Board of Directors

Cambridge University Hospitals
NHS Foundation Trust

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There will be a meeting of the Board of Directors in public on Wednesday 8 March 2023 at 11.00

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

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

AGENDA

General business			Purpose
11.00	**1**	**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 18 January 2023	For approval
	4*	**Board action tracker and matters arising not covered by other items on the agenda**	For review
11.05	**5**	**Patient story** To hear a patient story	For receipt

11.20	**6***	**Chair's report** To receive the report of the Chair	For receipt
11.25	**7***	**Report from the Council of Governors** To receive the report of the Lead Governor	For receipt
11.30	**8***	**Chief Executive's report** To receive the report of the Chief Executive	For receipt
Performance, strategy and assurance			**Purpose**
11.40	**9***	**Performance reports** *The items in this section will be discussed with reference to the Integrated Report and other specific reports* 9.1 Access standards 9.2 Workforce 9.3* Quality (including nurse staffing report) 9.4* Finance 9.5 Improvement	For receipt
12.20	**10***	**Strategy update** To receive the report of the Interim Director of Strategy and Major Projects	For receipt
12.35	**11***	**Education, learning, training and development** To receive the report of the Director of Workforce	For receipt
12.50	**12***	**Learning from deaths** To receive the report of the Medical Director	For receipt
13.00	**13***	**Guardian of Safe Working** To receive the report of the Medical Director	For receipt
Items for information/approval – not scheduled for discussion unless notified in advance			
13.10	**14***	**Board Assurance Framework and Corporate Risk Register** To receive the report of the Director of Corporate Affairs and Chief Nurse	For receipt
	15*	**Modern Slavery Act compliance statement** To receive the report of the Director of Corporate Affairs	For approval
	16*	**Audit Committee terms of reference** To receive the report of the Director of Corporate Affairs	For approval

	17*	**Board Committee annual reports** To receive the report of the Director of Corporate Affairs	For receipt
	18*	**Board assurance committees – Chairs' reports** 18.1 Performance Committee: 1 March 2023 18.2 Quality Committee: 1 March 2023	For receipt
Other items			**Purpose**
	19	**Any other business**	
13.20	**20**	**Questions from members of the public**	
	21	**Date of next meeting** The next meeting of the Board of Directors will be held on Wednesday 10 May 2023 at 11.00.	For note
	22	**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	**23**	**Close**	

Minutes of the meeting of the Board of Directors held in public on Wednesday 18 January 2023 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	
Mr M Keech	Chief Finance Officer	X	
Mr N Kirby	Interim Director of Strategy and Major Projects	X	
Ms A Layne-Smith	Non-Executive Director	X	
Prof P Maxwell	Non-Executive Director	X	
Prof I Jacobs	Non-Executive Director	X	
Prof S Peacock	Non-Executive Director	X	
Dr A Shaw	Medical Director	X	
Mr R Sinker	Chief Executive	X	
Mr R Sivanandan	Non-Executive Director	X	
Ms L Szeremeta	Chief Nurse		X
Mr I Walker	Director of Corporate Affairs *	X	
Mr D Wherrett	Director of Workforce	X	

** Non-voting member*

In attendance	Position
Ms J Biddle	Deputy Lead Governor
Dr A Black	Chair of Junior Doctors' Forum (item 12/23)
Mr J Clarke	Trust Secretary (minutes)
Ms C Garratt	Head of Midwifery (items 05/23 and 10/23)
Ms H Missfelder-Lobos	Clinical Director for Obstetrics and Gynaecology (items 05/23 and 10/23)
Dr J MacDougall	Guardian of Safe Working (item 12/23)
Ms A Small	Deputy Chief Nurse
Ms F Taylor	Freedom to Speak Up Guardian (item 13/23)
Ms M Wilkinson	Director of Midwifery

01/23 Welcome and apologies for absence

The Chair welcomed everyone to the meeting.

Apologies for absence are recorded in the attendance summary.

The Chair noted that this would be the last Board meeting in public prior to Dr Ewen Cameron taking up the role of Chief Executive at West Suffolk NHS Foundation Trust. Board members recorded their thanks and appreciation for Ewen's significant contributions to the work of CUH over many years.

02/23 Declarations of interest

Standing declarations of interest of Board members were noted.

03/23 Minutes of the previous meeting

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

04/23 Board action tracker and matters arising not covered under other agenda items

Received and noted: the action tracker.

05/23 Patient story

Ashley Shaw, Medical Director, presented the patient story.

The Board was reminded of the national and regional context for maternity services which continued to face significant challenges and a high degree of regulatory scrutiny.

The Board viewed a video which described the experience of Hayley, who had given birth at The Rosie Hospital.

Following the video, the following points were made in discussion:

1. In response to a question about the mechanism for providing feedback to staff within maternity services, it was explained that the video would be discussed in a number of staff fora and training sessions. It was agreed that the story had particular value in demonstrating the importance of appropriate use of language at critical times during the patient pathway.
2. While it was acknowledged that there may be times when staff needed to be more directive in their communication with patients, it was emphasised that this should be the exception based on clinical need and patients should be fully engaged in their care planning.

3. Board members discussed the most effective way of putting a patient at the heart of their treatment. It was noted that robust care planning process were in place in the Trust with the goal of ensuring that a personalised care plan was established at the first contact and reviewed at each subsequent contact.
4. Hayley had noted that during her labour there had been a change of midwife which had a negative impact on her experience due to the second midwife having a less engaging and compassionate approach. It was agreed that patients should expect consistently high levels of empathy, compassion and engagement regardless of the staff member delivering the care and this was a key message from the patient story.
5. It was observed that Hayley had commented on the behaviour of staff outside of the delivery room and the importance of staff being aware of their actions and behaviours in the wider clinical setting was emphasised.

Agreed:
1. To note the patient story.
2. To thank Hayley for sharing her powerful and moving story.

06/23 **Chair's report**

Mike More, Chair, presented the report.

Noted:
1. In addition to the specific items included in the report, the Chair expressed thanks and gratitude on behalf of the Board to all staff who were working incredibly hard in very challenging circumstances.

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

07/23 **Report from the Council of Governors**

Jane Biddle, Deputy Lead Governor, presented the report.

Noted:
1. CUH Governors had met with Non-Executive Directors on 11 January 2023 and discussed a range of issues.
2. Governors were currently discussing how they intended to hold future meetings. A survey had recently been circulated seeking feedback on the balance between face-to-face, virtual and hybrid meetings. No decision had yet been taken and the feedback would be discussed by the Chair, Lead Governor and Director of Corporate Affairs to propose a way forward.

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

08/23 Chief Executive's report

Roland Sinker, Chief Executive, presented the report.

Noted:
1. The local health and care system remained under significant pressure and the hospitals continued to experience a range of challenges. Despite this, the Trust was still able to demonstrate the delivery of high quality care.
2. Overall operational performance was good, including when benchmarked against peers within the Shelford Group. Risks were being actively balanced and managed through the framework of the Winter Plan. The period between Christmas and the New Year had been particularly challenging, exacerbated by high levels of Covid-19 and flu cases, but operational performance had improved in the first half of January 2023.
3. Following the two days of industrial action by members of the Royal College of Nursing (RCN) in December 2022, further RCN industrial action was scheduled at CUH for 6 and 7 February 2023.

The following points were made in discussion:

1. The Trust had worked closely with the RCN in the run up to the industrial action in December 2022 and it was intended that this would continue to be the case in preparing for the impact of the forthcoming strike action.

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

09/23 Performance reports

The Board received the Integrated Performance Report for November 2022.

Finance

Mike Keech, Chief Finance Officer, presented the update.

Noted:
1. The 2022/23 year-to-date position at month 8 was a surplus of £1.8m. The full-year plan remained for a breakeven financial position.
2. Capital expenditure to date was £30 million against an annual budget of £63 million. This was being monitored by the Capital Advisory Board and it was anticipated that the budget would be fully spent at year end.
3. The 2023/24 financial planning round was progressing, taking account of the national planning guidance which had been released to date. Further guidance was anticipated in the coming weeks. The greater

focus on a Payment by Results system for elective activity would present both opportunities and risks.
4. The Trust would be working closely with Integrated Care Board (ICB) colleagues in the period ahead to develop a system plan.

Improvement and transformation

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

Noted:
1. The Trust continued to develop its improvement capabilities through the Improvement Coach Programme.
2. Members of the Management Executive had undertaken a series of improvement visits across the organisation during autumn 2022.
3. The virtual ward had seen 127 patients, with a daily peak of 24 patients. The availability of the virtual ward had enabled a number of patients to spend Christmas at home rather than in hospital.
4. Afzal Chaudhry, who had recently left the Trust as Director of Digital, had made a significant contribution to digital development and technological improvement.

Access standards

Nicola Ayton, Chief Operating Officer, presented the update.

Noted:
1. The Winter Taskforce continued to focus on implementation of the Trust's operational strategy and Winter Plan.
2. Urgent and emergency care (UEC) performance had been positive in November 2022 and value-weighted elective activity was around 110% of the pre-Covid baseline.
3. Operational performance had been very challenging the second half of December 2022, compounded by a sharp increase in Covid-19 and flu admissions and entering the Christmas weekend with high inpatient bed occupancy following the two days of industrial action. There had been high levels of ambulance handover delays and Emergency Department long waits between Christmas and the New Year.
4. Despite these challenges, the operational position had been recovered quickly in early January 2023. Ambulance handover delays had fallen significantly, with CUH having the strongest performance in the region. During the second week of January 2023 there had been no ambulance handover delays in excess of 60 minutes. The ability to recover UEC performance had enabled the Trust to maintain its elective surgical programme and reduce the number of contingency beds in use.
5. The Trust would shortly be required to return to reporting against the four-hour ED waiting time standard.

Workforce

David Wherrett, Director of Workforce, presented the update.

Noted:
1. Recent workforce growth had supported a reduction in vacancy rates across a number of areas of the Trust. However, despite recruiting 78 new members of staff in December 2022, the vacancy rate for health care assistants remained a concern.
2. Staff sickness absence remained high.
3. The Trust had achieved staff vaccination rates of 58% for both flu and Covid-19 during the winter 2022/23 vaccination programme. This was below the rates achieved in recent years but was above the acute trust average.
4. The 2022 NHS National Staff Survey results had been received under embargo. A full analysis of the results, including comparison with peer trusts, would be presented to the Board in spring 2023.
5. In addition to the RCN industrial action on 6 and 7 February 2023, members of the Chartered Society of Physiotherapy (CSP) would be taking industrial action at CUH on 26 January 2023. The British Medical Association (BMA) was currently balloting junior doctors on industrial action.

Quality (including nurse staffing report)

Amanda Small, Deputy Chief Nurse, and Ashley Shaw, Medical Director, presented the update.

Noted:
1. The operational challenges already described by colleagues posed significant risks to the Trust's ability to deliver safe, high quality care.
2. The Hospital Standardised Mortality Ratio (HSMR) continued to show a gradual increase, while remaining below 100 and favourable compared to the Trust's peer group. The Trust was working with Dr Foster to review the data. There had been an increase in the number of deaths in December 2022 but initial reviews had not identified any systemic issues.
3. Recent weeks had seen high rates of prevalence of Covid-19, flu, respiratory syncytial virus (RSV), Strep-A and Norovirus in the local community.
4. The Trust had opened a 20-bed satellite ward at Royal Papworth Hospital in the second week of January 2023 for medically-fit patients. Initial feedback from staff and patients on the ward was very positive.
5. Following recent recruitment success, the midwifery vacancy rate had fallen to 2.9%. The maternity service was working to ensure the effective induction and 'on-boarding' of these new staff, recognising the impact on skill mix in the short term.
6. Critical care staffing remained challenging.

The following points were made in discussion:

1. Recognising the recent improvement in performance, it would be important to embed the changes which had been made in the past few months to ensure this was performance improvement was sustained.
2. At its recent meeting, the Quality Committee had focused on the challenges of flow within the Emergency Department and the resulting impact on quality. The Committee had also discussed the increase in pressure ulcers and the rising number of patient complaints.
3. In response to a question about the reduction in the uptake of staff vaccination for flu and Covid-19 compared to rates of around 85% in previous years, it was noted that there had not been a change in the approach to delivering the programme. It was suggested that some staff may have obtained their vaccinations outside the Trust, although it was also likely that there was a degree of 'vaccine fatigue' after several rounds of Covid-19 vaccination. This pattern was being seen in other organisations.
4. It was noted that the HSMR data were not included in the latest Integrated Performance Report (IPR). While it was explained that this was due to a data issue which should be rectified for the following month, it was suggested that it would have been appropriate to explain this in the relevant section of the IPR.
5. Given an increase in the number of deaths in the Emergency Department (ED), information was sought on how the End of Life Care team was ensuring that patients received the best possible end of life care experience in the ED. Assurance was provided that specialist end of life care nurses provided support to the department and Chaplaincy support was also available where required.
6. Views were sought on the impact of negative media coverage of the NHS on staff. It was agreed that this could have a significant impact on staff morale and it was important that, through its internal communications, the Trust continued to set out a balanced position which recognised and celebrated success in delivering high quality care while acknowledging the significant areas of pressure and challenge.
7. Positive staff feedback on various aspects of the 'good work' programme, particularly in relation to support for travel and transport, was welcomed.

Agreed:
1. To note the Integrated Performance Report for November 2022.
2. To note the finance report for 2022/23 Month 8.
3. To note the nurse safe staffing report for November 2022.

10/23 CNST Maternity Incentive Scheme

Amanda Small, Deputy Chief Nurse, Claire Garrett, Head of Midwifery, and Hannah Missfelder-Lobos, Clinical Director for Obstetrics and Gynaecology, presented the report.

Noted:
1. The Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme was currently in its fourth year and CUH was able to demonstrate full compliance against each of the 10 safety standards. Trusts which achieved full compliance would receive a rebate on their CNST insurance premium.
2. Following detailed work by the maternity service and review at divisional level, the compliance position and supporting evidence had been reviewed by both the Management Executive and the Quality Committee. The Local Maternity and Neonatal System (LMNS) had also reviewed the evidence through a robust check and challenge process.
3. The submission had been approved by the Deputy Chief Nurse at the Cambridgeshire and Peterborough Integrated Care Board (ICB), prior to being presented to the LMNS Board.
4. The final submission was due to be made to NHS England and NHS Resolution on 2 February 2023 after being signed off by the Trust's Chief Executive and the ICB's Accountable Officer.

The following points were made in discussion:

1. The submission was of a high standard and backed by robust evidence, reflecting the extensive work undertaken within maternity services.
2. It was questioned to what extent the degree of challenge and scrutiny required to be undertaken by the ICB added value to the process.
3. It was observed that some elements of the standards tended to place greater focus on data collection than on the quality of patient care. It was agreed that it would be helpful to identify channels through which this feedback could be provided.

Agreed:
1. To note that all required evidence had been reviewed at the Division E CNST governance meeting, demonstrating achievement of the 10 maternity safety actions as set out in the safety actions and technical guidance document.
2. To note that associated evidence was reviewed and approved by the Integrated Care Board (ICB) Deputy Chief Nurse on 22 December 2022 and 3 January 2023 prior to confirming to the ICB Accountable Officer (AO) that CUH was compliant with the 10 safety actions. The report would be submitted to the LMNS (Local Maternity and Neonatal System) Board on 19 January 2023.
3. That it was satisfied that the evidence had been provided of meeting all 10 safety standards to enable Chief Executive sign off and final submission to NHS Resolution by 12.00 on 2 February 2023 via NHS Resolution's Board declaration form.
4. That the Chief Executive would ensure that the ICB AO was appraised of the Maternity Incentive Scheme safety actions evidence and declaration form. The Chief Executive and the AO were both required to sign the Board declaration form as evidence that they were fully assured and in agreement with the compliance submission to NHS Resolution.
5. To note that all evidence was available on request.

11/23 Research and Development

Ashley Shaw, Medical Director, presented the report.

Noted:
1. The National Institute for Health and Care Research (NIHR) Cambridge Biomedical Research Centre had been awarded a renewal of funding equating to £17 million per year for five years.
2. Additionally, the NIHR BioResource had been awarded funding of £17 million for the next two years.
3. Work was being undertaken to seek to develop a secure data environment for research and development across the six ICBs in the East of England region.
4. A collaboration with the European Bioinformatics Institute enabled data extracted from Epic to be run through an automated anonymisation protocol for use in research.

The following points were made in discussion:

1. The report highlighted the significant benefits of collaborative working in the research field.
2. In response to a question as to whether operational and staffing pressures in the hospitals were adversely impacting on research activity, the Medical Director provided assurance that this was not generally the case as research activity was largely protected.
3. It was noted that there were considerable future research opportunities within the fields of genetics, neurosciences and transplantation. Additionally, the opportunity to achieve greater integration of physical and mental health research was highlighted as a key area for focus.

Agreed:
1. To receive and note the update on research and development activity.

12/23 Guardian of Safe Working

Dr Jane MacDougall, Guardian of Safe Working, presented the report. She was joined by Dr Alex Black, Chair of the Junior Doctors' Forum (JDF).

Noted:
1. There had been significant progress on weekend working, with only three rotas of the original 11 rotas remaining non-compliant. Trainees were still working more than the recommended maximum of one in three weekends in the Emergency Department, Transplant and the Neonatal Intensive Care Unit. There had been challenges in recruitment to posts despite funding being available.
2. While the number of exception reports had increased over the past two years, there remained challenges in encouraging trainees to submit reports in some areas. This was not unique to CUH and the focus

remained on creating a positive environment where reporting was encouraged.
3. The importance of ensuring there was sufficient time for training and development would ultimately result in better quality care for the local population.

Dr Black added the following comments:

Noted:
1. While the Emergency Department was an example of excellent practice, the rota challenges meant that, even though there was a clear target of working no more than one in three weekends, the reality was that this was closer to one in every two and a half weekends. Many staff found this to be very challenging and it was a source of significant frustration for the junior doctors in the department.
2. Additionally, it appeared that Physicians Assistants were not being backfilled despite budget savings due to reduced staff numbers.
3. The JDF provided a positive environment for learning and development and there was recognition that Trust management was engaged in working collaboratively with the JDF.

Agreed:
1. To note the 2022/23 Q2 report from the Guardian of Safe Working.

13/23 Freedom to Speak Up

Francesca Taylor, Freedom to Speak Up Guardian, presented the report.

Noted:
1. There had been 50 concerns raised in the six-month reporting period to September 2022, remaining relatively stable at the rate seen since April 2021. There had been an increase in cases in October 2022 but this had fallen back subsequently.
2. The highest reporting staff groups remained Nursing and Midwifery and Administrative and Clerical. Inappropriate attitudes and behaviour was the most common theme of concerns raised in the past six months.
3. 28 new Freedom to Speak Up Listeners had been recruited in recent months, increasing the total number of Listeners to 53. With the exception of Research and Development, there were between eight and 11 listeners in each of the divisions. Of the newly recruited Listeners, two thirds were working at Bands 2 to 6. Five full-day training sessions had been organised for Listeners during December 2022 and January 2023.
4. Further work was required to increase the number of Listeners from a Black and Minority Ethnic background.

The following points were made in discussion:

1. It was requested that in future reports the Shelford Group comparative data was presented taking account of the relative size of the trusts in terms of number of employees.

2. It was noted that an increase in the number of concerns being raised could be regarded positively, indicating growing awareness of the service and greater confidence to speak up. The 2022 NHS National Staff Survey data would provide further information on whether confidence to speak up was increasing.
3. As set out in the report, the Freedom to Speak Up service was one of many channels available within the organisation through which staff could raise concerns.
4. A recruitment exercise was currently underway to appoint a new Freedom to Speak Up Guardian.

Agreed:
1. To note the six-monthly report from the Trust's Freedom to Speak Up Guardian.

14/23 Voluntary Services annual report

David Wherrett, Director of Workforce, presented the report.

Noted:
1. The report highlighted the work and key achievements of the Voluntary Services team since the previous report in September 2020.
2. The service had been temporarily suspended as a direct consequence of the pandemic, gradually resuming from May 2022. There were currently around 180 volunteers working in CUH, compared with over 400 prior to the pandemic.
3. The reduction in volunteer numbers had largely been experienced among older volunteers, with many having reservations about returning to a clinical setting.

Agreed:
1. To receive the report.
2. To note the role and work of the Voluntary Services team and the strong links with volunteer partner organisations.
3. To note the impact of the Covid-19 pandemic on the CUH volunteering function.
4. To note the current activity to return volunteers and recruit new volunteers.
5. To note the plans for new campaigns in 2023.

15/23 Board committee terms of reference

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

Noted:
1. Board committees had reviewed their terms of reference as part of the regular review cycle. The outcome of the review of the Audit

Committee's terms of reference would be reported to the Board in March 2023.
2. As set out in the paper, only minor amendments were proposed.

Agreed:
1. To approve the proposed changes to Board committees' terms of reference.

16/23 Board assurance committees – Chairs' reports

Received: the following Chair's reports:

- Performance Committee: 11 January 2023
- Quality Committee: 11 January 2023
    - Infection Control Annual Report 2021/22

17/23 Any other business

There was no other business.

18/23 Questions from members of the public

In his reply to my December letter about receipt of additional Government funding for hospital discharges John O'Brien, ICB Chair, wrote that the ICB had planned 'since July' 'additional discharge capacity' and a 'winter surge plan'. He gave no detail. How have these plans specifically improved the Hospital's ability to discharge medically fit patients?

The Chief Operating Officer responded.

Steps taken include the following:
- CUH continues to develop virtual ward capacity enabling early discharge for a cohort of patients to continue receiving acute care in their own homes.
- With the additional winter funding, the local authority have increased their discharge capacity across the system since October 2022.
- Additional support provided for nursing dementia beds to enable 1:1 support for 13 hours per day for new settling in patients discharged into dementia nursing home capacity.
- LA provision to support patients who are being discharged on a self-funded pathway by providing guidance to patients and families who need support.
- Continued spot purchasing beds for discharge where commissioned care home provision is unable to meet care needs for our population.
- Investment in an Urgent Community Response provision.

- Falls service cars commissioned enabling rapid emergency assessment of falls patients at home to reduce conveyance to hospital and ensure sign posting for community care provision.
- Establishment of a Frailty Unit at CUH to reduce length of stay for over 75 year old patients who meet the frailty criteria.
- Funding of a Joint Mental Health (MH) emergency response vehicle to enable MH teams to support first responders and reduce the conveyance to acute facilities.

Many patients awaiting discharge from the ward are still waiting many hours for medications to reach the ward so they can go and they are even after waiting hours having medication couriered to their home. Does this not cause beds to be blocked unnecessarily?

The Chief Operating Officer responded.

- The Pharmacy team work proactively to minimise the proportion of patients needing to wait for their medicines or have them couriered.
- 59% of patients have no wait for their medicines to be dispensed on the day of discharge.
- Pharmacy is actively engaged with colleagues across the Trust to improve this figure further through greater understanding and resolution of the barriers.
- Couriering medicines after discharge is something we try to avoid as it means it is not possible to have a direct conversation with patients about their medications and it is also costly and inconvenient for both patients and staff.

Is the hospital able to discharge patients to care homes to free up beds yet as per the government's proposal?

The Chief Operating Officer responded.

The Cambridgeshire and Peterborough system is committed to embedding the Home First principles of getting patients home/discharged to the lowest care setting required to meet their needs and tackling any specific issues and gaps in commissioning identified for our population.

We have not yet received formal confirmation on the process or the specific system allocation but are aware of the following in relation to the £200m for care home discharges:

- The funding is available through to the end of March, after which it ends.
- The funding is to be used to purchase care home beds for PW1 and PW2 patients.
- Patients can be placed for up to 4 weeks.
- Beds can be block booked or individually spot purchased.

- Invoices will be expected to be provided to the national team to prove use.
- There will be extensive daily sitrep reporting on beds purchased, no of assessments taking place, admissions and discharge numbers into these facilities, rehab capacity, length of stay, etc.

While there is potential for improving discharges (timeliness and volume), care home beds may not be the most effective or safe route. We know that the proportion of local patients waiting for this type of capacity is small and we already spot purchase as needed to support discharges.

It is reported that the Prime Minister recently had a meeting with 'health care leaders' to discuss the current situation in the NHS. Those attending were said to include, inter alia, CEOs of 'selected' hospital trusts plus representatives of private health care. Was Roland Sinker among those attending or do you know the criteria for attendance?

The Chief Executive responded.

The broad leadership of CUH spends a great deal of time with Government and industry colleagues helping to shape the national agenda. We are comfortable with the level of these engagements. The PM meeting would have been one of many set up and we are unaware of how the criteria for attendance was agreed. The Chief Executive of CUH was not present at this meeting.

19/23 Date of next meeting

The next meeting of the Board of Directors in public would be held on Wednesday 8 March 2023 at 11.00.

20/23 Resolution

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

Meeting closed: 13.45

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.

Board of Directors

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Report to the Board of Directors: 8 March2023

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

8 March 2023

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

1. Introduction

1.1 I wanted to start by passing on and recording my appreciation of the work done across the Trust and as shown in the recent BBC series 'Surgeons'. This shows our surgical activity across a range of disciplines with some common characteristics; strong working across multi-disciplinary teams; flexible and mutual adaptive support to each other; capability and skill of the highest order; demonstration of the international nature of our workforce; and the daily and deep exercise of our values 'Together, Safe, Kind and Excellent'.

1.2 These values continue to underpin all that we do, in what remains the most challenging of circumstances. All the metrics, being considered regularly by the Board Committees, speak to a healthcare system under pressure and in which we all recognise that provision and patient experience are not what we would want them to be.

1.3 The strength of the Trust is that we are collectively putting huge effort into achieving relatively good recovery. We aim to optimise patient safety as much as possible in this period and within the periods of industrial action and in the forthcoming Junior Doctors' strike action.

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

2.1 I was pleased to attend 'You Made A Difference' award events on 24 January, 27 February and 28 February 2023. 132 individual nominations were received and I would like to personally congratulate the winners Jo Barnett, Clare O'Riordan, Pinelopi Papanastasiou and Ged McHale.

2.2 I would also like express our thanks and gratitude to the Addenbrooke's Charitable Trust (ACT) and the Alborada Trust for sponsoring these awards so generously, which enables us to recognise so many of our Trust colleagues.

3. Diary

3.1 My diary has contained a number of meetings and discussions, both virtually and physically, and both within and outside the hospital, over the past two months including some visits to clinical areas.

CUH
Performance Committee
Quality Committee
Audit Committee
Addenbrooke's 3 Committee
Board of Directors
End of Life Committee
Remuneration and Nomination Committee
Brainbow Management Committee
Council of Governors' Strategy Group
National Apprenticeship Week event
Paediatric venipuncture room opening
Phlebotomy service visit
Governors' Remuneration and Nomination Committee

3.2 Other meetings attended during this period include:

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

4. Recommendation

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

Board of Directors

Together
Safe
Kind
Excellent

Report to the Board of Directors: 8 March 2023

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

8 March 2023

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

1. Recent Governor meetings

1.1 A **Governor Seminar** was held on 2 February 2023. Sarah Booth, Director of Communications and Engagement, presented the Trust's internal and external communications strategy and Natalie Ellis, Head of Arts, presented the arts strategy and showed how it is designed to reach out to a diverse group of patients and members of the public as well as staff. Governors were impressed by the wide range of approaches used to engage with members of staff and to present a positive image of CUH to the external audience. Good news stories such as the improved ambulance handover times and the Surgeons TV series were clearly helpful in this regard.

1.2 A **Governor Strategy** meeting was held on 13 February 2022. India Miller, Acting Director of Strategy, presented an overview of the improvement initiatives undertaken in collaboration with the Institute for Healthcare Improvement and John Clarkson from the University of Cambridge outlined the analysis he had led on patient flow in other hospitals. A key message from both presentations was how important it is to engage everyone in initiatives to make change and to map existing processes. Given the interest shown, this is a potential topic for a future Governor Seminar.

1.3 The **Governors' Nomination and Remuneration Committee** met on 21 February 2023 to receive feedback from the Senior Independent Director on the Chair's appraisal and from the Chair on the Non-Executive Directors' (NEDs') appraisals. Summaries of these appraisals will be shared with Governors at the Council of Governors meeting in March 2023.

1.4 The **Governor Forum** met on 21 February 2023 to share updates from recent Board assurance and other meetings.

1.5 The **Lead Governors** of the four foundation trusts within the Cambridgeshire and Peterborough Integrated Care System (Cambridgeshire and Peterborough NHS Foundation Trust, Royal Papworth Hospital NHS Foundation Trust, North West Anglia NHS Foundation Trust and CUH) met the Chair of the Integrated Care Board (ICB), John O'Brien, for a regular catch up. We discussed the meeting with governors held last October and agreed to make this an annual event (the next meeting is on 3 October 2023). It was established at the meeting that the ICB will not be nominating a partnership governor on the CUH Council of Governors.

2. Upcoming Governor meetings

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

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

3. Other Governor activities

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

4. Recommendation

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

Board of Directors

Together
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Report to the Board of Directors: 8 March 2023

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

8 March 2023

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

1. Introduction/background

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

1.2 Health and care is facing a challenging period. However, there is significant variation between and within organisations and systems. Alongside the widely portrayed challenges there are also multiple examples of excellent care and innovation. Thank you to all staff and patients.

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

1.4 Looking ahead the Trust and ICB partners will continue to actively manage day to day delivery of the Operational Strategy; alongside the 15 programmes in the three domains of the strategy, with appropriate flexible prioritisation.

1.5 Planned two years ago, the opening of 56 beds in U block in the summer; and the 40 bedded three theatres elective orthopaedic centre in late summer will be important for care delivery. The opening date of this capacity may move and will be in the context of reconfiguring our bed plan, continued work on delayed transfers of care and the planned closure of the nested ward at Royal Papworth Hospital (thank you to our colleagues for all their support). Planning for financial year 2023/24 is ongoing with ICB colleagues.

1.6 In Building for the Future the Trust and partners have submitted Outline Business Cases for the Children's and Cancer Hospitals - negotiation continues on additional capital for Children's. Work is ongoing to improve care across the southern place (noting the need to balance pathway improvements with possible contractual changes), alignment with RPH, eastern region specialised services, and better engaging partners and stakeholders on the operation of the Biomedical Campus and how it can develop. The Trust and partners have submitted a devolved model in the bid to host the eastern Regional Research Delivery Network, to complement the strong Biomedical Research Centre. It is encouraging to see the progress in building 1000 Discovery Drive on the Biomedical Campus, and ongoing progress on securing accommodation and office space for CUH and with plans for the new Maggie's Centre.

1.7 The Trust and partners continue to work with national colleagues, encouraging resolution of industrial action; aligning stakeholders on simplified plans and policy for the next 3-24 months; and a refreshed long term plan supported by appropriate enablers in workforce, innovation, digital and capital.

1.8 The Trust is also contributing to work in life sciences including; adoption of innovation, clinical trials and improvement in centres for innovation and improvement.

1.9 The Trust welcomes Aloma Onyemah as Interim Director of Equality, Diversity and Inclusion, Heather Noble as Managing Director for the Cambridgeshire South Care Partnership, and looks forward to welcoming Dr Wai Keong Wong as our new Director of Digital in May. The Trust will also be interviewing for the new Board Executive Director of Improvement, Transformation and Digital at the end of March.

Part A

2. The five areas of operational performance

2.1 Quality

Emergency care

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

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

Elective care

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

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

Nursing

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

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

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

Midwifery

2.9 Over the last four months there has been a decreasing trend in the vacancy rate for registered midwives from 13% in July 2022 to 1.95% in January 2023. This is due in part to the large cohort of 26 newly qualified midwives who commenced work in the Trust in October 2022. It should be noted that these midwives undergo a year of preceptorship and require ongoing support.

2.10 Work is ongoing to maintain this vacancy level as the Birth Rate plus recommended an increase in midwifery establishment. International recruits are settling well into the Trust, with support from the practice development team.

Complaints and Patient Advice and Liaison Service (PALS) Contacts

2.11 The PALS and complaints service continues to receive a high volume of new cases. The number of open cases has however stabilised.

2.12 Longer than expected delays in processing of complaints in particular have led to some complainants contacting the CQC to express their dissatisfaction. Work continues on the improvement plan.

Harm Free Care

2.13 A thematic review of Hospital Acquired Pressure Ulcers (HAPUs) has been completed and reported to the Quality Committee.

2.14 A thematic review of patient falls is currently being undertaken and will report to the Quality Committee in May 2023.

Serious Incidents (SI)

2.15 There are currently 30 open SI investigations. Compliance in January 2023 with submission of SI reports within 60 days was 0%. Extensions have been agreed with the Integrated Care Board (ICB).

2.16 There are currently only three investigators the Patient Safety Team to support the SI workload. Recruitment has been challenging but progressing, temporary staff have been employed to support the team.

Patient Safety Incidents

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

Hospital Standardised Mortality Ratios (HSMR)

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

Clinical Negligence Scheme for Trusts (CNST)

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

Improving Quality in Liver Services (IQILS)

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

3. Access to Care

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

3.1 **Emergency Department (ED).** Overall ED attendances were 10,602 in January 2023, which is 119 (10.3%) higher than January 2020. This equates to a slight increase in average daily attendances from 338 to 342 over the same period. 1,222 patients had an ED journey time in excess of 12 hours, compared to 278 in January 2020. This represents 11.5% of all attendances.

3.2 **Referral to Treatment (RTT).** In January 2023 the total waiting list size reduced by 632 to 58,708.

3.3 **Delayed discharges**. During January 2023 the Trust lost 3,941 bed days to patients beyond their clinically fit date. This equated to 127 beds, of these, the majority related to complex pathways. The UEC Taskforce, led by the Chief Operating Officer, is overseeing both pre- and post-hospital work to improve complex discharges.

3.4 **Cancer.** Following a reduction in two week wait referrals in December 2022, January 2023 has seen a return to above baseline referral levels with 1898 patients having a first appointment (119%). Two week wait breaches reduced in January and further reduced in February 2023.

3.5 **Operations.** Elective activity in January 2023 was at 94% compared to the January 2020 baseline.

3.6 **Diagnostics.** Total diagnostic activity in January 2023 delivered to 109.7% of the January 2020 baseline. The total waiting list size reduced by 597 to 13,029, and the volume of patients waiting over six weeks increased by 498 this month.

3.7 **Outpatients.** In January 2023 outpatients delivered 102% new activity against the baseline which had been adjusted for working days per month. This was an improvement compared to the previous month and slightly ahead of trajectory.

4. Finance – Month 10

4.1 The Month 10 year to date position is a £1.4m surplus and the Trust remains on target with our plan to deliver a break-even year-end financial position. Significant capital investment has continued in year in line with our plan supporting the creation of additional physical capacity for services.

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

- The Month 10 year to date surplus includes £4m of income receipts relating to a specific one-off transaction in Month 2. The surplus in the year to date is offset in later months leading to a full year planned breakeven position.

- The Trust is currently delivering on its planned reduction in Covid related expenditure with year to date costs of £18.6m. This remains an area of risk for the Trust and the health system due to volatility of Covid rates in the community. Costs relating to Covid will remain under review.

- The Trust has recognised Elective Recovery Fund (ERF) income of £19.8m year to date in line with plan. The Trust's expectation is that NHSE/I will support ERF funding for the 22/23 financial year but this has not yet formally been confirmed. This funding will, therefore, remain at risk until the final process for qualifying for and calculating the value of ERF has been published.

4.3 The Trust has received an initial system capital allocation for the year of £32.2m for its core capital requirements. In addition to this, we expect to receive further funding for the Children's Hospital (£3.7m), Cancer Hospital (£7.5m) and the Cambridge Movement Surgical Hub (£14.9m) and additional funding for theatre equipment (£4.1m). Together with capital contributions from ACT, this provides a total capital programme of at least £63.6m for the year.

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

4.5 The Trust continues work on a 5 year financial plan linked to the refreshed strategy; and to deliver the Cost Improvement Plan set out in section 6.

<u>2023/24 CUH Financial Plan</u>

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

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

4.7 The information that has been shared to date on the financial settlement and through the guidance, indicates that 2023/24 will be a significantly challenging year. The Trust will need to focus on productivity improvements, allowing more activity to be delivered within the current physical capacity and the current cost base. This, in the context of operational and workforce pressures, will be challenging, but it will increasingly need to be a focus of the organisation.

4.8 The Trust is working closely with system colleagues to ensure an updated plan with clarity over access to current ICB funding allocations can be agreed ready for submission in March 2023.

4.9 A draft plan submission for CUH has now been submitted for the 2023/24 financial year using the information shared to date. This includes a forecast deficit of £46.5m (3.8%). Due to the stage at which the planning process has reached, there remains significant levels of uncertainty around the income assumptions included in this plan and the Trust aims to improve this position in advance of the next submission.

5. Workforce

5.1 The Trust has set out five workforce ambitions, committing to focus and invest in the following areas; Good Work and Wellbeing, Resourcing, Ambition, Inclusion and Relationships. In addition the workforce Winter Plan has been developed to set out areas of focus that require immediate attention.

5.2 Work is ongoing in response to industrial action which impacts the Trust. At the time of writing the trust has received a number of dispute notification letters from a range of Trade Unions and Professional Associations confirming the existence of a formal dispute regarding the pay award for 2022/23, and an intention to ballot their respective members on industrial action in furtherance of their formal pay disputes. The RCN, CSP, HCSA, BMA and BDA have all met the thresholds to be able to undertake lawful industrial action at CUH. The BMA, HCSA and BDA have now scheduled strike action at CUH in March 2023.

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

Good Work and Wellbeing

5.3 Occupational Health service recovery has made good progress over recent weeks, with wait times for employee's receiving health clearance to commence work being significantly reduced from September 2022 (now 14 days, against a 12 day KPI).

5.4 Following a successful pilot phase, the Workplace Adjustments programme is being relaunched Trust wide on 13 March 2023 to coincide with Neurodiversity Celebration week. The ambition of the programme is to provide, where and when needed, workplace adjustments in a timely and effective manner to ensure that everyone working at CUH has the right support in place to enable them to do their job well.

5.5 Three new wellbeing facilitators have commenced in post and are already making a practical difference, joining up managers with the wellbeing support offer available.

5.6 Support services including clinicians4clinicians, health assured (24/7 employee assistance programme) and the staff mental health service continue to care for our staff whether affected by work or personal situations or circumstances.

5.7 The provision of subsidised hot food for staff has been introduced (£2 options daily) including an "out of hours" offer. Additionally, following positive feedback, we have committed to extending subsidised travel to and from the campus, including free park and ride bus travel (Trumpington and Babraham Road sites) and free bus travel to and from Cambridge railway station until March 2024. A discount on other Stagecoach routes is also being continued.

5.8 Work continues on accommodation and the high cost area supplement.

Resourcing

5.9 During January 2023 30 Adult Nurses, three Midwives and five Paediatric Nurses joined the Trust. We were also delighted to welcome 47 new Healthcare Support Workers of which 18 joined the Staff Bank.

5.10 Centralised recruitment continues to receive positive feedback throughout the Divisions with 45 new administrators joining the Trust and a further 35 under offer.

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

Ambition

5.12 The Work Opportunities' team have been extremely busy promoting National apprenticeship week 2023 (NAW23). This is now the 16th annual week-long programme which celebrates apprenticeship. The theme for this year's event promoted how apprenticeships can help individuals to develop the skills and knowledge required for a Skills for Life rewarding career.

5.13 A Talent Management process and toolkit has been launched in February 202, providing support for service areas around career development and succession planning. This provides the Trust with a considered approach as to how we attract, develop and retain our workforce.

5.14 A Trust wide Manager Skills Programme is in development, with consultation currently taking place with a range of senior stakeholders to finalise content and agreed outcomes. Full roll out will be undertaken by spring

Inclusion

5.15 As part of workforce inclusion, planning for a Trust wide anti-racism programme is progressing, using external expert provider support. The intention is to launch at a senior level in future months and to set out ongoing work with senior leaders to amplify key messages and to role model challenge of unacceptable behaviours.

5.16 The Trust has successfully appointed to the role of Interim Director of Equality, Diversity and Inclusion (EDI) who started on 1 March 2023.

Relationships

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

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

6. Improvement and Transformation

Building QI capability and capacity

6.1 The Trust continues to work with its improvement partner, the Institute for Healthcare Improvement (IHI), on embedding a culture of sustainable continuous quality improvement (QI).

6.2 The recommendations from the IHI's onsite annual visit in October 2022 continue to be progressed. A rolling programme of QI visits across the organisation is being established for members of Management Executive. In addition, Management Executive sponsored QI projects (work with the Purple Network to help improve the working lives of our staff with disabilities, improving the Trust's complaints process and a project on improving sickness absence) are being progressed and a collaborative to reduce the incidence of hospital acquired pressure ulcers will commence in March 2023.

6.3 In relation to the Trust's work with the IHI on building improvement capability and capacity across our 11,500 staff, wave two of the improvement programme for teams will conclude in June 2023 for the 19 teams participating and wave two of the leading for improvement programme commenced in January 2023, with 14 senior leaders participating.

Urgent and emergency care

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

Outpatients

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

Virtual wards

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

Productivity and efficiency

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

PART B

7. Strategy update

Operational Planning

7.1 NHSE published its 2023/24 Priorities and Operational Planning Guidance in December 2022, reconfirming the ongoing need to recover core services and productivity, make progress in delivering the key ambitions in the Long Term Plan, and continue transforming the NHS for the future. The Trust and other system partners are currently preparing plans, to be submitted as a system response through the ICB, to present detailed information on how we will meet nationally-specified activity and financial targets.

7.2 Alongside this, internal business planning is underway within CUH with clinical divisions and corporate teams developing their priorities for the year ahead. This will help identify opportunities to transform services and ways of working, focused on delivering the Trust's strategic priorities this coming year.

Strategy implementation

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

7.4 Progress on many of the 15 commitments outlined in the strategy are reported elsewhere in this update paper; further elements are included below.

Improving patient care

Integrated Care

7.5 The Trust continues to work with partners across the Cambridgeshire South Care Partnership (CSCP), working across East Cambridgeshire, South Cambridgeshire and Cambridge City, to improve care for people in and outside of hospital. The Partnership welcomed a new Managing Director, Heather Noble, in February 2023 who brings a wealth of experience from her time at Barts Health NHS Trust.

7.6 Conversations are ongoing with the Integrated Care Board to determine what responsibilities and resources will be devolved to the CSCP to support local integration and transformation work. This includes setting priorities for 2023/24, with clear definition of scope and expected outcomes and impact.

7.7 CUH continues to engage directly with primary care to understand how it can improve patient care and address common issues for patients. The Clinical Lead for Integrated Care within the CSCP continues to hold meetings with the Cambridgeshire Local Medical Committee (LMC) to identify and initially prioritise these. While this partnership is expected to grow over time, there is an initial focus on prescribing and medicines management.

7.8 Clinical specialties within CUH are also being supported to develop approaches for the joint delivery of care with other providers as part of the CSCP's approach to Proactive Care.

7.9 A Healthwatch report on health inequalities and barriers to care for communities within our geography has been published. It will inform the design of Integrated Neighbourhoods within the CSCP and will be considered as part of CUH's ongoing work on equality, diversity and inclusion.

Health Inequalities, Equality, Diversity and Inclusion

7.10 An interim director for Equality, Diversity and Inclusion (EDI) has been appointed and joined on 1 March 2023. She will lead the development and implementation of an ambitious strategy to improve EDI and tackle health inequalities across our staff and patients.

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

Supporting our staff

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

Building for the future

New hospitals and the estate

7.13 A work programme is underway to support the implementation of a Community Diagnostic Centre hub at the Princess of Wales Hospital in Ely with a smaller Centre (spoke model) at North Cambs Hospital in Wisbech. The first part of this diagnostic capacity is planned to open by autumn this year. Work is also continuing on the development of the options for the genomics service expansion to support service growth and the ambitions of the Cancer and Children's hospital projects.

7.14 Several key milestones have been achieved for the Cambridge Cancer Research Hospital project. In January 2023, the full planning application was submitted to Cambridge City Council for consideration, with expected approval by the Planning Committee in June 2023.

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

7.15 The Cambridge Children's Hospital project team submitted its OBC to regulators and the NHP in December 2022. The team are continuing to work closely with the NHP team to secure our position in the Programme and a timeframe for OBC review and sign off. A key next step concerns an intensive programme of work with national leads in NHS England and NHP to scope options for funding the remaining capital requirement for the build and confirm funding of programme costs for the coming financial year. In parallel, the project is initiating plans for its FBC which includes engaging with a construction partner and outlining the clinical and operational plans to deliver benefits outlined in the OBC.

7.16 The timeframe for the FBC is still to be finalised, subject to OBC approval; however, the team are also developing enabling works construction plans aiming to start in January 2024. The project's fundraising campaign remains in a strong position, with over £40m of its £100m target achieved.

7.17 Phase three projects within the Addenbrooke's 3 programme are still in their early stages. They include: developing medium-term options for emergency care in recognition that a new acute hospital is likely to be over 10 years away and that the solutions already approved as part of phase one will not be sufficient to bridge this time span; and developing an approach to the use of the ward, theatre and day treatment space that will occur when the Cancer and Children's hospitals are delivered.

Specialised Services

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

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

- **Paediatrics:** Scoping a potential project on improving our approach across the region to paediatric intensive care and long-term ventilation;

- **Neurosciences:** Developing a vision and strategy for neurosciences and neurology across the region;

- **Respiratory:** Mapping capability and capacity for a distributed model of care for biologic therapy (initially focused on asthma);

- **Dentistry:** Working with NHSE EoE to develop a delivery plan to improve secondary care dental services across the region, through several clinically led working groups.

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

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

7.22 Going forward, we are seeking to make further progress against the priorities we have identified, particularly where there are opportunities to produce tangible benefits in the short- to mid-term. We will continue our engagement activities across the region and support our activities through evolving our governance and resourcing models over time.

Climate change

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

- A live trial to use mobile cylinders for the delivery of nitrous oxide in theatres. The switch to mobile cylinders is a strong and positive option to the long-term problem of piped network losses;

- The rolling programme of LED lighting upgrades and roof insulation to level 3 of the outpatients' building;

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

8. Recommendation

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

Board of Directors

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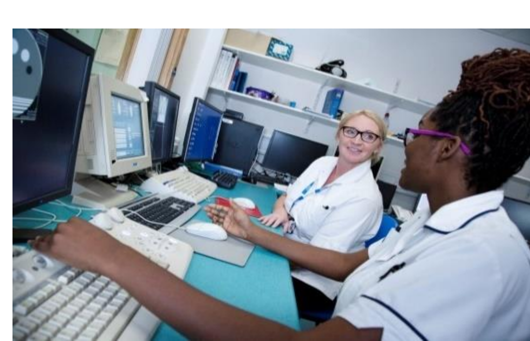
Report to the Board of Directors: 8 March 2023

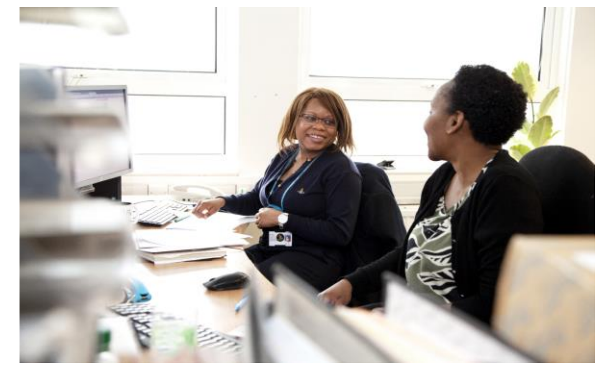
Agenda item	9
Title	Integrated Report
Sponsoring executive director	Chief Operating Officer, Chief Nurse, Medical Director, Director of Workforce, Chief Finance Officer
Author(s)	As above
Purpose	To update the Trust Board on performance during January 2023.
Previously considered by	Performance Committee, 1 March 2023

Executive Summary
The Integrated Performance Report provides details of performance to the end of January 2023 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 10.
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

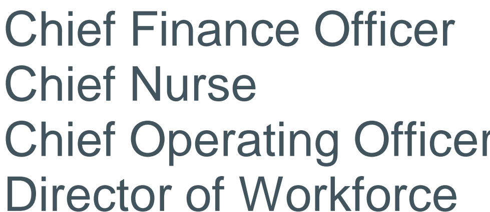
Action required by the Board of Directors
The Board is asked to note the Integrated Performance Report for January 2023.





Integrated Report

Quality, Performance, Finance and Workforce to end Jan 2023



Chief Finance Officer
Chief Nurse
Chief Operating Officer
Director of Workforce

Report compiled: 28 Feb 2023

NHS
Cambridge University Hospitals
NHS Foundation Trust

Key

Key

Data variation indicators

Normal variance - all points within control limits

Negative special cause variation above the mean

Negative special cause variation below the mean

Positive special cause variation above the mean

Positive special cause variation below the mean

Rule trigger indicators

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

Target status indicators

Target has been and statistically is consistently likely to be achieved

Target failed and statistically will consistently not be achieved

Target falls within control limits and will achieve and fail at random

Quality Account Measures

2022/23 Performance Framework

2022/23 Quality Account Measures

Domain	Indicator	Data to	Target	Nov 22 Previous Month-1	Dec 22 Previous Month	Jan 23 Current status	Trend	FYtD	Baseline	LTM
Safe	Average % compliance with individual elements of NEWS2 escalation policy	Jan-23	85%	58%	73%	39%	↓	56.0%	50.0%	56.3%
	% of patients over 65 years of age who have a lying and standing blood pressure completed within 48 hours of admission	Jan-23	50%	13.9%	12.2%	16.5%	↑	14.8%	13.4%	14.8%
	% of patients who have a VTE risk assessment undertaken within 14 hours of admission	Jan-23	95%	N/A	95.7%	95.3%	↓	95.3%	N/A	95.3%
	Average % compliance with blood cultures within 60 minutes of Sepsis diagnosis	Jan-23	95%	90.9%	40.0%	100.0%	↑	85.7%	70.0%	85.7%
Patient Experience / Caring	Healthcare Inequality: Percentage of patients in calendar month where ethnicity data is **not recorded** on EPIC CheQs demographics report (Ethnicity Summary by Patient)	Jan-23	7%	12.5%	12.4%	12.5%	↑	11.6%	14.0%	11.5%
	Publication of actions and improvements undertaken as a result of feedback received from patients and their representatives	Jan-23	90%	66.4%	74.7%	83.0%	↑	83.0%	50.0%	N/A
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Jan-23	20%	16.6%	14.8%	16.2%	↑	16.3%	15.3%	16.4%
	Percentage of in-patient discharges on a Saturday and Sunday compared to the rest of the week (calculated as the average daily discharges on Sat/Sun divided into the average daily discharges Mon-Fri). Excludes day cases. 80% (of weekday rate) **Additional Filters Simple Discharges, G&A etc**	Jan-23	80%	72.1%	79.6%	80.8%	↑	76.3%	74.0%	76.0%
	Same day emergency care (SDEC)	Jan-23	30%	24.0%	19.1%	23.0%	↑	18.9%	22.0%	19.3%
	Quarterly			**Jun 22**	**Sep 22**	**Dec 22**				
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Dec-22	55%	25.9%	29.2%	27.0%	↓	27.3%	29.2%	27.3%
Staff Experience / Well-led	Band 5 Nurse vacancy rates (Clinical Divisions)	Dec-22	5.0%	7.0%	7.4%	8.4%	↑	7.6%	12.0%	N/A
	Annual			**2016**	**2017**	**2018**				
	I feel secure about raising concerns re unsafe clinical practice within the organisation		78.0%	75.0%	73.0%	74.0%	↑		75.0%	

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Quality Summary Indicators

2022/23 Performance Framework

Performance Framework - Quality Indicators

Domain	Indicator	Data to	Target	Nov 22 Previous Month-1	Dec 22 Previous Month	Jan 23 Current status	Trend	FYtD	Previous FYR	LTM
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	Jan-23	0	0	0	0	⇔	3	4	3
	E.Coli Bacteraemias (Total Cases)	Jan-23	50%over 3 years	37	31	37	⇧	344	384	407
	C. difficile Infection (hospital onset and COHA* avoidable)	Jan-23	TBC	12	6	5	⇩	114	123	139
	Hand Hygiene Compliance	Jan-23	TBC	96.8%	96.7%	94.1%	⇩	96.7%	97.5%	96.8%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Jan-23	100%	42.9%	33.3%	70.0%	⇧	54.2%	33.8%	52.4%
	% of external visits where expected deadline was met (cumulative for current financial year)	Jan-23	80%	N/A	N/A	N/A	▪	44.4%	38.5%	46.7%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Jan-23	-	N/A	20.0%	25.0%	⇧	47.7%	17.2%	46.7%
	No national audit negative outlier alert triggered	Jan-23	0	0	0	0	⇔	0	-	0
	85% of national audit's to achieve a status of better, same or met against standards over the audit year	Jan-23	85%	N/A	N/A	N/A	▪	60.7%	84.6%	63.6%
Nursing Quality Metrics	Blood Administration Patient Scanning	Jan-23	90%	99.5%	100.0%	99.8%	⇩	99.6%	99.1%	99.7%
	Care Plan Notes	Jan-23	90%	96.4%	95.9%	96.6%	⇧	96.5%	95.8%	96.5%
	Care Plan Presence	Jan-23	90%	99.7%	99.5%	99.7%	⇧	99.8%	99.6%	99.8%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Jan-23	90%	72.5%	69.5%	70.5%	⇧	73.3%	74.2%	73.2%
	Nurse Rounding	Jan-23	90%	99.2%	98.8%	99.3%	⇧	99.4%	99.6%	99.4%
	Nutrition Screening	Jan-23	90%	74.1%	68.7%	72.8%	⇧	74.3%	77.1%	74.4%
	Pain Score	Jan-23	90%	83.8%	82.7%	82.1%	⇩	84.8%	86.6%	85.0%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Jan-23	90%	65.1%	63.7%	63.8%	⇧	63.1%	63.1%	63.0%
	PEWS Score Recording	Jan-23	90%	99.3%	99.3%	99.4%	⇧	99.2%	99.2%	99.2%
	NEWS Score Recording	Jan-23	90%	97.2%	97.4%	97.4%	⇧	97.3%	96.6%	97.3%
	VIP									
	VIP Score Recording (1 per day)	Jan-23	90%	85.5%	83.7%	84.3%	⇧	87.1%	91.2%	87.4%
	PIP Score Recording (1 per day)	Jan-23	90%	90.7%	88.8%	91.4%	⇧	89.5%	88.4%	89.3%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	N/A	N/A	N/A	▪	N/A	N/A	N/A
	Number of overdue complaints	Jan-23	0	11	21	29	⇧	113	29	119
	Re-opened complaints (non PHSO)	Jan-23	N/A	1	0	1	⇩	16	74	34
	Re-opened complaints (PHSO)	Jan-23	N/A	1	0	0	⇔	2	4	3
				Nov 22	Dec 22	Jan 23				
	Number of medium/high level complaints	Jan-23	N/A	18	15	23	⇧	209	244	260

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Operational Performance

Operational Performance

POD	Performance Standards	SPC	Target	Target due by	Internal Target	In Month Actual	Actual
Urgent & Emergency Care More information on page 15	Ambulance handovers <15mins		65%	Immediate		47%	
	Ambulance handovers <30mins		95%	Immediate		88%	
	Ambulance handovers > 60mins		0	Immediate		3%	
	12hr waits in ED (type 1)		2%	Immediate	2%	12%	
Cancer More information on pages 17,18	Cancer patients < 62 days		85%	Immediate		73.2%	
	28 day faster diagnosis standard		75%	Immediate	76.8%	79.6%	
	31 day decision to first treatment		96%	Immediate		89%	
Outpatient Transformation More information on page 21	Advice and Guidance Requests		16%	Mar-23	15%	9.1%	
	Patients moved / discharged to PIFU		5%	Mar-23	4.5%	2.7%	
Diagnostics More information on page 19	Patients waiting > 6 weeks		5%	Mar-24		42%	
RTT Waiting List More information on page 16	RTT Patients waiting > 78 weeks		0	Mar-23	167	316	
	RTT Patients waiting > 104 weeks		0	Jul-22	-	0	

Productivity and Efficiency	SPC	In Month Actual	Actual
Non-elective LoS (days, excl 0 LoS)		9.1	
Long stay patients (>21 LoS)		245	
Elective LoS (days, excl 0 LoS)		6.0	
Discharges before noon		16%	
Theatre sessions used		1,477	
In session theatre utilisation		84.2%	
Virtual Outpatient Attendances		20.1%	

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

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

Key / notes

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

SPC variances calculated from rolling previous 12 months

Acute Priorities Delivery

Elective Inpatient Activity

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

Elective Daycase Activity

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

Emergency Admissions

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

New Outpatient Activity

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

Follow Up Outpatient Activity

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

Diagnostic activity (national planning submission)

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

RTT Clockstops (All)

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

RTT Clockstops (Admitted)

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

RTT Clockstops (Non admitted)

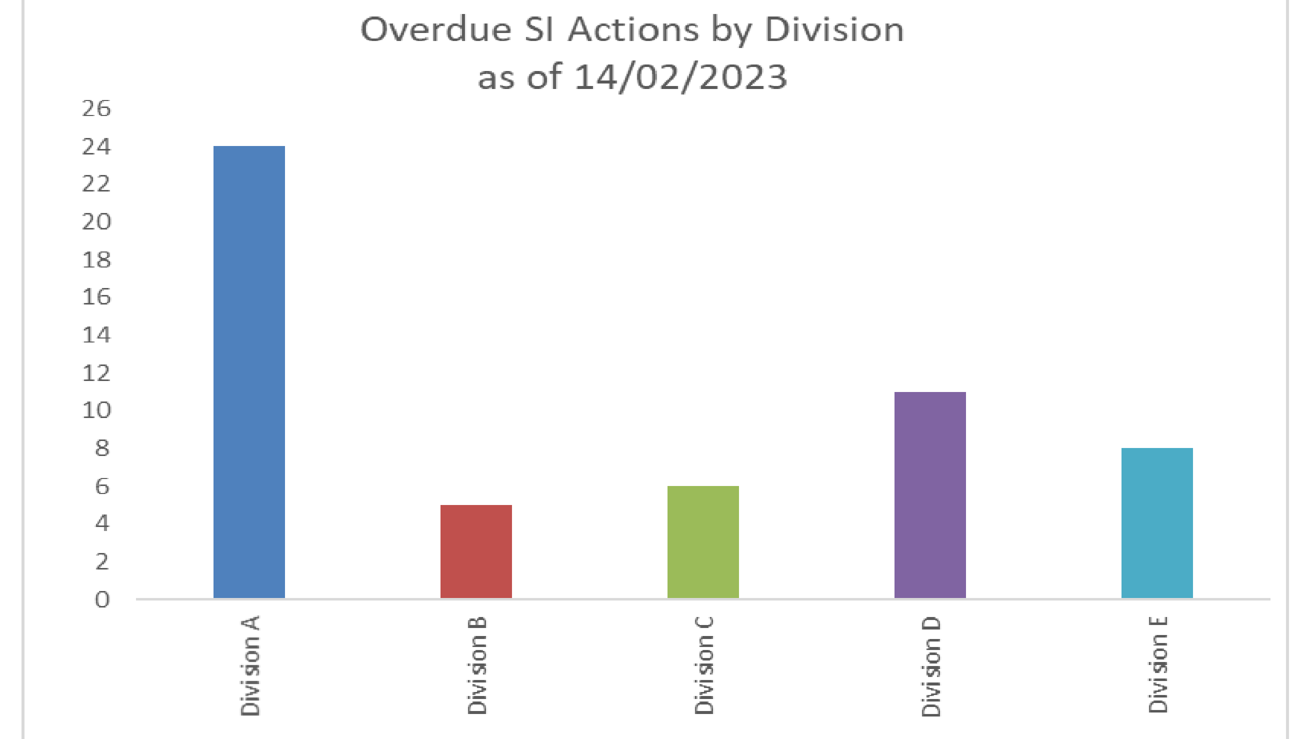
Value	Measure
92%	In Month Actual
98%	In Month Plan
94%	YTD Actual
105%	YTD Plan

Serious Incidents

Safety and Quality

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

Ref	SI Title	STEIS SI Sub categories	Actual Impact	Division	Ward / Department
SLR155980	Cardiac arrest in ED	Suboptimal care of the deteriorating patient	Death	C	ED
SLR149202	Delayed ophthalmology appointment	Treatment delay	Severe/Major	D	Clinic 3
SLR150886	Fall on ward G2	Slips, trips and Falls	Severe/Major	C	G2
SLR136503	HAPU Grade 4	Pressure Ulcer	Severe/Major	A	C8
SLR153922	Delayed allogenic transplant	Treatment delay	Severe/Major	B	Haem/Onc



Executive Summary:

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

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

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

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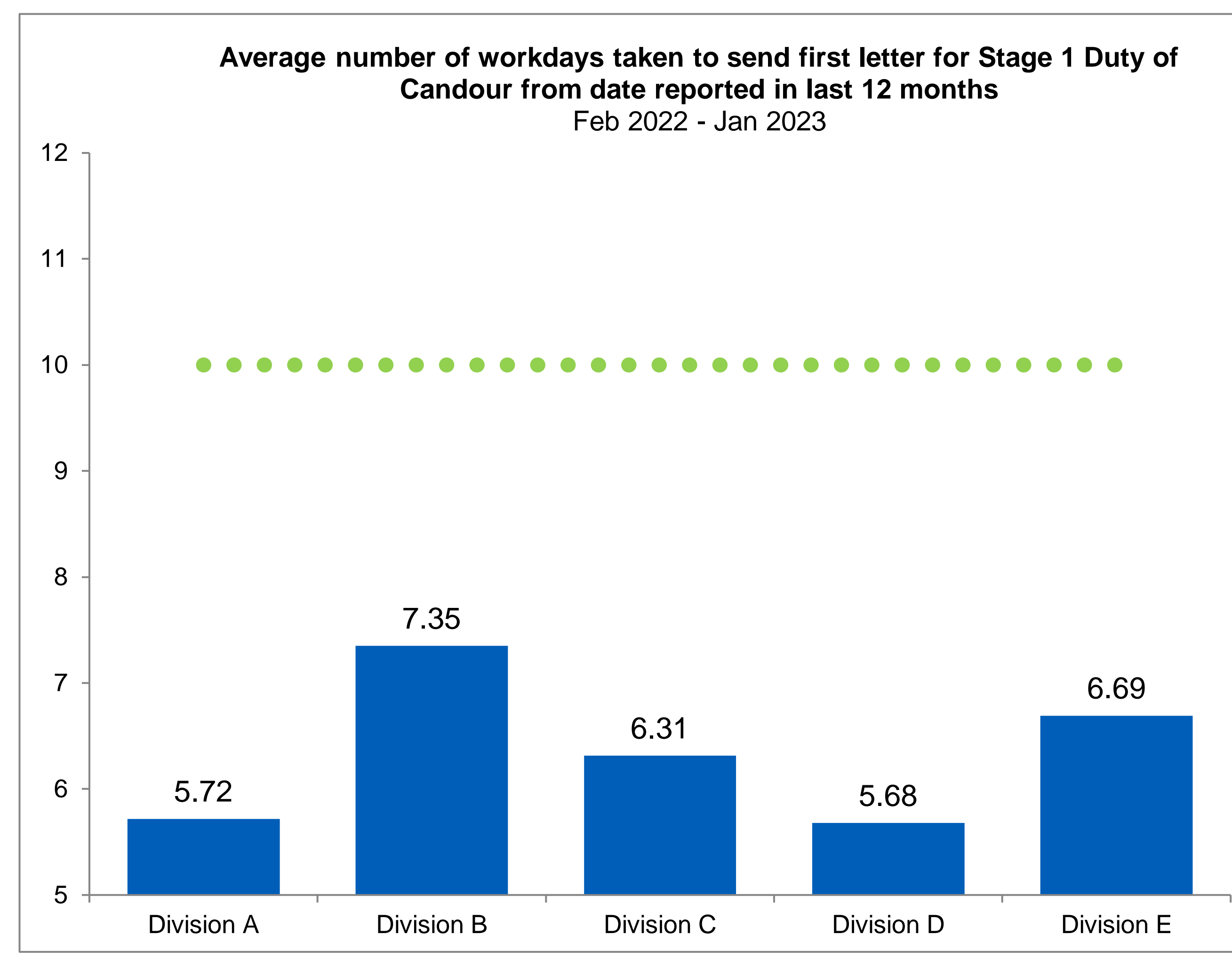
Duty of Candour

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Feb 20 - Jan 23	month	100%	65%	69%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Feb 20 - Jan 23	month	100%	82%	66%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 70% for all confirmed cases of moderate harm or above in January 2023. 65% of DOC Stage 1 was completed within the required timeframe of 10 working days in January 2023. The average number of days taken to send a first letter for stage 1 DOC in January 2023 was 3 working days.

Trust wide stage 2** DOC is compliant at 82% for all completed investigations into moderate or above harm in January 2023 and 82% DOC Stage 2 were completed within 10 working days.

All incidents of moderate harm and above have DOC undertaken. Compliance with the relevant timeframes for DoC is monitored via Divisional Governance.

Indicator definitions:
*Stage 1 is notifying the patient (or family) of the incident and sending of stage 1 letter, within 10 working days from date level of harm confirmed at SIERP or HAPU validation.
**Stage 2 is sharing of the relevant investigation findings (where the patient has requested this response), within 10 working days of the completion of the investigation report.

Falls

Safety and Quality

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

Executive Summary

Trust capacity remains an important factor in the number of falls across the Trust. Number of falls are increasing however when this is stratified by falls per 1000 bed days, data is within normal variance.
Compliance with the lying and standing blood pressure [LSBP] and confusion care planning KPI remains low. The Falls Champions are currently focusing on this.
It has been identified, via the Falls Champions monthly reports, that some areas have achieved a significant improvement in completion of LSBP. A review of these areas is underway to identify how this has been achieved and to look at ease of replication.
New CUH specific care plans have been developed and EPIC changes are being worked on currently
Changes have been made to the Falls Risk Screening, this will prompt for LSBP, confusion care plans, Mental Capacity Assessment for basic care and treatment and delirium assessments. The new Falls Risk Screening will also identify were the information to complete the screening was gained from i.e. patient, family/carer, notes, this is due to concerns that inaccurate information is being recorded for patients with confusion. The updated Falls Risk Screening went live on the 17/01/2023.
Following the January 2-23 update to the Falls Risk Screening, issues with data collection in EPIC were identified which impacted on the figures for compliance this has been rectified and the data is currently being monitored for any further anomalies.
A thematic review of falls that met the serious incident criteria has being undertaken in collaboration with the Integrated Care System (ICS). The conclusion of this review will be triangulated with the existing Falls Quality Improvement plan and any appropriate changes will be made.
Changes to the incident report for falls on QSIS have been made to capture post falls care and staffing issues. The monthly falls report will be updated to capture and review this data from February 2023.
Currently there is no resilience within the inpatient falls team as there is only the Lead Falls Prevention Specialist, due to this and increasing demand a case of need has been completed to increase the inpatient falls service.

Author(s): Debbie Quartermaine Owner(s): Oyejumoke Okubadejo

Hospital Acquired Pressure Ulcers (HAPUs)

Safety and Quality

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

Exec Summary
HAPUs of category 2 and above have increased since July 2022.
HAPU incidents; Category 1 = 17, Category 2 = 10 , Category 3 = 0, Category 4 = 0, SDTI = 8, Unstageable = 2
A thematic review is completed of all serious incidents relating to HAPUs from April to October 2022 . The quality improvement plan already incorporates actions from the review findings.

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

Sepsis

Safety and Quality

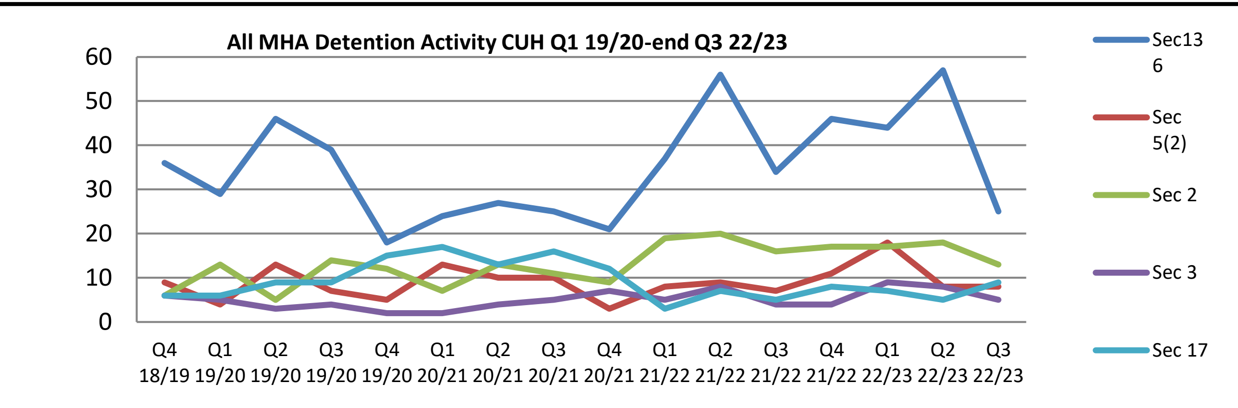
Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jan-23	Monthly	95%	40%	54%		-	F	Elements of the sepsis 6 bundle that have impacted on the overall compliance for Jan 23 are Antibiotic administration within an hour of triggering sepsis (47%), Iv fluid administration (80%) and monitoring (67%). This is an improvement of Dec 22. In some cases patients were being managed in the ambulance bay which impacted on patients receiving the care they required within the hour. 1 patient was treated in a PAT space for nearly 3 hours with a NEWS 2 of 12. Another patient was in area C chair space then moved to resus after observations this delayed the review and prescription of antibiotics and the there was delay in administration.
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jan-23	Monthly	95%	47%	71%		-	?	The average time between patient triggering sepsis (NEWS 2 5>) and prescription of antibiotics was 38 mins in Jan 23 In 73% of audits antibiotics were prescribed within 30 mins of the patient triggering sepsis.
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- Inpatient wards	Jan-23	Monthly	95%	83%	40%	H	SP	F	In 66% of audits the timeframe between a patient triggering sepsis and being diagnosed was less than 30 mins. The metric would be 100% if this wasn't the case in this one audit
Antibiotics administered within 60 mins form time patient triggers Sepsis (NEWS 5>) - Inpatient wards	Jan-23	Monthly	95%	83%	60%		-	?	The time between patient triggering sepsis (NEWS 2 5>) and prescription of antibiotics was less than 30 mins, in one audit significant delays were seen and this was due to a delay in the patient having a senior review. The metric would be 100% if this wasn't the case in this one audit.
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Emergency Department	Jan-23	Monthly	95%	93%	91%		-	?	Average door to needle time for Jan 23 was 1 hour 46 Mins, this is an increase in delay of 1 hour from Nov 22 and a decrease on Dec 22. The average time between antibiotic prescription and administration was 42 mins. However in 63% of audits antibiotics were administered within 30 mins of prescription. The average prescription and administration time of antibiotics together was 40 mins.
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Inpatient wards	Jan-23	Monthly	95%	100%	64%		SP	?	

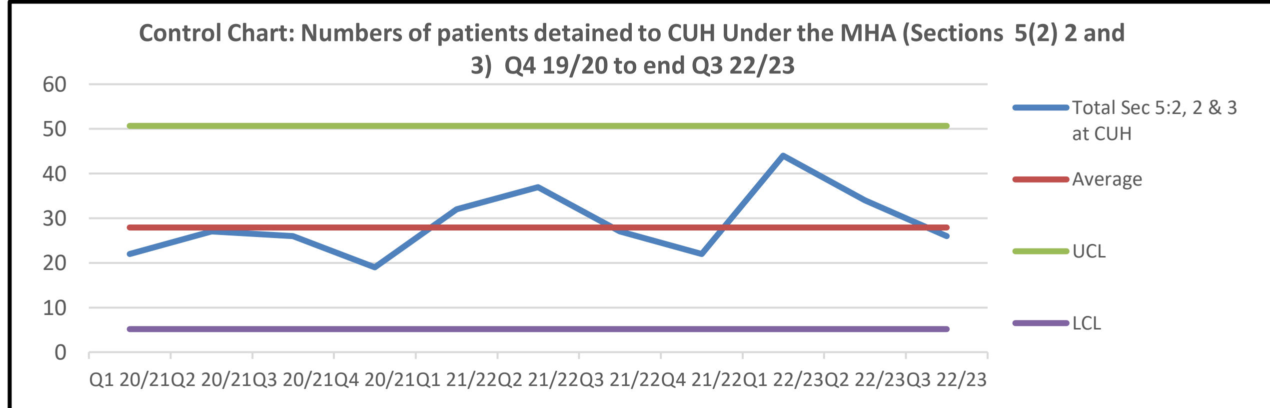
Executive Summary:

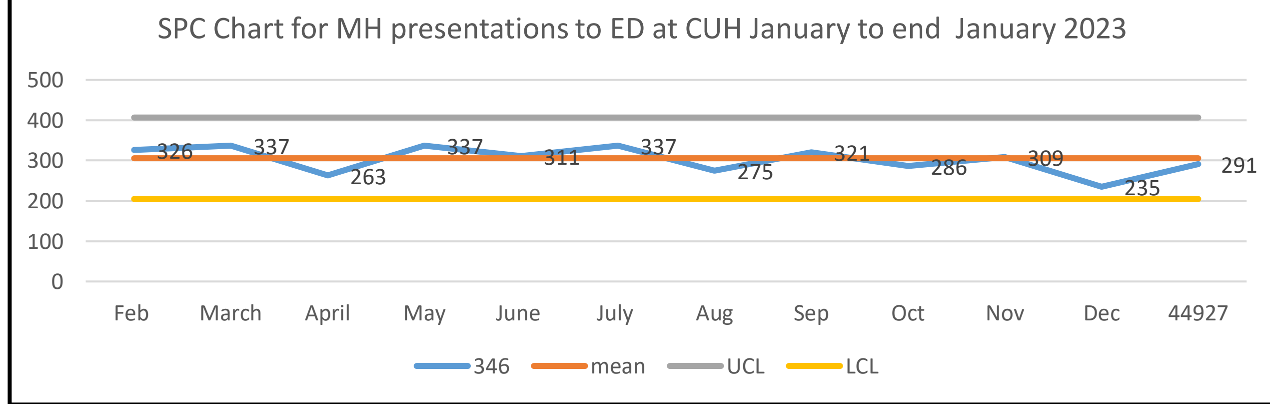
The overall compliance of the sepsis 6 bundle being delivered in 60 mins is dependant on all elements of the bundle being compliant within 60 mins, therefore one or two elements can impact on the overall compliance. Please see breakdown table above with the elements highlighted in yellow and each elements compliance within 60 mins. We have started to scope the possibility of an automated data pull from Epic for Sepsis in an attempt to increase our sample size for inpatients. Sepsis data for maternity is also being collected and reported into Sepsis action group and the Paediatric team are working towards data reporting on sepsis this year. Quality Improvement efforts are continuing, in ED work has been done to try and reduce delays due to flow.

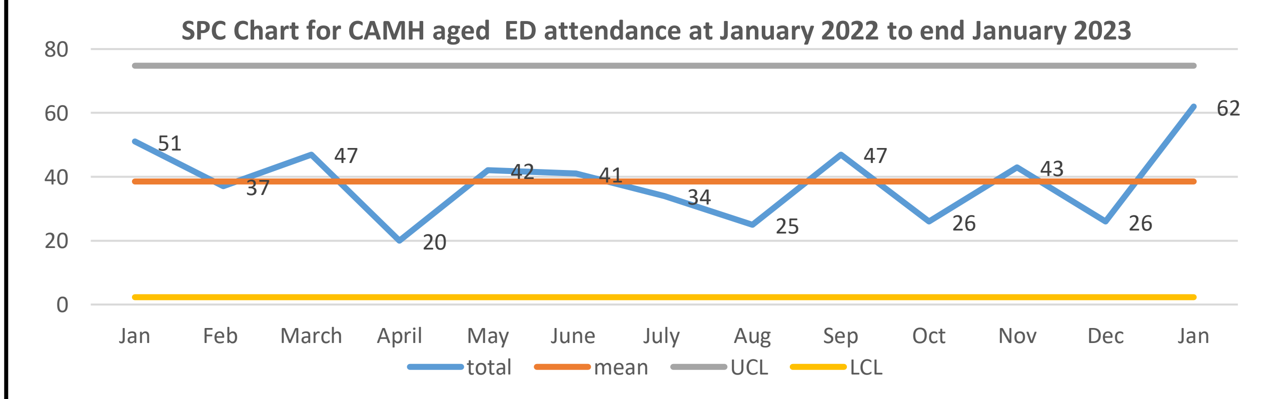
Mental Health - Q4 2022/23

Mental Health









Narrative

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

Ongoing work:

- The 3 band 7 MH specialist nurses are now in post.
- Work has been undertaken to revise both the ligature point policy and the anti ligature assessment tool at CUH. Assessments have been completed in the 7 areas that have the highest mental health activity in the hospital. These assessments will need to be repeated annually as per policy or if the areas concerned have any environmental changes before then. Action plans to mitigate some of the issues raised are now in place,
- Interface meetings between mental health and CUH for both adult and younger peoples services continue. The plan now is to invite other agencies to the meeting such as Centre 33 who provide support for younger people with mental health needs in the county.

 Author(s): Claire Ward Owner(s): Lorraine Szeremeta

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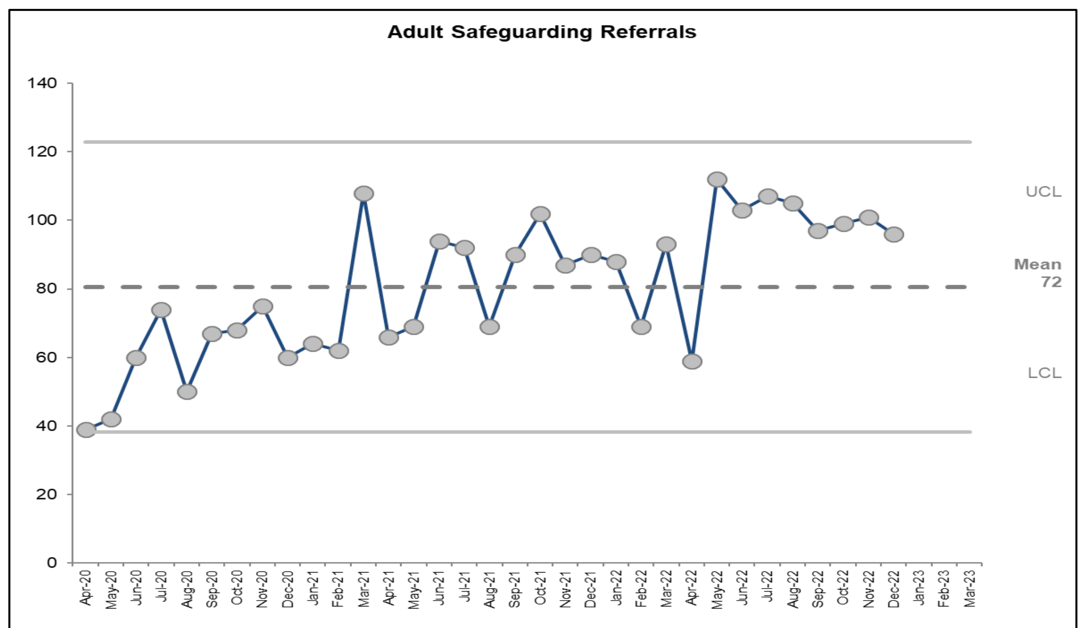
Safeguarding

Safety and Quality

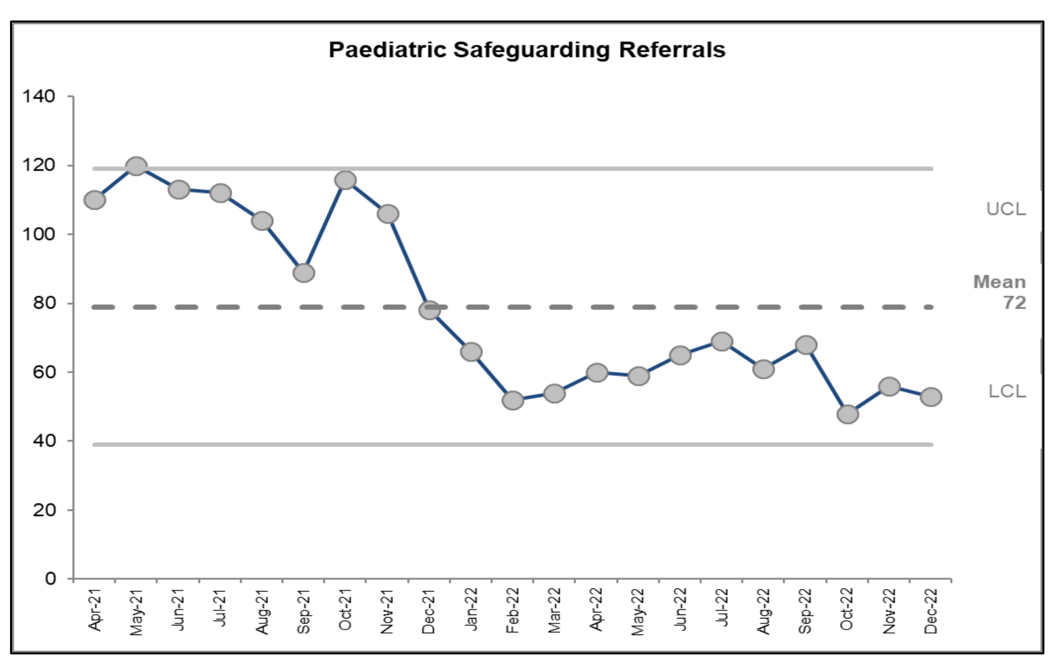
Adult Safeguarding

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



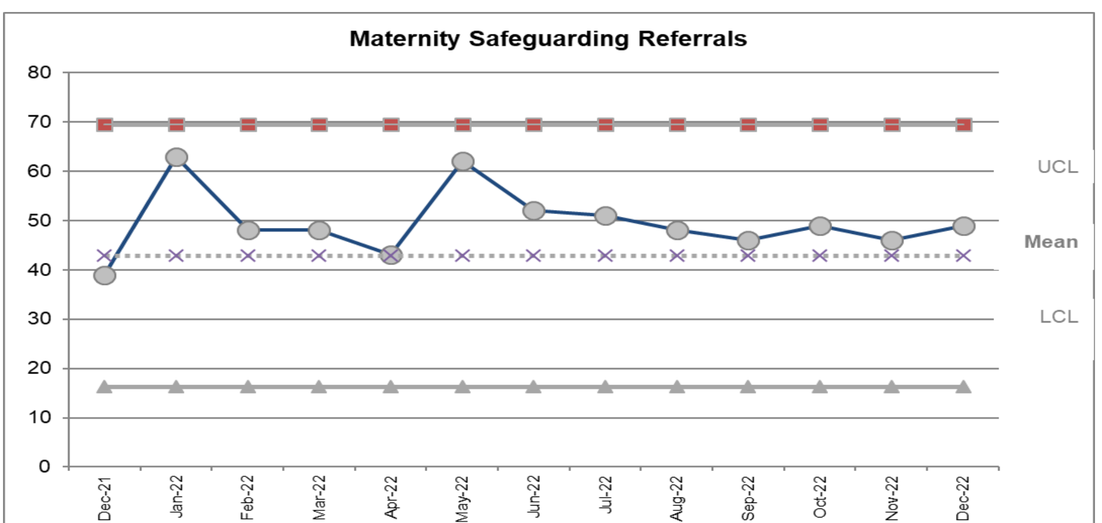
Children's Safeguarding

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



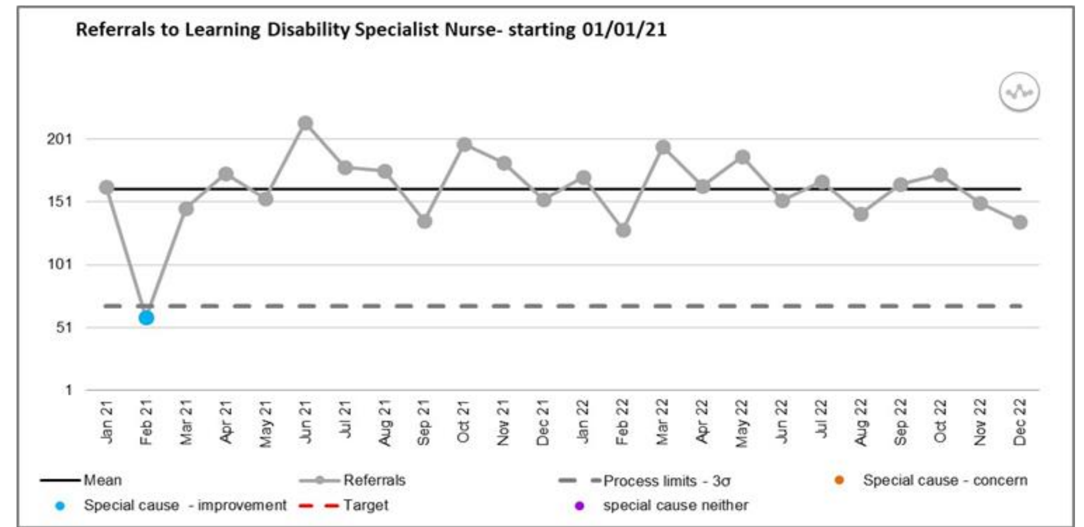
Maternity safeguarding

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



Learning disabilities

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



Author(s): Jenny Harris

Owner(s): Amanda Small

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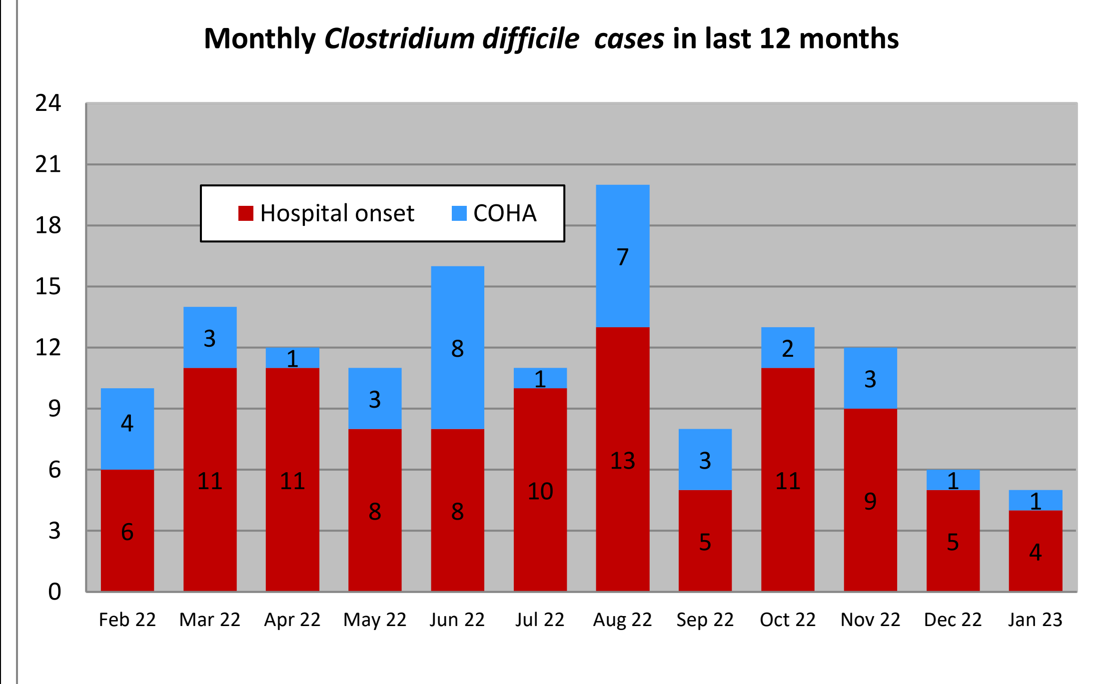
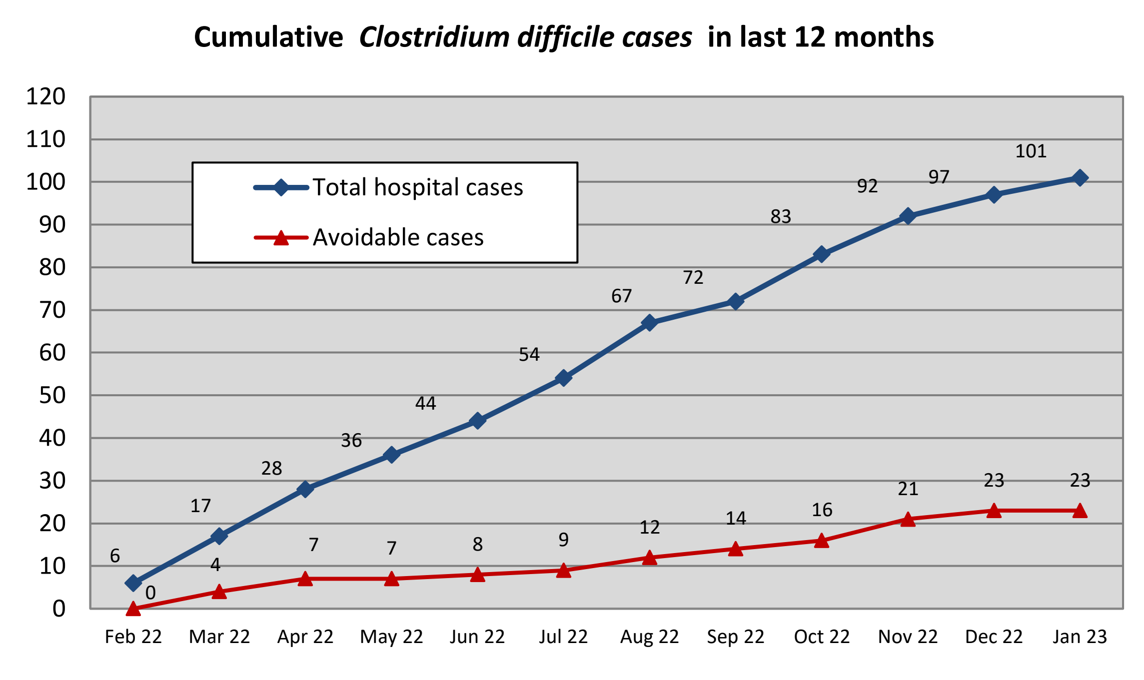
Infection Control



* 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.

- No cases of hospital onset MRSA bacteraemia in January 2023
- 3 cases (2 unavoidable & 1 avoidable) hospital onset MRSA bacteraemia year to date

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

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

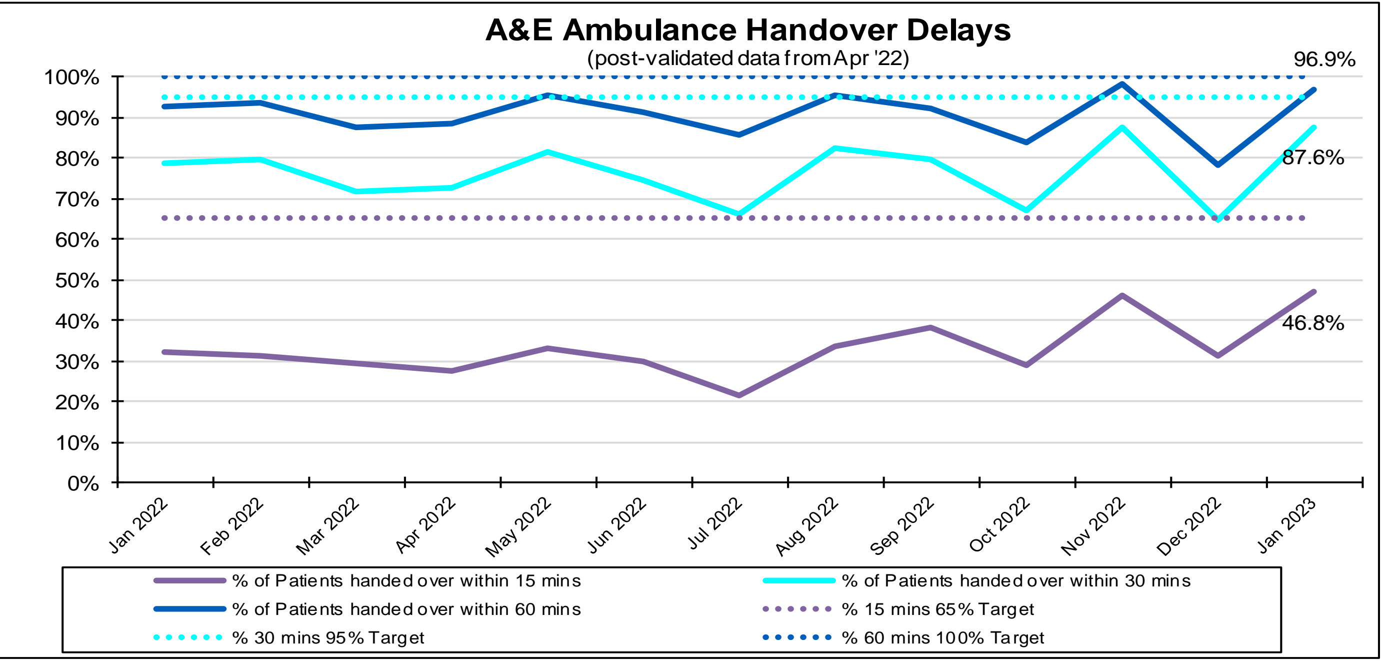
MRSA and C difficile key performance indicators

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

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

Amb. Handovers & 12 Hr Waits From

Operational Performance



Waits in A+E from arrival to discharge, admission or transfer - no more than 2% waiting more than 12 hours

No. 12 hour waits from Arrival | % 12 hour waits from Arrival | Target no more than 2% waiting more than 12 hours

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

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

Streaming: To mitigate the increase in demand the ED has a dedicated clinician based at the front door and the ambulance bay to identify patients suitable for streaming to alternative locations:
- 308 patients were streamed from ED to our Medical Assessment Unit (MAU) and a further 468 patients to our Surgical Assessment Unit.
- 3,098 patients were streamed to the Urgent Treatment Centre (UTC), of which 1,561 patients were seen by a GP or ECP.

Ambulance handovers: In January 2023 we saw 2,341 conveyances to CUH which was a decrease of 21% (-648) compared to January 2020. Of these:
- 46.8% of handovers took place within 15mins vs. 53.2% in January 2020
- 87.6% of handovers took place within 30mins vs. 90.0% in January 2020
- 96.9% of handovers took place within 60mins vs. 98.0% in January 2020.

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

Fit Testing compliance for substantive staff

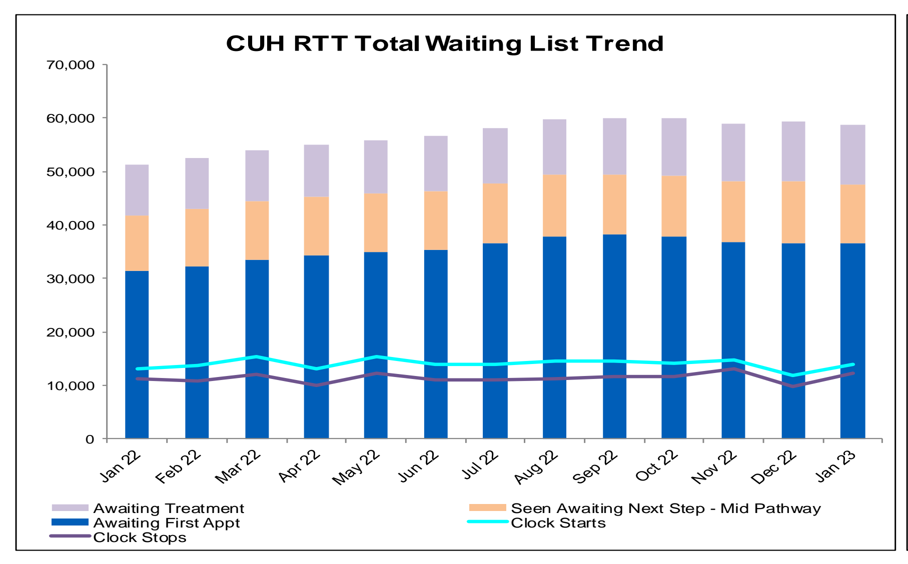
Fit Testing compliance for substantive staff

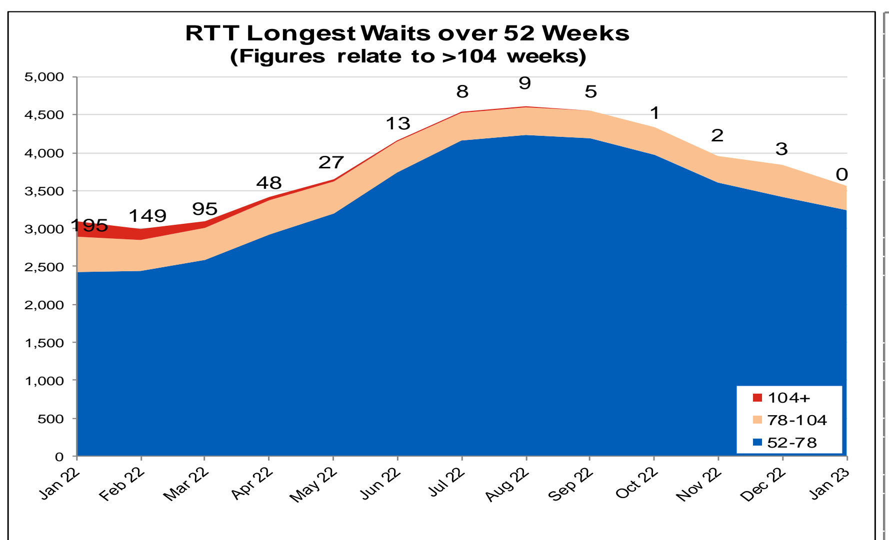
Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total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

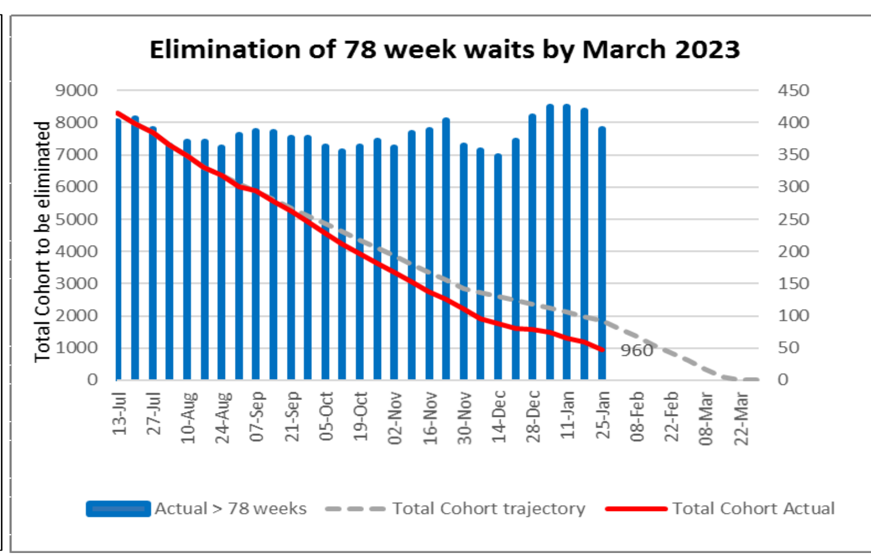
The data displayed is at 15/02/23. This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirest, student Nurses, AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place on a regular basis. These leads provide assurance on compliance and maintain fit test compliance records. Fit test compliance for Bank and Agency staff working in 'red' areas is checked at the start of each shift and those not tested to a mask in stock are offered fit testing and/or provided with a hood. Security and Access agency staff are not deployed to 'red' areas inline with local policy.

Referral To Treatment - (RTT)

National Targets







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

- eliminate waits over 104 weeks by 1st July 2022 and maintain this position throughout 2022/23 (except where patients choose to wait longer)
- eliminate waits over 78 weeks by April 2023

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

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

The number of RTT treatments (stops) delivered in January were up by 20% on prior month, and represented 90.4% compared to January 2020. Non-admitted treatments were at 91.8% of baseline. Admitted treatments were comparatively lower at 85.3%, with January 2020 having delivered the highest volume of monthly admitted treatments in the baseline year. Total treatments cumulatively are now 9% below plan year to date. Together with the contribution from validations, the variance for total removals stands at 4.2% below plan year to date. The clearance time for the RTT waiting list (how long it would take to clear if no further patients were added) reduced to 20 weeks.
The 92nd percentile total waiting time remains 48 weeks.

The volume of patients waiting over 52 weeks reduced for the fifth consecutive month by 7% to 3,563. 1240 patients in total were treated who had waited over a year, 10.1% of treatments. The specialties with the highest volumes over 52 weeks remain ENT (504) , OMFS (469), then Ophthalmology, Cardiology and Orthopaedics (each over 300). All of these services did have a reduction in month. There was a notable increase in Urology from 148 to 196 over 52 weeks. The service has been carrying four Consultant vacancies in recent months.
The volume of patients waiting over 78 weeks reduced by 24% at the end of January to 316. The current rate of reduction of the total cohort is 511 ahead of trajectory to deliver the requirement to eliminate 78 week waits by April 2023. The remaining patients to treat have fallen to below 600 from 8300 in July . With the impact of RCN Industrial Action in early February and now again in March, we would no longer anticipate achieving zero capacity breaches at year end given there will be a need to reschedule cancelled higher clinical priority activity first. ENT, OMFS and Cardiology are the only services with more than 50 patients remaining.

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

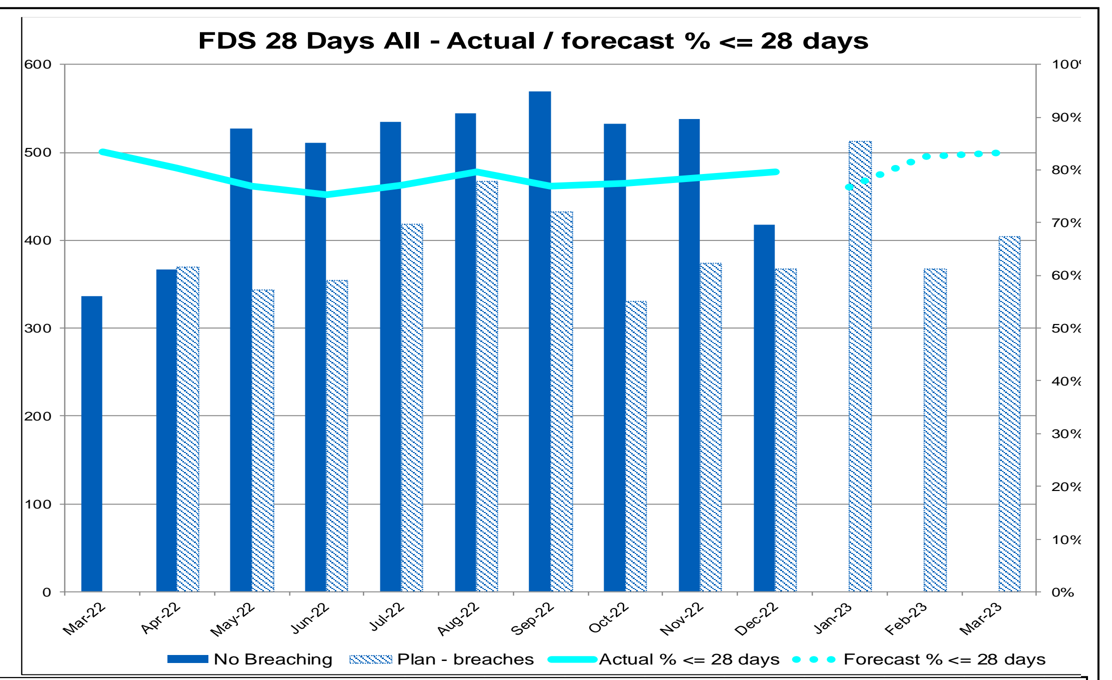
Nationally the RTT waiting list increased again in December 2022 to 7.2 million , with 5.5% of patients waiting over 52 weeks. CUH in the same month dropped to 6.5% over 52 weeks, ranked 8th of the fourteen Acute Trusts in EoE. At 12.4% over 52 weeks, Norfolk and Norwich remains the greatest challenge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

Cancer

Cambridge University Hospitals NHS Foundation Trust

National Targets

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



The latest nationally reported Cancer waiting times performance is for December 2022 and Q3 2022/23.
The Cancer Waiting Time standards are currently out for consultation Nationally, the proposal was to consolidate into three combined standards: Faster Diagnosis within 28 days; Referral to Treatment within 62 days; and Decision to Treat to Treatment within 31 days, however it is understood this will now not happen by the expected date of April 2023. CUH will continue to shadow monitor the combined standards.

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

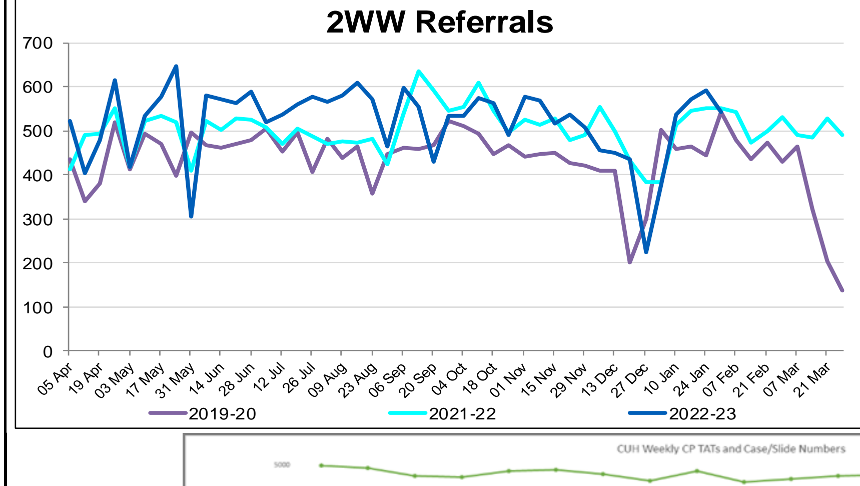
Our combined performance on the Faster Diagnosis standard within 28 days remained ahead of target at 78.5%. National average was 70.7% for FDS. Screening FDS remains the area that falls consistently below standard due to the lack of control services have over the inital appointments on the LGI screening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

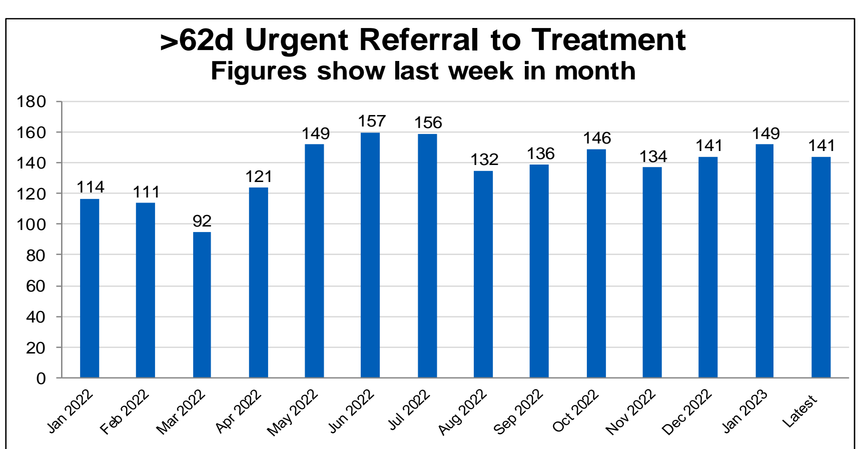
The 62 day Urgent standard performance deteriorated slightly in December to 73.2%. This remained ahead of performance Nationally of 61.7%. There were 37.5 accountable breaches of which 24 were CUH only pathways. Of the total breaches 22.5 of these delays were provider initiated delays, within which 2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

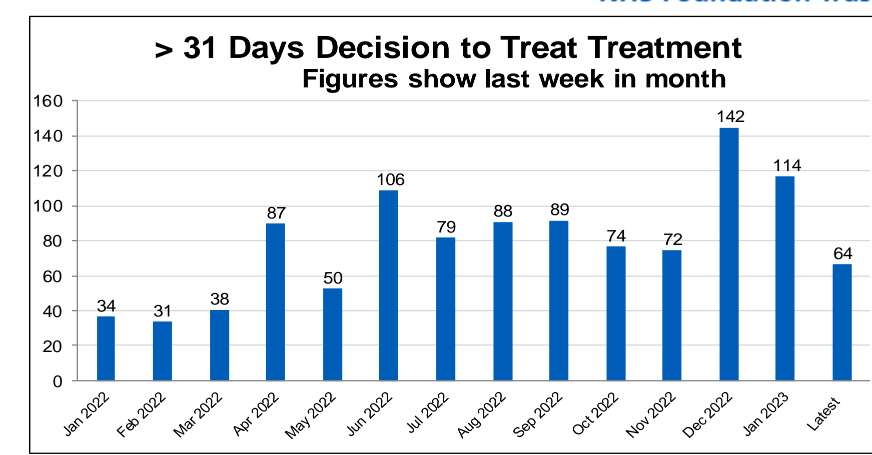
The 31 day FDT standard improved in December to 89%,however was below National at 92.6%. The subsequent surgery standard deteriorated to 72.7% against National of 81.8%. Elective capacity accounted for 87% of those exceeding 31 days, Urology accounted for 35% of the breaches. The subsequent radiotherapy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

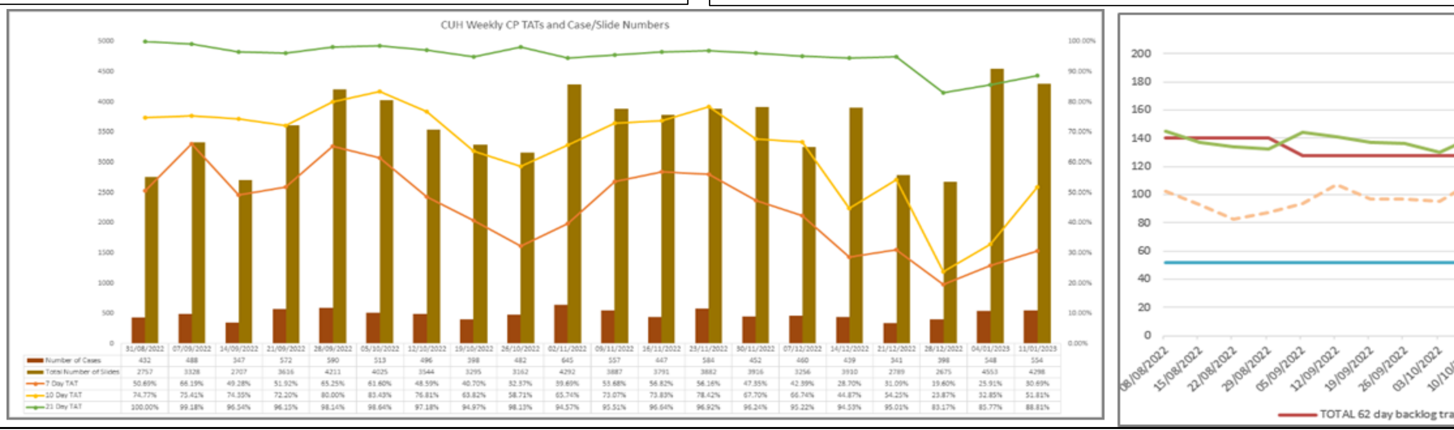
22 pathways waited >104 days for treatment in December. 15 were shared pathways with high volumes from WSH (4), NWAFT (3) and Bedford (3). 7 CUH pathways exceeded 104 days across Breast (3), Skin, Head and Neck , HPB and Urology. Capacity delays and Complex diagnostic delays were the reasons. The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust and to date all pathways were classed as 'no harm' or 'low harm'.

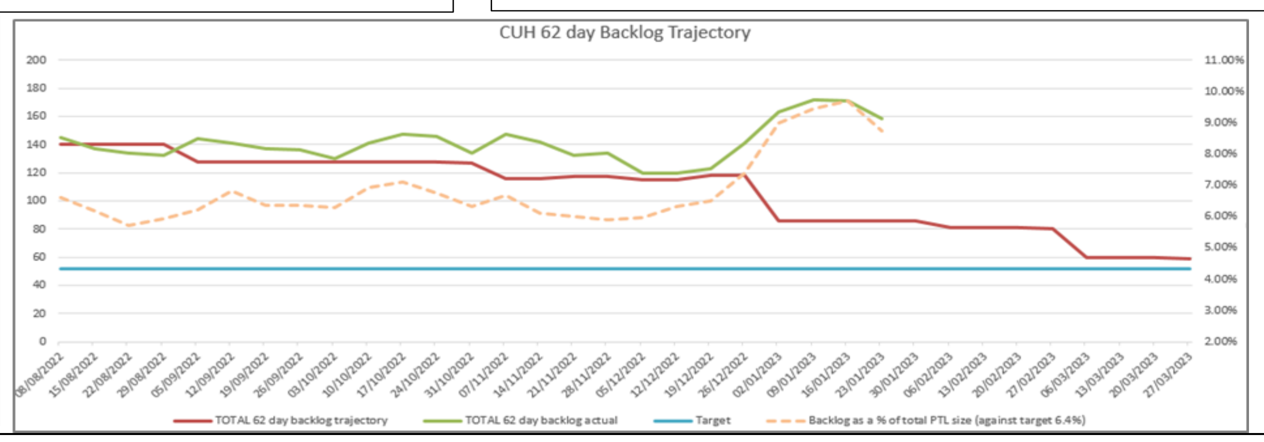
National Targets











Current position

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

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

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

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

Diagnostics

Operational Performance

Change from previous month:

Deteriorated (orange) / Improved (blue)

Group	Modality	Jan-23 Waiting List: Total Waiting List	Variance from Feb 2020		% > 6 weeks	Mean wait in weeks	Scheduled Activity: Scheduled Activity	Variance from Jan-20 Baseline	Total Activity: Total Activity	Variance from Jan-20 Baseline
Imaging	Magnetic Resonance Imaging	2610	1962	33%	47.6%	8	2859	113.2%	3271	114.3%
	Computed Tomography	1583	1038	53%	40.2%	7	3119	111.7%	6293	117.0%
	Non-obstetric ultrasound	3001	1876	60%	45.4%	7	3493	102.2%	4199	99.5%
	Barium Enema	31	31	0%	12.9%	3	34	197.9%	39	215.0%
	DEXA Scan	598	648	-8%	6.5%	3	592	105.7%	592	103.7%
	60%	**7823**	**5555**	**41%**	**42.0%**	**7**	**10097**	**108.5%**	**14394**	**110.3%**
Physiological Measurement	Audiology	947	338	180%	60.8%	9	337	110.3%	337	110.3%
	Echocardiography	2257	967	133%	57.8%	12	1482	122.2%	1875	126.7%
	Neurophysiology	176	269	-35%	1.7%	2	208	75.9%	221	77.7%
	Respiratory physiology	40	24	67%	50.0%	7	30	125.7%	30	125.7%
	Urodynamics	268	93	188%	69.4%	12	59	95.1%	59	95.1%
	17%	**3688**	**1691**	**118%**	**56.7%**	**10**	**2116**	**112.7%**	**2522**	**117.0%**
Endoscopy	Colonoscopy	568	539	5%	5.8%	2	460	107.6%	465	105.4%
	Flexi sigmoidoscopy	129	106	22%	3.9%	2	72	92.0%	89	81.8%
	Cystoscopy	141	236	-40%	15.6%	3	371	96.4%	390	99.2%
	Gastroscopy	680	581	17%	7.6%	3	575	90.4%	642	89.8%
	12%	**1518**	**1462**	**4%**	**7.4%**	**3**	**1478**	**43.4%**	**1586**	**95.7%**
Total Diagnostic Waiting List		**13029**	**8708**	**50%**	**42.1%**	**8**	**13691**	**107.7%**	**18502**	**109.7%**

% Waiting longer than 6 weeks

Over 6 weeks / % Waiting over 6 weeks (Jan 22 – Jan 23; latest 42.1%)

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

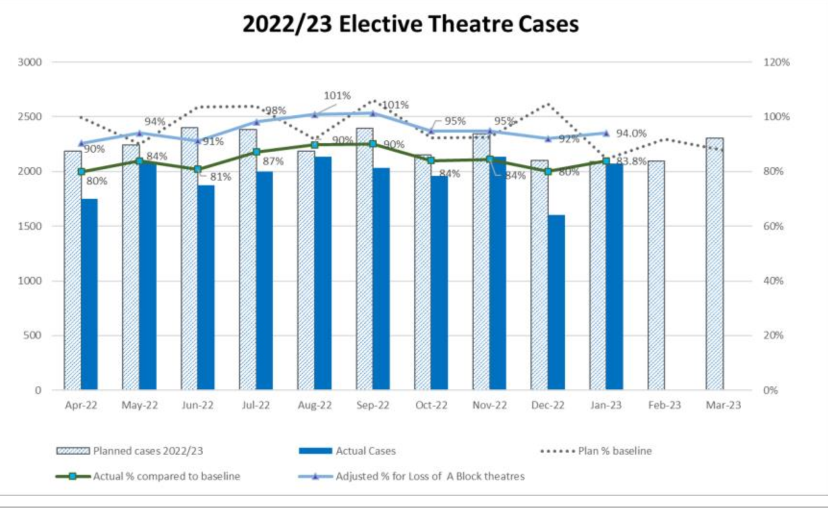
- **Imaging** activity overall achieved baseline levels for total activity and scheduled activity at 110% and 108% respectively. The waiting list reduced by 637,and >6ww reduced by 614.
- ICS decisions on the future funding of Early Adopter additional capacity in the system from April 2023 in advance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

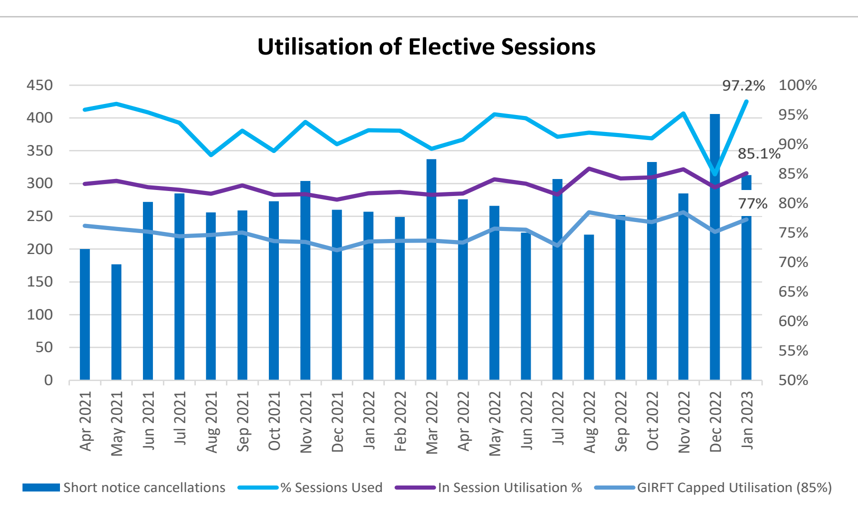
Physiological measurement saw a further waiting list increase of 158 in January, driven by Audiology and Echocardiography, but also an increase in Urodynamics. 6ww performance deteriorated in all three modalities, who now have the longest average waits of all the diagnostics services. Of these three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

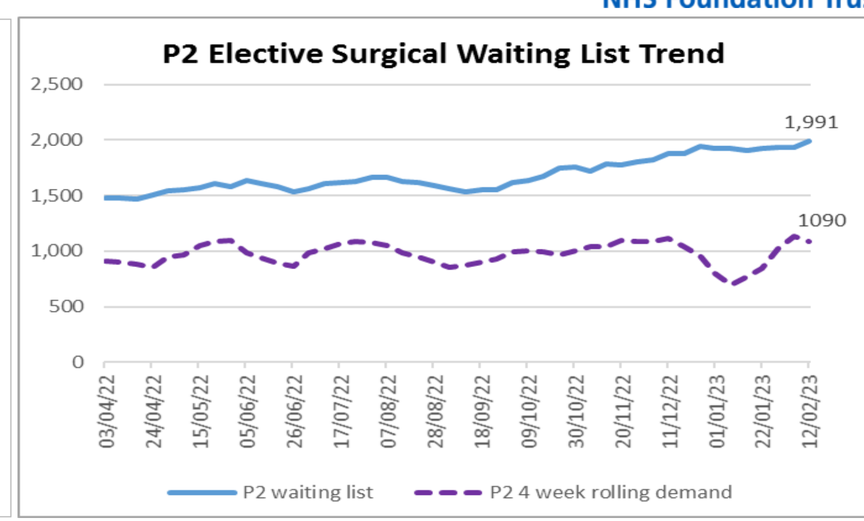
Following the impact of Strike Action in December, **Endoscopy** modalities have seen improvement in January and are on forecast to recover to <5% again from February.

Operations

Operational Performance







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

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

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

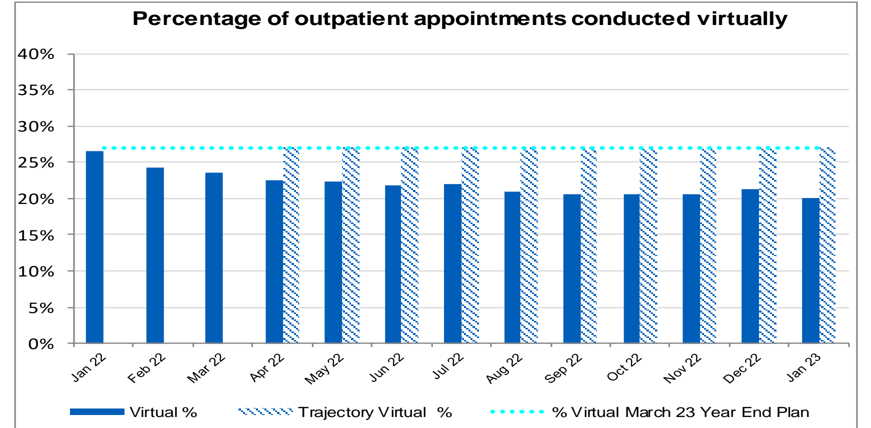
Further Updates from Surgery Programme Board:-
- Additional equipment has now been installed at Ely which will support Urology HOLEP day case capacity, a focus of GIRFT HVLC for Urology. First lists will commence at the end of March. There will be 3 ring-fenced HoLEP lists per months to tackle Bladder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

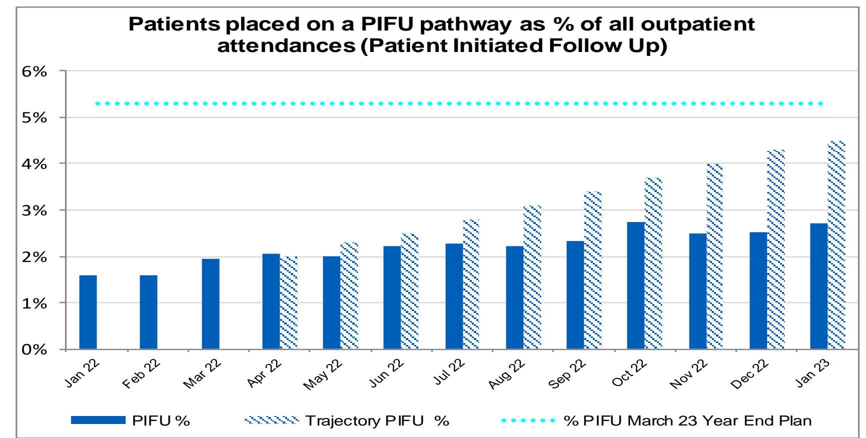
Together-Safe | Kind | Excellent

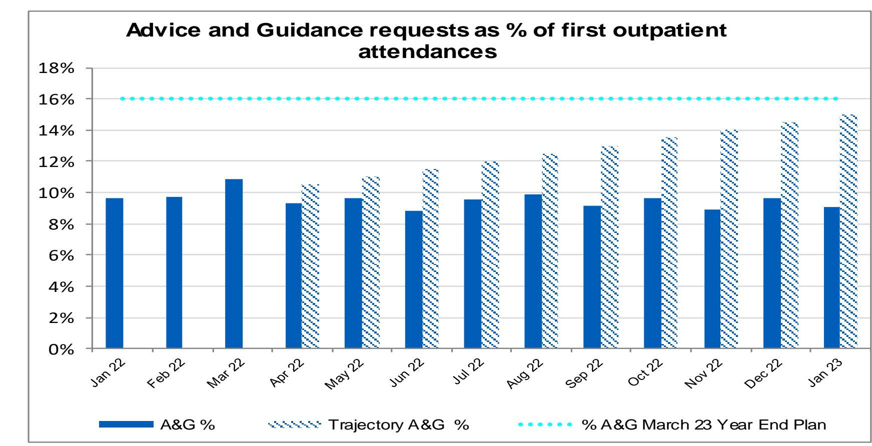
Outpatients

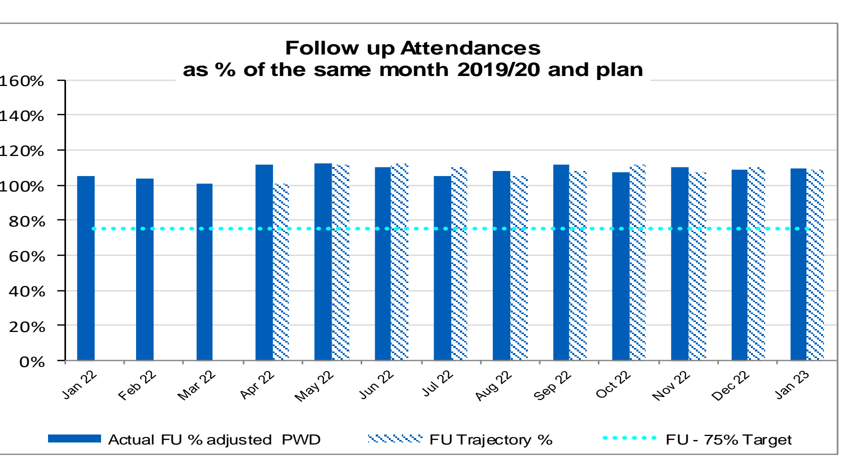
Cambridge University Hospitals NHS Foundation Trust

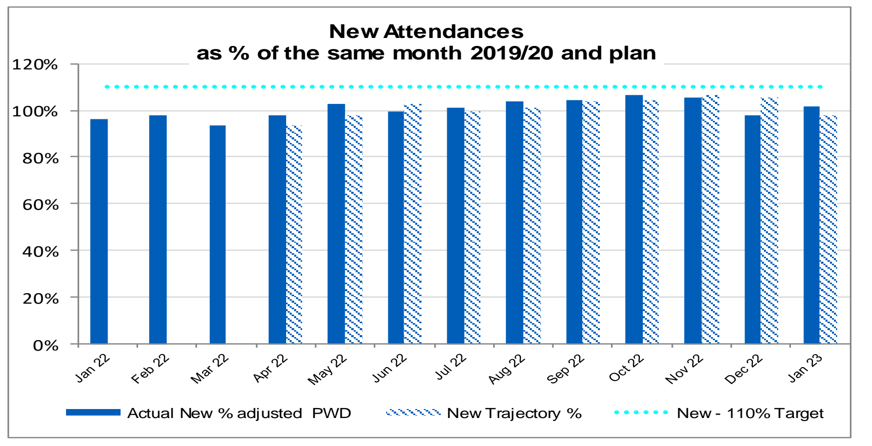
Operational Performance











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

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

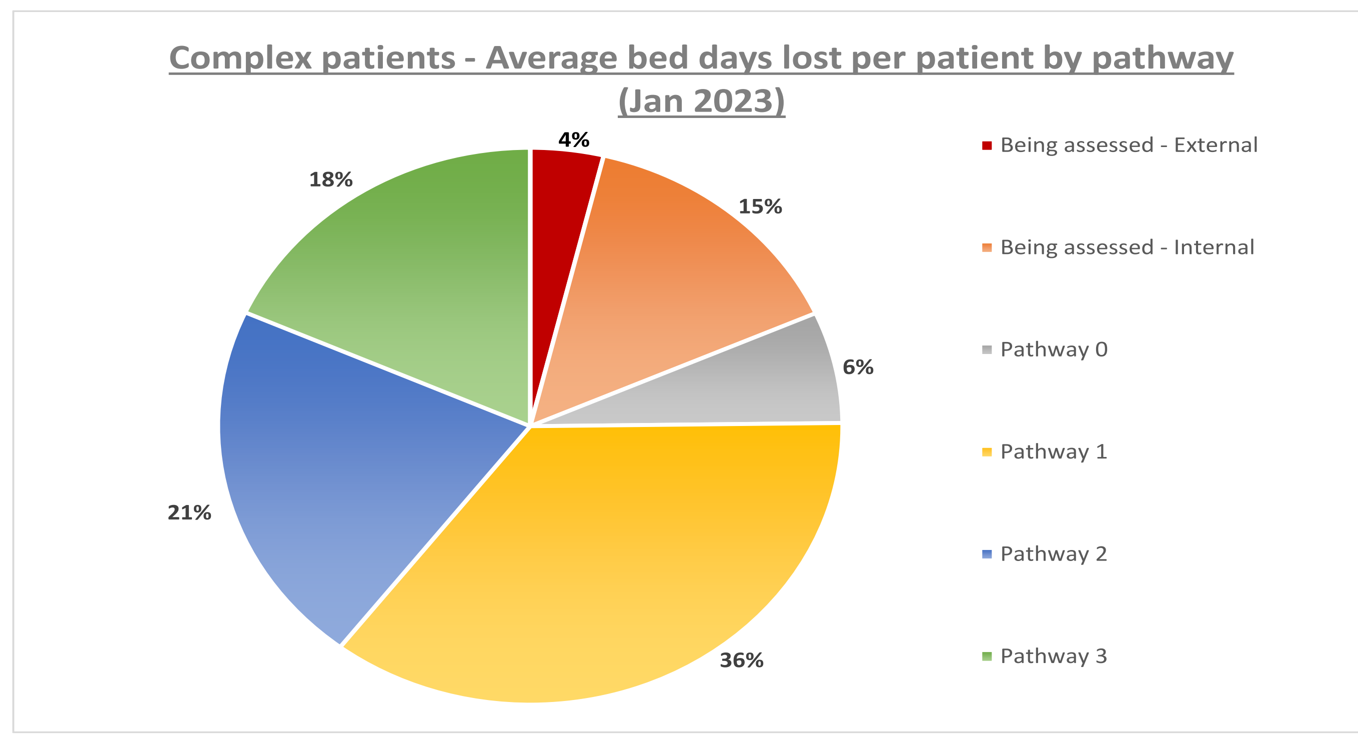
PIFU numbers have increased very slightly to 2.7% and are still below trajectory. Several specialties are focusing on increasing PIFUs as part of pathway redesign, including Diabetes (foot clinic). CHEQS data shows that PIFU does reduce follow ups. As at Jan 23, 93.5% of the 29,198 PIFU orders placed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

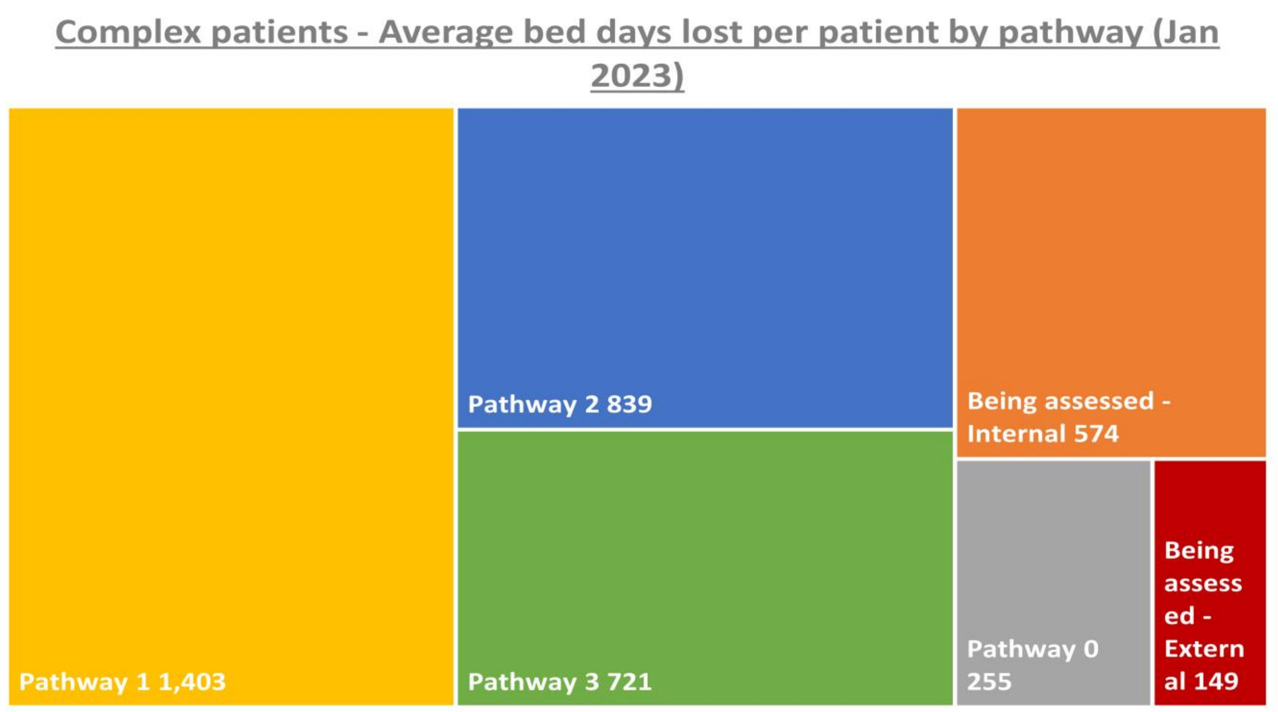
For A&G in January there was a positive increase of 1.5% to 17.2%, so CUH is again meeting the 16% national target. Currently in our external reporting for outpatient attendances Diagnostic Imaging activity is included. As this is recorded as new activity it adversely affects the reported A&G% performance pushing our numbers down. We are continuing to work with the ICS and national teams on how to resolve this issue in a consistent way.

Author(s): Andi Thornton Owner(s): Nicola Ayton

Delayed Discharges

Operational Performance





During January the Trust lost 3,941 bed days to patients beyond their clinically fit date. This is equivalent to 127 beds. Of these, the majority related to complex pathways 1-3:
- 1,403 (36%) bed days related to pathway 1 (support to recover at home)
- 839 (26%) related to pathway 2 (rehabilitation or short-term care in a 24-hour bed-based setting)
- 721 (18%) related to pathway 3 (require ongoing 24-hour nursing care, often in a bedded setting)

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

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

(I) **Transfer of Care Hub (TOCH):** Written confirmation received for the ASC Discharge funding secured to support the TOCH workforce development for 15 months. Recruitment to the TOCH manager post, admin post and the backfill arrangements for each system partner to support the TOCH development are all in progress.

(ii) **Integrated PTL scoped and fully implemented:** Huddles are embedding well with further changes to the process being discussed amongst partnering organisations to ensure continuous improvement. Trends and themes are now being collated and will feed to the Home First programme and/or other programmes in the system.

(iii) **D2A Pilot for Pathway 2:** Commenced roll out mid January – open in South Place to 7 beds. Challenges with drop in demand for nursing home placements generally, and tight exclusion criteria across South. On-going development of data capture tool stored centrally on TOCH channel so all partners can input.

(iv) **Digital Enablers:** Continuing to work with digital leads at the Acute Trusts and CPFT to develop consistent reporting structure against the proposed metrics and KPIs.

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

Discharge Summaries

Operational Performance

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

94.0%
92.0%
90.0%
88.0%
86.0%
84.0%
82.0%
80.0%

Dec 20, Jan 21, Jan 21, Feb 21, Feb 21, Mar 21, Mar 21, Apr 21, Apr 21, May 21, May 21, May 21, Jun 21, Jun 21, Jul 21, Jul 21, Aug 21, Aug 21, Sep 21, Sep 21, Oct 21, Oct 21, Oct 21, Nov 21, Nov 21, Dec 21, Dec 21, Jan 22, Jan 22, Feb 22, Feb 22, Mar 22, Mar 22, Apr 22, Apr 22, May 22, May 22, May 22, Jun 22, Jun 22, Jul 22, Jul 22, Aug 22, Aug 22, Sep 22, Sep 22, Oct 22, Oct 22, Oct 22, Nov 22, Nov 22, Dec 22, Dec 22, Jan 23, Jan 23, Feb 23

Mean — Perfomance % — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

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)

Patient Experience

The good experience and poor experience indicators omit neutral responses.

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Jan 23	Month	-	94.5%	95.7%		-	-	For January there was no change in the Good score compared to December, and a 1% improvement in the Poor score. The number of FFT responses increased, as December # of FFT was the lowest for the year. Pre pandemic # of FFT responses is 850-950. **FOR JAN: there were 362 FFT responses collected from approx. 3,632patients.**
FFT Inpatient poor experience score	Jul 20 - Jan 23	Month	-	1.1%	1.5%		-	-	
FFT Outpatients good experience score	Apr 20 - Jan 23	Month	-	94.8%	95.1%		S7	-	For January, the Good score improved by 0.8% compared to December. The Poor score is 2.7% which is about the same as 3.0% in December. This score has not been below 2.5% since May but it is very low and not a concern. There were 4 FFT responses collected from paediatric clinics so the FFT scores mainly reflect adult clinics. **FOR JAN: there were 5,661 FFT responses collected from approx. 30,787 patients.** The SPC icon shows special cause variations: low is a concern and high is a concern with both having more than 7 consecutive months below/above the mean.
FFT Outpatients poor experience score	Apr 20 - Jan 23	Month	-	2.7%	2.3%	H	S7	-	
FFT Day Case good experience score	Apr 20 - Jan 23	Month	-	96.8%	96.5%		-	-	For January the Good score improved by 1.0% compared to December and is a 2% improvement since May, and is the strongest score for the year. There was no change in the Poor score and remains the lowest for the year. **FOR JAN: there were 1,222 FFT responses collected from approx. 4,464 patients.**
FFT Day Case poor experience score	Apr 20 - Jan 23	Month	-	1.3%	1.7%		-	-	
FFT Emergency Department good experience score	Apr 20 - Jan 23	Month	-	81.0%	83.9%	L	S7	-	For January the Good score improved by 11% and the Poor score improved by 9% compared to December. Both Adult and Paeds Good scores improved by 10% each and Poor scores improved about 8% each. Adult FFT compared to Dec; Good score 81% from 70% / Poor score 11% from 20%. Paeds FFT compared to Dec; Good score 78.8% from 68.8% / Poor score 8.8% from 17%. **FOR JAN: there were 983 FFT responses collected from approx. 5,061 patients**. The SPC icon shows special cause variations: low is a concern and high is a concern with both having more than 7 consecutive months below/above the mean.
FFT Emergency Department poor experience score	Apr 20 - Jan 23	Month	-	10.6%	9.9%	H	S7	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Jan 23	Month	-	97.3%	94.9%		-	-	**FOR JAN:** Antenatal had 2 FFT responses; 100% Good score. Birth had 60 FFT responses out of 432 patients; 96.7% Good score / 3.3% Poor score (2% increase Good score/2% increase Poor score compared to Dec). Postnatal had 86 FFT responses: LM had 50 FFT with 98% Good / 0% Poor, DU had 3 FFT with 100% Good / BU had 22 FFT with 95.5% Good / 0% Poor, and COU 100% Good from 10 responses. 0 FFT responses from Post Community. JAN **MATERNITY OVERALL:** Good score improved by 1% and Poor score increased 1% compared to Dec. The change in overall scores is from Birth. There were 148 FFT responses collected.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Jan 23	Month	-	1.4%	1.8%		-	-	

FFT data starts from April 2020 for day case, ED and OP FFT (SMS used to collect FFT), and inpatient and maternity FFT data starts with July 2020 due to Covid-19 restrictions on collecting FFT data. For NHSE FFT submission, wards still not collecting FFT are not being included in submission. In November 18 wards did not collect any FFT data.

Overall FFT in January, the Good scores improved for all areas of FFT, except for inpatient which had no change. ED had the largest improvement of 11% and the score of 81% is the best score for the year. Overall FFT Poor scores in January were mixed, with no change for day case and outpatients. Inpatients and ED Poor scores improved, with ED having a 9% decrease in the score and 10.6% of the lowest Poor score for the year. Both Adult and Paeds ED scores impacted the overall FFT scores. Adult ED: Good score 81.6% from 70% in Dec and Poor score11% from 20%, and both scores are the strongest for the year. Paeds ED: Good score 78.8% from 68.8% in Dec and Poor score 8.8% from 17%. For Maternity, antenatal and postnatal FFT scores remained the same compared to Dec. For Birth, the Good score improved by 2% but the Poor score increased by 2% compared to Dec. FFT data for maternity community has not been collected since July and only 2 FFT responses collected this year.

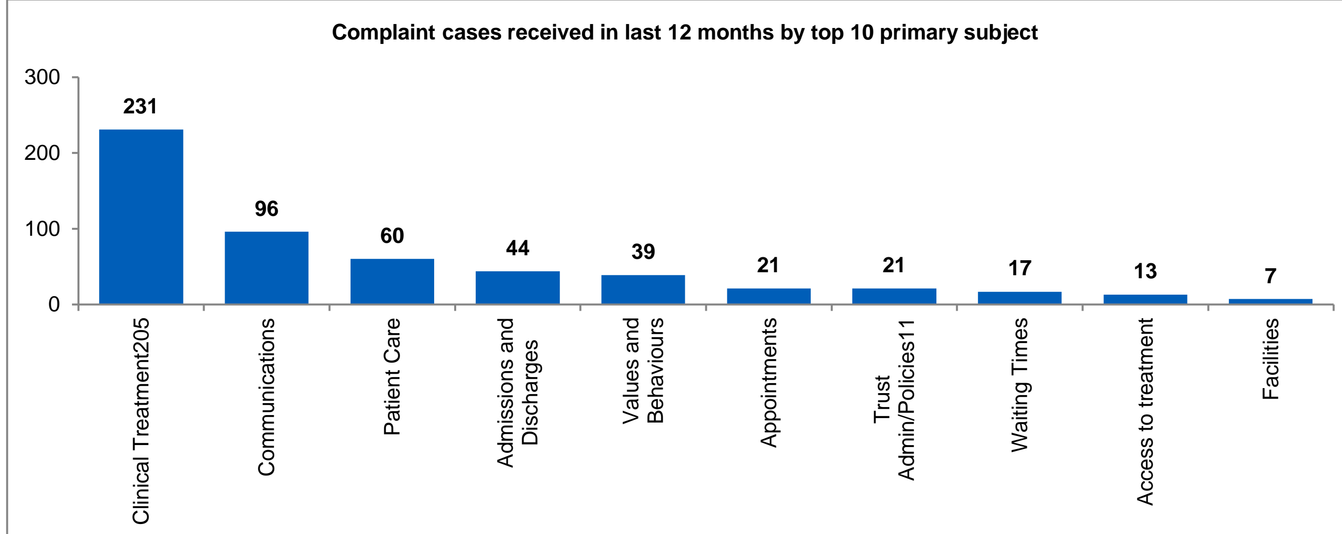
Please note starting 1 June, the Trust has reduced the number of SMS being sent to adult patients. Instead of sending a text message to every adult patient that attend an OP/DU appointment, or presented to A&E, the Trust now sends a fixed number of SMS daily.

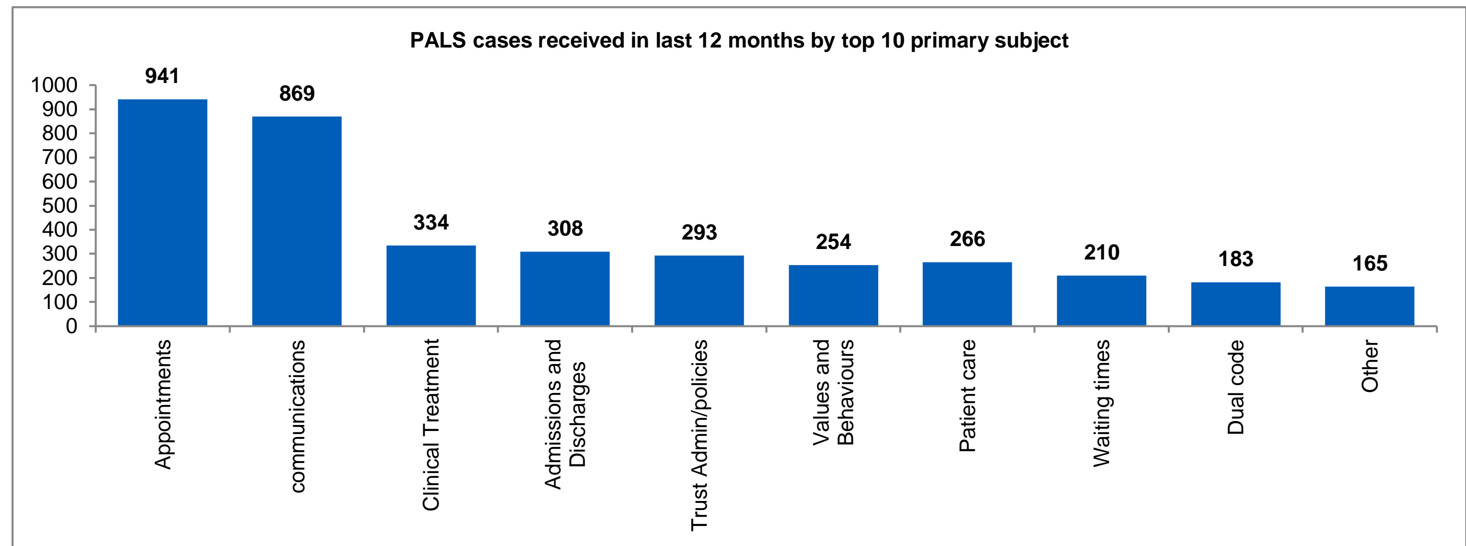
Author(s): Charlotte Smith/Kate Homan Owner(s): Oyejumoke Okubadejo

PALS and Complaints Cases

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Jan 19 -Jan 23	month	-	83	53	H	SP	-	The number of complaints received between Jan 2019 - Jan 2023 is higher than normal variance.
% acknowledged within 3 days	Jan 19 - Jan 23	month	95%	76%	93%	L	SP	?	63 out of 83 complaints received in January were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Jan 19 - Jan 23	month	50%	23%	31%		-	?	65 complaints were responded to in January, 15 of the 65 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Jan 19 - Jan 23	month	80%	52%	90%		-	?	34 out of 65 complaints responded to in January were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Jan 19 - Jan 23	month	-	34%	35%		-	-	There were 25 complaints graded 4 severity, and 3 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Jan 19 - Jan 23	month	-	20	34		-	-	Compliment numbers are lower than usual due to administrative staff shortages





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

Author(s): Sue Bennison Owner(s): Oyejumoke Okubadejo

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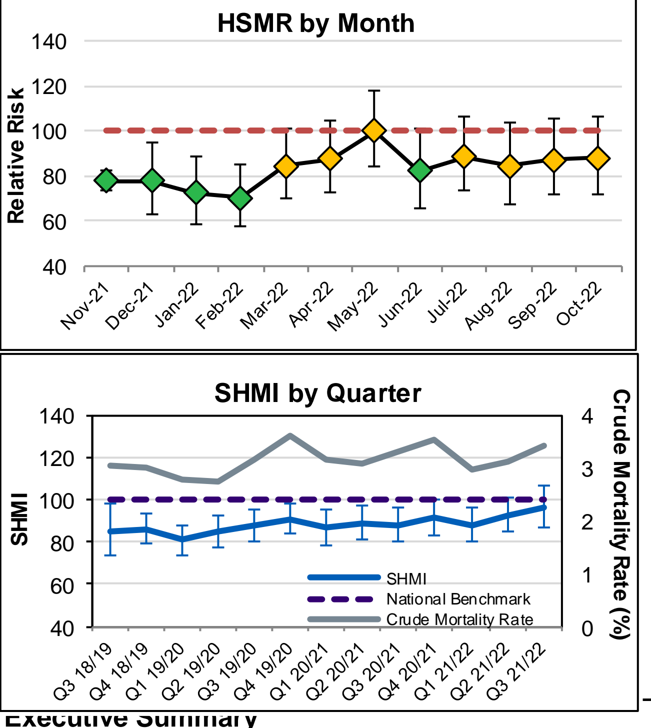
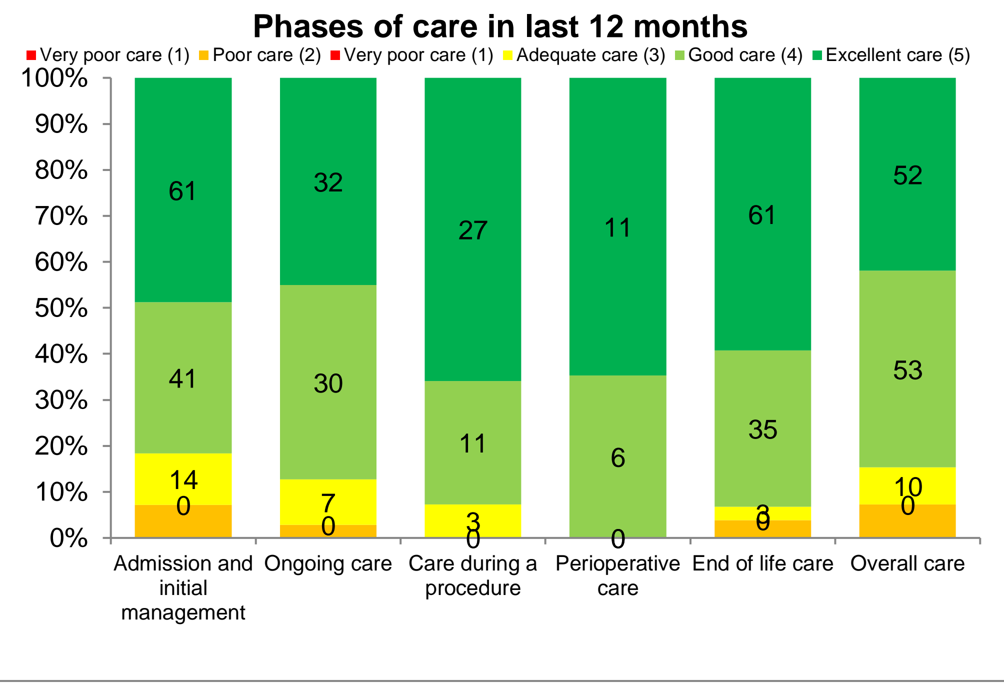
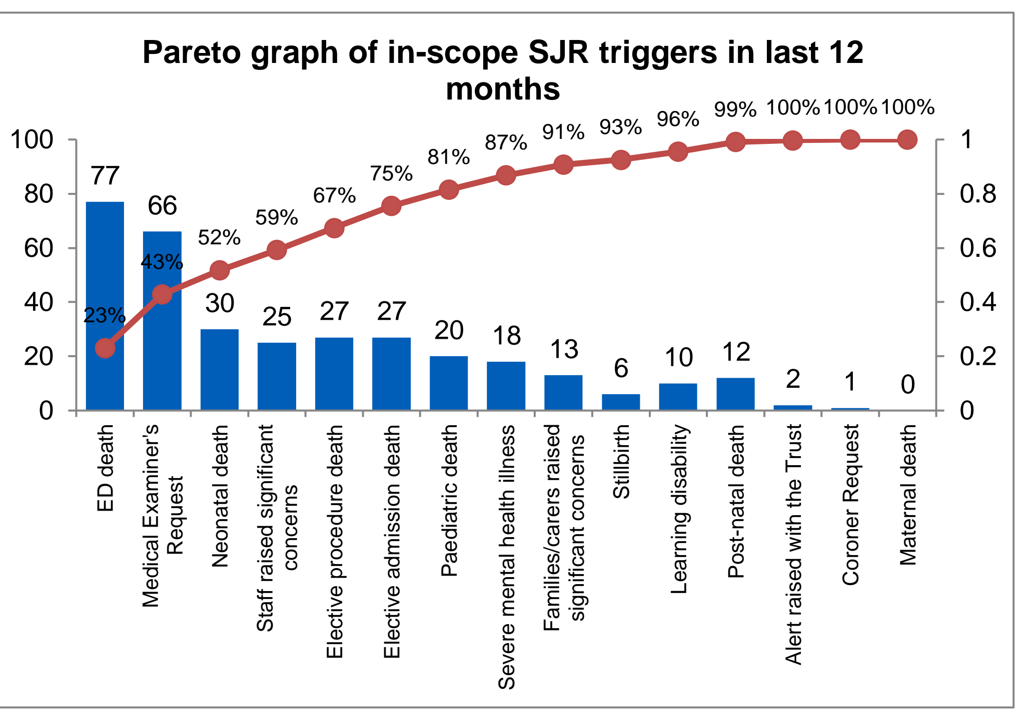
Learning from Deaths

Mortality

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





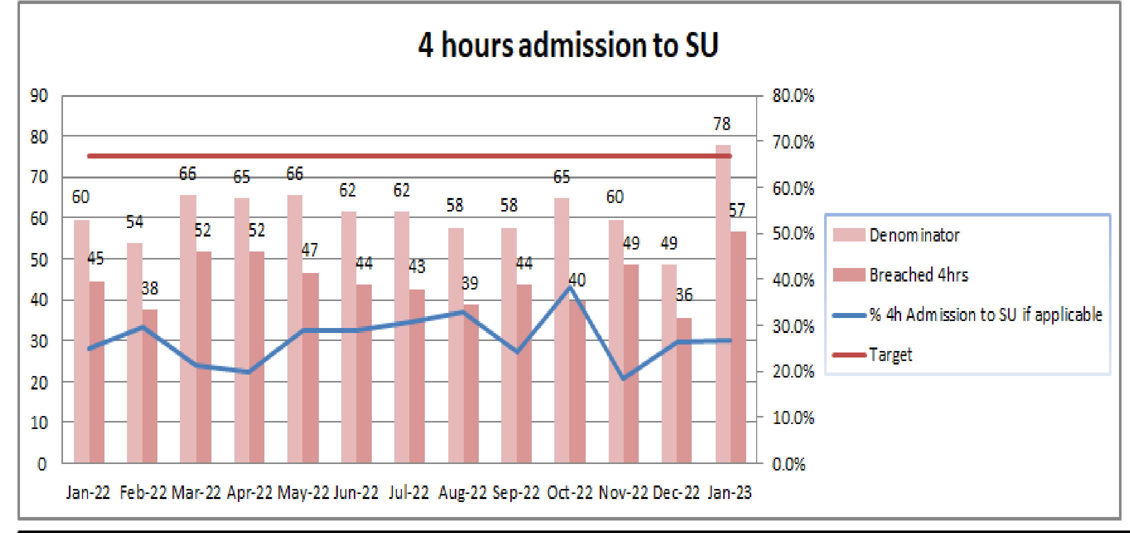


Executive Summary

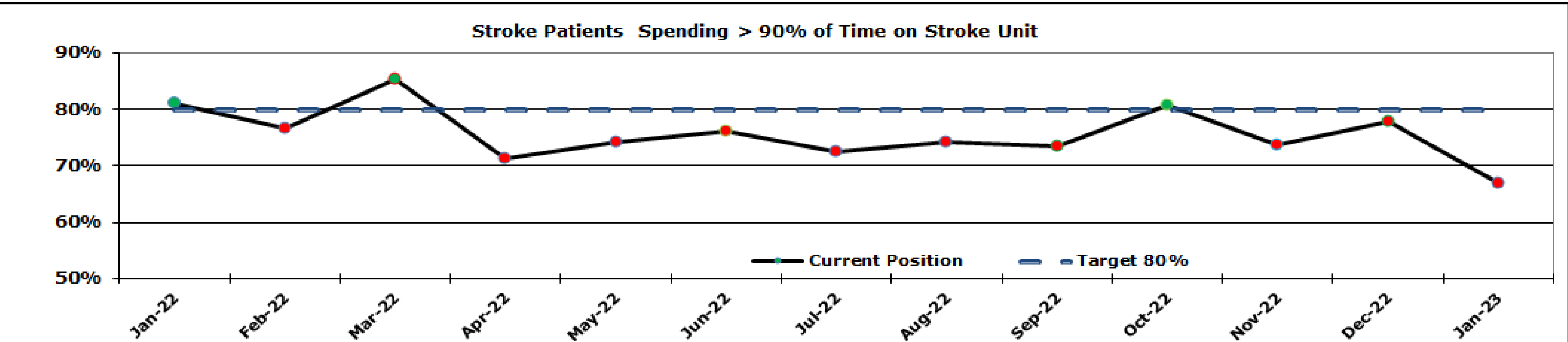
HSMR - The rolling 12 month (November 2021 to October 2022) HSMR for CUH is 83.16, this is 6th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 94.33.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, December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

Stroke Care

Stroke Measures



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



Breach reasons for not achieving 90% IP stay on Stroke ward 2022/23 and Monthly Stroke position

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Suspected COVID-19 patient	COVID-19 - Stroke ward closed	Operational decision - patient moved off the unit to accommodate an acute stroke	Delay in medical review in ED	Delay in referral to Stroke Team	Clinical - Appropriate pathway for patient	Difficult presentation	Not referred to stroke team	Delayed diagnosis	Clinician's decision to place patient on different ward	Unclear presentation	Difficult diagnosis / Complex patient	Failure to request stroke bed	Resource capacity	Number of breaches	Month Position (Target 80%)
Jan-22		2						1		3	1		1			4	12	81.0%
Feb-22		7	1			1		1		1			2	1			14	76.7%
Mar-22		6	1			1							2				10	85.3%
Apr-22		8				2		3					4			2	19	71.2%
May-22	3	1				4				1			4	3		2	18	73.1%
Jun-22	3	1				1		1					7			1	14	75.0%
Jul-22	6	5				1		2					1	1		3	19	72.5%
Aug-22	2	10						2					1			1	16	68.0%
Sep-22		11					1						5				17	73.4%
Oct-22	1	7					1			1			1			1	12	80.9%
Nov-22		8					2	1					3	2		1	17	73.8%
Dec-22	1	6					1		1				4				13	73.5%
Jan-23		14					3	4					6			1	28	67.1%
Summary	16	86	2	0	0	10	8	15	1	6	1	0	41	7	0	16	209	

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

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

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

Key Actions

- On 3rd December 2019 the Stroke team received approval from the interim COO to ring-fence one male and one female bed on R2. This is enabling rapid admission in less than 4 hours. The Acute Stroke unit continues to see and host a high number of outliers. Due to Trust challenges with bed capacity the service is unable to ring-fence a bed at all times. Instead it is negotiated on a daily basis according to the needs of the service and the Trust.
- 20% of the stroke unit bed base is occupied by general medical outliers
- We are writing a SOP for both R2 and Lewin wards that will help bed management particularly overnight to ensure 2 beds are kept available for acute stroke cases and to ensure agreed national nursing levels for stroke units are maintained at all times.
- We have put in bids to pilot an ACP role on the stroke unit to help with lack of junior staff and to do nurse led discharges to help flow.
- We have put in a bid to the CCG for an 8a coordinator role to help coordintate flow from the ED = to the HASU - to R2 and then to the community ESD beds and ESD and to lewin and T2/RPH beds.
- National SSNAP data shows Trust performance from Jul - Sep 22 at Level B.
- Stroke Taskforce meetings remain in place, plus weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- The stroke bleep team continue to see over 200 referrals in ED a month, many of those are stroke mimics or TIAs. TIA patients are increasingly treated and discharged from ED with clinic follow up. Many stroke mimics are also discharged rapidly by stroke team from ED. For every stroke patient seen, we see three patients who present with stroke mimic.

Author(s): Charles Smith, Jane Fenner Owner(s): Nicola Ayton

Clinical Studies

Clinical Studies Measures

Total Trust Recruitment in FY

Total Recruitment at end of Dec - FY 2022-23

6,524

Recruiting Studies at end of December for FY 2022-23

Status	Count
Open	225
Closed	30
Suspended	3
Total	**258**

Type	Count
Non Commercial	223
Commercial	35

Recruitment by East of England Trusts in FY

Trust	Total
CUH	6,524
N&NUH	2,571
E&NH	2,319
ES&NE	1,323
BH	1,073
RPH	805
QEH	633
EoE AS	623
JPUH	601
NWA	545
C&P	505
WS	456
N&W CCG	259

Top 10 CUH Recruiting Specialities FY

Speciality	Recruitment
Reproductive Health and Childbirth	1,862
Cancer	838
Trauma and Emergency Care	536
Diabetes	414
Genetics	339
Children	333
Anaesthesia, Perioperative Medicine and Pain Management	295
Stroke	256
Renal Disorders	206
Dementias and Neurodegeneration	202

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

* Total recruitment in the financial year to date: 6,524
* CUH accounted for 35% of total recruitment by Eastern Trusts in the financial year to date. Interventional only studies accounted for 16% of the total, while Observational only studies accounted for 43% of the total. The remaining 41% were both Interventional and Observational .
* Recruitment to the Reproductive Health speciality accounted for 29% of all recruitment (1,862). Second was Cancer (838). All of the other individual specialities accounted for less than 10% of the total recruitment.
* There were 258 recruiting studies, of which 35 were Commercial, and 223 Non-Commercial.

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

Maternity Dashboard

Maternity Measures

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

KEY: CQC DOMAINS
Outstanding
Good
Requires Improvement
Inadequate

LMNS:	Reporting period:	Overall System RAG:

REGULATORY BODIES

CQC DOMAINS

Maternity unit rating	CUH (Jan 2017)						Y (date of last inspection)						Z (date of last inspection)					
S - Safe E - Effective C - Caring R - Responsive W – Well led	S	E	C	R	W	Action Plan Status: To commence Progressing Completed	S	E	C	R	W	Action Plan Status: To commence Progressing Completed	S	E	C	R	W	Action Plan Status: To commence Progressing Completed
Rating (last inspection)																		

CQC alerts (active alerts & year)	Ref C260/AS Puerperal sepsis July 2019	
CQC warning notice (29a)	n/a	
Regulatory letters from coroner (28)	n/a	
Maternity Safety Support Programme (Date of entry / stage)	Not in maternity safety support programme	

External stakeholder concerns (please give brief reason)

Trust	CUH
Strategic oversight Framework Score	Regional team to complete
NMC concerns	0
GMC concerns	0
RCM concerns	0
HEE concerns	0
HSIB concerns	0
CQC concerns	0
Total number of stakeholder concerns	0

QC Maternity survey results (2021)

	CUH
CQC Maternity survey overall rating - improvement since previous year (Y/N)	N
Survey scores:	2022 v 2021
Start of your care during pregnancy	5.7 v 5.1
Antenatal check ups	8.0 v 7.7
During your pregnancy	8.3 v 8.3
Your labour and birth	7.5 v 7.9
Staff caring for you	7.8 v 8.2
Care in hospital after birth	7.6 v 6.9
Feeding your baby	8.2 v 7.9
Care at home after birth	7.1 v 7.2
Other surveys	
GMC survey results (2022) overall satisfaction	Guidance required

Maternity Dashboard

Maternity Measures

Assessed compliance with CNST MIS 10 Safety Actions		
	Please identify unit	CUH
1	Perinatal Mortality review tool	
2	MSDS	
3	ATAIN	
4	Clinical workforce planning	
5	Midwifery Workforce planning	
6	SBLCB V2	
7	Service user feedback / Maternity Voice Partnership	
8	Core competency framework / Multi-prof training	
9	Board level assurance	
10	HSIB /Early notification scheme	
	Repayment of CNST (since introduction) Y/N and MIS yr	

Key (current position)	
Compliant	Compliant with all aspects of element
Working towards / Partially complaint	Working towards (MIS & SBLCB) / Partially compliant (Ockendon)
Not compliant	Not compliant with all aspects of element

Evidence of SBLCB V2 Compliance		
Element	Please identify unit	CUH
1	Reducing smoking	
2	Risk assessment , prevention & surveillance of pregnancies at risk of fetal growth restriction	
3	Reduced Fetal Movements	
4	Effective Fetal monitoring during labour	
5	Reducing pre-term birth	
6	Diabetes in Pregnancy (not in use at present)	
	SBLCBv2 Fully compliant (National Tool)	YES
	SBLCBv2 Fully compliant (Regional assessment)	

Assessment against Ockenden Immediate and Essential Actions (IEA) – to achieve full compliance will all elements of each IEA	
Please identify unit	CUH
IEA1 : Enhanced Safety	Rosie Hospital Strategy to be co produced with MVP Resource needed for SI reviews across the LMNS
IEA2: Listening to Women & Families	
IEA3: Staff training & Working Together	Consultant led ward rounds out of hours Ongoing work with monitoring training via a dashboard
iEA4: Managing complex pregnancy	Notification of pregnancy pathway
IEA5: Risk Assessment Throughout pregnancy	Cross border working and PCSP compliance
IEA6: Monitoring Fetal wellbeing	
IEA7 Informed consent :	Informed choice and consent policy co production underway
• Fully compliant (self assessment)	Partially compliant and working towards
• Fully compliant (regional assessment following insight visit)	

Maternity Dashboard

Maternity Measures

Trust	CNST MIS Safety Actions achieved (out of 10)				Ockendon investment (Total allocation)					
	Yr 1 (2019/20)	Yr 2 (2020/21)	Yr 3 (2021/22)	Yr 4 (2022/23)						
CUH	10	10	10	10	TBC					

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

Maternity Dashboard

Maternity Measures

Sources / References	KPI	Goal	Target	Measure	Data Source	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Activity													
National Maternity Dashboard	Births	For information	N/A	Births per month	Rosie KPI's	464	476	504	461	443	437	5441	
Antenatal Care ICS contracted booking KPI	Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	Booking Appointments	Epic	75.69%	75.45%	69.74%	74.00%	76.00%	89.90%		Working with informatics team to remove women who transfer care after 12+6 weeks as these are currently included in the KPI. Different demoninator used this month to remove women who had initial booking appointment at a different care provider.
National Maternity Dashboard	Booking Appointments	For Information	N/A	Booking Appointments	Epic	551	550	532	611	614	467		Figure taken from Bookings Cheqs report for the month, removing all records where we know the antenatal care provider is another Trust, unknown antenatal care provider included.
Source - EPIC	Vaginal Birth (Unassisted)	For Information	N/A	SVD's in all birth settings	Rosie KPI's	59.05%	52.31%	52.18%	50.76%	49.44%	47.37%		
Source - EPIC	Home Birth	For Information	N/A	Planned home births (BBA is excluded)	Rosie KPI's	1.29%	0.84%	0.59%	1.08%	1.58%	0.92%		
Source - EPIC	Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	Rosie KPI's	15.52%	16.38%	17.46%	15.40%	13.32%	13.73%		
Source - EPIC	Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	Rosie KPIs			8.81%	14.95%	9.63%	46.32%		
Source - EPIC	Induction of Labour	For Information	N/A	Women induced for birth	Rosie KPI's	26.50%	30.00%	27.65%	34.29%	34.17%	34.57%		
NICE - Red Flag	Delay in commencement of Induction (IOL)	0%	<10%	Percentage of Inductions where Induction commencement was postponed >2 hours (flag 1)	Red Flags	32.60%	32.28%	37.43%	33.33%	33.16%	27.47%		Admission process can take longer than 2 hours (admission obs, tour of ward and facilities, urinalysis, IOL video watched, consent sought and confirmed, CTG pre-commencement of IOL, maternal preferences for waiting). The guideline and length of red flag is therefore being reviewed. No formal complaints about delays in IOL received for past 6 months.
NICE - Red Flag	Delay in continuation of Induction (IOL)	0%	<10%	Percentage of Induction continuation when suitable for ARM delayed for more than 6 hours (flag 3)	Red Flags	13.81%	16.40%	16.58%	11.46%	9.36%	7.14%		CHEQs updated and noted December rate improved from 11.4% to 9.36%
SBLCBV2	Indication for IOL (SBLCBV2)	NA	NA	Percentage of IOL where reduced fetal movements is the only indication before 39 weeks	IOL Team			2.67%	0%	0%	0.55%		
Source - EPIC	Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance.	IOL Team			100%	100%	100%	97.80%		
Source - EPIC	Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	Rosie KPI's	12.93%	10.5%	13.29%	13.23%	11.29%	11.67%		
Source - EPIC	CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	Rosie KPIs	35.78%	37.18%	34.52%	36.00%	39.28%	40.96%		
CQIM / CNST	Women in RG*1 having a caesarean section with no previous births: nullip spontaneous labour)	For information	10%	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	15.1%	18.6%	18.5%	15.4%	12.8%	12.90%		Notifed by LMNS that the incorrect demonimator was being used for Robson group, changed from 'C-sections in Group as % of all C-sections' to 'C-section rate in Group' Previous data corrected
CQIM / CNST	Women in RG*2 having a caesarean section with no previous births: nullip induced labour, nullip pre-labour LSCS	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	38.0%	54.9%	46.8%	47.4%	49.6%	53.10%		Notifed by LMNS that the incorrect demonimator was being used for Robson group, changed from 'C-sections in Group as % of all C-sections' to 'C-section rate in Group' Previous data corrected
CQIM / CNST	Ratio of women in RG1 to RG2	Ratio of >2:1	N/A	Ratio of group 1 to 2 should be 2:1 or higher	Rosie KPIs	1:1.87	1:2.38	1:2.35	1:3.28	1:5.72	1:5.45		Ratio is consistently <2:1. A lower ratio indicates a high induction/prelabour CS issue which may indicate a high-risk primiparous population where you are likely to therefore have a high CS rate.
CQIM / CNST	Women in RG*5. Multips with 1 or 2+ previous C/S	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	81.8%	84.3%	85.5%	75.7%	84.3%	90.7%		Notifed by LMNS that the incorrect figure was being used for Robson group, changed from 'C-sections in Group as % of all C-sections' to 'C-section rate in Group' Previous data corrected
CQIM / CNST	Women in RG1, RG2, RG5 combined contribution to the overall C/S rate.	66%	60-70%,	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	61.0%	64.4%	73.0%	68%	66.9%	61.5%		
Source - Rosie Divert Folder	Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	4	6	4	0	3	3		2 diverts due to NICU closure - only preterm admissions diverted.
Source - Rosie Divert Folder	Total number of hours on divert	For information	N/A		Rosie Diverts	100	86	109	0	93	16.5		
Source - Rosie Divert Folder	Admissions during divert status	For information	N/A		CHEQs			24	0	0	0		
Source - Rosie Divert Folder	Number of women giving birth in another provider organisation due to divert status	For information	N/A		Rosie KPIs	1	1	3	0	5	2		2 pre-term births diverted due to NICU being on divert.

 Author(s): Owner(s): Claire Garratt

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Maternity Dashboard

Maternity Measures

Workforce													
Birth Rate Plus	Midwife/birth ratio (actual)**	1:24	<1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:28.2	1:28.3	1:25.1	1:23.5	1:23.4	1:23.5		
Birth Rate Plus	Midwife/birth ratio (funded)**	For information	1.24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	1:23.3	1:23.3	1:23.3	1:23.2	1:23.3	1:23.3		Midwife/birth ratio based on the BR+ methodology
Safer Chilbrith / CNST	Supernumerary Delivery Unit Coordinator	100%	≥95%	Percentage compliance with Delivery Unit coordinator remaining supernumerary (no caseload of their own during a shift)	Red Flags / BR+	70%	60%	57%	100%	100%	100%		
Source - CHEQS	Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	7.72%	7.26%	6.91%	6.63%	6.51%			This is reported 1 month behind from CHEQ's.
Core Competency Framework	Education & Training - mandatory training - overall compliance (obstetrics and gynaecology)	>92% YTD	>75% YTD	Total Obstetric and Gynaecology Staff (all staff groups) compliant with mandatory training	CHEQs	87.3%	87.1%	86.0%	88.6%				This is reported 2 months behind on CHEQS.
CNST	Education and Training - Training Compliance for all staff groups: **Prompt**	>90% YTD	>85% YTD	Total multidisciplinary obstetric staff compliant with annual Prompt training	PD	75.77%	67.83%	74.76%	87.27%	93.94%	P		Delayed figures due to sickness
CNST	Education and Training - Training Compliance for all staff groups: **NBLS**	>90% YTD	>85% YTD	Total multidisciplinary staff compliant with annual NBLS training	Resus Services	58.00%	60%	66%	93%	89%	86%		
CNST	Education and Training - Training Compliance for all staff groups: **K2**	>90% YTD	>85% YTD	Total multidisciplinary staff passed CTG competence threshold of 80%.	PD	80.00%	77.78%	74.15%	88.41%	91.38%	89.58%		
CNST	Education and Training - Training Compliance for all Staff Groups - **Fetal Surveillance Study Day**	>90% YTD	>85% YTD	Total multidisciplinary staff compliant with annual fetal surveillance study day attendance.	PD				91.56%	92.74%	P		Delayed figures due to sickness
Core competency Framework	Education & Training - mandatory training - **midwifery compliance**.	>92% YTD	>75% YTD	Proportion of midwifery compliance with mandatory training, inclusive of mandated e-learning and mandated face to face sessions.	CHEQs	85.7%	90.8%	89.3%	89.9%	85.1%			This is reported 1 month behind from CHEQs
Maternal Morbidity													
CQC KLOE	Puerperal Sepsis	For information	N/A	Incidence of puerperal sepsis within 42 days of birth	CHEQs		0.64%	0.01%	1.32%	0.92%	0.93%		
Source - CHEQs	ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs	1	0	1	0	0	0		
NMPA	Massive Obstetric Haemorrhage ≥ 1500 mls - vaginal birth	≤2.5%	≤2.5%	Percentage of women with a PPH >1500mls (singleton births between 37+0-42+6) having a vaginal birth	Rosie KPIs	4.64%	3.81%	6.35%	4.98%	6.00%	6.05%		Urgent Epic risk assessment build underway to improve identification of at risk patients - due to launch March 23. Noted errors in previous data, wrong denominator used (total of all births rather than total of vaginal births) corrected: Feb'22 4.89% to 7.57% / Mar'22 2.96% to 4.62% / Apr'22 2.08% to 4.39% / Jun'22 2.48% to 3.73% / Jul'22 2.95% to 4.85% / Aug'22 3.16 to 4.64% / Sept'22 2.24% to 3.81%
NMPA	Massive Obstetric Haemorrhage ≥ 1500 mls - caesarean birth	≤4.3%	≤4.3%	Percentage of women with a PPH ≥1500mls (singleton births between 37+0-42+6) having a caesarean section	Rosie KPIs	2.34%	6.63%	4.54%	2.99%	3.68%	3.97%		Noted errors in previous data, wrong denominator used (total of all births rather than total of caesarean births) corrected: Feb'22 1.8% to 4.48% / Mar'22 1.23% to 3.5% / Apr'22 1.82% to 4.58% / Jun'22 3.45% to 3.01% / Jul'22 0.98% to 2.94% / Aug'22 0.73% to 2.34% / Sept'22 2.47% to 6.63%
NMPA	3rd/ 4th degree tear rate	≤3.5	<5%	Percentage of women with a vaginal birth having a 3rd or 4th degree tear (spontaneous and assisted by instrument) singleton baby in cephalic position between 37+0 and 42+6.	Rosie KPIs	4.06%	3.11%	4.87%	3.20%	2.40%	5.24%		One case was a baby born at home before midwife in attendance (BBA), therefore if this is taken into account rate is 4.83% (amber).
CQC KLOE	Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.59%	1.05%	0.60%	1.54%	2.06%	2.26%		
MBRRACE	Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	QSIS			0	0	0	0		
MBRRACE	Direct Maternal Death	0	<1		QSIS	0	0	0	0	0	0		

Maternity Dashboard

Maternity Measures

Governance												
Source - QSIS	Total number of Serious Incidents (SIs)	0	<1	Serious Incidents	QSIS	1	0	0	0	0	0		
Source - QSIS	Never Events	0	<1	DATIX	QSIS	0	0	0	0	0	0		
Neonatal Morbidity													
MBRRACE / PMRT	Still Births per 1000 Births	3.33/1000 (Mbrrace 2021)		Incidence per 1000 births	CHEQs						3.12:1000		MBRRACE rate previously incorrectly calculated and should be reported as a monthly rolling rate, therefore amended to show current month only which is the rate over the previous 12 months. (17 stillbirths over 12 months, total 5,441 births.)
MBRRACE / PMRT	Stillbirths - number ≥ 22 weeks	<3	<6	MBBRACE	CHEQs	0	2	1	0	1	2		
Epic	Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	0	0	0	0	0	0		
NMPA	Babies born with an Apgar <7 at 5 minutes of age	For information	N/A	Percentage of babies born who have an Apgar score <7 at 5 minutes of age	Rosie KPIs	3.02%	0.84%	1.59%	0.86%	1.35%	1.84%		
CQC KLOE	Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	3.02%	3.15%	4.76%	4.12%	3.84%	4.30%		
SBLCBV2	Babies born at <3rd centile at >37+6	For information	N/A	Incidence	CHEQs								Awaiting new CHEQS report
ATAIN	Term Admission to NICU Rate	<6%	N/A	Rate	CHEQs	6.50%	4.20%	6.15%	5.20%	7.20%	6.90%		Dec'22 ATAIN review = no avoidable cases. Jan'23 cases currently being reviewed for ATAIN meeting. 5.9% without known congenital anomalies.
ATAIN / CNST	Expected Term Admissions to NICU	For information	N/A	Inclusive of congenital abnormality and tertiary referral babies with planned term admission to NICU	Badgernet / CHEQs								New metric was expected Nov 22 but delayed.
ATAIN / CNST	Unexpected Term Admissions to NICU	For Information	N/A	Incidence of term admissions to NICU that were unplanned prior to birth	Badgernet / CHEQs								New metric was expected Nov 22 but delayed.
Quality													
CNST	1-1 Care in Labour	>95%	>90%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPI's	99.56%	99.80%	99.59%	100%	100%	99.5%		
CQIM	Babies with a first feed of breastmilk	> 80%	>70%	Breastfeeding	Rosie KPI's	84.07%	82.55%	82.56%	84.8%	83.52%	82.15%		
CNST / SBLCBV2 / PHE	SATOD (Smoking at Time of Delivery)	< 6%	Green = <6%, Amber = 6.1% - 7.9 %, Red = >8	% of women Identified as smoking at the time of delivery	Rosie KPIs	5.97%	3.82%	5.21%	3.74%	7.34%	6.41%		
CNST / SBLCBV2 / CQIM	CO Monitoring at booking	≥95%	Green = ≥95%, amber = <95% and ≥84%, red = <85%	Compliance with recording CO Monitoring reading at booking appointment (excluding out of area)	Smoking Report	92.74%	91.95%	99.10%	98.60%	99.40%			CHQS report is inaccurate, includes data from women who have transferred in. Manual audit required and therefore will need to be reported 1 month behind.
CNST / SBLCBV2 / CQIM	CO Monitoring at 36 weeks	>95%	Green = >95%, amber = <95% and >84%, red = <85%	Compliance with recording CO Monitoring reading at 36 week appointment (excluding out of area)	Smoking Report	85.61%	84.56%	82.70%	76.00%	63.00%			CHQS report is inaccurate, includes data from women who have transferred in. Manual audit required and therefore will need to be reported 1 month behind.
Source - Epic	VTE Assessment - PN	>95%	>95%	Percentage of women with a valid PN VTE risk assessment completed following birth.	CHEQs								Awaiting new CHEQS report
Source - EPIC	VTE Assessment - AN	>95%	>95%	Percentage of women with a valid VTE risk assessment completed on admission to hospital	CHEQs								Awaiting new CHEQS report

Author(s):

Owner(s): Amanda Rowley

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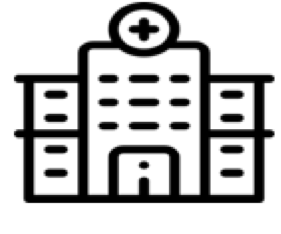
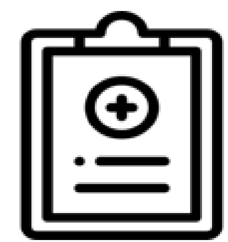
Financial Performance

Trust performance summary - Key indicators



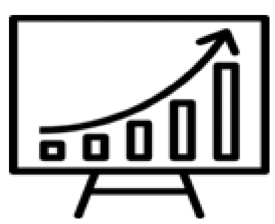
Trust actual surplus / (deficit)

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



Covid-19 expenditure and system Covid-19 funding

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



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

	Net current assets	Payables performance (YTD) **	
Actual	(£84.1m)	85.2%	*Value*
Plan	(£55.6m)	88.3%	*Quantity*

Debtor days

Value	Indicator
20	*This month*
18	*Previous month*

Cash and EBITDA

Cash

Value	Indicator
£173.1m	*Actual*
£164.0m	*Plan*

EBITDA

Value	Indicator
£33.7m	*Actual YTD*
£36.9m	*Plan YTD*

Capital expenditure

Value	Indicator
£5.2m	*Capital - actual spend in month*
£41.4m	*Capital - actual spend YTD*
£50.8m	*Capital – plan YTD*

Elective Recovery Fund (ERF)

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

Value	Indicator
£5.0m	*ERF forecast actual in month*
£5.0m	*ERF plan in month*
£19.7m	*ERF forecast actual YTD*
£19.7m	*ERF plan YTD*

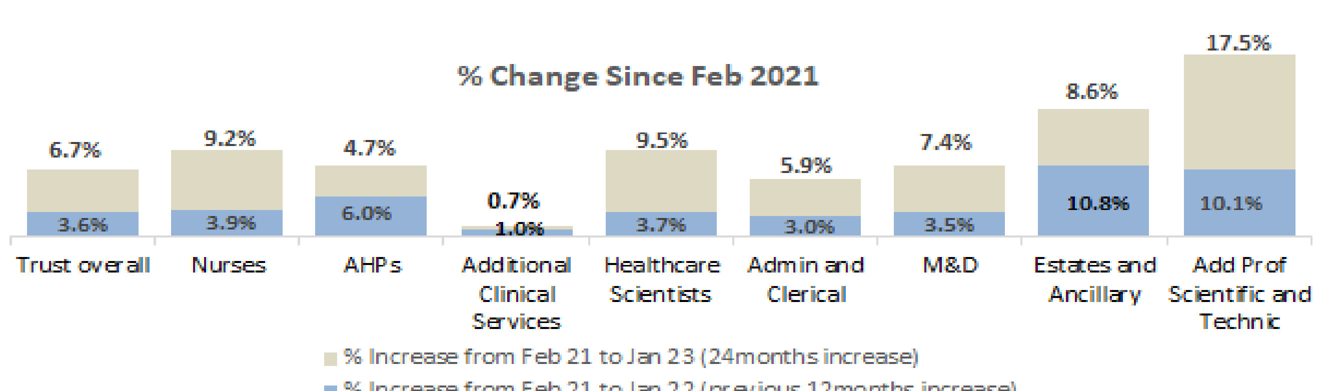
Legend *£ in million* — light green: *In month*; dark green: *YTD*

* On a control total basis, excluding the effects of impairments and donated assets
** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.

Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount Feb-22	Headcount Jan-23	Headcount 12 Month growth	FTE Feb-22	FTE Jan-23	FTE 12 Month growth	
Add Prof Scientific and Technic*	238	260	9.2%	219	234	15	7.0%
Additional Clinical Services	1,997	1,972	-1.3%	1,842	1,811	-30	-1.6%
Administrative and Clerical	2,407	2,457	2.1%	2,204	2,262	58	2.6%
Allied Health Professionals*	744	737	-0.9%	660	655	-6	-0.8%
Estates and Ancillary	371	367	-1.1%	358	354	-4	-1.1%
Healthcare Scientists	626	658	5.1%	586	621	35	5.9%
Medical and Dental	1,680	1,733	3.2%	1,592	1,633	41	2.6%
Nursing and Midwifery Registered	3,747	3,884	3.7%	3,440	3,578	138	4.0%
Total	**11,810**	**12,068**	**2.2%**	**10,901**	**11,149**	**248**	**2.3%**



Admin & Medical Breakdown

Staff Group	Feb-22	Jan-23	FTE 12 Month growth	
Administrative and Clerical	2,204	2,262	58	2.6%
of which staff within Clinical Division	1,093	1,106	12	1.1%
of which Band 4 and below	768	762	-6	-0.8%
of which Band 5-7	230	247	17	7.2%
of which Band 8A	46	47	1	2.3%
of which Band 8B	7	7	0	5.7%
of which Band 8C and above	42	42	0	0.0%
of which staff within Corporate Areas	884	910	26	2.9%
of which Band 4 and below	255	252	-3	-1.4%
of which Band 5-7	419	430	11	2.7%
of which Band 8A	75	88	13	17.1%
of which Band 8B	51	51	-1	-1.4%
of which Band 8C and above	84	90	6	6.7%
of which staff within R&D	226	246	20	8.9%
Medical and Dental	1,592	1,633	41	2.6%
of which Doctors in Training	654	666	12	1.8%
of which Career grade doctors	240	247	7	2.7%
of which Consultants	698	721	23	3.3%

What the information tells us:

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

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

Equality Diversity and Inclusion (EDI)

Workforce: Equality Diversity and Inclusion (EDI)

Ethnicity Profile Over 7years

	BAME	White	Unknown
Jan-23	30% (3624)	66% (7947)	4%
Jan-22	27% (3219)	68% (8031)	4%
Jan-21	25% (2862)	70% (7850)	5%
Jan-20	24% (2659)	70% (7728)	6%
Jan-19	21% (2235)	71% (7547)	8%
Jan-18	19% (1882)	72% (7191)	9%
Jan-17	18% (1864)	75% (7586)	6%
Jan-16	17% (1656)	76% (7430)	6%

CUH Age Profile Compared to NHS National Profile

	NHS National Average	CUH
>=66 years	0.7%	1.4%
56-65	12.6%	11.2%
46-55	29.7%	19.9%
36-45	36.4%	24.9%
26-35	17.4%	32.9%
<=25 years	3.2%	9.7%

Pay Band by Gender

	Male	Female
Trainee	322	346
Consultant	438	350
Career Grade	164	113
VSM	10	8
Band 9	14	24
Band 8D	10	24
Band 8C	42	61
Band 8B	42	106
Band 8A	117	382
Band 7	299	1170
Band 6	397	1583
Band 5	449	2184
Band 4	195	771
Band 3	288	779
Band 2	437	922
Admin Personal Salary	3	18

Pay Band by Ethnicity

	White	BAME
Trainee	309	299
Consultant	528	230
Career Grade	90	174
VSM	15	1
Band 9	36	2
Band 8D	32	1
Band 8C	85	15
Band 8B	134	13
Band 8A	432	59
Band 7	1222	207
Band 6	1375	518
Band 5	1132	1345
Band 4	793	159
Band 3	793	242
Band 2	958	352
Admin Personal Salary	13	7

Gender Profile Over 7years

	Female	Male
Jan-23	73.3%	26.7%
Jan-22	72.9%	27.1%
Jan-21	73.4%	26.6%
Jan-20	73.5%	26.5%
Jan-19	73.7%	26.3%
Jan-18	74.0%	26.0%
Jan-17	74.2%	25.8%
Jan-16	74.5%	25.5%

Disability Status over 7years

	No	Yes	Not Shared
Jan-23	80%	5%	15%
Jan-22	78%	4%	18%
Jan-21	75%	3%	21%
Jan-20	72%	3%	25%
Jan-19	69%	2%	29%
Jan-18	65%	2%	34%
Jan-17	62%	1%	37%
Jan-16	56%	1%	44%

Sexual Orientation

Heterosexual	72.9%
Unknown	23.8%
Other	0.3%
Bisexual	1.5%
Gay or Lesbian	1.5%

What the information tells us:

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

- The percentage of BAME workforce increased significantly by 13% over the 7 year period and currently make up 30% of CUH substantive workforce.
- The percentage of male staff increased by 1.3% to 26.7% over the past seven years.
- The percentage of staff recording a disability increased by 4% to 5% over the seven year period. However, there are still significant gaps between the data recorded about our staff on ESR compared with the information staff share about themselves when completing the National Staff Survey.
- There remains a high proportion of staff who have, for a variety of reasons, not shared their sexual orientation.

Author(s): Chloe Schafer, Amanda Coulier Owner(s): David Wherrett

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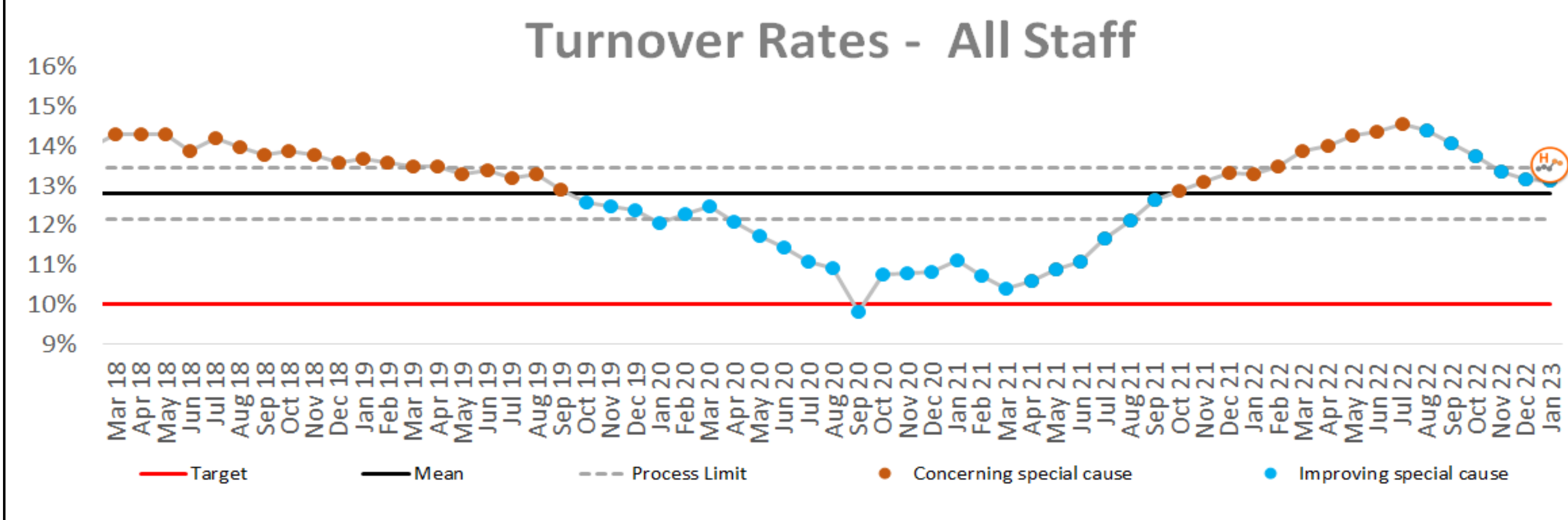
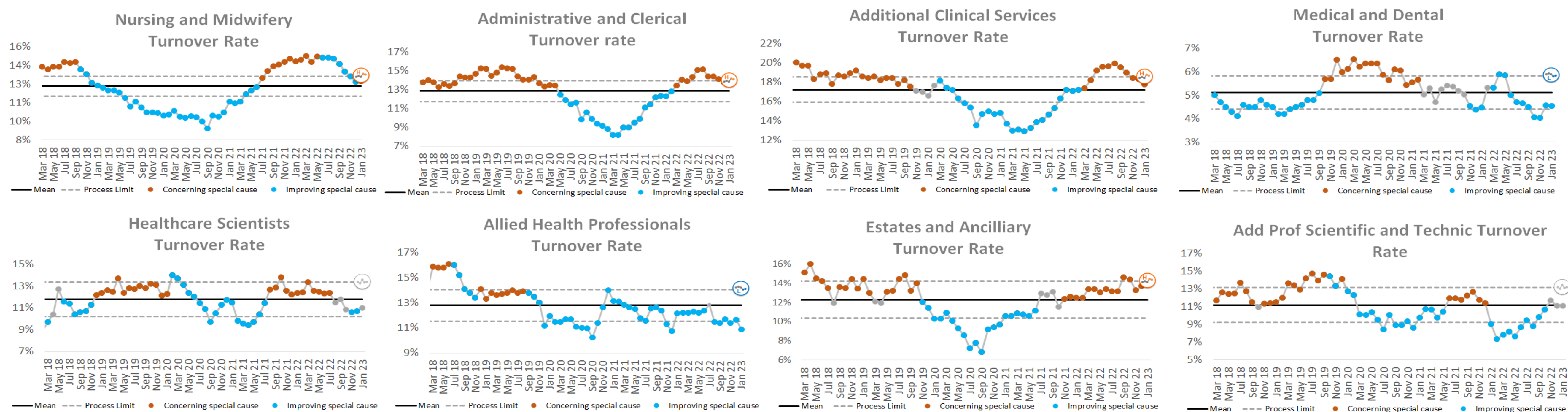
Staff Turnover



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

What the information tells us: After a steady increase over the past eighteen months the Trust turnover rate has been decreasing since July - this month at 13.1%. This is more in line with pre-pandemic rates, however still 1% higher than 3 years ago. Estates and Ancillary staff group have the highest increase of 3.8% to 14.2% in the last three years, followed by Nursing and Midwifery with an increase of 2.7% to 12.7%. Within the staff groups, Additional Clinical Services have the highest turnover rate at 17.8% followed by Estates and Ancillary staff at 14.2%.



Author(s): Chloe Schafer, Amanda Coulier Owner(s): David Wherrett

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

Workforce: Turnover rate for Nursing & Midwifery Staff Group

Nursing and Midwifery Turnover Rate

16%, 15%, 14%, 13%, 12%, 11%, 10%, 9%, 8%

Mar 18, May 18, Jul 18, Sep 18, Nov 18, Jan 19, Mar 19, May 19, Jul 19, Sep 19, Nov 19, Jan 20, Mar 20, May 20, Jul 20, Sep 20, Nov 20, Jan 21, Mar 21, May 21, Jul 21, Sep 21, Nov 21, Jan 22, Mar 22, May 22, Jul 22, Sep 22, Nov 22, Jan 23

Target — Mean — Process Limit — Concerning special cause — Improving special cause

Healthcare Assistant (incl. MCA) Turnover Rate

26%, 24%, 22%, 20%, 18%, 16%, 14%, 12%

Mar 18, May 18, Jul 18, Sep 18, Nov 18, Jan 19, Mar 19, May 19, Jul 19, Sep 19, Nov 19, Jan 20, Mar 20, May 20, Jul 20, Sep 20, Nov 20, Jan 21, Mar 21, May 21, Jul 21, Sep 21, Nov 21, Jan 22, Mar 22, May 22, Jul 22, Sep 22, Nov 22, Jan 23

Mean — Process Limit — Concerning special cause — Improving special cause

Nursing (Excluding midwives) Turnover Rates

15%, 14%, 13%, 12%, 11%, 10%, 9%, 8%

Mar 18, May 18, Jul 18, Sep 18, Nov 18, Jan 19, Mar 19, May 19, Jul 19, Sep 19, Nov 19, Jan 20, Mar 20, May 20, Jul 20, Sep 20, Nov 20, Jan 21, Mar 21, May 21, Jul 21, Sep 21, Nov 21, Jan 22, Mar 22, May 22, Jul 22, Sep 22, Nov 22, Jan 23

Mean — Process Limit — Concerning special cause — Improving special cause

Healthcare Assistant (excl. MCA) Turnover Rate

26%, 24%, 22%, 20%, 18%, 16%, 14%, 12%

Mar 18, May 18, Jul 18, Sep 18, Nov 18, Jan 19, Mar 19, May 19, Jul 19, Sep 19, Nov 19, Jan 20, Mar 20, May 20, Jul 20, Sep 20, Nov 20, Jan 21, Mar 21, May 21, Jul 21, Sep 21, Nov 21, Jan 22, Mar 22, May 22, Jul 22, Sep 22, Nov 22, Jan 23

Mean — Process Limit — Concerning special cause — Improving special cause

Midwife Turnover Rates

22%, 20%, 18%, 16%, 14%, 12%, 10%, 8%, 6%

Mar 18, May 18, Jul 18, Sep 18, Nov 18, Jan 19, Mar 19, May 19, Jul 19, Sep 19, Nov 19, Jan 20, Mar 20, May 20, Jul 20, Sep 20, Nov 20, Jan 21, Mar 21, May 21, Jul 21, Sep 21, Nov 21, Jan 22, Mar 22, May 22, Jul 22, Sep 22, Nov 22, Jan 23

Mean — Process Limit — Concerning special cause — Improving special cause

Maternity Care Assistants (MCA) Turnover rates

37%, 32%, 27%, 22%, 17%, 12%, 7%

Mar 18, May 18, Jul 18, Sep 18, Nov 18, Jan 19, Mar 19, May 19, Jul 19, Sep 19, Nov 19, Jan 20, Mar 20, May 20, Jul 20, Sep 20, Nov 20, Jan 21, Mar 21, May 21, Jul 21, Sep 21, Nov 21, Jan 22, Mar 22, May 22, Jul 22, Sep 22, Nov 22, Jan 23

Mean — Process Limit — Concerning special cause — Improving special cause

Leavers - Last 12 months

Workforce: Leavers

Excluding Fixed Term and Locum Medical and Dental

CUH Age Profile Compared to Age Profile of Leavers

CUH Gender Profile Compared to Gender Profile of Leavers

CUH Ethnicity Profile Compared to Ethnicity Profile of Leavers

CUH Disability Status Compared to Disability Status of Leavers

Division of Staff in Post Compared to Division of Leavers

Leavers Feb 22 to Jan 23 / Average of staff in post during period

CUH Staff Group Profile Compared to Staff Group Profile of Leavers

% of leavers with less than 2 years' service (excludes Fixed Term contracts)

Leavers (Headcount) by Length of Service (Years) (excludes Fixed Term contracts)

Mode LoS = 0.5 yrs
Median LoS = 3.4 yrs
Mean LoS = 5.6 yrs

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

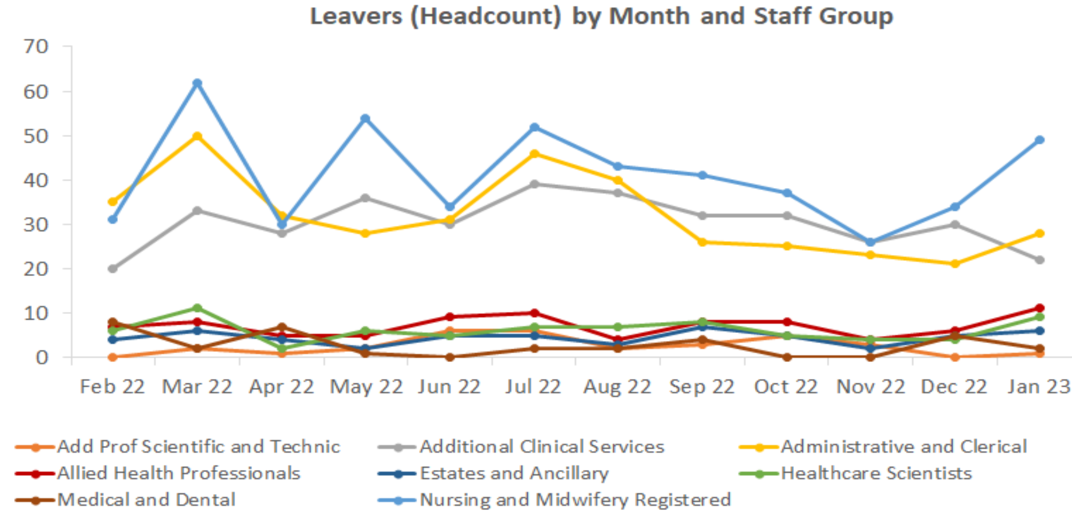
A significant proportion of leavers leave the Trust within 2 years of starting (34%), and within Additional Professional Scientific and Technical and Additional Clinical Services there is a much greater proportion than average (50%). The most common (mode) length of service upon leaving is 6 months –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

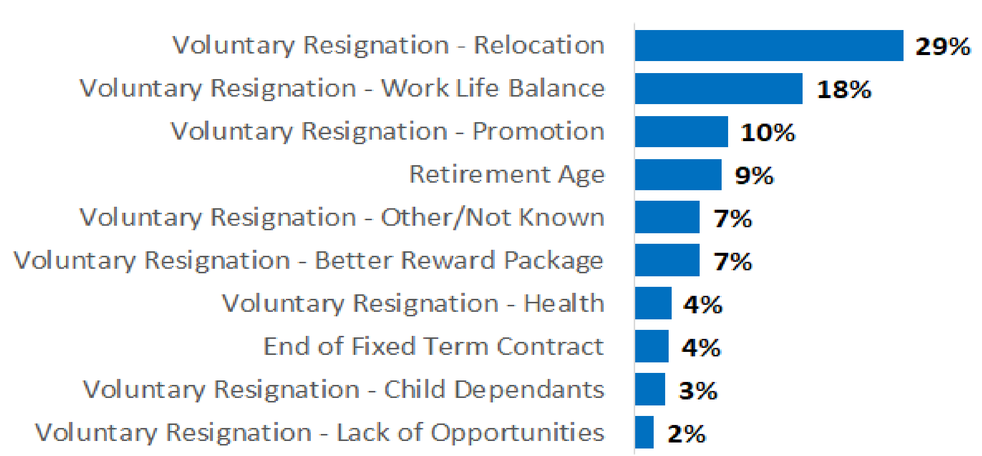
Author(s): Chloe Schafer, Amanda Coulier Owner(s): David Wherrett

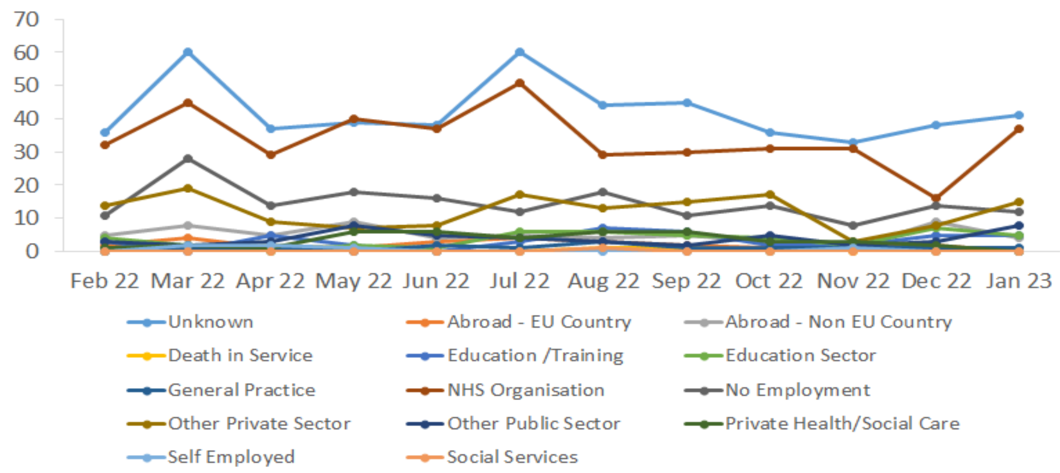
Leavers - Last 12 months

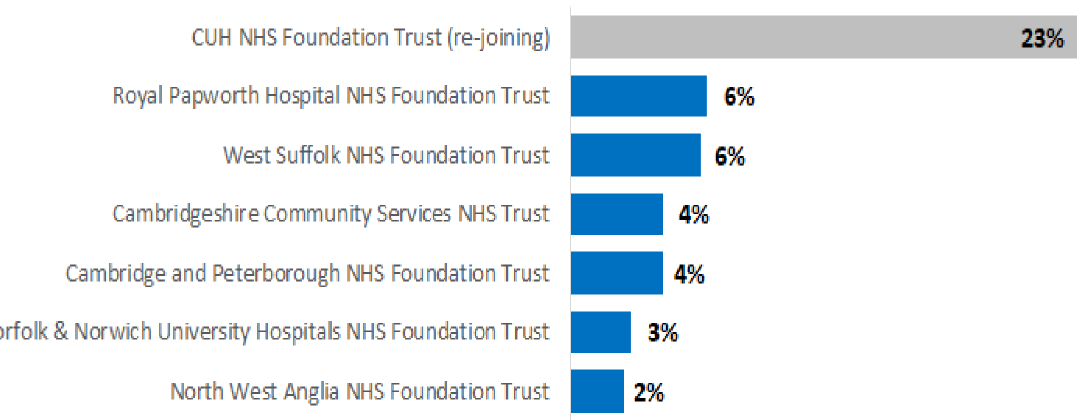
Workforce: Leavers

Excluding Fixed Term and Locum Medical and Dental







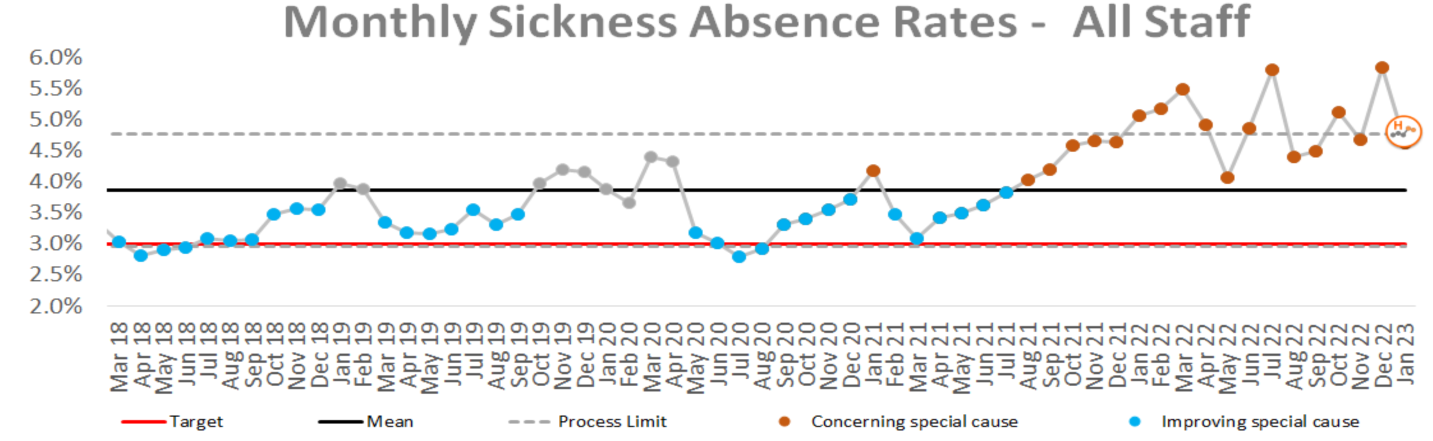


What the information tells us:
The top three reasons for leaving are Voluntary Resignation - due to relocation (29%), for work/life balance (18%) and for promotion (10%).

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

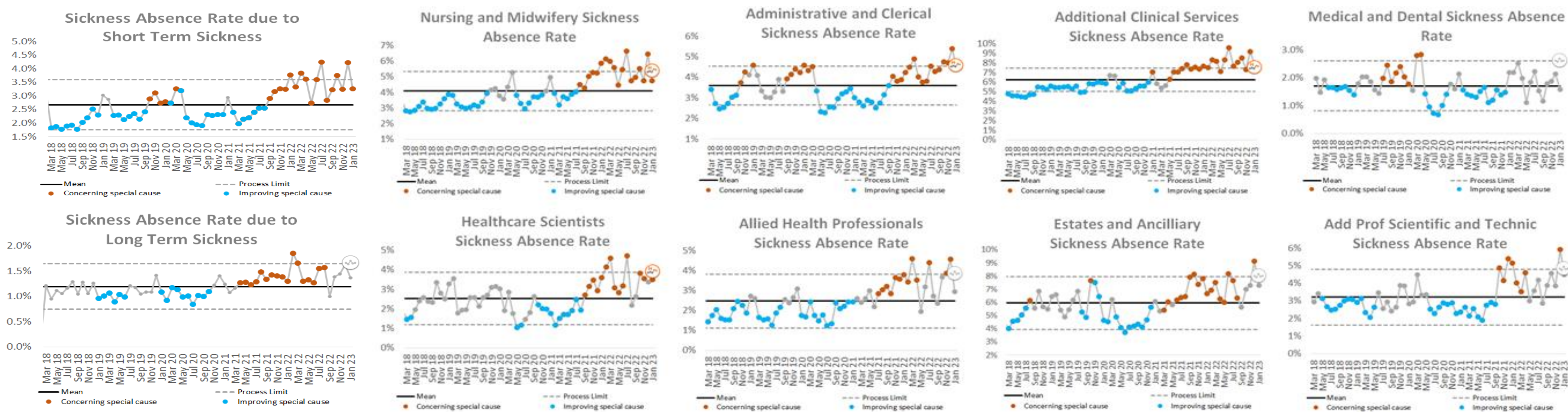
Author(s): Chloe Schafer, Amanda Wood
Owner(s): David Wherrett

Sickness Absence



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

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



Author(s): Tosin Okufuwa, Amanda Wood Owner(s): David Wherrett

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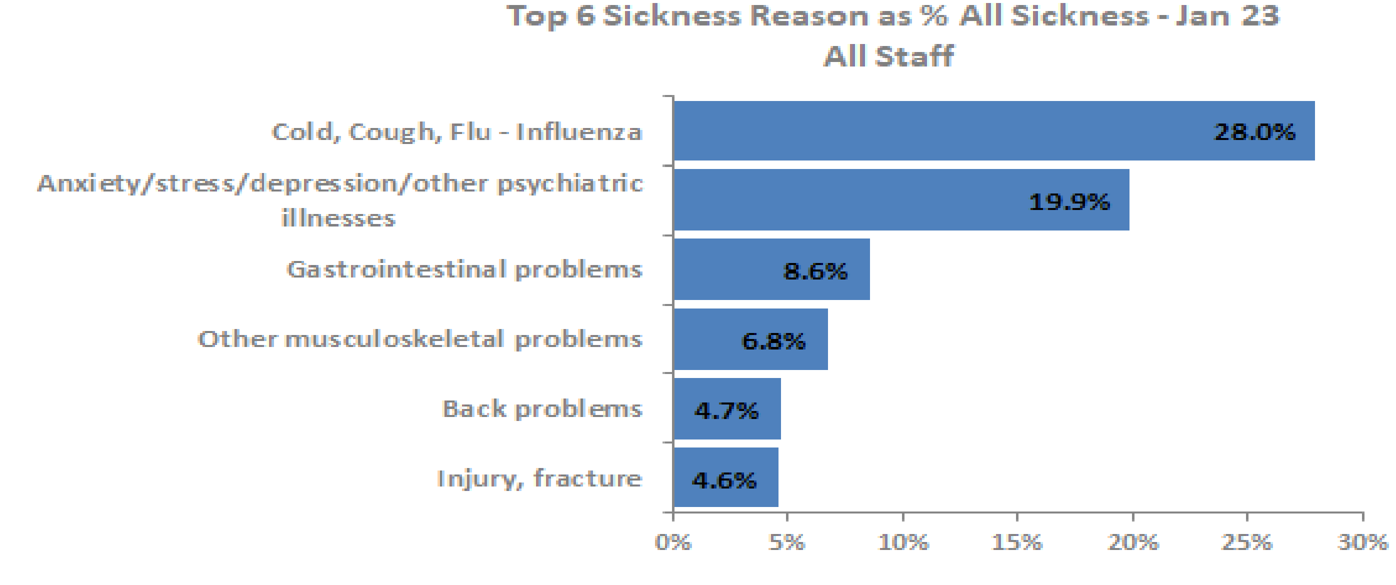
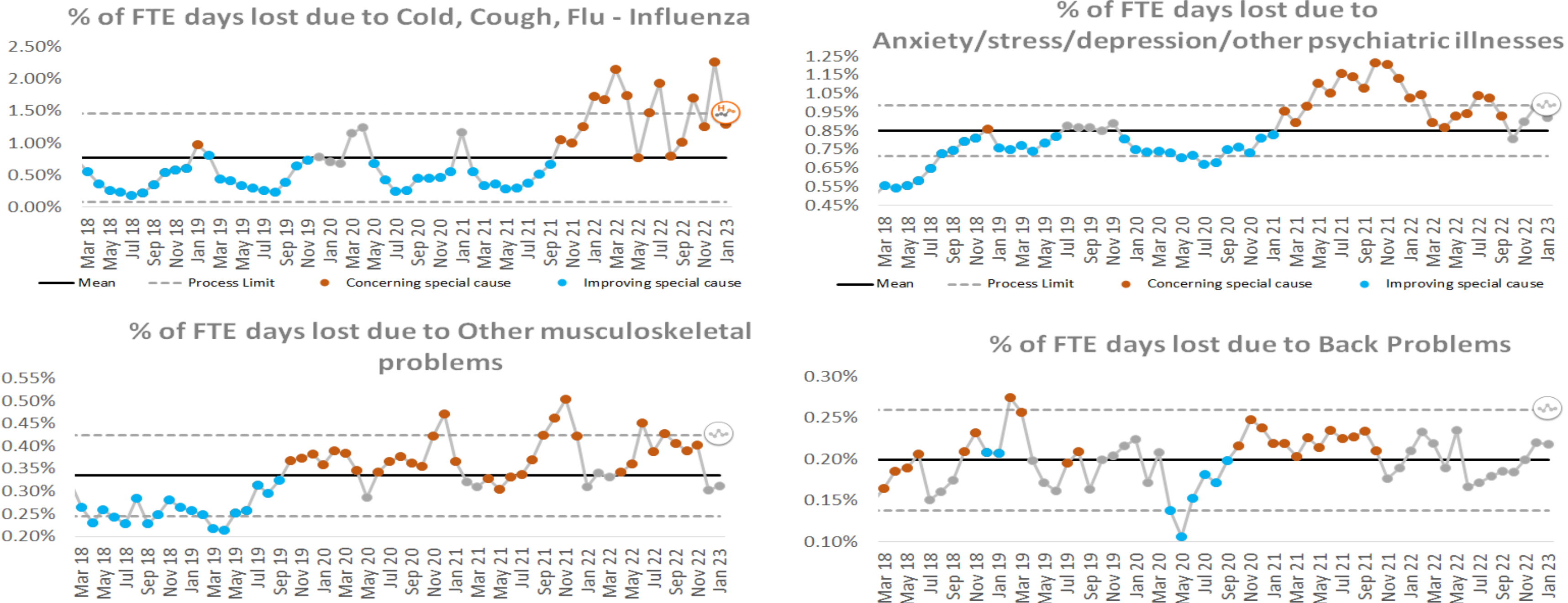
Top Six Sickness Absence Reason

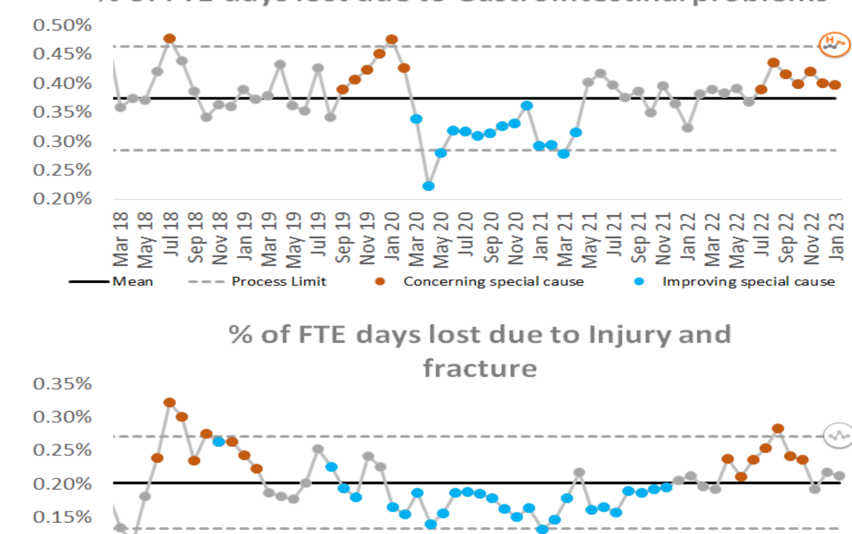
Workforce: Top Six Sickness Absence



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

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





Author(s):Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

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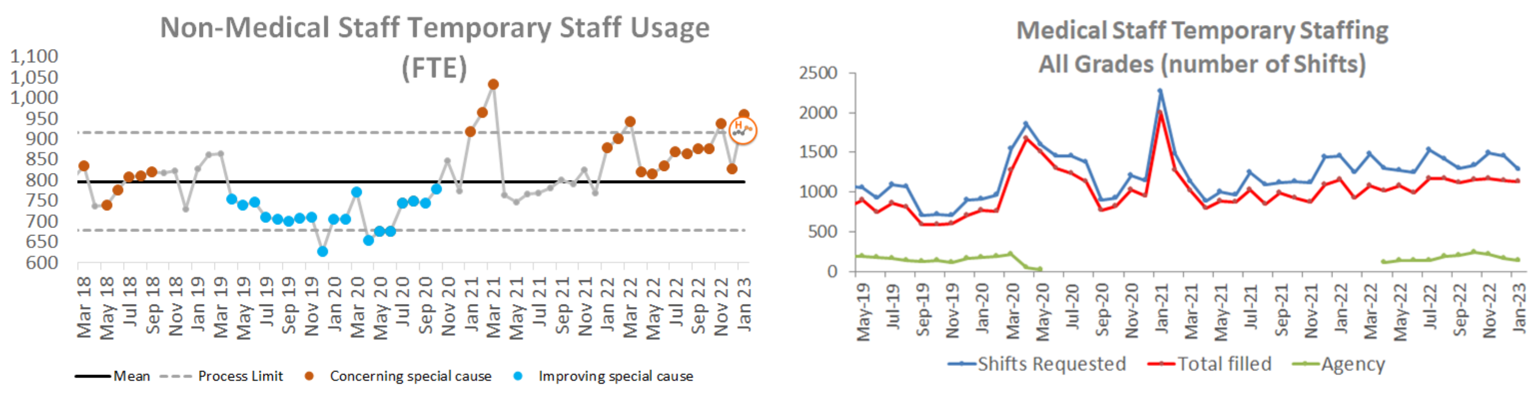
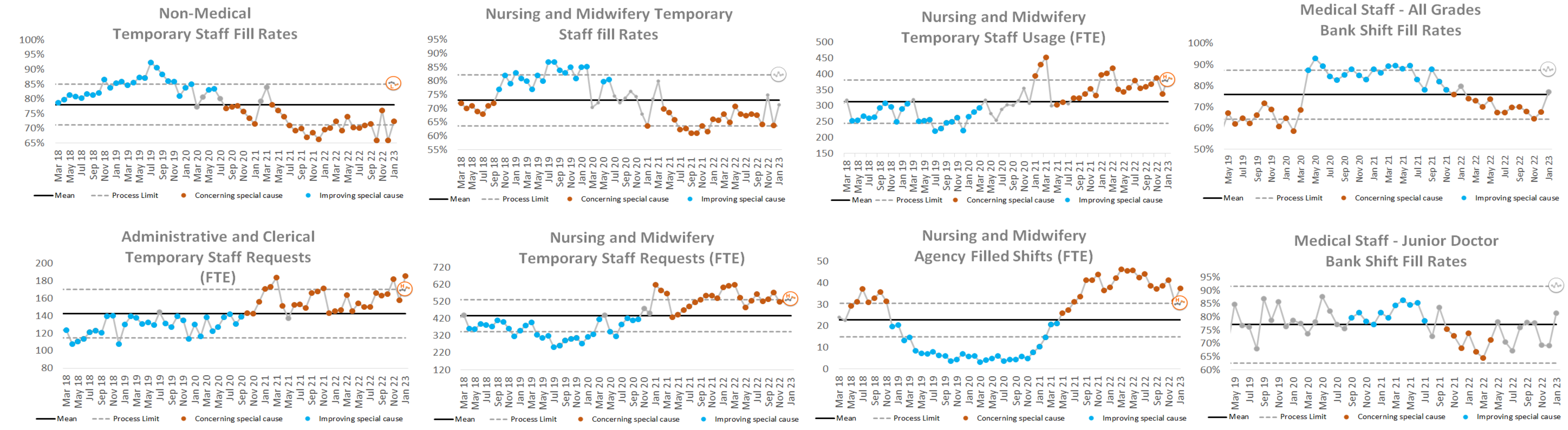
Temporary Staffing

Workforce: Temporary Staffing



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

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



 Author(s): Tosin Okufuwa, Amanda Wood Owner(s): David Wherrett

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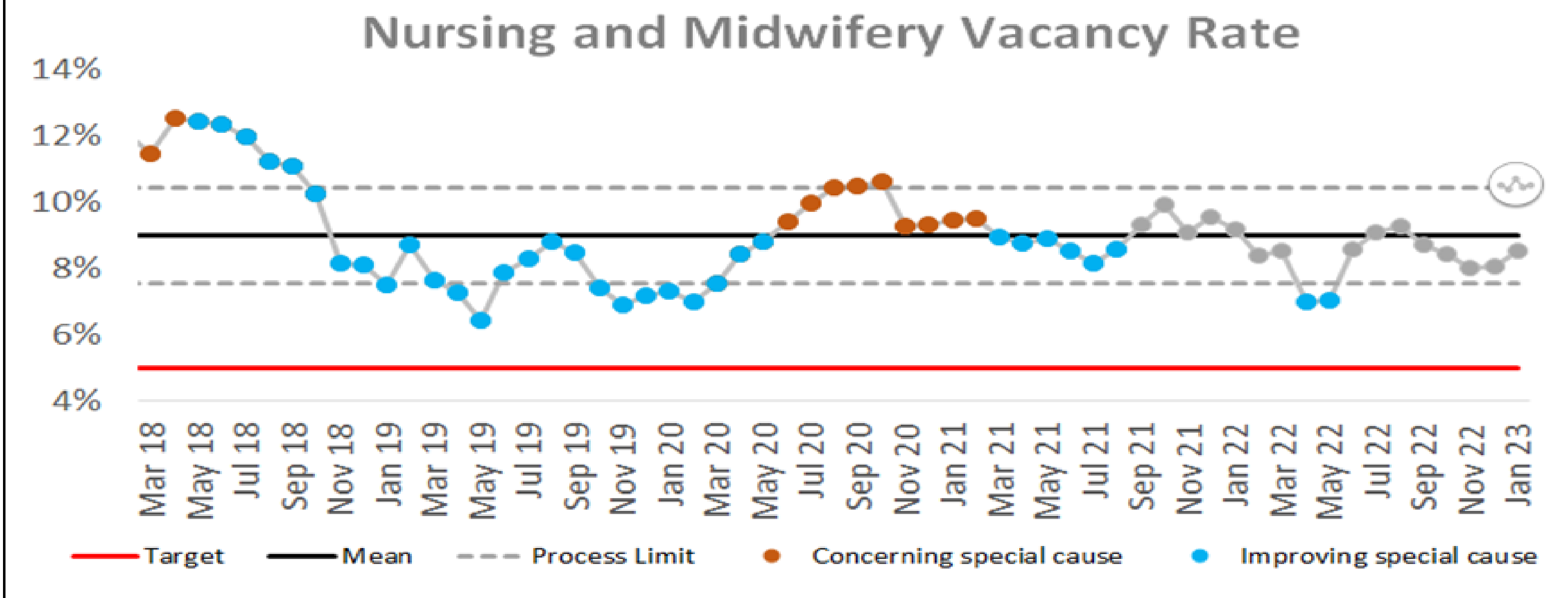
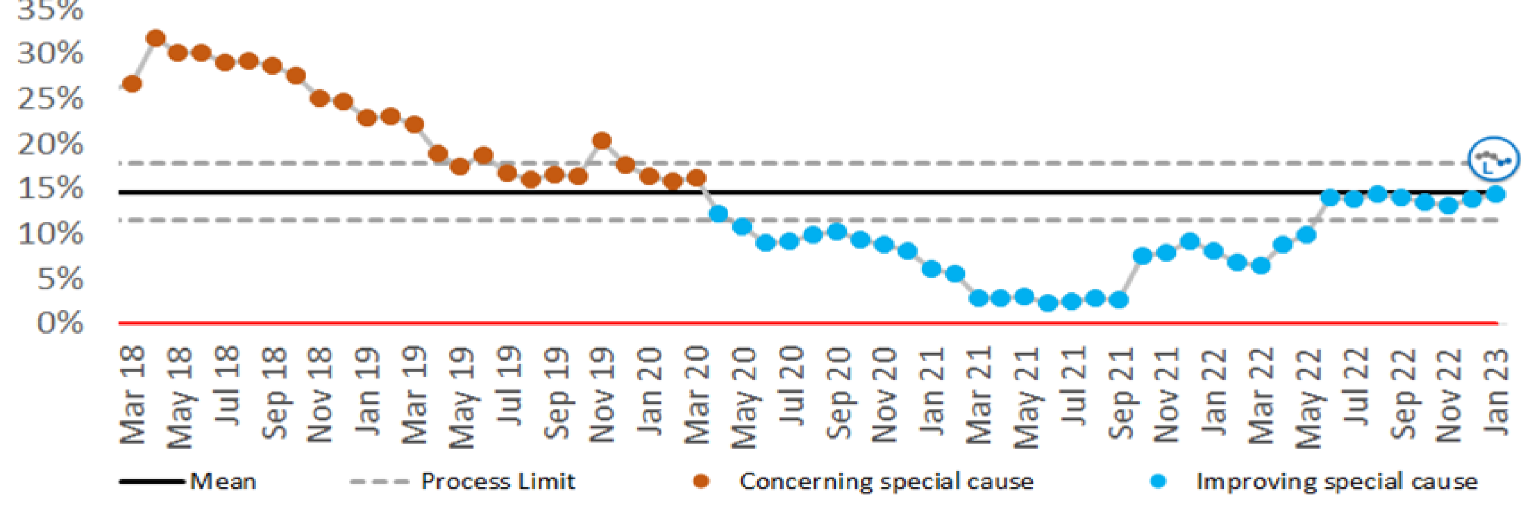
ESR Vacancy Rate

Workforce: ESR Vacancy Rate





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

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

Annual Leave Update

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

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

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

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

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

Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

Workforce: Mandatory Training

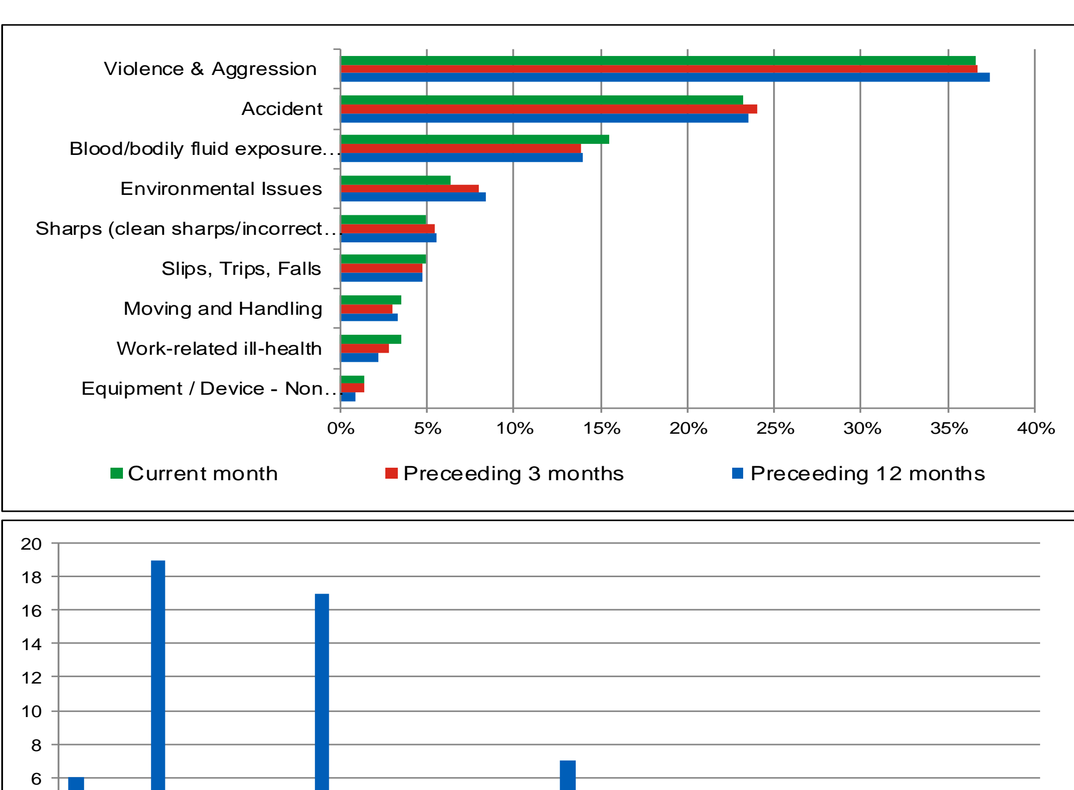
Background Information: Statutory and Mandatory training are essential for the safe and efficient delivery of the organisation services They are designed to reduce organisational risks and comply with local or national policies and government guidelines. Training can be undertaken on-line or by attending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

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

Health and Safety Incidents

Health and Safety

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	Estates
No. of health and safety incidents reported in a rolling 12 month period:	**1728**	**358**	**252**	**483**	**326**	**180**	**50**	**79**
Accident	**406**	88	82	87	70	44	4	31
Blood/bodily fluid exposure (dirty sharps/splashes)	**241**	73	40	45	46	30	6	1
Environmental Issues	**145**	30	28	8	29	28	7	15
Equipment / Device - Non Medical	**15**	2	1	4	4	4	0	0
Moving and Handling	**58**	11	12	12	12	4	1	6
Sharps (clean sharps/incorrect disposal & use)	**96**	31	19	10	13	13	8	2
Slips, Trips, Falls	**82**	25	14	14	5	6	6	12
Violence & Aggression	**647**	88	49	300	140	48	12	10
Work-related ill-health	**38**	10	7	3	7	3	6	2



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

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

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

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

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

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

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

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

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

Over 7 days

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

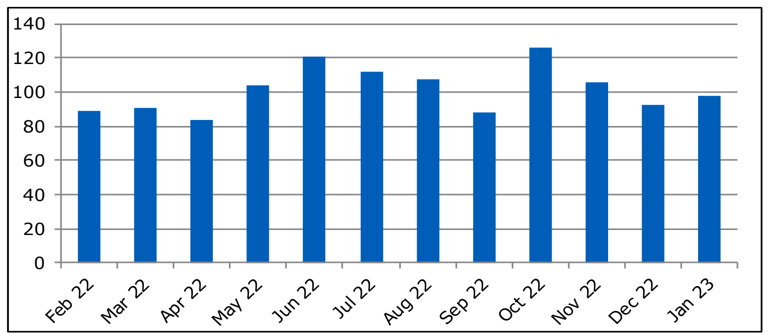
Occupational Disease

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

Health and Safety Incidents

Health and Safety

No. of health and safety incidents affecting staff:

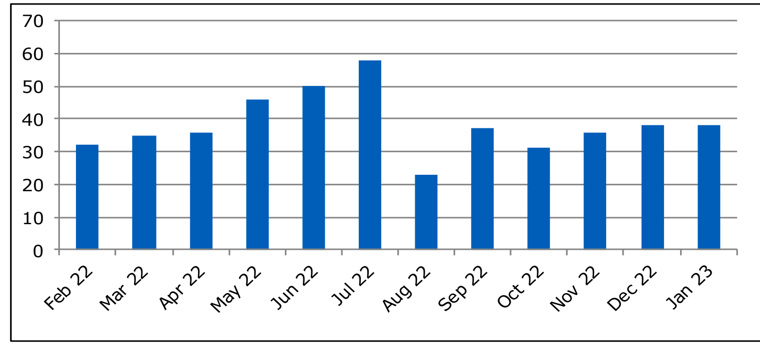


	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Total
Accident	16	21	16	15	14	20	15	18	16	19	14	14	**198**
Blood/bodily fluid exposure (dirty sharps/splashes)	17	18	17	16	19	20	17	13	32	14	20	20	**223**
Environmental Issues	5	4	10	4	7	20	16	1	6	1	6	4	**84**
Moving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

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

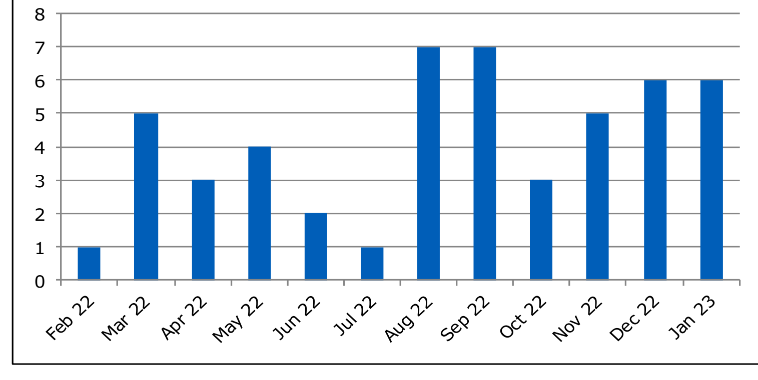
	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Total
No. of health & safety incidents	89	91	84	104	121	112	107	88	126	106	92	98	**1218**
Staff incident rate per month/year	0.8	0.8	0.8	0.9	1.1	1.0	1.0	0.8	1.1	1.0	0.8	0.9	**11.0**

No. of health and safety incidents affecting patients:



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

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



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

Board of Directors

Together
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Excellent

Report to the Board of Directors: 8 March 2023

Agenda item	9.3
Title	Nurse safe staffing
Sponsoring executive director	Lorraine Szeremeta, Chief Nurse
Author(s)	Amanda Small, Interim Deputy Chief Nurse Sarah Raper, Roster Support Lead Annesley Donald, Deputy Director of Workforce
Purpose	To provide the Board with the monthly nurse safe staffing report.
Previously considered by	Management Executive, 1 March 2023

Executive Summary
The nursing and midwifery safe staffing report for January 2023 is attached. Page 2 of the report includes an Executive Summary.

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

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

Action required by the Board of Directors

The Board is asked to receive and note the nurse safe staffing report for January 2023.

Monthly Nurse Safe Staffing

Sponsoring executive director: Lorraine Szeremeta, Chief Nurse

Amanda Small, Deputy Chief Nurse

Sarah Raper, Project Lead Nurse safe staffing

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Board of Directors: 8 March 2023

Executive Summary

This slide set provides an overview of the Nursing and Midwifery staffing position for January 2023.

The vacancy position has increased slightly in January across the nursing workforce, with vacancy rates for Registered Nurses (RN's) of 9.0% compared to 8.8% in December, for registered children's nurses (RSCN's) of 20.1% from 17.3% in December and for Health Care Support Workers (HCSW's) of 14.9% from 13.8% in December. Conversely, the vacancy position for Registered Midwifes (RM's) has continued to decrease to 1.95% from 2.67% in December. The vacancy rate for maternity care assistants (MCA's) has increased to 21.0% from 18.0% in December.

Turnover rate remains high at 12.9% for RN's, 10.5% for RM's, 15.1% for RSCN's and 17.7% for HCSW's. The main reason for leaving for RN's, RM's, HCSW's and RSCN's is voluntary resignation – relocation.

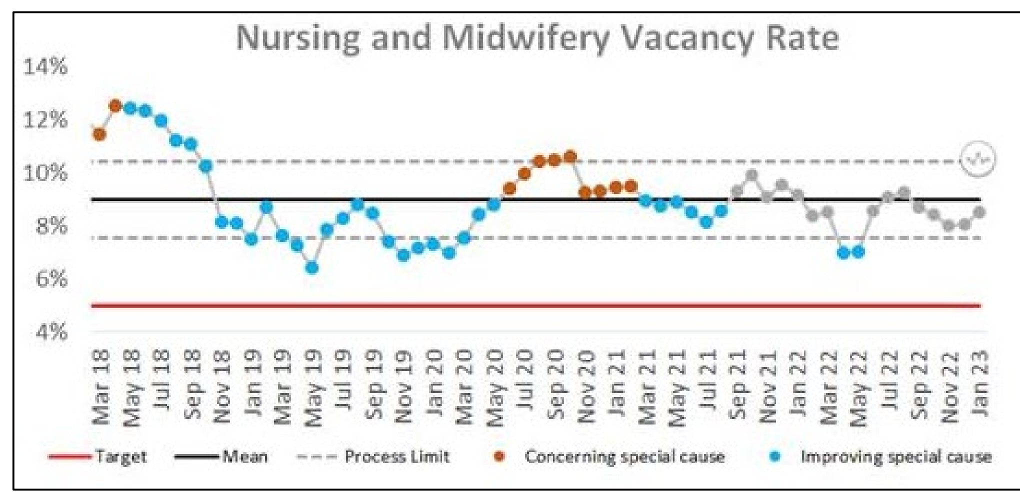
The planned versus actual staffing report demonstrates that 10 clinical areas reported <90% overall rota fill in January. The overall fill rate for maternity has increased slightly to 89.5% compared to 88.4% in December. The total unavailability of the workforce working time in January has decreased to 30.0% from 34.5% in December. The majority of unavailability (16.1%) is due to planned annual leave, sickness absence has decreased to 8.0% compared with 11.2% in December. Additionally, 1.4% of working time was unavailable due to other leave which is a decrease from December (2.2%), 2.7% was due to study leave and 1.8% was due to supernumerary time.

In order to mitigate staffing risks, the number of requests for bank workers remains high with an average of 2300 shifts per week requested for registered staff and 2100 shifts requested for Health care support workers and Maternity support workers per week with an average bank fill rate of 72.6% for registered staff and 56.1% for Health Care Support workers. In addition, the equivalent of 37.5 WTE agency workers are working across the divisions. Despite this, redeployment of nurses and midwives has remained necessary due to staff unavailability, with an average of 273 working hours being redeployed each day of which 93.1% of the redeployed hours have been within division.

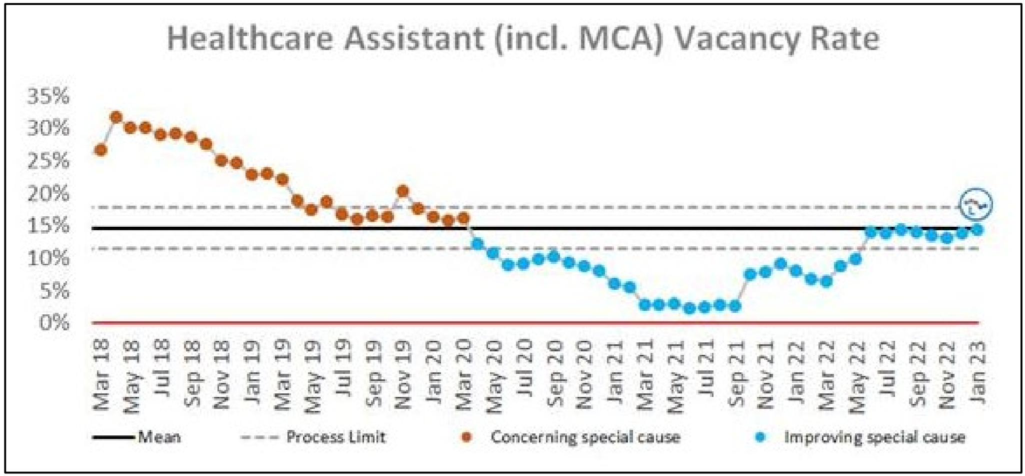
There has been an increasing trend in the number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient over the last 2 months from 50 occasions in November to 268 in January (235 occasions in December). Additionally there have been 222 occasions in January where there has been no side room co-ordinator (214 in December). This has been due to high unavailability of staff (sickness) and high acuity of patients. Any concerns with regards to critical care staffing are escalated through the senior nurse of the day. Critical care bed capacity remains at 52 beds rather than 59 beds whilst recruitment is ongoing to the vacant positions however it has been necessary to open an additional bed at times to support capacity.

Combined Nursing and Midwifery Staffing Position Vacancy Rates

Graph 1. Nursing and midwifery vacancy rates



Graph 2. Healthcare Assistant vacancy rates



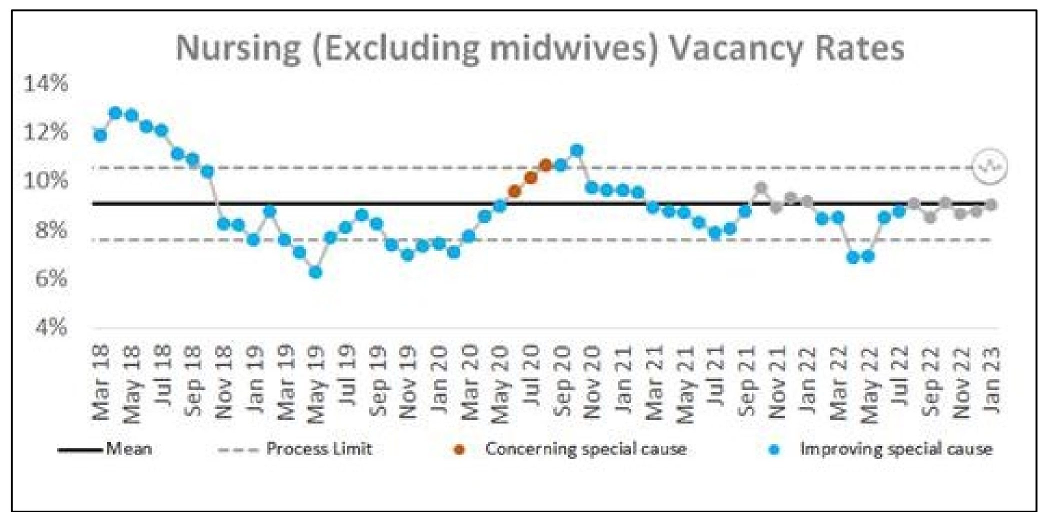
Vacancy position

The combined vacancy rate for Registered Nurses (RN's) and Registered Midwives (RM's) has increased slightly to 8.5% from 8.1% in December. The vacancy rate for Health care support workers (HCSW's) (including Maternity Care Assistants (MCA's) continues to be an increasing trend at 14.4% from 14% in December. When broken down further into Nursing and Midwifery specific vacancies, the MCA workforce vacancy rate has increased from 18.0% in December to 21.0% in January. The HCSW vacancy rate (excl MCA) has also increased to 14.9% from 13.8% in December.

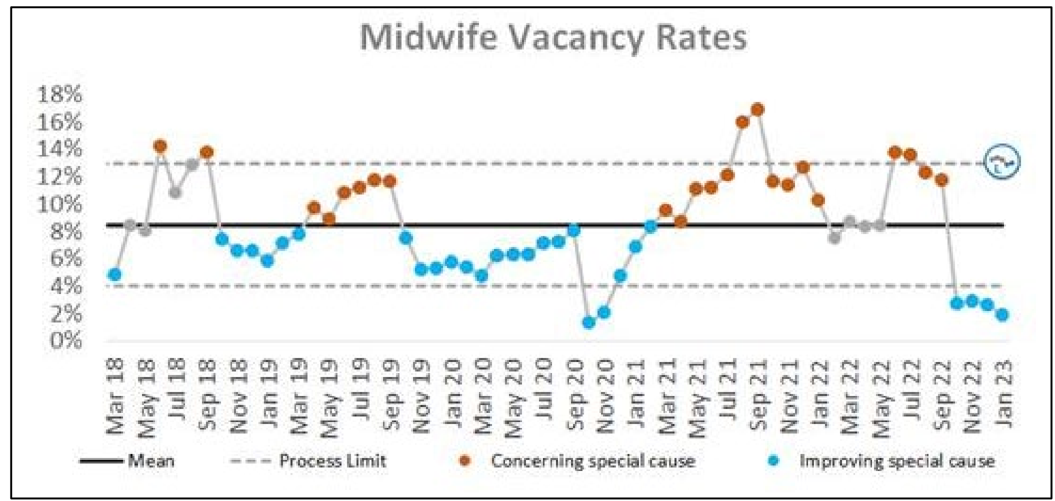
The HCSW (including MCA's) turnover rate remains high at 17.7%. The main reason for HCSWs leaving remains voluntary resignation – relocation (31.2%) and the next highest reason is voluntary resignation – work life balance (25.6%). The leavers destination is unknown for the majority of HCSWs (49.8%), 15.8% of HCSW's are leaving to take up employment in other NHS organisations and 13.5% are leaving for no employment.

Staffing Position Vacancy Rates for Registered Nurses and Registered Midwives

Graph 3. Registered Nurse vacancy rates



Graph 4. Registered Midwife vacancy rates



Vacancy position

The vacancy rate for Registered Nurses working in adult areas has increased slightly to 9.0% compared to 8.8% in December as illustrated in Graph 3. The vacancy rate for registered children's nurses has also increased to 20.1% from 17.3% in December.

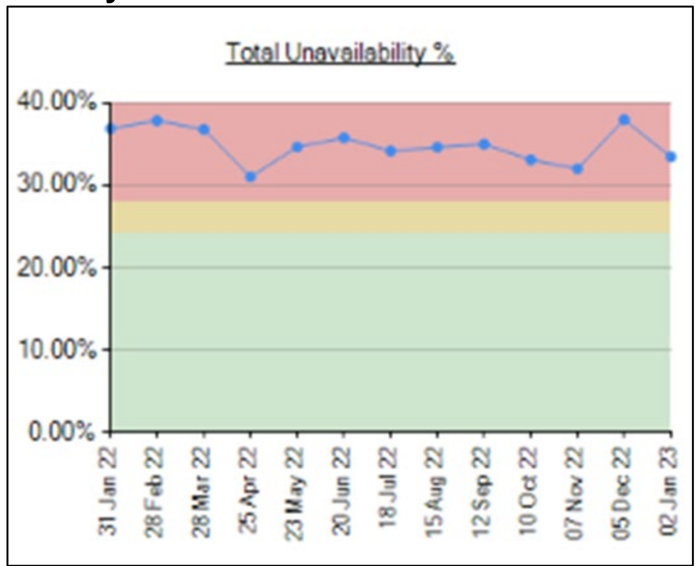
The vacancy rate for Registered Midwives illustrates a sharp increase in Graph 4 in June however this was due to the work that had been undertaken to align the workforce Electronic Staff Record (ESR) and financial ledger to reflect the additional approved investment in maternity workforce. The actual vacancy rate had remained static for a number of months. Over the last 4 months, there has been a decreasing trend in the vacancy rate from 13.0% in July to 1.95% in January.

The turnover rate in January remains high at 12.9% for RNs in adult areas (12.8% in December), 15.1% for Registered children's nurses (14.7% in December) and 10.5% for RMs (11.1% in December). The main reasons for RMs leaving is voluntary resignation – relocation (29.6%) and the next highest reason is voluntary resignation – work life balance (25.9%). The main reason for RN's leaving is voluntary resignation – relocation (50.1%). The leavers destination data demonstrates that 31.2% of RNs and 44.4% of RMs are leaving to take up employment in other NHS organisations. 25.9% of RMs are leaving for no employment compared with 6.3% of RNs.

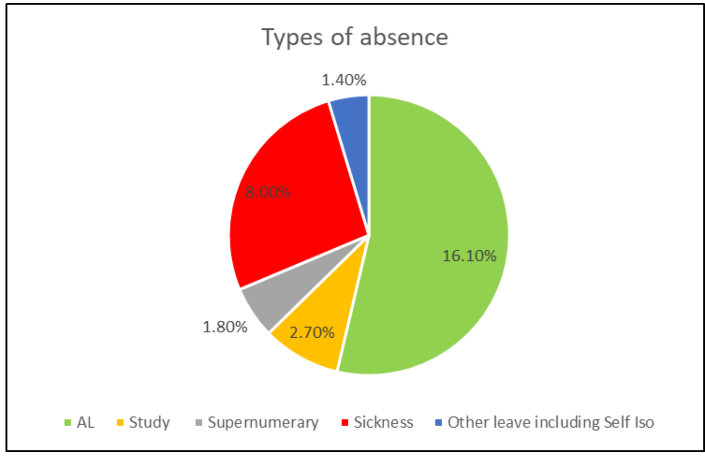
Unavailability for Registered Nurses, Midwives and Health Care Support Workers

NHS CUH

Graph 5. Unavailability of staff



Graph 6. Types of absence



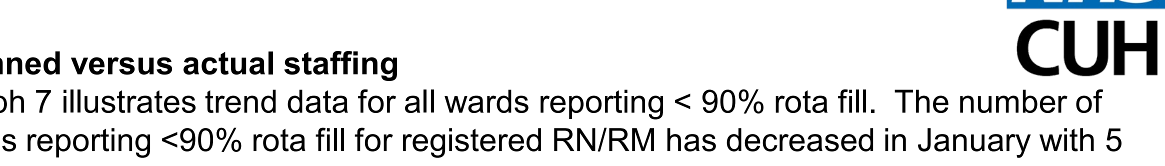
Unavailability of staff

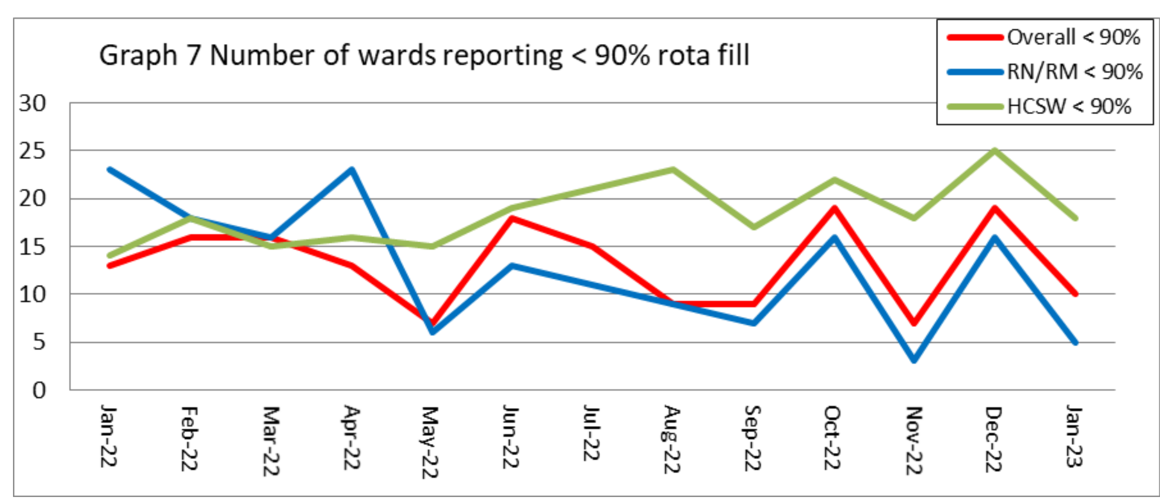
Unavailability relates to periods of time where an employee has been given leave from their regular duties. This might be due to circumstances such as annual leave, sick leave, study leave, self isolation, carers leave etc.

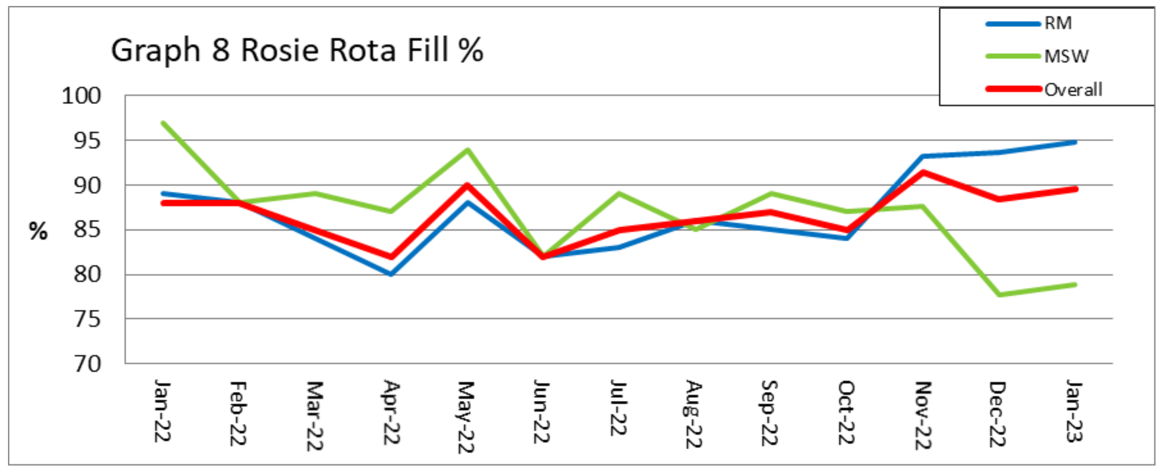
The total unavailability of the workforce working time in January has decreased to 30.0% from 34.5% in December as illustrated in Graph 5.

Graph 6 illustrates the percentage breakdown of the type of unavailability. The majority of unavailability (16.1%) was due to planned annual leave which would have been accounted for in the department rosters however there was a high percentage of unplanned leave that would have impacted upon fill rates within the rosters. In January, sickness absence has decreased to 8.0% from 11.2% in December. Additionally, 1.4% of working time was unavailable due to other leave which is a decrease from December (2.2%), 2.7% was due to study leave and 1.8% was due to supernumerary time.

Planned versus actual staffing







Planned versus actual staffing

Graph 7 illustrates trend data for all wards reporting < 90% rota fill. The number of areas reporting <90% rota fill for registered RN/RM has decreased in January with 5 areas reporting <90% fill rates compared to 16 in December. There has also been a decrease in the number of areas reporting <90% rota fill for HCSWs in January with 18 clinical areas reporting HCSW fill rates of <90% compared with 25 in December. The number of ward areas reporting overall fill rates of <90% in January has also decreased to 10 from 19 in December.

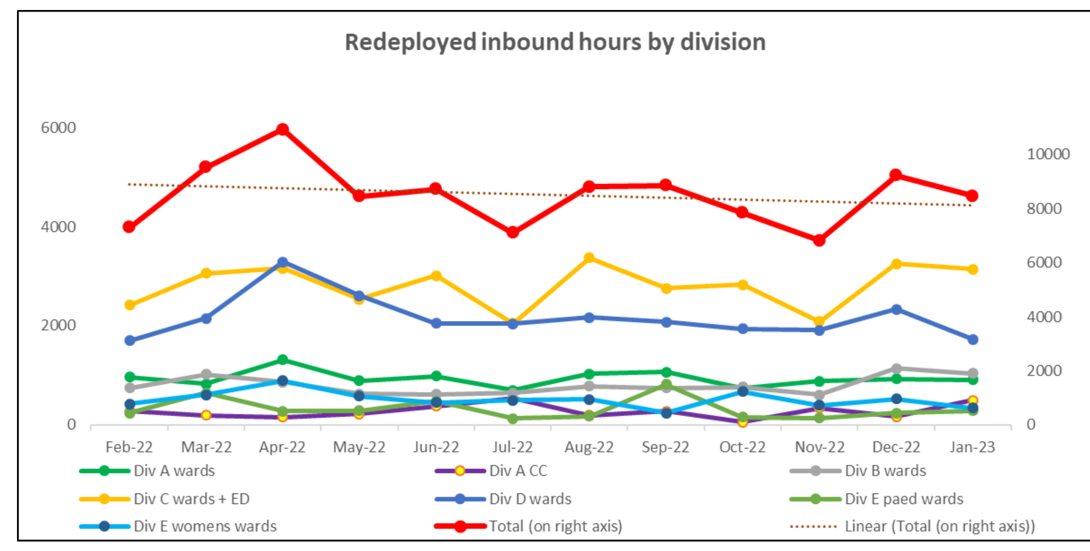
Appendix 1. details the exception reports for all areas reporting RN/RM fill rates of <90%.

There has been an increasing trend in the number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient over the last 2 months from 50 occasions in November to 268 in January (235 occasions in December). Additionally there have been 222 occasions in January where there has been no side room co-ordinator (214 in December). This has been due to high unavailability of staff (sickness) and high acuity of patients. Any concerns with regards to critical care staffing are escalated through the senior nurse of the day. Staffing has been supported through the use of temporary workers (agency and bank), bank enhancements and registered staff (non critical care trained) are redeployed from the operational pool and clinical areas on a shift by shift basis. Critical care bed capacity remains at 52 beds rather than 59 beds whilst recruitment is ongoing to the vacant positions however it has been necessary to open an additional bed at times to support capacity.

Midwifery & MSW fill rate

Graph 8 illustrates that the overall fill rate for maternity has increased slightly in January to 89.5% compared to 88.4% in December. The lowest fill rates have been seen on Sara Ward (77%).

Staff deployment



Staff deployment

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

The number of substantive staff redeployed in January has decreased slightly with an average of 273 working hours being redeployed per day compared with 297 hours in December. This equates to 24 long day or night shifts per day. The majority of redeployments are within division (93.1% compared to 6.9% of staff who are deployed outside of their division). Staffing is also being supported by the operational pool whereby bank staff book a bank shift on the understanding that they will work anywhere in the trust where support is required.

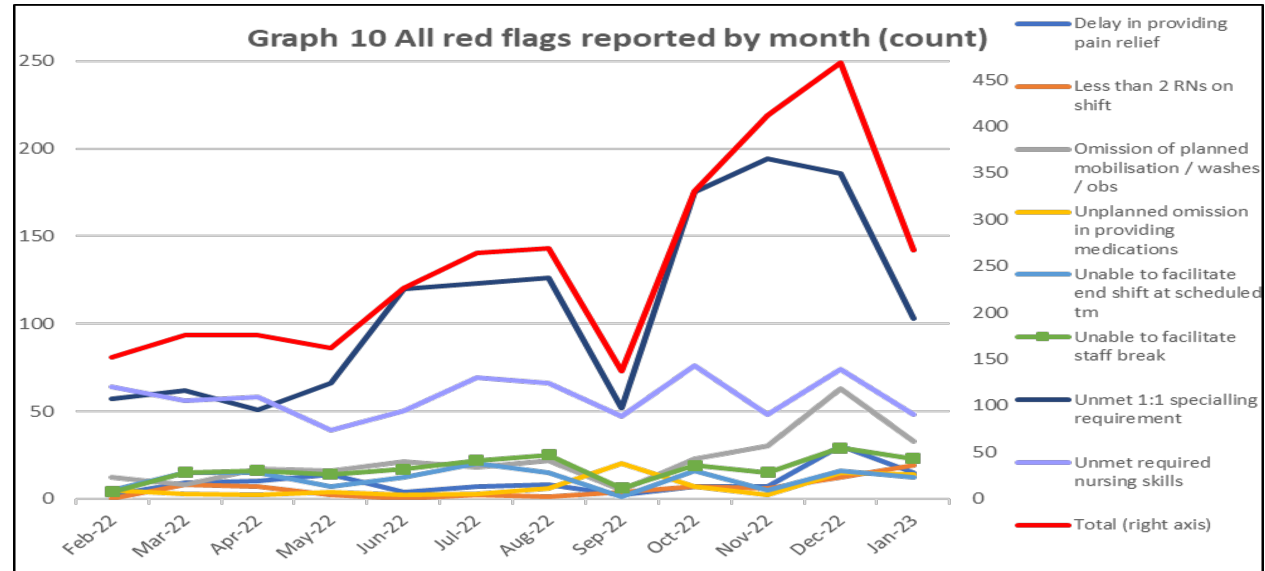
Nursing Pipeline

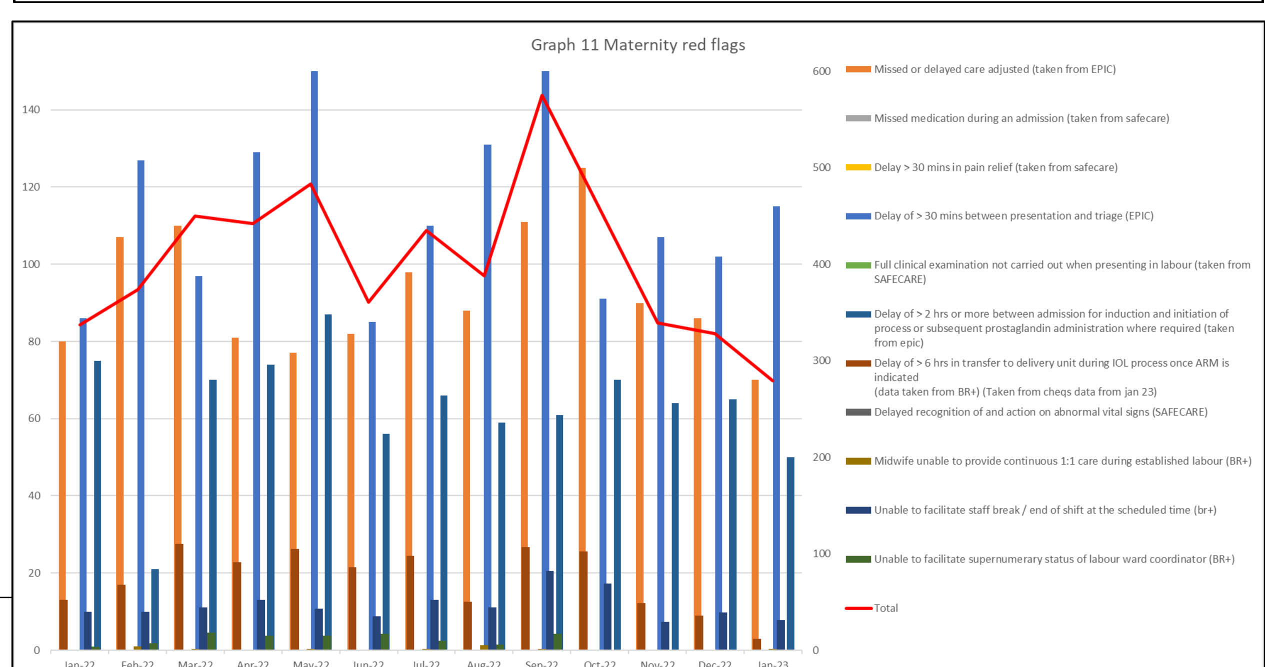
Appendix 2 provides detail on the forecasted position in relation to the number of adult RN vacancies based on FTE and includes UK experienced, UK newly qualified, apprenticeship route, EU and international recruits up to March 2023. The current forecast demonstrates a year end band 5 RN vacancy position of 9.65% which is above the target of 5%. This is due in part to the reliance on international recruitment and the challenges with accommodation which has impacted upon the numbers of staff that can be deployed each month. A detailed recruitment plan is being collated for all Nursing recruitment pipelines to outline what can realistically be achieved, the blockers that may prevent this and the mitigations that can be put in place to address these.

Appendix 3 provides detail on the forecasted position in relation to the number of Paediatric band 5 RN and HCSW vacancies up to March 2023. Numbers are based on those interviewed and offered positions in addition to planned campaigns. The current forecast demonstrates a year end band 5 Paediatric RN vacancy position of 21.68% and a band 2 HCSW position of 2.0%.

Whilst the recruitment pipeline is positive with multiple pipelines including apprenticeship routes, domestic and international recruitment, the predicted numbers are only achievable if the appropriate infrastructure is in place to support.

Red flags





Red Flags

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

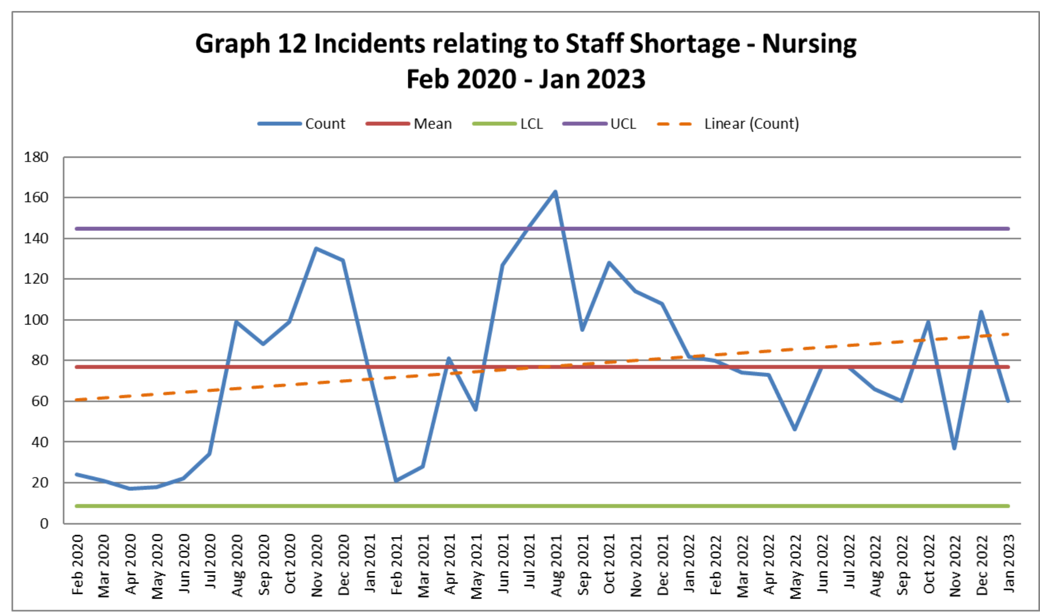
Nursing red flags

Graph 10 illustrates that the number of red flags reported in January has decreased from 468 in December to 267. The highest number of red flags reported in January was in relation to an unmet 1:1 specialling requirement (103 compared with 186 in December). A trust wide improvement project focusing on specialling is being developed to review specialling across the organisation. Additionally, 48 red flags were reported in relation to unmet required nursing skills compared with 74 in December.

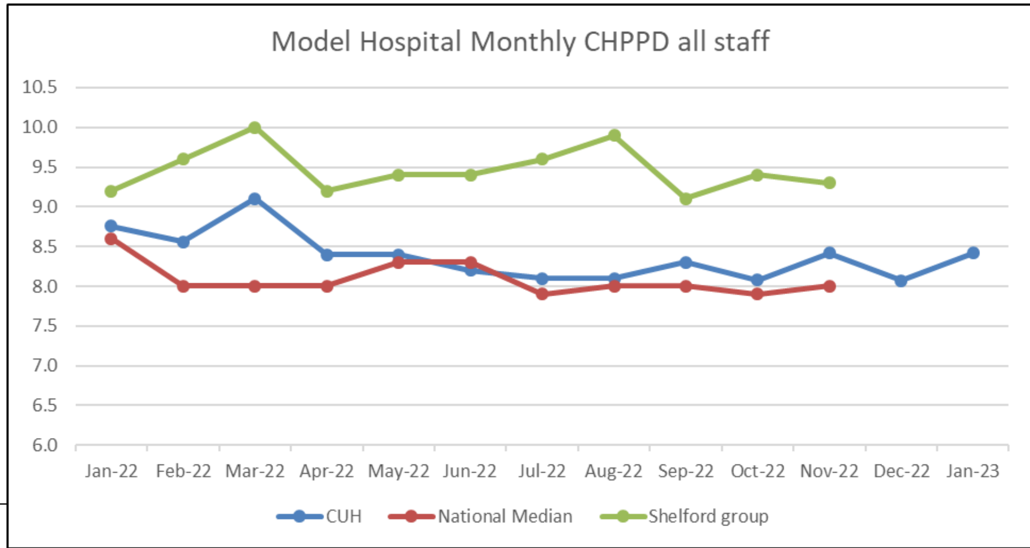
Maternity red flags

The number of maternity red flags reported over the last 4 months has been a decreasing trend with 575 reported in September compared to 279 in January. Graph 11 illustrates the red flags that have been reported. In January, 41.2% of these red flags were due to a delay of >30mins between presentation and triage, 25.1% were due to missed or delayed care and 17.9% were due to a delay of >2hrs or more between admission for induction and initiation of process or subsequent prostaglandin administration where required. This is reflective of the high levels of activity and difficulty in maintaining flow.

Safety and Risk



Graph 13: Care Hours Per Patient Day (CHPPD)



Incidents reported relating to staff shortages

Graph 12 illustrates the trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing. There were 60 incidents reported relating to nurse staffing in January which has decreased from the number reported in December (104).

The majority of the incidents related to staffing levels in January were reported by division C (20) and division D (19). Within Division C, the staffing incidents reported were spread across the division with Ward D5 reporting the most incidents (11). Within Division D, the staffing incidents reported were also spread across the division with the majority being reported in 2 ward areas (D7 6 and M5 5). Safety continues to be monitored through the site safety meetings.

Care hours per patient day (CHPPD)

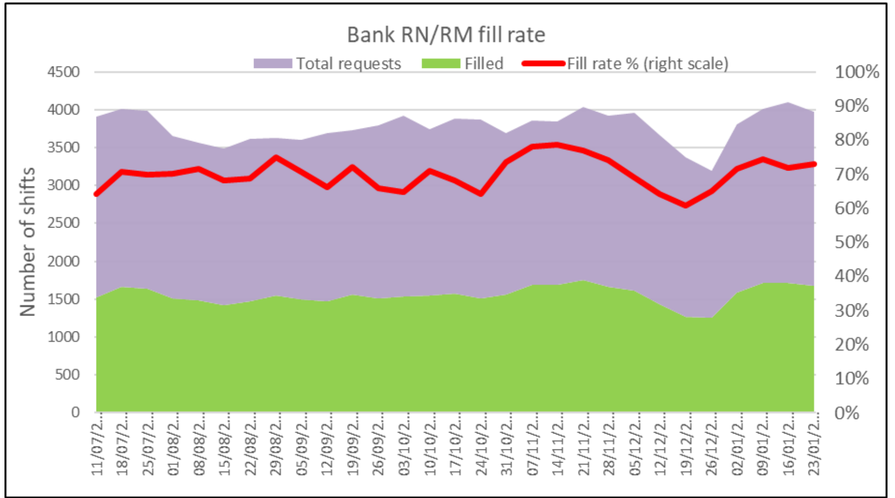
Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff including AHPs) divided by the bed state captured at 23.59 each day. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. All Trusts are required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

CUH CHPPD recorded for January has increased slightly to 8.4 from 8.1 in December which is comparable to the national median of 8.0 however is lower than other Shelford hospitals (9.3).

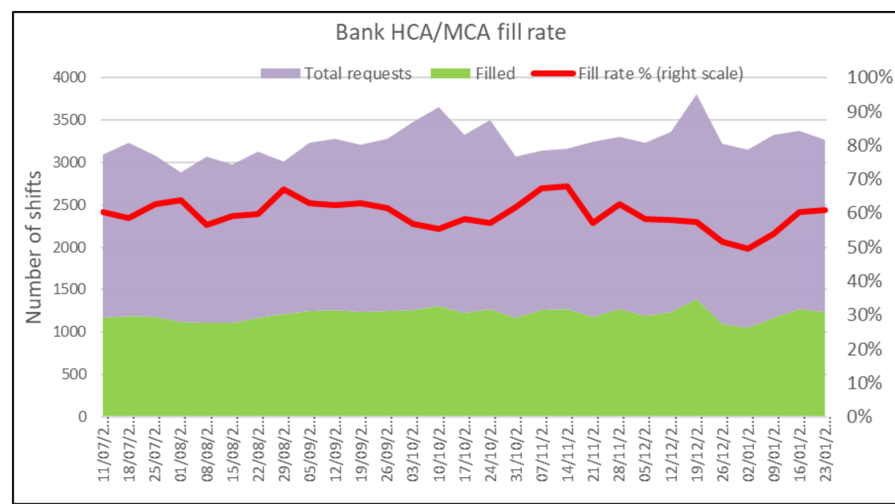
In maternity, from 1 April 2021, the total number of patients now includes babies in addition to transitional care areas and mothers who are registered as a patient. CHPPD for the delivery unit in January was 14.71 which is slightly higher than December (14.06).

Bank Fill Rate and Agency Usage

Graph 14 Registered RN/RM Bank fill rate per week



Graph 15 HCSW/MSW bank fill rate per week



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Bank fill rate

The Trust's Staff Bank continues to support the clinical areas with achieving safe staffing levels. Graph 14 and 15 illustrate the trends in bank shift fill rate per week. Overall we have seen an increase in bank shift requests for registered staff over the last 6 months to mitigate those areas who have less than a rota fill of 90%. The number of requests for registered staff is an average of 2300 shifts per week requested and an average bank fill rate of 72.6%.

The number of requests for Health care support workers and Maternity support workers remains high with an average of 2100 shifts per week requested and an average bank fill rate of 56.1%.

In addition to bank workers we have the equivalent of 37.5 WTE agency workers working across the divisions to support staffing challenges in the short term.

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

Appendix 1: Exception report by Division – Division A and E

Division A	% fill registered	% fill care staff	Overall filled %	CHPPD	Analysis of gaps	Impact on Quality / outcomes	Actions in place
D4	83%	100%	87%	20.54	High level of acuity (high numebrs of L2&3 patients) espeically with Level 3 patients. High levels of sickness which will affect availaibiltiy but also bank shift fill rates	GPIC Breaches. Delays to patient care and patient flow. Reduced supervisory time. Reduction NQM and KPI's. Staff morale,retention of staff. Poor patient experience. Lack of abilty to be pre emptive due to clinical acuity. PDN team working clinicall which impacts on their work (supervising and educating others). Critical Care CNS support breaks which can impact on time spent with ICU step down patients	8:15 and 1615 Nursing bronze with band 7 (AM) and Matron (both) oversight. Escalation to site safety. Mitigation in place within division when staffing allows. 228 of the day with support from Critical Care Matron for division for support and escalation. Agreed and Plan that over winter PDN working in numbers (25%-40%) On occasion Crit Care CNSs will relieve breaks.
NCCU	90%	93%	90%	26.95	High level of acuity (high numebrs of L2&3 patients) espeically with Level 3 patients. High levels of sickness which will affect availaibiltiy but also bank shift fill rates	GPIC Breaches. Delays to patient care and patient flow. Reduced supervisory time. Reduction NQM and KPI's. Staff morale,retention of staff. Poor patient experience. Lack of abilty to be pre emptive due to clinical acuity. PDN team working clinicall which impacts on their work (supervising and educating others). Critical Care CNS support breaks which can impact on time spent with ICU step down patients	8:15 and 1615 Nursing bronze with band 7 (AM) and Matron (both) oversight. Escalation to site safety. Mitigation in place within division when staffing allows. 228 of the day with support from Crti Care Matron for division for support and escalation.
Division E	% fill registered	% fill care staff	Overall filled %	**CHPPD delivered**	**Analysis of gaps**	**Impact on Quality / outcomes**	**Actions in place**
Neonatal ICU	89%	82%	89%	11.72	Current shortfall of 17.38 WTE RN vacancy , 15.9 WTE band 6 vacancy , over established by 3.67 band 7. 13 WTE pipeline in. 2.4 WTE pipeline out. Net position of 6.78 WTE RN.	no impact on NQM ,patient experience feedback. Impact on staff wellbeing as reported by senior team due to sickness and below rostered expectations Not compliant with BAPM standards at times of high acuity and occupancy.	Three times review a day of occupancy and staffing. Support from CPFand PD and support staff. Rate 3 plus 15% for all staff.
PICU	78%	102%	80%	32.15	Current shortfall of 22.4 WTE RN vacancy , 12.57 WTE band 6 vacancy. 13 WTE pipeline in. 2.6 WTE pipeline out. Net positon 12 WTE RN	Increased pressure on QIS staff to support junior team. Unit has had a lower occupancy in January. Positive patient experience feedback. Challenges with practice development due to PICU course and sickness.Development days continue. Psychological support for team maintained with plan to increase psychology in PICU.	Three times review a day of occupancy and staffing. Rate 3 for all staff. Plan for support from the ODN to support repatriation , band 5 -6 bridging the gap development resulted in offers to 6 new band 6's.
Sara Ward	84%	64%	77%	5.10	Still some vacancy shifts due to vacancy and staff rotation to new area meaning going back to SN shifts	Potential delay to Induction of labour and provision of care	On going recruitment and backfill for member of core team that has joined practice development team

Appendix 2: Adult RN Recruitment pipeline

NHS CUH

Adult band 5 RN position based on predictions and established FTE													
Month	UK based exp. applicants	Anglia Ruskin NQ (60% of graduates)	Other NQ	NAP	Overseas	Total New Starters	Leavers FTE	Promotions and transfer out of scope- retained by the trust	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Jun-22	1				23	24	14.4	13	**1594**	**1768**	**9.86%**	**174.4**	**9.6**
Jul-22	6			9	29	44	24	14	**1600**	**1768**	**9.52%**	**168.4**	**20**
Aug-22	5.2		0.45		23	29	22.6	4	**1591**	**1699**	**6.33%**	**107.47**	**6.05**
Sep-22	3	10		0	22	35	18	14	**1594**	**1699**	**6.15%**	**104.47**	**17**
Oct-22	3	2	6		12	23	19	13	**1585**	**1699**	**6.68%**	**113.47**	**4**
Nov-22	3	1			13	17	10	26	**1566**	**1699**	**7.80%**	**132.47**	**7**
Dec-22	5	1		20	5	31	15	12	**1570**	**1699**	**7.59%**	**128.87**	**15.6**
Jan-23	3			2	20	25	23	15	**1557**	**1699**	**8.35%**	**141.87**	**2**
Feb-23	5	1			11	17	18	15	**1541**	**1699**	**9.29%**	**157.87**	**-1**
Mar-23	4	1			22	27	18	15	**1535**	**1699**	**9.65%**	**163.87**	**9**
TOTAL	**53**	**16**	**6**	**48**	**225**	**349**	**222**	**162**	**1535**	**1698.95**	**9.65%**	**163.87**	**126.25**

Appendix 3: Paediatric RN and Band 2 HCSW Recruitment pipeline

Paediatric band 5 RN position based on predictions and established FTE

Month	UK based exp. applicants	Anglia Ruskin NQ	Other NQ	Overseas	Total New Starters FTE	Leavers FTE (based on leavers in the last 12 months)	Promotions and transfer out of scope- retained by the trust	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Apr-22	2				2	1	2	187.42	284.41	34.10%	96.99	1
May-22				5	5	8	1	183.42	284.41	35.51%	100.99	-3
Jun-22	1			0	1		1	183.42	284.41	35.51%	100.99	1
Jul-22	1		1	1	3	2	1	183.42	284.41	35.51%	100.99	1
Aug-22			1	3	4	2	2	170.89	213.73	20.04%	42.84	2.47
Sep-22	1		1	0	2	2	1	170	213.73	20.51%	43.84	0
Oct-22	2	3	4	6	15	5	0	180	213.73	15.83%	33.84	10
Nov-22		2	2	1	5	6	3	176	213.73	17.70%	37.84	-1
Dec-22				1	1	4	3	170	213.73	20.28%	43.34	-2.5
Jan-23	1	2	1	1	5	3	1	171	213.73	19.81%	42.34	2
Feb-23	1				1	2	1	169	213.73	20.75%	44.34	-1
Mar-23	1			1	2	3	1	167	213.73	21.68%	46.34	-1
TOTAL	**10**	**7**	**10**	**19**	**46**	**37.03**	**17**	**167.39**	**213.73**	**21.68%**	**46.34**	**8.97**

Band 2 HCSW position based on predictions and established FTE

Month	UK based applicants	Apprenticeship (direct entry)	Total New Starters FTE	Leavers FTE	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE
Apr-22	15		15	16	812	947	14.3%	135
May-22	17		17	21	808	970	16.7%	162
Jun-22	27.8		27.8	13	823	970	15.2%	148
Jul-22	21		21	16	828	970	14.7%	143
Aug-22	18	8	26	2	745	855	12.9%	110
Sep-22	17	4	21	11	755	855	11.7%	100
Oct-22	20	9	29	14	770	855	10.0%	85
Nov-22	17	11	28	13	785	855	8.2%	70
Dec-22	15		15	15	785	855	8.2%	70
Jan-23	25	8	33	8	810	855	5.3%	45
Feb-23	13	5	18	15	813	855	5.0%	42
Mar-23	20	20	40	15	838	855	2.0%	17
TOTAL	**225.8**	**65**	**290.8**	**159**	**838**	**855**	**2.0%**	**17**

Together
Safe
Kind
Excellent

Report to the Board of Directors: 8 March 2023

Agenda item	9.4
Title	Finance report
Sponsoring executive director	Mike Keech, Chief Finance Officer
Author(s)	As above
Purpose	To update the Board on financial performance in 2022/23 M10
Previously considered by	Performance Committee, 1 March 2023

Executive Summary
The report provides details of financial performance during 2022/23 Month 10 and in the year to date. A summary is set out in the Chief Finance Officer's message on pages 3-5 of the report.

Related Trust objectives	All Trust objectives
Risk and Assurance	The report provides assurance on financial performance during Month 10.
Related Assurance Framework Entries	BAF ref: 011
Legal / Regulatory / Equality, Diversity & Dignity implications?	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Board of Directors
The Board is asked to note the finance report for 2022/23 Month 10.

Title	Page
Trust performance summary – Key indicators	2
CFO Message	3-6
Summary financial position	7
Covid-19 expenditure overview	8
Plan performance FY22/23	9-10
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Cash flow forecast	21
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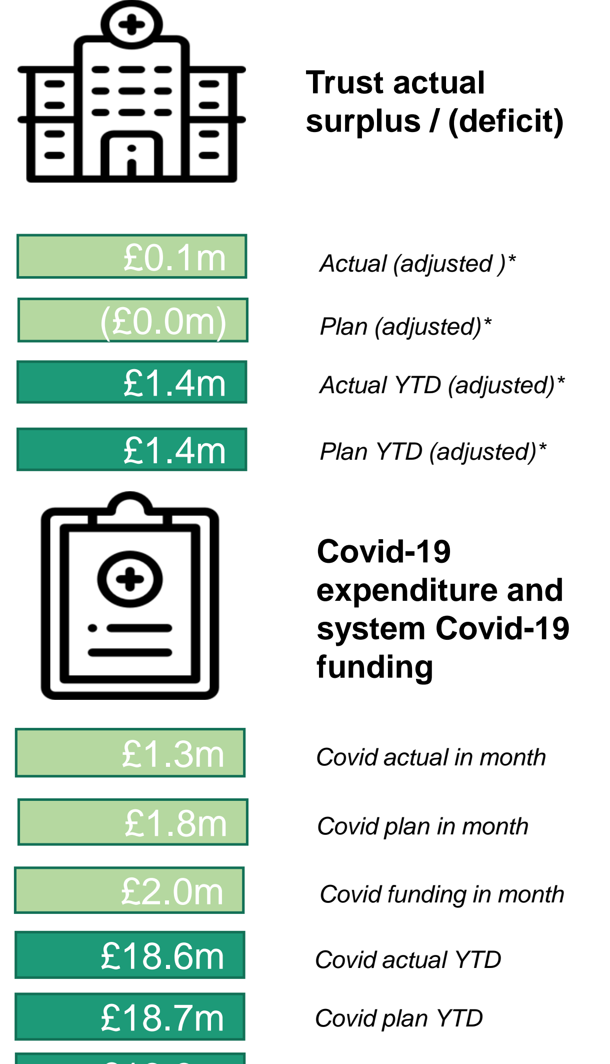
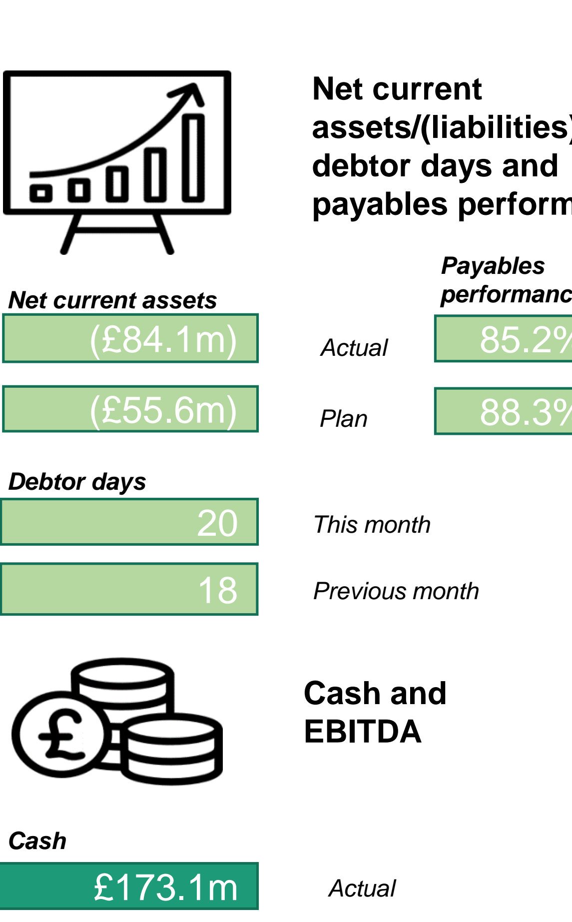


Trust actual surplus / (deficit)

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

Covid-19 expenditure and system Covid-19 funding

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



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

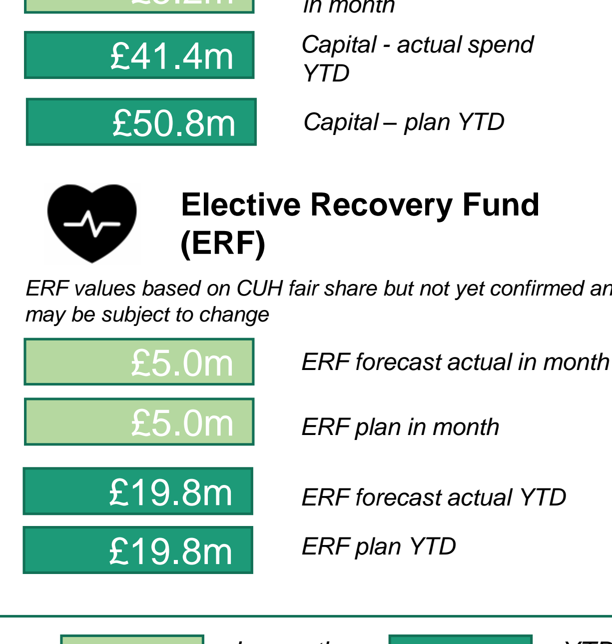
Net current assets		***Payables performance (YTD) *****	
(£84.1m)	*Actual*	85.2%	*Value*
(£55.6m)	*Plan*	88.3%	*Quantity*

Debtor days	
20	*This month*
18	*Previous month*

Cash and EBITDA

Cash	
£173.1m	*Actual*
£164.0m	*Plan*

EBITDA	
£33.7m	*Actual YTD*
£36.9m	*Plan YTD*



Capital expenditure

Value	Measure
£5.2m	*Capital - actual spend in month*
£41.4m	*Capital - actual spend YTD*
£50.8m	*Capital – plan YTD*

Elective Recovery Fund (ERF)

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

Value	Measure
£5.0m	*ERF forecast actual in month*
£5.0m	*ERF plan in month*
£19.8m	*ERF forecast actual YTD*
£19.8m	*ERF plan YTD*

Legend *£ in million* — *In month* (light green) — *YTD* (dark green)

* On a control total basis, excluding the effects of impairments and donated assets
** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.

Trust performance summary - Key indicators

Month 10 Financial Performance

- **The month 10 year to date position is a £1.4m surplus for performance management purposes**. This is in line with the Trust financial plan.
- The month 10 surplus is due to the phasing of £4m of income receipts relating to the redevelopment of the Cambridge Biomedical Campus which were received in the first quarter of 22/23 (in line with plan). This surplus is offset in later months leading to a full year planned breakeven position.
- The year to date position includes pass-through drugs and devices income and expenditure over performance of £5.3m and fire prevention works income and expenditure underperformance of £5.4m (as the phasing of works are not aligning to the plan).
- The pay expenditure position is £5.6m adverse to plan year to date largely due to the national pay award settlement (£10.6m) for which the Trust was funded in full from a nationally mandated uplift to NHS Commissioner block payments. The underlying favourable variance is largely due to slippage on planned investments including the investment in a higher proportion of level 2/3 beds in critical care.
- Whilst the Trust is operating in line with its plan, within this position the delays in investment in additional operational capacity are further contributing to productivity shortfalls, as discussed below.

Productivity

- The Trust is operating broadly in line with its expenditure plan at month 10 year to date but continues to perform below its planned levels of productivity.
- At month 10 the under performance in clinical activity can be valued at £13.6m. A shortfall of £23.0m from planned care services is due to operational pressures and limitations, including as a result of staffing vacancies. In year the Trust remains protected from this shortfall through the block funding arrangement but this represents a significant performance challenge to be addressed in advance of the new year.
- There has been an estimated increase in expenditure levels of £17-20m associated with operational delivery/capacity.
- Overall, with the reduction in productivity and additional capacity investments in year, we are performing at a c.£31-34m gap from pre-Covid-19 levels.
- Non recurrent efficiency savings delivered in the year will also add to the longer term cost management target for the Trust.

Covid-19 Expenditure

- The Trust has incurred £18.6m of Covid-19 associated expenditure year to date which is £0.1m below the plan.
- The Trust has received £18.6m of funding to support the Covid-19 expenditure.
- Whilst the number of Covid-19 patients in the hospital fluctuates from month to month, the amount of Covid-19 spend incurred to date is a reflection of the pressures services are facing, to cope with higher than usual demand, together with the need to maintain a safe operating environment.

Elective Recovery Fund (ERF)

- The Trust has recognised Elective Recovery Fund (ERF) income of £19.8m year to date in line with plan and based on a fair share allocation. For the full year the Trust has planned to receive £29.7m of ERF funding.
- NHS England has provided some assurance that the planned ERF will be funded in full for 22/23 at system level therefore the Trusts continues to report full income recognition with no clawback. The final process for calculating the value of ERF has not yet been published at the time of this report and therefore there remains an element of risk associated with this income.
- Further detail on this risk is included in this report.

Productivity and Efficiency Programme (PEP, previously CIP)

- The Trust successfully delivered an efficiency requirement of £12.4m in H2 21/22 and £17.2m in total across 21/22.
- For 22/23 the efficiency requirement is £62.0m and this will be delivered via the following themes:-

  - *Covid cost reductions* *£22.4m*
  - *Efficiency & transformation* *£32.7m*
  - *Productivity & growth* *£6.9m*

- At month 10, the cumulative position reports in line with plan, with efficiencies of £52.1m achieved.
- Pay efficiencies are currently ahead of plan by £1.6m. Within this, recurrent initiatives are (£3.1m) adverse to plan and non-recurrent schemes are £4.6m ahead of plan.
- For non-pay efficiencies, initiatives are (£0.4m) adverse to plan, reporting achievement of £19.6m against plan of £20.0m.
- Income efficiencies are reporting adverse to plan by (£1.1m) driven by a shortfall in non-recurrent scheme delivery. This measure includes the non-recurrent campus development project income receipt of £4m.
- The latest full year efficiency forecast identifies full delivery of the plan however there is a significant estimated shortfall in recurrent savings of £5.2m. This is mainly attributed to Trust-wide and cross-divisional schemes.
- The Trust will continue to review existing schemes alongside the development plans across 22/23 with the clear objective to increase the proportion of schemes that will deliver recurrent benefits into 23/24.

Cash and Capital Position

- 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) Movement Surgical Hub (£14.9m), additional theatre equipment (£4.1m) and Endoscopy equipment (£1.0m). Together with capital contributions from ACT, this would provide a total capital programme of £63.6m for the year.
- The Trust has invested £41.4m in it's capital programme so far - £9.4m below the planned figure of £50.8m. The year end forecast however, remains in line with the plan of £63.6m of capital expenditure in year.
- The Trust's cash position remains strong and the 13 week cash flow forecast does not identify any need for additional revenue cash support in the foreseeable future.

FY22/23 Financial Plan

- 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) Non receipt of forecast ERF income

- The following point should also be noted in respect of the 22/23 financial plan:
  1) The plan retains CUH support to our ICS of £11m to ensure that all ICS organisations can deliver break-even financial performance.

- **In addition to those risks highlighted above, going into 23/24, the Trust is also carrying the following risks due to in year performance:**
  1) Productivity levels performing below plan carrying forward a productivity gap to 23/24 posing a financial risk if the current block funding financial framework is changed
  2) Under delivery of recurrent efficiencies carrying forward a recurrent cost pressure to 23/24

CFO message (continued)

FY23/24 Financial Plan

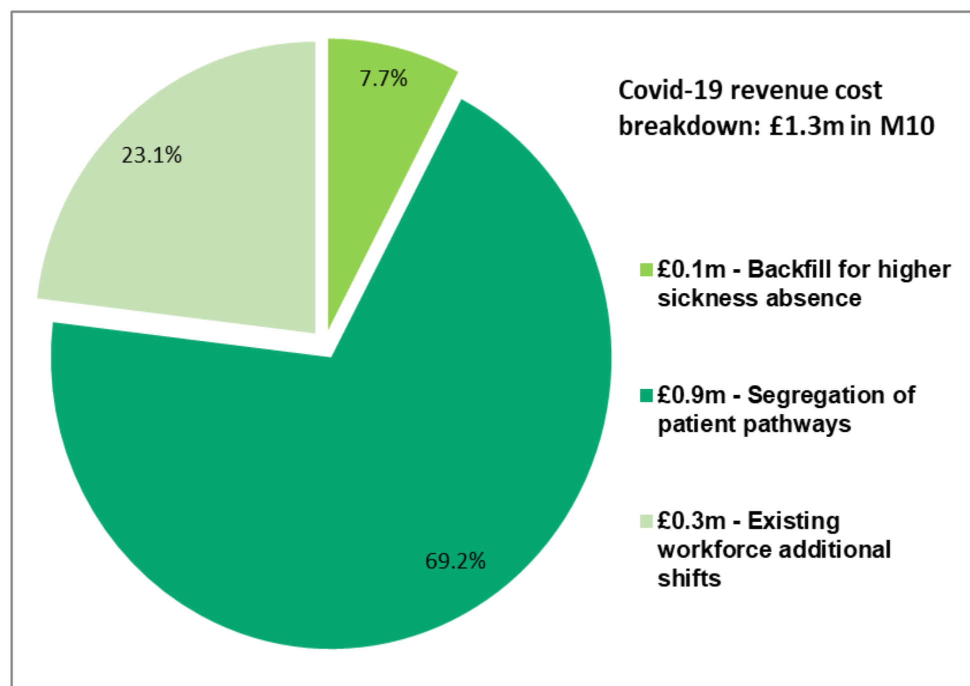
- On 23rd December 2022, NHS England (NHSE) released its 2023/24 planning priorities and operational planning guidance.
- This year's guidance has fewer targets and promotes partnership between systems and the center with greater emphasis on outcomes and less prescription on how to achieve them.
- Some technical guidance has now been received but further information is still expected over the coming weeks and more time is required to effectively analyse the implications of this guidance before finalizing the Trust's plans for the 2023/24 financial year.
- A draft plan submission has been submitted by the Trust but significant uncertainty remains over funding allocations and the potential risks associated with the Elective funding payment mechanism.
- The information that has been shared to date on the financial settlement and through the guidance indicates that 2023/24 will be a significantly challenging year. The Trust will need to focus on productivity improvements, allowing more activity to be delivered within the current physical capacity and the current cost base. This, in the context of operational and workforce pressures, will be challenging, but it will increasingly need to be a focus of the organisation.
- The Trust is working closely with system colleagues to ensure an updated plan with clarity over access to current ICB funding allocations can be agreed ready for submission in March 2023.

CFO message (continued)

Month 10 performance against plan

£ Millions	In Month Budget	In Month Actual	In Month Variance	In Month Variance (Exc. Covid & Pay Award)	Year to Date Budget	Year to Date Actual	Year to Date Variance	Year to Date Variance (Exc. Covid & Pay Award)	Full Year Budget
Clinical Income - exc. D&D*	67.9	76.3	8.4	7.5	701.1	719.1	18.0	7.4	858.9
Clinical Income - D&D*	13.5	13.9	0.4	0.4	134.9	140.2	5.3	5.3	161.9
Covid - Income top-up & outside envelope	1.8	2.0	0.2	0.2	18.0	18.6	0.6	0.6	21.6
ERF income	5.0	5.0	0.0	0.0	19.8	19.8	0.0	0.0	29.7
Devolved Income	15.9	22.5	6.6	6.6	153.6	160.5	6.9	6.9	163.3
Total Income	**104.1**	**119.7**	**15.5**	**14.7**	**1,027.3**	**1,058.2**	**30.8**	**20.2**	**1,235.4**
Pay	55.8	56.6	(0.8)	(0.1)	543.3	548.8	(5.6)	4.3	656.4
Drugs	14.4	16.1	(1.7)	(1.7)	144.1	154.3	(10.2)	(10.2)	173.0
Non Pay	28.7	42.4	(13.8)	(13.7)	284.1	302.7	(18.7)	(18.1)	341.3
Covid - Pay	1.2	1.0	0.2	0.2	12.4	12.5	(0.2)	0.1	14.4
Covid - Drugs	0.0	0.0	0.0	0.0	0.3	0.2	0.1	0.1	0.4
Covid - Non pay	0.6	0.3	0.3	0.3	6.3	5.9	0.4	0.4	7.4
Operating Expenditure	**100.6**	**116.4**	**(15.8)**	**(15.0)**	**990.5**	**1,024.5**	**(34.0)**	**(23.4)**	**1,192.9**
EBITDA	**3.5**	**3.3**	**(0.2)**	**(0.2)**	**36.9**	**33.7**	**(3.2)**	**(3.2)**	**42.5**
Depreciation, Amortisation & Financing	3.5	3.3	0.3	0.3	35.5	33.0	2.4	2.4	42.5
Reported gross Surplus / (Deficit)	**(0.0)**	**(0.0)**	**0.0**	**0.0**	**1.4**	**0.7**	**(0.8)**	**(0.8)**	**0.0**
Add back technical adjustments:									
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital donations/grants net I&E impact	0.0	0.1	0.1	0.1	0.0	0.8	0.8	0.8	0.0
Net benefit of PPE consumables transactions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) NHS financial performance basis	**(0.0)**	**0.1**	**0.1**	**0.1**	**1.4**	**1.4**	**0.0**	**0.0**	**0.0**

Please note that the values reported in the above table are subject to rounding.



Key messages:

The Trust has recorded £1.3m of Covid expenditure in month 10, bringing the total year to date for 22/23 to £18.6m. This represents a £0.1m favourable variance against the plan of £18.7m.

The main areas of Covid investment in Month 10 are:

- Segregation of patient pathways £0.9m
- Existing workforce covering additional shifts £0.3m
- Backfill for higher sickness absence £0.1m

Total expenditure for 21/22 was £45.5m which averaged £3.8m per month. The Trust's plan for 22/23 includes a reduction in funding for Covid-19 of £22.4m due to the financial impact of the pandemic reducing.

Expenditure seen in month 10 reports at £1.3m, which is a reduction on year to date average. The Trust plans to maintain the reduction on the year to date average Covid-19 expenditure. This is based on operational planning which aims to manage Covid cases efficiently during times of prevalence and work in line with national guidance.

Division (£m's)	Feb-22	Mar-22	Apr & May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Corporate	£1.3	(£1.0)	£1.4	£0.6	£0.6	£0.2	£0.2	£0.6	£0.4	£0.3	(£0.1)
Division A	£1.2	£1.1	£0.7	£0.4	£0.4	£0.3	£0.3	£0.3	£0.3	£0.2	£0.3
Division B	£0.5	£0.5	£0.9	£0.4	£0.3	£0.3	£0.4	£0.4	£0.4	£0.5	£0.6
Division C	£0.5	£0.5	£0.7	£0.3	£0.4	£0.4	£0.4	£0.4	£0.5	£0.3	£0.4
Division D	£0.1	£0.2	£0.5	£0.3	£0.3	£0.1	£0.2	£0.1	£0.1	£0.2	£0.1
Division E	£0.2	£0.3	£0.4	£0.1	£0.2	£0.2	£0.2	£0.2	£0.0	£0.0	£0.0
Total	**£3.9**	**£1.5**	**£4.5**	**£2.2**	**£2.2**	**£1.6**	**£1.6**	**£2.0**	**£1.7**	**£1.5**	**£1.3**

Elective Activity Recovery Period

Full Year Plan – key messages

£'m	M1&2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	22/23
Operating income from patient care activities	175.6	87.8	88.0	88.0	88.0	89.3	89.3	89.4	90.2	90.2	90.2	**1,065.7**
Other operating income	31.8	13.7	13.7	13.7	13.6	13.8	13.8	13.9	14.0	13.9	13.9	**169.8**
Total operating income	**207.4**	**101.5**	**101.7**	**101.7**	**101.6**	**103.1**	**103.1**	**103.2**	**104.1**	**104.0**	**104.1**	**1,235.4**
Employee expenses	(109.3)	(54.5)	(54.9)	(55.3)	(55.6)	(56.1)	(56.4)	(56.5)	(57.0)	(57.2)	(58.0)	**(670.8)**
Operating expenses excluding employee expenses	(92.4)	(45.9)	(45.9)	(46.0)	(46.2)	(46.3)	(46.3)	(46.1)	(46.3)	(46.1)	(46.5)	**(554.0)**
Operating Surplus/(Deficit)	**5.6**	**1.0**	**0.8**	**0.4**	**(0.1)**	**0.7**	**0.4**	**0.6**	**0.8**	**0.7**	**(0.4)**	**10.6**
Finance expense	(1.2)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	**(7.2)**
PDC dividends payable/refundable	(0.6)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	**(3.4)**
Net finance costs	(1.8)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	(0.9)	**(10.6)**
Surplus/(Deficit) - NHS financial performance basis for the year to date	**3.9**	**0.1**	**(0.1)**	**(0.5)**	**(1.0)**	**(0.2)**	**(0.5)**	**(0.3)**	**(0.0)**	**(0.2)**	**(1.3)**	**0.0**
Add back technical adjustments:												
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Capital donations/grants net I&E impact	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Net benefit of PPE consumables transactions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Reported gross surplus/(deficit)	**3.9**	**0.1**	**(0.1)**	**(0.5)**	**(1.0)**	**(0.2)**	**(0.5)**	**(0.3)**	**(0.0)**	**(0.2)**	**(1.3)**	**0.0**

Key messages:

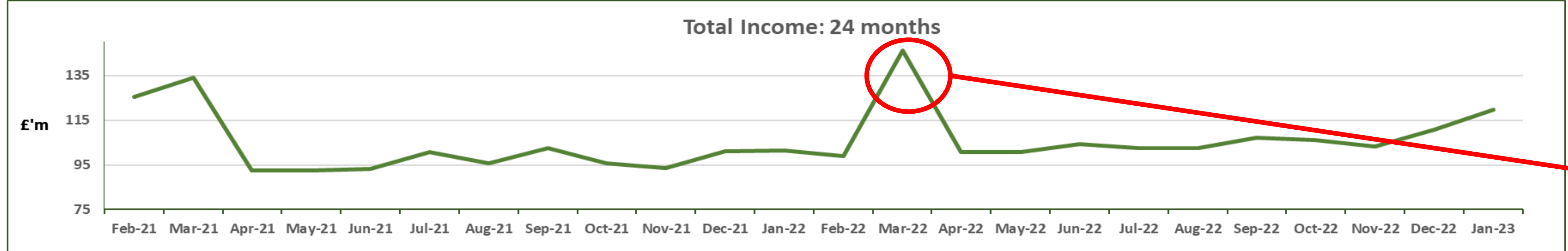
- The Trust plan delivers a 22/23 break-even position on an NHS financial performance basis.
- It assumes that the Trust will receive £29.7m of ERF income however, this remains at risk as the final guidance for the payment mechanism has not yet been published.
- The Trust has supported the C&P ICS position by non-recurrently returning £11.0m of income.
- Productivity and Efficiency schemes totalling £62.0m are included within the overall plan. £51.0m is driven by the national efficiency expectation with a further £11.0m required to support the system financial position.

£'m	M10 YTD Plan	M10 YTD Actual	Variance	Key Variances
Operating income from patient care activities	885.3	909.3	23.9	Income over performance continues to be driven by the national pay award funding of £10.6m, net over-performance for pass-through drugs and devices and the release of specific risk provisions due to successful mitigation.
Other operating income	142.0	148.9	6.9	Favourable variaince to plan is driven by additional R&D income that has been provided by external funders and the release of specific income risk provisions. This is partially offset by a shortfall in income recognition which is attributable to fire prevention works expenditure being lower than planned by £5.4m.
Total income	**1,027.3**	**1,058.1**	**30.8**	
Employee expenses	(555.6)	(561.4)	(5.7)	The adverse variance to plan is largely driven by the national pay award of £10.1m. Corresponding income over performance is reported above. This is partially offset by slippage on planned investments across a number of areas, predominantly seven critical care beds which remain largely closed due to staff vacancies. Overall there is Trust wide slippage in Medical Staffing against the 22/23 sustainability agenda. This has resulted in increased Bank and Agency spend incurred at premium rates.
Operating expenses excluding employee expenses	(461.4)	(489.9)	(28.5)	The adverse position is driven by Trust wide increase in aged debt, updated contractual reporting of a key IT contract, increased pass-through expenditure for drugs and devices and R&D grants, increased expenditure due to the NHS pay awards for external Facilities Management contracts, increases in staffing risk provisions and additional expenditure on staff benefits packages. There are offsetting favourable variances driven by slippage against the phased fire prevention works and other planned investments.
Operating surplus / (deficit)	**10.3**	**6.9**	**(3.4)**	
Finance costs				
Finance income	0.0	2.6	2.6	Due to the significant increase in bank interest rates nationally, a year to date alignment of finance income was completed for H1, with current interest income for the year reporting at £2.6m. A full year forecast of this measure is expected to achieve income of c.£3.5-3.9m.
Finance expense	(6.0)	(5.9)	0.1	
PDC dividends payable/refundable	(2.9)	(2.9)	0.0	
Net Finance costs	**(8.9)**	**(6.2)**	**2.7**	
Reported gross surplus/(deficit)	**1.4**	**0.7**	**(0.7)**	
Add back technical adjustments:				
Impairments (AME)	0.0	0.0	0.0	
Capital donations/grants net I&E impact	0.0	0.8	0.8	
Net benefit of PPE consumables transactions	0.0	0.0	0.0	
Surplus/(Deficit) - NHS financial performance basis for the year to date	**1.4**	**1.5**	**0.0**	**Net position is broadly in line with plan year to date**

Key messages:

- Year to date performance on an NHS financial performance basis shows a surplus of £1.5m which includes a small favourable variance to plan of £0.03m.
- This is due to the phasing of income associated with the development of the Cambridge Biomedical Campus and the Trust is forecasting a breakeven position at the end of the financial year which would be in line with the full year plan.

Plan performance FY22/23 (continued)



Note: The March 2022 figures include additional funding from NHSE/I for the extra 6% NHS pension contribution (£24.6m), The impact of R&D projects accounted for in M12 (£10.9m), apprenticeship funding (£2.4m), national PPE funding (£2.8m) and an NIHR R&D grant (£11.0m). All of which included matched expenditure in M12.

£'m	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Elective admissions	12.0	12.3	0.3	120.2	112.0	(8.2)
Non-elective admissions	15.2	17.5	2.3	152.3	154.1	1.8
Outpatients	10.4	10.8	0.4	104.2	89.4	(14.8)
A&E	2.0	4.0	2.0	20.4	28.0	7.6
High-cost drugs income from commissioners	13.5	13.9	0.4	134.9	140.2	5.3
Other NHS Clinical Income	28.2	30.9	2.6	304.0	325.0	21.0
Covid - Income top-up & outside envelope	1.8	2.0	0.2	18.0	18.6	0.6
ERF	5.0	5.0	0.0	19.8	19.8	0.0
Pay award adjustment	0.0	0.8	0.8	0.0	10.6	10.6
Total Clinical Income	**88.2**	**97.2**	**9.0**	**873.8**	**897.7**	**23.9**
Devolved Income	15.9	22.5	6.6	153.6	160.5	6.9
Total Trust Income	**104.1**	**119.7**	**15.5**	**1,027.3**	**1,058.2**	**30.8**

Key messages:

- The values included in the table for elective, non elective, outpatients and A&E income are as per regular reporting methods (PbR view). As the Trust's clinical income is predominantly paid through block contracts a block top-up is included within other clinical income.
- The total clinical income includes income earnt from NHS and devolved administration commissioners and NHS arms length bodies. The headings reported above align to NHS E/I reporting categories.
- The overall income recognised each month can fluctuate for a number of reasons including patient case-mix or commissioner pricing challenges.
- In month 10 the Trust has recognised c.£7.2m of additional clinical income funding for virtual wards and specific early adopter projects as well as releasing a specific risk provision.
- Year to date there is a favourable variance of £7.6m relating to high-cost drugs pass-through expenditure, which includes an under performance by the Car-T service along with the Cancer Drugs Fund, which are both fully offset by over-performance for other high cost drugs. The Pay award adjustment category reports £10.6m of additional pay award funding – this was provided in month 6 to cover the additional costs of the national pay settlements for Consultants, Agenda for Change staff and Very Senior Managers.
- Devolved income is reporting a favourable variance of £6.9m year to date. This is driven by additional R&D income of £7.4m YTD and the release of specific income risk provisions of £4.8m. This is partially offset by fire prevention works performing lower than plan by £5.4m.

Clinical and other income

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

A&E

14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
A&E Plan 22/23
A&E Actual 22/23
A&E Actual 19/20

Day Case

7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
DC Plan 22/23
DC Actual 22/23
DC Actual 19/20

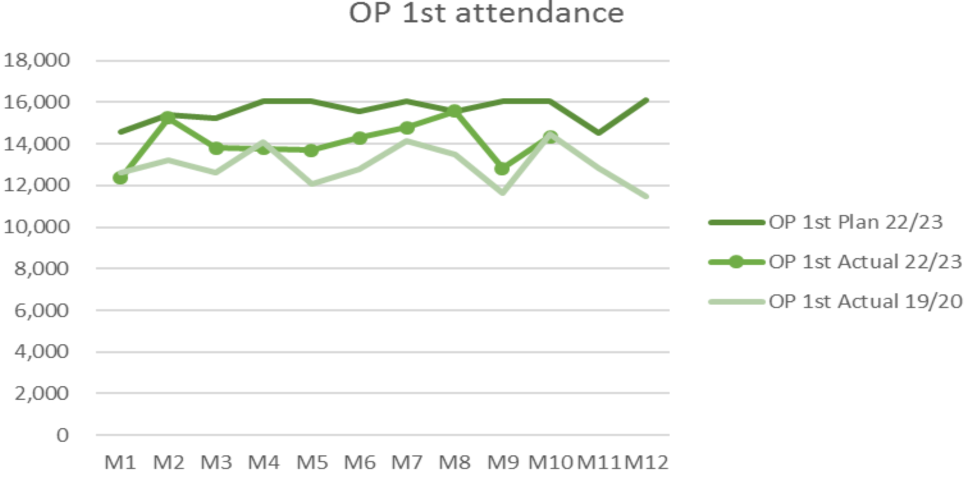
Non-Elective Inpatient

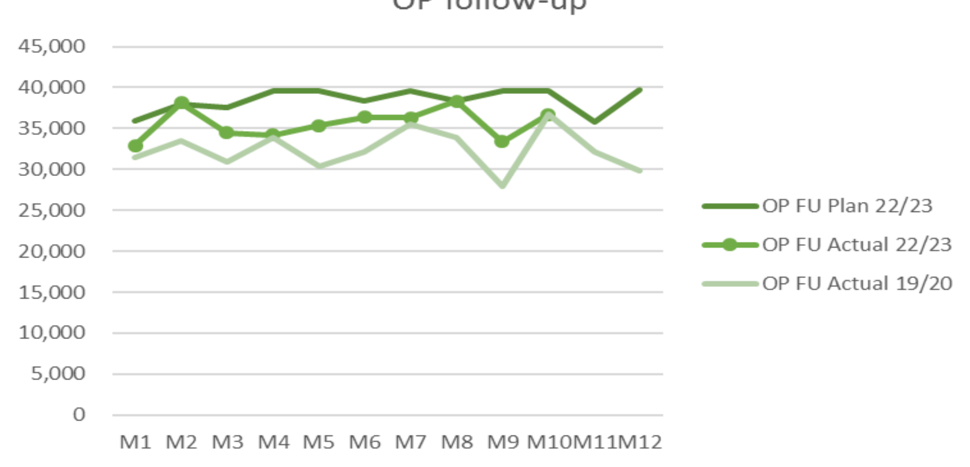
6,000
5,000
4,000
3,000
2,000
1,000
0
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
NEL Plan 22/23
NEL Actual 22/23
NEL Actual 19/20

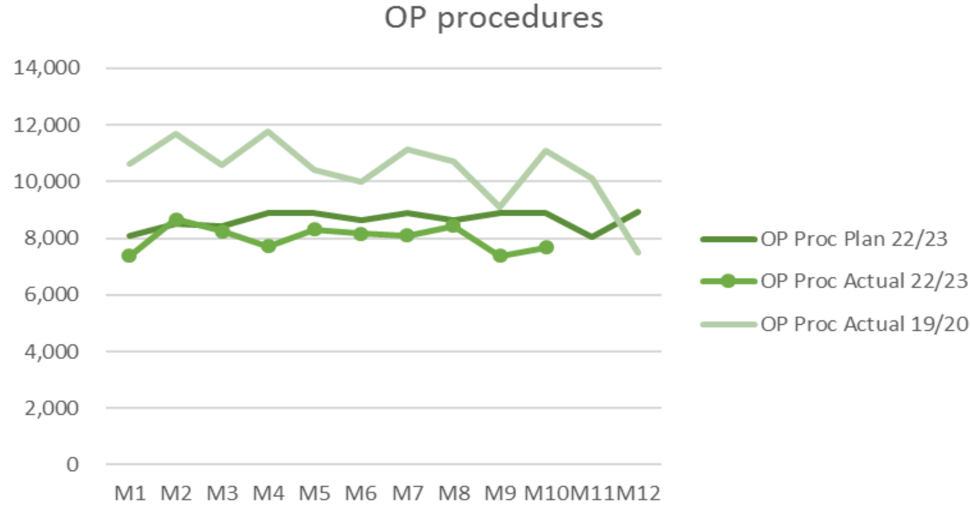
Elective Inpatient

1,600
1,400
1,200
1,000
800
600
400
200
0
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
EL Plan 22/23
EL Actual 22/23
EL Actual 19/20

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







Key messages:

- A&E attendances continue to be significantly higher than both plan and 19/20 levels at month 10. Year to date, A&E is 7.3% above plan and in month 11.5% above plan.
- Non elective spells are at similar levels to last month and remain below 19/20 actuals. Year to date, NEL is 6.7% below plan and in month 7.3%.
- Elective spells remain below both plan and 19/20 levels at month 10. It is notable that the phasing of the plan increases considerably in the last quarter, due to planned capacity works. Year to date, EL is 5.9% below plan and in month 8.0%.
- Day cases are lower than 19/20 actuals at month 10, yet slightly above plan. Year to date, DC is 0.3% above plan, and in month by 1.8%.
- Outpatient first attendances are at levels similar to 19/20 at month 10. Year to date, OP 1st is 10.2% below plan, and in month is below plan by 10.7%.
- Outpatient follow-up attendances are also at levels similar to 19/20 at month 10. Year to date, OP FUP is 7.8% below plan, and in month is below plan by 7.3%.
- Outpatient procedures are lower than plan in month 10 and considerably below 19/20 levels. Year to date, OP procedures are 7.8% below plan and in month 13.4%.

Clinical Income – Elective Recovery Fund (ERF)

	FY22/23 ERF Initial Plan (£'m)												22/23 FY
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
ERF PLAN %	2.8%	2.8%	2.8%	5.5%	5.5%	5.5%	8.3%	8.3%	8.3%	16.7%	16.7%	16.8%	100.0%
ERF PLAN £m's	0.8	0.8	0.8	1.6	1.6	1.6	2.5	2.5	2.5	5.0	5.0	5.0	29.7

Please note:- due to rounding the M1-9 plan figures add to £19.8m.

ERF:

- Planned ERF is £0.8m per month for months 1 to 3, £1.6m for months 4 to 6, £2.5m for months 7 to 9, and £5.0m for month 10, totaling £19.7m as per the table above, or £19.8m without rounding.
- The trust has received verbal assurance that H1 will be awarded in full (50% of yearly plan value) and further, that H2 will not be subject to clawback.
- NHSE and other organisations have already enacted the above and paid 50% in full at month 6.
- We have not yet received formal written guidance but given verbal assurances and NHSE stance, there should be little risk on ERF in 22/23.
- The tables on the right are the initial regionally published ERF performance percentages of current year priced volume weighted activity against the equivalent 19/20 values, for months 1 to 3 (published October 2022). No further national data has been published.

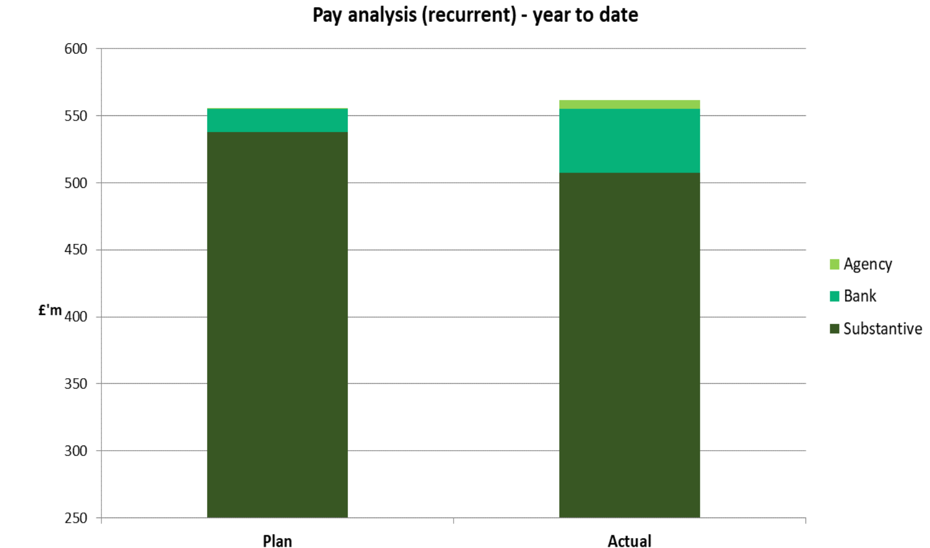
	CUH Provider Level		
	M1	M2	M3
Day Case	97%	110%	98%
Elec Spell	85%	80%	95%
OP 1st att	103%	110%	105%
OP proc	87%	90%	93%
Overall	**92%**	**95%**	**96%**

	QUE System Level		
	M1	M2	M3
Day Case	91%	106%	93%
Elec Spell	100%	102%	104%
OP 1st att	99%	100%	97%
OP proc	89%	97%	93%
Overall	**95%**	**100%**	**96%**

Please note: M4-10 national data not yet available

Key messages:

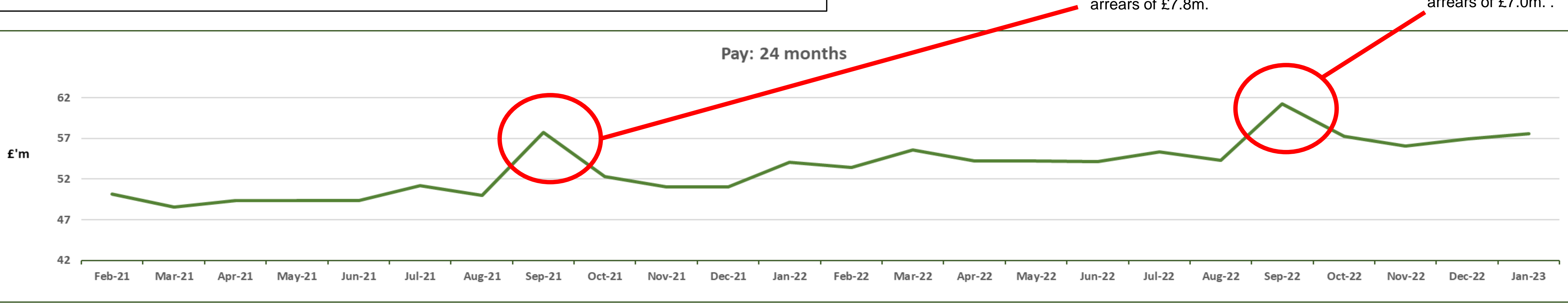
- At the end of month 10, the Trust is reporting a £5.6m year to date adverse position on pay with a £0.6m adverse position in month. The year to date position is driven by c£10.1m of national pay award arrears for Consultants, Agenda for Change staff over and above the 2% levels accrued earlier in the year. This expenditure is funded by additional clinical income.
- Excluding the pay award the key driver for the underlying favourable position is slippage on planned investments across a number of areas, predominantly seven critical care beds which remain closed due to staff vacancies. Overall there is Trust-wide slippage in Medical Staffing against the 22/23 sustainability agenda. This has resulted in increased Bank and Agency spend incurred at premium rates. Pay slippage is partially offset by pressures on Covid pay expenditure (£0.2m).
- The Trust continues to take actions to restore and maintain services in a Covid safe environment and has invested £12.5m of Covid pay related spend in the financial year to date.
- Bank spend as a proportion of the total 22/23 pay bill is 8.5%, while agency spend for the same time period is only 1.1% of the total pay bill. The main driver for the bank spend is the additional shifts required to cover sickness and other vacancies along with meeting the increased demand on services.



NHS CUH

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

Note: The Sep-22 figures includes net pay award arrears of £7.0m. .



Note: For comparability purposes the chart reports average values for months 1 & 2, in line with external reporting requirements month 1 values are not reported in isolation.

Pay expenditure – trend and year to date

£ Millions	In Month				Year to Date			
	Budget	Actual	Variance	Variance (exc. Pay Award)	Budget	Actual	Variance	Variance (exc. Pay Award)
Non Covid:								
Administrative & Clerical	8.3	8.4	(0.1)	0.0	82.7	81.8	0.9	2.6
Allied Healthcare Professionals	3.3	3.3	0.0	0.1	32.9	31.6	1.3	1.9
Clinical Scientists & Technicians	5.5	5.0	0.5	0.5	53.0	49.1	3.9	4.9
Medical and Dental Staff	18.6	18.5	0.1	0.3	184.8	178.2	6.5	8.9
Nursing	20.4	20.0	0.4	0.7	199.7	194.0	5.8	9.7
Other Pay Costs	1.2	1.4	(0.2)	(0.1)	12.8	14.1	(1.3)	(1.1)
Efficiency savings	(1.6)	0.0	(1.6)	(1.6)	(22.6)	0.0	(22.6)	(22.6)
Subtotal for non-covid	**55.8**	**56.6**	**(0.8)**	**(0.1)**	**543.4**	**548.8**	**(5.5)**	**4.4**
Covid:								
Administrative & Clerical	0.2	0.2	0.0	0.0	1.9	1.7	0.2	0.2
Allied Healthcare Professionals	0.1	0.1	0.0	0.0	0.8	0.5	0.3	0.3
Clinical Scientists & Technicians	0.0	0.0	(0.0)	(0.0)	0.3	0.2	0.0	0.0
Medical and Dental Staff	0.3	0.2	0.1	0.1	3.1	2.5	0.6	0.6
Nursing	0.6	0.5	0.0	0.0	5.7	7.0	(1.3)	(1.1)
Other Pay Costs	0.1	0.0	0.0	0.0	0.6	0.5	0.0	0.0
Subtotal for covid	**1.2**	**1.0**	**0.2**	**0.2**	**12.4**	**12.5**	**(0.2)**	**0.1**
Total Pay Cost	**57.0**	**57.6**	**(0.6)**	**0.1**	**555.7**	**561.4**	**(5.6)**	**4.5**

Key messages:

- Non Covid pay expenditure reports an adverse variance of £5.5m year to date.
- Covid expenditure is £0.2m adverse to plan. This is driven by higher usage of bank and agency nursing staffing than planned.

Pay expenditure (continued)

£ Millions	In Month				Year to Date			
	Budget	Actual	Variance	Variance (exc. Pay Award)	Budget	Actual	Variance	Variance (exc. Pay Award)
Non Covid:								
Agency	0.0	0.6	(0.6)	(0.6)	0.2	5.1	(4.9)	(4.9)
Bank	1.5	5.2	(3.8)	(3.7)	13.7	41.9	(28.2)	(27.5)
Contracted	0.2	0.4	(0.2)	(0.2)	2.2	3.3	(1.1)	(1.1)
Substantive	54.1	50.4	3.7	4.4	527.3	498.6	28.8	37.9
Subtotal for non-covid	**55.8**	**56.6**	**(0.8)**	**(0.1)**	**543.4**	**548.8**	**(5.5)**	**4.4**
Covid:								
Agency	0.1	0.1	(0.0)	(0.0)	0.7	1.3	(0.6)	(0.6)
Bank	0.3	0.3	0.0	0.1	3.3	5.6	(2.3)	(2.2)
Contracted	0.0	0.0	(0.0)	(0.0)	0.0	0.0	(0.0)	(0.0)
Substantive	0.8	0.6	0.2	0.2	8.3	5.6	2.8	2.9
Subtotal for covid	**1.2**	**1.0**	**0.2**	**0.2**	**12.4**	**12.5**	**(0.2)**	**0.1**
Total Pay Cost	**57.0**	**57.6**	**(0.6)**	**0.1**	**555.7**	**561.4**	**(5.6)**	**4.5**

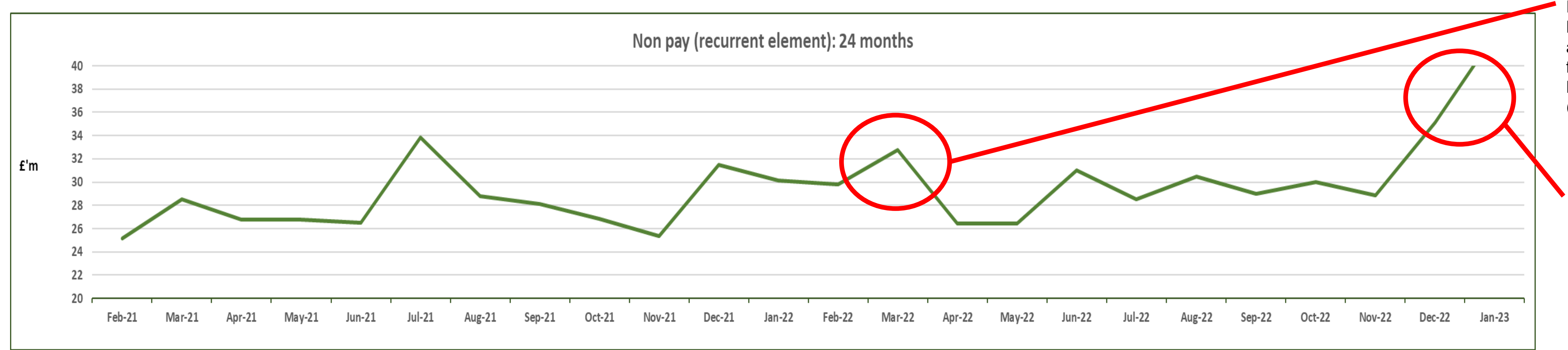
Key messages:

- Non Covid substantive and contracted staff expenditure is £27.7m below budget in the year to date however the Trust has incurred offsetting Bank and Agency expenditure which are adverse to budget by £28.2m and £4.9m respectively.
- Whilst the overall full year pay plan figures align to the Trust wide-view, the plan for Bank and Agency is understated. NHSE/I are aware of this position and are taking it into account for performance management purposes.

Pay expenditure (continued)

Key messages:

- At the end of month 10, the Trust's non pay position is £28.4m adverse to plan (including Covid costs) with an in month adverse movement of £15.1m.
- The in month adverse movement was primarily driven by supplies and services. The Trust has adjusted the technical accounting treatment for a key IT contract and this has generated an in month adverse movement of £10.1m. In addition consumables expenditure is c£2m above plan in month due to a review of supply chain billing. Drugs expenditure continues the trend of above plan due to increased pass-through expenditure but this is offset through the recovery of additional income.
- The year to date adverse variance of £28.4m includes adverse movements of £10.2m for Drugs, £7.6m impairment of receivables, £8.2m of miscellaneous expenditure including operational expenditure of £3.5m, £1.9m untaken annual leave provisions, £2.1m staff risk provision; offset by favourable variances on supplies and services of £4.2m. Included within this, is the lower than planned fire prevention works expenditure of £5.4m.
- Overall Drugs expenditure is £10.2m adverse to plan. The adverse variances are funded by commissioners and are largely driven by neurology and clinical immunology drugs, with the balance spread across a range of service areas and pass-through drugs and devices. Some offset has been provided by a reduction in volume of Car-T in the year to date. Costs historically fluctuate from month to month so this area of expenditure will be monitored closely over the remainder of the financial year.
- In month 10, Covid non-pay expenditure was lower than the plan figure by £0.3m. Year to date there is a favourable variance of £0.6m.



Note: The following non-recurrent items have been adjusted out of the March 2022 figure presented; Impairment-AME (£15.8m), R&D grossing-up (£10.9m), R&D NIHR grant (£11.0m), National PPE (£2.8m), Notional apprenticeship fund (£2.4m) and Loss on disposal (£0.5m)

Note: M10 increase driven by £10.1m technical adjustment to a key IT contract

Note: For comparability purposes the chart reports average values for months 1 & 2, in line with external reporting requirements month 1 values are not reported in isolation.

Non pay expenditure

£millions	In Month				Year to Date			
	Budget	Actual	Variance	Variance exc. Pay Award	Budget	Actual	Variance	Variance exc. Pay Award
Non Covid:								
Drugs	14.4	16.1	(1.7)	(1.7)	144.1	154.3	(10.2)	(10.2)
Supplies and Services	16.8	31.6	(14.8)	(14.8)	169.1	173.3	(4.2)	(4.2)
Misc Other Operating expenses	0.3	(2.2)	2.5	2.5	0.6	8.7	(8.2)	(8.2)
Premises	4.6	4.8	(0.2)	(0.1)	46.2	49.0	(2.8)	(2.3)
Clinical Negligence	2.0	2.0	0.0	0.0	20.3	20.3	0.0	0.0
Other non pay costs (including CIP)	4.8	4.3	0.5	0.5	47.1	43.4	3.7	3.7
Total Recurrent	***43.0***	***56.6***	***(13.6)***	***(13.6)***	***427.3***	***449.0***	***(21.7)***	***(21.2)***
Other non pay costs	0.2	0.3	(0.0)	(0.0)	2.4	2.1	0.3	0.3
Receivables impairment net of reversals	(0.2)	1.6	(1.8)	(1.8)	(1.7)	5.9	(7.6)	(7.6)
Total Non-recurrent	***0.1***	***1.9***	***(1.8)***	***(1.8)***	***0.7***	***8.0***	***(7.3)***	***(7.3)***
Subtotal for non-covid	***43.1***	***58.5***	***(15.4)***	***(15.4)***	***428.1***	***457.1***	***(29.0)***	***(28.4)***
Covid:								
Drugs	0.0	0.0	0.0	0.0	0.3	0.2	0.1	0.1
Supplies and Services	0.2	0.4	(0.2)	(0.2)	2.7	2.8	(0.1)	(0.1)
Misc Other Operating expenses	0.0	(0.1)	0.1	0.1	0.5	0.4	0.1	0.1
Premises	0.1	(0.0)	0.1	0.1	0.6	0.4	0.2	0.2
Clinical Negligence	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other non pay costs (including CIP)	0.2	0.0	0.2	0.2	2.6	2.3	0.3	0.3
Subtotal for covid	***0.6***	***0.3***	***0.3***	***0.3***	***6.6***	***6.1***	***0.6***	***0.6***
Total Non Pay	43.6	58.8	(15.1)	(15.1)	434.7	463.1	(28.4)	(27.9)

Key messages:

- The non pay position shows a £28.4m adverse year to date variance at month 10. The key drivers for this position are described on the earlier page.
- The negative budget for Receivables impairment net of reversals relates to a budgeted reduction in the level of Aged Debt.
- Work is being undertaken to reduce the level of Aged Debt that is driving the adverse position.

Non pay expenditure (continued)

£'m	M2 YTD		M3		M4		M5		M6		M7		M8		M9		M10		M11		M12		YTD		Forecast	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Total Pay Efficiencies	1.8	2.5	1.5	1.7	3.8	4.0	2.4	2.7	2.3	3.1	2.2	1.9	1.8	1.8	1.6	1.5	2.5	2.4	2.1		2.4		20.0	21.6	24.5	25.5
Total Non-pay Efficiencies	3.4	3.0	1.7	1.7	2.1	1.6	2.6	2.2	1.5	1.8	2.2	2.3	2.3	2.5	2.4	2.6	1.9	1.8	2.3		1.4		20.0	19.6	23.8	23.1
Total Income Efficiencies	5.6	5.6	0.8	0.8	0.8	0.7	0.8	0.8	0.8	(0.3)	0.8	1.0	0.8	0.6	0.8	0.7	0.8	1.0	0.8		0.8		12.1	11.0	13.7	13.4
Total Efficiencies - 2022/23	**10.8**	**11.1**	**4.0**	**4.2**	**6.7**	**6.3**	**5.7**	**5.7**	**4.6**	**4.6**	**5.2**	**5.2**	**4.9**	**4.9**	**4.9**	**4.9**	**5.2**	**5.2**	**5.2**	**0.0**	**4.6**	**0.0**	**52.1**	**52.1**	**62.0**	**62.0**

Key messages:

- The Trust has identified £62.0m of efficiencies in line with plan; £42.5m are forecast to be recurrent. The plan includes £11.0m of non-recurrent savings that fund current year System support requirements.
- At month 10, the cumulative position reports in line with plan, with efficiencies of £52.1m achieved.
- Pay efficiencies are currently ahead of plan by £1.6m. Within this, recurrent initiatives are (£3.1m) adverse to plan and non-recurrent schemes are £4.6m ahead of plan.
- For non-pay efficiencies, initiatives are (£0.4m) adverse to plan, reporting achievement of £19.6m against plan of £20.0m.
- Income efficiencies are reporting adverse to plan by (£1.1m) driven by a shortfall in non-recurrent scheme delivery. This measure includes the non-recurrent campus development project income receipt of £4m.
- The latest full year efficiency forecast identifies full delivery of the plan however there is a significant estimated shortfall in recurrent savings of £5.2m. This is mainly attributed to Trust-wide and cross-divisional schemes.
- The Trust will continue to review existing schemes alongside the development plans across 22/23 with the clear objective to increase the proportion of schemes that will deliver recurrent benefits into 23/24.
- Please see appendices for detailed efficiency plan schedules.

£m	YTD Plan			YTD Actual Delivery			YTD Variance		
	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total
Pay	19.4	0.6	20.0	16.3	5.2	21.6	(3.1)	4.6	1.6
Non-pay	19.5	0.5	20.0	18.0	1.6	19.6	(1.5)	1.1	(0.4)
Income	0.5	11.6	12.1	0.9	10.0	11.0	0.4	(1.5)	(1.1)
	39.4	**12.7**	**52.1**	**35.2**	**16.9**	**52.1**	**(4.2)**	**4.2**	**0.0**

£m	Full Year Plan			Forecast Full Year Delivery			Variance		
	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total
Pay	23.8	0.7	24.5	19.9	5.6	25.5	(3.8)	4.9	1.0
Non-pay	23.2	0.6	23.8	21.4	1.7	23.1	(1.9)	1.2	(0.7)
Income	0.6	13.1	13.7	1.2	12.2	13.4	0.5	(0.9)	(0.3)
	47.6	**14.4**	**62.0**	**42.5**	**19.6**	**62.0**	**(5.2)**	**5.2**	**(0.0)**

Efficiency Plan & Delivery

CUH 13 week rolling cash flow forecast (£000)

250,000
200,000
150,000
100,000
50,000
-

3-Feb, 10-Feb, 17-Feb, 24-Feb, 3-Mar, 10-Mar, 17-Mar, 24-Mar, 31-Mar, 7-Apr, 14-Apr, 21-Apr, 28-Apr, 5-May

Prior week incl. WCF — Current week incl. WCF & additional support — Current week incl. WCF — Headroom

Key messages:

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

Appendices

Month 10 capital expenditure position

Programme	Year to Date (Month 10) Budget £m	Year to Date (Month 10) Actuals £m	Year to Date (Month 10) Variance £m	Forecast Budget £m	Forecast Expenditure £m	Forecast Variance £m
Cambridge Movement Surgical Hub (CMSH)	11.7	8.0	3.7	14.9	14.9	-
Theatre equipment & infrastructure	3.2	5.3	(2.1)	4.1	4.1	-
P&Q ward modifications	1.9	2.7	(0.8)	2.5	2.5	-
Existing Estate/HV	6.9	4.8	2.1	9.3	7.8	1.5
Cancer Research Hospital (CCRH)	4.4	4.2	0.2	5.3	5.3	-
Thrombectomy	4.9	5.3	(0.4)	5.9	5.3	0.6
Medical Equipment Replacement	3.7	0.9	2.8	4.5	4.0	0.5
Children's Hospital (CCH)	4.7	4.5	0.2	5.9	5.9	-
Nuclear Medicine	2.5	2.5	-	3.0	3.3	(0.3)
e Hospital/Legacy Systems	2.3	0.1	2.2	3.0	3.2	(0.1)
Other Developments/PFI	4.5	3.0	1.5	5.3	7.4	(2.1)
Programme Total	**50.8**	**41.4**	**9.4**	**63.6**	**63.6**	**-**

Key Issues/Notes Year to Date

£41.4m has been invested YTD, against a budget of £50.8m. The larger areas of spend this year have been:

- Cambridge Movement Surgical Hub - £16.0m comprising
  - Theatre building - £8.0m
  - Equipment and Infrastructure - £5.3m
  - P&Q ward modifications - £2.7m
- Thrombectomy - £5.3m
- Children's Hospital (CCH) - £4.5m
- Cancer Research Hospital (CCRH) - £4.2m
- Nuclear Medicine refurbishment - £2.5m

Spend remains behind budget across most areas of the capital plan. After ten months we have spent 65% of the annual budget.

Key Issues/Notes Forecast

Spend on the CMSH is progressing rapidly, as reflected in the reported spend. The revised year-end forecast on these projects has risen, but they are offset by reductions in other projects' forecasts.

Additional budget of £1.0m was approved in January from the awarding of an MoU for Endoscopy equipment. The revised annual budget is now £63.6m.

Our forecast is still to deliver in line with the budget, with a requirement for forecast projects to slip by £1.1m to achieve the budget at year end. There are risks around the delivery of the larger Estates projects and plans are being put in place to manage and mitigate any further slippage.

Capital expenditure by programme

Balance sheet

	M10 Actual £m
Non-current assets	
Intangible assets	24.2
Property, plant and equipment	505.1
Total non-current assets	**529.3**
Current assets	
Inventories	11.8
Trade and other receivables	65.3
Cash and cash equivalents	173.1
Total current assets	**250.2**
Current liabilities	
Trade and other payables	(223.3)
Borrowings	(8.5)
Provisions	(8.6)
Other liabilities	(93.9)
Total current liabilities	**(334.3)**
Total assets less current liabilities	**445.2**
Non-current liabilities	
Borrowings	(113.6)
Provisions	(13.1)
Total non-current liabilities	**(126.7)**
Total assets employed	**318.5**
Taxpayers' equity	
Public dividend capital	583.3
Revaluation reserve	37.5
Income and expenditure reserve	(302.3)
Total taxpayers' and others' equity	**318.5**

Balance sheet commentary at month 10

- The balance sheet shows total assets employed of £318.5m.
- Non-current liabilities at month 10 are £126.7m, of which £113.6m represents capital borrowing (including PFI and IFRS 16).
- Cash balances remain strong at month 10.
- The balance sheet includes £24.9m of resource to support the completion of the remedial fire safety works expected to be deployed over the coming years.
- International Financial Reporting Standard 16 (IFRS 16) changes the way in which leases are accounted and applies to the NHS from 1 April 2022. The impact on the Trust's balance sheet is that an additional £51m of non-current assets are recognised as at 1 April 2022, with a corresponding liability split £4m current liabilities and £38m non-current liabilities. The remaining impact has been taken to the income and expenditure reserve, totalling £9m.

Trust balance sheet

Board of Directors

Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 8 March 2023

Agenda item	10
Title	Strategy update
Sponsoring executive director	Nick Kirby, Interim Director of Strategy and Major Projects
Author(s)	Matthew Zunder, Strategy Adviser; Andrew Whiteside, Strategy Student Trainee; Denise Franks, Assistant Director of Planning and Development
Purpose	To update the Board on implementation of the Trust Strategy agreed in July 2022.
Previously considered by	Management Executive, 2 March 2023

Executive Summary

In July 2022, the Trust agreed a new Strategy: CUH Together 2025. This report presents the four-monthly strategy update, aligned to the 15 commitments in the strategy. It presents an overview of activities undertaken from November 2022 to February 2023 and outlines plans for the next four months.

Alongside this we have provided an update on our communication, engagement and implementation plans, details of which are found in an additional section at the end of this document.

In the light of recent discussions on implementation of the strategy at Performance Committee, we have committed to evolving these reports going forward, to include: clear accountabilities for delivery of the 15 commitments; defining milestones for the delivery of each commitment; and incorporating more quantitative measures of

progress. This will be discussed at the Performance Committee in April 2023 and subsequently at a Board awayday.

This edition includes an update from the Director of Workforce to sharpen wording concerning the Workforce commitments in the strategy. The areas covered by the five-workforce commitments remain unchanged. Associated materials will be updated as required. More material revisions to strategy commitments will need the endorsement of Management Executive and Board.

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

Action required by the Board of Directors

The Board of Directors is asked to:

- Note the progress made over the last four months in delivering our strategy and our plans for the coming months.
- Note the proposed changes to the next edition.

Improving patient care

Progress from November 2022 to February 2023	Key areas of focus for March to June 2023
Integrated Care: We will work with NHS, other public sector and voluntary sector organisations to improve the health of our local population	
• Held discussions with Primary Care on closer working and steps we can take to provide support during winter. • Created investment proposals to pilot integrated care pathway models with Primary Care. • Recruited a substantive Managing Director for Cambridgeshire South Care Partnership (CSCP). • Engaged with the Integrated Care Board (ICB) and other Accountable Business Units (ABUs) regarding taking greater local responsibility for improving services. • Supported a new report on patient experiences of barriers to care with Healthwatch to inform neighbourhood-based care, based on focus groups with a diverse set of 50 local people.	• Agree a joint approach with Primary Care to improve resilience of services, including identifying necessary investments. • Begin a programme of projects to improve the interface between Primary and Secondary Care, starting with pharmacy. • Begin piloting integrated care pathway projects, subject to available funding. • Continue to host CSCP and support its thematic areas of work including integrated discharge (Home First) and neighbourhood-based care.
Emergency Care: When patients come to the hospital in an emergency we will treat them, and help them to return home, quickly	
• Expanded the list of referral options for GPs, Ambulance Service and NHS 111 to stream more patients to Same Day Emergency Care (SDEC) and away from ED; saw a 1.1% increase in patients streamed there in December, compared to average of previous six months. • Repurposed EAU3 and EAU4 as a medical assessment unit with designated waiting area, so we can see ~130-140 more patients per week. • Completed improvement work focused on flow including criteria to reside, simple discharges, time of discharge and reducing weekend variation: in January 2023, 15.8% of G&A patient beds were vacated in the morning compared with 21.1% in January 2022. • Expanded Virtual Ward and started work to strengthen the medical model, hosting 20 patients on average with a total capacity of 30. • Reduced length of stay across 4/5 of the CUH divisions by ~7-12%.	• Relaunch the 4hr Emergency Access Standard and progress our agreed recovery trajectory to the 76% national target by March 2024. • Support expansion and roll out of the call-before-you-convey-service and increase access to pre-hospital advice for patients referred or being considered for transfer to hospital. • Use benchmarking data to review clinical pathways to minimise how long patients stay in the hospital before they are considered clinically fit to go home. • Minimise delays for patients who are clinically fit to go home by reviewing internal discharge pathways to ensure they are optimal and collaborate with system partners to reduce the length of time patients spend waiting. • Optimise the use of digital systems and reports to support improvement to patient flow – including operationalising a new design in our electronic patient record (Epic) for Clinic 5 and the

• Reduced the number of times that Ambulance Handovers took longer than 60 minutes by 16% compared to East of England peers through implementation of an escalation policy.	Surgical Assessment Unit (SAU) which will enable more efficient pathways and external reporting.
Planned Care: When patients need planned care we will see them as quickly and efficiently as possible	
Outpatients • Prioritised new-patient first appointments to ensure that no patient is waiting over 78 weeks for their first appointment. • Undertook a waiting list validation project from November to February to see if patients still needed appointments and freed up 633 slots for other patients. • Worked with specialities to encourage the use of Patient Initiated Follow Up (PIFU): 3.6% of follow up appointments have been converted to PIFU, saving ~27,000 follow up appointments at the end of January 2023 • Developed a process and procedure for Patient Not Present (PNP) remote clinics to see patients before they come into the hospital to confirm if an appointment is required. • Worked with specialities to develop their Getting It Right First Time (GIRFT) programmes.	*Outpatients* • Prioritise new-patient first appointments to ensure patients are waiting no longer than 65 weeks by March 2024. • Design new pathways across divisions using GIRFT guidance and the NHSE benchmarking tool in partnership with other trusts. • Reduce outpatient follow-ups by rebalancing new/follow-up activity, undertaking PNP remote clinic reviews where appropriate. • Increase PIFU as part of pathway redesign across specialities and consider if patients that did not attend an appointment can be moved to PIFU. • Monitor performance and coordinate plans via the Outpatient Improvement Board to drive an increase in activity for 2023.
Surgery • Provided 116 additional pre-assessment clinics seeing ~900 patients between November and February, to meet the 78 week demand. • Worked with specialties to provide additional operating lists, including weekend operations which provided 32 additional sessions. • Expanded the suitability criteria of what activity can be undertaken at Ely Day Surgery Unit. • Increased session utilisation for elective sessions for the last 12 months to 92.7% despite difficult staffing pressures.	*Surgery* • Prepare to open the Surgical Movement Hub with three additional theatres (due to open in August 2023). • Review capacity on Day of Surgery Admittance (DOSA) areas to best support flow across peri-operative care. • Undertake further work on pre-operative assessment initiatives, such as optimisation and earlier access, to improve recovery times and length of stay. • Drive improvements with regional leads (clinical and nursing) for pre-operative care and share best practice across the local area working as part of the national programme.

- Achieved 79% utilisation across elective lists, placing CUH in the highest quartile on Model Hospital and 5% higher than the peer median.
- Maintained an average 88% against CUH pre-covid baseline for elective operating, whilst navigating challenges of increased bed pressures and industrial action.
- Developed further the 23-hour pathways via L2 Day Surgery Unit (DSU), e.g. suitable robotic partial nephrectomies.
- Utilised L2 DSU as contingency, to support surgical flow both for non-elective pathways and the elective programme.
- Delivered 110 telephone assessments and developed digital solutions to increase pre-operative assessment capacity and enable more elective operations.

Diagnostics

- Recovered DEXA waiting list to a manageable level (reduced by 50% since April 2022); projected to recover backlogs in CT by end of March 2023 and Echo by November 2023. An increase in the MRI waiting list has been escalated.
- Delivered ultrasound activity matching or near matching demand, but not forecast to recover this financial year; 6ww breaches reduced by 4 percentage points to 38.7%.
- Worked with the independent sector to maximise their capacity.
- Collaborated with ICB and North West Anglia Foundation Trust (NWAFT) to ensure patients were able to access diagnostics regardless of location.
- Developed approach to diagnostics in virtual wards.
- Commenced implementation of approved Community Diagnostic Centres (CDC) model at Ely and Wisbech.
- Responded to feedback and progressed implementation on additional CDC business cases.

- Continue to increase the utilisation of treatment rooms at Ely Day Surgery Unit.
- Improve the trend in start times and turnaround times, to maximise utilisation of lists to agreed Getting It Right First Time (GIRFT) standards (85%).

Diagnostics

- Create and carry out plans to recover Echo, MRI and Ultrasound backlogs and reduce the overall number of patients waiting >6 weeks for diagnostics.
- Progress the development of Cambridge and Peterborough Community Diagnostic Centres (CDC).
- Request extension to system early adopter funding pending CDC opening.
- Engage with centralised recruitment process to fill admin vacancies.
- Run more nurse-led clinics for urodynamics to support recovery by March 2024.

Health Inequalities: We will tackle disparity in health outcomes, access to care and experience between patient groups	
• Supported the development of the National Core20Plus5 scheme to reduce health inequalities by contributing to the ICS working group. • Ensured that patients across the region are equally able to access services from the NHS Genomic Medicine Service Alliance (GMSA). Recruited to key posts in the GMSA. • Developed a workplan for Equality Diversity and Inclusion (EDI) with three- and six-month priorities; for patients and service users. • Improved our approach to engagement and data gathering to collect accurate patient demographics and feedback. • Held the first Equality Impact Assessment (EIA) panel to review the process working with the Integrated Care Board (ICB) to ensure consistency in approach and tools, across the system. • Created a patient demographic section on MyChart.	• Continue engaging with the National Core20Plus 5 scheme with a priority on smoking cessation in maternity services and inpatient areas. • Continue to engage with the NHS GMSA, working with partners across the East of England, to lead expansion and transformation of genomic services. • Onboard the new interim director for Health Inequalities. • Increase the uptake of MyChart, review the available training and assess the effectiveness of reception staff to ask for demographics at patient entry. • Review 2021 census data once published to understand the population we serve. • Revise the Equality Impact Assessment policy and relaunch, using the staff networks and clinical nurse specialists in areas that support the agenda to check and challenge the proposals and support a robust output.
Quality, Safety and Improvement: We will continuously improve the quality, safety and experience of all our services	
• Implemented a digital consent platform to deliver best practice consent for patients. • Updated all generic consent forms to ensure compliance with the General Medical Council (GMC) and National Institute for Health and Care Excellence (NICE) guidance. • Introduced leads within specialities to promote harm-free care focusing on venous thromboembolism. • Reduced the need for blood transfusions through early identification, investigation and better treatment of anaemia, and established a monthly quality improvement meeting for transfusion. • Reduced delays on reporting of x-rays and scans to increase patient safety: number of scans reported across all modalities increased from 3900 in December to 5000 in January.	• Develop a comprehensive options appraisal to procure a digital platform for consent that is right for patients and CUH. • Embed and support the leads in each speciality to progress work on venous thromboembolism prophylaxis compliance. • Extract quality data from the quality improvement work surrounding blood transfusions. • Reduce the backlog for imaging by decreasing demand through digital solutions, recruiting more staff, optimising waiting list initiatives, outsourcing some reporting and establishing a dedicated imaging risk oversight group. • Progress the agreed Management Executive actions following the IHI's onsite visit.

• Developed an implementation plan for a Patient Safety Incident Response Framework (PSIRF). • Agreed and progressed the supporting next steps following the Institute for Health Improvement (IHI) visit including Management Executive providing regular Quality Improvement (QI) coaching visits to clinical and non-clinical areas and QI sponsorship of specific projects; and sharing improvement stories across the Trust. • Concluded the second wave of the Improvement Coach Programme with 33 participants graduating; the second wave of the Improvement Programme for Teams is ongoing with 19 teams taking part. The Leading for Improvement Programme second wave began on 31 January 2023.	• Launch wave three of the Improvement Coach Programme and design a Fundamentals of Quality Improvement Programme.

Supporting our staff

Progress from November 2022 to February 2023	Key areas of focus for March to June 2023
Resourcing: We will invest to ensure that we are well staffed to deliver safe and high quality care – *with vacancy rates of 5% or less across all staff groups.*	
• Delivered on agreed staff supply pipelines. • Implemented the centralised Band 2 – 4 administration recruitment process and progressed the Band 2 Health Care Support Worker (HCSW) banding review. • Improved waiting times for Occupational Health Immunity Screening Questionnaire (ISQ) Clearance reducing the time to hire by an average of four days in January 2023 versus prior month.	• Undertake organisation-wide vacancy hotspot review process and initiate sickness absence improvement programme. • Respond to industrial action. • Complete workforce plan for 2023/24 including pipeline for international recruitment for this period. • Complete the Band 2 Health Care Support Worker (HCSW) review.
Ambition: We will enable professional and personal growth – *developing our people is vital to individual and organisational success.*	
• Undertook 3-year review of the Trust’s Multi-Professional Education, Learning and Development strategy.	• Deliver Operational Manager Development Programme, aligned to divisional leader’s programme and Senior Leadership Programme. • Implement the New-Manager Development Programme.

• Grew the Trust's apprenticeship programmes: by the end of January 2023, 462 people were registered on programmes including 315 nurses and 76 AHPs and science pathways. • Designed Line-Manager Development Programmes.	• Provide support for divisions and directorates to embed talent processes in their areas.
Good Work: We strive to ensure that working here is a good experience – *with a positive impact on our health, safety and well-being.*	
• Completed annual Flu and Covid-19 booster programme, with 58% of staff being vaccinated. • Agreed plan for continued investment (2023/24) in priority areas in the Good Work programme including subsidised food and travel/transport subsidies. • Promoted staff support services including expanded clinicians4clinicians service to support the psychological wellbeing of clinicians.	• Complete launch of Wagestream financial wellbeing platform and fully develop financial wellbeing strategy. • Launch Deakin Centre staff pod. • Mobilise Trauma Risk Management (TRIM) Service including recruitment, training, and Quality Surveillance Information System (QSIS) to create a peer support system for staff who have experienced trauma at work.
Inclusion: We will seek to drive out inequality – *we are stronger as an organisation which values difference and inclusion*	
• Developed staff network groups, supported by introducing new selection process and honorarium payments for network leads. • Commissioned anti-racism training provider to support Workforce Race Equality Standards (WRES) Action Plan through 2023. • Appointed Director of Equality, Diversity and Inclusion.	• Implement anti-racism work with leaders across the Trust. • Develop the next phase of Leading Inclusively with Cultural Intelligence Organisational Development programme. • Launch centralised adjustments process across the Trust to fund reasonable adjustments for colleagues with disabilities.
Relationships: We value compassionate appreciative and productive working relationships – *we will listen to each other, reflect and learn*	
• Launched new iteration of the CUH Senior Leaders Programme with 70 participants over three cohorts. • Developed staff recognition events calendar for 2023 and launched Annual Staff Awards 2023. • Implemented Winter Series Compassionate Leadership Workshops.	• Evaluate Winter Series Compassionate Leadership Workshops. • Plan for spring/summer offers to support most immediate leadership capability requirements.

Building for the future

Progress from November 2022 to February 2023	Key areas of focus for March to June 2023
Specialised Services: We will work with hospitals across the East of England to provide high quality specialised care for more patients closer to home	
• Refined scope and objectives, and identified initial resourcing, for priority transformation projects; began to progress these projects alongside operational/clinical leaders and networks. • Continued to work with Integrated Care Boards and NHS England to prepare for the delegation of specialised commissioning, including aligning priorities for specialised services across the region. • Conducted initial mapping of research and innovation across the East of England, and began to explore the potential role for the East of England Specialised Services Provider Collaborative in supporting this.	• Progress priority transformation projects and agree scope and resourcing for further projects as required (including in research and innovation). • Develop a more detailed business plan for the provider collaborative, including plans for resourcing, governance and communications, and an overarching programme plan. • Establish how the East of England Specialised Provider Collaborative will work with Integrated Care Boards and NHS England through the regional Joint Commissioning Committee to develop and improve specialised services during 2023/24.
Research and Life Sciences: We will conduct world-leading research that improves care and drives economic growth	
• Undertook a regional launch in Birmingham of the National Institute for Health and Care Research (NIHR) Young People's BioResource to increase engagement of children and young people in clinical research. • Supported the development of the internationally leading Patient-Led Research Hub in Cambridge. • Supported national COVID-19 studies including CNS-COVID, HEAL-COVID and PROTECT-V. • Received re-designation of the NIHR Cambridge Biomedical Research Centre and was awarded £86.2m to pursue further research. • Awarded ~£17m of funding from Department of Health and Social Care for continued support of the NIHR BioResource to pursue further research.	• Expand the NIHR Young People's BioResource programme through a national launch. • Develop a delivery plan and business case, in partnership with the six Integrated Care Boards in the East of England, for a sub-national Secure Data Environment for Research and Development. • Explore the benefits of Machine Learning to develop new research and data gathering methods. • Continue to support the national COVID-19 studies including CNS-COVID, HEAL-COVID and PROTECT-V.

New Hospitals and the Estate: We will maintain a safe estate and invest in new facilities to improve care for patients locally, regionally and nationally

Addenbrooke's 3 - Phase 1

- Approved business cases for surgical hub theatres to support recovery of orthopaedic and spinal elective backlog.
- Developed implementation plan for histopathology move.
- Agreed a plan to locate Orthotics and Prosthetics offsite to release capacity for ED expansion.
- Continued engagement with Community Diagnostic Centre (CDC) proposals including development at Princess of Wales Hospital in Ely and at Wisbech.
- Formed ED and Urgent and Emergency Care (UEC) Capacity Strategy Group to oversee development of medium-term plans to improve the capacity and reduce crowding in ED and other assessment areas.
- Commenced work to develop a strategy for released space on the site as part of five-year planning and to support Full Business Case (FBC) submissions for the new cancer and children's hospitals.

Addenbrooke's 3 Phase 2 - Cambridge Cancer Research Hospital

- Began work on the Full Business Case (FBC).
- Continued work on the Heads of Terms agreement which sets out the legal relationships that underpin the project.
- Responded to over 120 queries from NHS assurers on the Outline Business Case (OBC) on time.
- Completed Royal Institute of British Architects (RIBA) plan of work Stage 3.

Addenbrooke's 3 Phase 2 - Cambridge Children's Hospital

- Gained CUH Board approval for the OBC and submitted this to regulators.
- Secured letters of support from commissioners.
- Continued RIBA plan of work Stage 3.

Addenbrooke's 3 - Phase 1

- Develop a business case to provide options for a fit for purpose laboratory for the Genomics service enabling expansion for growth and to support the ambitions of the cancer and children's hospitals.
- Work with partners within the ICB to continue the development of CDCs including models of care, workforce models etc.
- Develop modelling data and service specifications for both current baseline and future demand to support the case for the UEC infrastructure strategy and a fully costed business case.
- Continue the work to agree a strategy and approach for the use of released space that balances the needs of capacity demands, infrastructure pressures and supports improved efficiency of care delivery.

Addenbrooke's 3 Phase 2 - Cambridge Cancer Research Hospital

- Procure a Public Sector Construction Partner (PSCP) who will ultimately build the cancer hospital.
- Secure approval of the OBC.
- Continue RIBA plan of work stage 4.
- Continue to develop all aspects of the FBC including clinical, operational and workforce models.

Addenbrooke's 3 Phase 2 - Cambridge Children's Hospital

- Confirm position on New Hospital Programme.
- Complete RIBA plan of work Stage 3.
- Initiate wider Financial Business Case programme plan.
- Initiate enabling works package.

Estates	*Estates*
• Continued the fire safety remedial works programme and the fire detection programme of works. • Continued backlog maintenance investment programme, capital and capacity schemes. • Refreshed backlog maintenance forward plan as part of planning for 2023/24. • Collaborated with Integrated Care System (ICS) partners through the ICS estates group. • Submitted planning application for Cambridge Cancer Research Hospital.	• Finalise the annual capital programme & capacity programme as well as 2023/24 backlog maintenance programme. • Progress with fire safety remedial works and the fire detection replacement and upgrade programme. • Embed project directors for intermediate capital schemes. • Focus on key compliance areas such as water, electricity, critical ventilation and continuation of instilling a safety climate in Capital Estates and Facilities Management (CEFM). • Commence preparatory works for 'Soft Facilities Management' service provision.
Climate Change: We will tackle the climate emergency and enhance environmental sustainability	
• Held the first CUH Green Takeover week to engage staff, partners and members of the public with *Our Action 50 Green Plan*. • Finalised the legal agreements with Network Rail in relation to Cambridge South Station. • Commissioned the campus Heat Decarbonisation Plan to establish the engineering route to no longer burning gas as the primary fuel to warm our buildings. • Received audit and awards for six teams under the Think Green Impact programme to secure levels of local area/departmental environmental sustainability. • Continued the LED light upgrade rolling programme.	• Launch the new, fully upgraded version of the Think Green Impact programme to help teams reduce their environmental impact. • Launch the net-Zero e-learning module alongside input to new starter and manager programmes. • Complete and publish the Heat Decarbonisation Plan to reduce the Trust's carbon footprint. • Pilot the replacement of piped nitrous oxide with mobile cylinders in theatres alongside trialling a mobile Entonox destruction unit in the Rosie. • Implement energy/carbon saving realignment of building management set-points for ventilation against local area occupancy.
Digital: We will use technology and data to improve care	
• Completed Epic upgrade to May 2022 version in November. • Ceased printing appointment letters for patients who use MyChart. • Delivered Digital Pathology solution and developed MedCurrent iRefer decision support solution for Radiology integration to Epic.	• Complete Epic upgrade in March 2023 and continue development in Epic to support NHSDigital mandated changes for SmartCard authentication. • Deliver East of England Genetics Laboratory Hub integration with Epic.

• Developed integration between Epic and the shared care record through collaboration with the Integrated Care Board (ICB). • Completed network and Wi-Fi upgrades across the estate. • Transitioned all staff to NHSMail as their primary account. • Removed unsupported Windows 7 devices and 2008 servers to maintain a cyber-secure environment.	• Deliver digital support for the expansion of Same Day Emergency Care and virtual ward home monitoring. • Provide digital support to the development of Community Diagnostic Centres and Orthopaedics Hubs in collaboration with system partners. • Implement e-Checkin for all patients to improve patient flow and demographics capture. • Create new Digital Prioritisation groups that ensure Digital resources focus on delivering the solutions which provide the most benefit to patients and staff.

Implementing the Strategy

Progress from November 2022 to February 2023	Key areas of focus for March to June 2023
Communication: Communicate the Strategy to CUH staff, patients and partners	
• Led sessions with professions and staff networks including Senior Nurses, Junior Doctors, Consultants, AHPs, Purple Network, Reach Network, Clinical Directors and more. • Distributed 6000 leaflets to staff and printed new posters and laminated triangle templates for local teams to personalise the strategy at a local level. • Continued to increase engagement on digital and social media channels with 6500 visits to the website, 1300 recorded views of our videos (not counting presentations where these were shown), and 2500 views of our four Facebooks posts in December. • Developed a new communication campaign including 08.27, blogs, articles, bulletins, Facebook posts.	• Complete distribution of leaflets, posters and laminated triangle templates. • Deliver the new communication campaign focused on 'Implementing the Strategy'. • Advertise a new round of strategy seminars. • Develop a methodology for understanding the reach of communications and the impact of the new strategy.
Capability: Build strategic awareness and capability among senior leaders at CUH	
• Delivered seminars at team meetings, staff networks, training and leadership development sessions to relate the strategy to team and individual objectives. • Designed training on strategy development to be delivered initially to new divisional strategy recruits with a view to rolling out the programme to the wider organisation.	• Continue with programme of seminars and training. • Deliver training to new divisional strategy recruits and develop a plan for wider roll-out.
Capacity: Recruit additional posts in Divisions, Operations and Strategy teams to support implementation	
• Appointed and began to induct four divisional strategy leads across Divisions B, C and E, utilising capital funding agreed to support divisional and corporate operations teams to implement major projects and strategy initiatives. Divisional leads have commenced work on key priorities e.g. Division E in specialised services and links to CCH.	• Strategy leads continue to work on divisional and corporate priorities, as well as freeing up capacity within divisions to work on major projects and strategy initiatives. • Create network to build connections across divisions and with central teams (e.g. strategy, major projects).

Planning: Develop an implementation plan for the Strategy, with quantified goals and synthesis across schemes	
• Developed a "5-year plan" which projected demand, activity, capacity and productivity over the next five years. • Assessed the impact of strategic initiatives on these outputs using national and local modelling tools.	• Develop high-level milestones for the implementation of the 15 commitments in the strategy, alongside quantitative metrics to measure progress. • Ensure that responsibilities and accountabilities for driving delivery across the 15 commitments are clear.

Board of Directors

Together
Safe
Kind
Excellent

Report to the Board of Directors: 8 March 2023

Agenda item	11
Title	Multi-professional Education, Learning and Development
Sponsoring executive director	David Wherrett, Director of Workforce
Author(s)	Ruchi Sinnatamby, Clinical Sub Dean for CUH; Sanjay Ojha, Director of Post Graduate Medical Education; Gary Parlett, Head of Education, Nursing, Midwifery and Allied Health Professionals; Karen Clarke, Associate Director of Workforce
Purpose	To provide an update on education, learning, training and development across CUH.
Previously considered by	Management Executive, 2 March 2023

Executive Summary

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

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

Action required by the Board of Directors

The Board is asked to receive the report which specifically updates on themes 1, 2, and 5 of the Trust’s multi-professional education, learning and development strategy and work plan, and with a focus on undergraduate medical education.

Cambridge University Hospitals NHS Foundation Trust

8 March 2023

Board of Directors
Multi-professional Education, Learning and Development
David Wherrett, Director of Workforce

1. Introduction/Background

1.1 This paper provides an update on multi-professional education, learning and development at CUH; its purpose is to provide information about a number of key developments, against the Trust's priorities, since the last report to the Board in November 2022.

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

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

This report focuses on themes 1, 2, and 5.

1.3 A refresh of the Education, Learning and Development Strategy for the period 2023 – 2026 is underway. The draft strategy for 2023-2026 will be discussed at the next Workforce and Education Committee meeting on 29 March 2023 and an update will be shared at the July 2023 Board meeting.

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

2.1 Introduction

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

2.1.2 In this report we are pleased to focus on undergraduate medical education provided by Dr Ruchi Sinnatamby, Clinical Sub Dean, who will be attending the March board meeting.

2.2 Introduction to undergraduate medical education at CUH

2.2.1 CUH is the prime partner NHS Trust for the School of Clinical Medicine, and each year provides placements for approximately 1000 Cambridge medical students during the clinical half of their course. The majority follow the "standard" 6-year course with a 3-year science based pre-clinical degree followed by a clinical program structured as a 3-year curriculum with progressively increasing student competency. Year 4 – core clinical practice, Year 5 – specialist clinical practice, Year 6 – applied clinical practice. There are approximately 300 students in each of these standard course year groups.

2.2.2 There is also a graduate entry program of 40 students per year, primarily based at West Suffolk Hospital, but these students also undertake specialist placements at CUH. Additionally, CUH also provides placements for around 64 incoming elective students (from other medical schools, frequently international) each year. In addition to clinical placements, all clinical exams and the majority of communication and practical skills training occurs within the umbrella of the CUH placement in the Deakin Centre, but centralised formal teaching is provided by the School of Clinical Medicine. Overall, the standard course students will spend approximately 50% of their 3-year clinical course at CUH, with the remainder on regional and GP placements.

2.2.3 The extensive teaching faculty are drawn from both full time University academic staff and NHS colleagues. Students are also supported by approximately 150 CUH based junior doctors (undergraduate clinical supervisors) who meet with a small group of students every week for bedside clinical teaching. The Clinical Dean is Prof Paul Wilkinson (University and CPFT) and the Clinical Sub Dean for CUH is Dr Ruchi Sinnatamby (CUH NHS).

2.2.4 Comprehensive faculty development opportunities are provided by the School with multi-level programmes to support clinicians and all health care professionals involved in teaching its undergraduates, including a free six-month Higher Education Academy/Advance HE accredited training programme that is attended by approximately 150 clinical teachers/year. The School also provides comprehensive welfare services to students with dedicated faculty (Sub Dean and deputy lead for Welfare) and funds a unique Clinical Student Mental Health service.

2.2.5 Quality assurance is overseen by annual QA visits by the School and HEE with representation from CUH executives and finance as well as teaching faculty and students. Regular student feedback is obtained through multiple avenues. The School also makes annual quality returns to the GMC.

2.2.6 Student Data

- Home students comprise 92.3% with overseas capped nationally at 7.3%
- Gender balance in 2021: 56% female (usually around 50-56%)
- Ethnicity data consolidated 2019-2021: Asian 37% Black 5.2%
- In 2022 around 300 students graduated. Intake numbers are nationally regulated.

2.2.7 Funding information.

- **Health Education England (HEE) Funding Tariff**
  Funding is from HEE tariff, this is £30,750 per FTE with an overall envelope of tariff that gets distributed across all partner Trusts this amounts to c £28.5 million, of which around £13.5 million is received by CUH. The financial contribution each individual Trust receives depends on student numbers and placement lengths which can vary from days to weeks reflecting a complex curriculum. The Clinical School has a tripartite contract between HEE, CUH and Clinical School, and perform the bulk of the QA.

- **Medical Student Tuition fees**
  Full Tuition fees for home students are £9,250 per year. Year 4 costs can be offset by loans from Student Finance England, as with other degrees. In Years 5 and 6 the NHS Bursary pays fees for standard course students. International students are charged much more – quoted figures are £25-40,000 per year.

  Maintenance costs are estimated to be between £11-15,000 per year. Although means tested bursaries, loans and hardship grants are available, student hardship is a real and growing concern for students and faculty.

2.2.8 Update on undergraduate on medical education

There are some key challenges that include:

- Capacity for placements at CUH and overcrowding in clinical placement within wards, clinics and theatres.
- Attribution of HEE tariff funding in particular for dedicated teaching roles.
- Perennially low response rates of student evaluation: It is difficult to persuade students to complete evaluation forms. There has been a large increase in completion rate in most partner trusts in the last 2 years, due to large efforts made by funded specialty tutors to meet with students at the end of placements, where they ask them to complete the forms.

2.2.9 The learning experience for undergraduate medical students is evaluated in multiple ways including end of placement student evaluations, student representation on Clinical School boards and committees, student consultation and nationally administered surveys such as the National Student Survey (currently boycotted by Cambridge University. There is a long-standing national boycott of the NSS due to a concern that the government

would use NUS results to increase fees for universities with high student satisfaction. Most university student unions have accepted government explanation that this will not happen, but a small number of student unions continue the boycott. Student experience forms a key component of annual Quality Assurance visits conducted by the School.

2.2.10 In 2022 end of placement written evaluations, 88% of students overall across years 4-6 rated their clinical placements at CUH as 'Good' or 'Very Good' during the previous 12 months. Year 5 students undertaking student selected specialist programs gave a 97% satisfaction rating.

2.2.11 Where satisfaction rates are lower, e.g., early on in Year 4 where students require more guidance and oversight, this can be directly linked to limitations of capacity. This is in wards, clinics and theatre; particularly first term placements of year 4, where students only get one clinic and no ward time in a four-week placement particularly as there is likely to be overlap with Year 6 students. A further issue is that the majority of students with welfare and pastoral needs are placed at CUH. Many students with welfare needs need to be in Cambridge for access to health and welfare support. However, response rates (24% overall in 2022) have been much lower at CUH than most partner trusts. This makes it difficult to interpret student satisfaction ratings. The main strategies employed by other trusts which have improved response rates (1:1 and/or group end-of-placement meetings between students and placement leads) have not been possible due to lack of capacity to do this, particularly within NHS consultant job plans.

2.3 NHS Scientists Training Programme (STP)

2.3.1 The Genomics Laboratory has hosted a 3-year HEE funded NHS Scientists Training Programme (STP) providing placement for 6 trainees who undertake a part time Masters programme during their training. All six have successfully completed their programme and chose to remain in employment at CUH. It is credit to all involved that an excellent training and learning environment and workplace experience was created that encouraged these valuable scientists to remain. This is despite some challenges with staff recruitment that can impact upon the education and training experience of trainees and others in training.

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

3.1 This element of strategy sets out our ambition to consistently seek to improve the experience of the 'learner' and provide an excellent leaning experience, specifically for those who come to CUH as part of a formal training programme.

3.2 Undergraduate Medical Teaching faculty Continuous Professional Development

3.2.1 The Clinical School provides a range of in-house faculty development opportunities to their undergraduate medical teaching faculty. Medical Education CPD accredited Away Days are run twice a year and are free to attend. The IFME (Integrated Foundations of Medical Education) programme is an Advance HE accredited teaching the teachers programme enabling staff to reach the standard of Associate Fellow of the Higher Education Academy (AFHEA) and accredited for CPD points. This is free of charge to CUH staff who teach Cambridge medical students and 150 people per year from across the region register for this course to gain formal recognition for quality enhanced approaches to teaching and support learning.

3.2.2 Further progression is also available via PGCert, Diploma and Masters Programmes run through the Institute of Continuing Education of the University. The undergraduate teaching faculty can also be supported to apply for accreditation at FHEA or SFHEA (Fellow/Senior Fellow of the Higher Education Academy) levels and the Board should be aware that several of their consultant staff have been successfully accredited at these levels over the past year.

3.3 Post Graduate Medical Education Continuous Professional Development (CPD)

3.3.1 The two examples below showcase the opportunities for broader multi-professional learning; developing an ethos for joint learning based on patient needs/pathways regardless of job role will be part of the education, learning and development 2023 – 2026 strategy and implementation plan:

3.4 **UpToDate:** In 2021 PGMC secured a trust-wide subscription to UpToDate, which is an online clinical decision support tool (CDS) accessible to clinical staff via both EPIC and CUH Connect. The subscription has been in place for 18 months and is accessible to all healthcare professionals at CUH. Over 800 staff have formally registered, with around 60,000 data hits annually, and over 1100 CME credits redeemed between February 2022 and January 2023 indicating excellent utilisation of this resource. CDS tools contain detailed summaries of a wide range of conditions or types of patients, recommendations and databases that can provide the health professional information relevant to particular patients, reminders for preventative care and alerts about potentially dangerous situations.

3.5 **Multi-professional Simulation Course:** The Safe Sedation Course for the multi-professional healthcare team was delivered in late November 2022. The course received excellent feedback from all attendees, and more courses are being planned for 2023.

3.6 Non-Medical Continuous Professional Development (CPD)

3.6.1 **CPD funding concerns**
The Trust is highly committed to ensuring that all employees are able to access Trust funded Continuous Professional Development (CPD) recognising its importance in terms of both enhancing and developing new knowledge and skills along with facilitating career progression within the organisation. Access to CPD has a positive impact on staff retention as staff are able to progress into more senior roles; extensive work has been undertaken to increase the number of staff undertaking CUH funded CPD over the last 12 months.

3.6.2 The Trust has received £1.3m per annum from Health Education England (HEE) for the last 3 years to support ongoing professional development for nurses, midwives and allied health professionals (AHPs). HEE based this sum upon a calculation of £1k per registered professional employee split over a three-year period; 2022-23 was the final year of the 3-year funding.

3.6.3 Applications for funded learning include: University modules, conference presentations, individual study days, NHS Leadership Development Programmes, MSc/Doctoral pathways, non-medical prescribing programmes, ultrasound courses and Post Graduate Certification in Education modules.

3.6.4 In addition to the targeted HEE funded CPD budget of £1.3 million for nurses, midwives and AHPs, CUH identifies an additional CPD budget of circa £800k per annum for all non-medical staff groups.

3.6.5 During 2022/23 financial year to February 2023 the Trust has spent a total of £1.61 million and expects, by year end, to have spent all the HEE funding and a large proportion of the CUH CPD budget.

3.6.6 If there is no national CPD funding forthcoming, and the total allocated CPD budget is £800k for 2023-2024 the CPD activity will have to be significantly constrained. This would have a direct impact on quality, safety and on recruitment and retention as the Trust has an excellent reputation for supporting ongoing professional development with 99.6% of CPD non-medical funded learning applications currently being approved.

3.6.7 While there is an expectation that considering recruitment and retention issues across the NHS that HEE would continue to provide COD funding to similar funding amounts in 2023-24. All system partners were expecting this; to date this is not forthcoming.

3.7 Qualified Practitioner Orientation (QPO) programme for registered nurses, midwives and ODPs – revised programme

3.7.1 A newly designed Qualified Practitioner Orientation (QPO) was launched in January 2023 following an extensive review of the existing QPO programme. The QPO programme is undertaken by all those joining CUH in nursing,

midwifery and operating department practitioner roles. This programme is run on a monthly basis over a continuous six-day period covering a range of subjects which aim to give new colleagues a good orientation to the Trust along with teaching sessions which are aligned to key Trust priorities. Early feedback from the first two iterations of the newly designed programme is highly positive with 79% of the 88 delegates reporting either high or very high levels of overall satisfaction with the programme. In terms of the programme meeting individual requirements, 97% of delegates felt that the programme met their expectations.

3.7.2 Of particular note is that 82% of delegates felt that the programme gave the impression that CUH was a good employer. A key feature of the new programme is that it is dynamic in nature thus enabling new sessions to be added as required. A full review of the new programme will be undertaken after the 3 iterations of the programme have been delivered; this data will be presented to relevant professional groups across the organisation.

3.8 NHS England Refugee Nurse Programme

3.8.1 CUH was part of a national NHS England Refugee Nurse Programme to support the recruitment of refugee nurses from the Lebanon during 2022 to gain UK professional registration. Of the five individuals that arrived in May 2022 four have now gained professional registration with the Nursing and Midwifery Council (NMC) and are working across the organisation as Registered Nurses. The fifth individual is undertaking an extended period of educational in order to prepare for the required NMC assessment which leads to professional registration.

3.8.2 This initial cohort of this project has led to CUH being invited to support a further cohort of nurses from this programme to join CUH and work towards becoming a Registered Nurse in the UK. As a result, a further cohort of 5 nurses from the Lebanon will be joining CUH in the next 6-8 weeks. These new colleagues will join the organisation initially as Healthcare Support Workers as they become familiarised with healthcare practice in the UK. The Non-Medical Clinical Education Team have developed a bespoke educational programme which will orientate these new colleagues to the organisation and wider context of healthcare delivery in the UK. The programme has been developed considering learning from participant feedback on the previous programme. Colleagues who were in the 2022 cohort will be part of the team delivering the forthcoming education programme thus enabling experiences of joining CUH to be shared and provide peer support with integrating into professional life and wider community activities.

3.9 Review of graduate nursing apprentices' experience

3.9.1 109 staff have graduated as registered nurses since we launched the nursing apprenticeship pathway (NAP) in 2018; there are currently 312 staff undertaking nursing apprenticeships. Work is underway to explore the experience of being a nursing apprentice at CUH; this review will include

completion of an online survey and the opportunity to take part in focus groups. The review of apprentice experience has been constructed around the Health Education England Quality Framework which focuses on the following key areas: learning culture, quality of educational experience, support provided by supervisory colleagues, career aspirations and areas for future development. The findings from this review will be available in May 2023; these will be shared with relevant professional committees and form part of future non-medical updates.

3.10 Review of Healthcare Support Worker Education and Onboarding

3.10.1 A review is currently underway to explore the educational needs of Healthcare Support Workers (HCSWs) who are both new to the organisation and existing members of staff. This has been prompted by a need to review the skills and competencies of the HCSW roles following a review of their pay banding; it is likely the majority will be re-banded to Band 3. Part of this work will involve a review of the period that HCSWs have in a supernumerary capacity when joining the organisation. Many new HCSWs who join the organisation are new to care or have little experience in a caring role. The current education that is provided by the Clinical Education Team evaluates favorably but feedback from newly recruited HCSWs is that they would like an enhanced level of training along with more time to consolidate their knowledge and skills after commencing employment. This review of HCSW education will be undertaken in collaboration with colleagues from across the Trust to ensure that education provision encompasses diversity of staff and clinical areas.

3.11 Science CPD

3.11.1 Many Healthcare Science departments were supported through CUH's CPD funding during 2022 that enabled greater numbers of staff to attend training events/conferences and undertake specialist training qualifications (IBMS portfolios and MSc). This is particularly important for all learners gaining state registration and learners starting specialist portfolios. Below provides some examples of CPD science initiatives:

3.11.2 Multi-professional learning across a wide range of staff groups:

- Example 1: weekly 1 hour training slot for immunology clinical scientists and immunology SpRs which is peer-delivered but Consultant-facilitated. This has been an effective resource for training SpRs in theoretical lab aspects, and in training clinical scientists in the more clinical/patient-facing aspects. It is designed to help trainees prepare for FRCPath.

- Example 2: monthly departmental 'shut shop and learn' teaching, coordinated by the clinical scientist. Target audience = whole lab (from MLA to Consultant). Provides a space for any member of staff to feedback from training/conferences they have attended for shared learning and provides opportunity for development of professional skills via delivering a presentation to colleagues. Has been facilitated by the approval of the lab

manager to shut the lab one hour early once a month to enable all staff to attend.

- Example 3: Aim to set up ‘Immunology tutorials’ (with agenda and chair) for staff undertaking Specialist Portfolios, MSc, HSD & STP. To share knowledge (clinical and technical) and provoke discussion around targeted topics.

There have also been opportunities to developing leadership and change management skills through CPD funding.

- Histopathology is facing a significant challenge in the way the service is delivered over the next 12 to 18 months due to moving to new laboratory premises, adoption of new technology (automation, digital pathology, artificial intelligence, genomic diagnosis) and changing processes in the lab impacting on the way the lab works and what staff will be required to learn. The result of this is that there will need to be significant leadership in the department to ensure all of the changes are managed and delivered for the benefit of patient care and increased productivity.

3.11.3 With all of the above in mind Histopathology approached the Leadership team for support in developing a bespoke leadership programme for all senior staff across the whole department. We were able to commission bespoke leadership training from an external provider. The brief was to develop leadership skills and tools aimed solely at the major change management challenges ahead of the department. This started with 2 cohorts of band 7 staff and above and it has been so successful it has been extended to band 6 staff in the department. The result is that we have a cohort of over 60 staff from various areas (Histopathology, Human Research Tissue Bank, Paediatric pathology, Mortuary) who are well equipped to manage and lead change and have worked together to understand and implement the vision and strategy for Histopathology.

3.11.4 There remains some challenges for education and training impacted by recruitment challenges that has impacted upon rotational training opportunities for technical and scientific staff, other than the NHS STP trainees. However, the CPD funds that have been received via the CUH CPD funding have enabled the Department to support more staff to engage learning and development activities. This has an important impact on service provision and staff retention.

4. Theme 5: Innovation leading to new roles and routes to training and employment:

4.1 This element of strategy sets out our ambition to build and develop new roles and careers to meet future healthcare needs.

4.2 Undergraduate medical education - Clinical Teaching Fellows

As outlined in theme 1, the most significant challenge to providing a positive learning experience for medical students at CUH is capacity. This relates as much to education supervision and guidance capacity as it does to physical crowding. A solution which has been very successful at almost all Clinical School acute partner trusts (including RPH) is the innovative use of clinical teaching fellows, postgraduate doctors in training who are employed 50:50 to provide education and clinical service and funded via HEE tariff. The School and CUH teaching leads have been endeavoring to implement this innovation at CUH particularly in dermatology and acute care where the needs are greatest. The benefits of these posts are multiple; a business case for the establishment of a Clinical Teaching Fellow for Dermatology has been submitted; a decision is awaited.

4.3 Contributing to national policy decisions: Apprenticeship funding

4.3.1 CUH was invited by the Director of Education Funding Reform at Health Education England (HEE) to join the Long-Term Workforce Plan (LTWP) Apprenticeship Growth Strategy Task and Finish Implementation Group. This had representatives from the Department of Health and Social Care and NHS England, along with colleagues from the ambulance service, community services and health and social care employers.

4.3.2 CUH was invited due to its experience and commitment to apprenticeships; there was considerable interest in CUH's investment in the development of nursing apprenticeships as part of its strategic sustainable workforce plan, and the scale and pace of implementation. We were also able to emphasise the importance of these 'grow our own' programmes for the benefit of existing staff and our local community enabling access routes to education, training and employment. The outcome of the two meetings will contribute to the content of the LTWP's strategic planning that might influence decisions about financial support from the centre to increase nursing apprenticeship numbers nationally.

5. Recommendation

5.1 The Board of Directors is asked to receive the report which specifically updates on themes 1, 2, and 5 of the Trust's multi-professional education, learning and development strategy and work plan, and with a focus on undergraduate medical education.

Board of Directors

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Report to Board of Directors: 8 March 2023

Agenda item	12
Title	Learning from Deaths Quarterly Report
Sponsoring executive director	Ashley Shaw, Medical Director
Authors	Amanda Cox, Deputy Medical Director Chris Edgley, Patient Safety Lead
Purpose	To receive the quarterly report
Previously considered by	Management Executive, 2 March 2023

Executive Summary

Between October 2022 and December 2022 [Q3], there were 497 deaths; of these 65 [13%] were in the Emergency Department, the remainder were inpatient deaths.

- 20% [98/497] met the criteria for a Structured Judgement Review [SJR] during Q3.
- 4% [4/98] of the SJRs completed within Q3 identified significant problems in care [scores 1-3].

Between October 2022 and December 2022, there were six serious incidents in relation to an unexpected/potentially avoidable death reported to the commissioners. There have been no Prevention of Future Deaths ordered between October 2022 and December 2022.

On a quarterly basis, representatives from across the system are invited to join the Learning from Deaths Committee. This includes CPFT, East of England Ambulance Trust, Royal Papworth and the Senior Coroner for Cambridgeshire and Peterborough with the focus on developing reliable and robust pathways to share learning both within and across organisational boundaries.

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

Action required by the Board of Directors
The Board is asked to receive the learning from deaths report for 2022/23 Q3.

Cambridge University Hospitals NHS Foundation Trust

8 March 2023

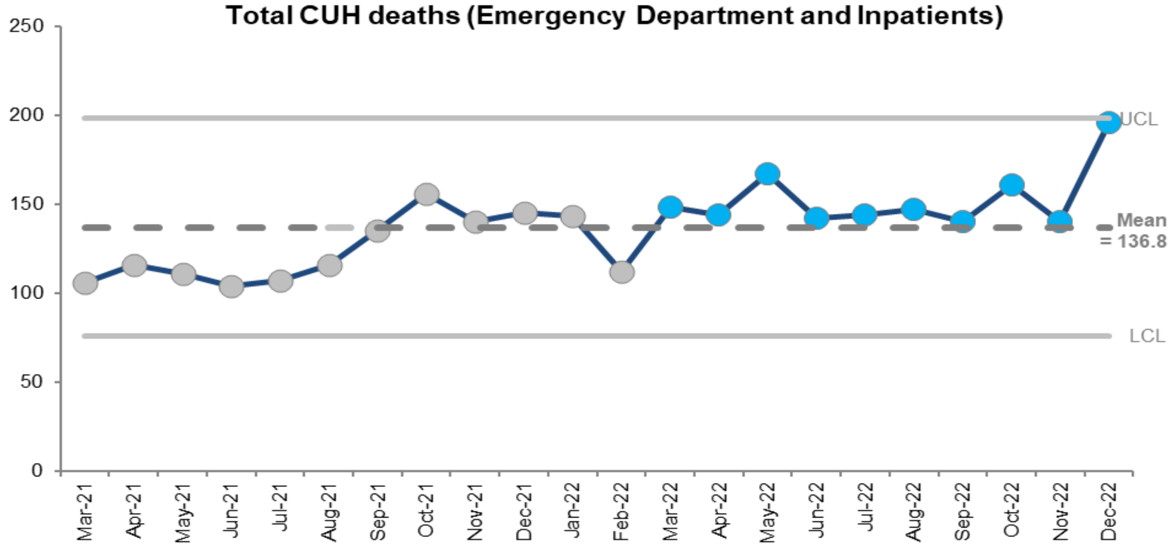
Board of Directors

Learning from Deaths Quarterly Report

1. Number of deaths in Quarter

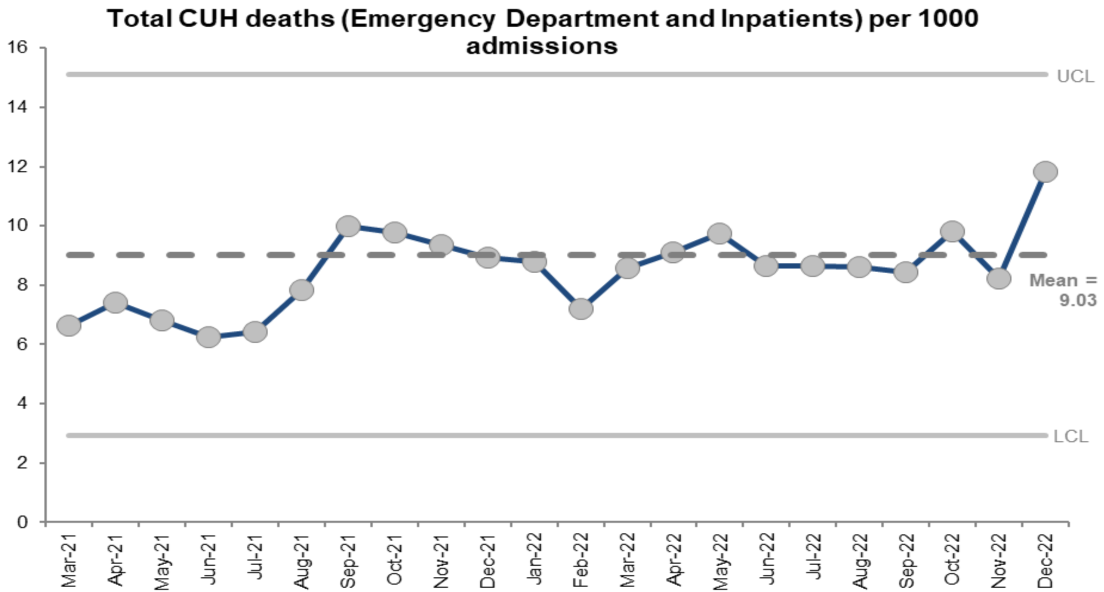
There were 497 deaths between October 2022 and December 2023 [Q3] [Emergency Department [ED] and inpatients], of which 20% [98/497] were in the ED and 80% [399/497] were inpatient deaths.

Graph 1 shows total CUH deaths [inpatients and ED] that have been recorded on Epic from March 2021 to December 2022. The data is within normal variation range.

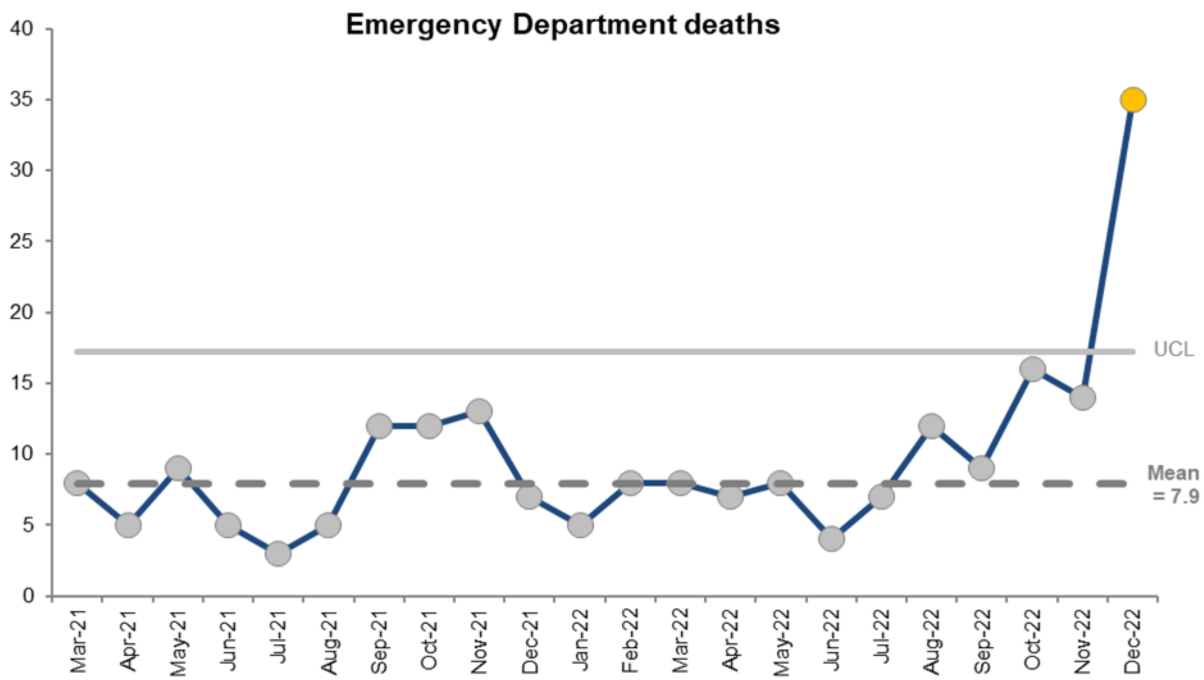


***Please note: outlying data points are highlighted in yellow, and shifts and trends in the data are in blue.*

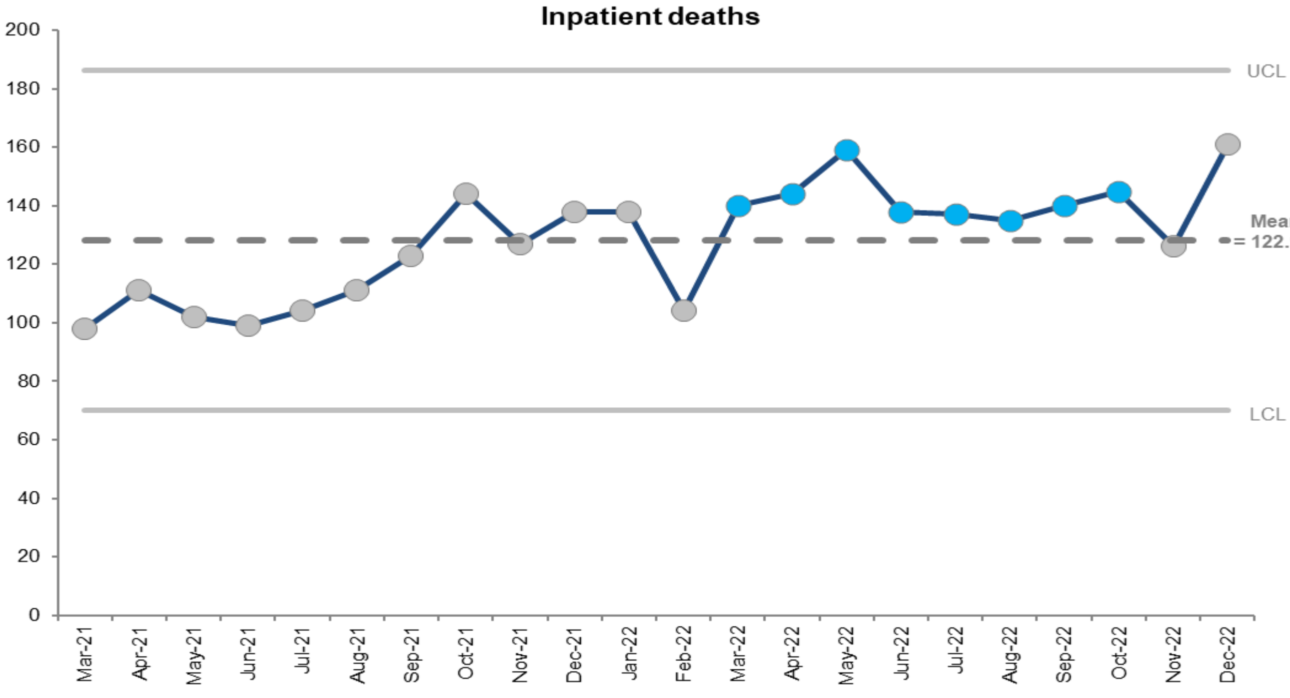
Graph 2 demonstrates total CUH deaths per 1,000 admissions that have been recorded on Epic from March 2021 to December 2022. There is currently normal variation.



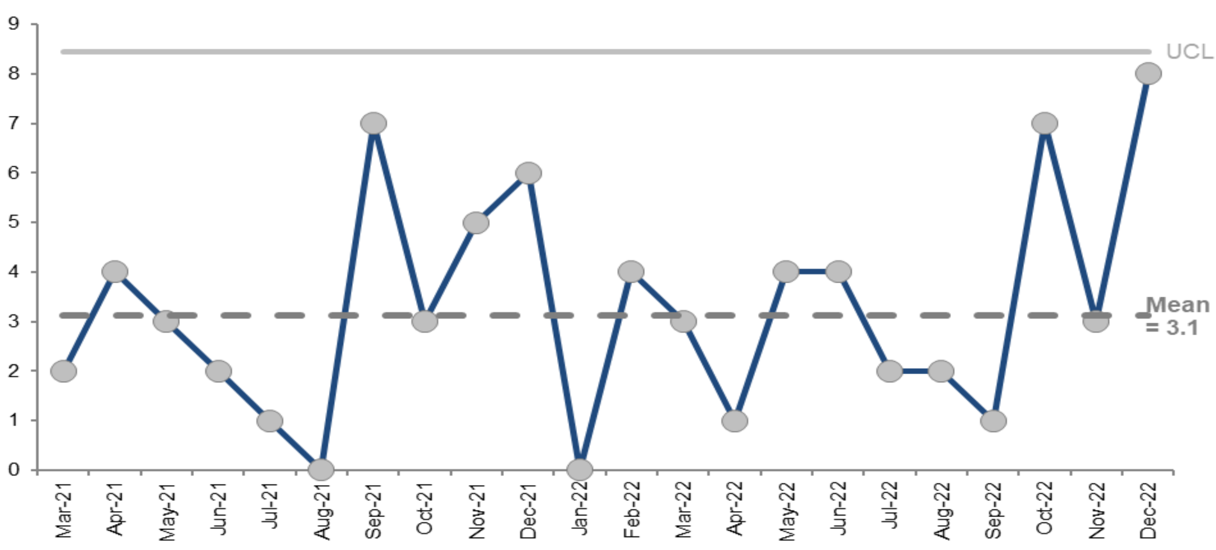
Graph 3 shows Emergency Department deaths only, from March 2021 to December 2022. The number of Emergency Department deaths is outside of normal control limits for December 2022. The Emergency Department deaths in December are subject to an in depth review looking for any themes of concern.



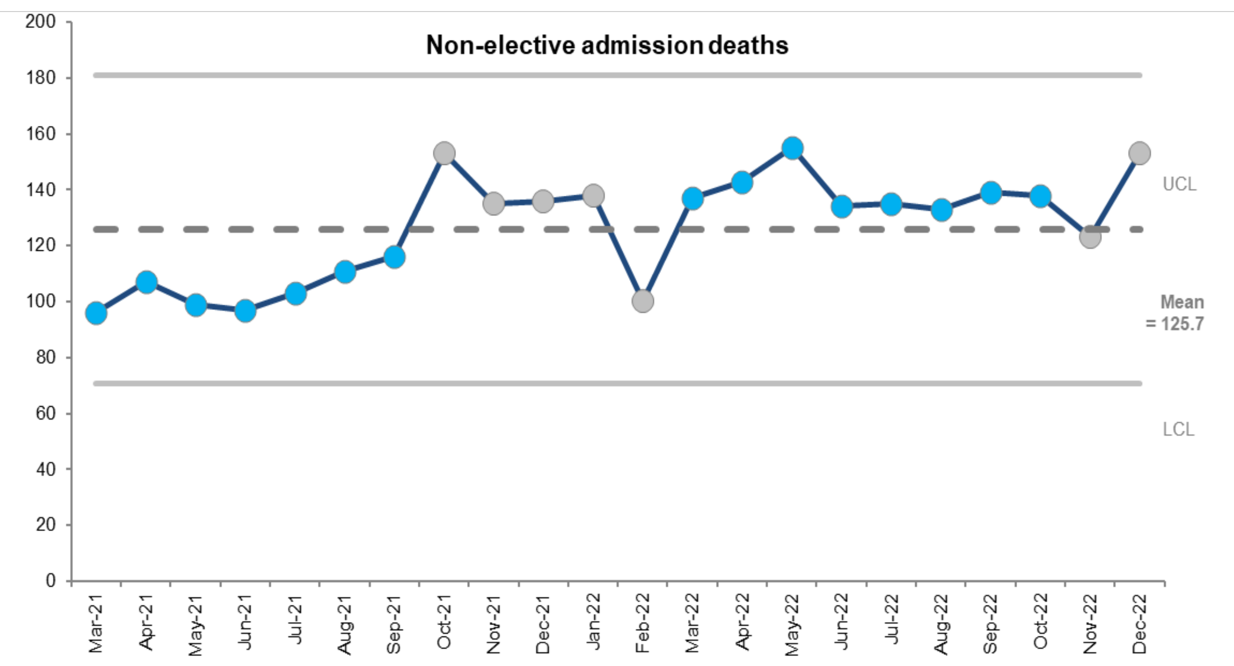
Graph 4 shows inpatient deaths only, from March 2021 to December 2022. There is currently normal variation in the number of inpatient deaths.



Graph 4a shows inpatient elective admission deaths only, from March 2021 to December 2022. There is currently normal variation in the number of inpatient elective admission deaths.

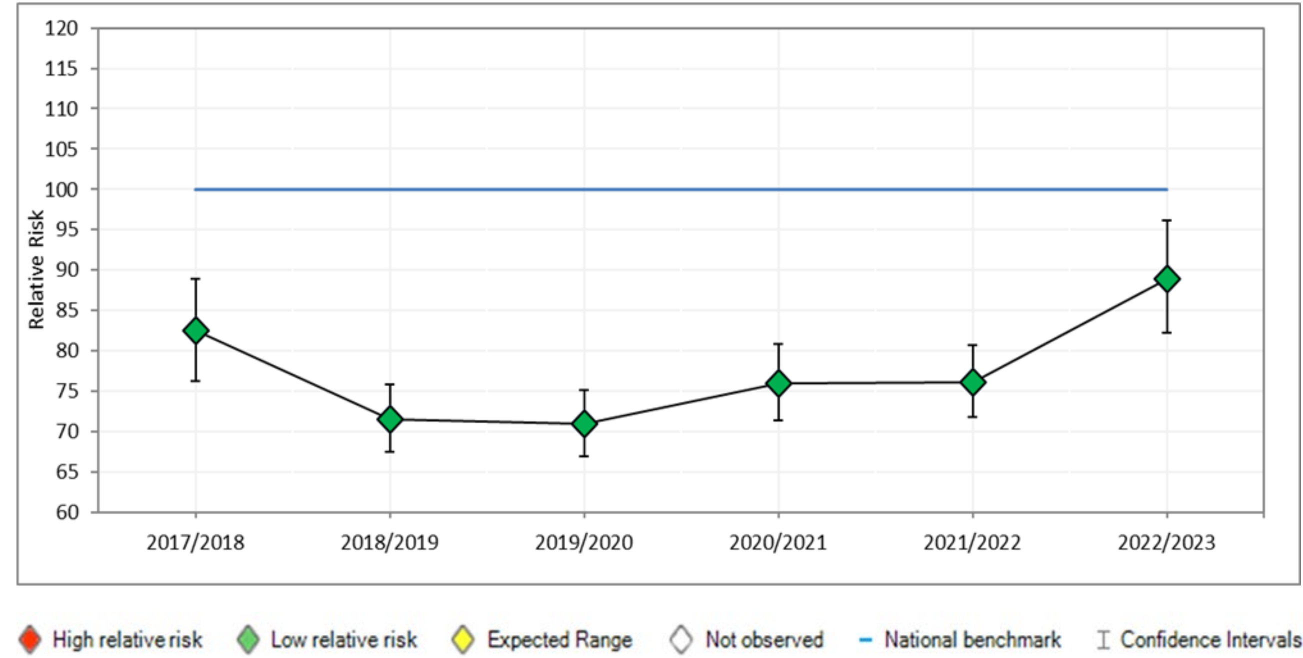


Graph 4b shows inpatient deaths in a non-elective admission from March 2021 to December 2022 and it is currently within normal variation.



***Please note: outlying data points are highlighted in yellow, and shifts and trends in the data are in blue.*

Graph 5 displays the latest Hospital Standardised Mortality Ratio [HSMR] figures by month from Oct 2017 to Sept 2022.



High relative risk   Low relative risk   Expected Range   Not observed   National benchmark   Confidence Intervals

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

The table below shows a summary of learning from deaths key performance indicators [KPIs] in Q3 of 2022-2023 financial year

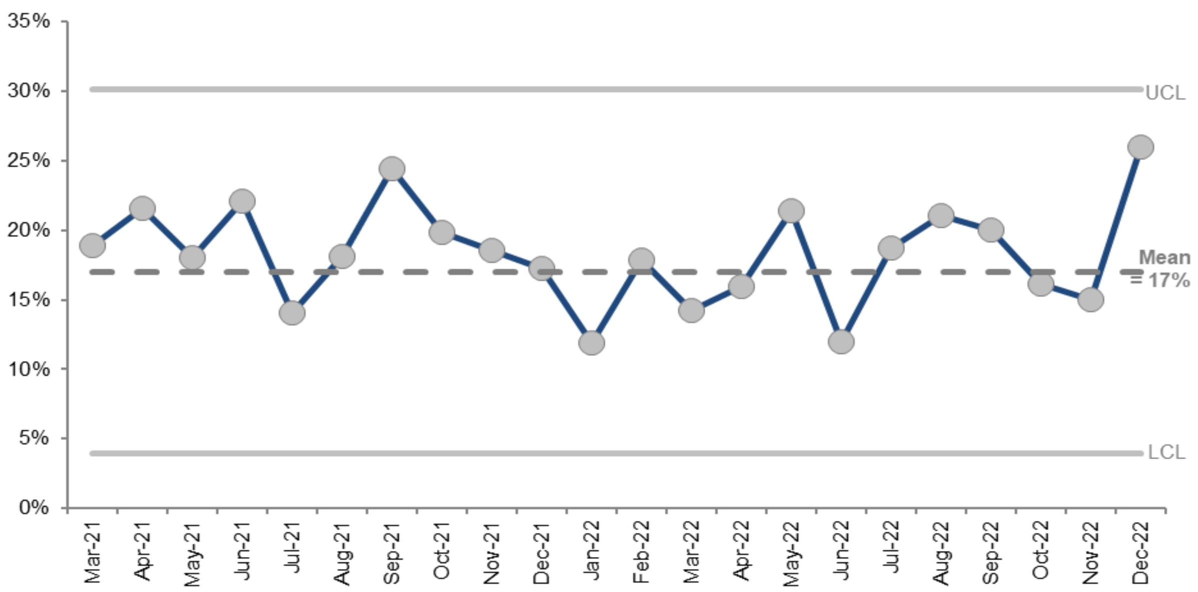
KPI	No. of deaths in month	No. of deaths in-scope	Compliance with SJRs		Problems in Care Identified [score 1-3]	Serious Incidents triggered by SJRs	% of problems in care (by deaths 'in scope')		% of all deaths with problems in care (by total deaths in month)		SJRs triggered by family / carers	SJR training compliance	PFD issued to CUH
			Number received	Number due			Month	Quarter	Month	Quarter			
Oct-22	161	26	**46%** **12**	**26**	1	5	8% 1 12	9% 4 45	0.6% 1 161	1% 4 497	0	100% 12 12	0
Nov-22	140	21	**67%** **14**	**21**	1	1	7% 1 14		0.7% 1 140		0	7% 1 14	0
Dec-22	196	51	**37%** **19**	**51**	2	0	11% 2 19		1.0% 2 196		0	53% 10 19	0

3. Structured judgement review [SJR] compliance

3.1. Deaths in-scope

Between October 2022 and December 2022, 98 [20%] of patient deaths met the in-scope criteria for a structured judgement review.

Graph 6 shows the percentage of *both* inpatient and Emergency Department deaths that are in-scope for an SJR over time from March 2021 to December 2022. There is currently normal variation.

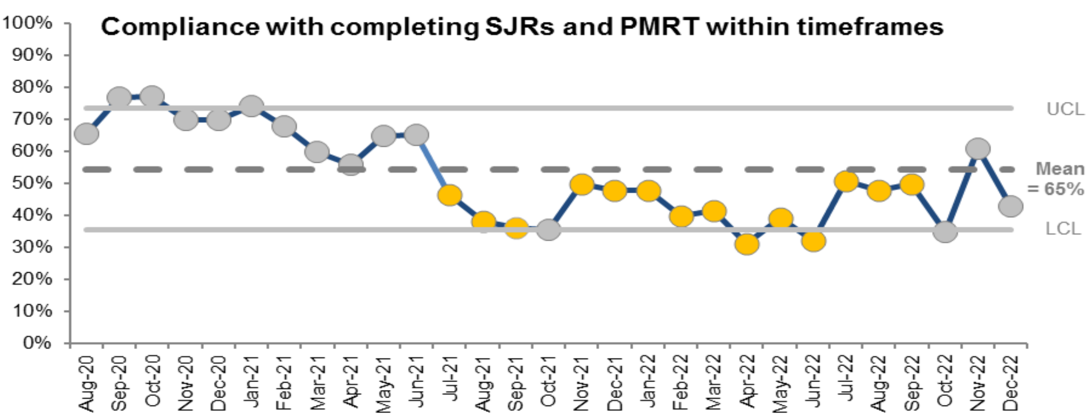


Of the 98 in-scope deaths identified in Q3, 45% of SJRs [44/98] have been completed to date. The compliance figures for each division are shown in the table below.

KPI	SJR + PMRT compliance by timeframes	A	B	C	D	E
Oct-22	35% [9/26]	None	0% [0/2]	67% [8/12]	20% [1/5]	0% [0/7]
Nov-22	61% [13/21]	0% [0/1]	0% [0/2]	84% [11/13]	100% [2/2]	0% [0/3]
Dec-22	43% [22/51]	0% [0/1]	0% [0/2]	61% [22/36]	0% [0/3]	0% [0/9]

N.B The updated Learning from death policy sets a SJR completion compliance threshold of 75%.

Graph 7 shows the percentage of SJRs that were completed within their timeframe [25 working days for SJR and 85 working days for PMRT between Aug 2020 and December 2022.



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

4.1. SI investigations commissioned between October 2022 – December 2022

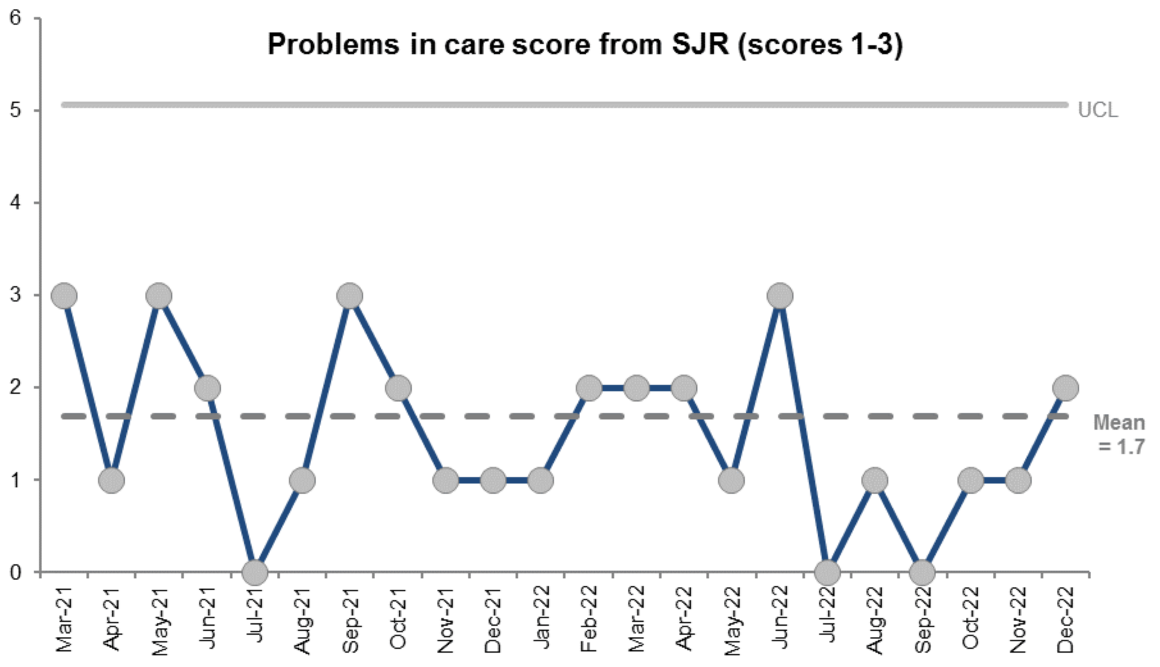
There have been six SIs commissioned in relation to an unexpected death between October to December 2022.

4.2. Structure Judgement Review problems in care scores

Four SJRs have highlighted less than satisfactory care between October 2022 and December 2022. One of the SJRs resulted in being investigated as a Serious Incident. All other SJRs were reviewed by the Deputy Medical Director and it was determined that the highlighted problems in care did not lead to the patient's outcome. These SJRs will be shared with the Coroner for information after being sent through the serious incident executive review panel for approval.
The percentage of deaths with problems in care [scores1-3] identified through the SJR process, from October 2022 - December 2022 is 4% [4/98]. The distribution of these scores are shown in the table below:

	Poor quality of care [1]	Less than satisfactory [2]	Room for improvement [3]	Room for improvement [4]	Room for improveme nt [5]	Good practice [6]
	Multiple aspects of clinical &/or organisational care that were well below what you consider acceptable.	*Several aspects of clinical &/or organisational care that were well below what you consider acceptable*	*Aspects of both clinical and organisational care that could have been better.*	*Aspects of organisational care that could have been better and may have had an impact on the patient's outcome.*	*Aspects of clinical care that could have been better but not likely to have had an impact on the outcome.*	*A standard that you consider acceptable.*
Oct-22	0	0	1	0	4	7
Nov-22	0	1	0	0	4	8
Dec-22	0	1	1	2	6	18

Graph 8 shows the number of SJRs scored 1-3 from March 2021 to December 2022. There is currently normal variation.



5. Structured judgement reviews triggered by family/carers

There were no SJRs initiated by family/carers concerns between October 2022 and December 2022.

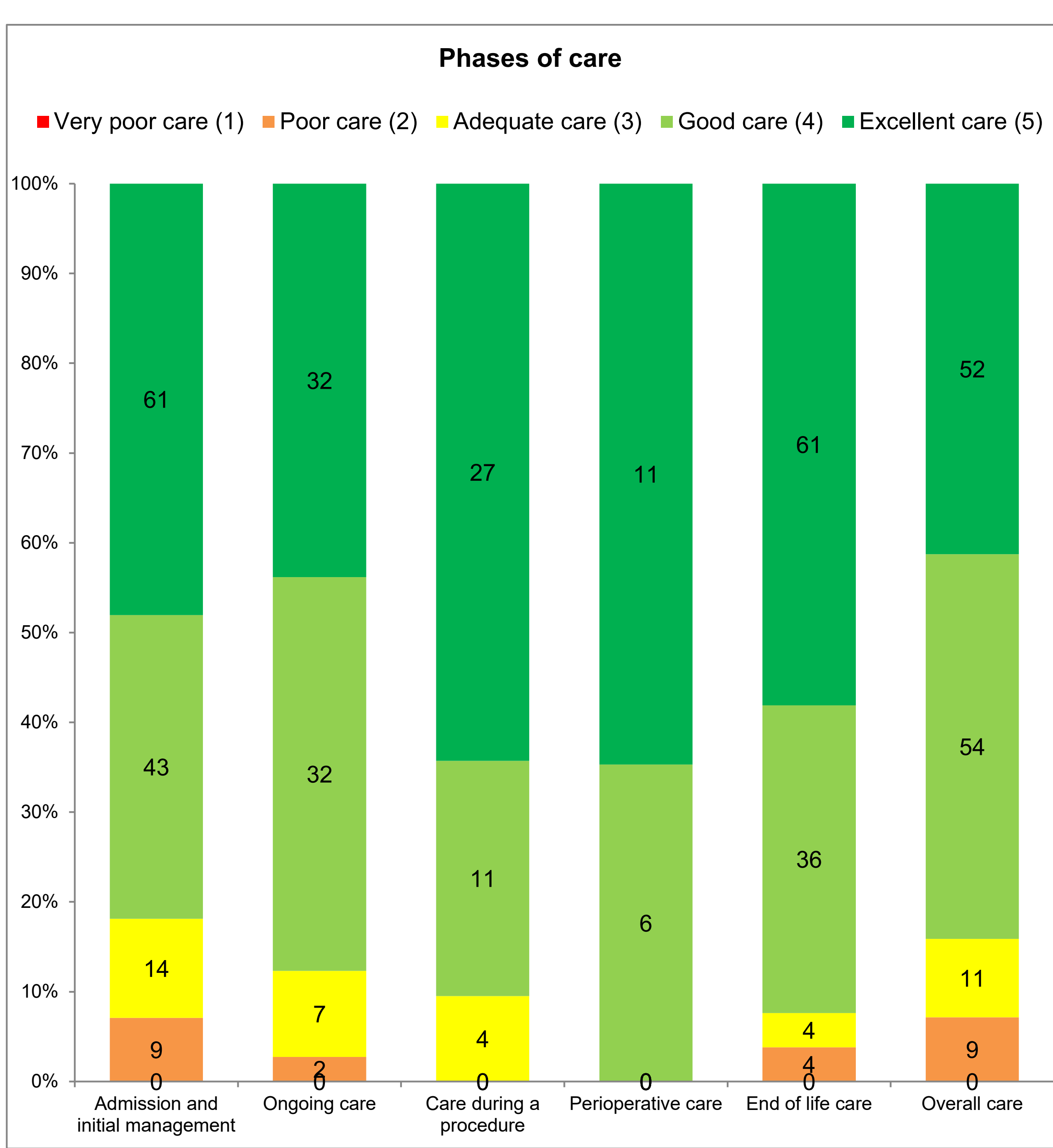
6. Prevention of future death reports issued to Cambridge University Hospitals

There have been no Prevention of Future Death reports issued to CUH in this quarter.

7. Learning

7.1. Learning from phases of care

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



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

8. Learning from deaths improvement plan

The Quality Improvement Plan for the last financial year came to its end in Q4 [2021-2022], with some actions still outstanding. The QI plan is currently under review by the Mortality Improvement Group.

Board of Directors

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Report to the Board of Directors: 8 March 2023

Agenda item	13
Title	Quarterly Report on Safe Working Hours: Doctors and Dentists in Training (2022/23 Q3)
Sponsoring executive director	Dr Ashley Shaw, Medical Director
Author(s)	Dr Jane MacDougall, Guardian of Safe Working
Purpose	To receive the report on safeguarding working hours.
Previously considered by	Management Executive, 2 March 2023

Executive Summary

This is the third quarterly report for the year 2022/23, based on a national template, to the Board of Directors by the Guardian of Safe Working. This role supports the implementation and maintenance of the 2016 national contract for Doctors in Training and provides an independent oversight of their working hours. The process of exception reporting provides data on their working hours and can be used to record safety concerns related to these and rota gaps. In addition, it can identify missed training opportunities. Reporting to the Board of Directors is a stipulated requirement of this role and this report reflects the position at 31 December 2022. The Trust has 660 doctors in training who have all transferred to the 2016 Terms and Conditions of Service.

Related Trust objectives	Improving patient care Supporting our staff
Risk and Assurance	Assurance involves the development of key performance indicators, benchmarking, peer review and audit.
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	Safeguards around doctors' hours are outlined in national terms and conditions. These stipulate that the Guardian of Safe Working Hours "shall report no less than once every quarter to the Board".
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 2022/23 Q3 report from the Guardian of Safe Working.

Cambridge University Hospitals NHS Foundation Trust

8 March 2023

Board of Directors
Quarterly Report on Safe Working Hours: Doctors and Dentists in Training
Dr Jane MacDougall, Guardian of Safe Working

1. Introduction

1.1 The annual Guardian of Safe Working report for 2021/22 described the pattern of exception reporting during and after the Covid-19 pandemic. Last year the number of exception reports increased to pre-pandemic levels, and in Q4 exceeded these. There was evidence of the previously noted cyclical variation with more reports submitted in August and September (as new doctors start work) and over the winter (winter pressures and staff vacancies). Overall working hours were considered safe on most rotas despite all the service pressures. However, areas of concern included under reporting, loss of training, rota gaps and excessive weekend working on some rotas. Areas of good practice were identified and included the Junior Doctors' Forum (JDF) and Board of Directors' engagement.

1.2 The Q3 report describes the Trust's position from September to December 2022. The number of ERs submitted (n=228) is similar to Q2 2022-23 (n=236) and increased compared to Q3 last year (n=153). Most rotas are compliant with the Terms & Conditions of Service (TCS).

1.3 There has been significant progress on the weekend working issue; out of the original 11 non-compliant rotas only 3 (ED, Transplant, NICU) rotas remain where trainees are working more than the recommended maximum of 1:3 weekends. Significant investment in extra posts in ED and PICU has been agreed and posts created. Recruitment into PICU posts has been arranged. However, recruitment into the 15 new posts in ED has been challenging and some posts remain unfilled. Unfortunately, ED and NICU are still working in excess of 1:3 weekends but medical staffing are hopeful that ED rotas will be resolved by August 2023 leaving just the NICU rota.

1.4 Gaps in other rotas also continue to be a major concern (both here and nationally). The Trust has recently agreed to an uplift to locum payments to bring these into line with other hospitals across the East of England (EOE) which may help.

1.5 There is a continuing need to engage clinical and educational supervisors to support trainees when they exception report. Doctors who are tired may make poor clinical decisions. ER data can be used to drive change and improvements in rotas and working hours and thus improve patient care.

1.6 The JDF (chaired by a trainee) is now meeting in person (with a virtual link) Senior management joins in the second half of the meeting to listen to trainee concerns. The JDF chairs are invited to attend Board of Directors' meetings and

provide direct feedback to the Board. The Regional GOSW network (chaired by the CUH GOSW) meets virtually every two months. Benchmarking from this group provides reassurance that Board engagement here continues to be more positive than at some other trusts in the EOE.

2. High level data

Number of doctors / dentists in training (total):	672
Number of doctors / dentists in training on 2016 TCS (total):	672
Number of doctors / dentists on local contracts (Clinical Fellows):	235
Total junior doctor/ dentist establishment:	907

Reference period of report Q3 2022/23

Total number of exception reports received	228
Number relating to immediate patient safety issues	9
Number relating to hours of working	185
Number relating to pattern of work	9
Number relating to educational opportunities	13
Number relating to service support available to the doctor	21

Total number work schedule reviews	4
Total value of fines levied	£0

Amount of time available in job plan for Guardian to do the role:	2 PAs/8hrs/week
Admin support provided to the Guardian:	1 WTE
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

3. Exception Reports (ERs)

Total number of exception reports received per month within this quarter:

	Immediate safety concerns (ISC)	Total hours of work	Pattern of Work	Service support available	Educational opportunities	TOTAL
MONTH 1 (Oct)	6	74	4	16	8	102
MONTH 2 (Nov)	2	60	2	5	3	70
MONTH 3 (Dec)	1	51	3	0	2	56
QUARTER	**9**	**185**	**9**	**21**	**13**	**228**

Note: An immediate safety concern report is NOT an additional report but is identified within a report submitted for any other reason and therefore is not counted in the total column (there were 236 reports of which 1 had ISC).

3.1 Commentary

The number of exception reports has increased and is now higher than in 2020 and 2021. Exception reports were received from a broad range of specialities including General Surgery, Transplant, Haematology, Oncology, Neurology, Obstetrics & Gynaecology and Paediatrics. There were very few ERs from General & Acute Medicine again this quarter possibly reflecting the re-organisation of these rotas last year.

3.2 Trends in Exception Reporting

Levels of exception reporting in Q3 (n=228) were similar to those in Q2 2022 (n=236) and higher than those last year in Q3 2021 (n=153). They are also higher compared to those in Q3 2019 pre-Covid (n=101). Reporting of missed educational opportunities remains low. However, the number of exception reports linked to service support issues has increased. The number of immediate safety concerns has risen compared to the last quarter.

3.3 Resolutions

Total number of exception reports per month within this quarter resulting in:

	TOIL granted	**Payment for additional hours**	**Work schedule reviews**	**No action**	**TOTAL**
MONTH 1 (Oct)	3	42	0	8	53
MONTH 2 (Nov)	1	67	0	21	89
MONTH 3 (Dec)	1	74	0	28	102
QUARTER	**4**	**183**	**0**	**57**	**244**

3.4 Commentary

Most trainees who submit exception reports are asking for payment for extra hours worked rather than time off in lieu (TOIL) which is the preferred option to improve their wellbeing. This is primarily because the reasons for reporting are rota gaps or a high workload and therefore additional TOIL would only compound the problem.

The discrepancies in totals in this table reflect the timings of ER submission and sign off.

4. Work schedule reviews

Month	Specialty/ Department & Grade	Details of work schedule review
August 2021	A & E/ ED rotas	Review to reduce weekend working – previously > 1: 3 weekends. The Trust has agreed to fund 15 new medical posts. Recruitment is in progress but is proving challenging and posts are not yet filled.
August 2021	Transplant	Review to assess weekend working > 1:3 weekends. Single post required. Work schedule completed. Business case submitted.
August 2021	NICU	Review continues to reduce weekend working. Will require 3 new posts (2 junior rota, one senior rota). Awaiting budget setting.
July 2022	Neurology / Stroke	Changes to service configuration – 2 new posts approved 1:18 full shift. Combined overnight service. Recruitment completed. April start date. Rota issues.

Commentary

There were no new work schedules this quarter. However, there are currently three active work schedule reviews (NICU - left over from previous quarters and Ophthalmology & Neurology / Stroke - new reviews). There are now only two rotas (NICU & transplant) that are not yet able to reduce weekend working to 1:3 or less as per the new TCS (2019). The ED rotas will be compliant when recruitment into the recently funded new posts has been achieved.

5. Detail of immediate safety concerns and actions proposed and/or taken

Department	Safety concern raised	Action(s) proposed and/or taken
5/10 Medicine FHO GIM	Unwell patient – stayed on to help colleagues	No further action necessary – payment for extra hours
9/10 Haematology middle	Extensive workload and patient safety - stayed on to help colleagues	NFA

10/10 Medicine FHO GIM	Moved to another ward which left no juniors on usual ward – patient safety concerns	Investigated – decision made by pack management team due to rota gaps
13/10 & 25/10 Stroke	Rota gaps resulting in inadequate staffing levels	Escalated to consultants Vacant shifts out to locums and permanent posts advertised
14/11 & 25/11 Transplant	Only one SHO covering transplant – escalated but minimal support available. Locum cover for rota gaps requested too late.	Dept encouraged to request locum cover early. Consider work schedule review
19/12 Vascular	Unable to take breaks, increased workload and rota gaps – only one doctor on ward.	Discussed with locum co-ordinator to fill rota gaps

6. Fines

Fines levied against departments this quarter:

Department	**Detail**	**Total value of fine levied**
Total fines levied		Nil

	TOTAL
Balance at end of last quarter	**£5,791.87**
Fines incurred this quarter	
Cumulative total	
Total paid to trainees (£)	**£0**
Total spent (£)	**£0**
Balance at end of this quarter	**£5,791.87**

7. Junior doctor forums and junior doctor engagement

7.1 The JDF is now being held face to face in the Doctors' Mess with a virtual link since September. Senior management (Medical Director, DME, LTFT lead, Medical Staffing lead and team, Workforce Lead and Freedom to Speak Up Guardian) join for the second half of the meeting. Issues discussed included the rotas in ED and weekend working. Car parking and the use of HEE funding for

Trust rest facilities were also discussed. The importance of exception reporting was emphasised and is encouraged.

8. Doctors and dentists in training not on 2016 TCS

8.1 Non-consultant, non-training grade doctors are able to exception report alongside their trainee colleagues using the same system and processes. So far we have not received many exception reports from this staff group.

9. Assurance processes

9.1 The following assurance processes have been put in place to provide assurance on the Guardian role and the appropriate implementation of the new junior doctors' contract:

- Development of key performance indicators for example establishment and sustainability of JDF and response times to exception reports.
- Benchmarking via the Regional and National Guardians' networks.
- Peer review – ask other trusts/Guardians to review our processes in 2020/21.
- Audit of exception reporting process (annual).
- Requesting trainee feedback – a survey of juniors

9.2 A Non-Executive Director, Annette Doherty, provides support for the Guardian role.

9.3 Benchmarking takes place regionally and nationally via the GOSW who is chair of Regional GOSW network and arranges minuted meetings of the regional network every two months and attends national meetings on alternate months.

9.4 A survey of trainees' views of exception reporting was distributed by the JDF in Q4 2020-21 (please see summary in Q4 report). This echoes the regional trainee survey (2021) which identified problems accessing the reporting system, lack of awareness of how and when to submit reports, a negative culture around reporting with variable support from supervisors, difficulties in accessing TOIL and delays in receiving compensation. A HEE-EOE project team has developed an induction package and resources for supervisors that has been distributed to all new starters since August 2021. This has now been recognised nationally. We will also plan to repeat the trainee survey later this year.

10. Key issues and summary

10.1 Levels of exception reporting decreased during the Covid pandemic with the subsequent lockdown, cancellation of many NHS activities and the redeployment of staff and was consistent across the EOE region and nationally. Last year levels of reporting reverted to pre-Covid levels and have now exceeded these. The number of immediate safety concerns has increased this quarter reflecting the current service pressures across the NHS and persistent rota gaps due to illness. Rota gaps continue to be problematic; this has implications for working hours and

patient safety. Despite the loss of training opportunities, trainees rarely submit educational ERs.

10.2 Covid-19 affected interpretation of exception reporting data for the past two years. Under reporting continues to be a concern here and nationally and does not necessarily reflect the (anonymous) General Medical Council (GMC) trainee survey. Exception reporting of “immediate safety concerns” is considered in parallel with incident reporting by outside bodies including the Care Quality Commission (CQC).

10.3 The revised TCS (2019) advised that trainees should not work more frequently than 1:3 weekends, as discussed in previous reports. CUH had a number of rotas (n=11, mostly ED and intensive care) which required trainees to work more than 1 in 3 weekends. Exemptions were agreed in September 2019. Solutions included more healthcare staff, re-allocation of roles and changes in working patterns, most of which have major financial implications. Several rotas were resolved (n=8) last year. The Trust has committed significant funding (> £1 million) to new medical posts in ED, PICU and transplant in Q1 of this year. Recruitment to the posts in ED is in progress but is proving challenging so the former rota will not be resolved in February as planned but will hopefully be in August 2023. The NICU rota also remains unresolved.

10.4 Concerns were previously expressed that some individuals would require an extension to their training due to the impact of the Covid pandemic particularly for the craft specialities but this did not appear to have been necessary last year. We are awaiting the outcome of ARCPs this summer as a measure of adequate training progress. Hospitals are under pressure to address the backlog of patient care and there continues to be a risk that training will not be prioritised.

10.5 We are keen to ensure that clinical and educational supervisors and trainees remain engaged with the process of exception reporting and recognise its value in providing data that can be used to effect change. We are continuing to work on this by attending educational supervisor meetings and induction, whether in person or on line.

10.6 The Junior Doctors’ Forum (JDF) has the potential to identify, discuss and jointly address, with the Medical Director, Medical Staffing, the Guardian and the Postgraduate Medical Education Centre, rota and training issues as they arise. Improving the working conditions and morale of junior doctors is important as it will aid recruitment and retention, reducing rota gaps and will thus improve patient safety. Monthly meetings of the JDF are once more being held in person which has improved attendance.

10.7 Exception reporting suggests that working hours remained mostly compliant in Q3 and patient safety has not been compromised. There are extra hours worked on some rotas and continuing problems with rota gaps that cannot be filled with locums. Concerns now are focused on the persistent backlog of patient care post pandemic recovery and how best to ensure training (including catch up training) alongside service within the amended (2019) 2016 Terms and Conditions for Service.

11. Recommendations

11.1 The Board of Directors is asked to note the 2022/23 Q3 report from the Guardian of Safe Working.

12. Appendices

Appendix 1: Glossary of terms and abbreviations
Appendix 2: Graphs of Exception Reporting data

Appendix 1: Glossary of Terms and Abbreviations

F1	Foundation Doctor Year 1
F2	Foundation Doctor Year 2
StR	Specialty Registrar
SpR	Specialist Registrar
ACAS	Advisory, Conciliation and Arbitration Service
ARCP	Annual review competency progression
CCT	Certificate of Completion of Training
COGPED	Committee of General Practice Education Directors
CQC	Care Quality Commission
DME	Director of Medical Education
FPP	Flexible pay premium / premia
GDC	General Dental Council
GMC	General Medical Council
GP	General Practitioner
HEE	Health Education England
JLNC	Joint Local Negotiating Committee
LTFT	Less than Full Time
NHSI	NHS Improvement
NIHR	National Institute for Health Research
OOP	Out Of Programme
OOPC	Out Of Programme (Career Break)
OOPE	Out Of Programme (Experience)
OOPR	Out Of Programme (Research)
OOPT	Out Of Programme (Training)
PIDA	Public Interest Disclosure Act 1998
SDM	Senior decision maker
SID	Senior independent director
TCS	Terms and Conditions of Service
WPBA	Workplace based assessment
WTR	The Working Time Regulations 1998 (as amended)

Director of Medical Education (DME)	The DME is a member of consultant medical staff and an employee of the employer / host organisation who leads on the delivery of postgraduate medical and dental education in the Local Education Provider (LEP), ensuring that doctors receive a high quality educational experience and that GMC/GDC standards are met, together with the strategic direction of the organisation and Health Education England (HEE). The DME is responsible for delivering the educational contract between the LEP/ lead provider (LP) and HEE local team. For the purposes of these terms and conditions, where reference is made to the DME, the responsibilities described may be discharged by a nominated deputy to the DME.

Doctor or dentist in training	A doctor or dentist in postgraduate medical or dental education undertaking a post of employment or a series of posts of employment in hospital, general practice and/or other settings.
Educational review	An educational review is a formative process which enables doctors to receive feedback on their performance and to reflect on issues that they have encountered. Doctors will be able to raise concerns relating to curriculum delivery and patient safety. This will include regular discussions about the work schedule.
Educational supervisor	A named individual who is selected and appropriately trained to be responsible for supporting, guiding and monitoring the progress of a named trainee for a specified period of time. The educational supervisor may be in a different department, and occasionally in a different organisation, to the trainee. Every trainee should have a named educational supervisor and the trainee should be informed of the name of the educational supervisor in writing. This definition also covers approved clinical supervisors in GP practice placements.
Episodes of work	Periods of continuous work within an on call period separated by periods of rest.
Exception reporting	Mechanism used by doctors to inform the employer when their day- to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be differences in total hours of work, pattern of hours worked, in the educational opportunities and support available to the doctor.
Guardian of safe working hours	A senior appointment made jointly by the employer / host organisation and junior doctors, who ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and provides assurance to the Board of the employing organisation that doctors' working hours are safe.
On-call	A doctor is on-call when they are required by the employer to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period. A doctor carrying an ‘on-call’ bleep whilst already present at their place of work as part of their scheduled duties does not meet the definition of on-call working.

On-call period	An on-call period is the time that the doctor is required to be on call (as defined above) by their employer.
Placement	For the purposes of these TCS, a placement is a setting into which a doctor is placed to work for a fixed period of time in a post or posts in order to acquire the skills and competencies relevant to the training curriculum, as described in the work schedule.
Post	For the purposes of these TCS, a post has approval by the GMC/HEE for the purposes of postgraduate medical and dental education. Each approved post is located within an employer or host organisation.
Rota	The working pattern of an individual doctor or group of doctors.
Rota cycle	The number of weeks' activity set out in a rota, from which the average hours of a doctor's work and the distribution of those hours are calculated.
Rotation	A rotation is a series of placements made by the HEE local office into posts with one or more employers or host organisations. These can be at one or more locations.
Senior independent director	Non-executive director appointed by the board of directors to whom concerns regarding the performance of the guardian of safe working hours can be escalated where they are not properly resolved through the usual channels.
Shift	The period which the employer schedules the doctor to be at the work place performing their duties, excluding any on-call duty periods.
Training programme	Training programmes and training posts are approved by the GMC or (for dental programmes) HEE. Learning environments and posts used for training are recommended for approval by HEE for the purpose of postgraduate medical/dental education. Time spent in those posts/environments allows the doctor to acquire and demonstrate the competencies to progress through the training pathway for their chosen specialty (including general practice) and to acquire a Certificate of Completion of Training (CCT).

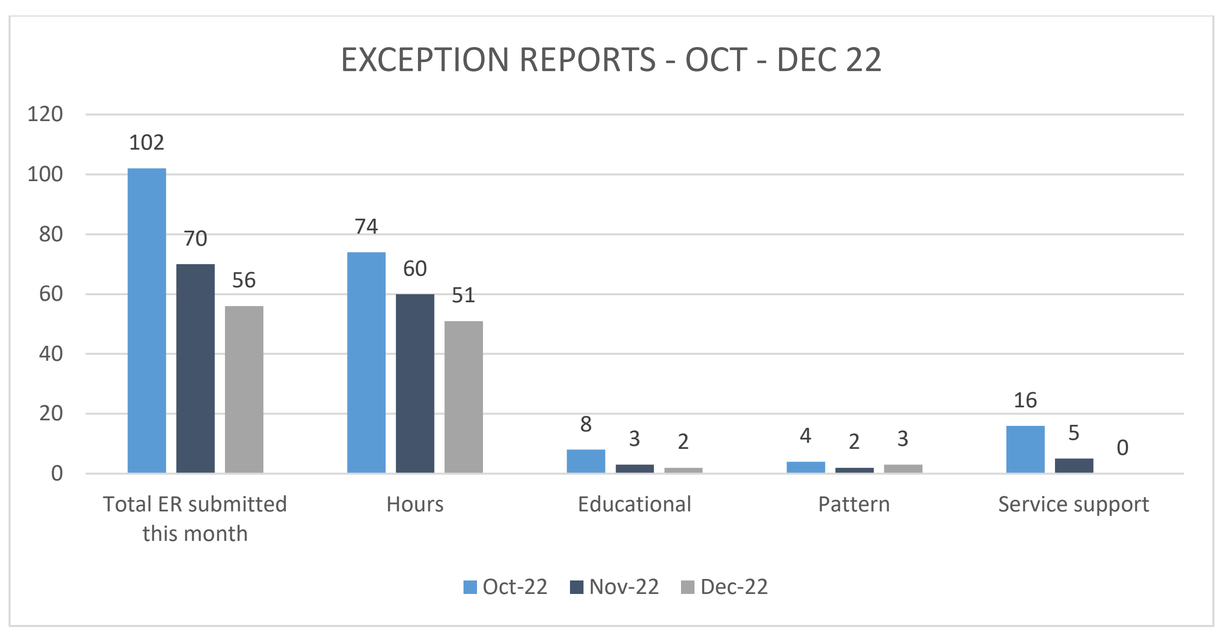
Work schedule	A work schedule is a document that sets out the intended learning outcomes (mapped to the educational curriculum), the scheduled duties of the doctor, time for quality improvement, research and patient safety activities, periods of formal study (other than study leave), and the number and distribution of hours for which the doctor is contracted.
Work schedule review	A work schedule review is a formal process by which changes to the work schedule may be suggested and/or agreed. A work schedule review can be triggered by one or more exception reports, or by a request from either the doctor or the employer. A work schedule review should consider safe working, working hours, educational concerns and/or issues relating to service delivery.
WTR reference period	Reference period as defined in the Working Time Regulations 1998 (as amended), currently 26 weeks.

Appendix 2

Exception report data

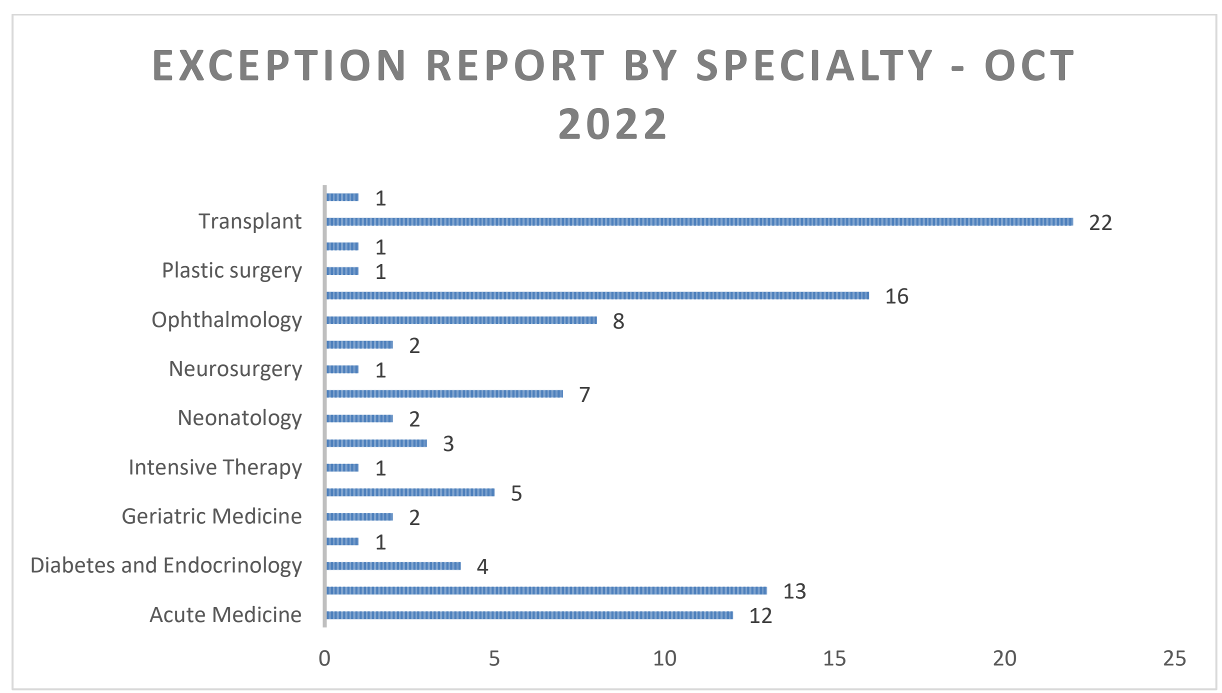
October - December 2022

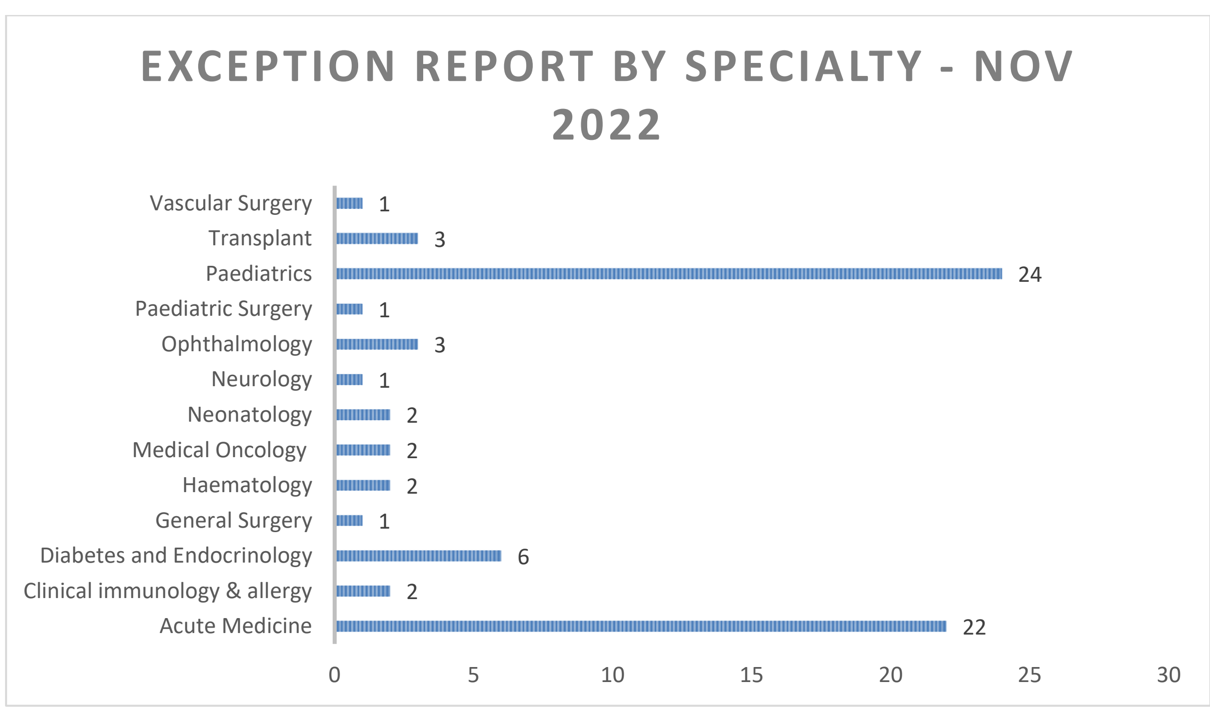
Overview:

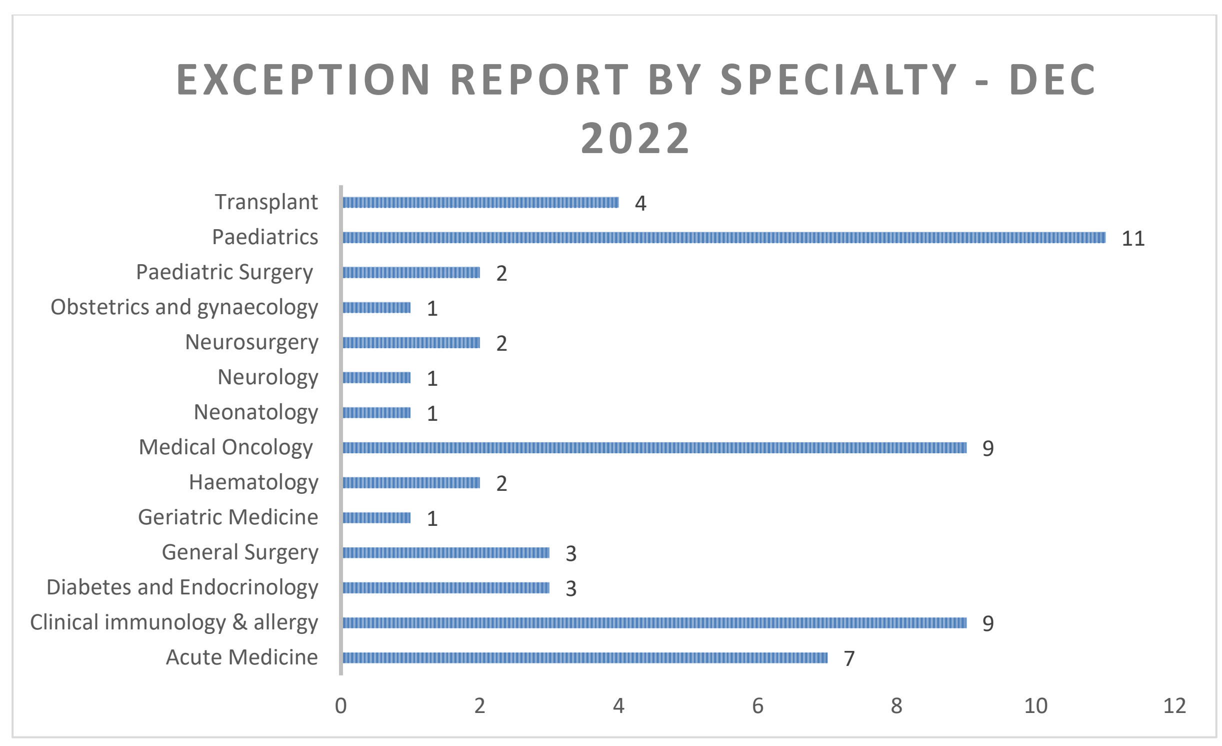


- 228 exceptions reported for Oct – Dec 2022
- 185 hours related which includes overtime and additional hours
- 13 related to educational or missed training opportunities
- 9 pattern related where work differs to established rota/ work schedule
- 21 service support related

Specialty breakdown:

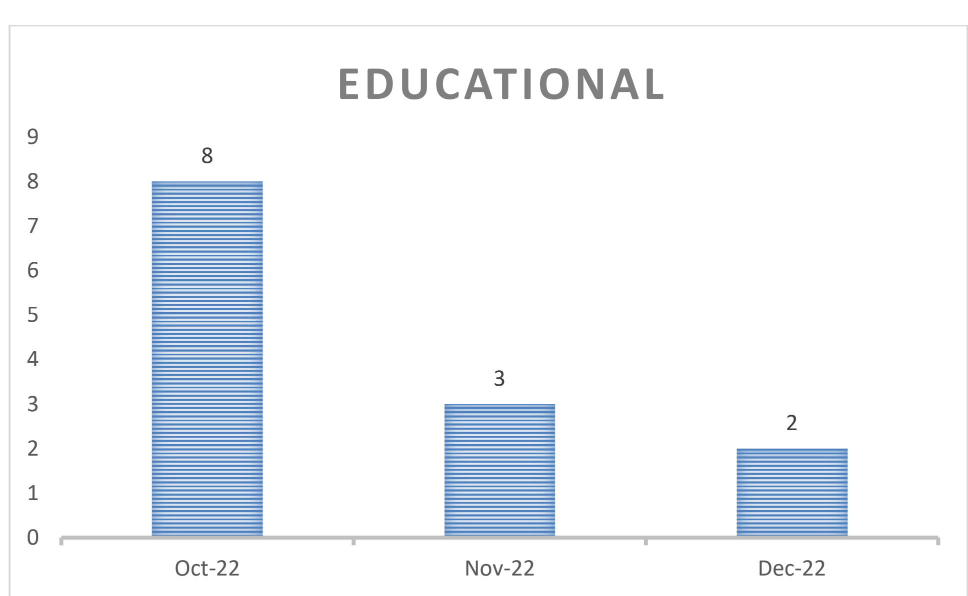






Category breakdown:

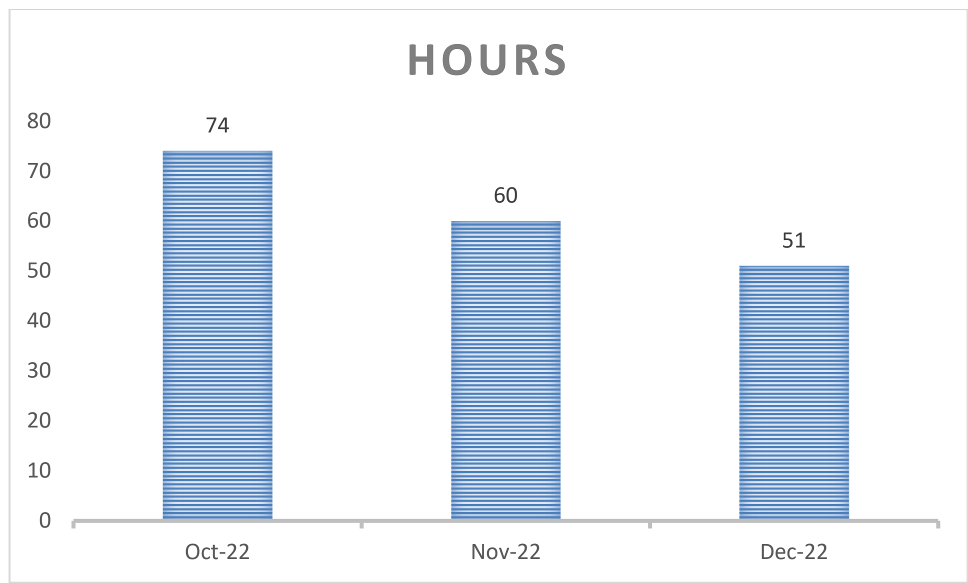
Educational:



A total of 13 exceptions have been received in regards to education or missed training opportunities.

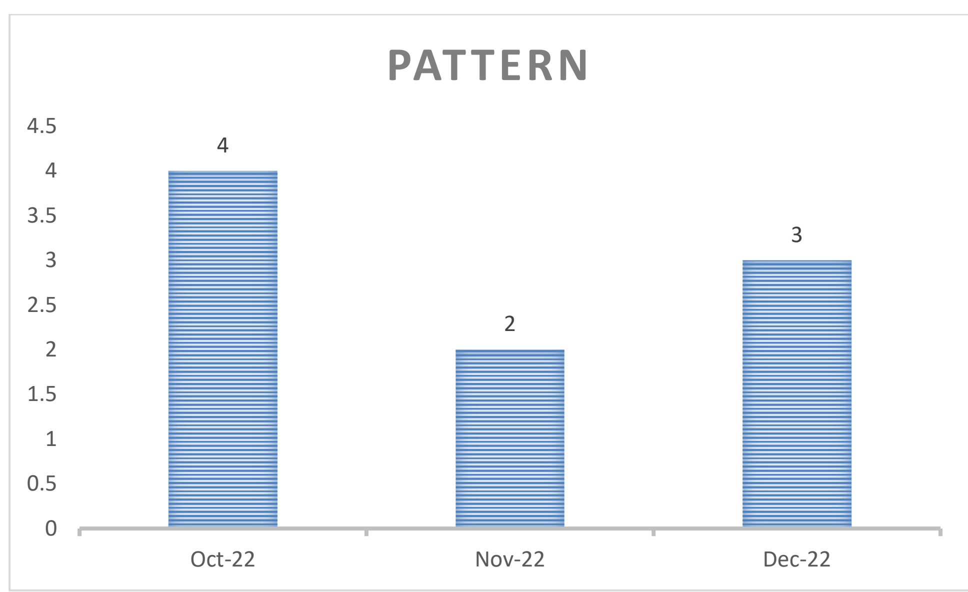
Reasons include missing teaching or training due to staff shortages/ busy departments.

Hours:



A total of 185 exceptions have been received in regards to hours/ overtime.

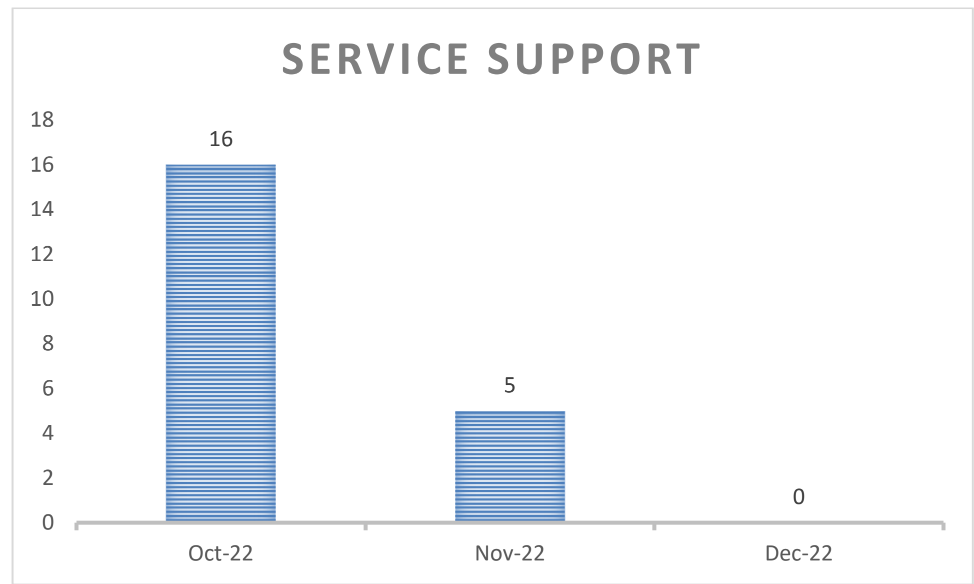
Pattern:



A total of 9 exceptions have been received in regards to pattern of working.

Service Support:

A total of 21 exceptions have been received in regards to service support.



Reasons relate to rota gaps/ below minimum staffing due to sickness/ rota gaps

Board of Directors

Together
Safe
Kind
Excellent

Report to the Board of Directors: 8 March 2023

Agenda item	14
Title	Board Assurance Framework and Corporate Risk Register
Sponsoring executive director	Ian Walker, Director of Corporate Affairs Lorraine Szeremeta, Chief Nurse
Author(s)	Jumoke Okubadejo, Director of Clinical Quality; Elke Pieper, Head of Risk and Patient Outcomes; Ian Walker, Director of Corporate Affairs
Purpose	To receive the latest versions of the BAF and CRR.
Previously considered by	Risk Oversight Committee, 23 February 2023

Executive Summary

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

This paper provides the Board with the latest version of the BAF which contains 14 principal risks to the achievement of the Trust's strategic objectives. 10 of these risks are currently rated at 15 or above.

The paper also provides a summary of the current CRR risks, as reviewed by the Risk Oversight Committee on 23 February 2023.

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

Action required by the Board of Directors

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

Cambridge University Hospitals NHS Foundation Trust

8 March 2023

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

1. Introduction

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

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

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

2. Board Assurance Framework

2.1 The February 2023 version of the BAF is attached at Appendix 1. It incorporates updates from monthly reviews undertaken since the last report to the Board in November 2022. These have been reviewed by the respective Board assurance committees.

2.2 There are currently 14 risks on the BAF, unchanged from the previous version received by the Board.

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

2.4 Work has continued since November 2022 to update the BAF to reflect the refresh of the CUH strategy which was agreed by the Board of Directors in July 2022 and to develop medium-term trajectories for each of the BAF risks, indicating how the level of risk is expected to change over time in response to the implementation of actions within the Trust's control and/or or anticipated external developments. This work, which is largely complete, is intended to support the Board in tracking risk profiles over time and assessing risk trajectories against the Trust's risk appetite.

2.5 In terms of key amendments to individual BAF risks during this four-month period, the following are highlighted:

- BAF risk 004: the Chief Nurse and Medical Director reviewed and redefined risk 004 in November 2022 to align it with the CUH strategy refresh and the strategic commitment on continuously improving the quality, safety and experience of all the Trust's services.

- BAF risks 005 and 006: these risks were reviewed and refreshed by the Director of Capital, Estates and Facilities Management in December 2022. While the current risk scores were unchanged, the controls, assurances and gaps in control and assurance were consolidated around the key actions being taken to mitigate the risks. Initial medium-term risk trajectories were included and are subject to further review.

- BAF risk 008: the previous BAF risk 008 related to EDI from a workforce perspective. EDI from a patient perspective sits on the Corporate Risk Register (CRR). It was agreed in January 2023 to move the workforce EDI risk to the CRR and to redefine BAF risk 008 in terms of the development of the broader EDI strategy for the Trust. The risk has a current risk rating of I4xL4=16 and it jointly owned by the Director of Workforce and the Chief Nurse.

- BAF risk 007: the risk was updated in February 2023 to reflect a revised vacancy rate target of 7.5% by March 2024 (was 5% by March 2023) with corresponding amendments to medium-term risk trajectories.

- BAF risk 012: the risk was updated in February 2023 to more explicitly reference research and innovation within the CUH Strategy, the Innovation Landing Zone and the Biomedical Research Centre.

- The Director of Capital, Estates and Facilities Management has drafted a proposed BAF risk on tackling the climate emergency and enhancing environmental sustainability. It is planned to introduce this to the BAF from March 2023.

2.6 Of the 14 current BAF risks, 10 are ‘Red’ rated at 20, 16 or 15 as follows:

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

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

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

Table 1: Strategic commitments and associated BAF risks

Strategic objective	Associated BAF risks
A1	010
A2	001
A3	001, 002
A4	004, 008
A5	002, 004
B1	007
B2	007
B3	013
B4	008
B5	013
C1	010, 014
C2	012
C3	005, 006, 009
C4	-
C5	003

3. Corporate Risk Register

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

3.2 The current CRR is summarised at Appendix 1. There are currently 44 risks on the CRR.

4. Recommendations

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

Appendix 1: Corporate Risk Register summary, February 2023

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Dec-22	Jan-23	Feb-23
CR05a	Insufficient urgent and emergency capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR05c	Insufficient outpatient capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR05d	Insufficient diagnostic capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)	Same	Same	Same
CR05e	Insufficient surgery capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR29	Imaging reporting backlog	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	4x1=4 (Yellow)	Same	Same	Same
CR42a	Compliance with the Fire Safety Regulations – Trust-wide buildings	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x4=20 (Red)	5x3=15 (Red)	Same	Same	Same
CR42b	Compliance with the Fire Safety Regulations in A Block	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x4=20 (Red)	3x3=9 (Amber)	Same	Same	Same
CR42c	Fire safety systems in the ATC	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x4=20 (Red)	5x2=10 (Amber)	Same	Same	Same
CR43a	Insufficient staffing on adult wards	Safe	Chief Nurse	Quality	4x5=20 (Red)	4x5=20 (Red)	3x3=9 (Amber)	Same	Same	Same
CR04b	Medical device repairs and planned preventative maintenance	Safe	Medical Director	Quality	4x5=20 (Red)	4x5=20 (Red)	4 x 2 = 8 (Amber)	Same	Same	Same
CR50	Staffing levels in e-Hospital department	Responsive	Director of Improvement and Transformation	Performance	5x5=25 (Red)	4x5=20 (Red)	3x2=6 (Yellow)	Same	Same	Same
CR54	Attracting and retaining staff due to increasing cost of living	Safe	Director of Workforce	Workforce	4x5=20 (Red)	4x5=20 (Red)	4x4=16 (Red)	Same	Same	Same

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Dec-22	Jan-23	Feb-23
CR08	Capacity to deal with winter pressures	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)	Same	Same	Same
CR58a	Meeting statutory requirements or standards required for accreditation – Division A	Responsive	Medical Director	Quality	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)		Under review	Under review
CR58b	Meeting statutory requirements or standards required for accreditation – Division B	Responsive	Medical Director	Quality	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)		NEW	Same
CR58e	Meeting statutory requirements or standards required for accreditation – Division E	Responsive	Medical Director	Quality	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)		Under review	Under review
CR57	Industrial action	Well-led	Director of Workforce/Chief Operating Officer	Performance	5x4=20 (Red)	4x5=20 (Red)	3x3=9 (Amber)	NEW	Increased	Same
CR04a	Replacement of unsupported/aging/ unsuitable medical equipment	Safe	Medical Director	Performance	5x5=25 (Red)	4x4=16 (Red)	4x3=12 (Amber)	Same	Same	Same
CR07	Failure to reduce incidence of Healthcare Acquired Infections	Safe	Medical Director	Quality	5x5=25 (Red)	4x4=16 (Red)	4x2=8 (Amber)	Same	Same	Same
CR41	Pathways for patients with mental health conditions	Responsive	Chief Nurse	Quality	4x4=16 (Red)	4x4=16 (Red)	4x1=4 (Yellow)	Same	Same	Same
CR46	Expiry of LMB Building Lease housing Histopathology services	Well-led	Director of Capital, Estates and Facilities Management	Performance	4x5=20 (Red)	4x4=16 (Red)	4x1=4 (Yellow)	Same	Same	Same
CR52	Potential short-term supply issues	Safe	Chief Finance Officer/ Medical Director	Quality	5x4=20 (Red)	4x4=16 (Red)	4x3=12 (Amber)	Same	Same	Same
CR05f	Insufficient capacity within maternity services	Safe	Chief Operating Officer	Quality	4x5=20 (Red)	4x4=16 (Red)	4x3=12 (Amber)	Same	Same	Same
CR43b	Insufficient medical and midwifery staffing across Maternity Services	Safe	Chief Nurse	Quality	4x5=20 (Red)	**4x4=16 (Red)**	2x3=6 (Yellow)	Same	Same	**Reduced**
CR45a	Failure to meet patients' equality and diversity needs	Well-led	Chief Nurse	Quality	4x4=16 (Red)	4x4=16 (Red)	3x2=6 (Yellow)	Same	Same	Same

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Dec-22	Jan-23	Feb-23
CR05g	**Use of designated contingency capacity**	**Safe**	**Chief Operating Officer**	**Performance**	**4x5=20 (Red)**	**4x4=16 (Red)**	**4x2=8 (Amber)**			**NEW**
CR45b	**Equality and diversity in the CUH workforce**	**Well-led**	**Director of Workforce**	**Workforce**	**4x4=16 (Red)**	**4x4=16 (Red)**	**4x3=12 (Amber)**			**NEW**
CR03	Water quality	Safe	Director of Capital, Estates and Facilities Management	Quality	5x5=25 (Red)	5x3=15 (Red)	5x2=10 (Amber)	Same	Same	Same
CR10	Capacity and resilience in the High Voltage Electrical Infrastructure	Safe	Director of Capital, Estates and Facilities Management	Performance	5x4=20 (Red)	5x3=15 (Red)	5x2=10 (Amber)	Same	Same	Same
CR42d	Fire Alarm – operation of fire system evacuation signal	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	**5x3=15 (Red)**	5x2=10 (Amber)	Same	Same	**Reduced**
CR38	Deteriorating Patient and Sepsis	Safe	Chief Nurse	Quality	5x4=20 (Red)	5x3=15 (Red)	5x1=5 (Yellow)	Same	Same	Same
CR55	Radio pharmacy service provision	Safe	Medical Director	Quality	4x5=20 (Red)	4x3=12 (Amber)	3x2=6 (Yellow)	Reduced	Reduced	Same
CR24	Compliance with critical ventilation requirements	Safe	Director of Capital, Estates and Facilities Management	Performance	4x4=16 (Red)	4x3=12 (Amber)	4x2=8 (Amber)	Same	Same	Same
CR44	Meeting blood transfusion regulation	Safe	Medical Director	Quality	4x4=16 (Red)	4x3=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR49	RAAC panel failure	Responsive	Chief Operating Officer	Performance	5x3=15 (Red)	4x3=12 (Amber)	3x3=9 (Amber)	Same	Same	Same
CR17	Maintaining suitably skilled workforce	Well-led	Director of Workforce	Workforce	3x5=15 (Red)	3x4=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Dec-22	Jan-23	Feb-23
CR20	Expansion of the Cambridge Biomedical Campus impacting access to and from the Campus due to inadequate local transport	Safe	Director of Capital, Estates and Facilities Management	Performance	4x4=16 (Red)	4x3=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR23b	Performance of FM contract in the Addenbrooke's Treatment Centre (ATC)	Responsive	Director of Capital, Estates and Facilities Management	Performance	4x3=12 (Amber)	4x3=12 (Amber)	4x2=8 (Amber)	Same	Same	Same
CR23c	Delivery of services under the PFI Project Agreement	Responsive	Director of Capital, Estates and Facilities Management	Performance	4x3=12 (Amber)	4x3=12 (Amber)	3x3=9 (Amber)	Same	Same	Same
CR58d	Meeting statutory requirements or standards required for accreditation – Division D	Responsive	Medical Director	Quality	4x5=20 (Red)	**4x3=12 (Amber)**	4x2=8 (Amber)		Under review	**Reduced**
CR32	Cyber security protection	Safe	Director of Improvement and Transformation	Audit	5x3=15 (Red)	5x2=10 (Amber)	4x1=4 (Yellow)	Same	Same	Same
CR25	Compliance with the Accessible Information Standard	Safe	Chief Nurse	Quality	4x5=20 (Red)	3x3=9 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR56	Resource and capacity within the Occupational Health department	Safe	Director of Workforce	Performance	4x4=16 (Red)	**3x3=9 (Amber)**	2x3=6 (Yellow)	NEW	Same	**Reduced**
CR58c	Meeting statutory requirements or standards required for accreditation – Division C	Responsive	Medical Director	Quality	4x5=20 (Red)	4x2=8 (Amber)	4x1=4 (Yellow)		NEW	Same

Cambridge University Hospitals NHS Foundation Trust
Board Assurance Framework: February 2023

Board Assurance Framework overview – ranked by current risk rating

Risk ref.	Current risk score	Risk description	Lead Executive	Board monitoring committee
001	20	Due to physical capacity constraints and sub-optimal patient flow, the Trust is not able to deliver timely and responsive urgent and emergency care services, sustainably restore services to pre-Covid levels and reduce waiting lists, while at the same time managing future Covid surges and providing decant capacity to address fire safety and backlog maintenance, which adversely impacts on patient outcomes and experience.	Chief Operating Officer (COO)	Performance and Quality
005	20	A failure to sufficiently prioritise and address estate infrastructure and safety system risks and their ongoing maintenance impacts on patient and staff safety, continuity of clinical service delivery, regulatory compliance and reputation.	Director of Capital, Estates & Facilities Mgt	Performance
006	20	As a result of a failure to address fire safety statutory compliance priorities due to insufficient capital funding and decant capacity, there is a risk of fire causing harm to patients and staff and impacting on continuity of clinical service delivery.	Director of Capital, Estates & Facilities Mgt	Board of Directors
007	20	There is a risk that the Trust does not have sufficient staff with appropriate skills to deliver its plans now and in the future which results in poorer outcomes for patients and poorer experience for patients and staff.	Director of Workforce	Workforce and Education
002	16	Due to the ongoing impact of delays resulting from the Covid-19 pandemic, there is a risk that the Trust is not able to effectively identify and diagnose those patients in greatest clinical need which could result in harm, poorer outcomes and worse experience for patients.	Chief Nurse and Medical Director	Quality
011	16	There is a risk that the Trust, as part of the Cambridgeshire and Peterborough ICS, is unable to deliver the scale of financial improvement required in order to achieve a breakeven or better financial performance within the funding allocation that has been set for the next three years, leading to regulatory action and/or impacting on the ability of the Trust to invest in its strategic priorities and provide high quality services for patients.	Chief Finance Officer	Performance
008	16	There is a risk that the Trust does not reduce inequality of opportunity and discrimination both within its workforce and in the provision of its services, caused by a failure to develop and implement a robust Equality, Diversity and Inclusion Strategy, which leads to poor staff and patient experience and sub-optimal patient outcomes.	Director of Workforce and Chief Nurse	Board of Directors, Workforce and Education, and Quality
013	16	There is a risk that we fail to maintain and improve the physical and mental health and wellbeing of our workforce which impacts adversely on individual members of staff and our ability to provide safe patient care now and in the future.	Director of Workforce	Workforce and Education
003	16	The Trust does not prioritise and deploy to best effect the limited resources available for IT investment to support staff to deliver improved patient care and experience.	Director of Improvement and Transformation	Audit
009	16	New hospitals proposals are not developed, approved and/or built in a timely way resulting in the need to maintain poor quality facilities for an extended period of time and a failure to realise the clinical, operational and wider benefits.	Interim Director of Strategy and Major Projects	Addenbrooke's 3/ Board of Directors
004	12	The Trust does not continuously improve the quality, safety and experience of all its services which adversely impacts on patient outcomes and experience and on organisational reputation.	Chief Nurse and Medical Director	Quality
010	12	The Trust does not work effectively with partners across the Cambridgeshire and Peterborough Integrated Care System (ICS) and the Cambridgeshire South Care Partnership resulting in a failure to sustain and improve services for local patients and regulatory intervention and/or the recurrence of a financial deficit.	Interim Director of Strategy and Major Projects and COO	Board of Directors
014	12	The Trust does not work effectively with regional partners (particularly regarding specialised services) resulting in a failure to sustain and improve services for regional patients and regulatory intervention and/or the recurrence of a financial deficit.	Interim Director of Strategy and Major Projects	Board of Directors
012	9	The Trust and our industry and research partners – convened through Cambridge University Health Partners (CUHP) – fail to capitalise on opportunities to improve care for more patients now, generate new treatments for tomorrow and power economic growth in life sciences in Cambridge and across the region.	Interim Director of Strategy and Major Projects	Board of Directors

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

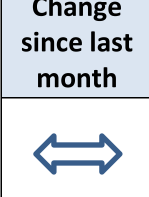
Current risk rating: 20

Strategic objective	A2, A3
Latest review date	February 2023

Lead Executive	Chief Operating Officer
Board monitoring committee	Performance, Quality

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	5	20
Current (Feb 23)	4	5	20

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 002	16	Effective prioritisation of patients
BAF 005/006	20	Estates backlog/fire safety compliance
BAF 007	20	Meeting workforce demand
CR43	20	Staffing on adult inpatient wards
CR05	20	Capacity
CR08	20	Winter pressures

Key controls

What are we already doing to manage the risk?

1. Operational strategy 22/23 agreed by ME and Board.
2. CUH Winter Plan 22/23 agreed by ME.
3. Winter 22/23 Taskforce established (supported by task & finish groups).
4. Cohorting and configuration plan informed by modelling work and data-driven approach to optimise use of capacity in line with clinical need.
5. Covid Infection Prevention and Control guidance in place and reviewed regularly, based on assessment of the balance of risk between Covid transmission and treatment capacity.
6. Regional surge centre – use of Ward T2 (and P2/Q2 until September 2022) to provide additional capacity.
7. 56-bed unit approved in November 2021 and under construction.
8. Business case for 3 modular theatres approved in July 2022, planning permission granted in August 2022 and now under construction.
9. Pathway and other changes to create additional UEC capacity – use of EAU3 as discharge lounge, EAU4 as assessment area & G2 as frailty unit.
10. Development of expanded virtual ward offering to create additional acute capacity.
11. Use of independent sector and other off-site physical capacity, including surgical capacity at Ely.

Assurances on controls

How do we gain assurance that the controls are working?

1. Reporting to Management Executive (ME) via Winter Taskforce, Urgent and Emergency Care (UEC) Programme Board and Capacity Oversight Group.
2. Reporting to Performance and Quality Committees and Board of Directors on implementation of Winter Plan and delivery of capacity and flow programmes/ objectives.
3. Ongoing review of core emergency and elective care metrics.
4. Virtual ward programme governed through Division C governance arrangements.
5. System reporting to Health Gold, System Leaders and ICS Board.
6. ICS and regional oversight through System Resilience Group and System Oversight and Assurance Group (SOAG).

12. Whole system focus on recovery and demand management via Cambridgeshire South Partnership; continue to evolve UEC model within CUH including ED front door.
13. Identification of 15 step down beds in the community for winter 22/23.
14. Ongoing programme of Executive meetings with specialties.
15. Ward at Royal Papworth for medically-fit patients opened in January 2023.

Gaps in control	Gaps in assurance
C1. Implementation of Winter Plan and further development and delivery of individual workstreams via task and finish groups. C2. Use of additional on-site physical capacity: C2a: 56-bed unit – including decision on balance between use for additional capacity and decant space to support fire safety and other essential works. C2b: Use of 40-bed unit for elective surgical capacity. C2c: 3 currently closed neurosurgery theatres in A Block. C2d: ED Urgent Treatment Centre (UTC) expansion scheme. C3: System working to respond to growth in both elective and non-elective demand.	

Actions to address gaps in controls and assurances	Due date
C1. Management Executive lead for each task and finish group driving development and delivery of priorities, with reporting to Management Executive and Performance Committee.	Ongoing
C2a: Construction in progress. Staffing plans in development. Agreement to be taken on balance of use between additional capacity and decant space. Opening scheduled for June 2023 (delayed from previous date of November 2022).	July 2023
C2b: Theatre construction works and recruitment underway with scheduled opening date of August 2023.	September 2023
C2c: Available following fire improvement works to A Block.	October 2023
C2d: Business case approved in October 2022 and works to proceed.	August 2024
C3. ICB Winter Plan developed with system partners and being implemented, overseen by Unplanned Care Board and South System Resilience Group. Focus on Virtual Wards; 2-hour urgent community response model; work with primary care; and community hub for winter 2022/23.	Ongoing

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF 001: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	4x5=20	
October 2023	4x4=16	Opening of 56-bed unit (U-Block) and elective orthopaedic facility (P2/Q2 and 3 theatres) backed by workforce model.
February 2025	4x3=12	Re-opening of 3 A Block theatres and additional ED UTC capacity backed by workforce model; initial progress on demand management through system pathway changes (link to BAF ref: 010).
September 2025	4x2=8	Significant system progress on demand management and pathway changes to increase out-of-hospital care.

BAF risk	002	**Due to the ongoing impact of delays resulting from the Covid-19 pandemic, there is a risk that the Trust is not able to effectively identify and diagnose those patients in greatest clinical need which could result in harm, poorer outcomes and worse experience for patients.**

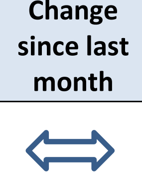
Current risk rating:

16

Strategic objective	A3, A5
Latest review date	February 2023

Lead Executive	Chief Nurse and Medical Director
Board monitoring committee	Quality

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	5	3	15
Current (Feb 23)	4	4	16

Change since last month


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

Key controls

What are we already doing to manage the risk?

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

Assurances on controls

How do we gain assurance that the controls are working?

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

Gaps in control	Gaps in assurance
C1. Insufficient physical/staffing capacity to reduce waiting lists by increasing diagnostic/treatment volumes. C2. Patients not presenting to GPs during pandemic. C3. Maintaining effective contact with patients on waiting lists.	

Actions to address gaps in controls and assurances	Due date
C1. See BAF risks 001 and 007.	See 001 and 007
C2. Emphasising national/local messaging via website/social media on importance of continuing to access NHS services.	Ongoing
C3. Implementation of validation letter and survey; writing to long-waiting patients; information on CUH website and to GPs.	Ongoing

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF 002: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	4x4=16	
March 2024	4x3=12	Ability to manage and prioritise will remain compromised until elective waiting list reduces significantly, which will be facilitated by a cumulative increase in capacity from opening of 56-bed unit (U-Block), elective orthopaedic facility (P2/Q2 and 3 theatres), re-opening of 3 A Block theatres and additional ED UTC capacity.
September 2025	4x2=8	Further progress in reducing elective waiting lists through significant productivity improvement, new models of care (including new workforce models) and new ways of working.

BAF risk	003	**There is a risk that the Trust does not invest in, prioritise and deploy IT resources effectively to support achievement of the Trust's strategic priorities.**

Current risk rating: 16

Strategic objective	C5
Latest review date	February 2023

Lead Executive	Director of Improvement and Transformation
Board monitoring committee	Audit

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	3	12
Current (Feb 23)	4	4	16

Change since last month

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

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

Investment

1. Commodity IT services through Telefonica Tech.
2. 6-12 monthly cycle for deploying additional infrastructure and new Epic versions/EPR work programme.
3. Workforce to ensure the application, data and infrastructure environments are reliable secure, sustainable and resilient, and compliant with regulatory requirements through delivering a robust infrastructure and application lifecycle management

Prioritisation

4. Digital Strategy approved by Board of Directors; prioritisation through divisions/Digital Prioritisation Board to ensure alignment with strategy (under development) with cases for change supported by robust benefit cases.

Deployment

5. Telefonica Tech transformation programme.
6. Implementation plan for Digital Strategy in development.
7. Digital Board to monitor delivery against the strategy (under development).

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

Investment

1. Review of monthly performance reports and annual review of Telefonica Tech service by eHospital SMT Board and Digital Board; Internal Audit programme reviewed by Audit Committee. Regular reports to Performance Committee.
2. Implementation programmes including operational support to undertake upgrade work. Epic upgrade completed in November 2022 and planned move to Epic Hyperdrive in late 2023.
3. Monthly review at eHospital SMT. Regular reports to Performance Committee and Digital Board.

Prioritisation

4. Regular reports to Digital Board, Management Executive and Performance Committee.

Deployment

5. Transformation Benefits plans reviewed by eHospital SMT Board and Digital Board. Internal audit of transformation programme benefits realisation.
6. Reports to Performance Committee on Digital Strategy implementation.
7. New Digital Board to monitor delivery against the strategy with oversight of benefits realisation (in development).

Gaps in control	Gaps in assurance
Investment C1. Sufficient staffing to enable/align with digital aspirations. **Prioritisation** C2. Robust Trust-wide prioritisation process for digital change requirements aiming to maximise the benefits derived from the Trust's digital resources. C3. Establishment of methodology for the definition of benefits of IT investments. **Deployment** C4. New Digital Board to be put in place. C5. Implementation plan for Digital Strategy. C6. Establishment of IT investment benefits tracking approach.	

Actions to address gaps in controls and assurances	Due date
Investment	
C1a. Proposals to be considered as part of 23/24 business planning.	March 2023
C1b. Recruitment and retention plan to be revised and implemented (complete recruitment by September 2023).	March 2024
Prioritisation	
C2. New prioritisation process for Epic change requests, Telefonica Tech bespoke requests and non-Epic software deployment; strengthened Digital Board; benchmarking of prioritisation process with Johns Hopkins.	February 2023
C3. Develop, agree and embed benefits definition methodology as part of business case process.	March 2023
Deployment	
C4. Implementation of new Digital Board assuring Digital Strategy implementation plan.	June 2023
C5. Development of Digital Strategy implementation plan.	June 2023
C6. Develop, agree and embed benefits tracking approach.	March 2023

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	16	16	16	16	16	16	16						
Risk redefined								16	16	16	16	16	16

BAF 003: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	4x4=16	
September 2023	4x3=12	Successful implementation of new IT prioritisation and benefits process and associated governance.
June 2024	4x2=8	Funding of additional staffing and successful implementation of recruitment and retention plan.

BAF risk	004	**The Trust does not continuously improve the quality, safety and experience of all its services which adversely impacts on patient outcomes and experience and on organisational reputation.**

Current risk rating: 12

Strategic objective	A5
Latest review date	February 2023

Lead Executive	Chief Nurse and Medical Director
Board monitoring committee	Quality

Risk rating	Impact	Likelihood	Total
Initial (Nov 22)	4	3	12
Current (Feb 23)	**4**	**3**	**12**

Change since last month
Risk refreshed in Nov 22

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
CR 44	12	Blood transfusion regulations
CR 07	16	Infection prevention and control
CR 38	15	Deteriorating patients and Sepsis

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

1. Regular monitoring of quality metrics through CUH governance structure, recognising impact on quality through other BAF risks (including capacity and staffing).
2. CUH Ward Accreditation programme being rolled out to provide ward to board reporting – linked to improvement programme, including ward-led improvement huddles.
3. Implementation of NHS Patient Safety Strategy and updating of CUH Safety Strategy in line with new national Patient Safety Incident Response Framework (PSIRF).
4. Introduction and embedding of Patient Safety Specialist and Patient Safety Partners.
5. Delivery of PSIRF implementation training programme across the Trust, including Just Culture programme.
6. Ongoing investment in leadership training for clinical leaders using Institute for Healthcare Improvement (IHI) methodology.
7. Implementation of a digital patient consent process.
8. Ongoing evolution of Learning from Deaths process.
9. Active participation in quality improvement initiatives at Cambridgeshire and Peterborough Integrated Care Board (ICB) level.

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

1. Reporting to Patient Experience, Clinical Effectiveness and Patient Safety Groups, including on Ward Accreditation outcomes.
2. Divisional quality meetings and monthly Performance Review meetings.
3. Reporting to Quality Committee and Board of Directors via Integrated Performance Report (IPR).
4. Oversight through ICB System Quality Meetings.
5. Outcome of CQC inspections and review of CQC outlier reports.
6. CQC peer review programme and Matron Quality Rounds.
7. Findings of reviews commissioned by the Trust.
8. Clinical Fridays and Executive visits.
9. Clinical audit programme.
10. Ongoing feedback from patients and staff.

Gaps in control	Gaps in assurance
C1. Insufficient resources to implement new Patient Safety Framework.	

Actions to address gaps in controls and assurances	Due date
C1. Resourcing of Patient Safety Team under review including options for interim support.	March 2023

C2. Lack of bandwidth across a range of staff groups to focus on quality improvement programmes. C3. Development and implementation of CUH Patient Engagement Strategy.	

C2. Ongoing recruitment programme to seek to fill vacancies to establishment.	Ongoing
C3a. Patient Engagement Strategy drafted and approved by Board	June 2023
C3b. Identification of resourcing requirements for implementation of Strategy.	June 2023

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	12	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**				
	Risk reformulated in November 2022 to reflect strategy refresh									**12**	**12**	**12**	**12**

BAF 004: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	**4x3=12**	
March 2024	**4x2=8**	PSIRF implemented; Patient Engagement Strategy approved, resourced and being implemented; reduced Trust-wide staffing pressures facilitating participation in quality improvement programmes (at both Trust and system levels).

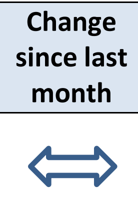
BAF risk	005	A failure to sufficiently prioritise and address estate infrastructure and safety system risks and their ongoing maintenance impacts on patient and staff safety, continuity of clinical service delivery, regulatory compliance and reputation.

Current risk rating:

20

Strategic objective	C3
Latest review date	February 2023

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

Risk rating	Impact	Likelihood	Total	Change since last month
Initial (Sep 17)	5	4	20	
Current (Feb 23)	5	4	20	

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

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

1. Policies, procedures and protocols in place to support management of building and engineering maintenance and direct future life safety infrastructure systems and compliance works.
2. Skilled maintenance and engineering staff including specialist and local contractors.
3. Appropriate technical appointments and training in line with Health Technical Memoranda (HTM), with specialist sub-groups of the Capital, Estates and Facilities Management (CEFM) Health and Safety Group that monitors compliance.
4. 2019 condition survey provides the platform for annual desktop refresh of backlog maintenance risk and investment requirement.
5. Capital allocation via the Capital Advisory Board.
6. Divisional risk register and entries onto the Corporate Risk Register (CRR).

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

1. Compliance reporting to CEFM Health and Safety Group.
2. Appointments maintained, contracts in place.
3. 2019 asset survey in line with national methodology.
4. Annual updates on risks and investment requirements to CAB.
5. Backlog maintenance a component of the core capital programme.
6. CEFM board /Director review risks for potential escalation to CRR.
7. QSIS reports of failures/incidents.
8. Infection Prevention and Control reports.
9. Training records.

7. Access negotiated with local managers for ongoing servicing, maintenance and repairs.	

Gaps in control	Gaps in assurance
C1. Not all policies monitored in line with their effectiveness statements, although regular Authoring Engineer (AE) audits. C2. Some assets are not maintained in line with best practice. Recruitment challenges for skilled staff. Not sufficient staff funded to undertake the maintenance and remedial works. C3. Capital allocation does not meet all the high risks, and allocation is on a year-by-year basis, not multi-year. Allocation for prioritised risk issues, with in-year re-prioritisation. C4. Operational capacity often prioritised.	A1. Continue to improve reporting.

Actions to address gaps in controls and assurances	Due date
C1. Systematic programme over multiple years to test efficiency to be put in place. Ask AEs to specifically test elements of policy.	Ongoing
C2. Business planning submissions to reference need and compounding risk associated with underinvestment in infrastructure and systems.	Ongoing
C3. Continue to review scope for multi-year allocations.	Ongoing
C4.Capacity Oversight Group to agree planned capacity release. Unplanned capacity release will remain a challenge.	Ongoing

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF 005: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	5x4=20	
April 2023	5x4=20	Multi-year capital allocation, with project infrastructure and operational capacity in place for 2023/24.
April 2023	5x4 = 20	Adequate revenue budget allocated to maintain, repair and replace the infrastructure and systems.
April 2024	5x4=20	6 facet survey undertaken to re-baseline position.

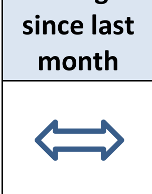
BAF risk	006	**As a result of a failure to address fire safety statutory compliance priorities due to insufficient capital funding and decant capacity, there is a risk of fire causing harm to patients and staff and impacting on continuity of clinical service delivery.**

Current risk rating:

20

Strategic objective	C3
Latest review date	February 2023

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

Risk rating	Impact	Likelihood	Total	Change since last month
Initial (Dec 17)	5	4	20	
Current (Feb 23)	**5**	**4**	**20**	

Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
BAF 001	20	Capacity and patient flow
BAF 005	20	Life safety critical infrastructure systems
CR42a	20	Safety Risk and non-compliance with the Fire Safety Regulation – Trust-wide buildings
CR 42b	20	Non-compliance with fire safety regulation in A block
CR42c	20	Failure of fire safety systems in the ATC
CR42d	20	Fire Alarm risks – operation of fire system evacuation key switches

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

1. Fire Policy in place.
2. Mandatory fire safety training in place for all staff.
3. Multi-year Fire Safety remedial programme approved and being delivered.
4. Ring-fenced multi-year funds to support fire safety.
5. Discreet remedial and improvement capital programmes of work - including the £10m A-Block programme of works,
6. Future decant capacity plan, with capacity available from mid-2023 for dedicated fire and maintenance decant work.
7. Capital projects developed with appropriately appointed fire safety professionals where appropriate.
8. Ongoing fire safety risk assessment programme.
9. Pro-active and reactive management of fire safety risk.

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

1. Newly appointed Authorising Engineer undertaking baseline audit – see gap in control C1.
2. Mandatory training reported as part of wider mandatory training in IPR.
3. Ongoing reporting to Cambridgeshire Fire and Rescue Service (CFRS) and quarterly to Board of Directors.
4. Visibilty of ring-fenced funds being deployed at Capital Advisory Board (CAB).
5. Agreed corporate strategy to utilise the equivalent of one ward for fire safety works throughout the year.
6. Building control sign-off, Head of Fire Safety oversight.
7. Fire safety team audits and walkrounds, and incident investigation.
8. Visits and advice from NHS England estates and fire safety team.

Gaps in control	Gaps in assurance
C1. Some procedural documents beyond review date and last AE audit undertaken over two years ago. C2. Average mandatory fire training compliance figures below Trust standard. C3. Fire Safety Risk Assessments beyond review date. C4. Outstanding Stage 1 and Stage 2 fire compliance works.	

Actions to address gaps in controls and assurances	Due date
C1. Newly appointed AE undertaking baseline audit. Action plan to be developed on basis of report and recommendations. Assessment undertaken – awaiting report.	C1. January 2023
C2. Introduction of fire training at Corporate Induction and challenge through Executive performance review meetings.	C2. March 2023
C3. Procurement process complete for third party service – programme being reviewed. Compliance rate improving with trajectory to be reported in next Board report.	C3. March 2023
C4. Ongoing programme with agreed timelines, tracking and reporting to CFRS and Board of Directors.	C4. End 2027

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF 006: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	5x4=20	Multi-year capital programme in delivery, ring-fenced funds across multiple years secured. Decant capacity under construction
June 2023	4x4=16	Decant capacity operational and Stage 2 works can commence. Stage 1 works continue and fire alarm works near completion.
September 2023	4x4=16	Completion of building works reduces fire risks in A Block.
End 2027	4x3=12	Continuation of programme of fire safety works, Stage 2 works at or nearing completion.

BAF risk	007	There is a risk that the Trust does not have sufficient staff with appropriate skills to deliver its plans now and in the future which results in poorer outcomes for patients and poorer experience for patients and staff.

Current risk rating:

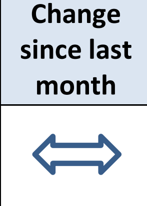
20

Strategic objective	B1, B2
Latest review date	February 2023

Lead Executive	Director of Workforce
Board monitoring committee	Workforce and Education

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	4	16
Current (Feb 23)	4	5	20

Change since last month



Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
BAF 001	20	Capacity and patient flow
CR43	20	Insufficient staffing on adult inpatient wards
CR54	20	Cost of living

Key controls

What are we already doing to manage the risk?

Recruitment

1. Multi-source recruitment pipeline for nursing and medical recruitment, including apprenticeships, local, national and international supply.
2. Comprehensive calendar of recruitment - CUH and part of wider system.
3. Daily review and programme of redeployment of staff to maintain safety.
4. Identification of staffing requirements and review of staffing ratios and ways of working in response to capacity pressures.
5. Use of Bank enhancements and agency with governance and scrutiny.
6. Board approval in November 2021 to commence recruitment for 56-bed unit and in July 2022 for recruitment for 40-bed unit.
7. Changes to recruitment plan to attract candidates to roles traditionally recruited locally, in context of relatively high local employment levels.
8. Investment at scale in new registered nursing supply route: Graduate Nurse Apprenticeships.
9. Outline plan for the Trust to become an anchor institution for learning.
10. Collaboration on international recruitment of nurses and midwives with east of England partners.
11. Development of new roles such as Nursing Associate role (first recruitment wave completed).

Retention

1. Data analysis to identify reasons for attrition to develop response plan.
2. Development of retention plan focusing on five workforce priorities.
3. Benchmarking with regional and national trusts to review recruitment

Assurances on controls

How do we gain assurance that the controls are working?

1. Daily site safety meetings to evaluate staff levels and mitigate against shortfalls.
2. Weekly pay review meetings to consider bank fill rates vs enhanced payments.
3. Monthly nursing/midwifery safe staffing report to Board of Directors, including tracking of progress against nursing pipeline through safe staffing Board report from Chief Nurse.
4. Monthly data in Integrated Performance Report on turnover, vacancies, bank/agency fill rates/etc. reviewed by Performance Committee and Board.
5. Staff Survey (annual and quarterly FFT) recommender scores.
6. Quarterly reporting to Board by Guardian of Safe Working for junior doctors.
7. Workforce and Education Committee oversight (quarterly).
8. NHSE/I Oversight and Support Meetings.
9. Establishment in July 2022 of new weekly retention and recruitment taskforce chaired by Director of Workforce.
10. Data analysis in place to track impact of interventions on retention.

and retention premium (RRP) payments and put in place where required. 4. Enhanced wellbeing and good work programme, supported by ACT. 5. Partnership working on real living wage, transport and accommodation.	

Gaps in control	Gaps in assurance
C1. Increasing competition for international recruits due to increase in international demand. C2a.Very limited hospital-provided accommodation impacting on numbers of new international recruits we can start. C2b. Shortage of affordable accommodation in Cambridge impacting on employee attraction and retention. C3. Continued high levels of staff unavailability due to levels of sickness absence. C4. Workforce plans for 40/56 bed units identified and recruitment commenced but not complete. C5. National shortage of training places in specific professions. C6. Relatively high vacancy rates for admin and clerical roles. C7. Winter contingency beds not included in pipeline plan.	

Actions to address gaps in controls and assurances	Due date
C1a. Broaden pipeline to reduce dependency on any one recruitment stream. Work with wider group of international agencies to increase pipeline of “ready now” nurses. C2a. Working with partners on sourcing affordable, accessible accommodation including conversion of on-site space. Use of additional accommodation at Waterbeach. C2b. Raising issue of scope for funded high cost of living allowance for Cambridge. C3. Work on prospective review of rosters and daily review of staffing. C4a. Strong pipelines in place and targeted campaigns continue (6 month lead time). C4b. Working with system partners. C5a. Introduction of AHP apprenticeship roles. C5b. Work regionally and nationally to identify options to increase training places within C&P system, including apprenticeships across nursing, admin and AHPs. C6. Centralisation of admin recruitment process launched in November 2022 with further work to develop; and flexible working drive. C7. Manage additional staffing requirements through bank and agency workforce and review of nursing ratios.	C1 – March 2024 aim to achieve overall 7.5% vacancy rate C2a. March 2023 C2b. Ongoing C3. March 2023 C4. Ongoing C5. Ongoing C6. March 2023 C7. Ongoing

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF 007: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	4x5=20	
March 2024	4x4=16	Achievement of overall 7.5% vacancy rate by March 2024 taking account of staffing additional capacity.
September 2024	4x3=12	Maintain overall 7.55% vacancy rate and secure positive position on retention and work availability through work on accommodation, cost of living, etc.

BAF risk	008	**There is a risk that the Trust does not reduce inequality of opportunity and discrimination both within its workforce and in the provision of its services, caused by a failure to develop and implement a robust Equality, Diversity and Inclusion Strategy, which leads to poor staff and patient experience and sub-optimal patient outcomes.**

Current risk rating: 16

Strategic objective	B4
Latest review date	February 2023

Lead Executive	Director of Workforce and Chief Nurse
Board monitoring committee	Board of Directors, Workforce and Education Committee, Quality Committee

Risk rating	Impact	Likelihood	Total	Change since last month
Initial (Jan 23)	4	4	16	n/a
Current (Feb 23)	4	4	16	

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
CR45	12	Failure to meet patients' equality and diversity needs
CR tbc	16	Failure to achieve greater workforce equality and diversity

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

1. Explicit inclusion of health inequalities and inclusion in the CUH strategic commitments agreed by the Board in July 2022.
2. Non-Executive Director appointment with equality, diversity and inclusion (EDI) skills and experience.
3. Establishment of an EDI Strategy Group, chaired by the Chief Executive, to develop an overarching EDI Strategy and Plan for CUH.
4. Work programmes in place on both staff and patient EDI.
5. Health Inequalities Operations Group established.

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

1. Oversight by Executive-led Equality, Diversity and Dignity Steering Group.
2. Reporting to Quality Committee, Workforce and Education Committee, and Board of Directors.
3. Patient and staff survey results with breakdowns by protected characteristics.

Gaps in control	Gaps in assurance
C1. Interim EDI Director to be appointed. C2. Comprehensive assessment of EDI work across CUH. C3. Overarching EDI Strategy and Plan to be agreed. C4. Implementation of EDI Strategy and Plan.	

Actions to address gaps in controls and assurances	Due date
C1. Recruitment process completed and successful candidate to take up post.	March 2023
C2. Interim EDI Director to undertake EDI baseline assessment.	June 2023
C3. Strategy Group to develop draft for Board approval.	September 2023
C4. Interim EDI Director to work with partners internally and externally on implementation on first phase of EDI Plan.	March 2024

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	Risk reframed in January 2023											16	16

BAF 008: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	**4x4=16**	
March 2024	**4x3=12**	EDI Strategy and Plan approved by Board and first phase of Plan implemented.
March 2026	**4x2=8**	Subsequent phases of EDI Strategy and Plan implemented and KPIs being achieved on a consistent basis.

BAF risk	009	**New hospitals proposals are not developed, approved and/or built in a timely way resulting in the need to maintain poor quality facilities for an extended period of time and a failure to realise the clinical, operational and wider benefits.**

Current risk rating:

16

Strategic objective	C3
Latest review date	February 2023

Lead Executive	Director of Strategy and Major Projects
Board monitoring committee	Addenbrooke's 3/ Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	3	4	12
Current (Feb 23)	4	4	16

Change since last month

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
CR05a-e	16-20	Insufficient capacity for patient needs
CR20	8	Access to/from the campus due to inadequate local transport
BAF 001	20	Capacity and patient flow
BAF 005	20	Estates backlog
BAF 006	20	Fire safety
BAF 010	12	Effective ICS working
BAF 012	9	Impact of Trust and industry/research partners

Key controls

What are we already doing to manage the risk?

1. Joint Strategic Board (JSB) and underpinning governance including Joint Delivery Board (JDB) and workstreams in place for Cambridge Children's Hospital (CCH) and for Cambridge Cancer Research Hospital (CCRH).
2. Regular reporting to ME and Addenbrooke's 3 Board committee in place.
3. Monthly progress meetings with NHSE/I (regional & national) and DHSC and regular engagement with New Hospitals Programme (NHP).
4. CCRH/CCH Outline Business Cases (OBCs) approved by CUH Board in October/December 2022 respectively and submitted to national bodies.
5. CCRH part of the first wave of the Government's NHP. CCH now included in NHP although programme phase not yet known – further work underway with NHP to 'twin' the projects or agree another suitable route for CCH to proceed with national funding to current timetable.
6. All projects and their business cases underpinned by core objectives such as being an active partner within our ICS and region; transforming models of care; digital enablement; accelerating research benefits locally, regionally and nationally.

Assurances on controls

How do we gain assurance that the controls are working?

1. Monthly reporting on progress to JDBs and six weekly to JSBs. Progress reported and areas for escalation raised and resolved.
2. Addenbrooke's 3 programme work plan actively monitored in working group meeting and progress reported at Addenbrooke's 3 Board committee.
3. Addenbrooke's 3 Board committee overseeing progress and providing input to the overarching Addenbrooke's 3 programme and strategy.
4. Performance Committee review/sign off and Board sign off of business cases ahead of submission to regulators and proactive engagement with commissioners to determine final content and approval process.
5. The PBC options describe the phases of development of the CUH campus over the next 10-15 years.
6. Aspects of the business cases are shared with NHSE and DHSC on a regular basis for comment and input, to increase familiarity with our plans ahead of formal sign off.

7. Fundraising campaigns in place for CCH and CCRH. Cornerstone gift secured for CCH. Work underway on commercial strategies.
8. Patient and public engagement plans in place for both CCRH and CCH.
9. Addenbrooke's 3 Programme Business Case (PBC) submitted in May 2021.

Gaps in control	Gaps in assurance
C1. Impact of high rates of inflation on development costs for new hospitals. C2. University of Cambridge require enhanced decision making rights across CCH and CCRH in order to demonstrate sufficient control over programme risks. C3. CCH and CCRH programmes require strengthened governance and capabilities, including project management, in phases following OBC. C4. While the OBC has been submitted, phasing of CCH within NHP and scope/funding gap are issues to be resolved. C5. There is no allocated funding before at least 2025 for any further Addenbrooke's 3 projects, resulting in an impact on the ability of CUH to address ED physical capacity constraints (see BAF risk 001) and critical infrastructure issues (see BAF risk 005). This also limits opportunities to make significant changes to models of care enabled through the A3 projects.	

Actions to address gaps in controls and assurances	Due date
C1. Ongoing discussions with NHP team on funding issues.	Ongoing
C2. New governance model to be developed between University of Cambridge and NHS partners for CCH and CCRH, to augment the current landlord-tenant model beyond OBC submission – Board discussions in January/February 2023.	February 2023
C3. New Programme Director role to be established with complete oversight of both CCH and CCRH programmes; new Construction Director roles to be appointed in both programmes; new governance arrangements to be established to ensure governance arrangements of overall programme workstreams are robust, as set out in OBC management case.	March 2023
C4. Ongoing discussions with NHP team and DHSC.	April 2023
C5. PBC for Addenbrooke's 3 describes phased plans for CUH campus for short (next 18 months), medium (2021–2025) and longer term (2025+). Work to identify potential estates redevelopment/upgrade opportunities arising from delivery of CCRH and CCH.	Ongoing

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	12	12	12	12	12	12	12	12	16	16	16	16	16

BAF 009: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	4x4=16	
April 2023	4x3=12	CCRH and CCH OBCs approved nationally, allowing move to procurement phases and finalisation of FBCs.
April 2024	4x3=12	CCRH and CCH FBCs approved nationally and construction commenced.
March 2027	4x2=8	CCRH and CCH construction completed.

BAF risk	010	**The Trust does not work effectively with partners across the Cambridgeshire and Peterborough Integrated Care System (ICS) and the Cambridgeshire South Care Partnership resulting in a failure to sustain and improve services for local patients and regulatory intervention and/or the recurrence of a financial deficit.**

Current risk rating:

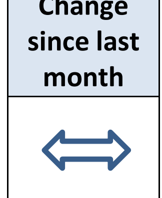
12

Strategic objective	A1
Latest review date	February 2023

Lead Executive	Interim Director of Strategy and Major Projects and Chief Operating Officer
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	*Risk reframed in Oct 20*		
Current (Feb 23)	**4**	**3**	**12**

Change since last month



Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
BAF 009	16	New hospitals development proposals
BAF 011	16	Financial sustainability

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

1. Setting Integrated Care as a major priority in the Trust's refreshed Strategy.
2. Participating in ICS/Integrated Care Board (ICB) working groups and processes.
3. Hosting Cambridgeshire South Care Partnership (SCCP); agreeing 'Framework for Integrated Care' as a vision and roadmap; co-chairing the SCCP Joint Strategic Board to set direction; investing in a skilled team at CUH to undertake work with partners including CUH clinical lead; investing in patient engagement through Healthwatch.
4. Leading urgent and emergency care (UEC) and discharge transformation programmes; developing pathway transformation between primary and secondary care; developing integrated teams in primary care.

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

1. Regular communication with ICS/ICB Executive to shape programmes of work and escalate issues.
2. Regular updates to Management Executive from the Cambridgeshire South Care Partnership Joint Strategic Board and bimonthly reporting to the Board of Directors.
3. Feedback and intelligence from Executive Team participation in, and leadership of some, system-wide groups.

Gaps in control	Gaps in assurance
C1. Arrangements not yet confirmed regarding the devolution of resource and accountability from the ICB to the Cambridgeshire South Care Partnership. C2. Not all providers are investing sufficiently to design and	

Actions to address gaps in controls and assurances	Due date
C1. Executive engagement with ICB/other providers to achieve clear and ambitious devolution of contracts and resource. C2. Use Cambridgeshire South Care Partnership board to identify shared transformation priorities and pilot new	September 2023 December 2023

implement integrated models of care.	
C3. Tight financial positions at CUH and at the ICB lead to short-term, ad-hoc, at-risk funding for work that requires sustained support.	
C4. Clinical transformation in CUH and with partners is crowded out by workforce requirements associated with sustaining core services.	
C5. Fragilities in sections of primary care constrain progress on collaborative work through the Cambridgeshire South Care Partnership.	

approaches. Develop a repeatable process to identify, grow and spread these.	
C3. Develop a methodology to quantify shared risk / reward / benefits for collaborative projects and evolve CUH's investment approach to support this.	March 2024
C4. Develop a proposal for allocating capacity across providers (including additional backfill) to support clinical engagement in pathway redesign.	September 2023
C5. Partnership exploring options for increasing resilience in primary care.	April 2023

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	12	12	12	12	12	12	12	12	12	12	12	12	12

BAF 010: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	4x3=12	
September 2025	4x2=8	Significant progress in delivering year 1 and 2 system objectives including significant productivity improvements and embedding of new models of care (including new workforce models) and new ways of working.

BAF risk	011	There is a risk that the Trust, as part of the Cambridgeshire and Peterborough ICS, is unable to deliver the scale of financial improvement required in order to achieve a breakeven or better financial performance within the funding allocation that has been set for the next three years, leading to regulatory action and/or impacting on the ability of the Trust to invest in its strategic priorities and provide high quality services for patients.

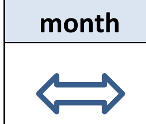
Current risk rating:

16

Strategic objective	All
Latest review date	February 2023

Lead Executive	Chief Finance Officer
Board monitoring committee	Performance Committee

Risk rating	Impact	Likelihood	Total
Initial (Dec 20)	*Risk reframed in Dec 20*		
Current (Feb 23)	4	4	16

Change since last month


Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity to restore services
BAF 003	12	Deployment of IT resources
BAF 010	12	Effective ICS working

Key controls

What are we already doing to manage the risk?

Financial planning and strategy

1. Development of financial plan for the 2022/23 financial year, underpinned by credible assumptions and realistic productivity and efficiency assumptions. Approved by Board in June 2022.
2. Financial input into development of system financial plans for Integrated Care Board (ICB) and oversight through Financial Planning and Performance Group (FPPG) within the ICB governance. Break even 2022/23 financial plan for ICB approved by Integrated Care Partnership (ICP) governing body and supported by regulators.
3. Oversight of the development of plans for the Cambridgeshire South Partnership.
4. Improvement and Transformation team oversight of Trust's improvement and transformation programme. Regular review of schemes and scheme identification against targets through divisional performance meetings.
5. Active engagement/involvement in national work to inform development and design of NHS funding regime, directly and through others.

Financial control

6. Controls in place via Investment Committee to ensure appropriate governance and financial control on expenditure decisions (including Covid-related investments), including mechanism to ensure cases are appropriately prioritised through investment decision process/framework.

Assurances on controls

How do we gain assurance that the controls are working?

1. Oversight of financial plan delivery through Management Executive, Performance Committee and Board of Directors.
2. Updates on ICB system plans and financial performance to Performance Committee and Board.
3. Oversight of Cambridgeshire South Partnership planning through Performance Committee, Audit Committee and Board of Directors.
4. Monitoring of improvement programme through Divisional Performance Meetings, Improving Together Steering Group, Performance Committee and Board of Directors.
5. Updates on NHS financial regime provided to Management Executive, Performance Committee and Board of Directors.
6. Key financial controls reviewed on an annual basis by the Trust's internal auditors. Assurance over the design and effectiveness of financial controls provided by the Trust's Audit Committee. Investment decisions reported to Management Executive on a monthly basis.
7. Monthly financial performance reporting through divisional performance meetings, Management Executive, Performance Committee and Board.
8. Key financial controls reviewed on an annual basis by the Trust's internal auditors. Assurance over the design and effectiveness of financial controls provided by the Trust's Audit Committee.

7. Regular reviews of the Trust's financial performance through monthly internal and external financial reporting cycle, including regular assessments of the Trust's underlying financial position and use of forecasting tools to identify financial risks and mitigations. 8. Effective design and implementation of key financial controls to ensure expenditure is reasonable, justifiable and represents value for money. Key controls - financial system controls, vacancy control procedures, segregation of duties, and procurement/contract management processes.	

Gaps in control	Gaps in assurance
C1. Macroeconomic environment, including supply constraints, inflation and pressure on public sector finances, as well as prevalence of Covid, may lead to additional financial pressure above funded levels or reduction in funding available to Trust. Ability to control these largely outside Trust's direct control. C2. Planning guidance for 2023/24 not yet available, and remains significant uncertainty about funding available for NHS beyond 2022/23. As a result, Trust does not have a detailed financial plan and operating budget for 2023/24. C3. Lack of a long-term financial strategy and plan to secure a sustainable financial future for the Trust as part of the ICB. C4. Limited control over the financial and operational performance of other organisations in the ICB which may impact the Trust's financial performance.	

Actions to address gaps in controls and assurances	Due date
C1. Ongoing monitoring of risks and impact on the Trust and ICB financial plan.	Ongoing
C2. Develop and agree (through Management Executive, Performance Committee and Board) the financial plan and budget for the 2023/24 financial year.	March 2023
C3. Agreement of financial strategy and long-term plan through Management Executive, Performance Committee and Board.	May 2023
C4. Ongoing monitoring of risks through FPPG, with reporting to Performance Committee.	Ongoing

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF 011: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	4x4=16	
April 2023	4x3=12	Delivery of a 2022/23 financial position in line with plan. Development and agreement of a financially-sustainable plan and budget for the 2023/24 financial year.
November 2023	4x3=12	Delivery of the 2023/24 financial plan as at month 6, and a clear and agreed longer-term financial plan (2-3 years) which delivers a financially-sustainable financial performance for the Trust and the ICB.
April 2026	4x2=8	Consistent delivery of Trust and ICB sustainable financial plans over 3-4 years.

BAF risk	012	**The Trust and our industry and research partners – convened through Cambridge University Health Partners (CUHP) – fail to capitalise on opportunities to improve care for more patients now, generate new treatments for tomorrow and power economic growth in life sciences in Cambridge and across the region.**

Current risk rating:

9

Strategic objective	C2
Latest review date	February 2023

Lead Executive	Interim Director of Strategy and Major Projects
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	3	3	9
Current (Feb 23)	**3**	**3**	**9**

Change since last month

Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
BAF 009	16	New hospitals development proposals

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

1. CBC Strategy Group is undertaking public consultation on a vision for 2050, setting out how the Campus can bring together the right set of research, education, healthcare delivery and industry partners; and what opportunities and requirements this generates for transport and other infrastructure, people and skills. CUH taking a leading role in community engagement with issues raised being actively addressed.
2. The Group is also supporting development of the Campus expansion proposals, including Campus improvements and work on masterplanning. CUH masterplanning work to be aligned.
3. CUH is a founding member of CBC Ltd spanning key current occupants of the CBC. This will drive forward implementation of the Vision.
4. Specific work on how the CBC can support the ICS, in particular elective recovery and diagnostics; and wider priorities including economic growth and levelling up.
5. Research and innovation recognised as priority within CUH Strategy with visibility at Board and Management Executive, quarterly reporting on specific deliverables and a new Innovation Committee to drive delivery. Innovation Landing Zone model being adopted to support partnering opportunities with external organisations which could benefit patients. Digital strategy for CUH includes opportunities to enhance and maximise the wider benefits of this key resource for research.
6. Ongoing work within BRC and across wider research and innovation programme to build diversity in the research leadership community (e.g.

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

1. Regular updates to Board of Directors on CUHP, CBC and life sciences, most recently in April 2021.
2. Board Committee established for Addenbrooke's 3 programme to increase Non-Executive scrutiny, including of how we are working with and contributing to our campus and other partners. Significant discussion on CUHP and CUH masterplan took place in March 2022.
3. Strategy refresh considering partnerships as a major plank, including how we build capacity and capability internally to work as effective partners.
4. Involving partners in key CUH governance groups, particularly on major projects.
5. Executives participating in CBC Ltd working group on Campus development proposals and appropriate ICS and regional NHS groups.
6. Regular engagement with Government and other national bodies to assess how Cambridge is perceived. Cambridge Life Sciences Council now established, with first meeting in May 2022, chaired by David Prior.
7. External input and expertise from NHS, academic and industry partners to provide independent advice and challenge. BRC to maintain model of internal assurance on direction/impact and external review of research programme to provide independent challenge.

through BRC programme senior roles). 7. Ongoing objective to develop world-class research infrastructure at the Cambridge Biomedical Research Centre and Clinical Research Facility. This is recognised through the positive Research Excellence Framework (REF) outcome for University of Cambridge. 8. Supporting engagement between the Eastern Genomics Laboratory Hub and Illumina to address capacity challenges, broaden joint research projects and embed genomics fully within new hospital builds. 9. Broadening partnerships with industry and the University, including extending work with the Institute for Manufacturing (IfM) to RPH, CPFT, AZ, GSK, primary care and other NHS trusts across the East of England. Discussions to begin on broadening IfM type partnership to other areas of the University of Cambridge. BRC and BioResource taking explicit steps to collaborate with research partners across UK to achieve impact for populations beyond our local geography. 10. Work ongoing with other trusts across the East of England on the specialist provider collaborative, focused on improving access to specialist care within the region, including in paediatrics and cancer.	

Gaps in control	Gaps in assurance
C1. National work to promote Cambridge's distinct contribution. C2. Buy-in and commitment from all partners to make the most of our collective opportunities, working through differences in priorities as they arise.	

Actions to address gaps in controls and assurances	Due date
C1a. Involving Campus partners in regional/national media.	Ongoing
C1b. Implementation of Cambridge offer.	Ongoing
C2a. Further work on a clear 'manifesto' for Cambridge Life Sciences being undertaken, drawing in thought leaders from across the Campus.	Ongoing
C2b. Further work with University of Cambridge to extend partnerships to new areas.	Ongoing

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	9	9	9	9	9	9	9	9	9	9	9	9	9

BAF 012: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	3x3=9	
Ongoing	3x3=9	Given the dynamic nature of the sector, it seems unlikely that it is possible to mitigate the risk to a lower level over the medium term.

BAF risk	013	**There is a risk that we fail to maintain and improve the physical and mental health and wellbeing of our workforce which impacts adversely on individual members of staff and our ability to provide safe patient care now and in the future.**

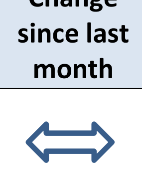
Current risk rating: 16

Strategic objective	B3, B5
Latest review date	February 2023

Lead Executive	Director of Workforce
Board monitoring committee	Workforce and Education

Risk rating	Impact	Likelihood	Total
Initial (Apr 21)	4	4	16
Current (Feb 23)	4	4	16

Change since last month



Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
BAF 007	20	Meeting workforce demand
CR54	20	Cost of living

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

1. Staff Wellbeing Strategy in development.
2. Occupational Health offer with a range of services in place including health pre-employment support, health surveillance programme and management referral pathways.
3. Staff psychological wellbeing and support offer, collaborating with system partners (inc. CPFT), and complemented by Chaplaincy offer. Introduction of multidisciplinary ZIP team bringing together professions from across the Trust.
4. Covid-19 health risk assessment (Version 7) process in place, comprehensive Covid-19 in-house test and trace system and on-site vaccination programme. Range of measures to maintain a Covid secure environment under regular review.
5. Annual flu vaccination and Covid-19 booster vaccination programmes delivered in winter 2022/23.
6. Established equality, diversity and inclusion networks and events promoting health and wellbeing.
7. Public health offer (lifestyle health checks, support and advice – smoking cessation, weight management).
8. 24/7 employee assistance programme (Health Assured) offering practical advice, counselling and support.
9. Support offer for redeployees returning to substantive areas of work and leadership support circle facilitation Trust-wide.
10. Developed a model of ‘Good Work’ with six priority areas including a programme of support for staff wellbeing, cost of living assistance and

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

1. Management Executive oversight on key programmes of work via taskforce reporting and reporting on specific issues.
2. Reporting to Workforce and Education Committee.
3. Reporting to Health and Safety and Infection Prevention and Control Committees; and Covid-19 Secure Taskforce.
4. Safe Effective Quality Occupational Health Services (SEQOHS) independent accreditation.
5. National and local staff survey evidence on staff health and wellbeing and collation of learning from staff stories.
6. Reporting to Regional People Board via the Regional Health Safety and Wellbeing Group.
7. Chief Executive-led working group on ‘Good Work’ reporting to Management Executive. Update provided to Management Executive and Board of Directors in November 2022, with endorsement of 2023/24 programme.
8. Wellbeing Team in place – three Wellbeing Facilitators Trust-wide.

staff amenities. Food and transport cost support measures, including car parking subsidy, free Park and Ride bus travel and subsidised hot food offer, continued and funded for 2023/24.	

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. Inadequate provision of staff rest spaces and other amenities.		C1. Management Executive has received and reviewed costed options, and Capital Advisory Board has allocated funding for initial schemes to be progressed. Initial schemes implemented and further ones being developed and implemented.	Ongoing
C2. Further work required on measures to support staff with cost of living pressures.		C2. Development of further plans through 'Good Work' Group, including agreement of 2023/24 programme.	Ongoing
C3. Winter 2022 seasonal flu and Covid-19 staff vaccination programmes completed and data to be analysed.		C3. Undertake After Action Review to feed into design of future vaccination programmes.	March 2023

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF 013: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	4x4=16	
March 2023	4x4=16	Avoid further increase in risk though range of interventions including psychological support, staff recognition and cost of living support.
March 2024	4x3=12	Reduced sickness absence; improved staff engagement and wellbeing scores as measured through national staff survey.
March 2026	4x2=8	Improvement in staff engagement and wellbeing (measured as above) sustained over a further two-year period.

BAF risk	014	**The Trust does not work effectively with regional partners (particularly regarding specialised services) resulting in a failure to sustain and improve services for regional patients and regulatory intervention and/or the recurrence of a financial deficit.**

Current risk rating:

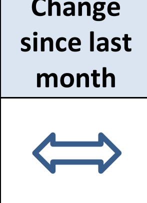
12

Strategic objective	C1
Latest review date	February 2023

Lead Executive	Interim Director of Strategy and Major Projects
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Oct 22)	4	3	12
Current (Feb 23)	**4**	**3**	**12**

Change since last month



Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
BAF 009	16	New hospitals development proposals
BAF 011	16	Financial sustainability
BAF 012	9	Impact of Trust and industry/research partners

Key controls

What are we already doing to manage the risk?

1. Setting Specialised Services as a major priority in the Trust's refreshed Strategy.
2. Working with other trusts in the region through the East of England Specialised Provider Collaborative (East of England SPC), including quarterly CEO meetings.
3. Engaging with key stakeholders (NHS England Specialised Commissioning, ICBs, providers, networks) to prioritise opportunities for specialised services.
4. Influencing NHS England on specialised commissioning developments by participating in / leading Shelford Group forums on specialised services.

Assurances on controls

How do we gain assurance that the controls are working?

1. Regular EoE SPC meetings to continue to progress agenda.
2. Regular updates to Management Executive and Board of Directors.
3. Feedback and intelligence from Executive Team participation in, and leadership of some, national and regional groups.

Gaps in control	Gaps in assurance
C1. ICBs and regional commissioning teams do not engage with providers on changes to specialised services (e.g. lack of representation in key governance forums). C2. EoE SPC partners do not co-invest/commit to changes to services and/or funding is short term and ad hoc, making it difficult to sustain the collaborative's work over time. C3. There is a lack of clear governance meaning that key decisions relating to the collaborative (e.g. prioritisation of resourcing) are not made.	

Actions to address gaps in controls and assurances	Due date
C1. Continue engaging with ICB leads and NHS England regional team to secure participation in governance forums.	January 2023
C2. Obtain support from CEOs to co-resource the collaborative and expand over time; continue investment from CUH; develop business plan to define the objectives and resourcing approach across members.	September 2023
C3. Establish clearer governance through developing a business plan, to be agreed by CEOs.	September 2023

C4. Clinical transformation in CUH and with partners is crowded out by urgent pressures to sustain current services.	

C4. Agree shared priorities across providers in EoE SPC, as well as internal discussions within CUH, and begin to show impact through progressing identified transformation initiatives.	March 2023

Risk score	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
									12	**12**	**12**	**12**	**12**

BAF 014: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory
Current (Feb 23)	**4x3=12**	
April 2025	**4x2=8**	Development of revised national commissioning framework; transfer of commissioning activities into ICBs; collaboratives established and delivering on key priorities.

Annex 1: Trust risk scoring matrix and grading

Impact	Likelihood 1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

Risk Assessment	Grading
15 – 25	**Extreme**
8 – 12	**High**
4 – 6	**Medium**
1 – 3	**Low**

Annex 2: Trust strategic commitments, July 2022

	A	B	C
	Improving patient care	Supporting our staff	Building for the future
1	**Integrated care:** We will work with NHS, other public sector and voluntary sector organisations to improve the health of our local population	**Resourcing:** We will invest to ensure that we are well staffed to deliver safe and high quality care	**Specialised services:** We will work with hospitals across the East of England to provide high quality specialised care for more patients closer to home
2	**Emergency care:** When patients come to the hospital in an emergency we will treat them, and help them to return home, quickly	**Ambition:** We will invest in education, learning, development and new ways of working	**Research and life sciences:** We will conduct world-leading research that improves care and drives economic growth
3	**Planned care:** When patients need planned care we will see them as quickly and efficiently as possible	**Good work:** We will strive to ensure that working at CUH will positively impact our health, safety and well-being	**New hospitals and the estate:** We will maintain a safe estate and invest in new facilities to improve care for patients locally, regionally, and nationally
4	**Health inequalities:** We will tackle disparity in health outcomes, access to care and experience between patient groups	**Inclusion:** We will seek to drive out inequality, recognising that we are stronger when we value difference and inclusion	**Climate change:** We will tackle the climate emergency and enhance environmental sustainability
5	**Quality, safety and improvement:** We will continuously improve the quality, safety and experience of all our services	**Relationships:** We will foster compassionate and enabling working relationships	**Digital:** We will use technology and data to improve care

Board of Directors

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Report to the Board of Directors: 8 March 2023

Agenda item	15
Title	Modern Slavery Act 2015 compliance statement
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	As above
Purpose	To approve the Trust's compliance statement for publication.
Previously considered by	Management Executive, 23 February 2023

Executive Summary

Under Section 54 of the Modern Slavery Act 2015, a slavery and human trafficking statement must be produced annually by all commercial organisations which supply goods and services and have a turnover of not less than £36 million. It is widely accepted that this requirement applies to NHS bodies.

In order to comply with the requirements of the Modern Slavery Act, the Board approved in March 2022 the statement attached at Appendix 1 for publication.

This paper asks the Board to reconfirm the statement for the next 12 month period to 31 March 2024.

Related Trust objectives	All Trust objectives
Risk and Assurance	To provide assurance that the Trust is aware of and compliant with the requirements of the Modern Slavery Act 2015.
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 reconfirm the attached slavery and human trafficking statement for the 12-month period to 31 March 2024.

Cambridge University Hospitals NHS Foundation Trust

8 March 2023

Board of Directors

Modern Slavery Act 2015 compliance statement

Ian Walker, Director of Corporate Affairs

1. Introduction

1.1 Under Section 54 of the Modern Slavery Act 2015, a slavery and human trafficking statement must be produced annually by all commercial organisations which supply goods and services and have a turnover of not less than £36 million. A commercial organisation is defined by the Act as "*a body corporate (wherever incorporated) which carries on a business, or part of a business, in any part of the United Kingdom*".

1.2 Government guidance states that the requirement applies to organisations pursuing primarily charitable or educational aims or purely public functions. As NHS foundation trusts and NHS trusts are established as bodies corporate under the NHS Act 2006, and are providers of goods and services, it is widely accepted that trusts are required to comply with the requirements of Section 54 of the Act.

1.3 Many trusts publish annually a compliance statement on their websites.

1.4 The Act states that the organisation's slavery and human trafficking statement may include information about:

- The organisation's structure, its business and its supply chains.
- Its policies in relation to slavery and human trafficking.
- Its due diligence processes in relation to slavery and human trafficking in its business and supply chains.
- The parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk.
- Its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate.
- The training about slavery and human trafficking available to its staff.

1.5 The legislation requires the statement to be approved by the Board of Directors (or equivalent management body) and published on the organisation's website.

1.6 In order to comply with the requirements of the Modern Slavery Act, the Board approved in March 2022 the statement attached at Appendix 1 for publication. This paper asks the Board to reconfirm the statement for the next 12 month period.

2. Recommendations

2.1 The Board of Directors is asked to reconfirm the attached slavery and human trafficking statement for the 12-month period to 31 March 2024.

Appendix 1: Slavery and human trafficking statement 2023/24

Modern slavery is the recruitment, movement, harbouring or receiving of people through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation.

Individuals may be trafficked into, out of, or within the UK. They may be trafficked for a number of reasons, including sexual exploitation, forced labour, domestic servitude and organ harvesting.

Cambridge University Hospitals NHS Foundation Trust (CUH) is committed to upholding the provisions of the Modern Slavery Act 2015 and to ensuring that there is no modern slavery or human trafficking in any part of our business.

We expect our staff and our suppliers to comply with this legislation.

CUH will:

- Continue to develop awareness within the Trust of modern slavery issues.
- Ensure that Procurement staff receive regular updates and training so that they are aware of legislative requirements in this area.
- Consider modern slavery factors when making procurement decisions.
- Make suppliers and service providers aware that we expect them to understand and adhere to the requirements of the legislation.
- Use NHS Terms and Conditions for Goods and Services for specification and tender documents which require suppliers to comply with all relevant legislation and guidance, including modern slavery conditions.
- Adhere to national NHS employment checks and standards.
- Only work with NHS framework approved agencies for the recruitment and placement of workers and employees, auditing compliance with safe recruitment practice.
- Ensure that all staff undertake mandatory Safeguarding Children and Vulnerable Adults training, and mandatory training in Equality, Diversity and Inclusion.
- Ensure that modern slavery and human trafficking is reflected in the Trust's safeguarding policies and work plans.
- Maintain robust Freedom to Speak Up arrangements which allow staff and others to raise concerns in confidence.

Board of Directors

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Report to the Board of Directors: 8 March 2023

Agenda item	16
Title	Audit Committee terms of reference
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	As above
Purpose	To approve the terms of reference of the Audit Committee following scheduled review.
Previously considered by	Audit Committee, 1 February 2023

Executive Summary

The terms of reference of Board committees require that they are reviewed at least every two years. These scheduled reviews have been undertaken by each committee in recent months and revised terms of reference for all but the Audit Committee were approved by the Board of Directors in January 2023.

The Audit Committee reviewed its terms of reference at its meeting on 1 February 2023. Following this review, including with specific input from both the Trust's Internal Auditors and External Auditors, no amendments to the current terms of reference are proposed.

Subject to the approval of the Board, the revised terms of reference will be published on the Trust's website.

Appendix 1 sets out, for information, the current membership of Board committees.

Related Trust objectives	All Trust objectives
Risk and Assurance	The Board Committees are part of the overall framework for managing risk and assurance in the Trust.
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 approve the Audit Committee terms of reference following their scheduled review.

Appendix 1: Board committee membership

The membership of the committees of the Board is determined by the Chair of the Trust in consultation with the Board of Directors.

The membership as of 1 March 2023 is as follows:

Board Committee	Membership
Audit Committee	NEDs: Daniel Abrams (Chair), Annette Doherty, Sharon Peacock
Remuneration and Nomination Committee	All Non-Executive Directors. Chaired by Ali Layne-Smith
Quality Committee	NEDs: Sharon Peacock (Chair), Adrian Chamberlain, Rohan Sivanandan Executive Directors: Chief Nurse and Medical Director
Performance Committee	NEDs: Adrian Chamberlain (Chair), Daniel Abrams, Ian Jacobs Executive Directors: Chief Finance Officer, Chief Operating Officer and Medical Director
Workforce and Education Committee	NEDs: Rohan Sivanandan (Chair), Ali Layne-Smith, Patrick Maxwell Executive Directors: Director of Workforce, Chief Nurse and Medical Director
Addenbrooke's 3 Committee	NEDs: Annette Doherty (Chair), Ian Jacobs, Patrick Maxwell Executive Directors: Director of Strategy and Major Projects, Chief Nurse, Medical Director

Board of Directors

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Report to the Board of Directors: 8 March 2023

Agenda item	17
Title	Board committee annual reports
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	Jason Clarke, Trust Secretary
Purpose	To receive the annual reports of Board committees for 2022.
Previously considered by	Respective Board committees

Executive Summary

The terms of reference for Board committees require them to produce an annual report on their activities. The attached annual reports covering the period 1 January 2022 to 31 December 2022 relate to the:

1. Addenbrooke's 3 Committee
2. Audit Committee
3. Performance Committee
4. Quality Committee
5. Workforce and Education Committee

The activities of the Remuneration Committee are reported in the remuneration section of the Trust's Annual Report.

Related Trust objectives	All objectives
Risk and Assurance	Board Committees provide a key source of assurance to the Board of Directors.
Related Assurance Framework Entries	n/a
Legal implications/Regulatory requirements	It is a requirement of the Committees' terms of reference that they produce an annual report on their activities.
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Board of Directors

The Board is asked to receive the annual reports of Board assurance committees for 2022.

Cambridge University Hospitals NHS Foundation Trust

8 March 2023

Board of Directors

Board assurance committee annual reports

Jason Clarke, Trust Secretary

1. Introduction/background

1.1 The Board of Directors is required to establish and maintain an Audit Committee and a Remuneration Committee. The Board of Directors has also established the following committees of the Board:

- Addenbrooke's 3 Committee
- Performance Committee
- Quality Committee
- Workforce and Education Committee

1.2 The membership of the committees is determined by the Chair of the Trust in consultation with the Board of Directors. The membership **as of 31 December 2022** was:

Board Committee	**Membership**
Audit Committee	NEDs: Daniel Abrams (Chair), Dr Annette Doherty, Prof Sharon Peacock
Remuneration and Nomination Committee	NEDs: Ali Layne-Smith (Chair), Prof Sharon Peacock, Adrian Chamberlain, Rohan Sivanandan, Daniel Abrams, Prof Ian Jacobs, Dr Mike More, Prof Patrick Maxwell, Dr Annette Doherty
Quality Committee	NEDs: Prof Sharon Peacock (Chair), Adrian Chamberlain, Rohan Sivanandan Executive Directors: Chief Nurse and Medical Director
Performance Committee	NEDs: Adrian Chamberlain (Chair), Daniel Abrams, Prof Ian Jacobs Executive Directors: Chief Finance Officer, Chief Operating Officer and Medical Director

Workforce and Education Committee	NEDs: Rohan Sivanandan (Chair), Ali Layne-Smith, Professor Patrick Maxwell Executive Directors: Director of Workforce, Chief Nurse and Medical Director
Addenbrooke's 3 Committee	NEDs: Annette Doherty (Chair), Professor Patrick Maxwell, Prof Ian Jacobs Executive Directors: Director of Strategy and Major Projects, Chief Nurse, Medical Director

1.3 Attendance statistics for the committee members of assurance committees are listed at Appendix 1.

1.4 The Trust Chair and non-member Directors have a general right of attendance at the Addenbrooke's 3 Committee, Audit Committee, Quality Committee, Performance Committee and Workforce and Education Committee.

1.5 The Board is reminded that in 2018/19 the Trust introduced arrangements to allow members of the Council of Governors to observe meetings of Board assurance committees. The purpose of this arrangement is to support Governors in discharging their statutory responsibility to hold Non-Executive Directors to account collectively and individually for the performance of the Board.

1.6 The specific activities on each committee are outlined in Sections 2 to 6. Separate work will be undertaken by the Trust Secretary over the next six months to develop an approach to self-assessment of committee effectiveness.

2. Addenbrooke's 3 Committee

2.1 The Committee meets every two months and at each meeting receives assurance on Addenbrooke's 3 programme development, Phase 1 capital developments, the Cambridge Cancer Research Hospital and the Cambridge Children's Hospital.

2.2 The Committee provides assurance to the Board of Directors on the progress of the Addenbrooke's 3 hospitals redevelopment programme in addressing the quality of the hospital estate and facilitating improvements in clinical quality, within the context of remaining at the heart of an integrated care system and working collaboratively with academic and industry partners.

2.3 The Committee has a dual role of strategic oversight and assurance around implementation and delivery.

2.4 The Committee met six times in the reporting period and received at each meeting a series of project delivery updates, outlining for each project progress against key milestones, risks and mitigations, and next steps.

2.5 In addition to the regular programme delivery and assurance reports, the Committee received detailed reports and sought assurance on the following areas relevant to its terms of reference:

- January 2022 – Integrated Care Partnership (ICP) update, Addenbrooke's 3 communications and engagement
- March 2022 – Cambridge University Health Partners (CUHP) update, Estates Masterplanning update
- May 2022 – Digital Strategy in relation to new hospital developments
- July 2022 – Cambridge Cancer Research Hospital and Cambridge Children's Hospital draft Outline Business Cases (OBCs)
- September 2022 – Cancer research developments, ICP update, Addenbrooke's 3 communications and engagement update
- November 2022 – Research and Development (Biomedical Research Centre) update

Governance

2.5 At each meeting the committee received the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR). The committee reviewed the risks assigned to it, challenging gaps in control and sought assurance that appropriate mitigations were in place.

3. Audit Committee

3.1 The Audit Committee met five times during the reporting period.

Internal Audit

3.2 One of the primary roles of the Committee is to receive reports from the Internal Auditors. KPMG provide the Internal Audit service to the Trust. During the reporting period the Committee received the following internal audit reports:

Meeting	Internal Audit Report
February 2022	• BAF and Risk Management • Perinatal Governance
April 2022	• Recruitment Internal Audit Report • Key Financial Systems and Control Internal Audit Report • Contract Management Internal Audit Report • Procurement Internal Audit Report
June 2022	• Novosco Benefits Realisation Internal Audit Report • Waiting List Management Internal Audit Report • Data Privacy Internal Audit Report • DSP Toolkit Internal Audit Report • Internal Audit Plan 2022/23 Internal Audit Report
July 2022	• Data Privacy Internal Audit Report
November 2022	• Data Quality Internal Audit report • Cyber Security Internal Audit report • DBS Compliance Internal Audit report • Annual leave processes Internal audit report • Financial compliance Internal Audit report • Scope of construction projects review

The Committee discussed each audit report in detail and escalated reports as required to the next meeting of the Board of Directors.

3.3 At each meeting the Committee received and actively reviewed a report which summarised progress against previously agreed management actions. The Committee robustly challenged the management responses and the report on each occasion.

3.4 During the reporting period, the Committee reviewed and agreed the Internal Audit Plan for 2022/23. The discussion considered the relative prioritisation of resources in the plan for the year ahead. The final plan for 2022/23 was agreed in June 2022.

3.5 In June 2022 the Committee also received the Head of Internal Audit opinion, which was one of ‘significant assurance with minor improvements required’.

Counter Fraud

3.6 Local Counter Fraud Specialist services are also provided to the Trust by KPMG. The Committee received a progress summary report at each meeting regarding the activities of the Local Counter Fraud Specialist.

3.7 The Committee reviewed specific referrals to the Counter Fraud Service. During the reporting period the Committee also reviewed and endorsed the counter fraud plan for 2022/23.

3.8 In response to a number of requests from the Committee, additional information is now incorporated into the regular summary reports regarding the estimated magnitude of fraud activities, both at an individual alleged fraud level and at an organisational level.

External Audit

3.9 The Council of Governors is responsible for appointing the Trust's External Auditors on recommendation of the Audit Committee. The External Auditors are currently Mazars.

3.10 In June 2022, the Committee received the conclusion of the external audit of the 2021/22 annual report and accounts. The Trust's External Auditors concluded that there were no significant financial sustainability, governance or economy, efficiency and effectiveness risks identified during their review.

3.12 The long-term financial position of the Trust has continued to be a standing agenda item with a supporting report produced by the Chief Finance Officer at each meeting of the committee.

Risk management

3.13 Each of the meetings of the committee received the full version of the Board Assurance Framework and Corporate Risk Register. Particular topics were escalated for discussion at the committee including statutory fire compliance, electrical infrastructure resilience, Vaccination as a Condition of Deployment.

Annual reports

3.14 The Committee received and reviewed the following annual reports:

- Clinical Audit
- Single Tender actions

4. Performance Committee

4.1 During the reporting period the Committee met monthly except for August 2022 (as scheduled).

Finance

4.2 Each meeting of the Committee received a detailed summary of the current financial position of the Trust. The majority of the discussions of the committee regarding the financial position during the reporting period focused on the Covid recovery plan, the budget setting process for the year ahead and the ambition to maintain a breakeven position.

4.3 During the period the Committee received a number of updates on the NHS financial position and how this would affect the plans of the Trust.

4.4 Prior to the review and approval of the annual Operational Plan by the Board of Directors, the Committee reviewed and commented on the proposed submission to NHS England. The comments of the committee were incorporated into the final submission.

Integrated Performance Report/Operational performance

4.5 At each meeting the Committee reviewed the integrated operational performance of the Trust.

4.6 The Committee regularly discussed the implications of the continued pressure on the operational performance of the Trust, particularly as a result of the Covid pandemic and workforce challenges. The committee welcomed specific improvements in performance, particularly in relation to ambulance handover times and cancer patients waiting over 62 days for treatment. However, the sustainability of the improvements, and challenges with managing capacity demand remained a concern through much of the year.

4.7 As a result, the Committee discussed the effects of delays in the progress of major programmes to increase capacity and requested monthly updates on these for assurance.

4.8 The Committee regularly escalated areas of concern regarding operational performance to the Board of Directors via the committee chair's report.

Capital

4.9 During the whole of the reporting period the committee received updates on the availability and deployment of capital resources.

Workforce

4.10 The Director of Workforce attended the Committee quarterly and facilitated a detailed discussion regarding the interaction between workforce and performance data. During the year the format of this report continued to evolve to focus on the key issues of interest to the committee, specifically maintaining adequate staffing levels, staff absence and the rate of growth of the overall workforce.

5 year strategy

4.11 The Committee had requested a five-year plan to address the key commitments outlined in the Trust strategy refresh, to provide a framework to its scrutiny of current performance and to assist with the prioritisation of initiatives in the near term that could pay off over the medium term. Regular updates on the plan were monitored by the Committee.

Other reports

4.12 The Committee received a number of others reports at regular intervals, which are reflected in the terms of reference for the Committee agreed by the Board of Directors:

- Annual review of compliance against the Emergency, Planning and Preparedness Response standards
- Six monthly report on Estates and Facilities Performance metrics
- Quarterly report on eHospital performance
- Regular updates on improvement activities

Business cases

4.12 The Committee has a role to review business cases with a value in excess of £4m in value. During the reporting period the committee reviewed the following business cases and recommended approval to the Board of Directors:

- January 2022 - 24/7 Regional Thrombectomy Service
- February 2022 – Elective Recovery Programme
- March 2022 - Adult Critical Care Retrieval Service business case
- March 2022 - Genomics business case
- June 2022 – 40 bed theatre unit full business case
- October 2022 - Cambridge Cancer Research Hospital – OBC
- December 2022 – Cambridge Children’s Hospital – OBC

5. Quality Committee

5.1 The Quality Committee met every other month during the reporting period as scheduled.

Safety and quality

5.2 The Committee received a patient safety and experience report at each meeting, focusing on key themes, trends, learning and improvement Each meeting of the committee received an update on patient safety metrics including Serious Incidents, Never Events, Duty of Candour, learning from deaths, deteriorating patient and sepsis, Venous Thromboembolism (VTE), falls, hospital acquired pressure ulcers (HAPUs), patient experience and complaints and Safety Learning Reports. The committee discussed variances and trends in data and undertook deep dives into topics including quality assurance within urgent and emergency care, infection prevention and control (IPC) board assurance framework, pharmacy and medicines optimisation and the action plan to support the outcome of the Care Quality Commission (CQC) inspection of the Urgent and Emergency Care (UEC) and Medicine core services.

5.3 The Committee received a Lead Executive Report at each meeting highlighting areas of success, key issues and emerging themes for the attention of the Committee. The Committee were kept informed of concerns with Covid-19, Lassa Fever, Emergency Department risks, staffing, compliance visits and HAPUs.

5.4 During the year the committee received a number of reports on maternity services including updates on quality improvement workstreams, Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme standards compliance, staffing levels and compliance with the Ockenden Review. The committee welcomed the quality improvement work undertaken to date and requested regular updates as work progressed.

5.5 The Committee received a twice yearly report on infection prevention and control including metrics on MRSA, clostridium difficile, hospital onset gram-negative bacteraemia, MSSA and CPE. A report to the Committee in May 2022 sought to provide assurance against the updated Covid-19 guidance published by NHS Improvement in November 2021.

Governance

5.6 During the reporting period the Committee received regular detailed updates on the implication and response to the back-log of patients awaiting treatment, capacity constraints and long waits within the Emergency Department.

5.7 During the reporting period the Committee received regular detailed updates on the implication and response to Covid-19.

5.8 During the reporting period the committee reviewed CQC Urgent and Emergency Care action plan, which emerged from the Trust's inspection in March 2022.

5.9 Prior to approval by the Board of Directors, the committee reviewed and commented on the 2021/22 Quality Account. The comments of the committee on the Quality Account were incorporated into the final submission to the Board.

5.10 At each meeting the committee received the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR). The committee reviewed the risks assigned to it, challenging gaps in control and sought assurance that appropriate mitigations were in place.

Other reports

5.11 The committee received a number of other reports at regular intervals, including those which are reflected in the terms of reference for the committee agreed by the Board of Directors:

- Learning disabilities outcome report
- Annual End of Life Care report
- Medicines Optimisation annual report
- Safeguarding annual report
- Health and safety annual report
- Clinical Audit

6. Workforce and Education Committee

6.1 The committee met four times during the reporting period.

Operational performance

6.2 Each meeting of the committee received a detailed report from the Director of Workforce which provided an update on the workforce commitments;

- Good Work and Wellbeing
- Resourcing
- Ambition
- Inclusion
- Relationships

A summary of the Trust's performance in relation to key indicators from the latest Workforce Performance Report was also provided. Monitoring of workforce figures, staff sickness rates and staff wellbeing were frequently discussed.

6.3 Additionally, the Committee were provided with operational updates relating to the planning process for the industrial action taken by members of the Royal College of Nursing in December 2022.

6.4 The committee received regular updates on Equality, Diversity and Inclusion, promoting civility and respect and the workforce functions of the emerging ICB.

6.5 In September 2022 the Committee received the Workforce Disability Equality Standard (WDES) annual report 2022.

6.6 The committee reviewed the development and delivery of the Trust's Workforce Plan, focusing on: strategic workforce information and planning, recruitment and retention, education, learning and organisational and leadership development, Equality, Diversity and Inclusion and staff experience and engagement.

6.7 The committee received a regular updates on the NHS People Plan and the Trust workforce ambitions which align with the plan.

6.8 The committee were informed of capital projects and the plans for staff facilities.

Governance

6.9 At each meeting the committee received the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR). The committee reviewed the risks assigned to it, challenging gaps in control and sought assurance that appropriate mitigations were in place.

Other reports

6.10 The committee received a number of others reports at regular intervals, including those which are reflected in the terms of reference for the committee agreed by the Board of Directors:

- Talent management
- Gender Pay Gap
- GMC Survey
- Industrial Action
- Ockenden Report
- Workforce Compliance
- Staff Engagement Results

7. Recommendations

7.1 The Board of Directors is asked to receive the annual reports of Board assurance committees for 2022.

Appendix 1: Committee Membership attendance – 1 January 2022 to 31 December 2022

Addenbrooke's 3 Committee

The committee formally met six times during the reporting period.

Dr Mike Knapton left the Trust following the expiry of his term of office on 31 March 2022.

Prof Ian Jacobs joined the Committee in April 2022.

Nick Kirby joined the committee in September 2022 as Interim Director of Strategy and Major Projects.

Dr Annette Doherty (Chair)	Attended 6 out of 6 meetings
Dr Mike Knapton	Attended 2 out of 2 meetings
Prof Patrick Maxwell	Attended 4 out of 6 meetings
Dr Ashley Shaw	Attended 3 out of 6 meetings
Claire Stoneham	Attended 4 out of 4 meetings
Lorraine Szeremeta	Attended 2 out of 6 meetings
Nick Kirby	Attended 2 out of 2 meetings
Ian Jacobs	Attended 4 out of 4 meetings

Audit Committee

The committee met five times during the reporting period.

Prof Sharon Peacock joined the Committee in April 2022.

Daniel Abrams (Chair)	Attended 5 out of 5 meetings
Dr Annette Doherty	Attended 5 out of 5 meetings
Prof Sharon Peacock	Attended 3 out of 4 meetings

Performance Committee

The committee met 11 times during the reporting period.

Ewen Cameron attended as Interim Chief Operating Officer until March 2022.

Nicola Ayton attended the Performance Committee as Chief Operating Officer from April 2022 until the end of the reporting period.

Ian Jacobs, Non-Executive Director joined the Committee in April 2022.

Adrian Chamberlain (Chair)	Attended 11 out of 11 meetings
Daniel Abrams	Attended 11 out of 11 meetings
Nicola Ayton	Attended 8 out of 8 meetings
Dr Ewen Cameron	Attended 3 out of 3 meetings
Mike Keech	Attended 11 out of 11 meetings
Dr Ashley Shaw	Attended 11 out of 11 meetings
Prof Ian Jacobs	Attended 7 out of 8 meetings

Quality Committee

The committee met six times during the reporting period.

Prof Sharon Peacock (Chair)	Attended 6 out of 6 meetings
Adrian Chamberlain	Attended 6 out of 6 meetings
Rohan Sivanandan	Attended 4 out of 6 meetings
Dr Ashley Shaw	Attended 6 out of 6 meetings
Lorraine Szeremeta	Attended 6 out of 6 meetings

Workforce and Education Committee

The committee met four times during the reporting period.

Rohan Sivanandan	Attended 4 out of 4 meetings
Prof Patrick Maxwell	Attended 2 out of 4 meetings
Dr Ashley Shaw	Attended 2 out of 4 meetings
Ali Layne-Smith	Attended 4 out of 4 meetings
Lorraine Szeremeta	Attended 1 out of 4 meetings
David Wherrett	Attended 4 out of 4 meetings

CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Performance Committee	**DATE OF MEETING:**	1 March 2023
CHAIR:	Adrian Chamberlain	**LEAD EXECUTIVE DIRECTOR:**	Chief Operating Officer, Chief Finance Officer
RECEIVING BOARD / COMMITTEE:	Board of Directors, 8 March 2023		

AGENDA ITEM	**DETAILS OF ISSUE**	**FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?**	**CORPORATE RISK REGISTER / BAF REFERENCE**	**PAPER ATTACHED (Y/N)**
5	**Strategy and New Hospitals update** 1. The committee was updated on the current position. Work was in progress developing a new way of reporting the 15 strategy commitments to the Performance Committee and the Board on a quarterly basis. 2. Meetings to be held with Executive Directors to confirm which commitments they would lead on. At the May Board away day Executives would present on their assigned commitments and progress with them. 3. A further update would come to the Committee at its April meeting. 4. Cambridge Cancer Research Hospital (CCRH) - the decision of the national Joint Investment Committee (JIC) on the CCRH outline business case (OBC) will be made on 2 March. The OBC has already been approved by the New Hospitals	For information	BAF 009	n/a

	Programme (NHP) Investment Committee and the NHSE Eastern Region Executive meeting. 5. If approved by JIC the OBC will proceed to ministers and HM Treasury for approval. 6. Due to new stipulations for proceeding to full business case submission, the timeline for the development may be extended. 7. Work was continuing with DHSC and others on sources of funding for the Cambridge Children's Hospital.			
6 6.1	**Operational Performance** 1. The committee was updated on current performance. 2. Ambulance handover times continued to be better than the regional and national averages in January and into February. 3. Waiting times in ED, while improving, were longer than the regional and national averages. This remained a key area of focus, with triage and streaming as priorities. Performance against the 4-hour standard would be re-introduced shortly. 4. 78 week waits were on trajectory to be cleared by the end of April 2023 and there had also been reductions in the numbers of patients waiting 52 weeks or more with numbers reducing for the fifth consecutive month. 5. It was noted that the greatest risk to the delivery of targets for 78 and 52 week waits would be the impact of industrial action. 6. The integrated report was received and noted.	For information	BAF 001, 002 007	n/a
7	**Financial Performance** 1. The committee received and noted the content of the finance Month 10. 2. Breakeven at the end of the financial year was on track. 3. Capital spending was on track to meet forecast by year end. 4. Additional sources of funding may be available from NIHR with conversations at pace required to secure any funding by year end. Chair's action may be required.	For information	BAF 011	n/a

	5. Confirmation of national elective recovery funding (ERF) for this year had not yet been received. This was expected to continue to year end but remained a risk. 6. The committee was updated on the elective service payment mechanism for 2023/24 which is complex and includes a return to activity based payments, with a fixed payment for non-elective services and variable payments for elective services. 7. The committee received an update on the progress of financial planning for 2023/24. There remained uncertainty around NHS funders' commitments for 2023/24 and the impact of the Elective Service Payment mechanism. Negotiations with commissioners and the ICB continued.			
8	**Capital Project Delivery reporting** The committee received and noted an update from the Director of Capital, Estates and Facilities Management. 1. Most schemes were running according to expected timelines. 2. The committee received an update on the timeline for U Block, with further detail to follow over the next month.	For information	BAF 001, 002, 009	
9	**Board Assurance Framework and Corporate Risk Register** 1. The committee received and noted the current version of the Board Assurance Framework and Corporate Risk Register.	For information	All	n/a

10	**Review of business cases** The committee reviewed one business case: <u>Ely and Wisbech Community Diagnostic Centres (CDCs)</u> 1. The proposal is to open two CDCs, at Wisbech from April 2023 and Ely from October 2023. 2. The committee discussed the risks relating to demand, staffing and finances. 3. The committee discussed mitigations and it was agreed that these should be documented. 4. The committee agreed to recommend the business case for approval by the Board of Directors.	For information	BAF 001	n/a

CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

<table>
<tr><td>ORIGINATING BOARD / COMMITTEE:</td><td>Quality Committee</td><td>DATE OF MEETING:</td><td colspan="2">1 March 2023</td></tr>
<tr><td>CHAIR:</td><td>Sharon Peacock</td><td>LEAD EXECUTIVE DIRECTOR:</td><td colspan="2">Chief Nurse
Medical Director</td></tr>
<tr><td>RECEIVING BOARD / COMMITTEE:</td><td colspan="4">Board of Directors, 8 March 2023</td></tr>
<tr><td>AGENDA ITEM</td><td>DETAILS OF ISSUE:</td><td>FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?</td><td>CORPORATE RISK REGISTER / BAF REFERENCE</td><td>PAPER ATTACHED (Y/N)</td></tr>
<tr><td>5.</td><td>Lead Executives' Report and Patient Safety and Experience Overview
<u>Lead Executives' Report</u>
1. The Chief Nurse and Medical Director presented the report to the committee.
2. The committee noted that capacity and wait times in the Emergency Department remained a concern, ambulance handover times had improved and been maintained throughout February.
3. Industrial action was discussed, with the upcoming Junior Doctor strike due to take place over a 72 hour period from Monday 13 March to Thursday 16 March 2023. Planning had commenced for this period.
4. Following a number of maternity units suspending the use of Nitrous Oxide (also known as Entonox or gas and air) it was confirmed that the Trust had appropriate ventilation and scavenger systems in place. Assurance was being sought to ensure these systems were continuing to manage nitrous oxide at a safe level by statutory examination, testing of the ventilation equipment and an external review.</td><td>Information/ Assurance</td><td>BAF 001, 004</td><td>N</td></tr>
</table>

	5. The vacancy position across the nursing workforce had increased in January 2023. 6. The PALS and complaints services continued to receive a high volume of new cases. The number of open cases had stabilised. 7. The committee also discussed Hospital Standardised Mortality Ratios (HSMR) data, window restrictors and violence and aggression incidents. <u>Patient Safety and Experience Overview</u> 1. The report covered the period up until the end of January 2023. 2. Normal variance in the amount of patient safety incidents had been reported. However, patient safety incidents of moderate harm and above have increased in the last consecutive seven months as of January 2023. A further analysis was underway to review any emerging trends other than those which the Trust was already aware of and working on. <u>Hospital Acquired Pressure Ulcers thematic review</u> 1. The committee noted the significance of pressures ulcers for patients. 2. A thematic review had been conducted which identified a number of key themes and trends that are contributing to this worsening position. 3. The report outlined themes associated with pressure ulcers such as pre hospital, on transfer, admission and ongoing care. Actions were underway to address concerns from each theme, future plans were also outlined. 4. Additional actions to monitor progress such as safety huddles, communications and extensive monitoring were also highlighted.			

6.	**Emergency Department December Data – Mortality and Harm** 1. An increase in the number of deaths seen in the Emergency Department in December 2022 had been recorded, this was a significant statistical outlier compared to previous months. 2. There was limited evidence that suggested a decline in the quality of care within the Emergency Department during this time period. It was acknowledged however that a strain across the entire Urgent and Emergency Care process had been seen.	Information/ Assurance	BAF 004	N
7.	**Maternity** 1. The service can evidence that it met all 10 safety actions for year of the Clinical Negligence Scheme for Trusts (CNST). 2. The vacancy rate in maternity continued to improve. 3. The committee reviewed the Maternity Patient Experience survey scores for 2022. 408 service users were invited to take part and 232 completed the survey. Improvements had been shown in scores relating to having a partner or someone close involved in care/labour and if a partner/someone close was able to stay as much as desired. It was acknowledged that the dip in these scores over the previous year was due to Covid-19 restrictions.	Information/ Assurance	BAF 004	N
8.	**Ward Accreditation** 1. The nursing quality assurance framework has combined several quality measurement tools to create an accreditation process. Based on best practices for patient care the process is driven by data with improvement owned by the clinical teams. Clinical areas will be rated by a number of metrics and a formal assessment, allowing for support and improvement plans to be embedded if required. 2. The full accreditation process will be conducted on a rolling basis in all ward areas. Ratings are either bronze, silver or gold, a white	Information/ Assurance	BAF 004	N

	status is applied when a ward is unable to demonstrate the standards. 3. Areas that are unable to achieve accreditation will be provided with intensive support.			
9.	**Board Assurance Framework (BAF) and Corporate Risk Register (CRR)** 1. The committee received and discussed the current version of the Board Assurance Framework and Corporate Risk Register.	Information/ Assurance	All	N