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 12 July 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 10 May 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 Innovation and improvement 9.5* Finance	For receipt
12.20	**10***	**Strategy update** To receive the report of the 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
12.55	**12***	**Guardian of Safe Working** To receive the quarterly and annual reports of the Medical Director	For receipt
Items for information/approval – not scheduled for discussion unless notified in advance			
13.10	**13***	**Amendment to Trust Constitution** To receive the report of the Director of Corporate Affairs	For approval
	14*	**Board assurance committees – Chairs' reports** 14.1 Audit Committee: 27 June 2023 14.2 Workforce and Education Committee: 28 June 2023 14.3 Performance Committee: 5 July 2023 14.4 Quality Committee: 5 July 2023 • Safeguarding annual report • Health and Safety annual report	For receipt

Other items			Purpose
	15	**Any other business**	
13.20	**16**	**Questions from members of the public**	
	17	**Date of next meeting** The next meeting of the Board of Directors will be held on Wednesday 13 September 2023 at 11.00.	For note
	18	**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	**19**	**Close**	

NHS
Cambridge
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NHS Foundation Trust

Minutes of the meeting of the Board of Directors held in public on Wednesday 10 May 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 S Broster	Director of Innovation, Digital and Improvement	X	
Mr A Chamberlain	Non-Executive Director (Chair)	X	
Dr A Doherty	Non-Executive Director		X
Mr M Keech	Chief Finance Officer	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 C Stoneham	Director of Strategy and Major Projects	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
Prof J Bradley	Director of Research and Development (for item 55/23 only)
Ms C Charlton	Director of Capital, Estates and Facilities Management (for item 54/23 only)
Dr R Chaudhary	Consultant Neonatologist (for item 47/23 only)
Mr J Clarke	Trust Secretary (Minutes)
Dr A Cox	Deputy Medical Director (for item 56/23 only)
Dr J Firth	Deputy Medical Director
Mr R Hales	Sustainability Manager (for item (54/23 only)
Ms M King	Matron for Neonatal Intensive Care Unit (for item 47/23 only)
Dr N Stutchbury	Lead Governor

43/23 Welcome and apologies for absence

In the absence of Mike More, the meeting would be chaired by Adrian Chamberlain, Senior Independent Director.

Sue Broster was welcomed to her first Board meeting since her appointment as Director of Innovation, Digital and Improvement.

A welcome was extended to Claire Stoneham who had returned to her role as Director of Strategy and Major Projects following maternity leave and Nick Kirby was thanked for his contribution as Interim Director of Strategy and Major Projects.

Apologies for absence are recorded in the attendance summary.

44/23 Declarations of interest

Standing declarations of interest of Board members were noted.

45/23 Minutes of the previous meeting

The minutes of the Board of Directors' meeting held in public on 8 March 2023 were approved as a true and accurate record.

46/23 Board action tracker and matters arising not covered by other agenda items

Received and noted: the action tracker.

47/23 Patient story

Lorraine Szeremeta, Chief Nurse, presented the patient story.

Board members watched a video describing the experience of Kelly and her daughter Laurel, who was diagnosed with exomphalos, congenital scolosis and a ventricular septal defect (VSD) during Kelly's 12-week scan.

Mary King, Matron for the Neonatal Intensive Care Unit, and Dr Rajiv Chaudhary, Consultant Neonatologist, joined the Board meeting for this agenda item.

The following points were made in discussion:

1. The value of having continuity of care through the clinical team was highlighted as being a key element of Kelly's positive experience.
2. There was extensive collaboration between services as part of a multi-disciplinary team which contained up to 15 non-medical professionals. In addition, a 'continuity consultant' was assigned to each family. On a case-by-case basis, a decision would be taken on which member of the multi-disciplinary team was best suited to undertake this role.

3. During her story, Kelly expressed the importance of having access to on-site accommodation through Chestnut House. This had been important in ensuring that she was able to remain close to her daughter at such a challenging time.
4. The story had highlighted the value of family involvement and engagement in care including through input to ward rounds and decision making and having opportunities to discuss concerns.
5. The theme of communication had come through strongly in the story. Around 90% of the complaints received by the service had a theme involving communication. It was noted that the service had recently implemented a family integrated care package following an improvement programme using Institute for Healthcare Improvement (IHI) methodology. For example, families were given access to a swipe card to enable them to visit the area with increased flexibility. Such steps could make a considerable difference to families at what was a very difficult time.
6. Kelly was now the co-chair of the Rosie Maternity and Neonatal Voices Partnership and played an active role in ensuring that service developments took account of patient experience and the patient voice.
7. It was noted that, at one point during Kelly and Laurel's care journey, they had to go to a hospital in London. Board members were keen to explore whether the presence of a regional Children's Hospital facility would have meant that this care could be received closer to home. It was explained that, despite the availability of regional centres, Laurel required exceptionally specialist treatment. Therefore, a decision had been taken to ensure that the treatment required was provided by a service with particular expertise in dealing with complex liver operations. The family were communicated with and engaged throughout the decision-making process.
8. Special thanks were given to Mary King who would shortly be retiring. Noting her passion for quality and safety, Mary would be dearly missed by her colleagues in the Rosie Hospital and Board members wished her well for her retirement.

Agreed:

1. To note the patient story.
2. To thank Kelly and Laurel for sharing their powerful and moving story.
3. To thank Mary King and Rajiv Chaudhary for attending for the discussion.

48/23 Chair's report

Adrian Chamberlain introduced the report.

Agreed:

1. To note the report of the Chair.

49/23 Report from the Council of Governors

Neil Stutchbury, Lead Governor, presented the report.

Agreed:

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

50/23 Chief Executive's report

Roland Sinker, Chief Executive, presented the report.

Noted:

1. The previous round of industrial action by members of the Royal College of Nursing (RCN) had involved the greatest degree of risk of the periods of industrial action over the past six months.
2. The cumulative impact of industrial action created significant risks in terms of the Trust's ability to reduce elective waiting lists. The Trust therefore continued to urge all parties to come together to seek a resolution to the disputes as soon as possible.
3. There remained a strong focus on quality of care and waiting times. Despite progress across many areas, the Trust continued to face a range of challenges. The Emergency Department and maternity services remained particular areas of focus.
4. After a period of strong year-on-year performance in the NHS staff survey, the 2022 results showed a dip relative to the Trust's peer group. The results would be discussed in detail as part of the separate agenda item and work was planned to better understand the underlying drivers of the results.
5. A key focus for the year ahead, within a tighter financial envelope, would be on the effective use of additional capacity and staffing, supported by digital transformation and improvement, and effective patient engagement.
6. Programmes of work were in place on delivering the Trust's strategic commitments including in relation to equality, diversity and inclusion, integrated care and increased collaborative working with Royal Papworth Hospital.
7. Good progress was being made on the business cases for the Cambridge Cancer Research Hospital and the Cambridge Children's Hospital. The construction of the 1000 Discovery Drive building on the Campus was progressing and work had begun on the new Cambridge South railway station on the Campus.

The following points were made in discussion:

1. The importance of listening to patient feedback was highlighted. Alongside improvement work to address the current backlog of complaints and PALS enquiries, work was being undertaken to develop a new patient engagement strategy.

2. Linking to the earlier patient story, it was noted that communication issues were a key theme from complaints. It is recognised that more effective communication earlier in the process provided an opportunity to avoid some formal complaints being raised.
3. In response to a question from a Non-Executive Director, the Chief Executive provided an update on maternity services, noting that this was a key area of focus and that there was a comprehensive Maternity Improvement Plan in place. Areas of strength included outcomes, leadership and recruitment to midwifery posts. Recent areas of discussion included physical capacity, regional referrals, triage, supporting the on-boarding of new recruits and seniority of cover.
4. The Trust currently faced particular recruitment challenges for medical staff in obstetrics.
5. Given demand pressures, it was appropriate to keep under review the level of referrals from the wider system to ensure that all referrals were in the best interests of the women accessing the service.
6. The Care Quality Commission (CQC) would be conducting an inspection of the Trust's Maternity Service on 11 May 2023, as part of its national programme of maternity inspections. The inspection would focus on the safe and well-led domains and the Trust was currently responding to a large number of data requests.

Agreed:

1. To note the contents of the report.

51/23 Performance reports

The Board received the Integrated Performance Report for March 2023.

Quality (including nurse staffing report)

Lorraine Szeremeta, Chief Nurse, and John Firth, Deputy Medical Director, presented the update.

Noted:

1. An update on maternity services and the forthcoming CQC inspection had been provided as part of the previous agenda item.
2. The Trust had taken a series of deliberate actions to maintain patient safety during the recent period of industrial action. Unlike during previous industrial action, no derogations had been agreed by the RCN in advance of the strike action commencing. Fortunately, some derogations were agreed during the course of the weekend and it had been possible to staff wards safely and keep patients safe. No safety incidents had been reported. Some elective cases had been cancelled in the days immediately before the industrial action commenced due to concerns about the post-operative skill set on the wards during the industrial action period.

3. In relation to the monthly nurse staffing report, there had been relatively little change from recent months. The midwifery vacancy rate remained low while paediatric nursing remained a concern.

Access standards

Nicola Ayton, Chief Operating Officer, presented the update.

Noted:

1. The Trust's ambulance handover times were the best in the region in March 2023, with 62% of handovers taking place within 15 minutes, and had improved further in April 2023. This was the Trust's best performance since April 2019 and placed the Trust in the top quartile nationally. Even when faced with increased demand, the improvement was being sustained.
2. Following a prolonged period as part of a national pilot on alternative approaches to emergency care waiting times, all pilot trusts were required to resume reporting against the four-hour standard from May 2023. This required a whole hospital focus to improve performance to the national target of 76% by December 2023.
3. The Trust's ability to deliver elective care had been adversely impacted by industrial action in March and April 2023, with reduced elective activity in these months. While it had been possible to reduce the number of patients waiting over 78 weeks, there were still around 100 patients at the end of March 2023 who had waited in excess of 78 weeks. Around half of these were due to a lack of capacity and around half were due to other factors.
4. The Trust continued to perform relatively well against key cancer waiting time performance metrics. It was the second best performer in the east of England and one of the few trusts in the region to consistently meet the faster diagnosis standard.
5. The Operational Strategy for 2023/24 would be presented to the Performance Committee in June 2023. The key focus would remain on access to urgent and elective care and working with partners to provide timely access to primary and social care, in all cases seeking both to do the right things well every day and to identify opportunities for improvement and transformation.

Workforce

David Wherrett, Director of Workforce, presented the update.

Noted:

1. Resourcing was one of the five workforce commitments in order to ensure the right number of staff to deliver the Trust's plans. CUH had recently welcomed its 12,000th employee into the organisation.
2. Close attention continued to be paid to the impact of the high cost of living on lower paid employees where there were particular recruitment and retention challenges.

3. Through the 'Good Work' programme, the Trust was able to provide support for some aspects of the cost of living, including a range of travel and food subsidies. These had been well received by staff.
4. The Trust had recently recognised the long service of around 600 members of staff who had worked at CUH for 10, 20, 30 and 40 years.
5. As shown in the Integrated Performance Report, the average length of staff tenure was five years but with a significant number of staff leaving the Trust during their first two years of employment. This was a specific area of focus in work on staff retention.
6. The NHS Staff Council had agreed the non-medical pay award although some unions were either opposing the award or not stating a position. The Trust would seek to implement the award for the June 2023 payroll including both the 2022/23 back pay element and the 5% pay uplift from 1 April 2023.

Finance

Mike Keech, Chief Finance Officer, presented the update.

Noted:
1. Subject to audit, the Trust had delivered its 2022/23 financial plan with a breakeven position (although there was a headline deficit of £1.2 million due to technical adjustments). This was the third successive year of achieving financial breakeven.
2. The Trust's income in 2022/23 was around £1.3 billion compared to around £875 million in 2018/19, highlighting the scale of growth over the past four years.
3. The recent agreement of the backdated pay award for 2022/23 had been included as a substantial late adjustment to the 2022/23 accounts.
4. The Trust had delivered a significant capital programme in 2022/23 of around £67 million plus around £7 million from the ring-fenced funding for fire compliance works.
5. The Cambridgeshire and Peterborough Integrated Care Board (ICB), and CUH as part of this, had submitted a breakeven financial plan for 2023/24. The CUH plan was judged to be credible but stretching. The financial environment would be significantly more constrained in the current year than in recent years, emphasising the importance of delivering productivity and efficiency savings at both Trust and system level.

Improvement and transformation

Sue Broster, Director of Innovation, Digital and Improvement, presented the update.

Noted:
1. The Trust continued to work with the IHI to embed an improvement methodology in the organisation.

2. There were several key developments at regional and national level with would impact on the innovation and digital agendas in the period ahead. It was therefore an opportune moment to review priorities.

The following points were made in discussion:

1. In response to a question on the reasons for staff deciding to leave the Trust, it was noted that further work was being undertaken to better understand the data and, in particular, the breakdown of the 'relocation' reason for leaving, including by pay band. An example was cited of newly qualified nurses choosing to move to other parts of the region or country because they could not afford to rent property in and around Cambridge.
2. It was suggested that it would be helpful to further analyse the data on leavers from the perspective of minority groups and staff with protected characteristics, and triangulate this with the staff survey data.
3. The Quality Committee had discussed the increase in the number of hospital acquired pressure ulcers over the past nine months and the resulting action plan which had been put in place. Further information was sought on the relative prioritisation of the different elements of the action plan and when it was anticipated that these would have an impact on outcomes. In response, it was suggested that the increase in training and orientation to pre-Covid levels and focused training on use of devices in critical care were likely to have the most immediate impact and this would be subject to audit. Work was also being undertaken to better understand the extent to which some ulcers identified in the hospital had been acquired prior to admission. A longer-term piece of work would seek to apply IHI improvement methodology to implement and sustain change.

Agreed:
1. To note the Integrated Performance Report for March 2023.
2. To note the finance report for 2022/23 Month 12.
3. To note the nurse safe staffing report for March 2023.

52/23 Nursing and midwifery establishment review

Lorraine Szeremeta, Chief Nurse, presented the report.

Noted:
1. The nursing and midwifery establishment review provided assurance to the Board that the Trust had a robust process in place to review establishment setting on an annual basis in line with national requirements.
2. It was highlighted that this process sat alongside but was separate to the budget setting process and the Board was not being asked to commit expenditure. The allocation of budgets within the agreed

financial envelope would be undertaken through the current 2023/24 budget setting process.

3. Within CUH, the Safer Nursing Care Tool (SNCT) was used as the only evidence-based research tool available to guide nursing establishment reviews. For clinical areas where use of the SNCT was not appropriate, relevant society guidance was used. Account was also taken of acuity and dependency data and professional judgement, and a process of professional challenge was applied.
4. The outcome of the latest establishment review was a recommendation for a net increase of 9.52 WTE registered nurses and a net decrease of 0.24 WTE health care support workers across the Trust.
5. Work was being undertaken with the clinical divisions to assess the scope to finance these changes through the business planning process.

Agreed:

1. To note that the annual establishment review process for nursing staff had been undertaken in line with the Trust's agreed methodology.
2. To note the outcome of the establishment review, resulting in a recommended increase of 9.52 WTE registered nurses (net) and a decrease of 0.24 WTE health care support workers (net) following the SNCT and professional review.
3. To note that a number of new clinical areas were opened within the last financial year and a number were planned to open in 2023/24, and the same methodology used for establishment reviews had been applied to these areas to inform the safe staffing levels required.
4. To note that ongoing discussions regarding investment would take place at Management Executive and the Investment Committee.
5. That a full midwifery workforce review was undertaken using the Birthrate Plus® methodology between January and March 2022 and the findings were presented to the Board of Directors in November 2022. This resulted in a recommended increase of 9.16 WTE midwives for which financial approval would be sought through divisional budget setting for 2023/24.

53/23 NHS Staff Survey results

David Wherrett, Director of Workforce, presented the report.

Noted:

1. The results of the annual NHS Staff Survey for 2022 had been presented to the Trust's Management Executive and the Workforce and Education Committee.
2. Nationally, there had been a 6% decline in the response rate to the survey compared with a 15% decrease for CUH. The Trust's migration to NHS Mail in November 2022 may have been a factor in this difference as the survey had been sent to addenbrookes.nhs.uk email addresses.

3. Despite the lower response rate, there were almost 5,000 responses which provided a statistically robust reflection of the mood across the CUH workforce.
4. Overall the Trust had seen a significant shift in position against the nine NHS People Promise themes. While the Trust was above the average for all of the themes in 2021, it was now in line with the average across six of the themes and below the average for the themes of 'safe and healthy working' and 'morale'. The Trust only remained above the average score for the theme of 'We work flexibly'.
5. The Trust's staff engagement score had declined relative to Shelford Group trusts.
6. While the staff engagement score had fallen across most staff groups, it was notable that there had been an improvement between 2021 and 2022 in the score for Estates and Ancillary staff.
7. It remained the case that the experience of staff with protected characteristics was worse than that of staff without protected characteristics, and the survey continued to show a deterioration in the experience of staff from a Black and Minority Ethnic background in relation to harassment, bullying and abuse.
8. Despite work through the Workforce Disability Equality Standard, the survey metrics on implementation of reasonable and adequate workplace adjustments were of particular concern. Overall the Trust had seen a decline in the lived experience of staff with disabilities since the implementation of the action plan.
9. Through the survey, the Trust had received over 1,200 free text comments which provided an in-depth perspective on the contributory factors to staff experience. Many staff had cited enjoying working at CUH and feeling a sense of pride in doing so, but then identified a range of factors outside their control which adversely affected their experience and wellbeing such as the cost of travel and accommodation.
10. It was proposed to undertake a staff listening exercise to better understand the factors underlying the responses and identify appropriate actions which could help to address these.

The following points were made in discussion:

1. The decline in the experience of staff as reported in the survey was a significant concern. While there had been in increase in resourcing to support staff health and wellbeing, the pressures on staff remained significant and there was value in a period of further listening, the outcome of which would be reported to the Board.
2. As always there was a significant lag between the survey being undertaken in the period from October to December and the results being received in March. However, the Trust also undertook quarterly pulse surveys of staff which enabled issues to be identified and addressed in a more timely way. Pay and reward was a key theme from recent pulse surveys.

Agreed:

1. To note the findings of the annual NHS Staff Survey 2022.

54/23 Green Plan annual progress report

Carin Charlton, Director of Capital, Estates and Facilities Management, and Richard Hales, Energy and Sustainability Manager, presented the report.

Noted:

1. This was the first formal annual report on the Trust's Action 50 Green Plan which was approved by the Board in April 2022.
2. The risk of failure to deliver the Green Plan had been included on the CUH Board Assurance Framework and Corporate Risk Register.
3. The Plan included the ambition to reduce CUH's directly controllable carbon emissions by 10% by the end of 2024. Through the savings achieved in 2022/23, the Trust had to date seen an 8% reduction against baseline with 11 months remaining to achieve the 10% goal.
4. A balanced scorecard approach had been adopted to track quantitative and qualitative measures and allow for strategy mapping of the ambitions.
5. The Trust currently had 260 Green Champions through whose work the organisation had been able to save around £1,000 a day over a recent bank holiday weekend through simple actions such as reminding colleagues to switch off lights and computers that would not be in use. Additionally, the Trust had undertaken several green initiatives such as switching to recyclable paper.
6. There was a willingness from staff to support green initiatives as climate change was seen as an important issue. However, time constraints inhibited staff engagement.

The following points were made in discussion:

1. Noting the impressive reduction in carbon emissions to date, it was questioned whether a more ambitious target than 10% could have been set. It was noted that the Trust was pursuing a wide range of initiatives through the Green Plan, some of which were not quantifiable. The scorecard approach had been set to be as realistic as possible and take account of the actions within the Trust's direct control. It would be important to set realistic but stretching targets going forward.
2. It was agreed that the Trust should seek to work collaboratively with partners such as the University of Cambridge and Cambridge Zero, both learning from and supporting them. Two important areas of focus were identified as reusability (moving away as far as possible from single use products) and business travel.

Agreed:

1. To note the content of the first annual monitoring report of the CUH Green Plan.

2. To note the thought given to meaningful reporting of progress against the CUH Green Plan, proposing a hybrid approach of both quantitative and qualitative measures.
3. To note the proposed framework setting the foundation of reporting utilising the principles of the Kapland and Norton Balanced Scorecard framework, and the associated strategy mapping undertaken.
4. To note the detailed assessment of each of the 50 actions categorised by domain and core delivery element.
5. To note the achievement of an 8% reduction in direct emissions against a 10% reduction target by 2024.

55/23 Research and Development

Professor John Bradley, Director of Research and Development, presented the report.

Noted:

1. The National Institute for Health and Care Research (NIHR) had congratulated the Cambridge Clinical Trials Unit on its activity during 2021/22 and maintained funding at its current level for 2023.
2. The NHIR would be undertaking a visit to the Cambridge Biomedical Research Centre and the Clinical Research Facility in June 2023.
3. The Children's and Young People's BioResource would be launched nationally in June 2023.

The following points were made in discussion:

1. There was an increasing number of opportunities for partners to work more closely together through established research vehicles such as the Clinical Research Network.
2. The Cambridge Biomedical Research Centre had extended its reach to include the University of East Anglia, Anglia Ruskin University and affiliated hospitals. This provided important opportunities to widen the reach of research to currently under-served populations and areas of high health inequalities.
3. Through specialised commissioning, there were opportunities for collaborative working to streamline processes, for example through a single agreement for trials across organisations.

Agreed:

1. To note the research and development report.

56/23 Learning from deaths

Amanda Cox, Deputy Medical Director, presented the report.

Noted:

1. 20% of the deaths during the period January 2023 to March 2023 met the criteria for a Structured Judgement Review (SJR). Around 3% of the reviews completed in this period identified significant issues in care.
2. The importance of the first 24 hours of admission was highlighted. The Trust was undertaking work to investigate themes arising from deaths during this period, especially on an end-of-life pathway.
3. Between January 2023 and March 2023 there were three serious incidents in relation to unexpected or potentially-avoidable deaths.
4. In line with other organisations, there had been an increase in the Hospital Standardised Mortality Ratio (HSMR) over the past three years. An initial deep dive had identified coding issues as a contributory factor.

The following points were made in discussion:

1. In response to a question, it was confirmed that the data was not currently analysed from the perspective of protected characteristics but it was agreed that this would be a positive development to explore further and an update would be provided through future reports. Separately, it was noted that a learning disability was one of the triggers for undertaking an SJR.
2. While there were no specific indicators of significant concern at present, it was important to keep the data under careful review with the Medical Examiner's office and the Learning from Deaths Committee.

Agreed:

1. To receive the learning from deaths report for 2022/23 Q4.

57/23 Board Assurance Framework and Corporate Risk Register

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

Noted:

1. There had been relatively few changes since the previous report to the Board in March 2023 and no significant change in the overall risk profile.
2. A risk on the climate change emergency and environmental sustainability had been added to the BAF with a current risk rating of I4xL4=16.
3. As the revised operational strategy was developed, a review of BAF risk 001 would be undertaken to align with the revised strategy.

Agreed:

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

58/23 Board assurance committees – Chairs' reports

Received: the following Chair's reports:

- Performance Committee: 3 May 2023
- Quality Committee: 3 May 2023

59/23 Any other business

There was no other business.

60/23 Questions from members of the public

The CEO refers (1.6) to a new Maggie's Centre. The founders of the centre programme, Maggie Keswick and Charles Jenks, sought for each centre to be designed by architects of exceptional empathy and talent. May we be told who is to design the CUH Centre?

The Director of Corporate Affairs responded.

Niall McLaughlin Architects are working with Maggie's to design the planned new Maggie's Centre at Addenbrooke's Hospital.

The CEO refers (2.8) to the sharp rise in 'specialling' which is putting pressure on the deployment of HCSWs. Is the 'specialling' predominantly meeting patients' physical or mental clinical need?

The Chief Nurse responded.

Health Care Support Workers (HCSWs) are deployed to provide enhanced observation (specialling) for patients who require frequent intervals of observation or more commonly on a constant one to one basis. Some patients will require enhanced observations due to behaviours which are manifestations of a variety of clinical diagnosis including physical health care needs and mental health care needs. The behaviours include but are not restricted to:

- Mental health conditions such as dementia
- Alcohol and or substance misuse/withdrawal
- Mental state changes as a result of head injury
- Acute confusion due to delirium
- Mental health patients who are detained under the Mental Health Act (some of these patients will also have a clinical need to be cared for in an acute hospital setting)

The CEO refers (7.16) to the appointment by June of a 'Private Construction Partner' for the Cancer Hospital:

1. *How is such a 'partner' selected?*
2. *What is their role during design and construction?*
3. *What is their responsibility thereafter?*
4. *On what basis do they receive remuneration/make a profit?*

The Director of Strategy and Major Projects responded.

1. How is such a 'partner' selected?

The partner is being selected through a competitive process using the Crown Commercial Services (CCS) Construction Works and Services 2 (CWAS 2) Lot 5 framework. The framework includes a phased award process. The process is run in accordance with the terms of the framework and in line with good practice and with procurement advice along with specialist legal and commercial advice.

2. What is their role during design and construction?

The partner will enter into a Professional Services Contract (PSC) for pre-construction services which will include development of the further design stages of the Cambridge Cancer Research Hospital (CCRH). They in effect will work with us to develop the design to the next stages. On completion of the PSC, the partner will then enter into an Engineering and Construction Contract (ECC) for construction of CCRH. The role and duties of the partner during the pre-construction services and construction stages are defined within the respective contracts.

3. What is their responsibility thereafter?

After completion of the construction, commissioning and handover, the partner has a requirement to provide Government Soft Landings (GSL) to enable a smooth transition from construction to operation of CCRH and ease the end users into the building to ensure they obtain the best performance from the asset, as well as inform future project performance setting.

4. On what basis do they receive remuneration/make a profit?

The partner will receive payment via the mechanisms within the respective contracts for pre-construction services and construction works completed. This payment is on a monthly basis and will be agreed with the client team and informed by the cost management team. The partner will have, through their bids during the competition stage, stated the profit they require for the project and this will be included within the respective contracts.

61/23 Date of next meeting

The next meeting of the Board of Directors in public would be held on Wednesday 12 July 2023 at 11.00.

62/23 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: 13.21

NHS
Cambridge University Hospitals
NHS Foundation Trust

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

Cambridge University Hospitals NHS Foundation Trust

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Report to the Board of Directors: 12 July 2023

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

12 July 2023

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

1. Introduction

1.1 I write this shorty before cutting the NHS 75th Birthday Cake with my fellow Chair, John Wallwork, from Royal Papworth Hospital (RPH) and Ben Matenga, Unison Branch Secretary and CUH Staff Side Chair. As two hospitals, we have contributed hugely to developments in healthcare throughout the lifetime of the NHS. Our passion and commitment to the NHS remains strong and undiminished. We all know the challenges we face and are determined to ensure that we continue to innovate and contribute to the future of the NHS.

1.2 I attach as an appendix a report I took to the Council of Governors on 28 June 2023 on priorities and objectives for 2023/24.

2. Pubic meeting with the Chair

2.1 Alongside Ian Walker, Director of Corporate Affairs, and Lorraine Szeremeta, Chief Nurse, I met with members of the public on 19 July 2023. The main topic covered was how the Trust engages with neurodiverse patients.

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

3.1 I was pleased to attend 'You Made A Difference' award events 2 May and 22 May 2023. 143 individual nominations were received and I would like to personally congratulate the winners Premlata Telgote, Cheryl Moore and Rachel Caulkett.

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

4. Diary

4.1 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
Audit Committee
Quality Committee
Workforce and Education Committee
Board of Directors
Council of Governors
Council of Governors' Strategy Group
Governors' Nomination and Remuneration Committee
Major Projects MP Briefing
CUH Retirement Lunch
NHS 75 staff celebrations
Hosting the Prime Minister's visit, linked to the publication of the NHS Workforce Plan

4.2 Other meetings attended during this period include:

NHS Providers Conference, where I was asked to speak about how NHS Boards operate in today's challenging climate
NHS England CEO and Chairs Event
Cambridgeshire and Peterborough Integrated Care System Chairs' meeting
Cambridge Biomedical Campus (CBC) Community Liaison Group
ICS stocktake
East West Rail Ministerial visit
ACT Summer Celebration, which was a good opportunity to thank ACT, our donors and partners for all they do for CUH
Greater Cambridge Partnership Executive Board, to ask a question on behalf of CUH and RPH on the proposals for a Sustainable Travel Zone (STZ) encompassing the CBC

5. Recommendation

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

Cambridge University Hospitals
NHS Foundation Trust

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Report to the Council of Governors: 28 June 2023

Agenda item	7
Title	Priorities and objectives for 2023/24
Sponsoring director	Mike More, Trust Chair
Author(s)	As above
Purpose	To endorse the proposed objectives.
Previously considered by	Governors' Nomination and Remuneration Committee, 6 June 2023

Executive Summary

The Council of Governors decided in 2022 to extend the tenure of the Trust Chair until September 2025 in view of the value of some continuity at this time. A specific requirement of this decision was the agreement of a set of clear and stretching objectives from April 2023. The Governors' Nomination and Remuneration Committee has discussed these in draft with the Chair and they are attached at Appendix 1 for consideration and endorsement by the Council of Governors.

Related Trust objectives	All Trust objectives
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
How does this report affect Sustainability?	n/a

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

Action required by the Council of Governors

The Council of Governors is asked to review and endorse the proposed objectives for the Chair and that the objectives form a basis for regular reporting by the Chair to the Council of Governors during the year.

Cambridge University Hospitals NHS Foundation Trust

28 June 2023

Council of Governors
Priorities and objectives for 2023/24
Mike More, Trust Chair

1. Introduction

1.1 Last year the Council of Governors agreed to extend the end of the Chair's tenure from April 2023 to September 2025. The motivation of so doing was to secure some continuity as the Trust emerged from the exceptional circumstances of the Covid-19 pandemic, and as certain key projects, such as the creation of Integrated Care Systems and the possibility of Children's and Cancer Hospitals, are at critical stages.

1.2 There is very good reason as to why non-executive tenures, including of the Chair, are of fixed term. This is mainly to do with the role of the non-executive members of the Board to provide independence of perspective, freshness of challenge and the bringing to bear of relevant and current wider experience to the benefit of the Trust.

1.3 The Chair, after consideration, was happy to commit to an extended period so long as the Council was happy that he continued. He is clear, though, that the principle of fixed tenure is an important one and such that, even if there were continued volatility in 2025, the Trust must make arrangements for a new Chair to be effective from September 2025. The Chair also supports the idea of explicit objectives as a mechanism by which the Board of Directors and Council of Governors can evaluate the contribution of the Chair in leading the Board.

2. Objectives for 2023/24

2.1 The Chair had produced a similar objectives document to append to his reports to the Board and Council of Governors in the early part of his tenure. These had fallen in abeyance largely through a degree of repetition with the Chief Executive's reports, but they are nonetheless helpful in forming a framework for evaluation, direction and prioritisation.

2.2 In considering the objectives, it is important to recognise what the role of Chair is and therefore what kind of objectives these are. The Chair sees his role as primarily about encouraging and delivering a strong and open culture in the organisation, where good and informed challenge and scrutiny can apply to our decisions and practices such as to optimise the performance of the Trust, where decision making is of excellent quality and in which our

longer-term stewardship of the Trust in the interests of patients and communities is paramount. A large part of this is achieved through the way the Board and its sub-committees work, both in formal and informal mode.

2.3 This means that the objectives are not those characteristic of Executive functions, where SMART (Specific, Measurable. Achievable, Relevant and Time-Bound) applies. As a Trust, the Board and the Council of Governors are both aware and regularly appraised of detailed targets and data across the range of our activities. The objectives are also wide, in the sense that the Board has oversight and leadership across the complex whole that is CUH.

2.4 The Governors' Nomination and Remuneration Committee discussed this at its meeting on 6 June 2023 and felt that this was an appropriate approach but made the suggestion that there would be merit in giving a sense against each area of what success or failure might look like. These are included within Appendix 1.

2.5 It is also important that the objectives are not allowed to be put on the shelf. The Chair proposes that they are attached as an appendix to his regular reports to the Council of Governors, thereby allowing commentary in-year on progress and/or concerns.

3. Recommendation

3.1 The Council of Governors is asked to review and endorse the proposed objectives for the Chair and that the objectives form a basis for regular reporting by the Chair to the Council of Governors during the year.

Appendix 1: Priorities and objectives for 2023/24

1. The Teams who Work Together

We are nothing without our workforce who, Together, are Safe, Kind and Excellent.

As a Board, we know that the last three years have put immense pressure on the colleagues who provide or support front-line healthcare. Colleagues remain in the most part proud of the hospital in which they work and committed to providing excellent health care. But we are aware of the pressures people are under, the concerns that these represent for many in providing safe healthcare and the consequences in terms of morale and the recruitment and retention of staff.

We will continue to assure ourselves that all efforts will be maintained to deliver on the five strands of our workforce strategy and that we will listen appreciatively to the results of staff survey and develop appropriate responses.

We will look for positive impact in metrics for retention and recruitment and the indicators for well-being and satisfaction of staff.

2. The Teams and Patients who are Diverse

Our appointment to the role of Director for Equality, Diversity and Inclusion is an important milestone in trying to reflect the needs and aspirations of *all* our colleagues and also in promoting the sensitive and thoughtful care of *all* our patients, whatever their background, disability, ethnicity, religion, gender or sexual orientation. We know that there are many deep issues at play which hold back progress in this area, but as a Board we will want to be assured that we develop an approach and plan which will make substantial progress in our capability to reflect the differences in our teams and our patients.

We will look for meaningful engagement and ownership by the Trust of the analysis and proposed actions emerging from the work of the Director for EDI during the course of the year.

3. Our Operational Performance, Patient Safety and Finance

Waiting lists, elective treatment, A&E attendances, Maternity, Critical Care and many other areas will continue to be of central importance and challenge. Our more strategic operational approach has borne fruit over recent months, with the important but limited aim of mitigating against the unacceptable performance outcomes which would otherwise have been inevitable. Now we see encouraging signs of a more sustained improvement across a wide range

of indicators, which is a credit to the revised strategic approach. But there is a lot more to do and a continued challenging environment.

Recent and current (at time of writing) industrial action occupies a lot of management time and affects patient waiting lists, recovery trajectories and prospective financing. We are seeing patient experience being compromised and patient satisfaction at NHS level also being eroded. The complexities and delay in delivering enhanced bed capacity has had a constraining effect and we will need to be satisfied on the delivery of the physical build programme and our ability to finance and staff the enhanced capacity once available. Financial planning for 2023/24 has been difficult and we face considerable risks in the medium term.

As a Board we will focus on all these areas and will need to strengthen our approach to comparative performance in terms of length of stay and recovery trajectory. We will also build on the work done over the last year, mainly in Performance Committee, to translate the Trust's broad strategic ambitions into workable and achievable medium term deliverables, with a particular focus on bed supply and demand and occupancy. Given our qualities we owe it to patients to be an upper quartile/decile performer. As a Board, we have understood that in a time where patient safety is under pressure across all our activity it is fundamental to have a strong open and honest culture which is always appreciative of what our teams are doing but never complacent about the risks.

We will look for sustained improvement which reflects our capability and responsibility to be an upper decile/quartile performer. We will look for revised metrics based on the core issue of bed occupancy and availability in order to navigate our way strategically through the next three years. We will look for increased bed numbers through delivery of U block.

4. Innovating, Transforming and Improving

We are at a pivot point. We have rightly invested heavily in time to support and develop an improvement culture across the Trust. This is about developing an improvement culture and methodology across the full range of our services and inevitably has an element of bottom-up about it. It marked an important change from the cost reduction approach of a few years ago. All the evidence from other hospitals and healthcare providers in the UK and elsewhere suggests that a consistent and patient approach to this bears fruit.

We now, though, need to get to the next stage whereby this methodology is applied to effect wider strategic and transformational change, aligned with our operational needs and our vision for a clinical operating model as articulated through our Addenbrooke's 3 programme. This also means tying the approach to our Digital Strategy. There are difficult issues here, not least how we address the constrained flexibility in the Epic budget and resourcing. A new approach is necessary here. I am also keen that we add a much more disciplined systems-

engineering approach to pathway design, including outside the hospital, where appropriate. We are also undertaking a review of the relationship between ourselves and Royal Papworth Hospital (RPH).

I want to see us emerge with a stronger collaborative vision of how we interrelate in benefit of patients and clinical research. And we are taking a leadership role in a Provider Collaborative in taking forward the opportunities of stronger specialist commissioning on behalf of patients across the East of England. Across all these areas and in current patient experience, we are seeing important emphasis on working with patients in the design of services and I am keen that these steps get ever more impactful.

We will look for firm steps in taking forward our enhanced transformation capacity, for a marked change in specialist commissioning in the East of England and for a new relationship between CUH and RPH for the benefit of patients.

5. Integrating at Place

Part of the architecture for integrating health and care we created some few years ago was built around the concept of Place. This was the idea that any area, such as the catchment area of a hospital as District General Hospital (DGH), was in part an administrative convenience, when people's access to and experience of health care was much more grounded in local communities, such as parts of the City like Newnham or Parkside or Arbury or villages like Shelford and Sawston or Soham. On this basis we worked to reflect local communities in securing the co-terminosity of emerging Primary Care Networks with the Think Communities network of the County Council, by which the voluntary sector was grouped. The principal idea behind this is that we are able to divert and promote much greater access to specialist and diagnostic activity from hospital to community, in such a way that we make substantial inroads into preventing unnecessary hospital admissions, which is in the interests of patients.

We have made some progress on this – we were able, for example, to navigate urgent and emergency care and discharges over the last few winter months with much greater effect using this architecture. However, I am anxious that over the next two years or so we will have begun to populate this integrated approach at much greater scale and pace. This is partly internal – how are we setting this expectation for our own clinicians, where appropriate for the speciality?; and is partly external – how are we promoting the confidence among primary care colleagues, councils and other trusts and the ICB?

We will need to move away from the language of mergers to the language of re-forming models of care and align the various levers to achieve this aim. An example which will benefit from this approach is the roll-out of Virtual Wards.

We will look for much greater scale and pace in moving towards integrated models of care focused on Place. I will feel much of my time as Chair will have failed and been a waste of time unless we see significant movement.

6. Making the Children's and Cancer Hospitals inevitable and irreversible/Capital Projects

A huge amount of work has been done by many people in Cambridge and across the region in creating genuine excitement and enthusiasm for these two projects. We are now at the Full Business Case (FBC) level for the cancer project and our tasks in the coming months are: i) to complete the FBC; ii) bridge the non-Government funding gap; and iii) create the appropriate governance oversight as we move to procurement/commissioning and construction phases.

We are not at the same formal Government stage with Children, although there is quite extraordinary enthusiasm and energy behind the regional stakeholder support. Our task is to keep the project on government sightlines and it is encouraging that NHS England have supported continuing work over coming months. Our task is to make it impossible for government not to take it forward.

The Trust has done extraordinarily well in progressing these projects to the level of government interest and stakeholder support that they have. We have also done well in working through the clinical possibilities in new physical provision with the Surge Centres, which is coming on stream this year. However, we face and experience a very difficult construction climate and have had supply chain disruption which has caused delays. We are learning from this. We will appoint an independent Board Adviser to engage and support on the governance and assurance on capital construction. We may need to obtain short-term independent support to provide such assurance early in the process for capital construction of the Cancer Hospital.

We will look for good effective steps as we move to construction phase for the Cancer Hospital so as to secure that being operational from 2027 and continued government support for the Children's Hospital.

7. Our role in the Cambridge Bio-Medical Campus

As a Trust we are a three-legged stool, and like any stool to be functional we have to keep the three legs in some sort of harmony. First, as a provider of hospital services, from DGH to highly specialist; second, as a teaching institution; and third, as a research institution with a particular focus on translation research and innovation.

We are an anchor institution within the Cambridge Biomedical Campus (CBC) and critical to its ongoing development as one of the leading academic health science centres in Europe. The CBC reached a tipping point shortly before the Covid-19 pandemic whereby the incremental and organic growth was a sign of energy and success but in which governance was a bit messy, institutional differences tended to crowd out a common vision, and there was a lack of focal point, for example, for the planning or transport authorities or local residents when they wanted to "talk to the Campus".

Primarily under the auspices of Cambridge University Health Partners, of which we are a member, a lot of work has been done in order to move the campus forward. We now see a much stronger coherent Cambridge vision for Clinical Life Sciences research, embracing us and associated campuses in the area; we now see much greater connectedness in submitting proposals to the Local Planning Authorities; and we see better engagement and trust with local neighbours. It was great to see the Campus' growth proposals being taken forward in the Local Plan process and this will be important both for the campus itself but also the opportunity to secure enhanced housing provision for our staff. It is also great to see the Government/Network Rail commitment to the Cambridge South Station on the campus, which will open up new strategic transport and housing corridors which we need to use to our staff's benefit. We support the recently announced route proposals for East West Rail and note the explicit government/Network Rail referencing of the importance of the CBC in their decision-making.

I am not sure that we have fully worked up our strategic approach to housing and we must make sure that the housing consequences of the EW Rail Route, in Cambourne and wider afield, and the Cambridge South Station, are fully exploited. It is a well-known phenomenon that transport routes and termini have a major impact on housing and housing developers. We are also central to some very current political issues such as the Cambridge congestion debate.

We will need to continue to play our part on this overall theme, through ongoing dialogue with the planning and transport authorities and local residents. We will need to continue to facilitate the opportunity to foster innovation and start up capacity within the campus and to ensure opportunity for enhanced Histopathology and Genome Sequencing space.

We also need to develop the debate about what should now be seen strategically as a Campus asset as opposed to a hospital asset. We will need to take shorter-term decisions about the Hospital Concourse but we need to have a firm plan about the options for Campus-provided assets.

I'm minded, also, to strengthen our Board assurance role for clinical research and using the Addenbrooke's 3 committee as the appropriate vehicle for this.

Within our educational role, I am keen that as a Board we continue to place more emphasis on our contribution to undergraduate teaching and also our ever important role to think creatively and well about how we contribute to the UKs workforce development.

We will look for a continued strong position of the Biomedical Campus in the Local Plan, advantage taken of enhanced housing opportunities and better transport links. We will look for the unique role we play in the NHS/Life Sciences relationship to continue to strengthen.

8. How we govern ourselves

We are commissioning a governance review to be undertaken by the end of the calendar year. It is the right time for us to reflect formally on our fitness for purpose and to think about how needs have changed since our last CQC visit. This will also be the opportunity to think about what future proofing of our governance is appropriate in the context of Children's, Cancer and Place. It will also be an opportunity to reflect on what the Trust will be looking for in the office of my successor Chair.

We will look for an effective Governance Review.

9. And how our governance relates to others

We have been active players within the Cambridgeshire and Peterborough Health and Care system over the past 6 years. Our leadership role is different now than when I was chairing the STP/ICS. The Trust CEO sits on the ICB Board and I sit on the Partnership Board. ICBs are faced with difficult and challenging circumstances and as a Trust we have experienced some difficult conversations, especially around the approach to the Financial Plan and to Place. It is important that the Chair and CEO continue to try to support and influence the development of the ICB and to use this as a platform in which the capacity of the Trust in areas such as health prevention and promotion are supported.

We will look for the Chair influencing the ICB approach.

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

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Report to the Board of Directors: 12 July 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

12 July 2023

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

1. Recent Governor meetings

1.1 We held a **Governor Forum** on 17 May which we used to catch up on the recent election results (see below) and to update on Board assurance committees which we had observed.

1.2 A **Governors' Nomination and Remuneration (GNR) Committee** meeting held on 6 June discussed the process for recruiting a new Non-Executive Director (NED) to replace Adrian Chamberlain who leaves at the end of his second term in August 2023. See paragraph 3.2 below for an update on progress.

1.3 We held a **Governor Seminar** on 6 June focused on clinical research and how the University, hospital, industry and patients collaborate to discover new medicines and design new devices. Sarah Burge from the University and Ann Russell, an experienced patient advocate, both presented. Miles Parkes, Director of the Cambridge Biomedical Research Centre (BRC), joined us towards the end of the meeting for a brief update on how the hospital engages with clinical research. Governors were very grateful for the time they gave to briefing them.

1.4 We held a **Governor Strategy Group** meeting on 12 June where Claire Stoneham, Alex Cavanagh and Matthew Zunder outlined the content and discussions on the Trust strategy that were covered at the Board away day. Governors suggested that some medium to long-term objectives could be more ambitious: for example in diagnostic testing, reduction in outpatient appointments and Equality, Diversity and Inclusion. We will be following up on some of the issues raised in recruitment, retention and productivity at the upcoming Governor-NED quarterly meeting.

1.5 There was a **Council of Governors** meeting on 28 June held on site with an option to join remotely. In the first part, governors approved the proposals for the NED and Chair remuneration, and the Chair of the GNR gave an update on the ongoing NED recruitment process. In the second part, we reviewed a set of objectives for the Chair, which covered a wide-ranging set of issues and included success criteria. Following the report from the Chief Executive, governors asked questions on cyber security, the governance process for the

new cancer research hospital construction phase, staff retention strategy and learning from recent industrial action.

2. Upcoming Governor meetings

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

- Trust Constitution Committee on 28 June 2023 (to be rearranged)
- Governor/NED quarterly: 5 July 2023
- Membership Engagement Strategy Group: 18 July 2023
- Governor Forum: 7 September 2023
- Council of Governors: 20 September 2023
- Annual Public Meeting: 27 September 2023
- Governor NED quarterly meeting: 4 October 2023

3. Other Governor activities

3.1 The results of the annual governor elections were announced in mid-May. Three patient governors were elected (Neil Stutchbury (re-elected), Elizabeth Howe and Robin Stevens); three public governors were elected (Jane Biddle, Carina Tyrell (both re-elected) and Chris Cumberland); and one staff governor was elected (Frank Allan). New governors have met the Chair and Lead Governor 1:1 and had induction sessions with the Director of Corporate Affairs. Colin Roberts (patient governor) and Polly Rushton-Ray (staff governor) have both stood down and David Dean (public governor) was not re-elected. At the Council of Governors' meeting, the Chair thanked all three for their service to the hospital.

3.2 The Council of Governors has commenced the recruitment process for a NED to replace Adrian Chamberlain, who has chosen to stand down at the end of his current term. We have engaged Odgers Berndtson to lead the search and we are looking for candidates with experience in one or both of non-acute healthcare (primary care, community care, public health) and/or social care, with a strong focus on integrated care and working collaboratively to improve patient pathways and patient experience, and digital innovation and transformation; and ideally with local links. The longlisting and shortlisting stages have been completed and shortlisted candidates will be interviewed on 13 July. It is clear from the level of experience and profile of some candidates that CUH is an attractive place to work for NEDs. An extraordinary Council of Governors' meeting will follow the interviews to seek approval of an appointment.

4. Recommendation

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

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

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Report to the Board of Directors: 12 July 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

12 July 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 As we celebrate NHS 75 we note the challenges faced by patients accessing care and for staff, complicated by ongoing industrial action; and also the often high quality of care being provided, with extraordinary innovation and improvement. This sits alongside the active debate on the future of public services, including the NHS; and the potential for economic growth.

1.3 In this context CUH continues to perform well relative to peers. While services and staff remain under real pressure, complicated by industrial action, care remains very good. On quality our focus remains on support for patients waiting longer than we would like, maternity, complaints and the implications of staffing; on waiting times we continue to improve on the emergency pathway and make progress on elective waits; on workforce our listening events have commenced and recruitment continues, with further work to support staff (both internally and also considering actions in relation to our external environment); on finance we remain broadly on plan with a strong balance sheet and work to do on the five year financial strategy, including identifying where we will invest and the approach to take with our ICB system partners on whole system productivity; and on improvement, innovation and digital there is a combined focus on in-year productivity and a refreshed approach to longer term transformation. While very challenging this position can be compared to periods at CUH tackling very serious financial, access or quality issues. Staying ahead will be critical to providing appropriate care to patients and support to staff over the next one to five years.

1.4 Looking to the next 12 months our five part workforce strategy will continue and the listening events with staff will provide us with more of a steer on how we can better support our colleagues.

For patients, the Trust has agreed the next phase of the operational strategy and we anticipate the opening of the 40 bedded three theatres elective orthopaedic centre in October, the 56 additional beds in U-block over Christmas, and the three neurosurgical theatres before financial year end. Work also continues on the 15 programmes in the three domains of the strategy, in particle through the lens of access to care. We expect further progress on our strategies in relation to EDI and sustainability.

1.5 In Building for the Future, the Trust and partners are now moving towards the Full Business Case for the Cambridge Cancer Hospital and preparing to build; and are submitting the Outline Business Case for the Children's Hospital for national review in the autumn, requiring a good deal of flexibility and negotiation on approach. Fundraising remains key to both programmes. Work is also ongoing to improve care across the southern place (noting the need to balance pathway improvements with possible contractual changes), alignment with Royal Papworth Hospital (RPH), eastern region specialised services, and better engaging partners and stakeholders on the operation of the Biomedical Campus and how it can develop. It is encouraging to see the progress in building 1000 Discovery Drive on the Biomedical Campus (to house amongst others some of the Trust pathology services); work on the Cambridge South station; ongoing progress on securing accommodation and office space for CUH; and plans for the new Maggie's Centre.

1.6 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 three to 24 months; and a refreshed long term plan supported by appropriate enablers in workforce, innovation, digital and capital.

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

1.8 In line with good practice the Trust will be undertaking full governance review in the autumn, and alongside will be considering appropriate leadership, resourcing and structures to support the current plan.

1.9 We continue to mark important moments across the Trust, with our partners, including thank you events for colleagues retiring, the CUH Annual Awards planned for the early autumn, Windrush 75, and NHS 75 on the Biomedical Campus.

Part A

2. The five areas of operational performance

2.1 Quality

CUH Winners at the HQIP's 2023 Clinical Audit Hero Awards

2.2 The Trust's Patient Outcomes Team in the Safety & Quality Support unit, won the category of Influencing Organisation Change Hero at HQIPs 2023 clinical audit hero awards.

2.3 The team designed and populated a National Clinical Audit Benchmarking (NCAB) database which records whether clinical teams have performed better, worse or similarly to the national average performance for all important clinical outcome measures. This allows the Trust to compare and learn from peers across the country.

Emergency care

2.4 Ongoing capacity and waits within the Emergency Department (ED) remain an area of focus in relation to quality. However during May and the June 2023 the Trust has seen a sustained improvement in performance against key urgent and emergency care metrics.

Nursing

2.5 The vacancy position for Registered Nurses and Registered Children's Nurses has remained fairly static over the past couple of months. The highest vacancy levels remain within the paediatric workforce, which has led to PICU and NICU having to close to referrals from the region on occasion due to staffing constraints.

2.6 In adult critical care we are seeing a slightly improving picture which is allowing for the gradual reopening of the closed beds. Whilst staffing is improving, we have continued to report breaches of the guidelines for the provision of intensive care (GPICS) standards at times, this has been due to the higher than normal acuity of patients resulting in a higher proportion of level 3 (Intensive Care) patients requiring care.

2.7 There is an increasing trend in the vacancy and turnover rates for Health Care Support Workers (HCSW). This coupled with the high demand for specialling patients (one to one observation) across the Trust, is impacting fill rates across all wards resulting in a shortage of HCSWs on a shift by shift basis.

There are a number of initiatives being piloted to address retention of this workforce including access to pastoral support through the clinical education team and identified peer buddies.

Midwifery

2.8 Over the last six months there has been a decreasing trend in the midwifery vacancy rate from 13% in July 2022 to 1.74% in March 2023. However there has been a slight increase in April 2023 to 2.12%. The Maternity Support Worker vacancy rate has increased from 18.8% in March 2023 to 21.9% in April 2023.

2.9 Maternity triage continues to be an area for improvement. The impact of gaps in the junior doctor rota means that there can be long waits for medical review. The team have recently implemented a rag rated triage system to support timely review of women and have plans to change the environment to support flow through the department.

Complaints and Patient Advice and Liaison Service (PALS)

2.10 The PALS and Complaints services continue to receive a high volume of new cases, in both services, with a significant backlog still present. Work continues on the improvement plan

2.11 Both PALS and Complaints are currently actively recruiting new members of staff in order to build a skilled workforce equipped to meet the sustained increase in demand going forwards.

Serious Incidents (SI)

2.12 There are currently 23 open SI investigations. Additional resources allocated to support the team remain and extensions requested from the ICS to support completion of investigations and reports where needed.

Hospital Standardised Mortality Ratio (HSMR)

2.13 HSMR was 81.9 for the period April 2022 to March 2023.

2.14 No areas of concern have been flagged by Dr Foster.

2.15 The Trust is one of two within the regional peer group with an HSMR banded as statistically ‘lower than expected’ over the 12 month period. The Trust is one of six within the Shelford Group with an HSMR banded as statistically ‘lower than expected’ over the 12 month period.

Industrial Action

2.16 The RCN rejected the government pay offer but a further ballot did not attract sufficient votes to support further action.

2.17 The British Medical Association, British Dental Association (BDA) and Hospital Consultants and Specialists Association (HCSA) undertook a further period of industrial action from 14 June 2023 till 17 June 2023.

2.18 Risks were mitigated as far as practicable during this period. There have been significant levels of cancellations, with very little elective surgery taking place. Rotas were covered by Consultant staff and additional support was provided by Nursing and AHP colleagues.

2.19 Further five days of industrial action are planned from 13 July 2023 to 18 July 2023.

3. Access to Care

The Trust has retained a focus on urgent and emergency care, sustaining improvements to waits in ED and reducing ambulance handover times. In our UEC pathways we continued to improve ambulance handovers, achieving the best performance of all trusts in the region during May 2023 and the joint highest provider nationally with no handovers over 60 minutes. We met the national standards for 15min, 30min and 60min handovers for the first time on record – a fantastic achievements by our teams. In June we have sustained our strong ambulance performance and continued to focus on delivering the 4hr standard. 4hr performance in June was 68.4%, ahead of our improvement trajectory of 66.0%. Longer waits of 12hr or more in ED fell from an average of 44 per day in June 2022 to 31 per day in June 2023. Our elective position remains challenged due to periods of industrial action over the past few months. Despite these pressures we have reduced our longest waiting patients (78+ weeks) from 131 in May to 74 in June 2023. We will continue to focus on delivering improvement across our emergency and elective pathways during 2023/24 in line with our operational strategy.

3.1 **Emergency Department (ED).** Average daily attendances in May 2023 were 383 compared to 356 in April 2023, a 7.6% increase driven by self-referrals.12hr waits had reduced to 5.7% compared to 9.8% in April 2023.

3.2 **Referral to Treatment (RTT).** The total RTT waiting list grew by 1.3 % in May 2023, a growth of 812 pathways. The total waiting list size was 0.9% lower than the planning submission for Month 2.

3.3 **Delayed discharges**. Over the last 12 months the Trust has lost an average of 130 beds to patients past their clinically fit date (CFD). In May 2023 that reduced slightly to 127.7. The majority of beds (87%) were lost to complex discharge pathways 1-3.

3.4 **Cancer.** CUH has experience a deterioration in performance against the 2WW target due to breaches in the skin cancer and sarcoma pathway. 75.8% of breaches were due to capacity, and there was a reduction in capacity due to the impact of junior doctor strikes where some 2WW clinics did not take place.

3.5 **Operations.** Capped Utilisation at 79.8% was in the top quartile nationally. Sessions used in May 2023 were 96.6%, improving to 97.7% when Ely treatment room (not a theatre) is excluded.

3.6 **Diagnostics.** The total waiting list was 13,517 in May 2023. 34% of patients in May 2023 waited over six weeks, against an in month target of 36%

3.7 **Outpatients.** CUH's new activity remains below the 110% target and -3,417 below plan of 88%. Division A performed particularly well in Colorectal Surgery, Rheumatology and T&O due to securing extra capacity. Cardiology, Ophthalmology, Dermatology and Plastic Surgery from type Division D also had strong performances.

4. Finance – Month 2

4.1 The Month 2 position for performance management purposes is a £0.2m surplus, however this is adverse to plan by £2.4m. The full year plan is for the Trust to deliver a breakeven financial position.

4.2 The following points should be noted in respect of the Trust's Month 2 financial performance:

- Financial under performance is predominantly caused by the impact of Industrial Action (IA), estimated at £3.5m from increased pay expenditure and lost elective activity.
- In line with national guidance the Trust has accounted for all commissioners funding elective activity at least in line with the agreed baselines. Elective income from commissioners who are under performing has therefore been assumed at £0.8m. Formal confirmation of these adjustments and agreement from commissioners is outstanding.
- Further IA is planned in July which is expected to significantly increase the pressure on the Trust's finances.

- In forecasting a year-end breakeven position the Trust has assumed central financial support is provided to fully cover the adverse impact of the IA.
- The position also includes £3.3m of non-recurrent funding in line with the original planning assumption. Improvements in productivity and changes to the current funding regime will be required to replace this support for next financial year if the Trust is to maintain break-even financial performance.

4.3 The Trust has received an initial system capital allocation for the year of £35.0m for its core capital requirements. In addition to this, we expect to receive further funding for the Children's Hospital (£6.2m), Cancer Hospital (£12.5m), and Community Diagnostics £0.8m. With additional capital contributions from ACT totalling £7.4m and technical adjustments in respect of PFI, the Trust's capital budget for the year totals £64.5m. As a counter-measure against likely slippage an over-commitment of £8.4m has been built into the 2023/24 capital plan which will be monitored closely throughout the year.

4.4 At Month 2 the capital programme is on-track with spend year to date of £4.3m against a budget of £4.1m.

5. Workforce

5.1 The Trust has set out five workforce ambitions, committing to focus and invest in the following areas; Good Work and Wellbeing, Resourcing, Ambition, Inclusion and Relationships.

5.2 It should also be noted that there is ongoing work in response to industrial action which impacts the trust. At the time of writing the RCN has rejected the pay offer put forward by the government and we await the outcome of their recent strike ballot. Further industrial action by junior doctors is planned for 13 July to 18 July and strike action by consultant medics is likely.

<u>Good Work and Wellbeing</u>

5.3 Occupational Health have partnered with Flok Health to offer a new interactive digital back pain service that will be available to all staff as a trial. The service launched in May 2023 and will run to 31 July 2023, providing staff with free instant access to unlimited physiotherapy sessions via the Flok Health app.

5.4 Wagestream is now available to staff to allow access to their earnings earlier if needed. With Wagestream staff can:

- Access a percentage of the money already earned, straight into their bank account for a flat rate of £1.75 per stream
- Track how much they have earnt throughout the month
- Learn from the experts about making the most out of their money
- Save money into a savings pot

5.5 At the time of writing 190 staff had signed up to Wagestream. Other initiatives to support financial health and wellbeing include a salary advance scheme, annual leave sale, deposit loan schemes and support with travel costs.

Resourcing

5.6 The Registered Nurse vacancy rate is currently 8.6% and the Health Care Support Worker vacancy rate is 15.5% against a CUH ambition of 5% or less. There continues to be considerable work in recruiting and retaining staff including Nurses and HCSWs, with 21 Registered Nurses and also 21 HCSWs joining in May 2023. These vacancy rates are expected to reduce until the opening of the Movement Centre and the U Block, creating an increase in workforce establishment. By December 2023 the Registered Nurse vacancy rate is predicted to be 14% and Health Care Support Worker 9% with the new additional units included in the recruitment pipeline and capacity plan.

5.7 A working group has been set up focus on de-biasing recruitment practices ensuring that we are inclusive and equitable in our approach to attracting and welcoming people to CUH. An AI solution for checking for biased language has been trialled with positive outcomes.

Ambition

5.8 The Trust's appraisal and development window for the year 2023-24 is open from 18 April to 17 September 2023. This applies to all staff including Clinical Directors, Specialty Leads and Consultants for the managerial aspects of their roles. There is a separate appraisal process for all medical staff.

5.9 There has been strong interest across CUH in two senior clinical leadership programmes run by PGMC for clinical leaders across the ICS, both of which commence in September 2023. Learning to Lead is designed to support the further development of Consultants and senior Nursing and AHP leaders.

Leading for Excellence is designed to support the development of recently appointed or aspiring Clinical Directors and will be running for the first time since the pandemic. A selection process will be held late June/early July 2023 to confirm places.

Inclusion

5.10 The Centralised Workplace Adjustments service and process was fully launched in May 2023 following a testing phase since the soft launch in June 2022. This service is for physical equipment/adaptations and not for modifications to working hours or duties. Neurodivergent employees are able to request a Workplace Needs Assessment. This is not a diagnostic service but will identify any adjustments that would improve an individual's working life.

5.11 The WRES and WDES data sets for 2023 have been collated, calculated and submitted to NHS England. The annual WRES and WDES reports and refreshed action plans are being finalised.

5.12 The NHS Rainbow Badge assessment process of CUH ended on 2 June 2023. Since launching the NHS Rainbow badge scheme in 2019 over 2000 staff have signed up and proudly wear the badge to signal to LGBT+ patients and service users that the member of staff is a champion for LGBT inclusion and is a safe person to talk to who is knowledgeable and understands the barriers that members of the community may face in accessing a good health care experience.

5.13 CUH is proud to be both a corporate sponsor of this year's Cambridge Pride Festival on 17 June 2023 thanks to generous support from ACT.

Relationships

5.14 The NHS Staff Survey 2022 was carried out between September and November 2022. This year saw a significant drop in response rate from 58% to 43% which for the first time in many years puts CUH below the national average. Nationally there was a decline in the take up of the survey of around 6%.

5.15 A programme has been launched to ensure the Trust embeds, as business as usual, staff listening events "Building the Future Together", to gather knowledge, respond to staff survey results, listen to staff experience and plan collaborative action to support short, medium and long term improvements.

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), noting that the three year term will conclude in September 2023.

6.2 The 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, improving sickness absence and a collaborative to reduce the incidence and of hospital acquired pressure ulcers) are all progressing, including the launch of the pressure ulcer collaborative with five initial areas (D3, D9, J3, the emergency department (ED) and M5) on 19 July 2023.

6.3 In relation to the Trust's work with the IHI on building improvement capability and capacity across our 12,000 staff, wave two of the improvement programme for teams concluded with a celebration event on 08 June 2023, with 15 teams receiving certificates of completion. Wave two of the leading for improvement programme concluded on 18 May 2023, with 13 senior leaders graduating. Wave three of the improvement coach programme, the first to be delivered by CUH staff, commenced on 31 May 2023, with 23 Trust staff participating.

Productivity and efficiency

6.4 The Trust's efficiency requirement for 2023/24 is £53m and if met, will deliver an end-of-year break-even position.

6.5 The current value of fully developed plans against the £53m requirement is £29m (55% of target), with £10.5m of schemes currently in planning (17% of target) and a further £14.8m (28% of target) of identified ideas, as yet, without a confirmed plan. Members of the improvement and transformation team continue to work with divisional and corporate colleagues to capture scheme plans and ensure that they have supporting quantifications.

6.6 Improvement projects across outpatients, urgent and emergency care (UEC) and virtual wards are examples of work with colleagues to help make productivity and/or efficiency benefits, as well as wider patient and staff benefits.

Outpatients

6.7 The improvement and transformation team continues to support colleagues with the Trust's outpatient's programme in delivering a reduction in follow up appointments, currently at 113% against a target of 75% and increasing new appointments, currently at 101% against a target of 110%. The planned in-year milestones for these targets are to reduce follow ups to 105% by October 2023 and to 100% by April 2024; the new appointment milestones are 110% by October 2023 and 115% by April 2024. Specific projects being supported include patient pathway streamlining in nephrology, increasing the uptake of patient initiated follow ups (PIFU) in neurosciences, neurosurgery and ophthalmology, along with reducing waiting lists in gynaecology.

UEC

6.8 The improvement and transformation team continue to support colleagues with a number of initiatives aimed at reducing the length of stay for patients in the ED and/or to stream patients to more appropriate care settings, such as same day emergency care. The medical, surgical, frailty, cancer and paediatric assessment units are key to support this and all have ongoing improvement work associated with them.

6.9 The medical assessment unit (MAU) is maintaining an increased numbers of patients streamed to the unit, along with a reduction in length of stay following changes made in February 2023. Up to 11 June 2023, on average an additional 15 patients each week have been streamed to MAU (138 pre-February, versus 153 post-February). Length of stay for patients on chairs is now 357 minutes versus 424 minutes and for those on trolleys 1,270 minutes versus 1,413 minutes. To improve this further, there is a plan to revise the senior medical review process, which will expedite decision making, thereby allowing more timely discharge, or transfer to wards, along with improving the patient experience. Importantly, the MAU team has highlighted the need for equity of bed allocation between the MAU and ED to support this patient flow.

6.10 Ongoing improvements continue around the frailty at the front door model in order to further reduce the conversion rate, implementation of ward G2 as a frailty assessment unit, operationalising a revised abdominal pain pathway and using the learning from urology's ambulatory pathways (which has seen a 7-fold increase in patients being assessed in the unit) to oral and maxillofacial patients. The surgical assessment unit (SAU) has also started work on embedding nurse-led discharge to support timely discharge and to release capacity for other patients.

Virtual wards

6.11 Our virtual ward model of care continues to grow. To date, the virtual ward team have admitted over 500 patients and the ward has an average length of stay of eight days. The virtual ward has saved approximately 1,324 physical bed days to the end of April 2023, equivalent to 7.3 beds per day. Additional pathways due to go-live in summer 2023 are endoscopy, orthopaedic knees, bone marrow transplant and ileostomy. The use of the virtual ward for children is also being explored.

PART B

7. Strategy update

Strategy implementation

7.1 Following the launch of the Trust's refreshed strategy in 2022, focus continues on its implementation. This has included headline metrics and milestones for each of the 15 commitments, alongside associated reporting to track delivery progress. The Board has also agreed that access to care and workforce are particularly important areas of focus this year across the 15 commitments, and the Board strategy report has been updated to reflect this.

7.2 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

7.3 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.

7.4 The CSCP, as a key stakeholder in the development of the Joint Forward Plan (JFP), continues to work with the Integrated Care Board to determine what resources will be devolved to the CSCP to support the JFP's delivery.

7.5 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.

7.6 Work continues on an integrated discharge approach, 'Home First', with colleagues working on shared system pathway/processes and providing business intelligence support.

7.7 Alongside this, the Trust is considering how to resource a medium-term programme of work to ensure that its processes and planning approach support staff to engage in collaborative projects with other partners.

Health Inequalities, Equality, Diversity and Inclusion

7.8 The Trust continues to work on the development of an integrated Equality, Diversity and Inclusion (EDI) and Health Inequalities Strategy for the organisation.

7.9 As part of the initial stage of this work the Board and Management Executive have taken part in three diagnostic sessions. These sessions focused on understanding the current context in terms of organisational maturity and drivers for change, as well as an assessment of our baseline position across the three strategic pillars: patient equity; workforce diversity, inclusion, and belonging; and reducing health inequalities. Topics included the important role of leadership in addressing disparities in patient access, experience and outcomes; best practice models from other organisations; and exploring CUH's cultural context and how this can provide vital insight into lived experiences of our staff and how we provide services to patients.

7.10 The EDI Strategy Group, which brings together several executive leaders at CUH to coordinate our work on EDI and health inequalities, has focused on key areas underpinning this activity including: creating a shared understanding of EDI at CUH; how our EDI/Health Inequalities approach can enable the implementation of the CUH Strategy; and application of the Deloitte Organisational Maturity Model to CUH.

Supporting our staff

7.11 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

7.12 Progress is being made on the delivery of a Community Diagnostic Centre hub at the Princess of Wales Hospital in Ely. A smaller Centre (spoke model) opened at North Cambs Hospital in Wisbech in April 2023, initially providing CT and MRI services with 1,200 patients scanned in the first five weeks. Work is on track for the next stage of the Wisbech spoke to be opened in September 2023.

7.13 Work continues on the business case for the expansion of the regional genomics service to support service growth and the ambitions of the Cancer and Children's Hospitals projects, with an aim for this to be shared for internal approval in September this year. The scoping of opportunities for strategic collaboration between CUH and Royal Papworth Hospital is coming to the end of its first phase with a report on initial findings due to be shared with both executive teams in June 2023.

7.14 The Secretary of State for Health and Social Care announced on 25 May 2023 that the Cambridge Cancer Research Hospital (CCRH) may proceed, and that the NHS funding allocation will be fully met. Additional fundraising and philanthropy will still be required as before, but this announcement reinforces the government's support for the hospital. Final approval of the Outline Business Case (OBC) itself is expected imminently from HM Treasury signaling formal endorsement to move to Full Business Case.

7.15 The procurement of a Principal Supply Chain Partner (PSCP) to support the next phase of CCRH design has now been completed, with the PSCP due to be formally announced and commence in July 2023. The full CCRH and the enabling works planning applications will also be considered this summer by the Cambridge City Council Planning Committee.

7.16 There continues to be an ongoing focus on engagement with stakeholders, particularly staff and patients, as work develops on the clinical, operational and workforce models for CCRH, as well as how the project will ensure the envisaged benefits are realised.

7.17 The Cambridge Children's Hospital revised OBC was signed off by the CUH Board in June 2023. This included a revised proposal of capital funding sources for the project. Work is now underway with regional and national teams to review and iterate the case in the run up to an approval decision at the national Joint Investment Committee in autumn 2023. In parallel, the project is continuing to progress the design of the hospital with the Royal Institute of British Architects (RIBA) stage 3 report due for completion in the summer. The team are also developing enabling works construction plans aiming to start in 2024. The project's fundraising campaign remains in a strong position, with over £45m of its £100m target achieved.

Specialised Services

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

7.19 The EoE SPC is progressing several transformation projects in specialised services across the East of England region. For instance, in neurosciences, CUH are working with clinical leads at CUH and East Suffolk and North East Essex Foundation Trust to establish treatment options closer to home for Multiple Sclerosis (MS) patients in Ipswich. In respiratory, we are supporting clinical leads across CUH and two other East of England trusts to increase localised access to specialised therapies for people with severe asthma. In dentistry, 11 clinically-led working groups have developed a comprehensive set of recommendations to improve secondary dentistry in the region, and we are now working with NHSE to take forward these recommendations in partnership with ICBs.

7.20 The Collaborative continues to develop a business plan to formalise our programme plan for 2023/24, governance processes and future resourcing arrangements.

Climate change

7.21 The Trust continues to make strong progress with projects to roll-out the LED lighting upgrade and building service set-point review programmes.

7.22 Sustainable Travel and Biodiversity weeks were delivered via four well-received Concourse engagement sessions, three on-site events and full communications coverage. A 'bank holiday switch-off' campaign also ran during May.

7.23 A comprehensive Public Sector Low Carbon Skills Funding bid has been submitted which, if successful, will take the campus Heat Decarbonisation Plan into a detailed planning phase.

7.24 Objectives for tackling the climate emergency have been included within the Trust's Annual Development Review (ADR) Conversations for all staff for 2023.

Joint Forward Plan

7.25 Cambridgeshire and Peterborough Integrated Care System (ICS) have finalised their first Joint Forward Plan. Joint Forward Plans are new mandatory five-year plans that Integrated Care Boards (ICBs) and their partner trusts (including CUH) are required to produce, setting out how they will meet the physical and mental health needs of their local population. The Plan outlines how the system will collectively deliver the universal NHS commitments such as the NHS Long Term Plan, address the ICS's four core purposes and meet legal requirements.

8. Recommendation

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

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 12 July 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 Board of Directors on performance during May 2023.
Previously considered by	Performance Committee, 5 July 2023

Executive Summary
The Integrated Performance Report provides details of performance to the end of May 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.

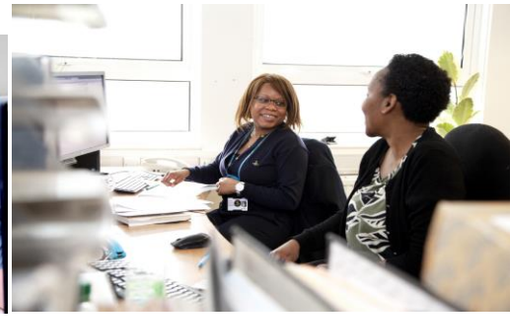
Related Trust objectives	All objectives
Risk and Assurance	The report provides assurance on performance during Month 2.
Related Assurance Framework Entries	BAF ref: 001, 002, 004, 007, 011
Legal implications/Regulatory requirements	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	n/a

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




NHS
Cambridge University Hospitals
NHS Foundation Trust







Integrated Report

Quality, Performance, Finance and Workforce

Chief Finance Officer
Chief Nurse
Chief Operating Officer
Director of Workforce
Medical Director

Report compiled: 30 June 2023

Key

NHS
Cambridge University Hospitals
NHS Foundation Trust

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

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

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

Together-Safe | Kind | Excellent

Quality Account Measures 2023/24

NHS Cambridge University Hospitals NHS Foundation Trust

2023/24 Quality Account Measures				Mar 23	Apr 23	May 23				
Domain	**Indicator**	**Data to**	**Target**	Previous Month-1	Previous Month	Current status	Trend	FYtD	Baseline	LTM
Safe	% Trust Compliance with Falls Risk assessment & documentation within 12 hours of admission	May-23	90%	N/A	86.0%	89.0%	⇧	87.5%	50.0%	87.5%
	Trust Compliance with Pressue Ulcer risk assessment tool & documentation within 6 hours of admission	May-23	90%	N/A	80.3%	84.2%	⇧	82.3%	13.4%	82.3%
	% Rosie MDT Obstetric staff passed PROMPT emergencies training	May-23	90%	N/A	74.0%	79.4%	⇧	76.7%	71.0%	76.7%
	% Rosie Obstetricians and Midwives passed fetal surveillance training	May-23	90%	N/A	80.5%	84.5%	⇧	82.5%	72.0%	82.5%
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)	May-23	7%	N/A	8.4%	8.4%	⇔	8.4%	14.0%	8.4%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	May-23	20%	15.1%	15.5%	14.9%	⇩	15.2%	15.3%	15.9%
	Percentage of in-patient discharges on a Saturday and Sunday compared to the rest of the week (calculated as the average daily discharges on Sat/Sun divided into the average daily discharges Mon-Fri). Excludes day cases. 80% (of weekday rate) Additional Filters Simple Discharges, G&A etc	May-23	80%	70.7%	74.5%	82.7%	⇧	78.3%	74.0%	75.9%
	Same day emergency care (SDEC)	May-23	30%	17.8%	23.2%	25.4%	⇧	24.4%	22.0%	19.6%
	Percentage of admissions over 65yo with dementia/delirium or cognitive impairment with a care plan in place	May-23		N/A	44.1%	69.2%	⇧	56.4%		56.4%
	Quarterly			Jan-00	Jan-00	0				
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Mar-23	55%	29.2%	27.0%	25.9%	⇩	26.9%	29.2%	26.9%
Staff Experience / Well-led	Trust Vacancy Rate (Band 5) Nurses	Jun-22	5.0%	N/A	N/A	N/A	▪	8.4%	12.0%	7.6%
	Annual			2016	2017	2018				
	National Staff Survey - "I feel secure about raising concerns re unsafe clinical practice within the organisation"	2018	78%	75.0%	73.0%	74.0%	⇧		75%	

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

Performance Framework - Quality Indicators				Mar 23	Apr 23	May 23				
Domain	**Indicator**	**Data to**	**Target**	Previous Month-1	Previous Month	Current status	Trend	FYtD	Previous FYR	LTM
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	May-23	0	0	2	0	⇩	2	3	4
	E.coli Bacteraemias (Total Cases)	May-23	50% over 3 years	33	42	43	⇧	85	401	414
	C. difficile Infection (hospital onset and COHA* avoidable)	May-23	TBC	9	6	4	⇩	10	129	116
	Hand Hygiene Compliance	May-23	TBC	94.7%	93.5%	93.4%	⇩	93.5%	96.4%	95.6%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	May-23	100%	100.0%	100.0%	100.0%	⇔	100.0%	91.3%	97.5%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 30 days.	May-23	-	80.0%	33.3%	33.3%	⇔	30.6%	51.0%	43.2%
	No national audit negative outlier alert triggered	May-23	0	0	0	0	⇔	0	0	0
	85% of national audit's to achieve a status of better, same or met against standards over the audit year	May-23	85%	N/A	100.0%	N/A	▪	100.0%	68.8%	70.6%
Nursing Quality Metrics	Blood Administration Patient Scanning	May-23	90%	99.7%	100.0%	99.7%	⇩	99.9%	99.6%	99.7%
	Care Plan Notes	May-23	90%	95.7%	95.9%	95.8%	⇩	95.8%	96.4%	96.3%
	Care Plan Presence	May-23	90%	99.7%	99.6%	99.8%	⇧	99.7%	99.8%	99.7%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	May-23	90%	72.0%	74.8%	78.0%	⇧	76.5%	72.8%	73.4%
	Nurse Rounding	May-23	90%	99.1%	99.2%	99.2%	⇧	99.2%	99.3%	99.3%
	Nutrition Screening	May-23	90%	73.4%	76.1%	79.4%	⇧	77.8%	73.6%	74.3%
	Pain Score	May-23	90%	84.3%	84.3%	85.1%	⇧	84.7%	84.3%	84.4%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	May-23	90%	84.0%	84.1%	83.8%	⇩	83.9%	76.0%	77.3%
	PEWS Score Recording	May-23	90%	99.1%	99.2%	99.4%	⇧	99.3%	99.2%	99.2%
	NEWS Score Recording	May-23	90%	97.6%	97.6%	97.7%	⇧	97.7%	97.4%	97.4%
	VIP									
	VIP Score Recording (1 per day)	May-23	90%	86.8%	85.7%	87.8%	⇧	86.7%	86.3%	86.4%
	PIP Score Recording (1 per day)	May-23	90%	89.1%	83.4%	87.9%	⇧	85.5%	89.4%	88.9%
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	May-23	0	16	24	47	⇧	71	172	236
	Re-opened complaints (non PHSO)	May-23	N/A	2	4	1	⇩	5	18	19
	Re-opened complaints (PHSO)	May-23	N/A	0	0	1	⇧	1	2	3
				Mar 23	Apr 23	May 23				
	Number of medium/high level complaints	May-23	N/A	20	17	12	⇩	29	257	246

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

Point of delivery	Performance Standards	SPC variance	In Month Actual	In Month plan	Target	Target due by	Page
Urgent & Emergency Care	4hr performance	Positive special cause variation	70%	65%	76%	Mar-24	Page 13
	12hr waits in ED (type 1)	Positive special cause variation	6%	-	-	-	
	Ambulance handovers <15mins	Positive special cause variation	70%	65%	65%	Immediate	
	Ambulance handovers <30mins	Positive special cause variation	99%	95%	95%	Immediate	Page 14
	Ambulance handovers > 60mins	Positive special cause variation	0%	0%	0%	Immediate	
Cancer	Cancer patients < 62 days	Normal variation	58%	-	85%	Immediate	Page 21
	28 day faster diagnosis standard	Normal variation	76%	84%	75%	Immediate	Page 18
	31 day decision to first treatment	Normal variation	84%	-	96%	Immediate	Page 20
	2 week waits	Normal variation	79%	-	93%		Page 19
Outpatients	First outpatients (consultant led)	Normal variation	TBC*	TBC*	-	-	Page 23
	Follow-up outpatients (consultant led)	Normal variation	117%	131%	-	-	Page 24
	Advice and Guidance Requests	Normal variation	10%	-	0%	Mar-23	
	Patients moved / discharged to PIFU	Normal variation	3%	8%	8%	Mar-23	Page 25
Diagnostics	Patients waiting > 6 weeks	Normal variation	34%	36%	5%	Mar-24	Page 22
	Diagnostics - Total WL	Positive special cause variation	13,517	13,323	-	-	
RTT Waiting List	RTT Patients waiting > 65 weeks	Normal variation	1065	946	0	Mar-23	Page 16
	RTT Patients waiting > 78 weeks	Positive special cause variation	131	-	-	-	
	Total RTT waiting list	Negative special cause variation	61,541	62,129	-	-	Page 17
Productivity and efficiency	Non-elective LoS (days, excl 0 LoS)	Normal variation	8.7	-	-	-	
	Long stay patients (>21 LoS)	Normal variation	206	182	-	-	
	Elective LoS (days, excl 0 LoS)	Normal variation	5.6	-	-	-	
	Discharges before noon	Normal variation	15%	-	-	-	
	Theatre sessions used	Normal variation	636	-	-	-	
	In session theatre utilisation	Normal variation	79.8%	81.0%	85.0%	Sep-23	Page 27
	Virtual Outpatient Attendances	Negative special cause variation	20%	-	-	-	
	BADS Daycase Rate (local)	Normal variation	85%	-	-	-	Page 28
Surgical prioritisation	P2 (4 weeks) Including planned	Negative special cause variation	2,849	-	-	-	

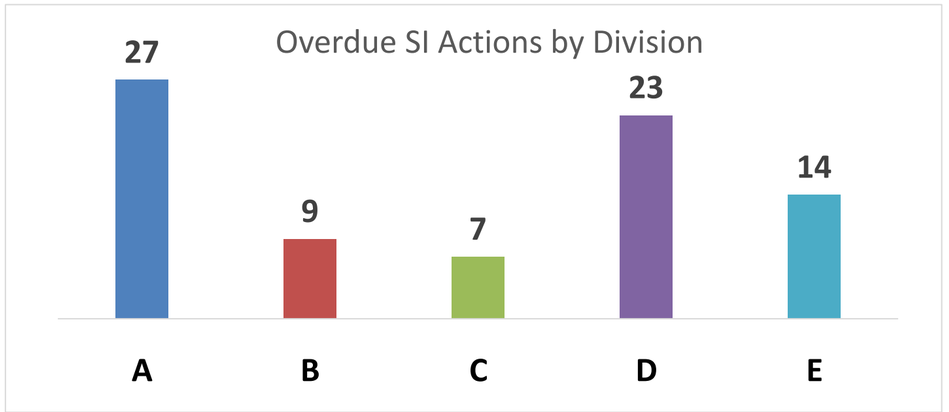
First outpatient performance is in the process of being validated and will be available in next month's report

Serious Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	June 2020-May 2023	Apr-23	-	**1481**	*1440*		-	-	Currently within normal variance. 8 out of the last 10 months have been above the mean.
Patient Safety Incidents per **1,000 admissions**	June 2020-May 2023	Apr-23	–	**85**	*93*		–	–	
Percentage of **moderate harm and above** patient safety incidents	June 2020-May 2023	Apr-23	≤ 2%	**1.7%**	*2.3%*		-	-	Below the Trust threshold of 2% for first time since June 2022
All Serious Incidents	June 2020-May 2023	May-23	—	**5**	*4.8*		-	-	

Ref	SI Title	STEIS SI Sub categories	Actual Impact	Division	Ward / Department
SLR163656	Extravasation	Medication incident	Moderate	Division E	Ward C3
SLR163718	Delay in antifungal treatment	Treatment delay	Severe / Major	Division B	Haematology Day Unit
SLR164074	Awareness under Anaesthesia	Surgical/invasive procedure incident	Moderate	Division A	Anaesthetic Room - Main
SLR160826	Safeguarding - fall on discharge		Severe / Major	Division C	Ward N3
SLR164745	Giant Cell arteritis treatment delay	Treatment delay	Severe / Major	Division D	Clinic 43



Executive Summary

2/2 (100%) SI reports, that were due in May (both with agreed extension dates for May) , were submitted to the ICS on time Three other Si report were submitted in May (late as due in months prior to May - previously counted in compliance data).

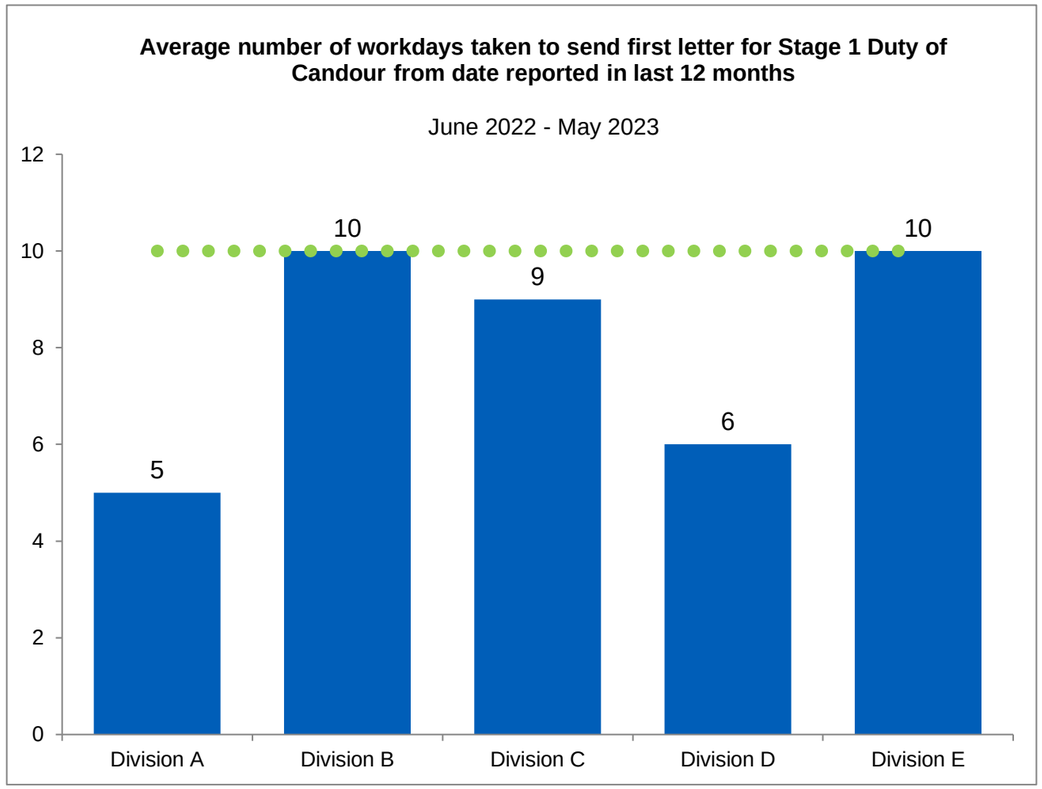
Resources for investigating have been limited due to competing clinical and operational priorities and resources within the central patient safety team. This is impacting compliance with the 60 day target for submissions. One additional interim investigator is in post to support with investigations.

There are currently 80 overdue Serious Incident Actions : 34% (27) of which are in Division A and 29% (23) in Division D.

Duty of Candour

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	May 20 - May 23	month	100%	**80%**	71%		-		Within normal variance and compliance target not reached.
Duty of Candour Stage 2 within 10 working days**	May 20 - May 23	month	100%	**52%**	65%		-		Within normal variance and compliance target not reached.



Executive Summary

Trust wide stage 1* DOC is compliant at 83% for all confirmed cases of moderate harm or above in May 2023. 80% of DOC Stage 1 was completed within the required timeframe of 10 working days in May 2023. The average number of days taken to send a first letter for stage 1 DOC in May 2023 was 4 working days.

Trust wide stage 2** DOC is compliant at 61% for all completed investigations into moderate or above harm in May 2023 and 52% 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.

Author: Christopher Edgley

Owner(s): Oyejumoke Okubadejo

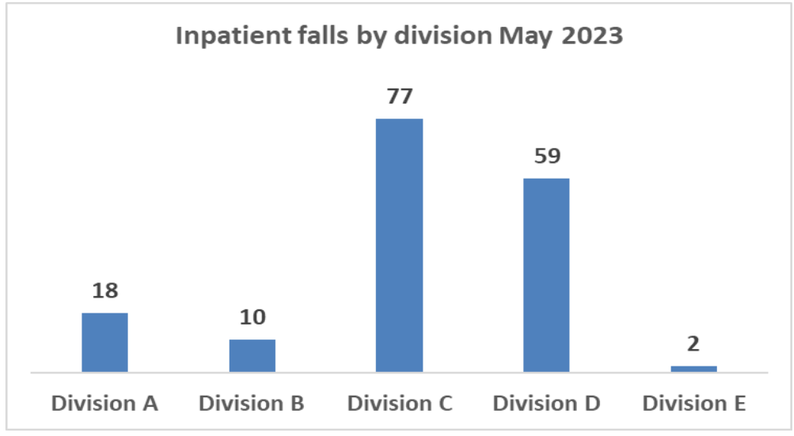
Falls

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	June 2020-May 2023	May-23	-	**176**	*152.0*			-	9 out of the last 11 months have been above the mean
Inpatient falls per **1,000 bed days**	June 2020-May 2023	May-23		**4.77**	*4.5*		-	-	Currently showing normal variance.
Moderate harm and above inpatient falls per 1,000 bed days	June 2020-May 2023	May-23	-	**0.20**	*0.15*		–	-	Currently showing normal variance. There were six moderate harms and one severe harm fall in May 2023
% of inpatients falls associated with a history of falls	June 2020-May 2023	May-23		**69%**	*63.5%*	H	SU10		Statistically significant upward shift in the 10 months.
Falls **risk screenin**g compliance within 12 hours of admission	June 2020-May 2023	May-23	≥ 90%	**89%**	*86%*	L	SD7	F	May saw the end of a 7 month statistically significant downward shift. The trust overall has not been compliant since June 2021
Falls KPI: patients 65 and over who have a **cognitive impairment** have an appropriate **care plan in place**	June 2020-May 2023	May-23	≥ 90%	**67%**	*21%*	H	SU7	-	Statistically significant upward shift in the 7 months.

Executive Summary

New CUH specific confusion care plans went live in Epic in May 2023
An EPIC change request has been submitted to develop a multifactorial, multidisciplinary falls tab. This will allow for easier assessment, treatment and care planning for patients using a multidisciplinary approach.
Recruitment is in progress to expand the Falls prevention and management team from the current Lead Falls Prevention Specialist, to a team of 3 staff.



Author(s): Debbie Quartermaine & Jane Nicholson Owner(s): Oyejumoke Okubadejo

Hospital Acquired Pressure Ulcers (HAPUs)

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All Hospital-acquired pressure ulcers	June 2020 - May 2023	May-23	-	**33**	28	H	SU11	-	There is a statistically significant increase with the last consecutive 11 months being above the mean - upward shift.
All HAPUs by date of occurrence per 1,000 bed days	June 2020 - May 2023	May-23	–	**0.95**	0.86	H	SU11		There is a statistically significant increase with the last consecutive 11 months being above the mean - upward shift.
Category 2, 3, 4, Suspected Deep Tissue Injury, and Unstageable HAPUs	June 2020 - May 2023	May-23	–	**21**	15.0	H	SU10		There is a statistically significant increase with the last consecutive 10 months being above the mean - upward shift.
Category 1 hospital-acquired pressure ulcers	June 2020 - May 2023	May-23	–	**12.0**	11.7		–	–	Within normal variance.
Category 2 hospital-acquired pressure ulcers	June 2020 - May 2023	May-23	-	**14**	11.0		–	–	9 out of the last 11 months have been above the mean.
Unstageable HAPUs	June 2020 - May 2023	May-23	–	**0**	1.4		–	–	There were no unstageable HAPUs in May 2023
Suspected Deep Tissue Injury HAPUs by date of occurrence	June 2020 - May 2023	May-23	-	**7**	2.6	H	SU10	-	There is a statistically significant increase with the last consecutive 10 months being above the mean - upward shift.
Pressure Ulcer screening risk assessment compliance	June 2020 - May 2023	May-23	90%	**84%**	80%	L	–	F	This month ends an 11 month downward shift. We have not been compliant with this metric in the last 3 years.
Device (all) related HAPUs	June 2020 - May 2023	May-23	-	**11**	7.9		–	-	9 out of the last 11 months have been above the mean.
HAPUs located on the ear	June 2020 - May 2023	May-23	-	**4**	2.0		–	-	9 out of the last 11 months have been above the mean.

Exec Summary

The increase in HAPUs is being driven by an increase in the categories of Suspected deep tissue injury and Category 2
There is a high number of HAPUs associated with devices and the body location of the ear - neither at a statistically significant increase. Heel HAPUs are seeing signs of a decrease - below the mean in last 3 months.
There were no category 3 or 4 HPAUs in April 2023
There is an improvement in the PU risk screening/assessment compliance data.

QI Plan update

A new Band 6 TVN within the Emergency Department is still awaiting recruitment
The work in partnership with the Institute Health Improvement (IHI) and the Transformation& improvement team to reduce incidence of HAPUs, will be formally launched on 19.07.2023 - workshop 3 arranged for 05.07.2023. All pilots ward/departments confirmed: ICU (D3), D9, G4, ED, M5.
The Tissue Viability Quality Steering Group re-started in June.
CQUIN 12 (Assessment and documentation of pressure ulcer risk) data collection for Q1 on target.

 Author(s): Jane Nicholson Owner(s): Oyejumoke Okubadejo

Sepsis

NHS Cambridge University Hospitals NHS Foundation Trust

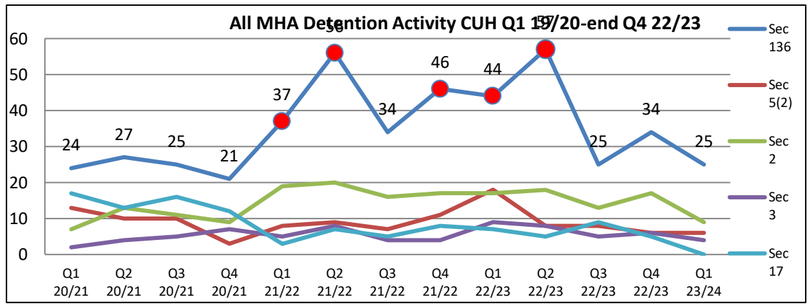
Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	May-23	Monthly	95%	**36%**	*55%*		-	F	Elements of the sepsis 6 bundle that have impacted on the overall compliance for May 23 are antibiotic administration within an hour of triggering sepsis (64%), IV fluids (69%) and Blood culture (79%)
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - Emergency Department	May-23	Monthly	95%	**64%**	*71%*		-	?	The average time between patient triggering sepsis (NEWS 2 of 5 and above) and prescription of antibiotics was 51.6 mins in May 23.
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient **triggers** Sepsis (NEWS 5>)- Inpatient wards	May-23	Monthly	95%	**80%**	*33%*		-	?	Elements of the sepsis 6 bundle that have impacted on the overall compliance for May 23 are blood cultures (80%), Lactate (60%) and Oxygen (80%)
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Inpatient wards	May-23	Monthly	95%	**100%**	*69%*			?	The average time between patient triggering sepsis (NEWS 2 of 5 and above) and prescription of antibiotics was 209.8 mins in May 23 and is caused by a delay of 929mins in one audit.
Antibiotics administered within 60 mins of patient being **diagnosed** with Sepsis - Emergency Department	May-23	Monthly	95%	**64%**	*90%*	L	SP	?	Average door to needle time for May 23 was 74mins, The average time between antibiotic prescription and administration was 30 mins. The average prescription and administration time of antibiotics together was 80.8 mins for May 23.
Antibiotics administered within 60 mins of patient being **diagnosed** with Sepsis - Inpatient wards	May-23	Monthly	95%	**100%**	*72%*		-	?	The average time between antibiotic prescription and administration was 41.6 mins.

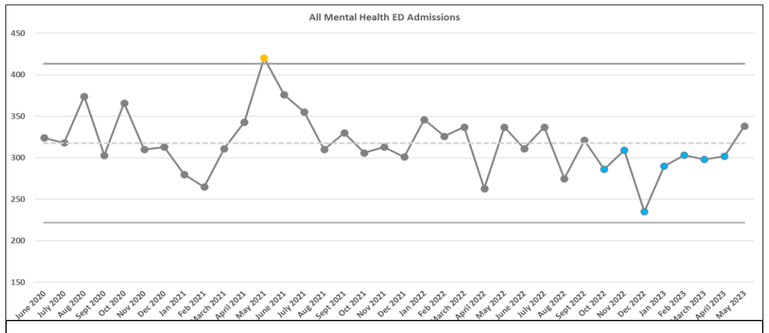
May 2023 sample sizes:
Inpatient - 5
ED - 14

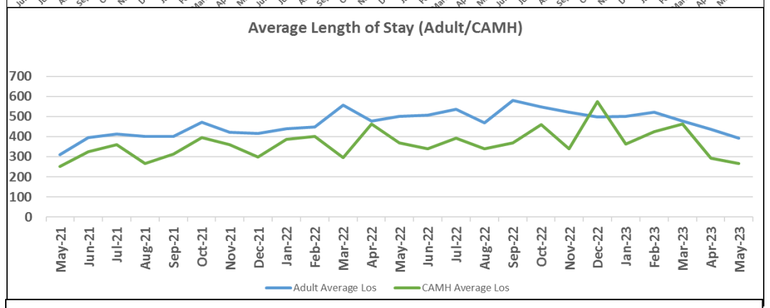
Author(s): Stephanie Fuller

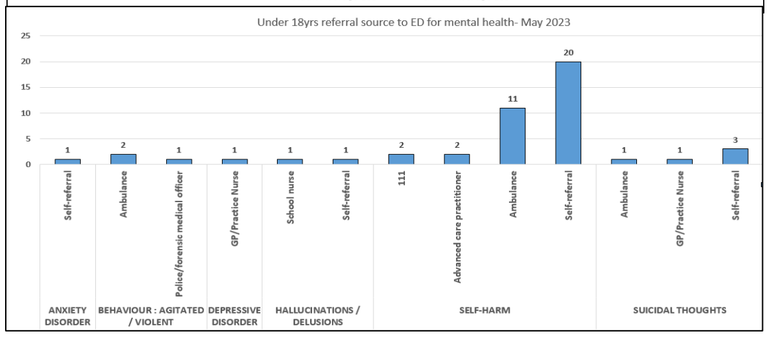
Owner(s): Amanda Cox

Mental Health - Q1 2023/24 (May)









Narrative

Data has been adjusted from previous reports to reflect financial years rather than calendar years
Section (Sec) 136 Mental Health Act (MHA) presentation at CUH Emergency Department (ED)
- Year 22/23 x 160 (Representing reduction of 9% over 21/22)

Q1 2023/24 to date

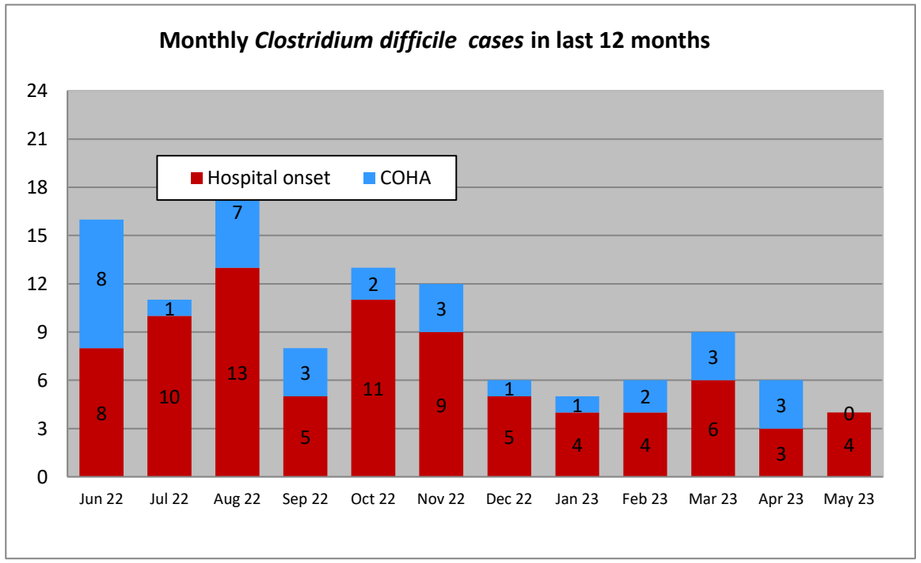
- Of 25 section 136 MHA at CUH ED, 14 (56%) were rescinded following assessment, suggesting alternative routes may have been appropriate.
- 8 Sec 136 MHA presentations (32%) were transferred to an alternative place of safety, at this time reasons are unknown for original presentation.
- 2 (8%) of Sec 136 MHA presentations were converted to a further detaining section of the MHA, to CUH, or an alternative hospital.
- Following data gained from the police, increases in the use of CUH ED as a place of safety for sec 136 MHA, shown as red dots in graph 1, are directly attributable to unavailability of the 136 suite.
- In June 23, an incident occurred where the AMHP has not followed process i.e. ensuring Ops Team matrons are emailed Sec 2 MHA Section papers for formal receipt, which led to a delay in formal recording of receipt. This is being addressed in collaboration with CPFT MHA office and AMHP/Emergency Duty Team.
- Mental health attendances to ED data shows 7 data points under average from October 2022, until a data point over the average in May 2023. Following enquiries with partners and ED, nil rationale found e.g. changes in recording.
- Length of stay of MH attendances in ED shows reduction over April/May.
- ED to admission conversion rate showed an increase in May, for both CAMH age and adults.
- Data around referral source to ED now collated for under 18yrs due to mental health, shows that 53% self referred, likely to be accompanied by a carer, whilst the remainder were referred by health care professionals. it hasn't been possible to discern from the data, at this time, if the patient was under the care of CAMHS at the time of attendance.

Ongoing work

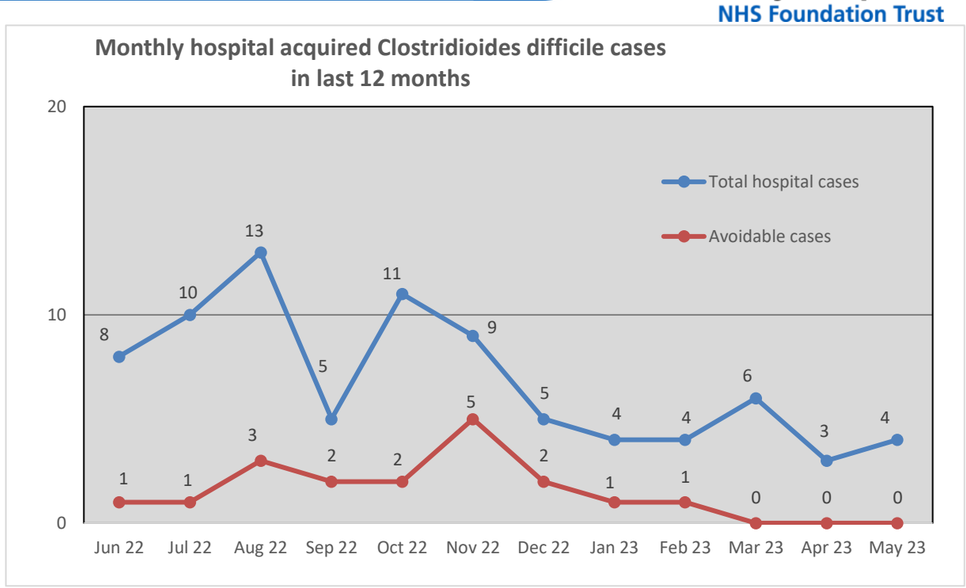
- The rapid tranquilisation review group have agreed that the CUH and CPFT guidelines for the management of disturbed behaviour should align. The CPFT policy is broad in that it includes clear guidance around co-morbid conditions or diagnosis, created by speciality pharmacists and medical teams. There is a need to overlay and include processes particular to CUH, and this will be taken forward by the group. Aligning this policy will facilitate consistent best practice and timely changes to evidence based practice.
- Out of area mental health bed finding processes and escalation have been created and agreed between the Operations Team and the CUH Mental Health Team. Accurate data around delayed discharges relating to mental health is very challenging to collate, with a tangible need for improvement. Plans to build a 'MH bed Tracker', based on an already functioning unit that monitors delay performance will be implemented. This will also allow both out of area and local bed finding to be tracked, delays recorded accurately and give a platform for parties involved to communicate and record updates.
- The mental health team are exploring access psychologically based specialist training around the management of disturbed behaviour to support our nursing teams and patients with eating disorders and co-morbid mental health diagnosis.
- CPLS MIND will be visiting CUH in the near future to meet the mental health nurses and talk around using their resources and initiatives to support patients post discharge. MIND are also hoping to have a presence at CUH, improving access to patients for post discharge support via the Psychiatric Liaison Team and Mental Health Team.
- Lead for mental health will be meeting with CPFT staff and community transformation project leads around CUH inclusion in the pathways for mental health primary care services.

Infection Control

Cambridge University Hospitals NHS Foundation Trust



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



CUH trend analysis

MRSA bacteraemia ceiling for 2023/24 is zero avoidable hospital acquired cases.

- 0 cases of hospital onset MRSA bacteraemia in May 2023
- 2 cases (2 unavoidable & 0 avoidable) hospital onset MRSA bacteraemia year to date

C. difficile ceiling for 2023/24 is 109 cases for both hospital onset and COHA cases*.

- 4 cases of hospital onset *C difficile* and 0 cases of COHA in May 2023.
- 7 hospital onset cases and 3 COHA cases year to date (0 cases unavoidable, 0 avoidable and 9 pending).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 74.3% in May 2023 (83.9% in April 2023).
- The latest MRSA bacteraemia rate comparative data (12 months to April 2023) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.

- Compliance with the *C. difficile* care bundle was 71.4% in May 2023 (87.5% in April 2023).
- The latest *C. difficile* rate comparative data (12 months to April 2023) put the Trust 6th out of 10 in the Shelford Group of teaching hospitals.

4HR Performance

NHS
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NHS Foundation Trust

May-23	Plan
69.9%	64.6%

SPC Variance

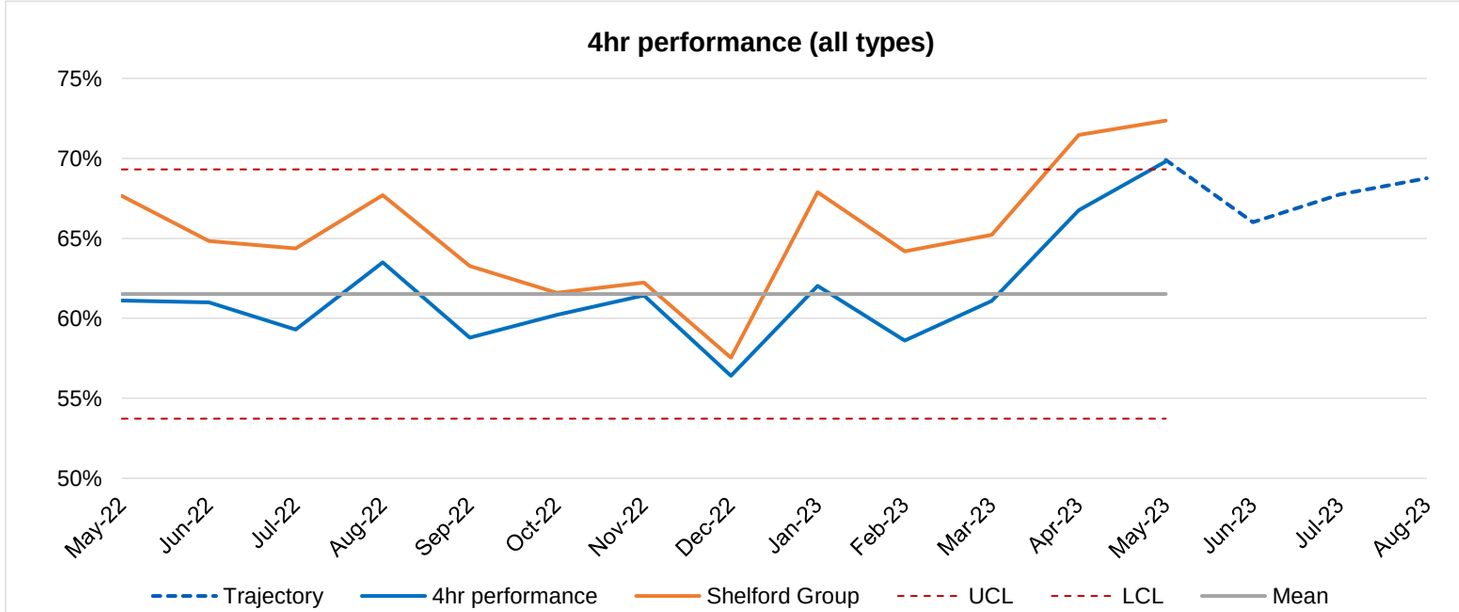
Positive special cause variation

Shelford Group Avg (May-23)

72.4%

Three Month Trajectory

Jun-23	Jul-23	Aug-23
66.0%	67.8%	68.8%



Highest breaches by specialty

Specialty	4hr breaches	Performance
Emergency	1,662	61.23%
Medicine	1,607	26.28%
Paediatrics	213	48.55%
Surgery	172	43.97%
ENT	113	44.06%

Updates since previous month

- Plan finalised focusing on breach analysis, use of the UTC, time to initial assessment and use of physical space
- Reduced 12hr waits to 5.7% compared to 9.8% in April
- New operational lead for ED in post
- Completed GIRFT and peer review to inform actions

Current issues

- Increased demand: average 383 daily attendances in May compared to 356 in April (+7.6%) driven by self-referrals. 387 attendances in the June month to date
- Pressure on outflow from the ED due to higher bed occupancy in June month to date

Key dependencies

- In-patient capacity impacts ability to outflow from the department. A proposal to reconfigure the bed base is being presented for agreement with DDs / DDOs. A LoS programme has also been developed to improve flow
- Staffing levels in the primary care stream

Future actions

- Further development of the ED action plan to incorporate learning points from the recent GIRFT and peer reviews
- On-going review of plans and performance monitoring via Management Executive

Ambulance Handovers > 60 minutes

NHS
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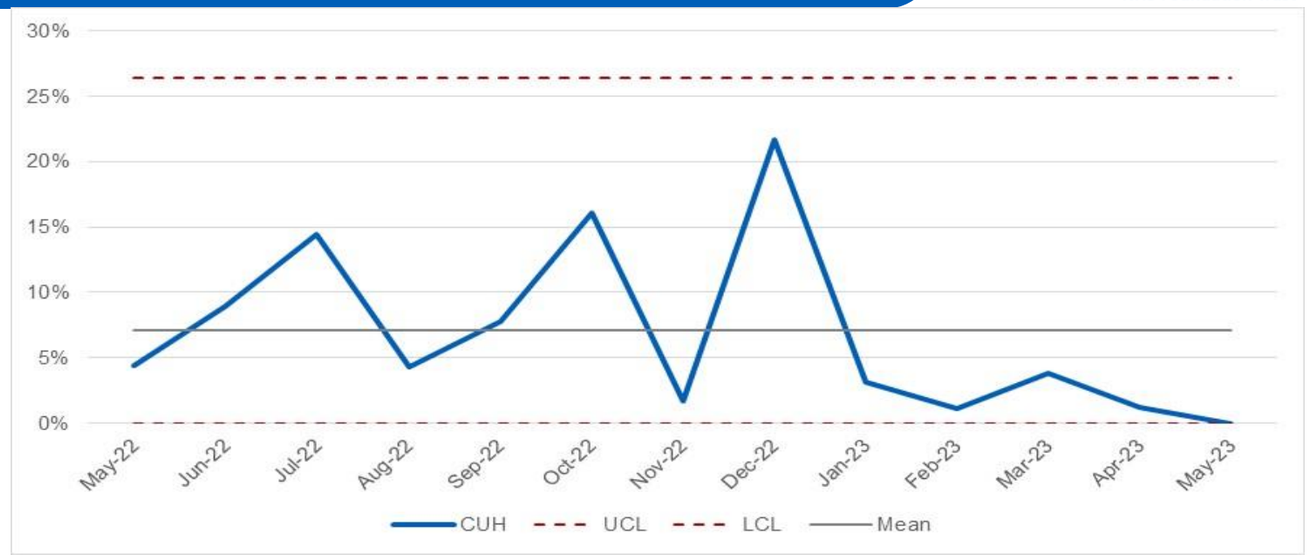
May-23	Target
0.00%	0%

SPC Variance

Positive special cause variation



East of England > 60 minutes *

Trust	Handovers >60mins
CUH	0%
Broomfield	0%
Bedford	0%
West Suffolk	2%
Colchester General	3%
Watford General	3%
Hinchingbrooke	4%
Ipswich	9%
Basildon & Thurrock	9%
Luton and Dunstable	16%
James Paget	17%
Lister	18%
Southend University	18%
Peterborough City	22%
Princess Alexandra	25%
Queen Elizabeth	27%
Norfolk and Norwich	56%

Updates since previous month

- Ambulance delays in May continue to improve with all national targets achieved against the 15min, 30min and 60min handovers for the first time on record
- CUH was the highest performing trust in the East of England during May and the joint top trust nationally
- There were no 60min handover delays in May

Current issues

- The number of ambulance conveyances to CUH rose in May by 12% compared to the 22/23 average
- Some batching of ambulances still takes place, with higher attendances in the early evening increasing pressure on timely handovers

Key dependencies

- Ambulance handover performance is dependent on measures coordinated by the ICB to reduce conveyances, including 'Call before you Convey' and validating ambulance referrals from NHS 111
- Availability of rapid handover beds to minimise delays to handover

Future actions

- Sustain our on-going improvement in handover performance through tight operational focus and real-time management of handover delays.

**East of England data relates to w/e 19th June (latest available)*

Overall fit test compliance for substantive staff

NHS
Cambridge University Hospitals
NHS Foundation Trust

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	33	25	76%	236	130	55%	61	22	36%	122	69	57%	96	25	26%	84	34	40%	632	305	48%
Allied Health Professionals	-	-	-	58	14	24%	15	4	27%	2	2	100%	-	-	-	3	1	33%	78	21	27%
Estates and Ancillary (Porters and Security Personnel only)	86	47	55%	-	-	-	-	-	-	-	-	-	-	-	-	1	1	100%	87	48	55%
Medical and Dental	-	-	-	250	55	22%	-	-	-	182	69	38%	152	17	11%	215	57	27%	799	198	25%
Nursing and Midwifery Registered	-	-	-	648	442	68%	3	1	33%	277	166	60%	143	81	57%	364	190	52%	1435	880	61%
Total	119	72	61%	1192	641	54%	79	27	34%	583	306	52%	391	123	31%	667	283	42%	3031	1452	48%

The data displayed as of 06/06/23. 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.
Mask Fit Test compliance has shown an increase to 48% , with 62% of Nursing and Midwifery staff compliant compared to 25% of Medical and Dental Staff

Referral to Treatment > 65 weeks and > 78 weeks

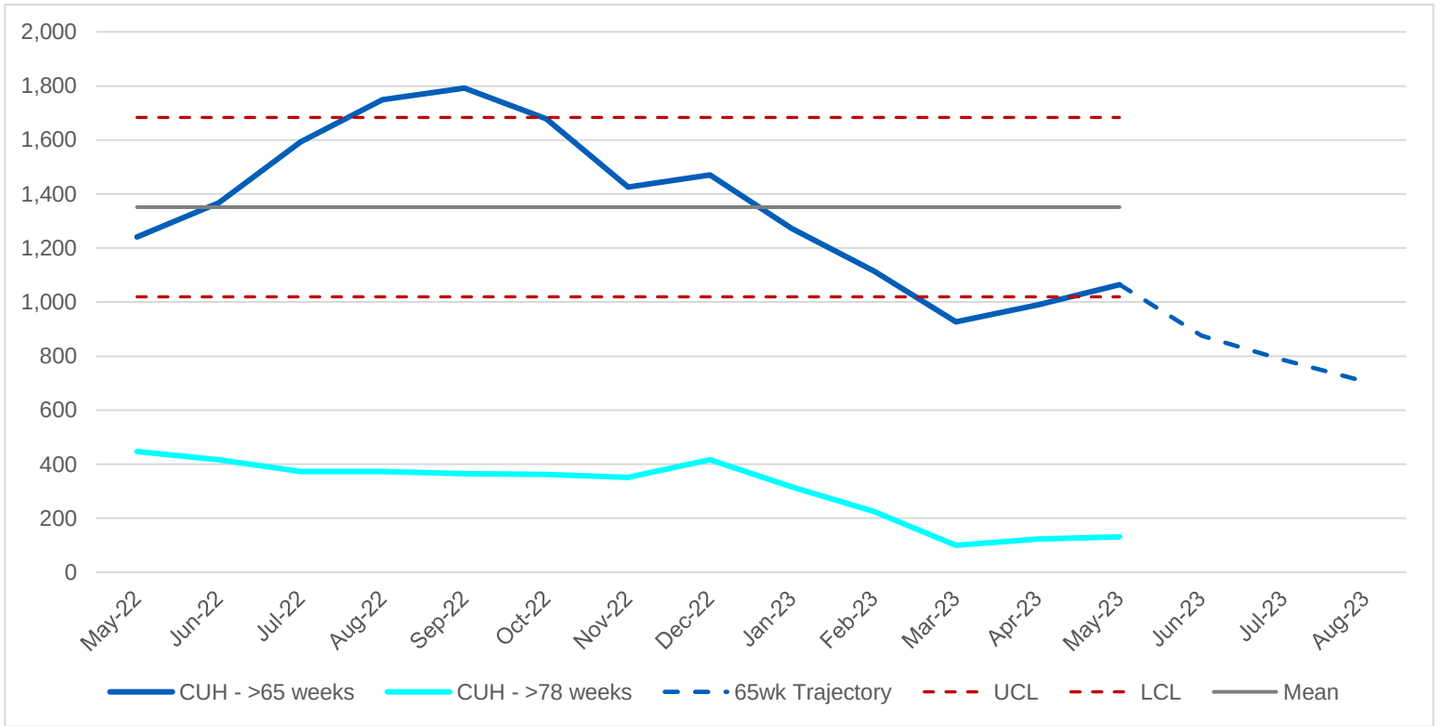
NHS
Cambridge University Hospitals
NHS Foundation Trust

65+ Weeks	
May-23	Plan
1,065	946

SPC Variance
Normal variation

Shelford Group % over 65 weeks (Jan-00)
1.9% versus CUH 1.6%

Three Month Forecast >(65 wks)		
Jun-23	Jul-23	Aug-23
876	786	706



Divisional Performance

Division	>65	>78
A	164	17
B	91	3
C	10	0
D	664	100
E	136	11
Trust	**1,065**	**131**

Updates since previous month

- >78 week waits increased by 8 in May to 131
- NHSE have extended eradication of >78 week waits to end of Q1. Submitted forecast is currently 68 to remain

Current issues

- Cumulative impact of industrial action disruption.
- Competing demands of urgent/cancer surgery
- Complex and consultant specific case mix.

Key dependencies

- Theatre capacity
- Administrative and operational resilience
- Mutual aid for OMFS, Cardiology
- Independent Sector for ENT.

Future actions

- Step down plan outlined for 65 week max by end of 2023/24. End of Nov aim for non-admitted cohort.
- Gynaecology is highest non-admitted risk. Division E holding bi-weekly focus group to identify further actions required to support.
- Extension of Insourcing to support OMFS non-adm

Referral to Treatment Total Waiting List

NHS
Cambridge University Hospitals
NHS Foundation Trust

May-23	Plan
61,541	62,129

SPC Variance

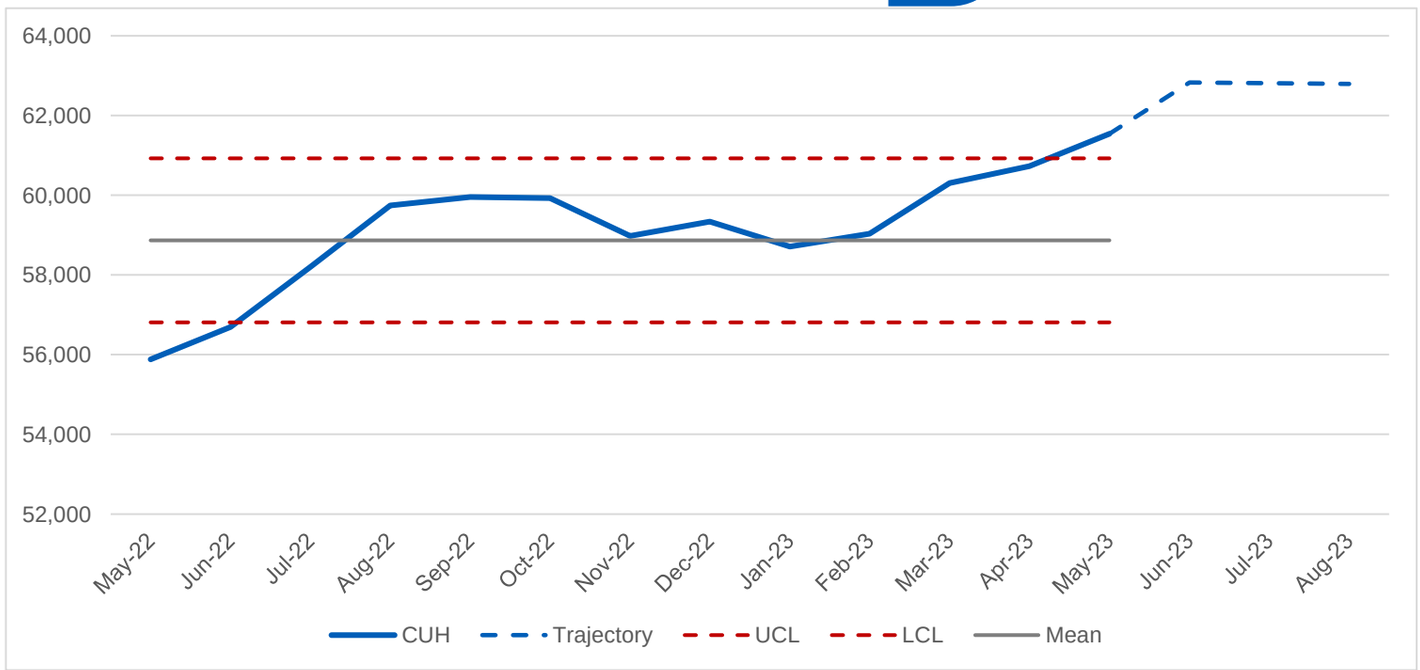
Negative special cause variation

Shelford Group Variance (Jan-00)

+0.9% versus CUH +0.7%

Three Month Forecast

Jun-23	Jul-23	Aug-23
62,829	62,810	62,790



Waiting list by division

Division	Total Waiting List
A	12,637
B	6,665
C	3,878
D	28,216
E	10,136
Trust	**61,541**

Updates since previous month

- Total RTT waiting list grew by 1.3 % in May. This was a growth of 812 pathways
- The total waiting list size was 0.9% lower than the planning submission for Month 2.

Current issues

- Admitted stops were 4% (178) below plan to Month 2 , mitigated by higher than planned non-admitted stops which are running 4% higher to Month 2.
- Clock starts per working day in May were the highest for 12 months, but were within planned levels.

Key dependencies

- Demand (clock starts) remains within plan
- Outpatient and elective activity plans are met
- Resilience in administrative roles supporting pathway validation.

Future actions

- Monthly monitoring of demand and activity
- Continued drive to release capacity for new outpatients via more productive/alternative delivery of follow up. Non-admitted remains 81% of the waiting list and 64% await 1st appointment.

Cancer - 28 day faster diagnosis standard

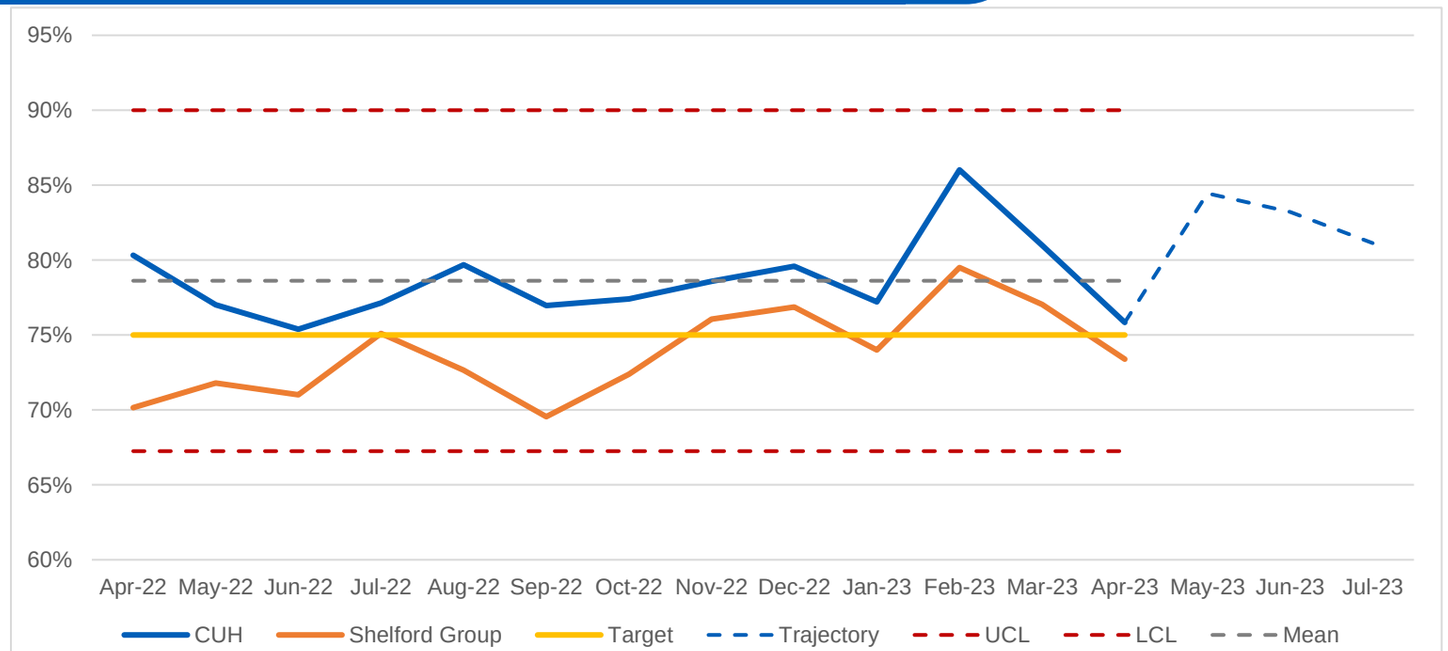
NHS Cambridge University Hospitals NHS Foundation Trust

Apr-23	Plan
75.8%	81.5%

SPC Variance
Normal variation

Shelford Group Avg (Apr-23)
73.4%

Three Month Forecast		
May-23	Jun-23	Jul-23
84.5%	83.2%	81.1%



Cancer Site Overview

Site	Performance	Breaches
Skin	69.3%	141
Lower GI	65.4%	99
Gynaecological	60.3%	69
Head & Neck	73.3%	52
Urological	64.2%	48
Breast	93.2%	37
Haematological	52.2%	11
Sarcoma	37.5%	5
Upper GI	70.6%	5
Lung	95.2%	3
Childrens	89.5%	2
CNS/Brain	100.0%	0
Testicular	100.0%	0

Updates since previous month

CUH remains above target and above Shelford Group performance. Performance has deteriorated in the last month due to delays in the skin and gynae pathways

Current issues

Delays to 1st appointment in skin cancer, and pathology turn around times continue to impact performance.
Lower GI lower performance is due to patients on a screening pathway choosing to delay their appointment.

Key dependencies

Improvement in compliance to 50% minimum for pathology turn around times.
Additional ad hoc activity in skin to reduce 2ww backlog.

Future actions

Actions are in place as part of the Cancer Improvement Plan. Focus continues on skin, urology and gynae.
New standardised results letter agreed by lead Skin clincians.

Cancer - 2 week waits

NHS
Cambridge University Hospitals
NHS Foundation Trust

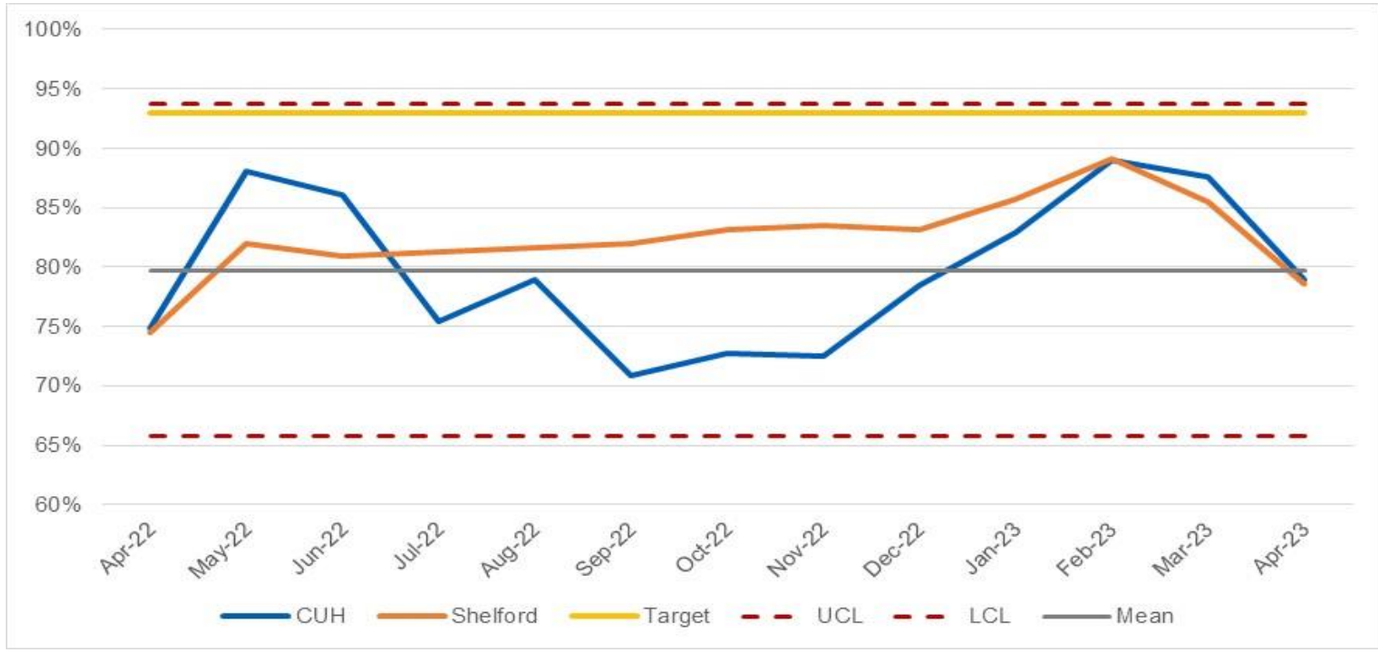
Apr-23	Target
79.0%	93.0%

SPC Variance
Normal variation

Shelford Group Avg (May-23)
78.6%

Cancer Site Overview

Site	Performance	Breaches
Skin	46.6%	253
Gynaecological	83.2%	31
Breast	93.9%	25
Head & Neck	90.0%	20
Lower GI	89.4%	20
Sarcoma	18.2%	9
Lung	92.9%	5
Urological	96.6%	5
CNS/Brain	90.9%	2
Childrens	94.4%	1
Haematological	92.9%	1
Testicular	100.0%	0
Upper GI	100.0%	0



Updates since previous month

CUH has experience a deterioration in performance against the 2WW target due to breaches in the skin cancer and sarcoma pathway. 75.8% of breaches were due to capacity. There was a reduction in capacity due to the impact of junior doctor strikes where some 2WW clinics did not take place

Current issues

Breaches along the skin pathway are the main reason for below standard performance; this is due to capacity which was largely within the plastics service in March/April however a deterioration in dermatology will also result in breaches from May. Gynae had an increase in breaches due to sickness within the team which will continue until June

Key dependencies

- Stable 2WW referral demand
- Continued additional clinics in derm and plastics to meet skin referral demand

Future actions

Additional ad hoc activity in skin (Plastics and Derm) to ensure patients can be seen within 14 days on a skin and sarcoma pathway.

Cancer - 31 days decision to treat to treatment

NHS
Cambridge University Hospitals
NHS Foundation Trust

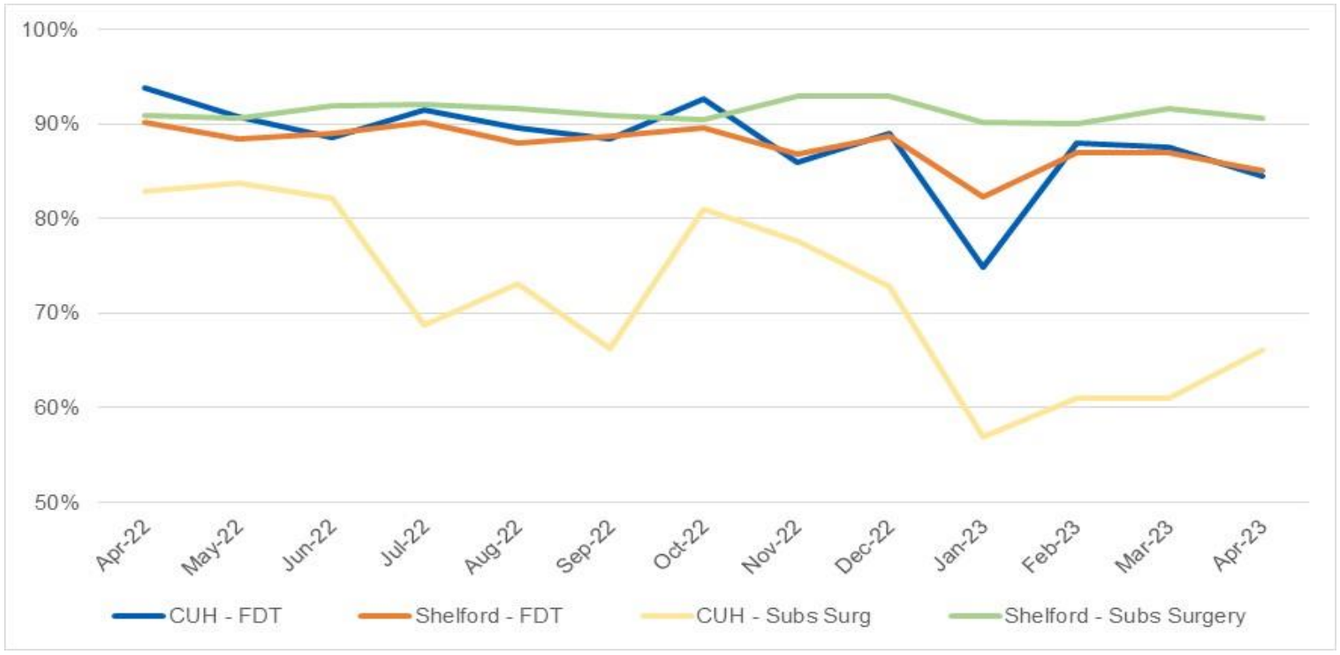
	Apr-23	Target
FDT	84.4%	96.0%
Subs Surgery	66.0%	94.0%

SPC Variance
Normal variation

Shelford Group Avg (Apr-23)	
FDT	85.0%
Subs Surgery	90.6%

Cancer Site Overview (Combined FDT & Subs Surg)

Site	Performance	Breaches
Breast	75.0%	14
Lower GI	56.7%	13
Urological	79.6%	11
Skin	81.4%	8
Upper GI	69.2%	8
Gynaecological	85.7%	3
CNS/Brain	90.9%	1
Lung	96.0%	1
Childrens	100.0%	0
Haematological	100.0%	0
Head & Neck	100.0%	0
Other	100.0%	0
Sarcoma	100.0%	0



Updates since previous month

CUH continues to fall below target with 76% of the breaches in April for surgery, these are in Breast (25%), Lower GI (21%), Urology (17%), Skin (14%) and Upper GI (14%).

Current issues

Access to sufficient theatre capacity within 31 days remains an issue across multiple cancer sites, with the cumulative impact of industrial action putting further additonal pressure on surgical activity for cancer.

Key dependencies

Ongoing prioritisation of theatre allocation to P2/cancer surgery.
Engagement from clinical teams to undertake additional / respond flexbiliy to available capacity.
Ongoing use of Independent sector to support Breast.

Future actions

Continued focus on breast, lower GI, kidney and prostate surgery in July.
Reconsider mutual aid for P3/P4 cancer surgery if internal solutions cannot be found.

Cancer - 62 days urgent referral to treatment

NHS
Cambridge University Hospitals
NHS Foundation Trust

Apr-23	Target
57.8%	85.0%

SPC Variance

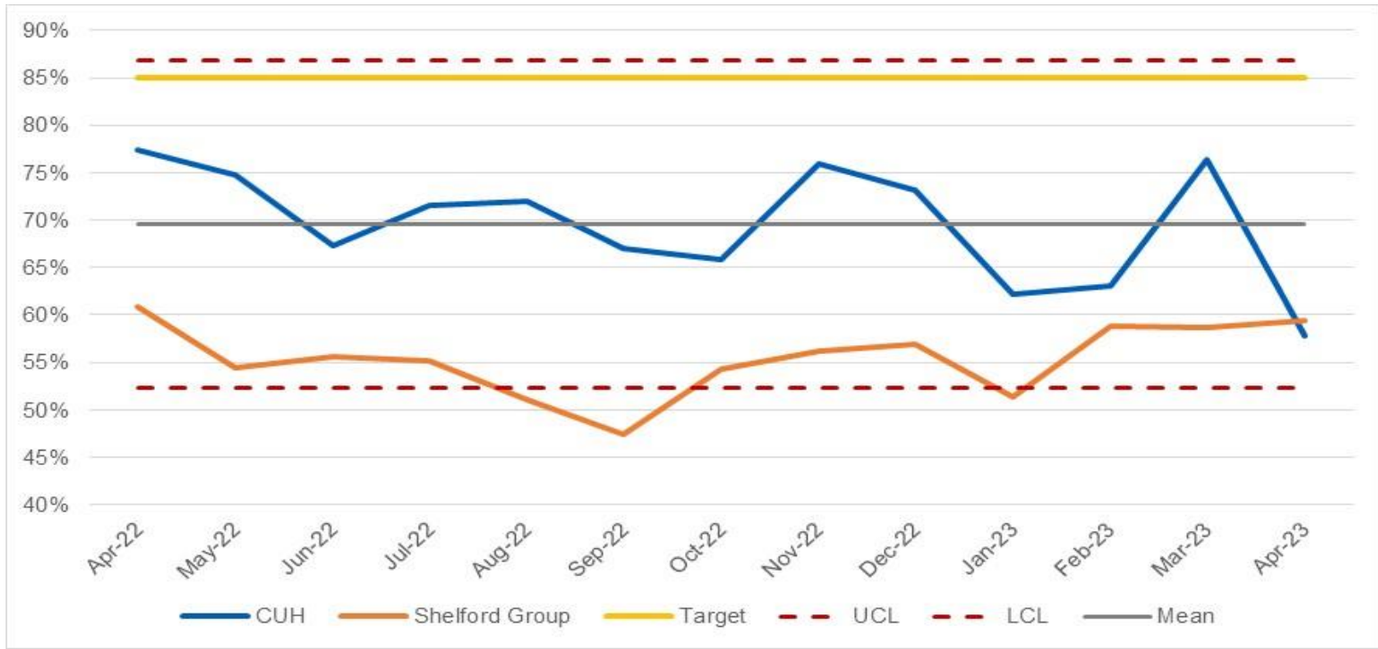
Normal variation

Shelford Group Avg (Apr-23)

59.5%

Cancer Site Overview

Site	Performance	Breaches
Urological	45.5%	18
Breast	66.7%	8
Gynaecological	47.1%	4.5
Other Haem Malign	42.9%	4
Skin	76.5%	4
Head & Neck	56.3%	3.5
Lower GI	53.3%	3.5
Other	0.0%	2
Upper GI	66.7%	1
CNS/Brain	100.0%	0
Lung	100.0%	0
Sarcoma	100.0%	0
Upper GI	66.7%	1
CNS/Brain	100.0%	0
Lung	100.0%	0
Sarcoma	100.0%	0



Updates since previous month

CUH performance deteriorated to the lowest level in 12 months, dropping below Shelford average for the first time. 69.3% of breaches in April were due to delays within CUH control such as delayed pathology reporting, capacity, and late referrals not being treated in time.

Current issues

- Delays in pathology turn around times (currently at 27% within 7 days)
- Outpatient and surgical capacity
- Late referrals to CUH from referring providers, highest volume being for urology.

Key dependencies

- continuing achievement of 28 day FDS
- Pathology turn around times recovering to above 50% in 7 days
- Reduced late referrals from regional teams

Future actions

There is an extensive improvement plan in place which is reviewed monthly; there is a focus on Skin, Urology, Gynae and Head & Neck with specific recovery actions to 31st July - this will impact performance from September.

DM01 Performance

Cambridge University Hospitals NHS Foundation Trust

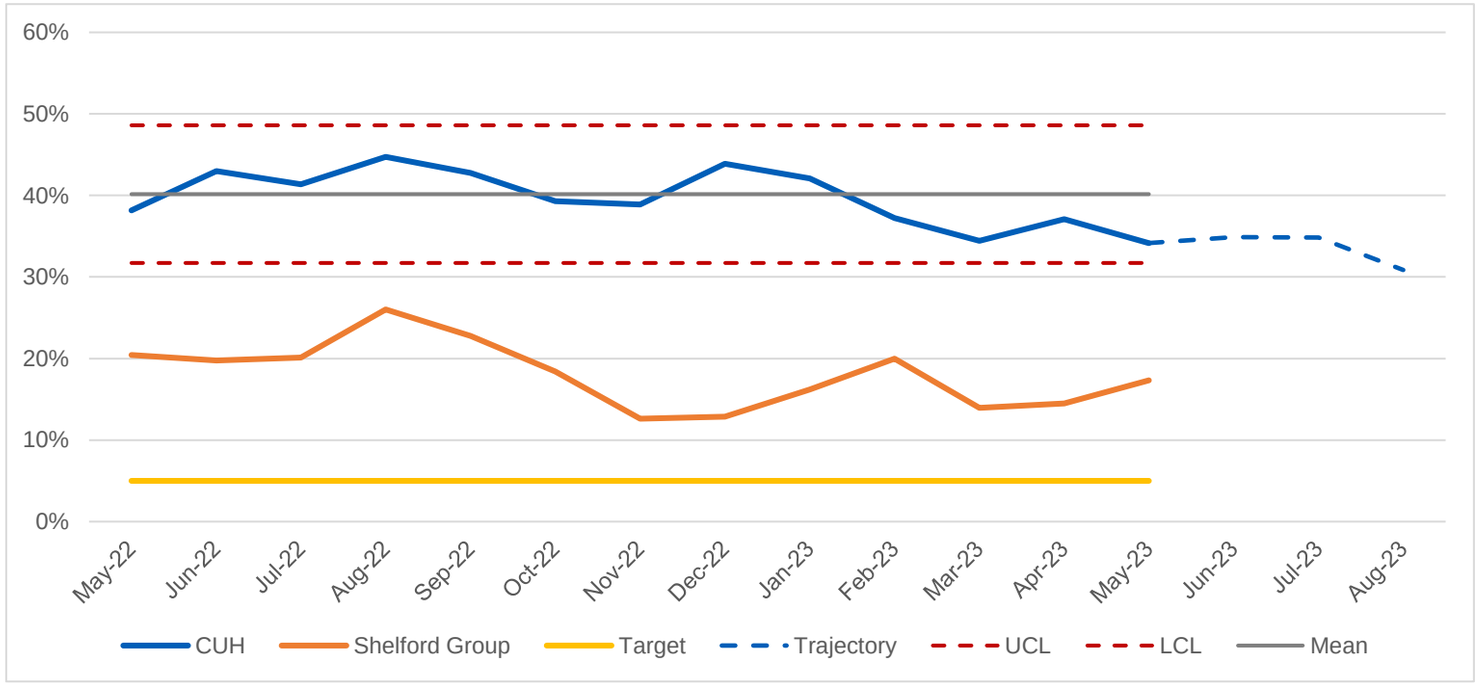
May-23	Plan
34.1%	36.2%

SPC Variance
Normal variation

Shelford Group Avg (Apr-23)
17.3%

Three Month Forecast

Jun-23	Jul-23	Aug-23
34.9%	34.9%	30.9%



Modality overview

Modality	% >6wks	Breaches
Echocardiography	61.8%	1,569
Non obstetric ultrasound	33.8%	916
Audiology	58.5%	818
Magnetic Resonance Imaging	20.9%	523
DEXA Scan	28.0%	262
Computed Tomography	19.5%	230
Urodynamics	48.0%	129
Neurophysiology	20.7%	67
Cystoscopy	21.4%	46
Gastroscopy	5.5%	34
Colonoscopy	1.2%	8
Respiratory physiology	24.1%	7
Barium Enema	12.0%	6

Updates since previous month

- May 6wk performance improved by 3% in month, a decrease of 291 requests waiting > 6wks
- Total activity was 11% higher than plan , 111% of baseline.
- Total waiting list increased by 1.8%.

Current issues

- Total waiting list sizes continued to grow in Audiology, Ultrasound and Echocardiography in particular, although improvement was made in the volume over 6 weeks.
- High staff vacancies continue to be the main risk to delivery.

Key dependencies

- Ongoing use of Insourcing for Echocardiography
- Ongoing use of mobile and community capacity for Imaging modalities. New risk that community Ultrasound is exceeding ICB activity plan.
- Agency and locum staffing whilst recruiting.

Future actions

- Audiology quantifying the potential for additional support from Specsavers.
- Echocardiography progressing with recruitment agencies and Internationally.
- MRI planning mitigation for scanner replacement expected Oct 23.

New Outpatient Attendances- % vs. Baseline

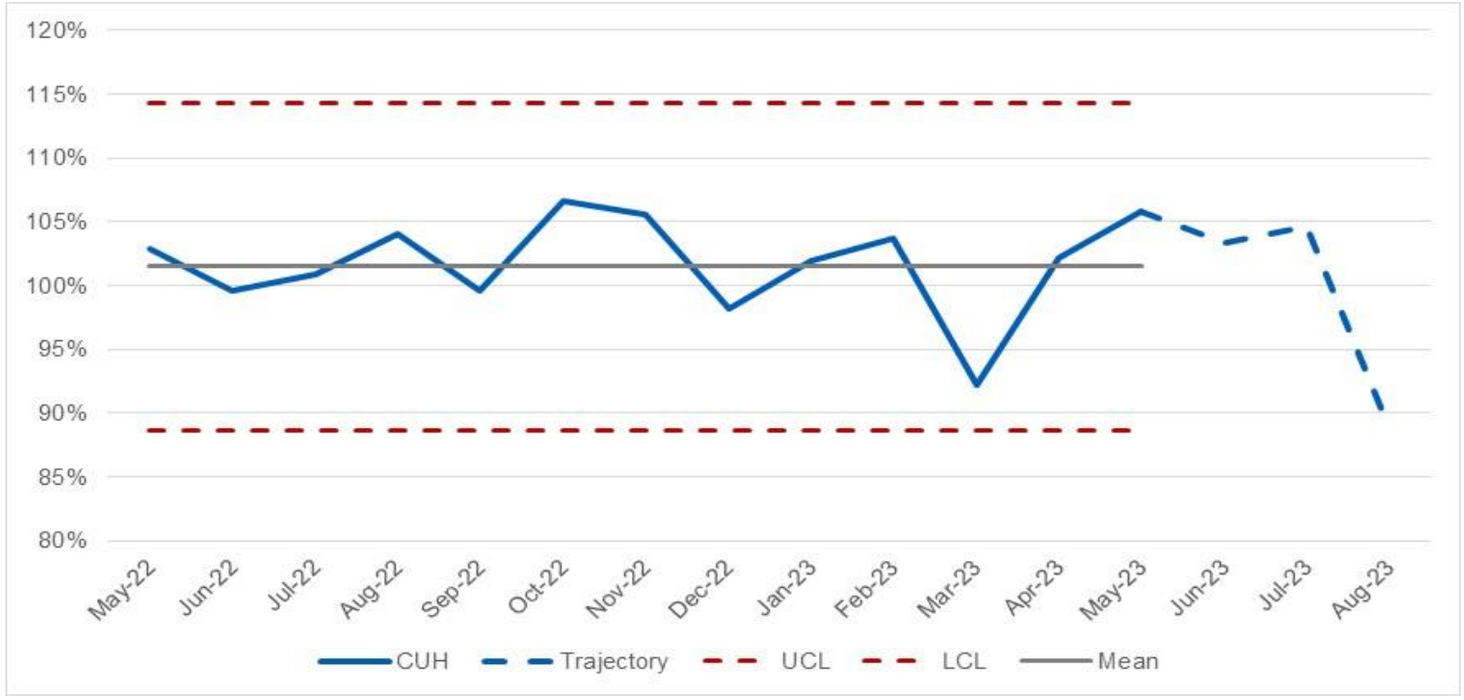
NHS
Cambridge University Hospitals
NHS Foundation Trust

May-23	Plan
26,293	29,710

SPC Variance
Normal variation

Shelford Group Avg (May-23)
N/A

Three Month Forecast vs. 19/20		
Jun-23	Jul-23	Aug-23
103.4%	104.7%	89.0%



Divisional overview

Division	Activity #####	#####	M-on-M change*
A	3,916	4,043	92.9%
B	5,580	5,792	93.4%
C	2,732	2,929	96.5%
D	9,655	10,231	95.4%
E	2,412	2,717	101.4%

**Adjusted for working days in Apr vs. May*

Updates since previous month

CUH's new activity remains below the 110% target and -3,417 below plan of 88%. Division A performed particularly well in Colorectal Surgery, Rheumatology and T&O due to securing extra capacity. Cardiology, Ophthalmology, Dermatology and Plastic Surgery from type Division D also had strong performances.

Current issues

Division E performed significantly below plan for new appointments. In Gynaecology this is primarily due to a critical shortage of medical workforce nationally. Paediatrics and Paediatric Gastroenterology are actively increasing the number of clinics to increase new capacity.

Key dependencies

A number of services are currently recruiting additional medical workforce but it must be acknowledged that there is a lack of suitable resource nationally. The on-going industrial action is also having an impact due to the reorganisation of surgeries and appointments. This impact will extend into peformance for June and July.

Future actions

Specialties continue to use the GIRFT Outpatients guidance to help implement further action and the NHSE data opportunity tool for benchmarking with and learn from other Trusts e.g. on new:follow up ratio, virtual, PIFU, DNA and other rates. We are expecting a visit from the National GIRFT team later this year to review progress.

Follow Up Outpatient Attendances - % vs. Baseline

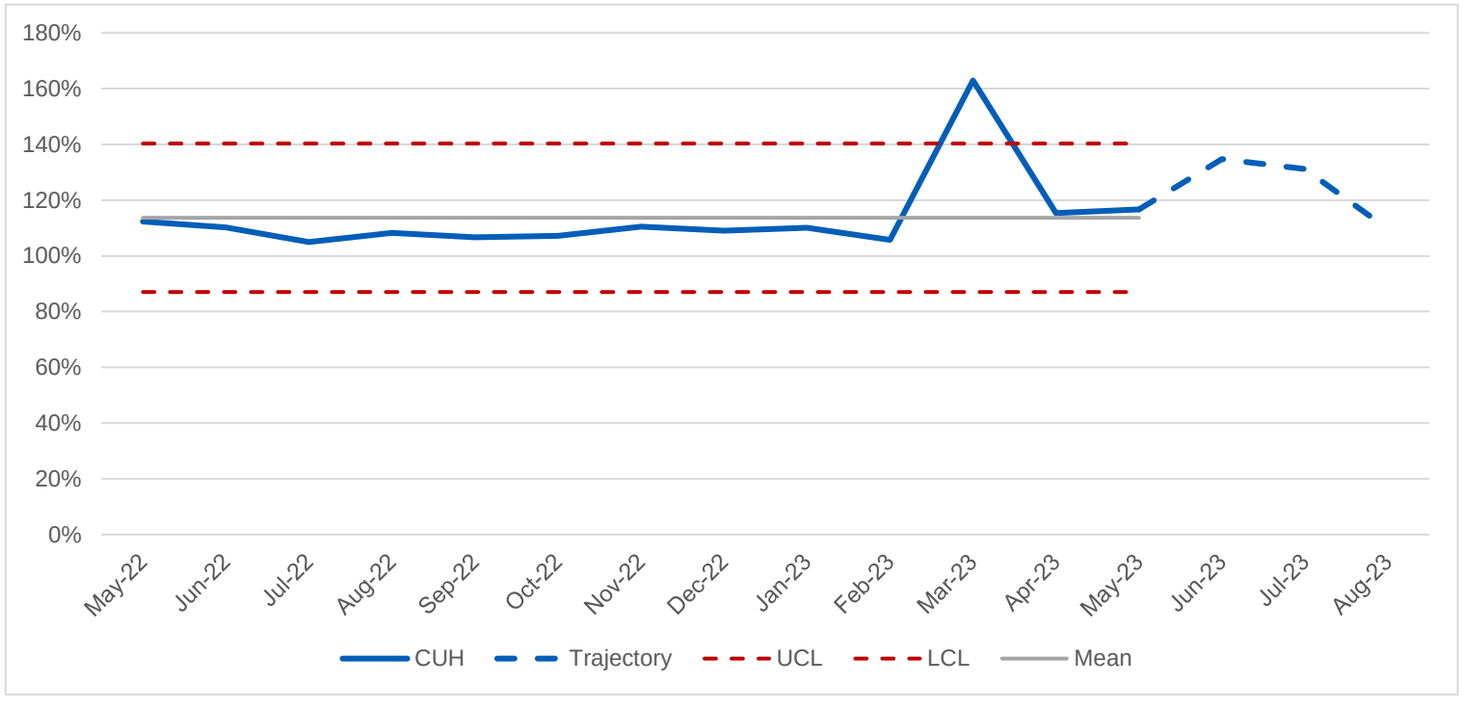
Cambridge University Hospitals NHS Foundation Trust

May-23	Plan
116.6%	131.5%

SPC Variance
Normal variation

Shelford Group Avg (May-23)
N/A

Three Month Forecast		
Jun-23	Jul-23	Aug-23
134.7%	131.1%	109.6%



Divisional overview	
Division	Performance
A	113.8%
B	118.6%
C	101.6%
D	109.1%
E	149.7%

Updates since previous month

Compared with the 2019/20 baseline, the % of follow ups per month has increased over the last 2 years. This is negatively higher than the national target of 75%

Current issues

Further action is needed to significantly reduce follow-up activity and achieve a sustained decrease which take time to test and implement. Lack of eHospital resources may also cause delays to PNP implementation. Overdue follow-ups continue to rise and is currently over 55,000

Key dependencies

Patient Not Present (PNP) is one tool which will be considered as patient pathways are reviewed and redesigned to reduce follow-ups. This requires eHospital resources and specialities to develop pathways and templates.

Future actions

Specialties continue to work through the GIRFT guidance regularly updating the Outpatient Improvement Board on progress. This will continue for the foreseeable future. A large number of projects have been identified across each division and have been collated into overall workplan.

PIFU Outpatient Attendances

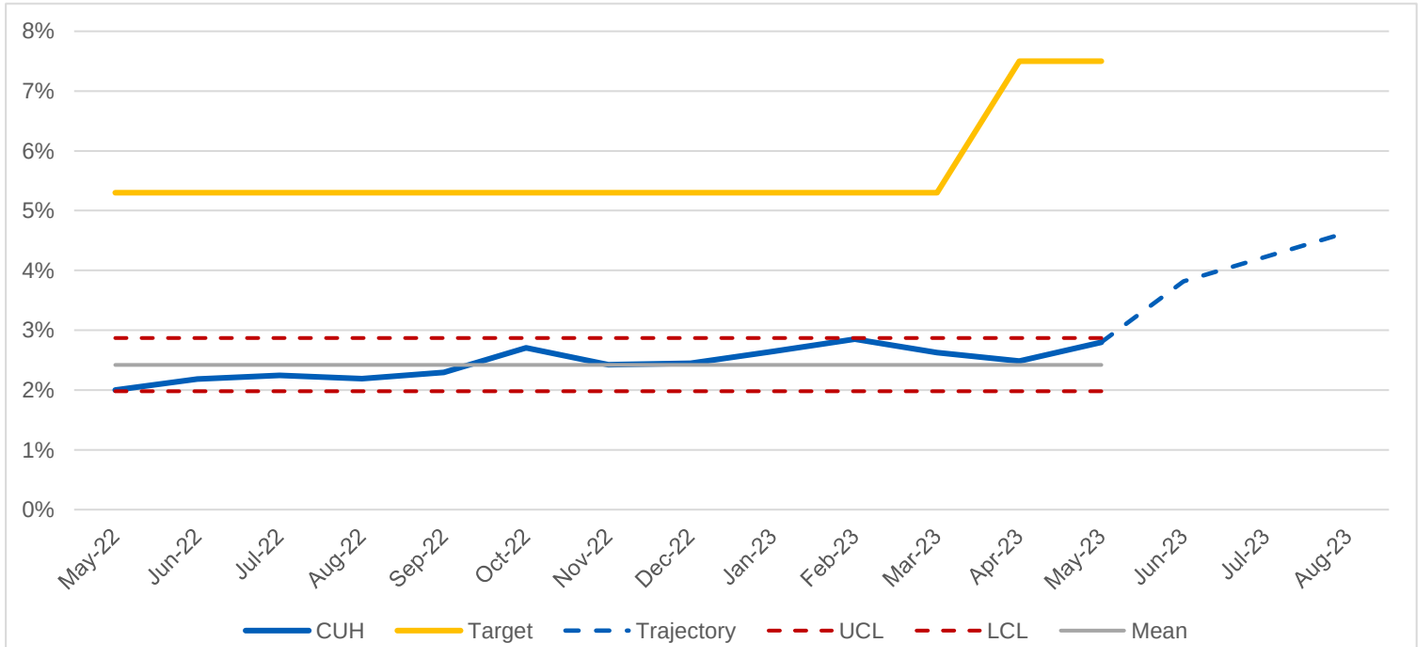
NHS
Cambridge University Hospitals
NHS Foundation Trust

May-23	Plan
2.8%	3.4%

SPC Variance
Normal variation

Shelford Group Avg (May-23)
N/A

Three Month Forecast		
Jun-23	Jul-23	Aug-23
3.8%	4.2%	4.6%



Divisional overview	
Division	Performance
A	6.9%
B	3.0%
C	1.2%
D	1.7%
E	2.4%

Updates since previous month

We continue to perform within normal variation but below plan. All specialties are reviewing their pathways and implementing PIFU where possible. Division A reformed exceptionally well and above plan thanks to T&O as well as Urology in Division B.

Current issues

Engagement with clinical specialties is on-going to support the planned increase in PIFU pathways. During June we can see traction beginning, with PIFU increasing to 3.4% in the month to date.

Key dependencies

PIFU Numbers will increase as we introduce PNP (Patient Not Present) clinics, for example within the virtual arthroscopy clinic. However there is a dependency in terms of the speed at which PNP clinics can be adopted.

Future actions

A number of areas continue to review their pathways and follow GIRFT guidance to increase the proportion of patients moved or discharged to a PIFU pathway. All Oncology pathways are going to be reviewed for opportunity over the coming weeks and specialties continue to share learning across the regions to increase usage in other areas.

Delayed discharges

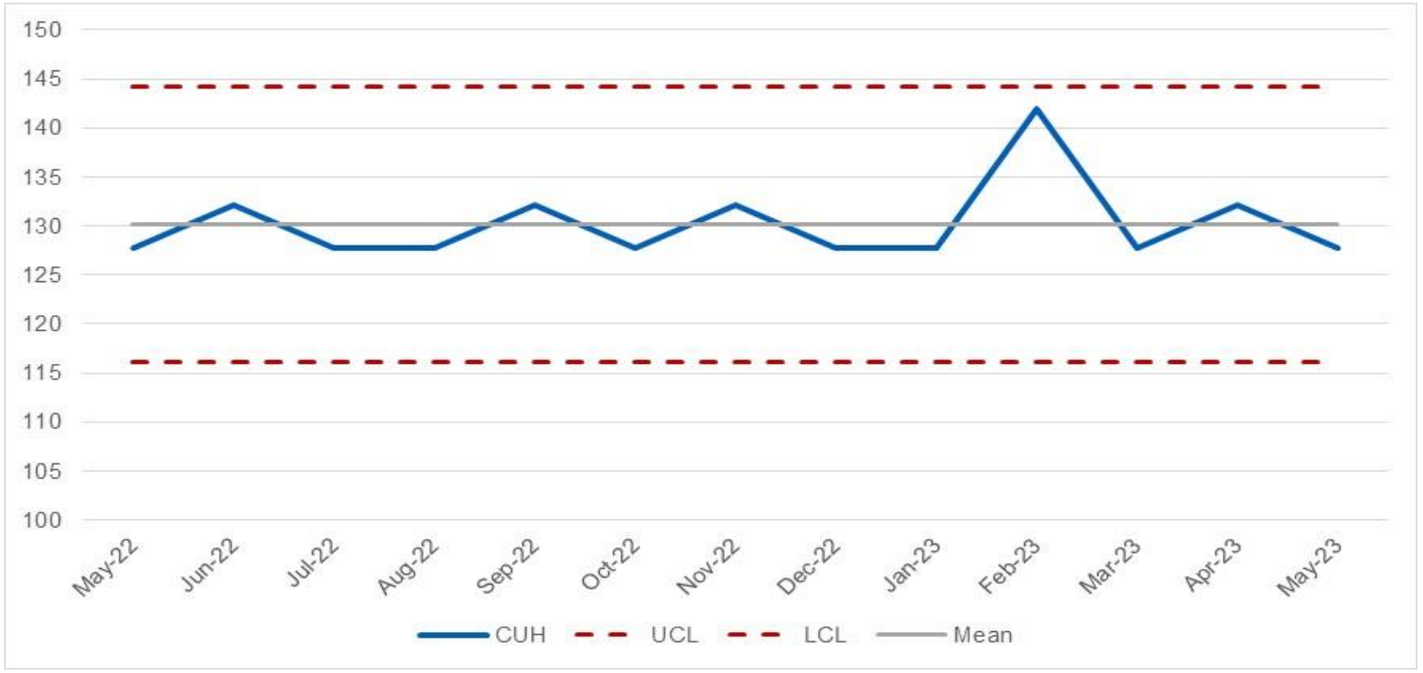
NHS
Cambridge University Hospitals
NHS Foundation Trust

May-23	Target
127.7	N/A

SPC Variance
Normal variation

Shelford Group Avg (May-23)
N/A

Total beds lost to delays	May-23
Pathway 1	54.4
Pathway 2	34.7
Pathway 3	21.5
Being assessed - Internal	9.2
Pathway 0	6.0
Being assessed - External	1.8
Data Quality	0.1
Total	**127.7**



Updates since previous month

- Over the last 12 months the Trust has lost an average of 130 beds to patients past their clinically fit date (CFD). In May that reduced slightly to 127.7
- The majority of beds (87%) were lost to complex discharge pathways 1-3

Current issues

- 43% of all beds lost to post-CFD delays relate to pathway 1 (support to recover at home) as domiciliary care capacity is insufficient to meet demand
- An average of ~40 beds have been lost to out-of-county patients over the last 12 months.

Key dependencies

- Effective implementation of the Transfer of Care Hub to support the prompt processing of referrals for packages of care
- Working across the ICB to jointly manage complex

Future actions

- Pilots of Trusted Assessors and Discharge to Assess to identify opportunities to streamline complex pathways
- Utilisation of the new national 'Discharge Ready' metric to identify areas for improvement

Theatre Utilisation - Elective GIRFT Capped

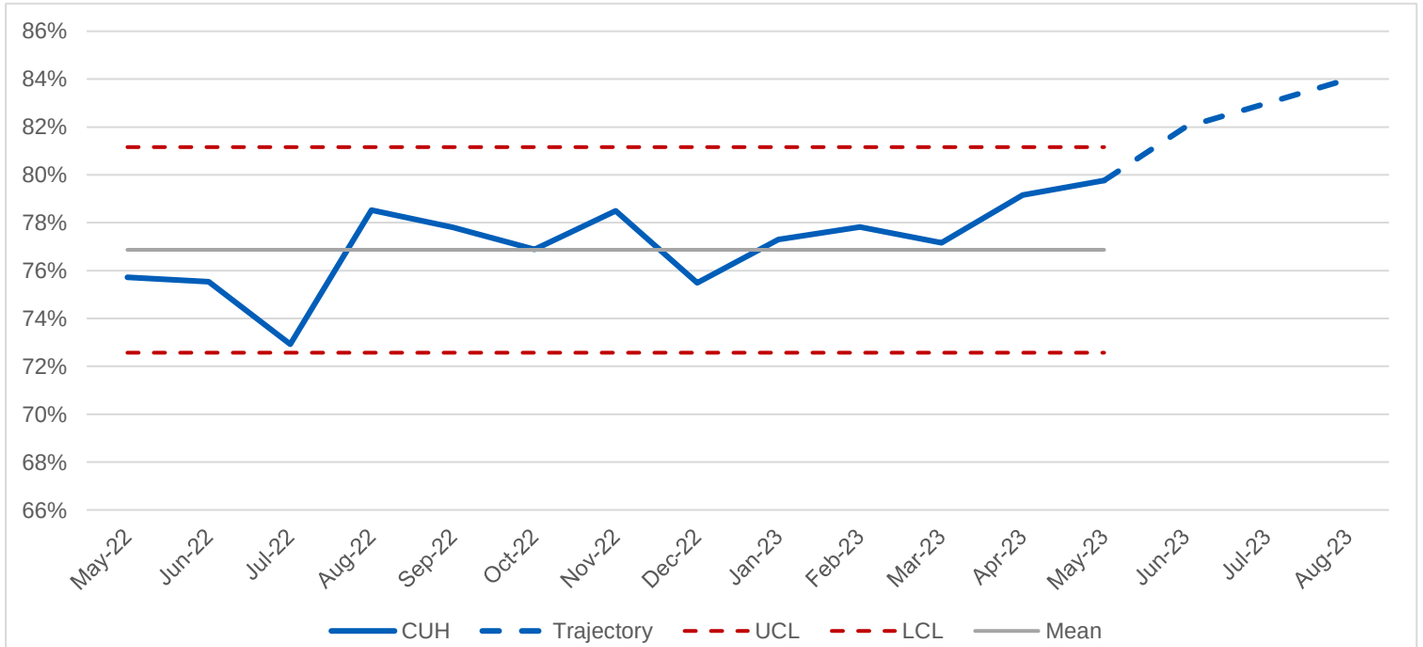
NHS
Cambridge University Hospitals
NHS Foundation Trust

May-23	Plan
79.8%	81.0%

SPC Variance
Normal variation

Shelford Group Avg (May-23)
N/A

Three Month Forecast		
Jun-23	Jul-23	Aug-23
82.0%	83.0%	84.0%



Utilisation by department

	May-23
ATC	82%
Main	81%
CEU	68%
Ely	67%

Updates since previous month

- Capped Utilisation at 79.8% is top quartile Nationally.
- Sessions used in May were 96.6%, improving to 97.7% when Ely treatment room (not a theatre) is excluded.

Current issues

- The majority of our theatres are in Main and ATC where capped utilisation is highest at 81% and 82%
- The CEU and Ely locations is where the focus of improvement continues. CEU has been impacted by

Key dependencies

- Low short notice cancellations
- Ability to readily back fill cancellations requiring pool of pre-assessed patients
- Efficient start times and turnaround times
- Optimum scheduling with 6-4-2 oversight.

Future actions

- Focus on templating Ely sessions continues with Plastic surgery recently reviewed per Consultant.
- Mapping of cataract lists in CEU to visually show missed opportunity for increased cases per list.

BADS Daycase Rates

NHS
Cambridge University Hospitals
NHS Foundation Trust

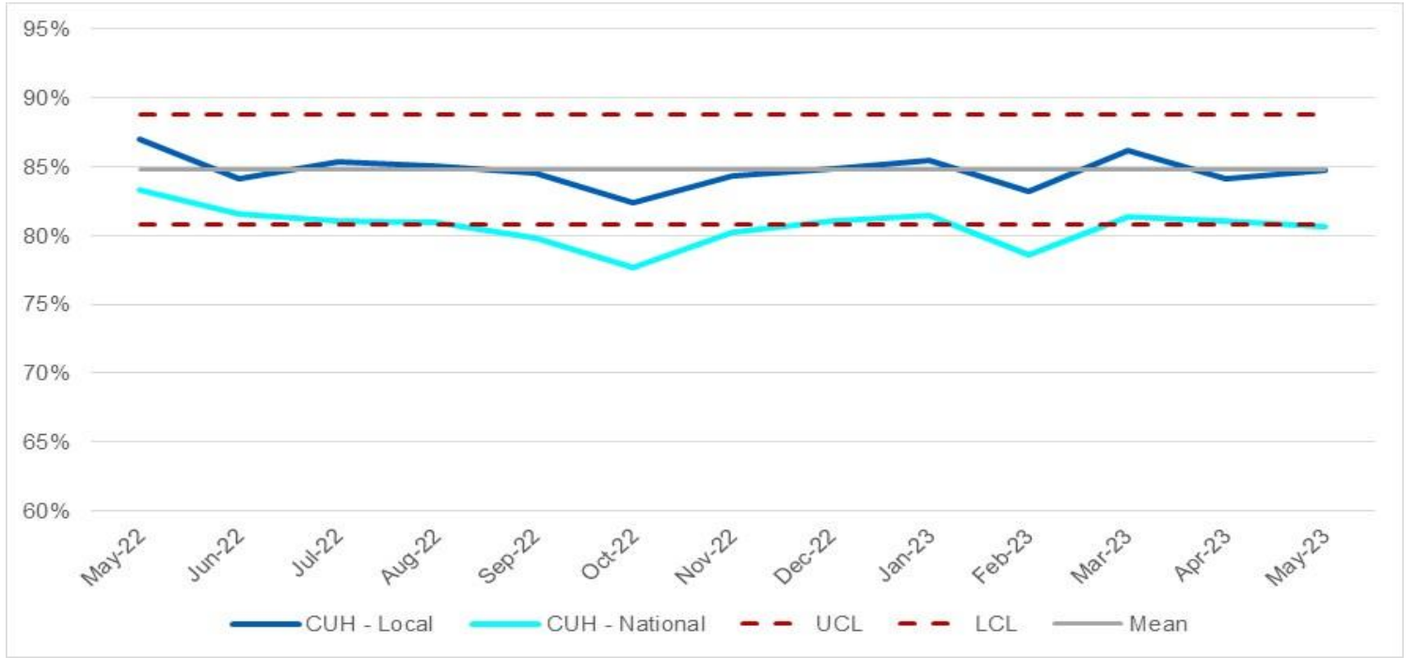
May-23	Target
84.8%	N/A

SPC Variance
Normal variation

Shelford Group Avg (Jan-00)
77.2%

BADS Section Day Case Rate for HVLC focus areas

	3 Months to Mar 2023			May-23
	CUH	Shelford Peers	Quartile	CUH using 0 LOS
Orthopaedics	82.8%	81.1%	2	91.4%
ENT	72.7%	82.5%	1	63.3%
General Surgery	65%	67%	1	80.7%
Gynaecology	56.2%	65.1%	1	68.5%
Ophthalmology	97.3%	98.5%	1	99.7%
Urology	69.8%	69.6%	3	72.3%



Updates since previous month

- Model Hospital GIRFT data 3 months to Mar-23 shows performance at 78%, quartile 2.%
- Local BADS reporting to May 23 shows 84.8%.

Current issues

- Inaccurate recording of Intended Management as day case reflects in poorer performance externally
- 47 zero LOS BADS procedures were recorded as in-patient intended management in May.

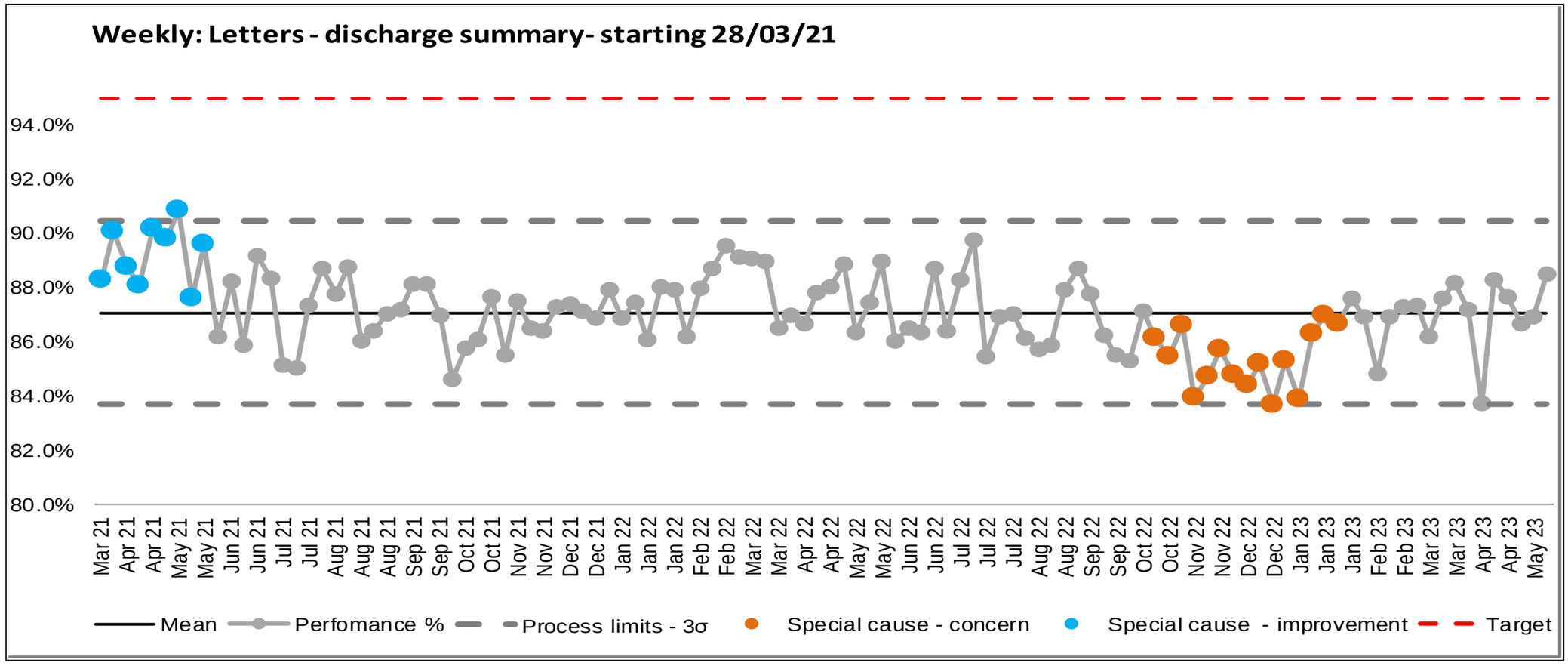
Key dependencies

- Correct data recording of Intended Management
- Effective patient flow on L2DSU
- Clinically led discharge criteria.

Future actions

- Auditing lap choles out of theatre by 2.30pm to determine if social or medical reason failed daycase.
- Lap chole clinical lead enabling indication for nurse led discharge.
- Developing patient friendly passport for immediate post

Discharge Summaries



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

 Author(s): James Boyd Owner(s): Ashley Shaw

Patient Experience - Friends & Family Test (FFT)

NHS Cambridge University Hospitals NHS Foundation Trust

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 - May 23	Month	-	94.3%	95.6%		-	-	For May there was no change in the Good score or the Poor score, which is the highest score for the past 14 months. Although 3.2% Poor score is very low. The number of FFT responses improved by 165 responses, compared to April, which was one of the lowest number of inpatient FFT responses for the past 12 months. 14 wards did not collect FFT. Pre pandemic # of FFT responses is 850-950. **FOR MAY: there were 470 FFT responses collected from approx. 4029 patients.**
FFT Inpatient poor experience score	Jul 20 - May 23	Month	-	3.2%	1.6%		-	-	
FFT Outpatients good experience score	Apr 20 - May 23	Month	-	94.7%	95.0%	L	S7	-	For May there was no change in the Good FFT score or the Poor FFT score, compared to April . The Poor score of 2.8% is very low and not a concern. There was 1 FFT response collected from paediatric clinics so the FFT scores mainly reflect adult clinics. **FOR MAY: there were 5,026 FFT responses collected from approx. 27,600 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 - May 23	Month	-	2.8%	2.4%	H	S7	-	
FFT Day Case good experience score	Apr 20 - May 23	Month	-	96.5%	96.5%		-	-	For May there was a very small decrease in Good score from 97% in April to 96.5%. There was no change in the Poor score compared to April. Both scores have remained consistent with no more than 1% change throughout the last 12 months. **FOR MAY: there were 1129 FFT responses collected from approx. 4,247 patients.**
FFT Day Case poor experience score	Apr 20 - May 23	Month	-	1.5%	1.7%		-	-	
FFT Emergency Department good experience score	Apr 20 - May 23	Month	-	83.4%	83.4%		-	-	For May the overall Good score improved by 2.5% compared to April (8% improved from March), and the Poor score also improved by 2% (6.2% improved from March). The adult Good score of 82.4% did not change and the Poor score improved by 1.5%. The paeds Good score improved by 7% compared to April and the Poor score improved 2%. **FOR MAY: there were 949 FFT responses collected from approx. 5,886 patients**. The SPC icon shows special cause variations: low is a concern and high is a concern with both having more than 7 consecutive months below/above the mean.
FFT Emergency Department poor experience score	Apr 20 - May 23	Month	-	9.2%	10.2%		-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - May 23	Month	-	98.1%	94.9%		-	-	**FOR MAY:** Antenatal had 6 FFT response - 100% Good; Birth had 51 FFT responses out of 469 patients - 100% Good; Postnatal had 98 FFT responses: LM had 64 FFT with 95.3% Good / 1.6% Poor (scores improved compared to Apr), DU had 4 FFT with 100% Good / BU had 21 FFT with 100% Good, and COU 100% Good from 9 responses. 0 FFT responses from Post Community. **MAY MATERNITY OVERALL:** Good score improved by 4.5% and Poor score improved by 4% compared to April. The change in overall scores is from both Antenatal and Postnatal Lady Mary. There were 155 FFT responses collected.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - May 23	Month	-	0.6%	1.9%		-	-	

FFT data starts from April 2020 for day case, ED and OP FFT (SMS used to collect FFT), and inpatient and maternity FFT data starts with July 2020 due to Covid-19 restrictions on collecting FFT data. For NHSE FFT submission, wards still not collecting FFT are not being included in submission. In May 14 wards did not collect any FFT data.

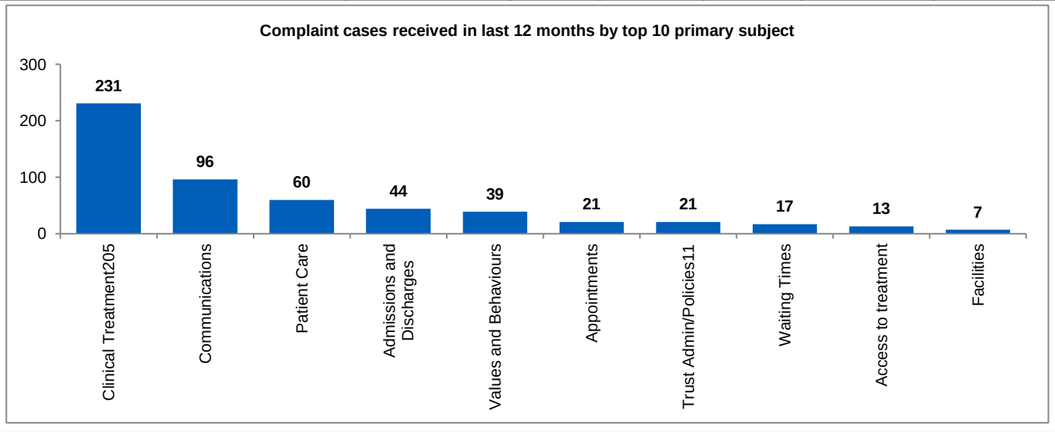
Overall FFT in May, most Good and Poor scores remained consistent and only change to note are in A&E and Maternity. A&E Good FFT score improved in April and again May with the improved scores mainly from paediatrics. A&E Poor FFT score was 11% in April (15.7% in March) and for May is 9.2%, and this change is mainly from the 2% improved paediatric Poor score. Maternity had a 4.5% increase in the Good score, mainly from antenatal and Lady Mary. The Poor FFT maternity score also improved from antenatal and Lady Mary.

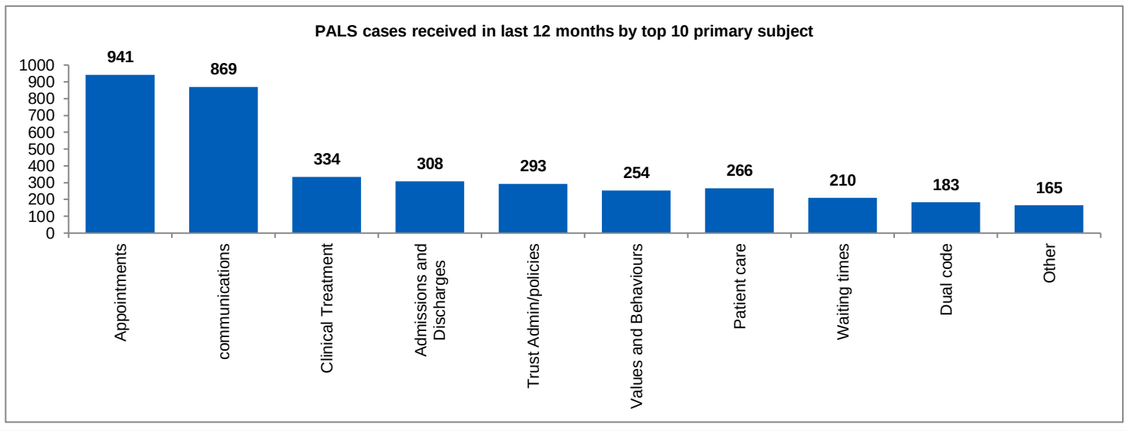
Please note starting in 2022, the Trust reduced the number of SMS being sent to adult patients. Instead of sending a text message to every adult patient that attend an OP/DU appointment, or presented to A&E, the Trust now sends a fixed number of SMS daily.

PALS and Complaints Cases

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	May 19 - May 23	month	-	49	55	H	SP	-	The number of complaints received between May 2019 - May 2023 is higher than normal variance.
% acknowledged within 3 days	May 19 - May 23	month	95%	92%	73%	L	SP	?	45 out of 49 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	May 19 - May 23	month	50%	21%	30%	L	S7	?	99 complaints were responded to in May, 20 of the 99 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	May 19 - May 23	month	80%	40%	87%	L	SP	?	39 out of 99 complaints responded to in May were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	May 19 - May 23	month	-	24%	34%		-	-	There were 10 complaints graded 4 severity, and 2 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	May 19 - May 23	month	-	17	32	L	S7	-	17 Compliments were registered during May and sent onto relevant staff for information





PHSO - One complaint was accepted by the PHSO in May 2023, a Division E complaint relating to a complaint investigated regarding care and treatment provided during 2021.

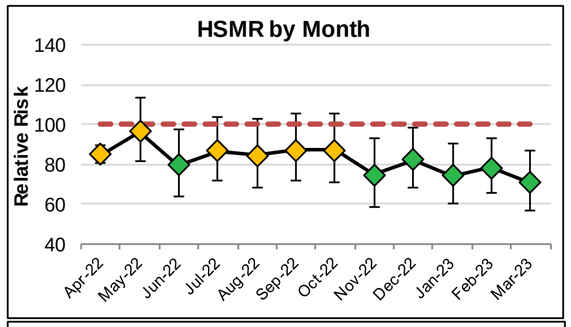
Author(s): Sue Bennison

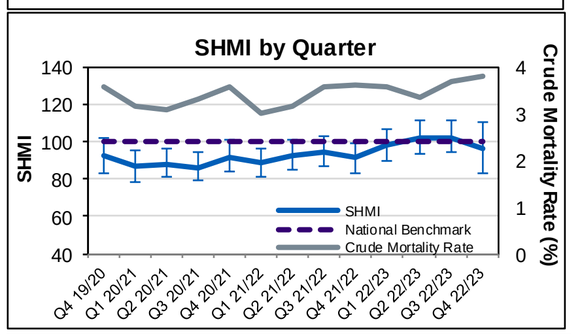
Owner(s): Oyejumoke Okubadejo

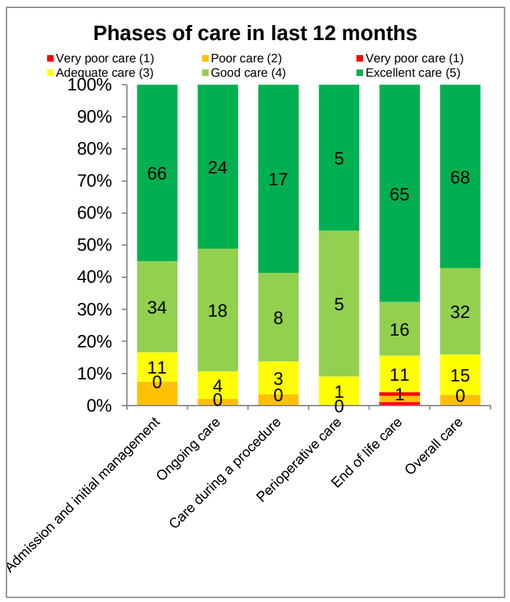
Learning from Deaths

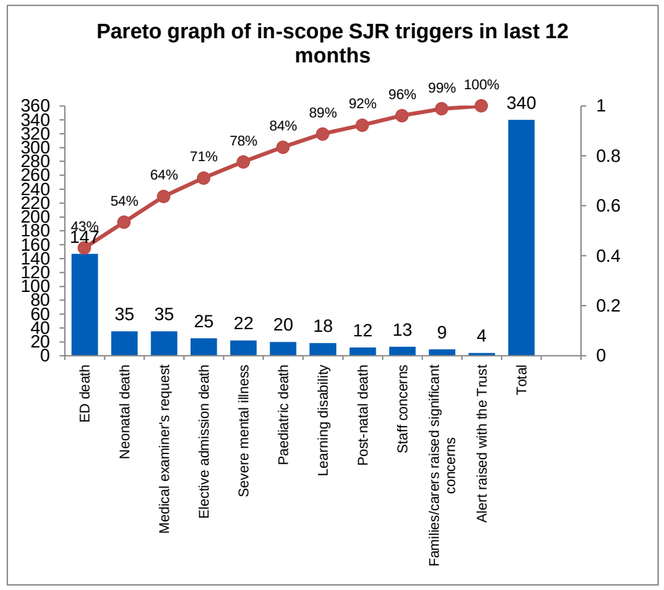
Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Current period	Mean	Variance	Special causes	Target status	Comments
Total inpatient and Emergency department deaths	June 2018-May 2023	May-23	**115**	*135.5*			–	May saw the second consecutive month of reduced numbers following a 13 month upward shift
Emergency department deaths			**10**	*7.95*	H		–	There is a statistically significant increase with the last consecutive 10 months being above the mean - upward shift.
Inpatient deaths			**105**	*127.5*			–	Normal variance - with a downward trend for the last four months
Emergency Department and Inpatient deaths **per 1000 admissions**			**6.58**	*8.52*			-	
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)			**16%**	*18%*		-	-	In May 2023, 18 SJRs & PMRT were commissioned.









Executive Summary

HSMR - The rolling 12 month (April 2022 to March 2023) HSMR for CUH is 81.86, this is 6th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 94.15.

SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, February 2022 to January 2023 is 98.85.

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

There were no serious incidents associated with potentially/avoidable death commissioned in May 2023.

Author(s): Chris Edgley

Owner(s): Amanda Cox

Stroke Care

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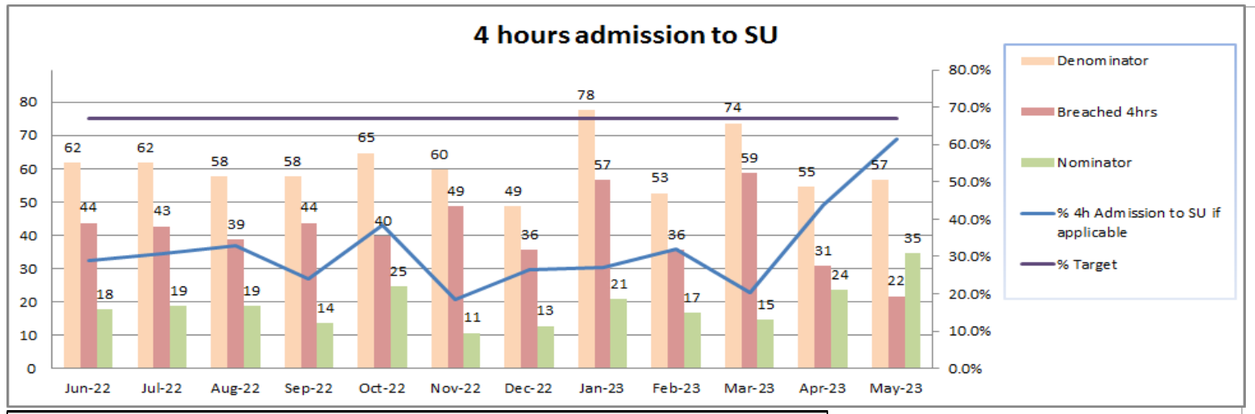

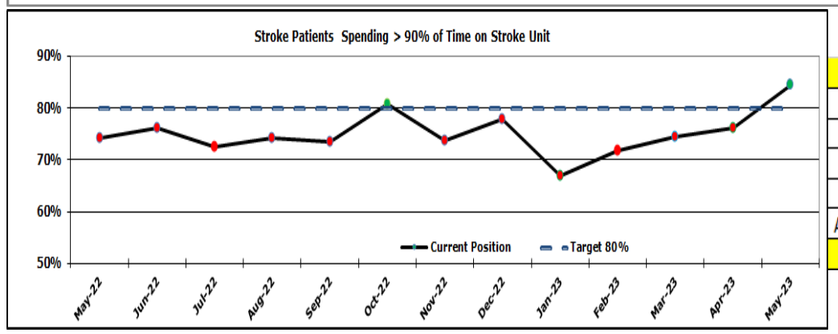

4h to SU breach themes	MRN
Trust Bed Capacity	10
Not referred on arrival	7
Awaiting senior review	2
Unclear presentation	2
Area D busy no space to assess the patient	1
Total	22

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%)
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%
Feb-23	2	7					1	2					6				18	71.9%
Mar-23	1	9				2	3	1			1		3	2			22	74.4%
Apr-23	3	6					3				2			1			15	76.2%
May-23	1	2					3						3	1			10	84.4%
Summary	23	87	0	0	0	8	18	13	1	2	3	0	44	10	0	10	219	

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for May 2023 = **84.4%**
'Delay in referral to SU' (3) and 'Unclear presentation' (3) were the main factors contributing to breaches last month, with a total of 10 cases in May 2023.
4hrs adm to SU (67%) target compliance was not achieved in May = **61.4%**

Key Actions

- **90% target was achieved for May 2023 (84.4%) for the first time since October 2022 (80.9%).**
- **4hrs admission to Stroke Unit target was not achieved for May, however, it is the best result since May 2020 when we hit 62.7%.**
- 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 coordinate 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 Jan - Mar 2023 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

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

Clinical Studies

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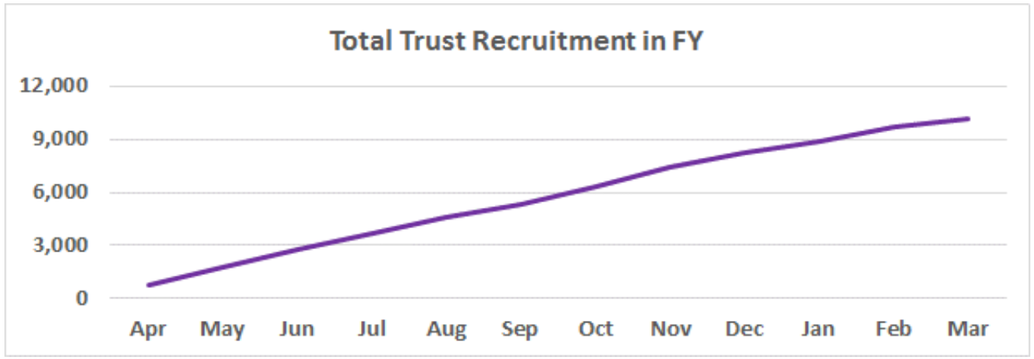


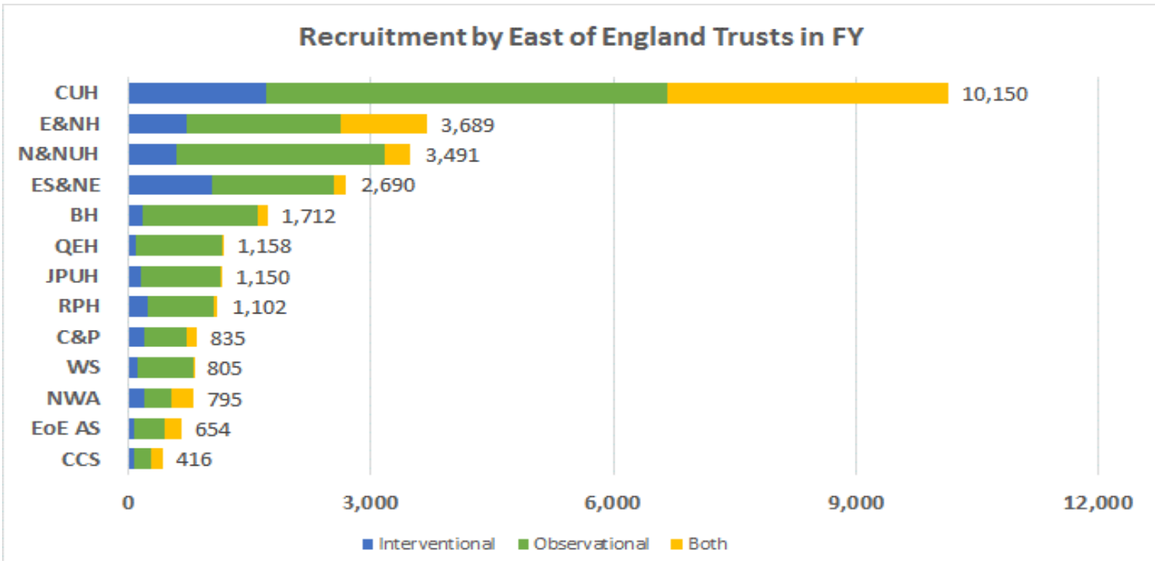
Total Recruitment at end of FY 2022-23

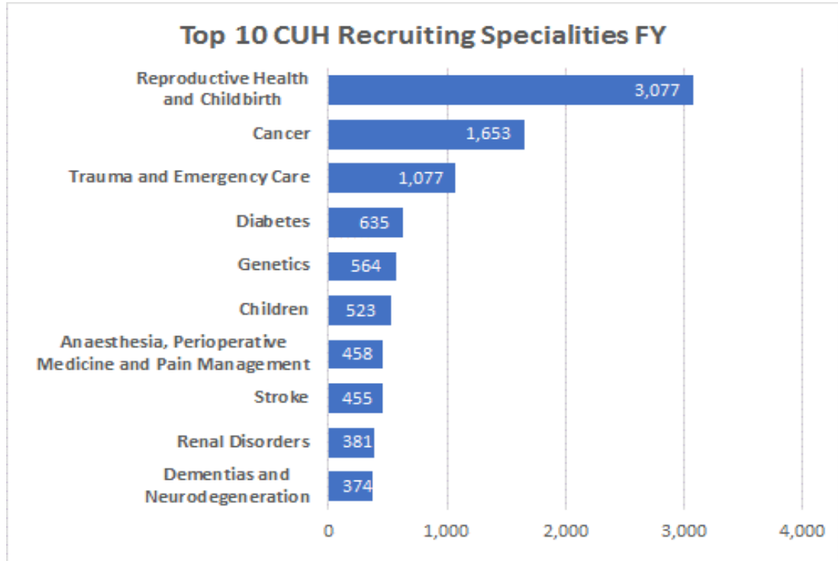
10,150

Recruiting Studies at end of FY 2022-23

Open	264
Closed	63
Suspended	3
Total	**330**

Non Commercial	274
Commercial	56





Situation as at end of FY March 2023 (Data cut taken on 6th April.)

* Total recruitment in the financial year to date: 10,150
* CUH accounted for 35% of total recruitment by Eastern Trusts in the financial year to date. Interventional only studies accounted for 17% of the total, while Observational only studies accounted for 49% of the total. The remaining 34% were both Interventional and Observational .
* Recruitment to the Reproductive Health speciality accounted for 27% of all recruitment (3,077). Second was Cancer (1,653). All of the other individual specialities accounted for less than 10% of the total recruitment.
* There were 330 recruiting studies, of which 56 were Commercial, and 274 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 .

 Author(s): Stephen Kelleher Owner(s):

Maternity Dashboard

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

LMNS:	Reporting period:	Overall System RAG:

KEY: CQC DOMAINS
Outstanding
Good
Requires Improvement
Inadequate

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	

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

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Assessed compliance with CNST MIS Yr 4 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	N

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

If 'not compliant' or working towards / partially compliant' please give reason why, mitigation and action needed to achieve compliance on slide 7

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 RMNVP. Resource needed for SI reviews across the LMNS
IEA2: Listening to Women & Families	
IEA3: Staff training & Working Together	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

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Additional intelligence

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	• Whistleblowing by Junior doctors - escalated concerns around lack of support and acuity of workload, particularly overnight.
2. Themes from Maternity Serious Incidents and HSIB reports	• HSIB report from October 2022 maternal death (expected after diagnosis of malignancy) – findings and safety recommendations: "all care was managed in line with local and national guidance" therefore no safety recommendations made. Report will go be added to Quality Committee materntiy update as per Ockenden.
3. Themes arising from Perinatal Mortality Review Tool	• 3 cases but no care issues/themes identified
4. Listening to women (sources, engagement / activities undertaken)	• **Complaint themes (n=5) and concerns (n=3) themes:** pain management, communication, non-clinical staff attitude, care needs not met. • **Friends & Family Test:** RBC and DU 100% positive birth experience, OCOA 100% positive PN experience, LMW 95.24% positive PN experience
5. Listening to staff (eg activities undertaken, surveys and actions taken as a result)	• Staff survey on issues encountered with PPH management – results being collated for presentation. • MEOWS cards introduced to support staff knowledge in response to previous feedback. • PMA themes identified via staff feedback: anxiety/concerns about team working and return to work – 1:1 support provided.

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Sources / References	KPI	Goal	Target	Measure	Data Source	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-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	443	437	438	454	415	474		
Antenatal Care ICS contracted booking KPI	Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	Booking Appointments	Epic	76.00%	89.90%	91.69%	91.69%	95.48%	83.06%		Return to face to face in ANC initiated. Community face to face for whole appointment recommencing 1 July.
National Maternity Dashboard	Booking Appointments	For Information	N/A	Booking Appointments	Epic	614	467	303	361	310	431		
Source - EPIC	Vaginal Birth (Unassisted)	For Information	N/A	SVD's in all birth settings	Rosie KPI's	49.44%	47.37%	53.88%	57.05%	47.47%	49.16%		
Source - EPIC	Home Birth	For Information	N/A	Planned home births (BBA is excluded)	Rosie KPI's	1.58%	0.92%	0.23%	1.32%	0.96%	0.21%		
Source - EPIC	Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	Rosie KPI's	13.32%	13.73%	17.58%	14.32%	13.73%	14.14%		
Source - EPIC	Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	Rosie KPIs	9.63%	46.32%	35.19%	43.00%	47.06%	41.00%		
Source - EPIC	Induction of Labour	For Information	N/A	Women induced for birth	Rosie KPI's	34.17%	34.57%	29.93%	29.13%	38.20%	34.12%		
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	33.16%	27.47%	24.85%	31.29%	27.03%	30.16%		Reporting parameters reviewed but unable to adjust these as no suitable fixed point for "beginning process" (NICE guidance defines red flag as >2 hours from "beginning process"). We report beginning of process as administering prostaglandins which doesn't account for pre-IOL observations, consent process and CTG.
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	9.36%	7.14%	7.27%	5.52%	10.27%	9.52%		
SBLCBV2	Indication for IOL (SBLCBV2)	NA	NA	Percentage of IOL where reduced fetal movements is the only indication before 39 weeks	IOL Team	0%	0.55%	0%	0%	0.64%	1.25%		
Source - EPIC	Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance.	IOL Team	100%	97.80%	100%	100%	99.36%	100%		
Source - EPIC	Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	Rosie KPI's	11.29%	11.67%	10.73%	10.57%	11.81%	12.03%		
Source - EPIC	CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	Rosie KPIs	39.28%	40.96%	34.47%	42.95%	40.24%	38.40%		
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	12.8%	12.90%	14.70%	14.90%	20.30%	19.10%		
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	49.6%	53.10%	48.90%	59.80%	50.80%	50.50%		
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	1:5.72	1:5.45	1:3.14	1:4.69	1:3.75	1:3.24		
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	84.3%	90.7%	79.1%	91.5%	86.4%	88.1%		
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	66.9%	61.5%	60.9%	60.0%	68.3%	72.0%		Usually these 3 groups should account for 1 third of CS performed and these should be the focus of attention if trying to lower overall CS rate with particular focus on group 1. No current plans to do this as predominantly over the year this rate is <66%.
Source - Rosie Divert Folder	Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	3	3	1	2	0	1		Diverted due to capacity. No safety incidents reported in this period.
Source - Rosie Divert Folder	Total number of hours on divert	For information	N/A		Rosie Diverts	93	16.5	12	20.5	0	15.5		
Source - Rosie Divert Folder	Admissions during divert status	For information	N/A		CHEQs	0	0	0	2	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	5	2	0	0	0	1		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

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	1:23.4	1:23.5	1:24	1:23.6	1:24.5	1:28		
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	1:23.8	1:23.7	1:23.7	1:24		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+	100%	100%	100%	100%	100%	100%	H	Special cause improving variation seen.
Source - CHEQS	Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	6.51%	6.36%	6.19%	5.74%	5.30%		L	Special cause improving variation seen.
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	87.1%	89.8%	90.2%	88.9%				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	93.94%		84.53%	70.58%	73.97%	79.74%	L	Special cause concerning variation seen. March PROMPT cancelled due to medical strikes and still trying to catch up backlog. June 27th - double-session is fully booked. Trajectory is for compliance to be met by mid-summer.
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	89%	86%	87%	87%	84%	83.6%		NICU Dr 78%, NICU RN 78%, RMs 87%
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	91.38%	89.58%	84.56%	85.71%	90.18%	86.60%	H	Special cause improving variation seen.
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	92.74%		86.46%	72.11%	80.45%	84.52%		>40 candidates booked to attend June training.
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	85.1%	88.5%	88.7%	87.3%	85.2%			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	0.92%	0.93%	0.46%	0.46%	0.49%	0.21%		
Source - CHEQs	ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs	0	0	2	1	1	0		
NMPA	Massive Obstetric Haemorrhage ≥ 1500 mls - vaginal birth	≤3.3%	≤3.3%	Percentage of women with a PPH >1500mls (singleton births between 37+0-42+6) having a vaginal birth	Rosie KPIs	6.00%	6.05%	6.82%	7.17%	3.75%	3.75%		<4% for 2 months running. Normal variation seen.
NMPA	Massive Obstetric Haemorrhage ≥ 1500 mls - caesarean birth	≤4.5%	≤4.5%	Percentage of women with a PPH ≥1500mls (singleton births between 37+0-42+6) having a caesarean section	Rosie KPIs	3.68%	3.97%	3.28%	1.32%	2.90%	5.56%		2 electives had additional high risk factors for PPH (4.3% if these are excluded). Normal variation seen.
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	2.40%	5.24%	7.22%	2.95%	5.42%	3.38%		
CQC KLOE	Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.06%	2.26%	2.84%	2.64%	1.55%	1.45%		
MBRRACE	Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	QSIS	0	0	1	1	2	0		
MBRRACE	Direct Maternal Death	0	<1		QSIS	0	0	0	0	0	0		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Governance													
Source - QSIS	Total number of Serious Incidents (SIs)	0	<1	Serious Incidents	QSIS	0	0	1	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	2.75:1000	3.67:1000	2.94:1000	2.75:1000		
MBRRACE / PMRT	Stillbirths - number ≥ 22 weeks	<3	<6	MBBRACE	CHEQs	1	2	3	3	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		Special cause improving variation seen.
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	1.35%	1.84%	0.69%	2.01%	1.94%	1.27%		
CQC KLOE	Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	3.84%	4.30%	5.28%	5.91%	3.72%	3.83%		
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	7.2%	6.9%	4.2%	4.6%	6.0%	5.1%		No avoidable admissions for April and May 23.
Quality													
CNST	1-1 Care in Labour	>95%	>90%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPI's	100%	99.5%	100.0%	100.0%	99.8%	100.0%		
CQIM	Babies with a first feed of breastmilk	> 80%	>70%	Breastfeeding	Rosie KPI's	83.52%	82.15%	84.02%	84.12%	81.55%	83.65%		
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	7.34%	6.41%	3.02%	5.73%	5.60%	5.33%		
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	86%	95%	96%	94%	95%			Reported 1 month behind due to manual audit.
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	63%	82%	78%	77%	73%			Reported 1 month behind due to manual audit. Non-compliance in community being followed-up with individuals and asked community band 7s to ensure anyone rotating out to their team is fully orientated and has all equipment needed.
Source - Epic	VTE Assessment - AN	>95%	>95%	Percentage of women with a valid VTE risk assessment completed within 14 hours of admission to hospital.	CHEQs								Not reporting as errors in report identified Jun'23 - previous data incorrect and removed.
Source - EPIC	VTE Assessment - PN	>95%	>95%	Percentage of women with a valid PN VTE risk assessment completed within 4 hours of birth.	CHEQs								Not reporting as errors in report identified Jun'23 - previous data incorrect and removed.

Finance

NHS Cambridge University Hospitals NHS Foundation Trust

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

N/A	*Actual (adjusted)**
N/A	*Plan (adjusted)**
£0.2m	*Actual YTD (adjusted)**
£2.5m	*Plan YTD (adjusted)**

Elective Payment Mechanism (EPM)

EPM replaces ERF in 23/24 for the variable element of elective performance.

£16.3m	*EPM forecast actual in month*
£15.7m	*EPM plan in month*
£30.7m	*EPM forecast actual YTD*
£29.9m	*EPM plan YTD*

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

Net current assets

(£76.7m)	*Actual*
(£51.3m)	*Plan*

20	*This month*
N/A	*Previous month*

Payables performance (YTD) *

85.2%	*Value*
86.8%	*Quantity*

£6.1m	*Actual YTD*
£8.9m	*Plan YTD*

Capital expenditure

£4.3m	*Capital - actual spend in month*
£4.3m	*Capital - actual spend YTD*
£4.1m	*Capital – plan YTD*

£214.3m	*Actual*
£150.9m	*Plan*

Legend *£ in million* *In month* *YTD*

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

Author(s): Rebekah Grainger

Owner(s): Mike Keech

Staff in Post

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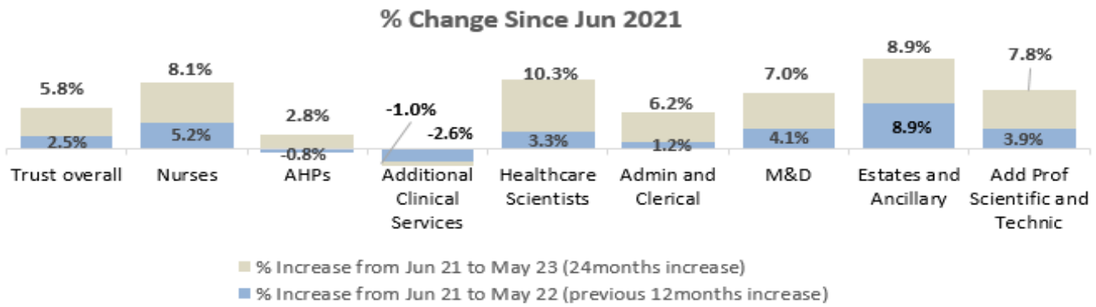
12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth		FTE		FTE 12 Month growth	
	Jun-22	May-23			Jun-22	May-23		
Add Prof Scientific and Technic*	247	255	↑	3.2%	226	231	5	↑ 2.1%
Additional Clinical Services	1,929	1,970	↑	2.1%	1,775	1,805	30	↑ 1.7%
Administrative and Clerical	2,415	2,515	↑	4.1%	2,212	2,313	101	↑ 4.6%
Allied Health Professionals*	720	746	↑	3.6%	635	662	27	↑ 4.3%
Estates and Ancillary	369	367	↓	-0.5%	357	356	-1	↓ -0.3%
Healthcare Scientists	639	675	↑	5.6%	601	640	40	↑ 6.6%
Medical and Dental	1,670	1,720	↑	3.0%	1,580	1,622	43	↑ 2.7%
Nursing and Midwifery Registered	3,806	3,898	↑	2.4%	3,497	3,586	89	↑ 2.5%
Total	**11,795**	**12,146**	↑	**3.0%**	**10,883**	**11,216**	**333**	↑ **3.1%**



Admin & Medical Breakdown

Staff Group	Jun-22	May-23	FTE 12 Month growth	
Administrative and Clerical	2,212	2,313	101	↑ 4.6%
of which staff within Clinical Division	1,096	1,134	38	↑ 3.5%
of which Band 4 and below	767	783	15	↑ 2.0%
of which Band 5-7	236	253	16	↑ 6.9%
of which Band 8A	46	49	3	↑ 6.0%
of which Band 8B	7	8	1	↑ 20.0%
of which Band 8C and above	38	41	3	↑ 6.5%
of which staff within Corporate Areas	880	923	43	↑ 4.9%
of which Band 4 and below	245	252	7	↑ 2.8%
of which Band 5-7	417	442	25	↑ 6.0%
of which Band 8A	83	85	2	↑ 2.0%
of which Band 8B	50	54	3	↑ 6.2%
of which Band 8C and above	84	90	6	↑ 7.2%
of which staff within R&D	236	256	20	↑ 8.4%
Medical and Dental	1,580	1,622	43	↑ 2.7%
of which Doctors in Training	641	654	13	↑ 2.0%
of which Career grade doctors	240	246	6	↑ 2.4%
of which Consultants	698	722	24	↑ 3.5%

What the information tells us:
Overall the Trust saw a 3.1% growth in its substantive workforce over the past 12 months and 5.8% over the past 24 months. Growth over the past 24 months is lowest within Additional Clinical Services, with a decrease of 1%, and highest within Healthcare Scientists at 10.3%. Growth over the past 12 months is lowest within Estates and Ancillary with a decrease of 0.3%, and highest within Healthcare Scientists at 6.6%.

*Operating Department Practitioner roles were regrouped 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

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

Equality Diversity and Inclusion (EDI)

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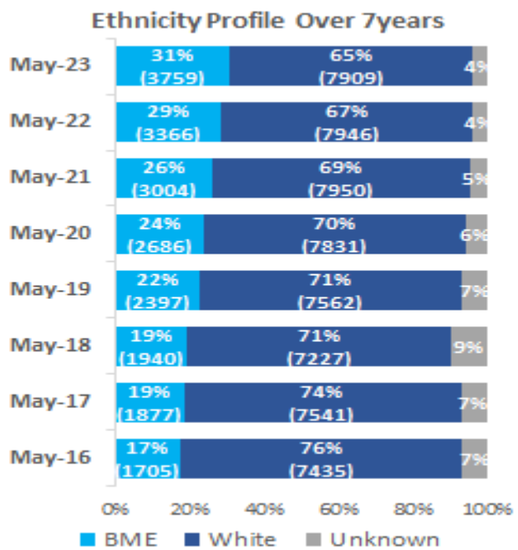
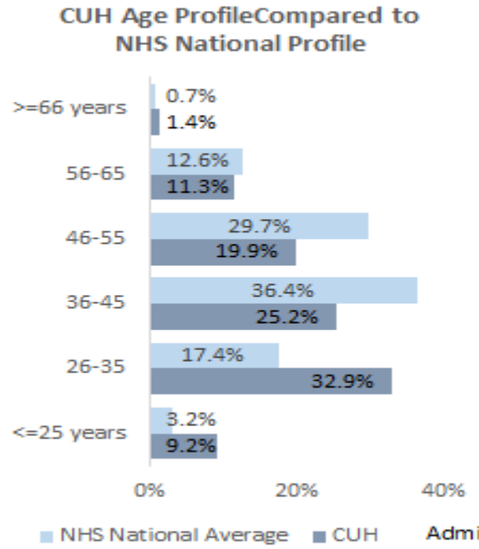
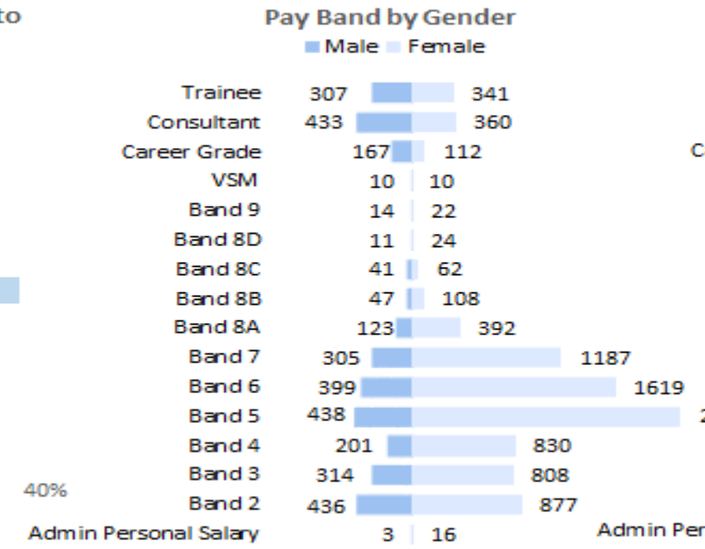
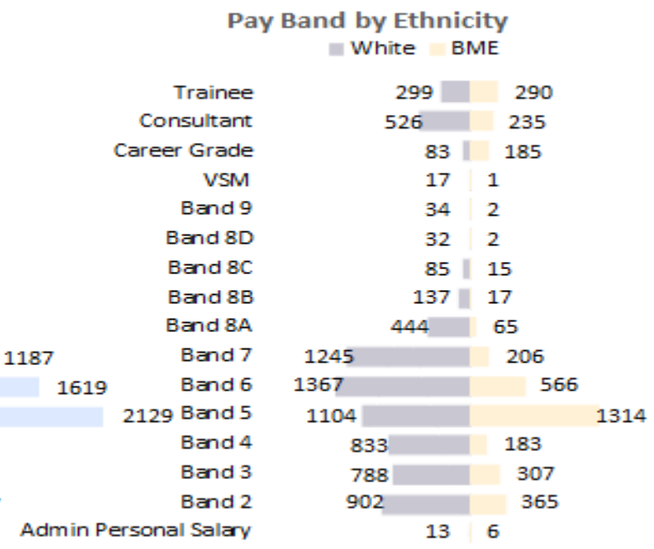
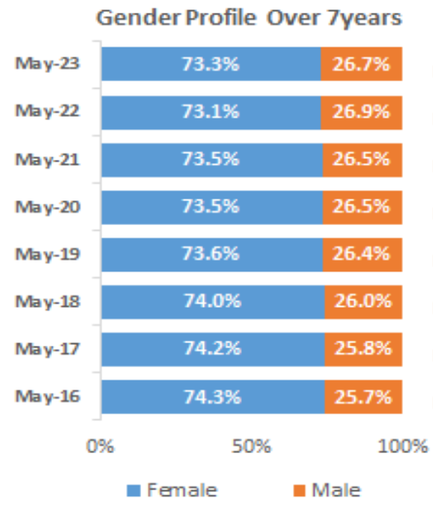
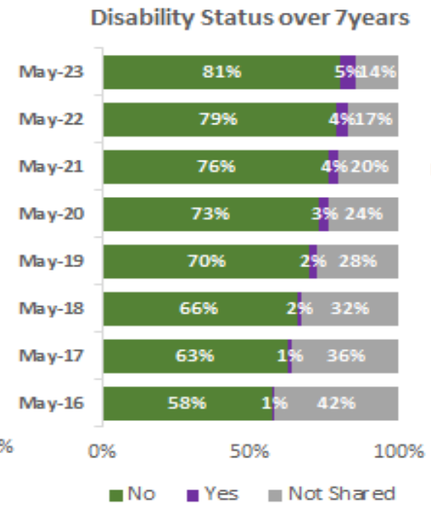


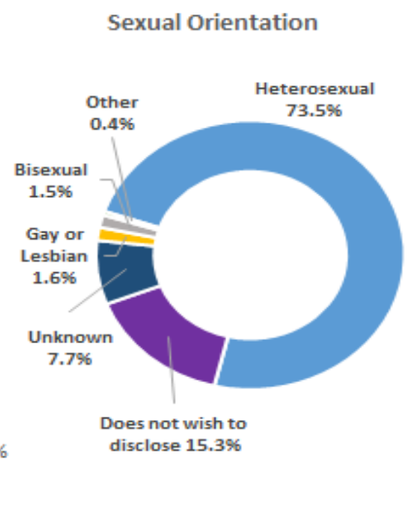












What the information tells us:

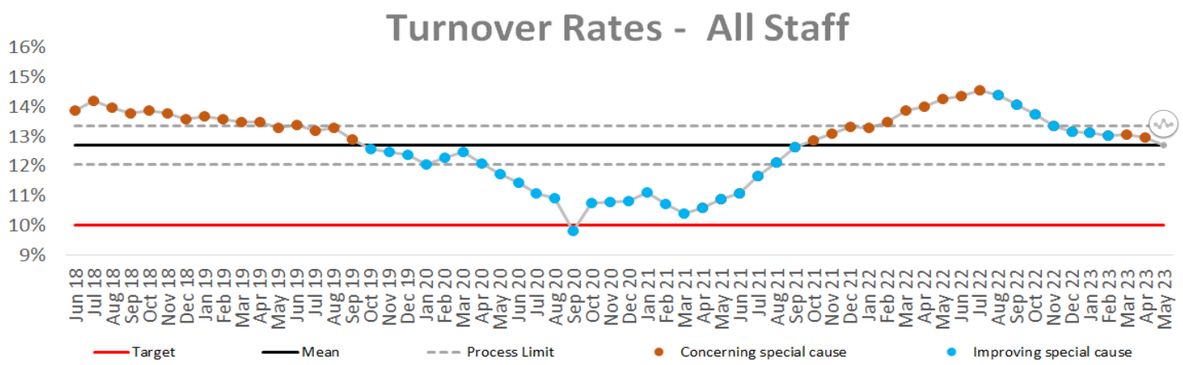
- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 58% of our total workforce.
- The percentage of BME workforce increased significantly by 14% over the 7 year period and currently make up 31% of CUH substantive workforce.
- The percentage of male staff increased by 1% 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 Wood

Owner(s): David Wherrett

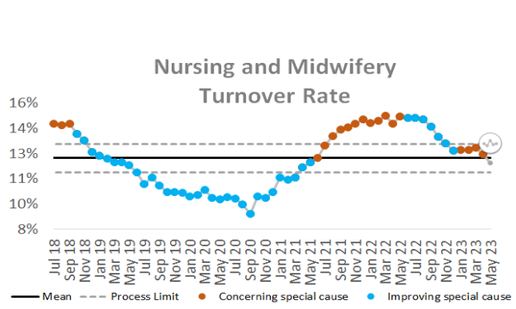
Staff Turnover

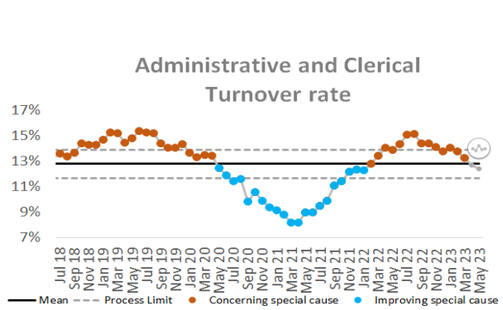
Cambridge University Hospitals NHS Foundation Trust

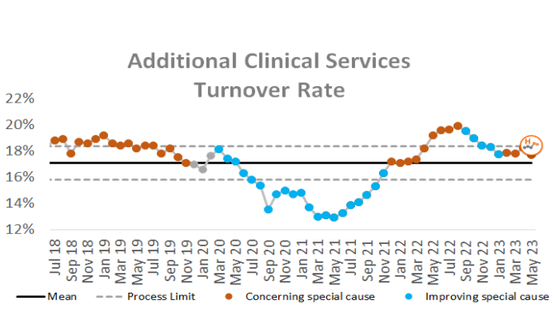


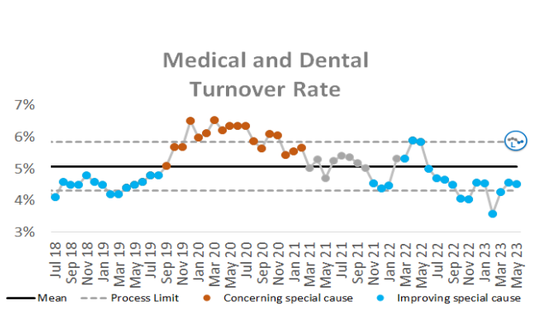
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (excludes all fixed term contracts including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

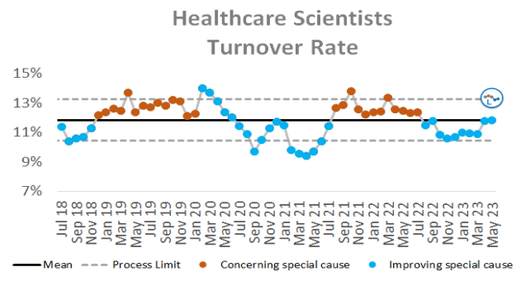
What the information tells us:
After a steady increase from March 2021 the Trust turnover rate has been decreasing since July 2022 - this month at 12.7% (0.3% lower than last month). This is more in line with pre-pandemic rates, and 0.7% lower than 4 years ago. Estates and Ancillary staff group have the highest increase of 2.4% to 15.6% in the last four years, followed by Nursing and Midwifery with an increase of 0.5% to 11.9%. Within the staff groups, Additional Clinical Services have the highest turnover rate at 17.7% followed by Estates and Ancillary staff at 15.6%.

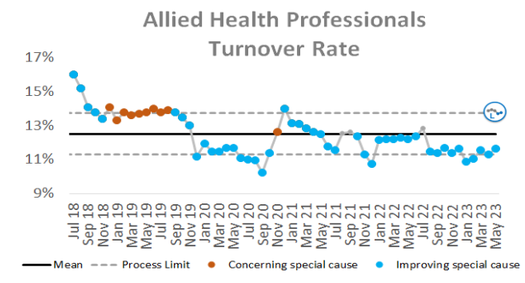


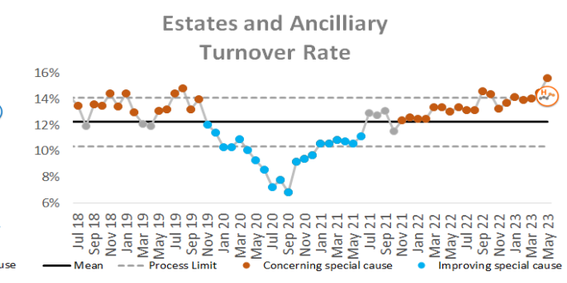


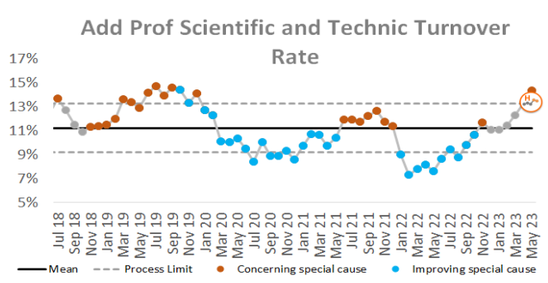










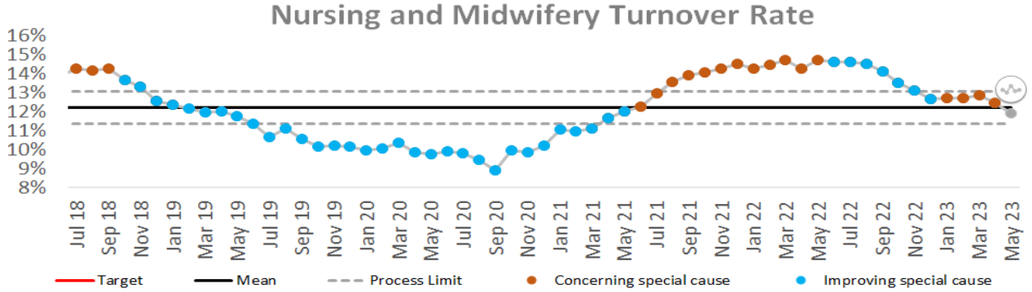


 Author(s): Chloe Schafer, Amanda Wood Owner(s): David Wherrett

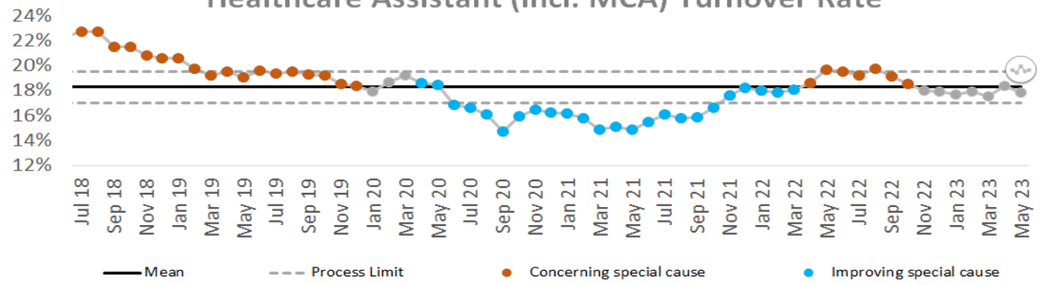
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

NHS
Cambridge University Hospitals
NHS Foundation Trust

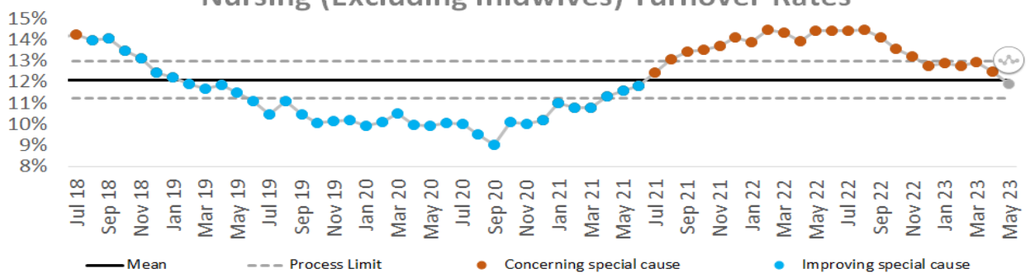
Nursing and Midwifery Turnover Rate



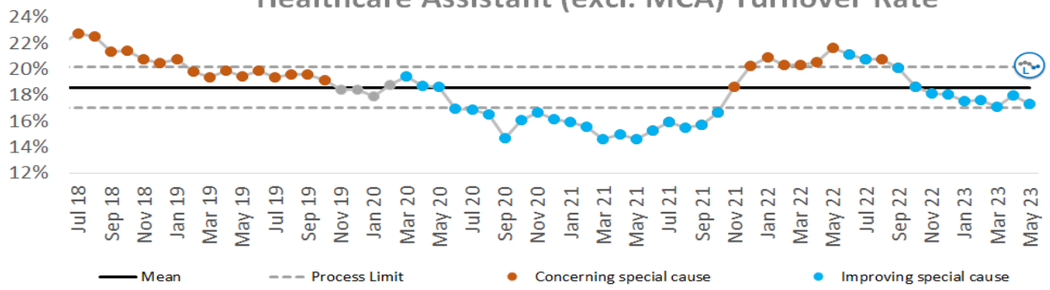
Healthcare Assistant (incl. MCA) Turnover Rate



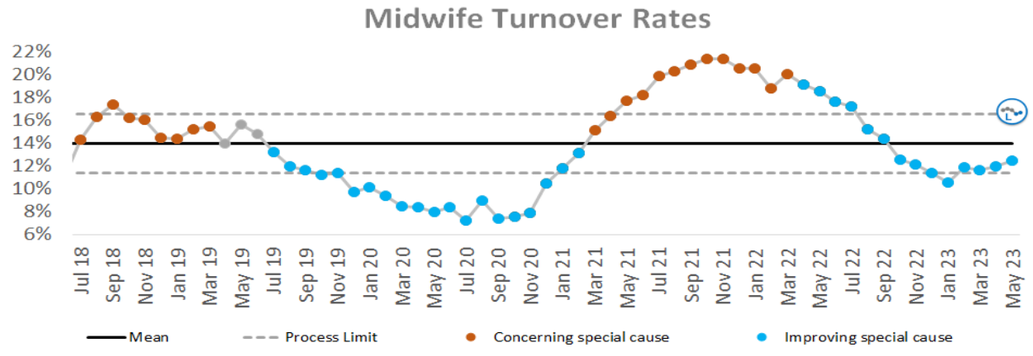
Nursing (Excluding midwives) Turnover Rates



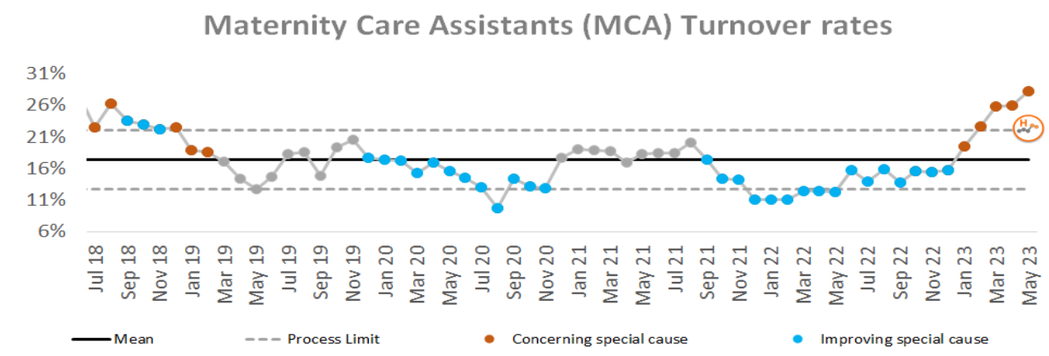
Healthcare Assistant (excl. MCA) Turnover Rate



Midwife Turnover Rates



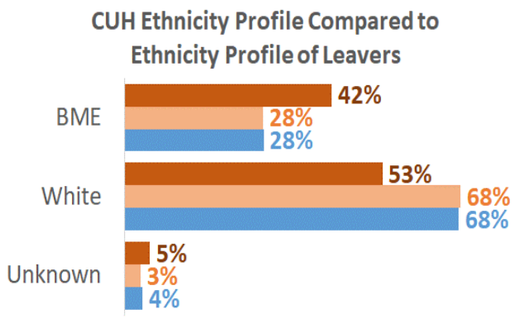
Maternity Care Assistants (MCA) Turnover rates

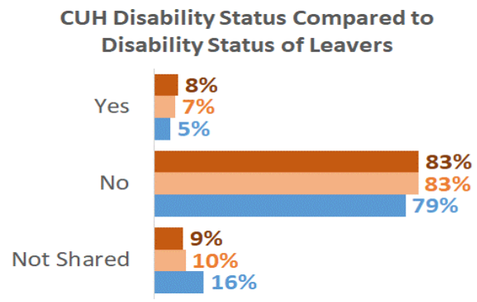


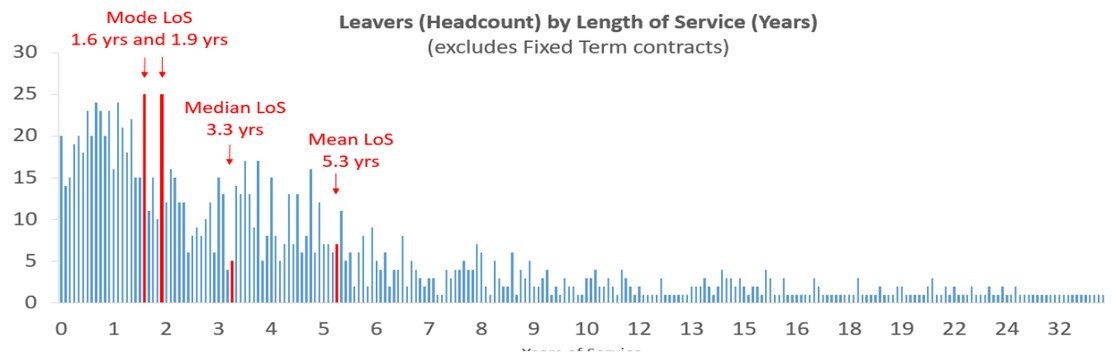
 Author(s): Chloe Schafer, Amanda Wood Owner(s): David Wherrett

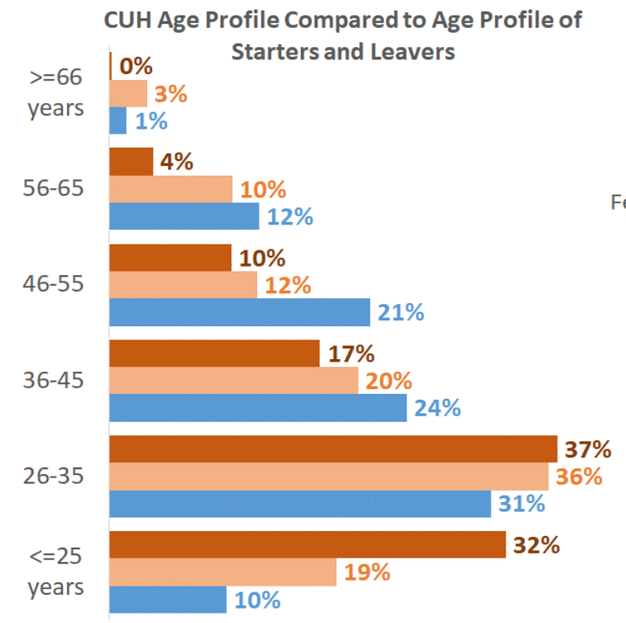
Starters & Leavers - last 12 months

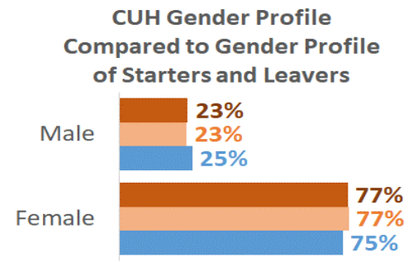
NHS
Cambridge University Hospitals
NHS Foundation Trust

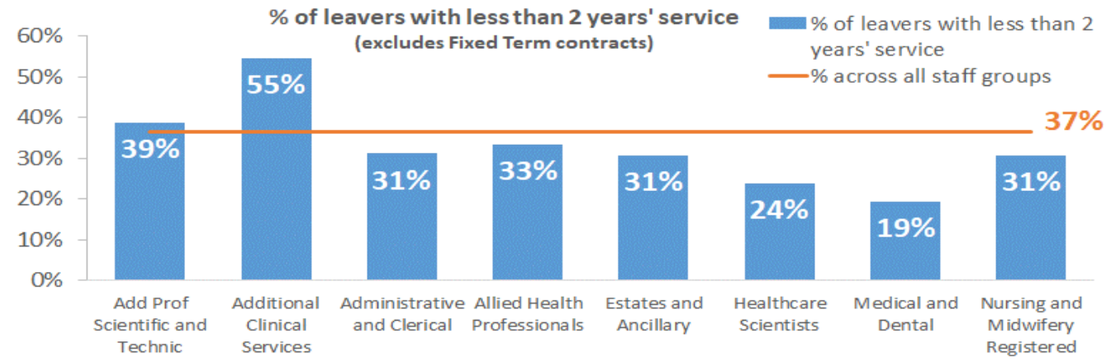












What the information tells us:

The majority of starters to, and leavers from the Trust in the last 12 months were under the age of 35 (69% and 54% respectively), which are higher than the proportion of staff in post of this age group (41%). Gender and disability status are generally equally represented in the starters and leavers data when compared to the Trust profile, however there is a slightly higher proportion of females and staff declaring a disability both starting and leaving the Trust. 42% of our starters in the last 12 months were from black and minority ethnic groups, compared to 28% of the staff profile. A significant proportion of leavers leave the Trust within 2 years of starting (37%), and within Additional Clinical Services staff group there is a much greater proportion than average - 55%. The most common lengths of service (modes) upon leaving are 1.6 and 1.9 years – in the last 12 months 50 (headcount) of the 1,247 leavers who were on Permanent contracts left at this point. The average (mean) length of service was 5.3 years.

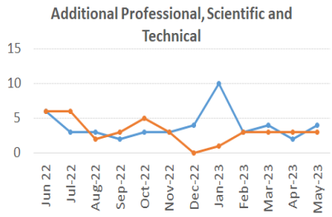
Excludes Fixed Term and Locum Medical and Dental staff, and staff leaving and returning to CUH (as bank only/retire and return etc.)

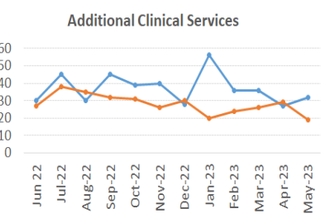
Author(s): Chloe Schafer, Amanda Wood

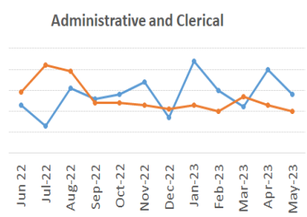
Owner(s): David Wherrett

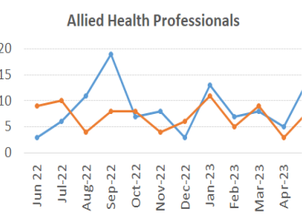
Leavers - Last 12 months

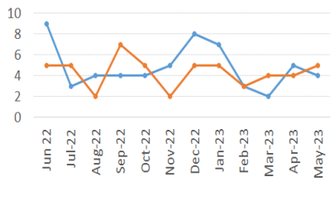
Cambridge University Hospitals NHS Foundation Trust

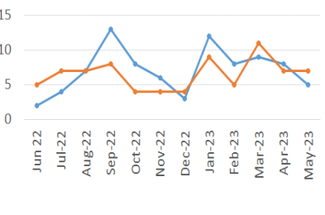


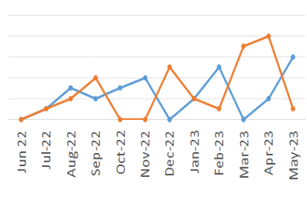


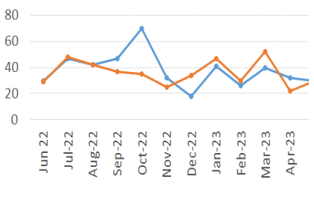


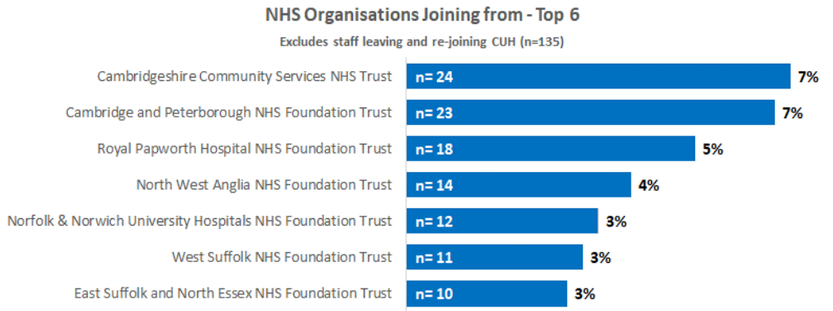


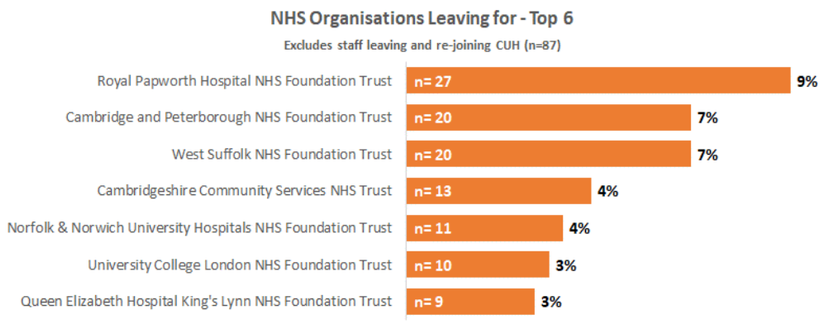


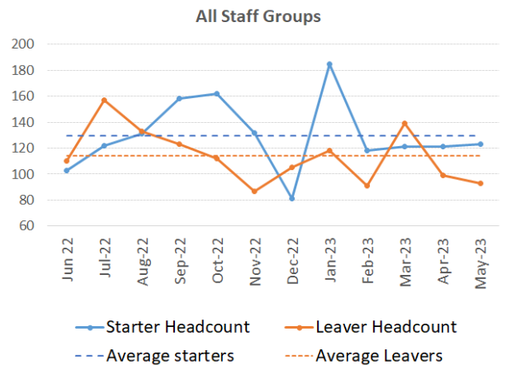












Top 10 Leaving Reasons Excludes staff leaving and re-joining CUH (n=87)	Number of Leavers (Headcount)	% of all Leavers
Voluntary Resignation - Relocation	391	29%
Voluntary Resignation - Work Life Balance	272	20%
Voluntary Resignation - Promotion	164	12%
Voluntary Resignation - Other/Not Known	103	8%
Voluntary Resignation - Better Reward Package	102	7%
Retirement Age	70	5%
Voluntary Resignation - Health	60	4%
Voluntary Resignation - Child Dependants	43	3%
End of Fixed Term Contract	41	3%
Voluntary Resignation - Lack of Opportunities	30	2%

What the information tells us:

The top three reasons for leaving are Voluntary Resignation - due to relocation (29%), for work/life balance (20%) and for promotion (12%).

The top destination on leaving (other than unknown) is to another NHS organisation. The most popular external NHS organisation to leave for is Royal Papworth Hospital NHS Foundation Trust. 14% of starters to the Trust were from Cambridgeshire Community Services NHS Trust or Cambridge and Peterborough NHS Foundation Trust.

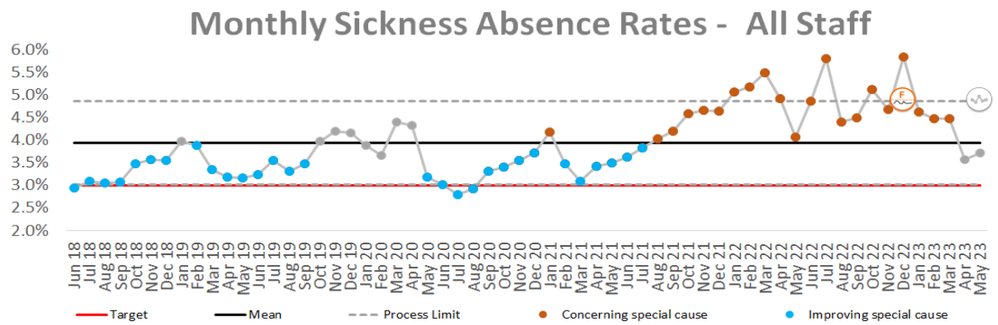
Excludes Fixed Term and Locum Medical and Dental staff, and staff leaving and returning to CUH (as bank only/retire and return etc.)

Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

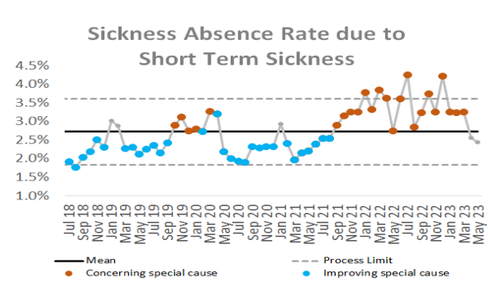
Sickness Absence

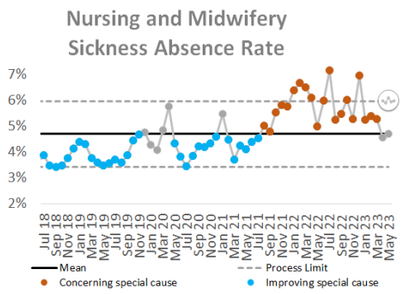
Cambridge University Hospitals NHS Foundation Trust

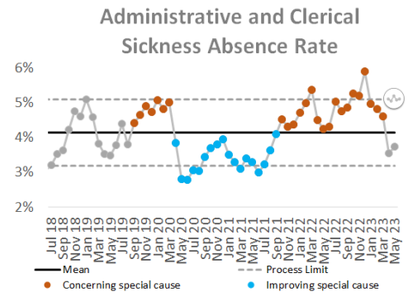


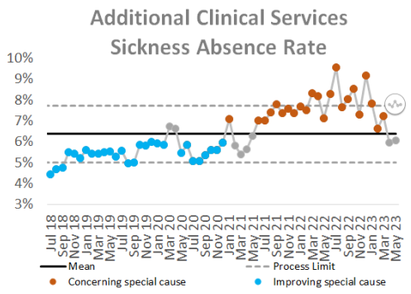
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

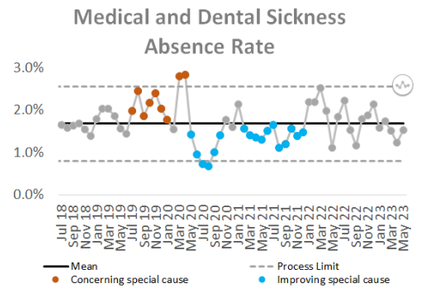
What the information tells us: The overall Monthly Sickness Absence has increased by 0.1% since last month, but remains below average at 3.7% in May 2023. This is 0.3% lower than May last year (4.1%). The sickness absence rate due to short term illness is higher at 2.4% compared to long term sickness at 1.3%. Additional Clinical Services have the highest sickness absence rate at 6.1% followed by Estates and Ancillary at 5.1%.

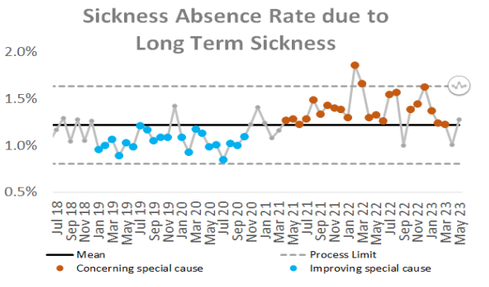


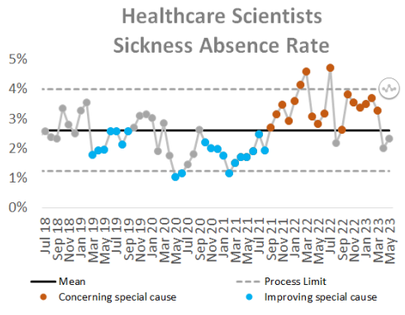


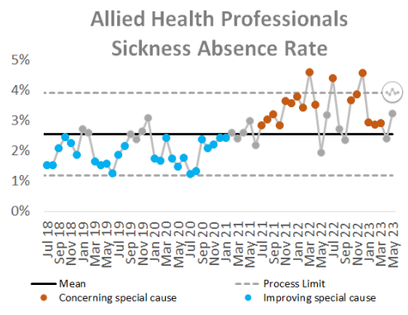


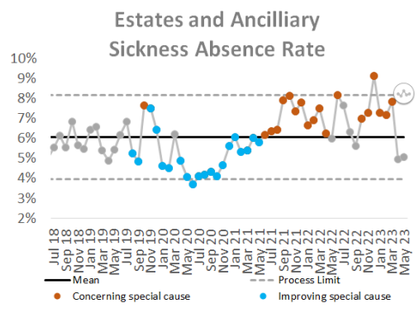


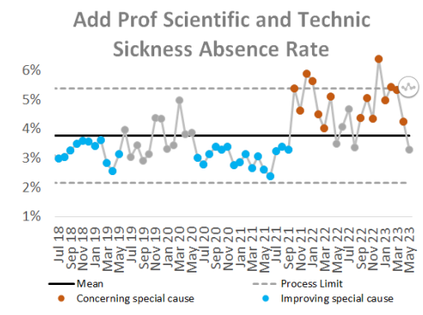










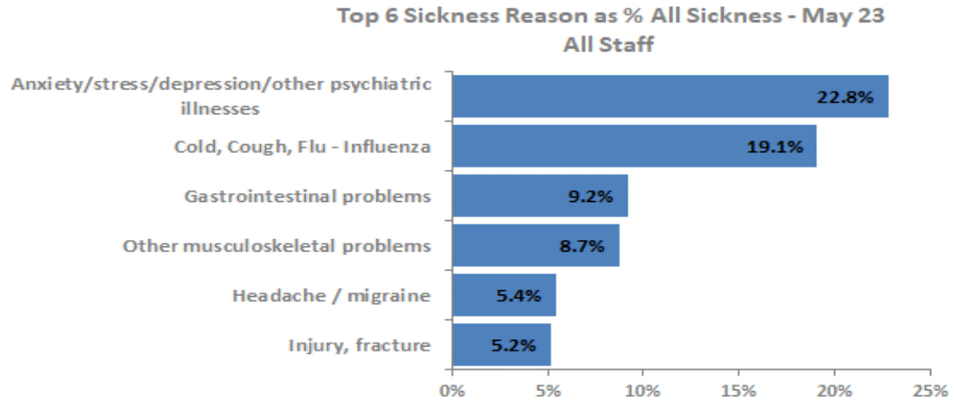


Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

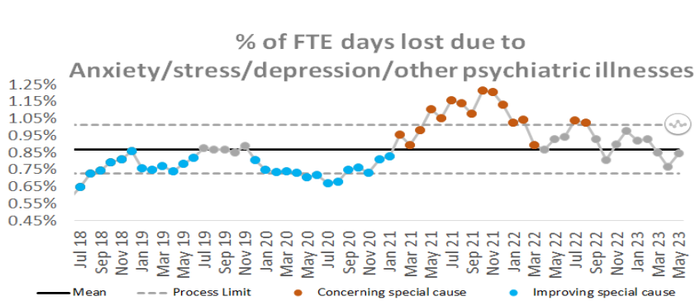
Top Six Sickness Absence Reason

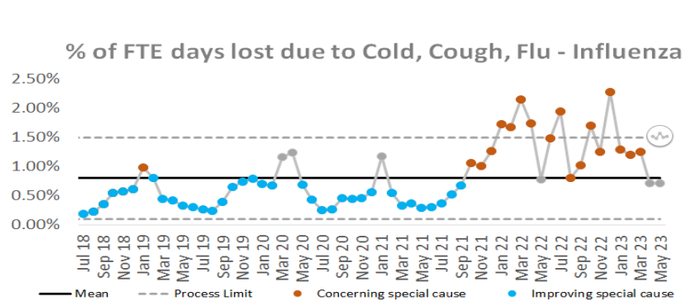
NHS
Cambridge University Hospitals
NHS Foundation Trust

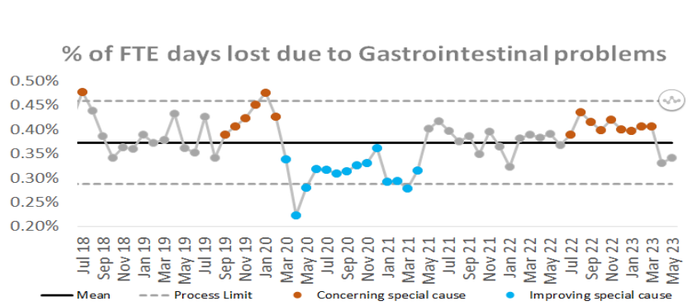


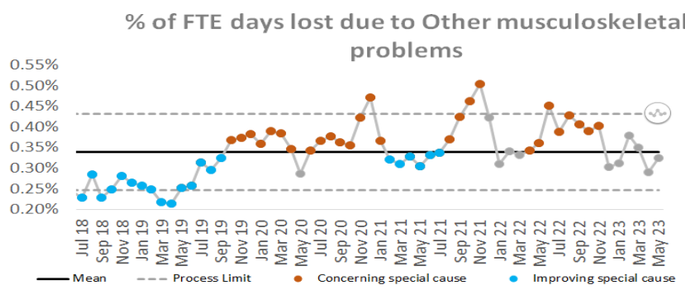
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

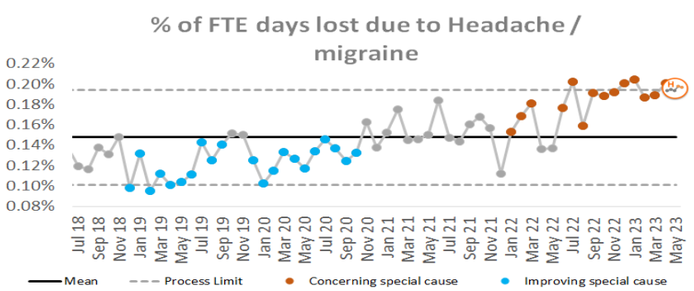
What the information tells us: The top reason for sickness absence is Anxiety/stress/depression/other psychiatric illnesses, with an absence rate of 0.8% - same as last month, and 0.1% lower than the same month last year. As a percentage of all sickness absence, Anxiety/stress/depression/other psychiatric illnesses accounts for 22.8% of the overall figure. Absence due to Cold, Cough, Flu - Influenza remained the same as last month and is 0.1% lower than the same month last year.

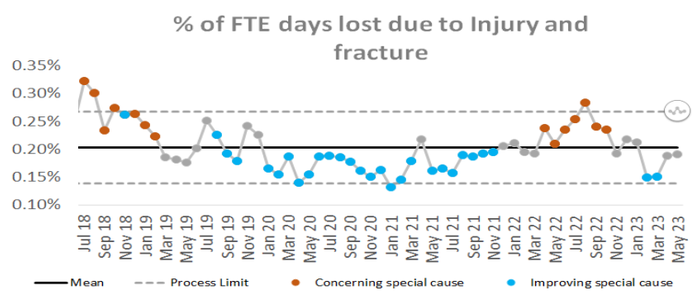










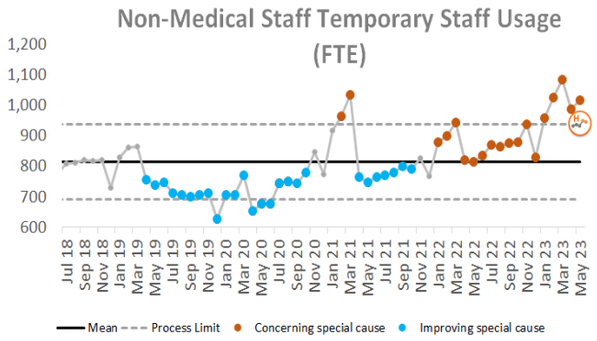


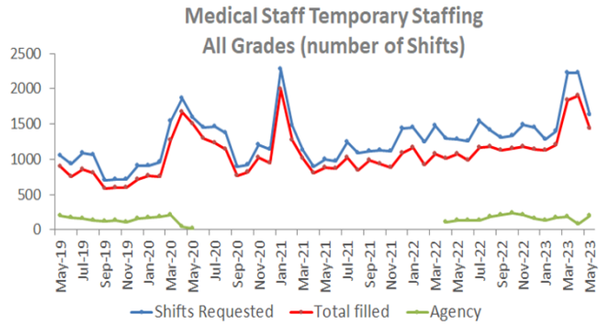
Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

Temporary Staffing

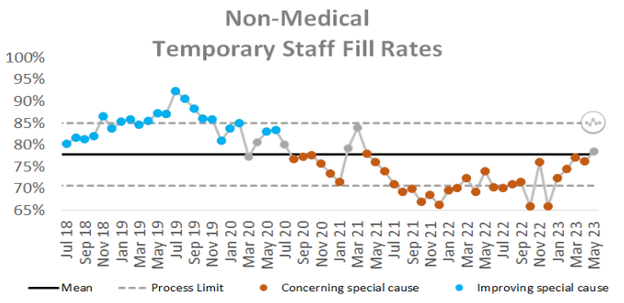
NHS
Cambridge University Hospitals
NHS Foundation Trust

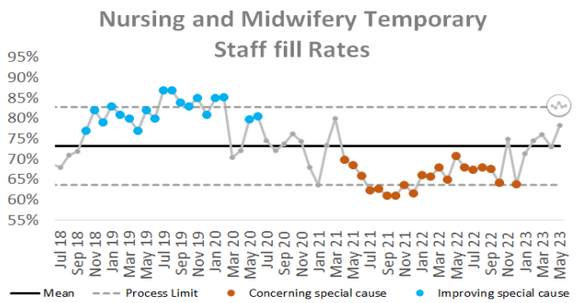


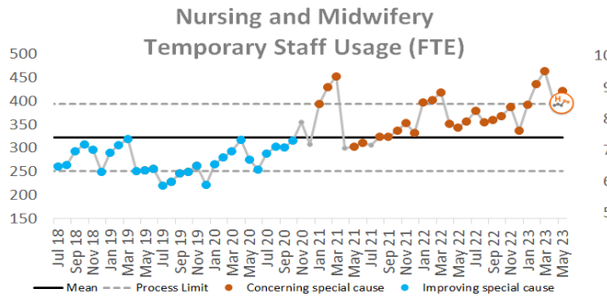


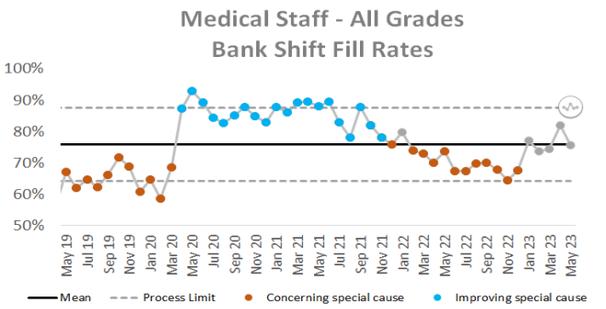
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

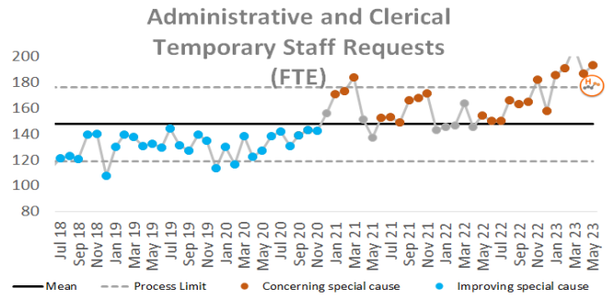
What the information tells us: Demand for non-medical temporary staff decreased by 0.2% from April to 1,298 WTE. There was a higher than usual fill rate for Bank RNs (78%), which unusually coincided with the May half term holiday. Top three reasons for request are vacancy (46%), increased workload (19%) and specialling (14%). Nursing and midwifery agency usage increased by 3.2 WTE from the previous month to 38.7 WTE. This accounts for 9% of the total nursing filled shifts. Overall, fill rate has increased by 3% from last month to 79% in May 2023.
Demand for temporary medical staff reduced following March and April industrial action. Fill rate increased by 3% from last month to 88%, with 192 shifts left unfilled.

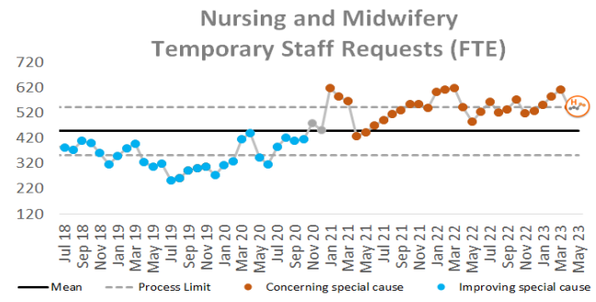


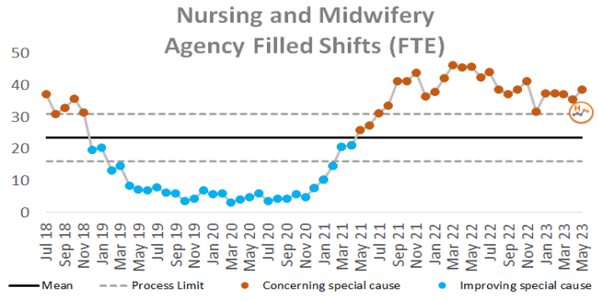


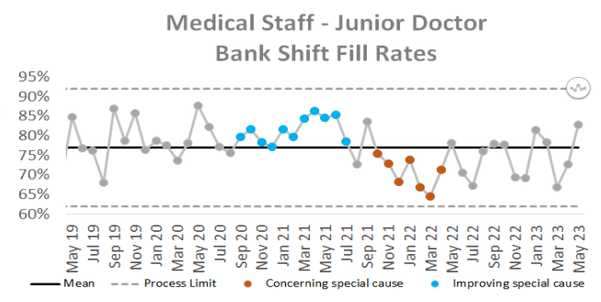










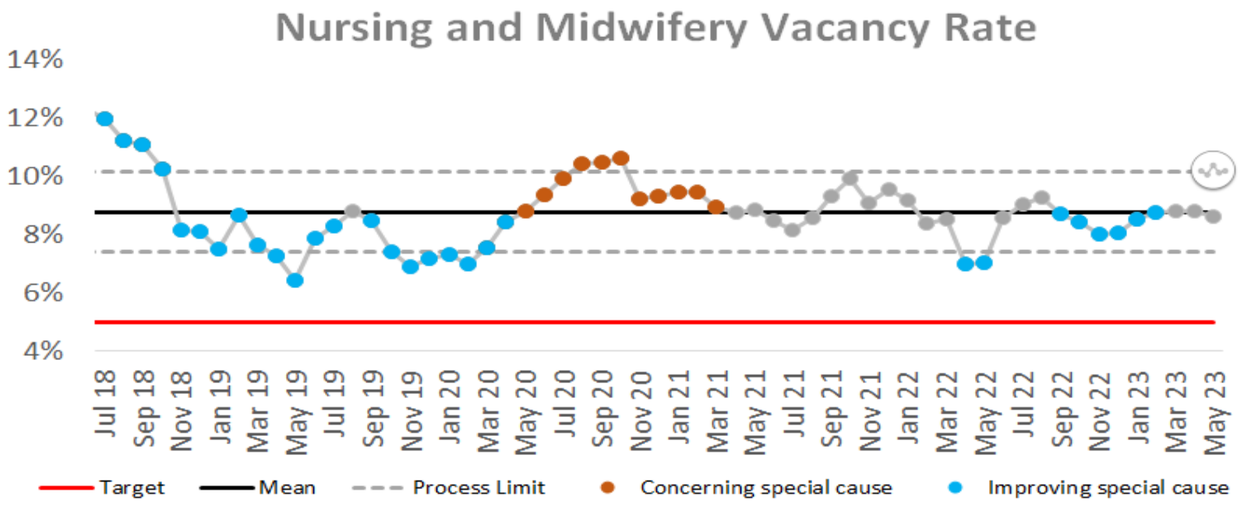


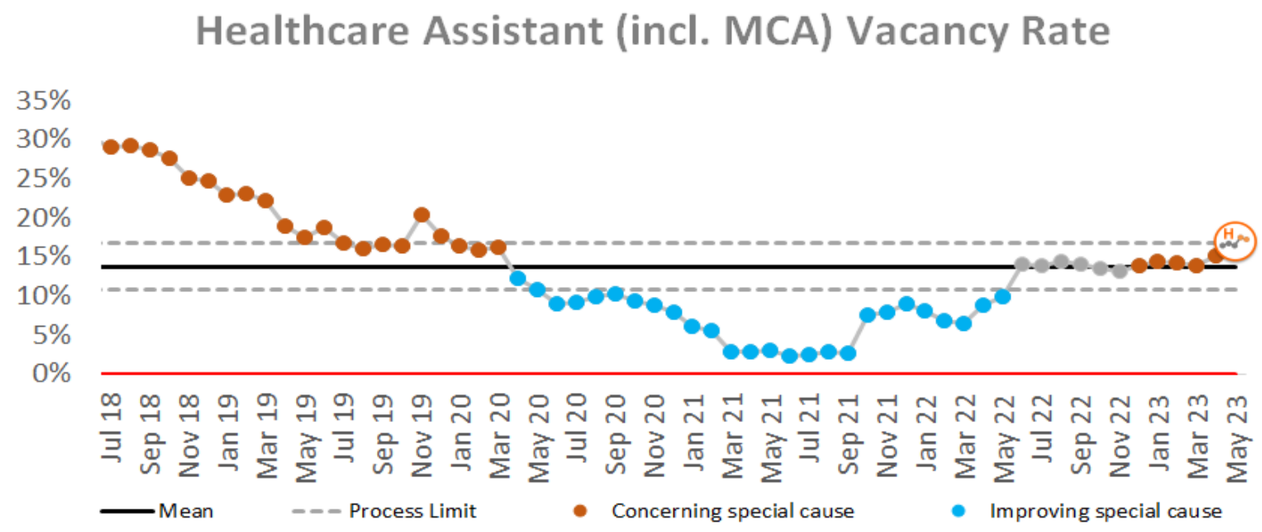
Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

ESR Vacancy Rate

Cambridge University Hospitals NHS Foundation Trust





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 Nursing and Midwifery has decreased by 0.2% to at 8.6% in May 2023. The vacancy rate for Healthcare Assistants has increased by 0.2% from last month to 15.5%. Vacancy rates for both staff groups are above the target rate of 5% for Nurses and 0% for HCAs.

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

Annual Leave Update

NHS Cambridge University Hospitals NHS Foundation Trust

Percentage of Annual Leave (AL) Taken – May 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	52,323	7,723	14.8%	98%
	Additional Clinical Services	379,366	77,850	20.5%	98%
	Administrative and Clerical	511,121	85,366	16.7%	97%
	Allied Health Professionals	149,969	26,706	17.8%	99%
	Estates and Ancillary	78,391	15,749	20.1%	98%
	Healthcare Scientists	145,485	24,355	16.7%	98%
	Medical and Dental	140,388	17,312	12.3%	38%
	Nursing and Midwifery Registered	802,294	160,669	20.0%	99%
	Trust	**2,259,337**	**415,730**	18.4%	90%
Annual Leave taken by Division	*Division*				
	Corporate	315,195	54,119	17.2%	96%
	Division A	419,403	80,089	19.1%	87%
	Division B	629,317	115,064	18.3%	94%
	Division C	280,341	49,921	17.8%	82%
	Division D	262,446	50,018	19.1%	86%
	Division E	247,426	46,921	19.0%	87%
	R&D	105,209	19,598	18.6%	97%

* Greater than 13% | Less than 10% | Between 10% and 13%

What the information tells us: The Trust's annual leave usage is 110% of the expected usage at the end of the second month of the financial year. The highest rate of use of annual leave is within the Additional Clinical Services staff group, followed by Estates and Ancillary, at 20.5% and 20.1% 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): Chloe Schafer, Amanda Wood Owner(s): David Wherrett

Mandatory Training by Division & Staff Group

NHS Cambridge University Hospitals NHS Foundation Trust

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%

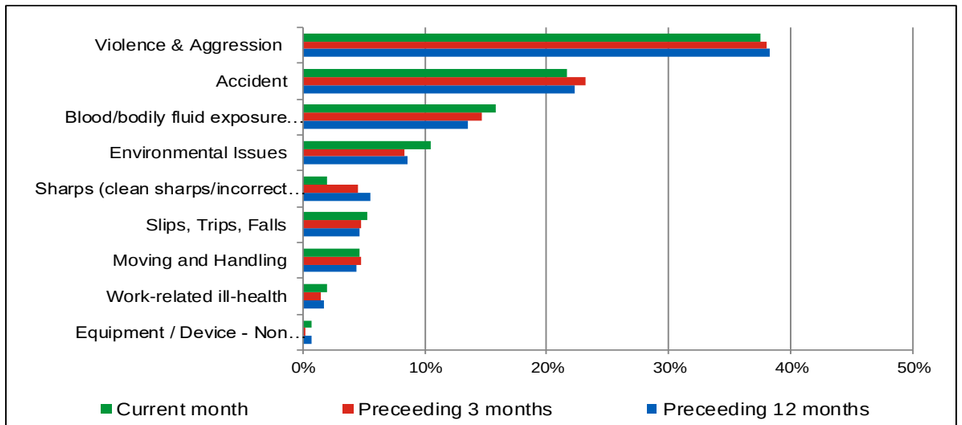
Mandatory Training Competency (as defined by Skills for Health) — Greater than 89% | Less than 75% | Between 75% and 89%

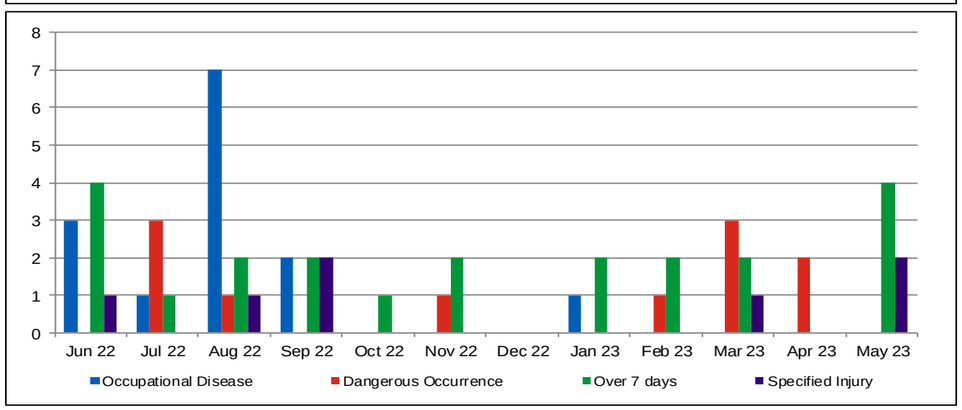
	Induction: Non-Medical Corporate Induction	Induction: Non-Medical Local Induction	Induction: Medical Corporate Induction	Induction: Medical Local Induction	Conflict Resolution	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control	Information Governance including GDPR and Cyber Security	Moving & Handling	Resuscitation	Safeguarding Adults Lvl 1	Safeguarding Adults Lvl 2	Safeguarding Adults Lvl 3	Safeguarding Children Lvl 1	Safeguarding Children Lvl 2	Safeguarding Children Lvl 3	Basic Prevent Awareness	Prevent Level Three (WRAP)	Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS)	Total Compliance
Frequency					3 yrs	3 yrs	2 yrs/1yr	3yrs	2 yrs	1 yr	2 yrs/1yrs	2 yrs/1yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs/1yr	3 yrs	3 yrs	3 yrs	
Delivery Method	cl	f2f	cl/	f2f	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/el	cl/e/	cl/el	cl/el	cl/el	cl/el	cl/el	cl	cl	cl	
Staff Requiring Competency	1,120	1,119	526	526	10,937	10,937	11,085	10,937	10,937	10,937	11,086	7,352	10,937	7,860	3,875	10,937	7,846	1,900	9,391	1,856	7,505	
Compliance by Division																						
Division A	(17)90.1%	(61)64.3%	(37)72.6%	(30)77.8%	(70)96.6%	(73)96.5%	(400)81.1%	(84)95.9%	(132)93.6%	(197)90.5%	(360)83.0%	(344)81.7%	(100)95.2%	(164)91.4%	(481)40.4%	(58)97.2%	(162)91.5%	(73)68.3%	(59)96.9%	(49)78.2%	(116)93.9%	91.2%
Division B	(16)95.3%	(55)83.7%	(21)67.2%	(7)89.1%	(83)97.1%	(91)96.8%	(258)91.1%	(87)97.0%	(189)93.4%	(275)90.4%	(374)87.0%	(292)79.8%	(129)95.5%	(212)88.3%	(426)52.2%	(72)97.5%	(211)88.2%	(29)79.4%	(87)96.9%	(11)91.2%	(88)94.0%	92.9%
Division C	(15)91.4%	(51)70.7%	(34)77.6%	(28)81.6%	(66)95.6%	(78)94.8%	(245)84.0%	(83)94.5%	(126)91.7%	(203)86.6%	(305)80.1%	(321)77.1%	(110)92.7%	(120)91.6%	(453)33.7%	(83)94.5%	(133)90.7%	(63)76.1%	(71)94.5%	(36)86.3%	(123)91.5%	89.5%
Division D	(4)95.8%	(24)74.5%	(28)69.6%	(20)78.3%	(68)95.0%	(78)94.2%	(268)80.5%	(87)93.5%	(151)88.8%	(211)84.3%	(307)77.7%	(298)74.0%	(97)92.8%	(123)89.4%	(372)33.2%	(80)94.1%	(119)89.8%	(28)80.3%	(71)94.3%	(25)80.8%	(123)89.5%	88.2%
Division E	(9)94.4%	(37)77.0%	(18)76.3%	(7)90.8%	(54)95.9%	(55)95.8%	(230)82.9%	(69)94.8%	(102)92.3%	(158)88.1%	(314)76.6%	(221)81.1%	(93)93.0%	(125)89.6%	(409)42.1%	(54)95.9%	(107)91.1%	(194)82.1%	(7)97.4%	(222)79.6%	(107)90.9%	88.9%
Corporate	(11)91.4%	(36)71.9%	(1)83.3%	(1)83.3%	(54)96.1%	(65)95.3%	(118)91.5%	(65)95.3%	(116)91.6%	(156)88.7%	(136)90.2%	(32)80.0%	(75)94.5%	(14)91.7%	(43)61.6%	(61)95.6%	(14)91.9%	(9)55.0%	(66)95.2%	(4)80.0%	(13)93.2%	92.9%
R & D	(1)98.1%	(13)75.9%			(13)97.1%	(17)96.2%	(32)92.9%	(15)96.7%	(19)95.8%	(43)90.4%	(44)90.3%	(20)86.8%	(18)96.0%	(12)93.4%	(45)62.2%	(10)97.8%	(13)92.9%	(3)82.4%	(11)97.6%	(4)50.0%	(7)95.9%	94.4%
Breakdown of Medical staff compliance																						
Consultant			(5)89.4%	(6)87.2%	(33)95.6%	(29)96.1%	(71)90.5%	(32)95.7%	(77)89.7%	(102)86.3%	(79)89.4%	(153)79.7%	(38)94.9%	(48)93.6%	(374)45.6%	(24)96.8%	(52)93.1%	(22)90.2%	(17)96.9%	(22)89.4%	(40)94.4%	92.1%
Non Consultant			(134)72.0%	(87)81.8%	(97)88.0%	(102)87.4%	(157)80.6%	(133)83.6%	(178)78.0%	(247)69.5%	(213)73.7%	(430)50.9%	(156)80.7%	(215)75.3%	(699)15.6%	(136)83.2%	(205)76.5%	(90)56.3%	(127)80.8%	(81)60.7%	(208)75.7%	76.6%
Compliance by Staff group																						
Add Prof Scientific and Technic	(0)100.0%	(5)85.7%			(4)98.3%	(5)97.8%	(11)95.2%	(5)97.8%	(14)93.9%	(20)91.3%	(24)89.6%	(4)89.5%	(7)97.0%	(19)90.2%	(4)60.0%	(3)98.7%	(16)91.4%	(2)75.0%	(4)98.2%	(0)100.0%	(3)94.4%	94.9%
Additional Clinical Services	(29)90.3%	(70)76.5%			(44)97.5%	(54)96.9%	(299)83.3%	(53)97.0%	(81)95.3%	(165)90.5%	(342)80.9%	(270)80.5%	(68)96.1%	(205)87.1%	(3)0.0%	(50)97.1%	(196)87.7%	(32)79.7%	(41)97.5%	(28)82.1%	(77)94.4%	91.3%
Administrative and Clerical	(15)94.0%	(57)77.1%			(95)95.9%	(106)95.4%	(157)93.2%	(112)95.1%	(216)90.6%	(260)88.7%	(204)91.1%	(4)81.8%	(125)94.6%	(13)88.1%	(1)0.0%	(105)95.4%	(17)84.7%	(5)28.6%	(113)95.2%	(3)40.0%	(17)87.6%	93.2%
Allied Health Professionals	(2)97.3%	(18)75.3%			(13)98.0%	(18)97.3%	(92)86.3%	(14)97.9%	(38)94.2%	(54)91.8%	(132)80.4%	(122)81.5%	(24)96.3%	(36)94.6%	(259)54.7%	(12)98.2%	(42)93.7%	(15)77.6%	(7)98.9%	(5)92.2%	(30)95.5%	92.9%
Estates and Ancillary	(7)84.1%	(14)68.2%			(6)98.2%	(8)97.6%	(24)93.0%	(8)97.6%	(16)95.3%	(31)90.9%	(10)97.1%	(10)97.1%	(10)97.1%			(6)98.2%			(9)97.4%			95.7%
Healthcare Scientists	(2)96.7%	(13)78.7%			(21)96.6%	(19)96.9%	(42)93.3%	(18)97.1%	(34)94.5%	(50)92.0%	(49)92.1%	(28)73.8%	(17)97.3%	(40)77.5%	(0)100.0%	(7)98.9%	(27)83.5%	(1)94.4%	(17)97.3%	(1)93.8%	(6)96.0%	94.4%
Medical and Dental			(139)73.6%	(93)82.3%	(130)91.7%	(131)91.6%	(228)85.4%	(165)89.4%	(255)83.6%	(349)77.6%	(292)81.2%	(583)64.3%	(194)87.5%	(263)83.8%	(1073)29.2%	(160)89.7%	(257)84.2%	(112)74.0%	(144)88.1%	(103)75.1%	(248)84.2%	83.7%
Nursing and Midwifery Registered	(18)95.0%	(100)72.1%			(95)97.3%	(116)96.7%	(698)80.5%	(115)96.7%	(181)94.8%	(314)91.0%	(787)78.0%	(517)85.3%	(177)94.9%	(194)94.5%	(889)49.9%	(75)97.9%	(204)94.2%	(232)80.8%	(37)98.4%	(211)82.3%	(196)94.5%	91.7%
Trust Total	(73)93.5%	(277)75.2%	(139)73.6%	(93)82.3%	(408)96.3%	(457)95.8%	(1551)86.0%	(490)95.5%	(835)92.4%	(1243)88.6%	(1840)83.4%	(1528)79.2%	(622)94.3%	(770)90.2%	(2229)42.5%	(418)96.2%	(759)90.3%	(399)79.0%	(372)96.0%	(351)81.1%	(577)92.3%	90.9%

Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

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:	**1794**	**362**	**278**	**537**	**299**	**188**	**51**	**79**
Accident	**401**	86	77	102	60	38	5	33
Blood/bodily fluid exposure (dirty sharps/splashes)	**244**	70	43	45	43	34	8	1
Environmental Issues	**155**	31	37	10	26	32	7	12
Equipment / Device - Non Medical	**13**	1	1	3	4	4	0	0
Moving and Handling	**78**	19	14	15	15	5	2	8
Sharps (clean sharps/incorrect disposal & use)	**99**	31	15	15	14	13	7	4
Slips, Trips, Falls	**84**	21	20	15	6	6	4	12
Violence & Aggression	**688**	96	64	328	125	50	16	9
Work-related ill-health	**32**	7	7	4	6	6	2	0





A total of 1,794 health and safety incidents were reported in the previous 12 months.

863 (48%) incidents resulted in harm. The highest reporting categories were violence and aggression (38%), accidents (22%) and blood/bodily fluid exposure (14%).

1,243 (69%) of incidents affected staff, 490 (27%) affected patients and 61 (3%) affected others i.e. contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (40%), blood/bodily fluid exposure (18%) and accidents (15%).

The highest reported incident categories for patients were: accidents (40%), violence & aggression (34%) and environmental issues (10%).

The highest reported incident categories for others were: violence & aggression (26%), environmental issues (25%) and accidents (23%).

Staff incident rate is 10.3 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 537 incidents. Of these, 61% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (41%). In the last 12 months, 69% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In May 2023, 6 incidents were reported to the HSE:

- Specified injury: The Injured Person (IP) slipped on a wet wipe and sustained a small avulsion fracture.
- Specified injury: The IP had attended the hospital to visit a relative. Whilst outside the ward doors, a member of staff pushed the door open towards the IP. The door struck the IP causing them to fall on an outstretched hand and sustain a left distal radius and minimally displaced fracture of the left ulna styloid.
- Over 7 day injury: The IP was assisting a patient out of a birthing pool. The patient proceeded to put their full weight on the IPs shoulder. The IP was diagnosed with a rotator cuff injury.
- Over 7 day injury: Whilst moving towards a coat hook in the staff room, the IP reports trying to step over shoes and slipping. The IP is unable to confirm if the floor was wet. The IP sustained a subluxation of the patella.
- Over 7 day injury: The IP was transferring a patient on a bed. In doing this, the wheel of the bed rolled over the IPs foot and the IP sustained a fracture to the toe.
- Over 7 day injury: The IP slipped in flood water and wet cardboard. The IP was diagnosed with concussion and whiplash.

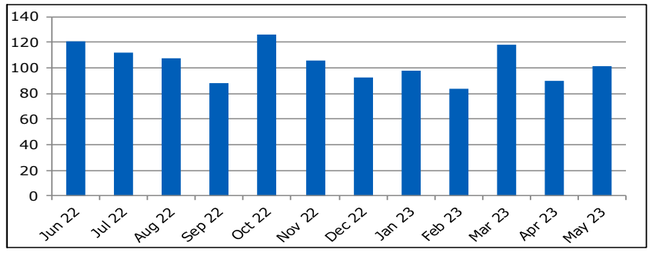
Author(s): Helen Murphy

Owner(s): David Wherrett

Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

No. of health and safety incidents affecting staff:

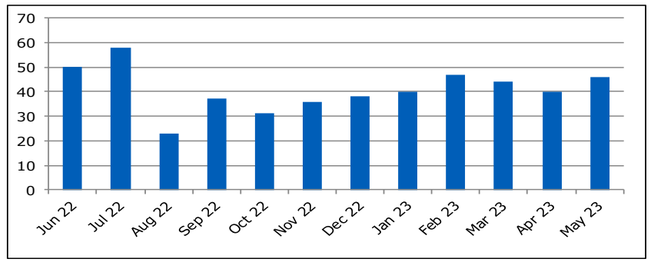


	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Total
Accident	14	20	15	18	16	19	14	12	14	21	14	13	**190**
Blood/bodily fluid exposure (dirty sharps/splashes)	19	20	17	13	32	14	20	20	12	20	18	21	**226**
Environmental Issues	7	20	16	1	6	1	6	4	2	8	8	10	**89**
Moving and Handling	5	2	4	7	2	1	2	5	8	9	3	5	**53**
Sharps (clean sharps/incorrect disposal & use)	4	8	10	5	8	10	5	5	7	3	10	3	**78**
Slips, Trips, Falls	7	3	5	10	4	6	4	8	7	4	6	8	**72**
Violence & Aggression	61	36	36	34	57	52	37	39	33	50	30	38	**503**
Work-related ill-health	4	3	4	0	1	3	4	5	1	3	1	3	**32**
Total	**121**	**112**	**107**	**88**	**126**	**106**	**92**	**98**	**84**	**118**	**90**	**101**	**1243**

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

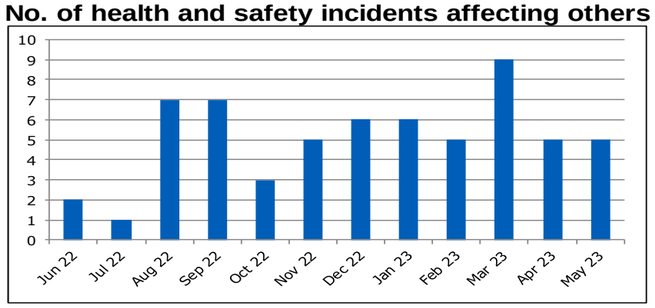
	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Total
No. of health & safety incidents	121	112	107	88	126	106	92	98	84	118	90	101	**1243**
Staff incident rate per month/year	1.0	0.9	0.9	0.7	1.0	0.9	0.8	0.8	0.7	1.0	0.7	0.8	**10.3**

No. of health and safety incidents affecting patients:



	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Total
Accident	20	20	8	13	13	15	19	19	17	21	13	19	**197**
Blood/bodily fluid exposure (dirty sharps/splashes)	1	1	0	3	0	0	3	2	0	1	3	3	**17**
Environmental Issues	4	12	2	0	3	8	7	3	5	1	2	4	**51**
Equipment / Device - Non Medical	1	2	1	0	1	3	1	2	1	0	0	1	**13**
Moving and Handling	5	2	2	1	0	3	2	1	4	2	1	2	**25**
Sharps (clean sharps/incorrect disposal & use)	3	2	2	2	1	0	1	0	2	3	2	0	**18**
Violence & Aggression	16	19	8	18	13	7	5	13	18	16	19	17	**169**
Total	**50**	**58**	**23**	**37**	**31**	**36**	**38**	**40**	**47**	**44**	**40**	**46**	**490**

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



	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Total
Accident	1	0	0	3	1	2	0	2	0	2	2	1	**14**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Environmental Issues	0	0	2	1	1	1	2	2	1	2	1	2	**15**
Sharps (clean sharps/incorrect disposal & use)	0	0	1	0	0	0	0	2	0	0	0	0	**3**
Slips, Trips, Falls	1	0	1	1	0	1	2	0	2	4	0	0	**12**
Violence & Aggression	0	1	3	2	1	1	2	0	2	1	1	2	**16**
Total	**2**	**1**	**7**	**7**	**3**	**5**	**6**	**6**	**5**	**9**	**5**	**5**	**61**

Author(s): Helen Murphy

Owner(s): David Wherrett

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 12 July 2023

Agenda item	9.3
Title	Nurse safe staffing
Sponsoring executive director	Lorraine Szeremeta, Chief Nurse
Author(s)	Amanda Small, 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, 29 June 2023

Executive Summary

The nursing and midwifery safe staffing report for May 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 May 2023.

Monthly Nurse Safe Staffing

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Sponsoring executive director: Lorraine Szeremeta, Chief Nurse

Amanda Small, Deputy Chief Nurse

Christopher Gray, Lead Nurse Safer Staffing

Sarah Raper, Project Lead Nurse safe staffing

Board of Directors: 12 July 2023

Executive Summary

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

The vacancy position in May has remained relatively static for registered nurses (RNs) at 9.1% (9.3% in April), registered children's nurses (RSCNs) at 20.9% (20.4% in April) and Health Care Support Workers (HCSW) at 14.9%. Conversely, over the last 2 months there has been an increasing trend in the Registered Midwifes (RMs) vacancy rate to 2.87% in May from 1.74% in March and the maternity care assistants (MCAs) vacancy rate to 26.9% in May from 18.8% in March. The turnover rate in May has reduced slightly but remains high at 11.9% for RNs (12.5% in April), 14.5% for RSCNs (15.4% in April), 12.5% for RMs (12.0% in April) and 17.9% for HCSW (including MCAs) (18.4% in April). The main reason for leaving for RNs, RMs and RSCNs is voluntary resignation – relocation whereas for HCSWs it is voluntary resignation – work life balance. The leavers destination data demonstrates that 29.9% of RNs and 46.7% of RMs are leaving to take up employment in other NHS organisations. 15.6% of RMs are leaving for no employment compared with 8.5% of RNs. Conversely, the leavers destination is unknown for the majority of HCSWs (47.4%).

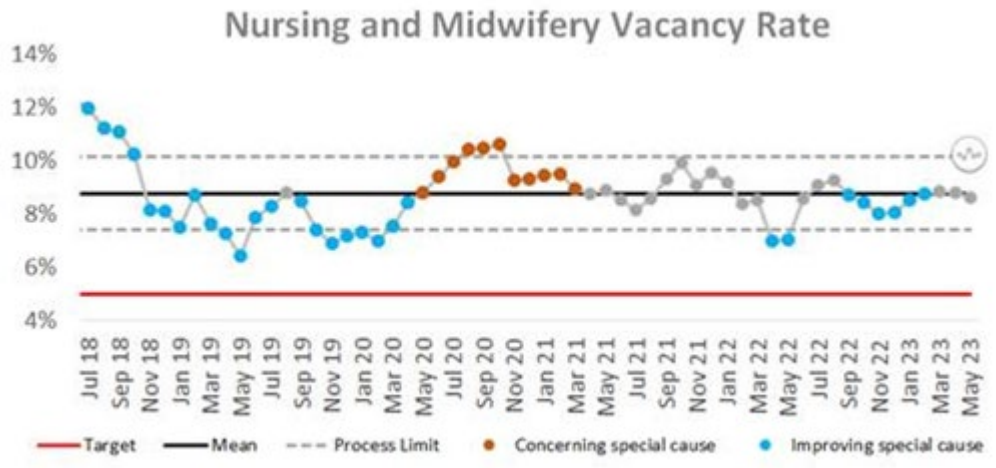
The planned versus actual staffing report demonstrates that 7 clinical areas reported <90% overall rota fill in May (12 in April). The overall fill rate for maternity has increased in May to 95.7% compared to 93.7% in April. The total unavailability of the workforce working time in May has decreased by 2.5% to 27.8% . The majority of unavailability (15.3%) is due to planned annual leave, sickness absence has continued to reduced slightly to 6.7% from 6.9% in April. Additionally, 1.1% of working time was unavailable due to other leave, 2.9% 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 2295 shifts per week requested for registered staff and 2059 shifts requested for Health care support workers and Maternity support workers per week with an average bank fill rate of 80.94% for registered staff and 68.15% for Health Care Support workers. In addition, the equivalent of 35.5 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 all of the redeployed hours have been within the staff members own division.

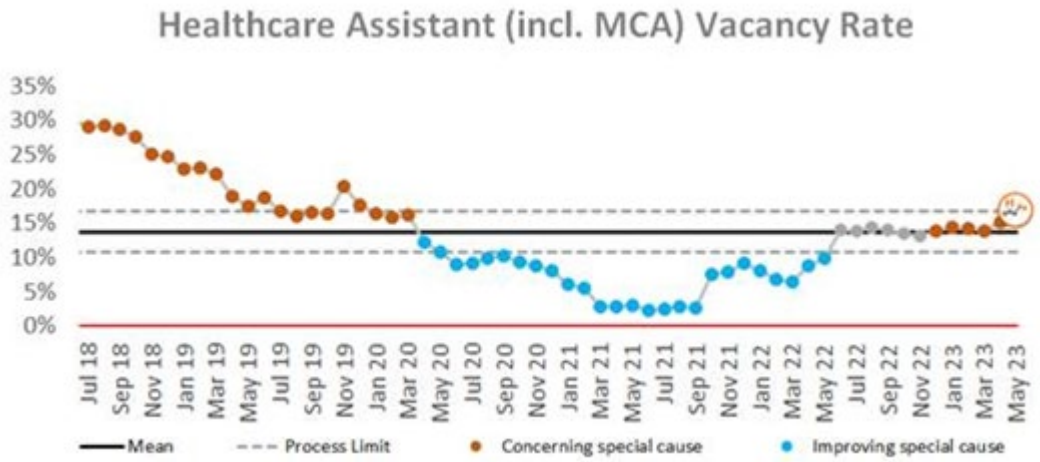
The number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient has increased slightly in May to 34 occasions compared to 20 in April. It should be noted that this is not directly attributed to staffing rather that we have seen an increased level of acuity in critical care leading to a higher proportion of patients requiring level 3 care. Additionally there have been 77 occasions in May where there has been no side room co-ordinator (89 in April). 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 have opened 3 of the beds that were closed due to staffing resulting in 55 open beds rather than 59 beds. Recruitment is ongoing to the vacant positions with a plan to open the remaining 4 beds by September 2023.

Combined Nursing and Midwifery Staffing Position Vacancy Rates

Graph 1. Nursing and midwifery vacancy rates



Graph 2. Healthcare Assistant vacancy rates



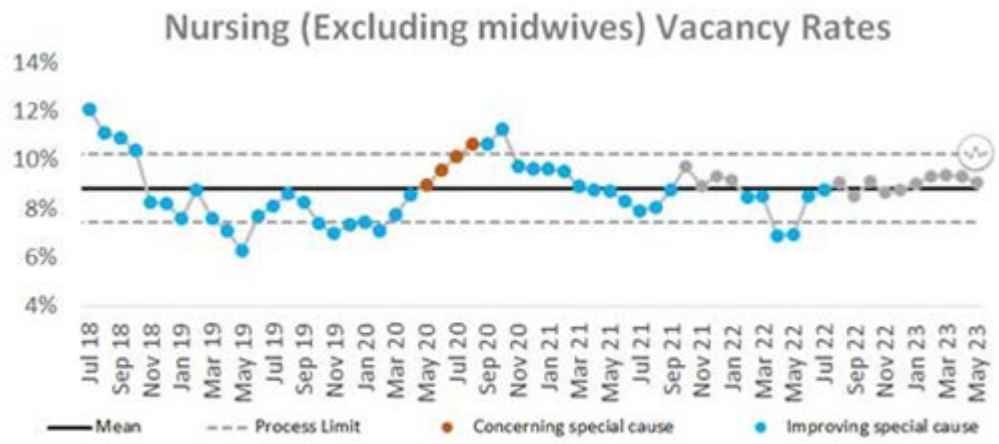
Vacancy position

The combined vacancy rate for Registered Nurses (RNs) and Registered Midwives (RMs) has remained relatively static over the last 4 months at 8.6% in May. The vacancy rate for Health care support workers (HCSW's) (including Maternity Care Assistants (MCAs) has increased slightly for the second consecutive month to 15.5% from 15.2% in April. When broken down further into Nursing and Midwifery specific vacancies, the MCA workforce vacancy rate has increased from 21.9% in April to 26.9% in May. The HCSW vacancy rate (excl MCA) has remained static at 14.9%.

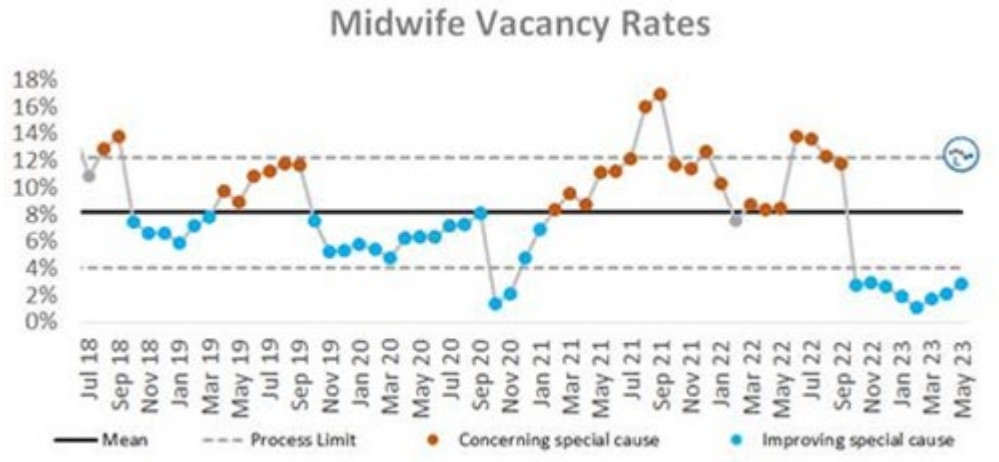
The HCSW (including MCA's) turnover rate remains high at 17.9%. The main reason for HCSWs leaving is voluntary resignation – work life balance (29.1%) and the next highest reason is voluntary resignation – relocation (25.4%). The leavers destination is unknown for the majority of HCSWs (47.4%), 15.5% of HCSWs are leaving to take up employment in other NHS organisations and 11.7% 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

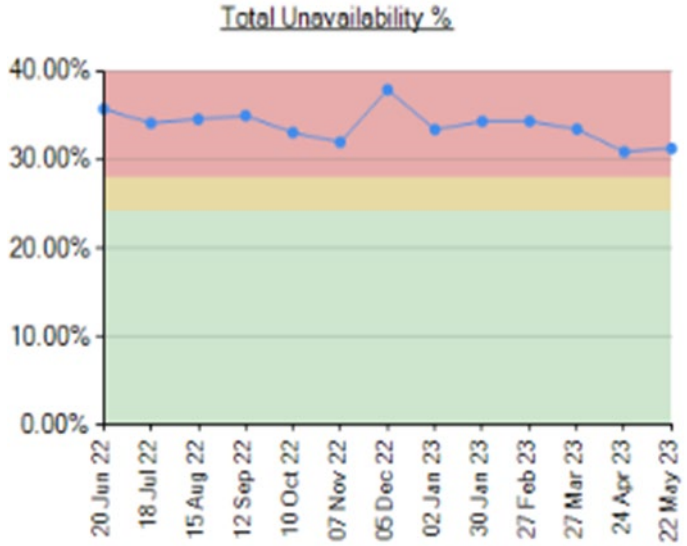
The vacancy rate for Registered Nurses working in adult areas remains static at 9.1% (9.3% in April) as illustrated in Graph 3. The vacancy rate for registered children's nurses also remains relatively static at 20.9% compared to 20.4% in April.

The vacancy rate for Registered Midwives illustrates a sharp increase in Graph 4 in June 22 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 the maternity workforce. Over the last 6 months, there has been a decreasing trend in the vacancy rate from 13.0% in July to 1.74% in March however there has been a slight increase over the last 2 months to 2.87% in May.

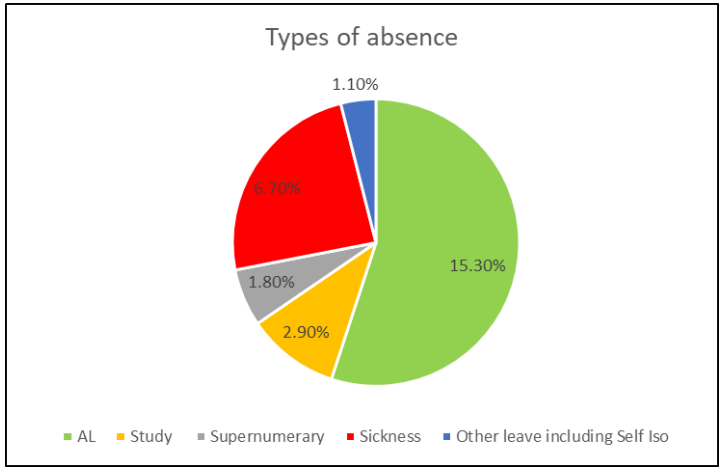
The turnover rate in May has reduced slightly but remains high at 11.9% for RNs in adult areas (12.5% in April), 14.5% for Registered children's nurses (15.4% in April) and 12.5% for RMs (12.0% in April). The main reasons for RMs leaving is voluntary resignation – relocation (28.1%) and the next highest reason is voluntary resignation – work life balance (21.9%). The main reason for RN's leaving is voluntary resignation – relocation (47.1%). The leavers destination data demonstrates that 29.9% of RNs and 46.7% of RMs are leaving to take up employment in other NHS organisations. 15.6% of RMs are leaving for no employment compared with 8.5% of RNs.

Unavailability for Registered Nurses, Midwives and Health Care Support Workers

Graph 5. Unavailability of staff



Graph 6. Types of absence



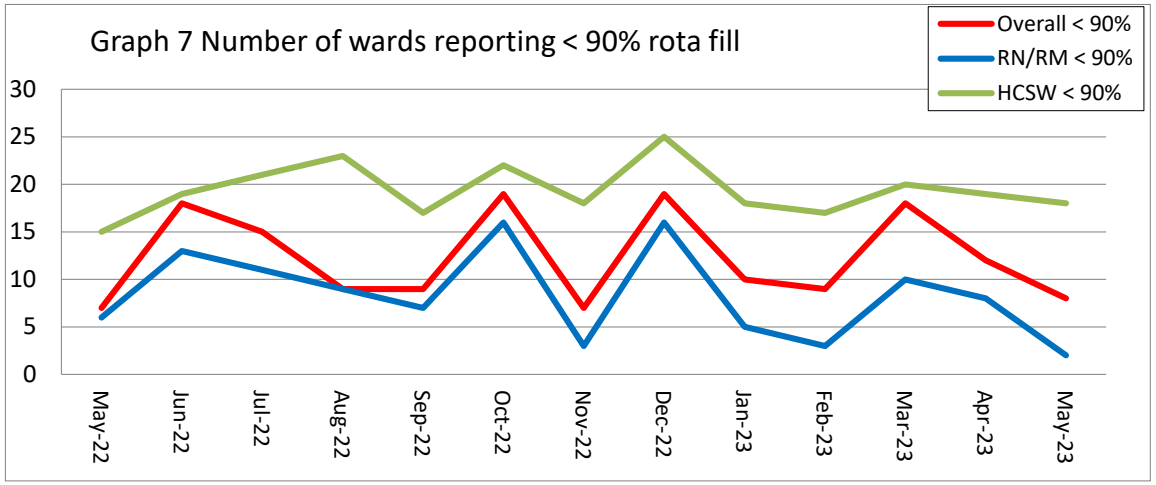
Unavailability of staff

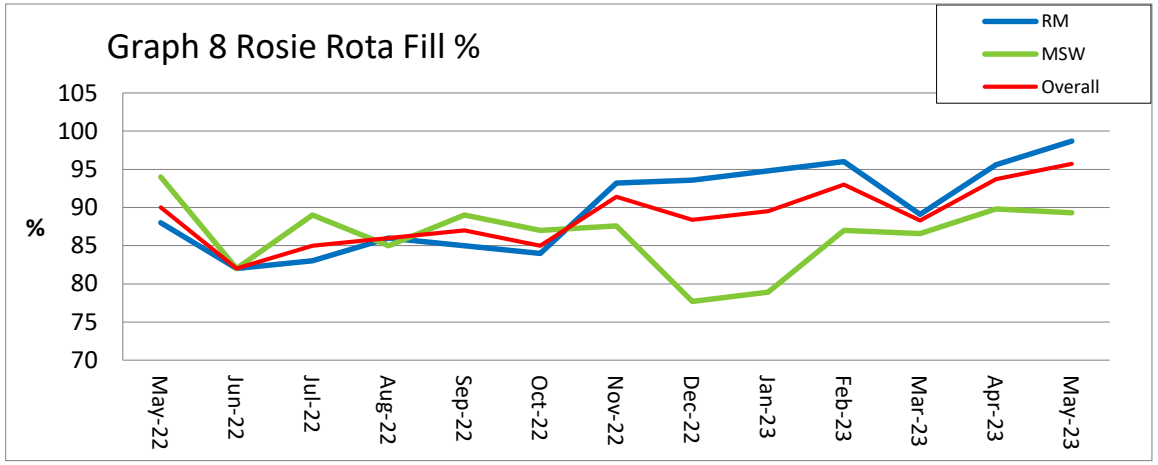
Unavailability relates to periods of time where an employee has been given leave from their regular duties. This might be due to circumstances such as annual leave, sick leave, study leave, self isolation, carers leave etc.

The total unavailability of the workforce working time in May 23 has reduced by 2.5% to 27.8% as illustrated in Graph 5.

Graph 6 illustrates the percentage breakdown of the type of unavailability. The majority of unavailability (15.3%) was due to planned annual leave which would have been accounted for in the department rosters this is within the headroom of 16% budgeted for the first time since November 22. There was a high percentage of unplanned leave that would have impacted upon fill rates within the rosters. In May, sickness absence has reduced slightly to 6.70% from 7.8% in April. Additionally, 1.1% of working time was unavailable due to other leave which is a reducing trend (1.4% March, 2.3% in February). 2.9% was due to study leave and 1.8% was due to supernumerary time.

Planned versus actual staffing





Planned versus actual staffing

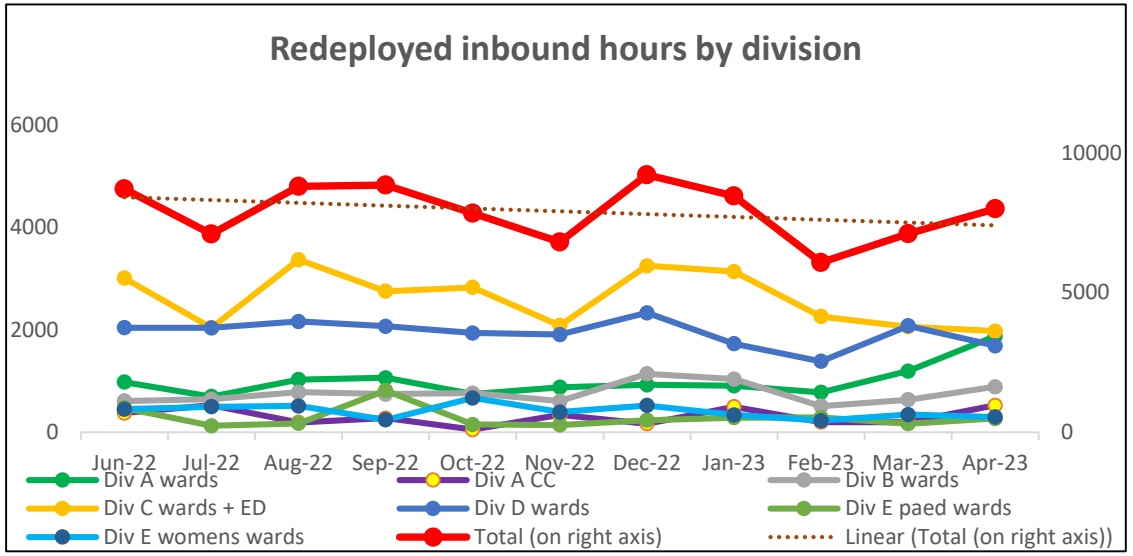
Graph 7 illustrates trend data for all wards reporting < 90% rota fill. The number of areas reporting <90% rota fill for registered RN/RM has continue to decrease significantly in May with 2 areas reporting <90% fill rates compared to 8 in April. There has also been a slight decrease in the number of areas reporting <90% rota fill for HCSWs in April with 18 clinical areas reporting HCSW fill rates of <90% compared with 19 in April. The number of ward areas reporting overall fill rates of <90% in May has also decreased to 8 from 12 in April. Appendix 1. details the exception reports for all areas reporting RN/RM fill rates of <90%.

The number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient has increased slightly in May to 34 occasions compared to 20 in April. It should be noted that this is not directly attributed to staffing rather that we have seen an increased level of acuity in critical care leading to a higher proportion of patients requiring level 3 care. Additionally there have been 77 occasions in May where there has been no side room co-ordinator (89 in April). 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 have opened 3 of the beds that were closed due to staffing resulting in 55 open beds rather than 59 beds. Recruitment is ongoing to the vacant positions with a plan to open the remaining 4 beds by September 2023.

Midwifery & MSW fill rate

Graph 8 illustrates that the overall fill rate for maternity has increased in May 23 to 98.7% compared to 88.3% in March. The lowest fill rates have been seen on the Rosie Birth Centre (93%). This is a 10% increase from April.

Staff deployment



Staff deployment

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

The number of substantive staff redeployed has been an increasing trend over the last 2 months with an average of 273 working hours being redeployed per day in May compared with 258 hours in April. This equates to 24 long day or night shifts per day. All of these redeployments were made within the staff members own 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.

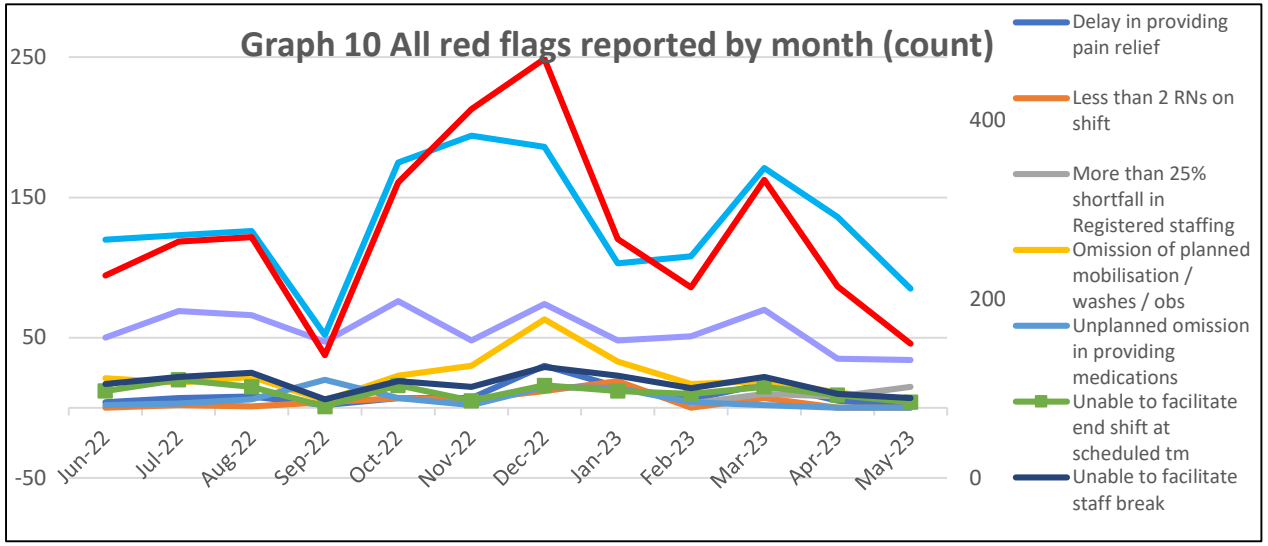
Nursing Pipeline

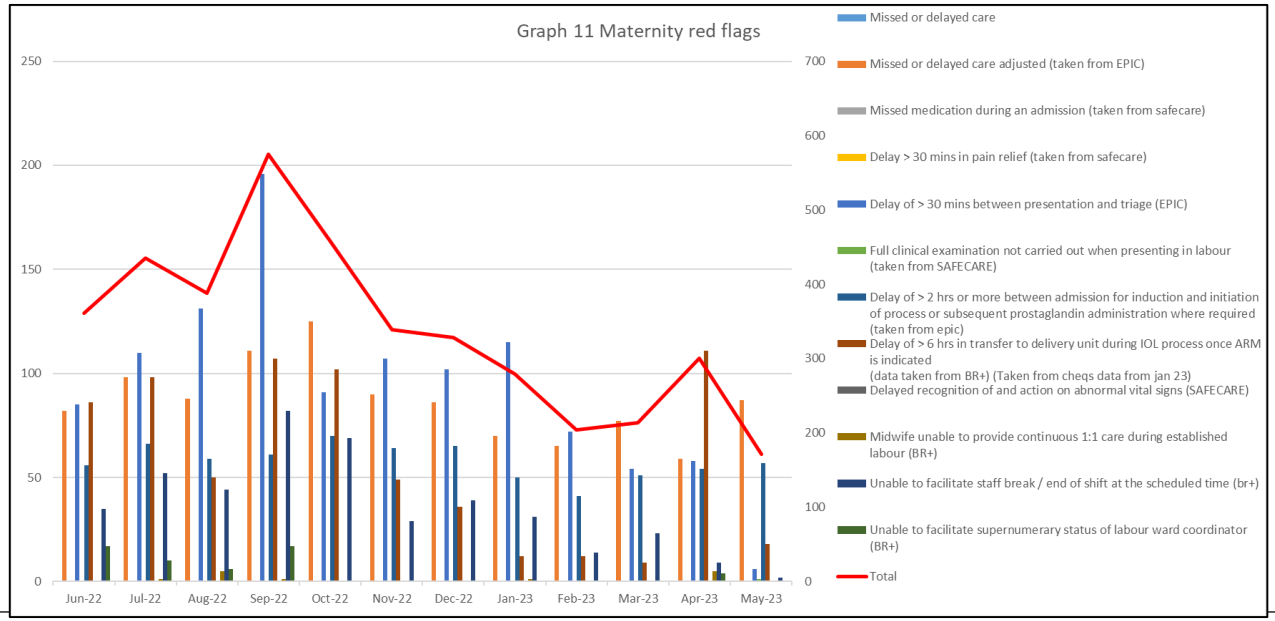
Appendix 2 provides detail on the forecasted position in relation to the number of adult RN vacancies based on FTE and includes UK experienced, UK newly qualified, apprenticeship route, EU and international up to March 2024. The current forecast demonstrates a year end band 5 RN vacancy position of 14.6% which is significantly above the target of 5% and is 3% higher than reported in April. 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. Please note that vacancy data is using March 2023 budget as the 2023/24 budgets have not yet been loaded to ESR. The RN adult pipeline for 2023/24 now reflects the reduction in international recruitment. This is a national concern and has been escalated to NHS England. Work is being undertaken to explore RN Recruitment initiatives including increasing the International Recruitment deployment pay to band 4 and reducing our shortlisting criteria. A paper is currently underway to propose these initiatives for consideration by Management Executive.

Appendix 3 provides detail on the forecasted position in relation to the number of Paediatric band 5 RN and HCSW vacancies up to March 2024. 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 19.12% and a band 2 HCSW position of 5.01%.

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.

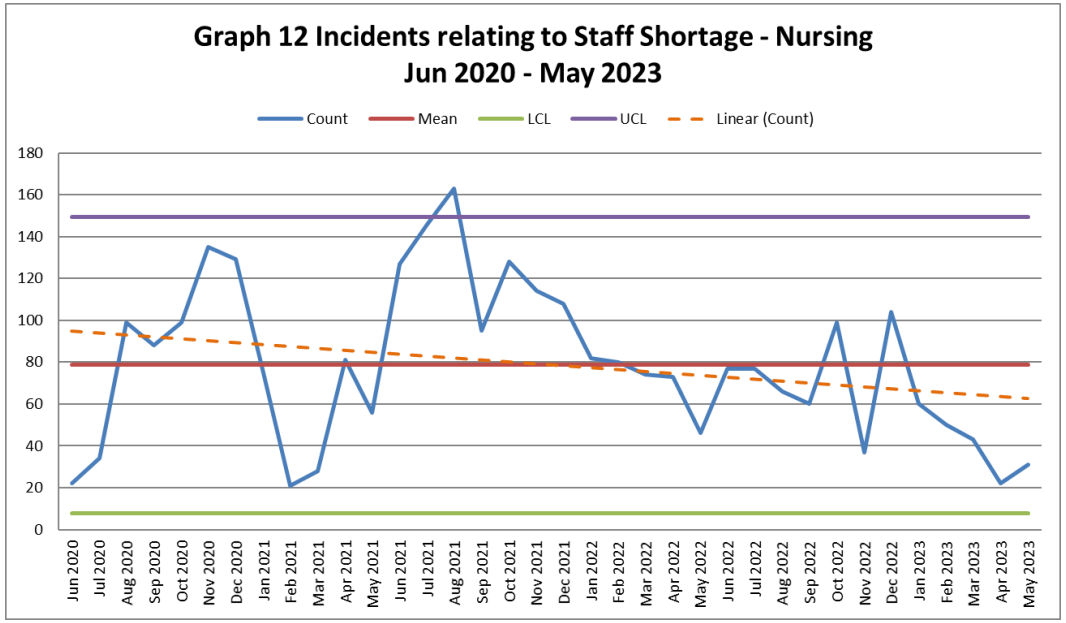
Nursing red flags

Graph 10 illustrates that the number of red flags reported over the last 4 months had been a decreasing trend with the exception of a spiked increase in March (333 red flags reported) compared with 150 in May. The highest number of red flags reported in May was in relation to an unmet 1:1 specialling requirement (85 compared with 136 in April). A trust wide improvement project focusing on specialling is being developed to review specialling across the organisation. Additionally, 34 red flags were reported in relation to unmet required nursing skills compared with 75 in April.

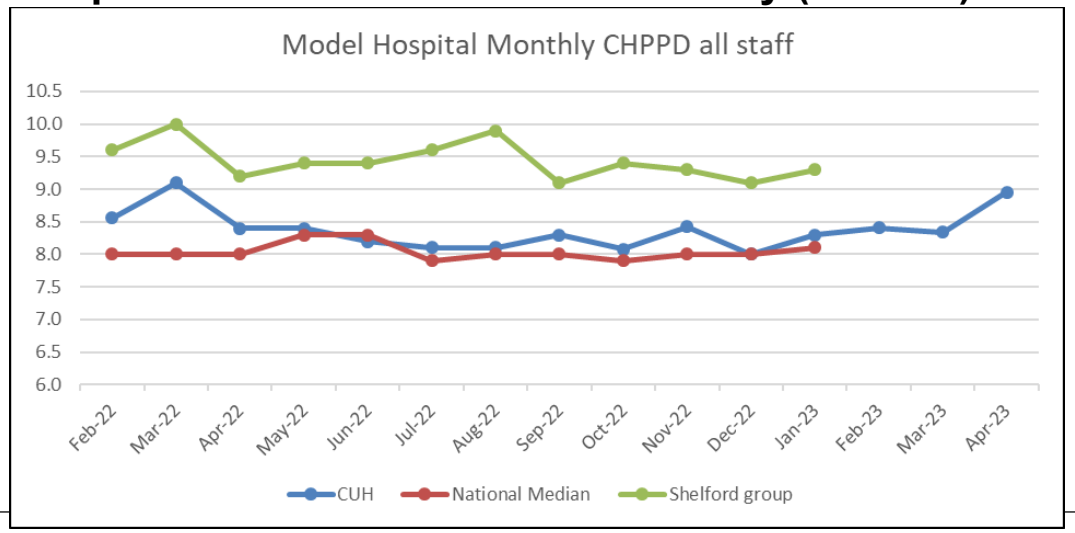
Maternity red flags

The number of maternity red flags reported over the last 6 months has been a decreasing trend with 575 reported in September compared to 171 in May. Graph 11 illustrates the red flags that have been reported. There has been a significant reduction in the red flags reported due to a delay of > 6 hrs in transfer to delivery unit during the induction of labour process once ARM is indicated from 37% in April to 10.5% in May. 4% of red flags reported were due to a delay of >30mins between presentation and triage. This is a known area of concern as highlighted in the recent CQC inspection however represents a decrease of 15% from April. Conversely, there has been a significant increase in the number of red flags reported due to missed or delayed care from 59 in April to 87 in May. 4% were due to a delay of >30mins between presentation and triage.

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 has been a decreasing trend over the last 4 months, however, than has been a slight increase in the number of incidents reported relating to nurse staffing in May with 31 incidents reported.

The majority of the incidents related to staffing levels in May were reported by division D (14) with the highest reporting areas being Ward D7 (6). Division C were the second highest reporting division with 10 incidents related to staffing levels reported in May. The staffing incidents reported were highest in Hinchingbrooke Dialysis Centre (2). Safety continues to be monitored through the site safety meetings.

Care hours per patient day (CHPPD)

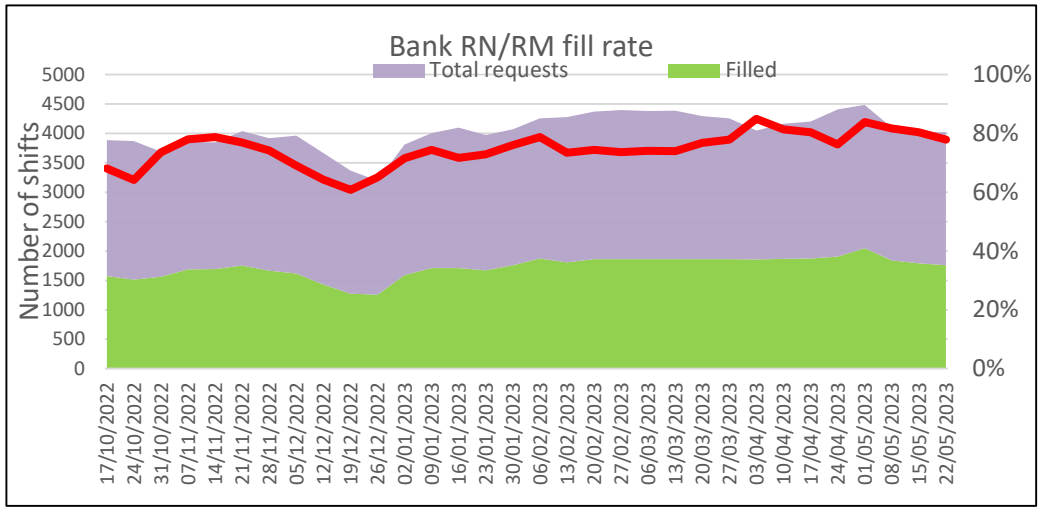
Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff including AHPs) divided by the bed state captured at 23.59 each day. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. All Trusts are required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

CUH CHPPD recorded for May has increased slightly to 9.78 which is comparable to other Shelford hospitals (9.3).

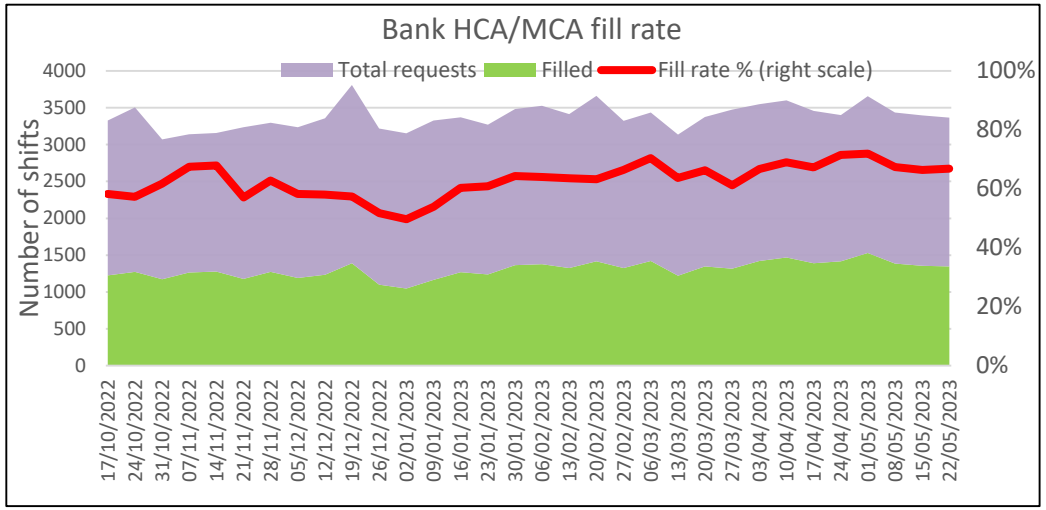
In maternity, from 1 April 2021, the total number of patients now includes babies in addition to transitional care areas and mothers who are registered as a patient. CHPPD for the delivery unit in May has remained relatively static at 16.12 (16.2 in April).

Bank Fill Rate and Agency Usage

Graph 14 Registered RN/RM Bank fill rate per week



Graph 15 HCSW/MSW bank fill rate per week



Bank fill rate

The Trust's Staff Bank continues to support the clinical areas with achieving safe staffing levels. Graph 14 and 15 illustrate the trends in bank shift fill rate per week. Overall we have seen an decrease in May for bank shift requests for registered staff but this is still within the average of the last 6 months to mitigate those areas who have less than a rota fill of 90% or to cover an unmet specialling need. The number of requests for registered staff is an average of 2295 shifts per week requested and an average bank fill rate of 80.94%.

The number of requests for Health care support workers and Maternity support workers remains high with an average of 2059 shifts per week requested and an average bank fill rate of 68.15%.

In addition to bank workers we have the equivalent of 35.5 WTE agency workers working across the divisions to support staffing challenges in the short term. This agency usage is reducing and there is a focus to reduce further as the substantive position increases.

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	% fill registered	% fill care staff	Overall filled %	CHPPD	Analysis of gaps	Impact on Quality / outcomes	Actions in place
D4	87%	83%	86%	24.30	High CHPPD remains, suggesting safe staffing	GPIC Breaches. Potential delays to patient care and patient flow. Reduced supervisory time to mitigate may be considered. Reduction NQM and KPI's. Staff morale, retention of staff. Poor patient experience. Lack of ability to be pre emptive due to clinical acuity.	8:15 and 1615 Nursing bronze with band 7 and Matron oversight. Escacaltion to site safety. Mitigation in place within critical care movign staff internally to ensure safety. NB 55th Bed open end of May and reducign number of breaches seen in month
Division E	% fill registered	% fill care staff	Overall filled %	**CHPPD delivered**	**Analysis of gaps**	**Impact on Quality / outcomes**	**Actions in place**
PICU	77%	105%	80%	37.40	High CHPPD remains, safe staffing levels mainiained. Skill mix an issue on some shifts. Current shortfall 22.77 wte RN vacancy. 3.95wte band 7, 8.73 wte band 6, 10.09 wte band 5. 8wte pipeline in, 1.0wte pipeline out. Net position 15.77wte RN vacancy.	Increased pressure on QIS staff to support junior team. Unit has had a normal occupancy level for May. Positive patient experience feedback. Psychological support for team maintained.	Three times review a day of occupancy and staffing. Rate 3 for all staff until end of June. Band 7 interviews coming up.

Appendix 2: Adult RN Recruitment pipeline

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
Apr-23	5	2		12	9	28	9	11	1534	1699	9.70%	164.87	19
May-23	1	3		5	12	21	14	12	1529	1699	10.00%	169.87	7
Jun-23	3				16	19	14.4	13	1521	1738	12.49%	216.97	4.6
Jul-23	1	1			24	26	15	14	1518	1806	15.98%	288.57	11
Aug-23	5				20	25	15	4	1524	1806	15.64%	282.57	10
Sep-23	3				20	23	15	14	1518	1826	16.90%	308.57	8
Oct-23	5	20	8		20	53	15	20	1536	1826	15.91%	290.57	38
Nov-23	3			21	20	44	15	14	1551	1826	15.09%	275.57	29
Dec-23	2				20	22	15	15	1543	1826	15.53%	283.57	7
Jan-24	2				20	22	15	15	1535	1826	15.97%	291.57	7
Feb-24	6				20	26	15	15	1531	1826	16.18%	295.57	11
Mar-24	5	20	7		20	52	15	15	1553	1826	14.98%	273.57	37
TOTAL	**41**	**46**	**15**	**38**	**221**	**361**	**172.4**	**162**	**1553**	**1826**	**14.98%**	**273.57**	**188.6**

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-23	1				3	2		164.39	213.73	23.09%	49.34	1
May-23					0	2	2	160.39	213.73	24.96%	53.34	-2
Jun-23	2	2			4	3	1	160.39	213.73	24.96%	53.34	1
Jul-23	1			3	4	2	1	161.39	213.73	24.49%	52.34	2
Aug-23			1	2	3	2	2	160.86	213.73	24.74%	52.87	1.47
Sep-23	1		1	2	4	2	1	161.86	213.73	24.27%	51.87	2
Oct-23	2	8	11	2	23	5	2	177.86	213.73	16.78%	35.87	18
Nov-23	1	8	2	2	13	5	3	182.86	213.73	14.44%	30.87	8
Dec-23	1				1	6	1	176.86	213.73	17.25%	36.87	-5
Jan-24			1	2	3	4	1	174.86	213.73	18.19%	38.87	-1
Feb-24	2			2	4	5	1	172.86	213.73	19.12%	40.87	-1
Mar-24	2			2	4	3	1	172.86	213.73	19.12%	40.87	1
TOTAL	**13**	**18**	**16**	**17**	**66**	**40.53**	**16**	**172.86**	**213.73**	**19.12%**	**40.87**	**1**

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-23	18	1	19	18	768	887	13.43%	119
May-23	16	1	17	10	775	887	12.64%	112
Jun-23	20	5	25	15	785	910	13.78%	125
Jul-23	25		25	16	794	958	17.17%	165
Aug-23	25		25	15	804	958	16.13%	155
Sep-23	30		30	15	819	968	15.44%	150
Oct-23	30	14	44	15	848	968	12.45%	121
Nov-23	30		30	15	863	968	10.90%	106
Dec-23	30		30	15	878	968	9.35%	91
Jan-24	30		30	18	890	968	8.11%	79
Feb-24	30		30	15	905	968	6.56%	64
Mar-24	30		30	15	920	968	5.01%	49
TOTAL	**314**	**21**	**335**	**182**	**919.84**	**968.4**	**5.01%**	**48.56**

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 12 July 2023

Agenda item	9.5
Title	Finance report
Sponsoring executive director	Mike Keech, Chief Finance Officer
Author(s)	As above
Purpose	To update the Board on financial performance in 2023/24 M2
Previously considered by	Performance Committee, 5 July 2023

Executive Summary

The report provides details of financial performance during 2023/24 Month 2 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 2.
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 2023/24 Month 2 (May 2023).

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CFO Message	3-5
Summary financial position	6
Plan performance FY22/23	7-8
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Pay expenditure	13-14
Non-pay expenditure	15-16
Efficiency plan	17
Cash flow forecast	18
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Contents

Trust actual surplus / (deficit)

N/A	*Actual (adjusted)**
N/A	*Plan (adjusted)**
£0.2m	*Actual YTD (adjusted)**
£2.5m	*Plan YTD (adjusted)**

Elective Payment Mechanism (EPM)

EPM replaces ERF in 23/24 for the variable element of elective performance.

£16.3m	*EPM forecast actual in month*
£15.7m	*EPM plan in month*
£30.7m	*EPM forecast actual YTD*
£29.9m	*EPM plan YTD*

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

Net current assets

(£76.7m)	*Actual*
(£51.3m)	*Plan*

Debtor days

20	*This month*
N/A	*Previous month*

Payables performance (YTD) **

85.2%	*Value*
86.8%	*Quantity*

EBITDA

£6.1m	*Actual YTD*
£8.9m	*Plan YTD*

Capital expenditure

£4.3m	*Capital - actual spend in month*
£4.3m	*Capital - actual spend YTD*
£4.1m	*Capital – plan YTD*

Cash

Cash

£214.3m	*Actual*
£150.9m	*Plan*

Legend *£ in million* — *In month* — *YTD*

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

Month 2 Financial Performance

- **The Month 2 year to date position is a £0.2m surplus for performance management purposes**. This is adverse to our planned performance by £2.4m.

- The following key points should be noted:
  - This position includes £3.3m of non-recurrent support which the Trust plans to increase to £20m by the end of the year.
  - Financial under performance is predominantly driven by the impact of Industrial Action (IA), estimated at £3.5m.
  - The Trust has partially mitigated the impact of IA through the protection of the Elective Payment Mechanism (EPM) income from under performing commissioners, in line with guidance, at £0.8m.
  - Further IA is planned in June and July which is expected to significantly increase the pressure on the Trust's finances. Additional financial support is expected to be required for the Trust to deliver it's 23/24 financial plan.

- Income adverse variance of £5.8m. Clinical income is adverse to plan by £4.0m and Devolved income is adverse to plan by £1.8m. Please see slides 9-12.
- Pay adverse variance of £4.3m. This position is driven by costs associated with IA (£2.2m), phasing impact of bank holidays (£0.9m) and the adverse impact of IA on the Trust's ability to fully deliver the efficiency savings that were planned for the year to date (£2.3m). Please see slides 13-14.
- Non pay favourable variance of £7.3m. This position is driven by the slippage in expenditure due to lower activity than planned, less R&D and fire safety works expenditure than planned and lower than planned inflationary pressures so far. Please see slides 15-16.

Covid-19 Expenditure

- The Trust has received £5m of funding to cover Covid-19 expenditure in 23/24. The Trust is no longer required to report Covid-19 expenditure to NHSE and therefore Trust internal reporting processes have been simplified.

Elective Payment Mechanism (EPM)

- The ERF schemes from previous years have now ended. Elective activity recovery in 23/24 is being incentivised via a 'variable' element of contract, where Trusts are paid on Payments by Results (PbR) for a selection of activity including Elective Inpatients, Day-cases, Outpatient First attendances, Outpatients procedures and Chemotherapy, known as the EPM.
- At month 2 YTD performance for the **EPM is £0.8m above target**.
- Due to the adverse impact of the IA on EPM activity, NHSE has directed Trusts to accrue income at individual Commissioner level to agreed baseline values where activity is below the thresholds in M1 and M2. On this basis the Trust has accrued £0.8m of income bringing the total reported EPM performance to **£1.6m above target, £1.3m below plan**.

Productivity and Efficiency Programme (PEP)

- For 23/24 the efficiency requirement is £53.1m and this will be delivered via Covid cost reductions, efficiency & transformation and productivity & growth.
- Recurrent efficiencies currently total £50.4m and represent 95% of the total plan.
- At M2 shows the PEP has an adverse position of £1.3m. Pay efficiencies are currently behind plan by £2.3m with non-pay efficiencies favourable to the plan by £0.5m and Income efficiencies £0.5m ahead of plan.
- The impact of ongoing IA means that planned productivity improvements driven by increased activity have not been achieved. Additionally the Trust has needed to pay premium rates to cover staffing gaps.
- The Trust will continue to develop the plans across 23/24 with the aim to increase productivity and deliver the planned cost efficiency schemes.

Cash and Capital Position

- The Trust has received an initial system capital allocation for the year of £35.0m for its core capital requirements. In addition to this, we hope to receive further funding for the Children's Hospital (£6.2m), Cancer Hospital (£12.5m), and Community Diagnostics £0.8m, Together with capital contributions from ACT totalling £7.4m and technical adjustments in respect of PFI, the Trust's capital budget for the year totals £64.5m. As a counter-measure against likely slippage an £8.4m over-commitment has been built into the 2023/24 capital plan.
- At Month 2 the capital programme is on-track with spend year to date of £4.3m against a budget of £4.1m.
- 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. The closing cash position for 2022/23 was unexpectedly high due to grant receipts late in the financial year and the 2023/24 initial plan has not yet been updated for this revised opening position (although the cash flow forecast has been updated). As a result, the actual cash position at Month 2 appears significantly better than plan.

FY23/24 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:

  a) No allowance has been made in the plan for the impact of IA. The expectation is that the cost of the on-going action and the associated impact on elective income will require national support.

  b) Additional inflationary pressures over and above planned levels cannot be managed by the Trust and would require additional funding.

  c) The Trust has assumed that other ICBs adhere to national guidance, for example on the flow of Elective Payment Mechanism funding;

- The following points should also be noted in respect of the 23/24 financial plan:

  1) The plan assumes that the Medical and Dental pay award being higher than the current funded assumption of 2% will be mitigated through an additional national funding allocation.

Month 2 performance against plan

	Year to Date			Full Year
£ Millions	**Budget**	**Actual**	**Variance**	**Budget**
Clinical Income - exc. D&D*	165.2	161.2	(4.0)	996.1
Clinical Income - D&D*	28.6	28.6	0.0	175.1
Devolved Income	30.7	28.9	(1.8)	186.2
Total Income	**224.5**	**218.7**	**(5.8)**	**1,357.4**
Pay	118.2	122.5	(4.3)	730.4
Drugs	31.8	32.6	(0.8)	191.2
Non Pay	65.6	57.5	8.1	397.4
Operating Expenditure	**215.6**	**212.6**	**3.0**	**1,319.0**
EBITDA	**8.9**	**6.1**	**(2.9)**	**38.4**
Depreciation, Amortisation & Financing	6.6	6.1	0.5	39.6
Reported gross Surplus / (Deficit)	**2.3**	**(0.0)**	**(2.4)**	**(1.2)**
Add back technical adjustments:				
Impairments	0.0	0.0	0.0	0.0
Capital donations/grants net I&E impact	0.2	0.2	0.0	1.2
Net benefit of PPE consumables transactions	0.0	0.0	0.0	0.0
Surplus / (Deficit) NHS financial performance basis	**2.5**	**0.2**	**(2.4)**	**(0.0)**

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

Summary financial position

Full Year Plan – key messages

£'m	M1&2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	23/24
Operating income from patient care activities	196.8	98.4	98.4	98.4	98.4	100.1	100.1	100.1	100.1	100.1	100.1	**1,190.7**
Other operating income	27.8	13.9	13.9	13.9	13.9	13.9	13.9	13.9	13.9	13.9	13.9	**166.7**
Total operating income	**224.5**	**112.3**	**112.3**	**112.3**	**112.3**	**114.0**	**114.0**	**114.0**	**114.0**	**114.0**	**114.0**	**1,357.4**
Employee expenses	(118.2)	(59.5)	(59.7)	(60.2)	(60.4)	(61.9)	(62.0)	(62.1)	(62.1)	(62.1)	(62.2)	**(730.4)**
Operating expenses excluding employee expenses	(103.3)	(51.6)	(51.9)	(52.0)	(51.9)	(52.1)	(52.2)	(52.2)	(52.4)	(52.1)	(51.9)	**(623.6)**
Operating Surplus/(Deficit)	**3.1**	**1.2**	**0.6**	**0.1**	**0.0**	**(0.1)**	**(0.2)**	**(0.3)**	**(0.5)**	**(0.3)**	**(0.2)**	**3.4**
Finance expense	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	**(0.7)**
PDC dividends payable/refundable	(0.7)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	**(3.9)**
Net finance costs	(0.8)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	**(4.6)**
Surplus/(Deficit) for the Period/Year	**2.3**	**0.8**	**0.2**	**(0.3)**	**(0.4)**	**(0.5)**	**(0.6)**	**(0.7)**	**(0.9)**	**(0.7)**	**(0.6)**	**(1.2)**
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	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	**1.2**
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**
Surplus/(Deficit) - NHS financial performance basis for the Period/Year	**2.5**	**0.9**	**0.3**	**(0.2)**	**(0.3)**	**(0.4)**	**(0.5)**	**(0.6)**	**(0.8)**	**(0.6)**	**(0.5)**	**(0.0)**

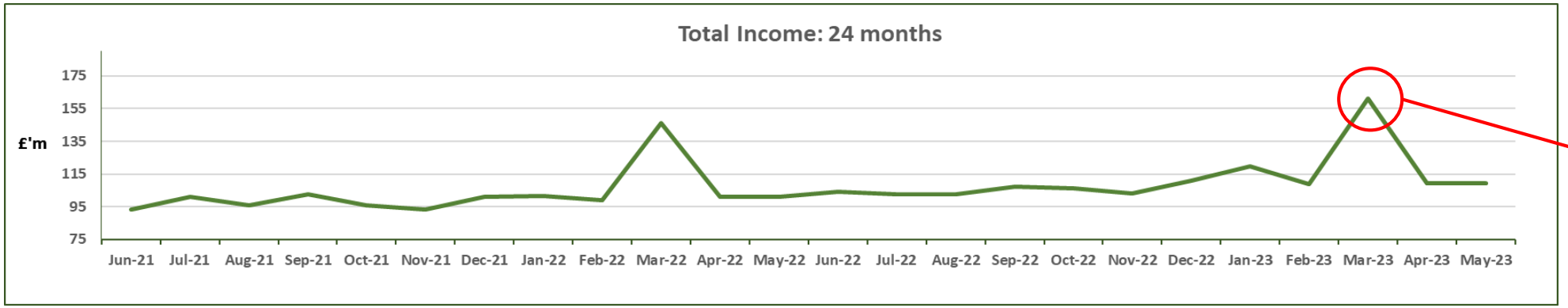
Key messages:

- The Trust plan delivers a 23/24 break-even position on an NHS financial performance basis.
- It is assumed that any elective over-performance will be paid in full, the financial impact of IA will be fully mitigated by NHSE/I and that inflationary pressures will be contained within the modelled levels.
- Productivity and efficiency schemes totalling £53.1m are included within the overall plan. The programme will be delivered via improved productivity combined with cash releasing efficiencies.

£'m	M2 YTD Plan	M2 YTD Actual	Variance	Key Variances
Operating income from patient care activities	196.8	191.6	(5.1)	Pass-through drugs income is lower than expected due to below plan Cancer drugs fund expenditure and Car-T activity (£1.8m combined), the shortfall in planned baseline over-performance not delivered due to industrial action impact (£1.3m), a planning mismatch for Clinical Impact Awards funding (£0.8m) and a shortfall for Private Patient and Injury Cost Recovery income (£0.7m).
Other operating income	27.8	27.1	(0.7)	The adverse variance of £0.7m is driven by R&D (£1.0m) and fire safety works (£1.2m) offset by Clinical Impact Award income (£0.8m) and £0.9m of other operational income.
Total income	**224.5**	**218.7**	**(5.8)**	
Employee expenses	(118.2)	(122.5)	(4.3)	The primary drivers of the adverse position are the direct impact of the industrial action (£2.2m) and associated slippage on delivery of planned productivity and efficiency (£2.3m). The impact of premium rates of bank and agency pay are largely offset by funded vacancies but present an ongoing financial risk.
Operating expenses excluding employee expenses	(103.3)	(95.9)	7.4	The favourable position is driven by lower than planned expenditure for R&D (£1.0m), fire safety works (£1.2m), lower than planned expenditure on cancer drugs including Car-T (£1.8m) and activity driven costs including expected inflationary pressures (£3.4m).
Operating surplus / (deficit)	**3.1**	**0.4**	**(2.8)**	
Finance costs				
Finance income	1.2	1.5	0.4	Cash balances have remained higher than planned and therefore the Trust has received interest in excess of the plan.
Finance expense	(1.3)	(1.3)	0.0	
PDC dividends payable/refundable	(0.7)	(0.7)	0.0	
Net Finance costs	**(0.8)**	**(0.4)**	**0.4**	
Reported gross surplus/(deficit)	**2.3**	**(0.0)**	**(2.4)**	
Add back technical adjustments:				
Impairments (AME)	0.0	0.0	0.0	
Capital donations/grants net I&E impact	0.2	0.2	0.0	
Net benefit of PPE consumables transactions	0.0	0.0	0.0	
Surplus/(Deficit) - NHS financial performance basis for the year to date	**2.5**	**0.2**	**(2.4)**	**Net position reports a deficit of (£2.4m) against plan primarily driven by the financial impact of the industrial action (£3.5m)**

Key messages:
- Year to date performance on an NHS financial performance basis shows a surplus of £0.2m. This is an under-achievement of plan by £2.4m.
- Under performance is largely driven by IA cost pressures in pay (£2.2m), along with the corresponding reduction in activity levels (£1.3m).

Plan performance FY23/24 (continued)



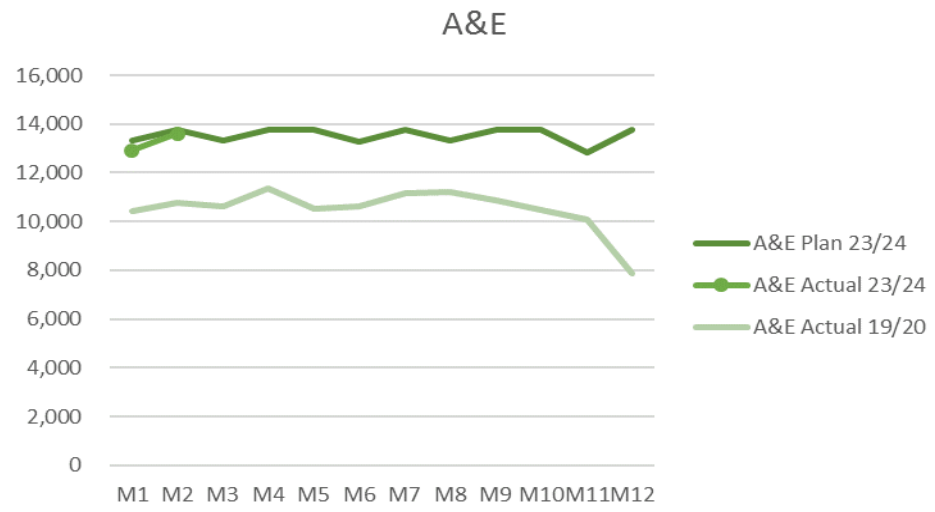
Note: The March 2023 figures include additional funding from NHSE/I for the non-consolidated pay award (£21.1m), the impact of R&D consortium arrangements accounted for in M12 (£13.6m), apprenticeship funding (£2.4m) and national PPE funding (£2.2m). All of which included matched expenditure in M12.

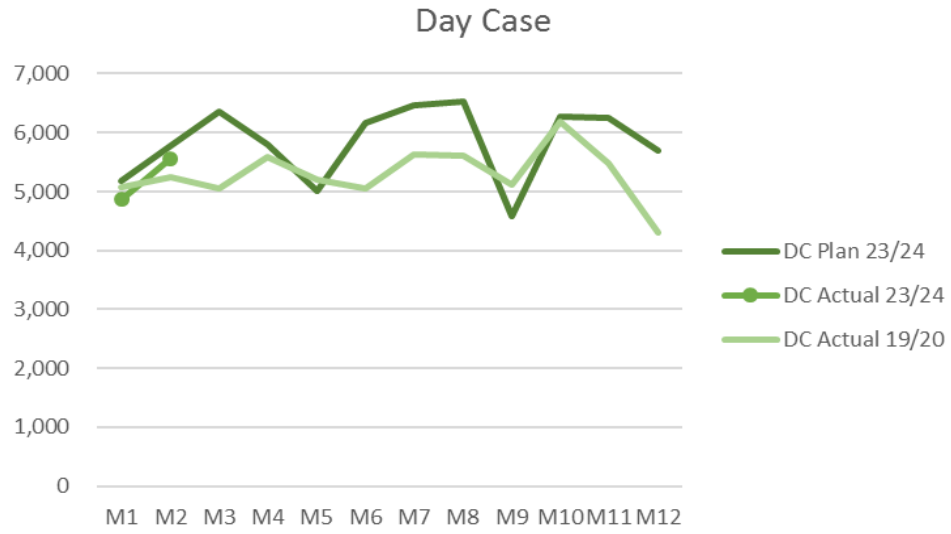
£'m	Year to Date		
	Plan	**Actual**	**Variance**
Elective admissions	21.4	19.8	(1.6)
Non-elective admissions	33.6	33.9	0.4
Outpatients	20.1	17.0	(3.2)
A&E	7.8	8.7	0.9
High-cost drugs income from commissioners	28.6	28.6	0.0
Other Clinical Income	82.3	81.8	(0.5)
Total Clinical Income	**193.8**	**189.9**	**(4.0)**
Devolved Income	30.7	28.9	(1.8)
Total Trust Income	**224.5**	**218.7**	**(5.8)**

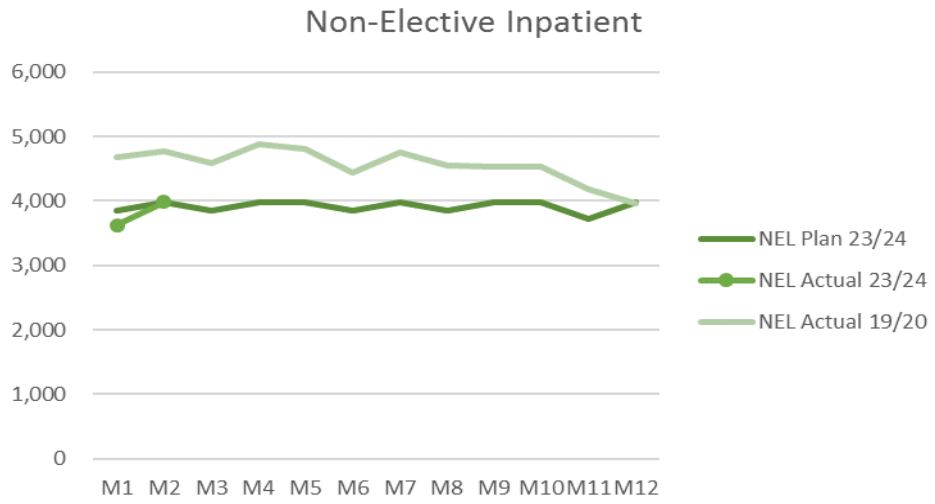
Key messages:

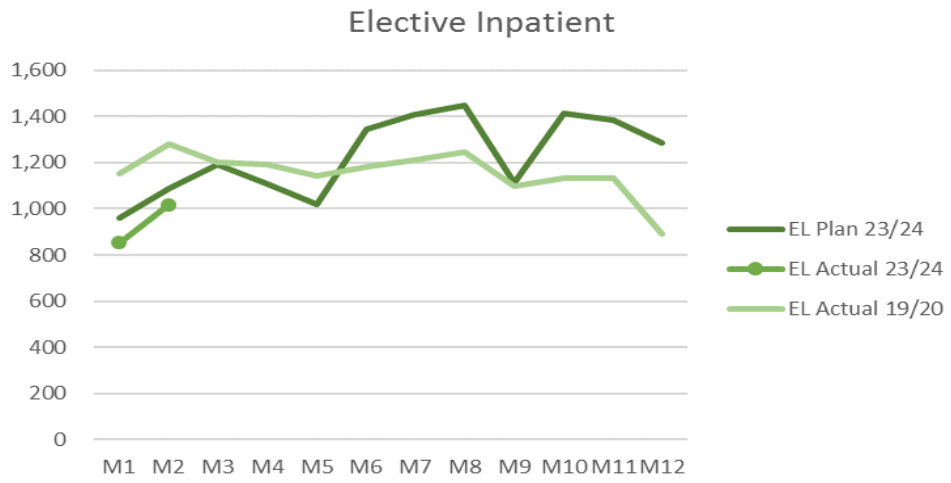
- The Trust income position is adverse to plan by £5.8m year to date.
- This is driven by a shortfall in Clinical income of £4.0m. Within the adverse variances of £4.8m for Elective admissions and Outpatients, the EPM is performing £1.3m below plan at £1.6m favourable. The residual adverse variance relates to a reporting category mismatch for Clinical Impact Awards (£0.8m) and a shortfall in performance against the internal Trust plan. High-cost drugs income from commissioners (pass-through drugs and devices) is in line with plan however Cancer Drugs and Car-T are £1.8m below plan offset by over-performance for other funded drugs.
- Devolved income is adverse to plan by £1.9m – this includes R&D income adverse to plan by £1.0m and fire safety works behind plan by £1.2m (these variances are offset within non-pay expenditure) and £0.7m shortfall for private patient income and injury cost recovery. Clinical Impact Awards income of £0.8m provides a favourable offset.
- The reported income position includes the planned recognition of £2.5m of non-recurrent balance sheet income and £0.2m of operational income.

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



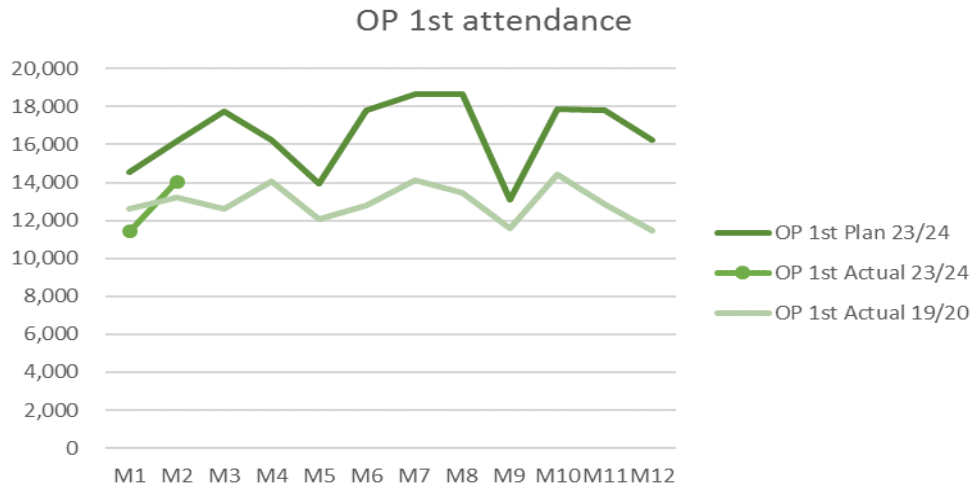


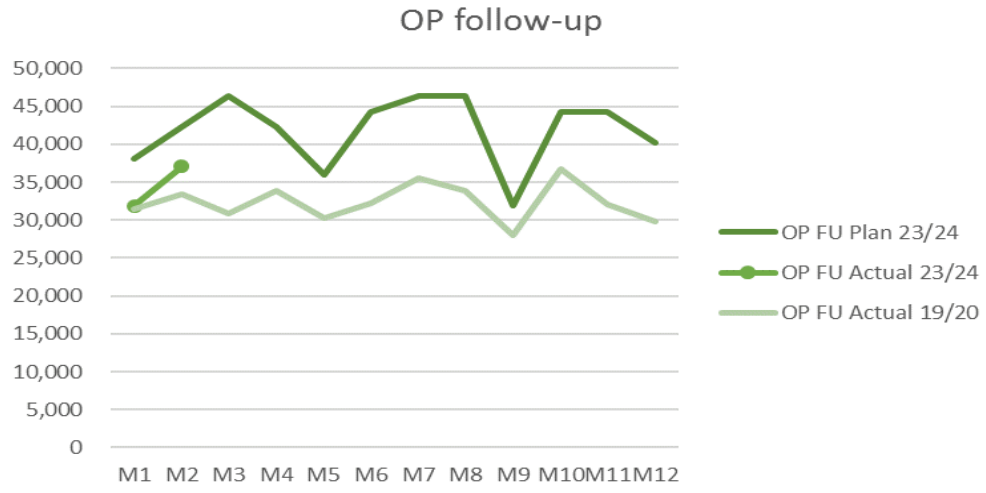


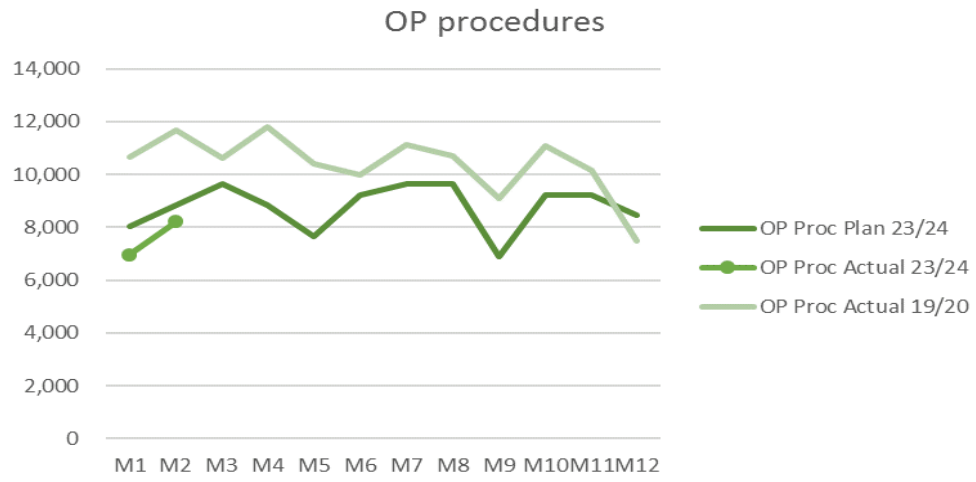


Clinical and other income (continued)

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







Key messages:

- A&E attendances reported a significant increase on 19/20 levels at month 2. Year to date, A&E is 2% below plan.
- Non elective spells report in line with plan at month 2. Year to date, NEL is 3% below plan.
- The plan for Elective spells is phased with a higher weighting towards the latter part of the financial year. Year to date, EL reports 9% below plan, largely driven by the effect of industrial action.
- Day cases performed below plan at month 2. Year to date, DC is 5% below plan, driven by industrial action in month 1.
- Outpatient first attendances performed below plan at month 2. Year to date, OP 1st reports at 17% below plan.
- Outpatient follow-up attendances performed below plan at month 2. . Year to date, OP FUP is 14% below plan. OP FUPs are no longer part of the Elective element.
- Outpatient procedures performed below plan at month 2 and report significantly below 19/20 levels. Year to date, OP proc are 10% below plan.

Clinical Income – Elective Payment Mechanism (EPM)

EPM:
Previous ERF schemes have now ended; the way in which the NHS is incentivising Elective activity recovery in 23/24 is via a 'variable' element of the contract, where Trusts are paid on PbR for a selection of activity including Elective Inpatients, Day-cases, Outpatient First attendances, Outpatients procedures and Chemotherapy, known as the EPM. At month 2 YTD performance for the **EPM is £0.8m above target which falls £2.1m below planned levels**.

Organisation £000's	19/20 national view baseline	Baseline adjs	Updated 19/20 baseline (TBC)	23/24 Target %	23/24 Target
NHSE	67,887	-	67,887	109.0%	73,996
C&P ICB	78,551	(14,418)	64,133	109.5%	70,231
Associate ICBs	41,438	(867)	40,570	106.2%	43,077
Total	**187,875**	**(15,285)**	**172,590**		**187,304**

Organisation £000's	23/24 M2 Target	23/24 M2 Actuals	Variance	Variance %
NHSE	11,815	12,546	731	6.2%
C&P ICB	11,213	11,993	780	7.0%
Associate ICBs	6,878	6,176	(702)	(10.2%)
Total	**29,906**	**30,715**	**809**	**2.7%**

Risks:
PbR: As EPM is paid based on PbR, risk is against under delivery of target. At month 2, the Trust is exceeding target overall, however, it should be noted that our elective plans are weighted towards the latter part of the financial year.
The Trust is accruing income above actual EPM performance for Month 2 YTD in recognition of national guidance to support Trusts impacted by IA.
Accrual to plan: As per guidance provided by the regional finance team for month 2, individual ICB under performance is being accrued to plan – totalling £0.8m.
Over performance: Individual Commissioner over performance has been retained in the month 2 YTD position – totalling £1.6m.

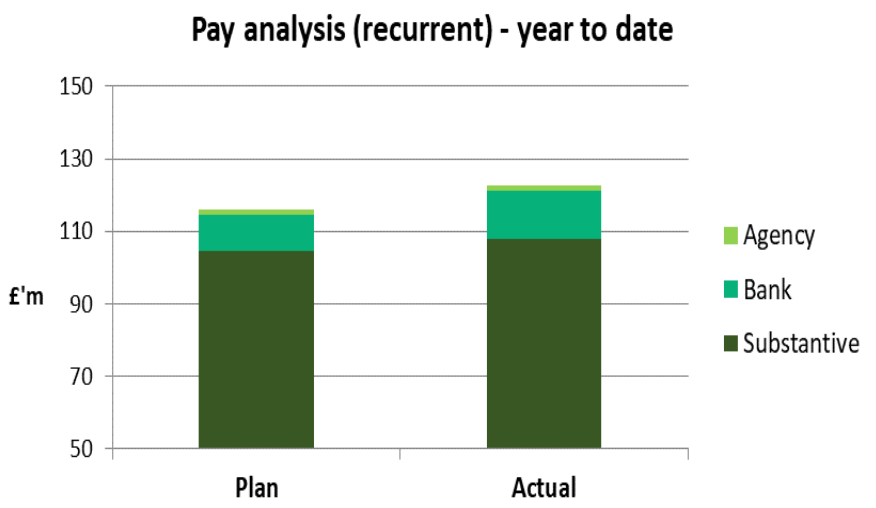
TOTAL EPM: The Trusts recognised EPM at Month 2 is therefore £1.6m above target, due to adjustments but £1.3m below planned levels.

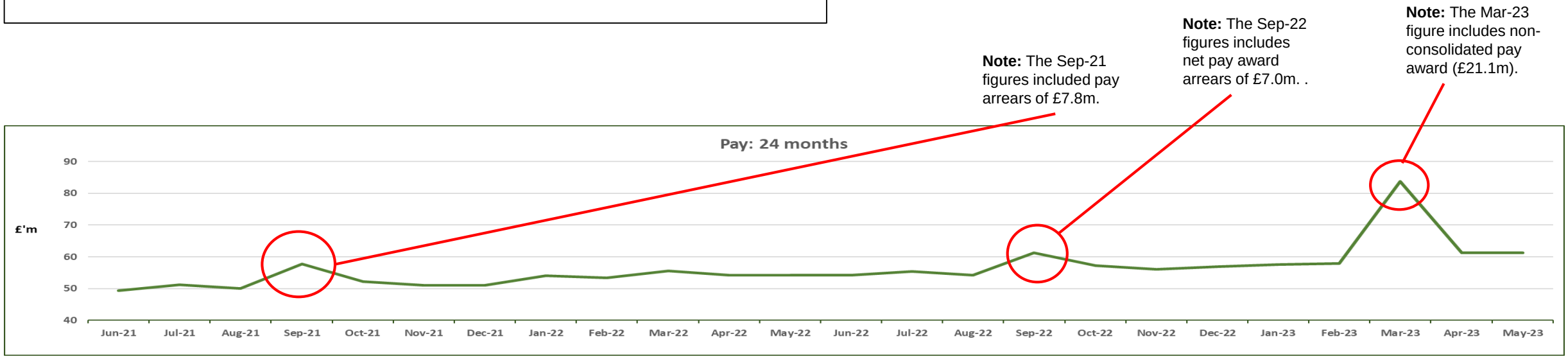
The operation of the payment mechanism remains uncertain and leaves the Trust with a potential risk of £1.6m against this income stream.

The Trust is working with NHSE/I regionally to seek clarification of the approach to this income stream and the level of support available to manage the impact of IA.

Key messages:

- The Trust has an adverse pay position of £4.3m in the year to date. The adverse impact of industrial action has been estimated at £2.2m year to date. A further £0.9m of enhanced costs driven by the number of bank holidays in April and May not reflected in the budget phasing. The current operating environment including high-levels of vacancies and sickness means that there is pressure on both the volume and cost of temporary staffing measures.
- Bank spend as a proportion of the year to date (M2) pay bill 10.8% while agency spend for the same time period is 1.1%. This compared to 8.7% for Bank and 1.2% for Agency in 22/23. The main driver for the bank spend is the increasing adverse impact of the Industrial action and the additional shifts required to cover sickness and other vacancies.
- The position includes vacancy factors and pay efficiency targets of £6.8m year to date.
- The reported position recognises accrued expenditure of £3.9m relating to the Agenda for Change pay settlement of 5% - this will be paid in June (M3) payroll.





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. Additionally, central NHS pension contributions are excluded from March '22 and March '23 totals.

Pay expenditure – trend and year to date

Pay - staff group

£ Millions	Year to Date Budget	Actual	Variance
Administrative & Clerical	21.7	21.0	0.7
Allied Healthcare Professionals	7.3	7.4	(0.0)
Clinical Scientists & Technicians	11.9	11.1	0.8
Medical and Dental	38.2	39.1	(1.0)
Nursing	39.1	43.9	(4.8)
Total Pay Cost	**118.2**	**122.5**	**(4.3)**

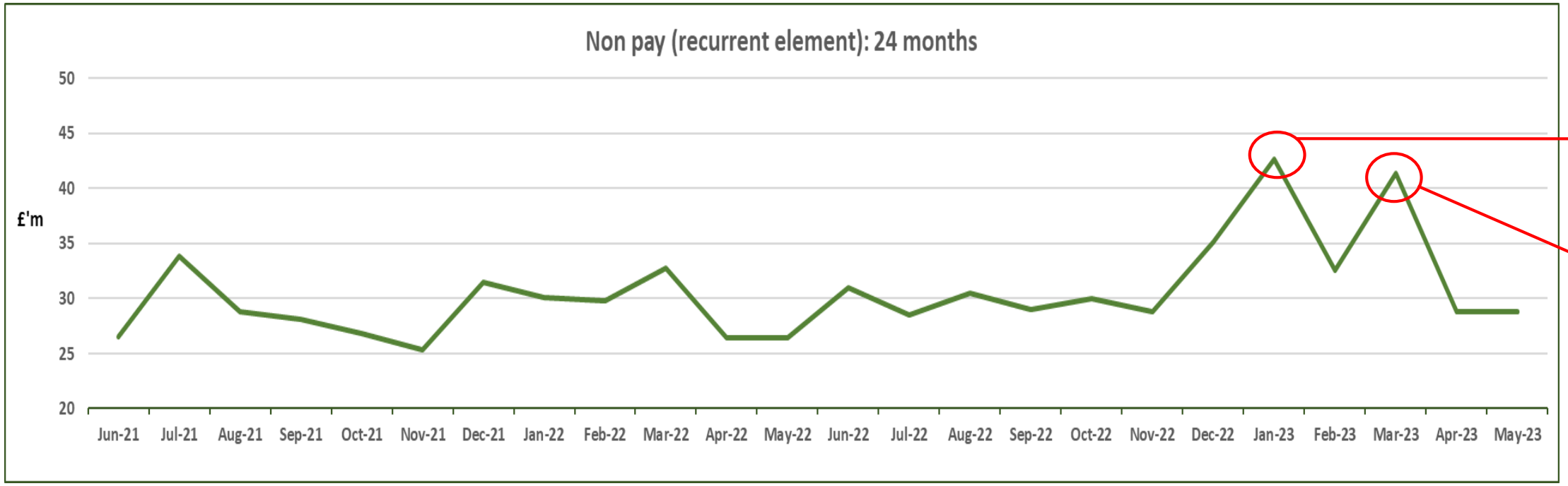
Pay - employee type

£ Millions	Year to Date Budget	Actual	Variance
Agency	1.4	1.4	(0.0)
Bank	10.3	13.2	(2.8)
Contracted	0.7	0.9	(0.3)
Substantive	105.8	107.0	(1.2)
Total Pay Cost	**118.2**	**122.5**	**(4.3)**

Key messages:

- Pay expenditure has an adverse variance of £4.3m. This is largely driven by the direct cost pressures resulting from industrial action in April and May which are assessed at c£2.2m. This is reflected within the Medical and Dental and Nursing lines and the Bank and Substantive lines.
- The pay budget was not phased to reflect the five bank holidays in April and May meaning the net enhanced pay costs of £0.9m were not funded in the reported periods. The impact of this phasing issue will resolve in future months.
- The Trust is working with ICS partners to highlight the need for financial support to cover the adverse financial impact of the industrial action.
- The M2 position includes vacancy factors and efficiency targets of £6.8m year to date.
- The industrial action has adversely affected the Trust's ability to fully deliver the efficiency savings that were planned for the year to date so are £2.3m adverse to plan at M2.
- Agency spend year to date represents 1.1% of Trust wide pay expenditure. This is comparable to the performance in 22/23.
- Non-recurrent pay costs of £3.3m are included in the year to date position. As noted above these costs relate to the premium costs of the industrial action and phasing impact of bank holidays in M1 and 2.

Pay expenditure (continued)



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.

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

Note: The following non-recurrent / pass-through items have led to the March 2023 increase; R&D consortium grossing up and pass-through expenditure (£29.8m), National PPE (£2.2m) and Notional apprenticeship fund (£2.4m)

Key messages:

- At the end of month 2, the Trust's non pay position is £7.3m favourable to plan.
- The variance is driven by lower R&D expenditure (£1.0m) and fire safety works (£1.2m). These variances are offset by lower income recognition.
- There are additional favourable variances totalling c£5m within Clinical goods and services and premises driven by lower than planned clinical activity and delays in inflationary pressures materialising. The Trust has also realised a benefit of £0.8m due to a reduction in movement in credit loss on receivables.
- Overall Drugs expenditure is £0.7m adverse to plan. Pass-through drugs are in line with plan however within this Cancer Drugs and Car-T are £1.8m lower than planned with other pass-through drugs offsetting this variance.
- Costs historically fluctuate from month to month so this area of expenditure will be kept under review to establish whether the current cost pressure is sustained in future months.
- The position at month 2 includes £1.0m of non-recurrent benefits.

Non pay expenditure

	Year to Date		
£millions	**Budget**	**Actual**	**Variance**
Supplies and services	38.0	31.4	6.6
Drugs	31.8	32.6	(0.8)
Premises	15.9	15.1	0.8
Movement in credit loss on receivables	(0.8)	(0.8)	(0.0)
Clinical negligence	4.6	4.6	0.0
Efficiency savings	(0.4)	0.0	(0.4)
All other non pay	8.4	7.3	1.1
Total Non Pay	**97.4**	**90.2**	**7.3**

Key messages:

- The non pay position shows a £7.3m favourable year to date variance at M2. The key drivers for this position are described on the earlier page.
- The negative budget for Movement in credit loss on receivables (bad debt provisions) relates to a planned improvement in the level of Aged Debt. It is planned to report changes in this metric each month.
- The position at M2 includes £1.0m net of non-recurrent benefits. This includes £0.8m benefit from 'Movement in credit loss on receivables' and £0.2m benefit as a result of prior year accrual release.

£'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	5.9	3.6	3.1	0.0	2.9	0.0	2.7	0.0	2.9	0.0	2.9	0.0	2.9	0.0	2.7	0.0	2.9	0.0	3.3	0.0	2.2	0.0	5.9	3.6	34.5	28.0
Total Non-pay Efficiencies	2.5	3.0	1.3	0.0	1.3	0.0	1.3	0.0	1.4	0.0	1.3	0.0	1.3	0.0	1.3	0.0	1.3	0.0	1.3	0.0	3.9	0.0	2.5	3.0	18.4	21.6
Total Income Efficiencies	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.2	3.5
Total Efficiencies - 2022/23	**8.4**	**7.1**	**4.4**	**0.0**	**4.2**	**0.0**	**4.0**	**0.0**	**4.3**	**0.0**	**4.2**	**0.0**	**4.3**	**0.0**	**4.0**	**0.0**	**4.2**	**0.0**	**4.7**	**0.0**	**6.2**	**0.0**	**8.4**	**7.1**	**53.1**	**53.1**

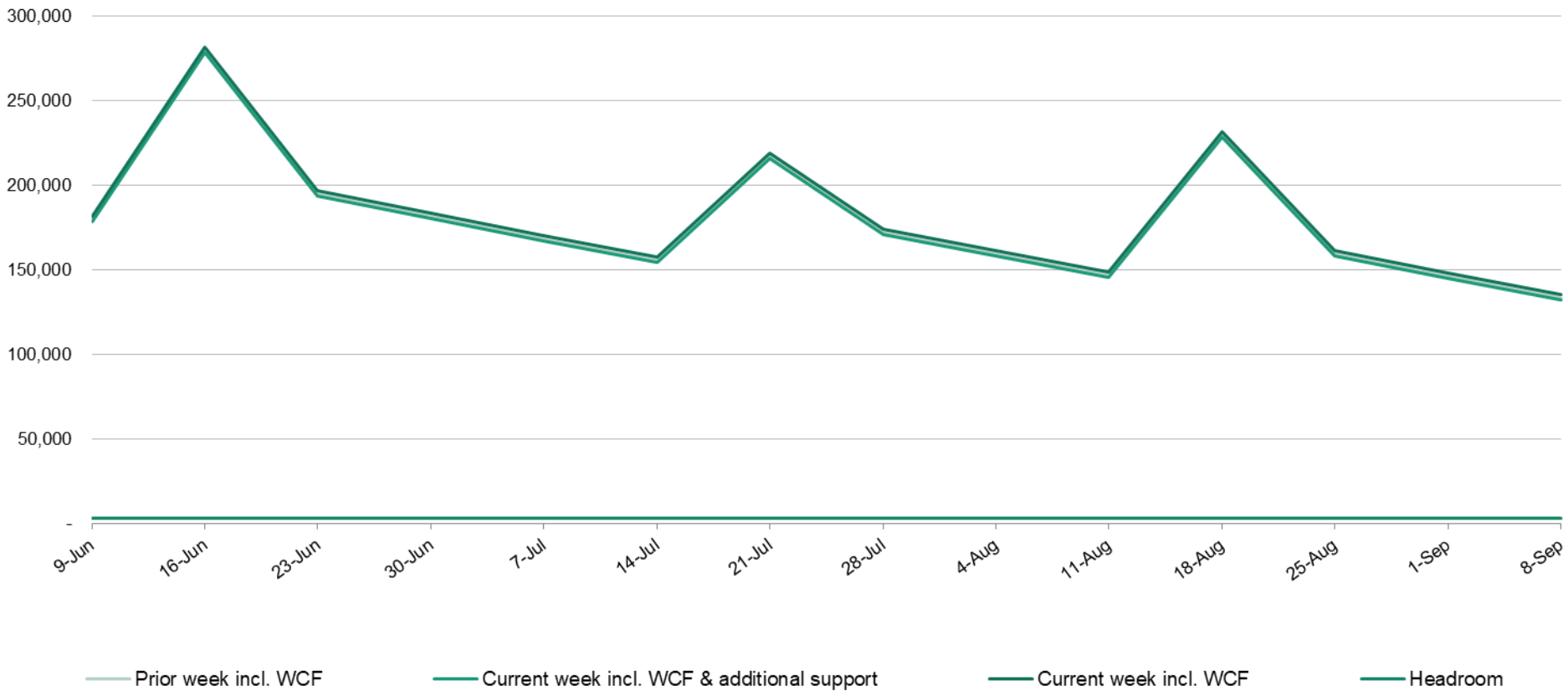
Key messages:

- Please see the appendix for the detailed efficiency plan.
- The Trust has identified £53.1m efficiencies against target, of which £50.4m are recurrent, representing 95% of the total plan.
- The overall position at M2 shows and adverse position of £1.3m.
- The position shows pay efficiencies are currently behind plan by £2.3m with non-pay efficiencies favourable to the plan by £0.5m and Income efficiencies £0.5m ahead of plan.
- The impact of ongoing Industrial Action means that planned productivity improvements driven by increased activity have not been achieved. Additionally the Trust has needed to pay premium rates to cover staffing gaps.
- The Trust will continue to develop plans across 23/24 with the aim to increase productivity and deliver the planned cost efficiency schemes.

	YTD Plan			YTD Actual Delivery			YTD Variance		
£m	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total
Pay	5.9	0.0	5.9	2.9	0.7	3.6	(3.0)	0.7	(2.3)
Non-pay	2.3	0.2	2.5	3.0	0.0	3.0	0.7	(0.2)	0.5
Income	0.0	0.0	0.0	0.4	0.1	0.6	0.4	0.1	0.5
	8.2	**0.2**	**8.4**	**6.3**	**0.9**	**7.1**	**(2.0)**	**0.7**	**(1.3)**

	Full Year Plan			Forecast Full Year Delivery			Variance		
£m	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total
Pay	34.5	0.0	34.5	26.3	1.7	28.0	(8.2)	1.7	(6.5)
Non-pay	17.4	1.0	18.4	21.6	0.0	21.6	4.2	(1.0)	3.3
Income	0.2	0.1	0.2	2.6	0.9	3.5	2.4	0.8	3.3
	52.0	**1.1**	**53.1**	**50.4**	**2.7**	**53.1**	**(1.5)**	**1.6**	**0.0**

CUH 13 week rolling cash flow forecast (£000)



Key messages:

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

Appendices

Month 2 capital expenditure position

Year to Date (Month 2)				Forecast		
Programme	Budget £m	Actuals £m	Variance £m	Budget £m	Expenditure £m	Variance £m
Cambridge Movement Surgical Hub (CMSH)	0.9	0.0	0.9	7.0	7.0	-
Existing Estate/HV	0.1	1.2	(1.0)	12.8	12.7	-
Cancer Research Hospital (CCRH)	1.0	0.2	0.8	14.0	14.0	-
Thrombectomy	0.5	0.5	0.1	0.6	0.6	-
Medical Equipment Replacement	0.1	0.2	(0.2)	13.2	13.2	-
Children's Hospital (CCH)	0.3	1.0	(0.7)	4.7	4.7	-
Nuclear Medicine	0.1	0.2	-	0.2	0.2	-
Community Diagnostic Hub/Centre (CDC)	-	0.0	-	0.8	0.8	-
eHospital/Legacy IT Systems	0.0	0.0	-	1.2	1.2	-
Other Developments/PFI	1.0	1.0	0.1	10.0	10.0	-
Programme Total	**4.1**	**4.3**	**(0.1)**	**64.5**	**64.5**	**-**

Key Issues/Notes Year to Date

£4.3m has been invested YTD, compared to a budget of £4.1m. The larger areas of spend this year have been:

- Cambridge Children's Hospital (CCH) - £1.0m
- Thrombectomy - £0.5m
- Cambridge Cancer Research Hospital (CCRH) - £0.2m
- Nuclear Medicine refurbishment - £0.2m

Key Issues/Notes Forecast

This year will see the completion and opening of the CMSH, U block, Thrombectomy suite, Nuclear Medicine refurbishment, two linear accelerators, an MRI, Cath Lab, 2 x-ray machines, CDC and 2 surgical robots as a result of our capital programme. We will also progress other larger projects, notably CCRH and CCH.

At this early stage of the year the forecast continues to align with the annual budget of £64.5m.

Capital expenditure by programme

Balance sheet

	M2 Actual £m
Non-current assets	
Intangible assets	19.8
Property, plant and equipment	537.7
Total non-current assets	**557.5**
Current assets	
Inventories	13.4
Trade and other receivables	69.9
Cash and cash equivalents	214.3
Total current assets	**297.6**
Current liabilities	
Trade and other payables	(254.8)
Borrowings	(13.8)
Provisions	(13.3)
Other liabilities	(92.4)
Total current liabilities	**(374.3)**
Total assets less current liabilities	**480.8**
Non-current liabilities	
Borrowings	(113.1)
Provisions	(9.5)
Total non-current liabilities	**(122.6)**
Total assets employed	**358.2**
Taxpayers' equity	
Public dividend capital	616.0
Revaluation reserve	47.0
Income and expenditure reserve	(304.8)
Total taxpayers' and others' equity	**358.2**

Balance sheet commentary at month 2

- The balance sheet shows total assets employed of £358.2m.
- Non-current liabilities at month 2 are £122.6m, of which £113.1m represents capital borrowing (including PFI and IFRS 16).
- Cash balances remain strong at month 2.
- The balance sheet includes £22.2m of resource to support the completion of the remedial fire safety works expected to be deployed over the coming years.

Trust balance sheet

Board of Directors

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Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 12 July 2023

Agenda item	10
Title	Strategy update
Sponsoring executive director	Claire Stoneham, Director of Strategy and Major Projects
Author(s)	Matthew Zunder, Strategy Adviser; India Miller; Interim Director of Strategy; Denise Franks, Assistant Director of Planning and Development
Purpose	To update the Board on implementation of the Trust Strategy.
Previously considered by	Management Executive, 6 July 2023

Executive Summary

In July 2022, the Trust agreed a new Strategy, CUH Together 2025, with the focus now on its implementation and translation into delivery. Following recent discussions at the Performance Committee in April 2023 and the Board awayday in May 2023, we have identified clear ownership and accountability for delivery of the 15 commitments laid out in the strategy, with defined milestones and quantitative measures of progress. We have also confirmed that our strategic lens for 2023/24 will be on improving access to care, enabled by our workforce; this will support core operational recovery and help prioritise planning and transformation activities.

This report presents the four-monthly strategy update, aligned to the 15 commitments in the strategy. It presents an overview of activities undertaken from March to June 2023 with outlines of plans for the next four months. It also presents an overview of our progress in relation to access to care, including some key strategic metrics.

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

Action required by the Board of Directors

The Board is asked to note the progress made over the last four months in delivering our strategy and our plans for the coming months.

How are we improving access to care in the short, medium and long-term?

Improving net bed capacity

- **Improving flow in the ED.** Improving flow in the ED is fundamental to improving net bed capacity in the rest of the hospital. In April we relaunched the 4-hour Emergency Access Standard, with the proportion of patients waiting for less than four hours increasing from 46.5% in March to 58.5% in May. Over the coming months, we will focus on increasing usage of the Medical Assessment Unit, with the goal of reducing patient time in ED and further reducing bed demand.
- **Discharging patients at the right time.** We have used benchmarking data to review clinical pathways to minimise how long patients stay in hospital before they are considered clinically fit to go home; going forward, we plan to conduct further benchmarking to underpin review of divisional Length of Stay and pathway opportunities. This is accompanied by continued work in surgery to reduce elective length of stay, including optimisation of pre-operative assessment initiatives.
- **Ensuring patients receive care in the right setting.** We have recently rolled out the call-before-you-convey service, which gives pre-hospital advice for patients referred or being considered for transfer to hospital. Over the coming months we will also develop a more targeted delivery plan for our work on integrated care with a focus on reducing demand and improving access to care.
- **Increasing future capacity.** We have secured funding for the Cambridge Cancer Research Hospital (CCRH) from the Secretary of State for Health, and the Trust approved the Outline Business Case for the Cambridge Children's Hospital (CCH), which will have important contributions to improving our bed capacity in the long-term. In the shorter term, we continue to develop plans to release clinic space adjacent to ED.

Reducing waiting lists

- **Increasing activity and reducing backlogs.** By prioritising new-patient first appointments, we plan to reduce the waiting time to no longer than 65 weeks for a first outpatient appointment by March 2024. In diagnostics, we have reduced the backlog for imaging with a reduction in 6-week waiters in CT & MRI (now 21% and 22% respectively compared to 26% and 34% in March).

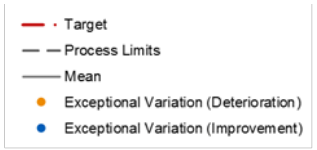
- **Improving productivity through new pathways.** In outpatients, we have designed new pathways across divisions and increased the use of Patient Not Present (PNP) and Patient Initiated Follow Up (PIFU). We have also rebalanced new and follow-up activity, undertaking PNP remote clinic reviews where appropriate to reduce outpatient follow-ups. In surgery, we have been maximising utilisation of lists to agreed Getting It Right First Time (GIRFT) standards (85%).
- **Creating additional capacity.** In April, we delivered the first phase of Community Diagnostic Centres (CDCs) with the opening of the Wisbech spoke. In the coming months, we will expand the services available at Wisbech and continue progress on the Ely CDC. On the Addenbrooke's site, the surgical movement hub is due to open in August 2023.

Reducing the vacancy rate

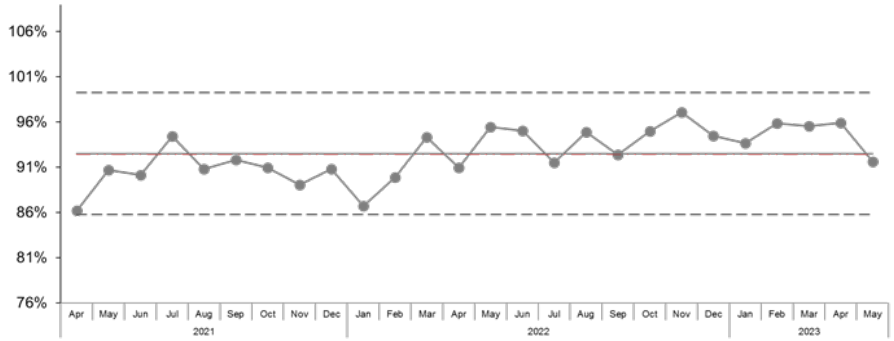
- **Targeting current staffing gaps.** We have initiated a sickness absence improvement programme and undertaken an organisation-wide vacancy hotspot review, as well as completing the 2023/24 workforce plan including the pipeline for international recruitment. We now plan to implement a suite of initiatives in vacancy hotspot areas to address hard-to-recruit-to positions / services, and to review and refresh the Trust retention strategy.
- **Ensuring that working at CUH is a good experience.** We have launched the Wagestream financial wellbeing platform and fully developed our financial wellbeing strategy, with plans to evaluate our financial support schemes and develop further offers in the coming months. We have also begun to mobilise the Trauma Risk Management (TRiM) Service, with training due to take place by October.
- **Supporting appreciative and productive working relationships.** We launched the CUH annual awards and have developed a comprehensive calendar of recognition events, which will receive Addenbrooke's Charitable Trust (ACT) funding. Going forward, we will roll out the Just & Learning Culture programme and host divisional celebrations, shortlisting and the CUH awards evening in September.

Presented below are the four key strategic measures aligned to access to care, enabled by workforce and underpinned by quality delivery. More detailed metrics are available in the Integrated Performance Report.

Key Strategic Metrics – Access to Care

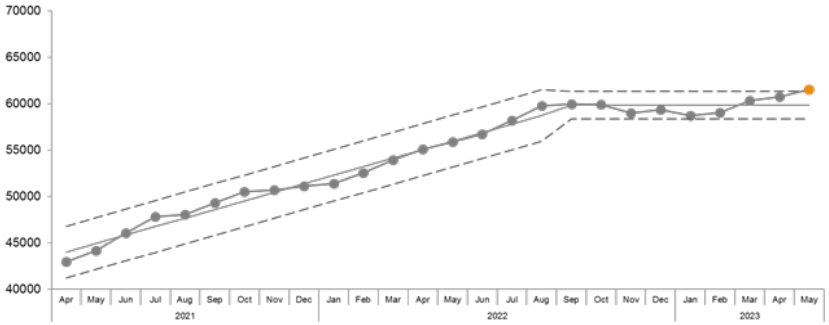


G&A Bed Occupancy Rate



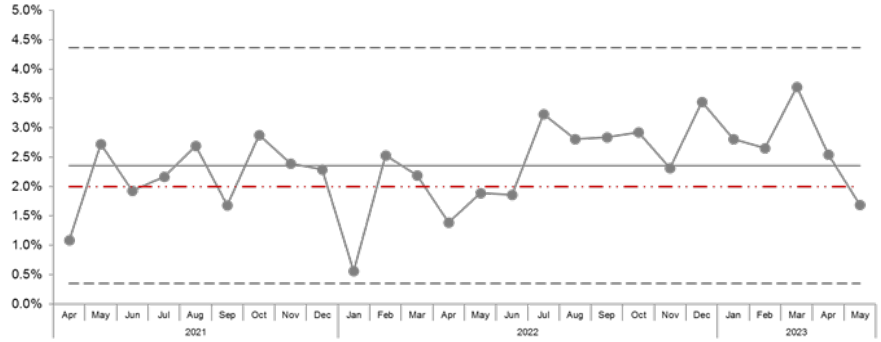
High bed occupancy is often a symptom of pressure on services, leading to the potential for increased risk of harm e.g. through hospital acquired infections, delays along the care pathway, longer lengths of stay and increased pressure on staff.

RTT Total Waiting List

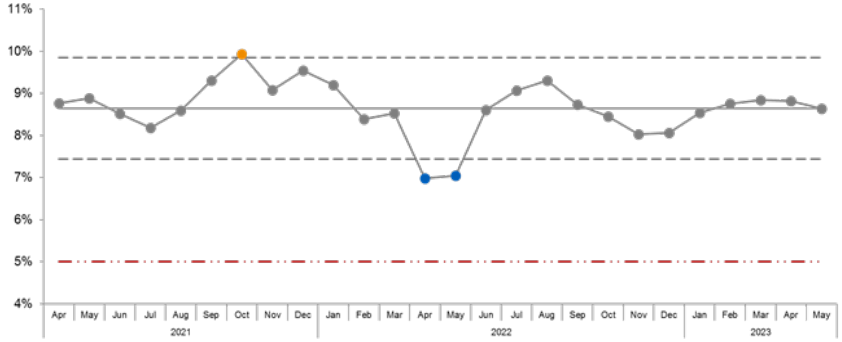


The improvements / levelling out of the RTT total waiting list since last summer has been impacted by industrial action over recent months.

Percentage of Moderate and Above Harm Patient Safety Incidents



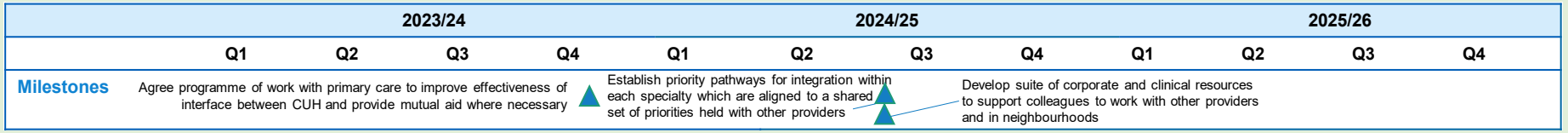
Nursing and Midwifery Vacancy Rate



Improving patient care

Progress from March to June 2023	Key areas of focus for July to October 2023

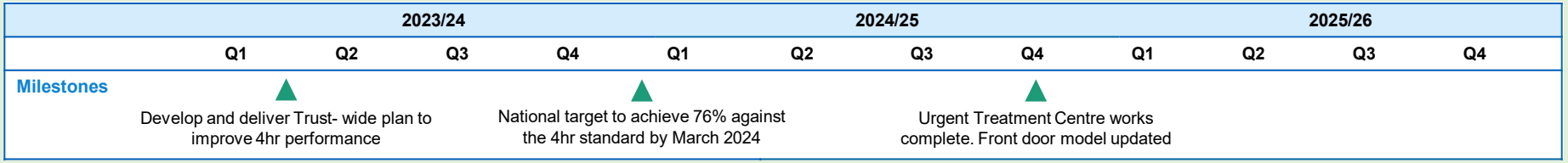
Integrated Care: We will work with NHS, other public sector and voluntary sector organisations to improve the health of our local population



- Developed investment proposals for pathway transformation projects.
- Hosted Cambridgeshire South Care Partnership (CSCP) and supported its thematic areas of work including integrated discharge (Home First) and neighbourhood-based care.
- Developed options for building capability within CUH to support Integrated Care.

- Continue to host CSCP and support its thematic areas of work including integrated discharge (Home First) and neighbourhood-based care.
- Support CSCP to establish a focused, resourced delivery plan with a clear role for CUH.
- Allocate resourcing within CUH to support delivery of Integrated Care projects.

Emergency Care: When patients come to the hospital in an emergency we will treat them, and help them to return home, quickly

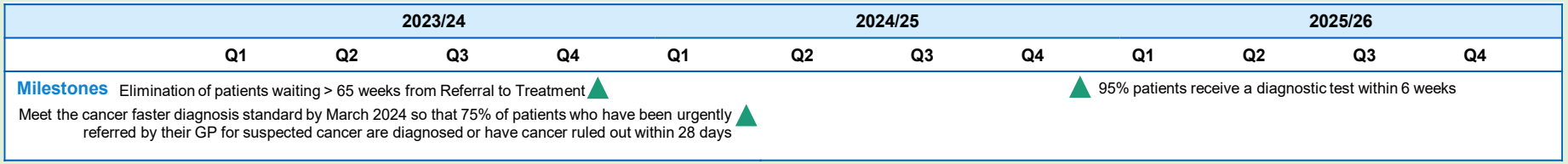


- Relaunched the 4hr Emergency Access Standard and progressed our agreed recovery trajectory to exceed the 76% national target by March 2024, with our six-month average ahead of trajectory.
- Supported expansion and roll out of the call-before-you-convey-service and increased access to pre-hospital advice for patients referred or being considered for transfer to hospital.

- Continue to drive strong performance against the 4hr national target and maintain our trajectory to exceed the 76% national target by March 2024.
- Reflect on feedback gained in Urgent and Emergency Care (UEC) peer and Getting it Right First Time (GIRFT) reviews to understand improvement opportunities.

• Used benchmarking data to review clinical pathways to minimise how long patients stay in the hospital before they are considered clinically fit to go home. • Minimised delays for patients who are clinically fit to go home by reviewing internal discharge pathways to ensure they are optimal; and collaborated with system partners to reduce the length of time patients spend waiting. • Optimised 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 Surgical Assessment Unit (SAU) which will enable more efficient pathways and external reporting.	• Convert the medical assessment unit on ward N2 back to an inpatient side room with capacity to support infection control and cohorting of oncology patients, while freeing acute medical team to focus on the Medical Assessment Unit (MAU). • Re-launch the 'Acute Hub' model to increase the proportion of medical patients managed through the MAU rather than through the Emergency Department (ED). • Strengthen management of frail patients in Department of Medicine for the Elderly (DME) wards using the 'end PJ paralysis' approach with early mobilisation and targeted Allied Health Professional (AHP) input. • Use benchmarking data to underpin review of divisional Length of Stay and pathway opportunities. • Focused work with system partners on embedding 'Super PTL' (Patient Treatment List) approach to focus on delays with our longest waiters.

Planned Care: When patients need planned care we will see them as quickly and efficiently as possible



Outpatients • Prioritised new-patient first appointments to reduce waiting time to no longer than 65 weeks by March 2024. • Implemented robust prioritisation and oversight, working with specialties, to reduce the amount of long waiting patients. • Designed new pathways across divisions, with three live, five in progress and seven others exploring options, and maximised the use of Patient Not Present (PNP) and Patient Initiated Follow Up	*Outpatients* • Develop and improve the Outpatient Improvement Board over time. • Continue to prioritise new patient first appointments to ensure patients are waiting no longer than 65 weeks by March 2024. • Monitor and improve the implementation and facilitation of PNP and PIFU. • Continue to improve clinic room utilisation. • Work with system partners on pre- and post-referral patient management.

(PIFU), using Getting It Right First Time (GIRFT) guidance and the NHSE benchmarking tool in partnership with other trusts. • Rebalanced new/follow-up activity, undertaking PNP remote clinic reviews where appropriate to reduce outpatient follow-ups. • Improved clinic room utilization and facilitation of PNP and PIFU: by 12 June 2023, of the 58,274 PIFU orders placed since 2019, 35,076 have expired, avoiding up to 32,689 follow ups. • Monitored performance and coordinated plans via the Outpatient Improvement Board to drive an increase in new patient activity for 2023.	• Increase MyChart sign-up to facilitate remote patient management. • Implement patient portal (Netcall) to manage patient accessibility and communication more effectively.
Surgery • Achieved performance of 80% in-session utilisation (Model Hospital data), compared to peer average of 77%. Improved average start times (25mins), which is currently five minutes better than peers and turnaround times two minutes better than peers. • Continued preparations to open the Surgical Movement Hub with three additional theatres. • Reviewed capacity on Day of Surgery Admittance (DOSA) areas to best support flow across peri-operative care. • Undertook further work on pre-operative assessment initiatives, such as optimisation and earlier access, to improve recovery times and length of stay. • Drove improvements with regional leads (clinical and nursing) for pre-operative care and shared best practice across the local area working as part of the national programme. • Continued to increase the utilisation of treatment rooms at Ely Day Surgery Unit (DSU). • Introduced Ely DSU Working Group led by Urology consultant to improve efficiency and productivity through maximisation of theatre lists and embedding Getting It Right First Time (GIRFT) High Volume Low Complexity (HVLC) principles. • Improved the trend in start times and turnaround times to maximise utilisation of lists to agreed (GIRFT) standards (85%).	*Surgery* • Continue to drive and build upon improvements in theatre utilisation, with projects for start times and better turnaround times. Currently outperforming peer data in Model Hospital. • Focus on improved discharges for British Academy of Day Surgery (BADS) day case procedures. • Collaborate with specialties and nursing team on Day Surgery Unit (DSU) to identify and escalate challenges to achieving 85% target. • Finalise preparation to open the Surgical Movement Hub with three additional theatres (due to open in September 2023). • Identify further opportunities to convert inpatient stays to 23hr pathways to improve surgical flow and release capacity. • Expand patient pathways via Surgical Assessment Unit to aid flow and relieve pressure on Emergency Department. • Place Pre Operative Assessment (POA) team representatives on the regional team and develop earlier screening for risk factors that would prevent surgery, create cancellations, and increase length of stay. • Plan for development of Post-Anaesthetic Care Unit (PACU) to support patients' post-op pathway.

Diagnostics • Created and carried out plans to recover Echo, MRI and Ultrasound backlogs and reduce the overall number of patients waiting >6 weeks for diagnostics. • Reduced the backlog for imaging with a reduction in 6-week waiters in CT & MRI (now 21% and 22% respectively compared to 26% and 34% in March). Imaging reporting backlog decreased particularly in CT and MRI (5% and 22% breaching reporting target respectively compared to 47% and 58% in March) with 94.8% of all imaging reports verified within 28 days (KPI is 95%) - the highest rate since the end of the pandemic in April 2021. • Progressed the development of Cambridge and Peterborough Community Diagnostic Centres (CDCs). • Requested extension to system early adopter funding pending CDCs opening. • Engaged with centralised recruitment process to fill admin vacancies. • Ran more nurse-led clinics for urodynamics to support recovery by March 2024.	*Diagnostics* • Continue plans to recover Echo, MRI and Ultrasound backlogs and reduce the overall number of patients waiting >6 weeks for diagnostics. • Open Wisbech CDC fully and continue progress on Ely CDC. • Work with the system to define and address increasing demand especially for Cardiac imaging and MRI. • Aim to recover Urodynamics by end of March 2024 with the appointment of new staff.

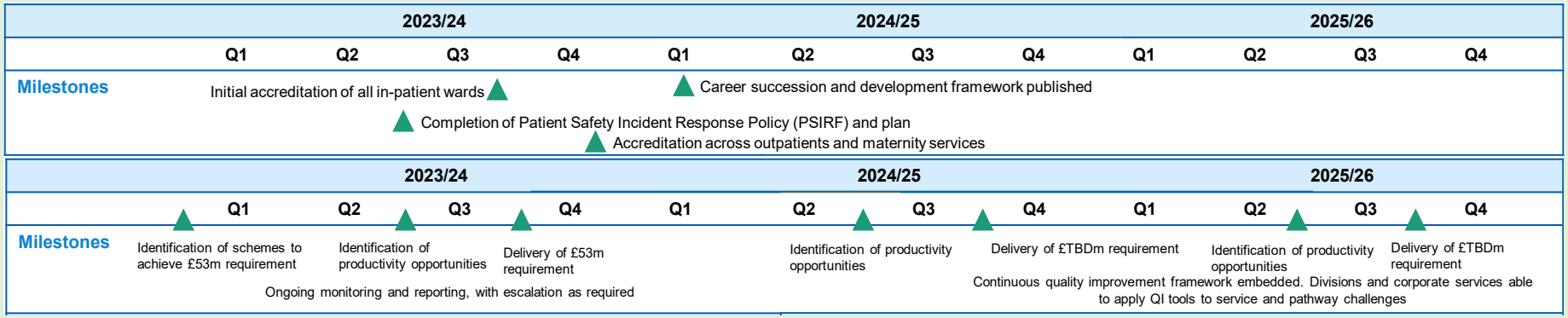
Health Inequalities: We will tackle disparity in health outcomes, access to care and experience between patient groups

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones			Establish and implement strategic HI plan		Work with the ICS to agree an approach and use of EDS tool (24/25)		Continued implementation of strategic HI plan					

• Engaged with the National Core20Plus5 scheme with a priority on smoking cessation in maternity services and inpatient areas. • Engaged with the NHS Genomic Medicine Service Alliance (GMSA), working with partners across the East of England, to lead expansion and transformation of genomic services.	• Continue to work with the GMSA and trusts across the region to expand access to genomic services. • Apply to be a Centre of Excellence for Cancer genomics. • Promote MyChart and work with e-hospital team to evaluate the impact including the mandatory demographic fields.

• Onboarded the new interim director for Equality Diversity and Inclusion. • Increased the uptake of MyChart, reviewed the available training and assessed the effectiveness of reception staff to ask for demographics at patient entry. • Reviewed 2021 census data as published to understand the population we serve. • Revised the Equality Impact Assessment (EIA) policy and relaunched 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. • Appointed smoking cessation team in maternity and lead appointed for adult inpatients with funding for team confirmed.	• Work with system partners regarding interpretation of local data. • Continue focus on EIA, building capacity, incorporating the Inclusive Decision Making Framework to promote effective and inclusive decision making, with a focus on raised awareness / training for staff.

Quality, Safety and Improvement: We will continuously improve the quality, safety and experience of all our services



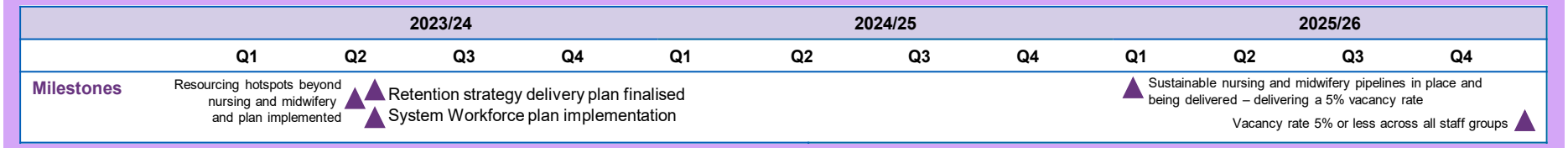
• Developed an options appraisal to procure a digital platform for consent that is right for patients and CUH. • Embedded and supported the leads in each speciality to progress work on venous thromboembolism (VTE) prophylaxis compliance. • Extracted quality data from the quality improvement work surrounding blood transfusions.	• Complete a pilot of the Epic eConsent software to understand its full capabilities focusing on shared decision making between clinicians and patients. • Maintain our compliance with the >95% VTE risk assessment target through ongoing support and education and change to Epic to streamline the VTE assessment process.

• Reduced 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. • Implemented waiting list initiative (WLI) in May. • Progressed the agreed Management Executive actions following the Institute for Healthcare Improvement's (IHI) onsite visit. • Launched wave three of the Improvement Coach Programme and worked on designing a Fundamentals of Quality Improvement Programme.	• Deliver a wide range of training ensuring online resources for doctors are up to date, easy to complete and effective, including simulation training in the management of major haemorrhage. • Pilot the presence of a Mental Health Practitioner to support good decision making and ensure adherence to best practice guidelines. • Sustain progress in imaging backlog with focus on scanning activity, long waiting studies, demand management and preparing for activity at the CDCs. Approve through divisional transformation the options appraisal for CDCs. • Support the implementation of the WLI initiative for reporting. • Agree the key areas of focus following the end of year three with the IHI. • Conclude wave three of the improvement coach programme and agree dates for wave four. • Continue work on reducing hospital acquired pressure ulcers, as part of a two-year quality improvement collaborative with the IHI.

Supporting our staff

Progress from March to June 2023	Key areas of focus for July to October 2023

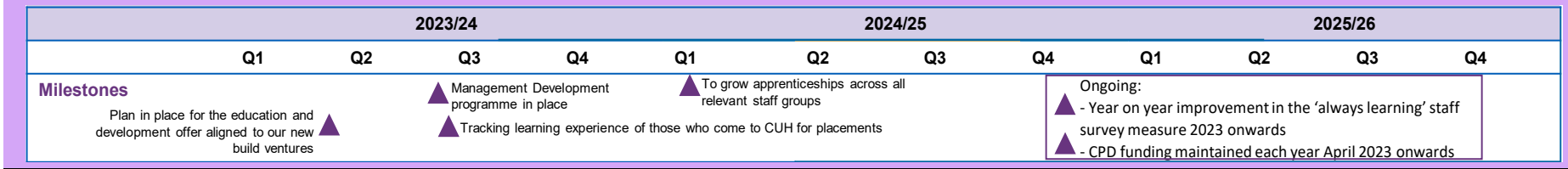
Resourcing: We will invest to ensure that we are well staffed to deliver safe and high quality care – with vacancy rates of 5% or less across all staff groups



- Undertook an organisation-wide vacancy hotspot review.
- Initiated sickness absence improvement programme.
- Responded to industrial action.
- Completed workforce plan for 2023/24 including pipeline for international recruitment for this period.
- Completed the Band 2 Health Care Support Worker (HCSW) job evaluation and pay review.
- Implemented new centralised administrative staff pool to improve vacancy rates, time to recruit and candidate experience.

- Review the Operational Site Management programme re impact and outcomes for effective site management.
- Deliver a suite of initiatives in vacancy hotspot areas to address hard-to-recruit-to positions / services.
- Develop and publish new centralised job descriptions, person specifications and advertisement templates to reduce bias in recruitment.
- Improve time to recruit and applicant experience for the Staff Bank.
- Review and refresh Trust retention strategy.

Ambition: We will enable professional and personal growth – developing our people is vital to individual and organisational success

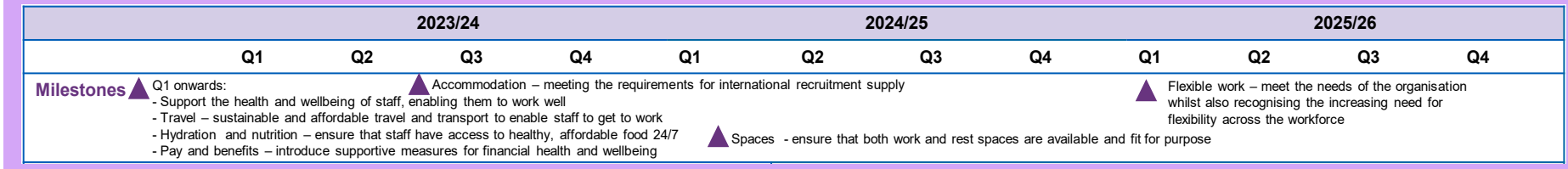


- Implemented Operational Manager Development (Site Management) Programme, aligned to Divisional Leader's Programme and Senior Leadership Programme.

- Pilot the New Manager Development Programme with a cohort of circa 40 nurses (P&Q wards), with full roll out to new managers September / October 2023.

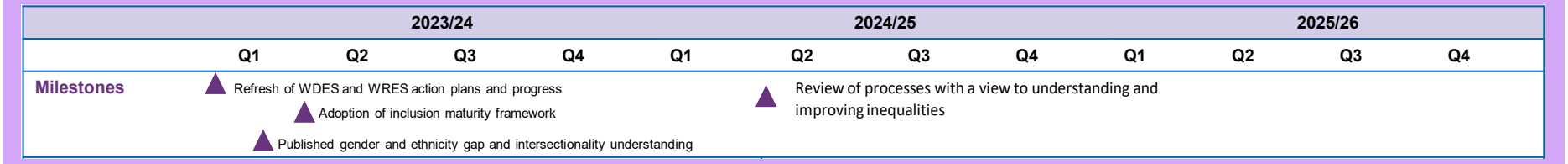
• Co-produced New Manager Development Programme with stakeholders across clinical and non-clinical areas. • Provided support for divisions and directorates to embed talent processes in their areas.	• Review the use of talent processes with divisions / directorates to date, which will inform work to develop a CUH talent management strategy and plan.

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 launch of Wagestream financial wellbeing platform and fully developed financial wellbeing strategy. • Launched Deakin Centre staff pod. • Began mobilising 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.	• Evaluate existing financial wellbeing / support schemes and design / planning on further offers, including education, to take place. • Recruit a project manager for the TRiM Service. Complete training provider tender and appointment, and implement plan, including identifying initial high intensity areas and scheduled training – by October. • Explore the context of CUH as it relates to 'moral injury' by October, with findings provided to the Management Executive. • Deliver wellbeing conversation training (pilot) for managers, delivered to nursing colleagues in division B at band 6 and 7 level during July to October. • Commence the 2023 autumn Flu & COVID vaccination campaign for staff, improving on the 58% uptake in 2022. • Complete pilot trial offer of a new interactive digital back pain service for staff, to provide free instant access to unlimited physiotherapy sessions via the Flok Health app.

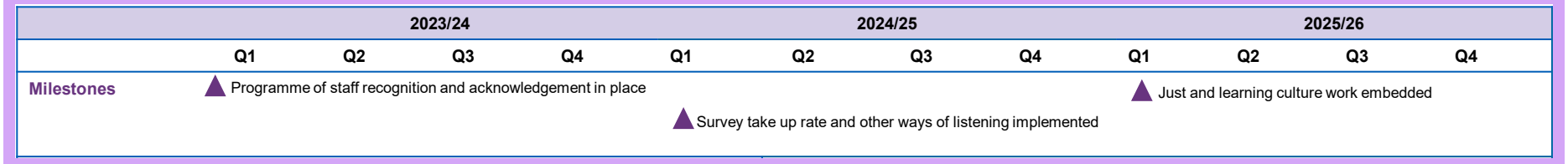
Inclusion: We will seek to drive out inequality – we are stronger as an organisation which values difference and inclusion



- Signed up Trust leaders to the anti-racism pledge.
- Developed the next phase of the Leading Inclusively with Cultural Intelligence Organisational Development programme.
- Launched process across the Trust to fund reasonable adjustments for colleagues with disabilities.

- Submit Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) including bank WRES and gender pay gap data.
- Use the NHS National Equality, Diversity and Inclusion (EDI) Improvement Plan's 'six high impact actions', alongside listening events, to map the EDI and WRES/WDES action plans, before October.
- Co-produce staff network development and governance plan.

Relationships: We value compassionate appreciative and productive working relationships – we will listen to each other, reflect and learn



- Evaluated winter series of Compassionate Leadership Workshops.
- Planned for spring / summer programmes to support most immediate leadership capability requirements.
- Launched the annual CUH Awards 2023.
- Developed comprehensive calendar of recognition events and successfully bid for Addenbrooke's Charitable Trust (ACT) funding.

- Roll out the Just & Learning Culture programme, to include launch of the Just & Learning Culture CUH Declaration and Leadership Masterclasses in July, and the development of a Just & Learning Culture community of advocates and co-designers of methods to share learning and shape culture.
- Continue to deliver the annual award process with divisional celebrations, shortlisting and awards-evening in September.
- Deliver quality long service, retirement and volunteer recognition events as well as the NHS 75 celebration event to support relationship building.

Building for the future

Progress from March to June 2023	Key areas of focus for July to October 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

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones	Complete EoE Specialised Services Provider Collaborative (EoE SPC) business plan, incl. agreed resourcing model ▲				▲ Role agreed for EoE SPC within new regional specialised commissioning infrastructure (in line with 1st April 2024 delegation of spec comm)							

- Progressed priority transformation projects, including biologics (adult asthma and multiple sclerosis) and the regional secondary care dentistry transformation programme, with a goal to deliver in-year impact for patients.
- Began to develop a detailed business plan for the provider collaborative, including agreeing approach to resourcing and developing a programme plan for 2023/24.
- Worked with system partners and NHSE to agree how East of England Specialised Provider Collaborative (EoESPC) will work with Integrated Care Boards (ICBs) and NHSE to lead transformation and improvement of specialised services in 2023/24 and post-April 2024 delegation.

- Work to achieve objectives for priority transformation projects by developing local service capability and capacity and subsequently release capacity at CUH.
- Work with NHSE and other stakeholders across the region to lead and shape the national neurosciences transformation programme for the East of England.
- Approve formal governance infrastructure, processes and funding arrangements for the EoESPC for 2023/24.
- Scope opportunities to streamline research and innovation processes / procedures across the East of England.
- Strengthen the EoESPC in readiness to support ICBs and NHSE during delegation of specialised commissioning from April 2024.

Research and Life Sciences: We will conduct world-leading research that improves care and drives economic growth

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones	Planned informatics supporting projects enabled during 23/24 D-CYPHR young people's health resource launch 23/24				Planned informatics infrastructure completed (various initiatives over next three years) Illumina diversity project 23/24 – 24/25				Long read genomic sequencing by 2025			

• Developed the National Institute for Health and Care Research (NIHR) Young People's BioResource programme in partnership with NIHR and NHSE. • Developed 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. • Explored the benefits of Machine Learning to develop new research and data gathering methods. • Continued to support the national COVID-19 studies including CNS-COVID, HEAL-COVID and PROTECT-V.	• Launch the national Children and Young People's BioResource under the new name D-CYPHR planned for July. • Support delivery of the East of England Secure Data Environment for Research and Development. • Develop a strategy to support innovation aligned to the NHS Long Term Plan and the Life Sciences Vision. • Build capacity for using health data for research.

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

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones	Cancer hospital FBC submission – Oct 2024 Cancer hospital construction start – May 2025 Cancer hospital construction end – Nov 2027				Children's hospital OBC submission – Sept 2023 Children's hospital FBC submission – Oct 2024 Children's hospital construction start – TBC		Surgical Movement Hub operational – October 2023 A-block Theatres Re-open October 2023 U-block operational – TBC- Jan 2024			Histopathology operational -TBC Sept 2024 Commence fire safety decant works – Jan 2024		

Addenbrooke's 3 - Phase 1 • Progressed a business case to provide 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. • Delivered the first phase of Community Diagnostic Centres (CDCs) with system partners. First stage of the Wisbech spoke opened in April 2023. • Developed modelling data and service specifications for both current baseline and future demand to support the case for the Urgent and Emergency Care (UEC) infrastructure strategy and a fully costed business case. • Agreed proposal for developing a strategy and approach for the use of released space that balances the needs of capacity demands,	*Addenbrooke's 3 - Phase 1* • Complete business case for the new Genomics laboratory. • Implement two of the Wisbech CDC spokes. Continue to work on the Ely CDC hub. • Continue to support the plan for release of clinic space adjacent to the Emergency Department (Clinic 9) to allow expansion of urgent care capacity. • Agree workplan and develop the strategy for the use of space vacated during phases one and two of Addenbrooke's 3. • Complete and open the Cambridge Surgical Movement Hub.

infrastructure pressures and supports improved efficiency of care delivery.	
Addenbrooke's 3 Phase 2 - Cambridge Cancer Research Hospital (CCRH) • Completed the final phase of the procurement of the Principal Supply Chain Partner (PSCP) to enable the Financial Business Case (FBC) to be completed. • Secured funding for the CCRH from the Secretary of State for Health and Social Care, announced on 25 May. The NHS funding allocation will be fully met, but philanthropy contribution is still required. • Finalised the Royal Institute of British Architects (RIBA) Stage 3 report. • Continued to develop all aspects of the FBC including benefits realisation.	*Addenbrooke's 3 Phase 2 - Cambridge Cancer Research Hospital (CCRH)* • Gain final approval of the Outline Business Case (OBC) expected imminently from HM Treasury signalling formal final endorsement to move to the FBC. • Review programme and cost plan, internally and together with the appointed PSCP, to ensure project delivers to budget and time, whilst maximising value for money and maintaining affordability. • Work closely with partners from the New Hospital Programme and NHS England regional team to understand the new progressive assurance process as we move to FBC. • Focus on engagement with stakeholders, particularly staff and patients, as work develops on clinical, operational and workforce models.
Addenbrooke's 3 Phase 2 - Cambridge Children's Hospital (CCH) • Revised and gained Trust approval of Outline Business Case (OBC). • Completed Royal Institute of British Architects (RIBA) plan of work Stage 3. • Initiated wider Full Business Case (FBC) programme plan and continued to develop all aspects of the FBC including clinical, operational and workforce model. • Initiated enabling-works package. • Continued to progress fundraising campaign with over £45m of pledges received.	*Addenbrooke's 3 Phase 2 - Cambridge Children's Hospital (CCH)* • Gain approval for OBC from national Joint Investment Committee. • Complete enabling-works package and initiate procurement. • Initiate RIBA Stage 4. • Focus on engagement with stakeholders, particularly staff and patients, as work develops on clinical, operational and workforce models. • Continue progress towards £100m fundraising campaign.
Estates • Finalised the annual capital programme & capacity programme as well as 2023/24 backlog maintenance programme.	*Estates* • Deliver the capital programme, backlog programme and feasibilities and delivery of intermediate capital schemes.

- Progressed with fire safety remedial works and the fire detection replacement and upgrade programme.
- Embedded project directors for intermediate capital schemes.
- Focused on key compliance areas such as water, electricity, critical ventilation and continuation of instilling a safety climate in Capital Estates and Facilities Management (CEFM).
- Commenced preparatory works for 'Soft Facilities Management' service provision.

- Continue the fire safety remedial works and the fire detection replacement and upgrade programme.
- Complete the Premises Assurance Model assessment on key compliance areas such as water, electricity, critical ventilation and continuation of instilling a culture of safety in Capital Estates and Facilities Management (CEFM).

Climate Change: We will tackle the climate emergency and enhance environmental sustainability

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones:					Action 50 Green Plan Phase 1 complete 10%reduction in CUH Carbon Emissions ▲			▲ Publication of Action 50 Green Plan Phase 2 Interim carbon reduction target to be set to reach Net zero by 2045				

- Launched the new, fully upgraded version of the Think Green Impact programme to help teams reduce their environmental impact. Over thirty teams are now enrolled.
- Included objectives for tackling the climate emergency within all staff Appraisals.
- Completed and published the Heat Decarbonisation Plan to progressively negate the combustion of natural gas on site.
- Piloted the replacement of piped nitrous oxide with mobile cylinders in theatres alongside trialling a mobile Entonox destruction unit in the Rosie.
- Implemented opening phase of energy / carbon saving through realignment of building management set-points for ventilation against local area occupancy.
- Delivered Sustainable Travel and Biodiversity weeks with strong impact via four Concourse engagement sessions, three on-site events and full communications coverage.
- Promoted the bank holiday "switch-off" campaign during May.

- Draft and roll out Net-Zero e-learning module and input to new starter and manager programmes.
- Draw up a full implementation plan for electric vehicle on-site charging points for CUH business travel.
- Secure adoption of revised travel expenses policy to prioritise low-carbon travel.
- Commission detailed planning for first phases of campus heat decarbonisation (subject to successful Low Carbon Skills Fund bid).
- Construct and implement guidance on net-zero and social value criteria for tender specifications.
- Deliver and add local value to the Defra single-use catering plastics ban.
- Prepare for high-profile circular economy event at CUH in partnership with three closely aligned NHS trusts – University College London Hospitals, University Hospital Southampton, Imperial College Healthcare.

Digital: We will use technology and data to improve care

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones	Digital Board & DPGs set up		▲ Digital strategy published ▲									

- Completed Epic upgrade in March 2023.
- Delivered East of England Genetics Laboratory Hub integration with Epic.
- Delivered digital support for the expansion of Same Day Emergency Care and virtual ward home monitoring.
- Implemented Hearing Services into Epic.
- Implemented e-Check In for all patients to improve patient flow and demographics capture.

- Complete development and implementation of Epic upgrade to support changes for Smartcard authentication.
- Provide digital support to the development of Community Diagnostic Centres and Orthopaedics Hubs in collaboration with system partners.
- Create new Digital Prioritisation groups that ensure Digital resources focus on delivering the solutions which provide the most benefit to patients and staff.
- Implement Patient Engagement Portal on MyChart.
- Support the implementation of the Shared Care Record - which allows regional partners to share data across provider - and complete the technical design for CUH to contribute its data.
- Finalise the closure of Addenbrooke's email addresses and move to NHS.net email.

Implementing the Strategy

Progress from March to June 2023	Key areas of focus for July to October 2023
Communication: Communicate the Strategy to CUH staff, patients and partners	
• Completed distribution of 8,000+ leaflets, 100+ posters and 50+ laminated triangle templates to all divisions. • Initiated the new communication campaign focused on 'Implementing the Strategy'.	• Deliver the communications campaign including, Connect pages, 08.27 talks, videos and blog articles focused on implementing the strategy. • Attend team meetings with divisional colleagues to gain feedback on the leaflets and posters to seek improvements or give advice.
Capability: Build strategic awareness and capability among senior leaders at CUH	
• Developed plans to contribute to the development of strategy materials for the New Managers Essential programme alongside Workforce including two videos and online training resources. • Delivered training to new divisional strategy recruits and developed ideas for ongoing strategic skills training across the directorate and across the organisation. • Worked with Corporate Nursing Midwifery and Allied Health Professional (AHP) leads to develop a Nursing Midwifery and AHP strategy engaging with more than 150 staff members.	• Complete the materials to be added to the New Managers Essentials training collaborating with Workforce, Improvement & Transformation and Sustainability. • Further support the development of the divisional strategy leads to ensure they are equipped with the skills they require. • Support Corporate Nursing Midwifery and AHP leads to communicate and embed the strategy. • Seek more opportunities to assist with the creation of strategies.
Capacity: Recruit additional posts in Divisions, Operations and Strategy teams to support implementation	
• Continued work on divisional and corporate priorities via Strategy leads to free up capacity within divisions to work on major projects and strategy initiatives.	• Develop training materials for strategic skills to be delivered across Strategy and Major Projects and with key partner teams e.g. Divisional strategy leads, Operational Strategy, and others to be determined.

Planning: Develop an implementation plan for the Strategy, with quantified goals and synthesis across schemes	
• Developed high-level milestones for the implementation of the 15 commitments, alongside quantitative metrics to measure progress. • Ensured that responsibilities and accountabilities for driving delivery across the 15 commitments are clear. • Agreed access to care and workforce as the "strategic lens" of particular focus for strategy implementation over the next year.	• Embed milestones and metrics, with a particular focus on the strategic lens of access to care and workforce, within the Strategy Board report. • Embed and communicate the strategic lens to make it a strategic focus for the organisation for 2023/24.

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 12 July 2023

Agenda item	12
Title	Multi-professional Education, Learning and Development
Sponsoring executive director	David Wherrett, Director of Workforce
Author(s)	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, 6 July 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, 3 and 6 of the Trust’s multi-professional education, learning and development strategy and work plan.
- Support the proposed changes to the principles and themes of the Education, Learning and Development Strategy, focusing on six key themes which will be the focus of future education, learning and development reports to the Board.

Cambridge University Hospitals NHS Foundation Trust

12 July 2023

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

1. Introduction/Background

1.1 This paper provides an update on multi-professional education, learning and development at CUH; its purpose is to provide information about a number of key developments, against the Trust's priorities, since the last report to the Board in March 2023.

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 an update for the Board on the current themes 1, 2, 3 and 6. This will include, under theme 6, an update on the Cambridge Digital Health and Surgical Training Centre.

This paper also proposes a revised Education, Learning and Development Strategy for 2023 -2026.

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

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

GMC Training Survey

2.2 The 2023 General Medical Council (GMC) National Training Survey closed on 16 May 2023. The results are expected to be released in July 2023.

2.3 As part of the survey, trainees are able to provide comments related to patient safety and bullying and undermining. Health Education England (HEE) undertakes a weekly, clinically led, review of these comments to ascertain whether an escalated response from the trust is required based on the severity of the comment.

2.4 From the 2023 survey, the Trust has received six comments around patient safety concerns and one comment around bullying and undermining from trainees based at CUH.

2.5 NHS England (NHSE) requested that the responses to address these concerns were returned to NHSE within two weeks of CUH receiving them. The responses have been taken very seriously and were investigated and followed up by the Director of Medical Education alongside the Clinical and Educational leads for the relevant departments. For one specific patient safety concern, the matter was escalated to the Medical Director and immediate actions were implemented to address the concerns.

2.6 All of the comments requiring an escalated responses have been responded to within the requisite two-week timeframe.

Junior doctors' strike action

2.7 The junior doctors' strike continues to have an impact on training due to cancellation of both clinical and educational activity. For some trainees the strike action may have an impact on progression, though HEE have adopted a pragmatic approach and published guidance indicating that provided curricular competences are being achieved then absence due to strike action will not influence outcomes.

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 support the continued development of our workforce across their career at CUH.

Non-Medical Continuous Professional Development (CPD)

3.2 **CPD and Funded Learning**

The Trust is committed to ensuring that all employees can access Trust Continuous Professional Development (CPD) funding including for external courses/programmes 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 within the organisation.

3.3 The Trust has a non-medical Funded Learning Authorisation Group (FLAG) which meets monthly to consider all applications for funded learning. Applications range from requests from individuals for stand-alone study days through to funding for full Master's/Doctoral education pathways. FLAG also considers applications from CUH specialist clinical teams and/or subject matter experts who require funding to deliver in-house education, learning and development programmes. A total of £1.67 million was awarded by FLAG between 1 April 2022 and 31 March 2023 to support the education, training and development of non-medical healthcare staff across the organisation.

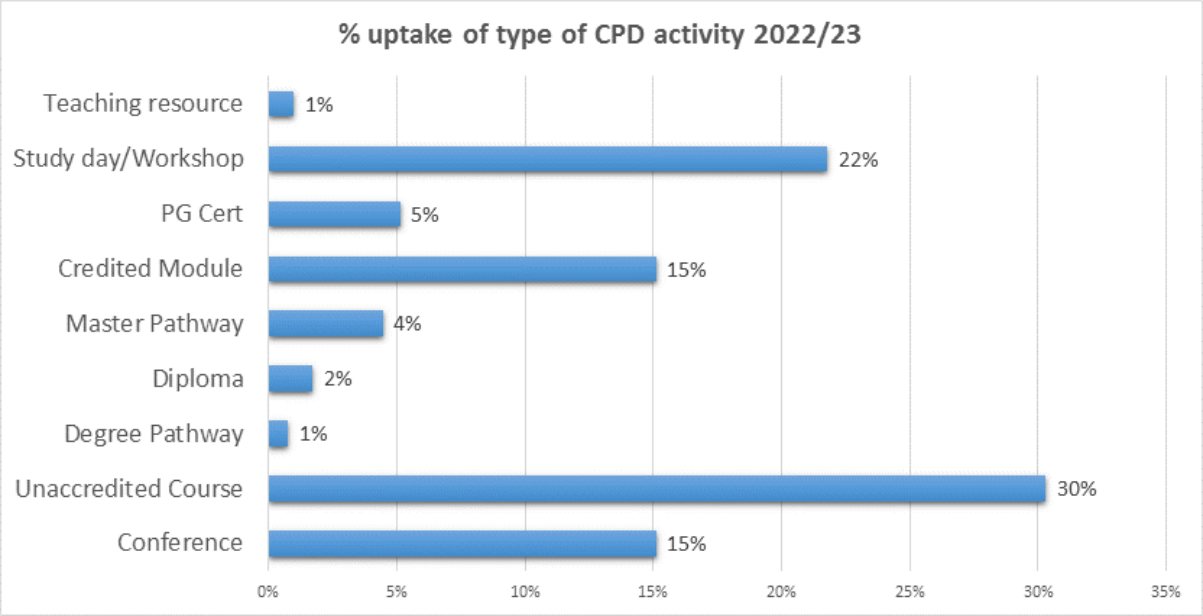
3.4 It should also be noted that in addition to education and professional development funded via FLAG, there are a wide range of education, learning and development courses/programmes across CUH which are provided in-house, or where divisions or corporate directorates are able to fund directly. Future annual reports will include reference to all CPD training.

Summary of applications for funded learning

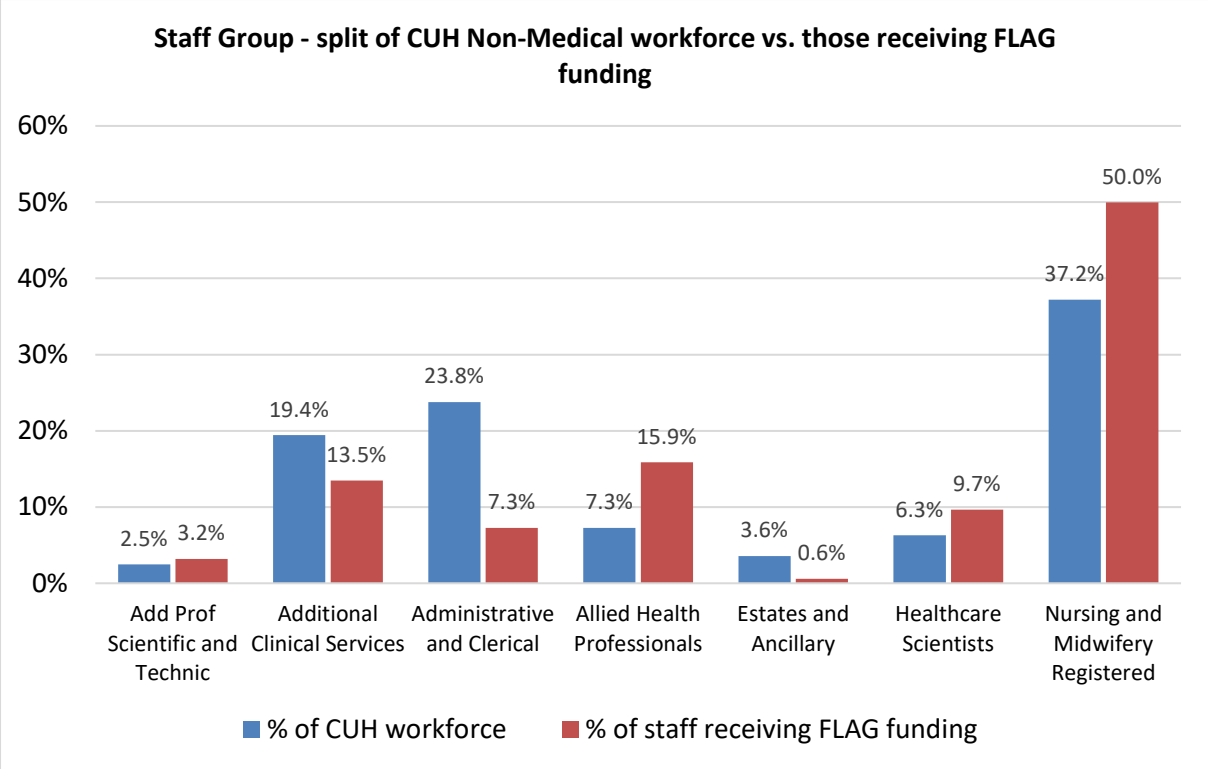
3.5 The table below gives an overview of the total number of applications for CPD funded learning that were received by FLAG between 1 April 2022 and 31 March 2023. When comparing this year's data with applications in 2021/22 a marked increase in the number of funded learning applications is evident. A number of interventions have been implemented during the last year including the opportunity to have an 'education career discussion' with a senior member of the education team, these appear to have had a positive impact on the number of applications.

Year **Overview of all applications for funded learning**	**21/22**	**22/23**	**% Change (21/22 to 22/23)**
	99.6%	**99.7%**	**+0.01%**
Total number of standalone learning activities applications (e.g., modules, study days, conferences)	752	**1,009**	**+34.17%**
Total approved	814	**1,006**	**+23.58%**
Declined	3	**3**	

3.6 A summary of the types of activities is provided below:



3.7 A summary of the staff non-medical staff groups receiving CPD funding is shown below:



3.8 A summary of numbers by staff group is outlined in the table below:

Staff Group	CUH Headcount per staff group	% of Average CUH Headcount per staff group	No. of staff supported	% of staff
Add Prof Scientific and Technic	253	2.5%	32	3.2%
Additional Clinical Services	1,992	19.4%	135	13.5%
Administrative and Clerical	2,438	23.8%	73	7.3%
Allied Health Professionals	744	7.3%	159	15.9%
Estates and Ancillary	367	3.6%	6	0.6%
Healthcare Scientists	645	6.3%	97	9.7%
Nursing and Midwifery Registered	3,812	37.2%	501	50.0%
Total	**10,249**	**100.0%**	**1,003**	**100.0%**

3.9 Where applications are declined, advice and guidance is provided to the employee and their line manager. The main reason for applications being declined is that a more suitable course is available that the applicant may not have been aware of at the point of application.

CPD funding routes

3.10 The three-year funding allocation from Health Education England (HEE) for nurses, midwives and Allied Health Professionals (AHPs) ended on 31 March 2023. This provided £1.33 million per annum over this period. CUH also has an established recurring CPD budget of £800k per annum for all non-medical staff groups for learning. For the last three years any requests for funding for nurses, midwives and AHPs have been charged against the HEE funded allocation. Training for all other groups has been met by the CUH CPD budget.

3.11 A summary of CPD monies and committed spend for 2022/23 financial year is outlined in the table below:

Funding source	Total amount	Actual spend	% committed spend 22-23
NHS England	£1.33m	£1.33m	100%
CUH CPD Funding	£800k	£348k	44%
Total	£2.13m	£1.67m	

3.12 Concerns were noted in the March 2023 Board Report regarding the impact of HEE funding coming to and at end of March 2023. Recently, CUH and partner organisations have received verbal notification that a similar level of funding will be extended for a further year from NHS England following the merger of HEE into NHS England. We have been led to believe the funding will be similar to that awarded by HEE in 2022/23. This has been positive

news to receive; this funding will enable a similar level of activity to be supported during 2023/24.

3.13 Over the past three years, the typical CPD spend for nurses, midwives and AHPs has been £1.3m; this together with the funding for other staff groups highlights the need for a recurring budget allocation in the region of £1.7m from 2024/25 onwards. If this is not possible, CPD activity will have to be significantly reduced. This will have a direct impact on quality, safety and on recruitment and retention of staff as the Trust has an excellent reputation for supporting ongoing professional development. This will be logged on the CUH Risk Register and raised through business planning processes.

CPD Applications – Analysis of Protected Characteristics

3.14 Applications for FLAG funding are recorded centrally and analysis of applications by protected characteristics is undertaken. A summary, specifically focused on FLAG requests by ethnicity is attached at Appendix 1. This has highlighted there is an area of concern relating to Band 5 nurses from a minority ethnic background where it shows there is a lower level of requests for funding.

3.15 Actions to address this includes:

- Improving line manager awareness of equality, diversity and inclusion (EDI) in relation to CPD and funded learning
- Appraisal guidance for staff and managers has highlighted access to CPD routes and specifically access to funding for external courses that require financial support.
- More detailed review of approaches to encourage minority ethnic staff to access CPD where there is lower levels of access than their counterparts
- Introduce monthly CPD career webinars, with a focus on minority ethnic staff, to raise awareness of opportunities that are available for funded learning across CUH.
- Introduction of regular Band 5 specific development career webinars to highlight professional development opportunities.

4. Theme 3: Apprenticeships and Widening Access to training and employment

4.1 This element of the strategy focuses on maximizing the apprenticeship standards and levy for future workforce supply and development routes for our staff and local community. It also includes our work with schools and colleges to widen aspiration and interest in NHS careers.

Apprenticeship routes at CUH

4.2 CUH is committed to the development and progression of staff through a range of learning, education and training routes, this includes enabling access to apprenticeships to individuals at all ages and career stages – from school/college leavers taking their first steps into the NHS, those seeking job/career change, those wanting a career progression route and to our existing members of staff who want to enhance their skills and future prospects.

4.3 Apprenticeships routes form part of CUH's strategic resourcing plans for future supply of nursing, science and allied health professions as well as enabling access to degree level education and training across a wide range of professions and job roles. They support staff development, staff retention and are important for promoting social mobility.

Current apprenticeship position

4.4 The Trust has 492 apprentices currently undertaking studies across a wide range of clinical and non-clinical job roles/professions; these include nursing, science, allied health professionals, pharmacy and clinical engineering; non-clinical apprenticeship exist in estates, finance, workforce and administration.

4.5 As well as supporting existing staff to undertake apprenticeship routes across a broad range of professions/job roles and leadership programmes we also encourage apprenticeships at entry level to enable access to employment for the purpose of completing training through apprenticeships. We aim to provide permanent employment to those on direct entry apprenticeships towards the end of their apprenticeship.

Career Progression apprenticeships

Nursing Apprenticeships

- 346 staff are undertaking the nursing apprenticeship degree pathway
- 11 staff are undertaking the Associate Nursing Apprenticeship

Allied Health professionals

Allied Health Profession Degree Apprenticeship	Apprentices on programme	Number of planned apprenticeships annually from 2023/24
Diagnostic Radiography	5	
Therapeutic Radiography - new	2	2
Occupational Therapy	6	2
Physiotherapy	8	3
Operating Department Practitioner	17	8
Speech & Language Therapy - new	1	1

4.6 It is encouraging to see apprenticeships across AHP groups expanding. There are ambitions to increase the numbers to meet workforce supply requirements with a particular focus on radiography and occupational therapy.

Other professional registered roles

4.7 There are 26 apprentices on the Healthcare Science Degree apprenticeship across the Trust, studying a range of science pathways such as, Bio-medicine, Cardiac and Respiratory, Neuro, Life Sciences and Clinical Engineering.

Pharmacy

4.8 There are four apprentices in place, and a further 6 due to commence the Pharmacy Technician apprenticeship route in 2023.

Non-clinical

4.9 There are 64 staff undertaking around 20 different types of apprenticeship standards. These include programmes such as Senior Leaders, CIPD Human Resource Management, Accountancy Taxation Professional, Chartered Manager Degree, Artificial Intelligence Data Specialist and administrative pathways.

Direct entry apprenticeships (entry level apprenticeships)

4.10 There are currently 20 direct entry apprentices in post; these apprenticeships provide employment for the purpose of completing an apprenticeship qualification that lasts between 16 – 24 months. They are based across divisions and directorates; typical programmes include access to qualifications in Business Admin, Customer Service, Payroll, AAT, Data Technician and Lab technician at levels 2 and 3.

4.11 Access to entry level apprenticeships is promoted at careers events in schools and colleges as well as the CUH's website.

4.12 There is considerable pastoral support for direct entry apprentices and practical support to enable them to gain permanent roles at CUH or ensuring their employability elsewhere or further study if this is their preference.

Apprenticeship Levy

4.13 Information regarding CUH's annual levy contribution to May 2023 along with committed and actual spend is provided at Appendix 2**.** This highlights CUH achieved 89.7% levy spend in 2022/23; this high level of levy fund usage has resulted in zero CUH levy funds being retained by HM Treasury since May 2021.

4.14 We anticipate our levy spend will stay in the region of 85/-90% on an on-going basis due to apprenticeship resourcing plans and commitments in place.

Widening Access to employment and careers

4.15 CUH is committed to promoting opportunities to future careers to our schools and colleges and providing widening access routes to employment and training. As a large local employer it forms part of our corporate social responsibility as well as encouraging young people to consider the NHS and CUH as a future employer.

4.16 A summary of CUH's work with schools and colleges and widening access is provided at Appendix 3.

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

5.1 This element of strategy sets out our commitment to securing improved facilities to meet our aspirations for quality education, learning and development.

The Cambridge Digital Health and Surgical Training Centre

5.2 Refurbishment of the Quorum site is underway, to deliver the ground floor surgical training Centre. The work is due to be completed in August 2023. After commissioning of the completed floor, the centre will start delivering training courses with bookings being taken to utilise the Surgical Training Centre in September. There is currently high activity for bookings between September and December. There will be a resumption of the delivery of the NHSE funded courses during that time, and an aim to clear the backlog of training commissioned by NHSE by around April 2024.

5.3 An initial floor plan of the first floor has been approved by the architects, and the cost to refurbish this space is £3.2million. Currently, the Centre holds £1.1million from a grant donated by NHSE for the refurbishment of the upper floor. It is envisaged that the upper floor will include flexible space for teaching and training, some traditional simulation facilities and an Extended Reality (XR) hub. These facilities will enable training by healthcare professionals, clinical and non-clinical for CUH staff and others.

5.4 The Centre will be cutting edge in the ability to deliver education and training using state of the art technology which will improve the standard of training and widen access to those receiving the training, enabling these sessions to be remotely received from the Digital Health Hub (first floor). The plan is to have the first floor refurbished and active by Q3 2024.

5.5 Building on our experience with the development of augmented reality, holographic patients *https://www.youtube.com/watch?v=F3Fs3H6alPE* which received high media attention and was included in Time Magazine's 200 Best Inventions of 2022, *we* aim to collaborate with NHSE Innovation and Anglia Ruskin University (ARU). The collaboration will be around developing a catalogue of augmented reality training material, for those in secondary care, primary care and the wider community. We also support innovation and research to expand the use of these technologies to promote healthcare education e.g., integrating artificial intelligence with extended reality into

training packages. This is currently being undertaken by the PhD student working with Centre's team.

5.6 The completion of the upper floor is required to maintain an adequate income stream to support the overheads.

6. Education, Learning and Development Strategy 2023 - 2026

6.1 The Multi-professional Education, Learning and Development Strategy (MPELD) has been reviewed and refreshed for the period 2023 – 2026. This has been discussed by the Multi-professional Education, Learning and Development Group and the Workforce and Education Committee at its March 2023 and June 2023 meetings.

6.2 It was noted that the first five years of the MPELD strategy and plan had offered a clear focus for improvement and ability to share progress in education, learning and development at CUH.

6.3 During the review of the strategy the following principles informed its focus:

- Aligned to our Trust's values, vision and priorities of Improving Patient Care, Supporting our Staff and Building for the Future.
- Commitment to the development and progression of our people to be their very best through inclusive, equitable opportunities for CPD, and a specific focus on staff with protected characteristics.
- Providing multi-professional education, learning and development routes and opportunities is key to a sustainable workforce supply and motivated workforce.
- At the heart of the CUH Workforce Directorate Commitment of Ambition: 'We enable professional and personal growth - developing our people is vital to individual and organisational success'.
- Work with system partners, education providers and at a national level to maximise learning and development opportunities; we will also work in collaboration with research and industry partners to extend learning opportunities.
- Enabling access to training and employment is vital for an individual's future progression and social mobility; as a major employer we are committed to maximise routes to improve access for our local community.
- Access and invest funding and resources responsibly to enable a range of development opportunities.

6.4 The changes made to the strategy include the following:

- Six themes; theme 7 and 8 removed to reduce duplication of content.
- Increased focus on the role education, learning and development has in the future sustainable workforce supply for CUH and the NHS.
- Increased Equality, Diversity and Inclusion focus and monitoring across all themes.
- Improved quality measures for the student/learner experience.
- An ethos of further improving and expanding multi-professional learning and development, links to talent and career pathway planning.
- Increased quantitative data, including on experience, attrition, destination on leaving and investment/sources of income.

6.5 The key themes of the refreshed Strategy are as follows:

Theme 1: Learning Experience
Learners across all academic pathways will have a positive and successful learning experience during their placements with CUH; we will aim for excellence in our delivery and in the environment in which it's delivered.
Theme 2: Continuous Development
Continuous professional development (CPD) and multi-professional learning for all staff groups throughout their career with CUH
Theme Three: Apprenticeships and widening access
We embrace and invest in innovative access routes for development to contribute to future sustainable workforce supply and development.
Theme 4: Leadership and management development:
Committed to building capability and confidence of our leaders and line managers
Theme 5: Innovation and collaboration
Adopting new approaches in multi-professional learning and development supporting new roles and routes to education learning and development
Theme 6: Modern fit for purpose education facilities and resources:
An ambitious approach to contemporary, fit for purpose education environments, technological advances and resources

6.6 The full draft Education, Learning and Development Strategy 2023-2026 is attached at Appendix 4.

7. Recommendations

7.1 The Board of Directors is asked to:

- Receive the report which specifically updates on themes 1, 2, 3 and 6 of the Trust's multi-professional education, learning and development strategy and work plan.
- Support the proposed changes to the principles and themes of the Education, Learning and Development Strategy, focusing on six key themes which will be the focus of future education, learning and development reports to the Board.

Appendix 1: Summary of EDI analysis of CPD funding for external programmes for nursing, midwifery and AHP staff groups

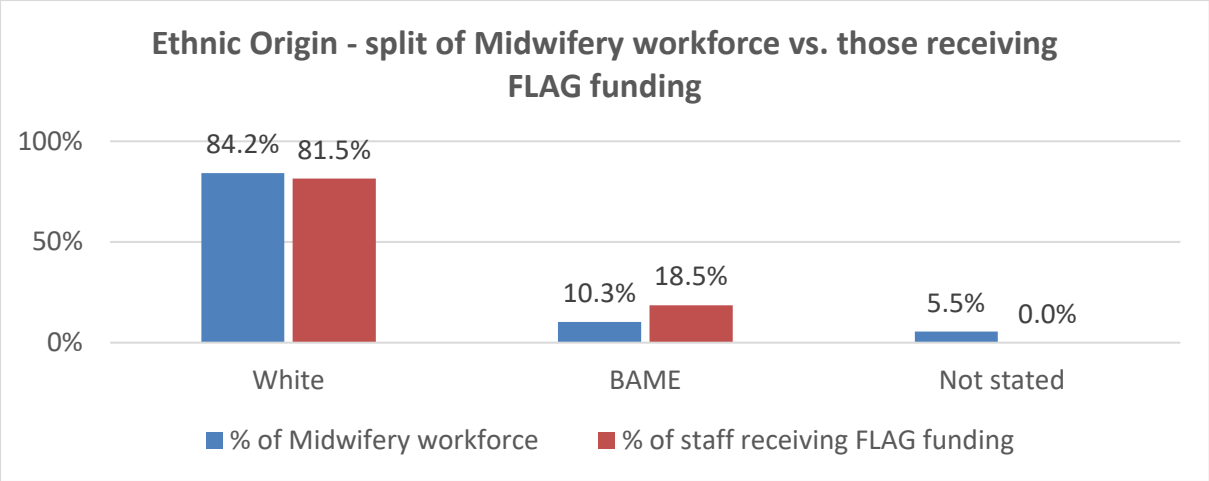
Information below provides information regarding the nursing, midwifery and AHP staff groups.

1. Nursing BME Ethnic Origin

Ethnic Origin Group	Average CUH Headcount	% of Average CUH Headcount	Number of staff starting qualification	% of staff starting qualification
White	1,761	49.6%	319	**67.3%**
BAME	1,580	44.5%	140	**29.5%**
Not stated	209	5.9%	15	**3.2%**
Grand Total	**3,549**	**100.0%**	**474**	**100.0%**

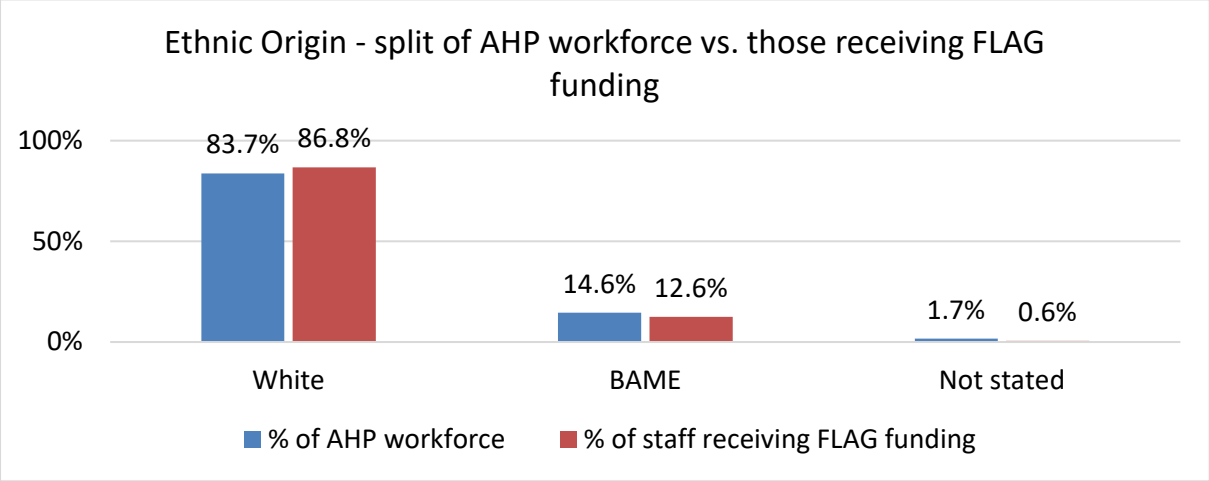
The data presented above highlights a lower level of access for BME staff compared to white staff; this is 15% lower than the total BME % headcount of nursing staff. Actions aimed to address this are outlined in the recommendations section of this report.

2. Midwifery: BME Ethnic Origin



Applications for funded learning from midwives working in the organisation demonstrate a high uptake against the % of midwives who are from BME background. Applications from midwives from a white background broadly correlate with the % of staff in this group.

3. AHP: BME Ethnic Origin



Applications for CPD funding from AHPs as a group shows a slightly lower uptake of funding for BME staff compared to white staff. There are differences across staff groups that will be reviewed with the Divisional Heads of Workforce.

Appendix 2: Apprenticeship Levy fund CUH contributions and spend April 2017 – May 2023

Levy Data	£ Levy Contribution per year	£ Actual Spend per year	£ Committed Spend per year	In year % Spend	Rolling 2 year Ave % spend	Transferred Levy funds per year	Committed Transferred levy funds
2017-18	£1,763,443.37	£31,769.99	£436,428.00	2%	2%	£0	£0
2018-19	£2,079,154.97	£479,661.34	£1,211,914.98	23%	13%	£0	£0
2019-20	£2,243,329.18	£1,032,222.37	£2,161,517.22	46%	35%	£0	£0
2020-21	£2,455,252.59	£1,454,909.78	£2,765,322.15	59%	52%	£9,333.33	£91,616.00
2021-22	£2,659,167.49	£2,387,405.48	£3,110,003.00	89.7%	75%	£44,358.20	£29,884.00
2022-23	£2,874,265.07	£2,577,618.94	£3,263,450.41	89.7%	89.7%	£32,789.12	£25,757.00
2023-24	£501,064.36	£513,203.82	£1,265,000.00	102%	92%	£2,781.96	£0.00
TOTAL to date	**£14,575,677.03**	**£8,476,791.71**	**£14,213,635.76**			**£89,262.61**	**£147,257.00**
Levy funds	**£5,306,090.00**						

Appendix 3: Widening access to employment and careers – our work with schools and colleges

CUH is committed to promoting and enabling access to work experience and showcasing job roles and careers within the NHS and at CUH. This activity is coordinated through the Work Opportunities team with participation from colleagues across CUH to inspire interest in NHS careers and opportunities.

Key strands of work

1. Work experience

Our schemes are promoted to all schools and colleges within our catchment area. We also extend them to bordering counties; Suffolk, Essex, and Hertfordshire where we know many of our current staff reside.

CUH provides a service to Royal Papworth Hospital (RPH) to co-ordinate and promote their opportunities alongside our own.

Work experience placements recommenced post-Covid in August 2022. To date the following has been put in place:

- 304 placements have been undertaken within a range of functions and departments.
- 40 students attended a virtual Insight into Neuroscience programme in November 2022.
- 40 placements have been completed at Royal Papworth Hospital (CUH co-ordinates this work on behalf of RPH through a service level agreement).

These on-site placements included:

- Insight into Healthcare Science
- NHS Careers in Non-Patient Facing roles
- Insight into Nursing and Midwifery
- Medical Shadowing – shadowing consultants across a wide range of specialties and departments.
- A two-day Insight into Medicine programme (classroom day + guaranteed shadowing placement)
- Your Heart Hospital (Royal Papworth Hospital)
- Cambridge Clinical Research Centre Programme
- The annual Year 10 Week insight week for students aged 14-15

2. External Careers Events

During the academic year 2022/23, the Work Opportunities Team and our partners have engaged with over 4400 students and other interested attendees (parents) at external careers events. CUH has participated or facilitated 42 events including:

- Careers Carousels
- Careers Fairs/Events
- Primary School Events
- Apprenticeship presentations

These all play an important role as a major local employer to provide information and experience for young people considering their future jobs and career opportunities, and forms part of our corporate social responsibility.

3. Focused work with higher ratio deprived student schools/ disadvantaged students

CUH is working more closely with schools that have traditionally not fully participated in the range of work experience, shadowing and events offered. This has led to specific programmes for The Netherhall School in Cherry Hinton and North Cambridge Academy in Arbury.

The team have also been involved in work with Special Educational Needs and Disability (SEND) schools and students:

- A member of the team is a dedicated Enterprise Advisor (as part of the Careers and Enterprise Company and Growthworks) for the Pilgrim Pathway Hospital Schools and is developing a programme of NHS careers insights, advice, employability skills workshops and work experience opportunities for students with previous mental health needs and long-term health conditions.
- Participating in a video to showcase support for young applicants with special educational needs and sharing the story of a current nursing apprentice speaking of their experiences as an employee with additional needs. This video will be distributed around Cambridgeshire and Peterborough (and wider) SEN schools to highlight opportunities and support.
- The team attended a Preparing for Adulthood careers event for parents of SEN students in the local area and a DWP 'Be Inclusive' Conference for Employers and is also part of the CUH Neurodiversity Working Group.

4. Careers Ambassadors

Encouraging and enabling staff to contribute and join external careers events is important. Young people and children respond positively to hearing first-hand experience from professional staff, and particularly enjoy activities such as practising with resuscitation manikins, changing nappies and feeding infants and improving their understanding of the human anatomy through model torsos, and other visual aids.

At recent external events, we have had representation from nursing, midwifery, occupational therapy and administration. We also encourage staff who have developed through apprenticeship routes to join these events to tell their story and career journey within CUH.

5. Employability programmes – The Prince's Trust:

CUH is proud to have participated in the Prince's Trust 'Get Into Hospitals' employability scheme for over 10 years. The programme was paused due to the pandemic. We are delighted the Prince's Trust's 'Get Into Hospitals' Programme will make its return in the autumn.

Employability Skills workshops (Information Sessions and Application Support) for the Prince's Trust to encourage young people aged 16 – 24 to consider NHS employment are scheduled for the summer months.

Appendix 4: CUH Multi-Professional Education, Learning and Development Strategy 2023 – 2026

Key themes

Theme 1: Learning Experience - Learners across all pathways will have a positive and successful learning experience during their placements with CUH; we will aim for excellence in our delivery and in the environment in which it's delivered
Our focus is: • Understanding and improving learners experience during CUH placements. • Meeting educational and regulatory requirements. • Equipping learners to successfully take up careers at CUH or, if not, in the wider NHS.
Our EDI commitment:- • Provide a learning experience that is inclusive, that demonstrably respects equality, diversity and enables participation. • Through feedback and quality assurance processes we will improve understanding of underrepresented groups to take steps to address differences in experience. • Introduce a CUH Education Accessibility Standards model for those involved in design and delivery to enable the best learning environment and experience for underrepresented groups.
By 2026 we will have: • Standardised approaches to quality assurance metrics to meet external regulation, internal standards of best practice and ensured outcomes have led to continuous improvements. • Provided positive and inclusive quality placements to ensure we build the next generation of registered healthcare professionals equipped to meet the needs of our patients and the health and care system, now and in the future.

Theme 2: Continuous Development - Continuous professional development (CPD) and multi-professional learning for all staff groups throughout their career with CUH
Our focus is: • Establishing routes and opportunities for on-going development and career progression for all staff. • Establishing sustainable CPD funding. • Enhancing educational and pastoral support for staff to access across their career.
Our EDI commitment: • We will implement positive action for staff in underrepresented groups where CPD is not available or not accessed.
By 2026 we will have: • Progressed the equal access to CPD for all our staff. • Taken further steps to embed a culture of continuous professional development, supporting staff to develop at every stage of their career.

- Developed an education dashboard highlighting a range of learning metrics; to include EDI, learning outcomes, learner experience metrics, spend by division, service, and staff group.

Theme Three: Apprenticeships and widening access - We embrace and invest in innovative access routes for development to contribute to future sustainable workforce supply and development

Our focus is:

- Embedding an apprenticeship framework that maximises Apprenticeship Standards and levy funding to provide access to development routes for all relevant staff.
- Providing routes to degrees leading to professional registration.
- To become an Anchor Institution for education and access to employment, widening access to our local community to improve access to training and employment.

Our EDI commitment:

- We will seek to remove barriers to progression for underrepresented groups.

By 2026 we will have:

- Continued to develop a skilled workforce through Apprenticeship Standards and levy funding, contributing to workforce supply and development for our staff and local our community.
- Provided learners on apprenticeship pathways a positive, inclusive learning experience.

Progressed Anchor institute ambitions to the benefit of our staff and local community.

Theme 4: Leadership and management development - Committed to building capability and confidence of our leaders and line managers with a focus on compassion, inclusion and continuous learning

Our focus is:

- Work to further develop CUH leaders / line managers who are successful in their roles and who demonstrate, inclusive and compassionate leadership and a just and learning culture.
- To strengthen our approaches to talent management and successions planning at every level of the organisation.

Our EDI commitment:

- We will work with our leaders to seek to drive out inequality, recognising that we are stronger when we value difference and inclusion.
- We will implement positive action approaches where there is underrepresentation in our programmes or a differential experience in the experience of them.
- We will use talent management tools to support development of underrepresented groups.

By 2026 we will have:

- Further developed our support to leaders and line managers to grow as successful, confident, inclusive, and compassionate leaders with behaviours visible and aligned to a just and learning culture.
- Developed and embedded talent management and succession planning tool and techniques at CUH.

Theme 5: Innovation and collaboration - Adopting new approaches in multi-professional learning and development supporting new roles and routes to education learning and development

Our focus is:

- Maximising education, learning and development routes though collaboration across ICS and academic partners.
- Maximising the opportunities our approaches to new hospitals, innovations in patient care and ways of working will bring to education, learning and development.
- Building on CUH' reputation in the education and development of people, to create a 'school' of non-medical education, seeking out opportunities for income generation and re-investment in education, learning and development for our people.

Our EDI commitment:

- Work with our system partners to collaborate on and learn about addressing inequality on education, learning and development.

By 2026 we will have:

- Taken positive steps in partnership working with system partners and education providers to progress in our education, learning and development partners.
- Maximised the use of education funding and income generation potential to sustain and develop the provision of high-quality learning interventions.
- Taken steps to establish a school of non-medical education.

Theme 6: Modern fit for purpose education facilities and resources - An ambitious approach to contemporary, fit for purpose education environments, technological advances and resources

Our focus is:

- A commitment to securing/developing further multi-professional education and training space sufficient and resources for high quality education, learning and development.
- Enabling Cambridge Digital Health and Surgical Training centre to continue to develop state-of-the-art facilities including research and development of technologies related to healthcare.

Our EDI commitment:

- Ensuring the design and delivery of innovative education and training will support inclusivity and accessible learning for all.

By 2026 we will have:

- Secured additional education and training environments.
- Expanded the use of simulation and technology enhanced learning across a broad range of training and education programmes to enhance staff skills and patient safety.

Board of Directors

NHS
Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 12 July 2023

Agenda item	12.1
Title	Quarterly Report on Safe Working Hours: Doctors and Dentists in Training (2022/23 Q4)
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	n/a

Executive Summary

This is the fourth 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 March 2023. The Trust has 672 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 Q4 report from the Guardian of Safe Working.

Cambridge University Hospitals NHS Foundation Trust

12 July 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 Trust Board engagement.

1.2 The Q4 report describes the Trust's position from January to March 2023. The number of ERs submitted (n=250) is higher than Q3 2022-23 (n=228) and higher than Q4 last year 2021-22 (n=209). Levels are also higher than pre-Covid (n=184, Q4 2019-20). Most rotas are compliant with the Terms and 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 > 1:3 weekends but medical staffing are hopeful that ED rotas will be resolved by August 2022 leaving just the NICU rota to address.

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 Trust 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	Q4 2022/23
Total number of exception reports received	250
Number relating to immediate patient safety issues	8
Number relating to hours of working	217
Number relating to pattern of work	14
Number relating to educational opportunities	11
Number relating to service support available to the doctor	8
Total number work schedule reviews	3
Total value of fines levied	£780.12
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

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 (Jan)	0	70	2	1	4	77
MONTH 2 (Feb)	8	86	4	5	6	101
MONTH 3 (Mar)	0	61	8	2	1	72
QUARTER	**8**	**217**	**14**	**8**	**11**	**250**

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 250 reports of which 8 had ISCs).

3.1 Commentary

The number of exception reports has increased and is now higher than in 2021 and 2022. Exception reports were received from a broad range of specialities including General Surgery, Acute and speciality medicine, Haematology, Oncology, Neurology & neurosurgery, Ophthalmology, T&O, Obstetrics & Gynaecology, Neonatology and Paediatrics.

3.2 Trends in Exception Reporting

Levels of exception reporting in Q4 (n=250) were increased compared to those in Q3 2022 (n=228) and higher than those last year in Q4 2021 (n=209). They are also higher compared to those in Q4 2019 pre-Covid (n=184). Reporting of missed educational opportunities remains low. The number of exception reports linked to service support issues has decreased. The number of immediate safety concerns remains low and is similar 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 (Jan)	0	41	1	6	48
MONTH 2 (Feb)	0	54	0	6	60
MONTH 3 (Mar)	1	61	0	4	66
QUARTER	**1**	**156**	**1**	**16**	**174**

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	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. Recruitment in progress.
August 2021	NICU	Review continues to reduce weekend working. Will require 3 new posts (2 junior rota, one senior rota). Awaiting budget setting.

4.1 Commentary

There were no new work schedules this quarter. However, there are currently three active work schedule reviews (NICU - left over from previous quarters, ED and Transplant). There are now only two rotas (NICU & ED) 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
1/2 General Surgery FY	Gap on FY night rota – no locum cover	Lead consultant made aware. Acting down arrangements should have been made
2/2 Haematology	Rota gap and high workload	Review still pending
2/2 Trauma & Orthopaedics	Rota gap with no cover arranged	D/W on call consultant. Trainee stayed on until safe handover possible

6/2, 14/2 x 2, 23/2 Emergency Dept	Rota gaps and high workload with long patient waits	Consultants aware and concern escalated to Speciality Lead and ES. ED consultants remain in ED overnight. Escalated locum rates not available. Recruitment to newly funded ED posts in progress.ED staffing and ED crowding on Trust risk register & escalated as risks daily.
28/2 General Surgery	Long standing rota gap at FY1 level in HPB. Filled by locum who was then ill – so short term gap.	Review pending

6. Fines

Fines levied against departments this quarter:

Department	**Detail**	**Total value of fine levied**
Total fines levied	3 fines as doctors did not receive 5 hours continuous rest overnight during resident on calls. See below.	£780.12

Specialty	**Fine paid to Dr**	**Department fine**
Paediatric Surgery	**£325.05**	**£541.65**
Transplant	**£130.02**	**NA**
Transplant	**£325.05**	**NA**

Transplant department was not fined as rota arrangements are different and unique to CUH.

	TOTAL
Balance at end of last quarter	**£5791.87**
Fines incurred this quarter	**£780.12 (trainees) + £541.65 (dept)**
Cumulative total	**£1321.77**
Total paid to trainees (£)	**£780.12**
Total spent (£)	**£0**
Balance at end of this quarter	**£6333.52**

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 & Freedom to Speak up Guardian) join for the second half of the meeting. Issues discussed included the rotas in ED and weekend working, rota gaps, locum rates & industrial action. 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 The annual audit of the exception reporting pathway took place in January. There were 62 ERs where payment was requested for additional hours. Of these 44

(71%) were raised by trainees within 7 days of the event. This compares to 51% in 2021-22. We have altered the system this year with the guardian administrator agreeing exception reports requesting payment for less than 2 hrs provided no other issues. In our experience it is extremely rare for CS/ESs to decline approval and annual audits have identified that the number of ERs returned by CS/ES/Clinical leads within 7 days of receipt of the ER from the trainee was very low (31% last year). This year this is now 44% with the new process. 8 ERs (44%) were closed within 7 days of receiving the report from the supervisor or from the guardian administrator compared to 31% in 2021-22.

9.4 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.

9.5 A survey of trainees' views of exception reporting was distributed by the JDF in Q4 2020-21 (please see summary in Q4 report). We will 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) GMC trainee survey. Exception reporting of "immediate safety concerns" is considered in parallel with incident reporting by outside bodies including the CQC.

10.3 The revised TCS (2019) advised that trainees should not work more frequently than 1:3 weekends, as discussed in previous reports. CUHFT 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 but have not been renewed. 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 & 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 Q4 and patient safety has rarely 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 focussed on the persistent backlog of patient care post pandemic recovery and how best to ensure 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 Q4 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.

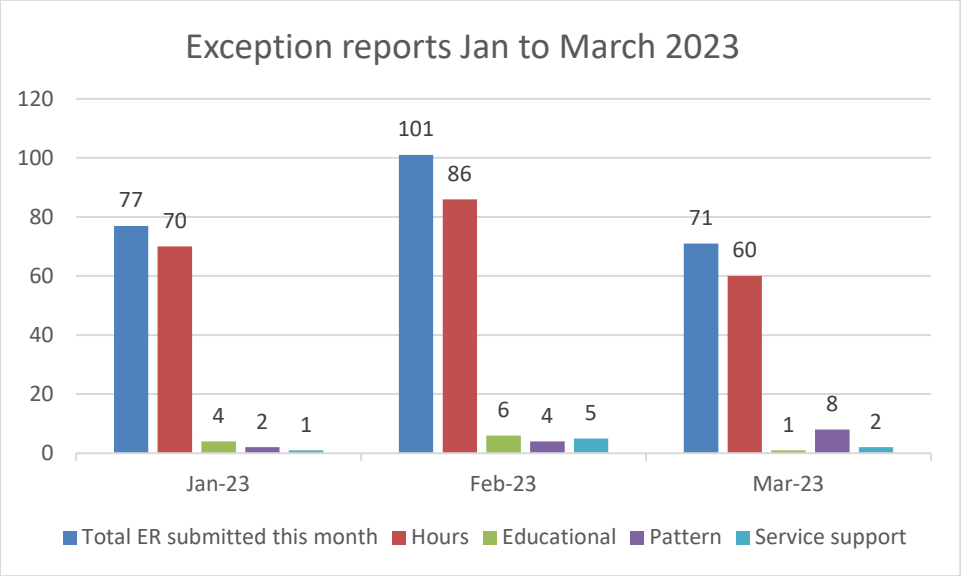
On-call period	An on-call period is the time that the doctor is required to be on call (as defined above) by their employer.
Placement	For the purposes of these TCS, a placement is a setting into which a doctor is placed to work for a fixed period of time in a post or posts in order to acquire the skills 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).

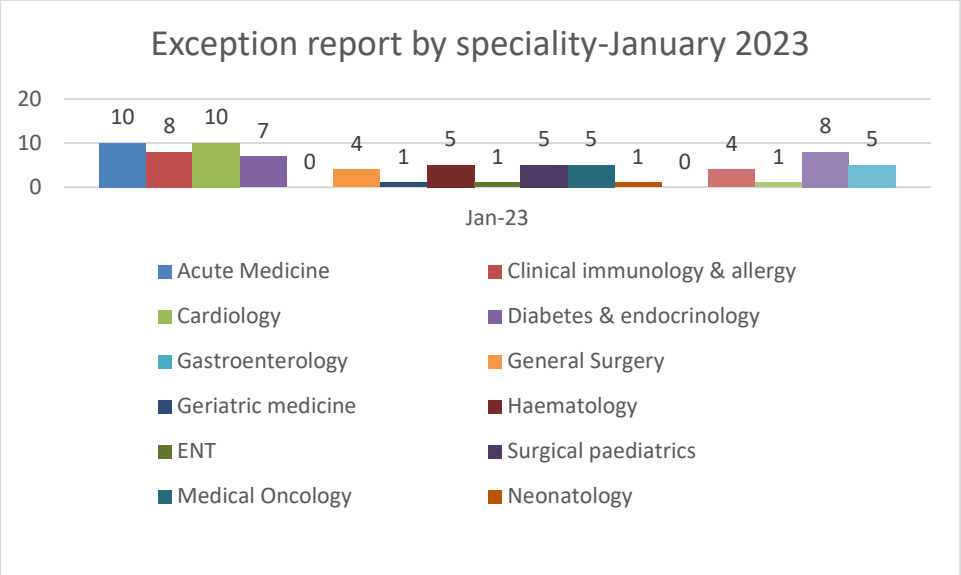
Work schedule	A work schedule is a document that sets out the intended learning outcomes (mapped to the educational curriculum), the scheduled duties of the doctor, time for quality improvement, research and patient safety activities, periods of formal study (other than study leave), and the number and 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.

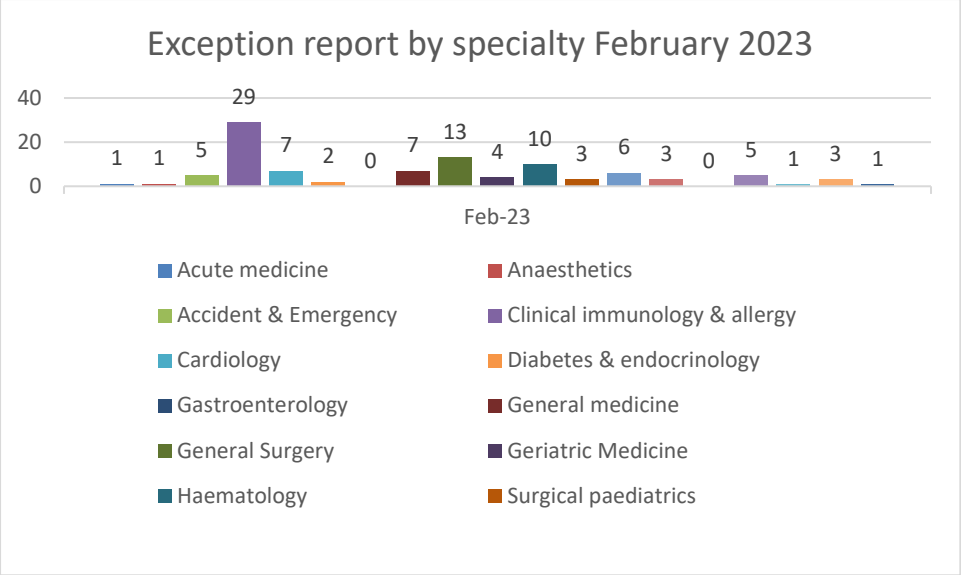
Appendix 2

Exception report data

Jan-March 2023






Exception report by specialty February 2023
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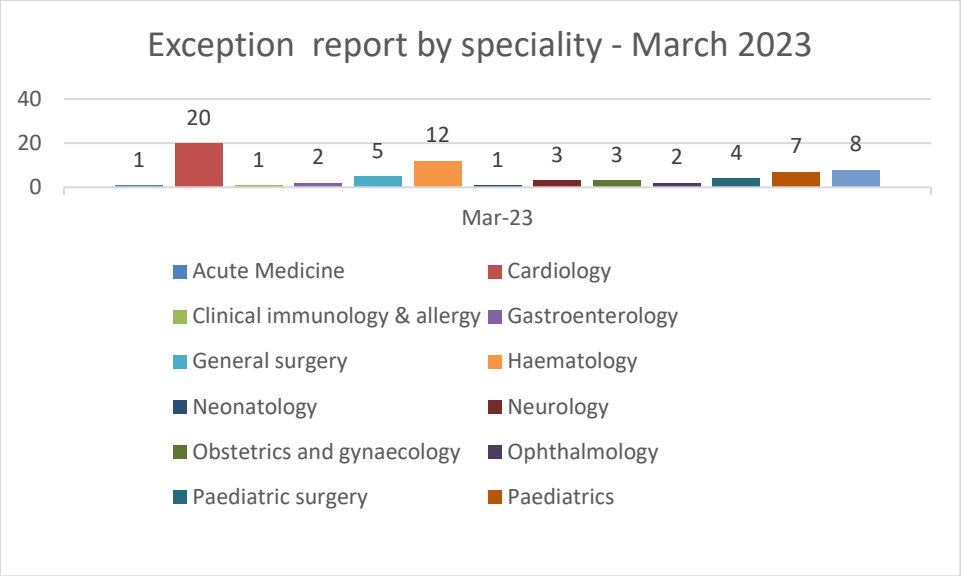
20
0
1 1 5 29 7 2 0 7 13 4 10 3 6 3 0 5 1 3 1
Feb-23
Acute medicine
Anaesthetics
Accident & Emergency
Clinical immunology & allergy
Cardiology
Diabetes & endocrinology
Gastroenterology
General medicine
General Surgery
Geriatric Medicine
Haematology
Surgical paediatrics


Exception report by speciality - March 2023
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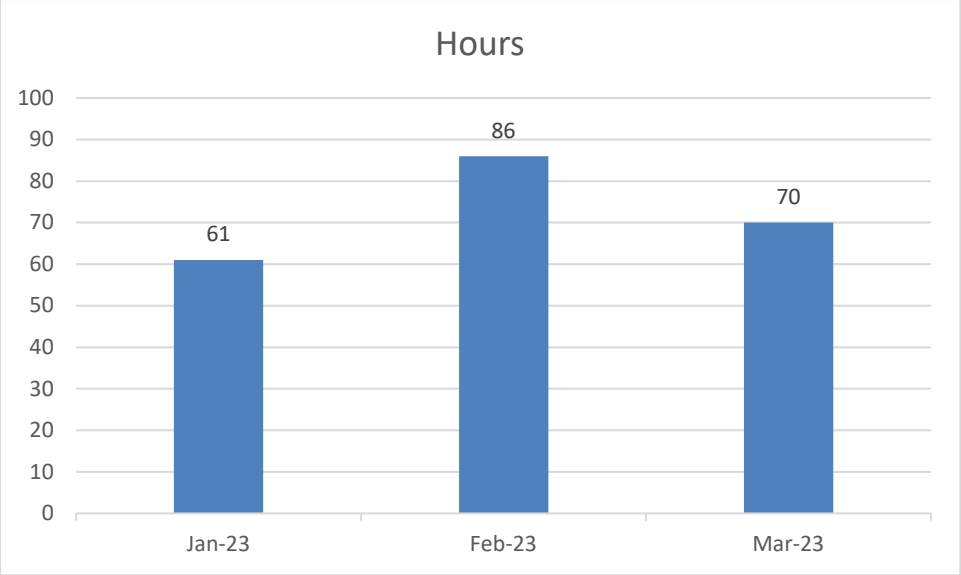
20
0
1 20 1 2 5 12 1 3 3 2 4 7 8
Mar-23
Acute Medicine
Cardiology
Clinical immunology & allergy
Gastroenterology
General surgery
Haematology
Neonatology
Neurology
Obstetrics and gynaecology
Ophthalmology
Paediatric surgery
Paediatrics


Hours
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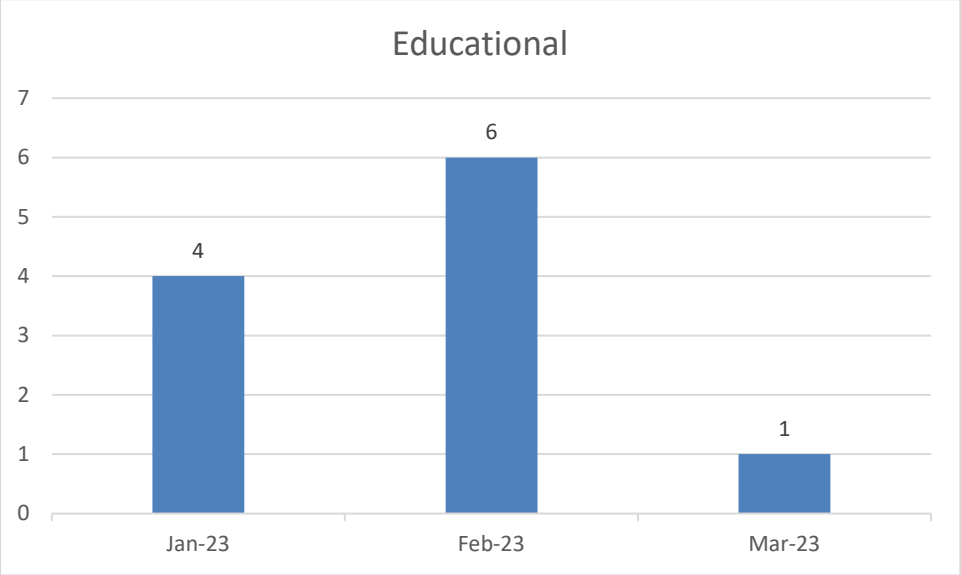
Jan-23
Feb-23
Mar-23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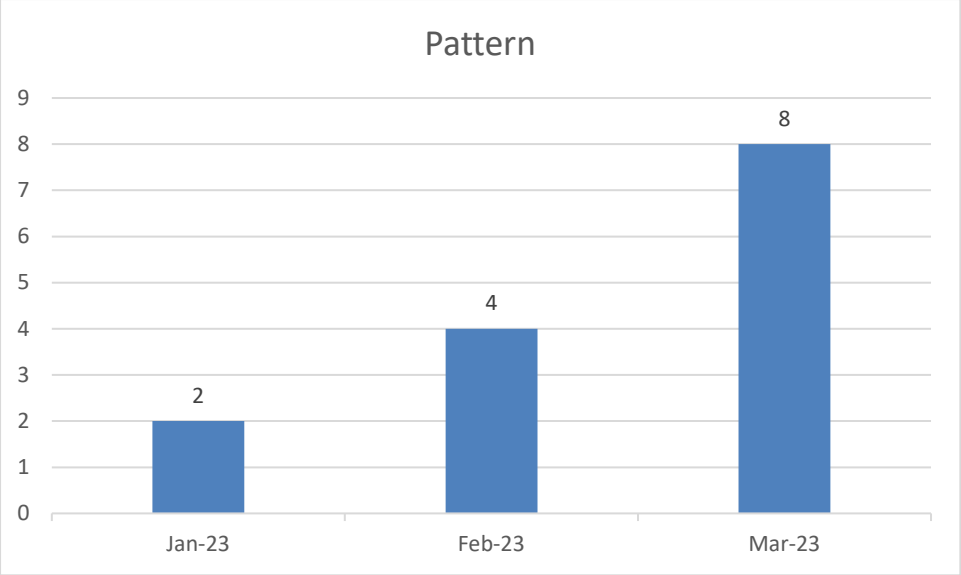
Jan-23
Feb-23
Mar-23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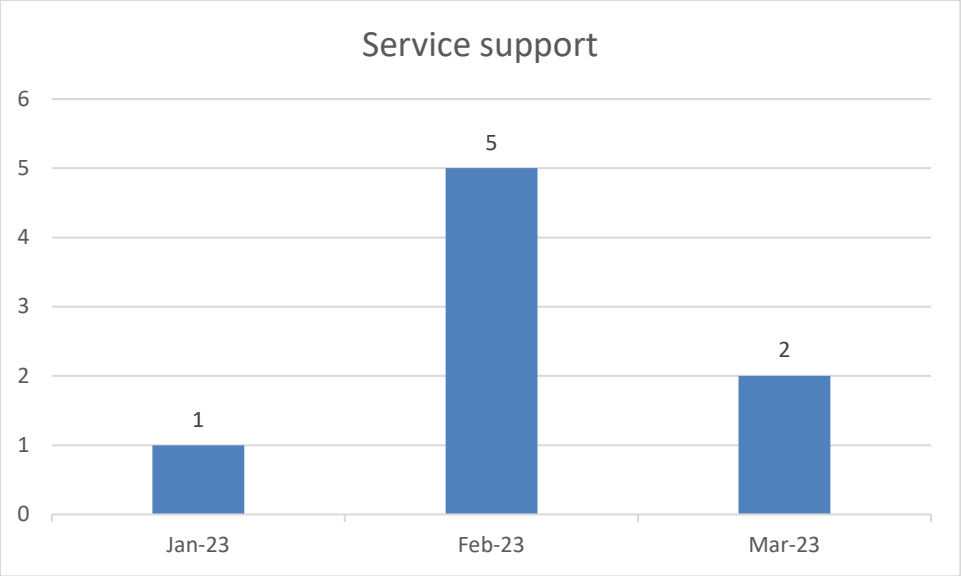
Jan-23
Feb-23
Mar-23


Service support
6
5
4
3
2
1
0
1
5
2
Jan-23
Feb-23
Mar-23

Board of Directors

NHS
Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 12 July 2023

Agenda item	12.2
Title	Annual Report on Safe Working Hours: Doctors and Dentists in Training
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	n/a

Executive Summary

This is the sixth annual report, based on a national template, to the Board of Directors by the Guardian of Safe Working. This role was introduced to support 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 financial year 2022-23. The Trust has 672 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"?	Yes.

Action required by the Board of Directors

The Board is asked to note the sixth annual (2022/23) report from the Guardian of Safe Working.

Cambridge University Hospitals NHS Foundation Trust

12 July 2023

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

Key messages

- The annual Guardian of Safe Working report for 2021/22 described the pattern of exception reporting following the Covid-19 pandemic. In 2021/22 the number of exception reports increased to pre-pandemic levels, and in Q4 exceeded these. 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.

- This year the numbers of exception reports has increased and are now considerably higher than pre-pandemic levels. Under reporting, however, is still a significant concern both here and nationally. This year more exception reports (ERs) have been submitted for missed training opportunities, but these are still a small proportion of all ERs. There was concern that a number of trainees would require extensions to their training which has workforce, recruitment & financial implications but this has not obviously materialised. Previous surveys of the process of exception reporting suggested that a few clinical and educational supervisors were neither engaged with the process, nor recognised its value in providing data that can be used to effect change. The increased numbers of submitted ERs suggests that trainers are now more supportive as they recognise the value of submitting reports.

- The 2019 amendments to the Terms and Conditions of Service (TCS) for junior doctors (2016) required changes to 60 of the 96 rotas in CUHFT. The new TCS advised that trainees should work no more often than 1:3 weekends. CUHFT had 11 rotas, mostly ED and intensive care which required trainees to work more than 1:3 weekends. Exemptions were applied in 2019 with agreement from trainees involved, the JDF and the GOSW but have not been renewed. Medical Staffing developed plans to make these rotas compliant and most have now been resolved. However, two rotas remain problematic (ED and NICU). The Trust has agreed funding for 15 new posts in ED, but recruitment has proved challenging, although it is hoped that this will be in place for August 2023. The NICU rota remains under discussion.

- Exception reporting suggested that working hours last year were mostly compliant and safe across the Trust. There continue to be some extra hours worked on a variety of different rotas, with a few areas with persistent problems. Continuing surveillance will be important to ensure trainee and patient welfare as well as adequate exposure to training.

- Gaps in rotas continue to be a major concern (both here and nationally) - even if posts are created they often cannot be filled and this has implications for working hours, patient safety and training.

- The Junior Doctors' Forum met monthly (virtually), and subsequently face to face from September 2022, and has enabled discussion between junior doctors and senior management. Trainee attendance is variable but has improved recently. This is a valuable forum with the potential to improve the wider hospital environment and culture, as senior management consistently attends and listens to concerns.

- Board of Directors' engagement continues to be more positive than most other Trusts in the East of England (benchmarking via the Regional GOSW network). The JDF chair attends Board meetings and provides an opportunity for the Board to listen to trainee concerns; they are the future medical workforce.

1. Introduction

1.1 The process of exception reporting provides data on the working hours of doctors in training and can also identify missed training opportunities. This provides an additional mechanism to record safety concerns related to working hours and rota gaps. Reporting to the Board of Directors is a stipulated requirement of this role and this report reflects the position at completion of the fourth year since the implementation of the new 2016 Terms and Conditions of Service.

1.2 Please note that the detailed data below relates only to doctors directly overseen by the Guardian of Safe Working for Cambridge University Hospitals NHS Foundation Trust.

2. Board reporting

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

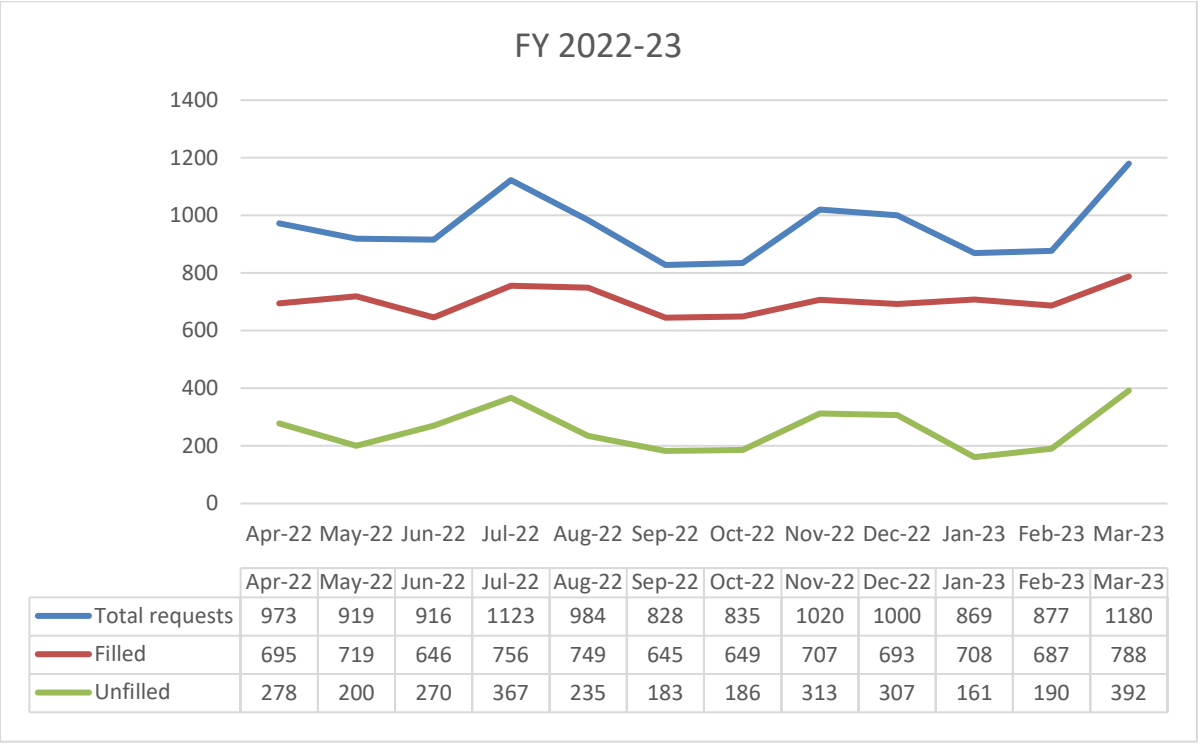
With effect from August 2018 the ability to exception report was rolled out to all junior doctors, including non-consultant non-training grade doctors.

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

3. Annual data summary

3.1 The Trust's Junior Doctor locum bank usage over the financial year 2022/23 is as follows:

Month	Total requests	Filled	Unfilled	Junior Fill rate
Apr-22	973	695	278	71.43%
May-22	919	719	200	78.24%
Jun-22	916	646	270	70.52%
Jul-22	1123	756	367	67.32%
Aug-22	984	749	235	76.12%
Sep-22	828	645	183	77.90%
Oct-22	835	649	186	77.72%
Nov-22	1020	707	313	69.31%
Dec-22	1000	693	307	69.30%
Jan-23	869	708	161	81.47%
Feb-23	877	687	190	78.34%
Mar-23	1180	788	392	66.78%



	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 requests	973	919	916	1123	984	828	835	1020	1000	869	877	1180
Filled	695	719	646	756	749	645	649	707	693	708	687	788
Unfilled	278	200	270	367	235	183	186	313	307	161	190	392

Please note – March 23 included the dates of the industrial action therefore the figure above is effected by this.

4. Issues Arising

4.1 Exception Reporting

- The Covid-19 pandemic has made it difficult to interpret trends; comparison to previous years is difficult. In total 921 exception reports were submitted last year compared with 497 last year. 796 (455 last year) of these were for extra hours worked, 41 (11 last year) for pattern of working and 38 (15 last year) for service support. There were similar numbers of safety concerns (19 compared to 21 in 2021-2). There were 46 educational ERs submitted, an increase from 16 last year. There is a consistent cyclical variation with more reports submitted in August and September (as new doctors start work) and over the winter (winter pressures and staff vacancies). Rota design to mitigate this would be helpful.

- Although the number of exception reports has increased markedly this year (and is much higher than pre-pandemic levels), under reporting is still a significant concern both here and nationally. More exception reports (ERs) have been submitted for missed training opportunities, which is encouraging although they are still a small proportion of the total. Trainee surveys last year have suggested that reasons for not reporting included lack of anonymity, a dislike of more paperwork, nothing obvious changing as a result of their reports and a perception that submitting an ER would be perceived negatively by their clinical supervisors. The overall increased number of reports submitted this year does suggest that clinical and educational supervisors are being more supportive of trainees exception reporting. We hope that this is because it has been seen as a driver for change within departments. Attendance by the GOSW at educational supervisor events as well as sharing good news stories is important in encouraging trainer support of exception reporting.

4.2 Areas of concern

4.2.1 Surgery

Most ERs were generated by Foundation trainees on a variety of rotas.

4.2.2 Acute Medicine / Speciality medicine

A number of ERs were submitted by trainees on various medical rotas – from acute medicine to speciality rotas.

4.2.3 Haematology

In Q4 there were increasing numbers of ERs submitted by trainees on the haematology rota.

4.3 Immediate safety concerns

Immediate safety concerns were mostly related to illness and short term rota gaps, where it had not been possible to secure appropriate locum cover.

Clinical teams do seem to be aware in advance of the shifts with gaps. As far as we are aware there have been no obvious adverse patient consequences related to any reported immediate safety concerns.

4.4 Recruitment and retention – particularly international recruitment

Further to last year's report on recruitment and retention of junior staff, it has been again difficult to recruit overseas doctors (and there are several arguments against doing this). Recruiting into the 15 new posts in the ED has also been problematic and filling rota gaps with locums remains challenging.

4.5 Implementation of the 2019 amendments to the Terms and Conditions of Service for Junior Doctors (2016)

Prior to the pandemic plans were being made to accommodate the (2019) amendments to the Terms and Conditions of Service (TCS) for junior doctors (2016) which required changes in 60/96 rotas in CUHFT. Work on this was deferred with the onset of the pandemic but was subsequently completed.

The new TCS advises that trainees should not work at a frequency of greater than 1:3 weekends. Exemptions can be applied for clinical reasons if there is agreement from trainees involved, the JDF and the GOSW. CUHFT had a number of rotas (n=11, mostly ED and intensive care) which required trainees to work more than 1 in 3 weekends. Work by medical staffing has reduced the number to 2 rotas (ED and neonatal intensive care).

5. Actions taken to resolve issues

5.1 Exception reporting process

The guardian administrator has worked with medical staffing to ensure that problems with logging into Allocate are addressed. The software has improved with further updates expected. We have found that clinical supervisors (CSs) rarely refused requests for pay for extra hours worked. To reduce the burden on CSs, the guardian administrator can now approve exception reports which are straightforward and claiming for less than 2 hours additional work.

Last year we worked with educational and clinical supervisors to demonstrate the benefits to patient care of exception reporting (ES update, newsletter and attendance at induction). Local and regional trainee surveys of exception reporting suggested that the main barriers to exception reporting include login issues, documentation, the perception that exception reporting does not make a difference and that it can reflect badly on individuals. Some of these are not resolvable except nationally, but others can be by a change in the local culture.

5.2 Areas of concern

5.2.1 Surgery

ERs submitted by trainees working on surgical rotas continue mainly at foundation level and are usually related to short term rota gaps. Post-Covid, staff sickness levels have increased which are probably contributing to increased gaps. The Trust has increased locum rates this year but recruitment into short term gaps remains challenging.

5.2.2 Acute Medicine/Covid rotas

The medical rotas are complex, involving a large number of trainees. They were re-designed in August 2022 which has improved working hours for trainees, but the above continues to apply.

5.2.3 Haematology

There has again been an increase in the number of ERs – this department were one of the first to see the benefits – with the creation of new posts – of exception reporting a few years ago and consultants have always been supportive of their trainees exception reporting.

5.3 Immediate safety concerns

We continue to emphasise the importance of trainees escalating short term rota gaps at the time they occur to clinical leads so that gaps can be filled and patient safety ensured – if necessary by senior doctors “acting down”.

5.4 Recruitment and retention

It is widely acknowledged that there is an under supply of UK trained doctors and nurses to fill all existing vacancies across the NHS and the reasons for this are multi-faceted and complex. The Trust has a range of ever evolving initiatives to improve both recruitment and retention, these include opportunities for training, career development, practical assistance with accommodation, recruitment and retention premia. Medical Staffing continue to work with areas experiencing specific issues.

5.5 Implementation of the 2019 amendments to the Terms and Conditions of Service for Junior Doctors (2016)

Uncertainty around the Covid-19 pandemic did complicate plans to redesign rotas that would comply with the TCS for junior doctors. Continuing surveillance is important to ensure trainee and patient welfare.

Exemptions had been agreed in 2019 to the amendment that advises that trainees should not work more than 1:3 weekends. These have not been renewed. A plan was developed to reduce weekend working which involved various interventions including more staff and a change in working patterns. The

Trust has committed considerable funding to finance new posts including 15 posts in the emergency department (ED). It is, however, proving difficult to recruit into these new posts and there are still two rotas where doctors are working more than 3 weekends (NICU and ED).

6. Summary

6.1 In general working hours for doctors and dentists in training remained compliant and safe across CUHFT, despite the challenges of recovery after the covid-19 pandemic. Staffing levels are generally adequate to provide good quality care and remained so during the pandemic. The main concern continues to be the loss of training opportunities, particularly in the craft specialities and whether some trainees would need to extend their training programmes. The number of extensions to training were, however, not as high as feared, but it is thought that trainees exiting training programmes may need more support as they start their consultant careers.

6.2 The exception reporting process has been useful in highlighting departments and rotas where there are issues; it also provides data that can be used to drive change – extra posts or reallocation of tasks to other professional groups. It should be noted that the process has not been cost neutral.

6.3 There continue to be areas with rota gaps which are difficult to recruit into, with implications for working hours, workload and patient safety combined with a reduction in training opportunities. The Board of Directors has recognised these risks and the importance of improving trainee welfare (cf NHSI Eight high impact actions to improve the working environment for junior doctors) to attract and retain staff.

6.4 The 2019 amendments to the TCS necessitated a redesign of the majority of CUHFT rotas. There are still 2 rotas where trainees work more than 1:3 weekends (ED and neonatal intensive care). Exemptions were previously agreed in 2019 but have not been renewed. Solutions have included more staff and rota redesign. The Trust has financed a number of new posts, including 15 in ED during Q1 2022. Recruitment into these posts is proving challenging but medical staffing are optimistic that there will only be one rota (NICU) that is unresolved by August 2023.

6.5 Finally, as the NHS emerges from the Covid pandemic, there are new challenges including management of waiting lists and patient and trainee expectations in the context of assorted industrial action. Concerns have shifted from anxiety over Covid and lost training to concerns over rota gaps and the best way to fill these to allow training to take place in parallel with service commitments.

7. Recommendations

7.1 Staffing levels in CUHFT are generally adequate to provide good quality patient care but there are some areas with persistent problems and rota gaps. The Board is asked to note that post-Covid the 2019 amendments to the 2016 TCS for junior doctors are mostly resolved but that continuing surveillance of working hours is

important to ensure training and trainee welfare, which also ensures patient safety.

7.2 The Board of Directors is asked to note this sixth annual (2022/23) report from the Guardian of Safe Working and is asked to provide their continuing support for measures to improve trainee welfare, training and morale and thus recruitment and retention.

8. Appendices

Appendix I: Glossary of terms and abbreviations
Appendix II: Graphs of ERs

Appendix I: 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
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
WTR	The Working Time Regulations 1998 (as amended)

Acting down	Acting down is where a doctor is requested by their employer to cover the duties of a more junior colleague within their contracted working hours, although it may extend to covering the duties of a more junior colleague during unplanned additional hours. This definition does not apply, however, where the doctor undertakes duties as part of their normal workload which a more junior doctor might be competent to undertake; nor does it apply where a doctor agrees to undertake locum work at a more junior level.
Allocated Leave	Allocated leave is residual leave which is allocated to an individual doctor after requests for leave have been accommodated as best as possible.

Caring responsibilities	Significant responsibilities to care for another person, whether solely or as part of a group (for example of family members). This may include but is not limited to acting as a carer for a child or an ill or disabled family member.
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	Wherever 'doctor' is used in these terms and conditions, it is intended to mean a doctor or dentist in an approved postgraduate training programme under the auspices of HEE.
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.
Employer	The organisation by which the employee is employed and which holds the contract of employment.

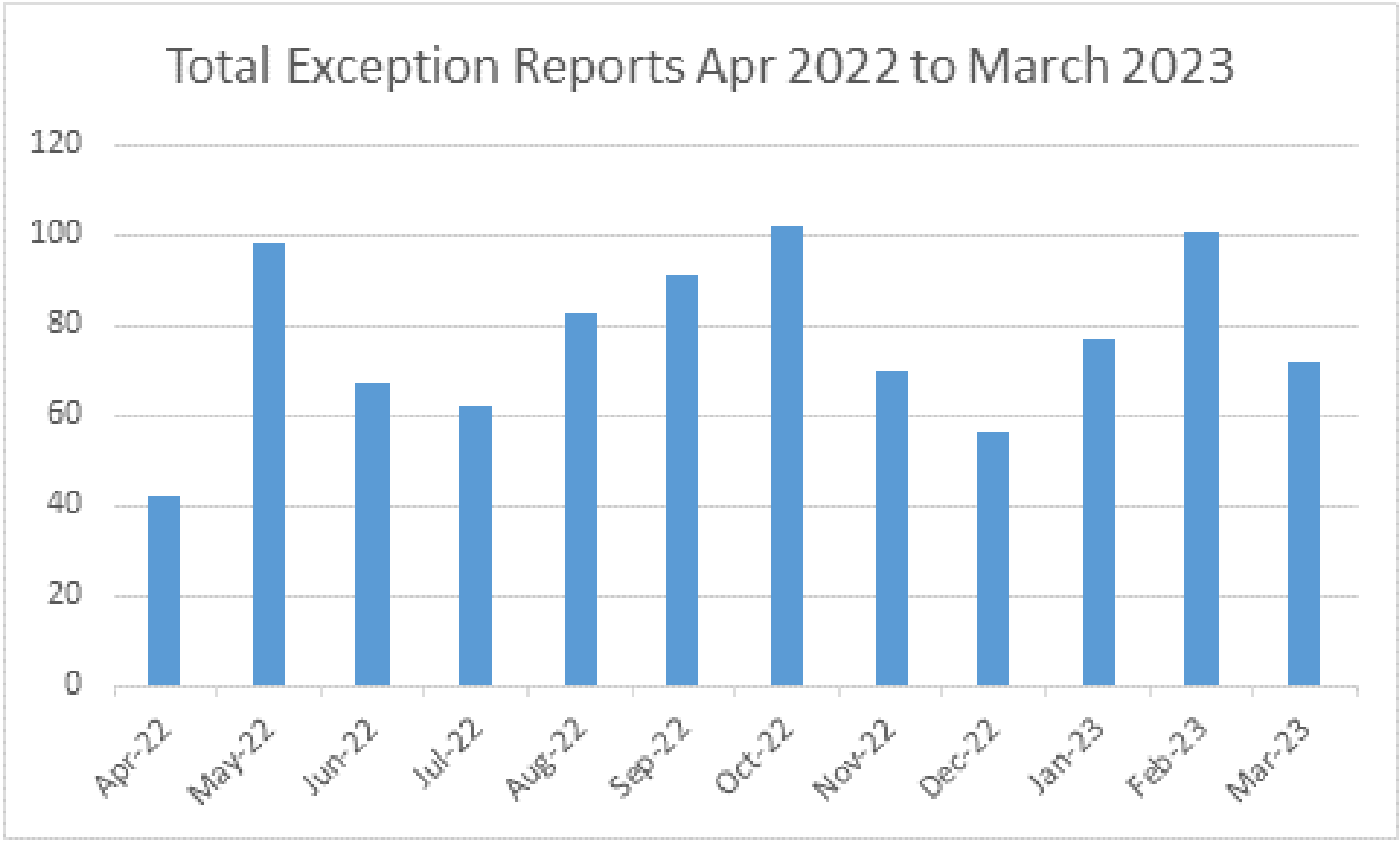
Episodes of work	Periods of continuous work within an on call period separated by periods of rest.
Exception reporting	Mechanism used by doctors to inform the employer when their day- to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be differences in total hours of work, pattern of hours worked, in the educational opportunities and support available to the doctor.
Form B	Form B is a GMC document which approves a training post at a specific point in time. It provides an outline of the educational and service activities and the expected learning outcomes from the post.
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.
Host organisation	An organisation where a doctor is deployed to work in a post for a fixed period of time under a lead employer arrangement. The employer can also be, but is usually not, the host organisation.
Integrated clinical academic pathway	Integrated clinical academic pathway combines both clinical and academic components within one training programme (for example, those defined under the auspices of the National Institute for Health Research (NIHR)).
Lead employer	An organisation that issues and holds the contract of employment throughout a doctor’s training programme, during which the doctor may be deployed into one or more host organisations.
Long shift	For the purposes of these TCS, a long shift is any shift that exceeds 10 hours in duration.
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.
Period of grace	6 months of continued employment after a doctor has successfully completed their specialist training. Periods of grace are not applicable to GP trainees.
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.
Professional leave	Professional leave is leave in relation to professional work.
Professional work	Professional work is work done outside of the requirements of the curriculum and/or the employer/host organisation for professional bodies such as Royal Colleges, Faculties or the GMC/GDC. Non-trade union activities undertaken by for a recognised trade union, for example work on an Ethics Committee would count as professional work, however trade union duties and activities are covered through recognition agreements.
Public holiday	Holidays recognised by the NHS in England. Currently, these are: New Year's Day; Easter Friday (otherwise also known as Good Friday); Easter Monday; the two May bank holidays; the August bank holiday; Christmas Day and Boxing Day.
The regulator	General Medical Council or (for dental programmes) other relevant body.
Resident on-call	A doctor who is resident on-call is required to be present on site and available to work for the whole on-call period, but will not be expected to be working during that time unless called upon to do so.
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.
Special leave	Special leave for any circumstances will be defined by the employer's local policy.
Study leave	Study leave is leave that allows time, inside or outside of the workplace, for formal learning that meets the requirements of the curriculum and personalised training objectives. This will include regional educational events where the time is protected.
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 II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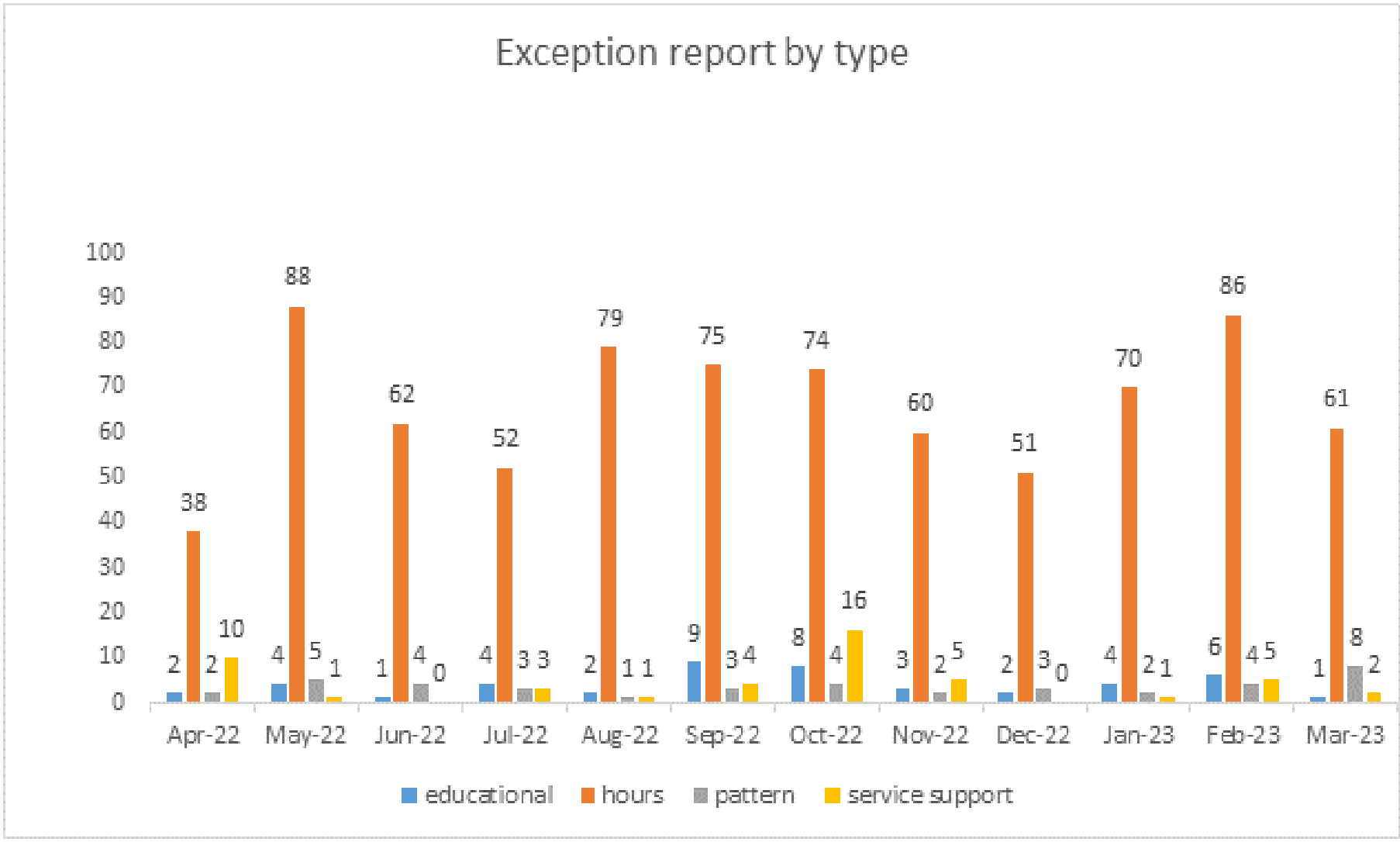
100
80
60
40
20
0
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23


Exception report by type
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80
70
60
50
40
30
20
10
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Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
2 38 2 10
4 88 5 1
1 62 4 0
4 52 3 3
2 79 1 1
9 75 3 4
8 74 4 16
3 60 2 5
2 51 3 0
4 70 2 1
6 86 4 5
1 61 8 2
educational
hours
pattern
service support

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

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Report to the Board of Directors: 12 July 2023

Agenda item	13
Title	Amendment to the Public Constituency
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	As above
Purpose	To seek approval to amend the Trust Constitution to reflect changes to the local government electoral arrangements in East Hertfordshire.
Previously considered by	Council of Governors, 22 March 2023

Executive Summary

The Local Government Boundary Commission for England has concluded a review of electoral arrangements in East Hertfordshire. The Order to implement the recommendations was made on 23 January 2023 and, following a 40-day period of Parliamentary scrutiny, came into force in May 2023.

Foundation trusts are required to define their public constituency using current local government boundaries and therefore is it necessary to review the definition of the Trust's public constituency specifically in respect of East Hertfordshire.

The recommendation is that the Board of Directors authorises an amendment to the Trust Constitution to revise the coverage of the Public Constituency in respect of East Hertfordshire (following the same approach used in 2015 and 2019 when similar processes occurred in Essex and Suffolk). If approved by the Board, the amendment will take immediate effect, having been agreed by the Council of Governors in March 2023.

Related Trust objectives	All Trust objectives
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	The public constituency is defined in the Trust Constitution and therefore any changes require the approval of both the Board of Directors and the Council of Governors.
How does this report affect environmental 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 amendment to the Public Constituency as set out in the paper.
- Note that, subject to approval of the amendment by the Board of Directors and the Council of Governors, the Trust Constitution will be updated accordingly.

Cambridge University Hospitals NHS Foundation Trust

12 July 2023

Board of Directors

Amendment to the Public Constituency

1. Introduction

1.1 Foundation trusts are required to use local government boundaries to define their respective public constituencies. Virtually all foundation trusts in two tier[1] Council areas use District Council boundaries and/or sub-divisions of District Councils called wards. The Public Constituency must be defined in the Trust Constitution and therefore any changes must be managed as changes to the Constitution.

1.2 The Trust's Public Constituency currently includes the following three wards of East Hertfordshire District Council: Buntingford; Braughing; and Mundens & Cottered.

1.3 The Local Government Boundary Commission for England completed last year a Periodic Electoral Review of East Hertfordshire District Council. The Order to implement the recommendations was made on 23 January 2023 and, following a 40-day period of Parliamentary scrutiny, came into force in May 2023.

1.4 The new ward arrangements in East Hertfordshire do not directly match the existing arrangements and therefore changes are required to the definition of the Trust's Public Constituency. It is proposed to use the same approach as followed previously when the same type of review process occurred in the Braintree and Uttlesford Council area in 2015 and following the creation of West Suffolk Council in 2019.

1.5 In these cases, the Trust slightly extended the scope of its Public Constituency to ensure that all previous areas were retained in the Public Constituency. It is recommended that the same principle is applied to this re-organisation, as removing areas from the Public Constituency may have adverse reputational impact for little or no benefit to the Trust.

[1] This refers to where there are separate District and County Councils in place.

1.6 Adopting this approach, it is proposed that the Trust's Public Constituency will in future cover the following four wards of East Hertfordshire District Council under the revised ward arrangements:

- Buntingford (*this covers a different area to the existing Ward*)
- Braughing & Standon
- The Mundens
- Little Hadham & The Pelhams

1.7 The effect of this will be to include the following additional Civil Parishes in the Public Constituency going forward:

- Albury
- Ardeley
- Bengeo
- Furneux Pelham
- Little Hadham
- Sacombe
- Standon
- Stocking Pelham

1.8 The proposed approach and amendment was agreed by the Council of Governors at its meeting on 22 March 2023.

2. Recommendation

2.1 The Board of Directors is asked to:

- Approve the amendment to the Public Constituency as set out in the paper.
- Note that, subject to approval of the amendment by the Board of Directors and the Council of Governors, the Trust Constitution will be updated accordingly.

Cambridge University Hospitals NHS Foundation Trust

CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Audit Committee	**DATE OF MEETING:**	27 June 2023
CHAIR:	Daniel Abrams	**LEAD EXECUTIVE DIRECTOR:**	Chief Finance Officer
RECEIVING BOARD / COMMITTEE:	Board of Directors, 12 July 2023		

AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
3.	**External Audit – Annual Report and Accounts** 1. The committee received the update report from the external auditors on the annual report and accounts for 2022/23. 2. The committee were informed that it was expected that the Trust would be in a position to submit the annual report and accounts to NHS England ahead of the 30 June 2023 deadline. 3. Through the testing undertaken by the auditors, additional expenditure had been identified which should have been recognised in 2021/22. 4. The committee were assured that the correct accounting procedures had been applied to the management of lease arrangements, in line with IFRS 16 guidelines. This would be reflected in the final version of the audit completion report 5. Additionally, the committee were given sufficient assurances that the appropriate mitigations were in place to manage the	For information	BAF 011	N

	risk identified relating to the Epic patient data back up and disaster recover arrangements.			
4.	**Annual report and accounts** 1. The committee received the final draft of the annual report and annual accounts for 2022/23. 2. Subject to the outstanding queries being closed off, the audit completion report would be signed off ahead of the deadline. 3. The approved versions of the annual report, annual accounts and audit completion report would be circulated to the Board of Directors.	For information	BAF 011	N

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NHS Foundation Trust

CHAIR'S KEY ISSUES REPORT
ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Workforce and Education Committee	**DATE OF MEETING:**	28 June 2023
CHAIR:	Rohan Sivanandan	**LEAD EXECUTIVE DIRECTOR:**	Director of Workforce
RECEIVING BOARD / COMMITTEE:	Board of Directors, 12 July 2023		

AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5.	**System Workforce – priorities, risks and opportunities** 1. Claudia Iton, Chief People Officer for the Cambridgeshire and Peterborough Integrated Care System (ICS), was in attendance and provided an update on system workforce priorities, risks and opportunities. In her presentation Claudia outlined: • The ICB (Integrated Care Board) and the ICS are focused on better outcomes for patients and staff. • The importance of leadership, especially on delivery and working with partner organisations. • Additional priorities were noted as stabilisation of the workforce, support to lower absence rates, improve recruitment efficiency, increase retention rates and deliver on the Equality, Diversity and Inclusion anti-racism programme. • A focus on continuous profession development (CPD), wider education and development of entry level roles across the system would help with retention rates and ensuring staff feel valued. • Internal focus within the ICS was on continuous development of the ICS workforce competencies and driving system wide productivity in line with best practice.	Information/ Assurance		N

	• Risks were highlighted as the industrial action climate and funding alignment with the workforce. Risks internal to the ICS include not achieving a 'one workforce' approach across sectors. Staff morale and staffing levels limit the capacity to deliver on the overall agenda. • The committee discussed the intention to develop the workforce and space to meet the needs of future populations, considering what services will look like in 10 years and an adequate headcount and skill set to support this. 2. The committee also discussed delivering against actions from the Equality, Diversity and Inclusion action plan. 3. The Chief People Officer would attend a future meeting to provide an update on the future workforce plan.			
6.	**Rostering and attainment model** 1. The committee heard about the importance of deploying available staff efficiently and effectively. E-rostering ensures that available staff are appropriately allocated to provide high quality and efficient health services. Done well, it helps to maintain a balance between patient safety, cost and efficiency. 2. The standards for e-rostering for the clinical workforce were set in 2019 by NHS England. Guidance covers e-rostering and e-job planning and introduced 5 levels of attainment (level 0 through to level 4). 3. A structure had been established to monitor progress and improve performance against the levels of attainment. 4. The Chief Nurse highlighted that rostering tools allow the nursing team to check daily that the staff match the acuity of patients, ensuring the numbers of staff are safe in each area and highlighting where in-the-moment changes to staffing need to be made if required.	Information/ Assurance	BAF 007	N

	5. The committee noted the work and the current levels of attainment. They recognised the importance of this work and the need to continue to drive improvement.			
7.	**Director of Workforce Report** The Director of Workforce outlined a number of areas of work using the Trust's Workforce Commitments to structure the update. The areas highlighted include: <u>Good Work</u> 1. There has been significant take up of the Trust's subsidy for public transport. 132k subsidised journeys had been undertaken to and from the site, representing an investment of £1.02m to date. 2. Free bus travel to/from Babraham Road and Trumpington Park and Ride sites, as well as to/from Cambridge train station commenced in 2022 and will remain in place until at least March 2024. <u>Resourcing</u> 3. Repeated waves of industrial action had been seen since December 2022. Following pay negotiations between the government and health trade unions, a pay offer for 2022/23 and 2023/24 had been accepted by a majority of Staff Council's members, payment was made in June 2023. 4. A minority of trade unions continue to be in pay dispute with the government, with further strike action planned by the British Medical Association (BMA). 5. After action reviews continue after each wave of strike action, helping to review processes and focus on what can be improved for future periods of action. 6. The Trust saw a 2.9% growth in its substantive workforce over the past 12 months. In the 23/24 plan the planned workforce growth is 1.5%, establishment growth 1.7% and substantive staff growth	Information/ Assurance	BAF 007, 008, 013	N

	2.8%. The Trust's overall vacancy position is 9.9% against an internal target of 5%. 7. The committee reviewed the paediatric nursing staffing position, noting that an increase in establishment accounts for part of the vacancy position rate. A recruitment plan is in progress, working alongside a retention action plan which includes development programs, career development tools, flexible working and a plan to retain students. <u>Ambition</u> 8. The committee noted the revised multi-professional education, learning and development strategy. A section on Equality, Diversity and Inclusion has been included for each of the six themes. <u>Inclusion</u> 9. The centralised Workplace Adjustment service was fully launched in May, following the testing soft launch in June 2022. The service seeks to provide access to funds for workforce adjustments / equipment for staff who have a disability. <u>Relationships</u> 10. The committee noted the upcoming listening events, open to all members of staff, all disciplines and bands. 11. The committee discussed the work being undertaken across workforce and patient care on advancing our Just and Learning Culture work.			
8.	**Board Assurance Framework (BAF) and Corporate Risk Register**. 1. The committee received and noted the current version of the Board Assurance Framework and Corporate Risk Register.	Information/ Assurance		N

Cambridge University Hospitals NHS Foundation Trust

CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Performance Committee	**DATE OF MEETING:**	5 July 2023
CHAIR:	Adrian Chamberlain	**LEAD EXECUTIVE DIRECTOR:**	Chief Operating Officer, Chief Finance Officer
RECEIVING BOARD / COMMITTEE:	Board of Directors, 12 July 2023		

AGENDA ITEM	DETAILS OF ISSUE	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5	**5 year strategy update** 1. The Committee was given an update on progress against the strategy since the Board away day in May 2023. 2. The paper looked at the key opportunities to address the challenge in access to care in the short (1 year), medium (3 years) and long term (5 years). 3. Given that work in the short term was already covered by in-year financial and operational plans, it had been decided to focus on the medium-term activities as much of this work was within the Trust's control and not dependent on input from outside agencies or regional partners such as the ICB. 4. Several initiatives had been identified as offering the greatest opportunities in the medium term including UEC and non-elective flow, reducing length of stay, diagnostics and pathway/process redesign.	For information	All BAF entries	n/a

	5. The next steps for the strategy would be to set the ambition and quantify the impact of interventions compared to the size of the challenge, developing a clear delivery plan. 6. The committee agreed there was a need to work at pace on identifying the pathways to be focussed on in the medium term. These pathways should be clarified and reported back to the September meeting.			
6	**Workforce quarterly update** 1. The Committee was updated on the overall workforce position with focus on performance indicators, vacancy rates and staffing to cover the new capacity from December and predictions of bank and agency ratios for 2023/24. 2. The overall substantive workforce had seen 3.1% growth over the past 12 months. Planned growth for 2023/24 was 1.5% overall. 3. It was noted that growth in some hard to recruit to areas had been very positive e.g. radiographers. Health care support workers (HCSWs) and paediatric nurses were identified as areas that required focus. 4. Sickness rates were recovering from the high rates seen in December 2022 with the May rate at 3.7%. 5. Turnover rates were reducing and the vacancy position was 9.4% against a commitment of 5%. This was expected to reduce until the opening of the new capacity at the end of the year, which had been planned for. 6. The use of temporary staffing remained a challenge particularly with regard to industrial action. 7. It was hoped to stop the use of nurse agency and bank enhancements over the summer which would regain the pre-Covid position. 8. The Committee discussed the link between improved recruitment rates and the reduction in turnover. 9. The Committee acknowledged the vital importance of the workforce to the success of the 5 year strategy.		BAF 007	n/a

	10. The Chair requested a review of the recently published NHS workforce plan at the next meeting.			
7 7.1	**Operational Performance** 1. The committee was updated on the current position. 2. Ambulance handover times continued to perform well with all standards for handover targets continuing to be met. 3. Performance against the 4-hr standard in ED had been above trajectory at 70% in May and 68% in June. The slight dip in performance in June had been expected. Long waits had continued to improve but it was acknowledged that there was more to be done to see further improvement. 4. Patients waiting 78 weeks for treatment were expected to reduce to 75 by the end of the quarter. This placed the Trust around mid-table nationally. 5. The committee discussed whether patients waiting for long periods were suffering harm as a result. 6. Cancer referrals remained steady with urology, skin cancer and histopathology turnaround times being particular areas of concern. Histopathology turnaround was a known problem related to both staffing and physical capacity constraints. Staffing issues would in part be addressed with posts being filled in September and new lab space would be addressed by the move to Discovery Drive. 7. The Committee was updated on measures being taken to reduce length of stay. 84 beds had been identified at the beginning of the year, with a further 36 beds possible. A major trauma ward had been identified. Work was underway with the divisions to understand what they can do to reduce length of stay. The committee would be provided with updates on the position over the coming months.	For information	BAF 001/002	n/a
8	**Finance reports** 1. The committee received a report of the Month 1 & 2 financial position.		BAF 011	n/a

	2. The Month 2 position was showing an adverse variance to plan but still forecasting breakeven with £3.3m of non-recurrent support to date. 3. This was a difficult year for the NHS generally with some trusts already reporting significant deficits. 4. The move away from agency spend and bank enhancements was expected to help the position in future months. However, there was uncertainty about national support for the increased cost of pay to cover industrial action. The committee requested modelling for the effect of continued industrial action on finances. 5. The Elective Payment Mechanism (EPM) had been adversely effected by industrial action resulting in performance being £1.3m below plan. This was noted as a risk against achieving the budget plan. 6. Capital spending was ahead of plan, for the second month, at £4.3m. This was no cause for concern and would continue to be monitored. 7. The committee discussed the possibility of accommodating any initiatives identified in the strategy for funding from the capital budget. This could be done but would require re-prioritising schemes already identified in the budget and would be on a relatively small scale unless there was significant slippage in the timescale of a major scheme.			
9	**Capital Project Delivery reporting** The committee received and noted an update from the Director of Capital, Estates and Facilities Management. 1. A-block – additional reinforcement work had been required. The date for completion had been moved back to February 2024. 2. U-block – available from 18 December 2023. 3. Movement hub – available for handover on 2 October 2023. 4. Clinic 9/SDEC – awaiting resolution of OpCare move.		005/006/015	n/a

	5. It was noted that the new confirmed dates for the A block and Movement hub could have an impact on the financial plan.			
10	**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. 2. There had been no significant changes in month. 3. BAF Risk 001 remains at 20. With continued improvements and when new capacity comes on board this would be reviewed in early 2024. 4. Risk 011 Finance delivery remains at the same level and will continue to be monitored awaiting the outcome of NHSE decisions on funding for industrial action.	For information	All	n/a

Cambridge University Hospitals NHS Foundation Trust

CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Quality Committee	**DATE OF MEETING:**	5 July 2023
CHAIR:	Sharon Peacock	**LEAD EXECUTIVE DIRECTOR:**	Chief Nurse / Medical Director
RECEIVING BOARD / COMMITTEE:	Board of Directors, 12 July 2023		

AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5. 5.1	**Lead Executives' Report and Patient Safety and Experience Overview** Lead Executives' Report 1. The Chief Nurse and Medical Director presented the report to the committee. 2. National stocks of red cells and platelets have recovered after the Amber with restrictions alert issued last year. Subsequently the Trust has reduced its use of red cells. 3. The Trust's Patient Outcomes Team in the Safety and Quality Support unit have won the category of Influencing Organisation Change Hero at HQIPs 2023 clinical audit hero awards. 4. Concerns remain about capacity and waiting times within the Emergency Department. However, during May and June the Trust had seen a sustained improvement in performance against key urgent and emergency care metrics.	Information/ Assurance		N

	5. The Complaints and Patient Advice Liaison Service (PALS) continued to receive a high volume of new cases. The service has now been divided into two teams, with one team focusing on the backlog cases and the other trialling new processes. Since beginning this new way of working the backlog of cases has decreased. 6. The Care Quality Commission (CQC) inspected maternity services on 11 May 2023, focusing on the domains of Safe and Well Led. Informal feedback had been received with a full report expected shortly. 7. A further five-day period of junior doctor industrial action is planned from 7am on Thursday 13 July to 7am on Tuesday 18 July. It was noted due to annual leave this period was difficult to provide comprehensive cover for. This will be followed by a 48-hour period of consultant industrial action on Thursday 20 to Saturday 22 July. Preparations for both periods of action are underway.			
5.2	<u>Patient Safety and Experience Overview</u> 1. The report covers the period up until the end of May 2023. 2. Normal variance in the amount of patient safety incidents had been reported. 3. Serious Incident (SI) reporting had improved, with 20 investigations open and 18 on track to meet their deadline. 4. The committee also discussed Sepsis and Hospital Acquired Pressure Ulcers (HAPUs).			
5.3	<u>Mental health update</u> 1. The Chief Nurse highlighted an emerging risk of children and young people being admitted to the Trust as a place of safety. 2. In April 2021, following a seminar between CUH and Cambridge and Peterborough NHS Foundation Trust (CPFT), four key priorities and workstreams were agreed:			

	• Internal and external governance • Patient pathways • Workforce – skills and education • Strategy 3. In January 2022, a revised governance structure was agreed at the Mental Health Committee which reflected changes in operational demand and staffing structures. 4. Four patient pathways for focus had been identified within CUH: • Adult: eating disorders • Paediatrics: self-harm and eating disorders • Urgent and Emergency Care • Maternity 5. A gap analysis of skills and education in relation to mental health had been completed. It was identified that training would be prioritised for areas with higher levels of mental health activity. It was confirmed that training has been delivered to these areas. 6. The Integrated Care System (ICS) held a number of events relating to mental health strategy in 2022, but due to a governance restructure a delay in the strategy being published was noted. 7. Additionally, a mental health specialist nursing workforce (an additional 1.5 WTE) had been secured to support education, advice for patients and liaison with external mental health partners to support discharge. Currently there are 2.5 WTE in post. 8. A lead for mental health had also been appointed, driving forward strategic plans and partnership working. <u>Quality Account</u> 1. The committee noted the final version of the Quality Account.			
<u>5.4</u>				
6.	**Maternity** 1. The committee noted that the maternity improvement plan (incorporating Ockenden) was at 69% complete.	Information/ Assurance		N

	2. Avoiding term admission to neonatal units (ATAIN) had 94% of the action plan complete, with only one avoidable admission identified in the last six months. 3. Vacancies within midwifery continued to improve with a vacancy rate on 30 April 2023 of 1.74%. Sickness absence rates in maternity remained above the 5% threshold. Focus on the recruitment and retention strategy and sickness management continued.			
7.	**Safeguarding annual report** 1. Referrals across children's and maternity safeguarding and the Learning Disability services have seen a decrease throughout the past year. 2. The adult safeguarding team have continued to see an increase in case numbers. 3. During the last year the safeguarding team have also seen an increase in the complexity of cases they are dealing with, in particular for young people and patients who are experiencing multiple adversities. 4. The committee also discussed non-accidental injuries in children and child safeguarding referrals.	Information/ Assurance		Y
8.	**Patient safety incident policy and patient safety incident response plan** 1. The Patient Safety Incident Response Framework (PSIRF) was launched on 16 August 2022 with transition completion expected in autumn 2023. 2. The PSIRF is a significant shift away from the 2015 serious incident framework (SIF) and allows organisations to respond to incidents in a way that maximises learning and improvement. 3. The top four proposed patient safety priority areas were highlighted as: • Medication safety	Information/ Assurance		N

	• Falls • Administrative incidents around diagnostics and investigations • Suboptimal care of deteriorating patient 4. The committee acknowledged that although the top four priorities have been identified other incidents would continue to be explored through pre-existing routes (e.g. security with estates, HAPUs within another workstream).			
9.	**Health and Safety Annual Report** 1. The report covers the period between 1 April 2022 and 31 March 2023. 2. There were 1,786 health and safety incidents reported in 2022/23. The top three incident categories remained the same as previous years: violence and aggression, accidents, and blood/bodily fluid exposures. 3. Staff incident rate is 10.3 staff members harmed per 100 workers, an increase against last year's rate of 9.8. 4. 49% of incidents reported resulted in actual harm, a 1% increase from last year. 5. There were 39 non-Covid RIDDORs reported to the HSE (Health and Safety Executive) in 2022/23, eight more than last year. 6. A health and safety department climate survey was launched in September 2022. The survey measures attitudes and perceptions of staff towards health and safety, helping to provide an understanding of safely culture. 7. The committee discussed inadequate space for storage and work, violence and aggression incidents, staff harm and PPE. 8. The Committee would further review key Health and Safety issues in autumn 2023.	Information/ Assurance		N

10.	**Pharmacy Clinical Audit Report** 1. This report provided a summary of some of the pharmacy and medicines optimisation audits completed between January 2023 and June 2023. 2. An automated electronic controlled drugs cabinet in pharmacy is planned for implementation autumn 2023. This will remove paper-based processes such as controlled drug registers and improve efficiencies and safety. 3. Pharmacy continues to support the virtual ward and homecare services. 4. A pharmacy stores robot was being installed, this will significantly improve the efficiency in the supply of medicines to wards and clinical areas. 5. The storage and security audit results show an improvement in standards relating to temperature control and increased compliance relating to security, reflecting the roll out of Abloy secure keys. This audit is completed on a digital platform, with results collated instantly, improving data quality and allowing more detailed feedback in real time.	Information/ Assurance		N
11.	**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		N

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

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Report to the Board of Directors: 12 July 2023

Agenda item	14.4.2
Title	Safeguarding Annual Report 2022/23
Sponsoring executive director	Lorraine Szeremeta, Chief Nurse
Author(s)	Jenny Harris, Head of Safeguarding Tracy Brown, Safeguarding Adults Lead Cheryl Exley, Learning Disability Specialist Nurs Gillian Harrington, Named Midwife for Safeguarding Sian Forman, Named Nurse for Safeguarding Children Amanda Small, Deputy Chief Nurse
Purpose	To provide assurance that the Trust is fulfilling its statutory and other safeguarding responsibilities to ensure that all adults, children and their families who use any service within CUH are safe in our care and protected from harm or neglect, particularly where there is an added vulnerability.
Previously considered by	Quality Committee, 5 July 2023

Executive Summary

The Safeguarding Annual Report for 2022/23 is attached. It was received and endorsed by the Quality Committee at its meeting on 5 July 2023.

Related Trust objectives	Improving patient care
Risk and Assurance	The paper provides assurance on CUH processes and procedures for safeguarding.
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications	▪ Care Quality Commission National Standards of Quality and Safety – Outcomes 7-11; Essential Standards of Quality and Safety. ▪ Care Quality Commission registration standards. ▪ Counter terrorism and Security Bill (2015) (Health Element: PREVENT) ▪ Equality Act (2010) ▪ Health and Social Care Act (2008) (Regulated Activities) Regulations (2014: Regulation 13) ▪ Health and Care Act (2022) ▪ Homelessness Reduction Act (2017) ▪ Intercollegiate Document Looked after Children: roles and competencies of healthcare staff (2019) ▪ Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2009) ▪ Safeguarding Adults: Roles and Competences for Health Care Staff – Intercollegiate Document (2018) ▪ Safeguarding Children and Young People: Roles and Competences for Health Care Staff (2019) ▪ Safeguarding Accountability and Assurances Framework (2022) ▪ Safeguarding Vulnerable Groups Act (2006) and the Protection of Freedoms Bill ▪ The Children Act (2004) ▪ Children and Family Act (2014) ▪ The Care Act (2014) ▪ The Sexual Offences Act (2003) ▪ Working Together to Safeguard Children(2018) ▪ Equality Act (2010) ▪ NHSI National Learning Disability Improvement Standards for NHS Trusts (2018) ▪ Public Interest Disclosure Act (1998) ▪ Domestic Abuse Act (2021) ▪ Serious Violence Duty (2022) ▪ Data Protection Act (2018)

	▪ The General Data Protection Regulation (2018) ▪ Freedom of Information Act (2000) ▪ Human Rights Act (1998) United Nations Convention of the Rights of the Child (1992)
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent	Yes

Actions required by the Board of Directors
The Board is asked to receive the Safeguarding Annual Report for 2022/23.

Safeguarding Annual Report 2022/23

Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

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1.0 Introduction

This report provides an oversight of the safeguarding agenda at Cambridge University Hospitals NHS Foundation Trust (CUH) over the past year and provides assurance that the Trust continues to fulfil its legislated safeguarding responsibilities through robust processes, delivered in line with the Trust values.

2.0 Executive Summary

Healthcare organisations must ensure that those who use their services are safeguarded and that staff are suitably skilled and supported to manage safeguarding responsibilities well. All health care organisations have a duty outlined in legislation to make arrangements to safeguard and to co-operate with other agencies to protect individuals who are at risk from harm, abuse or neglect.

The intercollegiate documents 'Adult Safeguarding: Roles and Competencies for Health Care Staff (2018)', Safeguarding Children and Young People: Roles and competencies for healthcare staff (2019) and 'Looked after Children: roles and competencies of healthcare staff (2019)' alongside the Safeguarding Accountability and Assurance Framework (2022) provides a clear framework for all organisations that provide or commission health care. This report intends to provide assurance to the Trust, its patients and their families, and our partner agencies that CUH regard safeguarding as a key priority and ensure that all our staff are aware that 'safeguarding is everyone's business' whilst also providing evidence of compliance with the intercollegiate documents.

The creation of the new Integrated Care System (ICS) in 2022 offers opportunities for the Trust to work with partner agencies to safeguard local residents and to ensure we are able to offer a tailored approach to the needs of our local population. As a tertiary unit the safeguarding team will also work closely across other ICSs in which our patients live to ensure a robust response to safeguarding concerns.

Over the past year the Trust safeguarding team have worked and will continue to work in partnership with other agencies as part of the Safeguarding Partnership Board to address the identified safeguarding priorities and achieve safer, healthier outcomes for the most vulnerable of our patients. The team has seen an increase in the number of meetings they attend and working groups they have been invited to be core members of which demonstrates an improved recognition within the system of the input of acute NHS Trusts to the development of local policies.

Additionally in the last year the safeguarding team have seen an increase in the complexity of the cases they are dealing with in particular for young people experiencing poor emotional wellbeing and mental health, those who have neurodiversity and those patients who are experiencing multiple adversities.

Referrals across children's and maternity safeguarding and Learning Disability services have seen a decrease throughout the past year whilst the adult safeguarding team continue to see an increase in numbers of 23%.
The report presents in more detail the referrals received and the activity undertaken within each of the specialist safeguarding teams. Additionally, the report looks back

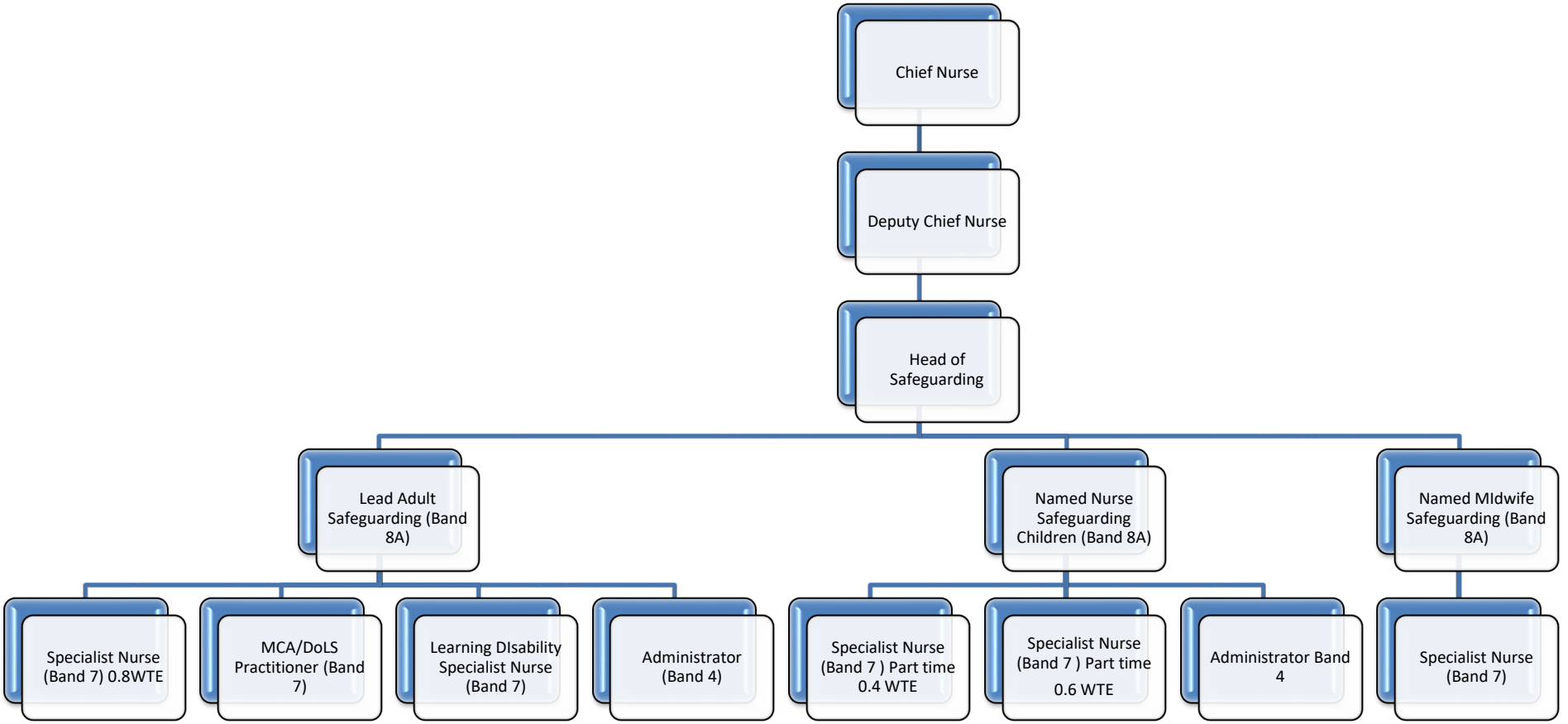
and summarises the key achievements over the past year as well as outlining the planned developments for the year ahead.

3.0 Background

Collectively, the safeguarding team consists of three specialist teams who are responsible for children, adults and women and their unborn babies at risk of abuse as well as the learning disability service and assisting with the duties that come with reporting and learning from child deaths. These teams report via the deputy chief nurse to the chief nurse who is the executive lead for safeguarding. The teams work jointly with partner agencies to develop and promote safe systems and practise for all groups in an environment of complexity and constant change. In order to ensure oversight and assurance of safeguarding activity within the trust, the teams report to the trust board via the joint safeguarding committee. This is illustrated in Appendix 1.

The organogram on the following page provides an overview of the team structure.

CUH safeguarding structure.



4.0 Strategic Context

4.1 CUH strategic safeguarding aims

In line with CUH's strategy, values and priorities the safeguarding team aims are to:

1. Improving patient journeys by:
    - Making safeguarding personal to the individual patient.
    - Working with our partner agencies e.g. other health providers, Local Authorities, Police, Education, Third Sector agencies, Care Quality Commission (CQC) and Local Safeguarding Partnership Boards to ensure we are constantly seeking ways to improve how we work together to ensure best outcomes for all those who use or come into contact with our services.
    - Contributing to initiatives and policies to reduce health inequalities and improve health outcomes for people with socially complex lives.
    - Embedding learning from incidents across the organisation and ICS to improve the service we deliver and the outcomes for our most vulnerable patients and service users.
    - Ensuring our policies and procedures are up to date and evidence based to provide safe and effective care and early identification of challenges in order to intervene at the earliest opportunity to prevent harm.
    - Joining up working between adult and children safeguarding teams to support smoother transitions between services and raise the 'Think Family' agenda.

2. Supporting our staff through:
    - Ensuring staff are equipped with safeguarding knowledge and skills through the delivery of education and training that is aligned to national policy.
    - Ensuring that the safeguarding teams are accessible, visible and available to support staff with complex cases and offer advice to staff involved in safeguarding cases.
    - Establishing effective regular safeguarding supervision to those staff who are identified as requiring it.
    - Working alongside other services such as the workforce directorate to ensure our staff are free from abuse and that any allegations against staff are dealt with in a safe and robust way.

3. Building for the future through:
    - Contributing nationally and internationally by sharing expertise through safeguarding conferences and publishing work and experiences.

- Ensuring we are represented on multi-agency working groups for policy development and processes through the Integrated Care Board (ICB) and Safeguarding Partnership Board e.g. the Neglect and Child sexual abuse working groups, violence, vulnerability and serious violence working groups and Mental Capacity Assessment (MCA) steering groups.
- Engaging with professional networks nationally e.g. Named Nurse regional and national forums, to share best practice and collectively raise issues of concern and challenge.

4.2 National Agenda

The intercollegiate documents 'Adult safeguarding: Roles and competencies for health care staff (2018)' Safeguarding children and young people: Roles and competencies for healthcare staff (2019) and 'Looked after children: Roles and competencies of healthcare staff (2019)' provides a clear framework for all organisations that provide or commission health care. The documents identify the competencies required for all healthcare staff to support safeguarding, focusing on the knowledge and skills needed to undertake this core professional role.

Healthcare organisations must ensure that those who use their services are safeguarded and that staff are suitably skilled and supported. All health care organisations have a duty outlined in legislation to make arrangements to safeguard and to co-operate with other agencies to protect individuals who are at risk from harm, abuse or neglect. The trust ensures that all staff remain compliant within the framework outlined within the intercollegiate documents.

As an organisation CUH also has a duty to work within the Safeguarding accountability and assurance framework (2022) and to fulfil the roles and responsibilities as set down by NHS England and the CQC.

The organisation needs to be adaptable to meet the rapidly increasing legislative frameworks that apply to safeguarding such as the new Domestic abuse act 2022 and the serious violence duty 2022. Through CUH being a key stakeholder in local working groups as well as through participation in national networks will ensure CUH are able to undertake this.

In addition to safeguarding core training, it is also essential that staff have training on confidentiality, duty of candour, information sharing, data protection and mental capacity legislation in order to effectively respond to the safeguarding needs of patients.

5.0 Maternity and Women's Services

The last year has seen a shift away from adapted services due to Covid-19 and back to more traditional models of care. The only legacy from the

pandemic being the restriction in visiting by siblings to the unit which finally came to an end in the last few weeks of the reporting year. From a safeguarding perspective this gives maternity a return to more of a 'Think Family' approach which also includes consideration of risk to siblings.

As part of the wider health system, 2022/2023 has seen extended support for 0-19 child services colleagues in other provider organisations who have faced significant difficulties in meeting their obligations. In order to support this and ensure children's welfare remains a priority, the CUH maternity safeguarding team have been representing system partners at child protection conferences and through supporting the new birth stretch targets through maternity discharge processes.

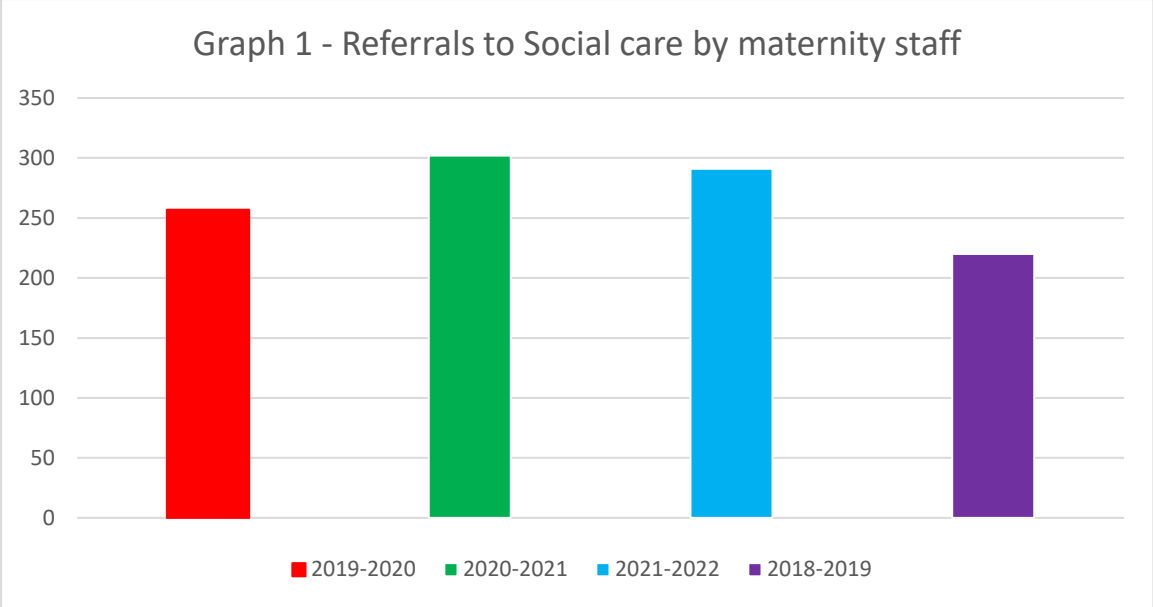
The most significant change seen by maternity over the last year has been the increasing complexity and co-morbidity of women who have required support from social care.

The last quarter of the year saw a hotel being used to house refugees in the local area. The maternity safeguarding team were able to quickly support in the setting up of a clinic based at the hotel for pregnant women and are continuing to work closely with the providers of the accommodation. To date only 1 woman has been identified as requiring additional help from a safeguarding perspective and there has been effective multi-agency work undertaken to support with this. It has also been identified that there is a risk of an increase in the number of cases of female genital mutilation (FGM) as well as an increased transient nature of the pregnant women within this cohort.

The Rosie hospital is participating in the RIVA research study which is looking at the use of health independent domestic violence advisors (IDVA's) in maternity. To date there have been a number of interviews with staff undertaken to understand current ways of working and to identify areas for improvement. As a result of this study, the specialist domestic abuse midwife has presented at a number of national events and has been invited to speak at a symposium in Iceland later in 2023.

5.1 Maternity and Women's Services Referral Activity

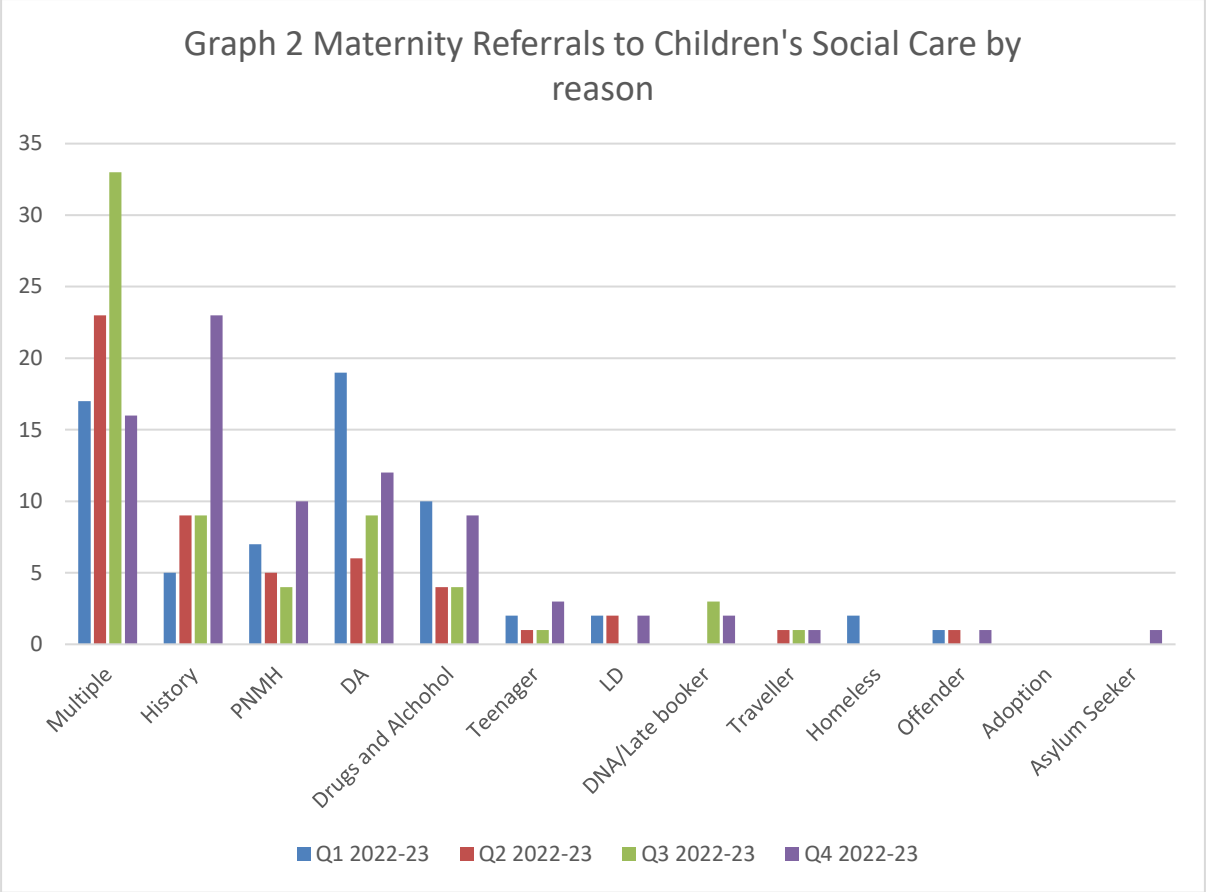
Maternity services have had a decrease in the numbers of referrals to children's social care in 2022-2023 with 220 referrals this year compared to 291 in the last financial year as illustrated in graph 1.



Analysis of the maternity booking data identifies that 6.2% of women booked for maternity episodes have disclosed safeguarding concerns.

As illustrated in graph 2, the highest number of referrals made across the year has been as a result of multiple risk factors. This includes 2 or more of the following factors seen together either at booking, during the pregnancy or in the postnatal period; substance misuse, mental health, domestic abuse, teenage pregnancy, late booking of pregnancy, previous social care intervention or removal of a child, mother is a child in care or previously has been, learning disability, asylum seekers or a physical health disorder affecting ability to care for the child. This has then been followed by historical concerns and domestic abuse as the next highest reason for referral. Referrals for domestic abuse remain similar to 2021-2022 which is consistent with the national and regional data.

Routine questioning in the antenatal and postnatal period is embedded in maternity care at CUH, with prompts and documentation in the electronic records. There has also been a role out of the domestic abuse champion network across the Rosie in line with the Pathfinder recommendations of 2021. This role is now being extended into gynaecology and the early pregnancy units with plans being developed as to how this can be rolled out further across the Trust. The role of the Health IDVA is also becoming well established in the Rosie and there is a regular presence from the specialist worker within the unit.



Key:

PNMH:	Perinatal Mental health (either parent)
DA:	Domestic Abuse
LD:	Learning Disability
DNA/LATE	Was not brought/Did Not Attend greater than 3 occasions/late booker (>12 weeks gestation of pregnancy)

According to the latest report from MBRRACE- UK, Maternal suicide is the leading cause of direct (pregnancy-related) death in the first year after pregnancy. In 2020-2021 COVID-19 was also considered to be a leading factor in maternal death. In this reporting period we have not seen any such cases at the Rosie.

As a result of the effective triaging of well-being clinics by the specialist midwives, there has been a reduction in the number of mild to moderate cases referred to the Obstetric team due to mental health and the women have had their care more appropriately managed through the GP or community midwife.

5.2 Pregnancy amongst under 19's

Pregnancies in adolescents under 19 has seen a steady increase over the year but remains broadly in line with national trends of being lower than in previous reporting years. The specialist midwife continues to work with partner agencies and young mothers to provide tailored care. The team are observing good levels of engagement in antenatal care and good outcomes in birth weight, breastfeeding and contraception uptake after the birth.

5.3 Mothers with learning disabilities

CUH have a relatively low number of mothers with learning disabilities booking within maternity services; however there is still a consistent requirement for social care input for these families. Despite a significant drop in numbers in quarter 2, overall the number of mothers booking with us have remained stable across the reporting year.

5.4 Female Genital Mutilation (FGM)

In line with CUH policy, all women are asked about FGM at their maternity booking appointment, regardless of ethnicity, and the response is documented. Women who disclose a history of undergoing FGM are asked about the family history of FGM and familial attitudes towards the FGM are assessed. Women are informed of the illegality of FGM, and also asked about their intentions regarding FGM if the baby is a girl. Where there is a perceived risk to the child, a referral to Children's Social Care is made.

Although there was an increase in the number of FGM reports made to the national dataset with 12 alone in quarter 4, it is possible that this increase has been because of an increase in the number of asylum seekers accommodated in the local area. All mothers had discussion with the safeguarding team to clarify their beliefs and intentions regarding this practice, and had awareness of the illegality of this practice in the UK and non- have resulted in a child being harmed.

The Named Midwife for Safeguarding is the Trust Lead with responsibility for contributing to quarterly national audit data and FGM monitoring; cases from other specialties are notified to this post holder, in order to submit as full a dataset as possible to the Clinical Audit Platform. CUH regularly falls into the low reporting category, and is therefore classified as a low prevalence area.

5.5 Service Delivery

Table 1 illustrates the maternity safeguarding team key achievements and table 2 details the areas of focus for the next financial year.

Table 1 Key Achievements
▪ Domestic abuse audit, staff survey and initiation of domestic abuse champions as per the Pathfinder Toolkit. ▪ Continuation of proactive awareness of domestic abuse through poster campaigns in patient facilities. ▪ Changes in staffing: appointment of a substantive Tokophobia specialist midwife. ▪ Completion of multi-disciplinary team (MDT) abduction scenario drill performed on Charles Wolfson Ward in March 2023. Staff responded promptly and appropriately after identification of the abduction. Learning from this raised the need to change the emergency response procedure to ensure the right senior staff representative were aware and that the necessary teams such as security were informed in the right order to minimise the amount of time between abduction and the search starting. There were also some issues identified around the door closing mechanisms which were to be addressed. Abduction drills and policies are a key line of enquiry for the CQC so compliance and learning is now embedded as core business for the maternity safeguarding team. ▪ Creation of a new clinic for asylum seekers in Bar Hill. ▪ The Named Midwife has been a core member of a multi-agency working group with the re-writing of the unborn baby referral pathway to social care. ▪ Good engagement with new Mental Health Hubs promoting inter-agency working to support women with birth phobia.

Table 2 Areas of Focus in the Coming Year	Key Milestones / Targets
▪ Adherence to Cambridgeshire and Peterborough Safeguarding Partnership's priorities, including a focus on neglect.	Increased awareness and referrals to IDVA's. Training commenced for domestic abuse champions and second wave of recruitment is underway
▪ Embedding the ICON programme (aimed at helping parents and carers with young babies to cope with infant crying) in the antenatal and postnatal period. This involves collaborative working with health visitors and is a focus of Cambridgeshire and Peterborough Safeguarding Partnership to reduce abusive head trauma in babies.	Recruitment of two new specialist midwives for mental health and tokophobia

▪ Rolling out safeguarding supervision to the Rosie clinical midwives on the wards	Safeguarding supervision has been rolled out across community maternity services and the specialist safeguarding midwife has completed her supervisor training course.
▪ Continuing to ensure Level 3 safeguarding compliance through face to face training delivery	Target compliance to be reached.

6.0 Safeguarding Children

6.1 Activity

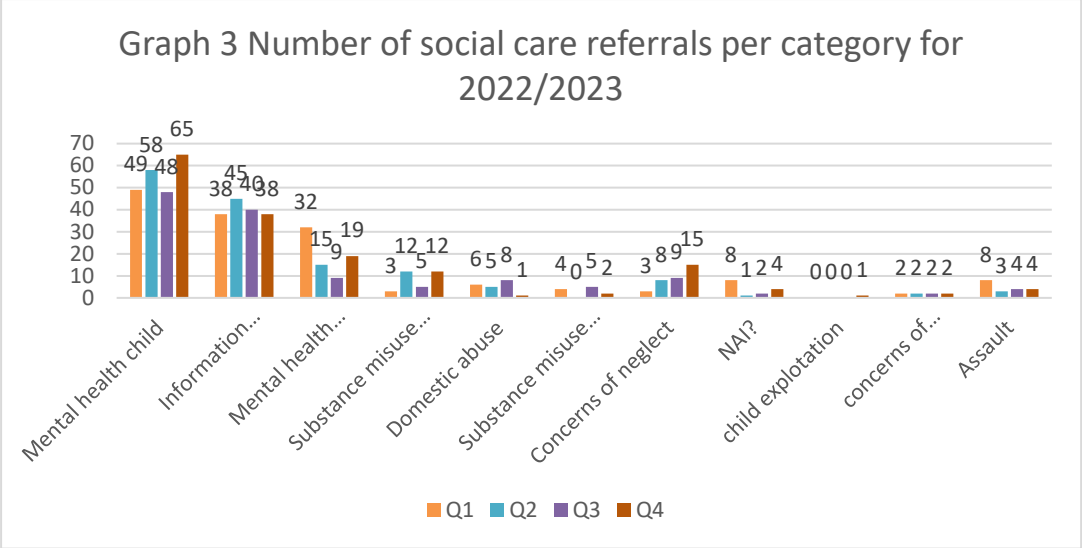
There has been a 31.4% decrease in the number of social care referrals that the children's safeguarding team have made to social care in 2022/2023. Table 3 illustrates the number of social care referrals each year from 2018 – 2023. This drop in referrals has been attributed to the introduction of new support systems by the new Named Nurse to ensure that referrals are being made at the most appropriate level for threshold. As a result a significant number of potential referrals have been downgraded to a referral to either early offer of help or alternative external agencies for support.

Table 3 Number of child social care referrals 2022/23

2018/19	2019/20	2020/21	2021/22	2022/23
953	852	952	1120	768

The number of referrals per quarter has been relatively consistent with the exception of quarter 3 where the number of referrals to children's social care reduced by almost a fifth. It has not been possible to identify a reason for this reduction but may be due to it being the first full quarter where schools have been back to running business as usual following the pandemic. Therefore, referrals to social care for concerns may have been received from other sources such as education providers rather than relying on health organisations to refer.

The main reasons for referring to social care relates to mental health referrals or for information sharing purposes. This is the same pattern that was seen in the previous year. Graph 3 illustrates the reasons for onward referral to social care per quarter.



Of note is also the increase in quarter 4 for concerns of neglect. As in 2020/21 and 2021/2022 neglect in children was one of the children's safeguarding partnership board's main priorities. It is thought that this may be linked to the cost-of-living crisis in the UK and is a theme and trend that the safeguarding team will continue to monitor into 2023/24 and feed back into the neglect subgroup of the partnership board.

When considering the referrals for mental health, there is still some evidence of presentations linked to Covid-19 and the impact this has had on young people's emotional well-being and resilience. Particularly though for 2022/2023 was a scarcity of Tier 4 mental health beds and stretched community mental health services nationally accompanied by an increase in the number of young people needing acute admissions for eating disorders.

Almost 50% of the referrals received this year have identified either adult and/ or child mental health as a factor.

Multi-agency meetings such as strategy meetings and child protection conferences have remained virtual in the reporting period. This has allowed more effective engagement and timely meetings to be held with the most appropriate staff in attendance. Quarter 3 and quarter 4 saw almost double the number of invitations to multi-agency nurses when compared to quarter 1 and quarter 2. Some of this coincides with the school terms but may also be linked to the Ofsted inspection that was undertaken within the Local Authority front door in quarter 3.

The new social care referral portal has continued to create a challenge for referrals from a number of health providers and this has included CUH however this appears to be improving. The team have built good relationships with the advisors on the front door to try and mitigate a number of the challenges in receiving feedback and outcomes from referrals in a timely manner.

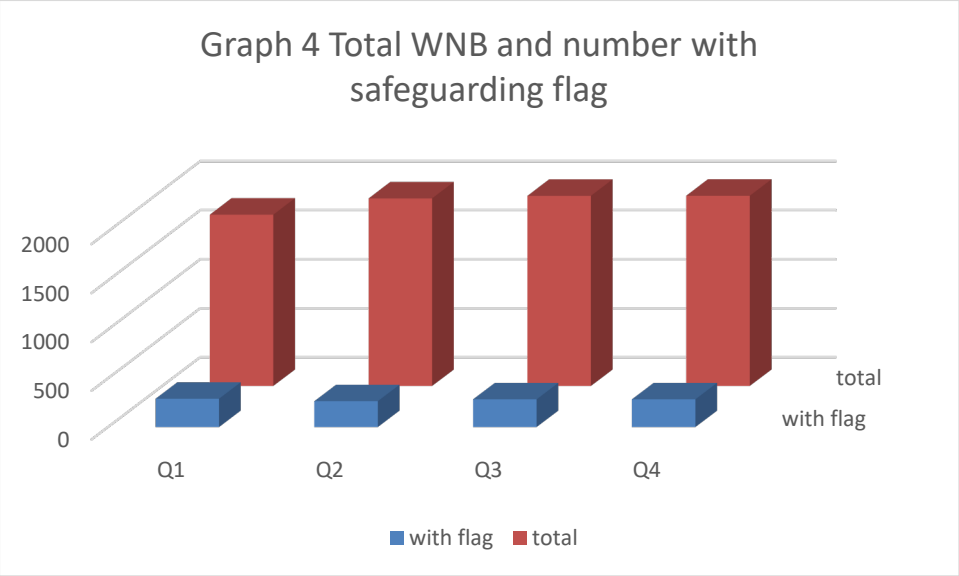
6.2 Was Not Brought/Missed appointments of Children (under 18s)

Over the past year, the total number of missed appointments or was not brought (WNB) has increased to 7551. Table 4 illustrates the number of WNB's per year from 2018 – 2023.

Table 4 Number of WNB's of children per year from 2018-2023

2018/19	2019/20	2020/21	2021/22	2022/23
6,484	6,666	5,419	7,009	7,551

Of the total number of children who were not brought, 1087 had a safeguarding alert on record (14.4%) an increase of 1.4% on the previous year. Graph 4 illustrates the total number of WNB's per quarter in relation to the number of those who had a safeguarding flag on record.



This increase in WNB could be due to the reduction in the number of virtual appointments now being offered. It may also be attributable to other factors such as the cost of transport to and from appointments.

There has been a new letter adopted to send to those who miss appointments that utilises evidence from the Lord Laming report to highlight to parents the significance of missing appointments for children. As yet there is no evidence as to how successful this has been. Work will continue between the safeguarding team, Division E and the Outpatients Board to better understand these trends and the impact this letter has had on rates of missed appointments including consideration of what else may be necessary to support patients in attending appointments.

Each division continues to receive a monthly breakdown of the number of WNB's with a safeguarding alert and are tasked with providing assurance that

these individuals have been followed up and actioned appropriately by the relevant team.

6.3 Non-Accidental Injury (NAI) in children

Both in CUH and across Cambridgeshire and Peterborough there has been an increase in the number of incidents of NAI of young babies. This has led to a number of child safeguarding practice reviews and rapid reviews being undertaken by the partnership which the CUH safeguarding team has been an active member of. There have been a number of recommendations from these reviews including how staff capture and update household demographic details on the health record and analyse the impact this may have on a child's lived experience. Work is currently being undertaken with EPIC to try and understand how this could be improved to make it easier for practitioners on the ground to capture and record this information.

6.4 Safeguarding Supervision

Safeguarding supervision is being rolled out across the paediatric clinical nurse specialist (CNS) groups and appears to be well-received. The safeguarding team now have 3 trained supervisors which will help with availability to offer further sessions and expand into other staff groups.

6.5 Mental Health - Referrals to Children and adolescent mental health (CAMH) and Social Care

As illustrated in table 5, the number of children and adolescent mental health referrals has decreased for the second year in a row following the peak during the Covid 19 pandemic.

Table 5 Number of mental health referrals per year from 2018 -2023.

2018/19	2019/20	2020/21	2021/22	2022/23
206	361	385	326	291

This trend reflects the national picture with no statistically significant difference identified by gender. Overdose has been the most frequently reported reason for admission in all reporting Quarters except quarter 3 when it was overtaken by suicidal ideation.

CUH has continued to also see an increase in admissions for children and young people with an eating disorder. The complexity of the young people admitted with these challenges continues to rise and the team are frequently supporting the ward staff with escalations due to bed blocking where parents feel unsafe to take the young person home or a suitable Local Authority or mental health specialist bed placement cannot be found.

There also appears to have been a rise in the number of these patients who are physically abusive to staff and who require multiple carer ratios to keep

the child and others safe. Whilst we do not have any formal reporting figures to evidence this rise it has been identified that there needs to be further training offered to staff around trauma informed practice when dealing with these young people which is being discussed through multi-disciplinary groups.

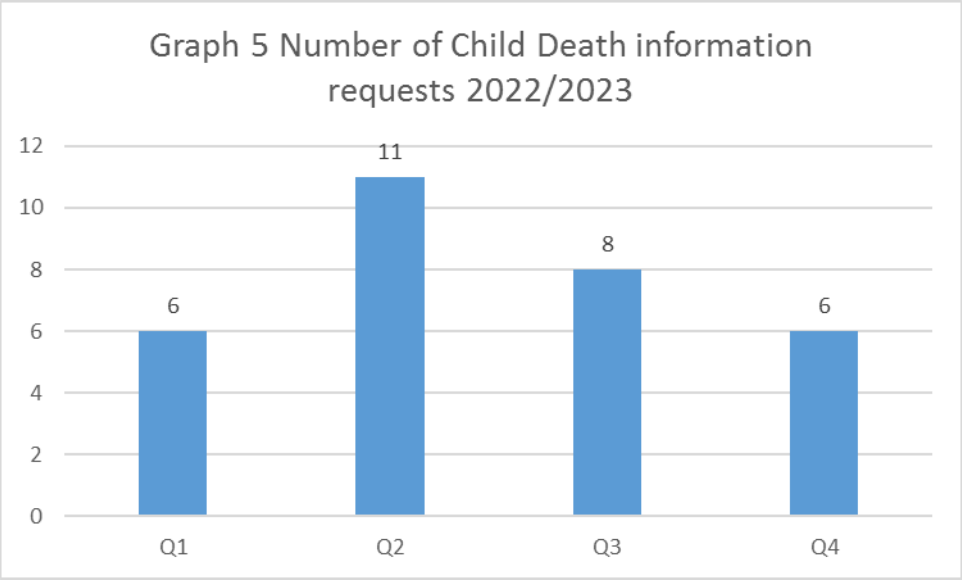
6.6 Partnership working

There have been a number of significant changes over the last year within the local partnership board and other partner agencies. One of these changes has been the decision for the Local Authority to reform as 2 separate Local Authorities which has created uncertainty related to the impact this will have upon the local safeguarding system. The team continue however to be a part of the partnership board and have been able to attend a number of working groups and meetings as the size of the team has increased.

6.4 Child death overview panel (CDOP)

The key functions of a child death overview panel (CDOP) is to review all child deaths, excluding those babies who are stillborn and planned terminations of pregnancy, to determine whether the death was preventable or if there were modifiable factors which may have contributed to the death. The panel will identify whether there are any relevant factors that impact on the welfare of children in the area or to public health and safety, and will consider whether action should be taken in relation to any matters identified.

The children's safeguarding team have provided information for 31 CDOP reviews in 2022/23 as illustrated in graph 5 compared to 17 reviews in 2021/22 (45% increase). There was minimal input needed from a safeguarding perspective in these cases with only 2 having safeguarding concerns. The majority of the children died on the Paediatric Intensive Care Unit (PICU).



6.5 Service Delivery

This year, the children's safeguarding team have continued to adapt and implement new ways of working within the trust and with partner agencies. An additional member of the children's team started in post which has had a positive impact on the team in terms of capacity. The team have continued to embrace holding meetings over a social platform which has improved time efficiency and attendance at patient centred meetings at short notice due to there not being a requirement to travel to various different locations. However there has also been a reintroduction of some meetings happening face to face such as discharge planning meetings on the ward which has been of great benefit to staff and families as well. Table 6 illustrates the teams' key achievements and table 7 details the areas of focus for the next financial year.

Table 6 Key Achievements
• The appointment of a new Safeguarding Specialist Nurse. • Safeguarding Supervision has started to be rolled out and there has been an additional member of the team now trained to deliver it as well. • Improvements to referral data recording. • The children's newsletter has been rolled out to help disseminate learning and updates. • A greater number of teaching sessions have been delivered both ad hoc face to face and virtually. • Safeguarding team now have a greater presence at partnership board and ICB meetings. • Clinical /Quality audit was undertaken to look at Emergency Department (ED) referrals for quality and appropriateness and positive results were found around evidence of the voice of the child, consent and timeliness of referrals.

Table 7 Areas of Focus in the Coming Year	**Key Milestones / Targets**
Further implement Level 3 face to face training	Will be reflected in SI reporting and safeguarding statistics/quarterly reporting.
Undertake training needs analysis (TNA)	To ensure the correct staff are receiving the correct level of training commensurate with the Intercollegiate guidelines.

Update a number of policies including domestic abuse, chaperone, was not brought Audit cycle to be reinvigorated across the safeguarding team Continue to implement learning from SI/practice reviews recommendations. Clinical safeguarding supervision for paediatric areas to be rolled out further.	All policies to be refreshed and up to date and to consider these as 'Think family' where appropriate. To complete a Voice of service user audit and feed results of this back into the joint safeguarding committee. Feedback from Partnership Board

7 Safeguarding Adults

7.1 Activity

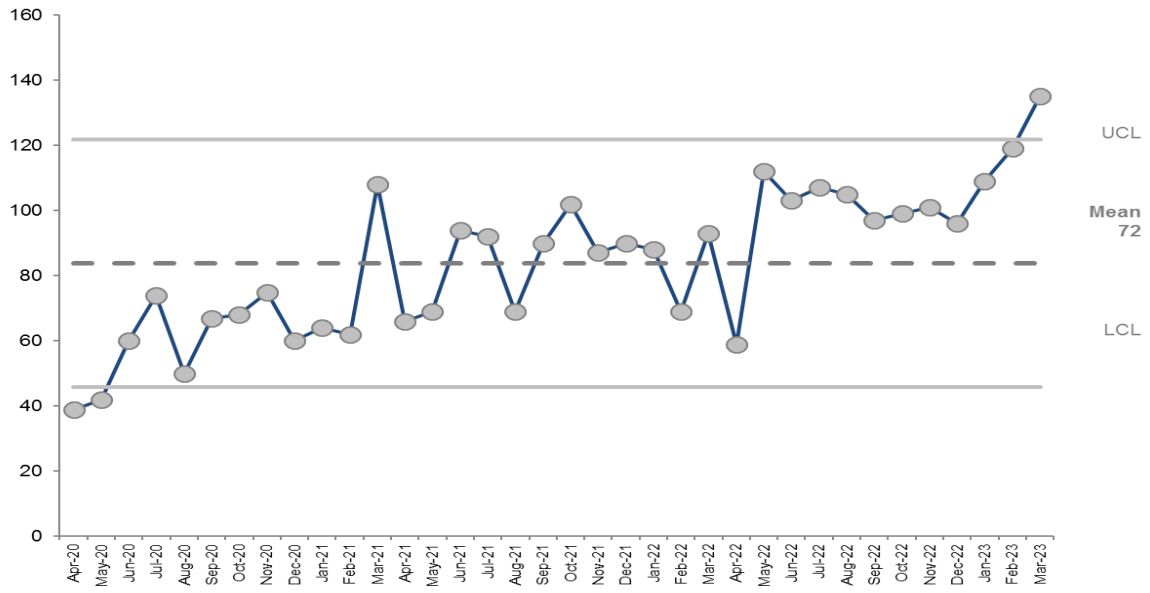
There continues to be a year on year increase in referrals to the adult safeguarding team as illustrated in Table 8.

Table 8 Adult safeguarding referrals 2018 - 2023

2018/19	201/20	2020/21	2021/22	2022/23
421	395	785	1009	1242

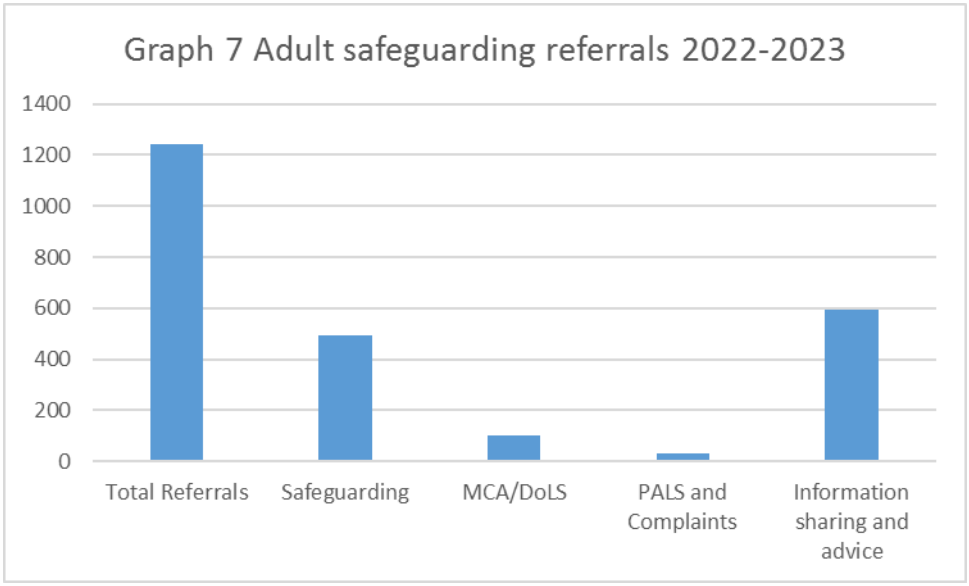
In 2022/2023, there has been a 23% increase in referrals to the team compared to 2021/2022 as illustrated in graph 6, this does not include referrals to request a deprivation of liberty safeguards (DoLS) authorisation which are reported separately. In terms of patient ethnicity the team continue to see the predominant group being referred as white British with a significant number also unable to be identified as ethnicity has not been recorded on the EPIC record. Cambridgeshire Local Authority, as would be expected, continues to receive the most referrals.

Graph 6 Adult Safeguarding Referrals



The Emergency Department (ED), Local Authority and outpatient department report the greatest number of the referrals to the team but with a significant number of the team contacts also coming from the patient safety team. The number of referrals from ED has remained static in this reporting year compared to the last year.

The reasons for a referral to the safeguarding team is illustrated in graph 7.



In this reporting year the highest number of referrals have been due to neglect/acts of omission followed by domestic abuse, this is consistent with the previous year. Last year had also seen a significant increase in financial abuse however that theme has not been repeated this year and no rationale has been found for this unusual pattern. With the increase in referrals for domestic abuse

has come an increase in the number of patients offered a referral to an IDVA though this is still not recorded as being offered at every contact as routine enquiry has not yet been embedded in non-maternity services in the Trust. In quarter 4 only 10% of patients were referred to an IDVA compared with 43% in quarter 2 following a disclosure of abuse. The reasons for this include that the patient was already receiving support from appropriate services so an IDVA referral was not required. Over the next year, the safeguarding team plan to focus on working to improve the Trust's response to domestic abuse in-line with the new domestic abuse act 2022.

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so if it believes an adult is experiencing or at risk of abuse or neglect. Safeguarding concerns relating to the care and treatment received by patients during an in-patient admission or out-patient visit are investigated by the ward or department responsible for their care supported by the safeguarding team. This is monitored by Cambridgeshire local authority who have responsibility for ensuring the investigation is completed and agreeing appropriate actions with the Trust.

A total of 39 concerns have been raised this year, compared to 47 in 2021/22. A summary of these concerns are below:

- 4 concerns were fully investigated and found to be unsubstantiated by the local authority, 1 was partially substantiated, 5 were substantiated and 2 were inconclusive
- 3 concerns were managed via the internal investigation process with involvement of the safeguarding team including discussion with the local authority.
- 5 investigations led by the police, 1 has been closed with no further action required by the Trust and 4 outcomes are still pending.
- 3 Concerns are being addressed via the NHS formal complaints process, with input from the Safeguarding Lead.
- We are awaiting the outcome of 11 investigations.

Some themes around concerns relate to:

- poor pressure area care
- patient discharge processes
- poor or absent communication with family
- missed fractures and bruising

All safeguarding investigation reports and action plans are shared with the local authority, monitored at divisional level with completed actions plans reviewed by the Joint Safeguarding Committee.

During 2022/23 the Adult Safeguarding Team have contributed to 8 Multi Agency Adult Safeguarding Reviews (SAR) and 6 Domestic Homicide

Reviews (DHR) including submission of chronologies and reports.

7.2 Mental Capacity Act / Deprivation of Liberty Safeguards

Table 9 illustrates that there has been a total of 237 requests for Urgent Deprivation of Liberty Safeguards (DoLS) authorisations in 2022/2023. This is a decrease of 20% when compared to 2021/2022.

Table 9 Number of requests for urgent DoLS authorisations

2018/19	2019/20	2020/21	2021/22	2022/23
360	301	140	297	237

Of the 237 urgent requests that were received, 193 were authorised, 4 were assessed by the local authority and a further 4 patients were granted standard DoLS.

The majority of patients who required a DoLS had a dementia or delirium (113 patients) and 100 patients had an acquired brain injury or stroke. Other conditions or vulnerabilities which led to a DoLS authorisation also include mental health, physical disability, learning disability or other disability. A5 and C8 (neurology wards) and J2 (neurology rehabilitation ward) request the highest number of urgent DoLS authorisations which correlates with this patient group due to the speciality of the wards. G4 also requested a significant number of DoLS in this reporting period.

The legislative framework of the Mental Capacity Act (MCA) 2005 occupies a central role in the pathways and practices of acute hospital care, and efforts continue at CUH to embed capacity assessment and the best interests' process into all aspects of care and treatment. MCA and DoLS training is now a stand-alone training package to compliment the adult Level 1, 2 and 3 safeguarding training for identified staff groups and Level 3 training is planned to be rolled out into quarter 1 of the next reporting year. The electronic patient record allows CUH to record assessments and report on them collectively. The care and treatment given to those who are unable to provide consent through our DoLS referrals is also monitored.

In quarter 4 a review was undertaken of Mental Capacity Assessments across the Trust. A random selection of 20- Assessments were selected to review. Findings revealed that all the MCA's had evidence of the decision to be made and who the decision maker was. None had documented that "relevant information that the person required to make the decision" was obtained and only 1 had evidenced that all relevant factors had been appropriately weighed up and a rationale provided as to how the decision was made. The conclusion was that those areas that are required in EPIC to be recorded were documented however very few to a high standard. This is not altogether unexpected due to the time pressures on acute staff when completing them.

Most were completed by nurses, Allied Health Professionals (AHPs) or Health Care Support Workers (HCSWs) rather than medical staff. When asked only 16% of staff felt they had enough MCA training.
As a result there is a programme of work set for the upcoming year to learn from these findings which will include EPIC template updates, increased training and to change the culture from one of quantity to one of quality. The survey will then be repeated after a year.

7.3 Prevent

The NHS needs to ensure that staff can identify early signs of an individual being drawn into radicalisation and to be confident in referring individuals to their organisational safeguarding lead or the police. There are two training packages available to CUH staff dependent on their role. These will now be delivered separately from the safeguarding Adult training and all staff will complete the basic training package with only those staff identified as requiring it completing the more advanced WRAP3 training.

From April 2019 the collection of Prevent training data became a contractual matter and CUH are measured against these contractual requirements. The compliance with Prevent training has remained above the required 85% this year. The aim of the data collection is to demonstrate how all NHS commissioned providers are delivering the key elements of the duty. These include identified Prevent leads, delivery of awareness training, the level of referrals made and the engagement with relevant partnership forums that coordinate the Prevent strategy at local and regional level.

All NHS Trusts and Foundation Trusts are required to submit Prevent data quarterly to NHS England using the Strategic Data Collection Service (SDCS) portal provided by NHS Digital. CUH did not make any referrals to Prevent in 2022/23 however we have responded to 49 requests for information to assist in the assessment or management by the Chanel Panel as required.

7.4 Domestic Abuse

Victims of domestic abuse who have care and support needs are referred with their consent to the relevant local authority safeguarding team. Many patients who are in an abusive relationship and are seeking support do not have care and support needs and can receive advice and support from the IDVA service. Cambridgeshire IDVA service will offer support to patients during an in-patient stay and can provide on-going support in the community for those patients who are Cambridgeshire residents. For those out of area patients referrals can be made to their local IDVA or domestic abuse service for community support.

The Adult Safeguarding team have made 21 referrals to IDVA in the last year and have supported the patient to liaise with the IDVA and other agencies with their consent. This figure does not capture any other referrals made by frontline practitioners in the Trust directly to the IDVA.

The increase in domestic abuse referrals that was reported during 2020/21 has reduced by 16% and represents 15 % of referrals received by the team.

7.5 Service Delivery

Table 10 lists the key achievements of the adult safeguarding team in 2022/23 and table 11 lists the areas of focus for the next financial year.

Table 10 Key Achievements

• MCA/LPS practitioner commenced in post.
• Level 3 Adult safeguarding training went live.
• Bespoke Training
  ○ Preceptorship Division C – 7 MCA/DoLS/Safeguarding training sessions delivered
  ○ Preceptorship Division A - 2 MCA/DoLS/Safeguarding training sessions delivered
  ○ J2 MCA learning from incidents – 4 sessions delivered
  ○ CSSIP - 15 teaching sessions delivered
  ○ J3 nursing team -3 sessions and new starters, Discharge planning team including physio team, Ward C8, D10 and Division C band 5 nursing and DME medical team MCA/DoLS training delivered
  ○ Clinic 12 Safeguarding and Domestic Abuse
• Ward spot checks undertaken for MCA/DoLS
• Joined ICS MCA steering group
• MCA review undertaken
• Staff survey created for MCA and DoLS
• Implemented face to face reviews of patient subject to DoLS authorisation.
• Review of Adult Safeguarding Level 1 and 2 training packages
• Development of Safeguarding MCA DoLs CUH teams training
• Review and update to Connect Adult Safeguarding pages

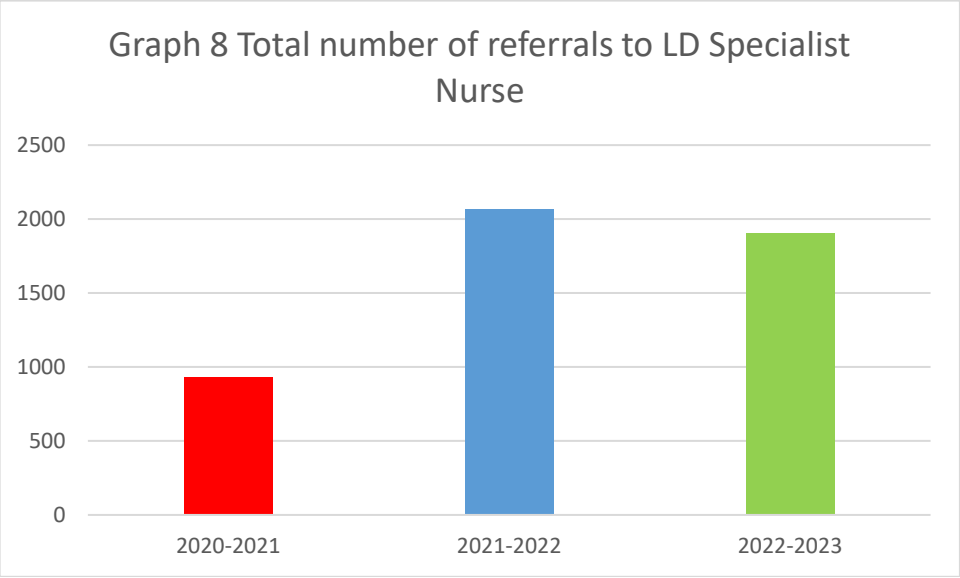
Table 11 Areas of Focus in the Coming Year	**Key Milestones / Targets**
Implementation of new Prevent training packages	For staff to be compliant and to be reflected in the data
Development of Adult Safeguarding Newsletter	Circulated to staff , uploaded to connect page
Review of Adult safeguarding referral form and MCA template	Revised form uploaded to EPIC Monthly sessions available to book on DOT

Safeguarding MCA/DOLS virtual training to complement mandatory e-learning E-Learning for Health MCA /DOLS modules to replace existing mandatory training CUH Level 1 and 2 adult safeguarding to be replaced with e-learning for health national training packages	Compliance to be included in CUH training reports

8 Learning Disability

The referrals to the learning Disability (LD) Specialist Nurse has seen an 8.1% decrease in the reporting period 2022/2023 from 2068 to 1900. This is illustrated in graph 8. The amount of input required for each referral will vary dependent on a case by case basis often indicated by the need of the patient and length of stay in the Trust. The reason for this decrease is not clear and is likely to be multifactorial including the improved embedding of LD understanding of operational staff, changes made in the recording systems and the decrease in the impact of Covid-19.

Graph 8 shows the total number of referrals to the Learning disability Specialist Nurse over the last 3 years



8.1 The Trust Learning Disability Strategy

The Learning Disability Strategy was due for review in 2021 however this was paused in favour of aligning with the new Trust equality, diversity and inclusion (EDI) Strategy that was due to be developed. In the reporting period 2022-2023 the Trust decision was to pursue an alternative route and the decision was made to align Learning Disability as part of the overarching Trust Strategy.

In order to identify and effectively undertake improvements to the LD service within the Trust a new LD Improvement plan was developed with an action plan which has been in place since the start of the reporting period. The plan is a 3 year plan and good progress has been made against the first year objectives.

The objectives for this reporting period have been:

1. Improving patient care – Health inequalities and Integrated Care through actively involving patients and their families with LD and Autism in reviewing and designing CUH documentation and processes
2. Quality Safety and Improvement – To develop a procedure for paid staff carers within the Trust carer policy.
3. To ensure systems are compatible and ready for Implementation of the reasonable adjustment flag from NHS Digital.
4. To work in partnership with the Trust bereavement team to ensure patients and families are aware and informed of the LeDeR process.

Work has continued with the Friends and Family feedback to enable the team to capture areas for improvement and a further consultation has been undertaken by Voicability to consider the area of hospitals and health which the team have been part of.

8.2 Learning Disability Improvement Standards for NHS Trusts 2018

There are four standards that trusts need to meet (3 relevant to acute Trusts); meeting these identifies Trusts as delivering high quality services for people with learning disabilities, autism, or both.

The three standards for acute trusts concern:

1. Respecting and protecting rights
2. Inclusion and engagement
3. Workforce

Trusts are expected to publish their performance against these standards in their annual quality accounts: to demonstrate to the population they serve how they measure quality of services and whether quality is improving.

Within the most recent benchmarking report from NHSI (2021/2022), the main national themes highlighted were:

- 66% of trusts hold a list of people with a learning disability and/or autistic people who are waiting for assessment.
- 86% of trusts provide staff with up-to-date training on learning disability/autism
- 92% of service users felt staff treated them with respect
- 82% of service users felt staff explained things to them in a way they could understand
- 74% of service users felt their appointments and meetings were arranged at times of day and duration to suit them
- 76% of staff agree they are able to identify what reasonable adjustments are needed for people with a learning disability and/or autistic people.
- 80% of staff feel people with a learning disability and/or autistic people are always treated with dignity and respect
- 70% of staff said the received mandatory training on meeting the needs of people with a learning disability and/or autistic people.

When considering CUH specific results, table 12 below summarises the staff and patient survey highlights.

Table 12 NHSI Learning Disability Standards Report 2020/2021, CUH staff and patient survey highlights.

Survey Question	Staff survey %	Patient survey %
Only included strongly agree and agree scores and omitted neither agree nor disagree in the data calculation (combined data collected from staff working with adults and Children and young people). Some questions are not asked in both surveys.		
Able to identify what reasonable adjustments are needed	74%	-
Have the necessary resources to meet the needs	39%	
Always able to deliver safe care	61%	82%
In trust always receive the reasonable adjustments they require	39%	
Receive the same quality of care as others	56%	-
Staff tell service users about their rights when using services	22%	-
Routinely involve services users in decisions making	83%	-
Recommend trust to family/friends	65%	71%

The learning disability action plan that has already been developed identifies the trust improvement plan over the next 3 years and this includes a number of areas within the report which need to see improvement.

8.3 Learning Disability Mortality Review (LeDeR) Programme

2017/18 saw the launch of the Learning Disability Mortality Review (LeDeR) Programme provided by Bristol University and funded by NHS England.

Key activities related to the programme:

- Acts as a central point for the notification of deaths of people with learning disabilities.
- Supports local areas to review the deaths of people with learning disabilities, identify learning and take forward lessons learnt into service improvements.
- Collates and shares anonymised information so that common themes, learning points and recommendations can be identified and taken forward.

Any death in the Trust concerning a patient with a learning disability is notified to the LeDeR programme. Under the Trust's mortality programme, patients with a learning disability receive a Structured Judgement Review with oversight provided by the Learning from Deaths Oversight Committee.

Cambridgeshire and Peterborough ICB have had a key role in supporting local areas to review deaths of people with a learning disability, however there continue to have been difficulties locally in allocating and undertaking reviews of deaths (initially also a national issue).

CUH continue to engage regularly in LeDeR panel meetings and are also a standing member of the local Steering Group. The Learning Disability Specialist Nurse also plays a part in the Quality Assurance of LeDeR local reports and the grading system. This in turn feeds up to the Local Steering Group to consider themes, trends and learning.

Between April 2022- March 2023, 16 adult deaths of patients with a learning disability have been reported within CUH compared to 10 deaths reported in 2021-2022.

8.4 CUH Training for 2022/2023

Training for Learning Disability in the Trust has seen a number of changes over the last 3 years. Initially the impact of the pandemic reduced the amount of training being offered however since then there has been a resurgence in the face to face offer. The training department currently delivers a bespoke package, written by the Learning Disability Specialist Nurse, to all Health Care Support Workers at induction.

A further bespoke offer is made to all preceptorship nurses through the safeguarding days where the Learning Disability Specialist Nurse offers a virtual training slot. This is also open to other staff.

The team also offer individual shadowing opportunities for student nurses and social workers as well as therapy staff training sessions.

The Health and Social Care Act 2022 has introduced a requirement that regulated service providers must ensure that staff receive training appropriate to their role for Learning Disability and Autism. At CUH we will be adopting the Oliver McGowan programme in line with NHS England which was due to be delivered in early 2023 however this has currently been delayed due to challenges in the system in developing the service user aspect of the training.

8.5 Service Delivery for 2022 – 2023

Table 13 outlines the key areas of focus for the next financial year for the learning disability specialist nurse and the key milestones. It should be noted that there is a more detailed Learning Disability and autism improvement plan with deliverables for the next 3 years.

Table 13 Areas of focus in the coming year	**Key milestones/targets**
Development of Learning Disability Guidance/Procedure	September 23
Facilitation of the 3 year LD action plan with the relevant divisions/departments across the organisation	Refresh plan across organisation
Align the organisation in preparation for delivery of Learning Disability training	Awaiting code of practice - no timescale currently

9.0 Working and Learning Together

The Trust continues to be a member of Local Joint Safeguarding Partnership. The Partnership seek how to test effectiveness of multiagency arrangements and find ways of improving children's and adults journeys in key local priority areas, including "getting child protection right", neglect, CSA, Covid recovery and MCA/DoLS.

The safeguarding teams continue to work proactively with the Joint Safeguarding Partnership to take forward health responses and input to these important agenda items and form core members of groups such as the new Contextual Safeguarding hub and Ofsted MASH action plan.

In addition to the partnership boards, the safeguarding teams contribute to a number of internal and external forums, ensuring our safeguarding expertise is informing agenda and contributing to decision making. Table 14 lists the

external meetings attended and table 15 lists the internal meetings/forums attended.

Table 14 External forums
▪ Acute Trust Named Nurse Forum ▪ Cambridgeshire and Peterborough Multi-Agency Risk Assessment conferences (MARAC) ▪ Child Death Overview Panel (CDOP) ▪ Child Death Information Sharing meetings ▪ Child Safeguarding Practice Review subgroup (CSPRs) – Cambridgeshire and Peterborough Joint Safeguarding Partnership Board ▪ Child Sexual Abuse Workstream - Cambridgeshire and Peterborough Joint Safeguarding Partnership Board ▪ Complex safeguarding hub - Cambridgeshire and Peterborough Joint Safeguarding Partnership Board ▪ East of England Safeguarding Midwives Lead Forums ▪ Haverhill safeguarding meeting (Multiagency with West Suffolk Hospital, Suffolk children's services and Health Visitors) ▪ Health Safeguarding Group – ICB ▪ Health Serious Violence Duty Task and Finish group - ICB ▪ Health Heads of Safeguarding – ICB ▪ Health Training Group – ICB ▪ Hertfordshire (North and East) safeguarding meeting (Multiagency with East and North Herts NHS trust, Hertfordshire children's services and Health Visitors) ▪ Learning from deaths of people with a learning disability (LeDeR) Quality Assurance Group - ICB ▪ LeDer Steering Group, Cambridgeshire and Peterborough Joint Safeguarding Partnership Board ▪ MASH Partnership plan implementation group ▪ Mental Capacity workstream meeting - Cambridgeshire and Peterborough Joint Safeguarding Partnership Board ▪ MCA Steering Group - ICB ▪ Prevent Delivery Board ▪ Quality and Effectiveness Group, Cambridgeshire and Peterborough Joint Safeguarding Partnership Board Children and Adult ▪ Safeguarding Adult Review Panel and Sub-Group Meetings – Joint Safeguarding Partnership Board ▪ Safeguarding Children assessment and analysis framework (SAAF) – NHSIE ▪ Safeguarding Adults national network (SANN) - NHSIE ▪ Safeguarding meeting with Granta Medical Practice (Multiagency with GP's, Health Visitors and Midwives- once a month) ▪ The East of England Regional Safeguarding Forum ▪ Unborn Baby Panel (City and South Cambridgeshire) ▪ Unborn Baby Panel (East Fenlands)

- Vulnerability workstream meeting - Cambridgeshire and Peterborough Joint Safeguarding Partnership Board

Table 15 Internal forums

- Accessible Information Standards Working Group
- Adult Learning Disability and Autism Forum
- Children's Learning Disability and Autism Forum
- Carers Strategy Group
- Clinical ethics advisory group
- Clinical Nurse Specialist Group
- Consent working group
- Discharge Assurance Panel and Steering Group
- Domestic Abuse Steering group
- Education and Training- Subject Matter Expert Forum
- Equality, Diversity and Dignity Steering Committee
- Equality, Diversity and Dignity patient operational group
- Joint Safeguarding Committee (quarterly)
- Monthly multiagency maternity meeting
- Patient Experience Group
- Paediatric Clinical Governance Meeting
- Paediatric Gastro-enter ology psycho-social meeting.
- Paediatric Morbidity and Mortality Meeting (PICU)
- Paediatric Peer Review
- Paediatric Rheumatology Psycho-social meeting.
- Paediatric/Emergency Department Link meeting.
- PICU Clinical Governance Meeting
- Psychosocial meeting for the Paediatric Neurology team
- Psychosocial meeting for the Paediatric Respiratory Team
- Restrictive Interventions Steering Group
- Serious Incident review panel (SIERP) Actions Meeting
- Staff Carers Group

10. Safeguarding Training

Safeguarding training is a priority for the Trust. The safeguarding team undertake a detailed training needs analysis which identifies which groups of staff are required to undertake which levels of training. This is reviewed annually or as national changes are implemented.

It is a mandatory requirement that all staff undertake safeguarding awareness Level 1 adult and children and Prevent training when they start in the organisation. There has also been a new requirement for all staff to undertake Level 1 Domestic Abuse and LD training which is currently being scoped for implementation.

The Intercollegiate Documents identify the levels of training required per staff group for both adults and children. These requirements are mapped across the trust using the on line learning management tool (DOT) to ensure all staff are aware of their own mandatory training requirements with regards to safeguarding.

In areas where 16-17 year olds receive their care and treatment (generally adult wards and clinics), the designated senior staff are required to complete level 3 paediatric safeguarding training. These senior staff are then used as a resource for junior staff to signpost them to enhanced advice and support.

Since the pausing of face to face training during the pandemic has been lifted, the safeguarding team have reviewed the training offers that they are making and this also includes the newly introduced Level 3 safeguarding adults training. The team have been looking at ways to make the training offer across children, maternity and adults more streamlined and consistent whilst also achievable.

To date the maternity safeguarding team have rolled out their face to face Level 3 children's safeguarding training as part of their yearly In-Service Training update and this is to be extended to also capture medics and anaesthetists working in the Rosie. The remainder of the Trust have been undertaking Level 1, 2 and 3 safeguarding children's training via e-learn. The aim going forward is to be offering a suite of Level 3 options with the preferred option being face to face either in the classroom or virtually, to all eligible staff by the end of the 2023/2024 period with sessions already available to book through DOT. Level 1 and 2 will remain as e-learning packages hosted by E-learning for Health a nationally recognised provider so that there is assurance that the packages are regularly updated nationally. Level 3 adult training was also introduced in Q4 of 2022/23 as an e-learning package to compliment the Level 1 and 2 e-learning packages. The Level 3 pack is designed to be part of a hybrid model of training and the team are looking at how to best roll out the other aspects of this training given the resources available in the team.

As illustrated in table 16 and 17 below, there is good mandatory training compliance in both adult and children level 1. However there is more work required to focus on increasing the training compliance with safeguarding adult level 2, safeguarding children level 2, safeguarding children level 3 and WRAP3 Prevent training. Level 3 adult training was only rolled out to nursing staff in the last quarter of 2022/2023 and medical staff in March 2023 so is not yet illustrated in the tables below and will be reported on at the end of Q1 2023/2024. Additionally the re-mapping of those requiring Level 2 has yet to be completed so there may be some overlap in those whose Level 2 has expired but they have completed their Level 3. This data will be cleansed in 2023/2024.

Table 16 Safeguarding Training Compliance Rates (Divisional %)

Drill down - Division / Business Unit / Specialty / Department	Safeguarding Adults	Safeguarding Children Lvl 1	Safeguarding Children Lvl 2	Safeguarding Children Lvl 3	Safeguarding Adults Lvl 2	Prevent Lvl 3 (WRAP)
180 DIVA - Division A	(98) 95.2%	(56) 97.3%	(170) 91.1%	(72) 67.7%	(180) 90.6%	(36) 80.9%
180 DIVB - Division B	(123) 95.6%	(83) 97.1%	(200) 88.8%	(23) 83.2%	(212) 88.3%	(15) 89.1%
180 DIVC - Division C	(98) 93.5%	(70) 95.3%	(130) 91.0%	(67) 74.8%	(124) 91.4%	(45) 83.0%
180 DIVD - Division D	(93) 93.0%	(68) 94.9%	(115) 90.0%	(35) 75.7%	(123) 89.3%	(31) 78.3%
180 DIVE - Division E	(88) 93.2%	(46) 96.4%	(95) 91.9%	(204) 80.6%	(118) 89.9%	(89) 88.0%
180 CEO1 - Chief Executive Officer	(15) 79.5%	(14) 80.8%	(0) 100.0%	(1) 50.0%	(0) 100.0%	(1) 50.0%
180 CFO1 - Chief Financial Officer	(12) 93.7%	(8) 95.8%	N/A	N/A	N/A	N/A
180 CHIO - Chief Information Officer	(1) 99.5%	(1) 99.5%	(0) 100.0%	(0) 100.0%	(0) 100.0%	N/A
180 CNRS - Chief Nurse	(8) 94.2%	(7) 94.9%	(9) 89.8%	(6) 62.5%	(5) 94.3%	(2) 86.7%
180 COO1 - Chief Operating Officer	(7) 91.7%	(5) 94.0%	(4) 86.2%	N/A	(2) 93.1%	N/A
180 DOIN - Director of Improvement And Transformation	(2) 90.9%	(1) 95.5%	N/A	N/A	N/A	N/A
180 DOS3 - Director of Strategy And Major Projects	(0) 100.0%	(0) 100.0%	N/A	N/A	N/A	N/A
180 EFD1 - Estates & Facilities	(8) 98.1%	(5) 98.8%	N/A	N/A	N/A	N/A
180 MEDD - Medical Director	(5) 85.3%	(5) 85.3%	(4) 69.2%	N/A	(4) 69.2%	N/A
180 WKFC - Director of Workforce	(14) 91.7%	(8) 95.2%	(3) 88.9%	N/A	(5) 80.0%	N/A
180 NHOP - NIHR R & D Operational	(10) 97.1%	(7) 98.0%	(6) 95.4%	(1) 83.3%	(5) 96.2%	(0) 100.0%
180 RGS3 - Research Grants Directorate	(4) 95.2%	(4) 95.2%	(7) 85.7%	(1) 66.7%	(7) 85.7%	(0) 100.0%
	(586) 94.6%	**(388) 96.4%**	**(743) 90.5%**	**(410) 77.8%**	**(785) 90.0%**	**(219) 85.4%**

Table 17 Safeguarding Training Compliance Rates (Staff Group %)

Staff Group	Safeguarding Adults	Safeguarding Children Lvl 1	Safeguarding Children Lvl 2	Safeguarding Children Lvl 3	Safeguarding Adults Lvl 2	Prevent Lvl 3 (WRAP)
Add Prof Scientific and Te	(7) 96.9%	(4) 98.2%	(17) 91.1%	(3) 62.5%	(19) 90.4%	(2) 75.0%
Additional Clinical Services	(61) 96.5%	(37) 97.9%	(195) 87.8%	(33) 79.6%	(213) 86.7%	(11) 89.7%
Administrative and Clerical	(120) 94.7%	(96) 95.7%	(13) 88.1%	(6) 25.0%	(12) 88.8%	(3) 62.5%
Allied Health Professionals	(19) 97.1%	(8) 98.8%	(38) 94.3%	(13) 80.0%	(30) 95.5%	(7) 89.2%
Estates and Ancillary	(9) 97.4%	(6) 98.2%	N/A	N/A	N/A	N/A
Healthcare Scientists	(12) 98.0%	(6) 99.0%	(27) 82.8%	(1) 94.1%	(45) 74.3%	(1) 94.1%
Medical and Dental	(205) 86.7%	(163) 89.4%	(260) 83.9%	(114) 72.4%	(264) 83.6%	(62) 82.1%
Nursing and Midwifery Re	(153) 95.6%	(68) 98.0%	(193) 94.4%	(240) 79.6%	(202) 94.2%	(133) 85.9%
Total	**(586) 94.6%**	**(388) 96.4%**	**(743) 90.5%**	**(410) 77.8%**	**(785) 90.0%**	**(219) 85.4%**

In addition to the mandatory training identified above, the teams deliver bespoke training to clinical areas and in response to safeguarding review learning, incidents and complaints.

11 Recommendations

The Board of Directors is asked to note the content of the annual safeguarding report.

Appendix 1 Governance and Accountability

Safeguarding Team

Executive Lead:
Lorraine Szeremeta, Chief Nurse

Operational Lead:
Amanda Small, Deputy Chief Nurse

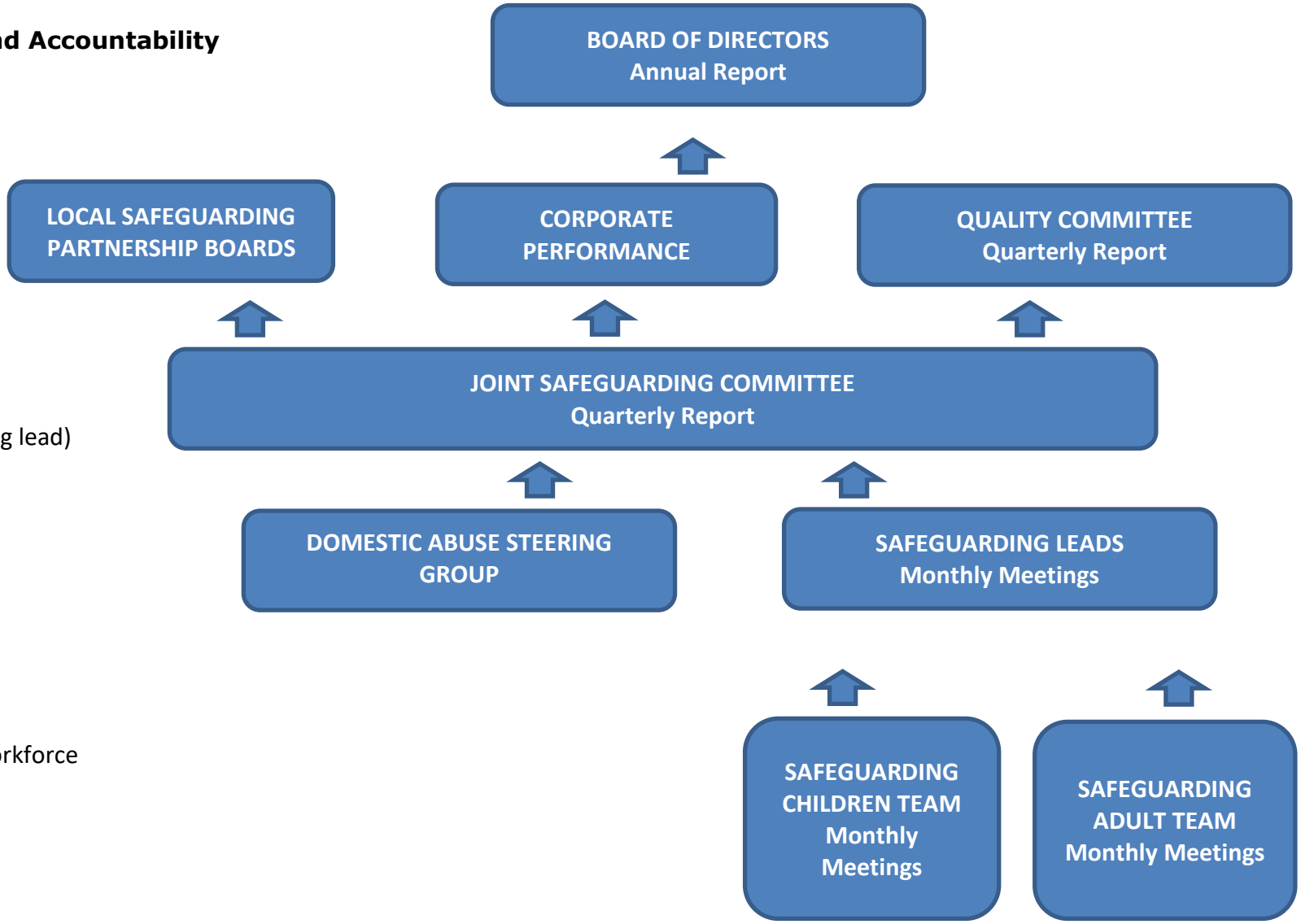
Head of Safeguarding
Jenny Harris

Adult Safeguarding Leads:
Tracy Brown (Named adult safeguarding lead)
Dr Sarah Jefferies (named doctor)

Children Safeguarding Leads:
Sian Forman (named nurse)
Dr Lucy Preston (named doctor)

Maternity Safeguarding Leads:
Gillian Harrington (named Midwife)

Workforce Safeguarding Lead:
Richard Lewis, Associate Director of workforce



Board of Directors

Cambridge University Hospitals NHS Foundation Trust

Together
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Kind
Excellent

Report to the Board of Directors: 12 July 2023

Agenda item	14.3
Title	Health and Safety Annual Report 2022/23
Sponsoring executive director	David Wherrett, Director of Workforce
Author(s)	Helen Murphy, Head of Health and Safety
Purpose	To receive the annual report
Previously considered by	Quality Committee, 5 July 2023

Executive Summary

The Health and Safety Annual Report for 2022/23 is attached. It was received and endorsed by the Quality Committee at its meeting on 5 July 2023.

Related Trust objectives	Improving patient care, Supporting our staff
Risk and Assurance	The paper provides assurance on arrangements in place in relation to health and safety.
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	Health and Safety at Work Act 1974
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent	Yes

Actions required by the Board of Directors
The Board is asked to receive the Health and Safety Annual Report for 2022/23.

Health and Safety

Annual Report 2022/23

Executive Summary

- The purpose of this annual report is to provide summary information on the management of health and safety at CUH for the period between 1 April 2022 and 31 March 2023.
- A number of health and safety risks and significant issues are addressed in section 2 of this report.
- There were 14 significant incidents in 2022/23. The details of these are set out in section 3. An update on last year's significant incidents is provided in section 4.
- There were 1,786 health and safety incidents reported in 2022/23. The top three incident categories remain the same as previous years – violence and aggression, accidents, and blood/bodily fluid exposures.
- The staff incident rate is 10.3 staff members harmed per 100 workers (an increase against last year's rate of 9.8).
- 49% of incidents reported resulted in actual harm (1% increase from last year).
- There were 39 non-COVID RIDDORs reported to the HSE in 2022/23 (8 more than last year).
- 72% (28) of RIDDORs were reported to the HSE within the appropriate timescales. The other 28% (11) were due to late reporting to the health and safety team that the incident was RIDDOR reportable. Reporting timescales were 77% in 2021/22.
- Since the beginning of the pandemic, there have been 170 COVID-19 RIDDORS reported to the HSE; of which 31 were reported during 2022/23 – the majority being cases of disease where there is reasonable evidence to suggest that the member of staff contracted COVID from their work.
- The HSE followed up 3 non-covid RIDDORs during 2022/23, but no enforcement action was taken.
- The health and safety monthly department audit resumed in May 2022 following the Covid pandemic. A total of 42 departments were audited. Findings are provided in section 7 of this report.
- A new health and safety department climate survey was launched in September 2022. The survey measures the attitudes and perceptions of staff towards health and safety and provides an understanding of safely culture at CUH. The purpose of the survey is to raise standards and improve local health and safety arrangements and practices. Seven climate surveys were completed during 2022/23 (one a month). The results of the survey are provided in section 8. The responsible department managers attended the Health and Safety Committee to report back on findings.
- Questions on health and safety were included in the Quarter 4 National Quarterly Pulse Survey (NQPS). The results (see section 9) were discussed at the April 2023 Health and Safety Committee and a number of actions agreed. Overall, results were disappointing but is thought to be a reflection of the pressure staff have felt from

working through the pandemic, staff shortages, intensity of workload (large waiting lists) and cost of living pressures.

- The Trust's annual dangerous goods audit was carried out during 2022/23 and 22 recommendations were made for improvement.
- The Health and Safety Committee met on four occasions during 2022/23. A summary of its work and sub-committees can be found in section 11 of this report.
- As at March 2023, compliance with health and safety core mandatory training was at 96% (compared to 95.9% in March 2022).
- 85% of all current managers and supervisors have completed the online training module 'Health and Safety Awareness for Managers' (compared to 87% last year).
- 1 new health and safety procedure was developed during 2022/23. The 'Consulting with employees on health and safety' procedure sets out the arrangements for consulting with employees and their safety representatives on health and safety matters as required by legislation.
- The Health and Safety Policy was reviewed and approved by the Health and Safety Committee at its November 2022 meeting and the statement of intent was updated and signed by the Chief Executive in June 2022. Their next review is in 2025.
- The health and safety department is lead author of 38 corporate policies and procedures, all of which are in-date.
- Key performance indicators can be found in appendix 5.
- Objectives for 2022/23 are set out in section 14 of this report.

Committee review of annual report

Quality Committee: 5 July 2023
H&S Committee: 26 July 2023

Health and Safety

Annual Report 2022/23

1. Introduction

1.1 Welcome to this year's health and safety annual report. The purpose of this report is to provide summary information on the management of health and safety at CUH for the period between 1 April 2022 and 31 March 2023.

1.2 At CUH, we are committed to protecting the health and safety of all our staff and other persons who may be affected by our activities in accordance with the Health and Safety at Work Act 1974. Our commitment is underpinned by our Health and Safety Policy and our five year strategy *'Safer culture, safer systems, safer workforce'* that sets the direction for effective health and safety management at CUH. This sits under the Trust's main strategic priority of supporting staff and its associated workforce strategy of keeping them safe and healthy.

1.3 We observe the HSE's model for managing health and safety (HSG65) and continue to assess ourselves against ISO 45001, the international standard on occupational health and safety that provides good practice guidance on establishing and integrating health and safety within overall management systems.

1.4 We aim to develop a culture that strives for continuous improvement in health and safety. One that embodies strong leadership commitment and high levels of staff engagement. Where our workforce work safely in all that they do and where risks are proactively identified and managed.

1.5 We believe that no-one should be harmed at work and therefore our ultimate goal we strive for is to ensure that everyone who works or visits our hospital goes home safe and healthy every day.

2. Health and safety risks and significant issues

2.1 Control of exposure to nitrous oxide

2.1.1 In late 2022/early 2023 a number of hospitals across the region, including Peterborough City Hospital, Hinchingbrooke Hospital, Harlow Hospital and Ipswich Hospital suspended use of Entonox in their maternity units after concerns that staff were being exposed to high levels of nitrous oxide due to inadequate ventilation. These hospitals did not close their maternity units but advised pregnant women that although Entonox was not available, other methods of pain relief would still be offered, whilst they undertook work to improve ventilation.

2.1.2 As a result the Trust reviewed its control measures it had in place to control staff exposure to nitrous oxide within its maternity units and to provide assurance that workplace exposure limits were not exceeded. This resulted in a number of actions including:

- 14 month statutory examination and testing of its scavenging systems (PurAir 750) in accordance with HSG258
- Checking of ventilation systems within the Trust's maternity units to check they are complying with 10 air changes per hour in accordance with NHSE guidance and HTM03-01 (specialised ventilation for healthcare buildings)
- Procurement and use of rebreather masks (as opposed to mouthpieces) within its maternity units

- Updating of educational videos and information to service users on the use of Entonox and associated equipment eg to exhale out into the mouthpiece/mask
- Review of training provided to staff on use of Entonox and associated equipment
- Exposure monitoring to provide assurance that WELs are not exceeded and that exposure to nitrous oxide is adequately controlled.
- Review of COSHH risk assessments and updating as necessary

2.1.3 As a result, Entonox continued to be provided within its maternity units at CUH. Further work on reviewing the control measures in other areas that use Entonox is planned for 2023/24.

2.2 Violence and aggression

2.2.1 Violent and aggressive incidents at CUH are the highest reported health and safety risk to staff at CUH. The severity of the incidents being reported appear to be escalating and 4 incidents have been reported to the HSE under the RIDDOR regulations in the last year as over 7 day injuries

2.2.2 The current steps being taken to prevent and respond to these incidents include:

- Clear and regularly reviewed risk assessments carried out in areas, services and where necessary individual patients
- Patient facing staff undertaking training to be knowledgeable and competent in managing patients with aggressive behaviour with a view to de-escalating the situation and preventing or curtailing violence. This includes: Conflict resolution training (on-line, mandatory presentation detailing how to recognise triggers and warnings for challenging behaviour and take necessary precautions) and Breakaway training (In-person training, teaching techniques for minimising the impact of a physical attack – not currently mandatory)
- Areas at most risk provided with a dedicated security resource (ED, UTC)
- Panic alarms installed in key clinical and public facing locations (e.g. Main reception, PALS, Chaplaincy)
- Responding security resource trained in physical intervention (healthcare specific, safe restraint training to prevent harm as a last resort)
- 'Special Observations' policy for in-patients presenting a known risk due to aggressive behaviour (this can be supported by a radio to provide direct escalation to security)
- Acceptable behaviour agreements, written warnings and exclusions following assaults or other unacceptable behaviour by a patient

2.2.3 In addition, given the trends, the Trust is reviewing its overall approach to workplace violence and aggression, identifying the potential need for a review into policy, workplace risk assessments and an increase in the scope and scale of training delivery. It will use the NHS Violence prevention and Reduction Standards (VPRS) that provide a risk based framework aimed at promoting a safe and secure environment for NHS staff through prevention and reduction strategies.

2.2.4 Further work is needed on how violent and aggression incidents are categorised, as there is danger that numbers could be misrepresented.

2.2.5 In March 2023, the HSE wrote to all NHS Trusts providing a summary of its findings on the management of risks from workplace violence and aggression in the NHS, following an inspection programme carried out between 2018-2022.

2.2.6 The HSE recommended that each Trust considers the four main categories (risk assessment, training, roles and responsibilities and monitoring and review) where management failures have been identified and satisfy themselves that they are being managed in such a way to comply with health and safety law.

2.2.7 To be assured that suitable action has been taken, the HSE will be undertaking further interventions with the NHS over the next 12 months. These interventions will follow a two-step approach as follows:

- Step 1: several high-level interventions by appointment between NHS Trust Chief Executives and HSE Operational Managers to discuss what is being done at senior management level to address the risks from V&A. These interventions will focus on the findings from the 2018-22 inspections and will explore the following areas:
    - Steps taken by the Trust over recent years at senior level to address the risks from V&A
    - Leadership and ensuring that sufficient organisational attention, resources and priority are given to the reduction of V&A
- Step 2: inspections will carry out several site inspections to seek assurance that what was described to them, in the high-level interventions, is being delivered on the ground.

2.2.8 Inspectors will engage with a cross-section of management and the workforce to assess the measures taken. Feedback on findings, including details of any action required, will be given at the end of the visits**.**

2.3 Work-related stress and burnout

2.3.1 In the National Staff Survey carried out in 2022, 44% of staff said they had felt unwell due to work related stress and 73% said they had experienced 'burn out' because of work. This was consistent with other NHS Trusts.

2.3.2 Staff sickness rates for mental health related illness including stress, depression and anxiety is the second highest cause of sickness after cold, cough and flu. At the end of March 2023, 19.1% of all sickness was due to mental health conditions, with an absence rate of 0.9%.

2.3.3 It is well recognised that staff shortages, intensity of workload and cost of living pressures are having a significant impact on staff wellbeing across the NHS. This, together with dissatisfaction with pay, has led to industrial action by healthcare trade unions.

2.3.4 Supporting its staff is one of CUH's main strategic priorities and this is underpinned by the five workforce ambitions of Good Work and Wellbeing, Resourcing, Ambition, Inclusion and Relationships.

2.3.5 Through the Good Work and Wellbeing ambition the Trust is committed to investing and focussing on supporting staff to having an improved experience in work. This includes new Wellbeing Facilitators who are joining up managers with the wellbeing support offer available. The Trust has also launched the Workplace Adjustments programme so that everyone working at CUH has the right support in place to enable them to do their job well. Practical support with food, travel and accommodation has also been provided to make life a little easier and improvements have been made to the workplace to provide staff with comfortable areas to take breaks. The additional support provided to staff during the pandemic

is also being maintained. This includes coordinated access to psychologists, pastoral support including from chaplaincy, staff mental health service, Occupational Health, 24/7 employee assistance programme, counselling, doctors for doctors and staff wellbeing hub resources.

2.3.6 Through resourcing, the Trust is committed to investing in ensuring that services have the right number of people, with the right mix of skills, to deliver safe and high quality care to patients. The Trust is constantly developing new ways to recruit and retain staff and is focusing on exit interviews in order to better understand the reasons why staff leave the organisation. However, it is to be acknowledged that this is particularly difficult in a competitive labour market and with the cost of living in Cambridge and high inflation, and not being able to offer the high cost area supplement that is available in London.

2.3.7 In relation to stress management, all managers are required to carry out proactive departmental stress risk assessments to help them identify any potential stressors amongst staff so that they can take action to address them and individual stress risk assessments are reserved for staff who are displaying signs of stress so that managers can understand where they require further help and support. The HSE has recently published a new 'stress talking toolkit'. This will be reviewed to ensure that the Trust's policy and processes for managing work related stress are meeting best practice. An organisational stress risk assessment that outlines how the Trust is managing work related stress against the 6 HSE stressors is also in progress.

2.4 Lone working

2.4.1 There is lack of consistent control measures implemented across the Trust for lone working, in particular on the use of a lone working devices and training. One key control measure identified within the lone working policy is the provision of lone working devices for staff. These enable staff working in the community and patient homes to raise the alarm and summon emergency assistance if required and provide their specific location in case of incident. In 2019, a suitable lone working device was selected for roll out across all relevant teams.

2.4.2 In 2020, Trust-wide communication was sent out to managers requesting them to provide information on lone working activities undertaken. From the responses received a list of teams /staff requiring lone working devices was complied. These staff were contacted to arrange delivery and training on the new devices. Unfortunately, engagement with the roll out was patchy and this was then further disrupted by the pandemic.

2.4.3 Due to the delay in roll out, turnover of staff and likely increase in activity within the community the health and safety team will be sending out a new communication to all managers to refresh the central list so a full roll out can be implemented. Information requested will be as follows:

- Which teams visit patients in their home
- Which teams undertake lone working in other community settings (confirm setting)
- The best person to contact to coordinate delivery and training for the devices within these teams
- How many devices are needed to operate the service *(please note, individual devices can be assigned to a specific member of staff for frequent lone working or a device can be shared amongst up to 5 staff).*

2.5 Shared workplace

2.5.1 CUH shares its workplace with other employers including GSK, University of Cambridge, PHE and others and has in place either leases, workplace agreements or memorandums of occupation (MOs) outlining the contractual obligations of each party.

2.5.2 However, on occasion confusion has arisen as it is not clear form the documents above which party is responsible when an incident has occurred or a risk has arisen and has led to disputes and safety being compromised in parts of the premises.

2.5.3 As a result, the Trust's property team are reviewing existing leases, workplace agreements and MOs to ensure that they contain express and unambiguous terms in respect of health and safety responsibilities. So that all parties are clear on what they are responsible for. They are also developing a matrix of third party tenants and their health and safety responsibilities.

2.5.4 It is also a legal requirement for all tenants in a shared workplace to co-operate and co-ordinate with each other to ensure that all health and safety risks are adequately managed. For example, this may involve agreeing to carry out joint risk assessments or investigating incidents together. The Health and Safety Team are currently looking at the best way to implement and manage this going forwards.

2.6 Contractor management within Capital, Estates and Facilities (CEFM)

2.6.1 The Trust has a large number of contractors and subcontractors working on its premises at any one time. They may be working on large capital construction projects or providing services on behalf of the Trust.

2.6.2 It is a legal requirement to ensure that contractors/subcontractors are appropriately managed and for contractors carrying out construction work there are further requirements under the Construction (Design and Management) Regulations 2015.

2.6.3 Incidents and previous audits of contractor management within CEFM has identified that there is a need for improvement in relation to contractor induction, quality of risk assessments and risk assessment method statements (RAMS) and sharing of information. This has been discussed at the CEFM Health and Safety Committee who agreed to put together a plan on how the gaps are to be addressed going forward.

2.6.4 A new Risk Assessment Method Statement (RAMS) standard operating procedure (SOP) has been developed for the Building, Engineering and Maintenance (BEM) department to provide a formal process for managing contractor RAMs to ensure that all the risks associated with work are appropriately identified and managed. Although the SOP is specific to BEM, it can, with specific amendments, be used more widely within the Capital, Estates and Facilities Division. The SOP is as an interim procedure whilst a CEFM wide system for managing contractor RAMS is identified.

2.6.5 It is important that the process is regularly audited to ensure that it is being adhered to and that it works in practice so that risks stay controlled.

2.6.6 Further conversations are required on whether a single dedicated resource is needed to provide competent advice, knowledge and sign-off on all RAMS.

2.7 Needlesticks/sharps

2.7.1 A gap analysis on the Trust's compliance with the Health & Safety (Sharp Instruments in Healthcare) Regulations 2013 shows that further work is required to meet the requirements of the legislation.

2.7.2 A sharps disposal poster was created during 2022 in order to satisfy one of the regulation requirements and has been distributed by the Trust's Infection Control Team. The question *'There are posters displayed within the clinical area detailing the safe disposal of sharps'* has also been included in the IPC element of the Ward Accreditation Programme. A focus on sharps was also included on the Clinical Friday at the end of October 2022.

2.7.3 Medical teams are still not being provided with sharps training and has been raised with the Mandatory Training Advisory Group (MTAG) and also directly with the medical lead for education. Sharps training will not be relevant to all medical teams due to their role, professional status, and speciality and therefore, rather than it being 'mandated' for all medical teams there needs to be a way to target those teams and roles which frequently use sharps.

2.7.4 The Safer Sharps Committee has not met since January 2022 due to poor attendance and engagement. The current Chair of the Committee is leaving the organisation in May 2023. This has been escalated to the Director of Workforce and the Health and Safety Committee. The committee requires clinical/nursing leadership and representatives from infection control, occupational health and procurement.

2.8 Local Exhaust Ventilation (LEV)

2.8.1 The Control of Substances Hazardous to Health Regulations (COSHH) requires that if you have LEV for controlling air-borne contaminants such as dusts, fumes and vapours produced by work processes then it must undergo a thorough examination and test at least every 14 months. The purpose of the examination and testing is to ensure that the equipment remains effective at controlling exposure.

2.8.2 Assurance is required that there is a comprehensive asset list of all LEVs at CUH and that testing and examination of LEVs has been carried out in accordance with legislation. This is being reviewed by the Trust's Ventilation Safety Group.

2.9 Fit testing

2.9.1 Fit testing compliance of staff required to wear FFP3 face mask protection was at 42% in February 2023, equating to 1,284 members of staff who were protected and 3,032 requiring fit testing.

2.9.2 Fit testing is integral to ensure that FFP3 disposable and reusable face masks are suitable and provide maximum protection to staff from exposure to respiratory diseases in the workplace.

2.9.3 Given the level of compliance, the Trust is not able to demonstrate that it is adequately controlling the risk to its staff which is contrary to legislation and leads to potential consequences to staff health.

2.9.4 The Trust is taking a number of actions to improve compliance and engagement of staff including:

- Continued Trust communication via CUH Bulletin, Facebook and Chief Nurse message of the week
- Monthly competitions
- Mask fit testing advice posters provided to all wards and notice boards across the Trust
- Local fit testers in ICU, ED and theatres supported by central mask fit testing team
- QR codes available for booking appointments via Eventbrite
- Promotion of fit testing via stand in the Concourse
- Communication via all IC teaching sessions and at Infection Control Divisional Meetings
- Deputy Director of Infection control communicating with Clinical leads
- Ward visits and telephone conversation by mask fit test team
- Regular reminders during hand hygiene and PPE audits
- Discussion with DOT team to add mask fit testing as essential for role

2.10 Workplace transport safety

2.10.1 A site safety audit carried out by AECOM in 2019 identified a number of recommendations to improve on site safety for vehicles, cyclists and pedestrians. An action plan to address the audit by AECOM is in progress of being delivered. A large number of small-scale recommendations have been completed (such as cutting back vegetation, replacement of broken lighting, installation of lighting) and the larger-scale recommendations have been packaged into a series of schemes and prioritised. Investment has been provided.

2.10.2 Phase 1 work is expected to be completed in July 2023, with phase 2 to follow. A further audit is planned once the works are complete.

2.11 Lack of assurance on the Trust's health and safety management system

2.11.1 No internal audit of the health and safety management system has occurred since September 2016.

2.11.2 There are currently no plans to audit health and safety in 2023/24 as it currently sits as a 'medium' risk on the audit plan and the 'high' risk areas tend to absorb the limited audit resource.

2.12 Seating at work

2.12.1 In 2015 a member of staff was injured when they went to sit down on a wheeled stool which inadvertently rolled away from them. Following the incident, the member of staff claimed for compensation for personal injury against the Trust.

2.12.2 The Trust defended the case but unfortunately were unsuccessful at trial that took place at the end of June 2021.

2.12.3 The judge found in the claimant's favour. They found that the Trust breached its duty of care towards the claimant by failing to risk assess the suitability of wheeled stools prior to their introduction in the area.

2.12.4 The judge made it clear that the stools were not defective, and that they may well be entirely suitable to be used in other areas of the Trust but in her view were just not suitable or necessary for the particular area where the incident occurred.

2.12.5 Following the judgement, solicitors advised the Trust to put in a process to ensure that prior to introducing any new seating in an area that their suitability is risk assessed.

2.12.6 The Trust continues to see incidents related to falls from chairs. The majority of incidents have occurred in clinical areas where wheeled chairs are used on hard flooring. Hard flooring increases the speed at which the chair/stool moves increasing the risk of a fall/injury. In addition to the above incidents, further injuries have been caused by staff tripping over the chair/stool bases, and faulty chairs eg chair backs breaking off.

2.12.7 To minimise the risk, the health and safety team have worked with suppliers to identify suitable chair components for use on hard flooring. This includes the use of soft castors and unloaded brakes. In addition, the use of matt vinyl upholstery will minimise the risk of slipping.

2.12.8 Seating with the above features has been trialled with some clinical areas over several months and arrangements are currently being made to trial further seating from other suppliers.

2.12.9 Once trials are complete, the intention is to provide staff and managers with a preferred supplier and guidance on the required features, to ensure they are suitable for the intended work environment. This information will be provided via the Procurement Connect pages and DSE policy.

2.12.10 To support the above arrangements and ensure all seating purchased going forward is suitable for the environment, task and individual, a guidance note on Seating at Work will also be produced.

2.12.11 It should be noted that there is a significant quantity of existing seating within the Trust. Some of which, will not be suitable or meet HSE requirements and therefore continue to pose a risk of injury. Further work to review existing seating will be required and will form stage 2 of this review.

2.13 Musculoskeletal Disorders (MSDs)

2.13.1 In March 2023, the HSE wrote to all NHS Trusts providing a summary of its findings on the management of risks from musculoskeletal disorders in the NHS, following an inspection programme carried out between 2018-2022.

2.13.2 Under H&S law, the Trust must protect employees from the risks of MSDs being caused or made worse by work. MSDs include injuries and conditions that affect the back, joints and limbs.

2.13.3 MSDs can be caused by manual handling, repetitive work and awkward postures, working with display screen equipment and exposure to vibration.

2.13.4 The HSE recommended that each Trust considers the four main categories (risk assessment, training, roles and responsibilities and monitoring and review) where management failures have been identified and satisfy themselves that they are being managed in such a way to comply with health and safety law.

2.13.5 To be assured that suitable action has been taken, the HSE will be undertaking further interventions with the NHS over the next 12 months. These interventions will follow a two-step approach as follows:

- Step 1: several high-level interventions by appointment between NHS Trust Chief Executives and HSE Operational Managers to discuss what is being done at senior management level to address the risks from MSDs. These interventions will focus on the findings from the 2018-22 inspections and will explore the following areas:
    - Steps taken by the Trust over recent years at senior level to address the risks from MSDs
    - Leadership and ensuring that sufficient organisational attention, resources and priority are given to the reduction of MSD risks.
- Step 2: inspections will carry out several site inspections to seek assurance that what was described to them, in the high-level interventions, is being delivered on the ground.

2.13.6 Inspectors will engage with a cross-section of management and the workforce to assess the measures taken. Feedback on findings, including details of any action required, will be given at the end of the visits**.**

2.13.7 The H&S team will be carrying out a gap analysis to identify any gaps regarding the management of MSDs at CUH and the steps needed to ensure these gaps are addressed.

3. Significant health and safety incidents 2022/23

3.1 Window restrictor incidents (SLR132857, SLR156165, SLR156802) - ONGOING

3.1.1 On 24 December 2022 a patient escaped through a window on Ward A5 (Division D), climbed the scaffolding and left site. The patient was unharmed. The patient managed to escape by pushing out a glass pane. On investigation it was identified that the window did not have appropriate restrictors in place and on checking the surrounding areas, four other windows were also found not to have appropriate restrictors in place.

3.1.2 This incident followed a similar incident that occurred in January 2022 where a patient managed to escape from a high level window in the emergency department (Division C) which led to a drop of approximately 20ft (see section 4.3 below - SLR132857). The patient managed to reach floor level safely, however it was classed as a significant near miss and an investigation launched into how the incident occurred. The investigation found that the window from which the patient escaped did not have appropriate restrictors installed that met the required standard as detailed in the Estates and Safety Alerts issued in January 2013 and November 2014 that requested NHS Trusts to ensure window restrictors were suitably robust and met the guidance contained in HBN 00-10 Part D guidance. As a result Estates carried out work to install appropriate restrictors on all windows where possible, and where not possible ensuring that they were suitably restrained by other means. A total of 1,253 additional restrictors were installed. A planned preventative maintenance programme was also put in place for the checking and maintenance of window restrictors (high risk areas every 6 months; all others areas 12 monthly) and window restrictors were also added to the workplace inspection checklist carried out by local areas.

3.1.3 Following the December incident a further check of all areas was carried out to ensure that there were no other windows that had been missed. This identified a further 3 windows without restrictors on Ward A5 and A4 and an unlocked restrictor which was relocked.

3.1.4 At the May 2023 CEFM H&S meeting, assurance was given that all onsite properties that fall under the responsibility of CUH have appropriate window restrictors in place. The Trust is still awaiting for confirmation from third parties on compliance with the Estates safety alerts and awaiting landlord approval to carry out work at one off-site property. All other off-site properties have been surveyed and works completed.

3.1.5 It has been recommended that a document outlining the Trust's approach for window restrictors is created. This should cover:

- Details of type of standard restrictor used and arrangements for PPM
- Process for derogations (removal of window restrictors)
- Change of use of areas/rooms
- Arrangements where standard restrictors can't be fitted
- Process for new construction/refurbishment projects.

3.1.6 A consequence of this work has raised a concern regarding whether windows restrictors pose a ligature risk. Further work is required to determine if a more appropriate restrictor can be fitted or whether the risk can be managed in place by clinical teams.

3.2 Bathroom door lock incident on Ward N3 (SLR150482, SLR150506, SLR150641) - <u>ONGOING</u>

3.2.1 On 8 October 2022 a patient collapsed in a bathroom on ward N3 (Division C). There was a delay in accessing the patient as the staff were unable to unlock the bathroom door from the outside. This required the attendance of the Estates team in order to remove the lock to allow entry. There was a resultant delay (approx. 15 minutes) in initiating treatment to resuscitate the patient and despite resuscitation efforts, the patient sadly died. Staff report that the shower door was a further barrier to being able to free the patient and this was removed by Estates.

3.2.2 The investigation found that the plastic coin release component of the bathroom door lock was worn which meant that the lock could not be opened from the outside. Staff were not able to insert anything into the plastic coin release component to apply sufficient traction/grip to turn the lock. There was no record of any previous damage to the lock or of a job request.

3.2.3 As a result of this incident a number of actions were carried out including:

- Estates carried out a site-wide audit on all sanitary facilities locks and a programme was put in place to replace locks that had a plastic coin release component with a metal component (336 locks were changed).
- A new planned preventative maintenance programme was also introduced for the checking and maintenance of all sanitary facility locks.
- A defect notification was done to the national team to ensure wider learning in the NHS.
- Locks with metal components were added to the estates preferred list of fittings.
- The issue was raised with the project teams for the Cambridge Cancer Research Hospital and Children's Hospital.

3.2.4 Waiting for assurance that third party/off-site properties have been reviewed and action taken.

3.2.5 The incident was also investigated as a serious incident by the Patient Safety Team.

3.3 Inward opening doors (SLR155980) - <u>ONGOING</u>

3.3.1 On 27 December 2022 a patient suffered a cardiac arrest in the Emergency Department waiting room toilet (Division C). There was a delay (estimated at 3 minutes) in providing basic life support because of difficulty in getting to the patient as the door to the toilet opened inwards. The patient was subsequently transferred to resus but the decision was made not to continue.

3.3.2 The cubicle doors were installed prior to HBN guidance 00-01 which states the following:

Doors into sanitary spaces, in all accessible and patient areas, should open outwards. If an inward-opening door is unavoidable:

- *The room depth should be increased so that the door swing does not interfere with use*
- *The door should also be able to open outwards to enable access in an emergency*

*guidance is not respective; only applies on new builds or refurbishments following its publication.

3.3.3 Since the incident, three cubicle doors in ED have had their hinges changed so that they can be lifted off during an emergency. Staff have also been issued with metal washers to enable easier opening of emergency coin release locks. Panic alarms have also been fitted in the toilets.

3.3.4 Work is in progress on identifying other sanitary spaces with inward opening doors. Where they exist it will be assessed whether (a) there is enough room to change the hinge to allow the door to open outwards or (b) where there is not enough room, to change the hinge to a lift off hinge. To-date, of 142 floors, 47 have been inspected starting with high risk areas first. 641 rooms have been surveyed and 60 doors have been found to be inward opening. The majority (50) have been modified with a new lift off hinge and the remaining (10) have been fitted with a hinge to allow the door to open outwards.

3.3.5 Checking of hinges for wear, tear and damage is to be added to the 12 monthly PPM already in place for toilet door indicator locks.

3.3.6 Waiting for assurance that third party/off-site properties have been reviewed and action taken.

3.3.7 The incident was also investigated by the patient safety team as a serious incident due to concerns around clinical care.

3.4 Day room locks (SLR153009) - <u>ONGOING</u>

3.4.1 On 12 November 2022 a patient who was being red specialled locked themselves in the dayroom on Ward D5 (Division C). Staff were unable to unlock the doors as they did not have the keys. The patient was visible through the door window at all times. Security were called who accessed the fire door and the patient was persuaded to unlock the day room door. After the patient had left the day room, estates were asked to remove the lock. The lock was a standard door mortice and cylinder lock.

3.4.2 Following the incident a site wide survey was carried out of *inpatient* areas only to identify day rooms, quiet rooms, patient waiting rooms and other rooms where patients can spend time away from their beds. Where locks were fitted these were

removed and replaced with a blanking plate. A total of 16 locks were removed across 68 areas inspected.

3.4.3 Awaiting confirmation that there are no other inpatient areas off-site and/or situated within third party buildings and that standard design specifications have been updated for new builds or refurbishments to ensure locks are not fitted in these doors in future.

3.5 Water leaks/floods in CT/X-ray department (SLR152619 and SLR152674) - CLOSED

3.5.1 At the end of October/beginning of November 2022 the CT/X-ray department (Division B) was affected by rain water entering the department roof as result of enabling works to install a thrombectomy scanner on level 4 of Angiography. The rain water had caused damage to equipment/furniture and fittings and caused disruption to the service with staff being asked to work elsewhere due to safety concerns. Despite best efforts to fix the problem, leaks continued to occur over several weeks.

3.5.2 On 14 December 2022 all permanent fixes were completed, preventing further leaks in the department.

3.5.3 An after-action-review was carried out on 15 March 2023 to review the events associated with the roof leaks and its subsequent repair to establish what could be learned so that it could be applied to future projects. The findings are to be written up into a key learning document, identifying any specific actions required and will be shared with a number of stakeholders who have asked for feedback.

3.6 Monkeypox incident (SLR143193) - CLOSED

3.6.1 On 23 June 2022 a patient attended ED (Division C) with a self-diagnosis of monkey pox. Unfortunately the department's own guidance on the management of patients who present with known/suspected monkeypox was not followed and this led to a risk of staff exposure to monkeypox. OH were notified and contact tracing was undertaken. The incident was reported to the HSE as a 'dangerous occurrence' and investigated by the H&S team.

3.6.2 An action plan was developed and all actions were completed. The Head of Health and Safety attended the Control of Infection Committee and reported back on the case. ED Bronze have re-issued all guidance to staff and the immediate learning from the incident has been shared.

3.7 BU2 plant room incident resulting in harm to member of staff (RIDDOR – fractured shoulder) (SLR148366) - CLOSED

3.7.1 On 22 September 2022 a member of estates staff working in BU2 plant room tripped and fell on some plastic pipework that had been left on the floor. In considerable pain, the member of staff was taken to ED where it was diagnosed they had sustained 4 shoulder fractures requiring shoulder restructure and bone replacement surgery. Due to the nature of the injury the incident was reported to the HSE. The member of staff was signed off work for 8 weeks. Surgery was successfully carried out on 04.10.22.

3.7.2 Investigation of the incident revealed that contractors had left the pipes (and other waste) in the plant room after they reported work was complete. On checking the work, Estates asked the contractor to remove the waste and pipes. Unfortunately this did not happen prior to the incident despite further requests. Although estates staff including the injured person were aware of the location of pipes they did not attempt to move or remove them.

3.7.3 Following the incident the contractor was given a performance notice for breaking the terms and conditions of their contract for failing to provide a safe work environment. An 'All staff CEFM' cascade email was sent out to remind staff overseeing contractors to reiterate the requirement to ensure a safe working environment at all times, and more specifically, once work is complete. In addition staff were reminded of the importance of identifying hazards and taking action to address them rather than waiting for someone else to.

3.8 Asbestos incident on Nuclear Medicine Refurbishment project (SLR156820) - <u>ONGOING</u>

3.8.1 On 12 December 2022 a sub-contractor working on the nuclear medicine refurbishment project reported to the main contractor what they thought to be suspected asbestos insulating board (AIB). Versions of events at this point differ, however, it is agreed by all parties that whilst investigating, the main contractor disturbed the asbestos.

3.8.2 It appears that although the area containing the AIB was cordoned off, works continued until 13 December 2022 when a second manager from the main contractor stopped all activities and closed the site. It is at this point CUH's project manager for the job was notified of the situation and contacted the Trust's asbestos contractor who attended the same day and took samples. On 14 December the Trust's asbestos contractor confirmed it was AIB. Further surveys were carried out and further evidence of asbestos containing material was discovered. These were removed/remediated and air tests were carried out on 3 January 2023, prior to reoccupation, by the Trust's asbestos contractor which provided a safe reading.

3.8.3 There was a delay of nearly a month of the incident being reported on QSiS whilst waiting for statements from the main contractor. Staff have been reminded of the importance of reporting incidents straight away, and adding to the incident report as information comes to light.

3.8.4 The incident was investigated by the Trust's asbestos authorised person (AP).The findings of the investigation identified the following causes and failures:

- The ACM present had not been identified. The refurbishment survey was undertaken in 2020 but the area in question was not fully accessible at the time and therefore only a limited inspection was possible. This was not clearly highlighted in the report by the surveyor in order for it to be taken into account as the project progressed. New asbestos consultant now in post (Environtec). Envirotec apply the phase 'limited inspection' to each/any areas which have not been fully accessed in a refurbishment survey. 'Limited inspection' is applied wherever relevant and is prominent within the reports.
- Procedures for foreseeable occurrences such as encountering presumed asbestos were not included in the Construction Phase Plan. Following actions have been completed by project team:

i) During the design stage, project team to ensure coordination of site hazards plan and controls to ensure that information is clearly identified to tendering contractors.
ii) During contractor mobilisation the Construction Phase Plan is to be reviewed and checked against the issued site hazards control plan.
iii) Ensure that within both the tender pack, and at the pre-site meeting, that the topic of site hazards and controls is issued and discussed.
iv) Requirements added to the QA Sheet for design and tender and construction.

- The contractor was at fault for distributing the asbestos. The contractor has acknowledged this failure and is reinforcing asbestos awareness amongst their staff with daily briefings and site inductions.
- There was a delay of nearly a month of the incident being reported on QSiS whilst waiting for statements from the main contractor. Staff have been reminded of the importance of reporting incidents straight away, and adding to the incident report as information comes to light.

3.8.5 Since this incident there have been a further two asbestos incidents reported (SLR158258 – Thrombectomy; SLR1600921 – DEXA; SLR162156 – BU10). Once investigations are complete a thematic review will be carried out to identify any common failings and learning.

3.9 **Patient self-harm: Service Yard railings (SLR154035) - <u>ONGOING</u>**

3.9.1 On 28 November 2022, a patient with a history of self-harm, left ED (Division C) and managed to jump over the railings above the Mortuary Road (approx. 20ft drop). This location is on the way to the NCP car park, which the patient has previously attempted to access. Fortunately the patient was not seriously harmed.

3.9.2 The incident notes focus on how the patient was able to leave ED, given their history, and whether there should have been better communication between CPFT and ED on the management of the patient. This is a patient safety issue and was investigated by ED.

3.9.3 A similar incident occurred a few years ago. In this case, the patient jumped over the railings above the service yard, on to a roof of a building. The investigation at the time again focused on the management of the patient.

3.9.4 It can be argued that if patients are appropriately clinically managed (eg specialled) then the risk is mitigated. However, there are now two incidents (that CUH is aware of) involving patients who have jumped the existing railings in this area. Additionally, there is an acknowledgement that on some occasions there is not adequate clinical resource to carry out 1:1 specialling. Therefore, there is a foreseeable risk that patients with a propensity to self-harm could access this area again.

3.9.5 As a result of this incident a multi-disciplinary team involving representatives from security, CEFM H&S and compliance team and maintenance met to carry out a risk assessment of the area to identify whether any further controls were required to mitigate the risk. It was also agreed to carry out risk assessments on other areas that are known to the Trust where vulnerable patients often access and attempt to jump eg car parks.

3.10 Failure to adequately control exposure to hydrogen peroxide (unreported) - **ONGOING**

3.10.1 In February 2022, exposure monitoring was undertaken on the practice of using hydrogen peroxide for decontamination of items for medicinal products in the pharmacy aseptic clean room. This was due to staff concerns of bleaching of clothing and hair from its use. The associated report was received by Pharmacy in March 2022. The report identified that use of 6% hydrogen peroxide exceeded the WEL and highlighted that the FFP3 masks in use at the time were inadequate and did not provide adequate protection.

3.10.2 In January 2023, Pharmacy provided the exposure monitoring report to the H&S team. On checking the controls, the concentration of hydrogen peroxide had been lowered to 1.5% and exposure time had been reduced, however FFP3 masks continued to be used. There was no assurance that the lower concentration and reduction in exposure time provided adequate control of exposure to hydrogen peroxide and therefore it was essential that adequate RPE was provided to protect staff.

3.10.3 Adequate RPE was immediately procured (JSP Force 8 masks with ABEK3 filters) in February 2023 and fit testing was arranged. A ducted LEV cupboard is currently being installed to mitigate the need to wear face masks, but only once exposure monitoring has been carried out to show that the LEV is working as intended and exposure levels are safe to remove RPE.

3.10.4 Further investigation is required to understand why adequate RPE was not provided on receipt of the exposure monitoring report in March 2022.

3.11 Liquid Nitrogen incident in GSK (SLR15188) - **ONGOING**

3.11.1 On 14 December 2022 a liquid nitrogen dewar in GSK (Level 4) spilled during its filling process in the storage area of the workshop activating the oxygen depletion monitor. The filling system shut off automatically as a result.

3.11.2 GSK management secured the location, restricted access and contacted the Trust's security team to assess the situation. On arrival, the Trust's security team notified Cambridgeshire Fire and Rescue Service (CFRS).

3.11.3 The Cambridge Fire and Rescue Service attended site, assessed and isolated the liquid nitrogen supply. They monitored the situation using an oxygen depletion monitor and gave the all clear after 30 minutes. No-one was harmed. The only damage was to the vinyl flooring where the liquid nitrogen spilled.

3.11.4 GSK have conducted an investigation to determine what led to the incident. GSK have checked their leasing agreement and confirmed there is nothing written down regarding arrangements for emergency response between GSK and CUH; stating it has just been an unsaid rule that their staff contact the Trust's security team. This is being followed up with the property team with a view to establishing the extent of CUH's health and safety responsibilities for GSK including the provision of an emergency response. If CUH are to provide an emergency response service, then there needs to be a written formal agreement.

3.11.5 Furthermore, in 2022 the Trust installed liquid nitrogen call points in all areas that it is responsible for as part of its strategy to manage situations such as these. However, no liquid nitrogen call point is installed in GSK as the area was not identified to be within scope of the project (fell outside CUH responsibility).

3.11.6 This links to the risk around shared workplaces and ensuring that responsibilities for health and safety are clearly articulated between CUH and its tenants and that all parties co-operate and co-ordinate with each other to ensure that all health and safety risks are adequately managed.

3.12 Escape of nitrous oxide gas (SLR161310) - ONGOING

3.12.1 On 15 March 2023 contractors working on a fire safety upgrade in a celling space on ward K2, pierced a copper pipe containing high pressure nitrous oxide gas. This caused the gas to be released into the ward for approximately 5-10 minutes before it was isolated to allow checks to be made to ensure patient safety. Approximately 15 staff were affected. Their SATs were taken (all stable) and they were advised to attend ED if they became symptomatic (eg light-headedness; nausea) one pregnant member staff was advised to attend ED to be checked and no further action was required.

3.12.2 No patients were affected due to them not being in the direct area of release. The pipe was repaired, and the gas was able to be reinstated later that day.

3.12.3 The incident was reported to the HSE as a dangerous occurrence on 16.03.23.

3.12.4 The investigation identified that given the nature of the task (scraping out old material and using cutting implements) the RAMS did not specifically identify the risks from working close to live medical gas pipelines and thus no specific controls were included. Pipework was also not protected by a copper sleeve in accordance with HTM guidance. Although the investigation noted that it was unlikely that the copper sleeve would have prevented the incident from occurring.

3.12.5 A number of actions were identified:

- Raising awareness to all CEFM project managers/supervising officers of the following:
  - this incident and associated learning points
  - CUH contractor requirements, generally as well as specifically in relation to working on or around medical gas pipelines
  - Reference to the Trust's Managing Contractors' procedure and other key documentation
- Contractor RAMS updated with medical gas hazard and controls
- Training provided to contractors on medical gas awareness
- Implementation of a stopping point in the fire stopping product removal process so that if difficulties are encountered, next steps are identified.

3.13 High risk sample not processed in line with VHF protocols (SLR137119) - ONGOING

3.13.1 A sample from a patient who had tested positive for a viral haemorrhagic fever (VHF) was not processed in line with VHF protocols putting laboratory staff at risk of exposure.

3.13.2 The sample was not labelled as high risk and staff on the pathology specimen reception confirmed they were not aware of the patient's high risk status. It has not been possible to confirm if the sample was hand delivered or if any verbal information was provided with it.

3.13.3 As a result of this incident, 'danger of infection' labels were procured and rolled out to all wards/clinics together with Trustwide communications in December 2022 on

how high risk samples must be packaged and labelled. Details on how to order additional labels was also included.

3.13.4 Further recommendations included:

- Provide clear procedures and work instructions for the receipt, processing, storage and disposal of specimens received.
- Develop an audit trail for staff handling high risk specimens and the tasks undertaken.
- Review all related policies and procedures to ensure they are consistent with one another and the requirements set out in the Trust's policy 'IC9: Packaging, labelling and transport of specimens within the Trust'.
- Provide information, instruction and training on the procedures related to high risk specimens and that it is included in the local induction for new starters.
- Ensure that the risks from handling high risk specimens are clearly documented in a risk assessment.

3.13.5 These recommendations are with Pathology management and are in progress.

3.14 Formamide spillage (SLR14100) - ONGOING

3.14.1 On 7 July 2022 the bottom of a package in the 'goods in' department came apart and a bottle filled with approximately 500mls of formamide fell to the floor, spilling its entire contents. This was considered to be a major spill but there were no chemical spill kits and staff working within the area were not trained how to deal with a major spillage.

3.14.2 Since this incident it has been agreed that in the event of a spillage of a hazardous substance within goods-in, procurement staff will evacuate the immediate area and will contact the relevant lab to undertake clean up. Procurement staff in the area will identify the relevant lab through the delivery paperwork. Lab staff who have appropriate training and access to the appropriate spill kits and PPE, will undertake the clean-up and disposal of any associated waste.

3.14.3 The goods in risk assessment was also updated to include additional control for hazardous substances passing through the area.

4. Update on significant incidents reported in the 2021/22 H&S Annual Report (for details of incidents, please refer to 2021/22 Annual Report)

4.1 Helipad incident 21.04.21 (SLR 114591) – CLOSED

4.1.1 In April 2021 the Helipad became detached from fixings following insufficient assessment of risk by third party operator. It flagged a number of issues in relation to responsibilities regarding its management and operation.

4.1.2 The closure report for the incident was presented and accepted at the CEFM H&S meeting in July 2022 and assurance provided to the November 2022 H&S Committee that the actions arising from the incident were complete.

4.1.3 In May 2023 the HSE wrote to all NHS Trusts operating helipads following a fatal incident in 2022 involving a helicopter at a hospital helicopter site. Whilst the incident remains under investigation by the HSE and the Air Accident Investigation Branch, the HSE are asking Trusts of existing (or new) helipad sites to review whether competent advice was accessed to ensure the safe design and operation of the helipad and to review whether the advice has been

fully implemented and that current operational arrangements continue to meet the advice. This review is being carried out by the Trust's Property Team.

4.2 Plant Room motor incident 04.04.21 (SLR 113422) - ONGOING

4.2.1 In April 2021 a mechanical engineer lost the tip of his finger whilst working on a problematic air handling unit (AHU) supply motor.

4.2.2 The incident is not yet closed. The only remaining action is completion of the work to install direct drive motors for Theatre AHUs. The majority are in place, but the project has been delayed due to Theatres not being able to close for works to be completed.

4.3 Emergency Department Window Restrictor Incident (SLR 132857) - ONGOING

4.3.1 On 17 January 2022 a patient managed to escape from a high level window in the emergency department.

4.3.2 As a result of the incident a survey of all windows on site was carried out and 1,253 additional window restrictors were fitted where they did not exist or were faulty and a new planned preventative maintenance programme put in place. Unfortunately despite this work, other windows were found on the estate (under the responsibility of CUH) without appropriate restrictors and a further incident occurred on Ward A5 (see section 3.1 above, SLR132857, SLR156165, SLR156802).

4.3.3 There was also a requirement to obtain 3rd party assurance that restrictors were in place which remains outstanding.

5. Health and safety Incidents

5.1 At the end of 2022/23, there were 1,786 health and safety incidents reported via QSiS (Quality and Safety Information System). This is an increase of 326 incidents compared to the previous year.

5.2 The staff incident rate is 10.3 staff members harmed per 100 workers (an increase against last year's rate of 9.8).

5.3 49% of incidents reported resulted in actual harm (1% increase from last year).

5.4 The top three incident categories this year remain the same as previous years – violence and aggression, accidents, and blood/bodily fluid exposures.

5.5 Most notably the number of violence and aggression incidents reported where staff are affected had increased by 9%.

5.6 A summary of health and safety incidents can be found in Appendix 1. The data is compared to 2020/21 and 2021/22 incident statistics.

6. RIDDORs

6.1 Non-covid RIDDORs

6.1.1 A total of 39 non-COVID RIDDORs were reported to the HSE under the RIDDOR regulations during 2021/22. This is 8 more than last year.

6.1.2 The table below provides a breakdown of the categories of reportable incidents and a comparison to the previous 2 years.

	Slips, Trips & Falls	**Moving & Handling**	**Accident** (cuts, burns & collisions)	**Blood/ bodily fluid Exposure** (needlestick /blood splash)	**Physical Assault** (patient to staff)	**Other**	**Total 2022/23**	*Total 2021/22*	*Total 2020/21*
Over 7 day injuries	9	3	6	0	4	0	**22 (56%)**	*16 (52%)*	*28 (70%)*
Specified injuries	4	1	0	0	0	0	**5 (13%)**	*6 (19%)*	*4 (10%)*
Dangerous Occurrences	0	0	0	6	0	4	**10 (26%)**	*7 (23%)*	*6 (15%)*
Occupational Disease	0	0	0	0	0	2	**2 (5%)**	*2 (6%)*	*2 (5%)*
Death	0	0	0	0	0	0	**0 (0%)**	*0 (0%)*	*0 (0%)*
Total 2022/23	**13 (33%)**	**4 (10%)**	**6 (15%)**	**6 (15%)**	**4 (10%)**	**6 (15%)**	**39**		
Total 2021/22	*9 (29%)*	*3 (10%)*	*3 (10%)*	*6 (19%)*	*8 (26%)*	*2 (6%)*		*31*	
Total 2020/21	*8 (20%)*	*9 (23%)*	*10 (25%)*	*3 (8%)*	*6 (15%)*	*4 (10%)*			*40*

6.1.3 72% (28) of RIDDORs were reported to the HSE within the appropriate timescales. The other 28% (11) were due to late reporting to the health and safety team that the incident was RIDDOR reportable. Reporting rates were 77% in 2021/22.

6.1.4 The Health and Safety Team investigate all RIDDOR reportable incidents (except those passed to the CQC) to understand what happened, why they happened and to identify any actions that need to be taken to prevent similar incidents from occurring in the future. An investigation report is produced following each investigation together with recommendations for improvement. A copy of each report is provided to the responsible manager and reports are also available, upon request, to the Trust's medico-legal department and the HSE.

6.1.5 The majority of RIDDORs (56%) were over 7 day injuries and were the result of physical assaults, slips, trips and falls, moving and handling activities and accidents (contact injury). There were 4 physical assaults from patients to staff that led to the staff members having more than 7 days off work.

6.1.6 Specified injuries accounted for 13% (5) of RIDDORs. Four (4) were fractures resulting from trips/falls and 1 incident related to a member of staff pulling an image intensifier over their foot resulting in a fracture.

6.1.7 There were 10 (26%) dangerous occurrences reported. Five (5) were due to blood exposures from dirty needlestick injuries and blood splashes onto mucous membranes. One was a blood exposure to a BBV when a patient scratched a staff members arm drawing blood.

6.1.8 The four remaining dangerous occurrences reported were:

- monkeypox pathway not followed for a patient with suspected monkeypox potentially exposing staff to infection (see Section 3.6).
- a leak of nitrous oxide following a pipe being pierced by a contractor. See section 3.12 for more details.
- a high risk sample not processed in line with viral haemorrhagic fever (VHF) protocols (see section 3.13)
- a spillage of formamide within the 'Goods In' department (see section 3.14).

6.1.9 There were 2 occupational diseases reported (5%). One of these relates to a case of occupational dermatitis from wearing nitrile gloves and the other was a case of tendonitis caused by repetitive movements carried out by a sonographer whilst carrying out their normal duties.

6.1.10 The HSE has updated 'Reporting injuries, diseases and dangerous occurrences in health and social care': guidance for employers' (HSIS1 (rev4)). This gives guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to the health and social care sector. It is aimed at employers and others in health and social care, who have a duty to report under RIDDOR.

6.2 COVID-19 RIDDORs

6.2.1 Since the beginning of the pandemic, 170 COVID-related RIDDORs have been reported to the Health and Safety Executive, of which 31 were reported in 2022/23.

6.2.2 A breakdown of COVID-19 RIDDOR types is provided below.

RIDDOR type	2020/21	2021/22	2022/23	Total No. reported
Cases of disease	82	35	29	146
Dangerous occurrences	15	1	2	18
Occupational disease	5	1	0	6
Death	0	0	0	0
Total	102	37	**31**	**170**

6.2.3 A case of disease is where there is reasonable evidence to suggest that the member of staff contracted COVID from their work. Health and safety work with the Occupational Health physicians to identify these cases. There were 29 cases reported in 2022/23.

6.2.4 A high number of cases of disease (17) were reported in May 2022, it is helpful to clarify that this partially reflects prevalence at the time but also the practicalities of them being assessed such that they were not all from that month.

6.2.5 Dangerous occurrence is where there has been a failure in safe systems of work that resulted (or could have resulted) in exposure to COVID-19. There were 2 dangerous occurrences reported in 2022/23.

6.2.6 The first dangerous occurrence relates to a known Covid positive inpatient that was booked to attend lung function for tests. Covid positive patients should not be seen within the lung function department due to the risk it poses to other patients. Lung function were not made aware of the infection status prior to the patient attending. There were no known transmissions as a result of this near miss.

6.2.7 The second involves a Covid positive patient who was attended by staff who were not wearing the correct RPE (as it was unavailable). Staff were undertaking tasks such as personal care, administering medications and packing of belongings for transfer for 5 – 15 minutes at a time. There were no known transmissions as a result of this near miss.

6.2.8 There were no reported cases of COVID-related occupational disease in 2022/23.

6.3 RIDDORs followed up by the Health and Safety Executive (HSE)

6.3.1 During 2021/22 the HSE contacted the Trust for further information on the following 3 non-COVID RIDDOR reportable incidents (they followed up 3 RIDDORs in 2021/22).

- Occupational disease (occupational dermatitis from wearing nitrile gloves). The HSE requested a copy of the risk assessment for the tasks undertaken by the staff member. This information was provided and subsequently the HSE confirmed that no further action would be taken.
- Dangerous occurrence (high-risk sample not processed in line with VHF protocols). The HSE requested a copy of the investigation report. This information was provided and subsequently the HSE confirmed that no further action would be taken.
- Dangerous occurrence (monkey pox pathway not followed). The HSE telephoned to talk through the incident and confirmed they would take no further action.

7. Health and safety monthly audit programme

7.1 The health and safety audit programme resumed in May 2022 following the COVID pandemic.

7.2 A total of 42 departments were audited against a number of key standards (see Appendix 2 for list of departments audited). A proforma was developed to assist with the audit to ensure a consistent approach was taken.

7.3 6 areas are normally audited per month (one from each division), however, this number was reduced to 2 per month for May and June 2023 so as not to overload areas who were just coming out of the pandemic and also to trial the new audit format.

7.4 So out of 58 audits planned, 42 (72%) went ahead. The other 16 did not go ahead due to difficulties with securing dates/times with the managers of areas. Next year the team will trial doing audits without the manager present but will send any queries to the manager before finalising reports.

7.5 The audit is conducted in two parts. The first focusses on the management of health and safety within the local area by looking at local health and safety risk assessments, workplace inspections, COSHH/DSEAR risk assessments, PPE/RPE and emergency arrangements, DSE self-assessments and work-related stress risk assessments.

7.6 The second part involves a general inspection of the local area. The inspection seeks to monitor the steps taken to eliminate hazards or control the risk identified in risk assessments and to identify any potential new hazards for corrective action.

7.7 The results were good in many areas including completion and availability of risk assessments, good supplies of PPE/RPE and sharps bins and good access to moving and handling aids.

7.8 The audits have highlighted areas that require improvements: risk assessments must be reviewed annually and must be signed and dated once approved, the frequency of workplace inspections must be in line with the level of risk present in the area and departmental stress risk assessments must be completed. In addition, lack of space and excessive temperatures have been identified as an issue in a number of areas.

7.9 All findings were fed back to the departments audited and a summary provided to the health and safety committee.

7.10 The Health and Safety started using 'Safety Culture' (iAuditor) audit software to carry out the monthly audits at the beginning of 2023. This provides an electronic template and record of audit results and actions. An upgrade has been procured to allow for the exporting and analysis of data.

8. Health and safety department climate surveys

8.1 A new health and safety department climate survey was launched in September 2022 as part of the Trust's health and safety strategy. The survey measures the attitudes and perceptions of staff towards health and safety and provides an understanding of safely culture at CUH. The purpose of the survey is to raise standards and improve local health and safety arrangements and practices.

8.2 Climate surveys are run in individual departments and are delivered using the Bristol Online Survey Tool. A survey is carried out each month and staff are asked to provide anonymous feedback on seven key areas of health and safety:

- Leadership and commitment – *perceptions of management's leadership style and commitment to health and safety*
- Resources – *the adequacy of resources provided for health and safety*
- Training – *the provision and suitability of health and safety training*
- Incident management – *views on the efficacy of incident reporting*
- Behaviours – *the extent to which staff work safely*
- Engagement – *the extent to which staff feel involved in health and safety*
- Communication – *the nature and efficiency of health and safety communication*

8.3 Since September 2022, 7 climate surveys have been completed. Surveys have been carried out in ward G3, clinical engineering, histopathology, blood sciences, pharmacy, Ward A4 and community midwives (see Appendix 3) for summary of findings).

8.4 Departments are invited to the health and safety committee to report back on findings and to present their action plan.

8.5 Areas of good practice include, health and safety being seen as a priority at CUH, staff understanding the health and safety risks associated with their work and feeling that they receive appropriate health and safety training.

8.6 Areas that need further improvement include lack of staffing to carry out their jobs safely, health and safety procedures not being strictly followed, operational targets being seen as more important than health and safety, management having poor communication/engagement with staff and health and safety related incidents not being consistently reported.

8.7 Response rates have been disappointing despite several prompts and reminders to managers. This will be monitored during next year.

9. Staff health and safety climate survey

9.1 In addition to the individual department H&S climate surveys, a Trustwide staff H&S survey is carried out by Picker (on behalf of the organisation) in quarter 4 of the Trust's National Quarterly Pulse Survey (NQPS).The survey provides an

objective measure of the Trust's safety culture and the results are used to identify any areas for improvement.

9.2 A total of 3,264 responses were received (this represents approximately 27% of the Trust's workforce. Responses were received from across all divisions and staff groups. All answers to the survey were anonymous.

9.3 The Trustwide results can be found in Appendix 4.

9.4 The results of the staff survey have identified that there is some good practice in relation to management of health and safety at CUH, however there are a significant number of areas, which require improvement.

9.5 The 11 statements included in the survey for 2022/23 have been updated from previous years and therefore comparable data is only available for 3 statements The table below shows the comparison to previous years:

Statement	2017/18	2018/19	2019/20	2021/22	2022/23
The organisation really cares about the health and safety of the people who work here	70%	↑ 72%	↑ 74%	↓ 66.9%	↓ 59.7%
I have received appropriate health and safety training for my job	No data	No data	91%	↓ 87.4%	↓ 79.8%
I have enough time to carry out my job safely	No data	No data	67%	↓ 61.5%	↓ 52.4%

9.6 The survey results were also provided by protected characteristic eg gender, age, sexual orientation, health condition and ethnicity. The following conclusions could be drawn from this data:

- Those who preferred to self-describe, scored lower compared to those who described themselves as female/male. The lowest scoring group was those who preferred not to state their gender.
- A greater % of positive responses were given by BME staff than those who described themselves as white.
- The average % of positive responses across the age groups were uniform with the exception of staff over 66 who scored higher.
- Those who preferred not to state their sexual orientation and those that described their sexual orientation as 'other' scored lower than those who recorded their sexual orientation as heterosexual, gay or lesbian or bisexual.
- Staff who said they had a physical or mental health condition scored lower than those who did not say they had a physical or mental health condition.

9.7 Overall 'medical and dental', 'nursing and midwifery registered', and 'additional clinical services' staff groups scored the lowest across all the statements / questions.

9.8 It is likely that the number of areas requiring improvement and the lower scoring in clinical staff groups is a reflection of the pressure staff have felt from working through the pandemic, staff shortages, intensity of workload (large waiting lists) and cost of living pressures.

9.9 The results seen in this NQPS Trust-wide survey also correlate with the feedback that has been provided in department specific monthly climate surveys undertaken by the health and safety team. Feedback within the free text sections of these monthly surveys has highlighted lack of staff, time, and equipment, poor team work and lack of communication and engagement from management, as key areas staff feel require improvement.

9.10 The results were discussed the April 2023 Health and Safety Committee and the following actions agreed:

- Health and safety team to disseminate divisional and locality breakdown of results and suggestions for improvements to support a positive health and safety culture to divisions, via the Divisional Quality Managers, for discussion at divisional governance meetings.
- Health and safety team to continue to undertake more in-depth surveys of specific areas or teams to accurately measure their health and safety culture. Survey areas to be prioritised based on the scores of specific localities / team. Results to continue be reported back to the Health and Safety Committee, and any areas of improvement followed-up with local managers.
- Health and safety team to continue to undertake monthly health and safety audits. Audits to be prioritised based on the scores of specific localities / teams. Health and safety team to support local managers to ensure compliance with audits standards.
- Health and safety team to share results with Workforce Planning for review alongside their 2023/24 work plan.

10. Dangerous Goods Safety Audit

10.1 The dangerous goods safety audit is an annual statutory requirement in accordance with Carriage of Dangerous Goods and Use of Pressure Equipment Regulations 2009 (CDG) which implement ADR 2017 (European agreement). The audit is organised and co-ordinated by the health and safety team each year.

10.2 During 2022 three in-depth visits were carried out at CUH by the Trust's Dangerous Goods Safety Advisor (DGSA). Areas visited included a selection of laboratories and gas storage areas, radiotherapy physics and nuclear medicine, pharmacy, sterile services and waste management.

10.3 Following these visits, an annual report was written by the Trust's DGSA which made 22 recommendations for improvement. The report and accompanying action plan were shared with all areas visited.

10.4 Areas will be re-audited in 2023. The DGSA will check that previous recommendations have been addressed.

11. The Health and Safety Committee and its sub-committees

11.1 Health and Safety Committee

11.1.1 The Health and Safety Committee meets every quarter and is chaired by the Director of Workforce. Representatives from each clinical division and a number of specialist advisors and teams attend alongside Trade Union health and safety representatives.

11.1.2 There are a number of core agenda items discussed at each meeting, such as updates from each division and from specialist advisors/teams and there is a focus on incidents and RIDDORs and lessons learnt. Additional agenda items are included for any new concerns or issues and for any items escalated from its sub-committees.

11.1.3 Following each committee meeting a report is submitted to the Management Executive with items for escalation, information and assurance.

11.1.4 The committee's terms of reference were last reviewed and agreed at the September 2021 committee meeting. They will be reviewed again in 2024.

11.2 Capital, Estates & Facilities Health and Safety Group

11.2.1 This sub-committee continues to meet monthly (apart from August and December) and is chaired by the Director of Capital, Estates and Facilities Management and is attended by senior managers and engineers from within the division.

11.2.2 The committee continues to be an effective forum for discussing a wide range of estates-specific health and safety matters and incidents. It is chaired by the Director of CEFM, who continues to provide strong and active leadership and commitment to health and safety, which is key to enriching a positive health and safety culture. Significant investment has also been provided to resolve health and safety matters. Incidents are not closed until 'closure reports' are submitted that detail what occurred, why it occurred and what further action is planned/underway.

11.3 Health and Wellbeing at Work Group

11.3.1 This group meets on a quarterly basis and is chaired by a Consultant Occupational Health Physician and attended by workforce, wellbeing team, health and safety, trade union staff side representatives and occupational health.

11.3.2 The committee discuss work-related health issues such as stress and other mental health issues, sharps injuries, infectious diseases, staff vaccination/immunisation, dermatitis and musculoskeletal disorders and reviews data such as sickness absence, staff surveys and occupational health referrals to identify any trends or themes.

11.4 Safer Sharps Committee

11.4.1 The Safer Sharps Committee is a quarterly meeting and is chaired by the Corporate Head of Nursing (Assurance and Digital). The purpose of the group is to oversee the implementation of the Sharps regulations and review incidents involving blood exposures.

11.4.2 The committee has not met during 2022/23; the last meeting was held on 11 January 2022. However, a gap analysis has been carried out and a sharps disposal poster was created in order to satisfy one of the regulation requirements (instructions for safe disposal). This was distributed to all areas by the Trust's Infection Control Team and is audited through the IPC element of the Ward

Accreditation Programme ('*There are posters displayed within the clinical area detailing the safe disposal of sharps*'). A focus on sharps was also included in the Clinical Friday at the end of October 2022.

11.4.3 The current chair is leaving the organisation in May 2023. A new chair is required and this has been escalated to the Health and Safety Committee and Director of Workforce.

11.5 Radiation Protection Committee

11.5.1 The Radiation Protection Committee continues to meet on a quarterly basis and is chaired by the Divisional Director of Division B. It continues to monitor assurance in relation to all matters relating to radiation safety and regulations.

11.5.2 The Radiation Protection Committee has a number of sub-committees reporting to it including the x-ray imaging assurance group, radiotherapy assurance group, nuclear medicine group and laser safety assurance group.

11.5.3 The meeting is attended by consultants, physicists, scientists, advisors and senior managers from radiology, nuclear medicine and radiotherapy physics. Representatives from the University of Cambridge also attend.

12. Health and safety training

12.1 As at March 2023, compliance with health and safety core mandatory training was at 96% (compared to 95.9% in March 2022). All staff have to undertake this training on induction to the Trust and every 3 years thereafter. Despite the pandemic, compliance has remained high.

12.2 Local induction (of which health and safety is a core component) training rates were 77.3% (compared to 82.4% in March 2022) for non-medical and 80.8% (compared to 87.8% in March 2022) for medical staff.

12.3 Levels of compliance with mandatory training are monitored by the Mandatory Training Group of which the Head of Health and Safety is a member.

12.4 All staff who are registered on ESR as having a line management responsibility are expected to complete the online training module 'Health and Safety Awareness for Managers'. By the end of 2022/2023, 85% of all current managers and supervisors had completed the training, compared to 87% in 2021/22. Training rates are monitored by the Health and Safety Team and included in H&S papers for divisional quality and performance meetings to increase compliance.

12.5 Board health and safety training is required every 3 years. Last training was carried out in December 2020 and therefore is overdue.

13. H&S policies & procedures

13.1 One new health and safety procedure was developed during 2022/23. The 'Consulting with employees on health and safety' procedure sets out the arrangements for consulting with employees and their safety representatives on health and safety matters and complies with the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with employees) Regulations 1996. The procedure underwent consultation with staff

side representatives prior to its approval at the January 2023 Health and Safety Committee meeting.

13.2 The health and safety team are now responsible for 38 policies, procedures and guidance documents on Merlin. All of which are in date.

13.3 The Health and Safety Policy was reviewed and approved by the Health and Safety Committee at its November 2022 meeting and the statement of intent was updated and signed by the Chief Executive in June 2022. Their next review date is in 2025.

14. Key performance indicators

14.1 A summary of key health and safety performance indicators can be found in Appendix 5.

15. Objectives 2023/24

15.1 Focus on reducing the health and safety risks/significant issues as identified in section 2 and obtain assurance that they are being adequately managed. Escalate any gaps in assurance.

15.2 Ensure all significant incidents are investigated and monitor completion of actions before closing. Escalate any significant delays or progress with completion of actions.

15.3 Carry out RIDDOR reporting in line with HSE guidance and ensure that all RIDDORs are investigated, recommendations made and actions completed.

15.4 Undertake monthly department audits and climate surveys and act on findings.

15.5 Review all H&S related policies and guidance to ensure they are regularly monitored/reviewed in order to provide assurance that they work in practice or remain effective. Identify any gaps in assurance. Ensure that any gaps are addressed and that the Health and Safety Committee is adequately assured.

15.6 Review how health and safety is communicated within the organisation, and externally ie with contractors, visitors and regulatory authorities. Create an annual communication plan for health and safety, to ensure that information on health and safety is regularly communicated within the Trust. This is to include:

- awareness campaigns on specific health and safety risks & control measures
- campaigns to encourage reporting of health and safety incidents, including near misses - highlighting the different types of H&S incidents that may occur and the importance of reporting them.
- organisational learning and feedback from H&S incidents - these serve to improve safety awareness, improvement and motivation of staff.

15.7 Review all health and safety training. Make health and safety risk assessment training a mandatory requirement for all managers and supervisors. This is to address the gap in skills and knowledge that is currently evident amongst managers in carrying out suitable and sufficient risk assessments. It is proposed that rather than having a new eLearning package that this is added to the current mandatory 'Health and Safety Awareness for Managers' training. Arrange training for the Board.

15.8 Continue to investigate a digital solution for the completion and recording of health and safety risk assessments.

15.9 Carry out a gap analysis on the management of musculoskeletal disorders (MSDs), identifying any gaps and steps needed to address them in light of the HSE's proactive inspection programme of NHS Trusts.

15.10 Review the stress at work procedure against the HSE's new 'stress talking toolkit' and update as required to ensure it meets best practice.

15.11 Migrate and refresh the Health and Safety pages on to the new Connect website and include information on Health and Safety on CUH's public website.

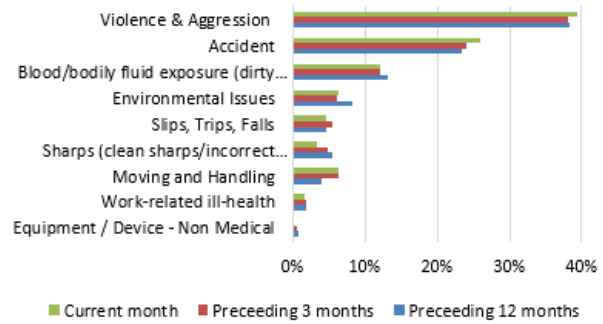
Appendix 1 – Health and Safety Incidents 2022/23

	2020/21	2021/22	2022/23
Total incidents reported	1,570	1,460	1,786
% resulting in harm	45% (711)	48% (697)	49% (879)
Type of persons affected	Staff – 74% (1,158) Patients - 24% (371) Other – 2% (41)	Staff – 73% (1,063) Patients 24% (348) Other – 3% (49)	Staff – 70% (1,243) Patients – 27% (486) Others – 3% (57)
Highest reported categories	Violence & aggression (33%) Accidents (16%) Blood/bodily fluid exposure (15%)	Violence & aggression (32%) Accidents (20%) Blood/bodily fluid exposure (17%)	Violence & aggression (38%) Accidents (23%) Blood/bodily fluid exposure (13%)
Highest reported categories - staff	Violence and aggression (28%) Blood/bodily fluid exposure (19%) Accidents (15%)	Violence and aggression (32%) Blood/bodily fluid exposure (21%) Accidents (16%)	Violence and aggression (41%) Blood/bodily fluid exposure (18%) Accidents (16%)
Highest reported categories - patients	Violence & aggression (48%) Accidents (22%) Environmental issues (16%)	Violence & aggression (33%) Accidents (30%) Environmental issues (15%)	Accidents (43%) Violence & aggression (34%) Environmental issues (10%)
Highest reported categories - others	Violence and aggression (46%) Environmental issues (22%) Accidents (20%)	Violence and aggression (39%) Accidents (22%) Slips, trips, falls (18%)	Violence and aggression (28%) Environmental issues (25%) Accidents/Slips, trips, falls (both 21%)
Staff incident rate per 100 members of staff (by headcount) over a rolling 12 month period	11.6	9.8	10.3

**others include visitors, contractors and members of the public*
*** accidents include: contact injuries, collisions, burns, etc.*

Health and safety incidents affecting staff, patients & others ie contractors and members of the public (March 2023)

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	CEFM
No. of health and safety incidents reported in a rolling 12 month period:	1786	361	272	521	314	185	48	85
Accident (contact injuries, burns etc)	417	93	78	102	63	43	4	34
Blood/Bodily Fluid Exposure (dirty sharps/splashes)	234	72	41	43	40	30	7	1
Environmental Issues	147	31	32	8	26	26	8	16
Equipment/Device - Non Medical	13	2	1	3	3	4	0	0
Moving and Handling	73	16	14	15	14	4	1	9
Sharps (clean sharps/incorrect disposal & use)	98	29	21	11	16	12	6	3
Slips, Trips, Falls	85	22	18	17	6	7	4	11
Violence & Aggression	684	89	60	319	140	54	13	9
Work-Related Ill-health	35	7	7	3	6	5	5	2



A total of 1,786 health and safety incidents were reported in the previous 12 months.

879 (49%) incidents resulted in harm. The highest reporting categories were violence and aggression (38%), accidents (23%) and blood/bodily fluid exposure (13%).

1,243 (70%) of incidents affected staff, 486 (27%) affected patients and 57 (3%) affected others ie contractors and members of the public.

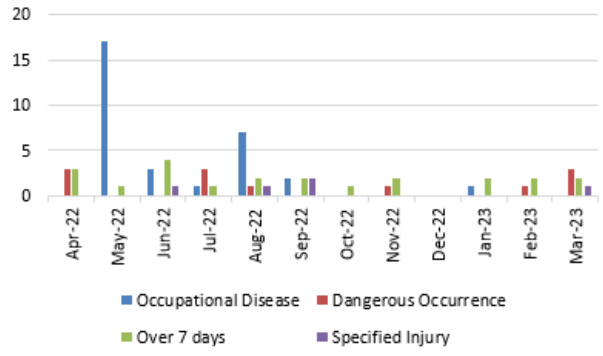
The highest reported incident categories for staff were: violence and aggression (41%), blood/bodily fluid exposure (18%) and accidents (16%).

The highest reported incident categories for patients were: accidents (43%), violence & aggression (34%) and environmental issues (10%).

The highest reported incident categories for others were: violence and aggression (28%), environmental issues (25%) and accidents/slips, trips, falls (both 21%).

Staff incident rate is 10.3 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 521 incidents. Of these, 61% related to violence & aggression.



In the last 12 months, the highest reported RIDDOR category was occupational disease (44%). In the last 12 months, 54% of RIDDOR incidents were reported to the HSE within the appropriate timescale.
In March 2023, 6 incidents were reported to the HSE:

Over 7 days

- The Injured Person (IP) was assisting a colleague to unload a timber delivery. Whilst pushing the timber onto the storing rack the IP sustained a gastrocnemius muscle tear.
- The IP attempted to take observations when the patient became incredibly violent striking the IP so that they fell to the floor. Once the IP was on the floor the patient continued to hit the IP in the face and the upper body.

Dangerous Occurrence

- The IP went to dispose of a safer sharps device and missed the sharps bin opening causing a needle stick injury. The IP immediately followed the first aid protocol and attended Occupational Health. The patient was HIV positive.
- Contractors penetrated a pipe containing high pressure nitrous oxide gas, causing it to leak. As a result of the leak, the contractor and staff in the area were exposed to nitrous oxide. No patients were affected. Appropriate follow up received.
- Staff attended to a covid positive patient without wearing the correct RPE as it was unavailable on the ward.

Specified injury

- The IP tripped over a telephone wire and fell to the ground. The IP sustained a fracture to their elbow.

Appendix 2 - Health and safety monthly audit programme

Division A	Sterile Services Ely DSU East of England Adult Critical Care Transfer Service
Division B	Mortuary Central Pharmacy Clinic 30 Occupational Therapy F2 Wolfson Diabetes and Endocrine Clinic (WDEC) Blood Sciences (BGU) Genomics Ward D9 CT Scanning Tissue Typing
Division C	Cambridge Dialysis Centre (CDC) Lung Function Ward G4 N3
Division D	Lewin Ward Neurophysiology Ward A3 Ward M5 Plastic Surgery Unit A4 J2
Division E	Delivery Unit PaNDR Ward D2 Rosie USS Ward C3 Clinic 6 PICU F3
CEFM	Gardeners Estates Stores Carpenters Post Room Shift Facilities Managers (SFMs) Contact Centre Linen Services Frank Lee Centre Environmental Service Porters Security
Total areas audited	42 areas

Division	Location	Date Audited
B	Mortuary	May-22
CEFM	Gardeners	May-22
B	Central Pharmacy	Jun-22
CEFM	Estates Stores	Jun-22
A	Sterile Services	Jul-22
B	Occupational Therapy F2	Jul-22
C	Lung Function	Jul-22
E	PaNDR	Jul-22
CEFM	Post Room	Jul-22
B	Clinic 30	Aug-22
C	Cambridge Dialysis Centre	Aug-22
D	Neurophysiology	Aug-22
CEFM	Carpenters	Aug-22
A	Ely DSU	Sep-22
D	Lewin	Sep-22
E	Delivery Unit	Sep-22
B	Wolfson Diabetes & Endocrine Clinic	Oct-22
D	A3	Oct-22
E	D2	Oct-22
CEFM	SFMs	Oct-22
B	Blood Sciences 2 - BGU	Nov-22
D	M5	Nov-22
E	Rosie USS	Nov-22
CEFM	Contact centre	Nov-22
B	Genomics	Dec-22
E	C3	Dec-22
CEFM	Linen services	Dec-22
A	Adult Critical Care Transfer Service	Jan-23
B	D9	Jan-23
C	G4	Jan-23
D	PSU	Jan-23
E	Clinic 6	Jan-23
CEFM	Frank Lee	Jan-23
B	CT Scanning	Feb-23
C	N3	Feb-23
D	A4	Feb-23
E	PICU	Feb-23
CEFM	Environmental Service Porters	Feb-23
B	Tissue Typing	Mar-23
D	J2	Mar-23
E	F3	Mar-23
CEFM	Security	Mar-23

Appendix 3 – Health and safety department climate surveys 2022/23

Ward/ Department	Survey carried out	Response rate	Key findings	H&S Committee discussion
Ward G3 **Division D**	**September 2022**	**24%**	The Ward G3 survey highlighted: lack of staff, high workload and lack of management action/ feedback on safety concerns	**Discussed at April 2023 H&S Committee:** Actions include, managers regularly checking that staff are working safely and that risk controls are working as intended and providing support where required. Health and safety is on the agenda of routine team meetings and daily safety huddles. Bank shifts will be put out at least one week ahead of schedule. Feedback from incidents will be fed back weekly. A visible board of "you said, we did" will be installed so staff can see what actions are being followed up.
Clinical Engineering **Division B**	**October 2022**	**32%**	The clinical engineering survey highlighted three key issues: too much workload, poor staffing and lack of adequate space.	**Discussed at November H&S Committee:** In response to the inspection clinical engineering have reinstated their local department H&S group to address the themes highlighted in the recent inspection. An investment case for additional staff has been partially approved by the investment committee and clinical engineering are currently in the process of recruiting 13 additional members of staff. Space remains an issue for the department and as such, this has been escalated onto the Trusts risk register.
Histopathology **Division B**	**November 2022**	**14%**	The histopathology survey highlighted three key issues: poor staffing, communication and engagement with staff and lack of funding.	**Discussed at January 2023 H&S Committee:** The results highlighted that staff felt they had the equipment and resource they needed. However the survey has reinforced the concern around the staffing levels needed to maintain service delivery. This is already reported within the risk register and through relevant governance routes in the division/Trust. There were good scores in relation to training however, the results also suggest that staff may not always implement the training provided. An action plan is to be created and learning will be shared.
Blood Sciences **Division B**	**December 2022**	**18%**	The blood sciences survey highlighted four key issues: poor staffing, lack of adequate space, insufficient resources and incidents not being reported.	
Pharmacy **Division B**	**January 2023**	**21%**	The pharmacy survey highlighted four key issues: Inadequate and cluttered working environment, poor staffing levels, lack of suitable storage facilities and lack of communication on health and safety issues from management	**Discussed at April 2023 H&S Committee:** A greater emphasis is needed on health and safety across pharmacy. As a result, all team meetings now have health and safety as a standard agenda item. There is also a monthly bulletin disseminated to all pharmacy staff that now includes a health and safety section. The senior management team have requested that all health and safety risk assessments

				and departmental stress risk assessments are refreshed. A pharmacy wellbeing forum is already in place which is looking at the workplace environment (particularly optimising space) and staff stress/burnout.
Ward A4 **Division D**	**February 2023**	**13%**	The ward A4 survey highlighted the following key issues: insufficient staffing levels, poorly managed and inadequate storage/ working space and lack of safety checks/ communication on H&S	**Discussed at April 2023 H&S Committee**: Actions include a monthly newsletter that will provide a summary of recent incidents and any learning from these. Monthly ward manager meetings will provide staff with an opportunity to raise issues or concerns. Incidents to form part of the education plan for neuro mandatory updates. Ward rota and bank shifts (including specials) to be available 8 weeks in advance to support better fill rates. A review of current shift times and break patterns will be undertaken. The practice development team will look at a training plan to encourage regular bank staff. Management will undertake weekly walk rounds to support staff and link roles will be formalised to provide additional teaching opportunities. A minor works request has been submitted to transform an unused room into office space and the ward are working with procurement to reduce the amount of stock and equipment stored on the ward.
Community Midwives **Division E**	**March 2023**	**6%**	n/a	Only 2 responses received from 35 staff written to. Not an accurate representation of staff views. Not able to be used.

Appendix 4 – Staff health and safety climate survey (Quarter 4 Pulse Survey)

Statement/question	% positive response
The organisation really cares about the health and safety of the people who work here	59.7%
I have received appropriate health and safety training for my job	79.8%
I can always get the equipment needed to follow the health and safety procedures/to do the job safely	61.9%
There are good communications (eg team meetings) here about health and safety	50.7%
I understand the health and safety risks associated with my work	87.6%
I am often consulted on health and safety matters that affect my job	38.4%
I have enough time to carry out my job safely	52.4%
Management listens to safety concerns and will take action wherever possible	53.0%
There are always enough people to get the job done safely	28.6%
The organisation is doing more for health and safety now, than it did a year ago	27.9%
Has your employer made adequate adjustment(s) to enable you to carry out your work?	70.6%

Appendix 5 – Key performance indicators 2022/23

H&S key performance indicators	Reporting period	Position	22/23 Target (if applicable)	Comments
1. H&S policy arrangements				
1.1 Signed and in-date statement of intent (every 3 years)	As at 31.03.23	**Yes**	Yes	Statement of intent last signed in June 2022. Next due 2025.
1.2 H&S Policy is Board approved and in-date (every 3 years)	As at 31.03.23	**Yes**	Yes	Next review date is November 2025
1.3 An annual H&S report has been produced	As at 31.03.23	**Yes**	Yes	Went to H&S committee (16.05.22) and Quality Committee (06.07.22)
1.4 The Board have received a copy of the annual report	As at 31.03.23	**Yes**	Yes	Went to the Board in October 2022
2. H&S committee and its sub-committees				
2.1 No. of H&S committees held against plan	April 22 – March 23	**4/4**	4/4	Held quarterly
2.2 Review of H&S committee TOR in last 2 years	As at 31.03.23	**Yes**	Yes	Reviewed at November 2021 H&S Committee. Next due November 2023.
2.3 No. of CEFM H&S committees held against plan	April 22 - March 23	**10/10**	10/10	Held monthly (apart from Aug and Dec)
2.4 No. of Radiation Safety Committees held against plan	April 21 - March 22	**4/4**	4/4	Held quarterly
2.5 No. of Health & Wellbeing Committees held against plan	April 21 - March 22	**3/4**	4/4	Held quarterly
2.6 No. of Safer Sharps Committees held against plan	April 21 – March 22	**0/4**	4/4	Held quarterly
3. H&S Incidents & RIDDORs				
3.1 No. of H&S incidents reported	As at 31.03.23 (rolling 12m)	**1,786**	n/a	2021/22 = 1,460 (increased since last year)
3.2 Staff incident rate per 100 members of staff (headcount)	As at 31.03.23 (rolling 12m)	**10.3**	<10	31.03.22 = 9.8 (increased since last year)
3.3 % of H&S incidents resulting in actual harm	As at 31.03.23 (rolling 12m)	**49%**	n/a	31.03.22 = 48% (increased since last year)
3.4 No. of RIDDORs reported to the HSE	April 22 – March 23	**39**	n/a	8 more RIDDORs reported compared to last year (31)
3.5 % of RIDDORs reported to the HSE within reporting timeframes	April 22 – March 23	**72%** ⇩	100%	5% decrease compared to last year (77%)
3.6 No. of RIDDORs followed-up by the HSE	April 22 – March 23	**3**	0	1x occ disease (dermatitis), 2x dangerous occurrence (monkeypox, high risk sample)
3.7 No. of HSE enforcement action/notices in the last 12 months	As at 31.03.22	**0**	0	
3.8 No. of HSE enforcement action/notices issued against CUH	As at 31.03.23	**10**	n/a	1996 (H&S management; 4 improvement notices), 2005 (patient burn; 1 prosecution), 2010 (working at height; 1 prohibition notice), 2013 (needlestick injury; 1 notice of contravention), 2015 (sharps; 1 improvement notice & 1 notice of contravention), 2018 (outpatient fall; 1 notice of contravention)
4. Audits			72	
4.1 No. of department monthly audits undertaken	As at 31.03.23	**42**	58	16 didn't go ahead as unable to secure date/time with manager for area
4.2 Dangerous goods audit undertaken	As at 31.03.23	**Yes**	Yes	Annual DGSA audit
4.3 H&S self-assessment audit undertaken in last 3 years	As at 31.03.23	**Yes**	Yes	Last carried out in June 2021. Next due June 2024.
5. H&S Training				
5.1 Board H&S Training undertaken (every 3 years)	As at 31.03.23	**Yes**	Yes	Board received H&S training in December 2020. Next due December 2023
5.2 % of staff with H&S core mandatory training	As at 31.03.23	**96%** ⇧	95%	Mandatory training for all staff. 95.9% in 21/22
5.3 % of staff receiving H&S local induction	As at 31.03.23	**77.3-80.8%** ⇩	95%	80.8% medical staff and 77.3% for non-medical. 87.8% and 82.4% in 21/22 respectively.
5.4 % of managers with H&S awareness training (line manager essentials)	As at 31.03.23	**85%** ⇩	95%	Essential training for staff with managerial/supervisory responsibilities. 87% in 21/22
6. H&S policies, procedures & guidance				
6.1 No of H&S policies/procedures published – responsibility of H&S	As at 31.03.23	**38**	n/a	
6.2 % of H&S guidance documents in-date	As at 31.03.23	**100%**	100%	
6.3 No. of new H&S guidance documents produced	April 22 – March 23	**1**	n/a	'Consulting with employees on health and safety' procedure developed and approved at January 2023 H&S committee
7. Staff H&S culture survey				
7.1 H&S survey undertaken (annually)	April 2022– March 2023	**Yes**	Yes	Carried out in Quarter 4 of NQPS
7.2 CUH is concerned with my health and safety	22/23 NQPS Qtr 4 survey	**59.7%** ⇩	<5% difference to last yr	66.9% in 2021/22
7.3 I have received the necessary H&S training to do my job safely	22/23 NQPS Qtr 4 survey	**79.8%** ⇩	<5% difference to last yr	87.4% in 2021/22
7.4 I have adequate time to undertake my job safely	23/23 NQPS Qtr 4 survey	**52.4%** ⇩	<5% difference to last yr	61.5% in 2021/22