

**There will be a meeting of the Council of Governors on
Wednesday 20 September 2023 at 17.00 in Rooms 8 and 9, Deakin Centre,
Addenbrooke's Hospital, Hills Road, Cambridge CB2 0QQ
(and via videoconference)**

(*) = paper enclosed

(+) = to follow

AGENDA

General Business			Purpose
17.00	1.	Welcome and apologies for absence	For note
	2.	Declarations of interest Copies of the Register of Governors' interests are available from the Trust Secretariat	For note
17.05	3.*	Minutes of the previous meeting To approve the minutes of the meeting held on 28 June 2023	For approval
	4.*	Council of Governors action tracker and matters arising not covered by other items on the agenda	For review
	5.*	Composition of the Council of Governors To receive the report of the Director of Corporate Affairs	For receipt
17.10	6.*	Presentation from the External Auditor To receive the annual report of the Trust's External Auditor	For receipt
17.25	7.*	Chair's Report	For receipt

		To receive the report of the Trust Chair	
17.30	8.*	Chief Executive's Report (including Integrated Performance Report) To receive the report of the Chief Executive	For receipt
18.10	9.*	Governors' Reports 9.1 Lead Governor To receive the report of the Lead Governor 9.2 Membership Engagement Strategy Implementation Group To receive the report of the Group	For receipt
18.20	10.*	Amendment to the Trust Constitution To receive the report of the Director of Corporate Affairs	For approval
Items for information			Purpose
18.25	11.	Any other business Items of any other business to be identified to the Secretary in advance of the meeting	For note
	12.	Date of the next meeting The next meeting of the Council of Governors will be on Wednesday 20 December 2023 at 17.00	
18.30	13.	Close of meeting	

Cambridge University Hospitals NHS Foundation Trust

**Minutes of the meeting of the Council of Governors held on
Wednesday 28 June 2023 at 17.30 in the Committee Room, Clinical
School of Medicine, Addenbrooke's Hospital, Hills Road, Cambridge
CB2 0QQ (and via videoconference)**

Member	Position	Present	Apologies
Dr M More	Trust Chair	X	
Dr S Addo	Public Governor	X	
Dr J Allen	Public Governor		X
Dr J Biddle	Public Governor	X	
Cllr G Bird	Partnership Governor (Cambridgeshire County Council)		X
Prof Dame C Black	Partnership Governor (University of Cambridge)		X
Dr R Cubberley	Partnership Governor (Anglia Ruskin University)		X
Mr D Dean	Public Governor		X
Ms G Downham	Public Governor	X	
Miss R Greene	Patient Governor	X	
Cllr M Healy	Partnership Governor (Cambridge City Council)		X
Ms M Lee	Public Governor	X	
Mr S Legood	Partnership Governor (Cambridgeshire and Peterborough NHS Foundation Trust)		X
Dr J Loudon	Patient Governor	X	
Mr D Noble	Patient Governor	X	
Mr M Nur	Staff Governor	X	
Dr C Roberts	Patient Governor	X	
Ms P Rushton-Ray	Staff Governor	X	
Ms G Shelton	Staff Governor	X	
Dr H Sherriff	Patient Governor	X	
Prof P St George Hyslop	Partnership Governor (University of Cambridge)	X	
Dr N Stutchbury	Patient Governor and Lead Governor	X	
Dr C Tyrrell	Public Governor	X	
Dr W Watson	Staff Governor	X	
Mrs A White	Patient Governor	X	
Dr S Webb	Partnership Governor (Royal Papworth Hospital NHS Foundation Trust)		X
Ms K Woodey	Partnership Governor (Campus Research and Funding Organisations)		X

In attendance	
Mr D Abrams	Non-Executive Director
Mr A Chamberlain	Non-Executive Director
Mr J Clarke	Trust Secretary (Minutes)
Mr C Cumberland	Public Governor designate (Observer)
Dr A Doherty	Non-Executive Director
Prof I Jacobs	Non-Executive Director
Ms A Layne-Smith	Non-Executive Director
Dr S Peacock	Non-Executive Director
Mr R Sinker	Chief Executive
Mr R Sivanandan	Non-Executive Director
Mr R Stevens	Patient Governor designate (Observer)
Ms L Szeremeta	Chief Nurse
Mr I Walker	Director of Corporate Affairs
Mr D Wherrett	Director of Workforce

11/23 Apologies for absence

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

The Chair welcomed Chris Cumberland and Robin Stevens who were observing the meeting of the Council of Governors prior to formally taking up office as governors on 1 July 2023.

The Chair thanked Colin Roberts (Patient Governor), Polly Rushton Ray (Staff Governor) and David Dean (Public Governor) for their service to the Council of Governors during their respective tenures.

The Chair also noted that Adrian Chamberlain, Non-Executive Director, would be leaving the Board on 31 August 2023 at the end of his second term of office. On behalf of the Council of Governors, he thanked Adrian Chamberlain for his service to CUH.

12/23 Declarations of interest

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

13/23 Minutes of the previous meeting

The minutes of the meeting of the Council of Governors held on 22 March 2022 were approved as a true and accurate record.

14/23 Council of Governors action tracker and matters arising not covered by other items on the agenda

Received and noted: the action tracker.

15/23 Composition of the Council of Governors

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

Noted:

1. Since the previous meeting of the Council of Governors in March 2023, the Trust had concluded the annual governor election process.
2. Neil Stutchbury (Patient Governor), Jane Biddle (Public Governor) and Carina Tyrrell (Public Governor) had been re-elected for three-year terms of office.
3. Elizabeth Howe (Patient Governor), Robin Stevens (Patient Governor), Chris Cumberland (Public Governor) and Frank Allan (Staff Governor) had been elected for three-year terms of office in their respective constituencies.
4. Cllr Mairead Healy had been nominated as the Partnership Governor for Cambridge City Council for a further 12-month term.
5. As of the date of the meeting, the Trust was waiting to hear from Cambridgeshire County Council regarding its Partnership Governor nomination for the next 12 months.

Agreed:

1. To note the outcome of the 2023 election to the Council of Governors and changes to the composition of the Council.

16/23 Chair's report

Mike More, Trust Chair, introduced the report.

Received and noted: the Chair's report.

17/23 Priorities and objectives for 2023/24

Dr Mike More, Trust Chair, presented the report.

Noted:

1. The Council of Governors was reminded of the previous decision to extend the term of office for the Trust Chair until September 2025 and the exceptional circumstances which had resulted in this position.

2. As part of this decision, the Council of Governors had agreed that a set of clear objectives and priorities should be developed by the Trust Chair against which progress would be measured. The Governors' Nomination and Remuneration Committee had discussed these objectives at its meeting on 6 June 2023.
3. It was noted that these priorities were inevitably different in nature to the type of SMART (Specific, Measurable, Achievable, Relevant and Time-Bound) objectives set for Executive Directors.
4. It was proposed that the Trust Chair would provide regular updates to the Council of Governors.

The following points were made in discussion:

1. It was agreed that objectives for a Trust Chair should primarily be focused on the role of the Chair in setting the appropriate tone and culture of the Board to enable the organisation to thrive.

Agreed:

1. To endorse the proposed objectives for the Chair and that the objectives should form a basis for regular reporting by the Chair to the Council of Governors during the year.

18/23

Chief Executive's Report (including Integrated Performance Report)

Roland Sinker, Chief Executive, presented the report.

Noted:

1. The report provided an overview of the five areas of operational performance as well as an update on the implementation of the Trust strategy.
2. Staffing challenges remained in a number of areas across the Trust, including in the paediatric and neonatal intensive care units.
3. The Trust had received verbal feedback from the Care Quality Commission (CQC) following its inspection of Maternity Services in May 2023. The publication of the inspection report was awaited.
4. Industrial action continued to result in the postponement of appointments and require significant resources to be directed to planning for each period of action.
5. The Trust had committed to a programme of staff listening events in response to the outcome of the NHS Annual Staff Survey which had shown a decline across a number of areas of the domains outlined in the NHS People Promise.

6. Financially the Trust continued to perform well. The final financial plan for 2023/24 had been submitted to NHS England on 4 May 2023. The Trust continued to work with system colleagues to ensure that there was confidence in the delivery of the plan.
7. The Trust continued to develop its internal improvement capability and capacity in conjunction with the Institute for Healthcare Improvement. It was planned for Trust staff to deliver a cohort of the Leading for Improvement programme for the first time.
8. Good progress continued to be made on the development of the Cambridge Children's Hospital (CCH) and the Cambridge Cancer Research Hospital (CCRH), including on closing the CCH funding gap.
9. The opening of the U Block and the Surgical Movement Centre to provide additional capacity remained on track.
10. Work continued on the development of the CUH Equality, Diversity, and Inclusion (EDI) Strategy. An update on progress would be provided to the Management Executive and the Board in the autumn.
11. Building works had commenced on the Cambridge South railway station on the Campus, which was scheduled to open in 2025. It was hoped that the transport links this would open up would provide greater access to affordable housing for staff.

The following points were made in discussion:

1. A large amount of work had been undertaken to progress the plans for the Cambridge South Station and this had the potential to create significant future opportunities for the Campus.
2. As well as health, a number of other sectors such as education were also experiencing significant challenges. While there were many calls for more staffing and investment, given the challenging economic circumstances, there would need to be a strong focus on improving health and care provision through increasing productivity and efficiency.

The Chair invited the Lead Governor to introduce questions from Governors.

1. *The Performance Committee and the Board recently approved a construction partner for the Cambridge Cancer Research Hospital (CCRH). This will be followed by a new governance model for the construction phase. Given the issues experienced with construction partners on U Block, please could NEDs detail what elements of good governance they are looking for in order to assure themselves that the lessons learned from U Block are not repeated.*

The following points were made in response:

1. As the CCRH Outline Business Case had now been approved, the management and governance arrangements for the project were being reviewed to ensure they were appropriate for the Full Business Case and construction phases of the project. This would take careful account of the lessons identified from the recent KPMG review.
2. The proposed revised governance arrangements included a dedicated Construction Board.
3. A Director of New Hospital Construction had been appointed with responsibility for building both the CCH and CCRH.
4. New reporting arrangements would be developed including construction progress reports, key performance indicators, financial tracking documents, and risk and change reporting.
5. The financial health of the Principal Supply Chain Partner had been robustly tested to inform the decision-making on the contract award and the next stage of the work would include thoroughly testing the supply chain ahead of finalising a construction contract.

2. *A number of corporate clients' payroll systems were hacked earlier this month, via a file transfer system called MOVEit and personal details stolen. Please could NEDs advise us whether the NHS and CUH in particular were affected by this hack and if so what steps have been taken to mitigate against the data loss. Even if CUH wasn't affected, cybercrime continues to be a serious threat – please could NED explain how they have assured themselves that our exposure to this threat is minimised.*

The following points were made in response:

1. Cyber security was a top priority for CUH and was the subject of regular audit and review to ensure robust arrangements remained in place.
2. Very strict controls were in place to safeguard access to personal identifiable data.
3. In response to the specific threat described:
 - Currently there was no threat intelligence to suggest that the Trust was vulnerable to this specifically and the Trust had reviewed its current cyber security risk mitigation to ensure this was appropriate.
 - The Trust did not use the MOVEit application.
 - The Trust had a rigorous process for software approval and deployment to prevent unauthorised software use.

- All CUH managed laptops and desktops were enrolled to the national monitoring arrangements for identification of software vulnerabilities via the national cyber security operations centre.
3. *We know that there is a high number of nursing vacancies (>40,000) across the NHS in England as well as significant shortages of trained clinicians in certain specialties. In order to deliver the Trust's strategy as it relates to improving patient care, supporting its staff and building for the future, retention of CUH's existing staff will be critical. Are the NEDs assured that the workforce strategy is both robust and ambitious enough to retain and expand the workforce to meet future demands?*

The following points were made in response:

1. Retention and recruitment were key elements of the Trust's workforce ambition on Resourcing. The five workforce ambitions (including Resourcing) appeared in the Trust's overall strategy under the heading of 'supporting our staff'.
 2. The Trust continued to see growth in its workforce year-on-year. This was set out in the Integrated Report which recorded 2.9% workforce growth over the past 12 months and the Trust exceeding 12,000 members of staff for the first time.
 3. The Trust's workforce plan was based on continued growth in the establishment and staff in post in line with the building and opening of additional capacity.
 4. The Workforce and Education Committee reviewed progress against the CUH Resourcing ambition on a regular basis and work on retention was part of this.
 5. There remained some significant recruitment hotspots requiring particular focus and in the context of an increasingly challenging workforce position across healthcare globally.
 6. For lower paid workers in a high cost area, higher pay rates were increasingly available in other sectors and this created significant challenges for the Trust in being able to recruit and retain staff to these roles.
4. *What assurance do NEDs have that lessons are being learned from junior doctor and other strikes? Is the impact less as each one goes by? And how will we manage with a consultant strike?*

The following points were made in response:

1. Overall the Trust had experienced 20 days of industrial action to date, with the impact of these being felt in the two-week lead-up period to each and in the recovery period following action. While ongoing action was dependent on repeated ballots, there was the prospect of such action continuing into the autumn and winter.
2. Learning had been captured from each of the previous periods of industrial action, including through use of After Action Reviews, allowing processes to be improved in an iterative way. As a consequence, fewer appointments had been postponed with each successive round of action by junior doctors. Nevertheless, the action was having a significant impact on both patients and staff.
3. The consultant workforce was currently being balloted for potential industrial action on 20-21 July 2023 which would take the form of a Christmas Day service. The services that could be run, in the event of a vote for industrial action, would be dependent on the level of support locally for action.

Agreed:

1. To note the report.
2. To note the responses to the questions and that any additional questions would be responded to separately outside the meeting.

19/23

Governors' Reports

Lead Governor

Neil Stutchbury, Lead Governor, presented the report.

Noted:

1. The Lead Governors of the four NHS foundation trusts within the Cambridgeshire and Peterborough Integrated Care System (ICS) had met recently with the Chair of the Integrated Care Board as part of a cycle of regular catch-up sessions.
2. A session for governors of trusts across the ICS was scheduled to take place in October 2023 and planning for this was currently underway.

Agreed:

1. To note the report of the Lead Governor.

Governors' Strategy Group

Julia Loudon, Patient Governor, presented the report.

Noted:

1. There had been two meetings of the Governors' Strategy Group, since the previous meeting of the Council of Governors.
2. At the meeting on 17 April 2023, the Group received an update on developments across the East of England Specialised Provider Collaborative (EoE SPC), including the planned transfer of responsibility for specialist commissioning services from NHS England to ICBs.
3. At the meeting on 12 June 2023, the Group discussed the outputs from the Board awayday in May 2023 which had focused on the implementation of the revised Trust strategy and the supporting 15 commitments.

Agreed:

1. To note the report of the Governors' Strategy Group.

20/23 Any other business

There was no other business.

21/23 Date of next meeting

The next meeting of the Council of Governors in public would be held on Wednesday 20 September 2023 at 17.00.

Meeting closed: 18:30

Council of Governors: Action Tracker

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

Report to the Council of Governors: 20 September 2023

Agenda item	5
Title	Changes to the Council of Governors since the previous meeting
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	As above
Purpose	To note changes to the composition of the Council of Governors.
Previously considered by	n/a

Executive Summary

Since the previous meeting of the Council of Governors in June 2023, there have been the following changes to the composition of the Council of Governors:

1. Will Watson has stood down as a Staff Governor. A separate paper on the agenda covers the arrangements for filling the vacancy created.
2. Cambridgeshire County Council confirmed on 29 June 2023 the appointment of Cllr Susan van de Ven as its Partnership Governor nominee for a period of 12 months. Cllr van de Ven succeeds Cllr Gerri Bird in this role.
3. Professor Dame Carol Black acted as a University of Cambridge Partnership Governor from 1 September 2022 while Professor John Clarkson was on sabbatical. We were informed on 18 September 2023 that the University Council has approved the re-appointment of Professor Clarkson for the period from 1 September 2023 to 31 August 2026.

Related Trust objectives	All Trust objectives
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
Legal / Regulatory / Equality, Diversity & Dignity implications?	The composition of the Council is defined by the Trust Constitution.
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Council of Governors

The Council of Governors is asked to note the change to the composition of the Council since the previous meeting.

Composition of the Council of Governors as at 12 September 2023

Public (7)		Patient (8)		Staff (4)		Partnership (10)		
Samira Addo	1 st term (2024)	Robin Stevens	1 st term (2026)	Mahad Nur	1 st term (2025)	Peter St George-Hyslop	University of Cambridge	2 nd term (Jun 2024)
John Lee Allen	1 st term (2024)	Ruth Greene	3 rd term (2025)	Frank Allan	1 st term (2026)	Karen Woodey	Campus Research Organisations	1 st term (Jan 2024)
Jane Biddle	3 rd term (2026)	Julia Loudon	3 rd term (2024)	Gill Shelton	1 st term (2024)	Rachael Cubberley	Anglia Ruskin University	1 st term (Jun 2025)
Chris Cumberland	1 st term (2026)	David Noble	1 st term (2024)	Vacant	1 st term (2024)	Susan van de Ven	Cambridgeshire County Council	1 st term (Jun 2024)
Gemma Downham	1 st term (2024)	Elizabeth Howe #	2 nd term (2026)			John Clarkson	University of Cambridge	2 nd term (Aug 2026)
Melissa Lee	2 nd term (2025)	Howard Sherriff	2 nd term (2025)			Mairead Healy	Cambridge City Council	3 rd term (May 2024)
Carina Tyrrell	2 nd term (2026)	Neil Stutchbury	3 rd term (2026)			Stephen Webb	Royal Papworth NHS Foundation Trust	1 st term (Oct 2023)
		Adele White	2 nd term (2024)			Stephen Legood	Cambridgeshire and Peterborough NHS Foundation Trust	3 rd term (Feb 2024)
						-	[Public health – Cambridgeshire County Council]	-
						-	[nomination of the former Cambridgeshire and Peterborough CCG]	-
<p>The figure in () refers to the end of the current term of office. # First term was served from 1 July 2013 to 30 June 2016.</p>								

1. Terms of service

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

2. Vacancy procedure (elected governors)

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

2.2 In the event of a) or b) applying, the following will be implemented:

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

3. Vacancy procedure (partnership governors)

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

Report to the Council of Governors: 20 September 2023

Agenda item	5
Title	External Auditor's Annual Report
Sponsoring director	Ian Walker, Director of Corporate Affairs
Author(s)	As above
Purpose	To receive the annual report.
Previously considered by	n/a

Executive Summary

The appointment and re-appointment of the External Auditor is a matter reserved to the Council of Governors. The current external audit provider (Mazars) will attend the meeting on 20 September 2023 to present the Auditor's Annual Report which summarises the work they have undertaken and their findings as the External Auditor for the Trust for the year ended 31 March 2023.

The final Annual Report and Accounts for 2022/23 are available on the Trust website and will be formally presented at the Annual Public Meeting on 27 September 2023.

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 is asked to receive the report.

Auditor's Annual Report

Cambridge University Hospitals NHS
Foundation Trust

Year ended 31st March 2023

29 June 2023



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02 Audit of the financial statements

03 Commentary on VFM arrangements

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Appendix

A. Further information on our audit of the financial statements

01

Section 01: **Introduction**

1. Introduction

Purpose of the Auditor's Annual Report

Our Auditor's Annual Report (AAR) summarises the work we have undertaken as the auditor for Cambridge University Hospitals NHS Foundation Trust ('the Trust') for the year ended 31 March 2023. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO'). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.



Opinion on the financial statements

We issued our audit report on 29 June 2023. Our opinion on the financial statements was unqualified.



Value for Money arrangements

In our audit report issued we reported that we had completed our work on the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources and had not issued recommendations or identified significant weaknesses in those arrangements in the previous or current year. Section 3 provides our commentary on the Trust's arrangements.



Wider reporting responsibilities

In line with group audit instructions issued by the NAO, on 29 June 2023, we reported that the Trust's consolidation schedules were consistent with the audited financial statements.

02

Section 02:

Audit of the financial statements

2. Audit of the financial statements

Our audit of the financial statements

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs). The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust’s financial position as at 31 March 2023 and of its financial performance for the year then ended. Our audit report, issued on 29 June 2023 gave an unqualified opinion on the financial statements for the year ended 31 March 2023.

A summary of the significant risks we identified when undertaking our audit of the financial statements and the conclusions we reached on each of these is outlined in Appendix A. In this appendix we also outline any uncorrected misstatements we identified and any internal control recommendations we made.

Qualitative aspects of the Trust’s accounting practices

We have reviewed the Trust’s accounting policies and disclosures and concluded they comply with Department of Health and Social Care Group Accounting Manual 2022/23, appropriately tailored to the Trust’s circumstances.

With respect to the audit of the 2022/23 financial statements, we noted:

- draft accounts were received from the Trust on 27th April 2023 and were of a good quality.
- a draft of the Remuneration Report was received on 30th May 2023; and
- a draft version of the Annual Report, including the Accountability Report sections which are covered by our auditor report, on 06th June 2023.

The Trust provided the supporting working papers required for the audit either at, or after the start of the audit, and these were of an acceptable quality. The finance team have been very responsive to dealing with our audit queries and throughout we have both maintained a collaborative approach to the audit.

Other reporting responsibilities

Reporting responsibility	Outcome
Annual Report	We did not identify significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the Governance Statement had been prepared in line with Department of Health and Social Care (DHSC) requirements.
Annual Governance Statement	We did not identify any matters where, in our opinion, the governance statement did not comply with the guidance issued by NHS England (NHSE).
Remuneration and Staff Report	We report that the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the National Health Service Act 2006.

03

Section 03:

**Our work on Value for Money
arrangements**

3. VFM arrangements

Overall Summary



3. VFM arrangements – Overall summary

Approach to Value for Money arrangements work

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:



Financial sustainability - How the Trust plans and manages its resources to ensure it can continue to deliver its services



Governance - How the Trust ensures that it makes informed decisions and properly manages its risks



Improving economy, efficiency and effectiveness - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Our work is carried out in three main phases.

Phase 1 - Planning and risk assessment

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Trust has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements.

We obtain our understanding of arrangements for each of the specified reporting criteria using a variety of information sources which may include:

- NAO guidance and supporting information
- Information from internal and external sources including regulators
- Knowledge from previous audits and other audit work undertaken in the year
- Interviews and discussions with staff and directors

Although we describe this work as planning work, we keep our understanding of arrangements under

review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

Phase 2 - Additional risk-based procedures and evaluation

Where we identify risks of significant weaknesses in arrangements, we design a programme of work to enable us to decide whether there are actual significant weaknesses in arrangements. We use our professional judgement and have regard to guidance issued by the NAO in determining the extent to which an identified weakness is significant.

We outline the risks that we have identified and the work we have done to address those risks on page 10.

Phase 3 - Reporting the outcomes of our work and our recommendations

We are required to provide a summary of the work we have undertaken and the judgments we have reached against each of the specified reporting criteria in this Auditor's Annual Report. We do this as part of our Commentary on VFM arrangements which we set out for each criteria later in this section.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust. We refer to two distinct types of recommendation through the remainder of this report:

- **Recommendations arising from significant weaknesses in arrangements**
We make these recommendations for improvement where we have identified a significant weakness in the Trust arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the course of the audit.
- **Other recommendations**
We make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant but which still require action to be taken

The table on the following page summarises the outcomes of our work against each reporting criteria, including whether we have identified any significant weaknesses in arrangements or made other recommendations.

3. VFM arrangements – Overall summary

Overall summary by reporting criteria

Reporting criteria	Commentary page reference	Identified risks of significant weakness?	Actual significant weaknesses identified?	Other recommendations made?
 Financial sustainability	11	Yes – see risk 1 on page 12	No	No
 Governance	15	No	No	No
 Improving economy, efficiency and effectiveness	19	No	No	No

3. VFM arrangements

Financial Sustainability

How the Trust plans and manages its resources to ensure it can continue to deliver its services



3. VFM arrangements – Financial Sustainability

Risks of significant weaknesses in arrangements in relation to Financial Sustainability

We have outlined below the risks of significant weaknesses in arrangements that we have identified as part of our continuous planning procedures, and the work undertaken to respond to each of those risks.

Risk of significant weakness in arrangements	Work undertaken and the results of our work
<p>1 How the body plans to bridge its funding gaps and identifies achievable savings NHSE put in place a process for challenging and scrutinising the financial plans drafted by provider trusts. In common with most, the Trust were required to re-submit a revised return that brought the Trust closer to a breakeven position. There is a risk the Trust have either failed to identify achievable savings in the initial plan or will have included unrealistic savings in the re-submitted plan.</p>	<p>Work undertaken To establish if there is a significant weakness in arrangements, we reviewed the re-submitted 2023/24 financial plan to evaluate the reasonableness of the actions taken to reduce the planned deficit.</p> <p>Results of our work We identified that the Trust’s initial financial plan identified potential savings based on information known at the time of submission. The Trust has included in its re-submitted plan further funding identified by NHSE and the Cambridgeshire & Peterborough Integrated Care Board. The Trust has a rationale for the movement between its initial and final plan and based on the information we have been provided, has made reasonable assumptions in its final financial plan for 2023/24. Overall, we are satisfied there is not a weakness in arrangements to secure value for money at the Trust.</p>

Overall commentary on Financial Sustainability

Background to the NHS financing regime in 2022/23

In 2020/21 and 2021/22, systems were established as the key unit for financial allocations. In 2022/23, this approach has been continued, with the aim to encourage greater collaboration and collective responsibility for financial performance.

The Covid-19 pandemic necessitated the implementation of interim ‘block’ allocations to ensure that systems had sufficient resource to respond to the pandemic. From 2022/23, programme funding allocations were reset to move back towards a ‘fair share’ distribution of resource. ICB programme allocations have been based on annualised system funding envelopes (comprising previous CCG allocations and system top-up components) for H2 of 2021/22. These were then annualised for 2022/23, and adjusted to include uplifts for inflationary pressures and further adjustments (replacing CCG pace of change) to drive convergence to fair share allocations.

Fair share allocations are updated in line with the recommendation of the Independent Advisory Committee for resource Allocation and policy updates. These allocations also include an updated approach, using a nationally consistent methodology to reflect the excess financing costs of historical private finance initiative (PFI) contracts on trusts. Historical PFI support payments were therefore wrapped up into system funding envelopes for 2022/23.

In support of programme allocations, trusts also received a number of other ICB funding allocations. Moving out of the pandemic, Covid-19 block payments have been replaced by local contracting and commissioning. Elective funding was allocated to commissioners at 104% of the pre-pandemic 2019/20 levels. Systems, working with providers, agreed activity plans with funding adjustments then based on the percentage of this activity achieved. ICB allocations for primary medical care services and running cost allocations remain broadly consistent with the previous system delivered by Clinical Commissioning Groups, reflecting demographics of the serviced populations and broader economic factors.

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria - continued

As under previous arrangements, systems are required to achieve a breakeven position. This will continue to necessitate further collaboration through the planning process, as individual organisations work together to achieve system-level outcomes.

The Trust's financial planning and monitoring arrangements

The Trust, working as part of the wider Cambridgeshire and Peterborough (C&P) system, identified 2022/23 revenue forecasts as part of the financial planning process early in the 2022/23 financial year. As part of this process, the Trust planned for a breakeven position aligned to the National Guidance assumptions and the requirement within these to submit a breakeven plan. However, due to the economic climate and prevalence of Covid, it was increasingly clear that the national assumptions will not hold. In addition, specific pressures, e.g. relating to CNST premiums being higher than the national assumptions, increased the risk associated with delivery of the plan. Guidance from the regional NHSE/I team was to assume Covid levels at current rates, non-pay inflation at 6% and energy cost increases at 55%.

Throughout the year, the Trust monitored its progress against the 2022/23 plan. Financial performance reports, detailing planned performance and actual outturn are issued to the Trust Board and the Performance Committee (PC) periodically throughout the year via the Trust's integrated reporting process. The stakeholders i.e. the Board, PC and management used these monthly reporting packs to monitor financial performance, and identify any areas of potential overspend or general poor performance.

We reviewed reports that had been presented for 2022/23, noting these contain a clear summary of the Trust's performance, together with detailed variance analysis and supporting details in respect of the Trust's key financial indicators. The reports also include updated forecasts to the end of the financial year.

As a result of the planning and financial monitoring process, the Trust has reported a deficit of £0.1m for the 2022/23 financial year (surplus of £0.1m in 2021/22 before technical adjustment of £14.7m). After adjusting for impairments, capital grants and donations, the Trust reported an adjusted surplus of £8.4m for the 2022/23 financial year (deficit of £11.4 in 2021/22).

The Trust's arrangements for the identification, management and monitoring of funding gaps and risks to financial resilience

The Trust's annual savings targets are developed based on the national efficiency requirement and other funding gaps as part of the system planning process. The development of savings plans to achieve these targets is supported through management executive meetings and monitored monthly and reported to PC.

During 2022/23 the Trust targeted the delivery of its PEP across the following three main areas:

1. Efficiency and productivity savings, i.e. schemes that will help to reduce the current cost base or by growing the margin on other income generation schemes.
2. COVID 19 cost reductions.
3. Delivering increased ERF income/cost margin.

The Trust has delivered £62.1m of efficiencies in line with plan; £43.3m are recurrent and £18.7m non-recurrent including £11.0m of non-recurrent savings that met the 2022/23 System support requirements.

From January to early May 2023, the Trust prepared forecasts for the 2023/24 financial year as part of the planning process. The initial plan submission identified a forecast deficit of approximately £46m. Upon scrutiny from NHSE the Trust was required to re-submit its plan, with the view to achieving a breakeven position. The final re-submitted 2023/24 plan reduced the budgeted deficit to £1.2m. We reviewed the re-submitted 2023/24 financial plan to evaluate the reasonableness of the actions taken to reduce the planned deficit. We identified that the Trust's initial financial plan identified potential savings based on information known at the time of submission. The Trust has included in its re-submitted plan further funding identified by NHSE and the C&P ICB. The Trust has a rationale for the movement between its initial and final plan and based on the information we have been provided, has made reasonable assumptions in its final financial plan for 2023/24.

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria - continued

The Trust's arrangements to ensure financial plans support sustainable delivery and wider planning

The National Health Service Act 2006 provides that each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account. This duty is known as the 'breakeven duty'. The phrase 'taking one year with another' has been interpreted by the Department of Health and Social Care and HM Treasury as meaning that the duty is met if income equals or exceeds expenditure over a three-year rolling period. The Trust meet this requirement over a three-year rolling period.

The Trust plans its finances to ensure they support the required level of operational delivery. The operational plan for 2022/23 incorporated the requirement to work to a balanced financial budget, building in specific funding requirements as per NHS revenue financing and contracting guidance. In forming this plan, the Trust identified the following risks to delivery:

1. Inflation - actual inflation being above national level assumption of 2.8%.
2. Covid cost reduction - CUH has the highest proportion of covid costs in the region. Whilst the prevalence of covid was declining but there was a risk of on-going impact of covid on the system's operational efficiency and cost base.
3. Contract negotiations - the delivery of the ICB's plan is reliant on the fair and reasonable settlement with a number of different commissioners which will require successful negotiations.

The Trust considered elective recovery plan as a low value risk to the delivery of 104% activity level.

By having a cohesive financial and operational planning process, the Trust was able to identify funding opportunities to bridge the gap of £51m through the combination of:

1. Covid cost reduction – £19m
2. Productivity improvements – £12m
3. Additional funding / further covid funding - £7m
4. Central efficiencies - £4m
5. Divisional/corporate efficiencies - £9m

The Trust has invested £67.1m in its capital programme in 2022/23, which is £0.5m above the planned figure. The Trust received an initial system capital allocation for the year of £32.2m for its core capital requirements. In addition to this, it received further funding for the Children's Hospital (£3.7m), Cancer Hospital (£7.5m) Movement Surgical Hub (£14.9m), additional equipment (£4.1m) and Endoscopy equipment (£1.0m). Together with capital contributions from ACT, the Trust's capital budget for the year now totals £66.5m.

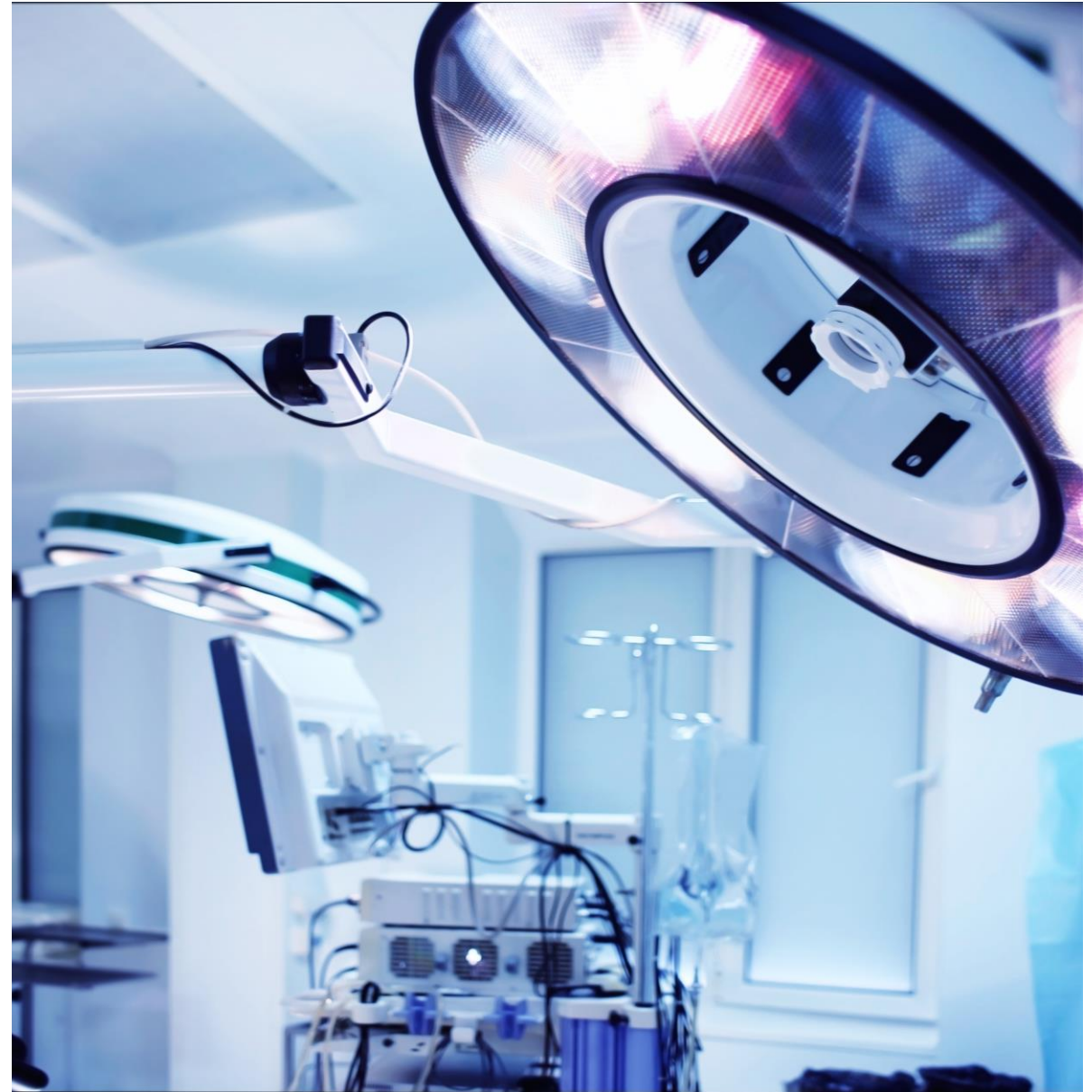
Overall view on arrangements in relation to financial sustainability

During the audit process, we have identified and brought to the attention of those charged with governance a risk of there being a significant weakness in arrangements at the Trust to secure value for money in relation to financial sustainability. As a result of further work performed, we are satisfied that no such weakness exists and the Trust's arrangements to ensure financial sustainability are reasonable.

3. VFM arrangements

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks



3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria

The Trust's arrangements to monitor and assess risk

The Trust has a comprehensive risk management system in place which is embedded into the governance structure of the organisation. The processes are supported by the Trust-wide Risk Management Framework and the Trust leadership plays a key role in implementing and monitoring the risk management process.

Ultimate responsibility sits with the Board of Directors and its assurance committees, including the Audit Committee which has a specific remit to oversee the system of internal controls in place to manage risks, including in relation to fraud. The Board tracks the principal risks to the achievement of its strategic objectives through the Board Assurance Framework (BAF) which it, and its sub-committees, review on a regular basis. The BAF has been developed over time to include a risk appetite/tolerance dimension to improve the understanding and management of individual risks, as well as a 'heatmap' that analyses the current score against both the target risk score and the risk appetite. The BAF retains a close link to the Trust's risk register and allows for ongoing monitoring of 'bottom up' risk reporting that cross references to the related high risks that appear on the risk register. More operational risks are overseen through review of the Corporate Risk Register (CRR).

From review of minutes of Trust Board meetings, we have confirmed detailed discussion and challenge has taken place on these high-level risks which are linked to the Trust's strategic objectives, and associated enablers.

An independent Non-Executive Director chairs the Audit Committee. At Executive level, the Chief Executive chairs a monthly Risk Oversight Committee meeting which is attended by all members of the Management Executive. The Accountability Framework describes the relationship between the Board, the Management Executive and the Clinical Divisions in terms of reviewing performance and monitoring and assessing risk.

At an operational level, responsibility rests with each Divisional Director, supported by the Associate Director of Operations and Head of Nursing, for clinical divisions; and with each Executive Director for the corporate directorates. Divisional 'red-rated' risks are reviewed at divisional Performance Meetings with members of the Executive Team.

The Trust's arrangements to gain assurance over the operation of internal controls and arrangements in place to prevent and detect fraud

The Trust has appointed internal auditors and local counter fraud specialists to provide assurance over the effective operation of internal controls, and arrangements in place to prevent and detect fraud. Risk based work plans are agreed with management at the start of the financial year and reviewed and challenged by the Audit Committee as part of final approval process. Internal audit completed their planned programme of work for 2022/23.

As part of our procedures we have reviewed the internal audit planned work programme for 2022/23 alongside progress reports that are presented to each Audit Committee. These reports include detailed issues and recommendations arising from work completed. Review of reporting includes follow up review of recommendations to identify areas with delays in responding, which allows the Committee to hold management to account on behalf of the Board.

The 2022/23 internal audit plan included the delivery of 10 reviews and reports. eight reviews have been completed and final reports delivered to the Trust. Of the delayed reviews, one was due to the on-going industrial action and the other was pushed back at the request of the Trust. The Trust has reviewed the reports and is following up actions through the Audit Committee.

Internal audit raised 47 findings (including 8 high priority findings) in 2022/23. Out of the high priority findings, one relates to review of Financial Compliance of the Estate Division, and seven in relation to the capital programme review of the Surge Centre. The Surge Centre findings are related to procurement/selection of contractor for capital project and the management of contract and costs of the project.

Internal auditor issued an overall 'significant assurance with minor improvements' assurance opinion for 2022/23 annual internal audit report.

Through our attendance at Audit Committee meetings we have confirmed the Committee makes effective use of internal audit reports, and the associated findings, through detailed discussions on issues within the report area and the potential for associated issues within other aspects of the Trust's operations.

3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria - continued

The Trust promotes a culture of openness and challenge to support good decision making and early identification of concerns. There is a well-established Freedom to Speak Up service and a range of mechanisms for raising concern.

As part of counter fraud arrangements there is a programme of fraud awareness for Trust staff and Counter Fraud is part of the Trust Induction Programme.

The Trust completes risk management, incident reporting, clinical audit and internal audit processes to identify and respond to breaches of internal control. Counter Fraud reports to the Audit Committee on all aspects of their proactive and reactive work, allowing the Committee the opportunity to understand and influence work and understand risks and issues for forward communication to the Board.

Through our attendance at Audit Committee meetings we have confirmed the Committee makes effective use of Counter Fraud reports, and the associated findings, through detailed discussions on issues reported and the potential for associated issues within other aspects of the Trust's operations.

The Trust's arrangements for budget setting and budgetary control

Directorate Budgets are an end point in the Financial Planning process which is a bottom-up process built on Directorate submissions. Financial Planning assumptions (reflecting the agreed Budget Setting Methodology) are built into the Business Planning Pack. This process is undertaken as part of the wider business planning process for the Trust. This ensures that the wider plans are fully triangulated.

The Financial Plan is developed to reflect the best available information and assumptions including funding growth, inflation costs, cost pressures, activity levels, efficiency plans and service priorities. The process itself is run by the Trust finance team working closely with divisional teams and the wider C&PICS. Plans are reviewed in the Management Executive meeting in the first instance and then with the Non-Executive Directors through the Performance Committee and Board Meetings.

Finance Managers work with Directorate Teams and Budget Holders to ensure that budget variances are explained and appropriate corrective action taken, or concerns escalated where corrective action will not cover the entire variance. Directorates produce monthly Performance Committee which explains the key aspects of their financial position. Through the Trust's Performance Committee, unsatisfactory performance is raised with Directorates such that appropriate corrective action is taken.

Monthly budget and financial monitoring reports are produced both at Directorate and Corporate level. As set out in the previous section the financial position is reported to Trust Board each meeting and includes sufficient detail to allow for effective review and challenge at the senior leadership level. We have reviewed Board minutes and supporting papers to confirm this.

The Trust's decision making arrangements

The Trust has an established governance structure in place which is set out within its Annual Governance Statement. This is supported by the Trust's Constitution and scheme of delegation. Executive Directors have clear responsibilities linked to their roles and the Board Committee structure in place at the Trust allows for effective oversight of the Trust's operations and activity.

Clinical divisions and corporate directorates regularly review their services and key risks. Performance data covering workforce, quality and safety, operational delivery and access standards are reviewed by Divisional Boards and at monthly Performance Review meetings with the Executive Team. Actions are assigned to correct performance and address issues as required. There is a clear Executive committee structure with exception reporting to the Management Executive.

3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria - continued

The Trust has various assurance committees to provide oversight and assurance to the Board of Directors e.g. Audit, Performance, Quality and Workforce and Education. Board and committee minutes demonstrate effective challenge.

Lead Executive Directors have responsibility for tracking compliance with legislative and regulatory requirements and reporting to the Management Executive and the Board of Directors accordingly.

The Trust's arrangements to ensure appropriate statutory and ethical standards are met

In line with NHSE guidance, the Trust's standard policy requires all staff to declare interests, including offers of gifts and hospitality. The Trust maintains and promotes the completion of a register of Interests that also encompasses declarations of hospitality and gifts. This is monitored to ensure appropriate behaviours are being maintained. Directors are subject to annual fit and proper person declarations.

The Trust has a full suite of governance arrangements in place, as set out in the Trust's Annual Report and Annual Governance Statement. We have reviewed these arrangements as part of our audit and confirmed they were consistent with our understanding of the Trust's arrangements, in particular, that they were in place and operating. This includes arrangements such as registers of interests being maintained and published; and the Board completing an annual review and self-certification of its compliance with the conditions of the NHS provider licence.

The Audit Committee receives reports on waivers of standing orders at each meet and challenges any losses and special payments. Our attendance at the committees confirms this process is well established and operating.

The Trust regularly reviews its financial governance framework to ensure that it meets the needs of the organisation whilst providing good financial governance.

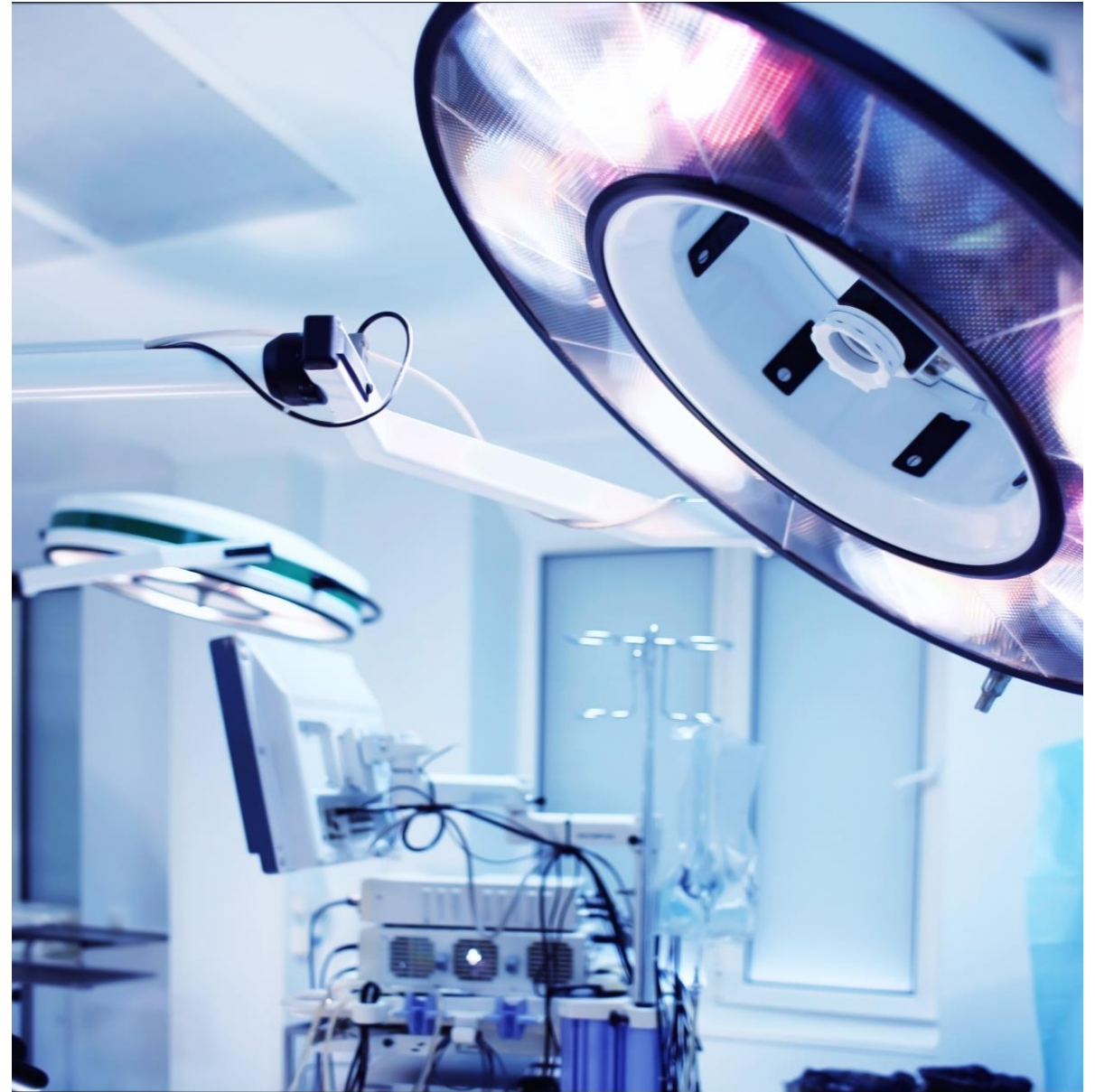
Overall view on arrangements in relation to governance

As a result of the programme of work performed, we are satisfied that the Trust's arrangements in place surrounding governance are appropriate to secure value for money.

3. VFM arrangements

Improving Economy, Efficiency and Effectiveness

How the Trust uses information about its costs and performance to improve the way it manages and delivers its services



3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria

The Trust's arrangements for assessing performance and evaluating service delivery

The Trust has a robust and in depth framework for assessing performance and evaluating service delivery to ensure an economic, efficient and effective use of its resources. Key to this is the role of the Trust Board and relevant assurance committees. The Trust Board retains overall oversight of the overall business planning process. The Trust's Performance Committee meet monthly to review investment decisions and financial performance. The Audit Committee, supported by the internal audit work programme, seek to gain assurance over the effectiveness of the Trust's internal control framework over its operations. The Quality Committee complements the role of this committee in providing assurance to the Trust Board via a combination of quality reporting, hospital thematic reporting and audits relevant to efficient and effective patient care, focussing on clinical audit, pharmacy and medicines optimisation audit, etc. and duty of candour in 2022/23.

We have reviewed the performance information provided to the Audit Committee and can confirm that it holds managers to account where performance improvements are required.

The Trust continues at pace with plans for two new hospitals. The Cambridge Children's Hospital (in partnership with Cambridgeshire & Peterborough NHS Foundation Trust and the University of Cambridge) which is a 'STP Wave 4 scheme' and the Cambridge Cancer Research Hospital (in partnership with the University of Cambridge) which is part of the New Hospitals Programme. Both scheme are aimed at creating state-of the art facilities from which the Trust plans to provide patient care and cutting edge research and both include plans to secure significant amounts of external (non-NHS) funding, thereby increasing the value obtained by the Trust. These partnership projects are separate from the 'Addenbrookes 3' project, being undertaken by the Trust. Separately to these major projects, the Trust is developing plans to expand this capacity further to support its recovery planning.

The Board receives a broad range of performance information, both operational and finance and including the above information, at each meeting. We have reviewed the performance information provided to the Board along with the documentation of subsequent review and challenge, and can confirm we consider the Board effectively holds managers to account where performance improvements are required.

The Trust's arrangements for working effectively within partnerships

The increasing national move towards greater integration of services across the health and social care sector and away from the more service focused internal market, has been reflected in the way that the Trust has worked with partner organisations across the C&P ICS to deliver a sustainable financial position for the wider area, while also addressing the Trust's overall financial sustainability.

Partnership working is wholly embraced at the Trust, given its location on the Cambridge Biomedical Campus. The Trust is working with Cambridge University Health Partners (CUHP) and other partners to support the next phase of the development for the Campus through a new company and engagement with partners across Greater Cambridgeshire and Peterborough and on a strategy for improving use of data across the partnership.

The Trust is engaged with partner organisations in the local health and care system in discussing quality and risk issues impacting on patients, in particular through the work of the Cambridgeshire and Peterborough Integrated Care System, which serves a population of 1 million people with a health and social care spend of over £1.5 billion.

One such example of is with Royal Papworth Hospital (RPH) within the following three workstreams of:

1. Patient Care (clinical pathways)
2. Research
3. Corporate services

RPH and CUH are major providers of specialised services for the Eastern region, and are working together with other trusts to develop the Specialised Provider Collaborative, in order to improve quality of services, to improve access and reduce health inequalities and improve value for money.

3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria - continued

The Trust's arrangements for commissioning services

The Trust follows normal procurement policies and processes, overseen by professionals in this area. There will be a robust specification and a process to ensure that the selected option/ supplier gives best value for money. Use of legally compliant Framework Agreements with agreed discounts to purchase goods and services. The Scheme of Delegation sets out the various levels for approval of expenditure. The lead manager, who is responsible for ensuring that the procured service is delivered. Post Project Evaluations are required in some cases.

The Trust has a conflict of interest policy in place and all staff are required to declare any interests which may cause a conflict in doing their day to day work, together with any gifts and hospitality received during the course of their work. In particular the Trust asks that all senior employees whose role encompasses purchasing decisions, make an annual declaration of interests. This includes providing a Nil Return where they have nothing to declare. to mitigate the risk of conflicts of interests arising, with conflicts of interest being monitored prior to completion of procurement and evaluations to ensure there is transparency in decision making. Our review of Board and Audit Committee meeting papers and minutes confirms these are up to date and published on a regular basis.

Overall view on arrangements in relation to improving economy, efficiency and effectiveness

As a result of the programme of work performed, we are satisfied that the Trusts arrangements in place surrounding improving economy, efficiency and effectiveness are appropriate to secure value for money.

04

Section 04:

**Other reporting responsibilities and
our fees**

4. Other reporting responsibilities and our fees

Other reporting responsibilities

Statutory recommendations and public interest reports

Under section 7 of the Local Audit and Accountability Act 2014, auditors of an NHS body can make written recommendation to the audited bodies. Auditors also have the power to make a report if they consider a matter is sufficiently important to be brought to the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

We did not issue any statutory recommendations or exercised our power to make a report in the public interest during 2022/23.

Section 30 referrals

Auditors of an NHS body have a duty to consider whether there are any issues arising during their work that indicate possible or actual unlawful expenditure or action leading to a possible or actual loss or deficiency that should be referred to the Secretary of State, and/or relevant NHS regulatory body as appropriate.

We have not made any referral under Section 30.

Reporting to the National Audit Office (NAO)

The NAO, as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. The NAO also included the Trust in its sample of component bodies for the purpose of its audit of the DHSC group.

We reported to the NAO that consolidation data was consistent with the audited financial statements. We also reported to the NAO in line with its group audit instructions.

Fees for our work as the Trust's auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Indicative Audit Strategy Memorandum presented to the Audit Committee on 28 November 2022. Having completed our work for the 2022/23 financial year, we can confirm that our fees, agreed with the Chief Finance Officer, are as follows:

Area of work	2022/23 fees	2021/22 fees
Planned fee in respect of our work under the Code of Audit Practice	£103,150	£93,770
Additional fees in respect of additional work on:		
- IFRS 16 implementation	£7,000	11,500
- WGA audit work as an NAO sampled component	£3,000	-
Other assurance services	None	None
Total fees	£113,150	£105,270

Fees for other work

We confirm that we have not undertaken any non-audit services for the Trust in the year.



Appendix

A. Further information on our audit of the financial statements

Significant risks and audit findings

As part of our audit, we identified significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Description of risk	Our audit response and findings
Management override of controls	In all entities, management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur, we consider there to be a risk of material misstatement due to fraud and thus a significant risk on all audits.	<p>We addressed this risk through performing audit work over:</p> <ul style="list-style-type: none"> • Accounting estimates impacting amounts included in the financial statements; • Consideration of identified significant transactions outside the normal course of business; and • Journals recorded in the general ledger and other adjustments made in preparation of the financial statements. <p>We have completed our planned procedures and have no matters to report in respect of the risk of management override of controls.</p>
Risk of fraud in expenditure recognition – manipulating accruals and prepayments at the end of the year	The trust has the target of break-even by the end of 2022-23. There is a risk that non-pay expenditure may be manipulated in order to achieve the breakeven position. The setting of a control in order to achieve the breakeven position. The setting of a control total can create an incentive for management to understate the level of non-pay expenditure compared to that which has been incurred. We consider this a significant risk given the size of the Trust's non-pay expenditure for 2022/23 and the pressure to deliver against its revenue budget control total.	<p>We have evaluated the design and implementation of the controls that the Trust has in place around accruals and pre-payments which ensure that the expenditure are correctly recorded.</p> <p>We have substantively tested a sample of accruals, prepayments and provisions using a higher risk factor (thereby increasing the sample size) and obtained evidence to support that the expenditure is:</p> <ul style="list-style-type: none"> - Adequately supported - Meets the expenditure recognition criteria - Accounted for in the correct financial year <p>We have completed our planned procedures and have no matters to report in respect of the risk of fraud in expenditure recognition by manipulating accruals and prepayments at the end of the year .</p>

A. Further information on our audit of the financial statements

Risk	Description of risk	Our audit response and findings
Implementation of IFRS16	<p>IFRS 16 has been applicable from 1 April 2022 and is designed to report information that better shows lease transactions and provides a better basis for users of financial statements to assess the amount, timing and uncertainty of cash flows arising from leases.</p> <p>The Trust is required to re-classify a number of lease arrangements in line with this new standard for the first time in the 2022/23 accounts. The Trust holds significant Lease balances which may be subject to re-classification under the new standard.</p>	<p>As part of our interim audit, we reviewed the work that the Trust carried out for the implementation of IFRS 16 on 1 April 2022.</p> <p>We have substantively tested lease balances using a higher risk factor and obtained evidence to support that they have been correctly classified and accurately measured under the new standard.</p> <p>We have completed our planned procedures and have no matters to report in respect of risk of first time Implementation of IFRS16.</p>
Valuation of property, plant and equipment	<p>The level of estimation uncertainty arising from the extensive use of judgement in the valuation process along with the size of the asset base means that we consider valuation of land and buildings to be a significant risk.</p> <p>Management engages the District Valuer as an expert to assist in determining the current value of land and buildings to be included in the financial statements. Valuation are complex and subject to estimation uncertainty.</p>	<p>We addressed this risk by:</p> <ul style="list-style-type: none"> • Liaising with management to update our understanding of the approach taken by the Trust in its valuation process. • Reviewing the work of management’s valuation expert and how these valuations have been incorporated into the financial statements. • For a sample of assets, reviewing the valuation methodology used, including testing the underlying data and assumptions. <p>We have completed our planned procedures and have no matters to report in respect of the risk of Valuation of property, plant and equipment .</p>

A. Significant findings

Areas of audit focus

Description	Our response and conclusions
<p>PFI accounting</p> <p>Since 2007 the Trust has had a PFI scheme to provide a 128 bed Elective Care, Genetics and Diabetes Centre. As at 31 March 2022 the asset had a carrying value of £59m, net liabilities of £42m and future commitments of £200m.</p> <p>Given the scale of the Trust’s PFI scheme we highlight this as an area of audit focus.</p>	<p>We have reviewed the accounting entries in the financial statements for PFI to the model outputs and confirmed there have been no significant changes year on year.</p> <p>In line with our Audit Strategy Memorandum issued in November 2022, we have considered the accounting treatment for PFI arrangements in line with IFRS. The implementation of IFRS16 in relation to PFI has been deferred to 2023/24. As such there are no impacts on the 2022/23 financial statements.</p> <p>Guidance on the future treatment is yet to be released so the Trust has determined that estimation of the future impact of implementation is not possible.</p> <p>We have no findings to report.</p>
<p>Review of provisions created in prior years</p> <p>In 2021/22 the Trust established new material provisions which should be being used in 2022/23. Given the management judgement involved and amount of the provisions, we highlight this as an area of audit focus.</p>	<p>We have performed the analysis of movement in the value of provisions created in the previous year and the amount thereof as at 31 March 2023 to reassess the basis of and judgement and review of collaborative evidence.</p> <p>We have no findings to report.</p>
<p>Sensyne Transaction</p> <p>In October 2021 the Audit Committee received a paper in respect of a proposed accounting treatment for a new transaction with a company called Sensyne. During 2021/22 the transaction was essentially paused.</p> <p>In October 2022 we understand that the Trust has signed an agreement with Sensyne.</p> <p>Whilst the transaction is not material there is a need for the Trust to ensure that the accounting treatment and associated disclosures in the 2022/23 accounts is in line with accounting standards, appropriate and reasonable.</p>	<p>As discussed with the management there have been no significant transactions in 2022-23. Hence, we have not undertaken any audit work in this area.</p>

A. Summary of misstatements

This section outlines the misstatements identified during the audit, above the trivial threshold for adjustment of £300k. The first table outlines the misstatements that were identified during our audit which management has assessed as not being material either individually or in aggregate to the financial statements and does not currently plan to adjust.

Unadjusted misstatements

No.	Particulars	SOI		SOFP	
		Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
1	Dr: Prior-period expenditure	1,477			
	Cr: Operating Expenditure		-1,477		
During the audit we identified two invoices of non-pay expenditure pertaining to 2021-22 were not accrued last year and booked as expenditure of 2022-23. The amount above is the projected misstatement over the entire population of operating expenditure during 2022-23 and the amount being less than audit materiality and hence, reported as an unadjusted misstatement.					

Adjusted misstatements

There were no misstatements identified during the audit above the trivial threshold for adjustment of £300k.

Disclosure amendments

The audit process identified a small number of disclosure amendments, for which the Trust have made relevant adjustments to the financial statements and annual report. We do not consider any of these amendments to be significant in nature.

A. Internal control recommendations

Significant deficiencies in internal control – Level 2

Oracle user access removal for leavers

Description of deficiency

During our audit of Information Technology General Controls for Oracle cloud-based system, we identified that user access were not removed within the reasonable time of leaving the organisation. We observed that there were eight live accounts as of 31st March 2023 whereas the users had already left the organisation during the year.

Potential effects

Where user are not regularly removed within a reasonable time after leaving the organisation, there is a risk of inappropriate or fraudulent accesses to IT resources or unintentional data alteration or entry to the system.

Recommendation

The Trust should have a policy/control in place to revoke the user access on the last working day of or within a reasonable time of employee leaving the organisation.

Management response

Agreed

A. Internal control recommendations

Significant deficiencies in internal control – Level 2

Powergate logical access

Description of deficiency

The Trust has been tracking the long-term purchase orders in an application called Powergate. During our audit we tested the design and implementation of controls for this application, and we observed that user access review was not conducted during the year and password complexity for access to the system was also weak.

Potential effects

When user access are not regularly reviewed and password are not complex, there is a risk of inappropriate or fraudulent access to IT resources or intentional data alteration or entry to the system by guessing other user password.

Recommendation

The Trust should have policy/procedure in collaboration with the business departments for review of user accounts on regular basis, in order to verify:

- that the user account is still valid (i.e. that the user account should be active); and
- access rights granted to the user account are aligned with the employee's functions within the organisation.

Further the Trust should ensure password security settings are compliant to trust's security policy.

Management response

Agreed

A. Internal control recommendations

Significant deficiencies in internal control – Level 3

Lease agreement not signed

From our sample of 5 leases, we identified one that was not signed - Portacabin Titan Building carrying right to use value of £827,775 as at 31st March 2023.

Potential effects

In the absence of signed lease agreements there is a risk of adverse financial and/or operational impact where lease terms are disputed.

Recommendation

Management should ensure that a signed lease agreement is in place for all the leases it has entered.

Management response

Agreed

Report to the Council of Governors: 20 September 2023

Agenda item	7
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 Council of Governors

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

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

1. Introduction

- 1.1 Schools are back, so the weather has improved. Although the summer has not reached the heat of last year, nonetheless it has been an intensive period for all in the Trust. There is much on our collective minds, as covered in items on the agenda. The Board and its various assurance sub-committees will have a busy autumn as we engage on a number of fronts.
- 1.2 One of the things uppermost in all our minds are the consequences and implications of the tragedy and awfulness of the Lucy Letby case. The Inquiry will no doubt reveal much and recommendations for practice and process will inevitably and rightly ensue. But it is important as a Board that we register the profound nature of the case, and of the importance of maintaining public and staff confidence. We prioritise patient safety and quality and we are realistic about the challenges and risks to patient safety in the current climate of resource pressures and post-pandemic waiting lists. Ensuring patient safety is a function of various levels: at the individual patient care level; at the clinical service data level; at wider Trust levels of data review and comparison; at Trust wide scrutiny and review; and at the assurance or otherwise thereby given at Board level. It is also, fundamentally about the culture of openness and the absence of defensiveness that the Board must exemplify and require.
- 1.3 The Quality Committee looked at this in early September 2023 and will continue to seek active assurance. We cannot be complacent – on principle. But we have reason to believe that some of our specific procedures in neonatal care, and some of the Trust-wide approaches such as in the independent review thresholds for unexpected deaths, and the role of the Medical Examiner, that the Medical Director initiated a few years ago, are such as would not have allowed a case of such a pattern here. But as I say, we cannot and must not be complacent. Nor should we focus only on neonatal care as such a malign mindset could apply in other clinical settings.
- 1.4 I am, though, heartened that while being appalled and having a sense of betrayal, our teams in neonatal care have felt strong support from within the Trust and from patients and their families who have expressed a deep sense of gratitude.

- 1.5 The Care Quality Commission (CQC) issued its inspection report on Maternity Services at the beginning of the month. This illustrated the challenges we face and which as a Board we have been interrogating over recent months. It did not tell us anything which we were not already sighted on and it is good to see, for example, that the position on midwifery staffing has improved. But we do need to try and accelerate actions, especially in Obstetrics and Gynaecology medical staffing, where there is common analysis of the problems. This will be an important next step.
- 1.6 The continued exposure to industrial action is very concerning. With the next planned actions, in which there will be an overlap of Junior Doctor and Consultant action, we will have experienced 34 days of industrial action since the beginning of the year. It is deeply frustrating and worrying that we seem to have reached a long-term attritional state, with no evident resolution in prospect. As a Trust we are not party to the disputes, and therefore can take no decisions which will affect their prolongation. We are, though, very much aware of the consequences of the strikes – in lengthening waiting times, in patient anxiety as elective services continually get deferred, in the amount of operational and clinical leadership and management time which has to go into managing the periods of strike action and the destabilising effects this has on longer-term service improvement initiatives. It is impossible precisely to quantify but the Board has clear recognition that there are consequences in the most important dimensions of all: patient safety and access to care.
- 1.7 In the next Chair's report I will provide an update against the objectives as reported to the last Council of Governors meeting.

2. Royal Papworth Hospital

- 2.1 I would like to take this opportunity to congratulate Dr Jag Ahluwalia on his appointment as the new Chair of Royal Papworth Hospital (RPH) NHS Foundation Trust, effective from February 2024. I look forward to our strengthening association between RPH and CUH for the benefit of patients.
- 2.2 I also wish to thank Adrian Chamberlain, whose tenure as a CUH Non-Executive Director ended at the end of August 2023, for his very active and positive service as a member of the CUH Board.

3. 'You Made A Difference' Awards

- 3.1 I was pleased to attend a 'You Made A Difference' award event on 25 July 2023. 77 individual nominations and 41 team nominations were received and I would like to personally congratulate the winners: Yasmin Begum, a Staff Nurse on the Neurosciences Critical Care Unit; and J2, the Trauma High Dependency Unit.

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

Quality Committee

CUH/Greater Cambridge Partnership meeting

Hosting a visit of Her Excellency, Dr Auxillia Mnangagwa, First Lady of the Republic of Zimbabwe

4.2 Other meetings attended during this period include:

Integrated Care Board (ICB)

ICB Board Strategy Development session

Integrated Care Partnership/Health and Wellbeing Board

Cambridge Biomedical Campus (CBC) visit from the Head of Homes England, Peter Freeman

NHS England CEO and Chairs Event

5. Recommendation

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

Report to the Council of Governors: 20 September 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 Council of Governors

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

**Council of Governors
Chief Executive's Report
Roland Sinker, Chief Executive**

1. Introduction/background

- 1.1 The Chief Executive's report provides an overview of the five areas of operational performance. The report also focuses on the three parts of the Trust strategy: improving patient care, supporting staff and building for the future, and other CUH priorities and objectives. Further detail on the Trust's operational performance can be found within the Integrated Performance Report.
- 1.2 The context for CUH remains challenging, including the national waiting list position for patients, increasing damage from industrial action, and the implications of the Letby and other cases. Alongside this there are positive national developments including the NHS workforce plan, the opening of additional capacity and investment in strengthened digital infrastructure - and the very high quality care being provided by individuals and teams across the country. An active debate on the future of public services and the potential for economic growth should intensify over the next 18 months.
- 1.3 CUH continues to perform well in the five areas of operational performance relative to peers, but with areas of concern. While services and staff remain under real pressure, complicated by industrial action, care remains broadly very good.
- 1.4 On quality our focus remains on maternity where we recognise a high quality CQC report at Requires Improvement, not a position we should be in. The report shows a good service but with some areas for improvement, nearly all of which were already understood and being worked on, particularly around staffing. There were no surprises and work on the pre-existing action plan will continue. In addition work continues on quality relating to patients waiting longer than we would like, complaints and the implications of staffing; and on the many areas of real strength including outcomes. In line with plans CUH will be reviewing all services against the CQC framework as we go through the next 3-6 months. In relation to the Letby case, CUH will maintain ongoing review of the wide range of processes to assess service provision - in line with current national guidance.

- 1.5 In other areas of operational performance: on waiting times we continue to improve on the emergency pathway (noting that the next phase of improvement will be important) and make progress on elective waits in the face of industrial action; on workforce our listening events have completed 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.
- 1.6 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 2023, 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 part through the lens of access to care. We expect further progress on our strategies in relation to EDI and sustainability.
- 1.7 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; contributions to plans for the sustainable travel zone; ongoing progress on securing accommodation and office space for CUH; and plans for the new Maggie's Centre.

- 1.8 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.
- 1.9 The Trust is also contributing to work in life sciences including; adoption of innovation, clinical trials and improvement in centres for innovation and improvement.
- 1.10 In line with good practice the Trust is undertaking a Well-led external governance review this autumn, and alongside will be considering appropriate leadership, resourcing and structures to support the current plan.
- 1.11 We continue to mark important moments across the Trust, with our partners, including thank you events for colleagues retiring, and the CUH Annual Awards planned for the early autumn.

Part A

2. The five areas of operational performance

2.1 Quality

- 2.2 CUH retains its overall focus on quality and safety across all areas of the Trust, with eight areas of particular update this reporting period.

Emergency care and patient flow

- 2.3 Further information on urgent and emergency care and patient flow is detailed in Section 3 of this report.

Maternity

- 2.4 An announced focussed CQC inspection was conducted in May 2023 of the Rosie Hospital as part of a wider national programme of inspections of maternity.
- 2.5 The final report has been received by CUH and was published on the CQC website on 1 September 2023.

- 2.6 In summary, whilst there is no impact on the Trust Overall rating of 'Good', the core service rating for Maternity (Safe) declined from 'Good' to 'Requires Improvement', with findings that mirrored the themes outlined by the CQC summarising their progress so far nationally – there were no 'outlier' non-conformities compared to other Trusts inspected. The well led domain was rated as 'Good'.
- 2.7 The Trust was issued with one "Must" and 13 "Should Dos".

Staffing numbers

- 2.8 The greatest impact from vacancies within nursing is upon the paediatric critical care units (PICU & NICU) with both units having to close to referrals from the region on occasion due to staffing constraints.
- 2.9 Whilst the Trust has seen a slightly improving picture within adult critical care, this has deteriorated over the last month due to an increase of short term sickness. This coupled with a consistently higher than normal acuity of patients resulting in a higher proportion of level 3 (Intensive Care) patients requiring care has led to an increase in the reported number of breaches of the guidelines for the provision of intensive care (GPICS) standards.

The intention had been to open the remaining closed beds by September 2023 however this will need to be reviewed taking into consideration the short term absence rate. It should be noted that the vacancy rate is improving and there is a strong recruitment pipeline.

- 2.10 There is an increasing trend in the vacancy and turnover rates for Health Care Support Workers (HCSW). This coupled with the high demand for specialising 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.
- 2.11 Midwifery vacancy rates have significantly improved in recent months and this risk reduction has been reflected on the Corporate Risk Register (CRR) following discussion at Risk Oversight Committee (ROC).
- 2.12 The greater risk lies within the medical workforce, this is a concern highlighted in the recent CQC inspection.
- 2.13 Adequate staffing with the correct skill is a 'Must' do identified within the CQC report.

Complaints and Patient Advice and Liaison Service (PALS)

- 2.14 The PALS and complaints departments continue to receive a high volume of new cases, in both services. For complaints in June 2023 an exceptionally high number of complaints were received by the Trust (90 cases) and work has been undertaken to identify the trends and themes related to this. In July 2023 56 formal complaints were received, with the numbers for August 2023 predicted to be the same.
- 2.15 Work continues on the improvement plan. For complaints, the service remains divided into two teams with one team focusing on the backlog cases and another trialling new processes supported by the Improvement and Transformation team. Progress has been made with 300 cases now closed from the initial backlog of 540. In addition 120 new complaints cases have been closed since May 2023. Data from the new cases initiative shows that cases are now being closed within shorter timeframes through the use of alternative methods of resolution such as telephone calls complainants and meetings.
- 2.16 The complaints department remains on track to meet the team's objective of clearing the backlog by November 2023.

Serious Incidents (SI)

- 2.17 Clearing the backlog of open SI investigations remains a priority with currently 23 open investigations (20 on track). Additional resources allocated to support the team remain and extensions requested from the Integrated Care System to support completion of investigations and reports where needed. Work is ongoing to progress the new Patient Safety Incident Response Framework (PSIRF) implementation plans via key patient safety working groups.

Hospital Standardised Mortality Ratio (HSMR)

- 2.18 The HSMR was 81.9 (April 2022 to March 2023), 71.0 in the month of March 2023 and banded as statistically 'lower than expected'.
- 2.19 There are no areas which have been flagged for concern by Dr Foster.
- 2.20 The Trust is 1 of 2 within the regional peer group with an HSMR banded as statistically 'lower than expected' over the 12 month period. The Trust is 1 of 6 within the Shelford Group with an HSMR banded as statistically 'lower than expected' over the 12 month period.

Industrial Action

- 2.21 Further industrial action by both the junior and consultant medical workforce has taken place. Any associated harm to patients continues to be assessed. To maintain safety on a daily basis elective patient lists continue to be clinically prioritised resulting in a number of planned cancellations.

Children Requiring Social Care Placements

- 2.22 There is an emerging theme of children being brought to the ED as a place of safety due to a lack of available social care placements. Data is being captured on the average length of stay of these children which will be reported through the joint safeguarding committee. A system wide meeting has been convened by the Cambridgeshire and Peterborough Integrated Care Board (ICB) Medical Director to agree a system wide response to identification of pathways for these children.

3. Access to Care

- 3.1 The Trust has retained a focus on urgent and emergency care, sustaining improvements in the pathway. Due to on-going actions our long waits in ED (12hrs or more) were at 4% of attendances, lower than both the regional and national averages. In July 2023 we met all national targets for ambulance handovers for the third month in a row, with no patients waiting over 60 minutes, making CUH the joint top performing trust in England. 4hr performance, against which the Trust re-started performance reporting in May, has sustained an 8% improvement compared to last year. Delivering 4hr performance remains a key target for the Trust.
- 3.2 Elective activity as a whole continues to be significantly impacted by periods of industrial action during 2023/24. Whilst some account was taken of this in our planned figures for April, in line with national guidance, activity was not adjusted for industrial action in May onwards. This will continue to impact our elective performance against trajectory as long as it continues. In the context of these challenges, overall elective in-patient and day-case activity in the year to date represents 93% of planned levels, with day cases driving the majority of the variance. We have continued to reduce our cohort of patients waiting over 52-weeks, but our cohorts of patients waiting over 65-week and 78-weeks has remained flat compared to June. Across the region, CUH has the second-lowest proportion of patients waiting for cancer treatment over 62 days. We will continue to focus on delivering improvement across our emergency and elective pathways during 2023/24 in line with our operational strategy.

- 3.3 **Emergency Department (ED).** Performance in August 2023 has decreased slightly, reaching 67.0% in the month to date, against a plan of 68.8%. Outflow and processing power in ED has been challenged during August 2023 due to higher bed occupancy and staffing gaps.
- 3.4 **Referral to Treatment (RTT).** The total RTT waiting list grew by 1.6 % in July 2023. The total waiting list size was 0.5% lower than the planning submission for Month 4.
- 3.5 **Delayed discharges.** The number of beds lost to delayed discharges decreased to 111 in July 2023, down slightly from 115 in June 2023. This represents a significant proportion (>10%) of our overall in-patient bed base.
- 3.6 **Cancer.** CUH remains above target and above Shelford Group performance for the 28 day faster diagnosis standard. CUH has experienced further deterioration in performance against the 2WW target due to breaches in the skin cancer and sarcoma pathway. Referral demand remains higher than average.
- 3.7 **Operations.** Capped Utilisation dropped in July 2023 to 77.1% (Quartile 3) but remains consistent with peers. Sessions used in July 2023 were down to 84.8%, improving to 96.3% when industrial action dates are excluded.
- 3.8 **Diagnostics.** Six week performance remains ahead of plan for July 2023. Total activity in July 2023 was 1% higher than plan driven by unscheduled and surveillance diagnostics.
- 3.9 **Outpatients.** While still performing below plan, July 2023 was an improvement with new attendances at 109.4%. Division A were the best performing at 114.6%. Both divisions B and D delivered over 100% of baseline with divisions C and E falling below.

4. Finance – Month 4

- 4.1 The Month 4 position for performance management purposes is a £0.3m deficit, this is adverse to plan by £4.1m. The full year plan is to deliver a break-even financial position. The Trust remains broadly on track to deliver this year, whilst continuing to focus on the major improvement and transformation schemes and the longer term financial plan.

4.2 The following points should be noted in respect of the Trust's Month 4 financial performance:

- Financial under performance is driven by £4.1m of increased pay expenditure arising from industrial action (IA).
- In line with national directives the Trust has accounted for all commissioners funding elective activity at least in line with the agreed baselines to partially support the impact of IA. Elective income from commissioners who are under performing has therefore been assumed at £3.1m in the year to date position.
- Further IA is planned for August and September 2023 which is expected to significantly increase the pressure on the Trust's finances.
- In forecasting a year-end break-even position the Trust has assumed central financial support is provided to fully cover the adverse impact of the IA.
- The position also includes £6.7m of non-recurrent funding which the Trust plans to increase to £20m by the end of the year. 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 Since finalising the Month 4 position NHSE have provided two updates on how they plan to provide additional funding to Trust's to support the impact of IA:

- Updated guidance as to the Educational Performance Measure (EPM) calculation.
- That financial support for the impact of IA will be provided through a reduction to the EPM targets - expected to be -2% for April's IA. We expect similar adjustments to be made for subsequent IA months but this has not yet been confirmed.

4.4 If the IA support is implemented in line with this draft proposal, the Trust's assessment is that this will broadly mitigated the Trust's financial impact of IA, exceeding the £3.1m of support assumed in the Month 4 position and returning the Trust to plan.

4.5 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 (£3.5m), Cancer Hospital (£11.3m), 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 £60.7m.

As a counter-measure against likely slippage an £8.4m over-commitment has been built into the 2023/24 capital plan which will be monitored closely throughout the year.

- 4.6 At Month 4 the capital programme is ahead of plan with spend year to date of £13.9m against a budget of £9.3m. This reflects a number of projects spending earlier than originally expected and does not indicate any actual overspending against project budgets. The forecast spend for the year remains on budget at £60.7m.

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 trust has been notified of joint strike action by junior doctors and consultant medics, which would have significant operational impact.

Good Work and Wellbeing

- 5.3 The Joint Committee on Vaccination and Immunisation (JCVI) has announced its advice regarding persons who will be eligible for Covid-19 booster vaccines this autumn. As in previous years, this includes frontline health care workers.
- 5.4 Planning is underway to deliver both a flu and Covid-19 booster vaccination programme to CUH staff in autumn 2023. Vaccination clinics will take place in the main hospital building this year, with flu vaccination clinics due to begin in September. The Covid vaccination programme will commence once the vaccine becomes available.
- 5.5 In August 2023 the Trust launched the first staff pod as part of the CUH good work agenda. This is a rest space for staff, open 24 hours a day, with kitchen facilities, comfortable seating and an outdoor seating area. It is hoped that this staff pod, kindly funded by ACT, will be the first of many dedicated staff spaces.

Resourcing

- 5.6 The Registered Nurse (RN) vacancy rate is currently 8.6% and the Health Care Support Worker (HCSW) vacancy rate is 13.6% against a CUH ambition of 5% or less. There continues to be considerable work in recruiting and retaining staff including RNs and HCSWs.
- 5.7 A number of vacancy hotspot areas, those where there are particular challenges to recruiting and retaining staff, have been identified with an improvement programme underway to provide focus and attention to these areas.
- 5.8 The Trust has been awarded, by NHS England, the Pastoral Care Award. This is a national award that recognises high standards of pastoral support for internationally recruited staff.
- 5.9 Funding has been received by NHS England to support the international recruitment of Allied Health professional staff to work in the Cambridge Diagnostic Centres, opening in September 2023.

Ambition

- 5.10 To coincide with the implementation of the Patient Safety Incident Response Framework, CUH is undertaking a broad programme of work to embed a Just and Learning Culture across the organisation. A key starting point for the programme was a series of masterclasses during July, delivered by Suzette Woodward (Visiting Professor of Patient Safety for Imperial College University London) and attended by 220 senior leaders. Further opportunities for deepening understanding and developing ways of implementing our five principles and five commitments are planned for all staff groups from September.
- 5.11 A record 29 participants from CUH were successful in applying to the ICS systems leadership programme Leading Beyond Boundaries, which will commence in September 2023. In addition to deepening knowledge and building skills around systems leadership, participants from the NHS, local councils, fire, police and prison services, and voluntary and community organisations will form a cohort of systems leadership champions to support the integration and implementation of systems working across Cambridgeshire and Peterborough.

Inclusion

- 5.12 During July 2023 the Race Equality and Cultural Heritage (REACH) network hosted Career Development workshops for black and minority ethnic staff. Over 60 staff participated and both workshops and mentoring sessions evaluated incredibly well. More positive action events and programmes are planned to support career progression of BAME staff who are under-represented at senior levels of the Trust.
- 5.13 July 2023 also saw the trust's Open Minds Network host a staff picnic as part of their Tackling Loneliness campaign.
- 5.14 Congratulations to Ruby Lopez, Neonatal Nurse and Cultural Ambassador, who has been shortlisted for the Compassionate and Inclusive Leader Award at this year's National BAME Health and Care Awards. Now in its fourth year, the awards highlight BAME leaders and role models making a difference in UK health and social care.

Relationships

- 5.15 In the 2022 NHS National Staff Survey we saw a continuation of the recent deterioration in staff engagement scores. Throughout June and July 2023, 127 staff members attended a series of 'Building the Future Together' staff engagement workshops, aligned to the themes of the NHS People Promise, which aimed to help us better understand what we have heard from staff through recent surveys, and identify and capture what is working well. Key findings and recommendations from these events are being presented to Management Executive in September, while work is already underway to prepare for the 2023 National Staff Survey which will launch in October.
- 5.16 CUH and RPH hosted a joint birthday party to celebrate 75 years of the NHS. Kindly supported by ACT, staff from both hospitals were invited to attend a BBQ on the campus Green and Garden space whilst enjoying live music and interactive stalls.
- 5.17 We look forward to our annual staff awards ceremony in September 2023, celebrating with finalists and winners chosen for their commitment, impact and dedication to CUH. Over 1000 nominations were received with each of these being recognised and thanked.

6. Improvement and Transformation

- 6.1 The Trust retains its focus on delivering for this year, whilst refining plans for innovation, digital and improvement in the longer term.

Building quality improvement (QI) capability and capacity

- 6.2 The Trust's three-year term with its improvement partner, the Institute for Healthcare Improvement (IHI), will conclude in September 2023. A final output of this partnership will be the IHI's annual onsite visit on 11-12 October 2023.
- 6.3 In order to ensure that the Trust is self-sustaining beyond its partnership with the IHI, Trust staff are continuing to deliver QI capability and capacity building programmes, with coaching support from the IHI.

Outpatients

- 6.4 Support for the Trust's outpatient transformation programme continues to be provided by the improvement and transformation team across a number of initiatives including the roll out of patient not present and patient initiated follow up, with the aim of reducing follow up appointments and increasing the number of new appointments.
- 6.5 A data for improvement approach has been adopted across this programme. New outpatients seen have been running at 100.9% of the 2019/20 figure since April 2022, with monthly natural variation occurring due to staff changes and strikes. The rate of increase in the total number of new outpatients waiting is stable. Divisions A and B have seen a reduction in the total number of new outpatients waiting.
- 6.6 The number of outpatient follow ups seen has been stable at 113% of the 2019/20 figures for the last year. Overdue follow ups continue to rise with a stable rate of 1.7% per month, with monthly variation. Divisions A and B have seen a reduction in the total number of overdue follow ups.

Virtual wards

- 6.7 The virtual ward model of care continues to grow. To date, the virtual ward team has admitted over 600 patients and the ward has an average length of stay (LoS) of eight days. The virtual ward has saved approximately 2,018 physical bed days to the end of June 2023, equivalent to 8.3 beds per day an increase from 7.3 beds per day at the end of April 2023. At the end of Month 4, implementation of the virtual ward model of care has realised a saving of £410k.

Clinical pathways in place include cardiology, ileostomy, tuberculosis and acute respiratory medicine. Endoscopy, knee arthroplasty and bone marrow transplant pathways are due to follow shortly. The use of a virtual ward model for paediatrics is also being explored with clinical teams.

Urgent and emergency care (UEC)

- 6.8 The improvement and transformation team continues to support colleagues with same day emergency care (SDEC) for medical and surgical patients, with a number of initiatives aimed at reducing the LoS for patients in the ED and the provision of alternative pathways to refer patients directly to the appropriate assessment unit.
- 6.9 Recent ward reconfiguration to support patient flow for acute medicine and frailty pathways launched in August 2023. The improvement and transformation team are helping to track and display performance of the medical assessment unit (MAU), frailty unit, acute hub and department of medicine for the elderly (DME) wards following pathway reconfiguration. These will be used to monitor performance and collect a baseline for future QI work.
- 6.10 Having identified inequity of bed allocation as a barrier to improving patient flow, the acute medical team has worked closely with the operations centre to ensure greater parity for patients requiring transfer from the MAU. This has improved patient flow out of the unit, resulting in a decrease in LoS in both EAU3 and EAU4. Within a four week period, the LoS for EAU3 patients placed on trolleys reduced by 696 minutes / day (from an average of 1,423 minutes / day, in the 5 months prior). LoS also reduced for EAU4 patients by 845 minutes / day, compared previously to an average of 1,958 minutes / day. MAU service redesign has contributed to a year-to-date saving of £93k.
- 6.11 Surgical pathway redesign continues to focus on optimising ambulatory pathways to the surgical assessment unit (SAU) from the ED and includes abdominal pain patients, oral and maxillofacial patients, as well as nurse-led discharges to support patient flow from the unit. These projects are scheduled to go-live in September 2023.

Productivity and efficiency

- 6.12 The Trust's efficiency requirement for 2023/24 is £53m and if met, will deliver an end-of-year break-even position. The current value of both fully developed plans and those with plans under development is £46.2m; there is a focus now on developing plans for an additional £9.7m of identified ideas without a confirmed plan.

If all identified schemes were delivered in full, this would lead to a delivery figure of £55.8m, an over-achievement of £2.8m. 96% of identified schemes will deliver savings recurrently.

- 6.13 As at Month 4, the Trust has delivered a £14.7m efficiency against a year-to-date plan of £17.1m, resulting in under-performance of £2.4m, with national industrial action contributing to an increase in pay costs and reduction in productivity. However, after accounting for the expected mitigations for the financial impact of industrial action, financial performance is forecast to meet plan. With the continued focus on delivering against the current productivity and efficiency opportunities, as well as the development of new schemes, more significant financial measures, are not required at this stage.

Digital

- 6.14 The Trust is entering year 10 of our use of Epic, our electronic health record system. CUH were the first in the UK to implement Epic which provides a single integrated view of the whole patient journey at CUH. This has led to many efficiency and safety benefits which has been independently recognised when we achieved HIMSS Stage 7, the highest level of digital maturity, in 2020. This 10 year milestone provides an opportune moment for reflection and to build on this foundation to accelerate our efforts in exploiting our digital capabilities and data to improve the care we deliver. Key elements include closer integration between digital with clinical and operational team at CUH, building data analytics capabilities to provide greater insights from our data and greater collaboration with wider system such as the Cambridgeshire & Peterborough Integrated Care System. The Trust will also look to form strategic partnership with academic and industry partners to catalyse our efforts.

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. The Board has agreed that access to care is a primary strategic delivery lens for 2023/24, across all 15 commitments. Work continues on assessing how and to what extent current and planned initiatives will allow us to address this challenge in the short-, medium- and long-term.

- 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 Projects include ICS pathway work in respiratory, diabetes, frailty and cardiovascular disease, as well as engagement in end-of-life and urgent care multi-professional and multi-organisation groups.
- 7.5 The Trust's collaborative work with East Cambridgeshire and Cambridge City has been recognised in this year's Health Service Journal awards where our partnerships have been shortlisted in the categories of Reducing Healthcare Inequalities for Children and Young People, and Provider Collaborative of the Year.

Health Inequalities, Equality, Diversity and Inclusion

- 7.6 The Trust continues to work on the development of an integrated Equality, Diversity and Inclusion (EDI) and Health Inequalities Strategy for the organisation. An EDI and Health Inequalities Diagnostic report is in the final stages of development and will be presented at Trust Board in October 2023. The report sets out the key themes and evidence from a comprehensive analysis of the current Trust position with respect to Equality, Diversity, Inclusion and Health Inequalities reduction.
- 7.7 In July 2023 the EDI Strategy Group participated in a deep-dive session into health inequalities. The session, which included guest speakers, provided an opportunity to explore the role of acute providers in health inequalities reduction, and to learn alongside and with other organisations.
- 7.8 We are also seeking ways to embed EDI and Health Inequalities into the Trust's business as usual. For instance, we are developing a proposed approach to service redesign which incorporates equity, and exploring how inclusion can be designed into our annual business planning process.

Supporting our staff

- 7.9 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

- 7.10 The Community Diagnostic Centre (CDC) spoke at Wisbech has been operational for MRI and CT since April 2023. Further services, including echocardiology and non-obstetric ultrasound, are expected to become live in September 2023. Work continues on the Ely CDC hub with a planned completion date in spring 2024.
- 7.11 Following a diagnostic assessment to scope the opportunities for further strategic collaboration between CUH and Royal Papworth Hospital, projects are being agreed that will form the focus of the next stage of this partnership. The projects will be exploring the development of shared patient pathways as well as opportunities to work together on recruitment, training and staff development. The proposed portfolio is expected to be shared internally with Trust Boards in October this year.
- 7.12 In early August 2023 we received formal approval from NHS England that the Outline Business Case (OBC) for the Cambridge Cancer Research Hospital (CCRH) had been approved. This is a major milestone as it represents the unofficial moment when HM Treasury and the Department for Health and Social Care commit to take a case to its final stage. At around the same time we agreed to enter a contract with the international construction company Laing O'Rourke to become our formal construction partner. The next year will see the production and submission of the Full Business Case (FBC) and the hoped for approval to construct the CCRH.
- 7.13 The Cambridge Children's Hospital OBC was signed off by the CUH Board in June 2023 and is currently under review by regional and national teams. The OBC will be taken to the national Joint Investment Committee in autumn 2023 for approval. 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 and further pledges expected in the coming months.

Specialised Services

- 7.14 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 June 2023, the EoE SPC secured provider representation on the East of England Joint Commissioning Committee – a statutory committee established by NHS England and EoE ICBs to manage regional delegation of specialised services.

- 7.15 In July 2023, the Board agreed that EoE SPC should begin reporting to the Addenbrooke's 3 Committee on a quarterly basis.
- 7.16 The EoE SPC continues to progress several specialised services transformation projects across the East of England region. These projects include working with several other trusts in the region to deliver biologic therapies for severe asthma and Multiple Sclerosis patients closer to home; and supporting the delivery of video monitoring software for remote diagnosis and management of epilepsy seizures.

We have also begun a longer-term project to develop a region-wide neurosciences strategy, beginning with an initial diagnostic assessment to identify the biggest challenges and opportunities.

- 7.17 The EoE SPC will provide a draft business plan for Board approval in autumn 2023. The business plan will articulate in more detail what we want EoE SPC to achieve in the next year, outline anticipated resource requirements and propose a proportionate overarching governance model to support delivery of our shared objectives.

Climate change

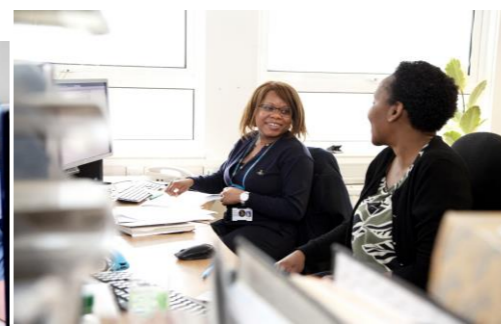
- 7.18 A £1m grant has been secured from the Government's Low Carbon Skills Fund to develop CUH's Heat Decarbonisation Plan, transitioning the campus from burning gas for steam to high efficiency electric heating and a new hot water network.
- 7.19 Following a successful trial, the ATC theatres have permanently switched to the use of mobile nitrous cylinders and agreed to the decommissioning of the centralised pipe network.
- 7.20 The Clinical Purchasing Evaluation Group has been re-established to secure actions to switch from single-use to reusable clinical items, e.g. agreement to trial reusable venous tourniquets.
- 7.21 Two teams have successfully achieved the Green, Bronze, Silver and Gold levels of the 'Think Green Impact' programme, demonstrating their application of a carefully tailored set of actions that drive down the Trust's environmental impacts and improve their workspaces. Activities in the toolkit range from energy and water use, to what we purchase and throw away, how we travel etc., which will help us meet our carbon reduction targets for a climate-safe future.
- 7.22 More widely across the Trust, there has been strong staff engagement focused on recycling and use of plastics alongside site sustainability tours.

8. Recommendation

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



**Cambridge
University Hospitals**
NHS Foundation Trust



Integrated Report

Quality, Performance, Finance and Workforce to end July 23

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

Report compiled: 31 August 2023

Key

Data variation indicators



Normal variance - all points within control limits



Negative special cause variation above the mean



Negative special cause variation below the mean



Positive special cause variation above the mean



Positive special cause variation below the mean

Rule trigger indicators

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

Target status indicators



Target has been and statistically is consistently likely to be achieved



Target failed and statistically will consistently not be achieved



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

Quality Account Measures 2023/24

2023/24 Quality Account Measures				May 23	Jun 23	Jul 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	Jul-23	90%	89.0%	87.0%	88.0%	↑	87.5%	50.0%	87.5%
	Trust Compliance with Pressue Ulcer risk assessment tool & documentation within 6 hours of admission	Jul-23	90%	84.2%	80.0%	82.0%	↑	81.6%	13.4%	81.6%
	% Rosie MDT Obstetric staff passed PROMPT emergencies training	Jul-23	90%	79.4%	81.2%	78.0%	↓	78.1%	71.0%	78.1%
	% Rosie Obstetricians and Midwives passed fetal surveillance training	Jul-23	90%	84.5%	88.0%	81.0%	↓	83.5%	72.0%	83.5%
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)	Jul-23	7%	8.4%	8.0%	7.0%	↓	8.0%	14.0%	8.0%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Jul-23	20%	14.9%	16.1%	14.9%	↓	15.3%	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	Aug-23	80%	82.7%	72.3%	74.0%	↑	N/A	74.0%	N/A
	Same day emergency care (SDEC)	Jul-23	30%	25.4%	25.2%	25.9%	↑	24.9%	22.0%	20.9%
	Percentage of admissions over 65yo with dementia/delirium or cognitive impairment with a care plan in place	Jul-23	50%	69.2%	77.0%	74.0%	↓	61.3%		61.3%
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Jul-23	55%	39.8%	47.6%	50.5%	↑	42.3%	29.2%	32.9%
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 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

Performance Framework - Quality Indicators				May 23	Jun 23	Jul 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)	Jul-23	0	0	1	1	↔	4	3	6	
	E.coli Bacteraemias (Total Cases)	Jul-23	50% over 3 years	43	27	43	↑	155	401	421	
	C. difficile Infection (hospital onset and COHA* avoidable)	Jun-23	TBC	4	12	N/A	▪	22	129	112	
	Hand Hygiene Compliance	Jul-23	TBC	93.4%	94.2%	95.5%	↑	94.1%	96.4%	95.2%	
Clinical Effectiveness	% of NICE Technology Appraisals where funding was not procured within three months. ('last month')	Jul-23	100%	100.0%	66.7%	66.7%	↔	90.0%	N/A	90.0%	
	% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 30 days.	Jul-23	80%	33.3%	40.0%	50.0%	↑	38.5%	51.0%	43.1%	
	100% of NCEPOD questionnaires (clinical and operational) relevant to CUH is returned by clinical teams within deadline ('last month').	Jul-23	100%	N/A	75.0%	N/A	▪	75.0%	N/A	75.0%	
	85% of national audit's to achieve a status of better, same or met against standards over the audit year	Jul-23	85%	N/A	N/A	N/A	▪	100.0%	84.6%	82.9%	
Nursing Quality Metrics	Blood Administration Patient Scanning	Jul-23	90%	99.7%	99.3%	99.6%	↑	99.7%	99.6%	99.6%	
	Care Plan Notes	Jul-23	90%	95.7%	96.0%	96.4%	↑	96.0%	96.3%	96.2%	
	Care Plan Presence	Jul-23	90%	99.8%	99.7%	99.7%	↑	99.7%	99.7%	99.7%	
	Falls Risk Assessment	Data reported in slides									
	Moving & Handling	Jul-23	90%	78.0%	77.1%	79.1%	↑	77.3%	72.4%	74.1%	
	Nurse Rounding	Jul-23	90%	99.2%	98.8%	99.2%	↑	99.1%	99.2%	99.2%	
	Nutrition Screening	Jul-23	90%	79.4%	77.1%	79.8%	↑	78.2%	73.1%	74.8%	
	Pain Score	Jul-23	90%	85.1%	85.8%	86.5%	↑	85.4%	83.9%	84.4%	
	Pressure Ulcer Screening	Data reported in slides									
	EWS										
	MEOWS Score Recording	Jul-23	90%	85.4%	85.3%	84.3%	↓	85.2%	77.8%	80.2%	
	PEWS Score Recording	Jul-23	90%	99.4%	98.9%	99.1%	↑	99.1%	99.2%	99.2%	
	NEWS Score Recording	Jul-23	90%	97.7%	97.4%	97.8%	↑	97.6%	97.4%	97.5%	
	VIP										
	VIP Score Recording (1 per day)	Jul-23	90%	87.8%	88.1%	91.2%	↑	88.2%	85.6%	86.4%	
PIP Score Recording (1 per day)	Jul-23	90%	88.6%	87.3%	85.6%	↓	86.5%	89.6%	88.7%		
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	Jul-23	0	59	75	60	↓	221	172	368	
	Re-opened complaints (non PHSO)	Jul-23	N/A	1	2	2	↔	9	18	15	
	Re-opened complaints (PHSO)	Jul-23	N/A	1	2	1	↓	4	2	6	
	Number of medium/high level complaints	Jul-23	N/A	May 23	Jun 23	Jul 23	↓	62	257	231	

Author(s): Various

Owner(s): Oyejumoke Okubadejo

Operational Performance

Point of delivery	Performance Standards	SPC variance	In Month Actual	In Month plan	Target	Target due by	Page
Urgent & Emergency Care	4hr performance	Normal variation	69.8%	67.7%	76.0%	Mar-24	Page 13
	12hr waits in ED (type 1)	Positive special cause variation	4.4%	-	-	-	
	Ambulance handovers <15mins	Positive special cause variation	76.4%	65.0%	65.0%	Immediate	
	Ambulance handovers <30mins	Positive special cause variation	99.3%	95.0%	95.0%	Immediate	Page 14
	Ambulance handovers > 60mins	Positive special cause variation	0.0%	0.0%	0.0%	Immediate	
Cancer	Cancer patients < 62 days	Normal variation	65.0%	-	85.0%	Immediate	Page 21
	28 day faster diagnosis standard	Normal variation	81.9%	81.1%	75.0%	Immediate	Page 18
	31 day decision to first treatment	Normal variation	87.5%	-	96.0%	Immediate	Page 20
	2 week waits	Normal variation	72.9%	-	93.0%		Page 19
Outpatients	First outpatients (consultant led)	Normal variation	109.4%	116.4%	-	-	Page 23
	Follow-up outpatients (consultant led)	Normal variation	110.4%	124.7%	-	-	Page 24
	Advice and Guidance Requests	Positive special cause variation	10.2%	-	0.0%	Mar-23	
	Patients moved / discharged to PIFU	Positive special cause variation	2.9%	7.5%	7.5%	Mar-23	Page 25
Diagnostics	Patients waiting > 6 weeks	Normal variation	34.3%	34.9%	5.0%	Mar-24	Page 22
	Diagnostics - Total WL	Positive special cause variation	13,403	13,189	-	-	
RTT Waiting List	RTT Patients waiting > 65 weeks	Positive special cause variation	1018	786	0	Mar-23	Page 16
	RTT Patients waiting > 78 weeks	Positive special cause variation	84	-	-	-	
	Total RTT waiting list	Negative special cause variation	62,491	62,810	-	-	Page 17
Productivity and efficiency	Non-elective LoS (days, excl 0 LoS)	Normal variation	8.2	-	-	-	
	Long stay patients (>21 LoS)	Positive special cause variation	201	192	-	-	
	Elective LoS (days, excl 0 LoS)	Normal variation	5.4	-	-	-	
	Discharges before noon	Normal variation	14.9%	-	-	-	
	Theatre sessions used	Normal variation	595	-	-	-	
	In session theatre utilisation	Normal variation	77.1%	83.0%	85.0%	Sep-23	Page 27
	Virtual Outpatient Attendances	Negative special cause variation	18.9%	-	-	-	
	BADS Daycase Rate (local)	Normal variation	84.4%	-	-	-	Page 28
Surgical prioritisation	P2 (4 weeks) Including planned	Negative special cause variation	3,021	-	-	-	

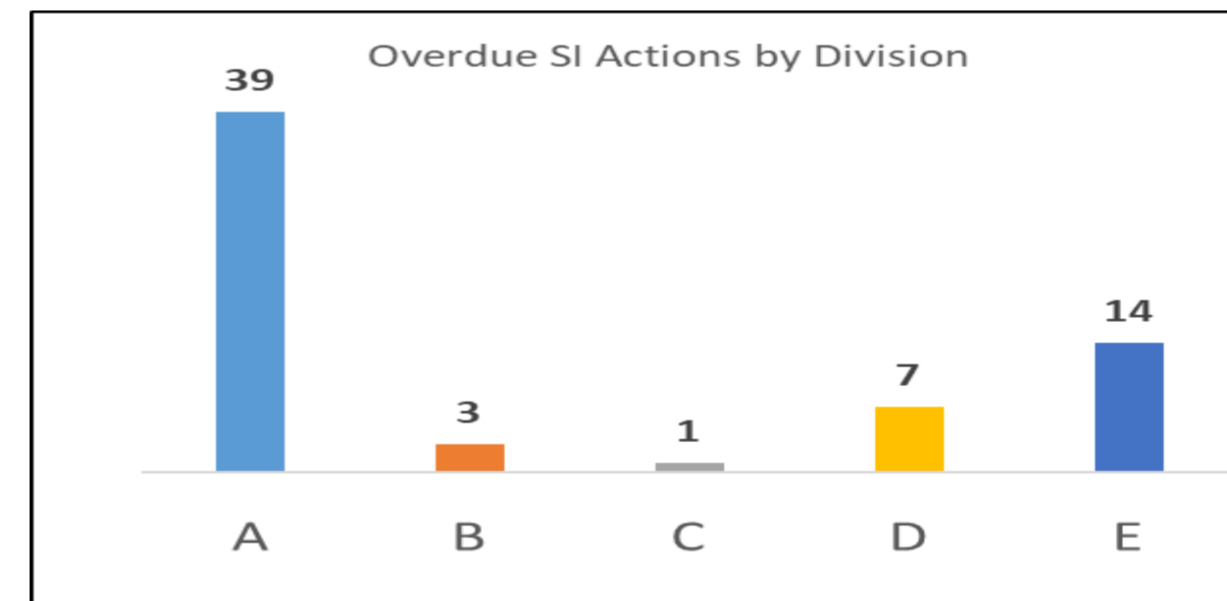
Author(s): Various

Owner(s): Nicola Ayton

Serious Incidents

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Aug 2020- July 2023	Jul-23	-	1457	1444		-	-	
Patient Safety Incidents per 1,000 admissions	Aug 2020- July 2023	Jul-23	-	84.9	91.6		-	-	
Percentage of moderate harm and above patient safety incidents	Aug 2020- July 2023	Jul-23	≤ 2%	2.7%	2.3%		-	-	
All Serious Incidents	Aug 2020- July 2023	Jul-23	-	2	4.8		-	-	

Ref	SI Title	STEIS SI Sub categories	Actual Impact	Division	Ward / Department
SLR169350	Delayed diagnosis of BCC recurrence (complaint)	Diagnostic incident including delay meeting (including	Severe / Major	Division D	Clinic 3
SLR145227	Choking incident	Pending review	Death / Catastroph	Division C	Ward F6



Executive Summary

Five SI reports were submitted to the ICS in July. Compliance with the 60 day timeframe for July was 0% (0/2).
Compliance by extensions dates due in July was 75% (3/4)

Resources for investigating have been limited due to competing clinical and operational priorities within divisions and resources within the central patient safety team. This is impacting compliance with the 60 day/agreed extension target for submissions.

There are currently 69 (↑) overdue Serious Incident Actions : 57% (39) of which are in Division A .

Author(s): Jane Nicholson

Owner(s): Oyejumoke Okubadejo

Duty of Candour (DOC)

Executive Summary

Trust wide **stage 1** DOC compliance for YTD as of 17.07.2023, is **95%** (252/266)

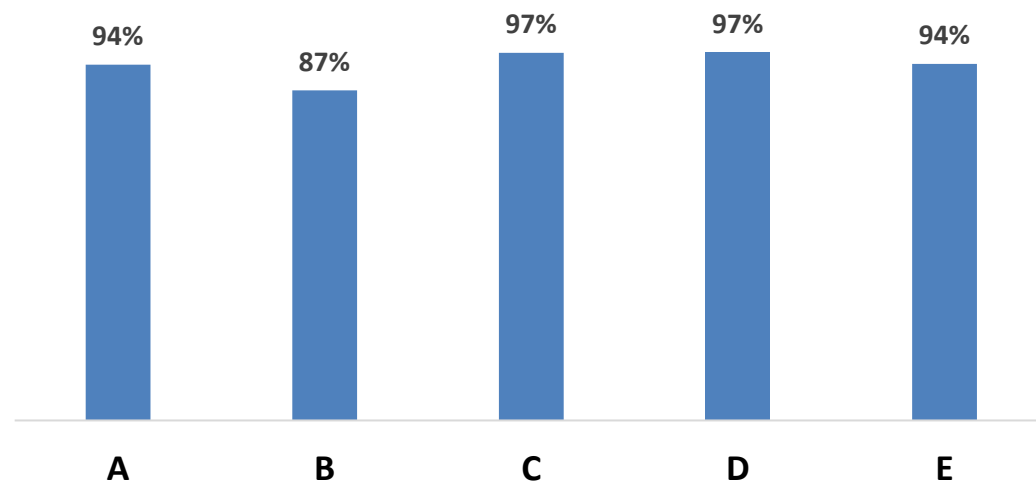
Trust wide **stage 2** DOC compliance for YTD as of 17.07.2023, is **97%** (208/215)

Indicator definitions

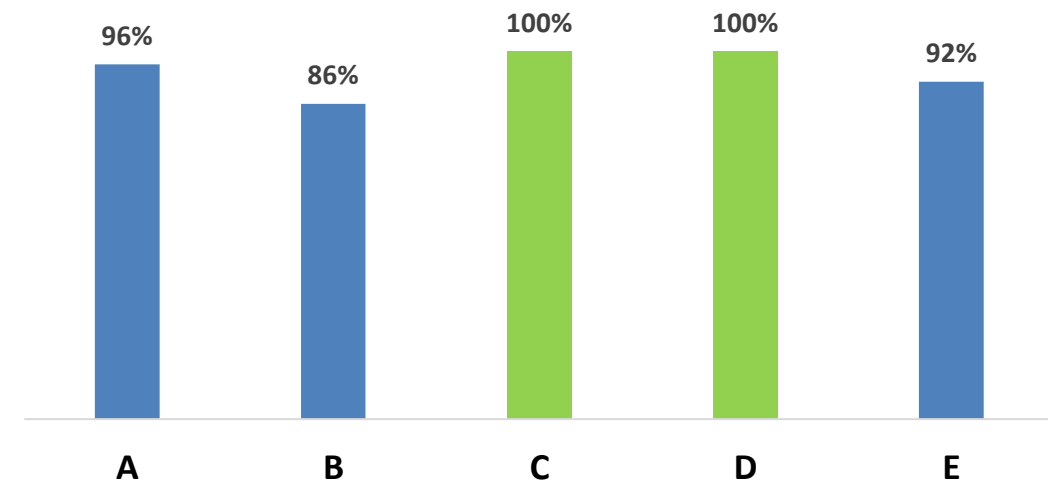
Stage 1 is notifying the patient (or family) of the incident and sending a DOC stage 1 letter, within 10 working days from date incident reported (or level of harm confirmed at SIERP or HAPU validation).

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.

Current compliance with DOC **stage 1** by Division
YTD as of 17.07.2023



Current compliance with DOC **stage 2** by Division
YTD as of 17.07.2023



Author(s): Christopher Edgley

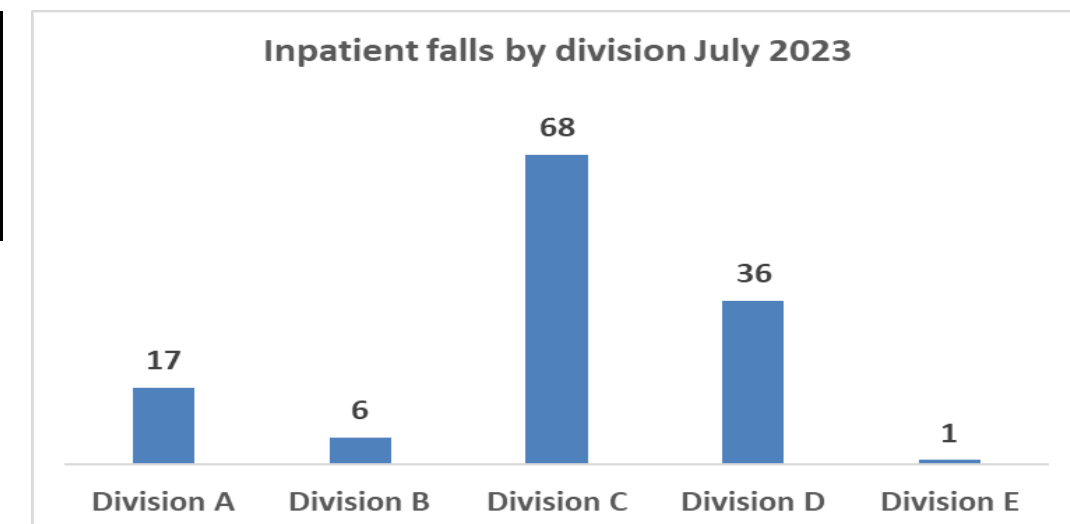
Owner(s): Oyejumoke Okubadejo

Falls

Indicator	Data range	Target	Jul-23	Mean	Variance	Special causes	Target status	Comments
All patient falls	Aug 2020-July 2023	-	135	154			-	
Inpatient falls per 1,000 bed days	Aug 2020-July 2023		3.6	4.6		-	-	
Moderate harm & above inpatient falls per 1,0000 bed days	Aug 2020-July 2023	-	0.085	0.142		-	-	There was 1 moderate harm and 2 severe harm fall incidents in July 2023
% of inpatients falls associated with a history of falls	Aug 2020-July 2023		73%	64%		SU12		Statistically significant upward shift in the last 12 months.
Falls risk screening compliance within 12 hours of admission	Aug 2020-July 2023	≥ 90%	88%	85%				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	Aug 2020-July 2023	≥ 90%	74%	26%		SU9		Statistically significant upward shift in the last 9 months.

Executive Summary

Recruitment is in progress to expand the Falls prevention and management service from one practitioner to a team of three, in order to strengthen our resource for improvement work.



Author(s): Debbie Quartermaine & Jane Nicholson

Owner(s): Oyejumoke Okubadejo

Hospital Acquired Pressure Ulcers (HAPUs)

Indicator	Data range	Period	Target	Current period	Mean	Variance	Target status	Comments
All hospital-acquired pressure ulcers	August 2020 - July 2023	Jul-23	-	34	29		-	Last 13 months above the mean
All HAPUs by date of occurrence per 1,000 bed days	August 2020 - July 2023	Jul-23	-	0.96	0.87		-	Last 13 months above the mean
Category 2, 3, 4, Suspected Deep Tissue Injury, and Unstageable HAPUs	August 2020 - July 2023	Jul-23	-	23	16.0		-	Last 12 months above the mean
Category 1 hospital-acquired pressure ulcers	August 2020 - July 2023	Jul-23	-	11	11.8		-	
Category 2 hospital-acquired pressure ulcers	August 2020 - July 2023	Jul-23	-	17	11.3		-	9 of the last 10 months have been above the mean
Unstageable HAPUs	August 2020 - July 2023	Jul-23	-	2	1.4		-	
Suspected Deep Tissue Injury HAPUs by date of occurrence	August 2020 - July 2023	Jul-23	-	4	2.9		-	Last 13 months above the mean
Pressure Ulcer screening risk assessment compliance	August 2020 - July 2023	Jul-23	90%	82%	80%			Last 4 months have been above the mean ending downward shift from June 2022-March 2023. We have not been compliant with this metric in the last 3 years.

Exec Summary

The increase in HAPUs is being driven by an increase in the categories of Suspected deep tissue injury and Category 2 . There were no category 3 or 4 HPAUs in month. The previously reported high number of HAPUs associated with devices is in normal variance. Incidence on ears, heels, and sacrum showing reduction. There is some 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. Lead TVN recruitment has not been successful yet; currently out for 3rd round - supported by national comms plan.

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, J3, ED, M5. New corporate HAPU QIP in place, designed via IHI workshops.

CQUIN 12 (Assessment and documentation of pressure ulcer risk) data collection for Q1 has been submitted: overall audit score was 74% (CQUIN payment basis: minimum 70%; maximum 85%).

Author(s): Jane Nicholson

Owner(s): Oyejumoke Okubadejo

Page 8

Sepsis

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	June 2020- July 2023	Jul-23	95%	73%	58%		-		Elements of the sepsis 6 bundle that have impacted on the overall compliance for July 23 are antibiotic administration within an hour of triggering sepsis (87%), and Blood culture (80%)
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department			95%	87%	71%		-		The average time between patient triggering sepsis (NEWS 2 of 5 and above) and prescription of antibiotics is 47.4 Mins in July 23 and the average time between prescription of antibiotics and administrating was 21.1 Mins. A combined average time of almost 70 Mins. 10 minutes above national standard
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- Inpatient wards			95%	80%	39%	SU7	-		In the last seven months have been above the mean. Elements of the sepsis 6 bundle that have impacted on the overall compliance for July 23 are Lactate (60%) and Monitoring (40%)
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Inpatient wards			95%	100%	75%				The last four months compliance has been at 100%. The average time between patient triggering sepsis (NEWS 2 of 5 and above) and prescription of antibiotics is 46.6 Mins in July 23 and the average time between prescription of antibiotics and administrating was 44.6 Mins. A combined average time of almost 91 Mins, 30 Mins above national standard

Sample size in month for above audits:
Inpatient = 5,
ED = 15

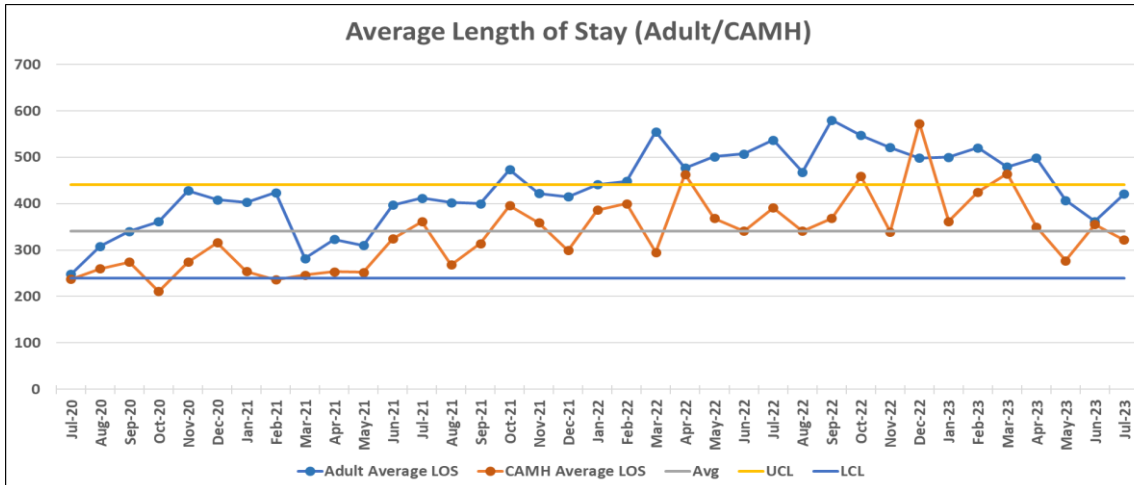
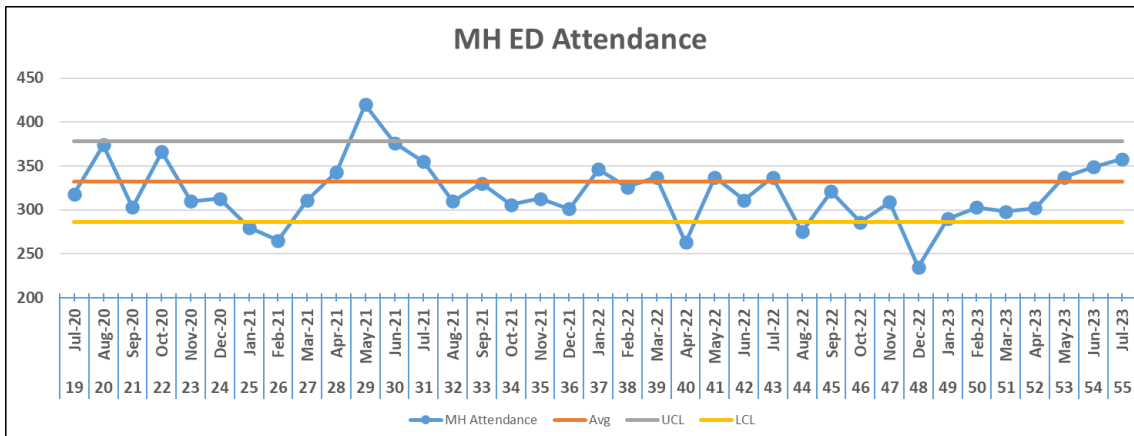
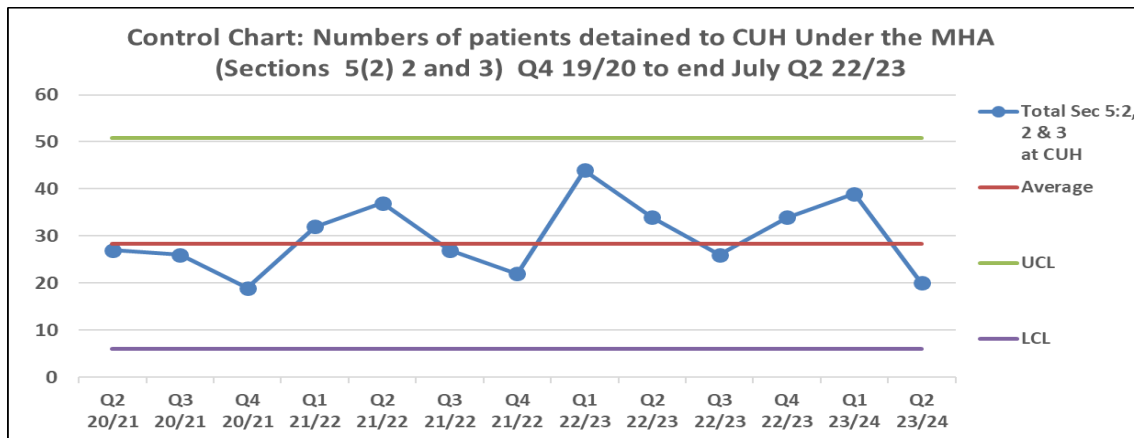
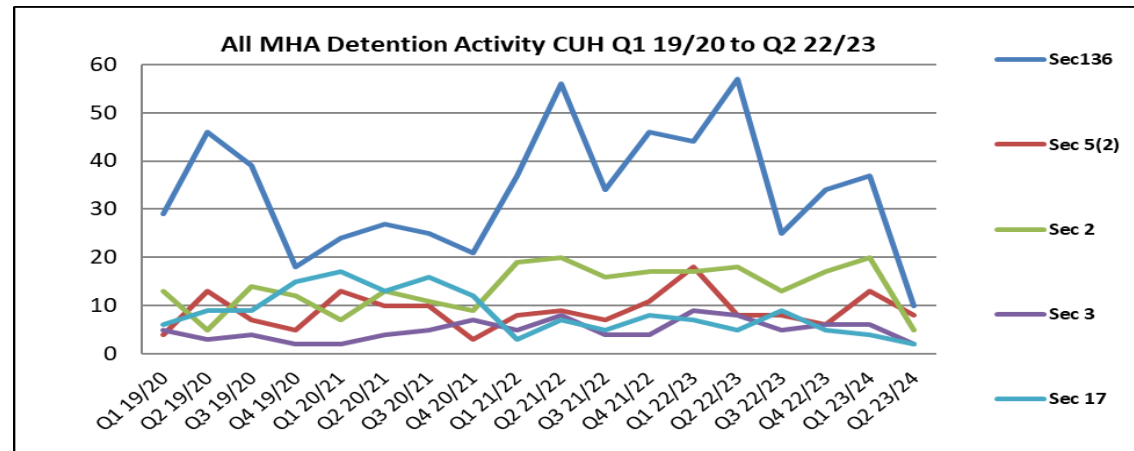
- Measuring & monitoring framework to be expanded e.g. outcome data. In discussion with Ari Ercole and E-Hospital team
- Update on PA QI project pending and whether to expand this service
- Sepsis QI corporate plan in development - ready for sign off at Sepsis Action Group next meeting
- Sepsis QI Event planned for October 2023 to launch pilot area QI work

Author(s): Stephanie Fuller

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Mental Health - Q1 2023/24 (July)



Narrative

Data has been adjusted from previous reports to reflect financial years rather than calendar years

Q2 2023/24 (July)

- Of the section 136 MHA (x10) attendances at CUH ED in July 23, 100% were rescinded following mental health assessment.
- July 2023 showed monthly reduction in Section 136 presentation to Emergency department.
- Use of Sections 5(2), 2 and 3 were high in July 2023 at CUH, representing 71% of the average expected in a quarter. This is in line with Q2 data being historically high, and does suggest Q2 23/24 will experience high levels of MHA intervention.
- July 2023 Emergency Attendances show a third data point over the average (358). July 23/24 data represents highest number of attendances per month since June 2021.
- The CAMH ED attendance/admitted conversion rate has reduced over June and July 2023 to average 24.8%, against a 6 month high of CAMH presentation at ED, suggesting effective management of presentations to ED.

- The refreshed process and escalation for mental health bed finding, performed by CUH Mental Health Team, Operations Matrons and Liaison Psychiatric Service is embedded with all parties and communication of information is good. Plans to build a 'MH bed Tracker', based on a 'repatriation' unit that monitors delayed discharge performance are now being explored. 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

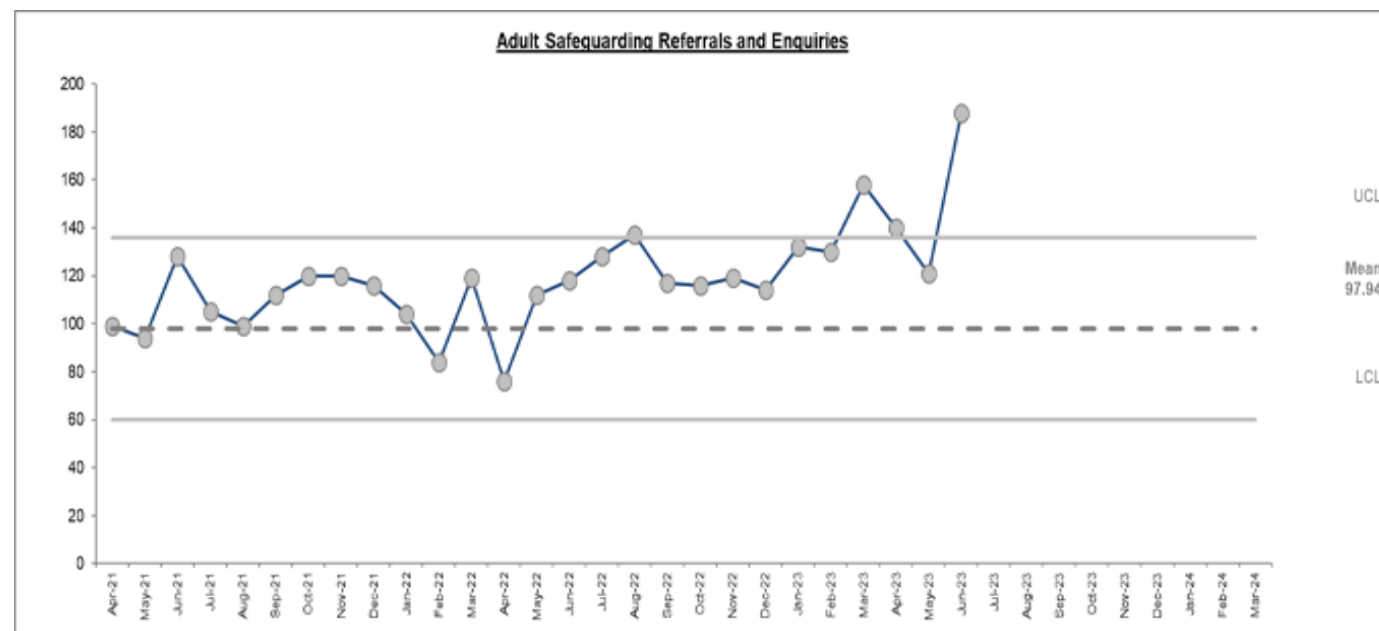
Ongoing work:

- The Mental Health Work List is now live on EPIC. This tool, based on a 'repatriation list' will include all patients deemed medically fit for discharge and requiring a specialist mental health inpatient bed. It will enable centralised communication between teams (Ops matrons, CUH MH team, psych liaison), recording calls, actions and updates to bed finding activities. All parties that will use the work list will receive training. The Work List will also enable improved data including:
 - number of delayed discharges
 - lost bed days
 - receiving mental health Trust
 - accumulative data to monitor performance
- A request for a new CHEQS report has been made to create a monthly report that will extract the above data from the work list, and create ongoing data.
- New division slide set for MH Governance Meeting was piloted by Division A in July 2023. Following this, the lead for mental health has met again with divisions DQMs to review. Ongoing work will increased focus around learning, action plans and assurances relating to incidents, quality, risks and complaints.
- The Lead for Mental Health will be visiting the Norfolk and Norwich Acute Hospital in September. areas of interest will include:
 - Management of Eating Disorders and system based collaboration with care provision, planning and transfers.
 - Management of Mental health presentations in ED, and avoidance of admissions to acute wards
 - Integration of mental health Care in the acute setting
 - Management of section 136 MHA papers (part B) in the ED setting.
 - All ligature risk assessments for identified areas have been completed. Action plans have been created, with 3/12 action plan follow up review visits arranged from the CUH Mental Health Team.
- CUH are engaged with development of Right Care, Right Person local model following Cambridgeshire Constabulary expressing motivation to align with this initiative, where the Police will stop attending mental health incidents in the community unless there is risk to life or others. There is a strategic group and more recently a task and finish group created.

Safeguarding

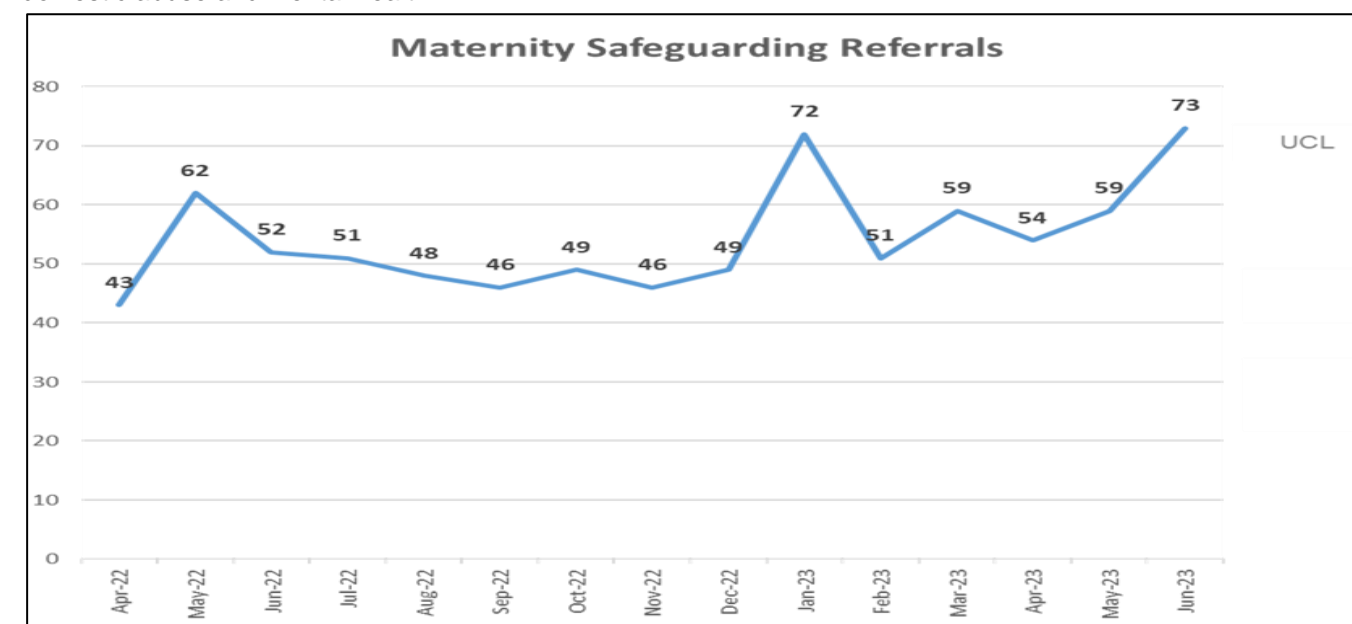
Adult Safeguarding

Referrals to the safeguarding team have continued to increase with Q1 23/24 seeing an increase of 43% of referrals compared to the same quarter in 22/23. There has also been an 8% increase in Q1 compared to the previous Q4 report from 22/23. A total of 393 referrals were made to the Adult Safeguarding Team this quarter compared to 363 in Q4 (this figure does not include DOLs requests). The top 3 reporting themes were neglect/acts of omission, domestic abuse with a 43% increase compared to Q4, and financial abuse which has seen a significant increase of 157% in Q1 compared with Q4. The team have also received a significant increase of 124% in the number of Prevent information sharing requests received from the ICB.



Maternity safeguarding

The sharp increase seen in referrals to the maternity safeguarding team in January 23 continues to be seen in the data from June. This was accompanied by a slight drop in referrals to children's social care with only 32 compared to Q4 which was 39. The top 3 referral themes have been for historical safeguarding concerns, domestic abuse and mental health.



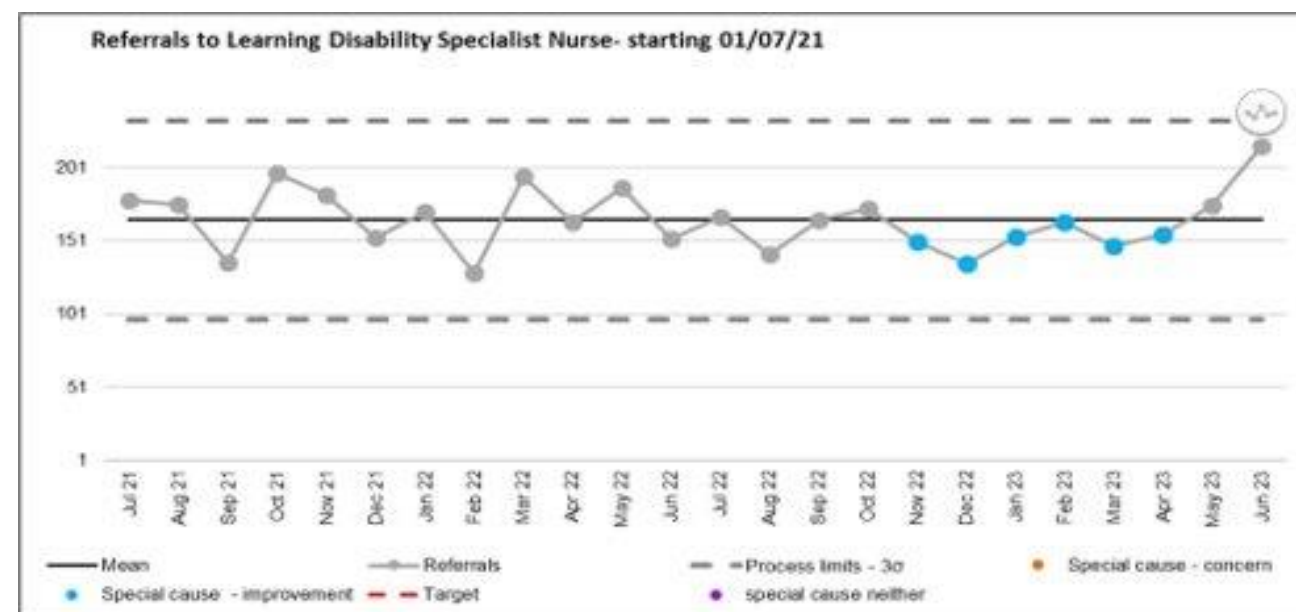
Childrens Safeguarding

There has been an increase to the children safeguarding team over the last quarter with a total of 224 referrals compared to 194 in Q4 22/23. Top 3 referral themes were mental health and neglect which have been seen in previous quarters and reflect the Partnership board priorities. New to this quarter is animal bites and the team will be undertaking a piece of work to support frontline practitioners in understanding their responsibilities around this. The team have also started reporting on how many beds days are used to accommodate a child as a place of safety. For Q1 this has been 56 days.



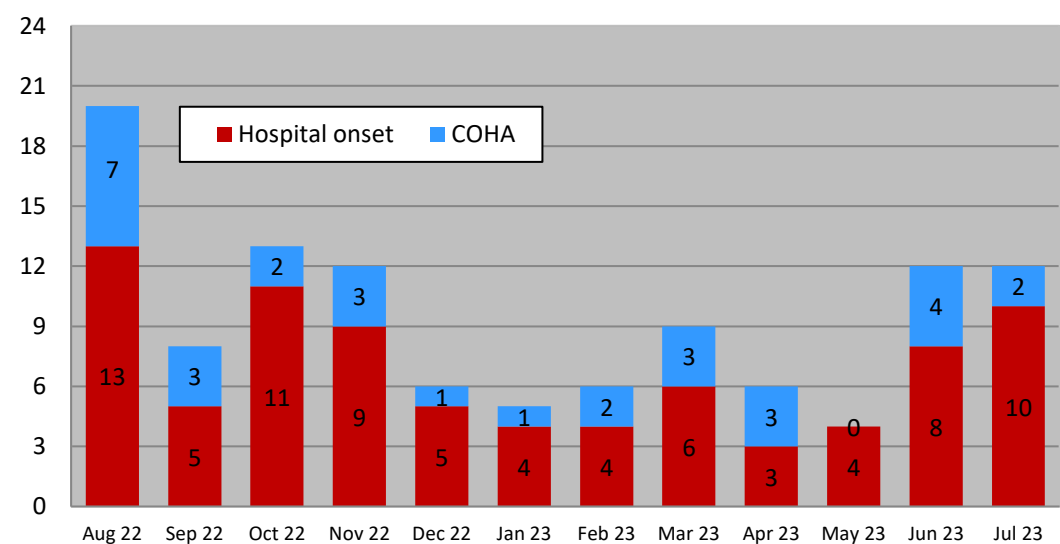
Learning disabilities

During Q4 there have been 546 referrals to the adult learning disability specialist nurse which is a 17% increase from Q4 22/23. The children's referral data is not illustrated on the graph but has also seen an increase from 37 in Q4 to 44 in Q1. For adults the top 3 referral teams were gastro/colorectal, general medical and respiratory whilst in children's services the top 3 reasons for referral were for planned admissions preparation, outpatient visit preparation and inpatient support and advice.



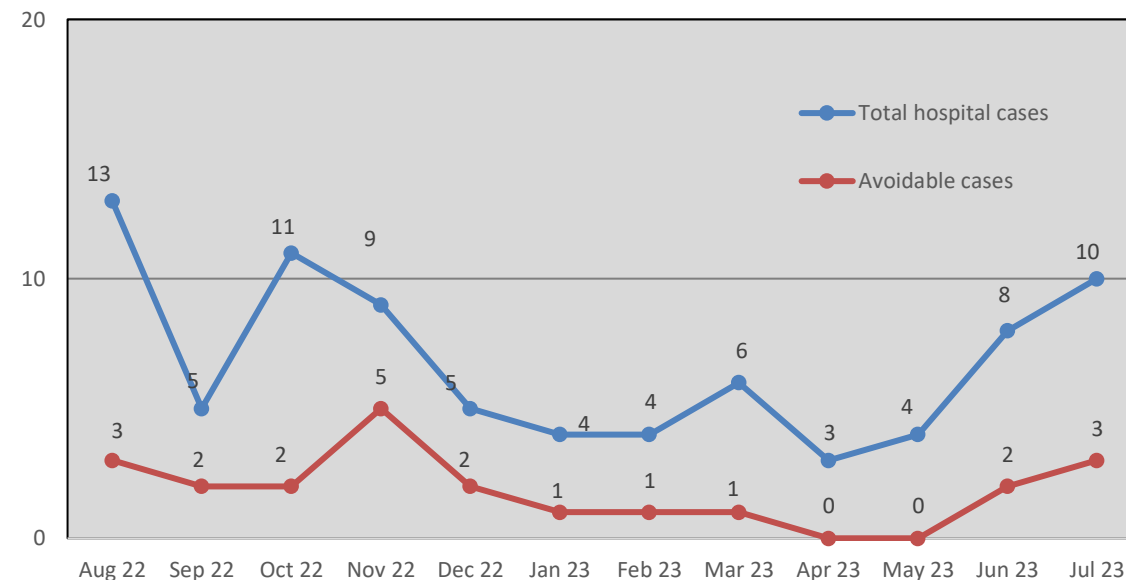
Infection Control

Monthly *Clostridium difficile* cases in last 12 months



* 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

Monthly hospital acquired *Clostridioides difficile* cases in last 12 months



CUH trend analysis

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

- 1 case of hospital onset MRSA bacteraemia in July 2023
- 4 cases (2 unavoidable & 2 avoidable hospital onset MRSA bacteraemia year to date)

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

- 10 cases of hospital onset *C. difficile* and 2 cases of COHA in July 2023.
- 25 hospital onset cases and 9 COHA cases year to date (20 cases unavoidable, 5 avoidable and 8 pending).

MRSA and *C. difficile* key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 97.6% in July 2023 (83.1% in June 2023).
- The latest MRSA bacteraemia rate comparative data (12 months to June 2023) put the Trust 5th out of 10 in the Shelford Group of teaching hospitals.
- Compliance with the *C. difficile* care bundle was 93.0% in July 2023 (92.0% in June 2023).
- The latest *C. difficile* rate comparative data (12 months to June 2023) put the Trust 4th out of 10 in the Shelford Group of teaching hospitals.

4HR Performance

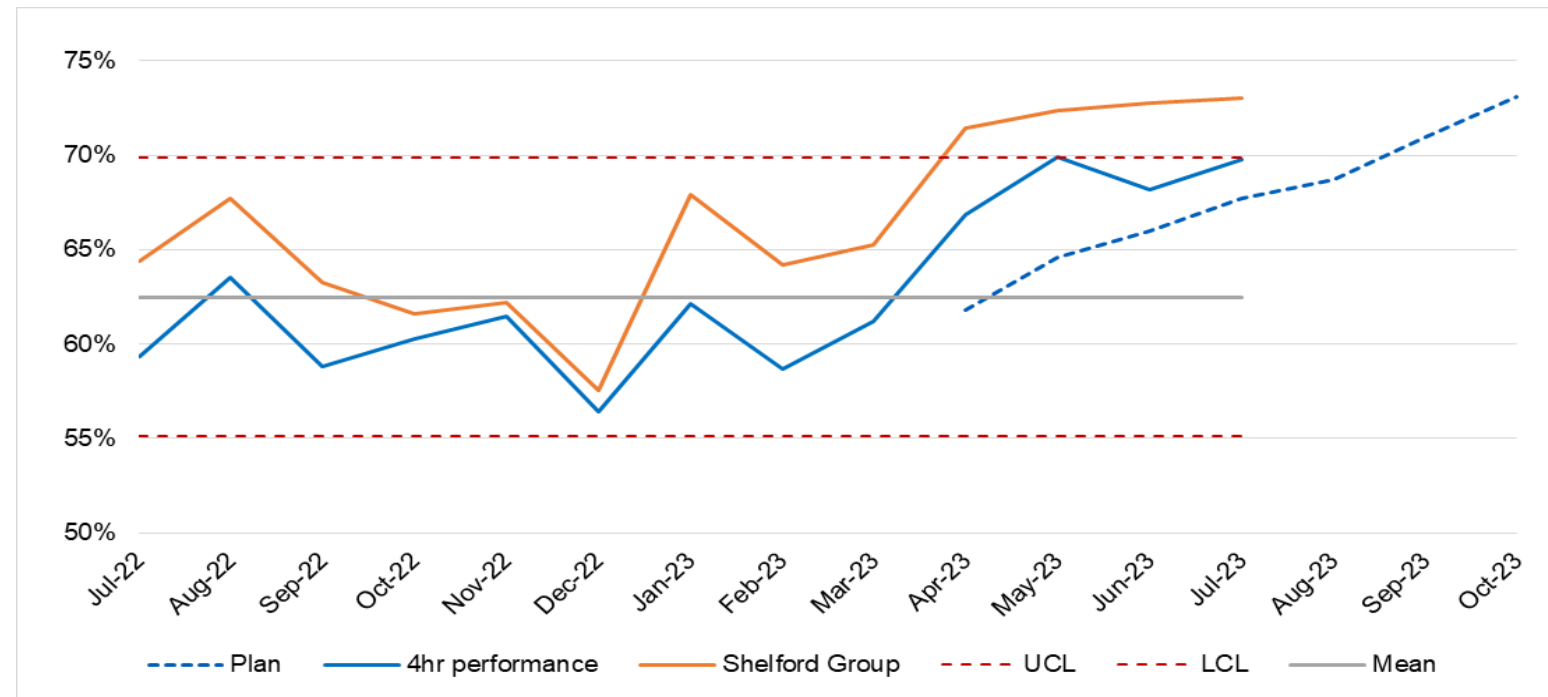
Jul-23	Plan
69.8%	67.7%

SPC Variance
Normal variation

Shelford Group Avg (Jul-23)
73.0%

Three Month Trajectory		
Aug-23	Sep-23	Oct-23
68.8%	71.0%	73.1%

Highest breaches by specialty		
Specialty	Performance	4hr Breaches
Emergency	62.7%	1,905
Medicine	36.9%	1,447
Surgery	35.6%	244
Orthopaedics	28.4%	197
Paediatrics	52.8%	182



Updates since previous month
<ul style="list-style-type: none"> - July performance of 69.8% exceeded plan of 67.7%, meaning that the plan has been met in each month of the year to date - 12hr waits from arrival also improved, falling from 8.1% of attendances in June to 4.4% in July

Current issues
<ul style="list-style-type: none"> - Performance in August has decreased slightly, reaching 67.0% in the month to date (1st-29th) against plan of 68.8% - Outflow and processing power in ED has been challenged during August due to higher bed occupancy and staffing gaps

Key dependencies
<ul style="list-style-type: none"> - On-going delivery of the 4hr trajectory is dependent on continued focus by Emergency Medicine, particularly across non-admitted pathways - Outflow from ED is dependent on low occupancy

Future actions
<ul style="list-style-type: none"> - The Emergency Department operations team is focusing on learning lessons from breaches, reviewing all patients breaching between 4-6hrs after arrival - Continued focus on the MAU to support outflow

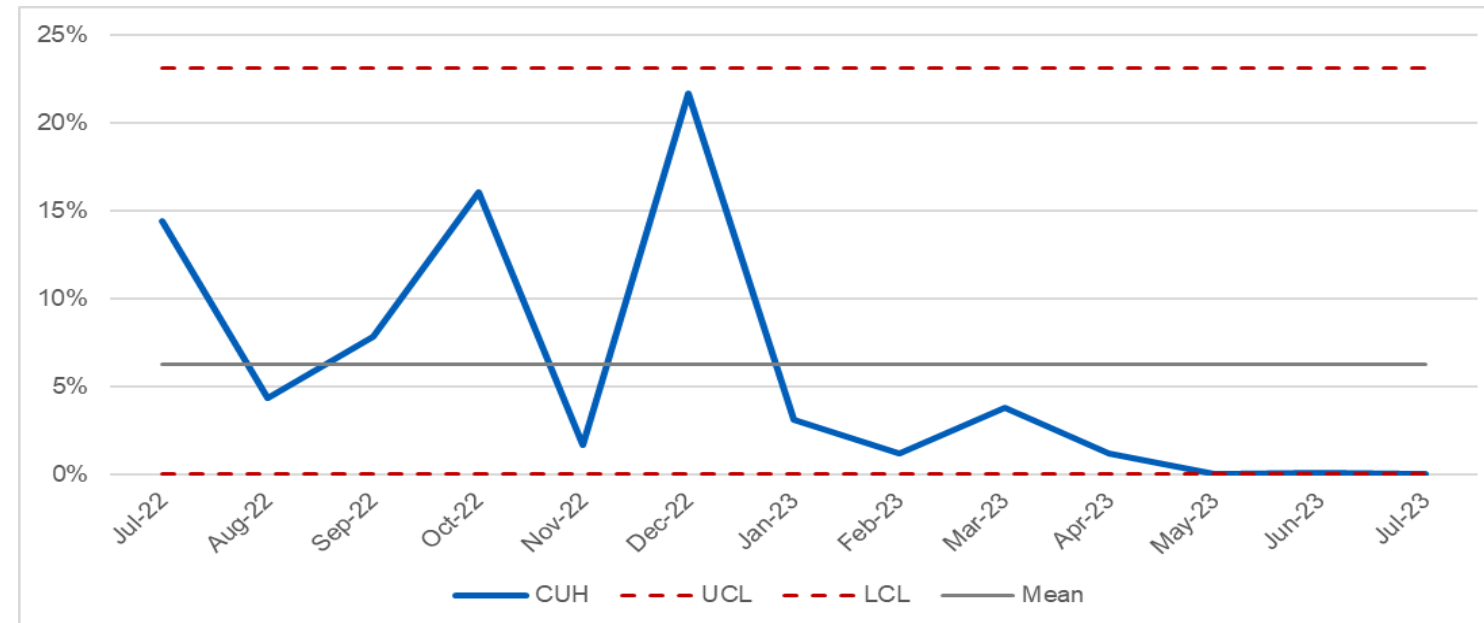
Ambulance Handovers > 60 minutes

Jul-23	Target
0.0%	0.0%

SPC Variance
Positive special cause variation

East of England > 60 minutes

Trust	% > 60mins
CUH	0%
Bedford	4%
West Suffolk	5%
Basildon & Thurrock	10%
Hinchingbrooke	10%
Colchester	11%
Broomfield	12%
James Paget	13%
Watford	16%
Southend	19%
Luton & Dunstable	20%
PCH	20%
Ipswich	22%
Lister	23%
QEH	38%
PAH	41%
Norfolk and Norwich	53%



Updates since previous month

- Ambulance performance in July met all three national performance metrics for the third month in a row
- CUH performance in July makes it equal top performer in England

Current issues

- The number of ambulance delays has increased slightly during the August MTD (1st-29th) due to lack of suitable space to offload in the ED
- Despite these challenges, delays over an hour are still low, at 0.8%

Key dependencies

- The avoidance of ambulance delays is dependent on the availability of suitable clinical space to perform rapid handovers
- Shift fill for the HALO to support rapid offloads

Future actions

- On-going focus on delivering the three national performance metrics for ambulance handovers by preserving rapid handover spaces on the medical assessment unit
- Liaising with EEAST re HALO cover

Overall fit test compliance for substantive staff



Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected
Additional Clinical Services	1	0	0%	237	139	59%	66	30	45%	123	68	55%	87	45	52%	85	41	48%	599	323	54%
Allied Health Professionals	-	-	-	56	20	36%	17	3	18%	1	1	100%	-	-	-	3	1	33%	77	25	32%
Estates and Ancillary (Porters and Security Personnel only)	120	84	70%	-	-	-	-	-	-	-	-	-	-	-	-	1	0	0%	121	84	69%
Medical and Dental	-	-	-	253	65	26%	-	-	-	177	58	33%	137	11	8%	217	65	30%	784	199	25%
Nursing and Midwifery Registered	1	0	0%	671	478	71%	4	2	50%	275	175	64%	152	99	65%	365	206	56%	1468	960	65%
Total	122	84	69%	1217	702	58%	87	35	40%	576	302	52%	376	155	41%	671	313	47%	3050	1591	52%

The data displayed as of 22/08/23. This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirect, 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 increased to 52%. The agreed Trust target for priority areas is 80%. Currently 11 nursing teams and 1 medical team have achieved compliance of 80% or above.

Referral to Treatment > 65 weeks and > 78 weeks

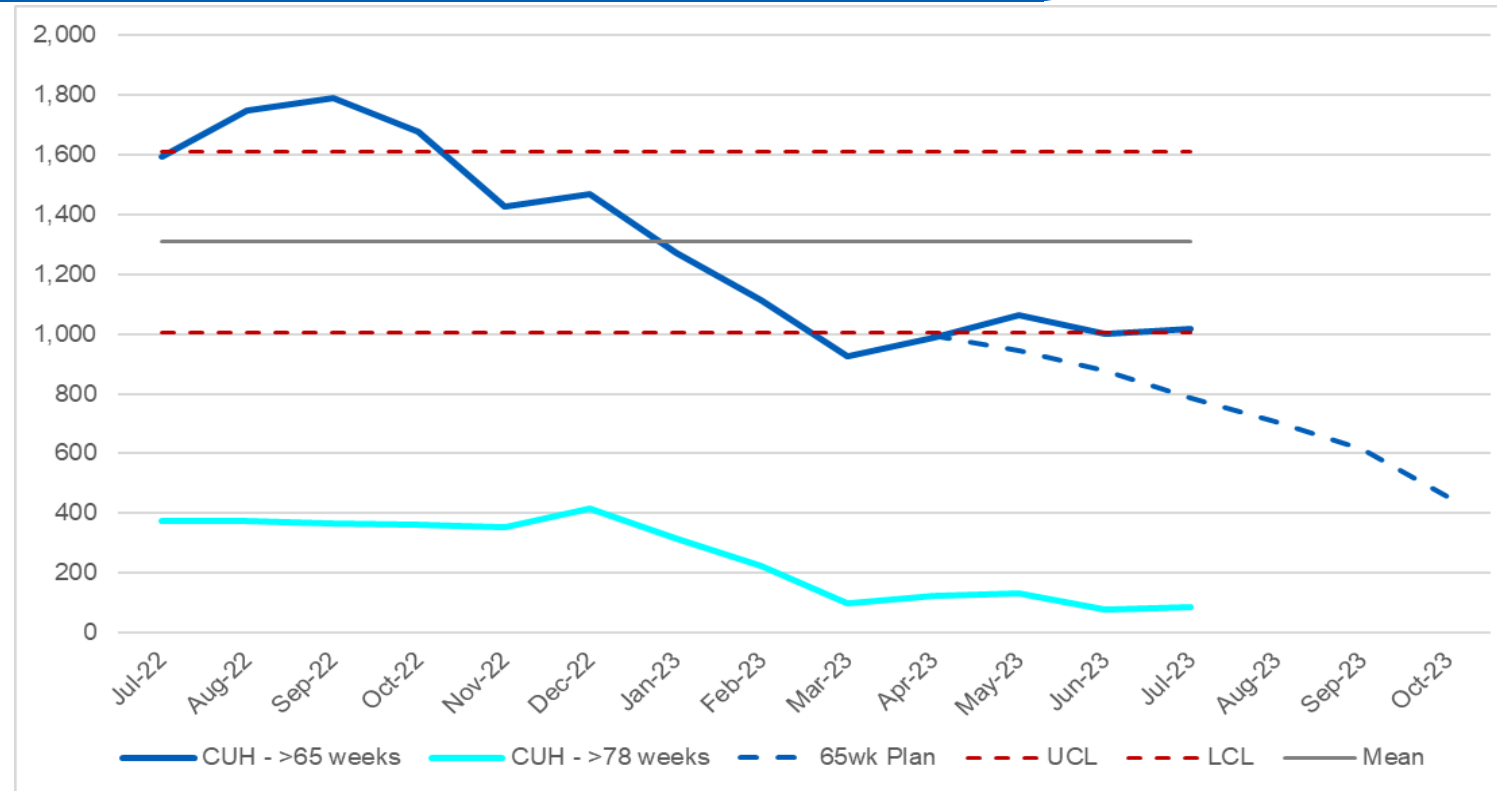
65+ Weeks	
Jul-23	Plan
1,018	786

SPC Variance
Positive special cause variation

% of WL over 65 weeks (Jun-23)	
CUH	1.6%
Shelford Group	1.7%

Three Month Forecast >(65 wks)		
Aug-23	Sep-23	Oct-23
706	616	456

Divisional Performance		
Division	65+ weeks	78+ weeks
A	169	13
B	100	0
C	23	0
D	609	68
E	117	3
Trust	1,018	84



Updates since previous month

- >78 week waits increased by 5 to 84 in July. ENT accounted for 22, Dermatology 13 and OMFS 13.
- 1 >104 week wait reported for July, treatment completed in August.

Current issues

- New aim from NHSE to see all patients within the end of year 65 wk cohort awaiting first OPA by end October 2023. Largest risk Gynaecology.
- Ongoing prioritisation of urgent/cancer activity due to cumulative impact of industrial action (IA).

Key dependencies

- Theatre capacity
- Recruitment to medical workforce vacancies
- Independent Sector for ENT.
- Continuation of Insourcing OMFS to year end.

Future actions

- Step down plan outlined for 65 week max at risk.
- Gynaecology seeking mutual aid and exploring insourcing options. One locum has commenced.
- Dermatology skin pathway transformation under review. Additional capacity needs to be sought.

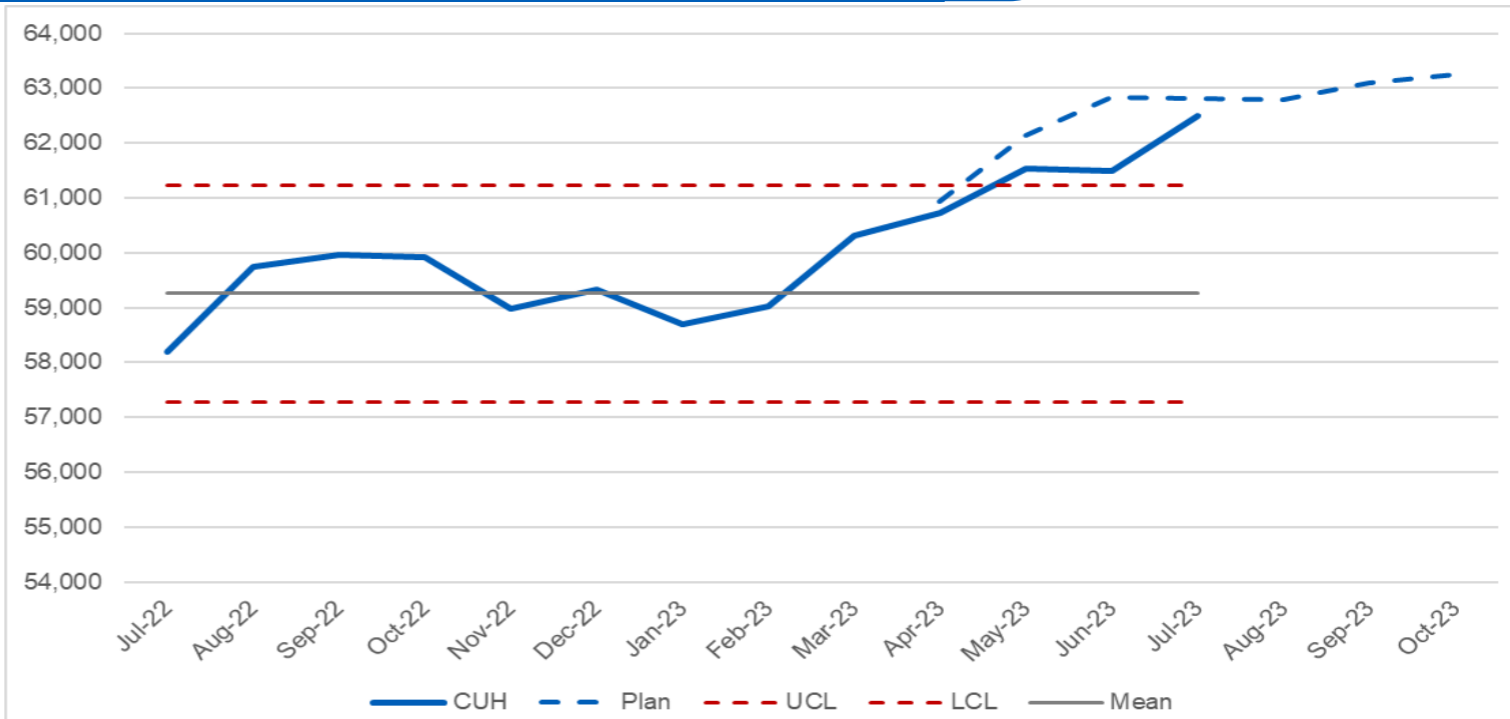
Referral to Treatment Total Waiting List

Jul-23	Plan
62,491	62,810

SPC Variance	
Negative special cause variation	

Change in WL: Jun-23 vs. May-23	
CUH	-0.1%
Shelford Group	+0.2%

Three Month Forecast		
Aug-23	Sep-23	Oct-23
62,790	63,102	63,242



Waiting list by division	
Division	Total Waiting List
A	12,974
B	6,317
C	4,288
D	28,873
E	10,035
Trust	62,491

Updates since previous month
<ul style="list-style-type: none"> Total RTT waiting list increased by 1.6% in July. The total waiting list size was 0.5% lower than the planning submission for Month 4. Clock starts are cumulatively 2.4% below plan year to date.

Current issues
<ul style="list-style-type: none"> Total stops (treatments) were 4% below plan in July with the impact felt from 5 weekdays of Industrial Action. The estimated lost clock stops due to Industrial Action in July were ~605. Without this treatments would have exceeded plan.

Key dependencies
<ul style="list-style-type: none"> Demand (clock starts) remains within plan Outpatient and elective activity plans are met Resilience in administrative roles supporting pathway validation.

Future actions
<ul style="list-style-type: none"> Continued drive to release capacity for new outpatients. Non-admitted remains 81% of the waiting list and 63% await 1st appointment. GIRFT producing Go Further Go Faster guidance. Waiting list validation every 12 weeks in place.

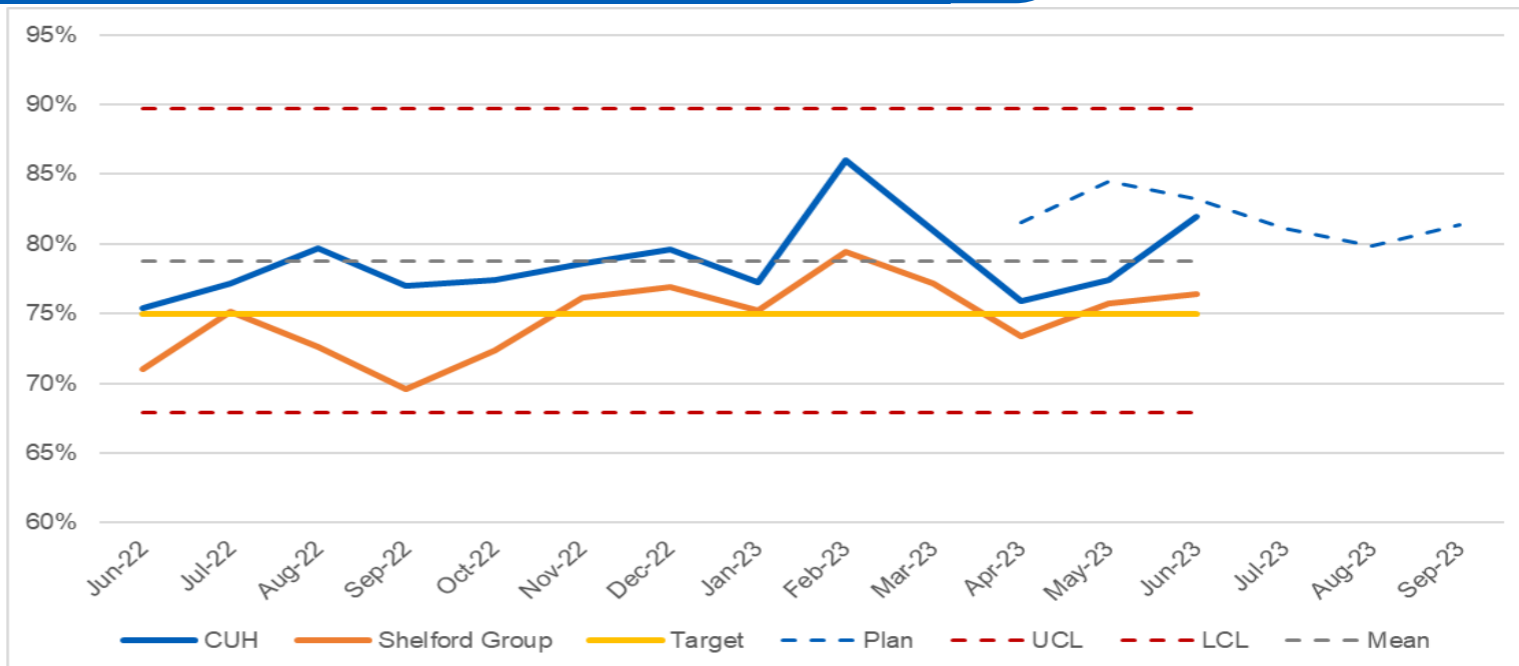
Cancer - 28 day faster diagnosis standard

Jun-23	Target
81.9%	75.0%

SPC Variance
Normal variation

Shelford Group Avg (Jun-23)
76.4%

Three Month Forecast		
Jul-23	Aug-23	Sep-23
81.1%	79.9%	81.4%



Cancer Site Overview		
Site	Performance	Breaches
Skin	79.2%	101
Lower GI	77.2%	71
Gynaecological	62.4%	67
Head & Neck	75.9%	48
Urological	61.0%	53
Breast	95.6%	29
Haematological	61.5%	5
Sarcoma	27.8%	13
Upper GI	74.1%	7
Lung	95.6%	4
Childrens	97.6%	1
CNS/Brain	96.0%	1
Testicular	100.0%	0
Total	81.9%	400

Updates since previous month
 CUH remains above target and above Shelford Group performance. Following the recent announcement regarding changes to national cancer waiting times targets CUH is in a strong position as already compliant for the 28 day FDS standard, services will now work towards the 80% target by 2024-25

Current issues
 Delays to 1st appointment in skin cancer, and pathology turn around times continue to impact performance across all sites. Lower GI lower performance is due to people on a screening pathway choosing to delay their appointment; work will commence with the screening hub to improve.

Key dependencies

- Pathology turn around times recovering to above 50% in 7 days
- 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, gynae and pathology. Focus on Urology improved compliance from September with a new co-ordinator role commencing from 21.08.23. System meeting with GIRFT team to focus on FDS performance in September.

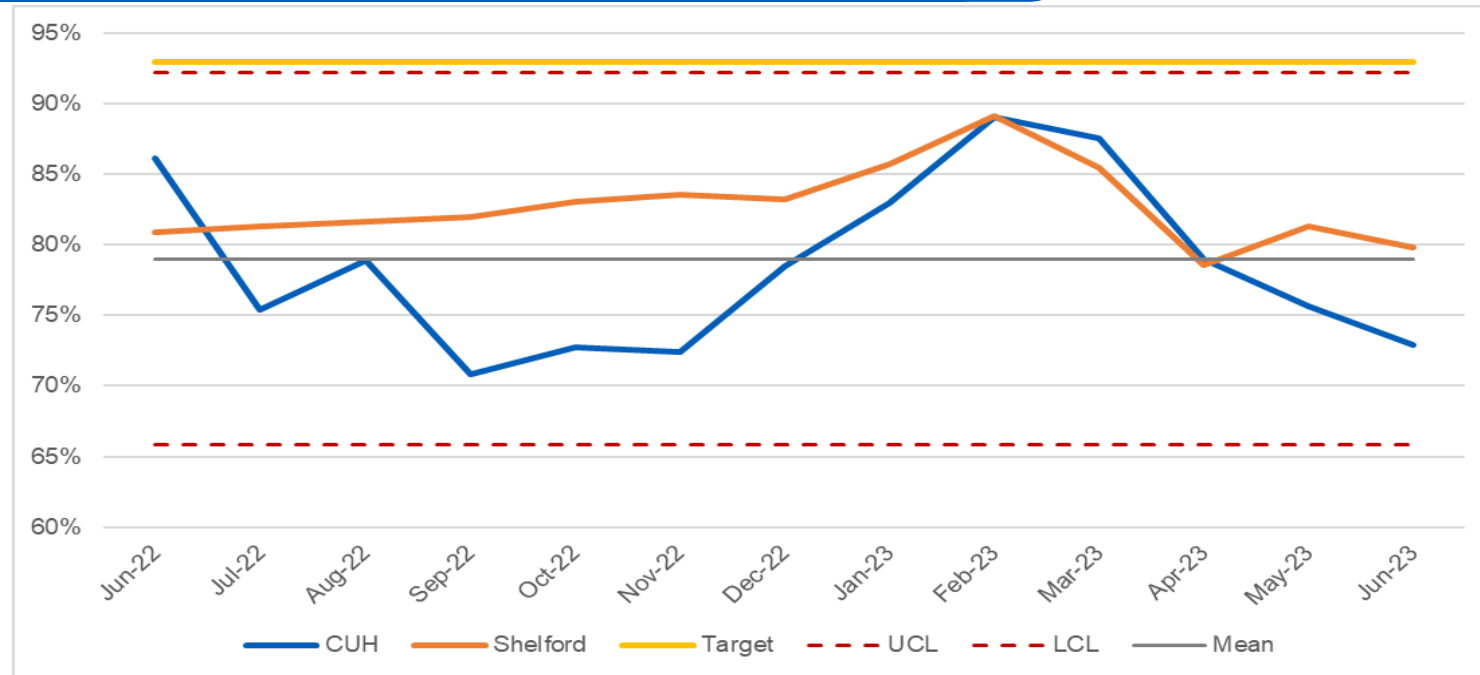
Cancer - 2 week waits

Jun-23	Target
72.9%	93.0%

SPC Variance
Normal variation

Shelford Group Avg (Jun-23)
79.9%

Cancer Site Overview as of 18/07/2023	
Site	Breaches
Skin	456
Gynaecological	6
Breast	9
Head & Neck	4
Lower GI	8
Sarcoma	6
Lung	1
Urological	0
CNS/Brain	0
Haematological	0
Upper GI	1
All	492



Updates since previous month

CUH has experienced further deterioration in performance against the 2WW target due to breaches in the skin cancer and sarcoma pathway. Referral demand remains higher than average

Current issues

Breaches along the skin pathway continue to be the main reason for below standard performance; this is due to capacity constraints within dermatology and plastics.

Key dependencies

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

Future actions

Short and long term actions agreed for skin:

- Additional adhoc clinics
- Recruitment of additional locum Consultant
- Increased capacity in clinical fellow clinics.

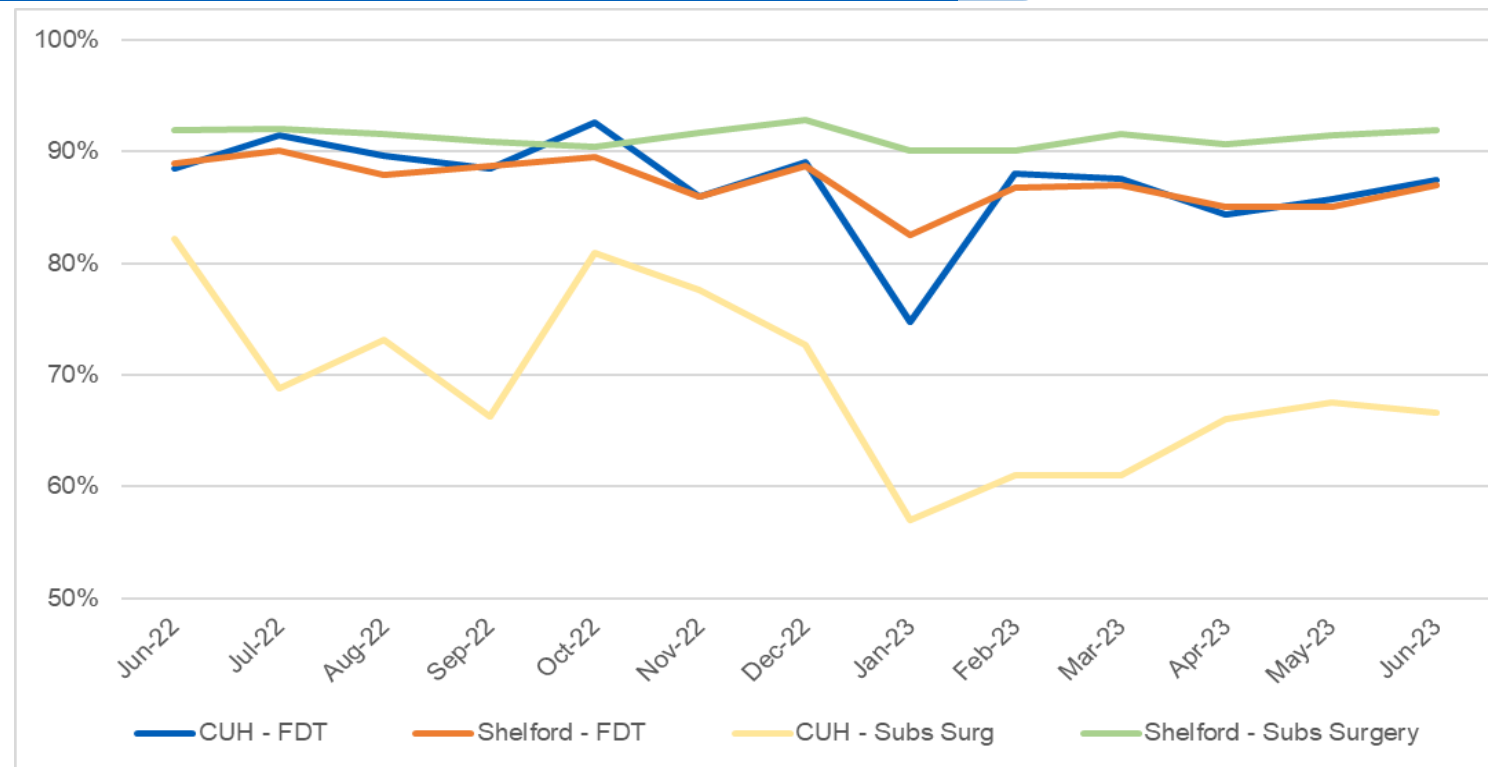
Cancer - 31 days decision to treat to treatment

	Jun-23	Target
FDT	87.5%	96.0%
Subs Surgery	66.7%	94.0%

SPC Variance
Normal variation

Shelford Group Avg (Jun-23)	
FDT	87.0%
Subs Surgery	92.0%

Backlog as of 15/08/2023	
Site	Backlog
Skin	51
Urological	30
HPB	26
LGI	8
Gynae	7
H&N	6
Breast	3
Sarcoma	1
CNS	0
Haem	0
Lung	0
Paeds	0
UGI	0
All	132



Updates since previous month

CUH continues to fall below target with 90% of the breaches in June for surgery, the sites with the largest breaches are in Skin (24%), Kidney (14.6%), HPB (14.6%), Lower GI (13.3%).

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 additional 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 flexibly to available capacity.
Ongoing use of Independent sector to support Breast.

Future actions

Continued focus on lower GI, HPB, skin, kidney and prostate surgery in September/October.
Seek mutual aid for P3/P4 cancer surgery in prostate if internal solutions cannot be found; explore additional internal options for renal surgery.

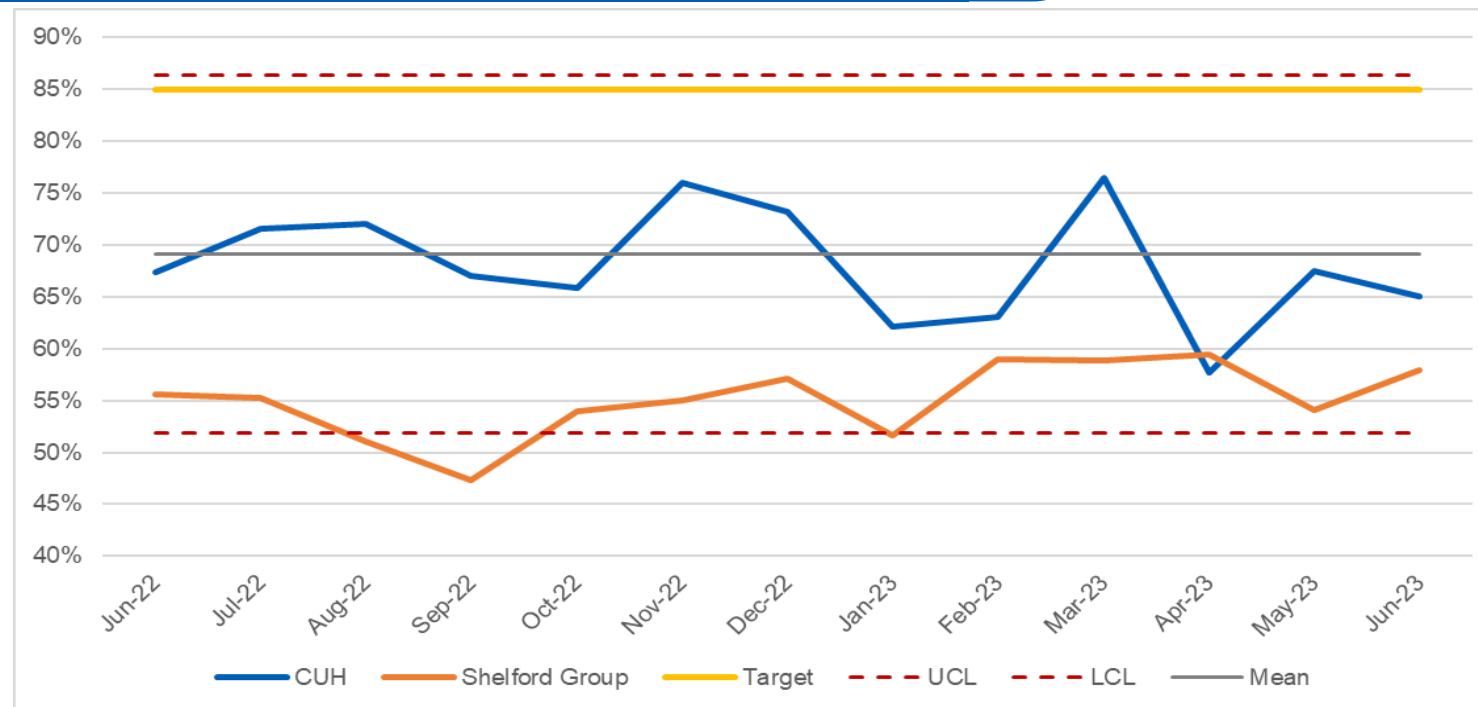
Cancer - 62 days urgent referral to treatment

Jun-23	Target
65.0%	85.0%

SPC Variance
Normal variation

Shelford Group Avg (Jun-23)
57.9%

Backlog as of 15/08/2023	
Site	Backlog
Skin	46
Urology	44
Gynae	15
Lower GI	15
Head & Neck	7
HPB	3
Breast	2
Haem	2
Sarcoma	2
CNS/Brain	1
Lung	1
Upper GI	1
NSS	0
Symptomatic Breast	0
All	139
Forecast backlog in Aug-23	80



Updates since previous month

CUH performance remains below target although is higher than the Shelford Group. 54% of breaches are CUH only patients and of that 69% were due to delays within CUH control such as delayed pathology reporting, outpatient and surgical capacity. 28% of referrals to CUH from regional hospitals were treated in the required 24 days.

Current issues

- Delays in pathology turn around times (currently at 26% within 7 days)
- Outpatient and surgical capacity
- Late referrals to CUH from referring providers, highest volume being for urology.
- Further impact of industrial action

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 and Gynae with specific recovery actions to 30th September - this will impact performance from October.

Diagnostic Performance

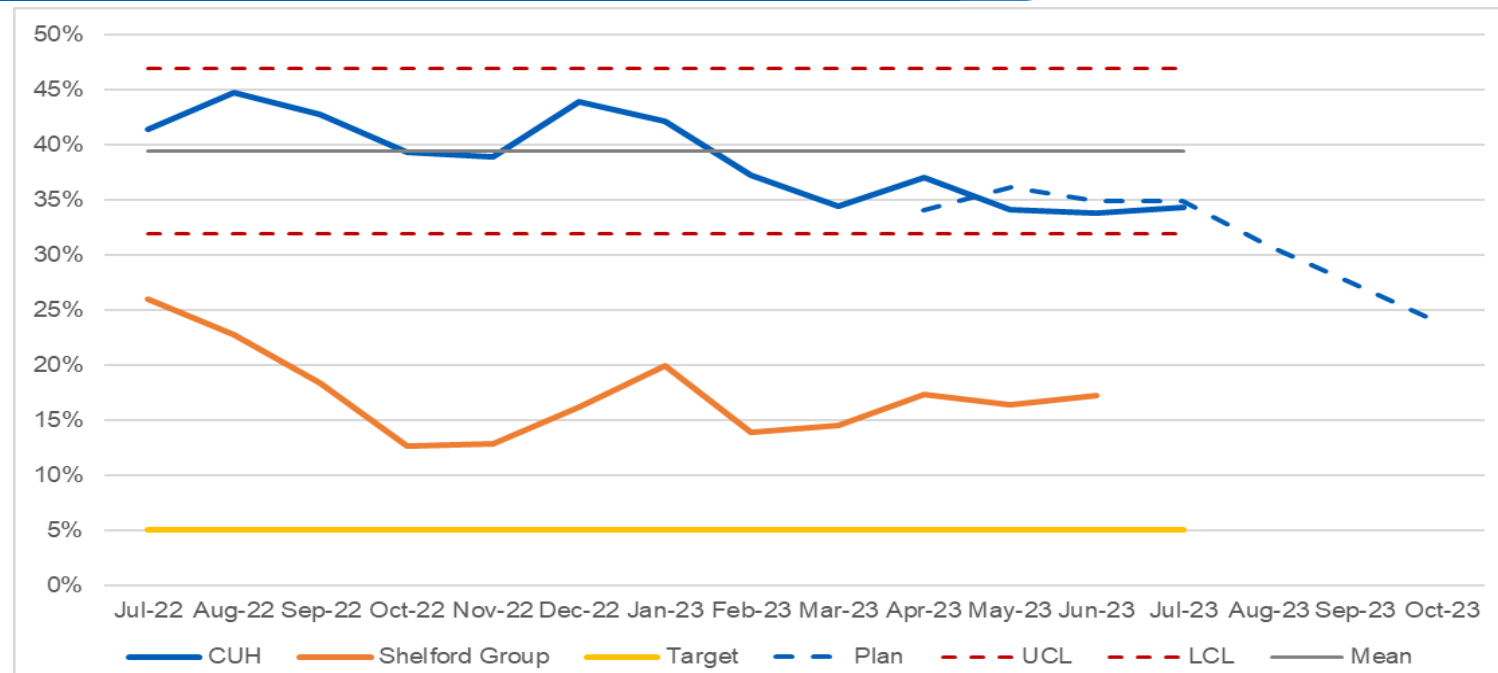
Jul-23	Plan
34.3%	34.9%

SPC Variance
Normal variation

Shelford Group Avg (Jun-23)
17.3%

Three Month Forecast		
Aug-23	Sep-23	Oct-23
30.9%	27.3%	23.8%

Modality overview		
Modality	% >6wks	Breaches
Echocardiography	71.4%	1976
Non obstetric ultrasound	28.3%	692
Audiology	60.4%	821
Magnetic Resonance Img'	20.9%	490
DEXA Scan	16.2%	136
Computed Tomography	18.3%	230
Urodynamics	47.0%	131
Neurophysiology	15.6%	45
Cystoscopy	17.2%	44
Gastrosocopy	3.3%	20
Colonoscopy	0.5%	4
Respiratory physiology	18.2%	4
Barium Enema	5.3%	2
Flexi sigmoidoscopy	0.8%	1
Total		4596



Updates since previous month

- July 6wk performance remains ahead of plan.
- There was slight deterioration in month to 34.3% This was due to a reduction in the total waiting list of 477 whilst also a reduction in >6 ww of 99.
- Total activity in July was 1% higher than plan driven by unscheduled and surveillance diagnostics.

Current issues

- % Performance improved in all modalities in July with the exception of Echocardiography and MRI.
- MRI was due to reduction in total waiting list size, but Echo saw 8% growth in >6ww, up by 152.
- High staff vacancies continue to be the main risk to delivery, with Echo in particular at 50% (13wte)

Key dependencies

- Ongoing use of Insourcing for Echocardiography, required to be extended from Sept 23 to year end.
- Continued delivery of ICB capacity for Direct Access Community Ultrasound to manage demand.
- Agency/locum staffing and enhanced bank rates whilst recruiting.

Future actions

- Requests for continued enhanced bank rates beyond September in Imaging and Echo.
- Approaching overseas agencies to support recruitment options for Echo.
- Ongoing support for the retention and development of existing cardiac physiologists. RRP now aligned across the ICS.

New Outpatient Attendances- % vs. Baseline

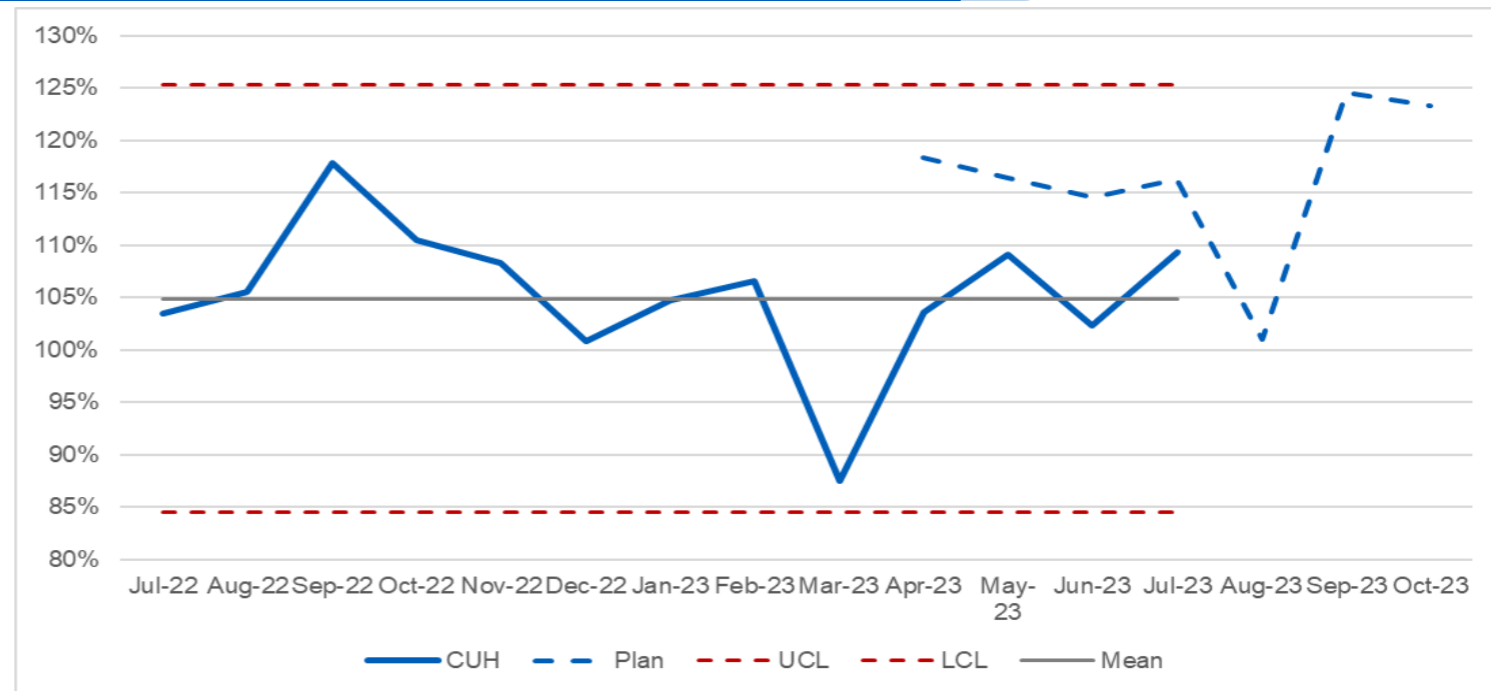
Jul-23	Plan
109.4%	116.4%

SPC Variance
Normal variation

Shelford Group Avg (Jul-23)
N/A

Three Month Forecast		
Aug-23	Sep-23	Oct-23
101.0%	124.5%	123.3%

Divisional overview	
Division	Performance
A	114.6%
B	109.9%
C	97.6%
D	109.2%
E	90.5%



Updates since previous month

While still performing below plan July was an improvement with new attendances at 109.4%. Division A were the best performing at 114.6%. Both divisions B and D delivered over 100% of baseline with divisions C and E falling below..

Current issues

Division E continues to struggle with shortages of medical workforce in gynaecology, as well as impacts from industrial action. Enhanced validation and processes are being introduced to ensure maximum efficiencies. Additional clinics are being introduced where possible

Key dependencies

A number of areas are reporting shortages in medical staff as well as increasing impacts from industrial action are impacting on new appointments. Future performance will be heavily based around these.

Future actions

All services are continuing to explore and implement new processes such as PNP to reduce the number of follow-up appointments needed which can be repurposed to increase new capacity. Rheumatology has performed well using this approach..

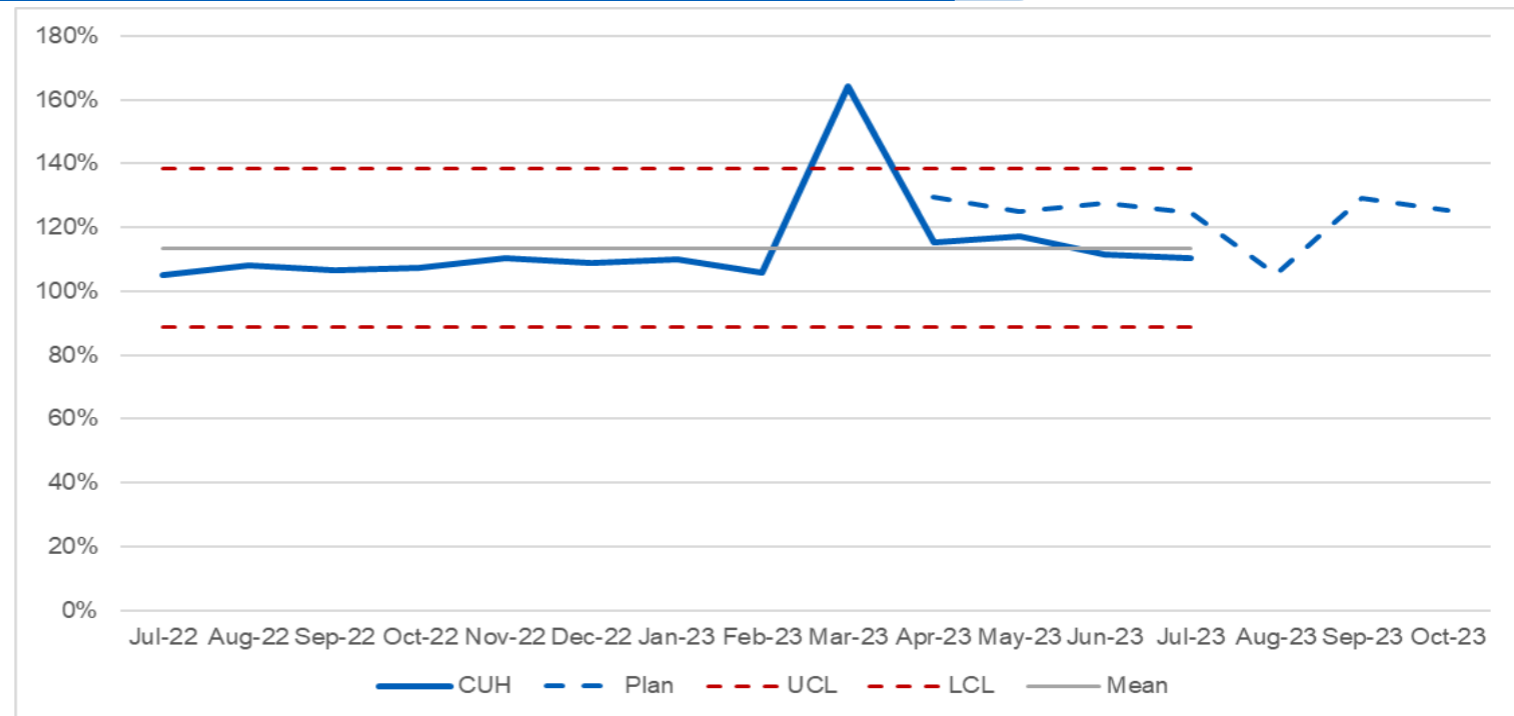
Follow Up Outpatient Attendances - % vs. Baseline

Jul-23	Plan
110.4%	124.8%

SPC Variance
Normal variation

Shelford Group Avg (Jul-23)
N/A

Three Month Forecast		
Aug-23	Sep-23	Oct-23
105.2%	129.0%	125.4%



Divisional overview	
Division	Performance
A	115.9%
B	107.3%
C	107.9%
D	108.8%
E	131.8%

Updates since previous month

We continue to see high levels of follow-up activity as well as a continued uptrend in the total number of overdue follow-ups. Some areas such as Rheumatology have seen their overdue follow-ups reduce thanks to the implementation of PNP.

Current issues

There is a national asked to reduce outpatient follow-up activity to 75% of 2019/20 activity levels. We continue to remain a long way from that target. However, there is causation that to reduce the backlog we need to increase activity temporarily.

Key dependencies

Many areas are submitting requests to eHospital for the creation of PNP clinic templates. It is hoped that this will have a dramatic impact on reducing follow-up attendances to free up capacity for increased new attendances. eHospital resources to create the clinics remains a key dependency.

Future actions

Roll-out of PNP clinics across Diabetes,, Endocrinology, Ophthalmology, Cardiology, Nephrology and Respiratory

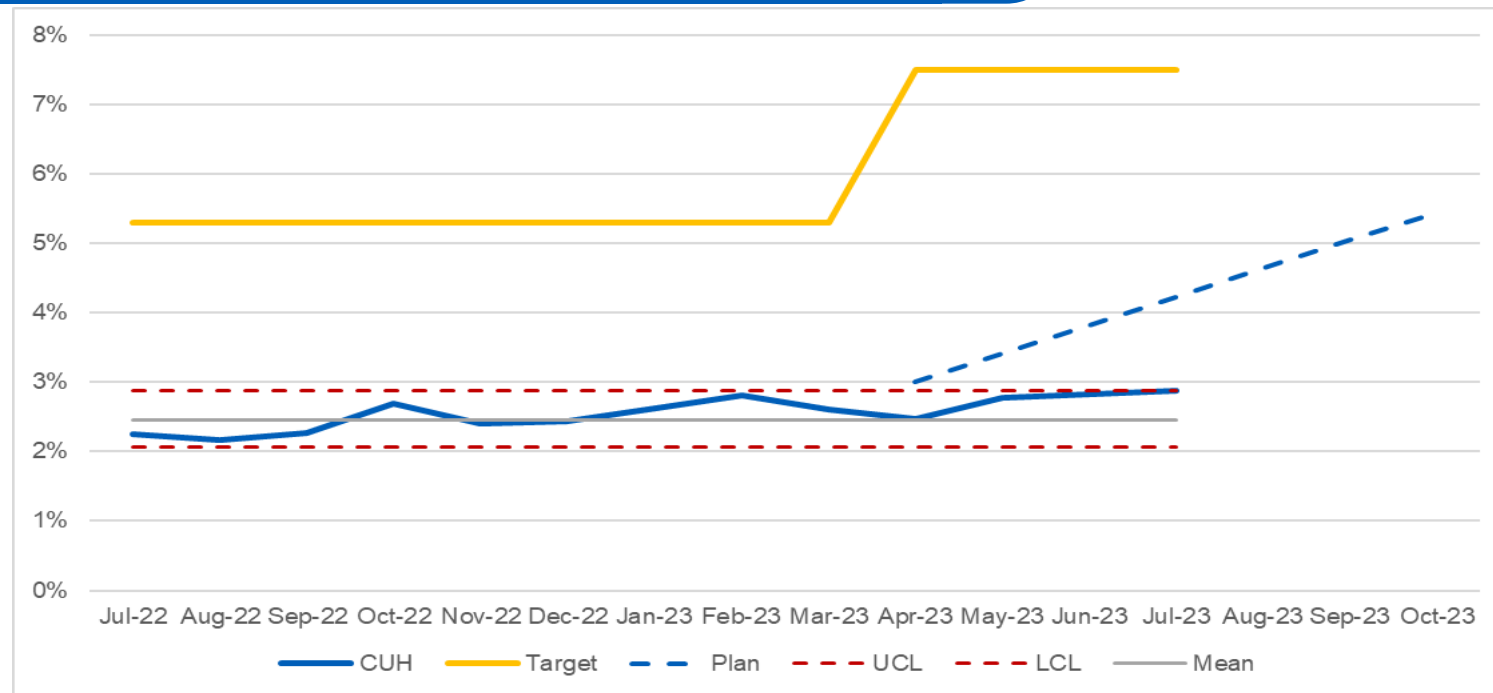
PIFU Outpatient Attendances

Jul-23	Plan
2.9%	4.2%

SPC Variance
Positive special cause variation

Shelford Group Avg (Jul-23)
N/A

Three Month Forecast		
Aug-23	Sep-23	Oct-23
4.6%	5.1%	5.5%



Divisional overview	
Division	Performance
A	6.9%
B	2.9%
C	1.6%
D	1.8%
E	2.5%

Updates since previous month

We have seen an increase in the use of PIFU across a number of specialties, with division A continuing to perform well ahead of the rest of other divisions and above the 4.2% plan at 6.9%.

Current issues

Implementation of PIFU pathways is variable across specialties. More

Key dependencies

Clinical teams must review pathways to ensure they maximise the opportunity to use PIFU where appropriate.

Future actions

Continued work on pathways supported by the Improvement and Transformation team to maximise the opportunities of PIFU.

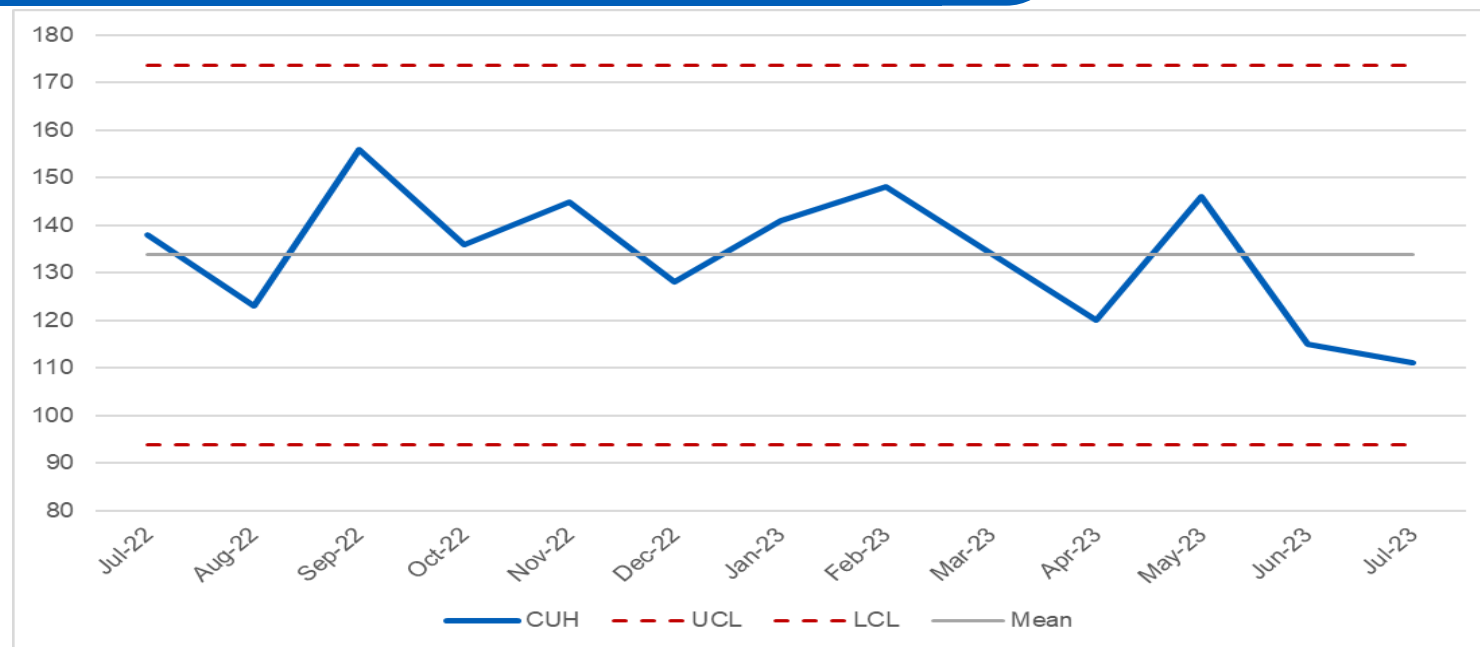
Delayed discharges

Jul-23	Target
111	N/A

SPC Variance
Normal variation

Shelford Group Avg (Jul-23)
N/A

Beds lost to delays - by pathway	
Pathway	Beds lost
Pathway 1	43
Pathway 3	25
Pathway 2	21
Pathway 0	17
Internal Assessments	4
External Assessments	1
Triage	1
Unknown	0
Total	111



Updates since previous month

- Bed lost to delayed discharges decreased to 111 in June, down slightly from 115 in June. This represents a significant proportion (>10%) of our overall in-patient bed base

Current issues

- Staffing challenges across certain pathways remain, particularly pathway 1 for which a dedicated recruitment campaign is on-going

Key dependencies

- Referrals must be made on a timely basis by the Trust and processed quickly by the system to reduce delays to discharge from the hospital
- Community staffing across all care pathways

Future actions

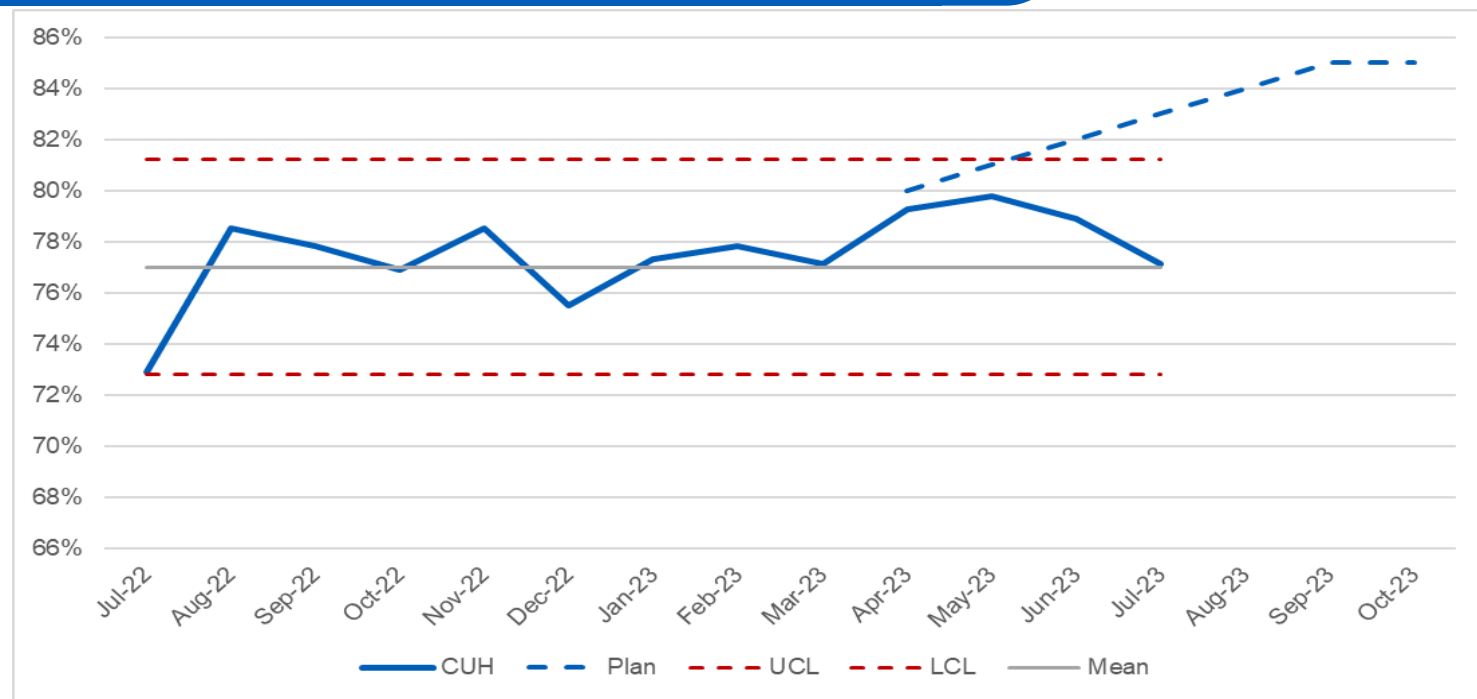
- On-going work with the Home First team and Transfer of Care Hub to reduce delays lost to pathway 1 (patients looked after at home)
- New social prescriber post to be put in place to coordinate discharges for Uttlesford patients

Theatre Utilisation - Elective GIRFT Capped

Jul-23	Plan
77.1%	83.0%

SPC Variance
Normal variation

Performance in the 2 weeks to 30/07/23		
CUH		77.6%
Shelford Grp Median		77.5%
Three Month Forecast		
Aug-23	Sep-23	Oct-23
84.0%	85.0%	85.0%



Utilisation by department	
Department	Utilisation
ATC	78.6%
Main	78.1%
Rosie	78.7%
CEU	69.0%
Ely	69.8%
All	77.1%

Updates since previous month
<ul style="list-style-type: none"> Capped Utilisation dropped in July to 77.1% (Quartile 3) but remains consistent with peers. Sessions used in July were down to 84.8%, improving to 96.3% when Industrial Action dates are excluded.

Current issues
<ul style="list-style-type: none"> Despite a lower month overall, in the 2nd week of July we achieved highest capped utilisation to date 82%. 31% of the short notice cancellations (80) fell in the first week of the month pulling utilisation down to 75%.

Key dependencies
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> New proposed scheduling templates for Ely have now been shared with Plastic surgery and General Surgery. Surgical movement hub will support reduction in short notice cancellations. 10% have been in Orthopaedics and Neuro due to trauma / emergencies.

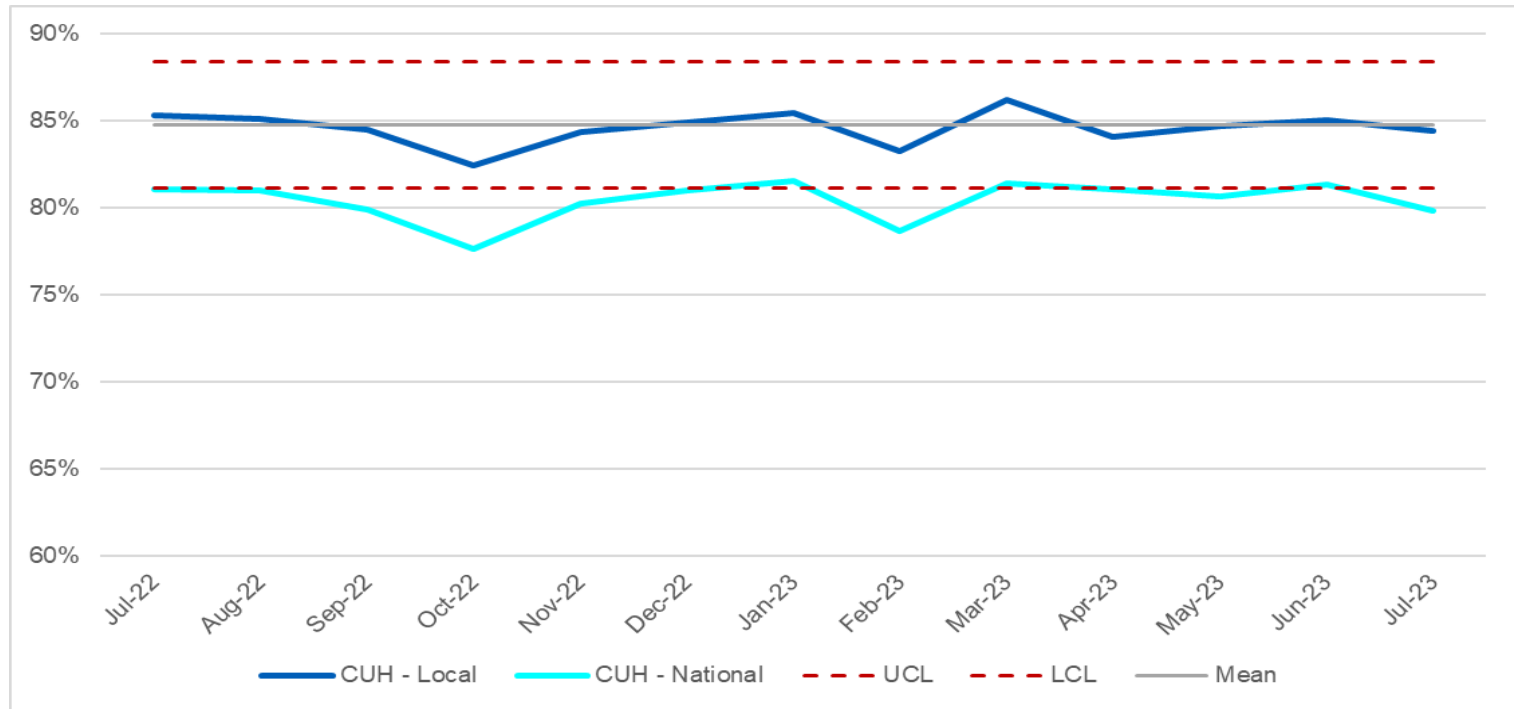
Author(s): Linda Clarke Owner(s): Nicola Ayton

BADS Daycase Rates

Jul-23	Target
84.4%	85%

SPC Variance
Normal variation

Shelford Grp Median 3m to end of Apr '23
77.0%



BADS Section Day Case Rate for HVLC focus areas				
	3 months to end of Apr '23			Jul-23
Specialty	CUH	Shelford	Quartile	Local
Orthopaedics	82.9%	79.9%	2	92.6%
ENT	72.3%	83.3%	1	78.7%
General	63.0%	65.0%	1	79.2%
Gynaecology	57.2%	65.0%	1	81.4%
Ophthalmology	97.4%	98.2%	1	98.9%
Urology	67.2%	67.2%	2	71.4%

Updates since previous month

- Model Hospital GIRFT data 3 months to Apr-23 shows performance at 77.7%, quartile 2.
- Local BADS reporting in July shows 84.4%, just below the expected 85% target

Current issues

- Inaccurate recording of Intended Management as daycase reflects in poorer performance externally
- 45 zero LOS BADS procedures were recorded as in-patient intended management in July.

Key dependencies

- Correct data recording of Intended Management
- Effective patient flow on L2 daycase / 23 hr stay
- Clinically led discharge criteria.

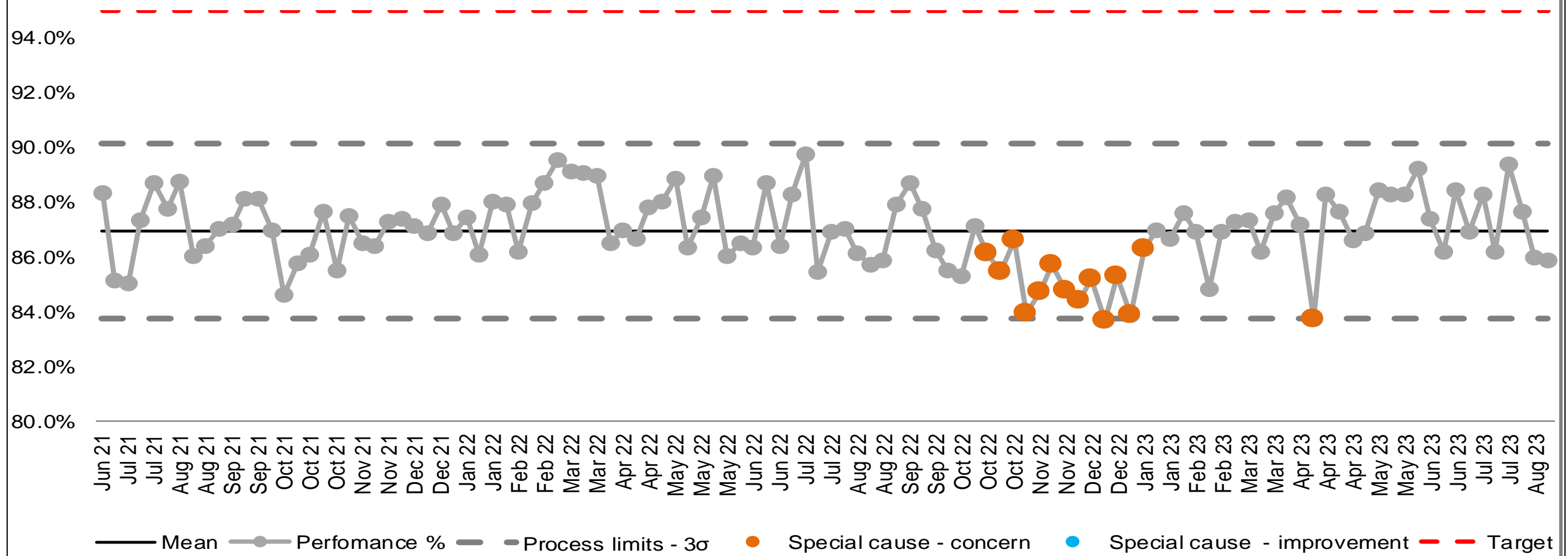
Future actions

- 84.4% reflects that 199 potential BADS cases stayed in >0 LOS in July. 115 /199 were managed as 23hr stay through non-inpatient ward capacity.
- ENT (18 Thyroid and Parotid) and Vascular (10 Carotid) are the services with highest volume having an inpatient ward stay.

Author(s): Linda Clarke Owner(s): Nicola Ayton

Discharge Summaries

Weekly: Letters - discharge summary- starting 27/06/21



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)

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 - Jul 23	Month	-	94.7%	95.5%		S7	-	For July the Good score increased by 2% and the Poor score also improved by 2.5%. The Poor score of 1.6% is the lowest since February. FOR JUL: there were 431 FFT responses collected from approx. 4017 patients.
FFT Inpatient poor experience score	Jul 20 - Jul 23	Month	-	1.6%	1.7%		-	-	
FFT Outpatients good experience score	Apr 20 - Jul 23	Month	-	93.2%	94.9%		SP	-	For July, the Good score declined slightly by 0.8%, and with the decline in June, this is now about a 2% decline compared to May. The Poor score did not change and has maintained at 3% since May. There were 5 FFT response collected from clinic 6 so the FFT scores mainly reflect adult clinics. FOR JUL: there were 3896 FFT responses collected from approx. 26,235 patients. The SPC icon shows special cause variations: high is a concern with having more than 7 consecutive months below/above the mean.
FFT Outpatients poor experience score	Apr 20 - Jul 23	Month	-	3.2%	2.4%		SP	-	
FFT Day Case good experience score	Apr 20 - Jul 23	Month	-	95.1%	96.5%		-	-	For July there was a 1% decrease in the Good score, and a very small increase of 0.6% in the Poor score. Both scores have remained consistent with no more than 1% change throughout the last 12 months. FOR JUL: there were 738 FFT responses collected from approx. 3,370 patients.
FFT Day Case poor experience score	Apr 20 - Jul 23	Month	-	2.7%	1.7%		-	-	
FFT Emergency Department good experience score	Apr 20 - Jul 23	Month	-	81.0%	83.1%		-	-	For July the overall Good score increased by 4% compared to June, and the Poor score also improved by 1%. The improved scores are from the adult patient experience: adult Good score improved by 5%, and the Poor score improved by 3%. The paediatric experience declined in July: the Good score decreased by 2%, and the Poor score increased by 7%. FOR JUL: there were 585 FFT responses collected from approx. 4105 patients. The low number of responses is from fewer SMS being sent to patients.
FFT Emergency Department poor experience score	Apr 20 - Jul 23	Month	-	11.8%	10.3%		-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Jul 23	Month	-	99.2%	95.1%		-	-	FOR JUL: Antenatal had 5 FFT response - 100% Good; Birth had 55 FFT responses out of 481 patients - 100% Good; Postnatal had 63 FFT responses: LM had 25 FFT with 96% Good / 4% Poor, DU had 2 FFT with 100% Good / BU had 28 FFT with 100% Good, and COU 100% Good from 8 responses. 0 FFT responses from Post Community . JUL MATERNITY OVERALL: Good score increased by 2% and Poor score increased by 1%. There were 123 FFT responses collected.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Jul 23	Month	-	0.8%	1.8%		-	-	

FFT data starts from April 2020 for day case, ED and OP FFT (SMS used to collect FFT), and inpatient and maternity FFT data starts with July 2020 due to Covid-19 restrictions on collecting FFT data. For NHSE FFT submission, wards still not collecting FFT are not being included in submission. In July 9 wards did not collect any FFT data.

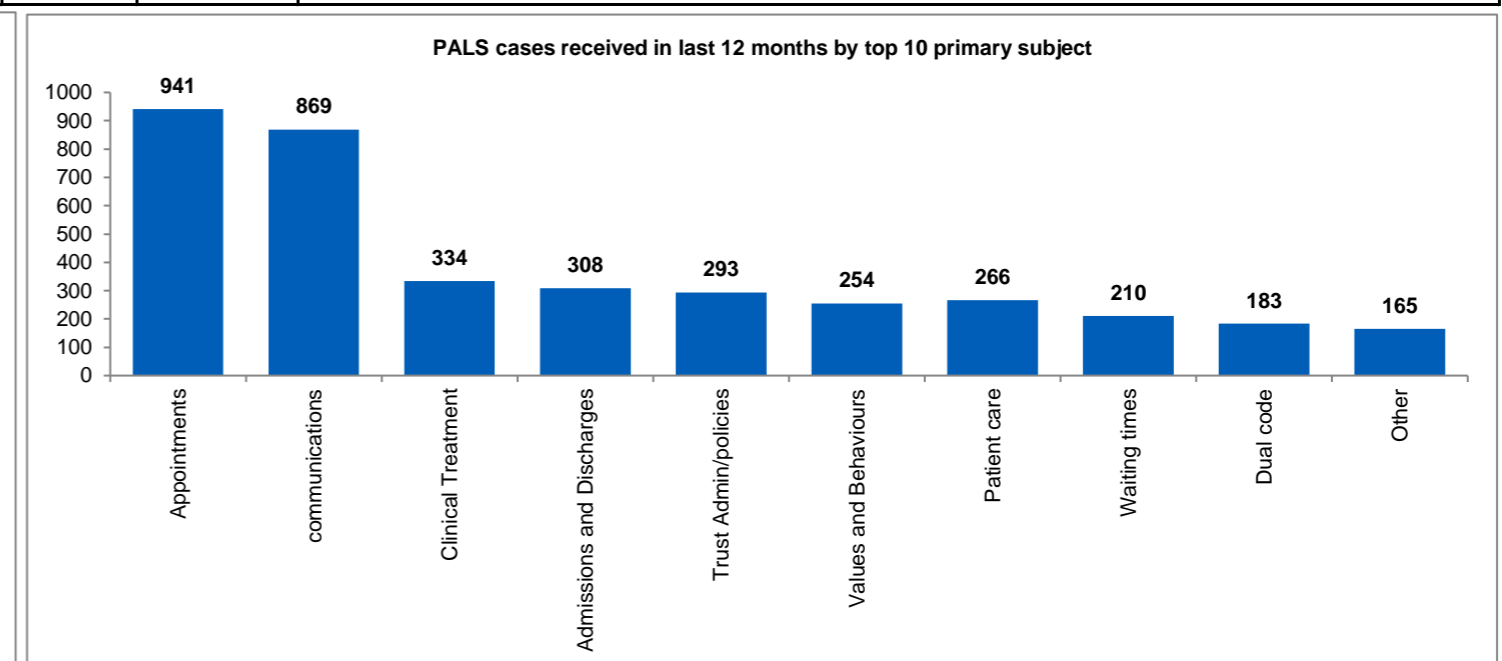
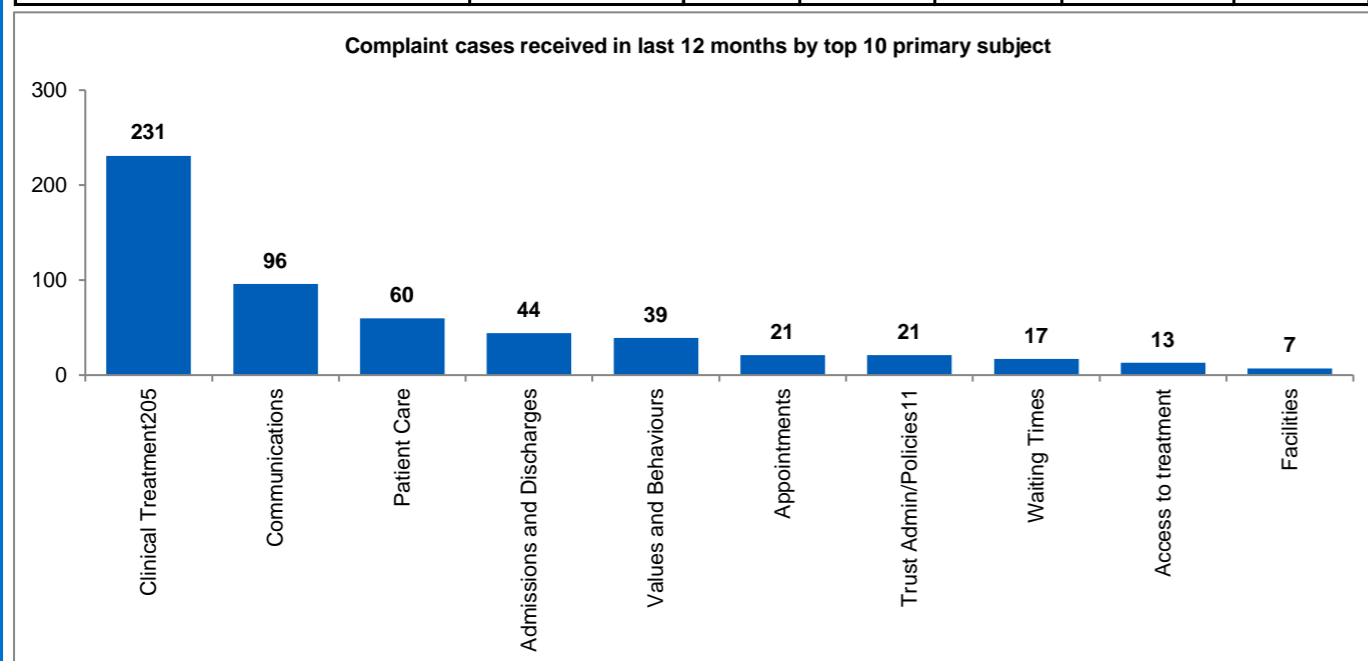
Overall FFT in July, there was variation in the Good and Poor scores. Inpatient and adult A&E FFT Good and Poor scores improved. Paediatric A&E saw a decline in both Good and Poor scores compared to June. Day case FFT Good and Poor scores declined and the Outpatients Good score declined. However both day case and outpatients continue to maintain strong FFT scores. Maternity Good score improved by 2%, mainly from Lady Mary, however Lady Mary had a 4% Poor FFT score.

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.

Author(s): Charlotte Smith/Kate Homan Owner(s): Clare Hawkins

PALS and Complaints Cases

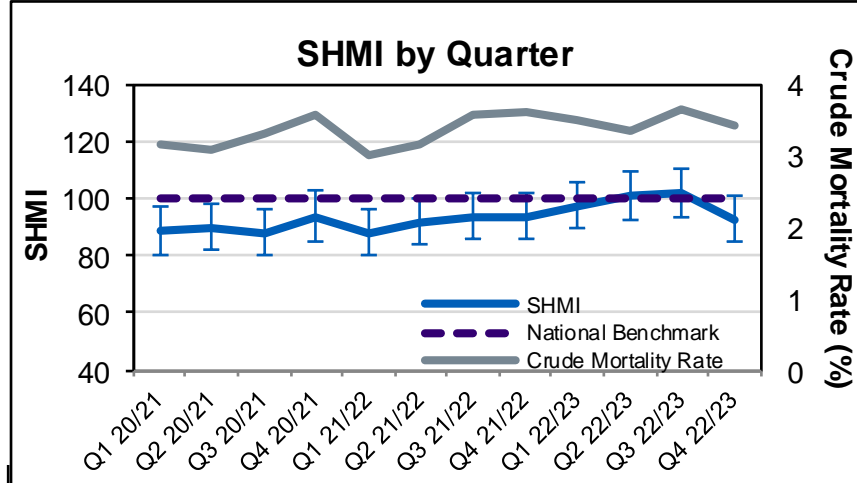
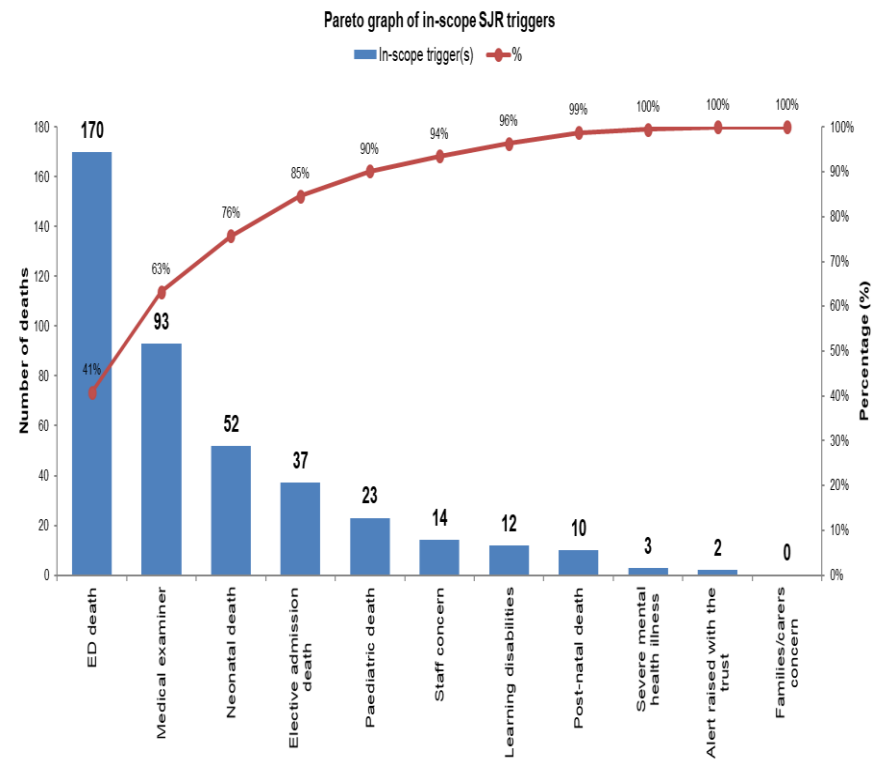
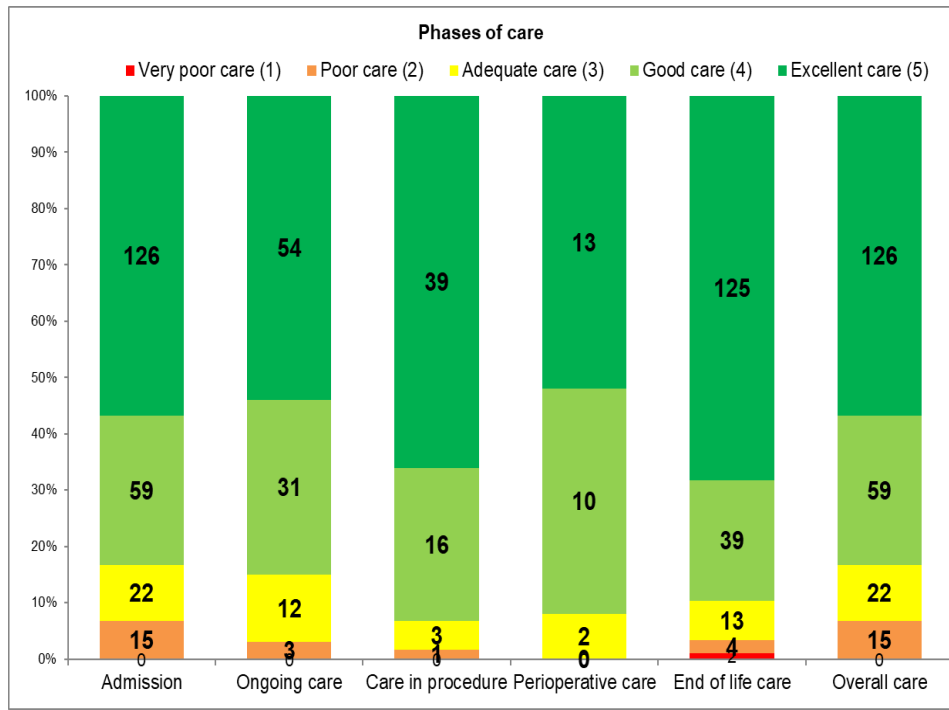
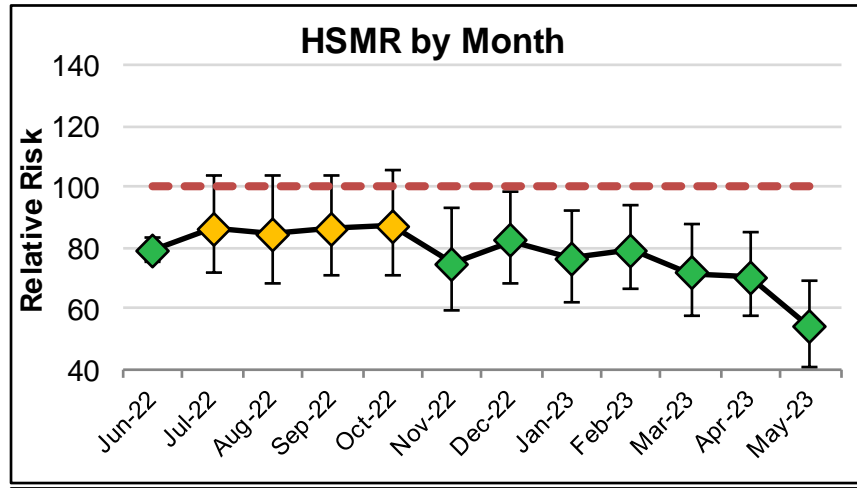
Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	July 19-July 23	month	-	55	55		SP	-	The number of complaints received between July 2019 - July 2023 is higher than normal variance.
% acknowledged within 3 days	July 19-July 23	month	95%	89%	73%		-		49 out of 55 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	July19-July 23	month	50%	35%	30%		S7		145 complaints were responded to in July, 51 of the 145 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	July19 -July 23	month	80%	49%	87%		SP		71 out of 145 complaints responded to in July were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	July19 -July 23	month	-	16%	34%		-	-	There were 8 complaints graded 4 severity, and 1 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	July19 - July 23	month	-	14	32		S7	-	14 Compliments were registered during July and sent onto relevant staff for information



PHSO - One case was taken for investigation in July 2023 relating to care provided in 2020. A backlog of complaint responses (550) declared in May 2023 has now been brought down to under 300. A new process has been introduced within the complaints team to try to resolve issues raised much quicker by engaging the Divisions at the outset to reduce the number of lengthy responses. Meetings and telephone conversations are being offered to all complainants.

Learning from Deaths

Indicator	Data range	Period	Current period	Mean	Variance	Target status	Comments
Total inpatient and Emergency department deaths	August 2018 - July 2023	Jul-23	131	134		-	May 2023 saw end of 14 month upward shift.
Emergency Department and Inpatient deaths per 1000 admissions			7.6	9			
Emergency department deaths			3.0	8.7		-	July 2023 saw end of an 11 month statistically significant increase
Inpatient deaths			128	125		-	
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)			18%	21%		-	In July 2023, 23 SJRs were commissioned

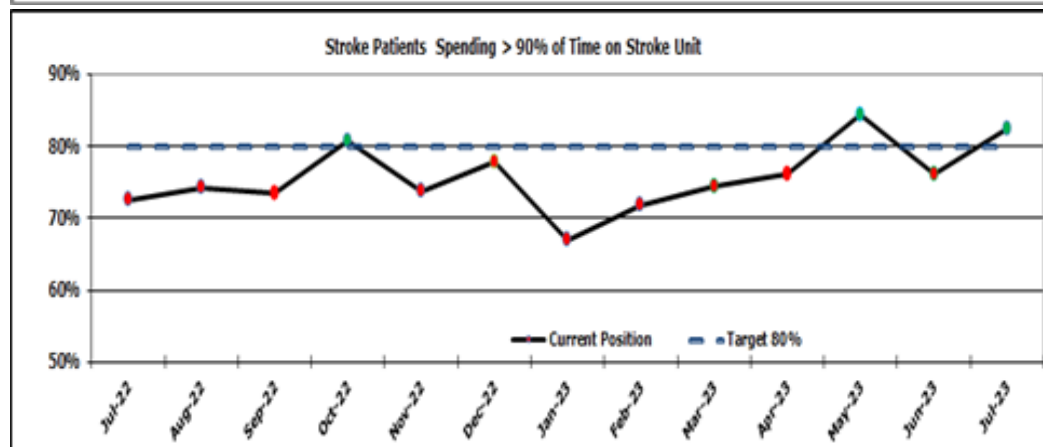
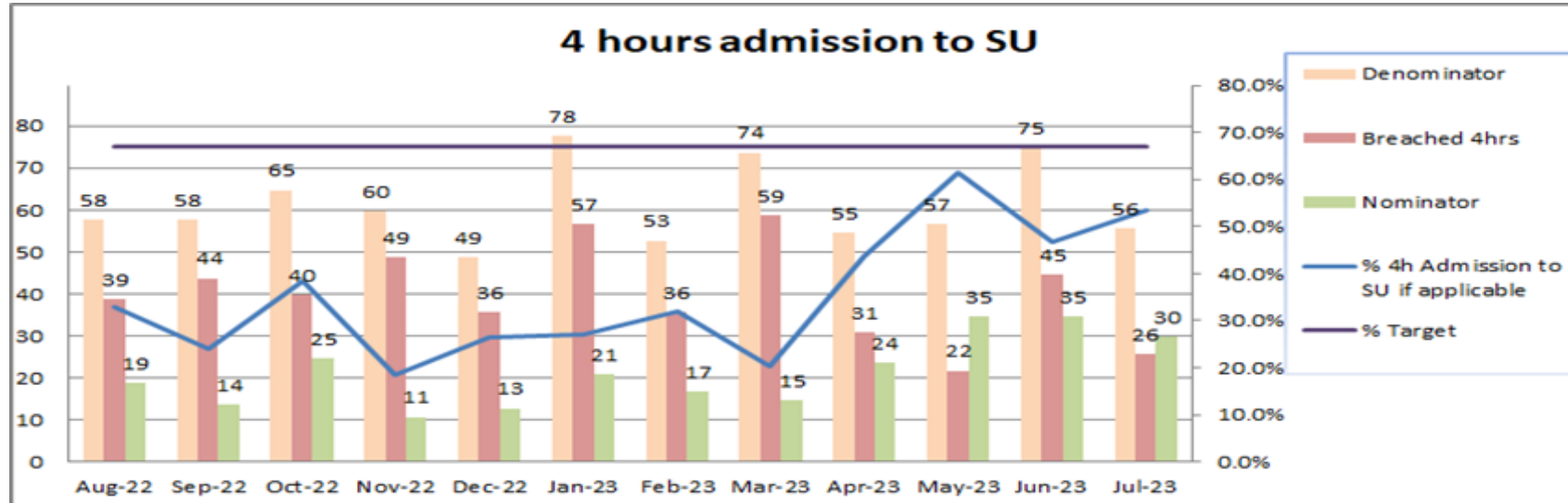


Executive Summary
HSMR - The rolling 12 month (June 2022 to May 2023) HSMR for CUH is 77.23, this is 4th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 92.23.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, April 2022 to March 2023 is 97.89.
Alert - There are 0 alerts for review within the HSMR and SHMI dataset this month.
 There were no serious incidents associated with potentially/avoidable death commissioned in July 2023.

Stroke Care



Cambridge University Hospitals
NHS Foundation Trust



4hrs to SU breach themes	Pts
Awaiting senior review	5
ED busy	1
Not referred on arrival	8
Not thought to be a stroke. CT confirmed bleed	2
patient deteriorating-requiring airway management	1
Trust bed capacity	4
unclear/MRI confirmed stroke	5
Grand Total	26

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%)
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%
Jun-23	2	5						4					9				20	76.2%
Jul-23		5				2		1					4				12	82.4%
Summary	19	90	0	0	0	3	18	16	1	1	3	0	46	7	0	7	219	

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for July 2023 = 82.4%

Trust bed capacity (5) was the main factor contributing to breaches last month, with a total of 12 breaches in July 2023.

4hrs adm to SU (67%) target compliance was not achieved in July 2023 = 53.6%

Key Actions

- Work continues to protect 2 x ring-fenced beds on R2 (one male and one female)
- 20% of the stroke unit bed base is occupied by general medical outliers
- Introduced nurse participation at the twice daily neuro bed huddles is helping to manage bed base and ensure appropriate patients are allocated to R2
- 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.
- ACP role to support stroke unit has been agreed. JD is being finalised and recruitment process has been approved
- National SSNAP data shows Trust performance from Jan - Mar 2023 at Level B.
- 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

Author(s): Charles Smith Owner(s): Nicola Ayton

Clinical Studies

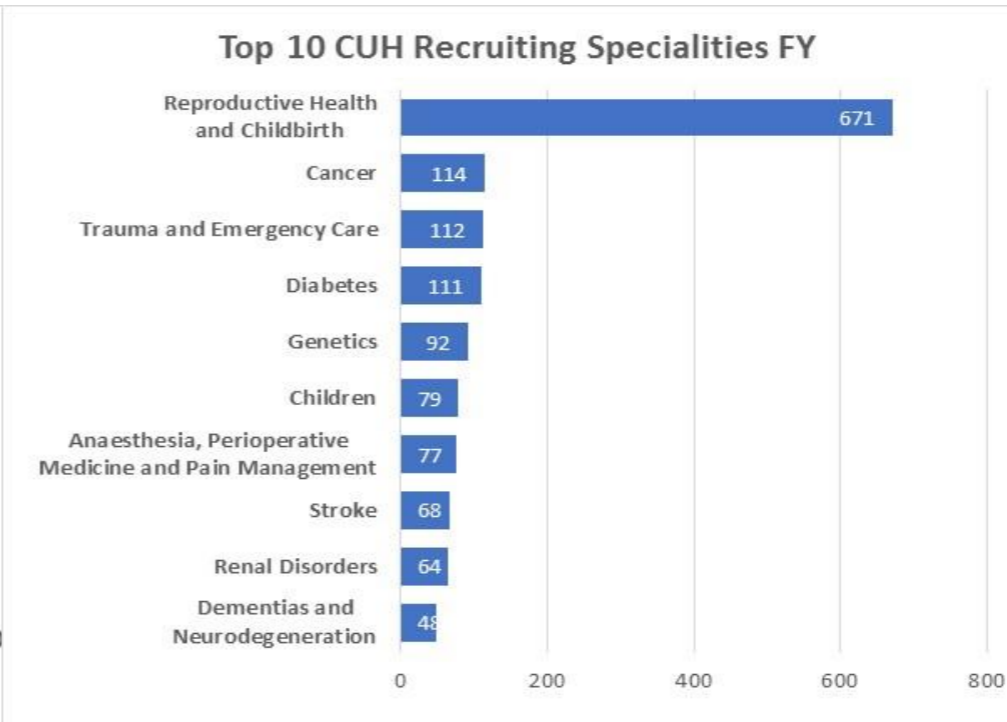
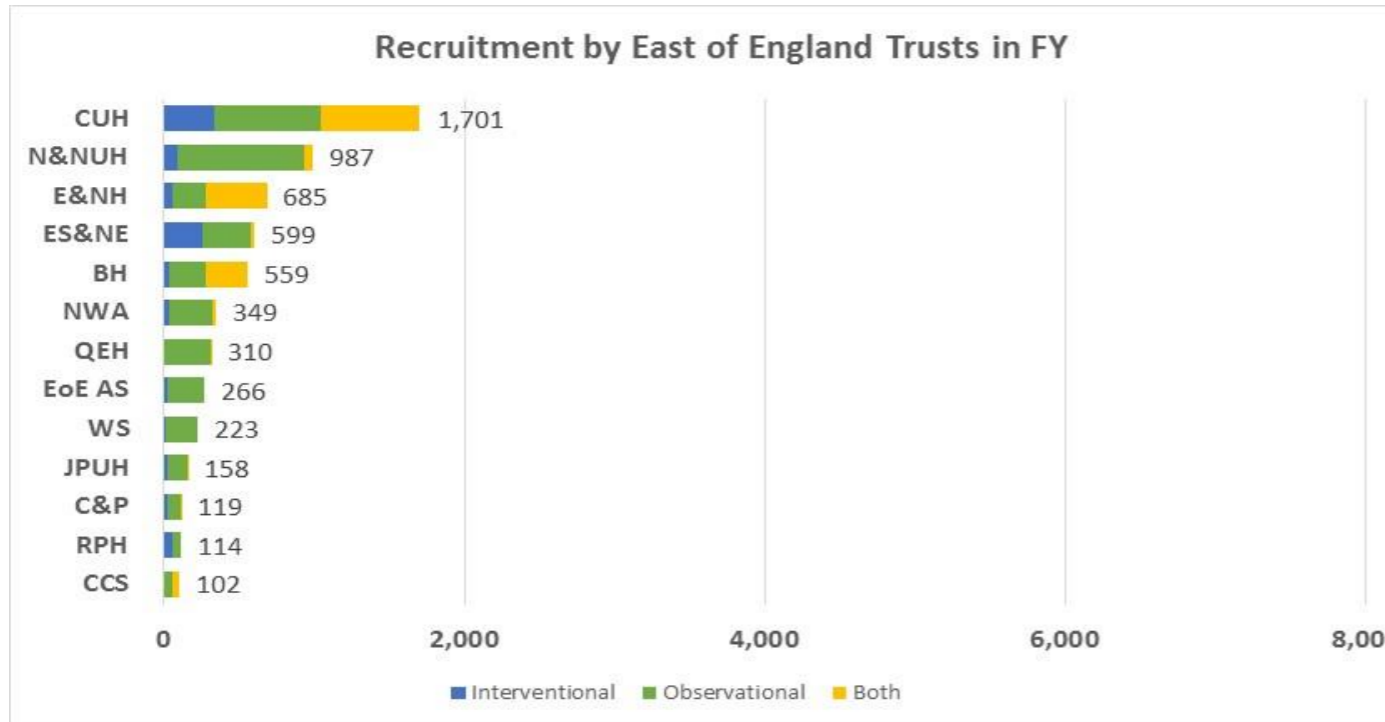


Total Recruitment at end of June - FY 2023-24

1,701

Recruiting Studies at end of June for FY 2023-24

Open	201	Non Commercial	185
Closed	10	Commercial	26
Suspended	0		
Total	211		



Situation as at end of Q1 2023/24

- * Total recruitment in the financial year to date: 1,701
- * CUH accounted for 27% of total recruitment by Eastern Trusts in the financial year to date. Interventional only studies accounted for 34% of the total, while Observational only studies accounted for 19% of the total. The remaining 42% were both Interventional and Observational.
- * Recruitment to the Reproductive Health speciality accounted for 39% of all recruitment (671). All of the other individual specialities accounted for less than 10% of the total recruitment.
- * There were 211 recruiting studies, of which 26 were Commercial, and 185 Non-Commercial.

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

Maternity Dashboard

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

KEY: CQC DOMAINS
Outstanding
Good
Requires Improvement
Inadequate

LMNS:	Reporting period:	Overall System RAG:
-------	-------------------	---------------------

REGULATORY BODIES												
CQC DOMAINS												
Maternity unit ra	S E C R W					Ac						
-												

CQC alerts (active alerts & year)	Ref C260/AS Puerperal sepsis July 2019		QC Maternity survey results (2021)	
CQC warning notice (29a)	n/a			CUH
Regulatory letters from coroner (28)	n/a		CQC Maternity survey overall rating - improvement since previous year (Y/N)	N
Maternity Safety Support Programme (Date of entry / stage)	Not in maternity safety support programme		Survey scores:	2022 v 2021

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

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

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

Maternity Dashboard

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

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 compliant	Working towards (MIS & SBLCB) / Partially compliant (Ockendon)
Not compliant	Not compliant with all aspects of element

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

Assessment against Ockenden Immediate and Essential Actions (IEA) – to achieve full compliance will all elements of each IEA

Please identify unit	CUH
IEA1 : Enhanced Safety	Rosie Hospital Strategy to be co produced with 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)	

Author(s):

Owner(s): Claire Garratt

Maternity Dashboard

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	<ul style="list-style-type: none"> • FTSU – community medicines management. Escalated to chief pharmacist and ongoing working group in place.
2. Themes from Maternity Serious Incidents and HSIB reports	<p>SI report published following abruption and IUD recommendations include:</p> <ul style="list-style-type: none"> • Symptoms that continue and appear to be out of proportion to the working diagnosis need reconsideration and re-evaluation of all the evidence • Not all vomiting is secondary to infection and therefore a blanket ‘ban’ on any woman with vomiting being transferred to Clinic 23 is inappropriate. • Adherence to the MEOWS Escalation Protocol. • Ensure there is clarity regarding the roles of the supernumerary shift lead and Site Safety Midwife • Review current processes and guidance locally for ensuring the timely review and follow up of test results <p>Oncology maternal death HSIB report received: no safety recommendations for CUH</p>
3. Themes arising from Perinatal Mortality Review Tool	<ul style="list-style-type: none"> • Lack of referral to preterm surveillance clinic for next pregnancy – education planned & Epic risk assessment build about to be commenced. • Post discharge bereavement support following loss on NICU.
4. Listening to women (sources, engagement / activities undertaken)	<ul style="list-style-type: none"> • Complaint themes (n=5) and concerns (n=3) themes: communication, clinical treatment and for concerns requests for appointments • 2 compliments received: staff member in USS professional and kind; in community excellent care from Emerald team midwives • Birth Afterthoughts service feedback: positive experience, gave closure, gave clarity, helpful for understanding of care and implications for future birth. Some negative experiences reported around LMW, how bad news was delivered at USS, didn’t feel listened to on RBC leading to delay in pain relief. • Overall FFT feedback: Good = 99.2% (2% increase compared to June); Poor = 0.8% (0.8% increase compared to June).
5. Listening to staff (eg activities undertaken, surveys and actions taken as a result)	<ul style="list-style-type: none"> • PMA identified themes via staff feedback: DU culture highlighted by B6 midwives including lack of support for B5 midwives and students on DU – escalated to matron. B6 brunch drop-in arranged by lead PMA to facilitate support and gather feedback but due to unit acuity it could not go ahead.

Author(s):

Owner(s): Claire Garratt

Maternity Dashboard

Sources / References	KPI	Goal	Target	Measure	Data Source	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-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 KPIs	438	454	415	474	452	490	5508	
Antenatal Care ICS contracted booking KPI	Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	Booking Appointments	Epic	91.69%	91.69%	95.48%	83.06%	91.03%	89.11%		Return to face to face in ANC and community clinics phased in from 1 July.
National Maternity Dashboard	Booking Appointments	For Information	N/A	Booking Appointments	Epic	303	361	310	431	379	358		
Source - EPIC	Vaginal Birth (Unassisted)	For Information	N/A	SVD's in all birth settings	Rosie KPIs	53.88%	57.05%	47.47%	49.16%	48.45%	48.16%		
Source - EPIC	Home Birth	For Information	N/A	Planned home births (BBA is excluded)	Rosie KPIs	0.23%	1.32%	0.96%	0.21%	0.22%	1.63%		
Source - EPIC	Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	Rosie KPIs	17.58%	14.32%	13.73%	14.14%	15.71%	13.47%		
Source - EPIC	Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	Rosie KPIs	35.19%	43.00%	47.06%	41.00%	31.96%	34.41%		
Source - EPIC	Induction of Labour	For Information	N/A	Women induced for birth	Rosie KPIs	29.93%	29.13%	38.20%	34.12%	33.48%	33.89%		
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	24.85%	31.29%	27.03%	30.16%	27.62%	28.64%		Special cause of improving nature. NB: Red flag of 2 hours is based on time of "commencement of IOL" in NICE guidance, but locally reported based on administration of first prostaglandin.
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	7.27%	5.52%	10.27%	9.52%	11.05%	9.05%		Special cause of improving nature.
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%	0.64%	1.25%	0%	0%		
Source - EPIC	Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance.	IOL Team	100%	100%	99.36%	100%	99.33%	100%		6 were outside guidance but had a consultant plan.
Source - EPIC	Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	Rosie KPIs	10.73%	10.57%	11.81%	12.03%	13.05%	12.04%		
Source - EPIC	CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	Rosie KPIs	34.47%	42.95%	40.24%	38.40%	38.27%	39.18%		
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	14.70%	14.90%	20.30%	19.10%	18.30%	20.90%		
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	48.90%	59.80%	50.80%	50.50%	41.10%	55.10%		
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	1:3.14	1:4.69	1:3.75	1:3.24	1:2.93	1:3.68		
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	79.1%	91.5%	86.4%	88.1%	83.9%	83.3%		
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	60.9%	60.0%	68.3%	72.0%	61.3%	67.2%		
Source - Rosie Divert Folder	Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	1	2	0	1	2	4		2 due to capacity and staffing, 1 due to capacity and 1 due to staffing and NICU capacity. Above average birth rate: 9% increase compared to July 22 birthrate and induction rate 10% higher than average of last 6 months.
Source - Rosie Divert Folder	Total number of hours on divert	For information	N/A		Rosie Diverts	16:50	20:50	0	15:30	27:25	98:20		
Source - Rosie Divert Folder	Admissions to Rosie during divert status	For information	N/A	Number of women admitted to the Rosie during divert based on Admissions Report	CHEQs	8	7	0	6	14	52		NB: Previously reported data not correct (under-reported) - data now taken from Chqs admissions.
Source - Rosie Divert Folder	Number of women giving birth in another provider organisation due to divert status	For information	N/A		Rosie KPIs	0	0	0	1	3	4		

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Maternity Dashboard

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	1.24	1:23.6	1:24.5	1:23.7	1:24.1	1:25.3		
Birth Rate Plus	Midwife/birth ratio (funded)**	For information	1.24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average based on the BR+ methodology)	Finance	1:23.8	1:23.7	1:23.7	1:23.7	1:23.8	1:23.4		
Safer Childbirth / 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%		Special cause of improving nature.
Source - CHEQs	Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	6.19%	5.74%	5.30%	4.92%	4.57%			Special cause of improving nature.
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	90.2%	88.9%	86.8%	88.4%				
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	84.53%	70.58%	73.97%	79.74%	81.22%			No data available for July due to lack of admin support within PD to cleanse dot data. Over 480 staff members on dot who need to attend Prompt.
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	87%	87%	84%	83.6%	81%	80%		NICU Dr 77%, NICU RN 66%, RMs 88%, MSWs 54%
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	84.56%	85.71%	90.18%	86.60%	87.08%	81.00%		MWs 83% / Obs 68% - drop in midwife compliance as MW list updated and some had been missed. Escalation process in place for non-compliance for bank and substantive staff.
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	86.46%	72.11%	80.45%	84.52%	84.91%	82.00%		MWs 83% / Obs 71%. Escalation process in place for non-compliance for bank and substantive staff.
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	88.7%	87.3%	85.2%	87%	91.6%			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	0.46%	0.46%	0.49%	0.21%	0.22%	0.42%		
Source - CHEQs	ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs	2	1	1	0	0	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	6.82%	7.17%	3.75%	3.75%	4.63%	5.84%		
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	3.28%	1.32%	2.90%	5.56%	3.62%	3.73%		
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	7.22%	2.95%	5.42%	3.38%	1.55%	1.83%		
CQC KLOE	Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.84%	2.64%	1.55%	1.45%	2.59%	2.30%		
MBRRACE	Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	QSI	1	1	2	0	1	2		2 x accretas
MBRRACE	Direct Maternal Death	0	<1		QSI	0	0	0	0	0	0		
Governance													
Source - QSI	Total number of Serious Incidents (SIs)	0	<1	Serious Incidents	QSI	1	0	0	0	0	0		
Source - QSI	Never Events	0	<1	DATIX	QSI	0	0	0	0	0	0		

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Maternity Dashboard

Neonatal Morbidity													
MBRRACE / PMRT	Still Births per 1000 Births	3.33/1000 (Mbrace 2021)		Incidence per 1000 births	CHEQs	2.75:1000	3.67:1000	2.94:1000	2.75:1000	2.93:1000	3.45:1000		normal variation all 3 cases reviewed using PMRT with themes shared
MBRRACE / PMRT	Stillbirths - number ≥ 22 weeks	<3	<6	MBRRACE	CHEQs	3	3	1	2	2	2		
Epic	Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	0	0	0	0	0	1		Fractured humerus - 24 rapid review confirmed known complication of forcep delivery.
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	0.69%	2.01%	1.94%	1.27%	2.23%	1.66%		
CQC KLOE	Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	5.28%	5.91%	3.72%	3.83%	3.83%	4.07%		
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	4.2%	4.6%	6.0%	4.9%	4.0%	4.7%		(NB: June ATAIN data rounded incorrectly to 3.9% instead of 4.0% - amended.)
Quality													
CNST	1-1 Care in Labour	>95%	>90%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPIs	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%		
CQIM	Babies with a first feed of breastmilk	> 80%	>70%	Breastfeeding	Rosie KPIs	84.02%	84.12%	81.55%	83.65%	83.93%	83.37%		
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	3.02%	5.73%	5.60%	5.33%	4.72%	4.78%		
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	96%	94%	95%					No accurate data due to staff absence - plan in place to back date and report 3 months in August. (Usually reported 1 month behind due to manual data quality checking).
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	78%	77%	73%					No accurate data due to staff absence - plan in place to back date and report 3 months in August. (Usually reported 1 month behind due to manual data quality checking).
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. Quality checking updated report and hope to report Aug 23 data.
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. Quality checking updated report and hope to report Aug 23 data.

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Trust performance summary - Key indicators



Trust actual surplus / (deficit)

(£1.0m)	Actual (adjusted)*
£0.3m	Plan (adjusted)*
(£0.3m)	Actual YTD (adjusted)*
£3.8m	Plan YTD (adjusted)*



Elective Payment Mechanism (EPM)

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

£16.6m	EPM forecast actual in month
£18.1m	EPM plan in month
£16.6m	EPM target in month
£65.4m	EPM forecast actual YTD
£72.3m	EPM plan YTD
£66.5m	EPM target YTD



Net current assets

(£85.9m)	Actual
(£48.7m)	Plan

Debtor days

17	This month
16	Previous month

Payables performance (YTD)**

85.4%	Value
88.6%	Quantity

EBITDA

£11.5m	Actual YTD
£16.6m	Plan YTD

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



Capital expenditure

£7.3m	Capital - actual spend in month
£13.9m	Capital - actual spend YTD
£9.3m	Capital - plan YTD



Cash

£195.6m	Actual
£151.1m	Plan

Legend £ in million In month YTD

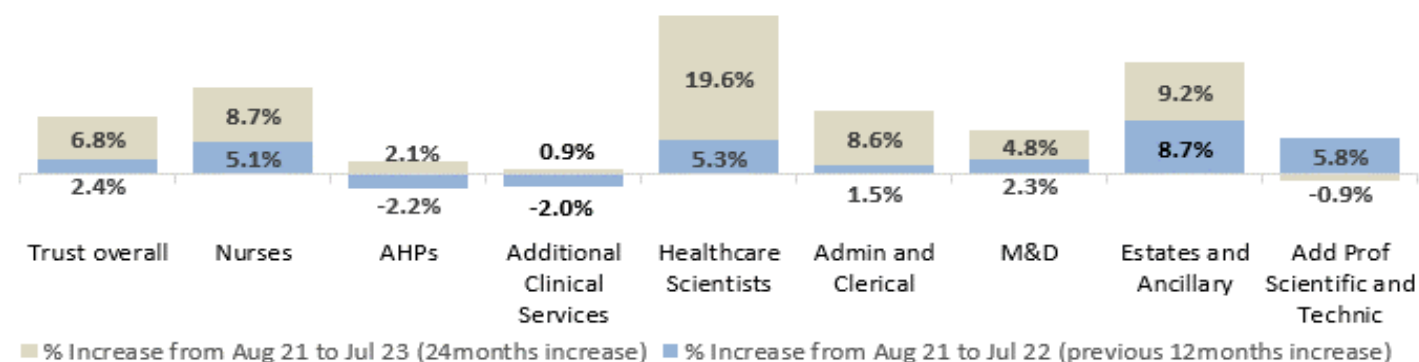
* On a control total basis, excluding the effects of impairments and donated assets
** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.

Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth	FTE		FTE 12 Month growth
	Aug-22	Jul-23		Aug-22	Jul-23	
Add Prof Scientific and Technic	253	236	↓ -6.7%	230	212	↓ -7.9%
Additional Clinical Services	1,923	1,998	↑ 3.9%	1,772	1,830	↑ 3.2%
Administrative and Clerical	2,380	2,552	↑ 7.2%	2,186	2,345	↑ 7.3%
Allied Health Professionals	724	742	↑ 2.5%	637	659	↑ 3.5%
Estates and Ancillary	366	369	↑ 0.8%	354	358	↑ 1.2%
Healthcare Scientists	646	721	↑ 11.6%	606	686	↑ 13.0%
Medical and Dental	1,691	1,703	↑ 0.7%	1,599	1,607	↑ 0.5%
Nursing and Midwifery Registered	3,805	3,930	↑ 3.3%	3,498	3,616	↑ 3.4%
Total	11,788	12,251	↑ 3.9%	10,883	11,312	↑ 3.9%

% Change Since Aug 2021



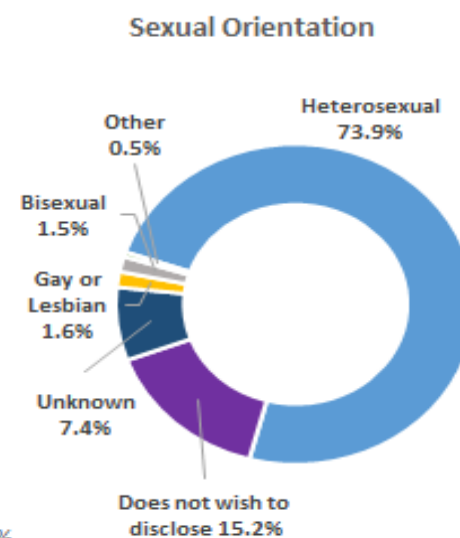
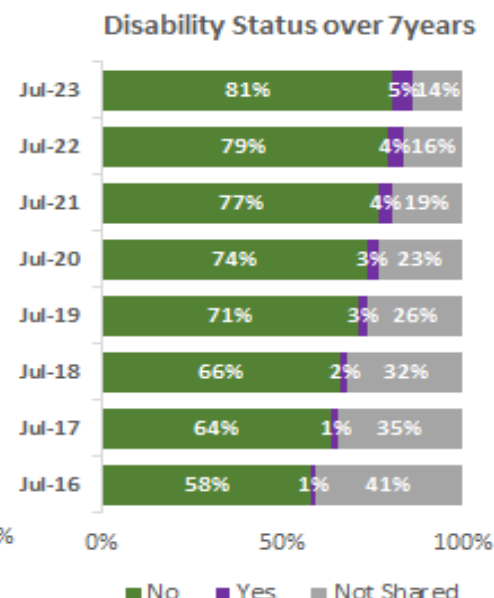
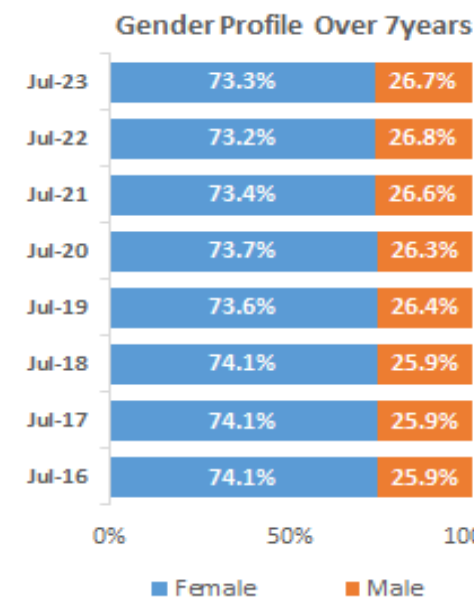
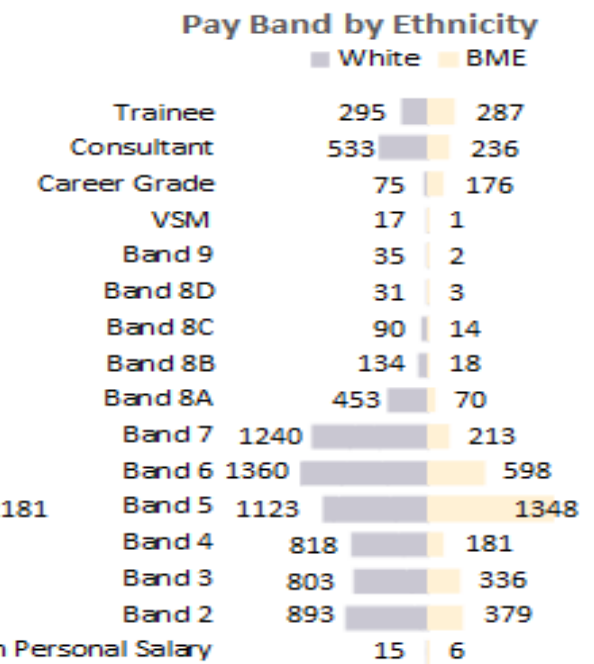
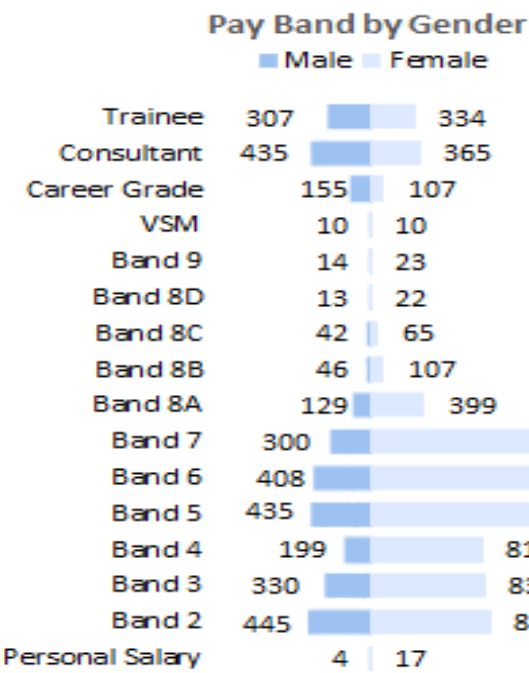
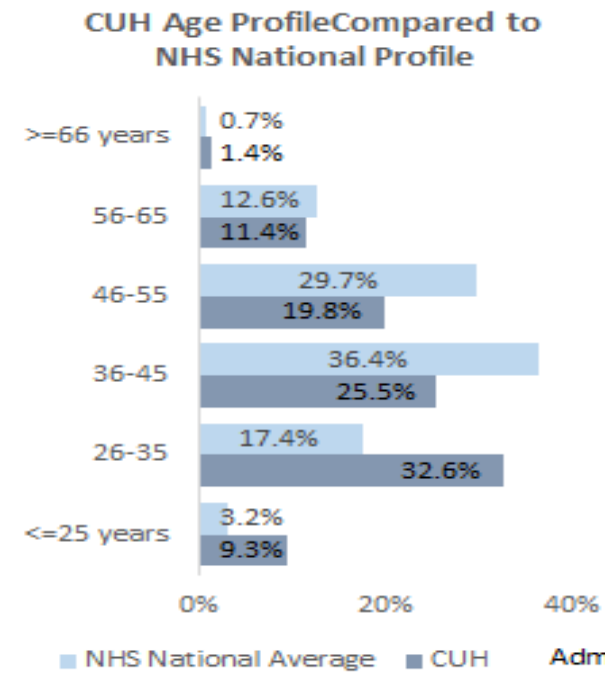
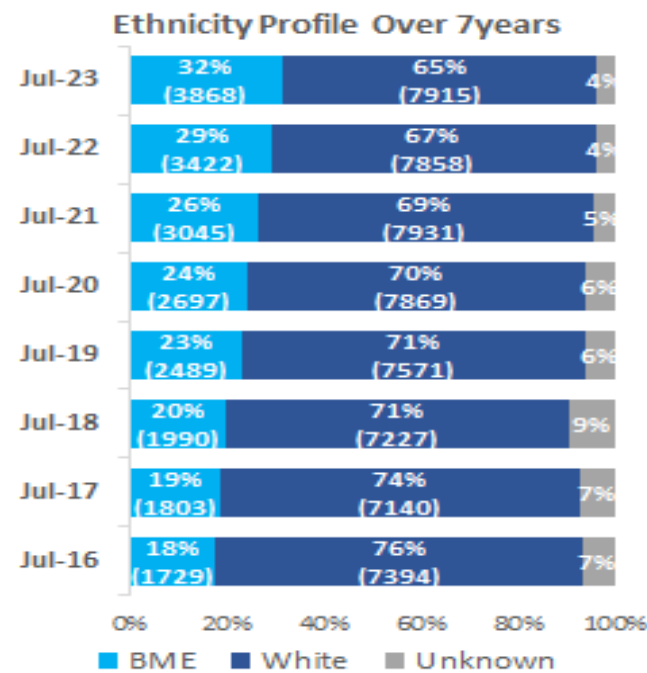
What the information tells us:

Overall the Trust saw a 3.9% growth in its substantive workforce over the past 12 months and 6.8% over the past 24 months. Growth over the past 24 months and past 12 months is showing as lowest within the Additional Professional Scientific and Technical staff group, with a decrease of 0.9% and 7.9% respectively, and highest within Healthcare Scientists at 19.6% and 13% respectively. This is largely due to data cleansing of the Genetics Counselling team, where staff were re-coded from Additional Professional Scientific and Technical and Additional Clinical Services staff groups to the Healthcare Scientists staff group.

Admin & Medical Breakdown

Staff Group	Aug-22	Jul-23	FTE 12 Month growth	
Administrative and Clerical	2,186	2,345	159	↑ 7.3%
<i>of which staff within Clinical Division</i>	1,074	1,140	66	↑ 6.2%
<i>of which Band 4 and below</i>	749	789	40	↑ 5.4%
<i>of which Band 5-7</i>	233	250	17	↑ 7.1%
<i>of which Band 8A</i>	45	50	5	↑ 11.8%
<i>of which Band 8B</i>	7	8	1	↑ 16.7%
<i>of which Band 8C and above</i>	39	42	3	↑ 7.4%
of which staff within Corporate Areas	879	949	71	↑ 8.0%
<i>of which Band 4 and below</i>	244	259	15	↑ 6.3%
<i>of which Band 5-7</i>	412	456	44	↑ 10.6%
<i>of which Band 8A</i>	86	88	2	↑ 2.5%
<i>of which Band 8B</i>	51	52	2	↑ 3.3%
<i>of which Band 8C and above</i>	86	94	8	↑ 8.9%
of which staff within R&D	234	256	22	↑ 9.4%
Medical and Dental	1,599	1,607	8	↑ 0.5%
<i>of which Doctors in Training</i>	651	648	-3	↓ -0.5%
<i>of which Career grade doctors</i>	243	228	-15	↓ -6.1%
<i>of which Consultants</i>	704	730	26	↑ 3.7%

Equality Diversity and Inclusion (EDI)

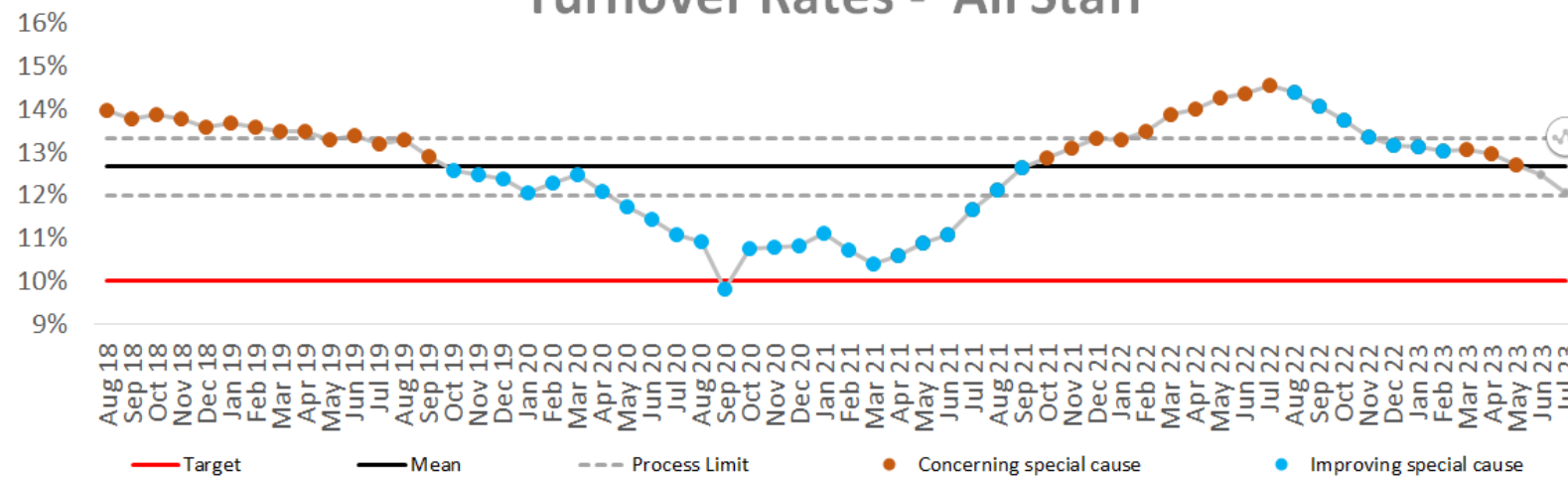


What the information tells us:

- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 58% of our total workforce.
- The percentage of BME workforce increased significantly by 14% over the 7 year period and currently make up 32% of the 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 4.5% to 5.3% over the seven year period. However, there are still significant gaps between the data recorded about our staff on ESR compared with the information staff share about themselves when completing the National Staff Survey.
- There remains a high proportion of staff who have, for a variety of reasons, not shared their sexual orientation.

Staff Turnover

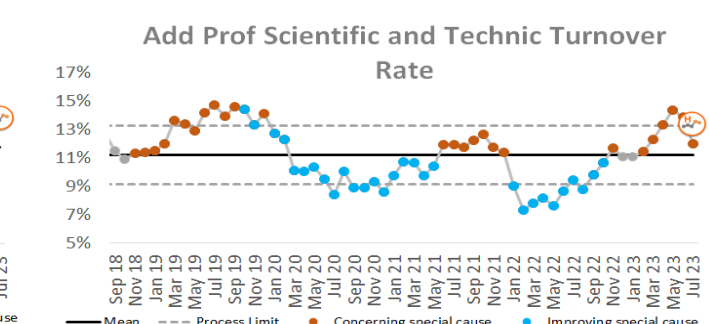
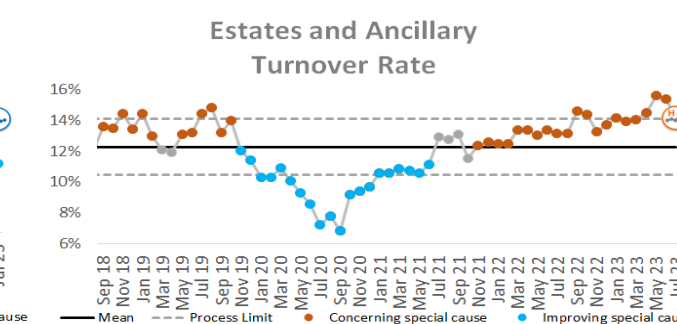
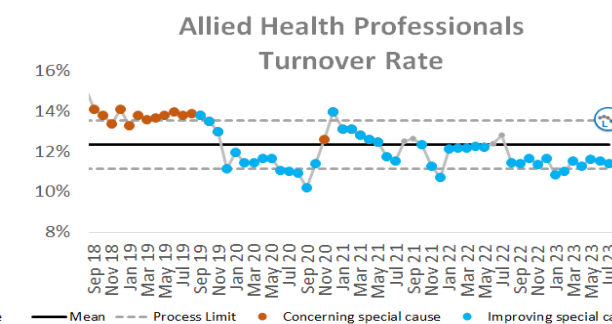
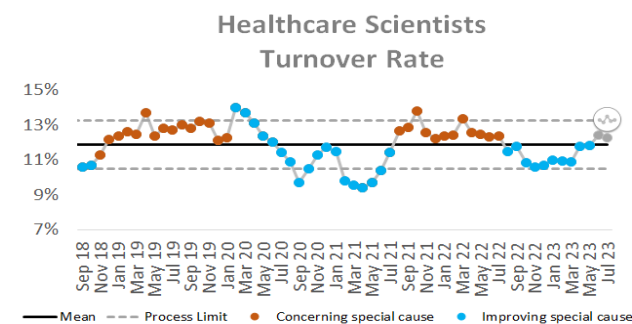
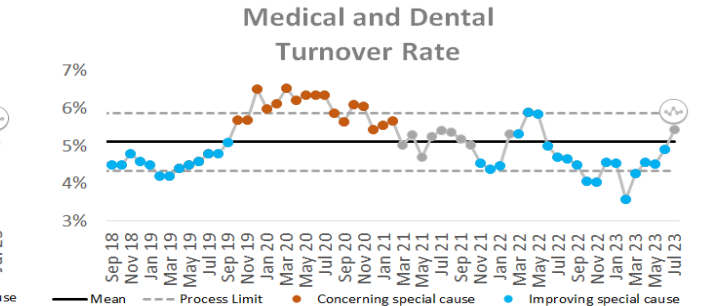
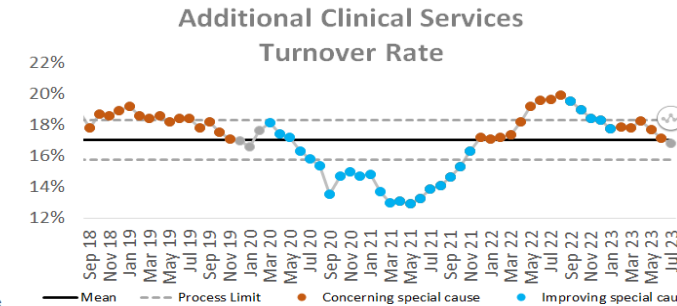
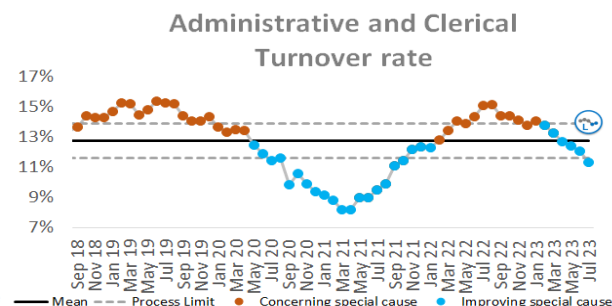
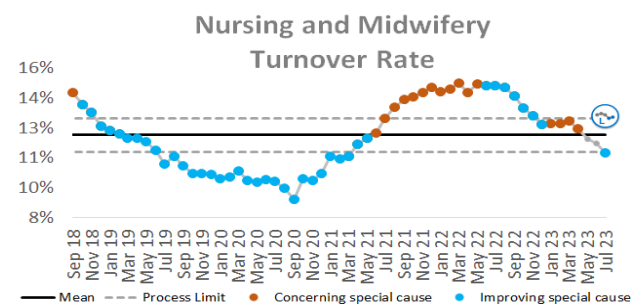
Turnover Rates - All Staff



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

What the information tells us:

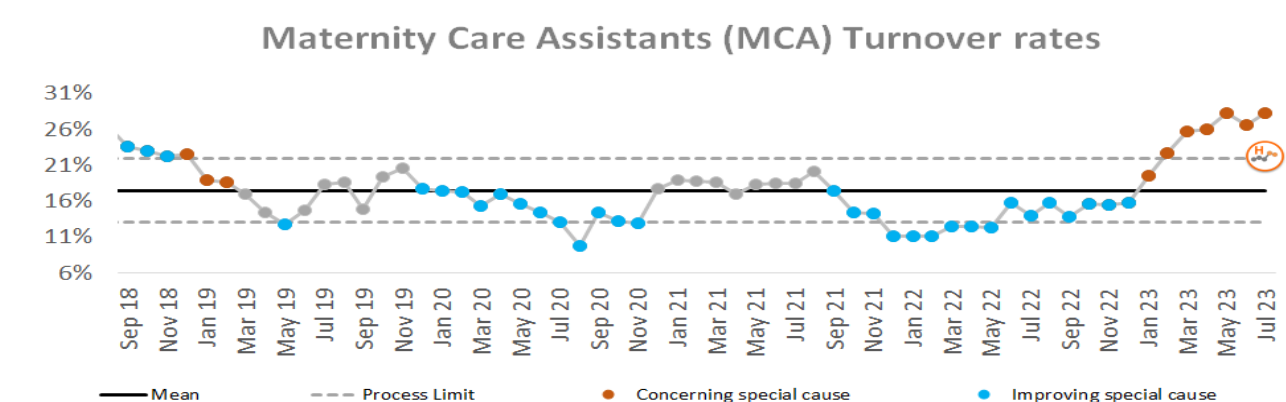
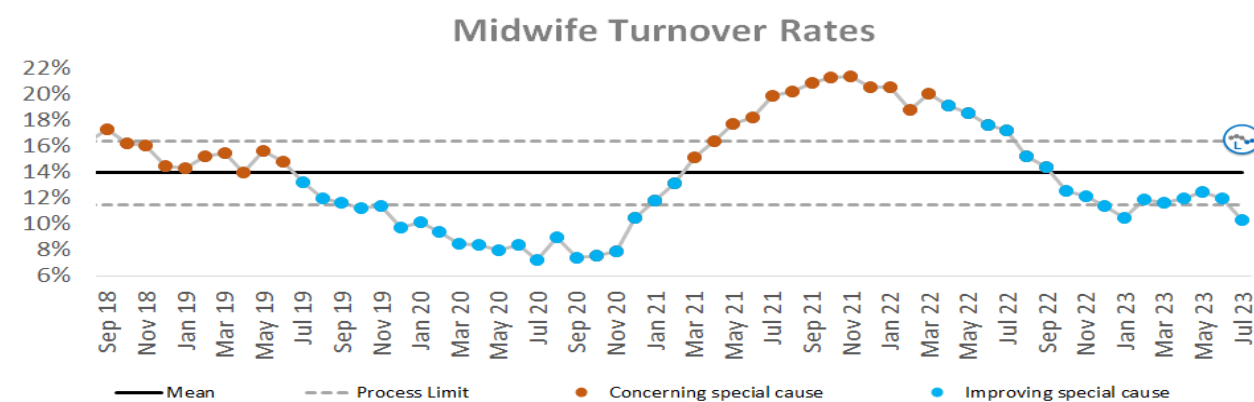
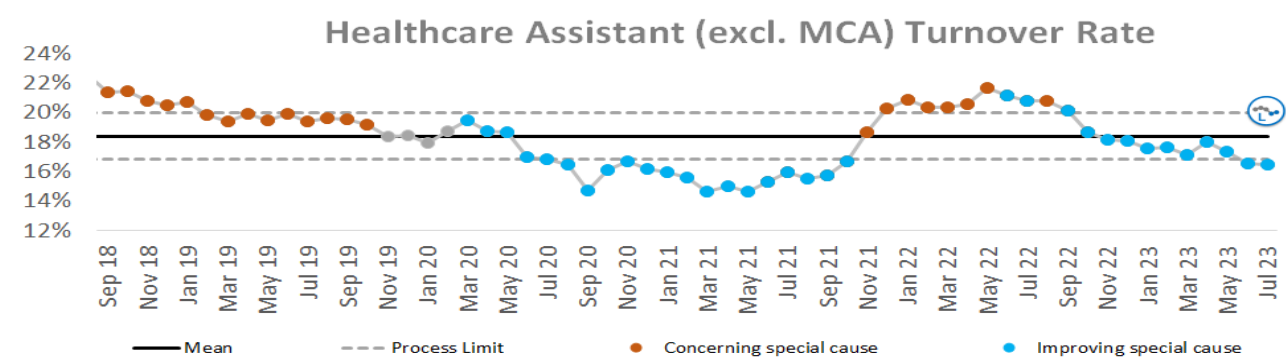
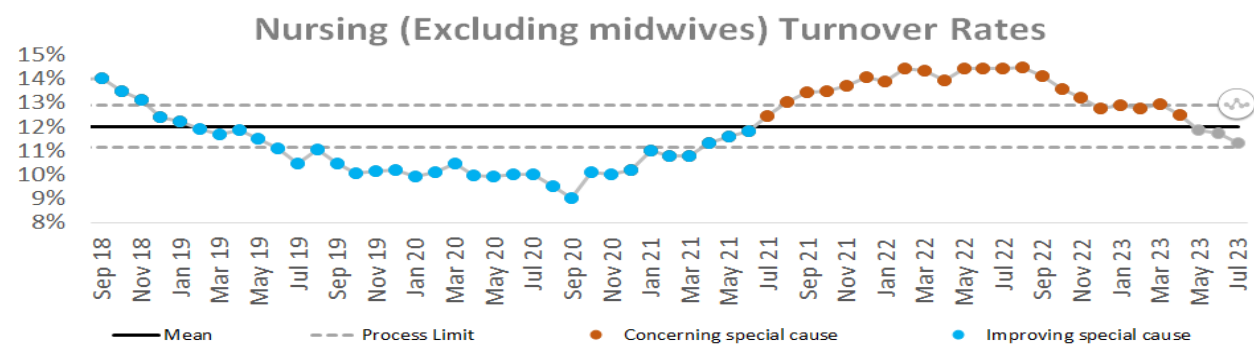
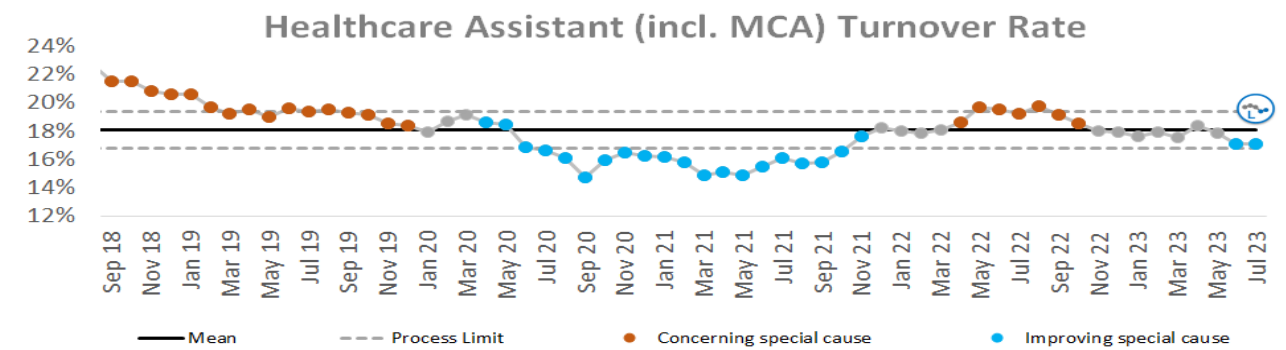
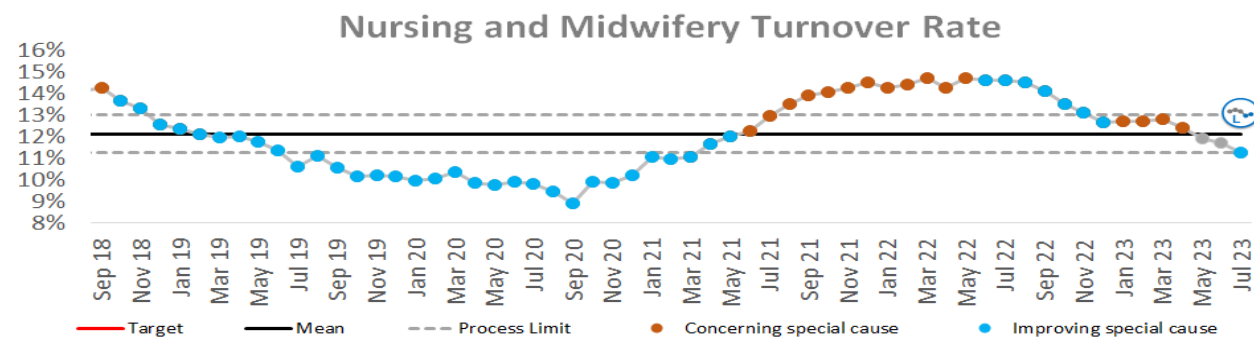
After a steady increase from March 2021 the Trust turnover rate has been decreasing since July 2022 - this month at 12.1% (0.4% lower than last month). This is more in line with pre-pandemic rates, and 1.2% lower than 4 years ago. Medical and Dental staff group has the highest increase of 0.6% to 5.4% in the last four years, followed by Nursing and Midwifery, with an increase of 0.2% to 11.3% in the last four years. Within the staff groups, Additional Clinical Services have the highest turnover rate at 16.8% followed by Estates and Ancillary staff at 14.2%.



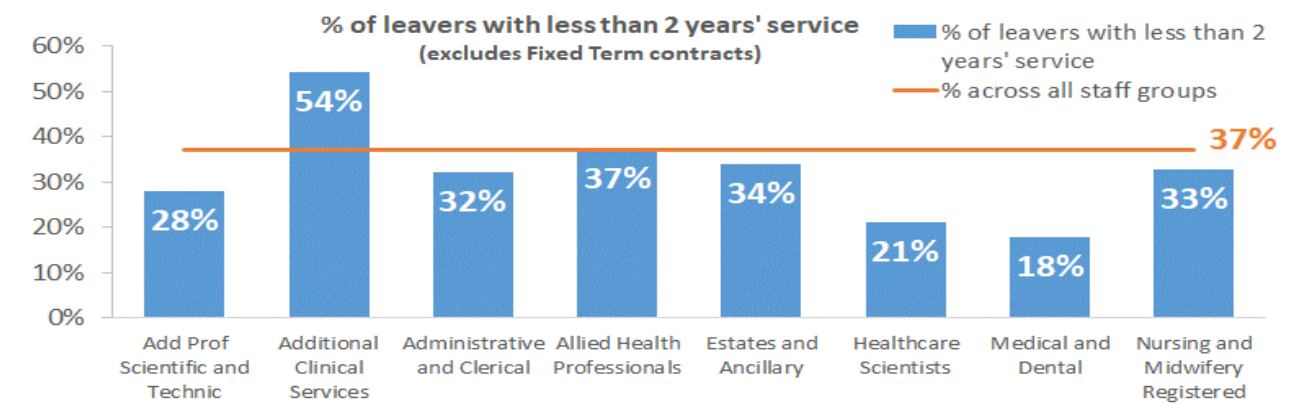
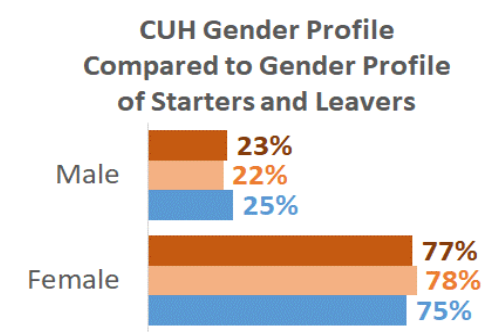
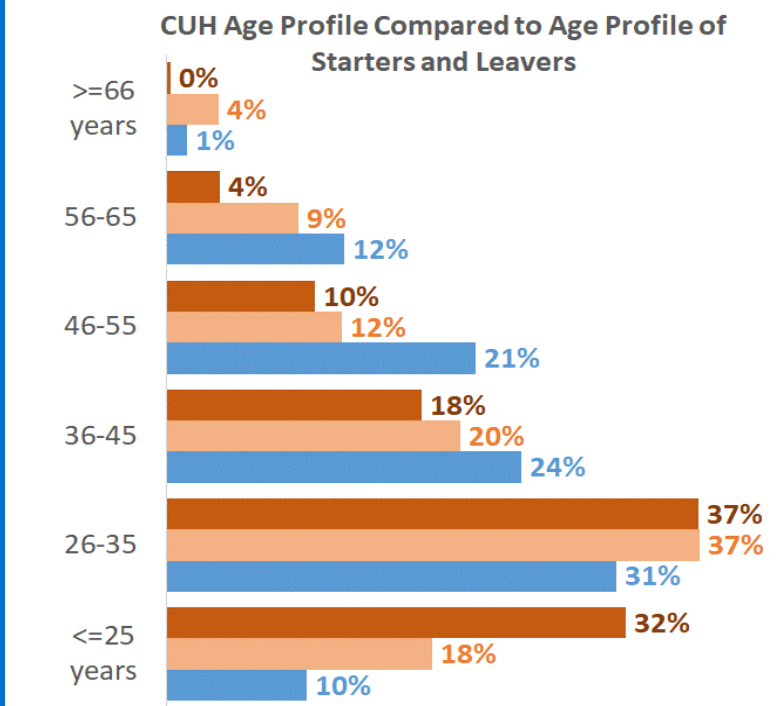
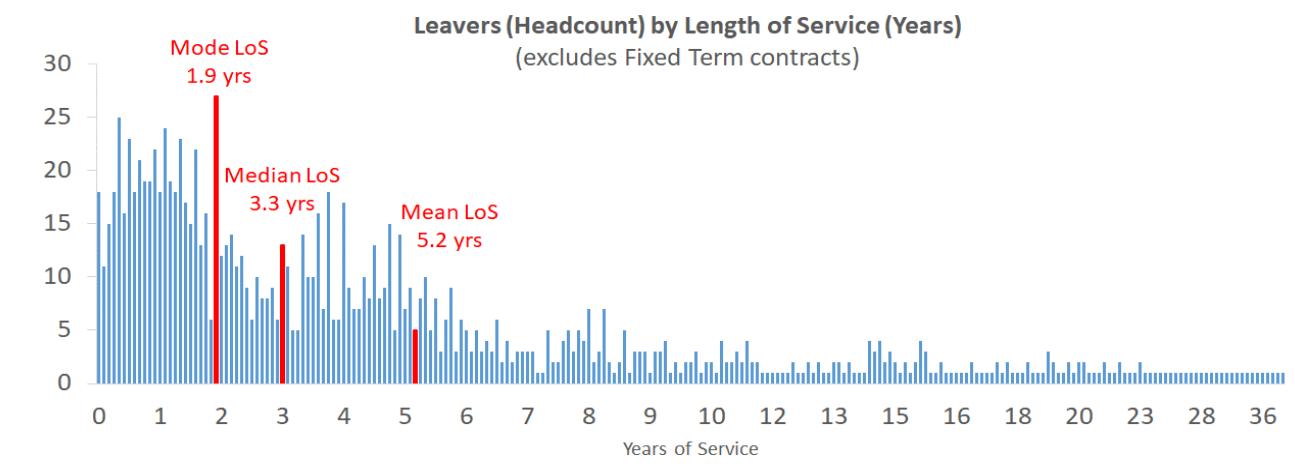
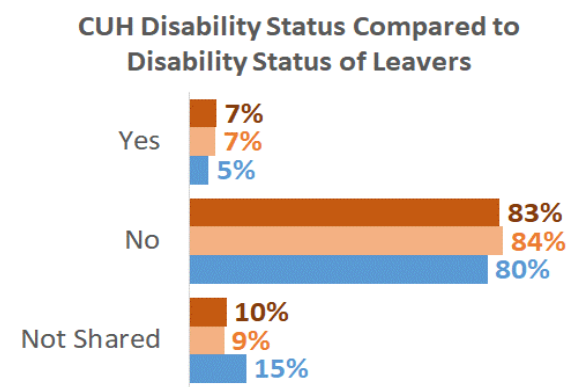
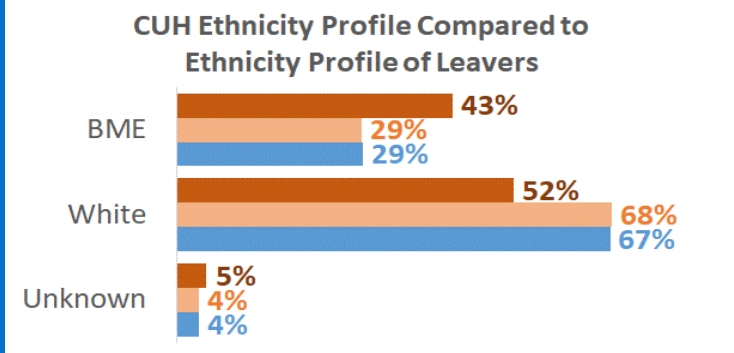
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)



Cambridge University Hospitals
NHS Foundation Trust



Starters & Leavers - last 12 months

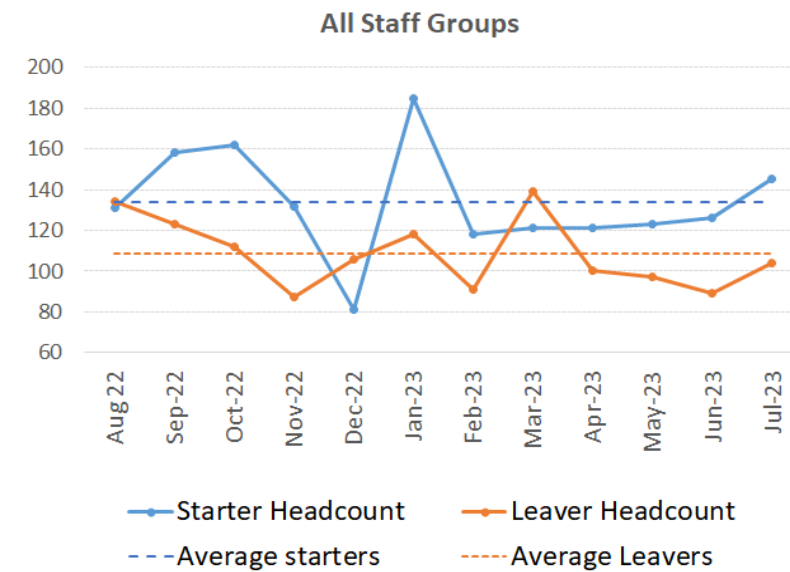
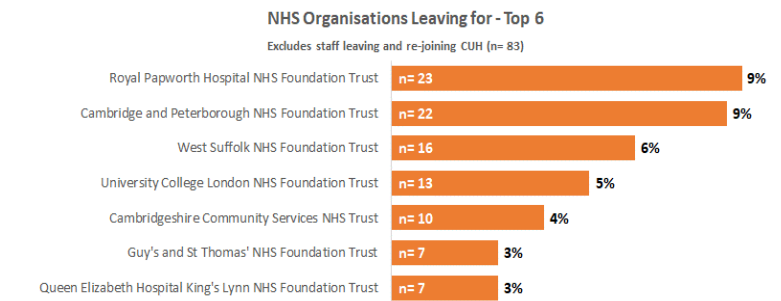
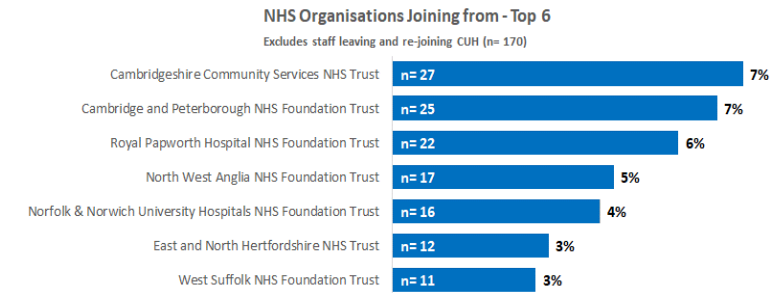
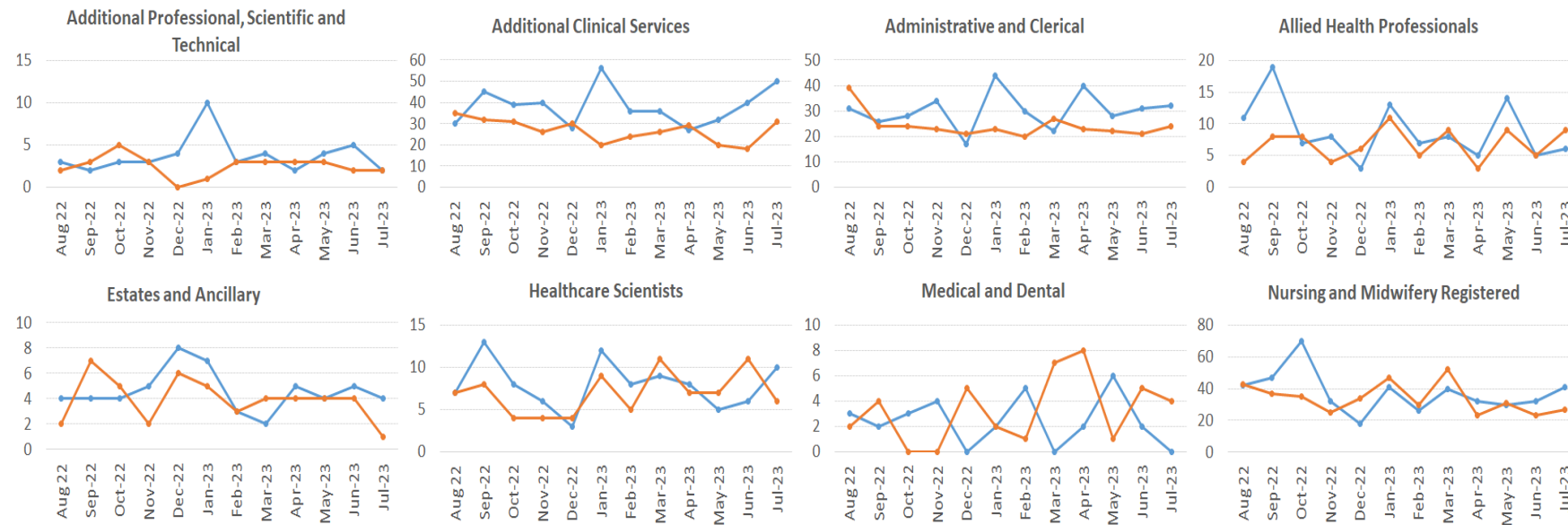


What the information tells us:

The majority of starters to, and leavers from the Trust in the last 12 months were under the age of 35 (68% and 55% respectively), which are higher than the proportion of staff in post of this age (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. 43% of our starters in the last 12 months were from black and minority ethnic groups, compared to 29% 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 - 54%. The most common length of service (mode) upon leaving is 1.9 years – in the last 12 months 27 (headcount) of the 1,194 leavers who were on permanent contracts left at this point. The average (mean) length of service was 5.2 years.

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

Leavers - Last 12 months



Top 10 Leaving Reasons	Number of Leavers (Headcount)	% of all Leavers
Excludes staff leaving and re-joining CUH (n= 83)		
Voluntary Resignation - Relocation	364	28%
Voluntary Resignation - Work Life Balance	256	20%
Voluntary Resignation - Promotion	157	12%
Voluntary Resignation - Better Reward Package	107	8%
Voluntary Resignation - Other/Not Known	93	7%
Retirement Age	67	5%
Voluntary Resignation - Health	58	4%
Voluntary Resignation - Child Dependents	42	3%
End of Fixed Term Contract	36	3%
Voluntary Resignation - Lack of Opportunities	29	2%

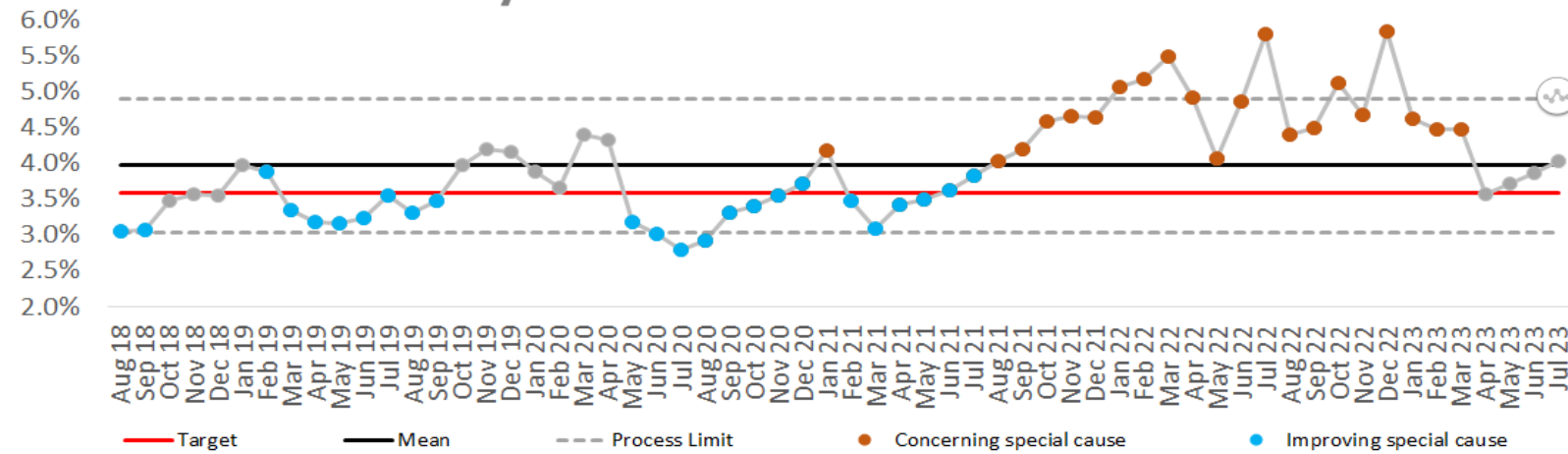
What the information tells us:

The top three reasons for leaving are Voluntary Resignation - due to relocation (28%), for work/life balance (20%) and for promotion (12%).

The top destination on leaving (other than unknown) for leavers over the past 12 months is 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. In July 2023 the most popular destination on leaving (other than unknown) was to another NHS Organisation, with 16% of leavers in July citing this reason on the P4 leavers form (17 individuals, of whom 35% had less than 2 years' service at CUH).

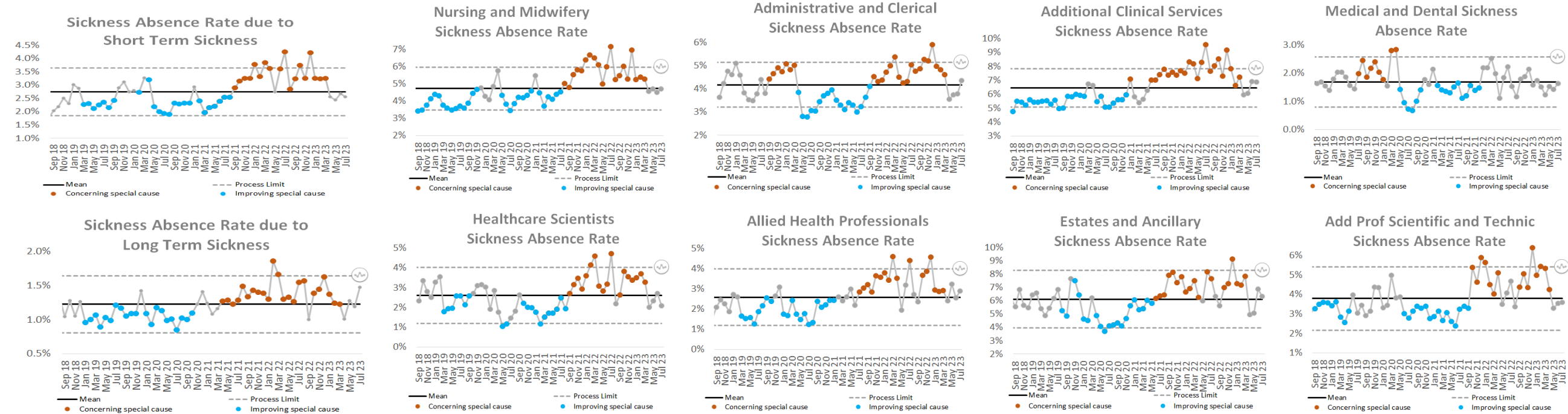
Sickness Absence

Monthly Sickness Absence Rates - All Staff



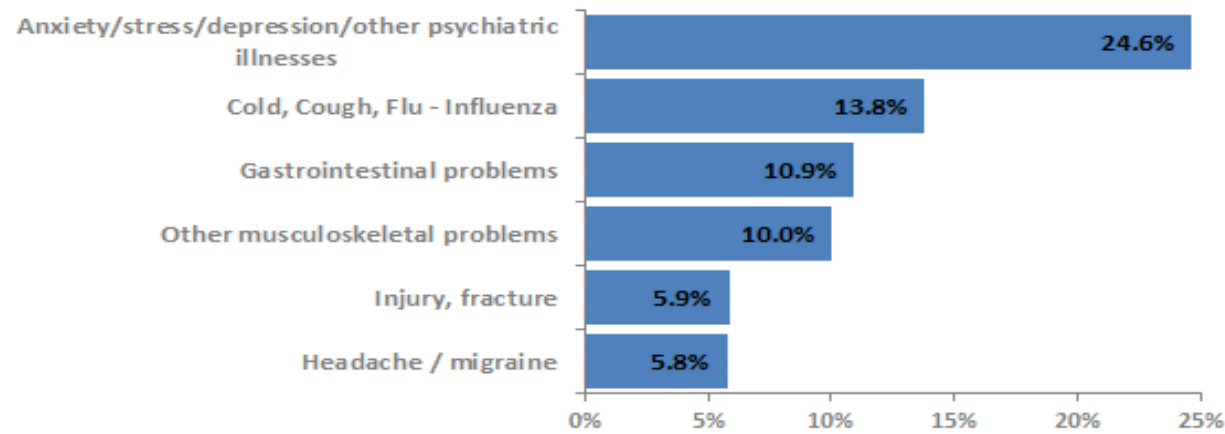
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

What the information tells us: The overall Monthly Sickness Absence has increased by 0.2% since last month, and has risen to just above average at 4% in July 2023. This is 1.8% lower than July last year (5.8%). The sickness absence rate due to short term illness is higher at 2.6% compared to long term sickness at 1.5%. Additional Clinical Services has the highest sickness absence rate, at 6.9% in July 2023, followed by Estates and Ancillary at 6.3%.



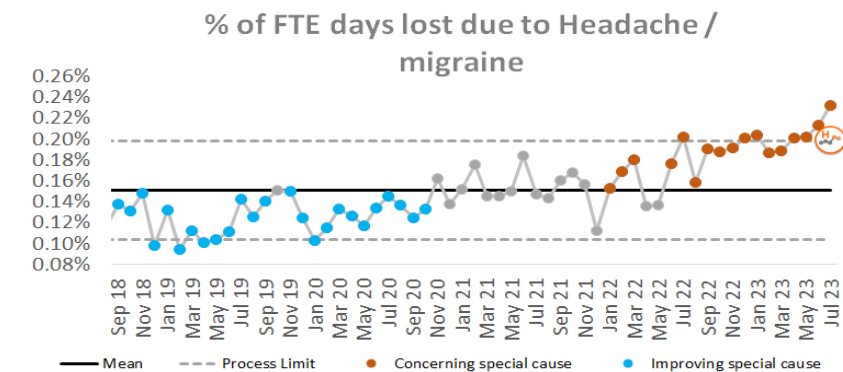
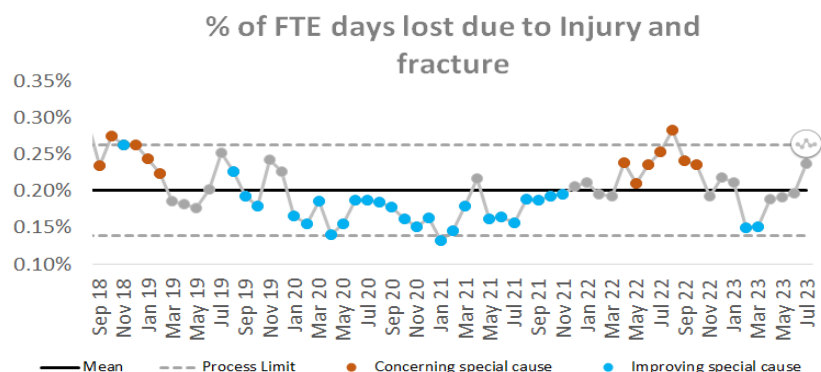
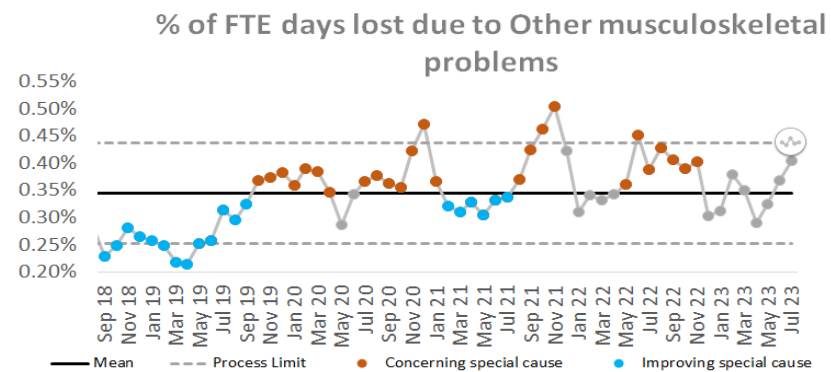
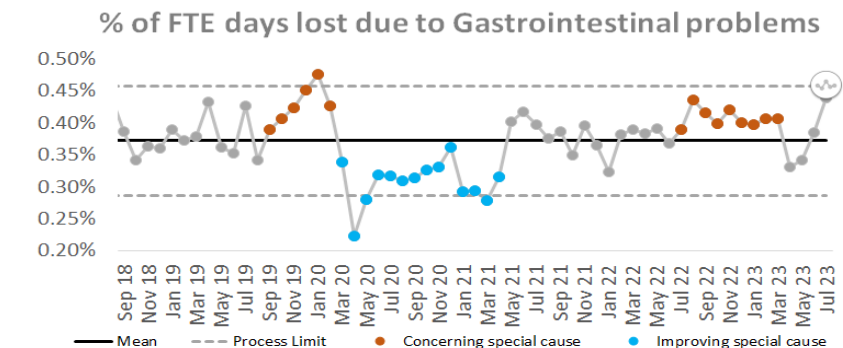
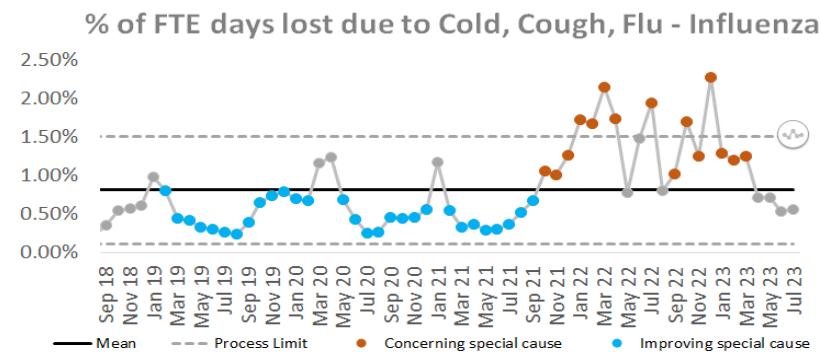
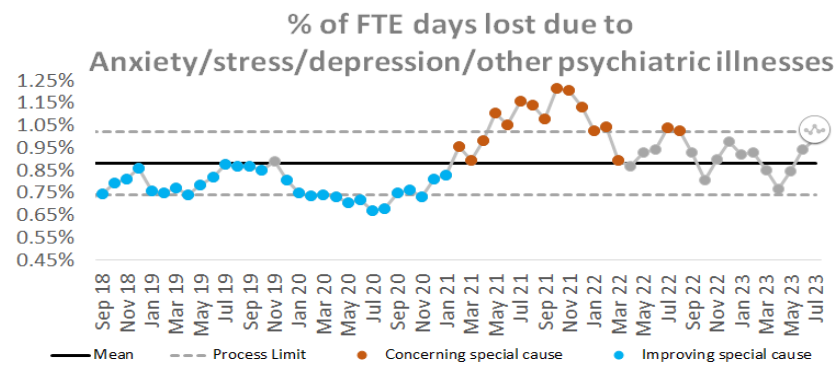
Top Six Sickness Absence Reason

Top 6 Sickness Reason as % All Sickness - Jul 23
All Staff

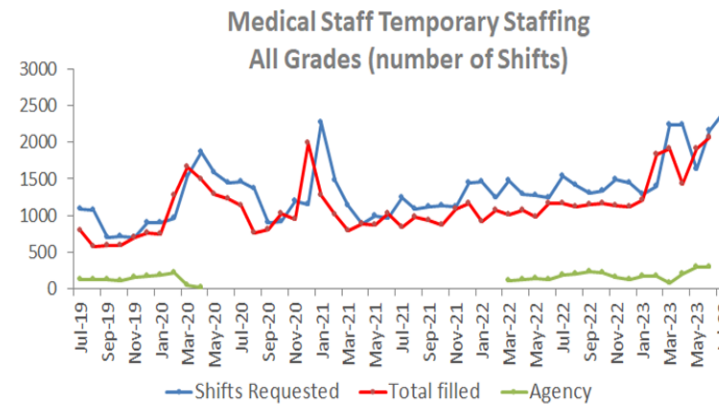
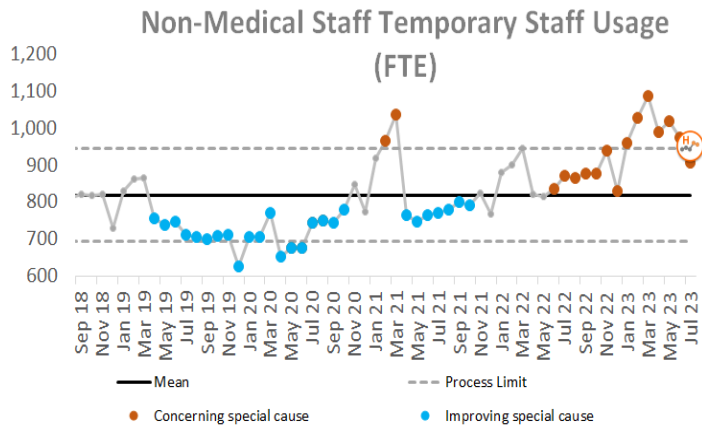


Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

What the information tells us: The top reason for sickness absence is Anxiety/stress/depression/other psychiatric illnesses, with an absence rate of 0.9%, which is 0.1% higher than last month, and the same rate as June last year. As a percentage of all sickness absence, Anxiety/stress/depression/other psychiatric illnesses accounts for 24.4% of the overall figure. Absence due to Cold, Cough, Flu - Influenza is 0.2% lower than last month and is 0.9% lower than the same month last year.



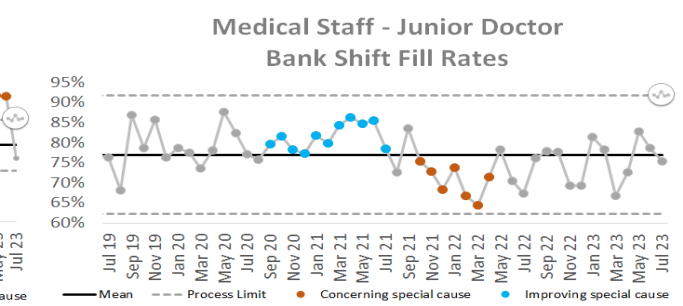
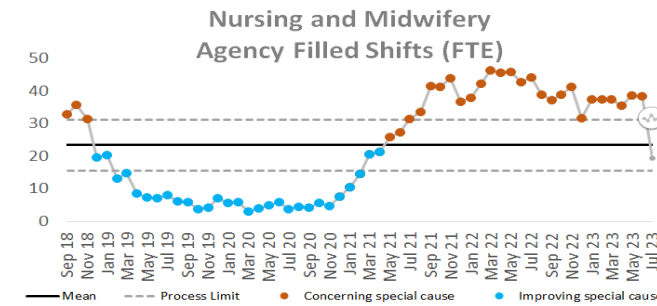
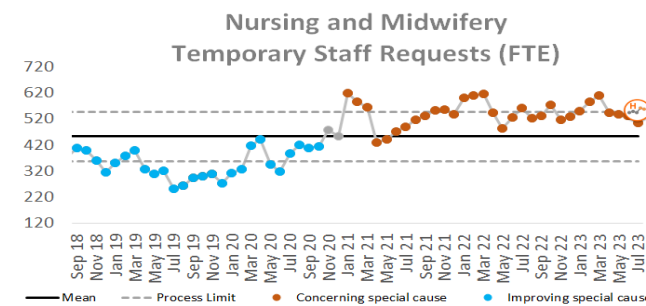
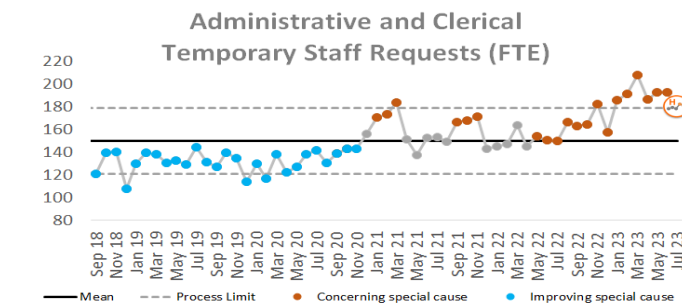
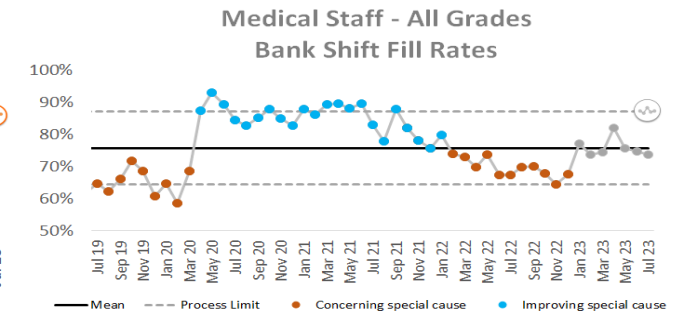
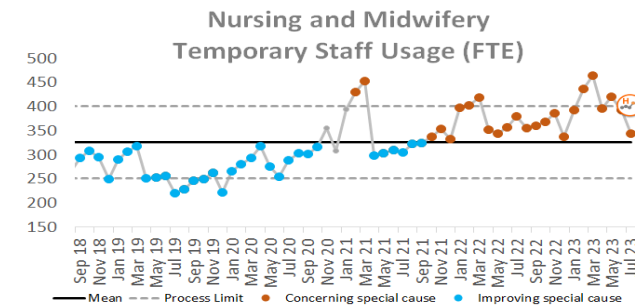
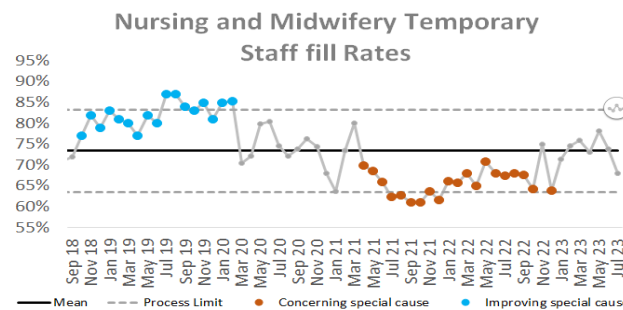
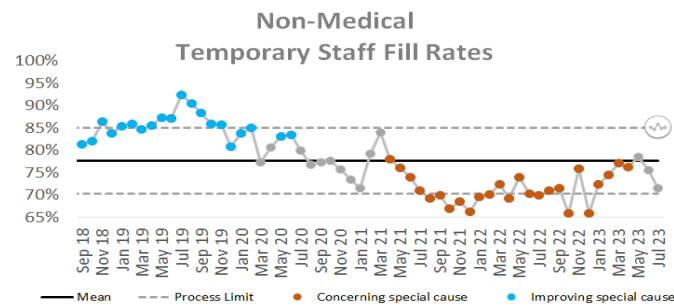
Temporary Staffing



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

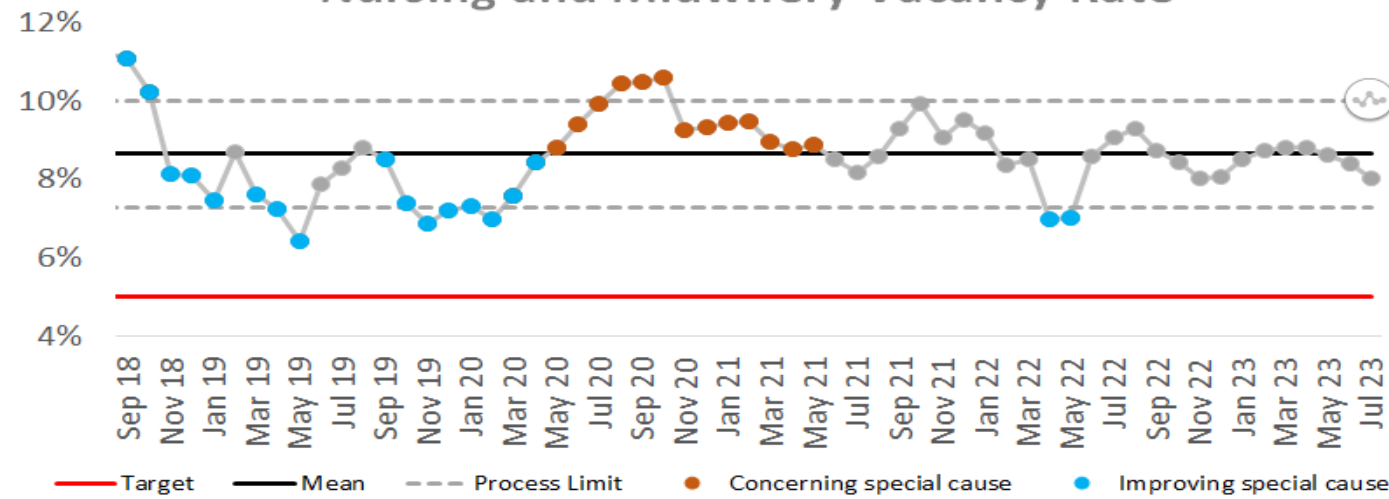
What the information tells us: There has been a significant decrease in agency use in July 2023 - down by just under 22 WTEs overall, with reductions seen in Divisions A, C, D, E and Corporate. Partly as a result of enhancements ceasing on Ops Pool Bank shifts, we have seen an overall reduction in fill rates. However other factors likely to be influencing this are that July is part of a peak period for annual leave to be taken, and also the back payment made to substantive staff at the end of June 2023 may have meant that individuals were more financially stable at this point.

Top three reasons for request are vacancy (48%), increased workload (19%) and specialising (14%). Nursing and midwifery agency usage decreased by 19.1 WTE from the previous month to 19.3 WTE. This accounts for 6% of the total nursing filled shifts. Demand for temporary medical staff reached its highest level in July due to industrial action. Fill rate decreased slightly from last month to 86%, with 335 shifts left unfilled.



ESR Vacancy Rate

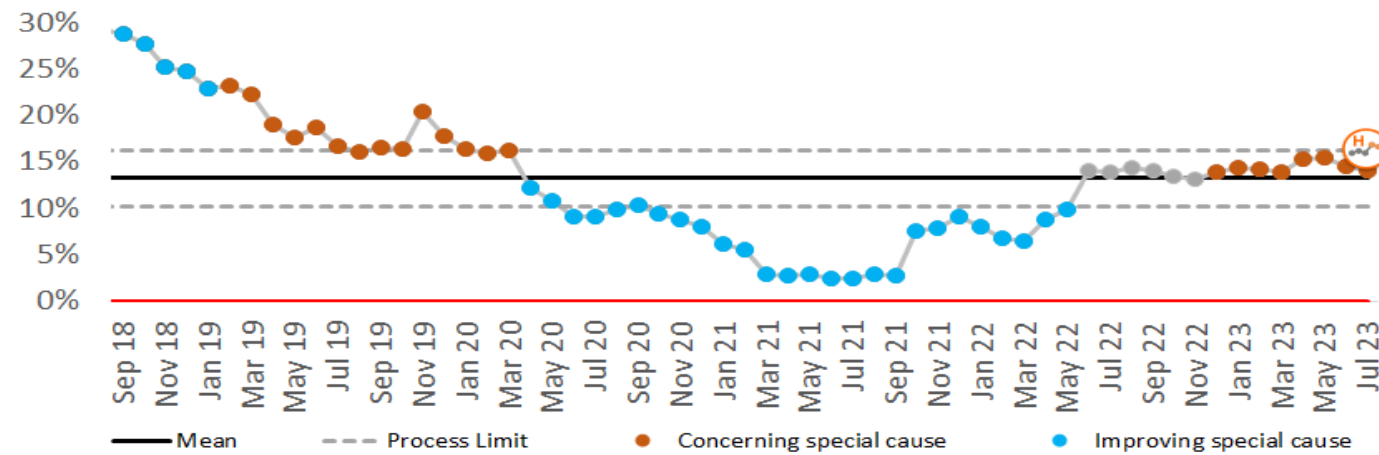
Nursing and Midwifery Vacancy Rate



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

What the information tells us: The vacancy rate for Nursing and Midwifery has decreased by 0.4% to at 8% in July 2023. The vacancy rate for Healthcare Assistants has decreased by 0.5% from last month to 14%. Vacancy rates for both staff groups are above the target rate of 5% for Nurses and 0% for HCAs.

Healthcare Assistant (incl. MCA) Vacancy Rate



Annual Leave Update

Percentage of Annual Leave (AL) Taken – July 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	47,659	17,319	36.3%	98%
	Additional Clinical Services	382,241	150,626	39.4%	98%
	Administrative and Clerical	512,396	179,794	35.1%	96%
	Allied Health Professionals	148,914	56,516	38.0%	99%
	Estates and Ancillary	78,764	31,785	40.4%	98%
	Healthcare Scientists	154,049	54,229	35.2%	98%
	Medical and Dental	141,376	37,925	26.8%	37%
	Nursing and Midwifery Registered	806,435	309,742	38.4%	99%
	Trust	2,271,834	837,936	36.9%	89%
Annual Leave taken by Division	<i>Division</i>				
	Corporate	317,328	115,983	36.5%	96%
	Division A	423,942	160,003	37.7%	88%
	Division B	634,460	236,278	37.2%	94%
	Division C	280,950	100,830	35.9%	81%
	Division D	263,156	94,350	35.9%	86%
	Division E	245,911	90,939	37.0%	87%
	R&D	106,087	39,554	37.3%	96%

* Greater than 27% Less than 20% Between 20% and 27%

What the information tells us: The Trust's annual leave usage is 111% of the expected usage at the end of the fourth month of the financial year. The highest rate of use of annual leave is within the Estates and Ancillary staff group, at 40.4%, followed by Additional Clinical Services at 39.4%.

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.

Mandatory Training by Division & Staff Group

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

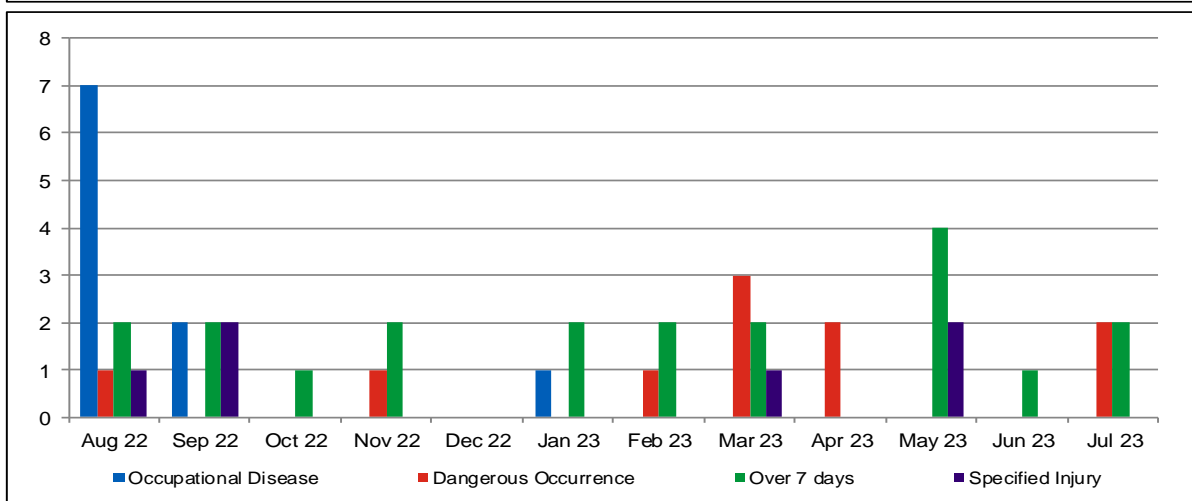
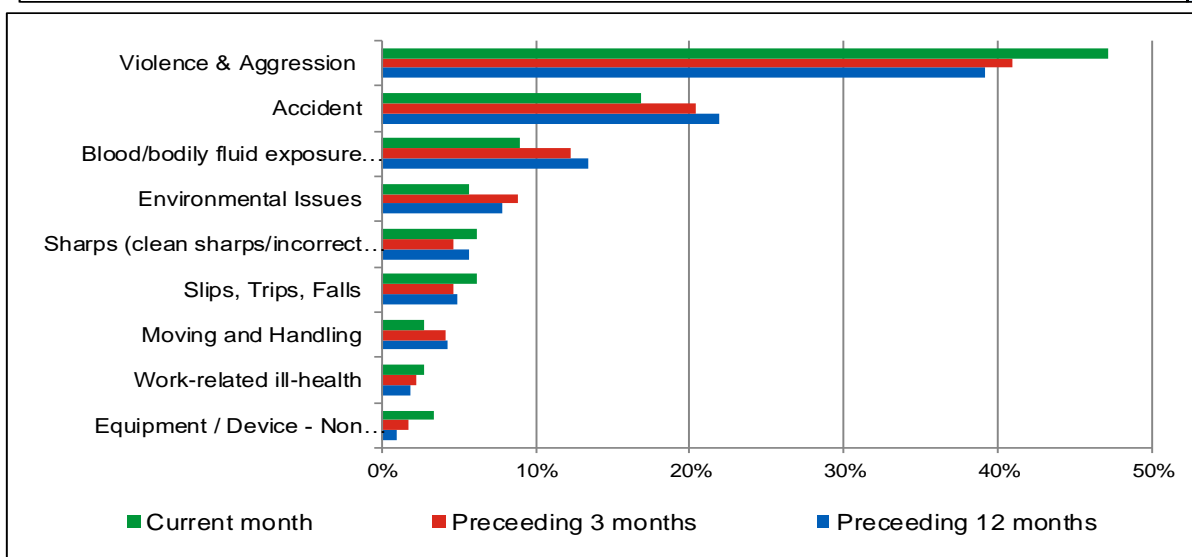
	Induction				Mandatory Training Competency (as defined by Skills for Health)														90% or higher			Less than 75%	Between 75% and 89%		
	95% or higher		Less than 80%		Between 80% and 94%																95% or higher		Less than 80%	Between 80% and 94%	
	Non-Medical		Medical		*Information Governance including GDPR and Cyber Security																				
	Corporate Induction	Local Induction	Corporate Induction	Local Induction	Conflict Resolution	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control	*Information Governance including GDPR and Cyber Security	Moving & Handling	Resuscitation	Safeguarding Adults 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	cl	f2f	cl	f2f	3 yrs cl/el	3 yrs cl/el	2 yrs/1yr cl/el	3yrs cl/el	2 yrs cl/el	1 yr cl/el	2 yrs/1yrs cl/el	2 yrs/1yrs cl/el	3 yrs cl/el	3 yrs cl/el	3 yrs el	3 yrs cl/el	3 yrs cl/el	3 yrs/1yr cl/el	3 yrs cl	3 yrs cl	3 yrs cl				
Delivery Method																									
Staff Requiring Competency	1,141	1,141	567	567	11,024	11,024	11,179	11,024	11,024	11,024	11,183	7,457	11,024	7,894	3,651	11,024	7,904	1,841	9,500	1,800	7,474				
Compliance by Division																									
Division A	(14)92.1%	(57)68.0%	(32)77.3%	(13)90.8%	(40)98.1%	(48)97.7%	(384)82.2%	(56)97.3%	(105)95.0%	(162)92.3%	(355)83.5%	(332)82.7%	(77)96.3%	(143)92.6%	(321)57.7%	(45)97.9%	(147)92.4%	(57)71.6%	(50)97.4%	(27)86.2%	(117)93.9%	92.4%			
Division B	(12)96.5%	(47)86.1%	(17)76.1%	(5)93.0%	(48)98.3%	(54)98.1%	(201)93.1%	(61)97.9%	(137)95.2%	(180)93.7%	(283)90.2%	(254)82.7%	(95)96.7%	(194)89.3%	(285)67.5%	(65)97.7%	(197)89.2%	(24)83.0%	(60)97.9%	(9)92.8%	(85)94.1%	94.4%			
Division C	(12)92.4%	(25)84.1%	(35)78.3%	(11)93.2%	(50)96.7%	(57)96.2%	(230)85.2%	(70)95.4%	(106)93.0%	(173)88.6%	(263)83.0%	(277)80.4%	(87)94.3%	(112)92.2%	(296)48.9%	(67)95.6%	(113)92.1%	(59)77.9%	(66)94.9%	(24)90.9%	(123)91.4%	91.1%			
Division D	(5)95.6%	(17)85.0%	(25)74.0%	(14)85.4%	(47)96.6%	(55)96.0%	(218)84.3%	(60)95.6%	(114)91.7%	(153)88.8%	(241)82.7%	(249)78.5%	(80)94.1%	(94)92.0%	(265)48.9%	(65)95.2%	(92)92.2%	(21)83.7%	(60)95.3%	(20)84.1%	(112)90.4%	90.8%			
Division E	(9)94.3%	(28)82.2%	(20)77.8%	(7)92.2%	(33)97.5%	(34)97.4%	(186)86.0%	(44)96.6%	(71)94.6%	(123)90.6%	(271)79.6%	(217)81.2%	(70)94.7%	(89)92.4%	(318)53.4%	(40)96.9%	(76)93.5%	(155)85.4%	(6)97.8%	(140)86.8%	(94)91.9%	91.2%			
Corporate	(9)93.4%	(33)75.9%	(1)85.7%	(1)85.7%	(39)97.2%	(44)96.9%	(98)93.0%	(48)96.6%	(93)93.3%	(80)94.3%	(87)93.8%	(27)83.9%	(61)95.6%	(13)92.6%	(37)67.5%	(50)96.4%	(16)91.1%	(12)53.8%	(48)96.6%	(4)81.0%	(11)94.0%	94.8%			
R & D	(0)100.0%	(17)71.7%			(9)98.0%	(12)97.4%	(28)93.9%	(10)97.8%	(14)96.9%	(32)93.0%	(33)92.8%	(18)89.2%	(16)96.5%	(8)95.7%	(27)77.3%	(13)97.1%	(10)94.6%	(1)94.1%	(10)97.8%	(3)62.5%	(6)96.5%	95.6%			
Breakdown of Medical staff compliance																									
Consultant			(4)92.3%	(5)90.4%	(19)97.5%	(17)97.7%	(50)93.4%	(20)97.4%	(60)92.1%	(69)90.9%	(57)92.5%	(158)79.5%	(23)97.0%	(33)95.7%	(294)58.1%	(15)98.0%	(30)96.1%	(24)89.6%	(11)98.0%	(13)93.9%	(35)95.2%	94.1%			
Non Consultant			(126)75.5%	(46)91.1%	(102)87.9%	(113)86.5%	(158)81.2%	(140)83.3%	(177)78.9%	(267)68.2%	(219)73.9%	(418)51.6%	(162)80.7%	(208)75.7%	(435)25.4%	(141)83.2%	(204)76.3%	(82)57.7%	(123)80.5%	(69)64.4%	(209)74.7%	77.2%			
Compliance by Staff group																									
Add Prof Scientific and Technic	(0)100.0%	(3)85.7%			(2)99.1%	(2)99.1%	(8)96.3%	(1)99.5%	(5)97.7%	(13)94.0%	(14)93.5%	(4)89.7%	(0)100.0%	(7)96.5%	(3)70.0%	(0)100.0%	(9)95.4%	(2)75.0%	(1)99.5%	(0)100.0%	(1)98.1%	97.3%			
Additional Clinical Services	(23)91.9%	(52)81.7%			(18)99.0%	(24)98.6%	(275)84.7%	(28)98.4%	(60)96.5%	(120)93.1%	(330)81.6%	(267)81.2%	(44)97.5%	(184)88.6%	(1)66.7%	(30)98.3%	(176)89.1%	(28)81.9%	(28)98.3%	(20)86.8%	(83)93.9%	92.6%			
Administrative and Clerical	(13)95.2%	(60)78.0%			(55)97.6%	(64)97.2%	(114)95.1%	(69)97.0%	(150)93.5%	(135)94.2%	(135)94.2%	(5)75.0%	(90)96.1%	(11)90.1%		(81)96.5%	(13)88.5%	(9)25.0%	(77)96.8%	(2)50.0%	(15)88.0%	95.5%			
Allied Health Professionals	(1)98.7%	(15)81.0%			(5)99.2%	(5)99.2%	(72)89.3%	(7)98.9%	(22)96.6%	(24)96.3%	(88)86.9%	(89)86.7%	(18)97.3%	(32)95.2%	(158)72.3%	(8)98.8%	(34)94.9%	(9)86.4%	(5)99.2%	(5)92.1%	(26)96.1%	95.1%			
Estates and Ancillary	(5)88.1%	(12)71.4%			(9)97.4%	(8)97.7%	(37)89.3%	(11)96.8%	(26)92.4%	(36)89.5%	(9)97.4%	(9)97.4%	(15)95.6%			(9)97.4%			(13)96.3%			94.6%			
Healthcare Scientists	(2)97.7%	(8)90.8%			(11)98.3%	(14)97.9%	(28)95.8%	(10)98.5%	(27)95.9%	(31)95.3%	(38)94.3%	(24)77.1%	(13)98.0%	(38)79.1%	(0)100.0%	(10)98.5%	(40)78.4%	(1)94.1%	(9)98.6%	(0)100.0%	(3)98.1%	95.9%			
Medical and Dental			(130)77.1%	(51)91.0%	(121)92.4%	(130)91.8%	(208)87.0%	(160)90.0%	(237)85.1%	(336)78.9%	(276)82.7%	(576)64.7%	(185)88.4%	(241)85.2%	(729)43.3%	(156)90.2%	(234)85.6%	(106)75.1%	(134)88.7%	(82)79.9%	(244)84.3%	84.9%			
Nursing and Midwifery Registered	(17)95.2%	(74)79.2%			(45)98.7%	(57)98.4%	(603)83.1%	(63)98.2%	(113)96.8%	(208)94.1%	(643)82.0%	(409)88.5%	(121)96.5%	(140)96.0%	(658)63.1%	(51)98.5%	(145)95.9%	(174)85.0%	(33)98.6%	(118)89.7%	(176)95.1%	93.8%			
Trust Total	(61)94.7%	(224)80.4%	(130)77.1%	(51)91.0%	(266)97.6%	(304)97.2%	(1345)88.0%	(349)96.8%	(640)94.2%	(903)91.8%	(1533)86.3%	(1374)81.6%	(486)95.6%	(653)91.7%	(1549)57.6%	(345)96.9%	(651)91.8%	(329)82.1%	(300)96.8%	(227)87.4%	(548)92.7%	92.7%			

Health and Safety Incidents



Cambridge
University Hospitals

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:	1827	379	280	561	296	180	48	83
Accident	400	91	81	100	59	34	6	29
Blood/bodily fluid exposure (dirty sharps/splashes)	244	76	47	45	35	33	7	1
Environmental Issues	143	30	37	13	24	21	8	10
Equipment / Device - Non Medical	18	3	1	5	4	5	0	0
Moving and Handling	79	18	10	16	19	6	1	9
Sharps (clean sharps/incorrect disposal & use)	104	29	17	12	16	17	8	5
Slips, Trips, Falls	90	23	18	14	10	8	2	15
Violence & Aggression	715	102	63	353	119	49	15	14
Work-related ill-health	34	7	6	3	10	7	1	0



A total of 1,827 health and safety incidents were reported in the previous 12 months.

843 (46%) incidents resulted in harm. The highest reporting categories were violence and aggression (39%), accidents (22%) and blood/bodily fluid exposure (13%).

1,245 (68%) of incidents affected staff, 508 (28%) affected patients and 74 (4%) affected others i.e. 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 (15%).

The highest reported incident categories for patients were: accidents (39%), violence & aggression (37%) and environmental issues (9%).

The highest reported incident categories for others were: violence & aggression (28%), environmental issues (23%) and accidents/slips, trips and falls (22%).

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 561 incidents. Of these, 63% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (43%). In the last 12 months, 78% of RIDDOR incidents were reported to the HSE within the appropriate timescale. In July 2023, 4 incidents were reported to the HSE:

Over 7 day injury:

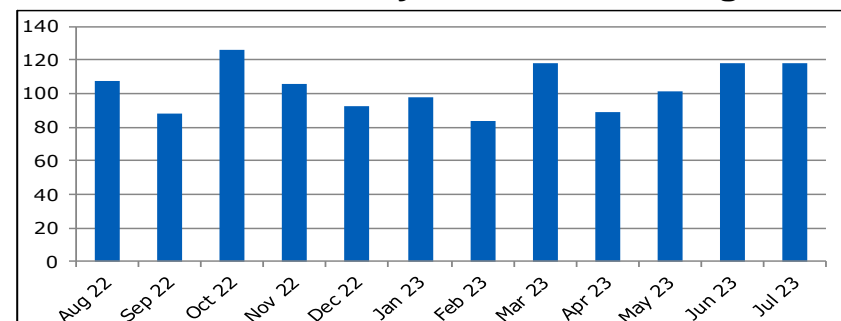
- > The Injured Person (IP) wanted to identify what was on a pallet but the labels were facing the wall. The IP pulled the pallet manually to access the labels, rather than use the pallet truck, at this point the IP felt severe pain to his arm. The IP attended A&E and was diagnosed with a strain/sprain.
- > The IP was assisting with a lateral transfer of a patient between two beds. As the patient was being transferred, the patient slipped off the PAT slide and began to fall between the beds. At this moment the IP jumped up onto the bed to prevent the patient falling completely. The patient was then successfully transferred. The IP experienced pain in their left knee.

Dangerous occurrence:

- > Whilst attempting to suture a patients A line, the suture needle pierced the IP's finger. The IP was wearing appropriate PPE at the time. The patient was Hep C positive.
- > The IP had undertaken a central venous cannulation on an HIV positive patient. Whilst clearing away the suture needle, the IP sustained a graze to the left forefinger.

Health and Safety Incidents

No. of health and safety incidents affecting staff:

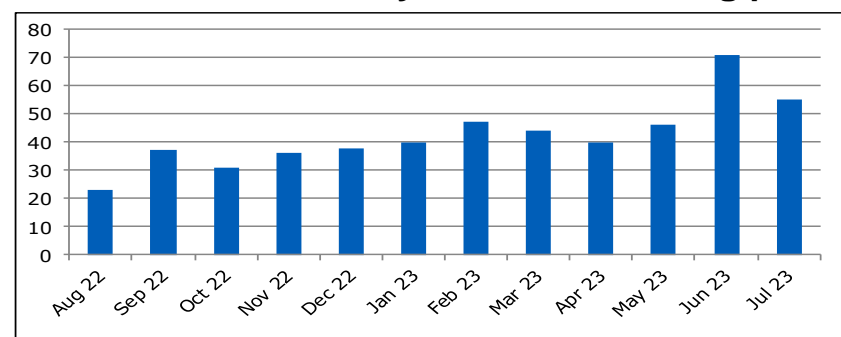


	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Total
Accident	15	18	16	19	14	12	14	21	13	13	14	15	184
Blood/bodily fluid exposure (dirty sharps/splashes)	17	13	32	14	20	20	12	20	18	21	23	14	224
Environmental Issues	16	1	6	1	6	4	2	8	8	10	14	6	82
Moving and Handling	4	7	2	1	2	5	8	9	3	5	7	5	58
Sharps (clean sharps/incorrect disposal & use)	10	5	8	10	5	5	7	3	10	3	7	8	81
Slips, Trips, Falls	5	10	4	6	4	8	7	4	6	8	3	9	74
Violence & Aggression	36	34	57	52	37	39	33	50	30	38	46	56	508
Work-related ill-health	4	0	1	3	4	5	1	3	1	3	4	5	34
Total	107	88	126	106	92	98	84	118	89	101	118	118	1245

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

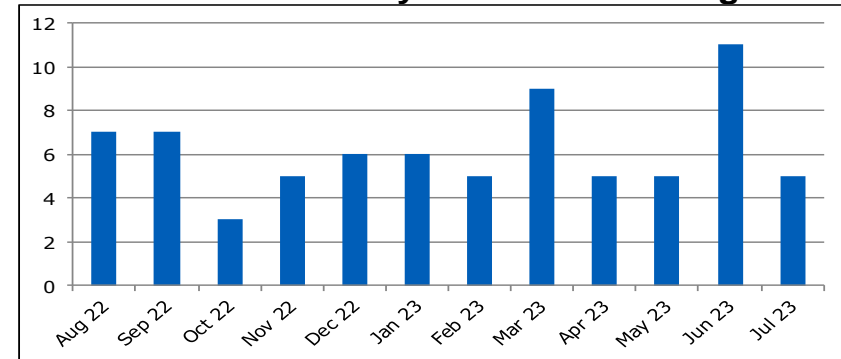
	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Total
No. of health & safety incidents	107	88	126	106	92	98	84	118	89	101	118	118	1245
Staff incident rate per month/year	0.9	0.7	1.0	0.9	0.8	0.8	0.7	1.0	0.7	0.8	1.0	1.0	10.3

No. of health and safety incidents affecting patients:



	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Total
Accident	8	13	13	15	19	19	17	21	13	19	29	14	200
Blood/bodily fluid exposure (dirty sharps/splashes)	0	3	0	0	3	2	0	1	3	3	2	2	19
Environmental Issues	2	0	3	8	7	3	5	1	2	4	6	3	44
Equipment / Device - Non Medical	1	0	1	3	1	2	1	0	0	1	2	6	18
Moving and Handling	2	1	0	3	2	1	4	2	1	2	3	0	21
Sharps (clean sharps/incorrect disposal & use)	2	2	1	0	1	0	2	3	2	0	4	3	20
Violence & Aggression	8	18	13	7	5	13	18	16	19	17	25	27	186
Total	23	37	31	36	38	40	47	44	40	46	71	55	508

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



	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Total
Accident	0	3	1	2	0	2	0	2	2	1	2	1	16
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	0	0	0	0	0	0	1	0	0	0	1
Environmental Issues	2	1	1	1	2	2	1	2	1	2	1	1	17
Sharps (clean sharps/incorrect disposal & use)	1	0	0	0	0	2	0	0	0	0	0	0	3
Slips, Trips, Falls	1	1	0	1	2	0	2	4	0	0	3	2	16
Violence & Aggression	3	2	1	1	2	0	2	1	1	2	5	1	21
Total	7	7	3	5	6	6	5	9	5	5	11	5	74

Report to the Council of Governors: 20 September 2023

Agenda item	9.1
Title	Report of 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 Lead Governor and 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 Lead Governor and 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 Council of Governors

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

Cambridge University Hospitals NHS Foundation Trust

20 September 2023

Council of Governors Report of the Lead Governor Neil Stutchbury

1. Recent Governor meetings

- 1.1 We held our quarterly meeting with Non-Executive Directors on 5 July 2023 which we dedicated to an open discussion on staffing and productivity. The Government's workforce plan, published the week before provided a fitting context for one of the major challenges facing CUH: responding to increased demand by increasing activity while not increasing cost. A strong case was put forward for managing bed occupancy and outpatient appointments as ways of improving productivity.
- 1.2 The **Membership Engagement Strategy Group** met on 18 July 2023 and discussed progress against our plan for increasing involvement of members of the hospital. We have created a [video](#) aimed at attracting people to sign up as members and get involved in their local hospital. We also decided to open Medicine for Members lectures to non-members in order to widen participation and attract more people to become members.
- 1.3 Lead governors across the East Anglia region met on 10 August 2023 to update each other on what is happening at their trusts. I had sent the video to the group to stimulate a discussion on how other trusts are attracting and retaining members. No one else had yet made a video, but many trusts had been proactive by putting up stands in the hospital and outside local supermarkets. One trust has a goal that each governor has to attract six new members each year. Most trusts run health talks like our Medicine for Members series.
- 1.4 Three of the lead governors in the four trusts within the Cambridgeshire and Peterborough Integrated Care System (ICS) met with the Chair of the ICB, John O'Brien, on 5 September 2023. This was Richard Hodder's final meeting as lead governor of Royal Papworth. The main discussion was preparing the agenda for the meeting of governors of all four trusts on 3 October. The agenda will include an overview of the ICS and progress over the year; an introduction to Healthwatch and patient participation; and membership engagement. Governors are strongly encouraged to attend.

1.5 We had a **Governor Forum** meeting on 7 September at which I updated governors on the NED recruitment process and assigning governors to committees (see items 3.1 and 3.2 below). We also updated each other on meetings we had observed over the last three months.

2. Upcoming Governor meetings

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

- Annual Public Meeting: 27 September 2023
- Cross-ICS FT governor meeting: 3 October 2023
- Governor-NED quarterly meeting: 4 October 2023
- Governors' Strategy Group: 16 October 2023
- Governor seminar: 18 October 2023 (presentation on integrated care and the Cambridgeshire South Care Partnership)

3. Other Governor activities

3.1 The Governors' Nomination and Remuneration committee ran a recruitment exercise over the summer to fill the Non-Executive Director vacancy created by Adrian Chamberlain leaving the Board at the end of his second term of office. A high quality shortlist was identified and five candidates were interviewed on 13 July 2023. After further deliberation during August, we hope to make a final decision on the appointment in the coming weeks. The candidates have been kept informed.

3.2 The Lead Governor and Trust Secretariat have consulted governors on who would like to observe board assurance committees and attend Council of Governors' committees. In order to widen opportunities for governors to observe NEDs in action, we have increased the number of observers to four (observing in pairs) for some committee meetings. Governors and the chairs of all the board assurance committees have been consulted on the changes. We are now reviewing the remaining meetings which governors attend (for example, Outpatient Experience, Clinical Ethics and Patient Experience) to satisfy ourselves that a governor needs to attend, and that all such meetings have a nominated governor or governors attending regularly.

3.3 Will Watson has resigned as staff governor as his job has changed and he is now working full-time at Royal Papworth Hospital. Consequently we have considered how we can refill this vacancy without having to wait until the next election cycle. A paper is being taken to the Board of Directors and the Council of Governors to recommend an amendment to the Constitution to allow the staff member who had the next highest number of votes in the most recent election to be co-opted onto the Council of Governors for the period to the next election.

3.4 Cambridgeshire County Council has appointed Susan van de Ven as its partnership governor replacing Gerri Bird.

4. Recommendation

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

Report to the Council of Governors: 20 September 2023

Agenda item	9.2
Title	Membership Engagement Strategy Implementation Group
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	Namoo Boodoo, Membership Manager
Purpose	To provide an update on the latest meeting.
Previously considered by	n/a

Executive Summary

This report summarises the activities of the Membership Engagement Strategy Implementation Group.

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

Action required by the Council of Governors

The Council is asked to receive and note the report.

Cambridge University Hospitals NHS Foundation Trust

20 September 2023

Council of Governors

Membership Engagement Strategy Implementation Group

1. The Membership Engagement Strategy Implementation Group met on 18 July 2023. The following governors were present: Julia Loudon, Neil Stutchbury, Ruth Greene, and Carina Tyrrell. Jason Clarke (Trust Secretary), Namoo Boodoo (Membership Manager) and Angie Ridley (Communications and Engagement Manager) also attended.
2. The Membership Manager presented the final membership film and the Membership Hub to the group. The film provides information on what membership offers and why members are important. The Hub helps to make membership feel exclusive to members and also provides information about the hospitals to encourage sign ups.
3. The Communications and Engagement Manager updated the Group on ongoing work to develop a Trust-wide Patient and Public Involvement Framework. Membership is part of the framework and some governors are involved in the co-production of the framework. Governors who are part of the MESIG will have the opportunity to provide feedback on the first draft of the framework.
4. A membership awareness campaign ran from April to June 2023. There were five social media posts which went out every two weeks. During this period, 19 people joined the membership, compared to 2022 when only five people joined.
5. The Group was supportive of promoting all Medicine for Members Membership lectures to both members and non-members, on the basis of using these to encourage non-members to sign up for membership.

Report to the Council of Governors: 20 September 2023

Agenda item	10
Title	Amendment to the Trust Constitution
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	As above
Purpose	To seek approval to amend the Trust Constitution in relation to filling a vacancy created by the departure of a Governor between scheduled elections.
Previously considered by	n/a

Executive Summary

Other than in very limited circumstances, the Trust's Constitution does not currently provide for filling a patient, public or staff governor vacancy which arises between scheduled elections via co-option of a candidate from the most recent election. This means that a vacancy can persist for a prolonged period. In the context of the recent departure of a staff governor, this paper considers options for amending the Constitution and recommends an amendment in order to be able to fill an individual vacancy through co-option until the next scheduled election (see Appendix 2).

Related Trust objectives	All Trust objectives
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a

Legal / Regulatory / Equality, Diversity & Dignity implications?	The electoral rules are set out 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 Council of Governors

The Council is asked to:

- Approve the amendment to the Trust Constitution as set out at Appendix 2 of the paper.
- Note that, subject to approval of the amendment by both the Board of Directors and the Council of Governors, the Trust Constitution will be updated accordingly.

Cambridge University Hospitals NHS Foundation Trust

20 September 2023

Council of Governors

Amendment to the Trust Constitution

Ian Walker, Director of Corporate Affairs

1. Introduction

- 1.1 In general, amendments to the Trust Constitution require the approval of both the Board of Directors and the Council of Governors. This paper outlines a proposed amendment in relation to filling a patient, public or staff governor vacancy created by the departure of a governor between scheduled elections.

2. Current Constitutional position

- 2.1 The rules governing the election of patient, public and staff governors to the CUH Council of Governors are set out in the Trust Constitution (Section 14 and Annex 5).
- 2.2 Section 14 of the Constitution describes the arrangements to be followed in the event that a vacancy arises within the patient, public or staff constituency outside of the normal annual election cycle. The relevant wording is set out at Appendix 1. In summary, unless the vacancy results in the Council of Governors not being quorate and/or the number of vacancies being greater than 50% in the relevant constituency, then the Constitution requires that the vacancy is held until the next scheduled election.

3. Staff governor vacancy

- 3.1 Since the completion of the last governor election cycle in spring/early summer 2023, a staff governor vacancy has arisen as a result of the recent resignation of Will Watson.
- 3.2 Under the current Constitution, with all other elected governor positions filled, there would be a requirement to hold this position vacant until the next scheduled election in 2024. On this basis, the vacant staff governor position would not be filled until 1 July 2024.
- 3.3 There were seven staff governor candidates in the recent election for the one position which was available at that time. The successful candidate received 355 votes, with the votes received by the other six candidates ranging from 345 to 173. So there is a pool of candidates from the recent

election who received a significant share of the votes. The election outcome is shown at Appendix 3.

4. Options for filling an elected governor vacancy

4.1 In discussion with the Trust Chair and the Lead Governor, the following options have been considered in relation to filling an elected (patient, public or staff) governor vacancy that arises:

- (i) Maintain the current Constitutional position and hold the vacancy until the next scheduled election (except in the extreme where the vacancy results in the Council being inquorate or a constituency vacancy rate of over 50%).
- (ii) Amend the Constitution such that the governor candidate with the next highest number of votes in the relevant constituency in the most recent election is co-opted as a governor until the next scheduled election.
- (iii) Amend the Constitution such that the governor candidate with the next highest number of votes in the relevant constituency in the most recent election is co-opted as a governor until the end of the term of office of the departing governor.
- (iv) Amend the Constitution such that there is the requirement to convene a by-election to fill the vacancy, provided there is greater than, say, six months until the next scheduled election.

4.2 Option (i) has the benefit of simplicity in that a Constitutional change is not required and the vacancy is filled as part of the scheduled election cycle. However, it means that a position could be left vacant for up to (or slightly in excess of) 12 months despite there being candidates who recently participated in an election, received a substantial proportion of the votes and could take on the role with immediate effect. In terms of comparing Options (ii) and (iii), it is common practice within the Constitutions of NHS foundation trusts that any co-option of elected governors is for a period until the next scheduled elections, in order to maintain the primacy of the electoral process. This is also the position in terms of the more limited provision in the current CUH Constitution for a governor to be co-opted. Option (iv) – a by-election for a single vacancy – would be administratively and financially onerous in terms of running an additional election within what would be a period of a few months since the previous election.

4.3 On the basis of the above, the recommendation of the Trust Chair and the Lead Governor is to amend the Constitution to enable a patient, public or staff governor vacancy to be filled at the earliest opportunity through co-

option until the next scheduled election, i.e. Option (ii) above, provided this occurs ahead of the publication of the Notice of Election for the next scheduled election. If the circumstances of the most recent election do not permit co-option, then it is proposed that the vacancy is held until the next scheduled election, with a by-election only being undertaken in the extreme circumstance which is currently included in the Constitution whereby the vacancy would leave the Council of Governors inquorate or with a constituency vacancy rate in excess of 50%.

- 4.4 The proposed revised wording for the Constitution to deliver this amendment is set out at Appendix 2.
- 4.5 If this amendment was agreed by the Board of Directors and the Council of Governors in September 2023, the aim would be to fill the current staff governor vacancy with effect from 1 October 2023, with the individual being co-opted onto the Council of Governors for the period until 30 June 2024. The individual would have the opportunity to stand in the 2024 election.
- 4.6 For completeness, it should be emphasised that this paper relates to patient, public and staff governors. In the event that a partnership governor stood down during their term of office, the Trust would seek a new individual from the nominating organisation.

5. Recommendation

- 5.1 The Council of Governors is asked to:
- Approve the amendment to the Trust Constitution as set out at Appendix 2 of the paper.
 - Note that, subject to approval of the amendment by both the Board of Directors and the Council of Governors, the Trust Constitution will be updated accordingly.

Appendix 1: Current wording of Section 14 of the CUH Constitution

14. Council of Governors – election of governors

- 14.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules which are set out in Annex 5.
- 14.2 An election, if contested, shall be by secret ballot.
- 14.3 In the event of a vacancy arising outside of the normal election cycle, the vacancy will be filled at the next scheduled election unless the number of vacancies will result in one or more of following occurring:
- a) The Council of Governors will not be quorate.
 - b) The number of vacancies in either the Public, Patients' or Staff Constituency is greater than 50% of the places in the relevant constituency.
- 14.4 In the event of 14.3 a) or b) applying the following will be implemented:
- a) Candidates from the last scheduled election who secured at least 10% of the overall number of ballots in the relevant constituency may be co-opted to the Council of Governors until the next scheduled election.
 - b) In the event of the number of vacancies exceeding the number of potential or actual co-options, and there is greater than six months until the next scheduled election, a by-election will be convened for all current vacancies. The six months shall be calculated from the date of issuing of the formal notice of election. The successful candidates in the election will be elected for the remaining components of the departing governors' terms.

Appendix 2: Proposed revised wording of Section 14 of the CUH Constitution

14. Council of Governors – election of patient, public and staff governors

14.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules which are set out in Annex 5.

14.2 An election, if contested, shall be by secret ballot.

14.3 In the event of a vacancy for an elected member of the Council of Governors arising outside of the normal election cycle, the vacancy shall be filled as follows:

- a) The next highest polling candidate in the relevant constituency at the most recent election, who is willing to take office and who secured at least 10% of the total number of ballots in the relevant constituency, shall be co-opted to fill the vacant seat on the Council of Governors until the next scheduled election, provided the co-option commences prior to the publication of the Notice of Election for the next scheduled election.
- b) In the event that it is not possible to fill the vacancy on the basis of a) above, the seat shall be left vacant until the next scheduled election unless the vacancy results in one or more of following occurring:
 - (i) The Council of Governors will not be quorate.
 - (ii) The number of vacancies in either the public, patient or staff constituency is greater than 50% of the places in the relevant constituency.
- c) In the event that b) (i) and/or (ii) above apply, and there is greater than six months until the next scheduled election, a by-election shall be convened for all current vacancies. The six months shall be calculated from the date of issuing of the formal Notice of Election. The successful candidates in the election will be elected for the remaining components of the departing governors' terms.

Appendix 3: Outcome of 2023 staff governor election

CONTEST: Staff

RESULT		1 to elect
ALLAN, Frank	355	ELECTED
FERRARO, Elisa	345	
JEYAKUMAR , Jeevline	246	
CHINIGHALLA, Raju	240	
DAVIDSON, Bill	231	
BOYD, Simon	218	
JOHNSON, Vernon James	173	

Number of eligible voters		12,278
Votes cast online:	1,808	
Total number of votes cast:		1,808
Turnout:		14.7%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		1,808