

**There will be a meeting of the Board of Directors in public on
Wednesday 13 March 2024 at 11.00**

This meeting will be held by videoconference.

Members of the public wishing to attend the virtual meeting should contact the Trust Secretariat for further details (see further information on the Trust website)

(*) = paper enclosed

(+) = to follow

AGENDA

General business			Purpose
11.00	1	Welcome and apologies for absence	For note
	2	Declarations of interest To receive any declarations of interest from Board members in relation to items on the agenda and to note any changes to their register of interest entries A full list of interests is available from the Director of Corporate Affairs on request	For note
	3*	Minutes of the previous Board meeting To approve the Minutes of the Board meeting held in public on 17 January 2024	For approval
	4*	Board action tracker and matters arising not covered by other items on the agenda	For review
11.05	5	Patient story To hear a patient story	For receipt

11.25	6*	Chair's report To receive the report of the Chair	For receipt
11.30	7*	Report from the Council of Governors To receive the report of the Lead Governor	For receipt
11.35	8*	Chief Executive's report To receive the report of the Chief Executive	For receipt
Performance, strategy and assurance			Purpose
11.45	9*	Performance reports <i>The items in this section will be discussed with reference to the Integrated Report and other specific reports</i> 9.1* Quality (including nurse staffing report) 9.2 Workforce 9.3 Access standards 9.4* Finance 9.5 Innovation, digital and improvement	For discussion
12.25	10*	Strategy update To receive the report of the Director of Strategy and Major Projects	For discussion
12.35	11*	Education, learning and development To receive the report of the Director of Workforce	For discussion
12.50	12*	Guardian of Safe Working To receive the report of the Medical Director	For discussion
13.00	13*	Learning from deaths To receive the report of the Medical Director	For receipt
13.10	14*	Board Assurance Framework and Corporate Risk Register To receive the report of the Director of Corporate Affairs and the Chief Nurse	For discussion
<i>Items for information/approval – not scheduled for discussion unless notified in advance</i>			
13.15	15*	Board committee annual reports To receive the report of the Director of Corporate Affairs	For receipt
	16*	Modern Slavery Act annual statement To receive the report of the Director of Corporate Affairs	For approval

	17*	Board assurance committees – Chairs’ reports 17.1 Performance Committee: 6 March 2024 17.2 Quality Committee: 6 March 2024	For receipt
Other items			Purpose
	18	Any other business	
13.20	19	Questions from members of the public	
	20	Date of next meeting The next meeting of the Board of Directors will be held on Wednesday 8 May 2024 at 11.00.	For note
	21	Resolution That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (NHS Act 2006 as amended by the Health and Social Care Act 2012).	
13.30	22	Close	

**Minutes of the meeting of the Board of Directors held in public on
Wednesday 17 January 2024 at 11.00 via videoconference**

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

* *Non-voting member*

In attendance	Position
Prof J Bradley	Director of Research and Development <i>(for item 12/24 only)</i>
Mr J Clarke	Trust Secretary (Minutes)
Dr J MacDougall	Guardian of Safe Working <i>(for item 11/24 only)</i>
Ms K Moar	Divisional Director, Division E <i>(for item 10/24 only)</i>
Dr M Ramus	Chair of the Junior Doctors' Forum <i>(for item 11/24 only)</i>
Ms A Small	Deputy Chief Nurse
Dr N Stuchbury	Lead Governor
Ms M Wilkinson	Director of Midwifery <i>(for items 05/24 and 10/24 only)</i>

01/24 Welcome and apologies for absence

The Chair welcomed everyone to the meeting.

Apologies for absence are recorded in the attendance summary.

02/24 Declarations of interest

Standing declarations of interest of Board members were noted.

03/24 Minutes of the previous meeting

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

04/24 Board action tracker and matters arising not covered by other agenda items

Received and noted: the action tracker.

05/24 Patient story

Amanda Small, Deputy Chief Nurse, and Meg Wilkinson, Director of Midwifery, presented the patient story.

Board members watched a video describing the experience of Corrina, a service user at the Rosie Hospital between 2019 and 2021. The story emphasised the importance of individualised care, and an inclusive and supportive approach, especially in cases of bereavement.

The following points were made in discussion:

1. It was powerful and important for Board members to hear stories relating to care and experience which had not been as good as it should have been.
2. As a result of the feedback received from Corrina and other service users with a similar experience, support available from the Rosie Bereavement Team, including bereavement midwives, had been increased. Additional training on bereavement support had been made available to all staff in maternity services.
3. There was an ongoing project to improve the use of inclusive language, which was being co-produced with members of the Rosie Maternity and Neonatal Voices Partnership.
4. In cases of a bereavement, it was essential that the family received compassionate and empathetic support in a timely way from staff within the service, as well as being directed to sources of external support. It was recognised that the busy nature of the Rosie Hospital could sometimes make it challenging for staff to get the balance of support right.
5. Board members heard that Corrina had subsequently given birth to two babies at the Rosie Hospital. The Trust was committed to learning from difficult experiences of service users in order to improve the experience of others.

Agreed:

1. To note the patient story.
2. To thank Corrina for sharing her powerful story and that the Chair would write to Corrina to convey thanks on behalf of the Board.

06/24 Chair's report

Mike More, Chair, presented the report.

Noted:

1. The death of Professor Sir Roy Calne had been announced recently. His pioneering work and bravery in the field of transplantation had undoubtedly saved many thousands of lives across the world. The Chair had issued a statement on behalf of the Trust marking Sir Roy's outstanding contribution.
2. Professor Maxwell noted that Sir Roy's work was an excellent illustration of the important partnership between the Trust and the University of Cambridge which continued to underpin the transplant service today.

Agreed:

1. To note the report of the Chair.

07/24 Report from the Council of Governors

Neil Stutchbury, Lead Governor, presented the report.

Agreed:

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

08/24 Chief Executive's report

Roland Sinker, Chief Executive, presented the report.

Noted:

1. The national position remained challenging, with a continued rise in the NHS elective waiting list. It currently appeared unlikely that there would be a resolution in the short term to the dispute between the British Medical Association and the Government which was having a significant impact on patient care.
2. The Trust had commissioned an external review of its governance and leadership arrangements and was undertaking a self-assessment of its core services against the current Care Quality Commission (CQC) framework. This pro-active approach would enable the Trust to identify areas for development in the context of the evolving NHS landscape over the medium term.

3. The Trust continued to make the case for improvements to public transport, more affordable housing and a high-cost living area supplement to support staff.
4. The Trust had reported in early December 2023 two data breaches relating to responses to Freedom of Information requests made in 2020 and 2021. A public statement had been issued apologising for the breaches and setting out the action taken as a result. The Trust's response had been discussed at length and agreed by the Board of Directors and the Council of Governors had been updated.

The following points were made in discussion:

1. The planning application for the Cambridge Cancer Research Hospital (CCRH) was currently under local authority consideration. Work was commencing on the new car park which would enable the relocation of the existing car park on the CCRH site.
2. Planning permission for the Cambridge Children's Hospital had been obtained two years ago. Enabling works were scheduled to commence this year.

Agreed:

1. To note the contents of the report.

09/24

Performance reports

The Board received the Integrated Performance Report for November 2023.

Workforce

David Wherrett, Director of Workforce, presented the update.

Noted:

1. The Trust's workforce had increased by 6.1% over the past 12 months. This reflected deliberate and targeted growth, including to staff the additional capacity in the U Block and the Cambridge Movement Surgical Hub. Despite this, a number of staffing hotspots remained where there were particular challenges in recruiting and retaining staff. Plans had been developed to seek to address these gaps.
2. Sickness absence rates continued to be an area of concern and support was being provided to those teams and services which were experiencing particular challenges.

Quality (including nurse staffing report)

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

Noted:

1. Overcrowding in the Emergency Department and delays in admission remained a significant concern in relation to patient safety and experience. There continued to be an intense focus across operational, medical and nursing teams to take actions to address this.
2. The Trust had gone live with the Patient Safety Incident Response Framework (PSIRF) on 1 January 2024, as agreed with the Integrated Care Board (ICB). There was a robust transition plan in place. The new framework would be supported by the use of improvement methodology to ensure Trust-wide learning.
3. There had been a significant reduction in the backlog of complaints, with the total number outstanding having been reduced from around 500 to just over 30. It was anticipated that this would result in a recommendation to the Risk Oversight Committee to remove the relevant risk from the Corporate Risk Register.
4. The Trust's compliance with the Clinical Negligence Scheme for Trusts Maternity Improvement Scheme had been discussed by the Quality Committee in January 2024 ahead of it being received by the Board of Directors at this meeting.
5. There had been a small increase in the vacancy rate for registered nurses, largely as a result of the opening of the Cambridge Movement Surgical Hub. The Trust was currently over-established in midwifery.
6. Critical care staffing remained an area of concern, with continued breaches in GPICS (Guidelines for the Provision of Intensive Care Services) standards.
7. Industrial action by junior doctors for three days shortly before Christmas and for a further six days early in the new year had resulted in the loss of around 2,000 patient contacts per day. However, the contingency arrangements put in place had enabled the Trust to deliver safe patient care for inpatients and those attending the hospital during these periods.
8. The British Medical Association (BMA) had a current mandate for industrial action until the end of February 2024, although no further dates for industrial action had been announced at this stage. BMA consultant members were currently voting on the Government's pay offer to consultants, with the outcome expected to be announced later in January 2024.
9. The current focus of infection prevention and control activity was on the availability of decant facilities to enable deep cleaning to take place, the appropriate use of gloves, use of catheters and antibiotic stewardship.
10. There had been peaks in both Covid and flu cases shortly before Christmas. However, it remained the case that new Covid variants were not resulting in as many hospital admissions as in earlier periods.

Access standards

Nicola Ayton, Chief Operating Officer, presented the update.

Noted:

1. The Trust had experienced an extremely challenging period operationally in the run up to Christmas, with significantly increased pressure on urgent and emergency care services. This had included an increase in the number of patients requiring admission to inpatient medical beds.
2. Ambulance handover times had been good in November 2023, with the Trust in the top quartile nationally and the best performer in the East of England. However, performance had deteriorated significantly in December 2023, with 13% of all ambulance handovers taking over 60 minutes. This compared to an average figure of under 1% between April and November 2023.
3. Performance against the 4-hour emergency care waiting time standard remained below the planned trajectory. However, the actions taken had prevented a further deterioration in performance. Additional focused work was required to improve performance towards the March 2024 target.
4. The number of elective patients waiting in excess of 78 weeks had increased to 147 in early January 2024 following industrial action and proactive steps would continue to be taken to reduce the number of very long waiting patients.
5. Performance against national cancer waiting time targets continued to be good relative to the Shelford Group and other national peers.
6. Value-weighted activity remained favourable relative to peers.

Finance

Mike Keech, Chief Finance Officer, presented the update.

Noted:

1. The finance report showed a £3m surplus at Month 8 following national financial support for the impact of industrial action.
2. The Trust continued to perform well financially as an organisation and relative to other trusts.
3. The financial support provided by the national team of £16.9m assumed no further periods of industrial action and did not take account of the impact of industrial action in December 2023 and early January 2024. It was expected that these most recent periods of industrial action had created a further cost pressure of around £6m. The Trust awaited information on whether additional financial support would be made available to mitigate the impact of industrial action since November 2023.
4. Discussions were ongoing in relation to business planning for 2024/25. The 2024/25 financial position would be very challenging and the Trust would need to agree and implement a robust productivity and efficiency programme.

Improvement and transformation

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

Noted:

1. Work was progressing to implement the recommendations of the innovation review undertaken in summer 2023, with a focus on developing the governance and resourcing requirements.
2. In support of the focus on innovation, the Trust continued to work closely with Cambridge University Health Partners (CUHP) and wider NHS colleagues, including on the development of an Innovation Landing Zone and associated digital innovation portal. The aim was to support the development of new innovations and provide space for adoption of proven ideas.
3. Progress against the digital agenda had been slower than planned and the resourcing of the digital team to match the Trust's ambitions had been particularly challenging. Despite this, there were clear areas of focus including maintaining a high level of cyber security protection, upgrading Epic and developing MyChart.
4. Through the improvement and transformation programme, there was a focus on identifying a smaller number of areas that would enable the delivery of larger-scale improvements.

The following points were made in discussion:

1. Information was sought as to whether PSIRF would enable the Trust to look at safety incidents through an equality, diversity and inclusion lens, particularly in relation to the equity of care. It was noted that PSIRF would support a thematic learning approach and, as such, had the scope to identify issues related to equity of access.
2. In response to a question about the significant variation in availability of discharge summaries, it was noted that a programme of work was underway to prioritise same day discharge summaries. It was observed that, while a timely and accurate discharge summary was important following a period of admission, local GPs were not currently highlighting the availability of discharge summaries from CUH as a particular area of concern. It was also noted from a GP perspective that discharge summaries received from Addenbrooke's and The Rosie were often of higher quality than those from some other trusts in the region.
3. The importance of ensuring that the Trust was accurately capturing the learning from each period of industrial action was emphasised, including the differential impact this was having across patient and staff groups.
4. A discrepancy and lack of clarity between information presented on pages 4 and 17 of the Integrated Performance Report in relation to the faster cancer diagnosis standard was noted. It was agreed that this would be reviewed for future reports.

5. A question had been asked at the meeting of the Council of Governors in December 2023 regarding the number of patients already being treated by a CUH specialty who were being directed to the Emergency Department, either having contacted the specialty or having been identified within an outpatient setting as requiring emergency care. It was noted that the normal procedure would be for such a patient to be transferred to an assessment unit but, given limited capacity, it would sometimes be the case that they would need to be transferred to the Emergency Department. However, the number of cases where this happened each day would be low.
6. Noting the comments on progress against the digital strategy, it was recognised that funding and resources remained a barrier to the successful implementation of the digital agenda. The Trust would be seeking to phase developments across a three-year horizon and identify opportunities to collaborate with partners such as Royal Papworth.
7. Concerns were highlighted relating to patient experience metrics evidenced through the Friends and Family Test, with a number of satisfaction indicators decreasing over a rolling three-year period. It was recognised that this was in part likely to reflect the increase in operational pressures across the organisation. The Board would track progress through work to implement the new Public and Patient Involvement Framework.

Agreed:

1. To note the Integrated Performance Report for November 2023.
2. To note the finance report for 2023/24 Month 8.
3. To note the nurse safe staffing report for November 2023.

10/24

Clinical Negligence Scheme for Trusts Maternity Incentive Scheme

Amanda Small, Deputy Chief Nurse, Meg Wilkinson, Director of Midwifery, and Kanwal Moar, Divisional Director for Division E, presented the report.

Noted:

1. As part of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS), the Trust was required to demonstrate compliance with 10 maternity safety actions.
2. At its meeting on 10 January 2024, the Quality Committee had received assurance on the process undertaken to monitor and self-assess compliance against the 10 safety actions for year five of the scheme.
3. The Quality Committee had agreed a recommendation to the Board of Directors that the Trust was able to fully evidence compliance with all 10 of the safety actions.
4. A compliance action plan to support Safety Action 8 had been presented to and approved by the Quality Committee. This recognised the impact of industrial action on staff attendance at mandatory training and a consequent temporary reduction in the national

compliance target from 90% to 80%, subject to a plan being in place to improve compliance within 12 weeks.

5. The Trust's evidence had also been reviewed by the Cambridgeshire and Peterborough ICB's Maternity Team, which had agreed with CUH's internal assessment of compliance with all 10 safety actions. This had been reported to the ICB meeting on 12 January 2024.
6. Subject to the submission being approved by the Board of Directors, the completed Board declaration must be submitted by noon on 1 February 2024.

The following points were made in discussion:

1. It was noted that the 10 safety actions were mandated centrally and it was questioned to what extent they had changed over time. It was explained that, while there had been a number of changes to the standards, the Trust's overarching Maternity Services Improvement Plan provided a mechanism for tracking compliance with a wider range of key requirements which were deemed to be important.
2. Noting significant healthcare inequalities and the variation in outcomes across different communities, it was welcomed that the Trust had recently appointed an Equality, Diversity and Inclusion Midwife who would be taking up post in April 2024.
3. Board members acknowledged the significant amount of work which was required by the Maternity Services team to compile the evidence required to support the submission.

Agreed:

1. To receive the report.
2. The recommendation of the Quality Committee that the Trust was able to fully evidence compliance with all 10 MIS year 5 safety actions.
3. To approve the Trust's Chief Executive signing the Board Declaration form confirming agreement with the compliance submission to NHS Resolution.
4. To note that the deadline for submission of the completed Board Declaration (also to be signed by the Accountable Officer of the ICB) was 1 February 2024 at 12.00.

11/24

Guardian of Safe Working

Dr Jane MacDougall, Guardian of Safe Working, and Dr Milly Ramus, Chair of the Junior Doctors' Forum, presented the report.

Noted:

1. The report covered the period from July to September 2023 and showed an increase in the number of exception reports submitted from 227 in Q1 to 284 in Q2.
2. It was likely that the increase could largely be attributed to new starters who typically had higher reporting rates than those who were more established in post and who were more likely to be working longer hours. The majority of the reports related to working hours.

3. There had been significant progress on the weekend working issue, with no rotas remaining where trainees were working more than the recommended one in three weekends. The support of Executive Directors and the Medical Staffing team in helping to resolve this issue was acknowledged.
4. As part of the improvement plan to address the recent CQC report on maternity services, action was being taken to address medical staffing challenges in obstetrics and gynaecology.
5. The impact of the ongoing industrial action remained a significant source of concern.

The following points were made in discussion:

1. It was questioned to what extent the ongoing industrial action by junior doctors was resulting in a change in the level of engagement with the Junior Doctors' Forum. It was felt that, while attendance at meetings had generally increased, the degree of engagement with the work of the Forum was being impacted by industrial action.

Agreed:

1. To receive the 2023/24 Q2 report from the Guardian of Safe Working.

12/24

Research and development

Ashley Shaw, Medical Director, and John Bradley, Director of Research and Development, presented the report.

Noted:

1. An award of £3m had been made to establish a National Institute for Health Research (NIHR) HealthTech Research Centre (HRC) specialising in conditions affecting the brain and spine.
2. The Memorandum of Understanding for the capital award to fund the Secure Data Environment (SDE) across the East of England had been signed in November 2023 and work was ongoing across the region to agree the initial areas of focus for the programme.
3. Work continued on key areas of focus, including health informatics, commercial research and inclusion.

The following points were made in discussion:

1. Through the Improving Black Health Outcomes study, work was continuing to recruit people from Black communities, with and without health conditions that are more common in Black communities, including diabetes, pregnancy/childbirth complications and sickle cell disease. A significant amount of work was being undertaken across genetic evaluation and genotyping, with NHS England and NHS Blood and Transplant taking forward and rolling out additional support.
2. Recognising that the Trust was under significant operational pressure, it was asked whether there were concerns that this would have an

ongoing impact on clinical and research projects. It was observed that, through the Clinical Research Networks, many research projects were able to be delivered independently but it was recognised that challenges remained in relation to the initial set up phase and securing the appropriate sign off.

Agreed:

1. To note the research and development report.

13/24 Risk Management Strategy and Policy

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

Noted:

1. The Risk Management Strategy and Policy had been reviewed by the Risk Oversight Committee in line with its annual review cycle. Minor amendments had been made to ensure that the policy remained current.
2. The risk appetite statement, which formed part of the strategy and policy, had been reviewed as part of this process. While no changes were proposed at this stage, a further review would take place once the findings of the external Well-led Review had been received.

Agreed:

1. To approve the revised Risk Management Strategy and Policy.

14/24 Board assurance committees – Chairs’ reports

Received: the following Chair’s reports:

- Performance Committee: 10 January 2024
- Quality Committee: 10 January 2024
 - Infection Control Annual Report 2022/23

15/24 Any other business

There was no other business.

16/24 Questions from members of the public

1. *What use does the Trust make of private ambulances, for what specific purposes and why? Does CUH have a contract with a single operator or are private ambulances engaged at need on an ad hoc basis? What, if any, is the annual cost to the Trust?*

The Chief Operating Officer responded.

As a tertiary referral centre, we receive patients from across the country and some of those patients require repatriation following their procedures. As this is outside the Cambridgeshire area, the local ICB contract does not cover such journeys, and therefore we use private ambulances for which the cost is then recharged back to the appropriate ICB. Unfortunately, East of England Ambulance Service have significant difficulty delivering on requirements and therefore we need private ambulance companies to backfill those shortfalls.

We have several providers that we use depending on requirements, which are quality checked and CQC registered. These all have contracts, some for a set capacity and others on an ad hoc basis.

In 2022/23, the Trust spent £931,238.56. In 2023/24 up to month 9, the Trust has spent £912,160.23.

2. *The Chair reports that CUHT has ‘commissioned work into moral distress amongst clinicians’. Can the Chair enlarge on this and tell us how the (hardly surprising) distress is manifesting itself, who is to prepare the report and when and how publicly the findings will be received?*

The Director of Workforce responded.

Dr Mike Knapton (former Non-Executive Director and GP) has been commissioned to explore the concept of moral injury observed throughout health services, through the lens of CUH colleagues and experiences. The piece is seeking to understand how we may meaningfully make a difference in this space, through first defining it in our context, understanding it better and proposing high-level areas of action.

Moral injury is experienced differently by individuals. At a personal level it can impact health and wellbeing. At an organisational level it could manifest as workforce issues, including turnover, cynicism and disengagement.

Conversations with a selection of stakeholders, including executive colleagues, along with semi-structured interviews with other key stakeholders have taken place. Dr Knapton has also undertaken a desktop research piece to inform his findings. A draft report has been provided to our Director of Workforce. A small group will consider the findings and form organisation level recommendations

3. *The Guardian of Safe Working’s histograms show (July–Sept) intractably high levels of rota exceptions in General Surgery and Haematology. Can you give reasons and potential solutions?*

The Medical Director responded.

General Surgery had some gaps at Foundation Year 1 level during this period. These have now been filled. Haematology have claimed time for managing their rota. This will be moved in to work schedules in due course.

4. *You report necessary closures of regional referrals to CUHT Paediatric ICU and NeoNatal ICU. You are, I believe the specialist centre for the region. Do you monitor or know of any harms that arise from this denial of access?*

The Deputy Chief Nurse responded.

If the maternity unit is closed or on divert but a woman delivers her baby here at CUH and the baby needs neonatal care we would always provide care for that baby on the neonatal unit.

If the neonatal unit is closed to regional referrals, all calls about babies needing NICU specialist care from the region go through the neonatal transport team. A neonatal consultant will discuss with the other hospital to assess and advise if the baby needs to be transferred to NICU at CUH or if they could be supported to have specialist care locally.

CUH NICU works as part of the East of England NICU network, with colleagues working together to provide the best care for babies as close to home as possible. There are 2 other large NICUs (Luton and Norwich) who could potentially care for a baby if CUH is not able to.

All calls through the transport team are recorded and information on all refusals is reported daily to the Network.

With regards to Paediatric ICU (PICU), there is only 1 PICU in the East of England. If PICU are not able to take a child due to a closure, we will discuss with the nearest other centre (usually in London) who would be able to provide specialist PICU care and would transfer the child using our transport team.

Data is collected on all admission refusals for maternity, PICU and NICU. These are presented at the departmental governance meetings, in the maternity dashboard and at the monthly divisional governance meeting. There has been no harm identified as a result of these closures.

5. *The steadily increasing Hospital-Acquired Pressure Ulcer statistics (and your own comments on them) make more worrying reading each month so could we have a report on what new action is being taken to stem and then reduce the increase? Also, presuming that many of those at home but 'on' the virtual wards are bed-bound, how are you monitoring and treating Home-Acquired PUs virtually?*

The Deputy Chief Nurse responded.

The Trust has a quality improvement (QI) plan in place for the prevention of hospital acquired pressure ulcers (HAPUs), encompassing four key areas; Leadership and governance, Equipment, Delivery of care and educational strategy. This plan provides the foundations for staff to deliver care in line with best practice and national guidance.

There are currently five pilot areas participating in the Institute of Healthcare Improvements QI program to reduce HAPUs (D3, D9, ED, J3 and M5). This work began in August 2023. Six further wards will be joining the programme in March 2024.

The QI pilot wards are working through the plan, do study, act (PDSA) cycles of improvement. There has been a notable successful project on the Intensive care unit (D3) with the HAPUs on the nose associated with the medical device, nasogastric tubes. The PDSA cycles are demonstrating a reduction in NG and NJ tube related pressure ulcers with adjustment of tube positioning and method of securing in place. Ward M5 have also not had HAPUs for four consecutive months following their improvement ideas focused on awareness raising and improving risk assessment. There are plans to implement this learning in other areas of the Trust.

With regard to the virtual ward patients, the majority of these patients are not bed bound but those who are have care packages in place which will include the need to ensure that patients are repositioned regularly. CUH works in collaboration with these carers to ensure that the patient is provided with the care that they require and any concerns related to pressure areas would be highlighted to CUH staff.

Prior to admission to the virtual ward a skin assessment is completed. Additionally, when the virtual ward nurses do any consultation with the patient, they will always ask about skin integrity at each interaction, this is documented in the patient's electronic medical records. If a pressure sore develops whilst the patient is under the care of the virtual ward an incident form is completed and a member of virtual ward staff would go out to the patient's home to assess this. The patient would then be referred to the district nurses if required for continuity of care once discharged from the virtual ward.

6. *How many patients having been discharge from hospital are coming back as patients after less than seven days, some even returning same day and at what cost.*

The Chief Operating Officer responded.

Over the nine month period from April to December 2023, 2,082 patient were readmitted to the hospital as an emergency within seven days of discharge. This equates to 231 patients per month and represents 4.5% of our total discharges of 46,000.

Of these, half (49%) were readmitted under the same specialty which discharged them while 51% were readmitted under a different specialty.

This high-level analysis does not provide a view on whether the patients were discharged inappropriately. Many patients live with chronic conditions, including cancer, for which regular readmissions are required.

There are no financial implications for these readmissions. However any avoidable admissions are important to reduce the pressures on our existing bed base and to support good patient experience and patient outcomes.

7. *As the hospital is often gridlocked by traffic and car park one often completely full is anything being done to stop this problem for example car 1 full go to car park 2 at the entrance. As with other hospitals coming this can only get worse.*

The Director of Corporate Affairs responded.

Patients are generally directed to the nearest car park to their outpatient appointment. Car park 1 and car park 2 are on opposite ends of the site, so it is not always possible to divert from one to the other and make the appointment.

We continue to work to ease congestion with traffic marshalling, as often lots of vehicles are trying to exit but get caught up in the queuing traffic, and congestion in surrounding roads at times impacts on the traffic movement on site.

With Cambridge South station coming on-stream in the next 18 months we will have another avenue to encourage people to arrive by other means, other than cars.

Our longer-term access strategy is considering future growth and the interface with the wider Campus.

8. *The outpatients pharmacy has tremendous long wait times for drugs and little seating area is anything being done to solve this?*

The Medical Director responded.

The Outpatients Pharmacy have ongoing issues due to the small footprint from which they work, for a large number of patients. A number of process issues have been introduced over previous years, with the latest being a bleep system to recall patients when drugs are ready. We have moved a large number of patients to homecare, so that they do not need to collect medicines from CUH. Looking forward, a case is to be brought to Investment Committee to expand the footprint of the Outpatients Pharmacy and install a robot to improve the dispensing capacity.

17/24 Date of next meeting

The next meeting of the Board of Directors in public would be held on Wednesday 13 March 2024 at 11.00.

18/24 Resolution

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

Meeting closed: 13.40

Board of Directors (Part 1): Action Tracker

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

Key to RAG rating:

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

Report to the Board of Directors: 13 March 2024

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

Executive Summary

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

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

Action required by the Board of Directors

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

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

1. Introduction

- 1.1 The NHS is established on the principle of “free at the point of use”. One of the many challenges in the public provision of welfare services is that take-up can often be disproportionately skewed towards the more educated, the better off and the most articulate. It was therefore deeply worrying, but not surprising, to read a recently published national HealthWatch report which finds:
- i) 42% of those who described their financial situation as “really struggling” said they had trouble getting to see a GP, double the 21% of those who were “very comfortable”;
 - ii) 38% of the worst-off found it hard to get NHS dental care, compared with 20% of the better-off;
 - iii) 28% of the very poor had difficulty accessing mental health treatment, whereas only 9% of the very comfortable did so;
 - iv) 26% of poorer people found it difficult to access A&E care, compared with 19% of the well-off.
- 1.2 In overall terms, 19% of those on very low incomes described difficulties in accessing NHS services against 8% of better-off people.
- 1.3 This is then compounded by a reported worse experience of medical care, even when accessed. Some 21% of “really struggling” people felt they were not listened to by the last health professional they saw, compared to 7% of better-off people. And at 18%, poorer people felt excluded from decision-making, double that of better-off people.
- 1.4 These are very worrying statistics and I will be talking to Cambridgeshire and Peterborough HealthWatch about how we might think about this issue.

- 1.5 I was pleased to welcome Amanda Pritchard, Chief Executive of NHS England, on her visit to CUH as part of a joint visit with Royal Papworth Hospital (RPH) NHS Foundation Trust. She met with clinicians and patients to see and hear about examples of the application of clinical research and innovation. She was also interested in how our relationship with Royal Papworth is proceeding. I have regular monthly meetings with Jag Ahluwalia, newly appointed Chair of RPH, in which we oversee the Joint Strategic Group chaired by Roland and Eilish (RPH Chief Executive), and in which we are keen to improve patient pathways and collaboration across the two hospitals. Amanda's visit followed shortly after two ministerial visits and will be followed by the visit of the Chief Executive of NHS Providers the day before our March meeting.
- 1.6 The Rt Hon Victoria Atkins MP, Secretary of State for Health and Social Care, visited the Cambridge Biomedical Campus on 7 March 2024. Alongside meeting a wide range of staff she undertook tours of the Cambridge Clinical Research Centre, AstraZeneca and The Rosie Hospital.
- 1.7 The Board visited the Cambridge Surgical Training Centre at its new home on Barnwell Road in February 2024. It was great to see the progress and enthusiasm and it is the team's objective, ably led by Arun Gupta, to make this facility of the highest class. I have also enjoyed visiting the new facilities on campus (U block and Surgical Movement Centre) which are already making a big impact to Trust performance.
- 1.8 It was also good for the Board and the Addenbrooke's Charitable Trust Board of Trustees to meet for our annual meeting in February 2024. We are always much indebted to ACT for their continued support and encouragement.
- 1.9 During January and February 2024 I conducted and reported on NED appraisals to the Council of Governors' Remuneration and Nomination Committee. I will provide an update to the full Council of Governors' meeting later this month. This is an important aspect of the Governors' role in their assessment of how well the Board is fulfilling its function. At Appendix 1 is my assessment of how we are doing against the objectives I set last year. I will be setting fresh objectives early in the new financial year.

2. New hospitals appointments

- 2.1 I am delighted to welcome Paul Lewis who joined us on 1 March 2024 as our new Board Adviser. With skills and experience in the construction industry, Paul will advise the CUH Board on new hospitals construction.

3. 'You Made A Difference' Awards

- 3.1 I was pleased to attend 'You Made A Difference' award events on 22 January 2024 and 19 February 2024. 962 individual nominations and 72 Team nominations were received and I would like to personally congratulate the winners, David Biddle (Senior Radiographer), Raju Chinighalla (18 Week Pathway Tracker), Christie Gaughan (Staff Nurse), Victoria Reeves (Midwife), and the Inpatient Pharmacy Team.
- 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. Public meeting with Chair and Chief Executive

- 4.1 Alongside Roland Sinker, Chief Executive, I met with members of the public on 19 February 2024. The main topics covered included virtual outpatient attendance, ambulance handover waits, missing and AWOL patients, Physician Associates, Southern Place and the ICB and the appointment of the new Chair and Non-Executive Director.

5. Diary

- 5.1 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

Board of Directors

Board to Board meeting with ACT

Audit Committee

Performance Committee

Quality Committee

Governors' Nomination and Remuneration Committee

Finance Team Away Day

Addenbrooke's Futures Committee

Governor/NED Quarterly meeting

ICS stocktake

Tour of 1000 Discovery Drive

Tour of U Block

Tour of Cambridge Surgical Training Centre

Celebration of the Outline Business Case approval for Cambridge Children's Hospital and Cambridge Cancer Research Hospital

REACH/Unison overseas international staff welcome meals

5.2 Other meetings attended during this period include:

Leading and Governing Inclusively with Cultural Intelligence Executive Leadership Masterclass
NHS Confederation Chairs Group
NHS England CEO and Chairs Session
Obesity Summit
Cambridgeshire and Peterborough (C&P) CEO and Chair's Meeting
NHS ICB and Trust chairs' event
C&P ICS Chairs Meeting

6. Recommendation

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

Appendix 1

I reported to the Council of Governors in June last year on proposed objectives for 2023/24 (*attached as annex for cross reference to this report*). I will produce a similar report for 2024/25 in the spring. This report updates the Board and the Council of Governors on progress/status on the 2023/24 objectives, and should be cross-referred to the numbered objectives in the original report.

Objective 1: The Teams who Work Together

Healthcare will always be at core a people business, notwithstanding the inexorable progress of AI. None of us have any illusions about current morale problems of the NHS workforce across the country - a common topic of conversation amongst my peers. And we are all slightly astonished that, more than one year on, we are still dealing with industrial action on an unprecedented and disruptive scale. The Board, mainly through Workforce Committee, has continued to pay attention to the five strands of our workforce strategy and to see some progress in the staff survey. We need to learn from our Shelford Group peers and others on how we can purposively and positively optimise staff morale. We could easily and rightly point to national trends but our test is to strengthen morale so far as it is within our grasp.

On recruitment and retention our staff turnover rate has been consistently reducing since July 2022 and at 11.3% is more in line with pre-pandemic rates. The national staff survey results for 2023 became available publically on the 7 March 2024.

Objective 2: The Teams and Patients who are Diverse

A mixed picture on this vitally important domain. On the positive side, there is a more robust, sophisticated and persistent understanding of its importance at Board level than hitherto. But a lot of work to do. For various reasons the delivery of a diagnostic has been delayed and we are currently progressing the process of completing the diagnostic in coming months. One thing, though, should be made clear: in year, there have been calls for Trusts to desist from any investment of time, leadership or resource in EDI. For me this is not right and not an option. We are an international family of staff and if our teams do not understand different cultures then this risks patient care. And our patients are very diverse and by definition we should be sensitive to each individuals' needs.

Objective 3: Our Operational Performance, Patient Safety and Finance

We are scheduled to break even financially. We are making progress on maternity services and are scheduled to increase medical O&G staffing by August which is a current quality risk. In year we have added 3 new operating theatres for elective orthopaedic work and 8 associated recovery beds and 56 new beds in U block. This is on top of the additional bed capacity in T Block. Our Neuro theatres will return to commissioning in April. In Addition our virtual ward programme is freeing up significant capacity.

Below is an update on our key operational performance metrics:

- Our latest performance to January shows a varied picture against key elective and emergency standards.
- For cancer standards CUH delivered 71% against the 62-day combined referral to treatment metric compared to the Shelford group average of 61%.
- We exceeded the national target of 75% for the 28-day faster diagnostic standard, delivering 82% compared to the Shelford group average of 71%.
- Our elective RTT waits >65 weeks improved to 815 in January from 870 in December, broadly in line with Shelford Group peers, and we plan to reduce these waits to zero by the start of July, ahead of the national requirement of September.
- For 4hr performance we were in the bottom quartile out of 124 trusts nationally. This is in the context of significant extra patient demand – an extra 62 patients attended the ED each day in January compared to same month last year (a rise of 18%) – and targeted work is on-going to reduce the length of stay in the department during March and beyond.

Objective 4: Innovating, Transforming and Improving

Good progress has been made on developing the innovation approach, linked with the wider Innovate Cambridge approach and innovation hubs within the Biomedical Campus. Good progress is also being made in making our transformation and improvement approach more strategic and to align digital and transformation activity. We have benefitted from closer collaboration with RPH which means additional bed capacity was available to us. We had a Board to Board with RPH which endorsed the setting up of a Strategic Executive Group, led by the two Chief Executives, to oversee and drive prospects of enhanced patient pathway collaboration and also encouraged a shared approach to electronic patient records. We need to continue to support this but I am confident that the intent is positive.

We have been central to the East of England Specialised Provider Collaborative which has a threefold objectives: first, to raise the profile and understanding of specialised services across the region, especially important at a time of moving towards ICB commissioning of such services and where historically there has been an under-appreciation of the critical importance of CUH to patients across the region ; second, to improve the way providers collaborate across the region; and third, to stimulate innovation. All of these have made progress and I was heartened to hear more buy-in at a recent regional meeting of Chairs, CEOs and NHSE to the concept of a shift of specialised services resourcing towards the East of England. This was not the case a few years ago.

Objective 5: Integrating at Place

Good work has been done but it is piecemeal and we need to work more purposively both within the hospital and with the ICB to populate neighbourhood infrastructure with greater pathway redesign. We are collectively not yet leveraging the opportunity of neighbourhoods to prevent unnecessary attendance/use of hospital provision.

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

Great progress on both major hospitals. Both have had OBC approval, Cancer is at FBC stage and the hope is that Children will get to this stage in the spring in the light of assurance on major financial supporting transactions. Philanthropic funding is ahead of target. These are great achievements in the context of a lot of delay on the national new hospitals programme. We have also appointed an independent chair to oversee the construction of the Cancer Hospital and a Board Advisor to advise the Board as we move to construction phase in the case of the two hospitals.

Objective 7: Our role in the Cambridge Bio-Medical Campus

We continue to put emphasis on the Local Plan submission for growth of the Campus. The timetable for this has been stalled by the Local Planners for the very good reason of the Government announcements on prospects for growth in Cambridge in summer 2023. We put attention in trying to influence government approaches to this and ensure that healthcare infrastructure needs are understood by all parties. (Surprisingly and irrationally there is no standard vehicle by which population growth is correlated by health infrastructure capacity growth. This is material when the growth rates such as experienced and foreseeable for Cambridge are in play. It is therefore very pleasing to see specific mention and funding for developing an approach to health infrastructure for a bigger Cambridge being announced in the Chancellor's Budget. The transport issues, as ever, have been difficult politically over the last year and we were disappointed that for funding reasons the CSET scheme was withdrawn and are anxious that the withdrawal of the Congestion Zone proposals potentially jeopardise funding of enhanced public transport. The continued national interest in Cambridge Life Sciences by Government and other parties indicate a common understanding of the critical national importance of what we do here in the campus, and so, again, it was good to see the Chancellor announce funding to enable the CEST scheme to progress.

Objective 8: How we govern ourselves

We have received the final Governance report which effectively talked of strong arrangements with opportunities for further development. We are introducing some changes already and will be giving overall consideration of a whole action plan in April.

Objective 9: And how our governance relates to others

I continue to try to influence the ICB Chair and others on such matters as Place, the funding support, especially to new developments, and how we operate as a whole system.

Report to the Council of Governors: 28 June 2023

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

Executive Summary

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

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

Does this report reference the Trust's values of "Together: safe, kind and excellent"?

n/a

Action required by the Council of Governors

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

Cambridge University Hospitals NHS Foundation Trust

28 June 2023

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

1. Introduction

- 1.1 Last year the Council of Governors agreed to extend the end of the Chair's tenure from April 2023 to September 2025. The motivation of so doing was to secure some continuity as the Trust emerged from the exceptional circumstances of the Covid-19 pandemic, and as certain key projects, such as the creation of Integrated Care Systems and the possibility of Children's and Cancer Hospitals, are at critical stages.
- 1.2 There is very good reason as to why non-executive tenures, including of the Chair, are of fixed term. This is mainly to do with the role of the non-executive members of the Board to provide independence of perspective, freshness of challenge and the bringing to bear of relevant and current wider experience to the benefit of the Trust.
- 1.3 The Chair, after consideration, was happy to commit to an extended period so long as the Council was happy that he continued. He is clear, though, that the principle of fixed tenure is an important one and such that, even if there were continued volatility in 2025, the Trust must make arrangements for a new Chair to be effective from September 2025. The Chair also supports the idea of explicit objectives as a mechanism by which the Board of Directors and Council of Governors can evaluate the contribution of the Chair in leading the Board.

2. Objectives for 2023/24

- 2.1 The Chair had produced a similar objectives document to append to his reports to the Board and Council of Governors in the early part of his tenure. These had fallen in abeyance largely through a degree of repetition with the Chief Executive's reports, but they are nonetheless helpful in forming a framework for evaluation, direction and prioritisation.
- 2.2 In considering the objectives, it is important to recognise what the role of Chair is and therefore what kind of objectives these are. The Chair sees his role as primarily about encouraging and delivering a strong and open culture in the organisation, where good and informed challenge and scrutiny can apply to our decisions and practices such as to optimise the performance of the Trust, where decision making is of excellent quality and in which our

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

- 2.3 This means that the objectives are not those characteristic of Executive functions, where SMART (Specific, Measurable, Achievable, Relevant and Time-Bound) applies. As a Trust, the Board and the Council of Governors are both aware and regularly appraised of detailed targets and data across the range of our activities. The objectives are also wide, in the sense that the Board has oversight and leadership across the complex whole that is CUH.
- 2.4 The Governors' Nomination and Remuneration Committee discussed this at its meeting on 6 June 2023 and felt that this was an appropriate approach but made the suggestion that there would be merit in giving a sense against each area of what success or failure might look like. These are included within Appendix 1.
- 2.5 It is also important that the objectives are not allowed to be put on the shelf. The Chair proposes that they are attached as an appendix to his regular reports to the Council of Governors, thereby allowing commentary in-year on progress and/or concerns.

3. Recommendation

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

Appendix 1: Priorities and objectives for 2023/24

1. The Teams who Work Together

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

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

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

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

2. The Teams and Patients who are Diverse

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

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

3. Our Operational Performance, Patient Safety and Finance

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

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

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

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

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

4. Innovating, Transforming and Improving

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

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

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

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

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

5. Integrating at Place

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

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

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

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

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

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

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

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

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

7. Our role in the Cambridge Bio-Medical Campus

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

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

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

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

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

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

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

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

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

8. How we govern ourselves

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

We will look for an effective Governance Review.

9. And how our governance relates to others

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

We will look for the Chair influencing the ICB approach.

Report to the Board of Directors: 13 March 2024

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

Executive Summary

The report summarises the activities of the Council of Governors.

Related Trust objectives	All
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
Legal / Regulatory implications?	n/a

Action required by the Board of Directors

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

Cambridge University Hospitals NHS Foundation Trust

13 March 2024

Board of Directors

Report from the Council of Governors

Neil Stutchbury, Lead Governor

1. Recent Governor meetings

- 1.1 We held a **Governor NED quarterly** meeting on 24 January where we had one substantive question on the role of CUH in community-based health prevention schemes and three specific questions on patient safety, data breaches and referrals to the Emergency Department. After some discussion with the Secretariat, we decided to major on the health prevention question and this resulted in a very engaging and open discussion on the relationship of CUH and its partners in the wider community and its role in integrated care. Based on feedback from Non-Executive Directors (NEDs), we will use our quarterly meetings on more substantial strategic questions and use Council of Governors' meetings for the more specific, though still substantive, questions from governors.
- 1.2 We held a **Governor Seminar** on 8 February on the regional secure data environment project, led and presented by Mark Avery. The aim of the project is to extract clinical data from data repositories held by hospitals in the East of England for the purposes of medical research. The presentation was well-received and governors asked a range of questions, including on patient consent, data security and who would be able to apply for access.
- 1.3 We held a **Governor Forum** on 27 February. Ian Walker, Director of Corporate Affairs, joined us for the first half where we consulted governors on the responsibilities and accountabilities we need from a new Chair (see paragraphs 1.5-1.7). Governors also updated each other on recent board assurance and other meetings they had attended since the last Forum meeting.
- 1.4 We held a **Governors' Nomination and Remuneration Committee** meeting on 27 February. Mike More summarised the outcome of the NED appraisals which were carried out during January. Sharon Peacock, in her capacity as Senior Independent Director, briefed the Committee on the Chair's appraisal on 7 March.
- 1.5 In addition, the Committee was updated on the consultation process and timetable for recruiting a new Chair for CUH, to take up the role in January 2025 when Mike More comes to the end of his final term of office.

- 1.6 The Chair of the Governors' Nomination and Remuneration Committee and the Lead Governor, supported by the Director of Corporate Affairs, consulted with key stakeholders on the CUH Chair role during early March. The purpose of the consultation is to confirm the challenges, key accountabilities and competencies for the Chair role in preparation for writing the person specification. We consulted with the Chair and Chief Executive of the Integrated Care Board, chairs of local foundation trusts and local authority chief executives; the University of Cambridge and Cambridge University Health Partners; CUH staff networks; and the CUH Board.
- 1.7 We will be appointing a recruitment consultant to support the search. Our aim is to begin the search this month and interview shortlisted candidates in the summer.

2. Upcoming Governor meetings

- 2.1 The next three months' meetings are as follows:
- Council of Governors' meeting: 27 March 2024
 - Governor Seminar: 16 April 2024
 - Council of Governors' Strategy Group: 29 April 2024
 - Governor-NED quarterly meeting: 1 May 2024
 - Governor Forum: 21 May 2024

3. Recommendation

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

Report to the Board of Directors: 13 March 2024

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.
Legal/regulatory impact	n/a

Action required by the Board of Directors

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

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

1. Introduction/background

- 1.1 The Chief Executive's report provides an overview of the five areas of operational performance. The report also focuses on the three parts of the Trust strategy: improving patient care, supporting staff and building for the future, and other CUH priorities and objectives. Further detail on the Trust's operational performance can be found within the Integrated Performance Report.
- 1.2 There are a range of well understood challenges facing health and care, including industrial action, recruitment, access to care and waiting times, quality, and access to capital - in particular there is currently significant national focus on urgent and emergency care performance, 78 week waits and financial planning. These challenges are increasingly crystallising within some providers and some integrated care systems. However alongside these difficulties the NHS is delivering across a wide range of areas from the Grail Galleri cancer test and the cancer vaccines launchpad, to the opening of elective surgical centres and community diagnostics hubs, to the funded national workforce plan. The national Budget set out in early March 2024 confirmed an anticipated level on ongoing funding for the NHS, and identified an additional ~ £4bn for technology investment.
- 1.3 CUH continues to tackle these challenges and opportunities; and the next 24 months will see the Trust retain its focus on the five areas of operational performance, and the three pillars of the strategy. Alongside this, the Trust will also continue to refresh and develop services and corporate departments, as appropriate. This refresh will draw on the findings of the recently conducted governance review, the Trust's externally validated CQC self-assessment and a rolling programme assessing a range of departments. Much of this work will be supporting areas already identified as opportunities for change and will see developments in resourcing and approach.
- 1.4 CUH continues to perform well in the five areas of operational performance relative to peers, but with areas of concern. As examples:

1. **Quality** - a focus on long waits, the emergency pathway, staffing levels in relation to capacity and maternity (considering the CQC review); and noting ongoing progress on complaints and outcomes.
 2. **Workforce** - a focus on inclusion and development; understanding a low uptake for the staff survey, in line with much of the NHS (and the mixed picture of the emerging results); and noting a strong position on recruitment, support for staff and recognition.
 3. **Access** - acknowledging significant disruption from industrial action, work is ongoing to tackle waiting times in urgent and emergency care where CUH is now in the bottom third nationally; and noting ongoing good performance in cancer, elective care and diagnostics.
 4. **Finance** - maintaining progress with our significant capital plan and making best use of our resources to deliver financial plans for CUH and the integrated care system for the coming years - the position is changing and will be much more challenging as we go through 2024/25 and beyond.
 5. **Improvement, Innovation and Digital** - continuing to deliver this year's financial plan, whilst finalising the forward plan for the portfolio.
- 1.5 CUH continues to make progress delivering the Trust strategy, with more to do in some areas. The Cambridge Movement Surgical Hub has been open since November 2023 and is treating ~ 60-70 patients/week and U block is now open, caring for gastro and haematology patients across 56 beds. Work has started on the ground for both the Cambridge Children's Hospital and the Cambridge Cancer Research Hospital - in both cases work is ongoing on the Full Business Cases. In addition, following the Budget announcement of £3M, work will accelerate on plans for additional health and care services centred on the biomedical campus, as part of our integrated care system. Work to better align CUH, Royal Papworth Hospital and the University of Cambridge is going well, and work is ongoing in relation to the Cambridge South Care partnership. We expect further progress on our strategies in relation to EDI, digital and sustainability; and the 5-year plan.
- 1.6 CUH continues to engage with partners across Cambridge on a wide range of areas from transport to housing - some of this is set out in the March 2024 The Case for Cambridge HMG publication.
- 1.7 In line with good practice the Trust is completing a full self-assessment against the current CQC framework, focussing on those services that have not been reviewed recently. This self-assessment will complement the current external well-led governance review. As indicated in section 1.3, these two reviews will form part of a more comprehensive assessment and plan to enable CUH to thrive over the coming years in a changing environment.

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 six 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 The Maternity Improvement Oversight Board (MIOB) continues to meet, providing oversight of the CQC action plan to address the 'must do' and 'should do' actions. As part of the ongoing work on the medical model, medical posts are now out to advert. Improvements in training compliance has also been noted.

CQC regulation changes and Self-Assessment

2.5 The CQC are changing their approach to their inspection regime including how and when they will assess services. They are moving to a single assessment framework which will cover health and social care.

2.6 The Chief Nurse and Head of Compliance are currently undertaking a self-assessment of core services across the organisation.

Accreditation

2.7 The Nursing Quality Assurance Framework at CUH brings several quality measurement tools together under the title of ward accreditation. The ward accreditation process strengthens the ward to board assurance process on the quality of care being provided to patients across CUH.

2.8 Accreditation was introduced at CUH in 2022/2023, during which time 17 wards across the Trust have been accredited.

- 2.9 A review of the accreditation tool has been undertaken through engagement/ feedback from key stakeholders and benchmarking against other organisations. This has led to an updated tool and associated process being developed.
- 2.10 Following this evaluation, the tool will be updated and the accreditation programme will be rolled out across the organisation from April 2024. There will be associated engagement events held to communicate the purpose of accreditation to the wider workforce.

Staffing numbers

- 2.11 The nursing and midwifery vacancy position is improving and there is a strong recruitment pipeline which is resulting in a predicted year end vacancy rate of below 5%. Despite this, there continues to be stretched nurse to patient ratios beyond those set for safe staffing levels. Any incidents related to staffing shortages are triangulated with harm data to understand the impact of the stretched ratios on patient safety and quality.

Hospital Standardised Mortality Ratio (HSMR)

- 2.12 The Hospital Standardised Mortality Ratio for the data period December 2022 to November 2023 was 75.3. This is banded as statistically lower than expected and is the 6th lowest HSMR in the country.

Industrial action

- 2.13 The junior doctor members of the British Medical Association (BMA) and Hospital Consultants and Specialists Association (HCSA) undertook further industrial action from 07:00 Saturday 24 February 2024 to 23:59 Wednesday 28 February 2024 and from 07:00 Saturday 24 February 2024 to 07:00 Thursday 29 February 2024 respectively.
- 2.14 The Trusts focus during this period was on maintaining safe patient care for our urgent and emergency services and inpatient services and support for our staff who wished to take legitimate industrial action.
- 2.15 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.

3. Access to Care

- 3.1 **Emergency Department (ED).** Performance against the 4hr standard and the reduction of long waits within ED remained priority areas of focus in January 2024. Whilst ED attendances remained high, growing by 18.2% year-on-year (the equivalent to an additional 62 patients per day) the Trust maintained a similar level of 4hr performance month-on-month from 62.7% in December 2023 to 62.5% in January 2024. In February 2024 provisional performance was 63.2%.
- 3.2 **Length of stay.** In January 2024 the average length of stay was 8.0 days, a 10.5% improvement compared to the average of 8.9 days in January 2023. Through annual activity planning, the Trust has set a length of stay improvement target of 114 beds based on benchmarking and the forecast bed availability for next year. This will need a whole-Trust response to deliver and the Director of Innovation, Digital and Improvement is leading the development of plans to meet this challenge.
- 3.3 **Referral to Treatment (RTT).** In January 2024 the total RTT waiting list size was 61,531, flat compared to December 2023. This puts waiting lists 0.6% (+363) above planned levels. Performance continues to be impacted by industrial action. The volume of patients waiting over 65 weeks reduced by 55 from 870 in December 2023 to 815 in January 2024. The Trust's plan is to reduce to zero by the start of July 2024, ahead of the national ambition to achieve this by the end of September 2024.
- 3.4 **Delayed discharges.** In January 2024 the Trust lost 120 beds to complex patients remaining in an inpatient bed beyond their clinically fit date. This compares to an average of 137 beds lost each month during 2022/23.
- 3.5 **Cancer.** The Trust achieved 71.3% against the cancer 62 days combined referral to treatment metric in December 2023 compared to the national target of 85.0%. This was significantly higher than the Shelford Group average of 61.3%. There is an improvement plan in place for the 62 day pathway which is reviewed monthly, setting out specific recovery actions.
- 3.6 **Operations.** Capped utilisation across December 2023 was 77.4%. Excluding the industrial action period increased performance to 77.8%. Performance has slipped to Quartile 2, but remains above the Shelford Group median.

- 3.7 **Diagnostics.** January 2024 saw a further deterioration in six week performance to 40.2%. The total waiting list increased by 323 and the > 6 week cohort increased by 287.
- 3.8 **Outpatients.** New activity remains adversely below the 115% target for end March 2024. The most recent data point for January 2024 sits just below this current median at 109.2%. The number of new outpatient appointments on the waiting list remains high at 62,972 in January 2024.

4. Finance – Month 10

- 4.1 The Month 10 position for performance management purposes is a £1.1m surplus. This is in line with planned year to date performance. The Trust position recognises additional funding to offset the adverse impact of industrial action to Month 7 (October).
- 4.2 Due to the additional industrial action in December 2023 and January 2024 the forecast outturn position has been updated to a £3m deficit to reflect the additional costs to the Trust.
- 4.3 Further financial support from NHSE is however expected to be agreed at a level that will enable the Trust to fully mitigate the forecast year end deficit. This support should be confirmed in the coming weeks at which time the forecast outturn is expected to be returned to a breakeven position.
- 4.4 The following points should be noted in respect of the Trust's Month 10 financial performance:
- The position includes NHSE support for the impact of industrial action which totals £16.9m across the following three elements:
 1. Reductions to the elective service target of 4% - forecast additional income by year end of £7.8m.
 2. A specialised commissioned services target adjustment – forecast additional income by year end of £3.2m.
 3. A block payment to support the impact of industrial action on pay expenditure – agreed with C&P ICB at £5.9m.
 - The position also includes £9.5m of non-recurrent funding. 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.

- The additional industrial action in December 2023 and January 2024 creates a further pay pressure of £3.0m. The Trust expects this pressure to be fully mitigated over the remainder of the year through additional funding from NHSE. However, NHSE has not yet confirmed whether additional financial support will be made available.
- 4.5 The Trust received an initial system capital allocation for the year of £35.0m for its core capital requirements. In addition to this, the Trust expects to receive further funding for the Children's Hospital (£4.1m), Cancer Hospital (£6.4m), Community Diagnostics (£0.8m), and Secure Data Environments (1.8m). Together with capital contributions from ACT totaling £7.4m and technical adjustments in respect of PFI, the Trust's capital budget for the year now totals £58.1m. This represents a reduction on the total reported at Month 10 due to changes in the phasing of Cancer Hospital funding and spend as agreed with NHP.
- 4.6 At Month 10 the capital programme is ahead of plan with spend year to date of £33.6m against a budget of £31.8m. 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 £58.1m.

5. Workforce

- 5.1 The Trust has set out five workforce ambitions, committing to focus and invest in the following areas; Good Work and Wellbeing, Resourcing, Ambition, Inclusion and Relationships.
- 5.2 It should also be noted that there is ongoing work in response to industrial action which continues to impact the Trust.

Good Work and Wellbeing

- 5.3 The autumn flu and Covid-19 vaccination programmes for CUH closed on 31 January 2024. 56% of staff were vaccinated against flu and 48% were vaccinated against Covid-19. CUH was the second highest performing trust in the region for the percentage of front line staff receiving vaccinations.
- 5.4 With the rise in measles cases in our communities, Occupational Health have begun the roll out of an MMR catch up vaccination programme. Non immune front line health care workers are being invited to pre-booked and drop in vaccination clinics where they can receive their vaccinations, with those working in high risk areas being prioritised first.

Resourcing

- 5.5 In the last 12 months CUH has grown its workforce by 6.1% which has been deliberate and targeted growth. Recruitment pipelines remain strong which will support the Trust in sustaining a good position in terms of staffing and vacancy management.
- 5.6 CUH has been successful in its application to NHSE to participate in cohort two of the people promise exemplar programme, with a focus on retention. This 12 month funded programme will enable the Trust to have additional specific resource to deliver against our strategy. Whilst turnover is improving we continue to see significant rates for additional clinical services staff group, which includes healthcare support workers for example.

Ambition

- 5.7 CUH has committed to introducing the Nursing Associate role, through a 24 month apprenticeship model which leads to a foundation degree. Recent recruitment to the programme has been incredibly positive and we look forward to commencing the programme in the spring.

Inclusion

- 5.8 The Trust has launched a new Neurodiversity in the Workplace development programme, engaging all staff who wish to increase their knowledge of how to support others with additional learning needs (ALN). This course aims to identify some of the different types of additional learning needs and how to make adjustments to help improve the experience of CUH staff who are neuro-divergent. It is particularly relevant for line managers and educators but it is open to all.

Relationships

- 5.9 Plans are underway to launch the 2024 CUH staff awards, which will run from April to November 2024. Again, this will be an opportunity to acknowledge and celebrate the commitment, hard work and fabulous achievements of colleagues and partners.
- 5.10 A full diary of recognition events has been worked up for 2024/25.

6. Innovation, Digital and Improvement

Innovation

- 6.1 The Trust has been working at pace to develop its innovation programme. The focus has been on three main themes: programme level, initiative level and innovation culture.
- 6.2 At a programme level, governance and resourcing structures, along with a programme vision have been developed. The programme is projected to positively impact on productivity and support delivery against the Trust's priority of access to care. Different programme funding options are currently being explored.
- 6.3 The Trust has developed a decision-making process to select high-impact innovations against organisational priorities, as well as developing an overarching governance structure for innovation to ensure successful delivery of the programme and effective Board oversight. The Trust is currently reviewing a shortlist of initiatives to determine which ones to adopt as organisational priorities to deliver a high impact against the strategic access to care priority.
- 6.4 The Trust is keen to enable a culture and environment that is supportive of innovation, whereby colleagues can navigate and access internal and external support and funding. Diagnostic work has been undertaken to understand the Trust's current innovation culture. This is helping to inform the approach to communications and a plan is being developed for a forthcoming innovation programme launch.
- 6.5 At system level, close engagement through the Cambridgeshire and Peterborough Integrated Care System (ICS) and Cambridge University Health Partners (CUHP) continues to build a shared innovation landing zone and to develop a digital innovation portal to support this.

Digital and eHospital

- 6.6 Focus for the Trust's eHospital team remains on maintaining a safe and secure infrastructure, by keeping software platforms, hardware and infrastructure up-to-date. As part of this, the team continue to provide significant support to help the Trust move away from aging software and infrastructure. Over the next year, two key aspects will be pharmacy moving from Ascribe to Epic and radiology PACS moving to a cloud environment.

- 6.7 The digital team continue to support the Trust with a number of key programmes which support delivery against the access to care priority. These include work with the emergency department, virtual wards, outpatients and further development of the Trust's patient portal, MyChart.
- 6.8 Work continues on developing methods to test the resilience and disaster recovery readiness of the Trust's electronic patient record, Epic. Further work is being planned through 2024.
- 6.9 Resourcing the digital teams to match the Trust's ambitions and demands remains challenging. Whilst work continues to address these workforce challenges, the teams' limited resources will be prioritised to support delivery of the Trust's strategic objectives. To facilitate this alignment, two new operationally-led processes are being implemented, to prioritise Epic and technology developments, with the Technology Digital Prioritisation Group having already commenced.
- 6.10 The Trust's new Digital Board commenced in February 2024, which will align and govern Trust-wide digital commitments.

Improvement and Transformation

- 6.11 The Trust is continuing to build quality improvement (QI) capability and capacity across the organisation and plans to launch a QI fundamentals programme in Spring 2024.
- 6.12 The improvement and transformation team continues to support colleagues with a number of strategic QI programmes of work across urgent and emergency care, including the emergency department, virtual wards, outpatients, high volume low complexity procedures, hospital acquired pressure ulcers, patient transport, as well as supporting colleagues to identify productivity and efficiency schemes for 2024/25.
- 6.13 From its inception in November 2022, until the end of December 2023, the virtual ward team has on-boarded 1,227 patients from 30 specialties, achieving a saving of 4,493 bed days to the end of December 2023, the equivalent of 10.5 beds and an estimated 552 bed days in January 2024, the equivalent of 17.8 beds. The length of stay saving per patient being 4.13 days (4.17 days in 2023/24). During January 2024, the average occupancy for the virtual ward was 62 patients; this has risen to an average of 74 patients for the first week of February 2024.

- 6.14 To support the Trust's priority focus of access to care, specifically on releasing net bed capacity and reducing referral to treatment (RTT) waiting times, the improvement and transformation and digital teams continue to support colleagues to make improvements across a number of agreed pathways, including pneumonia, hearing loss and tinnitus, along with skin cancer.
- 6.15 Work is ongoing with a wide range of colleagues to develop and agree a Trust-wide outpatients strategy, along with establishing a length of stay programme for the organisation, both of which will support the Trust's strategic focus on productivity.
- 6.16 The Trust's productivity and efficiency requirement for 2023/24 is £53m and is on track to deliver that in full. As at Month 10, the Trust has delivered a £42.2m efficiency, against a year-to-date target of £42.2m, resulting in an over-performance of £14k year-to-date.

PART B

7. Strategy update

Strategy implementation: Joint Forward Plan and Operational Planning

- 7.1 The ICS Joint Forward Plan (JFP) is being refreshed. JFPs are mandatory five-year plans that Integrated Care Boards and their partner NHS trusts are required to produce, setting out how they will meet the health needs of their local population.
- 7.2 The System is working on a light-touch refresh, as the current plan is only nine months old, to provide a high-level overview of progress so far and flag up any key areas that need addressing. Provider Boards are not being asked to individually sign-off plans this year; this will be undertaken through ICB governance for final submission to NHSE by 31 March 2024.
- 7.3 The Trust and other System partners are currently preparing operational plans, to be submitted as a System response through the ICB, to present detailed information on activity, workforce and finance plans for 2024/25. This is informed by internal business planning within CUH, also underway, with clinical and corporate teams developing their priorities for the year ahead, focused on the Trust's strategic lens of improving access to care.
- 7.4 Progress on many of the 15 commitments outlined in the strategy are reported elsewhere in this update paper; further elements are included below.

Improving patient care

Integrated Care

- 7.5 The Trust continues to work with partners across the Cambridgeshire South Care Partnership (CSCP) to improve care for people in and outside of hospital and support reduction of the need for unplanned hospital care. The approach and objectives for progressing integrated care over the coming year have been agreed at the Addenbrooke's Futures Committee, alongside discussions with the ICB around which priorities from the JFP will be delivered by the CSCP and CUH

Supporting our staff

- 7.6 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

- 7.7 The new 56-bedded U block surge unit opened in January 2024. These new inpatient beds are providing additional capacity over winter, enabling an improvement in the co-location of some services that will improve patient flow across the hospital, and providing much needed decant capacity to support the Trust to carry out essential maintenance works.
- 7.8 Early enabling works for the Cambridge Cancer Research Hospital (CCRH) have started with the re-provision of a staff car park to release part of the construction site. Further works will take place across 2024 including installing hoardings, clearing the site and undertaking various surveys, whilst awaiting final planning permission approval from Cambridge City Council. The CCRH team continue to work closely with our staff, patients and wider stakeholders to ensure that co-creation of the hospital remains embedded. Fundraising also remains a key focus for the project. Addenbrooke's Charitable Trust (ACT) is delighted to now be partnering with Give Us A Lift (GUAL), a humanitarian charity supporting local communities, individuals and organisations, to support the fundraising campaign for the Hospital. The project remains on track to start full construction works in 2025.
- 7.9 The Cambridge Children's Hospital is subject to an NHSE/DHSC review of the project's capital funding in late April 2024. In the meantime, the project has started to develop its Full Business Case and pre-construction enabling works have begun on site. The fundraising campaign continues to remain on plan with further pledges expected in the coming months.

Specialised Services

- 7.10 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 specialised services across the region.
- 7.11 Our current work programme includes three pilot projects (which aim to deliver impact in the next 6-12 months) covering severe asthma, multiple sclerosis (MS) and epilepsy, and three longer-term strategic programmes of work on neurosciences, dentistry and innovation.
- 7.12 The Trust has secured approval for video technology to transform paediatric epilepsy pathways, enabling remote diagnosis and management of epilepsy seizures from almost all hospital sites across the EoE, with several now live with the system. In 2024/25, the project will extend to adult epilepsy services. Within MS, we have secured stakeholder support for the provision of stem cell therapy to be provided in the EoE, with CUH acting as a spoke to the pan-London haematopoietic stem cell transplantation service. This will extend our current work to encompass the full MS patient pathway.
- 7.13 The Trust is developing an East of England neurosciences regional strategy. A neurosciences steering group has been established and a number of clinically-led groups have been determined which will develop more detailed actionable proposals in Q2 2024/25.
- 7.14 In dentistry, clinically-led groups have submitted recommendations to the Secondary Care Dental Steering Group for addressing medium and long term sustainability and capacity issues. Progress is being made towards implementation of recommendations, including initial approval of a business case to address temporomandibular joint service pressures, identification of regional sedation leads and pilot sites scoped for alternative sedation therapies. Successful paediatric dentistry stakeholder workshops have been held and ICB priorities identified for paediatric dentistry.
- 7.15 There are plans to create a Research and Innovation advisory group within the collaborative with the aim of developing a harmonised adoption process for new innovations to increase participation and spread across our region. The group will draw on the expertise from Mid and South Essex NHSFT's innovation team, to make it easier for the Trust to engage with commercial partners and overcome barriers for testing, trailing and procuring new treatment options.
- 7.16 CUH also continue to engage with NHSE and ICBs through the East of England Specialised Services Joint Commissioning Committee (JCC) to support preparation for the delegation of specialised services to ICBs in April 2024. We will support the JCC to develop a commissioning strategy for specialised services which it plans to complete in 2024/25.

Climate Change

- 7.17 A major capital grant bid to decarbonise the heating systems of the Frank Lee Centre and Residences has been submitted to the Public Sector Decarbonisation Scheme which supports the aim of reducing emissions from public sector buildings by 75% by 2037 (from 2017 baseline).
- 7.18 CUH have commissioned the installation of up to 39 electric vehicle charging points for the interim car parking allocation in the south-west corner of the CUH site.
- 7.19 The business use pool car service has been successfully re-tendered, facilitating an advanced car club format and transition to electric/ultra-low emission vehicles. The Trust has also introduced the new 'KINTO Join' app to help staff find options to cut travel costs, reduce parking congestion, and reduce carbon footprint by providing a fast and easy way to car share and find walking groups associated with travel to work.
- 7.20 The LED lighting upgrade programme has continued with installations for Oncology, Radiology and ward K2.

8. Recommendation

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

Report to the Board of Directors: 13 March 2024

Agenda item	9
Title	Integrated Report
Sponsoring executive director	Chief Operating Officer, Chief Nurse, Medical Director, Director of Workforce, Chief Finance Officer
Author(s)	As above
Purpose	To update the Board of Directors on performance during January 2024.
Previously considered by	Performance Committee, 6 March 2024

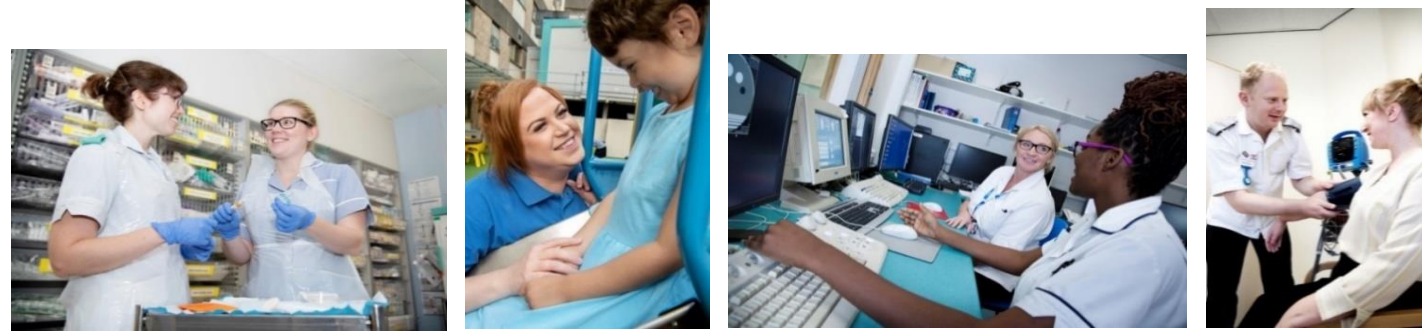
Executive Summary

The Integrated Performance Report provides details of performance to the end of January 2024 across quality, access standards, workforce and finance. It provides a breakdown where applicable of performance by clinical division and corporate directorate and summarises key actions being taken to recover or improve performance in these areas.

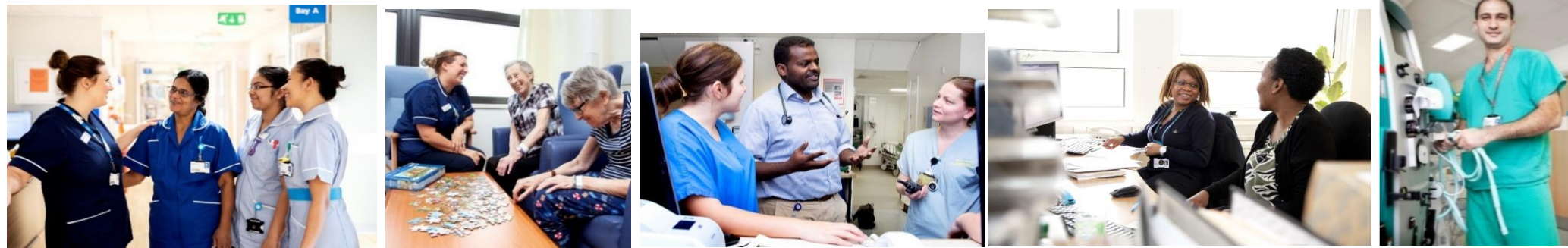
Related Trust objectives	All objectives
Risk and Assurance	The report provides assurance on performance during Month 8.
Related Assurance Framework Entries	BAF ref: 001, 002, 004, 007, 011
Legal / Regulatory implications?	n/a

Action required by the Board of Directors

The Board is asked to note the Integrated Performance Report for January 2024.



**Cambridge
University Hospitals**
NHS Foundation Trust



Integrated Report

Quality, Performance, Finance and Workforce to end January 24

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

Report compiled: 29 February 2024

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				Nov 23	Dec 23	Jan 24				
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	Jan-24	90%	87.0%	87.0%	88.0%	↑	86.6%	50.0%	86.6%
	Trust Compliance with Pressue Ulcer risk assessment tool & documentation within 6 hours of admission	Jan-24	90%	81.0%	81.0%	80.0%	↓	80.7%	13.4%	80.7%
	% Rosie MDT Obstetric staff passed PROMPT emergencies training	Dec-23	90%	92.4%	89.7%	N/A	▪	84.7%	71.0%	84.7%
	% Rosie Obstetricians and Midwives passed fetal surveillance training	Dec-23	90%	91.4%	92.4%	N/A	▪	86.1%	72.0%	86.1%
Patient Experience / Caring	Healthcare Inequality: Percentage of patients in calendar month where ethnicity data is not recorded on EPIC Cheqs demographics report (Ethnicity Summary by Patient)	Jan-24	7%	7.1%	7.0%	6.7%	↓	7.5%	14.0%	7.5%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Jan-24	20%	17.3%	15.3%	15.0%	↓	15.6%	15.3%	15.6%
	Percentage of in-patient discharges on a Saturday and Sunday compared to the rest of the week (calculated as the average daily discharges on Sat/Sun divided into the average daily discharges Mon-Fri). Excludes day cases. 80% (of weekday rate) Additional Filters Simple Discharges, G&A etc	Jan-24	80%	73.8%	84.6%	80.9%	↓	75.9%	74.0%	75.6%
	Same day emergency care (SDEC)	Jan-24	30%	24.9%	25.3%	25.1%	↓	25.3%	22.0%	24.5%
	Percentage of admissions over 65yo with dementia/delirium or cognitive impairment with a care plan in place	Jan-24	50%	71.0%	75.6%	71.0%	↓	67.1%		67.1%
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Jan-24	55%	43.6%	42.3%	40.4%	↓	43.5%	29.2%	40.7%
Staff Experience / Well-led	Trust Vacancy Rate (Band 5) Nurses	Jan-24	5.0%	8.3%	6.3%	6.3%	↓		10.3%	
	Annual National Staff Survey - "I feel secure about raising concerns re unsafe clinical practice within the organisation"	2023	78%	75.9%	71.3%	70.4%	↓		75%	

Key:  Adverse to absolute target or a deterioration in performance from baseline
 Adverse to target, but an improvement from baseline
 Favourable to target

Quality Summary Indicators

Performance Framework - Quality Indicators				Nov 23	Dec 23	Jan 24					
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)	Jan-24	0	1	0	1	↑	7	3	7	
	E.coli Bacteraemias (Total Cases)	Jan-24	50% over 3 years	28	39	38	↓	357	401	414	
	C. difficile Infection (hospital onset and COHA* avoidable)	Jan-24	TBC	14	10	8	↓	104	129	119	
	Hand Hygiene Compliance	Jan-24	TBC	95.3%	94.9%	93.9%	↓	94.1%	96.4%	94.2%	
Clinical Effectiveness	% of NICE Technology Appraisals where funding was not procured within three months. ('last month')	Jan-24	100%	0.0%	25.0%	75.0%	↑	57.4%	None recorded	57.4%	
	% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 30 days.	Jan-24	80%	None recorded	25.0%	50.0%	↑	35.0%	51.0%	50.0%	
	100% of NCEPOD questionnaires (clinical and operational) relevant to CUH is returned by clinical teams within deadline ('last month').	Jan-24	100%	0.0%	20.0%	None recorded	↑	40.0%	None recorded	40.0%	
	85% of national audit's to achieve a status of better, same or met against standards over the audit year	Jan-24	85%	83.3%	None recorded	None recorded	↔	90.9%	84.6%	88.9%	
Nursing Quality Metrics	Blood Administration Patient Scanning	Jan-24	90%	99.5%	99.9%	99.6%	↓	99.7%	99.7%	99.7%	
	Care Plan Notes	Jan-24	90%	96.1%	95.9%	96.0%	↑	95.9%	95.9%	95.9%	
	Care Plan Presence	Jan-24	90%	98.6%	98.6%	98.0%	↓	99.3%	99.6%	99.3%	
	Falls Risk Assessment	Data reported in slides									
	Moving & Handling	Jan-24	90%	76.3%	76.2%	76.8%	↑	76.3%	72.4%	75.7%	
	Nurse Rounding	Jan-24	90%	99.0%	99.0%	99.2%	↑	99.1%	99.2%	99.1%	
	Nutrition Screening	Jan-24	90%	75.5%	76.3%	76.0%	↓	76.3%	72.8%	75.8%	
	Pain Score	Jan-24	90%	84.6%	84.2%	84.0%	↓	85.0%	83.8%	84.8%	
	Pressure Ulcer Screening	Data reported in slides									
	EWS										
	MEOWS Score Recording	Jan-24	90%	86.7%	86.2%	91.5%	↑	86.6%	84.9%	86.3%	
	PEWS Score Recording	Jan-24	90%	99.1%	99.4%	99.4%	↑	99.2%	99.1%	99.2%	
	NEWS Score Recording	Jan-24	90%	97.7%	97.8%	97.8%	↑	97.7%	97.4%	97.7%	
	VIP										
	VIP Score Recording (1 per day)	Jan-24	90%	87.4%	86.7%	86.8%	↑	87.3%	85.8%	87.0%	
PIP Score Recording (1 per day)	Jan-24	90%	79.2%	84.6%	85.3%	↑	84.5%	86.5%	84.9%		
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	N/A	N/A	N/A	▪	N/A	N/A	N/A	
	Number of overdue complaints	Jan-24	0	45	46	37	↓	541	172	599	
	Re-opened complaints (non PHSO)	Jan-24	N/A	9	4	13	↑	69	18	71	
	Re-opened complaints (PHSO)	Jan-24	N/A	0	0	0	↔	5	2	5	
					Nov 23	Dec 23	Jan 24				
	Number of medium/high level complaints	Jan-24	N/A	14	8	10	↑	139	257	181	

Operational Performance



Cambridge
University Hospitals
NHS Foundation Trust

Point of delivery	Performance Standards	SPC variance	In Month Actual	In Month plan	Target	Target due by	Page
Urgent & Emergency Care	4hr performance	Normal variation	62.5%	68.4%	76.0%	Mar-24	Page 13
	12hr waits in ED (type 1)	Normal variation	13.7%	-	-	-	
	Ambulance handovers <15mins	Normal variation	45.2%	65.0%	65.0%	Immediate	
	Ambulance handovers <30mins	Negative special cause variation	73.8%	95.0%	95.0%	Immediate	Page 14
	Ambulance handovers > 60mins	Negative special cause variation	16.5%	0.0%	0.0%	Immediate	
Cancer	Cancer patients < 62 days	Normal variation	71.3%	-	85.0%	Immediate	Page 20
	28 day faster diagnosis standard	Normal variation	81.7%	82.6%	75.0%	Immediate	Page 18
	31 day decision to first treatment	Normal variation	80.7%	-	96.0%	Immediate	Page 19
Outpatients	First outpatients (consultant led)	Positive special cause variation	109.2%	113.1%	-	-	Page 22
	Follow-up outpatients (consultant led)	Normal variation	114.8%	124.5%	-	-	Page 23
	Advice and Guidance Requests	Normal variation	10.0%	-	16.0%	Mar-23	
	Patients moved / discharged to PIFU	Positive special cause variation	3.4%	7.5%	7.5%	Mar-23	Page 24
Diagnostics	Patients waiting > 6 weeks	Normal variation	40.2%	9.3%	5.0%	Mar-24	Page 21
	Diagnostics - Total WL	Normal variation	14,385	9,096	-	-	
RTT Waiting List	RTT Patients waiting > 65 weeks	Positive special cause variation	815	150	0	Mar-23	Page 16
	RTT Patients waiting > 78 weeks	Normal variation	130	-	-	-	
	Total RTT waiting list	Negative special cause variation	61,531	61,186	-	-	Page 17
Productivity and efficiency	Non-elective LoS (days, excl 0 LoS)	Positive special cause variation	8.6	-	-	-	
	Long stay patients (>21 LoS)	Positive special cause variation	200	194	-	-	
	Elective LoS (days, excl 0 LoS)	Normal variation	5.0	-	-	-	
	Discharges before noon	Normal variation	15.0%	-	-	-	
	Theatre sessions used	Normal variation	708	-	-	-	
	In session theatre utilisation	Normal variation	77.4%	85.0%	85.0%	Sep-23	Page 26
	Virtual Outpatient Attendances	Negative special cause variation	19.7%	-	-	-	
	BADS Daycase Rate (local)	Normal variation	85.5%	-	-	-	Page 27

Author(s): Various

Owner(s): Nicola Ayton

Patient Safety Incidents

Indicator	Data range	Threshold	Jan-24	Mean	Variance	Special causes	Comments
Patient Safety Incidents	February 2021- January 2024	-	1755	1535		-	
Patient Safety Incidents per 1,000 admissions			108	96		-	
Percentage of moderate harm and above patient safety incidents		≤ 2%	2.7%	2.3%		-	Moderate harm incidents showed a statistically significant increase in January 2024 with the last 8 months being above the mean. Hospital-acquired pressure ulcers account for 48% of our moderate harm incidents.

Patient safety incidents (PSIs)

All key measures are in normal variance.

There were 48 PSIs of moderate harm and above in January 2024 - 6 severe, 2 deaths, and 40 moderates.

We transitioned to the new national patient safety incident review framework (PSIRF) on the 01 January 2024. New measures will be reported on from March 2024.

Serious Incidents (SI) and Internal (RCA) Investigations (II)

There remains **one open SI** investigation, the IG breach SI declared in December 2023.

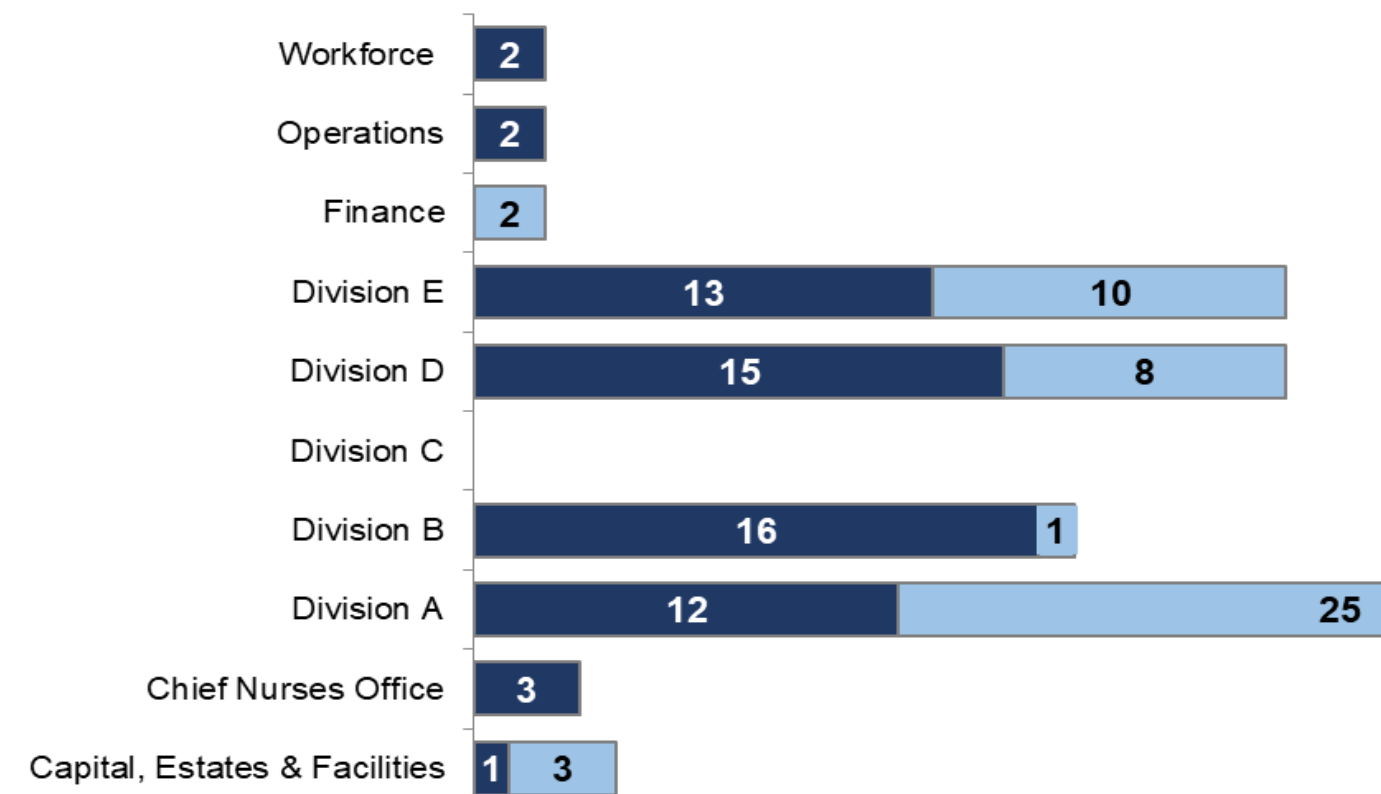
There are **7 open Internal Investigations**, all of which are overdue.

There are currently **113 (165 last month) overdue actions** from investigations: 66 (↓) Serious Incident actions and 49 (↓) Internal (RCA) Investigation actions.

The patient safety team are working with divisional teams to support implementation and closure of outstanding SI and II actions. Oversight is also at the new Safety Improvement Group monthly meeting.

Overdue actions in relation to level of investigation for patient and organisational incidents as of 17.02.2024

■ Serious Incidents □ Internal Investigations

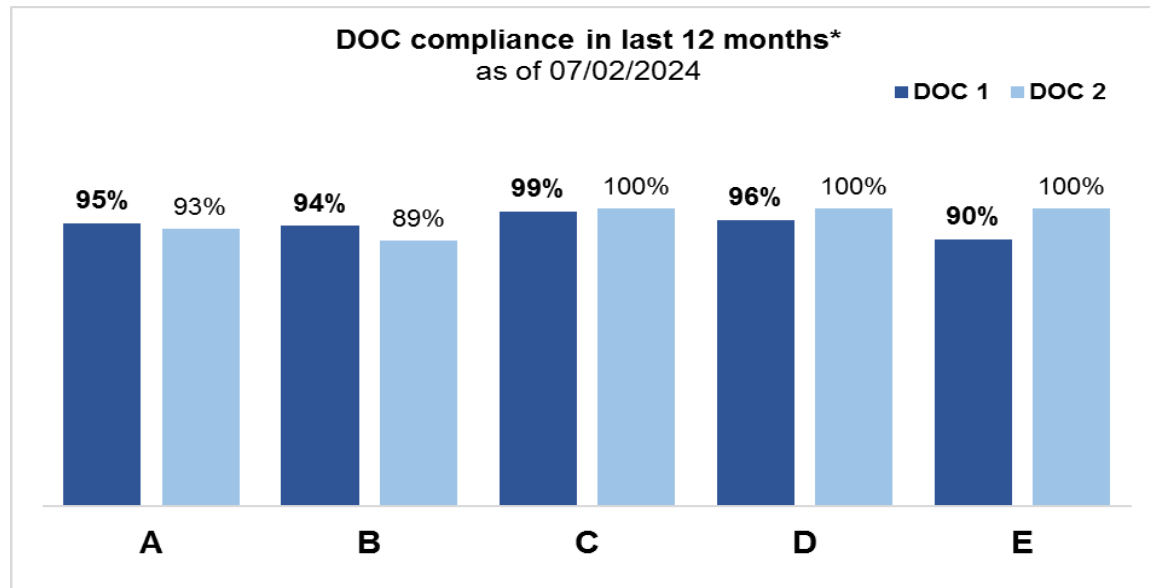


Duty of Candour (DOC)

In the last 12 months, Trust-wide **stage 1** DOC compliance is **95%** (429/451) and Trust-wide **stage 2** DOC compliance is **97%** (400/413). A breakdown by Divisions can be seen in graph 1 below.

There are a number of DOC that are overdue, shown in graphs 2 and 3 (right). There are two DOC **stage 1** cases outstanding by more than 4 months (from date reported) and six DOC **stage 2** cases not yet completed, more than 1 year after the incident was reported.

Whilst the DOC stage 2 compliance looks on track, there are still **77** patient safety incidents of moderate harm and above where the investigation not yet completed; DOC stage 2 will be required.



Indicator definitions

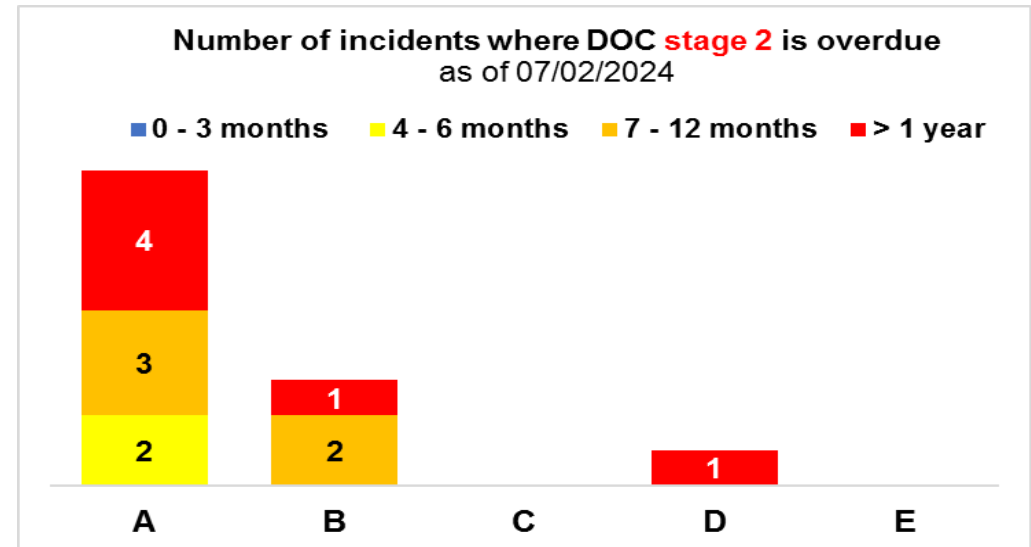
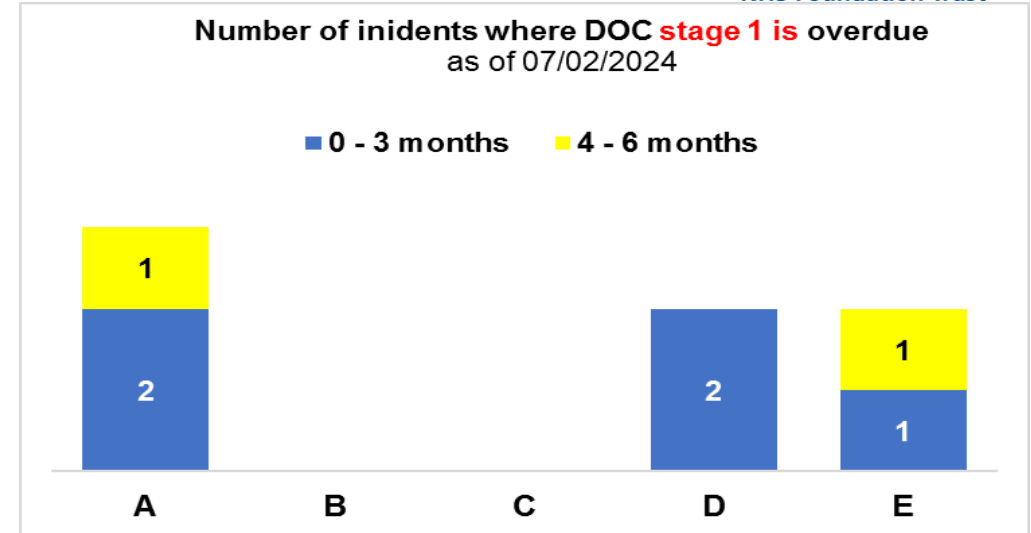
Stage 1 is notifying the patient (or family) of the incident and sending a DOC stage 1 letter. Our internal standard is completion within 10 days of the incident reported.

Stage 2 is sharing of the relevant investigation findings (where the patient has requested this response). Our internal standard is

*12 months data for the period 18/01/2023 - 17/01/2024

Author(s): Jane Nicholson

Owner(s): Oyejumoke Okubadejo



Falls

Indicator	Data range	Target	Jan-24	Mean	Variance	Special causes	Target status	Comments
All patient falls	February 2021 - January 2024	-	138	153		Shift	-	Statistically significant downward shift in the last 7 months
Inpatient falls per 1,000 bed days		-	3.4	4.4		Shift	-	Statistically significant downward shift in the last 7 months
% of inpatient falls moderate harm & above		-	0	0.0			-	
Falls risk screening compliance within 12 hours of admission		≥90%	88%	85%				We were last compliant with this metric in June 2021

Summary

All falls are showing a statistically significant improvement with a downward shift over the last 7 months; this is replicated for inpatient falls by activity.

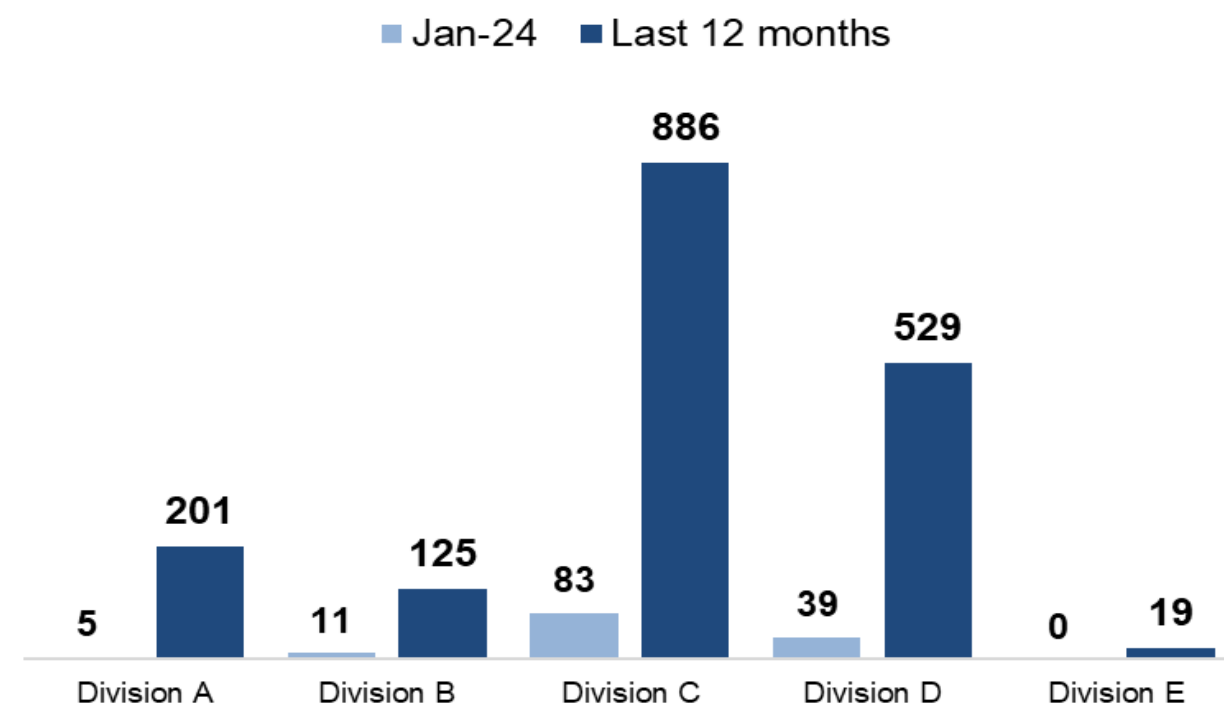
In January 2024 there were no falls resulting in moderate harm of above

QI update

Falls alarms supply has been renewed and the falls team are working with clinical engineering to agree a SOP for the management of equipment. There remains no tracking system for this equipment in the organisation.

A new corporate falls improvement plan has been designed and will be shared for approval at the next Falls quality steering group

Patient falls across the Trust



Hospital Acquired Pressure Ulcers (HAPUs)

Indicator	Data range	Target	Jan-24	Mean	Variance	Target status	Comments
All hospital-acquired pressure ulcers	February 2021 - January 2024	-	46	33		-	There has been a statistically significant increase in the last 19 months
All HAPUs by date of occurrence per 1,000 bed days		-	1.25	0.96		-	18 out of the last 19 months have been above the mean
Category 2, 3, 4, Suspected Deep Tissue Injury, and Unstageable HAPUs		-	32	20.5		-	There has been a statistically significant increase in the last 12 months
Category 1 hospital-acquired pressure ulcers		-	14	12.1		-	
Category 2 hospital-acquired pressure ulcers		-	19	13.9		-	There has been a statistically significant increase in the last 9 months .
Unstageable HAPUs		-	3	1.6		-	
Suspected Deep Tissue Injury HAPUs by date of occurrence		-	10	4.7		-	16 out of the last 19 months have been above the mean.
Medical device related HAPUs		-	18	8.3		-	Statistically significant upward shift in the last 7 months and single high point in January. Majority in January from ICS/D3 from masks/tubing
Pressure Ulcer screening risk assessment compliance		90%	80%	79%			We have not been compliant with this metric in the last 3 years. The last 5 months have been above the mean.







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 HAPUs in January. There is a statistically significant increase in HAPUs related to medical devices overall and from 'mask/tubing'. The highest HAPUs in the last 12 months are from the sacrum and heels.

QI update

The work in partnership with the Institute Health Improvement (IHI) to reduce incidence of HAPUs commenced in July 2023. Current pilot ward/departments: ICU/D3, D9, J3, ED, M5. We have seen a statistically significant decrease in HPAUs in the ICU/D3 and ward M5 achieved their aim of 150 days with not HAPUs (Category 2 and above). Spread of the program to phase 1 wards is planned for early March 2024.

Sepsis

Indicator	Data range	Target	Jan-24	Mean	Variance
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department (15)	April 2021- January 2024	≥95%	47%	59%	
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department (15)			67%	72%	
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- Inpatient wards (6)			50%	39%	
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Inpatient wards (6)			100%	74%	
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Maternity (10)			50%	32%	
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Maternity (10)			50%	95%	

Update

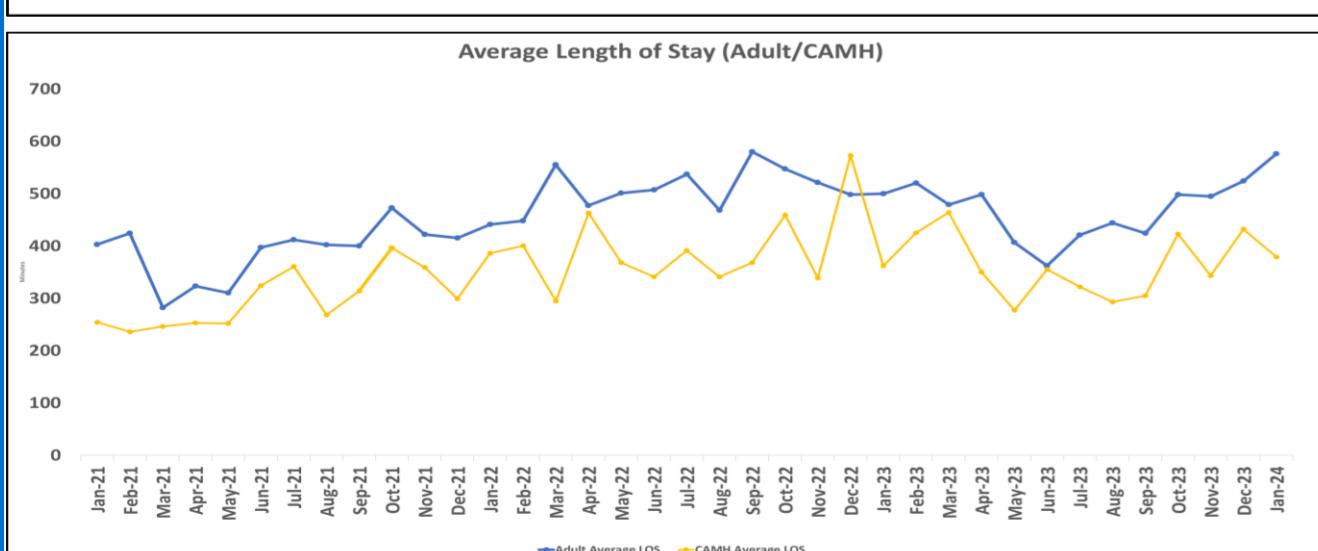
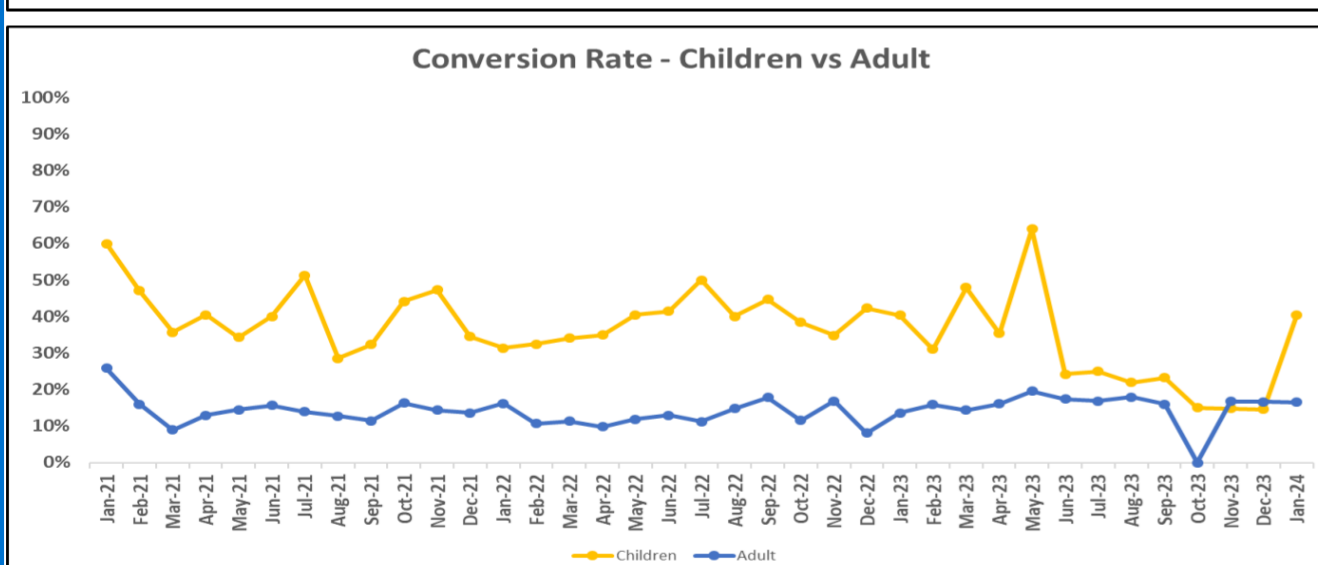
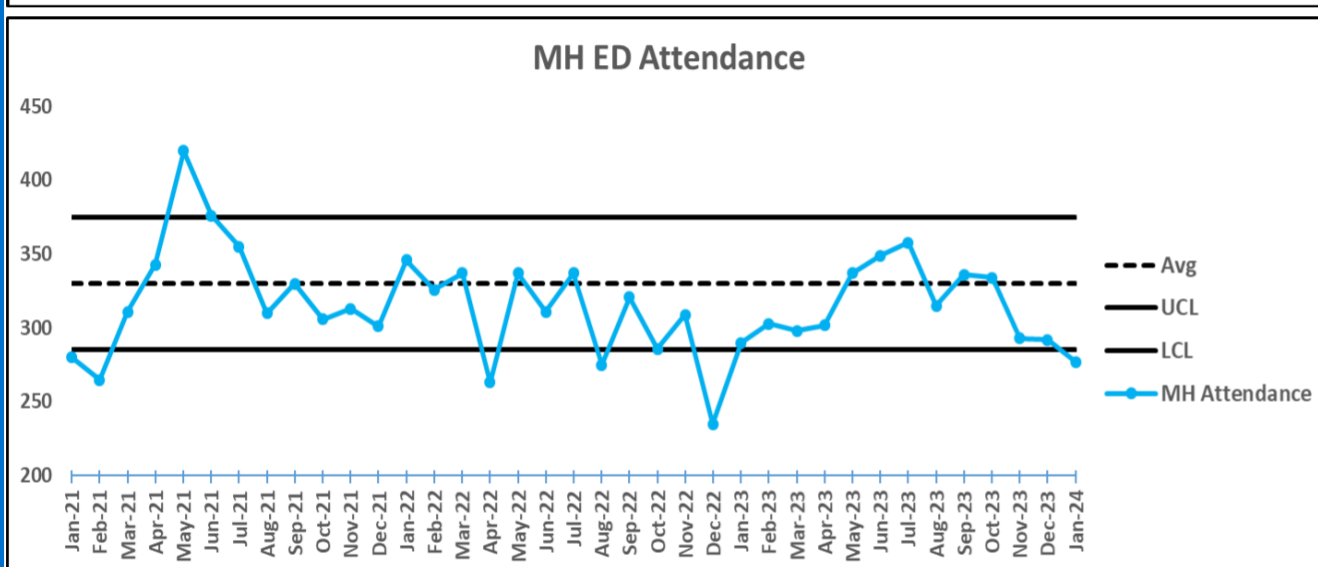
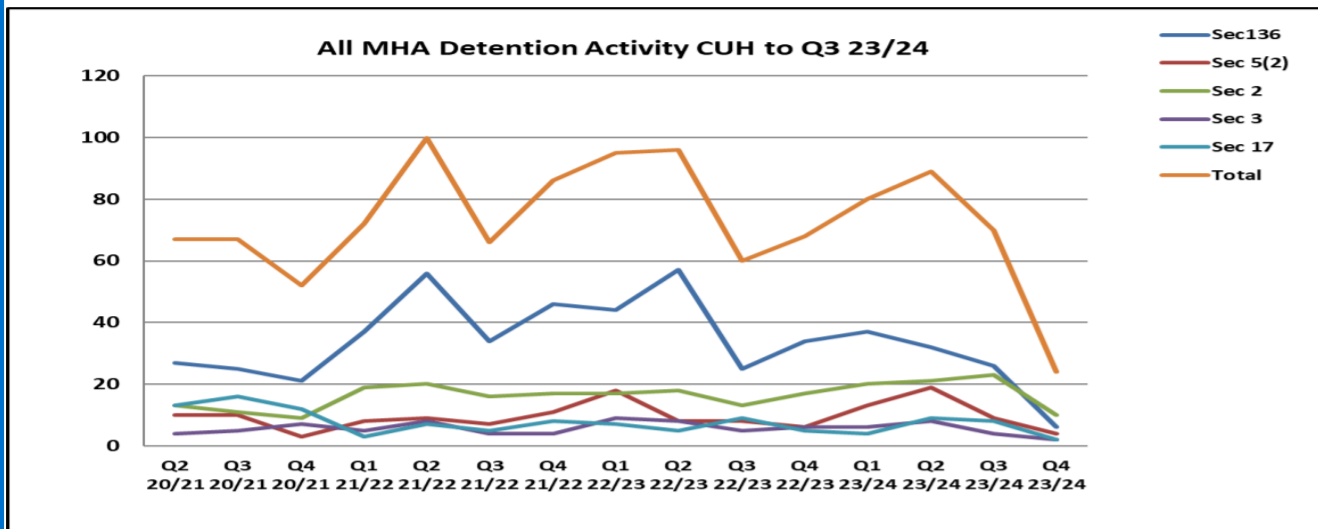
- Projects within the sepsis QI plan have started, this plan will be reviewed based on publication of the reviewed NICE guidance
- Process mapping has started within two specialities in order to establish systems elements that impact on compliance and also celebrating good care
- Update to NICE [NG51] Sepsis guidance has been published Feb 2024- this will inform improvement plans
- The Epic Sepsis order set has been refined to promote increased usage by clinicians and the newly developed sepsis checklist is being promoted
- Sepsis Education is being reviewed and a new strategy pending from this work
- QI plans for Midwifery and ED are being proposed to the teams and support is being offered to ED to support with this work

Key - **Audit size = (n)**

Author(s): Stephanie Fuller

Owner(s): Heman Joshi

Mental Health - Q2 2023/24 (September)



Q4 2023/24 (January)

- During January Q4 23/24, there were a low number of patients presenting to the Emergency Department (ED) detained under Section 136 (MHA) (6). Following assessment 4 were discharged from Section 136.
- During January Q4 23/24, 10 patients were detained under Section 2 and 2 patients detained under Section 3
- 4 patients were detained under Section 5(2) (MHA), 2 of which were converted to Section 2 and 1 was converted to section 3.
- The numbers of patients presenting to the ED due to mental health in January Q4 23/24 was low, taking the data point below the lower control line.
- Self harm as a reason for presentation for CAMH represented 67% of presentations to ED, with 54% of those requiring admission to CUH.
- 71% of CAMH presentations to ED were self referrals.
- 41% of total CAMH presentations to ED were admitted to CUH in January, which represents a significant increase over the average for Q3 of 16%.
- 17% of adults presenting to ED for mental health in January were admitted to CUH.
- In January there were 14 delayed discharges of care to specialised mental health inpatient services, with 76 lost acute bed days as a result.

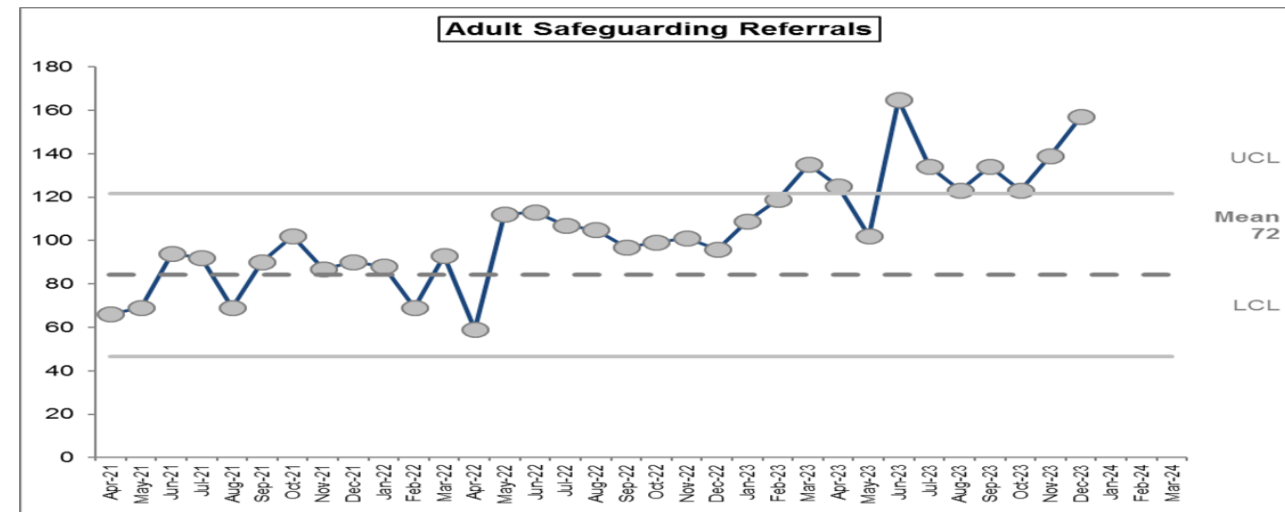
Ongoing work:

- The reviewed CUH Section 5(2) MHA policy/SOP and the Receipt and Scrutiny of Mental Health Act Detention Paperwork and the Reading of Patient Rights Procedure will be shared for consideration at the next CUH/CPFT Joint Mental Health Meeting.
- CUH and the Local Authority AMHP service and Emergency Duty Team are working together to further improve the interface and processes for Mental Health Act paperwork for those detained at CUH.
- The Cambridgeshire Constabulary Right Care Right Person (RCRP) programme continues. The current phase being 'Missing or AWOL patients from health care settings'. The 'go live' date of this phase has been delayed until the end of March 2024 (date TBC), to ensure system partners have opportunities to identify gaps in provision and to plan actions and resource in partnership with the Integrated Care Board. The CUH Missing Patient procedure is now under review.
- Adult patients with an eating disorder are now being cared for in the side rooms of the new gastroenterology Ward U2, at CUH. On asking for their feedback, very positive comments were made, which included comments around the commissioned artwork on the walls, which contribute to providing an improved patient experience.
- The CUH Enhanced Observations patient leaflet and the CUH Restrictive Interventions Policy are currently being reviewed.
- The Children and Young Peoples' Inpatient Family Support and Liaison team have created a study day for CUH staff to support knowledge and skills development, and the quality of care delivery.

Safeguarding

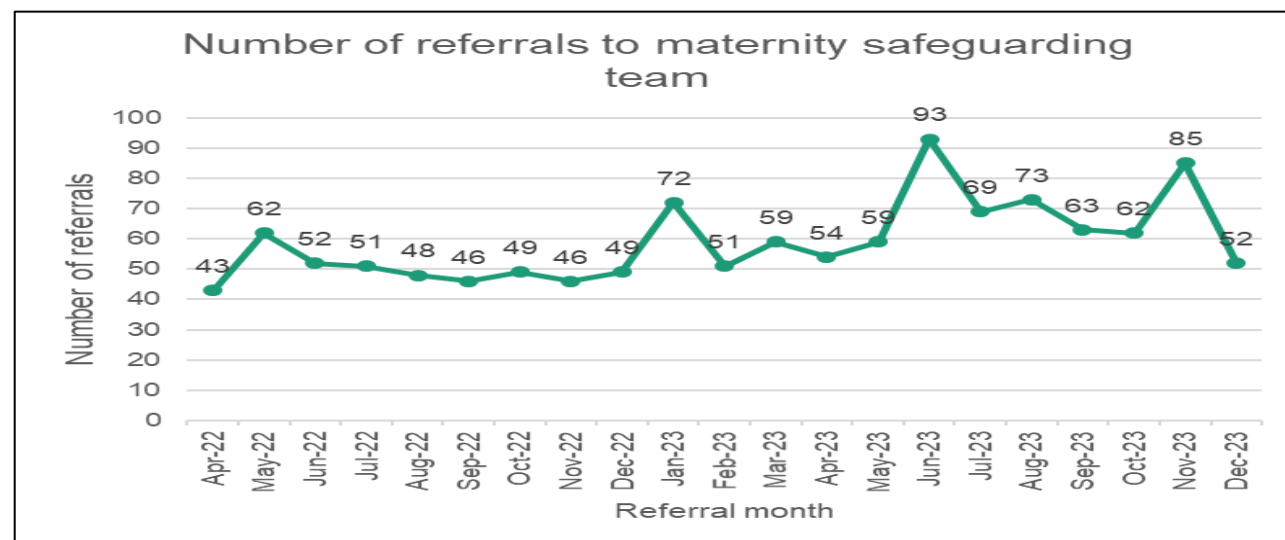
Adult Safeguarding

Referrals to the safeguarding team in Q3 have increased by 7% on Q2 23/24. When compared to Q3 22/23, there has been a 42% increase in referrals. In Q3 46% of the safeguarding referrals made to the team have then been reported on to the Local Authority. This has been a slight drop from the previous quarters figure of 51%. A total of 419 cases were discussed with the Adult Safeguarding Team this quarter compared to 391 in Q2 (this figure does not include Deprivation of liberty (DOLs) requests). The top 3 reporting themes were consistent with Q2 seeing neglect/acts of omission and domestic abuse feature again but with a rise from 6% in Q2 to 16% in Q3 in the number of cases reported for self-neglect. DoLS requests for urgent authorisations have seen a 14% decrease from 66 in Q2 23/24 to 57 in Q3 23/24.



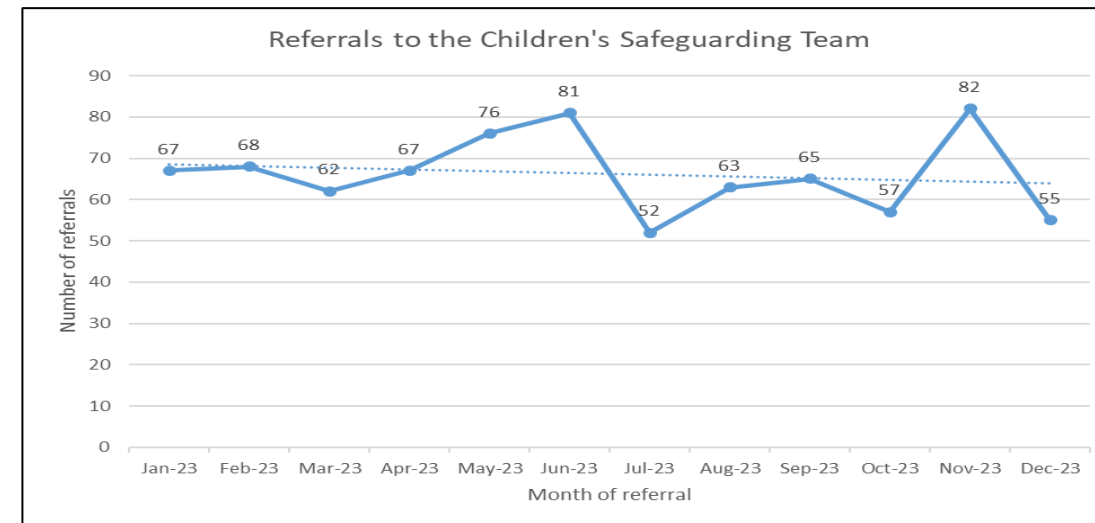
Maternity safeguarding

Referrals to the maternity safeguarding team in Q3 have seen a slight decrease to 199 compared with 205 in Q2. Overall this is still a significant increase compared with the same reporting period in 22/23 which saw 141 referrals and is a 41% increase in demand. The top 3 referral themes in Q3 have been for Domestic Abuse as was seen in Q2, Previous involvement with social care and perinatal mental health.



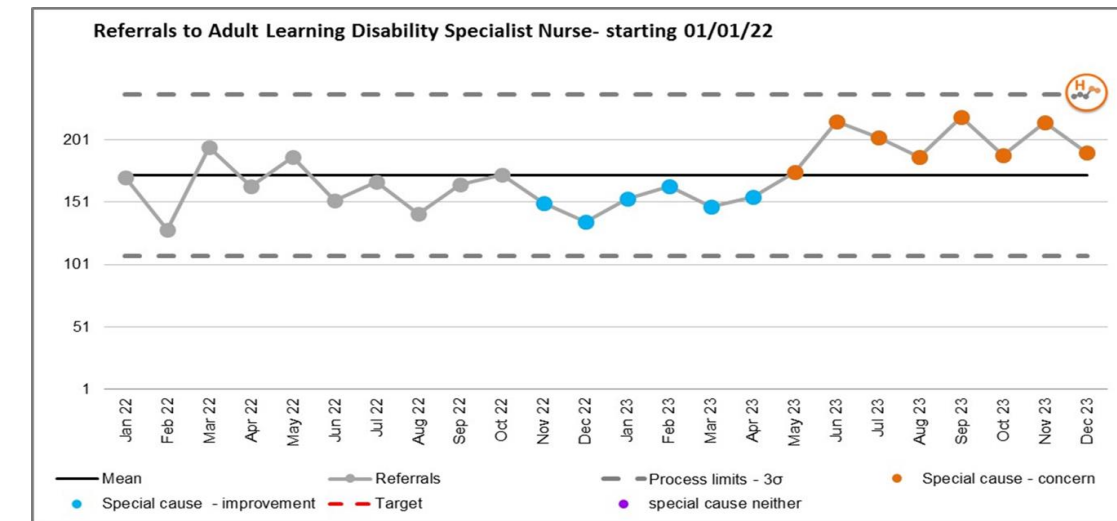
Childrens Safeguarding

There has been an 8.9% increase in the number of referrals to the children's safeguarding team over the last quarter with a total of 194 referrals compared to 180 in Q2 23/24. Top 3 referral themes for Q3 were for children's mental health, parental mental health and information sharing. The team has also seen a significant rise of non-accidental injuries in children, predominantly under 1 year old, by 275% from 4 in Q2 to 15 in Q3. Each case is accompanied with a Child Protection Medical assessment and report which requires a number of clinical hours for completion by the paediatric medical team and attendance at a number of multidisciplinary team meetings by the safeguarding team. The total number of beds days used to accommodate a child as a place of safety or for social reasons has seen an increase from 83 days in Q2 to 138 days in Q3.



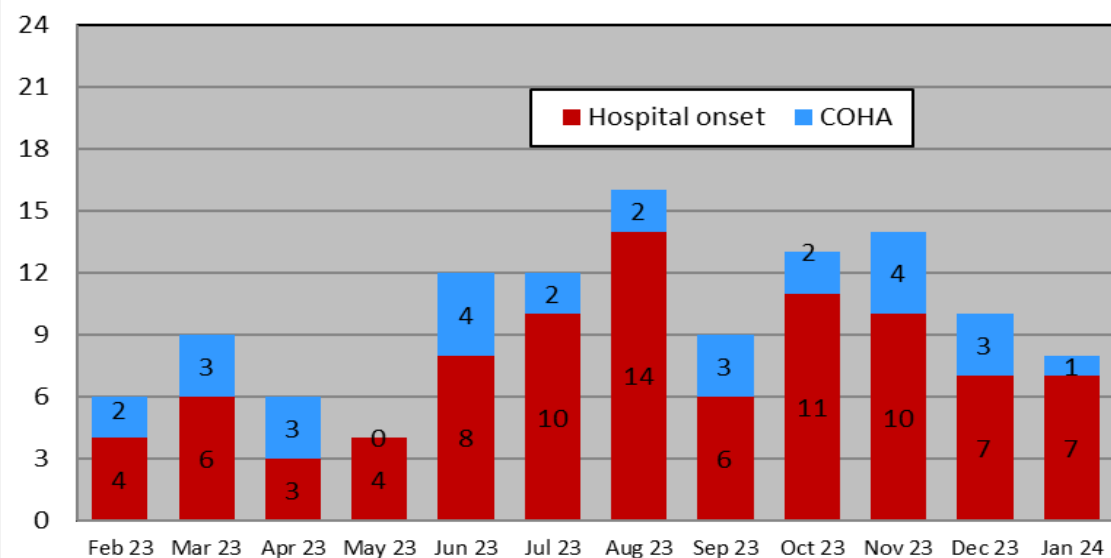
Learning disabilities

During Q4 there have been 595 referrals to the adult learning disability specialist nurse which is a 9% increase from Q2 23/24 and is showing a consistent increase in referral numbers with a 30% increase on the same reporting period in 22/23. The children's referral data has seen a decrease from 34 in Q2 to 31 in Q3. There has also been a 1% increase in the number of children attending CUH with an LD or Autism flag on their record since Q2 and a 44% increase on the same reporting period in 22/23. For adults the top 3 referral themes were gastro/colorectal, respiratory and neurology the same as in Q2, whilst in children's services the top 3 reasons for referral were for admission planning, family support and signposting, and planning for outpatient/ investigations.



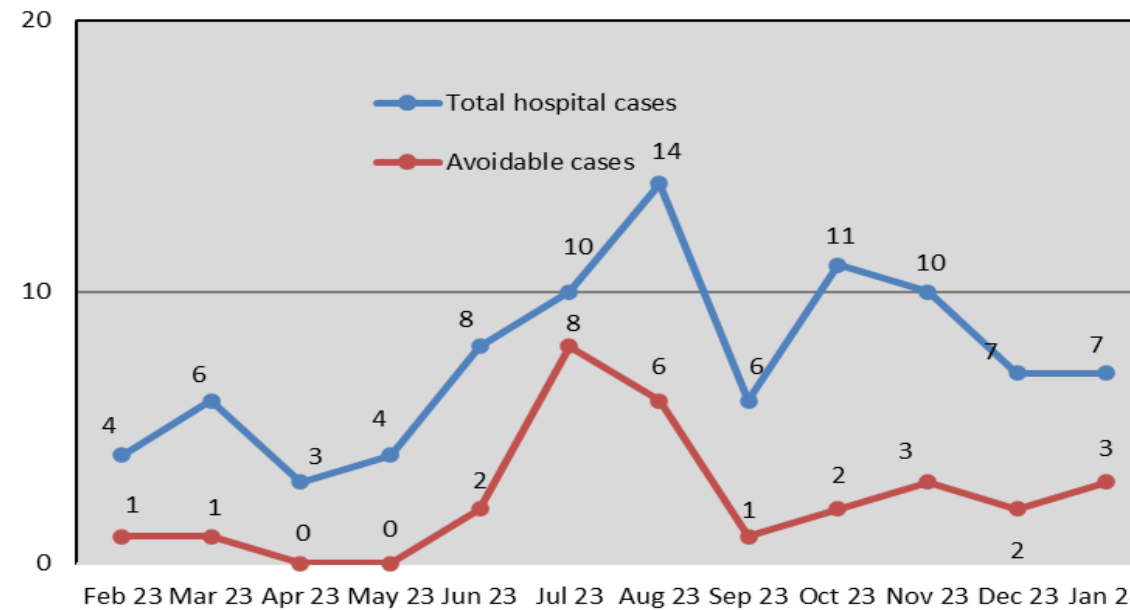
Infection Control

Monthly *Clostridioides 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 January 2024
- 10 cases (4 community, 4 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*.

- 7 cases of hospital onset *C difficile* and 1 case of COHA in January 2024.
- 80 hospital onset cases and 24 COHA cases year to date (68 cases unavoidable, 23 avoidable and 13 cases are pending).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 78.3% in January 2024 (80% in December 2023).
- The latest MRSA bacteraemia rate comparative data (12 months to December 2023) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.
- Compliance with the *C. difficile* care bundle was 80% in January 2024 (100% in December 2023).
- The latest *C. difficile* rate comparative data (12 months to December 2023) put the Trust 9th out of 10 in the Shelford Group of teaching hospitals.

4HR Performance

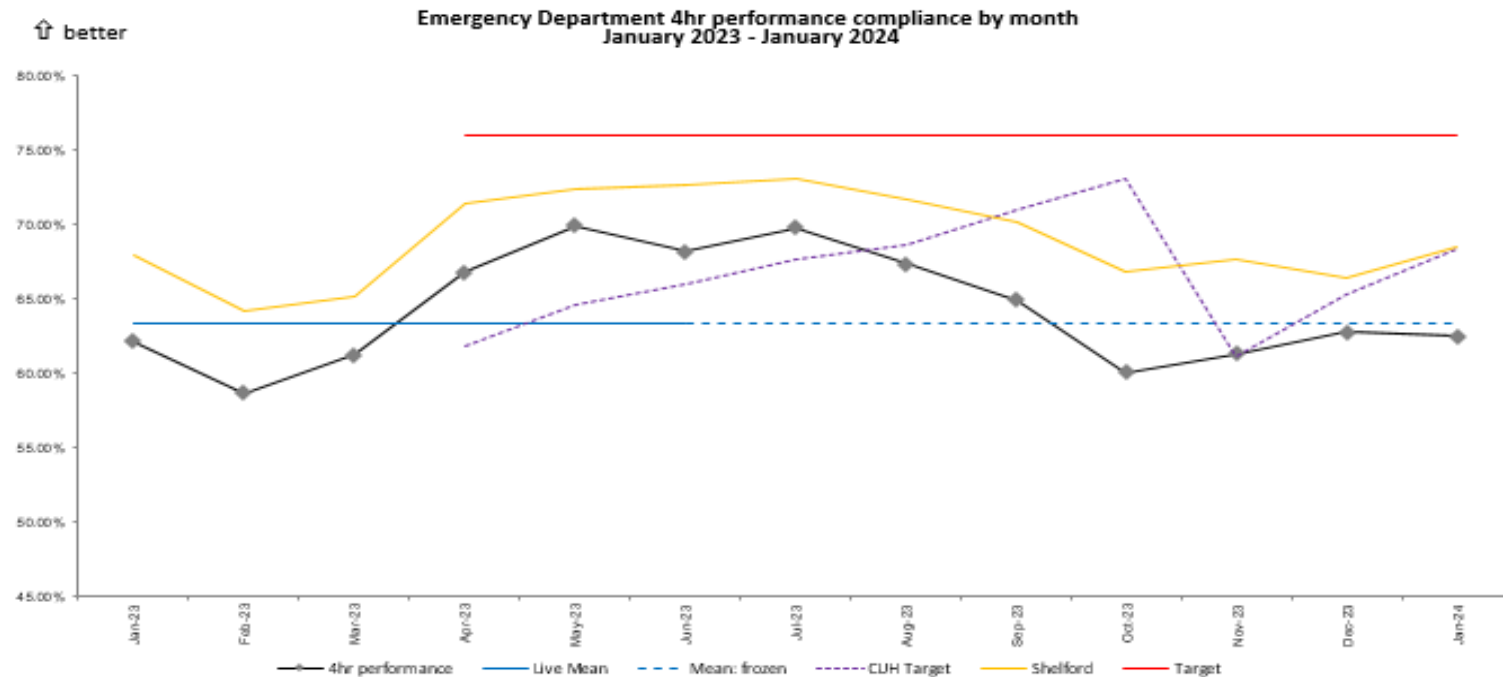
Jan-24	Plan
62.5%	68.4%

SPC Variance
Normal variation

Shelford Group Avg (Jan-24)
68.5%

Three Month Trajectory		
Feb-24	Mar-24	Apr-24
72.5%	76.6%	-

Highest breaches by specialty		
Specialty	Performance	4hr Breaches
Medicine	21.2%	2,228
Emergency	58.6%	1,998
Paediatrics	41.0%	337
Surgery	31.0%	258
Orthopaedics	17.7%	232



Updates since previous month

- In January we achieved 62.5% compared to 62.7% in December
- This is higher than 62.1% in the same month last year (January 2023) but lower than our plan of 68.4%.

Current issues

- ED attendances grew significantly year on year. In January we saw an additional 1,925 patients compared to January 2023 (+18.2%), equivalent to an extra 62 patients per day.

Key dependencies

- Bed occupancy is a key interdependency as it supports outflow from the department
- In January we saw higher levels of respiratory illness (predominately flu and COVID) which led to a significant number of closed beds
- Industrial action took place in the first week of January, impacting patient flow in the hospital.

Future actions

- The model for the medical assessment unit (MAU) has been revised and relaunched in February to support the outflow of medical patients from the ED
- We are focusing on consultant-led rapid assessment and treatment (RAT) at the front door to support early decision-making
- We are revising our reverse boarding policy to improve admitted performance.

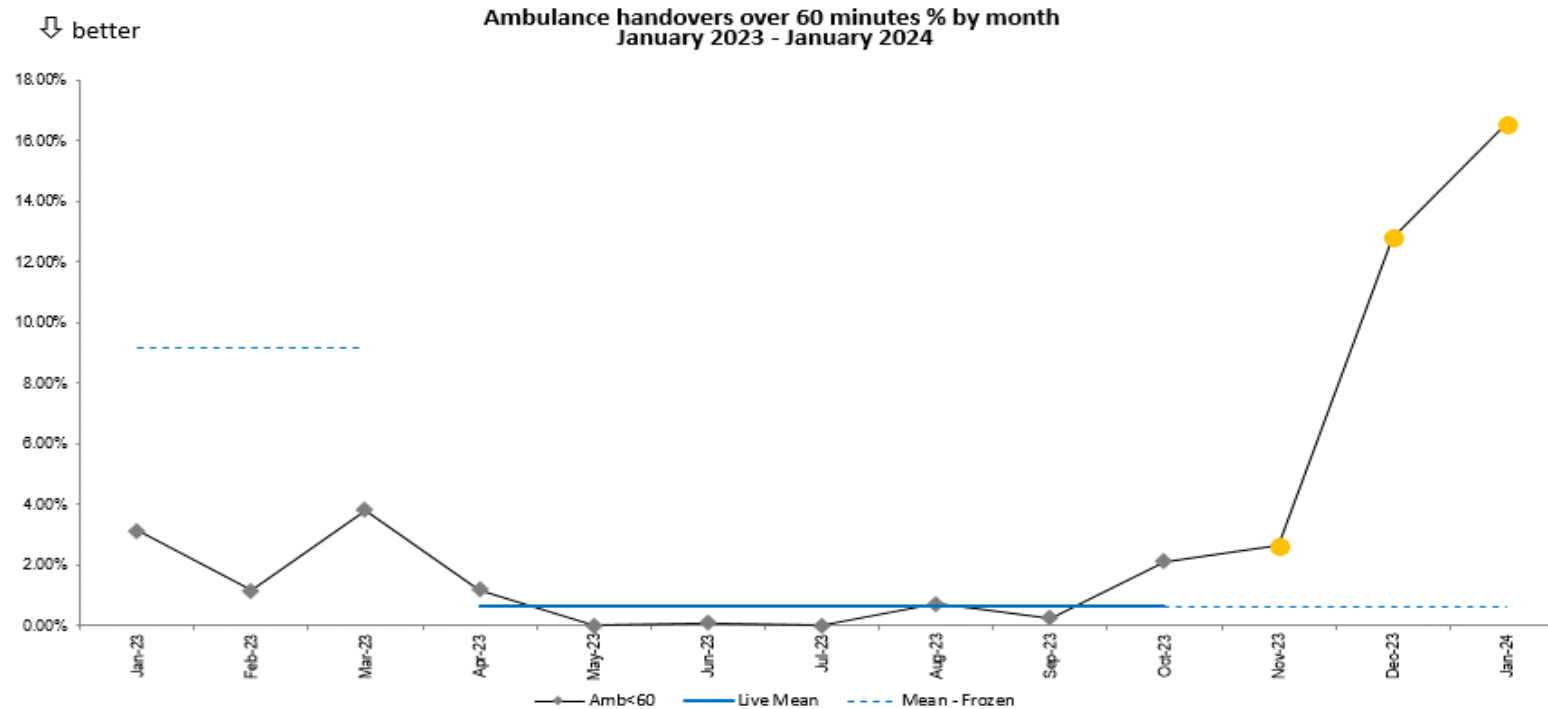
Ambulance Handovers > 60 minutes

Jan-24	Target
16.5%	0%

SPC Variance
Negative special cause variation

East of England > 60 minutes

Trust	January
Broomfield	6%
Bedford	7%
Milton Keynes	9%
Watford	10%
Basildon	11%
Hinchingbrooke	12%
Southend	14%
Colchester	16%
CUH	16.5%
Luton and Dunstable	17%
Norfolk & Norwich	18%
Lister	19%
Peterborough	20%
West Suffolk	24%
Princess Alexandra	25%
Ipswich	25%
Papworth	28%
James Paget	32%
Queen Elizabeth	34%



Updates since previous month

- Ambulance handovers >60mins increased from 12.8% in December to 16.5% in January, primarily due to increased numbers of patients in the Emergency Department
- CUH moved from 6th to 9th best performance in EoE

Current issues

- Crowding in the ED contributed to an increase in the number of handovers >60mins in January, driven by a significant year-on-year increase in ED attendances (+18.2%)

Key dependencies

- Outflow from the ED remains a key contributor to handover performance. Lower bed availability has increased the time that admitted patients spend in the ED, reduced our capacity to offload patients

Future actions

- Handover delays are a key area of focus for the Trust and is monitored in real time (24/7) by the site operations team
- Additional rapid handover spaces are being created to support offloads.

Overall fit test compliance for substantive staff

Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total					
	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected			
Add Prof Scientific and Technical (Pharmacists only)	-	-	-	1	1	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	100%
Additional Clinical Services	1	0	0%	265	162	61%	66	38	58%	150	92	61%	107	48	45%	87	38	44%	-	-	-	676	378	56%
Allied Health Professionals	-	-	-	58	25	43%	17	1	6%	1	1	100%	-	-	-	3	1	33%	-	-	-	79	28	35%
Estates and Ancillary (Porters and Security Personnel only)	120	41	34%	-	-	-	-	-	-	-	-	-	-	-	-	1	0	0%	1	0	0%	122	41	34%
Medical and Dental	-	-	-	211	40	19%	-	-	-	154	45	29%	143	12	8%	217	54	25%	-	-	-	725	151	21%
Nursing and Midwifery Registered	-	-	-	693	513	74%	4	2	50%	291	187	64%	139	78	56%	373	210	56%	-	-	-	1500	990	66%
Total	121	41	34%	1228	741	60%	87	41	47%	596	325	55%	389	138	35%	681	303	44%	1	0	0%	3103	1589	51%

The data displayed as of 13/02/24. 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'

Referral to Treatment > 65 weeks and > 78 weeks

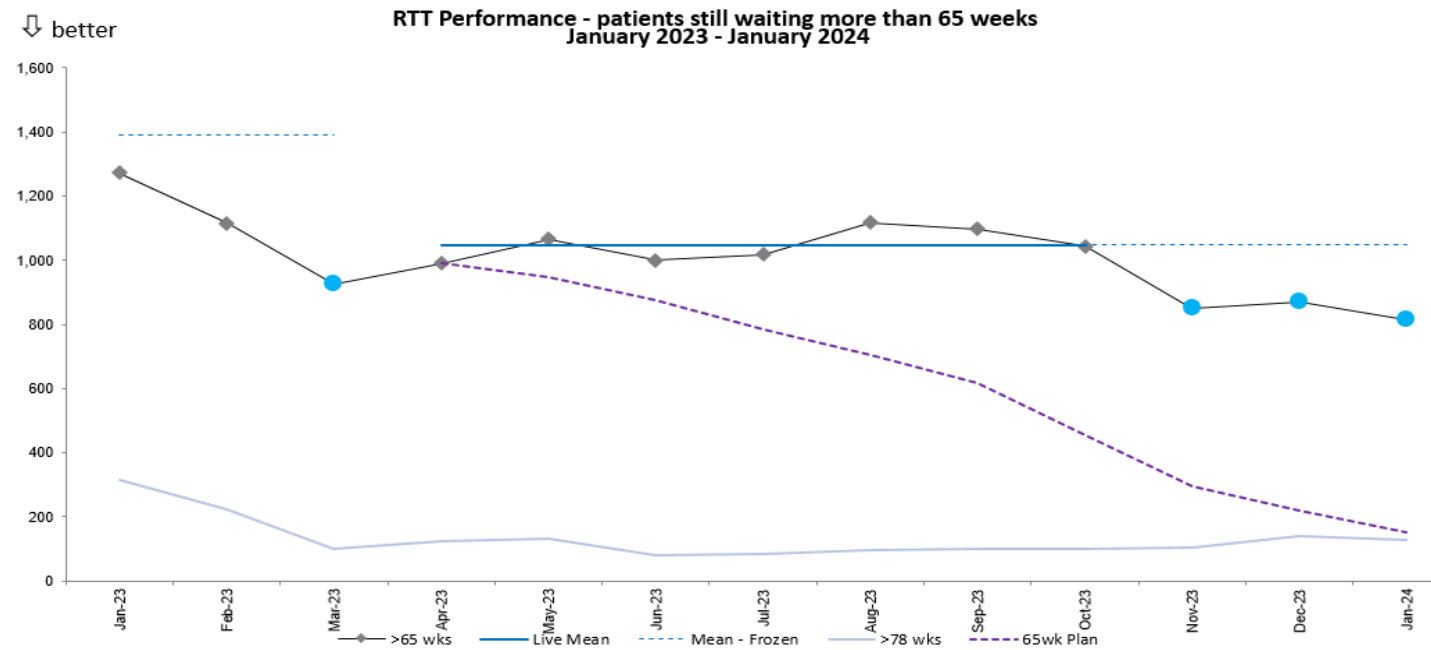
65+ Weeks	
Jan-24	Plan
815	150

SPC Variance
Positive special cause variation

% of WL over 65 weeks (Dec-23)	
CUH	1.41%
Shelford Group	1.28%

Three Month Forecast (65+ wks)		
Feb-24	Mar-24	Apr-24
80	0	#N/A

Divisional Performance		
Division	65+ weeks	78+ weeks
A	188	48
B	45	8
C	10	0
D	443	64
E	129	10
Trust	815	130



Updates since previous month

- Four > 104 week breaches. Two due to the identification of missed referrals. One previous incorrect clock stop. One cancelled in January due to illness who will not now be treated until April due to their choice.
- >78 week waits decreased by 12 to 130. Highest volumes remain OMFS (21) Colorectal (15) T&O (15) General Surgery (14)
- >65 weeks decreased by 55 to 815.

Current issues

- Latest National data reflects continued deterioration in longest waits across 104, 78 and 65 weeks.
- Despite a week of Industrial Action reductions have been achieved through January at CUH.
- Bed capacity pressures and seasonal illnesses have led to cancellations of scheduled long wait patients.
- Late Inter Trust tertiary referrals continue to add to the long

Key dependencies

- Cessation of Industrial Action
- Theatre efficiency and surgical bed protection.
- Recruitment to medical workforce vacancies
- Independent Sector in ENT. No support for Gynaecology was offered due to tariff.
- Continuation of Insourcing OMFS and Gynae.

Future actions

- National focus is now on the > 78 week maximum being cleared by year end. Weekly KLOEs are being submitted to NHSE and our latest forecast, including impact of February IA, is 29 across 10 specialties.
- Sunday theatre sessions continue to support delivery. Reviewing Good Friday opportunities
- The re-submitted year end forecast of ~800 >65 weeks remains on trajectory with an expectation this will be achieved in Q1.

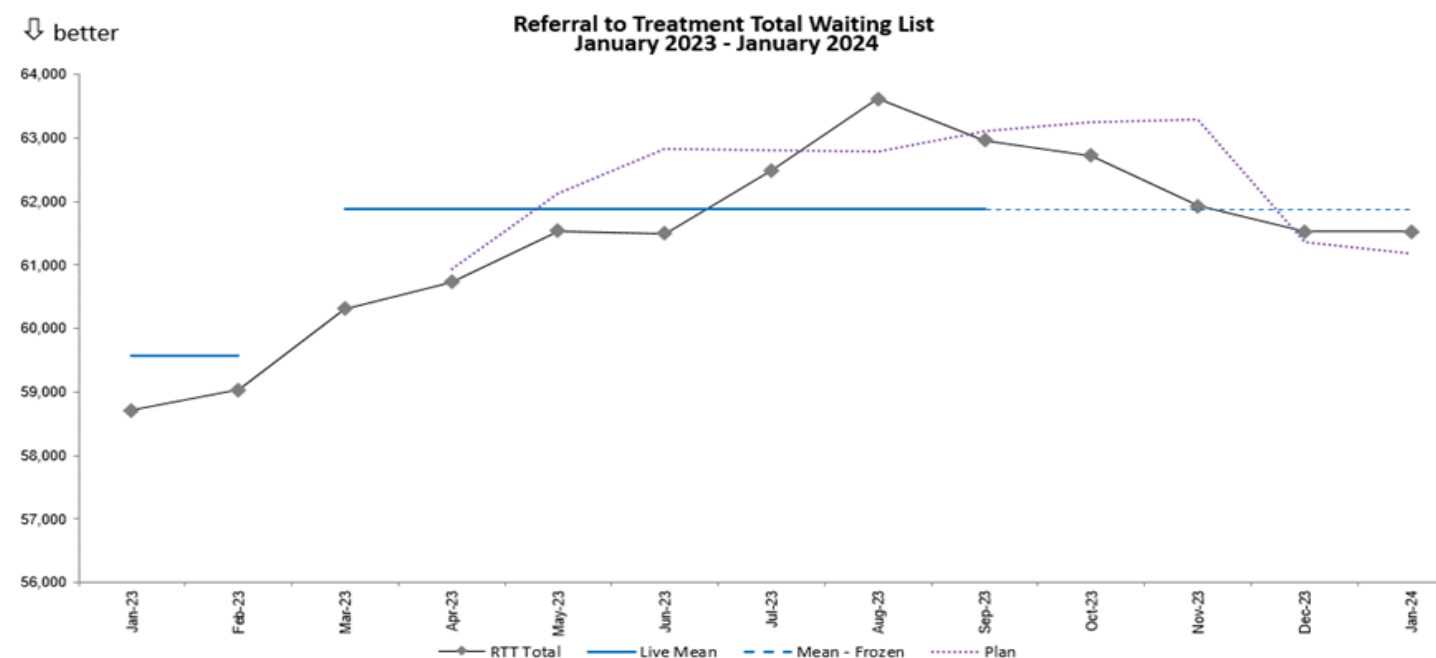
Referral to Treatment Total Waiting List

Jan-24	Plan
61,531	61,186

SPC Variance
Negative special cause variation

Change in WL: Dec-23 vs. Nov-23	
CUH	-0.64%
Shelford Group	+1.07%

Three Month Forecast		
Feb-24	Mar-24	Apr-24
61,282	61,473	#N/A



Waiting list by division	
Division	Total Waiting List
A	12,122
B	6,513
C	4,840
D	28,879
E	9,177
Other	0
Trust	61,531

Updates since previous month
<ul style="list-style-type: none"> Total RTT waiting list remained stable in January, with just a variance of 2. However, the total waiting list size is now 345 higher than the planning submission for month 10. Clock starts in January were higher than plan for a second month (1.2%) reducing the year to date cumulative variance further to -1.2% . .

Current issues
<ul style="list-style-type: none"> The Industrial Action impact equated to a reduction of ~425 stops. Without this the total waiting list would have continued to reduce ahead of plan. Total stops (treatments) were actually 3.8% above plan in January, driven by non-admitted activity which is cumulatively 4% above plan year to date.

Key dependencies
<ul style="list-style-type: none"> Demand (clock starts) remains within plan Outpatient and elective activity plans are met Resilience in administrative and clinical capacity to support pathway validation. Cessation of Industrial Action

Future actions
<ul style="list-style-type: none"> Continued emphasis on Outpatient Transformation, releasing capacity for new outpatients. Those awaiting 1st appointments remained 60.7% of total waiting list in January, but has sustained below 50,000 since November. Specialties are requested to undertake self-assessment against the 18 GIRFT Further Faster Programme Handbooks which provide best practice guidance for rapid improvement..

Cancer - 28 day faster diagnosis standard

Dec-23	Target
81.7%	75.0%

SPC Variance
Normal variation

Shelford Group Avg (Dec-23)
71.0%

Three Month Forecast		
Jan-24	Feb-24	Mar-24
76.8%	82.6%	83.3%

Cancer Site Overview		
Site	Performance	Breaches
Skin	64.9%	187
Lower GI	84.4%	47
Gynaecological	80.2%	37
Head & Neck	81.0%	39
Urological	75.8%	39
Breast	96.5%	20
Haematological	54.5%	5
Sarcoma	54.5%	10
Upper GI	88.2%	2
Lung	95.1%	6
Childrens	69.2%	4
CNS/Brain	87.5%	2
Testicular	100.0%	0
Total	81.7%	398



Updates since previous month

CUH has sustained above target performance. Skin remain below target however are making significant improvements month on month. Pathology turn around times also continue to delay diagnosis and impact on this target. Urology achieved the target for the second month in a row, and is one of few urology teams nationally to achieve this standard.

Current issues

Delays to 1st appointment and diagnosis in skin cancer, and pathology turn around times continue to impact performance across all sites.

Key dependencies

- Pathology turn around times recovering to above 25% in 7 days
- Additional ad hoc activity in skin to reduce backlog

Future actions

Actions are in place as part of the Cancer Improvement Plan. Focus continues on skin, gynae, urology and pathology. There has been an improvement across the ICB for FDS performance following shared learning. The draft 2024/25 planning guide is expected to request performance of 77% by March 2025, CUH is already achieving this level of performance.

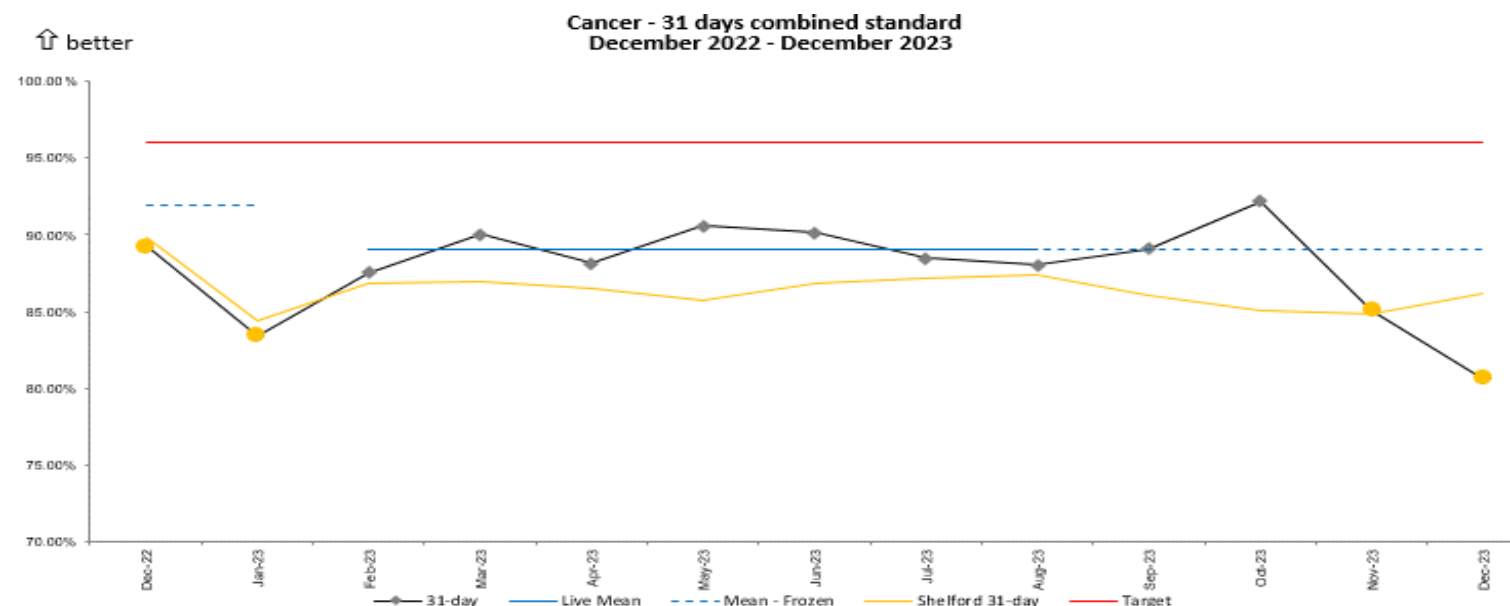
Cancer - 31 days decision to treat to treatment (Combined)

	Dec-23	Target
Combined	80.7%	96.0%

SPC Variance
Normal variation

Shelford Group Avg (Dec-23)
Combined 61.3%

Cancer Site Overview as of 00/01/1900	
Site	Backlog
Breast	1
CNS/Brain	6
Gynaecological	0
Head & Neck	11
Haematological	1
HPB	0
Lower GI	5
Lung	3
Childrens	0
Sarcoma	0
Skin	0
Testicular	17
Upper GI	0
Urological	1
All	45



Updates since previous month

CUH continues to fall below target with a further deterioration in performance to 80% in December. 42% of the breaches in December were for surgery; Radiotherapy breaches are now the predominant treatment modality unable to book in 31 days with 54% of the breaches, 89% of these Radiotherapy breaches are in breast and prostate which are the lowest clinical priority. The average length of a 31 day pathway for radiotherapy is 38 days and for surgery is 40 days, a reduction since November.

Current issues

Radiotherapy has experienced a deterioration in performance due to workforce constraints, in line with the national picture there are significant workforce gaps within the Radiographer workforce which would support 2 linac's worth of full time capacity. The team are mitigating as much as possible with bank hours however lower clinical priority patients are waiting on average 5 weeks against the target of 4 weeks for treatment.

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.
- Impact of Industrial Action in February
- Workforce constraints in Radiotherapy
- Inability to support mutual aid requests from the region for radiotherapy.

Future actions

- Continued focus on Gynae, HPB, and skin surgery in Q4
- Additional treatment capacity for skin has been agreed from January with additional cancer alliance funding.
- Recruitment to vacancies in radiotherapy, and request for agency workforce to support in the short term.

Cancer - 62 days combined referral to treatment

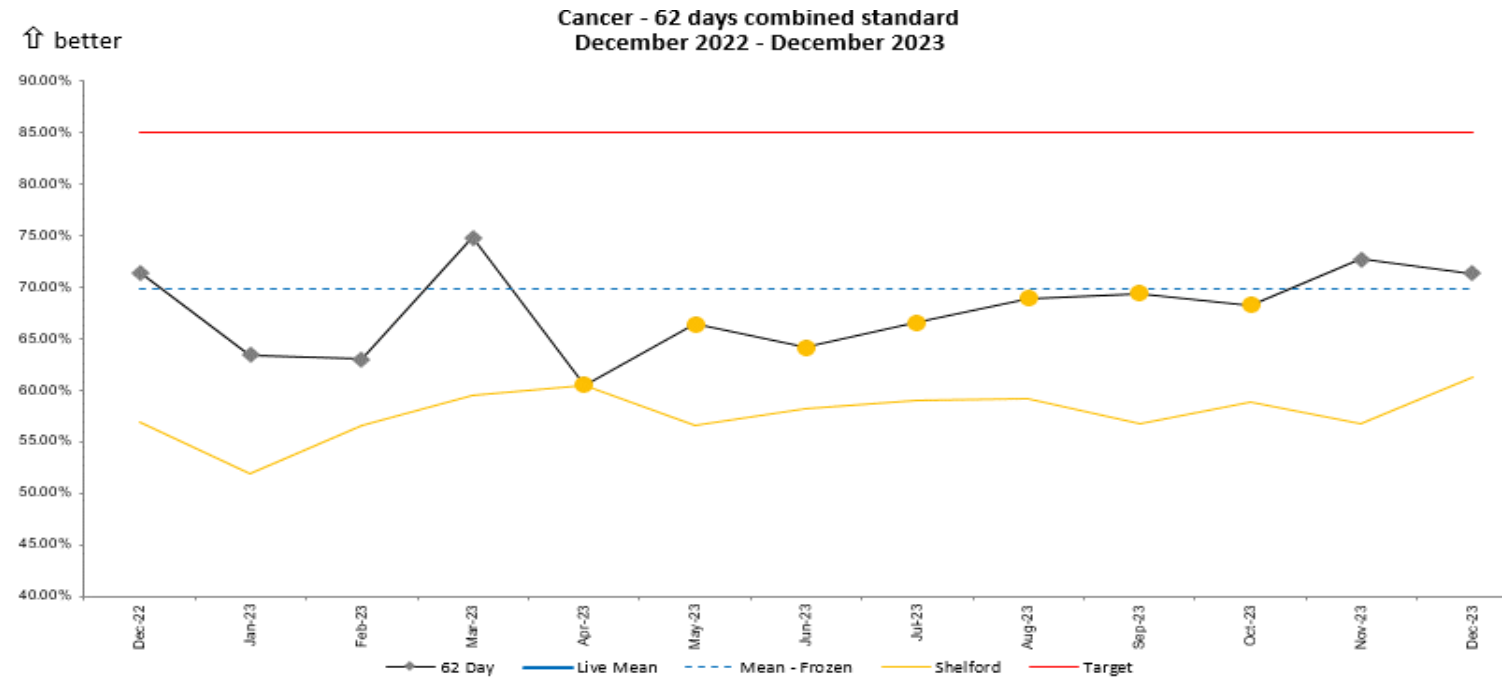
Dec-23	Target
71.3%	85.0%

SPC Variance
Normal variation

Shelford Group Avg (Dec-23)
93.0%

Cancer Site Overview as of 00/01/1900

Site	Backlog
Breast	18
CNS/Brain	3
Gynaecological	0
Head & Neck	19
Other Haem Malignancies	14
Lower GI	10
Lung	14
NSS	9
Upper GI	0
Urological	2
Sarcoma	0
Skin	2
HPB	0
Childrens	0
Symptomatic Breast	26
All	117



Updates since previous month

CUH performance remains below target although continues to be higher than the Shelford Group, and is above the national requirement for March 2025 of 70%. 40% of breaches are CUH only patients (an improvement since November) and of that 57% were due to delays within CUH control such as delayed pathology reporting, outpatient and surgical capacity. 31% of referrals to CUH from regional hospitals were treated in the required 24 days.

Current issues

- Delays in pathology turn around times (currently 26% in 7 days)
- Outpatient and surgical capacity
- Further impact of industrial action
- delays to diagnosis due to capacity (skin) resulting in adverse backlog recovery
- Internal escalation and resolution of internal delays in line with agreed operational policy (16% of December breaches only breached by 7 days)

Key dependencies

- Continuing achievement of 28 day FDS
- Pathology turn around times recovering to above 25% in 7 days
- Reduced late referrals from regional teams
- Improved regional compliance with the Inter provider transfer policy, including all diagnostics being completed prior to tertiary referral.
- Improved compliance with internal escalation to resolve any delay

Future actions

There is an extensive improvement plan in place which is reviewed monthly; there is a focus on Skin, LGI, Gynae and Head & Neck with specific recovery actions. CUH has a backlog against the 62 standard target of 125 and is required to reduce that further to 87 by 31.03.24, a focus on Gynae, H&N, and LGI will result in an improvement in performance from Q1 2024/25. Urology have continued to see backlog reductions for CUH patients and despite an increase in tertiary referrals performance continues to improve

Diagnostic Performance

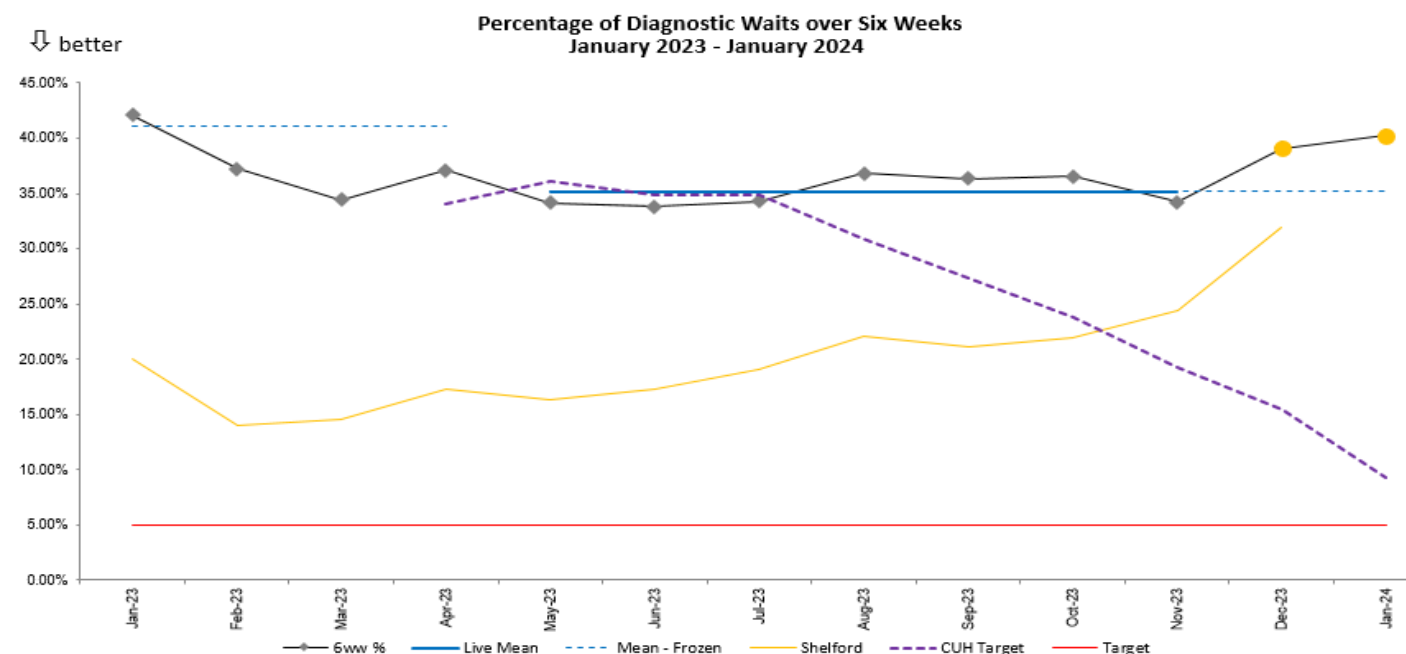
Jan-24	Plan
40.2%	9.3%

SPC Variance
Normal variation

Shelford Group Avg (Dec-23)
31.9%

Three Month Forecast		
Feb-24	Feb-00	#N/A
6.7%	#N/A	#N/A

Modality overview		
Modality	% >6wks	Breaches
Echocardiography	80.2%	3410
Non obstetric ultrasound	31.0%	739
Audiology	67.8%	10
Magnetic Resonance Img'	20.1%	491
DEXA Scan	1.9%	14
Computed Tomography	6.3%	66
Urodynamics	53.9%	123
Neurophysiology	0.0%	0
Cystoscopy	17.1%	49
Gastroscopy	2.1%	13
Colonoscopy	0.8%	6
Respiratory physiology	43.9%	25
Barium Enema	10.6%	5
Flexi sigmoidoscopy	0.0%	0
Total		4951



Updates since previous month

- January saw a further deterioration in 6wk performance to 40.2%.
- 5 modalities are achieving < 5% over 6 weeks, with Dexa the additional service achieving in month.
- Both the total waiting list increased (+323) and the > 6 week cohort (+287).
- Echo is now 59% of the Trust >6wk backlog and saw a rise in > 6 week cohort of 394 this month.

Key dependencies

- Ongoing use of Insourcing for Echocardiography, required.
- Agency/locum staffing and enhanced bank rates whilst recruiting.
- Continued delivery of ICB capacity for Direct Access Community Ultrasound to manage demand.
- Achieving planned activity levels at the CDCs particularly during MAG 3 replacement and for Echo.

Current issues

- Echo activity did increase in January with the new Insourcing provider but only to 50% of their expected activity levels. The introduction is being closely monitored for both quality and performance.
- 52% vacancy rate (10.5 wte) continues for Echo. One candidate withdrew reducing the offered posts to 3.6wte. Start dates Mar/Apr/Aug.
- MRI performance deteriorated in month due to high demand and slightly reduced activity with MAG 3 replacement.

Future actions

- Audiology System working group reviewing community provider referral criteria to achieve equity across the ICB.
- Opportunity to redirect some appropriate Audiology activity to Specsavers,
- ICB Review of Diagnostic Services completed by Attain. Modalities to review actions in line with recommendations which have focused on Cardiac imaging, Ultrasound and Endoscopy.
- CDC to secure Echocardiography provider asap

New Outpatient Attendances - % vs. Baseline

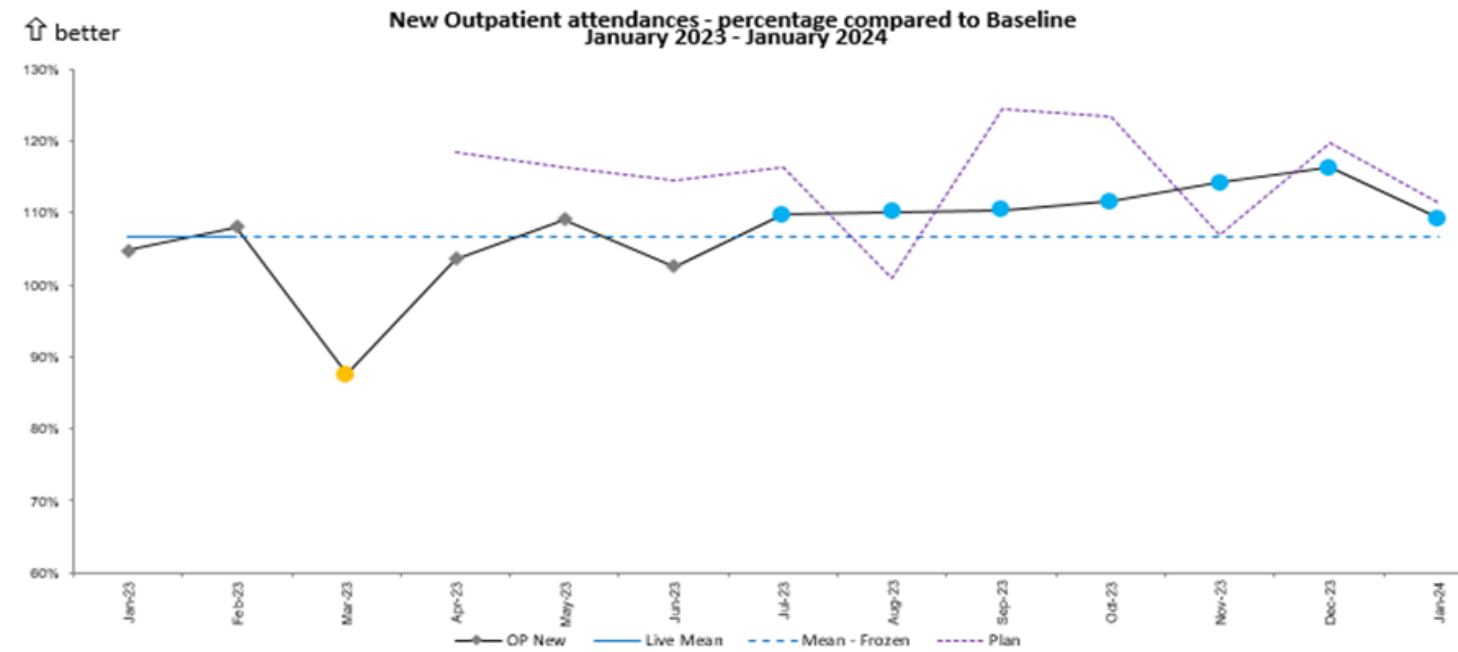
Jan-24	Plan
109.2%	111.3%

SPC Variance
Positive special cause variation

Shelford Group Avg (Dec-23)
N/A

Three Month Forecast		
Feb-24	Mar-24	Apr-24
119.5%	118.5%	#N/A

Divisional overview	
Division	Performance
A	108.9%
B	110.9%
C	90.4%
D	107.7%
E	108.5%



Updates since previous month

CUH new activity remains adversely below the 115% CUH target for end March 2024. The most recent data point for January 2023 sits just below this current median at 109.2%. All divisions performed strongly with the exception of division C which continues to run well below 100% for new activity against the 19/20 baseline. The number of new outpatient appointments on the waiting list remains high at 62,972 in January 2024. However, the rate of rise per month has slowed with a significant trend downwards in the rate of rise for the last 6 months, reaching a current median of -0.5%.

Current issues

The challenges for division C in delivering more new patient activity remain primarily with clinic space, which is not sufficient to increase NEW activity. To manage the increased referral rates we are seeing, all specialities are continuing to work with high thresholds for triage. Nephrology and Hepatology are in the process of increasing their consultant establishment to meet this demand as well as monitoring their patients with chronic disease. We are interviewing for the Nephrology posts in January and hope to appoint as soon as possible.

Key dependencies

Further action is needed to increase new activity and achieve positive, sustained change. This should be reflected in 2024/25 business plans and activity plans. Divisions and specialties need to further test change ideas including clinic template changes, waiting list initiatives, specialist advice, remote appointments, DNAs and PIFU. A greater volume, pace and spread of this action is needed to achieve the required scale of change.

Future actions

ME agreed we should look to establish cross-cutting programmes of work on top Trust priorities for 24/25, including outpatients. A short term steering group has been arranged, with an expanded senior representation membership from all divisions. The focus will be on how to deliver our business plans and where we want to go further through a cross-cutting programme. This work will align with the work of both the outpatient board and the outpatient transformation board.

Follow Up Outpatient Attendances - % vs. Baseline

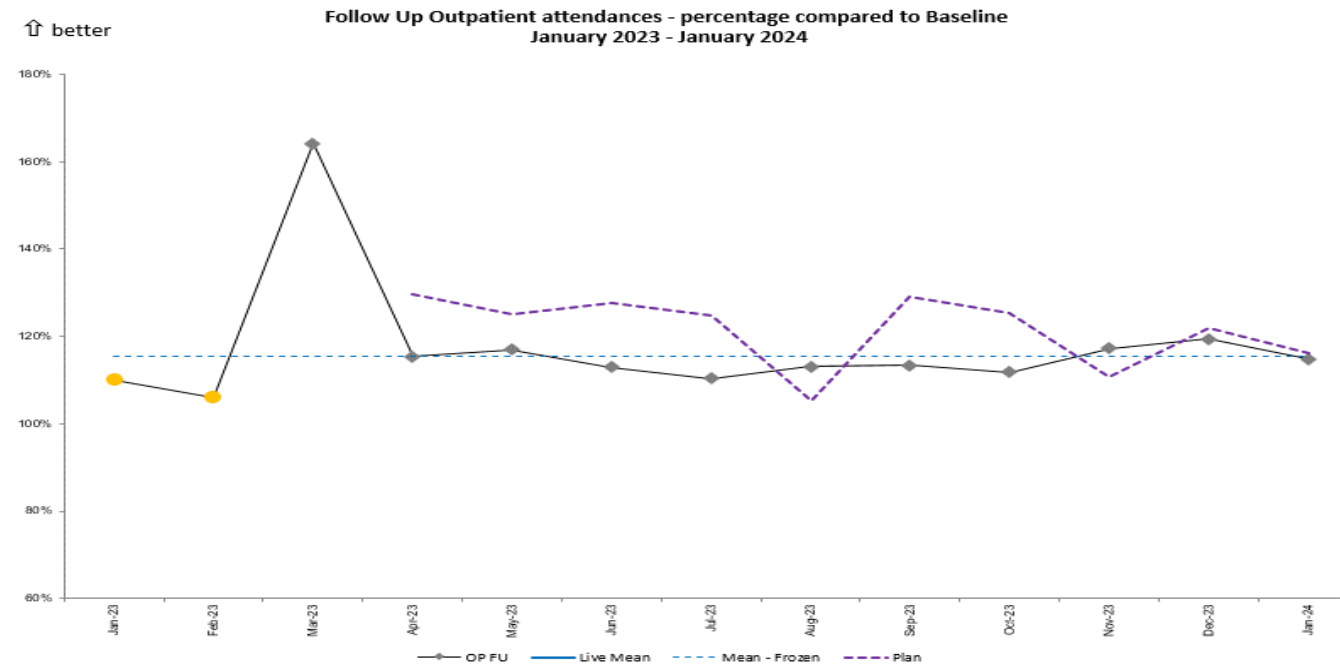
Jan-24	Plan
114.8%	116.2%

SPC Variance
Normal variation

Shelford Group Avg (Jan-24)
N/A

Three Month Forecast		
Feb-24	Mar-24	Apr-24
123.9%	121.7%	#N/A

Divisional overview	
Division	Performance
A	106.0%
B	124.6%
C	107.0%
D	109.6%
E	134.1%



Updates since previous month

CUH follow up activity increased in 2023 and remains adversely above the 100% CUH target for end March 2024. The January figure was 114.8%, some of this increase is driven by non-consultant follow ups which were not recorded in 2019/20, now being recorded. The national target to reach 75% by end 2023/24 will not be met.

Current issues

The number of overdue follow-ups remains high, reaching 56,951 in January 2024. All divisions have overdue follow-ups on their risk registers. The rate of rise of overdue follow-ups is stable with natural variation since April 2021, with a 1.6% median rate of rise per month during this period.

Key dependencies

Physical capacity continues to be a problem across Outpatients. Services need to increase rapidly the number of Patient Not Present clinics they are delivering to minimise the need to see patients. This not only helps with the overall target but also freeze capacity to increase new appointments. Services also need to continue to validate their overdue follow-up backlog both for patient safety and data quality issues.

Future actions

Action being taken to address overdue follow ups includes waiting list validation and initiatives, and pathway redesign including PIFU, and early tests of Patient Not Present (PNP) remote monitoring. 6 specialities are currently using PNP, 4 more have PNP clinics built and available in Epic but completed PNP appointments have not yet been recorded on CHEQS. A further three specialities are in the eHospital PNP build pipeline, and others are having planning discussions to introduce PNP. This action needs to be encouraged at pace.

PIFU Outpatient Attendances

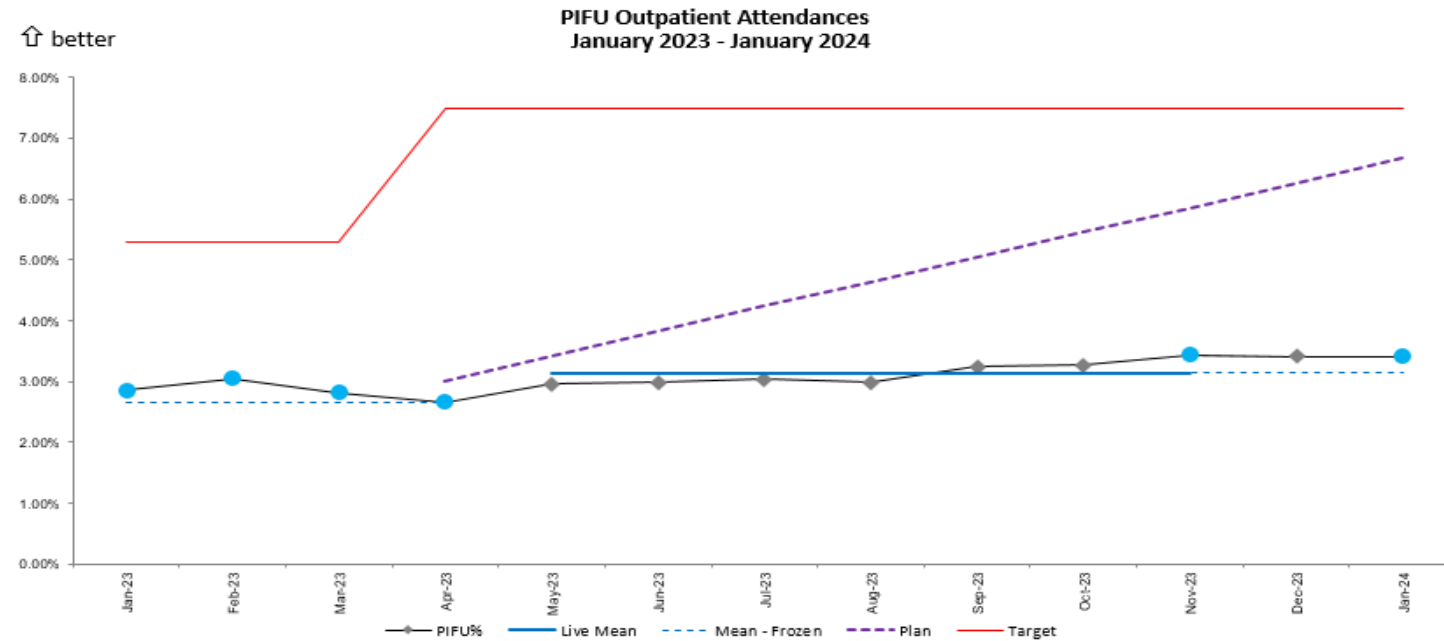
Jan-24	Plan
3.4%	6.7%

SPC Variance
Positive special cause variation

Shelford Group Avg (Jan-24)
N/A

Three Month Forecast		
Feb-24	Mar-24	Apr-24
7.1%	7.5%	#N/A

Divisional overview	
Division	Performance
A	7.1%
B	4.2%
C	2.0%
D	2.1%
E	2.8%



Updates since previous month

There is a consistent overall trend upwards in the use of PIFU but CUH is yet to reach the 7.5% target for end March 2024. The rate of rise is slow, with the median for the last six months increasing to 3.9% from 3.6% since October 2022. Our position as of January 2024 is 3.4%.

Current issues

None

Key dependencies

CHEQS data shows the correlation between PIFU and reduced follow ups. As of 08 February 2024, of the 79,447 PIFU orders placed since 2019 – 48,815 have expired. 91.1% expired with no follow up taking place which equates to 44,460 follow ups being saved / avoided due to a PIFU being in place.

Future actions

Divisions are encouraged to use the EoE outpatients transformation opportunity tool, and monthly data provided by the Improvement and Transformation team, to review PIFU usage at specialty and consultant level, and target action.

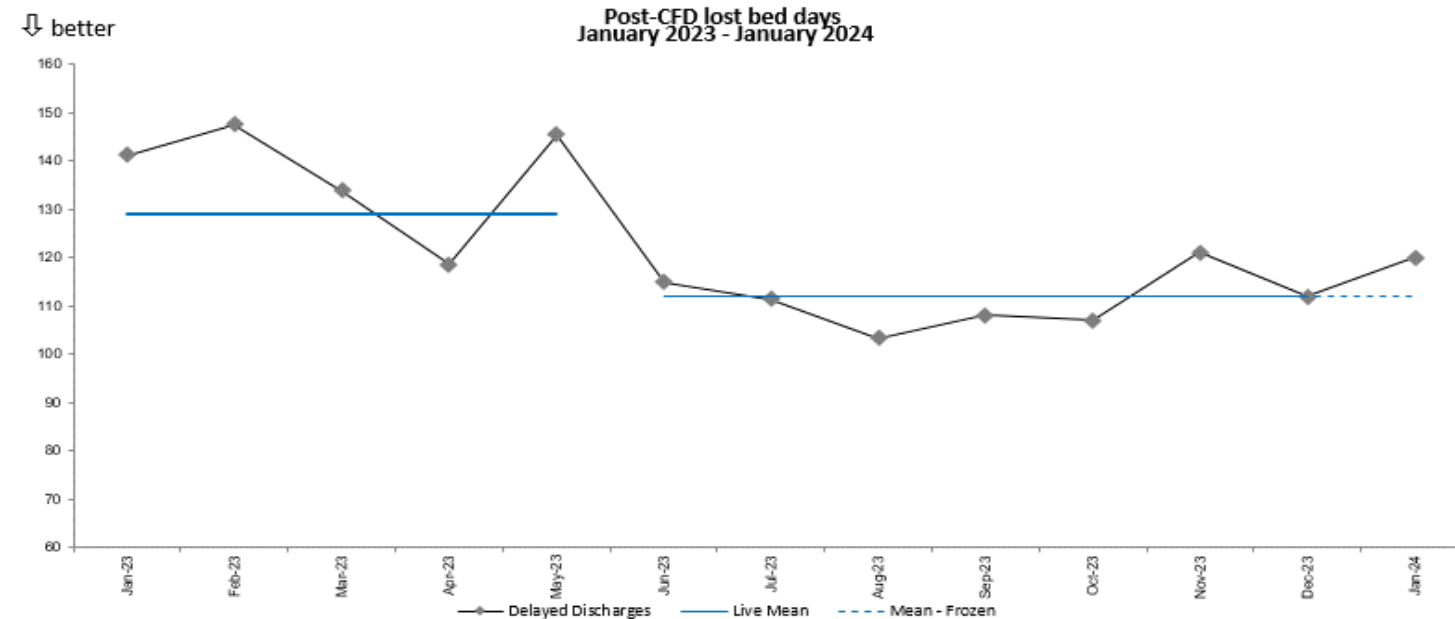
Delayed discharges

Jan-24	Target
120	N/A

SPC Variance
Normal variation

Shelford Group Avg (Jan-24)
N/A

Beds lost to delays - by pathway	
Pathway	Beds lost
Pathway 1	48
Pathway 3	28
Pathway 2	22
Pathway 0	16
Internal Assessments	5
External Assessments	0
Triage	1
Unknown	0
Total	120



Updates since previous month

- In January the Trust lost 120 beds to complex patients remaining in an in-patient bed beyond their clinically fit date
- This compares to an average of 137 beds lost each month during 2022/23

Current issues

- Pathway 1 (care at home) remains the most significant patient group for beds lost with 48 beds in total (40%)
- Of the 120 beds lost in January, approximately 43 were lost due to internal processes

Key dependencies

- Delayed discharges are impacted by the availability of care packages in the community
- There remains an opportunity to optimise internal processes to reduce the number of beds lost

Future actions

- Reducing internal delays are a key part of our plans to improve in-patient length of stay (LoS) during 2024/25
- Work is currently underway to identify improvements to complex discharge pathways as part of the LoS programme for 2024/25.

Theatre Utilisation - Elective GIRFT Capped

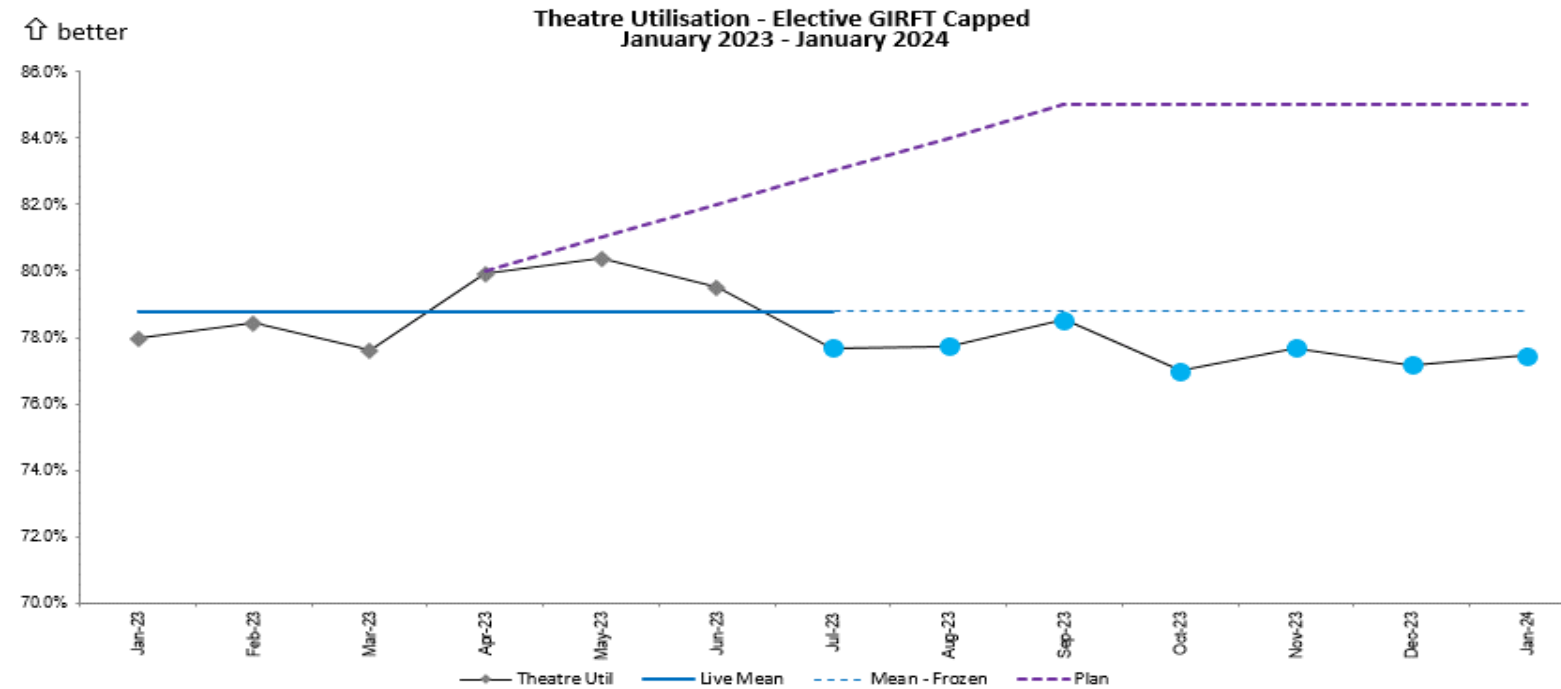
Jan-24	Plan
77.4%	85.0%

SPC Variance
Normal variation

Performance in the 2 weeks to 20/02/2024	
CUH	2600.0%
Shelford Grp Median	76.9%

Three Month Forecast		
Feb-24	Mar-24	Apr-24
85.0%	85.0%	#N/A

Utilisation by department	
Department	Utilisation
ATC	78.5%
Main	77.9%
Rosie	63.6%
CMSH	84.2%
CEU	69.6%
Ely	71.6%



Updates since previous month

- Capped Utilisation across December was 77.4%.
- Excluding the Industrial Action period increases performance to 77.8%.
- Performance has slipped to Quartile 2, but remains above Shelford median. Imperial are in top quartile.
- Sessions used were 89% improving to 96.6% with Industrial Action dates excluded.

Current issues

- Four services achieved over 85% utilisation in month, with a further nine above 80%. Eight were below 70%.
- Short notice cancellations were 355 this month and again Ophthalmology have the highest volume at 52. 22 of which were clinical and 11 patient initiated.
- Overall 28% of cancellations were for clinical reasons, 18% patient initiated and 16% due to bed capacity. 23% were in advance of the day of surgery.

Key dependencies

- Low short notice cancellations
- Ability to readily back fill cancellations requiring pool of pre-assessed patients
- Efficient start times and turnaround times
- Optimum scheduling with 6-4-2 oversight.
- L2DSU maintaining core function as DOSA and 23hr stay elective facility.

Future actions

- Cancellation data again supports that standby patients should be a targeted initiative in Ophthalmology where bed capacity is less of a constraint.
- Ophthalmology has requested support from Surgery Programme Board with their delays in pre-assessment that are preventing them have sufficient pool of patients.
- Neurosurgery bed related cancellations were 5% of total cancellations. Ward reconfiguration, LOS programme and timely repatriation need to remain a key focus.

BADS Daycase Rates

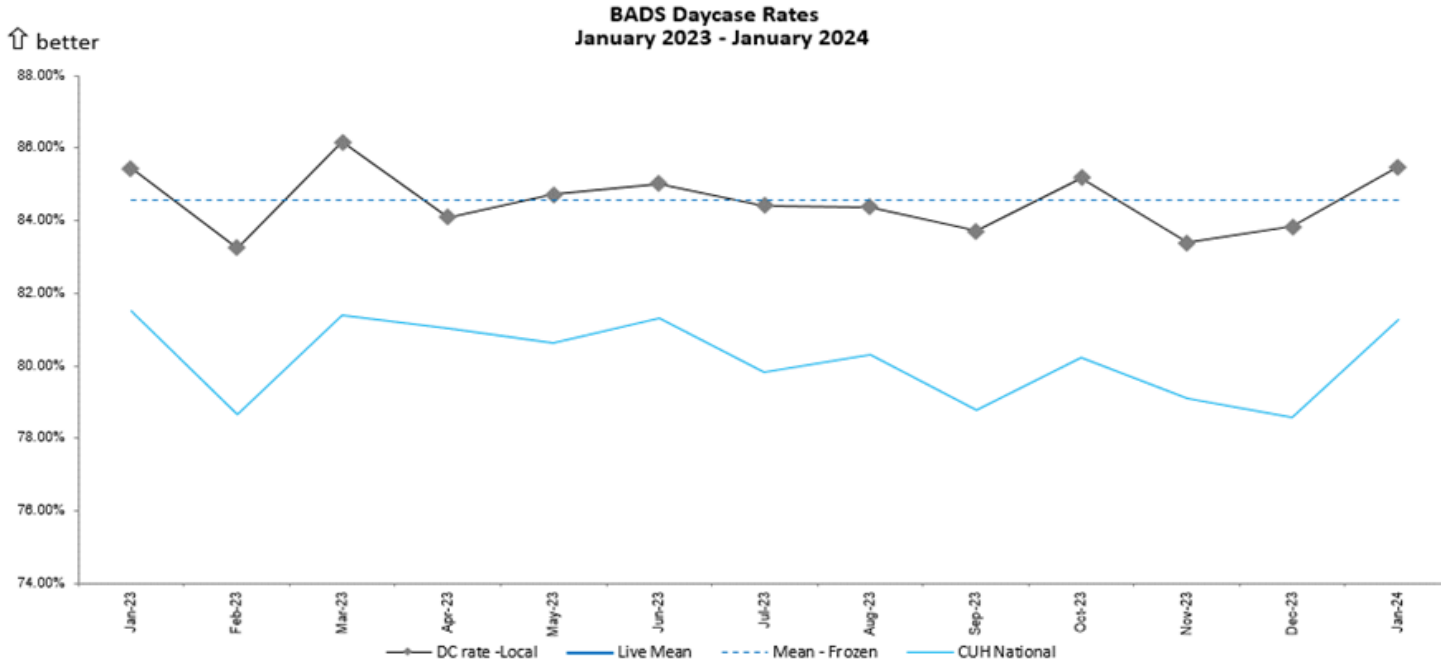
Jan-24	Target
85.5%	N/A

SPC Variance
Normal variation

Performance in the 3 months to end of Nov 23	
CUH	76.9%
Shelford Grp Median	78.0%

BADS Section Day Case Rate for HVLC focus areas

Specialty	3 months to end of Nov '23			Jan-24
	CUH	Shelford	Quartile	Local
Orthopaedics	84.8%	82.8%	2	97.7%
ENT	70.9%	81.5%	1	93.8%
General	66.0%	68.0%	1	86.1%
Gynaecology	49.1%	62.6%	1	76.2%
Ophthalmology	97.2%	97.6%	1	91.7%
Urology	66.0%	69.1%	2	60.0%



Updates since previous month

- Model Hospital GIRFT data for 3months to Nov 2023 still shows low performance in quartile 1.
- Local BADS reporting for zero LOS however did reflect improved performance in January up to 85.5%, in line with the GIRFT target.

Current issues

- Inaccurate listing of Intended Management. 47 zero LOS BADS procedures listed as inpatient which is a reduction on last month.
- 19% of the >0 LOS. were in ENT of which 50% were thyroid procedures. 17% were in Urology.
- 50% >0 LOS were 23hr stay on L2 or F3, therefore did not use Inpatient capacity.

Key dependencies

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

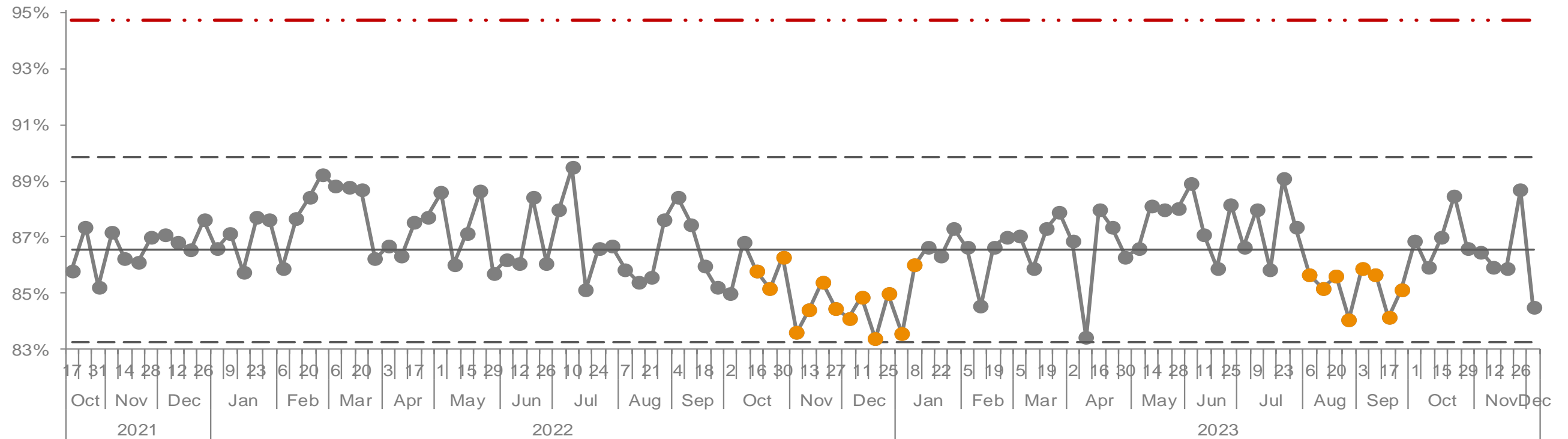
Future actions

- Detail on incorrect intended management being circulated to Specialties each month at SPB.
- Urology deep dive into Ureteroscopy complete due to Quartile 2 benchmark, and refinements to practice identified.
- Urology TURBT day case rate continues to be in top quartile Nationally despite being one of the higher volume BADS procedures > 0 LOS

Discharge Summaries

Discharge Summary Letters (Weekly)

Percent of discharge summaries sent in under 2 days



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 - Jan 24	Month	-	93.0%	95.0%		S7	-	For January, the Good FFT score remained the same compared to December. However the Poor FFT score increased by almost 2% and is now 4%. December Poor score was one of the lowest for the year and January score is the same as Oct and Nov. FOR JAN: there were 379 FFT responses collected from approx. 4,106 patients.
FFT Inpatient poor experience score	Jul 20 - Jan 24	Month	-	4.0%	2.0%		SP	-	
FFT Outpatients good experience score	Apr 20 - Jan 24	Month	-	94.2%	94.8%		S7	-	For January, there was a very slight increase in the Good score compared to December and the score is now one of the best for the year. The Poor score also slightly improved and 2.8% is one of the lowest for the year. 0 paediatric FFT was collected in Jan FOR JAN: there were 5,322 FFT responses collected from approx. 30,833 patients. The SPC icons shows special cause variations: high is a concern with having more than 7 consecutive months below/above the mean / low is a concern.
FFT Outpatients poor experience score	Apr 20 - Jan 24	Month	-	2.8%	2.5%		S7	-	
FFT Day Case good experience score	Apr 20 - Jan 24	Month	-	95.2%	96.4%		-	-	For January, there was no change in the Good score compared to December. The Poor score improved by 0.5% compared to Dec. Although both scores are the lowest/highest for the year, it is not a concern. The Good score remains around 95% and the Poor score below 3%. FOR JAN: there were 1,239 FFT responses collected from approx. 4,684 patients.
FFT Day Case poor experience score	Apr 20 - Jan 24	Month	-	2.5%	1.8%		-	-	
FFT Emergency Department good experience score	Apr 20 - Jan 24	Month	-	77.7%	82.6%		S7	-	For January, the Good score decreased by 3% compared to December and is one of the lowest scores for the year. The Poor score increased by 2% and the score of 13.3% is one of the highest for the year. Both adult and paediatric ED scores increased by 2% /declined by 2%. FOR JAN: there were 927 FFT responses collected from approx. 5,552 patients.
FFT Emergency Department poor experience score	Apr 20 - Jan 24	Month	-	13.3%	10.7%		S7	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Jan 24	Month	-	82.8%	94.2%		SP	-	FOR JAN: Antenatal had 6 FFT response - 100% Good; Birth had 44 FFT responses out of 435 patients - 84% Good/ 9% Poor; Postnatal had 107 FFT responses: LM had 78 FFT with 75.6% Good/14.1% Poor, DU had 1 FFT with 100% Good, BU had 28 FFT with 96.4% Good/3.6% Poor. 0 FFT responses from Post Community . JAN MATERNITY OVERALL: Good score decreased by 7% and Poor score increased by 6% from 157 FFT responses.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Jan 24	Month	-	10.2%	2.3%		SP	-	

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 December 15 wards did not collect any FFT data.

January FFT scores either remained the same compared to December, or declined in the Good score and increased in the Poor score. The day unit and outpatients Good score remained the same and the Poor score improved. Whereas the inpatient Good score remained the same, but the Poor score increased by 2%. ED FFT scores declined in the Good score for both adult and paed, and the Poor score increased for both adult and paed.

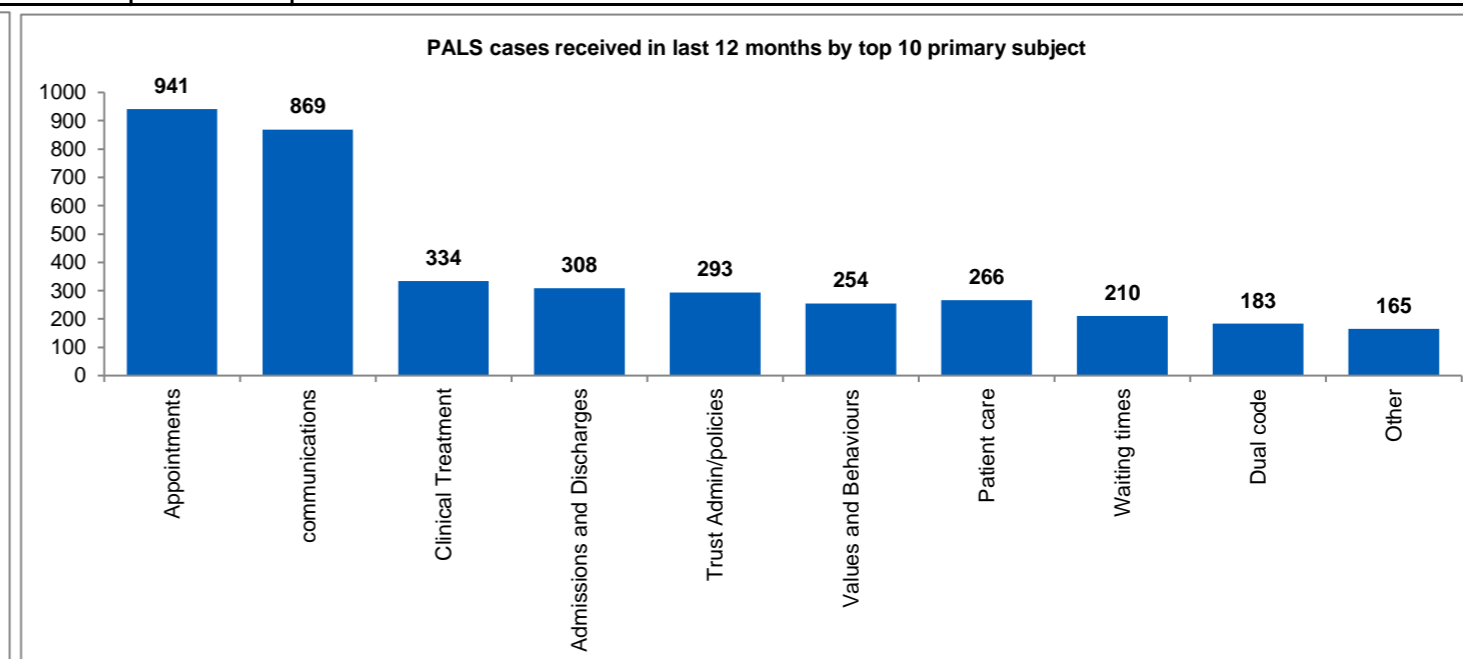
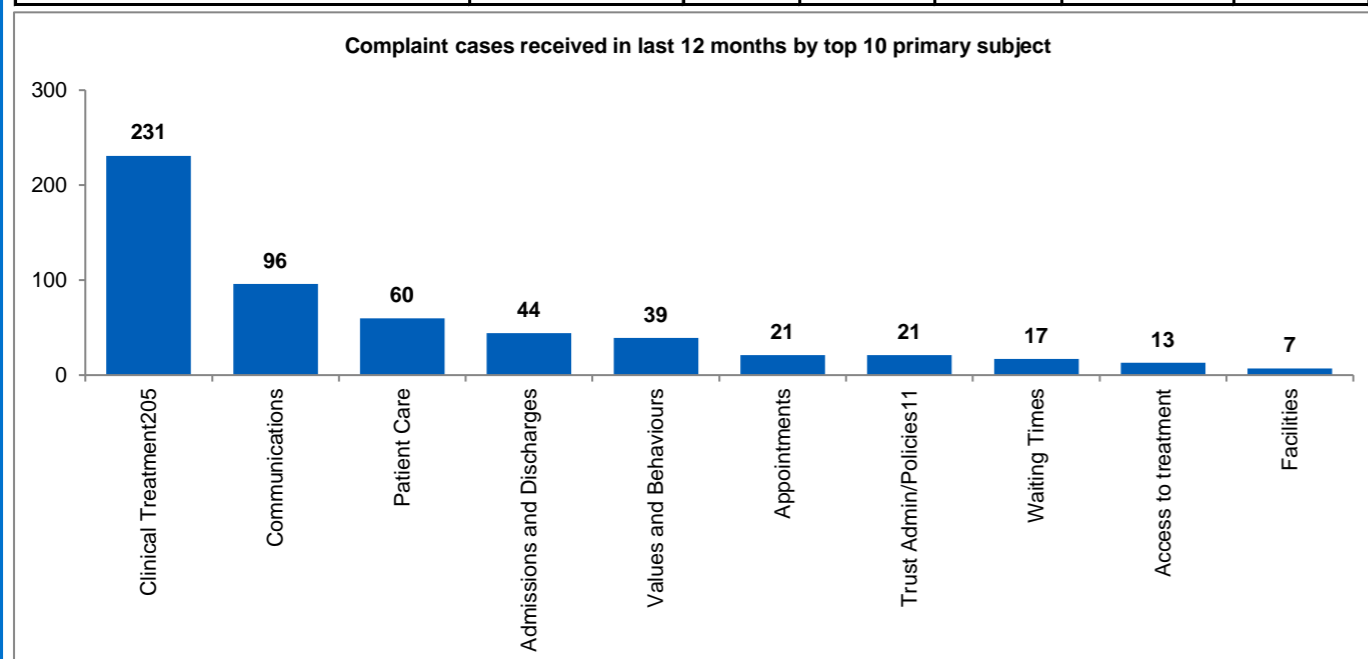
Overall maternity FFT scores had a decrease by 7% of the Good score to 82.8% and the Poor score increased to 10.2%. This was from Birth and Postnatal performance. There was an improvement in the number of FFT collected. December had a very low number of 60 and January there are 130 FFT scores overall, with Lady Mary having an improvement of 78 FFT scores.

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

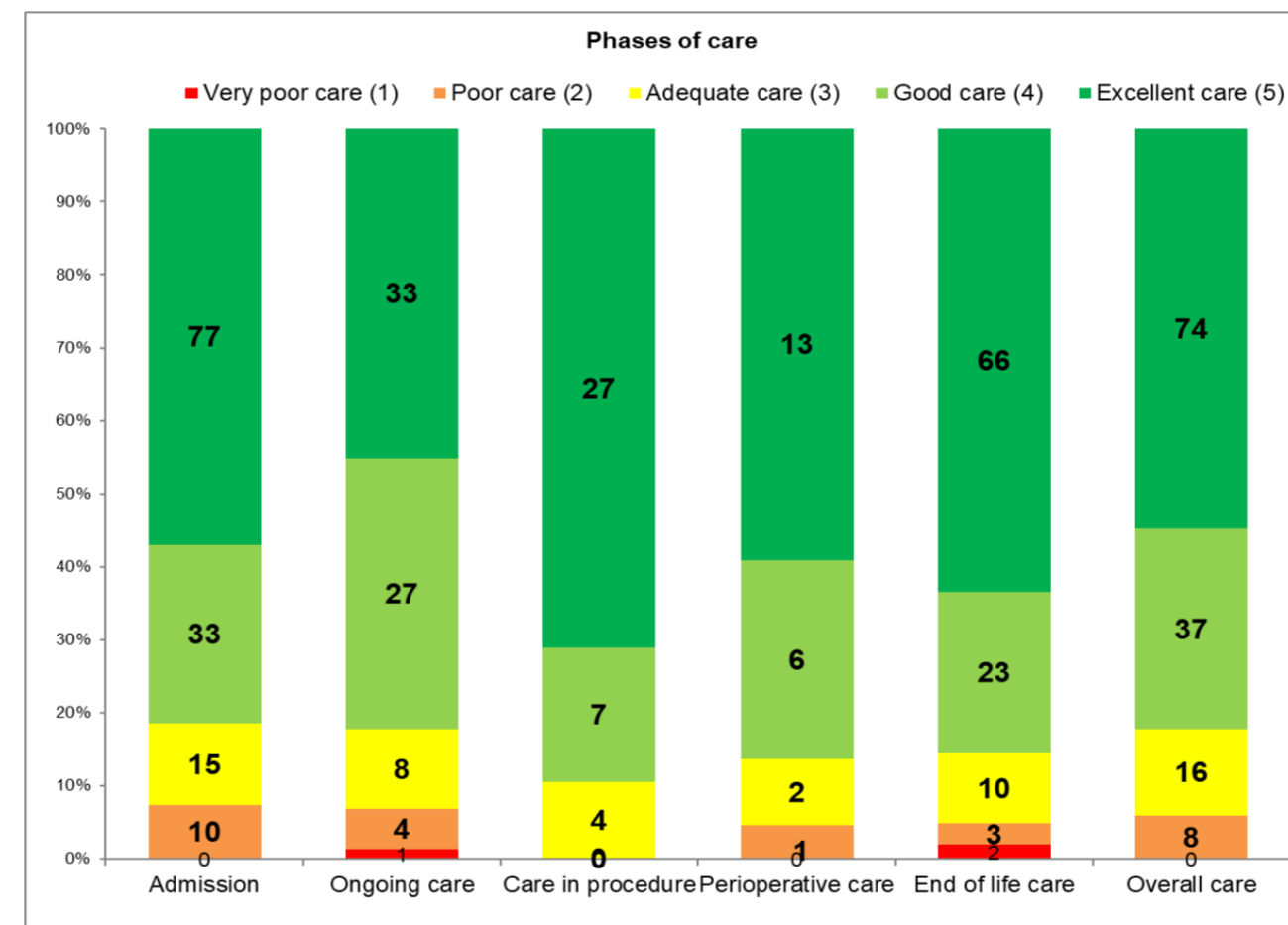
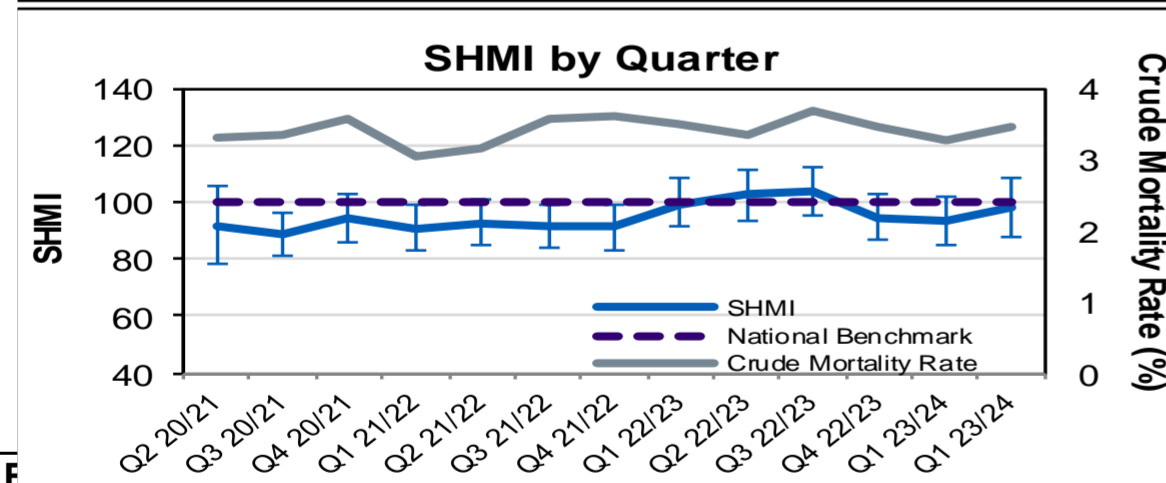
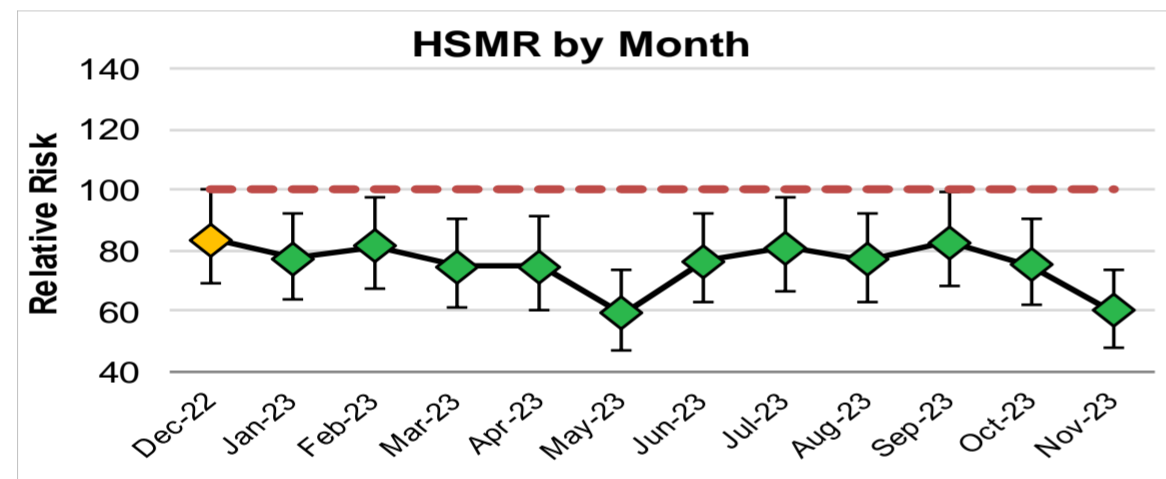
Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Jan 20 - Jan 24	month	-	63	55		SP	-	The number of complaints received between Jan 2020 - January 2024 is higher than normal variance.
% acknowledged within 3 days	Jan 20 - Jan 24	month	95%	95%	73%		-		60 out of 63 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	Jan 20 - Jan 24	month	50%	50%	30%		S7		86 complaints were responded to in January, 43 of the 86 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Jan 20 - Jan 24	month	80%	52%	87%		SP		45 out of 86 complaints responded to in January were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Jan 20 - Jan 24	month	-	16%	34%		-	-	There were 10 complaints graded 4 severity, and 0 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Jan 20 - Jan 24	month	-	38	32		S7	-	38 Compliments were registered during January and sent onto relevant staff for information



PHSO - There were no cases taken for investigation in January 2024 by the Parliamentary and Health Service Ombudsman. A backlog of complaint responses (550) declared in May 2023 has now been brought down to less than 10. 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 as an option rather than a written response.

Learning from Deaths

Indicator	Data range	Jan-24	Mean	Variance	Comments
Total inpatient and Emergency department deaths	February 2019 - January 2024	164	137		
Total Emergency Department and Inpatient deaths per 1000 admissions		9.1	8.6		
Emergency department deaths per 1,000 attendances		1	0.9		
Inpatient deaths by 1,000 admissions		10.1	10.3		
NON-elective admission deaths by 1,000 admissions		33	28.6		
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)		18%	20%		In January 2024, 29 SJRs were commissioned.



HSMR - The rolling 12 month (December 2022 to November 2023) HSMR for CUH is 75.31, this is 3rd lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 89.54.

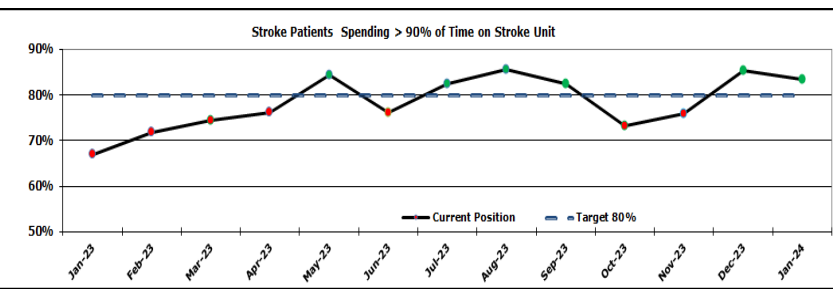
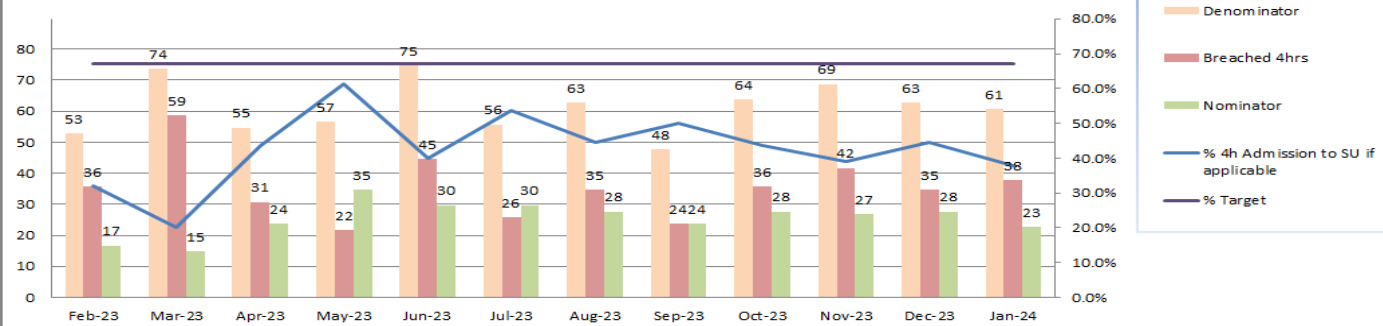
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, September 2022 to August 2023 is 97.88.

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

There was one SJR judged as to having an overall Problems in care score of 3 - this is currently being reviewed.

Stroke Care

4 hours admission to SU



Themes - 4h to SU breaches	MRNs
Awaiting senior review	13
NCCU admission	1
Not referred on arrival	4
Trust bed capacity	19
Unsure if stroke. MRI confirmed	1
Grand Total	38

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

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	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 presentatio n	Not referred to stroke team	Delayed diagnosis	Clinician's decision to place patient on different ward	Unclear presentat ion	Difficult diagnosis / Complex patient	Resource capacity	Number of breaches	Month Position (Target 80%)
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%
Aug-23		5			1	2					2			10	85.7%
Sep-23		6			1	1		2						10	82.5%
Oct-23		16			2	1					1			20	73.3%
Nov-23		12				4	2				2			20	75.9%
Dec-23		4		1	3	1	1				1			11	85.3%
Jan-24	2	6			2						3			13	83.5%
Summary	11	83	0	5	19	17	3	2	3	0	34	4	0	181	

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for January 2024= 83.5%

Trust bed capacity (6) was the main factor contributing to breaches last month, with a total of 13 breaches in January 2024.

4hrs adm to SU (67%) target compliance was not achieved in January 2024= 37.7%

Key Actions

Work continues to protect 2 x ring-fenced beds on R2 (one male and one female)

Currently in discussion with ED to change pathway for Stroke Alert notification – will explore paramedic contacting SAT directly to reduce delays between patient arrival and SAT in ED.

ACP role to support stroke unit interviews to take place end of February

National SSNAP data shows Trust performance from July -Sept 2023 at Level A. The team is formulating a plan to try to maintain this progress

Weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.

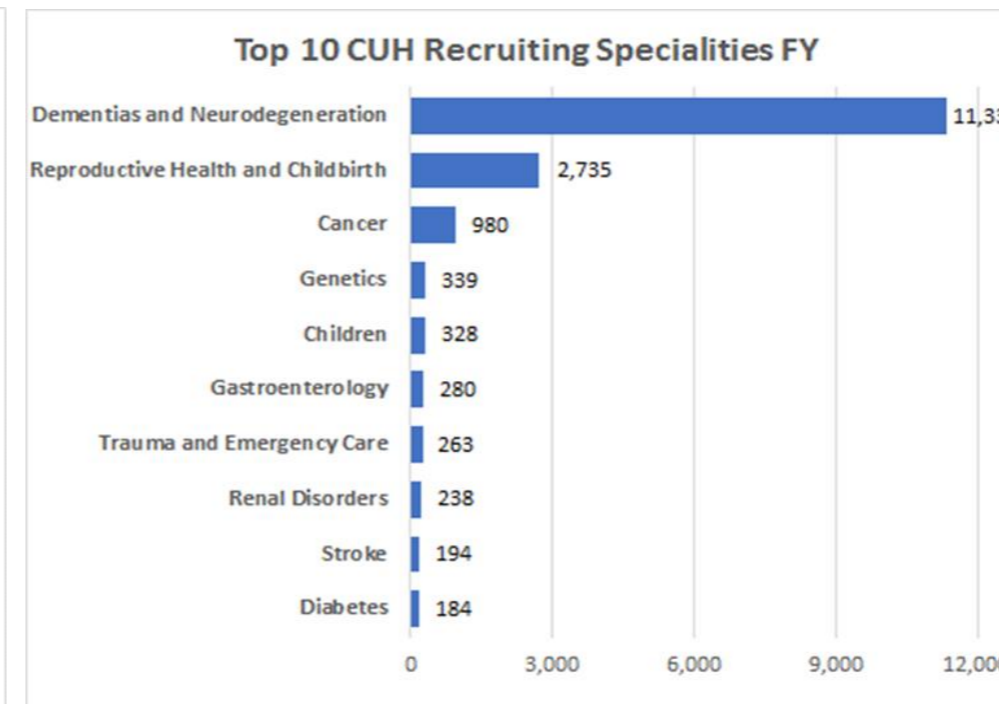
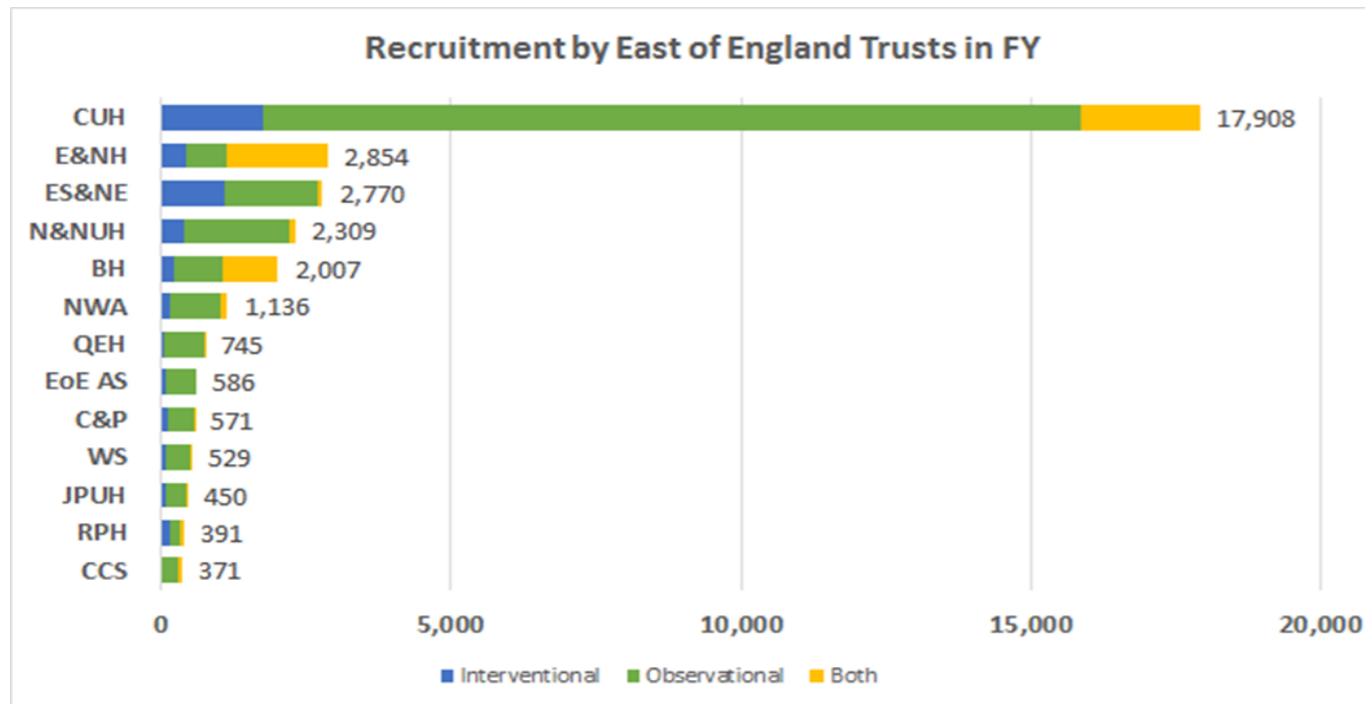
The stroke bleep team continue to see over 200 referrals in ED a month, many of those are stroke mimics or TIAs. TIA patients are increasingly treated and discharged from ED with clinic follow up. Many stroke mimics are also discharged rapidly by stroke team from ED. For every stroke patient seen, we see three patients who present with stroke mimic.

Working with acute med team to establish TIA ambulatory service in clinic 5 to help support admission avoidance and reduce presentations in ED. We have worked through pathway with Acute Medicine and the plan is to go live April 2024

Clinical Studies



Total Recruitment at end of Dec - FY 2023-24		Recruiting Studies at end of December for FY 2023-24	
17,908		Open	274
		Closed	56
		Suspended	3
		Total	333
		Non Commercial	276
		Commercial	57



Situation as at end of Q3 2023/24 (Data cut: 17/01/2024)

- * Total recruitment in the financial year to date: 17,908. The significant increase from September was driven by the Bioresource - Genes & cognition Study. This is a questionnaire based study and the Bioresource has a large cohort to recruit participants from (target = 40,000) and accounted for 80% of CUH recruitment from September to Dec.
- * CUH accounted for 53% of total recruitment by Eastern Trusts in the financial year to date.
- * Recruitment to the Dementias and Neurodegeneration speciality accounted for 63% of all recruitment (driven by the Bioresource - Genes & cognition Study). Reproductive Health and Childbirth accounted for 15%. All of the other individual specialities accounted for less than 6% of the total recruitment.
- * There were 333 recruiting studies, of which 57 were Commercial, and 276 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

Compliance

Assessed compliance with CNST MIS 10 Safety Actions Yr 5			Evidence of SBLCB V3 Compliance			Assessment against Ockenden Immediate and Essential Actions (IEA) – to achieve full compliance will all elements of each IEA		
	Please identify unit	CUH	Element		CUH			CUH
1	Perinatal Mortality review tool	C	1	Reducing smoking in pregnancy	W			
2	MSDS	C	2	Fetal growth: Risk assessment, surveillance and management	W	IEA1:	Enhanced Safety	W
3	Transitional care / ATAIN	C	3	Raising awareness of Reduced Fetal Movements	C	IEA2:	Listening to Women & Families	C
4	Clinical workforce planning	C	4	Effective Fetal monitoring during labour	W	IEA3:	Staff training & Working Together	C
5	Midwifery Workforce planning	C	5	Reducing preterm birth and optimising perinatal care	W	IEA4:	Managing complex pregnancy	W
6	SBLCB V3	C	6	Management of pre-existing Diabetes in Pregnancy	W	IEA5:	Risk Assessment Throughout pregnancy	W
7	Listening to women, parents & families / co-production with service users	C	SBLCBv3 Fully compliant (National Tool)		N	IEA6:	Monitoring Fetal wellbeing	C
8	Core competency framework / Multi-prof training	C	Key (current position)		Insert (to automatic)	IEA7:	Informed Consent	W
9	Board level assurance	C	Compliant	Compliant with all aspects of element	C	Fully compliant (self assessment)		
10	HSIB (MNSI) /Early notification scheme	C	Working towards / Partially compliant	Working towards (MIS & SBLCB) / Partially compliant (Ockendon)	W	Fully compliant (regional assessment following insight visits)		
Repayment of CNST (since introduction) Y/N and MIS yr		N	Not compliant	Not compliant with all aspects of element	N			

Author(s):

Owner(s): Claire Garratt

Maternity Dashboard

Clinical Outcome Measures

KPI (see final slide for detail)	Measurement / Target		Numerator / Denominator			KPI (see final slide for detail)	Measurement / Target		Numerator / denominator		
			Numerator	denominator	%				Numerator	denominator	%
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth	3.30%	16	254	6.30%	Term admissions to NNU Reviews should now include all neonatal unit transfers or admissions regardless of their length of stay and/or admission to BadgerNet.	<6% (of total births)	missing data	missing data		
(as per NMPA descriptor, slide 8)	Caesarean	4.50%	5	144	3.47%		%age of total admissions that were avoidable	missing data	missing data		
3rd & 4th degree tear	SVD (unassisted)	Unassisted 2.5%	3	210	1.43%	Optimisation (metrics to be determined locally as per SBLBCv3) please see the implementation tool for technical guidance			Oct'23 data		
(as per NMPA descriptor, slide)	Instrumental (assisted)	Assisted 6.3%	3	44	6.82%	Right place of birth		missing data	missing data		
Caesarean section (%age)	(see guidance document)	overall rate not required				Percentage of singleton infants less than 27 weeks of gestation, multiples less than 28 weeks of gestation, or any gestation with an estimated fetal weight of less than 800g, born in a maternity service on the same site as a neonatal intensive care unit (NICU)	local agreement %	missing data	missing data		
(primip, singleton, cep, over 37/40, spontaneous labour)	Robson Group 1	N/A	16	78	20.51%	Antenatal corticosteroids		missing data	missing data		
[primip, singleton, over 37/40, who had labour induced (2a) or LSCS prior to labour (2b)]	Robson Group 2	N/A	53	96	55.21%	Percentage of babies born before 34 weeks of gestation who receive a full course of antenatal corticosteroids within 1 week of birth	local agreement 55%	missing data	missing data		
	2a		34	77	44.16%	Magnesium sulphate		missing data	missing data		
(Multip, at least 1 uterine scar, singleton, cep, over 37/40)	Robson Group 5	N/A	43	58	74.14%	Percentage of babies born before 30 weeks of gestation who receive magnesium sulphate within the 24 hours prior to birth	local agreement 90%	missing data	missing data		
Smoking at time of delivery		≤ 6%	25	435	5.75%	IV antibiotics		missing data	missing data		
Preterm birth						Percentage of women who give birth following preterm labour below 34 weeks of gestation who receive IV intrapartum antibiotic prophylaxis to prevent early onset neonatal Group B Streptococcal (GBS) infection	local agreement 90%	missing data	missing data		
Preterm birth rate	≤36+6 weeks (over 24+0/40) National ambition	≤6% annual rolling rate (Total PTB all babies 24-36+6)	502	5436	9.23%	Optimal Cord Clamping		missing data	missing data		
	16+0 - 23+6 (SBLCBv3)	%age of all singleton births (live & stillborn)	3	432	0.69%	Percentage of babies born below 34 weeks of gestation who have their umbilical cord clamped at or after one minute after birth.	local agreement 75%	missing data	missing data		
	24+0 - 36+6 (SBLCBv3)	%age of all singleton births (live & stillborn)	31	432	7.18%	Thermoregulation		missing data	missing data		
MBRRACE stabilised & adjusted mortality rates per 1000 births with congenital abnormalities included/ excluded (annual only)						Percentage of babies born below 34 weeks of gestation who have a first temperature which is both between 36.5– 37.5°C and measured within one hour of birth	local agreement 75%	missing data	missing data		
Unit	Stillbirth	Neonatal Death < 777	Extended perinatal			Early Maternal Breast milk					
CUH	4.16/1000 births with congenital abnormalities 3.71/1000 births excluding deaths due to congenital abnormalities	2.40/1000	6.49/1000			Percentage of babies born below 34 weeks of gestation who receive their own mother's milk within 24 hours of birth.	local agreement 50%	11	17	65%	

Author(s):

Owner(s): Claire Garratt

Maternity Dashboard

KPI	Goal	Target	Measure	Data Source	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Activity												
Births	For information	N/A	Births per month	CHEQs	466	443	472	469	446	438	5457	
Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	In area booking appointments	Epic	95.05%	86.75%	99.09%	94.74%	95.86%	97.31%		
Booking Appointments	For Information	N/A	Booking Appointments	Epic	343	400	330	352	290	372		
Vaginal Birth (Unassisted)	For Information	N/A	SVDs in all birth settings	CHEQs	49.79%	49.89%	51.48%	48.83%	45.52%	51.50%		
Home Birth	For Information	N/A	Planned home births (BBA is excluded)	CHEQs	0.86%	1.13%	1.69%	0.85%	1.57%	0.68%		
Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	CHEQs	13.52%	16.93%	15.04%	13.86%	12.78%	18.26%		
Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	CHEQs	42.39%	29.03%	37.96%	43.16%	36.00%	29.16%		
Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	CHEQs	9.87%	9.48%	10.17%	11.94%	12.33%	10.50%		
CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	CHEQs	39.70%	40.18%	37.71%	38.38%	42.15%	37.90%		
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	CHEQs	16.10%	18.50%	12.90%	24.30%	20.50%	20.50%		
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	CHEQs	47.90%	51.00%	57.30%	48.10%	48.50%	55.20%		
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	CHEQs	1:2.98	1:3.53	1:5	1:2.08	1:2.82	1:3.31		
Women in RG*5. Multiples with 1 or 2+ previous C/S	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	88.2%	91.5%	77.4%	77.3%	80.3%	74.1%		
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	CHEQs	62.2%	68.5%	60.1%	61.7%	64.4%	67.4%		
Induction of Labour rate	For Information	N/A	Percentage of women induced for birth	CHEQs	33.48%	34.18%	31.84%	31.66%	30.59%	32.87%		
Delay in commencement of Induction (IOL)	0%	<10%	Percentage of Inductions where Induction commencement was postponed >2 hours (flag 1)	CHEQs	24.87%	34.88%	28.74%	25.95%	22.65%	32.77%		
Delay in continuation of Induction (IOL)	0%	<10%	Percentage of Induction continuation when suitable for ARM delayed for more than 6 hours (flag 3)	CHEQs	10.05%	15.00%	14.37%	10.81%	11.05%	32.08%		CQC workstream for IOL improvements in place for 'should do'. Large increase in figure this month due to data quality checking to ensure reporting robust. ARMable status is under documented (N=21), underreporting the denominator. True denominator is 53. 17 women waited longer than 6 hours.
Indication for IOL (SBLCBV3)	0%	5-10%	Percentage of IOL where reduced fetal movements is the only indication before 39 weeks (denominator = all IOLs <39 weeks).	IOL Team	5%	0%	7%	6%	0%	1%		
Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance (or a consultant plan if outside guidance).	IOL Team	98.70%	100%	97%	99%	100%	100%		
Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	2	1	1	2	5	3		56.75 hours total. 79% of divert status due to NICU staffing and capacity, 21% due to maternity staffing and capacity. 5 women diverted to other organisations, 2 of these women birthed in other organisations, no moderate harm or above incidents. There were no moderate harm incidents internally during the periods of divert.
Total number of hours on divert	For information	N/A	Hours:minutes	Rosie Diverts	27:50	18:08	21:25	30:20	70:00	57:15		
Admissions to Rosie during divert status	For information	N/A	Number of women admitted to the Rosie during divert based on Admissions Report	CHEQs	7	12	10	21	32	25		
Number of women giving birth in another provider organisation due to divert status	For information	N/A	Whole number of pregnant women	CHEQs	2	1	1	1	3	2		
Number of IUTs declined due to maternity services capacity/staffing	0	0	Whole number of pregnant women	EBS data	8	1	0	1				Reported 1 month behind.

Maternity Dashboard

Workforce											
Midwife/birth ratio (actual)**	1:24	<1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:25.2	1:25.1	1:23.1	1:22.4	1:22.5	1:22	
Midwife/birth ratio (funded)**	For information	1.24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average based on the BR+ sub dataset)	Finance	1:23.4	1:23.2	1:23.1	1:23.1	1:23.1	1:23.2	
Supernumerary Delivery Unit Coordinator	100%	≥95%	Percentage compliance with Delivery Unit coordinator remaining supernumerary (no high risk 1:1 or labour 1:1 care)	BR+ RF11	100%	100%	98%	100%	100%	100%	
Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	4.29%	4.37%	4.49%	4.54%	4.64%		 Reports one month behind. Special improving cause noted.
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	93.0%	92.7%	91.1%	91.4%	91.3%		 Reports two months behind.
Education and Training - Training Compliance for all staff groups: Prompt	>90% YTD	>85% YTD	Total multidisciplinary obstetric staff compliant with annual Prompt training	PD	86.80%	82.60%	94.56%	92.41%	89.67%	86.00%	
Education and Training - Training Compliance for all staff groups: NBLS as per MIS requirements	>90% YTD	>85% YTD	Total multidisciplinary staff providing "attending births" within maternity services compliant with annual NBLS training	Resus Services	80%	75%	75%	81%	79%	83%	 Action plan in place to achieve 90% compliance by 1 March 2024.
Education and Training - Training Compliance for all staff groups: K2	>90% YTD	>85% YTD	Total multidisciplinary staff passed K2 competences.	Fetal surveillance MW	84.20%	80.60%	88.10%	91.20%	76.60%		 Transitioning from K2 to DOT for competency assessment. New DOT module not available until Feb 2024 therefore drop in compliance.
Education and Training - Training Compliance for all staff groups: Fetal Surveillance competency	>90% YTD	>85% YTD	Total multidisciplinary staff attended the study day and passed competency .	Fetal Surveillance MW							 Data to be reported from Feb 2024
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.	Fetal surveillance MW	86.60%	88.00%	84.50%	91.40%	92.40%	93.50%	 CNST MIS year 5 compliance target exceeded for all staff groups and maintained for a further month.
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	93.5%	93.0%	90.3%	90.2%	91%		 Reports one month behind.
Maternal morbidity											
Puerperal Sepsis	For information	N/A	Incidence of puerperal sepsis within 42 days of birth	CHEQs	0.43%	0.46%	0.43%	0.44%	0.23%	0.46%	
ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs / QSIS	0	2	1	1	0	0	
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	5.30%	5.58%	4.61%	5.88%	3.66%	6.30%	 CQC workstream for PPH improvements ongoing and reported to MIOB. Robust campaign launched, assessing impact via QI methodology.
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	6.08%	6.00%	3.97%	4.00%	4.49%	3.47%	
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	Rosie KPIs	3.04%	4.84%	4.33%	4.80%	2.85%	2.37%	
Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.56%	2.63%	1.63%	2.38%	2.74%	2.29%	
Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	CHEQs / QSIS	0	0	0	0	0	0	
Direct Maternal Death	0	<1		QSIS	0	0	0	0	0	0	

Maternity Dashboard

Governance												
Total number of Serious Incidents (SIs)	0	<1	Serious Incidents	QSIG	0	1	0	0	0	0		
Never Events	0	<1	DATIX	QSIG	0	0	0	0	0	0		
Neonatal Morbidity												
Still Births per 1000 Births	3.55/1000 (MBRRACE-UK 2024)	rolling rate	Incidence per 1000 births	CHEQs	3.81:1000	3.65:1000	3.85:1000	3.85:1000	3.85:1000	3.48:1000 (19:5457)		Dec'23 MBRRACE-UK report England rate = 3.55
Stillbirths - number ≥ 22 weeks	<3	<6	MBRRACE	CHEQs	2	1	2	0	1	0		
Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	1	2	0	0	0	0		
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	2.81%	1.59%	2.99%	1.28%	2.48%	1.84%		
Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	4.74%	4.82%	8.26%	4.21%	4.71%	4.79%		
Term Admission to NICU Rate	<6%	N/A	Rate	ATAIN report	4.9%	5.6%	5.7%	6.4%	6.1%	TBC		Awaiting data
Quality												
1:1 Care in Labour	100%	100%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPIs	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%		Sept and Nov previously reported as <100% but on further quality checks for CNST submission confirmed no missed 1:1 care.
Babies with a first feed of breastmilk	≥80%	≥70%	Breastfeeding	Rosie KPIs	82.68%	81.41%	78.25%	80.73%	82.84%	80.87%		
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	4.78%	6.70%	5.98%	2.84%	3.20%	5.75%		
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 with manual checks	82%	87%	97%	91%	89%	94%		CO monitoring at every AN appointment introduced in Dec to encourage standardised practice and thereby improve compliance.
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 with manual checks	67%	60%	65%	76%	75%	64%		CO monitoring at every AN appointment introduced in Dec to encourage standardised practice and thereby improve compliance.
VTE Assessment - AN	≥95%	Green = ≥95%, amber = <95% and ≥90%, red = <90%	Percentage of women with a valid VTE risk assessment completed within 14 hours of admission to hospital.	CHEQs	72%	76%	78%	90%	81%	85%		Ward Managers asked to investigate non compliance and report back to directorate governance.
VTE Assessment - PN	≥95%	Green = ≥95%, amber = <95% and ≥90%, red = <90%	Percentage of women with a valid PN VTE risk assessment completed within 8 hours of birth.	CHEQs	94%	95%	95%	96%	93%	96%		

Trust performance summary - Key indicators



Trust actual surplus / (deficit)

(£0.8m)	Actual (adjusted)*
(£0.8m)	Plan (adjusted)*
£1.1m	Actual YTD (adjusted)*
£1.1m	Plan YTD (adjusted)*



Elective Payment Mechanism (EPM)

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

	In month	YTD
EPM forecast actual	£21.0m	£184.9m
Target adj. block increase	£1.0m	£9.3m
EPM actual + block increase	£22.0m	£194.2m
EPM original plan	£21.7m	£201.4m
EPM original target	£18.8m	£175.8m



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

Net current assets	
(£91.6m)	Actual
(£48.2m)	Plan
Debtor days	
23	This month
39	Previous month
Payables performance (YTD)**	
85.5%	Value
85.9%	Quantity
EBITDA	
£36.7m	Actual YTD
£33.1m	Plan YTD



Capital expenditure

£3.0m	Capital - actual spend in month
£33.6m	Capital - actual spend YTD
£31.8m	Capital - plan YTD



Cash

Cash	
£127.4m	Actual
£145.1m	Plan

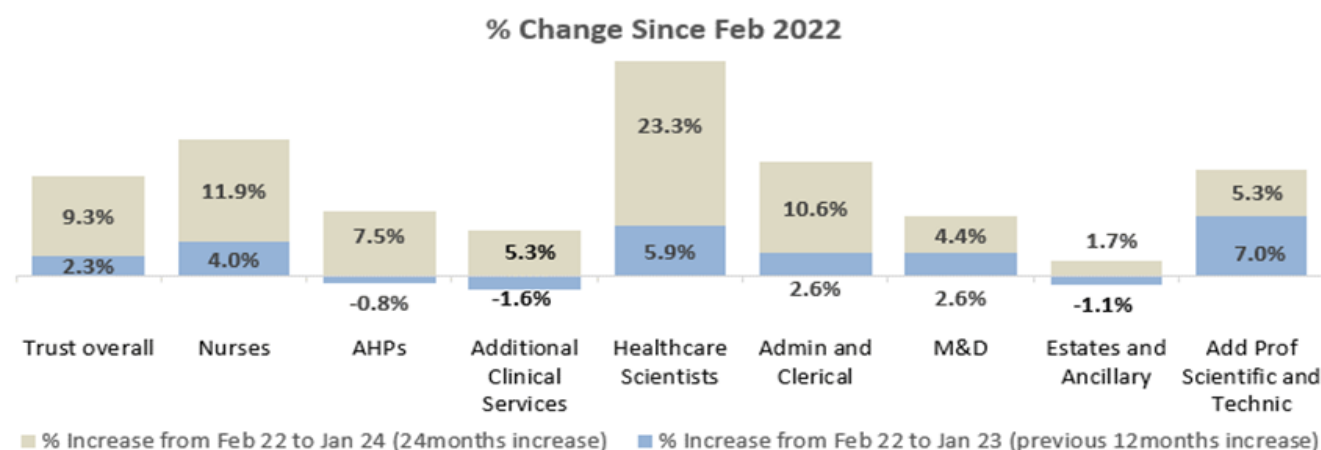
Legend £ in million In month YTD

* 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
	Feb-23	Jan-24		Feb-23	Jan-24	
Add Prof Scientific and Technic	259	256	↓ -1.2%	234	231	-4 ↓ -1.5%
Additional Clinical Services	1,975	2,128	↑ 7.7%	1,814	1,940	125 ↑ 6.9%
Administrative and Clerical	2,469	2,648	↑ 7.2%	2,273	2,438	165 ↑ 7.3%
Allied Health Professionals	736	798	↑ 8.4%	653	709	56 ↑ 8.6%
Estates and Ancillary	369	376	↑ 1.9%	356	365	8 ↑ 2.3%
Healthcare Scientists	664	757	↑ 14.0%	628	722	94 ↑ 15.0%
Medical and Dental	1,731	1,764	↑ 1.9%	1,632	1,662	30 ↑ 1.9%
Nursing and Midwifery Registered	3,881	4,165	↑ 7.3%	3,575	3,849	274 ↑ 7.7%
Total	12,084	12,892	↑ 6.7%	11,166	11,916	750 ↑ 6.7%



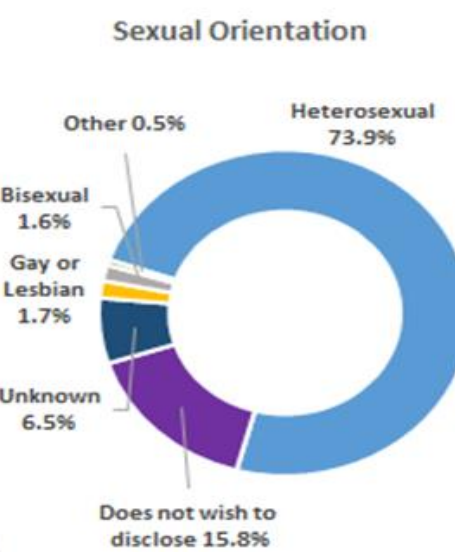
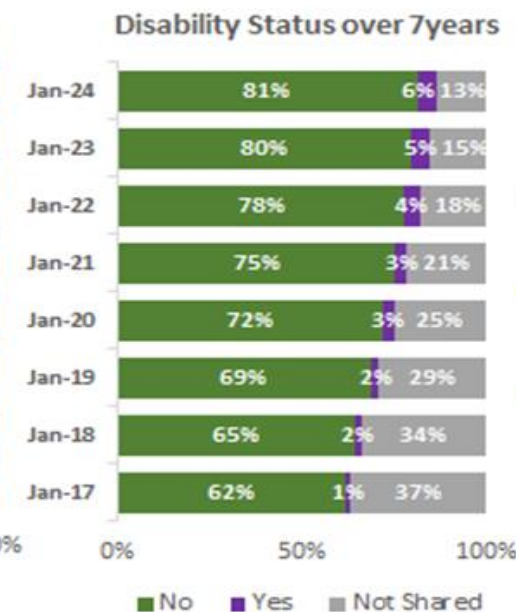
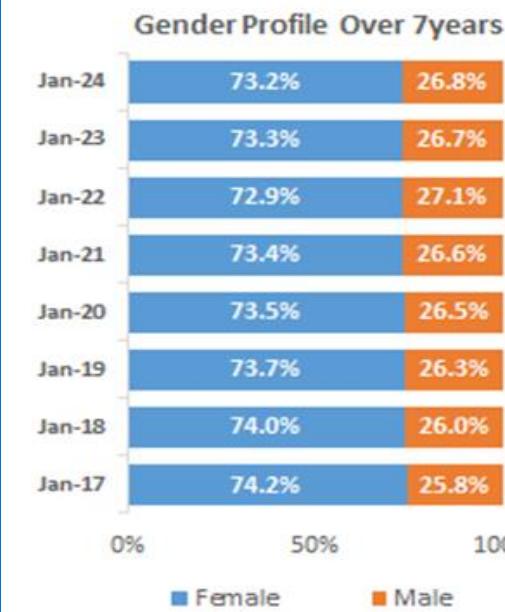
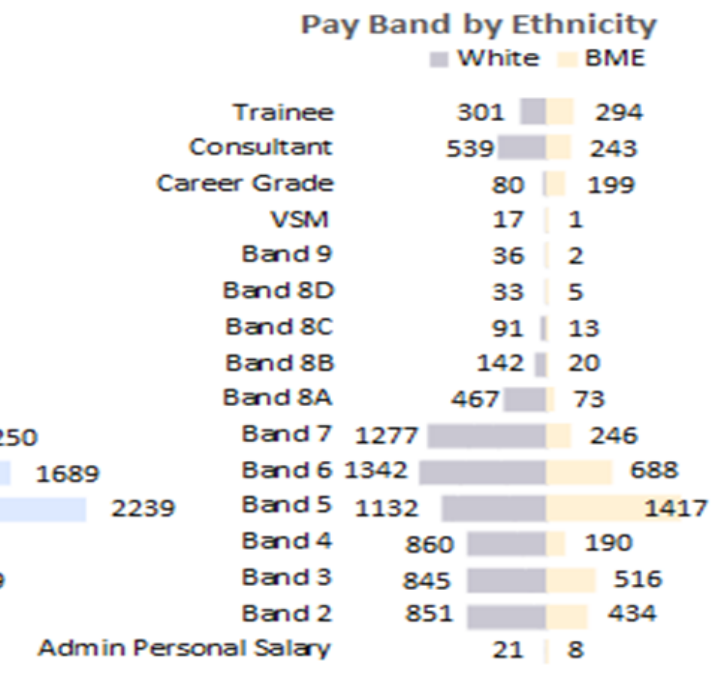
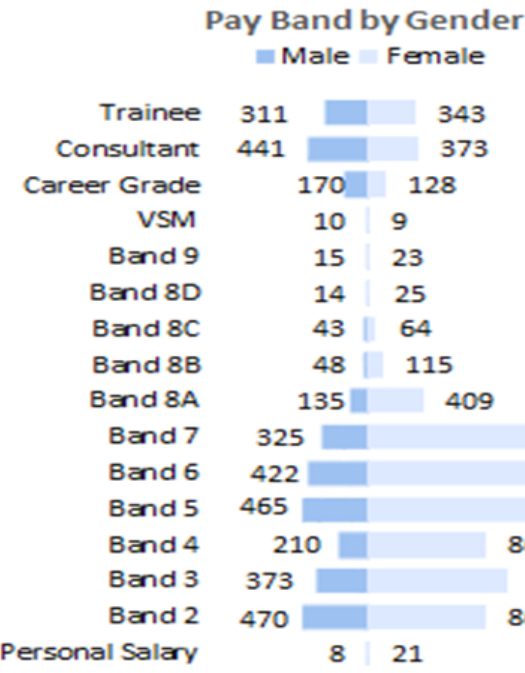
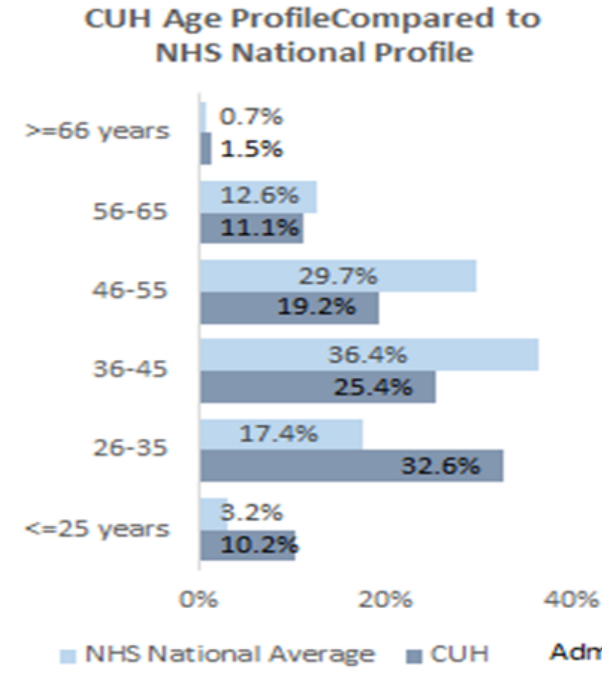
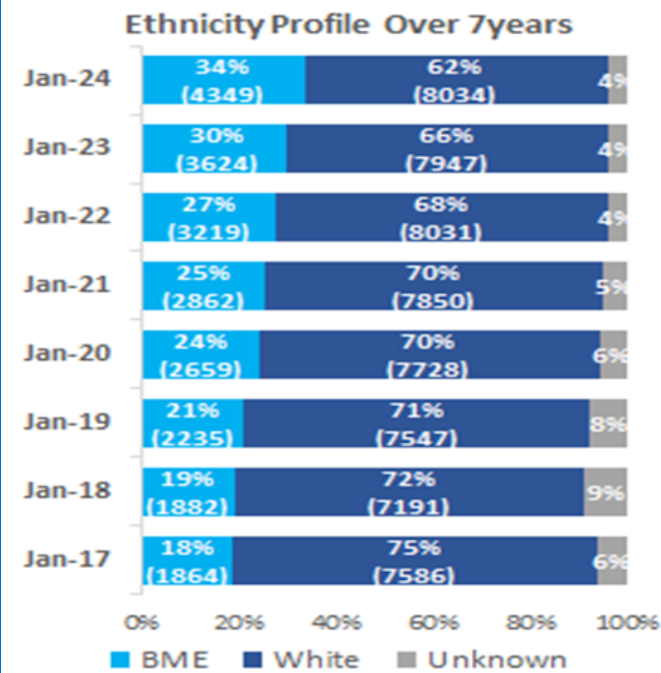
Admin & Medical Breakdown

Staff Group	Feb-23	Jan-24	FTE 12 Month growth
Administrative and Clerical	2,273	2,438	165 ↑ 7.3%
<i>of which staff within Clinical Division</i>	1,118	1,185	68 ↑ 6.1%
<i>of which Band 4 and below</i>	772	809	37 ↑ 4.8%
<i>of which Band 5-7</i>	249	262	14 ↑ 5.6%
<i>of which Band 8A</i>	47	55	8 ↑ 16.0%
<i>of which Band 8B</i>	7	6	-2 ↓ -24.3%
<i>of which Band 8C and above</i>	42	53	11 ↑ 26.3%
<i>of which staff within Corporate Areas</i>	907	993	85 ↑ 9.4%
<i>of which Band 4 and below</i>	248	273	25 ↑ 10.1%
<i>of which Band 5-7</i>	429	480	51 ↑ 11.8%
<i>of which Band 8A</i>	87	93	7 ↑ 7.8%
<i>of which Band 8B</i>	53	53	1 ↑ 1.7%
<i>of which Band 8C and above</i>	91	93	2 ↑ 2.2%
<i>of which staff within R&D</i>	248	260	12 ↑ 4.8%
Medical and Dental	1,632	1,662	30 ↑ 1.9%
<i>of which Doctors in Training</i>	666	660	-5 ↓ -0.8%
<i>of which Career grade doctors</i>	244	264	20 ↑ 8.1%
<i>of which Consultants</i>	722	738	16 ↑ 2.2%

What the information tells us:

Overall the Trust saw a 6.7% growth in its substantive workforce over the past 12 months and 9.3% over the past 24 months. Growth over the past 12 months is lowest within the Additional Professional, Scientific and Technical staff group, with a decrease of 1.5%, and highest within Healthcare Scientists at 15%. The increase in Healthcare Scientists is in part due to data cleansing of the Genetics Counselling team (staff were re-coded from Additional Professional Scientific and Technical and Additional Clinical Services staff groups to the Healthcare Scientists staff group), and also due to new starters to the Trust - particularly within Genetics, Blood Sciences, Medical Physics and Clinical Engineering and Histopathology.

Equality Diversity and Inclusion (EDI)

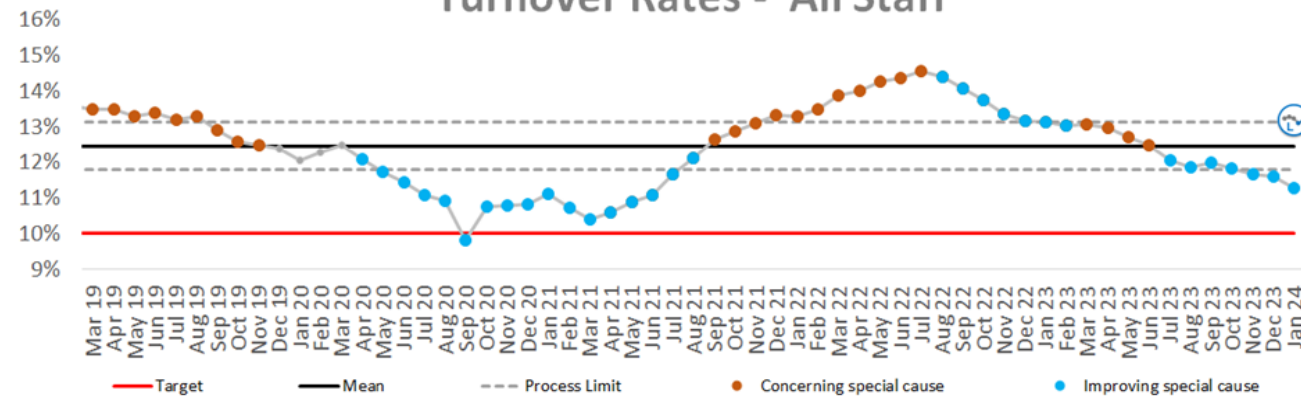


What the information tells us:

- 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 15% over the 7 year period and currently make up 34% of the CUH substantive workforce.
- The percentage of male staff increased by 1% to 26.8% over the past seven years.
- The percentage of staff recording a disability increased by 4.8% to 5.6% 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

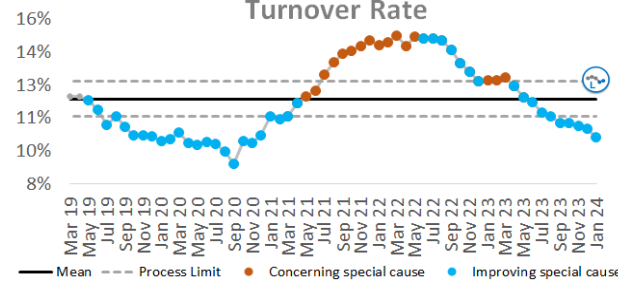


Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (excludes all fixed term contracts including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

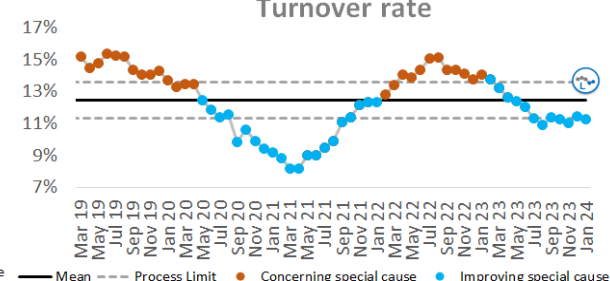
What the information tells us:

After a steady increase from March 2021 the Trust turnover rate has been decreasing since July 2022 - this month at 11.3% (0.3% lower than last month). This is more in line with pre-pandemic rates, and 0.8% lower than 4 years ago. Estates and Ancillary staff group has the highest increase of 2.9% to 13.3% in the last four years, but Additional Professional, Scientific and Technical and Administrative and Clerical staff groups have both seen a reduction in turnover from four years ago (3.4% and 2.4% reductions respectively). Within the staff groups, Additional Clinical Services have the highest turnover rate at 15.3% followed by Estates and Ancillary staff at 13.3%.

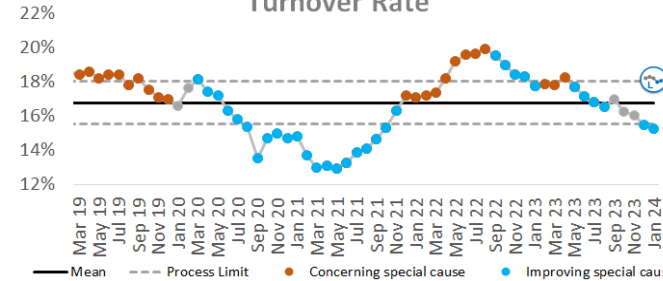
Nursing and Midwifery Turnover Rate



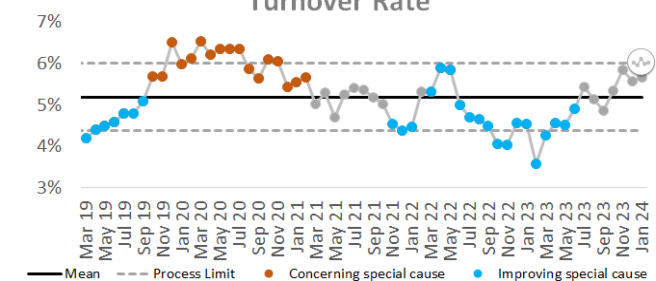
Administrative and Clerical Turnover rate



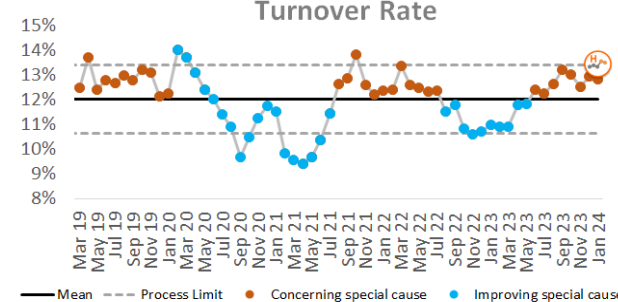
Additional Clinical Services Turnover Rate



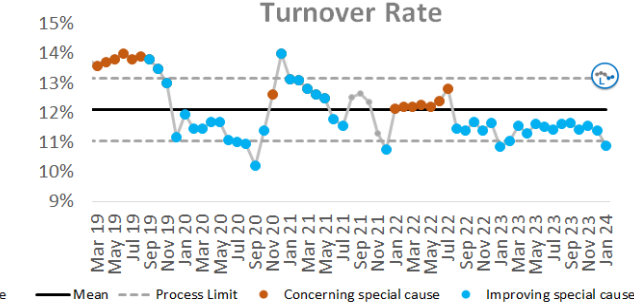
Medical and Dental Turnover Rate



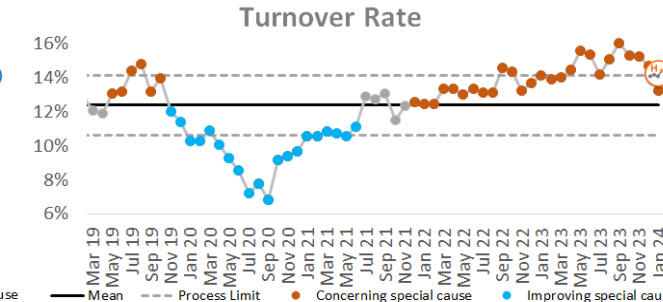
Healthcare Scientists Turnover Rate



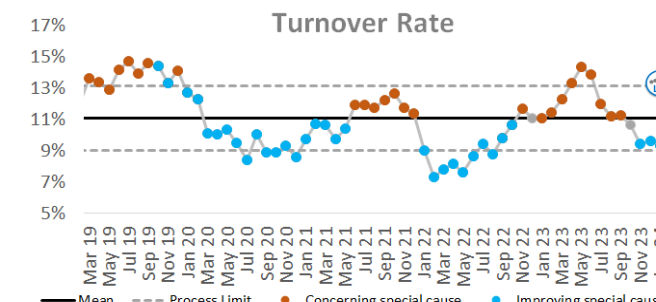
Allied Health Professionals Turnover Rate



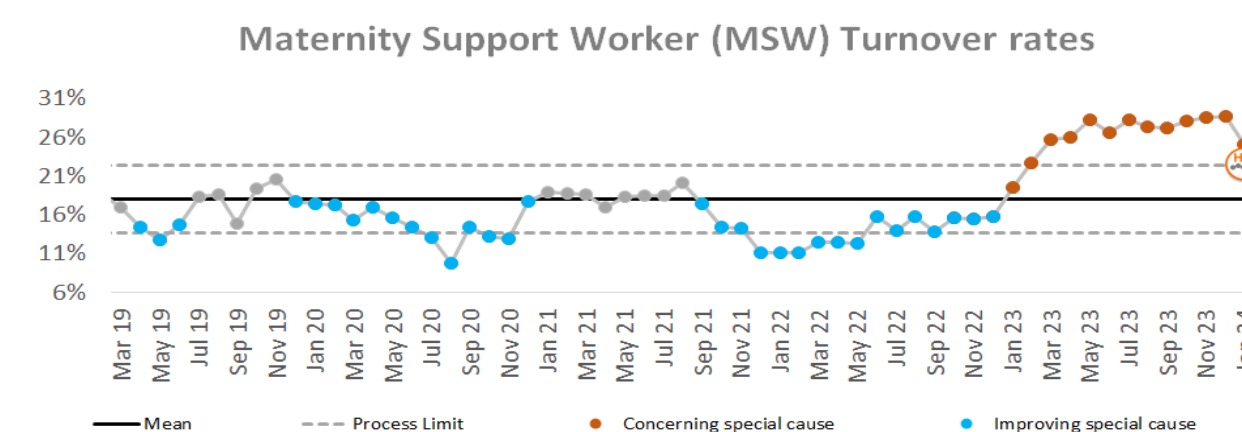
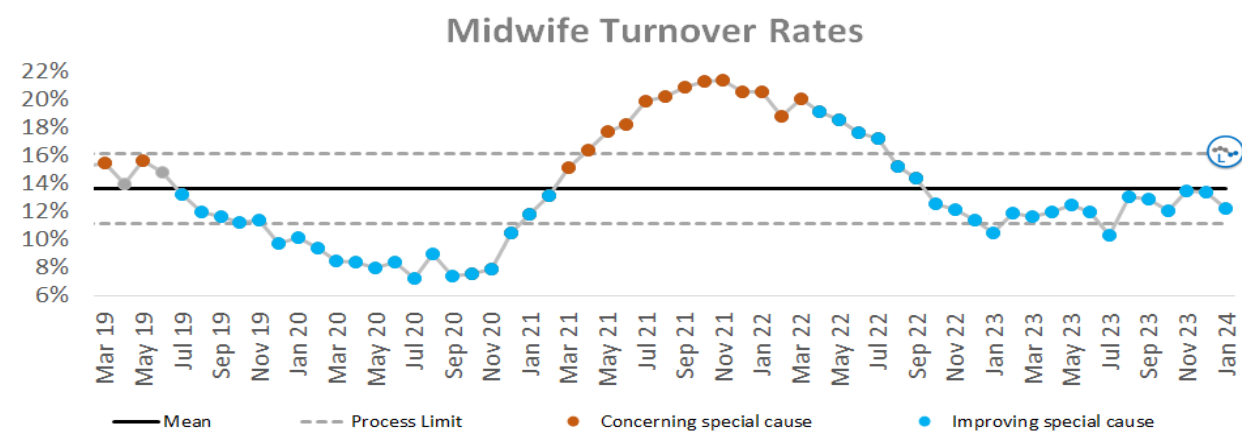
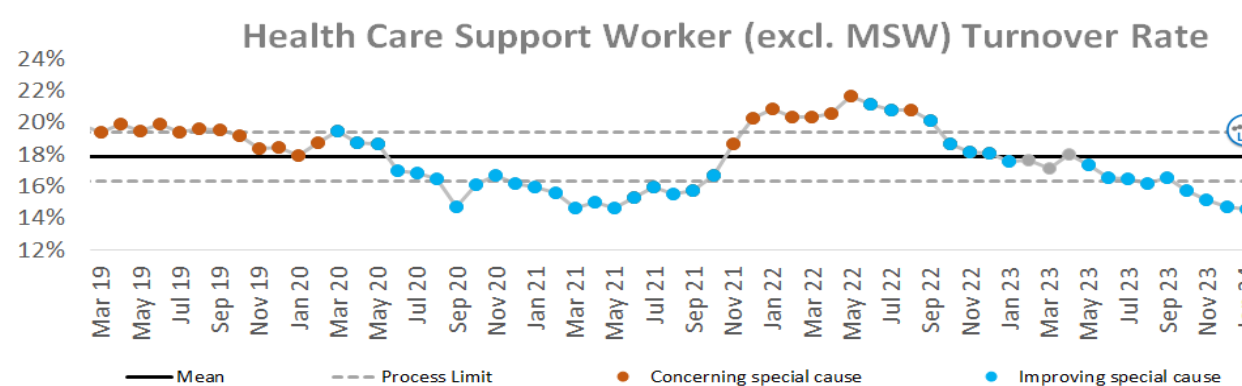
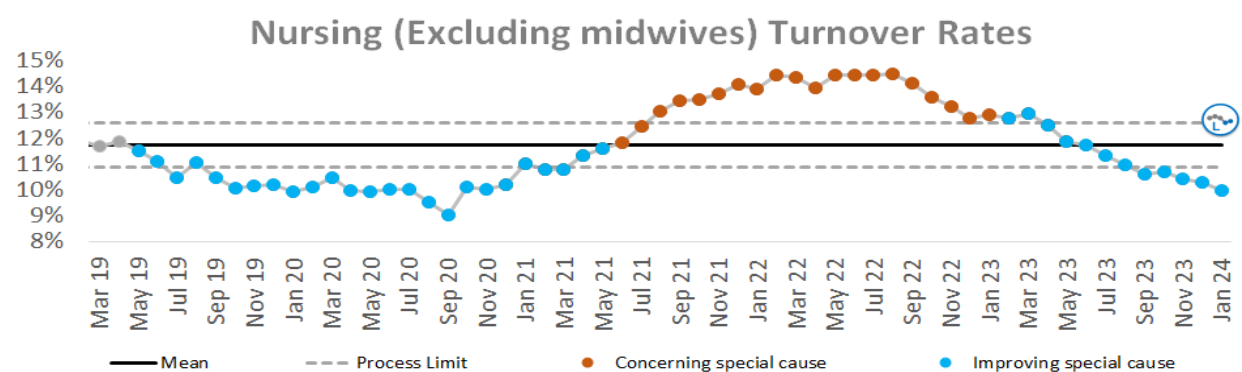
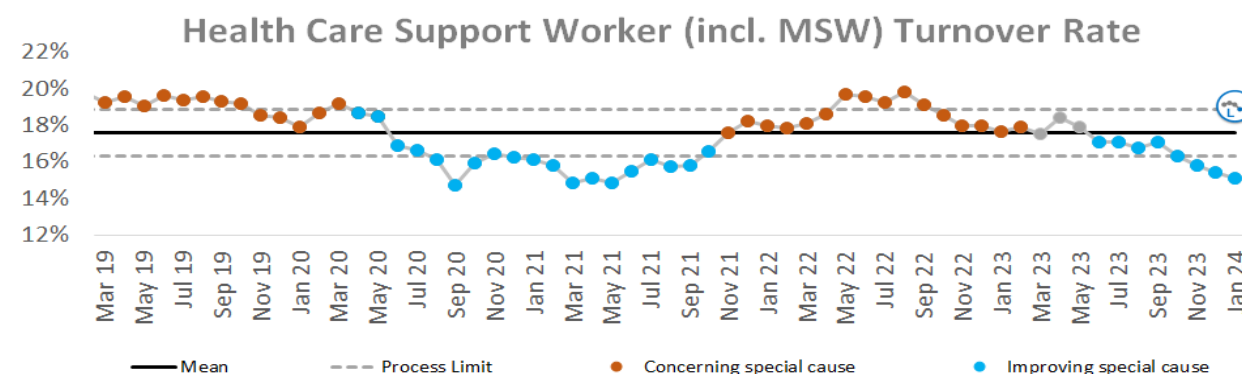
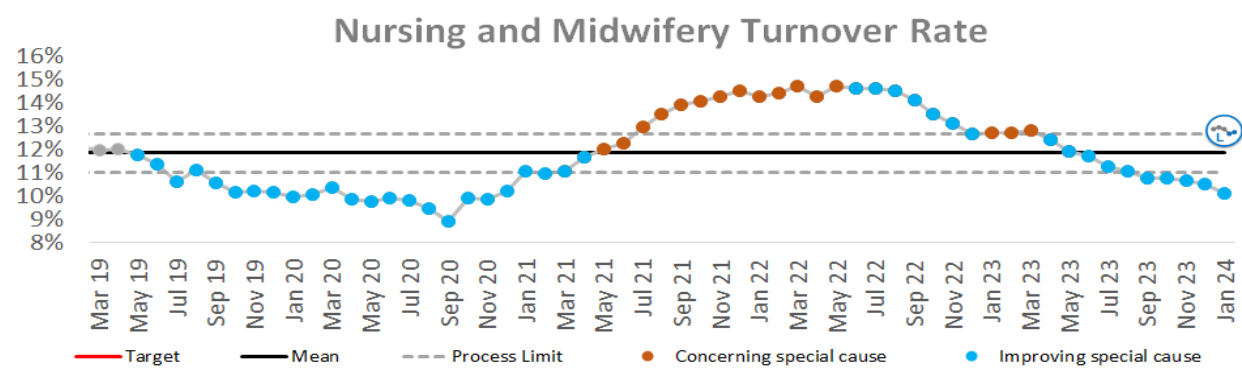
Estates and Ancillary Turnover Rate



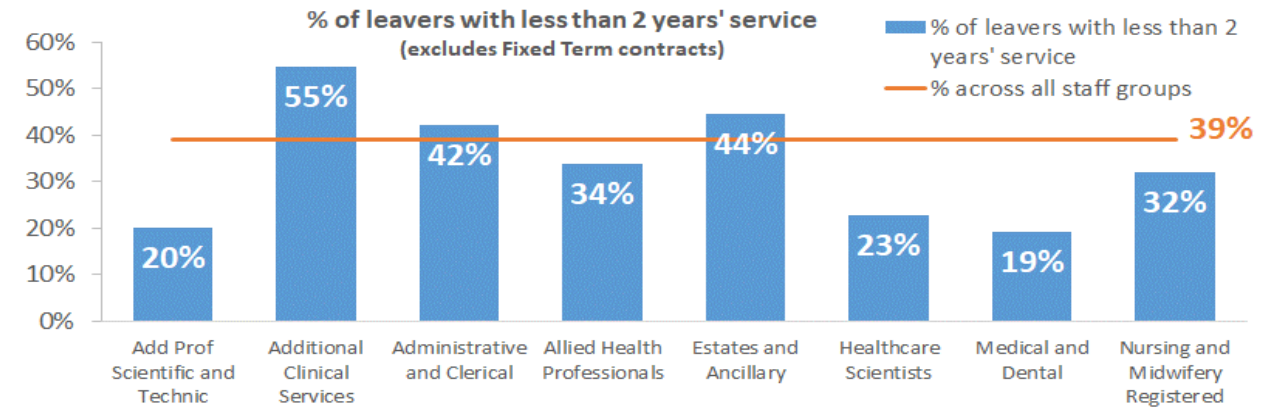
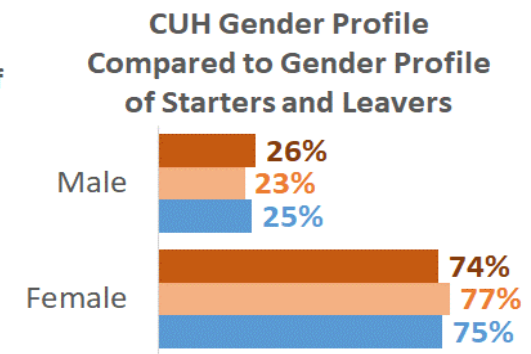
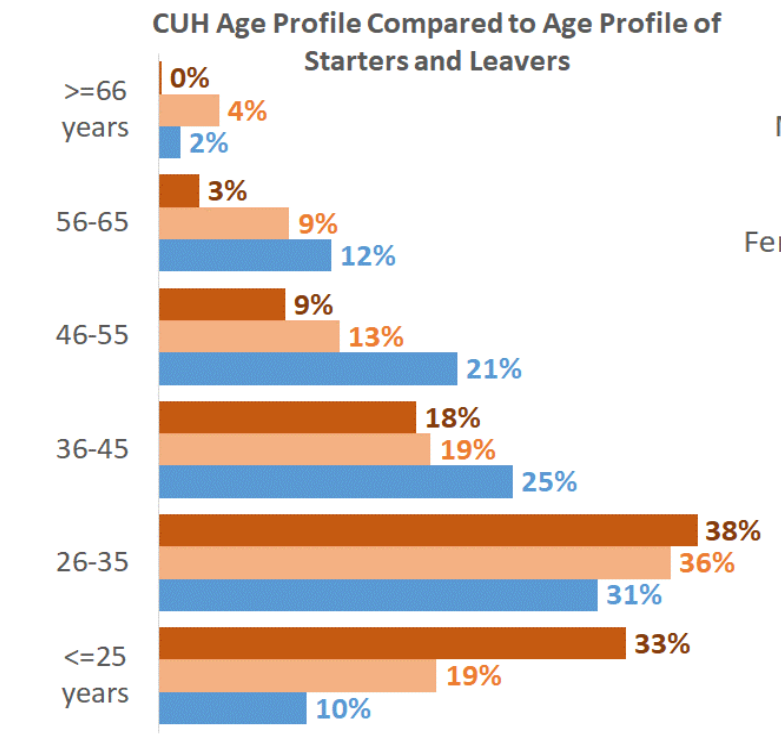
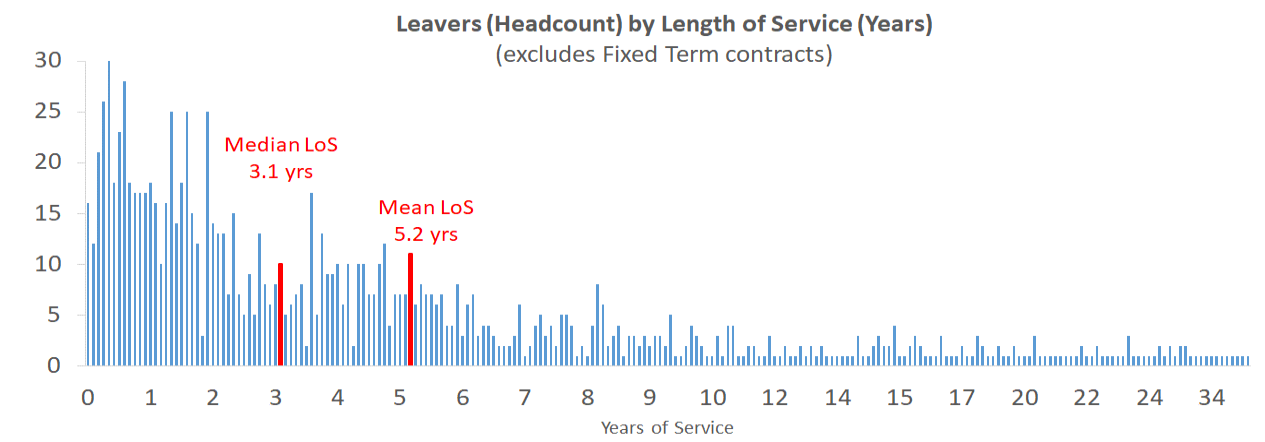
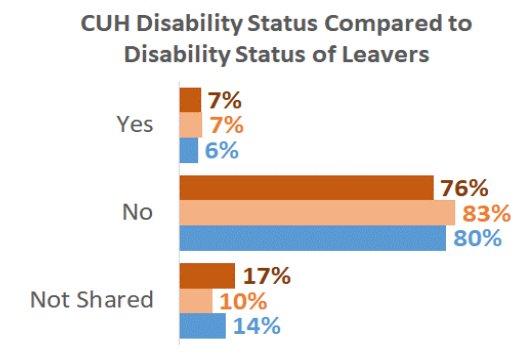
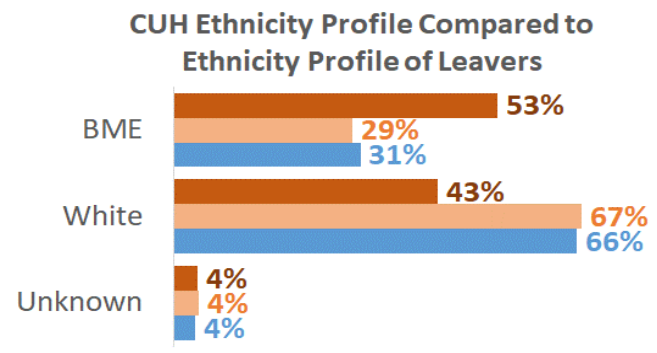
Add Prof Scientific and Technic Turnover Rate



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



Starters & Leavers - last 12 months

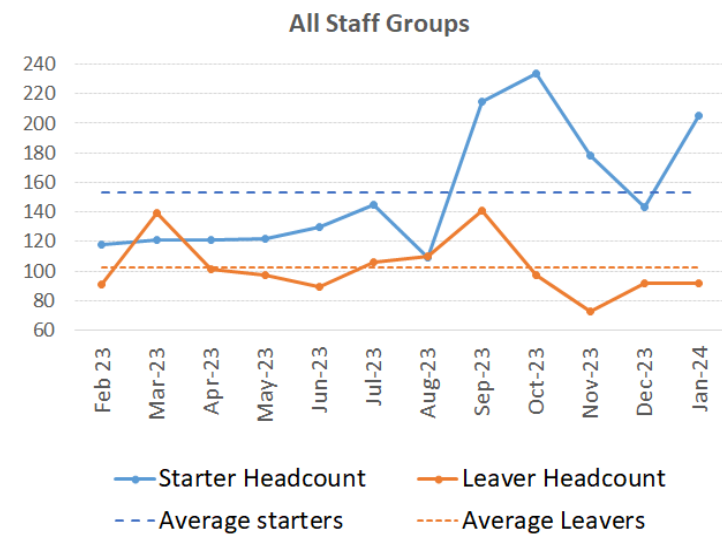
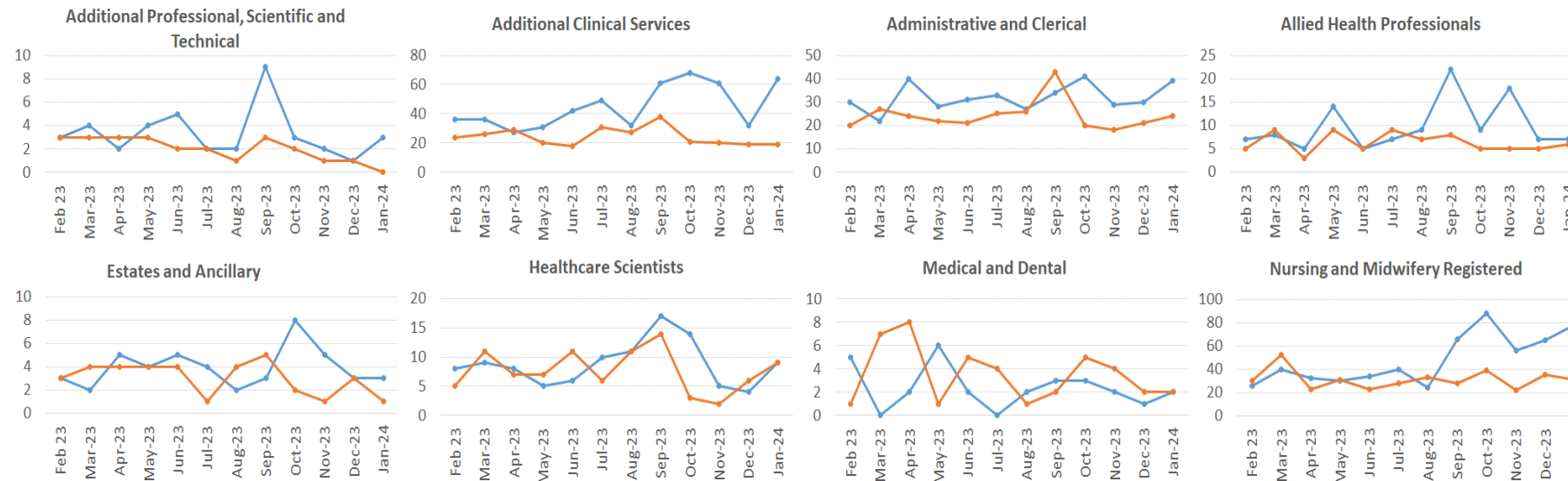


What the information tells us:

The majority of starters to, and leavers from the Trust in the last 12 months were aged 35 yrs. or under (70% 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 leaving the Trust, and of staff declaring a disability both starting and leaving the Trust. 53% of our starters in the last 12 months were from black and minority ethnic groups, compared to 31% of the staff profile. A significant proportion of leavers leave the Trust within 2 years of starting (39%), and within Additional Clinical Services staff group there is a much greater proportion than average - 55%. The average (mean) length of service of all leavers is 5.2 years, with a median of 3.1 years.

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

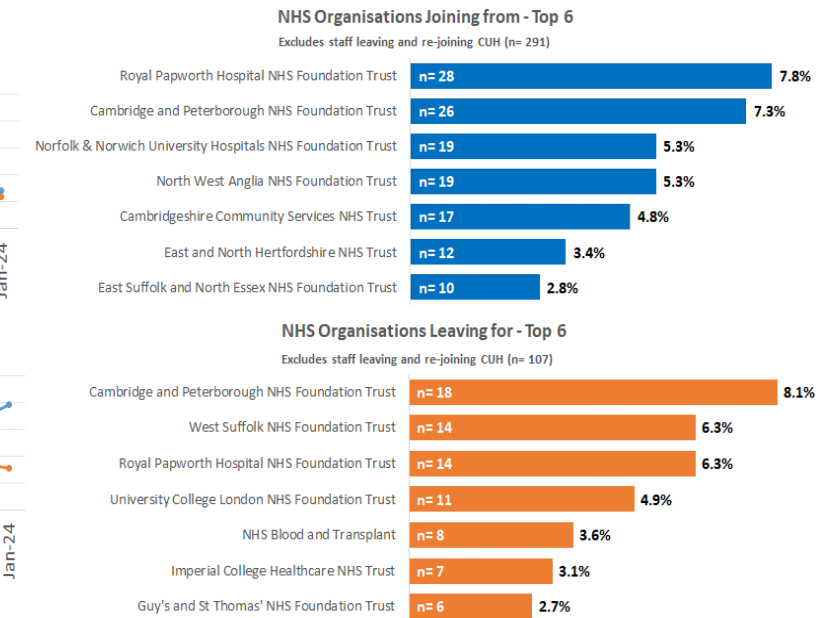
Starters & Leavers - Last 12 months



Author(s): Chloe Schafer, Amanda Wood

Top 10 Leaving Reasons Excludes staff leaving and re-joining CUH (n= 107)	Number of Leavers (Headcount)	% of all Leavers
Voluntary Resignation - Relocation	383	31%
Voluntary Resignation - Work Life Balance	236	19%
Voluntary Resignation - Promotion	125	10%
Voluntary Resignation - Other/Not Known	99	8%
Voluntary Resignation - Better Reward Package	80	7%
Retirement Age	75	6%
Voluntary Resignation - Health	57	5%
Voluntary Resignation - Child Dependants	27	2%
Voluntary Resignation - Lack of Opportunities	26	2%
End of Fixed Term Contract	25	2%

Owner(s): David Wherrett



What the information tells us:

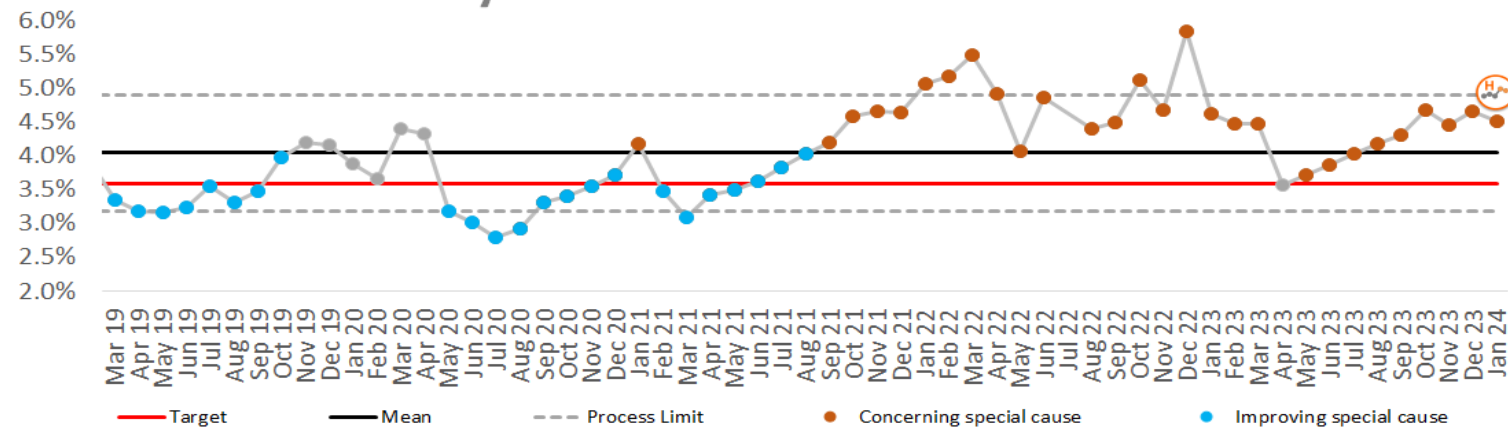
The top three reasons for leaving are Voluntary Resignation - due to relocation (31%), for work/life balance (19%) and for promotion (10%).

The top destination on leaving (other than unknown) over the last 12 months is to another NHS organisation. The most popular external NHS organisation to leave for was Cambridge and Peterborough NHS Foundation Trust and the most popular organisation to join from was Royal Papworth NHS Foundation Trust .

In the month of January 2024 alone the most popular destination on leaving (other than unknown) was to another NHS organisation (30.4% of the 92 leavers).

Sickness Absence

Monthly Sickness Absence Rates - All Staff

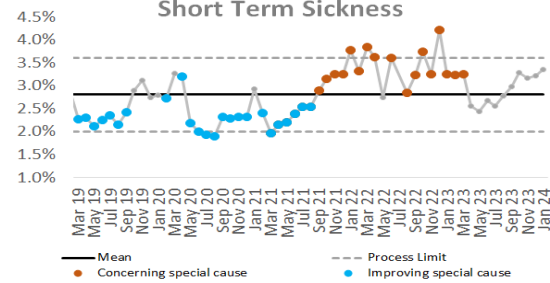


Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

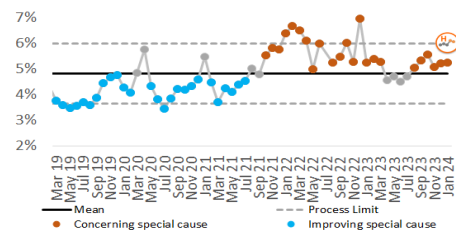
What the information tells us: The overall monthly sickness absence has decreased by 0.2% since last month, to 4.5% in January 2024. This is 0.1% lower than the same month last year (4.6%). The sickness absence rate due to short term illness is higher at 3.4% compared to long term sickness at 1.2%.

Estates and Ancillary staff group has the highest sickness absence rate at 7.8% (0.6% higher than 12 months ago), followed by Additional Clinical Services at 7.1% in January 2024 (0.7% lower than 12 months ago).

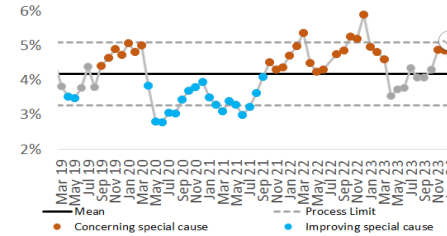
Sickness Absence Rate due to Short Term Sickness



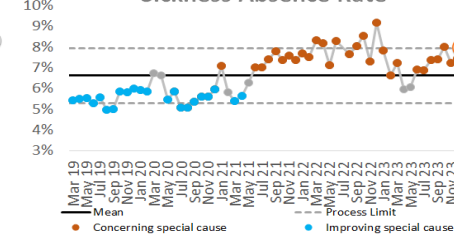
Nursing and Midwifery Sickness Absence Rate



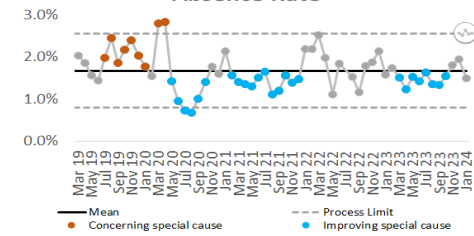
Administrative and Clerical Sickness Absence Rate



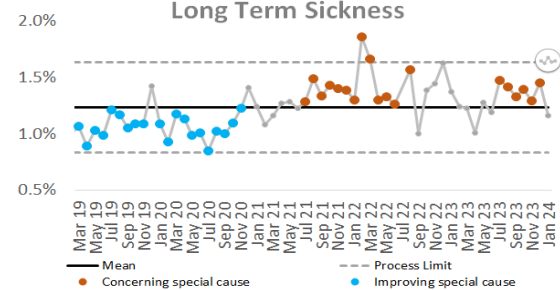
Additional Clinical Services Sickness Absence Rate



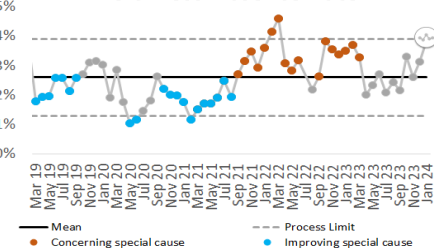
Medical and Dental Sickness Absence Rate



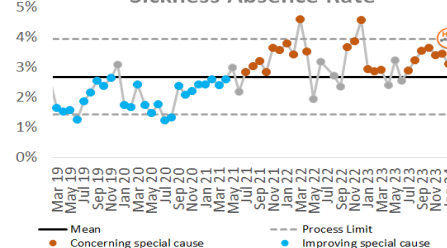
Sickness Absence Rate due to Long Term Sickness



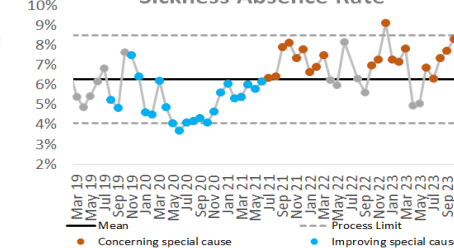
Healthcare Scientists Sickness Absence Rate



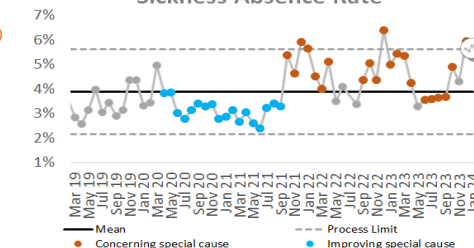
Allied Health Professionals Sickness Absence Rate



Estates and Ancillary Sickness Absence Rate

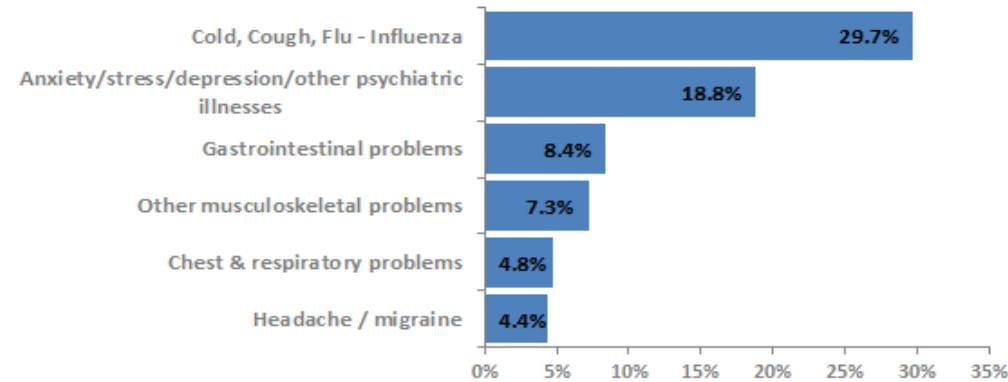


Add Prof Scientific and Technic Sickness Absence Rate



Top Six Sickness Absence Reason

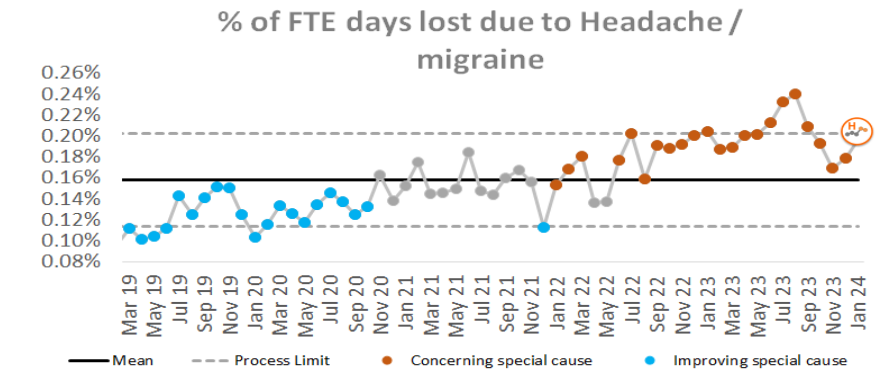
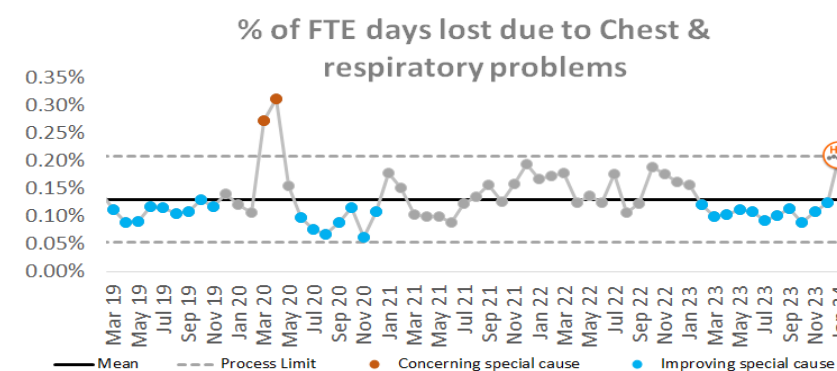
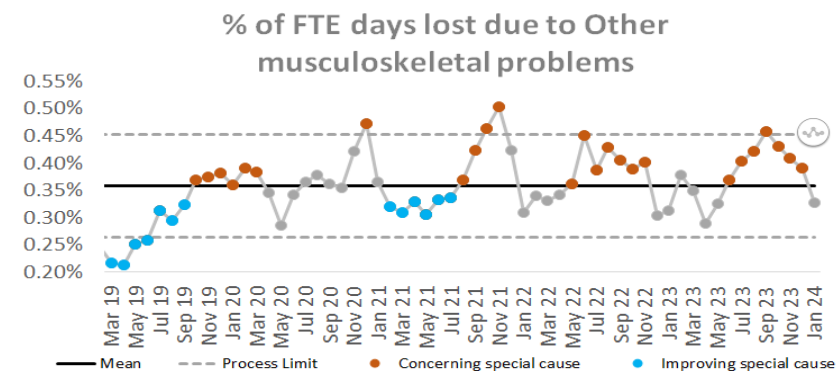
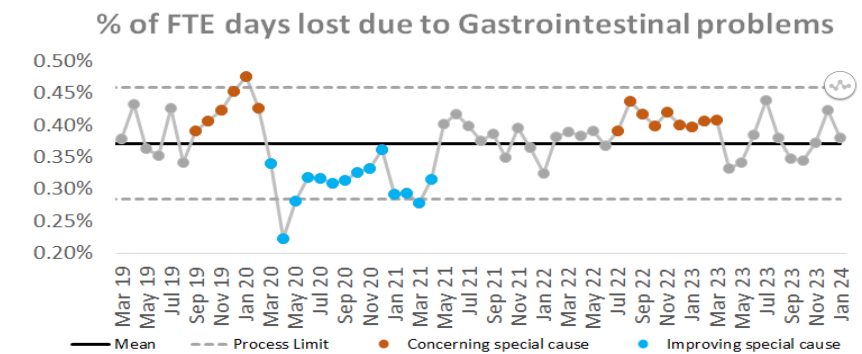
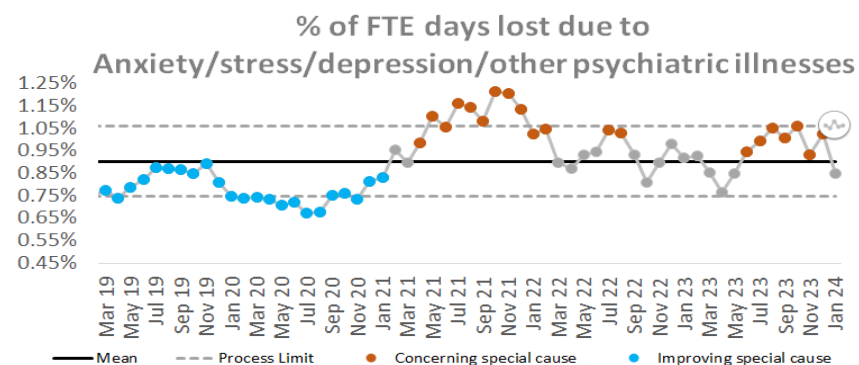
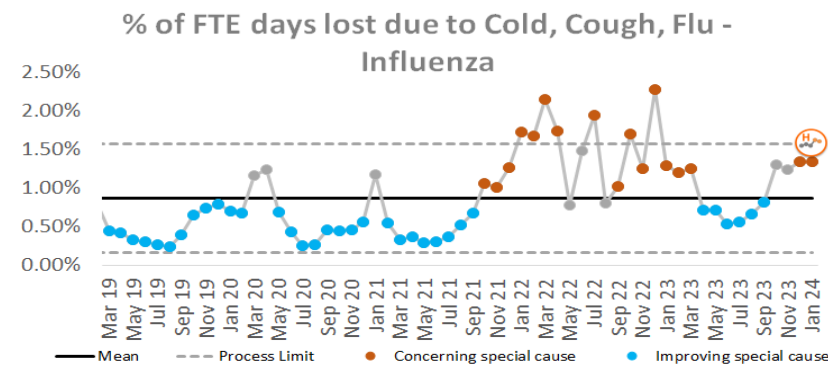
Top 6 Sickness Reason as % All Sickness - Jan 24
All Staff



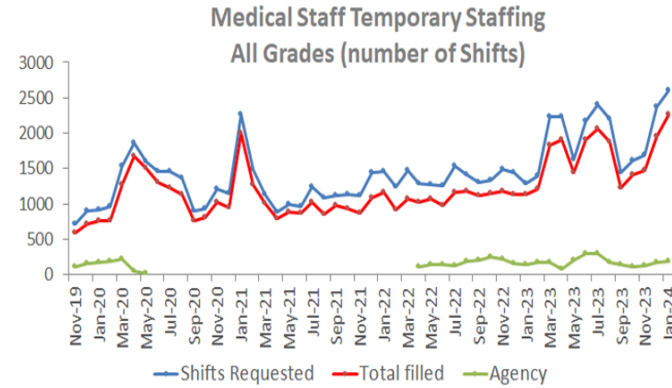
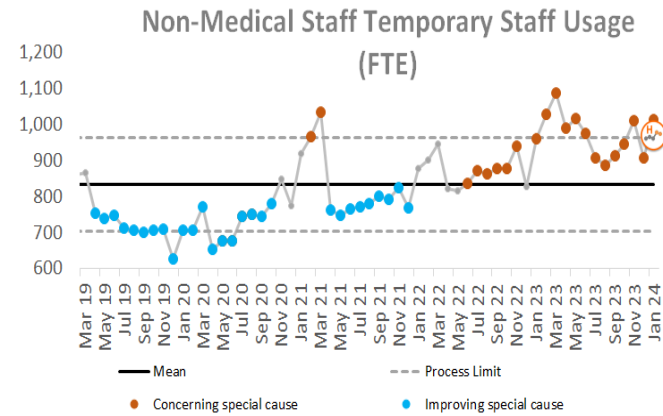
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

What the information tells us: The top reason for sickness absence in January 2024 is Cold, Cough, Flu - Influenza, with an absence rate of 1.3%. This is the same rate as last month and 0.1% lower than in January last year. As a percentage of all sickness absence Cold, Cough, Flu - Influenza accounts for 29.7% of the overall figure.

Absence due to Anxiety/stress/depression/other psychiatric illnesses has decreased by 0.2% from last month to 0.9%, and accounts for 18.8% of all absence in January 2024.

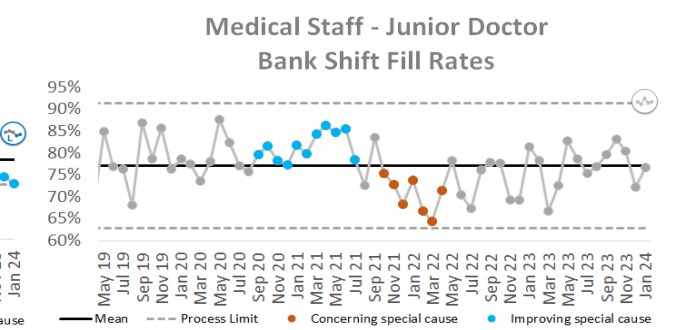
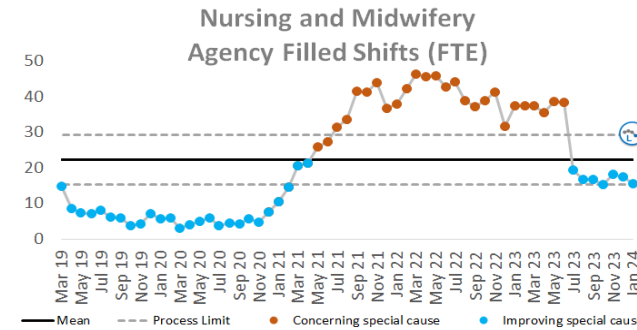
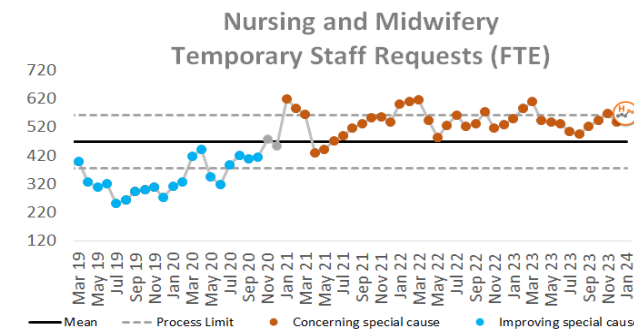
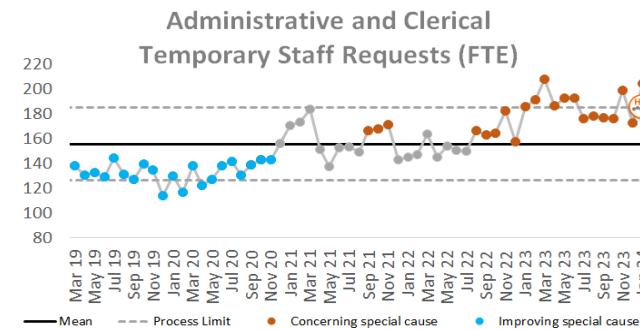
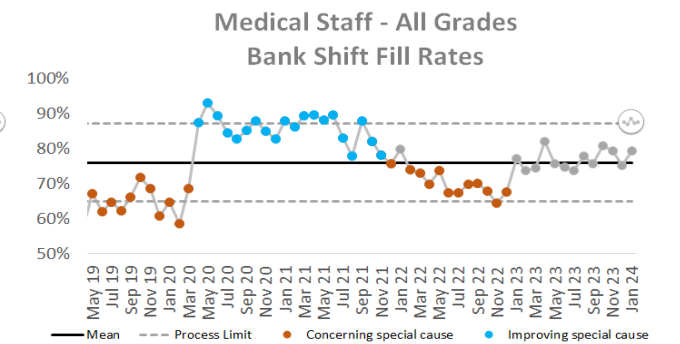
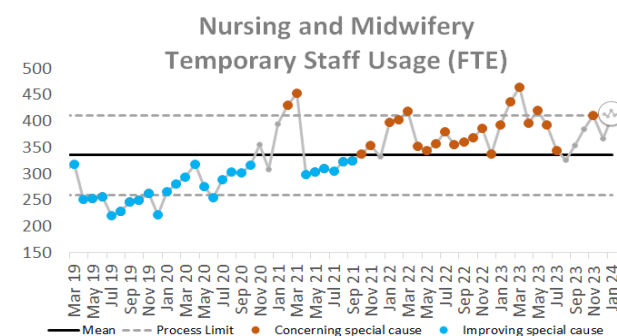
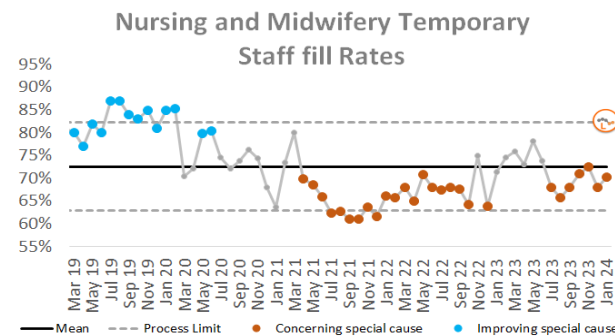
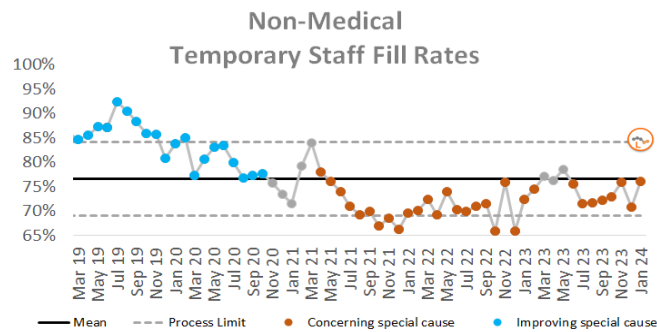


Temporary Staffing



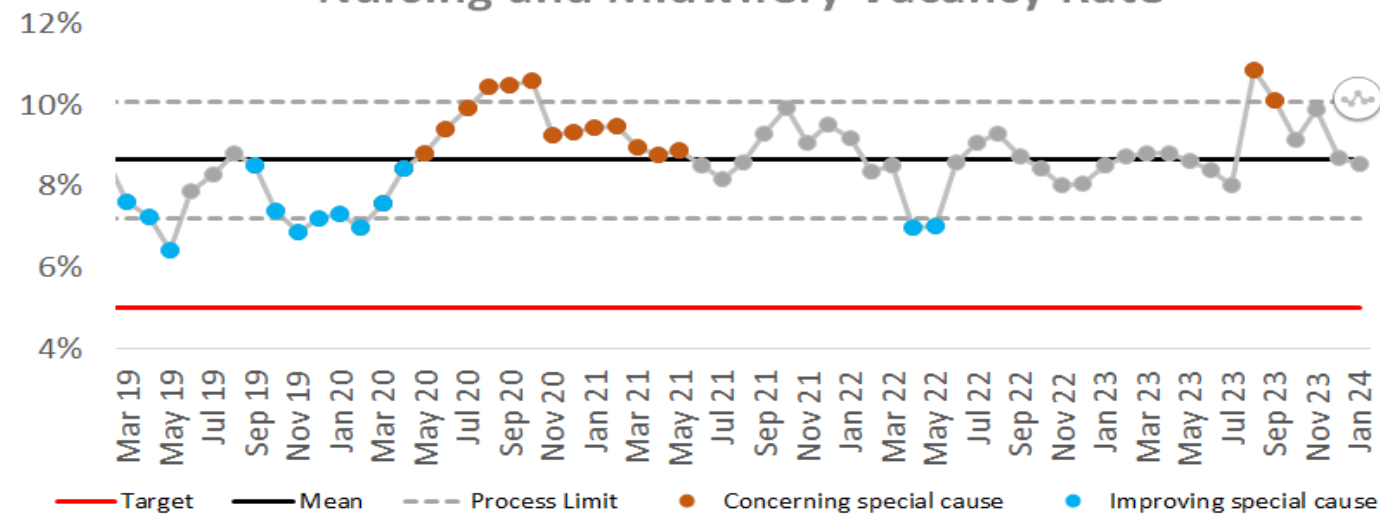
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

What the information tells us: Overall non-medical fill rates have increased from last month to 76%, with a 3.8% increase in requests and an 11.7% increase in FTE worked in January 2024. Top three reasons for request are vacancy (44%), increased workload (23.5%) and sickness requiring cover (14.7%). Nursing and midwifery agency usage decreased by 1.93 WTE from the previous month to 15.5 WTE. This accounts for 4% of the total nursing filled shifts. Demand for temporary medical staff increased by 10% from December to January, with fill rates increasing by 5% to 86.5%.



ESR Vacancy Rate

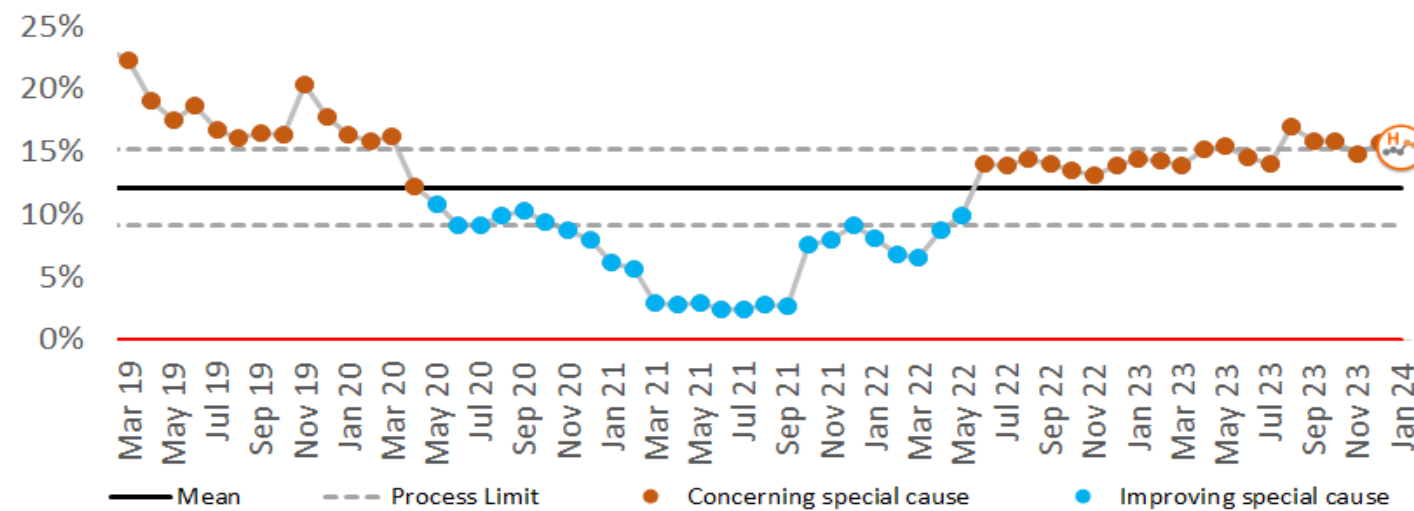
Nursing and Midwifery Vacancy Rate



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: 2023/24 budgets were loaded to ESR for Clinical and Corporate Divisions from August 2023, which increased the establishment for both Nursing and Midwifery and Health Care Support Workers (HSCWs). The new wards and theatre for the Surgical Movement Hub opened in November, increasing the Nursing and Health Care Support Worker establishments again and therefore vacancies.

Health Care Support Worker (incl. MSW) Vacancy Rate



In January the vacancy rate for Nursing and Midwifery decreased to 8.5%, which is 0.2% lower than last month, and the same rate as January last year. The vacancy rate for Health Care Support Workers is 14.6% as at end of January - a decrease of 1.1% from last month, and 0.2% higher than January last year.

Vacancy rates for both staff groups are above the target rate of 5% for Nurses and 0% for HCSWs.

Annual Leave Update

Percentage of Annual Leave (AL) Taken – January 2024 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	48,378	34,798	71.9%	96%
	Additional Clinical Services	371,635	289,715	78.0%	98%
	Administrative and Clerical	511,636	375,141	73.3%	97%
	Allied Health Professionals	154,970	116,410	75.1%	100%
	Estates and Ancillary	77,329	60,635	78.4%	99%
	Healthcare Scientists	155,218	112,946	72.8%	98%
	Medical and Dental	139,369	64,340	46.2%	35%
	Nursing and Midwifery Registered	803,927	634,969	79.0%	98%
	Trust	2,262,462	1,688,954	74.7%	89%
Annual Leave taken by Division	<i>Division</i>				
	Corporate	320,447	239,924	74.9%	96%
	Division A	422,838	324,680	76.8%	87%
	Division B	634,291	468,874	73.9%	94%
	Division C	278,107	208,221	74.9%	80%
	Division D	259,852	187,154	72.0%	86%
	Division E	244,355	184,808	75.6%	86%
	R&D	102,573	75,294	73.4%	96%

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

What the information tells us: The Trust’s annual leave usage is at 90% of the expected usage at the end of the tenth month of the financial year. The highest rate of use of annual leave is within the Nursing and Midwifery staff group, at 79%, followed by Estates and Ancillary at 78.4%.

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

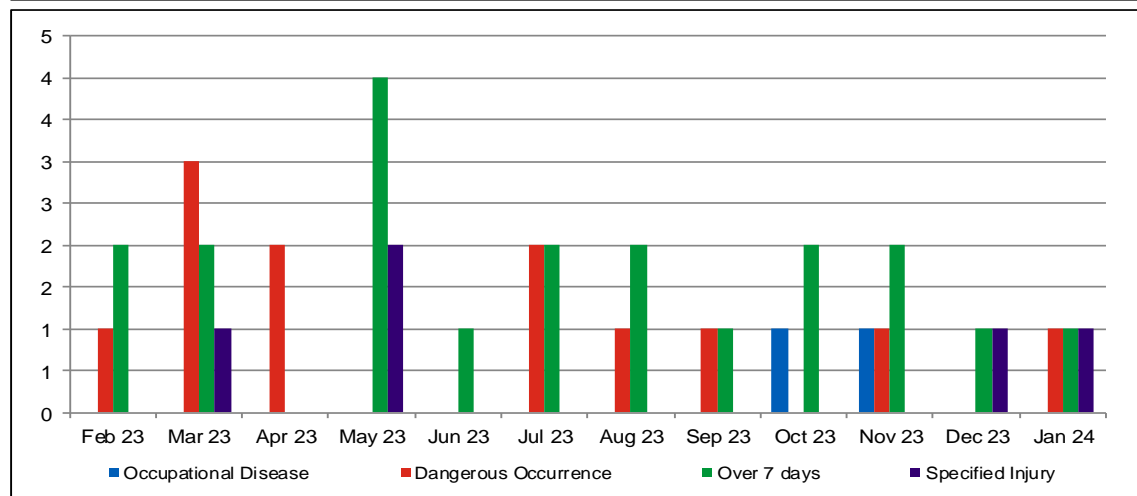
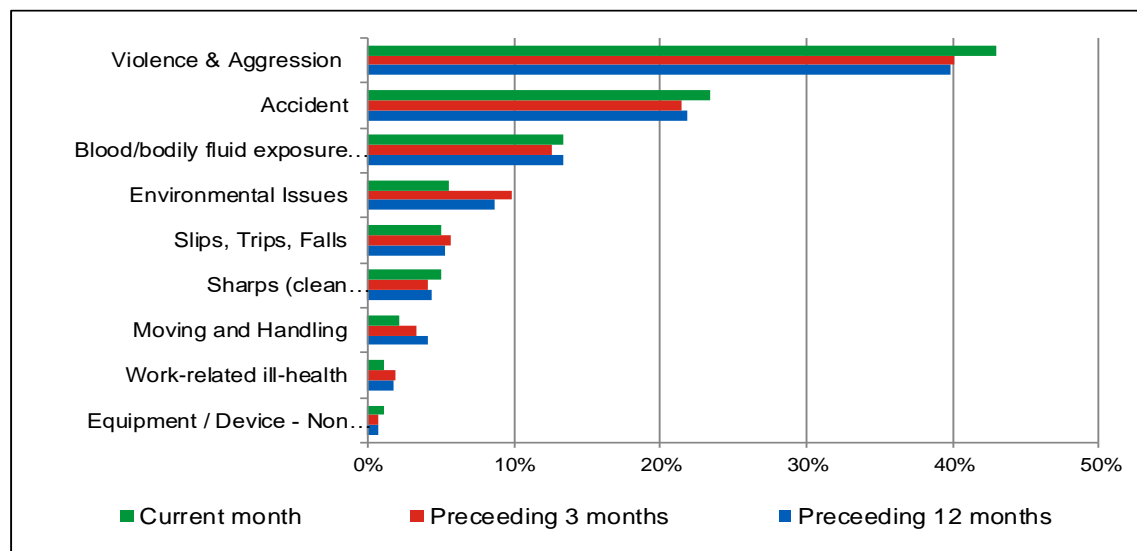
Background Information: Statutory and Mandatory training are essential for the safe and efficient delivery of the organisation services They are designed to reduce organisational risks and comply with local or national policies and government guidelines. Training can be undertaken on-line or by attending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

		Thresholds for Induction & Information Governance Incl. GDPR & Cyber Security training			No. Staff Requiring Competency	Frequency	Delivery Method	Variance from last month (percentage point)	Trust Total	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental		Nursing and Midwifery Registered	
		Less than 80%	80% to 94%	95% or higher												Consultant	Non-Consultant		
		Thresholds for Core Mandatory training excl. Information Governance incl. GDPR & Cyber Security training																	
		Less than 75%	75% to 89%	90% or higher															
Ind'tn	Corporate Induction				1,777	one-off	f2f	0.2%	(51)95.9%	(1)96.8%	(19)94.3%	(7)97.5%	(3)96.6%	(1)97.2%	(2)97.8%	(6)86.0%	(109)77.9%	(18)95.3%	
	Local Induction				1,777	one-off	f2f	1.6%	(385)78.3%	(1)96.8%	(86)74.2%	(63)77.3%	(13)85.1%	(2)94.4%	(23)75.3%	(4)90.7%	(87)82.4%	(106)72.3%	
Other Core Mandatory	Conflict Resolution				11,862	3 yrs	el	0.0%	(248)97.9%	(2)99.1%	(17)99.1%	(29)98.8%	(8)98.9%	(4)98.9%	(6)99.2%	(29)96.3%	(87)90.1%	(66)98.2%	
	Equality, Diversity and Human Rights				11,862	3 yrs	el	-0.2%	(294)97.5%	(3)98.7%	(21)98.9%	(30)98.8%	(10)98.6%	(5)98.6%	(6)99.2%	(32)95.9%	(102)88.4%	(85)97.7%	
	Health, Safety and Welfare				11,862	3 yrs	el	-0.2%	(319)97.3%	(2)99.1%	(27)98.6%	(32)98.7%	(9)98.8%	(6)98.3%	(9)98.7%	(35)95.5%	(114)87.0%	(85)97.7%	
	Information Governance Including GDPR and Cyber Security				11,862	1 yr	el	-0.3%	(617)94.8%	(7)97.0%	(96)95.0%	(58)97.7%	(28)96.2%	(11)96.9%	(24)96.6%	(43)94.5%	(142)83.8%	(208)94.5%	
	Basic Prevent Awareness				9,943	3 yrs	el	-0.1%	(333)96.7%	(1)99.6%	(29)98.3%	(46)98.1%	(5)99.3%	(8)97.8%	(13)98.1%	(19)96.7%	(138)78.5%	(74)97.1%	
	Prevent Level Three (WRAP)				1,914	3 yrs	el	0.3%	(157)91.8%	(1)88.9%	(12)92.7%	(0)100.0%	(3)95.2%		(1)91.7%	(11)94.7%	(58)75.0%	(71)94.2%	
Resuscitation	Adult Basic Life Support Practical - 1 Year				424	1 yr	f2f	-2.4%	(98)76.9%		(30)71.4%		(1)75.0%					(67)78.7%	
	Adult Basic Life Support Practical - 2 Year				7,383	4 yrs	f2f	1.3%	(734)90.1%	(2)93.9%	(127)90.9%	(3)90.3%	(26)96.4%		(2)98.3%	(88)88.7%	(276)68.6%	(210)93.9%	
	Advanced Life Support				28	4 yrs	f2f	-2.6%	(8)71.4%				(0)100.0%					(8)70.4%	
	Advanced Paediatric Life Support				107	2 yrs	f2f	-5.7%	(52)51.4%										(52)51.4%
	Basic Life Support e-learning				7,770	1 yr	el	-0.4%	(775)90.0%	(2)93.9%	(104)92.9%	(3)90.3%	(45)93.8%		(10)91.7%	(71)90.9%	(243)72.4%	(297)92.0%	
	Immediate Life Support (ILS)				656	1 yr	f2f	-0.6%	(148)77.4%		(2)50.0%				(6)70.0%			(140)77.8%	
	Newborn Basic Life Support (NBLS)				569	1 yr	Blended	4.0%	(141)75.2%	(1)0.0%	(31)61.3%	(1)0.0%				(4)75.0%	(5)84.8%	(99)77.4%	
	Paediatric Basic Life Support (PBLs)				2,600	1 yr	Blended	2.8%	(467)82.0%	(0)100.0%	(153)74.2%	(2)50.0%	(41)94.4%		(2)97.8%	(26)78.7%	(44)64.2%	(199)78.6%	
	Paediatric Immediate Life Support (PILS)				386	1 yr	f2f	-1.0%	(111)71.2%				(0)100.0%						(111)71.1%
Fire	Fire Evacuation				5,987	1 yr	f2f/el	0.4%	(724)87.9%	(3)81.3%	(199)86.6%	(2)92.9%	(63)89.0%	(12)86.4%	(2)95.8%			(443)88.2%	
	Fire Safety Awareness				11,862	2 yrs	el	-0.2%	(445)96.2%	(3)98.7%	(51)97.3%	(41)98.4%	(16)97.8%	(11)96.9%	(10)98.6%	(30)96.2%	(149)83.0%	(134)96.4%	
Infect Ctrl	Infection Prevention and Control - Level 1 - 2 Years				4,756	2 yrs	el	0.2%	(175)96.3%	(0)100.0%	(8)98.0%	(52)97.8%	(0)100.0%	(10)97.1%	(10)98.4%	(0)100.0%	(68)82.0%	(27)93.5%	
	Infection Prevention and Control - Level 2 - 2 Years				7,107	2 yrs	el	-0.5%	(276)96.1%	(2)98.9%	(44)97.1%	(1)98.6%	(12)98.1%	(0)100.0%	(0)100.0%	(28)96.3%	(72)85.6%	(117)96.5%	
Moving & Handling	Moving and Handling - Level 1				11,862	2 yrs	el	-0.1%	(541)95.4%	(2)99.1%	(67)96.5%	(51)97.9%	(26)96.5%	(5)98.6%	(12)98.3%	(33)95.8%	(156)82.3%	(189)95.0%	
	Moving and Handling - Level 2				6,020	2 yrs	f2f	2.6%	(686)88.6%	(0)100.0%	(180)88.1%	(2)87.5%	(42)93.4%		(7)92.2%			(455)87.9%	
	Patient Moving and Handling - e-learning				6,024	1 yr	el	-0.5%	(350)94.2%	(0)100.0%	(79)94.8%	(1)93.3%	(24)96.3%		(4)95.6%			(242)93.5%	
Safeg'dg Adults	Safeguarding Adults - Level 1				7,944	3 yrs	el	0.1%	(311)96.1%	(2)99.1%	(33)98.3%	(43)98.3%	(3)97.7%	(7)98.0%	(12)98.3%	(9)88.5%	(113)37.6%	(89)95.2%	
	Safeguarding Adults - Level 2				4,291	3 yrs	el	0.3%	(306)92.9%	(5)97.4%	(38)97.5%	(12)91.5%	(3)97.7%		(2)98.8%	(10)87.0%	(135)25.4%	(101)94.6%	
	Safeguarding Adults - Level 3				4,076	3 yrs	el	1.9%	(1109)72.8%	(1)90.0%	(1)80.0%	(0)100.0%	(94)84.6%		(0)100.0%	(150)79.1%	(381)54.5%	(482)74.6%	
Safeg'dg Children	Safeguarding Children - Level 1				11,862	3 yrs	el	-0.1%	(424)96.4%	(1)99.6%	(36)98.1%	(50)98.0%	(9)98.8%	(8)97.8%	(11)98.5%	(23)97.1%	(154)82.5%	(132)96.5%	
	Safeguarding Children - Level 2				8,196	3 yrs	el	-0.1%	(460)94.4%	(9)95.6%	(54)96.5%	(12)91.8%	(14)98.1%		(2)98.8%	(29)96.3%	(168)80.9%	(172)95.4%	
	Safeguarding Children - Level 3				1,530	3 yrs	f2f/el	0.3%	(221)85.6%	(0)100.0%	(18)83.2%	(3)76.9%	(9)86.4%		(1)92.9%	(8)96.0%	(41)76.2%	(141)85.2%	
	Safeguarding Children - Level 3 - 1 Year				365	1 yr	f2f/el	-2.3%	(66)81.9%		(16)72.4%					(3)76.9%	(12)45.5%	(35)87.1%	
Overall Compliance								0.1%	93.8%	98.3%	95.2%	98.1%	96.0%	97.6%	98.1%	93.6%	78.0%	93.1%	

Health and Safety Incidents



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:	2033	404	330	613	312	211	72	91
Accident	443	104	100	104	61	35	13	26
Blood/bodily fluid exposure (dirty sharps/splashes)	271	88	54	46	31	45	4	3
Environmental Issues	176	26	45	25	25	31	10	14
Equipment / Device - Non Medical	15	6	0	3	5	1	0	0
Moving and Handling	85	22	11	16	23	6	2	5
Sharps (clean sharps/incorrect disposal & use)	90	26	11	13	10	18	8	4
Slips, Trips, Falls	108	21	21	10	16	10	6	24
Violence & Aggression	810	102	85	395	134	57	22	15
Work-related ill-health	35	9	3	1	7	8	7	0



A total of 2,033 health and safety incidents were reported in the previous 12 months.

892 (44%) incidents resulted in harm. The highest reporting categories were violence and aggression (40%), accidents (22%) and blood/bodily fluid exposure (13%).

1,347 (66%) of incidents affected staff, 609 (30%) affected patients and 77 (4%) affected others i.e. contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (40%), blood/bodily fluid exposure (19%) and accidents (14%).

The highest reported incident categories for patients were: violence & aggression (41%), accidents (38%) and environmental issues (8%).

The highest reported incident categories for others were: slips, trips and falls (31%), violence & aggression (27%) and accidents (21%).

Staff incident rate is 10.6 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 613 incidents. Of these, 64% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (51%). In the last 12 months, 64% of RIDDOR incidents were reported to the HSE within the appropriate timescale. In January 2024, 3 incidents were reported to the HSE:

Over 7 day injury:

- The Injured Person (IP) was retrieving a box of stock from a shelf and lost grip causing the box to fall on the right side of their head. The IP reports jarring their neck and feeling dizzy and lightheaded. The IP was subsequently off work for four days and then returned to light duties for a further week.

Specified injury:

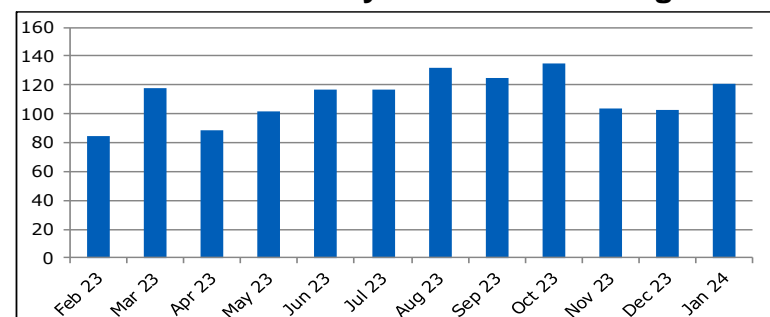
- The IP exited the outpatients building and was heading towards car park 1. The IP stepped off the pavement to cross the road, at which point the IP's left foot caught in a pothole and they fell heavily onto the ground. The next day the IP attended a minor injuries unit. An X-ray revealed four broken toes and a fracture to the outer bone of the foot. The IP had sustained a specified injury at the hospital.

Dangerous occurrence:

- The Affected Person (AP) was disconnecting an IV line from the patient when fluid splashed into their eye. The patient is known HIV and Hepatitis B positive. The AP immediately rinsed their eye with saline solution. The AP attended Occupational Health and immediately commenced PEP and received a Hepatitis B booster.

Health and Safety Incidents

No. of health and safety incidents affecting staff:

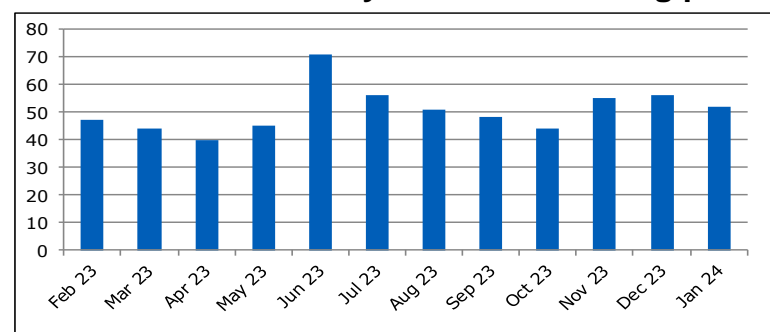


	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Total
Accident	14	21	13	13	14	14	24	17	21	12	9	23	195
Blood/bodily fluid exposure (dirty sharps/splashes)	12	20	18	22	23	14	22	23	36	16	21	23	250
Environmental Issues	2	8	8	10	14	7	17	10	7	13	9	7	112
Moving and Handling	8	9	3	5	7	5	3	7	2	8	2	3	62
Sharps (clean sharps/incorrect disposal & use)	7	3	10	3	7	7	8	3	5	5	5	8	71
Slips, Trips, Falls	7	4	6	8	3	10	5	10	8	9	8	6	84
Violence & Aggression	33	50	30	38	45	56	51	52	52	40	42	49	538
Work-related ill-health	1	3	1	3	4	4	2	3	4	1	7	2	35
Total	84	118	89	102	117	117	132	125	135	104	103	121	1347

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

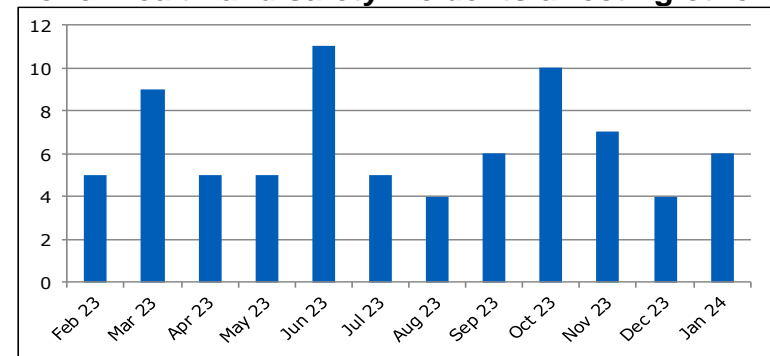
	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Total
No. of health & safety incidents	84	118	89	102	117	117	132	125	135	104	103	121	1347
Staff incident rate per month/year	0.7	0.9	0.7	0.8	0.9	0.9	1.0	1.0	1.1	0.8	0.8	1.0	10.6

No. of health and safety incidents affecting patients:



	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Total
Accident	17	21	13	19	29	14	20	18	21	19	22	19	232
Blood/bodily fluid exposure (dirty sharps/splashes)	0	1	3	2	2	2	0	2	4	0	3	0	19
Environmental Issues	5	1	2	4	6	3	4	2	4	12	5	3	51
Equipment / Device - Non Medical	1	0	0	1	2	6	1	0	0	1	1	2	15
Moving and Handling	4	2	1	2	3	0	1	2	4	1	2	1	23
Sharps (clean sharps/incorrect disposal & use)	2	3	2	0	4	3	0	2	0	1	1	0	18
Violence & Aggression	18	16	19	17	25	28	25	22	11	21	22	27	251
Total	47	44	40	45	71	56	51	48	44	55	56	52	609

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



	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Total
Accident	0	2	2	1	2	1	1	1	1	3	2	0	16
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	1	0	0	0	0	0	0	0	0	1	2
Environmental Issues	1	2	1	2	1	1	0	1	3	1	0	0	13
Sharps (clean sharps/incorrect disposal & use)	0	0	0	0	0	0	0	0	0	0	0	1	1
Slips, Trips, Falls	2	4	0	0	3	2	3	1	3	2	1	3	24
Violence & Aggression	2	1	1	2	5	1	0	3	3	1	1	1	21
Total	5	9	5	5	11	5	4	6	10	7	4	6	77

Report to the Board of Directors: 13 March 2024

Agenda item	9.1
Title	Nurse safe staffing
Sponsoring executive director	Lorraine Szeremeta, Chief Nurse
Author(s)	Amanda Small, Deputy Chief Nurse Sarah Raper, Roster Support Lead Annesley Donald, Deputy Director of Workforce
Purpose	To provide the Board with the monthly nurse safe staffing report.
Previously considered by	Management Executive, 7 March 2024

Executive Summary

The nursing and midwifery safe staffing report for January 2024 is attached. Page 2 of the report includes an Executive Summary.

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

Action required by the Board of Directors

The Board is asked to receive and note the nurse safe staffing report for January 2024.

Monthly Nurse Safe Staffing

Sponsoring executive director: Lorraine Szeremeta, Chief Nurse
Amanda Small, Deputy Chief Nurse
Christopher Gray, Lead Nurse Safer Staffing
Sarah Raper, Project Lead Nurse safe staffing

Board of Directors: 13 March 2024

Together
Safe
Kind
Excellent

Executive Summary

This slide set provides an overview of the Nursing and Midwifery staffing position for January 2024.

The vacancy position in January for Registered Children's Nurses (RSCNs) has increased slightly from 18.7% in December to 20.6%. In all other areas there has been a reduction in the vacancy rate, Registered Nurses (RNs) 9.2% (9.4% December), Registered Midwives (RMs) -0.8% (-0.76% December), Maternity Care Assistants (MCAs) 10.3% (16.1% December) and Health Care Support Workers (HCSWs) 14.7% (15.7% December). The turnover rate in January remains high but is relatively static in all areas apart from RSCNs which has seen a small increase 14.9% (14.3% December), RNs 10.2% (10.3% December), RMs 12.3% (13.45% December) and HCSW (including MCAs) 15.1% (15.4% December). The main reason for leaving for all staff groups is voluntary resignation – relocation. The leavers destination data demonstrates that 29.4% of RNs and 35.3% of RMs are leaving to take up employment in other NHS organisations. 17.6% of RMs are leaving for no employment compared to 9.6% of RNs. Conversely, the leavers destination is unknown for the majority of HCSWs (46.5%) and 11.2% are leaving for no employment.

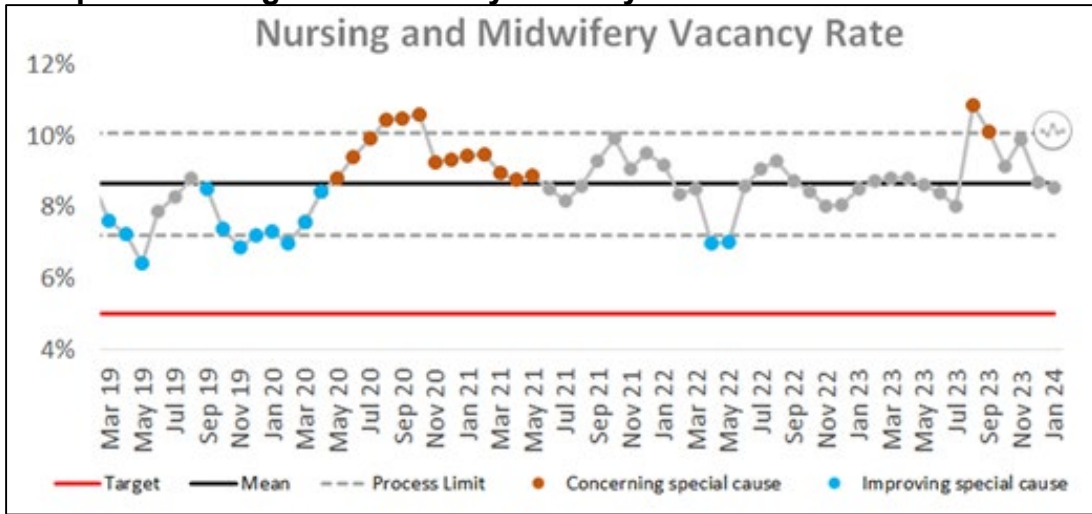
The planned versus actual staffing report demonstrates that 11 clinical areas reported <90% overall rota fill in January (14 in December). The overall fill rate for maternity has increased to 92.% compared to 91.3% in December. The total unavailability of the workforce working time in January has decreased by 1.75% to 28.5%. The majority of unavailability (14.4%) is due to planned annual leave. Sickness absence has remained static in January at 7.4% (7.5% in December). Additionally, 1.1% of working time was unavailable due to other leave, 3.5% was due to study leave and 2.1% was due to supernumerary time. While the overall fill rate in midwifery has dropped, this is mitigated through acuity assessment and redeployment of non-clinical, managerial and specialist staff to cover gaps. Where safety concerns arise the escalation to divert policy is activated to balance risk and maintain safety. During these incidences 1:1 care is maintained, and supernumerary status of the coordinator is a priority.

In order to mitigate staffing risks, the number of requests for bank workers remains high with an average of 2,009 shifts per week requested for registered staff and 1,902 shifts requested for Health care support workers and Maternity support workers per week with an average bank fill rate of 77.3% for registered staff and 70.36% for Health Care Support workers. In addition, the equivalent of 15.79 WTE agency workers are working across the divisions (15.95 WTE in December). Despite this, redeployment of nurses and midwives has remained necessary due to staff unavailability, with an average of 367.5 working hours being redeployed each day.

The number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient has decreased in January to 26 occasions compared to 38 in December. Additionally, there have been 113 occasions in January where there has been no side room coordinator (79 in December). Any concerns with regards to critical care staffing is escalated through the senior nurse of the day. Staffing has been supported through the use of temporary workers (agency and bank), enhanced bank rates and registered staff (non critical care trained) are redeployed from the operational pool and clinical areas on a shift-by-shift basis. Critical care have opened 3 of the beds that were closed due to staffing resulting in 55 open beds rather than 59 beds. Recruitment is ongoing to the vacant positions with a plan to open the remaining 4 beds when vacancy allows.

Combined Nursing and Midwifery Staffing Position Vacancy Rates

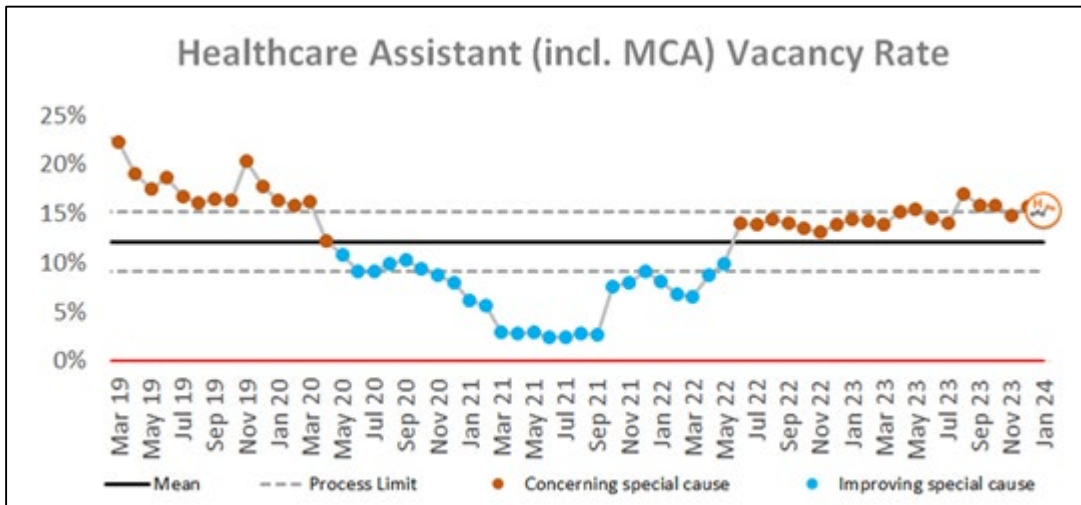
Graph 1. Nursing and midwifery vacancy rates



Vacancy position

The combined vacancy rate for Registered Nurses (RNs) and Registered Midwives (RMs) has decreased slightly to 8.5% in January from 8.7% in December. The vacancy rate for Health care support workers (HCSWs) including Maternity Care Assistants (MCAs) has decreased to 14.6% in January (15.7% in December). When broken down further into Nursing and Midwifery specific vacancies, the MCA workforce vacancy rate has decreased to 10.3% from 16.1% in December. The HCSW vacancy rate (excl MCA) has decreased to 14.8% from 15.7% in December.

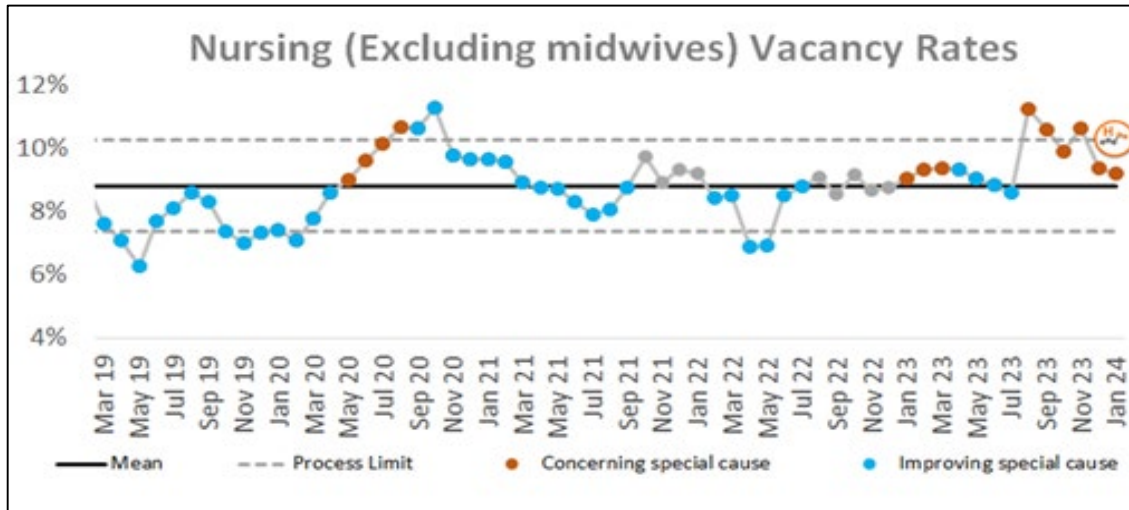
Graph 2. Healthcare Assistant vacancy rates



The HCSW (including MCAs) turnover rate remains high but is a decreasing trend (15.1% in January from 15.4% in December). The main reason for HCSWs leaving is voluntary resignation – relocation (31%) and the next highest reason is voluntary resignation – work life balance (25.7%). The leavers destination is unknown for the majority of HCSWs (46.5%), 14.4% of HCSWs are leaving to take up employment in other NHS organisations and 11.2% are leaving for no employment.

Staffing Position Vacancy Rates for Registered Nurses and Registered Midwives

Graph 3. Registered Nurse vacancy rates

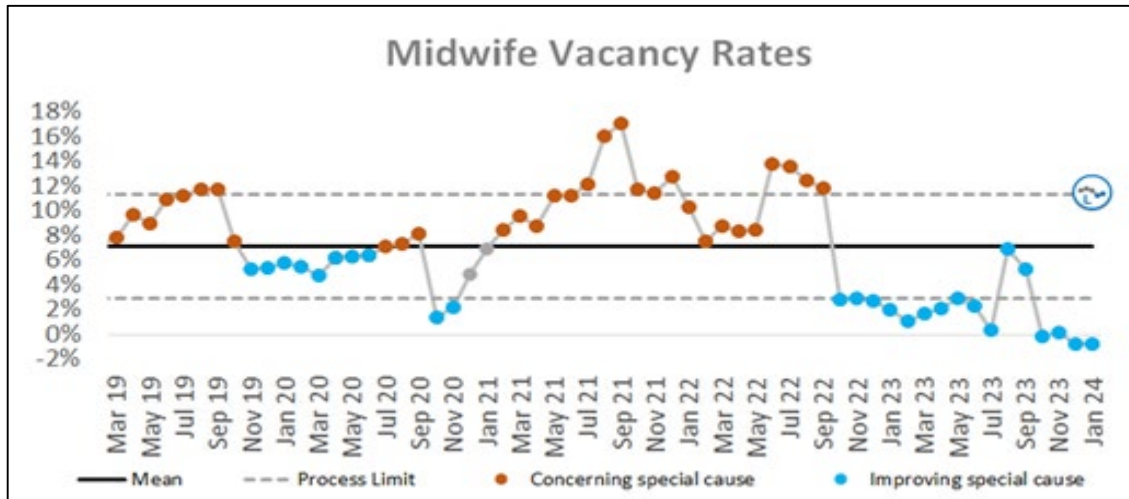


Vacancy position

The vacancy rate for RNs working in adult areas has decreased slightly to 9.2% in January (9.4% in December) as illustrated in Graph 3. Conversely, the vacancy rate for registered children's nurses has increased to 20.6% compared to 18.7% in December.

The vacancy rate for Registered Midwives has decreased further to -0.8% for January compared to -0.76% for December as illustrated in Graph 4.

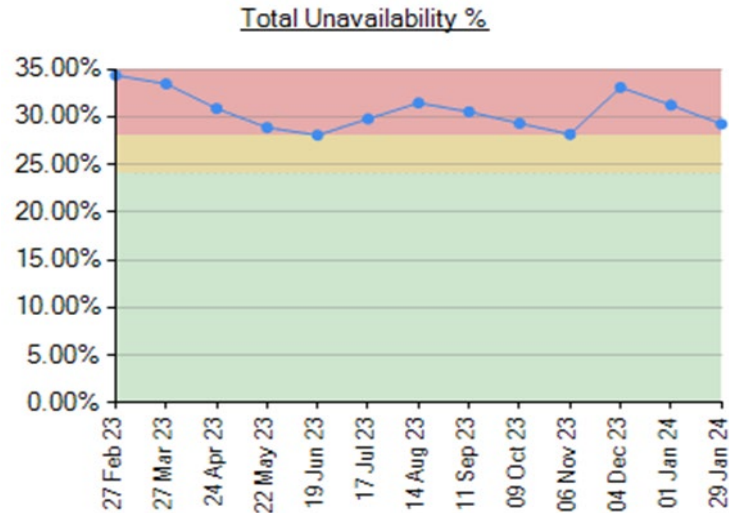
Graph 4. Registered Midwife vacancy rates



The turnover rate in January remains high at 10.2% for RNs in adult areas (10.3% in December), for RMs 12.3% (13.4% in December) and Registered children's nurses 14.9% (14.3% in December). The main reasons for RMs leaving is voluntary resignation – relocation (35.3%) and the next highest reason is voluntary resignation – work life balance (20.6%). The main reason for RNs leaving is voluntary resignation – relocation (40.4%). The leavers destination data demonstrates that 29.4% of RNs and 35.3% of RMs are leaving to take up employment in other NHS organisations. 17.6% of RMs are leaving for no employment compared with 9.6% of RNs.

Unavailability for Registered Nurses, Midwives and Health Care Support Workers

Graph 5. Unavailability of staff



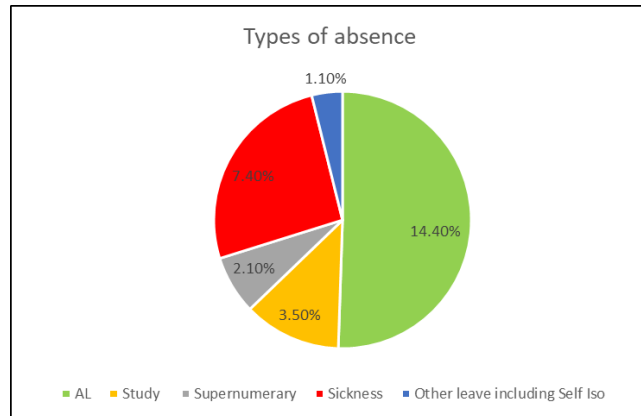
Unavailability of staff

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

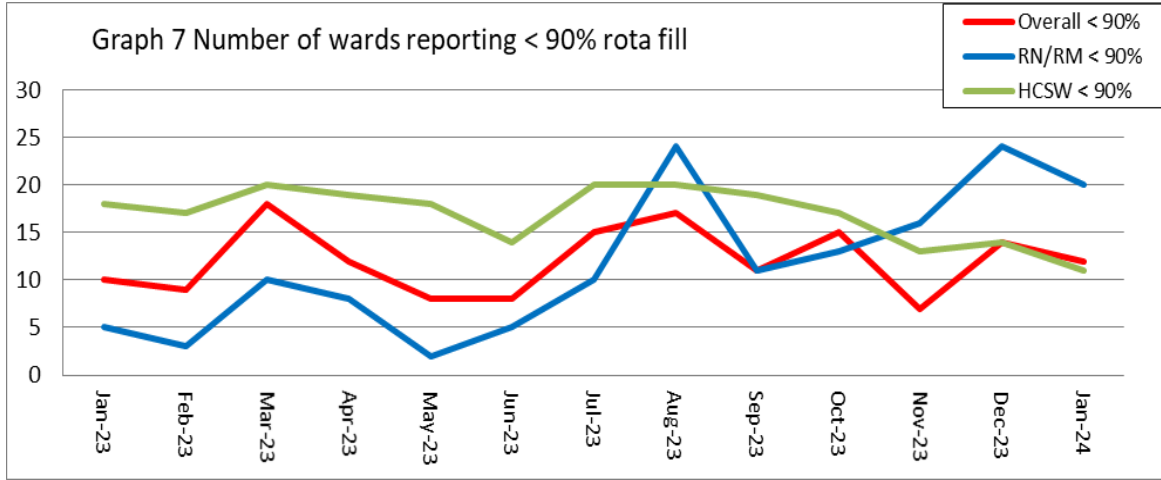
The total unavailability of the workforce working time in January has decreased by 1.75% to 28.5% as illustrated in Graph 5.

Graph 6 illustrates the percentage breakdown of the type of unavailability. The majority of unavailability (14.4%) was due to planned annual leave which would have been accounted for in the department rosters. There was a high percentage of unplanned leave that would have impacted upon fill rates within the rosters. In January, sickness absence has remained high at 7.4% (7.5% in December). Other leave has reduced to 1.1% however, Supernumerary and study leave have increased to 2.1% and 3.5% respectively.

Graph 6. Types of absence

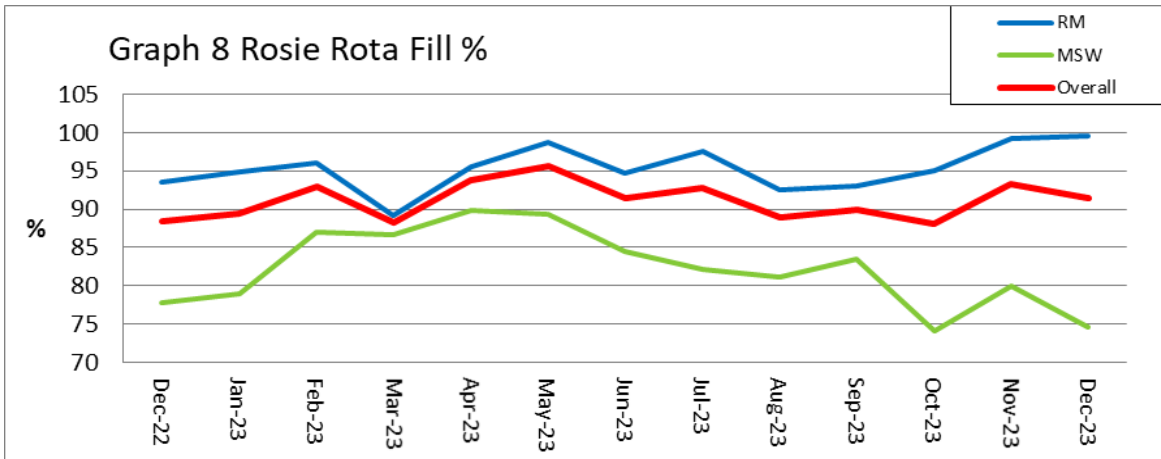


Planned versus actual staffing



Planned versus actual staffing

Graph 7 illustrates trend data for all wards reporting < 90% rota fill. The number of areas reporting <90% rota fill for registered RN/RM has decreased to 20 in January from 24 in December. The number of areas reporting <90% rota fill for HCSWs in January has decreased to 11 from 14 in December. The number of ward areas reporting overall fill rates of <90% in January has decreased to 11 compared to 14 in December. Appendix 1. details the exception reports for all areas reporting RN/RM fill rates of <90%.

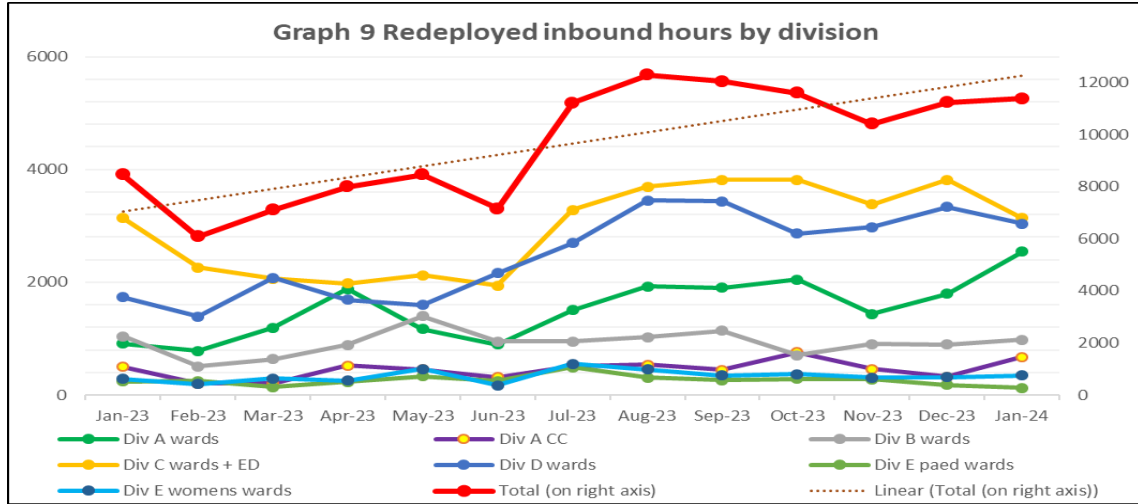


The number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient has decreased in January to 26 occasions compared to 38 in December. Additionally, there have been 113 occasions in January where there has been no side room coordinator (79 in December). Any concerns with regards to critical care staffing is escalated through the senior nurse of the day. Staffing has been supported through the use of temporary workers (agency and bank) and registered staff (non critical care trained) are redeployed from the operational pool and clinical areas on a shift-by-shift basis. There was also a short-term agreement to pay critical care trained staff bank enhancement to reduce the over all amount of GPICS breaches. Critical care have opened 3 of the beds that were closed due to staffing resulting in 55 open beds rather than 59 beds. Recruitment is ongoing to the vacant positions with a plan to open the remaining 4 beds when vacancy allows.

Midwifery & MSW fill rate

Graph 8 illustrates that the overall fill rate for maternity has increased slightly to 92% in January from 91.4% in December which is higher than the 12-month average of 91.3%. The lowest fill rates have been seen on Lady Mary Ward (83%). Mitigated through redeployment of staff where required to meet acuity needs.

Staff deployment



Staff deployment

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

The number of substantive staff redeployed has increased in January with 367.5 working hours being redeployed per day (362.5 hours in December). This equates to 31.96 long day or night shifts per day. Staffing is also being supported by the operational pool whereby bank staff book a bank shift on the understanding that they will work anywhere in the trust where support is required.

Nursing Pipeline

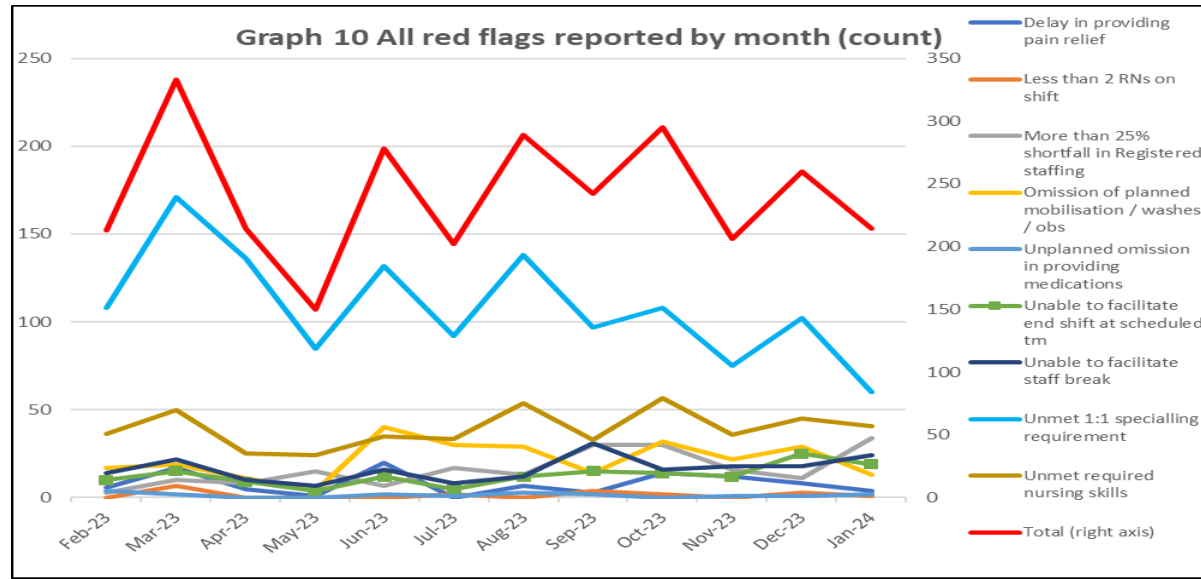
Appendix 2 provides detail on the forecasted position in relation to the number of adult RN vacancies based on FTE and includes UK experienced, UK newly qualified, apprenticeship route, EU and international up to March 2025. The current forecast demonstrates a year end band 5 RN vacancy position of 1.94% which exceeds the target of 5%. The Trust has reached the 5% target of band 5 Adult Nursing in December 2023 (pipeline rather than staff in post). The RN adult pipeline for 2023/24 now reflects the reduction in international recruitment. This is a national concern and has been escalated to NHS England. Work is being undertaken to explore RN Recruitment initiatives including increasing the International Recruitment pay band and reviewing our shortlisting criteria.

Appendix 3 provides detail on the forecasted position in relation to the number of Paediatric band 5 RN up to March 2025. Numbers are based on those interviewed and offered positions in addition to planned campaigns. The current forecast demonstrates a year end band 5 Paediatric RN vacancy position of 18.01%.

Appendix 4 provides detail on the forecasted position in relation to the number of HCSW vacancies up to March 2025. The predicted year end vacancy rate is 9.96%. Due to some HCSWs being moved over to Band 3 HCSW position numbers prior to 01 February this has caused some discrepancies in the ESR data. Therefore, the Band 2 HCSW vacancy rate on ESR differs to the capacity report. From next month this situation should be rectified as the establishment will change due to the Band 2 uplift to band 3 and we are likely to see an increased vacancy rate with this amalgamation, however our intention is to mitigate any increase by centralising all band 3 HCSW vacancies.

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

Red flags

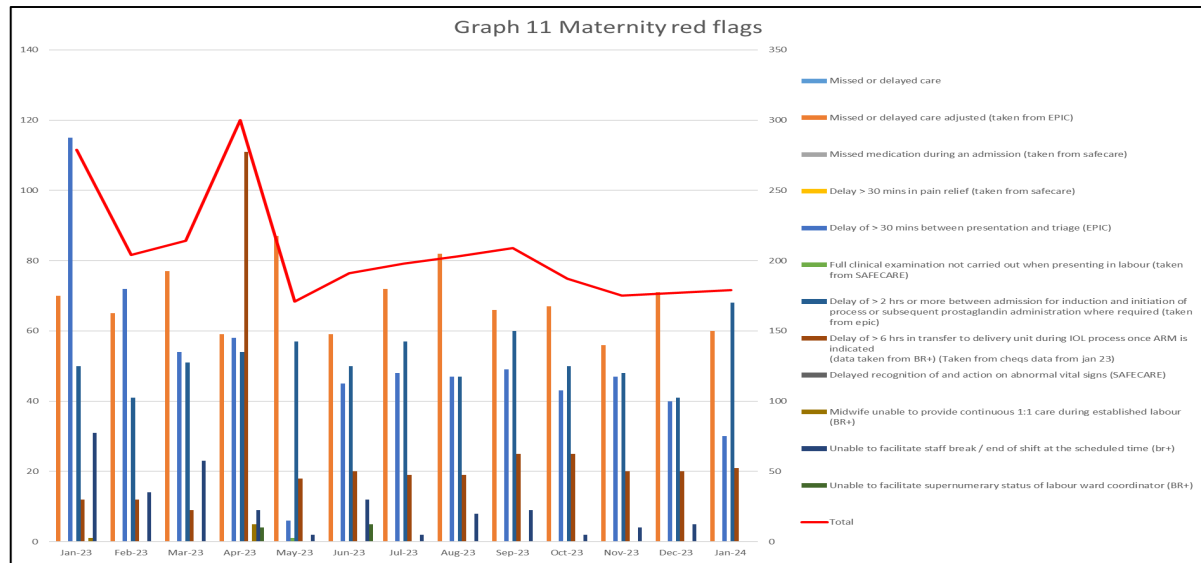


Red Flags

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

Nursing red flags

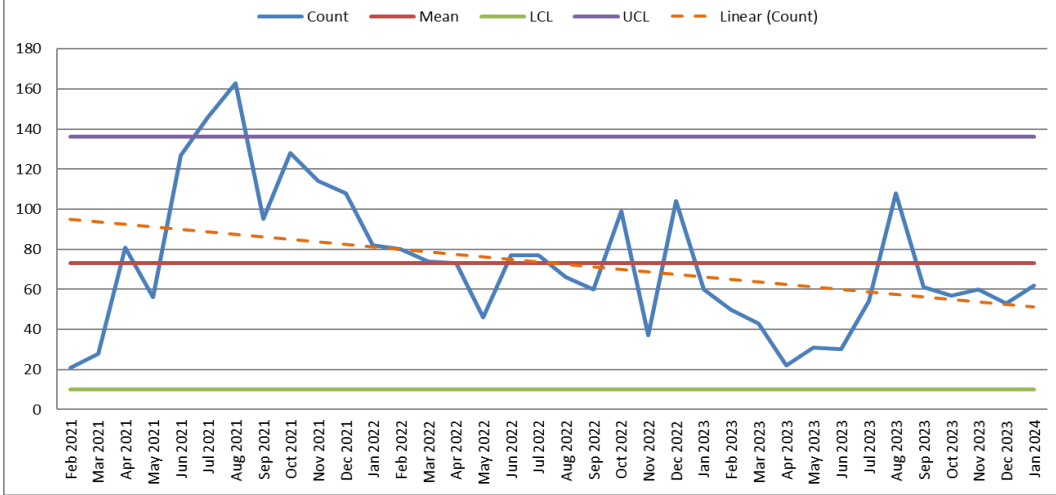
Graph 10 illustrates that there has been an decrease in the number of red flags reported with 214 reported in January. The highest number of red flags reported in January was in relation to an unmet 1:1 specialising requirement (60 compared with 102 in December). There has been an increase in 3 reportable red flags in January with the remaining all reducing or staying static. The increase was seen in more than 25% shortfall in registered staffing 34 (11 in December), unplanned omission in providing medications 2 (1 in December) and 1 reported for less than 2 RNs on shift however on further investigation this had been mitigated and thus was reported in error.



Maternity red flags

The number of maternity red flags has increased slightly from 177 in December to 179 in January. Graph 11 illustrates the red flags that have been reported with the highest reported being Delay of >2hours or more between admission for induction and initiation of process or subsequent prostaglandin administration where required (38% in January compared with 23.2% in December). All other red flags have seen a reduction with the exception of Delay of >6hours in transfer to delivery unit during IOL process once ARN is indicated (11.7% in January compared with 11.3% in December). Delay of >30mins has seen a further reduction of 5.8% in January to 16.8% from 22.6% in December. This is a known area of concern as highlighted in the recent CQC report and work is in progress to address this. High numbers of unresolved red flags that cannot be mitigated will trigger escalation to the divert policy with actions including:- redeployment of staff to higher acuity areas, seeking support from the system for elective work such as caesarean sections and inductions of labour.

**Graph 12 Staff Shortage - Nursing
Feb 2021 - Jan 2024**

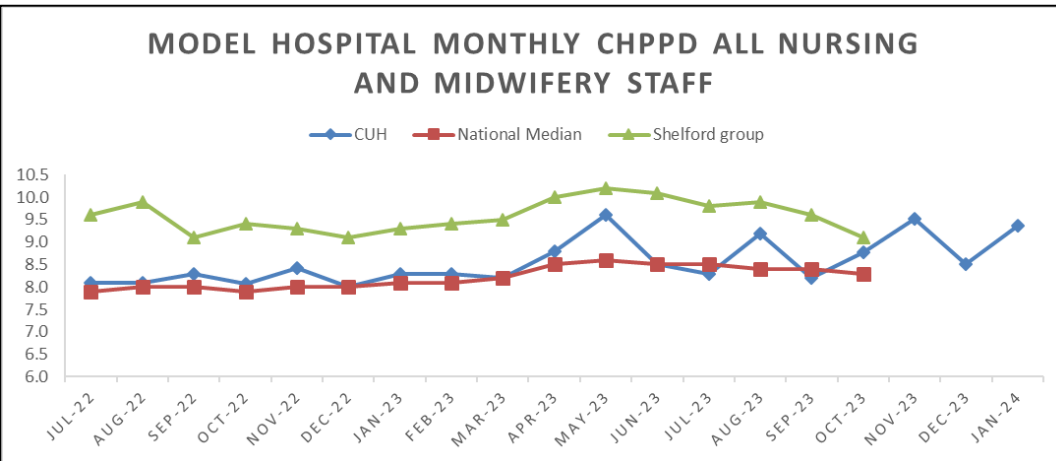


Incidents reported relating to staff shortages

Graph 12 illustrates the trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing. In January there were 62 incidents reported compared to 53 in December.

The majority of the incidents related to staffing levels in December were reported by division C with 19. The highest reporting area being Ward D7 (11).

Graph 13: Care Hours Per Patient Day (CHPPD)



Care hours per patient day (CHPPD)

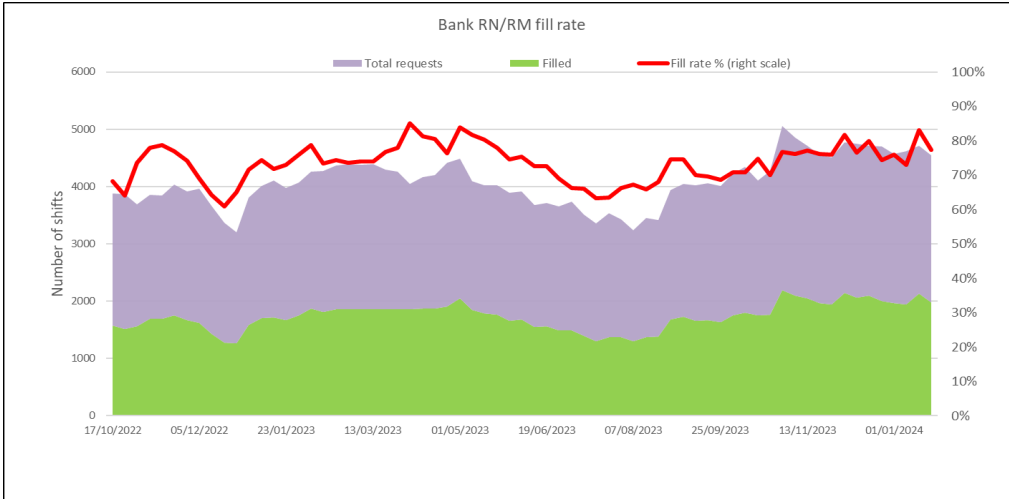
Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff including AHPs) divided by the bed state captured at 23.59 each day. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. All Trusts are required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

CUH CHPPD recorded for December has increased to 9.36 from 8.5 in December however this remains below other Shelford hospitals (10.3).

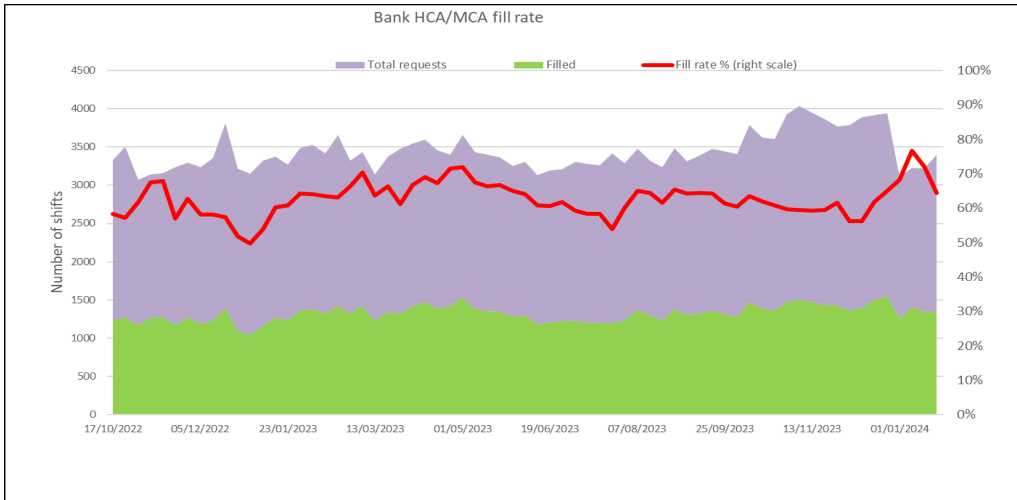
In maternity, from 1 April 2021, the total number of patients now includes babies in addition to transitional care areas and mothers who are registered as a patient. CHPPD for the delivery unit in January has increased to 18.04 (16.9 in January).

Bank Fill Rate and Agency Usage

Graph 14 Registered RN/RM Bank fill rate per week



Graph 15 HCSW/MSW bank fill rate per week



Bank fill rate

The Trust’s Staff Bank continues to support the clinical areas with achieving safe staffing levels. Graph 14 and 15 illustrate the trends in bank shift fill rate per week. Overall, we continued to see an increase in January for bank shift requests for registered staff to mitigate those areas who have less than a rota fill of 90% or to cover an unmet specialising need. The number of requests for registered staff is an average of 2009 shifts per week with an average bank fill rate of 77.3% which is a decrease from 78% in December.

The number of requests for Health care support workers and Maternity support workers remains high with an average of 1902 shifts per week with an average bank fill rate of 70.36% this is an increase from 60.14% in December.

In addition to bank workers, we have the equivalent of 15.79 WTE agency workers working (15.95 WTE in December) across the divisions to support staffing challenges in the short. This agency usage had been reducing but to support the emergency department, critical care and opening additional beds within reconfiguration there has been a need to increase to support safe staffing.

Short term pay enhancements for bank shifts have been put in place to support staff being deployed. Any bank enhancements in place are reviewed regularly (at least on a 6-weekly basis) through the weekly bank enhancement meeting and are for fixed periods of time.

Appendix 1: Exception report by Division

Jan-24									
	Unit	Speciality	% fill registered	% fill care staff	Overall filled %	CHPPD	Analysis of gaps	Impact on Quality / outcomes	Actions in place
A	D6 SAU	100 - GENERAL SURGERY - RISK MANAGED	87%	127%	101%	6.98	5 Internationally trained RNs working as Band 3s while they await PIN- this vacancy will resolve once they have their PINs	Delays to patient care and patient flow. Reduced supervisory time. Reduction NQM and KPI's. Staff morale, retention of staff. Poor patient experience, increase in complaint.	8:15 & 16:15 Nursing bronze with band 7 and Matron oversight. Escalation to site safety. Mitigation in place within division when staffing allows. Matron of the day for division for support and escalation.
A	D8	110 - TRAUMA & ORTHOPAEDICS - PROTECTED	87%	143%	109%	8.38	D8 has a vacancy of 8 RNs with 7 wte Internationally trained nurses working as band 3s while awaiting their PIN. There is x1 band 6 vacancy with interview imminently	Delays to patient care and patient flow. Reduced supervisory time. Reduction NQM and KPI's. Staff morale, retention of staff. Poor patient experience, increase in complaint.	8:15 & 16:15 Nursing bronze with band 7 and Matron oversight. Escalation to site safety. Mitigation in place within division when staffing allows. Matron of the day for division for support and escalation.
B	C9	370 - MEDICAL ONCOLOGY - PROTECTED	98%	80%	92%	12.58	This gap predominantly relates to night shifts. Whilst the night HCA shifts are filled when the roster is approved, there is a Divisional clinically based decision on the day of the shift to move the staff member to another inpatient area in the Division to ensure safety.	Greater pressure on RN's on C9 to fulfil HCA role on ward, leading to potential delays in care delivery, but improved safety elsewhere in the directorate by achieving a more balanced directorate wide staffing position	Positive directorate HCA recruitment pipeline in, so this should improve going forward
C	C6	301 - GASTROENTEROLOGY - STANDARD	89%	102%	95%	7.50	1.87 wte vacancy plus 2.0 wte on mat leave, 4.0 wte international nurses without PIN	1 x HAPU 5 x falls Delays in supporting the mealtime services, updating care plans/ documentation, mobilising patients. Supervisory Senior Sister time greatly reduced	All RN vacancies recruited to and senior nursing team quality rounds in place daily. Pilot in place for new ward assurance quality tool
C	D5	301 - GASTROENTEROLOGY - STANDARD	90%	116%	97%	6.49	RNs - Ward fully established, 1.0 wte on LTS HCSWs - 3.49 wte vacancies	Staff breaks not always taken Delays to patient care, flow/discharges, patient assessments and documentation, intentional rounding	All HCSW vacancies recruited to and senior nursing team quality rounds in place daily
C	EAU 3 MAU	300 - GENERAL MEDICINE - STANDARD	100%	89%	97%	9.88	2.37 wte HCSW vacancies, 1.0 wte on LTS	No impact on NQM	All HCSW vacancies recruited to and senior nursing team quality rounds in place daily

	Unit	Speciality	% fill registered	% fill care staff	Overall filled %	CHPPD	Analysis of gaps	Impact on Quality / outcomes	Actions in place
C	MSEU	300 - GENERAL MEDICINE - STANDARD	88%	125%	101%	7.80	1.0 wte Mat leave and 3.0 wte international nurses without PIN	2 x HAPUs High number of security incidents Delays to patient care and flow/discharges Lack of supervisory time for Senior Sister Some patient observations missed Delays in assessments and completing documentation	All RN vacancies recruited to and senior nursing team quality rounds in place daily
C	F4	300 - GENERAL MEDICINE - RISK MANAGED	86%	118%	98%	8.58	1.19 wte vacancy plus 4.0 wte international nurses without PIN	Delays to patient care and flow/discharges Lack of supervisory time for Senior Sister	RN vacancies recruited to and senior nursing team quality rounds in place daily
C	F5	100 - GENERAL SURGERY - STANDARD	88%	-	88%	18.73	1.0 wte mat leave and 2.0 wte international nurses without PIN	Staff breaks not always taken No impact on patient care NQM Lack of supervisory time for Senior Sister	Senior Sister has higher % clinical versus supervisory time and senior nursing team quality rounds in place daily
C	G4	300 - GENERAL MEDICINE - STANDARD	88%	94%	91%	6.61	Over established by 1.0 wte but offset by leavers. 2.0 wte mat leave, 3.0 wte international nurses without PIN and 2.0 wte (B6 & B&) on secondment	1 x HAPU 7 x falls Lack of supervisory time for Senior Sister	B6 & B7 secondment cover in place from February and senior nursing team quality rounds in place daily
C	G5	100 - GENERAL SURGERY - PROTECTED	89%	96%	92%	7.69	1.0 wte mat leave and 7.8 wte international nurses without PIN	Staff breaks not always taken Lack of supervisory time for Senior Sister Delays in discharge process/flow and some patient assessments/documentation	Aim to recruit to the remaining 1.86 wte RN vacancy. 2.0 wte RNs on secondment from D5 to support the gaps. Senior nursing team quality rounds in place daily
C	G6	430 - GERIATRIC MEDICINE - STANDARD	88%	133%	109%	7.93	1.0 wte mat leave and 4.4 wte international nurses without PIN	2 x HAPUs Staff breaks not always taken. Lack of supervisory time for Senior Sister	All RN vacancies recruited to and senior nursing team quality rounds in place daily
C	N2	300 - GENERAL MEDICINE - RISK MANAGED	81%	105%	89%	8.06	5.0 wte on mat leave, 2.0 wte mat leave, 3.0 wte international nurses without PIN and 1.0 wte on secondment	5 x falls Delays to patient care and flow/discharges Documentation and escalation of NEWS2 adversely affected. Delays in patient assessment and documentation. Safety huddles not always achievable. Patients not always able to be mobilised and washed as per plan Lack of supervisory time for Senior Sister	Bank fill

	Unit	Speciality	% fill registered	% fill care staff	Overall filled %	CHPPD	Analysis of gaps	Impact on Quality / outcomes	Actions in place
C	N3	340 - RESPIRATORY MEDICINE - STANDARD	87%	90%	88%	7.69	RN - 3.6 wte on secondment or mat leave HCSW - 3.42 wte vacancy plus 1.0 wte on career break	2 x HAPUs Delays to patient care and flow/discharges Delay in responding to NEWS2 and observations. Completion of patient assessments, rounding and documentation affected. Reduced support to assist patients at mealtimes in a timely manner. Patients not able to be mobilised as planned Lack of supervisory time for Senior Sister	Continue recruitment plan for remaining HCSW vacancy - 1.42 wte. Senior nursing team quality rounds in place daily
C	T2	430 - GERIATRIC MEDICINE - STANDARD	95%	84%	90%	6.07	RN - 1.84 wte vacancy, 1.0 wte LTS, 2.0 wte on secondment and 1.0 wte international nurse without PIN. High number of gaps in the B6 team HCSW - 4.41 wte vacancies plus 1.0 wte on career break	Delays to patient care. Impact on improvement work around patient deconditioning Lack of supervisory time for Senior Sister	Continue recruitment plan for remaining HCSW vacancy - 1.85 wte Plan for B6 cover in place from next month and senior nursing team quality rounds in place daily
D	G3	300 - GENERAL MEDICINE - PROTECTED	86%	106%	95%	7.32	can be dependent on sickness levels, acuity and bank fill rate (or lack of bank fill)	No Impact on NQM but Junior staff will need close supervision and support from senior sister and junior sisters and charge nurse	Daily divisional mitigation; site safety escalation; weekly prospective staffing reporting and mitigation; divisional recruitment and retention strategy. Matron quality focus.⚡
D	J2	150 - NEUROSURGERY - RISK MANAGED	86%	87%	87%	7.87	can be dependent on sickness levels, acuity and bank fill rate (or lack of bank fill)	No Impact on NQM but Junior staff will need close supervision and support from senior sister and junior sisters and charge nurse	Daily divisional mitigation; site safety escalation; weekly prospective staffing reporting and mitigation; divisional recruitment and retention strategy. Matron quality focus.⚡
D	K3	320 - CARDIOLOGY - STANDARD	81%	100%	88%	5.73	can be dependent on sickness levels, acuity and bank fill rate (or lack of bank fill)	No Impact on NQM but Junior staff will need close supervision and support from senior sister and junior sisters and charge nurse	Daily divisional mitigation; site safety escalation; weekly prospective staffing reporting and mitigation; divisional recruitment and retention strategy. Matron quality focus.⚡
D	R2	328 - STROKE MEDICINE - STANDARD	87%	109%	93%	11.66	can be dependent on sickness levels, acuity and bank fill rate (or lack of bank fill)	No Impact on NQM but Junior staff will need close supervision and support from senior sister and junior sisters and charge nurse	Daily divisional mitigation; site safety escalation; weekly prospective staffing reporting and mitigation; divisional recruitment and retention strategy. Matron quality focus.⚡

	Unit	Speciality	% fill registered	% fill care staff	Overall filled %	CHPPD	Analysis of gaps	Impact on Quality / outcomes	Actions in place
E	C2	420 - PAEDIATRICS - STANDARD	82%	103%	85%	12.32	Current RN vacancies 5.65WTE. Significant shortfall in band 6 post which affects skill mix & Chemo competent staff on shift.	no impact on NQM	Regular reviews of staffing and patient acuity throughout the day. Supported by WM & PD/ CPF team. Paediatric recruitment day on 16th March.
E	Charles Wolfson	424 - WELL BABIES - PROTECTED	83%	77%	81%	11.94	5.45 RN vacancies. 1.25 WTE RN in pipeline in. Exploring development of RNA role within CWW.	no impact on NQM	regular reviews of staffing and patient acuity throughout the day. Paediatric recruitment day on 16th March.
E	F3 COU	171 - PAEDIATRIC SURGERY - PROTECTED	88%	74%	83%	7.61	minimal RN vacancy currently. 2.77 WTE HCA & 1.64 WTE RN in pipeline in. F3 used as contingency beds overnight and for WLI over weekends.	no impact on NQM	regular reviews of staffing and patient acuity throughout the day. Paediatric recruitment day on 16th March.
E	Neonatal ICU	422 - NEONATOLOGY - RISK MANAGED	86%	42%	81%	13.16	RN vacancies 29.49 WTE, 7.92 WTE in pipeline in. 2.83 WTE in pipeline out. Net position to fill 24.40 WTE	no impact on NQM	regular reviews of staffing and patient acuity throughout the day. Paediatric recruitment day on 16th March.
E	PICU	192 - CRITICAL CARE MEDICINE - RISK MANAGED	74%	113%	77%	37.12	RN vacancies 17.67 WTE, 4.64 WTE in pipeline in, 1.84 WTE in pipeline out. Net position to fill 14.87 WTE.	no impact on NQM	regular reviews of staffing and patient acuity throughout the day. Paediatric recruitment day on 16th March.
E	Delivery Unit	501 - OBSTETRICS - RISK MANAGED	94%	73%	89%	18.04	Target CHPPD achieved, suggesting safe staffing	Delayed care, Staffing reviewed and redepl	Staffing reviewed to ensure safe care, Staff moved within service to provide safe staffing.
E	Lady Mary	501 - OBSTETRICS - RISK MANAGED	87%	77%	83%	5.00	Low fill rate current staffing rotation. In addition staff moves and redeployment in the division.	Delayed care, Staffing reviewed and redeployed	Staffing reviewed to ensure safe care, Staff moved within service to provide safe staffing.
E	Rosie Birth Centre	501 - OBSTETRICS - RISK MANAGED	96%	82%	92%	18.22	Target CHPPD achieved, suggesting safe staffing	Delayed care, Staffing reviewed and redeployed	Staffing reviewed to ensure safe care, Staff moved within service to provide safe staffing

	Unit	Speciality	% fill registered	% fill care staff	Overall filled %	CHPPD	Analysis of gaps	Impact on Quality / outcomes	Actions in place
E	C2	420 - PAEDIATRICS - STANDARD	82%	103%	85%	12.32	Current RN vacancies 5.65WTE. Significant shortfall in band 6 post which affects skill mix & Chemo competent staff on shift.	no impact on NQM	Regular reviews of staffing and patient acuity throughout the day. Supported by WM & PD/ CPF team. Paediatric recruitment day on 16th March.
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E	Lady Mary	501 - OBSTETRICS - RISK MANAGED	87%	77%	83%	5.00	Low fill rate current staffing rotation. In addition staff moves and redeployment in the division.	Delayed care, Staffing reviewed and redeployed	Staffing reviewed to ensure safe care, Staff moved within service to provide safe staffing.
E	Rosie Birth Centre	501 - OBSTETRICS - RISK MANAGED	96%	82%	92%	18.22	Target CHPPD achieved, suggesting safe staffing	Delayed care, Staffing reviewed and redeployed	Staffing reviewed to ensure safe care, Staff moved within service to provide safe staffing

Appendix 2: Adult RN Recruitment pipeline

Adult band 5 RN position based on predictions and established FTE															
Month	UK based exp. applicants	Anglia Ruskin NQ (60% of graduates)	Other NQ	Nursing Associates	NAP	Return to Practice	Overseas	Total New Starters	Leavers FTE	Promotions and transfer out of scope-retained by the trust	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Apr-23	5	2			12		9	28	9	11	1534	1699	9.70%	165	19
May-23	1	3			5		12	21	14	12	1529	1699	10.01%	170	7
Jun-23	4				2		16	22	7	13	1531	1699	9.89%	168	15
Jul-23	1	1	2				19	23	16	10	1528	1699	10.06%	171	7
Aug-23	3	1					16	20	11	10	1753	1931	9.20%	178	9
Sep-23	7	3	2				35	47	16	7	1777	1951	8.90%	174	31
Oct-23	1	11	2				40	54	14	12	1635	1759	7.05%	124	40
Nov-23	7	3	1				29	40	10	15	1650	1784	7.52%	134	30
Dec-23	6	3	1				46	56	17	9	1687	1785	5.49%	98	39.21
Jan-24	10	5	3				52	70	12	15	1725	1805	4.44%	80	58
Feb-24	12		1				63	76	15	15	1771	1805	1.89%	34	61
Mar-24	2	1					24	27	13	15	1770	1805	1.94%	35	14
TOTAL	59	33	12	0	19	0	361	540	153.79	144	1770	1805	1.94%	35	330
Apr-24	3						32	35	13	12	1780	1805	1.39%	25	22
May-24	3						35	38	13	12	1793	1805	0.67%	12	25
Jun-24	3			2			25	30	13	12	1798	1805	0.39%	7	17
Jul-24	2						25	27	13	12	1800	1805	0.28%	5	14
Aug-24	2						25	27	13	12	1802	1805	0.17%	3	14
Sep-24	3						15	18	13	12	1795	1825	1.65%	30	5
Oct-24	3	60	8	2	34		10	117	13	12	1887	1825	-3.39%	-62	104
Nov-24	3						10	13	13	12	1875	1825	-2.74%	-50	0
Dec-24	2						5	7	13	12	1857	1825	-1.75%	-32	-6
Jan-25	3					2	10	15	13	12	1847	1825	-1.20%	-22	2
Feb-25	2			2			3	7	13	12	1829	1825	-0.22%	-4	-6
Mar-25	2	20	8				5	35	13	12	1839	1825	-0.76%	-14	22
TOTAL	31	80	16	6	34	2	200	376	156	144	1839	1825	-0.76%	-14	213

Appendix 3: Paediatric RN and Band 2 HCSW Recruitment pipeline

Paediatric band 5 RN position based on predictions and established FTE														
Month	UK based exp. applicants	Anglia Ruskin NQ	Other NQ	NAP	Nursing Associate Apprentice	Overseas	Total New Starters FTE	Leavers FTE (based on leavers in the last 12 months)	Promotions and transfer out of scope-retained by the trust	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Apr-23	1						3	2		164	214	23.09%	49	1
May-23							0	2	2	160	214	24.96%	53	-2
Jun-23	2	2					4	6	1	157	214	26.36%	56	-2
Jul-23	1					3	4	3	1	157	214	26.36%	56	1
Aug-23			1				1	2	2	171	230	25.50%	59	-0.53
Sep-23	1	3	1			2	7	3	2	173	230	24.63%	57	4
Oct-23	2	13				1	16	5		184	230	19.84%	46	11
Nov-23		1				1	2		1	194	237	17.97%	43	2
Dec-23	1	1				2	4	3	1	194	237	17.97%	43	1
Jan-24		1				1	2	6	1	188	237	20.55%	49	-4
Feb-24	2					2	4	3	1	188	237	20.55%	49	1
Mar-24	2				5	3	10	3	1	194	237	18.01%	43	7
TOTAL	12	21	2	0	5	15	57	37.53	13	193.9	237	18.01%	43	7
Apr-24	2					3	5	3	1	195	237	17.59%	42	2
May-24	1					2	3	3	1	194	237	18.01%	43	0
Jun-24	2					2	4	3	1	194	237	18.01%	43	1
Jul-24	1					2	3	3	1	193	237	18.44%	44	0
Aug-24	1					2	3	3	1	192	237	18.86%	45	0
Sep-24	2				5	2	9	3	1	197	237	16.74%	40	6
Oct-24	1	8	8	9		2	28	3	1	221	237	6.60%	16	25
Nov-24	1					2	3	3	1	220	237	7.02%	17	0
Dec-24	1					2	3	3	1	219	237	7.44%	18	0
Jan-25	1					2	3	3	1	218	237	7.86%	19	0
Feb-25	1					2	3	3	1	217	237	8.29%	20	0
Mar-25	1					2	3	3	1	216	237	8.71%	21	0
TOTAL	15	8	8	9	5	25	70	36	12	215.9	237	8.71%	21	0

Appendix 4: Band 2 HCSW Recruitment pipeline

Band 2 HCSW position based on predictions and established FTE									
Month	UK based applicants	Apprenticeship (direct entry)	Nursing Associate Apprentices	Total New Starters FTE	Leavers FTE	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE
Apr-23	18	1		19	18	768	887	13.42%	119
May-23	16	1		17	10	775	887	12.63%	112
Jun-23	20	5		25	7	768	887	13.42%	119
Jul-23	14	3		17	16	760	887	14.32%	127
Aug-23	11	1		12	17	741	878	15.67%	138
Sep-23	25	2		27	12	756	888	14.93%	133
Oct-23	28	2		30	8	772	905	14.72%	133
Nov-23	33	3		36	10	788	926	14.94%	138
Dec-23	8	1		9	10	778	926	16.02%	148
Jan-24	31		11	42	11	793	934	15.10%	141
Feb-24	25		3	28	10	811	934	13.17%	123
Mar-24	30		10	40	10	841	934	9.96%	93
TOTAL	259	19	24	302	139	841	934	9.96%	93
Apr-24	30			30	14	857	959.4	10.67%	102.4
May-24	30			30	13	874	959.4	8.90%	85.4
Jun-24	20			20	13	881	959.4	8.17%	78.4
Jul-24	20			20	13	888	959.4	7.44%	71.4
Aug-24	15			15	13	890	959.4	7.23%	69.4
Sep-24	12		50	62	16	936	969.4	3.45%	33.4
Oct-24	12			12	13	935	969.4	3.55%	34.4
Nov-24	12			12	13	934	969.4	3.65%	35.4
Dec-24	12			12	13	933	969.4	3.75%	36.4
Jan-25	10			10	16	927	969.4	4.37%	42.4
Feb-25	12			12	13	926	969.4	4.48%	43.4
Mar-25	10		50	60	13	973	969.4	-0.37%	-3.6
TOTAL	195	0	100	295	163	973	969.4	-0.37%	-3.6

Report to the Board of Directors: 13 March 2024

Agenda item	9.4
Title	Finance report
Sponsoring executive director	Mike Keech, Chief Finance Officer
Author(s)	As above
Purpose	To update the Board on financial performance in 2023/24 M10
Previously considered by	Performance Committee, 6 March 2024

Executive Summary

The report provides details of financial performance during 2023/24 Month 10 and in the year to date. A summary is set out in the Chief Finance Officer's message on pages 3-5 of the report.

Related Trust objectives	All Trust objectives
Risk and Assurance	The report provides assurance on financial performance during Month 10.
Related Assurance Framework Entries	BAF ref: 011
Legal / Regulatory implications	n/a

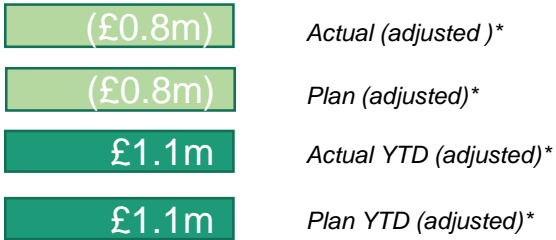
Action required by the Board of Directors

The Board is asked to note the finance report for 2023/24 Month 10 (January 2024).

Title	Page
Trust performance summary – Key indicators	2
CFO Message	3-5
Summary financial position	6
Trust underlying performance	7
Plan performance FY22/23	8-9
Clinical and other income	10-12
Elective Payment Mechanism	13-14
Pay expenditure	15-16
Non-pay expenditure	17-18
Efficiency plan	19
Cash flow forecast	20
Appendices	21



Trust actual surplus / (deficit)



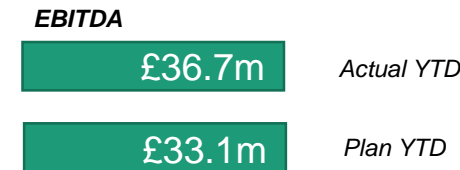
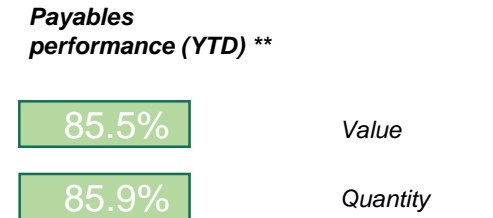
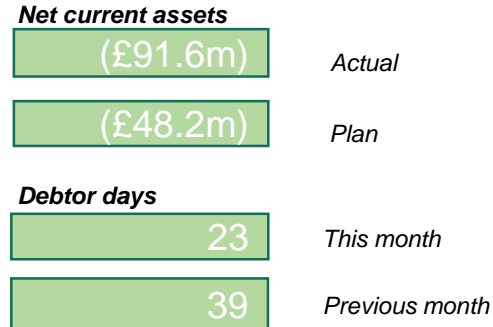
Elective Payment Mechanism (EPM)

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

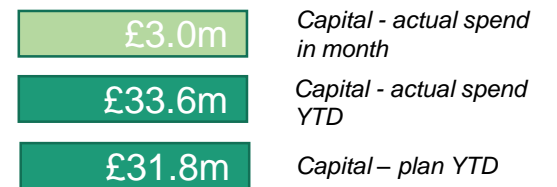
	In month	YTD
EPM forecast actual	£21.0m	£184.9m
Target adj. block increase	£1.0m	£9.3m
EPM actual + block increase	£22.0m	£194.2m
EPM original plan	£21.7m	£201.4m
EPM original target	£18.8m	£175.8m



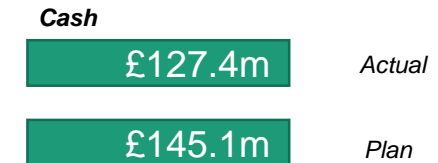
Net current assets/(liabilities), debtor days, payables performance & EBITDA



Capital expenditure



Cash



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.

Month 10 Financial Performance

- **The Month 10 year to date position is £1.1m surplus for performance management purposes.** This position is in line with our planned performance.
- The forecast outturn has deteriorated from the planned break-even position to a £3.0m deficit due to the inclusion of the unmitigated impact of Industrial Action in the forecast position (in line with NHSE guidance).
- The following key points should be noted:
 - This position includes £9.5m of non-recurrent support.
 - Financial under performance is predominantly due to the impact of Industrial Action (IA), estimated at £7.2m for elective activity under performance.
 - The NHSE confirmed reductions to the EPM target of 4% alongside Specialised Commissioning target smoothing and a block funding payment will support Trusts to fully mitigate the impact of IA.
 - This was expected to be broadly the case for CUH but the latest IA (December and January) result in an unmitigated gap of £3.0m, with the forecast value of the total NHSE support being estimated at £16.9m against a total IA impact of £25.5m year to date.
 - The additional IA taking place in December and January created a further pressure of £6.0m. The Trust expects this pressure to be partially mitigated by the future months impact of the reduction in the EPM target and continued underspends in non pay.
 - The additional IA in February is forecast to create a further pressure of between £3-4m.
- Income favourable variance of £9.4m - Clinical income is favourable to plan by £0.8m and Devolved income is favourable to plan by £8.6m. Please see pages 10-14.
- Pay adverse variance of £11.2m - this position is due to direct costs associated with IA (£8.9m) and the adverse impact of IA on the Trust's ability to fully deliver the efficiency savings that were planned for the year to date (£3.5m). Please see pages 15-16.
- Non pay (including drugs) favourable variance of £5.4m - this position is driven by lower than planned activity and additional inflationary pressures not being identified so far. Please see pages 17-18.
- The Trust is working through potential upsides in the forecast outturn position. This position, including opportunities for non recurrent investments in M11, will become clearer through M11 and M12.

Covid-19 Expenditure

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

Elective Payment Mechanism (EPM)

- The ERF schemes from previous years have now ended. Elective activity recovery in 23/24 is being incentivised via a 'variable' element of contract, where Trusts are paid on Payments by Results (PbR) for a selection of activity including Elective Inpatients, Day-cases, Outpatient First attendances, Outpatients procedures and Chemotherapy, known as the EPM.
- At month 10 YTD performance for the **EPM is £0.3m below target and £16.5m below plan**, prior to target adjustments to support the impact of IA.

Additional funding to support the impact of IA:

- NHSE have provided further support for the impact of IA including the following three elements:
 1. A further target reduction of 2% - forecast additional income by year end of £3.9m
 2. A Specialised Commissioning target 'smoothing' adjustment – forecast additional income by year end of £3.2m
 3. A block payment to support the impact of IA – agreed with C&P ICB at £5.9m.
- The above items are in addition to the previous 2% target adjustment for April's IA.
- At month 10 YTD the impact of the target and smoothing adjustments is an increase in income payments of £9.1m and £5.9m block payment IA support.
- At month 10 YTD the adjusted **EPM performance is £9.0m above target and £7.2m below plan**.
- The target adjustments will provide a further £1.9m of financial support to the Trust by the end of the financial year.
- The total NHSE support for IA is now estimated at £16.9m against forecast IA costs of £25.5m.

Productivity and Efficiency Programme (PEP)

- For 23/24 the efficiency requirement will be delivered via Covid cost reduction, central efficiencies, direct 'cost out' and productivity / growth schemes.
- The current forecast is full delivery of the £53.1m target;
- Recurrent efficiencies currently total £46.8m and represent 88.0% of the total plan.
- The Month 10 PEP is performing in line with the plan. Pay efficiencies are currently behind plan by £3.5m with non-pay efficiencies favourable to plan by £0.9m and Income efficiencies £2.6m ahead of plan.
- The impact of ongoing IA means that planned productivity improvements driven by increased activity have not been achieved. Additionally, the Trust has needed to pay premium rates to cover staffing gaps.
- The Trust continues to develop the plans across 23/24 with the aim to increase productivity and deliver the planned cost efficiency schemes.

Cash and Capital Position



- The Trust received an initial system capital allocation for the year of £35.0m for its core capital requirements. In addition to this, we expect to receive further funding for the Children's Hospital (£4.1m), Cancer Hospital (£6.4m), Community Diagnostics (£0.8m), and Secure Data Environments (1.8m). Together with capital contributions from ACT totalling £7.4m and technical adjustments in respect of PFI, the Trust's capital budget for the year now totals £58.1m. This represents a reduction on the total reported at Month 10 due to changes in the phasing of Cancer Hospital funding and spend as agreed with NHP.
- At Month 10 the capital programme is ahead of plan with spend year to date of £33.6m against a budget of £31.8m. 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 £58.1m.
- The Trust's cash position remains strong and the 13 week cash flow forecast does not identify any need for additional revenue cash support in the foreseeable future.

£ Millions	In Month			Year to Date			Full Year	Full Year	Full Year
	Budget	Actual	Variance	Budget	Actual	Variance	Budget	Forecast	Variance
Clinical Income - exc. D&D*, EPM	64.8	62.8	(2.0)	652.5	646.9	(5.7)	782.9	772.1	(10.8)
Clinical Income - EPM variable	20.7	21.0	0.3	192.1	184.9	(7.2)	232.7	227.3	(5.4)
Clinical Income - D&D*	14.3	16.5	2.2	143.2	157.0	13.7	171.9	187.7	15.8
Devolved Income	15.3	19.4	4.1	153.3	161.8	8.6	183.9	194.3	10.4
Total Income	115.1	119.7	4.6	1,141.1	1,150.6	9.4	1,371.4	1,381.5	10.1
Pay	63.3	65.9	(2.6)	617.7	628.9	(11.2)	744.4	758.3	(13.9)
Drugs	15.9	18.1	(2.1)	159.3	173.3	(14.0)	191.2	208.2	(17.0)
Non Pay	33.5	32.3	1.2	331.1	311.7	19.4	397.4	374.5	23.0
Operating Expenditure	112.7	116.2	(3.5)	1,108.1	1,113.8	(5.8)	1,333.0	1,340.9	(8.0)
EBITDA	2.4	3.5	1.1	33.1	36.7	3.7	38.4	40.5	2.1
Depreciation, Amortisation & Financing	3.3	3.3	0.0	33.0	29.9	3.2	39.6	36.1	3.6
Reported gross Surplus / (Deficit)	(0.9)	0.2	1.1	0.1	6.9	6.8	(1.2)	4.5	5.7
Add back technical adjustments:									
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital donations/grants net I&E impact	0.1	(0.9)	(1.0)	1.0	(4.5)	(5.5)	1.2	(5.9)	(7.1)
IFRIC 12 scheme adjustments	0.0	(0.1)	(0.1)	0.0	(1.3)	(1.3)	0.0	(1.6)	(1.6)
Net benefit of PPE consumables transactions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) NHS financial performance basis	(0.8)	(0.8)	(0.0)	1.1	1.1	0.0	0.0	(3.0)	(3.0)

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

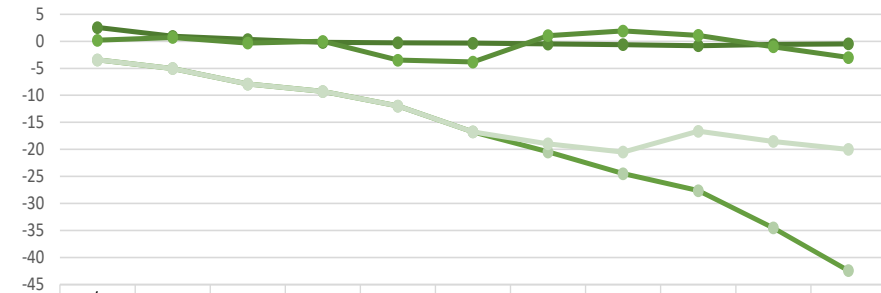
* D&D – drugs and devices.

Trust underlying performance

Key messages:

- 23/24 actual performance is forecast to meet plan but due to a range of non-recurrent items, outlined below, the Trust is forecasting an **underlying deficit of £42.4m**.
- Elective service productivity improvements could reduce the **underlying deficit to £20m**.
- This assessment is based on the Trust delivering the operational plan and includes the receipt of £5.9m from NHSE/I in Month 8 in support of the costs of Industrial Action.
- At Month 10, non-recurrent:
 - income benefits from the EPM baseline adjustments total £12.5m - (£15.0m full year).
 - support of £9.5m (£20.0m full year).
 - Industrial Action pay cost totals £8.9m at M10 and are forecast to increase by a further £2.0m due to M11 IA.
- The Trust is planning to exit the year with an underlying monthly deficit which annualises at over £7.4m, if unfunded in 24/25.

Trust Monthly Financial Performance and Underlying Cumulative Performance (£'m)



	Apr/May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
23/24 Plan	2.5	0.9	0.3	(0.2)	(0.3)	(0.4)	(0.5)	(0.6)	(0.8)	(0.6)	(0.5)
23/24 Actual/Forecast Performance	0.2	0.7	(0.3)	0.0	(3.5)	(3.8)	1.1	1.9	1.1	(1.0)	(3.0)
Underlying Cumulative Performance	(3.4)	(5.0)	(7.9)	(9.3)	(12.0)	(16.8)	(20.5)	(24.5)	(27.6)	(34.5)	(42.4)
Underlying Cumulative Perf. + Mitigations	(3.4)	(5.0)	(7.9)	(9.3)	(12.0)	(16.8)	(19.0)	(20.5)	(16.6)	(18.5)	(20.0)

£'m	Actual M2 YTD	Actual M3 YTD	Actual M4 YTD	Actual M5 YTD	Actual M6 YTD	Actual M7 YTD	Actual M8 YTD	Actual M9 YTD	Actual M10 YTD	Forecast M11 YTD	Forecast M12 YTD
NHS performance surplus / (deficit) - cumulative	0.2	0.7	(0.3)	0.0	(3.5)	(3.8)	1.1	1.9	1.1	(1.0)	(3.0)
Non-recurrent adjustments for Industrial Action											
Industrial action pay costs removed	2.2	3.0	4.1	5.3	6.0	5.9	5.9	7.0	8.9	10.9	10.9
Industrial action income removed (recognised in position)	0.0	0.0	0.0	0.0	0.0	0.0	(5.9)	(6.0)	(6.0)	(6.0)	(6.0)
Underlying plan adjustments											
Non-recurrent support	(3.3)	(5.0)	(6.7)	(8.3)	(6.5)	(6.9)	(7.0)	(9.0)	(9.5)	(14.7)	(20.0)
Baseline adjustment (EPM funding)	(2.5)	(3.8)	(5.0)	(6.3)	(7.5)	(8.8)	(10.0)	(11.3)	(12.5)	(13.8)	(15.0)
CUH service performance											
Exit expenditure run rate 23/24 is unfunded in 24/25	0.0	0.0	0.0	0.0	(0.5)	(3.3)	(4.5)	(5.9)	(7.7)	(8.1)	(7.4)
Non-recurrent non-pay budget support								(1.3)	(1.9)	(1.9)	(1.9)
Underlying 23/24 position - Exit run-rate	(3.4)	(5.0)	(7.9)	(9.3)	(12.0)	(16.9)	(20.5)	(24.6)	(27.6)	(34.5)	(42.4)
Mitigations											
Elective service exit run rate 23/24 increase	0.0	0.0	0.0	0.0	0.0	0.0	0.5	1.0	2.0	4.0	7.4
Elective service productivity increase	0.0	0.0	0.0	0.0	0.0	0.0	1.0	3.0	9.0	12.0	15.0
Mitigations	0.0	0.0	0.0	0.0	0.0	0.0	1.5	4.0	11.0	16.0	22.4
Underlying 23/24 position - Mitigated Position	(3.4)	(5.0)	(7.9)	(9.3)	(12.0)	(16.9)	(19.0)	(20.6)	(16.6)	(18.5)	(20.0)

Full Year Plan – key messages

£'m	M1&2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	23/24 Total
Operating income from patient care activities	196.8	98.4	98.4	103.2	99.3	101.0	101.0	101.0	101.0	101.0	101.0	1,202.1
Other operating income	27.8	13.9	13.9	14.9	14.1	14.1	14.1	14.1	14.1	14.1	14.1	169.3
Total operating income	224.5	112.3	112.3	118.1	113.4	115.1	115.1	115.1	115.1	115.1	115.1	1,371.4
Employee expenses	(118.2)	(59.5)	(59.7)	(66.0)	(61.6)	(63.1)	(63.2)	(63.3)	(63.3)	(63.3)	(63.4)	(744.4)
Operating expenses excluding employee expenses	(103.3)	(51.6)	(51.9)	(52.0)	(51.9)	(52.1)	(52.2)	(52.2)	(52.4)	(52.1)	(51.9)	(623.6)
Operating Surplus/(Deficit)	3.1	1.2	0.6	0.1	0.0	(0.1)	(0.2)	(0.3)	(0.5)	(0.3)	(0.2)	3.4
Finance income	1.2	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	7.0
Finance expense	(1.3)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(7.7)
PDC dividends payable/refundable	(0.7)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(3.9)
Net finance costs	(0.8)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(4.6)
Surplus/(Deficit) for the Period/Year	2.3	0.8	0.2	(0.3)	(0.4)	(0.5)	(0.6)	(0.7)	(0.9)	(0.7)	(0.6)	(1.2)
Add back technical adjustments:												
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital donations/grants net I&E impact	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.2
Net benefit of PPE consumables transactions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Surplus/(Deficit) - NHS financial performance basis for the Period/Year	2.5	0.9	0.3	(0.2)	(0.3)	(0.4)	(0.5)	(0.6)	(0.8)	(0.6)	(0.5)	0.0

Key messages:

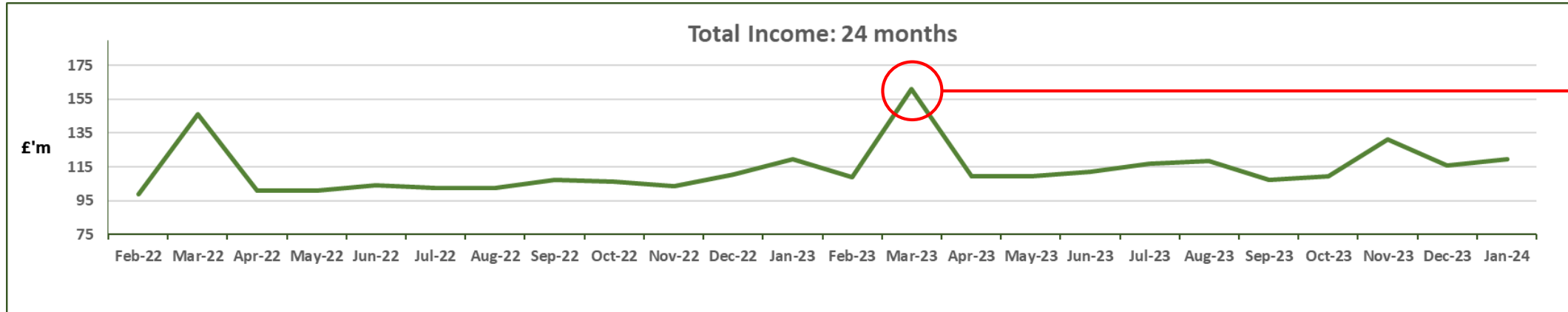
- The plan delivers a 23/24 break-even position on an NHS financial performance basis.
- It is assumed that any elective over-performance will be paid in full, the financial impact of IA will be fully mitigated by NHSE/I and that inflationary pressures will be contained within the modelled levels.
- Productivity and efficiency schemes totalling £53.1m are included within the overall plan. The programme will be delivered via improved productivity combined with cash releasing efficiencies.
- The plan for month 5 onwards has been updated to reflect the income and expenditure associated with the Medical and VSM Pay Award.

£'m	M10 YTD Plan	M10 YTD Actual	Variance	Key Variances
Operating income from patient care activities	1,000.1	1,001.2	1.1	Pass-through drugs income is higher than planned (£13.7m) and is driven by both cost and volume variations to plan. Injury cost recovery is £1.1m ahead of plan with Private Patients income £0.8m behind plan. Net other variable income elements are £12.9m behind the plan.
Other operating income	141.0	149.4	8.3	The favourable variance of £8.3m is driven by Donated asset income (£5.5m), Community Diagnostics Centre (CDC) income (£2.4m) and other recharges (£3.4m). Adverse variances include Fire safety works expenditure is (£3.0m) behind the plan following a review of the scheme expenditure so far (offsets with operating expenditure.
Total income	1,141.1	1,150.6	9.4	
Employee expenses	(617.7)	(628.9)	(11.2)	The primary drivers of the adverse position are the direct impact of the Industrial Action (£8.9m) and associated slippage on delivery of planned productivity and efficiency (£3.5m) offset by other favourable variances (£1.2m). The impact of premium rates of bank and agency pay are largely offset by fully funded vacancies (including medical pay award) but present an ongoing financial risk.
Operating expenses excluding employee expenses	(519.5)	(514.3)	5.2	The favourable position is driven by lower than planned expenditure on supplies and services (£14.7m) and premises costs (£4.3m), Clinical negligence (Maternity incentive scheme) rebate (£1.8m) offset by drugs expenditure over plan but offset by pass-through income (£14.0m) and non-allocated efficiency savings (£2.1m).
Operating surplus / (deficit)	3.9	7.4	3.5	
Finance costs				
Finance income	5.8	8.1	2.3	The Trust has received interest in excess of the plan - this is driven by higher interest rates payable on the Trust cash balances.
Finance expense	(6.4)	(5.4)	1.1	
PDC dividends payable/refundable	(3.2)	(3.3)	(0.0)	
Net Finance costs	(3.8)	(0.5)	3.4	
Reported gross surplus/(deficit)	0.1	6.9	6.8	
Add back technical adjustments:				
Impairments (AME)	0.0	0.0	0.0	
Capital donations/grants net I&E impact	1.0	(4.5)	(5.5)	
IFRIC 12 scheme adjustments	0.0	(1.3)	(1.3)	
Net benefit of PPE consumables transactions	0.0	0.0	0.0	
Surplus/(Deficit) - NHS financial performance basis for the year to date	1.1	1.1	0.0	

Key messages:

- Year to date, on an NHS financial performance basis, the Trust is reporting a £1.1m surplus. This means the Trust is performing in line with plan.

£'m	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Elective admissions	14.0	12.3	(1.7)	122.4	118.3	(4.1)
Non-elective admissions	17.0	17.4	0.3	168.3	171.6	3.4
Outpatients - First	4.8	3.5	(1.3)	44.6	39.4	(5.2)
Outpatients - Follow-up	6.4	5.1	(1.3)	60.7	59.8	(0.9)
A&E	4.0	5.2	1.2	39.2	50.6	11.5
High-cost drugs income from commissioners	14.3	16.5	2.2	143.2	157.0	13.7
Other Clinical Income	39.3	40.4	1.1	409.4	391.9	(17.4)
Total Clinical Income	99.8	100.3	0.5	987.9	988.7	0.9
Devolved Income	15.3	19.4	4.1	153.3	161.8	8.6
Total Trust Income	115.1	119.7	4.6	1,141.1	1,150.6	9.4



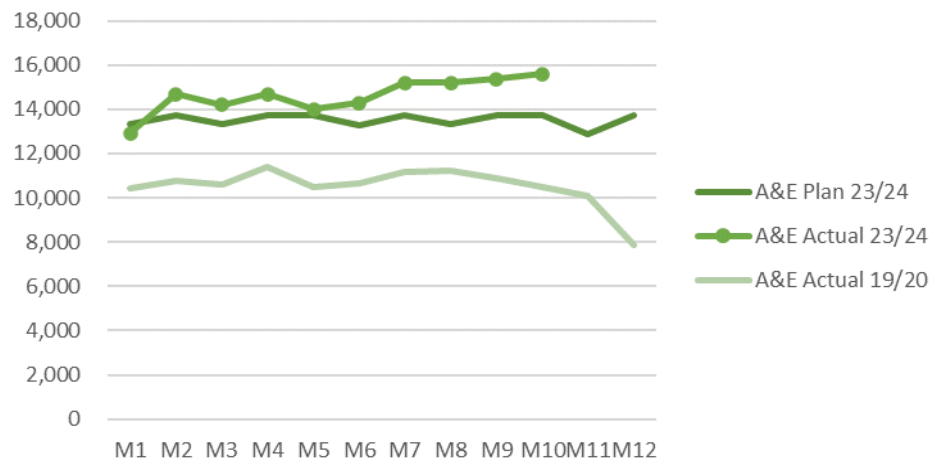
Note: The March 2023 figures include additional funding from NHSE/I for the non-consolidated pay award (£21.1m), the impact of R&D consortium arrangements accounted for in M12 (£13.6m), apprenticeship funding (£2.4m) and national PPE funding (£2.2m). All of which included matched expenditure in M12.

Key messages:

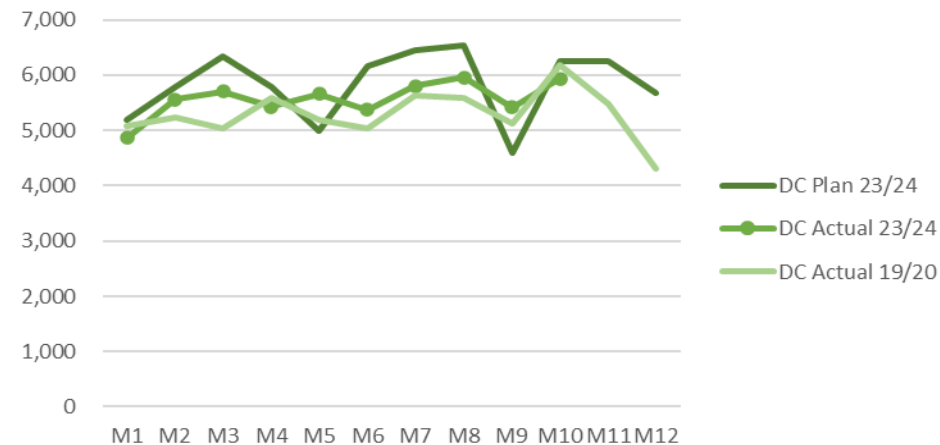
- The Trust income position is favourable to plan by £9.4m year to date.
- Clinical income is £0.9m ahead of plan in the year to date. High-cost drugs income from commissioners (pass-through drugs and devices) is £2.2m ahead of plan in month and a £13.7m year to date. The position includes £6.0m of pay support funding and £9.1m of EPM / target smoothing which offsets the adverse impact of the IA to month 8.
- Devolved income is favourable year to date by £8.6m - this includes favourable variances for Community Diagnostic Centre (£2.8m), NHS injury scheme (£1.1m), donated income (£5.5m), Clinical excellence awards (£3.8m) with offsetting adverse variance in Clinical income, Education and training and R&D (£1.1m), release of specific income risks (£4.0m) and adverse variances for fire safety works (£5.1m) and Private Patients income (£0.8m), utility recharges (£1.2m) and other adverse variances (£2.6m).

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

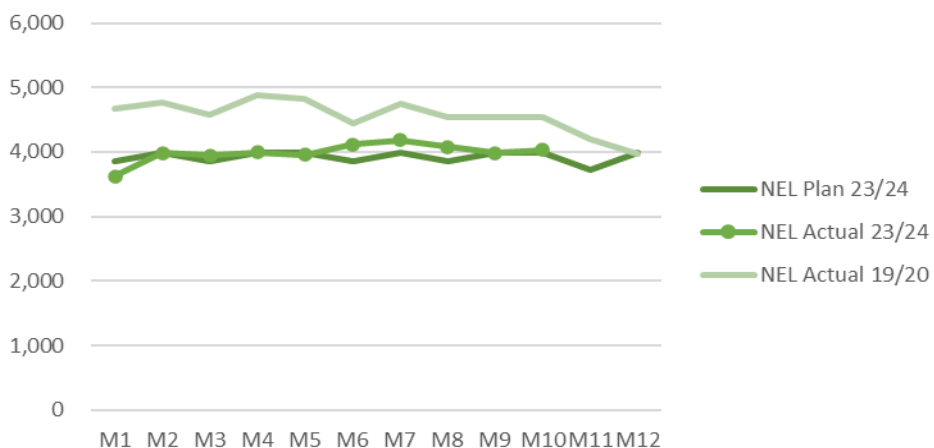
A&E



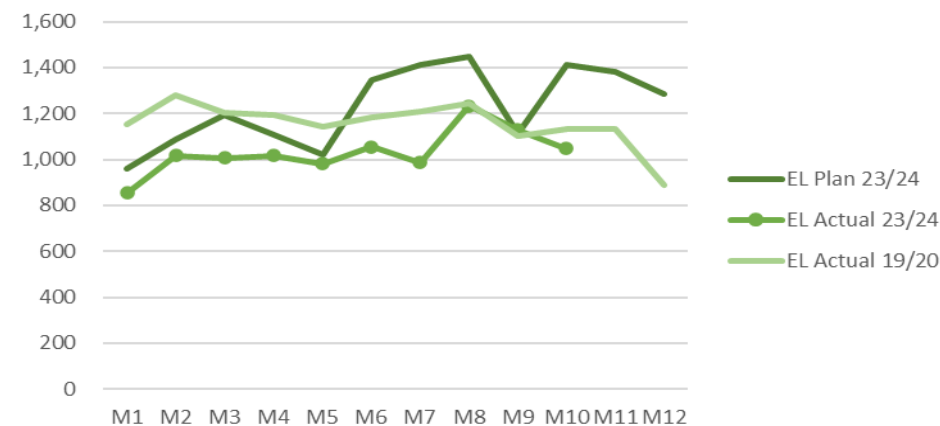
Day Case



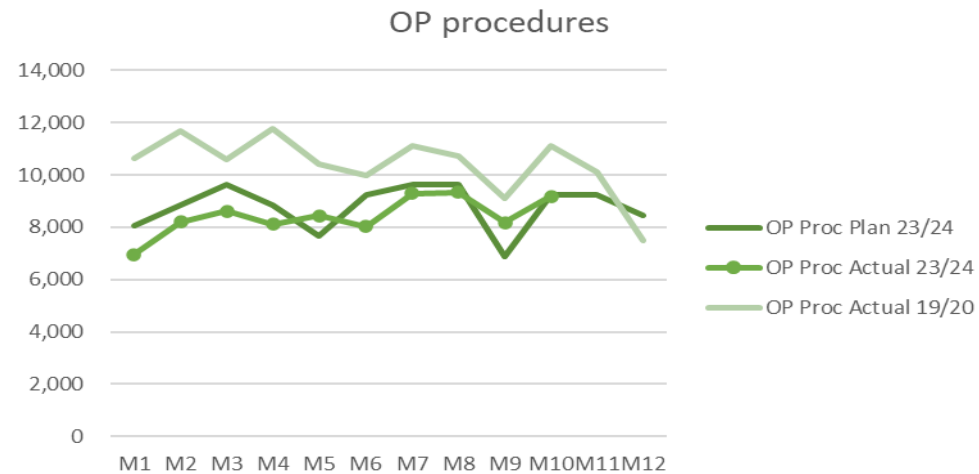
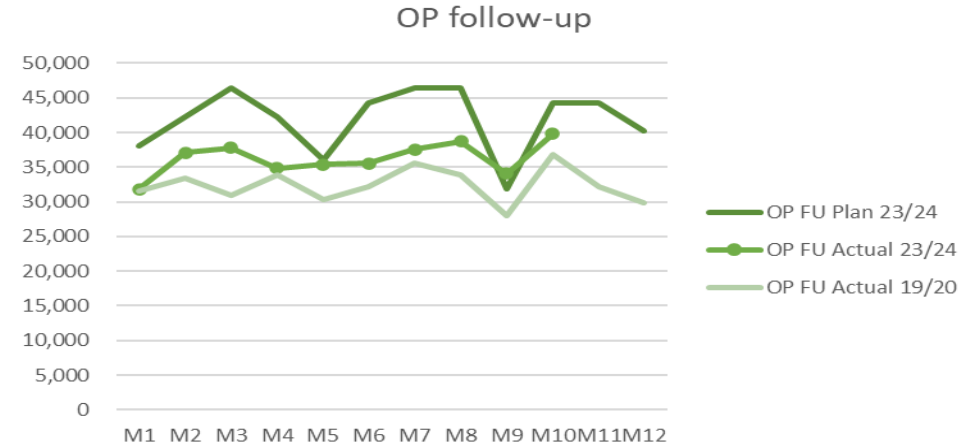
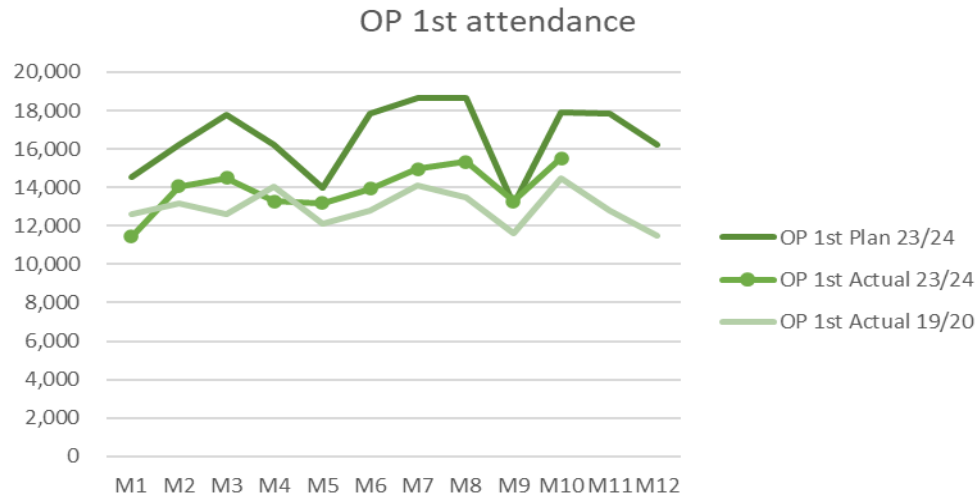
Non-Elective Inpatient



Elective Inpatient



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



Key messages:

- A&E attendances continue to perform higher than both plan and 19-20 levels at month 10. Year to date, A&E is 7.7% above plan and in month 13.4% above plan.
- Non elective spells were close to plan at month 10. Year to date, NEL is 1.4% above plan and in month 1.2% above plan.
- **Elective spells have a plan that is phased with a larger proportion towards the end of the year, however, in month are underperforming by 25.8% against plan.** Year to date, EL is 14.6% below plan.
- Day cases performed close to both plan and 19-20 levels at month 10. Year to date, PSD is 4.2% below plan and in month 5.2% below plan.
- Outpatient 1st attendances were below plan by 13.2% at month 10. Year to date, OP 1st are 15.4% below plan.
- Outpatient follow-up attendances were also below plan by 10.3% at month 10. Year to date, OP FUP is 13.4% below plan.
- Outpatient procedures performed at plan at month 10. Year to date, OP proc are 0.5% below plan.

Clinical Income – Elective Payment Mechanism (EPM) 1

EPM:
 Elective activity recovery in 23/24 is via a 'variable' element of the contract, where Trusts are paid on PbR for a selection of activity including Elective Inpatients, Day-cases, Outpatient First attendances, Outpatients procedures and Chemotherapy.
 In August the National Team released a detailed methodology for costing ERF and this has been used in our reporting going forward. In January actual performance data for months 1 to 7 were released using the latest tariff prices.
 The below table shows the outcome of the national methodology, with months 8 – 10 forecasted internally.

EPM is £0.3m below original target YTD which falls £16.5m below planned levels.

Please note:

An internal estimate for month 10 for the impact of the new movement hub that opened in month 8 has been included in the table below.
 As EPM performance is in an open period throughout the year, the forecast EPM value included below has not been fully recognised in the reported position this month, anticipating a drop in full year performance over winter.
 The Trust has received £5.9m (full year effect) support from NHSE/I for Industrial Action staff cost pressures.

Commissioner	Month 10 23/24						YTD 23/24					
	Target £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Target £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
NHSE	7.9	7.2	(0.7)	8.6	7.2	(1.4)	73.8	69.9	(3.9)	79.8	69.9	(9.9)
C&P ICB	7.6	9.3	1.7	8.4	9.3	0.9	71.1	75.4	4.4	77.6	75.4	(2.2)
Associate ICBs	4.3	3.5	(0.8)	4.8	3.5	(1.3)	40.3	36.7	(3.5)	44.0	36.7	(7.2)
M10 estimate Hub extra capacity impact	0.0	1.0	1.0	0.0	1.0	1.0	0.0	2.8	2.8	0.0	2.8	2.8
Total	19.8	21.0	1.2	21.7	21.0	(0.7)	185.1	184.9	(0.3)	201.4	184.9	(16.5)

EPM – National Approach IA:

Guidance was first published in mid August on how the NHS plans to deal with IA in monitoring of these elective recovery plans. Initially, a 2% target reduction was actioned. A further target reduction of 2% was subsequently announced to support the impact of industrial action since June. This has been applied to month 10 reporting.

Using the latest national targets and monthly actuals, the equivalent table to the previous page with an updated reduced target can be seen below.

EPM is £9.0m above the adjusted target YTD and £7.2m below the adjusted plan after accounting for the increase in block payment.

Please note:

An internal estimate for month 10 for the impact of the new movement hub that opened in month 8 has been included in the table below.

As EPM performance is in an open period throughout the year, the forecast EPM value included below has not been fully recognised in the reported position this month, anticipating a drop in full year performance over winter.

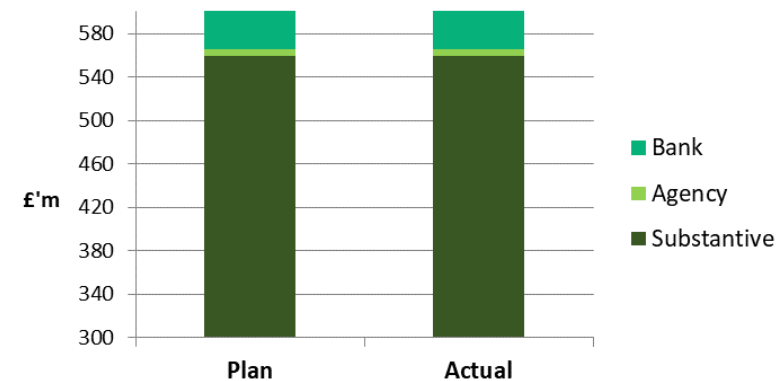
The Trust has received £5.9m (full year effect) support from NHSE/I for Industrial Action staff cost pressures.

Commissioner	Month 10 23/24						YTD 23/24					
	Target £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Target £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
NHSE	7.3	7.2	(0.1)	8.6	7.2	(1.4)	68.6	69.9	1.3	79.8	69.9	(9.9)
C&P ICB	7.4	9.3	1.9	8.4	9.3	0.9	68.4	75.4	7.0	77.6	75.4	(2.2)
Associate ICBs	4.2	3.5	(0.7)	4.8	3.5	(1.3)	38.8	36.7	(2.0)	44.0	36.7	(7.2)
M10 estimate Hub extra capacity impact	0.0	1.0	1.0	0.0	1.0	1.0	0.0	2.8	2.8	0.0	2.8	2.8
Total Variable	18.8	21.0	2.2	21.7	21.0	(0.7)	175.8	184.9	9.0	201.4	184.9	(16.5)
Target adj. block increase	0.0	0.0	0.0	(1.0)	0.0	1.0	0.0	0.0	0.0	(9.3)	0.0	9.3
Total Overall	18.8	21.0	2.2	20.7	21.0	0.3	175.8	184.9	9.0	192.1	184.9	(7.2)

Key messages:

- The Trust has an adverse pay position of £11.2m in the year to date. The adverse impact of Industrial Action has been assessed at £8.9m year to date. The current operating environment including high-levels of vacancies and sickness means that pressure remains for both volume and cost of temporary staffing measures.
- Bank spend as a proportion of the year to date pay bill is 10.0% while agency spend for the same time period is 1.1%. This compared to 8.7% for bank and 1.3% for agency in 22/23. The main driver for the bank spend is the adverse impact of the Industrial Action and the additional shifts required to cover sickness and other vacancies although management action is has reduced the levels of bank enhancements offered and the volume of bank and agency shifts requested.
- The position includes vacancy factors and pay efficiency targets of £28.1m year to date.
- The reported position recognises the Agenda for Change (AfC) pay settlement of 5% which was paid in the June payroll and Medical settlements that were paid in September payroll. The Trust has recognised additional income to cover pay award costs in excess of the 2.1% that was originally funded.

Pay analysis (recurrent) - year to date



Note: The Mar-23 figure includes non-consolidated pay award (£21.1m).

Note: The Aug-23 figure includes the Medical pay award (£5.3m).



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

Note: For comparability purposes the chart reports average values for months 1 & 2, in line with external reporting requirements month 1 values are not reported in isolation. Additionally, central NHS pension contributions are excluded from March '22 and March '23 totals.

Pay - Staff group

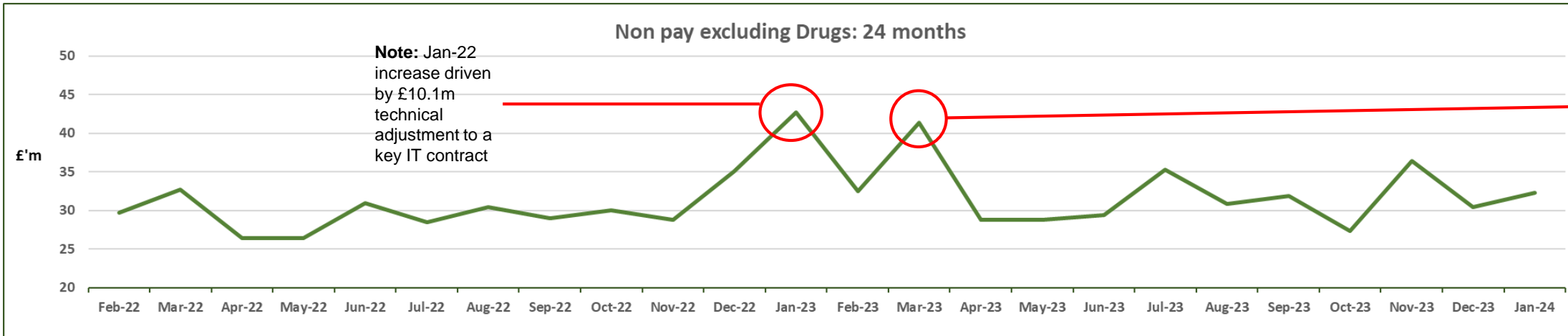
£ Millions	In Month			Year to Date		
	Budget	Actual	Variance	Budget	Actual	Variance
Administrative & Clerical & Ancillary	10.5	11.5	(0.9)	103.9	109.9	(6.0)
Allied Healthcare Professionals	3.9	4.1	(0.2)	36.1	37.7	(1.6)
Clinical Scientists & Technicians	6.0	5.9	0.2	58.0	56.7	1.3
Medical and Dental	20.4	22.3	(1.9)	201.0	208.4	(7.5)
Nursing	22.4	22.1	0.3	218.8	216.1	2.7
Total Pay Cost	63.3	65.9	(2.6)	617.7	628.9	(11.2)

Pay - Employee type

£ Millions	In Month			Year to Date		
	Budget	Actual	Variance	Budget	Actual	Variance
Agency	0.7	0.6	0.1	6.9	6.8	0.1
Bank	5.2	6.8	(1.6)	51.6	62.9	(11.3)
Contracted	0.4	0.5	(0.2)	3.5	4.8	(1.3)
Substantive	57.1	58.0	(0.9)	555.7	554.4	1.3
Total Pay Cost	63.3	65.9	(2.6)	617.7	628.9	(11.2)

Key messages:

- Pay expenditure has an adverse variance of £11.2m. Direct cost pressures resulting from industrial action in the year to date total £8.9m. This was mainly incurred within the Medical and Dental category.
- The adverse variance of £2.6m in month has been driven by the IA costs of £1.9m and increased substantive expenditure over and above the net plan that includes year to date vacancy factors (pay slippage) of £25.2m and unallocated pay efficiency targets of £2.9m.
- The industrial action has adversely affected the Trust's ability to fully deliver the pay efficiency savings that were planned for the year to date so these schemes are £3.5m adverse to plan at Month 10.
- Agency spend year to date represents 1.1% of Trust wide pay expenditure. This is in line with performance in 22/23 and is significantly below the NHS E threshold target of 3.7% of total pay bill.
- NHSE has provided additional funding to the ICS to offset £6.0m the Industrial Action pay costs incurred to Month 8. The Trust understands additional funding of £3.0m to offset IA costs for Month 9 and Month10 may be provided ahead of the financial year-end.



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

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

Key messages:

- At the end of month 10, the Trust's non pay position is £5.4m favourable to plan year to date with expenditure £0.9m adverse to plan in month.
- Favourable year to date variances total £20.8m across supplies and services and premises driven by lower than planned clinical activity and lower than expected inflationary pressures. There are non-recurrent benefits of £2.9m due to a reduction in movement in credit loss on receivables and a £1.8m Clinical negligence rebates relating to the 22/23 Maternity incentive scheme allocations.
- Overall drugs expenditure is £14.0m adverse to plan with pass-through drugs fully offsetting this variance. The Trust expects to receive additional funding to cover this additional pass-through expenditure.
- Drug costs historically fluctuate from month to month so this area of expenditure will be kept under review to establish whether the current cost pressure is sustained in future months.

£millions

	In Month			Year to Date		
	Budget	Actual	Variance	Budget	Actual	Variance
Supplies and services	19.6	19.2	0.4	192.8	176.3	16.5
Drugs	15.9	18.1	(2.1)	159.3	173.3	(14.0)
Premises	8.2	7.7	0.5	80.1	75.8	4.3
Movement in credit loss on receivables	(0.4)	0.0	(0.4)	(4.2)	(2.9)	(1.3)
Clinical negligence	2.3	2.3	0.0	22.9	21.1	1.8
Efficiency savings	(0.2)	0.0	(0.2)	(2.1)	0.0	(2.1)
All other non pay	4.1	3.1	1.0	41.5	41.4	0.1
Total Non Pay	49.4	50.4	(0.9)	490.4	485.0	5.4

Key messages:

- The non pay position shows a £5.4m favourable year to date variance at month 10. The key drivers for this position are described on the previous page.
- The negative budget for movement in credit loss on receivables (bad debt provisions) relates to a planned improvement in the level of aged debt (£5.0m) offset by the increase in Injury Cost Recovery provision. It is expected that the Trust will deliver the planned position at year-end.

£m	YTD Plan			YTD Actual Delivery			YTD Variance		
	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total
Pay	28.9	0.0	28.9	20.2	5.2	25.4	(8.7)	5.2	(3.5)
Non-pay	12.2	0.8	13.1	14.0	0.0	14.0	1.8	(0.8)	0.9
Income	0.1	0.1	0.2	2.7	0.1	2.8	2.6	0.0	2.6
	41.3	0.9	42.2	36.9	5.3	42.2	(4.3)	4.4	0.0

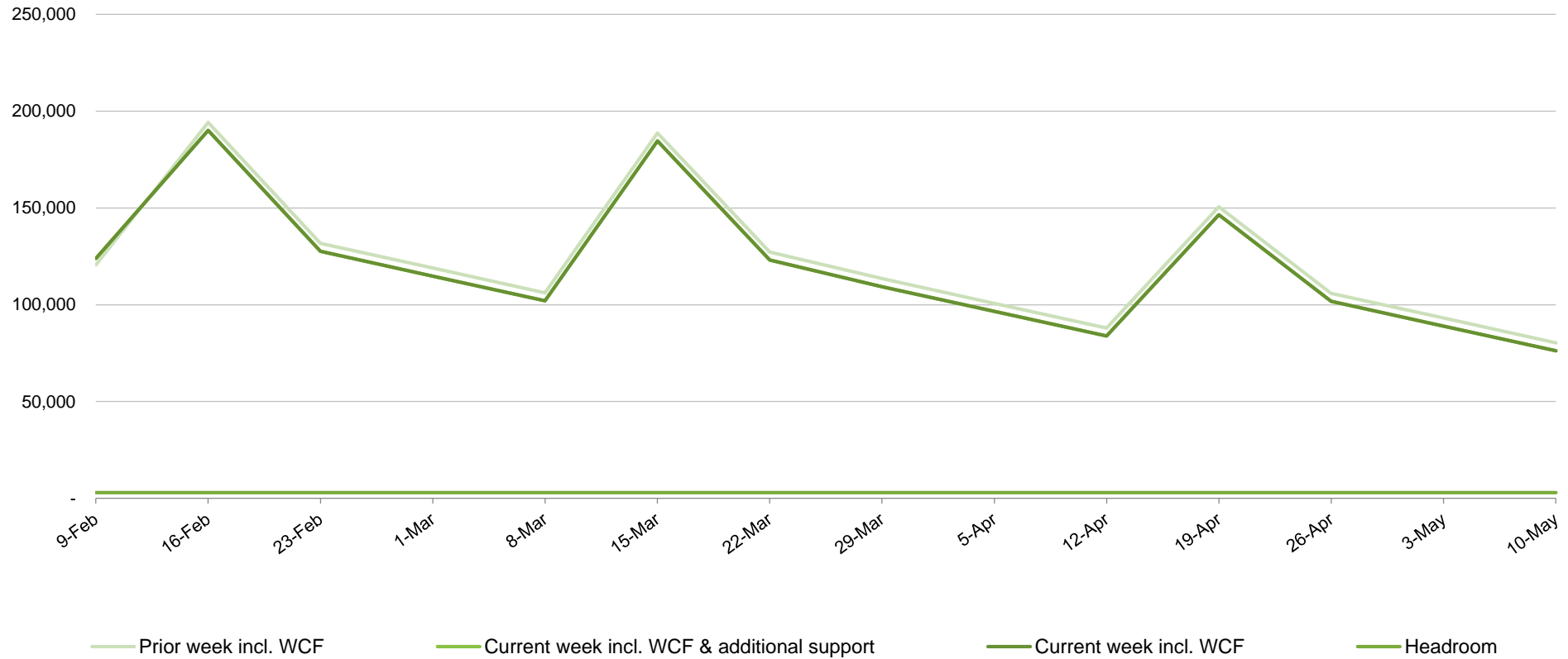
£m	Full Year Plan			Forecast Full Year Delivery			Variance		
	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total	Recurrent	Non-recurrent	Total
Pay	34.5	0.0	34.5	24.5	6.3	30.8	(10.0)	6.3	(3.7)
Non-pay	17.4	1.0	18.4	19.0	0.0	19.0	1.6	(1.0)	0.6
Income	0.2	0.1	0.2	3.3	0.1	3.4	3.2	0.0	3.2
	52.0	1.1	53.1	46.8	6.4	53.2	(5.2)	5.3	0.1

Key messages:

- Please see the appendix for the detailed efficiency plan.
- The Trust has identified £58.0m efficiencies against a target of £53.1m and is forecasting £53.2m of in year delivery. Of this, £46.8m is recurrent, representing 88% of the total plan.
- The overall position at M10 shows performance in line with the plan.
- The position shows pay efficiencies are currently behind plan by £3.5m with non-pay efficiencies favourable to the plan by £0.9m and Income efficiencies £2.6m ahead of plan.
- The impact of Industrial Action meant that planned productivity improvements driven by increased activity have not been achieved. Additionally the Trust has needed to pay premium rates to cover staffing gaps.
- The Trust will continue to develop plans across 23/24 with the aim to increase productivity and deliver the planned cost efficiency schemes.

£'m	M2 YTD		M3		M4		M5		M6		M7		M8		M9		M10		M11		M12		YTD		Forecast		
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	
Total Pay Efficiencies	5.9	7.2	3.1	4.1	2.7	3.6	2.7	6.4	2.9	5.2	2.9	7.9	2.9	5.4	2.7	6.2	2.9	0.0	3.3	0.0	2.2	0.0	26.0	23.0	34.5	30.7	
Total Non-pay Efficiencies	4.7	5.1	1.3	2.0	1.3	2.8	1.3	2.8	1.4	1.6	1.3	2.5	1.3	2.9	1.3	2.2	1.3	0.0	1.3	0.0	3.9	0.0	11.7	12.6	18.4	19.0	
Total Income Efficiencies	0.1	1.1	0.0	1.2	0.0	0.5	0.0	0.7	0.0	1.1	0.0	(0.1)	0.0	0.6	0.0	(0.2)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	2.5	0.2	3.5
Total Efficiencies - 2023/24	10.7	13.4	4.4	7.3	4.0	6.9	4.0	10.0	4.3	7.9	4.2	10.2	4.3	9.0	4.0	8.2	4.2	0.0	4.7	0.0	6.2	0.0	38.0	38.0	53.1	53.2	

CUH 13 week rolling cash flow forecast (£000)



Key messages:

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

Appendices

Month 10 capital expenditure position

Year to Date (Month 10)			
	Budget	Actuals	Variance
	£m	£m	£m
Programme			
Cambridge Movement Surgical Hub (CMSH)	7.0	7.3	(0.2)
Existing Estate/HV/Thrombectomy	5.7	8.4	(2.6)
Cancer Research Hospital (CCRH)	3.7	3.0	0.7
Medical Equipment Replacement	3.9	7.8	(3.9)
Children's Hospital (CCH)	2.2	2.4	(0.3)
Nuclear Medicine	0.2	0.3	(0.2)
Community Diagnostic Hub/Centre (CDC)	0.8	0.3	0.5
eHospital/Legacy IT Systems	0.8	0.5	0.3
Other Developments/PFI	7.5	3.7	3.8
Programme Total	31.8	33.6	(1.9)

Forecast		
Budget	Expenditure	Variance
£m	£m	£m
7.0	7.3	(0.2)
9.9	13.1	(3.2)
6.4	6.4	-
14.7	16.0	(1.3)
4.1	4.1	-
0.2	0.3	(0.2)
0.8	0.8	-
1.2	2.0	(0.7)
13.8	8.2	5.6
58.1	58.1	-

Key Issues/Notes Year to Date

£33.6m has been invested YTD, compared to a budget of £31.8m; an overspend of £1.9m. This overspend is primarily due to earlier than budgeted spend on Medical Equipment replacement (and specifically the surgical robot), Rosie theatre expansion and the Discovery Drive fit-out project; all of which are just timing issues - their full year forecasts are in line with budget.

The larger areas of spend this year have been:

- Cambridge Movement Surgical Hub (CMSH) - £7.3m
- Replacement & Installation of Medical Equipment - £6.0m
- Cambridge Cancer Research Hospital (CCRH) - £3.0m
- Cambridge Children's Hospital (CCH) - £2.4m
- Replacement Surgical Skills Centre (categorised above under 'Existing Estate') - £2.2m
- ACT-funded surgical robot (categorised under 'Other Developments') - £1.9m
- Replacement of original surgical robot (categorised under 'Medical Equipment Replacement') - £1.7m
- High Voltage (HV) network improvements - £0.9m
- Nuclear Medicine refurbishment - £0.3m

Key Issues/Notes Forecast

This financial year has seen the opening of the 2 U block wards, CMSH (3 theatres attached to wards P2 & Q2), the new Thrombectomy suite and the refurbished Nuclear Medicine department, plus the commissioning of the ACT-funded second surgical robot. In the remaining two months of the year we will continue progress on projects including the purchase of equipment for the CDC and a Secure Data Environment for R&D work, in addition the replacement of the Cath Lab, 2 x-ray rooms, our existing surgical robot, and preparatory work for 2 linear accelerators. We will also continue other larger projects, notably CCRH and CCH, as well as preparing for the reopening of 3 neuro theatres in the A block (which will be just into the new financial year).

Following a review of the forecast spend and MoU funding for the CCRH & CCH projects, our forecast and budget for the year have both reduced to £58.1m

Balance sheet

	M10 Actual £m
Non-current assets	
Intangible assets	19.9
Property, plant and equipment	560.0
Total non-current assets	579.9
Current assets	
Inventories	13.4
Trade and other receivables	60.8
Cash and cash equivalents	127.4
Total current assets	201.6
Current liabilities	
Trade and other payables	(188.3)
Borrowings	(15.5)
Provisions	(11.8)
Other liabilities	(77.6)
Total current liabilities	(293.2)
Total assets less current liabilities	488.3
Non-current liabilities	
Borrowings	(151.2)
Provisions	(9.5)
Total non-current liabilities	(160.7)
Total assets employed	327.6
Taxpayers' equity	
Public dividend capital	616.0
Revaluation reserve	47.0
Income and expenditure reserve	(335.4)
Total taxpayers' and others' equity	327.6

Balance sheet commentary at month 10

- The balance sheet shows total assets employed of £327.6m.
- Non-current liabilities at month 10 are £160.7m, of which £151.2m represents capital borrowing (including PFI and IFRS 16).
- Cash balances remain strong at month 10.
- The balance sheet includes £17.0m of resource to support the completion of the remedial fire safety works expected to be deployed over the coming years.

Report to the Board of Directors: 13 March 2024

Agenda item	10
Title	Strategy update
Sponsoring executive director	Claire Stoneham, Director of Strategy and Major Projects
Author(s)	Lizzie Gifford, Strategic Programme Manager; Dan Northam Jones, Director of Strategy; Denise Franks, Assistant Director of Planning and Development
Purpose	To update the Board on implementation of the Trust Strategy.
Previously considered by	Management Executive, 7 March 2024

Executive Summary

This report presents the regular four-monthly strategy update covering an overview of activities undertaken from November 2023 to February 2024 and areas of focus for March to June 2024 across the 15 commitments in the Trust Strategy. We have also provided a short summary of activities to embed the Strategy throughout CUH since we launched our latest strategy document – ‘CUH Together 2025’ – in July 2022.

Over the last year we have adopted the strategic lens of ‘access to care’ as the overarching priority across different areas of the strategy, targeting three core metrics: improving net bed capacity, reducing waiting lists and reducing the vacancy rate.

Recent highlights include:

- Increasing emergency medicine staffing, standardising roles and processes, increasing productivity by removing duplication of work, and evaluating of quality improvement initiatives underway.

- Spreading success of Patient Not Present (PNP) and Patient Initiated Follow Up (PIFU) in some specialties' outpatient services more widely across the Trust to reduce waiting lists and improve productivity, as part of achieving 115% of pre-Covid outpatient activity levels and developing a long-term outpatient strategy to continue to modernise services over the coming years.
- Opening a Community Diagnostics Centre at Ely, which has increased capacity and will facilitate reduction in waiting lists for MRI, Ultrasound, Echo and Fibroscan, and will support us to retain specialist staff.
- Opening the Cambridge Surgical Movement Hub (CSMH) to provide increased bed and theatre capacity to support an increase in surgical activity to 110% of pre-Covid level, which is already delivering significant reductions in patient length-of-stay.
- Implementing changes in the Day Surgery Unit to improve flow and have mitigated delays to surgery start and turnaround times, as well as adopting innovative digital tools to support patients in the run up to surgery, ensuring patients are optimised and fit for surgery to reduce late cancellations.
- Improving recruitment and induction experience for new joiners to reduce attrition and turnover, including through faster online Occupational Health clearance.
- Introducing initiatives to de-bias recruitment processes and embed inclusion throughout career progression stages, creating an environment for personal and professional growth for all.

Since agreeing the new Trust Strategy, CUH Together 2025, in July 2022, we have been pursuing a wide-ranging programme of promotion, education, and communication on the strategy across the organisation. We have:

- Held more than 20 strategy seminars, attended by more than three hundred staff across a range of professions, divisions, corporate teams and staff networks.
- Distributed 11k leaflets to individual staff summarising key commitments in the strategy.
- Distributed 300 laminated planning documents and 500 posters to teams, enabling them to use the CUH 'strategy triangle' to inform local priorities for their teams.
- Created four blog posts and a dedicated section on the CUH staff website, which has had more than 20k views.
- Created videos showcasing the CUH strategy in action, which have had more than 2k views.
- Embedded the strategy in the CUH annual appraisal process and New Manager Essentials programme to support managers to engage staff throughout the organisation in understanding their roles in delivering the strategy.

- Embedded the strategy on staff development programmes for Senior Sisters and Charge Nurses and New Consultants.
- Supported teams across the hospital to develop their own strategies, including for Allied Health Professionals, Midwifery and Nursing, and in Imaging and Occupational Therapy.

We continue to monitor the impact of these initiatives and welcome suggestions for other opportunities to share and listen.

Related Trust objectives	All
Risk and Assurance	The Trust strategy is a key tool for addressing the major risks facing the Trust.
Related Assurance Framework Entries	All
Legal and regulatory implications	n/a

Action required by the Board of Directors

The Board of Directors is asked to:

- Note the progress made over the last four months in delivering our strategy and our plans for the coming months.
- Note the activities undertaken to embed the Strategy throughout CUH.

Improving patient care

Progress from November 2023 to February 2024

Key areas of focus for March to June 2024

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

Medium-term strategic trajectory: Significant progress continues to be made on integrated care through programmes led by the Cambridgeshire South Care Partnership (CSCP) e.g. High Intensity Users, integrated neighbourhoods, Home First – as well as by work led within CUH in partnership with others e.g. virtual wards, development of Community Diagnostic Centres (CDCs). We are working with the ICB and CSCP partners to articulate a series of wider changes to accelerate implementation of these new models of care, potentially including through the delegation of contracts to Place level. In this context, we are now seeking to define a revised approach to delivering our vision for integrated care, which should reduce the likelihood of BAF risk 010 occurring and accelerate progress towards improving the health of our local population.

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones	Agree programme of work with primary care to improve effectiveness of interface between CUH and provide mutual aid where necessary				Establish priority pathways for integration within each specialty which are aligned to a shared set of priorities held with other providers				Develop suite of corporate and clinical resources to support colleagues to work with other providers and in neighbourhoods			

- Discussed and agreed the approach and objectives for progressing integrated care over the next year at the Addenbrooke's Futures Committee.
- Progressed discussion with the Integrated Care Board (ICB) about which priorities from the Joint Forward Plan (JFP) will be delivered by CSCP and CUH.
- Supported a Place development session attended by a wide range of system partners.

- Agree and allocate the resourcing required within CSCP and CUH to support the objectives for integrated care over the next year.
- Finalise agreement with the ICB about which priorities from the JFP will be delivered by CSCP and CUH.
- Discuss and agree refocused operating framework for the Cambridgeshire South Care Partnership Joint Strategic Board to achieve more balanced contribution from all system partners.
- Access supporting resource and commence work on care model redesign.

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

Medium-term strategic trajectory: Over the last year, we have made significant progress on delivering improvements to our 4-hour performance and achieved <1% of ambulance handovers breaching one hour. We are undertaking a significant programme of work to support us to mitigate BAF risk 001, delivering more timely and responsive urgent and emergency care services, including through implementing findings of external reviews on staffing and

pathways, plus extending and reconfiguring medical capacity to improve flow. Over the next three years we will go further by: (i) realising efficiencies in our Urgent Treatment Centre pathways and (ii) creating additional space in the Urgent Treatment Centre through the development of Clinic 9.

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones	▲ Develop and deliver Trust- wide plan to improve 4hr performance		▲ National target to achieve 76% against the 4hr standard by March 2024		▲ Urgent Treatment Centre works complete. Front door model updated							

- Implemented the action plan to support Emergency Medicine including establishing clear and agreed rota rules to support Emergency Department staffing and identify the key rota pinch-points on the way to implementing self-rostering.
- Continued work to address variation by standardising approaches to key roles and actions to create consistent operations day to day.
- Improved performance in the Urgent Treatment Centre focusing on Emergency Nurse Practitioner & GP productivity and removing duplicative processes.
- Managed seasonal pressures and supported emergency pathways during winter, with a focus on frail elderly patients, and managing infectious illnesses.
- Provided regular updates, including detailed data analysis, through the Urgent and Emergency Care (UEC) Oversight Board, reporting into Management Executive on a regular basis, supported by detailed data analysis.

- Assess impact of additional clinical resources secured via Medical and Dental Workforce Committee (taking effect from February 2024), with a view to measure value of investment and inform future workforce plans.
- Continue the review of pathways from the Emergency Department into the hospital and Same Day Emergency Care (SDEC) services to identify areas of opportunity with all groups of patients and implement appropriate changes.
- Continue to test changes as part of ongoing Emergency Medicine Improvement Programme.
- Provide focused support to improve Children’s ED performance so it is sustained and consistent.
- Support the Therapies front-door admission-avoidance pilot to ensure the benefits are realised.
- Evaluate Clinic 9 modelling to ensure additional capacity provides the necessary productivity and efficiency gains to meet demand.
- Re-examine the benefits that can be realised through active management of Internal Professional Standards.
- Continue to embed the 4-hour approach across the organisation and emphasise the impact that different staff groups can have on supporting the UEC patient pathway.

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

Medium-term strategic trajectory: Our medium-term goal is to reduce our waiting lists to improve access to care, by increasing activity and improving productivity. We have made significant inroads towards this in recent months through prioritising outpatient activity and increasing the adoption of outpatient productivity initiatives; as well as opening additional Community Diagnostic Centre capacity; and driving improvements in theatre utilisation and identifying opportunities to reduce length of stay. We are currently scoping two cross-cutting programmes for 2024/25 – on outpatient transformation and length of stay – to support delivery of an ambitious elective programme; as well as continue to create additional diagnostics and surgical capacity and redesigning clinical pathways. This package of interventions should reduce the risk that we cannot deliver timely and responsive elective care (BAF risk 001).

2023/24				2024/25				2025/26			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones Elimination of patients waiting > 65 weeks from Referral to Treatment ▲								▲ 95% patients receive a diagnostic test within 6 weeks			
Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days ▲											

Outpatients

- Developed a plan for outpatient transformation programme including extending existing successful initiatives (e.g. Patient Not Present (PNP) and Patient Initiated Follow Up (PIFU)) more widely across the Trust in 2024/25.
- Commenced work on a medium-term Trust-wide outpatient strategy to improve outpatient productivity over the next three years, using our own learning, learning from other hospitals, Getting it Right First Time (GIRFT) and Royal College of Physicians guidance.
- Developed an outpatient transformation toolkit that provides practical advice to teams.
- Recruited additional staff to expedite turnaround time for clinic room requests and explore / enable different ways of booking rooms to minimise cancellations.

Outpatients

- Increase the new number of patients we see to 115% of 2019/20 levels by March 2024.
- Ensure a minimum of 21 requests per 100 new outpatient attendances for specialist advice are met, by March 2024.
- Move or discharge 7.5% of outpatient attendances to PIFU by March 2024.
- Encourage divisions to broaden and accelerate use of PIFU and PNP and test a variety of other change ideas such as clinic template changes.
- Support divisions to utilise resources and toolkits previously shared to enable identification of further improvement opportunities e.g. GIRFT outpatients guidance and checklist, Further Faster Handbooks.
- Progress work to redesign specific pathways for new referrals to include Advice and Guidance (A&G).

Surgery

- Mitigated start delays and turnaround times by exploring 'overnight stays' on L2 Day Surgery Unit which do not impact the General & Acute bed pool.
- Reconfigured the L2 space to enable maximum workforce resilience in preparation for patients' pre-op.
- Revised the L2 Day Surgery Unit (DSU) contingency policy to protect from inappropriate moves to improve flow.
- Continued to focus on and improve data quality, with regular updates on problem areas.
- Worked with specialties to maximise opportunities for same day discharge, managing patient expectations, clear post-op notes and care, and use of the virtual ward.
- Opened the Cambridge Movement Surgical Hub (CMSH) in November 2023, providing protected beds, staff, and theatre capacity.
- Made extended contracts available to the Pre-Operative Assessment (POA) teams for their roles on the regional team. Ensuring CUH remains abreast of best-practice and latest innovations.

- Support divisions with use of NHSE data opportunity tools that enable specialties to benchmark with and learn from other trusts e.g. on new:follow up ratio, virtual, PIFU, Did Not Attend (DNA) and other rates.
- Develop a longer-term strategy for outpatients through the newly created outpatient strategy steering group.
- Implement the Netcall patient portal when eHospital resources are available.

Surgery

- Move to 110% of pre-Covid activity now that the new Cambridge Movement and Surgical Hub is open.
- Explore opportunity of adopting a 'standby' approach to maximise use of theatre capacity, whereby in the event of very short notice patient or clinical cancellations, standby patients are available.
- Focus on innovative practice and strengthening processes to meet high performance including using template specifications for high volume, low complexity cases.
- Go live with pre-screening with digital Health Screening Questionnaires (HSQs), starting with Orthopaedic patients then rolling out to other specialties. Identify potential opportunities to optimise patients ahead of their POA and surgery.
- Visit trusts with better performance against key performance areas such as British Association Of Day Surgery day case rates, length of stay against poorly performing pathways, and innovative work with optimisation prior and enhanced recovery post-surgery.
- Extend the rollout of 'Surgery Hero' to further specialties.
- Continue to participate in the the East of England Elective Care Improvement Network.

- Ran a pilot for 'Surgery Hero', an app-based service which will support patients in their surgical journey, reducing cancellations on the day and maximising fitness.
- Expanded Same Day Emergency Care (SDEC) pathways via Surgical Assessment Unit.
- Participated in the East of England Elective Care Improvement Network, attending webinars and workshops on latest developments.

Diagnostics

- Developed plans to recover Audiology, Echo and Ultrasound backlogs and further reduce the overall number of patients waiting >6 weeks for diagnostics.
- Increased the use of available modalities at Wisbech Community Diagnostics Centre (CDC) and opened new modalities.
- Opened Ely CDC including mobile MRI, Fibroscan, Echo and Ultrasound.
- Continued system work on cardiac imaging capacity and plan.
- Operationalised new insourcing contract in Echo and assessed outsourcing / insourcing options for Urodynamics and alternative pathways for Audiology.

Diagnostics

- Continue to improve 6ww performance in all modalities, maintaining 95% performance in currently achieving modalities and achieving this in MRI and CT by May 2024.
- Continue focus on recovery of performance for Echo, Ultrasound, Audiology, cardiac imaging and Video Urodynamics.
- Explore and approve competency-based progression opportunities for Agenda for Change (AfC) Band 5/6 respiratory Physiologists.
- Progress plans to address workforce gaps, including recruitment to support Musculoskeletal (MSK) service demand / delivery and appointment / allocation of staff to Ely CDC.
- Improve utilisation of new NHSE KPI data on the hospital database (CHEQS).
- Commence Respiratory Physiology and fixed MRI and CT at Ely CDC.

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

Medium-term strategic trajectory: We are continuing work to develop a strategic plan for health inequalities (HI) and equality, diversity and inclusion (EDI), which will bring together key existing areas of work across the Trust and seek to embed HI and EDI across everything we do e.g. designing inclusion into service redesign, and considering how we involve diverse communities in our patient and public engagement work. We are also focused on collecting the right data (e.g. demographic data in MyChart) to understand the biggest disparities in patient experience and outcomes. The implementation of the strategic plan will contribute to the mitigation of BAF risk 008 in the short-medium term.

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

- Continued pilots to embed inclusion into service redesign, including creating an evidence base using equality data and designing a future state where inclusion and equity is integral to the new service model.
- Established a smoking cessation service for inpatients across CUH.
- Used MyChart demographic data to set the direction for reducing Health Inequalities and understand the benefits and opportunities associated with the health inequalities module / functionality in Epic.
- Ensured CUH Transgender Care Guidelines continue to reflect and incorporate clinical and operational best practice.
- Developed a training and awareness offer to support staff and patients.
- Finalised the Equality Impact Assessment (EIA) guidance and process within the Trust including a training and awareness offer to support staff with their understanding of the guidance and process.
- Launched the Patient and Public Engagement Framework.
- Held an EDI development session in maternity services to support the continued implementation of the National Maternity Competency Framework focusing on LGBTQ+, ethnic minorities, and disabled patients.

- Prioritising creation of support structures and strong relationships to enable patient and public involvement from the Gypsy, Roma and Travelling (GRT) community as it is estimated that over 1,000 members of the GRT community live in Cambridge city area.
- Ongoing engagement with colleagues across the ICS and South Place to establish a ‘health offer’ for the GRT community, including themed monthly sessions. Opportunity to replicate such offer pending discussion via Cambridge Ethnic Forum.
- Recruited smoking cessation practitioners with a view to launching the service across CUH in April 2024

- Continued to influence the development of the health inequalities strategy and policy implementation at the ICS Health Improvement Board.

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

Medium-term strategic trajectory: We remain on track to continue improvements in the quality and safety of our services, including delivering new and wide-ranging training programmes, implementing the national Patient Safety Incident Response Framework (PSIRF), and ongoing QI work e.g. on hospital-acquired pressure ulcers. The roll out of PSIRF and efforts to continue expanding staff capabilities in delivering quality improvement will contribute to the mitigation of BAF risk 004 in the short-medium term.

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones	Initial accreditation of all in-patient wards ▲				Career succession and development framework published ▲				Completion of Patient Safety Incident Response Policy (PSIRF) and plan ▲			
					Accreditation across outpatients and maternity services ▲							

	2023/24				2024/25				2025/26				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Milestones	▲ Identification of schemes to achieve £53m requirement	▲ Identification of productivity opportunities		▲ Delivery of £53m requirement					▲ Identification of productivity opportunities	▲ Delivery of £TBDm requirement	▲ Identification of productivity opportunities		▲ Delivery of £TBDm requirement
	Ongoing monitoring and reporting, with escalation as required								Continuous quality improvement framework embedded. Divisions and corporate services able to apply QI tools to service and pathway challenges				

- Recruited onto wave four of the Improvement Coach programme.
- Commenced development of a quality improvement (QI) fundamentals training programme.
- Continued work on reducing hospital-acquired pressure ulcers (HAPUs), as part of a 2-year QI collaborative with the Institute of Healthcare Improvement (IHI).

- Launch of QI Fundamentals Programme.
- Roll out HAPU programme to next phase of wards.
- Work with colleagues to develop a Trust-wide length of stay transformation programme and continue work on an outpatients strategy and associated transformation programme.
- Continue to strengthen the work across improvement and transformation and the digital teams, to best support clinical and operational colleagues.
- Induct new Director of Improvement and Transformation as current post-holder moves into a 2-year secondment.

- Begin work on two of the priority areas in the Patient Safety Incident Response (PSIRF) plan.
- Recruit and induct Patient Safety Partners.
- Continue training, roll out and embedding of the learning response methodologies and tools for responding to patient safety incidents.
- Recommence ward accreditation.

Supporting our staff

Progress from November 2023 to February 2024

Key areas of focus for March to June 2024

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

Medium-term strategic trajectory: Progress is being made in relation to resourcing, improvement and is being seen in relation to staff retention, impacting positively on vacancy rates. The Trust continues to grow its workforce and has further plans to improve vacancy rates. This will contribute to improving the risk trajectory of BAF risk 007 in the coming months if we are able further to reduce our vacancy rate.

	2023/24				2024/25				2025/26				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Milestones	Resourcing hotspots beyond nursing and midwifery and plan implemented		▲	▲	Retention strategy delivery plan finalised				▲	Sustainable nursing and midwifery pipelines in place and being delivered – delivering a 5% vacancy rate			
			▲	System Workforce plan implementation					Vacancy rate 5% or less across all staff groups ▲				

- Monitored and reviewed hard-to-recruit hotspots and identified additional areas requiring support.
- Successfully rolled out updated job packs for all centrally recruited posts, aimed at de-biasing recruitment activity.
- Worked with Improvement and Transformation on project to improve applicant experience of recruitment to the staff bank.
- Commenced a retention improvement project focusing on February cohort of new health care support workers.
- Successfully bid for participation in NHSE funded People Promise Exemplar Programme focussed on retention.

- Address identified hotspot areas through a range of interventions with particular focus on retention activity (early leavers and Health Care Support Worker (HCSW) roles).
- Roll out refreshed job packs for all roles in addition to those centrally recruited.
- Introduce online OH health clearance process to provide improved quality and candidate experience.
- Re-introduce rolled up annual leave to bank payment.
- Commence robot work for resourcing teams to improve automation, leading to increased efficiency and improved candidate experience.
- Mobilise People Promise Programme including recruitment to and induction of funded post holder.

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

Medium-term strategic trajectory: Initial progress has been slower than planned due to resources, but we now have a Director in place to lead this ambitious agenda and expect to see improvements in BAF risk 007 over the coming three years.

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones	Plan in place for the education and development offer aligned to our new build ventures ▲		▲ Management Development programme in place ▲ Tracking learning experience of those who come to CUH for placements		▲ To grow apprenticeships across all relevant staff groups				Ongoing: ▲ - Year on year improvement in the 'always learning' staff survey measure 2023 onwards ▲ - CPD funding maintained each year April 2023 onwards			

- Appointment of Director of Culture, Leadership and Learning concluded in December 2023 so capacity and capability to lead this agenda now in place.
- Revisited the design of the New Manager Development Programme with a broad stakeholder community to ensure engagement and buy-in with line managers across the organisation. Revised proposals signed off by stakeholder groups.

- Deep dives planned to cross reference employee insight from multiple strands of activity (listening events, survey, wellbeing workshops, winter series) to enable us to focus our resources on those interventions with the greatest evidence of success. Linked to our retention and good work agendas.
- New Manager Development Programme to be signed off and funded with procurement framework agreed and delivery resources in place.

Good Work: We strive to ensure that working here is a good experience – with a positive impact on our health, safety and well-being

Medium-term strategic trajectory: This commitment is linked to BAF risk 013, that we fail to maintain and improve the physical and mental health and wellbeing of our workforce. Initiatives developed in recent months (e.g. the financial wellbeing strategy and exploration of moral injury) build on the broad 'Good Work' model we have already developed, which identifies six priority areas to improve staff wellbeing. In order to mitigate BAF risk 013 we will need to further develop our work on cost of living pressures as well as respond to staff feedback through the staff survey and listening events.

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones	▲ Q1 onwards: - Support the health and wellbeing of staff, enabling them to work well - Travel – sustainable and affordable travel and transport to enable staff to get to work - Hydration and nutrition – ensure that staff have access to healthy, affordable food 24/7 - Pay and benefits – introduce supportive measures for financial health and wellbeing				▲ Accommodation – meeting the requirements for international recruitment supply				▲ Flexible work – meet the needs of the organisation whilst also recognising the increasing need for flexibility across the workforce			
					▲ Spaces - ensure that both work and rest spaces are available and fit for purpose							

- Assessed feedback from staff on the financial wellbeing implementation to improve our future offer.

- Confirm and communicate 2024/25 colleague offer.
- Confirm location and plan enabling works for second pod in the main building.

- Successfully appointed a new Mental Health Nurse at Occupational Health (OH).
- Completed autumn Flu and Covid vaccination campaign for staff, with good uptake.
- Continued to improve OH metrics for both new starter screening and urgent referrals.
- Launched Flok Health app more widely.

- Gather data to support an investment case for longer-term sustainable funding of the staff pod beyond 2025.
- Commence flexible working development project with the Chief Nurse, workforce teams and a specific division.

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

Medium-term strategic trajectory: A significant level of activity is underway including through the work on the six high impact actions informed by reported staff experience; considering relevant evidence; and applying an improvement approach. We anticipate that there will be a measurable improvement in inequalities in the medium-term, which will contribute to mitigating BAF risk 008.

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones	<ul style="list-style-type: none"> ▲ Refresh of WDES and WRES action plans and progress ▲ Adoption of inclusion maturity framework ▲ Published gender and ethnicity gap and intersectionality understanding 				<ul style="list-style-type: none"> ▲ Review of processes with a view to understanding and improving inequalities 							

- Assessed gaps in delivery of the NHS National Equality, Diversity and Inclusion (EDI) Improvement Plan's 'six high impact actions' ahead of further actions to be implemented.
- Published ethnicity pay gap for the first time in addition to gender pay gap.
- Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) plans refreshed.
- Drafted Antiracism policy with Unison in discussion.
- Hosted EDI Education and talks marking Black History Month and Disability History Month.

- Launch second cohort of Reverse Mentoring Programme for Executive and senior leaders.
- Hold career conversation events held to support career progression.
- Welcome international recruits at monthly events organised by the Race Equality and Cultural Heritage (REACH) network and Unison with support from the EDI team and senior leaders.
- Implement NHSE Stay and Thrive Programme to support comprehensive on boarding and induction of overseas staff.
- Co-produce antiracism task and finish group including poster campaign materials.

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

Medium-term strategic trajectory: We have delivered a range of awards, listening events and culture work over the last year and received positive feedback, and continue to embed and develop these. Over time this will contribute to the mitigation of BAF risk 013.

	2023/24				2024/25				2025/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Milestones	▲ Programme of staff recognition and acknowledgement in place				▲ Survey take up rate and other ways of listening implemented				▲ Just and learning culture work embedded			

- Designed calendar of events for 2024/25 alongside Addenbrooke’s Charitable Trust (ACT).
- Continued to embed Just & Learning Culture programme and further increased uptake.

- Successfully implement the Keeping Well This Winter self-care wellbeing programme by 31 March 2024.
- Work with Improvement and Transformation on the project to improve Occupational Health (OH) management referral appointment wait time metrics and patient experience.
- Roll out MMR catch-up vaccination programme for frontline Health Care Workers.
- Roll out online pre-employment Infection Screening Questionnaire, removing the current paper-based process.
- Implement mental health rapid referral clinics to support staff needing fast access to mental health support in the workplace.

Building for the future

Progress from November 2023 to February 2024

Key areas of focus for March to June 2024

Specialised Services: We will work with hospitals across the East of England to provide high quality specialised care for more patients closer to home

Medium-term strategic trajectory: The progress we have made on building relationships with NHSE, ICBs and providers across the region through the East of England Specialised Services Provider Collaborative (EoE SPC) brings us closer to our vision of improving specialised care in the East of England in the medium-long term. By formalising these relationships within the EoE SPC and becoming embedded in the new regional specialised commissioning infrastructure we can expand our influence over time, with the goal of making more significant changes to specialised services development in the next three years. However, we continue to experience challenges in securing engagement from NHSE and ICBs for our vision for improving specialised services which risks pushing timelines further out or even compromising our vision; this drives the continued amber risk rating for BAF risk 014 on specialised services.

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

- Engaged with ICBs and NHSE through the Joint Commissioning Committee to support the delegation of specialised services in April 2024.
- Progressed pilot projects in Multiple Sclerosis and Severe Asthma to demonstrate the benefits of transforming specialised services, and agreed additional priorities to be progressed in 2024/25.
- Went live with an East of England (EoE) wide digital innovation project to support remote diagnosis of seizures in children.
- Launched a regional neurosciences strategy steering group to agree the overarching vision and priorities for the neurosciences strategy and established working groups to develop more detailed recommendations in each priority area. Recruited a senior programme manager, funded by NHSE, to lead the strategy.

- Further develop the regional neurosciences strategy steering group to synthesise vision and priorities for neurosciences across the East of England. Support clinically-led working groups to develop recommendations for the benefit of patients.
- Progress with formal implementation of the SPC business plan including agreed resourcing model.
- Continue to support delegation of specialised services to ICBs and NHSE through the Joint Commissioning Committee.
- Finalise remaining pilot projects and launch newly identified priority projects.

- Agreed ownership for delivery of all recommendations from the dentistry transformation programme, and the future approach to leading the programme with ICBs.
- Hosted meeting of SPC Trust CEOs and secured agreement from all providers in the collaborative for the 2024/25 business plan., including co-funding

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

Medium-term strategic trajectory: In the medium-term we are looking to implement the strategic objectives of the National Institute for Health and Care Research Biomedical Research Centre (NIHR BRC) and Clinical Research Facility (CRF) and further develop the infrastructure to use of health data for research, building on the work of the NIHR BioResource, Gut Reaction and the strategy for the East of England Secure Data Environment (SDE) for Research and Development. We will also seek to remain at the forefront of genomics research, including through a programme of long read whole genome sequencing. Implementing our innovation strategy and recruiting a substantive team to lead this work will help us to address BAF risk 012 that our research fails to capitalise on opportunities to improve care today and generate new treatments for tomorrow.

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

Research

- Built on the success of workshops with commercialisation partners Cambridge Enterprise and Health Tech Enterprise to enhance participation in innovation on campus
- Collaborated with the Office of Life Sciences to develop metrics for genomic research in the UK
- Developed a framework for data research partnerships
- Undertook a review of current landscape with Director of Digital to inform structure for clinical research informatics

Innovation

Research

- Work with the EoE SDE to develop use cases for the SDE for research and development.
- Develop strategy for National Institute for Health and Care Research (NIHR) Bioresource for 2025-2030.
- Launch and run clinical research training fellowships in partnership with ACT and Evelyn Trust.
- Continue D-CYPHER recruitment with a focus on diversity.
- Launch Improving Black Health Outcomes programme.

Innovation

- Prioritise one or two high impact innovation initiatives to test and scale.

- Significant progress developing the innovation programme, developing innovation vision, governance, prioritisation criteria and methodology and establishing substantive resource requirements for immediate term
- Recruitment in progress for Director of Innovation

- Create an improved environment for localised innovation through provision of online support and signposting and improving access to external support and funding.
- Recruit substantively for innovation programme team.
- Support development of genotype-based blood matching.

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

Medium-term strategic trajectory: *New Hospitals:* Linked BAF risk 009. The cancer hospital is at a critical point in its development as we move from concept and strategy to delivery. Enabling works have begun and will continue through 2024 with the main build starting in early 2025. The work on transforming care will step up a gear as pathways are reviewed to realise the benefits of early cancer detection and precision medicine that are fundamental to the business case. Achieving all of this is predicated on a breadth of colleagues from across the project remaining on track with their aspects of the project. The children’s hospital outline business case has received approval in principle subject to an affordability gateway in April 2024. The project was assessed as ‘green’ on its Government Gateway 2 review bringing confidence that the project is ready to proceed to the next stage. New capacity including the Cambridge Movement Surgical Hub (CMSH) and surge capacity is now open, enabling the acceleration of fire safety and compliance works. The Board sub-committee which provides oversight of the projects within the Addenbrooke’s 3 programme has reviewed and updated its terms of reference to reflect the stage of project delivery our new hospitals are approaching with a focus on pathway delivery and partnership working to achieve the benefits. This is reflected in a name change from the Addenbrooke’s 3 Committee to the Addenbrooke’s Futures Committee.

Estates: Linked BAF risks 005 and 006. Delivery of the capital expansion of clinical facilities in CMSH and U-block is enabling fire decant capacity. There is ongoing investment in the ‘Our Place’ programme to make modest improvements to the patient environment. The five-year backlog now stands at £207m. Refurbishments are undertaken where approved by the Capital Advisory Board (CAB), with improvements to statutory requirements as funding allows. While we have made progress in delivering the capital and backlog programme and fire safety maintenance works, there is a risk that backlog maintenance investment is not keeping pace with the maintenance backlog burden. There are also risks that the functional suitability of existing spaces and buildings does not keep pace with expectations and revenue budgets are not sufficient to maintain the infrastructure. Adequate resources capital and revenue budgets which cover services, project and technical staff consistently into the future, will place the Trust in the best possible position to maintain the existing environments and support new facilities as they come forward.

	2023/24				2024/25				2025/26				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Milestones			CMSH operational – Nov 2023 U-block operational – Jan 2024 Fire safety decant works commence – Feb 2024		A-block Theatres Re-open April 24					Histopathology operational – Jun 25			
									Cancer hospital FBC submission – Oct 2024 Cancer hospital construction start – May 2025 Cancer hospital construction end – Nov 2027		Children's hospital FBC submission – Oct 2025 Children's hospital construction start – Jan 26		

Addenbrooke's 3 - Phase 1

- Continued to progress the business case for expansion of the Genomics laboratory.
- Extended the range of diagnostics available at the Wisbech Community Diagnostic Centre spoke.
- Opened the Cambridge Movement Surgical Hub and the surge capacity (U block).
- Agreed the principles and began developing options for the use of space vacated during phase 1 and 2 of Addenbrooke's 3.
- Completed a programme of work to expand the children's Emergency Department: easing crowding and providing an improved patient and family experience.
- Continued the work programme to release clinic space adjacent to the Emergency Department to allow expansion of urgent and emergency care.

Addenbrooke's 3 Phase 2 - Cambridge Cancer Research Hospital (CCRH)

- Started work on a new car park for CUH staff, re-providing spaces to free up the site as part of programme enabling works.

Addenbrooke's 3 - Phase 1

- Increase the diagnostic tests available at Wisbech to include echocardiography. Fully open the Community Diagnostics Centre at Ely by April 2024.
- Determine options for the use of space vacated during phase 1 and 2 of Addenbrooke's 3. Further engage with stakeholders and utilise robust supporting data.
- Complete and submit the case for the expansion of the Cambridge Cellular Therapies Laboratory to Investment Committee.
- Submit the business case for the expansion of the Genomics Laboratory.

Addenbrooke's 3 Phase 2 - Cambridge Cancer Research Hospital (CCRH)

- Appointed a consultant arts advisor to develop the arts strategy for the future hospital.
- Delivered an ongoing programme of engagement, particularly for staff and patients across the region, as work develops on clinical, operational and workforce models. This includes external stakeholders such as the East of England Cancer Alliance and commissioners.
- Addenbrooke's Charitable Trust now partnering with Give Us A Lift, a humanitarian charity supporting local communities, individuals and organisations, to support the fundraising campaign for the hospital.
- Ran learning sessions with recent CUH new development projects and other hospitals nationally.

Addenbrooke's 3 Phase 2 - Cambridge Children's Hospital (CCH)

- Preparing for Joint Investment Committee (JIC) capital funding review April 2024.
- Initiated enabling-works package.
- Reviewed CCH future governance arrangements.
- Completed Royal Institute of British Architects (RIBA) Stage 3.
- Developed high level target operational model.
- Continued progress towards £100m fundraising campaign.

Estates

- Delivered the opening of the Cambridge Movement Surgical Hub (CMSH) and the opening of the final phases of the regional surge programme of works, with occupation in November 2023 and January 2024 respectively.

- Install hoardings on the main construction site, whilst awaiting final planning approval for CCRH from Cambridgeshire & Peterborough Combined Authority Committee, due in March 2024.
- Agree programme and cost plan together with our preferred construction partner, to ensure project delivers to budget and time, whilst maximising value for money and maintaining affordability.
- Progress development of FBC in collaboration with NHS England and the NHP ready for submission in 2024, with a key focus on benefits realisation.
- Progress work on transformation, including workforce and Organisational Development planning, as well as how to transition into the new building and the impact on other services not moving into CCRH.

Addenbrooke's 3 Phase 2 - Cambridge Children's Hospital (CCH)

- Pass Joint Investment Committee (JIC) capital funding gateway.
- Prepare tender process for appointment of contractor.
- Deliver enabling works.
- Develop options for future CCH governance arrangements.
- Continue progress towards £100m fundraising campaign.

Estates

- Secure final contractual conclusion to the Regional Surge Centre, ongoing monitoring of CMSH and U-block and associated infrastructure.

- Developed a Premises Assurance Model (PAM) governance board for ongoing monitoring of PAM areas within Capital Estates and Facilities Management.
- Developed risk register entries for safety and quality related aspects.
- Carrying out the five-yearly Six Facet Survey throughout 2024, commissioning six separate site surveys to look at different facets such as physical condition, space utilisation and environmental management. Using the data gathered to develop the priority list for project funding.

- Conclude the A-block capital project that will return two theatres back into circulation.
- Commence construction on Clinic 9 in April 2024.
- Commence fire safety decant on A4 in February, with NCCU planned for major refurbishment from May 2024.
- Continue Histopathology scheme development, with options for fit-out funding being explored.
- Progress with Rosie theatre development case.
- Continue with fire risk assessment.
- Secure investment allocation to address backlog maintenance, fire safety and core capital schemes due from CAB in Q1 2024/25.

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

Medium-term strategic trajectory: We remain on a strong path to meet the carbon reduction target set out in Our Action 50 Green Plan (Phase 1: 2022:24). The essential organisational engagement elements of the plan continue to be pursued with a strong and concerted programme, although embedding the essential aspect of lifecycle thinking, as a devolved responsibility, into all consumption-related decision-making across the organisation remains challenging. The use of the 10% weighting for climate change / social value in tender specifications, and then delivering through contract management, is the strongest formal tool available at present and will continue to be pushed forward to establish it as standard and well-understood practice. Steps are also being taken to ensure that we are well placed strategically to push on into drafting the content for Phase 2 of the Trust’s Green Plan through progressing heat decarbonisation, renewable power and circular economy medium to longer term projects.

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

- Completed first draft of detailed spatial designs for new net-zero enabled energy centre and associated distribution network and connectivity.
- Submitted major capital grant bid to decarbonise the heating systems of the Frank Lee and residences to the Public Sector Decarbonisation Scheme.

- Submit environmental sustainability content into the new Essentials for Leadership Excellence programme.
- Secure exemplar sustainability criteria for entry into stage 4 design phase of Cambridge Children’s Hospital.
- Draft and take forward procurement policy / procedure to embed net-zero / social value within tender specifications and contract management processes.

- Installation of up to 39 electric vehicle charging points commissioned for the interim car parking allocation of the South West corner of the site.
- Business use pool car service successfully re-tendered, facilitating an advanced car club format and transition to electric / ultra-low emission vehicles.
- New 'KINTO Join' car-sharing platform commissioned and launched.
- Strong and innovative monthly staff engagement covering sustainability education, sustainable festivities, energy and Think Green Impact (TGI) supporting highest ever levels for social media, Green Champions and community TGI teams.
- LED lighting upgrade programme installations for oncology, radiology and K2.

- Decommission Addenbrookes Treatment Centre (ATC) piped nitrous network to negate high carbon emission losses.
- Begin process of drafting Phase 2 of the CUH Green Plan (incorporating climate change adaption).

Digital: We will use technology and data to improve care

Medium-term strategic trajectory: The overall digital demands on the eHospital team continue to increase. However, as highlighted in BAF003, resourcing for the team continues to be a challenge and will be a major impediment towards delivering on the wider CUH Strategy. To address this, we will be putting together a digital workforce strategy that will take into consideration current- and medium- term ambitions and upcoming Trust major projects. The scope of this will not only address how we increase central digital resources but also begin to explore how certain digital capabilities can be developed within clinical divisions and other corporate areas. This is consistent with closer alignment between operations and digital functions, a well-recognised marker of organisational digital maturity.

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

- Commenced the new Digital Board, a sub-committee of Management Executive, that will oversee the delivery of the Trust digital strategy.
- Renewed our board level strategic engagement with Telefonica Tech, our outsourced managed service IT provider, in preparation for key decisions around contract extensions after November 2026.

- Begin the work on defining a new target operating model for digital at CUH as a whole in support of a journey towards a digitally transformed organisation where staff at all levels across corporate and clinical divisions are equipped with the knowledge, skills and autonomy to use digital tools and data to improve their services.

-
- Continue collaboration across Improvement, Transformation and Digital to unite in a model to support improvement and transformation of services within CUH.
 - Define the resource requirements for a digital workforce plan to support upcoming major projects such as the Children's and Cancer hospitals, and any future potential 'Connect' programmes.
 - Secure Executive level agreement and approval of contracting position for IT services and Epic support.
 - Agree on a technical solution to make information from Epic available on the NHS App.
 - Prepare the groundwork for CUH's Healthcare Information and Management Systems Society (HIMSS) Level 7 revalidation that coincides with our 10-year Epic Implementation anniversary.
 - Operationalise the digital prioritisation group for Epic-related change requests and agree on a strategy to deal with the backlog of requests.
 - Upgrade the Epic Electronic Patient Record (EPR) as part of application lifecycle management, in order to further leverage functionality and tools to assist with patient flow, engagement and access to care.
 - Continue work to upgrade foundational IT infrastructure as part of application lifecycle management across the Trust estate.

Implementing the Strategy

Progress from November 2023 to February 2024	Key areas of focus for March to June 2024
Communication: Communicate the Strategy to CUH staff, patients and partners	
<ul style="list-style-type: none"> • Attended divisional meetings to canvass feedback on the leaflets and posters, to seek improvements or give advice. • Created highlight videos and blog articles focused on implementing the strategy with more than 2k views to date. • Created a video highlighting the Histopathology move as part of implementing the strategy. 	<ul style="list-style-type: none"> • Communicate the Histopathology video and Blog Articles as part of a coordinated campaign. • Develop third phase of communication plan on the back of 'Impact Data' gathered on the impact and reach of the strategy including development of local strategies and number of website visits.
Capability: Build strategic awareness and capability among senior leaders at CUH	
<ul style="list-style-type: none"> • Finalised materials for the New Managers Essentials training in collaboration with Workforce, Improvement & Transformation and Sustainability. • Continued to support the Divisional Strategy Leads to contribute to and learn from each other and other corporate teams. • Supported Corporate Nursing Midwifery and AHP leads to communicate and embed the strategy including on an 08.27 webinar and Nurse Development Programme. • Supported colleagues in the creation of strategies for Occupational Therapy, Imaging and Speech and Language Therapy. • Delivered strategy module to Senior Sisters and Charge Nurse Development Programme. 	<ul style="list-style-type: none"> • Support the go-live of the New Managers Essentials module as required. • Continue to support the divisional strategy leads where their role is continuing. • Support colleagues in the development of strategies and deliver training modules on the strategy to key learning groups e.g. New Consultants and Senior Sisters and Charge Nurse Development programme. • Support AHP teams to complete their strategies.
Capacity: Recruit additional posts in Divisions, Operations and Strategy teams to support implementation	
<ul style="list-style-type: none"> • Developed training materials for strategic skills to be delivered across Strategy and Major Projects with key partner teams e.g. Divisional strategy leads, Operational Strategy and others. 	<ul style="list-style-type: none"> • Support extension and new recruitment of Divisional Strategy Leads.

Planning: Develop an implementation plan for the Strategy, with quantified goals and synthesis across schemes

- Enhanced links between the Strategy Board report and the BAF risk register, ensuring we capture how our activity to deliver the strategy mitigates the strategic risks in the BAF.
 - Continued to embed the access to care strategic lens across the Trust, including through the business planning process. Developed more detailed implementation plans to deliver our medium-term access to care ambitions.
 - Commenced internal business planning process for 2024/25, focusing on key strategic lens of improving access to care.
- Conclude annual business planning process with agreed activity, workforce and finance plans at divisional level and across corporate areas.
 - Support further implementation of the improving access to care priority by developing strategic plans for outpatients and length of stay.

Report to the Board of Directors: 13 March 2024

Agenda item	11
Title	Multi-professional education, learning and development
Sponsoring executive director	David Wherrett, Director of Workforce
Author(s)	Karen Clarke, Associate Director of Workforce Sanjay Ojha, Director of Post Graduate Medical Education Gary Parlett, Head of Education, Nursing, Midwifery and Allied Health Professionals
Purpose	To provide an update on education, learning, training and development across CUH
Previously considered by	Management Executive, 7 March 2024

Executive Summary

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

Related Trust objectives	Improving patient care Supporting our staff
Risk and Assurance	Inadequately trained staff Inability to recruit and retain staff. Inability to develop shortage skills and staff
Related Assurance Framework Entries	BAF ref: 007, 13
Legal / Regulatory implications	n/a

Action required by the Board of Directors

The Board is asked to receive the report which specifically updates on themes 1, 2, 3 and 6 of the Trust's Multi-professional Education, Learning and Development Strategy 2023-2026.

Board of Directors

Multi-professional education, learning and development

David Wherrett, Director of Workforce

1. Introduction / Background

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

CUH Education, Learning and Development Strategy 2023 – 2026

- 1.2 The Trust's multi-professional education, learning and development strategy for the period 2023 – 2026 was discussed and agreed at the July 2023 Board meeting. The six themes are summarised below.

Key themes

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

This report provides updates on Themes 1, 2, 3 and 6.

2. Theme 1: Learning experience

CUH provides a range of formal learning experiences for a range of staff including undergraduate and postgraduate students who spend time with the Trust as part of formal education/rotation programmes. This element of strategy sets out our ambition that learners across all academic pathways have a positive and successful learning experience during their placements with CUH. Below are the areas of progress on this theme:

- **National Education and Training Survey (NETS) – all learners:** The 2023 NETS survey was launched on 3rd October 2023 and was open until the end of November 2023. The NETS survey seeks student/learner feedback about their experiences of undertaking a practice placement with a focus on areas of good practice along with aspects that require improvement. Dissemination of NETS data is expected in early March 2024; data from the 2023 NETS survey will be presented at the July 2023 Board meeting.
- **GMC National Training Survey for Doctors in Training Specialties with Red Outliers:** A detailed report was provided at the November board meeting. Action plans of those specialties with one or more red outliers are being reviewed by the Director of Medical Education. There has been a positive response from the specialty leads, with actions being completed. NHS England's Regional Education Quality Team visited the Trust on the 8th November to meet the trainees and trainers in Obstetrics and Gynaecology. The visit was in response to the significant concerns raised by the trainees in O and G around their learning experience at CUH. The Quality Team also reported that Foundation and GP trainees expressed significant concerns regarding their ability to access patient reviews in A&E, clinic 23 and Lady Mary ward. They reported that they are often tasked with discharging complex patients without appropriate senior review. The team reported that they are assured that the actions identified by the Trust mitigate any immediate patient safety concerns. They have identified areas where they require further actions to be taken to give them full confidence and the Trust is working with the specialty leads to address these. They have requested the submission of an improvement plan by the end of February 2024.
- **Medical Foundation Training:** The Foundation medical training programme continues to receive excellent feedback on the annual CUH exit survey. There are over 100 foundation trainees at CUH, and the number has recently expanded following a business case last year to accept more FYs for postgraduate training. The Foundation team have established new rotations in radiology, digital medicine and metabolic medicine/chemical pathology.
- **Endoscopy training centre:** The CUH National Endoscopy Training Academy is now fully established providing 10-12 courses per annum in basic gastroscopy skills, basic colonoscopy skills endoscopic ultrasound

and training the nurse trainer for Endoscopic Retrograde Cholangiopancreatograph (ERCP). The feedback from delegates has been exceptional. The expansion into train the trainer courses and therapeutic endoscopy courses has been well received.

- **Pre-Registration Nurse Learner Experience – Quality Dashboard:** The CUH non-medical quality monitoring survey continues to be used to capture end of placement feedback for all nursing learners. Data from the online survey tool continues to show that learners have a positive placement experience, with many reporting that CUH is a very positive learning environment. Additional positive themes are focused on the high levels of support that nursing staff provide to learners, breadth of learning opportunities and the opportunity to spend time working alongside other members of the multidisciplinary team. Feedback themes in relation to areas for development and enhancement are focused on ensuring that learners are supernumerary whilst undertaking their placement and how the busyness of clinical areas can impact on the time that is therefore available for learners to receive feedback from their supervisor/assessor. Learners also report that they sometimes have challenges using digital software platforms which are provided by Universities for undertaking placement-based assessments. Work is currently underway with partner Universities and system partners to explore how these challenges can be addressed. Data from the survey forms a quarterly report, which can be divided by division and ward areas for feedback, to give ward areas more control of their feedback and actions. Data from the survey tool feeds into the Non-Medical Education Quality Dashboard (NMEQD). The work which went into the development of the NWEQD is also being shared at an international nursing conference in March 2024 by staff from the Clinical Education Team. Data within the NMEQD will be triangulated against results from the 2023 NETS survey which is due to be published in March 2024. Data from the NMEQD and the NETS survey will be included in the July 2024 board meeting report. There is Trust-wide interest from all professions in the NMEQD with a plan that the online placement evaluation tool and NMEQD will be rolled out across all non-medical professions from 1 April 2024.
- **Weekly check in for non-medical trainees:** The Clinical Education Team has recently introduced a weekly 'check-in' for all non-medical learners across the organisation. The weekly check-in is facilitated by educators from the Clinical Education Team and enables learners to meet with their peers to share their learning experiences. The check-ins are well attended with high levels of engagement being evident. This new approach offers a responsive approach to learner feedback which is shared with partner Universities as part of quality assurance processes. Feedback from the weekly check-ins also forms part of a rolling 'you said, we did' programme which allows learners to see responses to their feedback at proceeding check-ins whilst still on placement.

3. Theme 2: Continuous development

This element of strategy sets out our ambition to consistently seek to support the continued development of all our workforce across throughout their career at CUH.

3.1 Non-Medical Continuous Professional Development (CPD)

3.1.1 CPD funding concerns

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

Health Education England (HEE) committed to a 3 year funding model to March 2023 to support ongoing professional development for nurses, midwives and allied health professionals (AHPs). HEE based this sum upon a calculation of £1k per registered professional employee split over a three-year period; the sum provided was £1.3m per annum. During the early part of 2023-2024 HEE extended this to March, 2024.

In addition to the targeted HEE funded CPD budget of £1.3 million for nurses, midwives and AHPs, CUH identifies an additional CPD budget of circa £400k per annum for all non-medical staff groups.

This funding has provided a funding allocation to support continuous development for non-medical staff. Typically applications for funded learning include: University modules, conference presentations, individual study days, NHS Leadership Development Programmes, MSc/Doctoral pathways, non-medical prescribing programmes, ultrasound courses and Post Graduate Certification in Education modules as well as skills development and professional conferences.

During 2023-24 financial year to February 2024 the Trust has committed c£1.6m and expects, by year end, to have spent all the HEE funding and a large proportion of the CUH CPD budget.

If there is no national CPD funding forthcoming, and if the total allocated CPD budget remains at £400k for 2024-2025 current CPD activity will have to be significantly constrained. This would have a direct impact on quality, safety and on recruitment and retention as the Trust has an excellent reputation for supporting ongoing professional development with the majority of applications being approved.

While there is an expectation that in view of the commitments to continuous professional development clearly stated in the NHS Long Term Workforce Plan, combined with recruitment and retention concerns, that Trust's would expect a further year of funding. At this stage there is no formal indication this is the case despite CUH and other system partners raising concerns about this. If CUH does not receive HEE funding consideration of a CUH investment case to meet education, learning and development needs will have to be considered for 2024-2025.

Interim Quality Mark for Non-Medical Preceptorship Programme

Following the development of a new preceptorship programme for Nurses, Midwives and Allied Health Professionals, the Trust has recently been awarded the National Preceptorship Interim Quality Mark by NHS England. The Interim Quality Mark recognises the importance of providing a preceptorship programme which meets national requirements for preceptorship. An effective preceptorship programme is associated with enhancing recruitment and retention by attracting the very best healthcare professionals who are supported and equipped to deliver care, which is safe, kind and excellent. We look forward to launching the new preceptorship programme in September 2024 for all newly qualified Nurses, Midwives and Allied Health Professionals who commence employment with the Trust.

New Clinical Support Worker Education and Development Pathway

An extensive review of Clinical Support Worker development undertaken during summer 2023 resulted in the development of a new 'Education and Development Pathway' for Clinical Support Workers across the organisation. The new programme is being launched in March 2024 and will be undertaken by all new Clinical Support Workers who commence employment at CUH. The new education and development pathway spans across the first four weeks of employment combining induction and education to support timely achievement of the accelerated Care Certificate. Work is currently underway at a system level to explore the feasibility of a preceptorship programme for Clinical Support workers that would span the first year of employment as a Clinical Support Worker

New preceptorship programme for Nurses, Midwives and Allied Health Professionals.

Over the last year, NHS England has published the National Preceptorship Framework for Nursing (September 2022) and the National Preceptorship Framework for Midwifery (March 2023); work is currently underway to develop an Allied Health Professions Preceptorship Framework.

A proposal for a new 18-month CUH preceptorship programme was approved by the Nursing, Midwifery and Allied Health Professionals Advisory Committee in June 2023. This proposal outlined how CUH will meet the requirements needed to comply with the published framework, as well as, achieving a gold

standard allowing us to apply for the National Preceptorship Interim Quality Mark. Delivery of the new preceptorship programme commenced in January 2024.

4. Theme 3: Apprenticeships and widening access

This element of strategy sets out our commitment to embrace and invest in innovative access routes for development to contribute to future sustainable workforce supply and development.

- 4.1. This update focuses on a national strategic programme for expansion for apprenticeships, the recent visit by the health minister and CUH celebration of National Apprenticeship Week.

4.1.1 Strategic Healthcare Apprenticeships Programme for Expansion (SHAPE)

In early 2023 CUH was involved in national round table discussions with NHSE, DHSC and DfE to discuss apprenticeships, their potential and barriers to widening routes into NHS professions. This led to the establishment of a national Long Term Workforce Plan (LTWP) Steering Committee for the Apprenticeship Expansion programme - Strategic Apprenticeship Growth and Expansion (SHAPE). Its first meeting was held in November, 2023. CUH is one of four Trust's invited to attend, recognised for our commitment and delivery of apprenticeships, to join colleagues from NHS England, Department of Health and Social Care (DHSC) and the Department for Education (DfE).

The SHAPE SteerCo, is an integrated steering group that meets monthly to provide senior oversight and assurance to support the delivery of the programme's priorities. This includes advising on strategic issues and supporting the resolution of escalated risks and issues. The SteerCo reports into the wider LTWP governance structure and through that to the LTWP programme ministerial board.

The LTWP prioritises clinical workforce growth in two ways. The first through conventional higher direct entry growth. The second is through widening access to individuals who cannot access higher education or might not ordinarily choose a career in health and care. Apprenticeships seek to address this.

The NHS LTWP sets out a clear ambition for apprenticeships and states that, by 2031, 22% of clinical higher education will be delivered through an apprenticeship, up from 7% in 2022/23. This programme seeks to contribute and complement the LTWP to expand clinical and medical education.

There are 4 key workstreams:

- Apprenticeship supply pipeline
- NHSE apprenticeship funding approach
- National support and resources
- Data management

There is clear engagement at national level to deliver through this group, and our view to date is we are optimistic about support for employers to encourage more to embrace apprenticeships. We are fortunate at CUH to have had the ambition and commitment of the executive and the board to drive apprenticeships as part of our resourcing vision, as well as the opportunity apprenticeship routes provide to our staff and local community.

4.1.2 National Apprenticeship Week

As part of national apprenticeship week the Minister of State for Health and Secondary Care, Andrew Stephenson, visited CUH. The Minister met with apprentices from Audiology, Diagnostic Cytology, Therapeutic Radiography Immunology and the Paediatric day unit. There was wide media coverage from the BBC and the department of health.

The health minister told staff that he wants to 'dramatically expand' the number of apprentices joining the NHS. The media highlighted NHS England's aim to 'triple the number it trains by 2030 and 'this would help to reduce the high number of staff vacancies, which last year stood at 112,000'

4.1.3 Celebration of apprenticeships at CUH

The Work Opportunities team worked with teams across CUH to provide a wide range of celebratory and promotional events for apprentices and the routes they provide. The National Apprenticeship week's theme this year was Skills for Life; we focused on a week-long programme of activity promoting the growth and development of apprenticeships and routes.

The events included shadowing an executive, concourse stands, wide social media covering, lunch-time events for T-level students and schools engagement focused on apprenticeship and career routes. Appendix 1 provides a summary of the events.

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

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

Simulation Centre

The Centre continues to move forward with the AI-Driven Virtual Reality (VR) training. The team has received funding from NHS England School of

Psychiatry to develop an AI-virtual simulated educational module in Eating Disorders.

The Cambridge Digital Health and Surgical Training Centre

The Surgical Training Centre

The CUH Board of Directors held their February 2024 Board meeting at the Centre. They were given a tour of the facility by Dr Sanjay Ojha and Dr Arun Gupta, and heard their vision for the Digital Health Centre, which will be located on the first floor of the facility.

The calendar for the Surgical Training Centre shows 43 courses and 73 days of training being delivered between the opening in September 2023 and 31 March 2024. The calendar from April 2024 is busy, with much repeat business from our industry partners and other users.

The Centre is a Royal College of Surgeons (RCS) accredited facility. Centre accreditation is an award of excellence from the RCS in recognition of the delivery of outstanding surgery-related education. The accreditation was awarded in 2021 for a three-year period. The Centre is being re-accredited on 7 March 2024. This involved RCS QA Reviewers visiting the Centre to observe the course that is being run there on the day.

The Digital Health Centre

Working continues on the development of the first floor. Cost from Estates for the refurbishment of first floor are still awaited.

6. Recommendation

- 6.1 The Board is asked to receive the report which specifically updates the Board on themes 1, 2, 3 and 6 of the Trust's Multi-professional Education, Learning and Development Strategy and work plan.

Appendix 1: CUH – Celebration of National Apprenticeship Week 2024

The Work Opportunities team had an incredibly successful and productive NAW24. This year's theme was Skills for Life which was based around a week-long programme of activity promoting the growth and development of apprenticeships and our fantastic CUH apprentices.

Monday 5 – Friday 9 February events

Mondays Theme -Apprenticeships for all

We started the day with a range of social media activity promoting NAW 24 – with an emphasis on our diverse range of apprentices, delivered via apprentice profiles and case studies. Jared McCann a Laboratory Technician commenced the apprentice of the day theme.



Apprentice Of The Day

5-11 FEBRUARY 2024
NATIONAL APPRENTICESHIP WEEK

Jared McCann

Laboratory Technician
Level 3

"My off the job learning can involve shadowing a colleague, attending a training session, or working on college assignments. My plan is to progress onto the Healthcare Science Level 6 Degree Apprenticeship with the hope of qualifying as a Biomedical Scientist."

Find our more on our website! Link in bio!

- The team launched the promotion of a new internal apprenticeship survey to ensure we hold the correct and most up to date EDI information including social mobility data to better enable the team support our apprentices.
- Members of the Work Opportunities team also visited the Cambridge Job Centre to speak to their clients about careers and apprenticeship opportunities at CUH.
- Rebecca Hughes who is one of our Level 4 Improvement Practitioner apprentices spent the day shadowing Nicola Ayton Chief Operating Officer.

Tuesdays Theme -Employer Tuesday

We were delighted to welcome the Minister of State for Health and Secondary Care, Andrew Stephenson to CUH. The Minister met with apprentices from Audiology, Diagnostic Cytology, Therapeutic Radiography Immunology and the Paediatric day unit. The day was a great success with media coverage from the BBC and the department of health.

Twitter: <https://x.com/DHSCgovuk/status/1757306110074364156?s=20>

LinkedIn: https://www.linkedin.com/posts/dhsc_naw2024-activity-7161761690554937344-XqXA?utm_source=share&utm_medium=member_desktop

Instagram: <https://www.instagram.com/p/C3lcWrtMqFJ/?igsh=MTh4bHN4dG1qc3Rkdg==>

The team also held a concourse stand in the main hospital concourse area offering information advice and guidance on apprenticeships. The team spoke to staff, visitors, and patients about apprenticeships and being an apprentice at CUH.

NAW2024 CONCOURSE STAND

NHS
CUH

This week is National Apprenticeship Week! On 06/02/2024 we gave all our employees and the general public a chance to learn more about apprenticeships by having a stand in our main concourse. It was wonderful talking to so many future apprentices and even some past ones too!



Want to find out about apprenticeships at CUH email the team now. cuh.apprenticeships.addenbrookes@nhs.net

There was also continued social media activity with more apprentice profiles and case studies. Tuesday's apprentice of the day was Shelomi Phillips from payroll.

Apprentice Of The Day



**SKILLS
FOR LIFE
APPRENTICESHIPS**

5-11 FEBRUARY 2024
NATIONAL APPRENTICESHIP WEEK

Shelomi Phillips
Payroll Administrator
Level 3

"Although I have a university degree and university is a great pathway for some individuals, an apprenticeship is a great way to get a qualification whilst earning a wage. Apprenticeships also allow you to understand the needs of a working environment."

Find our more on our website! Link in bio!

Our apprentices also continued the theme of shadowing CUH directors. Jessica Court one of our Assistant practitioner apprentices spent the day shadowing Meg Wilkinson Director of Midwifery.



On the same day Lucy Horobin, Diagnostic Radiography Apprentice spent the day shadowing Ashley Shaw, Medical Director.



Wednesdays Theme- Apprentice Wednesday

Throughout the day the Work Opportunities team held a number of manager and staff remote drop-in sessions to cover myth busting and steps to sign up to apprenticeships. One of these sessions was also recorded and will be published on CUH daily and CUH web-pages for year round access.

The team invited our younger/direct-entry apprentices for a lunch time event that also promoted the Apprenticeship Ambassador Scheme and school engagement opportunities.



We were pleased to showcase more apprenticeship profiles through social media and case studies:

Apprentice Of The Day

5-11 FEBRUARY 2024
NATIONAL APPRENTICESHIP WEEK

Crinicia Villafranca

Laboratory Technician
Level 3

“There are so many things I’ve learnt on my apprenticeship. Being on a scientific team has improved my interpersonal skills whilst allowing me to learn from other’s experiences. Lastly is discipline, you’ve got to have the right attitude to be able to meet the demands of working and studying”

Find our more on our website! [Link in bio!](#)

SKILLS FOR LIFE APPRENTICESHIPS

The Work Opportunities team supported by the Nursing apprenticeship team attended the Long Road Sixth for College National Apprenticeship Week 2024 –Apprenticeship event where the team spoke to over 400 students, parents and teaching staff about apprenticeships in healthcare.

Shelomi Phillips, Payroll apprentice spent the day shadowing Mike Keech Chief Finance officer.

Events were also held at Comberton Village College to provide an apprenticeship talk to 200 year 9s along with 2 other businesses and ARU.

Thursdays Theme-T Level Thursday

We had production and informative day celebrating our apprentices who had graduated in the past 12 months by inviting them to a lunch and talk.

It was also T-level Thursday so we took the opportunity to invite our current T -level students who are currently engaging in industrial placement at CUH to join the lunch. This event proved to be really beneficial for all – We look forward to celebrating the completion of our first ever cohort of T-Level students with a celebration event in March 2024

T-LEVEL THURSDAY!



Thursday 8th of February is T-Level Thursday!

We celebrated our current T-Level students and recent apprentice completers to a celebration lunch where they could network with each other to learn about each others courses.

Thank you all for attending and being wonderful representatives of CUH.

The team created a video update on our T level placement offers, both for internal and external audiences to support growth in this wonderful opportunity to inspire the workforce of the future.

We continued to promote NAW 24 via social media activity with more apprentice profiles and case studies, introducing Katherine Siddle one of our Pharmacy Technician apprentices.

Apprentice Of The Day

SKILLS FOR LIFE

APPRENTICESHIPS

5-11 FEBRUARY 2024
NATIONAL APPRENTICESHIP WEEK

Katherine Siddle

Pharmacy Technician
(Integrated) Level 3
Apprenticeship

"I work on rotation within the various areas of Pharmacy and enjoy the variety of my role. I have been involved in dispensing medicines, optimising patient's medicines, making chemotherapy and the purchasing of medicines."

Find our more on our website! Link in bio!

Fridays Theme -Celebration Friday

We finished the week by celebrating all of our apprentices and those who support them. 'Thank you' communications were sent out to managers and apprentices as a celebration. The team started to promote our apprenticeship celebration event and ceremony currently planned for June 2024.

We continued the theme of shadowing with Danielle Bertram and Fleur Smith two of our Nursing apprentices who spent the day shadowing Amanda Small Deputy Chief Nurse.

And we continued to promote NAW 24 via social media activity with more apprentice profiles and case studies

Apprentice Of The Day

5-11 FEBRUARY 2024

NATIONAL APPRENTICESHIP WEEK



**SKILLS
FOR LIFE**
APPRENTICESHIPS

Lexi Rice

Customer Service Level 2
X-Ray Administrator

"I chose to do an apprenticeship as I wanted to start work after leaving school. I've been able to work and gain experience whilst also learning more about my job role. I chose to work at CUH as I have a keen interest in helping others."

Find our more on our website!

Apprentice Of The Day

5-11 FEBRUARY 2024

NATIONAL APPRENTICESHIP WEEK



**SKILLS
FOR LIFE**
APPRENTICESHIPS

Amy Wong

Nursing Apprentice
Graduate

"I chose this route as I could earn whilst learning which enabled me to be financially stable. It also allowed me to work as a healthcare assistant whilst studying which I loved doing. Nursing isn't always about the practical care but the patient centred compassion care which can make all the difference."

Find our more on our website! Link in bio!

Saturday & Sundays Theme -The NAW weekender

A social media wrap up of the week's highlights over the two days.

Report to the Board of Directors: 13 March 2024

Agenda item	12
Title	Quarterly Report on Safe Working Hours: Doctors and Dentists in Training (2023/24 Q3)
Sponsoring executive director	Dr Ashley Shaw, Medical Director
Author(s)	Dr Jane MacDougall, Guardian of Safe Working
Purpose	To receive the report on safeguarding working hours.
Previously considered by	Management Executive, 7 March 2024

Executive Summary

This is the third quarterly report for the year 2023/24, based on a national template, to the Board of Directors by the Guardian of Safe Working. This role supports the implementation and maintenance of the 2016 national contract for Doctors in Training and provides an independent oversight of their working hours. The process of exception reporting provides data on their working hours and can be used to record safety concerns related to these and rota gaps. In addition, it can identify missed training opportunities. Reporting to the Board of Directors is a stipulated requirement of this role and this report reflects the position at 31 December 2023. The Trust has 672 doctors in training who have all transferred to the 2016 Terms and Conditions of Service.

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

Action required by the Board of Directors

The Board is asked to note the 2023/24 Q3 report from the Guardian of Safe Working.

Board of Directors

Quarterly Report on Safe Working Hours: Doctors and Dentists in Training

Dr Jane MacDougall, Guardian of Safe Working

1. Introduction

- 1.1 The annual Guardian of Safe Working (GoSW) report for 2022-23 described the pattern of exception reporting after the Covid-19 pandemic. Last year the number of exception reports continued to increase and were considerably higher than pre-pandemic levels. More exception reports (ERs) were submitted for missed training opportunities, but these were still a small proportion of the total. The previously noted cyclical variation with more reports submitted in September and October (as new doctors start work) and over the winter (winter pressures and staff vacancies) persisted. Overall working hours were considered safe on most rotas despite all the service pressures. However, areas of concern continued to include under reporting, loss of training and rota gaps.
- 1.2 This Q3 report describes the Trust's position from October to December. The number of ERs submitted (n=306) is more than in Q2 (n=284) and higher than Q3 last year 2022/23 (n=228). Levels are also higher than pre-Covid (n=219, Q3 2019/20). Most rotas are compliant with the Terms & Conditions of Service (TCS).
- 1.3 Gaps in rotas continue to be a major concern (both here and nationally). The workload of the medical staffing department has further increased around the times of industrial action given the need to reschedule rotas and provide appropriate cover for patient care.
- 1.4 Clinical and educational supervisors are generally supportive of trainees when they exception report. However, there are still reports of trainees being discouraged from exception reporting. ER data can be used to drive change and improvements in rotas and working hours and thus improve patient care, and this is perhaps now being more widely recognised.
- 1.5 The Junior Doctors' Forum (JDF) – co-chaired by two trainees – is now meeting in person. Senior management joins in the second half of the meeting to listen to trainee concerns. The JDF chairs are invited to attend Board of Directors' meetings and provide direct feedback to the Board. The Regional GOSW network (chaired by the CUH GOSW) meets virtually every two months. Benchmarking from this group provides reassurance that Board engagement here continues to be more positive than at some other trusts in the East of England.

2. High level data

Number of doctors / dentists in training (total):	646
Number of doctors / dentists in training on 2016 TCS (total):	646
Number of doctors / dentists on local contracts (Clinical Fellows):	273
Total junior doctor/ dentist establishment:	919
Reference period of report	Q3 2023/2024
Total number of exception reports received	306
Number relating to immediate patient safety issues	5
Number relating to hours of working	257
Number relating to pattern of work	34
Number relating to educational opportunities	10
Number relating to service support available to the doctor	5
Total number work schedule reviews	3
Total value of fines levied	£0
Amount of time available in job plan for Guardian to do the role:	2 PAs/8hrs/week
Admin support provided to the Guardian:	1 WTE
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

3. Exception Reports

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

	Immediate safety concerns (ISC)	Total hours of work	Pattern of Work	Service support available	Educational opportunities	TOTAL
MONTH 1 (October)	0	95	5	0	3	103
MONTH 2 (November)	5	107	14	4	5	130
MONTH 3 (December)	0	55	15	1	2	73
QUARTER	5	257	34	5	10	306

Note: An immediate safety concern report is NOT an additional report but is identified within a report submitted for any other reason and therefore is not counted in the total column (there were 306 reports of which 5 had ISCs).

3.1 Commentary

The number of exception reports has increased and is now higher than in 2021 and 2022. Exception reports were received from a broad range of specialities including General Surgery, Acute and Speciality medicine, Geriatrics, Haematology, Oncology, Infectious disease, Immunology, T&O, Maxillary-Facial Surgery, ENT, Urology, Transplant, Obstetrics & Gynaecology, Neonatology and Paediatrics. Educational ERs have been received from Medical oncology, Cardiology, Haematology, General Surgery, Paediatrics & Neonatology.

3.2 Trends in Exception Reporting

Levels of exception reporting in Q3 (n=306) were higher compared to those in Q2 2023-24 (n=284) and higher than those last year in Q3 2022-23 (n=228). They are also higher compared to those in Q3 2019-20 pre=Covid (n=219). Reporting of missed educational opportunities remains low. There were only 5 exception reports linked to service support issues. The number of immediate safety concerns remains low but has increased from the last quarter.

3.3 Resolutions

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

	TOIL granted	Payment for additional hours	Work schedule reviews (new)	No action	TOTAL
MONTH 1 (October)	0	85	0	6	91
MONTH 2 (November)	0	124	0	12	136
MONTH 3 (December)	0	38	0	1	39
QUARTER	0	247	0	19	266

3.4 Commentary

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

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

4. Work schedule reviews

Month	Specialty/Department & Grade	Details of work schedule review
August 2023	Emergency Department	Review to reduce weekend working – previously > 1: 3 weekends. The Trust has funded 15 new medical posts. Recruitment has been completed and with rotas changed from August 2023, trainees will now be working no more than 1:3 weekends. However, new review started following Professor Cooke’s report – further staffing and rota and process change required to meet patient demand.
2023	Neurology Stroke	Workforce reviews required for both departments due to the new Regional thrombectomy service.
2023	Obstetrics & Gynaecology	Workforce review to address training and other service concerns within this department. Will include review of patient pathways.

4.1 Commentary

There were three remaining work schedules this quarter, which are carried over from the last quarter. The review in the Emergency Department follows the publication of a report into patient demand/waiting times. The development of a regional service for thrombectomy has implications for staffing. A combination of high workload, long waiting lists and poor feedback from the GMC trainee survey is driving a wide-ranging workforce and process review in O&G.

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

Department	Safety concern raised	Action(s) proposed and/or taken
Medicine GIM FHO (x2) 2/11 & 6/11	Increased workload and reduced numbers of available staff. On 6/11, 2 trainees off sick & no locums available.	Advised to highlight concerns to leadership team in Gastroenterology
General Surgery FY1 (x2) 13/11	High workload. 1/3 FY1s away on study	Prioritised tasks, registrars helped. Medical staffing contacted rota co-ordinator.

	leave – locum not arranged. Subsequent rota gap due to sickness.	Trainee advised to raise concerns with clinical leads and consultant on call for day.
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6. Fines

Fines levied against departments this quarter (break down calculations delayed for same reason as in item 4.1 above):

Department	Detail	Total value of fine levied
Total fines levied	Nil in Q3	£0

	TOTAL
Balance at end of last quarter	£6,531.90
Fines incurred this quarter	£0
Cumulative total	£6,531.90
Total paid to trainees (£)	£0
Total spent (£)	£0
Balance at end of this quarter	£6,531.90

7. Junior Doctors' Forum and junior doctor engagement

7.1 The JDF is now being held face to face in the Doctors' Mess with a virtual link since September 2022. Senior management (various of Medical Director, Director of Medical Education, Less Than Full-Time Training (LTFT) lead, Medical Staffing lead and team, Workforce Lead and Freedom to Speak up Guardian) join for the second half of the meeting. Issues discussed included rota gaps, locum rates and industrial action. The importance of exception reporting was emphasised.

8. Doctors and dentists in training not on 2016 TCS

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

9. Assurance processes

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

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

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

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

9.4 A survey of trainees' views of exception reporting was distributed by the JDF in Q4 2020/21. We will plan to repeat the trainee survey later this year.

10. Key Issues and Summary

10.1 Levels of exception reporting decreased during the Covid pandemic with the subsequent lockdown, cancellation of many NHS activities and the redeployment of staff and was consistent across the EOE region and nationally. Last year levels of reporting reverted to pre-Covid levels and have now exceeded these. The number of immediate safety concerns has increased this quarter but numbers are still low. Rota gaps continue to be problematic; this has implications for working hours and patient safety. Despite the loss of training opportunities with increasing service pressures, trainees rarely submit educational ERs.

10.2 Covid-19 affected the interpretation of exception reporting data. Under reporting continues to be a concern here and nationally and does not necessarily reflect the (anonymous) GMC trainee survey. Exception reporting of "immediate safety concerns" is considered in parallel with incident reporting by outside bodies including the CQC. There is work to be done around the definition of "immediate safety concern" as there may be under or inappropriate reporting.

10.3 Concerns were previously expressed that some individuals would require an extension to their training due to the impact of the Covid pandemic particularly for the craft specialities, but this did not appear to have been necessary in the last two years. The impact of industrial action has affected medical staffing who have re-written rotas at short notice. Further review of training progress may be necessary in some cases. Hospitals are under pressure to address the backlog of patient care and there continues to be a risk that training will not be prioritised.

- 10.4 We are keen to ensure that clinical and educational supervisors and trainees remain engaged with the process of exception reporting and recognise its value in providing data that can be used to effect change. We are continuing to work on this by attending educational supervisor meetings and induction, whether in person, in a video or on-line.
- 10.5 The Junior Doctors' Forum (JDF) has the potential to identify, discuss and jointly address, with the Medical Director, Medical Staffing, the Guardian and the Postgraduate Medical Education Centre, rota and training issues as they arise. Improving the working conditions and morale of junior doctors (probably at an all-time low) is increasingly important as it will aid recruitment and retention, reducing rota gaps and will thus improve patient safety. Monthly meetings of the JDF are once more being held in person which has improved attendance.
- 10.6 Exception reporting suggests that working hours remained mostly compliant in Q3 and patient safety has rarely been compromised. There are extra hours worked on some rotas and continuing problems with rota gaps that cannot be filled with locums. Concerns now are focused on the persistent backlog of patient care post pandemic recovery and how best to ensure training alongside service within the amended (2019) 2016 Terms and Conditions for Service.

11. Recommendations

- 11.1 The Board of Directors is asked to note the 2023/24 Q3 report from the Guardian of Safe Working.

12. Appendices

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

Appendix 1: Glossary of Terms and Abbreviations

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

<p>Director of Medical Education (DME)</p>	<p>The DME is a member of consultant medical staff and an employee of the employer / host organisation who leads on the delivery of postgraduate medical and dental education in the Local Education Provider (LEP), ensuring that doctors receive a high quality educational experience and that GMC/GDC standards are met, together with the strategic direction of the organisation and Health Education England (HEE). The DME is responsible for delivering the educational contract between the LEP/ lead provider (LP) and HEE local team.</p> <p>For the purposes of these terms and conditions, where reference is made to the DME, the responsibilities described may be discharged by a nominated deputy to the DME.</p>
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Doctor or dentist in training	A doctor or dentist in postgraduate medical or dental education undertaking a post of employment or a series of posts of employment in hospital, general practice and/or other settings.
Educational review	An educational review is a formative process which enables doctors to receive feedback on their performance and to reflect on issues that they have encountered. Doctors will be able to raise concerns relating to curriculum delivery and patient safety. This will include regular discussions about the work schedule.
Educational supervisor	A named individual who is selected and appropriately trained to be responsible for supporting, guiding and monitoring the progress of a named trainee for a specified period of time. The educational supervisor may be in a different department, and occasionally in a different organisation, to the trainee. Every trainee should have a named educational supervisor and the trainee should be informed of the name of the educational supervisor in writing. This definition also covers approved clinical supervisors in GP practice placements.
Episodes of work	Periods of continuous work within an on call period separated by periods of rest.
Exception reporting	Mechanism used by doctors to inform the employer when their day- to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be differences in total hours of work, pattern of hours worked, in the educational opportunities and support available to the doctor.
Guardian of safe working hours	A senior appointment made jointly by the employer / host organisation and junior doctors, who ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and provides assurance to the Board of the employing organisation that doctors' working hours are safe.
On-call	A doctor is on-call when they are required by the employer to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period. A doctor carrying an 'on-call' bleep whilst already present at their place of work as part of their scheduled duties does not meet the definition of on-call working.

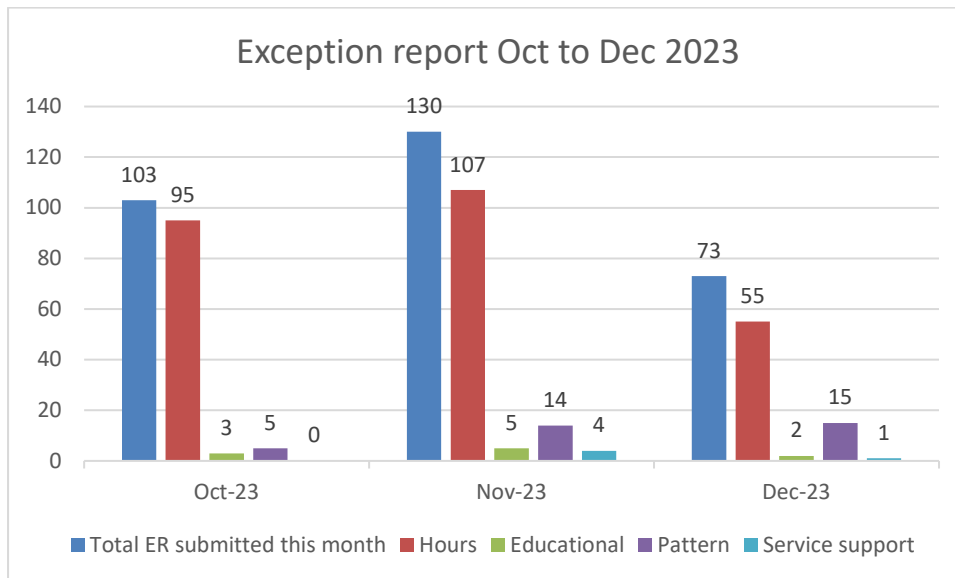
On-call period	An on-call period is the time that the doctor is required to be on call (as defined above) by their employer.
Placement	For the purposes of these TCS, a placement is a setting into which a doctor is placed to work for a fixed period of time in a post or posts in order to acquire the skills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

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

Appendix 2: Exception report data

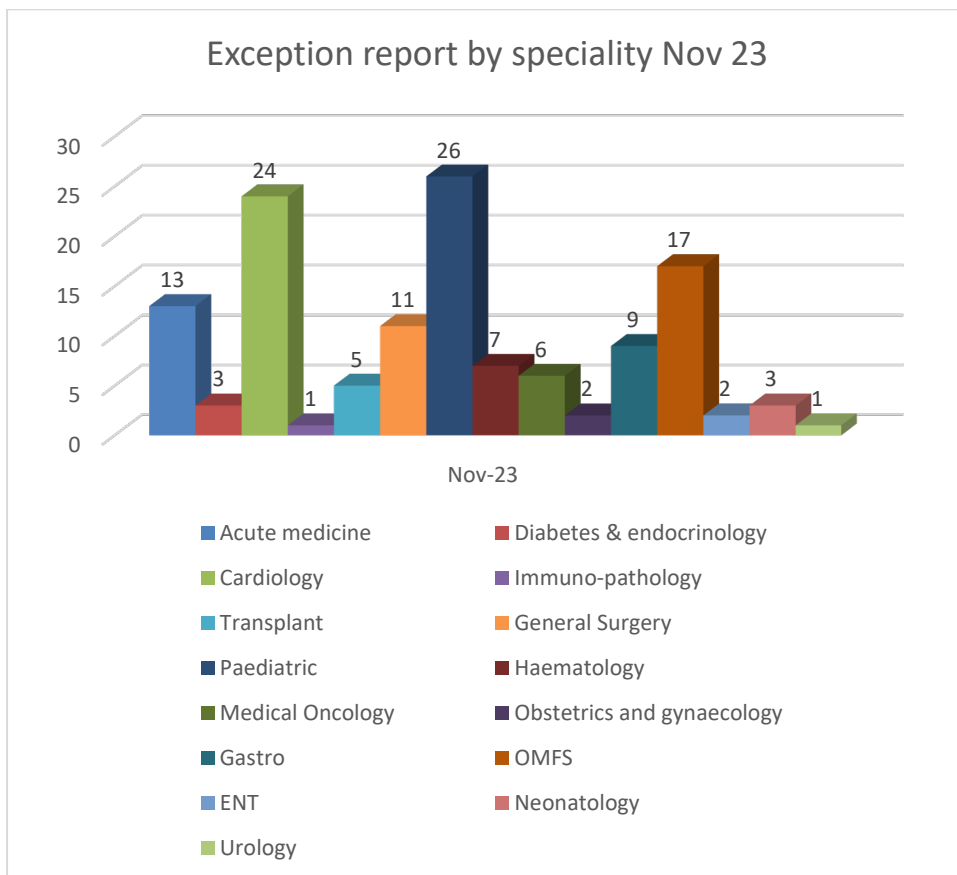
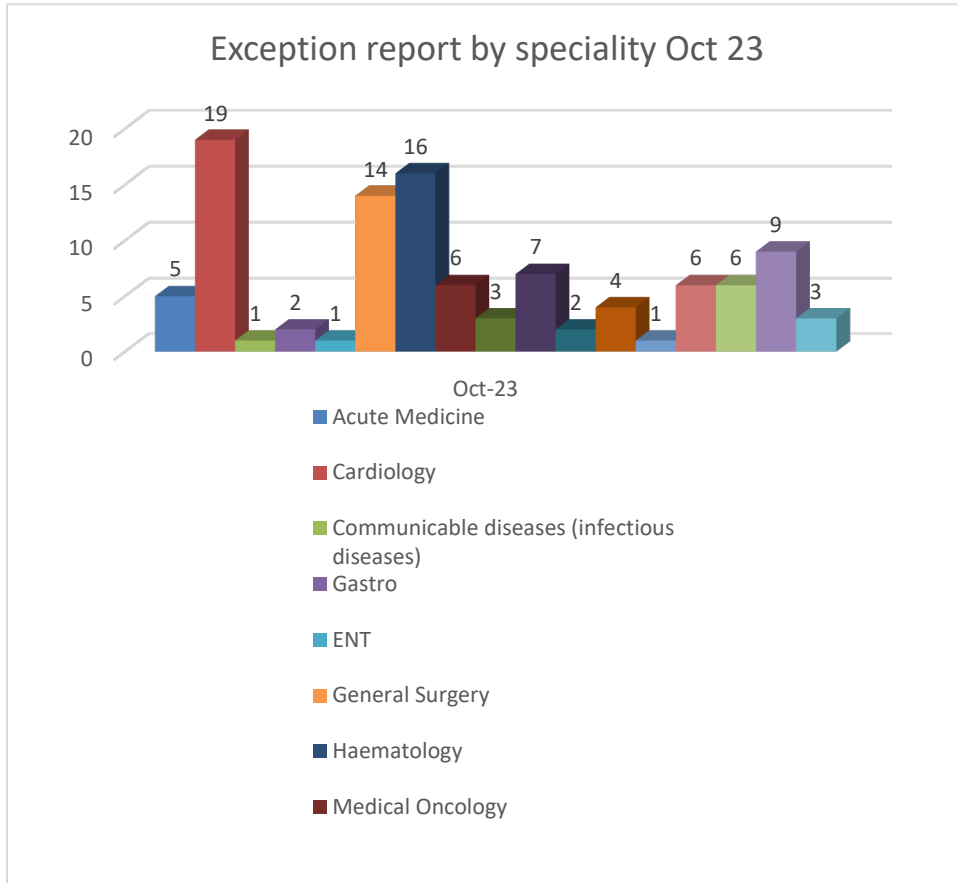
October - December 2023

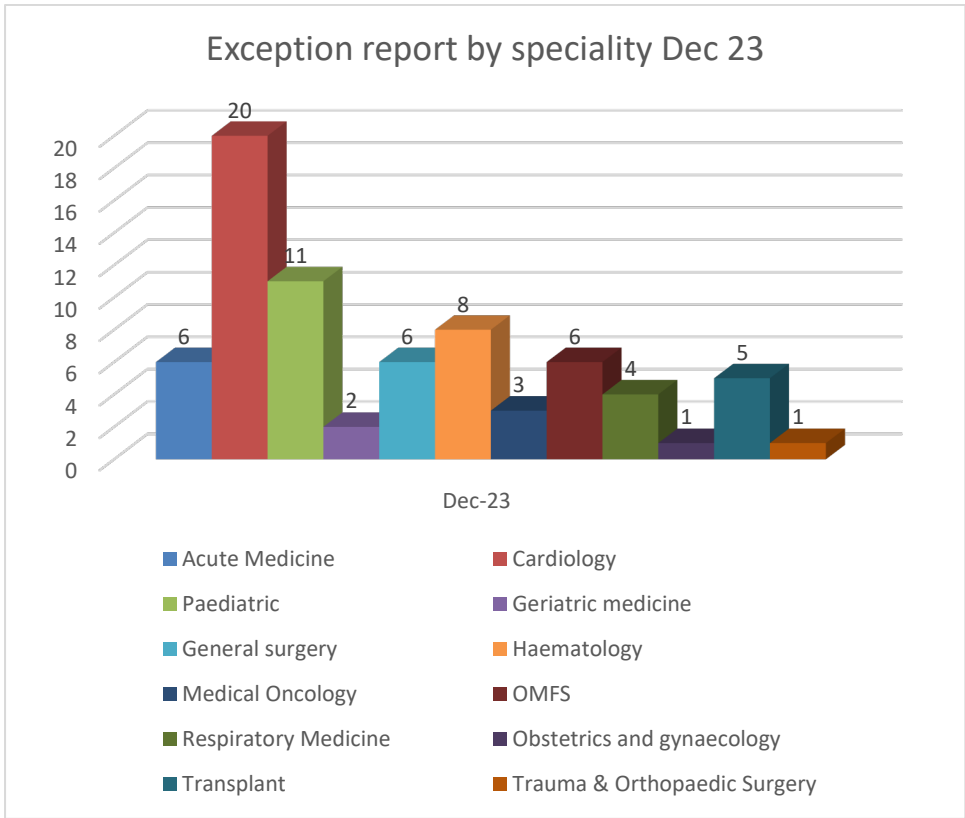
Overview:



- 306 exceptions reported for Oct to Dec 2023
- 257 hours related which includes overtime and additional hours
- 10 related to educational or missed training opportunities
- 34 pattern related where work differs to established rota/work schedule

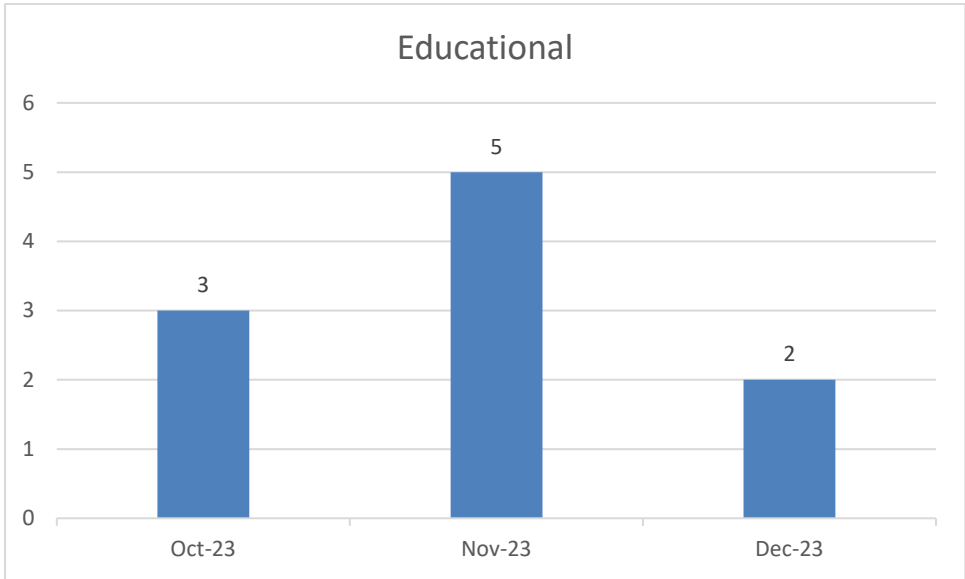
Specialty breakdown:



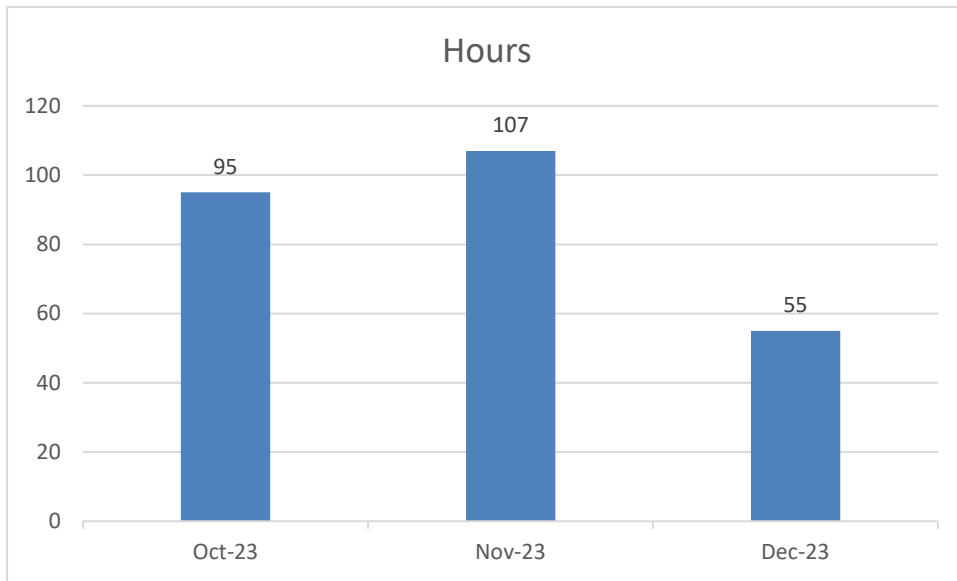


Category breakdown

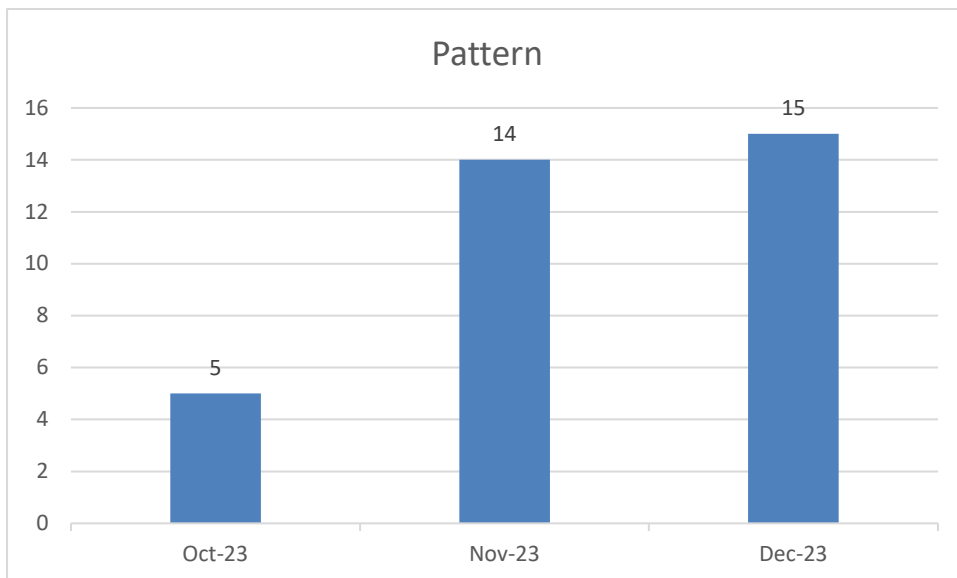
Educational:



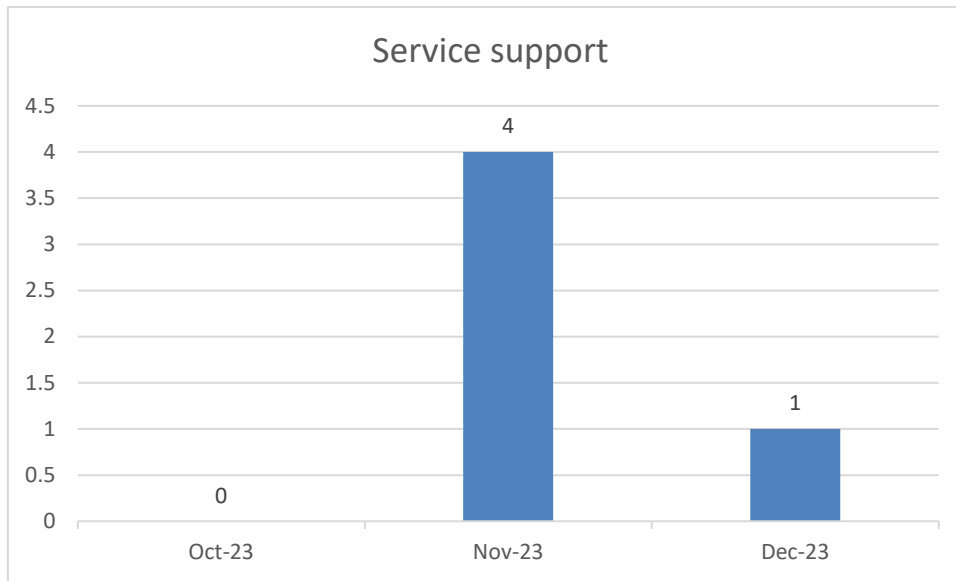
Hours:



Pattern:



Service Support:



Report to Board of Directors: 13 March 2024

Agenda item	13
Title	Learning from Deaths Quarterly Report
Sponsoring executive director	Ashley Shaw, Medical Director
Authors	Amanda Cox, Deputy Medical Director Chris Edgley, Patient Safety Lead Lauren Lambert, Data Analyst
Purpose	To receive the quarterly report
Previously considered by	Management Executive, 7 March 2024

Executive Summary

Between October 2023 and December 2023 [Q3], there were 437 deaths; of these 35 [8%] were in the Emergency Department, the remainder were inpatient deaths.

- 18% [78/437] met the criteria for a Structured Judgement Review [SJR] during Q3.
- 3% [2/78] of the SJRs completed within Q3 identified significant problems in care [scores 1-3].

Between October 2023 and December 2023, there were two serious incidents in relation to an unexpected/potentially avoidable death reported to the commissioners. There have been no Prevention of Future Deaths orders between October and December 2023.

Related Trust objectives	Improving patient care
Risk and Assurance	The report provides assurance on the arrangements in place to ensure learning from deaths.
Related Assurance Framework Entries	n/a
Legal and regulatory implications	n/a

Action required by the Board of Directors

The Board is asked to receive the learning from deaths report for 2023/24 Q3.

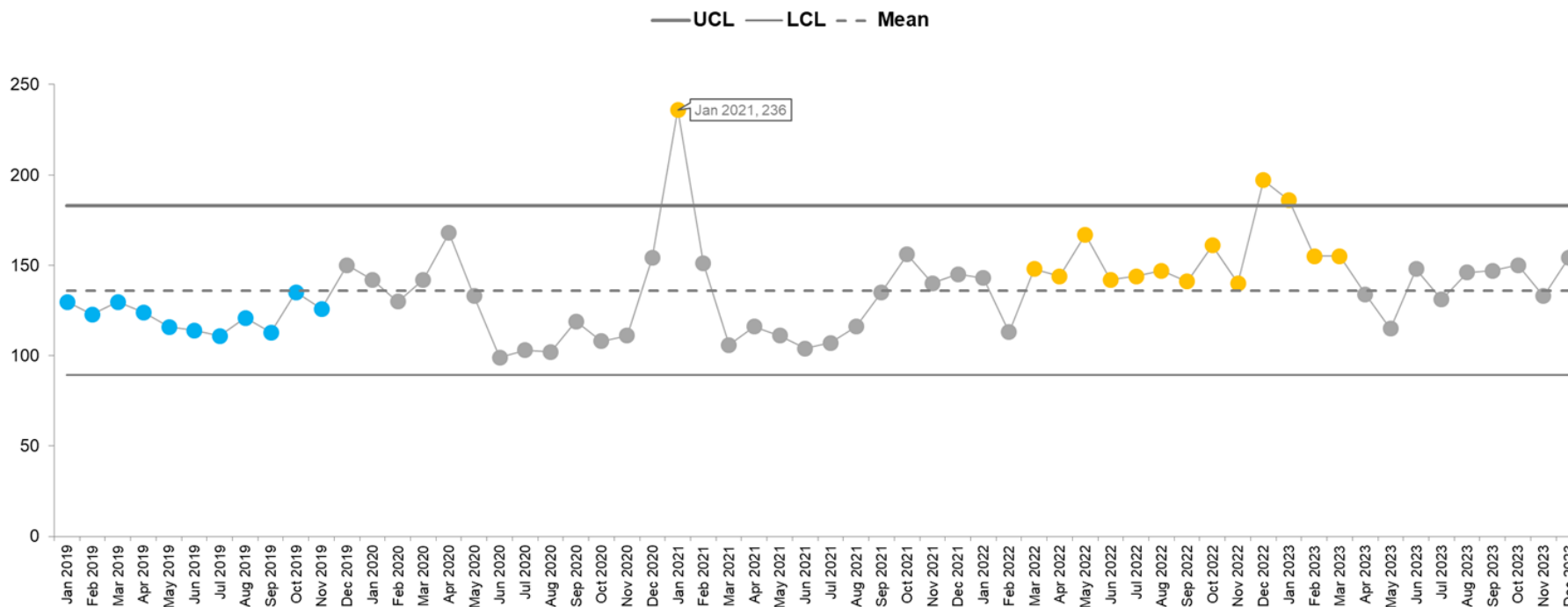
Board of Directors
Learning from Deaths Quarterly Report

1. Number of deaths in Quarter

There were 437 deaths between October 2023 and December 2023 [Q3] [Emergency Department [ED] and inpatients], of which 8% [35/437] were in the ED and 92% [402/437] were inpatient deaths.

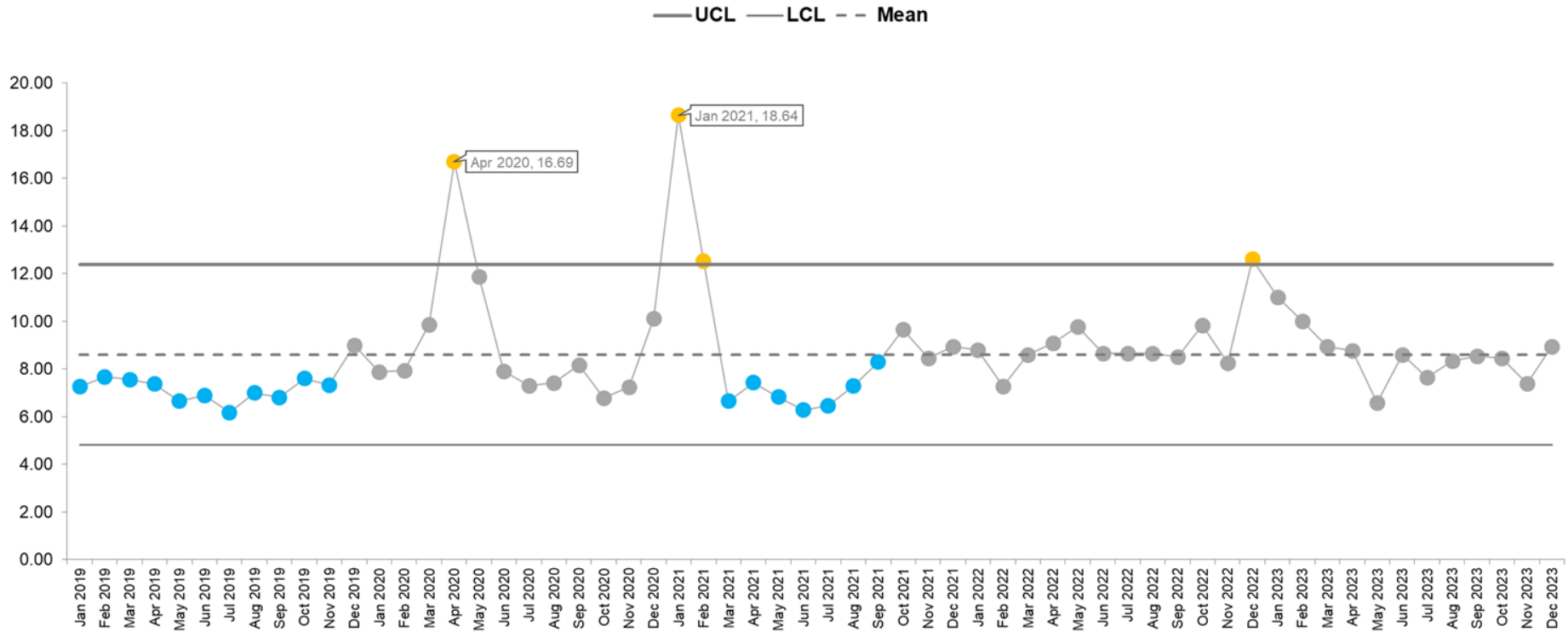
Graph 1 shows total CUH deaths [inpatients and ED] that have been recorded on Epic from Jan 2019 to December 2023.

Total CUH deaths last 5 years - (Emergency Department and Inpatients)



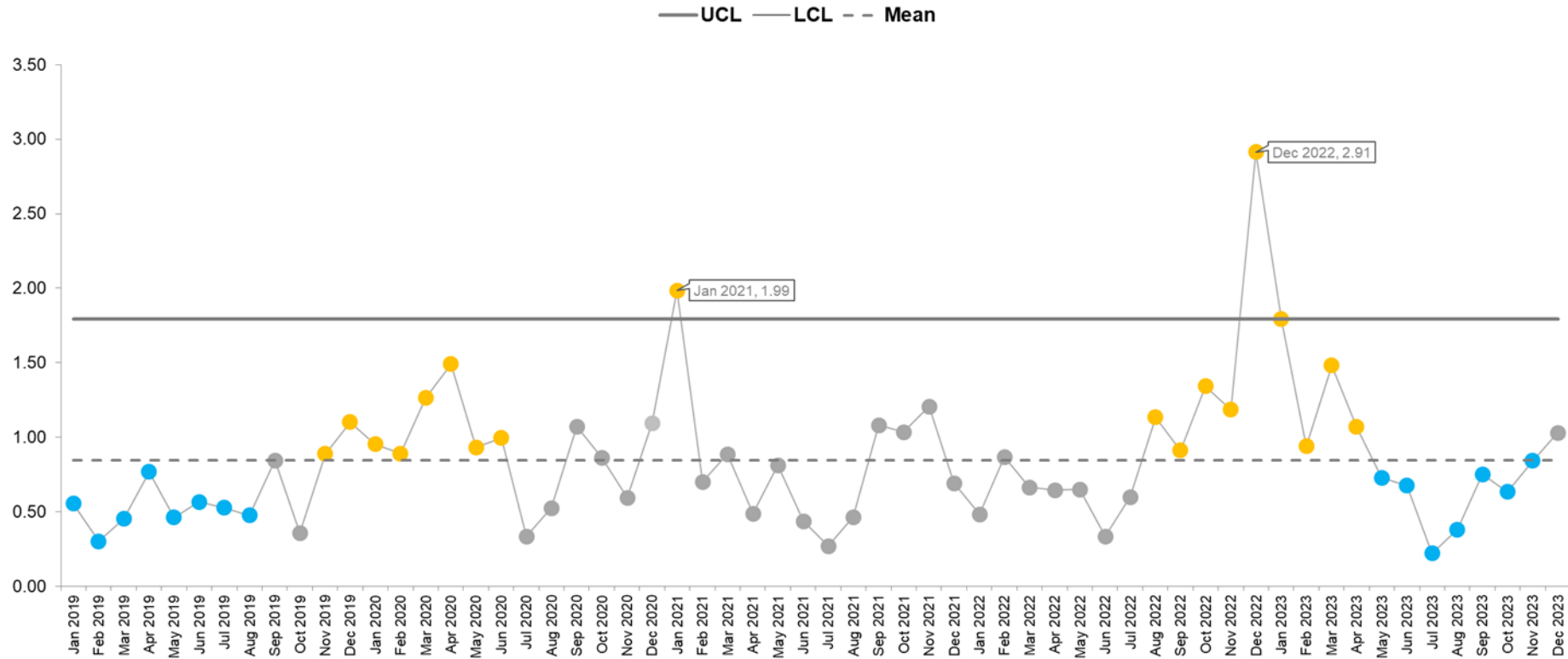
Graph 2 demonstrates total CUH deaths per 1,000 admissions that have been recorded on Epic from January 2019 to December 2023.

Emergency Department and Inpatients deaths per 1,000 admissions - last 5 years



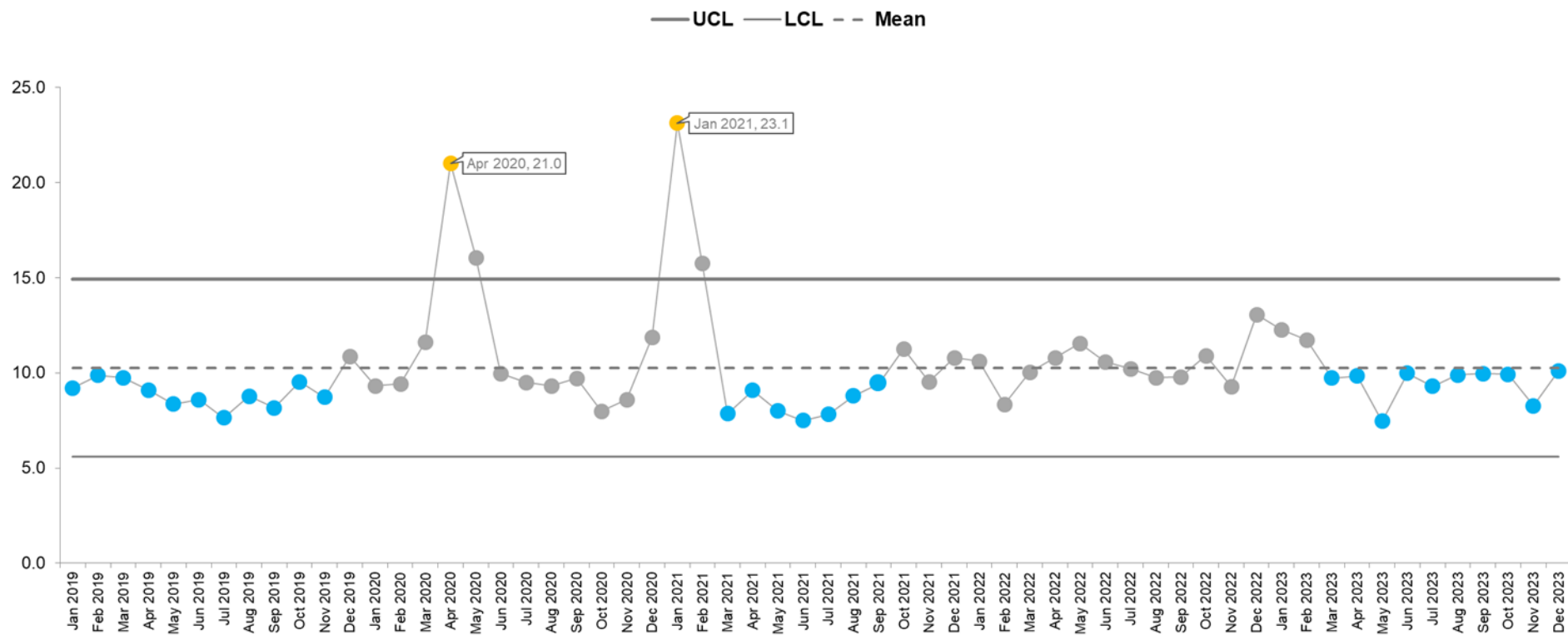
Graph 3 shows Emergency Department deaths per 1000 Emergency Department admissions from January 2019 to December 2023.

Emergency Department deaths per 1,000 attendances - last 5 years



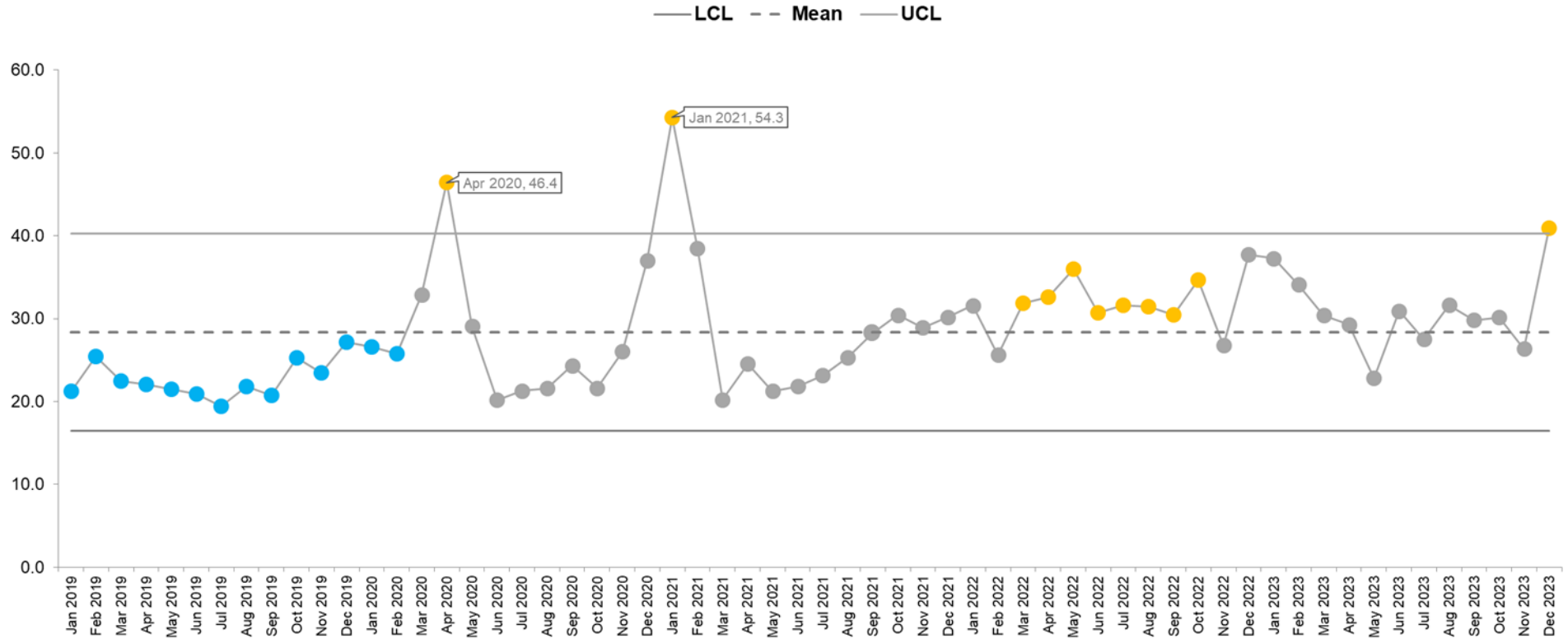
Graph 4 shows inpatient deaths per 1000 inpatient admissions from January 2019 to December 2023.

Inpatient deaths by 1,000 admissions - last 5 years



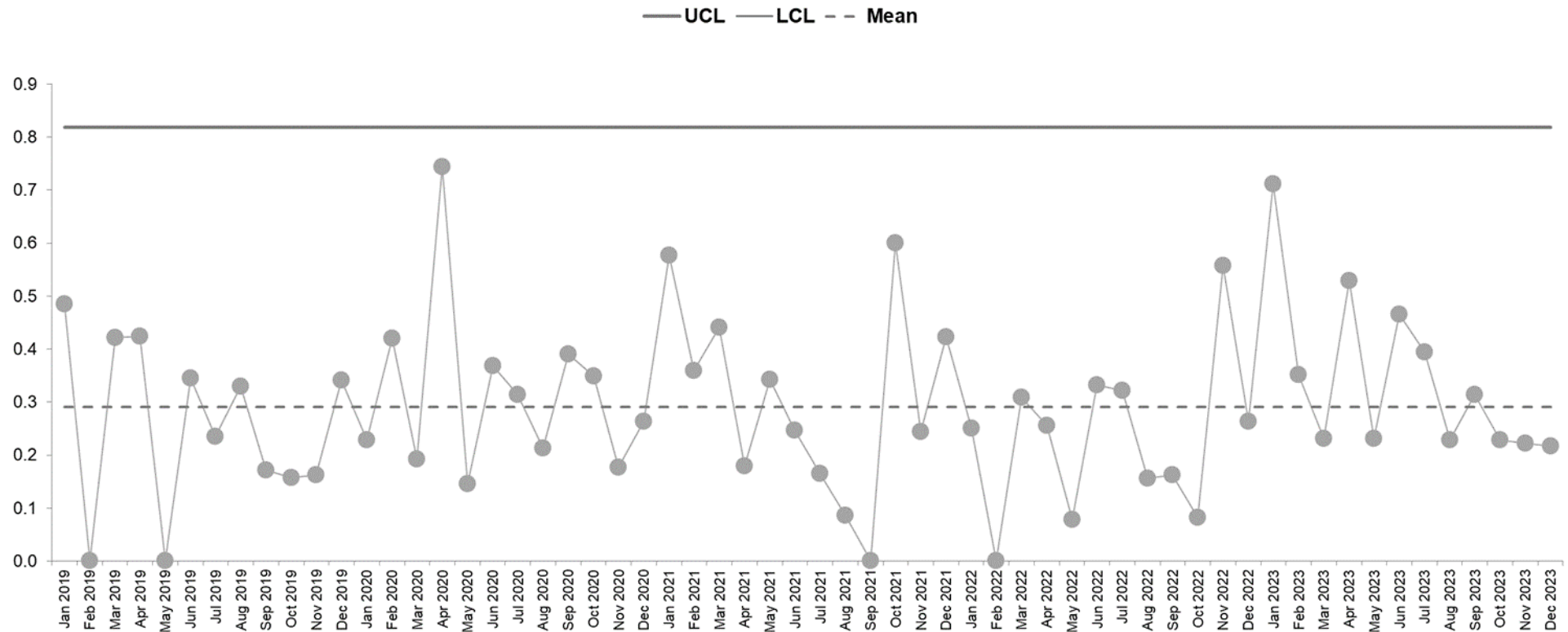
Graph 4a shows inpatient deaths in a non-elective admission by 1,000 non-elective admissions from January 2019 to December 2023 and December 2023 shows a statistically significant high point 40.9 (137*1000/3349).

Non-elective deaths by 1,000 non-elective admissions - last 5 years

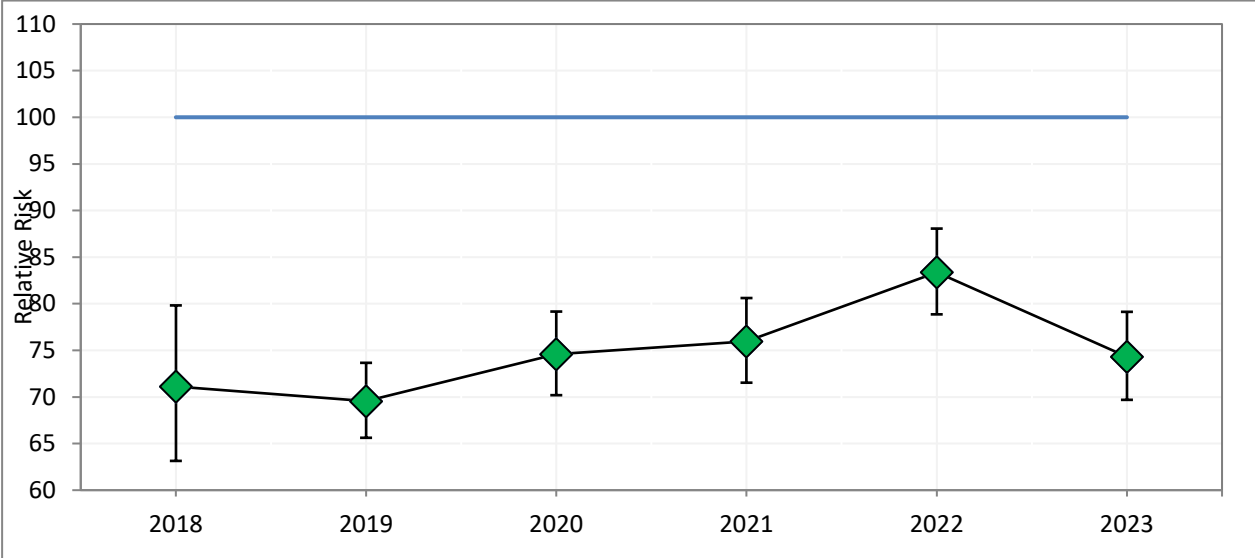


Graph 4b shows inpatient elective admission deaths by 1000 elective admissions, from January 2019 to December 2023. There is currently normal variation in the number of inpatient elective admission deaths.

Elective deaths by 1,000 elective admissions- last 5 years



Graph 5 displays the latest Hospital Standardised Mortality Ratio [HSMR] figures by month from October 2018 to September 2023



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

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

The table below shows a summary of learning from deaths key performance indicators [KPIs] in Q3 of 2023-2024 financial year

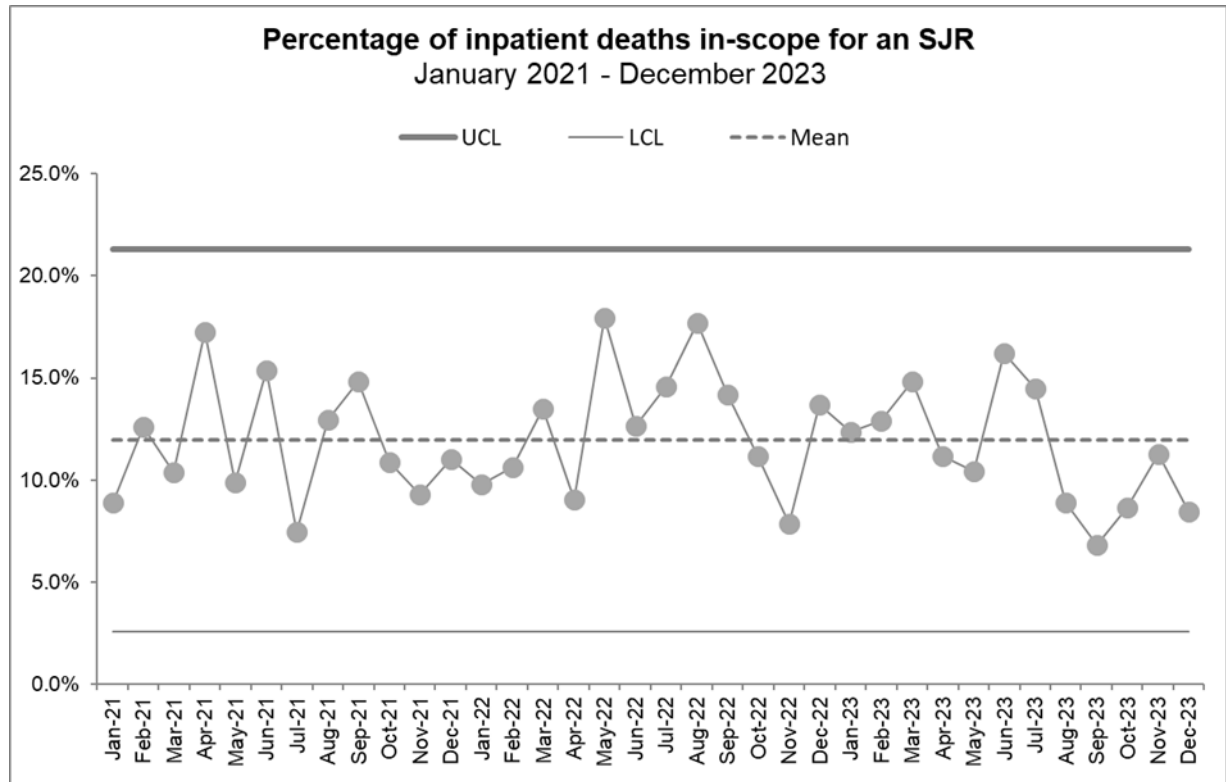
Learning from deaths summary														
KPI	No. of deaths in month	No. of deaths in-scope	Compliance with SJRs		Problems in Care Identified [score 1-3]	Serious Incidents triggered by SJRs	% of problems in care (by deaths 'in scope')		% of all deaths with problems in care (by total deaths in month)		SJRs triggered by family / carers	SJRs training compliance	PFD issued to CUH	
			Number received	Number due			Month	Quarter	Month	Quarter				
Oct-23	150	22	64%		1	2	7%		1%		0	71%		0
			14	22			1	14	1 150			10	14	
Nov-23	133	30	37%		0	0	0%		0%		1	91%		0
			11	30			0	11	0 133			10	11	
Dec-23	154	27	33%		1	0	11%		1%		0	89%		0
			9	27			1	9	1 154			8	9	

3. Structured judgement review [SJR] compliance

3.1. Deaths in-scope

Between October 2023 and December 2023, 18% [78/437] met the criteria for a Structured Judgement Review [SJR].

Graph 6 shows the percentage of *inpatient* deaths that are in-scope for an SJR over time from January 2021 to December 2023. There is currently normal variation..



Of the 78 in-scope deaths identified in Q2, 44% of SJRs [34/78] have been completed to date.

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

4.1. SI investigations commissioned between October 2023 – December 2023

There have been two SI commissioned in relation to an unexpected death between October and December 2023.

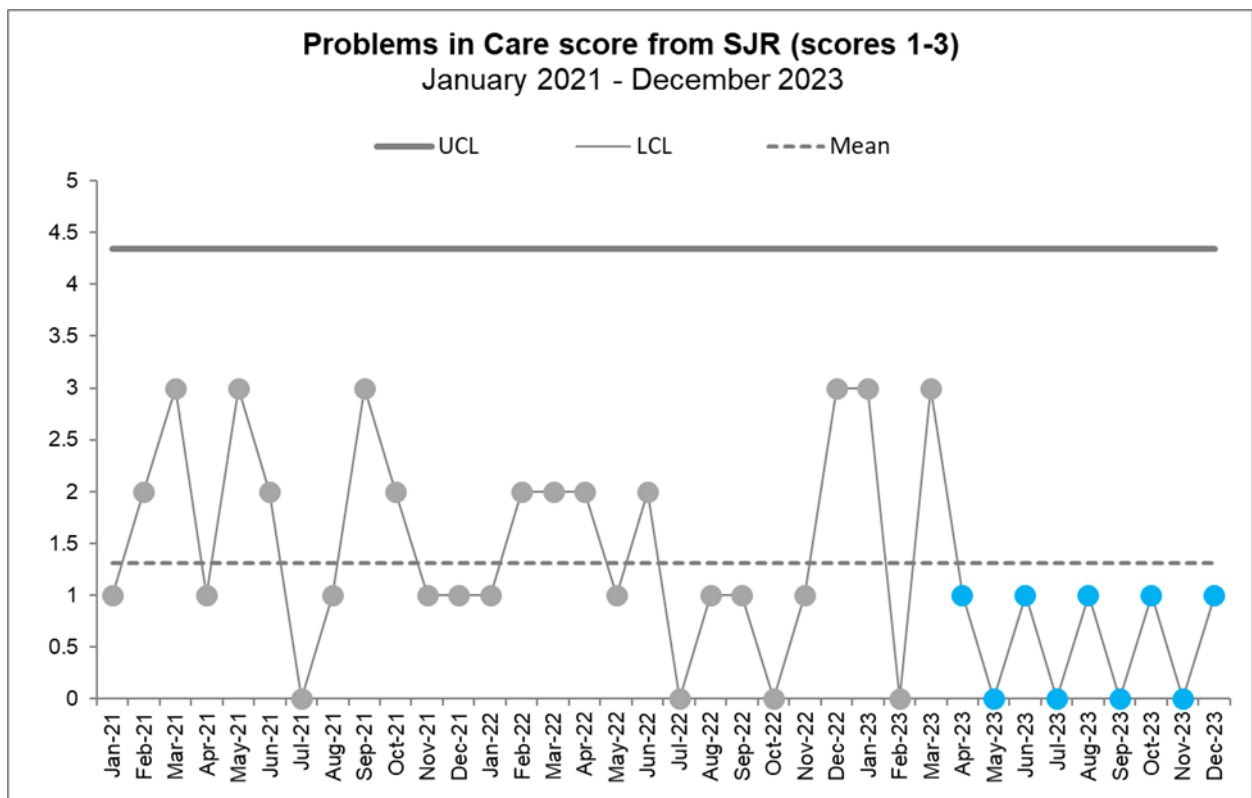
4.2. Structure Judgement Review problems in care scores

Two SJRs have highlighted less than satisfactory care between October 2023 and December 2023. One of the SJRs was investigated as a Serious Incident. All SJRs with a Problem in Care (PIC) Score 1-3 are shared with the Coroner for information.

The percentage of deaths with problems in care [scores 1-3] identified through the SJR process, from July 2023 - September 2023 is 3% [2/78]. The distribution of these scores are shown in the table below:

	Poor quality of care [1]	Less than satisfactory [2]	Room for improvement [3]	Room for improvement [4]	Room for improvement [5]	Good practice [6]
	<i>Multiple aspects of clinical &/or organisational care that were well below what you consider acceptable.</i>	<i>Several aspects of clinical &/or organisational care that were well below what you consider acceptable</i>	<i>Aspects of both clinical and organisational care that could have been better.</i>	<i>Aspects of organisational care that could have been better and may have had an impact on the patient's outcome.</i>	<i>Aspects of clinical care that could have been better but not likely to have had an impact on the outcome.</i>	<i>A standard that you consider acceptable.</i>
Oct-23	1	0	0	0	4	6
Nov-23	0	0	0	2	4	5
Dec-23	0	0	1	2	1	4

Graph 7 shows the number of SJRs with problems in care score of 1-3 from January 2021 to December 2023.



5. Structured judgement reviews triggered by family/carers

There were no SJRs initiated by family/carers concerns between October 2023 and December 2023.

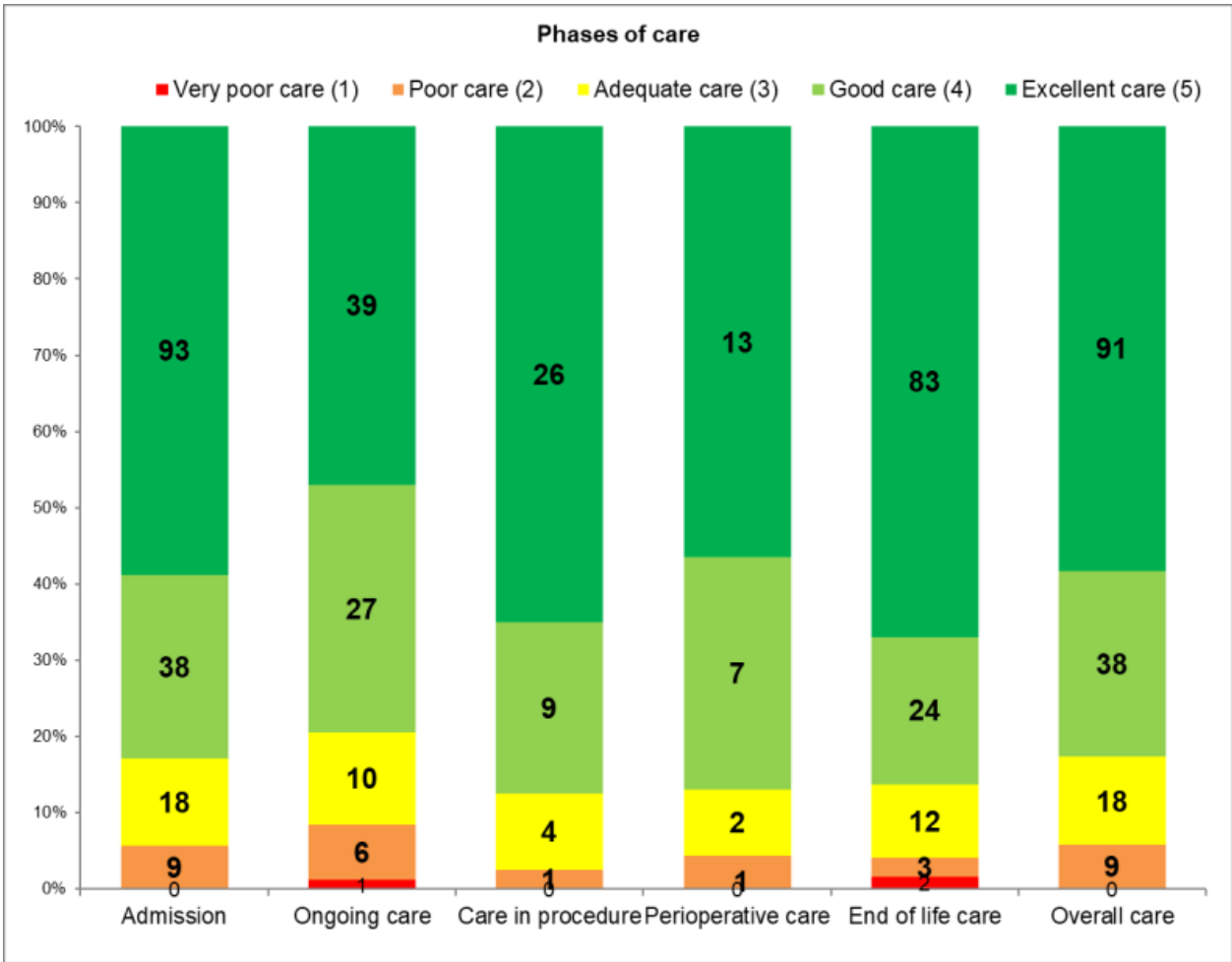
6. Prevention of future death reports issued to Cambridge University Hospitals

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

7. Learning

7.1. Learning from phases of care

Scores allocated to each of the phases of care are displayed in the graph below for all completed SJRs between January 2023 to December 2023:



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

8. Learning from deaths improvement plan:

The Learning From Deaths Quality Improvement Group meets on a monthly basis. The current focus of the group is identifying improvements to the SJR scoring system and maximising the digitalisation of the SJR process (QSIIS/Datix).

Report to the Board of Directors: 13 March 2024

Agenda item	14
Title	Board Assurance Framework and Corporate Risk Register
Sponsoring executive director	Ian Walker, Director of Corporate Affairs Lorraine Szeremeta, Chief Nurse
Author(s)	Jumoke Okubadejo, Director of Clinical Quality; Elke Pieper, Head of Risk and Patient Outcomes; Ian Walker, Director of Corporate Affairs
Purpose	To receive the latest versions of the BAF and CRR.
Previously considered by	Risk Oversight Committee, 22 February 2024

Executive Summary

The Board Assurance Framework (BAF) and the Corporate Risk Register (CRR) are refreshed on a monthly basis through discussion with the Executive Director leads for each risk and presented to the Risk Oversight Committee for review. The risks are assigned to Board assurance committees for oversight and they are also received by the Board four times a year (most recently in November 2023).

This paper provides the Board with the latest version of the BAF which contains 16 principal risks to the achievement of the Trust's strategic objectives. 12 of these risks are currently rated at 15 or above.

The paper also provides a summary of the current CRR risks, as reviewed by the Risk Oversight Committee on 22 February 2024.

Related Trust objectives	All objectives
Risk and Assurance	The report sets out the principal risks to achievement of the Trust's strategic objectives.
Related Assurance Framework Entries	All BAF entries.
Legal /Regulatory implications	The BAF is a key document which informs the Annual Governance Statement.

Action required by the Board of Directors

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

Cambridge University Hospitals NHS Foundation Trust

13 March 2024

Board of Directors

Board Assurance Framework and Corporate Risk Register

Ian Walker, Director of Corporate Affairs

Lorraine Szeremeta, Chief Nurse

1. Introduction

- 1.1 The Board Assurance Framework (BAF) provides a structure and process which enables the Board of Directors to focus on the principal risks which might compromise the achievement of the Trust's strategic objectives. The BAF identifies the key controls which are in place to manage and mitigate those risks and the sources of assurance available to the Board regarding the effectiveness of the controls. The BAF is received by the Board four times a year (most recently in November 2023).
- 1.2 The Board also receives a report four times a year on the Corporate Risk Register (CRR) to provide additional assurance that key operational risks are being effectively managed.
- 1.3 Board assurance committees review both the BAF and the CRR risks assigned to them at each meeting. The BAF and CRR are refreshed on a monthly basis in discussion with the lead Executive for each risk and then reviewed by the Risk Oversight Committee.

2. Board Assurance Framework

- 2.1 The February 2024 version of the BAF is attached at Appendix 2. It incorporates updates from monthly reviews undertaken since the last report to the Board in November 2023. These have been reviewed by the respective Board assurance committees.
- 2.2 There are currently 16 risks on the BAF, one more than in the previous version received by the Board following the division of risk 009 into two separate risks (see below).
- 2.3 A detailed log of monthly amendments and updates to the BAF as reviewed by the Risk Oversight Committee is available to Board members on request. There have been a number of updates to controls and assurances and to actions to address gaps in controls and assurance over the past four months.

- 2.4 As Board members are aware, the BAF now includes medium-term trajectories for each of the BAF risks, indicating how the level of risk is expected to change over time in response to the implementation of actions within the Trust's control and/or or anticipated external developments. This work is intended to support the Board in tracking risk profiles over time and assessing risk trajectories against the Trust's risk appetite. The separate Strategy Update report (agenda item 10) describes key milestones for the strategic commitments over the next three years. These are used to support discussion and development of the medium-term risk trajectories in the BAF.
- 2.5 In terms of key amendments to individual BAF risks during this period, the following are highlighted:

November 2023

- There were no significant amendments proposed through the monthly review process. The current score for risk 007 (recruitment and retention) had been reduced from 20 to 16 as agreed at the previous meeting.

December 2023

- BAF 011: following discussion at the Performance Committee in December 2023 which concluded that the level of financial risk had increased in the current period ahead of the agreement of the 2024/25 financial plan, the Risk Oversight Committee agreed that the current risk score should be increased from I4xL3=12 to I4xL4=16. It was envisaged that delivery of the 2023/24 financial plan and approval of a robust 2024/25 financial plan would enable the risk score to be re-assessed in early 2024/25.

January 2024

- BAF 009: the risk had been divided into risks 009a (related to delivery of the Cambridge Cancer Research Hospital and the Cambridge Children's Hospital projects) and 009b (on the wider new hospitals development programme) as agreed by the Risk Oversight Committee in December 2023. The current risk score for both risks was I4xL4=16. The Performance Committee would be the primary oversight committee for risk 009a while the Addenbrooke's Futures Committee would be the primary oversight committee for risk 009b.
- BAF 010: while no amendments had been made in-month to the risk on partnership working through the ICS and the Cambridgeshire South Care Partnership, recent discussions at the Performance Committee and the Addenbrooke's Futures Committee were noted, and specifically the view from some Non-Executive Directors that the risk should be scored at a higher level. It was planned to discuss the Trust's relationship with the ICB further at the Addenbrooke's

Futures Committee meeting in March 2024, from which the formulation of the BAF risk could be reviewed.

2.6 Of the 16 current BAF risks, 12 are 'Red' rated at 20, 16 or 15 as follows:

- Capacity and patient flow (20)
- Fire safety (20)
- Estates backlog maintenance and statutory compliance (20)
- Staffing availability (16)
- Effective prioritisation of patients in greatest clinical need (16)
- Equality, diversity and inclusion (16)
- Staff health and wellbeing (16)
- Prioritisation of IT resources (16)
- Delivery of Cambridge Cancer Research Hospital and Cambridge Children's Hospital construction and transformation programmes (16)
- Development and approval of wider Addenbrooke's redevelopment plans (16)
- Environmental sustainability and carbon reduction (16)
- Financial sustainability (16)

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

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

Table 1: Strategic commitments and associated BAF risks

Strategic objective	Associated BAF risks
A1	010
A2	001
A3	001, 002
A4	004, 008
A5	002, 004
B1	007
B2	007
B3	013
B4	008
B5	013
C1	010, 014
C2	012
C3	005, 006, 009a, 009b
C4	015
C5	003

2.9 In addition to the monthly reviews, some amendments have been made to the format of the BAF document in early 2024 in response to feedback from Board assurance committees and the recent Internal Audit of risk management (which was received by the Audit Committee on 7 February 2024, with a rating of 'significant assurance with minor improvement opportunities'). These are as follows:

- The BAF summary page now includes, for each risk, the relevant strategic commitment(s) and the target risk score and date (consistent with the medium-term risk trajectory). A column has also been added for risk appetite, to be used in future following further consideration and discussion in the context of the Internal Audit report and the Deloitte Well-Led Review.
- A new column has been added to the risk trajectory table for each risk which allows a commentary to be included, in particular recording any amendments to the forward trajectory or reasons for a milestone not being achieved. This is in response to a request from the Performance Committee to be able to more clearly track where projected changes in risk scores are not being realised.

3. Corporate Risk Register

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

3.2 The current CRR is summarised at Appendix 1. There are currently 43 risks on the CRR.

4. Recommendations

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

Appendix 1: Corporate Risk Register summary, February 2024

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Dec-23	Jan-24	Feb-24
CR04b	Medical device repairs and planned preventative maintenance	Safe	Medical Director	Quality	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)	Same	Same	Same
CR05a	Insufficient urgent and emergency capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR05c	Insufficient outpatient capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR05d	Insufficient diagnostic capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)	Same	Same	Same
CR05e	Insufficient surgery capacity to meet patients' needs	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	3x4=12 (Amber)	Same	Same	Same
CR05h	Insufficient histopathology capacity	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)	Same	Same	Same
CR62	External support services for PaNDR and ACCTS	Safe	Chief Operating Officer	Performance	5x4=20 (Red)	5x4=20 (Red)	5x2=10 (Amber)		NEW	Same
CR07	Failure to reduce incidence of Healthcare Acquired Infections	Safe	Medical Director	Quality	5x5=25 (Red)	4x5=20 (Red)	4x2=8 (Amber)	Same	Same	Same
CR42a	Compliance with the Fire Safety Regulations – Trust-wide buildings	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x4=20 (Red)	5x3=15 (Red)	Same	Same	Same
CR50	Staffing levels in e-Hospital department	Responsive	Director of Innovation, Digital and Improvement	Performance	5x5=25 (Red)	4x5=20 (Red)	3x2=6 (Yellow)	Same	Same	Same
CR54	Retaining staff due in part to the high cost of living in Cambridge and surrounding areas	Safe	Director of Workforce	Workforce	4x5=20 (Red)	4x4=16 (Red)	4x4=16 (Red)	Same	Decreased	Same
CR57	Industrial action by medical staff	Well-led	Director of Workforce/Chief Operating Officer	Performance	5x4=20 (Red)	4x5=20 (Red)	3x3=9 (Amber)	Same	Same	Same
CR58b	Meeting statutory requirements or standards required for accreditation – Division B	Responsive	Medical Director	Quality	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)	Same	Same	Same
CR08	Capacity to deal with winter pressures	Responsive	Chief Operating Officer	Performance	4x5=20 (Red)	4x5=20 (Red)	4x2=8 (Amber)	Same	Same	Increased

Board of Directors: 13 March 2024

Board Assurance Framework and Corporate Risk Register

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CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Dec-23	Jan-24	Feb-24
CR04a	Replacement of unsupported/aging/unsuitable medical equipment	Safe	Medical Director	Performance	5x4=20 (Red)	4x4=16 (Red)	4x3=12 (Amber)	Same	Same	Same
CR05f	Insufficient capacity within maternity services	Safe	Chief Operating Officer	Performance	4x5=20 (Red)	4x4=16 (Red)	4x3=12 (Amber)	Same	Same	Same
CR05g	Use of designated contingency capacity	Safe	Chief Operating Officer	Performance	4x5=20 (Red)	4x4=16 (Red)	4x2=8 (Amber)	Same	Same	Same
CR23b	Performance of FM contract in the Addenbrooke's Treatment Centre (ATC)	Responsive	Director of Capital, Estates and Facilities Management	Performance	4x3=12 (Amber)	4x4=16 (Red)	4x2=8 (Amber)	Increased	Same	Same
CR23c	Delivery of services under the PFI Project Agreement	Responsive	Director of Capital, Estates and Facilities Management	Performance	4x3=12 (Amber)	4x4=16 (Red)	3x3=9 (Amber)	Increased	Same	Same
CR41	Pathways for patients with mental health conditions	Responsive	Chief Nurse	Quality	4x4=16 (Red)	4x4=16 (Red)	4x1=4 (Yellow)	Same	Same	Same
CR42b	Compliance with the Fire Safety Regulations in A Block	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	4x4=16 (Red)	3x3=9 (Amber)	Decreased	Same	Same
CR43a	Insufficient staffing on adult wards	Safe	Chief Nurse	Quality	4x5=20 (Red)	4x4=16 (Red)	3x3=9 (Amber)	Same	Same	Same
CR43b	Insufficient medical staffing across Women's Services	Safe	Medical Director	Quality	4x5=20 (Red)	4x4=16 (Red)	4x2=8 (Amber)	Same	Same	Same
CR45a	Failure to meet patients' equality and diversity needs	Well-led	Chief Nurse	Quality	4x4=16 (Red)	4x4=16 (Red)	3x2=6 (Yellow)	Same	Same	Same
CR45b	Equality and diversity in the CUH workforce	Well-led	Director of Workforce	Workforce	4x4=16 (Red)	4x4=16 (Red)	4x3=12 (Amber)	Same	Same	Same
CR46	Expiry of LMB Building Lease Housing Histopathology Services	Well-led	Director of Capital, Estates and Facilities Management	Performance	4x5=20 (Red)	4x4=16 (Red)	4x1=4 (Yellow)	Same	Same	Same

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Dec-23	Jan-24	Feb-24
CR52	Potential short-term supply shortages	Safe	Chief Finance Officer/ Medical Director	Quality	5x4=20 (Red)	4x3=12 (Amber)	4x3=12 (Amber)	Same	Same	Decreased
CR59	Impact of climate change on delivery of services at CUH	Responsive	Director of Capital, Estates and Facilities Management	Performance	4x5=20 (Red)	4x4=16 (Red)	3x2=6 (Yellow)	Same	Same	Same
CR03	Water quality	Safe	Director of Capital, Estates and Facilities Management	Quality	5x5=25 (Red)	5x3=15 (Red)	5x2=10 (Amber)	Same	Same	Same
CR10	Capacity and resilience in the High Voltage Electrical Infrastructure	Safe	Director of Capital, Estates and Facilities Management	Performance	5x4=20 (Red)	5x3=15 (Red)	5x2=10 (Amber)	Same	Same	Same
CR38	Deteriorating patients and Sepsis	Safe	Chief Nurse	Quality	5x4=20 (Red)	5x3=15 (Red)	5x1=5 (Yellow)	Same	Same	Same
CR42d	Fire Alarm – operation of fire system evacuation signal	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	5x3=15 (Red)	5x2=10 (Amber)	Same	Same	Same
CR17	Maintaining a suitably skilled workforce	Well-led	Director of Workforce	Workforce	3x5=15 (Red)	3x4=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR20	Expansion of Cambridge Biomedical Campus impacting access to and from the Campus	Safe	Director of Capital, Estates and Facilities Management	Performance	4x4=16 (Red)	4x3=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR42c	Fire safety systems in the Addenbrooke's Treatment Centre (ATC)	Safe	Director of Capital, Estates and Facilities Management	Board	5x5=25 (Red)	3x4=12 (Amber)	3x2=6 (Yellow)	Decreased	Same	Same

CRR Ref	Title	CQC Domain	Executive Director	Assurance Committee	Inherent rating (C x L)	Current rating (C x L)	Target rating (C x L)	Dec-23	Jan-24	Feb-24
CR43c	Insufficient midwifery staffing across Maternity Services	Safe	Chief Nurse	Quality	4x5=20 (Red)	4x2=8 (Amber)	4x2=8 (Amber)	Same	Same	De-escalated
CR44	Meeting blood transfusion regulation	Safe	Medical Director	Quality	4x4=16 (Red)	4x3=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR49	RAAC panel failure at other hospitals	Responsive	Chief Operating Officer	Performance	5x3=15 (Red)	4x3=12 (Amber)	3x3=9 (Amber)	Same	Same	Same
CR55	Radio pharmacy services provision	Safe	Medical Director	Quality	4x5=20 (Red)	3x4=12 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR58e	Failure to meet statutory requirements or standards required for accreditation – Division E	Responsive	Medical Director	Quality	4x5=20 (Red)	4x3=12 (Amber)	4x2=8 (Amber)	Same	Same	Same
CR61	Impact on Trust-wide operational activity due to lack of flow through 'Goods In'	Responsive	Chief Finance Officer	Performance	3x5=15 (Red)	3x3=9 (Amber)	3x2=6 (Yellow)	Same	Decreased	De-escalated
CR25	Failure to comply with the Accessible Information Standard	Safe	Chief Nurse	Quality	4x5=20 (Red)	3x3=9 (Amber)	3x2=6 (Yellow)	Same	Same	Same
CR32	Cyber security protection	Safe	Director of Innovation, Digital and Improvement	Audit	5x3=15 (Red)	4x2=8 (Amber)	4x1=4 (Yellow)	Same	Same	Same

Board Assurance Framework overview: February 2024 (ranked by current risk rating)

Risk ref.	Strategic commitments	Current risk score	Target risk score	Risk appetite (to follow)	Risk description	Lead Executive	Board oversight committee
001	A2, A3	20	8 (Sep 25)		Due to physical capacity constraints and sub-optimal patient flow, the Trust is not able to deliver timely and responsive urgent and emergency care services, sustainably increase activity levels to reduce waiting lists, while at the same time managing future surges in seasonal viruses and providing decant capacity to address fire safety and backlog maintenance, which adversely impacts on patient outcomes and experience.	COO	Performance and Quality
005	C3	20	20 (Apr 24)		A failure to sufficiently prioritise and address estate infrastructure and safety system risks and their ongoing maintenance impacts on patient and staff safety, continuity of clinical service delivery, regulatory compliance and reputation.	DoCEFM	Performance
006	C3	20	12 (Dec 27)		As a result of a failure to address fire safety statutory compliance priorities due to insufficient capital funding and decant capacity, there is a risk of fire causing harm to patients and staff and impacting on continuity of clinical service delivery.	DoCEFM	Performance
007	B1, B2	16	12 (Mar 25)		There is a risk that the Trust does not have sufficient staff with appropriate skills to deliver its plans now and in the future which results in poorer outcomes for patients and poorer experience for patients and staff.	DoW	Workforce and Education
002	A3, A5	16	8 (Sep 25)		Due to the ongoing impact of delays resulting from the Covid-19 pandemic and industrial action, there is a risk that the Trust is not able to effectively identify and diagnose those patients in greatest clinical need which could result in harm, poorer outcomes and worse experience for patients.	CN and MD	Quality
008	B4	16	8 (Mar 26)		There is a risk that the Trust does not reduce inequality of opportunity and discrimination both within its workforce and in the provision of its services, caused by a failure to develop and implement a robust Equality, Diversity and Inclusion Strategy, which leads to poor staff and patient experience and sub-optimal patient outcomes.	DoW and CN	BoD, Workforce and Education, and Quality
013	B3, B5	16	8 (Mar 26)		There is a risk that we fail to maintain and improve the physical and mental health and wellbeing of our workforce which impacts adversely on individual members of staff and our ability to provide safe patient care now and in the future.	DoW	Workforce and Education
003	C5	16	12 (Jun 24)		The Trust does not prioritise and deploy to best effect the limited resources available for IT investment to support staff to deliver improved patient care and experience.	DoIDI	Audit
009a	C3	16	8 (Mar 27)		The construction and transformation programmes for the Cambridge Cancer Research Hospitals and the Cambridge Children's Hospital experience delays resulting in the need to maintain poor quality facilities for an extended period of time, adverse financial implications and a failure to realise the clinical, operational and wider benefits.	DoSMP	Performance Committee
009b	C3	16	tbc		Addenbrooke's 3 proposals beyond the CCH and CCRH are not developed or approved in a timely way resulting in the need to maintain poor quality facilities for an extended period of time and a failure to realise the clinical, operational and wider benefits of future schemes.	DoSMP	Addenbrooke's Futures
015	C4	16	12 (Dec 32)		As a result of a failure to deliver the CUH Green Plan, the Trust does not enhance environmental sustainability and reduce its direct carbon emissions by 10% by 2025 (as a key step towards the national commitment to halve carbon emissions before 2032 and deliver net zero carbon by 2045) nor develop and deliver a credible adaptation plan, which impacts on organisational reputation and regulatory compliance and increases the susceptibility of our services to the effects of climate change.	DoCEFM	Board of Directors
011	All	16	8 (Apr 26)		There is a risk that the Trust, as part of the Cambridgeshire and Peterborough ICS, is unable to deliver the scale of financial improvement required in order to achieve a breakeven or better financial performance within the funding allocation that has been set for the next three years, leading to regulatory action and/or impacting on the ability of the Trust to invest in its strategic priorities and provide high quality services for patients.	CFO	Performance
004	A5	12	8 (Mar 24)		The Trust does not continuously improve the quality, safety and experience of all its services which adversely impacts on patient outcomes and experience and on organisational reputation.	CN and MD	Quality
010	A1	12	8 (Sep 25)		The Trust does not work effectively with partners across the Cambridgeshire and Peterborough Integrated Care System (ICS) and the Cambridgeshire South Care Partnership resulting in a failure to sustain and improve services for local patients and regulatory intervention and/or the recurrence of a financial deficit.	COO and DoSMP	Addenbrooke's Futures
014	C1	12	8 (Apr 25)		The Trust does not work effectively with regional partners (particularly regarding specialised services) resulting in a failure to sustain and improve services for regional patients and regulatory intervention and/or the recurrence of a financial deficit.	DoIDI	Addenbrooke's Futures
012	C2	9	9 (ongoing)		The Trust and our industry and research partners – convened through Cambridge University Health Partners (CUHP) – fail to capitalise on opportunities to improve care for more patients now, generate new treatments for tomorrow and power economic growth in life sciences in Cambridge and across the region.	DoSMP	Addenbrooke's Futures

BAF risk	001	Due to physical capacity constraints and sub-optimal patient flow, the Trust is not able to deliver timely and responsive urgent and emergency care services, sustainably increase activity levels to reduce waiting lists, while at the same time managing future surges in seasonal viruses and providing decant capacity to address fire safety and backlog maintenance, which adversely impacts on patient outcomes and experience.
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Current risk rating:
20

Strategic objective	A2, A3
Latest review date	February 2024

Lead Executive	Chief Operating Officer
Board monitoring committee	Performance, Quality

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	5	20
Current (Feb 24)	4	5	20
Target (Sep 25)	4	2	8

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 002	16	Effective prioritisation of patients
BAF 005/006	20	Estates backlog/fire safety compliance
BAF 007	16	Meeting workforce demand
CR43	20	Staffing on adult inpatient wards
CR05	20	Capacity
CR08	20	Winter pressures

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> Operational Strategy 2023/24 agreed by ME and Board. Operational Programme Delivery Team (OPDT) to drive implementation of Operational Strategy. Inpatient Flow Group meeting fortnightly with a focus on addressing blocks to flow. Supported by Ward Processes and Discharge Processes sub-groups. Capacity and Configuration fortnightly meeting with a focus on right-sizing divisional bed allocations and delivering length of stay savings. Ward T2 for medically-fit patients awaiting onward placement/support. Use of day case areas and '+1' beds as additional inpatient contingency space when required. Opening of Cambridge Movement Surgical Hub on 6 November 2023 providing additional elective capacity. Opening of U Block (56 additional beds – U2/U3) from end of January 2024. Completion of refurbishment of Neuro Theatres by April 2024. Development of expanded virtual ward offering to create additional acute capacity. Use of independent sector and other off-site physical capacity, including surgical capacity at Ely.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Reporting to Management Executive (ME), Urgent and Emergency Care (UEC) Oversight Board and Capacity Oversight Group. Reporting to Performance and Quality Committees and Board of Directors on implementation of capacity and flow programmes/objectives. Ongoing review of core emergency and elective care metrics through Integrated Performance Report. Virtual ward programme governed through Division C governance arrangements. System reporting to Health Gold, System Leaders and ICS Board. ICS and regional oversight through, e.g. System Resilience Group and Unplanned Care Board.

- 12. Whole system focus on recovery and demand management via Cambridgeshire South Care Partnership, with focus on improving discharge timeliness for patients with complex care packages and initiatives to reduce UEC demand.
- 13. Ongoing programme of Executive meetings with specialties.
- 14. Engagement with Royal Papworth to create new pathways to support flow and outcomes.

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Gaps in control	Gaps in assurance
C1. Development and delivery of length of stay improvement programme (circa 100 beds). C2. Use of additional on-site physical capacity: C2a: Currently closed neurosurgery theatres in A Block. C2b: ED Urgent Treatment Centre (UTC) expansion scheme. C3: System working to respond to growth in both elective and non-elective demand.	

Actions to address gaps in controls and assurances	Due date
C1. Identify programme through 2024/25 business planning and deliver through 2024/25. C2a: Available following fire improvement works to A Block. C2b: Works to proceed pending relocation of Orthotics and Prosthetics. C3. Urgent Community Response Programme being coordinated by ICB and reported to the System Resilience Group on a monthly basis.	March 2025 End April 2024 February 2025 Ongoing

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF 001: Risk trajectory

Date	Risk rating I x L	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	4x5=20		
January 2024 April 2024	4x4=16	Opening of U-Block (U2/U3), Cambridge Movement Surgical Hub and A Block theatres, backed by workforce model.	<i>September 2023</i> : date amended from January 2024 to April 2024 to reflect revised date for completion of A Block works.
March 2025	4x4=16	Delivery of significant length of stay savings in line with 2024/25 business plan.	
June 2025	4x3=12	Additional ED UTC capacity backed by workforce model; initial progress on demand management through system pathway changes (link to BAF ref: 010).	
September 2025	4x2=8	Significant system progress on demand management and pathway changes to increase out-of-hospital care.	

BAF risk	002	Due to the ongoing impact of delays resulting from the Covid-19 pandemic and industrial action, there is a risk that the Trust is not able to effectively identify and diagnose those patients in greatest clinical need which could result in harm, poorer outcomes and worse experience for patients.
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Current risk rating:
16

Strategic objective	A3, A5
Latest review date	February 2024

Lead Executive	Chief Nurse and Medical Director
Board monitoring committee	Quality

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	5	3	15
Current (Feb 24)	4	4	16
Target (Sep 25)	4	2	8

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
CR 57	20	Impact of industrial action

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Maximisation of capacity across theatres, outpatients and diagnostics – see BAF risk 001 - within constraints of responding to Covid-19 waves. 2. Review of balance between Covid/non-Covid and emergency/ elective activity, informed by data, ethical input and professional judgement. 3. All surgical specialties undertaking at least weekly clinical prioritisation reviews in line with national and Royal College guidance, feeding into decisions by Surgical Prioritisation Group. 4. Waiting list harm review process to minimise risk to patient safety. 5. Review of complaints and incidents and potential/actual harm at SIERP. 6. Messaging to patients and public on what to expect while waiting and who to contact with concerns, including letters to long-waiting patients.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Comparative data monitored by NHSE against other centres. 2. Review of harm review process by Management Executive in March/April 2021 and Quality Committee in May 2021, with external legal input. 3. Ongoing assurance role for Quality Committee on harm review process. 4. Outcomes data monitored through Board and Quality Committee. 5. Waiting lists monitored against trajectory. 6. Established monitoring of patient feedback and experience. 7. Robust oversight of delivery of actions through relevant taskforce boards. 8. Close monitoring of incident reporting (including no harm/near miss) overseen by SIERP, Patient Safety Group and through IPR to Board – including capturing learning to improve processes.

Gaps in control	Gaps in assurance
C1. Insufficient physical/staffing capacity to reduce waiting lists by increasing diagnostic/treatment volumes. C2. Patients not presenting to GPs during pandemic. C3. Maintaining effective contact with patients on waiting lists. C4. Impact of industrial action on elective waiting lists.	

Actions to address gaps in controls and assurances	Due date
C1. See BAF risks 001 and 007.	See 001 and 007
C2. Emphasising national/local messaging via website/social media on importance of continuing to access NHS services.	Ongoing
C3. Implementation of validation letter and survey; writing to long-waiting patients; information on CUH website and to GPs.	Ongoing
C4. Industrial action planning to minimise impact of strike action on waiting list increases.	Ongoing

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF 002: Risk trajectory

Date	Risk rating IxL	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	4x4=16		
March 2024 December 2024	4x3=12	Ability to manage and prioritise will remain compromised until elective waiting list reduces significantly, which will be facilitated by a cumulative increase in capacity from opening of 56-bed unit (U-Block), elective orthopaedic facility (P2/Q2 and 3 theatres), re-opening of 3 A Block theatres and additional ED UTC capacity, but will be adversely impacted until industrial action ceases.	<i>January 2024:</i> date amended to reflect ongoing impact of industrial action by doctors.
September 2025	4x2=8	Further progress in reducing elective waiting lists through significant productivity improvement, new models of care (including new workforce models) and new ways of working.	

BAF risk	003	There is a risk that the Trust does not invest in, prioritise and deploy IT resources effectively to support achievement of the Trust's strategic priorities.
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Current risk rating:

16

Strategic objective	C5
Latest review date	February 2024

Lead Executive	Director of Innovation, Digital and Improvement
Board monitoring committee	Audit

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	3	12
Current (Feb 24)	4	4	16
Target (Jun 24)	4	3	12

Change since last month



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

Key controls
<i>What are we already doing to manage the risk?</i>
<p>Investment</p> <ol style="list-style-type: none"> Commodity IT services through Telefonica Tech. 6-12 monthly cycle for deploying additional infrastructure and new Epic versions/EPR work programme. Workforce to ensure the application, data and infrastructure environments are reliable secure, sustainable and resilient, and compliant with regulatory requirements through delivering a robust infrastructure and application lifecycle management <p>Prioritisation</p> <ol style="list-style-type: none"> Digital Strategy approved by Board of Directors; prioritisation through divisions/Digital Prioritisation Board to ensure alignment with strategy (under development) with cases for change supported by robust benefit cases. New prioritisation process agreed in October 2023 for Epic change requests, Telefonica Tech bespoke requests and non-Epic software deployment; benchmarking of prioritisation process with Johns Hopkins. <p>Deployment</p> <ol style="list-style-type: none"> Telefonica Tech transformation programme. Implementation plan for Digital Strategy in development. Digital Board to monitor delivery against the strategy.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<p>Investment</p> <ol style="list-style-type: none"> Review of monthly performance reports and annual review of Telefonica Tech service by eHospital SMT Board and Digital Board; Internal Audit programme reviewed by Audit Committee. Regular reports to Performance Committee. Implementation programmes including operational support to undertake upgrade work. Epic upgrade completed in November 2022 and planned move to Epic Hyperdrive in late 2023. Monthly review at eHospital SMT. Regular reports to Performance Committee and Digital Board. <p>Prioritisation</p> <ol style="list-style-type: none"> Regular reports to Digital Board, Management Executive and Performance Committee. <p>Deployment</p> <ol style="list-style-type: none"> Transformation Benefits plans reviewed by eHospital SMT Board and Digital Board. Internal audit of transformation programme benefits realisation. Reports to Performance Committee on Digital Strategy implementation. New Digital Board to monitor delivery against the strategy with oversight of benefits realisation (in development).

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
<p>Investment C1. Sufficient staffing to enable/align with digital aspirations, including for the New Hospital projects and strategic partnerships.</p> <p>Deployment C2. Implementation plan for Digital Strategy. C3. Establishment of methodology for the definition and tracking of benefits of IT investments. C4. Corporate oversight and assurance of key IT risks within federated IT model.</p>		<p>Investment C1a. Undertake gap analysis on resourcing. C1b. Recruitment and retention plan to be revised.</p> <p>Deployment C2. Development of Digital Strategy implementation plan. C3. Develop, agree and embed benefits definition methodology and tracking approach. C4. Inclusion of approach within Digital Board terms of reference and through appropriate membership of Digital Board (i.e. Finance, Estates, etc.)</p>	<p>March 2024</p> <p>April 2024 April 2024</p> <p>April 2024</p>

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF 003: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	4x4=16		
June 2024	4x3=12	Successful implementation of new Digital Board, agreement of Digital Strategy implementation plan and agreed approach to benefits tracking.	

BAF risk	004	The Trust does not continuously improve the quality, safety and experience of all its services which adversely impacts on patient outcomes and experience and on organisational reputation.
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Current risk rating:
12

Strategic objective	A5
Latest review date	February 2024

Lead Executive	Chief Nurse and Medical Director
Board monitoring committee	Quality

Risk rating	Impact	Likelihood	Total
Initial (Nov 22)	4	3	12
Current (Feb 24)	4	3	12
Target (Mar 24)	4	2	8

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
CR 44	12	Blood transfusion regulations
CR 07	16	Infection prevention and control
CR 38	15	Deteriorating patients and Sepsis

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> Regular monitoring of quality metrics through CUH governance structure, recognising impact on quality through other BAF risks (including capacity and staffing). CUH Ward Accreditation programme being rolled out to provide ward to board reporting – linked to improvement programme, including ward-led improvement huddles. New lead in post from November 2023 and updated tool being piloted from February 2024, with roll-out plan. Implementation of NHS Patient Safety Strategy and updating of CUH Safety Strategy in line with new national Patient Safety Incident Response Framework (PSIRF) – CUH PSIRF Policy and Plan approved by Board in September 2023. Introduction and embedding of Patient Safety Specialist and Patient Safety Partners. Delivery of PSIRF implementation training programme across the Trust, including Just Culture programme. Ongoing investment in leadership training for clinical leaders using Institute for Healthcare Improvement (IHI) methodology. Implementation of a digital patient consent process. Ongoing evolution of Learning from Deaths process. Active participation in quality improvement initiatives at Cambridgeshire and Peterborough Integrated Care Board (ICB) level. Patient and Public Involvement Framework approved by Board of Directors in November 2023 and PPI Lead appointed.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Reporting to Patient Experience, Clinical Effectiveness and Patient Safety Groups, including on Ward Accreditation outcomes. Divisional quality meetings and monthly Performance Review meetings. Reporting to Quality Committee and Board of Directors via Integrated Performance Report (IPR). Oversight through ICB System Quality Meetings. Outcome of CQC inspections and review of CQC outlier reports. CQC peer review programme and Matron Quality Rounds. Findings of reviews commissioned by the Trust. Clinical Fridays and Executive visits. Clinical audit programme. Ongoing feedback from patients and staff.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. Lack of bandwidth across a range of staff groups to focus on quality improvement programmes and PSIRF learning from incidents. C2. Development and implementation of CUH Patient and Public Involvement (PPI) Framework. C3. Up-to-date CQC core service self-assessment, peer review and external review.		C1. Ongoing recruitment programme to seek to fill vacancies to establishment and identification of divisional resources to support PSIRF implementation. C2. Develop prioritised implementation plan. C3a. Undertake self-assessment and peer review exercise. C3b. Commission external review of self-assessment exercise.	June 2024 March 2024 March 2024 June 2024

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	12	12	12	12	12	12	12	12	12	12	12	12	12

BAF 004: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	4x3=12		
March 2024	4x2=8	PSIRF implemented; Patient Engagement Framework approved, resourced and being implemented; reduced Trust-wide staffing pressures facilitating participation in quality improvement programmes (at both Trust and system levels).	

BAF risk	005	A failure to sufficiently prioritise and address estate infrastructure and safety system risks and their ongoing maintenance impacts on patient and staff safety, continuity of clinical service delivery, regulatory compliance and reputation.
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Current risk rating:
20

Strategic objective	C3
Latest review date	February 2024

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

Risk rating	Impact	Likelihood	Total
Initial (Sep 17)	5	4	20
Current (Feb 24)	5	4	20
Target (Apr 24)	5	4	20

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
BAF 006	20	Fire safety compliance
CR 03	15	Water quality
CR 07a/07b	12	Infection control
CR 10	15	Electrical infrastructure resilience
CR 23b	12	FM contract performance in the ATC
CR 24	12	Ventilation requirements
CR42a	20	Safety Risk and non-compliance with the Fire Safety Regulation – Trust-wide buildings
CR 42b	16	Non-compliance with fire safety regulation in A block
CR42c	12	Failure of fire safety systems in the ATC
CR42d	15	Fire Alarm risks – operation of fire system evacuation signal

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Policies, procedures and protocols in place to support management of building and engineering maintenance and direct future life safety infrastructure systems and compliance works. 2. Skilled maintenance and engineering staff including specialist and local contractors. 3. Appropriate technical appointments and training in line with Health Technical Memoranda (HTM), with specialist sub-groups of the Capital, Estates and Facilities Management (CEFM) Health and Safety Group that monitors compliance. 4. 2019 condition survey provides the platform for annual desktop refresh of backlog maintenance risk and investment requirement. 5. Capital allocation via the Capital Advisory Board. 6. Divisional risk register and entries onto the Corporate Risk Register (CRR). 7. Access negotiated with local managers for ongoing servicing, maintenance

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Compliance reporting to CEFM Health and Safety Group. 2. Appointments maintained, contracts in place. 3. 2019 asset survey in line with national methodology. 2024 Six Facet survey work underway for completion in 2024. 4. Annual updates on risks and investment requirements to CAB. 5. Backlog maintenance a component of the core capital programme. 6. CEFM board /Director review risks for potential escalation to CRR. 7. QSI reports of failures/incidents. 8. Infection Prevention and Control reports. 9. Training records.

and repairs.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
<p>C1. Not all policies monitored in line with their effectiveness statements, although regular Authoring Engineer (AE) audits.</p> <p>C2. Some assets are not maintained in line with best practice. Recruitment challenges for skilled staff. Not sufficient staff funded to undertake the maintenance and remedial works.</p> <p>C3. Capital allocation does not meet all the high risks, and allocation is on a year-by-year basis, not multi-year. Allocation for prioritised risk issues, with in-year re-prioritisation.</p> <p>C4. Operational capacity often prioritised.</p>	<p>A1. Continue to improve reporting.</p>	<p>C1. Systematic programme over multiple years to test efficiency to be put in place. Ask AEs to specifically test elements of policy.</p> <p>C2. Business planning submissions to reference need and compounding risk associated with underinvestment in infrastructure and systems.</p> <p>C3. Continue to review scope for multi-year allocations.</p> <p>C4. Capacity Oversight Group to agree planned capacity release. Unplanned capacity release will remain a challenge.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF 005: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	5x4=20		Multi-year capital allocation, with project infrastructure and operational capacity in place for 2023/24. Initial single year capital allocation agreed at CAB in March 2023. Inadequate revenue budget allocated to maintain, repair and replace the infrastructure and systems. Budget setting submission quantifies the requirement for additional resources to undertake maintenance services that are currently unfunded.
April 2024	5x4=20	6 facet survey undertaken to re-baseline position (works appointed and commenced).	

BAF risk	006	As a result of a failure to address fire safety statutory compliance priorities due to insufficient capital funding and decant capacity, there is a risk of fire causing harm to patients and staff and impacting on continuity of clinical service delivery.
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Current risk rating:
20

Strategic objective	C3
Latest review date	February 2024

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

Risk rating	Impact	Likelihood	Total
Initial (Dec 17)	5	4	20
Current (Feb 24)	5	4	20
Target (Dec 27)	4	3	12

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
BAF 005	20	Life safety critical infrastructure systems
CR42a	20	Safety Risk and non-compliance with the Fire Safety Regulation – Trust-wide buildings
CR 42b	16	Non-compliance with fire safety regulation in A block
CR42c	12	Failure of fire safety systems in the ATC
CR42d	15	Fire Alarm risks – operation of fire system evacuation key switches

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Fire Policy in place. 2. Mandatory fire safety training in place for all staff. 3. Multi-year Fire Safety remedial programme approved and being delivered. 4. Ring-fenced multi-year funds to support fire safety – average of £6m deployed in 2021/22 and 2022/23. 5. Discreet remedial and improvement capital programmes of work - including the £10m A-Block programme of works, 6. Future decant capacity plan, with capacity available from May 2024 for dedicated fire and maintenance decant work (initially Neuro Critical Care). 7. Capital projects developed with appropriately appointed fire safety professionals where appropriate. 8. Ongoing fire safety risk assessment programme – full compliance achieved by end of September 2023 and reported to Board of Directors in October 2023. 9. Pro-active and reactive management of fire safety risk.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Authorising Engineer (AE) baseline audit returned 16 satisfactory elements, 10 medium priority recommendations and 0 high priority recommendations. 2. Mandatory training reported as part of wider mandatory training in IPR. New training data splits out evacuation and general fire safety training. General fire safety training compliance in November 2023 was >95%. 3. Ongoing reporting to Cambridgeshire Fire and Rescue Service (CFRS) and quarterly to Board of Directors. 4. Visibility of ring-fenced funds being deployed at Capital Advisory Board (CAB). 5. Agreed corporate strategy to utilise the equivalent of one ward for fire safety works throughout the year. 6. Building control sign-off, Head of Fire Safety oversight. 7. Fire safety team audits and walkrounds, and incident investigation.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. Some procedural documents reviewed but awaiting ratification.		C1. Re-audit of works completed during 2023 by AE annual audit in January 2024. Work programme to be derived following audit in January 2024. Key areas of focus continue in relation to improving the management of fire safety	C1. March 2024
C2. Average mandatory fire training compliance figures below Trust standard.		C2. Review fire training approach with Learning and Development Team (escalated low compliance to Management Executive in July 2023).	C2. April 2024
C3. Ongoing Stage 1 and Stage 2 fire compliance works.		C3. Ongoing programme with agreed timelines, tracking and reporting to CFRS and Board of Directors.	C3. End 2027

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	20	20	20	20	20	20	20	20	20	20	20	20	20

BAF 006: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	5x4=20		
April 2024	4x4=16	Decant capacity operational and Stage 2 works can commence. Stage 1 works continue and fire alarm works near completion.	
February 2024 April 2024	4x4=16	Completion of building works reduces fire risks in A Block.	<i>December 2023:</i> date amended from February 2024 to April 2024 to reflect revised date for completion of A Block works.
July 2024	4x4=16	Fire alarm panel upgrade gaining traction on physical works.	<i>January 2024:</i> addition of this key milestone.
End 2027	4x3=12	Continuation of programme of fire safety works, Stage 2 works at or nearing completion.	

BAF risk	007	There is a risk that the Trust does not have sufficient staff with appropriate skills to deliver its plans now and in the future which results in poorer outcomes for patients and poorer experience for patients and staff.
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Current risk rating:

16

Strategic objective	B1, B2
Latest review date	February 2024

Lead Executive	Director of Workforce
Board monitoring committee	Workforce and Education

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	4	4	16
Current (Feb 24)	4	4	16
Target (Mar 25)	4	3	12

Change since last month


Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
CR43	20	Insufficient staffing on adult inpatient wards
CR54	20	Cost of living

Key controls
<i>What are we already doing to manage the risk?</i>
<p>Recruitment</p> <ol style="list-style-type: none"> Multi-source recruitment pipeline for nursing and medical recruitment, including apprenticeships, local, national and international supply. Comprehensive calendar of recruitment - CUH and part of wider system. Daily review and programme of redeployment of staff to maintain safety. Identification of staffing requirements and review of staffing ratios and ways of working in response to capacity pressures. Use of Bank enhancements and agency with governance and scrutiny. Ongoing recruitment for 56-bed unit and in July 2022 for recruitment for 40-bed unit. Changes to recruitment plan to attract candidates to roles traditionally recruited locally, in context of relatively high local employment levels. Investment at scale in new registered nursing supply route: Graduate Nurse Apprenticeships. Outline plan for the Trust to become an anchor institution for learning. Collaboration on international recruitment of nurses and midwives with east of England partners. Development of new roles such as Nursing Associate role (first recruitment wave completed). Additional accommodation units sourced in Cambridge and surrounding areas during 2023 and Accommodation Officer providing support, advice and guidance on housing issues.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Daily site safety meetings to evaluate staff levels and mitigate against shortfalls. Weekly pay review meetings to consider bank fill rates vs enhanced payments. Monthly nursing/midwifery safe staffing report to Board of Directors, including tracking of progress against nursing pipeline through safe staffing Board report from Chief Nurse. Monthly data in Integrated Performance Report on turnover, vacancies, bank/agency fill rates/etc. reviewed by Performance Committee and Board. Staff Survey (annual and quarterly FFT) recommender scores. Quarterly reporting to Board by Guardian of Safe Working for junior doctors. Workforce and Education Committee oversight (quarterly). Data analysis in place to track areas of concern and impact of interventions on retention.

<p>Retention</p> <ol style="list-style-type: none"> 1. Data analysis to identify reasons for attrition to develop response plan. 2. Development of retention plan focusing on five workforce priorities. 3. Benchmarking with regional and national trusts to review recruitment and retention premium (RRP) payments and put in place where required. 4. Enhanced wellbeing and good work programme, supported by ACT. 5. Partnership working on real living wage, transport and accommodation.
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Gaps in control	Gaps in assurance
<p>C1. Shortage of affordable accommodation in Cambridge impacting on employee attraction and retention.</p> <p>C2. High vacancy rates in hotspot areas, e.g. paediatric nursing, AHPs and histopathology.</p>	

Actions to address gaps in controls and assurances	Due date
<p>C1. Raising issue of scope for funded high cost of living allowance for Cambridge.</p> <p>C2. Focus group established with Divisional Heads of Workforce to address hotspot areas through targeted action plans (presented to Management Executive in February 2024) and breaking barriers to recruitment, with reporting to Compliance Group and Workforce and Education Committee.</p>	<p>C1. Ongoing</p> <p>C3. March 2025</p>

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	20	20	20	20	20	20	20	20	20	16	16	16	16

BAF 007: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory	Commentary
October 2023	4x5=20		
November 2023	4x4=16		<i>November 2023: Agreement to reduce risk score from 20 to 16 in November 2023 reflecting positive overall progress on recruitment.</i>
Current (Feb 24)	4x4=16		
March 2024	4x4=16	Achievement of overall 7.5% vacancy rate by March 2024 taking account of staffing additional capacity.	
March 2025	4x3=12	Maintain overall 7.5% vacancy rate and secure positive position on retention (aim for 11% by March 2025).	

BAF risk	008	There is a risk that the Trust does not reduce inequality of opportunity and discrimination both within its workforce and in the provision of its services, caused by a failure to develop and implement a robust Equality, Diversity and Inclusion Strategy, which leads to poor staff and patient experience and sub-optimal patient outcomes.
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Current risk rating:
16

Strategic objective	B4
Latest review date	February 2024

Lead Executive	Director of Workforce and Chief Nurse
Board monitoring committee	Board of Directors, Workforce and Education Committee, Quality Committee

Risk rating	Impact	Likelihood	Total
Initial (Jan 23)	4	4	16
Current (Feb 24)	4	4	16
Target (Mar 26)	4	2	8

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
CR45	12	Failure to meet patients' equality and diversity needs
CR tbc	16	Failure to achieve greater workforce equality and diversity

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> Explicit inclusion of health inequalities and inclusion in the CUH strategic commitments agreed by the Board in July 2022. Non-Executive Director appointment with equality, diversity and inclusion (EDI) skills and experience. Establishment of an EDI Strategy Group, chaired by the Chief Executive, to develop an overarching EDI Strategy and Plan for CUH. Work programmes in place on both staff and patient EDI. Active Staff Networks – REACH, LGBTQ+, Purple and Open Minds. Health Inequalities Operations Group established.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Oversight by Executive-led Equality, Diversity and Dignity Steering Group. Reporting to Quality Committee, Workforce and Education Committee, and Board of Directors. Patient and staff survey results with breakdowns by protected characteristics.

Gaps in control	Gaps in assurance
C1a. Comprehensive assessment of EDI work across CUH. C1b. Overarching EDI Strategy and Plan to be agreed, including to deliver NHS EDI Improvement Plan and High Impact Actions. C2. Implementation of EDI Strategy and Plan.	

Actions to address gaps in controls and assurances	Due date
C1. Appoint and work with partner to undertake an EDI and health inequalities diagnostic assessment and develop EDI Strategy and Plan.	July 2024
C2. Work with partners internally and externally on implementation on first phase of EDI Plan.	Ongoing

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF 008: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	4x4=16		
March-June July 2024	4x4=16	EDl Strategy and Plan approved by Board. and first phase of Plan implemented.	<i>December 2023/January 2024: timetable amended in line with revised indicative plan.</i>
September 2024 January 2025	4x3=12	First phase of Plan implemented.	<i>January 2024: timetable amended in line with revised indicative plan.</i>
March 2026	4x2=8	Subsequent phases of EDl Strategy and Plan implemented and KPIs being achieved on a consistent basis.	

BAF risk	009a	The construction and transformation programmes for the Cambridge Cancer Research Hospitals and the Cambridge Children’s Hospital experience delays resulting in the need to maintain poor quality facilities for an extended period of time, adverse financial implications and a failure to realise the clinical, operational and wider benefits.
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Current risk rating:
16

Strategic objective	C3
Latest review date	February 2024

Lead Executive	Director of Strategy and Major Projects
Board monitoring committee	Performance

Risk rating	Impact	Likelihood	Total	Change since last month
Initial (Jan 24)	4	4	16	
Current (Feb 24)	4	4	16	
Target (Mar 27)	4	2	8	

n/a

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
CR05a-g	16-20	Insufficient capacity for patient needs
CR20	8	Access to/from the Campus due to inadequate local transport
BAF 001	20	Capacity and patient flow
BAF 005	20	Estates backlog
BAF 006	20	Fire safety
BAF 010	12	Effective ICS working
BAF 012	9	Impact of Trust and industry/research partners

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Joint Strategic Board (JSB) and underpinning governance including Joint Delivery Board (JDB) and workstreams in place for Cambridge Children’s Hospital (CCH) and for Cambridge Cancer Research Hospital (CCRH). 2. Construction Director role covering both CCH and CCRH. 3. Regular progress meetings with NHSE/I (regional & national) and DHSC in place for both projects 4. Regular engagement with New Hospitals Programme (NHP) for CCRH. 5. CCRH OBC approved by HM Treasury in August 2023 and is part of the Government’s NHP. Laing O’Rourke appointed as Principal Supply Chain Partner/preferred construction partner in August 2023. Planning application ongoing. 6. Approval in principle for CCH OBC, with national support for scheme provided by Joint Investment Committee (JIC) in September 2023. Further affordability check planned for April 2024. 7. Both projects and their business cases underpinned by core objectives such as being an active partner within our ICS and region; transforming models of care; digital enablement; accelerating research benefits

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Monthly reporting on progress to JDBs and six weekly to JSBs. Progress reported and areas for escalation raised and resolved. 2. Progress reported at Addenbrooke’s Futures Committee to provide oversight and input particularly with regard to pathway redesign and models of care. 3. Performance Committee review/sign off and Board sign off of business cases ahead of submission to regulators and proactive engagement with commissioners to determine final content and approval process. 4. Aspects of the business cases are shared with NHSE and DHSC on a regular basis for comment and input, to increase familiarity with our plans ahead of formal sign off. 5. Green rating for CCH Gateway Review. 6. CCH will be subject to a further capital availability check in April 2024. 7. Project risk registers in place for both CCRH and CCH. Regularly reviewed at JDBs and JSBs with escalation to corporate risk register in place if needed.

- locally, regionally and nationally.
8. Fundraising campaigns in place for CCH and CCRH. Cornerstone gift secured for CCH. Work underway on commercial strategies.
 9. Patient and public engagement plans in place for both CCRH and CCH.

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Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
<p>C1. Impact of high rates of inflation on development costs for new hospitals.</p> <p>C2. Within CCH and CCRH, a preferred form of legal relationship has been indicated by the CUH Board. Initial progress with the University of Cambridge on an outline agreement, regarding the determination of risk premia and cost allocation, has been good but further work is required.</p> <p>C3. While clearance for CCH has been provided for enabling works, a further capital affordability check is required by JIC in order to access the PDC funding in 2024/25 and enter into a commitment with a Principal Supply Chain Partner.</p> <p>C4. With progression of CCRH to FBC stage, further assurance required to ensure the governance arrangements and capabilities evolve to address different nature of risks.</p>		<p>C1. Ongoing discussions with NHP team on funding issues.</p> <p>C2. Detailed legal work ongoing with University of Cambridge to develop the outline agreement into a final allocation of cost and risk for Board review ahead of FBC submission.</p> <p>C3. Further work to support capital affordability check of the CCH by Joint Investment Committee.</p> <p>C4. Revised governance arrangements agreed by CUH Board in October 2023 and to be implemented and embedded in period ahead, including appointment of Independent Chair of Construction Board and Board Adviser role.</p>	<p>Ongoing</p> <p>March 2024</p> <p>April 2024</p> <p>March 2024</p>

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	16	16	16	16	16	16	16	16	16	16	16		
	<i>Previous risk 009 divided into 009a and 009b in January 2024</i>											16	16

BAF 009a: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	4x4=16		
April 2024	4x4=16	Positive outcome of CCH capital affordability check.	
April 2025	4x3=12	CCRH FBC approved nationally and construction commenced. CCH FBC submitted and construction partner appointed.	
March 2027	4x2=8	CCRH completed. CCH timeline to be confirmed.	

BAF risk	009b	Addenbrooke's 3 proposals beyond the CCH and CCRH are not developed or approved in a timely way resulting in the need to maintain poor quality facilities for an extended period of time and a failure to realise the clinical, operational and wider benefits of future schemes.
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Current risk rating:

16

Strategic objective	C3
Latest review date	February 2024

Lead Executive	Director of Strategy and Major Projects
Board monitoring committee	Addenbrooke's Futures

Risk rating	Impact	Likelihood	Total
Initial (Jan 24)	3	4	12
Current (Feb 24)	4	4	16
Target - tbc			

Change since last month
n/a

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
CR05a-g	16-20	Insufficient capacity for patient needs
CR20	8	Access to/from the campus due to inadequate local transport
BAF 001	20	Capacity and patient flow
BAF 005	20	Estates backlog
BAF 006	20	Fire safety
BAF 010	12	Effective ICS working
BAF 012	9	Impact of Trust and industry/research partners

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> Addenbrooke's 3 programme business case (PBC) submitted in May 2021 outlines the requirement for future population growth and changing need. Cambridge Biomedical Campus (CBC) Emerging Spatial Framework designed to create a coherent development approach to the campus. Continuously working to access and secure any national funding for new and re-developments. Collaborative approach with ICB to develop local capital pipeline, for CUH and to support wider developments (e.g. Hinchingsbrooke Hospital) Investment into robust bid development for NHP projects and upcoming investment into innovation that will support new models in NHP projects. Regular engagement with DHSC, NHSE and ICB. All projects and their business cases underpinned by core objectives such as being an active partner within our ICS and region; transforming models of care; digital enablement; accelerating research benefits locally, regionally and nationally.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Oversight provided by Addenbrooke's Futures (AF) Committee and regular updates on specific aspects of the portfolio discussed at monthly Addenbrooke's 3 working group. New terms of reference for AF, supporting transition of focus from phase 2 builds (cancer and children's) to a broader remit of future opportunities including the Addenbrooke's 3 pipeline, integrated care and patient pathway transformation, innovation and research. CBC steering group in place to ensure cohesive blend of facilities – CUH focus on safeguarding future use for healthcare. Investment Committee and/or Performance Committee review/sign off (dependent on size of scheme) and approvals in line with Trust's accountability framework ahead of any submissions to regulator. Proactive engagement with commissioners on case development and approval. The PBC options describe the phases of development of the Campus over the next 10-15 years.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
<p>C1. There is no allocated funding for any further Addenbrooke's 3 pipeline projects, including the acute hospital, resulting in an impact on the ability of CUH to address ED physical capacity constraints and critical infrastructure issues. This also limits opportunities to make significant changes to models of care enabled through the Addenbrooke's 3 projects. This is likely to continue until after 2024 general election.</p> <p>C2. Since the preparation of the PBC, subsequent developments have/are likely to add strain on capacity and resources (i.e. new specialised services to be located at CUH, supercharged growth due to national government housebuilding plans for Cambridge) which may necessitate refresh of business plan</p> <p>C3. Growing attractiveness of CBC leads to potential reduction in land available for further CUH development.</p> <p>C4. Tight financial context increases pressure for CUH to divest land, restricting our ability to expand in future.</p> <p>C5. Even with new developments underway there is a risk that, we cannot keep pace with local growth due to insufficient delivery of service transformation, pathway redesign, OD, including active participation from system partners</p>		<p>C1. PBC for Addenbrooke's 3 describes phased plans for CUH Campus for short (next 18 months), medium (2021–2025) and longer term (2025+). Plan for identifying potential estates redevelopment/upgrade opportunities arising from delivery of CCRH and CCH taken to Addenbrooke's Futures Committee in November 2023. Actively seeking opportunities to access any funding streams that become available.</p> <p>C2. Discussions ongoing with Government to highlight the need for a new acute hospital building in order to secure the funding required to develop an OBC. Next potential opportunity to secure this project funding is Budget statement in March 2024 or in the anticipated post-2024 election Spending Review (late 2024).</p> <p>C3. Continue to be an active participant in discussions with CBC partners.</p> <p>C4. Actively seeking opportunities to access funding streams that become available. Review pressures for development space on a case-by-case basis.</p> <p>C5. Continuation of discussions that are already underway with ICB colleagues, e.g. on modelling for the acute hospital.</p>	<p>Ongoing</p> <p>December 2024</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	16	16	16	16	16	16	16	16	16	16	16		
	<i>Previous risk 009 divided into 009a and 009b in January 2024</i>											16	16

BAF 009b: Risk trajectory

	Risk rating IxL	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	4x4=16		
July 2025	tbc	Post-election review of New Hospitals Programme and impact on risk.	

BAF risk	010	The Trust does not work effectively with partners across the Cambridgeshire and Peterborough Integrated Care System (ICS) and the Cambridgeshire South Care Partnership resulting in a failure to sustain and improve services for local patients and regulatory intervention and/or the recurrence of a financial deficit.
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Current risk rating:
12

Strategic objective	A1
Latest review date	February 2024

Lead Executive	Chief Operating Officer and Director of Strategy and Major Projects
Board monitoring committee	Addenbrooke's Futures

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	<i>Risk reframed in Oct 20</i>		
Current (Feb 24)	4	3	12
Target (Sep 25)	4	2	8

Change since last month


Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
BAF 009	16	New hospitals development proposals
BAF 011	16	Financial sustainability

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> Setting Integrated Care as a major priority in the Trust's refreshed Strategy. Identifying how our processes need to change to support this and establishing a multi-year work plan for Integrated Care, in consultation with corporate and divisional teams. Participating in ICS/Integrated Care Board (ICB) working groups and processes including the System Strategic Planning Group (with oversight of the Joint Forward Plan and key system developments) and system Operational Planning. Hosting Cambridgeshire South Care Partnership (CSCP); agreeing 'Framework for Integrated Care' as a vision and roadmap; co-chairing the CSCP Joint Strategic Board to set direction. Leading urgent and emergency care (UEC) and discharge transformation programmes; developing pathway transformation between primary and secondary care; developing integrated teams in primary care. Ongoing involvement in work on redevelopment of services at Hinchingsbrooke Hospital. Addenbrooke's Futures Committee discussion in November 2023 on future way forward and options.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Regular communication with ICS/ICB Executive to shape programmes of work and escalate issues. Regular updates to Management Executive from the Cambridgeshire South Care Partnership Joint Strategic Board and reporting to the Addenbrooke's Futures Committee and Board of Directors. Feedback and intelligence from Executive Team participation in, and leadership of some, system-wide groups. Contribution to Joint Forward Plan through existing system groups (with CUH representation) and dedicated Management Executive session on 17 April 2023.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
<p>C1. Arrangements not yet confirmed regarding the devolution of resource and accountability from the ICB to the Cambridgeshire South Care Partnership.</p> <p>C2. Not all providers are investing sufficiently to design and implement integrated models of care.</p> <p>C3. Tight financial positions at CUH and at the ICB lead to short-term, ad-hoc, at-risk funding for work that requires sustained support.</p> <p>C4. Clinical transformation in CUH and with partners is crowded out by workforce requirements associated with sustaining core services.</p> <p>C5. Fragilities in sections of primary care constrain progress on collaborative work through the Cambridgeshire South Care Partnership.</p> <p>C6. Review opportunities and options for CUH to progress integrated care agenda at pace.</p>		<p>C1. Executive engagement with ICB/other providers to define a clear and ambitious mandate for the Cambridgeshire South Care Partnership backed by appropriate resource.</p> <p>C2. Work with Cambridgeshire South Care Partnership Board to identify shared transformation priorities and pilot new approaches. Develop a repeatable process to identify, grow and spread these.</p> <p>C3. Develop a methodology to quantify shared risk / reward / benefits for collaborative projects and evolve CUH's investment approach to support this.</p> <p>C4. Develop a proposal for allocating capacity across providers (including additional backfill) to support clinical engagement in pathway redesign.</p> <p>C5. Partnership exploring options for increasing resilience in primary care.</p> <p>C6. Options discussed at Addenbrooke's Futures Committee in November 2023 and further discussion planned for March 2024.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>March 2024</p> <p>March 2024</p> <p>Ongoing</p> <p>March 2024</p>

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	12	12	12	12	12	12	12	12	12	12	12	12	12

BAF 010: Risk trajectory

	Risk rating I x L	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	4x3=12		
September 2025	4x2=8	Significant progress in delivering year 1 and 2 system objectives including significant productivity improvements and embedding of new models of care (including new workforce models) and new ways of working.	

BAF risk	011	There is a risk that the Trust, as part of the Cambridgeshire and Peterborough ICS, is unable to deliver the scale of financial improvement required in order to achieve a breakeven or better financial performance within the funding allocation that has been set for the next three years, leading to regulatory action and/or impacting on the ability of the Trust to invest in its strategic priorities and provide high quality services for patients.
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Current risk rating:
16

Strategic objective	All
Latest review date	February 2024

Lead Executive	Chief Finance Officer
Board monitoring committee	Performance

Risk rating	Impact	Likelihood	Total
Initial (Dec 20)	<i>Risk reframed in Dec 20</i>		
Current (Feb 24)	4	4	16
Target (Apr 26)	4	2	8

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 001	20	Capacity and patient flow
BAF 003	12	Deployment of IT resources
BAF 010	12	Effective ICS working
CR 57	20	Impact of industrial action

Key controls
<i>What are we already doing to manage the risk?</i>
<p>Financial planning and strategy</p> <ol style="list-style-type: none"> 1. Development of financial plan and budget for the 2023/24 financial year, underpinned by credible assumptions and realistic but stretching productivity and efficiency assumptions. Approved by Board in May 2023. 2. Financial input into development of system financial plans for Integrated Care System (ICS) and oversight through ICB CFOs meeting within the ICB governance. Break-even 2023/24 financial plan for ICS approved by ICB governing body and supported by regulators. 3. Oversight of the development of plans for the Cambridgeshire South Care Partnership. 4. Improvement and Transformation team oversight of Trust's productivity and efficiency programme. Regular review of schemes and scheme identification against targets through divisional performance meetings. 5. Long-term Financial Strategy approved by Board in December 2023. 6. Business planning process overseen by Director of Strategy and Major Projects and closely aligned with Finance. <p>Financial control</p> <ol style="list-style-type: none"> 7. Controls in place via Investment Committee to ensure appropriate governance and financial control on expenditure decisions, including mechanism to ensure cases are appropriately prioritised through

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<p>Financial planning and strategy</p> <ol style="list-style-type: none"> 1. Oversight of financial plan delivery through Management Executive, Performance Committee and Board of Directors. 2. Updates on ICB system plans and financial performance to Performance Committee and Board. 3. Monitoring of improvement programme through Divisional Performance Meetings, Improving Together Steering Group, Performance Committee and Board of Directors. 4. Updates on NHS financial regime provided to Management Executive, Performance Committee and Board of Directors. 5. Oversight of implementation of long-term financial strategy through Performance Committee and Board 6. Oversight of business planning process through Performance Committee, Audit Committee and Board. <p>Financial control</p> <ol style="list-style-type: none"> 7. Key financial controls reviewed on an annual basis by the Trust's internal auditors. Assurance over the design and effectiveness of financial controls provided by the Trust's Audit Committee. Investment decisions reported to Management Executive on a monthly basis. 8. Monthly financial performance reporting through divisional performance

investment decision process/framework.

8. Regular reviews of the Trust's financial performance through monthly internal and external financial reporting cycle, including regular assessments of the Trust's underlying financial position and use of forecasting tools to identify financial risks and mitigations.

9. Effective design and implementation of key financial controls to ensure expenditure is reasonable, justifiable and represents value for money. Key controls - financial system controls, vacancy control procedures, segregation of duties, and procurement/contract management processes.

meetings, Management Executive, Performance Committee and Board.

9. Key financial controls reviewed on an annual basis by the Trust's internal auditors. Assurance over the design and effectiveness of financial controls provided by the Trust's Audit Committee.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
<p>C1. Macroeconomic environment, including supply constraints, inflation and pressure on public sector finances may lead to additional financial pressure above funded levels or reduction in funding available to Trust. Ability to control these largely outside Trust's direct control.</p> <p>C2. The breakeven position in the 2023/24 financial plan is achieved on a non-recurrent basis, requiring the delivery of additional productivity improvements to ensure the Trust has a financially sustainable exit position in 2023/24.</p> <p>C3. Ongoing industrial action is having an adverse impact on the Trust's financial performance in 2023/24 through higher pay spend and reduced income (due to lower activity volumes).</p> <p>C4. Development of detailed plan to deliver the productivity improvement strategy underpinning the 2024/25 elective activity plan.</p> <p>C5. Limited control over the financial and operational performance of other organisations in the ICB which may impact the Trust's financial performance.</p>		<p>C1. Ongoing monitoring of risks and impact on the Trust and ICB financial plan.</p> <p>C2. Business planning process for 2024/25 will take in to account underlying financial performance and set out clear and ambitious plans to improve underlying financial position. Business planning expected to conclude in March 2024. Longer term planning (three year period) to follow development of 2024/25 business plan.</p> <p>C3. Risk identified in plan submission and discussed by Board in May 2023. Impact of industrial action monitored and quantified on a monthly basis. Representations made through the ICB, NHSE regional team and via the Shelford Group on the need for national support to mitigate the financial consequences of industrial action.</p> <p>C4. Work with divisions to develop productivity improvement implementation plan aligned to business planning process.</p> <p>C5. Ongoing monitoring of risks through ICB CFO group, with reporting to Performance Committee.</p>	<p>Ongoing</p> <p>March 2024</p> <p>Ongoing</p> <p>March 2024</p> <p>Ongoing</p>

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	16	16	16	12	12	12	12	12	12	12	16	16	16

BAF 011: Risk trajectory

Date	Risk rating IxL	Key milestones/actions to deliver risk trajectory	Commentary
April 2023	4x4=16		
May 2023	4x3=12	Delivery of a 2022/23 financial position in line with plan. Development and agreement of a financially-sustainable plan and budget for the 2023/24 financial year.	<i>May 2023</i> : Milestone achieved.
December 2023	4x4=16		<i>December 2023</i> : Increase in current risk score to reflect assessment of increased financial risk in period ahead of agreement of 2024/25 financial plan.
Current (Feb 24)	4x4=16		
April 2024	4x3=12	Delivery of the 2023/24 financial plan, and a clear and agreed longer-term financial plan (2-3 years) – including for 2024/25 – which delivers a financially-sustainable financial performance for the Trust and the ICB.	
April 2026	4x2=8	Consistent delivery of Trust and ICB sustainable financial plans over 3-4 years.	

BAF risk	012	The Trust and our industry and research partners – convened through Cambridge University Health Partners (CUHP) – fail to capitalise on opportunities to improve care for more patients now, generate new treatments for tomorrow and power economic growth in life sciences in Cambridge and across the region.
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Current risk rating:

9

Strategic objective	C2
Latest review date	February 2024

Lead Executive	Director of Strategy and Major Projects
Board monitoring committee	Addenbrooke's Futures

Risk rating	Impact	Likelihood	Total
Initial (Aug 20)	3	3	9
Current (Feb 24)	3	3	9

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 009	16	New hospitals development proposals

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> CBC Strategy Group is undertaking public consultation on a vision for 2050, setting out how the Campus can bring together the right set of research, education, healthcare delivery and industry partners; and what opportunities and requirements this generates for transport and other infrastructure, people and skills. CUH taking a leading role in community engagement with issues raised being actively addressed. The Group is also supporting development of the Campus expansion proposals, including Campus improvements and work on masterplanning. CUH masterplanning work to be aligned. CUH is a founding member of CBC Ltd spanning key current occupants of the CBC. This will drive forward implementation of the Vision. CUH is engaging, alongside Campus partners, with Peter Freeman (Chair of the nationally formed Cambridge Delivery Group) on development of the Cambridge life sciences ecosystem. Specific work on how CBC can support ICS, in particular elective recovery and diagnostics; and wider priorities inc. economic growth/levelling up. Research and innovation recognised as priority within CUH Strategy with visibility at Board and Management Executive, quarterly reporting on specific deliverables and a new Innovation Committee to drive delivery. Innovation Landing Zone model being adopted to support partnering opportunities with external organisations which could benefit patients. Diagnostic review underway in summer 2023 to identify barriers/enablers of innovation and suggest actions to expand capacity. Digital

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Regular updates to Board of Directors on CUHP, CBC and life sciences, most recently in April 2021. Board Committee established for Addenbrooke's 3 programme to increase Non-Executive scrutiny, including of how we are working with and contributing to our campus and other partners. Significant discussion on CUHP and CUH masterplan took place in March 2022. Strategy refresh considering partnerships as a major plank, including how we build capacity and capability internally to work as effective partners. Involving partners in key CUH governance groups, particularly on major projects. Executives participating in CBC Ltd working group on Campus development proposals and appropriate ICS and regional NHS groups. Regular engagement with Government and other national bodies to assess how Cambridge is perceived. Cambridge Life Sciences Council now established, with first meeting in May 2022, chaired by David Prior. External input and expertise from NHS, academic and industry partners to provide independent advice and challenge. BRC to maintain model of internal assurance on direction/impact and external review of research programme to provide independent challenge.

- strategy for CUH includes opportunities to enhance and maximise the wider benefits of this key resource for research.
7. Ongoing work within BRC and across wider research and innovation programme to build diversity in the research leadership community (e.g. through BRC programme senior roles).
 8. Ongoing objective to develop world-class research infrastructure at the Cambridge Biomedical Research Centre and Clinical Research Facility. This is recognised through the positive Research Excellence Framework (REF) outcome for University of Cambridge.
 9. Supporting engagement between the Eastern Genomics Laboratory Hub and Illumina to address capacity challenges, broaden joint research projects and embed genomics fully within new hospital builds.
 10. Broadening partnerships with industry and the University, including extending work with the Institute for Manufacturing (IfM) to RPH, CPFT, AZ, GSK, primary care and other NHS trusts across the East of England. Discussions to begin on broadening IfM type partnership to other areas of the University of Cambridge. BRC and BioResource taking explicit steps to collaborate with research partners across UK to achieve impact for populations beyond our local geography.
 11. Ongoing project with Royal Papworth Hospital to identify opportunities for greater strategic collaboration.
 12. Work ongoing with other trusts across the East of England on the specialist provider collaborative, focused on improving access to specialist care within the region, including exploring opportunities to collaborate on research and innovation.

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Gaps in control	Gaps in assurance
C1. National work to promote Cambridge’s distinct contribution. C2. Buy-in and commitment from all partners to make the most of our collective opportunities, working through differences in priorities as they arise.	

Actions to address gaps in controls and assurances	Due date
C1a. Involving Campus partners in regional/national media. C1b. Implementation of Cambridge offer. C2a. Further work on a clear ‘manifesto’ for Cambridge Life Sciences being undertaken, drawing in thought leaders from across the Campus. C2b. Further work with University of Cambridge to extend partnerships to new areas.	Ongoing Ongoing Ongoing Ongoing

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	9	9	9	9	9	9	9	9	9	9	9	9	9

BAF 012: Risk trajectory

	Risk rating I x L	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	3x3=9		
Ongoing	3x3=9	Given the dynamic nature of the sector, it seems unlikely that it is possible to mitigate the risk to a lower level over the medium term.	

BAF risk	013	There is a risk that we fail to maintain and improve the physical and mental health and wellbeing of our workforce which impacts adversely on individual members of staff and our ability to provide safe patient care now and in the future.
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Current risk rating:
16

Strategic objective	B3, B5
Latest review date	February 2024

Lead Executive	Director of Workforce
Board monitoring committee	Workforce and Education

Risk rating	Impact	Likelihood	Total
Initial (Apr 21)	4	4	16
Current (Feb 24)	4	4	16
Target (Mar 26)	4	2	8

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 007	16	Meeting workforce demand
CR54	20	Cost of living

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Staff Wellbeing and Good Work as one of Workforce Commitments. 2. Improved Occupational Health offer with more rapid access to services including pre-employment support, health surveillance programme and management referral pathways. Appointment of mental health specialist nurse. 3. Staff psychological wellbeing and support offer, collaborating with system partners (inc. CPFT), and complemented by Chaplaincy offer and Clinicians for Clinicians programme. 4. Staff annual flu vaccination and Covid-19 booster vaccination programme. 5. Established equality, diversity and inclusion networks and events promoting health and wellbeing. 6. Public health offer (including menopause, winter wellness and lifestyle health checks, support and advice – smoking cessation, weight management). 7. 24/7 employee assistance programme (Health Assured) offering practical advice, counselling and support.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Management Executive oversight on key programmes of work via taskforce reporting and reporting on specific issues. 2. Reporting to Workforce and Education Committee. 3. Reporting to Health and Safety and Infection Prevention and Control Committees. 4. Safe Effective Quality Occupational Health Services (SEQOHS) independent accreditation. 5. National and local staff survey evidence on staff health and wellbeing and collation of learning from staff stories. 6. Reporting to Regional People Board via the Regional Health Safety and Wellbeing Group. 7. Chief Executive-led working group on 'Good Work' reporting to Management Executive. Update provided to Management Executive and Board of Directors in November 2022, with endorsement of 2023/24 programme. 8. Wellbeing Teams in place offering lifestyle and psychological wellbeing support.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. Inadequate provision of staff rest spaces and other amenities. C2. Improve line management support for colleagues. C3. Increase understanding of staff feedback from Staff Survey. C4. No agreed suicide prevention policy in place.		C1. Management Executive has received and reviewed costed options, and Capital Advisory Board has allocated funding for initial schemes to be progressed. Initial schemes implemented and further ones being developed and implemented. C2. Line management programme in development. C3. Undertake a series of Staff Listening Events with report to Management Executive on planned actions. C4. Work underway to produce and agree a suicide prevention policy and plan.	Ongoing June 2024 March 2024 March 2024

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	16	16	16	16	16	16	16	16	16	16	16	16	16

BAF 013: Risk trajectory

	Risk rating I x L	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	4x4=16	Avoid further increase in risk though range of interventions including psychological support, staff recognition and cost of living support.	
March 2024	4x3=12	Reduced sickness absence; improved staff engagement and wellbeing scores as measured through national staff survey.	
March 2026	4x2=8	Improvement in staff engagement and wellbeing (measured as above) sustained over a further two-year period.	

BAF risk	014	The Trust does not work effectively with regional partners (particularly regarding specialised services) resulting in a failure to sustain and improve services for regional patients and regulatory intervention and/or the recurrence of a financial deficit.
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Current risk rating:
12

Strategic objective	C1
Latest review date	February 2024

Lead Executive	Director of Innovation, Digital and Improvement
Board monitoring committee	Addenbrooke's Futures

Risk rating	Impact	Likelihood	Total
Initial (Oct 22)	4	3	12
Current (Feb 24)	4	3	12
Target (Apr 25)	4	2	8

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 009	16	New hospitals development proposals
BAF 011	16	Financial sustainability
BAF 012	9	Impact of Trust and industry/research partners

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> Setting Specialised Services as a major priority in the Trust's refreshed Strategy. Working with other trusts in the region through the East of England Specialised Provider Collaborative (East of England SPC), including quarterly CEO meetings. Engaging with key stakeholders (NHS England Specialised Commissioning, Joint Commissioning Board, ICBs, providers, networks) to prioritise opportunities for specialised services. Influencing NHS England on specialised commissioning developments by participating in / leading Shelford Group forums on specialised services.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> Regular EoE SPC meetings to continue to progress agenda. Regular updates to Management Executive and Board of Directors. Feedback and intelligence from Executive Team participation in, and leadership of some, national and regional groups.

Gaps in control	Gaps in assurance
<p>C1. ICBs and regional commissioning teams do not engage with providers on changes to specialised services (e.g. lack of representation in key governance forums).</p> <p>C2. EoE SPC partners do not co-invest/commit to changes to services and/or funding is short term and ad hoc, making it difficult to sustain the collaborative's work over time.</p>	

Actions to address gaps in controls and assurances	Due date
<p>C1. Continue engaging with ICB leads and NHS England regional team on participation in governance forums, both now and after full delegation of specialised commissioning in April 2024.</p> <p>C2. Obtain support from CEOs to co-resource the collaborative and expand over time; continue investment from CUH; develop business plan to define the objectives and resourcing approach across members.</p>	<p>March 2024</p> <p>Ongoing</p>

<p>C3. Lack of formal governance structures for the collaborative (although informal governance arrangements agreed and in place).</p> <p>C4. Clinical transformation in CUH and with partners is crowded out by urgent pressures to sustain current services.</p>		<p>C3. Explore with partners the need for more formal governance arrangements for the Collaborative.</p> <p>C4. Deliver transformation projects in neuro, paediatrics and dentistry with measurable benefits for staff, patients and trusts, which encourage CUH and partners to continue investing in the EoE SPC.</p>	<p>March 2025</p> <p>March 2024</p>
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Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	12	12	12	12	12	12	12	12	12	12	12	12	12

BAF 014: Risk trajectory

	Risk rating I x L	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	4x3=12		
March 2024	4x3=12	Secure resources to deliver on programme of future key priorities.	
April 2025	4x2=8	Development of revised national commissioning framework; transfer of commissioning activities into ICBs; collaboratives established and delivering on key priorities.	

BAF risk	015	As a result of a failure to deliver the CUH Green Plan, the Trust does not enhance environmental sustainability and reduce its direct carbon emissions by 10% by 2025 (as a key step towards the national commitment to halve carbon emissions before 2032 and deliver net zero carbon by 2045) nor develop and deliver a credible adaptation plan, which impacts on organisational reputation and regulatory compliance and increases the susceptibility of our services to the effects of climate change.
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Current risk rating:
16

Strategic objective	C4
Latest review date	February 2024

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

Risk rating	Impact	Likelihood	Total
Initial (Mar 23)	4	4	16
Current (Feb 24)	4	4	16
Target (2032)	4	3	12

Change since last month



Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
BAF 005	20	Life safety critical infrastructure systems
BAF 009	16	New hospitals development proposals
CR 59	16	Impact of climate change on delivery of services at CUH
CR 20	12	Transport access to the CBC

Key controls
<i>What are we already doing to manage the risk?</i>
<ol style="list-style-type: none"> 1. Commitment to tackle climate emergency and enhance environmental sustainability within CUH Strategy. 2. Board approved Green Plan in place until 2024. 3. Environmental sustainability policies and procedures in place. 4. Board appointed executive lead for climate change response, NED Champion and appropriately qualified and experienced Environmental Sustainability and Energy Management Team. 5. Suite of training resources. 6. Engagement programme 7. Environmental sustainability credentials of new hospital builds (CCRH and CCH) and ongoing improvements to the estate, buildings and infrastructure via all backlog maintenance work to critical infrastructure and new and major refurbishment capital schemes. 8. Heat Decarbonisation strategic plan developed at masterplan level. Grant funding developing aspects of the masterplan into RIBA Stage 3.

Assurances on controls
<i>How do we gain assurance that the controls are working?</i>
<ol style="list-style-type: none"> 1. Corporate Strategy - reporting three times a year as part of overall strategy update to Board of Directors on progress in delivering strategic commitment on climate change. 2. Delivery of implementation plan associated with Our Action 50 Green Plan and early preparation commenced on the Green Plan 2025 and beyond. 3. Governance, reporting and monitoring structure in place 4. Reporting to Management Executive twice a year on progress and to Board of Directors annually. Heat Decarbonisation update to Addenbrooke's Futures Committee in July 2023. 5. Uptake and utilisation data on available training resources feeding into the balanced score card reporting. 6. Evidence of ongoing awareness campaign and evaluation 7. BREEAM assessments and NHS Net Zero Building Standard, environmental sustainability credentials of new hospital builds. Potential internal audit for Q3/4 2023/24.

Gaps in control	Gaps in assurance	Actions to address gaps in controls and assurances	Due date
C1. Governance, reporting and monitoring plan 50% complete in delivery. Insufficient attendance at Environmental Stewardship group.		C1. Governance, reporting and monitoring structure fully implemented and functioning.	January 2024 June 2024
C2. Additional training resources in preparation.		C2. E-learning package for environmental sustainability.	May 2024
C3. Preparation of Green Plan for 2025 and beyond (Management Executive agreed areas of focus for 2024 during December 2023).		C3. Programme underway.	May 2024
C4. Corporate policies (such as procurement, workforce and investment) are not aligned to environmental sustainability ambitions.		C4. Ongoing work to align corporate policies.	Phase 1 scoped and delivered March 2024
C5. Delivery of building enhancements/retrofitting and delivery of sustainability measures as standard in refurbishments and new schemes.		C5. Ensure detailed sustainability input to all refurbishments and new schemes.	Ongoing

Risk score	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
	<i>New risk added in March 2023</i>	16	16	16	16	16	16	16	16	16	16	16	16

BAF 015: Risk trajectory – to follow

	Risk rating I x L	Key milestones/actions to deliver risk trajectory	Commentary
Current (Feb 24)	4x4=16		No credible funding plan to fund decarbonisation strategy. Await bid outcome for £8m and £1m CUH match funding.
January 2024	4x4=16	Outcome of decarbonisation funding bid to progress detailed design of a decarbonisation scheme.	<i>January 2024:</i> Commitment for CUH to fund £1m should bid be successful. Clarification sessions with Bid fund assessors.
December 2025	4x4=16	Achievement of CUH aim to reduce direct carbon emissions by 10%.	
End 2027	4x4=16	CCRH and CCH schemes in place with environmental sustainability measures incorporated.	
2032	4x3=12	CUH achievement of national commitment to halve carbon emissions.	

Annex 1: Trust risk scoring matrix and grading

Likelihood score	Consequence score				
	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
5 - Almost certain (96-100%)	5	10	15	20	25
4 - Likely (80-95%)	4	8	12	16	20
3 - Possible (21-79%)	3	6	9	12	15
2 - Unlikely (5-20%)	2	4	6	8	10
1 - Rare (0-4%)	1	2	3	4	5

Risk Assessment	Grading
Red 15 – 25	Significant
Amber 8 – 12	High
Yellow 4 – 6	Medium
Green 1 – 3	Low

Annex 2: Abbreviations

COO: Chief Operating Officer

CN: Chief Nurse

DoSMP: Director of Strategy and Major Projects

DoCEFM: Director of Capital, Estates and Facilities Management




CFO: Chief Finance Officer

MD: Medical Director

DoW: Director of Workforce

DoIDI: Director of Innovation, Digital and Improvement

Annex 3: Trust strategic commitments, July 2022

	A	B	C
	 Improving patient care	 Supporting our staff	 Building for the future
1	Integrated care: We will work with NHS, other public sector and voluntary sector organisations to improve the health of our local population	Resourcing: We will invest to ensure that we are well staffed to deliver safe and high quality care	Specialised services: We will work with hospitals across the East of England to provide high quality specialised care for more patients closer to home
2	Emergency care: When patients come to the hospital in an emergency we will treat them, and help them to return home, quickly	Ambition: We will invest in education, learning, development and new ways of working	Research and life sciences: We will conduct world-leading research that improves care and drives economic growth
3	Planned care: When patients need planned care we will see them as quickly and efficiently as possible	Good work: We will strive to ensure that working at CUH will positively impact our health, safety and well-being	New hospitals and the estate: We will maintain a safe estate and invest in new facilities to improve care for patients locally, regionally, and nationally
4	Health inequalities: We will tackle disparity in health outcomes, access to care and experience between patient groups	Inclusion: We will seek to drive out inequality, recognising that we are stronger when we value difference and inclusion	Climate change: We will tackle the climate emergency and enhance environmental sustainability
5	Quality, safety and improvement: We will continuously improve the quality, safety and experience of all our services	Relationships: We will foster compassionate and enabling working relationships	Digital: We will use technology and data to improve care

Report to the Board of Directors: 13 March 2024

Agenda item	15
Title	Board committee annual reports
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	Jason Clarke, Trust Secretary
Purpose	To receive the annual reports of Board committees for 2023.
Previously considered by	Respective Board committee chairs.

Executive Summary

The terms of reference for Board committees require them to produce an annual report on their activities. The attached annual reports covering the period 1 January to 31 December 2023 relate to the:

1. Addenbrooke's Futures Committee (formerly Addenbrooke's 3 Committee)
2. Audit Committee
3. Performance Committee
4. Quality Committee
5. Workforce and Education Committee

The activities of the Remuneration Committee are reported in the remuneration section of the Trust's Annual Report.

Related Trust objectives	All objectives
Risk and Assurance	Board Committees provide a key source of assurance to the Board of Directors.
Related Assurance Framework Entries	n/a
Legal /Regulatory implications	It is a requirement of the Committees' terms of reference that they produce an annual report on their activities.

Action required by the Board of Directors

The Board is asked to receive the annual reports of Board assurance committees for 2023.

Cambridge University Hospitals NHS Foundation Trust

13 March 2024

Board of Directors

Board assurance committee annual reports

Jason Clarke, Trust Secretary

1. Introduction/background

1.1 The Board of Directors is required to establish and maintain an Audit Committee and a Remuneration Committee. The Board of Directors has also established the following committees of the Board:

- Addenbrooke's Futures Committee
- Performance Committee
- Quality Committee
- Workforce and Education Committee

1.2 The membership of the committees is determined by the Chair of the Trust in consultation with the Board of Directors. The membership **as of 31 December 2023** was:

Board Committee	Membership
Audit Committee	NEDs: Daniel Abrams (Chair), Annette Doherty, Sharon Peacock
Remuneration and Nomination Committee	All Non-Executive Directors Ali Layne-Smith (Chair)
Quality Committee	NEDs: Sharon Peacock (Chair), James Morrow, Rohan Sivanandan Executive Directors: Chief Nurse and Medical Director
Performance Committee	NEDs: Annette Doherty (Chair), Daniel Abrams, Ian Jacobs Executive Directors: Chief Finance Officer, Chief Operating Officer and Medical Director

Workforce and Education Committee	NEDs: Rohan Sivanandan (Chair), Ali Layne-Smith, Patrick Maxwell <u>Executive Directors</u> : Director of Workforce, Chief Nurse and Medical Director
Addenbrooke's Futures Committee	NEDs: Ian Jacobs (Chair), Patrick Maxwell, James Morrow Executive Directors: Director of Strategy and Major Projects, Chief Nurse, Medical Director, Director of Innovation, Digital and Improvement

- 1.3 Attendance statistics for the committee members of assurance committees are listed at Appendix 1.
- 1.4 The Trust Chair and non-member Directors have a general right of attendance at the Addenbrooke's Futures Committee, Audit Committee, Quality Committee, Performance Committee and Workforce and Education Committee.
- 1.5 The Board is reminded that in 2018/19 the Trust introduced arrangements to allow members of the Council of Governors to observe meetings of Board assurance committees. The purpose of this arrangement is to support Governors in discharging their statutory responsibility to hold Non-Executive Directors to account collectively and individually for the performance of the Board.
- 1.6 The specific activities on each committee are outlined in Sections 2 to 6. Separate work will be undertaken by the Trust Secretary over the next six months to develop an approach to self-assessment of committee effectiveness.

2. Addenbrooke's Futures Committee

- 2.1 The Committee meets every two months. During the first half of the year, the Committee met as the Addenbrooke's 3 Committee. Following discussions during July and August 2023, and with the focus of the Cambridge Cancer Research Hospital and the Cambridge Children's Hospital projects shifting more towards delivery, it was proposed to rename the Addenbrooke's 3 Committee as the Addenbrooke's Futures Committee and to more clearly focus its purpose on the future of clinical care and research at CUH, including clinical operating models, pathway transformation, integrated care, specialised services, innovation and research. This change was implemented from September 2023.

- 2.2 The Committee provides assurance to the Board of Directors on the future of clinical care and research at CUH, working with partners in the local system and across the Eastern region, in the context of the development of new hospitals and the wider Cambridge Biomedical Campus (CBC). This covers the Trust's ambitions for transforming care and developing the hospital site over the next 10–15 years, addressing the poor quality of some of the estate and facilitating improvements in clinical quality, while remaining at the heart of an integrated care system and working collaboratively with academic and industry partners.
- 2.3 The Committee met six times in the reporting period and received at each meeting a series of project delivery updates, outlining for each project progress against key milestones, risks and mitigations, and next steps.
- 2.4 In addition to the regular programme delivery and assurance reports, the Committee received detailed reports and sought assurance on the following areas relevant to its terms of reference:
- January 2023 – Cambridge Biomedical Campus (CBC) masterplan update, University of Cambridge and CUH legal relationship regarding Cambridge Cancer Research Hospital (CCRH) and Cambridge Children's Hospital (CCH), CCH and research update.
 - March 2023 – CUH and Royal Papworth Hospital (RPH) collaboration update.
 - May 2023 – CUH and RPH collaboration final report.
 - July 2023 – update on the establishment of the Specialised Services collaborative, decarbonisation masterplan strategy, CUH/RPH collaboration next steps.
 - September 2023 – CCRH and cancer pathways update.
 - November 2023 – integrated care update, specialised services update, reconfiguration overview.

Governance

- 2.5 At each meeting the committee received the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR). The committee reviewed the risks assigned to it, challenging gaps in control and sought assurance that appropriate mitigations were in place.

3. Audit Committee

3.1 The Audit Committee met five times during the reporting period.

Internal Audit

3.2 One of the primary roles of the Committee is to receive reports from the Internal Auditors. KPMG provide the Internal Audit service to the Trust. During the reporting period the Committee received the following internal audit reports:

- February 2023 - Financial Compliance, Board Assurance Framework and Risk Management
- June 2023 - Surge Facility Governance Review
- September 2023 - Cancer Waiting List Management, Patient Flow, Data Protection Security Toolkit
- November 2023 - Patient Equality Characteristics, Safeguarding, Workforce Compliance

3.3 The Committee discussed each audit report in detail and escalated reports as required to the next meeting of the Board of Directors.

3.4 At each meeting the Committee received and actively reviewed a report which summarised progress against previously agreed management actions. The Committee robustly challenged the management responses and raised concerns where implementation of actions had been delayed.

3.5 During the reporting period, the Committee reviewed and agreed the Internal Audit Plan for 2023/24. The discussion considered the relative prioritisation of resources in the plan for the year ahead, with the final plan being agreed in June 2023.

3.6 In June 2023 the Committee also received the Head of Internal Audit opinion, which was one of 'significant assurance with minor improvements required'.

Counter Fraud

3.7 Local Counter Fraud Specialist services are also provided to the Trust by KPMG. The Committee received a progress summary report at each meeting regarding the activities of the Local Counter Fraud Specialist.

3.8 The Committee reviewed specific referrals to the Counter Fraud Service. During the reporting period the Committee also reviewed and endorsed the counter fraud plan for 2023/24.

3.9 In response to a number of requests from the Committee, additional information is now incorporated into the regular summary reports regarding the estimated

magnitude of fraud activities, both at an individual alleged fraud level and at an organisational level.

External Audit

- 3.10 The Council of Governors is responsible for appointing the Trust's External Auditors on recommendation of the Audit Committee. The External Auditors are currently Mazars LLP.
- 3.11 In June 2023, the Committee received the conclusion of the external audit of the 2022/23 annual report and accounts. The Trust's External Auditors concluded that there were no significant financial sustainability, governance or economy, efficiency and effectiveness risks identified during their review.
- 3.12 The long-term financial position of the Trust has continued to be a standing agenda item with a supporting report produced by the Chief Finance Officer at each meeting of the committee.
- 3.13 In November 2023 the Committee agreed a recommendation to the Council of Governors that Mazars LLP be reappointed as the Trust's external auditor for a further two years (2024/25 and 2025/26).

Risk management

- 3.14 Each of the meetings of the committee received the full version of the Board Assurance Framework and Corporate Risk Register. Particular topics were escalated for discussion at the committee including IT business continuity and disaster recovery testing, financial compliance and surge capacity facility governance. The Committee also oversaw the development of medium-term risk trajectories within the Board Assurance Framework.

4. Performance Committee

- 4.4 During the reporting period the Committee met monthly except for August 2023 (as scheduled).

Finance

- 4.5 Each meeting of the Committee received a detailed summary of the current financial position of the Trust. The majority of the discussions of the committee regarding the financial position during the reporting period focused on the Covid recovery plan, the budget setting process for the year ahead and the ambition to maintain a breakeven position.
- 4.6 During the period, the Committee received a number of updates on the NHS financial position and how this would affect the plans of the Trust.

- 4.7 Prior to the review and approval of the annual Operational Plan by the Board of Directors, the Committee reviewed and commented on the proposed submission to NHS England. The comments of the committee were incorporated into the final submission.

Integrated Performance Report/Operational performance

- 4.8 At each meeting the Committee reviewed the integrated operational performance of the Trust.
- 4.9 The Committee regularly discussed the implications of the continued pressure on the operational performance of the Trust, workforce challenges and particularly in relation to the ongoing effect of industrial action.
- 4.10 The committee welcomed specific improvements in performance, particularly in relation to ambulance handover times and cancer patients waiting over 62 days for treatment. However, the sustainability of the improvements, and challenges with managing urgent and emergency care demand remained a concern particularly toward the end of the year.
- 4.11 The Committee continued to receive monthly updates on the progress of major programmes to increase capacity.
- 4.12 The Committee regularly escalated areas of concern regarding operational performance to the Board of Directors via the committee chair's report.

Capital

- 4.13 During the whole of the reporting period the committee received updates on the availability and deployment of capital resources.

Workforce

- 4.14 The Director of Workforce attended the Committee quarterly and facilitated a detailed discussion regarding the interaction between workforce and performance data. During the year the format of this report continued to evolve to focus on the key issues of interest to the committee, specifically maintaining adequate staffing levels, staff absence and the rate of growth of the overall workforce.

5 year strategy

- 4.15 The Committee had requested a five-year plan to address the key commitments outlined in the Trust strategy refresh, to provide a framework to its scrutiny of current performance and to assist with the prioritisation of initiatives in the near term that could pay off over the medium term. Regular updates were sought through the year.

Other reports

- 4.16 The Committee received a number of others reports at regular intervals, which are reflected in the terms of reference for the Committee agreed by the Board of Directors:
- Annual review of compliance against the Emergency, Planning and Preparedness Response standards
 - Six monthly reports on Estates and Facilities Performance metrics
 - Six monthly reports on eHospital performance
 - Regular updates on improvement activities

Business cases

- 4.12 The Committee has a role to review business cases with a value in excess of £4m in value. During the reporting period the committee reviewed the following business cases and recommended approval to the Board of Directors:
- March 2023 - Ely and Wisbech Community Diagnostic Centres (CDC) business case
 - June 2023 - Cambridge Cancer Research Hospital (CCRH) principal supply chain partner procurement, Cambridge Children's Hospital – revised OBC
 - September 2023 - IT Secure Data Environment business case
 - October 2023 - Cleaning and catering contract business case, CCRH financial and governance arrangements

5. Quality Committee

- 5.1 The Quality Committee met every other month during the reporting period as scheduled.

Safety and quality

- 5.2 The Committee received a patient safety and experience report at each meeting, focusing on key themes, trends, learning and improvement. Each meeting of the committee received an update on patient safety metrics including Serious Incidents, Never Events, Duty of Candour, learning from deaths, deteriorating patient and sepsis, Venous Thromboembolism (VTE), falls, hospital acquired pressure ulcers (HAPUs), patient experience and complaints and Safety Learning Reports. The committee discussed variances and trends in data and undertook deep dives into topics including HAPUs and mortality and harm in emergency care over the period during December 2022 and January 2023.
- 5.3 The Committee received a Lead Executive Report at each meeting highlighting areas of success, key issues and emerging themes for the attention of the Committee. The Committee were kept informed of concerns with Emergency

Department, staffing, compliance visits, industrial action and HAPUs. The Committee had in depth discussions around the mental health strategy, the Patient Advice and Liaison Service (PALs) backlog, the outcome of the Lucy Letby conviction and implementing Martha's Rule.

- 5.4 The Committee frequently highlighted concerns about the impact of industrial action on patient outcomes and waiting lists.
- 5.5 During the year, the committee received a number of reports on maternity services including updates on quality improvement workstreams, Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme standards compliance, staffing levels and compliance with the Ockenden Review. The committee welcomed the quality improvement work undertaken to date and requested regular updates as work progressed. The Committee also focused on Nitrous Oxide exposure, obstetric staffing shortages, midwifery retention and the Maternity CQC inspection outcome.
- 5.6 The Committee received a report on infection prevention and control including metrics on MRSA, clostridium difficile, hospital onset gram-negative bacteraemia, MSSA and CPE (Carbapenemase Producing Enterobacterales).
- 5.7 The Committee discussed and supported the implementation of the new Patient Safety Incident Response Framework (PSIRF) in January 2024.

Governance

- 5.8 During the reporting period the Committee received regular detailed updates on the implication and response to the backlog of patients awaiting treatment, capacity constraints and long waits within the Emergency Department.
- 5.9 Prior to approval by the Board of Directors, the committee reviewed and commented on the 2022/23 Quality Account. The comments of the committee on the Quality Account were incorporated into the final submission to the Board. Additionally, the Committee received quarterly updates on the Quality Account, monitoring targets throughout the year.
- 5.10 At each meeting the committee received the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR). The committee reviewed the risks assigned to it, challenging gaps in control and sought assurance that appropriate mitigations were in place.

Other reports

- 5.11 The committee received a number of other reports at regular intervals, including those which are reflected in the terms of reference for the committee agreed by the Board of Directors:
 - Annual End of Life Care report

- Medicines Optimisation annual report
- Safeguarding annual report
- Health and safety annual report
- Clinical Audit
- Annual Patient Experience report
- Annual PLACE (Patient Led Assessment of the Care Environment) report

6. Workforce and Education Committee

6.1 The committee met four times during the reporting period.

Operational performance

6.2 Each meeting of the committee received a detailed report from the Director of Workforce which provided an update on the workforce commitments:

- Good Work
- Resourced
- Ambition
- Inclusion
- Relationships

A summary of the Trust's performance in relation to key indicators from the latest Workforce Performance Report was also provided. Monitoring of workforce figures, staff sickness rates and staff wellbeing were frequently discussed. Other updates included sexual safety, recognition awards, staff financial wellbeing strategy, the retention improvement plan, Equality, Diversity and Inclusion, promoting civility and respect and rostering.

6.3 Additionally, the Committee were provided with operational updates relating to industrial action, seasonal planning, staff vaccinations and paediatric staffing.

6.4 The committee received a report on the provisional outcome of CUH's listening events and an update from the Integrated Care Board (ICB) Chief People Officer.

6.5 In September 2023 the Committee received the Workforce Disability Equality Standard (WDES) annual report 2023 and the Workforce Race Equality Standards (WRES) annual report 2023.

6.6 The committee reviewed the development and delivery of the Trust's Workforce Plan, focusing on strategic workforce information and planning, recruitment and retention, education, learning and organisational and leadership development, Equality, Diversity and Inclusion and staff experience and engagement.

6.7 The committee received a regular update on the NHS People Plan and the Trust workforce ambitions which align with the plan.

6.8 The committee were informed of capital projects and the plans for staff facilities.

Governance

6.9 At each meeting, the committee received the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR). The committee reviewed the risks assigned to it, challenging gaps in control and sought assurance that appropriate mitigations were in place.

Other reports

6.10 The committee received several others reports at regular intervals, including those which are reflected in the terms of reference for the committee agreed by the Board of Directors:

- Talent management
- Gender Pay Gap
- General Medical Council Survey
- Industrial Action
- Ockenden Report
- Workforce Compliance
- Staff Engagement Results
- Multi-professional Education, Learning and Development

7. Recommendations

7.1 The Board of Directors is asked to receive the annual reports of Board assurance committees for 2023.

Appendix 1: Committee Membership attendance – 1 January 2023 to 31 December 2023

Addenbrooke's Futures (formerly Addenbrooke's 3) Committee

The committee formally met six times during the reporting period.

Annette Doherty stood down from the Committee following the July 2023 meeting.

Ian Jacobs became Chair of the Committee with effect from September 2023.

James Morrow joined the Committee in November 2023.

Nick Kirby attended as Interim Director of Strategy and Major Projects until March 2023.

Claire Stoneham attended as Director of Strategy and Major Projects from May 2023 to the end of the reporting period.

Ian Jacobs (Chair)	Attended 6 out of 6 meetings
Annette Doherty (previous Chair)	Attended 5 out of 5 meetings
Nick Kirby	Attended 2 out of 2 meetings
Patrick Maxwell	Attended 4 out of 6 meetings
James Morrow	Attended 1 out of 1 meetings
Ashley Shaw	Attended 3 out of 6 meetings
Claire Stoneham	Attended 4 out of 4 meetings
Lorraine Szeremeta	Attended 2 out of 6 meetings

Audit Committee

The committee met five times during the reporting period.

Daniel Abrams (Chair)	Attended 5 out of 5 meetings
Annette Doherty	Attended 4 out of 5 meetings
Sharon Peacock	Attended 5 out of 5 meetings
Mike Keech	Attended 5 out of 5 meetings

Performance Committee

The Committee met 11 times during the reporting period.

Adrian Chamberlain left the Trust following the expiry of his term of office on 31 August 2023.

Annette Doherty joined the Committee as Chair in September 2023.

Annette Doherty (Chair)	Attended 4 out of 4 meetings
Daniel Abrams	Attended 11 out of 11 meetings
Nicola Ayton	Attended 10 out of 11 meetings
Adrian Chamberlain (previous Chair)	Attended 7 out of 7 meetings
Ian Jacobs	Attended 11 out of 11 meetings
Mike Keech	Attended 10 out of 11 meetings
Ashley Shaw	Attended 11 out of 11 meetings

Quality Committee

The committee met six times during the reporting period.

Adrian Chamberlain left the Trust following the expiry of his term of office on 31 August 2023.

James Morrow joined the committee in November 2023.

Sharon Peacock (Chair)	Attended 6 out of 6 meetings
Adrian Chamberlain	Attended 3 out of 4 meetings
Rohan Sivanandan	Attended 5 out of 6 meetings
James Morrow	Attended 1 out of 1 meetings
Ashley Shaw	Attended 6 out of 6 meetings
Lorraine Szeremeta	Attended 5 out of 6 meetings

Workforce and Education Committee

The committee met four times during the reporting period.

Rohan Sivanandan (Chair)	Attended 4 out of 4 meetings
Patrick Maxwell	Attended 3 out of 4 meetings
Ashley Shaw	Attended 4 out of 4 meetings
Ali Layne-Smith	Attended 2 out of 4 meetings
Lorraine Szeremeta	Attended 3 out of 4 meetings
David Wherrett	Attended 4 out of 4 meetings

Report to the Board of Directors: 13 March 2024

Agenda item	16
Title	Modern Slavery Act 2015 compliance statement
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	As above
Purpose	To approve the Trust's compliance statement for publication.
Previously considered by	Management Executive, 7 March 2024

Executive Summary

Under Section 54 of the Modern Slavery Act 2015, a slavery and human trafficking statement must be produced annually by all commercial organisations which supply goods and services and have a turnover of not less than £36 million. It is widely accepted that this requirement applies to NHS bodies.

In order to comply with the requirements of the Modern Slavery Act, the Board approved in March 2023 the statement attached at Appendix 1 for publication.

This paper asks the Board to reconfirm the statement for the next 12 month period to 31 March 2025.

Related Trust objectives	All Trust objectives
Risk and Assurance	To provide assurance that the Trust is aware of and compliant with the requirements of the Modern Slavery Act 2015.
Related Assurance Framework Entries	n/a
Legal / Regulatory implications	The compliance statement is a legal requirement.

Action required by the Board of Directors

The Board is asked to reconfirm the attached slavery and human trafficking statement for the 12-month period to 31 March 2025.

Cambridge University Hospitals NHS Foundation Trust

13 March 2024

Board of Directors

Modern Slavery Act 2015 compliance statement

Ian Walker, Director of Corporate Affairs

1. Introduction

- 1.1 Under Section 54 of the Modern Slavery Act 2015, a slavery and human trafficking statement must be produced annually by all commercial organisations which supply goods and services and have a turnover of not less than £36 million. A commercial organisation is defined by the Act as *“a body corporate (wherever incorporated) which carries on a business, or part of a business, in any part of the United Kingdom”*.
- 1.2 Government guidance states that the requirement applies to organisations pursuing primarily charitable or educational aims or purely public functions. As NHS foundation trusts and NHS trusts are established as bodies corporate under the NHS Act 2006, and are providers of goods and services, it is widely accepted that trusts are required to comply with the requirements of Section 54 of the Act.
- 1.3 Many trusts publish annually a compliance statement on their websites.
- 1.4 The Act states that the organisation’s slavery and human trafficking statement may include information about:
 - The organisation’s structure, its business and its supply chains.
 - Its policies in relation to slavery and human trafficking.
 - Its due diligence processes in relation to slavery and human trafficking in its business and supply chains.
 - The parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk.
 - Its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate.
 - The training about slavery and human trafficking available to its staff.

- 1.5 The legislation requires the statement to be approved by the Board of Directors (or equivalent management body) and published on the organisation's website.
- 1.6 In order to comply with the requirements of the Modern Slavery Act, the Board approved in March 2023 the statement attached at Appendix 1 for publication. This paper asks the Board to reconfirm the statement for the next 12 month period.

2. Recommendations

- 2.1 The Board of Directors is asked to reconfirm the attached slavery and human trafficking statement for the 12-month period to 31 March 2025.

Appendix 1: Slavery and human trafficking statement 2024/25

Modern slavery is the recruitment, movement, harbouring or receiving of people through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation.

Individuals may be trafficked into, out of, or within the UK. They may be trafficked for a number of reasons, including sexual exploitation, forced labour, domestic servitude and organ harvesting.

Cambridge University Hospitals NHS Foundation Trust (CUH) is committed to upholding the provisions of the Modern Slavery Act 2015 and to ensuring that there is no modern slavery or human trafficking in any part of our business.

We expect our staff and our suppliers to comply with this legislation.

CUH will:

- Continue to develop awareness within the Trust of modern slavery issues.
- Ensure that Procurement staff receive regular updates and training so that they are aware of legislative requirements in this area.
- Consider modern slavery factors when making procurement decisions.
- Make suppliers and service providers aware that we expect them to understand and adhere to the requirements of the legislation.
- Use NHS Terms and Conditions for Goods and Services for specification and tender documents which require suppliers to comply with all relevant legislation and guidance, including modern slavery conditions.
- Adhere to national NHS employment checks and standards.
- Only work with NHS framework approved agencies for the recruitment and placement of workers and employees, auditing compliance with safe recruitment practice.
- Ensure that all staff undertake mandatory Safeguarding Children and Vulnerable Adults training, and mandatory training in Equality, Diversity and Inclusion.
- Ensure that modern slavery and human trafficking is reflected in the Trust's safeguarding policies and work plans.
- Maintain robust Freedom to Speak Up arrangements which allow staff and others to raise concerns in confidence.

CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Performance Committee	DATE OF MEETING:	6 March 2024		
CHAIR:	Annette Doherty	LEAD EXECUTIVE DIRECTOR:	Chief Operating Officer, Chief Finance Officer		
RECEIVING BOARD / COMMITTEE:	Board of Directors, 13 March 2024				
AGENDA ITEM	DETAILS OF ISSUE	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)	
5	<p>Board Assurance Framework and Corporate Risk Register</p> <ol style="list-style-type: none"> 1. There had been no significant changes to the BAF risks overseen by the Committee following the latest Risk Oversight Committee (ROC). However, the trajectory for risk 001 (capacity and flow) which showed a risk reduction from 20 to 16 in April 2024 would need to be reassessed given ongoing significant operational performance challenges. It was also noted that the trajectory for risk 006 (fire safety) showed a risk reduction from 20 to 16 in April 2024 which was currently assessed as on track. 2. The committee discussed the risks assigned to it, noting that all would be either addressed in the business of the current meeting or included on the agenda for subsequent meetings. 3. The committee was informed that following the recommendations in the KPMG report further work was being undertaken on how the BAF could be more explicitly 	For information	BAF 001/005/006/ 009a/011	n/a	

	used in agenda planning and shaping future meetings. It was noted that the committee is already addressing and discussing the BAF/CRR at the beginning of its agenda and assessing mitigations and trajectory of risk assigned to the committee.			
6	<p>Productivity and efficiency update</p> <ol style="list-style-type: none"> 1. The committee received an update on the current position with the Productivity and Efficiency Programme (PEP). The Trust is forecast to fully meet its £53m PEP requirement for 2023/24, the majority being through recurrent savings. 2. The biggest challenge to the programme was around productivity and particularly length of stay (LoS). The impact of industrial action on productivity had been significant. 3. Going forward with the programme there is a review ongoing of how enhanced governance will provide more focus and assurance of delivery against objectives. 	For information	BAF 001/011	n/a
7	<p>Operational Performance</p> <ol style="list-style-type: none"> 1. The committee was informed of current performance in elective care where most metrics showed that the Trust was continuing to improve performance despite industrial action and was performing in line with trajectory. 2. On the 62 day cancer target the Trust was performing below the national standard but at 71% was significantly above the Shelford average of 61% with an extensive improvement plan in place. The Trust was also exceeding the national target of 75% for the faster diagnosis standard, achieving 81.7% in December. 3. The 4 hour emergency care standard has continued to be a significant challenge. It was reported that this is leading to additional national, regional and ICB scrutiny. The Trust had recognised that it would not be able to attain the 76% target by the end of March. This had been discussed extensively at Management Executive (ME) where it had 	For information	BAF 001	n/a

	<p>been agreed that the measures required to achieve 76% were not sustainable or safe in the short term. A clearly articulated, deliverable plan had been developed to reassure and maintain the confidence of NHSE and system partners. Performance Committee requested that this renewed plan be tracked regularly to assure that the mitigations proposed were improving performance.</p> <p>4. The committee discussed the key performance metrics proposed for 2024/25 and requested monthly reporting against them once confirmed by NHSE.</p>			
8	<p>Finance reports</p> <p>1. The committee received a report of the Month 10 financial position which continued to forecast breakeven for the year. Support for the impact of industrial action to the end of the financial year had been confirmed.</p> <p>2. Activity in the Movement Hub had led to an improvement in the run rate for elective services.</p> <p>3. The capital update for month 10 showed spending continuing ahead of plan. As had been the case in previous years, a high level of spending would take place in the final two months of the year. This was in line with plans.</p> <p>4. The committee received a further update on business planning for 2024/25. There was more work to be done with the divisions around the timing and phasing of plans and this would help to refine the position for further discussion at ME with a paper to Performance Committee and Board in April.</p>	For information	BAF 011	n/a
9	<p>Cambridge Cancer Research Hospital capital budget update</p> <p>1. The committee was asked to endorse the drawdown of funds from the New Hospitals Programme (NHP) to cover the next phase of project management office costs, design</p>	For approval	BAF 009a	n/a

	<p>and construction costs and a reserve to account for planning contingency and optimism bias.</p> <p>2. The paper had previously been discussed and endorsed by the Capital Advisory Board and ME.</p> <p>3. The Performance Committee endorsed the budget as presented to go to the Board of Directors for approval.</p>			
10	<p>Capital Project Delivery reporting</p> <p>1. The committee received and noted an update from the Director of Capital, Estates and Facilities Management. There were no exceptions to be reported.</p>	For information	BAF 005/006	n/a
11	<p>Contract awards</p> <p>1. <u>Clinic 9 ED expansion contract award</u> The Committee was asked to approve the appointment of the contractor for the Clinic 9 redevelopment following a recent tendering exercise. This had previously been discussed and supported by ME.</p> <ul style="list-style-type: none"> The committee discussed and supported the importance of Clinic 9 expansion and most importantly a new model for treating urgent care patients that do not need admission to ED to support ED performance. PC endorsed the appointment of the contractor for recommendation to the Board for approval. <p>2. <u>NCCU contract award</u> The Committee was asked to approve the appointment of the contractor for the NCCU redevelopment following a recent tendering exercise. Due to the timescales involved this item would be discussed by ME following the Performance Committee meeting.</p> <ul style="list-style-type: none"> The Performance Committee endorsed the appointment of the contractor for recommendation to the Board for approval after discussion and agreement that this was a key priority for the Trust. 	For approval	BAF 001/005/006	n/a

CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Quality Committee	DATE OF MEETING:	6 March 2024	
CHAIR:	Sharon Peacock	LEAD EXECUTIVE DIRECTOR:	Chief Nurse / Medical Director	
RECEIVING BOARD / COMMITTEE:	Board of Directors, 13 March 2024			
AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5. <u>5.1</u>	<p>Lead Executives' Report and Patient Safety and Experience Overview</p> <p><u>Lead Executives' Report</u></p> <ol style="list-style-type: none"> 1. The Chief Nurse and Medical Director presented the report to the Committee. 2. Capacity and waits within the Emergency Department (ED) remained an area of focus. Patient data continued to be monitored for harm with no acute harm or increase in mortality noted. Further work on capturing harm was underway and this would be reported back to a future Committee meeting. 3. The Hospital Standardised Mortality Ratio (HSMR) for the period December 2022 to November 2023 was 75.3. This is statistically lower than expected and is the sixth lowest HSMR in the country. 4. The first phase of Martha's Rule will be implemented in the NHS from April 2024. The three phases of Martha's rule were noted as: <ol style="list-style-type: none"> i) All staff in NHS trusts must have 24/7 access to a rapid review from a critical care outreach team. ii) All patients, their families, carers and advocates to have access to the same 27/7 rapid review service. 	Information/ Assurance		N

<p>5.2</p> <p>5.3</p>	<p>iii) NHS to implement structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily.</p> <p>CUH will be piloting the first phase on two adult wards ahead of the initial rollout, and discussion on how to best serve paediatrics and maternity areas continued.</p> <p>5. The Committee also discussed changes to the CQC inspection regime, ward accreditation and industrial action.</p> <p><u>Patient Safety and Experience Overview</u></p> <ol style="list-style-type: none"> 1. The report covered the period to the end of January 2023. 2. During the reporting period normal variance had been recorded in the number of patient safety incidents overall. However, Division A and B had both reported statistically significant increases in reporting, Division B had a single high point in January 2024 and Division A had demonstrated an upward shift over the last 11 months. 3. Patient falls had shown a statistically significant downward trend in the last seven months. Falls graded at moderate harm and above were within normal variance, with no moderate harm and above falls recorded in January 2024. <p><u>Genomics Incident Update</u></p> <ol style="list-style-type: none"> 1. The Committee noted that there had been no reports of patient harm occurring as a direct result of a laboratory error discovered in November 2019. 2. 98% of the affected patient's samples had been re-analysed and re-reported. 3. The remaining patients had been re-tested and primary analysis had not revealed a new diagnosis, with the final laboratory reports awaiting sign off. 			
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6.	<p>Maternity</p> <ol style="list-style-type: none"> 1. The Maternity Improvement Board continued to meet monthly, helping to manage and review the maternity improvement plan and the CQC actions. 2. The Committee noted the continued improvements made with the midwifery vacancy rate. 3. Shortlisting for three additional Obstetric and three Acute Gynecology Consultant posts was underway. 4. The Committee also discussed future reporting formats including a report that focused on key areas of risk and concern, and an Equality, Diversity and Inclusion (EDI) focused report to be tabled at a future meeting. 	Information/ Assurance		N
7.	<p>Quality Account</p> <ol style="list-style-type: none"> 1. The Committee noted the approved priorities and indicators for the 2024/25 Quality Account. 	Information/ Assurance		N
8.	<p>Health and Safety</p> <ol style="list-style-type: none"> 1. The Committee received a presentation on how health and safety is managed, the governance structure for health and safety, the health and safety strategy and the health and safety risk register. 2. Health and Safety at CUH is managed through multiple routes. Local responsibility is led by managers with risk assessments undertaken and actioned. Senior Leader and Board responsibility was of equal importance. 3. The Committee noted that as well as the overarching Corporate Risk Register and the developing Health and Safety Risk Register, each department also has its own Risk Register to manage and monitor risks. 4. The Committee felt assured with the current Health and Safety Risk management processes within the organisation. 	Information/ Assurance		N

<p>9.</p>	<p>Board Assurance Framework (BAF) and Corporate Risk Register (CRR)</p> <ol style="list-style-type: none"> 1. The Committee received and discussed the current version of the Board Assurance Framework and Corporate Risk Register. 2. The Committee agreed that the next meeting would take the Board Assurance Framework and Corporate Risk Register as the first item for discussion, and that this would frame discussions relating to subsequent papers. 	<p>Information/ Assurance</p>		<p>N</p>
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