NHS
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There will be a Part 1 meeting of the Board of Directors on Wednesday 13 May 2020 at 11.00

Due to the COVID-19 pandemic, this meeting will not be held in public
Copies of the papers have been posted on the Trust website and a summary of the key issues discussed will be made available via the website within a week of the meeting

(*) = 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 Part 1 Board meeting held on 11 March 2020	For approval
	4*	**Board action tracker and matters arising not covered by other items on the agenda**	For review
11.05	**5**	**Patient story** To hear a patient story	For receipt
11.20	**6***	**Chair's report** To receive the report of the Chair	For receipt
Operational			**Purpose**
11.30	**7***	**Operational performance context** 7.1 Integrated Performance Report 7.2 Finance report 7.3 Nurse staffing report	For receipt
	8*	**Chief Executive's report – COVID-19 update** To receive the report of the Chief Executive	For receipt
Governance and assurance			**Purpose**
12.00	**9***	**Board Assurance Framework and Corporate Risk Register** To receive the report of the Chief Nurse and Director of Corporate Affairs	For receipt

12.10	**10***	**Learning from deaths report** To receive the report of the Medical Director	For receipt
12.20	**11***	**Board assurance committees – Chairs' reports** 11.1 Quality Committee: 6 May 2020 11.2 Performance Committee: 6 May 2020 11.3 Remuneration and Nomination Committee – oral: 6 May 2020	For receipt
Other items			**Purpose**
12.25	**12**	**Any other business**	
	13	**Questions from members of the public** To note any written questions received in advance (these will be answered in writing following the meeting)	
	14	**Date of next meeting** The next meeting of the Board of Directors will be held on Wednesday 8 July 2020 at 11.00 (details to be confirmed).	For note
12.30	**15**	**Close**	

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Minutes of the meeting of the Board of Directors held in public on Wednesday 11 March 2020 at 11.00 in The Deakin Learning Centre, Addenbrooke's Hospital, Hills Road, Cambridge CB2 0QQ

Member	Position	Present	Apologies
Dr M More	Trust Chair	X	
Mr D Abrams	Non-Executive Director	X	
Ms N Ayton	Director of Strategy and Major Projects	X	
Dr E Cameron	Director of Improvement and Transformation	X	
Mr A Chamberlain	Non-Executive Director	X	
Dr A Doherty	Non-Executive Director	X	
Ms L Szeremeta	Chief Nurse	X	
Dr M Knapton	Non-Executive Director	X	
Prof P Maxwell	Non-Executive Director	X	
Ms D Olulode	Non-Executive Director	X	
Ms S Pointer	Non-Executive Director	X	
Mr P Scott	Chief Finance Officer	X	
Dr A Shaw	Medical Director	X	
Mr R Sinker	Chief Executive	X	
Mr I Walker	Director of Corporate Affairs *	X	
Mr D Wherrett	Director of Workforce	X	

** Non-voting member*

In attendance	Position
Mr J Scott	Interim Chief Operating Officer
Ms S Hall	Emergency Department Nurse (for item 24a/20)
Ms K Clarke	Associate Director of Workforce (for item 24a/20)
Ms S Oddy	Lead Healthcare Scientist, Clinical Biochemistry (for item 24b/20)
Mr S MacDonald	Principal Clinical Scientist – Haemostasis (for item 24b/20)
Mr A Gupta	Director of Post Graduate Medical Education (for item 31/20)
Ms F Murray-Hansell	Chair of the Junior Doctors' Forum (for item 32/20)
Mr G Burgess	Assistant Trust Secretary (minutes)

19/20 Welcome and apologies for absence

There were no apologies for absence.

20/20 Declarations of interest

Standing declarations of interest of Board members were noted.

21/ 20 Minutes of the previous meeting

The minutes of the Board of Directors' meeting held in public on 15 January 2020 were approved as a true and accurate record.

22/20 Board action tracker and matters arising not covered under other agenda items

Received and noted: the action tracker.

23/20 Board and committee membership

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

Noted:
1. Due to her national leadership role on COVID-19 at Public Health England (PHE), Sharon Peacock would be taking a six month leave of absence from her Non-Executive Director role.
2. It was proposed that Mike Knapton would take over as Chair of the Quality Committee during this time and Doris Olulode would become a member of the Quality Committee.
3. The membership of the Audit Committee would be reviewed going forward.

Agreed:
1. To note that Sharon Peacock had stepped down from her position as a Non-Executive Director with effect from 5 March 2020 on a temporary basis.
2. That Mike Knapton would chair the Quality Committee during this period.
3. That Doris Olulode would become a member of the Quality Committee with immediate effect.

24a/20 Staff story - Apprenticeships

David Wherrett, Director of Workforce, and Karen Clarke, Associate Director of Workforce, introduced the item.

Noted:
1. The Board of Directors received a story from a member of staff who had successfully completed the Nursing Apprenticeship Programme to become a Registered Nurse in the Emergency Department.

The following points were raised in discussion:

1. The importance of investing in and supporting staff was noted.
2. The Trust had successfully filled the 100 apprenticeship places for 2021.
3. The Trust had helped shape the national approach to apprenticeships.
4. Studying and working was challenging and providing appropriate support to staff was key to them completing the programme.
5. The Trust previously had a high turnover rate for Healthcare Assistants (HCAs). Providing a route into the Nursing Apprenticeship Programme had proved very popular for HCAs and turnover rates had improved.
6. The importance of supporting apprenticeships in other areas of the Trust such as estates and facilities was highlighted. The value of inviting staff stories from a variety of areas of the Trust was also noted.

24b/20 Patient story – Healthcare Sciences

Ashley Shaw, Medical Director, introduced the item.

Noted:

1. The Board of Directors received an update on the range of healthcare science related services across the Trust. The story of a patient who had benefited from multidisciplinary and specialist services was provided.

25/20 Chair's report

Mike More, Trust Chair, presented the report.

Noted:

1. COVID-19 posed a serious threat to the health of the population and the Trust was actively planning its response to the pandemic. The Board of Directors would be discussing this in more detail later in the day.

The following points were made in discussion:

1. The importance of maintaining a focus on the core business of the hospital and continuing to treat non-COVID-19 patients was noted.
2. The NHS was now in a critical incident phase and was likely to remain so for a sustained period of time.
3. The Trust's emergency preparedness infrastructure, which included Gold/Silver/Bronze command structures, communications, partnership working and capacity modelling, had been implemented.
4. The Trust was actively developing and implementing its plans.
5. The importance of supporting staff, patients and the local population was highlighted. Staying calm and proportionate would be key going forward.

Agreed:

1. To note the report.

26/20 Report from the Council of Governors

Received and noted: the report.

27/20 Chief Executive's report

Roland Sinker, Chief Executive, presented the report.

Noted:

1. The Trust's forthcoming CQC inspection had been postponed due to the COVID-19 pandemic.
2. The Trust continued to perform strong operationally and the financial plan was broadly on track. Discussions were continuing to agree the financial settlement for Cambridgeshire and Peterborough.
3. The national staff survey results were generally positive and would be discussed later in the meeting.
4. Longer-term planning continued through the STP. Work also continued on planning for the Cambridge Children's Hospital and Addenbrooke's 3.

The following points were made in discussion:

1. The importance of continued compliance with the Hygiene Code was highlighted. The Quality Committee was monitoring this closely.
2. There had been a positive local response to national messages regarding COVID-19 and there were signs of changes in public behaviour accordingly.
3. Hand wash stations had been installed at the front entrance of the hospital.

4. Visiting hours would be reviewed in order to reduce footfall on the site.
5. The Trust remained in close communication with the wider health and care system on COVID-19. Gold/Silver/Bronze Command structures had been replicated across the system.
6. The importance of clarity for the public regarding COVID-19 testing processes was highlighted. In response it was noted that, while testing pods were available on site, members of the public should contact NHS 111 in the first instance.
7. At its peak, COVID-19 could create significant system-wide NHS staffing challenges.
8. The importance of learning from previous critical incidents was highlighted.
9. COVID-19 had resulted in reduced capacity to progress elements of the Trust's strategy. A full update would be provided at the next meeting.
10. The Trust had secured £5m of seed funding to develop the business case for Addenbrooke's 3 and a working group had been established to lead the project. Staff and public engagement would be key going forward.
11. The Trust continued to work closely with system partners on development of the new Children's Hospital.
12. Work continued on system-wide business planning and a draft system narrative had been submitted in March 2020.

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

28/20 Integrated report

Received and noted: the Integrated Report.

Quality (including nurse safe staffing)

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

Noted:
1. Staff vacancy rates remained low.
2. Work was ongoing to increase paediatric nursing numbers.
3. Ward fill rates remained positive.
4. The Quality Committee had met on 4 March 2020 and discussed topics including maternity services, the outpatients' pharmacy and Sepsis. The Committee had also noted a reduction in the number of complaints and an increase in the number of compliments received.

The following points were made in discussion:

1. The Trust continued to work closely with system partners and local stakeholders to develop a mental health strategy. Workshops were currently being set up and the Strategy Steering Group was due to discuss this in May 2020. The importance of integrating children's physical and mental health services was highlighted.
2. The provider of outpatient pharmacy services had changed in November 2019. A number of challenges had arisen regarding staffing and IT and the Quality Committee had requested updates going forward. The importance of learning for future contract negotiations was also noted.

Agreed:
1. To note the safe staffing report for January 2020.
2. To note that the Registered Nurse vacancy rate for January was 5.06%.

3. To note that the Registered Children's Nurse vacancy rate for December was 16.5%.
4. To note that there was an increase in both the number of RN and HCSW requested bank shifts in January 2020.
5. To note that Care Hours Per Patient Day (CHPPD) for January 2020 was 10.89.

Access standards

Jon Scot, Interim Chief Operating Officer, provided an update.

Noted:
1. Attendances to the Emergency Department (ED) had reduced in January 2020 and this had continued in February 2020.
2. While the Trust had a Winter Plan in place, this had been based on the previous year's assumptions. These were being reviewed to take account of the impact of influenza and norovirus on flow and discharge.
3. Work was ongoing on ED demand, patient flow and discharge processes.
4. Waiting list performance and Referral to Treatment (RTT) times had improved in January 2020.
5. Improvements had been seen in ophthalmology and oral surgery.
6. Cancer waiting time performance had been good in December 2019 but had deteriorated in January 2020.
7. As a result of COVID-19, there had already been a 50% reduction in attendances at some outpatient clinics.
8. COVID-19 was likely to have a significant impact on cancer and RTT waiting times.

The following points were made in discussion:

1. While staff remained anxious, morale across the Trust was generally positive.
2. The importance of maintaining ambitious performance targets was noted.

Agreed:
1. To note the update.

Workforce

David Wherrett, Director of Workforce, gave an update.

Noted:
1. The importance of supporting staff at this time was highlighted.

Financial performance

Paul Scott, Chief Finance Officer, presented the report.

Noted:
1. It remained the expectation that the Trust would achieve its financial plan for 2019/20.
2. Capital remained constrained and the importance of delivering capital projects was highlighted. COVID-19 may, however, have an impact on delivery.
3. System-wide financial planning for 2020/21 was ongoing.
4. The Trust had received assurance nationally that any COVID-19 related expenditure would be reimbursed.

5. The Trust was likely to experience significant volatility in income in the period ahead.

Agreed:
1. To note the finance report for January 2020 (2019/20 Month 10).

Improvement

Ewen Cameron, Director of Improvement and Transformation, gave an update.

Noted:
1. COVID-19 had changed the focus of the Trust's improvement work.
2. Work was ongoing to progress options for virtual patient consultations.

The following points were made in discussion:

1. Performance against very challenging Cost Improvement Programme (CIP) targets had been positive. Delivery in 2020/21 would be challenging and the Trust needed to be mindful of pushing too hard.
2. The importance of ownership of CIP was highlighted.
3. The Trust's approach to CIP had always been to deliver excellent patient care more efficiently. This would continue going forward.

29/20 National staff survey

David Wherrett, Director of Workforce, gave a presentation.

Noted:
1. There had been a continued year-on-year increase in the Trust's response rate for the national staff survey.
2. The Trust's staff engagement score remained stable at a high level.
3. The Trust continued to perform well on the staff recommender scores.
4. Of the 11 survey themes, the Trust had scored above the acute average in 10.
5. The Trust performed well when compared to Shelford Group trusts.
6. While improvements had been made, including on questions related to the Workforce Race Equality Standard (WRES), there was still further work to do on the Trust's equality and diversity priority.
7. On health and wellbeing, responses had shown a decrease but remained above the national average. Musculoskeletal problems and work-related stress were highlighted as key issues.
8. In questions related to advocacy, safety culture, immediate managers and appraisal the Trust had scored significantly higher than the acute sector average.

The following points were made in discussion:

1. While the percentage of staff having annual appraisals was high there was further work to do on the quality of appraisals. The importance of regular opportunities for staff to meet and discuss issues with managers was noted.
2. The Trust had focused on improving how BAME staff viewed career progression and the work had proved successful with a 6.8% increase.
3. Discrimination by patients towards staff remained a concern.
4. Due to different staff demographics, it was difficult to compare equality and diversity scores between trusts.
5. Work continued to reduce bullying and harassment in the workplace.

6. Despite ongoing organisational pressures, the level of staff engagement recorded in the survey was very positive. The Board of Directors welcomed the results.

Agreed:
1. To note the headline results from the National Staff Survey 2019.
2. To note the staff experience and engagement priorities.

30/20 Workforce Race Equality Scheme update

David Wherrett, Director of Workforce, presented the report.

Noted:
1. Cultural Ambassadors were now in place across the Trust. Reverse mentoring and more diverse interview panels had also been implemented.

Agreed:
1. To note the progress on the WRES action plan.
2. To note the latest WRES 2019 staff survey results.
3. The aspiration targets set for the Trust by the national WRES team.

31/20 Education, learning, development and training

Arun Gupta, Director of Post Graduate Medical Education, presented the report.

Noted:
1. Shadow surveys were being undertaken and feedback from Chief Residents was being sought.
2. Health Education England (HHE) had undertaken visits to various specialties.
3. HEE tendering processes for grants were currently being reviewed.
4. Work was ongoing to increase nursing and midwifery placements.
5. A key priority remained to improve the paediatric nursing pipeline, including engagement with universities on apprenticeship and graduate programmes.
6. The Trust had been allocated £1.3m from the Chief Nursing Officer for Continual Professional Development (CPD). Discussions were ongoing on how best to utilise these funds.

The following points were made in discussion:

1. The importance of workforce planning and staff training was highlighted.
2. System-wide strategic workforce planning was key as was multidisciplinary training.
3. The importance of working closely with schools and universities was noted.
4. The Trust continued to run a range of successful recruitment events.
5. The importance of supporting CPD across all staff groups was highlighted.

Agreed:
1. To note the report.

32/20 Guardian of Safe Working quarterly report

Ashley Shaw, Medical Director, presented the report.

Noted:
1. The Trust undertook a wide range of engagement with junior doctors.
2. Rota gaps and the impact on education opportunities remained a concern.

3. Work was ongoing to understand the implications of the new British Medical Association (BMA) Terms and Conditions. Junior doctor feedback was key.
4. While the Trust had been awarded £60,000 from HEE to improve rest facilities for junior doctors, finding adequate space may be a challenge.

The following points were made in discussion:

1. There remained scope to improve engagement between junior doctors and leaders in the Trust, including the Board of Directors. The Board was supportive of working with the Medical Director, the Junior Doctors Forum and others to improve the position.

Agreed:
1. To note the Q3 2019/2020 report from the Guardian of Safe Working.

33/20 Learning from deaths report

Ashley Shaw, Medical Director, presented the report.

Noted:
1. Work was ongoing to identify reasons for the spike in deaths December 2019.
2. The Hospital Standardised Mortality Ratio (HSMR) remained stable and no specific themes had been identified.

The following points were made in discussion:

1. The Learning from Deaths Committee continued to work well. The importance of sharing learning between trusts was also noted.
2. The importance of recognising the possible future implications of COVID-19 was highlighted.
3. The Trust had low litigation figures compared to other acute trusts. The importance of open and early discussions with relatives was highlighted.

Agreed:
1. To note the report.

34/20 Board Assurance Framework (BAF) and Corporate Risk Register (CRR)

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

Noted:
1. The Trust's risk management processes had received a rating of 'significant assurance' in a recent report from internal audit.
2. Board assurance committees continued to review the BAF and CRR and formulate upcoming agendas based on the key risks.
3. A risk had been added to the CRR related to COVID-19.
4. Work was beginning to refresh the BAF for 2020/21.

Agreed:
1. The current version of the Board Assurance Framework (BAF).
2. To note the update on the Corporate Risk Register (CRR).

35/20 Policy updates

Raising Concerns Procedure

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

Agreed:
1. The revised Raising Concerns (Whistleblowing) procedure.

Conflicts of Interest Policy

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

Agreed:
1. The proposed amendment, supported by the Audit Committee, to the Conflicts of Interest policy.

36/20 Board assurance committees – Chairs' reports

Quality Committee: 4 March 2020

Received and noted: the report.

Performance Committee: 4 March 2020

Received and noted: the report.

37/20 Any other business

None raised.

38/20 Questions from members of the public

The following written questions were submitted:

1. *What contingency plans was the Trust putting in place to accommodate an unknown but potentially high quantity of seriously ill COVID-19 patients, bearing in mind the limited number of critical care and high dependency beds, life support equipment and specialist staff?*

Ashley Shaw, Medical Director, provided the following response:

The Trust had detailed plans in place to manage the current outbreak and the response was being led by the offices of the Medical Director, Chief Nurse and the Interim Chief Operating Officer. Local and national pandemic plans would be followed, recognising that there may be significant pressures on high intensity beds in the near future.

2. *Are these plans being influenced by Governmental instructions and was the Government pledging financial support?*

Ashley Shaw, Medical Director, provided the following response:

There were no financial barriers to the delivery of care in the current COVID-19 outbreak. The Trust was up to date with central information and following advice.

3. *How would the limited number of isolation pods function and were there enough?*

Ashley Shaw, Medical Director, provided the following response:

The isolation pods had a role in the assessment of patients with minimal symptoms who required swabbing, particularly while the numbers involved were low. As and when the numbers of patients increased it was likely that there would be a need to utilise other areas within the hospital to assess patients who were unwell with respiratory symptoms. The Trust had plans in place for this.

4. *Were plans in place to work with local private hospitals?*

Ashley Shaw, Medical Director, provided the following response:

Private hospitals were not currently part of the immediate COVID-19 planning. Private hospitals did not have intensive care facilities and were not typically staffed to manage acute medical emergencies.

5. *What measures were being taken to protect staff and those inpatients and outpatients who were particularly vulnerable?*

Ashley Shaw, Medical Director, provided the following response:

The Trust was reviewing patient pathways to seek to mitigate the risk of infection spread. Staff would also be provided with appropriate personal protective equipment.

6. *What are the implications for the usual functioning of the hospital?*

Ashley Shaw, Medical Director, provided the following response:

The Trust would be keeping this under constant review. The scale of the impact remained unclear but it was likely that there would be knock-on effects for the NHS more widely.

7. *As A&E was still experiencing high demand, and there were no walk-in centres in Cambridge, have any discussions been had to refer people where possible to the underused facility of Clinic 9 or open a walk-in centre, either with local GPs or the 111 service or even the CCG?*

Jon Scott, Interim Chief Operating Officer, provided the following response:

The national direction was to move away from walk-in centre and more towards treatment centres. The Trust had GP services onsite and work was underway to improve the streaming process in Clinic 9.

8. *Why are the only places that Addenbrookes refers patients for TWOC now Granta at Sawston or Ely, as both are difficult to access by public transport?*

Jon Scott, Interim Chief Operating Officer, provided the following response:

The TWOC service was managed by Cambridge and Peterborough NHS Foundation Trust. The Chief Executive agreed to discuss this further with the individual who asked the question outside of the meeting.

9. *What if any beds do Addenbrooke's have to isolate patients and provide intensive care with possible COVID-19?*

Ashley Shaw, Medical Director, provided the following response:

The Trust had a number of facilities including an infectious diseases ward and isolation ward comprising single rooms. Critical care patients would be managed on the NICU, PICU, ICU and NCCU as appropriate. In addition, some patients could be managed through cohorting of known positive patients in a single ward.

10. *What was being done to prevent the bullying and harassment of staff by the public?*

David Wherrett, Director of Workforce, provided the following response:

The Trust was concerned that the figures continued to increase, with up to 30 staff reporting being physically assaulted each month. Many more incidents were also not reported. The Trust was focusing on staff support and escalation/action processes. Upskilling staff was key and initiatives such as bodycams were currently being investigated.

39/20 Date of next meeting

The next meeting of the Board of Directors in public would be held on Wednesday 13 May 2020 at 11.00.

This meeting did not subsequently go ahead in public due to the COVID-19 pandemic.

40/20 Resolution

That representative 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).

Meeting closed: 13.40

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Board of Directors (Part 1): Action Tracker/Decision Log

Minute Ref	Action	Executive lead	Target date / date on which Board will be informed	Action Status	RAG rating
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 Assistant Trust Secretary.

Cambridge University Hospitals NHS Foundation Trust

Report to the Board of Directors: 13 May 2020

Agenda item	6
Title	Chair's Report
Sponsoring executive director	Mike More, Trust Chair
Author(s)	As above
Purpose	To receive and note the contents of the 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:

- The Trust's COVID-19 response
- Diary Events
- Senior changes

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

Action required by the Board of Directors

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

Cambridge University Hospitals NHS Foundation Trust

13 May 2020

Board of Directors
Chair's Report
Mike More

1. Introduction

1.1 In my last Board report in March 2020, I started by talking about the early acute presentation of the Covid-19 virus as it affected the UK. This was before the UK lockdown and it would not be an exaggeration to say it seems like another era. None of us have experienced anything like this before. None of us can be in any doubt about the unfolding scale of the effects, nor can anyone believe that we are any way clearer about when and how the pandemic will end. There remain many uncertainties.

2. Update

2.1 I want to begin by paying tribute to all within the hospital for their extraordinary skill and expertise, their care and compassion, their dedication and adherence to our mission and their mutual support to each other which has been so evident to me over the last few weeks. The response speaks absolutely to our values of 'Together - Safe, Kind and Excellent'. As a Board, we will wish to thank our senior leaders for their conduct and stewardship of the hospital through this very challenging period - their leadership has been exemplary - but also will wish to thank everyone who has gone beyond what is stated in the job description. I could think of countless examples, be it the procurement team for their phenomenal efforts in supplying PPE, be it the occupational health team in supporting teams through their personal health worries, be it the estates and portering staff for their work in supporting the cohorting of the hospital or their moving of patients in their period of anxiety, be it the chaplaincy team for their counselling and support to everyone across the hospital. And, of course, as we all know those patient-facing colleagues, many of whom have faced the most challenging personal time of their career. This is an incomplete list and there will be time in the future properly to reflect our thanks but it is only right that as a Board we should say "Thank You" now to all.

2.2 What makes a viral pandemic especially difficult is the sense of personal risk which has gone with the ongoing delivery of healthcare. There have been many personal, collective and institutional anxieties which have gone along with the progress of the disease. This is manifest in the protocols and procedures for PPE and we have seen spikes and deterioration in the anxiety levels of colleagues, as we negotiate the varying pattern of supply and PHE guidance. This is manifest in the examples of colleagues who are self-isolating from their families *in order to* continue their work here. This is manifest in the colleagues from across the world who are worried about their loved ones in other countries. It is manifest in the very difficult decisions and conversations with regard to the impact on patients, including those non-Covid patients who are seeing delays in their treatment. As I write, we are giving a lot of attention as to how over coming months we secure the appropriate balance between all patients who can look only to Addenbrooke's and the Rosie for their care.

2.3 What adds, also, to the complexity in a global pandemic is the way it impacts on all aspects of health and social care and also to personal responsibility for health. It is good to see the way in which hospital healthcare is being rightly valued across the country, but also good to see how there is increased recognition and value placed on community based care and for carers in care homes and other settings. Hospital provision is one element of an overall system of health care and, it is to be hoped, that one outcome of the pandemic is a parity of esteem across the whole system.

2.4 The system has worked well. Clinical leaders across the system and at all levels have taken decisions. Social care has worked well with hospitals. New approaches to pathways have quickly been developed. Discharges of patients have been worked through together and speeded up. Relationships have been created or deepened. Co-operation with the independent sector has been an important aspect of our strategy and we are grateful to them. Similarly, the support by the community, by Addenbrooke's Charitable Trust and by the University of Cambridge and businesses across the city has been much appreciated. Innovation and transformation has been evident, for example, in the way in which outpatient activity is supported and the use of digital consultation. An important task over coming weeks and months will be to sustain such positive developments. We will work hard to use the goodwill generated for health and social care. We will hopefully be able to reinvigorate the increased understanding of the role for personal responsibility for one's health.

2.5 Equally, there will be difficult and worrying consequences. No one underestimates the acute levels of stress and anxiety being created either by the disease itself or by the economic uncertainties created by the lockdown. We must expect to have to deal with the consequences in many ways and for a long time.

2.6 It is also worth recording the role of the Board throughout this period.

2.7 Two of the core roles of a Board are to seek assurance from the executive team and to set overall strategy. In normal times, it is customary to obtain assurance by examining the rationale for proposals or the data for operational performance, satisfying oneself through questioning and triangulation of the data that the alternative options are being evaluated or that the executive is on top of the performance issues. It involves being satisfied that the appropriate management mechanisms are in place. This is done by studying papers and reconciling that to other sources of information, inside and outside the hospital.

2.8 This, though, cannot be done in the current climate in the normal way. The governance arrangements have been changed with the introduction of gold, silver and bronze levels for decision-making in a major critical incident. But, as importantly in this pandemic, the Management Executive have taken an important strategic oversight role to ensure the right prominence of clinical leadership to the incident and to provide the support and focus for the wider themes such as modelling of the virus, adequacy of supplies of PPE, the balance of Covid and non-Covid, etc. These are as described in the Chief Executive's report. I have taken part in these Management Executive meetings and fed back my impressions to the Board on a regular basis, so that they are familiar with the kinds of issues which the hospital has been dealing with. Major decisions have been delegated to the Management Executive but with a good level of engagement with the Board, with the takings of soundings at regular intervals, and formal Board meetings (remotely) when big, longer-term

decisions/judgments have been necessary. Individual committee chairs and executive leads have been in regular informal contact and this has informed the agendas and the discussion in Board sub-committees, which have met (remotely) through this period.

2.9 The Board will continue to adapt its approach over the coming weeks and will also actively be involved in developing the adapted CUH Strategy, which cannot remain unaffected by the pandemic. It is, though, very heartening, that the Trust has been able to continue to work on big strategic projects and that, as a result, we have secured funding for both the Children's Hospital and the Addenbrooke's 3 projects to be taken to their next stages.

3. Diary

3.1 My diary has had an unusual complexion through the last few weeks. Regular items have included attendance at Management Executive, 1:1s with the Chief Executive, briefing and discussion sessions with the Council of Governors, briefings of Council Leaders and MPs, weekly discussions with fellow Trust and CCG Chairs and councillors in the Cambridgeshire and Peterborough STP, regular catch-ups with peer STP chairs across the country. We have also had a formal STP Board meeting. In addition, I have had a number of conversations informally within the hospital with clinical and support staff.

4. Senior changes

4.1 Paul Scott, Chief Finance Officer, has been successfully appointed as Chief Executive of Essex Partnership University NHS Foundation Trust (EPUT). Paul's departure date is currently being finalised. I wish to thank Paul, on behalf of the Board, for his leadership, hard work and dedication to CUH and the wider STP. I know I can speak for all of us when I say we are incredibly grateful for Paul's significant contribution to the improved financial sustainability for both the Trust and healthcare system. The recruitment process for Paul's replacement is underway.

4.2 I am delighted to let you know that Claire Stoneham has been appointed as Director of Strategy and Major Projects, succeeding Nicola Ayton who took up the role of Chief Operating Officer in April. Many of you may know Claire from her current role as Executive Programme Director of the Cambridge and Peterborough STP. Claire will retain Director Accountability for the STP until a replacement Programme Director is in post. We look forward to Claire joining us on 1 June 2020.

4.3 I would like to reiterate my thanks again to Tim Glenn and Jon Scott for all they have done in their roles at CUH. We wish Tim all the best as he starts his role as Chief Finance Officer at Royal Papworth Hospital and wish Jon well in his future roles.

5. Recommendations

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

Cambridge University Hospitals NHS Foundation Trust

Cambridge University Hospitals NHS Foundation Trust

Report to the Board of Directors: 13 May 2020

Agenda item	7.1
Title	Integrated Report
Sponsoring executive director	Chief Operating Officer, Chief Nurse, Medical Director, Director of Workforce, Chief Finance Officer
Author(s)	As above
Purpose	To update the Trust Board on performance during March 2020.
Previously considered by	Performance Committee, 6 May 2020

Executive Summary

The Integrated Report provides details of performance to the end of March 2020 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 12.
Related Assurance Framework Entries	BAF ref: 001, 002, 004, 010
Legal implications/Regulatory requirements	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Board of Directors

The Board is asked to note the Integrated Report for March 2020.










Cambridge University Hospitals NHS Foundation Trust

Integrated Report

Quality, Performance, Finance and Workforce to end March 2020

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

PLEASE NOTE: Due to work on the COVID-19 response, it has not been possible to produce a fully updated Integrated Report this month. Some data and explanatory text are missing or incomplete and it has not been possible to undertake normal validation and checking processes

Report compiled: 30/04/2020

Key

NHS Cambridge University Hospitals NHS Foundation Trust

Overall reporting

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 acheieve and fail at random

Owner(s): Jon Scott, Paul Scott, Ashley Shaw, Lorraine Szeremeta, David Wherrett

Quality Account Measures

NHS Cambridge University Hospitals NHS Foundation Trust

2019/20 Performance Framework

2019/20 Quality Account Measures

Domain	Indicator	Data to	Target	Jan 20 Previous Month-1	Feb 20 Previous Month	Mar 20 Current status	Trend	FYtD	Baseline	LTM
Safe	After Action Review (AAR) first wave of trainers complete training	Mar-20	95%	100%	100%	100.0%	⇔	83%	0.0%	83%
	≥90% of II reports (submitted in March 2020) meet the required II quality standard (≥80%)	Mar-20	90%	84.6%	50.0%	100.0%	⇧	58%	TBC	58%
	≥90% of audits of NEWS Escalation Compliance Protocol (undertaken in March 2020) meet the required quality standard (≥90%)	Mar-20	90%	18.8%	14.3%	N/A	⇧	26%	TBC	26%
	Due to the COVID-19 pandemic improvement workstreams were suspended to support operational delivery of services. Therefore no further data will be supplied until the sepsis improvement work stream restarts later in the year.									
Effective / Responsive	Patients that remain in an acute Trust bed for 21 days or more	Mar-20	139	196	202	151	⇧	171	186	171
	Occupancy rate at midnight	Mar-20	92%	93.3%	91.4%	73.1%	⇩	90.9%	93.3%	90.9%
	Accuracy of Clinically Fit Dates (CFDs) This excludes DTOC patients	Mar-20	40%	36.0%	40.0%	38.5%	⇩	35.2%	31.2%	35.2%
	% of early discharges	Mar-20	20%	15.9%	15.8%	15.3%	⇩	14.6%	12.3%	14.6%
Patient Experience / Caring	Establish a formal process of recording actions developed and agreed from complaints investigations using the 'action module' on QSIS (Datix) for all complaints graded 4 and above.		80%	-	-	-	▪	-	0.0%	-
	The programme of work to develop recording of actions had commenced in January 2020, and was ready to implement in March 2020; however, due to COVID-19 pandemic the complaints improvement work was stopped in order to support the development of the PALS helpline. This work will be recommenced later this year.									
	All doctors (ST3) have received training in undertaking the ReSPECT – Training defined as mandatory aligned to the current resuscitation training		90%	70.6%	-	-	▪	68.1%	0.0%	68.1%
	Session with CNS (defined as DOT training package)			0	96	-	▪	176	0	176
				Jan 20	Feb 20	Mar 20				
	Total complaints responded to within initial set timeframe or by agreed extension date	Mar-20	87%	97.9%	95.7%	95.2%	⇩	83.1%	80.0%	83.1%
				Jan 20	Feb 20	Mar 20				
Staff Experience / Well-led	Nursing and Midwifery vacancy rate for band 5 nurses	Mar-20	6.6%	4.5%	4.8%	6.4%	⇩	5.9%	6.5%	5.9%
				2016	2017	2018				
	I feel secure about raising concerns re unsafe clinical practice within the organisation.		76.0%	75.0%	73.0%	74.0%	⇧		74.0%	
	People saying ' my appraisal helped me to improve how I do my job'		28.0%	22.0%	24.0%	26.0%	⇧		26.0%	

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

2019/20 Performance Framework

2019/20 Performance Framework - Quality Indicators				Jan 20	Feb 20	Mar 20				
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)	Mar-20	0	1	0	1	⇩	3	6	3
	E.Coli Bacteraemias (Total Cases)	Mar-20	50%over 3 years	35	25	34	⇩	406	421	406
	C. difficile Infection (hospital onset and COHA* avoidable)	Mar-20	95	10	7	8	⇩	106	N/A	N/A
	Hand Hygiene Compliance	Mar-20	TBC	97.49%	96.96%	97.70%	⇧	96.4%	97.0%	96.4%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Feb-20	100%	10.0%	33.3%	N/A	⇧	37.5%	53.3%	37.5%
	% of relevant NICE recommendations recorded as met in the returned baseline assessment. ('last month')	Feb-20	85%	0.0%	0.0%	-	▪	81.5%	88.0%	81.5%
	% of NICE quality standards where the gap analysis was returned in line with the NICE policy. ('last month')	Feb-20	100%	N/A	0.0%	N/A	⇧	28.6%	62.5%	28.6%
	% of data submitted to national clinical audits (rolling YTD) Target is 100% at FYR end	Feb-20	100%	N/A	N/A	N/A	⇔	-	99.2%	-
	% of national clinical audits with an action plan in place at 12 weeks post publication (last month)	Feb-20	100%	10.5%	29.4%	N/A	⇧	20.4%	76.0%	20.4%
	% of national clinical audits with completed recommendations (last month)	Feb-20	100%	42.9%	85.7%	N/A	⇧	76.3%	31.8%	76.3%
	% of external reviews where action plan was either overdue or no date for completion was provided	Feb-20	10%	75.0%	75.0%	N/A	⇧	35.6%	43.2%	35.6%
Nursing Quality Metrics	Blood Administration Patient Scanning	Mar-20	90%	99.4%	99.7%	99.2%	⇩	99.4%	99.0%	99.4%
	Care Plan Notes	Mar-20	90%	95.0%	95.6%	96.3%	⇧	95.2%	84.4%	95.2%
	Care Plan Presence	Mar-20	90%	97.9%	98.7%	98.9%	⇧	98.2%	90.0%	98.2%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Mar-20	90%	75.6%	79.3%	77.4%	⇩	76.4%	69.9%	76.4%
	Nurse Rounding	Mar-20	90%	99.7%	99.8%	99.7%	⇩	99.7%	99.7%	99.7%
	Nutrition Screening	Mar-20	90%	76.7%	83.3%	78.8%	⇩	80.1%	75.6%	80.1%
	Pain Score	Mar-20	90%	88.1%	88.3%	88.4%	⇧	87.9%	82.3%	87.9%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Mar-20	90%	75.7%	70.7%	72.6%	⇧	94.8%	96.5%	94.8%
	PEWS Score Recording	Mar-20	90%	97.7%	97.1%	97.0%	⇩	97.7%	98.2%	97.7%
	NEWS Score Recording	Mar-20	90%	96.8%	97.3%	96.7%	⇩	96.7%	95.6%	96.7%
	VIP									
	VIP Score Recording (1 per day)	Mar-20	90%	93.7%	93.4%	93.1%	⇩	93.3%	90.1%	93.3%
	PIP Score Recording (1 per day)	Mar-20	90%	78.9%	86.2%	90.6%	⇧	87.7%	88.7%	87.7%
Patient Experience	Mixed sex accommodation breaches	Feb-20	0	7	1	-	▪	16	18	16
	Number of overdue complaints	Feb-20	0	1	2	-	▪	107	65	107
	Re-opened complaints (non PHSO)	Feb-20	N/A	6	5	-	▪	91	105	91
	Re-opened complaints (PHSO)	Feb-20	N/A	2	1	-	▪	4	2	4
				Dec 19	Jan 20	Feb 20				
	Number of medium/high level complaints	Feb-20	N/A	12	13	21	⇩	178		178

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

2019/20 Performance Framework

Domain	Indicator	Data range	Target	Current month	Mean	Variance	Special causes	Target status	Comments
RTT	RTT total waiting <18 weeks	Apr 2017 - Jan 2020	**92.0%**	**85.0%**	90.0%	L	SP	F	Operational patient flow pressures, exacerbated by significant infection control restrictions have impacted on the Trusts ability to maintain high levels of elective care.
	Patients waiting >52 weeks	Jan-20	**0**	**3**	2.7		-	?	Two breached patients were referred to CUH after 52 weeks, one is due to an administrative error.
Diagnostics	waits >6 weeks	Aug 2017 - Jan 2020	**0.01**	**0.6%**	2.6%	L	S7	?	Variation is positive, the process is consistently delivering results below the baseline mean. The target falls within the control limits of this process
Timely Discharge	Stranded patients >7 days	Jul 2018 - Jan 2020	**TBC**	**534**	493		-	-	All data is currently within expected normal variation. No target currently set for this measure.
	Pre 12pm Discharges	Aug 2017 - Jan 2020	**30%**	**15.0%**	14.0%		-	F	Variation is normal remaining consistently within expected limits. Divisions have set out actions to improve performance to 30%. So fat, statistically, our upper achievement limit is 15.3%.
Surgical Productivity	Session usage (excluding Rosie)	Jun 2018 - Jan 2020	TBC	**93.6%**	85.2%	H	S7	-	Last 9 data points all above the mean
Outpatient Productivity	Overdue follow-ups	Oct 2017 - Jan 2020	TBC	**22198**	19715	H	S7	-	Special cause variation triggered as the last 12 months have above the mean number of overdue follow ups. The last 4 points were all above the upper control limit
Stroke	>90% of time on stroke unit	Sep 2017 - Jan 2020	80	**81.3%**	77.2%	H	S7	?	Variation is positive, the process is consistently delivering results below the baseline mean. The target falls within the control limits of this process
ED	12hr trolley waits	January 2020	0	**47**	1.3	H	SP	?	Significant bed closures due to Infection Control outbreaks have increased exit block from ED.
Utilisation of Resouces	DNA rate	Sep 2017 - Jan 2020	TBC	**4.0%**	4.4%		-	-	All data is currently within expected normal variation. We remain one of the best performers nationally for this metric.
	30 day readmissions	Sep 2017 - Jan 2020	TBC	**7.2%**	12.5%			-	All data is currently within expected normal variation. No target currently set for this measure.
	Elective Los (days)	Dec 2018 - Dec 2019	-	**3.8**	3.5		-	-	Variation is normal remaining consistently within expected limits.
	Non-Elective Los (days - incl DTOC)		-	**6.1**	5.8		-	-	Variation is normal remaining consistently within expected limits.
Cancer	62 Day from Urgent Referral	April 2017 - Jan 2020	85.0%	**85.5%**	81%	H	S7	?	Variation is normal remaining consistently within expected limits.
	Patients over 104 days (with or without DTT)	w/e 28/10/18 - 29/12/19	TBC	**19**	14	H	S7	-	Special cause variation triggered as 14 points (weeks) have continuously been above the mean.

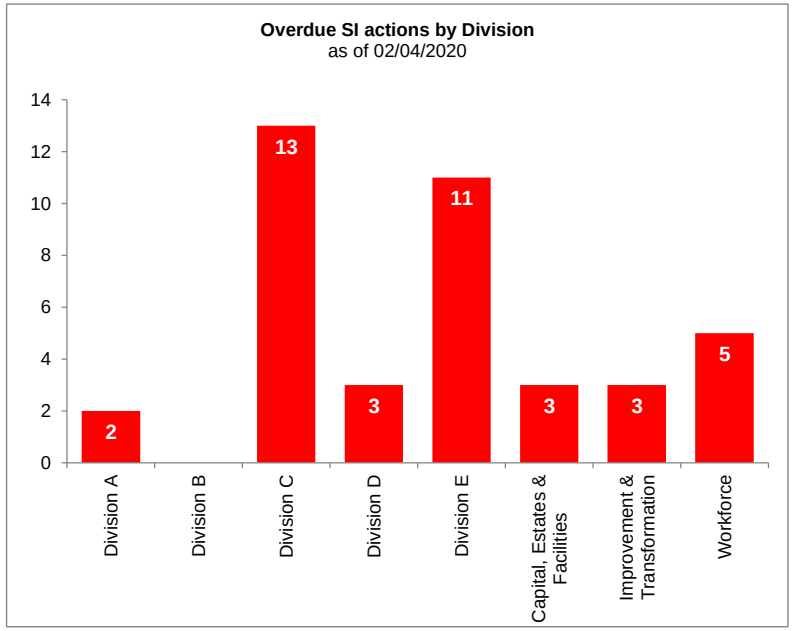
Serious Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Jun 17 - Mar 20	month	-	1125	1375		-	-	There is currently normal variance in the number of incidents affecting patients.
Percentage of moderate and above patient safety incidents	Jan 19 - Mar 20	month	2%	2.0%	1.1%	H	SP	P	The mean was recalculated from January 2019 as a result of a sustained change in the HAPU II process. Statistically, there was a significant increase in the % of moderate harm and above patient safety incidents in March 2020 (single point). We should still continue to reliably fall below our target of ≤2%.
All Serious Incidents	Jun 17 - Mar 20	month	-	3	6		-	-	There is currently normal variance in the number of serious incidents commissioned with the CCG. In March 2020 there were 3 serious incidents commissioned, details of which can be found in the table detailing the STEIS sub-categories below.
Serious Incidents submitted to CCG within 60 working days	Jun 17 - Mar 20	month	100%	0%	51%	L	S7	?	There has been a statistically significant decrease (shift) in the number of SIs being submitted to the CCG within 60 working days in the last 13 months (March 2019 – March 2020) and our current system will not reliably hit our target of submitting 100% of SI reports to the CCG within 60 working days.

Ref	STEIS SI Sub-category	Actual Impact	Div.	Ward / Dept.
SLR86078	Surgical/invasive incident	Death	B	IR2 Suite Level 2
SLR88638	Treatment delay	Moderate	D	Clinic 14
SLR88879	Diagnostic incident	Death	E	Ward C2



Executive Summary

A total of 1,125 patient safety incidents (SLR) occurred in March 2020.

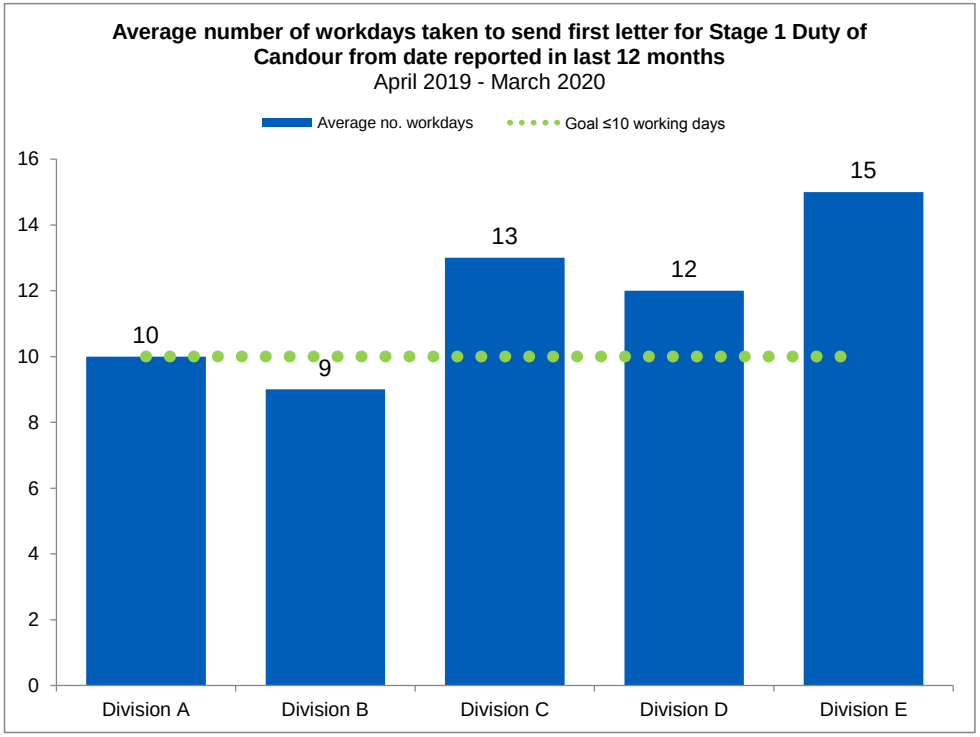
The actual impact was graded as; 87.8% (988) were graded as no harm, 10.2% (115) as low harm, 1.6% (18) as moderate harm, 0.3% (3) major harm, 0.1% (1) graded as death

Duty of Candour

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Apr 17 - Mar 20	month	100%	33%	61%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Apr 17 - Mar 20	month	100%	63%	62%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 67% for all confirmed cases of moderate harm or above in March 2020. 33% of DOC Stage 1 were completed within 10 working days in March 2020. The average number of days taken to send a first letter for stage 1 DOC in March 2020 was 8 working days.

Trust wide stage 2** DOC is compliant at 88% for all completed investigations into moderate or above harm in March 2020 and on average, 63% of DOC Stage 2 were completed within 10 working days.

During the COVID-19 period and the new incident investigation commissioning process, the statutory principles of DOC remain unchanged. All incidents of moderate harm and above will have DOC undertaken. Revised DOC template letters have been created to support this process.

Indicator definitions

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

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

Recovery of position

It is recognised that the operational pressures placed upon the Trust during the COVID-19 pandemic has led to adeterioration in the Trust's internal compliance target. This is being recovered by requesting that staff unable to work clinically lead on DoC within Divisions to ensure compliance.

Falls

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	Apr 17 - Mar 20	month	-	136	140		-	-	There were a total of 136 falls (inpatient, outpatient and day case) in March 2020.
Inpatient falls per 1000 bed days	Apr 17 - Mar 20	month	-	4.84	4.04		-	-	There were 131 inpatient falls in March 2020.
Moderate and above inpatient falls per 1000 bed days	Apr 17 - Mar 20	month	-	0.04	0.07		-	-	There was 1 inpatient fall categorised as moderate harm and above in March 2020.
Falls risk assessment compliance within 12 hours of admission	Apr 17 - Mar 20	month	90%	87%	81%		-		The system may achieve or fail the target subject to random variation.
5% reduction threshold of inpatient falls per 1000 bed days by March 2020	Apr 19 - Mar 20	month	3.60	4.84	4.22	-	-		We failed to meet the target of ≤3.60. There was a 11% increase of inpatient falls per 1000 bed days between April 2019 – March 2020 with a rate of 4.22 compared to the average rate of inpatient falls per 1000 bed days between April 2018 – March 2019 which was 3.79

Executive Summary

Quarter 4 of the Falls CQUIN: the Trust achieved a compliance rate of 82%, for completing lying and standing blood pressures; the target for Q4 was 80%.

Inpatient falls per 1000 bed days at the time of reporting; the number has remained within normal variance for the last 36 months.

The trial of new falls alarms on G3 and G4 received positive feedback. The next phase of the pilot has been postponed until further notice.

In the last 12 months, 40% (648/1620) of inpatient falls occurred where it was documented that the level of mobility was linked to support with assistant/supervision. Further work is underway to ascertain what % of these patients did not receive the assistance required at the time of the fall.

The system failed the target of 5% reduction in inpatient falls per 1000 beddays. There has been an 11% increase of inpatient falls between April 2019 – March 2020 compared to last year.The average rate of inpatient falls per 1000 bed days between April 2018 – March 2019 was 3.79 compared to 4.22 between April 2019 – March 2020.
The top 12 wards that did not meet the KPI of a 5% reduction by the largest margin, were audited in February to help identify any gaps in care to support development of clear actions to drive improvement. These wards were due to be re-audited in April, however currently on hold. Further work is underway to strengthen the educational and training resources to support ward staff in following best practice in terms of falls prevention.

We have begun to see a reduction of falls in April of 43% compared to March 1st – 13th (55 in March and 31 in April). This would be appear to be in line with the number of empty beds however the rate of falls is calculated per 1000 bed days and we will not be able to look at the impact until the data on bed days is available at the end of the month. There have been no new themes noted in the context of COVID-19 patients. This is being actively monitored.

Pressure Ulcers

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All HAPUs by date of occurrence	Apr 17 - Mar 20	month	-	16	18		-	-	
Category 1 HAPUs by date of occurrence	Apr 17 - Mar 20	month	-	6	8		-	-	
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Apr 17 - Mar 20	month	-	4	9		-	-	
Pressure Ulcer screening risk assessment compliance	Apr 17 - Mar 20	month	90%	82%	76%		SP		Although there has been a statistically significant increase in the PU screening risk assessment compliance in the last 16 months (shift), the system is expected to consistently fail the target. Statistically, the upper control limit is 80%.
25% reduction threshold of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2020	Apr 19 - Mar 20	month	9	4	6	-	-		We met our target of a 25% reduction threshold (≤9 HAPUs per month) in 2019/20. There was a 52% decrease of HAPUs (excluding Category 1) compared to the previous financial year 2018/19.

Executive Summary

There is normal variation in the incidence of all categories of HAPUs (including device related). Medical device related pressure ulcers are within normal variance; however, it is anticipated that there may be an increase in medical device related pressure ulcers due to the increase in use of medical devices associated with providing high risk respiratory care, for example, oxygen masks, CPAP, in the high risk respiratory areas and in critical care (proning patients) during the COVID-19 period.

A “Heels Off” awareness campaign and a pilot project started in March on DME using alternative foot protectors; this has demonstrated a reduction to zero HAPU on the ward since the pilot began. The alternative foot protector is now available to other wards and in addition, has shown to help with positioning patients in the prone position during COVID-19 within critical care. In the current situation, new national guidance to support pressure ulcer prevention in both patients and staff with PPE is being reviewed and will be introduced as soon as possible.

The Trust has not met the target of > 90% compliance with risk assessment completion within 6 hours of admission. A quality improvement plan includes the auditing of risk assessments to help identify gaps in care to support the development of clear actions to drive improvement.
Overall, a 52% decrease of HAPUs has occurred (excluding Category 1) and **the Trust has met the KPI of 25% reduction at the end of March 2020**. KPI's for 2020/2021 will be agreed at the Pressure Ulcer Steering Group / Patient Safety Group. It is anticipated that the trust will experience staff members developing pressure damage due to continuous wearning of PPE. The TVN team, Infection Control and Occupational Health are working together to ensure staff have the most current and safest advice based on evidence made available to them.

However, one unstageable pressure ulcer has been identified which has identified further improvements requiredin documentation and assessment by ward teams when performing skin checks. This is being led by the TV team, who will be undertaking an after action review with the ward team, and adding the gap analysis from this investigation into the wider improvement programe.

Sepsis

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
Sepsis Six Bundle in 1 hour - Emergency Department*	Apr 17 - Dec 19	month	95%	48%	55%		S7		Our system will not hit our target of completing the sepsis six bundle within 1 hour ≥95%. There has been a statistically significant decrease in the compliance of the bundle in the last 12 months between January 2019 - December 2019. Data is unavailable for January, February and March 2020.
Antibiotics within 1 hour - Emergency Department*	Apr 17 - Dec 19	month	95%	76%	73%		-		Our system will not reliably hit our target of completing the sepsis six bundle within 1 hour ≥95%. Data is unavailable for January, February and March 2020.
Sepsis Six Bundle in 1 hour - Inpatient wards**	Apr 19 - Dec 19	quarter	95%	52%	60%		-	-	Medical Director's office agreed data to be changed from monthly to quarterly as of April 2019. The average compliance for Sepsis Six Bundle within 1 hour achieved between April 2018 - March 2019 was 53%. Data is unavailable for quarter 4.
Antibiotics within 1 hour - Inpatient wards**	Apr 19 - Dec 19	quarter	95%	96%	88%		-	-	Medical Director's office agreed data to be changed from monthly to quarterly as of April 2019. The average compliance for Antibiotics within 1 hour achieved between April 2018 - March 2019 was 89%. Data is unavailable for quarter 4.
Contractual definition data									
Antibiotics within 1 hour as per contract agreement - Emergency Department***	Apr 19 - Sep 19	quarter	95%	100%	98%		-	-	This is quarterly data for the contract agreement which began in April 2019 – this is not the Trust's internal data. Quarter 3 and quarter 4 data is unavailable.
Antibiotics within 1 hour as per contract agreement - Inpatient wards***	Apr 19 - Dec 19	quarter	95%	100%	97%		-	-	This is quarterly data for the contract agreement which began in April 2019 – this is not the Trust's internal data. Quarter 4 data is unavailable.

Executive Summary

Up to date data is not available for a variety of metrics to assess the reliability of care in relation to Sepsis patients. However, no Serious Incidents have been declared in relation to this theme. For the period until December 2019, there was a statistically significant decreased compliance with the Sepsis Six bundle in the ED. The QI plan in relation to Sepsis has been placed into 'hibernation' for the period of COVID-19 due to reassignment of staff and resource. However, for those upskilling/refreshing in preparation for working in ED, there is Simulation Based Education on Sepsis, the deteriorating patient and appropriate escalation.

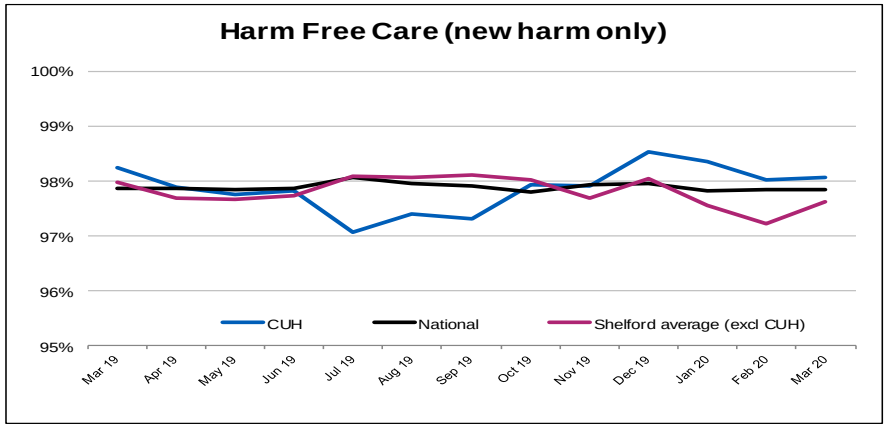
Indicator definitions

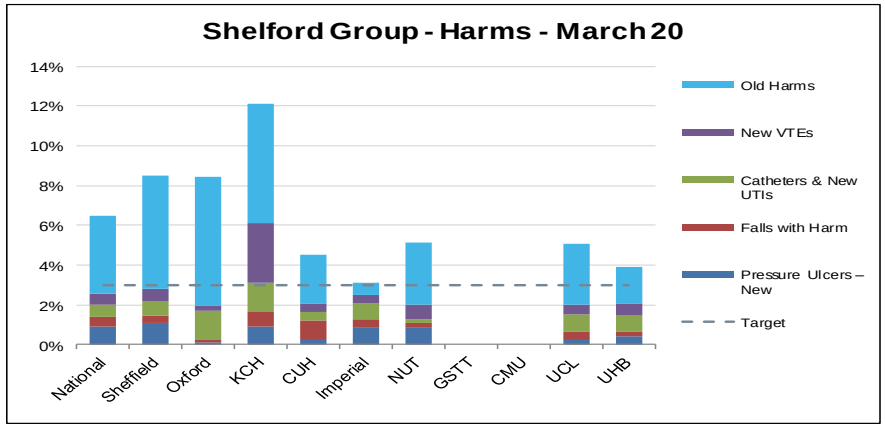
* Time taken from attendance in ED
** Time taken from when a patient triggers Sepsis
***Time taken from when a clinician diagnoses sepsis

Safety Thermometer

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality





Update April 2020. The Safety Thermometer Audit is no longer running.

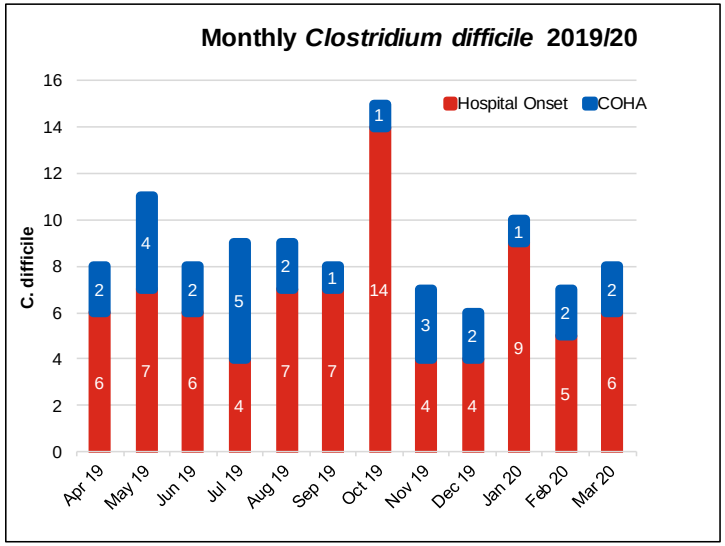
The Safety Thermometer, launched in 2010, was one of the largest and longest-lasting data collection exercises in NHS history. It had a powerful impact in its early years. But more recent evaluations, research and feedback have shown that the data was incomplete, and it was no longer able to support improvement in the intended way. Because of this, new data sources were explored that could take the burden of data collection away from clinical staff and support new improvement initiatives. Ending the Safety Thermometer were publicly consulted on in 2019/20 as part of proposed changes to the NHS Standard Contract. The response supported ending the national collection of Safety Thermometer data from April 2020, and using alternative data sources to continue improving pressure ulcer prevention, falls prevention, VTE prevention and prevention of healthcare-associated infection.
All data collection for the 'classic' Safety Thermometer and the 'next generation' Safety Thermometers will therefore stop after March 2020. Plans for nationally-produced replacement data to support improvement drawn from routinely collected sources will be provided or signposted on the NHS England and NHS Improvement Patient Safety Measurement Unit webpage as soon as possible.

Therefore, this will be the last Patient Safety Thermometer to be reported within the Integrated Performance Report, and thanks go to all inpatient teams who have contributed to this data collection and patient safety exercise over the past years.

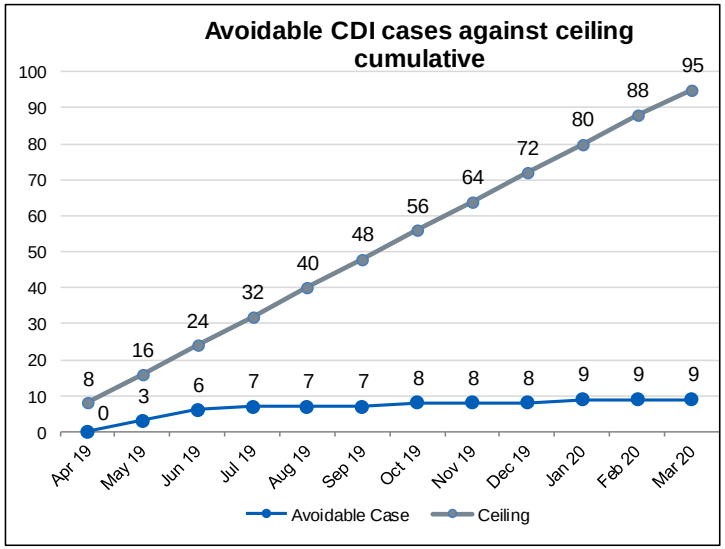
Infection Control

NHS Cambridge University Hospitals NHS Foundation Trust

Infection Control



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



CUH trend analysis

MRSA bacteraemia ceiling for 2019/20 is zero avoidable hospital acquired cases.
1 case of hospital onset MRSA bacteraemia in March 2020.
3 cases of hospital onset MRSA bacteraemia in 2019/20 (1 unavoidable, 1 avoidable and 1 pending).
C. difficile ceiling for 2019/20 is no more than 95 hospital onset and COHA* avoidable cases. The Trust is now required to report and review both of these categories.
10 cases for March 2020 (8 hospital onset and 2 COHA). All cases are pending.
108 cases (81 hospital onset and 27 COHA) in 2019/20. 88 cases unavoidable, 9 cases avoidable and 11 cases pending.

MRSA and C difficile key performance indicators

Compliance with the MRSA care bundle (decolonisation) was 85.7% in March 2020 (99.0% in February).
The latest MRSA bacteraemia rate comparative data (12 months to February 2020) put the Trust 4th out of 10 in the Shelford Group of teaching hospitals.
Compliance with the *C. difficile* care bundle was not available in March 2020 (100% in February).
The latest *C. difficile* rate comparative data (12 months to February 2020) put the Trust 10th out of 10 in the Shelford Group of teaching hospitals.

Infection Control

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Infection Control

Hygiene Code

The infection prevention & control code of practice of the Health & Social Care Act 2008

Criterion 1 Have systems to manage and monitor the prevention and control of infection.

Criterion 2 Provide and maintain a clean environment

Criterion 3 Ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance

Criterion 4 Provide accurate information on infections to service users and their visitors in a timely fashion

Criterion 5 Ensure that people with an infection are identified promptly and receive appropriate treatment to reduce the risk of transmission

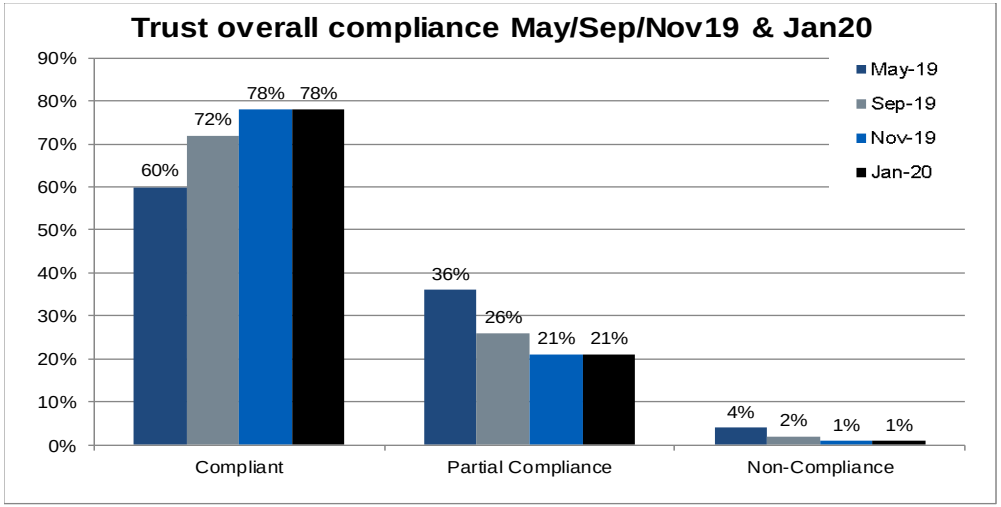
Criterion 6 Ensure that all are fully involved in the process of preventing and controlling infection.

Criterion 7 Provide adequate isolation facilities

Criterion 8 Access to adequate laboratory support

Criterion 9 Have and adhere to infection prevention & control policies

Criterion 10 Ensure that staff are free of and protected from exposure to infections that can be caught at work and that they are educated in the prevention and control of infection associated with the provision of health and social care.



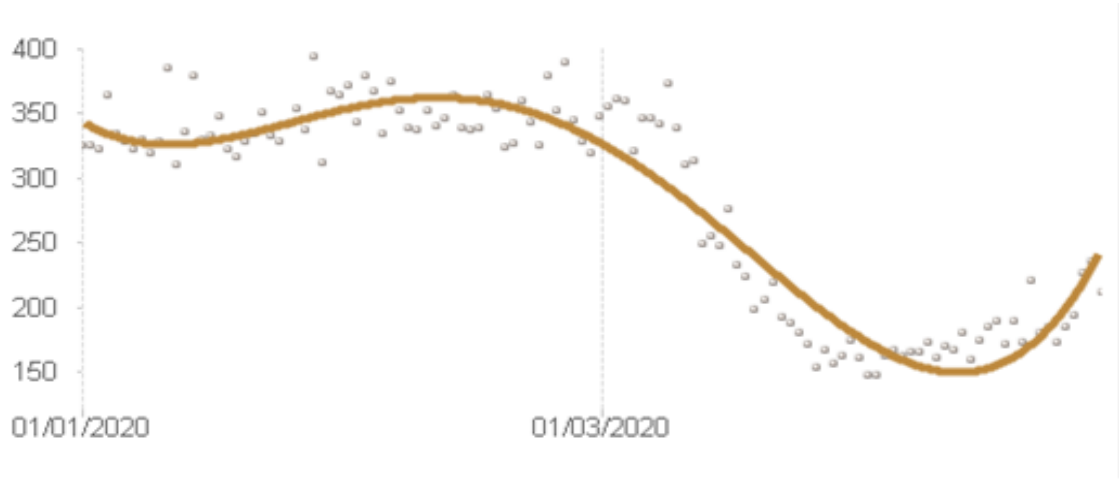
Concerns and actions

As demonstrated in the chart above compliance remains unchanged. The key areas of partial or non-compliance for each criterion are:
Criterion 1 and 2 governance reporting issues, poor condition of estate impacting on cleaning, need to increase knowledge and practice regarding cleaning and tagging of equipment. Ward/environmental visits walkabouts will continue to monitor and address these issues.
Criterion 3 strategy document due for review.
Criterion 4 antimicrobial teaching and dissemination of local data.
Criterion 5 and 8 full compliance.
Criterion 6 need assurance regarding infection control competences.
Criterion 7 lack of adequate isolation facilities.
Criterion 9 non-compliance due to some aspects of infection control not currently covered in specific policies.
Criterion 10 gaps in availability of immunisation records and screening of new starters

Emergency Department

NHS Cambridge University Hospitals NHS Foundation Trust

National Targets



Emergency Department attendances in March 2020
Attendances to the CUH Emergency Department decreased from 10,996 in March 2019 to 7,906 in March 2020. This has led to a daily attendances drop from 353 (March 2019) to 2535(March 2020). Attendance levels have been impacted by the on-going pandemic. The graph below shows that the decline began shortly after the lockdown in Italy and a new, lower baseline was reached just after the UK lockdown

There were 15 patients with a length of stay over 12 hours in March 2020 and no patients breached the 12 hour decision to admit.

COVID19- Emergency Department plans
Over the course of the last six weeks the Emergency Department has carried out the following to address the additional pressures caused by the on-going pandemic:
- Moved the ED paediatrics department to the Clinical Decisions Unit (EAU2) to separate this area from the adult area and create more adult capacity within the ED.
- Moved the minors area within ED to the Urgent Treatment Centre to create further adult capacity in the ED.
- Worked with Acute Medicine to create a pathway to Ward N2 (Respiratory Assessment Unit) for ambulance crews and GP referrals to receive suspected COVID patients directly.
- Created red and green zones within the ED to separate those patients with COVID-related symptoms and those without.
- Placed a senior doctor at the front door of the Emergency Department to stream patients to the appropriate area in ED.
- Created a front door ambulance bay, with safe routes for traffic and pedestrians.
- Rearranged the junior doctors' and consultants' rotas to match the new level of demand and create a safe level of staffing.

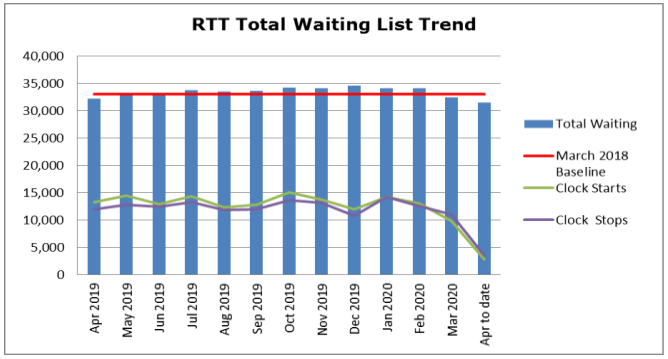
Emergency Department attendances in April 2020 and current response to COVID
Attendances to the CUH ED between 1-20th April were 3,416, which equates to 171 patients per day. This compares to 6,846 attendances (daily average of 342) by the same point in April 2019. Since the start of April attendances have started to increase. This is a combination of a fairly static level of patients with COVID-related symptoms (fever, respiratory problems) and a growing number of non-COVID patients:

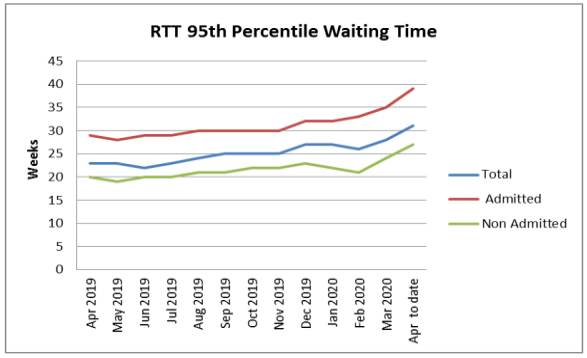
From early analysis of this data we identified that:
- Self-referrals have decreased the most significantly of all referral sources, accounting for 25.2% of the total reduction
- Despite the significant fall in attendances, the conversion rate has increased slightly during April, to 31.3%
- There has been a slight increase in mid-range acuity of patients arriving and a fall in patients with lower NEWS2 scores.

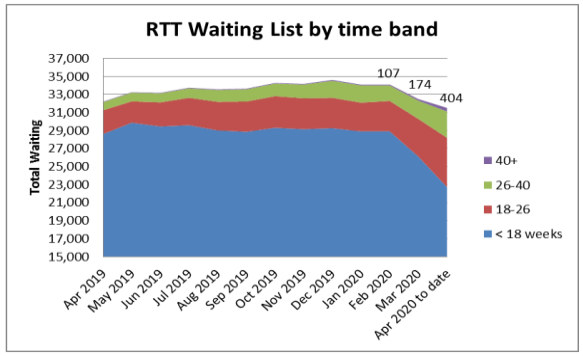
Further analysis of this data will be undertaken to model how we expect emergency demand to change over the next few weeks and months. As part of this analysis we will examine whether patients have 'stayed away' from ED inappropriately.

RTT

National Targets







Comments

The Trust had been expecting to end the year 2019/20 with an RTT Total Waiting List size that was ~1000 above the March 2018 baseline.
On 17th March Sir Simon Stevens wrote to Trusts and CCG Accountable officers outlining the next steps on the NHS response to COVID-19. This included the postponement of non-urgent elective operations for a period of at least three months. The Cambridge and Peterborough Health System Gold decided the same day that all non-essential elective and planned activity should start to be reduced. On 18th March CUH enacted the request from Health Gold to postpone all non-essential outpatient appointments and planned procedures and operations until further notice, starting on 20 March 2020. As per the latest Government advice, this approach was taken to limit non-essential face to face contact, and to ensure that the Health System had all of the available inpatient and critical care resources ready to support COVID-19 patients and others with urgent needs. At the same time GPs were advised by the CCG not to refer Routine referrals to Acute Providers. Urgent referral routes remained open and GPs needing advice on a potential referral were directed to use Advice and Guidance requests on E-RS to obtain Consultant expertise.
The Health System response to COVID-19 has changed the direction of the waiting list over the last month. The number of patients joining the RTT waiting list (clock starts) normally averages 40% of the entire list size on a monthly basis. With the reduction in referrals due to COVID-19, this volume dropped by 25% in March leading to a reduction in the overall waiting list of 1,616. The year ended 510 below the March 2018 baseline. Referrals in April to date have been running at a third of the previous volume leading to a further reduction in waiting list size.
Activity in the Trust is also reduced due to the restriction on non-essential activity. The consequence is that those patients who were already on a pathway awaiting treatment are now waiting longer. In total the 95th percentile waiting time has increased to 31 weeks from 26 weeks at the end of February. Admitted patients have risen to 39 weeks and non-admitted to 27. The volume of patients waiting over 40 weeks has increased from 107 at the end of February to 404 as at 26th April.
There were four patients still waiting over 52 weeks at the end of March. All four were due to be treated in March and have been postponed due to COVID-19. This is forecast to rise to fourteen by the end of April.
The focus for elective activity during the COVID-19 pandemic is to ensure that essential outpatient and admitted care can continue, and the survivorship of non-COVID patients is given equal priority to that of COVID-19 patients. This has to be balanced with the risks to vulnerable patients in high risk groups where the need for self isolation may also be a deciding factor. To this end we are introducing risk stratification across both Outpatient and Surgical care to help ensure that the patients with the highest need are prioritised to be seen / treated. This focus falls within a new Sustainability Taskforce that will report to Management Executive, and we will be developing new metrics to support the monitoring and governance of the programme.

Cancer

National Targets

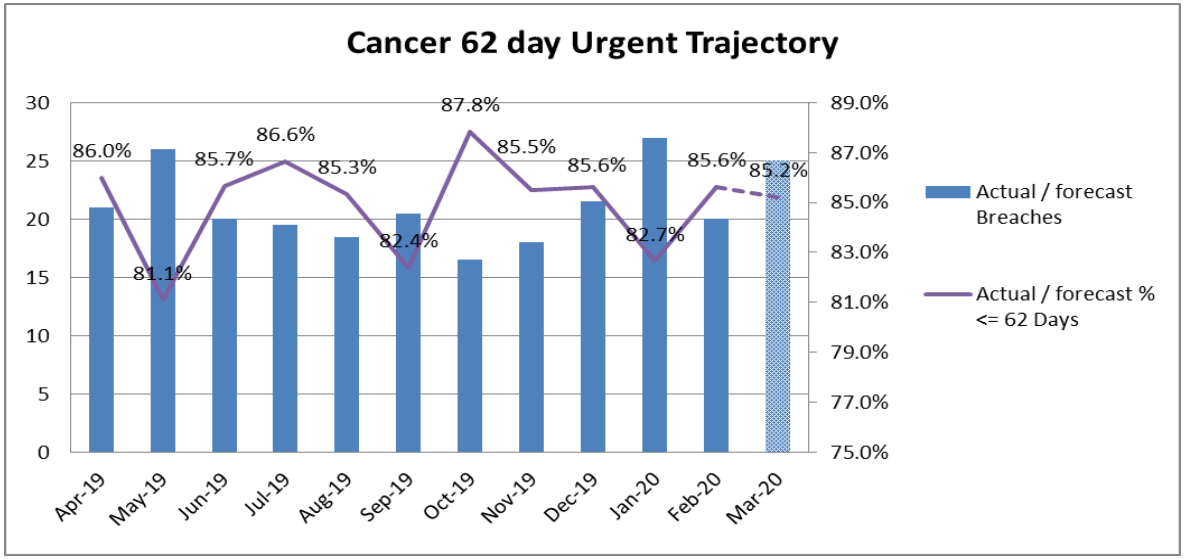
Cancer Standards 19/20	Target	18-19 Q4	19-20 Q1	19-20 Q2	19-20 Q3	Jan-20	Feb-20
2Wk Wait (93%)	93%	90.9%	93.1%	91.5%	93.1%	93.0%	95.1%
2wk Wait SBR (93%)	93%	85.8%	93.1%	93.5%	93.4%	95.6%	96.5%
31 Day FDT (96%)	96%	96.5%	96.7%	96.4%	98.3%	89.5%	96.4%
31 Day Subs (Anti Cancer) (98%)	98%	98.9%	99.7%	100.0%	99.7%	99.4%	100.0%
31 Day Subs (Radiotherapy) (94%)	94%	96.7%	97.4%	97.1%	98.2%	96.0%	96.9%
31 Day Subs (Surgery) (94%)	94%	95.5%	95.5%	94.8%	97.0%	94.1%	95.7%
62 Day from Urgent Referral with reallocations (85%)	85%	**85.8%**	**84.3%**	**85.0%**	**86.2%**	**82.7%**	**85.6%**
62 Day from Screening Referral with reallocations (90%)	90%	**93.7%**	**79.4%**	**80.0%**	**88.1%**	**65.6%**	**65.4%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	85.7%	80.0%	90.9%	66.7%	81.8%	84.6%

To February 2020 by site

To February 2020	62 Day from Urgent Referral		62 Day from Screening Referral		31 Day FDT		31 Day Subs (Surgery)		2Wk Wait	
	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches	%
Breast	4	84%	3	72%	8	78%	1	92%	9	98%
Children's						100%			1	80%
Lung	1	75%				100%			1	98%
Upper GI	4.0	47%				100%	1	94%	2	93%
Lower GI	3.5	80%	4	36%		100%		100%	53	82%
Skin	1.5	93%				100%	1	96%	9	98%
Gynaecological	4	59%				100%		100%	5	97%
Central Nervous		100%				100%	1	75%	2	91%
Urological	6.5	84%			2	97%		100%	1	99%
Head & Neck	3.0	75%				100%		100%	4	98%
Other Haem Malignancies	2	73%				100%		100%	1	92%

The last Nationally reported Cancer waiting times performance is for February 2020.

CUH recovered the 62 day urgent standard in February, with performance at 85.6%. The 31 day FDT standard was also recovered at 96.4%.
The only standard not achieved in February was the 62 day Screening standard where 7 patients waited over 62 days across Lower GI and Breast service.



Forecast for Quarter 4 2019/20

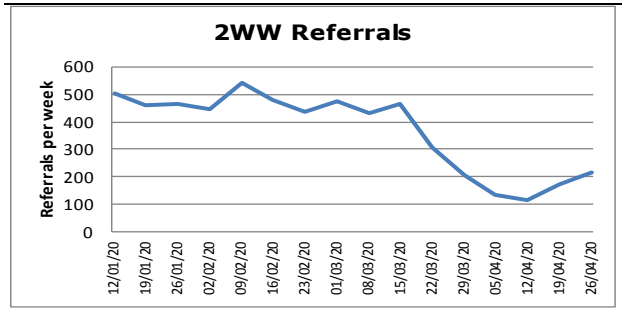
The Trust is forecasting to achieve the March 2020 62 day Urgent target at 85.2%. Validation is not yet complete for March 2020. If this position does remain the Quarter 4 performance overall will fall below standard at 84.6% due to the low performance in January 2020.

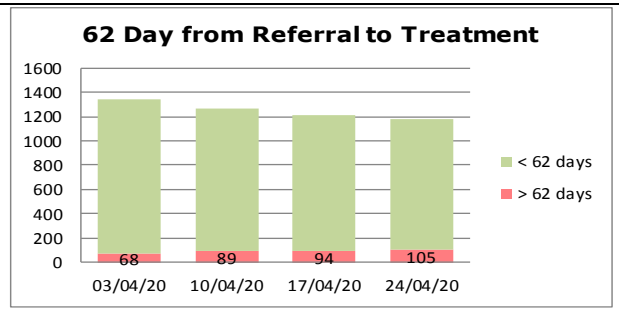
The performance for 31 day FDT is also forecast to be below standard for Quarter 4 due to the low January 2020 performance but will be achieved for March.

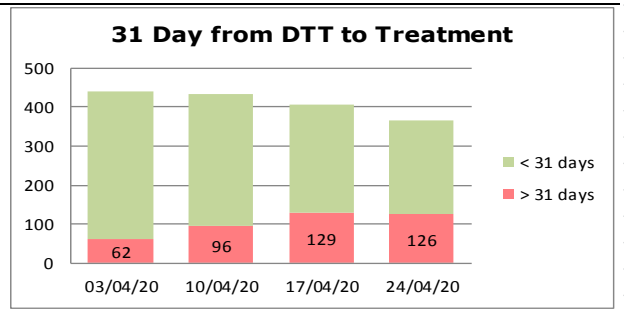
The 62 day screening target has continued to perform below the required 90% standard and will therefore also be below standard for the Quarter 4 overall.

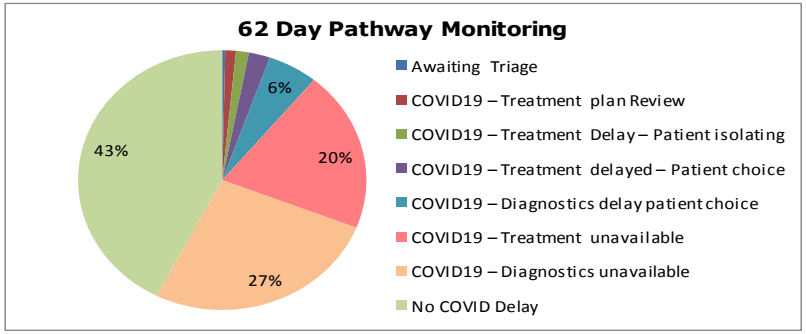
Cancer: COVID-19

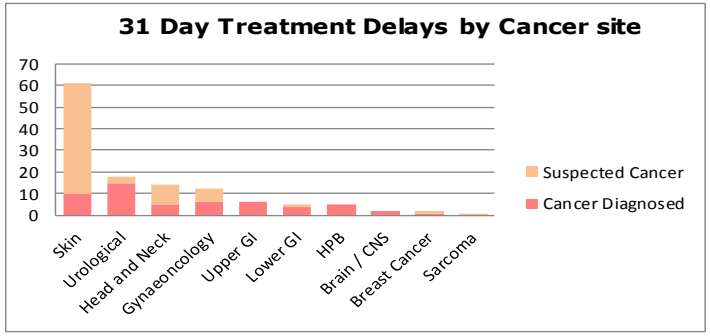
National Targets











Impact of COVID - 19

On 30th March the National Cancer Director for NHS England outlined the advice on maintaining cancer treatment during the COVID-19 response.
It was clear that the NHS must ensure that cancer diagnosis, treatment and care continues during the response to the COVID-19 emergency. Essential and urgent cancer treatments must continue and cancer specialists should discuss with their patients whether it is riskier for them to undergo or to delay treatment at this time.

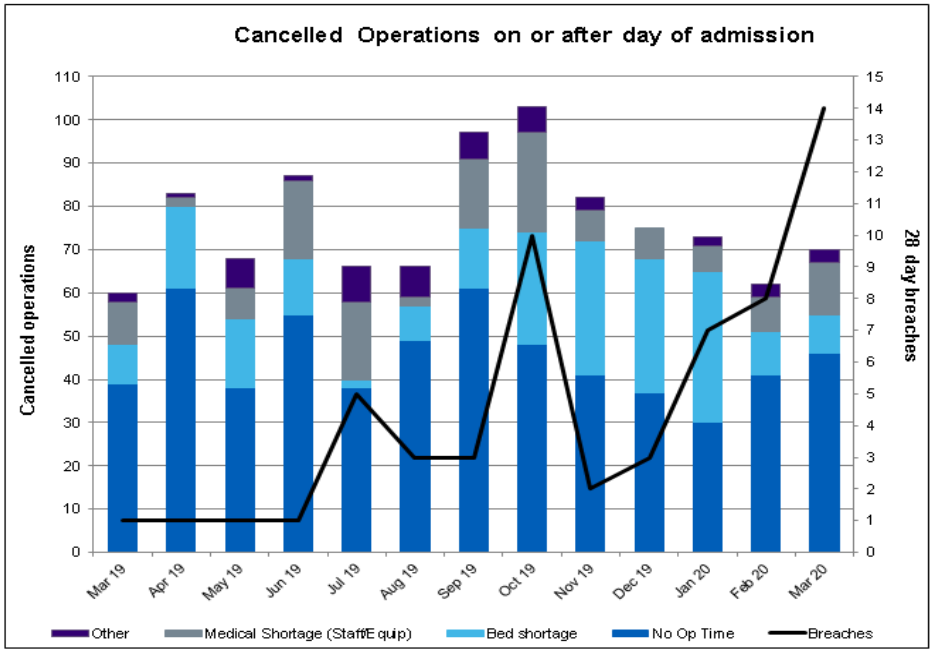
As has been reported in the press, there is concern that patients are not presenting to their GP with symptoms that may ordinarily result in a suspected cancer referral. At CUH we have seen the volume of referrals drop by 64% in April compared to the previous average. There are signs this is starting to increase again for the past fortnight.
As a consequence the total number of patients being monitored against cancer waiting times both for 62 day standards and 31 day standards has been decreasing.

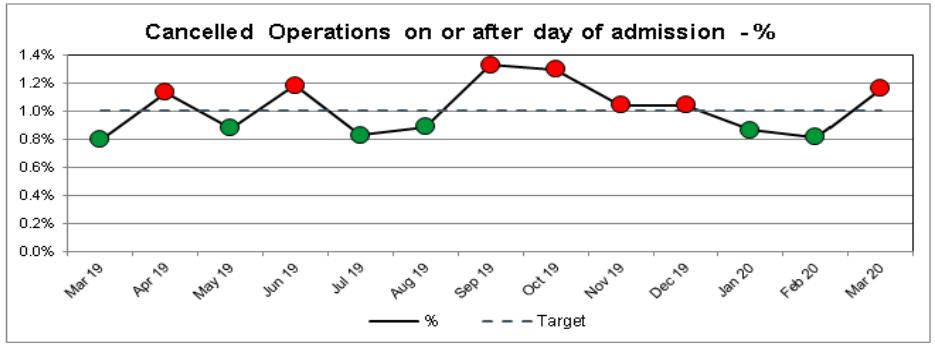
Within the total volume we are however seeing the number of patients waiting >62 days increase. We have started to monitor the volume of patients experiencing a delay to their 62 day pathway whilst they continue to wait. 43% of those waiting currently are experiencing no delay. 27% are experiencing delay due to diagnostics not being available . 2/3rds of these are for endoscopy procedures, and on 3rd April the British Society of Gastroenterology issued advice that on the balance of risk these should be paused for 6 weeks given they are aerosol-generating procedures.

We can also identify which patients are experiencing delay to treatment. The number of patients waiting treatment > 31 days has doubled through April. 50% of these are awaiting skin excisions of which the majority do not have a confirmed cancer diagnosis. Consideration was given to relocating this service to the Independent sector, but the service has now recommenced in the Outpatient facilities in Clinic 7. Other surgical treatments undergo risk stratification and are being prioritised weekly by a Surgery Prioritisation panel together with other non-covid urgent surgical patients. Independent sector facilities have been used for both surgical cancer treatments and to deliver inpatient Oncology care through April.

Cancelled Operations

Operational Performance





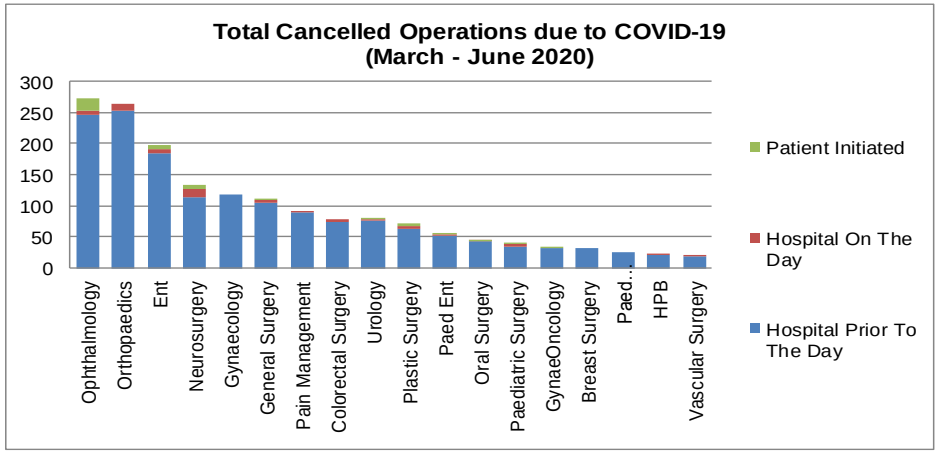
Key performance issues

The number of operations cancelled on or after the day of admission rose to 1.16% in March with 70 cancellations. 14 patients have been unable to be rebooked within 28 days and this volume is likely to rise to ~60 by the end of April. All cancelled patients will be risk stratified by their lead Consultant and prioritised accordingly by the Surgical prioritisation panel.

This standard does not adequately reflect the volume of cancellations that have been undertaken in response to the COVID-19 pandemic as the majority of patients have been cancelled in advance of their planned admission to hospital.

In total for dates from March through to June 2020, 1828 scheduled operations have been cancelled due to the pandemic. 93% have been cancelled by the Trust in advance. A small proportion, 48, have been initiated by the patient themselves.

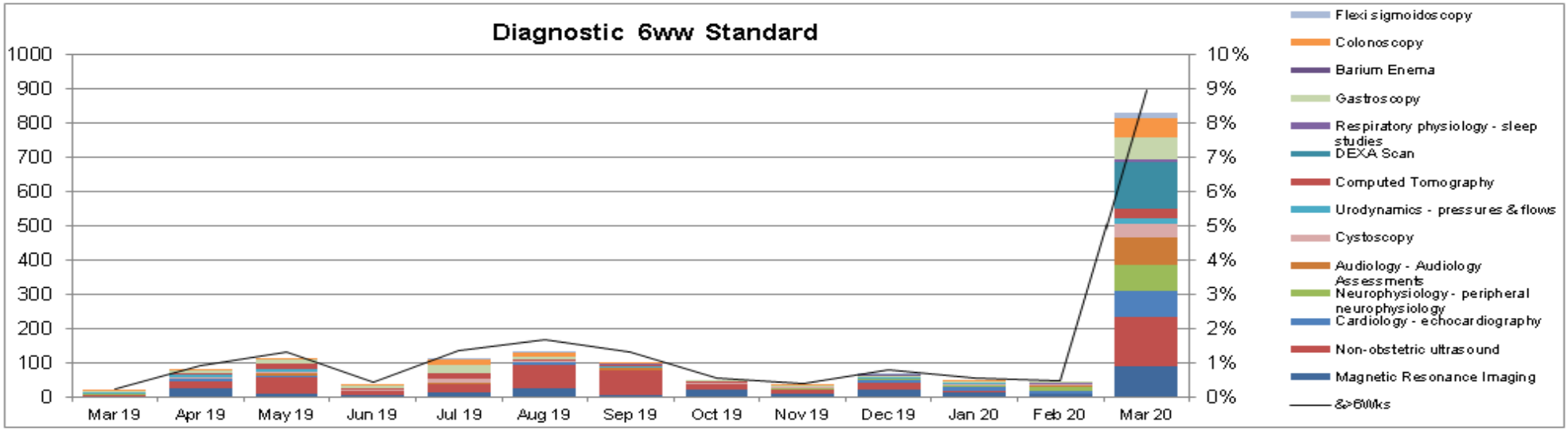
The graph below shows those services who have cancelled more than 20 admissions to date. 30% of the total cancellations have been in Ophthalmology and Orthopaedics. These specialties both have a high volume of routine elective activity within their case mix. Ophthalmology are able to prioritise sight threatening surgery within the risk stratification process.



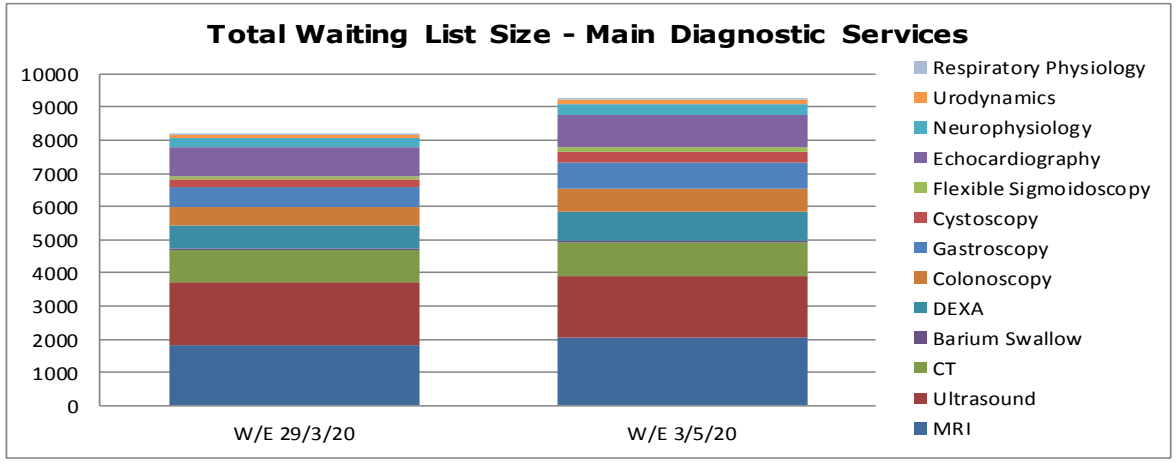
Emergency Department

NHS Cambridge University Hospitals NHS Foundation Trust

Operational Performance



As with all other elements of planned elective care, the diagnostic services enacted the delay of non-essential activity in response to the COVID-19 pandemic. These are high volume services and as such this quickly led to an increase in the number of patients waiting beyond six weeks at the end of March, 831 up from 43 at the end of February. This represented 8.9% waiting > 6 weeks. The forecast for April would be a rise to just under 6,000 (64%) waiting > 6 weeks. Highest volumes are in MRI and ultrasound which are 25% of the total. The median week wait is 7 weeks compared to 5 at the end of March.



The total waiting list size has grown by over 1000 (13%) since the end of March.

The biggest impact is in the services utilising Endoscopy which account for 42% of the growth. MRI is a further 19%.

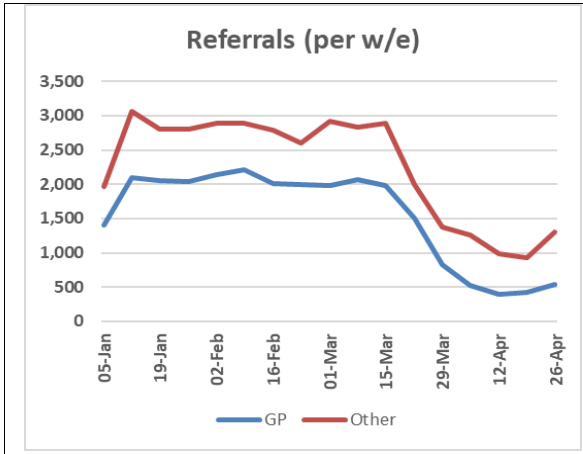
In addition these services normally deliver surveillance tests and these have also been delayed leading to an increase in surveillance diagnostics that are overdue from ~400 to ~1100 from the end of March to date.

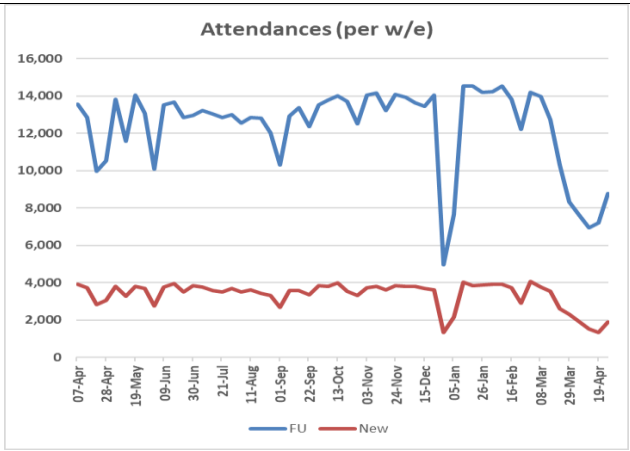
Diagnostic recovery will also fall within the remit of the Sustainability taskforce reporting to Management Executive.

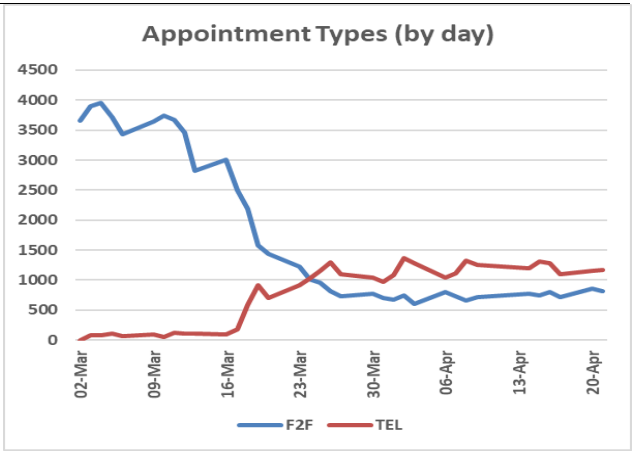
Outpatients

Cambridge University Hospitals NHS Foundation Trust

Operational Performance







The local NHS made the decision on the 20th March to postpone all non-essential Outpatient appointments until further notice. In communication from the CCG ,GP surgeries were requested not to refer routine patients. NHS e-referral routine services were moved into "transition" meaning they were unavailable to accept bookings. All 2 week wait services remained open but any non-essential referrals were advised to be sent via the Advice and Guidance process to determine whether a referral was appropriate. Referrals have reduced to a third of previous volumes.

To minimise cancellations we introduced an Epic consultant review process which allowed clinicians to review their scheduled appointments to decide which patient required an essential face to face (F2F) consultation, which should have a face-to-face appointment delayed, or instead could be managed by telephone consultation. Attendances have reduced significantly from ~18,000 per week to 10,000 per week, but for those appointments that have gone ahead, 60% are being carried out by telephone compared to 2% previously. To put this into context, at the beginning of March we were carrying out around 80 telephone appointments per day compared to 1200 now. With the reduction in footfall we combined clinics to minimise the number of staff required, as well as developed a robust process of managing those patients who exhibited symptoms upon arrival. By reducing the number of staff required we were able to offer a significant number of staff for redeployment to support other areas.

We are mindful that with delaying around 30% of appointments we are increasing our backlog. Prior to the Covid-19 pandemic we had around 20,000 overdue follow-up appointments, this has increased to 25,000. Along with eHospital colleagues we are developing a risk stratification tool within Epic which will enable consultants to assign a risk level to each patient to determine their clinical priority on the waiting list. We have also recruited failsafe officers who will be working alongside clinicians to ensure that patients are seen in clinical priority order, something that will be essential as we move beyond the current crisis.

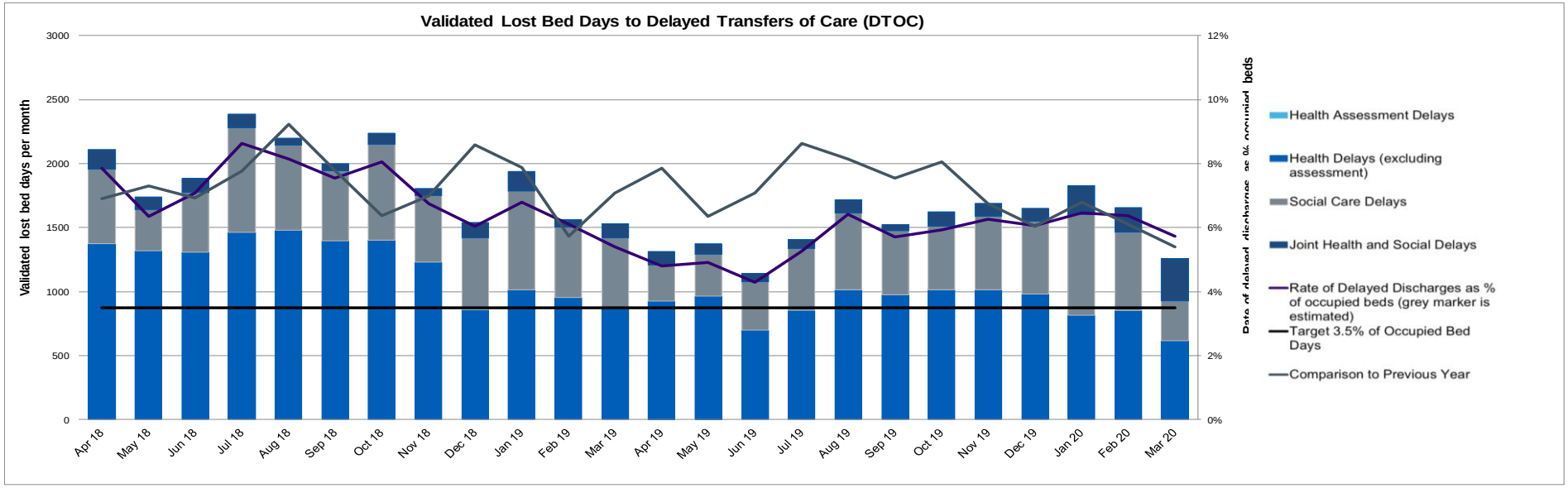
Outpatients, like many other areas, have started working on recovery plans and service improvements. This will be part of the overall Sustainability taskforce reporting to Management Executive. The processes and new ways of working established are an important step forward in developing a new outpatient service, therefore we want to sustain these. We have developed a risk stratification tool within Epic for all new referrals which will also enable clinicians to determine whether a patient could have a face-to-face, telephone or video appointment. This is a great opportunity to redesign outpatients in line with the NHS long-term plan ambition.

We also recognise that Covid-19 is likely to be with us for some time, and therefore we have begun to discuss what a future outpatients service may look like, designed specifically to keep patients and staff safe. This challenging time has now given us a springboard to develop a new approach to outpatients focused on efficiencies, patient experience and safety for everybody.

Delayed Transfers of Care

NHS Cambridge University Hospitals NHS Foundation Trust

Operational Performance



March 2020 Delayed Transfers of Care (DTOCs) were validated at 5.72% in comparison to 6.10% in February.

On the 19th March, the government released the Hospital Discharge Services Requirements directive in response to the Covid emergency.

Cambridgeshire and Peterborough CCG, CPFT and Cambridgeshire Local Authority worked together to implement an immediate respon se and implementation of a single point of access and integrated system response which commenced on the 30th March.

The Integrated Discharge team started operating 8am -8pm, 7 days a week, alongside CPFT and the Local Authority. Our 'Out of Coun ty' providers have also commenced similar models with the same operating service.

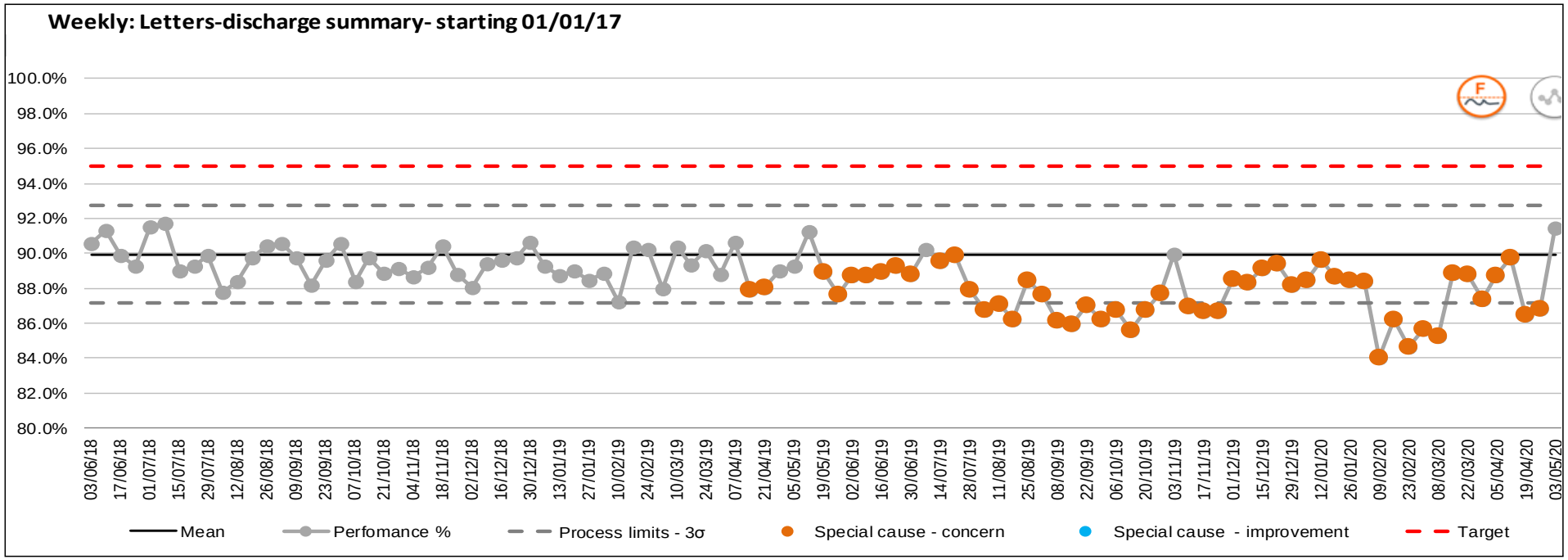
There has been a positive response in our current delays, and April's position isstanding at <2.5% until Mid April, with a li kely closing position ending at <2%.

NHSE have suspended Delayed Transfer of Care reporting for 3 months but we will continue to monitor internally, although wi ll not be validating with external organisation. This has been replaced with the 'daily discharge sitrep' which was implemented on the 8th April

Discharge Summaries

NHS Cambridge University Hospitals NHS Foundation Trust

Operational Performance



Current processes mean that we will never achieve the 95% target for this measure without making an intervention. Statistical ly our upper achievement limit is 93.6%.. Recent performance has been consitantly below the mean flagging as significant variation with the exception of the last week which returned to a bove the mean.

Discharge summaries

Escalated through Divisional Performance meetings, CD/ DD/ MD meeting and Junior Doctor forum during November 2019

Alerting mechanism within Epic now implemented to notify consultants of patient discharged without a summary.

New development underway to make it more obvious to clinicians when summaries are incomplete was deployed on 18 January 2017.

Additional indicators to highlight if a summary has been sent were deployed on 6 April 2017.

Date	% summaries sent incomplete
29-Mar	0
05-Apr	0
12-Apr	0
19-Apr	0
26-Apr	0
03-May	0

Patient Experience

NHS Cambridge University Hospitals NHS Foundation Trust

Patient Experience

The recommend and do not recommend indicators omit neutral responses.

Indicator	Date range	Current	Average	Variance	Special causes	Comments
FFT Inpatient would recommend score	April 2017 – March 2020	96.0%	94.9%		-	For March, there were 3268 eligible inpatients and data is from 687 patients; 3% decline from February and response rate is now 21.0%.
FFT Inpatient not recommend score	April 2017 – March 2020	2.3%	2.1%		-	
FFT Outpatients would recommend score	April 2017 – March 2020	95.9%	93.6%	H	Special cause variation triggered as last 9 months have continuously been above the mean	For March, there were 34,912 eligible outpatients and data is from 9303 patients; no change from February and is 26.6%.
FFT Outpatients not recommend score	April 2017 – March 2020	1.7%	2.3%		-	
FFT Day Case would recommend score	April 2017 – March 2020	97.1%	97.3%	L	Special cause variation triggered as last 9 months have continuously been below the mean	For March, there were 3,790 eligible day case patients and data is from 1256 patients; decline from February and response rate is now 33.1%
FFT Day Case not recommend score	April 2017 – March 2020	1.2%	1.1%		-	
FFT Emergency Dept. would recommend score	April 2017 – March 2020	91.6%	92.3%	L	Special cause variation triggered as last 9 months have continuously been below the mean	For March, there were 4395 eligible ED patients and data is from 1157 patients; small increase from February and response rate is now 26.3%
FFT Emergency Dept. not recommend score	April 2017 – March 2020	4.8%	3.8%	H	Special cause variation triggered as last 9 months have continuously been above the mean	
FFT Maternity (antenatal, birth & postnatal) would recommend score	April 2017 – March 2020	97.4%	93.9%		-	For March, there were 410 eligible **birth*** patients and data is from 86 patients; 5% decline from February and response rate is now 20.9% *Only FFT birth has a response rate.
FFT Maternity (antenatal, birth & postnatal) not recommend score	April 2017 – March 2020	1.0%	1.7%		-	

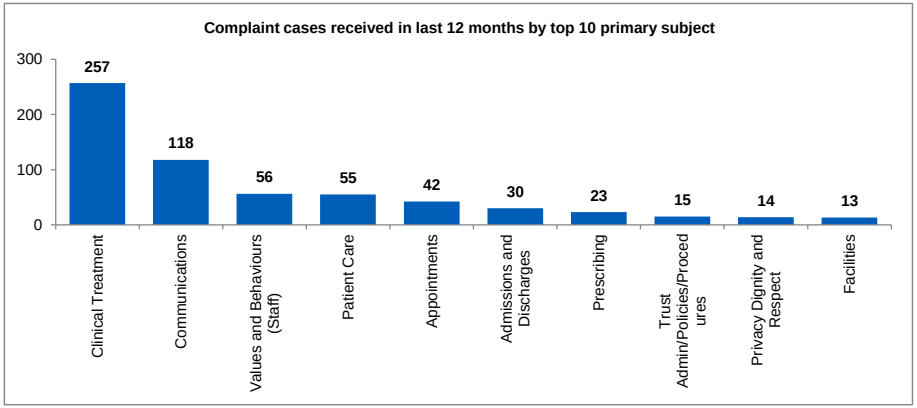
Reduced hospital attendance in ED/OP appointments/DU/Inpatient have not impacted response rates for March. Please note the collection of paper surveys and comment cards stopped 23 March, as well as the use of iPads due to covid-19 infection control, however SMS is continuing.
ED not recommend score is the lowest since July 2019. All other FFT recommend/not recommend scores were consistent for March.

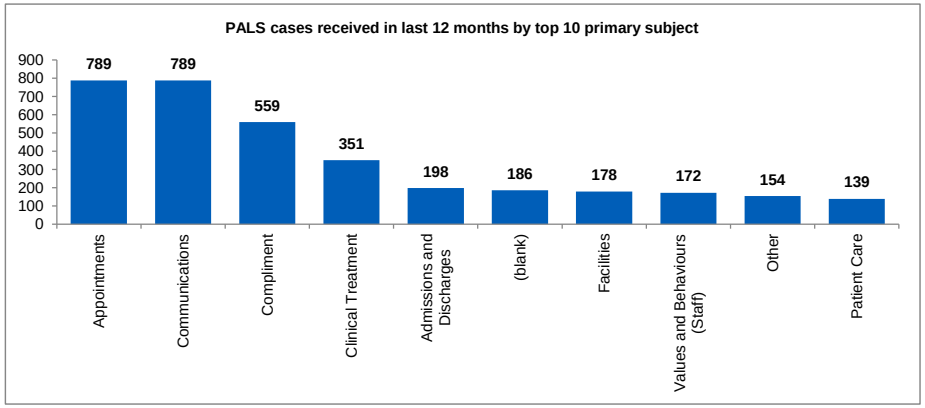
PALS and Complaints Cases

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Apr 17 - Mar 20	month	-	31	55		-	-	
% acknowledged within 3 days	Apr 17 - Mar 20	month	95%	97%	94%		-	?	The system may achieve or fail the target of ≥95% subject to random variation.
% responded to within initial set timeframe (30, 45 or 60 working days)	Apr 17 - Mar 20	month	50%	48%	38%		-	?	The system may achieve or fail the target of ≥50% subject to random variation.
Total complaints responded to within initial set timeframe or by agreed extension date	Apr 17 - Mar 20	month	80%	95%	71%	H	SP	?	In the last 3 months, there has been a statistically significant increase (single points) in the percentage of complaints responsed to within the initial set timeframe or agreed extension. The system however may achieve or fail the target of ≥80% subject to random variation.
% complaints received graded 4 to 5	Dec 18 - Mar 20	month	-	35%	27%		-	-	There were 9 complaints graded Level 4 and 2 complaints graded Level 5, these cover a number of specialties and will be subject to detailed investigations.
Compliments received	Apr 17 - Mar 20	month	-	39	38	H	S7	-	In the last 7 months, there has been a statistically significant increase (shift) in the number of compliments received.





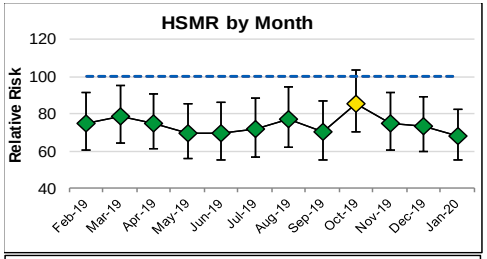
The PHSO have paused their work due to COVID-19, therefore no new cases have been taken for investigation.Complaints continue to be received into the Trust; however, following national guidance response times have been suspended.The team are continuing to respond to complaints where they are able to. In addition to their normal case work, the PALS and Complaints Team are currently running a Helpline from 8.00am - 8.00pm Mon-Fri to address a variety of COVID-19 issues incuding cancelled surgery / appointments, visiting restrictions, signposting for bereavment issues and delivering messages, photographs, food and discharge clothing to patients whose family are unable to visit.

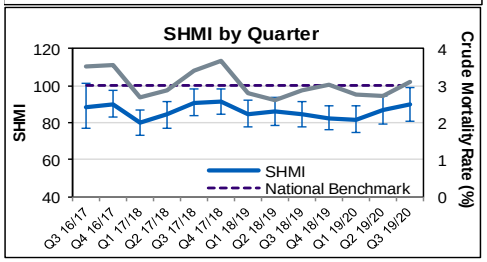
Learning from Deaths

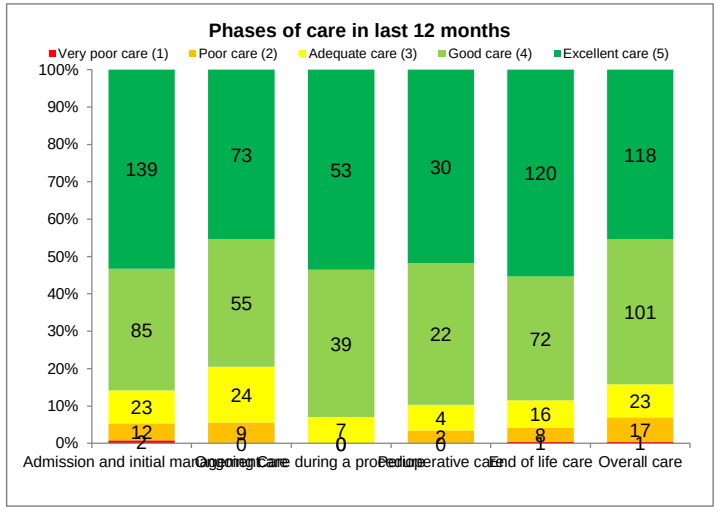
Cambridge University Hospitals NHS Foundation Trust

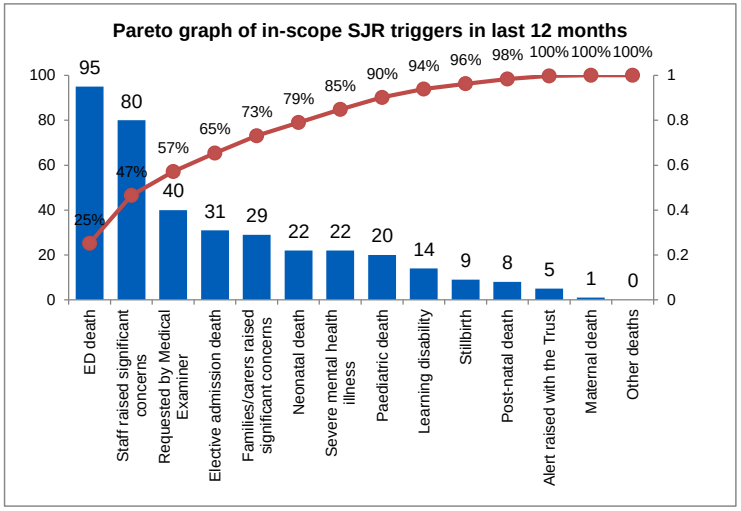
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Mar 20	month	-	9.73	7.33	H	SP	-	There were 140 deaths in March 2020 (Emergency Department (ED) and inpatients), of which 10 were in the ED and 120 were inpatient deaths. In March 2020, there was a statistically significant increase (single point) in the number of deaths per 1000 admissions.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	Oct 17 - Mar 20	month	-	22%	18%		-	-	In March 2020, 31 SJRs were commissioned. 14 (45%) have been completed at time of reporting. There were no SJRs which identified a death associated with a problem in care.
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Oct 17 - Mar 20	month	-	0	0.83		-	-	There were no unexpected/potentially avoidable death serious incident investigations commissioned in March 2020.









Executive Summary

HSMR - The rolling 12 month (February 2019 to January 2020) HSMR for CUH is 73.91, this is 3rd lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 89.84.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, December 2018 to November 2019 is 84.51.
Alert - There are 0 alerts for review within the HSMR and SHMI dataset this month.

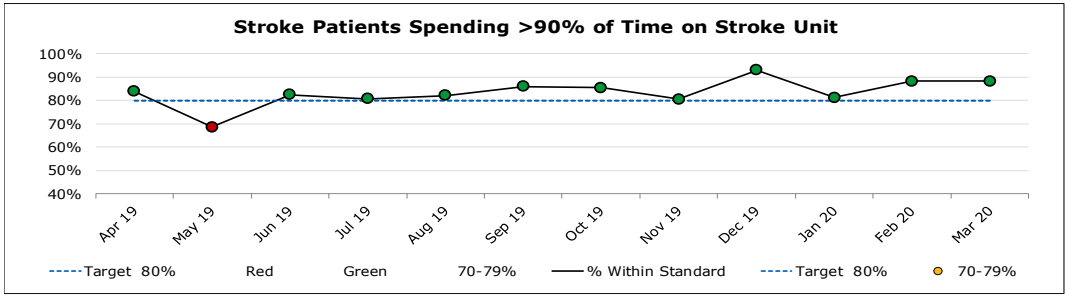
Stroke Care

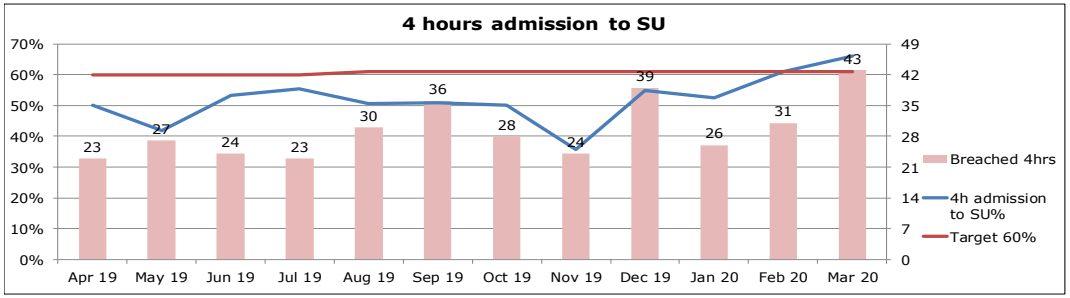
NHS Cambridge University Hospitals NHS Foundation Trust

Stroke Measures

Breach reasons 2019 and Monthly Stroke position

Month	Stroke Bed Capacity * No outliers	Trust Bed Capacity * Outliers *	Delayed transfer of care (DTOC)	Operational decision - patient moved or accommodate an acute stroke	Delay in medical review in ED	Clinical - Appropriate pathway for p	Difficult presentation	Medical SpR did not request stroke be stroke team	Delayed diagnosis	Clinician's decision to place patient or ward	Unclear presentation	Difficult diagnosis	Failure to request stroke bed	Resource capacity	Number of breaches	Month Position (Target 80%)
Apr-19	1	2				3		1			1			2	10	83.9%
May-19		3				2		3			2	6		5	21	68.7%
Jun-19	1	5				1					3	1			11	82.5%
Jul-19	1	4				2					1	2		1	11	80.7%
Aug-19	1	4			1	4	2				3				15	82.1%
Sep-19						4			1		2	1			8	86.0%
Oct-19	1	2				1		2	2			1		1	10	85.3%
Nov-19		7				2						2		2	13	80.6%
Dec-19		2						1							3	93.0%
Jan-20		6			1	1		2			2				12	81.3%
Feb-20		1						3			2	1			7	88.3%
Mar-20		1								1	2	3			7	88.3%
Summary	5	37	0	0	2	20	2	12	3	1	18	17	0	11	128	





90% target compliance was achieved for March = **88.3%**

4hrs adm to SU 61% target compliance was achieved for March = **66.1%**

'Difficult diagnosis' (3) was the main factor contributing to breaches last month, with a total of 7 cases in March 2020.

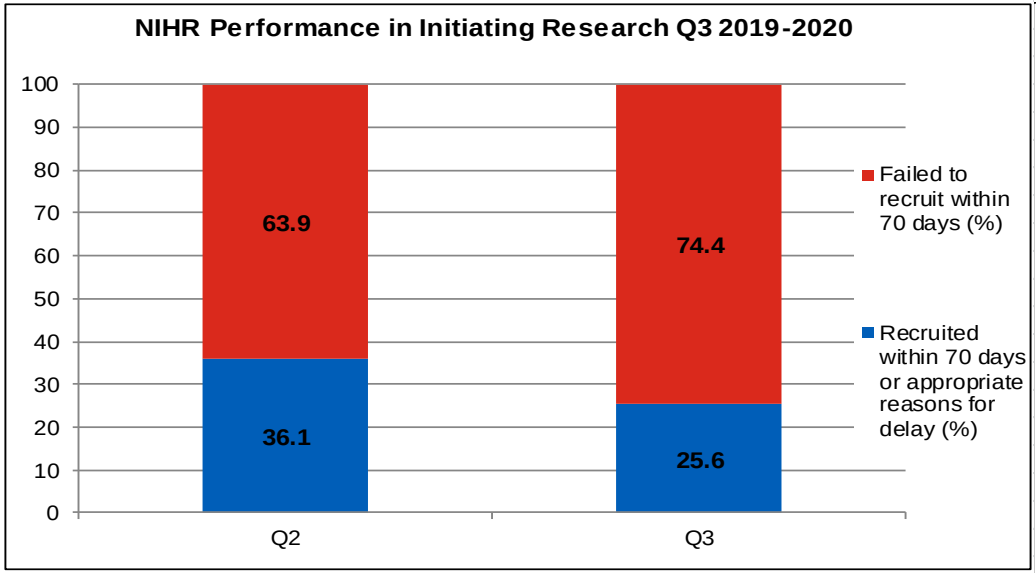
Key Actions

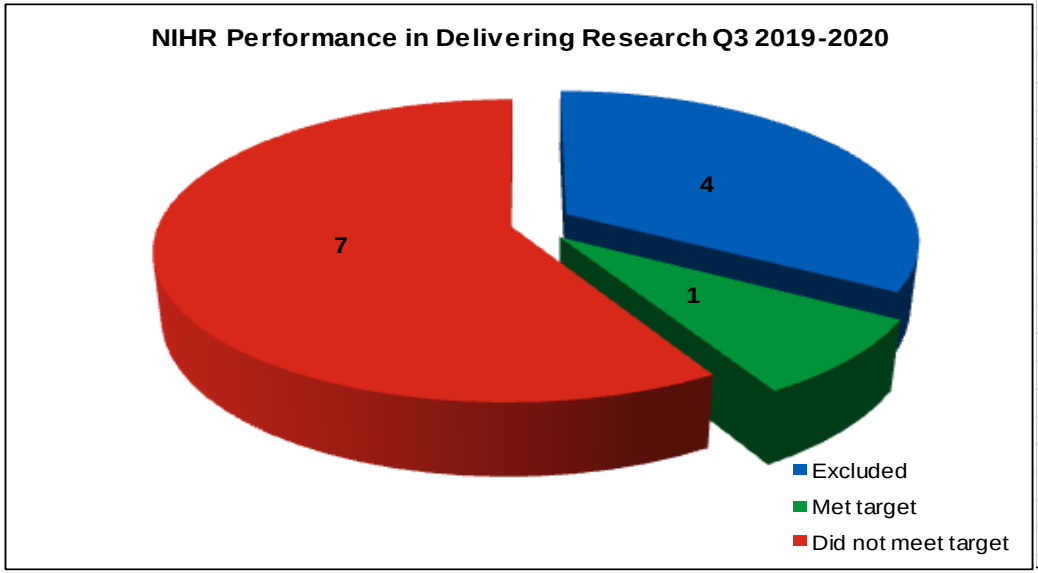
- National SSNAP data shows Trust performance from Oct-Dec19 maintained at **Level A**.
- Working with community partners to plan and address capacity requirements for Stroke patients in relation to COVID19.
- Stroke Registrar on site 09.00 – 17:00, 7 days/week. Complex thrombectomy and thrombolysis patients need both Stroke Bleep Nurse and Stroke Registrar which can lead to resource capacity issues. Stroke clinical research nurses back fill stroke bleep nurse 09:00- 18:00 where possible.
- On 3rd December 2019 the Stroke team received approval from the interim COO to ring-fence one male and one female bed on R2. This is enabling rapid admission in less than 4 hours. The Acute Stroke unit hosts a high number of outliers, but is working closely with the Op's centre to protect two Stroke beds.
- Ward improvement work with support from the transformation team continues to aim to improve the discharge process and reduce length of stay.
- Repatriation of WSH stroke patients within 24-48 hours as per SOP continues . The CUH team continue to liaise with other DGH's to improve the repatriation process of patients to other local hospitals. The West Suffolk Stroke Pathway proved itself by LOS reduction for those repatriated to WSH from 27 days to 2.78 days.
- Stroke Taskforce meetings remain in place, plus weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- Work being undertaken with Hinchingbrooke to reduce Repat LOS to 72hrs (average LOS 6).

Clinical Studies

Cambridge University Hospitals NHS Foundation Trust

Clinical Studies Measures





Situation as at 31/12/2019 reported to the NIHR

[quarterly update only]

While the National Institute for Health Research (NIHR) has now abolished the time and target initiative (70 days from the date we received the document pack from the Sponsor to the date the 1st patient was recruited), we continue to report on our performance against it for consistency. Only studies which are approved by HRA are included in the report, but it will include studies which are CUH site selected but not yet open.

The performance in delivery target for commercial studies remains unchanged, and is for trials closed to recruitment in the preceding 12 months and whether they met their target recruitment in the agreed timeframe.

70 days (Initiating):

Data on 93 non-commercial and commercial clinical trials was submitted this quarter.

Of all analysed trials, 25.6% (10/29) met the target, which is a decline in performance from the previous three quarters. We did anticipate this drop, as we were solely or jointly responsible with the Sponsor for more studies falling outside the target.

78 studies did not meet the target, but appropriate reasons have been given for 49 of them, which will exclude them from the analysis.

5 studies are still able to meet the target and are excluded from the analysis.

Delivering to target:

Data was submitted on 12 commercial trials this quarter.

With 4 studies not having an agreed target, 8 trials have been analysed, giving a performance of 12.5% (1/8).

This is down from Q2's performance of 50% (7/14).

Of the trials not meeting the recruitment target, 28.6% (2/7) were withdrawn by the Sponsor before having the opportunity to meet the recruitment number/range agreed.

Actions in progress

While our performance in initiating research studies is no longer matched against the 70-day target, the NIHR are focusing on measurement, reporting and improvement, with an emphasis on transparency. We therefore will continue to supply information on times taken to set up studies and recruit, to aid their high level analysis of recruitment issues and developing trends, while focusing on resolving any issues internally where possible.

There continues to be inherent tension in the system, whereby funders set arbitrary start dates without proper appreciation of the Trust's processes of due diligence. This causes problems with studies being submitted to HRA for review, as fundamental issues need resolving prior to study commencement.

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Rosie Maternity Dashboard March 20

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Actions taken for Red/Amber results
	Activity																	
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	415	435	441	453	478	452	473	429	419	445	412	414	
Antenatal Care NICE quality standard [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	98%	94%	96%	98%	97%	98%	98%	99%	97%	96%	97%	94%	
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	56%	53%	54%	52%	53%	60%	54%	56%	52%	54%	58%	58%	
Source - EPIC	Home Birth	>2%	<1%	Planned home births (BBA is excluded)	Rosie KPI's	0%	1%	2%	2%	1%	2%	1%	1%	1%	2%	1%	2%	
Source - EPIC	MLBU Birth	>22%	<20%	MLBU births	Rosie KPI's	22%	17%	18%	17%	14%	19%	19%	19%	18%	16%	18%	21%	We are reviewing our admissions to RBC to encourage more eligible pregnancies to use the facilities. We are also looking at our reasons for transfer to DU and subsequent care and outcomes as part of this.
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	27%	29%	25%	27%	26%	23%	25%	25%	28%	31%	27%	24.2%	
Source - EPIC	Ventouse & Forceps	< 10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	13%	12%	13%	16%	15%	12%	12%	14%	15%	18%	16%	12.3%	
Source - EPIC	National CS rate (planned & unscheduled)	< 25%	> 28%	C/S rate overall	Rosie KPI's	30%	36%	33%	32%	32%	29%	34%	29%	33%	28%	25%	29.5%	Our rates are consistent and our perinatal outcomes are not outlying so potentially this rate is right for our population. Population factors – we have a higher than average number of women who are older mothers who have a higher rate of caesarean section. We are a tertiary unit. LSCS rate reflective of our acuity
Source - EPIC	Smoking at delivery Number of women smoking at the time of delivery	<10%	>11%	% of women Identified as smoking at the time of delivery	Rosie KPI's	7%	8%	7%	6%	5%	9%	5%	6%	6%	7%	9%	7%	
	Workforce																	
	Midwife/birth ratio (actual)	01:24	01:28	WTE(clinical and non-clinical)+ bank/births (12 month rolling average)	Finance	01:28.5	01:27.5	01:27.8	01:27.8	01:27.6	01:27.1	01:25.2	01:24.1	01:25.0	01:24.7	01:24.9	01:24.2	Clinical midwife WTE as per BR+ = clinical midwives, midwife sonographers, post natal B3 and nursery nurses. For actual ratio, calculation includes all permanent WTE plus bank WTE in month.
	Midwife/birth ratio (funded)	01:24	N/A	WTE/births (12 month rolling average)	Finance	01:25.5	01:25.4	01:25	01:24.9	01:25	01:25	1:24.1	1:24.1	1:24	1:24	1:24.2	1:24.2	Midwife/birth ratio has been restated from April 19 based on the BR+ methodology and targets updated. Previous ratio was based on total clinical and non-clinical midwife posts excl midwife sonographers.
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQs	2.96%	2.99%	3.48%	3.35%	3.24%	3.19%	3.89%	3.91%	3.93%	4.10%	4.16%	4.21%	This is reported 1 month behind from CHEQ's
Source - CHEQS	Education & Training - attendance at mandatory training (midwives)	>92% YTD	<75% YTD	Training database	CHEQs	97%	97%	97%	97%	97%	97%	97%	97%	96%	96%	97%	97.0%	This is reported 1 month behind from CHEQ's

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

	Maternity Morbidity														
Source - QSIS	Eclampsia	0	> 1		Risk Report	1	0	0	0	0	0	0	0	1	0	0	0	
Source - QSIS	ITU Admissions in Obstetrics	1	> 2		Risk Report	0	0	1	0	1	1	2	0	0	0	1	0	
Source - QSIS	PPH≥ 1500 mls	> 3%	> 4%	MBBRACE		2.45%	3.26%	1.84%	3.81%	1.91%	3.36%	1.90%	2.56%	5.15%	4.94%	5.17%	4.58%	**pph working group have identifed instrumentals in the delivery room improvement work - standardised care to be the same as theatre started**
Source - QSIS	3rd/ 4th degree tear **rate vaginal birth**	< 5%	> 7%		Risk Report	3.50%	2.13%	3.02%	3.09%	1.20%	2.01%	4.20%	2.33%	3.63%	3.50%	3.25%	3.44%	
Source - QSIS	Maternal Death	0	>1		Risk Report	1	0	0	0	0	0	0	0	0	0	0	0	
	Risk														
Source - QSIS	Total number of SI's	0	>1	Serious Incidents	Datix	3	0	0	0	0	0	0	0	0	0	0	0	
Source - QSIS	*Information Governance*	*0*	*>1*		*Datix*	1	0	0	0	0	0	0	0	0	0	0	0	
Source - QSIS	*Clinical*	*0*	*>1*		*Datix*	2		0	0	0	0	0	0	0	0	0	0	
Source - QSIS	Never Events	0	>1	DATIX	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
	Neonatal Morbidality														
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	2.40%	3.91%	2.02%	0.98%	1.69%	1.24%	0.90%	2.66%	0.36%	0.63%	2.28%	2.75%	
Source - EPIC	Still Births per 1000 Births	<3.87/1000	>3.87/1000	3.87/1000 (Mbrrace)	Risk report	1.24/1000	0.43/1000	0.44/1000	1.36/1000	0.94/1000	0.83/1000	2.1/1000	0/1000	0/1000	0.44/1000	0.41/1000	0.41/1000	
	Stillbirths - number ≥ 24 weeks	0	2	MBBRACE	Risk report	2.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	0.00	1.00	1.00	1.00	
Source - EPIC	Number of birth injuries	0	> 1	Injuries to neonate during delivery	Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	
Source - EPIC	Number of term babies who required therapeutic cooling	0	> 1		Risk Report	1	0	0	0	1	0	1	0	0	0	0	1	
Source - EPIC	Baby born with a low cord gas < 7.1(from 1/11/2012)	<2%	> 3%		Risk Report	1.44%	1.37%	1.81%	1%	0.63%	1.43%	1.26%	1.63%	1.19%	1.79%	1.45%	2.17%	
Source - EPIC	Term admissions to NICU	<6.5	>6.5	Percentage of all live births	Risk Report	7.22%	6.90%	7.50%	7.1%	5.60%	**6.20%**	6.50%	7.60%	6.45%	5.84%	4.85%	3.62%	**ATAIN work on going . priorities being reviewed low temp in first hour work**
	Quality														
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	0	7	2	1	3	2	3	2	3	4	1	0	
Source - EPIC	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	82%	84%	84%	82%	84%	84%	82%	81%	82%	82%	85%	85%	
Source - EPIC	VTE	>95%	< 95%		CHEQs	99%	99%	98%	99%	97%	99%	100%	100%	100%	99%	100%	100%	

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Maternity Safety Highlight Report

Trust: Cambridge University Hospitals | Date: March 2020

10 Steps-to-safety

1	Perinatal review tool	
2	MSDS	
3	ATAIN	
4	Medical Workforce	
5	Midwifery Workforce	
6	SBLCB	
7	Patient Feedback	
8	Multi-professional training	
9	Safety Champions	
10	Early notification scheme	

SBLCB V2

1	Reducing smoking	
2	Fetal Growth Restriction	
3	Reduced Fetal Movements	
4	Fetal monitoring during labour	
5	Reducing pre-term birth	

Outliers – Red flags	National Rate	Trust Rate
Still births	3.87/1000	1.0/1000
Maternal Sepsis	3.87/1000	0.41/1000
PPH	4%	4.58%
Term admissions to NICU	3%	3.62%

Number of	
Serious Incidents	Unactioned DATIX
0	50

Continuity of carer

Compliance	0%	
LMS target	15% (March 2020)	
Progress against action plan	• Team 1 planned Launch 4th May (currently under review due to COVID-19 and related workforce shortage) • Revised trajectory devised for 12 teams which will achieve 49% compliance by march 2021. • Current pandemic likely to delay roll out.	

Key		Colour codes for RAG
Complete	The Trust has completed the activity with the specified timeframe – No support is required	
On Track	The Trust is currently on track to deliver within specified timeframe – No support is required	
At Risk	The Trust is currently at risk of not being deliver within specified timeframe – Some support is required	
Will not be met	The Trust will currently not deliver within specified timeframe – Support is required	

Finance

Financial Performance

Trust surplus/(deficit)

2.5	*actual*
2.6	*plan*
(32.9)	*actual*
(33.1)	*plan*

CIP

3.9	*actual*
3.6	*plan*
30.6	*actual*
30.0	*plan*

Forecast surplus/(deficit)

(33.1)	*forecast*
(33.1)	*plan*

Cash & EBITDA

Cash

18.4	*actual*
3.3	*plan*

EBITDA

2.3	*actual*
2.4	*plan*

Run rate in month

£ in million

In month

YTD

(0.5)	*Non recurrent*
3.0	*Recurrent*
2.5	*Total*

Net current assets/(liabilities) and debtor days

Net current liabilities

(372.1)	*actual*
(169.0)	*plan*

Debtor days

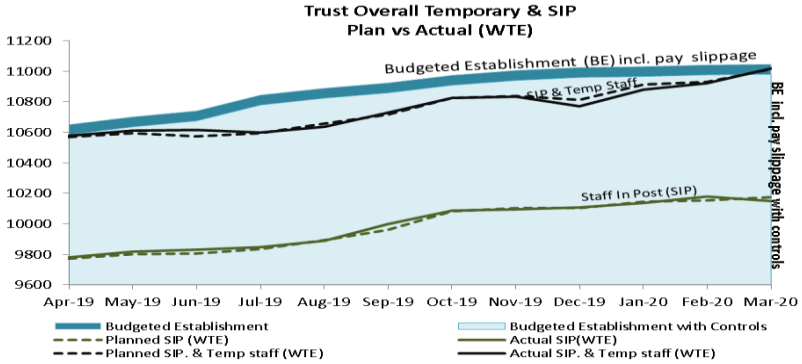
37	*This month*
31	*Previous month*

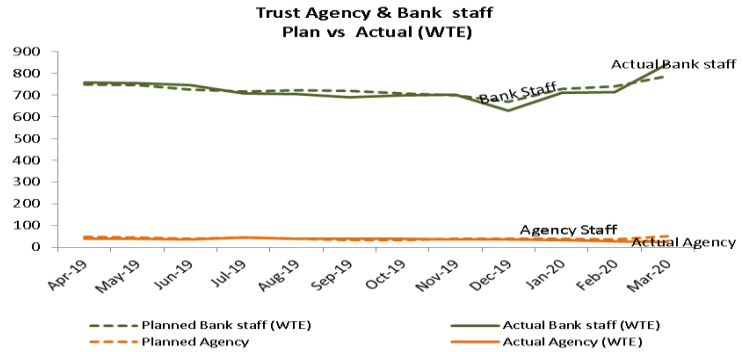
Planned versus Actual Staff in Post (SIP) & Temporary Staff

NHS Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff as Partners

Background Information: workforce planning is vital to ensure appropriate levels and skills of staff are available to deliver safe, high quality c are to patients and service users. This is an evidence based plan integrated with finance, activity and performance plan. The charts below shows how the organisation i s performing against its plan





*Staff Group WTE	Actual Temp & SIP (@ -0.5% variance from planned) Mar-19	Temp & Subs. Staff Mar 20	Planned % increase Mar 20	Overall Planned Temp & Subs. Staff Mar 20	Overall actual Temp & Subs. Staff Mar 20	Difference between Planned & Actual Mar 20	Planned WTE % Increase	Actual WTE % increase
Allied Health Professionals	518	534	3.2%	562	562	0	8.6%	8.6%
Healthcare scientists	582	611	5.0%	605	594	-12	4.0%	2.0%
Medical and dental	1,410	1,449	2.8%	1472	1470	-1	4.4%	4.3%
Other Qualified Scientific, Therapeutic and Technical Staff	425	431	1.4%	431	439	7	1.4%	3.1%
Qualified nursing, midwifery and health visiting staff	3,412	3,522	3.2%	3569	3589	20	4.6%	5.2%
*Support to clinical staff	2,895	2,993	3.4%	2806	2801	-4	-3.1%	-3.3%
*Total NHS infrastructure support	1,429	1,475	3.2%	1570	1564	-6	9.9%	9.4%
Total	10,671	11,015	3.2%	11,014.9	11,018.4	3.5	3.2%	3.3%

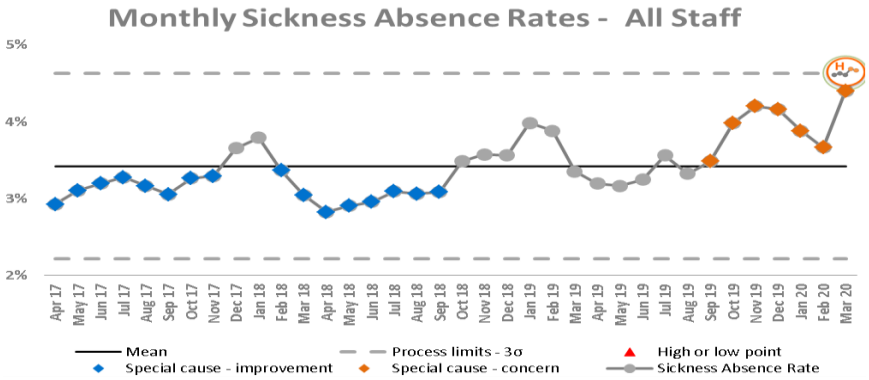
Please note that the workforce plan was based on NHSI staff groups which is slightly different from the way it is grouped fo r internal/Board reporting.
*Total NHS infrastructure support Includes all non-patient facing admin & clerical and Estates & facilities staff group and all m anagers or co-ordinators *Support to clinical staff include all additional clinical staff group, all clinical staff that are awaiting their professional registration and all admin & clerical and estates & facilities staff gro up with patient facing roles. E.g. ward clerk, porters, receptionists e.t.c)

Sickness Absence

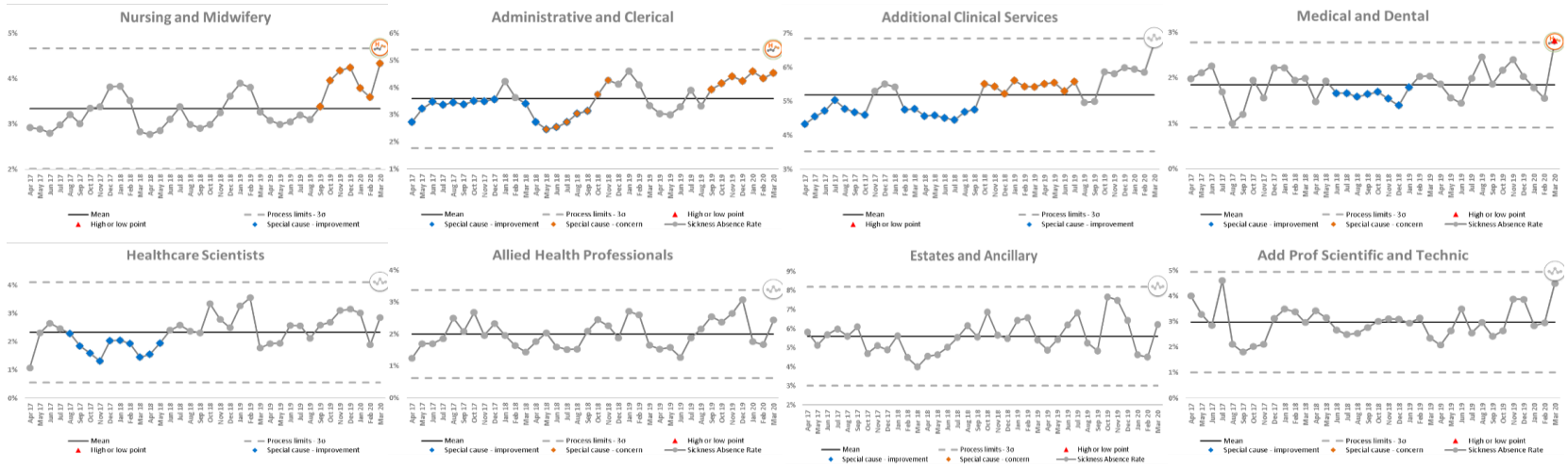
NHS Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff as Partners

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



What the information tells us: Monthly Sickness Absence Rate increased sharply from previous month by 0.79% to 4.4%. This is largely due to the effect of the potentially Covid-19 related sickness absence (this includes chest & respiratory problems, flu and infectious diseases) which accounts for about 36% of all FTE days lost to sickness in March 20. While there is a sharp increase in sickness absence across all staff groups specific areas of concern includes registered nurses, medical and admin staff group.

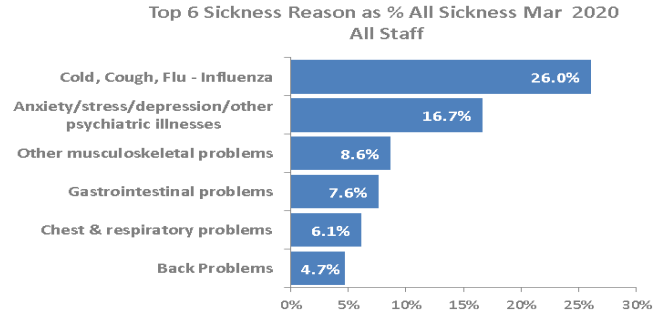


Top Six Sickness Absence Reason

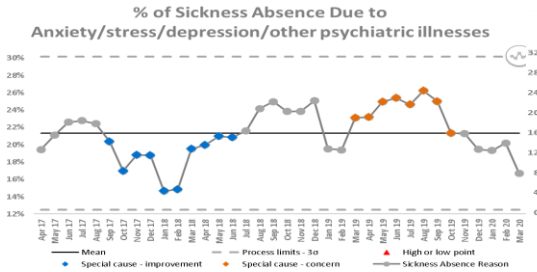
NHS Cambridge University Hospitals NHS Foundation Trust

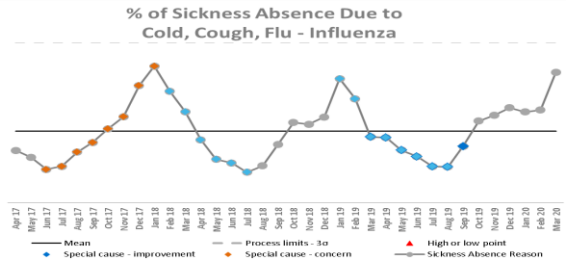
Workforce: Staff as Partners

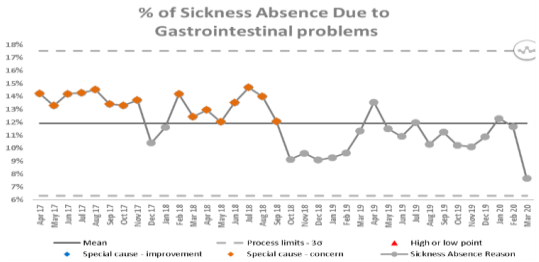
Background Information: Sickness Absence reason is provided as as a percentage of all FTE days missed due to sickness during the reporting month.

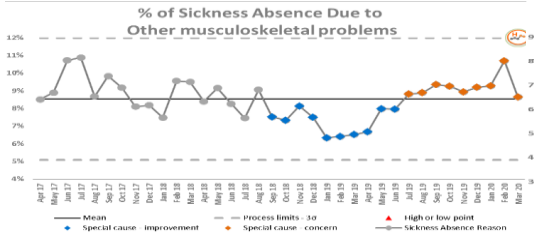


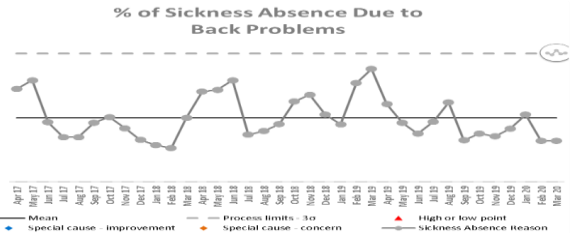
What the information tells us: Influenza related sickness has surpassed mental health related sickness as the highest absence reason and accounts for 26% of all sickness absence. There is also a sharp increase in the chest & respiratory sickness recorded within the Trust. These are potentially Covid-19 related sickness reason.

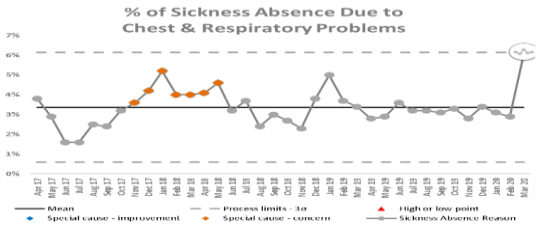










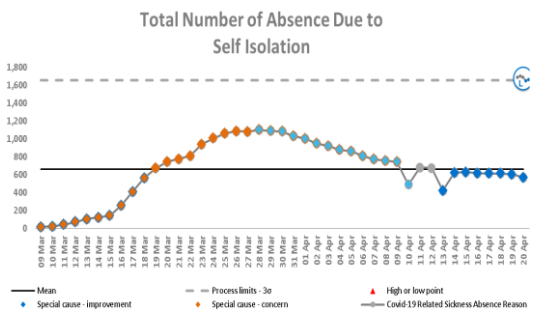


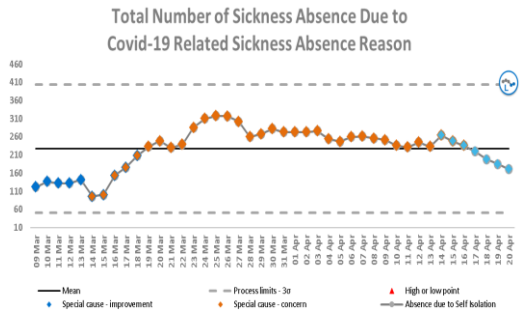
COVID-19 Related Absence

NHS Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff as Partners

Background Information: Daily absence figure due to Covid-19 are presented. This only provides daily information relating to the number of staff recorded as being absent from work rather than the equivalent FTE days lost which is used in calculating monthly sickness absence rate.



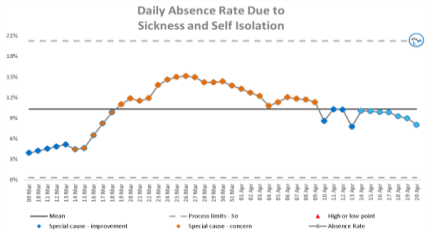


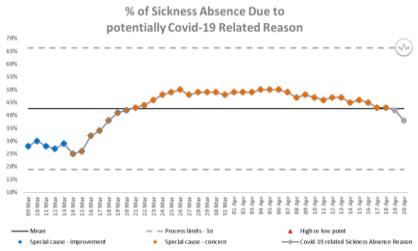
What the information tells us:

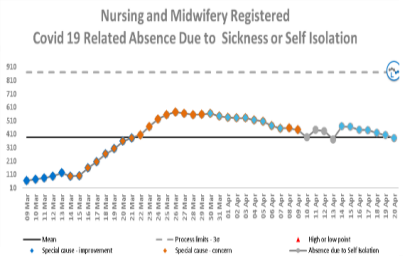
There is significant decrease in the number of staff self Isolating for the most recent week. Currently, 570 staff are self isolating as at 20th of April which is below the average of 663 for the last 1.5 month.

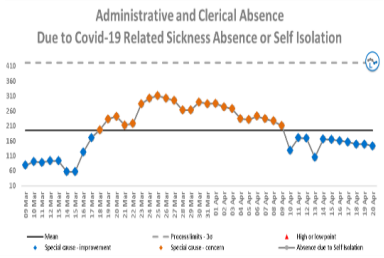
Similarly, the number of Covid-19 related sickness absence recorded is decreasing and below the average seen for the past month. Covid-19 related sickness absence currently accounts for 38% of the total sickness absence recorded within the Trust. This is down by about 11%. from the highest recorded in the past month.

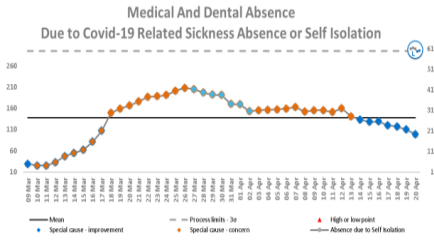
Overall, 8% of staff are absent from work due to Covid-19 related sickness or self isolation.

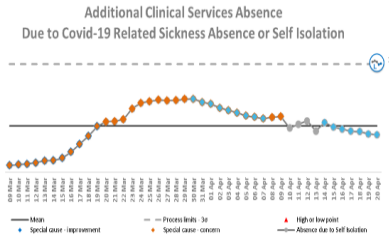


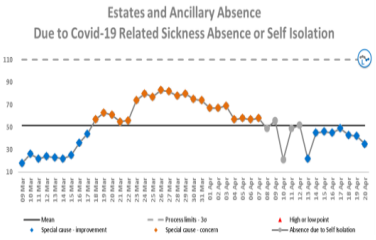


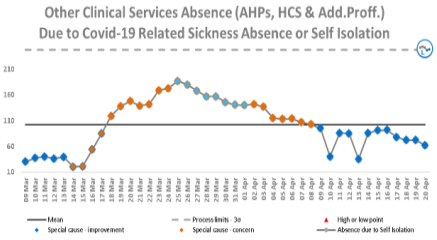










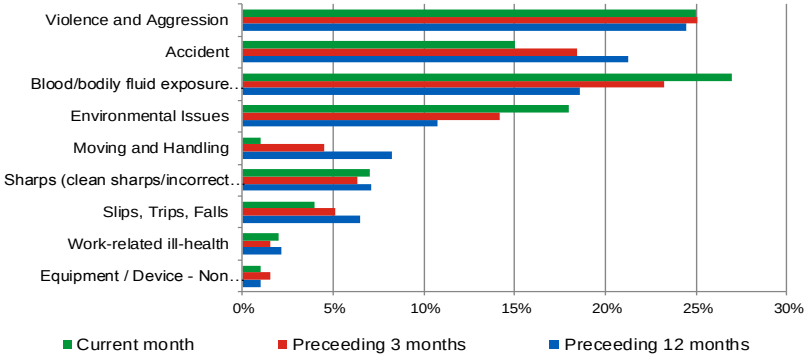


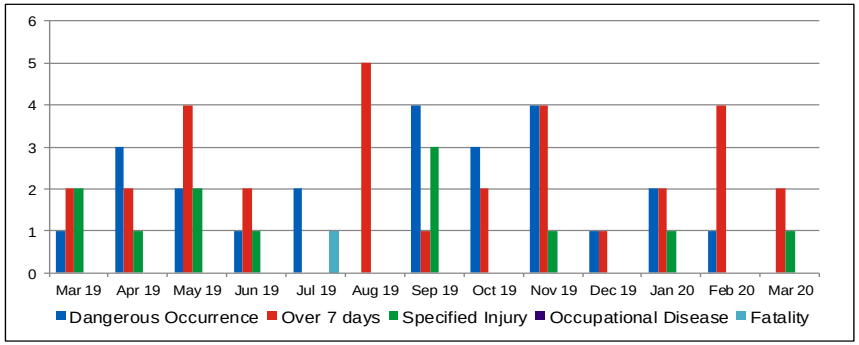
Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Saftey

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:	**1540**	**296**	**333**	**407**	**203**	**177**	**45**	**79**
Accident	**328**	58	81	76	43	28	14	28
Blood/bodily fluid exposure (dirty sharps/splashes)	**286**	79	64	59	24	48	8	4
Environmental Issues	**165**	33	45	15	24	33	5	10
Equipment / Device - Non Medical	**15**	3	1	4	4	2	1	0
Moving and Handling	**127**	19	57	21	19	3	1	7
Sharps (clean sharps/incorrect disposal & use)	**109**	38	17	17	11	20	4	2
Slips, Trips, Falls	**100**	23	20	13	10	14	8	12
Violence & Aggression	**377**	37	40	192	64	26	3	15
Work-related ill-health	**33**	6	8	10	4	3	1	1





A total of 1,540 health and safety incidents were reported in the previous 12 months.

852 (45%) incidents resulted in harm. The highest reporting categories were violence and aggression (24%), accidents (21%) and blood/bodily fluid exposure (19%).

75% (1,157) of incidents affected staff, 20% (300) affected patients and 5% (83) affected others ie visitors, contractors and members of the public.

The highest reported incident categories for staff were: blood/bodily fluid exposure (24%), violence and aggression (23%) an d accidents (18%).

The highest reported incident categories for patients were: accidents (33%), violence and aggression (31%) and environmental issues (19%).

The highest reported incident categories for others were: accidents (29%), violence and aggression (28%) and slips, trips an d falls (25%).

Staff incident rate is 10.5 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 407 incidents. Of these, 47% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (46%).

71% of RIDDOR incidents were reported to the HSE within the appropriate timescale. This is due to late reporting to the health and safety team.

In March 2020, three RIDDORs were reported:

Specified Injury (1)

- The Injured Person (IP) caught their foot on a bag which contained a deflated air mattress that was being stored in the patient's bed space prior to being used. The IP subsequently fell to the floor and sustained a non -displaced radial head fracture.

Over 7 days (2)

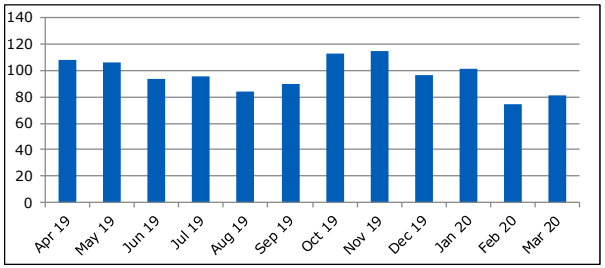
- The IP was walking down the stairs when they fell. The IP was not carrying anything, not rushing or distracted in any way and was unaware as to why they fell. There was no obstacle on the stairs and they were not wet. The IP was off work for over 7 consecutive days due to a knee sprain.
- A patient was being aggressive and punched the IP on their hand. The thumb area subsequently became swollen. The IP was off work for over 7 consecutive days as a result of this incident.

Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Saftey

No. of health and safety incidents affecting staff:

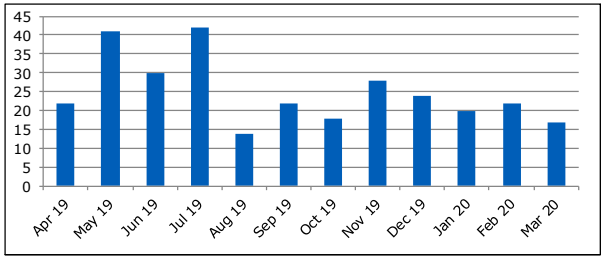


	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total
Accident	18	14	8	17	19	20	22	26	17	18	13	13	**205**
Blood/bodily fluid exposure (dirty sharps/splashes)	20	21	23	26	16	17	21	28	30	23	23	25	**273**
Environmental Issues	2	7	7	11	8	7	13	8	6	9	10	11	**99**
Moving and Handling	16	26	18	6	7	8	16	5	5	5	5	1	**118**
Sharps (clean sharps/incorrect disposal & use)	12	9	6	8	4	6	10	6	9	10	2	7	**89**
Slips, Trips, Falls	9	4	8	3	7	8	10	13	3	8	2	4	**79**
Violence & Aggression	22	23	23	19	20	21	19	27	25	27	17	18	**261**
Work-related ill-health	9	2	1	5	3	3	2	2	1	1	2	2	**33**
Total	**108**	**106**	**94**	**95**	**84**	**90**	**113**	**115**	**96**	**101**	**74**	**81**	**1157**

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

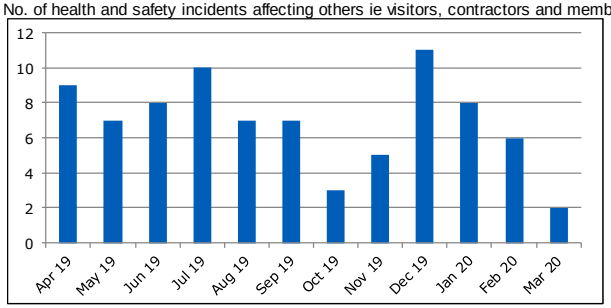
	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total
No. of health & safety incidents	108	106	94	95	84	90	113	115	96	101	74	81	**1157**
Staff incident rate per month/year	1.0	1.0	0.9	0.9	0.8	0.8	1.0	1.0	0.9	0.9	0.7	0.7	**10.5**

No. of health and safety incidents affecting patients:



	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total
Accident	11	15	11	10	7	9	6	13	6	4	5	2	**99**
Blood/bodily fluid exposure (dirty sharps/splashes)	1	1	1	2	0	0	0	1	1	2	1	2	**12**
Environmental Issues	4	8	2	15	3	2	3	1	5	3	6	5	**57**
Equipment / Device - Non Medical	0	1	1	2	0	1	1	1	3	0	4	1	**15**
Moving and Handling	0	0	0	0	0	0	0	3	2	2	2	0	**9**
Sharps (clean sharps/incorrect disposal & use)	2	1	4	1	0	0	2	2	1	1	1	0	**15**
Violence & Aggression	4	15	11	12	4	10	6	7	6	8	3	7	**93**
Total	**22**	**41**	**30**	**42**	**14**	**22**	**18**	**28**	**24**	**20**	**22**	**17**	**300**

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



	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total
Accident	3	1	2	2	3	0	1	0	6	3	3	0	**24**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Environmental Issues	0	1	1	3	1	0	0	0	0	1	0	2	**9**
Sharps (clean sharps/incorrect disposal & use)	2	0	1	2	0	0	0	0	0	0	0	0	**5**
Slips, Trips, Falls	2	3	0	0	1	5	1	4	2	1	2	0	**21**
Violence & Aggression	2	2	4	3	2	2	1	1	3	3	0	0	**23**
Total	**9**	**7**	**8**	**10**	**7**	**7**	**3**	**5**	**11**	**8**	**6**	**2**	**83**

Cambridge University Hospitals NHS Foundation Trust

Cambridge University Hospitals NHS Foundation Trust

Report to the Board of Directors: 13 May 2020

Agenda item	7.2
Title	Finance report
Sponsoring executive director	Paul Scott, Chief Finance Officer
Author(s)	Ed Smith, Interim Director of Finance
Purpose	To update the Board on financial performance in 2019/20 M12.
Previously considered by	Performance Committee, 6 May 2020

Executive Summary

The report provides details of financial performance during 2019/20 month 12 and in the year to date. A summary is set out in the Chief Finance Officer's message on page 3 of the report.

Related Trust objectives	Strengthening the organisation
Risk and Assurance	The report provides assurance on financial performance during Month 12.
Related Assurance Framework Entries	BAF ref: 010, 011
Legal / Regulatory / Equality, Diversity & Dignity implications?	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Board of Directors

The Board is asked to note the finance report for March 2020 (2019/20 Month 12).

Contents

NHS
Cambridge
University Hospitals
NHS Foundation Trust

Trust performance summary - key indicators

NHS
Cambridge University Hospitals
NHS Foundation Trust

Trust Surplus/(Deficit)

2.5 *actual*
2.6 *plan*

(32.9) *actual*
(33.1) *plan*

Forecast Surplus/ (Deficit)

(33.1) *forecast*
(33.1) *plan*

Run rate in month (p.8)

(5.4) *Recurrent*
2.5 *Reported*

CIP (p.7)

3.9 *actual*
3.6 *plan*

30.6 *actual*
30.0 *plan*

Cash and EBITDA

Cash

18.4 *actual*
3.3 *plan*

EBITDA

2.3 *actual*
2.4 *plan*

Net current assets/(liabilities) (p.17) and debtor days

Net current liabilities

(372.1) *actual*
(169.0) *plan*

Debtor days

37 *This month*
31 *Previous month*

Legend
£ in million
In month
YTD

CFO message

Cambridge University Hospitals NHS Foundation Trust

Year end financial performance

- The Trust's financial position at the end of M12 is £0.2m favourable to plan.
- The underlying deficit in month 12 is £5.4m and YTD it is £79.3m
- The Trust received £3.7m of non recurrent FRF/PSF and MRET funding in month.

Reported position vs control total

- The Trust has met its control total of **£33.1m deficit** but please note that due to allowable adjustments the Trust's reported **deficit for FY19/20 is £37.1m**. Refer to page 6 for a reconciliation and explanation of the relevant accounting treatments.

Covid-19 cost pressures and funding

- Covid-19 led to £12m of financial pressure in M12 that has been met in full by corresponding funding or allowances. Covid-19 has therefore not had a directly adverse impact on the Trust's financial performance in relation to its FY19/20 control total. Refer to page 6 for a summary of the Covid-19 financial pressure incurred in FY19/20.

CIP delivery

- The Trust reported a full year CIP achievement of £30.6m with £9m of this being non-recurrent.
- The CIP summary for the YTD result is included on page 7.

Cash and Capital position

- In response to Covid-19, Trusts are receiving funding for core contracted NHS Commissioners on a block basis one month in advance. This significantly improves CUH's cash position and results in a forecast cash balance well in excess of the minimum cash balance required for the foreseeable future. No further revenue cash support should therefore be required during this 13 week period. We do, however, continue to await confirmation of capital funding allocations for 2020/21 and it is not yet clear when Covid-19 revenue and capital expenditure will be reimbursed.

CFO message - summary financials

NHS Cambridge University Hospitals NHS Foundation Trust

(£'m)	In month			YTD		
	Budget	Actual	Variance	Budget	Actual	Variance
Clinical Income - exc. D&D*	56.9	63.2	6.3	658.7	660.9	2.1
Clinical Income - D&D*	9.0	9.4	0.4	106.9	104.6	(2.3)
Devolved Income	17.9	41.7	23.8 ★	202.7	230.4	27.6
Total Income	**83.7**	**114.2**	**30.5**	**968.4**	**995.8**	27.4
Pay	44.2	67.2	(22.9) ★	531.7	553.0	(21.2)
Drugs	11.2	11.7	(0.5)	133.9	131.0	2.9
Non Pay	23.0	30.1	(7.1)	300.4	309.5	(9.1)
Operating Expenditure	**78.4**	**109.0**	**(30.5)**	**966.0**	**993.5**	(27.6)
EBITDA	**5.3**	**5.3**	**(0.1)**	**2.4**	**2.3**	**(0.2)**
Depreciation, Amortisation & Financing	2.8	2.8	(0.1)	35.5	35.2	0.3
Deficit (excluding T&T Expenditure*)	**2.6**	**2.5**	**(0.1)**	**(33.1)**	**(32.9)**	**0.2**
T&T Expenditure	0.0	0.0	0.0	0.0	0.0	0.0
Deficit	**2.6**	**2.5**	**(0.1)**	**(33.1)**	**(32.9)**	**0.2**

Table 1 - CUH Financial Position at Month 12

**D&D = Drugs & devices*
**T&T = Termination & transition*

★ Note that in M12, the FY19/20 pensions uplift of £21.23m was included in the accounts in both Other Income and Pay as per national guidance. This is to show the correct accounting treatment and is not a performance variance.

CFO message - summary financials

Cambridge University Hospitals NHS Foundation Trust

Year end reported result and control total

£m	
37.138	Final year end deficit position as reported to NHSI/E
	Adjustments not impacting on the control total:
-3.195	Impairments / building revaluations
-0.742	Donated asset depreciation
-0.35	Annual leave accrual in relation to Covid-19
32.851	**Revised deficit**
33.09	FY19/20 Control total
0.239	**Favourable variance to control total**

The table above sets out a reconciliation between the reported deficit in FY19/20 to the Trust's control total for FY19/20, as there were three items which were excluded for the purposes of measuring financial performance against control total.

Cambridge University Hospitals NHS Foundation Trust

Covid-19 revenue cost impact in M12

£m

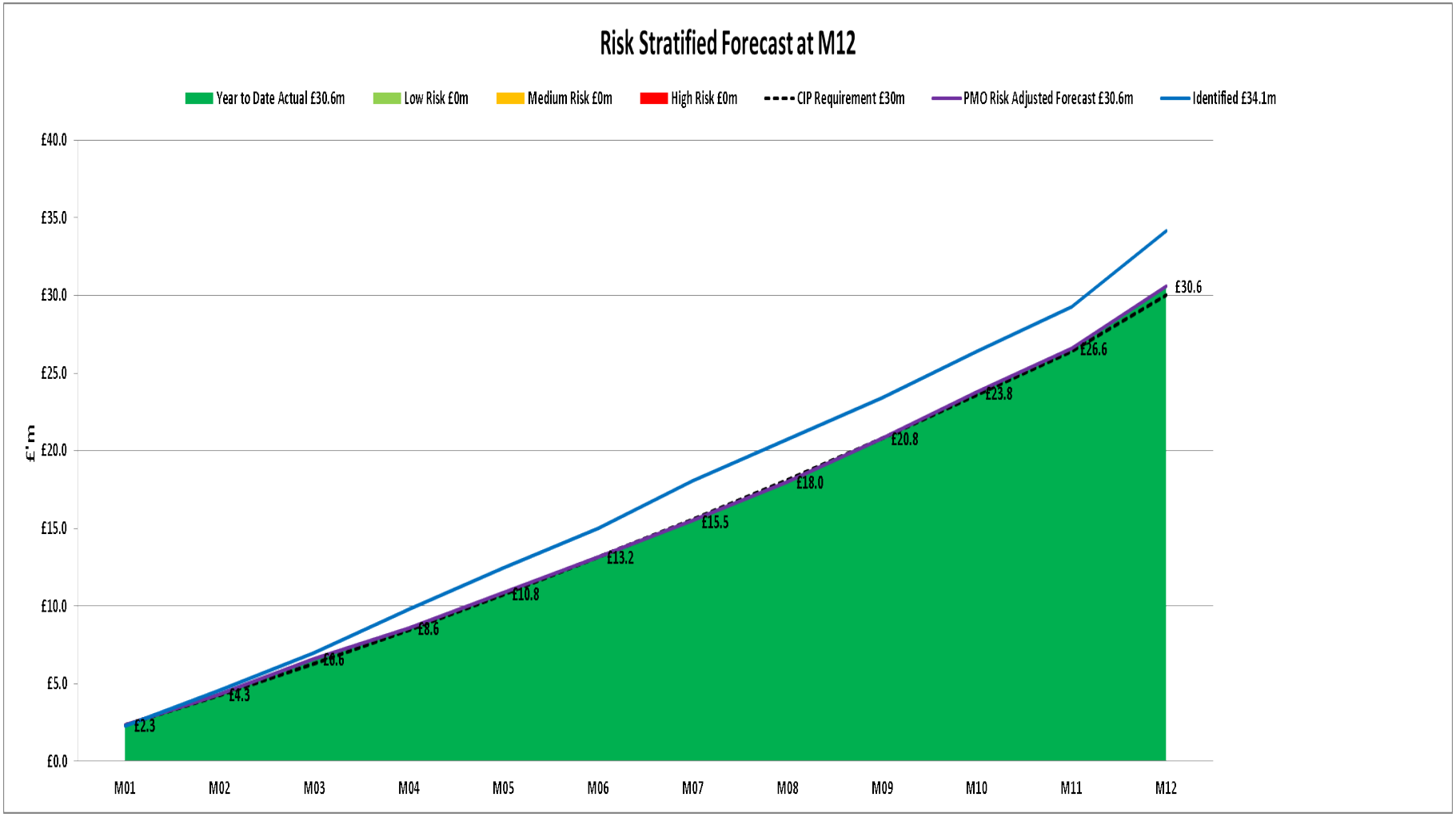
	Covid-19 revenue costs impact
3.6	Direct investment in services/products
6.3	Compromised clinical income steams
1.7	Compromised other income streams
0.35	Carry forward of annual leave expenditure
12.0	**Total financial pressures**

The table above summarises the four main areas of Covid-19 related financial pressure experienced in FY19/20. Note that the Trust has received agreement from the Regulator that these costs will be funded. The £12m has therefore not adversely impacted on the Trust's financial year end.

Trust wide CIP- overview

Cambridge University Hospitals NHS Foundation Trust

The Trust has delivered recurrent CIPs of £21.6m YTD



Deficit run rate at M12

NHS Cambridge University Hospitals NHS Foundation Trust

The underlying deficit in month is (£5.4m)

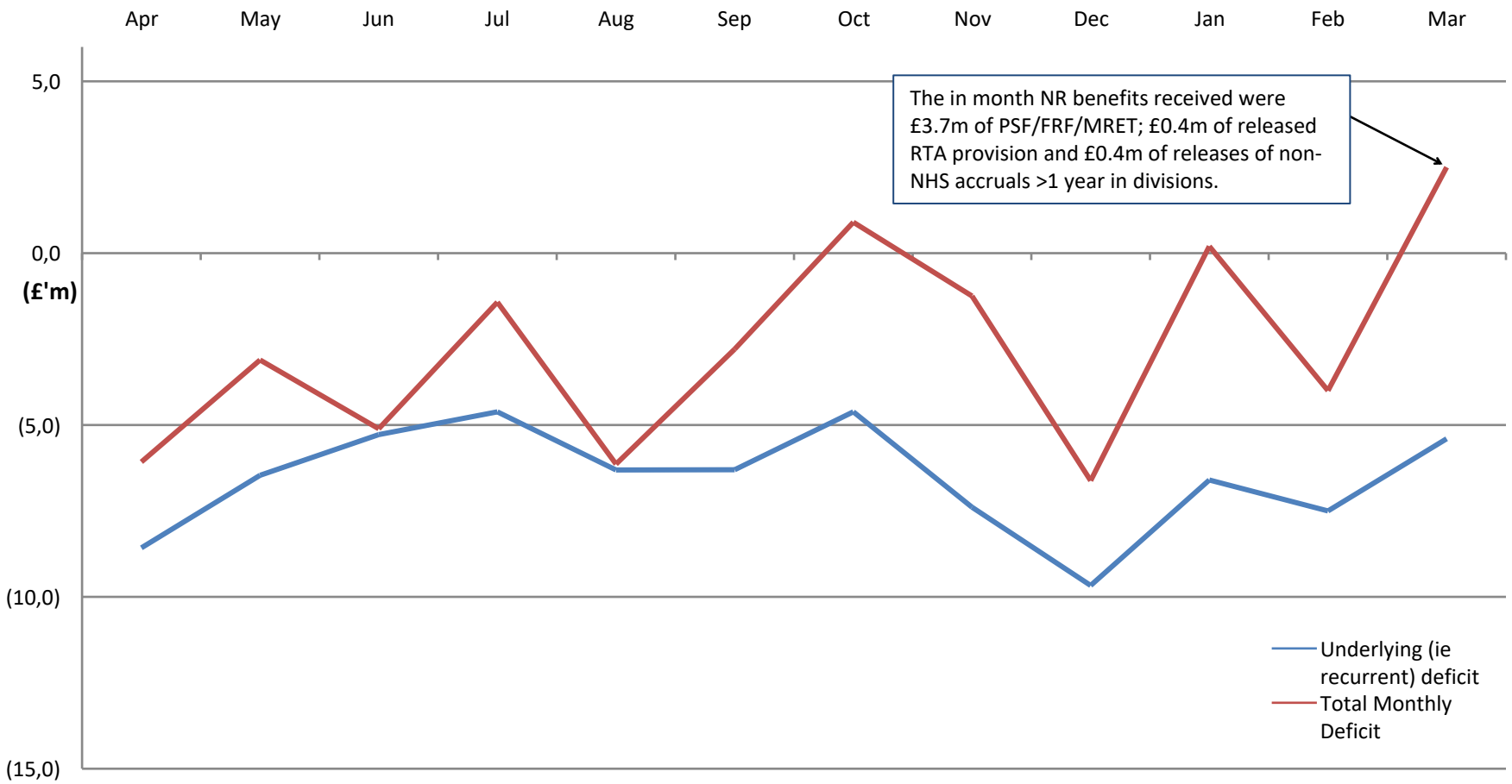


Chart 1 – CUH Underlying deficit versus reported deficit

Deficit run rate at M12 (continued)

NHS Cambridge University Hospitals NHS Foundation Trust

The underlying deficit year at year end is £79.3m

- It is important to understand the YTD underlying deficit in the context of the annual plan for FY19/20.
- As set out at the beginning of the year, the underlying deficit for FY19/20 was expected to be in the region of £73m.
- The YTD underlying deficit at **M12 is £79.3m**.
- The Trust reported a full year CIP achievement of £30.6m with £9m of this being non-recurrent.
- The Long Term Plan assumes a recurrent outturn of £79m and therefore the Trust remains on track to meet this planning assumption.

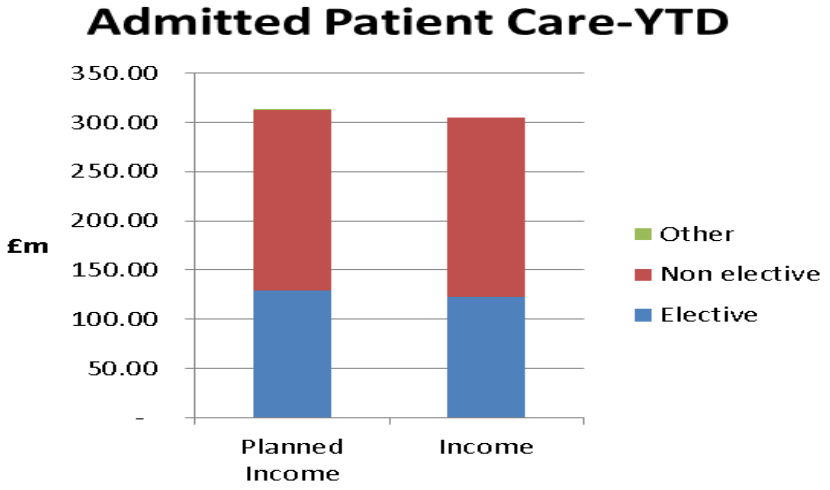
£ m	Narrative
-33.1	**CUH FY19/20 Plan submitted on 15 May 2019 incl. PSF/FRF/MRET funding**
-33.0	PSF, FRF, MRET funding
-13.2	Non-recurrent benefits in FY19/20
-79.3	**Underlying deficit for FY19/20**

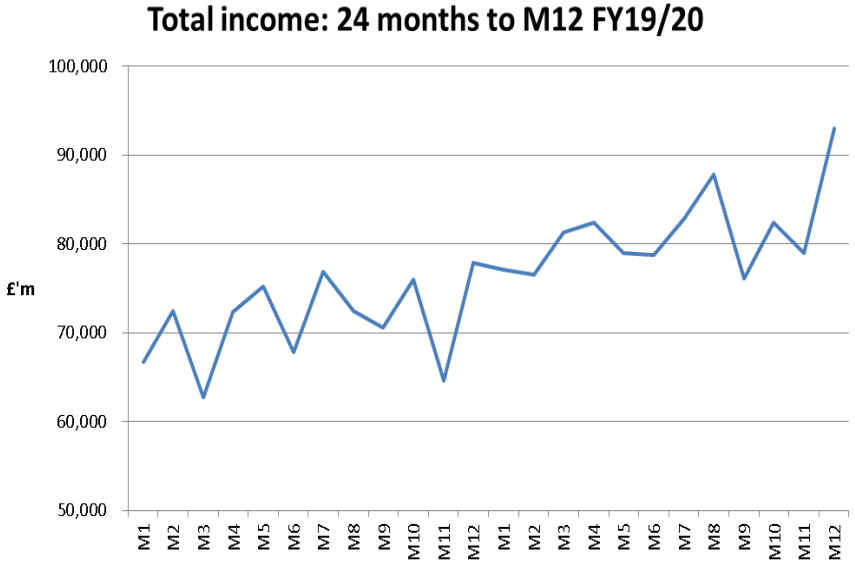
Clinical and Other income in M12

At the end of month 12, the Trust's YTD Income position is £20.9m greater than plan. Clinical income is £6.8m less than plan, with Devolved income £27.6m above plan.

Note that in M12, the FY19/20 pensions uplift of £21.23m was included in the accounts in both Other Income and Pay as per national guidance.

It is important to recognise that the YTD total adverse variance in Clinical Income of £6.8m is due to underperformance excluding the impact of Covid-19. (£6.3m income loss attributed to Covid-19 was funded via the agreement of block contracts).

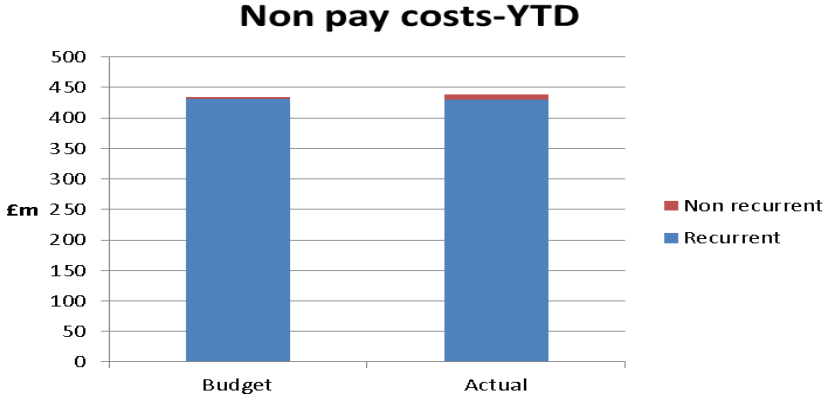


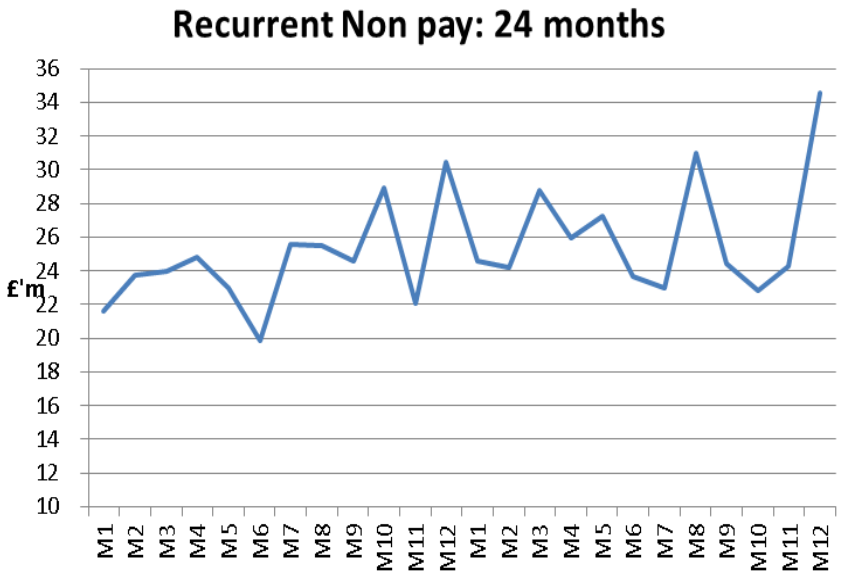


	M12			YTD		
£'m	**Budget**	**Actual**	**Variance**	**Budget**	**Actual**	**Variance**
Admitted Patient Care	27.0	22.6	(4.4)	312.8	303.7	(9.1)
Outpatient	10.2	9.3	(0.9)	115.5	116.1	0.6
Accident and Emergency	1.8	1.5	(0.3)	21.8	22.5	0.8
Other Activity	26.2	26.9	0.6	309.1	306.2	(2.9)
CQUIN, Fines & Challenges	0.0	0.9	0.8	0.1	(6.5)	(6.5)
Non-Rec. Benefits & Adj.	0.6	4.9	4.3	6.3	16.8	10.5
Total Clinical Income	**65.9**	**66.0**	**0.1**	**765.6**	**758.8**	**(6.8)**
Adjusted Clinical income				765.6	**751.3**	**(14.3)**
Devolved Income	17.9	41.7	23.8	202.7	230.4	27.6
Total Trust Income	**83.7**	**107.6**	**23.9**	**968.4**	**989.2**	**20.9**

Pay expenditure in M12

At the end of month 12, the Trust's YTD pay position is £0.25m favourable to plan.
This is mainly due to underspends year to date in agency (£3.8m) and Bank (£5.6m), partially offset by an adverse variance YTD in substantive pay.



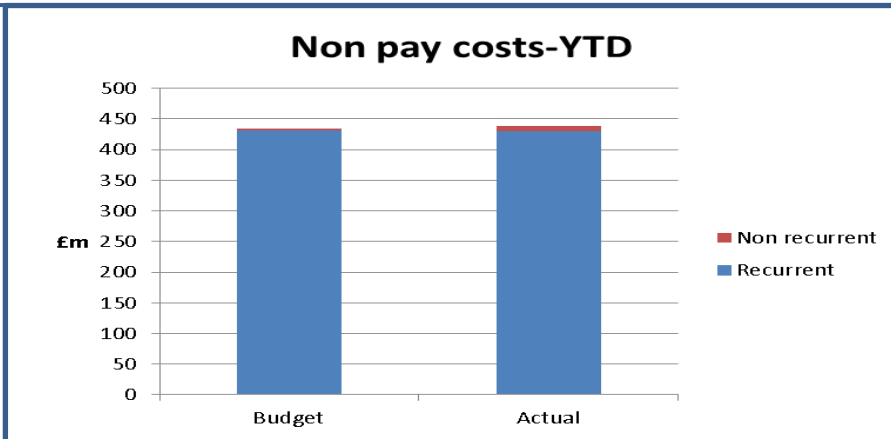


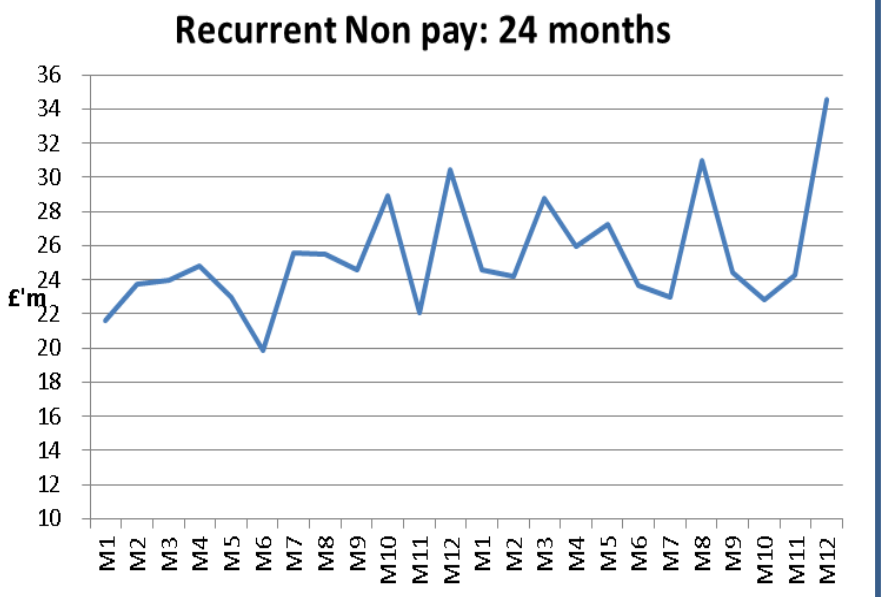
Pay costs by Staff Group

	In Month			Year to Date		
£ Millions	Budget	Actual	Variance	Budget	Actual	Variance
Administrative & Clerical	5.10	4.90	0.20	60.73	60.68	0.05
Allied Healthcare Professionals	2.96	2.50	0.46	32.12	32.09	0.03
Clinical Scientists & Technicians	3.67	4.12	(0.45)	44.13	44.09	0.04
Medical and Dental Staff	14.05	14.55	(0.50)	168.74	168.71	0.03
Nursing	17.67	18.48	(0.80)	216.24	216.21	0.03
Other Pay Costs	0.76	1.01	(0.25)	9.72	9.64	0.07
TOTAL PAY	**44.21**	**45.55**	**(1.34)**	**531.67**	**531.42**	**0.25**

Non-pay expenditure in M12

At the end of month 12, the Trust's non pay position is £4.4m over plan.
This is mainly driven by the payment of NR system support paid in month 8 (£7.5m) which is matched by corresponding income.
Without this the underspend in drugs £2.9m, Clinical supplies £3.3m and Premises £0.5m would make up the favourable YTD non pay position.





Non Pay costs

£millions	In month Budget	In month Actual	In month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance
Drugs	11.2	11.7	(0.5)	133.9	131.0	2.9
Clinical Supplies	11.4	10.8	0.6	137.6	134.3	3.3
Misc Other Operating expenses	4.6	8.1	(3.5)	72.4	72.8	(0.4)
Premises	4.0	4.7	(0.7)	47.7	47.3	0.5
Clinical Negligence	0.9	1.5	(0.6)	18.0	18.0	0.1
Other non pay costs (including (	2.0	3.2	(1.2)	21.1	27.3	(6.2)
Total Recurrent	34.1	40.0	(5.9)	430.7	430.5	0.2
eHospital	0.0	0.0	0.0	0.0	0.0	0.0
Other non pay costs	0.1	(0.1)	0.1	3.6	0.5	3.1
NR System support	0.0	0.0	0.0	0.0	7.5	(7.5)
Total Non-recurrent	0.1	(0.1)	0.1	3.6	8.0	(4.4)
Total Non Pay	34.1	39.9	(5.8)	434.3	438.5	(4.2)

Cash flow and creditor payment days

Weighed average creditor payment days				
M8	M9	M10	M11	M12
57	49	50	55	42

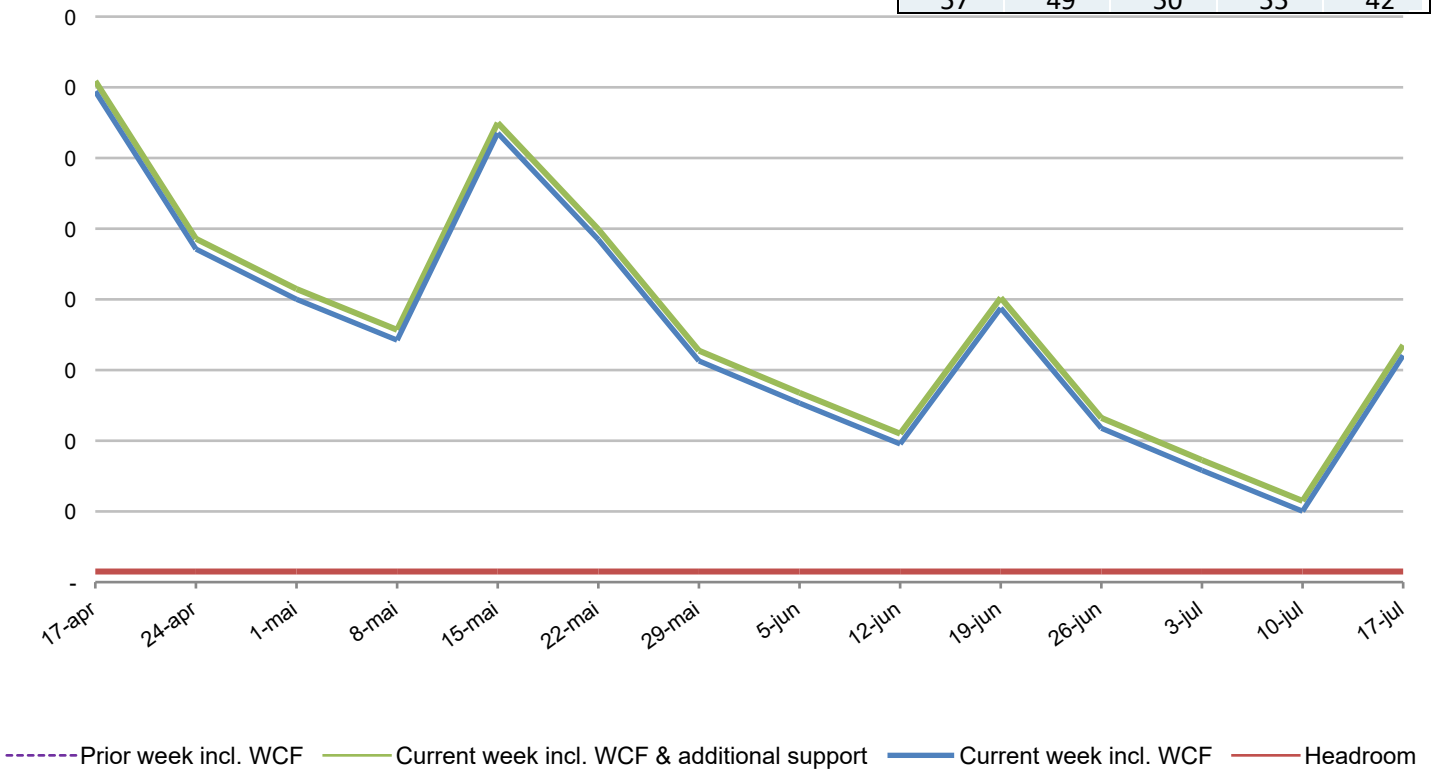


Chart 2 – CUH 13 week rolling cash flow forecast (£000)

In response to Covid-19, Trusts are being paid on a block contract basis one month in advance. This significantly improves CUH's cash position and results in a forecast cash balance well in excess of the minimum cash balance required for the foreseeable future. No further revenue cash support should therefore be required during this 13 week period. We do, however, continue to await confirmation of capital funding allocations for 2020/21 and it is not yet clear when Covid-19 revenue and capital expenditure will be reimbursed.

Capital expenditure by programme

NHS Cambridge University Hospitals NHS Foundation Trust

Now capital loans have been approved, mobilisation to spend the revised capital budget in full is underway

Year to Date (M12)			
Programme	Budget £m	Actuals £m	Variance £m
Estates	9.6	7.6	2.0
Medical Equipment R	6.7	8.2	-1.5
e Hospital / Legacy	3.9	3.7	0.2
Histopathology	1.1	1.2	-0.1
C5 (Dialysis)	2.7	2.3	0.4
Other Developments	3.6	5.3	-1.7
Programme Total	27.6	28.3	-0.7

Forecast		
Budget £m	Expenditure £m	Variance £m
9.6	7.6	2.0
6.7	8.2	-1.5
3.9	3.7	0.2
1.1	1.2	-0.1
2.7	2.3	0.4
3.6	5.3	-1.7
27.6	28.3	-0.7

Capital Commitments 2019/20		
	Planned Budget £m	Committed £m
Estates	9.6	7.6
Medical Equipment Replacement	6.7	8.2
e Hospital / Legacy Systems	3.9	3.7
Histopatholgy	1.1	1.2
C5 Dialysis	2.7	2.3
Other Developments	3.6	5.3
	27.6	28.3

Key Issues/Notes Year to Date

- Trust over-achieved CDEL allocation by £0.7m.
- Estates underspend largely explained by Fire spending £800k less than forecast and underspends on C5 refurb and PICU Link bridge.
- Equipment purchases exceeded budget as slippage elsewhere in the programme was used to bolster medical equipment spend.
- 2020 land purchase (£1.9m) include in "other developments".
- Reported spend increased by £12m in March.

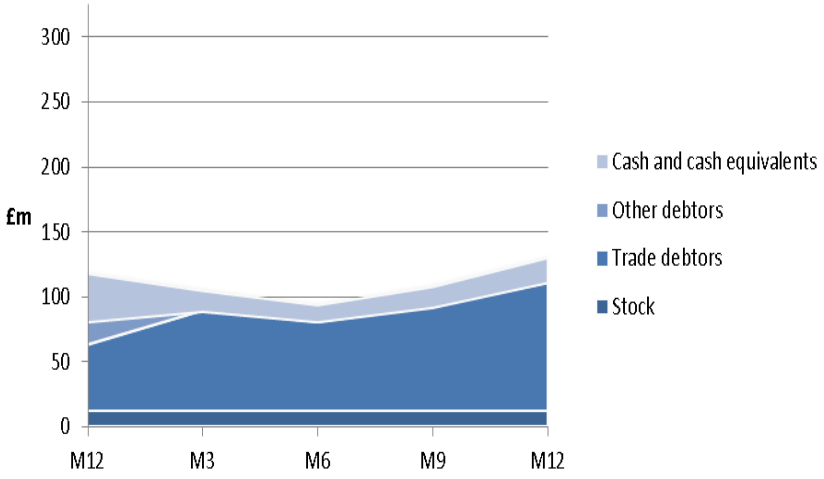
Key Issues/Notes Forecast

Capital Commitments 2019/20

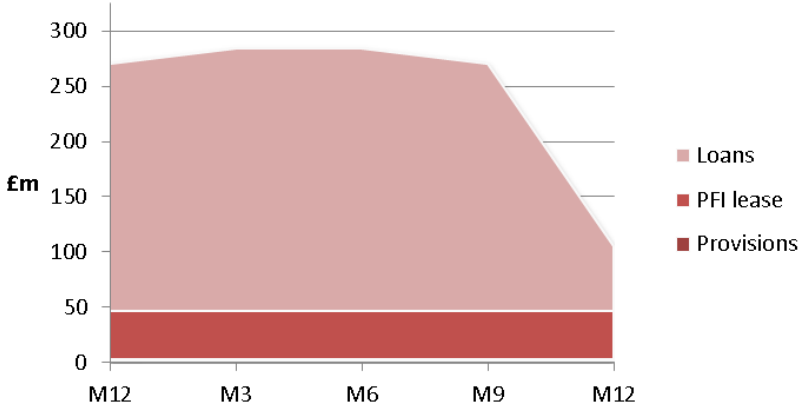
Trust balance sheet at M12

Cambridge University Hospitals NHS Foundation Trust

Current assets



Non Current liabilities



Balance Sheet at M12

	M12 Budget £million	M12 Actual £million	M12 Variance £000
Non-current assets			
Intangible assets	25.5	28.2	(2.7)
Property, plant and equipment	355.5	344.2	11.3
Total non-current assets	381.0	372.4	8.5
Current assets			
Inventories	11.8	12.6	(0.8)
Trade and other receivables	81.5	98.5	(17.0)
Cash and cash equivalents	3.3	18.4	(15.1)
Total current assets	96.5	129.5	(32.9)
Current liabilities			
Trade and other payables	(121.1)	(121.8)	0.6
Borrowings	(120.0)	(350.8)	230.8
Provisions	(0.7)	(2.3)	1.6
Other liabilities	(23.7)	(26.7)	3.0
Total current liabilities	(265.6)	(501.5)	236.0
Total assets less current liabilities	211.9	0.4	211.6
Non-current liabilities			
Borrowings	(307.1)	(102.9)	(204.2)
Provisions	(2.3)	(3.2)	0.9
Total non-current liabilities	(309.3)	(106.1)	(203.3)
Total assets employed	(97.4)	(105.7)	8.3
Taxpayers' equity			
Public dividend capital	143.1	139.6	3.4
Revaluation reserve	38.3	37.4	0.9
Income and expenditure reserve	(278.8)	(282.7)	3.9
Non-controlling Interest	0.0	0.0	0.0
Total taxpayers' and others' equity	(97.4)	(105.7)	8.3

Cambridge University Hospitals NHS Foundation Trust

Cambridge University Hospitals NHS Foundation Trust

Report to the Board of Directors: 13 May 2020

Agenda item	7.3
Title	Nurse Safe Staffing
Sponsoring executive director	Lorraine Szeremeta, Chief Nurse
Author(s)	Maura Screaton, 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 Exception Report.
Previously considered by	Management Executive, 7 May 2020

Executive Summary

The paper reports on nursing and midwifery staffing for April 2020.

Related Trust objectives	Improving patient journeys Strengthening the organisation
Risk and Assurance	Insufficient nursing and midwifery staffing levels
Related Assurance Framework Entries	BAF ref: 004
Legal / Regulatory / Equality, Diversity & Dignity implications?	NHS England & CQC letter to NHSFT CEOs (31.3.14) NHS Improvement Letter – 22 April 2016. NHS Improvement letter re: CHPPD – 29 June 2018 NHS Improvement – Developing workforce safeguards October 2018
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	Yes

Action required by the Board of Directors:

The Board is asked to note:

- The safe staffing report for April 2020.
- The critical care staffing model during the COVID-19 surge.
- That the registered nurse vacancy rate for April 2020 was 6.89%.
- That the healthcare support worker vacancy rate for April 2020 was 18.10%.
- Care Hours Per Patient Day for April 2020 was 23.13.

Cambridge University Hospitals NHS Foundation Trust

13 May 2020

Board of Directors
Monthly Nurse Safe Staffing
Lorraine Szeremeta, Chief Nurse

1. Executive Summary

1.1 The Chief Nurse's Office and Heads of Nursing continue to work together to ensure our wards and departments are safely staffed at Cambridge University Hospitals (CUH). Working closely with divisional and workforce colleagues, we continue to look for opportunities for efficiencies within the workforce while also monitoring any impact on safety and quality of care.

1.2 This paper provides a summary of the nursing and midwifery staffing response during the first phase of the COVID-19 pandemic, focusing mainly on critical care.

2. Purpose

2.1 The purpose of this paper is to present the Board of Directors with an overview of nurse staffing capacity for the month of April 2020 in line with the National Institute for Clinical Excellence (NICE) safe staffing and National Quality Board (NQB) standards.

2.2 The report gives an overview of nurse staffing for April 2020 including actual versus planned hours worked, reports of NICE red flag staffing issues as well as details of care hours per patient day (CHPPD). The report focuses specifically on critical care staffing during the COVID-19 surge period.

3. Background – National and Local Context for Critical Care Staffing

3.1 In response to the predicted surge of critical care requirements during the COVID-19 pandemic, NHS England and NHS Improvement issued new guidance on staffing. '*Clinical guide to adult critical care during the coronavirus pandemic: staffing framework*' was released on 25 March 2020 and outlines the principles for deployment and redeployment of staff to match the needs of a critical care department, independent of where the care is delivered. It also provides indicative staffing ratios and competencies, and suggests professional groups that could potentially form part of this new workforce during times of surge and super-surge.

3.2 The staffing ratios within the document aim for a 1:1 or 1:2 at the bedside even at time of super-surge by augmenting the usual workforce and other professions.

3.3 Nurse staffing is split into three categories:

1. Critical Care Nurses – with critical care competencies and/or current experience.
2. Category A Nurses – A registered nurse with some previous knowledge and/or transferable skills. This includes experienced and competent physiotherapists.
3. Category B Nurses – Non-critical care nurses/multi-professionals.

3.4 In addition, to these categories, it is expected that trusts will ensure sufficient supervision and management through roles as Senior Critical Care Nurse, and Critical Care Lead Nurses/Matrons.

3.5 The expected ratios and breakdown for providing a critical care/ICU nursing team is presented below in Figure 1.

Figure 1: Nurse Staffing for Critical Care

3.6 In addition to the Nursing team, it is expected that there will be 'cross-cutting teams' provided to support the unit(s) in delivering appropriate care and treatment for patients. These include:

- Proning Team
- Pharmacy Care Team

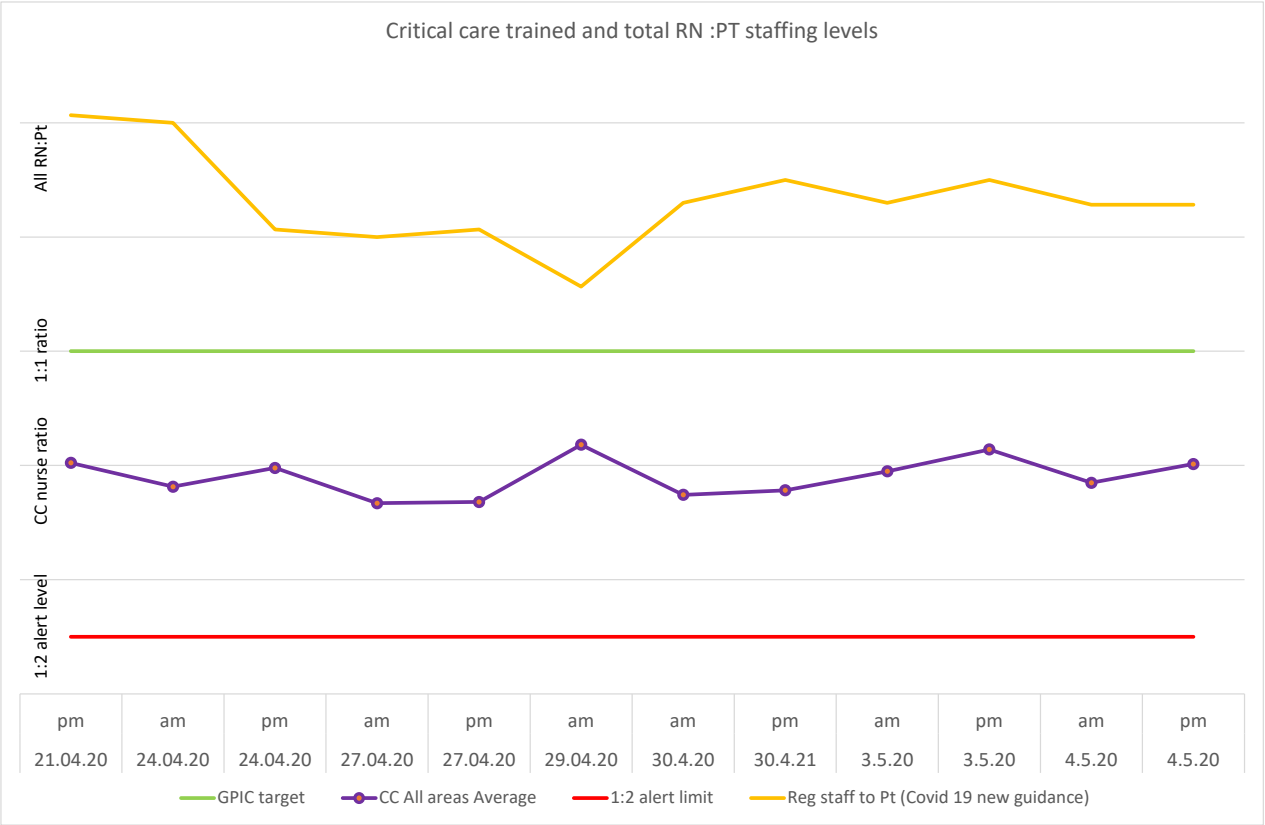
3.7 In order to meet the national COVID-19 staffing recommendations for the provision of critical care beds to the Trust's maximum surge plan of 147 beds, the Trust requires 957 WTE staff in totality to provide a full and safe rota.

Figure 2: Staffing requirements for critical care surge

Critical Care Beds at max surge (147)		Required WTE
Critical Care nurses	1:6	205
Cat A registered staff	1:4	280
Cat B other staff	1:1	472
Total		**957**

3.8 As at 1 May 2020, 650 non critical care staff were trained for the A & B categories.

Figure 3: Critical care nurse to patient ratio



GPIC = the Guidelines for Provision of Intensive Care Services

3.9 Figure 3 shows the critical care registered nurse to patient ratio over a 10 day period. GPIC requires 1:1 critical care nurse to patient ratios. This area is currently providing less than 1:1 critical care trained registered nurses to patient ratio but this is more than 1:2. However, overall, the ratio of nurse to patient is more than 1:1 when including Category A and Category B registered staff.

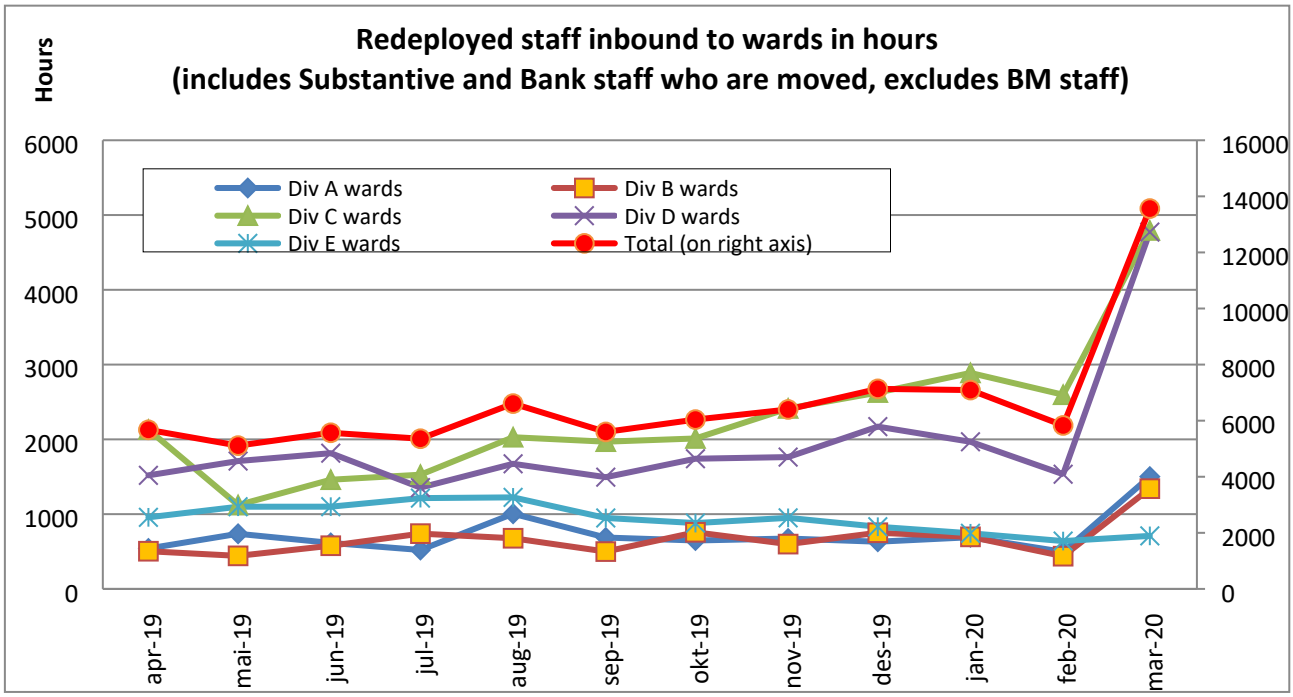
3.10 The critical care areas are supported by a proning team on each shift. These staff also allow for provision of personal protective equipment (PPE) PPE 'donning' and 'doffing' buddies.

4. Actual and Planned Staffing Report for April 2020

4.1 Appendix 1 provides an overview of the planned versus actual coverage in hours for the calendar month of April 2020. To ensure that the Board is given sight of the staffing within all areas, the planned versus actual staffing hours are included within the relevant divisional table. Due to reconfiguration of wards during the COVID-19 pandemic some wards were not occupied.

5. Redeployment of Staff to Other Ward Areas

Figure 4: Staff redeployment



5.1 The increase in staff redeployment can be explained by the changing configuration of ward areas due to COVID-19.

6. Red Flags

6.1 Figure 5 describes the red flag report for April 2020. A review of how red flags are reported and recorded has taken place and a revised process is now in place.

Figure 5: Red flag reporting

	Count of Red Flag Type	red flag rasied						
Division	Unit	1. Less than 2 RNs on shift	1. Omission of planned mobilisation / washes / obs	2. Unplanned omission in providing medications	3. Delay in providing pain relief	Unable to facilitate end shift at scheduled tm	Unable to facilitate staff break	Grand Total
A	L4 Colorectal			1				1
A	M4 Gastro						2	2
C	C7 - MTR		11		1			12
C	F5 Transplant HDU					2		2
C	G5 Transplant	1				1		2
D	K3 CCU	1						1
D	L5 Vascular		1		1		1	3
E	C3 Paed				1	1		2
	Grand Total	2	12	1	3	4	3	25

6.2 All red flags were reviewed and addressed at the time.

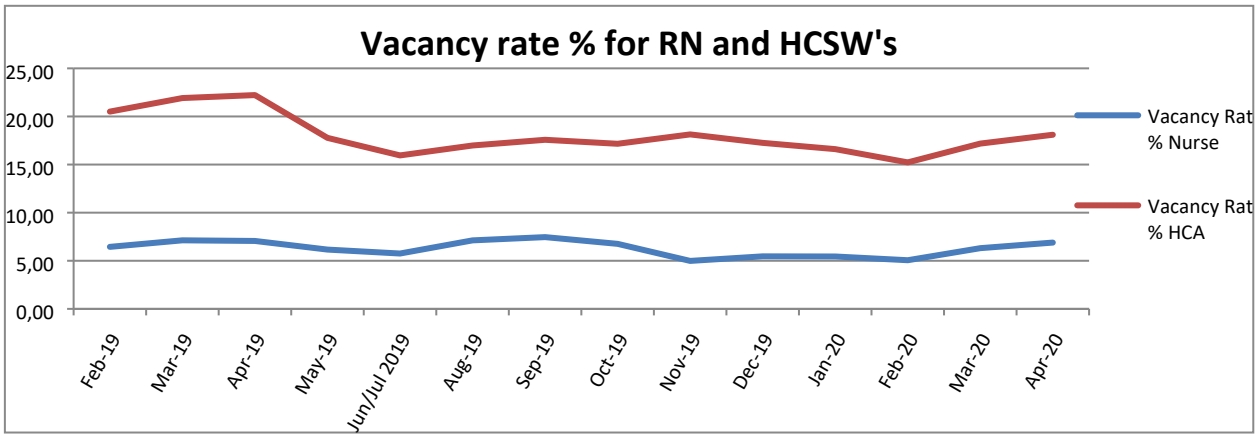
7. Care Hours per Patient Day (CHPPD) and Cost per Care Hours (CPCH)

7.1 Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff), 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.

7.2 CHPPD for April was 23.12 (February pre COVID = 11.07). This can be largely explained by the increase in CHPPD in critical care and the critical care surge areas, J3 and IDA.

7.3 Reduced occupancy on wards, together with extra time required for donning and doffing PPE has led to a higher nurse to patient ratio, impacting on CHPPD.

8. Nurse Vacancies



8.1 Registered nurse vacancies have increased to 6.89% (February 2020 was 5.0%). The healthcare support worker vacancy rate has also increased slightly to 18.1% (February 2020 was 15%).

9. Recommendations

9.1 The Board of Directors is asked to note:

- The safe staffing report for April 2020.
- The critical care staffing model during the COVID-19 surge.
- That the registered nurse vacancy rate for April 2020 was 6.89%.
- That the healthcare support worker vacancy rate for April 2020 was 18.10%.
- Care Hours Per Patient Day for April 2020 was 23.13.

Appendix 1: Actual and Planned Staffing Report (April 2020)

The data used within this report is pulled retrospectively from our Healthroster, and includes the % of hours (registered nurse and care staff) that were filled against the planned (baseline) number of hours for the calendar month. This data set is the same as our national submission to UNIFY.

Please note, areas with > 100% fill is due to additional hours filled to care for patients who require 1:1 supervision (specialling). Greater than 100% does not mean that all planned hours were filled, just that once totalled the actual hours planned and unplanned are greater than simple planned hours.

Division A		Day		Night		Apr-20		
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	Total % hours filled (registered and care staff)
C8*	Trauma and Orthopaedics	87.8%	95.9%	84.7%	105.2%	87%	99%	91%
D8	Trauma and Orthopaedics	89.4%	141.2%	87.3%	128.3%	88%	137%	106%
L2 overnight stay	23 hour Stay Day Surgery	104.8%	90.6%	98.6%	80.2%	103%	89%	99%
L4	Colorectal Surgery	99.0%	127.4%	96.3%	117.9%	98%	123%	106%
M4	Gastroenterology	99.4%	111.4%	95.5%	100.5%	98%	107%	101%
IDA	Intermediate Critical care Unit	86.3%	93.3%	79.4%	73.3%	83%	84%	83%
J3 ICU*	Critical Care	108.7%	96.9%	76.8%	81.1%	93%	91%	93%
JOHN FARMAN ICU	Critical Care	99.2%	93.7%	98.7%	94.1%	99%	94%	98%
NCCU	Neuro Critical Care	85.7%	92.3%	80.3%	94.6%	83%	93%	84%
OIR	Overnight Intensive Recovery	96.4%	#DIV/0!	100.3%	0.0%	98%	0%	97%
	Overall divisional fill	**93%**	**105%**	**88%**	**98%**	**91%**	**102%**	**93%**

Division B		Day		Night		Apr-20		
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	Total % hours filled (registered and care staff)
C10	Haematology	104.7%	92.9%	101.4%	95.5%	103%	94%	102%
C9	Teenage Cancer Trust	99.4%	97.6%	100.0%	96.5%	100%	97%	99%
D6 HAEM	Haematology	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
D9	Oncology	91.8%	81.4%	87.7%	85.9%	90%	83%	88%
	Overall divisional fill %	**99%**	**88%**	**96%**	**91%**	**98%**	**90%**	**95%**

Division C		Day		Night		Apr-20		
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	Total % hours filled (registered and care staff)
C4	Geriatric Short Stay Medicine	98.9%	130.5%	92.4%	193.5%	96%	151%	117%
C5	Nephrology	87.4%	104.7%	85.9%	115.7%	87%	109%	96%
C6 was J3*	Geriatric Medicine	93.8%	117.8%	74.3%	104.9%	84%	111%	94%
C7 is J2*	General Medicine	94.4%	101.9%	90.9%	92.8%	93%	97%	95%
CDU*	Clincal Decisions Unit	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
D10	Infectious Diseases	94.5%	199.1%	94.5%	163.3%	94%	180%	111%
D5	Hepatology	87.6%	103.8%	89.3%	118.7%	88%	110%	96%
EAU 4	Medical Decisions Unit	93.1%	116.7%	83.3%	106.7%	89%	112%	97%
F4 was C6*	Geriatric Medicine	97.2%	88.5%	87.2%	91.1%	93%	90%	91%
F5	Transplant and HDU	99.2%		92.6%		96%		96%
F6	Hepatobilary	92.5%	99.6%	87.2%	92.7%	91%	96%	93%
G3	Geriatric Medicine	95.4%	108.1%	95.0%	125.9%	95%	114%	104%
G4*	Geriatric Medicine	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
G5	Transplant and HDU	89.0%	99.1%	81.8%	105.0%	86%	101%	91%
G6	Geriatric Medicine	98.4%	105.4%	97.6%	108.7%	98%	107%	102%
MSEU	Medical Emergency Short Stay Unit	93.0%	110.3%	90.1%	121.9%	92%	115%	99%
N2	Infectious Diseases	89.6%	129.1%	80.4%	169.3%	85%	147%	102%
N3	Respiratory Medicine	81.0%	95.4%	75.6%	101.7%	79%	97%	85%
	Overall divisional fill %	91.7%	**108.6%**	**85.6%**	**113.6%**	**89%**	**111%**	**96%**

Division D		Day		Night		Apr-20		
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	Total % hours filled (registered and care staff)
A3	DoSA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
A4	Neurology	98.5%	139.2%	90.6%	154.3%	95%	145%	115%
A5	Neurosurgery / oncology	90.6%	133.8%	89.3%	128.7%	90%	132%	109%
D6 Neuro	Neurology	93.3%	97.6%	88.6%	147.0%	91%	110%	98%
D7	Diabetes and General Medicine	94.8%	95.1%	98.4%	98.8%	96%	97%	96%
J2	Neuro Rehabilitation	98.9%	97.0%	92.0%	142.5%	96%	114%	104%
K3	Cardiology	98.9%	93.2%	95.6%	105.9%	97%	99%	98%
K3 CCU	CCU	99.3%	94.5%	95.4%		97%	95%	97%
L5	Vascular Surgery	98.7%	100.6%	96.8%	97.4%	98%	99%	98%
LEWIN	Stroke Rehabilitation	95.5%	92.2%	96.4%	126.3%	96%	102%	99%
M5	ENT & Ophthalmology	97.1%	95.9%	97.3%	98.9%	97%	97%	97%
R2	Acute Stroke Unit	91.2%	89.4%	90.6%	116.8%	91%	98%	93%
	Overall divisional fill %	**96.1%**	**103.7%**	**93.8%**	**119.4%**	**95%**	**110%**	**101%**

Maternity		Day		Night		Apr-20		
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	Total % hours filled (registered and care staff)
Daphne	Gynaecology incl. Oncology	85.8%	95.2%	96.8%	94.7%	90%	95%	92%
Delivery Unit	Obstetrics	94.9%	78.4%	97.5%	76.0%	96%	77%	91%
Lady Mary Ward	Obstetrics	94.7%	89.0%	94.2%	91.4%	94%	90%	93%
RBC	Obstetrics	94.3%	79.3%	95.4%	96.7%	95%	87%	93%
Sara	Obstetrics (antenatal)	94.7%	91.6%	93.4%	95.4%	94%	93%	94%
	Overall divisional fill %	**94%**	**86%**	**96%**	**87%**	95%	87%	92%

Childrens		Day		Night		Apr-20		
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	Total % hours filled (registered and care staff)
C2	Paediatric Oncology	99.2%	107.4%	100.0%	78.6%	100%	99%	99%
C3	Paediatric medicine & surgery (babies)	102.7%	116.6%	102.7%	86.4%	103%	105%	103%
Charles Wolfson Ward	Mother and Babies	97.3%	99.0%	98.4%	99.2%	98%	99%	98%
D2	Paediatric medicine & surgery	90.1%	190.4%	94.5%	96.2%	92%	148%	103%
F3	Paediatric DoSA + Cont			95.0%	96.8%	94%	122%	101%
PICU	Paediatric Critical Care	94.2%	107.7%	89.9%	111.3%	92%	109%	97%
Neonatal Unit	Neonatal Critical Care	99.7%	69.2%	97.5%	92.8%	99%	80%	97%
	Overall divisional fill %	94%	109%	90%	111%	93%	109%	97%

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Report to the Board of Directors: 13 May 2020

Agenda item	8.1
Title	Chief Executive's report: Covid-19 update
Sponsoring executive director	Chief Executive
Author(s)	Chief Executive Director of Corporate Affairs
Purpose	To update the Board and provide assurance on the Trust's response to the Covid-19 pandemic.
Previously considered by	n/a

Executive Summary

This month's Chief Executive's report does not follow the usual format. The report and the accompanying slide pack are intended to provide assurance to the Board on the Trust's approach to the COVID-19 pandemic (and enable broader input from Board members), both in terms of the initial phase of response and planning for sustainability of the next 18 months and beyond.

The update should be seen alongside regular updates to Board members from the Trust Chair who has provided non-executive oversight and input into the bi-weekly Management Executive meetings which are accountable for the Trust response. The Board assurance committees, particularly Quality and Performance, have also had the opportunity to discuss the Trust response in greater detail over the past week.

Related Trust objectives	All objectives
Risk and Assurance	The report provides assurance on the Trust's response to the Covid-19 pandemic.
Related Assurance Framework Entries	All BAF entries
Legal implications/Regulatory requirements	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Board of Directors

The Board is asked to receive the update on the Trust's COVID-19 response.

Cambridge University Hospitals NHS Foundation Trust

13 May 2020

Board of Directors
Chief Executive's report
Roland Sinker

1. Introduction

1.1 Much has changed since I wrote my previous Chief Executive's report in early March 2020. At that time, we were very much in the early stages of the Trust's response to the COVID-19 pandemic.

1.2 Over the past eight weeks, we have seen our 11,000 members of staff rise and respond to the unprecedented challenge we have faced with the utmost professionalism, determination and compassion. I know that the Board will want to join me in thanking each and every one of our colleagues for what they have done – it has been a remarkable and overwhelming achievement.

1.3 Clearly there have been, and continue to be, some very significant challenges. What is important is that we recognise the very different emotions we are facing, that we raise any concerns we have and that we are there to support each other so that we can best support and care for our patients and their families.

1.4 I also want to thank our many partners and stakeholders and the wider community for the huge support that they have provided to the hospitals during this period.

2. The Journey

2.1 On 30 January 2020, the first phase of the NHS's preparation and response to COVID-19 was triggered with the declaration of a Level 4 National Incident. CUH began preparing to respond to the COVID-19 pandemic, an unprecedented public health crisis in the UK. For an extended period of time, there was a high probability that demand for specific types of healthcare at CUH would exceed capacity.

2.2 It was important to continuously learn and adapt our response to the situation, preventing a situation similar to that in Italy when demand overwhelmed the health care system.

Strategy

2.3 At the outset of the major incident, the Management Executive and the Board of Directors agreed a clear Trust strategy for the first phase of response. The primary objectives were to maximise the number of lives saved and provide care to both COVID and non-COVID patients across our patient population; and to maintain the safety and welfare of staff. These two primary objectives have guided all aspects of our response.

Modelling of scenarios

2.4 A quantitative model was developed with our Infectious Diseases team and a range of scenarios modelled to determine planning assumptions on CUH bed, and associated staffing, requirements.

2.5 Initial modelling indicated that the reasonable worst case scenario was that CUH would need to care for around 25 newly identified inpatients per day on average for a four-week period. This translated to a requirement for 325 general beds for COVID-19 patients and 135 critical care (ventilated) beds – in addition to the base level requirement for non-COVID patients.

Operational status through this period

2.6 In reality we saw an average of 10-15 new inpatient cases per day at the peak, reducing since mid-April to an average of around 4 cases per day over the past fortnight. Total COVID-19 positive inpatients peaked at 134 in mid-April, with a peak of around 40 COVID-19 patients in critical care. As of 7 May, we still have 98 COVID-19 inpatients, 23 of whom are in critical care.

2.7 While our COVID-19 activity scaled up, our non-COVID activity reduced significantly during March and April. Daily ED attendances were down 28% on a year earlier in March and down 50% on a year earlier in the first half of April. The number of face-to-face scheduled outpatient appointments was down from around 18,000 to 1,000 per week, with wide use of phone consultations where possible. And while we continued to provide emergency surgery, the majority of elective surgery was postponed.

Taskforces

2.8 Alongside the Gold-Silver-Bronze incident command structure which was rapidly established to manage the day-to-day incident response, the Management Executive established a series of taskforces (initially 10, increasing to 12) to drive the delivery of key pieces of work required to deliver the Trust's objectives. Details of the taskforces are set out in the accompanying slide pack and the appended taskforce reports.

2.9 The taskforces have covered a broad range of challenging issues including staffing and staff welfare, PPE, Cohorting and configuration, ventilation and oxygen, supply chain and testing. What has been particularly striking and impressive is the way that clinical and non-clinical colleagues have come together from a range of specialisms to develop and implement solutions rapidly. This is a way of working we will want to take forward.

Governance and risk management

2.10 The Trust's response to the pandemic has been overseen by the Management Executive which has moved to twice weekly meetings, with input from both the command structure and the taskforces. Alongside regular updates to the Non-Executive Directors, Board assurance committees have continued to meet albeit in amended format. The Chair and I have also kept the Council of Governors briefed on developments.

2.11 Our risk management arrangements have been reviewed but remain a key part of our governance. We have reviewed other aspects of our governance structure and temporarily stood down some elements, ensuing this has been appropriately recorded.

2.12 As we move forward, we are now developing proposals to re-start key elements of the governance structure while taking account of what we have learned from the past eight weeks.

2.13 We have taken decisions rapidly, in a wide range of areas, always endeavouring to align with strategy, collective decision making and principles of good governance.

Communications and engagement

2.14 The importance of effective communication and engagement with staff, with patients and the public, and with partners cannot be over-emphasised. The accompanying slide pack outlines the approach we have taken and some of the ways in which we have sought to address the communication challenges we have inevitably faced. We will continue to seek feedback on how effectively we are communicating and engaging with each of the above groups and seek to amend our approach accordingly. This will need to evolve as we enter an extended time period of providing COVID and non-COVID care.

Sustainability

2.15 While many parts of the hospitals continue to respond to the immediate challenge of caring for a significant number of COVID patients, we have inevitably needed to start to look to the next phase of the Trust and system response.

2.16 The wellbeing and safety of our staff is the bedrock of how we move forward.

2.17 The Sustainability taskforce is tasked with developing and implementing a sustainable clinical and operating model for the next 18 months, throughout the potential subsequent peaks and troughs of the outbreak, to maximise the survivorship of patients and protect our staff. The seven key workstreams which have been identified include important pieces of work with our STP partners including on primary and community care.

2.18 This approach is in line with the guidance which has now been issued nationally and regionally on re-starting services as quickly as possible for non-COVID patients while being able to flex appropriately to manage subsequent waves. We have already started to increase non-COVID activity including restarting some elective surgery on both the Addenbrooke's site and in the independent sector, prioritising the most urgent cases on the basis of risk assessment. In doing so, we need to be constantly vigilant to the challenges of ensuring sufficient consistent supplies of PPE. From 11 May 2020, we plan to re-open an additional six theatres in the Addenbrooke's Treatment Centre for urgent elective surgery.

2.19 We have also now submitted a bid for capital funding for a 120-bed step down facility on the Cambridge Biomedical Campus as part of the designation of the Campus as a Regional Surge Centre.

Strategy refresh

2.20 Passing the current peak provides the Trust with an opportunity to take stock of progress to date in our response to the pandemic and refresh our strategy to enable us to move our hospitals forward over the next 18 months.

2.21 The refreshed strategy needs to recognise and articulate the new context we are working in, acknowledging what we have succeeded at, while learning from the things we could have done better. We will want to capture the benefits, of the last six months, in particular in relation to our long term plan submission. The strategy will also need to make specific commitments for the future and set clear direction. This will include taking forward the development of the business case for the Cambridge Children's Hospital and Addenbrooke's 3 following the recent confirmation of drawdown of funds for 2020/21 totalling £9.8m.

2.22 A number of workshops are planned during May including with the Management Executive and the Board of Directors to take forward the refresh which will come back to the Board in June 2020.

2.23 Our role as a leading provider of specialist and COVID care for the region, alongside our provision of local care for local people will need clarifying.

2.24 Our patients, communities, partners and staff have all been extraordinary in their support to our collective endeavour. Thank you.

3. Recommendation

3.1 The Board of Directors is asked to receive the update on the Trust's COVID-19 response.

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COVID-19: CUH RESPONSE

Board of Directors update

13 May 2020

Content

- CUH COVID-19 strategy – Phase 1
- Operational status – COVID and non-COVID
- Modelling
- Taskforces
- Workforce: safety and well-being
- Governance and risk management
- Communications and engagement
- Sustainability – Phase 2
- Strategy refresh
- Key decisions taken

CUH COVID-19 strategy for Phase 1

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CUH is responding to an unprecedented public health crisis. For an extended period of months, there is a high probability that demand for specific types of healthcare will exceed capacity.

Our primary objectives are (i) across our patient population, to maximise the number of lives saved and minimise suffering of both those infected with COVID-19 and other patients (elective and non-elective) during the outbreak and afterwards; and (ii) to maintain staff safety and welfare.

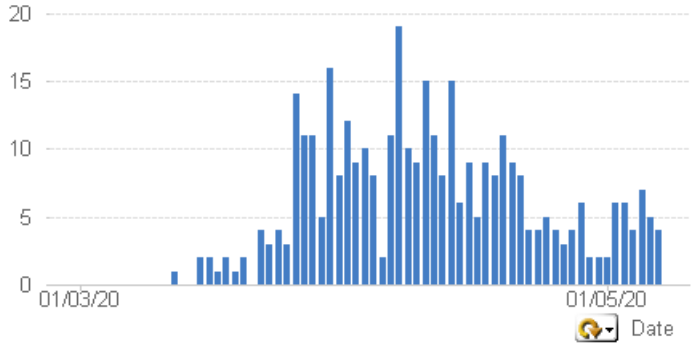
We will use our best endeavours to achieve our primary objectives, guided by the following principles:

1. To reduce the spread of the virus on the hospital site in order to protect staff and patients.
2. To maintain staff safety and welfare over this prolonged period and prepare staff whenever we ask them to work outside their usual scope of practice.
3. To seek to protect and empower our clinical decision makers within an ethical framework.
4. To maintain essential infrastructure.
5. To ensure there are appropriate governance and risk management arrangements to (i) enable the Trust to adapt quickly to the emerging situation and run its core functions safely; and (ii) provide a clear account of its decision making for future scrutiny.
6. To take a dynamic approach to our response, continuously learning and adapting to the situation, taking account of both local and regional circumstances and the national policy framework within which the NHS is required to operate.
7. To work collaboratively with our health and care partners, and with partners on the Cambridge Biomedical Campus and in the wider Cambridge life sciences system, to deliver our plans and to promote research and innovation.
8. To maintain effective and timely communications with our staff and partners.
9. To proactively prepare for sustained delivery of care for both COVID and non-COVID patients and recovery from the pandemic.
10. To prioritise those actions with the greatest anticipated impact on the primary objectives set out above.

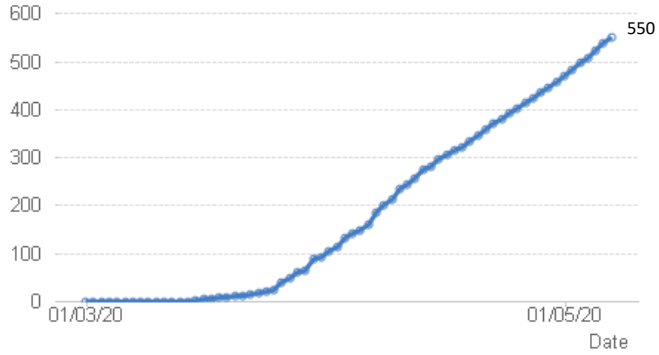
CUH COVID-19 status (07/05/20)

Cambridge University Hospitals NHS Foundation Trust

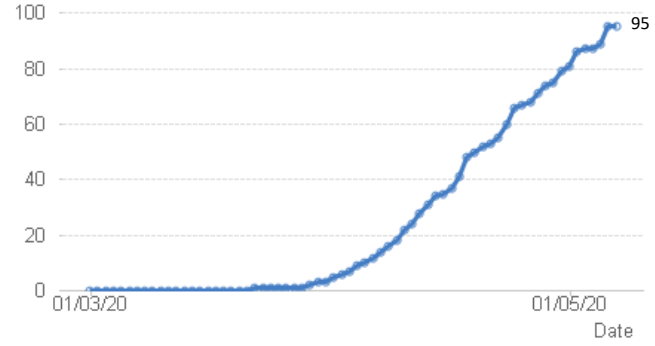
New inpatient cases – first positive result



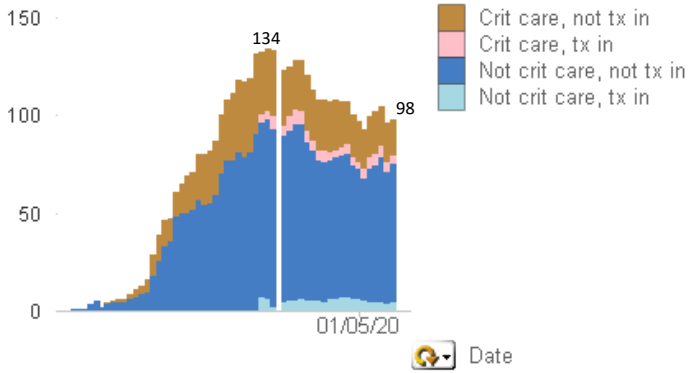
Cumulative cases



Cumulative number of deaths



COVID-19 positive inpatients



Addenbrooke's Hospital I Rosie Hospital

Together-Safe | Kind | Excellent

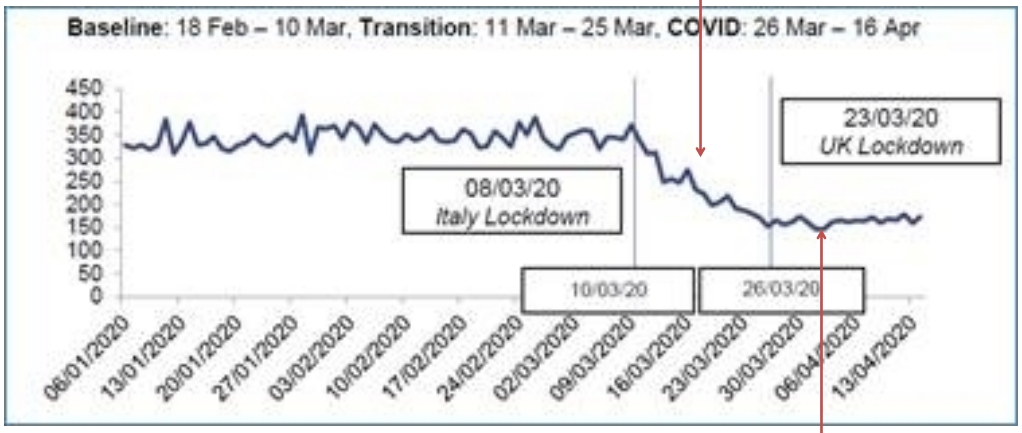
CUH COVID-19 status (07/05/20)

Other key data:

- 34 Covid-19 patients stepped down from ITU to wards
- 309 empty adult beds (133 currently available) and 15 empty paediatric beds in the Trust
- 14 empty adult critical care beds, 11 empty PICU beds

CUH urgent and emergency care

- Emergency Department (ED) attendances decreased from 10,996 in March 2019 to 7,860 in March 2020
- Average daily attendances down from 353 in March 2019 to 253 in March 2020



- From 1-20 April 2020, ED attendances averaged 171 patients per day compared to 342 per day in the same period of 2019
- Attendances have started to increase slightly since early April – a combination of a fairly static level of patients with COVID-related symptoms (fever, respiratory problems) and a growing number of non-COVID patients

CUH outpatients – Phase 1

- **New patients**
  - All cancer 2-week wait services have remained open
  - Other services – advice and guidance pathway for GPs to seek approval to refer

- **Scheduled appointments**
  - Three options created within EPIC for clinician triage: keep face-to-face; delay face-to-face; telephone consultation
  - Wide use of phone consultations and piloting of video consultations

- Weekly face-to-face appointments down from 18,000 per week to around 1,000 per week

- Increase in follow-up appointment backlog from 20,000 to 25,000

- Anticipated build up of referrals backlog in the community – likely to be sent through in the coming weeks

CUH elective activity – Phase 1

- Emergency surgery has continued
- Majority of elective surgery was cancelled as theatre staff were released to support COVID Critical Care Surge plan

Number of theatre cases:

	2019	2020
March	3141	2119
April	3099	649

- Weekly Surgical Prioritisation Group meeting to prioritise the most urgent patients for surgery
- Some activity moved to the independent sector during April 2020
- Week commencing 11/05/2020: plans to opening 6 ATC theatres and 5 OIR beds – 60 patients per week
- Work as part of Sustainability taskforce to increase activity further consistent with safe provision of care

Covid-19 modelling

- Range of scenarios modelled - key epidemiological assumptions have very large confidence intervals

- Trust core planning assumption for Phase 1 – peak of an average of 25 patients per day for four weeks requiring:
  - 325 general beds for COVID-19 patients
  - 135 critical care (ventilated) beds - in addition to base level requirement for non -COVID patients

- CUH peak was considerably below this despite some regional transfers

- Further modelling work is being undertaken on the potential future trajectory – phases and peaks – and is being fed into the Trust's Sustainability workstream and the regional surge centre proposals

CUH Executive-led taskforces

(see appended workstream summaries)

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1. Workforce: Safety and well-being
2. Cohorting and configuration
3. Critical care (ventilation and oxygen)
4. Personal Protective Equipment (PPE)
5. Supply chain
6. Testing (patients and staff)
7. Management
8. Communications and engagement
9. External links
10. Enabling workstreams (including critical infrastructure)
11. Sustainability and recovery
12. Regional Surge Centre

Highlights and key issues from taskforces

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1. Workforce: safety and well-being	• Redeployment and retraining programmes • Wellbeing – including food, travel, accommodation, psychological support
2. Cohorting and configuration	• Next phase of capacity configuration planning undertaken on flexing bed usage and patient pathways for period ahead • Supporting clinical protocols and SOPs
3. Critical care (ventilation and oxygen)	• Ventilator/anaesthetic machine capacity increased to 128 patients • Testing of oxygen supply resilience
4. Personal Protective Equipment (PPE)	• Work through PPE Bronze group on addressing supply shortages • 'Fit testing' programme recommenced from 05/05/20
5. Supply chain	• Live stock dashboard and revised distribution processes • Identification and review of potential alternative supply routes
6. Testing (patients and staff)	• Work underway to establish CUH-wide pre-admission swabbing process/facility for elective patients • Point of care testing, PHE and University labs working well with improved turnaround times
7. Management	• Flexible resource unit supporting incident and taskforce management • Review of command structure for next phase of response
8. Communications and engagement	• See separate slide
9. External links	• Agreement with Royal Papworth to support region • Support and leadership from University and Cambridge ecosystem
10. Enabling workstreams (including critical infrastructure)	• Strengthening of IT infrastructure (remote access, server upgrades, etc.) • Estates infrastructure support across a number of workstreams
11. Sustainability and recovery	• See separate slide
12. Regional surge centre	• Proposal on step down facility submitted to regional and national team

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Workforce: safety and well-being workstreams

1. Rapid deployment of available staff (in their current roles) including:
    - Rapid recruitment / supply enhancement
    - Participation in the nationally driven return to work programmes

2. Redeployment of staff (into different roles / locations) including:
    - Training and retraining
    - Homeworking
    - Remuneration

3. Staff health and well-being, including:
    - Staff COVID-19 testing
    - Health risk assessment including for BAME and other staff groups identified as higher risk
    - Health guidance, advice and support
    - Psychological support

4. Staff facilities, including accommodation, staff sanctuary space, hot food and refreshments, childcare and travel

5. Workforce planning – short, medium and longer term

6. Messaging and engagement

7. Recovery – plan to be developed

Workforce: safety and wellbeing

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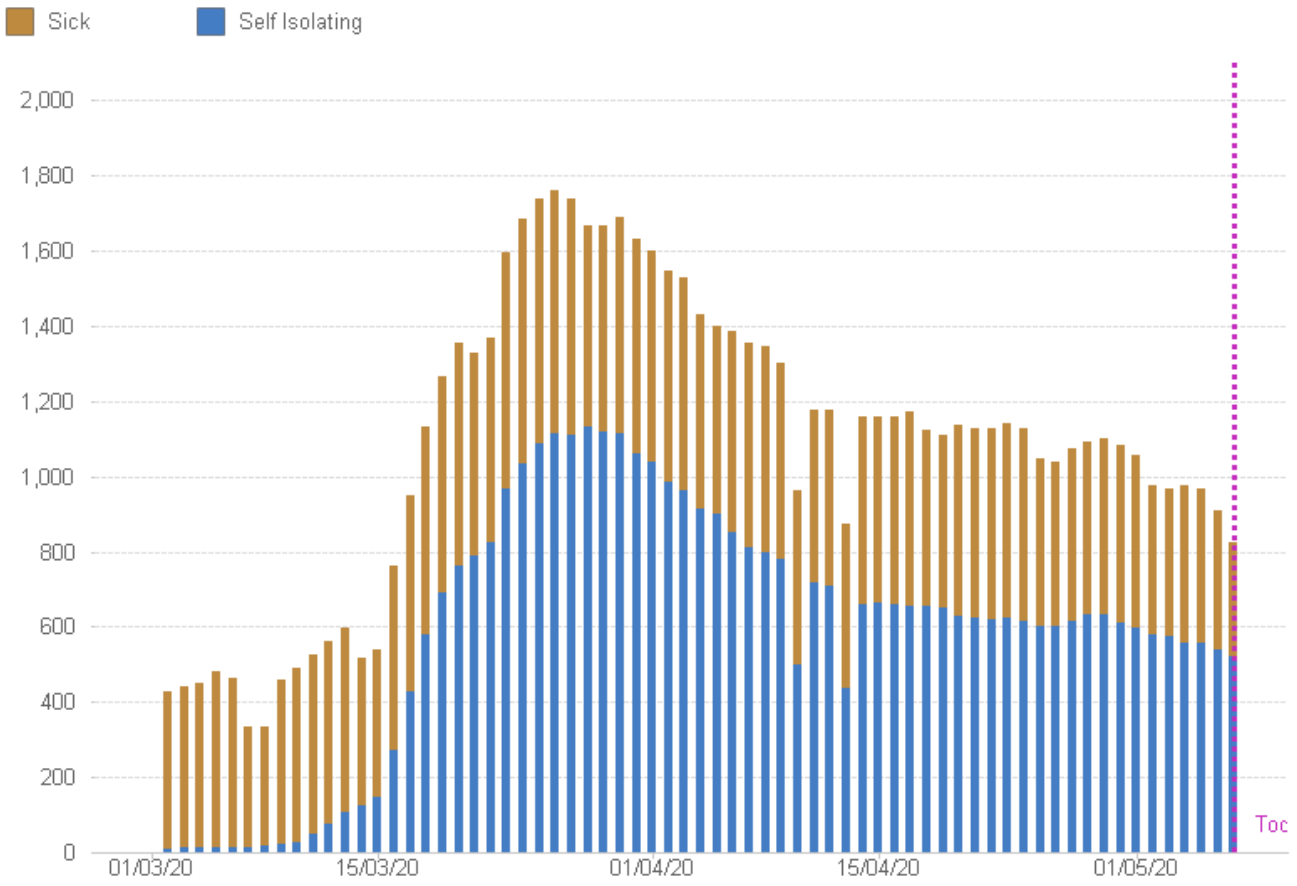
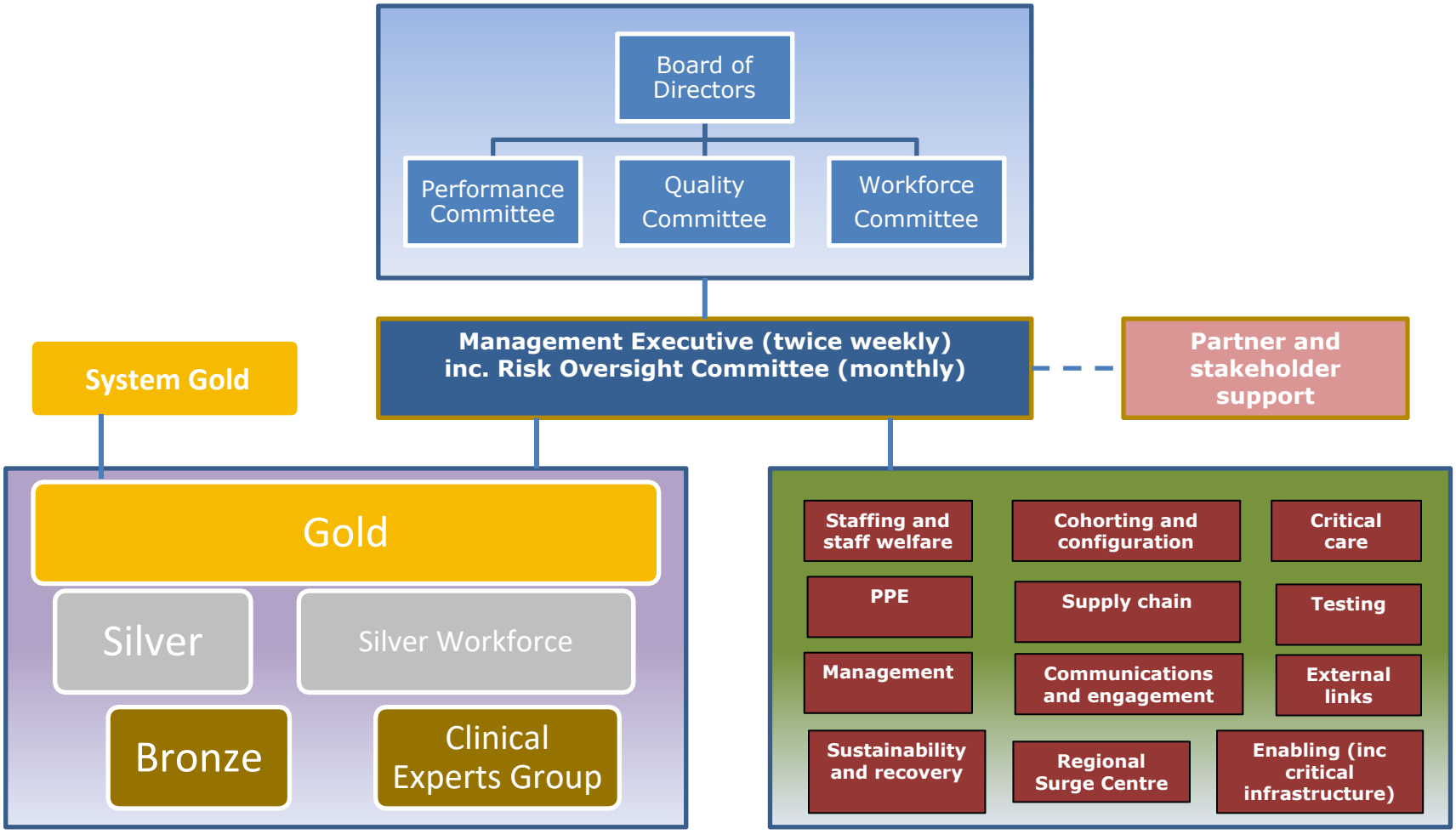
Number of staff sick and self-isolating



Covid-19 governance



Incident management – command structure

Executive-led taskforces

Covid-19 governance

- Command structure arrangements being reviewed – plans to scale down for the time being
- Developing proposals to re-start key elements of the Trust's governance structure by the end of May, while learning from the past eight weeks and adapting for the issues we will face in the period ahead
- Management Executive currently continue to meet twice weekly with a COVID focus at one of the meetings
- Wider exercise as part of Management taskforce on learning from Phase 1

Covid-19 risk management

- Risk Oversight Committee (ROC) continues to meet monthly
- Risk appetite statement reviewed – *see separate Board paper*
- Normal process for review and updating of Corporate Risk Register and Board Assurance Framework suspended during Covid-19 response
- ROC focus on CRR and BAF risks being impacted on significantly as a result of Covid-19 response
- CRR risk on Covid-19 developed with linked risks from 12 taskforces
- BAF to be reviewed following current strategy refresh

Communications and engagement

- Covid-19 Communications strategy agreed by Management Executive

- Internal:
  - Normal internal communications rhythm suspended (CUH Daily, 08.27, Core Brief)
  - Replaced by Covid-19 bulletins twice daily, weekly CEO message, topic specific updates/Facebook Live events (PPE, testing)
  - 08.27 re-started from 5 May as Facebook Live stream with Q&A
  - New staff website (externally accessible) developed and launched – including seeking staff feedback
  - Closed Facebook page for CUH staff

- Stakeholders
  - Weekly stakeholder bulletin
  - Briefings for MPs, councillors, etc.

- Patients and public
  - Trust website
  - Social media – proactive response to questions and concerns raised

- Media
  - Regional TV – overall preparedness, visiting restrictions, ventilators, staff welfare
  - National TV – two major features on BBC News, focus on Cambridge science and research

Sustainability – Phase 2

A key focus of the strategy is how we can safely and quickly restart services to serve non-COVID patients

Purpose: Implement a sustainable clinical and operating model for the next 18 months, throughout the peaks and troughs of the outbreak, to maximise the survivorship of patients and protect our staff.

Objectives: To achieve the best possible health outcomes:
- For those infected with Covid
- For those who are suffering from non-Covid related illnesses and long term conditions
- For the workforce looking after all of these patients
- For future generations of patients in our health system

Interdependencies
- Key constraints, e.g. PPE, workforce
- Configuration of Covid/non-Covid site
- Regional surge and independent sector capacity
- STP and regional recovery plans

Delivery:

Sustainability Delivery Board
Oversees and steers the direction of Taskforces within its remit; Enables addressing of key constraints; Reports to Management Executive on progress, risks and issues

1. **Taskforce: Cohorting and Configuration**
2. **Taskforce: Elective surgery and critical care**
3. **Taskforce: Outpatients**
4. **Taskforce: Diagnostics**
5. **Taskforce: Independent sector**
6. **Taskforce: Primary and community care**
7. **Taskforce: Urgent and emergency care**

Taskforces accountable for the delivery of specified programmes within their scope

Standardised approach across Taskforces:

- **Prioritisation process for patients based on clinical risk and ethical framework**
- **Build on transformation** and embed the rapid change that the Trust has achieved over this period
- **Informed by our demand, activity and capacity** model in line with likely Covid scenarios and projected demand
- **Impact on key constraints** such as PPE, staffing, estate, consumables quantified and monitored
- **Trigger points and escalation/de-escalation processes** for stepping up/down services in line with Covid and non-Covid demand
- **Learn from others** including system partners and Shelford group peers
- **Key metrics** identified, measured and monitored to demonstrate impact
- **Working with regional partners** to collectively manage patients with complex needs

Sustainability – Phase 2

Cambridge University Hospitals NHS Foundation Trust

KEY ◆ = NHSE/I milestone ◆ = CUH milestone

Workstream	Progress to date	Plan for next 6 weeks
1. Cohorting and configuration	• Cohorting and configuration plan developed and implemented for phase 1 of incident • Placing patients guidance implemented and Reverse surge plan developed and being enacted • Proposal for red/green site submitted to Region	04/05 11/05 18/05 25/05 01/06 11/06 ◆ Ongoing implementation of reverse surge plan to enable stepping up of non-Covid services
2. Elective surgery / critical care	• Weekly surgical prioritisation process • Ethical decision making framework • 466 P1 and P2 surgeries since 23/03, 101 in IS • Since 27 April only P1 surgery due to PPE • Direct link with critical care provision identified	◆ ATC OIR capacity – P2 restarted ◆ Urgent surgery levels resumed
3. Outpatients	• 61% of appointments moved to virtual • Baseline of services paused collated • Prioritisation in line with surgical framework – process being developed • Programme plan drafted	◆ PCN CD meeting ◆ PPE utilisation calculated ◆ Services turned back on / delivered through different channels based on need and constraints ◆ 2 week wait referral levels resumed
4. Diagnostics	• Baseline of services paused collated • Process for turning back on of services being developed	◆ Process developed and shared with staff ◆ Services turned back on based on need and constraints ◆ Opportunities for working with PCNs explored ◆ Diagnostics levels resumed
5. Independent sector	• Ways of working with IS established • 101 surgeries undertaken • SOPs and plans to maximise utilisation being developed	◆ SOPs developed ◆ 10 lists ◆ Increased utilisation for surgery and diagnostics, subject to key constraints e.g. PPE ◆ Plan for utilisation of IS with STP
6. Primary and Community Care	• Internal CUH workshop undertaken and offer to PCNs being developed • Links established with Outpatients • Session with PCNs and Alliances planned	◆ PCN CD and South Alliance meetings ◆ Plan to work with PCNs and Alliance partners on resetting of services and risk stratifying to meet unmet need
7. Urgent and emergency care	• ED reconfigured for phase 1 of incident • Plans for ED in next phase being developed • Initial ED analysis on unmet need undertaken	◆ Develop and implement plans for ED in next phase ◆ Increased SDEC and UEC that bypasses ED

Strategy refresh

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We are conducting a mini-refresh of the Trust Strategy in response to our COVID-19 critical incident

Objectives:

1. Maximise survivorship of our COVID patients
2. Maximise survivorship of our non-COVID patients
3. Protect our staff
4. Minimise suffering

Audience: the strategy needs to speak to different groups:

- **Patients:** with COVID, with other conditions, with new unmet needs, facing effects of isolation
- **Staff:** working intensely on COVID response, frustrated that other work has been paused, who may have felt unsafe
- **Partners:** in industry and academic; across the East of England; across our STP

Timing: the strategy needs to speak to different time periods and define triggers for when we enter/exit each phase:

- **Last 6-8 weeks,** since we entered critical incident, which ends when current social distancing measures are relaxed
- **Next 12-18 months**, with cyclical COVID peaks and social distancing measures, which ends when a vaccine is widely available
- **Beyond this**, looking to new hospital builds, the STP/ICS, teaching, research and life sciences

Tone: the strategy needs to:

- Recognise and articulate the context that we are working in
- Celebrate positive things that our people and partners have done
- Acknowledge negative things that have happened during this period
- Make specific commitments to set direction for the future

We will develop the Strategy mini-refresh over the coming weeks (including through the Board Seminar session on 20 May) and report back to the Board in June 2020

Key decisions taken to date

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Reported at April 2020 Board meeting:

- Postponement of non-essential planned procedures and operations and non-essential face-to-face outpatient appointments
- Movement of work off-site (e.g. oncology/haematology to Nuffield)
- Stopping all visiting except in very limited circumstances
- Proceeding with essential electrical infrastructure works in ATC (4/5 April overnight)
- Pausing of Stage 2 accelerated works on fire safety
- Pausing of staff appraisals and non-mandatory/non-Covid-related training
- Engagement of project management support
- Purchase of 2020 land (completed on 30/03/20) but pausing work on Addenbrooke's 3 and Cambridge Children's

Decisions since April 2020 Board meeting:

- Phased re-commencement of urgent elective activity and other activity (see Sustainability slides)
- Re-starting 'fit testing' for reusable respirators/FFP3 masks
- Testing in place for elective and non-elective patients and for staff
- Revised command structure arrangements agreed for next stage of response
- Review of COVID-19 related expenditure decisions including on staff support
- Submission of proposal for step down facility as part of regional surge centre – awaiting national decision on capital
- National allocation of funding for Addenbrooke's 3 and Cambridge Children's business case development
- Proceeding with work with improvement partner (IHI) from September 2020

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Taskforce Update Report COVID 19

13 May 2020

Contents

Purpose of the report

- This report highlights progress against the 12 taskforces set up to support CUH's response to the COVID-19 pandemic for the period 22 April to 6 May 2020.
- Produced every two weeks, this report will include:
    i. An executive summary highlighting key areas for consideration and discussion
    ii. A summary of the COVID-19 Risk Register as aligned to the taskforces
    iii. Progress reports on each of the key taskforces
- The taskforces are areas of work that CUH has identified that will enable us to contribute to delivering our strategy and vision throughout this pandemic and into the future.
- Each programme is outlined in further detail including aims and objectives, timelines, key decisions made and due to be made, including financial impacts.
- The report is presented for information and context and should be viewed as a basis for ongoing engagement with the Board, staff, STP partners and our patients. The Board is not being asked to make any specific decisions at this time.

Summary

The following key themes have been identified through the Command structure over the last fortnight:

- **PPE**: a significant number of a single model of FFP3 masks is now arriving through the push system to support our fit testing regime. Stock of other items is generally good and sufficient to enable additional urgent elective surgery to recommence next week.
- **Testing**: point of care SAMBA testing is working well; PHE turnaround times are recovering; staff testing is going well with low rates of positive results compared to peers. High volume swabbing facility being established for surgical patients pre-operatively.
- **Regional Surge Centre**: in line with demand modelling, we were asked to produce a business case for additional respiratory, general medical and rehabilitation ward capacity for use across the East of England, and to support our rapid expansion of non-COVID activity. We are awaiting the outcome of the national assurance and decision-making process.
- **Workforce**: we are protecting our staff and maximising our capacity to deliver emergency care. We have put in place support for our staff to undertake their work to the best of their abilities in the most stressful and challenging of professional and personal situations.
- **Sustainability**: we have produced and are implementing a plan to undertake as much non-COVID activity as possible, while preparing for potential future peaks. We are working with partners across our STP to coordinate our response, including to the NHSE/I letter of 29 April 2020.

COVID-19 Risk Register Summary

Ref.	Title	CQC Domain	Executive Director Lead	Assurance Committee	Inherent rating (CxL)	Current rating (CxL)	Target rating (CxL)	April-20	May-20	Jun-20
CR34	**Management of Coronavirus - COVID-19**	**Safe**	**Chief Operating Officer**	**Quality**	4x5=20 (Red)	5x5=25 (Red)	3x4=12 (Amber)	Same		
TF01	Task force 01: Staffing	Safe	**Director of Workforce**	**Workforce**	5x5=25 (Red)	5x5=25 (Red)	3x4=12 (Amber)	**NEW**		
TF02	Task force 02: Cohorting and configuration	Responsive	**Chief Operating Officer**	**Quality**	4x5=20 (Red)	5x5=25 (Red)	5x3=15 (Red)	**NEW**		
TF03	Task force 03: Ventilation and oxygen	Responsive	**Director of Improvement and Transformation**	**Workforce**	5x5=25 (Red)	5x3=15 (Red)	5x2=10 (Amber)	**NEW**		
TF04	Task force 04: Supply chain	Responsive	**Chief Financial Officer**	**Performance**	4x4=16 (Red)	3x4=12 (Amber)	3x3=9 (Amber)	**NEW**		
TF05	Task force 05: Management of outbreak	Safe	**Chief Operating Officer**	**Performance**	4x5=20 (Red)	5x5=25 (Red)	3x4=12 (Amber)	**NEW**		
TF06	Task force 6: Testing	Safe	**Medical Director**	**Quality**	4x5=20 (Red)	4x3=12 (Amber)	4x2=8 (Amber)	**NEW**		
TF07	Task force 07: Communication and engagement	Responsive	**Director of Corporate Affairs**	**Quality**	4x4=16 (Red)	3x4=12 (Amber)	3x3=9 (Amber)	**NEW**		
TF08	Task force 08: Personal Protective Equipment	Safe	**Chief Nurse**	**Quality**	4x5=20 (Red)	3x4=12 (Amber)	3x3=9 (Amber)	**NEW**		
TF09	Task force 09: External Links	Well-led	**Director of Improvement and Transformation**	**Performance**	5x4=20 (Red)	5x3=15 (Red)	5x2=10 (Amber)	**NEW**		
TF10	Task force 10: Enabling work streams	Responsive	**Director of Capital, Estates and Facilities**	**Performance**	4x5=20 (Red)	4x4=16 (Red)	4x2=8 (Amber)	**NEW**		

Taskforce 1 – Staffing

Executive Leads: David Wherrett - Director of Workforce, Lorraine Szeremeta - Chief Nurse

Scope: To protect our staff and maximise our capacity and availability including to deliver emergency care during the COVID-19 period.

Rapid deployment	Redeployment	Staff health and wellbeing	Staff welfare	Workforce planning
• Rapid recruitment and supply enhancement • Participation in the nationally driven return to work programmes	• Training and retraining • Homeworking • Remuneration	• Staff COVID-19 testing • Health risk assessment. • Health guidance, advice and support • Psychological support	• Accommodation • Staff sanctuary space • Food and refreshments • Childcare • Transport	• Short term • Medium term • Long term

	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Rapid Deployment	Ensure we have the right people and right skills at the right time. Maintenance of longer term recruitment pipeline.	We have the right staff the meet the needs of patients both short and long term.	Annesley Donald	Ongoing recruitment activity	Process to support RPH staffing needs Signed system-wide MOU	Medium long term plan including surge hospital recruitment. System wide working processes to be confirmed
Redeployment	Ensure that we utilise the skills we have in the existing workforce.	We have the right staff the meet the needs of patients.	Annesley Donald	Staff pool live Ongoing training for redeployment	Clinical, non clinical and project staff pools established.	Adoption of new roles and support for creating greater agility in workforce to meet any future surges
Staff health and wellbeing	Support staff to remain healthy and well both physically and psychologically.	A healthy workforce is essential to providing patient care.	Giles Wright	Ongoing activity	Large scale staff testing in place Well being offer established and communicated	Long term re-establishment of Occupation health services

Taskforce 1 – Staffing

Action	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Welfare	Ensure that staff are supported in being able to attend work and stay well.	We have the right staff present to meet patient needs	Workforce SMT	Offer on accommodation, food, childcare support, transport live.	Changes to funded offers – food, accommodation, transport	Confirmation of hardship fund Exit strategy when offer needs scaling back/stopping
Workforce planning	Maintain a clear overview of our staffing pipeline, including as it relates to turnover, and the various supply routes.	Provides immediate plans for cover and remuneration and longer term view.	Amanda Coulier	Internal working group established Feed in to site safety meeting.	Pay decisions to be taken via usual processes. Staffing requirements for surge hospital plan.	Longer term plan and confirmation of workforce plans for surge. BAU – children's hospital and Addenbrooke's 3

Taskforce 2 – Cohorting & Configuration

Executive Leads: Nicola Ayton - Chief Operating Officer

Scope: To cohort COVID19 and non-COVID19 patients.

Capacity	Bed Plan	Nursing and Medical Model	Pathway and Algorithm
Full reconfiguration and maximisation of hospital capacity and pathways in line with modelled peak	Development of hospital Plan for Positive and Negative COVID cohorts including critical care	Medical staffing and rostering to provide in line with modelled peak	• Model route for positive and negative COVID patients aligned to peak demand • Ensure containment arrangements for COVID patients

Actions	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made ? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Cohorting and configuration	Agile configuration of the hospital to allow for infection control and appropriate management of patients creating a safe environment for patients.		Various	Ongoing	• Cohorting and configuration plan developed and implemented for Phase 1. • Placing patients guidance implemented and scale down plan being enacted.	• Ongoing implementation of reverse surge plan to enable stepping up of non-Covid-19 services. • Proposal for dedicated regional COVID-19 sites submitted to NHS England for approval.

Taskforce 3 – Critical Care (Ventilation and Oxygen)

Executive Leads: Ewen Cameron - Director of Improvement and Transformation and Lorraine Szeremeta - Chief Nurse

Scope: To deliver the maximum number of staffed ventilated critical care beds and general beds with oxygen to meet peak demand of the COVID – 19 Incident.

Ventilators	Oxygen	Surge Plan	Nursing	Medical
• Maximise the provision of ventilators to meet peak demand.	• Ensure the provision of sufficient oxygen to meet peak demand.	• Identify and utilise options for providing additional critical care capacity.	• Requirements and specification for staff numbers, training and care ratios to meet peak demand.	• Requirements and specification for staff numbers and training, to meet peak demand.

	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made ? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Ventilators	Identify and purchase as many ventilators as possible to maximise survivorship for patients.		Project Lead in Place	Present ventilator/anaesthetic machine capacity is for 128 patients.	Purchase of additional ventilators.	Planning required to establish ventilator capacity required for future demand.
Oxygen	Identify and purchase the maximum provision of oxygen ensuring CUH meets anticipated demand.		Project Lead in Place	Further work underway after recent safety alert.	Orders for bottled oxygen, concentrators and storage vessels - Vacuum Insulated Evaporators (VIE) placed.	Clinical guidelines to minimise demand.
Surge Plan	Maximise the number of critical care beds available ensuring CUH meets the anticipated peak demand of the Pandemic.		Project Lead in Place	Establishing a secure pipeline for consumables in progress, with support from military.	Several ongoing risks relating to supply of medical equipment and consumables.	Planning has commenced to estimate critical care requirements for future demand.
Nursing	Ensure there are sufficient trained Nurses and Allied Health Professionals to staff the surge plan.		Project Lead in Place	ongoing	Nursing workforce plan developed and in place.	Additional plan to meet “super surge” in development for Nursing, Medical and Allied Health staff.
Medical	Ensure there are sufficient doctors to staff the surge plan.		Project Lead in Place	ongoing	Medical workforce plan developed and in place.	

Taskforce 4 – Supply Chain

Executive Leads: Paul Scott -Chief Financial Officer

Scope: To ensure sufficient supply to meet demand for essential equipment.

PPE	Ventilation Consumables	BAU
Ensure there is a fit for purpose, real time tracking system to meet the project peak and sustain flow.	Develop the supply chain resilience including innovative and novel approaches.	Service non C-19 demand in timely manner.

	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Live stock dashboard	Single view on C-19 requirements, stock and orders	Alleviates staff anxiety over supply chain resilience and allows early action	Ian Hooper	In place iterative improvements	Daily reporting structure agreed and in place	
PPE Distribution Process	Appropriate distribution process for pandemic related product	Right stock, right place, right time	Ian Hooper	Pull system in place – reviewed weekly	Decision made to progress to push and pull service	Push and pull service in place and working successfully
Procurement channels for PPE	Establish alternate direct procurement channels for COVID-19 related consumables to provide resilience where appropriate	Reduces risk of product shortages	Ian Hooper	Daily	Processes in place for donations local manufacturing and direct procurement	Direct procurement channels require approval from NHSE/I

Taskforce 4 – Supply Chain

Actions	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Team resilience	Build a resilient, 24/7 team to handle the increased load	24/7 replenishment	Ian Hooper	In place	24/7 internal PPE supply service is in place	Additional layer of resilience resources

Taskforce 5 – Management

Executive Lead: Dan Northam Jones - Director of Strategy

Scope: To provide consistent and effective management of the Covid 19 critical incident and ensure effective governance and reporting.

Supporting the command structure	Allocating staff to meet priority project needs	Setting strategy and supporting planning
• Ensure that Gold and Silver Command are able to make and implement timely and effective decisions.	• Ensure that project work from Gold, Silver and Taskforces is sufficiently resourced to deliver.	• Ensure that Gold, Silver and Taskforces are informing, and informed by, our overall strategy.

Actions	What are we trying to do? How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Command Structure Support	Make timely and efficient decisions and document these appropriately This enables timely resolution of emerging problems supported by good governance.	CUH Incident Management Support Unit. (IMSU).	• Support underway and working well. • Handbook of protocols being drafted for future surges.	Seconding staff to provide additional resource and establish appropriate processes .	Management Executive (ME) and Gold/Silver Command[1] to approve Handbook and when CUH will revert elements of command structure to business as usual.
Reporting	Inform ME and the Board of what is happening and escalate issues from Taskforces. This enables timely resolution of emerging problems supported by good governance.	Taskforce Executive leads; IMSU	Fortnightly Reports for ME and Risk Oversight Committee (ROC).	Board of Directors receives report monthly.	-
Resource Pool	Identify and redeploy Trust staff and others whose normal job has ceased. Enables new project work on COVID-19 to be staffed appropriately and quickly.	Resource Pool.	Daily allocation of requests; twice weekly update calls.	49 requests already allocated.	Future requests to be confirmed.
Model	Forecast COVID-19 and non-COVID-19 demand, and capacity to meet this various demand scenarios. This informs planning and use of resources within the Trust and across the region.	Modelling Group.	Twice weekly meetings; weekly meeting of Sustainability sub-group; update at ME.	Extend the model to cover non-COVID-19 patients in line with the Sustainability Taskforce.	How to make links with other reporting and forecasting tools (e.g. Long Term Model)
Strategic Support	Align Taskforce work with our agreed strategy and plan to ensure consistency of approach and common assumptions.	IMSU.	In line with other Taskforce requirements.	To pool corporate team resources to support this.	How to best resource a cross cutting agile strategy function

1. A gold–silver–bronze command structure is a command hierarchy used for major operations by the emergency services of the United Kingdom.

Taskforce 6 – Testing

Executive Lead: Ashley Shaw - Medical Director

Scope: To maximise COVID -19 testing capacity and capability for patients and staff across the Trust.

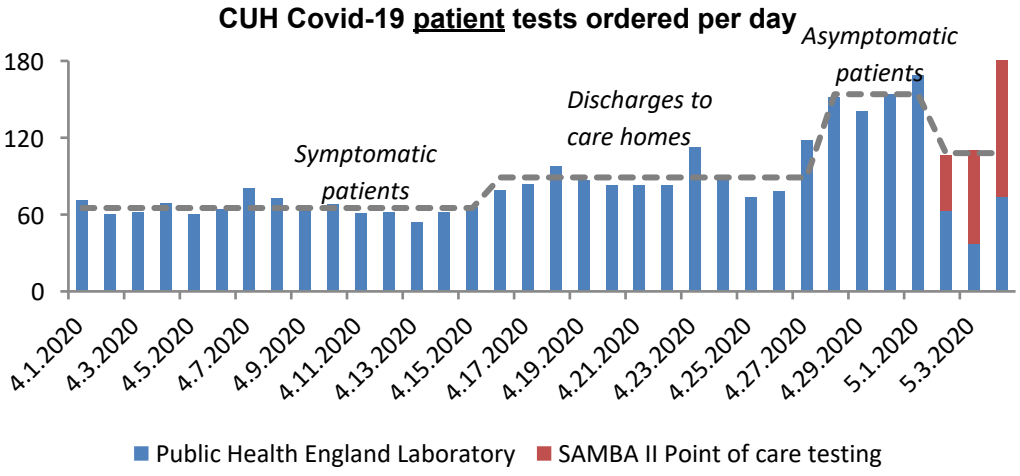
Patients	Staff	Laboratory Capacity	Testing Capability
• To quickly and accurately confirm COVID-19 status of patients. • To support decision making on cohorting and containment and limit the spread of the disease within the hospital.	• To provide testing to onsite staff to limit the spread of COVID-19 and protect the workforce. • To allow staff to return to work as soon as is safe to do so. • To provide assurance to staff that PPE measures are working.	• Expand laboratory capacity to support predicted demand. • Repurpose Pathology capacity as needed. • Seek additional external capacity.	• Introduce new processes to maximise the number of tests processed in the shortest possible time. • Use modelling to quantify the peak testing capacity required to meet patient and staff testing needs in line with national policy.

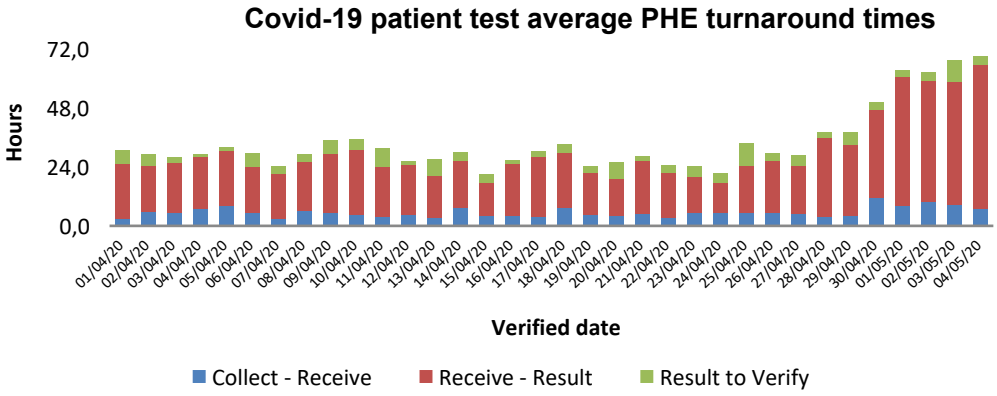
Action	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Patients	Increasing testing capacity and capability - prioritising query COVID areas. This ensures patients are diagnosed and provided with the most relevant and appropriate medical care.		Microbiology; Virology and Public Health England (PHE).	Commenced.	The national directive to test asymptomatic patients, lead to an increase of demand on PHE laboratories, increasing turnaround times significantly. CUH paused asymptomatic testing on the 02/05 and recommenced on 05/05 via our internal Point Of Care Testing (POCT) facility.	• Review of the utilisation of SAMBA II Point Of Care Tests (POCT). • Modelling the re-introduction of elective services at CUH and subsequent testing requirements.
Staff	Providing testing to staff working in high risk areas provides assurance infection containment procedures are effective and for those staff isolating at home		Occupational Health; PHE; Microbiology; Research and Development; Virology.	Commenced with over 2,000 staff tested to date.	Two streams of staff testing are in place with phased schedules a) symptomatic staff or those with a symptomatic household member; b) screening programme.	The University of Cambridge Laboratory is testing swabs for CUH staff – commenced on 06/05 and overall capacity has been increased.

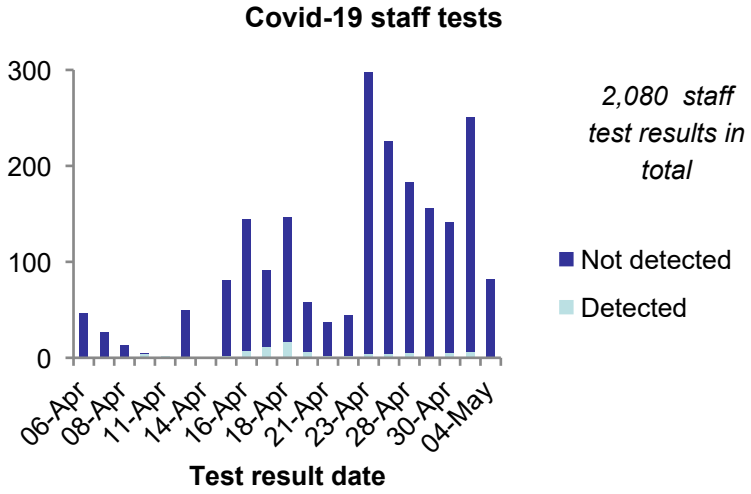
Taskforce 6 – Testing

Action	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Laboratory and Testing Capability	Developing further testing capability through research and innovation and streamlining existing processes. This will increase throughput reduce turnaround times and remove backlog as well as develop new tests for people who may have had the virus.		Research and Development and PHE.	Ongoing	COVID-19 Antibody testing capacity: in development with discussion ongoing about how to use test results and who to test. Antigen testing capacity: decision made to utilise Point Of Care Test (POCT) SAMBA II machine for non-elective patients and send only elective patients' tests to Public Health England (PHE).	Collaborating with University/ Industry partners for use regionally and nationally.

Taskforce 6 – Testing







Taskforce 7 – Communication and Engagement

Executive Leads: Ian Walker - Director of Corporate Affairs

Scope : Keep our staff, patients, stakeholders and the public informed and be transparent about our management of the incident.

Staff	Patients	Public	Media
• Help staff to have confidence in our plans • Help staff to feel inspired by their purpose in this incident	• Reassure and provide compassionate communications	• Inform and support to make the right choices	• Continue to develop excellent working relationships with local, regional and national journalists

Actions	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made ?	What decisions are due to be made?
Communication strategy	1. Make it personal 2. Tell one story	Helps staff to a) be confident in our plans b) be inspired by their purpose	Ali Bailey Communications Team Ian Walker All members of ME	Strategy agreed by ME, work ongoing	To deliver strategy as set out in ME paper, to launch new website	Ongoing decisions on messaging and approaches.
Channel build	Provide regular timely information through COVID-19 bulletins, website and Closed Facebook group	Enables all new information to be curated and issued efficiently	Communications Team	Ongoing channel development	Policy docs included in staff portal. Facebook Live deployed to re-start 8:27. Closed FB group with 3.5k members.	How to take forward very popular staff portal into the next phase.
Content creation	+ve stories in research and clinical outcomes	Motivates and inspires	Communications Team	Media projects ongoing.	To film in areas where messages are vital for public interest.	Participating in documentaries. How to create content for local media.

Taskforce 8 – PPE

Executive Leads: Paul Scott - Chief Financial Officer, Lorraine Szeremeta -Chief Nurse						
Scope: To protect our staff by providing adequate and appropriate personal protective equipment						
Protocols and Policy			**Distribution**		**Supply**	
PHE guidance			Challenges of national supply chain impacting PHE advice		All aspects of PPE	
Actions	**What are we trying to do and how does this help us achieve the peak?**	**How does this help?**	**Who is working on this?**	**When are things happening?**	**What decisions have already been made ?** Are there financial implications?	**What decisions are due to be made?** Are there financial implications?
Protocol and Policy	Develop protocols in line with national guidance	Protect our staff from transmission of Covid 19	Liam Brennan Sue Broster Christine Moody Maura Screaton Bronwyn Ramsay	Changing rapidly as new PHE guidance17/4/20 including contingencies to reuse elements of PPE	Moved beyond PHE guidance for PPE Now fit checking (not testing) to ensure the safety of the staff. Process for washing and reuse of non-sterile gowns approved and in progress	Further information and evidence base for use of fit checking being shared with the HSE
Staff training	Ensure staff are trained adequately to use PPE	Protect our staff from transmission of Covid 19	Gareth Corbett Christine Moody Amanda Small Bronwyn Ramsay	Extensive training package designed Fit checkers training in clinical areas Rolling audit of PPE practice implemented	New guidance printed Training programmes in place. Developing plan for introduction of floor walkers to ensure appropriate use and embed best practice	

Taskforce 8 – PPE

Actions	What are we trying to do and how does this help us achieve the peak?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made ? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Supply	Ensure adequate supplies of all PPE including sterile theatre gowns	Protect our staff from transmission of Covid 19 & allow maintenance and or expansion of urgent operating capacity	Ian Hooper Gareth Hayman	Hub for Donations Links with manufacturing Mutual aid Sourcing of alternative supplies of theatre gowns	National procurement leading changes to supply change	Feasibility of safely maintaining current surgical capacity in CUH and by ISPs

Taskforce 9 – External Links

Executive Leads: Roland Sinker - Chief Executive, Mike More – Chairman , Ewen Cameron – Director of Improvement and Transformation

Scope : Triage offers of support and providing national escalation where required.

University of Cambridge	Cambridge Biomedical Campus	Sustainability and Transformation Partnership (STP) and Region	National
Resource sharing including Personal Protective Equipment (PPE) accommodation, equipment and staff.	• Medical research • Medical trials • Genomics	Optimising treatment of system and regional patients. System configuration and capacity and alignment with regional services.	Liaise with key stakeholders including local MPs and councillors, NHS England and national government where appropriate for escalation.

Actions	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
University of Cambridge	Continue our partnership and strong collaboration across key areas including research and testing capability and capacity and the brokerage of shared assets, equipment and resources locally.		Management Executive and Chief Executive	Ongoing	We are seeking to maximise our shared skills and common ambitions across the research and life sciences agenda.	
Cambridge Biomedical Campus	Continue to work closely with our campus partners such as Royal Papworth Hospital (RPH) as we look to support the development of a regional surge centre.		Chief Executive	Ongoing	A number of areas including co-management of critical care.	
STP and Region	• CCG has taken a strong lead in managing the local health and care system response to the COVID-19 pandemic and immediate tactical action to support our recovery plans. • We are working hard with the region to align objectives and share our expertise for example via the development of a regional surge centre.		Cambridgeshire and Peterborough CCG NHS England Regional Team	Ongoing	CUH has supported the installation of an Epic care link in Brookfield Care Home and the Prince of Wales Hospital in Ely – enabling patient data to be shared directly across different care settings. Testing all patients COVID-19 status prior to discharge back into the community to ensure partners can care for patients effectively.	

Taskforce 9 – External Links

Executive Leads: Roland Sinker - Chief Executive, Mike More – Chairman , Ewen Cameron – Director of Improvement and Transformation .

Scope : Triage offers of support and providing national escalation where required.

University of Cambridge	Cambridge Biomedical Campus	Sustainability and Transformation Partnership (STP) and region.	National
Resource sharing including Personal Protective Equipment (PPE) accommodation, equipment and staff.	• Medical research • Medical trials • Genomics	• Maximise CUH bed capacity • System configuration and capacity and alignment with regional blue light services.	Liaise with key stakeholders including local MPs and councillors, NHS England and national government where appropriate for escalation.

Actions	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
National	We are working with key stakeholders to share and communicate our experiences and stories as a front line NHS service in a meaningful way. Influencing and shaping the national agenda particularly on critical care and the testing and research.		Management Executive and Chief Executive and many others across the Cambridge system.	Ongoing	TBA	TBA

Taskforce 10 – Enabling workstreams

Executive Leads: Carin Charlton - Director of Capital, Estates and Facilities and Ewen Cameron - Director of Improvement and Transformation.

Scope : Delivery of key workstreams using existing teams and structures to enable incident management .

Estates and Infrastructure	IT	National Policy
	• Expansion of BYOD (remote access) • Reconfiguration of Epic • Reporting support	

Actions	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Estates	Ensure infrastructure and support services support delivery of healthcare enables CUH to provide continuity in the environment for delivery of healthcare.		Capital, Estates and Facilities	Ongoing	Many decisions via Silver Financial expenditure captured on COVID account code as appropriate. Services continue to be delivered to maintain the infrastructure.	On-going
IT	Expansion of the Bring your Own Device (BYOD) scheme has created more access for more staff. Allowing CUH to facilitate remote working for many across a shared ICT infrastructure that underpins vital clinical and operational systems and data collection for patients – in line with surge and business continuity plans.		Director of E-Hospital	Licences in place, servers to be upgraded in next two weeks.	Expansion of BYOD	On-going

Taskforce 11 – Additional Capacity Regional Surge Centre

Executive Leads: Nicola Ayton - Chief Operating Officer, Carin Charlton – Director of Capital, Estates and Facilities.

Scope: Build additional temporary accommodation for patients on Cambridge Biomedical Campus to serve as part of the Regional Surge Centre response led by NHS England (East of England Regional Leadership Team).

Design and Build	Finance	Clinical	Technology	Non clinical services
• Planning and construction • Equipment, hardware and consumables. • National and regional engagement.	• Legal • Regulatory • Financial	• Clinical model and pathways. • Workforce	• Technology infrastructure. • Application management.	• Operating model. • Non clinical services. • Equipment and consumables.

Actions	What are we trying to do? How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? re there financial implications?
Design and Build	Deliver a facility that optimises service delivery to patients in recovery and rehabilitation and improves staff safety as well. Meet immediate and long term needs for model of care that secures Care Quality Commission licence and complies with best practice guidance and regulations relating to the built environment.	Carin Charlton	Business Case for patient facility submitted on 01/05/20.	• Outline proposal for feasibility approved by on 17/04/20 by NHS England Regional Team. • To conduct a feasibility study for site.	• Awaiting national approval of capital spend due on 18/05/20. • Board Review of business case governance process to be completed by CUH and RPH.
Finance	Secure funding sources and finances in a way that enables CUH to manage financial costs, benefits, assumptions, implications and risks effectively.	Paul Scott	Financial case set out in the business case.		Allocation of funding for capital costs.
Clinical	Develop a clinical model, diagnostic requirements infection prevention and control, patient care pathways, patient discharge/transfer and repatriation pathways.	Ewen Cameron	Fact finding and opinion gathering in progress 05/05/20.	Business case outlined a facility with 3 wards; an acute respiratory ward, a lower acuity mixed medical ward and a rehabilitation ward.	Timely agreement of the clinical model enables users to input into design stages of the facility - post capital approval funding.

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Design and Build	Finance	Clinical	Technology	Non Clinical Services
• Planning & construction • Equipment, hardware and consumables. • National and regional engagement.	• Legal • Regulatory • Financial	• Clinical model and pathways. • Workforce	• Technology infrastructure. • Application management.	• Operating model. • Non clinical services. • Equipment and consumables.

Actions	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Technology	Ensure technical architecture, infrastructure and applications for clinical model that delivers a facility that provides a suitable care and work environment for patients and staff.		Ewen Cameron	Workstream due to commence		
Non Clinical Services	Develop operating model for each of the non-clinical services to support the operation of the facility including staffing model, managing support services, equipment and consumables soft facilities management operational. This will enable CUH to deliver an operational facility that provides a suitable care and work environment for patients and staff		Carin Charlton	Workstream due to commence	• The operation of the facility is to be incorporated as part of the overall service delivery approach to the rest of the hospital. • Financial assumptions made in the revenue costings around non-clinical services.	The scope of non-clinical services and leads for each service.

Taskforce 12 – Sustainability

Executive Leads: Nicola Ayton - Chief Operating Officer

Scope: Implement a sustainable clinical and operating model for the next 18 months, throughout the peaks and troughs of the outbreak, to maximise the survivorship of patients and protect our staff.

Elective Surgery and Critical Care | **Outpatients** | **Diagnostics** | **Independent Sector** | **Primary and Community Care** | **Urgent and Emergency Care**

Actions	What are we trying to do? How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Elective Surgery and Critical Care	Re-establishing urgent and routine surgery in an agile way based on clinical prioritisation meets clinical need and regulatory requirements. It also helps provide a transparent decision making process for patients.	Dedicated Project Team in place.	Ongoing however there is a national deadline to re-establish urgent surgery by the 11/05.	Surgical prioritisation process and an ethical decision making framework has been agreed. CUH does not have enough capacity to deliver the mandated surgery in the required timeframe.	• Restart capacity for some operations and resume urgent surgery within 6 weeks. • Align prioritisation with national guidance. • Agree the changes with E-hospital and the patient management system, Epic.
Outpatients	Restart outpatients appointments while keeping innovative ways of working developed as a response to the crisis Establishing prioritisation enabling CUH to meet clinical need and regulatory requirements.	Dedicated Project Team in place.	Ongoing	• 61% of appointments moved to being held virtually. • Baseline of services on hold has been collated and prioritised in line with surgical framework – process being developed. • Programme plan drafted.	• Meet with Primary Care Networks (PCNs) to understand PPE implications. • Turn services back on • Resume *2 Week Wait Referrals*.
Diagnostics	Restart diagnostics based on prioritisation enabling CUH to meet clinical need and regulatory requirements.	Dedicated Project Team in place.	Ongoing	• Baseline of services on hold collated - the process for turning back on services is being developed.	Develop prioritisation process and understand PPE implications and opportunities for PCNs.

Taskforce 12 – Sustainability

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Elective Surgery and Critical Care | **Outpatients** | **Diagnostics** | **Independent Sector** | **Primary and Community Care** | **Urgent and Emergency Care**

Actions	What are we trying to do?	How does this help?	Who is working on this?	When are things happening?	What decisions have already been made? Are there financial implications?	What decisions are due to be made? Are there financial implications?
Independent sector	Work with the Independent Hospital Sector to deliver surgery and other services offsite to enable CUH to meet clinical need and regulatory requirements.		Dedicated Project Lead in Place.	Ongoing	• Ways of working with established with a 101 surgeries undertaken to date. • Processes and plans that maximise utilisation are being developed.	Increase utilisation of this sector and develop a regional level plan in conjunction with our regional partners.
Primary and community care	Create effective links and ways of working with the North and South Provider Alliances in order to deliver care out of hospital while appropriate. Enables CUH to meet clinical need and regulatory requirements.		Dedicated Project Lead in Place.	Ongoing	• Internal CUH workshop undertaken and offer being developed. • Links established with Outpatients. • Session with PCNs and Alliances planned	Work with Primary Care Networks and Alliance partners on resetting of services and risk stratifying to meet unmet need.
Urgent and emergency care	Continue to deliver on and understand changing urgent care needs. Meets clinical need and regulatory requirements		Dedicated Project Lead in Place.	Ongoing	• Emergency Department reconfigured for phase 1 of incident. • Initial analysis on unmet need undertaken.	• Plans for further reconfiguration in next phase being developed. • Increased Same Day Emergency Care and Urgent and Emergency Care outside the Emergency Department.

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Report to the Board of Directors: 13 May 2020

Agenda item	9
Title	Corporate Risk Register and Board Assurance Framework
Sponsoring executive director	Ian Walker, Director of Corporate Affairs Lorraine Szeremeta, Chief Nurse
Author(s)	Giles Thorpe, Deputy Chief Nurse – Quality Ian Walker, Director of Corporate Affairs
Purpose	To receive an update on the approach to risk management during the current phase of the COVID-19 response.
Previously considered by	Risk Oversight Committee, 23 April 2020 Performance and Quality Committees, 6 May 2020

Executive Summary

The Corporate Risk Register (CRR) and the Board Assurance Framework (BAF) are usually refreshed on a monthly basis through discussion with the Executive Director leads for each risk and presented to the Risk Oversight Committee for review. They are also received by the Board four times a year (most recently in March 2020).

The Risk Oversight Committee agreed in March 2020 that the usual monthly process of updating the CRR and BAF should be suspended for the time being, with the risks 'accepted' at their current level, but subject to light touch oversight by the Risk Oversight Committee each month until normal arrangements can be reinstated. This review is important as the current crisis will impact in various ways on risks on both the CRR and BAF and it will be important for the Committee to identify and discuss the appropriate Trust response, i.e. the need to take actions or explicitly tolerate a higher level of risk than would otherwise be the case.

This paper provides an update on the approach to risk management during the current phase of the Trust's COVID-19 response, including a review of the Trust's risk appetite and risk tolerance which was discussed by the Risk Oversight Committee at its meeting on 23 April 2020.

Related Trust objectives	All objectives
Risk and Assurance	The report provides assurance on the approach to risk management during the COVID-19 response.
Related Assurance Framework Entries	All BAF entries.
Legal implications/Regulatory requirements	The BAF is a key document which informs the Annual Governance Statement.
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of "Together: safe, kind and excellent"?	n/a

Action required by the Board of Directors

The Board is asked to:

- Note the update on the approach to risk management.
- Note and endorse the review of the Trust's risk appetite statement.
- Note the new overarching CRR risk on the COVID-19 response (Appendix 3) and the summary of the COVID-19 risk register (Appendix 4).
- Receive the current (February 2020) version of the BAF (Appendix 5) and note material issues identified by the Risk Oversight Committee at its April 2020 meeting.
- Note plans to refresh the BAF following the current strategy refresh exercise.

Cambridge University Hospitals NHS Foundation Trust

13 May 2020

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

Introduction

1. The Corporate Risk Register (CRR) and the Board Assurance Framework (BAF) are usually refreshed on a monthly basis through discussion with the Executive Director leads for each risk and presented to the Risk Oversight Committee for review. They are also received by the Board four times a year (most recently in March 2020).

2. The Risk Oversight Committee agreed in March 2020 that the usual monthly process of updating the CRR and BAF should be suspended for the time being, with the risks 'accepted' at their current level, but subject to light touch oversight by the Risk Oversight Committee each month until normal arrangements can be reinstated. This review is important as the current crisis will impact in various ways on risks on both the CRR and BAF and it will be important for the Committee to identify and discuss the appropriate Trust response, i.e. the need to take actions or explicitly tolerate a higher level of risk than would otherwise be the case.

3. This paper provides an update on the approach to risk management during the current phase of the Trust's COVID-19 response, including a review of the Trust's risk appetite and risk tolerance which was discussed by the Risk Oversight Committee at its meeting on 23 April 2020.

Risk Appetite Statement

4. Due to the Covid-19 outbreak, it was recommended at the March 2020 meeting of the Risk Oversight Committee that the Trust's Risk Appetite Statement should be reviewed to determine what, if any, changes to risk appetite and risk tolerance should be proposed during the current period.

5. The Risk Appetite Statement was reviewed in the light of responding to the COVID-19 outbreak using the following definitions:

    - **Risk appetite**: A target level of risk exposure that the organisation views as acceptable, given business objectives and resources.
    - **Risk tolerance**: The degree of variance from the organisation's risk appetite that the organisation is willing to tolerate[1].

6. The review concluded that there are no strong grounds for proposing a change in the overall risk appetite of the Trust due to the COVID-19 pandemic. In general, it is proposed that the Trust's appetite to take on either a lower or a higher level of risk exposure has not changed in the current environment. There is potentially an appetite to take greater risks in relation to innovation (e.g. working with new partners or in new ways to find solutions to urgent problems) but it was not proposed by the Risk Oversight Committee to make a formal change in this regard.

[1] Adapted from LogicManager (20, Risk Appetite vs Risk Tolerance and Residual Risk. Accessed on 20/04/2020 https://www.logicmanager.com/erm-software/knowledge-center/best-practice-articles/risk-appetite-risk-tolerance-residual-risk/

7. However, the Risk Oversight Committee agreed that the Trust's tolerance for risk (i.e. accepting greater deviations from its risk appetite) is likely to be higher during the COVID-19 outbreak, recognising the reality of delivering care and supporting staff in the current environment. Decisions to tolerate a higher risk level will be taken in line with the Trust's incident management plan and command structure and taking account of national guidance and other available national, regional and local information. Proposed revised risk tolerances are shown in Table 1 below.

Table 1: Risk appetite and revised risk tolerances

Risk Appetite Category	**Risk Appetite before and during COVID19**	**Risk Tolerance** **A higher level of risk variance** may have to be tolerated in the following areas during surges of the COVID-19 outbreak
Quality/ Outcomes	Moderate	A higher level of risk variance may be tolerated, e.g. due to: • Skills shortage to meet critical care needs • Use of non-CE marked equipment • PPE use – fit checking/fit testing • End of life care (visitor restrictions) • Lack of capacity to provide elective inpatient care and treatment to patients in the line with waiting time targets
Compliance/ Regulatory	Moderate	A higher level of risk variance may be tolerated, e.g. due to: • Use of non-CE marked equipment • HSE requirements for PPE use • Staffing levels in critical care • Bringing innovations into clinical practice without following the full set of usual protocols
Innovation	High	A higher level of risk variance may be tolerated, e.g. due to: • Accelerated innovations supporting the preparation for and delivery of care for COVID-19 patients • Improving staff and patient safety, e.g. developing testing capacity for COVID-19
Reputation	Moderate	A higher level of risk variance may be tolerated, e.g. due to: • Public and regulatory challenge and scrutiny of Trust decisions during the COVID-19 outbreak • Impact of pressures on the Trust on quality of care and patient and staff experience
Financial/VFM	Moderate	A higher level of risk variance may be tolerated, e.g. due to: • Nature of short-term decisions required to support delivery relative to conventional VFM thresholds
Commercial	High	A higher level of risk variance may be tolerated, e.g. due to: • Reduction in income generation opportunities due to staff being re-deployed to manage the outbreak or demand for commercial offerings may be reduced, e.g. training staff in other organisations

8. Risk assessment guidelines are shown at Appendix 1 for reference. The current Risk Appetite Statement (July 2019) is shown at Appendix 2a, with supporting guidance at Appendix 2b.

Corporate risk register

9. At the March 2020 meeting of the Risk Oversight Committee, it was agreed that the 27 risks on the Corporate Risk Register should be temporarily 'accepted' at their current level of risk. Risk leads will update these risks as appropriate in-month and the most current Corporate Risk Register is available on the QSiS system.

10. As part of the Trust's COVID-19 response, an overarching COVID-19 risk has been added to the Corporate Risk Register (CR34) – see Appendix 3. Individual risks for each of the COVID-19 taskforces are linked to this overarching CRR risk and held on a separate COVID-19 risk register on QSiS. A summary is provided at Appendix 4 – the individual risk scores are as at the time of the April 2020 Risk Oversight Committee meeting and some will have changed subsequently.

11. The Head of Risk and Clinical Audit has worked closely with the Incident Management Team to create the COVID-19 risk register, to be reviewed by taskforce leads monthly prior to presentation to the Risk Oversight Committee.

12. Detailed risks to the delivery of the taskforce's priorities are included in the taskforce reporting to Management Executive which has now moved to a fortnightly basis. This process is managed by the Incident Management Team.

13. The Head of Risk and Clinical Audit continues to liaise and support the risk leads for the existing corporate risks. There are no significant changes to these risks this month.

Board Assurance Framework

14. Given the prioritisation of the Trust's response to the Covid-19 outbreak, it was not possible to complete the usual monthly review of the BAF during March 2020. It was recognised that this is likely to continue to be the case for the immediate future. The current version of the BAF (February 2020) is attached at Appendix 5.

15. The Risk Oversight Committee therefore agreed in March 2020 that the usual monthly process of updating the BAF should be suspended for the time being, with the risks 'accepted' at their current level, but subject to light touch oversight by the Risk Oversight Committee each month until normal arrangements can be reinstated. This review is important as the current crisis will impact in various ways on some of the strategic risks on the BAF (e.g. fire safety), and it will be important for the Committee to identify and discuss the appropriate Trust response, i.e. the need to take actions or explicitly tolerate a higher level of risk than would otherwise be the case.

16. As set out above, an overarching risk relating to Covid-19 has been included on the CRR.

17. Specifically, in relation to BAF risk 008 on fire safety, the Management Executive decision (reported to the Board of Directors in April 2020) to not proceed at this stage with the Stage 2 accelerated fire improvement works means that the Trust will, others things equal, need to tolerate the current level of risk (20) for a longer period of time than would otherwise have been the case. Subsequently, the Management Executive has requested a review of options to make progress in the current year as part of the planning being undertaken by the Sustainability taskforce.

18. At this time of year, a broader review of BAF risks would usually be undertaken with reference to the review of the Trust's strategic objectives. This has been put on hold for the time being. However, the BAF will be refreshed following the completion of the current exercise which is being led by the Strategy team to review the Trust's strategy for the period ahead, with a focus on sustainability and recovery over the next 18 month period. The Strategy refresh will be brought to the Board in June 2020.

Recommendations

19. The Board of Directors is asked to:

- Note the update on the approach to risk management.
- Note and endorse the review of the Trust's risk appetite statement.
- Note the new overarching CRR risk on the COVID-19 response (Appendix 3) and the summary of the COVID-19 risk register (Appendix 4).
- Receive the current (February 2020) version of the BAF (Appendix 5) and note material issues identified by the Risk Oversight Committee at its April 2020 meeting.
- Note plans to refresh the BAF following the current strategy refresh exercise.

Appendix 1: Risk Assessment Guidelines

The following criteria has been developed to ensure consistency in measuring risk severity and risk likelihood on a 1 to 5 scale across different types of risk and also different parts of the business. For example reputational risk or risk to service delivery. Risk owners should select one [or if necessary, more] of the risk severity definitions on the left column to derive a measure of risk severity on a 1 to 5 scale. Where more than one definition has been selected, risk owners need to ensure a consistent risk severity score is used.

Table A2.1: RISK IMPACT

DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
Injury **(Physical/** **Psychological)**	►Adverse event requiring no/minimal intervention or treatment.	►Minor injury or illness – first aid treatment needed ►Health associated infection which may/did result in semi-permanent harm ►Increase in length of hospital stay by 1-3 days ►Affects 1-2 people	►Moderate injury or illness requiring professional intervention to resolve the issue ►RIDDOR / Agency reportable incident (4- 14 days lost) ►Adverse event which impacts on a small number of patients ►Increased length of hospital stay by 4 – 15 days ►Affects 3-15 people	►Major injury / long term incapacity / disability (e.g. loss of limb) ►>14 days off work ►increased length of hospital stay >15 days ►Affects 16 – 50 people	►Incident leading to death ►Multiple permanent injuries or irreversible health effects ►An event affecting >50 people

DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
Environmental Impact	►Potential for onsite release of substance ►Minimal or no impact on the environment	►Onsite release of substance but contained ►Minor impact on the environment ►Minor damage to Trust property – easily remedied <£10K	►On site release of substance ►Moderate impact on the environment ►Moderate damage to Trust property – remedied by Trust staff / replacement of items required £10K - £50K	►Offsite release of substance ►Major impact on the environment ►Major damage to Trust property – external organisations required to remedy - associated costs >£50K	►Onsite /offsite release with catastrophic effects ►Catastrophic impact on the environment ►Loss of building / major piece of equipment vital to the Trusts business continuity
Staffing & Competence	►Short term low staffing level (<1 day) – temporary disruption to patient care	►On-going low staffing level - minor reduction in quality of patient care	►Ongoing low staffing resulting in moderate reduction in the quality of patient care ►Late delivery of key objective / service due to lack of staff ►Error due to ineffective training /	►Unsafe staffing level leading to a temporary service closure <5 days ►Uncertain delivery of key objective / service due to lack of staff ►Serious error due to ineffective	►Loss of several significant service critical staff leading to a service closure >5 days ►Non-delivery of key objective / service due to lack of staff ►Critical error leading to fatality due to lack of staff or insufficient training and / or

DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
	►Minor competency related failure reduces service quality <1 day	►Unresolved trend relating to competency reducing service quality ► 75 % staff attendance at mandatory / key training	competency ►50% - 75% staff attendance at mandatory / key training	training and / or competency ►25%-50% staff attendance at mandatory / key training	competency ►Less than 25% attendance at mandatory / key training on an on-going basis
Complaints/ Claims	►Informal / locally resolved complaint ►Potential for settlement / litigation <£500	►Overall treatment / service substandard ►Formal justified complaint ►Minor implications for patient safety ►Claim <£10K	►Justified complaint involving lack of appropriate care ►Moderate implications for patient safety ►Claim(s) between £10K - £100K	►Multiple justified complaints ►Findings of Inquest suggesting poor treatment or care ►Non-compliance with national standards implying significant risk to patient safety ►Claim(s) between £100K - £1M	►Multiple justified complaints ►Single major claim ►Ombudsman inquiry ►Totally unsatisfactory level or quality of treatment / service ►Claims >£1M

DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
Business/ **Service Interruption**	►Loss/Interruption of >1 hour; no impact on delivery of patient care / ability to provide services	►Short term disruption, of >8 hours, with minor impact	►Loss / interruption of >1 day ►Disruption causing impact on patient care ►Non-permanent loss of ability to provide service	►Loss / interruption of > 1 week. ►Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked ►Temporary service closure	►Permanent loss of core service / facility ►Disruption to facility leading to significant 'knock-on' effect across local health economy ►Extended service closure
Inspection/ Regulatory Compliance/ Statutory Duty	►Small number of recommendations which focus on minor quality improvement issues ►Minimal breach of guidance / statutory duty ►Minor non-compliance with standards	►Single failure to meet standards ►No audit trail to demonstrate that objectives are being met (NICE; HSE; NSF etc.)	►Challenging recommendations which can be addressed with appropriate action plans ►Single breach of statutory duty ►Non-compliance with > one core standard	►Enforcement action ►Multiple breaches of statutory duty ►Improvement Notice ►Trust rating poor in National	►Multiple breaches of statutory duty ►Prosecution ►Severely critical report on compliance with national standards ►Zero performance rating ►Complete systems change required

DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
				performance rating ►Major non compliance with core standards	
Adverse Publicity / Reputation	►Rumours ►Potential for public concern	►Local Media – short term – minor effect on public attitudes / staff morale ►Elements of public expectation not being met	►Local media – long term – moderate effect – impact on public perception of Trust & staff morale	►National media <3 days – public confidence in organisation undermined ►Use of services affected	►National / International adverse publicity >3 days. ►MP concerned (questions in the House) ►Total loss of public confidence
Information Governance/ IT	► Minor breach of confidentiality – readily resolvable ►Unplanned loss of IT facilities < half a day ►Health records / documentation incident – no adverse outcome	►Minor Breach with potential for investigation ►Unplanned loss of IT facilities < 1 day ►Health records incident / documentation incident – readily resolvable	►Moderate breach of confidentiality – potential for complaint 1 – 5 persons affected ►Health records documentation incident – patient care affected with short term consequence	►Serious breach of confidentiality – more than 5 person or Very sensitive information ►Unplanned loss of IT facilities >1 day but less than one week ►Health records / documentation incident – patient care affected with major consequence	►Serious breach of confidentiality – large numbers ►Unplanned loss of IT facilities >1 week ►Health records / documentation incident – catastrophic consequence

DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
Projects	►Insignificant cost increase ►Insignificant impact on value and/or time to realise declared benefits against profile	►<5% over project budget ►<5% variance on value and/or time to realise declared benefits against profile	►5 - 10% over project budget ►5 - 10% variance on value and/or time to realise declared benefits against profile	►10 - 25% over project budget ►10 - 25% variance on value and/or time to realise declared benefits against profile	►> 25% over budget ►> 25% variance on value and/or time to realise declared benefits against profile
Financial (Loss of contract / revenue / default payment)	►Small Financial loss < £1K ►Theft or damage of personal property <£50	►Loss <£1k - £50K ►Theft or loss of personal property <£750	►Loss of £50K - £500K ►Theft or loss of personal property >£750 - £10K	►Loss of £500K - £1M ►Theft or loss of personal property £10K - £50K	►Loss > £1M ► Theft or loss of personal property > £50K
Fire Safety/General Security	►Minor short term (<1day) shortfall in fire safety system. ►Security incident with no adverse outcome	►Temporary (<1 month) shortfall in fire safety system / single detector etc (non patient area) ►Security incident managed locally ►Controlled drug discrepancy –	►Fire code non-compliance / lack of single detector – patient area etc. ►Security incident leading to compromised staff / patient safety. ►Controlled drug discrepancy – not	►Significant failure of critical component of fire safety system (patient area) ►Serious compromise of staff / patient safety ►Loss of vulnerable adult resulting	►Failure of multiple critical components of fire safety system (high risk patient area) ►Infant / young person abduction ►Loss of vulnerable adult resulting in death

DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
		accounted for	accounted for	in major injury or harm ► Major controlled drug incident involving a member of staff	

RISK LIKELIHOOD

Description	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Frequency **(How often might it / does it occur)**	Highly unlikely but may occur in exceptional circumstances. It could happen but probably never will	Not expected but there is a slight possibility it may occur at some time	The event might occur at some time as there is a history of casual occurrence at the Trust or within the NHS	There is strong possibility the event will occur as there is a history of frequent occurrence at the Trust or within the NHS	Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence at the Trust or within the NHS
Probability	Less than 10%	11 – 30%	31 – 70 %	71 - 90%	> 90%

RISK SCORING MATRIX & GRADING

	Likelihood				
Impact	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

Risk Assessment	Grading
15 – 25	**Extreme**
8 – 12	**High**
4 – 6	**Medium**
1 – 3	**Low**

Appendix 2a: Risk appetite statement (July 2019)

The Trust recognises that its long-term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, staff, the local community and strategic partners. The below statements describe the Board of Director's risk appetite in relation to the primary risk groupings as set by the Good Governance Institute (2012) . This statement will guide the Board of Directors in its decision making in relation to the implementation of the Trust's strategy (CUH Together), associated plans and other matters impacting on the well-being of patients and staff. This statement will be kept under regular review by the Risk Oversight Committee.

Quality/Outcomes
The Board will be cautious in its approach to taking risks related to patient and staff safety, patient experience or clinical outcomes. Its tolerance for risk taking will be limited to decisions where the potential for adverse consequent effects on patient and staff safety, experience or outcomes are medium to low and the potential for mitigating actions are strong, supported by robust governance systems and practices. (**Risk appetite moderate**)

Compliance/Regulatory
The Board has a cautious risk appetite related to compliance and regulatory issues, including health and safety. It will make every effort to meet regulator expectations and comply with laws, regulations and standards that regulators have set, unless there is strong evidence or argument to challenge them. The Board is willing to take opportunities where positive gains can be anticipated and are within the regulatory environment. (**Risk appetite moderate**)

Innovation
The Board will actively seek opportunities for innovation, strategic transformation and developing effective external relationships and alliances, depending on the nature of the innovation being proposed. It will seek innovation that supports quality, patient safety and operational effectiveness. This means that it will support the adoption of innovative solutions that have been tried and tested elsewhere, which challenge current working practices and involve systems/technology developments as enablers of operational delivery. Other innovations will be limited to only essential developments and with decision-making held by senior management. (**Risk appetite high**)

Reputation
The Board has a cautious approach to risks that will affect the Trust's reputation. Decisions with the potential to expose the Trust to additional scrutiny of its reputation will be considered carefully and progressed only with strong mitigations and careful management of any potential repercussions. (**Risk appetite moderate**)

Financial/VFM
The Board will adopt a cautious approach to financial risk and is prepared to accept the possibility of some limited financial loss. Value for money is still the primary concern but the Board is willing to consider other benefits or constraints. Resources will be generally restricted to existing commitments. (**Risk appetite moderate**)

Commercial
The Board has an open approach to commercial risk, aligned with its approach to innovation. It will support risk opportunities in business areas and markets where the potential to have significant commercial strength over its competitors is identified, and/or wishes to secure continuity to the benefits and outcomes for the Trust's patients and the wider community it operates in. (**Risk appetite high**)

Bullivant J & Corbett-Nolan A (2012) Risk Appetite for NHS Organisations: A matrix to support better risk sensitivity in decision taking accessed from http://www.good-governance.org.uk/risk-appetite-for-nhs-organisations-a-matrix-to-support-better-risk-sensitivity-in-decision-taking/ on 5 April 2017

Appendix 2b: Risk appetite – supporting guidance

Risk Appetite for NHS Organisations
A matrix to support better risk sensitivity in decision taking

Developed in partnership with the board of Southwark Pathfinder CCG and Southwark BSU – January 2012

Good Governance Institute

Risk levels ▶ / Key elements ▼	0 **Avoid** Avoidance of risk and uncertainty is a Key Organisational objective	1 **Minimal** (ALARP) (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	2 **Cautious** Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	3 **Open** Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM)	4 **Seek** Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	5 **Mature** Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
Financial/VFM	Avoidance of financial loss is a key objective. We are only willing to accept the low cost option as VfM is the primary concern.	Only prepared to accept the possibility of very limited financial loss if essential. VfM is the primary concern.	Prepared to accept possibility of some limited financial loss. VfM still the primary concern but willing to consider other benefits or constraints. Resources generally restricted to existing commitments.	Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities.	Investing for the best possible return and accept the possibility of financial loss (with controls may in place). Resources allocated without firm guarantee of return – 'investment capital' type approach.	Consistently focussed on the best possible return for stakeholders. Resources allocated in 'social capital' with confidence that process is a return in itself.
Compliance/ regulatory	Play safe, avoid anything which could be challenged, even unsuccessfully.	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances.	Limited tolerance for sticking our neck out. Want to be reasonably sure we would win any challenge.	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences.	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup.	Consistently pushing back on regulatory burden. Front foot approach informs better regulation.
Innovation/ Quality/Outcomes	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision taking authority. General avoidance of systems/ technology developments.	Innovations always avoided unless essential or commonplace elsewhere. Decision making authority held by senior management. Only essential systems / technology developments to protect current operations.	Tendency to stick to the status quo, innovations in practice avoided unless really necessary. Decision making authority generally held by senior management. Systems / technology developments limited to improvements to protection of current operations.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery Responsibility for non-critical decisions may be devolved.	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control.	Innovation the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust rather than tight control is standard practice.
Reputation	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern.	Tolerance for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management distance themselves from chance of exposure to attention.	Tolerance for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure. Mitigations in place for any undue interest.	Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Prospective management of organisation's reputation.	Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation.	Track record and investment in communications has built confidence by public, press and politicians that organisation will take the difficult decisions for the right reasons with benefits outweighing the risks.
APPETITE	**NONE**	**LOW**	**MODERATE**	**HIGH**	**SIGNIFICANT**	

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Appendix 3: COVID-19 CRR entry

CR34: Management of Coronavirus (Covid-19)										
Lead Director	ID	CRR Ref.	Description	Inherent rating (CxL)	Current rating (CxL)	Target rating (CxL)	Controls	Gaps in controls	Assurance	Gaps in assurances
Chief Operating Officer	2116	CR34	**There is a risk that the Trust is not able to manage in an effective and timely way the number of patients (Covid and non-Covid) it is required to treat during the Covid-19 outbreak, and is not able to maintain staff safety and welfare.** This is caused by a wide range of factors including uncertainty about the modelling of the disease trajectory; availability and timeliness of patient and staff testing; and capacity constraints on-site and across the system in relation to physical estate and infrastructure, medical equipment, PPE and staffing. This will impact on the ability of the Trust to deliver safe and effective patient care and to ensure the safety and welfare of staff. *Note: individual risks identified by taskforces are recorded separately on the risk register and linked to this CRR entry. Includes:* • *Staffing, staff welfare and training* • *Cohorting and configuration* • *Critical care (ventilation/oxygen)* • *PPE* • *Supply chain* • *Testing (patients and staff)* • *Management* • *Communications and engagement* • *External links* • *Enabling (inc critical infrastructure)* • *Sustainability and recovery* • *Regional Surge Centre*	4x5=20 (Red)	**5x5=25 (Red)**	3x4=12 (Amber)	1. Trust Covid-19 Strategy agreed and kept under review by Management Executive. 2. Supporting clinical strategy developed. 3. Review of local pandemic policy in light of updated guidance. Desk top exercise completed on 26 February 2020. 4. Trust modelling work to inform taskforce plans. 5. 12 Executive-led 'taskforces' to support the Trust response, reporting to Management Executive twice-weekly. 6. Bronze-Silver-Gold command structure and decision making in place 7 days a week with established rotas. 7. Clinical Experts Group feeding in at Bronze level. 8. Linking in to regional incident management arrangements via System Gold. 9. Revised corporate and quality governance and risk management arrangements implemented. 10. Regular communications to staff via twice-daily Covid-19 updates, weekly CEO message and new externally-accessible staff website. 11. Homeworking and social distancing arrangements implemented. 12. Senior panel in place with terms of reference to provide ethical decision making support. 13. Cancellation of majority of face-to-face outpatient and elective activity in initial phase of pandemic to free up capacity and facilitate staff training and redeployment. 14. Configuration and capacity plan developed and under regular review. 15. Development of Regional Surge Centre proposal.	1. None identified. 2. None identified. 3. None identified. 4. Modelling currently being updated to incorporate resource modelling and focus on post-peak scenarios to inform the sustainability and recovery taskforce and others. 5. Reporting and escalation template continues to develop. 6. Overnight on-call structure being reviewed. Proposal relating to command structure and On-Call Director rota to be discussed by ME on 11/05/20. 7. None identified. 8. None identified. 9. Arrangements under regular review. 10. Reviewing communications channels in response to staff feedback, including polls on closed Facebook page. 11. Additional BYOD licences purchased and IT network bandwidth currently being expanded. Staff communications to recognise on an ongoing basis the importance of staff who are home working. 12. None identified. 13. Sustainability and recovery taskforce leading on plans to further increase urgent elective activity on-site and in the independent sector (including Nuffield and Spire). Risk assessment process in place to assess potential harm to non-COVID patients and prioritise accordingly. 14. None identified. 15. New taskforce established and proposals being worked up for further discussion at ME on 23/04/20.	1. Taskforces overseen by Management Executive meeting twice-weekly. 2. Command structure feeding into Management Executive twice-weekly. 3. Chief Executive providing regular updates to Trust Chair, and in turn to Non-Executive Directors. 4. Board governance arrangements reviewed and lighter-touch assurance through Board assurance committees remains in place. 5. Regular updates to Council of Governors. 6. Regional and national sit rep reporting in line with external requirements. 7. Trust participation in NHSE/I regional calls. 8. Executives in regular contact with counterparts in Shelford Group and other trusts.	1. Taskforce reporting and escalation arrangements under ongoing development. 2. None identified. 3. None identified. 4. Under ongoing review. 5. None identified. 6. Discussions taking place on feasibility of some reporting requirements. 7. None identified. 8. None identified.

Appendix 4: COVID-19 risk register summary (as at 23 April 2020)

Ref.	Title	CQC Domain	Executive Director Lead	Assurance Committee	Inherent rating (CxL)	Current rating (CxL)	Target rating (CxL)	April-20	May-20	Jun-20
CR34	**Management of Coronavirus - COVID-19**	**Safe**	**Chief Operating Officer**	**Quality**	4x5=20 (Red)	5x5=25 (Red)	3x4=12 (Amber)	Same		
TF01	Task force 01: Staffing	Safe	**Director of Workforce**	**Workforce**	5x5=25 (Red)	5x5=25 (Red)	3x4=12 (Amber)	**NEW**		
TF02	Task force 02: Cohorting and configuration	Responsive	**Chief Operating Officer**	**Quality**	4x5=20 (Red)	5x5=25 (Red)	5x3=15 (Red)	**NEW**		
TF03	Task force 03: Ventilation and oxygen	Responsive	**Director of Improvement and Transformation**	**Workforce**	5x5=25 (Red)	5x3=15 (Red)	5x2=10 (Amber)	**NEW**		
TF04	Task force 04: Supply chain	Responsive	**Chief Financial Officer**	**Performance**	4x4=16 (Red)	3x4=12 (Amber)	3x3=9 (Amber)	**NEW**		
TF05	Task force 05: Management of outbreak	Safe	**Chief Operating Officer**	**Performance**	4x5=20 (Red)	5x5=25 (Red)	3x4=12 (Amber)	**NEW**		
TF06	Task force 6: Testing	Safe	**Medical Director**	**Quality**	4x5=20 (Red)	4x3=12 (Amber)	4x2=8 (Amber)	**NEW**		
TF07	Task force 07: Communication and engagement	Responsive	**Director of Corporate Affairs**	**Quality**	4x4=16 (Red)	3x4=12 (Amber)	3x3=9 (Amber)	**NEW**		
TF08	Task force 08: Personal Protective Equipment	Safe	**Chief Nurse**	**Quality**	4x5=20 (Red)	3x4=12 (Amber)	3x3=9 (Amber)	**NEW**		
TF09	Task force 09: External Links	Well-led	**Director of Improvement and Transformation**	**Performance**	5x4=20 (Red)	5x3=15 (Red)	5x2=10 (Amber)	**NEW**		
TF10	Task force 10: Enabling work streams	Responsive	**Director of Capital, Estates and Facilities**	**Performance**	4x5=20 (Red)	4x4=16 (Red)	4x2=8 (Amber)	**NEW**		

Cambridge University Hospitals NHS Foundation Trust
Board Assurance Framework: February 2020

Appendix 1: Board Assurance Framework overview – ranked by current risk rating

Risk ref.	Target risk score (Mar 20)	Current risk score	Risk description	Lead Executive	Board monitoring committee
002	16	20	The Trust does not sustain timely and effective emergency and elective patient flow through its hospitals which impacts on the responsiveness of services including waiting times, safety and patient experience.	Interim Chief Operating Officer	Performance and Quality
007	20	20	A failure to address estate backlog maintenance and statutory compliance priorities caused by insufficient capital funding and decant capacity impacts on patient and staff safety and continuity of clinical service delivery.	Director of Capital, Estates & Facilities Mgt	Performance and Quality
008	20	20	A failure to address fire safety statutory compliance priorities caused by insufficient capital funding and decant capacity impacts on patient and staff safety and continuity of clinical service delivery.	Director of Capital, Estates & Facilities Mgt	Board of Directors
009	16	16	Despite having an estates strategy and masterplan aligned with the Trust's organisational and clinical strategy, the Trust takes sub-optimal short-term decisions on estates investment and is not able to plan appropriately for long-term investment in its estate and infrastructure due to capital constraints.	Director of Capital, Estates & Facilities Mgt	Board of Directors
011	10	15	The Trust does not agree a medium-term financial plan to achieve financial sustainability for the Trust and the Cambridgeshire and Peterborough health and care system which impacts on the ability to invest for the future and provide high quality services for patients.	Chief Finance Officer	Performance
006	12	12	There is insufficient resilience and functionality in the Trust's IT network and technology platform given the reliance on electronic patient information which impacts on the delivery of safe and effective services for patients.	Director of Improvement and Transformation	Audit
003	8	12	The Trust does not make sufficient progress in working with STP and other partners to organise and redesign models of care and patient pathways which impacts on continuity of service delivery, our ability to meet people's needs at the right time and in the right place, and to keep people well.	Director of Strategy and Major Projects	Board of Directors
012	12	12	The Trust does not maximise the opportunities of working with Campus partners and other stakeholders to harness the benefits of the biomedical campus and life sciences for patients, the wider NHS and the regional and national economy.	Director of Strategy and Major Projects	Board of Directors
001	12	12	The Trust does not consistently deliver fundamental standards of care and reduce variation across all services which impacts on patient safety and experience.	Chief Nurse and Medical Director	Quality
004	12	12	The Trust does not have adequate plans to recruit and retain staff for groups where there are particular national and/or regional skills shortages which impacts on the delivery of safe and responsive services for our patients.	Director of Workforce	Workforce and Education
005	12	12	The Trust does not make sufficient progress on addressing the staff survey priority areas of equality, diversity and inclusion, and bullying, harassment and incivility which impacts on staff morale, staff engagement and patient experience.	Director of Workforce	Workforce and Education
010	10	10	The Trust does not deliver its financial plan for 2019/20 which impacts on its ability to appropriately balance quality and cost, on reputation and on progress towards agreeing a sustainable medium-term financial plan.	Chief Finance Officer	Performance

BAF risk	001	The Trust does not consistently deliver fundamental standards of care and reduce variation across all services which impacts on patient safety and experience.

Current risk rating: 12

Strategic objective	1
Latest review date	February 2020

Lead Executive	Chief Nurse and Medical Director
Board monitoring committee	Quality

Risk rating	Impact	Likelihood	Total
Initial (Jun 19)	4	3	12
Current (Feb 20)	**4**	**3**	**12**
Target (Mar 20)	4	3	12

Change since last month

Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
CR 06	12	Medication errors
CR 07a/07b	12/20	Infection prevention and control

Key controls
What are we already doing to manage the risk?

1. Trust strategic programme for 2019/20 on Fundamentals of Care.
2. Establishment of Fundamentals of Care Leadership Council, chaired by Chief Nurse and Medical Director, from February 2020.
3. Management Executive support for approach to ward accreditation – January 2020.
4. Clinical policies and guidelines.
5. Ward Improvement Programme.
6. Role profiles, quality rounds and development programme for Matrons.
7. Divisional quality meetings and monthly Performance Review meetings.
8. CQC peer review and self-assessment programme.
9. Clinical Fridays, twilight shifts and Executive visits.
10. Clinical audit programme.

Assurances on controls
How do we gain assurance that the controls are working?

1. Reporting to Patient Experience, Clinical Effectiveness and Patient Safety Groups.
2. Reporting to Quality Committee and Board of Directors via IPR on key quality metrics.
3. Outcome of CQC inspections.
4. Review of CQC outlier reports.
5. 15 Steps programme.
6. Findings of reviews commissioned by the Trust, e.g. infection control, maternity.

Gaps in control	Gaps in assurance
C1. No systematic approach to overview of standards across all wards/clinical areas. C2. Insufficient staff engagement and ownership in improving practice standards.	

Actions to address gaps in controls and assurances	Due date
C1a. Development and piloting of ward accreditation programme with use of QI methodology.	March 2020
C1b. Full roll-out of ward accreditation programme.	March 2021
C2. Development of a model of shared governance.	March 2021

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	n/a	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**			

BAF risk	002	The Trust does not sustain timely and effective emergency and elective patient flow through its hospitals which impacts on the responsiveness of services including waiting times, safety and patient experience.

Current risk rating: 20

Strategic objective	2, 3
Latest review date	February 2020

Lead Executive	Chief Operating Officer
Board monitoring committee	Performance, Quality

Risk rating	Impact	Likelihood	Total
Initial (Sep 17)	5	4	20
Current (Feb 20)	**4**	**5**	**20**
Target (Mar 20)	4	4	16

Change since last month

⇔

Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
CR 05a/b/c	20	Insufficient capacity across the Trust
BAF 008	20	Fire safety
CR29	20	Imaging activity
CR33	12	Outpatient and elective care waiting times

Key controls
What are we already doing to manage the risk?

1. Physical Capacity Plan for 2019/20 based on Trust and STP modelling.
2. Detailed escalation plans in response to capacity shortages.
3. 6 month programme on patient flow agreed by Management Executive in January 2020.
4. Length of stay/stranded patients reduction programme.
5. System-wide DTOC plan.
6. 2019/20 winter (including flu) plan in place.
7. STP capital bids – funding for Decant Capacity and Children's Hospital.

Assurances on controls
How do we gain assurance that the controls are working?

1. Monthly meetings of Board Performance Committee to seek assurance on all aspects of operational performance and capital funding position.
2. Monthly review of Integrated Performance Report by Board of Directors.
3. Oversight and Support Meetings with NHSI.
4. A&E Delivery Board and South Alliance Resilience Group with system partners.
5. Oversight by Physical Capacity Steering Group chaired by COO.
6. Winter (including flu) Plan reviewed by Board in October 2019.

Gaps in control	Gaps in assurance
C1. DTOC rate remains above 3.5%. C2. Trajectory for stranded patients still to be achieved. C3. Constrained physical space in ED. C4. G2 business case not yet implemented. C5. Decant Capacity business case not completed. C6. Organisational capacity to respond.	

Actions to address gaps in controls and assurances	Due date
C1. System DTOC plan continues to be implemented.	April 2020
C2. Programme in place to deliver trajectory.	March 2020
C3. Work through STP on out-of-hospital urgent care access, review of scope for increased streaming, etc.	Ongoing
C4/5. Being progressed following capital release in Nov 2019.	Ongoing
C6. Interim COO working with teams to review plans/practice.	March 2020

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	20	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**			

BAF risk	003	The Trust does not make sufficient progress in working with STP and other partners to organise and redesign models of care and patient pathways which impacts on continuity of service delivery, our ability to meet people's needs at the right time and in the right place, and to keep people well.

Current risk rating: 12

Strategic objective	4, 5, 6
Latest review date	February 2020

Lead Executive	Director of Strategy and Major Projects
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Sep 17)	3	3	9
Current (Feb 20)	**4**	**3**	**12**
Target (Mar 20)	4	2	8

Change since last month

⟺

Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
BAF 002	20	Capacity to manage patient flow
CR 05	20	Insufficient capacity across the Trust

Key controls
What are we already doing to manage the risk?

1. Cambridgeshire and Peterborough STP participation through STP Board, Delivery Groups, Clinical Advisory Group and Health and Care Executive.
2. STP Interim Chair and Accountable Officer confirmed for 2019/20.
3. System control total for 2019/20 agreed with partners and regional team.
4. Vision, remit and priorities developed for North and South Alliances. Resources agreed for Alliances in 2019/20.
5. Integrated Neighbourhoods (INs) Framework agreed by STP Board and implementation of wave 1 INs underway.
6. Primary Care Networks established across C&P STP by July 2019.
7. Trust strategic programme for 2019/20 on INs and Alliances; System Governance, Accountability and Finance; and Urgent and Emergency Care.
8. DHSC seed funding announced in October 2019 for development of a leading ICS as part of development plans for a new Addenbrooke's.

Assurances on controls
How do we gain assurance that the controls are working?

1. NHS Long Term Plan aligns with STP direction of travel.
2. STP Board meetings in public from October 2018.
3. Health and Care Executive meetings.
4. Monthly A&E Delivery Board with partners, with reporting to Performance Committee and Board of Directors via Integrated Report.
5. Reports to Board of Directors on STP (6-monthly) and four-monthly reporting on Trust strategic programmes.
6. North and South Alliances meet monthly, co-chaired by primary and acute care and oversee the implementation of Integrated Neighbourhoods.
7. £145m capital allocation to Cambridgeshire and Peterborough STP announced in 2018/19 to support essential fire and safety works and transformation in both the North and South of the STP.

Gaps in control	Gaps in assurance
C1. Need for STP to develop and agree a 5-year clinical and financial strategic plan in response to NHS Long Term Plan.	

Actions to address gaps in controls and assurances	Due date
C1. Work to include review of programmes, resourcing and delivery arrangements, and focus on clinical leadership of programmes. Draft submitted – discussions ongoing with regulators.	February 2020

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	12	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**			

BAF risk	004	The Trust does not have adequate plans to recruit and retain staff for groups where there are particular national and/or regional skills shortages which impacts on the delivery of safe and responsive services for our patients.

Current risk rating: 12

Strategic objective	7
Latest review date	February 2020

Lead Executive	Director of Workforce
Board monitoring committee	Workforce and Education

Risk rating	Impact	Likelihood	Total
Initial (Jun 19)	4	3	12
Current (Feb 20)	**4**	**3**	**12**
Target (Mar 20)	4	3	12

Change since last month

⇔

Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
BAF 005	12	Equality, diversity and inclusion
CR 17	12	Skilled workforce

Key controls
What are we already doing to manage the risk?

1. Multi-channel recruitment for nursing, admin & clerical and Scientific roles – local, national and international. Annual programme of careers events.
2. Focused action plans on hot spot areas: paediatrics, Admin & Clerical.
3. Scrutiny of agency costs and other premium pay spend.
4. Prioritisation of education and training within constrained budgets.
5. Provision of support to non-UK staff including on EU Settlement Scheme.
6. Active membership of NHSI group on nursing recruitment and retention.
7. System working with campus partners and the wider STP.
8. Establishment of Sustainable Workforce Improvement Team including programme on enhancing supply, including use of Apprenticeship Levy.
9. Nursing Associate role developed and first recruitment wave completed.
10. Partnership working on transport links and affordable housing.

Assurances on controls
How do we gain assurance that the controls are working?

1. 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.
2. Monthly data in Integrated Performance Report on turnover, vacancies, bank/agency fill rates/etc. reviewed by Performance Committee and Board.
3. Significant reduction in staff turnover since early 2019.
4. Staff Survey (annual and quarterly FFT) feedback on retention issues.
5. Quarterly reporting to Board by Guardian of Safe Working for junior doctors.
6. Workforce and Education Committee oversight (quarterly).
7. NHSI Oversight and Support Meetings (bimonthly).

Gaps in control	Gaps in assurance
C1. Identify and develop plans for new/enhanced roles. C2. Next iteration of plan for investment in OD including culture and leadership. C3. National shortage of training places in specific professions.	

Actions to address gaps in controls and assurances	Due date
C1. Working as part of STP through Local Workforce Action Board (LWAB).	Ongoing
C2. Plan in development.	Ongoing
C3. Work through LWAB to identify options to increase training places within C&P system.	Ongoing

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	n/a	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**			

BAF risk	005	The Trust does not make sufficient progress on addressing the staff survey priority areas of equality, diversity and inclusion, and bullying, harassment and incivility which impacts on staff morale, staff engagement and patient experience.

Current risk rating: 12

Strategic objective	7
Latest review date	February 2020

Lead Executive	Director of Workforce
Board monitoring committee	Workforce and Education

Risk rating	Impact	Likelihood	Total
Initial (Jun 19)	4	3	12
Current (Feb 20)	**4**	**3**	**12**
Target (Mar 20)	4	3	12

Change since last month

Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
CR 12	12	Equality Act compliance

Key controls
What are we already doing to manage the risk?

1. Revised WRES action plan approved by Board in January 2019 and WDES action plan approved by Board in November 2019.
2. Revised bullying, harassment and incivility action plan (June 2019).
3. 'Stronger Together' (18m campaign of activities) launched in Dec 2019.
4. Introduction of Cultural Ambassadors to disciplinary processes.
5. Introduction of formal triage process prior to any ER investigation.
6. Leadership and development programmes across the organisation focusing on behaviours.
7. Monthly review/audit of recruitment process to drive fairness and equity.
8. Launch of Reverse Mentoring Programme in January 2020.
9. Staff Networks including December 2019 launch of Purple Network.
10. Freedom to Speak up Guardian role in place.

Assurances on controls
How do we gain assurance that the controls are working?

1. Annual staff survey results.
2. Quarterly Staff FFT results inc local questions – improvement in 2018/19Q1.
3. Monitoring by Equality, Diversity and Dignity Steering Group.
4. Oversight by Workforce and Education Committee.
5. Diversity updates to Board – latest in November 2019.
6. Workforce Disability Equality Scheme (WDES) report and action plan to Board in November 2019.
7. Biannual reporting to the Board of Directors on Freedom to Speak Up.
8. CQC Well-led internal assessment in 2018/19.
9. Freedom to Speak Up index published in October 2019 – CUH 2nd highest in Shelford Group.

Gaps in control	Gaps in assurance
C1. Issues of harassment and bullying and equality of opportunity highlighted in staff survey, including as they relate to BME and disabled staff. C2. Consistently tackling inappropriate behaviours and demonstrating this is happening.	

Actions to address gaps in controls and assurances	Due date
C1. Implementation of staff survey action plan including action plans on bullying, WRES and WDES (including new 10-year BME staff targets from NHSE/I).	Ongoing
C2. Implementation of 18m 'Stronger Together' programme.	Ongoing – commenced December 2019

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	n/a	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**			

BAF risk	006	There is insufficient resilience and functionality in the Trust's IT network and technology platform given the reliance on electronic patient information which impacts on the delivery of safe and effective services for patients.

Current risk rating: 12

Strategic objective	8
Latest review date	February 2020

Lead Executive	Director of Improvement and Transformation
Board monitoring committee	Audit

Risk rating	Impact	Likelihood	Total
Initial (Aug 18)	4	4	16
Current (Feb 20)	4	3	12
Target (Mar 20)	4	3	12

Change since last month
⟺

Related BAF and Corporate Risk Register entries		
ID	Score	Summary risk description
CR14	15	Information governance

Key controls
What are we already doing to manage the risk?

1. Network resilience in place with regular application of upgrades.
2. Incident response plan and detailed business continuity plans in place.
3. New Commodity IT services with enhanced specifications and enhanced contract management in place from November 2019.
4. Review of legacy server Operating Systems with upgrade to Windows 10 and review of support level.
5. Formal review of requests for new desktop/server applications to ensure they are operationally necessary and conform to support standards.
6. New interim CIO recruited in April 2019 and appointment of Director of Digital in December 2019.
7. New governance arrangements and target operating model in place.

Assurances on controls
How do we gain assurance that the controls are working?

1. Monthly performance reports from Novosco. Quarterly assurance reports to the Board's Performance Committee.
2. Business continuity response to IT outages.
3. Monthly eHospital SMT Board overseeing IT services governance, reporting to Digital Board.
4. Internal audit of Transition Plan in March 2019 and ongoing review by Audit Committee during 2019/20 of action plan to address gaps identified. Most recent update to Audit Committee in October 2019.

Gaps in control	Gaps in assurance
C1. Technical resource within team not robust enough to cover infrastructure skill set and commercial capability needed. C2. Risk of service impact during transition phase.	

Actions to address gaps in controls and assurances	Due date
C1. Additional staffing approved by Investment Committee in June 2019 – currently recruiting staff. IT Commercial Lead appointed with start date of 20 January 2020. Some additional staffing still under recruitment.	March 2020
C2. Programme governance arrangements in place and Transition Team managing the transition programme.	Ongoing to December 2019

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	16	16	16	16	16	16	16	16	12	12			

BAF risk	007	A failure to address estate backlog maintenance and statutory compliance priorities caused by insufficient capital funding and decant capacity impacts on patient and staff safety and continuity of clinical service delivery.

Current risk rating: 20

Strategic objective	9
Latest review date	February 2020

Lead Executive	Director of Capital, Estates and Facilities Management
Board monitoring committee	Performance, Quality

Risk rating	Impact	Likelihood	Total
Initial (Sep 17)	5	4	20
Current (Feb 20)	**5**	**4**	**20**
Target (Mar 20)	5	4	20

Change since last month
⇔

Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
CR 03	15	Water quality
CR 07a/07b	12/20	Infection control
CR 09	12	Health and Safety engagement
CR 10	15	Electrical infrastructure resilience
CR 21	15	Asbestos management
BAF 002	20	Capacity to manage patient flow
BAF 008	20	Fire safety
CR 24	12	Ventilation requirements

Key controls

What are we already doing to manage the risk?

1. Six Facet Survey completed in line with DHSC best practice methodology, with Board update in September 2019.
2. Oversight of HTM compliance by externally-appointed Authorising Engineers.
3. Capital prioritisation and approval process through Capital Advisory Board.
4. Capital bidding process through STP – funding allocation for Children's Hospital and Decant Capacity secured in December 2018.
5. Immediate fire safety works (including on fire compartmentation) continue in high risk areas (see BAF 008).
6. Water quality mitigations in place including water safety plan, testing and targeted flushing.
7. Improved governance relating to water quality, asbestos, medical gases through established governance groups reporting to the Health and Safety Committee via the Capital, Estates and Facilities Health and Safety Group.
8. Immediate issues mitigated via revenue funding.

Assurances on controls

How do we gain assurance that the controls are working?

1. Review of progress on approved schemes by Capital Advisory Board (CAB), including three-monthly reporting on backlog spend and risk reduction. CAB updated in September 2019 regarding updated risk profile and forward backlog plan
2. Estates and Facilities Health and Safety Group reporting to Health and Safety Committee.
3. Biannual assurance reports to the Board's Performance Committee on estates and facilities services
4. Fire safety reviewed by Board on a monthly basis (see BAF 008).
5. Infection control and health and safety – assurance reports to the Board's Quality Committee.
6. Deep dive by the Patient Safety team into water quality risk in July 2018 reported to the Risk Oversight Committee in August 2018.
7. Deep dive by Patient Safety team into asbestos management risk in April 2019 to be reported to the Risk Oversight Committee in June 2019. Risk rating reduction agreed and implemented for CR21 and CR24.

Gaps in control	Gaps in assurance
C1. Lack of progress on backlog maintenance works in 2019/20 due to timing of capital approval. C2. Further work underway to improve overall governance, data quality and pace of the statutory compliance groups.	

Actions to address gaps in controls and assurances	Due date
C1. Allocation of 2019/20 capital funding approved by regulators in November 2019 to the value of £3.7m for backlog maintenance and work commenced to undertake projects on the prioritisation list.	March 2020
C2. Targeted work continues to improve the governance, supported by external authorising engineers.	Ongoing

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	20	20	20	20	20	20	20	20	20	20			

BAF risk	008	A failure to address fire safety statutory compliance priorities caused by insufficient capital funding and decant capacity impacts on patient and staff safety and continuity of clinical service delivery.

Current risk rating: 20

Strategic objective	9
Latest review date	February 2020

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 20)	5	4	20
Target (Mar 20)	5	4	20

Change since last month

Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
CR 09	12	Health and Safety
BAF 002	20	Capacity to manage patient flow
BAF 007	20	Estates backlog maintenance

Key controls

What are we already doing to manage the risk?

1. Fire policy, protocols and risk assessments in place for all areas.
2. Fire Safety Team and Fire Response Team in place.
3. Fire alarm upgrade continues as part of a multi-year programme.
4. Evacuation strategy and plan and equipment in place, including two fire evacuation lifts in A Block and installation of evacuation aids.
5. Fire safety awareness training in place.
6. Capital prioritisation and approval process through Capital Advisory Board.
7. Board of Directors' agreement to proceed with capital expenditure as required (and as available) to deliver agreed fire safety works.
8. Approach to remedial works agreed with CFRS: Stage 1 find and fix, bay-by-bay trialled in May; and Stage 2 – C3, PICU, C5.
9. Upgrade to C3 and PICU including fire safety measures completed in January 2019. Alternative means of escape for PICU completed in December 2019. Refurbishment works completed on C5 in December 2019.
10. Clinic 8 fire escape link approved as part of 2019/20 capital allocation and work to commence April 2020 following tender process.
11. Ward G2 business case approved by Board in January 2019 to facilitate additional decant capacity for bay-by-bay fire improvement works - funding agreed as part of 2019/20 capital funding approval by regulators in November 2019.

Assurances on controls

How do we gain assurance that the controls are working?

1. Review of Trust plans by Cambridgeshire Fire and Rescue Service (CFRS) - regular meetings continue to take place and future meetings are scheduled.
2. Monthly updates to the Management Executive to provide executive oversight.
3. Monthly updates to the Board of Directors to provide updates and assurance on plans.
4. Work of Physical Capacity Steering Group to develop capacity plans for 2019/20 and 2020/21 – (see BAF 002).
5. Capital Advisory Board prioritisation and approval of capital priorities, reporting to Management Executive.

12. Decant Capacity preferred option approved by Board in June 2019 to progress to OBC (subject to availability of funding to develop business case) - funding agreed as part of 2019/20 capital funding approval by regulators in November 2019.
13. Accelerated works scheme being developed as a further step to compliance ahead of full decant.

Gaps in control	Gaps in assurance
C1. Detailed and definitive long-term fire safety improvement plan still to be agreed with CFRS. C2. Progress on Decant Capacity business case not progressed due to lack of capital funding. C3. Delivery of Ward G2 business case to create additional decant capacity for bay-by-bay works not progressing due to lack of capital funding.	A1. Stage 2 work programme not fully developed.

Actions to address gaps in controls and assurances	Due date
C1. and A1. Ongoing discussions with CFRS. Detailed long-term plan to be submitted to CFRS by end January 2020 for discussions in February 2020.	February 2020
C2 and C3. Allocation of 2019/20 capital funding approved by regulators in November 2019 – cases being progressed.	Ongoing

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	20	20	20	20	20	20	20	20	20	20			

BAF risk	009	**Despite having an estates strategy and masterplan aligned with the Trust's organisational and clinical strategy, the Trust takes sub-optimal short-term decisions on estates investment and is not able to plan appropriately for long-term investment in its estate and infrastructure due to capital constraints.**

Current risk rating: 16

Strategic objective	9
Latest review date	February 2020

Lead Executive	Director of Capital, Estates and Facilities Management
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Sep 17)	3	4	12
Current (Feb 20)	4	4	16
Target (Mar 20)	4	4	16

Change since last month: ⟺

Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
BAF 012	12	Working with Campus partners and stakeholders
BAF 007	20	Estates backlog maintenance
BAF 002	20	Capacity to manage patient flow

Key controls
What are we already doing to manage the risk?

1. Trust strategy refresh undertaken during 2019/20 Q1 and approved by the Board in June 2019.
2. Phase 1 of Estates Masterplan Refresh completed in March 2018.
3. 'Hospitals and Campus Estate' strategic work programme for 2019/20.
4. STP capital bid secured funding in December 2018 for Decant Capacity (£19m) and Children's Hospital (up to £100m).
5. Decant Capacity preferred option (seeking alignment with Children's Hospital) approved by Board in June 2019 to progress to OBC stage (subject to funding to develop the business case).
6. Joint working with University, CPFT and others on Children's Hospital business case and fundraising.
7. Joint working with Campus partners on potential Cancer Research Hospital.
8. Commercial Strategy includes campus development and innovation priorities which have links to long-term estates investment.
9. Announcement in October 2019 of CUH inclusion in Hospital Infrastructure Plan (HIP) 2 – with seed funding to develop plans for £900m rebuild.

Assurances on controls
How do we gain assurance that the controls are working?

1. All major business cases reviewed by Investment Committee chaired by the Chief Finance Officer; and business cases >£4m reviewed by the Board.
2. CUH Estates Masterplan Refresh discussed by Board in March and April 2018.
3. Board approval of Children's Hospital SOC in January 2019 and confirmed Government funding of up to £100m.
4. Board review of Cancer Research Hospital OBC in December 2017 and agreement on next steps. OBC approved by Board in July 2018.
5. Emerging risks managed through the Risk Oversight Committee through candidate risk submissions, corporate risk register and Board Assurance Framework.
6. Oversight of capital programme and priorities at Capital Advisory Board.
7. Review of progress against 'Hospitals and Campus Estate' strategic work programme at Strategy Steering Group with assurance report to the Board every four months.
8. Commercial Services Committee reviews progress against Commercial Strategy. Update provided to Board of Directors in June 2019.
9. Working with regulators on access to HIP seed funding.

Gaps in control	Gaps in assurance
C1. Continued emerging risks from existing ageing estate, with limited scope to make optimal decisions.	

Actions to address gaps in controls and assurances	Due date
C1. Review of divisional risk registers to identify any additional estates safety risks. Emerging safety risks highlighted at Risk	Ongoing

C2. Lack of capital investment as well as capacity constraints forces constant reprioritisation with sub-optimal time for planning and execution of ideal solutions. C3. No firm timeline for delivery of Decant Capacity. C4. Greater certainty on campus plans to support decision making. C5. Detailed programme and organisational/delivery structure for 'Addenbrooke's 3' to be agreed.		Oversight Committee, CAB or Health & Safety Committee. C2. Prioritisation within 2019/20 capital allocation agreed by regulators in November 2019. C3. Timeline being worked up following agreement of 2019/20 capital funding by regulators in November 2019. Funding decision to progress decant capacity OBC due C4. Ongoing discussions with CUHP. C5. Work underway with regular updates to Management Executive and Board of Directors, and initial submission on plans by March 2020.	Ongoing January 2020 Ongoing March 2020

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	12	16	16	16	16	16	16	16	16	16			

BAF risk	010	The Trust does not deliver its financial plan for 2019/20 which impacts on its ability to appropriately balance quality and cost, on reputation and on progress towards agreeing a sustainable medium-term financial plan.

Current risk rating: 10

Strategic objective	10
Latest review date	February 2020

Lead Executive	Chief Finance Officer
Board monitoring committee	Performance

Risk rating	Impact	Likelihood	Total
Initial (Jun 19)	5	3	15
Current (Feb 20)	**5**	**2**	**10**
Target (Mar 20)	5	2	10

Change since last month

⇔

Related BAF and Corporate Risk Register entries		
ID	**Score**	**Summary risk description**
BAF 002	20	Emergency and elective flow
BAF 011	15	Financial sustainability
CR 28	20	Cash flow

Key controls
What are we already doing to manage the risk?

1. Financial control framework as set out in Standing Financial Instructions.
2. Budget holder training.
3. Trust financial plan for 2019/20 (control total compliant) approved by Board in May 2019.
4. 2019/20 CIP programme in place with clear divisional/workstream targets.
5. Process undertaken in July 2019 to identify remainder of required 2019/20 CIP and cost saving gap.
6. Quality Impact Assessment process for all CIP schemes.
7. Programme Management Office resourced and tracking delivery.
8. Review of financial performance on a monthly basis via Executive Performance Review Meetings with divisions.
9. Scenario modelling undertaken to support contingency planning.

Assurances on controls
How do we gain assurance that the controls are working?

1. Monthly oversight of performance against financial plan by Improvement Steering Group (ISG) chaired by Director of Improvement and Transformation, informed by established suite of PMO reports.
2. Monthly review of financial performance by NED-chaired Performance Committee and Board of Directors.
3. NHSE/I Oversight and Support Meetings.

Gaps in control	Gaps in assurance
C1. Impact of risks associated with winter.	

Actions to address gaps in controls and assurances	Due date
C1. Contingency plans in place and under regular review.	Ongoing

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	n/a	15	15	15	15	15	15	15	10	10			

BAF risk	011	**The Trust does not agree a medium-term financial plan to achieve financial sustainability for the Trust and the Cambridgeshire and Peterborough health and care system which impacts on the ability to invest for the future and provide high quality services for patients.**

Current risk rating: 15

Strategic theme	10
Latest review date	February 2020

Lead Executive	Chief Finance Officer
Board monitoring committee	Performance

Risk rating	Impact	Likelihood	Total
Initial (Jun 19)	5	3	15
Current (Feb 20)	**5**	**3**	**15**
Target (Mar 20)	5	2	10

Change since last month

⇔

Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
BAF 010	15	Achievement of 2019/20 financial plan

Key controls
What are we already doing to manage the risk?

1. Financial control framework as set out in Standing Financial Instructions.
2. Work programme in place (overseen by Long Term Modelling Group) to create 5-year long-term financial model (LTFM) for the Trust – initial modelling work completed and scenarios being tested against this.
3. Development of STP financial plan.
4. Process with NHSE/I to review financial sustainability of C&P system during summer/autumn 2019.
5. Ongoing discussions with NHSE/I and DHSC on structural deficit.
6. Receipt of control totals for next four years.

Assurances on controls
How do we gain assurance that the controls are working?

1. Long Term Modelling Group reporting directly to the Management Executive.
2. STP Board and STP Finance Group oversight of work on STP financial sustainability.
3. Monthly review of financial performance by Performance Committee and Board; and discussions of 2020/21 budget setting.
4. Audit Committee discussions of 'going concern'.
5. Audit Committee review of progress on Trust LTFM in May 2019.
6. Performance Committee updates on LTFM scenarios in July and September 2019.

Gaps in control	Gaps in assurance
C1. Articulation of Trust financial strategy and LTFM (plus underpinning workforce, IT, etc. strategies). C2. Development of STP strategic plan and financial strategy in progress.	

Actions to address gaps in controls and assurances	Due date
C1. Work in progress - updates to Performance Committee and Board of Directors. Plan to finalise organisational budgets for next four years by end of February 2020.	February 2020
C2. Work continuing to develop STP strategic plan and financial strategy. Regular meetings with C&P STP partners, East of England STPs and regulator. Submission in November 2019 and ongoing discussions with regulator in late January 2020 ahead of final submission in February 2020.	February 2020

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	n/a	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**			

BAF risk	012	The Trust does not maximise the opportunities of working with Campus partners and other stakeholders to harness the benefits of the biomedical campus and life sciences for patients, the wider NHS and the regional and national economy.

Current risk rating: 12

Strategic objective	11, 12, 13
Latest review date	February 2020

Lead Executive	Director of Strategy and Major Projects
Board monitoring committee	Board of Directors

Risk rating	Impact	Likelihood	Total
Initial (Sep 17)	4	3	12
Current (Feb 20)	**4**	**3**	**12**
Target (Mar 20)	4	3	12

Change since last month

Related BAF and Corporate Risk Register entries

ID	Score	Summary risk description
BAF 003	12	Models of care and patient pathways
BAF 009	12	Estates investment decisions

Key controls
What are we already doing to manage the risk?

1. Input to national Life Sciences Industrial Strategy and identification of clear Cambridge priorities – responding to opportunities as they arise.
2. Chief Executive on Life Sciences Industrial Strategy Implementation Board and member of Research & Innovation working group for Long Term Plan.
3. Membership of Cambridge University Health Partners (CUHP).
4. Joint working with Campus and other partners on Children's Hospital and Cancer Research Hospital.
5. Global Digital Exemplar programme and Digital Innovation Hub.
6. Trust strategic programme for 19/20 on Open for Business/Life Sciences.
7. Commercial Strategy includes campus development, innovation and international activities priorities.
8. DHSC seed funding announced in Oct 2019 for development of leading ICS as part of plans for a new Addenbrooke's, underpinned by life sciences.

Assurances on controls
How do we gain assurance that the controls are working?

1. Chief Executive and Chair attendance at CUHP Board meetings.
2. Six monthly updates to the Board on CUHP and Life Sciences.
3. Review of progress against 'Open for Business and Life Sciences ' strategic work programme at Strategy Steering Group with assurance report to the Board every four months.
4. Children's Hospital SOC approved by Board in January 2019 and regular update and approval points scheduled with Performance Committee.
5. Cancer Research Hospital OBC approved by Board in July 2018.
6. Digital Strategy discussion at Board in June 2018 and further session planned for October 2019.
7. Commercial Services Committee reviews progress against Commercial Strategy. Update provided to Board of Directors in June 2019.
8. Board Research update in July 2019.

Gaps in control	Gaps in assurance
C1. Further work on clarity of role of CUHP and partnering arrangements at Campus level. C2. Cancer Research Hospital funding. C3. Decision on Investment Fund proposal.	A1. Continued strengthening of Campus governance and link to individual organisations.

Actions to address gaps in controls and assurances	Due date
C1. and A1. Work with partners on future role of CUHP and campus management and governance arrangements. C2. Continued discussions at national and regional level. C3. Proposal to Board.	Next Board update May 20 Ongoing April 2020.

Risk score	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
	12	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**	**12**			

Appendix 2: Trust risk scoring matrix and grading

	Likelihood				
Impact	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

Risk Assessment	Grading
15 – 25	Extreme
8 – 12	High
4 – 6	Medium
1 – 3	Low

Appendix 3: Trust three-year strategic objectives

Improving patient journeys	TY001/19	Provide the highest quality of care and patient experience within our resources, reducing variation and sustaining excellent outcomes.
	TY002/19	Continuously improve and transform services for patients so that they see the right person as soon as possible, with minimal waits for treatment and able to leave hospital at the right time.
	TY003/19	Deliver operational performance as a major acute hospital across all clinical services and in compliance with all NHSE, NHSI, CQC, commissioner and other regulatory requirements.
Working with our communities	TY004/19	Work with local and regional partners to provide more integrated, preventative and proactive care, closer to people's homes, avoiding unnecessary admissions.
	TY005/19	Work with local and regional partners to deliver more services for patients away from the Cambridge Biomedical Campus, including through innovative use of digital technologies.
	TY006/19	Develop the beneficial behaviours of an 'Integrated Care System' by acting as one system, jointly accountable for improving our population's health and wellbeing, outcomes, and experience, within a defined financial envelope.
Strengthening the organisation	TY007/19	Continue to develop a skilled and sustainable workforce for now and the future, inspired to be the best for patients and proud to work for CUH.
	TY008/19	Improve the Trust's estate to ensure a safe and fit for purpose environment with the best possible facilities.
	TY009/19	Make progress each year in improving the Trust's financial position and build capital financing capacity to enable us to invest for the future.
Contributing regionally, nationally and internationally	TY010/19	Develop a world-class digital technology infrastructure, building on the Trust's investment in eHospital, to deliver high quality care to patients and support whole system working.
	TY011/19	Continue to develop and foster world class biomedical research at CUH in line with the aims of the Biomedical Research Centre.
	TY012/19	Play our part in the UK life sciences strategy, contributing to an innovation-led healthcare system to drive improved patient outcomes.

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Report to the Board of Directors: 13 May 2020

Agenda item	11
Title	Learning from Deaths Quarterly Performance Report: April 2020
Sponsoring executive director	Dr Ashley Shaw, Medical Director
Author(s)	Richard Smith (Head of Patient Safety Improvement); Melissa King (QI Data Analyst and Administrator) and Dr Susan Broster (Deputy Medical Director)
Purpose	To provide a report outlining the trusts performance in relation to Learning from Deaths in the last quarter.
Previously considered by	Management Executive, 7 May 2020

Executive Summary

Between April 2019 and March 2020 there were 1,521 deaths, of which 6% were in the ED and 94% were inpatient deaths. 321 (21%) met the criteria for a Structured Judgement Review (SJR). 1.3% of SJRs completed to date were judged to be more likely than not due to problems in care (scores 1-3). Of the 321 in-scope deaths, 283 SJRs have been completed to date; therefore compliance with completion of SJR for patients who died between April 2019 and March 2020 is currently 88%. In March 2020, there was a statistically significant increase in the number of deaths per 1,000 bed admissions; this may be due to the operational context and pressures of COVID-19, resulting in an increase in emergency admissions alongside a reduction in elective admissions. However, this will need continued close scrutiny to ensure there are no other reasons for this. Between April 2019 and March 2020, there have been 13 deaths investigated as Serious Incidents. For Q4 of 2019/20, three were declared as Serious Incidents with the CCG. There are a mixture of themes which are outlined in the report. There have been no Prevention of Future Death reports issued for CUH in this financial year.

Related Trust objectives	Improving patient journeys
Risk and Assurance	To provide assurance on implementation of the guidance.
Related Assurance Framework Entries	n/a
Legal implications/Regulatory requirements	National Quality Board guidance.
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of kind, safe and excellent?	n/a

Action required by the Board of Directors

The Board is asked to note the report.

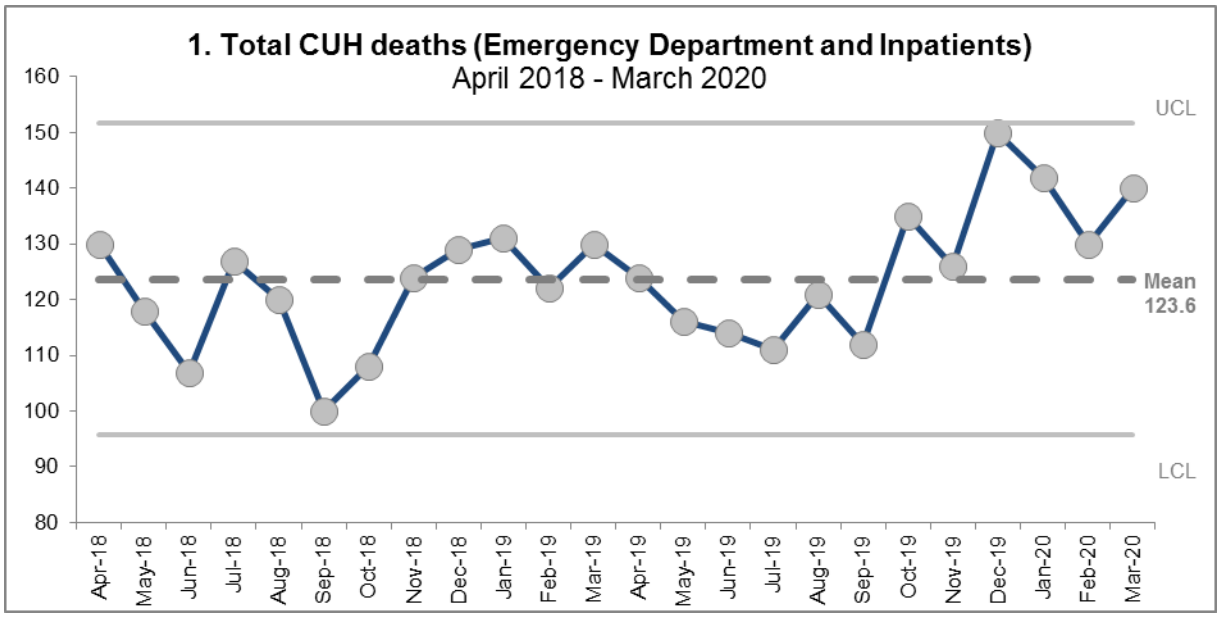
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

13 May 2020

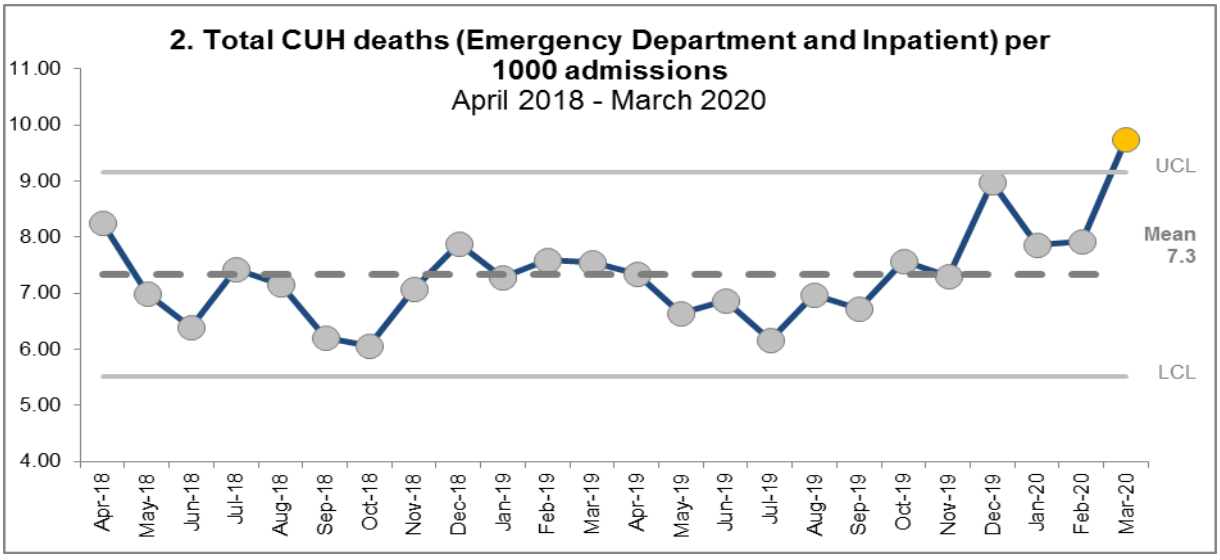
Board of Directors
Learning from Deaths Quarterly Performance Report: April 2020
Medical Director

1. Number of deaths in month

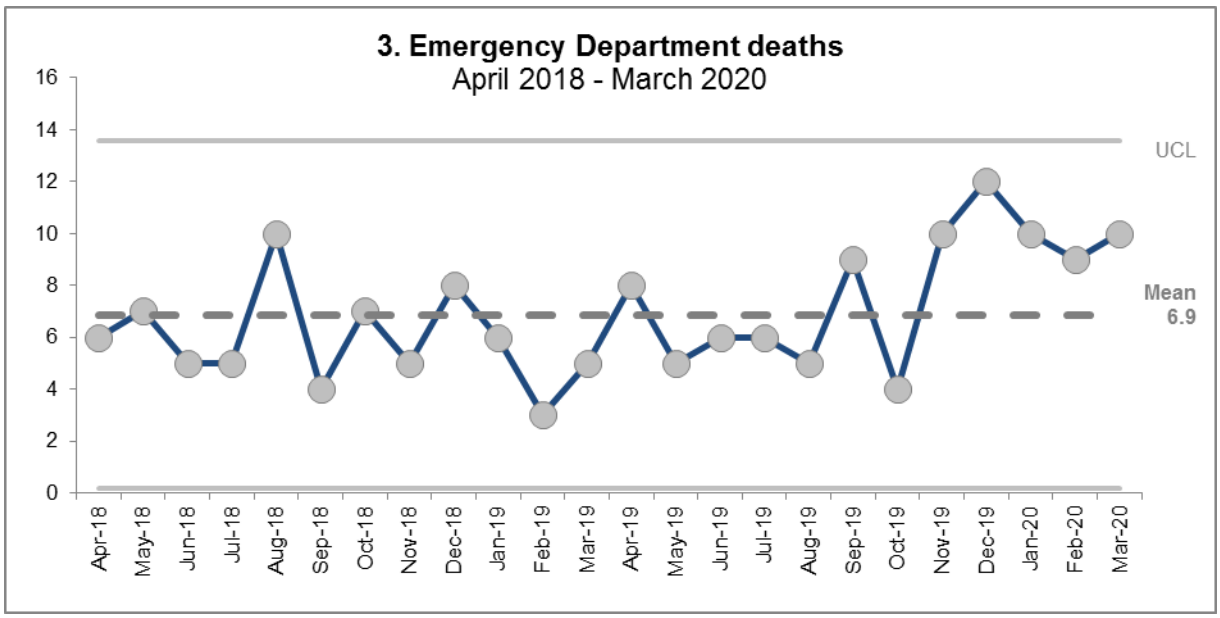
There were 1521 deaths between April 2019 and March 2020 (Emergency Department (ED) and inpatients), of which 6% (94/1521) were in the ED and 94% (1427/1521) were inpatient deaths. The data in the graphs below show deaths that have been recorded on Epic since April 2018. Graph 1 shows total CUH deaths from April 2018 to March 2020. It shows normal variance.



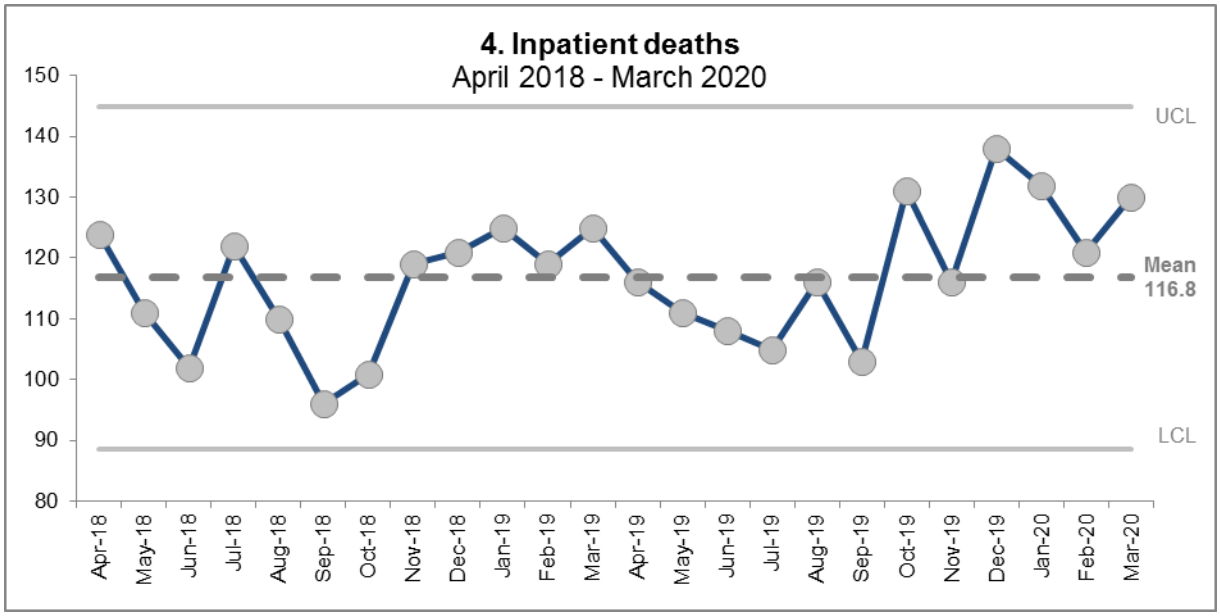
In graph 2, there was a statistically significant increase (single point) in the total number of deaths at CUH per 1000 admissions in March 2020. This may be due to the COVID-19 pressures and the Trust's operational plan to admit emergency patients only at this time. There has also been a statistically significant decrease in the number of inpatient admissions during March 2020. However this will be monitored with close scrutiny to ensure that any other causes are not missed.



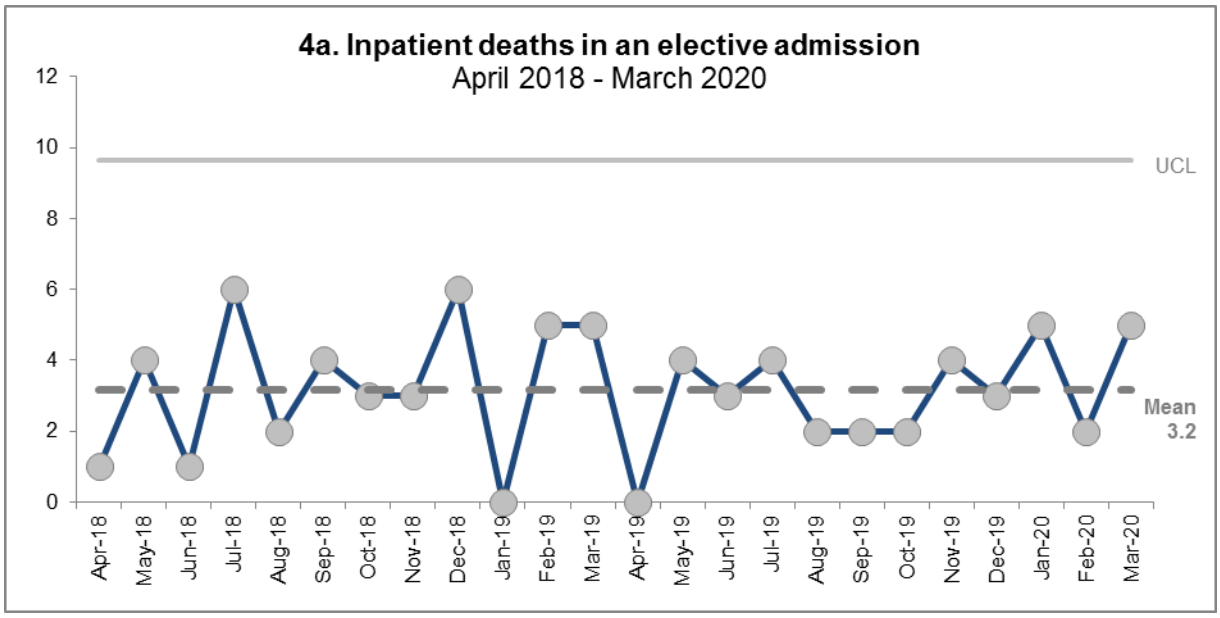
Graph 3 shows Emergency Department deaths only, from April 2018 to March 2020. There is currently normal variation in the number of Emergency Department deaths.



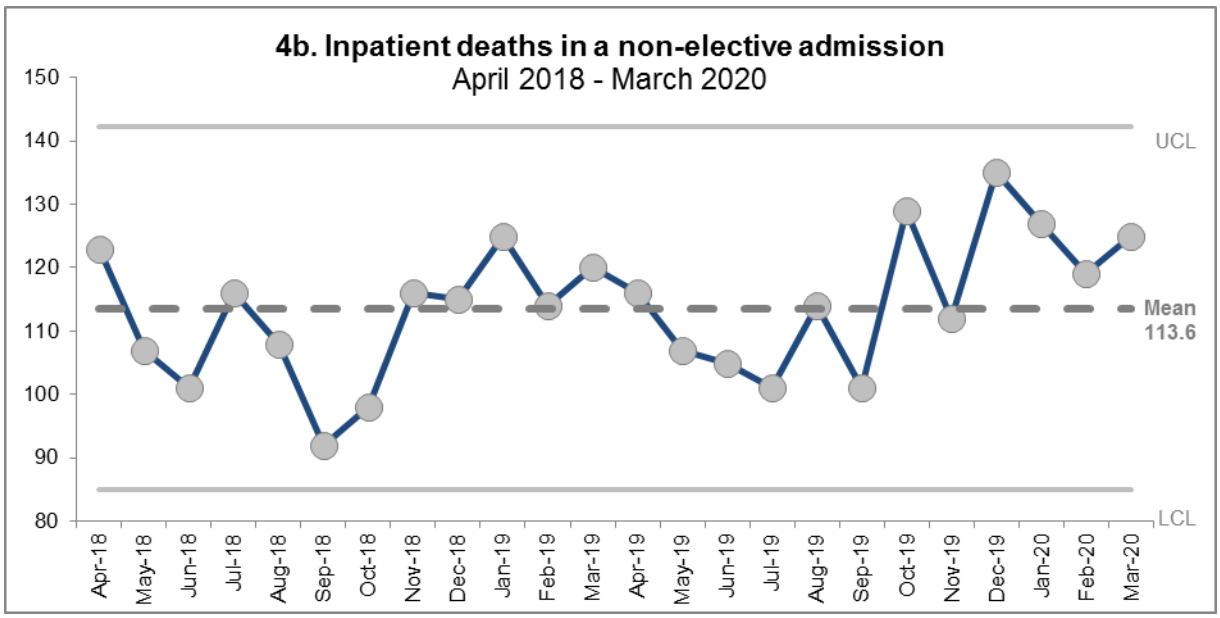
Graph 4 shows inpatient deaths only, from April 2018 to March 2020. There is currently normal variation in the number of Inpatient deaths.



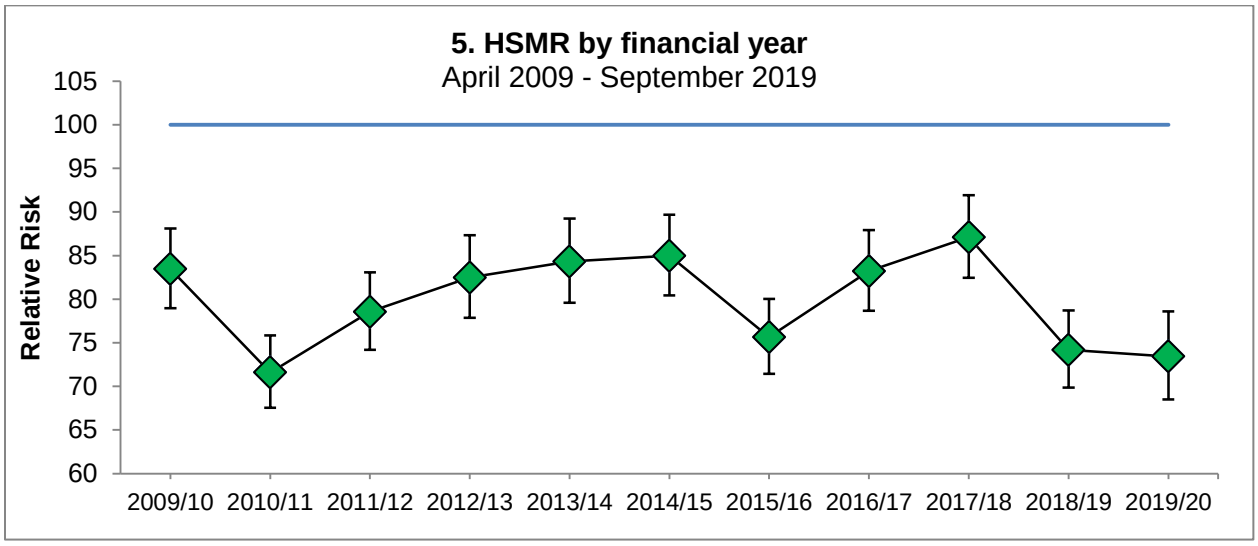
Graph 4a. shows inpatient elective admission deaths only. From April 2018 to March 2020 there is normal variation.



Graph 4b, shows inpatient deaths in a non-elective admission. From April 2018 to March 2020 there is normal variation.



Graph 5 shows the latest Hospital Standardised Mortality Ratio (HSMR) by financial year from April 2009 – September 2019 to date.



Mortality case review process – Structure Judgement Review (SJR)

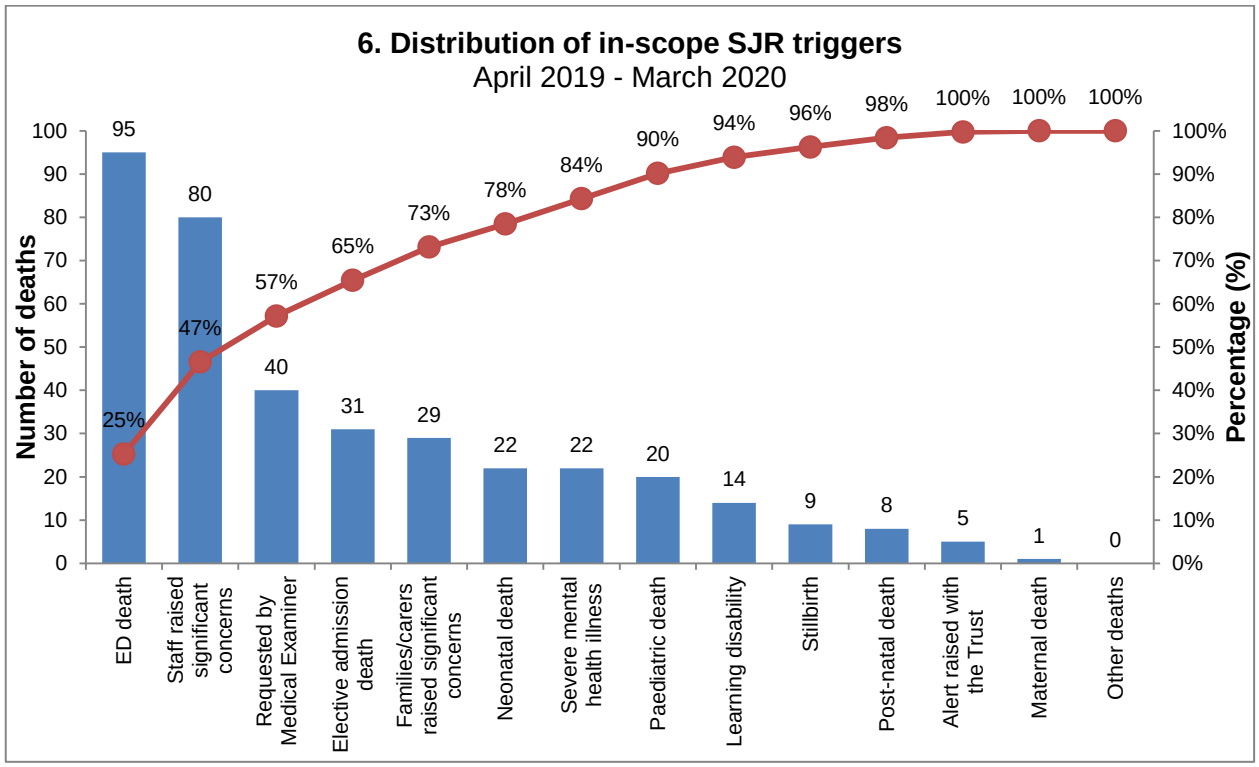
The table below shows a summary of learning from deaths key performance indicators (KPIs) in the current financial year

KPI	No. of deaths in month	No. of deaths in-scope	Compliance with in-scope SJRs	Deaths due to problems in care score (1-3)	Unexpected death SIs reported *(by date reported to CCG)*	% of deaths due to problems in care *(by deaths 'in scope')*		Total % deaths due to problems in care of all deaths *(by total deaths in month)*		SJRs triggered by family / carers	SJR training compliance *(from SJR form)*	PFD issued to CUH
Apr-19	124	29	100% (29/29)	**2**	**3**	7% (2/29)	8% (6/79)	1.6% (2/124)	2% (6/354)	4	72% (21/29)	0
May-19	116	27	100% (27/27)	**1**	**1**	4% (1/27)		0% (0/116)		1	85% (23/27)	0
Jun-19	114	23	100% (23/23)	**3**	0	13% (3/23)		0.6% (3/114)		3	65% (15/23)	0
Jul-19	111	26	100% (26/26)	**4**	**2**	15% (4/26)	10% (7/69)	3.6% (4/111)	2% (7/344)	1	62% (16/26)	0
Aug-19	121	17	100% (17/17)	**2**	0	12% (2/17)		1.7% (2/121)		2	59% (10/17)	0
Sep-19	112	26	100% (26/26)	**1**	**2**	4% (1/26)		0.9% (1/112)		4	73% (19/26)	0
Oct-19	135	21	**86%*** (20/21)	**2**	**1**	10% (2/20)	7% (5/75)	1.5% (2/135)	1% (5/411)	2	70% (14/20)	0
Nov-19	126	33	**88%*** (29/33)	0	0	0% (0/29)		0% (0/126)		4	72% (21/29)	0
Dec-19	150	34	**76%*** (26/34)	**3**	**1**	12% (3/26)		2% (3/150)		2	77% (20/26)	0
Jan-20	142	30	**90%** (27/30)	**2**	**1**	7% (2/27)	3% (2/60)	1.4% (2/142)	0% (2/412)	1	81% (22/27)	0
Feb-20	130	24	**75%** (18/24)	0	0	0% (0/18)		0% (0/130)		2	94% (17/18)	0
Mar-19	140	31	48% (15/31)	0	**2**	0% (0/15)		0% (0/140)		0	93% (14/15)	0

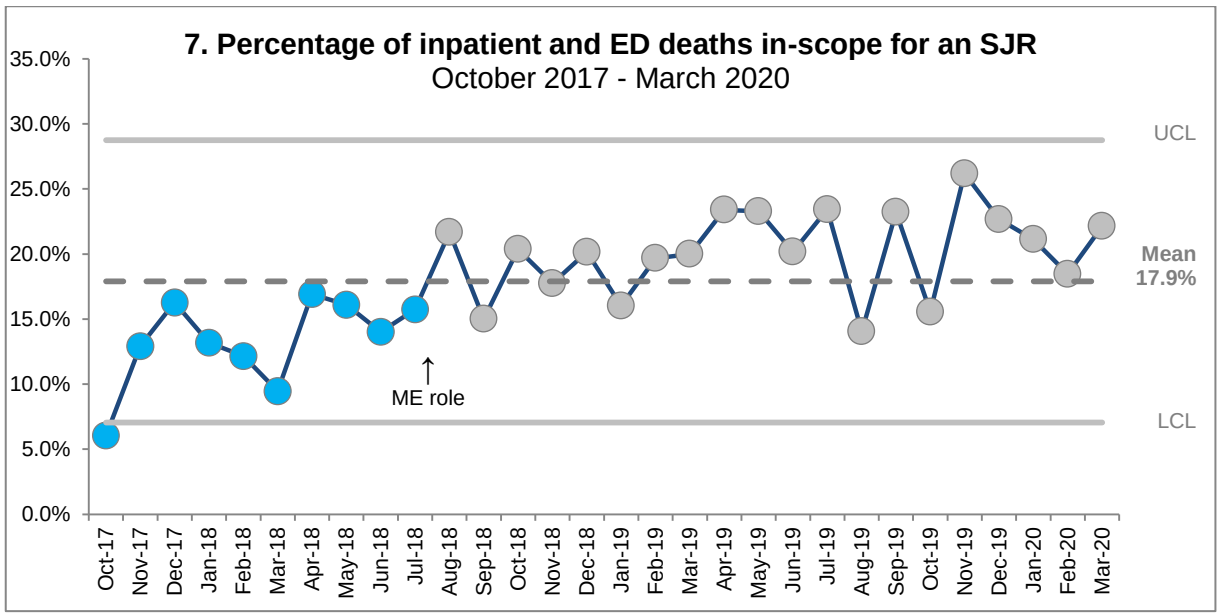
Structured judgement review (SJR) compliance

Deaths in-scope

Between April 2019 and March 2020, 21% (321/1521) of patient deaths met the in-scope criteria for a structured judgement review as detailed in graph 6 in the current financial year. Of note, 14 Learning Disabilities deaths triggered an in-scope SJR; the mortality case reviews are forwarded to the Learning Disabilities Mortality Review (LeDeR) national programme. This route has raised no concerns in care; however regionally there is a backlog of LeDeR case reviews.



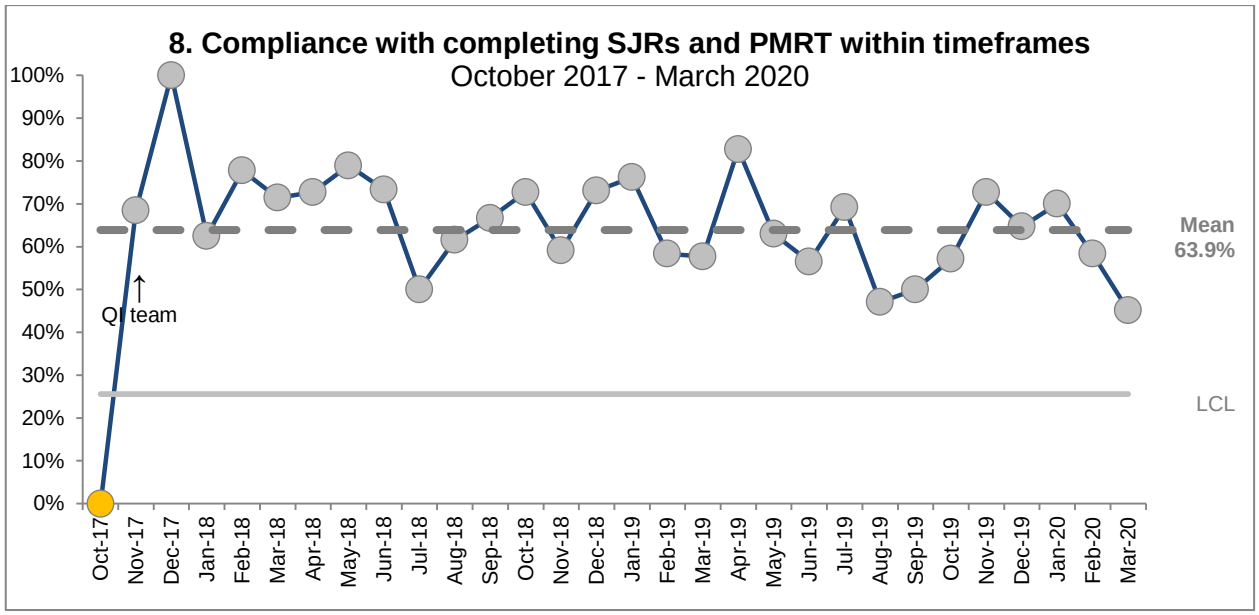
Graph 7 shows the percentage of CUH deaths which were in-scope for an SJR since the process began in October 2017; there is currently normal variance in the process. On average, 17.9% of deaths are in-scope for an SJR.



Of the 321 in-scope deaths, 283 SJRs have been completed to date; therefore compliance with completion of SJR for patients who died in April 2019 – March 2020 is currently 88%. The compliance by the thresholds for completion and by divisions is shown in the table below.

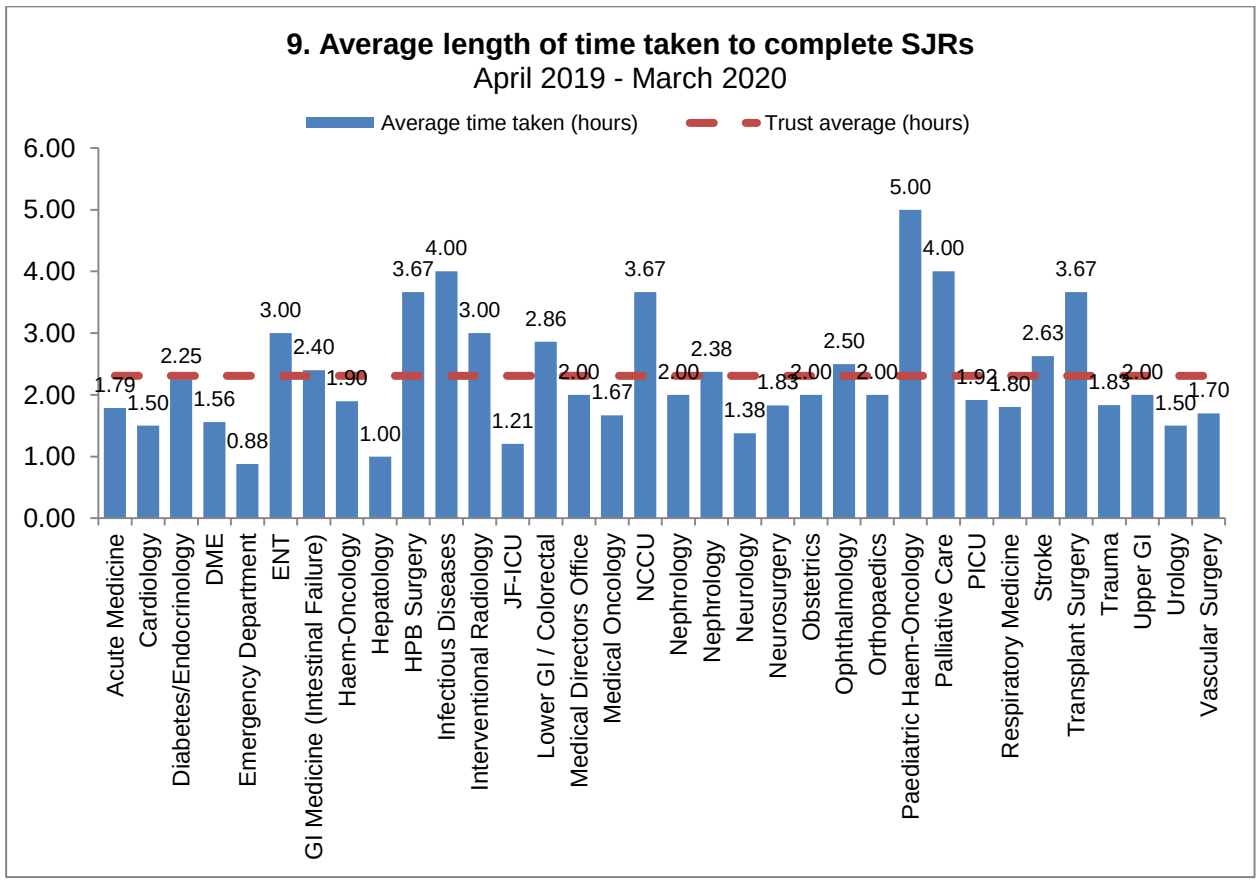
KPI	SJR and PMRT compliance by timeframes	A	B	C	D	E
Apr-19	**83% (24/29)**	100% (2/2)	100% (2/2)	100% (17/17)	100% (5/5)	100% (3/3)
May-19	**63% (17/27)**	100% (5/5)	100% (5/5)	100% (10/10)	100% (2/2)	100% (4/4)
Jun-19	**57% (13/23)**	100% (4/4)	100% (1/1)	100% (11/11)	100% (3/3)	100% (2/2)
Jul-19	**69% (18/26)**	100% (1/1)	100% (1/1)	100% (13/13)	100% (6/6)	100% (5/5)
Aug-19	**47% (8/17)**	100% (3/3)	100% (1/1)	100% (7/7)	N/A (0/0)	100% (6/6)
Sep-19	**50% (13/26)**	100% (2/2)	100% (1/1)	100% (14/14)	100% (2/2)	100% (5/5)
Oct-19	**60% (12/21)**	100% (2/2)	100% (1/1)	100% (9/9)	100% (5/5)	**75%* (3/4)**
Nov-19	**73% (24/33)**	100% (1/1)	100% (3/3)	100% (17/17)	100% (8/8)	**0%* (0/4)**
Dec-19	**65% (22/34)**	100% (2/2)	100% (1/1)	100% (18/18)	100% (5/5)	**0% (0/8)**
Jan-20	**70% (21/30)**	100% (2/2)	100% (4/4)	100% (19/19)	100% (1/1)	25% (1/4)
Feb-20	**58% (14/24)**	100% (2/2)	100% (1/1)	100% (13/13)	100% (2/2)	0% (0/6)
Mar-20	**45% (14/31)**	33% (1/3)	0% (0/1)	68% (13/19)	50% (1/2)	0% (0/6)

Graph 8 shows the percentage of SJRs that are completed within their timeframe (25 working days for SJR and 85 working days for PMRT as of January 2020). Statistically we can expect between 25% and 100% of reviews to be completed within their timeframes:



Length of time taken to complete SJRs

Graph 9 reflects the average length of time taken to complete an SJR, as reported by Consultants for the SJRs undertaken between April 2019 and March 2020. The average length of time is 2.31 hours (see appendix 1 for further details).



Unexpected/potentially avoidable death Serious Incidents (SIs)

SI investigations commissioned between April 2019 – March 2020

There have been 13 Unexpected/potentially avoidable deaths Serious Incident investigations commissioned by the Trust's SI Executive Review Panel in the current financial year between April 2019 and March 2020; there were three reported to the CCG in Q4, 2019/20:

Ref	Date of occurrence	SI Title	STEIS SI Sub categories	Division	Specialty	Ward / Department
SLR64922	**02/2019**	Fall MDU	Slips/trips/falls	Division C	Acute Medicine	MDU
SLR66397	**03/2019**	IUD at 38 weeks	Maternity/Obstetric incident: mother and baby (this includes foetus, neonate and infant)	Division E	Obstetrics	Clinic 22
SLR67715	**04/2019**	Maternal Death	Maternity/Obstetric incident: mother only	Division E	Obstetrics	Delivery Unit
SLR67479	**04/2019**	Deteriorating sepsis patient ED/IDA	Sub-optimal care of the deteriorating patient	Division A	Intermediate Dependency	IDA
SLR72830	**06/2019**	Treatment delay for HAI of C.diff	Treatment delay	Division C	Emergency Medicine	Emergency Department - Adult
SLR73593	**07/2019**	Blood transfusion delay	Treatment delay	Division C	Emergency Medicine	Emergency Department - Adult
SLR73606	**07/2019**	Suboptimal care of a deteriorating patient on ward A5	Sub-optimal care of the deteriorating patient	Division D	Neurology	Ward A5
SLR74368	**07/2019**	Deteriorating Patient Hypoxic Cardiac arrest.	Sub-optimal care of the deteriorating patient	Division C	Respiratory Medicine	Ward N3
SLR77220	**08/2019**	MSSA Meningitis	Treatment delay	Division C	Department of Medicine for the Elderly	Ward C4
SLR78781	**08/2019**	Whipples Procedure	Diagnostic incident including delay meeting (including failure to act on test results)	Division C	HPB Surgery	Ward F6
SLR84138	**12/2019**	Hospital acquired influenza	HCAI/Infection control incident	Division C	Acute Medicine	Ward C7

SLR86078	**01/2020**	Cardiac arrest following RFA	Surgical/invasive procedure incident	Division B	Radiology	IR2 Suite Level 2
SLR88879	**11/2018**	Missed Diagnosis of relapsed Osteosarcoma	Diagnostic incident including delay meeting	Division E	Paediatric Oncology	Ward C2

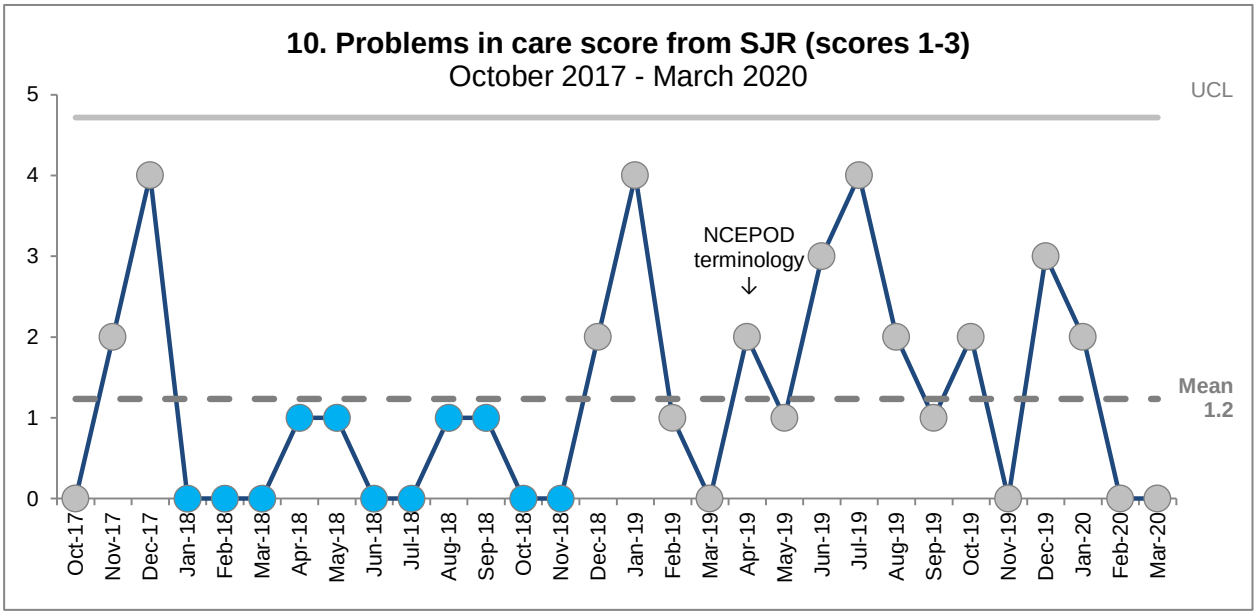
Structure Judgement Review scores for likelihood of deaths being due to problems in care

The percentage of **deaths due to problems in care identified through the SJR** April 2019 – March 2020 is 1.3% (20/1521). The distribution of these scores, are shown in the table:

	Poor quality of care (1)	Less than satisfactory (2)	Room for improvement (3)	Room for improvement (4)	Room for improvement (5)	Good practice (6)
	Multiple aspects of clinical &/or organisational care that were well below what you consider acceptable.	*Several aspects of clinical &/or organisational care that were well below what you consider acceptable*	*Aspects of both clinical and organisational care that could have been better.*	*Aspects of organisational care that could have been better and may have had an impact on the patient's outcome.*	*Aspects of clinical care that could have been better but not likely to have had an impact on the outcome.*	*A standard that you consider acceptable.*
Apr-19	1	0	1	1	8	18
May-19	0	0	1	1	14	11
Jun-19	1	1	1	2	7	11
Jul-19	0	1	3	3	10	9
Aug-19	0	0	2	4	0	11
Sep-19	0	0	1	0	6	19
Oct-19	0	1	1	1	7	10
Nov-19	0	0	0	0	4	25
Dec-19	0	1	2	3	6	14
Jan-20	0	1	1	3	7	15
Feb-20	0	0	0	1	4	13
Mar-20	0	0	0	0	2	13

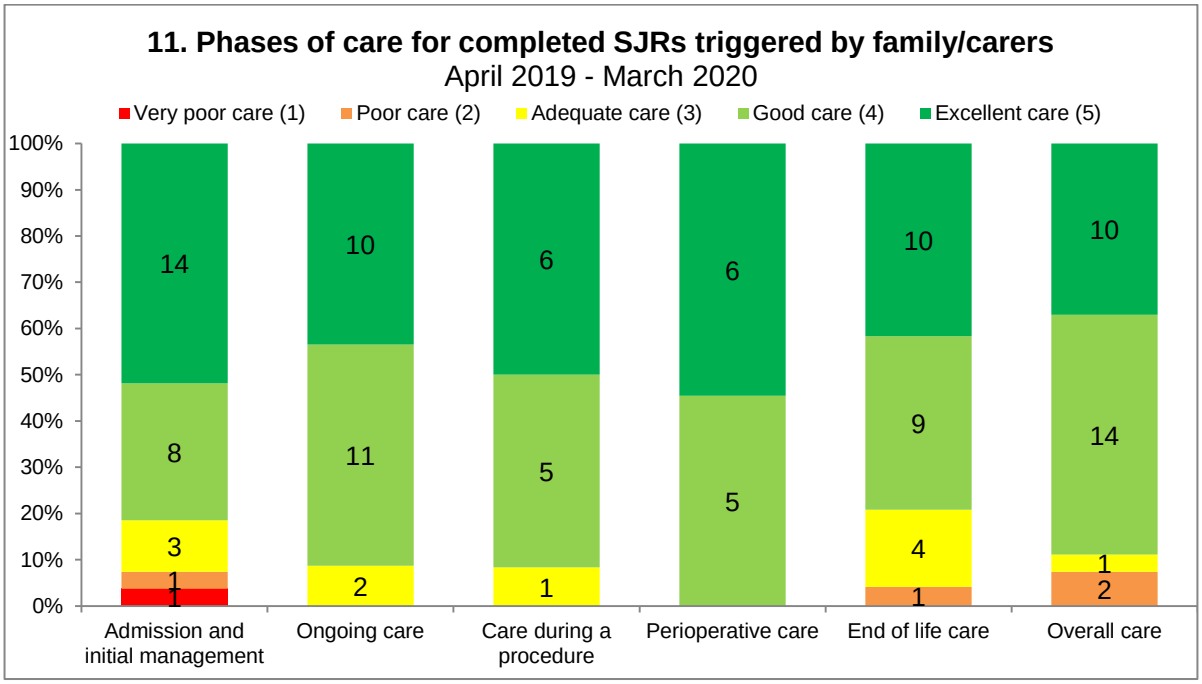
All 20 deaths that scored 1-3 (death due to problems in care score) were further investigated via the Serious Incident Executive Review Panel (SIERP) process.

Graph 10 shows the number of SJRs scored 1-3. There is currently normal variation in the number of SJRs scored 1-3:



Structured judgement reviews triggered by family/carers

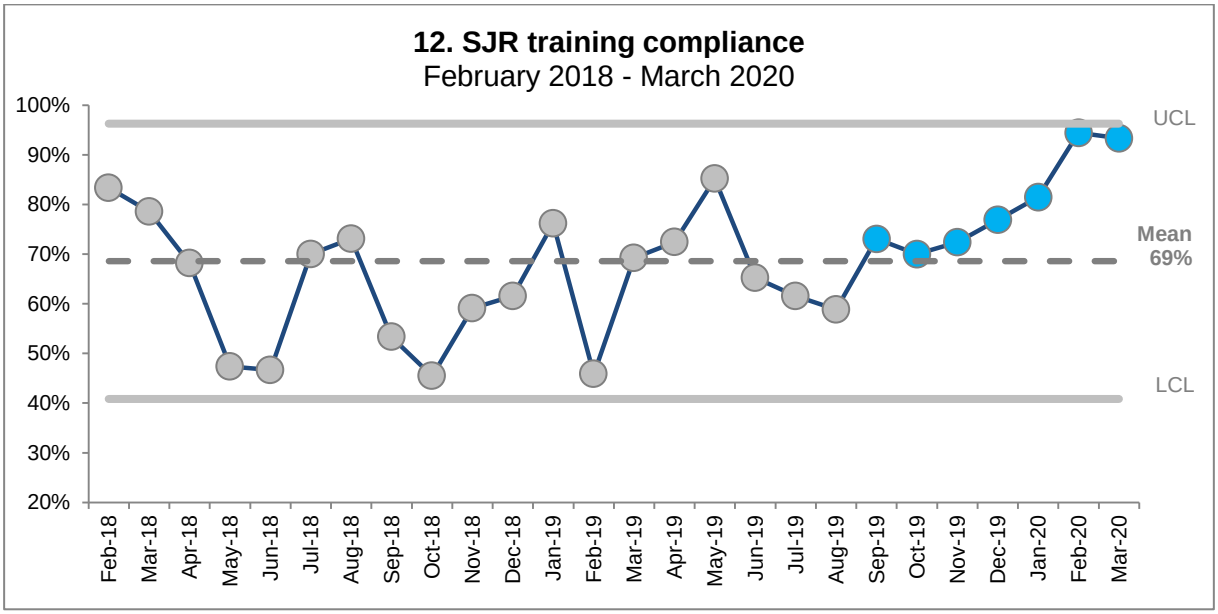
There have been 29 SJRs initiated by this route for deaths between April 2019 and March 2020. These are either via formal Complaints or identified via Medical Examiner discussion with bereaved families. 28/29 SJRs have been completed, scores allocated to each of the phases of care are displayed in graph 11 below:



N.B. Poor care does not automatically indicate the problems in care score allocated. One SJR triggered by family/carers was commissioned as a Serious Incident.

Consultant training compliance

Of the SJRs completed for patients who died April 2019 – March 2020, 66% (212/321) of SJRs in total were reviewed by a consultant who had completed the SJR training. In graph 12 however, since the field was on the SJR form was introduced in February 2018, it shows the training compliance has statistically improved in the last seven months.



Prevention of future death reports issued to Cambridge University Hospitals

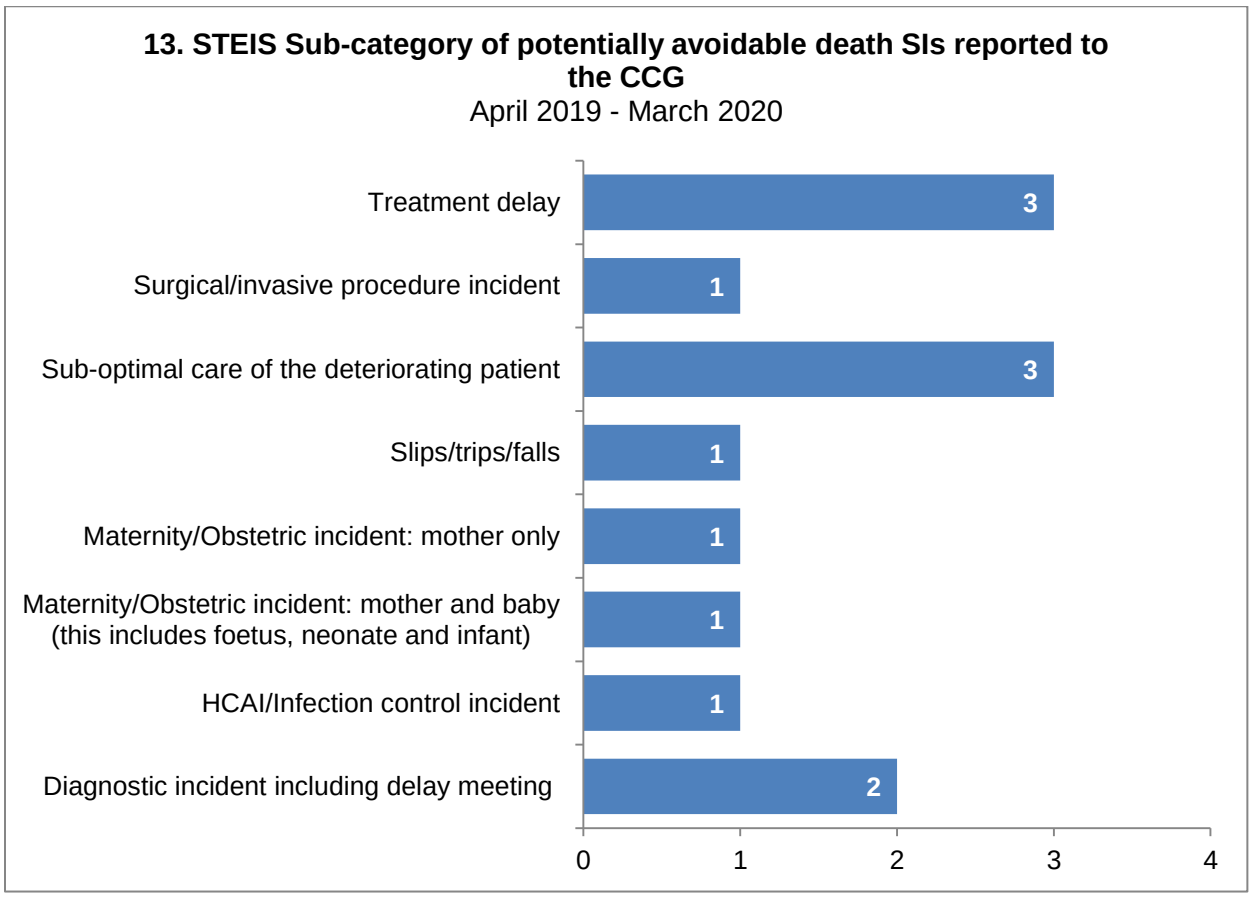
There have been no Prevent Future Death reports issued to CUH in this financial year.

Learning from Serious Incidents

There are 13 *unexpected/potentially avoidable death* serious incidents we have reported to our commissioners between April 2019 and March 2020:

Quarter	2016/2017		2017/18		2018/19		2019/20	
Q1	2	13	4	11	2	11	4	13
Q2	5		1		5		4	
Q3	2		5		1		2	
Q4	4		1		3		3	

The distribution of the subcategories of serious incidents categorised as *Unexpected/ potentially avoidable death* is shown in graph 13.

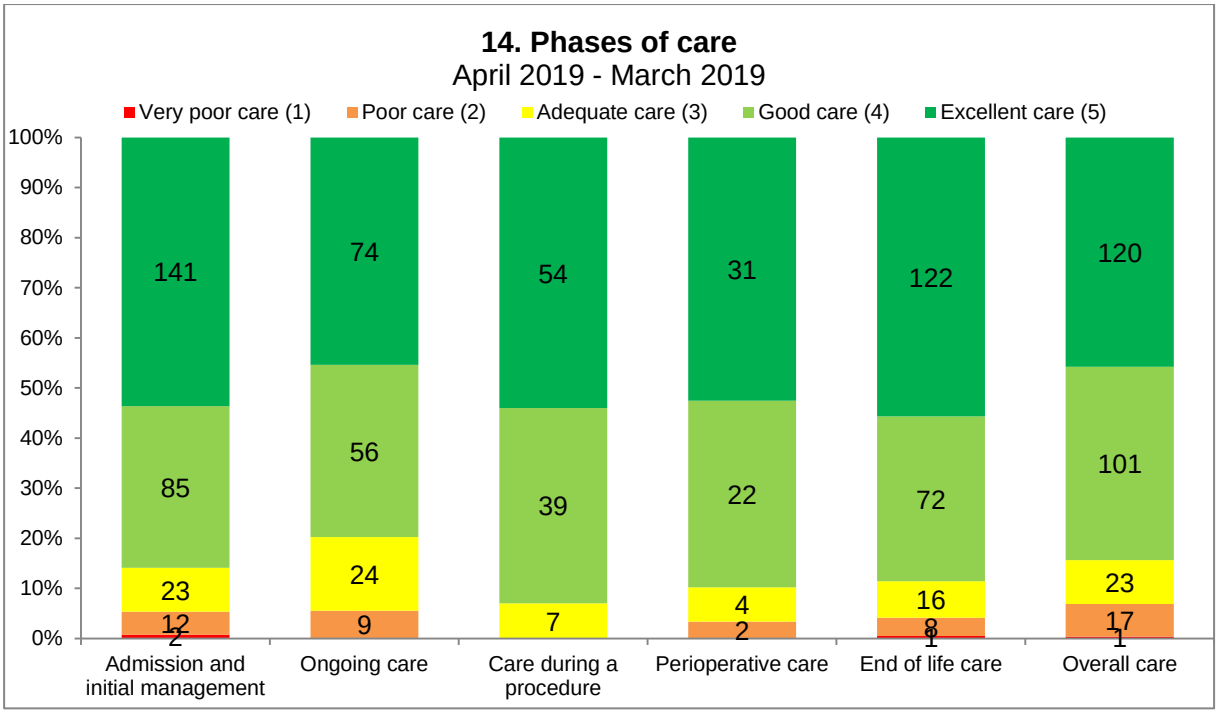


There were four Serious Incident investigation reports (category: Unexpected/potentially avoidable death) completed and submitted in Quarter 4, 2019/20:

Ref	Date reported to CCG	STEIS SI Sub categories	Div.	Specialty	Ward / Department	Actual date report submitted to CCG
SLR72830	07/2019	Treatment delay	C	Acute Services	ED - Adult	02/2020
SLR73593	07/2019	Treatment delay	C	Acute Services	ED - Adult	01/2020
SLR74368	09/2019	Sub-optimal care of the deteriorating patient	C	Respiratory Medicine	Ward N3	03/2020
SLR78781	12/2019	Diagnostic incident including delay meeting	C	HPB Surgery	Ward F6	03/2020

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 April 2019 and March 2020:



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

Learning from deaths improvement plan – Q4 2019/20 update

The current improvement plan for Learning from Deaths has been placed on hold due to COVID-19. However, 49% (18/37) actions have been completed. Following COVID-19, this will be reviewed and updated.

Learning from deaths and coronavirus

Despite the operational context of COVID-19, the process for commissioning SJRs has remained unchanged. In addition, there have been no changes advised or recommended at a national level with respect to this process. Deaths from COVID-19 continue to be reported to NHSE in line with current guidance. In addition, the coroner has requested that where a healthcare worker dies of COVID-19 the death is referred to the Coronial Service and we have developed a process to be able to identify those individuals going forward. All deaths that are a result of hospital acquired COVID-19 will be reviewed using the SJR process, we have also asked that any SJR that relates to a patient with COVID-19 is prioritised by the clinical teams to ensure we can review and identify and learning in the most effective way.

Currently, there are two deaths where COVID-19 was listed as the cause of death that which been reviewed through the SJR process. Both were emergency admissions to hospital and no concerns in care were identified. All deaths that are a result of hospital acquired COVID-19 will be reviewed by the SJR process given an incident report will be raised.

Appendix 1: Length of time taken to complete an SJR in current financial year (April 2019 – March 2020)

Specialty	Number of completed SJRs	Sum of time taken (hours)	Average time taken (hours)	Trust Mean (hours)
Acute Medicine	14	25.00	1.79	2.31
Cardiology	2	3.00	1.50	2.31
Diabetes / Endocrinology	4	9.00	2.25	2.31
DME	22	34.25	1.56	2.31
Emergency Department	95	83.63	0.88	2.31
ENT	1	3.00	3.00	2.31
GI Medicine (Intestinal Failure)	5	12.00	2.40	2.31
Haem-Oncology	12	22.75	1.90	2.31
Hepatology	2	2.00	1.00	2.31
HPB Surgery	6	22.00	3.67	2.31
Infectious Diseases	2	8.00	4.00	2.31
Interventional Radiology	1	3.00	3.00	2.31
JF-ICU	6	7.25	1.21	2.31
Lower GI / Colorectal	6	17.17	2.86	2.31
Medical Directors Office	1	2.00	2.00	2.31
Medical Oncology	6	10.00	1.67	2.31
NCCU	3	11.00	3.67	2.31
Nephrology	2	4.00	2.00	2.31
Nephrology	4	9.50	2.38	2.31
Neurology	2	2.75	1.38	2.31
Neurosurgery	19	34.75	1.83	2.31
Obstetrics	1	2.00	2.00	2.31
Ophthalmology	1	2.50	2.50	2.31
Orthopaedics	2	4.00	2.00	2.31
Paediatric Haem-Oncology	2	10.00	5.00	2.31
Palliative Care	1	4.00	4.00	2.31
PICU	6	11.50	1.92	2.31
Respiratory Medicine	10	18.00	1.80	2.31
Stroke	4	10.50	2.63	2.31
Transplant Surgery	6	22.00	3.67	2.31
Trauma	3	5.50	1.83	2.31
Upper GI	2	4.00	2.00	2.31
Urology	1	1.50	1.50	2.31
Vascular Surgery	5	8.50	1.70	2.31

NHS
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CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Quality Committee	**DATE OF MEETING:**	6 May 2020
CHAIR:	Mike Knapton	**LEAD EXECUTIVE DIRECTOR:**	Chief Nurse / Medical Director
RECEIVING BOARD / COMMITTEE:	Board of Directors, 13 May 2020		

AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5.	**COVID-19 Safety and Experience Report** 1. The committee received a report presented by the Deputy Chief Nurse regarding the patient safety and experience implications of the Covid-19 pandemic. The committee noted that the reporting period covered the immediate phase of the pandemic, and a further update would be presented to the committee at the next meeting. 2. The committee was advised that a number of the reporting arrangements had been temporarily suspended during the pandemic. 3. The Deputy Medical Director updated the committee regarding SJR and mortality data, and highlighted emerging concerns regarding potential increased mortality and morbidity risks of patients presenting later than usual. 4. The committee received assurance that all CAS alerts received during the pandemic had been appropriately responded to by the Trust. 5. The PALS and complaints team were thanked for their efforts in promptly implementing a helpline and other support to relatives during the current period. 6. The committee noted that while the PHSO had temporarily suspended investigative activity, the Trust was continuing to proactively manage complaints. 7. The committee reviewed the quality and safety data presented in the integrated report that was not included in the Covid-19 patient safety report.	Information/ Assurance	C34	N

6.	**COVID-19 Gold and Silver Command** 1. The report presented by the Chief Nurse summarised the actions taken to date in response to the Covid-19 pandemic, including the introduction of the Command and Control structure. 2. The committee noted that the command and control arrangements were currently being reviewed.	Information/ Assurance	CR34	
7.	**COVID-19 impact on Patient Pathways** 1. The committee received a report from the Medical Director and Deputy Medical Director regarding impact of Covid-19 on patient pathways, and the proposed approach of the Trust to resuming urgent elective surgery, which had been temporarily suspended. 2. The committee discussed the constraints on the operational capacity of the Trust presented by Covid-19, and where applicable how these constraints were being partially or fully mitigated. 3. The committee agreed to closely monitor the broader implication of Covid-19 on patient pathways and outcomes.	Information/ Assurance	CR34	
8.	**Board Assurance Framework (BAF) and Corporate Risk Register** 1. The committee received a report from the Director of Corporate Affairs which outlined the approach taken by the Trust during the Covid-19 pandemic to risk management. 2. The committee was advised that the current intention was to return the arrangements for overseeing risk management in the Trust to more a business as usual approach in the near future. 3. The committee noted that the Board Assurance Framework and Corporate Risk Register risks would be reviewed as part of the refresh of the Trust Strategy.	Information/ Assurance	n/a	

9.	**Longer term sustainability** 1. The committee agreed that it was important that quality, safety and patient experience should be key considerations in the development of the approach of the Trust to sustainability and recovery. 2. The Director of Corporate Affairs and Trust Chair agreed to incorporate this into the planning of forthcoming Board discussions regarding the refresh of the Trust Strategy.	Information/ Assurance	CR34	

NHS
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CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Performance Committee	**DATE OF MEETING:**	6 May 2020
CHAIR:	Adrian Chamberlain	**LEAD EXECUTIVE DIRECTOR:**	COO, CFO, MD
RECEIVING BOARD / COMMITTEE:	Board of Directors, 13 May 2020		

AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5/6	**COVID-19 Strategy and Operational Update** 1. The committee received and noted the COVID-19 strategy. 2. The committee received an update on the current operational status of the Trust, particularly the number of patients being treated with Covid-19 and the associated response of the Trust. 3. The committee was advised that the Trust was actively reviewing the consequential implications of the Covid-19 pandemic, including an increase in remote consultations where appropriate. 4. The Director of Strategy provided an overview of the taskforce work streams, which were bringing together different areas of the Trust in a co-ordinated programme which collectively would contribute to the sustainability and recovery of the Trust. 5. The Director of Improvement and Transformation provided an overview of the modelling work undertaken to date, to identify the likely potential scenarios regarding the future number of Covid-19 cases. 6. The committee discussed the sustainability work stream and particularly the importance of maximising survivorship of Covid-19 and non Covid-19 patients, and protecting staff safety. 7. The committee noted that new performance metrics may be required going forward, and a further update on this issue would be presented to the committee at the next meeting.	For information	BAF 002	n/a

7.	**Financial Update and Interim Strategy** Month 12 Position 1. The committee noted that the Trust had achieved the control total for 2019/20. 2. The committee was advised that the impact of Covid-19 in month 12 had been largely mitigated. 3. It was noted that the underlying deficit at the year end was in line with planning assumptions, however due to allowable adjustments the reported deficit would be higher than originally planned. The committee was advised that the adjustments primarily related to re-valuation of property. 4. The Trust was congratulated on achieving the control total. Financial strategy 1. The committee noted that the Trust had now received clarification regarding the payment arrangements for months one to four of 2020/21 in the light of the pandemic, but it was acknowledged that some risks did remain with these arrangements. 2. The committee received assurance that the Trust was monitoring the financial position very carefully, but it was noted that to date no changes in national financial policy had occurred or been announced during the Covid-19 pandemic. Capital 1. The Deputy Director of Finance updated the committee on the capital programme. 2. The committee advised that the STP had received a capital allocation for 2020/21, and the provider level allocations were currently being calculated.	For information	BAF 010	n/a

	3. The committee noted that due to the refinancing of the balance sheet, that the Trust was in a more positive position than in 2019/20 as the Trust would benefited from an increased level of internally generated cash resources.			
8.	**Infrastructure Update** 1. The Director of Capital, Estates and Facilities Management verbally updated the committee on the current position on key estates issues.	For information	n/a	n/a
9.	**Board Assurance Framework and Corporate Risk Register** 1. The committee received a report from the Director of Corporate Affairs which outlined the approach taken by the Trust during the Covid-19 pandemic to risk management. 2. The committee was advised that the current intention was to return the arrangements for overseeing risk management in the Trust to more a business as usual approach in the near future. 3. The committee noted that the Board Assurance Framework and Corporate Risk Register risks would be reviewed as part of the refresh of the Trust Strategy.	For information	n/a	n/a