Board of Directors

Cambridge University Hospitals
NHS Foundation Trust

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There will be a meeting of the Board of Directors in public on Wednesday 22 January 2025 at 11.00

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

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

AGENDA

General business			Purpose
11.00	**1**	**Welcome and apologies for absence**	For note
	2	**Declarations of interest** To receive any declarations of interest from Board members in relation to items on the agenda and to note any changes to their register of interest entries A full list of interests is available from the Director of Corporate Affairs on request	For note
	3*	**Minutes of the previous Board meeting** To approve the Minutes of the Board meeting held in public on 13 November 2024	For approval
	4*	**Board action tracker and matters arising not covered by other items on the agenda**	For review
11.05	**5**	**Patient story** To hear a patient story	For receipt

11.25	**6**	**Chair's report** To receive the report of the Chair	For receipt
11.30	**7***	**Report from the Council of Governors** To receive the report of the Lead Governor	For receipt
11.35	**8***	**Chief Executive's report** To receive the report of the Chief Executive	For receipt
Performance, strategy and assurance			**Purpose**
11.45	**9***	**Performance reports** *The items in this section will be discussed with reference to the Integrated Report and other specific reports* 9.1* Quality (including nurse staffing report) 9.2 Access standards 9.3 Workforce 9.4* Finance 9.5 Innovation and improvement	For receipt
12.45	**10***	**Guardian of Safe Working** To receive the report of the Medical Director	For receipt
Items for information/approval – not scheduled for discussion unless notified in advance			
13.00	**11***	**Risk Management Strategy and Policy** To receive the report of the Chief Nurse	For approval
13.10	**12***	**Board assurance committees – Chairs' reports** 12.1 Workforce and Education Committee: 18 December 2024 12.2 Performance Committee: 15 January 2025 12.3 Quality Committee: 15 January 2025	For receipt
Other items			**Purpose**
	13	**Any other business**	
13.15	**14**	**Questions from members of the public**	
	15	**Date of next meeting** The next meeting of the Board of Directors will be held on Wednesday 12 March 2025 at 11.00.	For note

	16	**Resolution** That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (NHS Act 2006 as amended by the Health and Social Care Act 2012).	
13.30	**17**	**Close**	

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Minutes of the meeting of the Board of Directors held in public on Wednesday 13 November 2024 at 11.00 via videoconference

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

In attendance	Position
Ms J Biddle	Deputy Lead Governor
Ms H Charlesworth	Wisbech and Ely CDC Operations Manager (*for item 99/24 only*)
Mr J Clarke	Trust Secretary (Minutes)
Ms T McClelland	Director of Operations, Division B (*for item 99/24 only*)
Ms C Patterson	Freedom to Speak Up Guardian (*for item 105/24 only*)
Mr J Scott	Interim Chief Operating Officer

95/24 Welcome and apologies for absence

Apologies for absence are recorded in the attendance summary.

96/24 Declarations of interest

Standing declarations of interest of Board members were noted.

97/24 Minutes of the previous meetings

The minutes of the Board of Directors' meeting held in public on 11 September 2024 and the Annual Public Meeting held on 18 September 2024 were approved as true and accurate records.

98/24 Board action tracker and matters arising not covered by other agenda items

Received and noted: the action tracker.

99/24 Patient story

Lorraine Szeremeta, Chief Nurse, presented the patient story. Hilary Charlesworth, Wisbech and Ely Community Diagnostic Centres (CDCs) Operations Manager, and Tracey McClelland, Director of Operations for Division B, joined the meeting for this agenda item.

Noted:

1. Board members watched a video which detailed the experience of Daphne, a patient who had been cared for at one of the Trust's CDCs.
2. The CDCs aimed to improve access to services, reduce health inequalities and increase overall patient experience and outcomes by providing planned diagnostic care closer to home that did not need to be delivered in an acute hospital setting.
3. The Trust currently operated two CDCs, with the centre in Wisbech opening in 2023 and the Ely centre opening in 2024. While managed by CUH, the centres were part of the Cambridgeshire and Peterborough Integrated Care System and were delivered in collaboration with Cambridgeshire Community Services NHS Trust, Royal Papworth NHS Foundation Trust and North West Anglia NHS Foundation Trust.

The following points were made in discussion:

1. Board members noted the positive experience of Daphne and the positive impact that the CDC had during her treatment at CUH.
2. The Board sought to understand how access to the CDCs was prioritised. It was noted that the service tried to provide as much direct access as possible, citing the example of patients who required echocardiogram services receiving a phone call to ask if they could travel to one of the CDCs for treatment. However, if this was not possible for the patient, they were still given the opportunity to attend Addenbrooke's Hospital for treatment. Patient choice remained an important element of care delivery.
3. The availability of the CDCs had resulted in a reduction in the number of CUH inpatient beds being taken up by patients awaiting diagnostic treatment.

4. Noting the collaborative approach, it was questioned whether the service was viewed as an asset of CUH or of the wider system, and how the integration with other organisations worked practically on a day-to-day basis. It was noted that, while the host organisation held the resources, collaborative working offered the best way to maximise the value of the asset and provide as much care as possible closer to home.
5. With the two CDCs currently running well and helping to reduce the diagnostics backlog, the Board sought to understand the local ambition to deliver additional centres. In doing so, it would be imperative that the system has the right skill mix and resources. It was noted that national funding to expand the delivery of and access to CDCs had recently been announced.
6. Technology and digital maturity would play an important role in the development and effectiveness of CDCs. While recognising the limited availability of capital funding to support the direction of travel, there was a need to take forward the technological solutions at pace. Further work on potential Artificial Intelligence solutions was currently being progressed. There would need to be new approaches in those areas where the Trust was currently struggling to recruit.
7. The Board welcomed consideration of the potential roll-out of CDC access to some paediatric specialties. Division E was working on this with partner organisations.

Agreed:
1. To note the patient story.
2. To thank Daphne for sharing her story.

100/24 Chair's report

Mike More, Trust Chair, presented the report.

Noted:
1. It was noted that Rohan Sivanandan, Non-Executive Director, had been appointed as the Non-Executive Director champion for Wellbeing.

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

101/24 Report from the Council of Governors

Jane Biddle, Deputy Lead Governor, presented the oral update.

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

102/24 Chief Executive's report

Roland Sinker, Chief Executive, presented the report.

Noted:

1. This would be the last Board of Directors' meeting in public chaired by Mike More, who was stepping down from his role as Trust Chair at the end of December 2024. There would be opportunities to say goodbye to Mike and to mark his service to CUH, details of which would be circulated in due course.
2. The new Government had now been in place for around five months and had sought to stabilise the health and care landscape by settling industrial action, commissioning the diagnostic report from Lord Darzi and launching a consultation on a 10-year health plan.
3. There remained a strong focus on improving performance across the core areas of clinical quality, access to care and financial sustainability. The Trust had undertaken work to strengthen its accountability framework to support improved performance.
4. An internal communications campaign had been launched with the tag line 'small things, big difference', with teams and departments encouraged to share the local changes they had implemented to tackle the challenges the Trust was facing. An example was cited of the ward-level focus to increase the number of discharges before noon to support the overall management of flow and capacity across the hospitals.
5. Early data indicated an improvement in CUH's national staff survey response rate compared with the position in 2023. Improved uptake would provide more robust information on the areas where the Trust was doing well and those areas where action was required.
6. Work was progressing to develop a robust winter plan for 2024/25.
7. Progress continued to be made on the Cambridge Children's Hospital and the Cambridge Cancer Research Hospital programmes, with both currently in the process of developing their Full Business Cases. There was a clear focus on the service transformation elements of both programmes, linking to work on future care models.
8. The Trust was currently preparing an organisational response to the national consultation on the new NHS Plan.

The following points were made in discussion:

1. The Cambridgeshire South Care Partnership continued to play an important role in driving forward the integration agenda. There was a need to further understand the ambition and overall direction of travel, aligned with plans to expand the use of services such as virtual wards and a focus on prevention.
2. There was the potential for changes to the formal role and accountability of Integrated Care Boards.
3. The positive nature of the internal communications campaign was welcomed, noting that it had achieved high levels of engagement from teams across the Trust.

Agreed:

1. To note the contents of the report.

103/24 Performance reports

The Board received the Integrated Performance Report for September 2024.

Access standards

Jon Scott, Interim Chief Operating Officer, presented the update.

Noted:

1. The Trust was currently benefiting from a rapid improvement offer from the national Getting It Right First Time (GIRFT) team, focusing on length of stay, pre-noon discharges and the development of a frailty assessment unit.
2. There had been an overall improvement against cancer access standards but further work was required to improve performance against the 31-day standard and reduce staffing gaps in radiotherapy.
3. The Trust had received positive feedback from regional colleagues regarding its internal infection prevention and control procedures and practices.
4. As part of the winter plan, the Trust was seeking to increase the virtual ward offer – particularly for those on a complex discharge pathway and those awaiting post-acute care.
5. There had been a reduction in patients experiencing long waits, with the Trust currently on track to reduce the number of over 65 week waits to zero by the end of 2024.

Workforce

David Wherrett, Director of Workforce, presented the update.

Noted:

1. Progress had been made on reducing the temporary pay bill through a reduction in temporary staffing.
2. After four weeks, staff survey uptake was 40%, ahead of the final figure for 2023 of 37%. A target of 50% or more had been set for the current year.
3. The flu vaccination programme was running across the Trust, with 43% of staff currently vaccinated. In line with national guidance, the Trust was not running a Covid-19 staff vaccination programme this year.
4. The Trust had established a sexual safety at work charter which aimed to clearly outline how the Trust would respond to acts of inappropriate and/or harmful sexual behaviour at work and ensure that victims of such acts were supported when they came forward.

5. On staffing supply, the Trust had moved away from its international recruitment pipelines and apprenticeships towards nurse associates.

Quality (including nurse staffing report)

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

Noted:

1. The Trust's Hospital Standardised Mortality Ratio (HSMR) remained one of the best in the country. It was confirmed that the methodology would shortly be changing which was likely to lead to adjustments in organisational scores.
2. Feedback from regional colleagues indicated that the Trust's infection control arrangements were in line with best practice.
3. The ward accreditation programme had been rolled out across most adult inpatient wards.
4. The Trust had recently reported three never events, all of which had occurred in theatres. In accordance with the Patient Safety Incident Response Framework, a task and finish group has been established to undertake an after action review of the incidents and ensure that the areas for learning and improvement were identified and embedded into future practice.
5. Board members received the Trust's biannual nursing and midwifery staffing report which highlighted the work undertaken over the past 12 months to improve vacancy rates and reduced midwifery red flags. The Trust had been able to achieve the required 1:24 midwife to birth ratio and 100% compliance with the 1:1 care in labour requirements.

Finance

Mike Keech, Chief Finance Officer, presented the update.

Noted:

1. The Month 6 year to date financial position is a £2.9m deficit for performance management purposes. This position is adverse to plan by £1.9m.
2. Despite the variance to plan, the Trust was performing well relative to peers through a continued focus on productivity and cost control.
3. There would be some national support for the cost of industrial action incurred during the current financial year. The level of funding support was still to be confirmed but this would help to improve the current position.
4. The impact of the recent pay award for staff on the Agenda for Change pay scale and the commitment to additional funding announced in the autumn Budget was currently being assessed.

Innovation, digital and improvement

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

Noted:

1. The Innovation Team continued to focus on developing the core capabilities of the team to engage more effectively with partners and to develop the innovation and adoption programme.
2. The work locally was aligned with the national focus on digital transformation. CUH had recently become the first NHS trust to revalidate against the new accredited HIMMS Stage 7 standard which represented the highest level of digital maturity for health. This was a significant achievement.
3. The Trust continued to engage with partners to further develop its digital capabilities and effectiveness and had held a two-day workshop with colleagues from Epic to identify scope to further accelerate digital implementation.
4. Cyber security preparedness remained a key focus for the Trust, with updates being provided to Management Executive and Board sub-committees.
5. The Improvement and Transformation Team was supporting the Trust's productivity and efficiency programme.

The following points were made in discussion:

1. In response to a question about the cash flow forecast, it was explained that timing lags meant that the cash flow position could be volatile. However, there was no requirement for additional revenue cash support within the 13-week period covered by the report.
2. A Board member questioned whether the Trust was adequately resourced to deliver the scale of change required across the Trust. It was noted that a review of the digital and transformation teams was currently taking place to ensure they were best placed to support the Trust's change programme.
3. While significant work had been undertaken to maintain a sound financial position during challenging times, particularly relative to peers, it remained a concern that the organisation was dependent on non-recurrent funding to achieve a break even position. This emphasised the importance of achieving the productivity and efficiency programme's stretch target.

Agreed:

1. To note the Integrated Performance Report for September 2024.
2. To note the finance report for 2024/25 Month 6.
3. To note the nurse safe staffing report for September 2024.
4. To note the biannual nursing and midwifery establishment report.

104/24 Strategy update

Claire Stoneham, Director of Strategy and Major Projects, presented the report.

Noted:

1. This was the final time that the report would be presented in its current format ahead of the planned refresh of the Trust's strategy during the final quarter of the financial year.

Agreed:

1. To note the progress made over the last four months in delivering the CUH strategy and the plans for the period ahead.

105/24 Freedom to Speak Up

Ian Walker, Director of Corporate Affairs, and Claire Patterson, Freedom to Speak Up Guardian, presented the report.

Noted:

1. 138 cases had been recorded in the six months between April and September 2024. The increase in cases was likely to be in part attributable to the increased visibility and awareness of the service.
2. A number of the concerns raised related to incivility between colleagues and inappropriate behaviours not being robustly challenged. Through the new line manager training programme, there would be a focus on how to create a safe environment for staff to feel comfortable speaking up and feel heard when they did so.
3. It remained a key objective of the Freedom to Speak Up Guardian to support the development of a culture where staff were comfortable to raise concerns with local leaders and confident that these would be addressed.
4. However, the report indicated that around a third of those who raised concerns through the Freedom to Speak Up Guardian reported that they had already raised their concern locally and felt that they had not been appropriately heard or held the perception that nothing had happened as a result.
5. Board members were presented with an anonymised case study from a ward manager involving a member of staff who had raised concerns about behaviours they had witnessed and who did not feel that they had been adequately listened to. The case study was an example how the Freedom to Speak Up process was designed to be collaborative, with a no blame approach. The ward manager was positive about how the Freedom to Speak Up service had supported the member of staff to raise their concerns and enabled the ward manager to address the issues.
6. The ward manager emphasised that the process had been educational and the supportive approach of the Guardian had enabled

the team to undertake a reset and review a number of systems and processes.

7. Once the investigation had concluded, the Guardian had fed back the outcome to the colleague who had raised concerns. They had expressed gratitude that their concerns were taken seriously and had been addressed.
8. Rohan Sivanandan, Non-Executive Director, had taken on the role of Non-Executive champion for Freedom to Speak Up. Annette Doherty was thanked for previously undertaking this role.

The following points were made in discussion:

1. The increase in the number of concerns being raised was welcomed as an indication that more staff were aware of the service and had the confidence to speak up. It was suggested that recent high profile incidents in other trusts had increased national visibility of speaking up.
2. The report indicated the number of concerns raised by division and it was noted that work was taking place with divisional leaders to further understand barriers to reporting.

Agreed:

1. To note the report of the Freedom to Speak Up Guardian covering the period from April to September 2024.

106/24 Learning from deaths

Agreed:

1. To receive the learning from deaths report for 2024/25 Q2.

107/24 Board Assurance Framework and Corporate Risk Register

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

Noted:

1. Board members were reminded that Board assurance committees reviewed risks on the Corporate Risk Register (CRR) and the Board Assurance Framework (BAF) at each of their meetings.
2. As previously discussed by the Board, work had been undertaken to identify medium-term risk trajectories on the BAF and to link these to key milestones in the Trust's strategy.
3. At the meeting of the Risk Oversight Committee (ROC) in September 2024, it was agreed that BAF risk 002 should be incorporated within BAF risk 001 to amalgamate the challenges within the current capacity and flow risk. Additionally, ROC had agreed that BAF risk 013 relating to staff physical and mental health and wellbeing should be de-escalated from the BAF to the Workforce risk register. A new risk

specifically related to staff engagement was in the process of being drafted.

4. Of the 14 current risks on the BAF, 10 were scored at 15 or higher and were therefore rated as 'red' risks.

The following points were made in discussion:

1. Given the changing and challenging national and regional landscape, the BAF would need to evolve in line with the planned refresh of the Trust's strategy.

Agreed:

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

108/24 Board assurance committees – Chairs' reports

Received: the following Chair's reports:

- Performance Committee: 6 November 2024
- Quality Committee: 6 November 2024

109/24 Any other business

There was no other business.

110/24 Questions from members of the public

No questions had been submitted.

111/24 Date of next meeting

The next meeting of the Board of Directors in public would be held on Wednesday 22 January 2025 at 11.00.

112/24 Resolution

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

Meeting closed: 13.05

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Board of Directors (Part 1): Action Tracker

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

Key to RAG rating:

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

Board of Directors

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Report to the Board of Directors: 22 January 2025

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

Executive Summary

The report summarises the activities of the Council of Governors.

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

Action required by the Board of Directors

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

Cambridge University Hospitals NHS Foundation Trust

22 January 2025

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

1. Recent Governor meetings

1.1 Our last two **Governors' Strategy Group** meetings were cancelled due to availability of key individuals from the Strategy team. The Secretariat has agreed to liaise with the Strategy team to recommence these valuable meetings for 2025.

1.2 The **Membership Strategy and Engagement Group** met on 19 November 2024 to discuss ways of increasing membership numbers and improving levels of engagement with the hospital. The focus of the strategy is engagement, diverse representation, communication and accessibility. The group is collaborating with Angie Ridley, who leads on the CUH Patient and Public Involvement (PPI) framework and has engaged a consultancy to explore novel ways of attracting more people to become members of the hospital.

1.3 Governors met as a **Forum** on 26 November 2024, chaired by the deputy lead governor, Jane Biddle, as the lead governor was out of the country. Governors updated each other on board assurance committee meetings they had observed in the last few months. In addition, governors discussed the recent NED appraisal process and recruitment exercise (see below).

1.4 At the **Governors' Seminar** on 12 December 2024, Mike Keech and Ed Smith gave an interesting presentation on CUH finances: how to interpret the monthly statement, the budgeting and long-term planning process; and the current challenges in meeting the tight fiscal constraints on healthcare. CUH has some ambitious targets on savings and productivity if it is to achieve the right glide path to reach breakeven in 2025/26. The presentation was well-received by governors.

1.5 The **Council of Governors** met in person (with Teams for those unable to attend in person) on 18 December 2024. Following the overview on Trust performance, Governors asked questions relating to cyber security, the acute services project, winter planning and PALS. At its private session, governors approved the recommendation of the Governors' Nomination and Remuneration Committee to appoint a new Non-Executive Director (NED) to replace Sharon Peacock. Details of the appointment will be announced shortly. Mike More also apprised governors of the outcome of the NED appraisal process. At the end of the meeting Neil Stutchbury, lead governor,

gave a short presentation on behalf of governors to thank Mike More for the exemplary way he advised and led the Trust, initially as a NED, and then chair of the Trust over a period of 11 years.

2. Upcoming Governor meetings

2.1 The next three months' meetings are as follows:

- Governor/NED Quarterly: 29 January 2025
- Governor Seminar: 6 February 2025
- Governor Forum: 25 February 2025
- Governors' Nomination and Remuneration Committee: 25 February 2025
- Council of Governors: 26 March 2025

3. Other governor activities

3.1 Ian Jacobs has been appointed as the Chair of Barts Health NHS Trust with effect from 1 March 2025 and will stand down as a CUH NED at the end of February 2025. The Governors' Nomination and Remuneration Committee has commenced a recruitment exercise to identify and appoint a replacement. We have decided to search for an individual with large change/transformation experience to support CUH in delivering its part in the transformation of healthcare in our region and nationally. The aim is to identify a candidate by the end of March 2025.

4. Recommendation

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

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

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Report to the Board of Directors: 22 January 2025

Agenda item	8
Title	Chief Executive's report
Sponsoring executive director	Roland Sinker, Chief Executive
Author(s)	As above
Purpose	To receive and note the contents of the report.
Previously considered by	n/a

Executive Summary

The Chief Executive's report is divided into two parts. Part A provides a review of the five areas of operational performance. Part B focuses on the Trust strategy and other CUH priorities and objectives.

Related Trust objectives	All Trust objectives
Risk and Assurance	A number of items within the report relate to risk and assurance.
Related Assurance Framework Entries	A number of items covered within the report relate to Board Assurance Framework entries.
Legal/regulatory impact	n/a

Action required by the Board of Directors
The Board is asked to note the contents of the report.

Cambridge University Hospitals NHS Foundation Trust

22 January 2025

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

1. Introduction/background

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

1.2 The NHS and wider care system continues to face significant challenges, some of which have been particularly acute this winter so far; but is also improving across in a number of key domains including bringing down long waits for elective care. Planning guidance for the next financial year has not yet been issued but we expect to see a continued focus on four key areas: Urgent and Emergency Care standards; waits for elective care; productivity; and delivering financial balance. The national operating framework from NHS England is changing and firming up with greater clarity about the role of ICBs and regional teams; as is CQC oversight - together these comprise the core regulatory framework for CUH. Work has started on a new 10 year plan for the NHS, an innovation and adoption strategy, and a life sciences strategy. Cambridge and CUH are contributing to all these pieces of work.

1.3 CUH continues to focus on the five areas of operational performance, and the three pillars of the strategy. Our current strategy refresh will take account of the current and future context and will help to crystallise the big choices we have available to us. In the meantime, we have focused this year on three cross-cutting themes to drive improvements in quality, value for money and longer term health outcomes: quality, productivity and flow; culture, leadership and inclusion; and new models of care.

1.4 CUH continues to perform well in the five areas of operational performance relative to peers, but with areas of concern. As examples:

Quality - a focus on core standards, long waits within our emergency pathways, maternity (in particular CQC recommendations and recent feedback from the Council Overview and Scrutiny Committee) and triangulation of 'hot spots'; ongoing strong performance on outcomes relative to peers.

Workforce - year-on-year improvement in staff survey response rate and flu vaccination take-up rate which benchmarks well relative to peers; strong position on recruitment and overall staffing levels but with 'hot spot' areas; now focusing on how we respond to the staff survey and our offer for enabling staff to be at their best when they come to work.

Access - a continued focus on waiting times for emergency care where the Cambridge & Peterborough system, including CUH, has moved into a tier of enhanced regulatory scrutiny. There is good ongoing performance in cancer, diagnostics and elective care relative to peers but with improvement needed to bring down waits for Urgent and Emergency Care, particularly for those patients who require admission. Reducing length of stay to improve patient flow will be key to this.

Finance - maintaining progress with our significant capital plan and making best use of our resources to deliver financial plans for CUH and the integrated care system for the coming years. We are on track to deliver financial balance this year but with a challenging settlement likely for 2025-26. Enhanced controls have been put in place; productivity remains our major area of focus and opportunity.

Improvement, Innovation and Digital - we are balancing support to teams to deliver changes and improve productivity; managing and mitigating risks in relation to our IT infrastructure; and transforming and innovating now and for the future.

1.5 CUH continues to make progress delivering the longer term Trust strategy, with more to do in some areas. Work has started on the ground for both the Cambridge Children's Hospital (Outline Business Case now formally approved) and the Cambridge Cancer Research Hospital (for which planning has been approved and enabling works start soon) - in both cases work is ongoing on the Full Business Cases. As part of this the partners are taking stock of areas including the clinical model, research strategy, fundraising plan and construction capability. In addition, following the Budget announcement of £3M, work has accelerated on our acute care strategy which seeks to both understand and meet the needs of a growing population as a result of new housing and economic growth, as well as an ageing population. We are clear that meeting the needs of our local populations will require new care models as well as the right investment in vital health infrastructure.

1.6 Work to better align CUH, Royal Papworth Hospital and the University of Cambridge is going well. We are making progress on our strategies in relation to EDI, digital, local integration and environmental sustainability with more to do.

1.7 CUH continues to engage with partners across Cambridge on a wide range of areas from growth to transport and housing - some of this is set out in the March 2024 'The Case for Cambridge' HMG publication. National support for Cambridge continues, as set out in the most recent budget. The Biomedical Campus continues to develop with new industry capacity and the Cambridge South station progressing – all of which needs constructive engagement with local partners.

Part A

2. The five areas of operational performance

2.1 Quality

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

Emergency care and patient flow

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

Neonatal Intensive Care Unit (NICU) staffing

2.4 While Neonatal nurse staffing remains of concern, actions to mitigate the risk are in place with full executive oversight.

Patient Flow Improvement Plan

2.5 The Patient Flow Improvement Plan has now transitioned to become a part of the Winter Resilience Plan, the actions of which form a key pillar of the actions for winter. The Winter Resilience Group will meet monthly to review the progress made by the three delivery groups, and will report to Management Executive.

Infection Prevention and Control (IPC)

2.6 The Trust has seen high rates of flu, respiratory syncytial virus and norovirus in the community, which then reflected in CUH admissions.

2.7 On 30 December 2024 an internal critical incident was called as a result of significant flow issues relating to a high number of beds affected by infections, and an incident control process was enacted to manage the evolving situation. The incident was stood down on 8 January 2025.

2.8 There was significant impact on ED and ambulance waits during this time and the teams are currently reviewing data during this period for any associated harm.

3. Access to Care

3.1 **Emergency Department (ED).** Performance against the 4 hour standard deteriorated from 66.9% in October to 66.5% in November 2024. This compares to 61.5% in November 2023. CUH ranked 73rd out of 119 trusts nationally for 4 hour performance in November 2024 compared to 77th in October and 83rd in September and places CUH in the upper third quartile.

3.2 **Referral to Treatment (RTT).** The RTT Total waiting list reduced by 1,391 (-2.1%), and variance to plan reduced to 4,160 (7%). Total treatments exceeded plan in month, reducing the variance YTD to 1,984 (-1.8%). Treatments are 8.9% higher than same period in 2023.

3.3 **Delayed discharges**. 198 beds were lost due to delayed discharges in November 2024, slightly higher than 196 beds in October. In November 2023, 200 beds were lost to this group of patients. Additional discharge planning resource is being provided to wards looking after elderly patients to minimise delays associated with their discharge.

3.4 **Cancer.** 62 day performance remains above the 70% national requirement for 2024/25, and is forecast to remain above 70% for November 2024. 263 patients were treated in October 2024 of which 75 waited longer than 62 days. 49 were shared pathways with referring Trusts, of which 37 we were unable to treat within 24 days.

3.5 **Operations.** At Month 8, the volume of elective theatre cases performed was 1.7% (328) above plan. Capped theatre utilisation in November 2024 continued to perform well against peers at 81%, and in Quartile 3 nationally. Six specialties delivered >85% with a further eleven >80%. Together these specialties represent 77% of all sessions used. Sessions used were at 97.2% this month.

3.6 **Diagnostics.** November 2024 was a strong month for 6 week diagnostic performance, improving to 23.2%.The total waiting list decreased by -314 and the >6ww cohort reduced by 19% (-553). Nine modalities delivered <5% over 6 weeks. Audiology and Echocardiography had the most significant improvement this month.

3.7 **Outpatients.** The Trust continued to perform poorly during November 2024 at just 83% of planned activity with Division E being the best at 93%. By specialty the worst performers were General Medicine at just 9% of plan, Paediatric Medical Oncology at 71% and OMFS at 76%. The best performing large specialty was Cardiology with over 200% above plan.

4. Finance – Month 8

4.1 The Month 8 year to date financial position is a £1.5m surplus for performance management purposes. This position is adverse to plan by £2.9m.

4.2 The forecast outturn performance for CUH currently remains to achieve the break-even planned position at this stage in the financial year.

4.3 Lower than planned improvements in productivity at Month 8 continue to place the break-even forecast at risk and this position will therefore remain under review as forecasts are updated.

4.4 DHSC and Treasury have agreed financial support for the impact of Industrial Action (IA) with a £1m allocation to CUH included in the Month 6 position. This is below the level previously expected by CUH leaving a shortfall against the IA pay expenditure and no support for IA lost income.

4.5 The Trust is working with the regional NHSE team to assess the CUH in year and recurrent impact of the 2024/25 NHS pay award. Initial estimates show a shortfall in funding, but this remains under review.

4.6 The following points should be noted in respect of the Trust's Month 8 financial performance:

- The adverse position is mainly attributable to the unfunded impact of IA on both pay (£0.5m) and lower elective activity (£1.1m) and the estimated unfunded net pay award (£0.8m).
- The final Elective Payment Mechanism (EPM) baselines, used to calculate elective income levels, have not yet been published by NHSE. Elective service performance has been forecast using the 2023/24 baselines and is estimated at £7.3m below planned levels – a £0.4m deterioration in month. This will be subject to change.
- The average daily EPM planned income increased in Month 3 and maintains this level for the remainder of the financial year. Improvements in productivity to achieve this increase in Elective service levels will be required in order to maintain the forecast break-even financial performance.

4.7 The Trust has received an initial system capital allocation for the year of £34.9m for its core capital requirements. In addition to this, we expect further funding including; Children's Hospital (£9.5m); Cancer Hospital (£13.7m); Addenbrooke's 3 (£3.0m grant); Heat Pumps (£3.0m grant). Together with capital contributions from ACT (£1.6m), the University (£2.2m), technical adjustments in respect of PFI, and additional funding announced in June (linked to achievement of key targets and balanced plan submission), the Trust's capital budget for the year now totals £71.3m.

4.8 Capital expenditure to date at Month 8 is £31.4m, which is behind the plan of £39.6m. This underspend relates to the Cancer and Children's Hospital schemes (which have ring-fenced funding that we expect to be adjusted to match actual spend for the year), whereas the main capital programme is £4.9m ahead of plan at this stage. We are forecasting achievement of the capital plan and the Capital Advisory Board is actively managing any changes in forecasts as the year progresses.

5. Workforce

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

Good work and wellbeing

5.2 The autumn flu vaccination campaign ran from 1 October 2024 to 20 December 2024. To support the operational pressures from the increase in patients and staff with flu a pop-up flu clinic is running in Occupational Health during the month of January 2025.

5.3 As at 9 January 2025, a total of 9631 staff have been vaccinated – of which 8132 (59.3%) are substantive staff, an increase of 3.3% compared to 2023/2024.

5.4 CUH finished the programme as the best performing Trust in the East of England - improving on third place in 2023.

5.5 Those individuals not vaccinated were surveyed to understand why, and to support planning for further programmes. To date 123 responses have been received. The top 5 reasons are summarised below:

- 34% of respondents stated they did not wish to have the vaccine this year – vaccine hesitancy.

- 18% were concerned about the side effects.
- 9% are needle phobic.
- 7% had a medical contraindication which prevented them from having the vaccine.

Relationships

5.6 The national staff survey was undertaken in the period running up to Christmas.

5.7 After two years of a reducing response rate (37.1% in 2023) the Trust is delighted to have a 54% response rate with over 7000 staff. Our new approach to secure responses from staff focused on engaging with teams locally, providing them with timely information on response rates and to supporting individual teams in engaging with colleagues on the importance of this exercise.

5.8 Early indication shows positive trends in the results from the survey and we will share these with the executive and Board in February/March.

6. Innovation, Digital and Improvement

Improvement and Transformation

6.1 The Improvement and Transformation team remains aligned to supporting delivery of the Trust's strategic priority of improving access to care, in particular the aims related to making best use of our available capacity and reducing waiting times, and strengthening our approach to outpatient transformation, including supporting the development of the Trust-wide outpatient's strategy.

6.2 The team's top focus areas over the last eight months have been in scoping, building, supporting and driving the Trust's Productivity and Efficiency Programme. The team is actively supporting divisions to identify and capture productivity and efficiency schemes for 2024/25 to deliver the Trust's ambition of a minimum £53m saving, with a further ambition to ensure an additional £25m of schemes are in delivery by April 2025. Year to date delivery of efficiency, at Month 8, was £32.8m against a target of £35.3.

6.3 The team also works alongside specialty teams on specific projects that will drive productivity and efficiency benefits, including virtual ward and frailty, pathway improvements, as well as increasing uptake of PIFU, PNP and advice and guidance opportunities to manage outpatient demand and waiting lists.

6.4 Due to the restructure of the Improvement and Transformation Team there has been a pause on the delivery of quality improvement (QI) courses. This has allowed for a refresh of the course content to be undertaken to begin to tailor the offer for staff across the Trust to increase capability and capacity. A revised schedule of courses is being developed, together with self-paced e-learning tools to complement the provision of improvement support with the aim of reaching a wider audience in the upcoming year.

Innovation

6.5 The first members of the Innovation team beyond the Director joined the Trust at the turn of the year.

6.6 We are progressing the development of a number of elements that will constitute a coherent, comprehensive strategy for innovation, outlined below.

6.7 Following a workshop bringing together a range of stakeholders we are redrafting the Trust's IP policy and inventor's journey, which will aim to better incentivise and support entrepreneurialism at the Trust. This will be presented for review before the end of February 2025.

6.8 Our Innovation Advisory Group, bringing together technical, clinical and operational innovation leaders from across the Trust, has begun to review and triage proposals from industry and members of staff. This has already led to a submission for Innovate UK funding in collaboration with a clinical risk prediction AI company. The group will continue to expand in membership in the coming months.

6.9 The team has been developing a strategy for a clinical data science unit, which will be a core capability for the Trust to develop and deploy advanced analytics and AI. The strategy encompasses the creation of a dedicated team of data engineers and scientists, putting in place the right technical infrastructure, and developing policies and processes for the safe development and implementation of AI.

6.10 The team is also undertaking detailed scoping of several largescale digital transformation initiatives, covering outpatients, ED, inpatient bed management and clinical productivity. These all aim to realise efficiency, productivity and quality benefits in 2025/26, as well as providing the foundations for disruptive innovation of our services and clinical models in the coming years.

Digital and eHospital

6.11 A new Interim Director of Digital and Technology, Philippa Kirkpatrick started in post 6 January 2025.

6.12 Cyber security remains a key focus for the department. Working in conjunction with our cyber security partners, work continues through the Cyber Security Working Group to accelerate efforts to strengthen CUH defences and resilience against and in the event of cyber incidents. The outputs from the recent cyber security audit are under review and will be brought back through Audit Committee in due course.

6.13 In November 2024 eHospital hosted a series of 'art of the possible' workshop events with clinical and operational colleagues in a bid to understand key ambitions of services for improving productivity, reducing waste, improving access to care and patient flow through the urgent and emergency care, inpatient and outpatient departments. Representatives from Epic were present, in order to understand CUH's tactical and strategic aims and advise on opportunities to maximise the use of existing technology. A detailed work plan aligned to strategic priorities is now being scoped out.

PART B

7. Strategy update

7.1 Progress on most of the 15 commitments outlined in the strategy are reported elsewhere in this update paper; additional elements are highlighted below.

Improving patient care

Integrated Care

7.2 The South Care Partnership (CSCP) has led a remodelling of the South Place Joint Strategic Board with two key objectives – to support the power of Integrated Neighbourhoods to achieve delivery goals and influence upwards, and to agree a common work plan within which all partner organisations take accountability for leadership and implementation. Further work is planned to formulate a specific work plan which will allow the ICB Board to measure its progress.

7.3 CSCP and CUH are engaged in eight programmes of work which will directly affect the way care is provided to the South Cambridgeshire population over the next few years.

These programmes include an initiative to deliver proactive person-centred care coordination and provision by partners in health, local authorities and the voluntary sector to people who have multiple unmet care needs which are escalating or which have already led to frequent attendances at the Emergency Department. The goals, which align closely with the government's commitment to shifting resources towards prevention and community-based care, include reducing inequalities and reducing demand on emergency services, and there are multiple interdependencies with the CUH Acute Care Strategy which will define future models of care spanning hospital and community services.

7.4 CUH is using funding allocated to the Trust in the Treasury's March 2024 Budget to develop a strategy and long-term plan for how the Trust can best use the Cambridge Biomedical Campus site to deliver health services to the local population over the next 0 – 10+ years. Inspired by NHS/UK and international good practice the project has been exploring models of care that are evidence based and are in place elsewhere. Through engagement with staff, patients and partners in our health and care system we have been developing a vision for acute care services supported by a plan for implementation of improvements that have the potential to transform the way we deliver care for the benefit of our patients. In the coming weeks we will be using data modelling to understand how changes to our care models will impact what will be needed to deliver our services over the next 0 – 10+ years.

Supporting our staff

7.5 A Trust-wide programme of work focusing on wellbeing and support of our staff is ongoing. Detailed information has been covered in Section 5 of this report.

Building for the future

New hospitals and the estate

7.6 The Cambridge Cancer Research Hospital (CCRH) project is moving towards the completion of its Full Business Case (FBC), with planned submission to regulators in summer 2025. In parallel CCRH is part of the Government's national review of the New Hospital Programme (NHP) which specifically includes projects without an approved FBC. The project has been advised that this report is expected to be published in January 2025, after which we expect the second phase of enabling works to be scheduled for commencement. This phase will focus on preparing the main site for construction including archaeological work and site clearance. The vital work transforming cancer services in preparation for moving into the new hospital continues, including reviewing targeted operating models and launching a crucial organisational development delivery programme.

7.7 The Cambridge Children's Hospital (CCH) is preparing for the procurement of the project's main build contractor in January 2025. The FBC work continues with work on Target Operating Models and plans for a benefits workshop in the new year to link these to our operating models. A workshop was held recently with commissioners and service providers to look at the potential for unique service provision in the new hospital. Organisational development work is now in progress and we are planning a series of user experience digital workshops with Microsoft as part of our strategic partnership. Our engagement and fundraising campaigns continue to build momentum and make positive progress.

Specialised Services

7.8 The Trust, as part of the East of England Specialised Services Provider Collaborative (EoE SPC), continues to work with partners to support the transformation of specialised services across the region. The SPC's strategic programmes of work cover neurosciences, cancer and cardiovascular, with each of these in various stages of development. The three pilot projects covering severe asthma, multiple sclerosis (MS) and epilepsy continue to progress.

7.9 The SPC is leading the development of a regional neuroscience strategy to address inequity of access and outcomes, with a key aim to implement a "left shift" in pathways of care, focusing on prevention, early intervention and improving access. Engagement across ICBs and providers is accelerating, with their input being sought to inform the final recommendations to be presented to the Joint Commissioning Committee in Q2 2025. Stakeholder engagement across clinical, operational and patient groups is also taking place across individual workstreams, with each of these reporting into the Neuroscience Strategy Steering Group.

7.10 The SPC will be taking a paper to the Regional Specialised Service Management Operational Committee in January 2025 to (a) update on progress regarding development of a severe asthma shared care agreement; and (b) identify next steps in supporting other SPC members in becoming a Tier 3 severe asthma centre (Norfolk & Norwich, East & North Herts). Whilst such provider development is important in supporting our aims to bring care closer to home, it is recognised that any additional resource to support this is subject to other regional priorities. Input is being sought from ICB colleagues to assess potential next steps for this project.

7.11 As part of the cancer programme of work, the collaborative will be supporting regional work currently underway in pathway mapping to highlight key 'pinch points' across current models of specialised care delivery, also using this as an opportunity to bring primary and community care more closely into discussions.

The SPC will provide targeted input regarding workforce sustainability, using the data gathered from pathway mapping to inform workforce planning to help ensure it meets future demand. The collaborative is also working closely with the East of England Cancer Alliance, with the SPC becoming part of the membership of the EoE Cancer Board. Additionally, the SPC are supporting discussions between the Cancer Alliance, Cambridge Cancer Research Hospital and ICBs to strengthen linkages between the differing groups involved in cancer transformation.

7.12 The SPC and Regional Team co-hosted an in-person event in November 2024 to identify and agree priorities and ways of collaborative working required to deliver transformation. From this discussion and supporting population health analysis, providers and ICBs mutually agreed service priorities to target transformation (cancer, cardiovascular, renal, paediatrics, mental health).

Climate Change

7.13 The design and build contract award process for The Heat Decarbonisation Project for the Frank Lee Centre and Residencies has been completed (halving carbon emissions) with the preferred contractor selected.

7.14 A raft of carbon and cost-saving projects have been brought forward for implementation to negate unnecessary out-of-hours use for: anaesthetic gas scavenging systems, standalone air-conditioning units, integrated variable refrigerant flow cooling units, and Main Theatres' ventilation.

7.15 The first decommissioning phase of the piped nitrous network in Main Theatres has been completed, significantly reducing losses of this high global warming potential gas.

7.16 A £14k grant award has been secured from NHSE to upgrade The Rosie Entonox manifold which will reduce losses and greenhouse gas emissions.

7.17 The team successfully ran their first NHS Repair Café which enables staff with broken items to get them fixed, as part of CUH's Sustainable Living Day 2024. Other schemes being run for staff include Swish, for clothing swaps, and the Human Library where staff share sustainable living advice.

7.18 Work continues on consultation, learning collation and drafting for Phase 2 of the CUH Green Plan.

8. Recommendation

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

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 22 January 2025

Agenda item	9
Title	Integrated Report
Sponsoring executive director	Interim Chief Operating Officer, Chief Nurse, Medical Director, Director of Workforce, Chief Finance Officer
Author(s)	As above
Purpose	To update the Board of Directors on performance during November 2024.
Previously considered by	Performance Committee, 15 January 2025

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

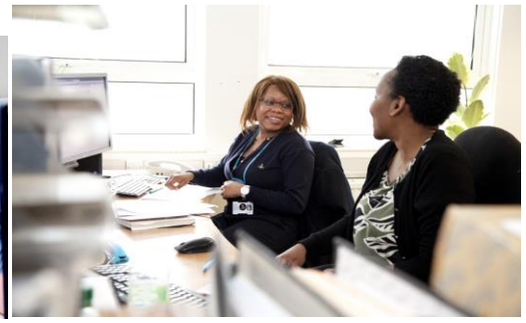
Related Trust objectives	All objectives
Risk and Assurance	The report provides assurance on performance during Month 8.
Related Assurance Framework Entries	BAF ref: 001, 002, 004, 007, 011
Legal / Regulatory implications?	n/a

Action required by the Board of Directors
The Board is asked to note the Integrated Performance Report for November 2024.




NHS
Cambridge University Hospitals
NHS Foundation Trust






Integrated Report

Quality, Performance, Finance and Workforce to end November 24

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

Report compiled: 31 December 2024

Key

NHS
Cambridge
University Hospitals
NHS Foundation Trust

Data variation indicators


Normal variance - all points within control limits

Negative special cause variation above the mean

Negative special cause variation below the mean

Positive special cause variation above the mean

Positive special cause variation below the mean

Target status indicators

Target has been and statistically is consistently likely to be achieved

Target failed and statistically will consistently not be achieved

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

Rule trigger indicators

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

Quality Account Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

Point of delivery	Performance Standards	Previous Month-1	Previous Month	In Month Actual	Target	Target due by	FYtD	Average Performance 23/24	Variance	Target Status
		Sep 24	Oct 24	Nov 24						
Safe	Nutrition screening compliance for admitted patients	88.1%	89.5%	90.0%	≥90%	Mar-25	84.1%	76.5%		
	Compliance with Falls risk assessment and documentation within 12 hours of admission (%)	94.1%	95.1%	95.3%	≥90%	Mar-25	92.8%	86.9%		
	Hospital acquired pressure ulcers (category 2 +) per 1000 bed days	0.957	0.925	0.871	≤0.395 per 1,000 bed days	Mar-25	0.887	0.809		
	Post-Partum Haemorrhage (PPH)	2.7%	2.8%	2.4%	≤3.3%	Mar-25	2.7%	2.8%		
	Patient Safety National Training (PSIRF Level 2)	91.2%	91.4%	92.3%	90.0%	Mar-25	86.6%	N/A		
Patient Experience / Caring	Responses to service user complaints are within agreed time frames	46.3%	53.6%	59.0%	80.0%	Mar-25	56.0%	48.0%		
Effective / Responsive	Percentage of elective operations cancelled at last minute for non-clinical reasons	1.5%	1.4%	1.5%	<1%	Mar-25	1.4%	1.6%		
	Locally reported SDEC (same day emergency care) activity as a % of emergency activity	24.1%	25.2%	24.7%	30.0%	Mar-25	28.3%	25.5%		
	Compliance with 4-Hour A&E standard (Type 1)	50.9%	50.7%	50.3%	66.0%	Mar-25	51.1%	47.0%		
	No. of lists (clinic/theatre) cancelled in maternity services for safe staffing reasons	4	3	N/A	TBC	Mar-25	7	0		
		2021	Annual 2022	2023						
Staff Experience / Well-led	Morale Indicator: I feel secure about raising concerns about unsafe clinical practice.	75.9%	71.3%	70.4%	78.0%	Mar-25				

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

Point of delivery	Performance Standards	Previous Month-1	Previous Month	In Month Actual	Target	Target due by	FYtD	Average Performance 23/24	Variance	Target Status
		Sep 24	Oct 24	Nov 24						
Infection Control	MRSA Bacteraemia (hospital onset cases)	1	0	0	0	Mar-25	2	N/A		
	E.coli Bacteraemias (Total Cases)	42	34	30	TBC	Mar-25	297	34		
	C. difficile Infection (hospital onset and COHA cases) or C. difficile Infection (hospital onset)	28	28	28	TBC	Mar-25	166	12		
	Hand Hygiene Compliance	92.5%	92.0%	92.9%	TBC	Mar-25	93.3%	94.6%		
Nursing Quality Metrics	Blood Administration Patient Scanning	99.9%	99.9%	100.0%	90.0%	Nov-24	99.9%	99.7%		
	Blood Administration Product Scanning	98.4%	97.9%	98.6%	90.0%	Nov-24	96.9%	96.4%		
	Moving & Handling	84.5%	85.6%	86.1%	90.0%	Nov-24	82.3%	76.4%		
	Nurse Rounding	99.4%	99.5%	99.4%	90.0%	Nov-24	99.5%	99.2%		
	Pain score	87.9%	88.7%	89.6%	90.0%	Nov-24	86.9%	84.8%		
	MEOWS Score Recording	84.7%	90.7%	90.8%	90.0%	Nov-24	88.4%	87.2%		
	PEWS Score Recording	99.1%	98.8%	99.0%	90.0%	Nov-24	99.0%	99.2%		
	NEWS Score Recording	98.4%	98.4%	98.5%	90.0%	Nov-24	98.3%	97.7%		
	VIP Score Recording	90.1%	92.9%	93.6%	90.0%	Nov-24	89.5%	87.1%		
	PIP Score Recording	85.8%	87.6%	90.5%	90.0%	Nov-24	86.1%	84.3%		
Patient Experience	Mixed sex accommodation breaches (Datix)	26	31	47	0	Nov-24	224	20		

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

Point of delivery	Performance Standards	SPC variance	In Month Actual	In Month plan	Target	Target due by	Page
Urgent & Emergency Care	4hr performance	Positive special cause variation	66.5%	74.9%	78.0%	Mar-24	Page 15
	12hr waits in ED (type 1)	Normal variation	11.7%	-	-	-	
	Ambulance handovers <15mins	Normal variation	50.0%	-	65.0%	Immediate	
	Ambulance handovers <30mins	Normal variation	78.9%	-	95.0%	Immediate	Page 16
	Ambulance handovers > 60mins	Negative special cause variation	12.0%	-	0.0%	Immediate	
Cancer	Cancer patients < 62 days	Normal variation	71.5%	73.7%	70.0%	Immediate	Page 22
	28 day faster diagnosis standard	Positive special cause variation	85.1%	81.5%	77.0%	Immediate	Page 20
	31 day decision to first treatment	Negative special cause variation	79.0%	-	96.0%	Immediate	Page 21
Outpatients	First outpatients vs plan (consultant led)	Negative special cause variation	82.8%	-	-	-	Page 24
	Follow-up outpatients (consultant led)	Positive special cause variation	99.0%	-	-	-	Page 25
	Advice and Guidance Requests	Normal variation	10.2%	-	16.0%	Mar-23	
	Patients moved / discharged to PIFU	Positive special cause variation	4.6%	4.5%	6.8%	Mar-23	Page 26
	Outpatient Capacity Usage	Normal variation	43.0%	49.0%	-	Mar-25	Page 27
Diagnostics	Patients waiting > 6 weeks	Positive special cause variation	23.2%	18.5%	5.0%	Mar-24	Page 23
	Diagnostics - Total WL	Positive special cause variation	10,196	-	-	-	
RTT Waiting List	RTT Patients waiting > 65 weeks	Positive special cause variation	62	0	0	Mar-23	Page 18
	RTT Patients waiting > 78 weeks	Positive special cause variation	6	-	-	-	
	Total RTT waiting list	Negative special cause variation	63,827	59,653	-	-	Page 19
Productivity and efficiency	Non-elective LoS (days, excl 0 LoS)	Normal variation	N/A	-	-	-	
	Long stay patients (>21 LoS)	Normal variation	201.2	N/A	-	-	
	Elective LoS (days, excl 0 LoS)	Normal variation	N/A	-	-	-	
	Discharges before noon	Positive special cause variation	18.0%	-	-	-	
	Theatre sessions used	Normal variation	96.5%	-	-	-	
	In session theatre utilisation	Positive special cause variation	80.9%	85.0%	85.0%	Sep-23	Page 29
	Virtual Outpatient Attendances	Normal variation	20.4%	-	-	-	
	BADS Daycase Rate (local)	Normal variation	85.3%	85.0%	-	-	Page 30
Surgical prioritisation	P2 (4 weeks) Including planned	Normal variation	2,979	-	-	-	

Patient Safety Incidents (PSIs)

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Threshold	Nov-24	Average (Dec-21 - Nov-24)	Variance	Special causes	Comments
Number of **patient safety incidents**	-	**1673**	1611		-	There is currently normal variance.
Rate of patient safety incidents **per 1,000 admissions**	-	**89.7**	94.1		–	There was normal variation in the rate of patient incidents per 1,000 admissions in November. There were 18658 admissions and 1673 incidents affecting patients at time of reporting
Rate of patient safety incidents resulting in **moderate harm or above**	≤2%	**1.3%**	2.2%	L	Shift	There has been a statistically significant decrease since May 2024. This is in part due to changes to the HAPU grading process from 01.06.24.
Number of patient safety incidents moderate harm and above where **Learning Response not commissioned within 14 days** of reporting.	0%	**2**	25	-	-	This metric only reflects incidents reported after our transition to PSIRF on 01.01.2024. There has been a significant reduction since last report (previously reported 10)
Cumulative number of moderate harm and above patient safety incidents **open after 60 days.**	-	**16**	32	-	-	There has been a decrease in overdue moderate harm and above PSIs (previously reported 39). At time of reporting, there were a further 49 open moderate harm and above patient safety incidents currently under investigation and not yet overdue.

Patient safety incidents (PSIs)

In November there were six severe harm PSIs reported: 3 were related to falls, 2 were related to deteriorating patients. There was one death incident following a delayed diagnosis of cancer (INC16466) - an initial rapid response was presented at SERF & actions agreed.

Patient safety incident investigations (PSIIs)

We currently have five commissioned PSIIs. Latest was commissioned 03.12.24 - Child death on the wards INC 16676

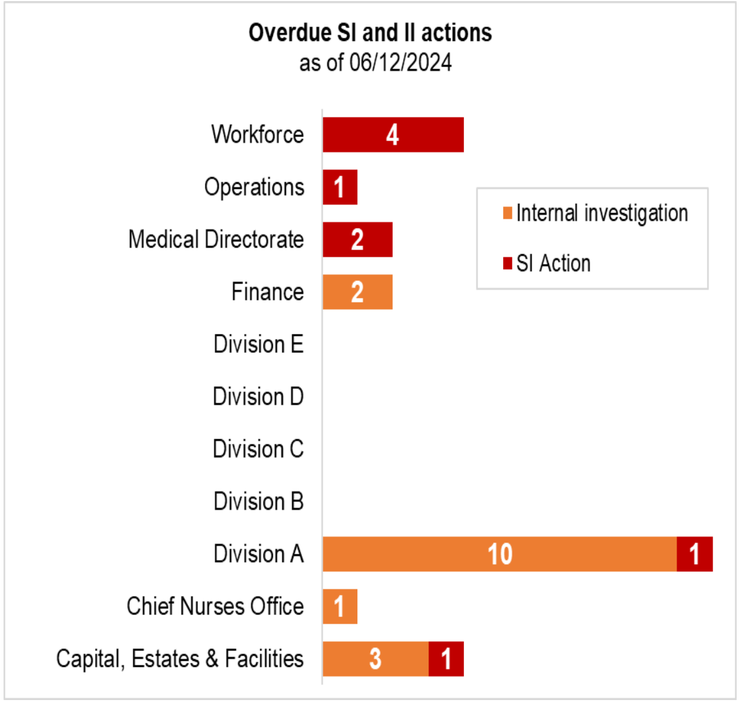
Three of the PSIIs have presented their findings reports to the Safety Improvement Group (SIG) - plans are in place to devise safety action improvement plans. The fourth is on track.

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

There are currently 10 (↓) open SI **actions**, of which 9 (↓) are overdue. Significant improvements have been made within Divisions B-E. Action is required from Estates, Medical Directorate, Operations and Workforce.

There are 17 (↓) open Internal Investigation **actions**, of which 16 (↓) are overdue. Significant improvement has been made within Divisions B-E. Action is required from Division A, Estates, Chief Nurse Office and Finance.

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



Duty of Candour (DOC)

Cambridge University Hospitals NHS Foundation Trust

Summary

At time of reporting, there were 18 (last month 23) overdue cases of Duty of Candour **stage 1:**

- 11 were overdue **by one month or less**
- Six overdue **by 2 - 3 months**
- One overdue **by 4 - 6 months -** INC7585

A breakdown by Divisions can be seen in the graph to the right.

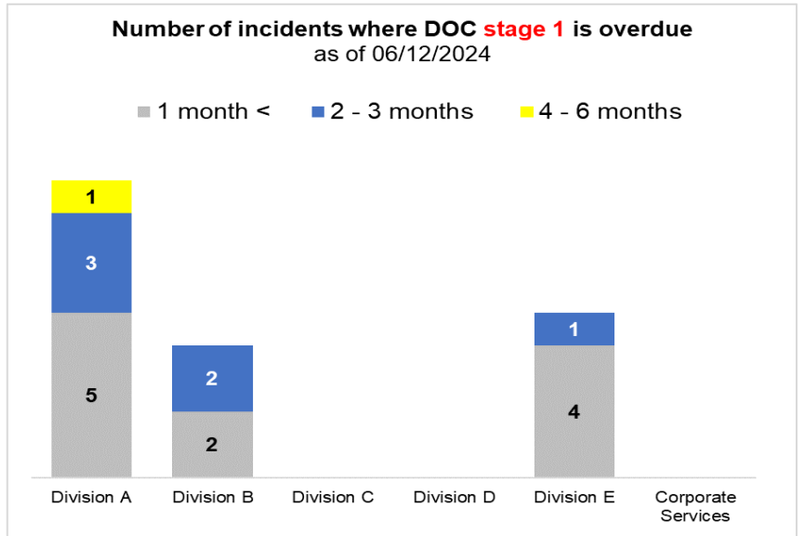
There are 8 (last month 11) overdue cases of Duty of Candour **stage 2**:

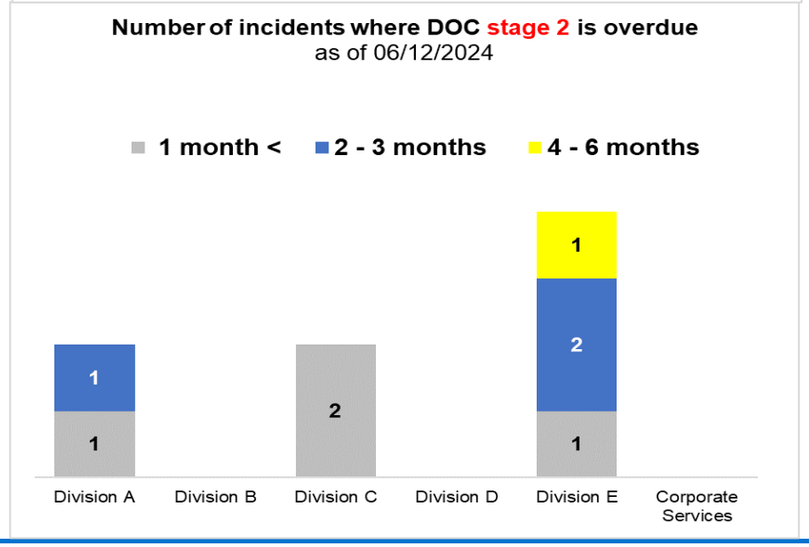
- Four from incidents closed **less than one month ago**
- Three from incidents closed **2 - 3 months ago**
- One from an incident closed **4 - 6 months ago -** INC7748

A breakdown by Divisions can be seen in the graph to the right.

The corporate patient safety team continue to work with divisions to ensure accurate recording of requirements, and addressing outstanding DOC.

Stage 1 *is notifying the patient (or family) of the incident and sending a DOC stage 1 letter.*
Stage 2 *is sharing of the relevant investigation findings (where the patient has requested this response) once closed.*





Author: Jane Nicholson **Owner: Oyejumoke Okubadejo**

Falls

Indicator	Target	Oct-24	Average (Nov 21- Oct 24)	Variance	Special causes	Target status	Comments
Number of **patient falls**	–	**155**	166		-	-	The Trust overall is in normal Variance. This calculation reflects the inclusion of controlled descents.
Rate of patient falls per **1,000 bed days**	–	**3.12**	4.31		-	-	There is currently normal variance in the rate of patient falls per 1000 bed days. Each division is within normal variance
Rate of patient falls resulting in **moderate harm** or above	–	**3.2%**	2.6%		-	-	In November 2024, there were five falls resulting in moderate harm or above; two moderate and three severe. All cases have had a learning responses commissioned. Two incidents occurred in Division C (2.6% of all falls in Division C resulted in harm).
Falls risk screening compliance within 12 hours of admission	≥90%	**95%**	89%	H	SP	P	The Trust met the target in November 2024 and for the last six consecutive months; 39/42 wards/depts. did meet the target.

Summary

The definition for a patient fall incident has been amended to include 'controlled descents'; data has been retrospectively updated. This brings us in line with NICE guidance definition of a fall.

November saw the end of a 7-month upward shift. The number of falls has significantly increased in the last seven months (shift). The rate of inpatient falls per 1,000 bed days as been and remains in normal variance. Each division is in normal variance. Ward T2 has had a continued significant increase in falls within the last nine months (shift).

Highest areas by speciality: DME (23), Neurosurgery (12), Emergency Medicine (12)

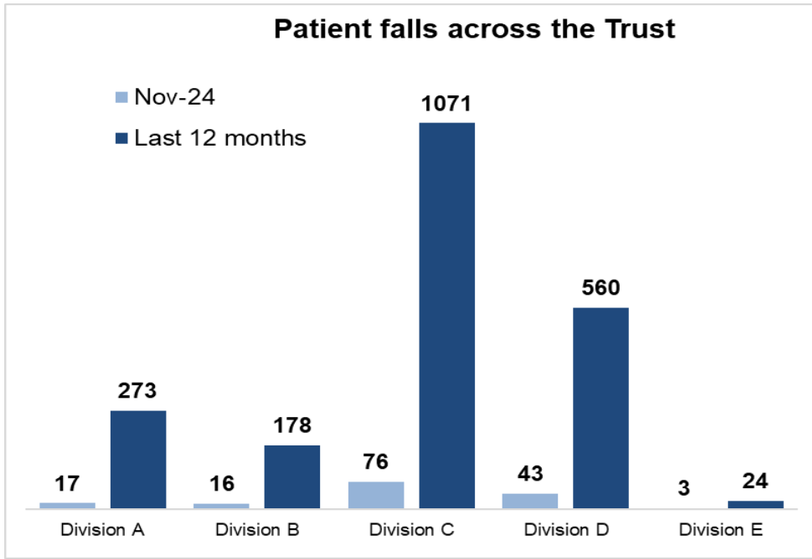
Highest areas by ward: D7 (8), C7 (7), Adult ED (7) and D9 (7). Single high point also noted for Cambridge Dialysis Centre-Fen Ditton (3) and Clinic 9/UTC (4).

The rate of moderate harm and above patient falls is in normal variance, 3.2% in November.

In November the Trust was compliant with the falls risk assessment (95%).

QI update

Ward based QI work has begun on pilot wards F6 (DME) and a findings report is pending. QI diagnostic work will begin on G4 (DME) shortly. QI work is currently focusing on care of the elderly wards in



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

Hospital-acquired tissue damage

Cambridge University Hospitals NHS Foundation Trust

Indicator	Target	Nov-24	Average (Oct-21 - Sept 24)	Variance	Special causes	Target status	Comments
All hospital-acquired pressure ulcers (HAPUs)	-	**37**	37		-	-	There is currently normal variance overall in the Trust. Division B is showing a significant increase (single point) for November (6 falls). All other divisions are within normal variance.
Category 2, 3, 4, mucosal, suspected deep tissue injury, and unstageable HAPUs	-	**31**	26	H	Shift	-	There is a statistically significant increase in the last 7 months for the trust overall. Division B for last 2 months have had a statistically significant high point and Division C has statistically significant high points in the last 2/3 months.
Category 2, 3, 4, mucosal, suspected deep tissue injury, and unstageable HAPUs by **1,000 bed days**	≤0.395	**0.87**	0.74		-	-	There is currently normal variance overall in the Trust. Division C has statistically significant high points in the last 2/3 months,
Heels	-	**12**	10		-	-	There is currently normal variance overall in the Trust.
Medical device related HAPUs	-	**13**	12		-	-	There is currently normal variance overall in the Trust. All divisions are within normal variance.
Pressure Ulcer screening **risk assessment** compliance	≥90%	**91%**	81%	H	SP	F	The compliance target was met in November, there has been a statistically significant increase in the last 9 months. Division A, C, and D met the target. 13/42 wards did not meet the target.
Hospital-acquired **moisture lesions**	-	**34**	21		-	-	There is currently normal variance overall in the Trust.

Summary

All HAPUs overall for the Trust are in normal variance by number and by 1,000 bed days. The group of category 2 and above (2, 3, 4, mucosal, suspected deep tissue injury, and unstageable HAPUs), is showing a statistically significant shift by number but is within normal variance per 1,000 bed days.

Categories reported in November were: 1 (6); 2 (17); 3 (1); 4 (0); mucosal (1); SDTI (8); and unstageable/necrotic (4). Each category is in normal variance.

The highest themes of HAPUs are: category 2s (17); device-related HAPUs (13); by location = ward F6 (6), Speciality = DME (11) and body location of heels (12).

The PU risk assessment compliance target was met in October and November for the first time in over 3 years. Divisions A, C, and D were compliant.

Signs of improvement can be seen in HAPUs associated with: sacrum, NGT, ET tubes, and adult critical care.

Critical care units (adult)

Hospital-acquired **moisture-associated lesions** are in normal variance although November was high (34).

QI update

Audit schedule is being tested in the QI program areas for sliding sheets use, heel protection, and in addition in critical care ET tubes and NG tube care. The HAPU QI program is being

Sepsis

NHS
Cambridge University Hospitals
NHS Foundation Trust

Indicator	Target	Nov-24	Average (Nov-21 - Oct-24)	Variance	Target status
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- **Emergency Department (n15)**	≥95%	**80%**	89%		?
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - **Emergency Department (n15)**	≥95%	**53%**	73%		?
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- **Inpatient wards (n6)**	≥95%	**74%**	83%		?
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Inpatient wards (n6)**	≥95%	**50%**	81%		?
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- **Maternity (n10)**	≥95%	**63%**	63%		F
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Maternity (n10)**	≥95%	**20%**	67%	L	F

Update

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

- The sepsis QI plan has been approved at the December meeting of the Sepsis Action group.
- The measuring and monitoring framework for sepsis will be updated based on newly discussed KPI's when agreed in order to measure compliance in line with the updated national standard.
- Final stages of algorithm development in EPIC to pull a large data set is still underway. The purpose of this is to improve the quality of the compliance data reported.
- Sepsis Education is being reviewed and a new strategy pending from this work.
- Sepsis education has started for FY1 and FY2 and will be ongoing in the curriculum.

VTE

NHS Cambridge University Hospitals NHS Foundation Trust

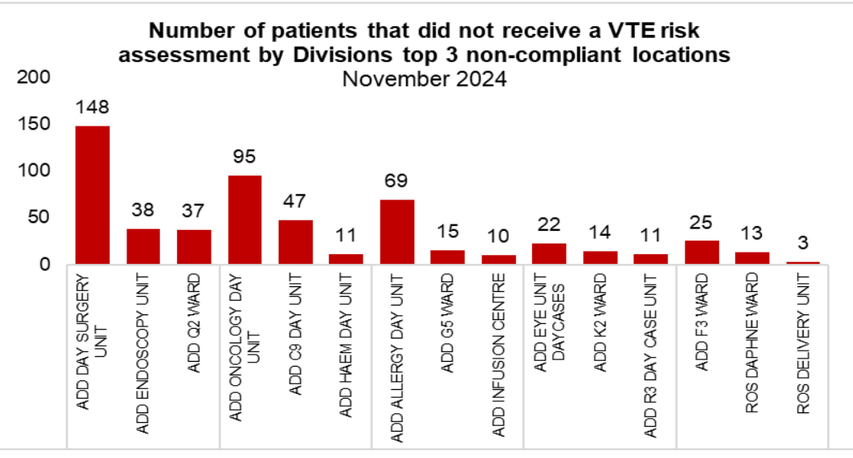
Indicator	Target	Nov-24	Average (Dec-21 - Nov-24)	Variance	Special causes	Target status	Comments
Number of **hospital associated venous thrombosis** (HATS) case reviews at CUH	-	**26**	25		-	-	Currently within normal variance but one case review was judged to be avoidable (INC16512 - Division B - Oncology)
VTE % compliance of patients admitted to CUH who have been risk assessed	≥*95%*	**95.4%**	95.1%		-	?	The Trust met the target for the last six consecutive months. A review of all day case procedures has been completed by clinicians for consideration of Trust approval for group assessment. This may improve compliance further.
VTE % compliance of patients admitted to **Division A wards** who have been risk assessed	≥*95%*	**92.6%**	91.9%	H	Shift	F	There has been a significant improvement in last nine months. The location with the highest number of non-compliant cases was Day Surgery Unit. 16% (148/931) of patients who attended day surgery unit were not risk assessed.
VTE % compliance of patients admitted to **Division B wards** who have been risk assessed	≥*95%*	**94.8%**	94.1%		-	?	The division is currently in normal variance however one case review was judged to be avoidable (INC16512 - Division B - Oncology). The location with the highest number of non-compliant cases was Oncology Day Unit (includes CAU).
VTE % compliance of patients admitted to **Division C wards** who have been risk assessed	≥*95%*	**98.0%**	97.9%		-	P	Currently in normal variance and continuously meeting target. The location with the highest number of non-compliant cases was Allergy Day Unit.
VTE % compliance of patients admitted to **Division D wards** who have been risk assessed	≥*95%*	**92.2%**	91.4%		-	F	Currently in normal variance. The location with the highest number of non-compliant cases was Eye Unit
VTE % compliance of patients admitted to **Division E wards** who have been risk assessed	≥*95%*	**93.9%**	93.4%	H	Shift	?	Improvement is required within the specialties of paediatrics. In November 2024, paediatric patients aged 16-17 years were only 14.7% compliant. The Division, however has seen a significant improvement in last seven months but this metric does not take into consideration antenatal requirements (1 x assessment at any point during the admission)

Summary

The VTE quality improvement group have agreed a series of actions to support compliance with the Trust policy including an update to our policies, a 're-set' of group approved procedures (list of procedures out with clinicians) and support day surgery and pre-operative VTE assessments. The group will also be reviewing paediatric and antenatal requirements. Work is also being done to improve the information patients receive about the risk of blood clots prior to elective admission and at discharge.

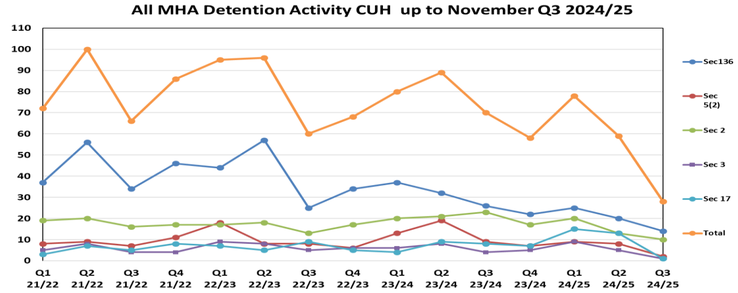
These monthly improvement meetings will be held around the quarterly VTE Quality and Steering Group

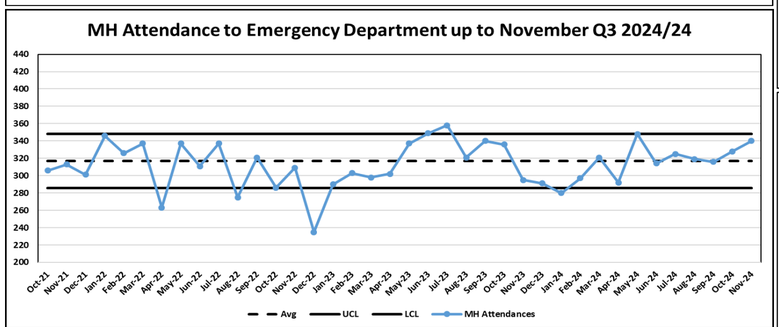
Division	No. admissions	% assessed	No. HATs assessed
A	3856	92.6%	13
B	3173	94.8%	3
C	7588	98.0%	5
D	1649	92.2%	5
E	775	93.9%	0
Trust	17041	95.4%	26

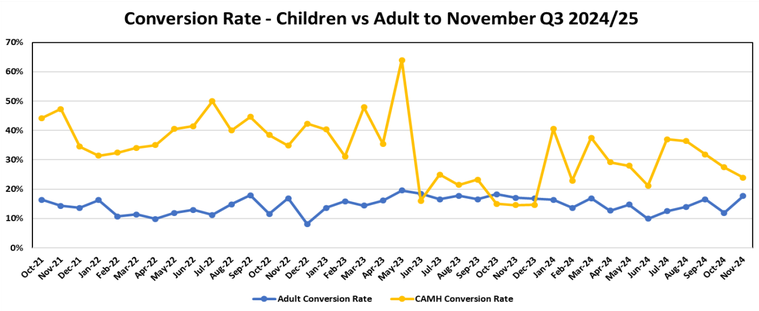


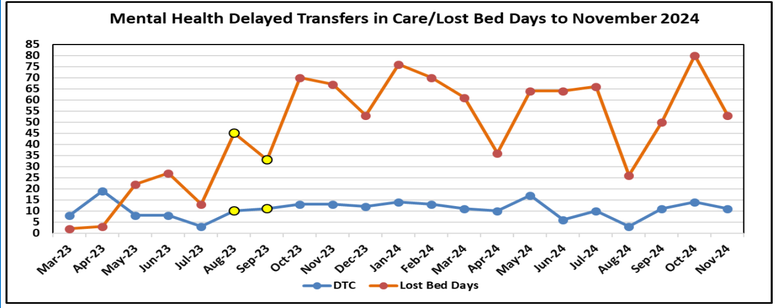
Mental Health - Q3 2024/25 (November)

NHS Cambridge University Hospitals NHS Foundation Trust









Q3 November 2024/25

- Mental Health Act (MHA) total activity at CUH in November 2024 continues to follow a lower trajectory in Q3, over Q2 and Q1 2024/25.

- In October 2024 there were 9 Section 136 MHA presentations to CUH Emergency Department (ED).
  - 78% (7) of section 136 MHA were rescinded on assessment.
  - 11% (1) of section 136 MHA were transferred to another place of safety.
  - 11% (1) section 136 MHA elapsed.

- Mental health presentations to CUH ED in November 2024 were within expected parameters while showing an increase of 3.65%.

- The percentage of presenting child and adolescent mental health (CAMH) patients who were admitted to a CUH ward was 24% in November 2024. This represents the fourth consecutive monthly reduction in conversion to admission ratio.

- Self harm continues to represent the significant majority for CAMH attendance to CUH ED and the reason for admission in November 2024. 33% of CAMH patients presenting with self harm were admitted to CUH.

- The percentage of total presenting adult mental health patients who were admitted to a CUH ward was 17.7%, an increase in the ratio by 6% over October.

Delays in transfer of care (DTC) and lost bed days/ Mental Health Trusts

In November 2024, there were 11 new CUH inpatients with a mental health condition who were medically fit and experienced a delayed transfer of care (DTC) to a mental health bed, representing a total of 53 CUH lost acute bed days.
These patients, were waiting for a bed in one of five trusts.

- Cambridge and Peterborough Foundation Trust (CPFT), 4 patients, 9 days
- Norfolk and Suffolk NHS Trust 1 patients, 2 days
- Essex Partnership NHS Foundation Trust (EPUT) 4 patients, 14 days
- East London NHS Foundation Trust 1 patient, 15 days
- Northampton 1 patient, 13 days

New acceptances	Pre-existing acceptances	Lost bed days	MH Service Provision
7	1	43	Adult Bed
4	0	10	Older Adult bed

Ongoing work

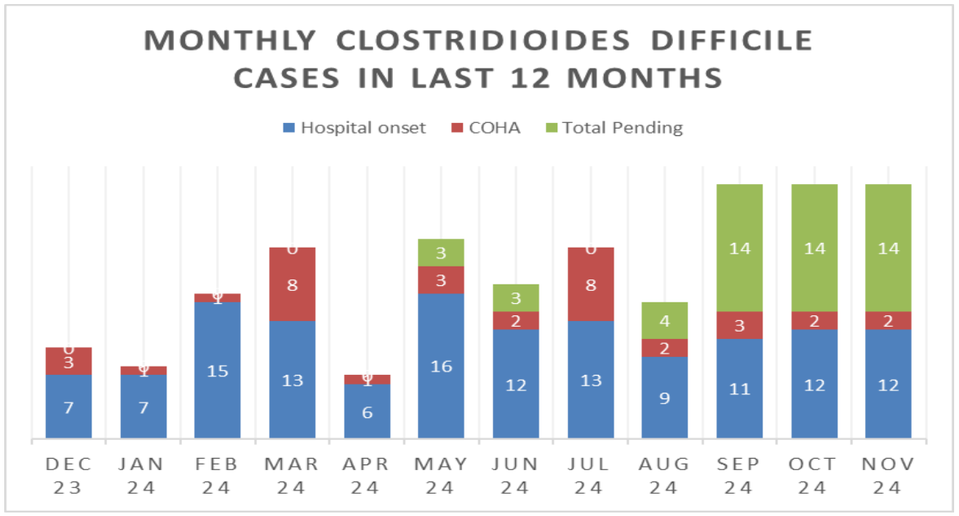
- System partners are currently well engaged in ongoing workshops that focus on the mental health crisis pathway. The aim is to widen the resources available for those experiencing a mental health crisis, to ensure a timely response and appropriate support. This work interfaces with the Right Care Right Person police programme, Phase 3, Section 136 MHA. Where more options are available for those experiencing mental health crisis, it is hoped that the county will see a reduction in the use of section 136 MHA.

- The system partners' work around the review of the section 136 MHA police handover risk assessment and matrix tool continues, with agreement around content that reflects the challenges experienced by acute hospitals. CUH are leading with this review, which will lead to a consistent framework across the county's acute hospitals. Improved and collaborative assessment will lead to increasingly efficient and safe police handover of patients presenting under section 136 MH A to Emergency Departments.
-
- In the new year CUH will work in collaboration with CPFT to improve the quality and safety of transfers to the section 136 suite of those patients presenting to the CUH ED under section 136 MHA.

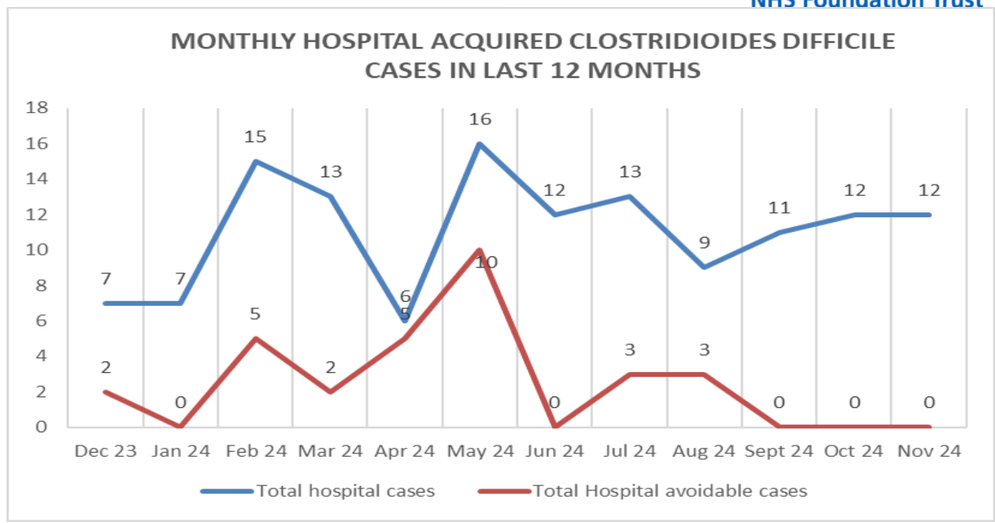
Author(s): Kevin Rowland Owner(s): Lorraine Szeremeta

Infection Control

Cambridge University Hospitals NHS Foundation Trust



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



CUH trend analysis

MRSA bacteraemia ceiling for 2024/2025 is set at no avoidable hospital onset cases.

• 0 cases of hospital onset MRSA bacteraemia in November 2024.
• 7 cases of hospital onset MRSA bacteraemia year to date (6 unavoidable & 0 avoidable, and 0 pending hospital onset MRSA bacteraemia year to date). **1 contaminant case was discussed with the ICB - avoidability cannot be determined for cases such as these, as per ICB.*

C. difficile ceiling for 2024/2025 has been set at 134 HOHA and COHA cases.
▪ 12 cases of hospital onset *C difficile* and 2 COHA cases in November 2024.
• 91 hospital onset cases and 23 COHA cases year to date (36 cases unavoidable, 30 avoidable and 48 pending).

MRSA and C difficile key performance indicators

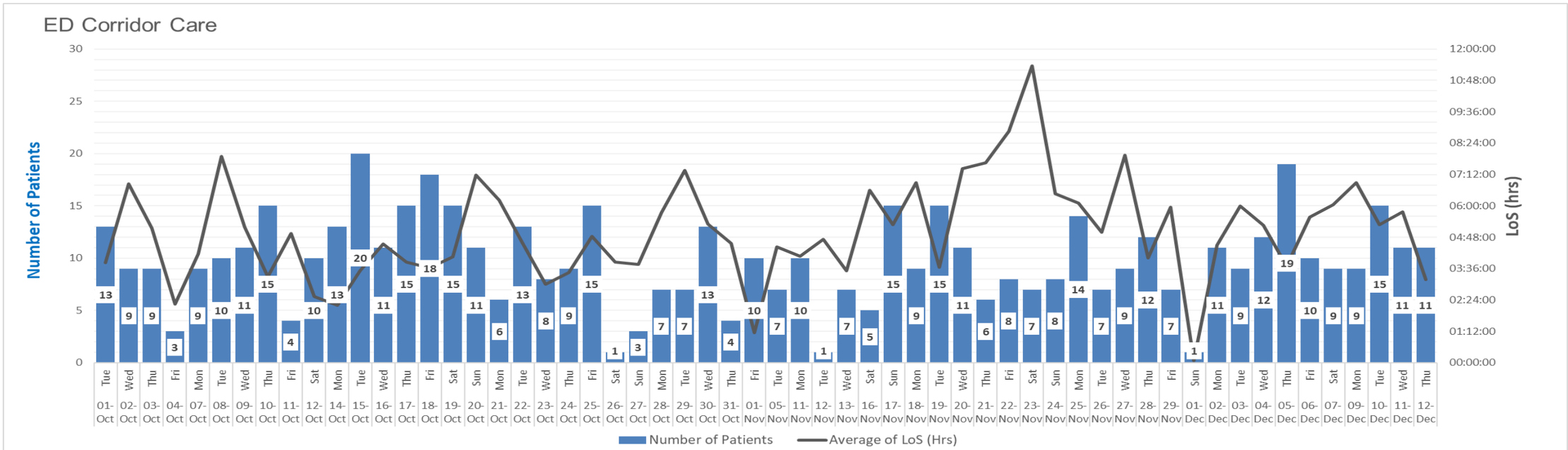
▪ Compliance with the MRSA care bundle (decolonisation) was 72.4% in November 2024 (79.2% in October 2024).
▪ The latest MRSA bacteraemia rate comparative data (12 months to October 2024) put the Trust 6th out of 10 in the Shelford Group of teaching hospitals.

▪ Compliance with the *C. difficile* care bundle was not monitored in November 2024. (Previous score was 83.3% in August 2024)
▪ The latest *C. difficile* rate comparative data (12 months to October 2024) put the Trust 10th out of 10 in the Shelford Group of teaching hospitals.
CUH has been the worst performing trust amongst the Shelford group for the last 4 months.

ED corridor care data

NHS
Cambridge University Hospitals
NHS Foundation Trust

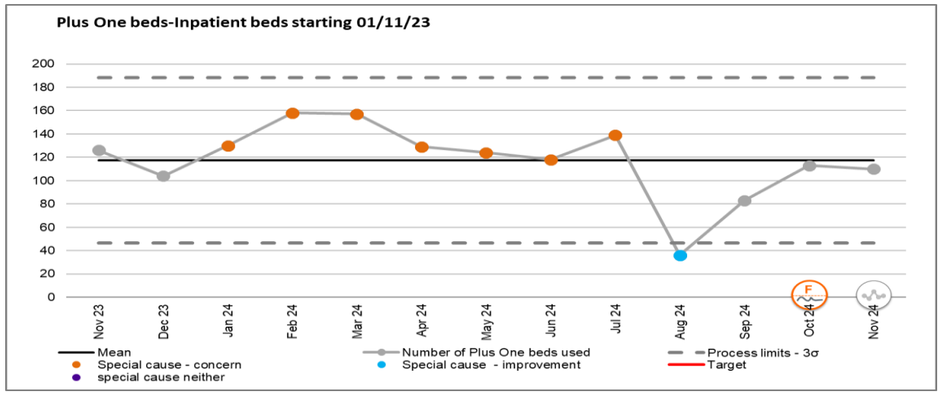
Date	Number of patients (Corridor Care)	LoS (hrs)	Incidents	No Harm	Low Harm
Sep 24	67	06:28:21	0	0	0
Oct 24	282	04:33:42	0	0	0
Nov 24	168	05:50:43	0	0	0
Dec 24	117	04:45:07	0	0	0



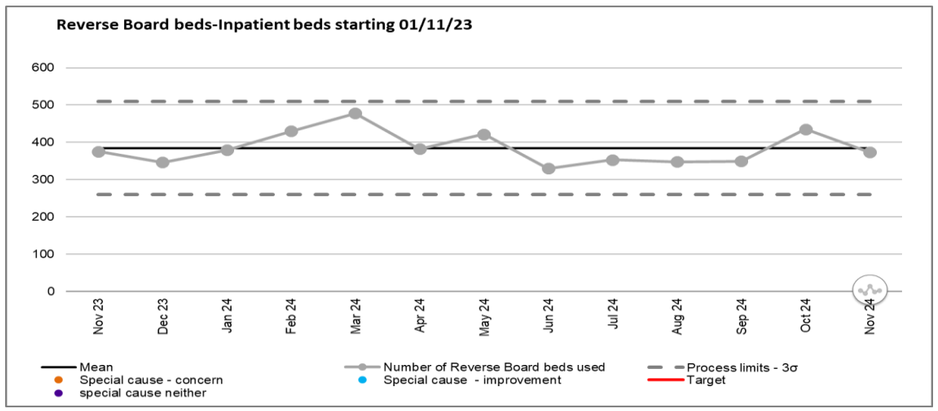
ED Corridor Care – An area within the Emergency Department where clinical care is delivered but is not designed for that purpose

Reverse Boarding / Plus one bed usage

Cambridge University Hospitals NHS Foundation Trust



Date	Number of Plus One beds used	Incidents	No Harm	Low Harm
Dec 23	104	4	3	1
Jan 24	130	8	6	2
Feb 24	158	13	12	1
Mar 24	157	1	1	0
Apr 24	129	4	4	0
May 24	124	5	4	1
Jun 24	118	9	9	0
Jul 24	139	12	12	0
Aug 24	36	4	4	0
Sep 24	83	9	9	0
Oct 24	113	21	0	0
Nov 24	110	10	0	0



Date	Number of patients Reverse Boarded on inpatient wards	Incidents	No Harm	Low Harm
Dec 23	346	1	1	0
Jan 24	379	2	2	0
Feb 24	430	3	3	0
Mar 24	478	5	5	0
Apr 24	382	1	1	0
May 24	422	0	0	0
Jun 24	330	1	1	0
Jul 24	353	1	1	0
Aug 24	348	0	0	0
Sep 24	349	0	0	0
Oct 24	435	0	0	0
Nov 24	373	0	0	0

Plus ones – the placement of one additional bed in a defined clinical area for a patient above the areas normal capacity. It is expected that the patient will remain in this bed overnight
Reverse Boarding – the practice of moving a clinically stable patient from the bed space to a suitable area on the ward. This may be in a bed or chair in a dayroom or corridor to allow for a new patient admission, usually from the Emergency Department/assessment areas.

4HR Performance

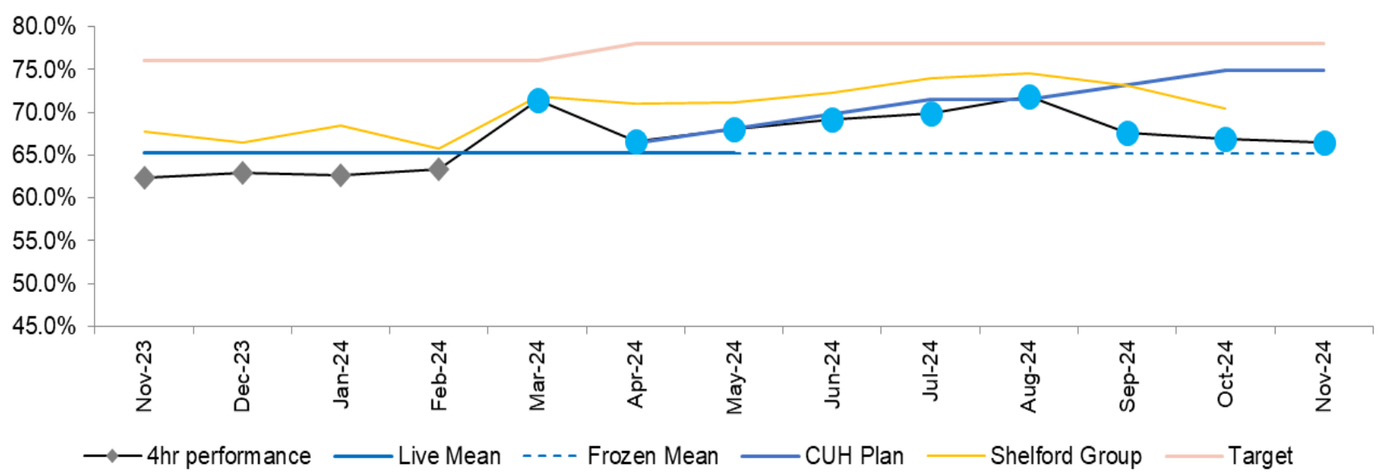
NHS
Cambridge University Hospitals
NHS Foundation Trust

Nov-24	Plan
66.5%	74.9%

SPC Variance
Positive special cause variation

Shelford Group Median Avg (Nov-24)
69.7%

Three Month Plan		
Dec-24	Jan-25	Feb-25
74.9%	74.9%	76.6%



Highest breaches by specialty

Specialty	Performance	4hr Breaches
Medicine	29.4%	1,867
Emergency	63.8%	1,853
Paediatrics	43.9%	338
Orthopaedics	18.9%	257
Surgery	45.6%	247

Updates since previous month

1) Performance deteriorated from 66.9% in October to 66.5% in November. This compares to 61.5% in November 2023.
2) CUH ranked 73rd out of 119 trusts nationally for 4hr performance in November compared to 77th in October and 83rd in September and places us in the upper third quartile.

Current issues

1) CUH ED attendances rose by 2.9% compared to November 2023, equivalent to a year-on-year rise of 12 extra patients/ day
2) Outflow from the department continued to be compromised due to high in levels of occupancy in medical inpatient beds and the impact of bed closures due to infection. This will be addressed through adherence to IPS/ RIO focus area.

Key dependencies

1) Demand is a key factor in performance and we continue to maximise the utilisation of the UTC and other alternatives to ED to manage lower acuity patients
2) Timely outflow of admitted patients is crucial to free up assessment space and reduce 4hr breaches
3) Good flow through and off assessment units and to SDEC areas is a key factor in delivery of our performance
4) System-wide, consistent IPC policy and standards agreement in discussion (also linked to Winter Plan) via C&P ICB to maintain minimum disruption due to closed/restricted beds.

Future actions

1) The Flow Improvement programme & actions set out in the Winter Plan will support a reduction in Exit Block from the ED and the MAU, which will in turn support improvements in 4-hour performance.
2) Key Winter plan actions:
• Rolling overnight pull from ED to MAU (2 pts/hr).
• Discharge Lounge expansion (x3, Medical, Surgical & trolley)
• Enhanced daily site management through Winter Flow Command Centre.
• Additional medical inpatient capacity open 01/12 & +12 beds 27/12 to 06/01
• Increased Virtual Ward capacity & pathways (25% as result of LoS reduction)
• Turnover of non-infected patients on N2 to enable constant side room availability
• Daily IPC meeting through winter to review IPC, capacity pressures etc.

Author(s): Brad Lintern **Owner(s): Jon Scott**

Ambulance Handovers > 60 minutes

NHS Cambridge University Hospitals NHS Foundation Trust

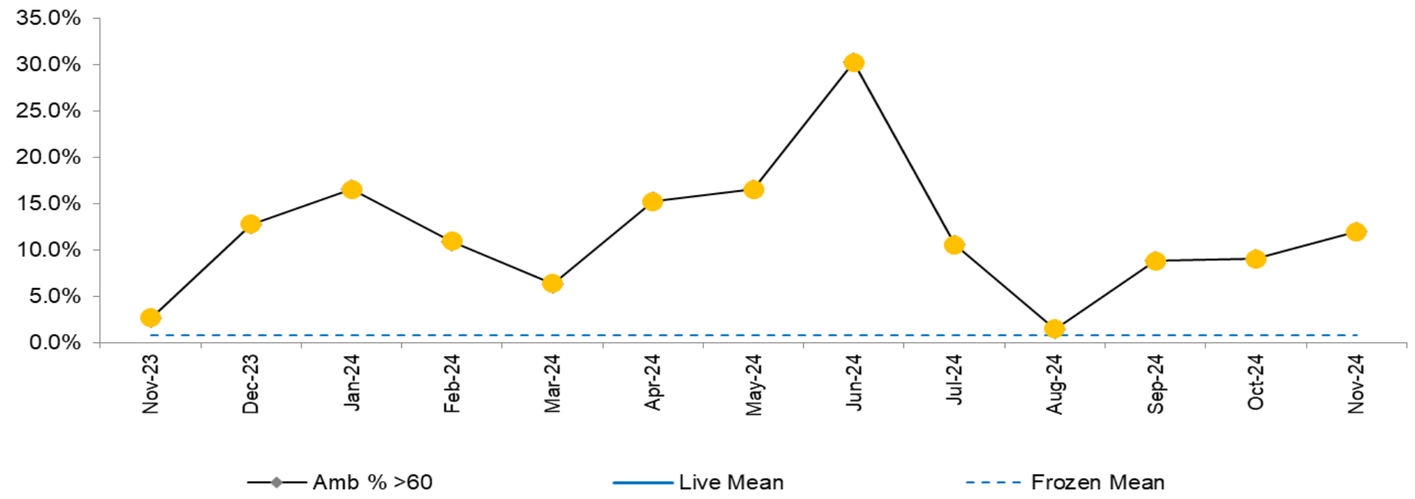
Nov-24	Target
11.97%	0

SPC Variance

Negative special cause variation

East of England > 60 minutes

Trust	Performance
Bedford	4%
Southend	5%
Basildon & Thurrock	6%
Broomfield	7%
Watford	8%
CUH	12%
Hinchingbrooke	12%
Milton Keynes	12%
West Suffolk	13%
L&D	14%
QEH	15%
RPH	18%
Lister	19%
Ipswich	21%
N&N	24%
Colchester	28%
Peterborough	35%
James Paget	35%
PAH	37%



Updates since previous month

1) 12% of ambulance handovers took place in more than 60 minutes during November, an deterioration compared to 9% in October & above our target of 0%. Av. amb offload time in November was 32 mins compared to 25 mins in October. This placed CUH top third in the Region.

Current issues

1) Resilience in ambulance offload performance remains low and is impacted by an accumulation of bedded patients in the ED and Assessment units as a result of high occupancy levels in medical inpatient beds. These pressures are typically highest on a Tuesday, which is when ambulance handover performance is usually at its worst.
2) "Current issues" affecting the 4-hour standard on page 13 all applied to Ambulance Handovers

Key dependencies

1) Timely ambulance offloads require availability of appropriate assessment spaces which in turn are impacted by outflow from the ED to in-patient beds
2) We have seen that factors affecting patient flow directly impact Ambulance handover performance. The biggest influencers are bed closures due to infection & inconsistent discharge performance across the weekdays & weekends.
3) Access to Rapid Handover Spaces remain constrained by MAU congestion

Future actions

1) The ambition for 2024/25 is to reduce offload delays to the much lower levels seen during the first half of 2023/24 (<1%). Improvements in in-patient flow will support this via the reduction in levels of exit block from the ED
2) Engagement with EEAST to drive up Call Before Convey crew compliance to minimise inappropriate conveyances to ED.
3) application of learnings from peer site visits and NHSE Rapid Improvement Offering (RIO) support

Author(s): Brad Lintern **Owner(s): Jon Scott**

Overall fit test compliance for substantive staff

NHS
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NHS Foundation Trust

Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected
Add Prof Scientific and Technical (Pharmacists only)	-	-	-	1	1	100%	98	56	57%	-	-	-	-	-	-	-	-	-	99	57	**58%**
Additional Clinical Services	1	0	%	273	148	54%	71	41	58%	149	99	66%	99	62	63%	82	39	48%	675	389	**58%**
Allied Health Professionals	-	-	-	59	23	39%	15	0	%	-	-	-	-	-	-	1	0	%	75	23	**31%**
Estates and Ancillary (Porters and Security Personnel only)	129	62	48%	-	-	-	-	-	-	-	-	-	-	-	-	1	0	%	130	62	**48%**
Medical and Dental	-	-	-	279	49	18%	-	-	-	219	65	30%	163	12	7%	240	41	17%	901	167	**19%**
Nursing and Midwifery Registered	-	-	-	731	510	70%	5	2	40%	307	181	59%	157	114	73%	390	227	58%	1590	1034	**65%**
Total	130	62	**48%**	1343	731	**54%**	189	99	**52%**	675	345	**51%**	419	188	**45%**	714	307	**43%**	3470	1732	**50%**

The data displayed as of 3/12//24. This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirest, student Nurses, AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place on a regular basis. These leads provide assurance on compliance and maintain fit test compliance records. Fit test compliance for Bank and Agency staff working in 'red' areas is checked at the start of each shift and those not tested to a mask in stock are offered fit testing and/or provided with a hood. Security and Access agency staff are not deployed to 'red' areas inline with local policy.

Division A, B and C have just over 50% of their staff compliant with mask fit testing, with Division D and E with just over 40%, with an overall compliance of 50%. Nursing and Midwifery are the staff group with the highest compliance (65 %).

Referral to Treatment > 65 weeks and > 78 weeks

NHS
Cambridge University Hospitals
NHS Foundation Trust

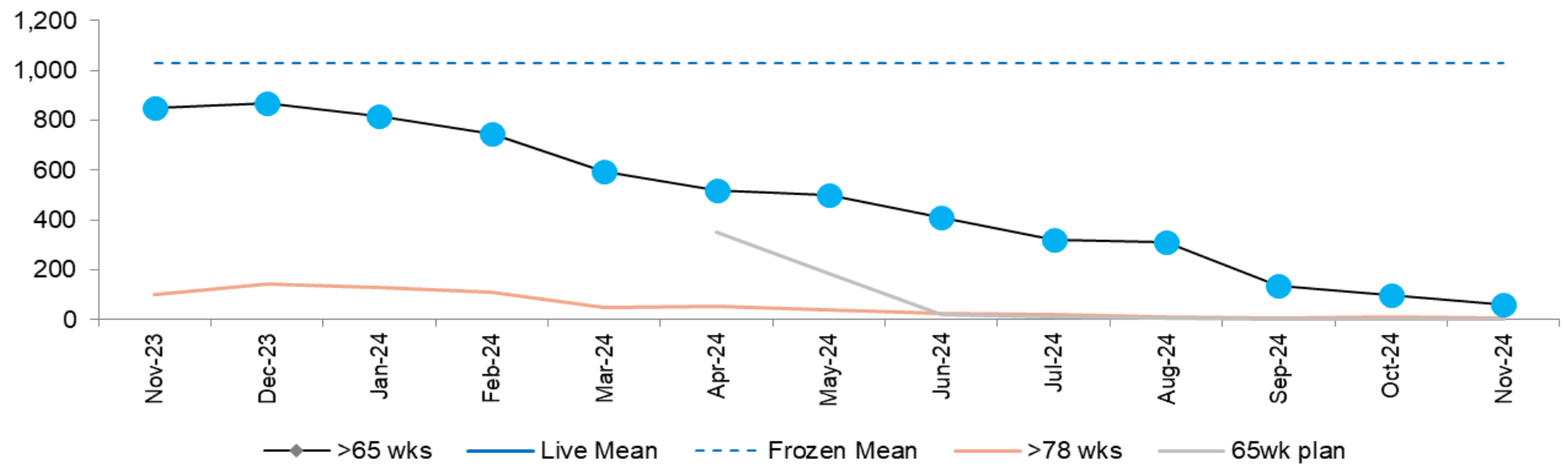
65+ Weeks	
Nov-24	**Plan**
62	0

SPC Variance
Positive special cause variation

% of WL over 65 weeks (Oct-24)	
CUH	0.15%
Shelford Group	0.31%

Three Month Plan (65+ wks)		
Dec-24	**Jan-25**	**Feb-25**
0	0	0

Divisional Performance		
Division	**65+ weeks**	**78+ weeks**
A	4	0
B	4	0
C	2	0
D	44	6
E	8	0
Trust	**62**	**6**



Updates since previous month

One >104 breach in November. Late referral from the Community ENT service. Now treated.
Six >78 week waits. Three of these were referred to CUH after week 78.
> 65 weeks decreased by 38% to 62. Dermatology (16) had the highest volume, then Ophthalmology (11, of which 9 were corneal grafts). Twelve other specialties with less than 5.

Current issues

>65 week proportion of the total waiting list remains lower than Shelford group and EoE averages.
We are currently forecasting to reduce to 49 by the end of November, across 12 specialties:
12 Capacity (predominantly OMFS and Dermatology due to competing cancer demand)
15 Patient choice (declined plans in time)
14 complex cases requiring tertiary specialist care
7 Unfit
1 Corneal graft tissue supply

Key dependencies

Financial support for weekend initiatives for high risk specialties which is becoming increasingly challenging in the financial climate.
Recruitment to medical workforce vacancies
Theatre efficiency and surgical bed protection.
Independent Sector in ENT
Continuation of Insourcing OMFS and Gynae.
Scaling up of teledermatology to reduce cancer demand.

Future actions

Three large specialties have seen no improvement in >52 week waits this year to date, increasing their risk to sustaining a 65 week maximum. Urology have seen >52 week waits increase by 44%, and OMFS and Ophthalmology have seen no reduction. Had these three specialties reduced at the average rate of others the Trust overall >52 week wait volume would be on plan.
These services have been asked to put forward proposals for how this can be addressed in Q4.

Author(s): Linda Clarke **Owner(s): Jon Scott**

Referral to Treatment Total Waiting List

NHS Cambridge University Hospitals NHS Foundation Trust

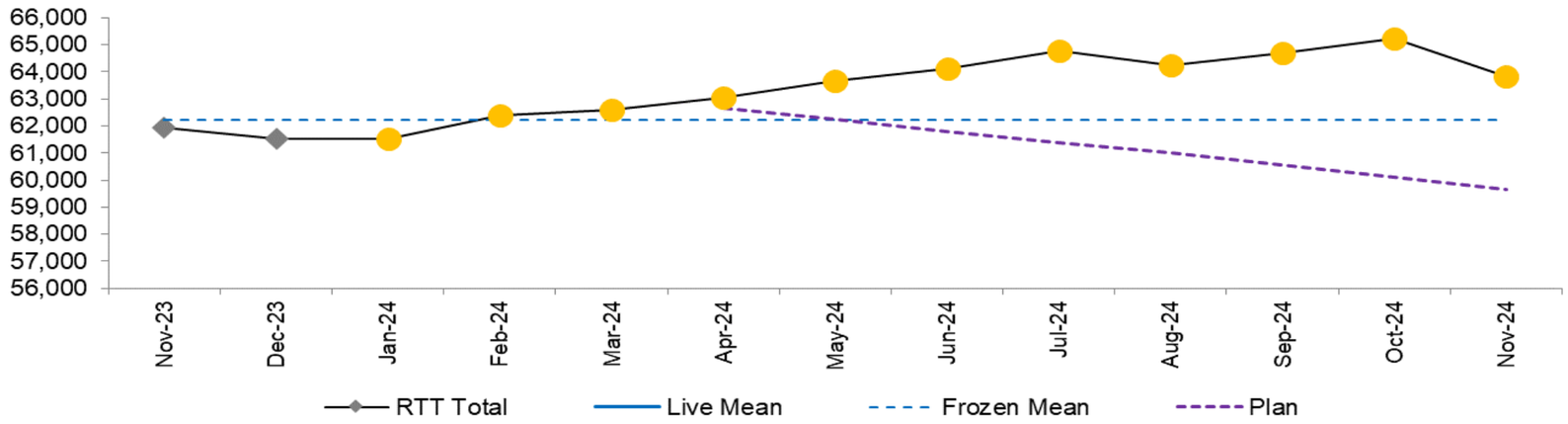
Nov-24	Plan
63,827	59,653

SPC Variance
Negative special cause variation

Change in WL: Oct-24 vs. Sep-24	
CUH	+0.79%
Shelford Group	-0.88%

Three Month Plan		
Dec-24	Jan-25	Feb-25
59,340	58,902	58,465

Waiting list by division	
Division	Total Waiting List
A	12,095
B	7,931
C	5,091
D	30,305
E	8,405
Other	0
Trust	**63,827**



Updates since previous month

The RTT Total waiting list reduced by 1,391 (-2.1%).
Variance to plan reduced to 4,160 (7%)
Clock start demand joining the waiting list is now 2,704 above plan YTD (2.2%), 6.4% higher than Apr-Nov 2023.
Total treatments exceeded plan in month, reducing the variance YTD to 1,984 (-1.8%). Treatments are 8.9% higher than same period in 2023.
The non-admitted cohort of the waiting list represents 82.7% of the total.

Current issues

Those awaiting first appointment decreased for the first time in ten months by -1.5%, but still equate to 65% of the total.
Clock start growth being at 6.4% higher than last year is a significant risk to waiting list reduction efforts and the challenge of no growth financially.
The growth rate in Cardiology specifically has been escalated to the ICB. A material shift was identified in October, and for the past 3 months clock starts are 39% higher than the same period last year.

Key dependencies

Demand (clock starts) reduces to within plan
Outpatient and elective activity plans are met
Productivity and transformation of pathways accelerate with pace.
Resilience in administrative and clinical capacity to support pathway validation.

Future actions

Still awaiting the output of Regional review of demand growth for comparison with other ICBs
ICB Task and Finish Group on Referral Optimisation will commence on 16th January to interrogate the drivers of demand and actions required.
NHSE Demand and Capacity Training provided by National team in December for all Operational Managers and Deputy Operational Managers. Six staff also trained as trainers. National Improvement team will support analysis in Cardiology, Urology and Gynaecology in January.

Author(s): Linda Clarke **Owner(s): Jon Scott**

Cancer - 28 day faster diagnosis standard

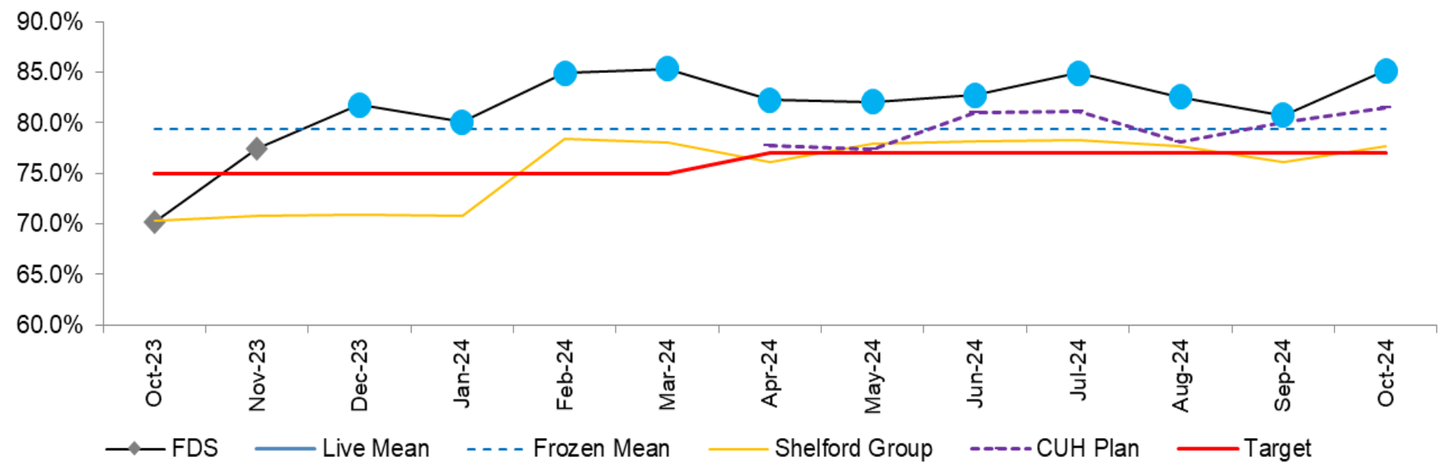
NHS Cambridge University Hospitals NHS Foundation Trust

Oct-24	Target
85.1%	77.0%

SPC Variance
Positive special cause variation

Shelford Group Median Avg (Oct-24)
77.7%

Three Month Plan		
Nov-24	Dec-24	Jan-25
80.8%	79.2%	76.8%



Cancer Site Overview

Site	Performance	Breaches
Skin	78.3%	187
Lower GI	82.2%	58
Gynaecological	89.2%	25
Head & Neck	86.4%	39
Urological	76.6%	48
Breast	97.7%	14
Haematological	66.7%	4
Sarcoma	50.0%	17
Upper GI	85.7%	4
Lung	97.2%	3
Childrens	76.5%	8
CNS/Brain	90.0%	2
Testicular	100.0%	0
Total	**85.1%**	**409**

Updates since previous month

In October CUH sustained above forecast FDS performance which is also above the National target for 2024/25 of 77%.
Urology, LowerGI and Gynae are above the 24/25 national requirement which was set below the overall target of 77%. Skin are required to achieve 85% and are improving performance month on month with a trajectory of December to achieve 85%, this is still on track to achieve.
Pathology turn around times have remained in line with target following their recovery in previous months

Current issues

The FDS performance is very dependent on delivering rapid access to first appointment as a one stop diagnostic appointment. Capacity for these appointments has remained a challenge for skin however waiting time for this appointment is reducing and is now less than 20 days.
Prostate continues to have increased referrals and additional adhoc capacity remains in place and the team continues to have above target FDS performance.
C&P ICB ranked fourth in England for FDS performance in October, this is due to the sharing of best practice across the system and improvements made at NWAFT. CUH is top performing trust in EoE..

Key dependencies

Pathology turn around times remaining above 50% in 7 days
Sustained capacity within the skin pathway to meet demand for first appointment.
Improved capacity for one stop diagnostic clinics within the first 7 days following referral (internal target 50%)

Future actions

Continued focus on improving the number of first appointments within 7 days, especially in high volume specialities.
Skin continue to increase Teledermatology capacity to support rapid access and now have the service in the CDC
Focus on the one stop appointment within 7-14 days from referral
Continued additional MRI and prostate biopsy capacity until referral levels return to average levels.

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

NHS
Cambridge University Hospitals
NHS Foundation Trust

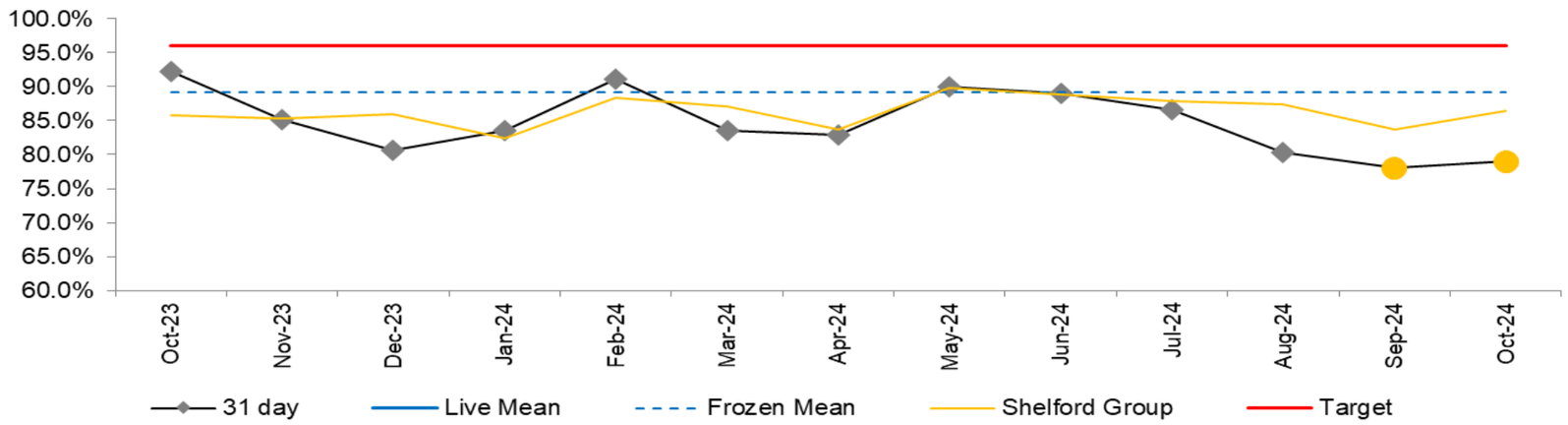
	Oct-24	Target
Combined	79.0%	96.0%

SPC Variance
Normal variation

Shelford Group Median Avg (Oct-24)	
Combined	86.5%

Cancer Site Overview as of 17/12/2024

Site	Backlog
Breast	85
CNS/Brain	1
Gynaecological	6
Head & Neck	0
Haematological	0
HPB	2
Lower GI	0
Lung	5
Childrens	0
Sarcoma	0
Skin	29
Testicular	0
Upper GI	3
Urological	38
All	169



Updates since previous month

Performance reduced further to 79% with workforce constraints in radiotherapy and capacity for surgery remaining the key issues.
880 patients were treated in October, of which 185 waited >31 days: 141 treated with radiotherapy and 124 surgery.
Surgery breaches averaged a 45 day wait with Skin accounting for 45%, Prostate 13% and Kidney 11%.
Radiotherapy breaches averaged a 46 day wait, patients with breast cancer diagnosis accounted for 60% of patients with a delayed treatment

Current issues

Radiotherapy performance further deteriorated as expected. From July breaches are forecast to increase and remain high until the end of the financial year, recovery is forecast from April 25 providing recruitment is successful.
C&P ICB is currently third worst performing in England for 31 days largely due to the performance at CUH.
Capacity is the reason for 96.6% of the surgical treatment cohort. Skin and Urology continue to have the highest backlog although skin have made significant progress in the last month to reduce their backlog to achieve recovery by the end of December.

Key dependencies

Ongoing prioritisation of theatre scheduling to cancer surgery.
Positive recruitment to Radiotherapy vacancies and approval for agency workforce to support recovery
Engagement from clinical teams to undertake additional activity / respond flexibility to available capacity.
Continued use of Independent sector to support Breast.

Future actions

Radiotherapy recovery trajectory and associated actions in place; if all actions can be achieved and demand does not increase further recovery would be in April 25.
Skin continue to undertake waiting list initiatives to reduce backlog for surgery, this will continue for the remainder of the financial year.
Further discussions with the kidney team on refocusing backlog reduction via additional surgical lists.

Author(s): Claire Gilby **Owner(s): Jon Scott**

Cancer - 62 days combined referral to treatment

NHS Cambridge University Hospitals NHS Foundation Trust

Oct-24	Target
71.5%	70.0%

SPC Variance

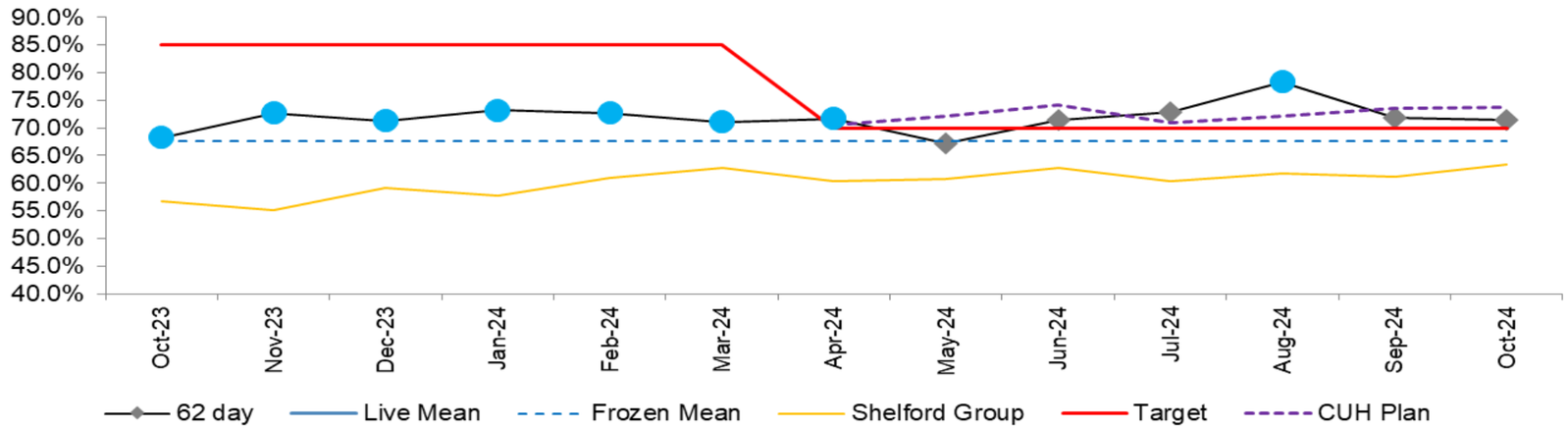
Positive special cause variation

Shelford Group Median Avg (Oct-24)

63.3%

Cancer Site Overview as of 17/12/2024

Site	Backlog
Breast	3
CNS/Brain	2
Gynaecological	22
Head & Neck	11
Other Haem Malignancies	2
Lower GI	17
Lung	10
NSS	0
Upper GI	4
Urological	38
Sarcoma	4
Skin	31
HPB	28
Childrens	0
Symptomatic Breast	0
All	172



Updates since previous month

Performance remains above the 70% national requirement for 2024/25, and is forecast to remain above 70% for November.
263 patients were treated in October of which 75 waited longer than 62 days. 49 were shared pathways with referring Trusts, of which 37 we were unable to treat within 24 days.
21% of breaches were LGI, 20% Urology, 14.4% Skin, 11.5% Gynae. Of the patients that could not be treated in 24 days 54% required surgery, 29% radiotherapy.

Current issues

Of the 55 CUH only pathways in October, 12% were noted to have complex pathways involving multiple cancer sites/non standard pathways and/or medical delays not related to their cancer pathway.
Urology and HPB have had an increase in their backlog in the last week; both are specialities with a large proportion of referrals from regional trusts.
Gynae continue to have a higher than forecast backlog and breaches, the team are strong performers for the FDS target therefore a deep dive into the pathway will be carried out in January.

Key dependencies

Continuing achievement of 28 day FDS
Pathology turn around times remaining above 50% in 7 days and 90% in 21 days particularly in urology and skin.
Compliance with the Inter provider transfer policy, including all diagnostics being completed prior to tertiary referral, and a reducing rate of late referrals.
Internal escalation in line with agreed operational policy.
Treatment capacity within 24 days

Future actions

Internal escalation in line with agreed operational policy.
Clinical review of all patients waiting 104+ days to understand level of clinical risk and further actions that can be taken to expedite pathways to continue with oversight from Cancer Board.
Gynae pathway deep dive.

Diagnostic Performance

NHS Cambridge University Hospitals NHS Foundation Trust

Nov-24	Plan
23.2%	18.5%

SPC Variance

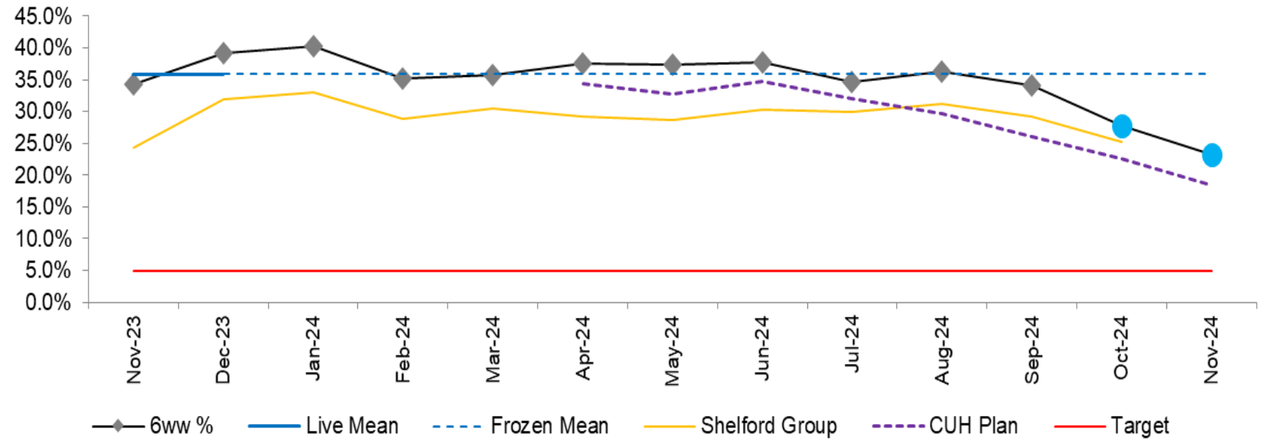
Positive special cause variation

Shelford Group Median Avg (Oct-24)

25.2%

Three Month Plan

Nov-24	Dec-24	Jan-25
18.5%	16.6%	13.2%



Modality overview

Modality	% >6wks	Breaches
Echocardiography	63.4%	1913
Non obstetric ultrasound	7.3%	128
Audiology	29.5%	145
Magnetic Resonance Img'	4.3%	56
DEXA Scan	7.9%	45
Computed Tomography	0.2%	2
Urodynamics	33.5%	56
Neurophysiology	0.0%	0
Cystoscopy	3.8%	6
Gastroscopy	1.3%	8
Colonoscopy	0.1%	1
Respiratory physiology	3.9%	3
Barium Enema	3.8%	2
Flexi sigmoidoscopy	1.6%	2
Total		**2367**

Updates since previous month

November was a strong month for 6wk diagnostic performance, improving to 23.2%.
The total waiting list decreased by -314 and the >6ww cohort reduced by 19% (-553).
Nine modalities delivered < 5% over 6 weeks.
Audiology and Echocardiography had the most significant improvement this month.

Current issues

Echo remains the highest risk being 81% of the Trust total backlog. The current improvement trajectory has been at a rate to deliver to 18% by year end as per the planning submission. The team have now had resignations from 3 bank staff who delivered >200 scans per month.
Dexa deteriorated further this month due to the potential equipment risk for patients with implantable medical devices.
Audiology staffing position will deteriorate from January back to a 20% vacancy rate.

Key dependencies

Ongoing use of Insourcing for Echocardiography and Endoscopy.
Agency/locum staffing and enhanced bank rates whilst recruiting
Continued delivery of ICB capacity for Direct Access Community Ultrasound to manage demand.
Achieving planned activity levels at the CDCs .

Future actions

Options for Mutual are being explored to mitigate the loss of staff in Echo. NWAFT may have staff who can support prior to their CDC opening, and the possibility of a further cohort of 100 scan to be undertaken at RPH is being discussed.
Honorary contracts are now in place to facilitate the Dexa support at Royal Papworth, but this won't commence in December.
Weekend bank shifts continue to be authorised for Audiology.
Audiology are also reviewing newly published NHSE guidance for Diagnostic Waiting Times in their modality.

Author(s): Linda Clarke **Owner(s): Jon Scott**

New Outpatient Attendances - % vs. Plan (consultant led, specific acute)

NHS
Cambridge University Hospitals
NHS Foundation Trust

Nov-24	Plan
82.8%	N/A

SPC Variance

Negative special cause variation

Shelford Group Median Avg (Oct-24)

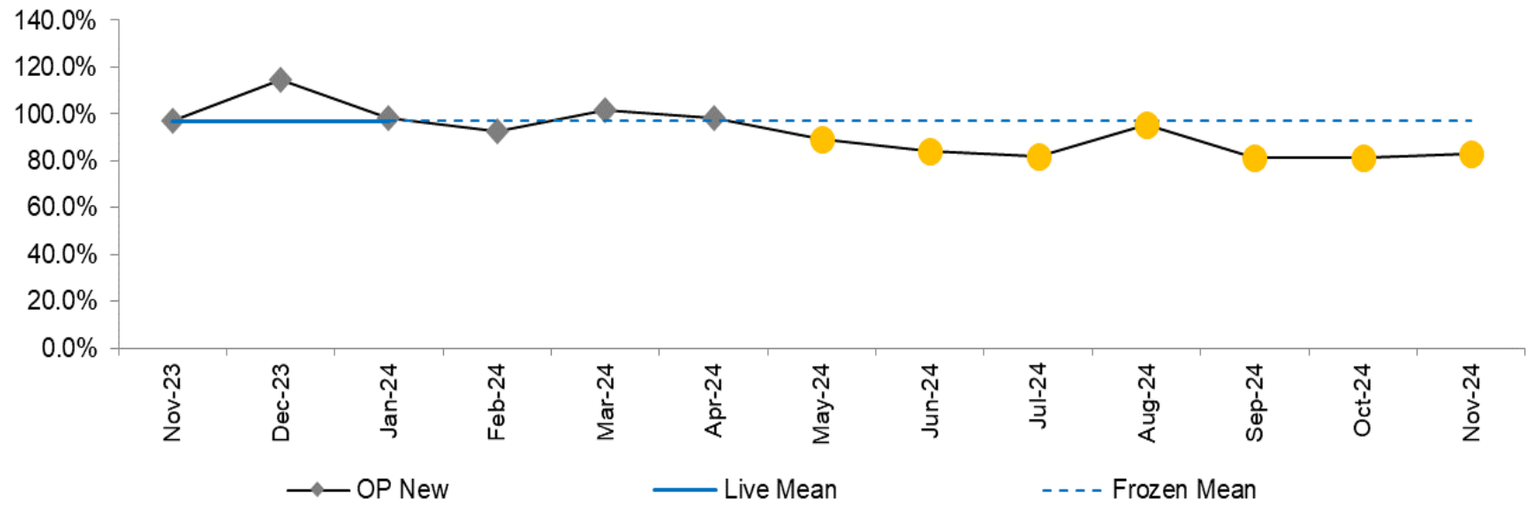
N/A

Three Month Plan

Dec-24	Jan-25	Feb-25
N/A	N/A	N/A

Divisional overview

Division	Performance
A	78.1%
B	80.5%
C	87.2%
D	82.9%
E	92.6%



Updates since previous month

The Trust continues to perform poorly this month at just 83% of planned activity with Division E being the best at 93%. By specialty the worst performers were General Medicine at just 9% of plan, Paediatric Medical Oncology at 71% and OMFS at 76%. The best performing large specialty was Cardiology with over 200% above plan.

Current issues

Outpatients income against plan continues to fall, now at £5,013,587 below plan year-to-date. Growth in referral numbers is high at 9% compared to the same period last year, and is over 12% for Cambridge and Peterborough ICS. Lack of digital resource to support outpatient transformation. Pace of change to new ways of working is too slow e.g. PNP (Patient Not Present)

Key dependencies

C&P support for referral optimisation to help reduce demand EHospital resources made available to support Outpatient transformation. Reducing the lengthy process for clinical staff recruitment to ensure minimum gaps in clinical capacity Consultant job plans aligned with clinic templates to maximise utilisation

Future actions

Services urged through OTB to accelerate speed of change. Space for new appts can be released by reducing number of follow ups via PIFU, Remote Clinical Review (RCR, formerly PNP) and pathway redesign. Reduce new appt volume e.g. referral optimisation and triage pathways; reduce waiting list: e.g. data quality – waiting list validation of duplicate referrals.

Author(s): Andi Thornton Owner(s): Jon Scott

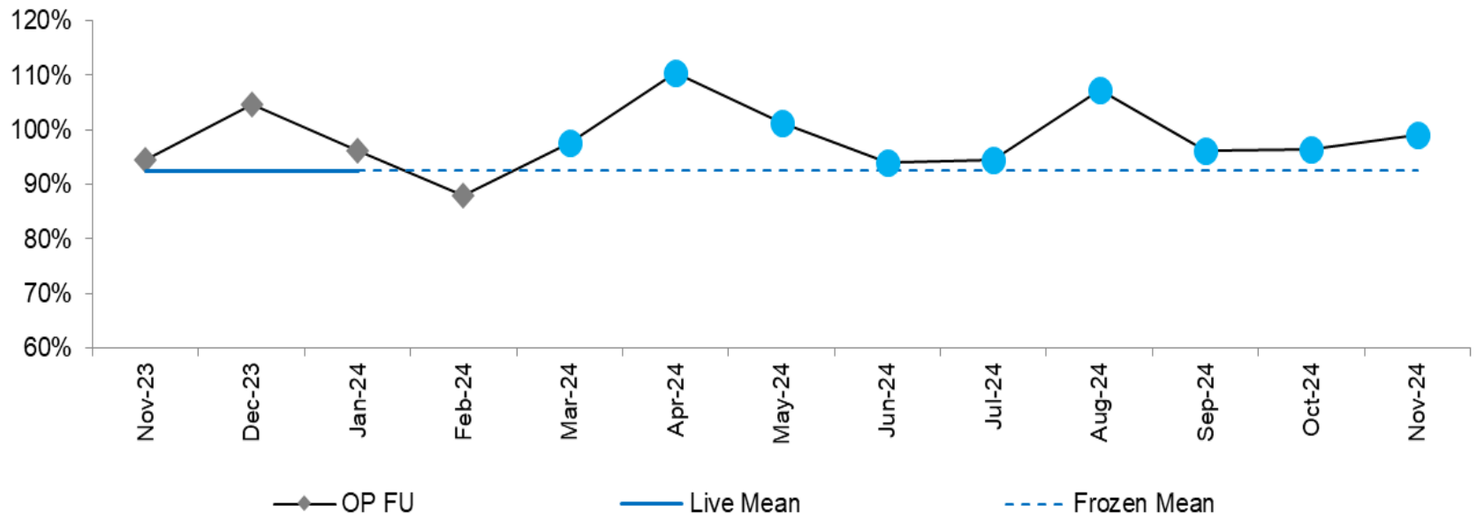
Follow Up Outpatient Attendances - % vs. Plan (consultant led, specific acute)

Nov-24	Plan
99.0%	N/A

SPC Variance
Positive special cause variation

Shelford Group Median Avg (Oct-24)
N/A

Three Month Plan		
Dec-24	Jan-25	Feb-25
N/A	N/A	N/A



Divisional overview

Division	Performance
A	94.3%
B	94.4%
C	103.8%
D	98.8%
E	111.4%

Updates since previous month

CUH has delivered 508,036 outpatient follow up appointments, which is adversely 21,943 (4.51%) above plan. CUH does not get income for these additional appointments.

Current issues

The number of overdue follow-ups remains high, reaching 61,119 in November 2024. All divisions have overdue follow-ups on their risk registers. The rate of rise of overdue follow-ups is stable with natural variation since April 2021, with a 1.6% median rate of rise per month.

Key dependencies

Digital resources made available to support PNP (remote monitoring) template builds. Pace of adoption of new pathways which contain PNP and PIFUs instead of follow-ups. Reducing the lengthy process for clinical staff recruitment to ensure minimum gaps in clinical capacity.

Future actions

Action being taken to address overdue follow ups includes waiting list validation and initiatives, and pathway redesign including PIFU, and Remote Clinical Review (RCR, formerly known as PNP). As at November 2024, CUH has 13 specialties running RCR clinics. Gynaecology and Obesity have RCR clinics built in Epic but are not yet recording appointments. Ophthalmology, Infectious Diseases and Severe Asthma clinics are being built – due to go live in December 2024.

Author(s): Andi Thornton Owner(s): Jon Scott

PIFU Outpatient Attendances

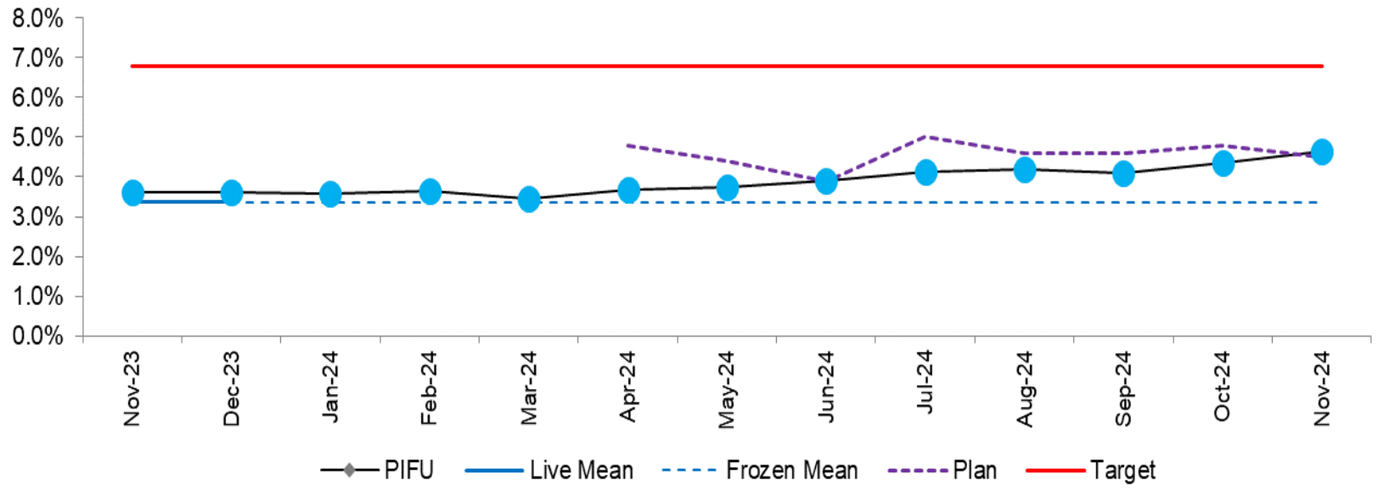
NHS
Cambridge University Hospitals
NHS Foundation Trust

Nov-24	Plan
4.6%	4.5%

SPC Variance
Positive special cause variation

Shelford Group Median Avg (Oct-24)
N/A

Three Month Plan		
Dec-24	Jan-25	Feb-25
5.3%	5.2%	4.8%



Divisional overview	
Division	Performance
A	9.2%
B	6.2%
C	1.7%
D	2.7%
E	4.8%

Updates since previous month

There is an overall trend upwards in the use of PIFU with CUH reaching 5% for the first time in July 2024 and reaching 5.6% in November 2024. The median PIFU rate for the past 6 months has risen to 4.9% compared with 4.4% November 2023 to March 2024. However, CUH has not met the national 6.8% target for 2024/25, and the rate of rise is slow. Division A consistently exceeds the 6.8% target. Division B exceeded the target for the first time in August 2024.

Current issues

Although PIFU's have increased this has not led to a reduction in the overdue follow up waiting list. It may however have reduced the rate of increase.
CUH has not met the national 6.8% target for 2024/25, and the rate of increase is slow.

Key dependencies

Specialties reviewing pathways to introduce PIFUs
Divisions continue to use GIRFT guidance to introduce best practice which includes PIFUs
The conversion rate for PIFU into appointments remains low, currently 4.1%.

Future actions

Further action is needed to accelerate the pace and scale of PIFU increase. Divisions are encouraged to use GIRFT guidance, PIFU data on the Clinic Utilisation dashboard, and the EoE outpatient transformation opportunity tool, to review PIFU usage
at specialty and consultant level, and target action accordingly.

Author(s): Andi Thornton **Owner(s): Jon Scott**

Outpatient Capacity Usage - First, or Follow Up Attracting Procedure Tariff

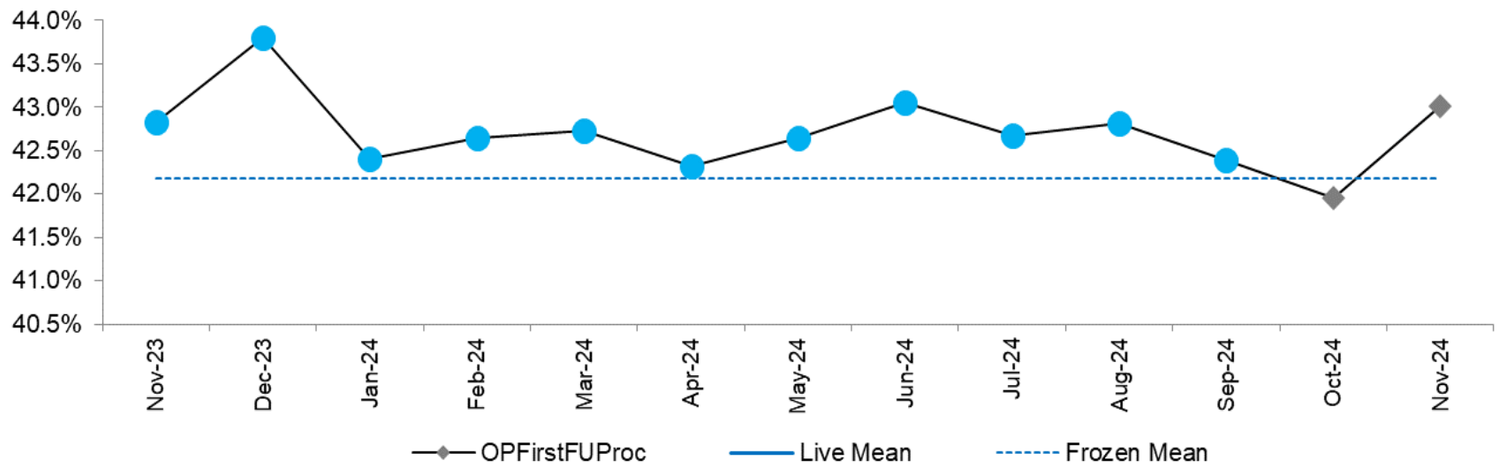
NHS
Cambridge University Hospitals
NHS Foundation Trust

Nov-24	Plan
43.0%	49.0%

SPC Variance
Normal variation

Shelford Group Median Avg (Aug-24)
41.4%

Three Month Forecast		
Dec-24	Jan-25	Feb-25
NA	NA	NA



Divisional overview

Division	Performance
A	38.7%
B	38.8%
C	37.1%
D	49.7%
E	36.8%

Updates since previous month

The target NHSE has set for our ICB for the proportion of outpatient attendances that are for first (new) appointments, or follow up appointments attracting a procedure tariff is 49%. Performance in November from 41.9% to 43%. Back-dating of coding for procedures has begun which has contributed to the improvement. Division D continues to perform well and is the only division meeting the target.

Current issues

We remain below the target of 49%, with all Divisions except D performing below 40%. We continue to see coding issues and data quality issues which may contributing to our poor performance.

Key dependencies

The main requirement for achieving this metric is to reduce the number of follow-up attendances that do not generate a tariff and replace them with those that do. Wherever possible, non-tariff attendances should be handled through alternative methods such as PIFU or PNP to minimize in-person visits.

Future actions

There is a need to redesign pathways to increase new (first) attendances which are on a payment by results contract as well as improving the recording of attendances that attract a procedure tariff. Divisions have been asked to review their data to look for missed check in/out data with procedures. The coding group has been set up to address the lack of coding procedures, this group is back-dating records and will continue this work.

Author(s): Andi Thornton **Owner(s): Jon Scott**

Delayed discharges

NHS
Cambridge University Hospitals
NHS Foundation Trust

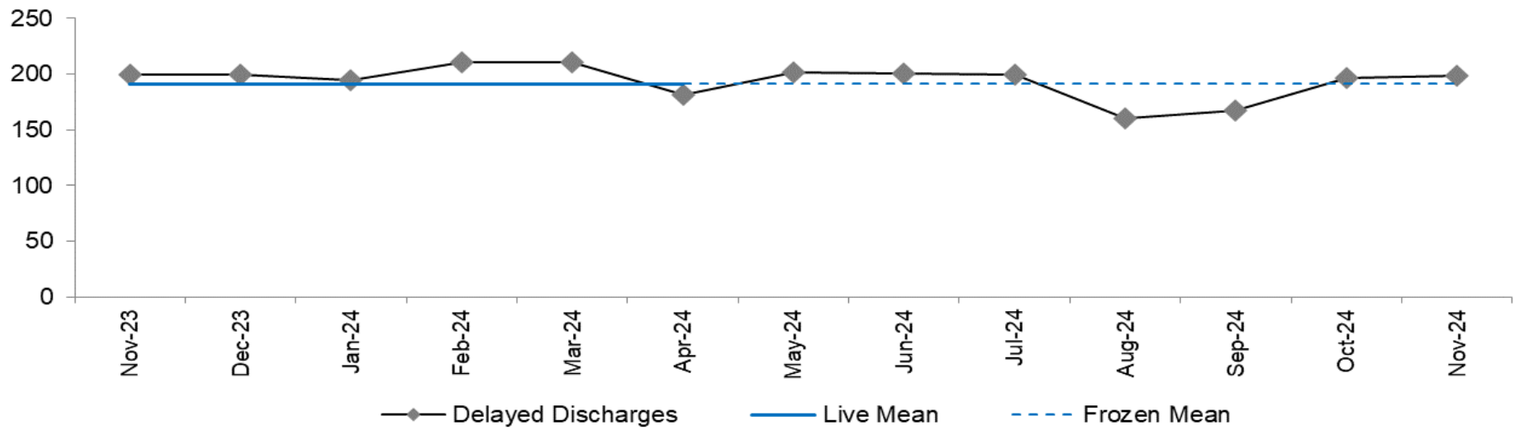
Nov-24	Target
198	N/A

SPC Variance
Normal variation

Shelford Group Median Avg (Nov-24)
N/A

Beds lost to delays - by pathway

Pathway	Beds lost
Pathway 1	47
Pathway 2	19
Pathway 3	22
Internal Assessments	38
Internal Other	70
Other External Reasons	2
Total	**198**



Updates since previous month

- 198 beds were lost due to delayed discharges in November, slightly higher than 196 beds in October. In November 2023, 200 beds were lost to this group of patients
- Additional discharge planning resource is being provided to wards looking after elderly patients to minimise delays associated with their discharge. Further resource will be rolled out from the second week of January.

Current issues

- 123 beds (62%) lost to patients past their CFD relate to external causes, mainly those waiting for care packages to be arranged and transfer to take place
- One third of beds (38%) were lost due to internal processes, equivalent to 73 beds, including completing referrals for external care and completing therapy reviews.

Key dependencies

- Delayed discharges are impacted by the availability of care packages in the community and by the speed at which patients are moved from the acute trust into external beds once packages are available
- There is a significant opportunity to optimise internal processes to reduce the number of beds lost, although the greatest opportunity remains in the community.

Future actions

- Reducing internal delays are a key focus of our plans to improve in-patient length of stay (LoS) during 2024/25 and beyond
- Recruitment for additional resources for the Complex Discharge Team and the Early Intervention Team is now complete, with resources being apportioned to areas with the highest delays (primarily medicine for the elderly)
- The Trust is streamlining existing processes to get the most out of existing teams, with a simplified referral form going live from January.

Author(s): James Hennessey **Owner(s): Jon Scott**

Theatre Utilisation - Elective GIRFT Capped

NHS Cambridge University Hospitals NHS Foundation Trust

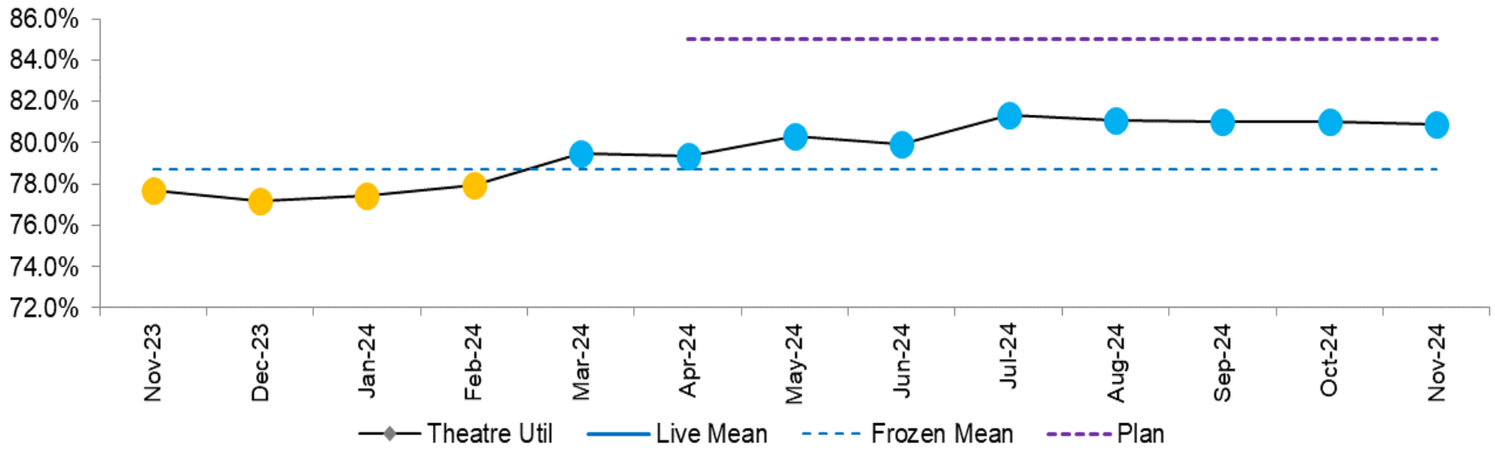
Nov-24	Plan
80.9%	85.0%

SPC Variance
Positive special cause variation

Performance in the 2 weeks to 17/11/2024	
CUH	79.2%
Shelford Grp Median	79.0%

Three Month Plan		
Dec-24	Jan-25	Feb-25
85.0%	85.0%	85.0%

Utilisation by department	
Department	Utilisation
ATC	83.1%
Main	79.6%
Rosie	80.7%
CMSH	87.1%
CEU	70.9%
Ely	74.5%
All	**80.9%**



Updates since previous month

Capped Utilisation in November continued to perform well against peers at 81%, and in Quartile 3 nationally.
Six specialties delivered >85% with a further eleven> 80%. Together these specialties represent 77% of all sessions used.
Sessions used were at 97.2% this month.
At month 8, the volume of Elective theatre cases performed are 1.7% (328) above plan.

Current issues

Cambridge Eye Unit performance slipped back to 70.9% , in November despite lower short notice cancellations.
Ely capped utilisation remains low. Excluding the treatment room, the Ely theatres achieved 76.8%, with one week of the month up at 83.3%.
Sessions used at Ely did improve with 92.3% of Ely theatre sessions used.
The treatment room remains an opportunity for physical capacity for appropriate procedures.

Key dependencies

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

Future actions

Ely treatment room air pressure has now been adjusted to meet Infection control requirements to support other procedure activity in the location. Skin procedures will commence late January.
Review allocation of Ely theatre sessions to provide opportunity for high utilisation specialties to increase access.
Beyond Ely and CEU a cohort with lower utilisation is Paediatrics. SPB requested further deep dive to barriers preventing improvement.

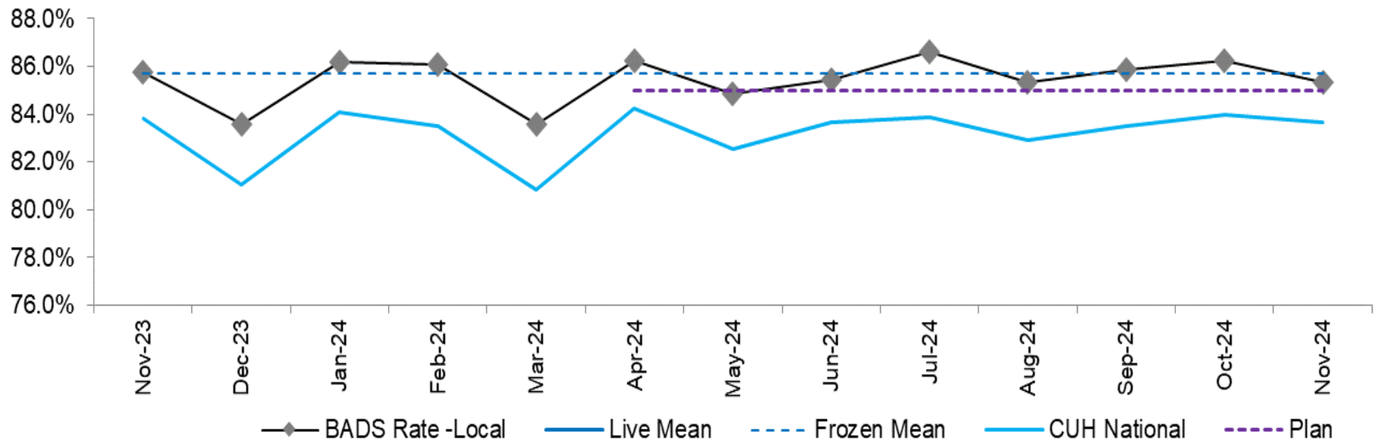
Author(s): Linda Clarke **Owner(s): Jon Scott**

BADS Daycase Rates

Nov-24	Target
85.3%	85%

SPC Variance
Normal variation

Model Hospital Published Performance 3 months to Aug	
CUH	72.2%
Shelford Grp Median	82.9%



BADS Section Day Case Rate for HVLC focus areas

3 months to end of Aug '24				Nov-24
Specialty	CUH	Shelford	Quartile	Local
Orthopaedics	61.3%	74.9%	2	72.8%
ENT	82.1%	87.9%	1	91.9%
General	72.1%	72.1%	2	78.8%
Gynaecology	62.0%	85.3%	1	89.1%
Ophthalmology	96.3%	96.6%	1	98.9%
Urology	68.2%	85.9%	1	88.7%

Updates since previous month

The inclusion of Outpatient procedures has now been updated within our internal monitoring. Using the new metric we are now evidencing 85.3% daycase and outpatient procedure rate in November.
The three month rolling performance to end Aug compares favourably to our Shelford peer group at 83.5%, but Model Hospital published data still reflects lower performance due to the data anomaly in our outpatient procedure submission to SUS. This will be resubmitted in January.

Current issues

44 0 LOS procedures had Intended Management of Inpatient recorded in November. None of these cases resided in core Inpatient beds so do not reflect a bed saving opportunity.
2619 BADS procedures were undertaken in month of which 1143 (44%) were Op procedures.
To achieve the BADS benchmark for every procedure and deliver a >90% rate , the opportunity would be a further 147 procedures would need to reduce to 0 LOS.

Key dependencies

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

Future actions

There were just four focus areas in November with a > 10 cases opportunity: Orthopaedics, Gynaecology, ENT, and Breast Surgery (Plastics and Breast).
Divisions have been asked to evaluate the further opportunity and report back to Surgery Programme Board.
The use of coloured wrist bands to denote patients are intended to be daycases commenced in L2DSU on 9th December.

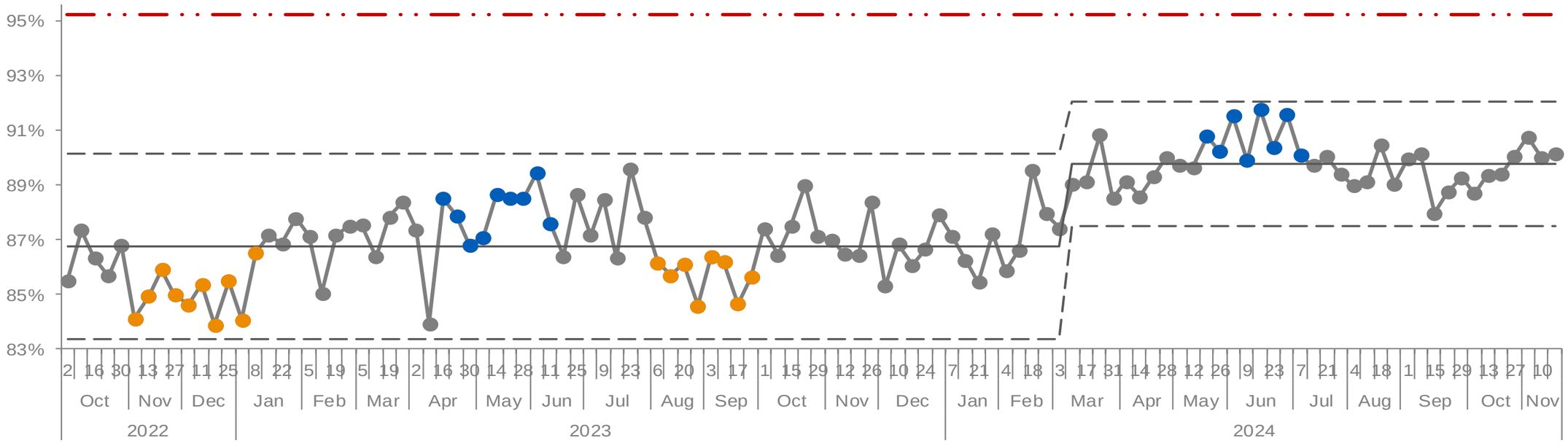
Author(s): Linda Clarke **Owner(s): Jon Scott**

Discharge Summaries

Cambridge University Hospitals NHS Foundation Trust

Discharge Summary Letters (Weekly)

Percent of discharge summaries sent in under 2 days



Discharge summaries

The importance of discharge summaries has been raised repeatedly with clinical staff of all grades and is included at induction.

The ongoing performance of each clinical team can be readily seen through an Epic report available to all staff

The clinical leaders have been repeatedly challenged over performance in their areas of responsibility at CD/ DD meetings and within Divisional Performance meetings

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

Patient Experience - Friends & Family Test (FFT)

NHS Cambridge University Hospitals NHS Foundation Trust

The good experience and poor experience indicators omit neutral responses.

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Nov 24	Month	-	92.6%	94.8%	L	S7	-	The Good FFT score declined by 2% and the Poor score increased by 1% compared to October. The number of responses declined by 130 compared to October, however is still an improvement compared to previous 12 months. NOV: there were 693 FFT responses collected from approx. 4,302 patients.
FFT Inpatient poor experience score	Jul 20 - Nov 24	Month	-	2.7%	2.1%		-	-	
FFT Outpatients good experience score	Apr 20 - Nov 24	Month	-	93.0%	94.6%	L	SP	-	There was a small negative change to both the Good score and Poor score compared to October. The Good score decreased by 0.6% and is the lowest for the year, and the Poor score increased by 0.7% and is now the highest for the year. NOV: there were 5,159 FFT responses collected from approx. 30,713 patients.
FFT Outpatients poor experience score	Apr 20 - Nov 24	Month	-	3.7%	2.6%	H	SP	-	
FFT Day Case good experience score	Apr 20 - Nov 24	Month	-	97.0%	96.3%		-	-	The Good FFT score and the Poor score both slightly improved compared to October. The Good FFT score increased by 1.3% and is the highest for the year. The Poor score decreased by 0.5% and is now one of the lowest scores for the year. NOV: there were 1,298 FFT responses collected from approx. 5,107 patients.
FFT Day Case poor experience score	Apr 20 - Nov 24	Month	-	1.5%	1.8%		-	-	
FFT Emergency Department good experience score	Apr 20 - Nov 24	Month	-	80.0%	81.9%		-	-	Both the Good FFT score and the Poor score improved compared to October, and this is from both adult and paediatric. The adult Good score improved by 1.7% and the paediatric Good score improved by 3%. The adult Poor score declined by 2.5% and the paediatric Poor score declined by 0.7%. NOV: there were 890 FFT responses collected from approx. 5,670 patients.
FFT Emergency Department poor experience score	Apr 20 - Nov 24	Month	-	12.0%	11.0%		-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Nov 24	Month	-	90.4%	93.0%	L	S7	-	**FOR NOV:** Antenatal had 5 FFT responses -80% Good / 0% Poor; Birth had 16 FFT responses out of 416 patients - 100% Good; Postnatal had 31 FFT responses: LM had 18 FFT with 89% Good / 5.6% Poor, BU had 12 FFT with 83% Good / 8% Poor, and COU had 100% Good. **NOV MATERNITY OVERALL:** 52 responses: Good score improved 5.5% and Poor score decreased 8% compared to October.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Nov 24	Month	-	3.8%	3.2%		-	-	

Wards that do not collect FFT are not included in the monthly NHSE FFT submission.. Patient Experience Team are in contact with wards which haven't collected any FFT data (6 in Nov, the same as Oct) to provide support. Wards continue to show improvement in asking patients to complete the Inpatient FFT survey online and 180 IP surveys were completed online in Nov (144 in Sep).

November inpatient FFT responses declined in November, compared to October, however October 819 responses was the highest number collected since pre Covid, and November is now second highest for the past 12 months. Along with the reduced number of inpatient FFT responses, the Good and Poor scores also declined. Day case FFT scores improved in November with the Good score of 97% now the strongest for the year, and the 1.5% Poor score one of the lowest for the year. Outpatients had a decline in FFT scores in November and the Good score of 93% is the lowest for the year, the Poor score of 3.7% is the highest for the year. Regardless, both scores are not a concern for now. For ED, both the adult and paediatric scores improved and overall ED Good score improved by 2% and the Poor score declined by 2%.

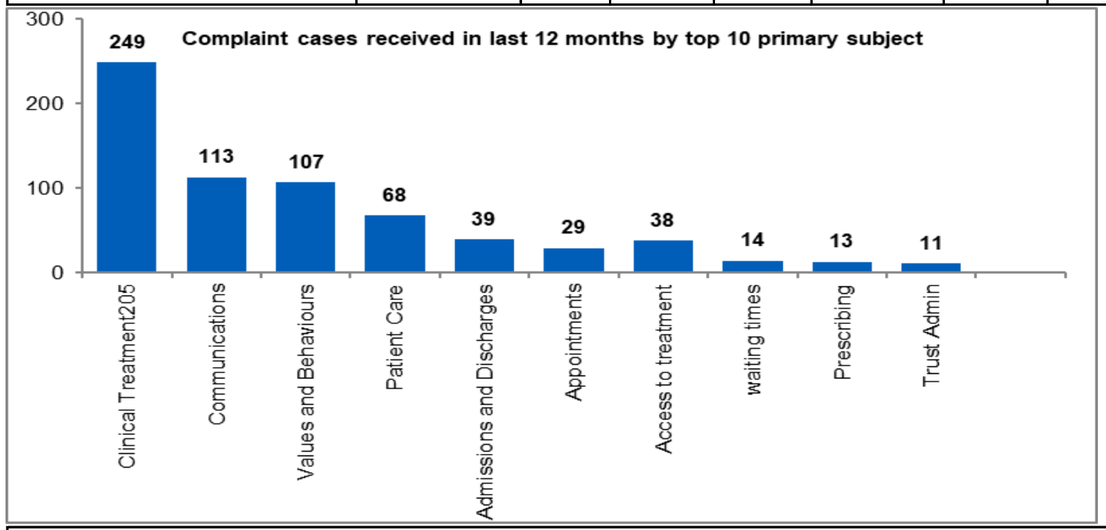
Overall maternity FFT scores improved in November, however the number of responses collected continues to be very low with 52 responses from all maternity areas one of the lowest number of FFT for the past 12 months. The overall maternity Good score improved by 5.5% and this is from antenatal, birth and postnatal. The overall maternity Poor score improved from Lady Mary and birth. Although birth is 100% Good, this should be taken into context this is only from 1 patient in the Delivery Unit and 15 patients from Birth Unit, out of 416 patients.

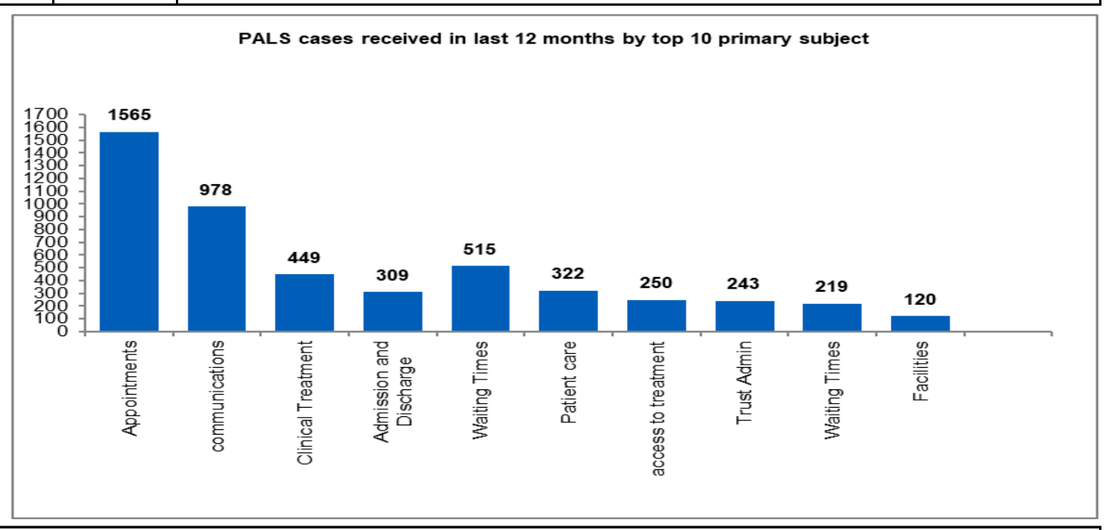
An update of the SMS FFT programme is underway including implementation in inpatients which we anticipate will improve inpatient FFT response rates and to improve specialty feedback in outpatients. To help staff encourage patients to complete the FFT online, all comment card boxes will have new signs with QR codes, and the QR code is also printed on all comment cards.

PALS and Complaints Cases

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Nov 20 -Nov 24	month	-	82	55	H	SP	-	The number of complaints received between Oct 2020 - Nov 2024 is higher than normal variance
% acknowledged within 3 days	Nov 20 -Nov 24	month	95%	89%	73%		-	?	73 out of 82 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	Nov 20 - Nov 24	month	80%	59%	30%	L	S7	?	58 complaints were responded to in November, 34 of the 58 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Nov 20 - Nov 24	month	80%	59%	87%	L	SP	?	34 complaints responded to in November were within the initial set time frame.
% complaints received graded 4 to 5	Nov 20 - Nov 24	month	-	16%	34%		-	-	There were 10 complaints graded 4 severity, and 3 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Nov 20 - Nov 24	month	-	22	32	L	S7	-	22 Compliments were registered during November and sent onto relevant staff for information





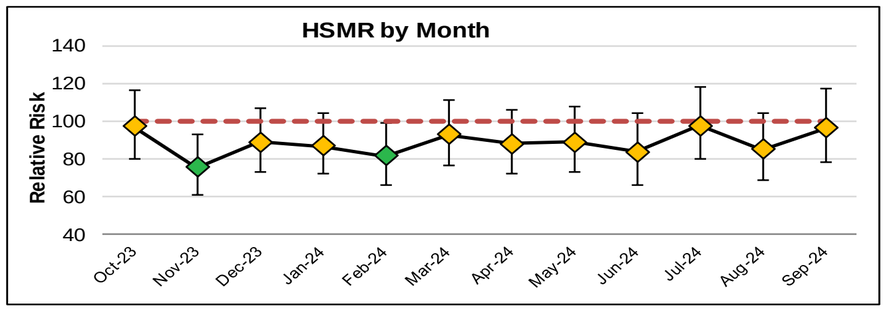
PHSO - The PHSO have not taken any new cases for investigation during November 2024.

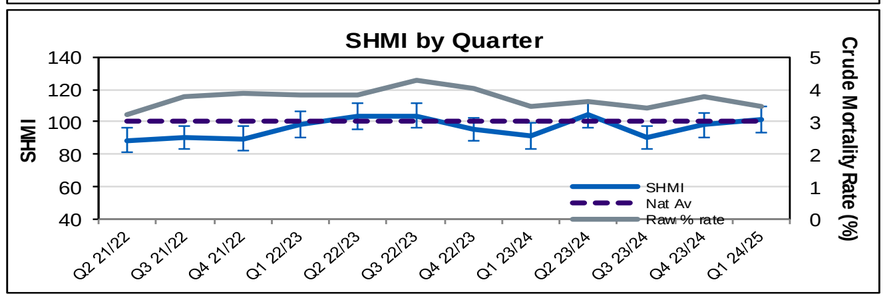
Author(s): Sue Bennison **Owner(s): Clare Hawkins**

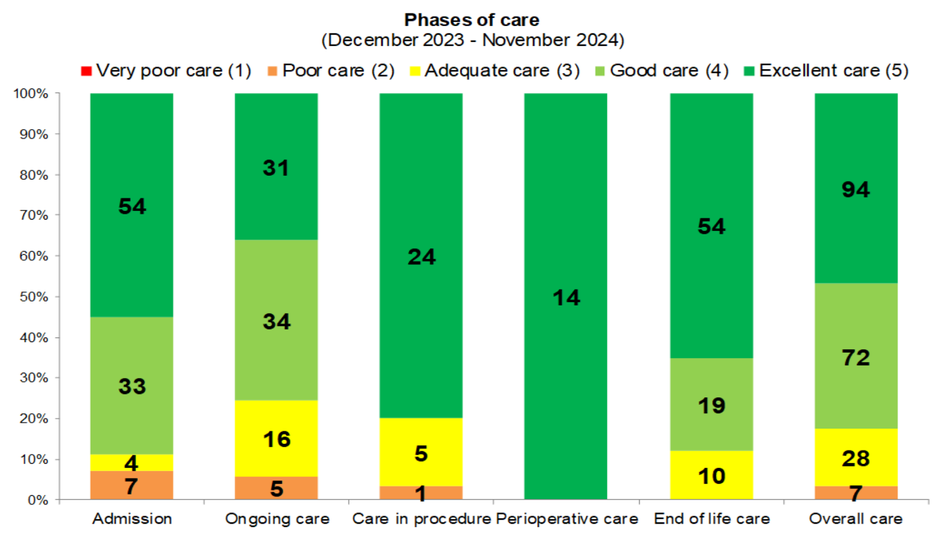
Learning from Deaths

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Nov-24	Average (March 2022 - Nov 2024)	Variance	Comments
Total inpatient and Emergency department deaths	**140**	139	L	Statistically significant decrease in the last 7 months. In November 2024 there were 130 inpatient deaths and 10 deaths in the ED.
Total Emergency Department and Inpatient deaths **per 1000 admissions**	**8**	9	L	Statistically significant decrease in the last 7 months. In November 2024 there were 1,8658 admissions recorded at time of analysis.
Emergency department deaths per 1,000 attendances	**0.66**	0.87		Normal variance. In November 2024 there were 15,101 ED attendances recorded at time of analysis.
Inpatient deaths by 1,000 admissions	**7.0**	8.09	L	Statistically significant decrease in the last 7 months.
Non-elective admission deaths by 1,000 admissions	**31.78**	31.79	L	Statistically significant decrease in the last 7 months.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	**17%**	17%		In November 2024, 23 Mortality case reviews were commissioned. The highest in-scope trigger for review requests were due to ED deaths.







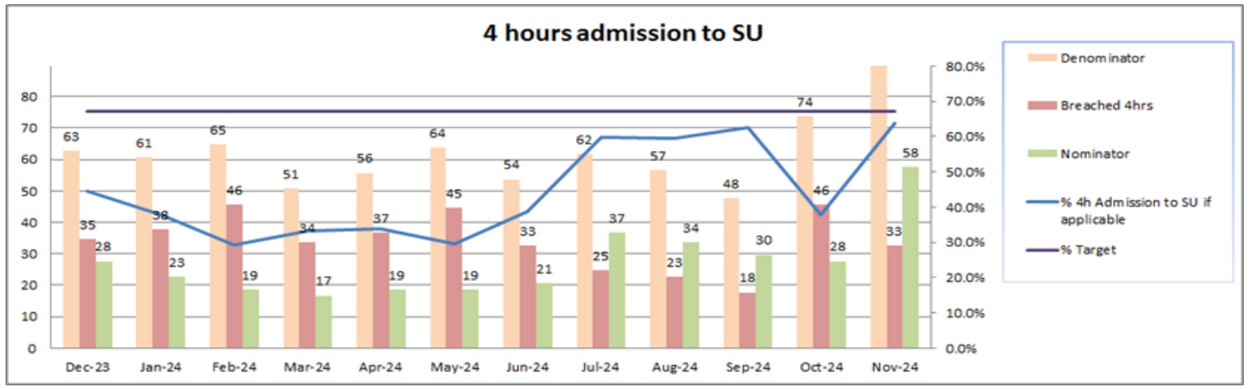
Executive Summary

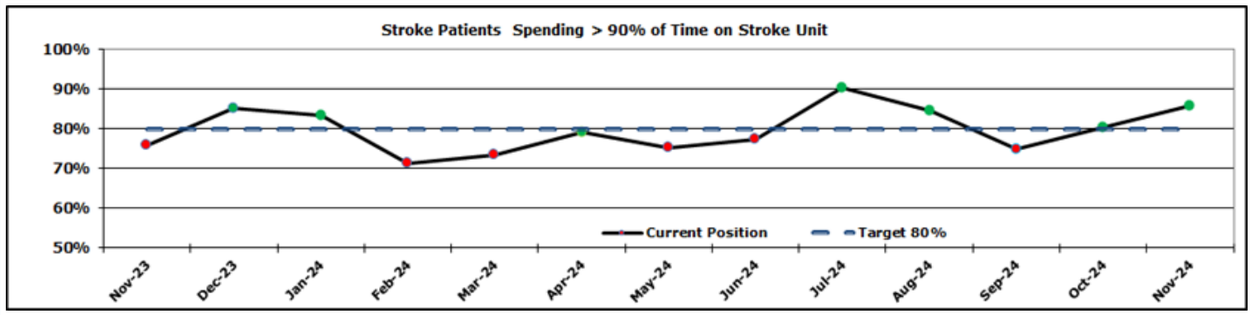
HSMR - The rolling 12 month (October 2023 to September 2024) HSMR for CUH is 88.32, this is 9th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 89.82.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, July 2023 to June 2024 is 98.00.
Alert - There are 4 alerts for review within the HSMR and SHMI dataset this month.

Author(s): Melissa Wathen **Owner(s): Amanda Cox**

Stroke Care

Cambridge University Hospitals NHS Foundation Trust





Breach reasons for not achieving 90% IP stay on Stroke ward 2023/24/25 and Monthly Stroke position

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Operational decision - patient moved off the unit to accommodate an acute stroke	Delay in medical review in ED	Delay in referral to Stroke Team	Clinical - Appropriate pathway for patient	Difficult presentation	Not referred to stroke team	Delayed diagnosis	Clinician's decision to place patient on different ward	Unclear presentation	Difficult diagnosis / Complex patient	Resource capacity	Number of breaches	Month Position (Target 80%)
Nov-23		12				4	2				2			20	75.9%
Dec-23		4		1	3	1	1				1			11	85.3%
Jan-24	2	6			2						3			13	83.5%
Feb-24	7	8			1	1					4	1		22	71.4%
Mar-24	8	5				1					3		1	18	73.5%
Apr-24	4	5			2	2					1			14	79.4%
May-24	8	6		1	1						4			20	75.3%
Jun-24		4		2	2	1	2				2	1	2	16	77.5%
Jul-24		1			1						5			7	90.4%
Aug-24	2	3		2							4			11	84.5%
Sep-24	4	5		1		1		1			4			16	75.0%
Oct-24	7	3	1	1	1	1					2			16	80.2%
Nov-24		4		1	1	3					3		1	13	85.7%
Summary	42	54	0	6	12	10	5	0	0	0	38	2	3	152	

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for November 2024 = **85.7%**

Trust Bed Capacity (4) was the main factor contributing to breaches last month, with a total of 13 breaches in November 2024.

4hrs adm to SU (67%) target compliance was not achieved in November 2024= **63.7%**

Key Actions

- The Stroke/Thrombectomy Full capacity protocol has been approved at Outpatient Board. Team to operationalise how to ring fence beds, ensure rapid repat and flex into 6 monitored HASU beds and one +1 non-monitored bay.
- Project for paramedic to contact SAT directly ongoing - SOP has been written & agreed at stroke steering – ED have requested further discussion - Delayed
- Weekly team meeting with ACP/R2 nurse team/matrons/LW/Ops/SAT team continue. Useful forum to help resolve issues and progress projects
- National SSNAP data shows Trust performance from July-Sept 2024 at Level A.
- Weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- TIA ambulatory service in Clinic 5 well embedded now which has increased fast access to stroke consultant for TIA patients and helped reduce presentations in ED

Author(s): Helen Allibone Owner(s): Jon Scott

Clinical Studies

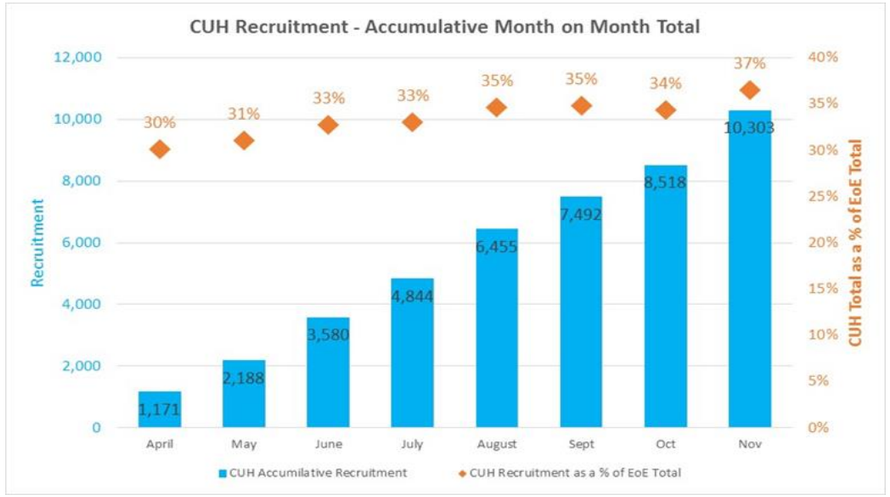
NHS
Cambridge University Hospitals
NHS Foundation Trust

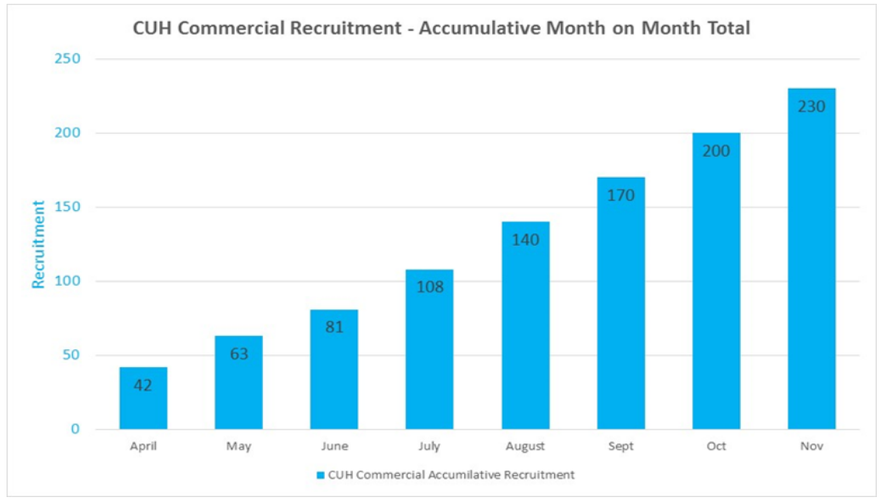
Total Recruitment at end of Nov - FY 2024-25

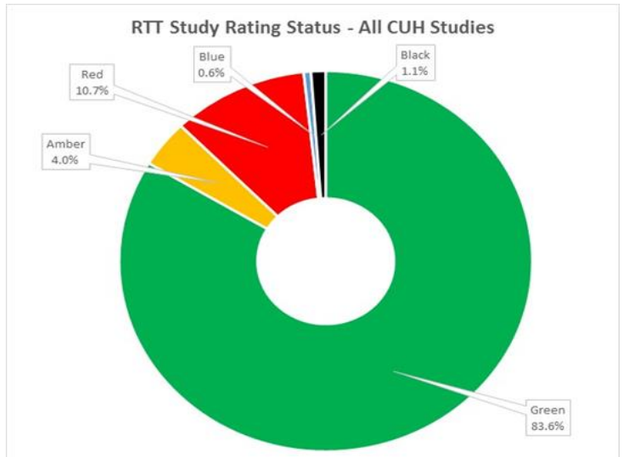
10,303

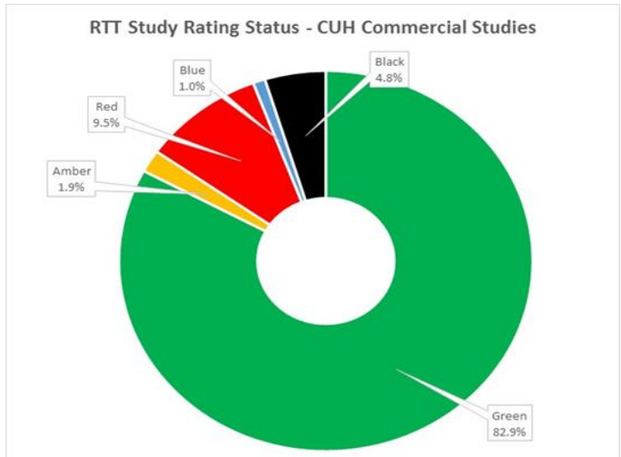
Open Studies at end of November 2024

Non Commercial	436
Commercial	137
Total	**573**









* Total recruitment in the financial year to date: 10,303.
* CUH accounted for 37% of total recruitment by Eastern Trusts in the financial year to date.
* Recruitment to the Reproductive Health and Childbirth speciality accounted for 31% of all recruitment. Dementias and Neurodegeneration accounted for 17%. All of the other individual specialities accounted for less than 12.5% of the total recruitment.
* There were 573 recruiting studies, of which 137 were Commercial, and 436 Non-Commercial.

Notes: Figures were compiled by the Clinical Research Network and cover all research studies conducted at CUH that are on the national portfolio. Data cut: 11/12/2024
Green - Met Target. Amber - Near Miss. Red - Missed Target. Blue - Open study met target, planned closure date elapsed. Grey - Data quality issue. Black - No recruitment upload yet

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

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

KPI	Goal	Target	Measure	Data Source	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Activity												
Births	For information	N/A	Births per month	CHEQs	452	456	477	455	459	425		
Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	In area booking appointments	Epic	94.74%	97.81%	92.79%	95.28%	92.0%	99.70%		
Booking Appointments	For Information	N/A	Booking Appointments	Epic	326	320	333	339	331	299		
Vaginal Birth (Unassisted)	For Information	N/A	SVDs in all birth settings	CHEQs	50.44%	46.49%	58.70%	56.48%	43.57%	43.76%		Included Top>=24 wks
Home Birth	For Information	N/A	Planned home births (BBA is excluded)	CHEQs	1.10%	1.10%	0.84%	0.88%	0.87%	0.24%		
Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	CHEQs	13.27%	10.09%	12.37%	11.43%	14.38%	12.24%		
Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	CHEQs	43.37%	35.82%	38.10%	35.14%	32.18%	42.03%		
Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	CHEQs	11.28%	10.75%	11.32%	10.11%	9.80%	10.82%		
CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	CHEQs	38.27%	41.67%	41.30%	43.74%	46.41%	44.47%		
Women in RG*1 having a caesarean section with no previous births: nullip spontaneous labour	For information	10%	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	19.20%	28.57%	25.30%	26.40%	22.90%	22.80%		
Women in RG*2 having a caesarean section with no previous births: nullip induced labour, nullip pre-labour LSCS	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	49.50%	55.06%	70.00%	59.60%	64.00%	68.80%		
Ratio of women in RG1 to RG2	Ratio of >2:1	N/A	Ratio of group 1 to 2 should be 2:1 or higher	CHEQs	1:3.57	1.2.45	1:2.52	1:3.5	1:2.7	1:2.61		
Women in RG*5. Multips with 1 or 2+ previous C/S	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	78.8%	71.4%	82.8%	80.6%	86.7%	91.8%		
Women in RG1, RG2, RG5 combined contribution to the overall C/S rate.	66%	60-70%,	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	60.7%	54.7%	71.6%	67.8%	59.2%	69.8%		
Induction of Labour rate	For Information	N/A	Percentage of women induced for birth	CHEQs	35.40%	33.86%	33%	33%	29%	25.41%		
Delay in commencement of Induction (IOL)	0%	<10%	Percentage of Inductions where Induction commencement was postponed >2 hours (flag 1)	CHEQs	38%	41%	48%	47%	44.8%	11.6%		Report aligns to definition of CTG commencement within 15 minutes of 11 service users out of 95 had a delay over 2 hours in commencement of induction of labour, the average delay was 5 hours and 24 minutes. Longest delay was 15:15 for an admission to Sara ward for waiting transfer to DU for an ECV and ARM.
Delay in continuation of Induction (IOL)	0%	<10%	Percentage of Induction continuation when suitable for ARM delayed for more than 6 hours (flag 3)	CHEQs	33%	41.90%	48.6%	60.3%	54.2%	48.8%		21 service users out of 43 had a dely over 6 hours in continuation of induction, the average delay was 23 hours 27 minutes. Longest delay was 48 hours 56 minutes for a service user that declined ARM, from the time this was accepted till transfer to DU was 7 hours minutes.

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Indication for IOL (SBLCBV3)	0%	<5-10%	Percentage of IOL where reduced fetal movements is the only indication before 39 weeks (denominator = all IOLs <39 weeks).	IOL Team	No Data	5.00%	5.12%	0.00%	1.6%	4%		
Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance (or a consultant plan if outside guidance).	IOL Team	No Data	100%	99.00%	100.00%	99.1%			
Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	4	3	4	5	0	2		
Total number of hours on divert	For information	N/A	Hours:minutes	Rosie Diverts	66:75	92.25	84.3	138.6	0	36.70		
Admissions to Rosie during divert status	For information	N/A	Numberof women admitted to the Rosie during divert based on Admissions Report	CHEQs	29	49	49	80	0	21		
Number of women giving birth in another provider organisation due to divert status	For information	N/A	Whole number of pregnant women	CHEQs	0	0	0	14	0			
Number of IUTs declined due to capacity/staffing	0 in cluster	0 in cluster	Whole number of pregnant women	EBS data	3	3	2	5	5	5		5 IUT declined from cluster, 1 due to DU capacity 4 due to NICU capacity.
Workforce												
Midwife/birth ratio (actual)**	1:24	<1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:23.1	1:22.3	1:23.1	1:23.6	1:23.5	1:22.8		
Midwife/birth ratio (actual)**	1:24	<1.24	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:22.5	1:22.3	1:22	1:22.4	1:22.3	1:22.2		
Education and Training - Mandatory Training - overall compliance obstetrics and gynaecology	>95% YTD	>90% YTD	Total obstetric and Gynaecology Staff (all staff groups) compliant with mandatory training	CHEQs	91.80%	90.50%	91.60%	92.80%	90.2%	Reported 1 month behind		
Education and Training - Mandatory Training Compliance - Midwives	>95% YTD	>90% YTD	Compliance of midwives with mandatory training	CHEQs	90.60%	90.70%	93.50%	92.10%	90.8%	Reported 1 month behind		
Supernumerary Delivery Unit Coordinator	100%	≥95%	Percentage compliance with Delivery Unit coordinator remaining supernumerary (no patient allocation at start of shift as per MIS)	BR+ RF11	100%	100%	100%	100%	100%	90%		
Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	4.94%	5.11%	5.82%	5.90%	5.4%			

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Training compliance (maternity incentive scheme) - Goal date 30/11/2024: Please see training predictions tab for trajectories for Goal date.												
CCF Module 1 : Saving babies lives Elements 1-6	90%	95%	Percentage of all relevant staff compliance as per TNA (Average of all relevant training topics as per TNA)	DOT	77.5%	81.5%	83.0%	88.5%	90.9%	94.8%		Met 90% compliance for each staff group for all areas for MIS.
SFH	90%	95%	Percentage of all relevant staff compliance as per TNA	DOT	93.0%	84.0%	86.2%	89.6%	90.9%	91.6%		
Smoking: MDT staff to be trained at very brief advice	90%	95%	Percentage of all relevant staff compliance as per TNA	DOT	67.0%	76.0%	77.9%	87.2%	91.3%	93.5%		
CCF module 2: Fetal surveillance training for all Staff Groups - Fetal Surveillance Study Day and competency assessment as pr MIS requirements	90%	95%	Overall percentage of all staff groups compliance (Separated by staff groups below)	DOT	92.0%	82.6%	86.2%	88.3%	88.7%	92.7%		
Fetal Surveillance: Midwives	90%	95%	Percentage of midwives including midwifery amtrons and managers, bank and agency	DOT	93.0%	84.0%	86.2%	89.6%%	90.9%	91.6%		
Fetal Surveillance; Obstetric Consultants	90%	95%	Percentage of Obstetric consultants	DOT	94.0%	64.7%	88.2%	87.5%%	94.1%	100.0%		
Fetal surveillance: All other obstetric Doctors	90%	95%	Percentage of All other obstetric doctors contributing to the obstetric rota (NOT GP trainees)	DOT	83.0%	72.7%	81.8%	61.5%%	94.1%	100.0%		
CCF module 3: maternity emergencies and MDT training inc human factors	90%	95%	Overall percentage of all staff groups compliance (Separated by staff groups below)	DOT	90.0%	91.5%	87.5%	90.5%	91.9%	95.3%		
PROMPT compliance: Midwives	90%	95%	Percentage of midwives including midwifery amtrons and managers, bank and agency	DOT	87.0%	90.0%	89.0%	92.2%	93.1%	94.6%		
PROMPT compliance: Maternity support workers	90%	95%	Percentage of maternity support workers including bank	DOT	86.0%	91.0%	82.7%	84.5%	87.1%	90.3%		
PROMPT compliance: Obstetric consultants	90%	95%	Percentage of Obstetric consultants	DOT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
PROMPT compliance: all other obsetric Doctors	90%	95%	Percentage of obstetric Drs including obstetric trainees (ST 1-7) sub specialities, locally employed Drs and foundationd year drs and GP trainees	DOT	91.0%	100.0%	82.4%	71.4%	88.2%	100.0%		
PROMPT compliance: Anaesthetic consultants	90%	95%	Percentage of Anaesthetic consultants	DOT	86.0%	86.0%	78.6%	85.7%	92.9%	100.0%		
PROMPT compliance: all other Anaesthetists	90%	95%	Percentage of Anaesthetic Drs (including anaesthetists in training, SAS and LED doctors) who contribute to the obstetric anaesthetic on-call rota in any capacity	DOT	88.0%	82.0%	84.8%	92.7%	91.4%	100.0%		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

CCF module 4; Equality, equity and personalised care.	90%	95%	Percentage of all relevant staff compliance as per TNA (Average of all relevant training topics as per TNA)	DOT	78.2%	82.2%	85.0%	88.5%	91.2%	95.0%		
CCF moodule 5: Care during labour and immediate postnatal period	90%	95%	Percentage of all relevant staff compliance as per TNA (Average of all relevant training topics as per TNA)	DOT	65.6%	74.0%	79.4%	87.5%	89.6%	92.9%		
CCF Module 6: Neonatal basic life support (NBLS) : Compliance is establish from DOT compliance dashboard and is represented as a percentage.												
NBLS: Midwives	90%	95%	Percentage of midwives including midwifery matrons and managers, bank and agency	DOT		94.0%	94.0%	90.00%	93.00%	94.0%		
NBLS: MSW (not reportable for MIS 2024)	90%	95%	Percentage of maternity support workers including bank	DOT		85.0%	85.0%	85.00%	90.00%	91%%		
NBLS: NICU consultants	90%	95%	Percentage of Neonatal Consultants	DOT		68% %	79% %	78.00%	94.00%	100.0%		
NBLS: all other NICU Doctors	90%	95%	Percentage of All other NICU Doctors	DOT		88% %	88% %	65.00%	97.00%	100.0%		
NBLS: NICU Nurses	90%	95%	Percentage of NICU Nurses	DOT		95% %	96% %	84.00%	95.00%	94.0%		
NBLS: ANNPs	90%	95%	Percentage of ANNPs	DOT		100% %	75.0%	100.00%	100.00%	100.0%		
All neonatal staff (NICU Medical staff and ANNPS) undertaking responsbilites as an unsupervised first attender/primary resuscitator attending any birth must have reached a minimum of 'basic capacility' as described in the BAPM neoantal Airway Capability Framework. No specific course is mandated. RCUK NLS and ARNI would be suitable.	90%	95%	Percentage of neonatal staff (Medical and ANNP) whom attend births unsupervised holding NLS and/or ARNI certification, or other certification as decided locally	DOT			19.0%	35%	87%	100.0%		
Maternal Morbidity												
Puerperal Sepsis	For information	N/A	Incidence of puerperal sepsis within 42 days of birth	CHEQs	0.44%	0.22%	0.79%	0.65%	0.49%	0.34%		Total of two women.
ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs / QSIS	0	1	0	0	0	1		
Massive Obstetric Haemorrhage ≥ 1500 mls - vaginal birth	≤3.3%	≤3.3%	Percentage of women with a PPH >1500mls (singleton births between 37+0-42+6) having a vaginal birth	Rosie KPIs	2.33%	3.32%	4.56%	4.24%	3.03%	2.74%		Robust campaign relaunched
Massive Obstetric Haemorrhage ≥ 1500 mls - caesarean birth	≤4.5%	≤4.5%	Percentage of women with a PPH ≥1500mls (singleton births between 37+0-42+6) having a caesarean section	Rosie KPIs	4.20%	3.25%	2.29%	1.80%	3.39%	2.53%		
3rd/ 4th degree tear rate	≤3.5	<5%	Percentage of women with a vaginal birth having a 3rd or 4th degree tear (spontaneous and assisted by instrument) singleton baby in cephalic position between 37+0 and 42+6.	Rosie KPIs	4.69%	3.74%	4.98%	2.97%	2.16%	5.07%		11/217 women (1 multigravida, 10 primigravidas). 1 incidence of 4th degree tear, 10 incidences of 3rd degree tear. 4 spontaneous vaginal births (3 on RBC and 1 on Delivery Unit) and 7 instrumental births, all with forceps and associated episiotomy. Thematic review underway.
Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	1.55%	4.74%	3.17%	2.29%	1.79%	2.16%		
Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	CHEQs / QSIS	1	1	0	0	0	0		
Direct Maternal Death	0	<1		QSIS	0	1	0	0	0	0		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Governance												
Total number of Psii	0	<1	Serious Incidents	QSIS	0	0	0	0	0	0		
Never Events	0	<1	DATIX	QSIS	0	0	0	0	0	0		
Neonatal Morbidity												
Still Births per 1000 Births	3.55/1000 (MBRRACE-UK 2024)	rolling rate	Incidence per 1000 births	CHEQs	2.25:1000	1.99:1000	2.69:1000	2.40:1000	2.17:1000	2.00:1000		
Stillbirths - number ≥ 22 weeks	<3	<6	MBBRACE	CHEQs	0	0	6	1	0	2		
Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	0	0	1	0	0	0		
Babies born with an Apgar <7 at 5 minutes of age	For information	N/A	Percentage of babies born who have an Apgar score <7 at 5 minutes of age	Rosie KPIs	2.00%	2.86%	3.82%	1.77%	1.31%	1.18%		
Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth for any inpatient care	Rosie KPIs	4.16%	3.40%	3.61%	4.10%	4.13%	3.66%		
Term Admission to NICU Rate	≤6%	N/A	Rate inclusive of transfers as an inpatient and neonatal readmissions to a higher level of care from February 2024.	ATAIN report	8.4%	7.0%	7.1%	10.5%	8.71%	5.6%		21 admissions to NICU during inpatient admission following birth. 3 readmissions to a higher level of care. 0 avoidable cases. No longer statistically significant concerning trend. Slightly lower birth numbers in November.
Quality												
1-1 Care in Labour	100%	100%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPI's	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Babies with a first feed of breastmilk	≥80%	≥70%	Breastfeeding	Rosie KPI's	83.74%	83.92%	80.68%	86.92%	85.31%	89.81%		
SATOD (Smoking at Time of Delivery)	< 6%	Green = <6%, Amber = 6.1% - 7.9 %, Red = >8	% of women Identified as smoking at the time of delivery	Rosie KPIs	3.38%	4.74%	6.55%	3.60%	3.79%	2.88%		
CO Monitoring at booking	≥95%	Green = ≥95%, amber = <95% and ≥84%, red = <85%	Compliance with recording CO Monitoring reading at booking appointment (excluding out of area)	Smoking Report with manual checks	93%	95%	97%	96%	97%	96%		
CO Monitoring at 36 weeks	≥95%	Green = >95%, amber = <95% and >84%, red = <85%	Compliance with recording CO Monitoring reading at 36 week appointment (excluding out of area)	Smoking Report with manual checks	77%	78%	81%	85%	85%	79%		
VTE Assessment - AN	≥95%	Green = ≥95%, amber = <95% and ≥90%, red = <90%	Percentage of women with a valid VTE risk assessment completed **within 14 hours** of admission to hospital.	CHEQs	83%	78%	73%	78%	80%	82%		Statistically significant improving trend. 227/278 VTE risk assessments completed within 14 hours of admission. Non compliance is evenly distributed across admissions for birth and non birth related admissions when considered service wide.
VTE Assessment - PN	≥95%	Green = ≥95%, amber = <95% and ≥90%, red = <90%	Percentage of women with a valid PN VTE risk assessment completed **within 8 hours** of birth.	CHEQs	95.9%	97.0%	95%	95%	96%	97%		

Finance

NHS
Cambridge University Hospitals
NHS Foundation Trust

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

£1.4m	*Actual (adjusted)**
£1.4m	*Plan (adjusted)**
£1.5m	*Actual YTD (adjusted)**
£4.4m	*Plan YTD (adjusted)**

Elective Payment Mechanism (EPM)

EPM replaced ERF in 23/24 for the variable element of elective performance. Pending publication of 24/25 baselines forecast based on 23/24 methodology.

	In month	YTD
EPM forecast actual	£22.8m	£170.8m
Target adj. block increase	n/a	n/a
EPM actual + block increase	n/a	n/a
EPM original plan	£23.3m	£178.1m
EPM original target	£19.4m	£150.7m

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

Net current assets

(£108.8m)	*Actual*
(£98.3m)	*Plan*

Debtor days

31	*This month*
33	*Previous month*

Payables performance (YTD) **

84.9%	*Value*
89.1%	*Quantity*

EBITDA

£31.7m	*Actual YTD*
£31.1m	*Plan YTD*

Capital expenditure

£5.7m	*Capital - actual spend in month*
£31.4m	*Capital - actual spend YTD*
£39.6m	*Capital – plan YTD*

Cash

Cash

£109.3m	*Actual*
£135.3m	*Plan*

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

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

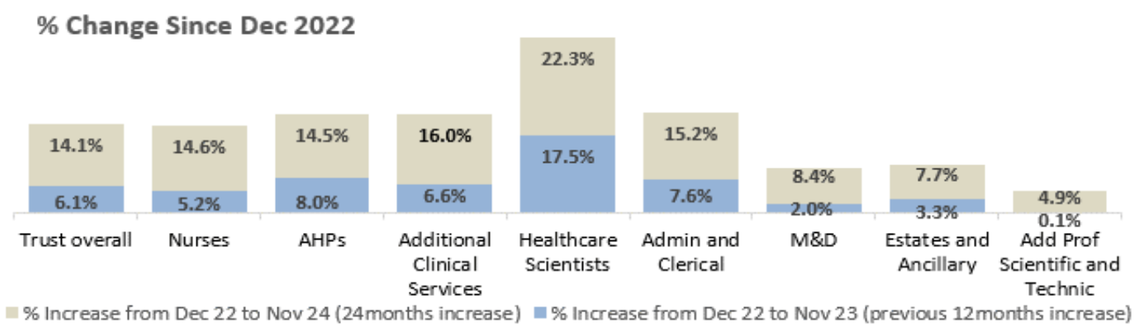
Author(s): Tim Saunders **Owner(s): Mike Keech**

Staff in Post

NHS
Cambridge University Hospitals
NHS Foundation Trust

12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth	FTE		FTE 12 Month growth	
	Dec-23	Nov-24		Dec-23	Nov-24		
Add Prof Scientific and Technic	251	259	3.2%	227	234	7	3.1%
Additional Clinical Services	2,089	2,263	8.3%	1,903	2,080	177	9.3%
Administrative and Clerical	2,619	2,792	6.6%	2,414	2,573	160	6.6%
Allied Health Professionals	796	846	6.3%	710	750	40	5.7%
Estates and Ancillary	373	396	6.2%	362	380	18	5.0%
Healthcare Scientists	755	784	3.8%	719	749	29	4.1%
Medical and Dental	1,768	1,888	6.8%	1,666	1,773	107	6.4%
Nursing and Midwifery Registered	4,118	4,417	7.3%	3,802	4,088	285	7.5%
Total	**12,769**	**13,645**	**6.9%**	**11,803**	**12,626**	**824**	**7.0%**



Admin & Medical Breakdown

Staff Group	Dec-23	Nov-24	FTE 12 Month growth	
Administrative and Clerical	2,414	2,573	160	6.6%
of which staff within Clinical Division	1,171	1,258	87	7.4%
of which Band 4 and below	792	862	70	8.9%
of which Band 5-7	265	276	11	4.2%
of which Band 8A	54	58	3	6.3%
of which Band 8B	7	11	3	43.2%
of which Band 8C and above	53	52	-1	-2.3%
of which staff within Corporate Areas	985	1,035	50	5.1%
of which Band 4 and below	276	295	19	6.8%
of which Band 5-7	476	488	12	2.5%
of which Band 8A	88	98	9	10.7%
of which Band 8B	51	55	4	7.9%
of which Band 8C and above	95	100	6	6.0%
of which staff within R&D	257	280	23	8.9%
Medical and Dental	1,666	1,773	107	6.4%
of which Doctors in Training	667	708	41	6.2%
of which Career grade doctors	260	289	29	11.1%
of which Consultants	739	776	37	5.0%

What the information tells us:

Overall the Trust saw a 7% growth in its substantive workforce over the past 12 months and 14.1% over the past 24 months. New services within the Trust (e.g. Movement Surgical Hub, Virtual Ward, Community Diagnostic Centres and Ward U3) as well as lower turnover and reduced vacancies, have all contributed to this high level of growth. In the past 12 months growth was lowest within the Additional Professional Scientific and Technical staff group, with an increase of 3.1%, and highest within Additional Clinical Services staff group, at 9.3%.

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

Staff in Post WTE Growth

NHS Cambridge University Hospitals NHS Foundation Trust

Growth in Administrative and Clerical Staff Group

		12 month growth Apr 2019 to Apr 2024											Latest 1 mth growth			Fin. yr to date growth		Overall growth since Apr 2019	
Executive	Division/Corporate Function	Apr-19 FTE	Apr-20 FTE	Apr-21 FTE	Apr-22 FTE	Apr-23 FTE	Apr-24 FTE	19/20 % growth	20/21 % growth	21/22 % growth	22/23 % growth	23/24 % growth	Nov-24 FTE	Oct-Nov 24 FTE growth	Oct-Nov 24 % growth	Mar-Nov 24 FTE growth	Mar-Nov 24 % growth	Apr 19-Nov 24 FTE growth	Apr 19-Nov 24 % growth
Corporate	Chief Executive Officer	45	53	57	55	60	59	17.6%	8.3%	-2.8%	9.3%	-2.1%	86	4	4.7%	25	41.0%	41	92.1%
	Chief Financial Officer	185	187	192	191	195	217	1.4%	2.8%	-0.6%	1.9%	11.5%	230	5	2.3%	16	7.3%	45	24.5%
	Director of Innovation, Digital & Improvement	244	245	244	243	241	252	0.2%	-0.2%	-0.6%	-0.7%	4.5%	256	-2	-0.8%	5	1.8%	11	4.6%
	Chief Nurse	53	54	67	64	61	74	2.4%	24.0%	-4.9%	-4.4%	21.8%	78	2	2.6%	4	5.8%	25	46.8%
	Chief Operating Officer	21	27	33	36	42	54	30.8%	21.7%	9.0%	15.4%	29.8%	44	3	6.9%	-10	-17.9%	23	109.6%
	Director of Strategy & Major Projects	8	10	14	11	22	16	15.2%	39.4%	-21.8%	108.8%	-27.2%	17	0	0.0%	-1	-7.2%	8	97.9%
	Estates & Facilities	92	104	108	118	122	133	12.6%	3.8%	9.1%	3.4%	9.5%	139	-1	-0.7%	7	5.6%	47	51.3%
	Medical Director	22	22	23	20	21	24	0.0%	5.4%	-15.7%	6.8%	12.5%	29	2	5.1%	6	23.1%	7	31.4%
	Director of Workforce	117	120	131	138	154	168	2.8%	9.1%	5.1%	11.8%	8.8%	157	0	-0.3%	-9	-5.3%	40	34.6%
Corporate Total		**787**	**822**	**870**	**875**	**918**	**997**	**4.4%**	**5.8%**	**0.6%**	**4.9%**	**8.7%**	**1,035**	**12**	**1.2%**	**43**	**4.3%**	**248**	**31.5%**
Clinical	Division A	126	135	144	156	167	168	7.1%	6.0%	9.0%	6.8%	0.5%	182	1	0.4%	14	8.5%	56	43.9%
	Division B	425	425	458	462	462	520	0.0%	7.8%	0.7%	0.1%	12.4%	544	8	1.4%	24	4.5%	119	27.9%
	Division C	114	114	114	110	116	121	0.1%	-0.1%	-4.0%	5.8%	4.9%	124	-5	-3.7%	1	0.6%	10	8.8%
	Division D	214	216	218	221	225	241	0.9%	1.0%	1.2%	2.0%	7.2%	246	2	1.0%	10	4.4%	32	15.2%
	Division E	133	128	134	142	153	154	-3.1%	4.1%	5.9%	8.0%	0.4%	162	0	0.1%	6	4.1%	29	22.0%
Clinical Total		**1,012**	**1,019**	**1,068**	**1,090**	**1,123**	**1,204**	**0.7%**	**4.8%**	**2.1%**	**3.0%**	**7.2%**	**1,258**	**6**	**0.5%**	**55**	**4.6%**	**246**	**24.3%**
R and D	NIHR R & D Operational	167	189	199	207	223	229	13.1%	5.3%	3.9%	8.0%	2.6%	230	1	0.6%	-5	-1.9%	63	37.8%
	Research Grants Directorate	16	22	23	25	29	44	38.2%	5.9%	7.7%	15.1%	52.4%	50	-2	-4.0%	19	62.7%	34	212.1%
R and D Total		**183**	**211**	**222**	**232**	**252**	**273**	**15.3%**	**5.4%**	**4.3%**	**8.8%**	**8.4%**	**280**	**-1**	**-0.2%**	**15**	**5.5%**	**97**	**53.0%**
Grand Total		**1,982**	**2,052**	**2,160**	**2,197**	**2,293**	**2,474**	**3.5%**	**5.2%**	**1.7%**	**4.4%**	**7.9%**	**2,573**	**18**	**0.7%**	**113**	**4.6%**	**591**	**29.8%**

Additional posts agreed since budget setting:

Division/Function	Post Title	Band	WTE	Comments
Division D	Deputy Ops Manager (Fixed Term)	8a	1	
Division E	Midwife	5	4	4 posts approved
Corporate	Director of Improvement and Transformation (Maternity Cover)	9	1	
Corporate	Senior Performance and Delivery Advisor	8c	1	
Corporate	Performance and Planning Manager	8b	2	
Corporate	Business Intelligence Partner	7	1	
Corporate	Discharge Co-ordinator	4	8	
Corporate	Discharge Planning Specialist Nurse	6	3	
Corporate	Complex Discharge Team Lead	7	1	
Division A	Nurse Endoscopist Funding	7	1	Course fees agreed

What the information tells us:

From April 2019 to November 2024 the Administrative and Clerical FTE has grown by 29.8%. The financial year with the highest growth was 2023/24, where staffing increased by 7.9%. Research Grants has seen an increase of 34 FTE from April 2019 to November 2024 (a 212% increase). Division A has had the largest Administrative and Clerical growth of the clinical divisions - increasing by 44% (56 FTE) since April 2019 – mainly within General Surgery, Critical Care and Theatres.

Other areas with high percentage growth since April 2019 include Chief Operating Officer, Director of Strategy and Major Projects, Chief Executive Officer and Estates & Facilities.

From March 2024 to date the Administrative and Clerical workforce has grown by 4.6% (113 FTE). In the last month the workforce has grown by 18 FTE (0.7%).

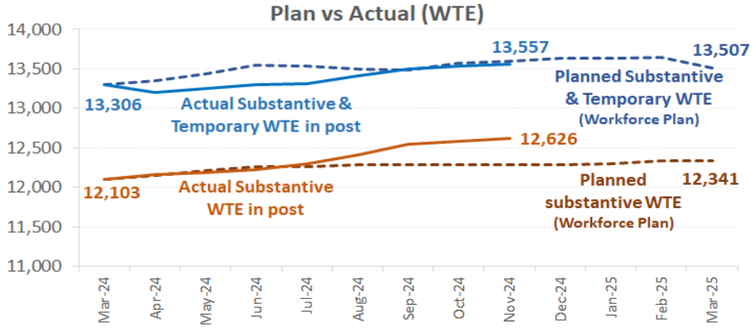
Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

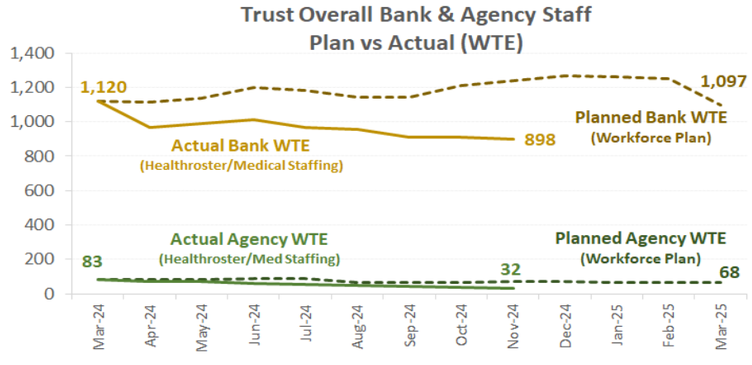
Plan versus actual - Staff in Post WTE

NHS Cambridge University Hospitals NHS Foundation Trust

As at M08 - Workforce Plan vs Actual Staff in post WTE

		Mar 24 baseline (actuals)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Movement Mar-Nov	Dec-24	Jan-25	Feb-25	Mar-25	Planned movement Mar 24-Mar 25
Workforce Plan - planned WTE	Substantive	12,103	12,156	12,210	12,264	12,266	12,283	12,284	12,292	12,293	190	12,292	12,306	12,333	12,341	238
	Bank	1,120	1,113	1,138	1,202	1,183	1,144	1,141	1,210	1,239	120	1,269	1,260	1,251	1,097	-22
	Agency	83	81	84	87	87	68	68	68	68	-15	68	68	68	68	-15
	All Staff	13,306	13,350	13,433	13,553	13,536	13,494	13,492	13,570	13,601	295	13,630	13,634	13,652	13,507	201
Actual WTE in post (ESR/Healthroster/ Medical Staffing)	Substantive	12,103	12,162	12,186	12,224	12,300	12,414	12,541	12,583	12,626	523					
	Bank	1,120	965	992	1,014	964	956	910	911	898	-222					
	Agency	83	70	72	57	54	47	42	37	32	-51					
	All Staff	13,306	13,197	13,250	13,296	13,318	13,417	13,493	13,532	13,557	251					





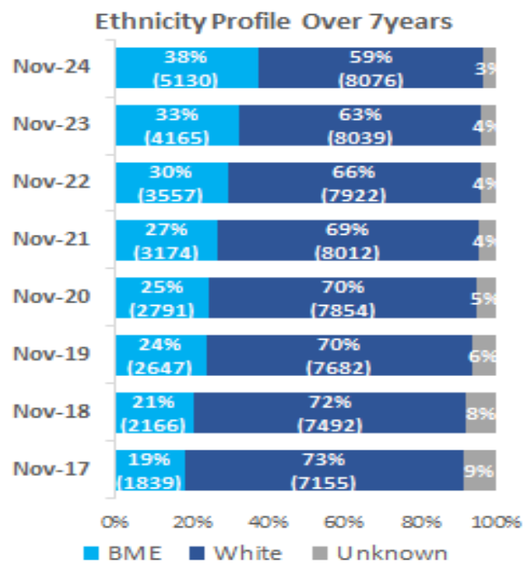
What the information tells us:
Overall WTE growth is below plan in the eighth month of the financial year due to lower levels of bank and agency staff than projected. Substantive staff have increased by 43 WTE from October to November (0.3% increase), which is above plan for monthly growth, and the same growth as last month. Bank staff usage decreased by 1.5% from last month, and agency usage decreased by 12.4%, so temporary staffing overall remains under the plan for November.

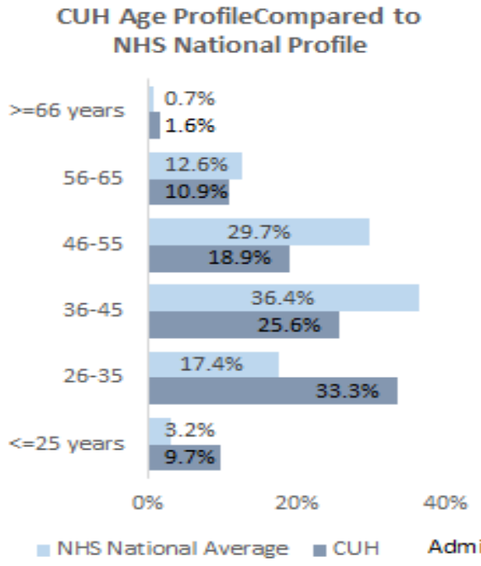
Note: An additional 23 WTE has been agreed in year. These are not included in the charts or table above, but the list of positions is included in the table on the previous page. Charts opposite have been updated to illustrate the planned position submitted to NHSE. Previous charts provided an internal target plan.

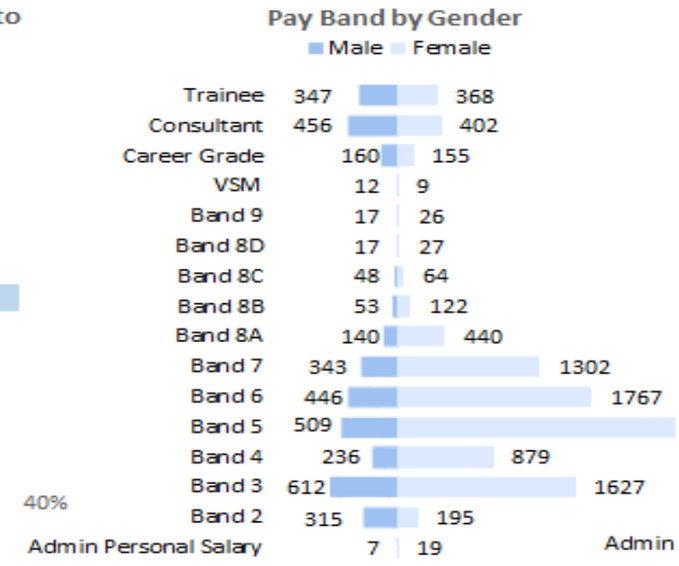
Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

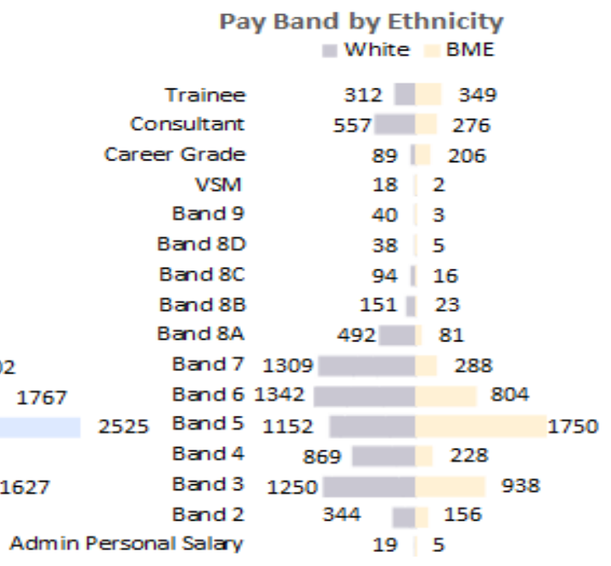
Equality Diversity and Inclusion (EDI)

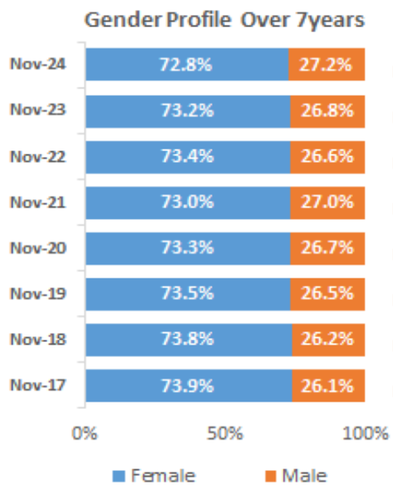
NHS
Cambridge University Hospitals
NHS Foundation Trust

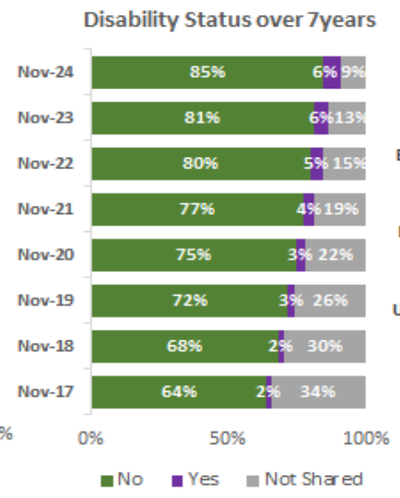


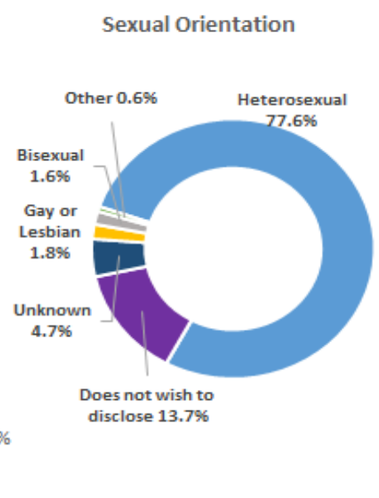












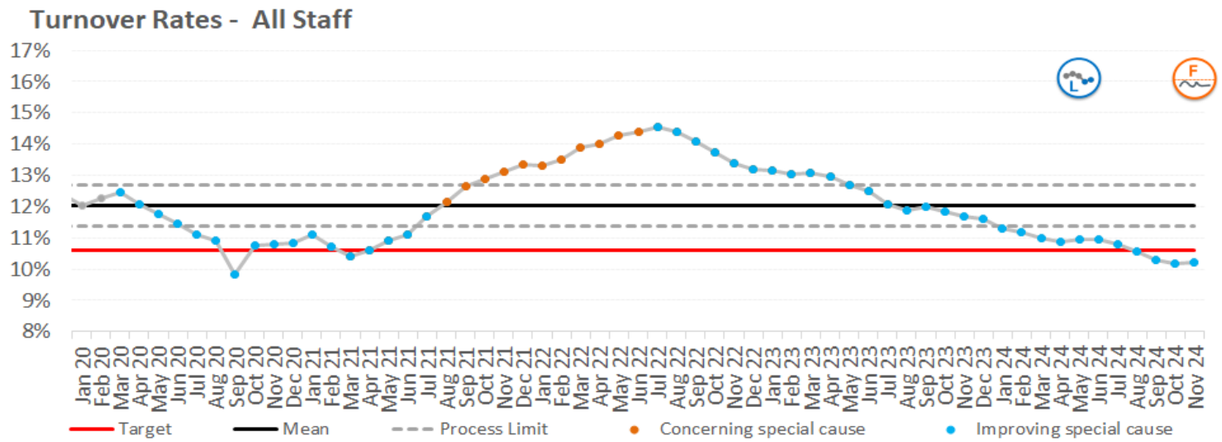
What the information tells us:

- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 59% of our total workforce.
- The percentage of BME workforce increased significantly by 19% over the 7 year period and currently make up 38% of the CUH substantive workforce.
- The percentage of male staff increased by 1.2% to 27.2% over the past seven years.
- The percentage of staff recording a disability increased by 4.9% to 6.5% over the seven year period. However, there are still significant gaps between the data recorded about our staff on ESR compared with the information staff share about themselves when completing the National Staff Survey.
- There remains a high proportion of staff who have, for a variety of reasons, not shared their sexual orientation.

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

Staff Turnover

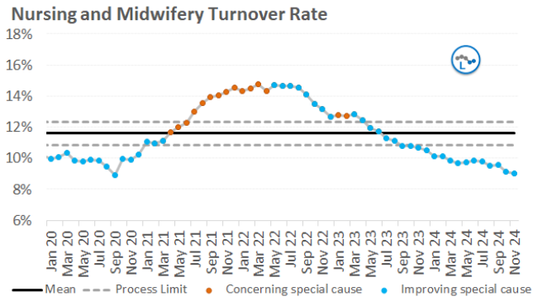
Cambridge University Hospitals NHS Foundation Trust

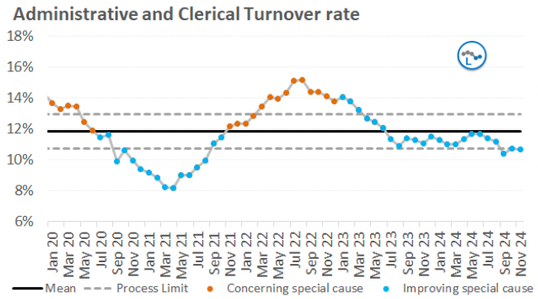


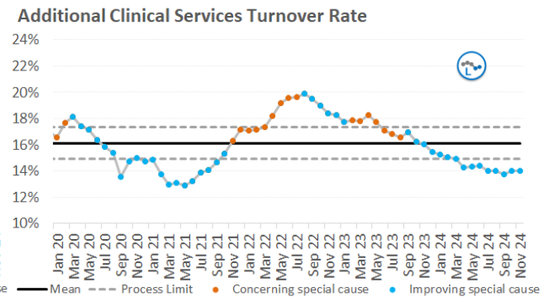
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (Excludes all fixed term contracts including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

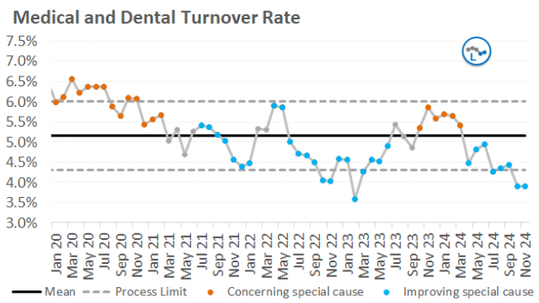
What the information tells us:
The Trust turnover rate has been decreasing since July 2022. This month it remained the same as last month at 10.2%, which is 1.5% lower than a year ago and under the Trust target of 10.6%.

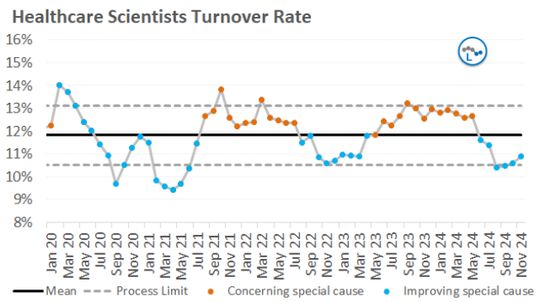
Additional Clinical Services had the highest turnover rate at 14% in November 2024, but this is 2% lower than a year ago. Estates and Ancillary staff group has had the greatest turnover reduction in the last year - reducing by 5.3% to 9.9% in November 2024.

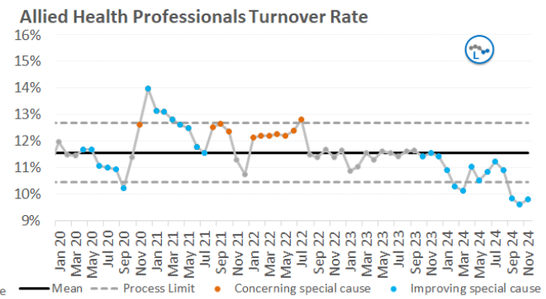


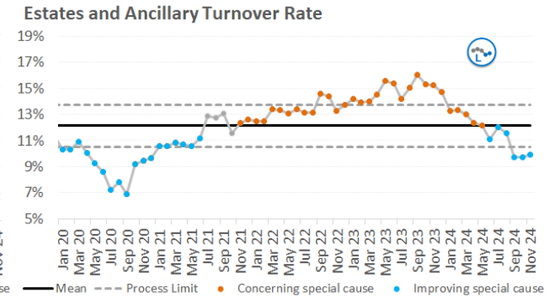


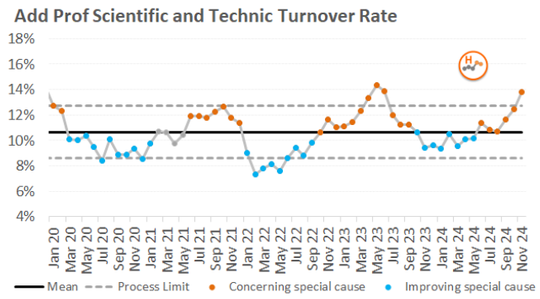












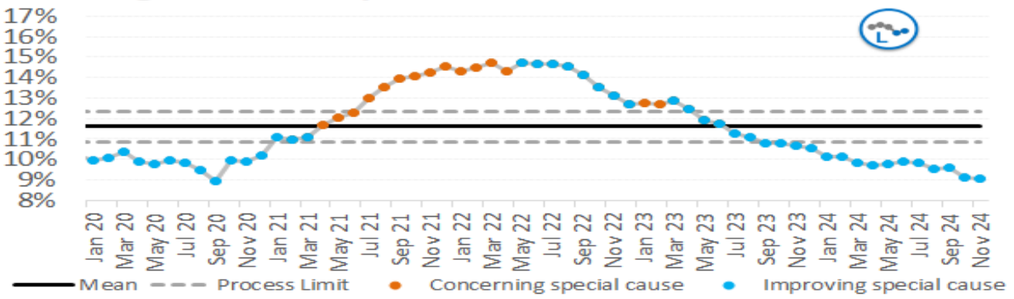
Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

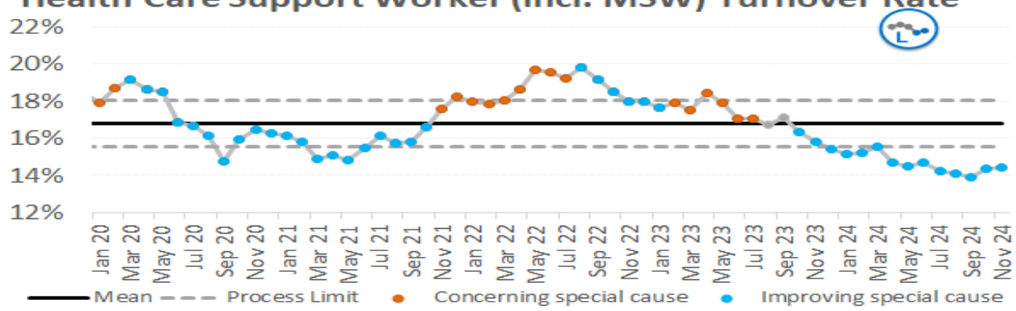
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

NHS
Cambridge University Hospitals
NHS Foundation Trust

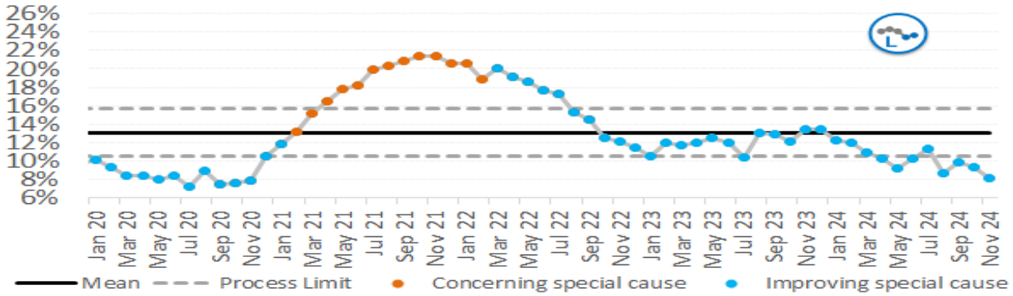
Nursing & Midwifery Turnover Rate



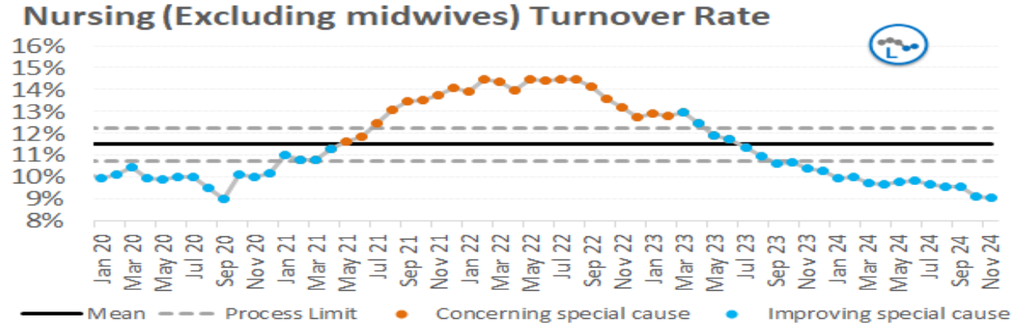
Health Care Support Worker (incl. MSW) Turnover Rate



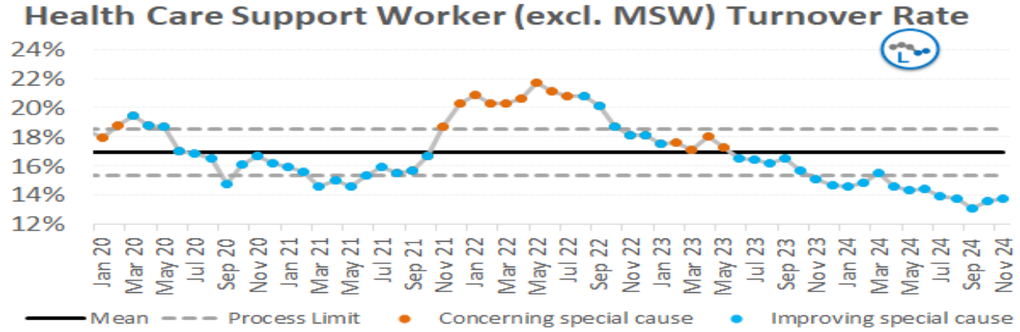
Midwife Turnover Rate



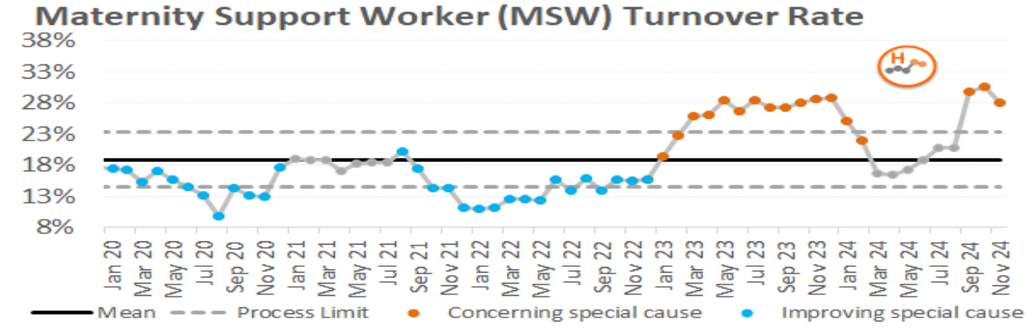
Nursing (Excluding midwives) Turnover Rate



Health Care Support Worker (excl. MSW) Turnover Rate

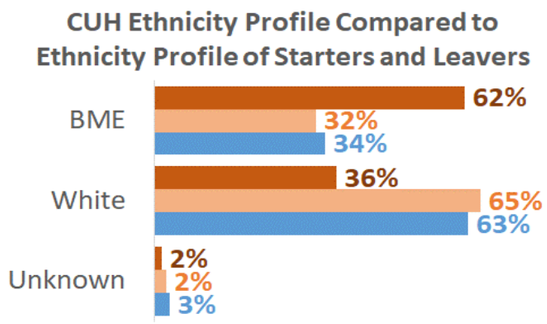


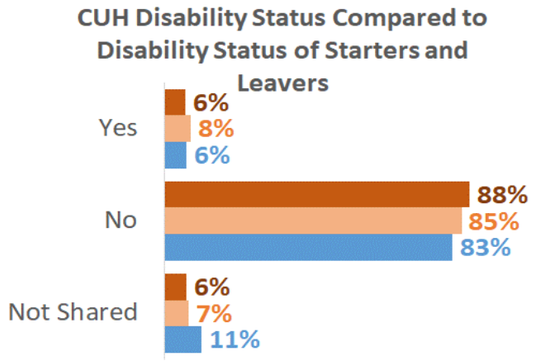
Maternity Support Worker (MSW) Turnover Rate

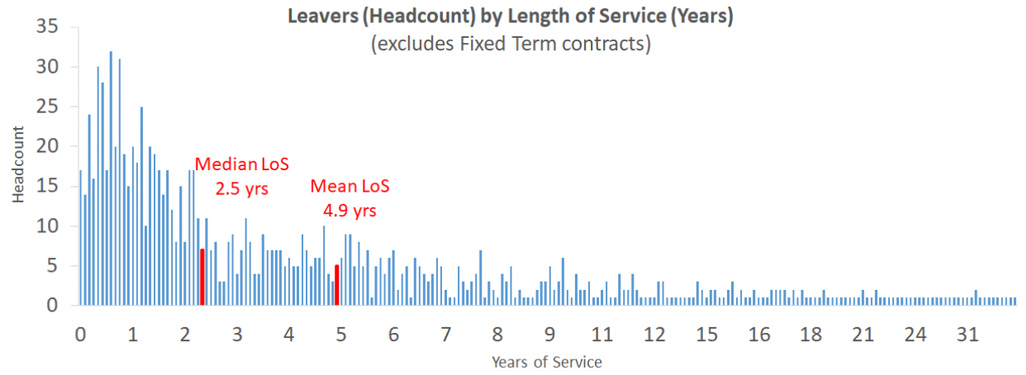


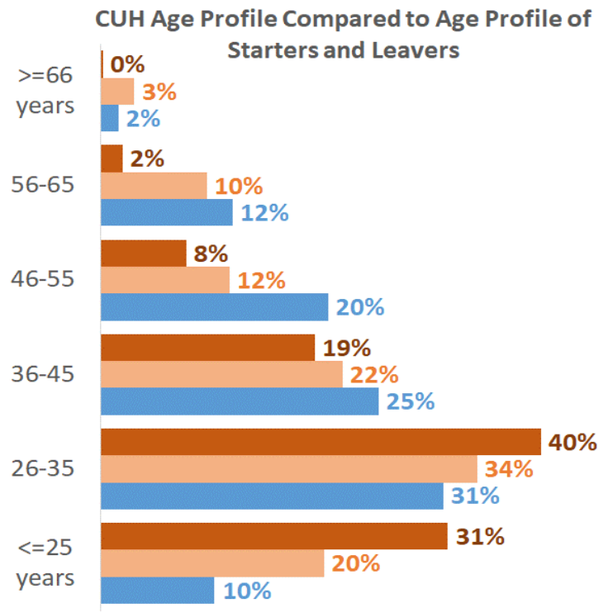
Starters & Leavers - last 12 months

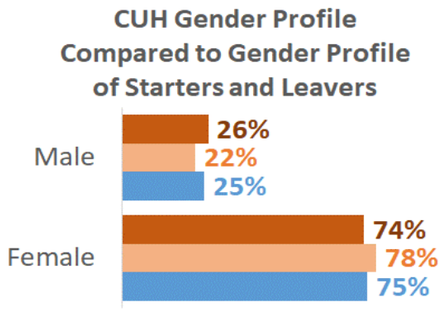
NHS
Cambridge University Hospitals
NHS Foundation Trust

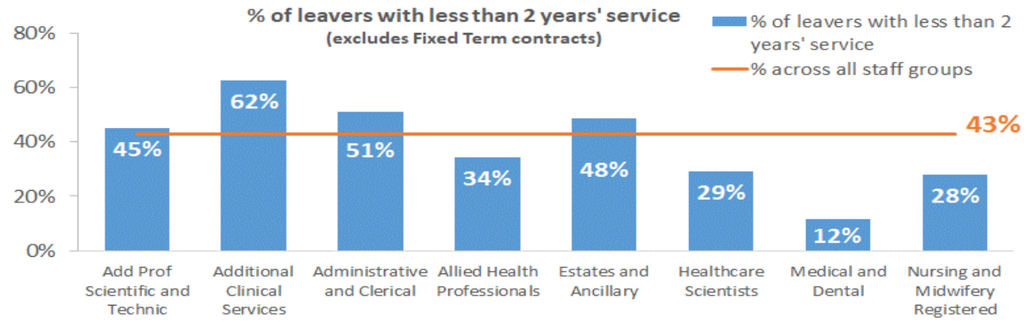












What the information tells us:

In the month of November there were a total of 89 WTE leavers from the Trust, and 154 WTE starters to the Trust (includes fixed term & permanent staff).

The majority of starters to, and leavers from the Trust in the last 12 months were aged 35 yrs. or under (71% and 54% respectively), which is higher than the proportion of staff in post of this age (41%). Gender and disability status are generally equally represented in the starters and leavers data when compared to the Trust profile, however there is a slightly higher proportion of females leaving the Trust. 62% of our starters in the last 12 months were from black and minority ethnic groups, compared to 34% of the staff profile.

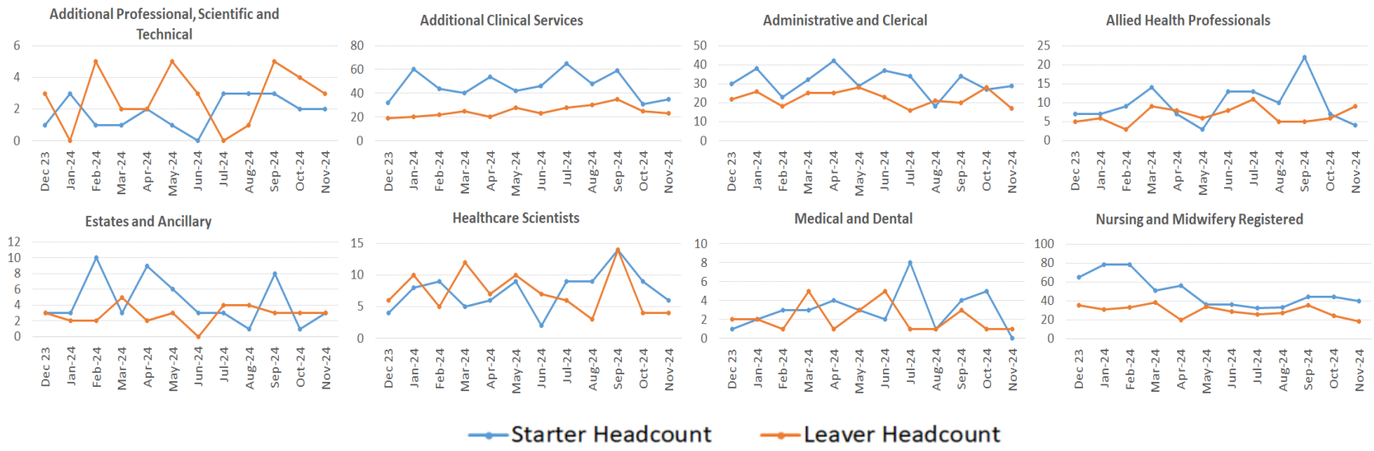
A significant proportion of leavers leave the Trust within 2 years of starting (43%), and within Additional Clinical Services staff group there is a much greater proportion than average - 62%. The average (mean) length of service of all leavers is 4.9 years, with a median of 2.5 years.

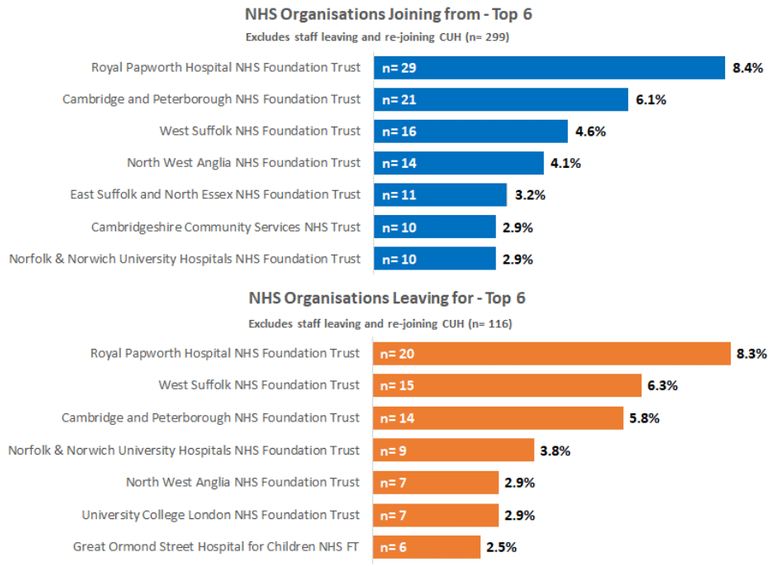
Author(s): Chloe Schafer, Amanda Wood

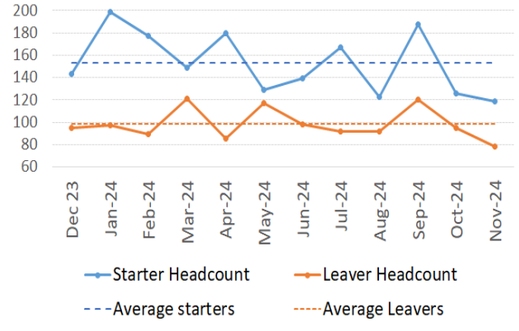
Owner(s): David Wherrett

Starters & Leavers - Last 12 months

Cambridge University Hospitals NHS Foundation Trust







Top 10 Leaving Reasons Excludes staff leaving and re-joining CUH (n= 116)	Number of Leavers (Headcount)	% of all Leavers
Voluntary Resignation - Relocation	335	28%
Voluntary Resignation - Work Life Balance	231	20%
Voluntary Resignation - Other/Not Known	101	9%
Voluntary resignation - Pay and Reward Related	96	8%
Voluntary Resignation - Promotion	83	7%
Voluntary Resignation - Health	61	5%
Retirement Age	56	5%
End of Fixed Term Contract	42	4%
Voluntary Resignation - Lack of Opportunities	27	2%
Voluntary Resignation - Child Dependants	24	2%

What the information tells us:

The top three reasons for leaving are Voluntary Resignation - due to relocation (28%), for work/life balance (20%) and for other unknown reasons (9%).

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

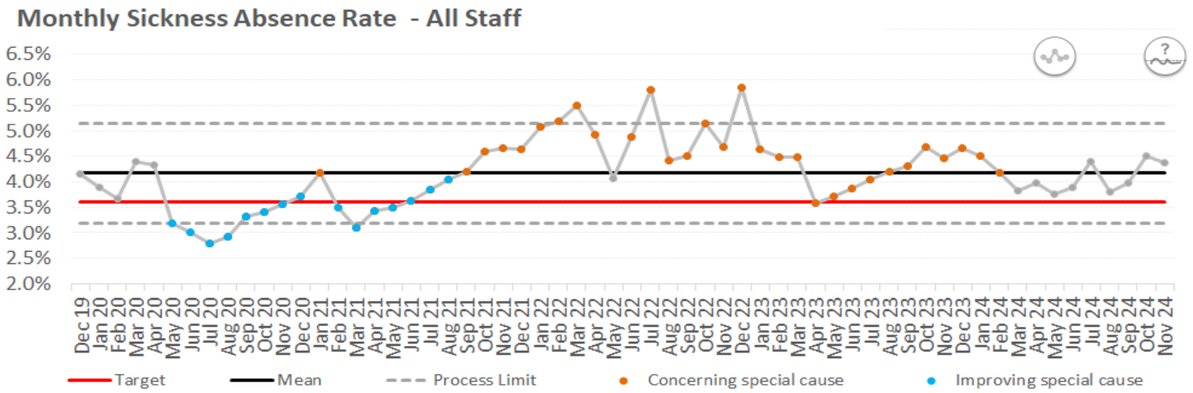
In the month of November 2024 alone the most popular destination on leaving (other than unknown) was to another NHS organisation (31% of leavers).

Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

Sickness Absence

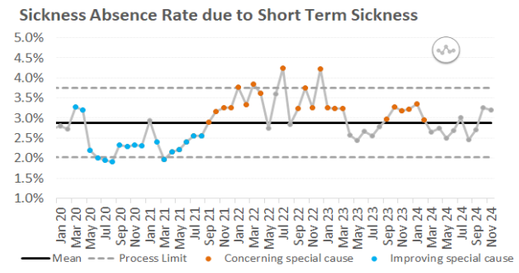
Cambridge University Hospitals NHS Foundation Trust

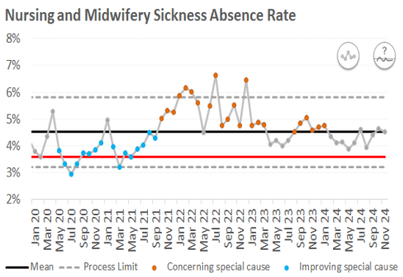


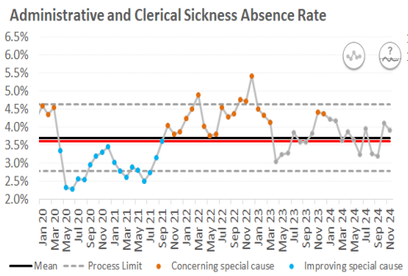
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

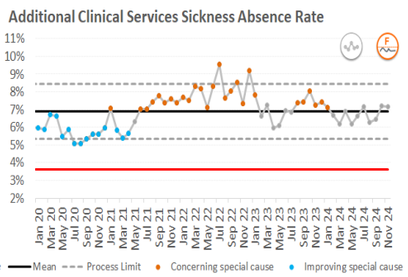
What the information tells us: Overall monthly sickness absence has decreased by 0.1% from last month, to 4.4% in November 2024. This is 0.1% lower than November last year. The sickness absence rate due to short term illness is 3.2%, with the long term sickness rate at 1.2%.

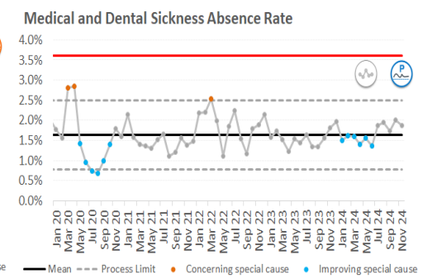
Estates and Ancillary staff group has the highest sickness absence rate at 7.3% (0.2% lower than 12 months ago, but 0.5% higher than last month), followed by Additional Clinical Services at 7.2% in November 2024 (0.1% lower than 12 months ago, no change from last month).

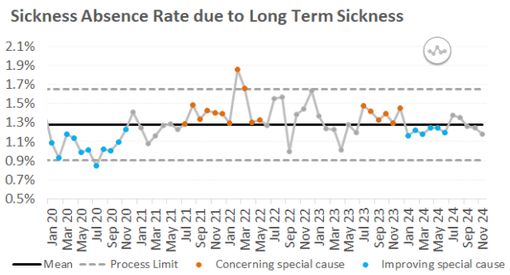


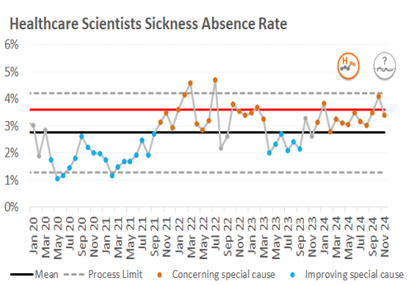


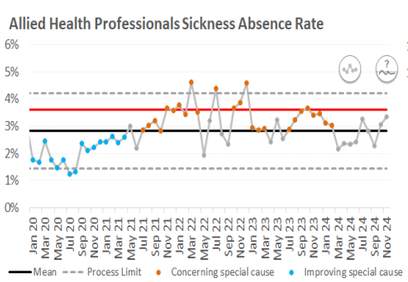


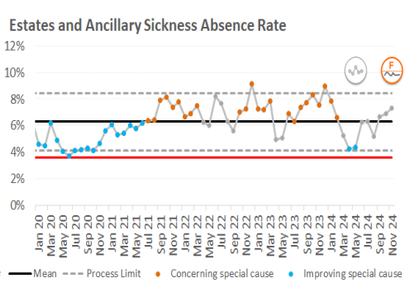


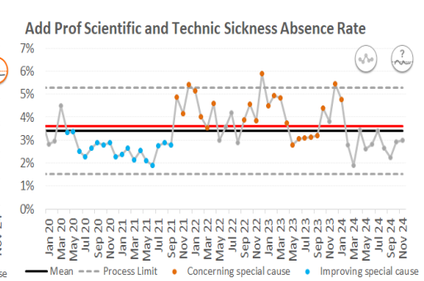










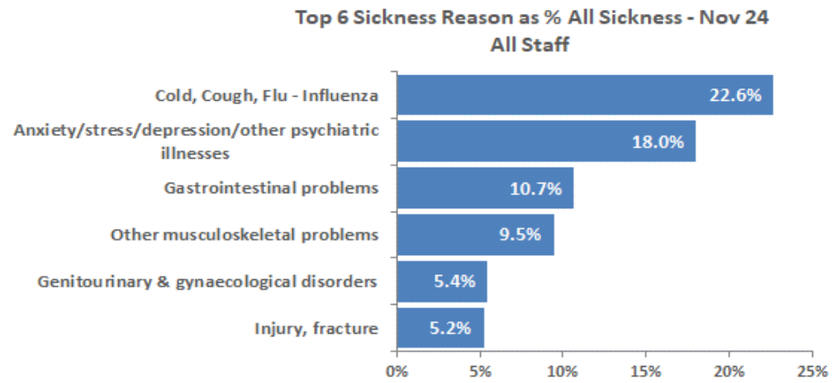


Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

Top Six Sickness Absence Reason

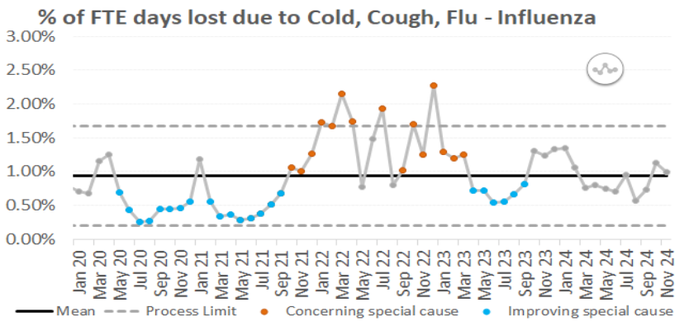
NHS
Cambridge University Hospitals
NHS Foundation Trust

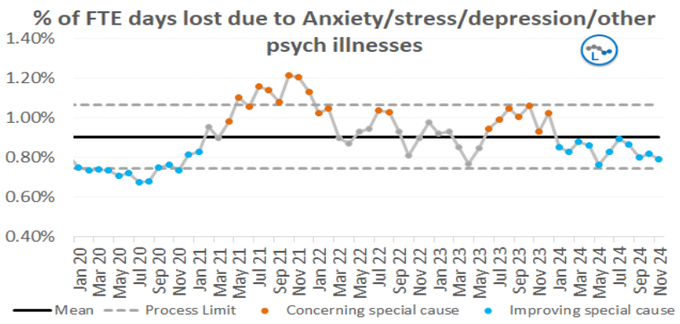


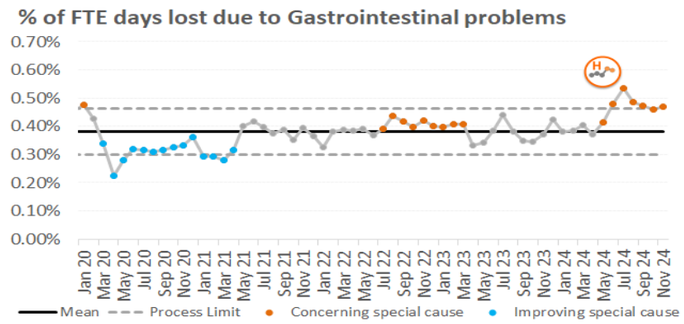
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

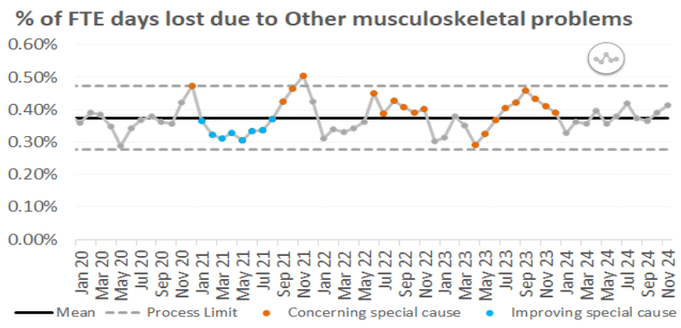
What the information tells us: Overall monthly sickness absence has decreased by 0.1% from last month, to 4.4% in November 2024. This is 0.1% lower than November last year. The sickness absence rate due to short term illness is 3.2%, with the long term sickness rate at 1.2%.

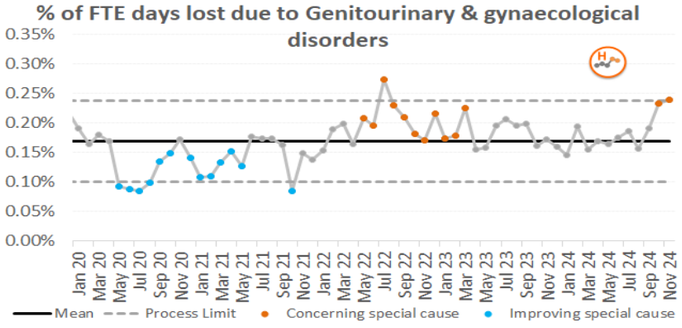
Estates and Ancillary staff group has the highest sickness absence rate at 7.3% (0.2% lower than 12 months ago, but 0.5% higher than last month), followed by Additional Clinical Services at 7.2% in November 2024 (0.1% lower than 12 months ago, no change from last month).

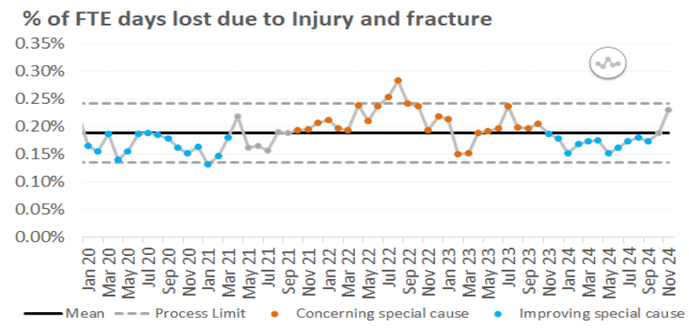








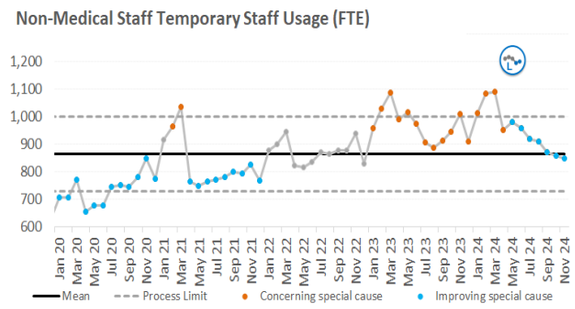


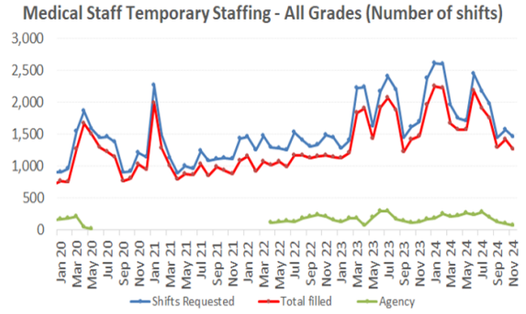


Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

Temporary Staffing

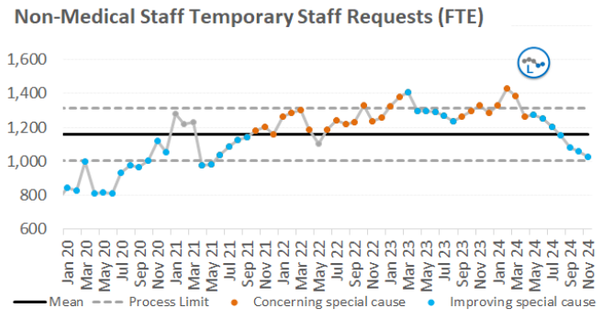
NHS
Cambridge University Hospitals
NHS Foundation Trust

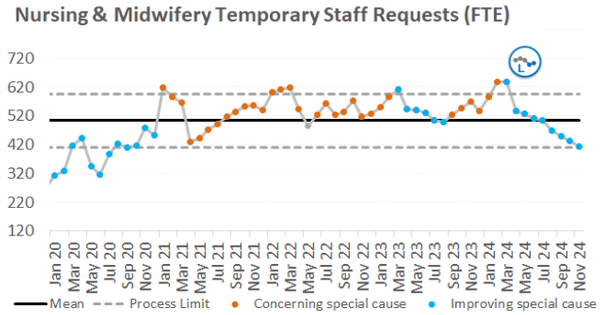


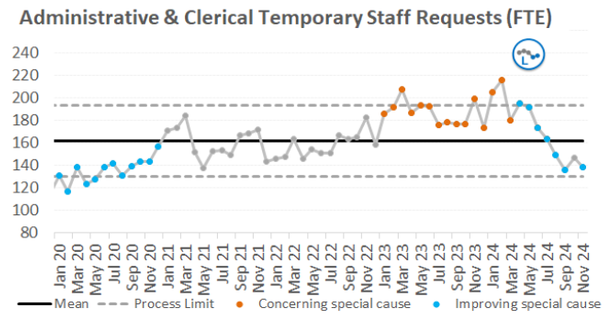


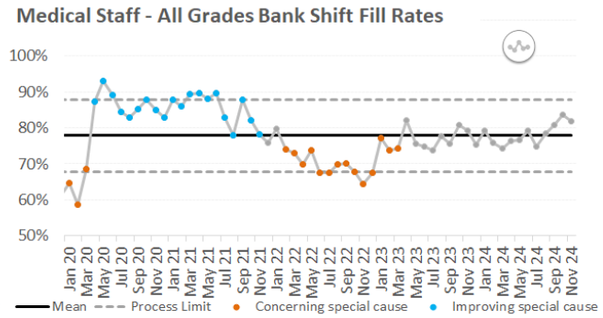
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

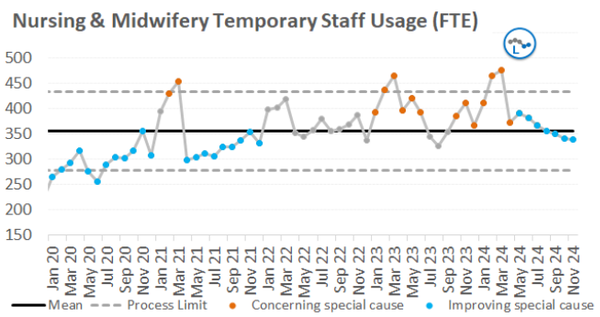
What the information tells us: Non-medical temporary staffing demand decreased by 3% (34 WTE) from last month, with fill rates increasing by 2% to 83%. Non-medical agency usage decreased from last month by 11% to 28 WTE in November.
Nursing and midwifery agency usage decreased by 0.6 WTE from the previous month to 5.5 WTE. This accounts for 1.6% of the total nursing filled shifts. Top three reasons for request are vacancy (32%), sickness requiring cover (24%) and increased workload (18%).
Medical demand decreased by 8% from October to November, with a fill rate of 87% (5% agency, 82% bank).

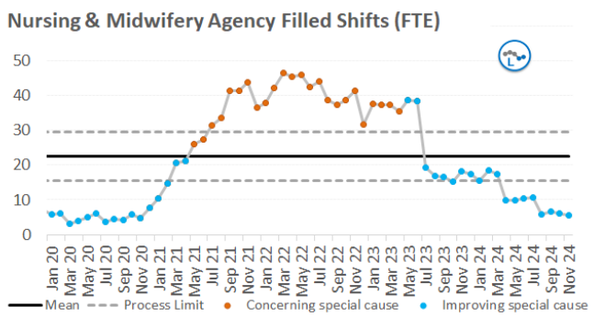


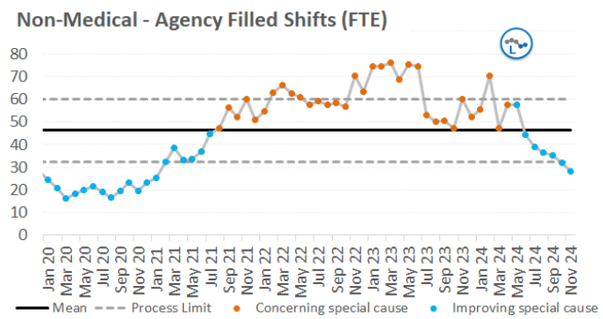


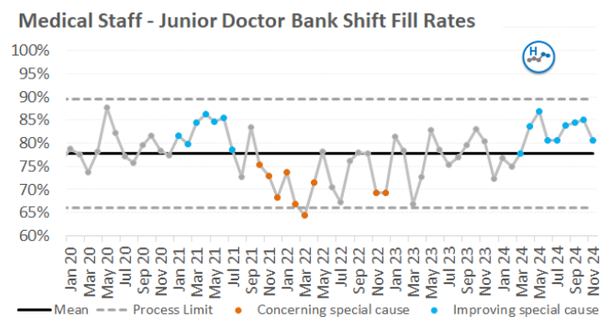




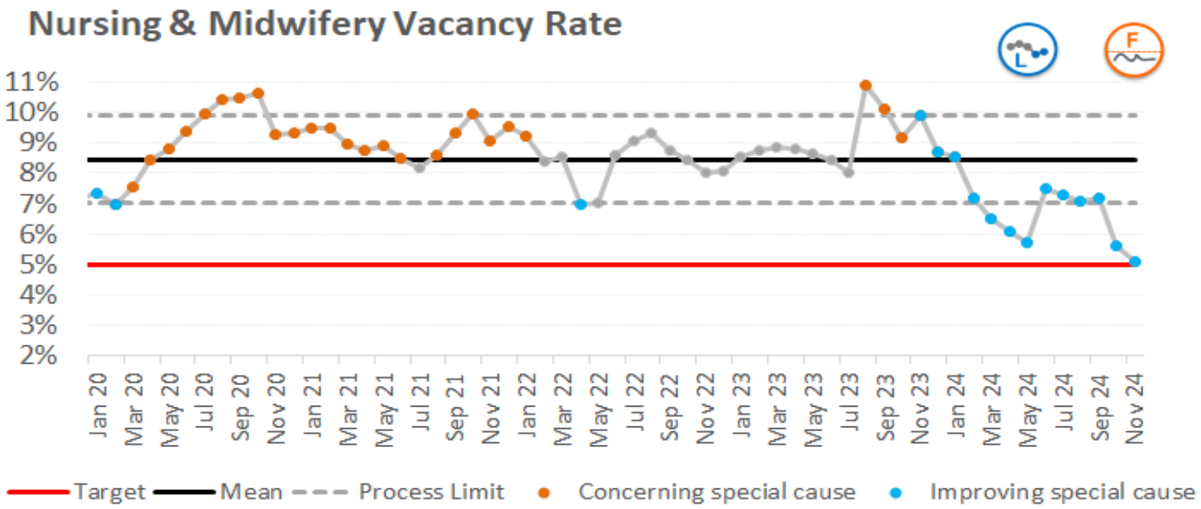








ESR Vacancy Rate

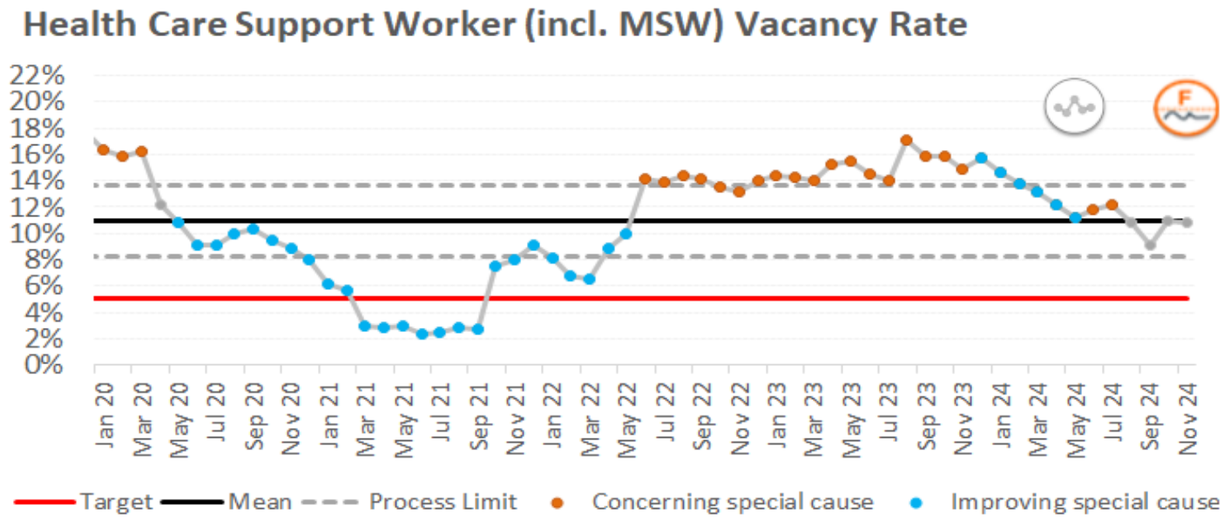


Background Information: Vacancy rate provides vacancy information based on established posts within an organisation. The figures below relate to ESR data for clinical areas only and includes pay bands 2-4 for Health Care Support Workers and 5-7 for Nurses and Midwives.

What the information tells us:
Updated budgeted WTE data was loaded to ESR for Nursing and Midwifery and Health Care Support Workers in Clinical Divisions from June 2024 and is reconciled on a monthly basis to the budgets in the general ledger held by Finance, as set at the start of the financial year.

In November the vacancy rate for Nursing and Midwifery decreased by 0.5% to 5.1%, nearing the 5% target.

The vacancy rate for Health Care Support Workers decreased by 0.2% to 10.8% in November, and remains above the 5% target rate.



Annual Leave Update

Cambridge University Hospitals NHS Foundation Trust

Percentage of Annual Leave (AL) Taken – November 2024 Breakdown (source: Healthroster)

	Staff Group	Total Entitlement (Hrs)	Total AL Taken (Hrs)	*% AL Taken	% of staff with Entitlement recorded on Healthroster
Annual Leave taken by Staff Group	Add Prof Scientific and Technic	52,095	31,921	61.3%	99%
	Additional Clinical Services	419,457	262,442	62.6%	99%
	Administrative and Clerical	557,698	326,260	58.5%	97%
	Allied Health Professionals	166,712	100,969	60.6%	99%
	Estates and Ancillary	82,909	56,485	68.1%	98%
	Healthcare Scientists	166,883	96,742	58.0%	98%
	Medical and Dental	154,615	56,996	36.9%	37%
	Nursing and Midwifery Registered	890,313	573,553	64.4%	99%
	Trust	**2,490,682**	**1,505,368**	60.4%	90%
Annual Leave taken by Division	*Division*				
	Corporate	345,194	210,325	60.9%	97%
	Division A	462,190	283,849	61.4%	87%
	Division B	705,414	420,942	59.7%	95%
	Division C	317,305	198,992	62.7%	82%
	Division D	288,764	167,320	57.9%	88%
	Division E	261,059	160,815	61.6%	87%
	R&D	110,758	63,125	57.0%	98%

* Greater than 53% | Less than 40% | Between 40% and 53%

What the information tells us:
The Trust's annual leave usage is at 91% of the expected usage at the end of the eighth month of the financial year. The highest rate of use of annual leave is within the Estates and Ancillary staff group, at 68.1%, followed by Nursing and Midwifery Registered staff group, at 64.4%.

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

Mandatory Training by Division & Staff Group

NHS Cambridge University Hospitals NHS Foundation Trust

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

Thresholds for **Induction** & Information Governance incl. GDPR & Cyber Security training: Less than 80% | 80% to 94% | 95% or higher

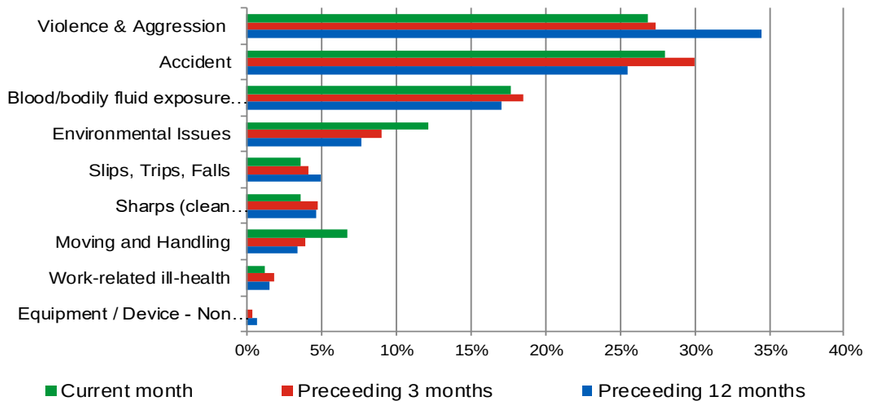
Thresholds for **Core Mandatory** training excl. Information Governance incl. GDPR & Cyber Security training: Less than 75% | 75% to 89% | 90% or higher

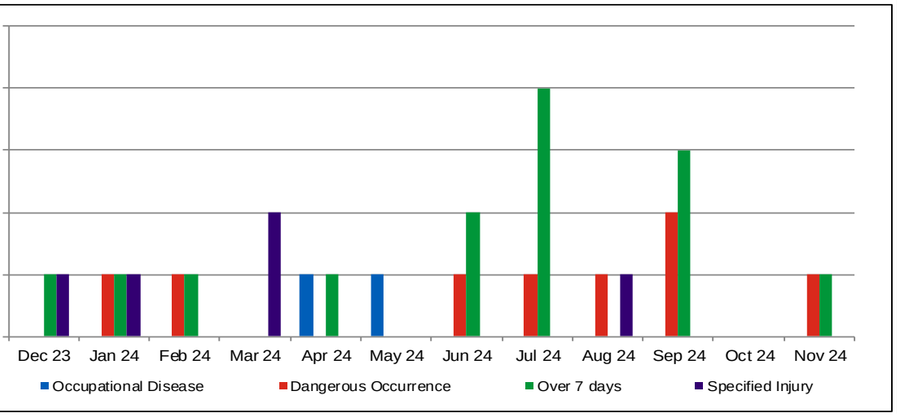
		No. Staff Requiring Competency	Frequency	Delivery Method	Variance from last month (percentage point)	Trust Total	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental		Nursing and Midwifery Registered
													Consultant	Non-Consultant	
Ind'tn	Corporate Induction	1,733	one-off	f2f	0.3%	(31)97.6%	(0)100.0%	(13)96.5%	(4)98.4%	(1)98.8%	(3)92.1%	(1)98.4%	(9)79.5%	(94)76.3%	(9)98.0%
	Local Induction	1,733	one-off	f2f	-3.1%	(281)83.8%	(4)81.0%	(58)84.4%	(25)90.3%	(6)92.9%	(0)100.0%	(4)93.7%	(14)68.2%	(107)73.0%	(63)86.2%
Other Core Mandatory	Conflict Resolution	12,597	3 yrs	el	-0.2%	(330)97.4%	(6)97.5%	(32)98.4%	(28)98.9%	(7)99.1%	(12)96.9%	(14)98.1%	(35)95.7%	(81)91.2%	(115)97.2%
	Equality, Diversity and Human Rights	12,597	3 yrs	el	-0.3%	(365)97.1%	(6)97.5%	(42)98.0%	(31)98.8%	(15)98.0%	(17)95.6%	(15)98.0%	(40)95.1%	(84)90.9%	(115)97.2%
	Health, Safety and Welfare	12,597	3 yrs	el	-0.4%	(405)96.8%	(9)96.3%	(49)97.6%	(38)98.5%	(20)97.4%	(14)96.4%	(15)98.0%	(48)94.1%	(96)89.6%	(116)97.1%
	Information Governance including GDPR and Cyber Security	12,597	1 yr	el	-0.9%	(1020)91.9%	(15)93.8%	(154)92.5%	(107)95.9%	(38)95.0%	(39)89.9%	(33)95.5%	(77)90.6%	(169)81.7%	(388)90.4%
	Basic Prevent Awareness	10,626	3 yrs	el	-0.5%	(392)96.3%	(3)98.7%	(64)96.7%	(34)98.7%	(27)96.1%	(15)96.1%	(11)98.5%	(28)95.3%	(96)85.3%	(114)95.9%
	Prevent Level Three (WRAP)	1,971	3 yrs	el	-0.6%	(145)92.6%	(0)100.0%	(6)95.8%	(0)100.0%	(5)91.9%		(1)94.1%	(13)94.0%	(46)83.1%	(74)94.1%
Resuscitation	Adult Basic Life Support Practical - 1 Year	395	1 yr	f2f	1.2%	(65)83.5%		(14)84.9%		(1)80.0%					(50)83.2%
	Adult Basic Life Support Practical - 2 Year	7,971	4 yrs	f2f	-0.8%	(718)91.0%	(4)89.5%	(147)90.5%	(3)89.7%	(49)93.5%	(0)100.0%	(6)95.2%	(86)89.4%	(234)74.7%	(189)95.0%
	Advanced Life Support	34	4 yrs	f2f	-2.9%	(2)94.1%				(0)100.0%				(0)100.0%	(2)93.3%
	Advanced Paediatric Life Support	112	2 yrs	f2f	-0.9%	(58)48.2%									(58)48.2%
	Basic Life Support e-learning	8,306	1 yr	el	-0.7%	(973)88.3%	(3)92.1%	(142)91.0%	(6)79.3%	(57)92.4%	(0)100.0%	(8)93.6%	(97)88.1%	(251)72.9%	(409)89.9%
	Immediate Life Support (ILS)	703	1 yr	f2f	1.1%	(157)77.7%		(4)42.9%				(4)81.0%		(1)50.0%	(148)78.0%
	Newborn Basic Life Support (NBLS)	555	1 yr	Blended	-1.1%	(56)89.9%		(10)86.5%	(0)100.0%				(1)94.1%	(1)97.1%	(44)89.7%
	Paediatric Basic Life Support (PBLS)	2,708	1 yr	Blended	-0.6%	(300)88.9%	(1)90.0%	(83)86.5%		(61)91.9%		(4)95.7%	(19)84.9%	(25)81.2%	(107)89.1%
	Paediatric Immediate Life Support (PILS)	337	1 yr	f2f	0.9%	(79)76.6%				(0)100.0%					(79)76.5%
Fire	Fire Evacuation	6,448	1 yr	f2f/el	-1.5%	(786)87.8%	(0)100.0%	(207)87.2%	(2)92.3%	(47)92.2%	(21)78.6%	(4)91.8%			(505)87.5%
	Fire Safety Awareness	12,597	2 yrs	el	-0.6%	(555)95.6%	(4)98.4%	(76)96.3%	(50)98.1%	(21)97.2%	(17)95.6%	(11)98.5%	(46)94.4%	(155)83.2%	(175)95.7%
Infect Ctrl	Infection Prevention and Control - Level 1 - 2 Years	6,012	2 yrs	el	-0.4%	(203)96.6%	(0)100.0%	(13)98.2%	(51)98.0%	(2)98.9%	(12)96.8%	(15)97.7%	(7)87.0%	(75)86.9%	(28)96.7%
	Infection Prevention and Control - Level 2 - 2 Years	6,586	2 yrs	el	-0.3%	(320)95.1%	(2)98.8%	(60)95.5%	(7)91.1%	(21)96.4%	(0)100.0%	(1)98.9%	(37)95.1%	(64)81.9%	(128)96.0%
Moving & Handling	Moving and Handling - Level 1	12,597	2 yrs	el	-0.4%	(588)95.3%	(3)98.8%	(76)96.3%	(56)97.9%	(31)95.9%	(3)99.2%	(15)98.0%	(50)93.9%	(153)83.5%	(201)95.0%
	Moving and Handling - Level 2	6,439	2 yrs	f2f	0.0%	(623)90.3%	(3)85.0%	(169)89.5%	(3)75.0%	(57)91.4%	(0)100.0%	(9)90.8%			(382)90.5%
	Patient Moving and Handling - e-learning	6,441	1 yr	el	-1.3%	(565)91.2%	(2)90.5%	(140)91.3%	(3)75.0%	(40)93.9%	(0)100.0%	(4)95.9%			(376)90.7%
Safeg'dg Adults	Safeguarding Adults - Level 1	8,437	3 yrs	el	-0.5%	(338)96.0%	(5)97.9%	(58)97.2%	(45)98.3%	(3)97.8%	(15)96.1%	(15)98.0%	(8)88.9%	(100)39.8%	(89)95.6%
	Safeguarding Adults - Level 2	4,592	3 yrs	el	-1.1%	(349)92.4%	(4)97.9%	(74)95.6%	(14)91.0%	(6)95.7%	(0)100.0%	(7)95.0%	(9)87.3%	(108)34.9%	(127)93.8%
	Safeguarding Adults - Level 3	4,294	3 yrs	el	-0.9%	(606)85.9%	(0)100.0%	(0)100.0%		(37)94.1%		(0)100.0%	(59)92.2%	(264)70.0%	(246)87.8%
Safeg'dg Children	Safeguarding Children - Level 1	12,597	3 yrs	el	-0.5%	(445)96.5%	(3)98.8%	(44)97.9%	(39)98.5%	(20)97.4%	(11)97.2%	(13)98.2%	(44)94.6%	(121)86.9%	(150)96.3%
	Safeguarding Children - Level 2	8,735	3 yrs	el	-0.6%	(504)94.2%	(5)97.5%	(52)96.9%	(9)94.1%	(28)96.3%	(0)100.0%	(4)97.2%	(53)93.5%	(131)85.8%	(222)94.5%
	Safeguarding Children - Level 3	1,549	3 yrs	f2f/el	-1.5%	(184)88.1%	(0)100.0%	(7)90.5%	(2)83.3%	(9)87.3%		(0)100.0%	(22)89.3%	(30)83.7%	(114)88.3%
	Safeguarding Children - Level 3 - 1 Year	364	1 yr	f2f/el	0.7%	(39)89.3%		(2)96.7%					(4)73.3%	(19)26.9%	(14)94.7%
Overall Compliance					-0.6%	93.9%	97.4%	94.8%	98.0%	95.3%	95.6%	97.5%	92.9%	81.9%	93.3%

Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	Estates
No. of health and safety incidents reported in a rolling 12 month period:	**2040**	**475**	**347**	**507**	**298**	**260**	**56**	**97**
Accident	**520**	132	100	119	69	58	13	29
Blood/bodily fluid exposure (dirty sharps/splashes)	**348**	99	59	72	50	58	4	6
Environmental Issues	**157**	19	29	16	33	31	9	20
Equipment / Device - Non Medical	**14**	7	1	4	2	0	0	0
Moving and Handling	**69**	24	12	15	11	4	1	2
Sharps (clean sharps/incorrect disposal & use)	**96**	36	16	9	10	24	0	1
Slips, Trips, Falls	**101**	17	18	15	13	11	8	19
Violence & Aggression	**703**	134	106	255	107	68	13	20
Work-related ill-health	**32**	7	6	2	3	6	8	0





A total of 2,040 health and safety incidents were reported in the previous 12 months.

987 (48%) incidents resulted in harm.

The highest reporting categories were violence and aggression (34%), accident (25%) and blood/bodily fluid exposure (17%).

1,431 (70%) of incidents affected staff, 548 (27%) affected patients and 61 (3%) affected others i.e. contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (36%), blood/bodily fluid exposure (23%) and accidents (18%).

The highest reported incident categories for patients were: accidents (47%), violence and aggression (29%) and environmental issues (9%).

The highest reported incident categories for others were: violence and aggression (36%), slips, trips and falls (36%) and environmental issues (15%).

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

The highest reporting division was division C with 507 incidents. Of these, 50% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (48%).

In the last 12 months, 59% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In November 2024, two incidents were reported to the HSE:

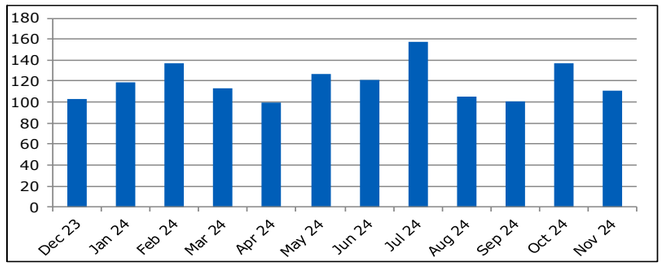
Dangerous Occurrence
The Injured Persons colleague was using a syringe to flush medication. The Injured Persons colleague then withdrew it and blood/bodily fluid splashed in the air. The Injured Persons was standing approximately four metres away and felt liquid splash in their eyes and mouth. The patient involved is HIV positive. First aid was administered in line with the Trust blood exposure policy and occupational health was attended for follow up.

Over 7 days
The Injured Person was in the doctor's meeting room and was moving to sit down at the desk. Whist going to sit down the Injured Person struck their head on a shelf, which was positioned at the end of the desk. No environmental conditions have been identified as a contributing factor to this incident. At the time of the incident the Injured Person reported head pain. Information provided by Occupational Health have confirmed the Injured Person sustained a concussion injury and continued to experience post-concussion symptoms.

Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

No. of health and safety incidents affecting staff:

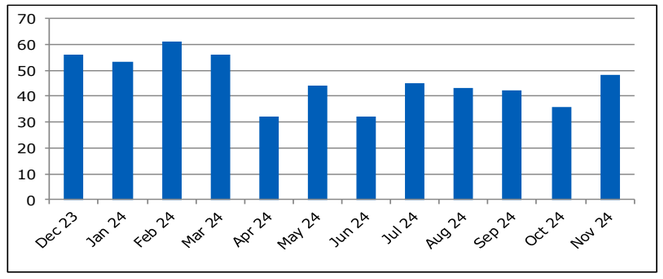


STAFF	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Total
Accident	9	23	19	29	18	17	18	27	25	24	27	24	**260**
Blood / bodily fluid exposure (dirty sharps / splashes)	21	23	30	25	22	31	35	33	19	30	27	27	**323**
Environmental Issues	9	7	9	8	2	5	7	15	7	5	12	11	**97**
Moving and handling	2	3	3	4	3	2	4	7	7	1	2	6	**44**
Sharps (clean sharps / incorrect disposal & use)	5	8	6	5	9	5	5	9	3	7	7	5	**74**
Slips, trips, falls	8	6	10	2	5	6	8	9	10	3	7	5	**79**
Violence & Aggression	42	47	57	40	38	60	41	55	32	29	50	31	**522**
Work-related ill-health	7	2	3	0	3	1	3	2	2	2	5	2	**32**
Total	**103**	**119**	**137**	**113**	**100**	**127**	**121**	**157**	**105**	**101**	**137**	**111**	**1431**

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

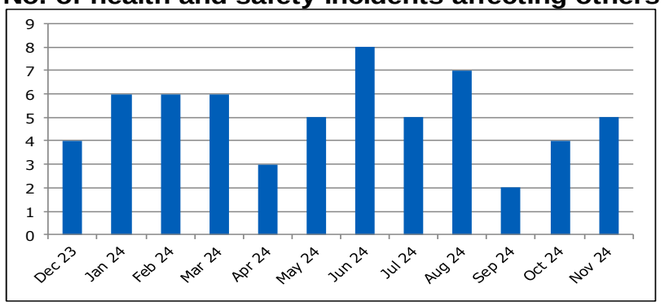
	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Total
No. of health & safety incidents	103	119	137	113	100	127	121	157	105	101	137	111	**1431**
Staff incident rate per month/ year	0.8	0.9	1.0	0.8	0.7	0.9	0.9	1.2	0.8	0.7	1.0	0.8	**10.6**

No. of health and safety incidents affecting patients:



PATIENT	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Total
Accident	22	19	19	21	14	22	19	18	31	26	23	22	**256**
Blood / bodily fluid exposure (dirty sharps / splashes)	3	0	2	2	2	0	2	3	2	3	1	2	**22**
Environmental Issues	5	3	4	3	2	7	3	10	2	3	3	6	**51**
Equipment / Device - Non Medical	1	2	3	1	2	1	1	0	1	0	2	0	**14**
Moving and handling	2	1	4	1	2	1	2	2	0	2	3	5	**25**
Sharps (clean sharps / incorrect disposal & use)	1	0	1	4	0	0	3	6	2	1	2	1	**21**
Violence & Aggression	22	28	28	24	10	13	2	6	5	7	2	12	**159**
Total	**56**	**53**	**61**	**56**	**32**	**44**	**32**	**45**	**43**	**42**	**36**	**48**	**548**

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



OTHER	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Total
Accident	2	0	2	0	0	0	0	0	0	0	0	0	**4**
Blood / bodily fluid exposure (dirty sharps / splashes)	0	1	2	0	0	0	0	0	0	0	0	0	**3**
Environmental Issues	0	0	0	0	1	0	1	2	1	0	1	3	**9**
Sharps (clean sharps / incorrect disposal & use)	0	1	0	0	0	0	0	0	0	0	0	0	**1**
Slips, trips, falls	1	3	0	2	1	3	3	1	3	2	2	1	**22**
Violence & Aggression	1	1	2	4	1	2	4	2	3	0	1	1	**22**
Total	**4**	**6**	**6**	**6**	**3**	**5**	**8**	**5**	**7**	**2**	**4**	**5**	**61**

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
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Report to the Board of Directors: 22 January 2025

Agenda item	9.1
Title	Nurse safe staffing
Sponsoring executive director	Lorraine Szeremeta, Chief Nurse
Author(s)	Amanda Small, Deputy Chief Nurse Sarah Raper, Roster Support Lead Annesley Donald, Deputy Director of Workforce
Purpose	To provide the Board with the monthly nurse safe staffing report.
Previously considered by	Management Executive, 16 January 2025

Executive Summary

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

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

Action required by the Board of Directors

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

Monthly Nurse Safe Staffing

Cambridge University Hospitals NHS Foundation Trust

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Sponsoring executive director: Lorraine Szeremeta, Chief Nurse

Amanda Small, Deputy Chief Nurse

Sarah Raper, Project lead - E rostering/Nurse safe staffing

Board of Directors: January 2025

Executive Summary

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

The vacancy position has been an improving trend over the last 2 months for Registered Nurses (RN's) at 5.1% (7.1% September), registered children's nurses (RSCN's) at 15% (21.8% September) and Registered Midwives (RM's) at 5.9% (8.9% September). The pipeline data demonstrates that there will be a continued decreasing trend over the next few months. Conversely, the vacancy rate for unregistered staff has remained static with the Health Care Support Workers (HCSW's) vacancy rate at 10% (10.1% in October) and the Maternity Care Assistants (MCA) vacancy rate at 28% (28% in October). The turnover rate in November remains high but relatively static for HCSW's at 13.8% (13.6% in October), RNs at 9.1% (9.1% in October) and RSCN's at 11.9% (11.3% in October). Conversely, the turnover rate has reduced slightly in maternity with RMs decreasing to 8.2% (9.3% in October) and MCA turnover rate to 28.1% (30.5% in October).

The planned versus actual staffing report demonstrates that there has been an improving trend in rota fill over the last 6 months with the exception of a slight increase in October. There were no areas in November reporting <90% rota fill for registered RN/RM. The number of areas reporting <90% rota fill for HCSWs in November has decreased to 7 from 11 in October which has led to a corresponding decrease in the number of ward areas reporting overall fill rates of <90% in November (2 compared to 4 in October). The overall fill rate for maternity in November has increased to 94% compared to 90.3% in October. The lowest overall fill rates have been seen in the Rosie Birth Centre and Lady Mary Ward which have been mitigated through redeployment of staff where required to meet acuity needs.

The total unavailability of the workforce working time in November has remained relatively static at 24.9% (25.5% in October). The majority of unavailability (11%) was due to planned annual leave which would have been accounted for in the department rosters. Sickness absence has been an increasing trend over the last 4 months from 4.3% in August to 7.1% in November. There has been a decrease in supernumerary time in November to 1.96% from 2.1% in October. Conversely, study leave has remained relatively static at 2.8% (2.71% in October).

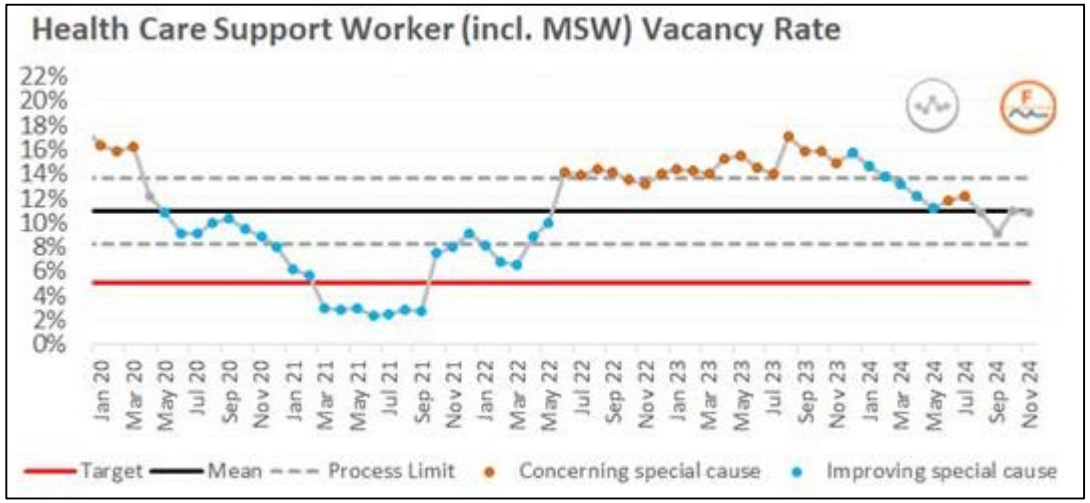
Over the last 5 months we have seen a decreasing trend in the number of bank shift requests for registered staff to mitigate those areas who have less than a rota fill of 90% or to cover an unmet specialling need. The number of requests for registered staff in November was an average of 1802 shifts per week compared to 1879 shifts per week in October. There has also been a correlating increase in the average bank fill rate to 83.4% (82% in October). Conversely, the number of requests for Health care support workers and Maternity support workers has increased slightly in November to an average of 1797 shifts per week compared to an average of 1651 shifts per week in October. There has been a correlating decrease in the average bank fill rate to 75.4% from 77.8% in October. Whilst redeployment of nurses and midwives has remained necessary due to ensuring the right skill mix in each area, this has been a decreasing trend over the last 5 months with 225 working hours being redeployed per day in November compared to 381 hours in July. This equates to 19 long day or night shifts per day (22 in October).

There have been 0 occasions in November that 1 critical care nurse has needed to care for more than 1 level 3 patient (2 in October). The number of times that there has been no side room coordinator has decreased significantly in November to 3 occasions compared to 30 occasions in October. Any concerns with regards to critical care staffing is escalated through the senior nurse of the day.

Combined Nursing and Midwifery Staffing Position Vacancy Rates

Graph 1. Nursing and midwifery vacancy rates

Graph 2. Healthcare Assistant vacancy rates



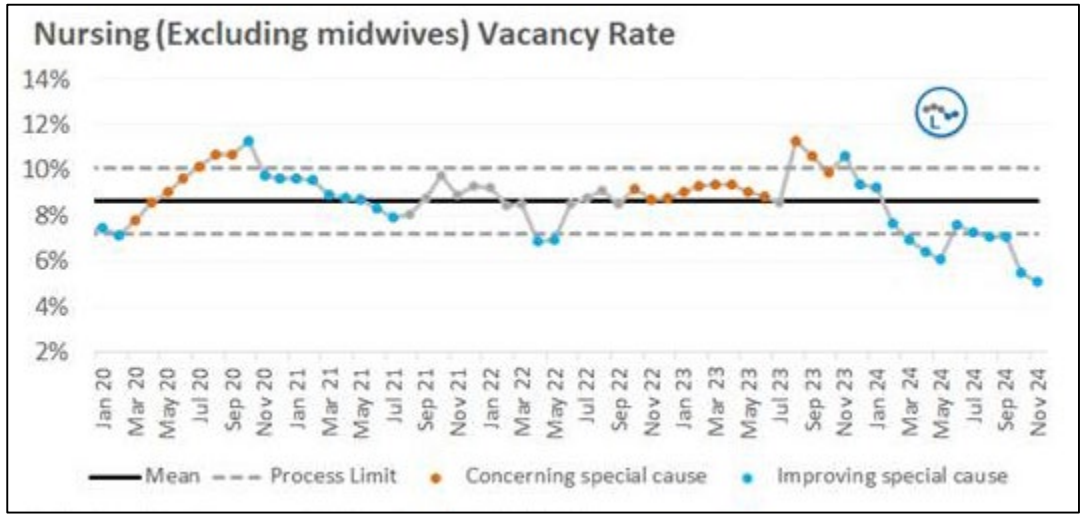
Vacancy position

The combined vacancy rate for Registered Nurses (RN's) and Registered Midwives (RM's) has been a decreasing trend over the last 2 months to 5.1% in November (7.2% in September). Conversely, the vacancy rate for Health care support workers (HCSW's) including Maternity Care Assistants (MCA's) has remained relatively static at 10.8% in November (11% in October). When broken down further into Nursing and Midwifery specific vacancies, the HCSW vacancy rate (excl MCA) remains static at 10% (10.1% in October) and the MCA vacancy rate is static at 28%.

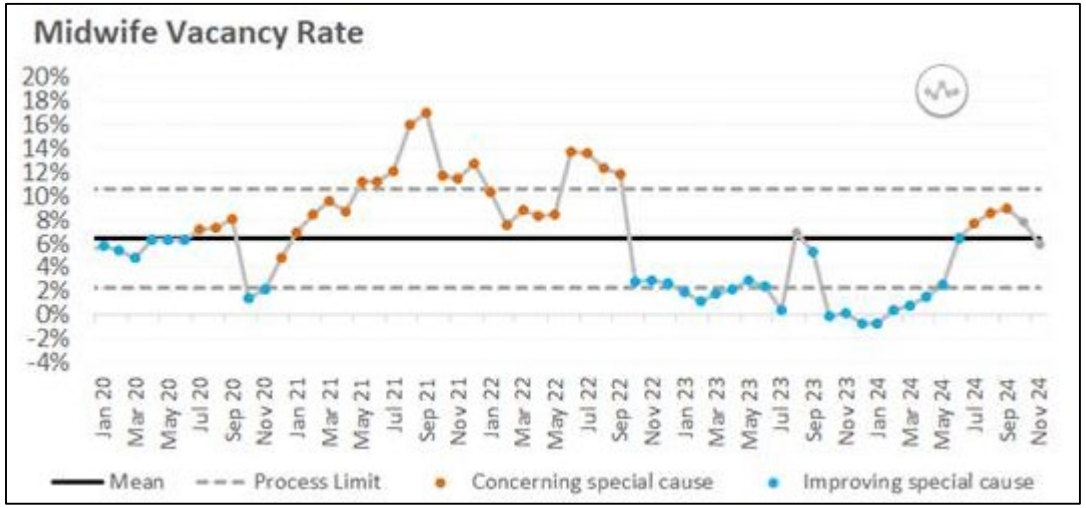
Whilst the HCSW (including MCA's) turnover rate remains high in November, it has been static over the last 5 months at 14.4%. When the turnover rate is broken down further into Nursing and Midwifery specific data, the HCSW (excl MCA) turnover rate has been relatively static at 13.8% (13.6% October) whereas the MCA turnover rate has decreased slightly to 28.1% from 30.5% in October. The main reason for HCSWs leaving is voluntary resignation – work life balance (30.4%) with the next highest reason being voluntary resignation – relocation (22%). The leavers destination is unknown for the majority of HCSWs (37.2%), 17.8% of HCSW's are leaving for no employment and 14.6% are leaving to take up employment in other NHS organisations.

Staffing Position Vacancy Rates for Registered Nurses and Registered Midwives

Graph 3. Registered Nurse vacancy rates



Graph 4. Registered Midwife vacancy rates



Vacancy position

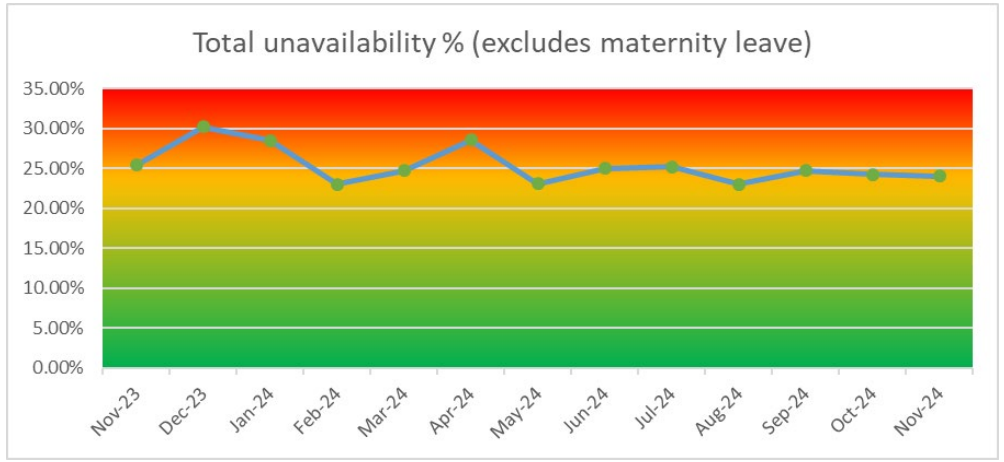
As illustrated in graph 3, the vacancy rate for RN's working in adult areas has been an improving trend, decreasing to 5.1% in November from 7.1% in September. The pipeline data demonstrates that there will be a continued decreasing trend over the next few months. Similarly, whilst the vacancy rate for registered children's nurses remains high at 15% in November, this is also a decreasing trend from 21.8% in September.

As illustrated in graph 4, the vacancy rate for Registered Midwives had been an increasing trend up to a high of 8.9% in September however over the last 2 consecutive months, this has decreased to 5.9% in November. The pipeline data demonstrates that this decreasing trend will continue over the next few months.

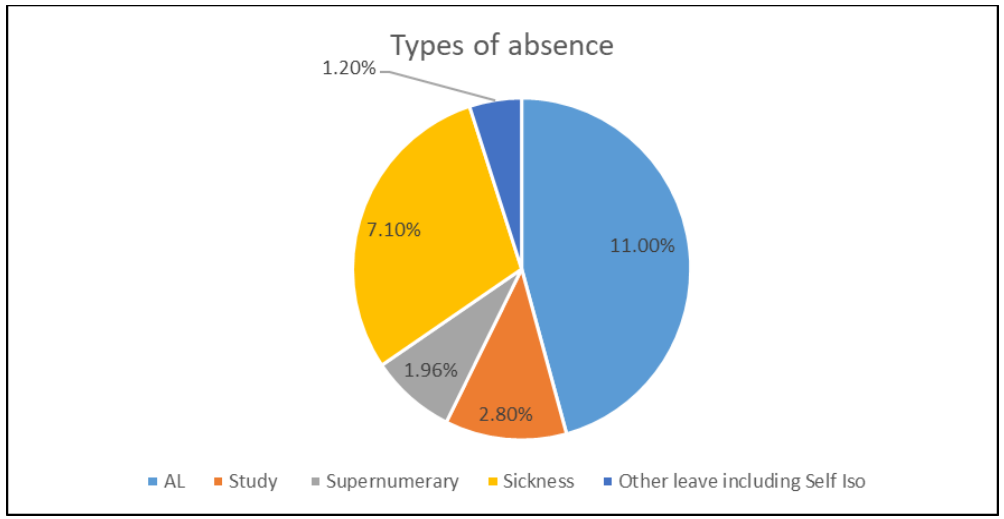
The turnover rate in November remains high and static for RNs in adult areas at 9.1% and registered children's nurses at 11.9%. Conversely, the turnover rate for RMs has reduced slightly to 8.2% from 9.3% in October. The main reasons for RMs and RNs leaving is voluntary resignation – relocation (38.5% RM's and 39.3% RNs). The leavers destination data demonstrates that 32.6% of RNs and 23.1% of RMs are leaving to take up employment in other NHS organisations. 30.8% of RMs are leaving for no employment compared with 11.1% of RNs.

Unavailability for Registered Nurses, Midwives and Health Care Support Workers

Graph 5. Unavailability of staff



Graph 6. Types of absence

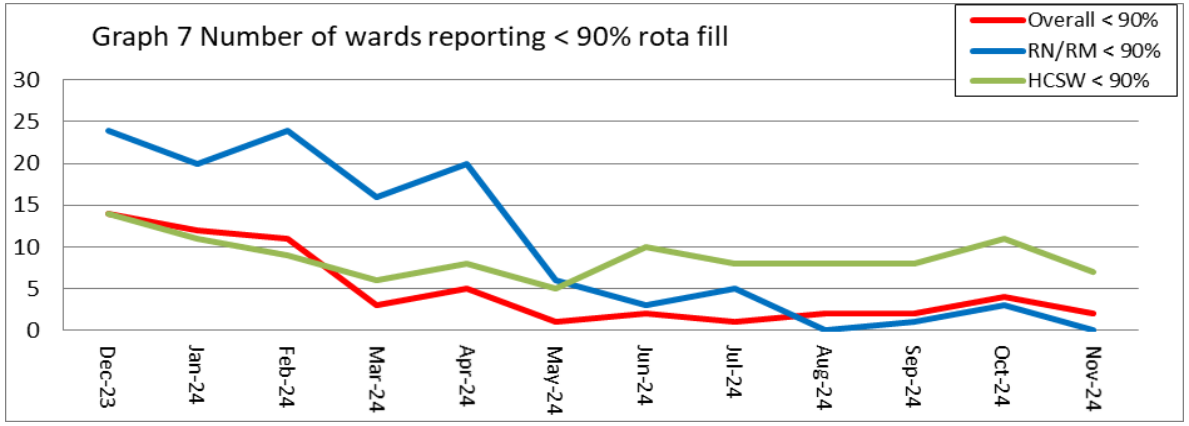


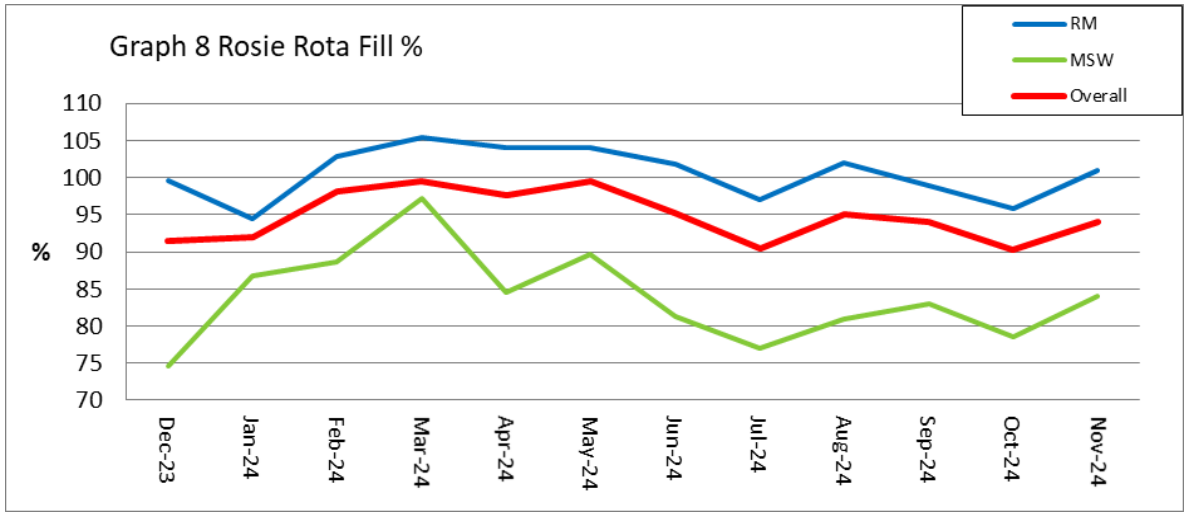
Unavailability of staff

Unavailability relates to periods of time where an employee has been given leave from their regular duties. This might be due to circumstances such as annual leave, sick leave, study leave, carers leave etc. As illustrated in graph 5, the total unavailability of the workforce working time in November has remained relatively static at 24.9% (25.5% October).

Graph 6 illustrates the percentage breakdown of the type of unavailability. This demonstrates that the majority of unavailability (11%) was due to planned annual leave which would have been accounted for in the department rosters. Sickness absence has been an increasing trend over the last 3 months from 4.3% in August to 7.1% in November. There has been a decrease in supernumerary time in November to 1.96% from 2.1% in October. Conversely, study leave has remained relatively static at 2.8% (2.71% in October).

Planned versus actual staffing





Planned versus actual staffing

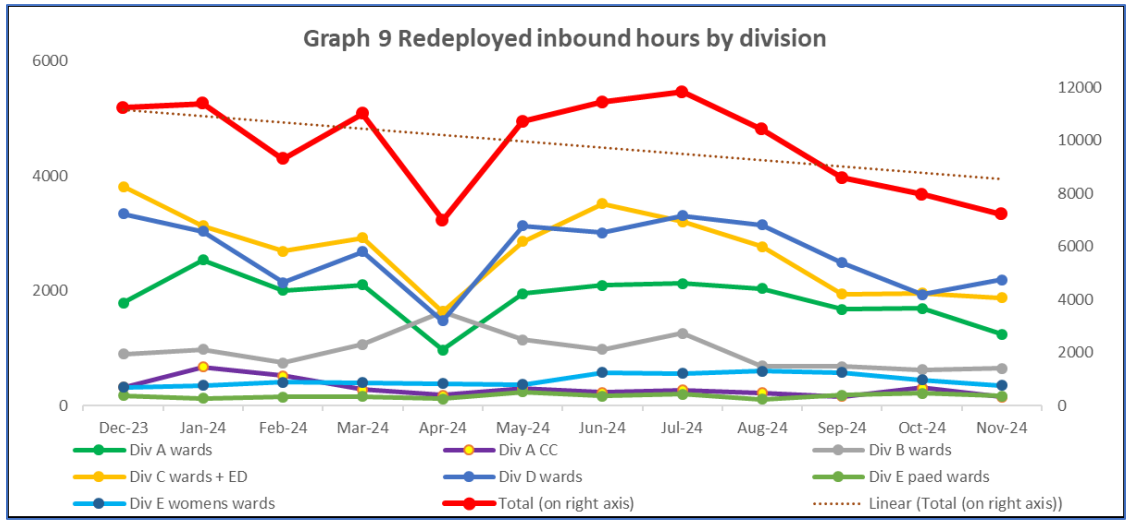
Graph 7 illustrates trend data for all wards reporting < 90% rota fill and shows that this has been an improving trend over the last 6 months (with the exception of a slight increase in October). There were no areas in November reporting <90% rota fill for registered RN/RM. The number of areas reporting <90% rota fill for HCSWs in November has decreased to 7 from 11 in October which has led to a corresponding decrease in the number of ward areas reporting overall fill rates of <90% in November (2 compared to 4 in October). Appendix 1. details the exception reports for Division E as the only division reporting overall fill rates of <90%.

There have been no occasions in November that 1 critical care nurse has needed to care for more than 1 level 3 patient (2 in October). The number of times that there has been no side room coordinator has decreased significantly in November to 3 occasions compared to 30 occasions in October. Any concerns with regards to critical care staffing is escalated through the senior nurse of the day.

Midwifery & MSW fill rate

Graph 8 illustrates that the overall fill rate for maternity in November has increased to 94% compared to 90.3% in October. The lowest overall fill rates have been seen in the Rosie Birth Centre and Lady Mary Ward which have been mitigated through redeployment of staff where required to meet acuity needs.

Staff deployment



Staff deployment

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

The number of substantive staff redeployed has been a decreasing trend over the last 5 months with 225 working hours being redeployed per day in November compared to 381 hours in July. This equates to 19 long day or night shifts per day (22 in October). Staffing is also being supported by the operational pool whereby bank staff book a bank shift on the understanding that they will work anywhere in the trust where support is required although the fill rate on the operational pool is decreasing in line with the decreasing bank enhancements/requirements in place. A review of the reason for why redeployment is still required despite the improving staffing position has demonstrated that this is due to skill mix and ensuring that the staff have the right skills, in the right place to provide specialist care to patients.

Nursing Pipeline

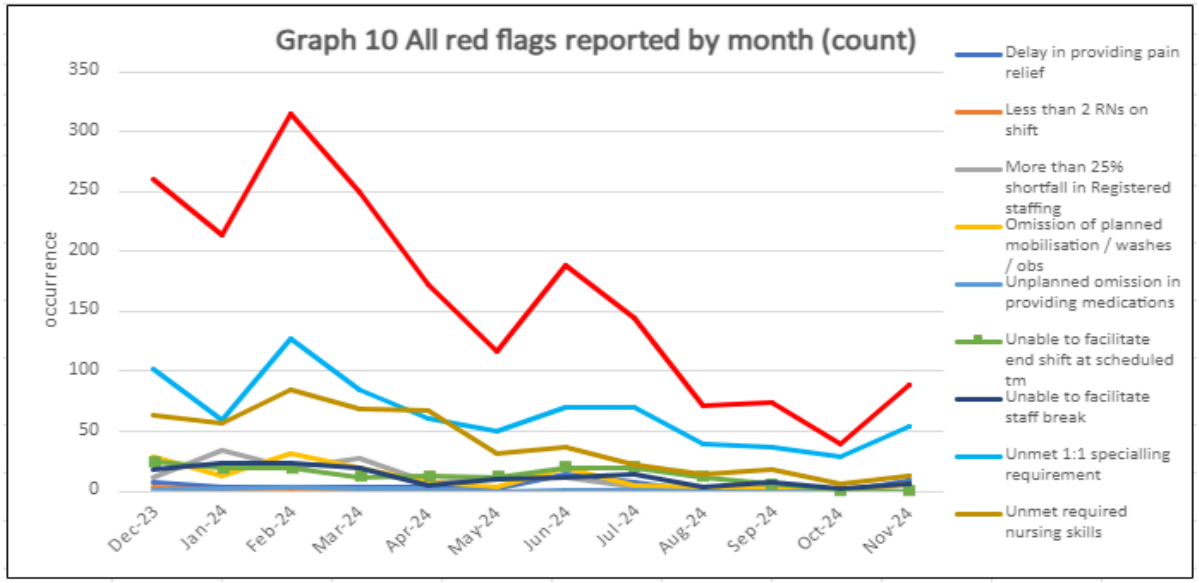
Appendix 2 provides detail on the forecasted position in relation to the number of adult RN vacancies based on FTE and includes UK experienced, UK newly qualified, apprenticeship route, EU and international up to March 2025. The current forecast demonstrates a year end band 5 RN vacancy position of 1.3% which is better than the target of 5%. Due to the low vacancy rate for band 5 adult RNs, placement of international nurses and newly qualified nurses is becoming challenging therefore the number of internationally recruited adult nurses has been reduced for the remainder of this financial year however international recruitment will continue for specialist areas such as Critical Care, Theatres and Paediatrics.

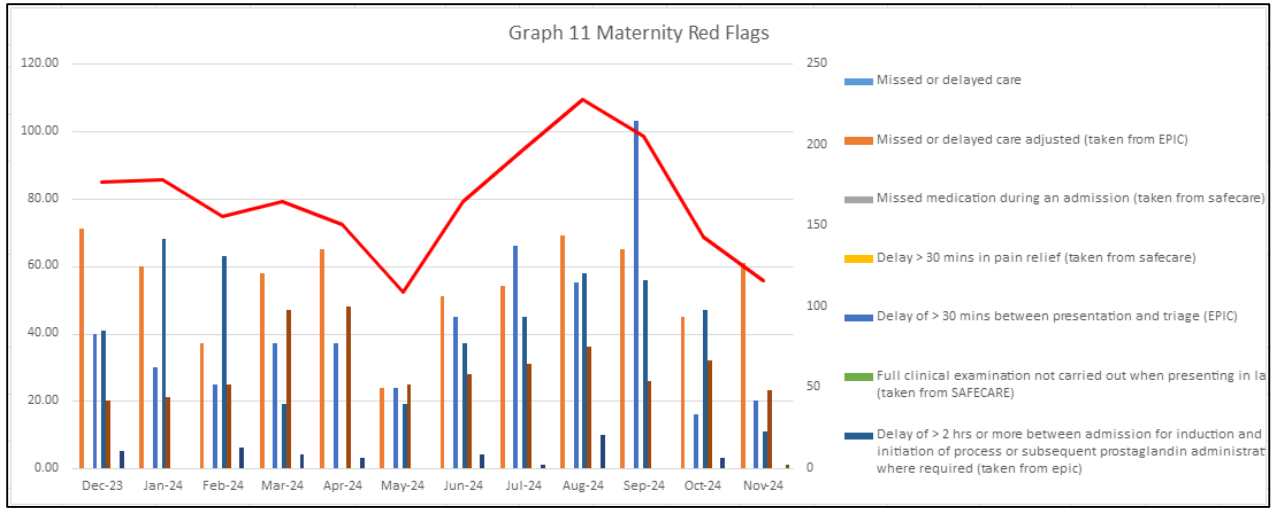
Appendix 3 provides detail on the forecasted position in relation to the number of Paediatric band 5 RN up to March 2025. Numbers are based on those interviewed and offered positions in addition to planned campaigns. The current forecast demonstrates a year end band 5 Paediatric RN vacancy position of 6.58% (March 2025). Appendix 4 provides detail on the forecasted position in relation to number of HCSW vacancies up to March 2025 with a predicted year end vacancy rate of 4.88%.

Appendix 5 provides detail on the midwifery band 5 and 6 position up to March 25. Numbers are based on those offered posts due to start in October 24. The year end position for RMs is currently predicted to be 5.29%.

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

Red flags





Red Flags

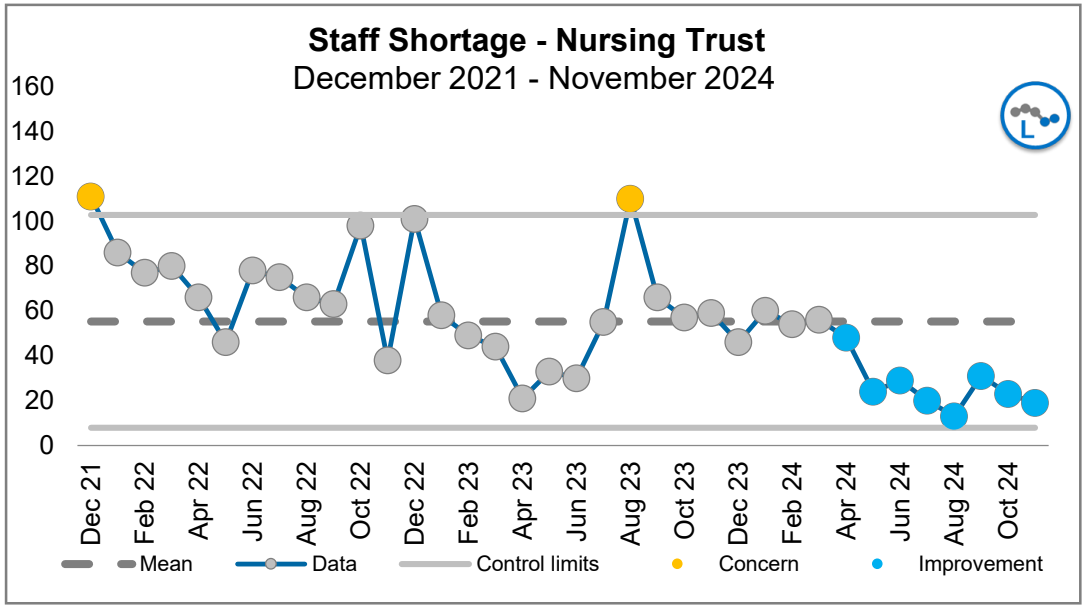
A staffing red flag event is a warning sign that something may be wrong with nursing or midwifery staffing. If a staffing red flag event occurs, the registered nurse or midwife in charge of the service should be notified and necessary action taken to resolve the situation.

Nursing red flags

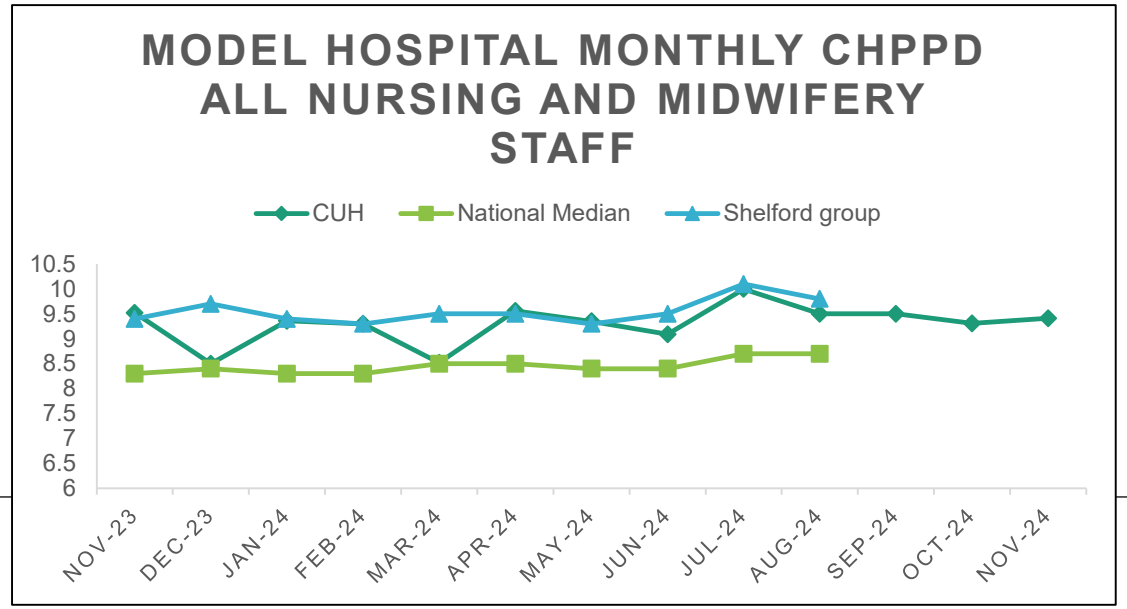
There has been an increase in the number of red flags reported in November as illustrated by Graph 10 (88 compared to 40 in October). This doesn't correlate with the improving vacancy position however the majority of the increase in red flags reported has been in relation to an unmet 1:1 specialling requirement (54 occasions compared with 29 in October). A trust wide improvement project focusing on specialling/enhanced observations has recommenced, the impact of this will be reviewed as the project progresses. There have been 13 red flags raised for unmet required nursing skills (6 in October) and 9 red flags for delay in providing pain relief (0 in October).

Maternity red flags

The number of maternity red flags had been an increasing trend from May to August however over the last 3 months, there has been a significant decrease with 116 red flags reported in November compared to 228 in August. Graph 11 illustrates the red flags that have been reported with the highest reported being missed or delayed care (61 compared to 45 in October). There has been a significant reduction in the number of red flags reported due to a delay of 2 hours or more between admission for induction & initiation of process (11 in November compared to 47 in October). Similarly, the number of red flags reported due to a delay of greater than 6hrs in transfer to the delivery unit during the induction of labour process has decreased to 23 compared to 32 in October. High numbers of unresolved red flags that cannot be mitigated will trigger escalation to the divert policy with actions including:- redeployment of staff to higher acuity areas, seeking support from system for elective work such as caesarean sections and inductions of labour.



Graph 13: Care Hours Per Patient Day (CHPPD)



Incidents reported relating to staff shortages

Graph 12 illustrates that there had been a decreasing trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing during this financial year with the exception of September where there was a sharp increase to 31 incidents however this has decreased to 19 incidents reported in November. The majority of these incidents were spread evenly across Division A (6 incidents reported), Division D (4 incidents reported) and Division E (4 incidents reported). Division B reported 2 incidents and Division C reported 3 incidents.

Care hours per patient day (CHPPD)

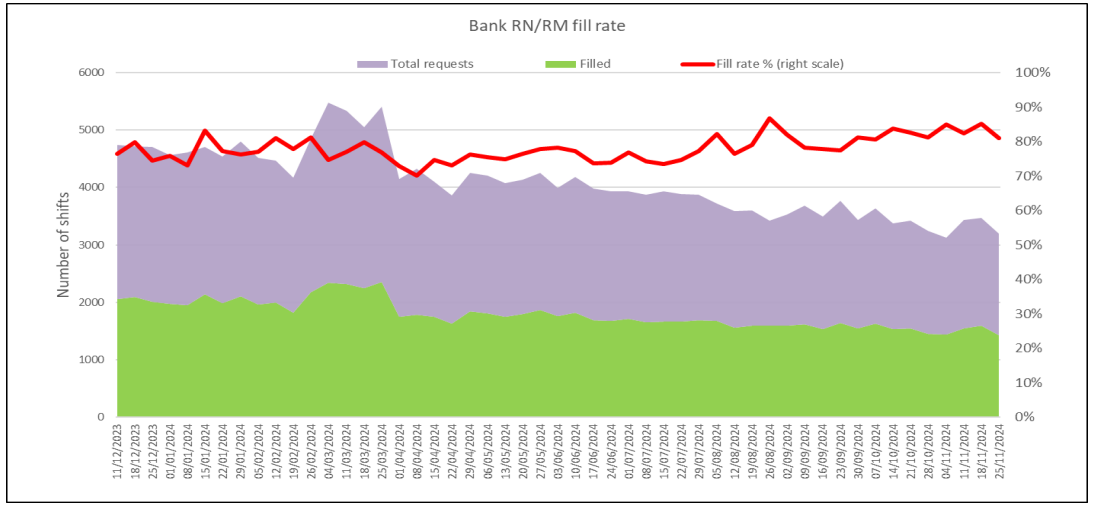
Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff including AHPs) divided by the bed state captured at 23.59 each day. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. All Trusts are required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

CUH CHPPD recorded for November has remained relatively static at 9.41 compared to 9.31 in October. This is slightly lower than the Shelford hospital average of 9.8. Please note that model hospital currently is reporting August 2024 data as illustrated in graph 13.

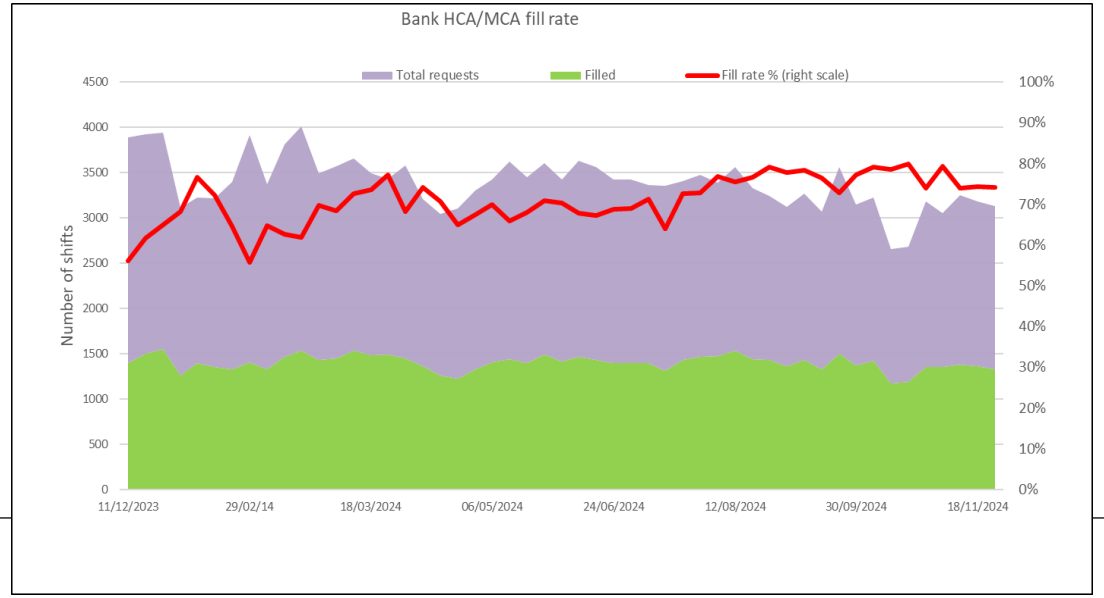
In maternity, from 1 April 2021, the total number of patients now includes babies in addition to transitional care areas and mothers who are registered as a patient. CHPPD for the delivery unit in November has increased to 15.31 from 14.29 in October.

Bank Fill Rate and Agency Usage

Graph 14 Registered RN/RM Bank fill rate per week



Graph 15 HCSW/MSW bank fill rate per week



Bank fill rate

The Trust's Staff Bank continues to support the clinical areas with achieving safe staffing levels. Graph 14 and 15 illustrate the trends in bank shift fill rate per week. Over the last 5 months we have seen a decreasing trend in the number of bank shift requests for registered staff to mitigate those areas who have less than a rota fill of 90% or to cover an unmet specialling need. The number of requests for registered staff in November was an average of 1802 shifts per week compared to 1879 shifts per week in October. There has also been a correlating increase in the average bank fill rate to 83.4% (82% in October).

Conversely, the number of requests for Health care support workers and Maternity support workers has increased slightly in November to an average of 1797 shifts per week compared to an average of 1651 shifts per week in October. There has been a correlating decrease in the average bank fill rate to 75.4% from 77.8% in October.

In addition to bank workers, we have the equivalent of 5.5 WTE agency workers (6.5WTE in October) working across the divisions to support staffing challenges in the short term. This agency usage has reduced across all areas with the exception of division E where the staffing challenges remain. The use of agency staff is monitored through the bank enhancement meeting and reduced as safe staffing allows.

Short term pay enhancements for bank shifts have been put in place to support staff being deployed. Any bank enhancements in place are reviewed regularly (at least on a 6-weekly basis) through the weekly bank enhancement meeting and are for fixed periods of time. There is a reducing trend in the use of bank enhancements which will continue to decrease as the vacancy decreases.

Appendix 1: Exception report by Division

	Nov-24								
	Unit	Speciality	% fill registered	% fill care staff	Overall filled %	CHPPD	Analysis of gaps	Impact on Quality / outcomes	Actions in place
E	Lady Mary	501 - OBSTETRICS	97%	75%	88%	4.31	MSW vacancy 11%	Staffing reviewed to ensure safe care, Staff moved within service to provide safe staffing.	Pipeline of staff January Feb 2025
E	Rosie Birth Centre	560 - MIDWIFE LED CAI	97%	69%	89%	14.45	MSW vacancy 11%	Staffing reviewed to ensure safe care, Staff moved within service to provide safe staffing.	Pipeline of staff & recruitment event Jan 2025

Appendix 2: Adult RN Recruitment pipeline

Adult band 5 RN position based on predictions and established FTE															
Month	UK based exp. applicants	Anglia Ruskin NQ (60% of graduates)	Other NQ	Nursing Associates	NAP	Return to Practice	Overseas	Total New Starters	Leavers FTE	Promotions and transfer out of scope- retained by the trust	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Apr-24	8		2				31	41	8	9	1788	1816	1.58%	29	32.6
May-24	4						27	31	11	9	1805	1815	0.56%	10	19.67
Jun-24	2	2					23	27	13	8	1811	1813	0.16%	3	13.55
Jul-24	4	1					19	24	16	7	1812	1813	0.08%	2	7.9
Aug-24	8	1					18	27	15	7	1847	1813	-1.85%	-34	11.87
Sep-24	6	12					19	37	17	15	1813	1813	-0.01%	0	20.43
Oct-24	2	24			32			58	9	18	1832	1813	-1.05%	-19	49.24
Nov-24	3	11			8		10	32	7	17	1840	1813	-1.46%	-26	24.54
Dec-24	3	3						6	13	12	1821	1813	-0.41%	-7	-7
Jan-25	3	3					5	11	13	12	1807	1813	0.36%	7	-2
Feb-25	1							1	13	12	1783	1813	1.68%	31	-12
Mar-25	1	18	8	2			3	32	13	12	1790	1813	1.30%	24	19
TOTAL	44.9	75	10	2	40	0	155	326.9	149.1	138	1790	1813	1.30%	24	177.8

Appendix 3: Paediatric RN pipeline

Paediatric band 5 RN position based on predictions and established FTE														
Month	UK based exp. applicants	Anglia Ruskin NQ	Other NQ	NAP	Nursing Associate Apprentice	Overseas	Total New Starters FTE	Leavers FTE (based on leavers in the last 12 months)	Promotions and transfer out of scope- retained by the trust	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Apr-24	8	1				4	13		2	194	237	17.95%	42	13
May-24						1	1	4	1	190	237	19.75%	47	-3.25
Jun-24						5	5	1	2	189	239	20.68%	49	4
Jul-24		1	1			6	8	2	3	192	239	19.43%	46	6
Aug-24	1					3	4	1	1	194	239	18.59%	44	3
Sep-24	1	2				2	5	1	1	197	239	17.50%	42	3.6
Oct-24	2	9		1			12	3	1	213	239	10.77%	26	8.92
Nov-24		9				1	10	2	1	225	239	5.74%	14	7.71
Dec-24	1						1	3	1	222	239	7.00%	17	-2
Jan-25		5				4	9	3	1	227	239	4.91%	12	6
Feb-25	1						1	3	1	224	239	6.16%	15	-2
Mar-25	1					2	3	3	1	223	239	6.58%	16	0
TOTAL	14.92	27	1	1	0	28	71.92	26.94	16	223	239	6.58%	16	0

Appendix 4: Band 2 HCSW Recruitment pipeline

Band 2 HCSW position based on predictions and established FTE									
Month	UK based applicants	Apprenticeship (direct entry)	Nursing Associate Apprentices	Total New Starters FTE	Leavers FTE	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE
Apr-24	31			31	8	1193	1364	12.53%	171
May-24	26		8	34	10	1205	1364	11.67%	159
Jun-24	24		15	39	11	1233	1391	11.38%	158
Jul-24	41		3	44	17	1250	1423	12.16%	173
Aug-24	32			32	11	1271	1423	10.74%	153
Sep-24	22		1	23	8	1289	1422	9.32%	132
Oct-24	23		1	24	12	1265	1420	10.94%	155
Nov-24	23		1	24	12	1277	1420	10.09%	143
Dec-24	15		1	16	13	1280	1420	9.88%	140
Jan-25	20		23	43	16	1307	1420	7.98%	113
Feb-25	21			21	13	1315	1420	7.42%	105
Mar-25	24		25	49	13	1351	1420	4.88%	69
TOTAL	301.3	0	78	379	144	1351	1420	4.88%	69.34

Appendix 5: Band 5 and 6 RM recruitment pipeline

Midwives Band 5 & 6 RM position based on predictions and established FTE									
Month	Band 6 UK based exp. applicants	Band 5 Newly Qualified	Overseas (Band 6)	Total New Starters	Leavers FTE	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE
Apr-24		1		1	1	177	179	1.53%	2.74
May-24	1	1		2	2	177	179	1.53%	2.74
Jun-24	1			1	3	175	179	2.38%	4.27
Jul-24				0	2	173	189	8.45%	15.97
Aug-24				0	1	172	189	8.98%	16.97
Sep-24	1			1	5	171	189	9.43%	17.82
Oct-24		3		3	1	173	189	8.37%	15.82
Nov-24	4	12		16	1	179	189	5.29%	10
Dec-24	1	3		4	2	181	189	4.23%	8
Jan-25		1		1	1	181	189	4.23%	8
Feb-25		1		1	2	180	189	4.76%	9
Mar-25				0	1	179	189	5.29%	10
TOTAL	7.84	22	0	29.84	22	179	189	5.29%	10

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

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Report to the Board of Directors: 22 January 2025

Agenda item	9.4
Title	Finance report
Sponsoring executive director	Mike Keech, Chief Finance Officer
Author(s)	As above
Purpose	To update the Board on financial performance in 2024/25 M8
Previously considered by	Performance Committee, 15 January 2025

Executive Summary

The report provides details of financial performance during 2024/25 Month 8. A summary is set out in the Chief Finance Officer's message on pages 3-5 of the report.

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

Action required by the Board of Directors
The Board is asked to note the finance report for 2024/25 Month 8 (November 2024).

Title	Page

Contents

Trust actual surplus / (deficit)

£1.4m	*Actual (adjusted)**
£1.4m	*Plan (adjusted)**
£1.5m	*Actual YTD (adjusted)**
£4.4m	*Plan YTD (adjusted)**

Elective Payment Mechanism (EPM)

EPM replaced ERF in 23/24 for the variable element of elective performance. Pending publication of 24/25 baselines forecast based on 23/24 methodology.

	In month	YTD
EPM forecast actual	£22.8m	£170.8m
Target adj. block increase	n/a	n/a
EPM actual + block increase	n/a	n/a
EPM original plan	£23.3m	£178.1m
EPM original target	£19.4m	£150.7m

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

Net current assets

(£108.8m)	*Actual*
(£98.3m)	*Plan*

Debtor days

31	*This month*
33	*Previous month*

Payables performance (YTD) **

84.9%	*Value*
89.1%	*Quantity*

EBITDA

£31.7m	*Actual YTD*
£31.1m	*Plan YTD*

Capital expenditure

£5.7m	*Capital - actual spend in month*
£31.4m	*Capital - actual spend YTD*
£39.6m	*Capital – plan YTD*

Cash

Cash

£109.3m	*Actual*
£135.3m	*Plan*

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

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

Month 08 Financial Performance

- **The Month 08 year to date financial position is a £1.5m surplus for performance management purposes**. This position is adverse to plan by £2.9m.
- The forecast outturn performance for CUH currently remains to achieve the break-even planned position.
- However, lower than planned improvements in productivity at Month 08 continue to place the break-even forecast at risk and this position will therefore remain under review as forecasts are updated.
- DHSC and Treasury have agreed financial support for the impact of Industrial Action (IA) with a £1m allocation to CUH included in the Month 06 position. This is below the level previously expected by CUH leaving a shortfall against the IA pay expenditure and no support for IA lost income.

- The following key points should be noted:
  - In line with the Trusts 2024/25 financial plan this position includes £13.3m of non-recurrent support (£20.0m full year).
  - The adverse position is mainly attributable to the unfunded impact of IA on both pay (£0.5m) and lower elective activity (£1.1m) and unfunded net pay award (£0.8m).
  - The final Elective Payment Mechanism (EPM) baselines, used to calculate elective income levels, have not yet been published by NHSE. Elective service performance has been forecast using the 2023/24 baselines and is estimated at £7.3m below planned levels – a £0.4m deterioration in month. This will be subject to change.
  - The average daily EPM planned income increased in Month 03 and maintains this level for the remainder of the financial year. Improvements in productivity to achieve this increase in Elective service levels will be required in order to maintain the forecast break-even financial performance.

- Income adverse variance of £6.9m:
  - Clinical income is adverse to plan by £7.3m. EPM variable income is under performing by £7.3m offset by drugs and devices pass-through income over performance of £5.2m with all other clinical income lines adverse to plan by £5.3m (fixed income £0.7m ahead of plan with adverse variances for the CDC (£2.1m), devolved administrations (£0.8m), income deferrals for specific schemes (£2.2m) and various other adjustments (£0.9m).
  - Devolved income is favourable to plan by £0.4m. Adverse variances for pay award income to cover forecast gap (£3.4m) and fire safety works (£3.7m) are offset by Donated income (£2.2m) and net VAT rebate (£1.3m). Please see pages 08-12.
- Pay favourable variance of £9.4m – the position includes £1.5m of unplanned Medical and Dental Industrial Action expenditure incurred in the year to date. The pay budgets have been uplifted to reflect the full impact of 24/25 pay settlements. The favourable position due to delayed service developments, reductions in temporary pay expenditure and elements of temporary pay expenditure are not uplifted for the pay awards.
- Non pay (including drugs) adverse variance of £1.9m - this position includes underspends linked to devolved income under performance, including fire safety works (£3.7m), CDC (£1.7m) and premises costs (£2.7m) are offset by pass-through drugs expenditure. Please see pages 15-16.

Elective Payment Mechanism (EPM)

- Elective activity recovery in 24/25 is expected to be via a 'variable' element of the contract, as per 23/24 approach, where Trusts are paid on PbR for a selection of activity including Elective Inpatients, Day-cases, Outpatient First attendances, Outpatients procedures and Chemotherapy.
- At the time of Month 08 reporting, draft information has been shared at Commissioner level however final guidance and targets at a provider and commissioner level for 24/25 are yet to be published. A review of Month 01 to Month 05 published performance information suggests that the methodology used by the Trust to assess EPM performance in year is well aligned.
- Month 08 actuals are internal estimates based on recent performance and will be subject to change.
- At Month 08 YTD performance for the **EPM was £20.1m ahead of target and £7.3m below plan**.

Productivity and Efficiency Programme (PEP)

- The Trust efficiency plan includes a 'minimum' target of £53.0m in year delivery and a 'stretch' target of £25.0m. Combined the Trust is targeting recurrent £78.0m of recurrent (full year effect) savings by the year-end. The additional target is required to ensure that the financial run-rate at the year-end is in balance.
- The Trust has delivered £32.8m of efficiencies in the financial year – £2.5m behind plan. This shortfall is driven by the productivity workstream (£9.2m) partially offset by divisional cost reduction which are ahead of plan by £6.7m. The delivery of the productivity PEP schemes has been adversely impacted by Industrial Action in Month 03 and Month 04.
- Against the £78.0m recurrent PEP target the Trust has now identified £75.2m of schemes and these are currently forecast to deliver £62.7m of recurrent savings against the £78.0m target.
- The current position indicates that significant progress has been made in identifying the required recurrent target but the current schemes and ideas will need to be further developed in the remaining months of the financial year to ensure that the Trust can exit the financial year in recurrent financial balance.

Cash and Capital Position

- The Trust has received an initial system capital allocation for the year of £34.9m for its core capital requirements. In addition to this, we expect further funding including; Children's Hospital (£9.5m); Cancer Hospital (£13.7m); Addenbrooke's 3 (£3.0m grant); Heat Pumps (£3.0m grant). Together with capital contributions from ACT (£1.6m), the University (£2.2m), technical adjustments in respect of PFI, and additional funding announced in June (linked to achievement of key targets and balanced plan submission), the Trust's capital budget for the year now totals £71.3m.
- Capital expenditure to date at Month 8 is £31.4m, which is behind the plan of £39.6m. This underspend relates to the Cancer and Children's Hospital schemes (which have ring-fenced funding that we expect to be adjusted to match actual spend for the year), whereas the main capital programme is £4.9m ahead of plan at this stage. We are forecasting achievement of the capital plan and the Capital Advisory Board is actively managing any changes in forecasts as the year progresses.
- The Trust's cash position remains strong and the 13 week cash flow forecast does not identify any need for additional revenue cash support in the foreseeable future.

£ Millions	In Month Budget	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Full Year Budget	Full Year Forecast	Full Year Variance
Clinical Income - exc. D&D*, EPM	68.0	68.5	0.5	555.5	550.2	(5.3)	835.8	894.5	58.7
Clinical Income - EPM variable	23.3	22.8	(0.5)	178.1	170.8	(7.3)	254.9	227.3	(27.6)
Clinical Income - D&D*	19.3	18.4	(0.9)	143.2	148.4	5.2	219.3	187.7	(31.6)
Devolved Income	18.3	17.6	(0.6)	146.2	146.6	0.4	216.3	223.0	6.7
Total Income	**128.8**	**127.3**	**(1.5)**	**1,023.0**	**1,016.1**	**(6.9)**	**1,526.3**	**1,532.6**	**6.3**
Pay	71.9	70.2	1.8	573.4	564.0	9.4	861.9	851.8	10.1
Drugs	18.0	19.2	(1.2)	144.8	153.0	(8.2)	216.9	230.3	(13.4)
Non Pay	34.2	32.6	1.6	273.7	267.4	6.3	407.3	404.4	2.9
Operating Expenditure	**124.1**	**121.9**	**2.2**	**991.9**	**984.4**	**7.6**	**1,486.2**	**1,486.6**	**(0.4)**
EBITDA	**4.7**	**5.4**	**0.7**	**31.1**	**31.7**	**0.6**	**40.1**	**46.0**	**5.9**
Depreciation, Amortisation & Financing	3.5	3.7	(0.2)	28.3	29.1	(0.8)	42.5	43.8	(1.4)
Other gains/losses including disposal of assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Reported gross Surplus / (Deficit)	**1.2**	**1.6**	**0.5**	**2.8**	**2.6**	**(0.2)**	**(2.4)**	**2.2**	**4.6**
Add back technical adjustments:									
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital donations/grants net I&E impact	0.2	(0.3)	(0.4)	1.2	(1.4)	(2.7)	1.9	(2.7)	(4.6)
IFRIC 12 scheme adjustments	0.0	0.0	(0.0)	0.3	0.3	(0.0)	0.5	0.5	0.0
Net benefit of PPE consumables transactions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Adjustment to remove PDC Dividend Benefit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) NHS financial performance basis	**1.4**	**1.4**	**0.0**	**4.4**	**1.5**	**(2.9)**	**0.0**	**0.0**	**(0.0)**
Adjustment to exclude non-recurrent support	(1.7)	(1.7)	0.0	(13.3)	(13.3)	0.0	(20.0)	(20.0)	0.0
Surplus / (Deficit) NHS financial performance basis excluding non-recurrent support	**(0.3)**	**(0.3)**	**0.0**	**(8.9)**	**(11.8)**	**(2.9)**	**(20.0)**	**(20.0)**	**(0.0)**

Please note that the values reported in the above table and throughout the report are subject to rounding
* D&D – drugs and devices.

Summary financial position

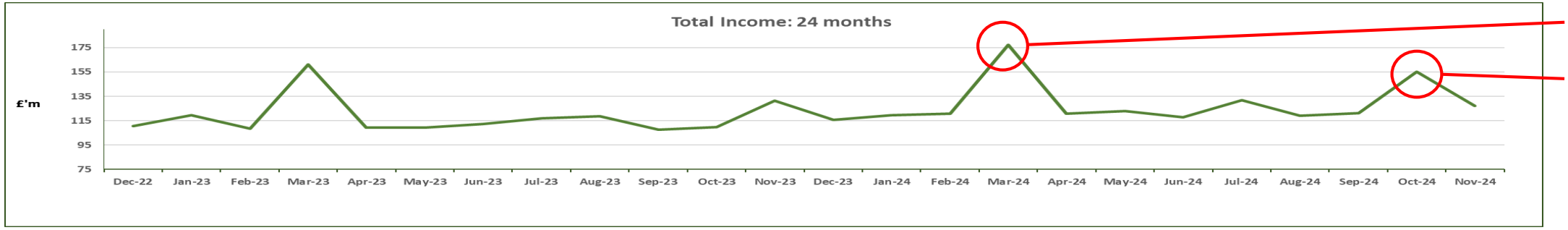
NHS E reporting categories £'m	M08 YTD Plan	M08 YTD Actual	Variance	Key Variances
Operating income from patient care activities	876.8	869.5	(7.3)	The position is adverse to plan by £7.3m and includes planned non-recurrent financial support of £7.6m. Elective activity income was lower than planned due to the lower elective activity than planned (£7.3m). Pass-through drugs and devices income that is above the commissioned plan by £5.2m. Other clinical income lines are adverse to plan by £5.3m - Fixed elements is ahead of plan by £0.7m with adverse variances for CDC (£2.1m), devolved administrations (£0.8m), income deferrals for specific schemes (£2.2m) and various other adjustments (£0.9m). The position includes £26.3m of pay award funding – this is in addition to the base funding allocations of 2.1%.
Other operating income	146.2	146.6	0.4	Other operating income is favourable to plan by £0.4m. This is due to favourable variances for donated asset income (£2.2m), net VAT recovery reviews (£1.3m) and £2.3m of income risk adjustments (part of the overall non-recurrent income support package) and £1.3m service recharge income. Adverse variances for pay award funding gap (£2.8m) and fire safety works (£3.7m). There are corresponding favourable expenditure variance for these items at Month 08. Within the position there is planned non-recurrent income support of £5.6m.
Total income	**1,023.0**	**1,016.1**	**(6.9)**	
Employee expenses	(573.4)	(564.0)	9.4	The Trust has a favourable pay position of £9.4m in the year to date. The favourable position is explained by slippage against planned budgets/developments combined with lower bank expenditure than planned. As noted in this report the full effect of the pay award is mitigated where staff groups are currently out of scope i.e. non Agenda for Change bank and locums and Agency staff. The position includes unplanned industrial Action expenditure of £1.5m.
Operating expenses excluding employee expenses	(443.6)	(445.4)	(1.9)	At Month 08 the Trust is reporting an adverse non-pay of variance of £1.9m, within this figure there is an adverse drugs variance of £8.2m. The non pay position includes favourable variances for premises costs (£6.4m) driven by lower than planned fire safety works (£3.6m); and other non pay costs (£3.9m) offset by adverse variances for goods and services lines (£3.4m) and movement in credit loss (£0.6m).
Operating surplus / (deficit)	**6.1**	**6.7**	**0.6**	
Finance costs				
Finance income	5.2	4.2	(1.0)	
Finance expense	(6.3)	(6.3)	0.1	
PDC dividends payable/refundable	(2.1)	(2.1)	0.1	
Net Finance costs	**(3.2)**	**(4.1)**	**(0.8)**	
Reported gross surplus/(deficit)	**2.8**	**2.6**	**(0.2)**	
Add back technical adjustments:				
Impairments	0.0	0.0	0.0	
Capital donations / Grants net I&E impact	1.2	(1.4)	(2.7)	Adjustment for donated income (£2.2m) offset by donated depreciation (£0.8m).
IFRIC 12 scheme adjustments	0.3	0.3	(0.0)	
Net benefit of PPE consumables transactions	0.0	0.0	0.0	
Adjustment to remove PDC dividend benefit	0.0	0.0	0.0	
Surplus/(Deficit) - NHS financial performance basis for the year to date	**4.4**	**1.5**	**(2.9)**	

Key messages:

- On an NHS financial performance basis, the Trust is reporting a £1.5m surplus – this is a £2.9m adverse variance to plan and is driven by the lost income and unfunded pay pressures arising from the IA and the excess cost impact of the 24/25 pay awards.

Plan performance FY24/25 (continued)

£'m	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Elective admissions	15.2	15.2	(0.1)	117.5	113.3	(4.2)
Non-elective admissions	18.3	20.0	1.6	149.1	148.2	(0.8)
Outpatients - First	5.0	4.5	(0.5)	38.6	35.7	(2.9)
Outpatients - Follow-up	7.0	6.5	(0.5)	54.0	54.7	0.7
A&E	5.6	6.4	0.8	45.9	49.1	3.2
High-cost drugs and devices income	19.3	18.4	(0.9)	143.2	148.4	5.2
Other Clinical Income	40.0	38.7	(1.3)	328.5	320.1	(8.5)
Total Clinical Income	**110.6**	**109.7**	**(0.9)**	**876.8**	**869.5**	**(7.3)**
Devolved Income	18.3	17.6	(0.6)	146.2	146.6	0.4
Total Trust Income	**128.8**	**127.3**	**(1.5)**	**1,023.0**	**1,016.1**	**(6.9)**



Note: The March 2024 figures include additional pension contribution funding (£29.9m), the impact of R&D consortium arrangements accounted for in M12 (£15.0m.

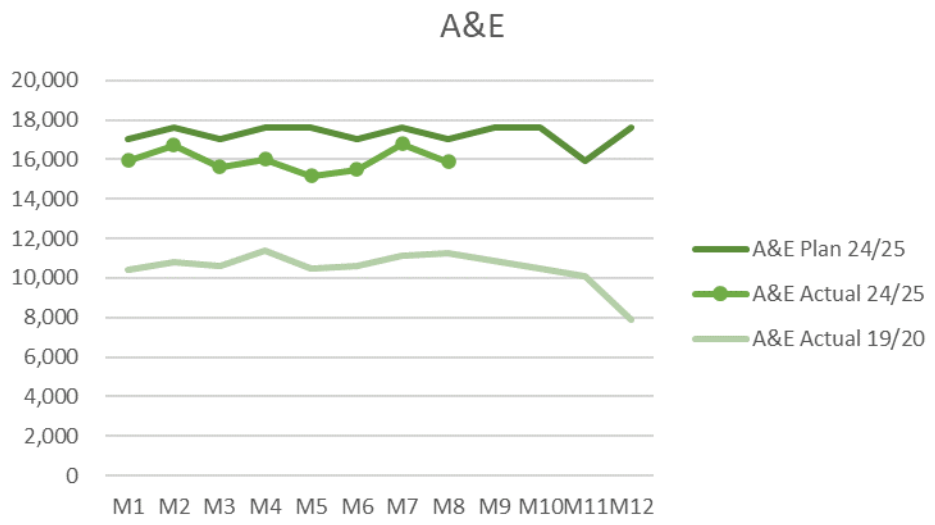
Note: The October 2024 income position includes £26.5m of additional funding to cover pay awards above initial 2.1% planned levels

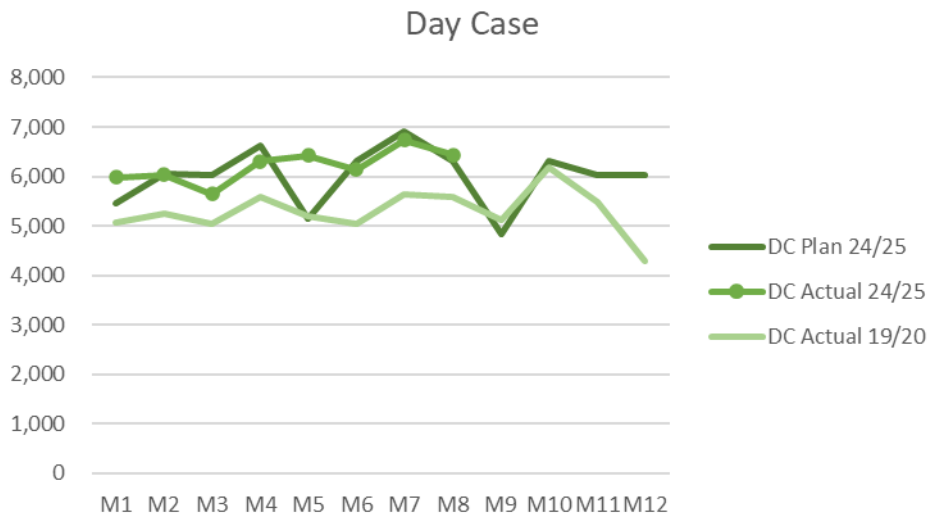
Key messages:

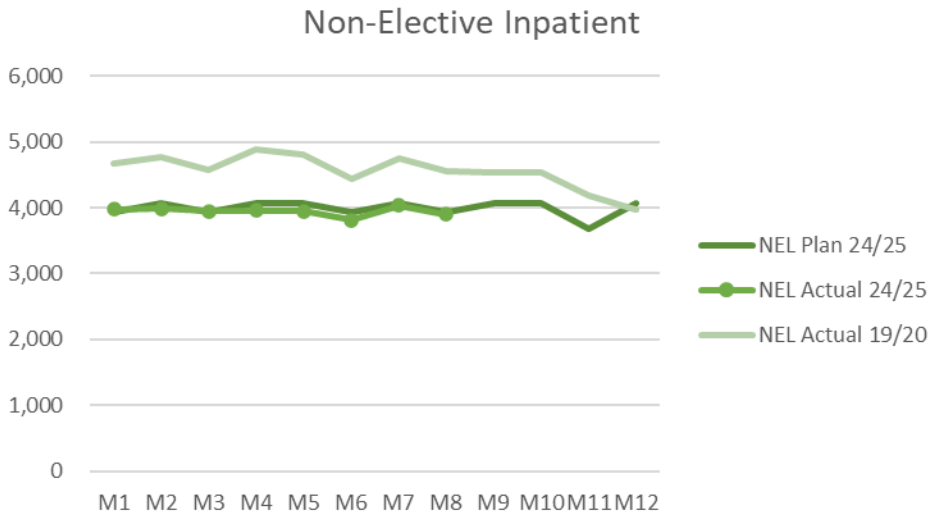
- The Trust income position is adverse to plan by £1.5m in month and £6.9m adverse year to date. The clinical income position is adverse to plan by £7.3m year to date and includes planned non-recurrent financial support of £7.6m (part of the £16m support planned for the financial year). £1.0m of Industrial Action pay funding has been provided by NHSE – this is £0.5m lower than IA pay costs and includes no support for lost IA Clinical income estimated at £1.1m.
- Within Clinical income, elective variable elements (EPM) are £7.3m adverse to plan – an adverse movement of £0.4m in month indicating the Trust continues to miss it's elective plan. Drugs and devices pass-through income is £5.2m favourable to plan and all other clinical income lines are adverse to plan by £5.3m. Fixed income elements are £0.7m ahead of plan with adverse variances for the CDC (£2.1m), devolved administrations (£0.8m), income deferrals for specific schemes (£2.2m) and various other adjustments (£0.9m).
- High-cost drugs and device income (pass-through drugs and devices) is £5.2m favourable to plan for the financial year so far (Drugs £2.1m and Devices £3.1m).
- Year to date devolved income is favourable to plan by £0.4m - this includes donated asset income (£2.2m favourable), additional VAT rebates (£1.3m), service recharges (£0.5m), R&D income (£2.9m), offset by adverse variances for pay award funding gap (£2.8m) and fire safety works (£3.7m). The devolved income includes £3.0m of non-recurrent support as part of the £16m support, £2.6m of further non-recurrent support as part of the £4m plan.

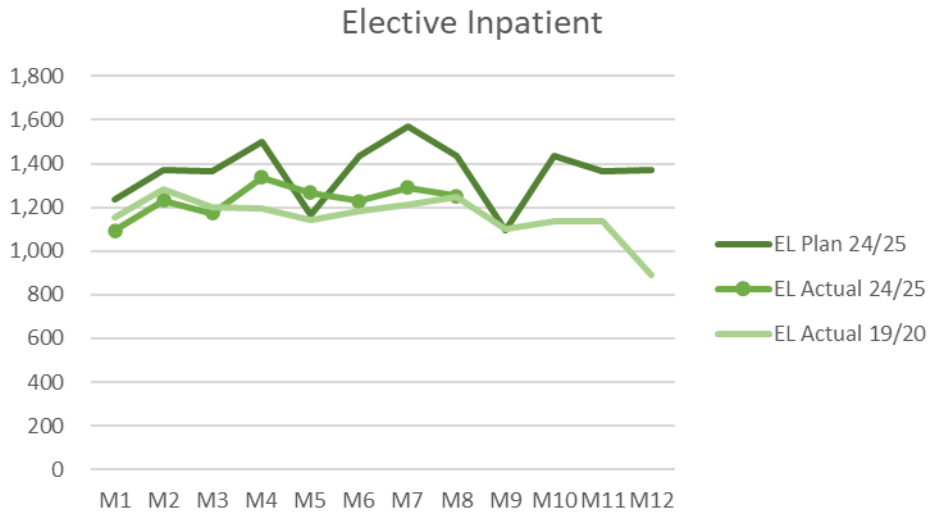
Clinical and other income

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



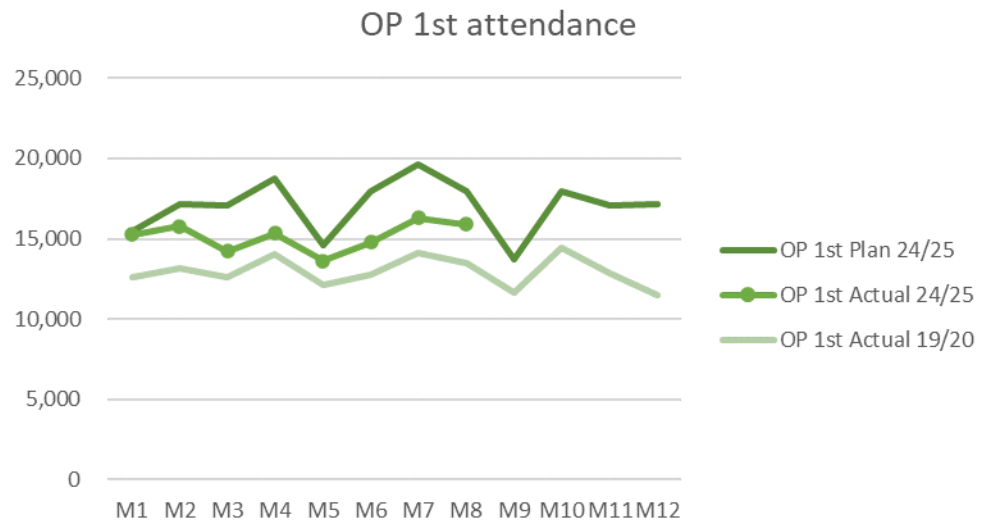


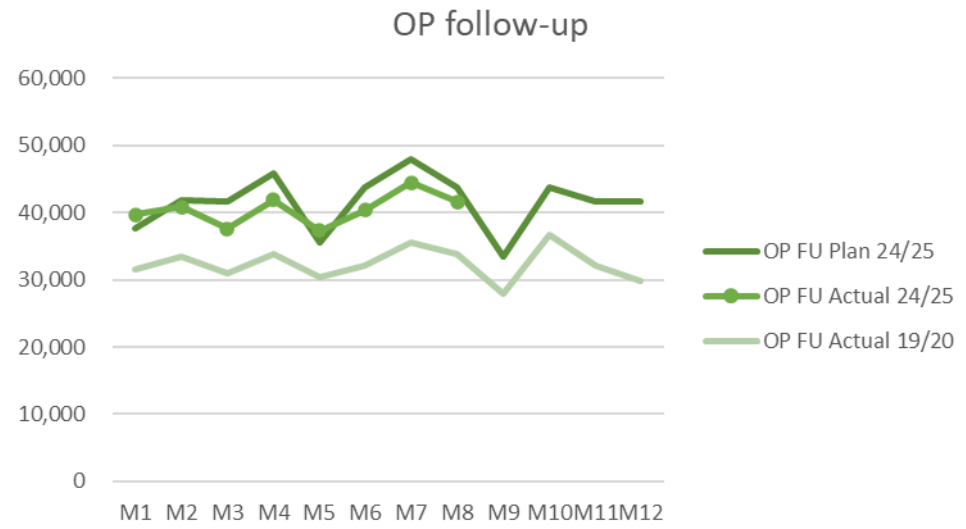


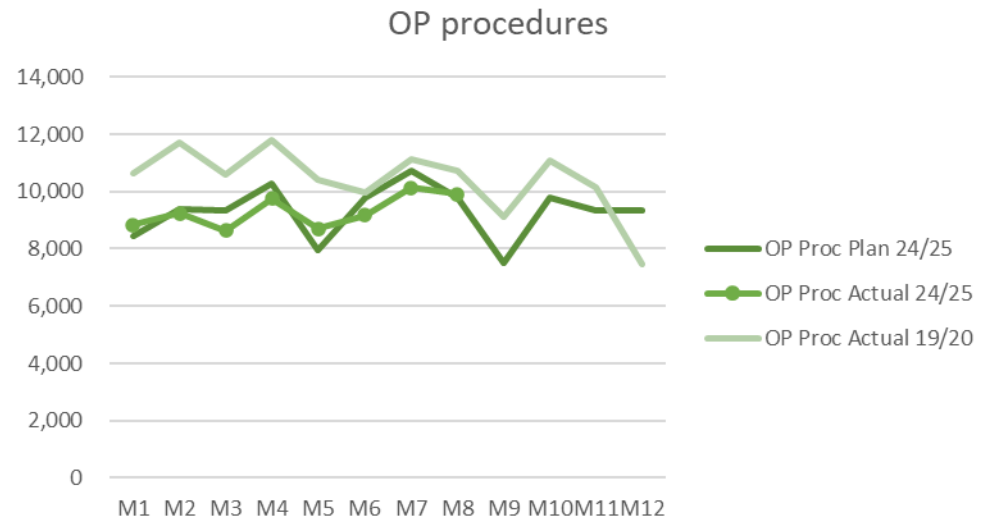


Clinical and other income (continued)

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







Key messages:

At month 8 YTD, the following positions are showing:

- A&E attendances are 7.9% below plan.
- Non elective spells are 1.4% below plan.
- Elective spells are 10.9% below plan.
- Day cases are 1.7% above plan.
- Outpatient 1st attendances are 12.6% below plan.
- Outpatient follow-up attendances are 4.2% below plan.
- Outpatient procedures are 1.8% below plan.

Clinical Income – Elective Payment Mechanism (EPM)

EPM:
Elective activity recovery in 24/25 is expected to be via a 'variable' element of the contract, as per 23/24 approach, where Trusts are paid on PbR for a selection of activity including Elective Inpatients, Day-cases, Outpatient First attendances, Outpatients procedures and Chemotherapy.

At the time of Month 08 reporting, draft Month 01 to 05 performance and updates to targets has been shared, but only at Commissioner level, showing that targets will be reduced to flow 23/24 over-performance in 24/25 payments. Final guidance and targets at a provider and commissioner level for 24/25 are yet to be published.

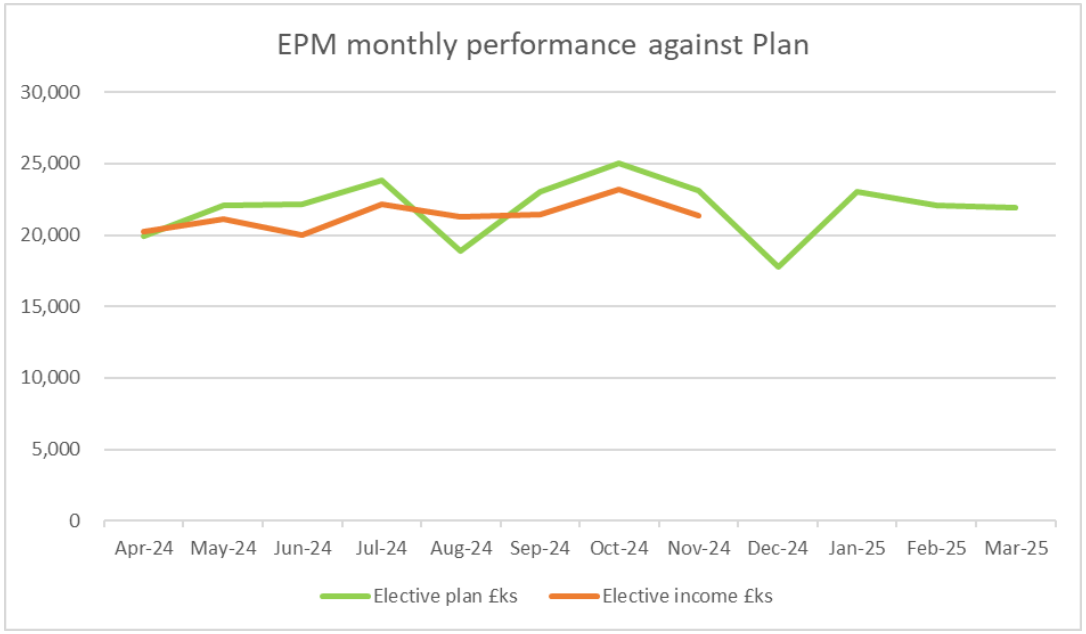
Using the recently shared information, indications are that the data aligns well to the values the Trust has recognised for Month 01 to Month 05. The table shows the rolled forward 23/24 national methodology estimated in the year to date.

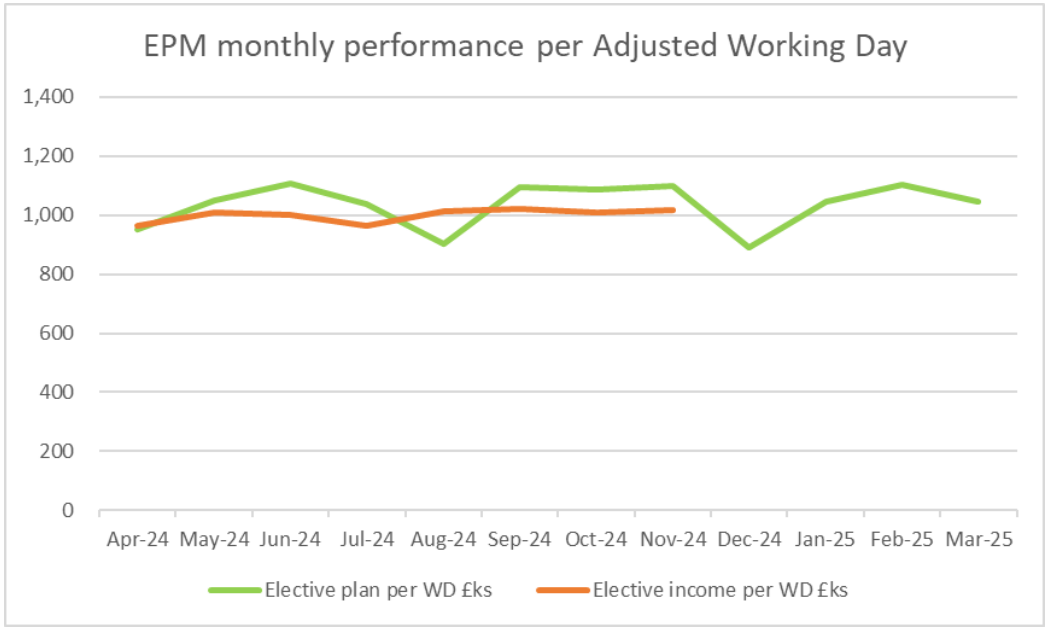
Month 08 actuals are estimates based upon recent performance and Month 08 internal operational dashboard projections and will be subject to change once fully coded data is available.

EPM is £20.1m above national target YTD and £7.3m below internal planned levels.

Commissioner	Month 08 24/25						YTD 24/25					
	Target	Actual	Variance	Plan	Actual	Variance	Target	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
NHSE	7.2	8.6	1.4	8.6	8.6	(0.0)	56.2	60.0	3.7	66.5	60.0	(6.5)
C&P ICB	6.7	8.6	1.9	8.3	8.6	0.3	53.3	67.3	14.0	64.2	67.3	3.1
Associate ICBs	3.7	4.1	0.4	4.6	4.1	(0.5)	29.6	34.0	4.4	35.8	34.0	(1.8)
M08 estimate Hub extra capacity impact	1.7	1.5	(0.2)	1.7	1.5	(0.2)	11.6	9.5	(2.1)	11.6	9.5	(2.1)
Total	**19.4**	**22.8**	**3.4**	**23.3**	**22.8**	**(0.5)**	**150.7**	**170.8**	**20.1**	**178.1**	**170.8**	**(7.3)**

Clinical Income – Elective Payment Mechanism (EPM) Monthly View





The graphs above detail both the monthly variable elective income performance values and those values per average working day, to highlight the change in average productivity required to achieve our plan.

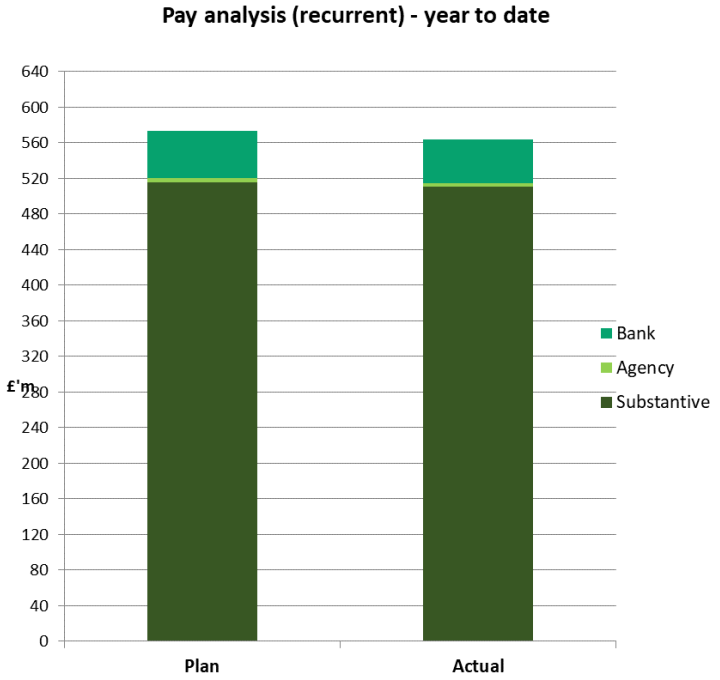
It is important to note that whilst the monthly profile is changeable (due to Summer and Christmas capacity constraints), the average elective variable income per working day is smoother.

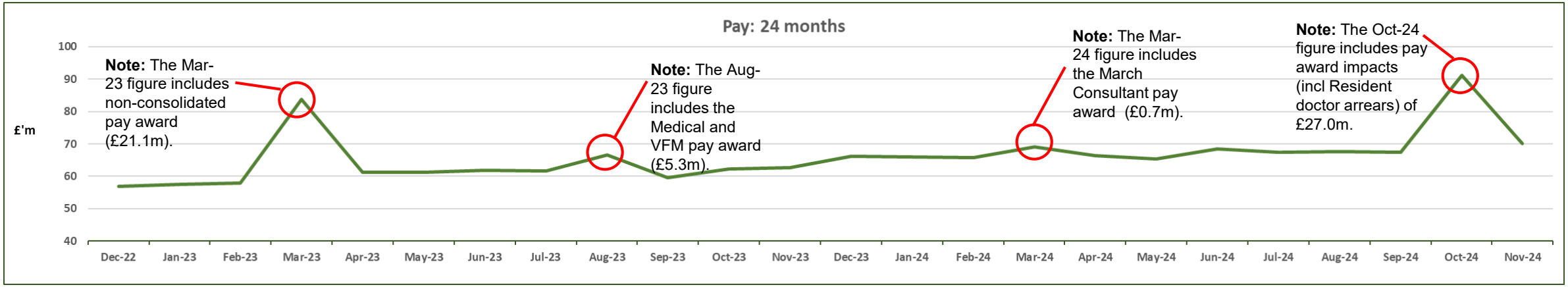
This highlights the significant increase in the daily target from Month 03 onwards, of approximately (£0.1m or 11%) compared to the average of Months 01 and 02.

This equates to a growth in target of c. £1.9m per month from Month 03 onwards when compared to the average for Month 01 and 02.

Key messages:

- The Trust has reported a £1.8m favourable position in month and a favourable year to date pay variance of £9.4m. The position includes £1.5m of unplanned Medical and Dental bank expenditure arising from the Industrial Action in June and July.
- The Trust pay budgets have been uplifted by £31.0m reflect the full impact 24/25 pay settlements (including 23/24 Resident doctor arrears of £3.0m) however the actual expenditure incurred is lower than planned due to vacancies against planned developments including Community Diagnostics Centres (£0.9m) and the delayed opening of Neuro theatres. Increased control of temporary staffing expenditure has reduced the expenditure run-rate.
- Some elements of the Trust pay cost base have not received pay uplifts (Medical and Dental locum/bank staff and Agency assignments.
- The Trust has identified a funding gap of c£5.1m on the recurrent cost of the pay awards and has escalated the issue to NHS E regional and national teams.
- Bank spend as a proportion of the year to date pay bill is 8.7% while agency spend for the same time period is 0.8%. This compared to 10.3% for bank and 1.1% for agency in 23/24 – these costs were driven by significant additional industrial action expenditure. The year to date position includes vacancy factors and pay efficiency targets of £19.8m.
- Whilst the in year pay position appears favourable to budget the Trust is focused on ensuring that the 24/25 exit run-rate is managed via the identification of 'stretch' recurrent PEP combined with tight management of the recruitment pipeline.





Note:. Central NHS pension contributions are excluded from March '23 and March '24 totals.

Pay expenditure – trend and year to date

Pay - Staff group

£ Millions	In Month Budget	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance
Administrative & Clerical & Ancilary	12.6	12.0	0.6	99.8	96.8	3.0
Allied Healthcare Professionals	4.0	4.0	0.1	31.5	33.4	(1.9)
Clinical Scientists & Technicians	6.7	5.9	0.8	52.9	49.2	3.7
Medical and Dental	23.6	23.6	0.0	190.4	189.6	0.8
Nursing	25.0	24.7	0.3	198.8	195.0	3.8
Other Pay costs	0.0	0.0	0.0	0.0	0.0	0.0
Total Pay Cost	**71.9**	**70.2**	**1.8**	**573.4**	**564.0**	**9.4**

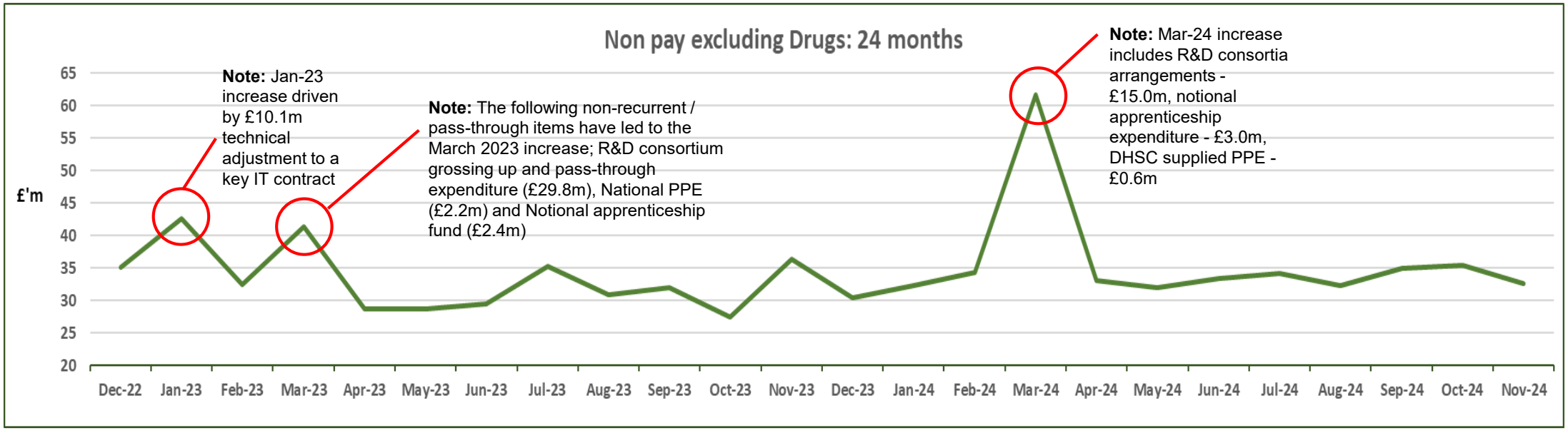
Pay - Employee type

£ Millions	In Month Budget	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance
Agency	0.7	0.2	0.5	5.3	4.4	0.9
Bank	6.6	5.7	0.9	52.8	49.3	3.6
Contracted	0.3	0.2	0.1	2.8	3.4	(0.6)
Substantive	64.4	64.1	0.3	512.5	506.9	5.6
Other Pay costs	0.0	0.0	0.0	0.0	0.0	0.0
Total Pay Cost	**71.9**	**70.2**	**1.8**	**573.4**	**564.0**	**9.4**

Key messages:

- Pay expenditure was £1.8m favourable to budget in month with a favourable variance of £9.4m year to date. Non-recurrent costs for Medical staffing arising from the recent Industrial Action total £1.5m year to date.
- Pay award uplifts of £31m have been reported in the Month 08 position. This includes c£3.0m for Resident doctors 23/24 arrears.
- The Trust pay budgets have been uplifted to reflect the full impact 24/25 pay settlements however the actual expenditure incurred is lower than planned. Bank staff paid under Agenda for Change terms and conditions have received a pay award but other staff groups are not contractually entitled to arrears. R&D contracts are subject to a separate contract negotiation and so expenditure is currently constrained within the original planned levels. Resident Doctors and Agenda for Change additional increments have been paid in Month 08.
- Agency spend year to date represents 0.8% of Trust wide pay expenditure. This remains below the comparable expenditure level in 23/24 of 1.1% and is significantly below the NHS E threshold targets.

Pay expenditure (continued)



Key messages:

- At Month 08 the Trust is reporting an adverse non-pay of variance of £1.9m year to date with an favourable variance in month of £0.4m.
- The non pay position includes favourable variances for premises costs (£6.4m), other non pay costs (£3.9m) and Clinical negligence (£0.2m). The year to date favourable variance for premises is mainly due to lower than planned fire safety works (£3.6m), utility costs (£1.3m) and other premises costs (£1.7m). Delays in the expansion of the Community Diagnostics Centre (CDC) (£1.7m) and Secure Data Environment (£0.5m) have contributed further favourable variances across other non pay costs and supplies and services.
- £0.6m of expenditure for contracted out services pay awards has been included in month alongside a matching budget uplift.
- Adverse variances for supplies and services total £0.8m in month and £3.4m year to date and are mainly driven by Genomics services costs that are offset by additional clinical income.
- Drugs expenditure is £8.2m above plan year to date and £1.2m in month. This is due to tariff funded drugs exceeding the planned figure alongside other increases in generic drugs expenditure. Healthcare at home drugs expenditure continues to be volatile from one month to the next but with a upward trend. Work continues to understand the reasons for the movements however the Trust does expect to receive full reimbursement for expenditure incurred.

Non pay expenditure

£millions	In Month			Year to Date		
	Budget	**Actual**	**Variance**	**Budget**	**Actual**	**Variance**
Supplies and services	18.7	19.6	(0.8)	150.7	154.1	(3.4)
Drugs	18.0	19.2	(1.2)	144.8	153.0	(8.2)
Premises	8.9	8.1	0.8	71.7	65.3	6.4
Movement in credit loss on receivables	0.0	(0.0)	0.0	0.0	0.6	(0.6)
Clinical negligence	2.2	2.2	0.0	17.0	16.8	0.2
Efficiency savings	(0.0)	0.0	(0.0)	(0.2)	0.0	(0.2)
All other non pay	4.3	2.7	1.6	34.5	30.6	3.9
Total Non Pay	**52.2**	**51.8**	**0.4**	**418.5**	**420.4**	**(1.9)**

Key messages:

- The non pay position has a £0.4m favourable variance in month and a £1.9m adverse position year to date.
- Review of the year to date drugs expenditure position has confirmed that reported pass-through drugs and devices expenditure is significantly in excess of the commissioned plans however the Trust expects to be fully reimbursed for this expenditure. The month 8 position includes an adverse movement of £1.2m in month. This is driven by higher healthcare at home drugs invoicing and this is also reflected in the income position.
- Year to date there are significant favourable variances for premises costs and other non pay areas of expenditure – the latter category included specific inflation reserves.
- The key drivers for this position are described on the previous page.

Non pay expenditure (continued)

2024/25 in year PEP – Current performance and forecast delivery

NHSI Statement Plan = Identified	Current Month			Year to date			Forecast		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Length of Stay	0.7	0.6	(0.2)	6.0	2.7	(3.4)	9.0	4.0	(5.0)
Outpatient Productivity	0.0	(0.1)	(0.2)	0.4	0.1	(0.3)	0.6	0.2	(0.3)
Theatres Productivity	0.3	0.1	(0.2)	2.0	1.6	(0.4)	3.0	3.0	0.0
Digital Productivity	0.0	0.0	(0.0)	0.2	0.1	(0.1)	0.3	0.1	(0.2)
Coding Productivity	0.2	0.2	0.1	1.3	1.4	0.0	2.0	2.1	0.1
Diagnostic Productivity	0.1	0.0	(0.1)	0.9	0.6	(0.3)	1.3	0.7	(0.6)
Income Consequence	1.1	0.6	(0.5)	8.9	5.3	(3.6)	13.4	9.7	(3.7)
Productivity Overhead	0.3	0.2	(0.2)	2.8	1.5	(1.3)	4.2	2.4	(1.8)
Total Productivity	**2.8**	**1.6**	**(1.2)**	**22.6**	**13.3**	**(9.2)**	**33.8**	**22.2**	**(11.6)**
Cost Reduction	1.3	2.2	0.9	10.8	17.0	6.2	16.2	27.2	11.0
Central Pharmacy	0.1	0.2	0.0	1.0	1.1	0.1	1.5	1.7	0.2
Central Other	0.1	0.5	0.4	1.0	1.5	0.5	1.5	2.0	0.5
Total Cost reduction	**1.6**	**2.9**	**1.3**	**12.8**	**19.5**	**6.7**	**19.2**	**30.8**	**11.6**
Total PEP	**4.4**	**4.5**	**0.1**	**35.4**	**32.8**	**(2.5)**	**53.0**	**53.0**	**(0.0)**
Recurrent delivery	4.4	4.0	(0.4)	35.2	29.9	(5.3)	52.8	48.5	(4.3)
Non-recurrent delivery	0.0	0.5	0.5	0.1	2.9	2.8	0.2	4.5	4.3
Total PEP	**4.4**	**4.5**	**0.1**	**35.4**	**32.8**	**(2.5)**	**53.0**	**53.0**	**(0.0)**

Trust PEP - current status of core and stretch PEP

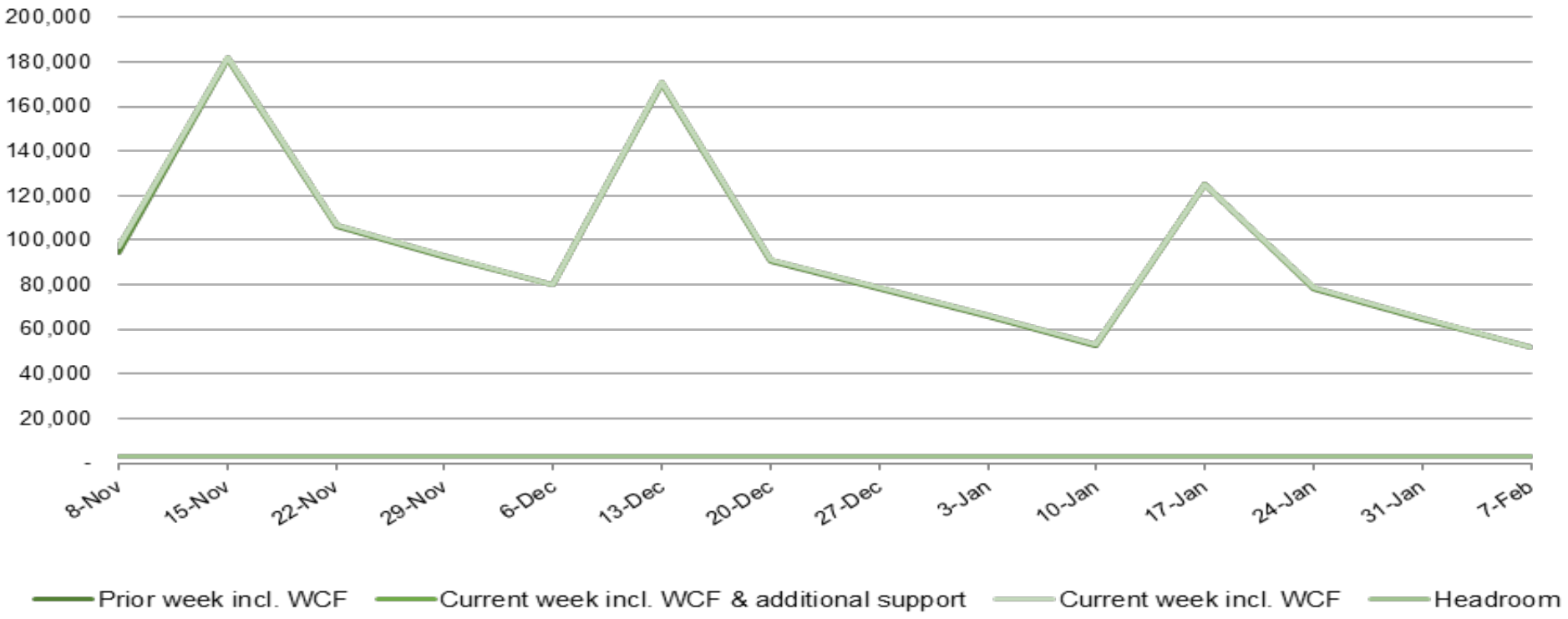
	Recurrent Target £'m	Recurrent scheme/idea identification £'m	Gap £'m	Recurrent Forecast £'m	Gap £'m
Division A	16.6	14.2	(2.4)	12.4	(4.2)
Division B	16.1	13.0	(3.2)	13.9	(2.3)
Division C	8.1	10.0	1.9	8.1	(0.0)
Division D	13.0	15.6	2.6	7.6	(5.4)
Division E	6.6	5.6	(0.9)	4.5	(2.1)
Corporate	16.1	14.8	(1.4)	12.5	(3.6)
Trust Wide	1.6	2.1	0.5	3.8	2.2
Total	**78.0**	**75.2**	**(2.8)**	**62.7**	**(15.3)**

Key messages:

- The Trust set an in year £53.0m 'minimum' PEP target. The Trust has identified £32.8m of efficiencies in the financial year – £2.5m behind plan. Recurrent delivery is £5.3m behind plan with non-recurrent delivery £2.8m ahead of plan.
- The productivity workstream is £9.2m behind plan year to date. The adverse variance for productivity is driven by the impact of Industrial Action earlier in the year and slippage against the Trust elective income plan.
- The Cost reduction PEP workstream is £6.7m ahead of plan and partly offsets the shortfall from the productivity workstream.
- Internally the Trust is forecasting to deliver £53.0m of PEP savings in year but is reporting to meet plan externally.
- Against the £78.0m recurrent PEP target the Trust has now identified £75.2m of schemes. This is an increase of £1.6m compared to the Month 07 identification total. These schemes are currently forecast to deliver £62.7m against the £78.0m recurrent target. This is £3.0m higher than reported at Month 07.
- The current position indicates that significant progress has been made in identifying the required recurrent target but the current schemes and ideas will need to be further developed in the remaining months of the financial year to ensure that the Trust can fully offset the non-recurrent income support that underpins the 24/25 financial plans.

CUH 13 week rolling cash flow forecast (£000)

To be updated



Key messages:

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

Appendices

Month 8 capital expenditure position

Year to Date (Month 8)				Forecast		
	Budget	Actuals	Variance	Budget	Expenditure	Variance
	£m	£m	£m	£m	£m	£m
Programme						
Existing Estate/HV	3.0	4.7	(1.7)	10.1	12.7	(2.6)
Addenbrooke's 3	0.7	0.5	0.3	1.9	1.9	-
NCCU refurb	1.2	0.2	0.9	2.5	1.0	1.5
Clinic 9 SDEC conversion	1.6	0.7	0.8	4.2	2.5	1.7
Perfusion room	1.5	2.0	(0.6)	2.1	2.0	0.1
Outpatient Phlebotomy	0.8	0.0	0.8	2.3	0.2	2.1
Cancer Research Hospital (CCRH)	11.7	5.4	6.3	13.7	13.7	-
Children's Hospital (CCH)	10.1	5.3	4.8	9.5	9.5	-
Medical Equipment Replacement	3.8	7.1	(3.3)	11.7	14.2	(2.5)
Heat pumps	1.2	0.3	0.9	3.4	3.5	(0.1)
eHospital/Legacy IT Systems	0.7	0.7	0.0	2.0	1.6	0.3
Other Developments/PFI	3.4	4.4	(1.0)	8.1	8.6	(0.4)
Programme Total	**39.6**	**31.4**	**8.3**	**71.3**	**71.3**	**-**

Key Issues/Notes Year to Date

£31.4m has been invested so far this year, compared to a budget of £39.6m; an underspend of £8.3m. Of the ICB-funded YTD budget of £13.5m we have spent £18.4m; an overspend of £4.9m - however this is the result of pessimistic phasing of those projects' spend and we forecast to achieve budget.

The larger areas of spend have been:
- Replacement & Installation of Medical Equipment - £7.1m
- Cambridge Cancer Research Hospital (CCRH) - £5.4m
- Cambridge Children's Hospital (CCH) - £5.3m
- Perfusion room - £2.0m
- Clinic 9 SDEC conversion - £0.7m
- eHospital and EPIC - £0.7m
- New Acute Hospital - £0.5m
- Heat pumps - £0.3m
- High Voltage (HV) network improvements - £0.3m
- Neuro Critical Care Unit (NCCU) refurb - £0.2m
- Surgical Skills Centre upper floor - £0.1m

Key Issues/Notes Forecast

Earlier this year the 3 neuro theatres in A block were reopened (funded through the fire safety funding), the new MAG3 was commissioned (with its upgraded 3T scanner) and replacements for Linac 5 & 6 were brought into use.

This financial year will see the refurbishment of NCCU, conversion of clinic 9 into a Same Day Emergency Care (SDEC) facility, creation of a perfusion room, continued investment in the High Voltage (HV) network, replacement of LAs 1/5/6 & IR2, and the completion of the Secure Data Environment (SDE) for R&D work. Also we will see continued progress on CCRH, CCH & Outpatients Phlebotomy, as well as work to reduce the Backlog Maintenance schemes and replace smaller items of medical equipment.

Our annual capital budget and forecast have remained at £71.3m during the month.

Capital expenditure by programme

Balance sheet

	M8 Actual £m
Non-current assets	
Intangible assets	15.7
Property, plant and equipment	531.7
Total non-current assets	**547.4**
Current assets	
Inventories	14.8
Trade and other receivables	100.8
Cash and cash equivalents	109.3
Total current assets	**224.8**
Current liabilities	
Trade and other payables	(226.2)
Borrowings	(13.5)
Provisions	(2.2)
Other liabilities	(91.8)
Total current liabilities	**(333.7)**
Total assets less current liabilities	**438.5**
Non-current liabilities	
Borrowings	(149.1)
Provisions	(9.1)
Total non-current liabilities	**(158.2)**
Total assets employed	**280.3**
Taxpayers' equity	
Public dividend capital	631.0
Revaluation reserve	37.2
Income and expenditure reserve	(387.9)
Total taxpayers' and others' equity	**280.3**

Balance sheet commentary at Month 08

- The balance sheet shows total assets employed of £280.3m.
- Non-current liabilities at Month 07 are £158.2m, of which £149.1m represents capital borrowing (including PFI and IFRS 16).
- Cash balances remain strong at Month 08 at £109.3m.
- The balance sheet includes £13.6 m of resource to support the completion of the remedial fire safety works expected to be deployed over the coming years.

Trust balance sheet

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 22 January 2025

Agenda item	10
Title	Quarterly Report on Safe Working Hours: Doctors and Dentists in Training (2024/25 Q2)
Sponsoring executive director	Dr Ashley Shaw, Medical Director
Author(s)	Dr Serena Goon, Guardian of Safe Working
Purpose	To receive the report on safeguarding working hours.
Previously considered by	Management Executive, 16 January 2025

Executive Summary

This is the second quarterly report for the year 2024/25, based on a national template, to the Board of Directors by the Guardian of Safe Working Hours. This role supports the implementation and maintenance of the 2016 national contract for Doctors in Training and provides an independent oversight of their working hours. The process of exception reporting provides data on their working hours and can be used to record safety concerns related to these and rota gaps. In addition, it can identify missed training opportunities. Reporting to the Board of Directors is a stipulated requirement of this role and this report reflects the position at 30 September 2024. The Trust has 693 doctors in training who have all transferred to the 2016 Terms and Conditions of Service.

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

Action required by the Board of Directors

The Board is asked to note the 2024/25 Q2 report to the Board from the Guardian of Safe Working.

Cambridge University Hospitals NHS Foundation Trust

22 January 2025

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

1. Introduction

1.1 The annual Guardian of Safe Working report for 2023/24 described the pattern of exception reporting after the Covid-19 pandemic. The number of exception reports is increasing post pandemic (1,106 last year compared with 921 in 2022/23). The number of exception reports (ERs) submitted for missed training opportunities remains a small proportion of the total. The previously noted cyclical variation with more reports submitted in August/February (as new doctors start work) and over the winter (winter pressures and staff vacancies) persisted. Overall working hours were considered safe on most rotas despite all the service pressures. However, areas of concern continued to include under reporting, loss of training and rota gaps.

1.2 This Q2 report describes the Trust's position from July to September 2024. The number of ERs submitted (n=332) is slightly less than in Q1 (n=266) and higher than Q1 last year (n=284). Most rotas are compliant with the Terms and Conditions of Service (TCS).

1.3 Gaps in rotas continue to be a major concern (both here and nationally). Clinical and educational supervisors are generally supportive of trainees when they exception report. However, there are still reports of trainees being discouraged from exception reporting. ER data can be used to drive change and improvements in rotas and working hours and thus improve patient care, and this is perhaps now being more widely recognised.

1.5 The Resident Doctors' Forum (co-chaired by two trainees) is now meeting in person. Trainees are invited to represent their specialty and feed into the RDF. Senior management joins in the second half of the meeting to listen to trainee concerns. The JDF chairs are invited to attend Board of Directors' meetings and provide direct feedback to the Board. The Regional GOSW network (chaired by the CUH GOSW) meets virtually every two months. Benchmarking from this group provides reassurance that Board engagement here continues to be more positive than at some other Trusts in the east of England.

2. High level data

Number of doctors / dentists in training (total):	693
Number of doctors / dentists in training on 2016 TCS (total):	693
Number of doctors / dentists on local contracts (Clinical Fellows):	294
Total junior doctor/ dentist establishment:	987
Reference period of report	**Q2 2024/25**
Total number of exception reports received	332
Number relating to immediate patient safety issues	8
Number relating to hours of working	300
Number relating to pattern of work	19
Number relating to educational opportunities	10
Number relating to service support available to the doctor	3
Total number work schedule reviews	All reviewed
Total value of fines levied	£0
Amount of time available in job plan for Guardian to do the role:	2 PAs/8hrs/week
Admin support provided to the Guardian:	1 WTE
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

3. Exception Reports

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

	Immediate safety concerns (ISC)	**Total hours of work**	**Pattern of Work**	**Service support available**	**Educational opportunities**	**TOTAL**
MONTH 1 (Jul)	2	95	4	2	5	106
MONTH 2 (Aug)	4	111	10	1	3	125
MONTH 3 (Sep)	2	94	5	0	2	101
QUARTER	**8**	**300**	**19**	**3**	**10**	**332**

Note: An immediate safety concern report is NOT an additional report but is identified within a report submitted for any other reason and therefore is not counted in the total column (there were 332 reports of which 8 had ISCs).

3.1 Commentary

The number of exception reports has increased and is now higher than in 2022 and 2023. Exception reports were received from a broad range of specialities including Acute Medicine, Cardiology, Diabetes & Endocrinology,

Gastroenterology, General practice, Renal, Acute and General Paediatrics, Clinical Microbiology and Virology, General Surgery, Geriatrics, Haematology, Oncology, Vascular, Neonatology, Neurology, Obstetrics & Gynaecology, Maxillo-Facial Surgery, Paediatric Surgery, Trauma & Orthopaedics and Transplant. Educational ERs have been received from Acute Medicine, General Practice, Neonatology, Obstetrics & Gynaecology, Paediatrics, and Trauma & Orthopaedics.

3.2 Trends in Exception Reporting

Levels of exception reporting in Q2 2024/25 (n=332) were more than in Q1 2024/25 (n=266) and higher than those last year in Q2 2023/24 (n=284). They are also higher compared to those in Q2 2019/20 pre-Covid-19 (n=261). Reporting of missed educational opportunities remains low. There were only 3 exception reports linked to service support issues. The number of immediate safety concerns remains low but has increased from the last quarter (8 compared to 7).

3.3 Resolutions

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

	TOIL granted	**Payment for additional hours**	**Work schedule reviews (new)**	**No action**	**TOTAL**
MONTH 1 (Jul)	0	99	0	16	115
MONTH 2 (Aug)	0	90	0	5	95
MONTH 3 (Sep)	3	96	0	6	105
QUARTER	**3**	**285**	**0**	**27**	**315**

3.4 Commentary

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

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

4. Work schedule reviews

4.1 All rotas have been routinely reviewed prior to the major changeovers for August/September, and October. Changes were made to a number of rotas: Medicine Core and IMT3, Cardiology highers, Clinical Oncology highers, Dermaology highers, Diabetes & Endocrinology highers, Medicine for the Elderly highers, Emergency Medicine, ENT highers, General Surgery FHO1s and highers, Haematology/Oncology juniors, Haematology highers, Medical Microbiology, Stroke Medicine highers, and Obstetrics and Gynaecology rotas.

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

Department	Safety concern raised	Action(s) proposed and/or taken
Medical Oncology, ST3, 11/7/24	Trainee off sick. High workload, covering multiple areas and unwell patients. Stayed late	Help requested from primary teams, and provided from all teams and consultants. Payment for extra hours worked.
20/7/24, Geriatric Medicine, FY1	Short of staffing due to gap in the rota.	Stayed late as a result. Discussed with the Consultant on shift.
12/8/24, Obstetrics & Gynaecology, ST3	Comment on form that no gynaecology senior support.	There was support from a Gynaecology senior registrar, and the on call Gynaecology Consultant
21/8/24, Obstetrics & Gynaecology, ST3	Comment on form that no gynaecology senior support.	There was support from a Gynaecology senior registrar, and the on call Gynaecology Consultant
20/8/24, Trauma & Orthopaedics, FY2	High volume of referrals, numerous patients unable to be seen in timely manner.	Trainee saw patients separately to registrar in order to get through the workload, and stayed late.
9/8/24, Acute Medicine, FY1	New FY1, stayed overtime to complete tasks.	Supported by junior from another ward.
11/9/24, Trauma & Orthopaedics, FY2	Consultant came late for handover (end of night shift), and handover took a long time	Discussed with the Consultant by trainee.
30/9/24, Acute Medicine, CT2	High volume of work, with patients spread across the hospital.	Stayed late, inadequate breaks. Help sought from other colleagues.

6. Fines

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

Department	Detail	Total value of fine levied
Total fines levied	Nil in Q2	

	TOTAL
Balance at end of last quarter	**£6531.90**
Fines incurred this quarter	**£0**
Cumulative total	**£6531.90**
Total paid to trainees (£)	**£0**
Total spent (£)	**£0**
Balance at end of this quarter	**£6531.90**

7. Resident Doctors' Forum and junior doctor engagement

The RDF is being held face to face in the Doctors' Mess with a virtual link since September 2022. Senior management (various of Medical Director, DME, LTFT lead, Medical Staffing lead and team, Workforce Lead and Freedom to Speak up Guardian) join for the second half of the meeting. Issues discussed include rota gaps, locum rates and industrial action. The importance of exception reporting was emphasised. Specialty representation from the trainees feed into the junior doctor co-chairs.

8. Doctors and dentists in training not on 2016 TCS

8.1 Non-consultant, non-training grade doctors are able to exception report alongside their trainee colleagues using the same system and processes.

9. Assurance processes

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

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

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

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

9.4 A survey of trainees' views of exception reporting was distributed by the RDF in Q4 2020/21 (please see summary in Q4 report). We have had this survey repeated as a part of a piece of work that has been taking place across different trusts, and are awaiting analysis of the survey.

10. Key Issues and Summary

10.1 Levels of exception reporting decreased during the Covid-19 pandemic with the subsequent lockdown, cancellation of many NHS activities and the redeployment of staff and was consistent across the EOE region and nationally. Levels of reporting have now overtaken pre-pandemic levels. The number of immediate safety concerns has been relatively stable this quarter with numbers remaining low. Rota gaps continue to be problematic; this has implications for working hours and patient safety and educational opportunities. Despite the loss of training opportunities with increasing service pressures, trainees rarely submit educational ERs.

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

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

10.4 The GMC survey 2024 has indicated 63% of trainees, and 50% of trainers are at moderate to high risk of burnout (nationally); with 31% of secondary care trainers unable to use the time allocated for the purpose of training. Locally, this year, we have had an increase in the number of red outlier domains, the most frequent indicators across departments being workload and overall satisfaction.

10.5 The Resident Doctors Forum (JDF) has the potential to identify, discuss and jointly address, with the Medical Director, Medical Staffing, the Guardian and the Postgraduate Medical Education Centre, rota and training issues as they arise. Improving the working conditions and morale of junior doctors (probably at an all time low) is increasingly important as it will aid recruitment and retention, reducing rota gaps and will thus improve patient safety. Our hospital is working through the recommendations from 'improving working lives' from NHSE this year. Monthly meetings of the RDF are being held in person which has improved attendance.

10.6 Exception reporting suggests that working hours remained mostly compliant in Q2 and patient safety has rarely been compromised. There are extra hours

worked on some rotas and continuing problems with rota gaps that cannot be filled with locums. Concerns now are focussed on the persistent backlog of patient care post pandemic recovery and how best to ensure training alongside service within the amended (2019) 2016 Terms and Conditions for Service.

11. Recommendations

11.1 The Board of Directors is asked to note the 2024/25 Q2 report from the Guardian of Safe Working.

12. Appendices

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

Appendix 1: Glossary of Terms and Abbreviations

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

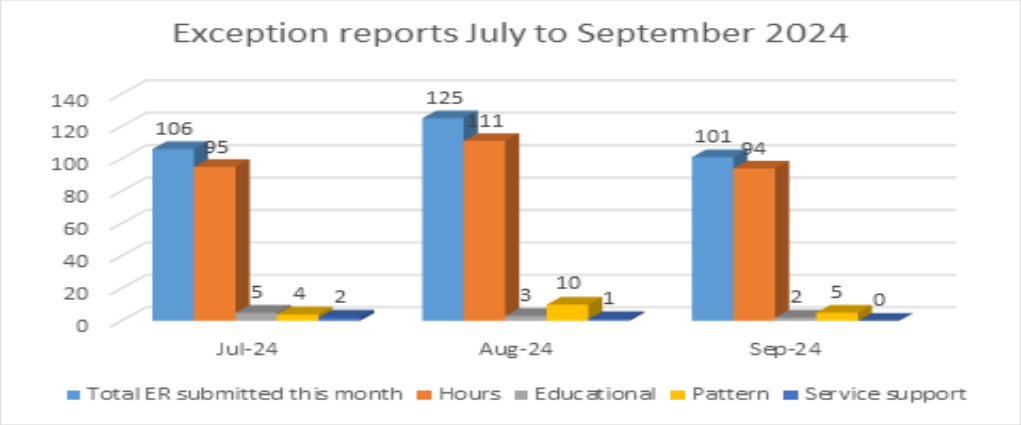
Director of Medical Education (DME)	The DME is a member of consultant medical staff and an employee of the employer / host organisation who leads on the delivery of postgraduate medical and dental education in the Local Education Provider (LEP), ensuring that doctors receive a high quality educational experience and that GMC/GDC standards are met, together with the strategic direction of the organisation and Health Education England (HEE). The DME is responsible for delivering the educational contract between the LEP/ lead provider (LP) and HEE local team. For the purposes of these terms and conditions, where reference is made to the DME, the responsibilities described may be discharged by a nominated deputy to the DME.
Doctor or dentist in training	A doctor or dentist in postgraduate medical or dental education undertaking a post of employment or a series of posts of employment in hospital, general practice and/or other settings.
Educational review	An educational review is a formative process which enables doctors to receive feedback on their performance and to reflect on issues that they have encountered. Doctors will be able to raise concerns relating to curriculum delivery and patient safety. This will include regular discussions about the work schedule.
Educational supervisor	A named individual who is selected and appropriately trained to be responsible for supporting, guiding and monitoring the progress of a named trainee for a specified period of time. The educational supervisor may be in a different department, and occasionally in a different organisation, to the trainee. Every trainee should have a named educational supervisor and the trainee should be informed of the name of the educational supervisor in writing. This definition also covers approved clinical supervisors in GP practice placements.
Episodes of work	Periods of continuous work within an on call period separated by periods of rest.
Exception reporting	Mechanism used by doctors to inform the employer when their day- to-day work varies significantly and/or regularly from the agreed work schedule. Primarily these variations will be differences in total hours of work, pattern of hours worked, in the educational opportunities and support available to the doctor.

Guardian of safe working hours	A senior appointment made jointly by the employer / host organisation and junior doctors, who ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and provides assurance to the Board of the employing organisation that doctors' working hours are safe.
On-call	A doctor is on-call when they are required by the employer to be available to return to work or to give advice by telephone but are not normally expected to be working on site for the whole period. A doctor carrying an ‘on-call’ bleep whilst already present at their place of work as part of their scheduled duties does not meet the definition of on-call working.
On-call period	An on-call period is the time that the doctor is required to be on call (as defined above) by their employer.
Placement	For the purposes of these TCS, a placement is a setting into which a doctor is placed to work for a fixed period of time in a post or posts in order to acquire the skills and competencies relevant to the training curriculum, as described in the work schedule.
Post	For the purposes of these TCS, a post has approval by the GMC/HEE for the purposes of postgraduate medical and dental education. Each approved post is located within an employer or host organisation.
Rota	The working pattern of an individual doctor or group of doctors.
Rota cycle	The number of weeks' activity set out in a rota, from which the average hours of a doctor’s work and the distribution of those hours are calculated.
Rotation	A rotation is a series of placements made by the HEE local office into posts with one or more employers or host organisations. These can be at one or more locations.
Senior independent director	Non-executive director appointed by the board of directors to whom concerns regarding the performance of the guardian of safe working hours can be escalated where they are not properly resolved through the usual channels.

Shift	The period which the employer schedules the doctor to be at the work place performing their duties, excluding any on-call duty periods.
Training programme	Training programmes and training posts are approved by the GMC or (for dental programmes) HEE. Learning environments and posts used for training are recommended for approval by HEE for the purpose of postgraduate medical/dental education. Time spent in those posts/environments allows the doctor to acquire and demonstrate the competencies to progress through the training pathway for their chosen specialty (including general practice) and to acquire a Certificate of Completion of Training (CCT).
Work schedule	A work schedule is a document that sets out the intended learning outcomes (mapped to the educational curriculum), the scheduled duties of the doctor, time for quality improvement, research and patient safety activities, periods of formal study (other than study leave), and the number and distribution of hours for which the doctor is contracted.
Work schedule review	A work schedule review is a formal process by which changes to the work schedule may be suggested and/or agreed. A work schedule review can be triggered by one or more exception reports, or by a request from either the doctor or the employer. A work schedule review should consider safe working, working hours, educational concerns and/or issues relating to service delivery.
WTR reference period	Reference period as defined in the Working Time Regulations 1998 (as amended), currently 26 weeks.

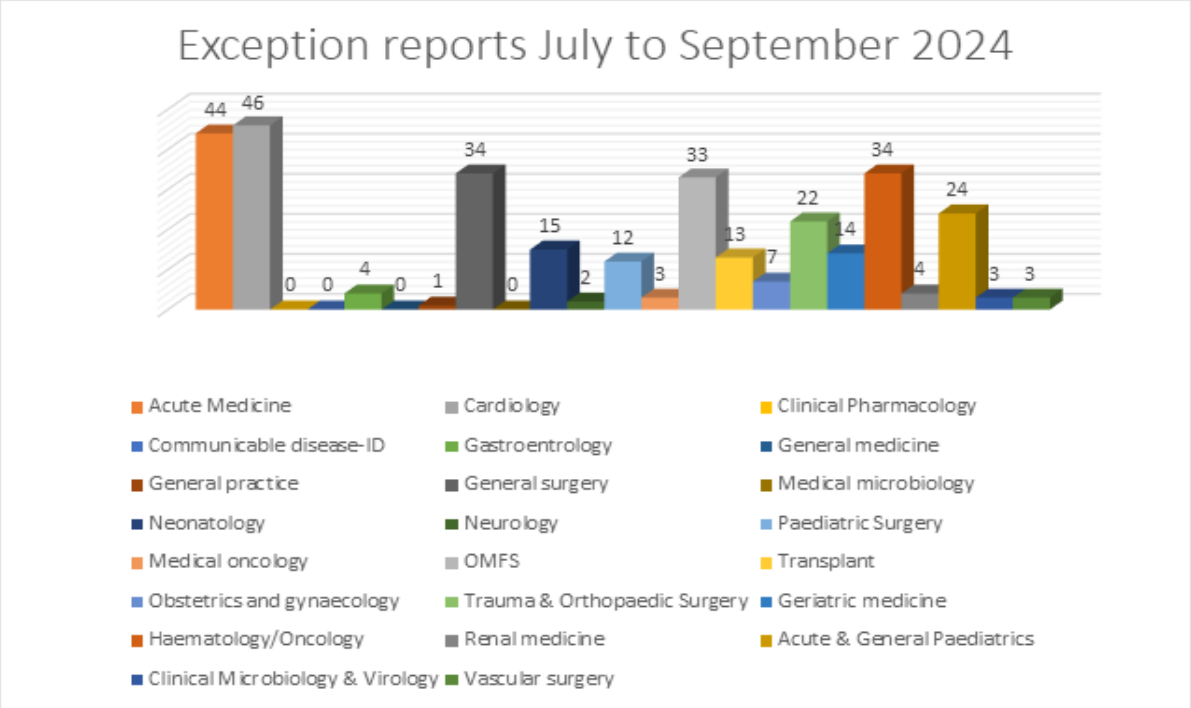
Appendix 2: Exception report data, July to September 2024

Overview



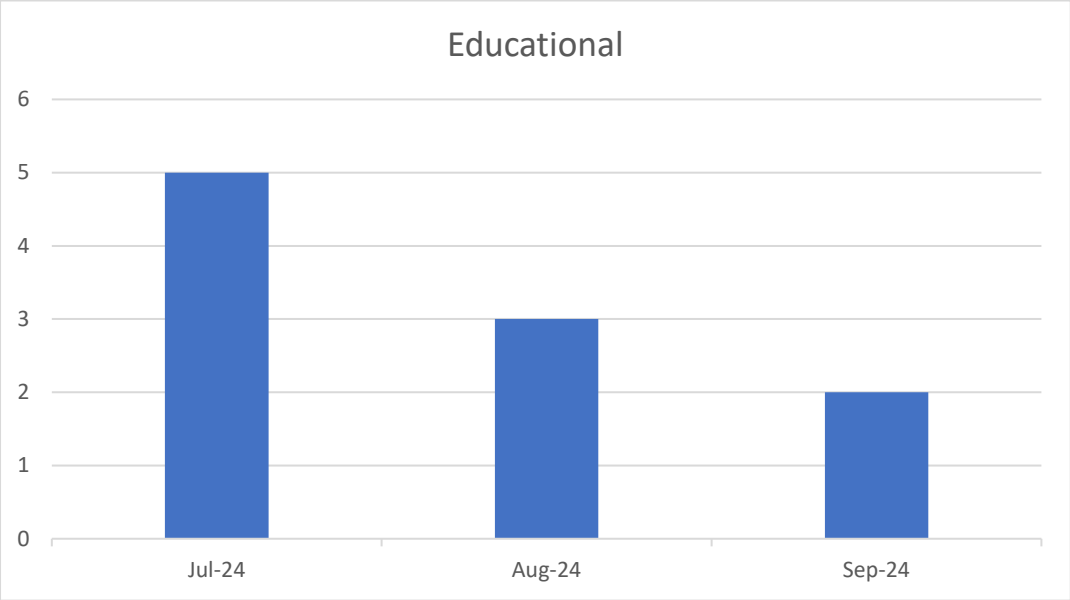
- 332 exceptions reported for July to September 2024
- 300 hours related which includes overtime and additional hours
- 10 related to educational or missed training opportunities
- 19 pattern related where work differs to established rota/work schedule
- 3 related to service support available

Specialty breakdown

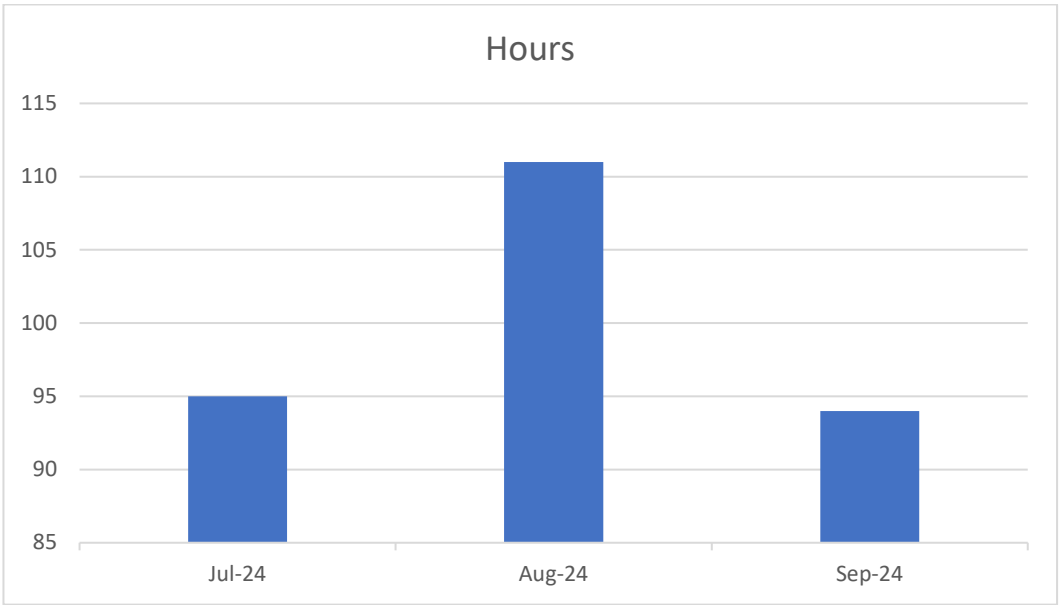


Category breakdown

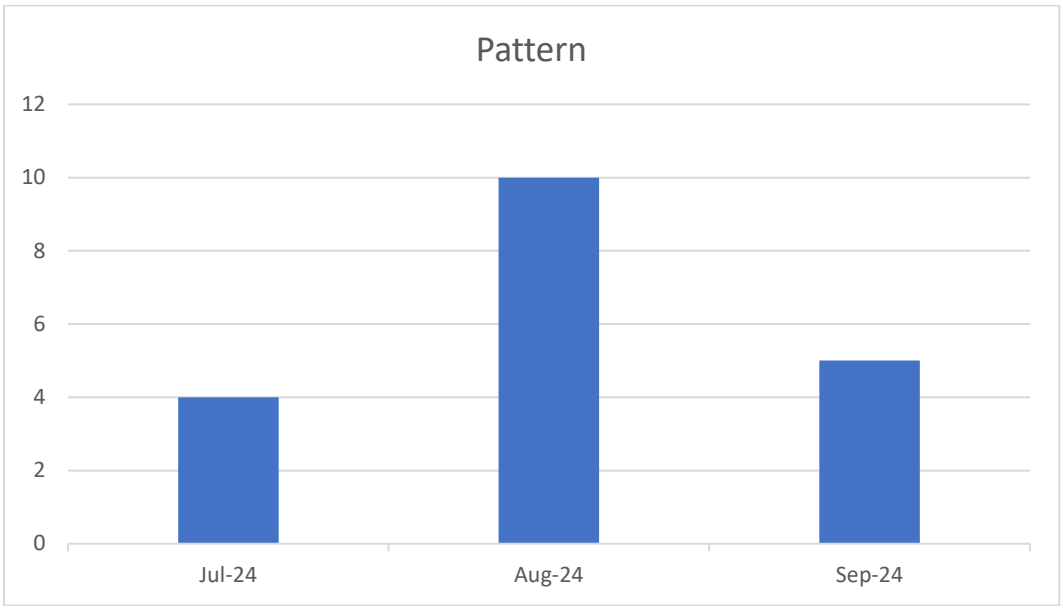
Educational



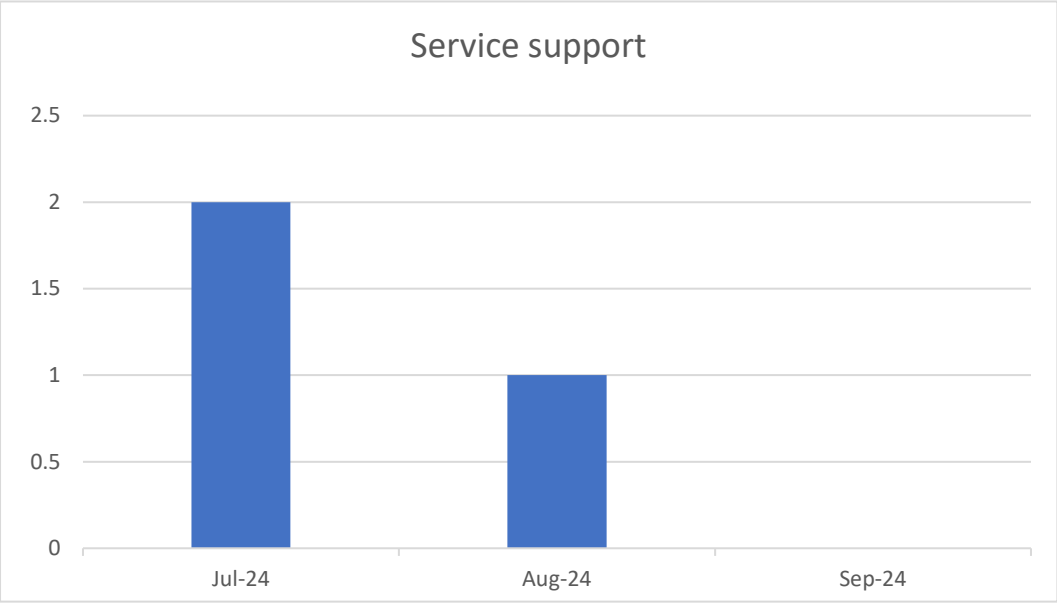
Hours



Pattern



Service Support



Board of Directors

Cambridge University Hospitals NHS Foundation Trust

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Report to the Board of Directors: 22 January 2025

Agenda item	11
Title	Risk Management Strategy and Policy
Sponsoring executive director	Lorraine Szeremeta, Chief Nurse
Author(s)	Jumoke Okubadejo, Director of Clinical Quality
Purpose	To review and approve the revised Risk Management Strategy and Policy.
Previously considered by	Risk Oversight Committee, 28 November 2024

Executive Summary

The Risk Management Strategy and Policy has been reviewed by the Risk Oversight Committee in line with its annual review cycle. Minor amendments have been made to ensure that the policy remains current and these were agreed by the Risk Oversight Committee at its meeting on 28 November 2024.

The risk appetite statement, which forms part of the strategy and policy, has been reviewed as part of this process. While no changes have been proposed to the underlying risk appetite of the Trust, a further review will take place over the next six months.

Related Trust objectives	All Trust objectives
Risk and Assurance	The Trust strategy and policy sets out the framework for the management of risk by the Trust.
Related Assurance Framework Entries	All
Legal and regulatory implications?	Compliance with the 'Well-Led' domain/CQC fundamental standards; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Action required by the Board of Directors
The Board is asked to approve the revised Risk Management Strategy and Policy.

Strategy and policy

Risk management strategy and policy 2024-2025

Key messages

- All staff must ensure that they identify all clinical and non-clinical risks to the delivery of safe, effective and high quality services.
- All staff must ensure that risks are assessed as soon as is reasonably practicable, identifying controls to mitigate negative impacts.
- When risks are identified and cannot be controlled effectively, risk leads are responsible for ensuring that they are escalated through the risk governance structure.
- Staff who manage risks on the risk register on behalf of the organisation must ensure that they receive training that is appropriate to their level of accountability and responsibility.

Summary

Cambridge University Hospitals NHS Foundation Trust's (the Trust) board recognises that the provision of healthcare and the activities associated with the treatment and care of patients, employment of staff, maintenance of premises and managing finances by their nature incur risks.

This document sets out the Trust's roles and responsibilities, accountability and systems and processes to enable robust risks management.

1 Scope

Trust-wide: Risk management activities applies equally to all staff and individuals employed by the Trust including; contractors, volunteers, students, locum, agencies and staff employed with honorary contracts.

2 Purpose

The document sets out strategic direction for risk management as it is both a statutory requirement and an important element of informed management decision-making at all levels of the organisation.

2.1 Strategy statement

The purpose of the risk management strategy is to provide the overarching principles, framework and processes to support managers and staff in the management of risk by ensuring that the Trust is able to deliver its objectives by

identifying and managing risks, enhancing opportunities and creating an environment that adds value to on-going operational activities.

The Trust is therefore committed to:

- Adopting best practice in the identification, evaluation and cost effective control of risks to ensure that they are reduced to an acceptable level or eliminated as far as is reasonably practical.
- Maximising opportunities to achieve the Trust's objectives and deliver core services provisions.

The Trust acknowledges that risks will always exist and never be fully eliminated and accepts responsibility for the residual risks when risks have been reduced to an acceptable level or eliminated to as far as is reasonably practical.

The Trust's strategic aim is to make the effective risk management an integral part of the Trust's governance, which is underpinned by clear responsibility and accountability arrangements throughout the organisational structure of the Trust.

These arrangements are set out in the following documents:

- Trust constitution
- Standing financial instructions
- Standing financial instructions: Scheme of delegation of authority from the board of directors
- Accountability framework.

The Trust has adopted a holistic approach to risk management incorporating both clinical and non-clinical operational risks as well as risks to the strategic objectives. It has a board assurance framework in place to monitor risks to the strategic objectives and an electronic risk register called QSiS for operational risks, including the corporate risk register.

2.2 Policy statement

The board of directors is committed to the active management of operational risk, providing better care and a safer environment for patients, staff and other stakeholders. The aim is to achieve this without compromising flexibility, innovation and best practice in the delivery of patient care and treatment and service delivery and development.

The board assurance framework supports the management of risks to delivery of the Trust's strategic objectives, providing visibility of these risks to the management executive and the board.

The purpose of the risk management policy is to identify the proactive systems used by the Trust to effectively identify and manage its risks with the aim of protecting patients, staff and members of the public as well as its assets.

The Trust accepts its corporate responsibility to provide the highest standards of patient care and staff safety and as such, the process of risk management is viewed as an essential component in maintaining and improving standards in the Trust.

The objective of the policy is to ensure that the Trust has an effective system for identifying and managing risks with the aim of:

- Achieving its objectives
- Protecting patients, staff and members of the public
- Protecting its assets.

3 Introduction

The Trust recognises that healthcare provision and the activities associated with caring for patients, employing staff, operating premises and managing finances all involve risk. Uncertainty of outcome is how risk is defined. Risk management includes identifying and assessing risks and responding to them.

Risk management is the responsibility of all staff and managers at all levels, and they are expected to take an active lead to ensure that risk management is a fundamental part of their operational area.

The Trust encourages an open and just culture that requires all Trust employees, contractors and third parties working within the Trust to operate within the systems and structures outlined herein, identifying, articulating, managing and escalating any risks where required.

Risk management is both a statutory requirement and also an integral part of good governance. It is a fundamental part of the total approach to quality, corporate and clinical governance and is essential to the Trust's ability to discharge its functions as a partner in the local health and social care community, as a provider of health services to the public and an employer of significant numbers of staff. It is expected that all risk management activities in the Trust will follow the process described in this document.
The Trust has adopted an integrated approach to the overall management of risk, irrespective of whether the risks are clinical, strategic, operational, environmental or financial.

4 Framework

This section describes the broad framework for the management of risk. Operational instructions for risk management, health and safety risk assessments, investigation of incidents and learning from incidents and central

alerts systems management are detailed in separate procedural documents (see section 16). The framework below explains the process for how risk is managed by the Trust:

Figure 1: Risk management process:

Figure 2: Operational governance framework
CUH Risk Management Strategy & Policy Operational Governance Framework 2023 (ii): *Adapted from Operational Risk Management Framework (Soneri Bank) 2017*

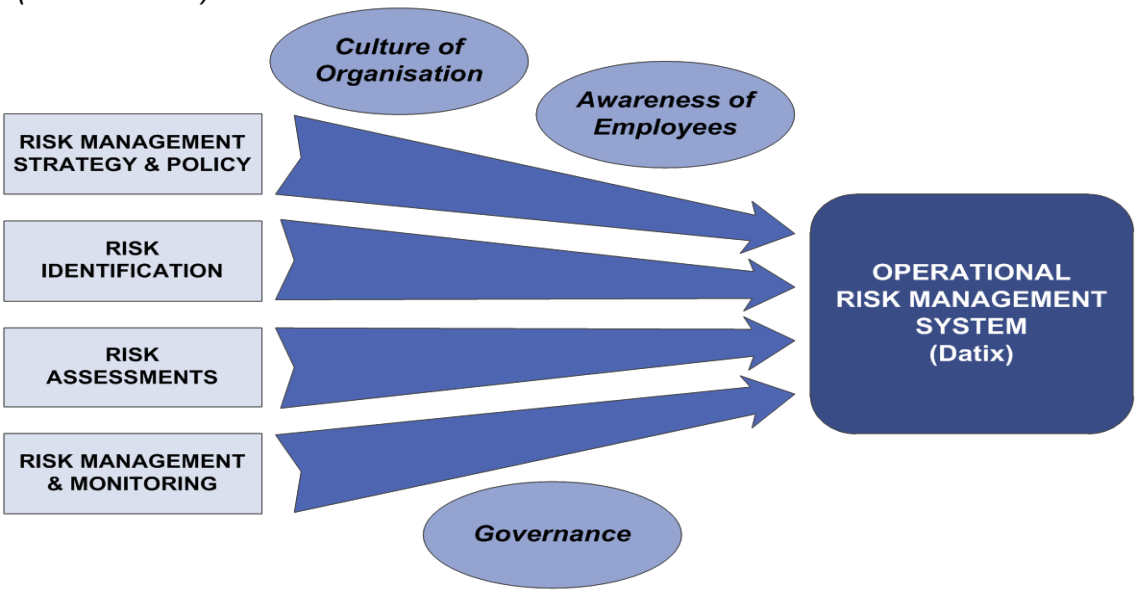
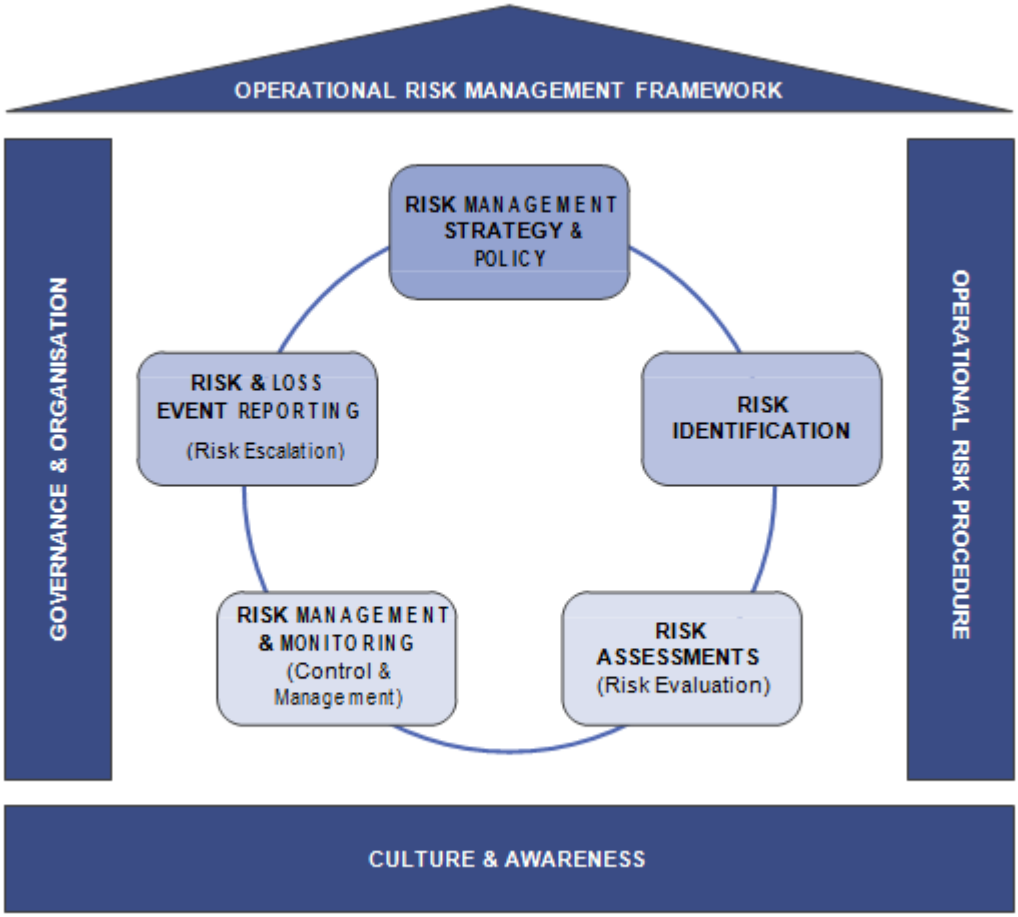


Figure 3: Governance framework:



5 Assurance framework

Assurance of achievement, weaknesses in delivery and key risks to the delivery of Trust objectives are reported through the assurance committees of the board. The Trust assurance committees receive reports to inform them of all significant risk exposures, material changes to risks and progress with milestones.

The Trust assurance committees are responsible for providing assurance on the management of corporate risks to the board of directors and are identified in appendix 2 and 3 of the accountability framework.

6 Risk appetite statement

Risk appetite is defined as the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time. The Trust's risk appetite statement shows the level of risk that the board has agreed to take with regards to quality/ outcomes, compliance/ regulation, innovation, reputation, financial/ value for money and commercial. The risk appetite statement expresses the

organisation's agreed level of risk it is collectively willing to accept and provides guidance to the organisations on how much risk should / could be taken in the pursuit of operational or strategic delivery.

Risks throughout the organisation should be managed within the Trust's risk appetite, or where this is exceeded, consideration should be given to take further action to reduce the risk or to accept, after careful consideration, a higher risk tolerance.

The Trust's risk appetite statement will be communicated to relevant staff involved in the management of risk (see appendix 2 for statement and appendix 3 for the supporting risk matrix).

The Trust will review annually its risk appetite statements, updating these where appropriate. This includes the setting of risk tolerances at the different levels of the organisation, thresholds for escalation and authority to act, and evaluating the organisational capacity to handle risk. The periodic review and arising actions will be informed by an assessment of risk maturity, which in turn enables the board to determine the organisational capacity to control risk. The risk appetite review will consider:

- Risk leadership
- People
- Risk strategy and policy
- Partnerships
- Risk management process
- Risk handling
- Outcomes.

7 Risk management process

The Trust adopts a structured approach to risk management. Risks are identified, assessed, controlled and monitored, and where appropriate, escalated or de-escalated through the governance mechanisms of the Trust.

Board committees are involved in the Trust's governance of risk. These are underpinned by divisional and corporate committees that provide the oversight for specific aspects of the operational or strategic delivery and are set out in the accountability framework and the good practice guide - quality governance in action (see section 16). A risk management governance structure is in place and explained on the Trust intranet.

7.1 Sources of risk

Risks for inclusion on the operational risk register may be identified from a number of sources including horizon-scanning, business planning, operational service delivery, audits, incidents/near-misses, inspections, health and safety risk assessments, complaints and enforcement action.

Risks to the Trust's strategic objectives are identified through the annual review of the Trust strategic objectives and are included in the board assurance framework.

7.2 Risk management procedure

This risk management strategy and policy document is underpinned by a comprehensive risk management handbook which describes the process for effectively identifying, assessing, evaluating and monitoring risks. The document is held on the Trust's document management system.

The Trust's risk management cycle ensures that risks are identified, assessed, controlled, monitored, closed or accepted. When necessary, gaps in controls are escalated. These main stages are carried out through:

- Clarifying objectives
- Identifying risks to the objectives
- Assessing and scoring the risk
- Identifying controls and their effectiveness
- Identifying and record actions to mitigate the risk
- Regularly reviewing and monitoring the risk, with accepting residual risks or closing risks when at target level
- Escalation and de-escalation of risks.

These processes are explained in the risk management handbook and e-learning is provided to risk leads and risk owners. Enhanced support is provided by the central risk team, when required.

The operational risks are managed and monitored by the divisional senior leadership utilising the electronic risk register on QSIS.

Each division, directorate and specialty discusses their risk register, actions, and any required escalation through the accountability and quality governance framework.

7.3 Risk matrix

The Trust has adopted the risk matrix published by the National Patient Safety Agency to ensure that risks rated in the organisation fall broadly in line with other organisations. This also improves consistency of risk ratings within the organisation (see appendix 1).

7.4 Training and support

Support for staff involved in risk management - to support the successful implementation and embedding of the risk management strategy, policy and risk

procedure the Trust has the following support in place for staff with a responsibility in risk management:

- All relevant staff are required to complete e-learning to access the Trust's risk module on QSiS.
- Risk owners are required to complete e-learning to enable them to articulate and manage risks on the risk register.
- Risk leads are required to complete e-learning to enable them to support risk owners, monitor risk management in their area of responsibility and escalate gaps in controls.
- Staff also have access to comprehensive guidance on the Trust intranet and advice by the risk team.

Board training – the Trust board will receive training every **two years**, to ensure that the requirements for understanding and discharging duties in relation to risk management at board level is reviewed and refreshed, thereby maintaining compliance with nationally agreed policy and practice.

Attendance/ participation records are co-ordinated centrally on the Trust's learning management system.

The Trust's management executive ensures monitoring arrangements are in place to review the overall effectiveness of the delivery of risk management training for board members and senior managers. Where such monitoring identifies deficiencies, recommendations will be agreed and an action plan developed and changes implemented accordingly.

7.5 Corporate risk register and board assurance framework

Risk management by the board is underpinned by a number of interlocking systems of control. The management executive risk oversight committee provides oversight, challenge and support to the divisions to manage their risks.

They review risk principally through the following three related mechanisms:

- **The board assurance framework (BAF)** sets out the strategic objectives of the Trust, identifies risks in relation to each strategic objective along with the controls in place and assurances available on their operation. The BAF is used to drive the board agenda.
- **The corporate risk register (CRR)** is the operational risk register including significant risks and actions plans where divisions cannot implement sufficient controls or they require executive oversight due to their Trust-wide nature or potentially high impact on the organisation
- **The annual governance statement** is signed by the chief executive as the accountable officer and sets out the organisational approach to internal control. This is produced at the year-end (following regular reviews of the internal control environment during the year) and

scrutinised as part of the annual accounts process and brought to the board with the accounts.

The above is reported regularly to the board for assurance and with escalation of relevant significant risks where required. The quality and audit committees provide assurance on the robustness of risk management and support the board.

In addition, the risk management processes are currently reviewed annually by internal audit for external assurance.

The Trust risk management activities are a part of its overall commitment to effective clinical governance and patient safety. The risk management approach is underpinned by additional Trust policies supported by ongoing training including:

- All policies and procedures associated with healthcare acquired infections
- Business continuity planning policy
- Management of concerns and complaints policy
- Health and safety policy
- Health and safety risk assessments procedure
- Information governance and information security policy
- Management of incidents and serious incidents requiring investigation policy
- Patient safety incident response framework (PSIRF) policy
- Management of safety alerts issued by the central alert system (CAS) policy and procedure
- Risk management handbook
- Safeguarding policies and procedures (adult and child)
- Perinatal services risk management strategy
- Violence and aggression management policy.

The Trust's systems of internal control are based on its on-going risk management programme that aims to:

- Identify principal risks to the achievement of goals set out in the annual plan.
- Evaluate the nature and extent of risks.
- Manage all risks effectively, efficiently and economically.
- Enable the completion of the annual governance statement.

8 Horizon scanning

Horizon scanning focuses on identifying, evaluating and managing changes in the risk environment, preferably before they manifest as a risk or become a threat to the organisation.

Horizon scanning helps identify positive areas for the Trust to develop its business and services and provides a steer toward taking opportunities where these arise. The Trust will work collaboratively with partner organisations and statutory bodies to horizon scan and be attentive and responsive to change.

By implementing formal mechanisms to horizon scan, the Trust will be better able to respond to changes or emerging issues in a planned, structured and co-ordinated way. Issues identified through horizon scanning should link into and inform the business planning process. As an approach it should consider ongoing risks to services.

The outputs from horizon scanning should be reviewed and used in the development of the Trust's strategic priorities, policy objectives and development. The scope of horizon scanning covers, but is not limited to:

- Legislation
- Government white papers
- Government consultations
- Socio-economic trends
- Trends in public attitude towards health
- International developments
- NHS England publications
- Local demographics
- Seeking stakeholders views
- Risk assessments.

All staff have a responsibility to bring potential issues identified in their areas which may impact on the Trust delivering on its objectives to the attention of their managers.

Board members have the responsibility to horizon scan and formally communicate matters in the appropriate form relating to their area of responsibility. The management executive undertakes regular horizon scanning with the support of the strategy team.

9 Delivering the strategy

Executive directors, senior management teams and departmental/operational managers within the Trust will:

- Take into account the Trust's quality priorities and strategic objectives when managing risks.
- Promote awareness and understanding of the benefits of proactive risk management, therefore developing a positive risk culture.
- Manage risks through their own clinical/ speciality, departmental, directorate, divisional structure in line with this document.
- Provide opportunities for training and ongoing support to ensure that staff are aware of the Trust's risk management processes and systems.

The Trust will:

- Ensure corporate ownership and accountability throughout the organisation for risk management.
- Promote and support the development and implementation of risk management through annual review of this document.
- Monitor the up-take of training in risk management.
- Review and up-date the risk management strategy and policy and resources underpinning this document to ensure that they remain in line with best practice.

10 Roles and responsibilities

10.1 Chief executive

The chief executive is the accountable officer for Cambridge University Hospitals NHS Foundation Trust and is accountable for ensuring that the Trust can discharge its legal duty for all aspects of risk. As accountable officer, the chief executive has overall responsibility for maintaining a sound system of internal control, as described in the annual governance statement.

Operationally, the chief executive has designated responsibility for implementation as outlined below. The chief executive chairs the management executive risk oversight committee. The management executive, as the group responsible for the corporate risk register, decides which risks require recording and managing corporately or should be included on the board assurance framework.

10.2 Executive directors

Executive directors are accountable to the chief executive and the board of directors for the maintenance of effective systems of internal control within their areas of responsibility. Executive directors are responsible for reporting on controls and assurances of the highest risks to the Trust objectives through the

board assurance framework and corporate risk register and other identified significant risks.

Each director is responsible for risk management leadership including the implementation of and compliance with current Trust policies, and for ensuring sufficient resources have been allocated to undertake effective risk management of prioritised risks.

Executive directors are responsible for ensuring that the risks for which they are the executive leads on the corporate risk register and board assurance framework are reviewed on a monthly basis and that action plans for risk mitigations are implemented in a timely manner as agreed.

Leading by example, executive directors are fundamental in establishing and sustaining an environment of openness on risk management within their directorates.

10.3 Non-executive directors

Non-executive directors have responsibility for reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (clinical and non-clinical) that support achievement of the organisation's policy. In particular, members of the audit committee will review the adequacy of the risk management policy, and receive regular monitoring information against the management of risks judged as significant within the board assurance framework and corporate risk register and provide assurance to the board of directors on the effectiveness of systems within the Trust designed to manage risk.

10.4 Chief nurse

The chief nurse is responsible for the executive leadership of risk management and the implementation of the processes and procedures set out in this policy. The chief nurse supports the executive and non-executive directors in carrying out their responsibilities for risk management and takes the lead, on behalf of the board of directors, for maintaining the corporate risk register that defines the principal risks to achieving the Trust's operational delivery together with associated controls, sources of assurance and action plans. The chief nurse works closely with the director of clinical quality in all matters relating to organisational governance and risk.

10.5 Director of corporate affairs

The director of corporate affairs is the corporate governance lead for the organisation. The director of corporate affairs supports the executive and non-executive directors in carrying out their responsibilities for risk management and takes the lead, on behalf of the board of directors, for maintaining the board assurance framework that defines the principal risks to achieving the Trust's

strategic objectives together with associated controls, sources of assurance and action plans. The director of corporate affairs also advises the board in relation to the decision-making regarding the Trust's annual risk appetite statement and on the Trust's annual governance statement. The director of corporate affairs works closely with the chief nurse and the director of clinical quality in all matters relating to organisational governance and risk.

10.6 Director of clinical quality

The director of clinical quality is the quality governance lead for the Trust and is responsible for the Trust's risk management strategy and policy. The director of clinical quality is accountable to the chief nurse and is responsible for promoting and ensuring the implementation of Trust-wide systems and processes to enable the Trust to meet its requirements in relation to risk, up to and including the corporate risk register. The director of clinical quality works closely with the director of corporate affairs and appropriate others, in all matters relating to organisational governance and risk.

The director of clinical quality has a responsibility to ensure the delivery of appropriate training to Trust staff that enables the correct identification, analysis and scoring of risk, together with maintaining the Trust's electronic integrated system for risk management.

10.7 Head of risk and patient outcomes

The head of risk and patient outcomes is accountable to the director of clinical quality. The post holder is responsible for:

- Promoting and supporting the implementation of Trust-wide systems of risk management (including an electronic risk register).
- Administering the Trust's corporate risk register on behalf of the director of clinical quality and the management executive.
- Reviewing annually the risk management strategy and policy and all underlying processes.
- Providing support and training to staff on matters associated with risk management.
- Providing assurance regarding data quality standards within the quality governance framework and to the assurance committees.

10.8 Risk management team

The risk management team are responsible for:

- Provide a database for managing risks for the organisation.
- Monitor the quality of new risks in line with agreed key performance indicators (KPIs) and processes as set out in this document.

- Provide training and be an expert resource to all staff involved in risk management.
- Support and manage the corporate risk register on behalf of the Trust board.
- Provide assurance to the management executive - risk oversight committee, performance, quality, workforce and audit committees (as appropriate) on risk management across the organisation.

10.9 Divisional senior leadership

Divisional directors are responsible for:

- Ensuring that appropriate and effective risk management processes are in place in their designated area and scope of responsibility.
- Implementing and monitoring any control measures identified.
- Ensuring risks are captured on the electronic risk register.
- Ensuring that gaps in controls are escalated where all reasonably practicable actions have been taken and the risk is not sufficiently controlled.
- Ensuring that local groups review risk registers on a regular basis to consider and plan actions being taken.

They are accountable for:

- Ensuring that clinical risks, health and safety risks, emergency planning and business continuity risks, relevant project and operational risks are identified and managed.
- Ensuring that risks are reviewed by an appropriate divisional group as part of performance monitoring, actions are taken to mitigate risks.
- Ensuring appropriate escalation of risks from services or directorates to divisional level within the defined tolerances and processes as set out in the risk management handbook.

10.10 Senior managers and senior staff

Senior managers take the lead on risk management in their services and are expected to:

- Identify risks to the safety, effectiveness and quality of services, finance, delivery of objectives and reputation.
- Oversee and support the risk owners and risk leads in the carrying out their duties with regards to risk management.
- Ensure that assurance and oversight of risk management in their area is managed through the governance framework.

10.11 Head of health and safety

The head of health and safety is accountable to the director of workforce and is responsible for promoting and supporting the implementation of Trust-wide systems for health and safety.

The head of health and safety is responsible for:

- Developing an effective health and safety management system that is compliant with statutory requirements.
- Supporting the implementation of the Trust's health and safety policies and procedures.
- Providing competent advice and support to staff on health and safety matters.
- Monitoring corporate health and safety risks and escalating any concerns or significant delays.

10.12 Divisional quality manager

The divisional quality manager or trust risk and corporate quality manager is responsible for:

- Ensure divisional ownership and accountability throughout the organisation for risk management.
- Coordinating reporting of relevant risk registers to the appropriate divisional committees.
- Liaising with and support risk leads in the division to ensure that each directorate/ specialty or department reviews their risks.
- Ensuring that there is clarity of who is responsible for creating and reporting risks registered within directorate/ specialty or department below the divisional level.
- Identifying new risk leads and notifying any changes to risk leads to the team managing the database holding the electronic risk register.
- **Highlighting** non-compliance with the Trust's risk management strategy and policy.
- Managing and monitoring any escalation of gaps in controls or assurance on behalf of their division.
- Ensuring that the list of risk leads and any changes to risk owners is reflected on the electronic risk register and the risk team is informed of changes to risk leads.
- Ensuring the list of contacts for committees within the division is correct and any updates are sent to the team managing the database holding the electronic risk register.

10.13 All employees (permanent, temporary, contract)

All Trust employees including permanent temporary or contract have a duty and a responsibility to be 'safety aware' and co-operate in the identification and minimisation of risks.

Staff are responsible for:

Ensuring they are familiar with significant local hazards and know and use safe systems of work. If staff identify hazards or risks in the workplace they are responsible for taking immediate action to reduce the risk (for example wiping up a spillage, warning others or removing and reporting a piece of equipment identified as not working properly). All Trust employees have a responsibility to identify risk, to report these to their line managers and where applicable to ensure that appropriate controls are being implemented to manage such risks.

11 Equality impact assessment

As part of the development of this strategy and policy its impact on equality has been reviewed. The purpose of the assessment is to minimise and, if possible, remove any disproportionate impact on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detrimental effects were identified.

12 Implementation and dissemination

Internally: This strategy and policy document is available to all staff via the Trust's document management system (Merlin) and intranet site.

Externally: The reviewed policy will be sent to the Trust's main commissioners and is freely available on request to Trust stakeholders.

13 Review

This strategy and policy will be reviewed annually.

14 Monitoring compliance with and the effectiveness of this document

The Trust will seek assurance that risk management activities and systems are being appropriately identified, articulated and managed through ongoing monitoring at the patient safety and assurance group and the risk oversight committee. The Trust seeks further assurance through a range of external sources including reviews by internal and external audit**ors** and Care Quality Commission inspections.

15 References

NHS England – Risk Management, Policy and Process Guide (2015).
National Patient Safety Agency - A risk matrix for risk managers (2008).

16 Associated documents

- All policies and procedures associated with healthcare acquired infections
- Business continuity planning policy
- Risk management handbook
- Risk management Connect pages
- Health and safety policy
- Health and safety risk assessments procedure
- Management of concerns and complaints policy
- Good practice guide - Quality governance in action
- Information governance and information security policy
- Management of incidents and serious incidents requiring investigation policy
- Patient safety incident response framework (PSIRF) policy

- Management of safety alerts issued by the central alert system (CAS) policy and procedure
- Managing employee performance procedure
- Perinatal services risk management strategy
- Safeguarding policies and procedures (adult and child)
- Violence and aggression management policy

Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

Disclaimer

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Document management

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Appendix 1: CUH's risk matrix (based on National patient safety agency's risk matrix)

Table 1: Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table, then work along the columns in the same row to find the severity that best fits the risk. The consequence will be a number from 1 to 5, which is the number given at the top of the severity column. The consequence score may be determined by taking more than one domain into account. If the consequence score is different for the domains, e.g. 5 in one domain and 3 in another, an average can be calculated to reach a consensus across the domains (e.g. average of 4).

DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATAS
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 l death ►Multiple p injuries or irreversible ►An event people

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DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATAS
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	► Vital Ons release with effects ►Catastrop the environ ►Loss of b piece of equ Trusts business co
Staffing & Competence	►Short term low staffing level (<1 day) – temporary disruption to patient care ►Minor competency related failure reduces service quality <1 day	►On-going low staffing level - minor reduction in quality of patient care ►Unresolved trend relating to competency reducing service quality	►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 / competency ►50% - 75% staff attendance at mandatory / key 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 training and / or competency	►Loss of s significant s critical staff service clos >5 days ►Non-deliv objective / service due staff ►Critical er fatality due to lack insufficient and / or co

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DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATAS
		► 75 % staff attendance at mandatory / key training		►25%-50% staff attendance at mandatory / key training	►Less thar attendance mandatory / on an on-go
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 ju complaints ►Single ma ►Ombudsn ►Totally un level or quality of tre service ►Claims >£

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DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATAS
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	►Permane service / fac ►Disruptio leading to significant 'l effect acros local health ►Extended 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 performance rating ►Major non-compliance with core standards	►Multiple b statutory du ►Prosecuti ►Severely on compliar with nationa ►Zero perf rating ►Complete change req

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DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATAS
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 adverse publicity >3 ►MP conce (questions i ►Total loss 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 b confidential – large numbers ►Unplanne facilities >1 ►Health re documentat incident – catastrop consequenc
Projects	►Insignificant cost increase ►Insignificant impact on value and/or time to realise declared	►<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% ov ►> 25% va value and/or time declared be against prof

DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATAS
	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 > £1 ► Theft or personal pr > £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	►Fire code non-compliance / lack of single detector – patient area etc. ►Security incident leading to compromised staff / patient safety. ►Controlled drug discrepancy – not accounted for	►Significant failure of critical component of fire safety system (patient area) ►Serios compromise of staff / patient safety ►Loss of vulnerable adult resulting in major injury or harm ► Major controlled drug	►Failure of critical com of fire safet (high risk pa ►Infant / yo abduction ►Loss of vu adult resulti in death

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DESCRIPTOR	NEGLIGIBLE 1	MINOR 2	MODERATE 3	MAJOR 4	CATAS
		►Controlled drug discrepancy – accounted for		incident involving a member of staff	

Table 2: Likelihood score (L)

In the second step, the probability of the risk occurring is estimated and then used to determine the likelihood score using the table below:

Description	1 RARE	2 UNLIKELY	3 POSSIBLE	4 LIKELY	5 ALMOST CERTAIN

Likelihood (How often might it /does it occur)	Likelihood of the risk occurring is less than 5%.	Likelihood of the risk occurring is between 5 and 20%.	Likelihood of the risk occurring is between 21 and 79%.	Likelihood of the risk occurring is between 80 and 95%.	Likelihood of the risk occurring is between 96-100%.
Probability	0-4%	5-20%	21-79%	80-95%	96-100%

Table 3: Risk scoring = Consequence x Likelihood (C x L)

Calculate the risk score of the risk by multiplying the consequence score by the likelihood score:
Consequence score (C) x Likelihood score (L) = risk score.

	Consequence score				
Likelihood score	**1**	**2**	**3**	**4**	**5**
	Negligible	**Minor**	**Moderate**	**Major**	**Catastrophic**
5 - Almost certain (96-100%)	5	10	15	20	25

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4 - Likely (80-95%)	4	8	12	16	20
3 - Possible (21-79%)	3	6	9	12	15
2 - Unlikely (5-20%)	2	4	6	8	10
1 - Rare (0-4%)	1	2	3	4	5

Risks Grading

In some cases it may be useful to categorise risks by risk grade and colour, which are shown below:

Risk Assessment	**Grading**
Red 15 – 25	Significant
Amber 8 – 12	High
Yellow 4 – 6	Medium
Green 1 – 3	Low

Appendix 2: Risk appetite statement[1] (October 2024)

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 significant**)

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**)

[1] *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 26 April 2019.*

Financial/ Value for Money
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. 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**)

Appendix 3: Risk appetite matrix

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 4: Definitions

Assurance is the means by which the organisation, board of directors, Trust senior leadership, manager, or clinical lead know that the controls designed to manage/ mitigate risks are effective and being properly implemented. Assurance can be defined as positive or negative, and internal or external. External assurance is generally considered of greater value due to its objective source.

Board Assurance Framework (BAF) – The Assurance Framework provides the Trust with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their objectives. It also provides a structure for the evidence to support the Chief Executive's Annual Governance Statement.

Consequence (impact) is the level of harm that has, or may be suffered and is measured at the Trust on a scale of 1 to 5.

Controls are actions, arrangements and/or systems that are intended to minimise the likelihood or severity of a risk. An effective control will always reduce the probability of a risk occurring. If this is not the case, then the control is ineffective and needs to be reconsidered. Controls are intended to improve resilience.

Gap in control indicates that further work needs to be undertaken to ensure that the control is fully functional or effective. Until the development and implementation of controls have been completed, they are recorded in gaps in control. A negative assurance (a poor internal audit report for example) highlights gaps in control.

Internal control is the process effected by the board of directors designed to provide reasonable assurance that the Trust's objectives will be met with regards to: (1) Effectiveness and efficiency of operations; (2) Reliability of financial reporting and (3) Compliance with applicable laws and regulations.

Likelihood is measured by the frequency of exposure to the hazard or the probability of an event occurring on a scale of 1 to 5.

Risk is the likelihood (probability) that an event with adverse consequences or impact (hazards) will occur in a specific time period, or as a result of a specific situation. This event may cause harm to patients, visitors, staff, property, or have an impact on the Trust reputation, corporate objectives, stakeholders or assets.

Risks differ from their hazard in that the former is the calculated probability of the event occurring whilst the consequences or impact measure the effect of the risk being realised as a hazard. Put simply, hazards represent risks that have been realised.

Risk appetite - at the organisational level, is the amount of risk exposure, or potential adverse impact from an event, that the organisation is willing to accept/ retain. Once the risk appetite threshold has been breached, risk management treatments and business controls are implemented to bring the exposure level back within the accepted range. The risk appetite may vary according to risk type.

Risk management is the systematic identification, assessment, treatment, monitoring and communication of risks. This process is followed by the application of current or planned resources to effectively control, monitor and minimise the overall likelihood (and in some instances, impact) of the identified risk.

Risk owner manage risks on behalf of the organisation and most likely is the person who enters the risk onto the risk module on Datix for the first time. The corporate risk register is owned by the executive directors of the management executive – risk oversight committee and the board assurance framework is owned by the Trust board of directors.

Risk lead: Role-based risk leads are responsible for risk oversight within divisions and corporate directorates.

Risk register is a management tool that allows the Trust to understand its comprehensive risk profile. It is simply a repository of risk information linking risks and controls for the whole organisation.

Strategic risks are those risks that can adversely affect the achievement of the Trust's corporate objectives and are identified, assessed and monitored by the board assurance framework.

Appendix 5: Risk management policy monitoring dashboard

Minimum requirement to be Monitored	Method of monitoring e.g. audit	Responsible individual	Frequency of Monitoring	Responsible individual/group/committee (including timescales) for:		
				Review of results	Development of action plan	Monitoring of action plan and implementation
Identification and management of risk: *Board Assurance Framework Review*	Process Review	Director of corporate affairs	Annually	Audit Committee	Director of corporate affairs	Board of Directors (BoD)
Chief Executive report to the Board of Directors re significant risks	Review	Director of corporate affairs	Monthly	BoD	Director of clinical quality	BoD
Corporate Risk Register	Review	Director of clinical quality	Monthly	Executive Risk Committee/ Assurance Committees	Executive Risk Committee/ Assurance Committees	BoD

Minimum requirement to be monitored	Method of monitoring eg audit	Responsible individual	Frequency of Monitoring	Responsible individual/group/committee (including timescales) for:		
				Review of results	**Development of action plan**	**Monitoring of action plan and implementation**
Managing risks locally: *Local management of risk*	Divisional performance reports	Divisional directors	Monthly	Monthly executive performance reviews	Divisional directors	Management executive (ME)/BoD
Training : *Risk management training for risk owners and role-based risk leads*	Annual report	Director of clinical quality	Annual	Workforce and Education Committee	Director of clinical quality	ME/BoD
Assurance committees: *Reporting arrangements into the assurance committees and to the board*	Self-assessment	Director of corporate affairs	Annual	BoD	Director of corporate affairs	BoD

Cambridge University Hospitals NHS Foundation Trust

CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Workforce and Education Committee	**DATE OF MEETING:**	18 December 2024
CHAIR:	Rohan Sivanandan	**LEAD EXECUTIVE DIRECTOR:**	Director of Workforce
RECEIVING BOARD / COMMITTEE:	Board of Directors, 22 January 2025		

AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5.	**Board Assurance Framework (BAF) and Corporate Risk Register (CRR)** 1. The Committee received the current version of the Board Assurance Framework and Corporate Risk Register and discussed the relevance of the agenda items to the workforce risks.	Information/ Assurance/ Escalation		N
6.	**Staff Story** 1. The Committee heard about the apprenticeship journey of a member of staff who is training to work in Audiology. 2. Currently the Trust has over 500 apprentices on various programmes. Over 1,400 staff have undertaken apprenticeships at CUH over 45 different apprenticeship standards. 3. The Committee acknowledged the positive impact of apprenticeships and the investment and work to bring this about. 4. The Committee noted that CUH is one of a very small number of NHS employers who are investing all of their Apprenticeship levy funds into apprenticeships.	Information/ Assurance		N

7.	**Pay Gap reports** 1. There is a statutory requirement to publish the Gender Pay Gap report by March 2025. In addition the trust will publish its Ethnicity Pay Gap report, and its Disability Pay Gap report in the same time frame. 2. The pay gap reports are usually brought to the Committee in the March meeting, however this year the reports are being brought early to have a more full discussion on the reports and inform any changes to the reports ahead of publication. 3. There is mean gender pay gap of 18.9% (£4.86) and a median gender pay gap of 9.6% (£1.93 per hour). 4. There is mean ethnicity pay gap of 6.4% (£1.45) and an ethnicity pay gap of 5.1% (£0.97 per hour). 5. There is mean disability pay gap of 14.7% (£3.25) and a median disability pay gap of 15.4% (£2.87 per hour). 6. The main concern is to ensure there is a meaningful action plan, with appropriate ownership and actions that will have impact. A link was drawn to the WRES and WDES action plans that have been discussed at the Committee.	Information/ Assurance	BAF 008	N
8.	**Occupational Health and Wellbeing Strategy** 1. The Committee were provided with an overview of the revised and updated Occupational Health and Wellbeing Strategy, which sets out the priorities, current interventions, and next steps for the service to deliver on commitments until March 2026. The revised plan will seek to align various proposals and approaches that have developed during and since the pandemic. 2. The main highlights were the interventions planned to meet the health and wellbeing needs of the growing CUH workforce.	Information/ Assurance		N

9.	**Finance and pay spend update** 1. The Chief Finance Officer presented the report to the Committee. 2. The Committee were provided with an update on the Trust's financial position, with a particular focus on pay spend and financial recovery actions. 3. The paper also provided an overview the expected impact of the Government's recent budget announcement. 4. The pay budget has a small surplus at month 7, with a £2.9m spend below plan. The workforce growth is within plan however, there is a risk that the substantive growth reflects a semi-permanent increase in the cost base for the Trust, in the context of increased financial constraints for the year ahead. 5. The pay spend will continue to be the focus of significant work and oversight including as we move to the plans for 2025/26.	Information/ Assurance	BAF 007 BAF 011	N
10.	**Director of Workforce Report** The Director of Workforce outlined a number of areas of work using the Trust's Workforce Commitments to structure the update. The areas highlighted include: 1. The intention is to review the CUH Workforce Commitments, either through a Workforce and Education Committee Seminar (originally planned for October 2024), a whole Board Seminar or as part of the overall CUH strategy review. Alongside this is the expectation of a new national workforce plan to be published in the spring 2025 and a system workforce strategy being launched. 2. Increases in Staff in Post, and some reduction in temporary staff usage was highlighted. 3. The proposed Integrated Equality, Diversity and Inclusion Strategy was discussed at the Board of Directors in November 2024, with an undertaking that a progress report would come back to the	Information/ Assurance	BAF007 BAF008 CR17 CR45b CR57	N

	Board by April 2025. 4. New Essentials of Leadership and Management Excellence (EMLE) programme launched in November 2024 with a second cohort starting in December 2024. 5. Actions to proactively address sexual safety in the workplace are progressing using a 'zero tolerance' approach. The Committee welcomed this work and the applicability of the approach taken to other forms of unacceptable behaviour in the workplace (including racism).			

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CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Performance Committee	**DATE OF MEETING:**	15 January 2025
CHAIR:	Annette Doherty	**LEAD EXECUTIVE DIRECTOR:**	Interim Chief Operating Officer, Chief Finance Officer
RECEIVING BOARD / COMMITTEE:	Board of Directors, 22 January 2025		

AGENDA ITEM	DETAILS OF ISSUE	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5	**Board Assurance Framework (BAF) and Corporate Risk Register (CRR)** 1. The Risk Oversight Committee had not met since the last Performance Committee meeting and no changes had been made to either register. 2. The committee were reminded that the BAF would undergo a refresh in the coming months in parallel with the Trust strategy review.	For information	BAF 001/005/006/ 009a/010/011	n/a
6	**Accountability framework** 1. The committee was given an update on the progress made to date following the Deloitte well-led review and an overview of the work planned for the next six months to continue to establish a culture of performance and accountability. 2. The committee discussed the need for better access to data to drive improvement, the need to include corporate	For information		n/a

	functions in the process and how divisional leadership was held to account. 3. The committee was pleased to see the progress being made on driving accountability to divisions although acknowledged that more work needed to be done on support, capability and data and in driving a culture of ownership. 4. The committee requested a further update by the middle of the year.			
7	**Operational performance** 1. The Trust continued to face significant pressures due to respiratory infections which had led to high numbers of beds being closed. The winter plan had been implemented with escalation plans being used when necessary. 2. Performance against the 4hr standard had improved in December with the Trust now in the second quartile nationally, an improvement compared to winter 2023. 3. Pre-noon discharges continued to improve with Div C attaining 27%. 4. Elective care – 65 week waits had reduced to 62 in November and 52 week waits by 371. This compared well to Shelford peers. 5. Cancer – the Trust continued to perform well on the faster diagnosis standard and 62-day referral to treatment achieving above the national targets and significantly higher than the Shelford group average. 6. The committee discussed measures being taken to reduce the number of delayed transfers or care and to improve length of stay (LoS). The committee would receive a detailed update on LoS at its next meeting.	For information	BAF 001	n/a

8	**Finance reports** 1. M8 position was behind the planned position due to the impact of loss of income following in year industrial action not being fully funded and also the pay award. The Trust was on track to breakeven at year end with non-recurrent support. 2. Further identification of PEP programmes was required and clear messaging on funding which was expected to be flat for 2025/26. 3. National planning guidance for 2025/26 had not yet been released. 4. There had been a briefing on plans for the elective payment mechanism but further clarity was required around how this would be implemented. 5. The committee requested a focused report on productivity to a later meeting. 6. The capital programme for M8 was behind plan but this was mainly due to the phasing of spending on the major capital projects whose funds were ring-fenced. Spending against locally funded projects was £1.9m behind the full year forecast due to slippage and further schemes had been identified to mitigate this. There was confidence in delivering the plan for the year. 7. The committee discussed an opportunity for additional capital funding for specific proposals in line with national priorities.	For information	BAF 011	n/a
9	**Capital project delivery reporting** 1. All major schemes were currently on track for delivery within planned timelines. 2. The Perfusion Theatre had been handed over to the service.	For information	BAF 005, 006, 011	

Cambridge University Hospitals NHS Foundation Trust

1CHAIR'S KEY ISSUES REPORT

ISSUES FOR REFERRAL / ESCALATION

ORIGINATING BOARD / COMMITTEE:	Quality Committee	**DATE OF MEETING:**	15 January 2025
CHAIR:	James Morrow	**LEAD EXECUTIVE DIRECTOR:**	Chief Nurse / Medical Director
RECEIVING BOARD / COMMITTEE:	Board of Directors, 22 January 2025		

AGENDA ITEM	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?	CORPORATE RISK REGISTER / BAF REFERENCE	PAPER ATTACHED (Y/N)
5.	**Board Assurance Framework (BAF) and Corporate Risk Register (CRR)** 1. The Committee received and discussed the current version of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR). 2. The Committee noted the specific risks from the BAF and CRR in relation to the agenda items.	Information/ Assurance		N
6. <u>6.1</u>	**Lead Executives' Report and Patient Safety and Experience Overview** <u>Lead Executives' Report</u> 1. The Chief Nurse and Medical Director presented the report to the Committee. 2. The Committee were updated on the decision to re-escalate risk CR08 around patient harm due to insufficient capacity to deal with winter pressures in light of the sustained pressures across the	Information/ Assurance	BAF 004	N

	hospital in light of an increase in concerns around patient safety, ambulance handovers and infection rates across the hospital. 3. The Committee received an update on the Hospital Standard Mortality Rate (HSMR), using the new methodology which recently went live. There has been a slight decrease in performance against the HSMR and work is ongoing to work through the impact of coding on our overall score. 6.2 <u>Patient Safety and Experience Overview</u> 1. The Committee noted the report which covers the period up until the end of November 2024. 2. The Trust's rate of patient safety incidents with moderate harm or above in November 2024 was 1.3% (within normal variance). 3. There are currently 5 commissioned Patient safety incident investigations (PSIIs), of which three have been completed.			
7.	**Good Quality Care, Every Day in Our Hospitals.** 1. The Committee were given an overview of the assurance process in place to deliver Good Quality Care, Every Day in Our Hospitals. 2. All forty one inpatient wards have been accredited, with thirty three of those receiving a 'silver' award and eight receiving a 'bronze' award. 3. Work remains ongoing to develop a digital solution in order to support with data collection and audits.	Information/ Assurance	BAF 004	N
8.	**End of life care** 1. The committee received an update around the management of patients in Temporary Escalation Spaces, and whether end of life patients were disproportionately represented on the wards.	Information/ Assurance		N

	2. The committee noted the challenges with defining 'end of-life' status and sought to ensure that they should be deprioritised for care in Temporary Escalation Spaces.			
9.	**Histopathology and Microbiology laboratories deep dive** 1. The committee received an update on the current position across the histopathology and microbiology laboratories. 2. It was noted that the histopathology laboratory has successfully been reaccredited to the more rigorous ISO 15189:2022 standard. 3. A discussion was held regarding the UKHSA microbiology laboratory given the withdrawal of accreditation and next steps were agreed.			
10.	**Maternity** 1. The Committee were given an update on the current challenges across maternity theatres, particularly in relation to ventilation and the regulation around air flow. A further report will be presented to the committee which will include a benchmarking exercise across peer trusts. 2. The maternity team are currently in the process of formally submitting evidence to support the year six submission for the Maternity Incentive Scheme (MIS) safety actions. The committee were informed that the Trust planned to declare compliance against all ten of the MIS safety actions, subject to Board approval in February 2025.	Information/ Assurance		N
11.	**Pharmacy Medicines Optimisation Annual Report** 1. The Pharmacy Medicines Optimisation Annual Report for 2023/24 was presented to the Committee, providing oversight information related to the safe and effective use of medicines within the Trust and the plans for transformation during 2024/25.	Information/ Assurance		N

12.	**Clinical Audit annual report update** 1. The committee were updated on progress in year against the annual audit plan, and were informed that the audit plan for the year remains on track.	Information/ Assurance		N