Council of Governors

Cambridge University Hospitals
NHS Foundation Trust

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There will be a meeting of the Council of Governors on Wednesday 18 December 2024 at 17.30 in the Committee Room, School of Clinical Medicine, Addenbrooke's Hospital, Cambridge CB2 0QQ (and via videoconference)

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

AGENDA

General Business			Purpose
17.30	**1.**	**Welcome and apologies for absence**	For note
	2.	**Declarations of interest** Copies of the Register of Governors' interests are available from the Trust Secretariat	For note
17.35	**3.***	**Minutes of the previous meeting** To approve the minutes of the meeting held on 25 September 2024	For approval
	4.*	**Council of Governors action tracker and matters arising not covered by other items on the agenda**	For review
17.40	**5.***	**Chair's Report** To receive the report of the Trust Chair	For receipt
17.45	**6.***	**Chief Executive's Report (including Integrated Performance Report)** To receive the report of the Chief Executive	For receipt

18.30	**7.***	**Governors' Reports** **7.1 Lead Governor** To receive the report of the Lead Governor **7.2 Membership Strategy Implementation Group** To receive the report of the Group	For receipt
Items for information			**Purpose**
18.40	**8.**	**Any other business** Items of any other business to be identified to the Secretary in advance of the meeting	For note
	9.	**Date of the next meeting** The next meeting of the Council of Governors will be on Wednesday 26 March 2025 at 17.00.	
18.45	**10.**	**Close of meeting**	

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Minutes of the meeting of the Council of Governors held on Wednesday 25 September 2024 at 17.00 in the Committee Room, Clinical School of Medicine, Addenbrooke's Hospital, Cambridge, CB2 0QQ (and via videoconference)

Member	Position	Present	Apologies
Dr M More	Trust Chair	X	
Mr F Allan	Staff Governor	X	
Dr J Allen	Public Governor		X
Dr J Biddle	Public Governor	X	
Prof J Clarkson	Partnership Governor (University of Cambridge)		X
Dr R Cubberley	Partnership Governor (Anglia Ruskin University)		X
Mr C Cumberland	Public Governor		X
Ms S Dixon	Patient Governor	X	
Miss R Greene	Patient Governor	X	
Ms M Haldane	Patient Governor	X	
Cllr C Holloway	Partnership Governor (Cambridgeshire County Council)	X	
Ms E Howe	Patient Governor	X	
Ms M Lee	Public Governor	X	
Mr S Legood	Partnership Governor (Cambridgeshire and Peterborough NHS Foundation Trust)		X
Mr M Nur	Staff Governor	X	
Dr H Rubinstein	Public Governor	X	
Dr H Sherriff	Patient Governor	X	
Mr R Stevens	Patient Governor	X	
Prof P St George Hyslop	Partnership Governor (University of Cambridge)		X
Dr N Stutchbury	Patient Governor and Lead Governor	X	
Mr D Trajkovski	Patient Governor	X	
Dr C Tyrrell	Public Governor	X	
Dr S Webb	Partnership Governor (Royal Papworth Hospital NHS Foundation Trust)		X
Mr W Watson	Public Governor	X	
Mr C White	Staff Governor	X	
Ms K Woodey	Partnership Governor (Campus Research and Funding Organisations)		X

In attendance	
Mr D Abrams	Non-Executive Director
Dr S Broster	Director of Improvement, Digital and Innovation
Mr J Clarke	Trust Secretary (Minutes)
Dr A Doherty	Non-Executive Director
Mr I Jacobs	Non-Executive Director
Ms A Layne-Smith	Non-Executive Director
Dr J Morrow	Non-Executive Director
Prof S Peacock	Non-Executive Director
Mr R Sinker	Chief Executive Officer
Mr R Sivanandan	Non-Executive Director
Mr S Patel	External Auditor - Forvis Mazars (for item 27/24 only)
Mr I Walker	Director of Corporate Affairs
Mr D Wherrett	Director of Workforce

22/24 Apologies for absence

Apologies for absence received from governors are recorded in the table above.

23/24 Declarations of Interest

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

24/24 Minutes of the previous meeting

The minutes of the meeting of the Council of Governors held on 27 June 2024 were approved as a true and accurate record.

25/24 Council of Governors action tracker and matters arising not covered by other items on the agenda

Received and noted: The action tracker.

26/24 Composition of the Council of Governors

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

Noted:

1. The Council of Governors was informed that since the previous meeting on 26 June 2024 that there had been no changes to the composition of the Council of Governors.

Agreed:

1. To note the changes to the composition of the Council of Governors since the last meeting.

27/24 External Auditors' Report

Suresh Patel, External Auditor, presented the report.

Noted:

1. Through their work reviewing the Trust's annual report and accounts for 2023/24, the external auditors were able to issue an unqualified opinion, with no significant weaknesses identified.
2. The auditors also undertook a value for money audit, designed to identify whether the Trust has in place effective mechanisms and arrangements for securing economy, efficiency and effectiveness in its use of resources.
3. The Council was informed that the audit process had gone well with good engagement from the Trust's Finance team.
4. There remained a challenge with the management of the Private Finance Initiative (PFI) arrangement for the Addenbrooke's Treatment Centre (ATC), which the Trust continued to manage and mitigate. There was an explicit reference to the challenges within the Trust's 2023/24 Annual Report.
5. The auditors had made several minor internal control recommendations through the audit which would be picked up through the ongoing work in year and as part of the 2024/25 audit process.

The following points were made in discussion:

1. The Annual Accounts for 2023/24 included an impairment resulting from a technical method for valuing the Trust's estate. The Council was assured that this was a common practice across the NHS and there was no cause for concern.
2. Through the Audit Committee and Performance Committee meetings, there was regular scrutiny and oversight of the Trust's financial performance, governance and compliance with the productivity and efficiency targets.
3. Recognising that there were a number of issues across the health service relating to the management and performance of PFI arrangements, the Council was given assurance that it was

only the ATC within the CUH estate which was part of a PFI arrangement.

4. The external audit market remained challenging, with some trusts struggling to appoint external auditors. The Trust's auditors had proposed a small fee increase reflecting the increase in complexity of the audit work. Despite the proposed increase, the Council was assured that, through a recent benchmarking exercise, the proposed fee remained competitive relative to peer trusts.

Agreed:

1. To note the report of the Trust's external auditor.

28/24 Chair's report

Mike More, Trust Chair, presented the report.

Received and noted: the Chair's report.

29/24 Chief Executive's Report (including Integrated Performance Report)

Roland Sinker, Chief Executive, presented the report.

Noted:

1. The report updated the Council of Governors on the five core areas of operational performance.
2. The Trust continued to experience significant operational challenges, with a recent infection outbreak leading to almost 50 beds across the Trust being closed, and continued challenges with ambulance handovers.
3. Since the new Government took office in July 2024, they had announced the Darzi review and concluded a settlement of the dispute with the junior doctors.
4. The Trust would shortly be working on a refresh of its strategy, with a focus on quality, productivity and flow and cultural leadership and inclusion.
5. The Trust continued to perform well on elective and cancer care. Across the system there was an intense focus on improving performance against urgent and emergency care access standards, with national support being offered to trusts.
6. Work was ongoing with partners across the Cambridgeshire South Care Partnership to develop local integrated care arrangements, with a particular focus on out of hospital models of care.

7. Progress continued to be made on both the Cambridge Children's Hospital (CCH) and Cambridge Cancer Research Hospital (CCRH), with both projects having had their Outline Business Cases approved. The Council was assured that the ongoing review by the new Government of the national New Hospital Programme (NHP) did not impact on the CCH and it was felt that the CCRH was in a strong position within the NHP. A programme of local, regional and national stakeholder engagement was in place.

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

Questions:

1. *The CQC has just published its report on the "National review of maternity services in England 2022 to 2024". This was based on 131 inspections of hospitals with maternity services, not inspected since before March 2021. CUH was inspected in May 2023 and was rated as "requires improvement", a rating received by 47% of other hospitals inspected. Since then, we are aware that improvements have been made. In the light of one of the report's main findings – that the CQC is "concerned about the potential normalising of serious harm in maternity" - we would like to ask NEDs to what extent they are assured that harm is not being normalised at CUH and that the improvement programme will lead to an improved rating.*

   The following points were made in response:

   A Maternity improvement Board was meeting monthly with external scrutiny from the region and ICS reviewing action plans. A report on Maternity was taken to each Quality Committee meeting.

   A full medical workforce review was undertaken following the CQC inspection. An investment was made for six additional junior doctors and six consultants. With the new juniors in post, medical capacity had been increased to support cover for triage during daytime hours Monday to Friday. An additional doctor was now rostered on night shifts to cover all areas including triage. A second review of medical workforce was underway, forecasting future needs.

   The service leadership (Perinatal Quadrumvirate) were participating in the Perinatal Culture and Leadership Programme. This involved diagnostic analysis around the culture

within the Rosie which would result in an organisational development plan to address themes and issues. The Trust had commissioned external input to support this. Monthly all-staff listening events were held, in addition to regular senior leadership and board safety champion walkarounds speaking to staff to understand their lived experiences of working in the teams.

There was enhanced support for junior doctors, including monthly chief resident meetings with visits from the Speak up Guardian and Psychology staff. Feedback was discussed at the weekly consultant meetings for shared learning and action.

Joint culture and leadership multi-professional sessions were delivered by the midwifery and medical regulatory bodies.

2. *The recently published Darzi report highlights the need for the NHS to "drive productivity in hospitals". This is reflected in one of the strategic priorities for CUH ("Quality, Productivity, Flow"), and we understand that this is the context behind the current freeze on clinical recruitment. We assume there is a need to stem the last few years' steady growth in FTEs and to meet challenging budget targets. What assurance do the NEDs have that productivity improvement plans will offset the continuing increase in demand for clinical care in CUH?*

The following points were made in response:

The NHS, and CUH specifically, had grown significantly over recent years. In the 2023/24 financial year, the CUH workforce grew by 8.4%. This growth followed increases in previous years.

Some of this growth had been to support new/additional capacity, e.g. the Community Diagnostic Centres, Cambridge Movement Surgical Hub, etc.

However, activity growth had not kept pace with the increase in the workforce, which suggested a reduction in productivity/ efficiency more generally.

In the short term, the Trust needed to make best use of existing resources to deliver more for patients, e.g. through MyChart, Virtual Wards, Robotic Process Automation, etc.

In the longer term, there was a need to invest differently in services. The Trust needed to make better use of digital tools and support the development of new models of care. It was doing this through work on innovation, e.g. the digital front door and the development of a new acute care model as part of plans for a new acute hospital. This would need to be developed in partnership with NHS and industry partners.

3. *Governors have picked up several examples of poor or confusing communications between the hospital and its patients. One example came to light at the annual public meeting where one patient pointed out that she found some letters written to her confusing. Recognising this is a challenging task due to the diversity of patient needs, we would ask that NEDs seek assurance that the Medical and Communications departments are aware of this problem and are working to improve it. May we suggest this is an opportunity for a co-production project, working with patients, to find solutions to better communication.*

   The following points were made in response:

   Following on from the discussion at the recent Annual Public Meeting, the Trust remained committed to ensuring that there were improvements in the short term. The Trust would consider how a collaborative approach with patients could be put in place to ensure that patients were engaged and able to feed back their experiences and opinions on how improvements could be made to written patient communication.

4. *We have heard that AstraZeneca's ability to bring clinical trials to CUH patients has been hampered by long set up times and they are often making the decision to recruit elsewhere in spite of their co-location on the campus with CUH and the university. Are NEDs assured that the collaboration between CUH and AZ is as healthy ask it can be and management in both organisations are working to expedite clinical trials locally to benefit both parties. This collaboration is of strategic importance today and will clearly be critical to the success of the CCRH in the future.*

   The following points were made in response:

   There was a good relationship with Astra Zeneca (AZ). Perhaps most significantly in recent weeks, the Trust had signed up (with the University of Cambridge) to their new Partners of Choice

Network Agreement, which aimeds 'to transform and improve the investigation and treatment of oncology patients, among other activities, by providing Partner of Choice Members with a forum for scientific collaboration and knowledge-sharing, and access to AstraZeneca's proprietary compounds ...'. This was the result of a tremendous effort by Sam Barker and the R&D team.

There were many other examples where the Trust was working together, for example a recent Cambridge /Yale /AZ conference, joint training fellowships through the NIHR BioResource, and an AZ member on the CRF Scientific Advisory Board.

Agreed:
1. To note the report.

30/24 Governors' Reports

Lead Governor

Neil Stutchbury, Lead Governor, presented the report.

Agreed:
1. To note the report of the Lead Governor.

31/24 Any other business

There was no other business.

32/24 Date of next meeting

The next meeting of the Council of Governors in public would be held on Wednesday 18 December 2024 at 17.30.

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Council of Governors: Action Tracker

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

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Report to the Council of Governors: 18 December 2024

Agenda item	5
Title	Chair's Report
Sponsoring director	Mike More, Trust Chair
Author(s)	As above
Purpose	To receive the Chair's report.
Previously considered by	n/a

Executive Summary

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

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

Action required by the Council of Governors

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

Cambridge University Hospitals NHS Foundation Trust

18 December 2024

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

1. Introduction

1.1 This is the last Council of Governors' meeting I shall attend, so my first and pleasant duty is to thank all governors, past and present, for your contribution to the Trust. It has been a pleasure (mostly!) to work alongside you.

1.2 I should explain the "mostly". The Trust got into a perfect storm of regulatory, financial, performance and managerial difficulties some ten years ago, shortly before I was made Chair. Not unfairly that led to some big questions of the Board and some very challenging encounters with the Governors. That was the Council of Governors doing its job.

1.3 I have tried, throughout my time as Chair, to ensure an open and frank relationship between the Board and the Governors, and to foster good relationships between NEDs and Governors. Underlying that is the belief that Governors are a huge and positive asset to the Trust. You are committed to the purposes of the Trust, you are informed about and interested in the Trust, you represent the perspective of various constituencies the strong voice of which is always important in keeping a Board open, connected and accountable. You will raise important questions which might otherwise not get raised.

1.4 I have had the pleasure of working alongside three Lead Governors, Judy Ewers, Julia Loudon and Neil and have, in each case, welcomed and valued their counsel.

1.5 I know that Sally, as my successor, will also set store in a good and strong relationship with the Board.

1.6 I will avoid the temptation to review the last few years: the future is what matters. I am looking forward to catching up with Sir Keith Peters in a few weeks' time. Keith was a primary visionary and driving force in making today's Biomedical Campus what it is with CUH (then Chaired by Dame Mary Archer) and the University at its centre.

1.7 I recall his telling me that in the early days there were disparaging remarks from London and elsewhere about what he was doing with a field to the south of Cambridge, a market town in the Fens! Thank you, Keith! We have strengthened the internal management of the Campus and its voice in local and national economic debates, but it all goes back to the inspiring vision which sets us apart from many.

2. 'You Made A Difference' Awards

2.1 I was pleased to attend 'You Made A Difference' award events on 16 September, 30 September, 22 October, 25 November and 10 December. I would like to personally congratulate the winners; Angel Entwistle (Apprentice Nurse), Clare Bryant (Clinical Scientist), Nicola Owen (Clinical Nurse Practitioner, Neurosurgery), Nicola Fearnhead (Consultant, General Surgery), Jenny Garcia (Health Care Support Worker, Ward P2), the Histopathology Laboratory Team, Olive Barcelon Pagulayan (Contact Centre Agent) and James Nicholson (Consultant).

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

3. Meeting with members of the public

3.1. With Ian Walker, Director of Corporate Affairs, I met with members of the public on 14 October 2024. The topics covered included use of the Emergency Assessment Unit (EAU) for A&E, the Cancer and Children's Hospitals, overdue reviews of serious incidents, delayed discharges and smoking.

4. Diary

4.1 My diary has contained a number of meetings and discussions, both virtually and physically, and both within and outside the hospital, over the past two months including some visits to clinical areas.

CUH
Performance Committee
Quality Committee
Workforce Committee
Audit Committee
Addenbrooke's Futures Committee
Regional MP Briefing

Council of Governors
CUH Annual Public Meeting
Consultants' Development Programme
Children's Board
Governors' Nomination and Remuneration Committee
Board of Directors' Remuneration and Nomination Committee
Overseas international staff welcome lunch
Children's Commissioners visit
Black History Month lunch
CUH Awards

Other meetings attended during this period include:

Strategic Global Health Partnership Meeting
NHS Providers Chairs and CEO Network Meeting
Cambridge University Health Partners (CUHP) Board
Reception to Honor Professor David Cardwell
Evelyn Trust Patron Dinner
Sir Howard Bernstein memorial

5. Recommendation

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

Council of Governors

Cambridge University Hospitals NHS Foundation Trust

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Report to the Council of Governors: 18 December 2024

Agenda item	6
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 Council of Governors
The Council of Governors is asked to note the contents of the report.

Cambridge University Hospitals NHS Foundation Trust

18 December 2024

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

1. Introduction/background

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

1.2 The national health and care system continues to face significant challenges, including from a financial perspective; but in this context is doing better than last year on many dimensions (e.g., around reducing long waits, or improving urgent and emergency care). Planning guidance for the year we are currently in is clear, in particular around funding commitments and expectations around priorities, access to care and patient safety. The national operating framework from NHS England is changing and firming up; as is CQC oversight (where a national review is ongoing) - together these set the regulatory framework for CUH and where the Trust is expected to deliver in the context of the local ICB and regional/national requirements. Beyond this Lord Darzi has completed a diagnosis of the current status of the NHS. In addition 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 tackle these short and long term challenges and opportunities; and the next 24 months will see the Trust retain its focus on the five areas of operational performance, and the three pillars of the strategy. Aligned to this, the Trust is implementing the mid-term review of the strategy, to get ahead. This refresh is drawing on an assessment of the five areas of operational performance, changing strategic priorities, the findings of the recently conducted governance review, the Trust's externally validated CQC self-assessment and a rolling programme assessing a range of departments. Key themes are: 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. A central theme of the strategy refresh is alignment with these five areas, e.g., culture and local leadership support around improvement being key to core elements of care and staff experience. As examples:

Quality - a focus on CQC preparedness, long waits, the emergency pathway, staffing levels in relation to capacity, maternity (considering the CQC review and recent feedback from the Council Overview and Scrutiny Committee) and triangulation of 'hot spots'; and noting ongoing strong performance on outcomes.

Workforce - a focus on responding to themes in the staff survey (which is now open), inclusion, development, and flu vaccination; and noting a strong position on recruitment, support for staff and recognition, and now on developing the 'shape' of our workforce.

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. While ambulance handovers and waits in the Emergency Department have improved, there is more to do on length of stay. There is strong ongoing performance in cancer, elective care and diagnostics, although noting work to do on long waits.

Finance - maintaining progress with our significant capital plan and making best use of our resources to deliver financial plans for CUH and the integrated care system for the coming years - the position is changing and will be much more challenging as we go through 2024/25 and beyond. Performance on identifying and delivering savings is broadly on track, but remains vulnerable, with more to do on productivity, corporate departments and planning for the next financial year – as such, enhanced controls have been put in place.

Improvement, Innovation and Digital - a focus on delivering this year's challenging financial plan, whilst also finalising plans for the portfolio. Progress is good but there is a good deal more to do in all three areas.

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) - 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 will accelerate on plans for additional health and care services centred on the biomedical campus, as part of our integrated care system.

1.6 Work to better align CUH, Royal Papworth Hospital and the University of Cambridge is going well, and work is ongoing in relation to the Cambridge South Care partnership. We expect further progress on our strategies in relation to EDI, digital and sustainability.

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 five 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.

UK Neonatal Intensive Care Unit (NICU) staffing

2.4 Whilst the nursing and midwifery vacancy position shows an improving picture the main area of risk remains within the Neonatal Intensive Care Unit (NICU).

2.5 Mitigations are in place to reduce the risk and an action plan has been developed including consideration of recruitment and retention initiatives, increasing the number of practice development nurses and increasing the number of internationally recruited staff.

2.6 Ongoing monitoring will be undertaken with escalated to the Chief Nurse and Medical Director if assurance of maintaining safety cannot be provided.

Patient flow

2.7 A stocktake review of the approach to the Patient flow improvement programme has been carried out with ongoing monitoring of progress and delivery until the end of February 2025.

Hospital Standardised Mortality Ratio (HSMR)

2.8 HSMR has been very stable in the calendar year of 2024. The current HSMR is 77.0 for the year to July 2024, which is statistically significantly low as a HSMR value. This is one of the lowest rolling 12-month values in the last two years of data. New methodology will be introduced for calculations from next month.

Principle on the use of temporary escalation spaces (TES)

2.9 In September 2024 NHS England published guidance setting out the 'principles for providing safe and good quality care in temporary escalation spaces'. They stated that the delivery of care in temporary escalation spaces in departments experiencing patient crowding (including beds and chairs) is not acceptable and should not be considered as standard.

2.10 TES does not include spaces that are opened as part of winter pressure planning and refers to care when given in any unplanned settings such as corridors.

2.11 The Trust carried out a gap analysis against the recommendations and will be taking forward the agreed actions. A TES task and finish group has been established to oversee the recommendations.

3. Access to Care

3.1 **Emergency Department (ED).** Performance against the 4 hour standard deteriorated from 71.8% in August 2024 to 67.6% in September 2024. This compares to 64.9% in September 2023. CUH ranked 83rd out of 119 trusts nationally for 4 hour performance in September 2024 compared to 71st position in August 2024.

3.2 **Referral to Treatment (RTT).** The RTT Total waiting list increased by 458 (0.7%), and variance to plan is now 4,125 (6.8%). Total treatments fell below YTD plan by 1,147 (-1.4%) in September 2024, but are 9.8% higher than same period in 2023.

3.3 **Delayed discharges**. The methodology for calculating beds lost to delayed discharges has been updated and now includes delays within patients' pathways prior to their final clinically fit date. Using this new method, 167 beds were lost due to delayed discharges in September 2024 compared to 160 beds in August 2024. In September 2023, 187 beds were lost to this group of patients.

3.4 **Cancer.** 62 day performance remains above the 70% national requirement for 2024/25, and is forecast to remain above 70% for September 2024. 264.5 patients were treated in August 2024 of which 89 waited longer than 62 days. 49 were shared pathways with referring trusts, of which 34 we were unable to treat within 24 days.

3.5 **Operations.** At Month 6, the volume of elective theatre cases performed is 2.6% (366) above plan. Capped utilisation in September 2024 performs well against peers at 81%. Nine specialties delivered >85% with a further eight > 80%.

3.6 **Diagnostics.** September 2024 6wk diagnostic performance improved to 34.1%. The total waiting list decreased significantly by -1108 and >6ww cohort reduced by 14% (-644).

3.7 **Outpatients.** The Trust performed poorly during September 2024 at just 81% of planned activity. Specialties are continuing to work with the improvement and transformation team to identify opportunities.

4. Finance – Month 6

4.1 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.

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

4.3 Lower than planned improvements in productivity at Month 6 continue to place the breakeven 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 impact of the 2024/25 NHS pay award. Although the award is expected to be fully funded it is a complex series of awards and has the potential to impact on 2024/25 financial performance. This position remains under review and an update will be provided for the Month 7 report.

4.6 The following points should be noted in respect of the Trust's Month 6 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).

- 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 £5.7m below planned levels – a £2.3m 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 breakeven 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 (£12.9m); Cancer Hospital (£12.5m); 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 £75.9m.

4.8 Capital expenditure to date at Month 6 is £21.1m, which is behind the plan of £28.6m. 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 £4.2m 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

The Trust's staff seasonal flu vaccination campaign commenced in September and will continue to run into December. As well as a drop-in clinic located in the hospital concourse, roving vaccinators are visiting wards and departments in order to increase accessibility to the vaccination programme.

Resourcing

5.1 Vacancy rates continue to reduce with strong recruitment pipelines in place. This has enabled a significant reduction in agency use and puts the Trust in a stronger position going into the winter months where, in the past, staffing constraints have created some challenges.

Ambition

5.2 A new Essentials of Leadership and Management Excellence (EMLE) programme is being rolled out for all new and existing line managers at CUH. Pilot programmes have evaluated very well.

Inclusion

5.3 The Trust has committed to the NHSE Sexual Safety Charter and as part of its drive towards a zero-tolerance culture, a staff sexual safety toolkit has been developed. This has been co-designed through a series of staff focus groups and workshops as well as having trade union involvement.

Relationships

5.4 The Trust is encouraging all staff to complete the National Staff Survey that opened in October, supporting this through a comprehensive communications plan and programme of events.

5.5 October saw colleagues come together to celebrate Diwali with over 500 members of staff sharing lunch and enjoying music and dance. This is the third year that CUH has run this incredibly popular and well received event.

6. Innovation, Digital and Improvement

Innovation

6.1 We have recruited to a small innovation team within CUH.

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

6.3 We have a workshop in late November with a range of stakeholders from across R&D, Healthtech Enterprise and beyond to help shape the idealised journey CUH innovators will experience, and what support is available at which stage. This will inform a revised IP policy, positioning us as the most innovation-friendly Trust in the NHS, and an 'innovators' handbook'.

6.4 We revised our online form for receiving ideas, requests and proposals, and have launched an Innovation Advisory Group, bringing together innovation leaders from across the Trust to review those proposals and share insights, events and funding opportunities. We hope to grow this group into a vibrant community that shapes our innovation strategy and breaks down the obstacles to delivery.

6.5 We are beginning to develop strategies for what we consider to be our 'core capabilities' that can meaningfully support innovation, both that generated by our staff and by academic and commercial partners: clinical data science to support advanced analytics, and AI development, evaluation and deployment; Clinical Engineering to support medical device prototyping, (co-)development, evidence generation and regulatory approvals.

6.6 We are developing detailed plans on the 'innovation adoption' programmes that were previously prioritised: including ambient voice recognition and use of AI in note generation, developing the Digital Front Door and Command centre.

Digital and eHospital

6.7 In September CUH became the first NHS Trust in the country to revalidate against the new HIMSS Stage 7 standard, the highest rating of the HIMSS international digital maturity and adoption model for healthcare. This is a significant achievement.

6.8 We continue our focus on cybersecurity in conjunction with our cyber security partners, conducting a deeper assessment of our cyber posture and bringing together plans to accelerate efforts to strengthen our defenses and resilience against and in the event of cyber incidents. The Cyber Security Working Group chaired by the CTO (Chief Technology Officer) continues to oversee this work and are also reviewing funding opportunities via NHS England to support Cyber Improvement work.

6.9 A key focus for the eHospital leadership team remains on strengthening alignment with the Improvement, Transformation and Innovation teams to ensure appropriate digital resources are aligned to CUH key strategic priorities in improving access to care, productivity and decreasing waste. Weekly co-ordination meetings have commenced, and digital representation is present within the new transformation board, length of stay and outpatient programme boards.

6.10 Representatives from Epic will be on-site mid-November to engage in an 'art of the possible' workshop event with clinical and operational leaders in a bid to understand key ambitions of services for improving access to care and patient flow, focusing on how digital can support this. Tactical, strategic roadmap, and resource planning will follow to ensure we are maximising the use of existing technology and identifying areas for innovation.

Improvement and Transformation

6.11 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.

6.12 The team's top focus areas over the last six 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 6, was £25.03m against a target of £26.5m.

6.13 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.

6.14 There continues to be a focus on delivery of quality improvement (QI) capability and capacity across the Trust. Wave 5 of the Improvement Coach Programme (ICP) is in progress and will conclude with a celebration event on 6 November 2024. The team continues to deliver regular one day QI Fundamentals programmes and plans are being progressed to commence wave 3 of the improvement for teams and wave 6 of the ICP in early 2025.

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 In September, the Cambridgeshire South Care Partnership hosted a whole-day Integrated Neighbourhoods conference focused on providing care closer to home. The event attracted over 100 attendees from all across the Cambridgeshire & Peterborough system and celebrated community-led achievements including a back to work scheme involving private and public sector partners, and an adapted Social Prescriber initiative to support the mental wellbeing of children. The conference identified a number of changes that will need to be driven forward in the future, including empowerment to work differently and a change to how services are commissioned.

7.3 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. The programme of work has initially focused on bringing together colleagues from CUH and partner organisations in our healthcare system to be inspired by NHS and international good practice to explore models that could provide the most effective clinical care for patients both at CUH and within the local healthcare system.

In October we held our first patient involvement session with an aim to develop a co-production approach similar to those used in our Cancer and Children's Hospital projects.

7.4 Partnership working between CUH and Royal Papworth Hospital is progressing well, the aim of which is to ensure a common understanding of the challenges and opportunities for which collaborative working can yield improved patient access, outcomes and service resilience and to identify the next steps for further collaboration. The vision is to achieve streamlined clinical specialty pathways for the benefits of patients, advancement of training and education opportunities for all staff, strengthening of Cambridge University's position as a leading international clinical and academic centre attracting world class expertise, and contributing to the life sciences and research agenda on the Cambridge Biomedical Campus. Initiatives currently underway include digital and non-medical education, managing complex patients requiring bronchoscopies, and developing a joint cardiology Acute Coronary Syndrome pathway.

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 Cambridge Cancer Research Hospital (CCRH) has now agreed its full construction programme with its construction partner, Laing O'Rourke, as part of the contract to complete the next phase of design. CCRH is part of the government's national review of the New Hospital Programme (NHP), due to the review's specific criteria for inclusion of all projects without an approved Full Business Case, but significant progress continues to be made. Pre-construction works are due to begin on site in the coming months, with Full Business Case submission planned for 2025, and construction expected to commence in early 2026. Stakeholder engagement remains a priority for the project, with the CCRH team meeting regularly with parties from across Cambridge and the region, including the East of England Cancer Alliance. This included a presentation at the Cancer Alliance's Regional Summit in September, together with staff and members of the project's Patient Advisory Group presenting on progress made on the project and the importance of co-production. In addition, BBC Look East broadcast a special programme live from Addenbrooke's Hospital on 17 October, celebrating the latest innovations in cancer care and research at CUH, and looking ahead to CCRH, with opening planned for 2029.

7.7 The Cambridge Children's Hospital (CCH) has now successfully installed hoardings to the build site which is further raising the profile of the project. This follows full approval of CCH's Outline Business Case (OBC) in August this year. The project is preparing for the procurement of the project's main build contractor and has begun engagement with the market to finalise the development of a robust tender package. The Full Business Case (FBC) is underway with continued work on Target Operating Models, plans for organisational development work, and in key digital areas such as electronic patient record engagement and an innovation partnership with Microsoft. New processes (e.g. updated risk management approach) have been brought in to support the project at FBC. Engagement efforts are ongoing and continue to build momentum; meanwhile, the fundraising campaign continues to 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.

7.9 The work of the SPC currently includes the delivery of three pilot projects covering severe asthma, multiple sclerosis (MS) and epilepsy. In addition, the programme is also focussing on the development of strategic programmes covering regional transformation in our ways of working as a collaborative, scoping opportunities for where the SPC can support specialised cancer services, and in neurosciences.

7.10 The neuroscience programme is developing a strategy to address inequity of access and outcomes across the region. The objective for the programme is for work across commissioners and providers in the EoE to implement a "left shift" in pathways of care, focusing on prevention, early intervention and improving access.

7.11 The neuroscience programme is also reviewing its engagement and governance structures as part of the planning and preparation for the adoption of the strategic recommendations and a broadening of engagement across the region.

7.12 The content of the strategy continues to be informed through clinically-led working groups, representing multiple care providers and service users. Recent weeks have seen a furthering of focus to consider opportunities in General Neurology, Rehabilitation and Parkinson's disease.

7.13 A digitally innovative solution implemented by the EoE SPC to transform the timeliness of epilepsy diagnosis in children has been well received by parents/families and clinicians across the region. This extension of use of this product into adult care settings will form some of the early activity within the delivery of the Neuroscience Strategy recommendations.

7.14 We are currently recruiting an EoE SPC Programme Director to lead across the entire remit of the SPC, including exploring where the SPC can add value in Cancer and Paediatric specialised service delivery. This role will focus on the scoping of a specialised services strategy to identify opportunities for delivering improved models of care to benefit patients, ensuring alignment with the Trust's 'access to care' strategic focus and ensure CUH is best positioned to support the EoE SPC in achieving its ambitions. The new EoE SPC Programme Director and Senior Responsible Officer (SRO) will also lead the recruitment for a Clinical Director (to commence early 2025).

7.15 We remain actively involved and represent the SPC in several governance forums organised by the EoE team at NHSE (i.e. Joint Commissioning Committee (JCC), Specialised Services Management Operational Group and Specialised Services Strategy and Planning Workstream). The SPC continues to support the JCC in developing a 3-5yr commissioning strategy for specialised services which it plans to complete in spring 2025. The outputs and data from this will be used to inform the next phase of the SPC's ambitions and work plans going into 2025/26.

7.16 In November, the SPC, in collaboration with the EoE's Managing Director for Specialised Services (hosted at Bedfordshire, Luton and Milton Keynes ICB), will host an in-person workshop with executive and senior leaders from across the region to collectively discuss how we need to evolve our ways of working as a region in order to deliver the 2025-30 strategy. Through facilitated discussions, the event aims to identify current barriers in hindering our productivity, efficiency and collaboration (e.g. system infrastructure), and targeted actions to overcome these collectively. These insights will also be used to inform the SPC's future work plans.

7.17 The EoE SPC will be presenting an update at the November Addenbrooke's Future's committee, where we will outline progress to date across the programme, future ambitions for the SPC, and how these support the Trust's specialised services delivery.

Climate Change

7.18 The Heat Decarbonisation Project for the Frank Lee Centre and Residencies (halving carbon emissions) has completed the initial tender phase with a target award date for early November.

7.19 Switchgear has been installed in the Hills Road primary sub-station for the project to import significant surplus renewable energy from the major solar panel array being installed at the Babraham Park & Ride site. The Trust is due to start receiving power from spring next year.

7.20 Work to decommission the piped nitrous network in Main Theatres is progressing well, with a full switch to mobile cylinders now completed.

7.21 The Trust has established the LDN Sustainable Healthcare Academy Apprenticeship scheme with four staff enrolled to date. Successful completion of the 20-month scheme will result in a Level 4 Corporate Responsibility and Sustainability Practitioner qualification.

7.22 Work continues on the consultation, learning collation and drafting of Phase 2 of the CUH Green Plan (2025-27).

8. Recommendation

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

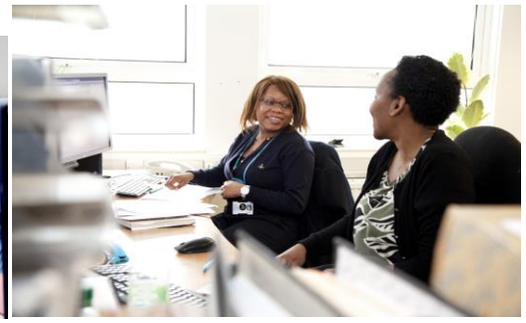





NHS
Cambridge University Hospitals
NHS Foundation Trust











Integrated Report

Quality, Performance, Finance and Workforce to end October 24

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

Report compiled: 30 November 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
		Aug 24	Sep 24	Oct 24						
Safe	Nutrition screening compliance for admitted patients	86.7%	88.1%	89.5%	≥90%	Mar-25	83.3%	76.5%		
	Compliance with Falls risk assessment and documentation within 12 hours of admission (%)	93.9%	94.1%	95.1%	≥90%	Mar-25	92.4%	86.9%		
	Hospital acquired pressure ulcers (category 2 +) per 1000 bed days	0.731	0.957	0.975	≤0.395 per 1,000 bed days	Mar-25	0.884	0.809		
	Post-Partum Haemorrhage (PPH)	3.0%	2.7%	2.8%	≤3.3%	Mar-25	2.7%	2.8%		
	Patient Safety National Training (PSIRF Level 2)	90.6%	91.2%	91.4%	90.0%	Mar-25	85.8%	N/A		
Patient Experience / Caring	Responses to service user complaints are within agreed time frames	55.6%	46.3%	54.0%	80.0%	Mar-25	56.4%	48.0%		
Effective / Responsive	Percentage of elective operations cancelled at last minute for non-clinical reasons	1.1%	1.5%	1.4%	<1%	Mar-25	1.4%	1.6%		
	Locally reported SDEC (same day emergency care) activity as a % of emergency activity	N/A	24.1%	25.2%	30.0%	Mar-25	28.3%	25.5%		
	Compliance with 4-Hour A&E standard (Type 1)	56.3%	50.9%	50.7%	66.0%	Mar-25	51.3%	47.0%		
	No. of lists (clinic/theatre) cancelled in maternity services for safe staffing reasons	0	4	3	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
		Aug 24	Sep 24	Oct 24						
Infection Control	MRSA Bacteraemia (hospital onset cases)	0	3	0	0	Mar-25	4	N/A		
	E.coli Bacteraemias (Total Cases)	51	42	34	TBC	Mar-25	267	34		
	C. difficile Infection (hospital onset and COHA cases) or C. difficile Infection (hospital onset)	15	28	28	TBC	Mar-25	138	12		
	Hand Hygiene Compliance	93.4%	92.5%	92.0%	TBC	Mar-25	93.4%	94.6%		
Nursing Quality Metrics	Blood Administration Patient Scanning	100.0%	99.9%	99.9%	90.0%	Oct-24	99.8%	99.7%		
	Blood Administration Product Scanning	97.6%	98.4%	97.9%	90.0%	Oct-24	96.7%	96.4%		
	Moving & Handling	82.9%	84.5%	85.6%	90.0%	Oct-24	81.5%	76.4%		
	Nurse Rounding	99.5%	99.4%	99.5%	90.0%	Oct-24	99.5%	99.2%		
	Pain score	87.3%	87.9%	88.7%	90.0%	Oct-24	86.5%	84.8%		
	MEOWS Score Recording	85.0%	84.7%	90.7%	90.0%	Oct-24	88.0%	87.2%		
	PEWS Score Recording	99.1%	99.1%	98.8%	90.0%	Oct-24	99.0%	99.2%		
	NEWS Score Recording	98.3%	98.4%	98.4%	90.0%	Oct-24	98.3%	97.7%		
	VIP Score Recording	88.8%	90.1%	92.9%	90.0%	Oct-24	88.9%	87.1%		
	PIP Score Recording	81.7%	85.8%	87.6%	90.0%	Oct-24	85.5%	84.3%		
Patient Experience	Mixed sex accommodation breaches (Datix)	18	26	31	0	Oct-24	177	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	66.9%	74.9%	78.0%	Mar-24	Page 16
	12hr waits in ED (type 1)	Normal variation	12.8%	-	-	-	
	Ambulance handovers <15mins	Normal variation	54.2%	-	65.0%	Immediate	
	Ambulance handovers <30mins	Normal variation	81.3%	-	95.0%	Immediate	Page 17
	Ambulance handovers > 60mins	Negative special cause variation	9.0%	-	0.0%	Immediate	
Cancer	Cancer patients < 62 days	Normal variation	71.9%	73.6%	70.0%	Immediate	Page 23
	28 day faster diagnosis standard	Positive special cause variation	80.7%	80.0%	77.0%	Immediate	Page 21
	31 day decision to first treatment	Negative special cause variation	78.0%	-	96.0%	Immediate	Page 22
Outpatients	First outpatients vs plan (consultant led)	Normal variation	81.5%	-	-	-	Page 25
	Follow-up outpatients (consultant led)	Normal variation	96.3%	-	-	-	Page 26
	Advice and Guidance Requests	Normal variation	10.8%	-	16.0%	Mar-23	
	Patients moved / discharged to PIFU	Positive special cause variation	4.4%	4.8%	6.8%	Mar-23	Page 27
	Outpatient Capacity Usage	Normal variation	41.9%	49.0%	-	Mar-25	Page 28
Diagnostics	Patients waiting > 6 weeks	Positive special cause variation	27.8%	22.5%	5.0%	Mar-24	Page 24
	Diagnostics - Total WL	Positive special cause variation	10,510	-	-	-	
RTT Waiting List	RTT Patients waiting > 65 weeks	Positive special cause variation	100	0	0	Mar-23	Page 19
	RTT Patients waiting > 78 weeks	Positive special cause variation	10	-	-	-	
	Total RTT waiting list	Negative special cause variation	65,218	60,112	-	-	Page 20
Productivity and efficiency	Non-elective LoS (days, excl 0 LoS)	Normal variation	8.7	-	-	-	
	Long stay patients (>21 LoS)	Normal variation	214.0	9	-	-	
	Elective LoS (days, excl 0 LoS)	Normal variation	4.7	-	-	-	
	Discharges before noon	Normal variation	17.0%	-	-	-	
	Theatre sessions used	Normal variation	96.9%	-	-	-	
	In session theatre utilisation	Positive special cause variation	81.0%	85.0%	85.0%	Sep-23	Page 30
	Virtual Outpatient Attendances	Normal variation	20.9%	-	-	-	
	BADS Daycase Rate (local)	Normal variation	86.2%	85.0%	-	-	Page 31
Surgical prioritisation	P2 (4 weeks) Including planned	Normal variation	3,037	-	-	-	

Patient Safety Incidents (PSIs)

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Threshold	Oct-24	Average (Nov-21 - Oct-24)	Variance	Special causes	Comments
Number of **patient safety incidents**	-	**1726**	1611		-	There is currently normal variance. In October 2024, the highest category type was 'Medication'.
Rate of patient safety incidents **per 1,000 admissions**	-	**88.8**	94.1		–	There was normal variation in the rate of patient incidents per 1,000 admissions in October. There were 19427 admissions and 1726 incidents affecting patients at time of reporting
Rate of patient safety incidents resulting in **moderate harm or above**	≤2%	**1.6%**	2.2%		-	There is currently normal variation. In October there were 27 PSIs graded moderate harm or above; 20 moderate, 6 severe and 1 death.
Number of patient safety incidents moderate harm and above where **Learning Response not commissioned within 14 days** of reporting.	0%	**10**	25	-	-	Of the 10 learning responses not yet commissioned, 8 are within Division E. *This metric only reflects incidents reported after our transition to PSIRF on 01.01.2024.*
Cumulative number of moderate harm and above patient safety incidents **open after 60 days.**	-	**39**	32	-	-	There has been an increase of overdue moderate harm and above PSIs (previously reported 33). At time of reporting, there were a further 46 open moderate harm and above patient safety incidents currently under investigation and not yet overdue.

Patient safety incidents (PSIs)

In October 2024 moderate harm and above incidents were at 1.6% (threshold is 2%).

In October there were six severe harm incidents reported: 3/6 were related to falls. There was one death incident in medical paediatrics. The case has been presented and discussed at SERF, a further After Action Review is required.

Patient safety incident investigations (PSIIs)

We currently have four commissioned Patient Safety Incident Investigations (PSIIs).

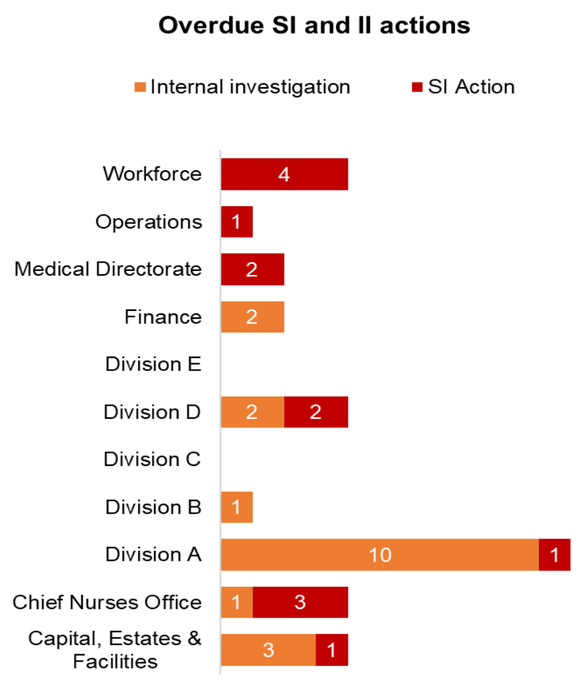
Three of the PSIIs have presented their findings reports to the Safety Improvement Group (SIG) - plans are in place to devise safety action improvement plans. The fourth is on track.

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

There are currently 15 (↓) open SI **actions**, of which 14 (↓) are overdue.

There are 20 (↓) open Internal Investigation **actions**, of which 19 (↓) are overdue.

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 23 (last month 26) overdue cases of Duty of Candour **stage 1:**

- 16 were overdue by one month or less
- Six overdue by 2 - 3 months
- One overdue by 4 - 6 months

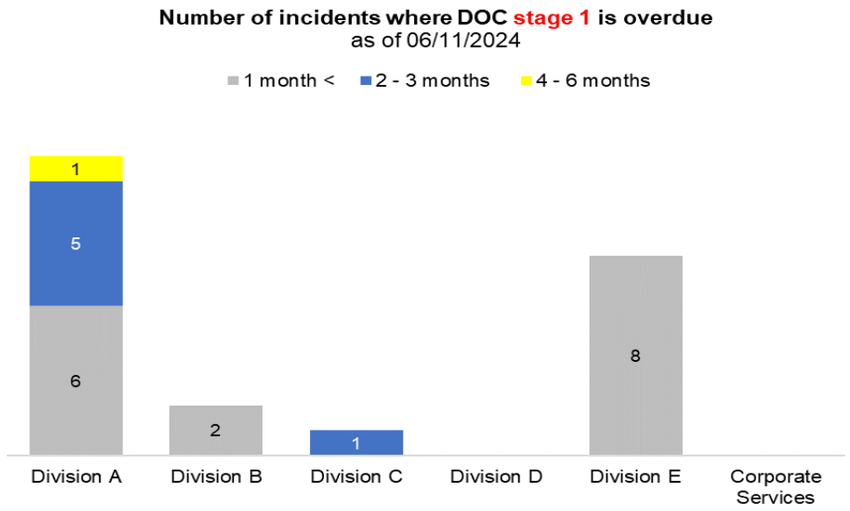
A breakdown by Divisions can be seen in the graph to the right.

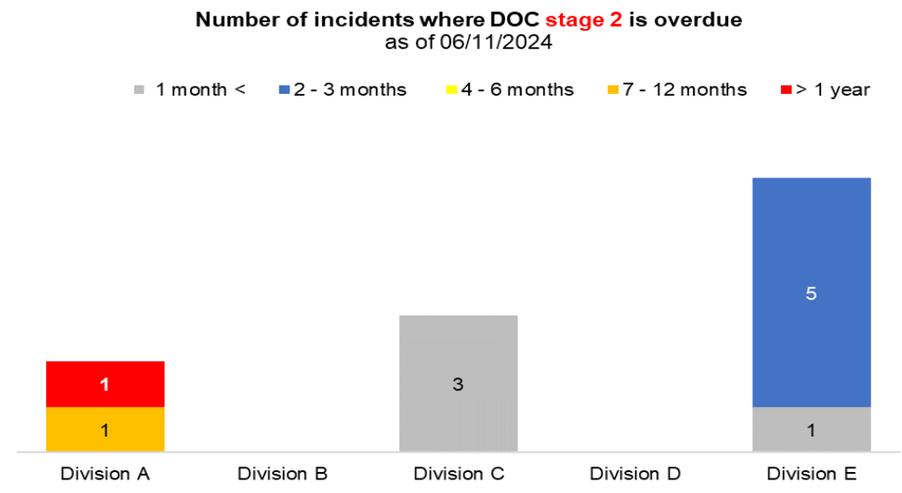
There are 11 (last month 10) overdue cases of Duty of Candour **stage 2**:

- Four from incidents closed less than one month ago
- Five from incidents closed 2-3 months ago
- One from an incident closed **7 - 12 months ago**
- One from an incident closed **more than a year ago:**
  - *Division A SLR136987 - closed following data run*

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

The corporate patient safety team are working 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

NHS
Cambridge University Hospitals
NHS Foundation Trust

Indicator	Target	Oct-24	Average (Nov 21- Oct 24)	Variance	Special causes	Target status	Comments
Number of **patient falls**	–	**177**	165		Shift	-	There has been a significant increase of falls since March 2024 (shift). This reflects an alteration in the data collected, which now includes the subcategory of 'controlled descents'.
Rate of patient falls per **1,000 bed days**	–	**3.77**	4.35		-	-	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	–	**2.3%**	2.6%		-	-	In October 2024, there were four falls resulting in moderate harm or above; one moderate and three severe. All cases have had a learning responses commissioned. Two incidents occurred in Division C (2.1% of all falls in Division C resulted in harm).
Falls risk screening compliance within 12 hours of admission	≥90%	**95%**	88%		SP		The Trust met the target in October 2024 and for the last five consecutive months; only 4/42 wards/depts. across the Trust did not 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.

The number of falls has significantly increased in the last seven months (shift) however the rate of inpatient falls per 1,000 bed days is in normal variance. Each division is in normal variance. Ward T2 has had a continued significant increase in falls within the last eight months (shift).

Highest areas by speciality: DME (28), Neurosurgery (23), Acute medicine (15)

Highest areas by ward: A5 (11), C6 (10), EAU5 (9) and C7 (9).

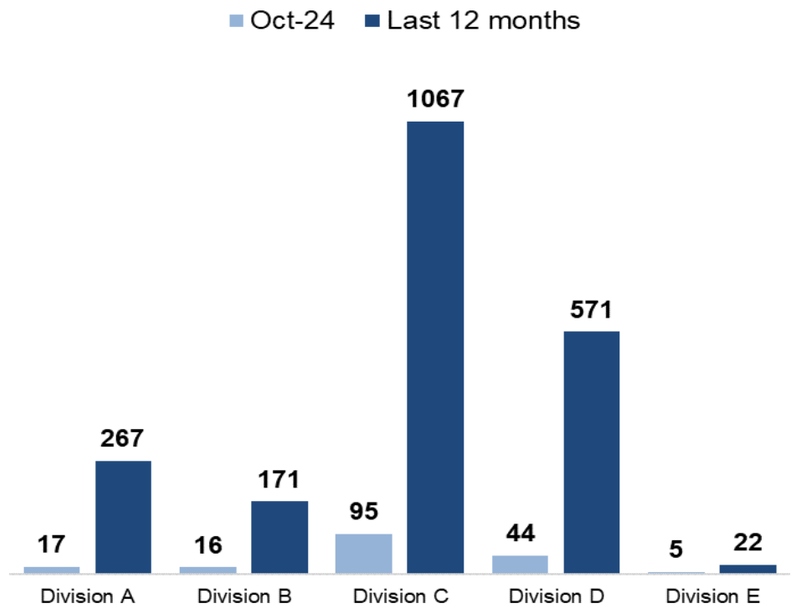
The rate of moderate harm and above patient falls is in normal variance, 2.3% in October.

In October the Trust was compliant with the falls risk assessment (95%). Only four wards/depts. did not meet the target.

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

Patient falls across the Trust



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

Hospital-acquired tissue damage

Cambridge University Hospitals NHS Foundation Trust

Indicator	Target	Oct-24	Average (Oct-21 - Sept 24)	Variance	Special causes	Target status	Comments
All hospital-acquired pressure ulcers (HAPUs)	-	**47**	37		-	-	There is currently normal variance overall in the Trust. Division B is showing a significant increase single point for October (however it is a low scoring division). All other divisions are within normal variance.
Category 2, 3, 4, mucosal, suspected deep tissue injury, and unstageable HAPUs	-	**36**	26		-	-	There is currently normal variance overall in the Trust.
Category 2, 3, 4, mucosal, suspected deep tissue injury, and unstageable HAPUs by **1,000 bed days**	≤0.395	**0.98**	0.72		-	-	There is currently normal variance overall in the Trust.
Category 2 hospital-acquired pressure ulcers	-	**21**	16		-	-	There is currently normal variance overall in the Trust.
Medical device related HAPUs	-	**19**	12		-	-	There is currently normal variance overall in the Trust. In division A there is a statistically significant increase in the last 7 months
Pressure Ulcer screening **risk assessment** compliance	≥90%	**91%**	80%	H	S8		The compliance target was met in October for the first time in over 3 years; there has been a statistically significant increase in the last 8 months. Division A, B, and C met the target. 15/42 wards did not meet the target.
Hospital-acquired **moisture lesions**	-	**20**	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 in normal variance by number and by 1,000 bed days.

Categories reported in October were: 1 (11); 2 (21); 3 (1); 4 (0); mucosal (1); SDTI (10); and unstageable/necrotic (3). Each category is in normal variance.

The highest themes of HAPUs are: category 2s (10); device-related HAPUs (19); by location = ward D8 (8), Speciality = Critical care (8) & Orthopaedics (8); and body location of heels (17).

The PU risk assessment compliance target was met in October for the first time in over 3 years.

Hospital-acquired **moisture-associated lesions** are in normal variance although October was high (20).

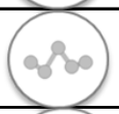
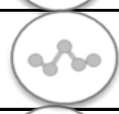
QI update

Audit schedule is being tested in the QI program areas for sliding sheets use, heel protection, and in critical care ET tubes and NG tube care. The IHI program is stalling due to ongoing engagement challenges and lack of capacity of the TV team. Tissue viability champions training day was held in early November, focusing on supporting the Trust HAPU QI program.

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

Sepsis

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NHS Foundation Trust

Indicator	Target	Oct-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 (n = 15)**	≥*95%*	**76%**	89%		
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - **Emergency Department (n = 15)**	≥*95%*	**60%**	73%		
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- **Inpatient wards (n = 10)**	≥*95%*	**71%**	83%		
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Inpatient wards (n = 10)**	≥*95%*	**60%**	81%		
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- **Maternity (n =10)**	≥*95%*	**61%**	63%		
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Maternity (n = 10)**	≥*95%*	**29%**	67%		

Update

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

- Updated Management of sepsis in adults guideline has been approved and awaiting publication.
- The sepsis QI plan is updated.
- 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.
- Work on developing an algorithm 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.
- Working in collaboration with the medical school, sepsis has been incorporated into the junior Dr's education from September 24
- Planning started for sepsis conference at CUH

Author(s): Stephanie Fuller **Owner(s): Heman Joshi**

VTE

NHS Cambridge University Hospitals NHS Foundation Trust

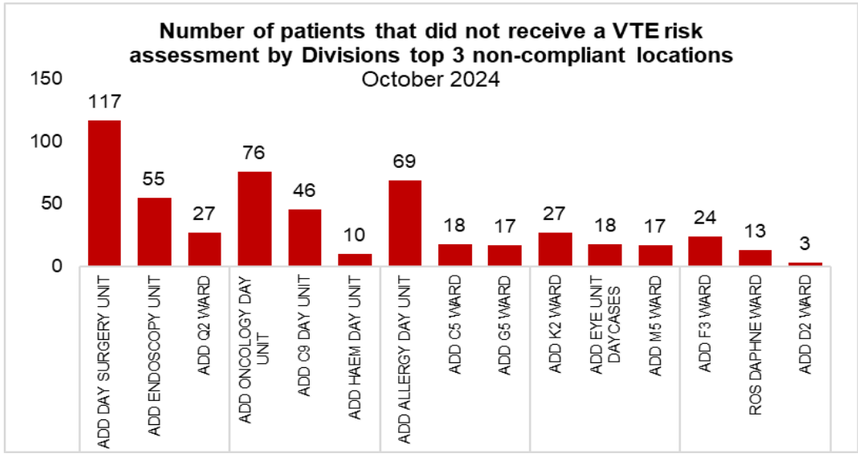
Indicator	Target	Oct-24	Average Nov 21 - Oct 24	Variance	Special causes	Target status	Comments
Number of **hospital associated venous thrombosis** (HATS) case reviews at CUH	-	**33**	25		-	-	Currently within normal variance and all case reviews were judged to be unavoidable.
VTE % compliance of patients admitted to **CUH** who have been risk assessed	≥*95%*	**95.4%**	95.0%		-	?	The Trust met the target in October 2024, and has done so for five consecutive months.
VTE % compliance of patients admitted to **Division A wards** who have been risk assessed	≥*95%*	**93.0%**	91.9%		-	F	Currently in normal variance. The location with the highest number of non-compliant cases was Day Surgery Unit. 11% (117/1033) 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%*	**95.4%**	94.0%	H	2 of 3	?	There has been a statistically significant improvement in the months of June, July, August and October 2024.
VTE % compliance of patients admitted to **Division C wards** who have been risk assessed	≥*95%*	**97.7%**	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, however following a review by the specialty procedural codes are going to be requested for group assessment during the Trust's 're-set'.
VTE % compliance of patients admitted to **Division D wards** who have been risk assessed	≥*95%*	**91.5%**	91.3%		-	F	Currently in normal variance. The location with the highest number of non-compliant cases was Ward K2 and 100% (27/27) of patients were admitted under Division D specialties (26 x Cardiology and 1 x Neurosurgery)
VTE % compliance of patients admitted to **Division E wards** who have been risk assessed	≥*95%*	**94.4%**	93.4%		-	?	Improvement is required within the specialties of paediatrics. In October 2024, paediatrics were only 3.6% compliant.

Summary

The Trust held the first of a series of monthly quality improvement meeting with key stakeholders from across the Trust, in order to update our policies, oversee the launch to 're-set' group approved procedures (the list of codes is being refined before it is circulated to 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.

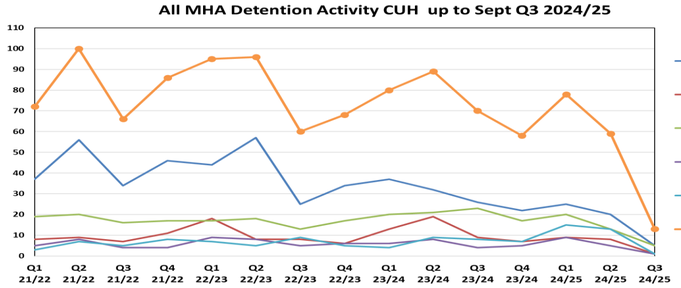
These monthly improvement meetings will be held around the

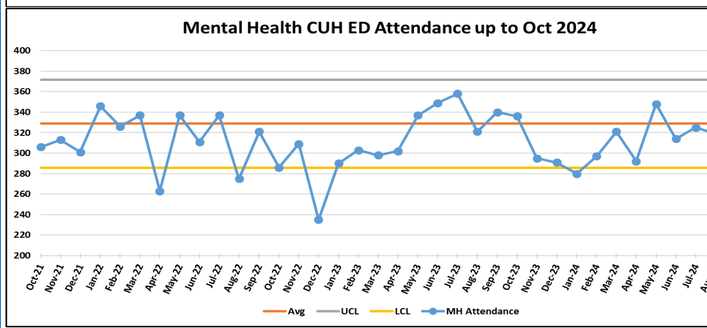
Division	No. admissions	% assessed	No. HATs assessed
A	4043	93.0%	6
B	3367	95.4%	2
C	7853	97.7%	15
D	1784	91.5%	9
E	745	94.4%	1
Trust	17792	95.4%	33

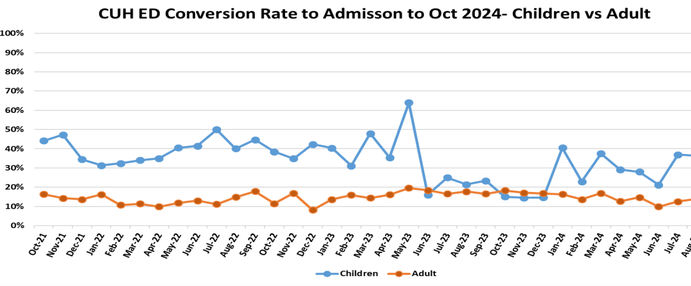


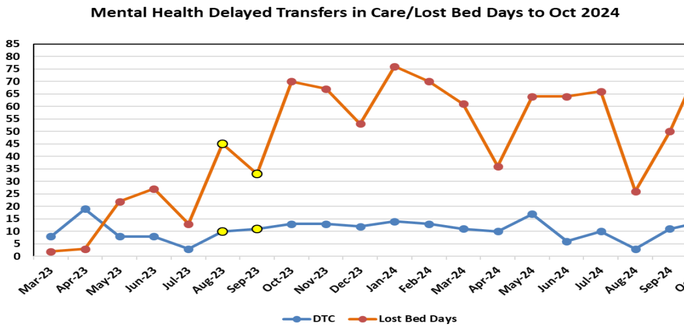
Mental Health - Q2 2024/25 (August)

Cambridge University Hospitals NHS Foundation Trust









Q2 2024/25

- Mental Health Act (MHA) total activity at CUH in October 2024, x13, was the lowest compared to the preceding 6 months.
- In October 2024 there were 5 Section 136 MHA presentations to CUH Emergency Department (ED). This represents the joint lowest number of section 136 MHA presentations, during this financial year. Of these 5 presentations:
  - 60% (3) of section 136 MHA were rescinded on assessment.
  - 40% (2) of section 136 MHA were transferred to another place of safety.
- All other mental health presentations to CUH ED in October 2024 were within expected parameters.
- The percentage of total presenting child and adolescent mental health (CAMH) patients who were admitted to a CUH ward was 27% in October 2024. This represents the third 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 October 2024. 38% 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 12%.

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

In October 2024, there were 14 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 80 CUH lost acute bed days. This represents the highest number of lost bed days from the point where accurate data was available, October 2023.
These patients, were waiting for a bed in one of six trusts.

- Cambridge and Peterborough Foundation Trust (CPFT), 8 patients, 53 days
- Norfolk and Suffolk NHS Trust 2 patients, 13 days
- Essex Partnership NHS Foundation Trust (EPUT) 2 patients, 7 days
- East London NHS Foundation Trust 1 patient, 4 days
- Avon and Wiltshire 1 pre-existing patient, 2 days
- South West London NHS Trust, 1 patient, 1 day

New acceptances	Pre-existing acceptances	Lost bed days	MH Service provision
5	1	22	Adult Bed
1	0	22	Adult Eating Disorder
1	0	4	CAMHS
7	3	32	Older Adult Bed

Ongoing work

- CUH CEFM has submitted an investment proposal to the ICB for increased provision of site security resources in order to support the Right Care Right Person police programme. This would increase Security provision to search and maintain the safety of missing patients and manage timely handovers of patients presenting under section 136 MHA, from the police to the CUH Emergency Department. CUH ED are considering what ICB investment would support the same.
- The Sec 136 MHA Quality Improvement Group, made up from CUH, health and LA system partners is well engaged and continues to work toward digital collation of the data required following an AMHP MHA assessment in the ED. The group is looking to achieve effective digital data collection and live data sharing between partners.
- CUH is leading a review of the section 136 MHA police handover risk assessment tool with the county's health partners and the Police. This will support the development of an assessment contextual to the acute emergency departments.

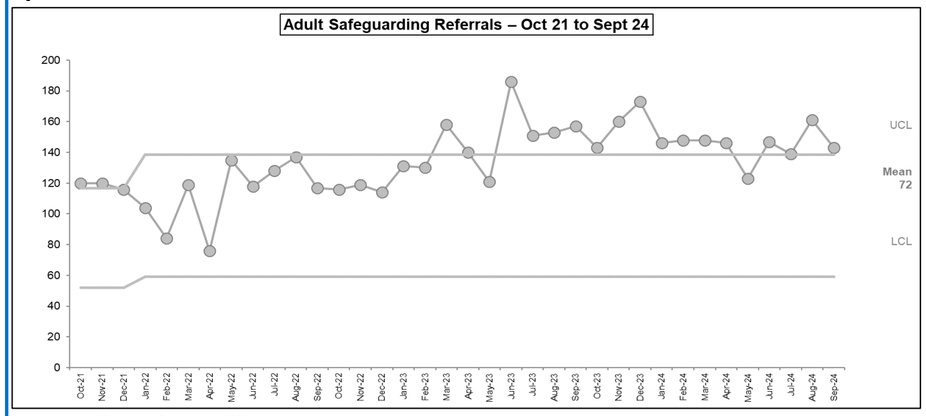
Author(s): Kevin Rowland Owner(s): Lorraine Szeremeta

Safeguarding

NHS Cambridge University Hospitals NHS Foundation Trust

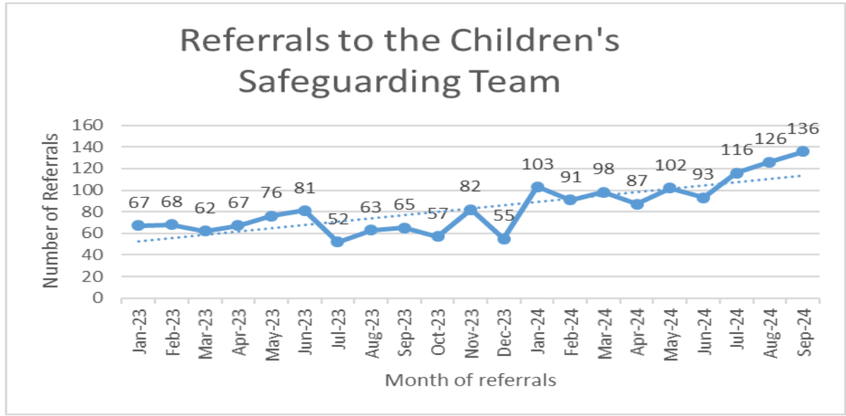
Adult Safeguarding

Referrals to the safeguarding team in Q2 24/25 have seen a 3% increase on Q1 24/25. In Q2 33% of the safeguarding referrals made to the team have then been reported on to the Local Authority. This has been a further decrease from the previous quarters. A total of 364 cases were discussed with the Adult Safeguarding Team this quarter compared to 351 in Q1 (this figure does not include Deprivation of liberty (DOLs) requests). The top 3 reporting themes were domestic abuse which saw a 53% rise in reporting compared with Q1, neglect/acts of omission which was in line with previous periods, and self neglect which has returned to the top 3 in line with Q4 23/24. There have been 79 DoLS requests for urgent authorisations in Q2 a 25% increase from Q1.



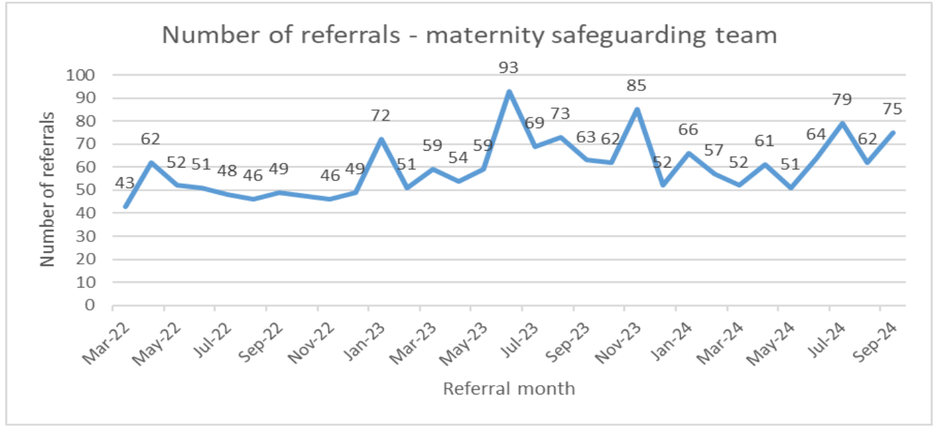
Childrens Safeguarding

There has been an 34% increase in the number of referrals to the children's safeguarding team in Q2 24/25 with a total of 378 referrals compared to 282 in Q1 24/25. This is also a significant increase compared to the same quarter in the previous reporting year. Top 3 referral themes for Q2 remain children's mental health, neglect and animal bites. This is similar to the national trends and in particular the increasing number of dog bites. The total number of beds days used to accommodate a child as a place of safety or for social reasons has seen a slight decrease from 163 days in relation to10 different patients in Q1 to 123 days in Q2 relating to 7 different patients.



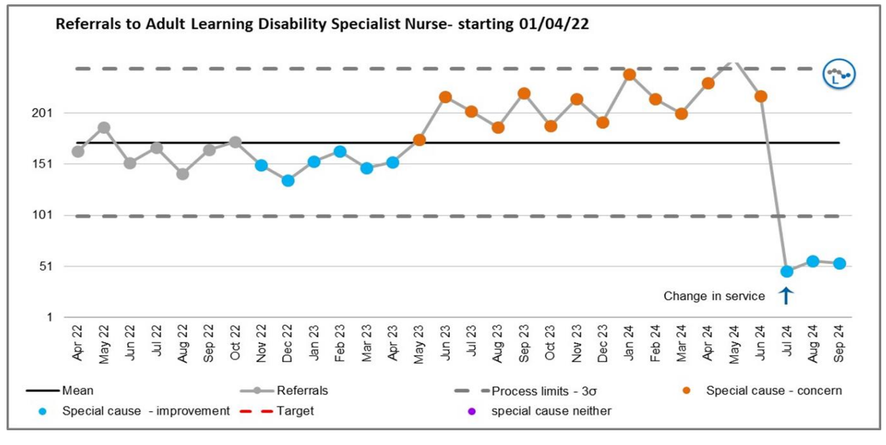
Maternity safeguarding

Referrals to the maternity safeguarding team in Q2 24/25 have reduced to 155 from the previous quarter (27% reduction) but the team have seen a 49% rise in the number of onward referrals to the Local authority. Further analysis suggests this is due to improved confidence in maternity surveillance of safeguarding issues and the embedding of the new process related to out of area bookings that was implemented during the previous financial year. The top 3 referral themes in Q2 24/25 have remained Domestic Abuse, previous involvement with social care and perinatal mental health.



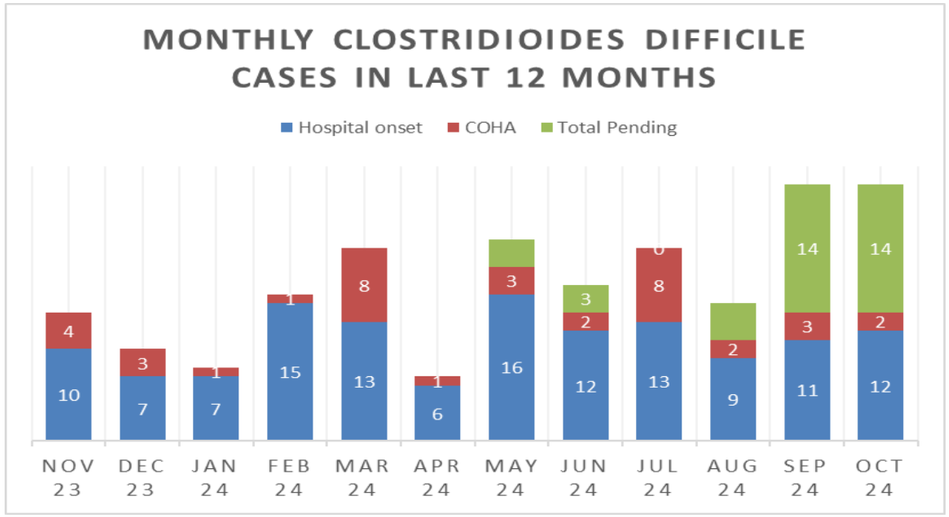
Learning disabilities

During Q2 24/25 there have been 156 referrals to the adult learning disability specialist nurse. This appears to be a dramatic reduction however this is in relation to a change in process relating to management of referrals. The children's referral data has remained static with 36 referrals in both Q2 in Q1. There has been a further 3% increase in the number of children attending CUH with an LD or Autism flag on their record since Q1. For adults the top 3 referral themes were respiratory, neurology and endocrine/general medical, whilst in children's services the top 3 reasons for referral remain admission planning, family support and signposting, and inpatient support.

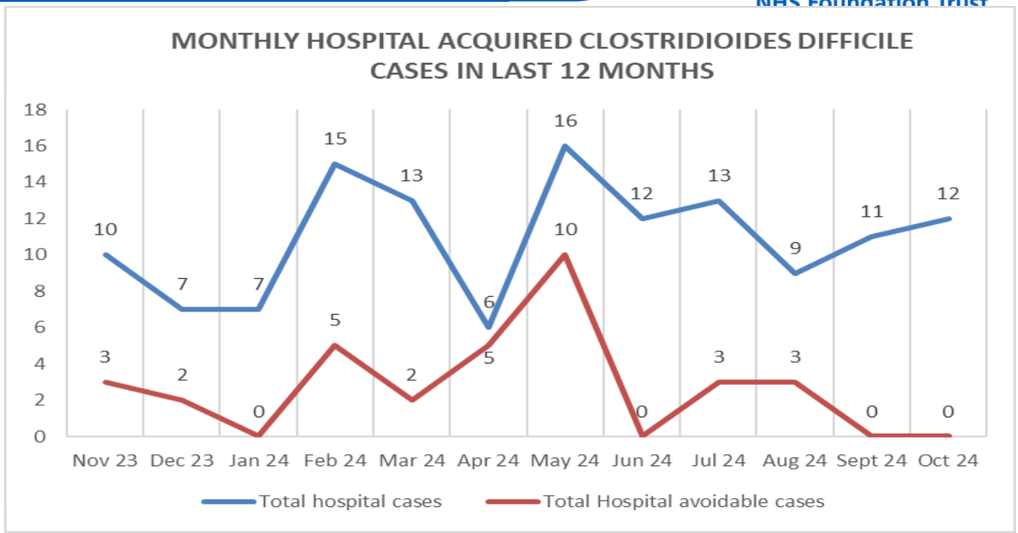


Infection Control

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* 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 October 2024.
• 6 cases of hospital onset MRSA bacteraemia year to date (3 unavoidable & 0 avoidable, and 2 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 October 2024.
• 79 hospital onset cases and 21 COHA cases year to date (36 cases unavoidable, 30 avoidable and 33 pending).

MRSA and C difficile key performance indicators

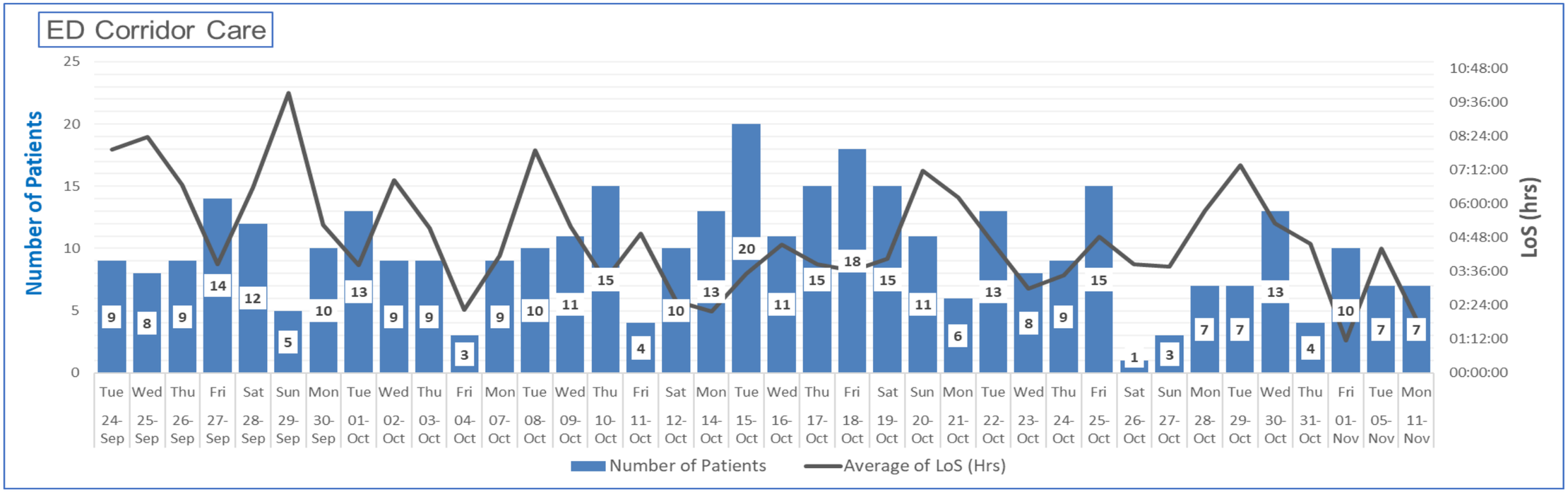
▪ Compliance with the MRSA care bundle (decolonisation) was 79.2% in October 2024 (73.2% in September 2024).
▪ The latest MRSA bacteraemia rate comparative data (12 months to September 2024) put the Trust 6th out of 10 in the Shelford Group of teaching hospitals.

▪ Compliance with the *C. difficile* care bundle was not monitored in October 2024. (Previous score was 83.3% in August 2024)
▪ The latest *C. difficile* rate comparative data (12 months to September 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 3 months.

ED corridor care data

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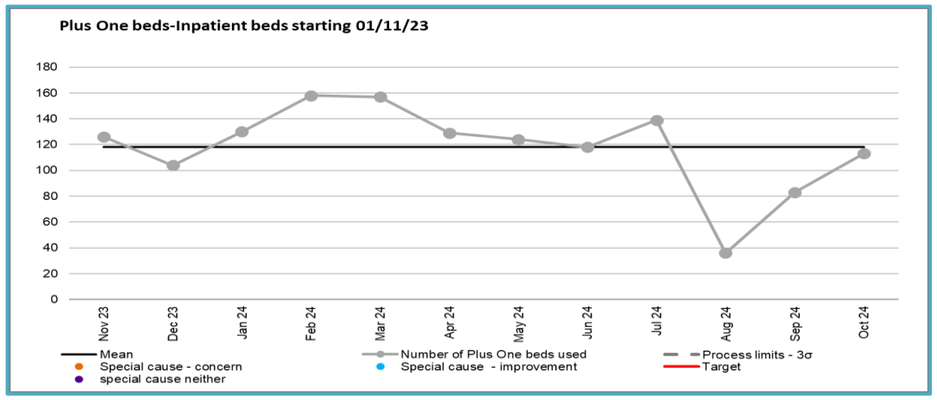
Date	Number of patients (Corridor Care)	LoS (hrs)	Incidents	No Harm	Low Harm
Sep 24	67	06:28:21	0	0	0
Oct 24	282	04:28:41	0	0	0
Nov 24	24	02:19:58	0	0	0



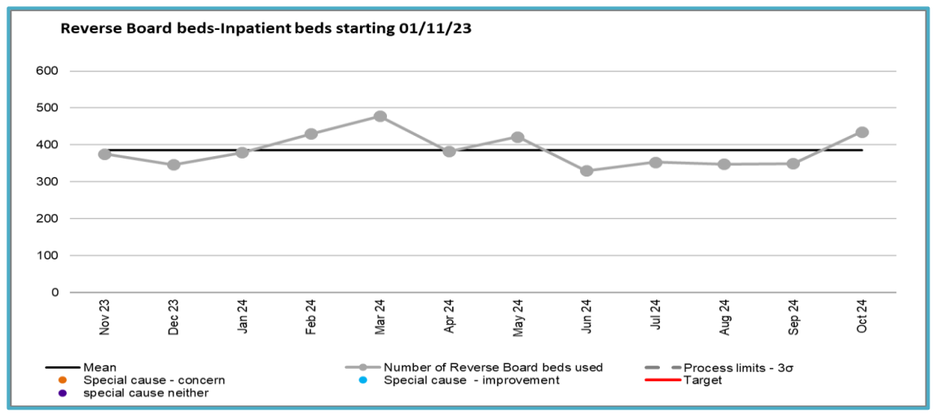
ED Corridor Care – An area within the Emergency Department where clinical care is delivered but is not designed for that purpose

Reverse Boarding / Plus one bed usage

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Date	Number of Plus One beds used	Incidents	No Harm	Low Harm
Nov 23	126	6	6	0
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



Date	Number of patients Reverse Boarded on inpatient wards	Incidents	No Harm	Low Harm
Nov 23	375	1	1	0
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

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

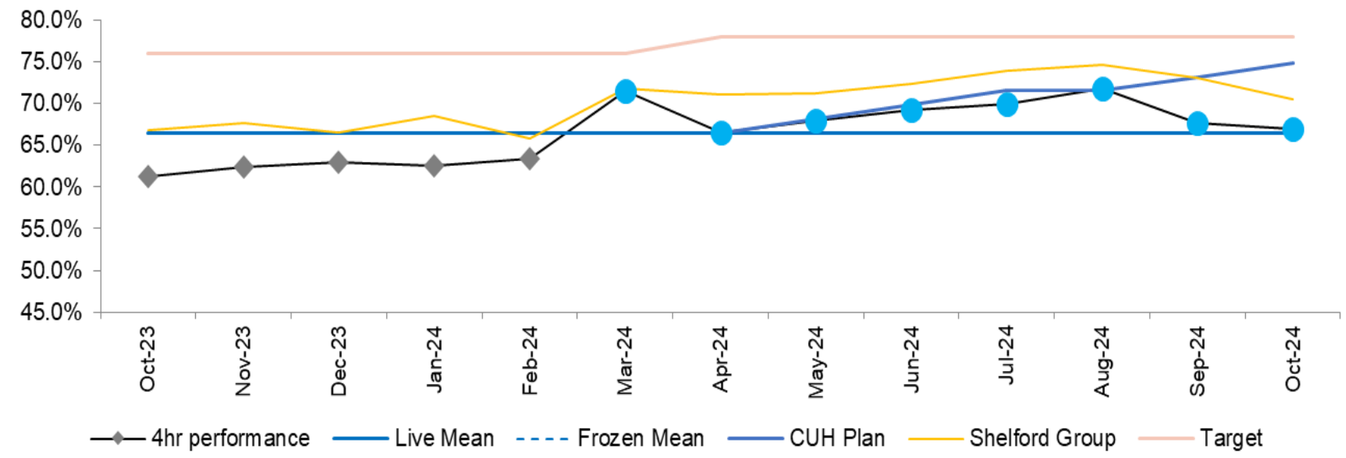
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Oct-24	Plan
66.9%	74.9%

SPC Variance
Positive special cause variation

Shelford Group Median Avg (Oct-24)
70.5%

Three Month Plan		
Nov-24	Dec-24	Jan-25
74.9%	74.9%	74.9%



Highest breaches by specialty

Specialty	Performance	4hr Breaches
Medicine	32.1%	1,959
Emergency	64.4%	1,915
Orthopaedics	18.9%	271
Surgery	42.8%	245
Paediatrics	55.8%	214

Updates since previous month

1) Performance in October was 66.9%. This compares to 60.1% in October 2023.
2) CUH ranked 77th out of 119 trusts nationally for 4hr performance in October compared to 83rd position in September.

Current issues

1) CUH ED attendances rose by 5.6% compared to October 2023, equivalent to a year-on-year rise of 23 extra patients/ day
2) Outflow from the department continued to be compromised due to high inlevels of occupancy in medical inpatient beds and related capacity issues as a result of Infection outbreaks. 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) Work with system partners to minimise ED walk-in attenders.
3) 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 medcial inpatient capacity opening from 01 December
• Increased Virtual Ward caapcity & pathways (25% as result of LoS redcution)

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

Ambulance Handovers > 60 minutes

NHS Cambridge University Hospitals NHS Foundation Trust

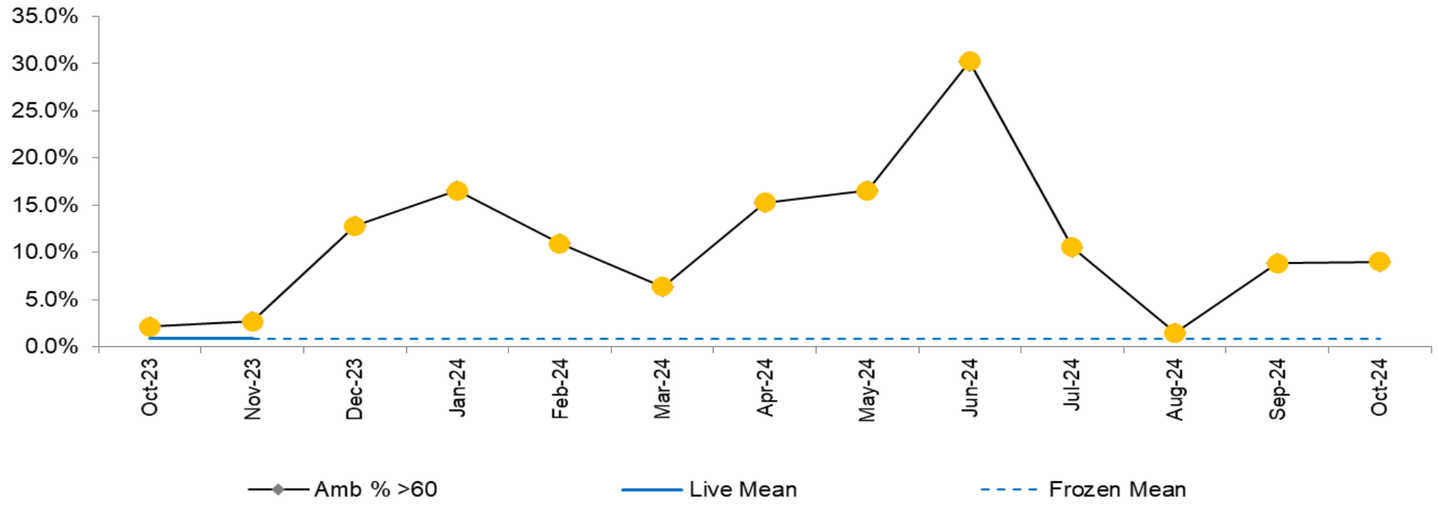
Oct-24	Target
9.02%	0

SPC Variance

Negative special cause variation

East of England > 60 minutes

Trust	Performance
Basildon & Thurrock	5%
Bedford	6%
Watford	7%
Hinchingbrooke	8%
Milton Keynes	8%
CUH	9%
QEH	9%
Southend	11%
L&D	15%
West Suffolk	20%
RPH	21%
Lister	23%
Broomfield	23%
Ipswich	27%
PAH	28%
Colchester	30%
Peterborough	34%
N&N	40%
James Paget	42%



Updates since previous month

1) 9% of ambulance handovers took place in more than 60 minutes during October, a deterioration compared to 1% in September & above our target of 0%. Av. amb offload time in October was 25 mins compared to 24 mins in September. 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 any 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 Cambridge University Hospitals NHS Foundation Trust

Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected
Add Prof Scientific and Technical (Pharmacists only)	-	-	-	1	1	100%	98	55	56%	-	-	-	-	-	-	-	-	-	99	56	**57%**
Additional Clinical Services	1	0	%	273	151	55%	70	41	59%	149	98	66%	103	62	60%	84	37	44%	680	389	**57%**
Allied Health Professionals	-	-	-	58	21	36%	15	0	%	-	-	-	-	-	-	1	0	%	74	21	**28%**
Estates and Ancillary (Porters and Security Personnel only)	129	62	48%	-	-	-	-	-	-	-	-	-	-	-	-	1	0	%	130	62	**48%**
Medical and Dental	-	-	-	277	48	17%	-	-	-	222	65	29%	164	12	7%	238	41	17%	901	166	**18%**
Nursing and Midwifery Registered	-	-	-	729	512	70%	5	2	40%	310	185	60%	159	118	74%	391	232	59%	1594	1049	**66%**
Total	130	62	**48%**	1338	733	**55%**	188	98	**52%**	681	348	**51%**	426	192	**45%**	715	310	**43%**	3478	1743	**50%**

The data displayed as of 19/11//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.

Referral to Treatment > 65 weeks and > 78 weeks

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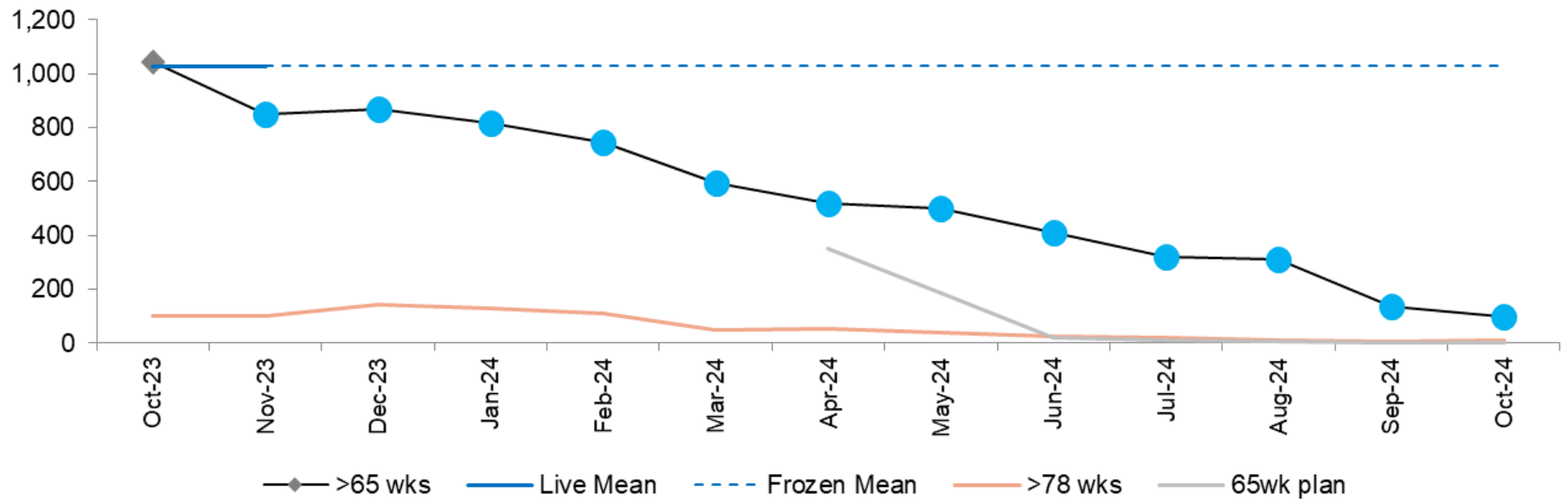
65+ Weeks	
Oct-24	**Plan**
100	0

SPC Variance
Positive special cause variation

% of WL over 65 weeks (Sep-24)	
CUH	0.21%
Shelford Group	0.34%

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

Divisional Performance		
Division	**65+ weeks**	**78+ weeks**
A	10	0
B	7	1
C	0	0
D	63	7
E	20	2
Trust	**100**	**10**



Updates since previous month

One >104 breach in October. Known tertiary referral to Gynaecology at week 110. Now treated.
Ten >78 week waits. Five of these were referred to CUH after week 78.
> 65 weeks decreased by 26% to 100. The following specialties had the highest volumes: Ophthalmology (22 of which 12 were corneal grafts), Dermatology (18), Gynaecology (11), and Cardiology (10).
C&P ICB continue to have lowest > 65 weeks in the EoE.

Current issues

>65 week proportion of the total waiting list still remains lower than Shelford group and EoE averages.
We are currently forecasting to reduce >65 week waiters to 60 by the end of November, across 12 specialties:
15 Capacity breaches (predominantly Dermatology due to competing cancer demand)
14 Patient choice breaches (declined plans in time)
14 complex cases requiring tertiary specialist care
9 Unfit
8 Corneal graft tissue supply

Key dependencies

Theatre efficiency and surgical bed capacity.
Continuation of weekend initiatives for high risk specialties.
Recruitment to medical workforce vacancies
Independent Sector in ENT
Continuation of Insourcing OMFS and Gynae.
Scaling up of teledermatology to reduce cancer demand.
Continued cessation of Industrial Action

Future actions

Paediatric Orthopaedic Consultant case approved at Investment committee to address service resilience.
ENT Rhinology Consultant case submitted to MDWC to address reliance on single handed consultant led service.
Gynaecology were only successful with 1 of 2 agreed vacancies at interview. Will be readvertising as well as intention to extend existing Insourcing subject to further compliance checks being agreed.
Dermatology pulling ahead on first OPAs in the long wait cohort through focused super clinics.

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

Referral to Treatment Total Waiting List

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Oct-24	Plan
65,218	60,112

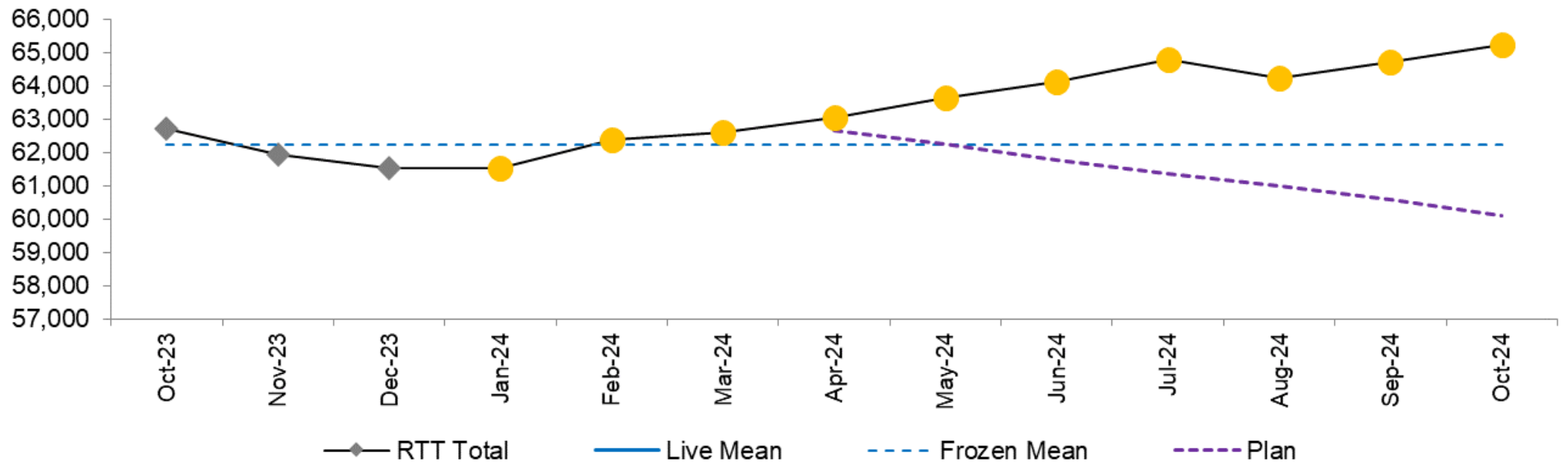
SPC Variance
Negative special cause variation

Change in WL: Latest vs. Sep-24	
CUH	+0.71%
Shelford Group	-0.63%

Three Month Plan		
Nov-24	Dec-24	Jan-25
59,653	59,340	58,902

Waiting list by division

Division	Total Waiting List
A	12,265
B	8,105
C	5,201
D	30,995
E	8,652
Other	0
Trust	**65,218**



Updates since previous month

The RTT Total waiting list increased by 514 (0.7%) , and variance to plan is now 5,115 (8.5%)
Clock start demand joining the waiting list is 2,897 higher than plan YTD (2.7%), 6.2% higher than Apr-Oct 2023.
Total treatments fell below YTD plan by 2,308 (-2.4%) to October, but are 9.3% higher than same period in 2023. This is driven by lower non-admitted treatments than plan.
The waiting list growth is in the non-admitted cohort of the waiting list which at 54,334 represents 83.3% of the total

Current issues

With the pressure of high demand, those awaiting first appointment increased by 338 this month. This equates to 64.5% of the total waiting list.
The four services with highest waiting list growth in month (>100) were Clinical Genetics, Oral Surgery, Orthopaedics and Breast Surgery. All appear to be driven by higher demand aas opposed to lower activity in month.
Clock start growth being at 6.2% compared to last year is at odds with National trend of 1.8%.

Key dependencies

Demand (clock starts) reduces to within agreed plan
Outpatient and elective activity plans are met
Resilience in administrative and clinical capacity to support pathway validation.
Continued cessation of Industrial Action
Continued capacity increases through insourcing, waiting list initiatives etc.

Future actions

Referral Optimisation initiatves.
Reginal review of demand growth comparison
ICB October Planned Care Board focused on Referral Optimisation due to referral growth across the ICB
The ICB have approved mandating a revised referral proforma for Teledermatology, supporting us to optimise the capacity for this more productive approach.
Urology have a three month locum commencing this month, with a new substantive post from April.

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

Cancer - 28 day faster diagnosis standard

NHS Cambridge University Hospitals NHS Foundation Trust

Sep-24	Target
80.7%	77.0%

SPC Variance

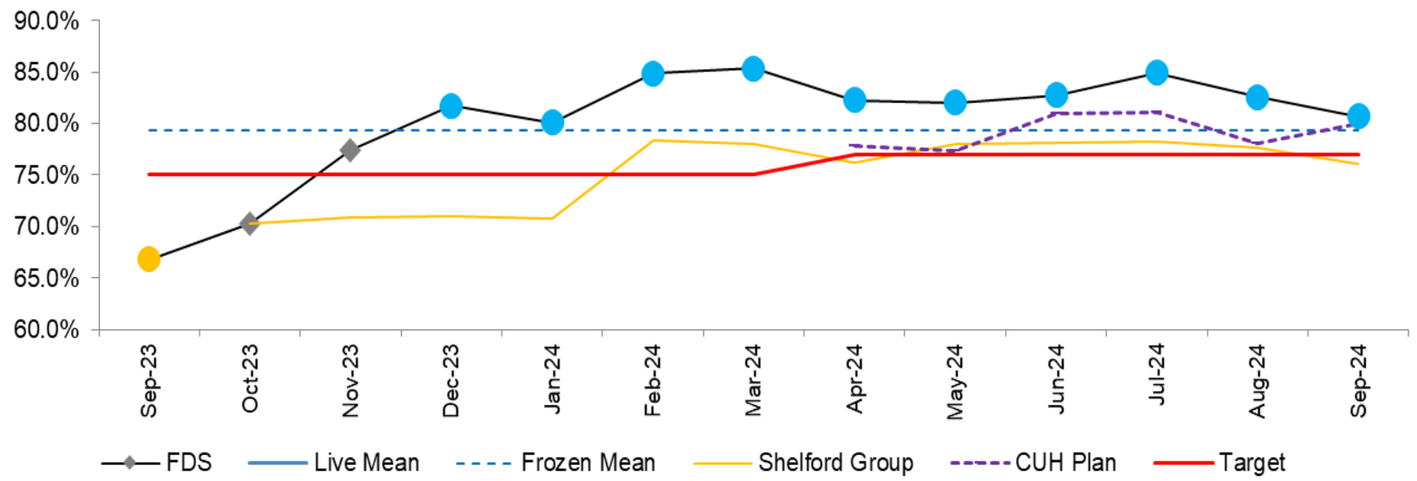
Positive special cause variation

Shelford Group Median Avg (Sep-24)

76.1%

Three Month Plan

Oct-24	Nov-24	Dec-24
81.5%	80.8%	79.2%



Cancer Site Overview

Site	Performance	Breaches
Skin	69.5%	255
Lower GI	79.6%	66
Gynaecological	80.3%	51
Head & Neck	85.2%	31
Urological	66.9%	53
Breast	98.2%	10
Haematological	63.6%	4
Sarcoma	54.5%	10
Upper GI	78.9%	4
Lung	97.2%	2
Childrens	96.2%	1
CNS/Brain	100.0%	0
Testicular	100.0%	0
Total	**80.7%**	**487**

Updates since previous month

In September 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 where they continue to book at 4 weeks for first appointment which impacts on FDS and 62 day backlog.
Increases in urgent suspected cancer referrals for prostate since recent news of Sir Chris Hoy's diagnosis are impacting on the ability to achieve the diagnostic pathway and subsequent FDS. Increased MRI and biopsy capacity have been put in place however the impact on pathology turn around times may mean a drop in FDS performance.

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.

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

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

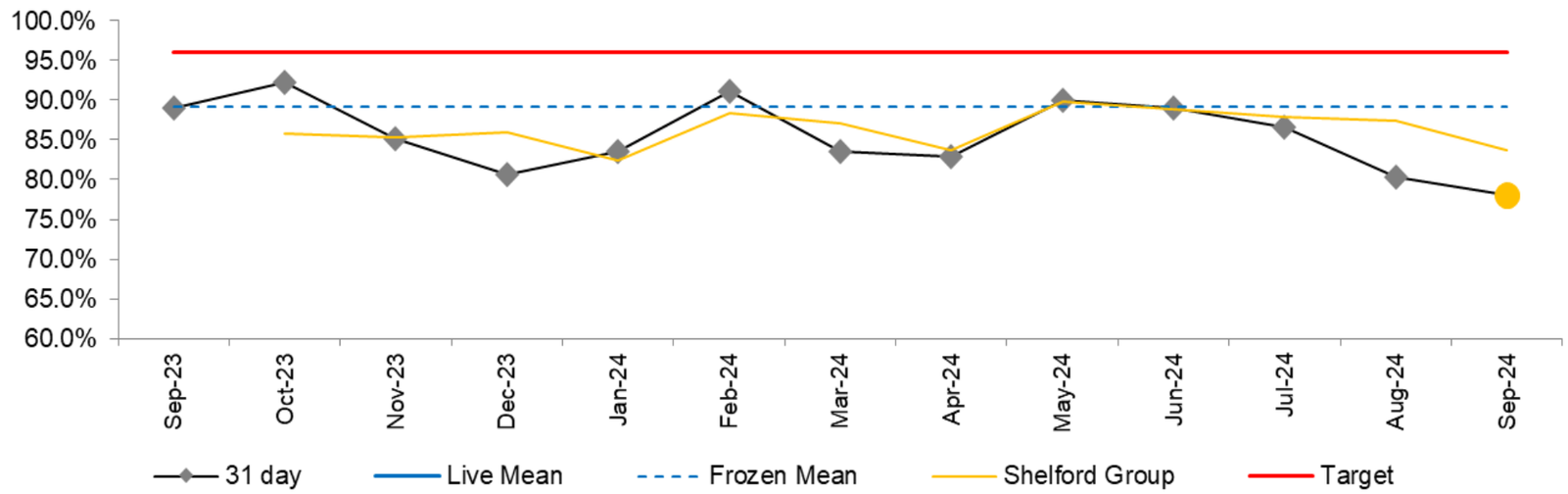
Cambridge University Hospitals NHS Foundation Trust

	Sep-24	Target
Combined	78.0%	96.0%

SPC Variance
Normal variation

Shelford Group Median Avg (Sep-24)	
Combined	83.7%

Cancer Site Overview as of 19/11/2024	
Site	Backlog
Breast	77
CNS/Brain	0
Gynaecological	5
Head & Neck	0
Haematological	0
HPB	5
Lower GI	4
Lung	3
Childrens	0
Sarcoma	1
Skin	60
Testicular	0
Upper GI	3
Urological	50
All	208



Updates since previous month

Performance reduced further to 78% with workforce constraints in radiotherapy and capacity for surgery remaining the key issues.
778 patients were treated in September, of which 171 waited >31 days: 113 treated with radiotherapy and 54 surgery.
Surgery breaches averaged a 48 day wait with Skin accounting for 27.7% and Kidney 25.9%.
Radiotherapy breaches averaged a 45.3 day wait with breast accounting for 58.4%.
Of the 208 patients in the backlog 116 are radiotherapy and 91 surgery.

Current issues

Radiotherapy performance further deteriorated in September as expected. From July breaches were forecast to increase and remain high until the end of the financial year. CUH is currently in the bottom 8 performing trusts for Radiotherapy performance. Recent recruitment was positive with a further 5 positions filled, the remaining 5 vacancies will go out to advert in the new year. Capacity is the reason for 90.7% of the surgical treatment cohort. Skin and Urology continue to have the highest backlog.

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.
Monitoring of requests for mutual aid given Regional and National challenges in Radiotherapy staffing.

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 initatives to reduce backlog for surgery, this will continue in December.
Further discussions with the kidney team on refocusing backlog reduction via additional surgical lists.

Cancer - 62 days combined referral to treatment

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Sep-24	Target
71.9%	70.0%

SPC Variance

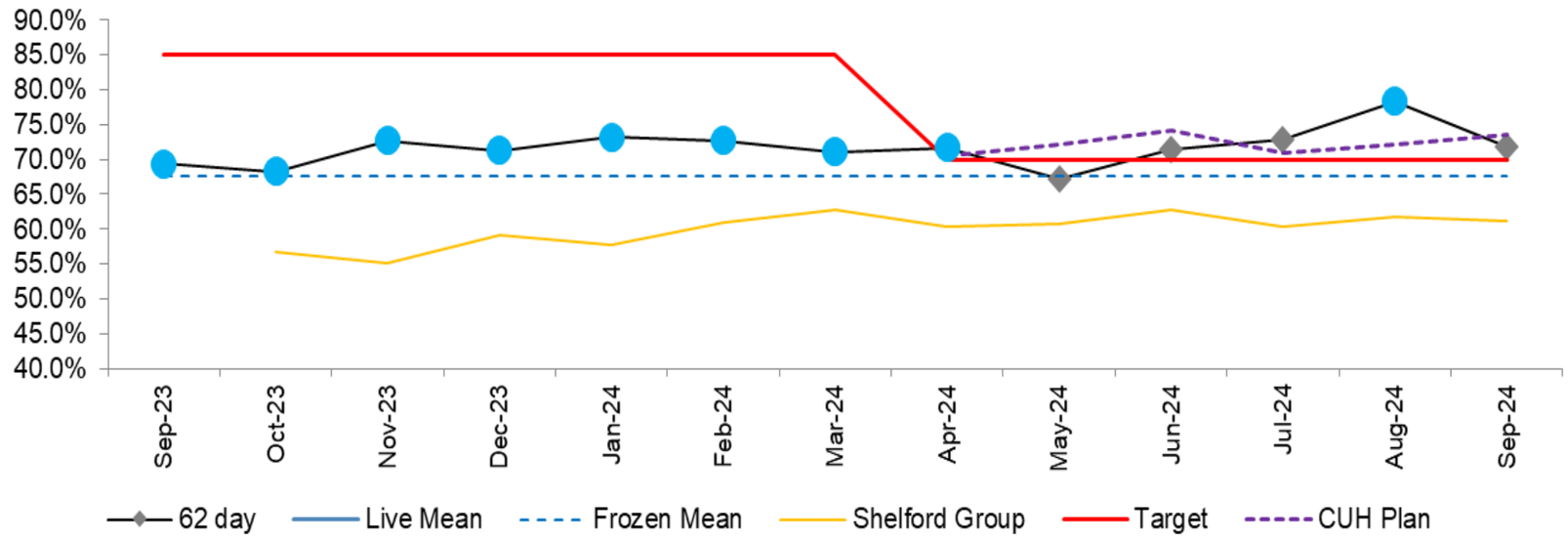
Positive special cause variation

Shelford Group Median Avg (Sep-24)

61.2%

Cancer Site Overview as of 19/11/2024

Site	Backlog
Breast	5
CNS/Brain	0
Gynaecological	19
Head & Neck	9
Other Haem Malignancies	1
Lower GI	14
Lung	6
NSS	0
Upper GI	9
Urological	41
Sarcoma	3
Skin	34
HPB	14
Childrens	0
Symptomatic Breast	0
All	*155*



Updates since previous month

Performance remains above the 70% national requirement for 2024/25, and is forecast to remain above 70% for October.
231 patients were treated in September of which 65 waited longer than 62 days. 42 were shared pathways with referring Trusts, of which 36 we were unable to treat within 24 days.
18.4% of breaches were Urology, 13.8% HPB and 12% Gynae. Of the patients that could not be treated in 24 days 66% required surgery, 11% radiotherapy..

Current issues

Of the 44 CUH only pathways in September, 29% were noted to have complex pathways involving multiple cancer sites/non standard pathways and/or medical delays not related to their cancer pathway.
Urology has had an increase in their backlog ; 65% of the urology backlog are late referrals from regional trusts.

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 expidite pathways to continue with oversight from Cancer Board.

Diagnostic Performance

NHS
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Oct-24	Plan
27.8%	22.5%

SPC Variance

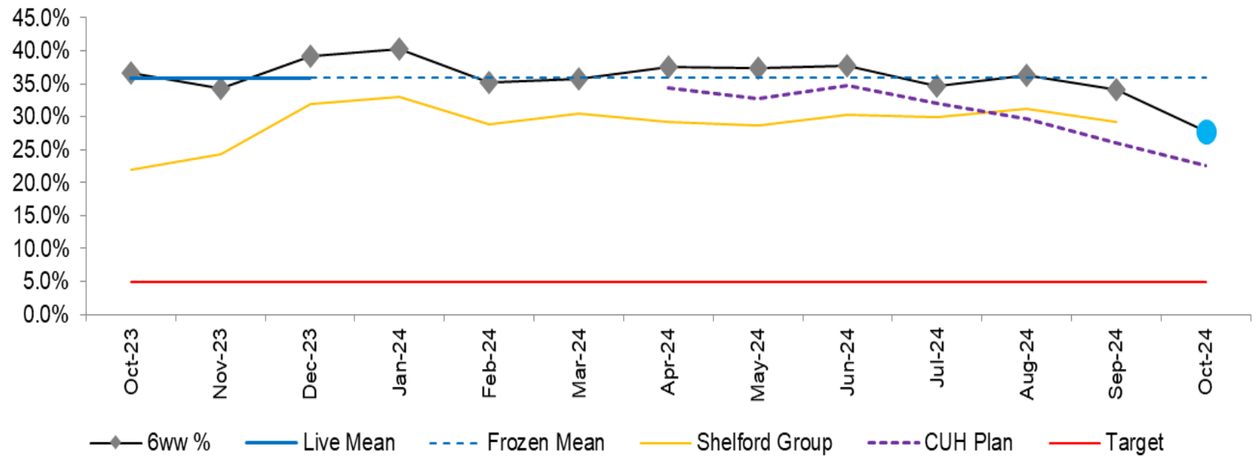
Positive special cause variation

Shelford Group Median Avg (Sep-24)

29.2%

Three Month Plan

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



Modality overview

Modality	% >6wks	Breaches
Echocardiography	66.7%	2259
Non obstetric ultrasound	10.2%	178
Audiology	44.5%	266
Magnetic Resonance Img'	3.5%	40
DEXA Scan	5.8%	36
Computed Tomography	0.2%	2
Urodynamics	49.7%	83
Neurophysiology	1.4%	3
Cystoscopy	7.3%	9
Gastroscopy	2.0%	13
Colonoscopy	2.8%	23
Respiratory physiology	26.7%	8
Barium Enema	0.0%	0
Flexi sigmoidoscopy	0.0%	0
Total		**2920**

Updates since previous month

October 6wk diagnostic performance improved significantly to 27.8%.
The total waiting list decreased by -669 and the >6ww cohort reduced by 23% (-900).
Seven modalities delivered < 5% over 6 weeks.
GI Endoscopy overdue surveillance remains on track to be recovered by end of November.

Current issues

Echo remains the highest risk being three quarters of the Trust total backlog. However they achieved a reduction of -511 in month brining them back onto their recovery trajectory at 66.7%.
Dexa slipped above 5% this month. Some patients have been held back due to potential equipment risk with implantable medical devices. If this were to continue, Royal Papworth have offered to support, but ideally patients require continuity of scan on the same scanner.

Key dependencies

Ongoing use of Insourcing for Echocardiography and Endoscopy.
Agency/locum staffing and enhanced bank rates whilst recruiting (23% vacancy rate in Echo) Echo trajectory assumes a further WTE will be recruited from January, now likely to commence Feb/Mar. 175 Echos delivered in Oct through bank shifts.
Continued delivery of ICB capacity for Direct Access Community Ultrasound to manage demand.
Achieving planned activity levels at the CDCs .

Future actions

Whilst behind the trajectory set in the 2024/25 plan, all services except Urodynamics remain on a trajectory to achieve their forecast recovery by year end.
Urodynamics is now achieving stepped improvements despite Insourcing not being approved. If the current rate of reduction can continue, year end recovery can be delivered.
Recovery trajectories have been set for Holter Monitoring in Cardiology which is a diagnostic risk outside of this metric.
System Diagnostic Board Chair is meeting with Chair of Respiratory Network and the ICB to discuss how to progress the plans for Community Spirometry.

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

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

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Oct-24	Plan
81.5%	N/A

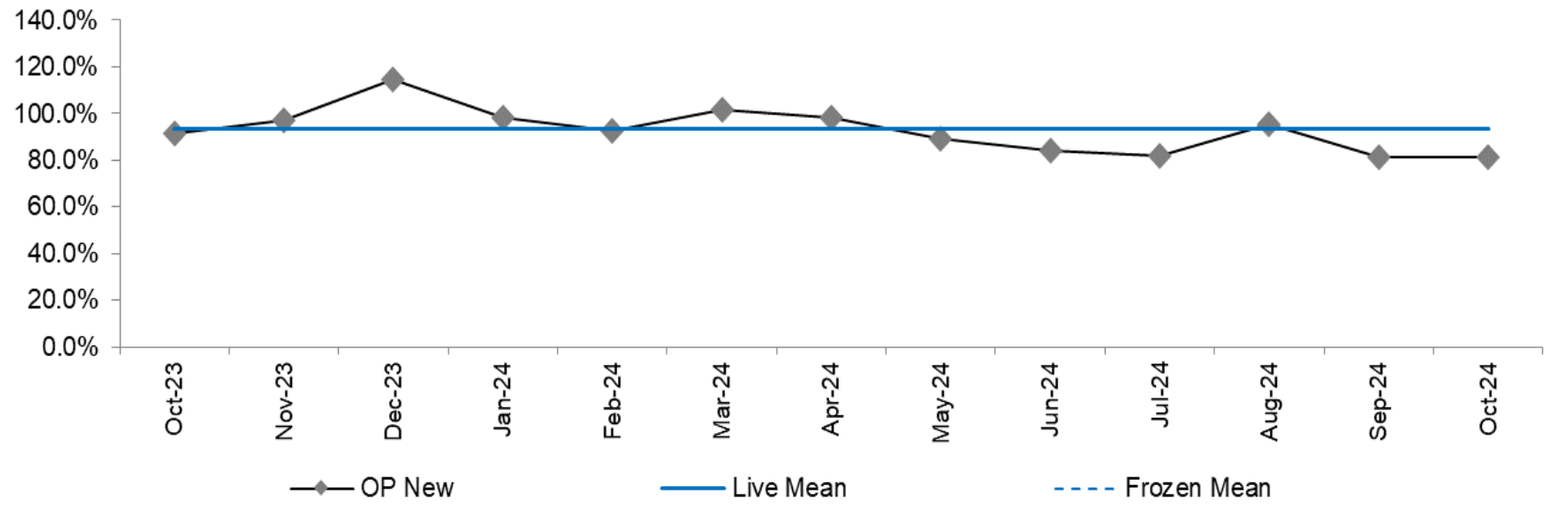
SPC Variance
Normal variation

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

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

Divisional overview

Division	Performance
A	81.2%
B	81.7%
C	89.3%
D	80.4%
E	78.0%



Updates since previous month

The Trust activity was lower than plan this month at 81% of planned activity with Division E being the lowest at 78%. By specialty the worst performers were Clinical Oncology at 63% of plan, Dermatology at 75% and Respiratory Medicine at 70%. The best performing large specialty was General Medicine which performed at 11% against plan. Specialties are continuing to work with I&T team and consultants BCG to identify further opportunities.

Current issues

Outpatients income against plan continues to fall, now at £4,183,640 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

Improve communications around the value of virtual monitoring appointments versus in-person
Work with BCG to develop phased approach to outpatient transformation based on early wins
Maximise outpatient procedure recording to reduce financial deficit
Support ICS referral optimisation

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

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

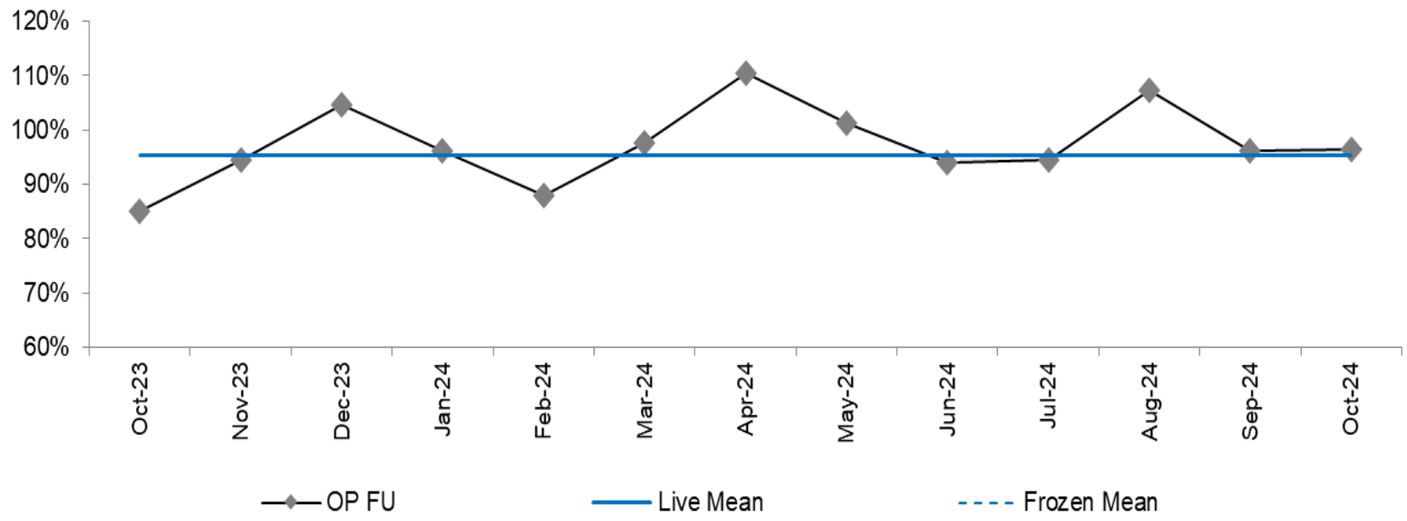
NHS Cambridge University Hospitals NHS Foundation Trust

Oct-24	Plan
96.3%	N/A

SPC Variance
Normal variation

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

Three Month Plan		
Oct-24	Nov-24	Dec-24
N/A	N/A	N/A



Divisional overview

Division	Performance
A	94.0%
B	95.0%
C	101.8%
D	94.4%
E	102.8%

Updates since previous month

CUH has delivered 462,795 outpatient follow up appointments, which is 17,680 (3.97%) above plan. Higher than plan means that CUH does not get income for these additional appointments.
Improvements seen in outpatient procedure recording.

Current issues

The number of overdue follow-ups remains high, reaching 62,180 in October 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

Actions to address overdue follow ups includes waiting list validation, pathway redesign including PIFU, and Remote Clinical Review (RCR, formerly known as PNP). In October, two further specialities started RCR clinics – Cardiology and Bone Marrow Transplant, taking the CUH total to 13 specialties. 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

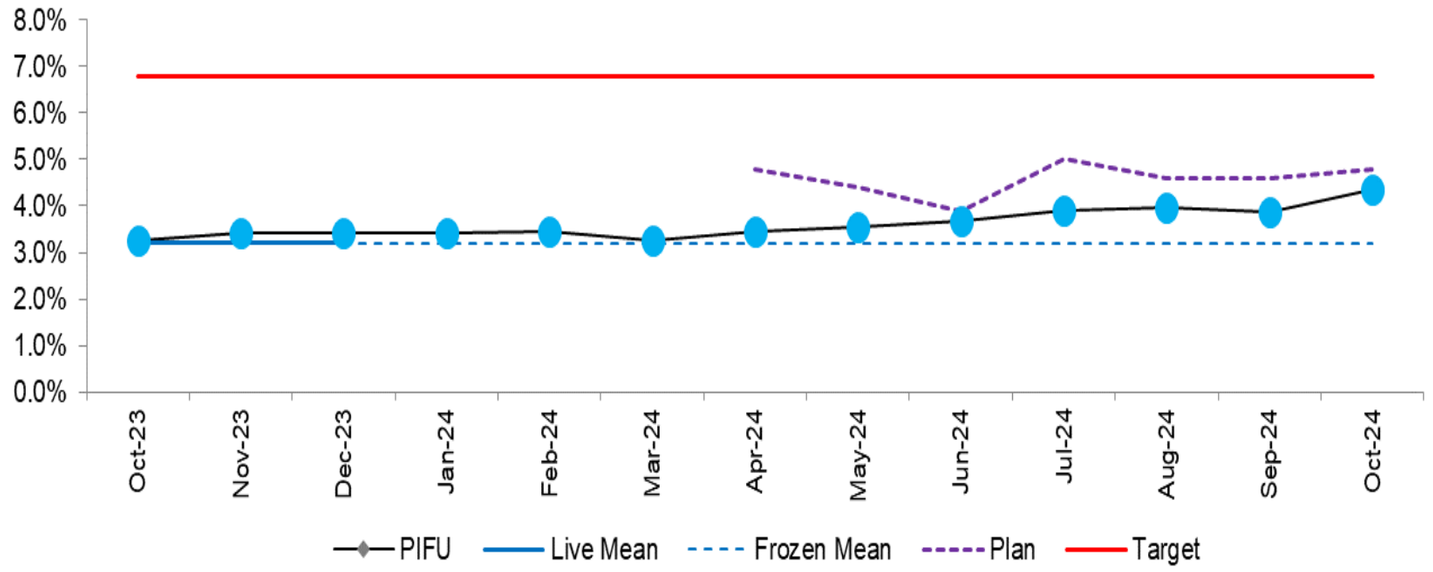
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Oct-24	Plan
4.4%	4.8%

SPC Variance
Positive special cause variation

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

Three Month Plan		
Nov-24	Dec-24	Jan-25
4.5%	5.3%	5.2%



Divisional overview

Division	Performance
A	8.2%
B	6.6%
C	2.2%
D	2.2%
E	4.3%

Updates since previous month

There is an overall trend upwards in the use of PIFU with CUH reaching 5.3% in October 2024. The median PIFU rate for the past 6 months has risen to 4.9% compared with 4.4% November 2023 to March 2024.

Current issues

Although PIFU's have increased this has not led to a reduction in the overdue follow up waiting list.
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

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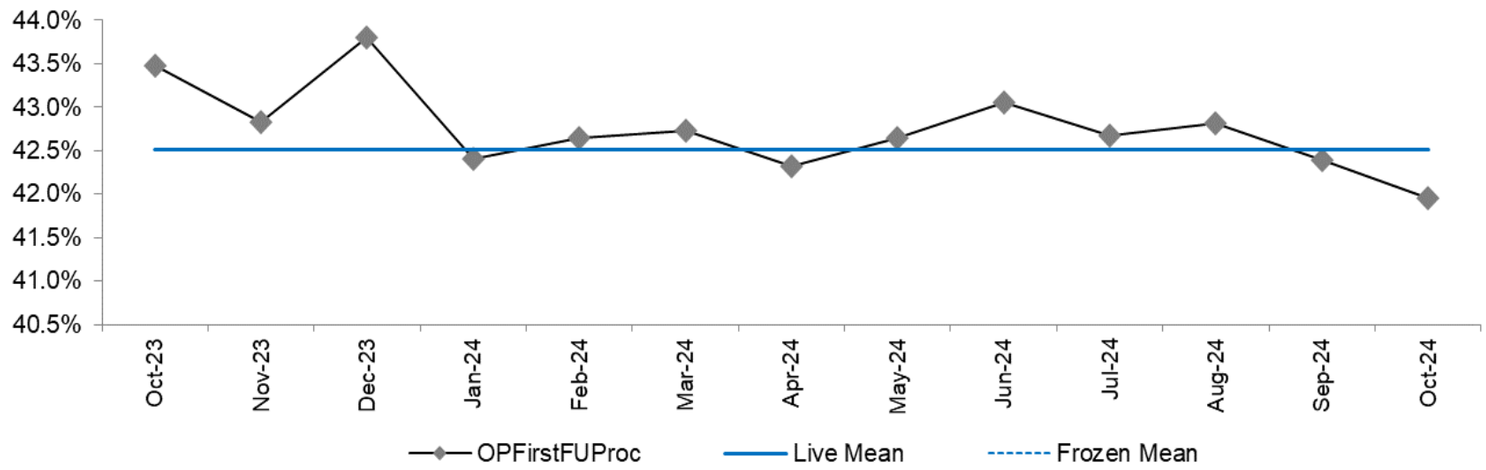
Oct-24	Plan
41.9%	49.0%

SPC Variance
Normal variation

Shelford Group Median Avg (Mar-24)
40.3%

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

Divisional overview	
Division	Performance
A	38.6%
B	37.6%
C	37.6%
D	48.3%
E	34.4%



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 October dropped from 42.4% to 41.9%. Division D continues to perform at or around the target although fell slightly in October.

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 to provide clarity regarding staff for retrograde recording.

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

Delayed discharges

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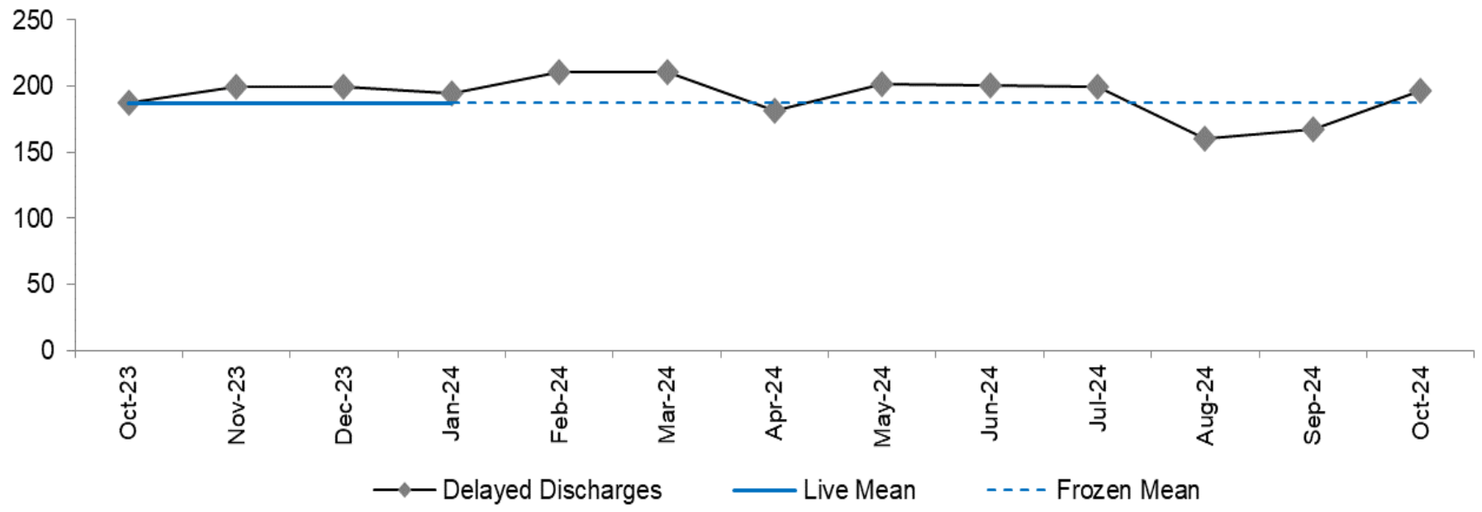
Oct-24	Target
196	N/A

SPC Variance
Normal variation

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

Beds lost to delays - by pathway

Pathway	Beds lost
Pathway 1	12
Pathway 2	16
Pathway 3	61
Internal Assessments	74
Internal Other	2
Other External Reasons	0
Total	**165**



Updates since previous month

196 beds were lost due to delayed discharges in October compared to 157 beds in September
In October 2023, 187 beds were lost to this group of patients.

Current issues

- Two thirds (65%) of beds lost to patients past their CFD relate to external causes, equivalent to 127 beds
- One third of beds (35%) were lost due to internal processes, equivalent to 69 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
- Recruitment has been undertaken to provide additional resources to the Complex Discharge Team and the Early Intervention Team, following a successful bid for internal funding. The recruitment process will be completed by the first week of December, with resources going to those areas with the highest delays.

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

Theatre Utilisation - Elective GIRFT Capped

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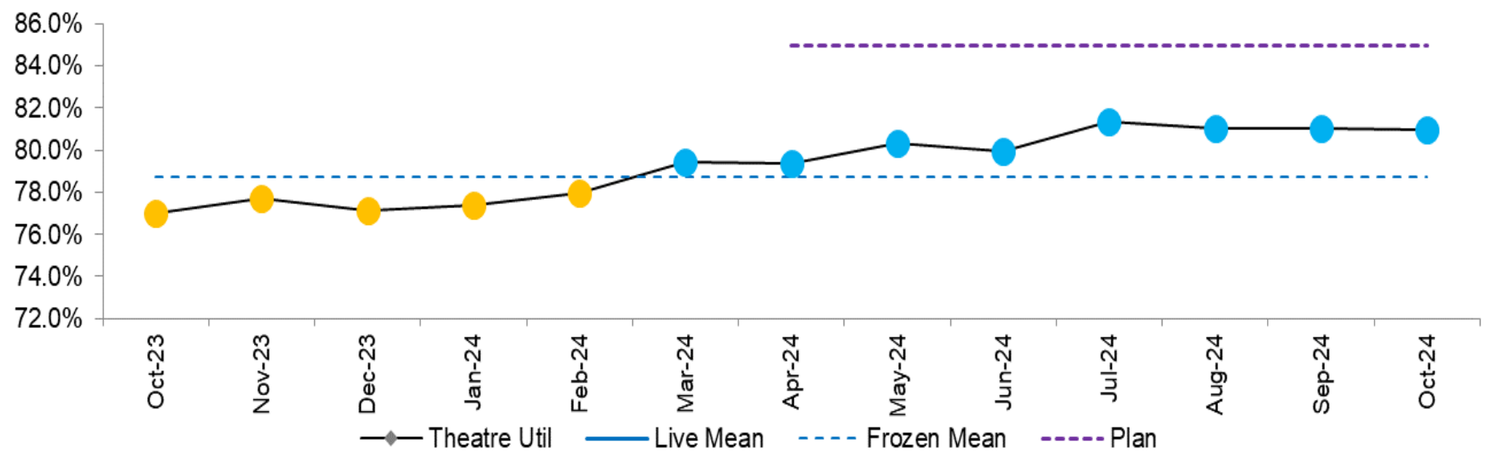
Oct-24	Plan
81.0%	85.0%

SPC Variance
Positive special cause variation

Performance in the 2 weeks to 03/11/2024	
CUH	81.0%
Shelford Grp Median	79.0%

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

Utilisation by department	
Department	Utilisation
ATC	83.6%
Main	79.9%
Rosie	83.1%
CMSH	86.9%
CEU	75.4%
Ely	75.2%
All	**81.0%**



Updates since previous month

Capped Utilisation in October continues to perform well against peers at 81%, and at top of Quartile 3 nationally. Six specialties delivered >85% with a further thirteen > 80%.
Sessions used were at 96.6% this month, 82% of which were due to surgeon availability. 35.5% (8 sessions were Orthopaedics)
At month 7, the volume of Elective theatre cases performed are 1.8% (298) above plan.

Current issues

Cambridge Eye Unit achieved their best performance to date at 75.4% but continue to have opportunity to maximise productivity. Short notice cancellations remain the biggest constraint, with Oculoplastics identified as particular issue.
Ely utilisation remains low. Expected that Orthopaedic use of Ely lists will improve as staffing improves, and if not consider reallocation. Infection control reviewing the appropriateness of the Ely treatment room to be used to support other procedure activity.

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

High focus on engagement with perioperative staff in regards to safety, consistency and productivity.
Review of action plan to fully implement pre-operative screening beyond Orthopaedics, and support reduction in clinical short notice cancellations.
All teams to report back to SPB on implementation of standby patients.
Identify areas for improvement for Neurosurgical theatre turnaround time following observations.

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

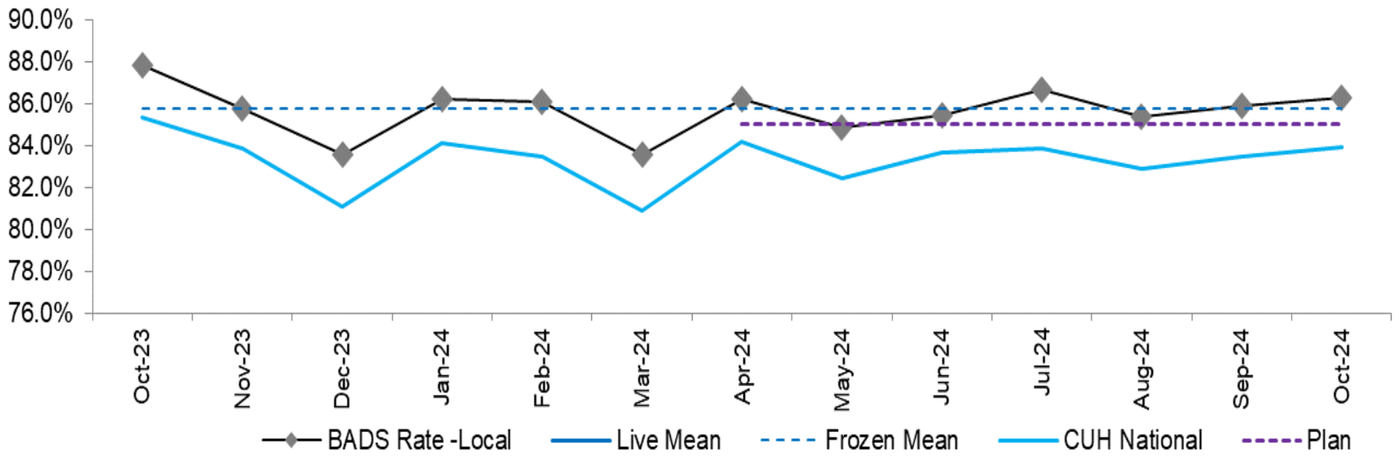
BADS Daycase Rates

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Oct-24	Target
86.2%	85%

SPC Variance
Normal variation

Performance in the 3 months to end of Jul	
CUH	83.3%
Shelford Grp Median	82.8%



BADS Section Day Case Rate for HVLC focus areas

3 months to end of Jul '24				Oct-24
Specialty	**CUH**	**Shelford**	**Quartile**	**Local**
Orthopaedics	61.4%	74.1%	2	65.6%
ENT	80.2%	87.0%	1	93.3%
General	70.8%	69.1%	2	80.0%
Gynaecology	61.3%	83.9%	1	89.7%
Ophthalmology	96.2%	96.7%	1	98.4%
Urology	65.8%	85.5%	1	89.6%

Updates since previous month

Model Hospital made an amendment to the benchmarking of BADS Daycase rates with effect from September.
The inclusion of Outpatient procedures has now been updated within our internal monitoring. Using the new metric we are now evidencing 86.2% daycase and outpatient procedure rate in October.
The three month rolling performance to end July compares favourably to our Shelford peer group at 83.3%. This requires intended management of daycase to recorded.

Current issues

64 0 LOS procedures had Intended Management of Inpatient recorded in October. None of these cases resided in core Inpatient beds so do not reflect a bed saving opportunity.
2727 BADS procedures were undertaken in month of which 1206 (44%) were Op procedures.
To achieve the BADS benchmark for every procedure and deliver a >90% rate , the opportunity would be a further 131 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

Updated BADS dashboard has been shared with Surgery Programme Board and a separate learning session with Operational Managers was held..
There were five specialties in October with a > 10 cases opportunity: Orthopaedics, Gynaecology, ENT, General Surgery and Breast Surgery. Divisions will use the detail within the new dashboard to evaluate the further opportunity and report back to Surgery Programme Board.

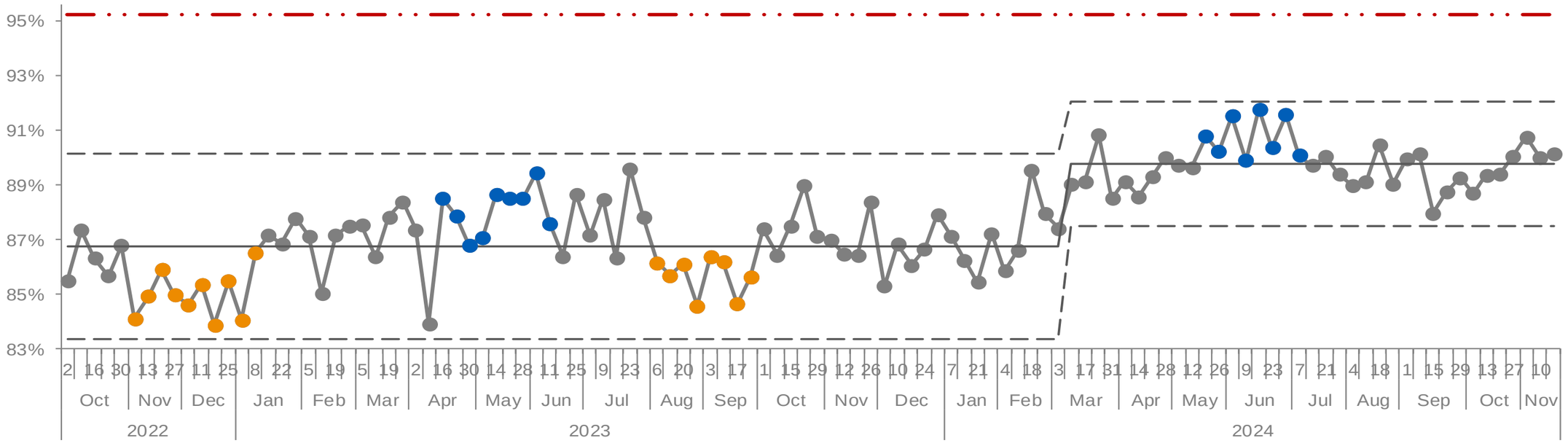
Author(s): Linda Clarke **Owner(s): Jon Scott**

Discharge Summaries

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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)

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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 - Oct 24	Month	-	94.7%	94.8%	L	S7	-	The Good FFT score and the Poor score both slightly improved. Good score improved by 0.7% and the Poor score improved by 0.5%. The number of responses greatly improved by a few hundred responses compared to previous months/years. OCT: there were 818 FFT responses collected from approx. 4,801 patients.
FFT Inpatient poor experience score	Jul 20 - Oct 24	Month	-	1.7%	2.1%		-	-	
FFT Outpatients good experience score	Apr 20 - Oct 24	Month	-	93.6%	94.6%	L	S7	-	There was no change in the Good FFT score or Poor score compared to September. The Good score continues to remain around 94% and the Poor score has remained 3% or below since June. OCT: there were 5,062 FFT responses collected from approx. 31,428 patients.
FFT Outpatients poor experience score	Apr 20 - Oct 24	Month	-	3.0%	2.6%	H	S7	-	
FFT Day Case good experience score	Apr 20 - Oct 24	Month	-	95.7%	96.3%		-	-	The Good FFT score and the Poor score both slightly improved. The Good FFT score increased by 1% and is 95.7%. The Poor score decreased by 0.6% compared to September and is 2.0%. OCT: there were 1,351 FFT responses collected from approx. 5,190 patients.
FFT Day Case poor experience score	Apr 20 - Oct 24	Month	-	2.0%	1.8%		-	-	
FFT Emergency Department good experience score	Apr 20 - Oct 24	Month	-	78.0%	82.0%		-	-	Both the Good FFT score and the Poor score declined by 2% each. The adult Good score decreased by 1% but the paediatric Good score decreased by 6.5%. The Poor scores for both adult and paediatric increased by 2% each. OCT: there were 848 FFT responses collected from approx. 5,348 patients.
FFT Emergency Department poor experience score	Apr 20 - Oct 24	Month	-	14.0%	11.0%		-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Oct 24	Month	-	84.0%	93.1%	L	SP	-	**FOR OCT:** Antenatal had 7 FFT responses -85.7% Good / 0% Poor; Birth had 28 FFT responses out of 448 patients - 85.7% Good / 10.7% Poor; Postnatal had 32 FFT responses: LM had 14 FFT with 71.5% Good / 28.6% Poor, BU had 13 FFT with 93.3% Good / 0% Poor, and COU had 100% Good. **OCT MATERNITY OVERALL:** 68 responses: Good score decreased 5.5% from September and Poor score increased 10%, from 2% in September to 12% for October.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Oct 24	Month	-	12.0%	3.2%	H	SP	-	

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 Oct /8 in Sep) to provide support. Wards continue to show improvement in asking patients to complete the Inpatient FFT survey online and 175 IP surveys were completed online in Oct (144 in Sep) . D8 continues to have 0 FFT for the year.

October Inpatient FFT has the highest number of collect FFT since pre Covid. There were 819 FFT responses and all divisions improved. In addition the increase by over 200-300 responses compared to previous months/years, did not negatively impact the Good and Poor scores, and both improved compared to September. Day case Good FFT score and Poor score also improved. There was no change in FFT scores for outpatients. For ED, the adult Good score decreased 1% and the paeds Good score decreased by 5%. Both the adult and paeds ED Poor scores increased by 2% each.

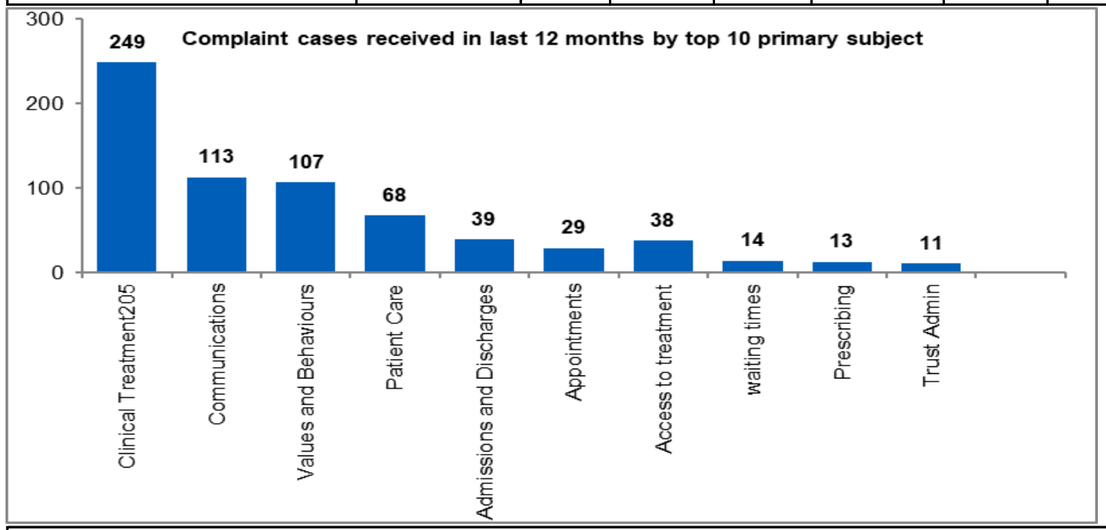
Overall maternity FFT scores decreased in October and the number of responses collected continues to be very low. The antenatal Good score decreased by 4.5%, birth Good score decreased by 5%, postnatal Good score decreased by 3% and the 1 response for community care was 100% Poor. There was no change in the antenatal Poor score, which is 0%, there was a 10% increase in the Poor score for birth, and a 12.5% increase in the Poor score for postnatal. Note, both birth and postnatal had 0% Poor scores in September.

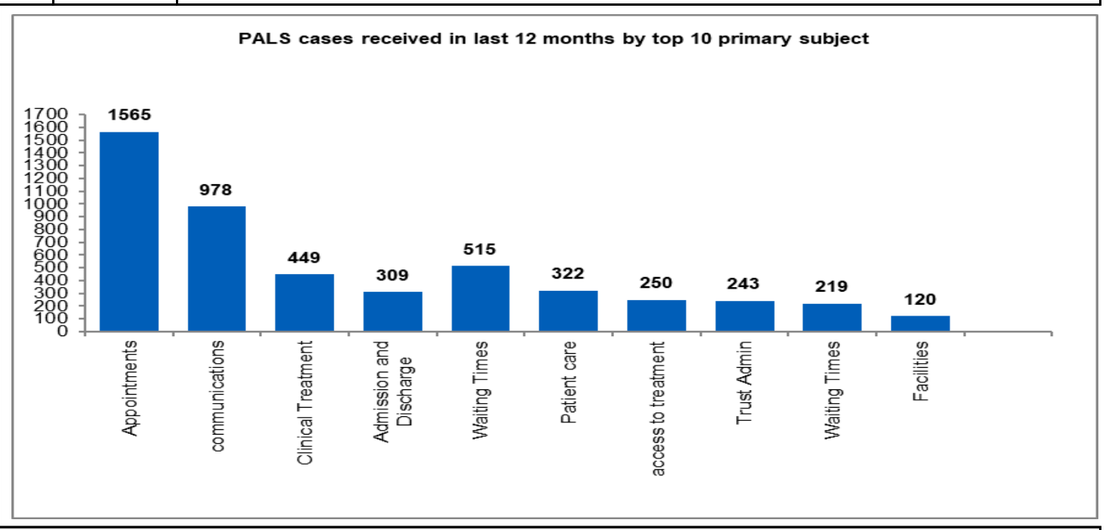
An update of the SMS FFT programme is underway including implementation in inpatients which we anticipate will improve inpatient FFT response rates and to improve specialty feedback in outpatient.Civica training for staff has increased, and discussing with wards such as NCCU how it can be difficult to collect FFT is helping to improve response rates.

PALS and Complaints Cases

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Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Oct 20 -Oct 24	month	-	79	55	H	SP	-	The number of complaints received between Oct 2020 - Oct 2024 is higher than normal variance
% acknowledged within 3 days	Oct 20 -Oct 24	month	95%	89%	73%		-	?	70 out of 79 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	Oct 20 - Oct 24	month	50%	54%	30%	L	S7	?	69 complaints were responded to in October, 37 of the 69 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	Oct 20 - Oct 24	month	80%	54%	87%	L	SP	?	37 complaints responded to in October were within the initial set time frame.
% complaints received graded 4 to 5	Oct 20 - Oct 24	month	-	16%	34%		-	-	There were 9 complaints graded 4 severity, and 4 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Oct 20 - Oct 24	month	-	35	32	L	S7	-	35 Compliments were registered during October and sent onto relevant staff for information





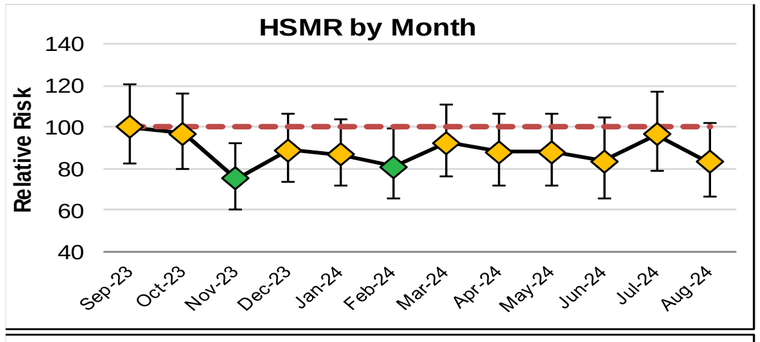
PHSO - The PHSO have not taken any new cases for investigation during October 2024.

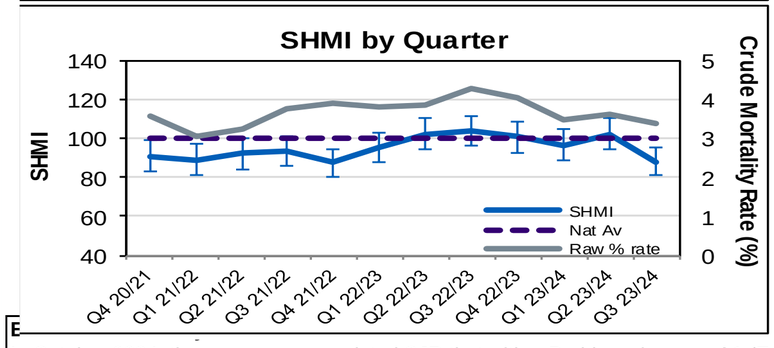
Author(s): Sue Bennison **Owner(s): Clare Hawkins**

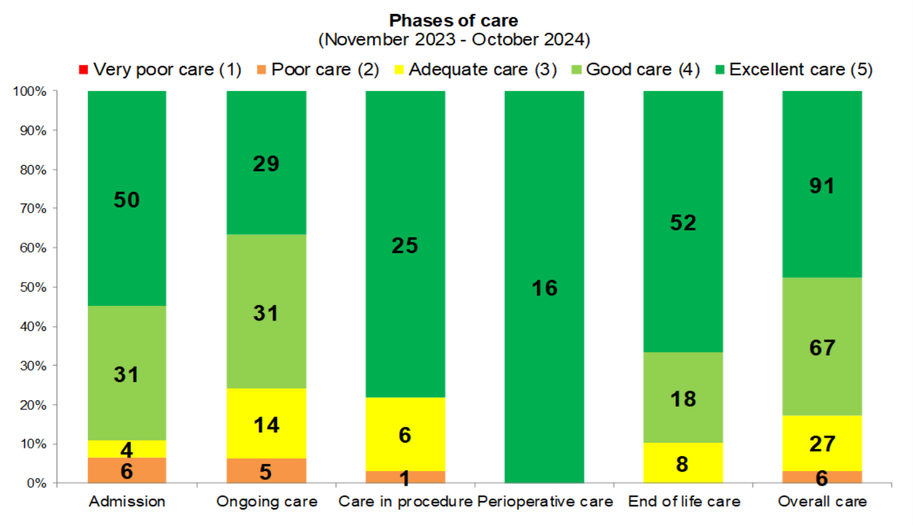
Learning from Deaths

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Indicator	Oct-24	Average March 2022 - Sept 2024	Variance	Comments
Total inpatient and Emergency department deaths	135	139		Normal variance. In October 2024 there were 123 inpatient deaths and 12 deaths in the ED.
Total Emergency Department and Inpatient deaths **per 1000 admissions**	7	9		Normal variance. In October 2024 there were 19424 admissions recorded at time of analysis.
Emergency department deaths per 1,000 attendances	0.78	0.87		Normal variance. In October 2024 there were 15384 ED attendances recorded at time of analysis.
Inpatient deaths by 1,000 admissions	6.3	8.09		Normal variance.
Non-elective admission deaths by 1,000 admissions	30.87	31.67		Normal variance.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	17%	17%		In October 2024, 23 Mortality case reviews were commissioned. The highest in-scope trigger for review requests were due to ED deaths.







In October 2024, there was one completed SJR that with a Problems in care of 1 (Endocrinology speciality). This SJR is currently undergoing the secondary review process.

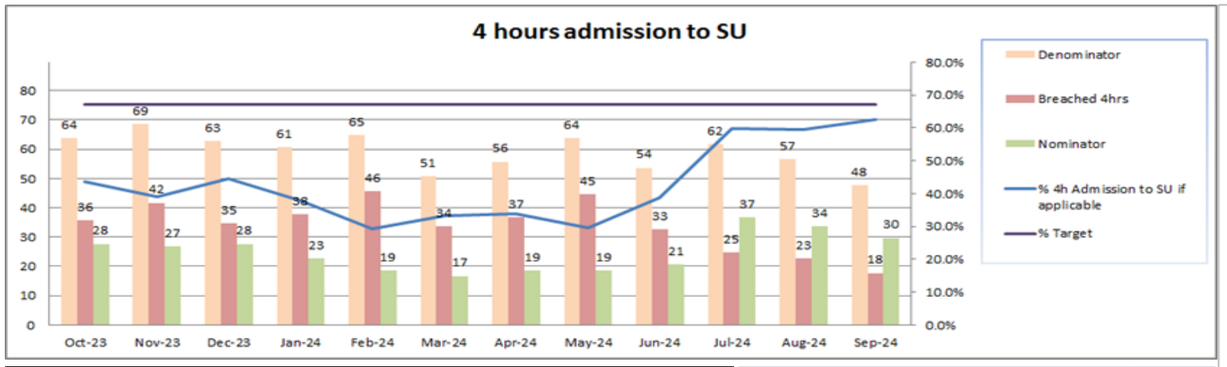
HSMR - The rolling 12 month (September 2023 to August 2024) HSMR for CUH is 88.40, this is 7th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 90.46.

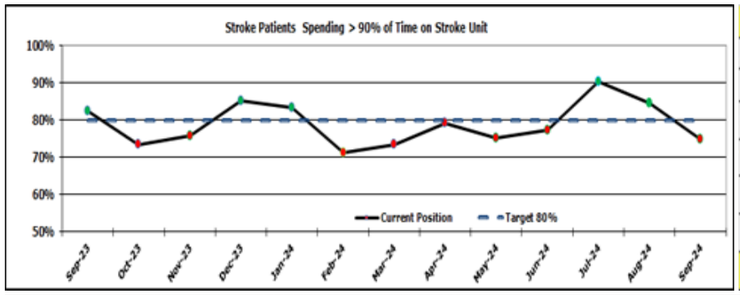
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, January 2023 to December 2023 is 96.57.

Alert - There are 2 alerts for review within the HSMR and SHMI dataset this month.

Stroke Care

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4h to SU breaches	Pts
Awaiting senior review	6
Not referred on arrival	6
Stroke Bed Capacity	2
Trust Bed Capacity	8
Unclear presentation. CT/MRI Confirmed	1
Unclear presentation. MRI Confirmed	7
Grand Total	30

Against the 90% target (80% Patients spending 90% IP stay on Stroke ward) the performance that was achieved for September 2024 = **75.0%**

Trust Bed Capacity (5) was the main factors contributing to breaches last month, with a total of 16 breaches in September 2024.

4hrs adm to the Stroke Unit (target 67%) compliance was not achieved in September 2024= **62.5% but is the highest performance for 12 months**

Key Actions

- The team have drafted a 'Stroke/Thrombectomy Full capacity protocol' to help ring fence beds, ensure rapid repat and flex into 6 monitored HASU beds and one +1 non-monitored bay. SOP to be discussed at directorate board 24/10 seeking approval
- Project for paramedic to contact SAT directly ongoing - SOP has been written & agreed with ED/EE Ambulance. SOP agreed locally, will now proceed to stroke steering group for sign off and then adding to Merlin
- Weekly team meeting with ACP/R2 nurse team/matrons/LW/Ops/SAT team continue. Useful forum to help resolve issues and progress projects
- Ops team to re-establish ‘stroke taskforce’ group from Sept with outcome driven improvement plan
- National SSNAP data shows Trust performance from April-June 2024 at Level B.
- 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

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%)
Sep-23		6			1	1		2						10	82.5%
Oct-23		16			2	1					1			20	73.3%
Nov-23		12				4	2				2			20	75.9%
Dec-23		4		1	3	1	1				1			11	85.3%
Jan-24	2	6			2						3			13	83.5%
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%
Summary	35	76	0	6	15	12	5	2	0	0	34	2	3	182	

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

Clinical Studies

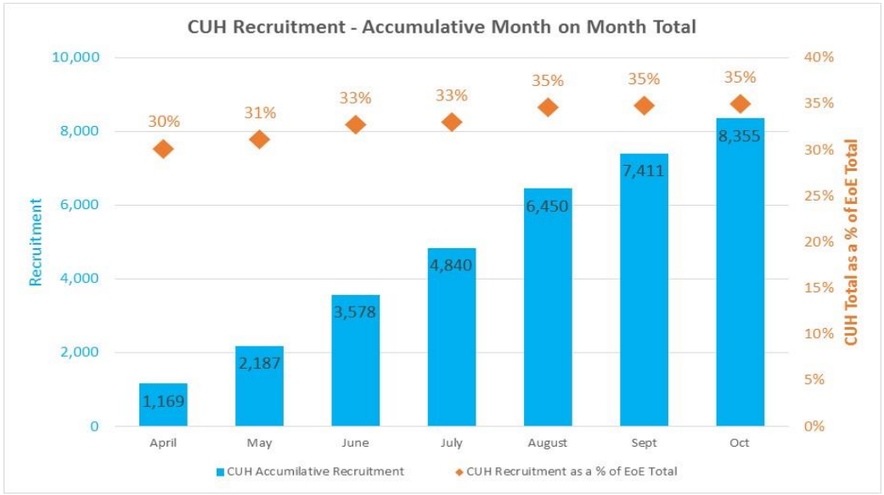
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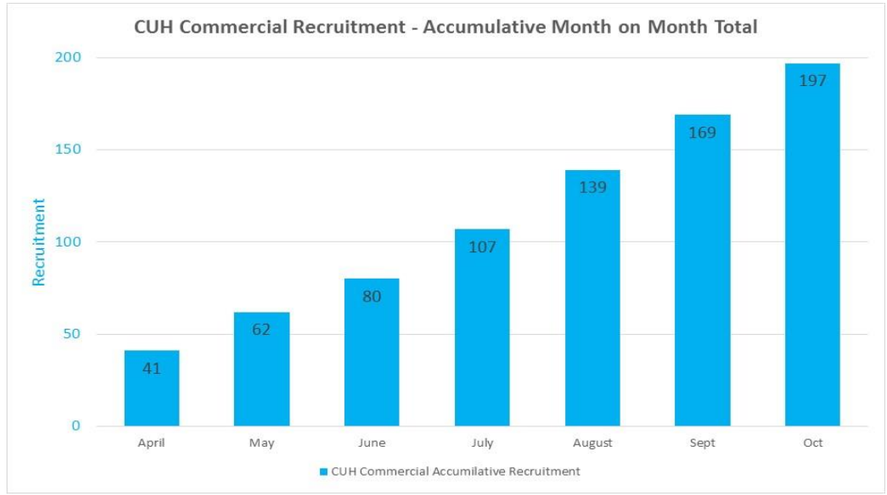
Total Recruitment at end of Oct - FY 2024-25

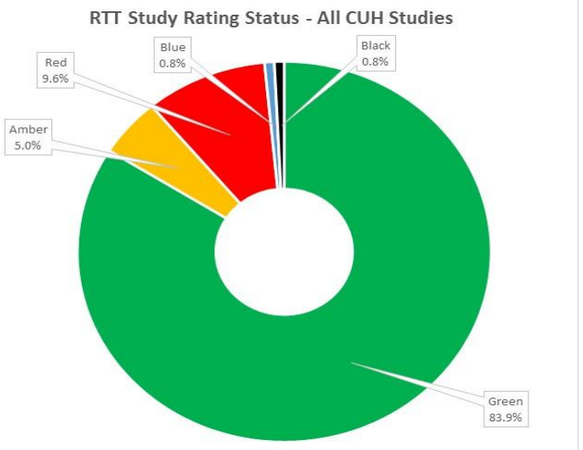
8,355

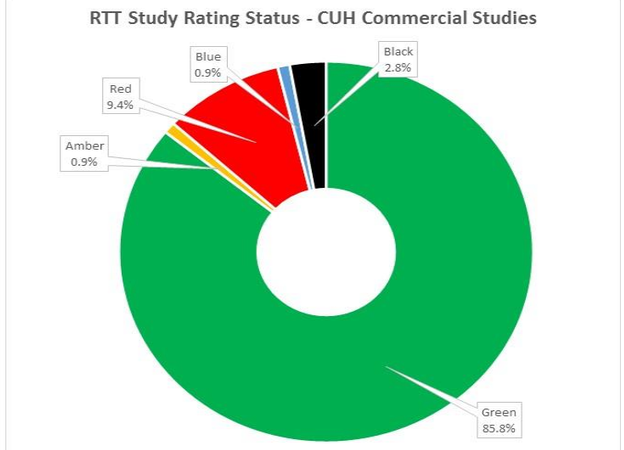
Open Studies at end of October 2024

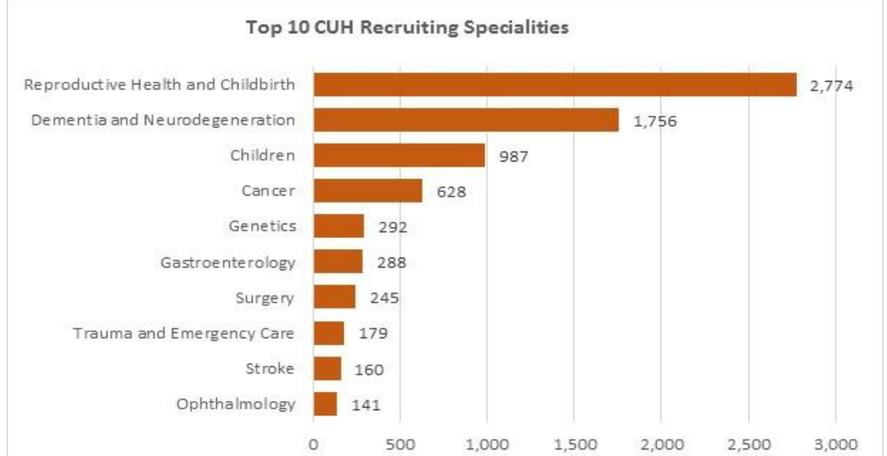
Non Commercial	430
Commercial	141
Total	**571**











* Total recruitment in the financial year to date: 8,355.
* CUH accounted for 35% of total recruitment by Eastern Trusts in the financial year to date.
* Recruitment to the Reproductive Health and Childbirth speciality accounted for 33% of all recruitment. Dementias and Neurodegeneration accounted for 21%. All of the other individual specialities accounted for less than 12% of the total recruitment.
* There were 571 recruiting studies, of which 141 were Commercial, and 430 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: 10/10/2024
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	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Activity												
Births	For information	N/A	Births per month	CHEQs	455	452	456	477	455	459		
Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	In area booking appointments	Epic	96.10%	94.74%	97.81%	92.79%	95.28%	92.0%		
Booking Appointments	For Information	N/A	Booking Appointments	Epic	282	326	320	333	339	331		
Vaginal Birth (Unassisted)	For Information	N/A	SVDs in all birth settings	CHEQs	47.25%	50.44%	46.49%	58.70%	56.48%	43.57%		
Home Birth	For Information	N/A	Planned home births (BBA is excluded)	CHEQs	0.44%	1.10%	1.10%	0.84%	0.88%	0.87%		
Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	CHEQs	15.82%	13.27%	10.09%	12.37%	11.43%	14.38%		
Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	CHEQs	37.63%	43.37%	35.82%	38.10%	35.14%	32.18%		
Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	CHEQs	11.87%	11.28%	10.75%	11.32%	10.11%	9.80%		
CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	CHEQs	39.78%	38.27%	41.67%	41.30%	43.74%	46.41%		
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	17.40%	19.20%	28.57%	25.30%	26.40%	22.90%		
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	41.70%	49.50%	55.06%	70.00%	59.60%	64.00%		
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	1:4.33	1:3.57	1.2.45	1:2.52	1:3.5	1:2.7		
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	86.3%	78.8%	71.4%	82.8%	80.6%	86.7%		
Women in RG1, RG2, RG5 combined contribution to the overall C/S rate.	66%	60-70%,	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	62.6%	60.7%	54.7%	71.6%	67.8%	59.2%		
Induction of Labour rate	For Information	N/A	Percentage of women induced for birth	CHEQs	33.26%	35.40%	33.86%	33%	33%	29%		
Delay in commencement of Induction (IOL)	0%	<10%	Percentage of Inductions where Induction commencement was postponed >2 hours (flag 1)	CHEQs	32%	38%	41%	48%	47%	44.8%		Report amendments underway. Manual checking demonstrates <5% non compliance.
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	36%	33%	41.90%	48.6%	60.3%	54.2%		32/59 women waited more than 6 hours for transfer for membrane rupture.

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	4%	No Data	5.00%	5.12%	0.00%	1.6%		2 women, 1 had reduced growth velocity, 1 was normally grown.
Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance (or a consultant plan if outside guidance).	IOL Team	100%	No Data	100%	99.00%	100.00%	99.1%		6 women had an IOL outside of criteria. All of these women had a consultant plan however 1 IOL was of a normally grown baby <39 weeks.
Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	0	4	3	4	5	0		
Total number of hours on divert	For information	N/A	Hours:minutes	Rosie Diverts	00.00	66:75	92.25	84.3	138.6	0		
Admissions to Rosie during divert status	For information	N/A	Numberof women admitted to the Rosie during divert based on Admissions Report	CHEQs	0	29	49	49	80	0		
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	0	14	0		
Number of IUTs declined due to capacity/staffing	0 in cluster	0 in cluster	Whole number of pregnant women	EBS data	5	3	3	2	5	5		24 total IUT requests (23 in EoE) 12 refusals in total, 5 in cluster. 4 for inappropriately graded level of baby requiring transfer. Most refusals due to NICU capacity (N=11)
Workforce												
Midwife/birth ratio (actual)**	1:24	<1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1.22.1	1:23.1	1:22.3	1:23.1	1:23.6	1:23.5		
Midwife/birth ratio (actual)**	1:24	<1.24	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1.22	1:22.5	1:22.3	1:22	1:22.4	1:22.3		
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	92.20%	91.80%	90.50%	91.60%	92.80%	Reported 1 month behind		
Education and Training - Mandatory Training Compliance - Midwives	>95% YTD	>90% YTD	Compliance of midwives with mandatory training	CHEQs	92.80%	90.60%	90.70%	93.50%	92.10%	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%	100%		
Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	4.80%	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	74.0%	77.5%	81.5%	83.0%	88.5%	90.9%		
SFH	90%	95%	Percentage of all relevant staff compliance as per TNA	DOT	90.0%	93.0%	84.0%	86.2%	89.6%	90.9%		
Smoking: MDT staff to be trained at very brief advice	90%	95%	Percentage of all relevant staff compliance as per TNA	DOT	60.0%	67.0%	76.0%	77.9%	87.2%	91.3%		
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	90.0%	92.0%	82.6%	86.2%	88.3%	88.7%		Overall % is brought down by the 'All other obstetric Drs' See red below
Fetal Surveillance: Midwives	90%	95%	Percentage of midwives including midwifery amtrons and managers, bank and agency	DOT	91.0%	93.0%	84.0%	86.2%	89.6%%	90.9%		
Fetal Surveillance; Obstetric Consultants	90%	95%	Percentage of Obstetric consultants	DOT	100.0%	94.0%	64.7%	88.2%	87.5%%	94.1%		
Fetal surveillance: All other obstetric Doctors	90%	95%	Percentage of All other obstetric doctors contributing to the obstetric rota (NOT GP trainees)	DOT	78.0%	83.0%	72.7%	81.8%	61.5%%	94.1%		
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	87.0%	90.0%	91.5%	87.5%	90.5%	91.9%		
PROMPT compliance: Midwives	90%	95%	Percentage of midwives including midwifery amtrons and managers, bank and agency	DOT	87.0%	87.0%	90.0%	89.0%	92.2%	93.1%		
PROMPT compliance: Maternity support workers	90%	95%	Percentage of maternity support workers including bank	DOT	80.0%	86.0%	91.0%	82.7%	84.5%	87.1%		90% compliance by 30 11 24 if all MSW attend training
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	96.0%	91.0%	100.0%	82.4%	71.4%	88.2%		On trajectory for 90% by 30 11 24
PROMPT compliance: Anaesthetic consultants	90%	95%	Percentage of Anaesthetic consultants	DOT	100.0%	86.0%	86.0%	78.6%	85.7%	92.9%		
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	94.0%	88.0%	82.0%	84.8%	92.7%	91.4%		

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	75.2%	78.2%	82.2%	85.0%	88.5%	91.2%		
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	58.0%	65.6%	74.0%	79.4%	87.5%	89.6%		On trajectory for 90% by 30/11/24
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%		
NBLS: MSW	90%	95%	Percentage of maternity support workers including bank	DOT			85.0%	85.0%	85.00%	90.00%		
NBLS: NICU consultants	90%	95%	Percentage of Neonatal Consultants	DOT			68% %	79% %	78.00%	94.00%		
NBLS: all other NICU Doctors	90%	95%	Percentage of All other NICU Doctors	DOT			88% %	88% %	65.00%	97.00%		
NBLS: NICU Nurses	90%	95%	Percentage of NICU Nurses	DOT			95% %	96% %	84.00%	95.00%		
NBLS: ANNPs	90%	95%	Percentage of ANNPs	DOT			100% %	75.0%	100.00%	100.00%		
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%		With manual cleansing and following NLS course 19 November 2024 anticipate 100% compliance.
Maternal Morbidity												
Puerperal Sepsis	For information	N/A	Incidence of puerperal sepsis within 42 days of birth	CHEQs	0.16%	0.44%	0.22%	0.79%	0.65%	0.49%		
ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs / QSIS	1	0	1	0	0	0		
Massive Obstetric Haemorrhage ≥ 1500 mls - vaginal birth	≤3.3%	≤3.3%	Percentage of women with a PPH >1500mls (singleton births between 37+0-42+6) having a vaginal birth	Rosie KPIs	2.66%	2.33%	3.32%	4.56%	4.24%	3.03%		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	3.31%	4.20%	3.25%	2.29%	1.80%	3.39%		
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	4.63%	4.69%	3.74%	4.98%	2.97%	2.16%		
Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.52%	1.55%	4.74%	3.17%	2.29%	1.79%		
Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	CHEQs / QSIS	1	1	1	0	0	0		
Direct Maternal Death	0	<1		QSIS	0	0	1	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	2.51:1000	2.25:1000	1.99:1000	2.69:1000	2.40:1000	2.17:1000		
Stillbirths - number ≥ 22 weeks	<3	<6	MBBRACE	CHEQs	0	0	0	6	1	0		
Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	0	0	0	1	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	1.54%	2.00%	2.86%	3.82%	1.77%	1.31%		
Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth for any inpatient care	Rosie KPIs	5.83%	4.16%	3.40%	3.61%	4.10%	4.13%		
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	8.6%	8.4%	7.0%	7.1%	10.5%	8.71%		32 babies from birth episode and 8 from readmissions. 2 avoidable admissions related to transition to extrauterine life. Quality improvement project focusing on transition underway. Newborn Life Support training covering oxygen saturation monitoring and enhanced focus on importance of appropriate ventilation breaths and positioning.
Quality												
1-1 Care in Labour	100%	100%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPI's	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%		
Babies with a first feed of breastmilk	≥80%	≥70%	Breastfeeding	Rosie KPI's	81.76%	83.74%	83.92%	80.68%	86.92%	85.31%		
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	3.83%	3.38%	4.74%	6.55%	3.60%	3.79%		
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	92%	93%	95%	97%	96%	97%		
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	80%	77%	78%	81%	85%	85%		
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	89%	83%	78%	73%	78%	80%		QI work on going.
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	96.5%	95.9%	97.0%	95%	95%	96%		

Finance

NHS
Cambridge University Hospitals
NHS Foundation Trust

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

£3.0m	*Actual (adjusted)**
£4.0m	*Plan (adjusted)**
£0.1m	*Actual YTD (adjusted)**
£3.0m	*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	£27.7m	£148.0m
Target adj. block increase	n/a	n/a
EPM actual + block increase	n/a	n/a
EPM original plan	£28.9m	£154.9m
EPM original target	£24.5m	£131.4m

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

Net current assets

(£106.9m)	*Actual*
(£91.6m)	*Plan*

Debtor days

33	*This month*
29	*Previous month*

Payables performance (YTD) **

84.9%	*Value*
89.4%	*Quantity*

EBITDA

£26.4m	*Actual YTD*
£26.4m	*Plan YTD*

Capital expenditure

£4.6m	*Capital - actual spend in month*
£25.7m	*Capital - actual spend YTD*
£34.1m	*Capital – plan YTD*

Cash

Cash

£103.7m	*Actual*
£142.1m	*Plan*

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

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

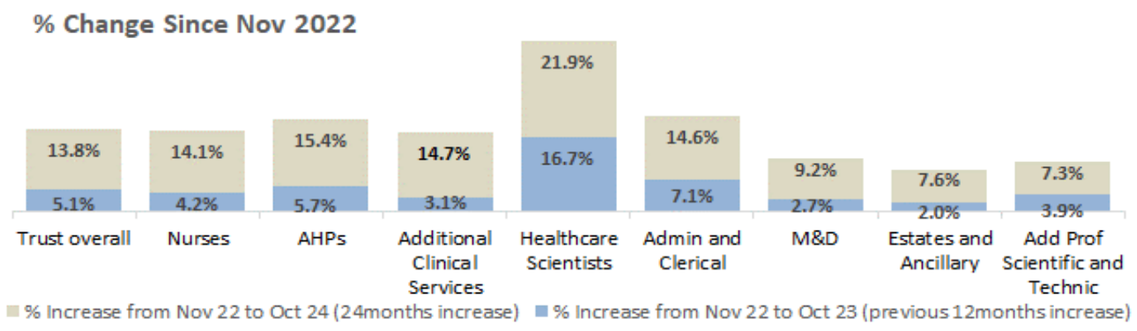
Author(s): Tim Saunders **Owner(s): Mike Keech**

Staff in Post

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12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth		FTE		FTE 12 Month growth	
	Nov-23	Oct-24			Nov-23	Oct-24		
Add Prof Scientific and Technic	247	257	4.0%		223	232	9	4.1%
Additional Clinical Services	2,092	2,261	8.1%		1,911	2,077	166	8.7%
Administrative and Clerical	2,607	2,773	6.4%		2,402	2,555	154	6.4%
Allied Health Professionals	793	850	7.2%		708	754	47	6.6%
Estates and Ancillary	375	396	5.6%		364	380	16	4.4%
Healthcare Scientists	754	778	3.2%		719	743	24	3.4%
Medical and Dental	1,772	1,887	6.5%		1,668	1,774	105	6.3%
Nursing and Midwifery Registered	4,067	4,393	8.0%		3,750	4,067	317	8.4%
Total	**12,707**	**13,595**	**7.0%**		**11,745**	**12,583**	**838**	**7.1%**



Admin & Medical Breakdown

Staff Group	Nov-23	Oct-24	FTE 12 Month growth	
Administrative and Clerical	2,402	2,555	154	6.4%
of which staff within Clinical Division	1,171	1,252	80	6.9%
of which Band 4 and below	794	855	61	7.6%
of which Band 5-7	265	276	12	4.4%
of which Band 8A	52	58	6	11.2%
of which Band 8B	7	11	3	43.2%
of which Band 8C and above	53	52	-1	-1.9%
of which staff within Corporate Areas	974	1,023	49	5.0%
of which Band 4 and below	267	288	21	7.9%
of which Band 5-7	472	483	11	2.4%
of which Band 8A	91	99	8	8.4%
of which Band 8B	51	56	5	9.8%
of which Band 8C and above	94	97	3	3.6%
of which staff within R&D	256	280	25	9.6%
Medical and Dental	1,668	1,774	105	6.3%
of which Doctors in Training	667	711	44	6.7%
of which Career grade doctors	257	285	28	11.0%
of which Consultants	745	777	33	4.4%

What the information tells us:

Overall the Trust saw a 7.1% growth in its substantive workforce over the past 12 months and 13.9% 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 Healthcare Scientists staff group, with an increase of 3.4%, and highest within Additional Clinical Services staff group, at 8.7%.

Staff in Post WTE Growth

NHS
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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	Oct-24 FTE	Sep-Oct 24 FTE growth	Sep-Oct 24 % growth	Mar-Oct 24 FTE growth	Mar-Oct 24 % growth	Apr 19-Oct 24 FTE growth	Apr 19-Oct 24 % growth
Corporate	Chief Executive Officer	45	53	57	55	60	59	17.6%	8.3%	-2.8%	9.3%	-2.1%	82	19	22.8%	21	34.4%	37	83.2%
	Chief Financial Officer	185	187	192	191	195	217	1.4%	2.8%	-0.6%	1.9%	11.5%	225	-2	-0.7%	10	4.9%	40	21.7%
	Director of Innovation, Digital & Improvement	244	245	244	243	241	252	0.2%	-0.2%	-0.6%	-0.7%	4.5%	258	0	0.0%	7	2.6%	13	5.4%
	Chief Nurse	53	54	67	64	61	74	2.4%	24.0%	-4.9%	-4.4%	21.8%	76	2	2.6%	2	3.1%	23	43.1%
	Chief Operating Officer	21	27	33	36	42	54	30.8%	21.7%	9.0%	15.4%	29.8%	41	-15	-35.6%	-13	-23.5%	20	95.3%
	Director of Strategy & Major Projects	8	10	14	11	22	16	15.2%	39.4%	-21.8%	108.8%	-27.2%	17	-1	-3.6%	-1	-7.2%	8	97.9%
	Estates & Facilities	92	104	108	118	122	133	12.6%	3.8%	9.1%	3.4%	9.5%	140	-1	-0.7%	8	6.3%	48	52.4%
	Medical Director	22	22	23	20	21	24	0.0%	5.4%	-15.7%	6.8%	12.5%	28	1	3.6%	4	16.8%	6	24.7%
	Director of Workforce	117	120	131	138	154	168	2.8%	9.1%	5.1%	11.8%	8.8%	158	0	-0.3%	-8	-5.1%	41	34.9%
Corporate Total		**787**	**822**	**870**	**875**	**918**	**997**	**4.4%**	**5.8%**	**0.6%**	**4.9%**	**8.7%**	**1,023**	**4**	**0.3%**	**30**	**3.1%**	**236**	**30.0%**
Clinical	Division A	126	135	144	156	167	168	7.1%	6.0%	9.0%	6.8%	0.5%	181	-2	-1.2%	14	8.1%	55	43.4%
	Division B	425	425	458	462	462	520	0.0%	7.8%	0.7%	0.1%	12.4%	536	-1	-0.2%	16	3.0%	111	26.1%
	Division C	114	114	114	110	116	121	0.1%	-0.1%	-4.0%	5.8%	4.9%	129	3	2.3%	5	4.3%	15	12.8%
	Division D	214	216	218	221	225	241	0.9%	1.0%	1.2%	2.0%	7.2%	244	-1	-0.4%	8	3.4%	30	14.0%
	Division E	133	128	134	142	153	154	-3.1%	4.1%	5.9%	8.0%	0.4%	162	0	0.0%	6	4.0%	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%**	**1,252**	**-1**	**-0.1%**	**49**	**4.1%**	**240**	**23.7%**
R and D	NIHR R & D Operational	167	189	199	207	223	229	13.1%	5.3%	3.9%	8.0%	2.6%	229	4	1.6%	-6	-2.5%	62	37.0%
	Research Grants Directorate	16	22	23	25	29	44	38.2%	5.9%	7.7%	15.1%	52.4%	52	0	0.0%	21	69.3%	36	224.7%
R and D Total		**183**	**211**	**222**	**232**	**252**	**273**	**15.3%**	**5.4%**	**4.3%**	**8.8%**	**8.4%**	**280**	**4**	**1.3%**	**15**	**5.8%**	**98**	**53.4%**
Grand Total		**1,982**	**2,052**	**2,160**	**2,197**	**2,293**	**2,474**	**3.5%**	**5.2%**	**1.7%**	**4.4%**	**7.9%**	**2,555**	**6**	**0.2%**	**95**	**3.8%**	**573**	**28.9%**

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 October 2024 the Administrative and Clerical FTE has grown by 28.9%. The financial year with the highest growth was 2023/24, where staffing increased by 7.9%. Research Grants has seen an increase of 36 FTE from April 2019 to October 2024 (a 225% increase). Division A have had a 43% increase (55 FTE) since April 2019 – mainly within General Surgery, Critical Care and Theatres. Other areas of high growth include PR & Communications, Estates Management, Chief Nurse, Management Development, Nurse Recruitment and NIHR Clinical Research.

From March 2024 to date the Administrative and Clerical workforce has grown by 3.8% (95 FTE). In the last month the workforce has grown by 6 FTE (0.2%).The South Alliance has been moved from Chief Operating Officer to Chief Executive Officer in October, hence the latest month growth figures appearing low/high respectively.

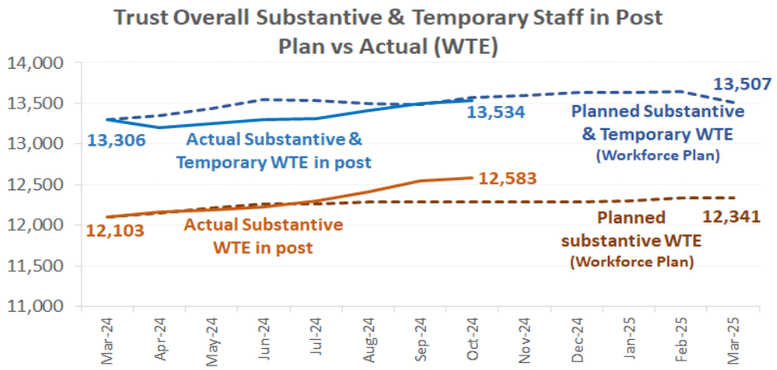
Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

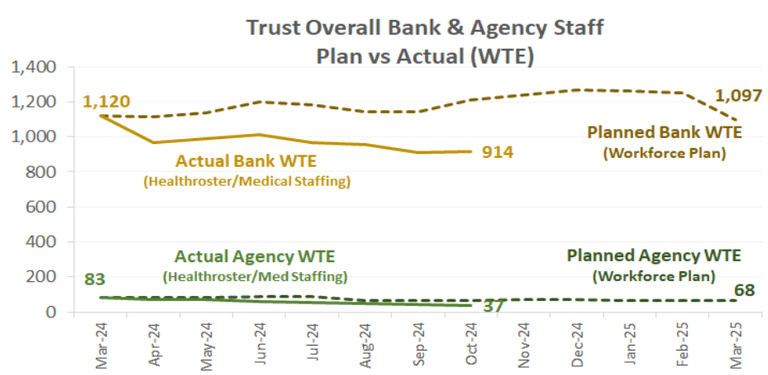
Plan versus actual - Staff in Post WTE

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As at M07 - 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	Movement Mar-Oct	Nov-24	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	189	12,293	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	90	1,239	1,269	1,260	1,251	1,097	-22
	Agency	83	81	84	87	87	68	68	68	-15	68	68	68	68	68	-15
	All Staff	13,306	13,350	13,433	13,553	13,536	13,494	13,492	13,570	264	13,601	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	480						
	Bank	1,120	965	992	1,014	964	956	910	914	-206						
	Agency	83	70	72	57	54	47	42	37	-46						
	All Staff	13,306	13,197	13,250	13,296	13,318	13,417	13,493	13,534	228						





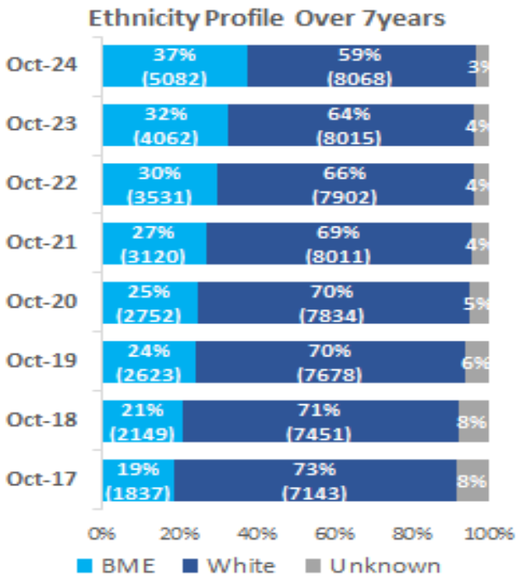
What the information tells us:
Overall WTE growth is below plan in the seventh month of the financial year due to lower levels of bank and agency staff than projected. Substantive staff have increased by 42 WTE from September to October (0.3% increase), which is slightly above plan for monthly growth, but lower than the monthly growth in the previous three months. Bank staff usage increased by 0.4% from last month, and agency usage decreased by 11.2%, so temporary staffing overall remains under the plan for October.

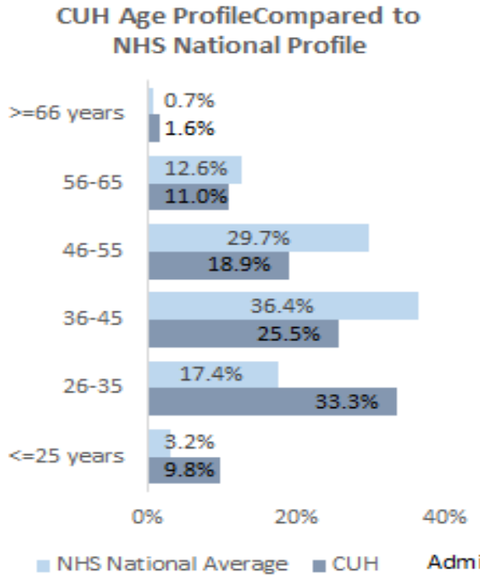
Note: An additional 23 WTE has been agreed in year. These are not included in the charts or table above, but the list of positions is included in the table on the previous page. Charts opposite have been updated to illustrate the planned position submitted to NHSE. Previous charts provided an internal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

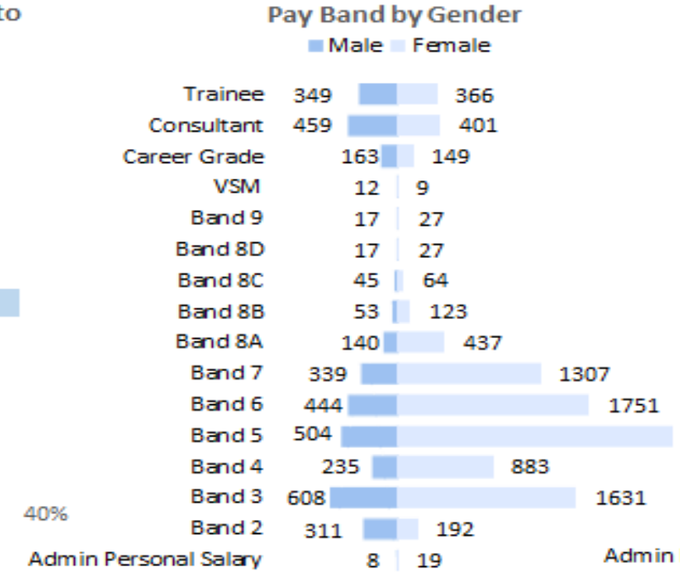
Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

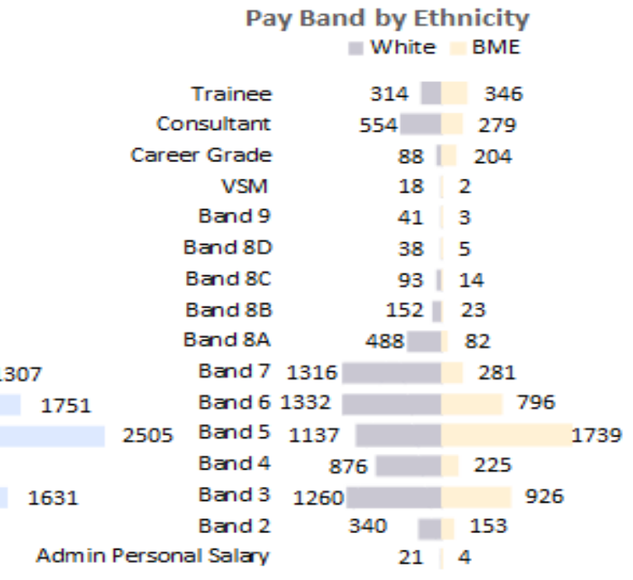
Equality Diversity and Inclusion (EDI)

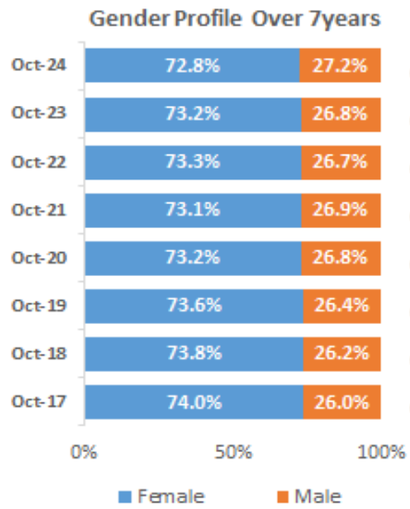
NHS
Cambridge University Hospitals
NHS Foundation Trust

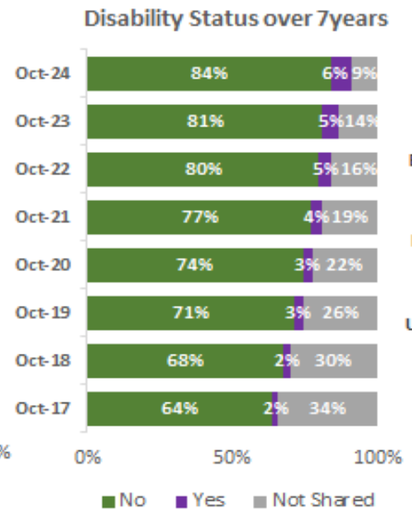


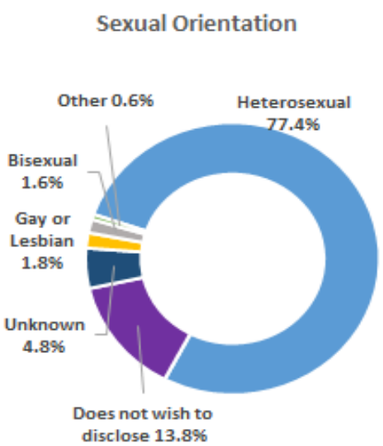












What the information tells us:

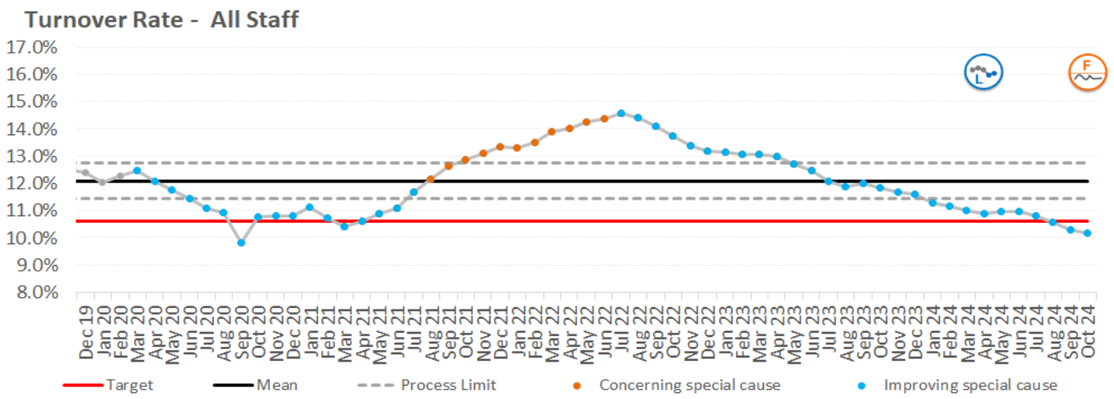
- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 59% of our total workforce.
- The percentage of BME workforce increased significantly by 19% over the 7 year period and currently make up 37% of the CUH substantive workforce.
- 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

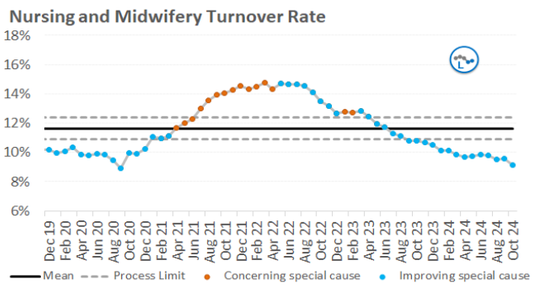
NHS
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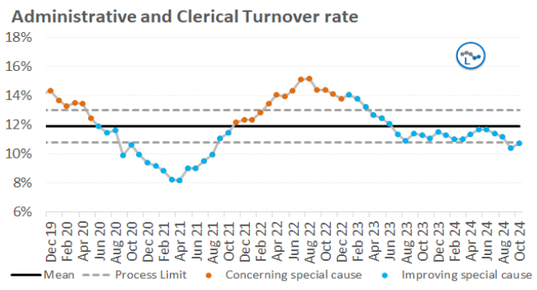


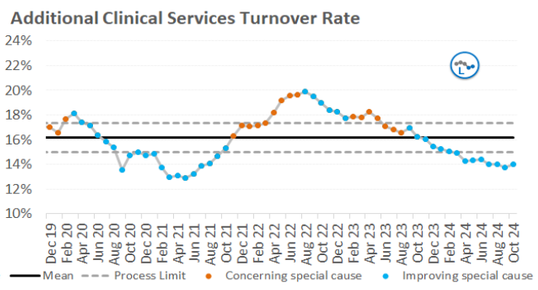
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (Excludes all fixed term contracts including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

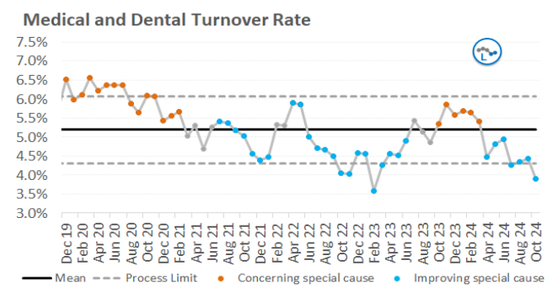
What the information tells us:
The Trust turnover rate has been decreasing since July 2022. This month it reduced by 0.1% from September to 10.2% in October, which is 1.6% lower than a year ago and under the Trust target of 10.6%.

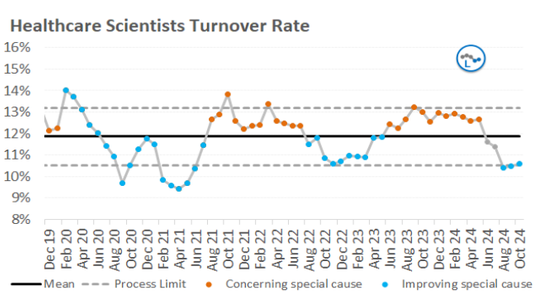
Additional Clinical Services had the highest turnover rate at 14.02% in October 2024, but this is 2.2% lower than a year ago. Estates and Ancillary staff group has had the greatest turnover reduction in the last year - reducing by 5.6% to 9.7% in October 2024.

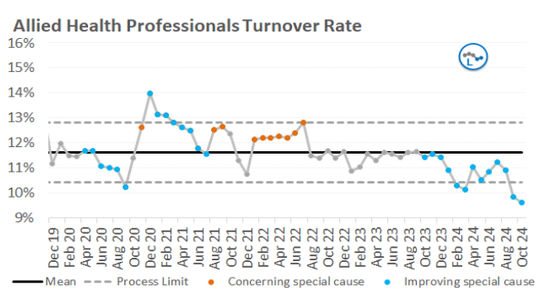


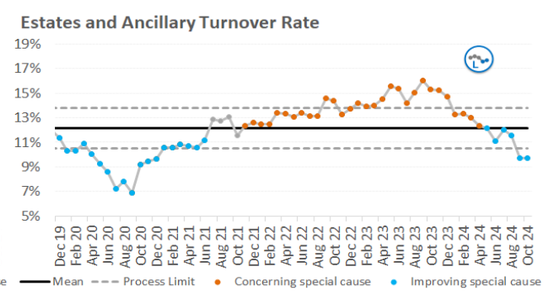


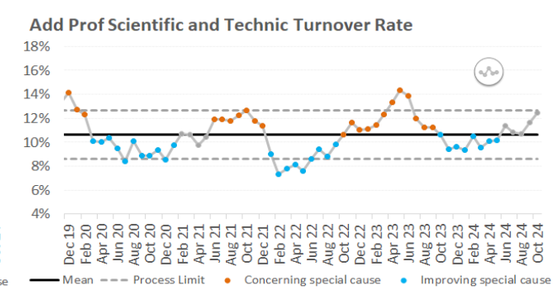








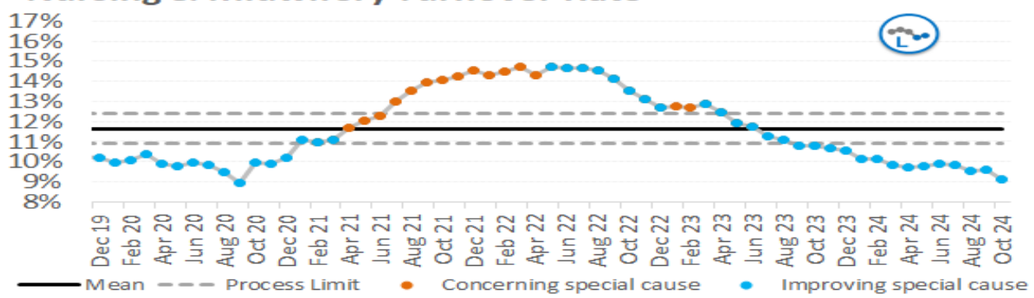




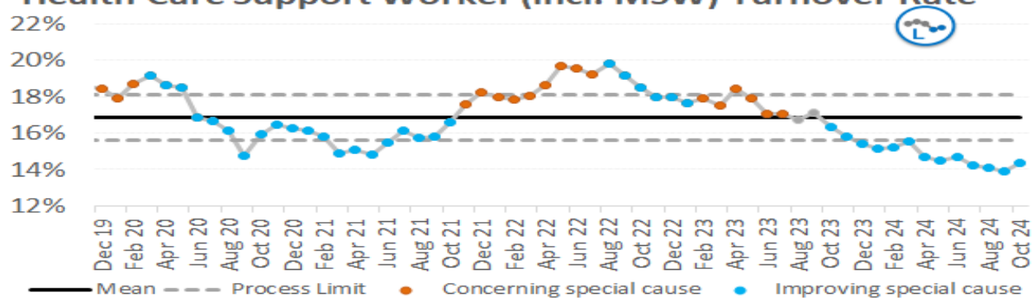
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

NHS
Cambridge University Hospitals
NHS Foundation Trust

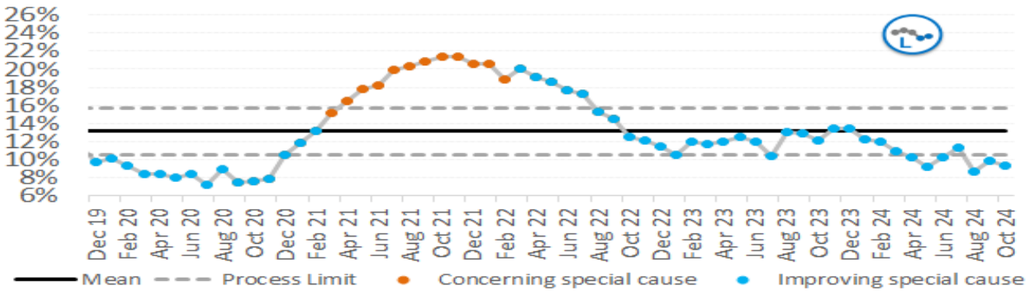
Nursing & Midwifery Turnover Rate



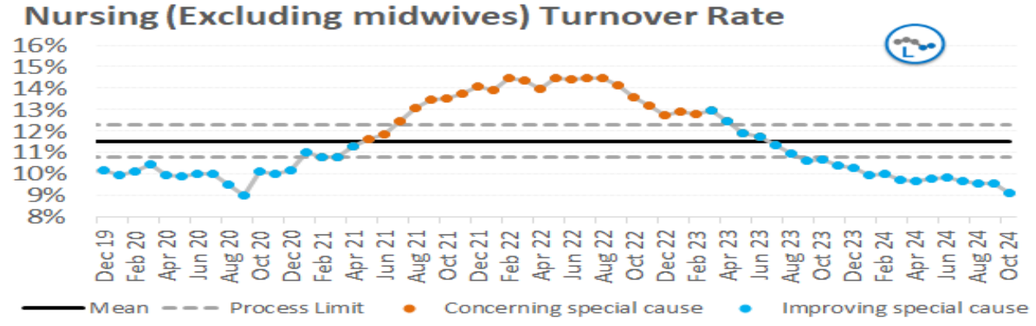
Health Care Support Worker (incl. MSW) Turnover Rate



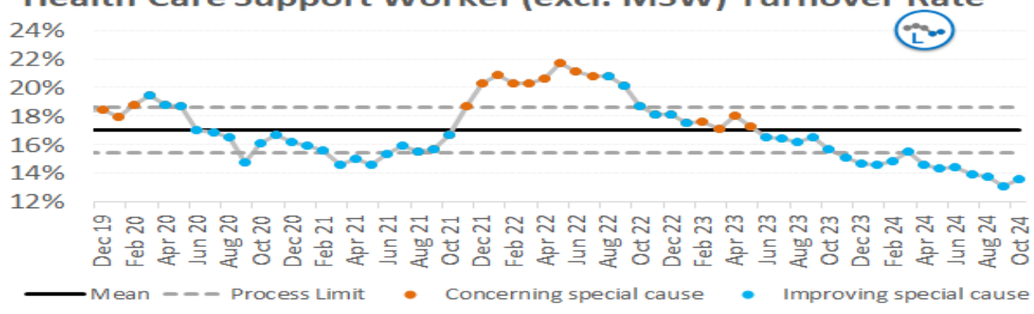
Midwife Turnover Rate



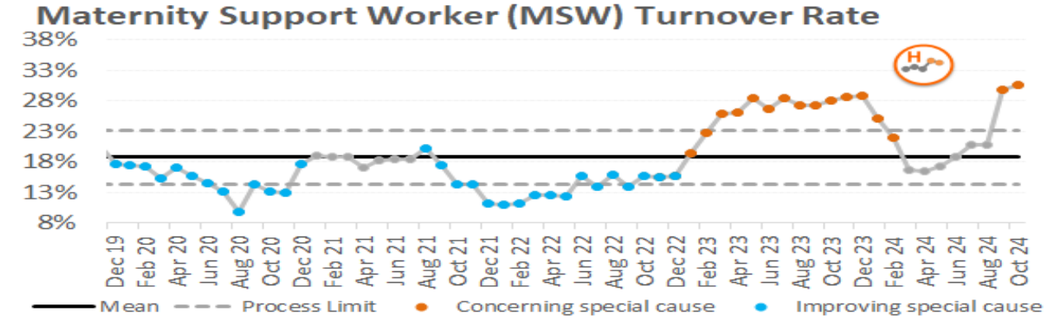
Nursing (Excluding midwives) Turnover Rate



Health Care Support Worker (excl. MSW) Turnover Rate

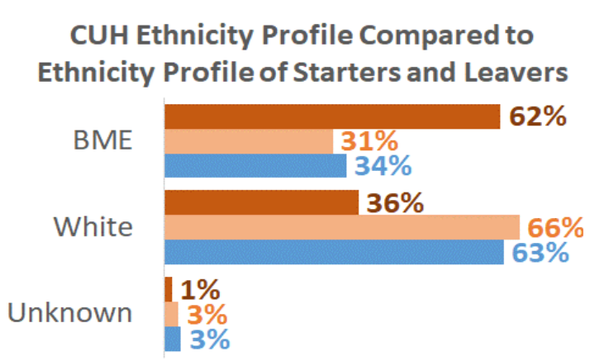


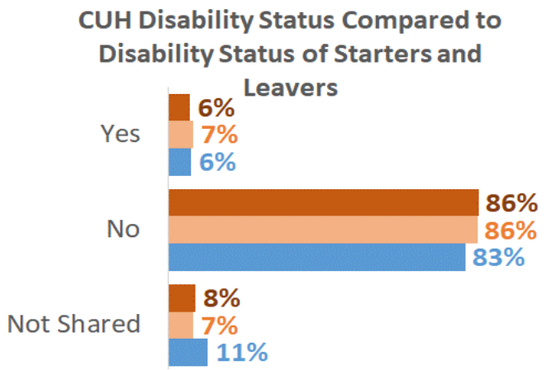
Maternity Support Worker (MSW) Turnover Rate

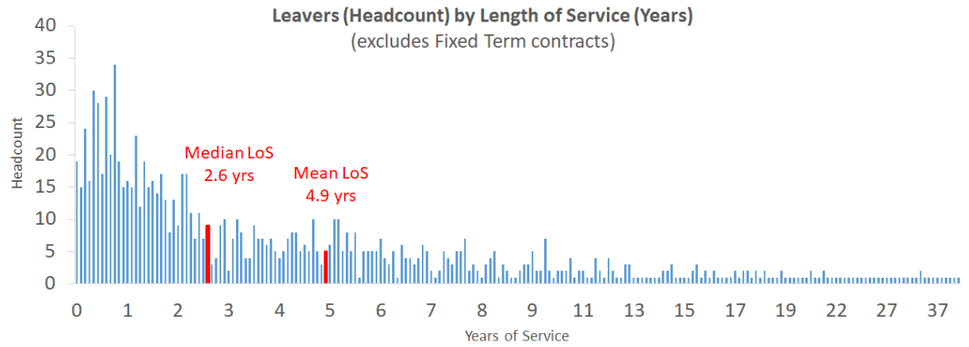


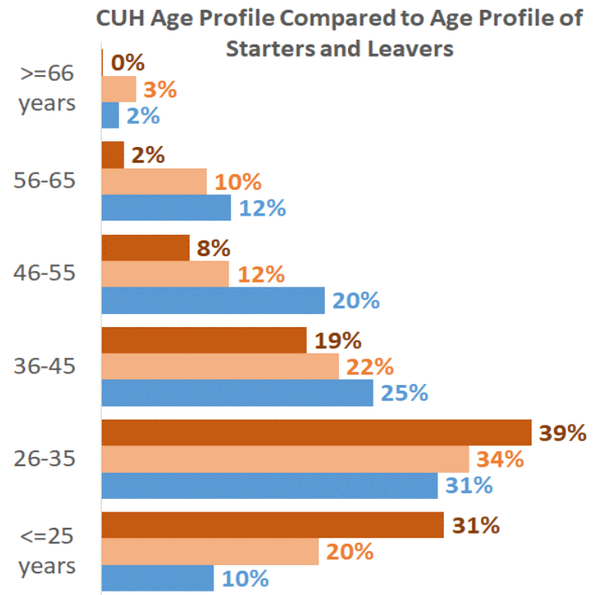
Starters & Leavers - last 12 months

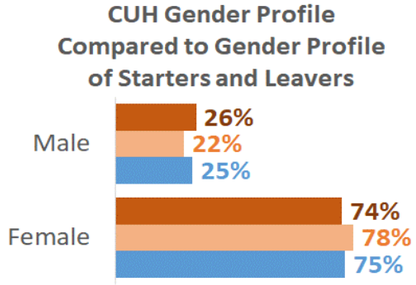
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NHS Foundation Trust

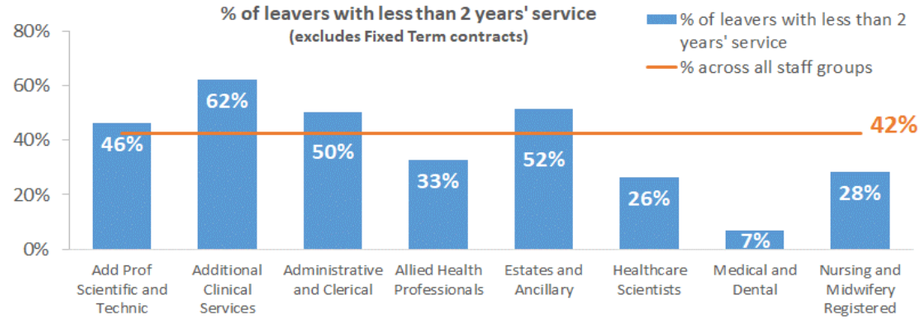












What the information tells us:

In the month of October there were a total of 127 WTE leavers from the Trust, and 193 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.

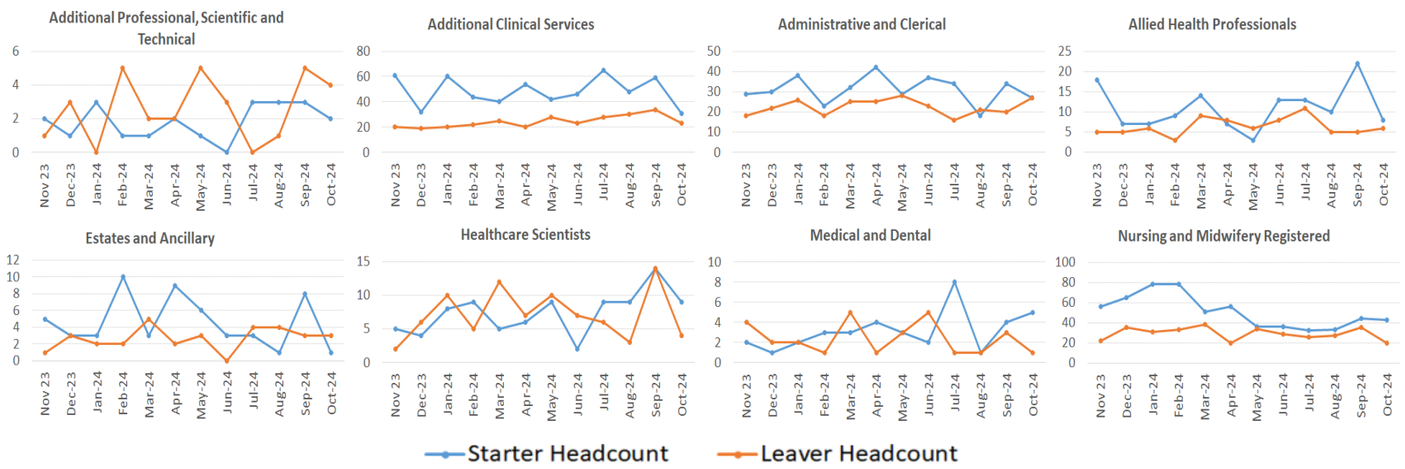
A significant proportion of leavers leave the Trust within 2 years of starting (42%), and within Additional Clinical Services staff group there is a much greater proportion than average - 62%. The average (mean) length of service of all leavers is 4.9 years, with a median of 2.6 years.

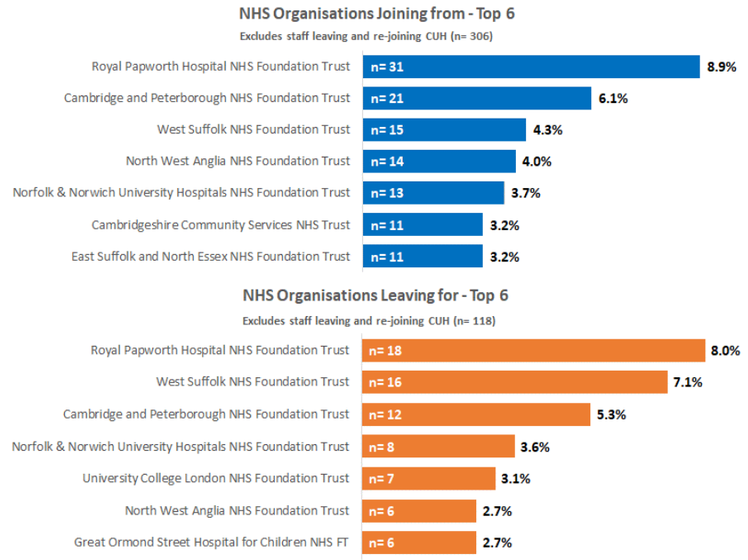
Author(s): Chloe Schafer, Amanda Wood

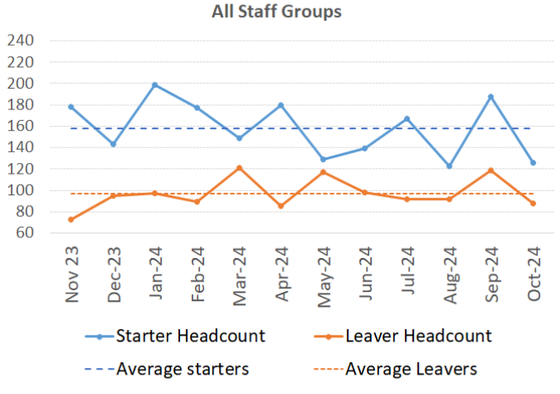
Owner(s): David Wherrett

Starters & Leavers - Last 12 months

Cambridge University Hospitals NHS Foundation Trust







Top 10 Leaving Reasons Excludes staff leaving and re-joining CUH (n= 118)	Number of Leavers (Headcount)	% of all Leavers
Voluntary Resignation - Relocation	339	29%
Voluntary Resignation - Work Life Balance	220	19%
Voluntary Resignation - Other/Not Known	107	9%
Voluntary resignation - Pay and Reward Related	98	8%
Voluntary Resignation - Promotion	79	7%
Voluntary Resignation - Health	62	5%
Retirement Age	57	5%
End of Fixed Term Contract	44	4%
Voluntary Resignation - Lack of Opportunities	25	2%
Voluntary Early Retirement - with Actuarial Reduction	24	2%

What the information tells us:

The top three reasons for leaving are Voluntary Resignation - due to relocation (29%), for work/life balance (19%) 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.

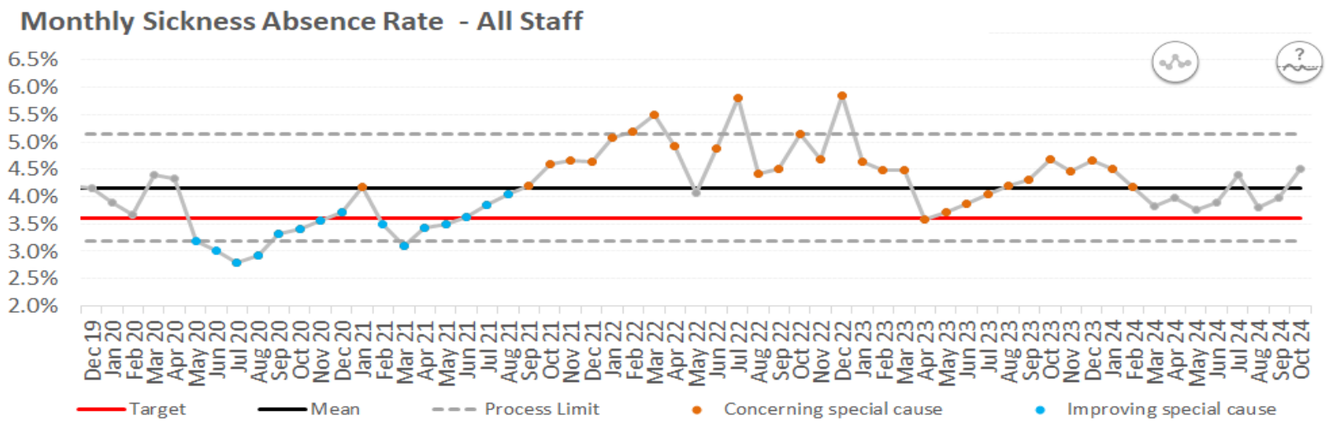
In the month of October 2024 alone the most popular destination on leaving (other than unknown) was to another NHS organisation (26% of the 88 leavers in October).

Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

Sickness Absence

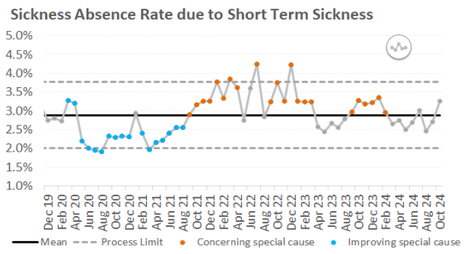
Cambridge University Hospitals NHS Foundation Trust

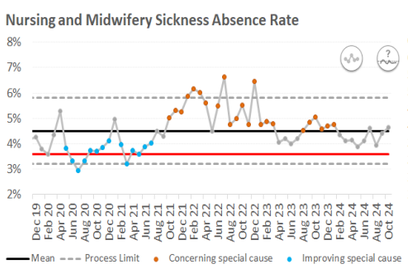


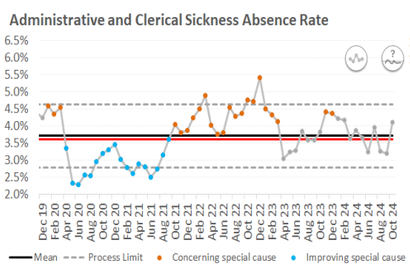
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

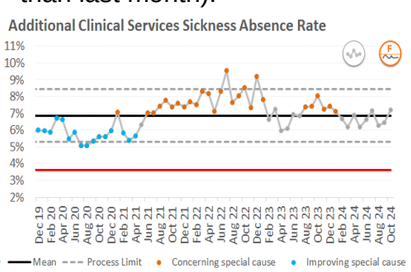
What the information tells us: Overall monthly sickness absence has increased by 0.5% from last month, to 4.5% in October 2024. This is 0.2% lower than October last year. The sickness absence rate due to short term illness is higher at 3.3% compared to long term sickness at 1.2%.

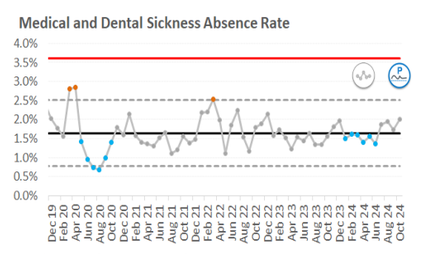
Additional Clinical Services staff group has the highest sickness absence rate at 7.2% (0.8% lower than 12 months ago, but 0.8% higher than last month), followed by Estates and Ancillary at 6.9% in October 2024 (1.5% lower than 12 months ago, but 0.2% higher than last month).

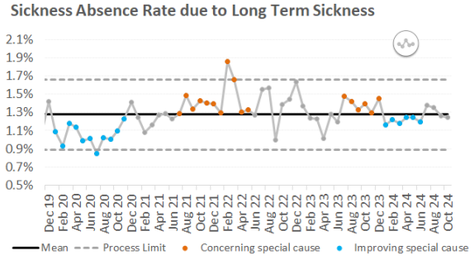


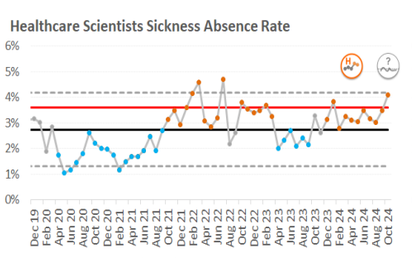


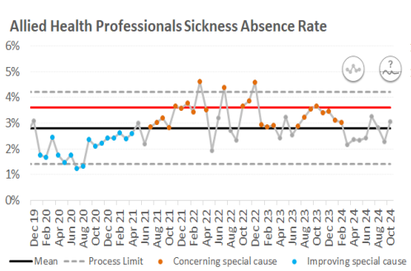


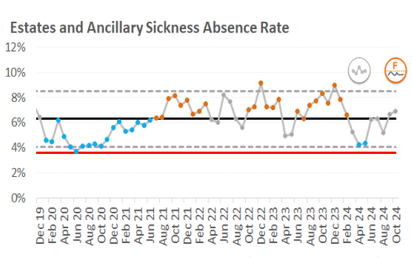


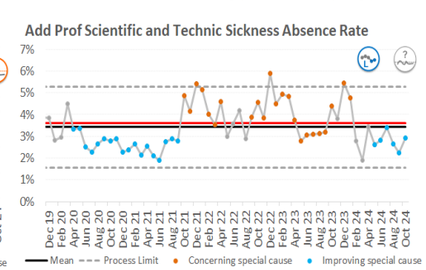










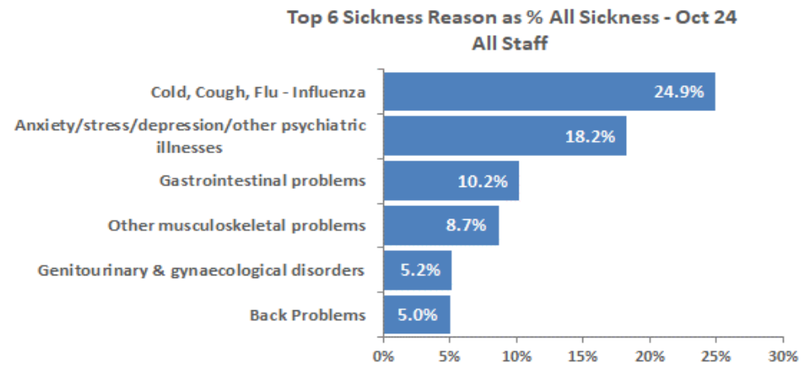


Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

Top Six Sickness Absence Reason

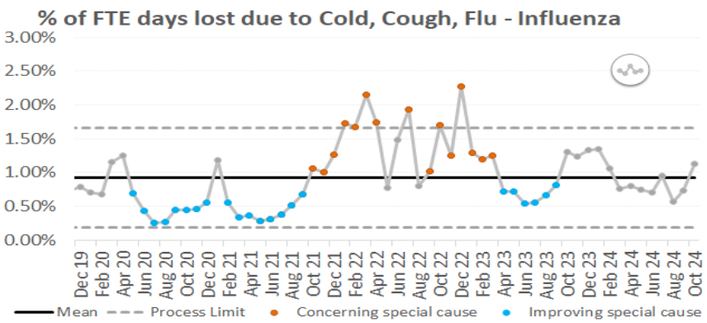
NHS
Cambridge University Hospitals
NHS Foundation Trust

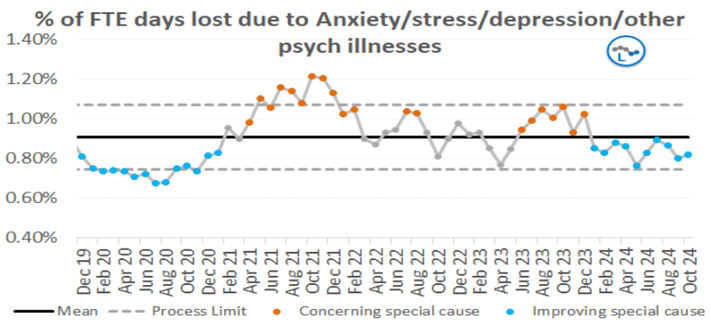


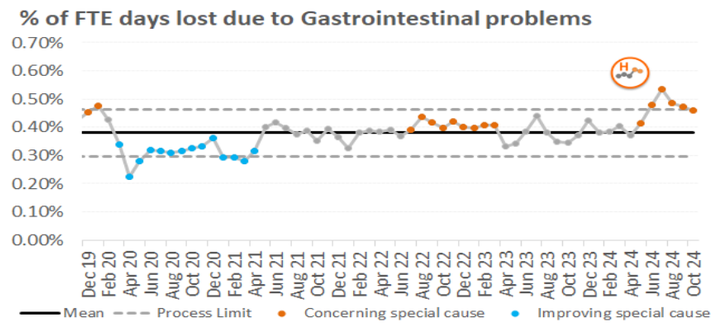
Background Information:Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

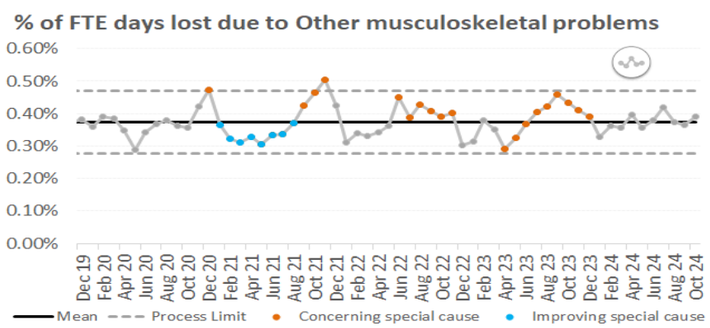
What the information tells us: The top reason for sickness absence in October 2024 was Cold, Cough, Flu - Influenza, with an absence rate of 1.1%. This is 0.4% higher than last month and 0.2% lower than October last year.

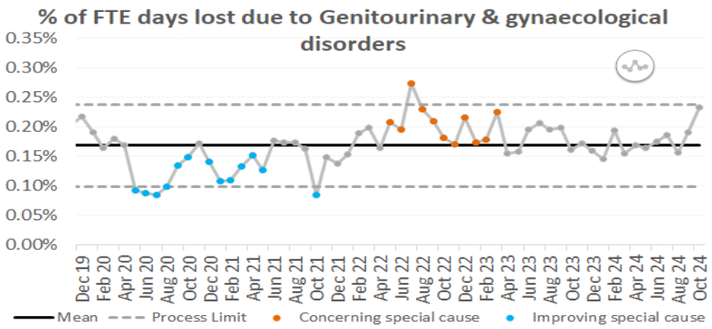
As a percentage of all sickness absence Cold, Cough, Flu - Influenza accounts for 24.9% of the overall figure.

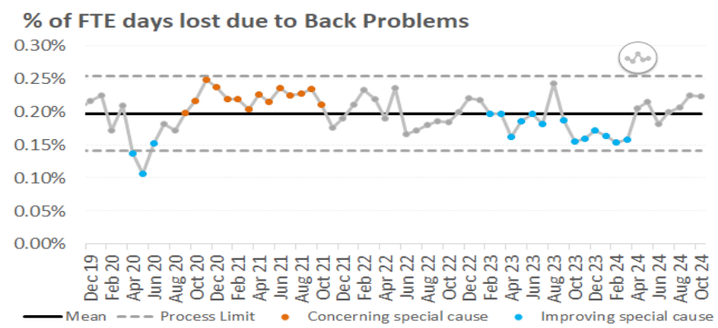






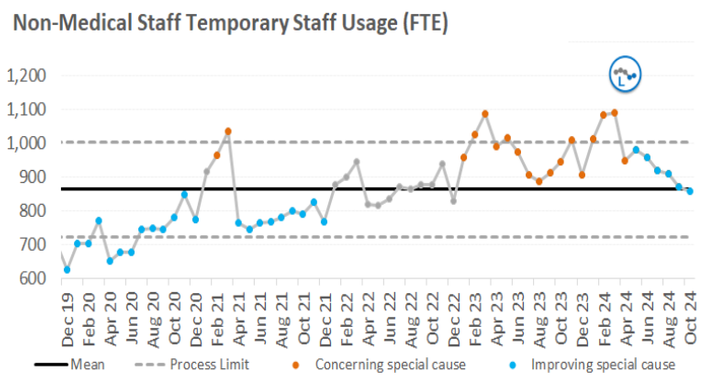


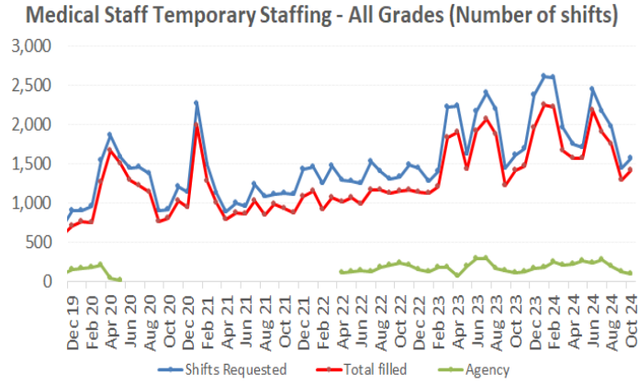




Temporary Staffing

NHS
Cambridge University Hospitals
NHS Foundation Trust



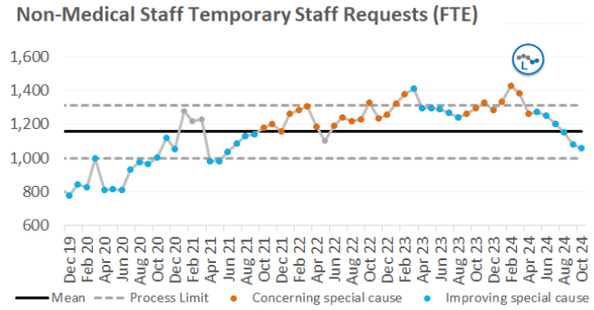


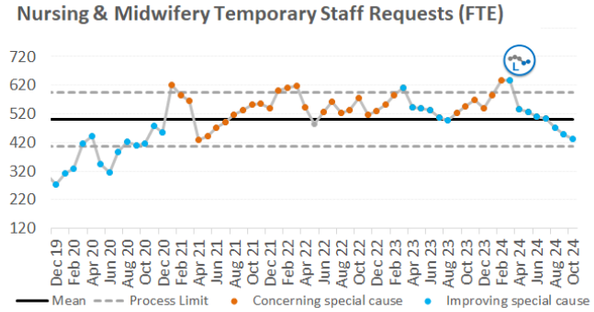
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

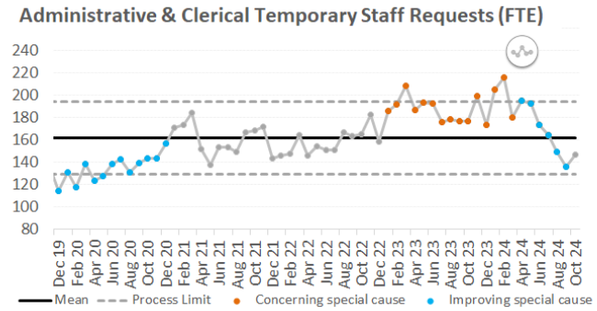
What the information tells us: Non-medical demand decreased by 1.8% (20 WTE) from last month, with fill rates remaining at 81%. Non-medical agency usage decreased from last month by 9.5% to 32 WTE in October. Nursing and midwifery agency usage decreased by 0.5 WTE from the previous month to 6.1 WTE. This accounts for 2% of the total nursing filled shifts.

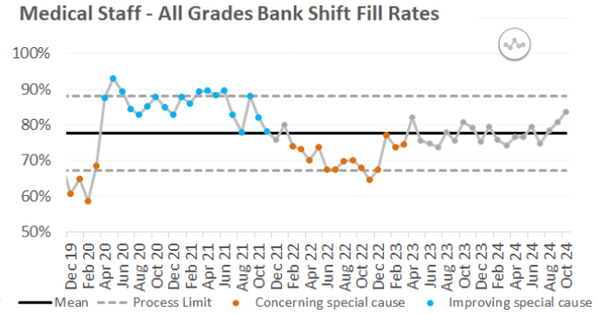
Top three reasons for request are vacancy (35%), sickness requiring cover (22%) and increased workload (17%).

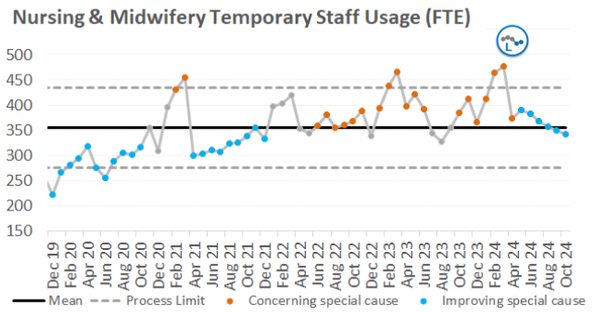
Medical demand increased by 9% from September to October, with a fill rate of 90% (7% agency, 84% bank).

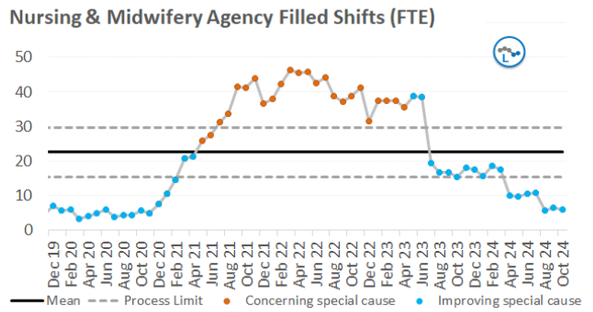


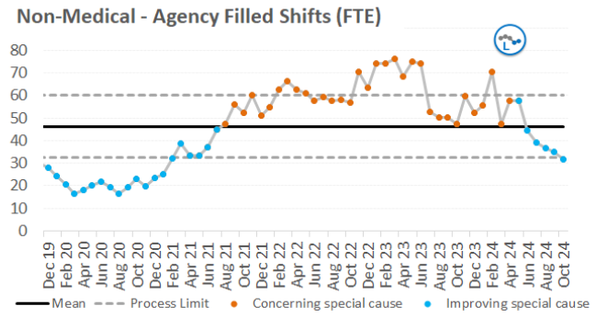


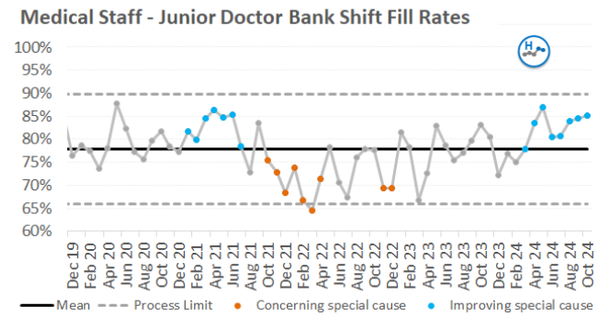










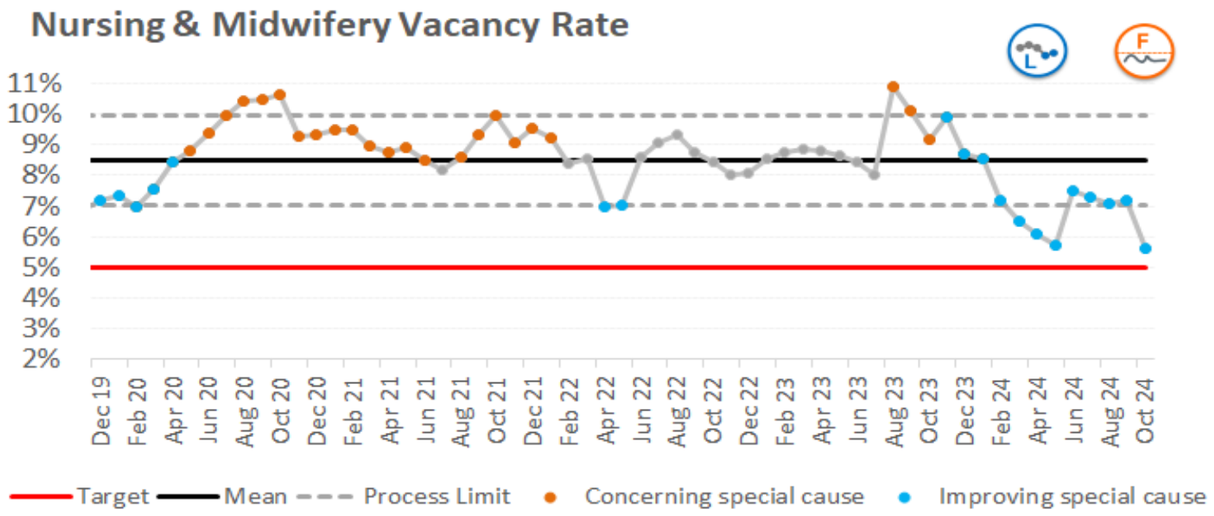


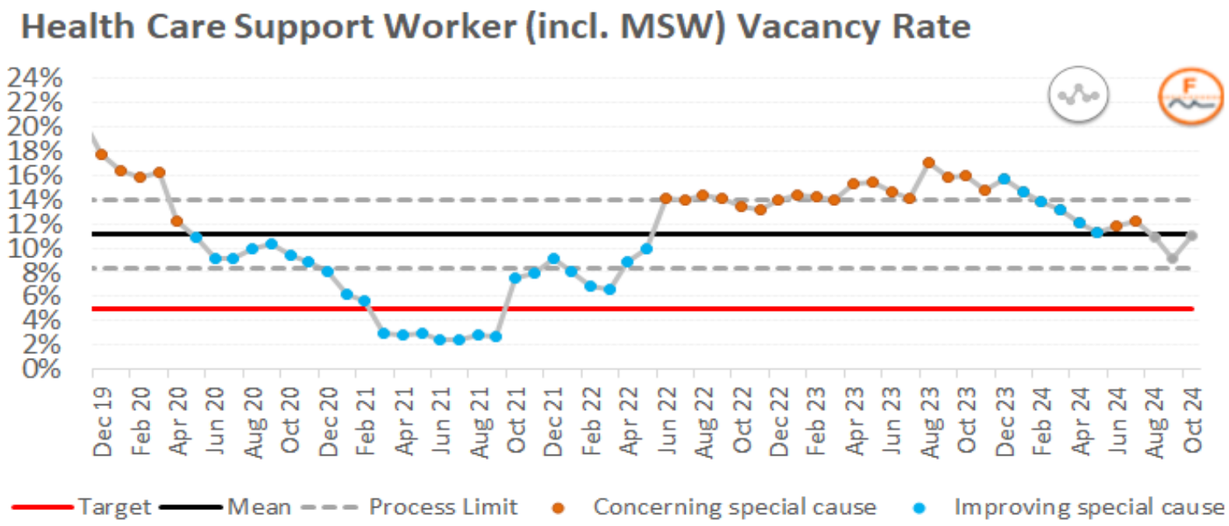
Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

ESR Vacancy Rate

NHS
Cambridge University Hospitals
NHS Foundation Trust





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 October the vacancy rate for Nursing and Midwifery decreased by 1.6% to 5.6%.

The vacancy rate for Health Care Support Workers increased by 1.9% to 11% in October.

Vacancy rates for both staff groups are above the target rate of 5%.

Annual Leave Update

Cambridge University Hospitals NHS Foundation Trust

Percentage of Annual Leave (AL) Taken – October 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	52,037	28,089	54.0%	99%
	Additional Clinical Services	424,483	234,194	55.2%	99%
	Administrative and Clerical	560,199	293,052	52.3%	98%
	Allied Health Professionals	167,907	89,488	53.3%	99%
	Estates and Ancillary	83,576	50,964	61.0%	99%
	Healthcare Scientists	165,604	85,990	51.9%	98%
	Medical and Dental	154,616	51,854	33.5%	38%
	Nursing and Midwifery Registered	890,167	506,085	56.9%	99%
	Trust	**2,498,590**	**1,339,716**	53.6%	90%
Annual Leave taken by Division	*Division*				
	Corporate	344,955	188,140	54.5%	97%
	Division A	463,151	252,504	54.5%	87%
	Division B	708,823	374,978	52.9%	95%
	Division C	320,402	175,540	54.8%	82%
	Division D	288,514	148,037	51.3%	88%
	Division E	261,920	143,326	54.7%	87%
	R&D	110,827	57,191	51.6%	98%

* Greater than 47% | Less than 35% | Between 35% and 47%

What the information tells us:
The Trust's annual leave usage is at 92% of the expected usage at the end of the seventh month of the financial year. The highest rate of use of annual leave is within the Estates and Ancillary staff group, at 61%, followed by Nursing and Midwifery Registered staff group, at 56.9%.

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

Cambridge University Hospitals NHS Foundation Trust

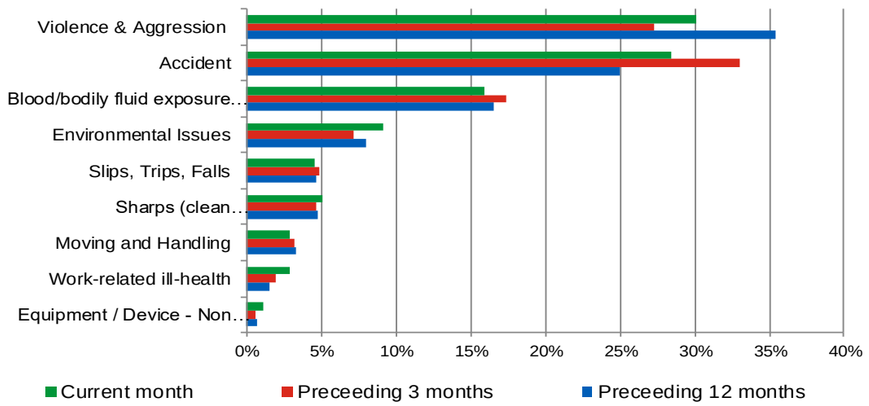
Background Information: Statutory and Mandatory training are essential for the safe and efficient delivery of the organisation services They are designed to reduce organisational risks and comply with local or national policies and government guidelines. Training can be undertaken on-line or by attending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

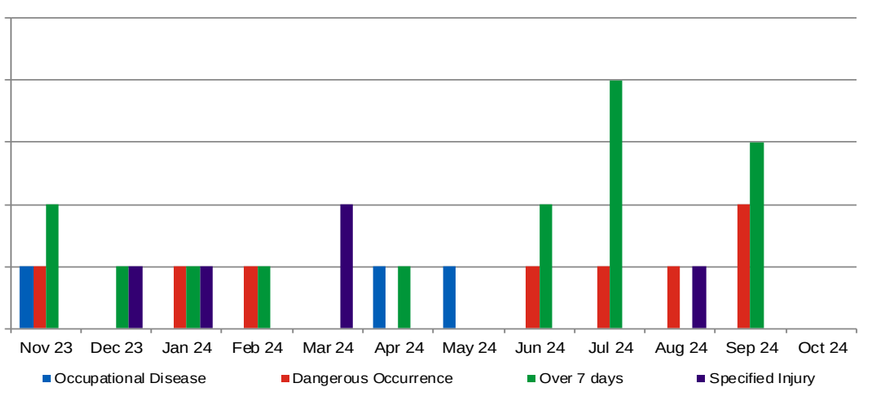
Thresholds for **Induction** & Information Governance incl. GDPR & Cyber Security training		Less than 80%	80% to 94%	95% or higher												
Thresholds for **Core Mandatory** training excl. Information Governance incl. GDPR & Cyber Security training		Less than 75%	75% to 89%	90% or higher												
		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	1,460	one-off	f2f	0.7%	(36)97.3%	(0)100.0%	(14)96.3%	(5)98.1%	(5)94.1%	(3)92.3%	(1)98.4%	(6)82.9%	(13)87.7%	(8)98.3%
	Local Induction	1,460	one-off	f2f	5.0%	(191)86.9%	(4)76.5%	(62)83.6%	(26)90.2%	(5)94.1%	(2)94.9%	(4)93.7%	(11)68.6%	(13)87.7%	(64)86.4%
Other Core Mandatory	Conflict Resolution	12,359	3 yrs	el	-0.2%	(305)97.5%	(7)97.1%	(36)98.2%	(19)99.3%	(14)98.2%	(11)97.1%	(13)98.2%	(43)94.7%	(72)91.0%	(90)97.8%
	Equality, Diversity and Human Rights	12,359	3 yrs	el	0.0%	(325)97.4%	(7)97.1%	(44)97.8%	(24)99.1%	(16)97.9%	(14)96.3%	(9)98.8%	(47)94.2%	(68)91.5%	(96)97.6%
	Health, Safety and Welfare	12,359	3 yrs	el	-0.2%	(349)97.2%	(7)97.1%	(43)97.9%	(32)98.8%	(18)97.6%	(11)97.1%	(12)98.3%	(50)93.8%	(73)90.8%	(103)97.4%
	Information Governance including GDPR and Cyber Security	12,359	1 yr	el	-1.2%	(890)92.8%	(19)92.1%	(135)93.4%	(103)96.0%	(34)95.5%	(29)92.3%	(29)96.0%	(74)90.8%	(128)83.9%	(339)91.6%
	Basic Prevent Awareness	10,465	3 yrs	el	0.0%	(335)96.8%	(0)100.0%	(52)97.3%	(35)98.7%	(15)97.8%	(11)97.1%	(13)98.2%	(27)95.4%	(75)86.9%	(107)96.2%
	Prevent Level Three (WRAP)	1,894	3 yrs	el	-0.9%	(128)93.2%	(0)100.0%	(6)95.7%	(0)100.0%	(4)93.7%		(1)93.8%	(15)93.0%	(39)82.6%	(63)94.9%
Resuscitation	Adult Basic Life Support Practical - 1 Year	390	1 yr	f2f	-1.4%	(69)82.3%		(13)85.7%		(1)75.0%					(55)81.4%
	Adult Basic Life Support Practical - 2 Year	7,768	4 yrs	f2f	-0.7%	(641)91.7%	(1)97.3%	(137)90.9%	(3)89.3%	(39)94.8%	(1)50.0%	(2)98.3%	(79)90.2%	(193)75.8%	(186)95.0%
	Advanced Life Support	33	4 yrs	f2f	13.6%	(1)97.0%				(0)100.0%				(0)100.0%	(1)96.3%
	Advanced Paediatric Life Support	110	2 yrs	f2f	-1.4%	(56)49.1%								(0)100.0%	(56)48.1%
	Basic Life Support e-learning	8,100	1 yr	el	-2.2%	(892)89.0%	(1)97.3%	(124)92.0%	(7)75.0%	(48)93.6%	(0)100.0%	(6)95.0%	(94)88.3%	(215)73.0%	(397)90.1%
	Immediate Life Support (ILS)	700	1 yr	f2f	-2.2%	(164)76.6%		(2)60.0%				(4)80.0%		(2)50.0%	(156)76.8%
	Newborn Basic Life Support (NBLS)	532	1 yr	Blended	1.8%	(48)91.0%		(10)86.3%	(0)100.0%				(1)94.1%	(0)100.0%	(37)91.3%
	Paediatric Basic Life Support (PBLS)	2,643	1 yr	Blended	1.0%	(276)89.6%	(1)90.0%	(75)87.4%	(0)100.0%	(50)93.3%	(1)0.0%	(1)98.9%	(17)86.2%	(24)77.4%	(107)89.0%
	Paediatric Immediate Life Support (PILS)	321	1 yr	f2f	2.3%	(78)75.7%				(0)100.0%				(1)50.0%	(77)75.8%
Fire	Fire Evacuation	6,375	1 yr	f2f/el	0.1%	(680)89.3%	(0)100.0%	(173)89.0%	(2)92.0%	(51)91.4%	(20)79.4%	(3)93.6%			(431)89.3%
	Fire Safety Awareness	12,359	2 yrs	el	-0.4%	(475)96.2%	(7)97.1%	(62)97.0%	(40)98.5%	(14)98.2%	(15)96.0%	(13)98.2%	(40)95.0%	(131)83.6%	(153)96.2%
Infect Ctrl	Infection Prevention and Control - Level 1 - 2 Years	5,786	2 yrs	el	-0.3%	(170)97.1%	(1)98.6%	(13)98.1%	(44)98.3%	(1)99.4%	(13)96.5%	(13)97.9%	(7)87.3%	(58)87.7%	(20)97.6%
	Infection Prevention and Control - Level 2 - 2 Years	6,574	2 yrs	el	-0.9%	(302)95.4%	(8)95.3%	(54)96.0%	(7)91.1%	(17)97.1%	(0)100.0%	(3)96.8%	(34)95.5%	(59)82.0%	(120)96.3%
Moving & Handling	Moving and Handling - Level 1	12,359	2 yrs	el	-0.7%	(525)95.8%	(9)96.3%	(66)96.8%	(48)98.2%	(27)96.4%	(2)99.5%	(15)97.9%	(48)94.0%	(131)83.6%	(179)95.6%
	Moving and Handling - Level 2	6,368	2 yrs	f2f	-1.0%	(614)90.4%	(0)100.0%	(165)89.5%	(3)78.6%	(46)93.0%	(1)50.0%	(8)91.3%			(391)90.3%
	Patient Moving and Handling - e-learning	6,372	1 yr	el	-1.0%	(473)92.6%	(0)100.0%	(106)93.3%	(3)76.9%	(40)93.9%	(0)100.0%	(3)96.8%			(321)92.0%
Safeg'dg Adults	Safeguarding Adults - Level 1	8,339	3 yrs	el	-0.3%	(296)96.5%	(4)98.3%	(59)97.1%	(46)98.2%	(1)99.3%	(13)96.6%	(11)98.5%	(10)86.5%	(74)46.8%	(78)96.2%
	Safeguarding Adults - Level 2	4,528	3 yrs	el	-0.8%	(296)93.5%	(1)99.5%	(64)96.2%	(13)91.4%	(4)97.0%	(0)100.0%	(6)95.6%	(11)84.9%	(82)41.0%	(115)94.4%
	Safeguarding Adults - Level 3	4,127	3 yrs	el	0.7%	(547)86.7%	(0)100.0%	(0)100.0%		(35)94.4%		(0)100.0%	(64)91.4%	(211)71.9%	(237)88.1%
Safeg'dg Children	Safeguarding Children - Level 1	12,359	3 yrs	el	-0.1%	(373)97.0%	(2)99.2%	(39)98.1%	(38)98.5%	(11)98.5%	(12)96.8%	(10)98.6%	(43)94.7%	(92)88.5%	(126)96.9%
	Safeguarding Children - Level 2	8,535	3 yrs	el	-0.1%	(440)94.8%	(3)98.5%	(53)96.8%	(8)94.7%	(20)97.3%	(0)100.0%	(2)98.5%	(51)93.7%	(105)86.8%	(198)95.1%
	Safeguarding Children - Level 3	1,479	3 yrs	f2f/el	-0.6%	(153)89.7%	(0)100.0%	(5)93.2%	(2)83.3%	(10)86.1%		(0)100.0%	(19)90.5%	(21)85.1%	(96)89.9%
	Safeguarding Children - Level 3 - 1 Year	358	1 yr	f2f/el	-1.5%	(41)88.5%		(4)93.3%					(2)88.2%	(17)19.0%	(18)93.1%
Overall Compliance					-0.5%	94.4%	97.4%	95.2%	98.2%	95.9%	96.0%	97.8%	92.9%	82.8%	93.8%

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:	**2029**	**466**	**346**	**527**	**288**	**240**	**65**	**97**
Accident	**508**	131	102	119	65	54	10	27
Blood/bodily fluid exposure (dirty sharps/splashes)	**335**	92	61	68	50	56	6	2
Environmental Issues	**163**	22	28	22	29	28	14	20
Equipment / Device - Non Medical	**15**	7	1	4	3	0	0	0
Moving and Handling	**67**	22	10	17	9	5	1	3
Sharps (clean sharps/incorrect disposal & use)	**96**	38	15	10	10	21	1	1
Slips, Trips, Falls	**95**	15	16	15	10	8	5	26
Violence & Aggression	**719**	132	108	270	109	62	20	18
Work-related ill-health	**31**	7	5	2	3	6	8	0





A total of 2,029 health and safety incidents were reported in the previous 12 months.

973 (48%) incidents resulted in harm. The highest reporting categories were violence and aggression (35%), accident (25%) and blood/bodily fluid exposure (17%).

1,416 (70%) of incidents affected staff, 555 (27%) affected patients and 58 (3%) affected others ie contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (37%), Blood/bodily fluid exposure (22%) and accidents (18%).

The highest reported incident categories for patients were: accidents (46%), violence & aggression (30%) and environmental issues (10%).

The highest reported incident categories for others were: violence & aggression (38%), slips, trips and falls (31%) and environmental issues/accidents (12% each).

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 527 incidents. Of these, 51% related to violence & aggression.

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

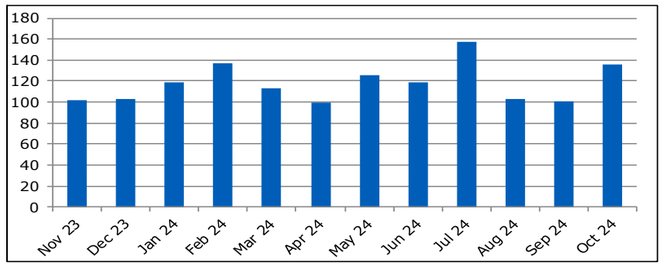
In the last 12 months, 55% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In October 2024, 0 incidents were reported to the HSE.

Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

No. of health and safety incidents affecting staff:

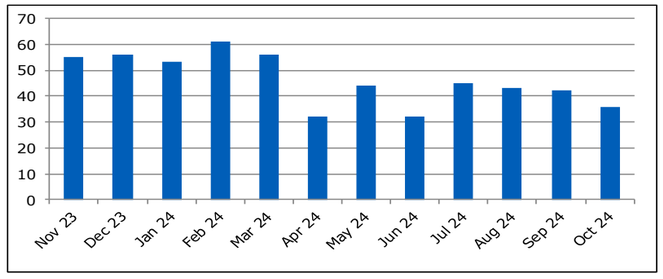


STAFF	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Total
Accident	12	9	23	19	29	18	17	18	27	25	24	27	**248**
Blood / bodily fluid exposure (dirty sharps / splashes)	16	21	23	30	25	22	31	35	33	19	30	27	**312**
Environmental Issues	13	9	7	9	8	2	5	7	15	7	5	12	**99**
Moving and handling	8	2	3	3	4	3	2	4	7	7	1	2	**46**
Sharps (clean sharps / incorrect disposal & use)	5	5	8	6	5	9	5	5	9	3	7	7	**74**
Slips, trips, falls	9	8	6	10	2	5	5	6	9	8	3	6	**77**
Violence & Aggression	38	42	47	57	40	38	60	41	55	32	29	50	**529**
Work-related ill-health	1	7	2	3	0	3	1	3	2	2	2	5	**31**
Total	**102**	**103**	**119**	**137**	**113**	**100**	**126**	**119**	**157**	**103**	**101**	**136**	**1416**

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

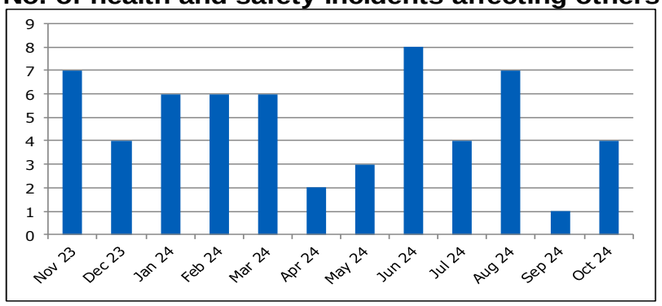
	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Total
No. of health & safety incidents	102	103	119	137	113	100	126	119	157	103	101	136	**1416**
Staff incident rate per month/ year	0.8	0.8	0.9	1.0	0.8	0.8	0.9	0.9	1.2	0.8	0.8	1.0	**10.6**

No. of health and safety incidents affecting patients:



PATIENT	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Total
Accident	19	22	19	19	21	14	22	19	18	31	26	23	**253**
Blood / bodily fluid exposure (dirty sharps / splashes)	0	3	0	2	2	2	0	2	3	2	3	1	**20**
Environmental Issues	12	5	3	4	3	2	7	3	10	2	3	3	**57**
Equipment / Device - Non Medical	1	1	2	3	1	2	1	1	0	1	0	2	**15**
Moving and handling	1	2	1	4	1	2	1	2	2	0	2	3	**21**
Sharps (clean sharps / incorrect disposal & use)	1	1	0	1	4	0	0	3	6	2	1	2	**21**
Violence & Aggression	21	22	28	28	24	10	13	2	6	5	7	2	**168**
Total	**55**	**56**	**53**	**61**	**56**	**32**	**44**	**32**	**45**	**43**	**42**	**36**	**555**

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



OTHER	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Total
Accident	3	2	0	2	0	0	0	0	0	0	0	0	**7**
Blood / bodily fluid exposure (dirty sharps / splashes)	0	0	1	2	0	0	0	0	0	0	0	0	**3**
Environmental Issues	1	0	0	0	0	1	0	1	2	1	0	1	**7**
Sharps (clean sharps / incorrect disposal & use)	0	0	1	0	0	0	0	0	0	0	0	0	**1**
Slips, trips, falls	2	1	3	0	2	0	1	3	0	3	1	2	**18**
Violence & Aggression	1	1	1	2	4	1	2	4	2	3	0	1	**22**
Total	**7**	**4**	**6**	**6**	**6**	**2**	**3**	**8**	**4**	**7**	**1**	**4**	**58**

Cambridge University Hospitals
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Report to the Council of Governors: 18 December 2024

Agenda item	7.1
Title	Report of the Lead Governor
Sponsoring executive director	n/a
Author(s)	Neil Stutchbury, Lead Governor of the Council of Governors
Purpose	To summarise the activities of the Lead Governor and the Council of Governors, highlight matters of concern and note successes.
Previously considered by	n/a

Executive Summary

The report summarises the activities of the Lead Governor and the Council of Governors.

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

Action required by the Council of Governors

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

Cambridge University Hospitals NHS Foundation Trust

18 December 2024

Council of Governors
Report of the Lead Governor
Neil Stutchbury

Recent Governor meetings

1.1 Our September and November Governors' Strategy Group meetings were cancelled due to availability of key individuals from the strategy team. Dates for meetings in 2025 have not yet been set up.

1.2 John O'Brien, Chair of the Cambridgeshire and Peterborough Integrated Care Board, hosted a meeting of governors from all four foundation trusts in the Cambridgeshire and Peterborough Integrated Care System on 8 October 2024. We had a presentation from two county councilors, including from Susan van de Ven, who is our Partnership Governor from Cambridgeshire County Council. We also had an update on progress from the ICB Chief Executive, Jan Thomas. The meeting concluded with a discussion among governors on patient participation in hospital improvement initiatives.

1.3 The Managing Director, Heather Noble and Director of Strategy, Erin Lilley, of the Cambridgeshire South Care Partnership presented at the governors' seminar on 16 October 2024. They previously presented to governors in October 2023 and it was striking how much progress had been made in the past 12 months, albeit with limited resources. There were a number of excellent examples of improved services in small neighbourhoods, though governors were left wondering how best practice could be scaled to a level where it would improve patient experience for the majority of patients in our region.

1.4 Governors met NEDs at their quarterly meeting on 30 October 2024 and discussed initiatives to improve urgent and emergency care. This has been an area of governor attention for some time now and it felt appropriate to focus one of our quarterly meetings on this topic. We were facilitated by David Coyle, Deputy Chief Operating Officer, and colleagues who helped outline the current work being done to reduce waiting times and answered questions. Governors requested that the team track where patients who arrive at ED are coming from and target interventions for those who potentially could have avoided a visit. An example, could there be patients in care homes who might avoid the need to attend ED if they had higher level of clinical care in their care home.

1.5 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. A summary of the meeting is included on the agenda.

1.6 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).

1.7 At the **Governors' Seminar** on 12 December 2024, Ed Smith gave a 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 break even in 2025/26.

2. Upcoming Governor meetings

2.1 The next three months' meetings are as follows:

- Governor Seminar: 6 February 2025
- Governor Forum: 25 February 2025
- Governors' Nomination and Remuneration Committee: 25 February 2025
- Governor/NED Quarterly: 29 February 2025
- Membership Engagement Strategy Group: 4 March 2025
- Council of Governors: 26 March 2025

3. Other governor activities

3.1 The Lead Governor and Trust Secretariat have reviewed the observers at board assurance committees. We have expanded the number of governors who have the opportunity to observe, and have therefore implemented a rota system. Observers at the five board assurance committees are:
Performance: Neil Stutchbury, Chris Cumberland, Elizabeth Howe, John Lee Allen
Quality: Jane Biddle, Robin Stevens, Maureen Haldane, Sarah Dixon
Audit: Neil Stutchbury, Robin Stevens, Mahad Nur
Workforce and Education: Cameron Holloway, Daniel Trajkovski, Chris White, Vernon Johnson
Addenbrooke's Futures: Howard Sheriff, Chris Cumberland, Frank Allan, Karen Woodey

3.2 The process for recruiting a Non-Executive Director to replace Sharon Peacock, who completes her final term of office in March 2025, has been completed and a recommendation will be taken to Council of Governors at

this meeting on 18 December. We were looking for candidates with a commercial background and preferably someone who lives in our area and has an interest in our local health economy. Our search partner facilitated a short- and long-listing process in October/November 2024 and four candidates were identified for interview. Interviews were conducted by two panels comprising the incoming Chair, Dame Sally Morgan, Karen Woodey, Chair of the Governors' Nomination and Remuneration (GNR) Committee along with governors and Trust diversity representatives. Both panels agreed unanimously on a preferred candidate.

3.3 Governors participated in the NED appraisal process and three returns were submitted, one each from the patient, public and staff constituencies respectively. These have been included in the 360º feedback given to Mike More who has conducted the NED appraisals. He summarised the feedback to the GNR Committee on 16 December 2024 and will provide a further summary to Council of Governors at this meeting.

4. Recommendation

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

Council of Governors

Cambridge University Hospitals NHS Foundation Trust

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Report to the Council of Governors: 18 December 2024

Agenda item	7.2
Title	Membership Engagement Strategy Implementation Group
Sponsoring executive director	Ian Walker, Director of Corporate Affairs
Author(s)	Namoo Boodoo, Membership Manager
Purpose	To provide an overview of the Membership Strategy for new governors and to discuss the next stage of membership engagement.
Previously considered by	n/a

Executive Summary

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

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

Action required by the Council of Governors

The Council is asked to receive and note the report.

Cambridge University Hospitals NHS Foundation Trust

18 December 2024

Council of Governors

Membership Engagement Strategy Implementation Group

1. The Membership Engagement Strategy Implementation Group met on 19 November 2024. The following governors were present: Sarah Dixon, Maureen Haldane, Jane Biddle, Helena Rubinstein and John Clarkson. Ian Walker (Director of Corporate Affairs), Jason Clarke (Trust Secretary), Namoo Boodoo (Membership Manager) and Angie Ridley (Head of Patient and Public Involvement) also attended.

2. Namoo Boodoo outlined the Membership Engagement Strategy, which aims to build an engaged community of lifelong members who actively influence the direction, priorities, and improvements at CUH. The strategy is supported by four key objectives: engagement, diverse representation, communication, and accessibility. Achievements include revamped newsletters (50%+ open rate), quarterly listening sessions and a targeted social media campaign, which resulted in five new members from key demographics.

3. Angie Ridley highlighted that membership engagement is integrated into the Patient and Public Involvement Framework, with a "drip feed" approach to introducing membership during community engagement as part of a holistic strategy. Upcoming plans include attending community fairs and events like PRIDE, using these opportunities to promote membership for those interested in hospital initiatives.

4. CPL One has been appointed to create a cohesive visual identity, including a research phase to understand members' motivations and experiences. Deliverables will include materials such as leaflets, banners, and digital assets for social media, e-newsletters and the CUH website.

5. Suggestions from the group included engaging with sixth-form colleges, and presenting membership communications materials at a future governors and Non-Executive Directors meeting.