NHS
Cambridge University Hospitals
NHS Foundation Trust

Integrated Report

Quality, Performance, Finance and Workforce

to end August 2021

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

Report compiled: 30/09/2021

Key

Key

Key

Data variation indicators

- Normal variance - all points within control limits
- H — Negative special cause variation above the mean
- L — Negative special cause variation below the mean
- H — Positive special cause variation above the mean
- L — Positive special cause variation below the mean

Rule trigger indicators

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

Target status indicators

- P — Target has been and statistically is consistently likely to be achieved
- F — Target failed and statistically will consistently not be achieved
- ? — Target falls within control limits and will achieve and fail at random

Owner(s): Ewen Cameron, Ashley Shaw, Ed Smith, Lorraine Szeremeta, David Wherrett

Quality Account Measures

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2021/22 Performance Framework

2021/22 Quality Account Measures

Domain	Indicator	Data to	Target	Jun 21 Previous Month-1	Jul 21 Previous Month	Aug 21 Current status	Trend	FYtD	Baseline	LTM
Safe	Compliance with National Early Warning Score Escalation Protocol for Adults	Aug-21	85%	N/A	38%	27%	⇩	56%	N/A	56%
	Compliance with National Standards for Invasive Procedures / Local standards for Invasive procedures	Apr-21	90%	N/A	N/A	N/A	▪	N/A	N/A	N/A
	Serious Incidents - Has evidence been uploaded to Datix in relation to the action?	Aug-21	85%	N/A	80%	55%	⇩	70%	N/A	70%
	Serious Incidents - Is the evidence uploaded of good quality?	Aug-21	85%	N/A	67%	55%	⇩	62%	N/A	62%
	Serious Incidents - Was the action completed within the original timeframe?	Aug-21	85%	N/A	53%	75%	⇧	62%	N/A	62%
Effective / Responsive	% of Early Discharges	Aug-21	20%	14.0%	13.6%	13.4%	⇩	13.7%	14.9%	14.3%
	Percentage of in-patient discharges on a Saturday and Sunday compared to the rest of the week (calculated as the average daily discharges on Sat/Sun divided into the average daily discharges Mon-Fri). Excludes day cases. 80% (of weekIday rate)	Aug-21	80%	68.3%	71.8%	69.9%	⇩	73.3%	69.6%	72.1%
	Same day emergency care (SDEC)	Apr-21	30%	N/A	N/A	N/A	▪	N/A	19.6%	N/A
Patient Experience / Caring	Percentage of complaints responded to within initial fixed timeframe (30, 45, or 60 working days) or within agreed extension with complainant	Apr-21	90%	N/A	N/A	N/A	▪	N/A	85.0%	N/A
	Compliance with completing the actions by the agreed date for all complaints graded 3 or above	Apr-21	90%	N/A	N/A	N/A	▪	N/A	70%	N/A
	The use of 'carers passports' on wards in the Trust	Apr-21	75%	N/A	N/A	N/A	▪	N/A	N/A	N/A
Staff Experience / Well-led				2016	2017	2018				
	I feel secure about raising concerns re unsafe clinical practice within the organisation.		78.0%	75.0%	73.0%	74.0%	⇧		75.0%	
				Jun 21	Jul 21	Aug 21				
	Retention of band 5 nurses	Apr-21	90.0%	N/A	N/A	N/A	▪	N/A	87.0%	N/A

Safe - Average compliance with the NEWS2 audit was 27% for August 2021 which is a reduction from previous months.. August 2021 involved a smaller sample size which has impacted in the overall metric. NEWS2 compliance continues to be monitored through the Deteriorating Patient group to identify any relevant actions.

Safe - Total Serious Incident actions closed in August 2021 was. 20 Serious Incident Actions which were closed in August 2021 were audited. 11/20 (55%) had evidence uploaded to Datix.11/20 (55%) had evidence considered good quality on Datix. 15/20 (75%) were closed within the original action timeframe.

Quality Summary Indicators

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2021/22 Performance Framework

Performance Framework - Quality Indicators				Jun 21	Jul 21	Aug 21				
Domain	**Indicator**	**Data to**	**Target**	**Previous Month-1**	**Previous Month**	**Current status**	**Trend**	**FTeD**	**Previous FTR**	**LTM**
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	Aug-21	0	0	1	0	⇧	2	5	7
	E.Coli Bacteraemias (Total Cases)	Aug-21	50% over 3 years	32	34	36	⇩	157	362	376
	C. difficile Infection (hospital onset and COHA* avoidable)	Aug-21	95	11	12	11	⇧	52	N/A	N/A
	Hand Hygiene Compliance	Aug-21	TBC	97.47%	97.77%	96.60%	⇩	97.3%	97.6%	97.4%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	N/A	N/A	N/A	⇔	0	2	0
	Number of overdue complaints	Aug-21	0	1	2	0	⇧	5	9	12
	Re-opened complaints (non PHSO)	Aug-21	N/A	3	0	7	⇩	27	68	72
	Re-opened complaints (PHSO)	Aug-21	N/A	1	0	0	⇔	3	5	5
				Jun 21	Jul 21	Aug 21				
	Number of medium/high level complaints	Aug-21	N/A	27	13	25	⇩	99		190
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Aug-21	90%	37.5%	20.0%	66.7%	⇧	35.7%	41.7%	37.7%
	% of external visits where expected deadline was met (cumulative for current financial year)	Aug-21	80%	N/A	N/A	0.0%	⇩	50.0%	-	50.0%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 30 days. ('last month')	Aug-21	-	0.0%	0.0%	0.0%	⇔	12.5%	-	12.5%
	No national audit negative outlier alert triggered ('last month')	Aug-21	0	0	0	0	⇔	0	-	0
	85% of national audit's to achieve a status of better, same or met against standards over the audit year ('last month')	Aug-21	85%	100.0%	100.0%	N/A	⇧	-	-	100.0%
Nursing Quality Metrics	Blood Administration Patient Scanning	Aug-21	90%	98.7%	98.9%	98.5%	⇩	98.7%	98.9%	98.7%
	Care Plan Notes	Aug-21	90%	96.7%	96.4%	95.7%	⇩	96.2%	95.9%	96.1%
	Care Plan Presence	Aug-21	90%	99.6%	99.5%	99.2%	⇩	99.5%	99.3%	99.4%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Aug-21	90%	63.5%	60.6%	60.3%	⇩	63.3%	69.6%	66.8%
	Nurse Rounding	Aug-21	90%	97.1%	97.4%	97.3%	⇩	97.2%	96.6%	97.0%
	Nutrition Screening	Aug-21	90%	99.6%	99.7%	99.6%	⇩	99.6%	99.7%	99.7%
	Pain Score	Aug-21	90%	-	-	-	▪	-	-	-
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Aug-21	90%	62.1%	65.9%	65.1%	⇩	67.4%	69.4%	68.1%
	PEWS Score Recording	Aug-21	90%	87.6%	86.7%	86.1%	⇩	87.1%	87.8%	87.3%
	NEWS Score Recording	Aug-21	90%	77.4%	73.8%	76.0%	⇧	76.1%	77.1%	75.7%
	VIP									
	VIP Score Recording (1 per day)	Aug-21	90%	92.9%	92.3%	92.8%	⇧	93.1%	94.4%	93.5%
	PIP Score Recording (1 per day)	Aug-21	90%	99.0%	99.3%	99.3%	⇩	99.2%	98.8%	99.2%

Operational Performance

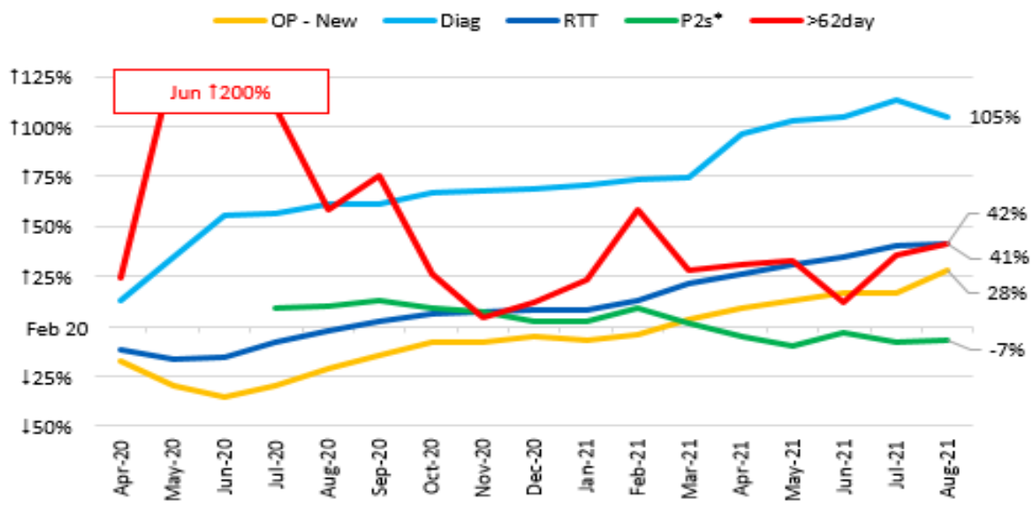
NHS Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Urgent & Emergency Care

Mean time in ED (non-admitted patients)	Aug: 235	↑29%
Mean time in ED (admitted patients)	Aug: 612	↑100%
Time to initial medical assessment	Aug: 127	↑29%
12hr waits in ED (type 1)	Aug: 860	↑2971%
Ambulance handovers <15mins	Aug: 30%	↓52% points
ED attendances (types 1 ,3 & 5)	Aug: 10,608	↑1%
Non-elective admissions	Aug: 3,293	↓19%

Waiting list measures as a percentage change from pre-pandemic levels (Feb 2020)



Productivity / efficiency

Average theatre turnaround time (mins)	Aug: 23	↑21%
Elective LoS (days, excl 0 LoS)	Aug: 5.6	↑21%
Discharges before noon	Aug: 16%	↑6% points
Long stay patients (>21 LoS)	Aug: 165	↑3%
Non-elective LoS (days, excl 0 LoS)	Aug: 8.2	↑7%

Waiting list (WL) measures

	Aug-21	Jul-21	% change	Feb-20	% change
Outpatients - New	32,467	29,522	↑10%	25,306	↑28%
Diagnostics - Total WL	17,808	18,515	↓4%	8,686	↑105%
RTT pathways - Total WL	48,063	47,811	↑1%	34,097	↑41%
Cancer (62d pathway) >62d	92	88	↑5%	65	↑42%

Surgical Prioritisation - WL	Aug-21	Jul-21	% change
P2 (4 weeks)	1,437	1,417	↑1%
P3 (3 months)	3,902	3,944	↓1%
P4	4,162	4,271	↓3%

Key / notes

% change shown indicates movement from August 2019

Bar charts show data from Aug 20-Aug 21, left to right

SPC variances calculated from Jan 19-Feb 20, Negative variances indicated by shading

adoption

Author(s): James Hennessey

Owner(s): Ewen Cameron

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Phase 4 Measures

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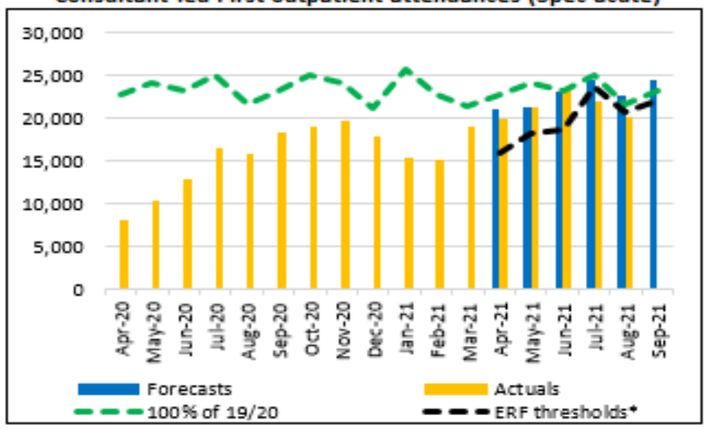
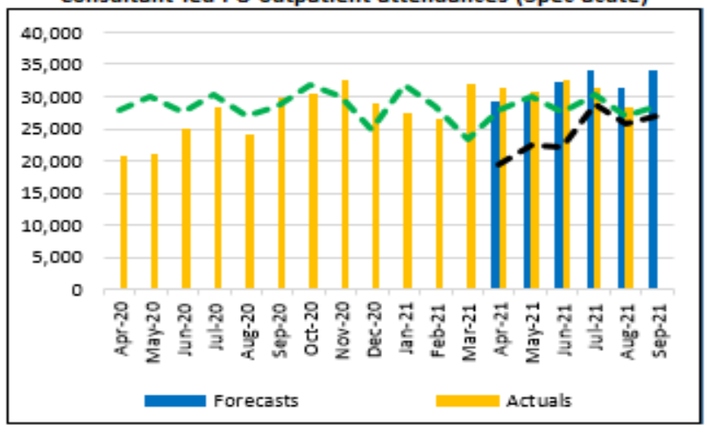
Operational Performance

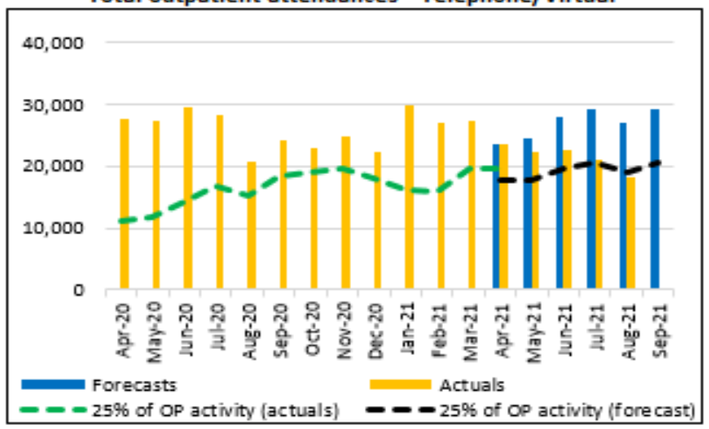
Consultant-led First outpatient attendances (Spec acute)



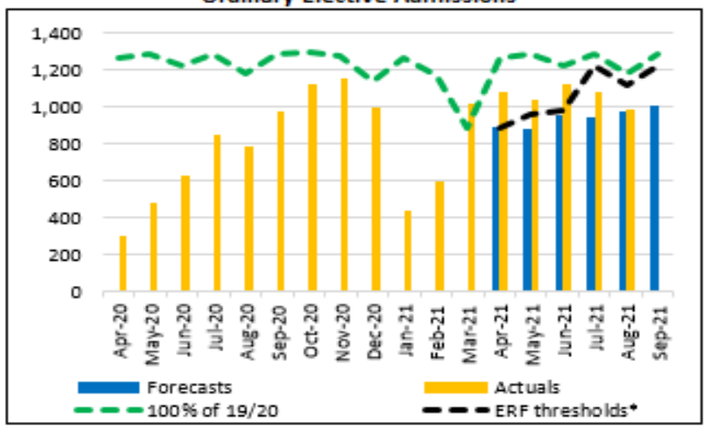
Consultant-led FU outpatient attendances (Spec acute)



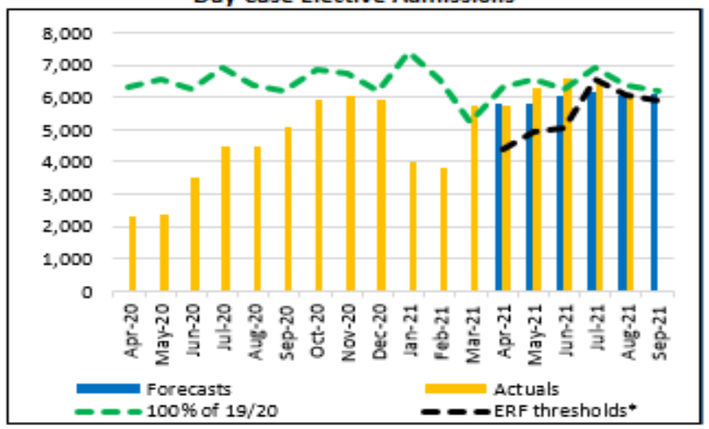
Total outpatient attendances - Telephone/Virtual



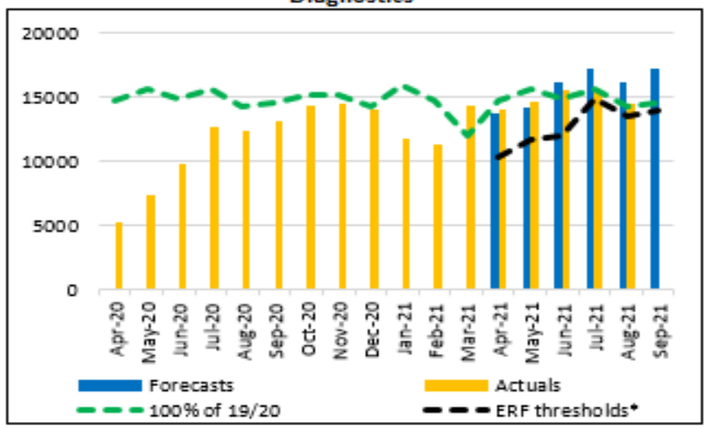
Ordinary Elective Admissions



Day Case Elective Admissions



Diagnostics



Operational recovery:

- The Trust met the 95% target for 8/15 of the operational recovery metrics and met planned levels for 4/15 in August
- The Trust did not achieve the national target for elective in-patients, day cases, gastroscopy, echocardiogram, first outpatients and virtual outpatient appointments
- A detailed review of activity found that a small number of specialties caused the variance across outpatients and elective performance, including Gynaecology, Trauma and Orthopaedics and Urology
- Performance in Gastroscopy and Echocardiography was driven by a drop in scheduled activity
- Taskforce groups will continue to monitor and drive performance on a weekly basis. It is expected that new targets will be introduced shortly for the second half of 2021/22.

*ERF thresholds set by the Operational Planning Guidance are based on the £ value of activity, these thresholds are applied to activity and are included as an approximation. Updated for change to H2 percentages.

Author(s): James Hennessey

Owner(s): Ewen Cameron

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Serious Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Dec 17 - Aug 21	month	-	1299	1391			-	There is currently normal variance in the number of incidents affecting patients
Percentage of moderate and above patient safety incidents	Feb 19 - Aug 21	month	2%	2.7%	1.7%				There is currently normal variance in the percentage of moderate and above patient safety incidents. This is above the target due to incident reports from the harm review panel
All Serious Incidents	Dec 17 - Aug 21	month	-	5	5			-	There were five Serious Incident Investigations reported to the CCG in August 2021; details of which can be found in the table below. This is within normal variance.
Serious Incidents submitted to CCG within 60 working days (or agreed extension)	Dec 17 - Aug 21	month	100%	100%	56%				5 Serious Incidents were due to be submitted to the CCG in August 2021. 4 were submitted within the agreed timeframe and one had an extension request into September 2021

Ref	STEIS SI Sub-category	Actual Impact	Div.	Ward / Dept.
SLR114669	Treatment Paediatric death	Death/Catastrophic	E	Paediatrics
SLR120163	Denusomab treatment	Severe/major	A	Rheumatology
SLR123117	Medication error	Death/Catastrophic	C	Emergency medicine
SLR122361	Mesh surgery complication	Death/Catastrophic	E	Women's services
SLR120393	Unstagable pressure ulcer	Severe/major	A	Critical Care

Executive Summary: The number of Serious Incidents (SIs) commissioned has returned to within normal variance for August 2021. The submission of SIs within the agreed timeframe for August 2021 has been maintained at 100%. The number of overdue actions from SI investigations are displayed on the graph to the right for August 2021

 Author(s): Clare Miller Owner(s): Oyejumoke Okubadejo

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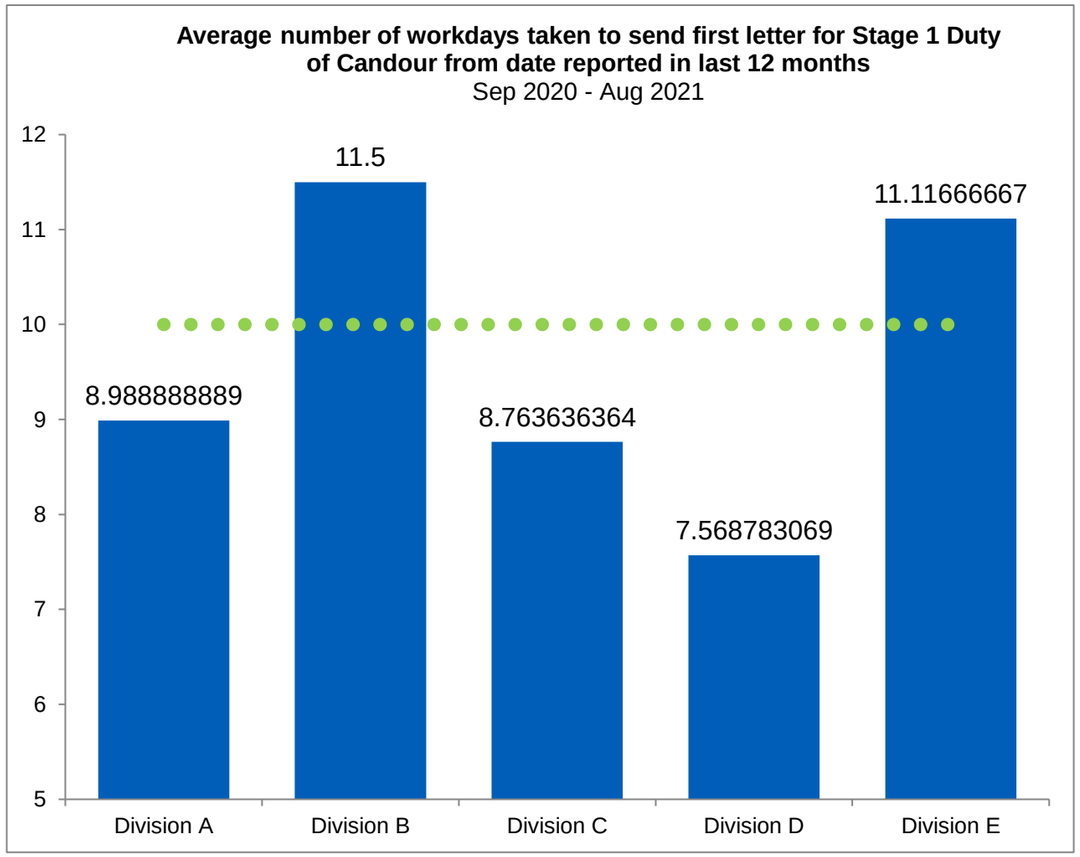
Duty of Candour

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Jul 18 - Aug 21	month	100%	89%	63%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Jul 18 - Aug 21	month	100%	31%	66%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 100% for all confirmed cases of moderate harm or above in August 2021. 89% of DOC Stage 1 was completed within the required timeframe of 10 working days in August 2021. The average number of days taken to send a first letter for stage 1 DOC in August 2021 was 9 working days.

Trust wide stage 2** DOC is compliant at 92% for all completed investigations into moderate or above harm in August 2021 and 31% DOC Stage 2 were completed within 10 working days.

All incidents of moderate harm and above have DOC undertaken. Compliance with the relevant timeframes for DoC is monitored and escalated at the SIERP on a Division by Division basis. Plans are in place to discharge DoC 2 in the relevant cases

Indicator definitions:
*Stage 1 is notifying the patient (or family) of the incident and sending of stage 1 letter, within 10 working days from date level of harm confirmed at SIERP or HAPU validation.
**Stage 2 is sharing of the relevant investigation findings (where the patient has requested this response), within 10 working days of the completion of the investigation report.

Falls

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	Sep 18 - Aug 21	month	-	128	131		-	-	There were a total of128 falls (inpatient, outpatient and day case) in August 2021. Normal variance has been maintained since January 2020
Inpatient falls per 1000 bed days	Sep 18 - Aug 21	month	-	3.96	4.07			-	There were 128 inpatient falls in August 2021. Normal variance has been maintained except for a single point of statistical significance in April 2020
Moderate and above inpatient falls per 1000 bed days	Sep 18 - Aug 21	month	-	0.15	0.06			-	Since April 2021 falls are graded by level of injury irrespective of lapses in care to meet national guidelines.. Normal variance has been maintained except for a single point of statistical significance in May 2021 with 8 falls being classed as Moderate and above harm.
Falls risk assessment compliance within 12 hours of admission	Sep 18 - Aug 21	month	90%	87%	84%		-		The goal of ≥90% was reached in May and June2021. The system may achieve or fail the target subject to random variation.
Falls KPI; patients 65 and over have a Lying and Standing Blood Pressure (LSBP) completed within 48hrs of admission	Apr 19 - Aug 21	month	90%	11%	6%				The goal of > 90% has not been reached since data collection started. A DOT e-learning pack was launched in May 2021.
Falls KPI: patients 65 and over who have a cognitive impairment have an appropriate care plan in place	Apr 19 - Aug 21	month	90%	17%	12%				The goal of > 95% has not been reached since data collection started.
Falls KPI: patients 65 and over requiring the use of a walking aid have access to one for their sole use	Apr 19 - Aug 21	month	90%	73%	62%				The goal of > 95% has not been reached since data collection started.

Executive Summary

The number of Moderate and above harm falls remains within normal variance however an increase in overall numbers has been noted.

The Lying and Standing E-Learning pack went live on DOT in May and training compliance is being monitored with this. Areas with overall low uptake and compliance with completion of LSBP will be supported as required by the Lead Falls Prevention Specialist.

The falls investigation templates for Moderate and above harm falls has been reviewed and amended to capture human factors issues and are now in use.

Overall compliance with the falls KPIs remains low across the trust. Division B have met the KPI target for provision of walking aids and confusion care plans in August. They have been asked to present this at the next Falls and TVN QI Group meeting. A Falls improvement Programme as part of the Institute for Healthcare Improvement - Improvement Programme for Teams is currently running. The project is now on its 6th PDSA cycle.

A pilot of the use of a post falls hot debrief commenced in Division A in July 2021. The process is aimed at immediate identification of any learning and emerging risks. Due to staffing issues the process for the pilot has had to be adapted and a further pilot is now in place.

A review of incidents identified a lack of compliance with the Post Falls Care protocol. The Lead Falls Prevention specialist is currently developing an e-learning package to support education in this area.

Author(s): Debbie Quartermaine

Owner(s): Oyejumoke Okubadejo

Pressure Ulcers

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All HAPUs by date of occurrence	Feb 18 - Aug 21	month	-	24	21		-	-	The total number of HAPUs remains within normal variance. There is a KPI target to reduce category 2 and above HAPU, this is reported below.
Category 1 HAPUs by date of occurrence	Feb 18 - Aug 21	month	-	13	11		-	-	The number of category 1 HAPUs remains within normal variance. A new KPI has been set for 2021-2022 to encourage early reporting of category 1 HAPU and implement early preventative interventions, this is explained below.
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Feb 18 - Aug 21	month	-	10	10		-	-	There were 7 x Category 2 HAPUs, 1 x Unstageable and 2 x SDTi in August 2021. SI investigations are ongoing for an unstageable HAPU reported last month, within the ITU. Early investigations suggest patient acuity and use of medical devices were contributory factors.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Aug 21	month	90%	80%	80%		-	F	PU screening risk assessment compliance is steadily improving but still below the target of 90%. A QI plan is in progress to implement ward based training on DME, medical and neuro wards to increase compliance.
25% reduction threshold of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2020	Apr 19 - Aug 21	month	9	10	8		-	P	A new KPI for 2021-2022 has been set and approved at Patient Safety Group, detail explained below.

Executive Summary

KPI 2021-2022 report for August -

1***) To increase reporting of category 1 HAPU to achieve an upward trajectory of 2% increased reporting per month over 10 months to reach a 20% increase overall by year end compared to the previous year.***

There was a 0% increase in total reporting for the period July 2020- August 2021 when compared to June 2020- July 2021. There has been a slight increase in monthly reporting in July- August 2021.

2) It is proposed this will result in a downward trajectory in category 2 and above HAPU over the same period to close the gap and aims to achieve a 20% reduction in category 2 and above HAPU.

There are early signs of this impact with a reduction in category 2 HAPU in July-August 2021, matching the slight increase in category 1 reporting.

3) To relaunch the Heels Off campaign with the aim of reducing Heel HAPU category 2 and above by 5%.

12% (3/24) HAPUs that occurred in August 2021 were on Heels. This is a reduction of 15% compared to July 2021, and brings the monthly total below the KPI threshold for the first time this year.

4) To achieve an upward trajectory of 1% increased compliance in risk assessments per month to reach and sustain the 90% target as a KPI this year.

There have been small increases in compliance consistently over the last 5 months with compliance at 84% in July 2021, there was a small drop in compliance during August at 80%.

5) For all category 3 and above (severe harm) HAPUS and wards where a cluster of 5 or more category 2 (moderate harm) HAPUs occur – 100% will have an AAR undertaken within 5 working days of presentation at SIERP and confirmation of level of harm. Exception to be applied for AL or Sickness.

There has been a 0% compliance so far with this KPI due to clinical pressure in the areas involved. Feedback in being obtained from divisional teams to identify and adjustments to the process that need to be made. One AAR is planned for September.

Tissue Viability QI Plan update

Critical care, Elderly care and neurosurgery remain the specialities with most pressure ulcers. All these areas include patients who are most affected by immobility and tissue perfusion. The majority of HAPU reported in these areas are category 1 or 2. Ward based training is due to restart in September due to TVN team staffing constraints during August.

Moisture associated skin damage incidents continues to remain below the mean. There have been 13 consecutive points below the mean and a consistent drop over 15 months. Training has been paused during August due to staffing constraints of both TVN and PDN teams.

There have been no referrals to tissue viability for staff PPE related pressure ulcers since February 2021 and only 1 x rash related skin concerns since April 2021. The Specialist Staff Skin Care Service has been shortlisted for two Nursing Times Awards- Workforce Staff wellbeing and HRH Prince of Wales Integrated Approaches to care.

The pilot service for tissue viability early intervention in the Emergency department, urgent care and assessment areas has started to increase earlier referrals and the TVN team have some evidence of prevention of admissions and earlier discharges for some patients with chronic wounds.

Sepsis

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
Sepsis Six Bundle in 1 hour - Emergency Department**	Aug-21	Monthly	95%	60%	53%		-		The Sepsis order set was not used in 40% of audits. There is a correlation between the percentage of compliance with the sepsis 6 bundle within 60 mins and the Percentage compliance with the use of the Sepsis order set (both are 60%). This indicates that the use of the sepsis 6 bundle could be what is impacting on the delivery of the Sepsis 6 bundle within 60 mins. The average time between the patient triggering Sepsis (NEWS 5>) and being diagnosed with sepsis was 27 minutes. This indicates timely escalation of the patient and medical review.
Antibiotics within 1 hour - Emergency Department**	Aug-21	Monthly	95%	60%	72%		-	-	In the 2 audits (20%) where antibiotics were not given within 60 mins, the delay in prescription was 40 mins. The time between prescription and administration was within 30 mins of prescription, therefore prescription of antibiotics was the contributing factor to the delay in antibiotics within 60 mins. Equally antibiotic administration within 60 mins contributed solely to the overall sepsis 6 compliance. All other sepsis 6 elements were 100% compliant.
Sepsis Six Bundle in 1 hour - Inpatient wards**	Aug-21	Monthly	95%	10%	21%		-	-	In 100% of audits Sepsis was diagnosed within 15 mins of the patient triggering Sepsis (NEWS 2 of 5 >). The Sepsis order set was not used in 100% audits which has a potential impact on the delivery of the Sepsis 6 bundle within 60 mins. Elements of the bundle impacting negatively on the overall compliance are the taking of blood cultures and lactate within 60 mins.
Antibiotics within 1 hour - Inpatient wards**	Aug-21	Monthly	95%	80%	68%		-	-	In 100% of prescriptions, administration of antibiotics occurred within 15 mins of the prescription. The 2 audits (20%) where antibiotics were not given within 60 mins, the delay in prescription was between 1 hour 40 and over 2 hours. There was evidence of appropriate antimicrobial stewardship within the audit sample.
Antibiotics within 1 hour as per contract agreement - Emergency Department***	Aug-21	Monthly	95%	87%	90%		-	-	In 40 % of audits door to needle time exceeded 60 mins. In two audits there were exceptional delays of over 2 hours, contributing factors to this delay were ambulance bay delays and difficult IV access.
Antibiotics within 1 hour as per contract agreement - Inpatient wards***	Aug-21	Monthly	95%	80%	71%		-	-	

Executive Summary

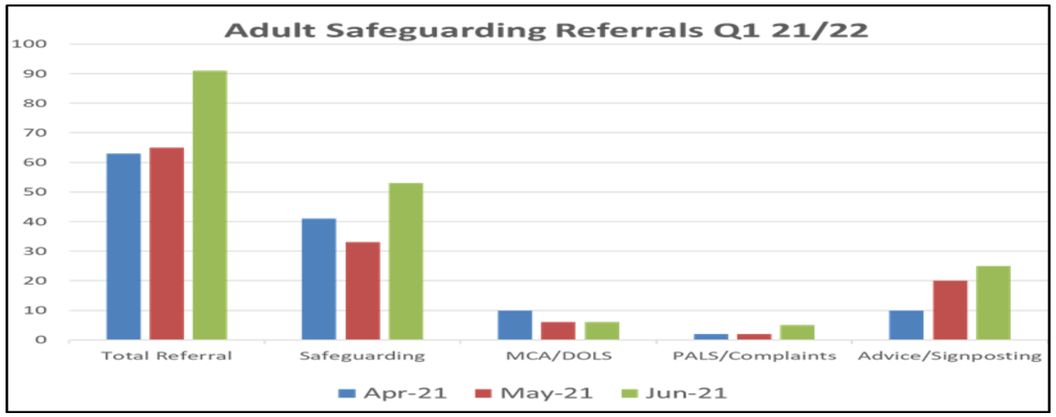
Data Defintions:
** Time taken from when a patient triggers Sepsis
***Time taken from when a clinician diagnosis sepsis
In terms of the trust internal data and contractual data, all metrics for August 2021 were below the required targets of 95%. A revised Quality Improvement plan has been developed for Sepsis in addition to other immediate actions. Areas of priority focus include improvement in relation to antibiotic administration and the phlebotomy of blood cultures and lactate. A pilot project is underway reviewing how utilising Physicians Assistants (PA) can support this improvement.

Safeguarding

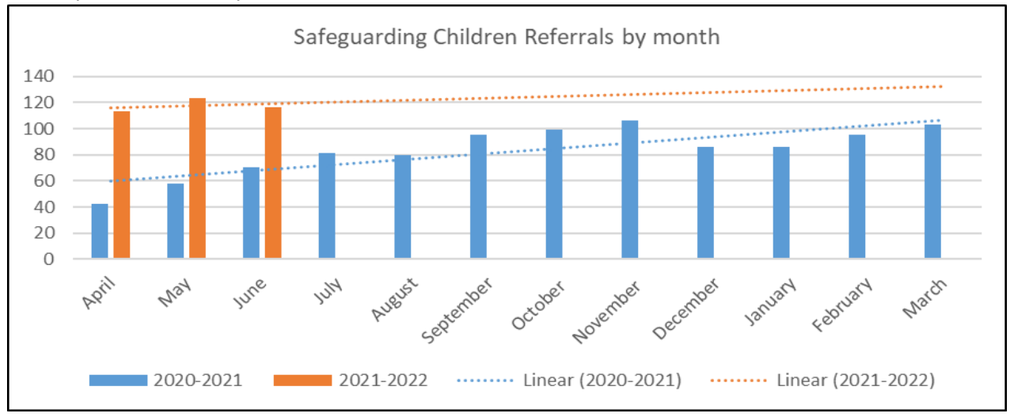
NHS Cambridge University Hospitals NHS Foundation Trust

Safeguarding

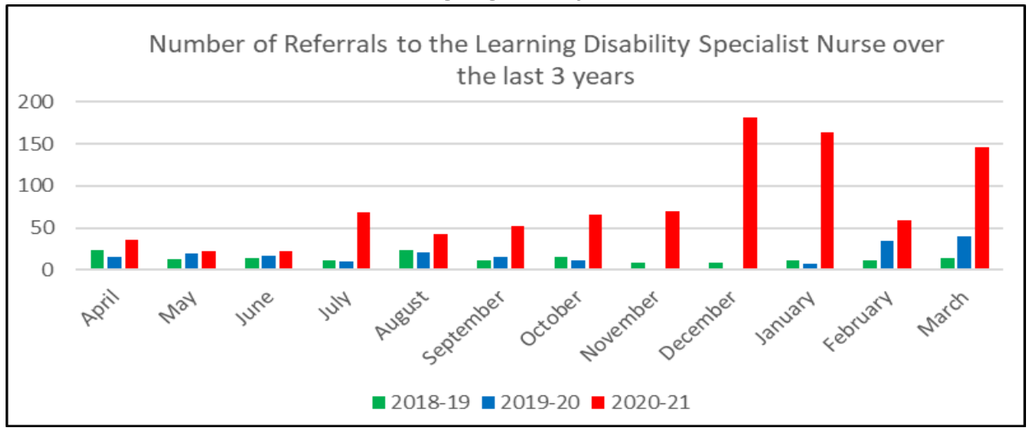
Adult Safeguarding
A total of 222 referrals were made to the adult safeguarding team this quarter. This is in keeping with the number of referrals in quarter 4 20/21 (230 referrals) and shows a 56% increase compared to Q1 20/21. 41% of these referrals were forwarded to the relevant Local Authority for further investigation



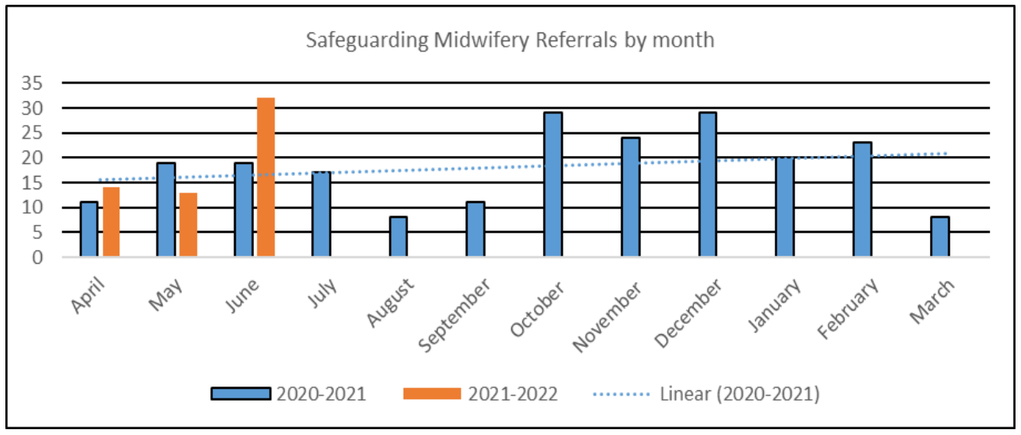
Children's safeguarding
The number of referrals to the children's safeguarding team has been increasing month on month since June 2020. Within the first quarter of this financial year, the team have experienced a 140% increase in referrals which has been sustained month on month (120 21/22 compared to 50 20/21). The number of mental health referrals has increased in Q1 21/22 to 170 compared to 101 in Q4 20/21 (increase of 59%)



Learning Disability
During Q1 there has been a 48% increase in referrals (547 21/22) compared to last quarter (368 20/21). The graph below demonstrates an increasing trend in referrals. The increase may be due in part to a greater awareness amongst staff regarding the LD specialist nurse and improved networking with families/carers & care providers leading to improved quality of care for this patient group . Additionally there is now a red flag alert for LD on Epic. 54% of the patients referred were male and 46% were female with an average age of 45 years



Maternity Safeguarding
The number of maternity safeguarding referrals has been relatively static until June where there was a sharp increase (37%) in referrals. The highest category of these referrals relates to domestic violence but there has also been an increase in homeless referrals



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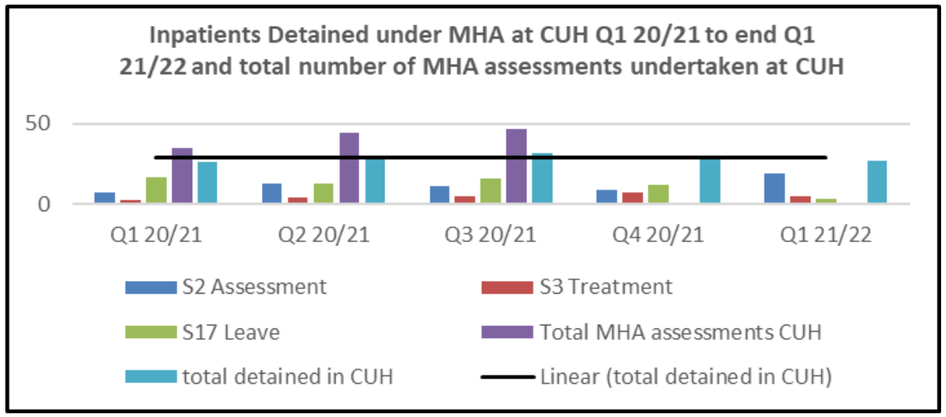
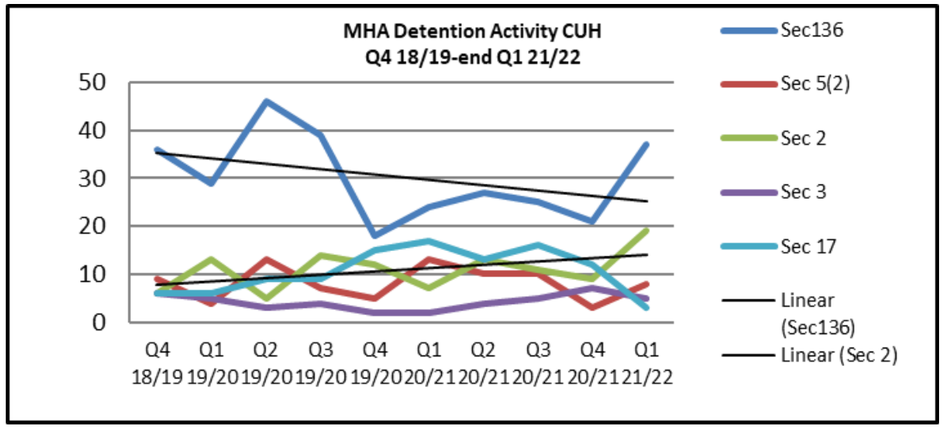
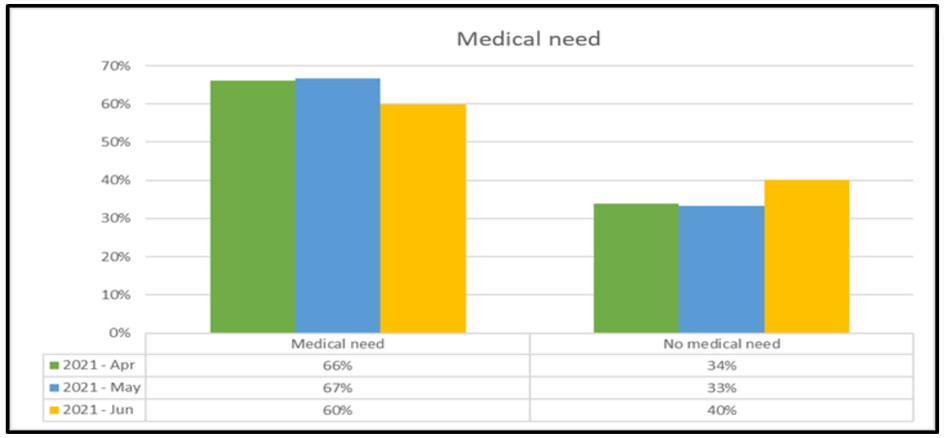
Mental Health - Q1 2021/22

NHS Cambridge University Hospitals NHS Foundation Trust

Mental Health







Narrative:

- Detentions under Section 5(2) and 3 and the numbers transferred on Sec 17 leave from other trusts have remained stable over time.
- A sharp rise in patients detained on Section 2 in Q1 21/22 and to date has been observed. The MH Team are reviewing these detentions to identify any potential reasoning for this i.e. shortage of MH beds or if clinical factors were causal to this.
- There is an increase of S136 patients being conveyed to the Emergency Department throughout Q1 and to date. April (11), May (18), June (8), July (21), and August (13). Figures for July show a higher rate of conveyance to CUH vs commissioned 136 Suite at CPFT.
- Significant delays have occurred in completing Mental Health Act assessments owing to a lack Approved Mental Health Professionals and Section 12 approved Doctor availability which has increased length of stay within CUH.
- Increased pressure within the ED and ambulance offload times, notably CUH were cited in the press for a 12 hour wait time before being able to receive a patient under a Section 136 who had remained in the back of an ambulance for this full duration.
- CUH have experienced significant challenges with accessing Tier 4 Child & Adolescent Mental Health beds, leading to extended inappropriate admissions to CUH across both adult and paediatric settings with no medical need - 66 days in total during this period.
- Areas with a higher rate of MH admissions have been prioritized for the initial implementation of MH training, the impact of this will be reviewed and will inform the wider roll out across the Trust to support the workforce with the growing MH demands and patient safety/experience.
- Data provided by CPFT supports increased presentations to the ED of note is the increase of patients presenting to CUH for Mental Health reasons with no identified medical need, rising from 20% in February 2021 to 40% in June 2021.
- MH Team are increasing operational oversight, inclusive of delayed discharges/transfers of care with appropriate action & escalation in these cases.

Actions in place:

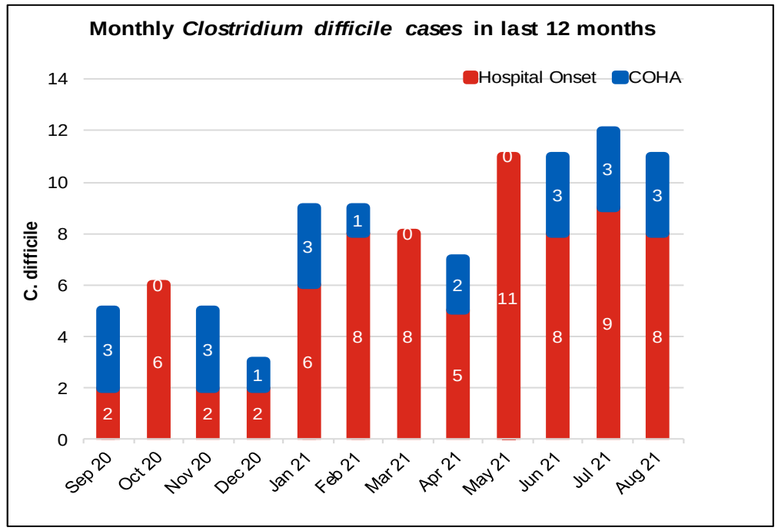
- Development of CUH MH Team (in place until January 2022).
- CUH MH Team are actively involved in system wide working groups to look at reducing the volume of Sec 136 Detentions coming to CUH and improving assessment time frames for those awaiting Mental Health Act assessments.
- Review of MH Training & delivery within CUH to support the workforce with rising demands.
- Supporting environmental works with a focus on ligature points (Patient safety/Patient & Staff experience).
- Improved governance and reporting, inclusive of learning from incidents.
- Development of a prioritised improvement plan to support sustained improvement for MH across all divisions.
- A collaborative review of CPFT commissioned services is underway alongside the CUH MH Strategy works.

Author(s): Claire Ward & Charlie Gale Owner(s): Lorraine Szeremeta

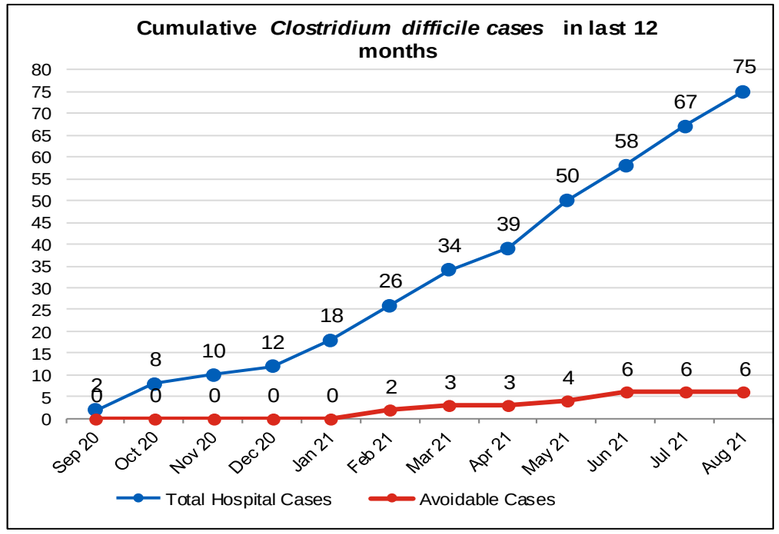
Infection Control

Cambridge University Hospitals NHS Foundation Trust

Infection Control



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



CUH trend analysis

MRSA bacteraemia ceiling for 2021/22 is zero avoidable hospital acquired cases.

- No cases of hospital onset MRSA bacteraemia in August 2021.
- 2 cases of hospital onset avoidable MRSA bacteraemia year to date

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C. difficile ceiling for 2019/20 was no more than 95 hospital onset and COHA* avoidable cases. No guidance has been issued for 2021/22.

- 8 cases of hospital onset *C difficile* and 3 cases of COHA in August 2021. 3 cases are unavoidable and 8 cases pending.
- Year to date, 41 cases of hospital onset cases and 11 cases of COHA (40 cares are unavoidable, 3 cases are avoidable and 9 cases are pending).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 97.8% in August 2021 (90.0% in July).

- The latest MRSA bacteraemia rate comparative data (12 months to July 2021) put the Trust 8th out of 10 in the Shelford Group of teaching hospitals.

- Compliance with the *C. difficile* care bundle was 100% in August 2021 (88.9% in July).

- The latest *C. difficile* rate comparative data (12 months to July 2021) put the Trust 6th out of 10 in the Shelford Group of teaching hospitals.

Infection Control

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Infection Control

Hygiene Code

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

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

Criterion 2 Provide and maintain a clean environment

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

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

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

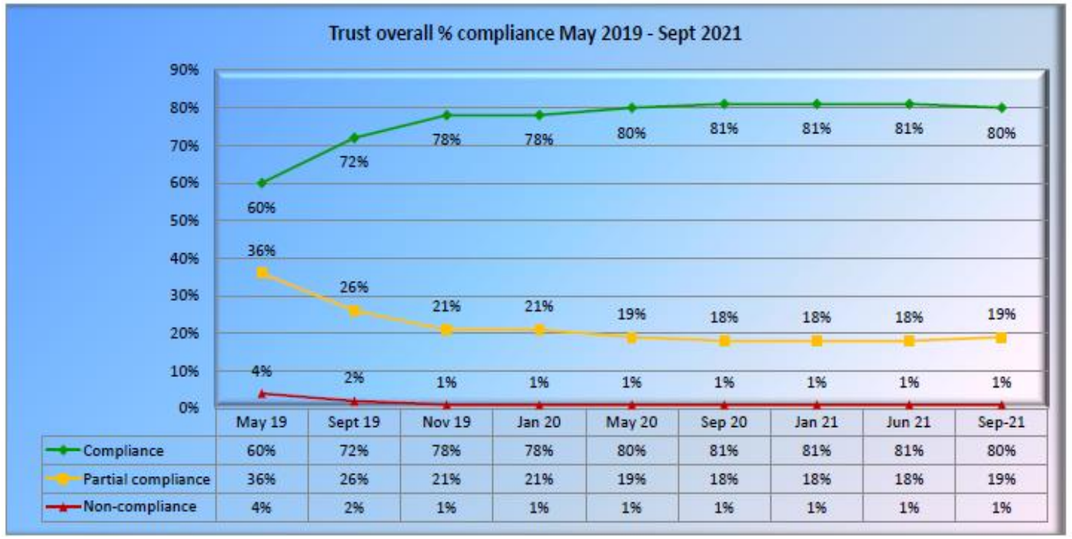
Criterion 6 Ensure that all are fully involved in the process of preventing and controlling infection.

Criterion 7 Provide adequate isolation facilities

Criterion 8 Access to adequate laboratory support

Criterion 9 Have and adhere to infection prevention & control policies

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



	May 19	Sept 19	Nov 19	Jan 20	May 20	Sep 20	Jan 21	Jun 21	Sep-21
Compliance	60%	72%	78%	78%	80%	81%	81%	81%	80%
Partial compliance	36%	26%	21%	21%	19%	18%	18%	18%	19%
Non-compliance	4%	2%	1%	1%	1%	1%	1%	1%	1%

Concerns and actions

All criterions have been reviewed in September 2021. Overall compliance remains the same. Few changes have been made for Criterion 2 and Criterion 10. Criterion 5 and Criterion 8 are fully compliant. The key areas of partial or non-compliance for each criterion are:

- Criterion 1 and 2 governance reporting issues, poor condition of estate impacting on cleaning, need to increase knowledge and practice regarding cleaning and tagging of equipment. Ward/environmental visits walkabouts will continue to monitor and address these issues.
- Criterion 3 antimicrobial teaching and dissemination of local data.
- Criterion 4 information boards in clinical areas not always compliant with current local data.
- Criterion 6 need assurance regarding infection control competencies.
- Criterion 7 50% compliance due to lack of adequate isolation facilities.
- Criterion 9 non-compliance due to some aspects of infection control not currently covered in specific policies.
- Criterion 10 gaps in availability of immunisation records and screening of new starters.

Fit Testing compliance for substantive staff

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Fit Testing compliance for substantive staff

Fit testing compliance CUH	Division A			Division B			Division C			Division D			Division E			Corporate			Total		
	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected
Nursing and Midwifery Registered	444	411	93%	30	26	87%	184	168	91%	108	93	86%	237	203	86%	-	-	-	1003	901	90%
Additional Clinical Services	131	108	82%	57	48	84%	80	69	86%	55	35	64%	51	33	65%	-	-	-	374	293	78%
Medical and Dental	185	136	74%	96	69	72%	144	117	81%	158	119	75%	190	92	48%	-	-	-	773	533	69%
Add Prof Scientific and Technic	-	-	-	137	66	48%	6	5	83%	32	24	75%	-	-	-	111	62	56%	286	157	55%
Allied Health Professionals	49	46	94%	108	93	86%	1	1	100%	-	-	-	2	2	1	-	-	-	160	142	89%
Estates, Ancillary Administrative and Clerical	13	6	46%	20	5	25%	9	2	22%	3	0	0%	19	5	26%	121	94	78%	185	112	61%
Total	822	707	86%	448	307	69%	424	362	85%	356	271	76%	499	335	67%	232	156	67%	2,781	2,138	77%

The RPE Taskforce is currently working to increase the robustness and automation of FFP3 compliance reporting. The new approach is solely driven from the data held within Healthroster and the team is currently working through the process of updating the records held on the system. For assurance the lists of reported non-compliant staff (by ward/department) have been shared with operational and clinical leads for action. The current reported compliance rate is suppressed by a number of staff who have been fit tested but whose results have not yet been uploaded to Healthroster and also by some staff who have left the Trust but temporarily remain within the Healthroster denominator.

The data displayed is at 22/09/21. 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.

Emergency Department

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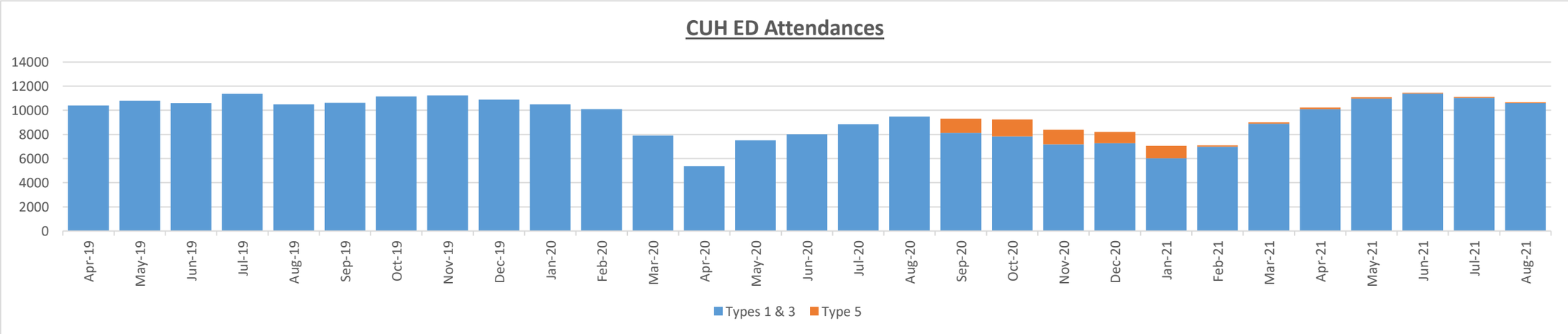
NHS Foundation Trust

National Targets



CUH Emergency Department attendances August 2021
Total attendances in August were 10,674, 184 (+1.8%) higher than August 2019. This is the equivalent of 342 attendances per day compared to 338 in August 2019
Paediatric attendances (age 0-15) were 1,796, an increase of 239 (+15.4%) from August 2019
Mental Health attendances were 310, a decrease of 64 (-17.1%) compared to August 2019
859 patients had an ED journey time in excess of 12 hours, of which 82 were also 12hr DTA breaches. In August 2019 there were 28 waits from arrival over 12hrs and no 12hr DTA breaches
Our conversion rate for type 1 & 3 attendances decreased to 25.3% compared to 32.2% in August 2019.

Additionally during August:
739 patients were streamed from ED to our medical assessment units on wards N2 and EAU4
3,749 patients were streamed to the Urgent Treatment Centre, of which 1,751 patients were seen by a GP or ECP. This is a primary care streaming rate of 16.4% compared to 9.3% in August 2019
352 patients were streamed from the ED to SAU
53 patients were streamed from the ED to Clinic 5 (Medical Ambulatory Unit).

September month to date
In the September month to date there has been an average of 361 attendances per day (all types) compared to 344 by the same point in September 2019 (+17, +4.9 %). 597 patients have had an ED journey time in excess of 12hrs compared to 45 by the same point in September 2019. We have had 106 x 12hr DTA breaches in the month to date, compared to zero by the same point in September 2019.

Ambulance handovers
In August 2021 we saw 2,696 conveyances to CUH which was a decrease of 7.6%, (-222) compared to August 2019. Of these:
28.9% of handovers were clear within 15mins vs. 62% in July 2019.
70.2% of handovers were clear within 30mins vs. 95.7% in July 2019.
88.4% of handovers were clear within 60mins vs. 99.5% in July 2019.

Actions being undertaken by the Emergency Department
An 8-bedded ward has been made available to create immediate capacity to the Emergency Department in the mornings. The ward opens for 12 hours during the days and is used for medical admissions awaiting placement to an in-patient ward
The estates works in ED have now been completed and we have reopened our resuscitation area for patients. Minor works still remain to be completed before the resus can be fully utilised for red as intended since the negative pressure gradient for the area was not created by the original works as planned. Once these additional works are complete the ambulance bay can be used for both red and green patients, streamlining the ambulance offload process
A new pilot in ED has begun called REAct (Recognise, Escalate and Act team) for 6 weeks. This is a rapid assessment team within the ED who are available to support the department in assessing and commencing treatments/investigations for those deteriorating or at-risk patients
We are planning an audit of patients who self-refer to the Emergency Department to understand whether they have tried to access alternative modes of care in the community prior to attendance. Results from the audit will be reported to the South Alliance Resilience Group for discussion and action to determine whether attendances can be avoided
Discussions are taking place with the ambulance service to scope out direct referrals from paramedics to same day emergency care. The Trust is also talking to James Paget Hospital to understand the successful processes they have set up there for direct ambulance referrals
There are multiple projects taking place with support from the Improvement and Transformation team in relation to improving flow and efficiency within the Emergency Department.

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Owner(s): Ewen Cameron
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RTT

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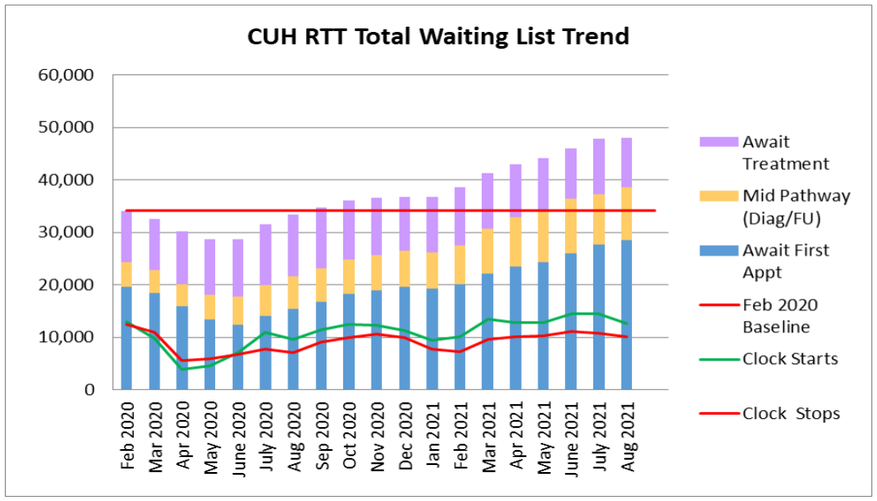
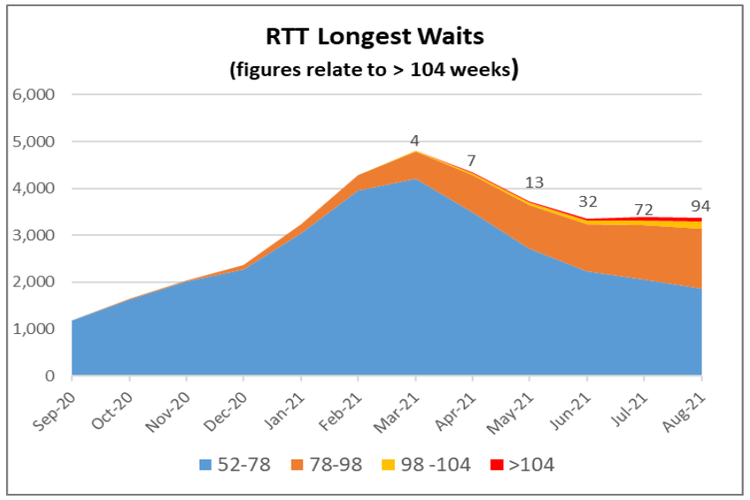
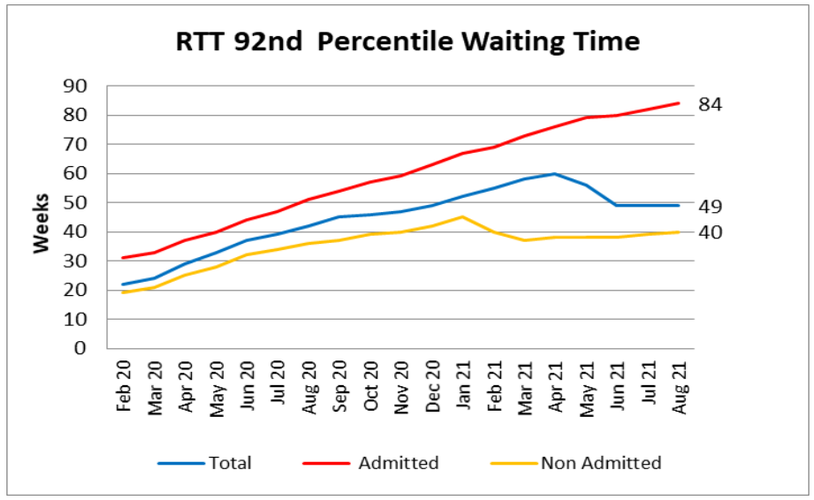
National Targets







The Total RTT waiting list size increased by 1,775 in July to 47,811. This now represents a growth of 41% (13,966) compared to the February 2020 pre-covid baseline. This growth remains predominantly within the non-admitted pathway. The volume of patients at the stage of awaiting treatment has reduced in month.

The number of patients joining the RTT waiting list (clock starts) was higher by 2% than the August 2019 baseline, although in month reduced in line with normal seasonal variation. Clock start represented 26% of the total waiting list size in the month, and patients waiting to commence their first appointment increased to 59% of the total. GP referrals through September have run at 4% above baseline. Whilst clock starts continue to exceed treatments the waiting lists will continue to grow. The H2 Planning Guidance states an ambition for systems to stabilise waiting lists at the level seen in September 2021.

The number of RTT treatments delivered in August was down 2% on July, and were at 86% compared to August 2019. Planning Guidance for H2 will require a threshold of 89% to be achieved to enable systems to draw down from the Elective Recovery Fund (ERF). Currently we sit at 87% for September but final data is not submitted until mid-October. An improvement in non-admitted treatments would make the greatest impact as these represent 78% of all RTT activity. With the growth in the overall waiting list size, the clearance time for the RTT waiting list *(how long it would take to clear if no further patients were added)* increased to 20 weeks. To recover to a clearance time equivalent to our pre-covid performance (11.5 weeks) would require delivery of RTT activity at 142% of 19/20 levels.

The 92nd percentile total waiting time remained stable for a third month at 49 weeks. For admitted patients this continued to rise to 84 weeks.
The volume of patients waiting over 52 weeks decreased by 11 to 3,381. Holding or reducing the volume of patients over 52 weeks is also a requirement of the H2 Planning Guidance. 542 patients were treated who had waited over 52 weeks in August, representing 5.3% of all RTT treatments.

Nationally, the aim to further reduce long waits will require the elimination of waits over 104 weeks by March 2022. We are continuing to see the volume of the very longest waiting patients increase with the number over 104 weeks up to 94 from 72 last month. At the start of September we identified that we need to treat 1877 patients who would reach this length of wait if not treated before March 2022. 74% of these require admission. If we continue to treat this cohort at the H1 rate, we would forecast ~700 patients waiting >104 weeks at the end of March, 50% of which would be in Orthopaedics. We remain limited to 11 Orthopaedic contained beds at CUH. We are expecting a higher delivery of activity through the Independent Sector in H2; and a transfer of patients through Mutual Aid with NWAFT has commenced in September which will help mitigate some of the H2 risk. We are reviewing what further mitigations would support us to eliminate the longest waits through a granular review of the different capacity streams required specialty by specialty.

National data published for July still reflected an increasing Total RTT waiting list rising up to 5.61 million. Regionally the Norfolk and Waveney System have the greatest challenge in

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Cancer

Cambridge University Hospitals NHS Foundation Trust

National Targets

Cancer Standards 20/21	Target	Qtr 2 - 20/21	Qtr 3 - 20/21	Qtr 4 - 20/21	Qtr 1 - 21/22	Jul-21
2Wk Wait (93%)	93%	94.5%	94.3%	95.0%	93.0%	94.5%
2wk Wait SBR (93%)	93%	95.7%	87.7%	91.9%	84.4%	88.3%
31 Day FDT (96%)	96%	87.6%	94.9%	88.6%	92.9%	90.8%
31 Day Subs (Anti Cancer) (98%)	98%	99.4%	100.0%	99.4%	98.8%	100.0%
31 Day Subs (Radiotherapy) (94%)	94%	98.1%	97.8%	98.5%	94.9%	99.2%
31 Day Subs (Surgery) (94%)	94%	72.4%	88.3%	79.8%	87.5%	71.2%
FDS 2WW (75%)	75%	82.1%	85.8%	84.2%	83.8%	81.9%
FDS Breast (75%)	75%	99.1%	98.5%	98.3%	99.5%	95.0%
FDS Screen (75%)	75%	73.6%	74.0%	49.1%	65.8%	70.9%
62 Day from Urgent Referral with reallocations (85%)	85%	78.8%	**81.7%**	**77.7%**	**75.4%**	**80.1%**
62 Day from Screening Referral with reallocations (90%)	90%	67.9%	**81.8%**	**57.3%**	**68.6%**	**48.9%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	76.9%	64.7%	68.4%	65.8%	55.6%

To July 2021 by site

To July 2021	62 Day from Urgent Referral		62 Day from Screening Referral		31 Day FDT		31 Day Subs (Surgery)		2Wk Wait		2WW FDS		>104 day
	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches
Breast	4	86%	4	65%	9	79%	1	93%	22	96%	1	97%	
Children's						100%			2	86%			
Lung	2	82%				100%		100%	1	98%	1	67%	
Upper GI	1	82%			5	76%	4	50%	2	91%	3	50%	3
Lower GI	5.5	67%	8.5	26%	4	88%	4	64%	26	93%	2	75%	2
Skin	1	97%			1	98%	9	57%	23	96%	5	83%	
Gynaecological	7.5	32%			1	96%		100%	16	91%	9	18%	2
Central Nervous						100%		100%	1	91%			
Urological	6.5	79%			9	84%	2	71%	4	97%	20	13%	2
Head & Neck	1.5	73%				100%	1	50%	16	91%	3	25%	1
Other Haem Malignancies	3	60%				100%				100%	1	67%	2
FDSUnknown	0		0		0		0		0		274	83%	

The latest nationally reported Cancer waiting times performance is for July 2021.

The 2ww standard was delivered in July with performance at 94.5%, significantly above National performance at 85.6%. Symptomatic Breast 2WW standard was not achieved in July with performance dropping to 88.3%, although this was ahead of National performance of 74.7%. 73% of all breaches beyond 2 weeks were due to patient choice, including all the breaches for Symptomatic breast.

The 62 day Urgent standard performance in July improved on June but remained below standard at 80.1% . This was ahead of performance Nationally at 72.1%. Of the 50 accountable breaches, 20 were late referrals, of which 10 were treated within 24 days of transfer. Three shared breaches were not notified as being on a 62 day pathway at the time of referral. Eight were due to elective capacity, all bar one being for surgery. Seven were subject to patient initiated delays. Gyneoncology had the highest volume by site at 12, followed by Urology (10), and Lower GI (7).

The 62 day screening standard incurred 12 breaches this month, of which eight were Lower GI. Delays to colonoscopy and outpatients accounted for six of these. Two of the breast delays were due to surgical capacity. Performance dropped to 48.9%.

The 31 day FDT standard remained static in July at 90.8%, and was below National performance of 94.6%. 23 of the 29 breaches were due to surgical capacity. The highest areas being in Urology and Breast both with nine. 85% were delayed by no more than 7 days. The longer delays were experienced in the Kidney cancer pathway based on the lower clinical prioritisation of these cases. The subsequent surgery standard dropped to 71.2% which was also below National performance of 87.2%. 13 of 21 breaches were also due to elective surgical capacity, with the highest volume on the Skin pathway with co-ordination with nuclear medicine being an added factor. We also identified a delay in DTT being recorded for 5 cases.

13 pathways waited >104 days for treatment in July. 10 were shared pathways referred between days 49 and 126. Of the three who had their entire pathway at CUH, two were due to patient delays, and one had been removed from tracking in error.
The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust. One pathway has been referred to the Trust Harm Review Panel to review whether moderate harm has occurred.

Cancer

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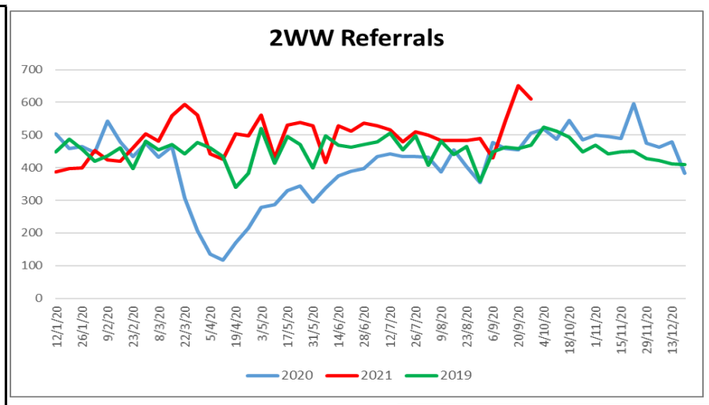
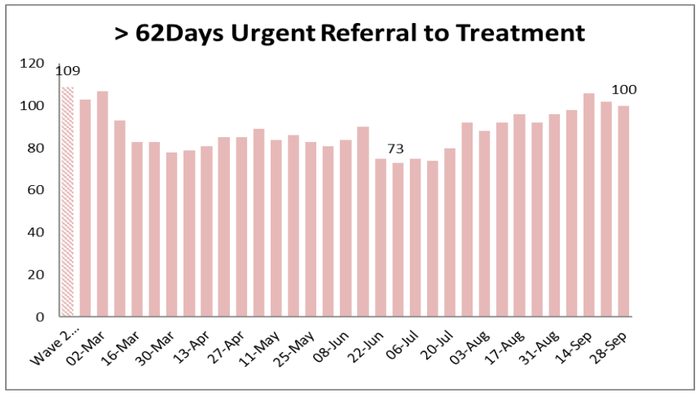
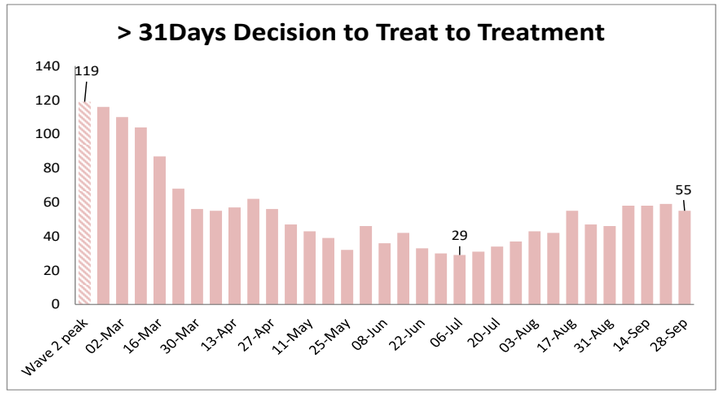
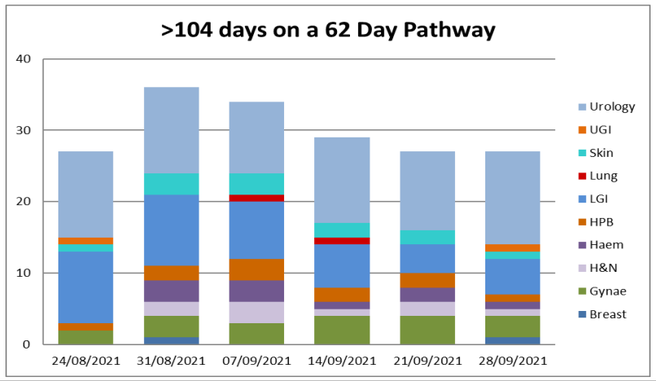
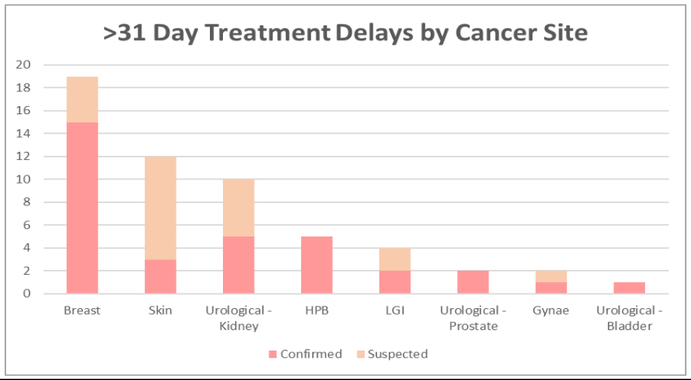
National Targets











Impact of COVID – 19

Throughout the last four weeks of September 2WW suspected cancer referrals have been running at 122% compared to the same period in 2019. The media coverage of high profile cancer patients is potentially the reason for the sharp increase in demand which has been seen particularly for Breast cancer but also across other cancer sites. Breast 2ww appointment availability has been pushed to the 14 day limit. We forecast to achieve the standard in September but the high demand may challenge October performance. The CCG cancer leads are communicating to ensure 2ww referrals are being seen face to face in Primary Care.

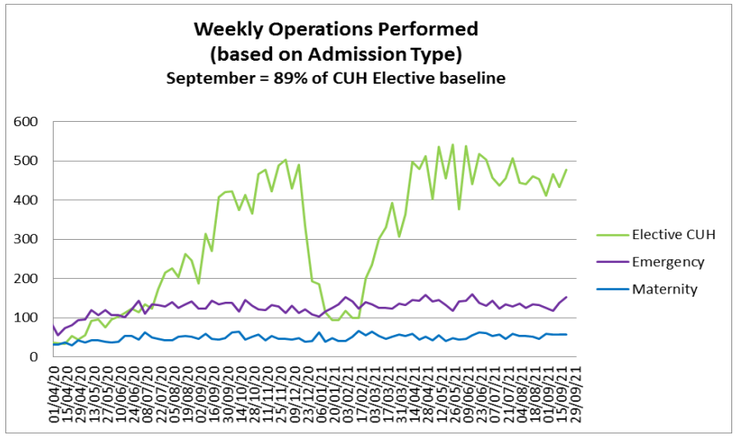
The number of patients waiting >62 days on an Urgent pathway has continued to increase through September, and has nearly reached the same levels as the peak following the second wave in Q4. H2 planning guidance resets the ambition to recover to Feb 2020 backlog levels by March 22, which would be 56 for CUH. 52% of patients do not yet have a confirmed cancer diagnosis. 32% have treatment scheduled. 31 are shared pathways with other hospitals, so there is improvement required within CUH which represent 69% of the pathways in the backlog. Lower GI, Gynaeoncology and Urology have the highest backlog for CUH only pathways.

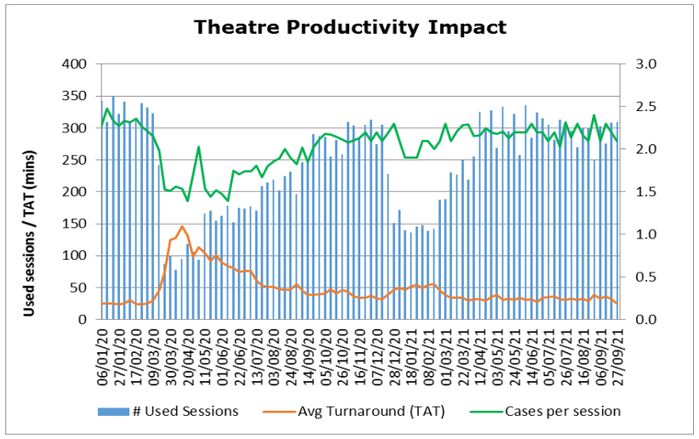
There has also been no improvement in month for patients waiting over 31 days for treatment. This remains at 55, of which 42 are scheduled for treatment. Kidney backlog has reduced to 10 from 16 last month, however delays for Breast Surgery have increased significantly to 19 . We have been able to secure some additional capacity from the Independent Sector to support Breast Surgery from October onwards, and are also allocating some sessional time at Ely for appropriate cases. Skin also continue to have a high backlog at 12. Elective surgical capacity was under extreme pressure due to urgent and emergency care demand which led to cancellations due to bed capacity through July and August. The effect was the requirement to reschedule in priority order which has delayed patients waiting. It is however encouraging that the majority of those delays are dated for surgery compared to last month. We have ensured the major cancer specialties have been allocated sufficient theatre days for their current cancer demand and backlog in the November to January allocation, although the backlog recovery would be anticipated to take 2 months.

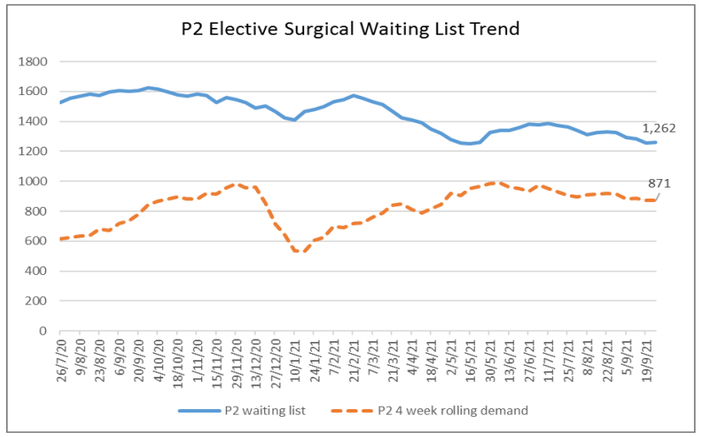
Operations

Cambridge University Hospitals NHS Foundation Trust

Operational Performance







Elective theatre activity in August and September delivered 83% and 89% of the 2019 baseline respectively. The baseline for the Elective Recovery Fund achievement in H1 has been adjusted to take account of the loss of the three A Block theatres from our capacity, and reflecting this for September takes our activity achieved up to 100%.

- Elective sessions used in August dropped to 88% with the impact of staff leave, but have recovered back to 92% in September. 40% of the dropped sessions in September have been at Ely, a third of which relate to the treatment room used only by Pain Management who have been diverting resource to outpatient delays.
- Elective session in-list utilisation dropped to 81.4% in August, rising back to 82.7% in September. Ely and the Cambridge Eye Unit have had the lowest utilisation, and these are areas focus for the Surgery Taskforce due to their synergy to support High Volume Low Complexity Surgery.
- The weekend elective activity has reduced since July, with 46 cases undertaken in August and only 39 in September. Two thirds of the weekend activity continues to be in the Cambridge Eye Unit. Staff uptake continues to limit the scope for weekend operating which could be a key mitigation to support reducing the longest waiting patients.
- Short notice cancellations have reduced in August and September.

The number of P2 patients awaiting surgery has reduced by 100 since the end of July, helped by a marginally lower weekly demand. The Surgical Prioritisation Panel (SPG) reinforce that specialty teams need to use their theatre allocation flexibility to support collective prioritisation of the cases scheduled as much as sub-specialisation will allow. The SPG has reviewed again the allocation of theatres in relation to the P2 demand and backlog for the period from November through to January. All sessions have been allocated given the evidenced need of some of our major cancer specialties. The reallocation of cancelled sessions will continue to be overseen to ensure they are prioritised to services with the greatest need. It is recognised that current capacity is not sufficient to prevent waiting list growth.

Mutual aid initiatives have continued to be pursued across the ICS. Two cohorts of 50 Orthopaedic patients have so far been offered the opportunity for earlier treatment at NWAFT. Approximately 50% have accepted so far and will receive treatment through October and November. NWAFT are allocating 50% of their weekly capacity to support CUH patients. CUH and Hinchingbrooke have paused the planning on mutual aid for cataract surgery in support of the long waits at Peterborough, after additional Independent Sector Ophthalmology capacity was opened in the city. We expect to have equitable waits for cataract surgery across the ICS within Q3.

Our local Independent Sector hospitals have agreed to sign up to planned levels equivalent to H1 for H2, but continue to find it challenging to meet those levels for Orthopaedics in particular. We have now agreed to take forward a small amount of Breast Surgery activity per month which is additional to H1, and will continue to look for any opportunity that may arise to support the system further through our regular meetings.

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