

Patient Experience

The good experience and poor experience indicators omit neutral responses.

Patient Experience

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Aug 21	Month	-	96.2%	96.1%		-	-	SPC chart/data started in July 2020 due to change in FFT question and Covid-19 impact on collecting patient experience data. There was no change in Aug for the Good score and Poor score, and both scores have fluctuated less than 1% since April. The number of responses should be taken into consideration as FFT responses are still low compared to pre-pandemic which was between 850-950. FOR AUG: there were 450 FFT responses collected from approx. 3,797 patients.
FFT Inpatient poor experience score	Jul 20 - Aug 21	Month	-	1.3%	1.4%		-	-	
FFT Outpatients good experience score	Apr 20 - Aug 21	Month	-	95.3%	95.5%		-	-	Outpatient data (adult FFT collected by SMS) has not change with the Good and Poor scores remaining fairly consistent since February. There was no change in Aug scores compared to July. Comment card collection resumed mid-April for areas that do not have SMS, such as paediatric clinics. FOR AUG: there were 7,796 FFT responses collected from approx. 35,203 patients.
FFT Outpatients poor experience score	Apr 20 - Aug 21	Month	-	2.6%	2.0%		-	-	
FFT Day Case good experience score	Apr 20 - Aug 21	Month	-	97.0%	97.2%		-	-	Both Good and Poor scores have had less than 1% change since April. August there was no change in either score, compared to July. FOR AUG: there were 1169 FFT responses collected from approx. 4,531 patients.
FFT Day Case poor experience score	Apr 20 - Aug 21	Month	-	1.5%	1.4%		-	-	
FFT Emergency Department good experience score	Apr 20 - Aug 21	Month	-	83.2%	89.8%		SP	-	Overall ED Good score improved 0.7% but the Poor score was 10.9% in July and is 11.3% for Aug. The Adult ED score did not change and Poor score 0.5% increase. Paediatric Good score improved from 87% in July to 91.9% in August. The paediatric Poor score decreased by 1%. FOR AUG: there were 1261 FFT responses collected from approx. 5,658 patients.
FFT Emergency Department poor experience score	Apr 20 - Aug 21	Month	-	11.3%	6.0%		SP	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Aug 21	Month	-	96.8%	95.9%		-	-	SPC chart/data started in July 2020 due to change in FFT question and Covid-19 impact. FOR AUG: Antenatal had 9 FFT responses; 100% Good. Birth had 36 FFT responses from Birth Unit patients with 97% Good score/3% Poor score, and Delivery Unit had 5 FFT responses 100% Good score. Postnatal had 199 responses (163 from Lady Mary / 11 from Birth Unit / 4 from DU, 1 from Sarah, 20 from COU) and 96.5% Good score and 1% Poor score. Post Community 1FFT response; 100% Good score. Aug overall Good score improved by 1% and Poor score is 1.2% from 1.9%.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Aug 21	Month	-	1.2%	1.5%		-	-	

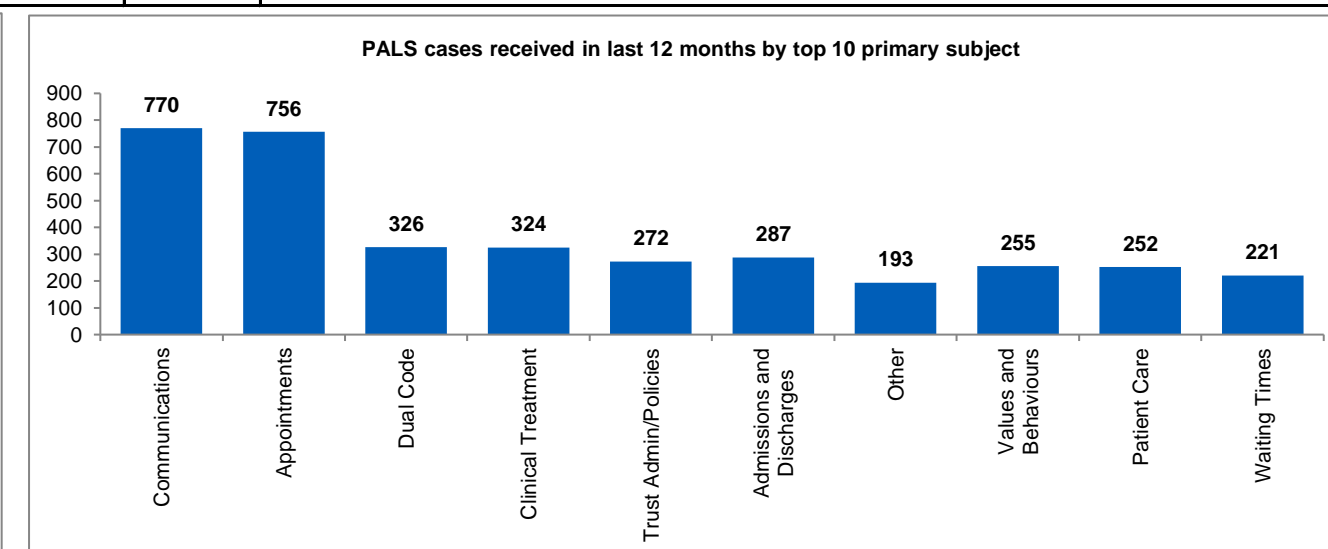
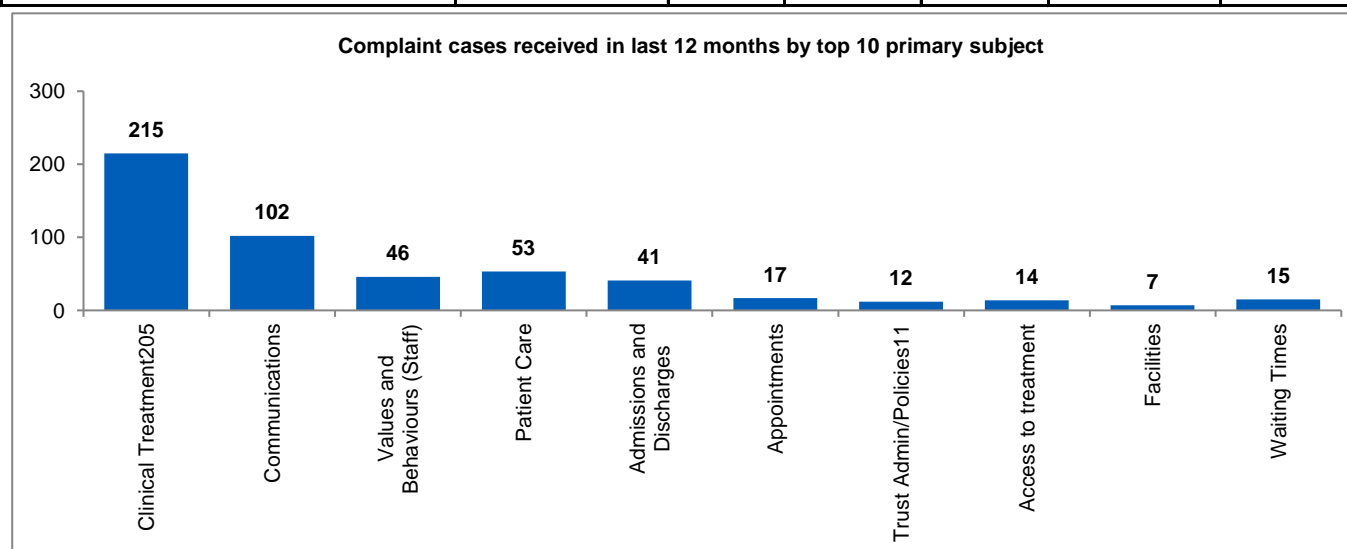
FFT data starts from April 2020 for day case, ED and outpatient FFT as Covid-19 did not impact surveying by SMS. Inpatient and maternity FFT data starts with July 2020 as FFT collection resumed using iPads, comment card and QR codes after FFT was not collected in Q1 due to Covid-19. NHS England has resumed FFT submission in December and wards still not collecting FFT are not being included in submission. For Aug there were 8 wards with 0 FFT, which is small improvement from 10 wards in July, and 12 wards in June.

August inpatient, day case and outpatient FFT scores remained consistent. Both ED paediatric scores improved and the adult ED Good score remained the same compared to July. Overall maternity Good score improved by 1%, and slight decline in the Poor score, which was mainly from improved postnatal scores.

PALS and Complaints Cases

Safety and Quality




Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Aug18-Aug 21	month	-	66	49		-	-	The number of complaints received between Aug 2018 - Aug 2021 is above the normal variance.
% acknowledged within 3 days	Aug 18-Aug 21	month	95%	92%	94%		-		61 out of 66 complaints received in August were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Aug 18- Aug 21	month	50%	47%	33%		S7		38 complaints were responded to in August 21, 18 of the 38 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	Aug 18 - Aug 21	month	80%	100%	90%		S7		All complaints responded to in August were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Mar 19 - Aug 21	month	-	38%	34%		-	-	There were 22 complaints graded 4 severity, and 3 graded 5. These cover a number of specialties and will be subject to detailed investigations. The grade 5 complaint alleged poor care and treatment which affected patient's outcome (patients deceased).
Compliments received	Feb 19 - Aug 21	month	-	5	40		-	-	Compliments received by the PALS department in August will be input with those received in September

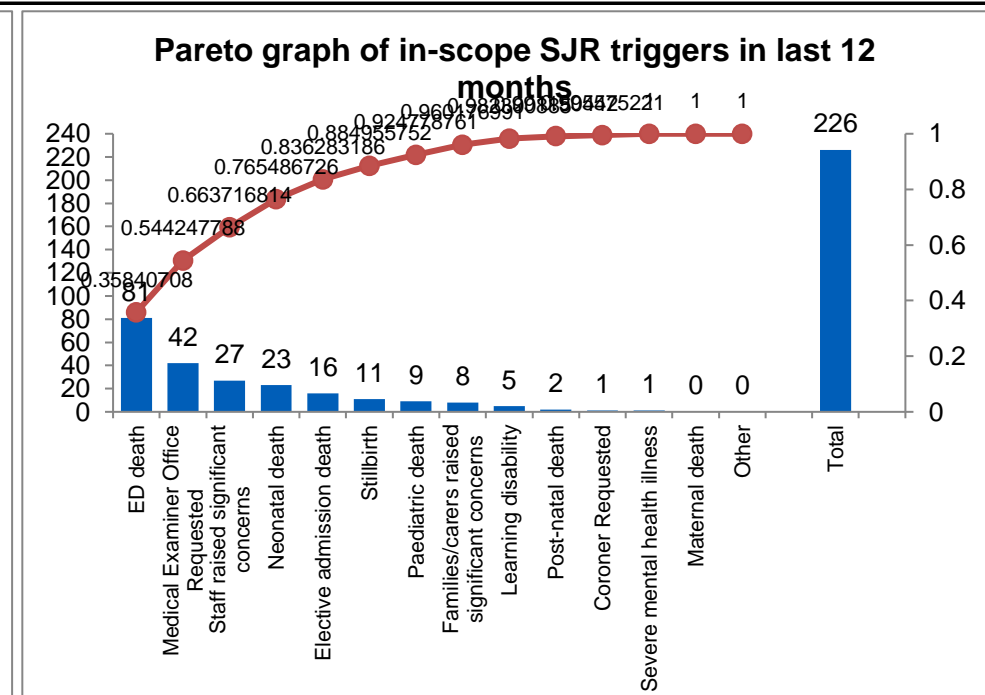
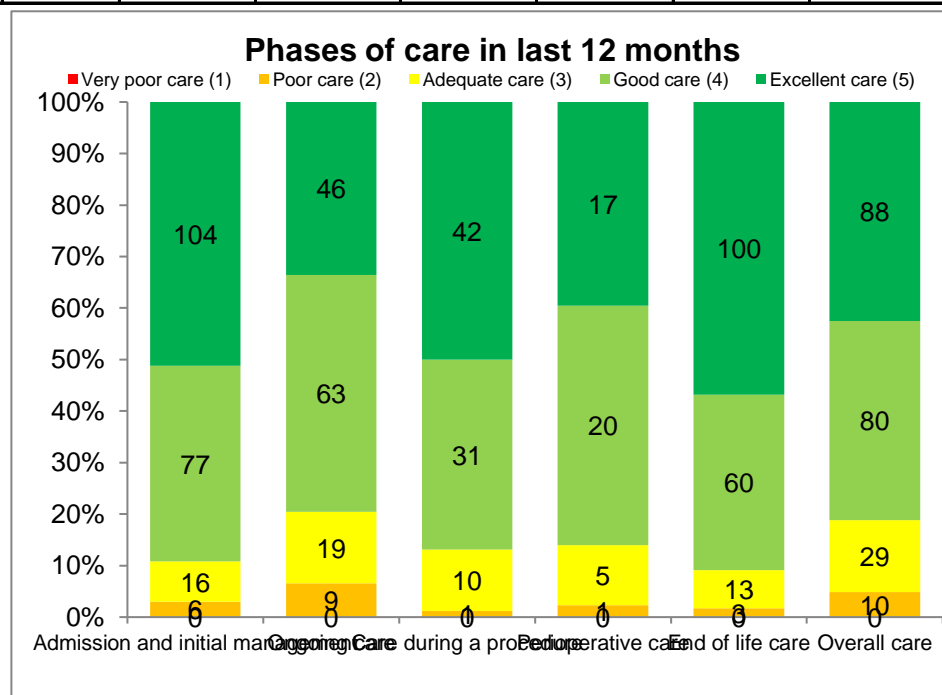
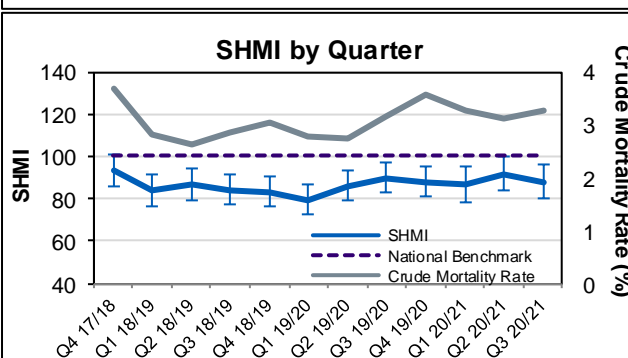
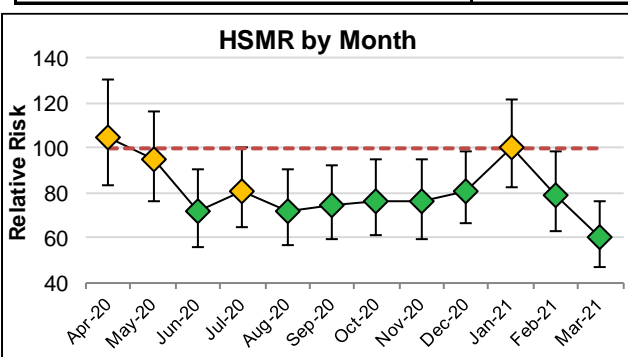


PHSO - There were no cases accepted by the PHSO for investigation in August 2021.
Completed actions :During August 2021, a total of 13 actions were registered and allocated to the appropriate staff members. These actions were as a result of grade 3, 4 and 5 complaints closed between 1 and 31 July 2021. A total of 7 of these actions have already been completed within their allocated timescales. There are currently 6 actions yet to be completed, however, these are still within the allocated timeframes. Taking this into consideration, 100% of the actions registered in August 2021, have been completed in time.

Learning from Deaths

Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Aug 21	month	-	7.85	8.17		-	-	There were 116 deaths in August 2021 (Emergency Department (ED) and inpatients), of which 5 were in the ED and 111 were inpatient deaths. There is now normal variance in the number of deaths per 1000 admissions.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	Feb 18 - Aug 21	month	-	18%	20%		-	-	In August 2021, 21 SJRs were commissioned.
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - Aug 21	month	-	2	0.86		-	-	There were 2 unexpected/potentially avoidable deaths serious incident investigations commissioned in August 2021.



Executive Summary

HSMR - The rolling 12 month (April 2020 to March 2021) HSMR for CUH is 80.36, this is 6th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 92.32.

SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, January 2020 to December 2021 is 88.46.

Alert - There is 1 alert for review within the HSMR and SHMI dataset this month.

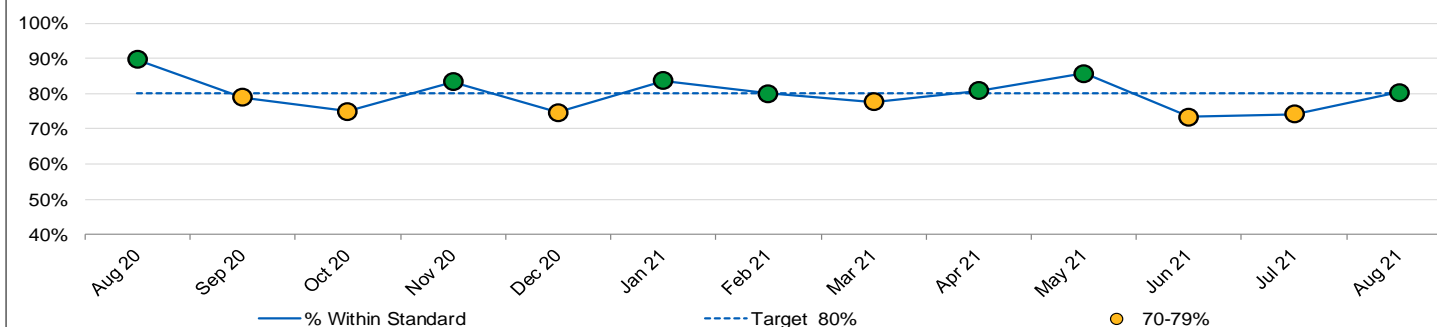
Stroke Care

Stroke Measures

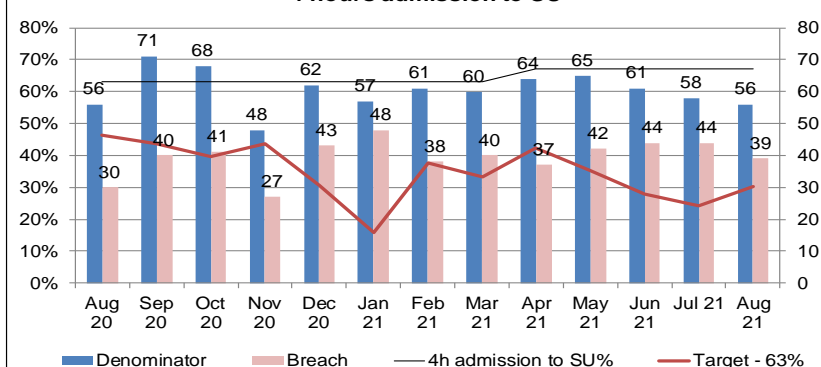
Breach reasons 2020/21 and Monthly Stroke position

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Suspected COVID-19 patient	Delayed transfer of care (DTCOC)	Operational decision - pt moved off the unit to accommodate an acute stroke	Delay in medical review in ED	Clinical - Appropriate pathway for patient	Difficult presentation	Not referred to Stroke Team	Delayed diagnosis	Clinician's decision to place pt on different ward	Unclear presentation	Difficult diagnosis/Complex patient	Failure to request stroke bed	Resource capacity	Number of breaches	Month Position (Target 80%)
Sep 20		6				1			3			2	3			15	78.9%
Oct 20		6	1				1		1	3		2	3			17	75.0%
Nov 20		2				1			1	2			2			8	83.3%
Dec 20		10				1				2		1	2			16	74.6%
Jan 21		3							1	1		2			2	10	83.6%
Feb 21		4					1		2			3	2		1	13	80.0%
Mar 21		4					1					4	4		1	14	77.6%
Apr 21		4	1			1	3		2			2				13	80.9%
May 21		5					2					2			1	10	85.7%
Jun 21		10					2		1			3			1	17	73.4%
Jul 21		9				1			1			3			1	15	74.1%
Aug 21		4				2	2		1			2				11	80.4%
Summary	0	67	2	0	0	7	12	0	13	8	0	26	16	0	7	159	

Stroke Patients Spending >90% of Time on Stroke Unit



4 hours admission to SU



Reasons for not meeting 4hrs in August 2021	Total
Appropriately placed	1
Awaiting Covid test results	1
CT capacity	1
Delay to CT	1
Aw senior medical review	2
Late diagnosis	1
MRI capacity	1
No referral to Stroke	4
Not thought to be stroke until CT	1
Not thought to be stroke until MRI	2
Patient unwell	3
Stroke Nurse Capacity	4
Trust Bed Capacity	17
Grand Total	39

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for August = 80.4%.

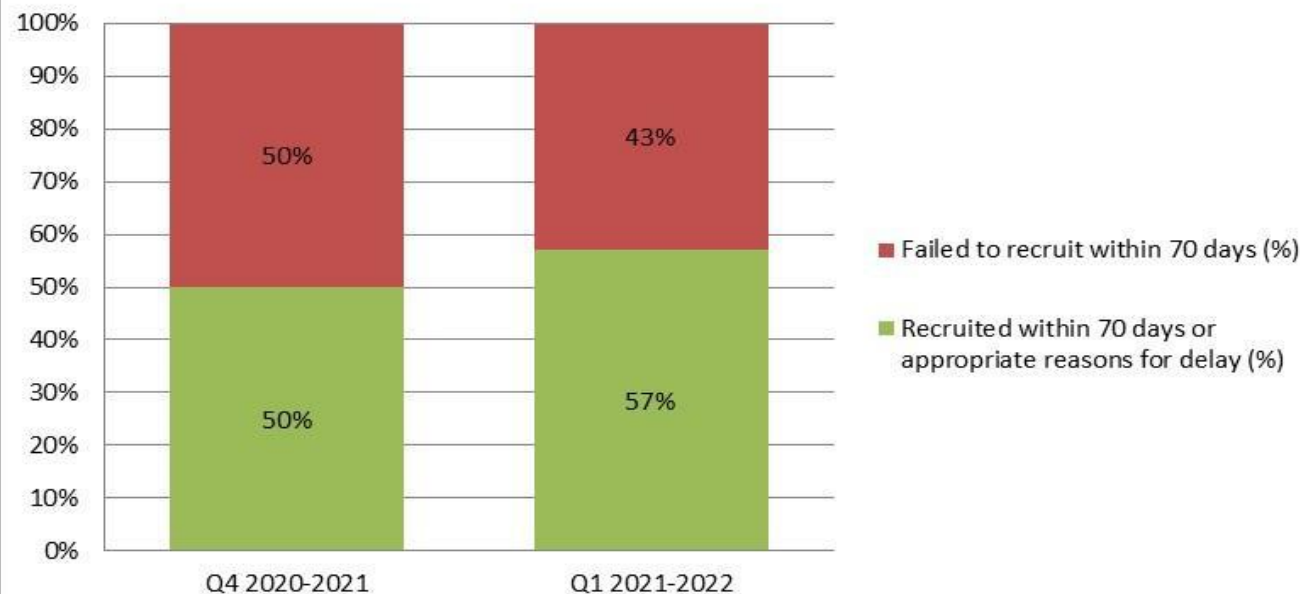
'Trust Bed Capacity' (4) was the main factor contributing to breaches last month, with a total of 11 cases in August 2021.

4hrs adm to SU (67%) target compliance was not achieved in August = 30.4% .

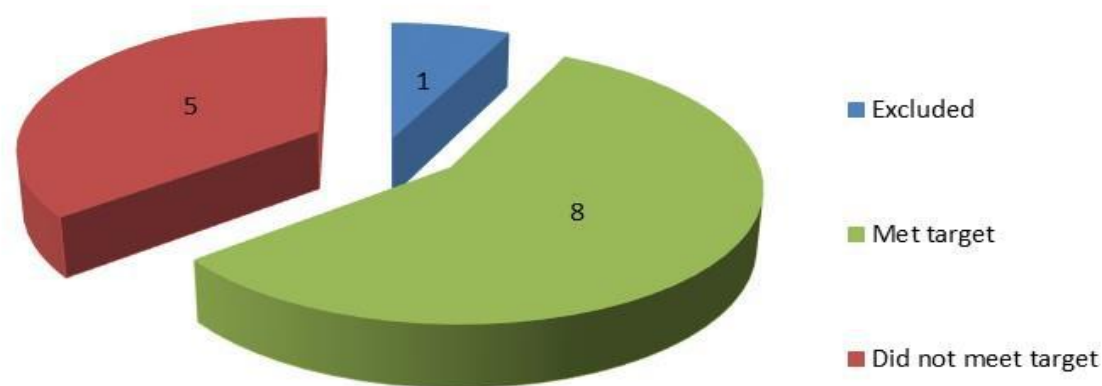
Key Actions

- The most surge of COVID patients from Dec 2020 onwards had an impact on Stroke metrics. Given operational pressures on the Hospital's medical bed-base this was unavoidable.
- On 3rd December 2019 the Stroke team received approval from the interim COO to ring-fence one male and one female bed on R2. This is enabling rapid admission in less than 4 hours. The Acute Stroke unit continues to see and host a high number of outliers. Due to Trust challenges with bed capacity the service is unable to ring-fence a bed at all times. Instead it is negotiated on a daily basis according to the needs of the service and the Trust.
- As of August 2021 the service has been in discussion with the Operations directorate about formally re-introducing the ring-fencing of beds. The service will shortly be putting together a group to work through some of the issues raised in order to work towards this.
- There were increasing number of stroke patients not referred to the stroke bleep on arrival resulting in delay to stroke unit admissions and treatment. This has been escalated to ED Matron and ED medical staff, reminding the need for rapid stroke referral.
- Stroke is trialling an MRI in Stroke triage process. This will use existing Stroke/TIA slots that are not currently being utilised.
- The new Red/Amber/Green Stroke SOP has been finalised with agreed pathways for these patients. The operational team are working to ensure optimal Stroke care for patients on all pathways, cohorting of patients where possible and timely step-down/transfer back to Stroke wards when possible.
- National SSNAP data shows Trust performance from Apr - Jun 21 has maintained at Level B.
- Ward improvement work with support from the transformation team has now restarted.
- Stroke Taskforce meetings remain in place, plus weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- Work with Hinchingsbrooke to reduce Repat LOS to 72hrs is to be restarted but no meeting have yet been possible due to unavailability of NWAFT Ops Representation.
- Stroke follow up phone clinic at one week post discharge commenced led by bleep / research team to look at unmet need during the present crisis. The clinic stopped in December due to the lack of resources and the increased demand on the bleep during the 2nd and 3rd wave. We are now in discussion about restarting the clinic
- The stroke bleep team continue to see over 200 referrals in ED a month, many of those are stroke mimics or TIAs. TIA patients are increasing treated and discharged from ED with clinic follow up. Many stroke mimics are also discharged rapidly by stroke team from ED. For every stroke patient seen, we see three patients who present with stroke mimic.
- The TIA service are planning to resume their ambulatory service in Clinic 5 within the next month as it has been confirmed there is capacity available for this. This will hopefully lead to a reduction in ED attendances and an improvement to TIA metrics.

NIHR Performance in Initiating Research Q1 2021-2022



NIHR Performance in Delivering Research Q1 2021-2022



Situation as at 30/06/2021 reported to the NIHR

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

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

70 days (Initiating):

Data on 58 non-commercial and commercial clinical trials was submitted this quarter. Of all analysed trials, 57% (8/14) met the target, which is an increase in performance from the previous quarter. We have had an overall improvement over the past year, as we have been working with the governance team to improve targets. In addition, many studies have been postponed due to Covid-19, therefore excluding them from analysis. 44 studies did not meet the target, but appropriate reasons have been given for 37 of them, which will exclude them from the analysis.

There are 7 studies that are still able to meet the target.

Delivering to target:

Data was submitted on 14 commercial trials this quarter.

With 1 study not having an agreed target, 13 trials have been analysed, giving a performance of 62% (8/13)

This is slightly down from Q4's performance of 67%.

Of the trials not meeting the recruitment target, none were withdrawn by the Sponsor before having the opportunity to meet the recruitment number/range agreed.

Actions in progress

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

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

Maternity Dashboard

East of England Regional Perinatal Quality Oversight Group Highlight Report (v15)

LMNS: Cambridgeshire and Peterborough

Reporting period: August 2021

Overall System RAG: (Please refer to key next slide)

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CQC DOMAINS

Maternity unit	CUHFT (date of last inspection : Jan 2017) Not in Maternity Safety Support Programme					Proportion of midwives who agree or strongly agree on whether they would recommend their trust as a place		Proportion of speciality trainees in Obs and Gynae responding with excellent or good on how they would rate the quality of clinical supervision out of hours	
C-caring R-responsive E-effective W-well-led S-safe	S	E	C	R	W	Action Plan Status: To commence Progressing Completed			
Rating (last inspection)						To work (entire division): 71% (2020)		92.5% (2021)	
						To receive treatment (entire division): 85% (2020)			

KPI (see slide 4 for detail)	Measurement /Target		Trust Rate (current reporting period)		KEY: CQC DOMAINS	MW to birth ratio		MW Minimum Safe Staffing		Obstetric Cover on Delivery Unit		Vacancy rate		LW co-ordinator supernumerary (%)				
Please see exemplar v8 for full detail				CUH		Outstanding	BR+ Recommended action	Actual	Planned Cover	Actual Cover	Hours of consultant presence	Gaps in Rotas	Midwife no's		%age of total staff			
Preterm birth rate	≤26+6 weeks	≤6% annual rolling rate	0.22%		Good													
	≤36+6 weeks		6.89%	Requires Improvement														
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth	2.5%	2.62		Inadequate													
	Caesarean	4.3%	1.31%															
Term admissions to NNU (all levels)		<6%	5.16%		Incident Reporting				LMNS confirmation of SI oversight (evidenced through governance & safety meetings) Yes <input type="checkbox"/> No <input type="checkbox"/>									
3 rd & 4 th degree tear	SVD (unassisted)	Unassisted 2.8%	1.50%		Datix	Incidents Graded as Moderate and Above	Maternity Serious Incidents	Maternity Never Events	Coroner Reg 28	HSIB Cases (new)	Still Births			HIE cases (grade 2 or 3)	Neonatal deaths		Maternal Mortality	
	Instrumental (assisted)	Assisted 6.8%	0.64%	Unactioned							Open > 30 days	All	Term		Intrapartum	Early	Late	Direct
Right place of birth (born outside a tertiary centre)		Number of births = 0	0															
Smoking at time of delivery		≤6%	5.47%															
Percentage of women placed on CoC pathway		≥35% (March 21)	20.1%															
Percentage of women on CoC pathway :BAME / areas of deprivation)	BAME	≥75%	BAME 20%		CUH	0	25	4	0	0	0	0	2	0	0	0	0	0
	Area of deprivation		AOD 13%															

KEY: CQC DOMAINS	MW to birth ratio		MW Minimum Safe Staffing		Obstetric Cover on Delivery Unit		Vacancy rate		LW co-ordinator supernumerary (%)						
Outstanding	BR+ Recommended ation	Actual	Planned Cover	Actual Cover	Hours of consultant presence	Gaps in Rotas	Midwife no's	%age of total staff Pipeline: 9.8%							
Good															
Requires Improvement															
Inadequate															
	1:24	1:27:6	100%	81%	81	0	48 WTE		96.8%						
Incident Reporting			LMNS confirmation of SI oversight (evidenced through governance & safety meetings) Yes <input type="checkbox"/> No <input type="checkbox"/>												
C U H	Datix		Incidents Graded as Moderate and Above	Maternity Serious Incidents	Maternity Never Events	Coroner Reg 28	HSIB Cases (new)	Still Births			HIE cases (grade 2 or 3)	Neonatal deaths		Maternal Mortality	
	Unactioned	Open > 30 days						All	Term	Intrapartum		Early	Late	Direct	Indirect
	0	25	4	0	0	0	0	2	0	0	0	0	0	0	0

Maternity Measures

Maternity Dashboard

Maternity Measures

Assessed compliance with 10 Steps-to-Safety – Year 4			Key	
	Please identify unit	CUH	Complete	The Trust has completed the activity with the specified timeframe – No support is required
			On Track	The Trust is currently on track to deliver within specified timeframe – No support is required
			At Risk	The Trust is currently at risk of not being deliver within specified timeframe – Some support is required
			Will not be met	The Trust will currently not deliver within specified timeframe – Support is required
Evidence of SBLCB V2 Compliance				
	Please identify unit	CUH		
1	Perinatal review tool		1	Reducing smoking
2	MSDS		2	Fetal Growth Restriction
3	ATAIN		3	Reduced Fetal Movements
4	Medical Workforce		4	Fetal monitoring during labour
5	Midwifery Workforce		5	Reducing pre-term birth
Assessment against Ockenden Immediate and Essential Action (IEA)				
6	SBLCB V2		Please identify unit	
7	Patient Feedback		CUH	
			Audit of consultant led labour ward rounds twice daily	
			Audit of Named Consultant lead for complex pregnancies	
			Audit of risk assessment at each antenatal visit	
8	Multi-professional training		Lead CTG Midwife and Obstetrician in post	
			Non Exec and Exec Director identified for Perinatal Safety	
9	Safety Champions		Multidisciplinary training – PrOMPT, CTG, Obstetric Emergencies (90% of Staff)	
			Plan in place to meet birth rate plus standard (please include target date for compliance)	
10	Early notification scheme (HSIB)		Flowing accurate data to MSDS	
			Maternity SIs shared with trust Board	

Maternity Dashboard

Maternity Measures

Please include narrative (brief bullet points) relating to each of the elements:

Maternity unit	CUH
1. Freedom to speak up / Whistle blowing themes. HSIB / NHR / CQC or other organisation with a concern or request for action made directly with Trust	<ul style="list-style-type: none"> None received this month
2. Themes from Datix (to include top 5 reported incidents/ frequently occurring)	<ul style="list-style-type: none"> Maternity clinical pph and cord pH <7.1 Neonatal clinical Staffing Communication failure across team(s) Implementation of care
3. Themes from Maternity Serious Incidents (Sis) and findings of review of all cases eligible for referral to HSIB	<ul style="list-style-type: none"> No reports published this month No Serious Incidents declared this month No cases eligible for referral to HSIB this month
4. Themes arising from Perinatal Mortality Review Tool (review of perinatal deaths using the real time data monitoring tool)	<ul style="list-style-type: none"> No themes arising from the reviews this month
5. Themes / main areas from complaints	<ul style="list-style-type: none"> New process for oversight of complaints graded moderate and major Communication Ward moves Failure to provide adequate care Attitudes Breach of confidentiality Information requests / Incorrect entries in medical records.
6. Listening to women / Service User Voice Feedback (sources, engagement / activities undertaken)	<ul style="list-style-type: none"> RMNVP Monthly catch ups IOL coordinator role pilot Visiting restriction review
7. Evidence of co-production	<ul style="list-style-type: none"> IOL service user information workshop development
8. Listening to staff (eg activities undertaken, surveys and actions taken as a result) Staff feedback from frontline champions and walk-about	<ul style="list-style-type: none"> Monthly maternity safety champions walkabout Band 7 update monthly meeting Daily staffing senior huddles implemented Weekly Rosie report and HOM and safety and quality message of the week Feedback Friday
9. Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	<ul style="list-style-type: none"> Weekly learning bytes (Rosie Report) Ockenden Roadshow IOL coordinator role extended Outlier management and deliveries outside of maternity Enhancements and operational pool for midwifery workforce

Maternity Dashboard

Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Actions taken for Red/Amber results
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	435	483	430	353	411	393	486	459	467	450	518	464	
Antenatal Care NICE [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	94.36 %	96.80 %	98.16 %	94.39 %	88.85 %	90.78 %	94.72 %	96.38 %	93.83 %	94.08 %	92.30 %	87.74 %	Due to ongoing staffing challenges, a review of the community services is underway to identify any areas that can be restructured to create midwifery capacity allowing for more timely bookings.
Source - EPIC	Booking Appointments	N/A	N/A	Booking Appointments	EPIC	548	493	560	467	538	404	512	433	390	521	474	465	New data addition to track booking numbers.
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	55.86 %	54.24 %	54.19 %	50.14 %	57.91 %	52.41 %	54.33 %	54.46 %	57.39 %	52.00 %	54.44 %	56.25 %	
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	2.52%	0.82%	1.86%	2.83%	2.43%	2.29%	1.23%	1.74%	1.71%	0.44%	2.50%	1.50%	Review being conducted
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	16.09 %	15.94 %	16.97 %	15.29 %	19.46 %	16.53 %	16.26 %	14.81 %	13.90 %	12.66 %	14.47 %	17.02 %	Representative sample audit completed, births in line with RBC criteria. Impact of SBLCBV2.
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	32.86 %	36.99 %	33.41 %	37.75 %	35.36 %	33.67 %	33.88 %	34.64 %	39.12 %	34.09 %	34.31 %	35.12 %	IOL coordinator role appointed as pilot post. Awaiting NICE IOL consultation outcome.
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	11.03 %	11.39 %	12.79 %	11.62 %	12.65 %	13.99 %	13.99 %	11.98 %	14.35 %	16.00 %	12.16 %	10.77 %	
Source - EPIC	National CS rate (planned & unscheduled)	< 25%	> 28%	C/S rate overall	Rosie KPI's	33.10 %	34.37 %	33.02 %	38.24 %	29.44 %	33.58 %	31.06 %	33.55 %	28.48 %	32.00 %	33.20 %	32.97 %	Our perinatal outcomes are not outlying so potentially this rate is right for our population. We are a tertiary unit. LSCS rate potentially reflective of our acuity
Source - EPIC	Smoking: Number of women smoking at the time of delivery	< 10%	> 11%	% of women identified as smoking at the time of delivery	Rosie KPI's	3.96%	6.34%	8.94%	7.49%	6.34%	6.68%	5.19%	5.09%	7.91%	2.28%	6.50%	5.47%	
Workforce																		
	Midwife/birth ratio (actual)**	1:24	1:28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:24:6	1:23:9	1:23:9	1:24:0	1:24:0	1:23:7	1:24:5	1:24:6	1:24:3	1:25:5	1:26:7	1:27:6	Clinical midwife WTE as per BR+ = clinical midwives, midwife sonographers, post natal BS and nursery nurses. For actual ratio, calculation includes all permanent WTE plus bank WTE in month.
	Midwife/birth ratio (funded)**	1:24:1	N/A	Total clinical midwife funded WTE*/Births (rolling 12 month aver.)	Finance	1:23:3	1:23:4	1:23:4	1:23:1	1:22:9	1:22:9	1:23:2	1:23:0	1:23:2	1:23:3	1:23:7	1:23:1	Midwife/birth ratio has been restated from April 19 based on the BR+ methodology and targets updated. Previous ratio was based on total clinical and non-clinical midwife posts excl midwife sonographers.
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQS	4.45%	4.33%	4.25%	4.23%	4.11%	3.68%	3.73%	4.33%	4.51%	4.80%	5.00%	5.10%	This is reported 1 month behind from CHEQ's. sickness absences related to S.A.D (stress anxiety and depression) has increased. PMA support available and bid in place for funds to psychological support
Source - CHEQS	Education & Training - mandatory training - overall compliance (obstetrics and gynae)	>92% YTD	<75% YTD	Total Obstetric and Gynaecology Staff (all staff groups) compliant with mandatory training	CHEQS											90.50 %	89.60 %	New measure in line with PQSF minimum measures: Training compliance for all staff groups related to wider job essential training
Source - PD	Education and Training - Training Compliance for all staff groups: Prompt	≥90% YTD	≤85% YTD	Total multidisciplinary obstetric staff compliant with annual Prompt training	PD											79.50 %	78.44 %	New measure in line with PQSF minimum measures: Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training
Source - K2	Education and Training - Training Compliance for all staff groups: K2	≥90% YTD	≤85% YTD	Total multidisciplinary obstetric staff passed competence threshold of 85%	PD											77.70 %	77.03 %	New measure in line with PQSF minimum measures: Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training
Source - CHEQS	Education & Training - mandatory training - midwifery compliance.	>92% YTD	<75% YTD	Proportion of midwifery compliance with mandatory training	CHEQS	92.30 %	92.10 %	91.80 %	92.50 %	90.60 %	90.50 %	90.90 %	91.00 %	90.20 %	92.92 %	92.80 %	92.30 %	

Maternity Dashboard



Cambridge
University Hospitals
NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Actions taken for Red/Amber results
Maternity Morbidity																		
Source - QSiS	Eclampsia	0	> 1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	
	Maternal Sepsis															TBC	TBC	awaiting benchmarks from LMNS
Source - QSiS	ITU Admissions in Obstetrics	1	> 2		Risk Report	0	1	0	0	1	0	2	0	0	0	1	1	
Source - QSiS	PPH ≥ 1500 mls	< 3%	> 4%	NMPA	CHEQS	4.19%	2.74%	3.02%	5.94%	5.36%	5.14%	3.49%	4.79%	3.64%	2.44%	2.12%	3.87%	group continue to meet monthly not statistically significant
Source - QSiS	3rd/ 4th degree tear rate vaginal birth	< 5%	> 7%		Risk Report	2.42%	2.54%	2.82%	4.62%	2.33%	5.00%	3.30%	1.60%	2.42%	3.26%	1.37%	3.22%	
Source - QSiS	Direct Maternal Death	0	>1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	
Risk																		
Source - QSiS	Total number of SI's	0	>1	Serious Incidents	Datix	0	0	0	0	0	1	1	0	0	0	0	0	
Source - QSiS	Information Governance	0	>1		Datix	0	0	0	0	0	0	0	0	0	0	1	0	
Source - QSiS	Clinical	0	>1		Datix	0	0	0	0	0	0	1	0	0	0	0	0	
Source - QSiS	Never Events	0	>1	DATIX	Datix	0	0	0	0	0	1	0	0	0	0	0	0	
Neonatal Morbidity																		
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	1.73%	3.48%	2.82%	2.31%	2.43%	3.00%	3.60%	3.01%	3.03%	2.31%	1.92%	1.61%	Obstetric review underway.
Source - EPIC	Still Births per 1000 Births			3.87/1000 (Mbrace)	Risk report	0.43/1000	0.96/1000	0.43/1000	0/1000	0.41/1000	0.78/1000	0.48/1000	1.37/1000	0.93/1000	1.35/1000	1.55/1000	0.93/1000	
Source - EPIC	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	1.00	2.00	1.00	0.00	1.00	0.00	1.00	3.00	2.00	3.00	3.00	2.00	
Source - EPIC	Number of birth injuries	0	> 1	Injuries to neonate during delivery	Risk Report	0	0	0	0	0	0	1	0	0	0	0	0	
Source - EPIC	Number of term babies who required therapeutic cooling	0	> 1		Risk Report	1	1	0	0	0	1	1	0	0	0	0	0	
Source - EPIC	Baby born with a low cord gas < 7.1	<2%	> 3%		Risk Report	0.68%	0.82%	1.16%	1.13%	0.97%	0.76%	1.44%	1.74%	0.85%	0.88%	0.57%	2.58%	12 cases all reviewed all care deemed appropriate
Source - EPIC	Term admissions to NICU	<6.5	>6.5	Percentage of all live births	Risk Report	3.89%	7.66%	6.00%	7.64%	6.50%	6.10%	8.40%	6.31%	8.30%	7.10%	5.21%	5.16%	
Quality																		
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	0	1	1	0	0	0	1	2	2	5	5	1	45 hours divert due to staffing and capacity. 0 women transferred elsewhere as regionally no units able to accept. CCG and Trust director on calls aware and involved.
	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.80%	99.78%	
Source - EPIC	Breast feeding initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	79.95%	84.56%	85.64%	82.42%	82.19%	86.11%	80.25%	80.93%	82.86%	81.46%	81.45%	82.05%	
Source - EPIC	VTE	>95%	< 95%		CHEQS	100%	100%	99.6%	100%	99.3%	99.47%	99.90%	99.30%	97.95%	99.38%	99.37%	99.14%	

Trust performance summary - Key indicators

Financial Performance



Trust actual surplus / (deficit)

£0.0m	Actual (adjusted)*
£0.0m	Plan (adjusted)*
£0.1m	Actual YTD (adjusted)*
£0.0m	Plan YTD (adjusted)*



Covid-19 spend and system Covid-19 funding

£5.3m	Revenue actual
£20.8m	Revenue actual YTD
£3.1m	Covid funding in month
£16.0m	Covid funding YTD



Net current assets/(liabilities, debtor days and payables performance

Net current assets
(£40.0m)
Not Available
Debtor days
25
23

	Payables performance (YTD) **	
Actual	85.8%	Value
Plan	86.8%	Quantity
This month		
Previous month		



Cash and EBITDA

Cash	
£155.4m	Actual
£145.0m	Plan
EBITDA	
£14.4m	Actual
£15.1m	Plan



Capital expenditure

£11.0m	Capital - actual spend in month
£18.4m	Capital - actual spend YTD
£10.8m	Capital - plan YTD



Elective Recovery Fund (ERF)

ERF values subject to change due to coding updates

£0.0m	ERF forecast actual in month
£0.0m	ERF plan in month
£15.7m	ERF forecast actual YTD
£7.3m	ERF plan YTD

Legend	£ in million
	In month
	YTD

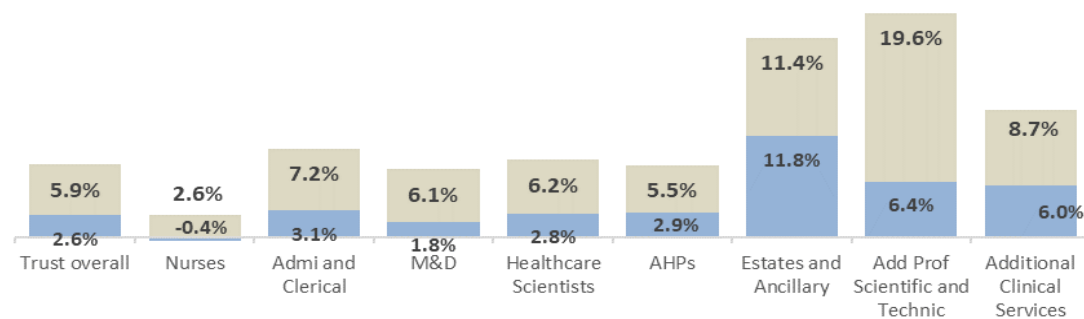
* On a control total basis, excluding the effects of impairments and donated assets
** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.

Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth	FTE		FTE 12 Month growth
	Sep-20	Aug-21		Sep-20	Aug-21	
Add Prof Scientific and Technic*	206	232	↑ 12.6%	188	214	27 ↑ 14.2%
Additional Clinical Services	1,911	1,985	↑ 3.9%	1,748	1,813	65 ↑ 3.7%
Administrative and Clerical	2,300	2,385	↑ 3.7%	2,088	2,160	72 ↑ 3.5%
Allied Health Professionals*	712	729	↑ 2.4%	628	646	18 ↑ 2.9%
Estates and Ancillary	342	337	↓ -1.5%	332	328	-4 ↓ -1.2%
Healthcare Scientists	606	620	↑ 2.3%	565	573	8 ↑ 1.5%
Medical and Dental	1,561	1,603	↑ 2.7%	1,479	1,533	54 ↑ 3.6%
Nursing and Midwifery Registered	3,538	3,624	↑ 2.4%	3,229	3,327	98 ↑ 3.0%
Total	11,176	11,515	↑ 3.0%	10,256	10,594	338 ↑ 3.3%

% Change Since September 2019



■ % Increase from Sep-19 to Aug -21 (24months increase)
■ % Increase from Sep-19 to Aug -20 (previous 12months increase)

Admin & Medical Breakdown

Staff Group	Sep-20	Aug-21	FTE 12 Month growth
Administrative and Clerical	2,088	2,160	72 ↑ 3.5%
<i>of which staff within Clinical Division</i>	1,046	1,062	17 ↑ 1.6%
<i>of which Band 4 and below</i>	757	760	3 ↑ 0.4%
<i>of which Band 5-7</i>	204	215	11 ↑ 5.5%
<i>of which Band 8A</i>	39	41	2 ↑ 4.3%
<i>of which Band 8B</i>	4	6	2 ↑ 45.4%
<i>of which Band 8C and above</i>	41	40	-1 ↓ -2.9%
of which staff within Corporate Areas	833	875	41 ↑ 4.9%
<i>of which Band 4 and below</i>	235	245	10 ↑ 4.1%
<i>of which Band 5-7</i>	396	411	15 ↑ 3.8%
<i>of which Band 8A</i>	69	77	8 ↑ 11.1%
<i>of which Band 8B</i>	58	55	-3 ↓ -5.2%
<i>of which Band 8C and above</i>	75	87	12 ↑ 15.6%
of which staff within R&D	209	223	14 ↑ 6.8%
Medical and Dental	1,479	1,533	54 ↑ 3.6%
<i>of which Doctors in Training</i>	606	636	30 ↑ 4.9%
<i>of which Career grade doctors</i>	229	221	-8 ↓ -3.5%
<i>of which Consultants</i>	644	676	32 ↑ 5.0%

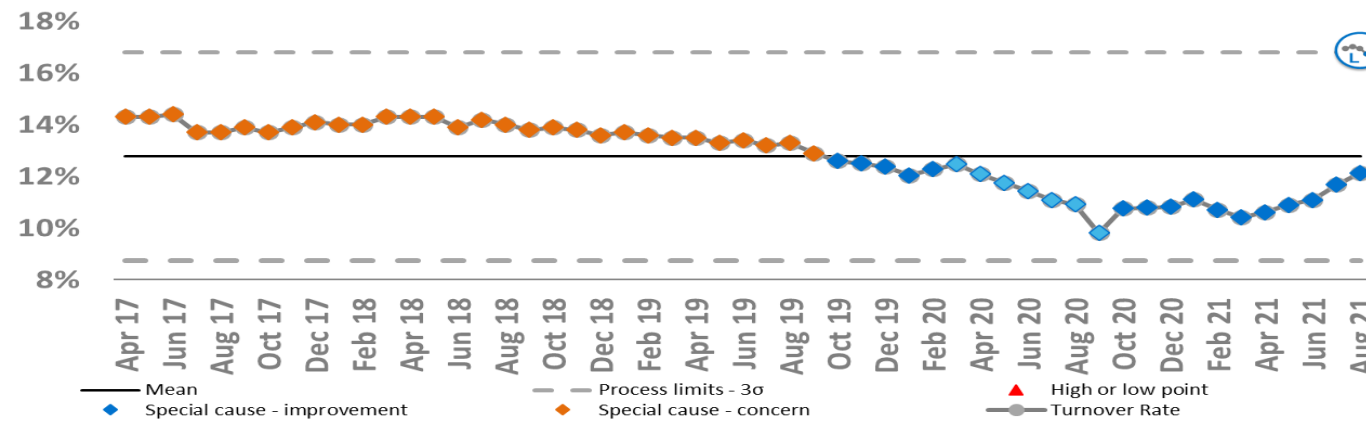
What the information tells us: Overall the Trust saw a 3.3% growth in its substantive workforce over the past 12 months and 7.0% over the past 24 months. Growth over the past 24 months is lowest within the Nursing staff group at 2.6% and highest within the Add prof scientific and technical staff group at 19.6%.

*Operating Department Practitioner roles were regroup from Add Prof Scientific and Technic to Allied Health Professionals on ESR from June 21 . This change has been updated for historical data set to allow for accurate comparison

Staff Turnover

Staff Turnover

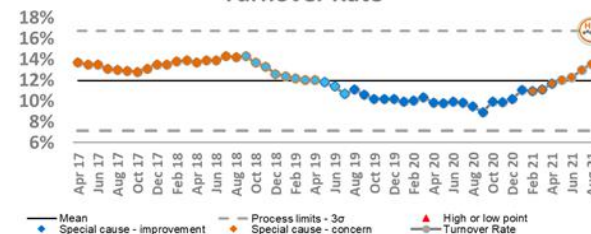
Turnover Rates - All Staff



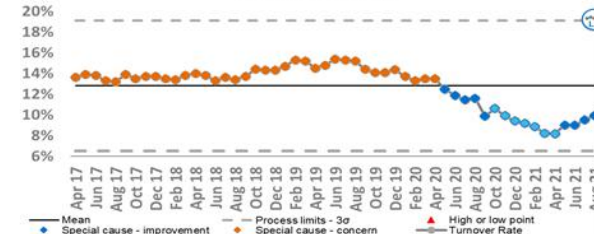
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (exclude all fixed term contracts including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

What the information tells us: The Trust's turnover rate has been increasing for the most recent months with an increase of 2% over the past 12 months. However, it remains below average at 12.1%. The area of special cause of concern includes the Nursing and Midwifery staff group with an increase of 5% to 13.6% over the past 12 months.

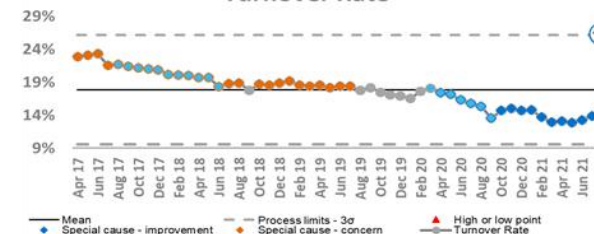
Nursing and Midwifery
Turnover Rate



Administrative and Clerical
Turnover Rate



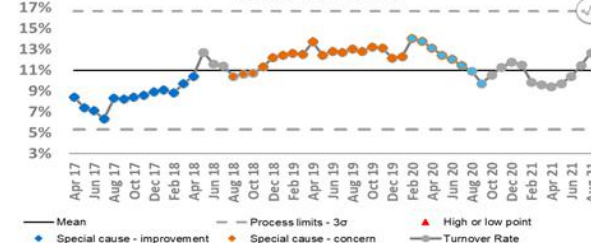
Additional Clinical Services
Turnover Rate



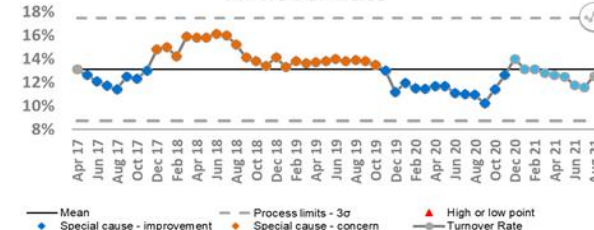
Medical and Dental
Turnover Rate



Healthcare Scientists
Turnover Rate



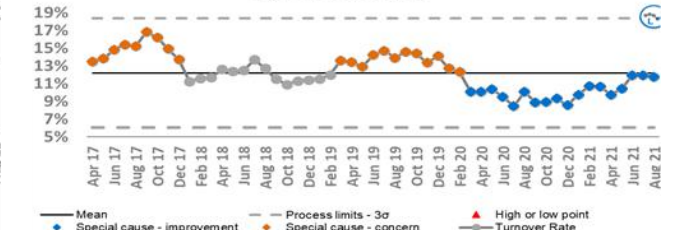
Allied Health Professionals
Turnover Rate



Estates and Ancillary
Turnover Rate

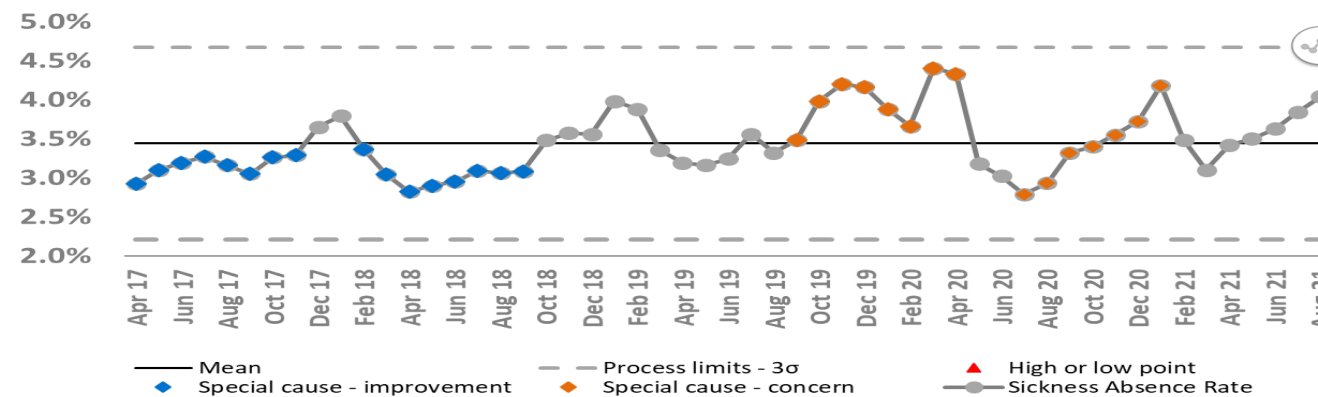


Add Prof Scientific and Technic
Turnover Rate



Sickness Absence

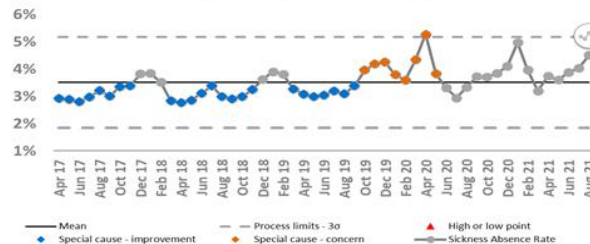
Monthly Sickness Absence Rates - All Staff



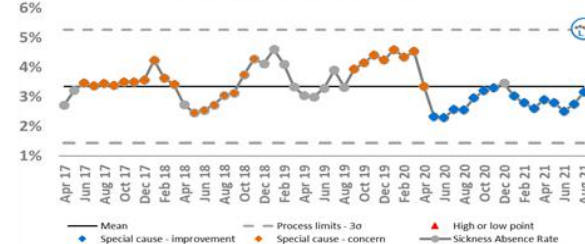
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

What the information tells us: Monthly Sickness Absence Rate remained above average at 4%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 17.3% of all sickness absence in August 2021, compared to 14.1% from the previous month.

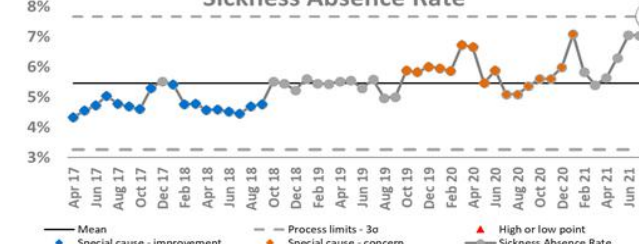
Nursing and Midwifery Sickness Absence Rate



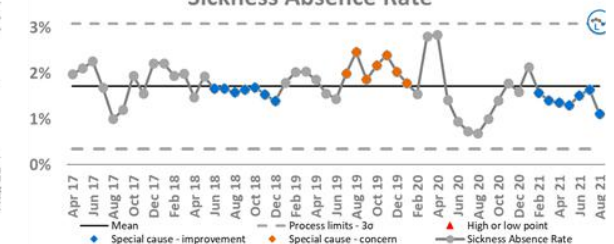
Administrative and Clerical Sickness Absence Rate



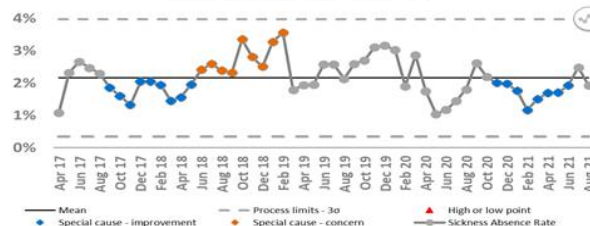
Additional Clinical Services Sickness Absence Rate



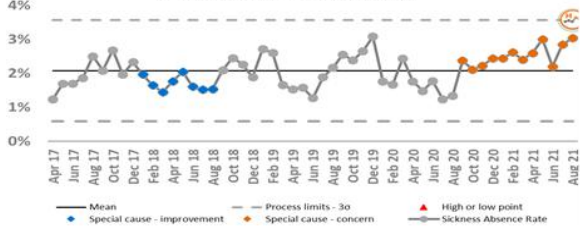
Medical and Dental Sickness Absence Rate



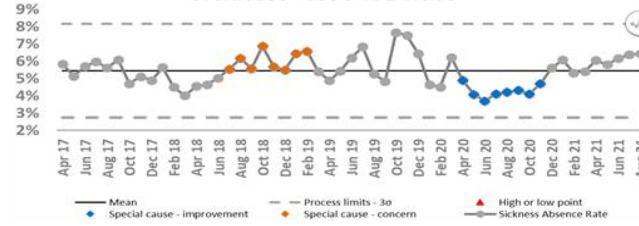
Healthcare Scientists Sickness Absence Rate



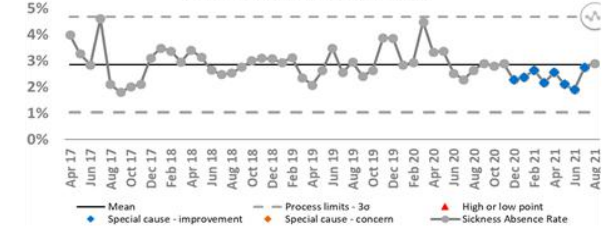
Allied Health Professionals Sickness Absence Rate



Estates and Ancillary Sickness Absence Rate

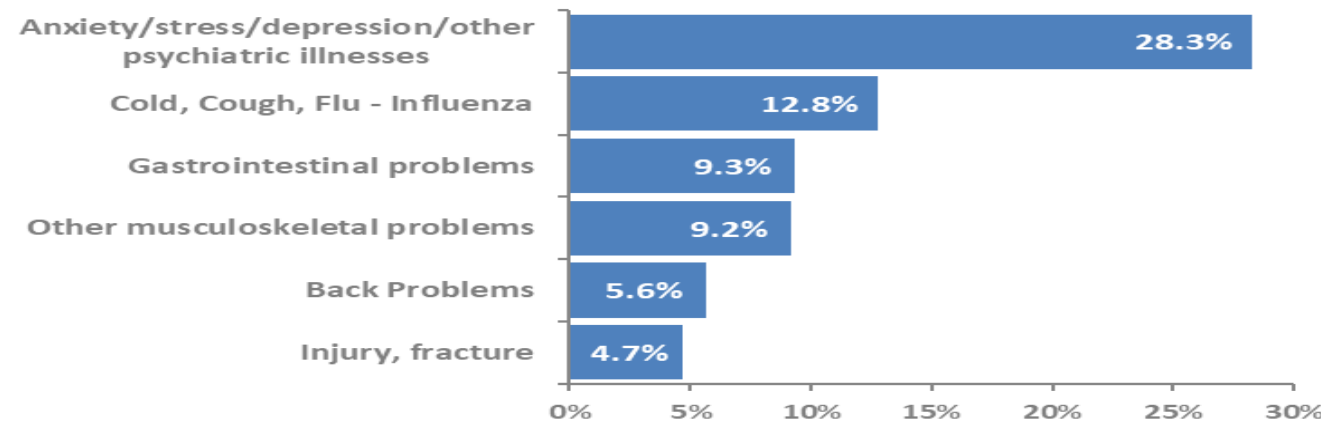


Add Prof Scientific and Technic Sickness Absence Rate



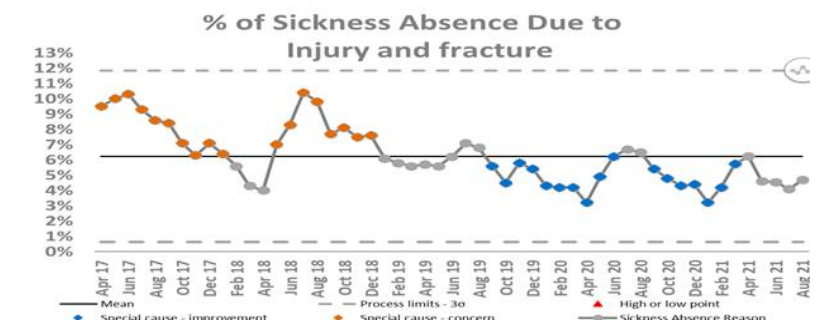
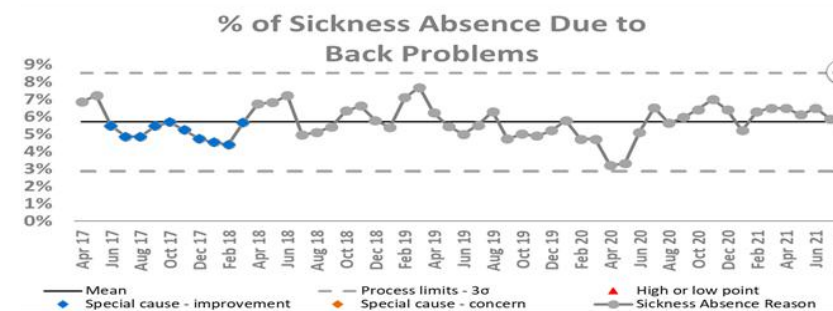
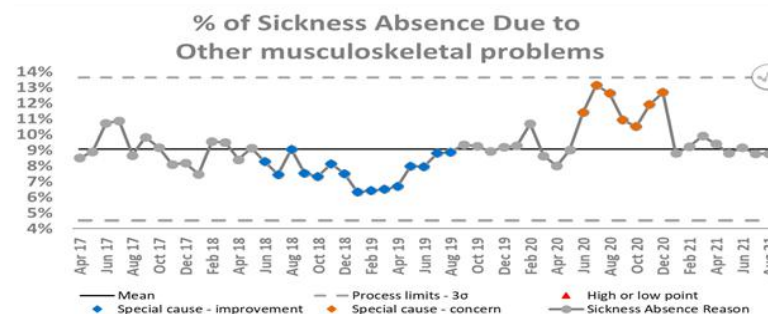
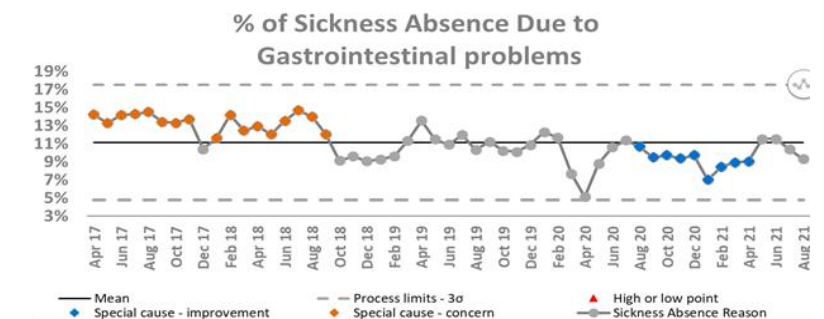
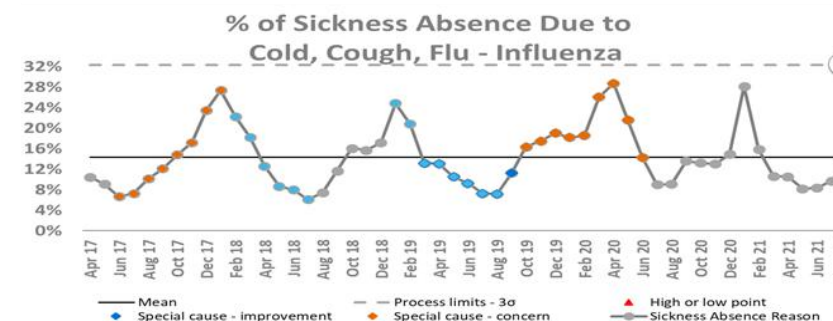
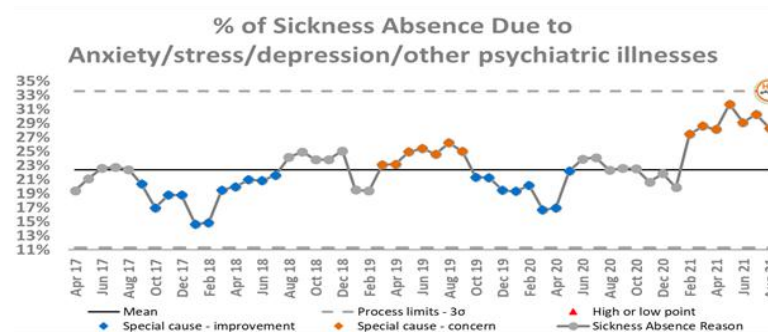
Top Six Sickness Absence Reason

Top 6 Sickness Reason as % All Sickness - Aug 21
All Staff



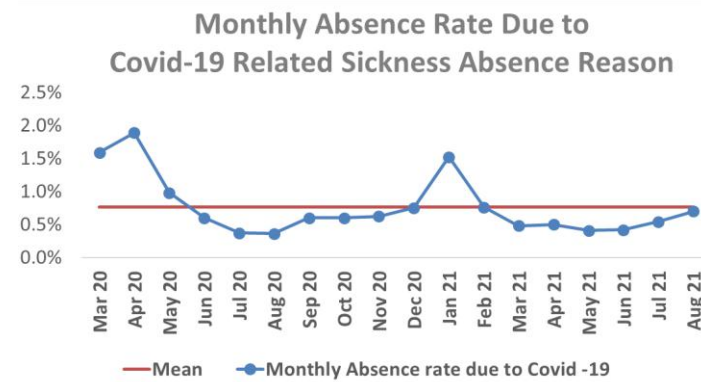
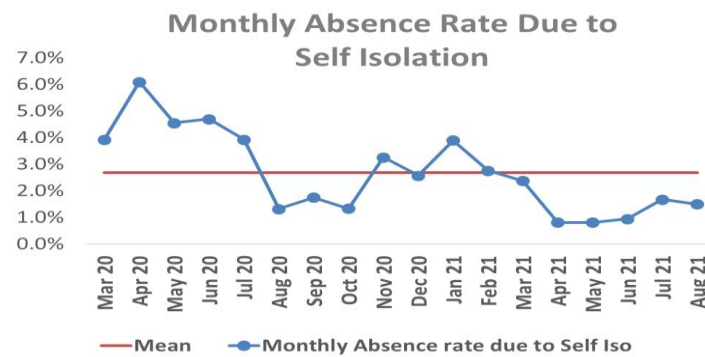
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

What the information tells us: The highest reason for sickness absence is mental health related sickness which saw an increase of 8% over the past seven month and remained above average at 28.3%. Influenza related sickness absence is now the 2nd highest sickness absence reason at 12.8%.



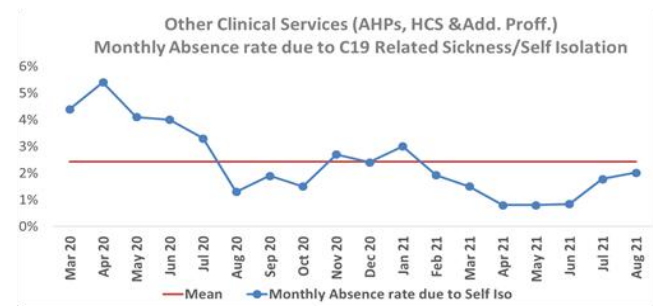
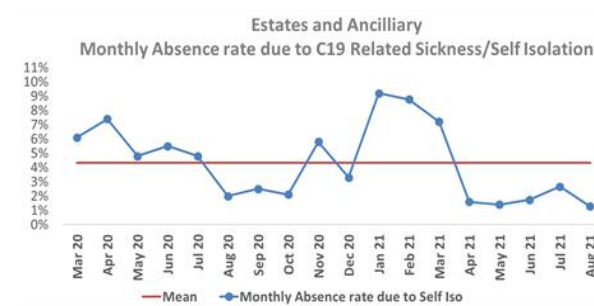
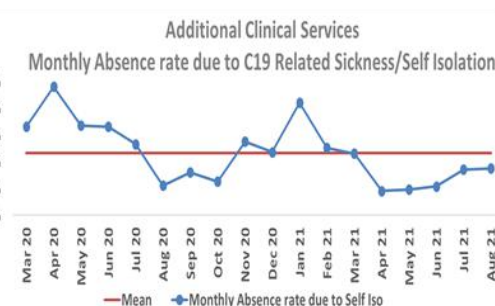
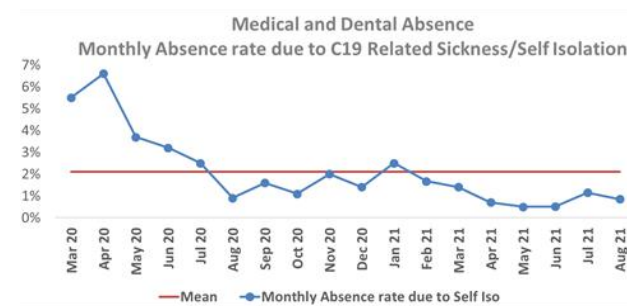
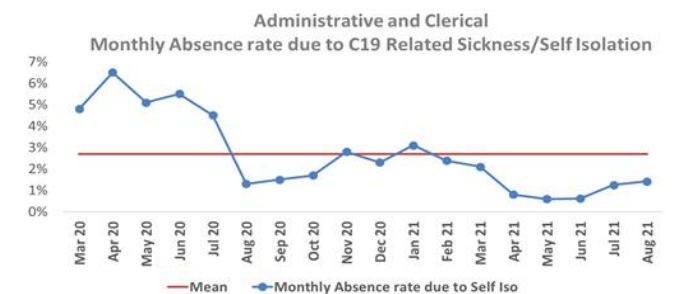
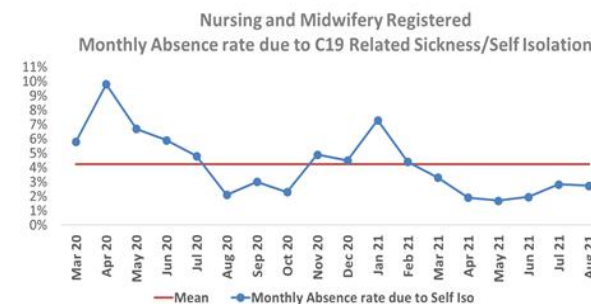
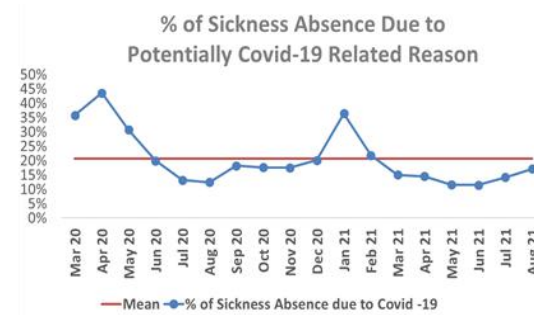
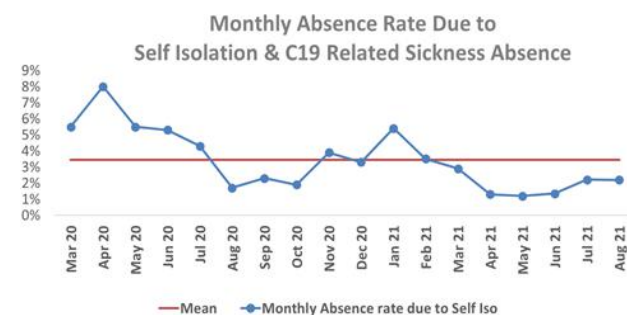
Covid-19 Related Absence

Covid-19 Related Absence



Background Information: Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases).

What the information tells us: The Trust's monthly absence rate due to Self isolation saw a decrease of 0.2% to 1.5% from the previous month. Monthly absence rate due to potential Covid-19 related sickness increased by 0.2% to 0.7% in August. Overall, absence rates due to Covid-19 related sickness and self isolation remained static from the previous month at 2.2% in August.

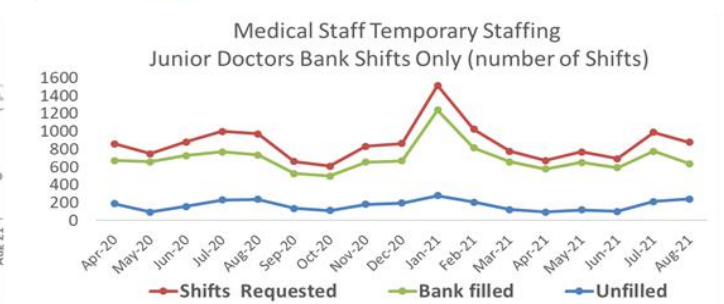
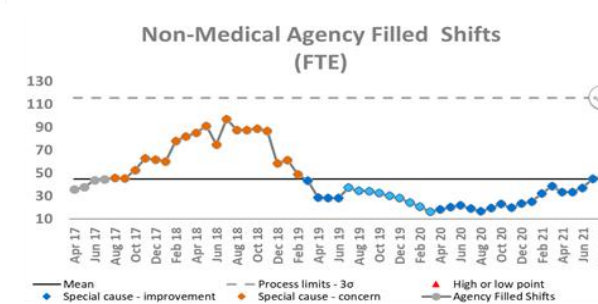
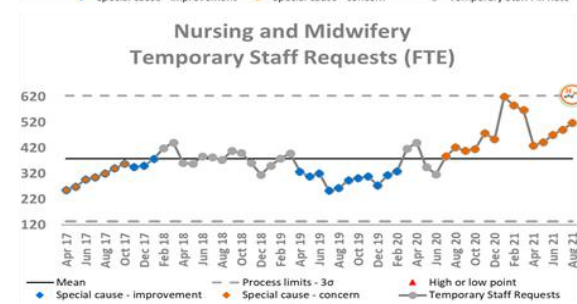
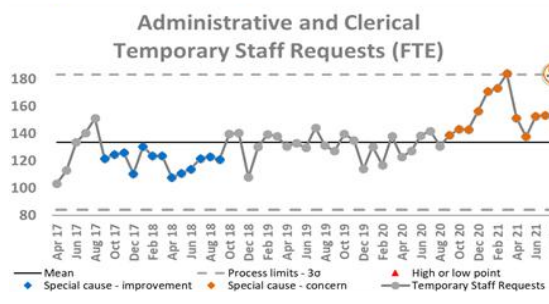
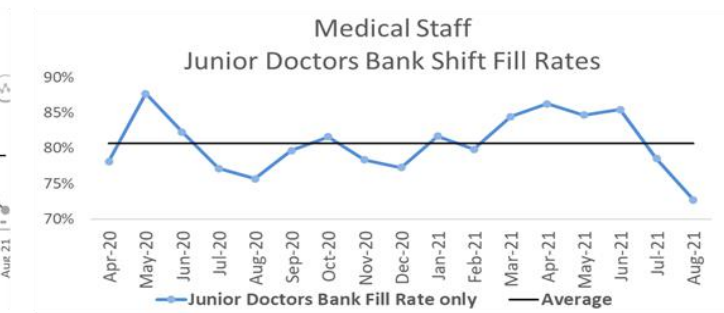
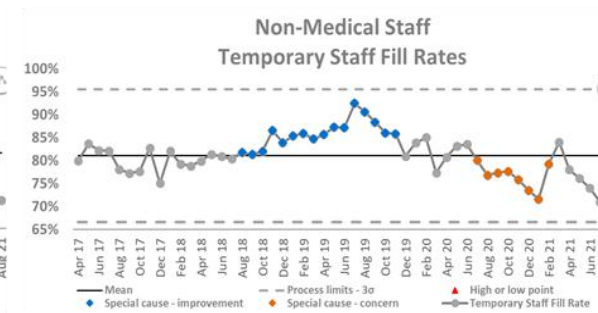
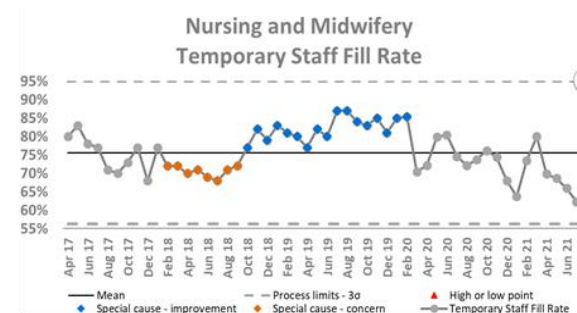
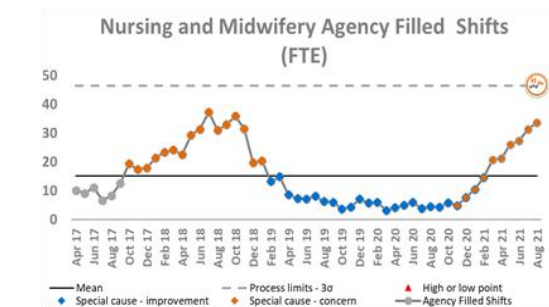
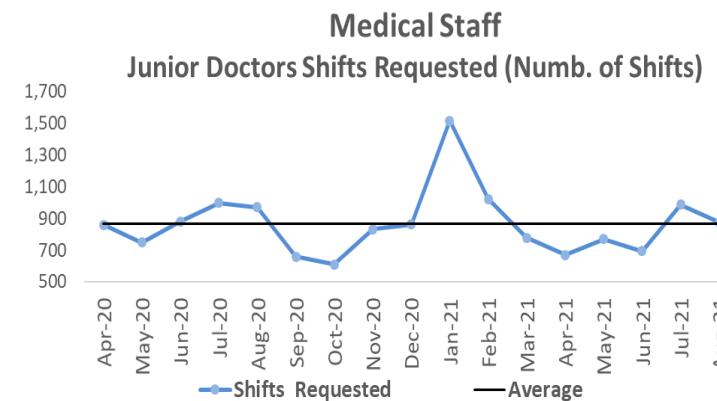
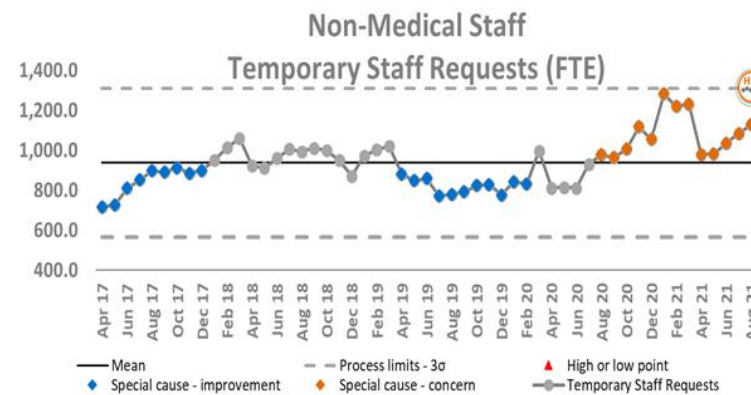


Temporary Staffing

Temporary Staffing

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

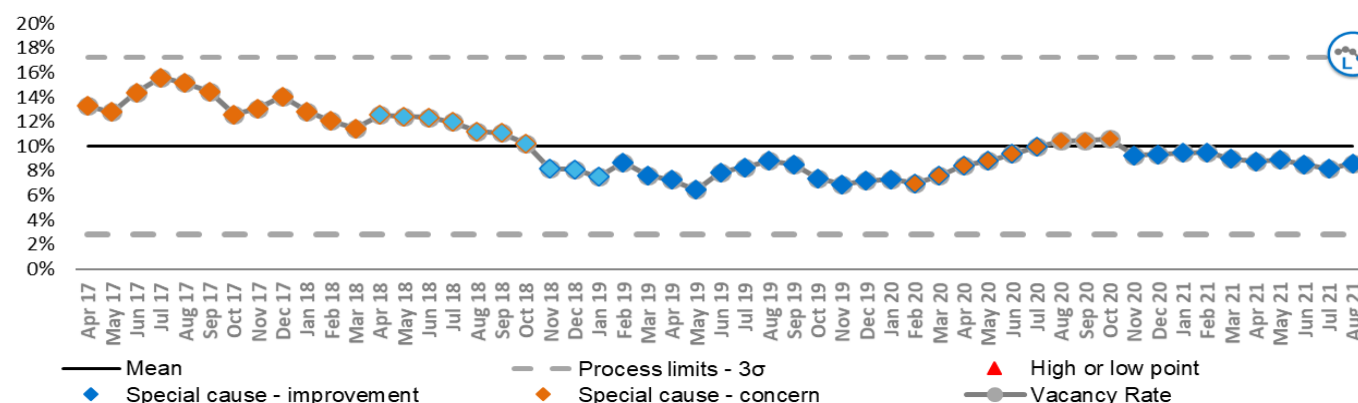
What the information tells us: Demand for non-medical temporary staff have been increasing for the most recent months, with a further increase of 4% from the previous month. Consequently, fill rate also saw a further decrease of 2% to 69%. Nursing and midwifery agency usage increased by 3% to 34.5 WTE from the previous month. This accounts for 10% of the total Nursing filled shifts.



ESR Vacancy Rate

Vacancy Rate and Appraisal

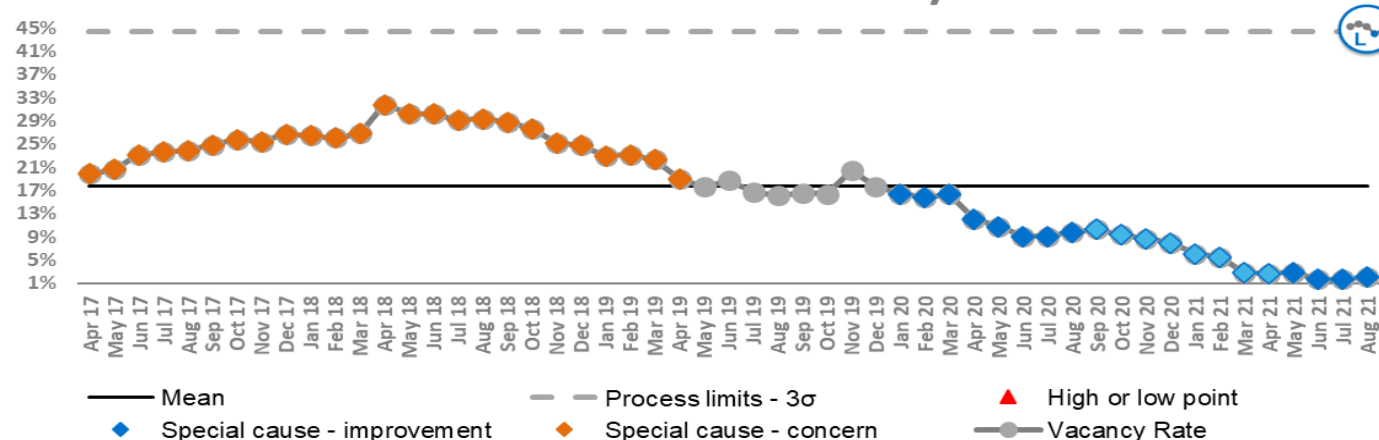
Nursing and Midwifery Vacancy Rates



Background Information: Vacancy rate provides vacancy information based on established post within an organisation. The figure below relates to ESR data for clinical areas only and includes pay band 2-4 for HCA and 5-7 for Nurses.

What the information tells us: Vacancy rate for both **Healthcare Assistants and Nurses remained below the average rate at 2.1% and 8.6% respectively.

Healthcare Assistant Vacancy Rate



*Please note ESR reported data has replaced self reported vacancy data for this report. The establishment is based on the ledger and may not reflect all covid related increases. Work is ongoing to review both reports and further changes to this report will follow. **Nurses preparing for their OSCE exams were previously included in the data as filled HCA posts but are now included as filled Nursing posts instead.

C19 - Individual Health Risk Assessment & Annual Leave Update

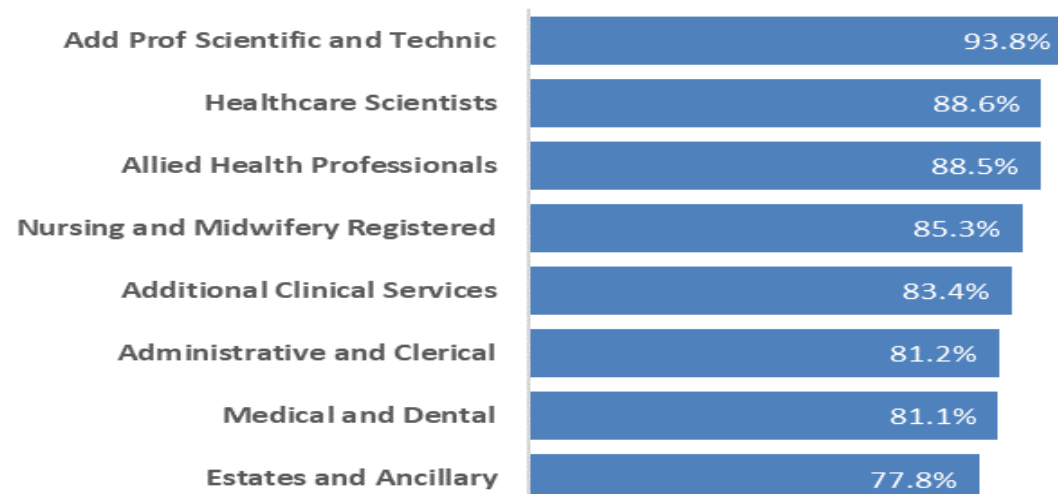
C19 - Risk Assessment & Annual Leave Update

C19 – Individual Health Risk Assessment Compliance

Risk compliance rate	Aug 21
Overall C19 Risk Assessment Compliance	83.9%
BAME Staff - C19 Risk Assessment Compliance	80.8%
At Risk Staff - C19 Risk Assessment Compliance	81.3%

Risk group	% of Staff within each Risk group
Covid 19 Green Risk Group	74.7%
Covid 19 Orange Risk Group	4.9%
Covid 19 Red Risk Group	1.4%
Covid 19 Shielding Risk Group	0.4%
Covid 19 Yellow Risk Group	2.5%

% Covid Risk Assessments Completed -Aug 21 By Staff Group



Percentage of Annual Leave (AL) Taken - Aug 21 Breakdown

	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	47,118	17,158	36%	96%
	Additional Clinical Services	377,220	149,393	40%	98%
	Administrative and Clerical	477,982	168,779	35%	96%
	Allied Health Professionals	147,769	57,545	39%	99%
	Estates and Ancillary	73,577	29,189	40%	98%
	Healthcare Scientists	132,291	47,312	36%	96%
	Medical and Dental	143,723	36,905	26%	37%
	Nursing and Midwifery Registered	729,921	278,099	38%	97%
	Trust	2,129,600	784,380	37%	89%
Annual Leave taken by Division	Division				
	Division A	395,744	144208	36%	87%
	Division B	589,528	219472	37%	93%
	Division C	273,389	100373	37%	81%
	Division D	256,691	95084	37%	86%
	Division E	227,579	89096	39%	86%
	Corporate	294,867	105279	36%	95%
	R&D	91,803	30868	34%	93%

* Greater than 33% Less than 25% Between 25% and 33%

What the information tells us: The Trust's Covid-19 Risk assessment compliance rate is at 83.9% including 80.8% of BAME staff and 81.3% of At Risk staff. Overall, 0.4% of staff are shielding while 1.4% are within the Red Risk Group.

The Trust's annual leave usage is 37% after 5 months of the year (i.e. 42% of the leave year). The highest rates of use of annual leave is within Estates and Additional Clinical services at 40%.

Mandatory Training by Division and Staff Group

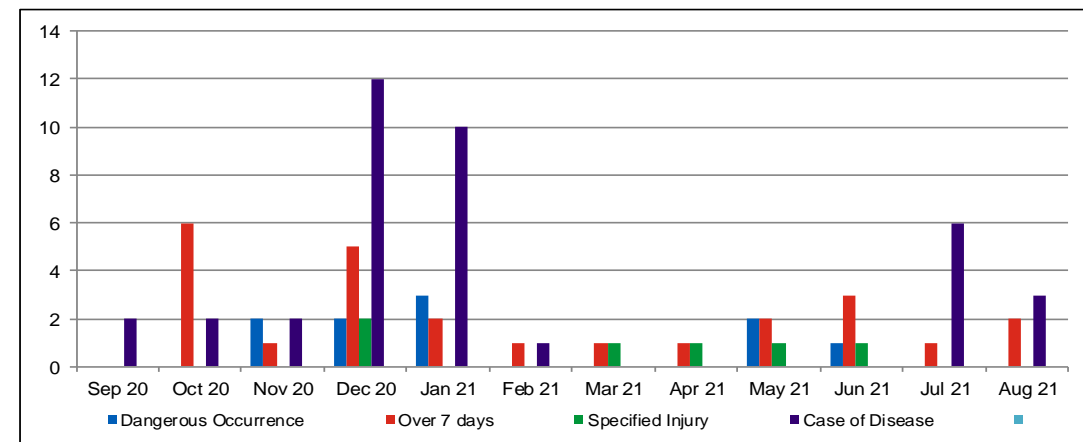
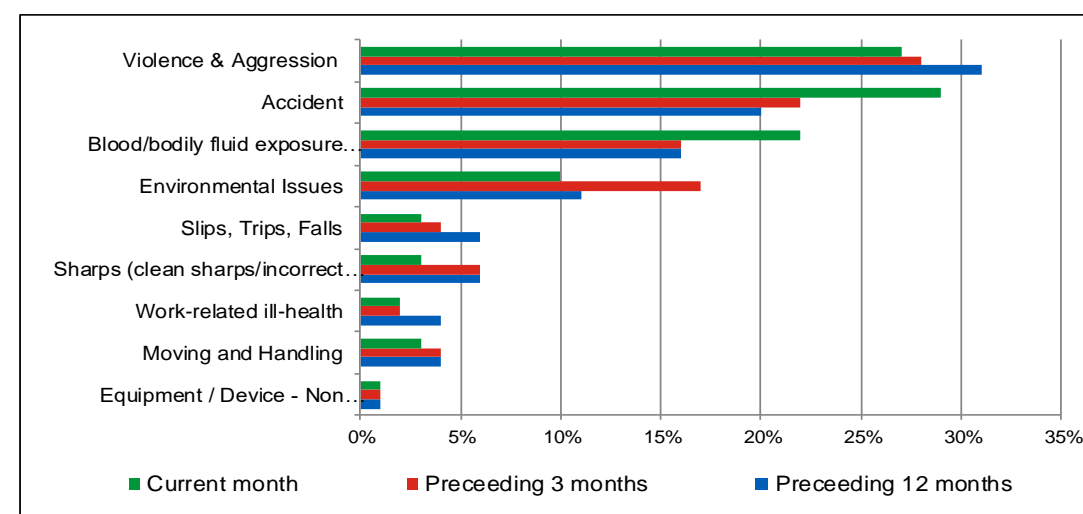
Background Information: Statutory and Mandatory training are essential for the safe and efficient delivery of the organisation services They are designed to reduce organisational risks and comply with local or national policies and government guidelines. Training can be undertaken on-line or by attending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

Workforce: Staff as Partners

		Induction				Mandatory Training Competency (as defined by Skills for Health)															Greater than 89%	Less than 75%	Between 74% and 89%	
		Non-Medical		Medical		Conflict Resolution	Equality & Diversity	Fire Safety	Health & Safety	Infection Control	Information Governance including GDPR and Cyber Security	Moving & Handling	Resuscitation	Safeguarding Adults	Safeguarding Adult Lvl 2	Safeguarding Children Lvl 1	Safeguarding Children Lvl 2	Safeguarding Children Lvl 3	Prevent Level Three (WRAP)	Total Compliance				
		Corporate Induction	Local Induction	Corporate Induction	Local Induction																			
Frequency	Delivery Method	cl	f2f	d/	f2f																			
Staff Requiring Competency		927	924	256	256	3 yrs cl/e/ 10,196	3 yrs cl/e/ 10,196	2 yrs/1yr d/e/ 10,338	3yrs cl/e/ 10,196	2 yrs cl/e/ 10,196	1 yr d/e/ 10,196	2 yrs/1yrs cl/e/ 10,340	2 yrs/1yrs cl/el 6,721	3 yrs cl/e/ 10,196	3 yrs cl/el 7,238	3 yrs cl/el 10,196	3 yrs cl/el 7,250	3 yrs cl/el 1,664	3 yrs d 1,664					
Compliance by Division																								
Division A		(11)92.5%	(24)83.7%	(9)86.2%	(10)84.6%	(50)97.4%	(61)96.8%	(289)85.3%	(62)96.8%	(76)96.0%	(145)92.4%	(500)74.6%	(519)70.2%	(83)95.7%	(168)90.6%	(65)96.6%	(171)90.4%	(35)79.7%	(10)94.2%	90.2%				
Division B		(20)91.8%	(44)81.9%	(8)77.8%	(8)77.8%	(70)97.4%	(75)97.2%	(226)91.7%	(77)97.1%	(102)96.2%	(151)94.4%	(294)89.2%	(285)79.1%	(85)96.8%	(108)93.4%	(75)97.2%	(126)92.4%	(17)87.9%	(10)92.9%	94.0%				
Division C		(17)90.4%	(43)75.6%	(10)81.5%	(11)79.6%	(52)96.3%	(56)96.0%	(230)84.0%	(60)95.7%	(74)94.7%	(135)90.3%	(350)75.6%	(327)72.9%	(73)94.8%	(105)92.0%	(65)95.3%	(99)92.5%	(32)85.7%	(15)93.3%	89.9%				
Division D		(11)92.2%	(19)86.5%	(10)73.0%	(7)81.1%	(41)96.8%	(43)96.6%	(154)88.0%	(57)95.5%	(52)95.9%	(98)92.3%	(208)83.8%	(269)74.0%	(62)95.1%	(69)93.5%	(53)95.8%	(85)92.1%	(22)83.1%	(19)85.4%	91.6%				
Division E		(2)97.7%	(17)80.7%	(5)92.2%	(5)92.2%	(40)96.7%	(42)96.5%	(187)84.6%	(48)96.0%	(47)96.1%	(86)92.8%	(353)71.0%	(209)80.5%	(67)94.4%	(75)93.1%	(47)96.1%	(74)93.2%	(92)90.6%	(73)92.6%	91.0%				
Corporate		(11)88.7%	(32)67.0%			(50)96.1%	(55)95.8%	(91)93.0%	(52)96.0%	(65)95.0%	(104)92.0%	(97)92.5%	(40)73.5%	(62)95.2%	(7)95.3%	(56)95.7%	(10)93.5%	(1)80.0%	(1)80.0%	94.1%				
R & D		(3)90.6%	(8)75.0%			(11)97.4%	(10)97.6%	(19)95.5%	(13)96.9%	(10)97.6%	(15)96.5%	(35)91.8%	(13)91.4%	(14)96.7%	(10)94.5%	(12)97.2%	(9)95.1%			95.8%				
Breakdown of Medical staff compliance																								
Consultant				(8)83.0%	(11)76.6%	(46)93.3%	(43)93.8%	(41)94.0%	(51)92.6%	(44)93.6%	(66)90.4%	(51)92.6%	(297)57.5%	(59)91.4%	(33)95.3%	(31)95.5%	(36)94.8%	(17)91.7%	(9)95.6%	90.4%				
Non Consultant				(34)83.7%	(30)85.6%	(84)85.1%	(85)84.9%	(122)78.3%	(102)81.9%	(128)77.3%	(207)63.2%	(154)72.6%	(334)41.9%	(115)79.6%	(133)76.6%	(103)81.7%	(122)78.7%	(44)63.9%	(40)67.2%	75.3%				
Compliance by Staff group																								
Add Prof Scientific and Technic		(1)96.8%	(4)87.1%			(6)97.2%	(8)96.3%	(7)96.8%	(9)95.9%	(10)95.4%	(14)93.6%	(19)91.3%	(6)83.3%	(11)95.0%	(4)97.9%	(8)96.3%	(4)97.8%			95.4%				
Additional Clinical Services		(16)93.0%	(43)81.1%			(30)98.3%	(35)98.0%	(255)85.8%	(39)97.8%	(55)96.8%	(99)94.3%	(390)78.3%	(347)74.5%	(51)97.1%	(173)89.0%	(40)97.7%	(162)89.7%	(10)94.1%	(10)94.1%	91.7%				
Administrative and Clerical		(15)91.6%	(43)76.0%			(53)97.6%	(65)97.0%	(79)96.4%	(70)96.8%	(82)96.3%	(123)94.4%	(87)96.0%	(11)35.3%	(79)96.4%	(6)95.1%	(80)96.3%	(8)93.5%	(3)62.5%	(1)87.5%	96.0%				
Allied Health Professionals		(7)88.7%	(7)88.7%			(8)98.8%	(13)98.0%	(87)86.7%	(17)97.4%	(17)97.4%	(26)96.0%	(135)79.4%	(118)81.9%	(24)96.3%	(30)95.4%	(20)96.9%	(39)94.0%	(7)90.0%	(5)92.9%	93.0%				
Estates and Ancillary		(4)83.3%	(5)79.2%			(10)96.8%	(10)96.8%	(11)96.5%	(8)97.4%	(10)96.8%	(27)91.3%	(7)97.8%		(13)95.8%		(10)96.8%				96.0%				
Healthcare Scientists		(3)94.4%	(4)92.5%			(13)97.7%	(11)98.1%	(24)95.8%	(11)98.1%	(13)97.7%	(21)96.3%	(24)95.8%	(22)78.8%	(9)98.4%	(14)91.0%	(7)98.8%	(12)92.3%	(1)93.3%	(1)93.3%	96.7%				
Medical and Dental				(42)83.6%	(41)84.0%	(130)89.6%	(128)89.8%	(163)87.0%	(153)87.8%	(172)86.3%	(273)78.2%	(205)83.6%	(631)50.5%	(174)86.1%	(166)86.9%	(134)89.3%	(158)87.6%	(61)81.3%	(49)85.0%	83.5%				
Nursing and Midwifery Registered		(29)91.7%	(81)76.7%			(64)98.0%	(72)97.8%	(570)82.9%	(62)98.1%	(67)97.9%	(151)95.4%	(970)71.0%	(527)83.9%	(85)97.4%	(149)95.5%	(74)97.7%	(191)94.2%	(119)88.9%	(63)94.1%	92.2%				
Trust Total		(75)91.9%	(187)79.8%	(42)83.6%	(41)84.0%	(314)96.9%	(342)96.6%	(1196)88.4%	(369)96.4%	(426)95.8%	(734)92.8%	(1837)82.2%	(1662)75.3%	(446)95.6%	(542)92.5%	(373)96.3%	(574)92.1%	(201)87.9%	(129)92.2%	92.02%				

Health and Safety Incidents

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	CEFM
No. of health and safety incidents reported in a rolling 12 month period:	1535	317	249	433	258	171	27	80
Accident	301	53	68	57	53	45	5	20
Blood/bodily fluid exposure (dirty sharps/splashes)	252	86	54	48	34	25	4	1
Environmental Issues	172	29	36	24	36	34	3	10
Equipment / Device - Non Medical	11	2	0	3	4	2	0	0
Moving and Handling	68	13	8	25	14	4	1	3
Sharps (clean sharps/incorrect disposal & use)	93	33	16	11	12	14	4	3
Slips, Trips, Falls	93	25	18	4	12	10	5	19
Violence & Aggression	483	63	33	253	87	23	3	21
Work-related ill-health	62	13	16	8	6	14	2	3



A total of 1,535 health and safety incidents were reported in the previous 12 months.

730 (48%) incidents resulted in harm. The highest reporting categories were violence and aggression (31%), accidents (20%) and blood/bodily fluid exposure (16%).

1,125 (73%) of incidents affected staff, 366 (24%) affected patients and 44 (3%) affected others ie visitors, contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (29%), blood/bodily fluid exposure (21%) and accidents (17%).

The highest reported incident categories for patients were: violence and aggression (36%), accidents (29%) and environmental issues (17%).

The highest reported incident categories for others were: violence and aggression (48%), environmental issues (18%) and slips, trips & falls (16%).

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 433 incidents. Of these, 58% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was case of disease (48%).

58% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In August 2021, 5 incidents were reported to the HSE:

Case of Disease (3)

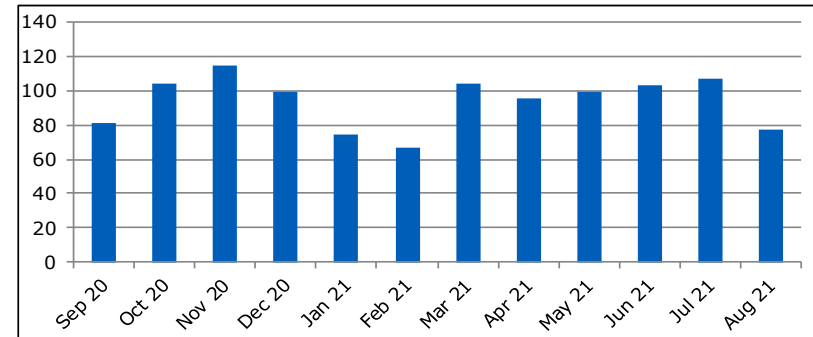
- Three members of staff tested positive for Covid-19 and there is reasonable evidence to suggest that a work-related exposure is the likely cause of the disease.

Over 7 Day Injury (2)

- The Injured Person (IP) went to assist a patient who had begun to feeling dizzy whilst returning to their bed space. Whilst another member of staff was bringing a chair for the patient, the patient fell onto the IP causing both the patient and IP to fall to the floor. The IP suffered pain to their wrist and hip and will subsequently be off work over 7 days.
- The IP was attending to a patient receiving NIV. Whilst the NIV was in place the patient became agitated and confused. The patient grabbed hold of the IP's arm and pulled the IP's upper body over the cot side causing strain and twisting to their back. The IP sustained a strain to their back. The IP has been off work over 7 days as a result of this incident.

Health and Safety Incidents

No. of health and safety incidents affecting staff:

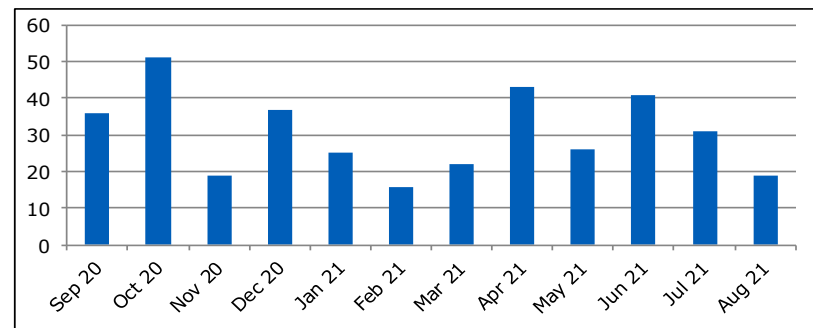


	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Total
Accident	14	14	19	15	9	15	23	15	13	15	16	21	189
Blood/bodily fluid exposure (dirty sharps/splashes)	13	19	22	31	19	18	15	17	22	13	25	20	234
Environmental Issues	5	6	12	7	4	2	7	9	5	23	14	6	100
Moving and Handling	4	4	6	3	2	2	8	1	6	5	2	3	46
Sharps (clean sharps/incorrect disposal & use)	6	12	7	6	4	8	5	6	8	9	5	3	79
Slips, Trips, Falls	8	8	9	7	6	3	10	9	12	4	7	3	86
Violence & Aggression	24	31	34	25	22	16	30	33	29	31	35	19	329
Work-related ill-health	7	10	6	5	8	3	6	5	4	3	3	2	62
Total	81	104	115	99	74	67	104	95	99	103	107	77	1125

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

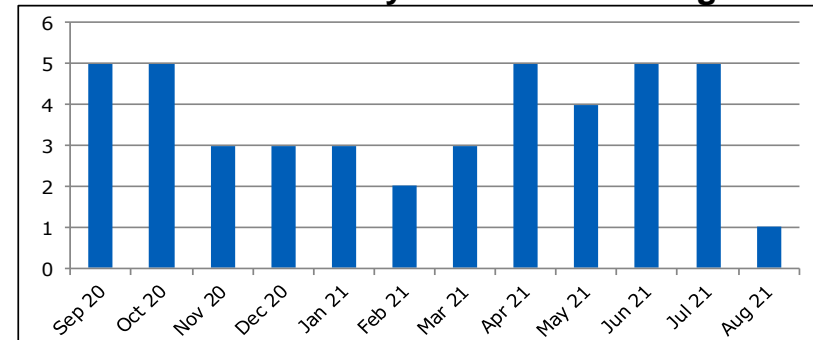
	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Total
No. of health & safety incidents	81	104	115	99	74	67	104	95	99	103	107	77	1125
Staff incident rate per month/year	0.8	1.0	1.1	0.9	0.7	0.6	1.0	0.9	0.9	1.0	1.0	0.7	10.6

No. of health and safety incidents affecting patients:



	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Total
Accident	9	7	0	12	7	6	10	15	8	12	13	7	106
Blood/bodily fluid exposure (dirty sharps/splashes)	3	2	1	1	2	1	0	3	1	1	2	1	18
Environmental Issues	6	4	7	10	3	3	1	1	4	12	9	4	64
Equipment / Device - Non Medical	0	1	3	2	0	0	0	0	1	3	0	1	11
Moving and Handling	0	1	2	4	1	2	2	2	2	5	1	0	22
Sharps (clean sharps/incorrect disposal & use)	0	0	1	0	2	0	2	2	1	3	1	0	12
Violence & Aggression	18	36	5	8	10	4	7	20	9	5	5	6	133
Total	36	51	19	37	25	16	22	43	26	41	31	19	366

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



	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Total
Accident	1	1	0	0	0	0	1	1	1	0	1	0	6
Environmental Issues	1	1	1	0	2	0	1	1	1	0	0	0	8
Sharps (clean sharps/incorrect disposal & use)	0	0	0	0	0	0	0	0	1	1	0	0	2
Slips, Trips, Falls	0	0	0	1	0	1	1	2	0	1	1	0	7
Violence & Aggression	3	3	2	2	1	1	0	1	1	3	3	1	21
Total	5	5	3	3	3	2	3	5	4	5	5	1	44