


Cambridge University Hospitals
NHS Foundation Trust





Integrated Report

Quality, Performance, Finance and Workforce to end October 2021

Chief Finance Officer
Chief Nurse
Chief Operating Officer
Director of Workforce

Report compiled: 30/11/2021

Key

Cambridge University Hospitals NHS Foundation Trust

Key

Key

Data variation indicators


Normal variance - all points within control limits

Negative special cause variation above the mean

Negative special cause variation below the mean

Positive special cause variation above the mean

Positive special cause variation below the mean

Rule trigger indicators

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

Target status indicators

Target has been and statistically is consistently likely to be achieved

Target failed and statistically will consistently not be achieved

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

Key

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

Quality Account Measures

NHS Cambridge University Hospitals NHS Foundation Trust

2021/22 Performance Framework

2021/22 Quality Account Measures

Domain	Indicator	Data to	Target	Aug 21 Previous Month-1	Sep 21 Previous Month	Oct 21 Current status	Trend	FYtD	Baseline	LTM
Safe	Compliance with National Early Warning Score Escalation Protocol for Adults	Oct-21	85%	27%	35%	50%	↑	51%	N/A	51.2%
	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?	Oct-21	85%	55%	96%	100%	↑	85%	N/A	85.3%
	Serious Incidents - Is the evidence uploaded of good quality?	Oct-21	85%	55%	65%	64%	↓	63%	N/A	63.3%
	Serious Incidents - Was the action completed within the original timeframe?	Oct-21	85%	75%	42%	55%	↑	55%	N/A	55.0%
Effective / Responsive	% of Early Discharges	Oct-21	20%	13.4%	14.2%	14.1%	↓	13.8%	14.9%	14.5%
	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)	Oct-21	80%	69.9%	68.8%	65.0%	↓	71.3%	69.6%	71.6%
	Same day emergency care (SDEC)	Oct-21	30%	18.6%	18.3%	17.8%	↓	19.8%	N/A	22.1%
Patient Experience / Caring	Percentage of complaints responded to within initial fixed timeframe (30, 45, or 60 working days) or within agreed extension with complainant	Oct-21	90%	100.0%	97.6%	82.9%	↓	95.1%	85.0%	95.1%
	Compliance with completing the actions by the agreed date for all complaints graded 3 or above	Oct-21	90%	100.0%	100.0%	100.0%	⇔	*****	70%	*****
	The use of 'carers passports' on wards in the Trust	Oct-21	75%	N/A	N/A	N/A	-	N/A	N/A	N/A
				2016	2017	2018				
Staff Experience / Well-led	I feel secure about raising concerns re unsafe clinical practice within the organisation.		78.0%	75.0%	73.0%	74.0%	↑		75.0%	
				Aug 21	Sep 21	Oct 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 50% for October 2021 which is under target for compliance but increased from last month. October 2021 involved a sample size of 9 retrospective audits. NEWS2 compliance continues to be monitored through the Deteriorating Patient group to identify any relevant actions.

Safe - The Total Serious Incident actions closed in October 2021 was 33. 33/33 (100%) had evidence uploaded to Datix.21/33 (63%) had evidence considered good quality on Datix. 18/33 (55%) were closed within the original action timeframe.
The % of complaints responded to in October was impacted by the high number of complaints received in September (74). 34 out of 41 complaints were responded to in October within the initial or agreed timeframe.

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

2021/22 Performance Framework

Performance Framework - Quality Indicators				Aug 21	Sep 21	Oct 21				
Domain	**Indicator**	**Data to**	**Target**	**Previous Month-1**	**Previous Month**	**Current status**	**Trend**	**FYtD**	**Previous FYR**	**LTM**
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	Oct-21	0	0	0	0	⇔	2	5	6
	E.Coli Bacteraemias (Total Cases)	Oct-21	50%over 3 years	36	30	35	⇩	222	362	366
	C. difficile Infection (hospital onset and COHA* avoidable)	Oct-21	95	11	6	10	⇩	68	N/A	N/A
	Hand Hygiene Compliance	Oct-21	TBC	96.60%	97.94%	97.58%	⇩	97.5%	97.6%	97.4%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	N/A	N/A	N/A	⇔	N/A	N/A	N/A
	Number of overdue complaints	Oct-21	0	0	1	7	⇩	13	9	19
	Re-opened complaints (non PHSO)	Oct-21	N/A	6	0	0	⇔	27	68	54
	Re-opened complaints (PHSO)	Oct-21	N/A	0	0	0	⇔	3	5	4
				Aug 21	Sep 21	Oct 21				
	Number of medium/high level complaints	Oct-21	N/A	25	30	12	⇧	143	162	209
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Oct-21	90%	66.7%	62.5%	0.0%	⇩	34.9%	41.7%	37.7%
	% of external visits where expected deadline was met (cumulative for current financial year)	Oct-21	80%	0.0%	N/A	0.0%	▪	33.3%	-	33.3%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 30 days. ('last month')	Oct-21	-	0.0%	100.0%	0.0%	⇩	18.2%	-	18.2%
	No national audit negative outlier alert triggered ('last month')	Oct-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')	Oct-21	85%	N/A	69.2%	40.0%	⇩	-	-	74.1%
Nursing Quality Metrics	Blood Administration Patient Scanning	Oct-21	90%	98.6%	98.9%	98.8%	⇩	98.8%	98.9%	98.6%
	Care Plan Notes	Oct-21	90%	95.6%	95.7%	95.8%	⇧	96.1%	95.9%	96.1%
	Care Plan Presence	Oct-21	90%	99.2%	99.4%	99.5%	⇧	99.5%	99.3%	99.4%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Oct-21	90%	60.4%	59.9%	61.5%	⇧	63.3%	70.4%	66.0%
	Nurse Rounding	Oct-21	90%	97.4%	97.3%	95.9%	⇩	97.0%	96.6%	96.9%
	Nutrition Screening	Oct-21	90%	99.6%	99.6%	99.4%	⇩	99.6%	99.7%	99.6%
	Pain Score	Oct-21	90%	76.7%	75.9%	75.4%	⇩	79.3%	81.3%	78.9%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Oct-21	90%	65.1%	64.1%	57.1%	⇩	65.6%	69.4%	67.0%
	PEWS Score Recording	Oct-21	90%	86.0%	86.5%	86.3%	⇩	86.9%	87.8%	87.0%
	NEWS Score Recording	Oct-21	90%	76.0%	75.2%	73.8%	⇩	75.6%	77.1%	75.2%
	VIP									
	VIP Score Recording (1 per day)	Oct-21	90%	92.6%	91.2%	91.8%	⇧	92.7%	94.4%	93.0%
	PIP Score Recording (1 per day)	Oct-21	90%	99.3%	99.3%	99.2%	⇩	99.2%	98.8%	99.2%

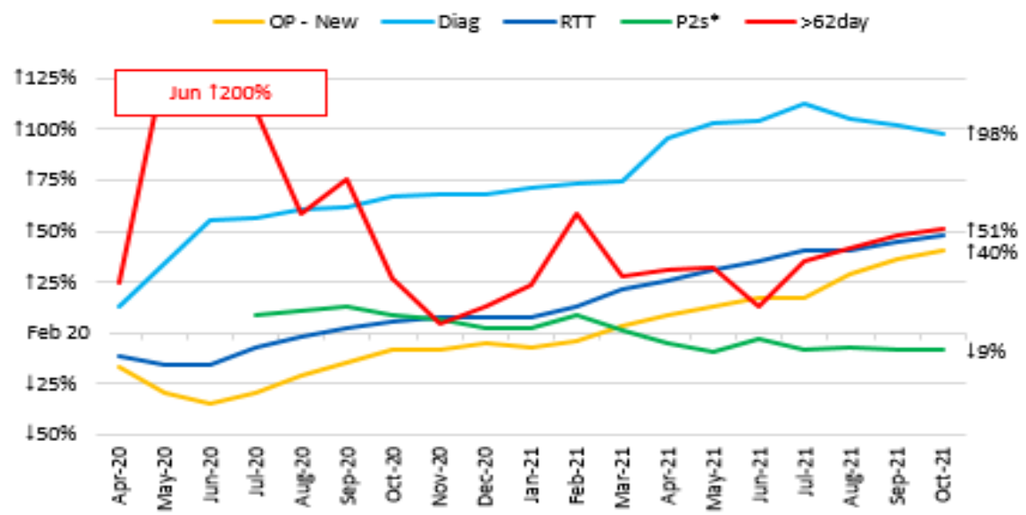
Operational Performance

Cambridge University Hospitals NHS Foundation Trust

Urgent & Emergency Care

Mean time in ED (non-admitted patients)	H	Oct: 256 ↑25%
Mean time in ED (admitted patients)	H	Oct: 668 ↑72%
Time to initial medical assessment	H	Oct: 140 ↑23%
12hr waits in ED (type 1)	H	Oct: 1,137 ↑344%
Ambulance handovers <15mins	L	Oct: 25% ↓55%
ED attendances (types 1 ,3 & 5)		Oct: 11,517 ↑3%
Non-elective admissions	L	Oct: 3,364 ↓16%

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



Productivity / efficiency

Average theatre turnaround time (mins)	H	Oct: 24 ↑26%
Elective LoS (days, excl 0 LoS)		Oct: 5.7 ↑13%
Discharges before noon		Oct: 16% ↑5% points
Long stay patients (>21 LoS)		Oct: 152 ↓11%
Non-elective LoS (days, excl 0 LoS)		Oct: 8.0 ↑2%

Waiting list (WL) measures

	Oct-21	Sep-21	% change	Feb-20	% change
Outpatients - New	35,471	34,416	↑3%	25,306	↑40%
Diagnostics - Total WL	17,190	17,554	↓2%	8,686	↑98%
RTT pathways - Total WL	50,559	49,281	↑3%	34,097	↑48%
Cancer (62d pathway) >62	79	100	↓21%	65	↑22%

Surgical Prioritisation - WL	Oct-21	Sep-21	% change
P2 (4 weeks)	1,459	1,398	↑4%
P3 (3 months)	4,144	4,042	↑3%
P4	3,949	3,999	↓1%

Key / notes

% change shown indicates movement from October 2019

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

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

adoption

2021/22 - H2 monitoring

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2021/22 Performance Framework

2021/22 - H2 monitoring				Actuals vs. planned levels		Actuals vs. national ambition			
Domain	Indicator	Data to	Current status	Plan	Variance	Ambition	Current delivery	Variance	TREND (Apr-19 to present) Marker shows latest month
RTT	Admitted stops	Oct-21	2,272	2,366	-94	89.0%	80.6%	-8%	
	Non-admitted stops	Oct-21	8,740	8,525	215	89.0%	91.3%	2%	
	Total RTT stops	Oct-21	11,012	10,891	121	89.0%	88.8%	-0.2%	
	RTT waiting list	Oct-21	50,559	50,956	-397	49,281	50,559	1,278	
	52-week waits	Oct-21	3,432	3,478	-46	3,449	3,432	-17	
	104-week waits	Oct-21	170	190	-20	0 by Mar-22	170	-	
Outpatients	PIFU %	Oct-21	1.4%	1.3%	0.1%	1.5% by Dec-21 2.0% by Mar-	1.4%	-	
	A&G %	Oct-21	9.1%	10.2%	-1.4%	12% by Mar-22	9.1%	-	
	Virtual outpatients	Oct-21	24.4%	28.9%	-4.5%	25%	24.4%	-0.6%	

KEY:

- Meets national ambition
- Does not meet national ambition
- Does not meet national ambition BUT
- No national ambition specified / not yet

Author(s): Various

Owner(s): James Hennessey

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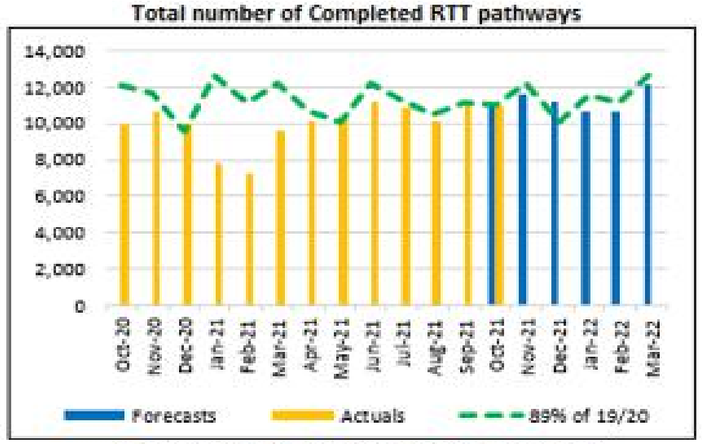
Phase 4 Measures

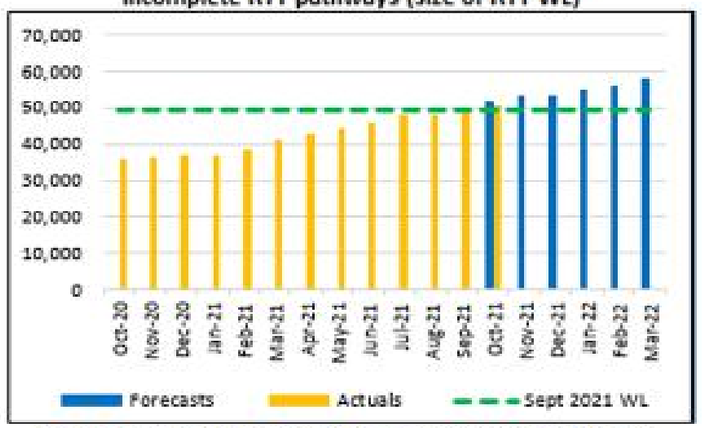
Cambridge University Hospitals NHS Foundation Trust

Operational Performance

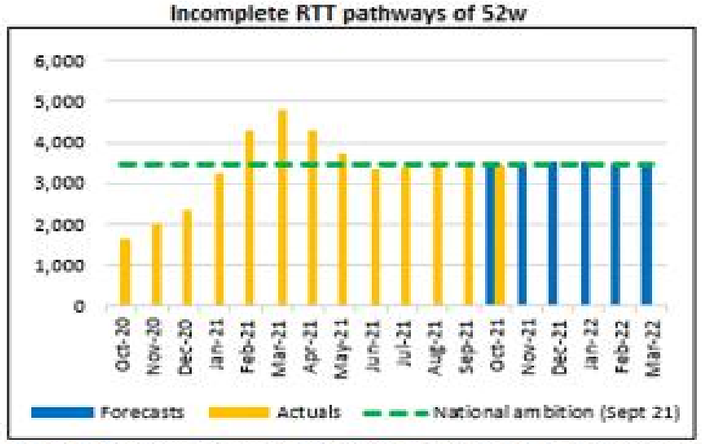
Total number of Completed RTT pathways



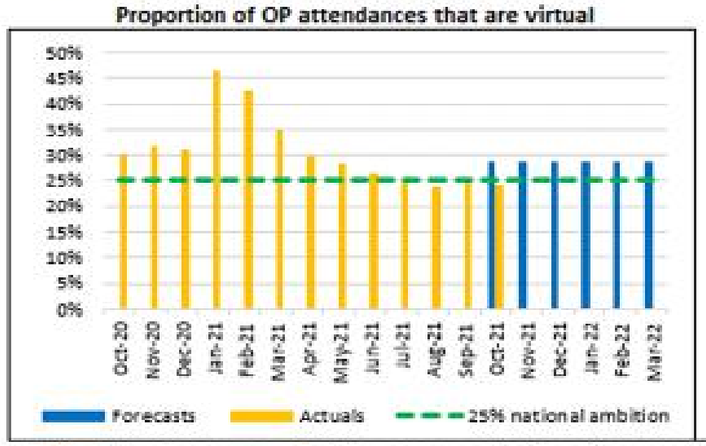
Incomplete RTT pathways (size of RTT WL)



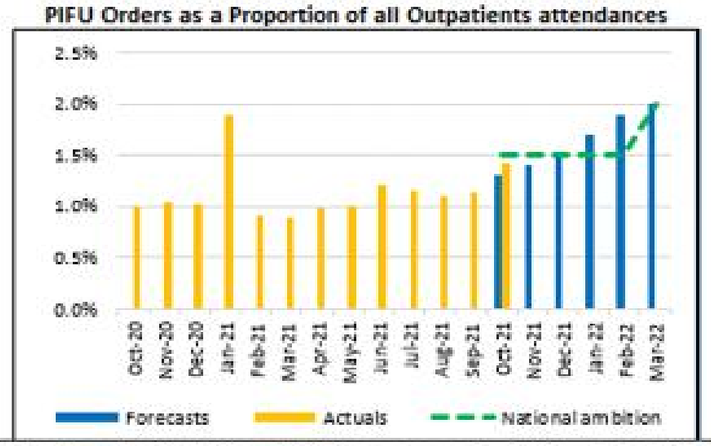
Incomplete RTT pathways of 52w



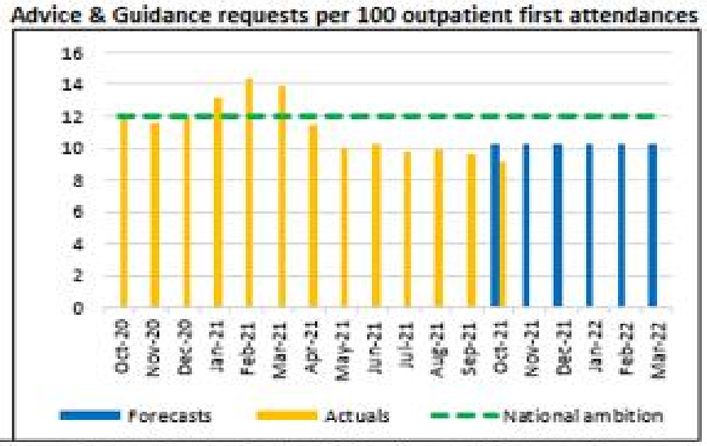
Proportion of OP attendances that are virtual



PIFU Orders as a Proportion of all Outpatients attendances



Advice & Guidance requests per 100 outpatient first attendances



In H2 all trusts are required to measure their performance against a set of metrics which focuses on the RTT waiting list, long waits and outpatient activity. Key metrics are shown above. These show that:

- Total RTT pathways completed during the month were slightly above planned levels (+121) and reached 88.8% of 2019/20 levels, just short of the target of 89.0%
- This helped to reduce incomplete RTT pathways 397 below their planned levels to 50,559. However this is above (1,278) the ambition to keep the waiting list to Sep-19 levels
- 52-week waits were 3,432, 46 below planned levels and 17 below the national ambition of maintaining these long waits at Sep-19 levels. 104-week waits (not shown above) also surpassed their planned levels, finishing October at 170 versus the planned level of 190.
- Virtual outpatients appointments did not achieve planned levels, reaching 24.4% in October versus planned levels of 28.9%. This is also short of the national ambition of 25.0%.
- PIFU surpassed planned levels of 1.3% by achieving 1.4% of all outpatient activity discharged to a patient-initiated follow-up pathway
- Advice and guidance achieved 9.1% compared to planned levels of 10.2%. The national ambition is to reach 12.0% by March 2022.

*ERF thresholds set by the Operational Planning Guidance are based on the £ value of activity change to H2 percentages.

Author(s): James Hennessey

Owner(s): Ewen Cameron

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Serious Incidents

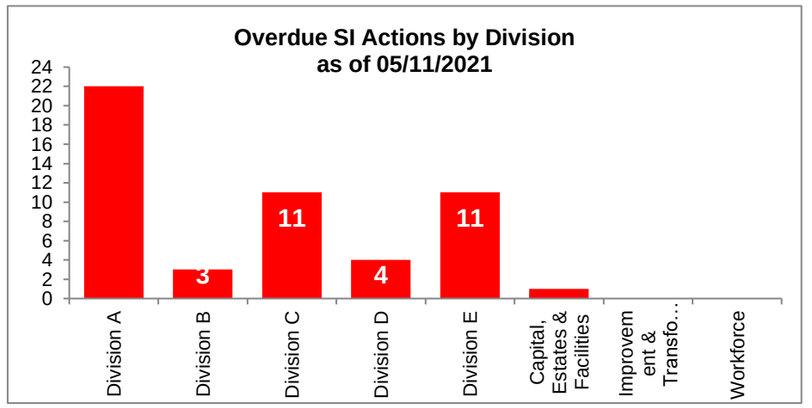
NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Feb 18 - Oct 21	month	-	1599	1397			-	There is currently normal variance in the number of incidents affecting patients
Percentage of moderate and above patient safety incidents	Apr 19 - Oct 21	month	2%	2.9%	1.7%				There is currently normal variance in the percentage of moderate and above patient safety incidents.
All Serious Incidents	Jan 18- Oct 21	month	-	1	5			-	There was one Serious Incident Investigation reported to the CCG in October 2021; details of which can be found in the table below. This incident was a Never Event (insertion of an incorrect sized breast implant). The number of Sis is within normal variance
Serious Incidents submitted to CCG within 60 working days (or agreed extension)	Feb 18 - Sept 21	month	100%	100%	56%				2 Serious Incidents were due and were submitted within the 60 working day timeframe in October 2021

Ref	STEIS SI Sub-category	Actual Impact	Div.	Ward / Dept.
SLR123543	Never Event: Surgical/invasive procedure incident	Low/Minor	A	Theatres

Executive Summary: There was one Serious Incident Investigation commissioned following the insertion of an incorrect sized breast implant. The error was realised before the patient left theatre and the correct implant was subsequently placed. The number of Serious Incidents (SIs) commissioned remains within normal variance for October 2021. The submission of SIs within the agreed timeframe for October 2021 has been maintained at 100%. The number of overdue actions from SI investigations are displayed on the graph to the right for October 2021.These are being monitored at the SI Actions meeting and improvements to compliance with timeliness and quality are being be measured as part of the overall Learning From Incidents Improvement Plan.



Author(s): Clare Miller

Owner(s): Oyejumoke Okubadejo

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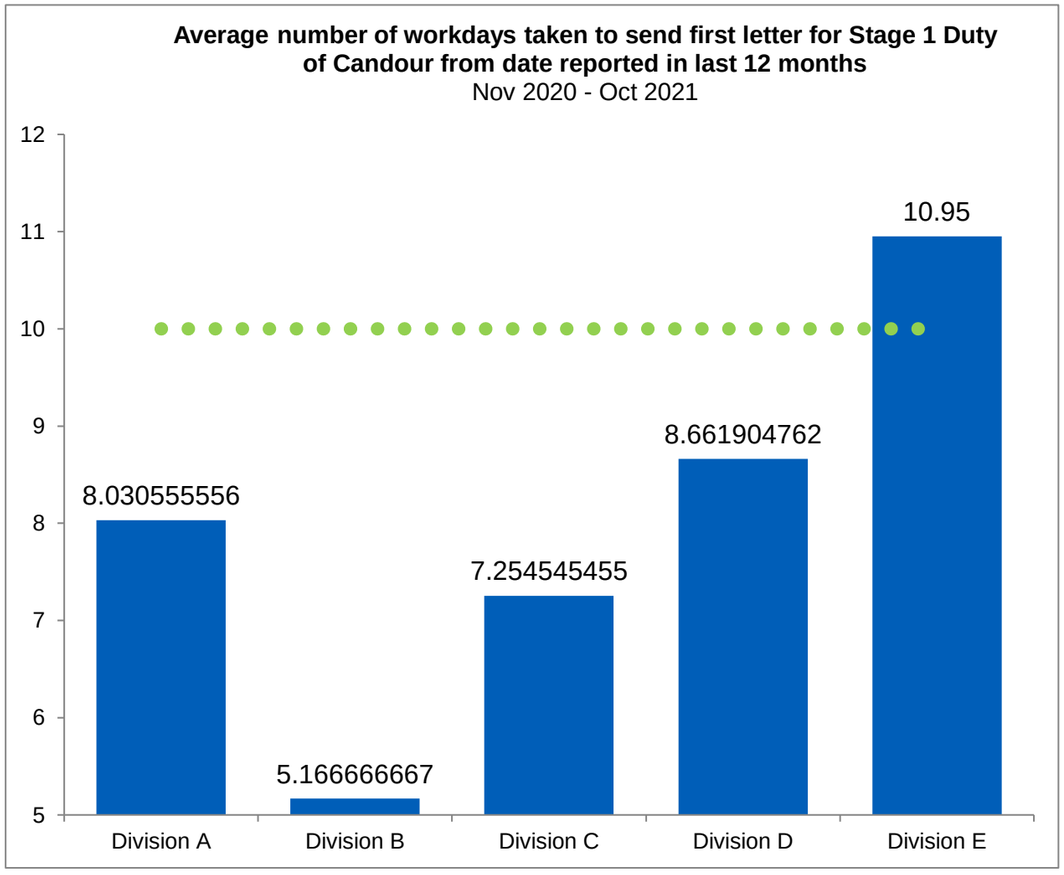
Duty of Candour

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Nov 18 - Oct 21	month	100%	58%	63%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Nov 18 - Oct 21	month	100%	67%	68%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 84% for all confirmed cases of moderate harm or above in October 2021. 58% of DOC Stage 1 was completed within the required timeframe of 10 working days in October 2021. The average number of days taken to send a first letter for stage 1 DOC in October 2021 was 8 working days.

Trust wide stage 2** DOC is compliant at 89% for all completed investigations into moderate or above harm in October 2021 and 67% 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 SIERP on a Division by Division basis. Plans are in place to discharge DOC in the outstanding 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.

Author: Christopher Edgely

Owner(s): Oyejumoke Okubadejo

Falls

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 patient falls by date of occurrence	Nov 18 - Oct 21	month	-	169	135		-	-	There were a total of 1169 falls (inpatient, outpatient and day case) in October 2021. Normal variance has been maintained except for a single point of statistical significance in January 2020
Inpatient falls per 1000 bed days	Nov 18 - Oct 21	month	-	4.95	4.11			-	There were 163 inpatient falls in October 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	Nov 18 - Oct 21	month	-	0.24	0.06			-	There were 8 falls categorised as Moderate or above harm in October. This is the second single point of statistical significance with the other being in May 2021
Falls risk assessment compliance within 12 hours of admission	Nov 18 - Oct 21	month	90%	84%	85%		-	?	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 - Oct	month	90%	13%	6%	L			The goal of > 90% has not been reached since data collection started. Since April 2021 compliance is steadily increasing with a 3.9 % increase in October compared to September data.
Falls KPI: patients 65 and over who have a cognitive impairment have an appropriate care plan in place	Apr 19 - Sept 21	month	90%	17%	12%	L			The goal of > 90% has not been reached since data collection started. Since April 2021 compliance is improving with a 43 % increase in October compared to September data.
Falls KPI: patients 65 and over requiring the use of a walking aid have access to one for their sole use	Apr 19 - Sept 21	month	90%	73%	62%	L			The goal of > 90% has not been reached since data collection started. Since April 2021 compliance has increased significantly however in October there was a decrease of 1.2 % compared to September data.

Executive Summary

The number of Moderate and above harm falls breached the upper control limit in October and a thematic analysis is currently underway to identify potential reasons for this.

Trust's compliance with falls risk screening assessments within 12 hours of admission is currently within normal variance. The falls risk screening is under review as part of the IHI project: it is expected that the falls risk screening will link into the larger multifactorial falls assessment

A Falls improvement Programme part of the IHI continues to run on 2 wards. The project is now on its 7th PDSA cycle.

Overall compliance with the falls KPIs remains low, however since their introduction in April 2021 there has been a significant increase in compliance with the provision of walking aids for sole use within 12hours of admission and a small increase in compliance with lying and standing blood pressure completion and the use of confusion care plans.

The Divisions are requested to provide monthly updates to the Falls QI Group on their KPIs.

Division A falls Quality improvement plan focusing on improvement of their KPIs was commenced at the end of July and has been successful in showing improvement. The remaining Divisions have been requested to meet with the Lead Falls Prevention Specialist to develop their individual Falls QI plans.

A review of incidents identified a lack of compliance with the Post Falls Care protocol. The Lead Falls Prevention Specialist has developed an e-learning package to support education in this area. The expected date for launch of this e-learning is the end of November 2021.

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 - Oct 21	month	-	31	21		-	-	There has been a 121% increase in reporting in October compared to September, but 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.
To increase reporting of category 1 HAPU to achieve an upward trajectory in reporting by March 2022	Feb 18 - Oct 21	month	-	11	11		-	-	KPI 2021-2022- to increase early reporting of category 1 HAPU to prompt early prevention. Category 1 HAPUs remain within normal variance, there has been a slight increase of 0.6% reporting in October.
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Feb 18 - Oct 21	month	-	20	10	H	SP	-	There has been a 185% increase in reporting in October compared to September- There were 13 x Category 2 , 5 x SDTI and 2 x Unstageable HAPU in October 2021. These have been reported across the trust with increased numbers seen in Division A and C.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Oct 21	month	90%	78%	80%		-	F	PU screening risk assessment compliance remains below the target of 90%, with a slight drop to 78% in October. A QI plan is in progress to implement ward based training on DME, medical and neuro wards to increase compliance.
KPI downward trend of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2022	Apr 19 - Oct 21	month	9	20	9	H	SP	P	KPI 2021-2022 - to decrease number of category 2 and above HAPU as a result of early reporting of category 1. There has been an increase in reporting for category 2 and above HAPU in October 2021. A thematical analysis is planned to understand the recent increase in reporting.

Tissue Viability QI Plan Update

PU Prevention-

KPI to reduce heel HAPU category 2 and above by 5% by March 2022 - 38% (12/31) HAPUs that occurred in October 2021 were on Heels, of these there were 5 x category 2, 5 x SDTI and 1 x unstageable. SDTI pressure ulcers are monitored weekly and reports updated once true category is determined, it is known that most SDTI will resolve with offloading and an improvement in the patients clinical condition, SDTI have the potential to manifest to unstageable if these conditions do not occur . We are currently not on track to reach the overall KPI at the end of the year.

Critical care, Elderly care, trauma and neurosurgery remain the specialities with most pressure ulcers. All these areas include patients who are most affected by immobility and tissue perfusion. There has been an increase in critical care device related HAPU in October with increased critical care admissions. We are looking carefully into rationale for this.

KPI to increase compliance with risk assessments to 90% by March 2022- Compliance has dropped in October when compared to September 2021 at 78%. Ward based teaching has restarted in October with a focus in neuro and stroke areas in response to specific themes identified in investigations.

KPI 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 have been two unstageable HAPUs identified in October, these are to be presented at SIERP and AAR planned.

Moisture associated skin damage-

Incidents continue to remain within normal variance. There have been 15 consecutive points below the mean and a consistent drop over 16 months. A working group planning meeting with TV Team and PDNs for Division A has taken place in October and Divisions have been asked to nominate representatives to join the working group. There has been national supply chain shortages of wash cloths and absorbent pads, TVN team has been working with Procurement and Corporate HoN to establish alternative products to reduce risks to patients.

Lower limb work stream-

A trust wide anti-embolism stocking product switch completed in October to standardise the trust to one company and implement in-depth training for safer use of AES in response to actions from previous HAPU investigations. Additionally to clinical benefits, a trust wide cost improvement of £12-14K/ year has been calculated by Procurement. The external company will continue educational support through the next 12 months.

TV Service-

The pilot service for tissue viability early intervention in the Emergency department, urgent care and assessment areas is increasing earlier referrals and the TVN team have some evidence of prevention of admissions and earlier discharges for some patients with chronic wounds. The pilot period has been extended to December 2021 and results will be shared at the end of this period. The TVN team are seeing an increase in complexity of patients referred including patients with multiple wounds and complex mental health concerns impacting on wound healing, these patients require 2-3 hours per visit and the co-ordination of other members of the multi-disciplinary teams. There is currently a shortfall of community tissue viability services in the region resulting in requests from GPs, clinics and district nurses for support and an increase in patients being admitted with non-healing complex wounds. This greatly impacts on the TVN team capacity to review patients previously seen and focus is on new referrals who meet the agreed criteria for TVN input. There has also been an increased demand for TVNs to assist with wound care from other services including Plastic Surgery and surgical areas across the trust.

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**	Oct-21	Monthly	95%	50%	53%		-		We have seen a 10% reduction in compliance for October . Elements of the sepsis 6 bundle that have significantly impacted on the overall compliance this month are blood cultures and lactate. There has been a vast improvement in senior review (nurse/dr.) and antibiotic administration. The average time between antibiotic prescription and administration was 52mins. Delays in administration of antibiotics rather than prescription of antibiotics is seen to have a negative impact on the overall compliance of this element of the bundle.
Antibiotics within 1 hour - Emergency Department**	Oct-21	Monthly	95%	70%	70%		-	-	The average time between the patient triggering sepsis and being prescribed antibiotics was 14 mins, this is an improvement from last month. The average door to needle time was 109 mins, delays in door to needle time were not isolated to one area. The average time between the patient triggering sepsis and prescription of antibiotics was 29 mins, this signifies a timely review and plan in managing the patient. Compliance with the use of the Epic sepsis order set has improved to 50%
Sepsis Six Bundle in 1 hour - Inpatient wards**	Oct-21	Monthly	95%	30%	20%		-	-	Compliance has improved to 30%. This month the sepsis 6 bundle element that most significantly impacted on the overall compliance was blood cultures (40% compliant). In October, compliance with IV fluids and IV antibiotics has been maintained. Lactate compliance rose again by 20% from 60-80%. Of note, 70% of patients were diagnosed with Sepsis within 15 minutes of the patient triggering sepsis (NEWS2 of 5>) signifying a timely review. Compliance with the use of the sepsis order set was 50% , a 30% increase on last month.
Antibiotics within 1 hour - Inpatient wards**	Oct-21	Monthly	95%	60%	66%		-	-	In 70% of audits, antibiotics were prescribed within 15 mins of the patient triggering sepsis and 60% of patients were administered antibiotics within 15 mins of prescription. Delays in antibiotics have been caused by delay in blood culture phlebotomy, and antibiotics being administered on the next drug round rather than at the time of prescription. In one audit where there was a significant delay, a delay in escalation attributed to the delay in therapeutic management.
Antibiotics within 1 hour as per contract agreement - Emergency Department***	Oct-21	Monthly	95%	90%	87%		-	-	There has been a marked improvement in antibiotics within 60 mins of patient being diagnosed with Sepsis. This is up 30% from last month and is the highest it has been since June 21.
Antibiotics within 1 hour as per contract agreement - Inpatient wards***	Oct-21	Monthly	95%	60%	71%		-	-	We have seen a 20% decrease in compliance this month.

Executive Summary

Data Definitions:
** Time taken from when a patient triggers Sepsis
***Time taken from when a clinician diagnosis sepsis

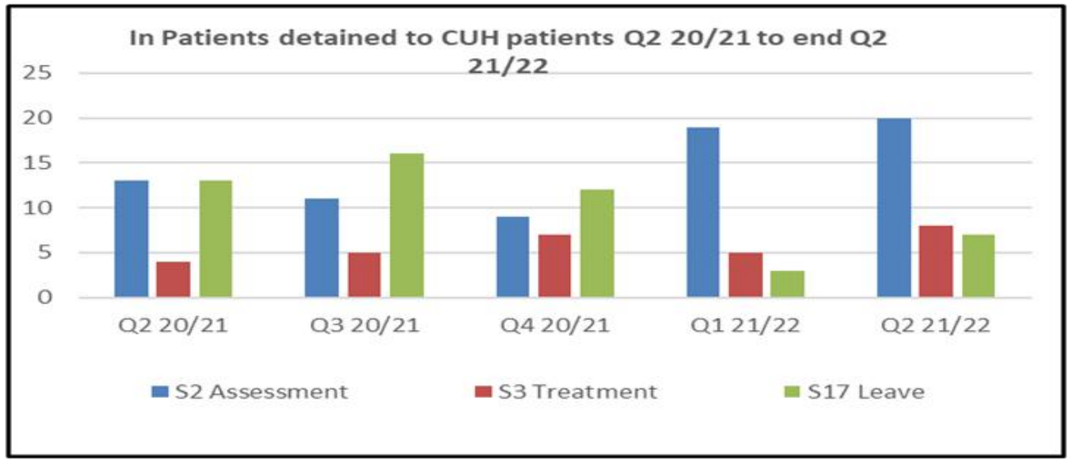
It is worth noting that average compliance with individual sepsis bundle elements is 89% for ED and 76% for inpatient.
The compliance with the overall bundle completion within 60 mins is vastly impacted by one element per audit being delayed/omitted.

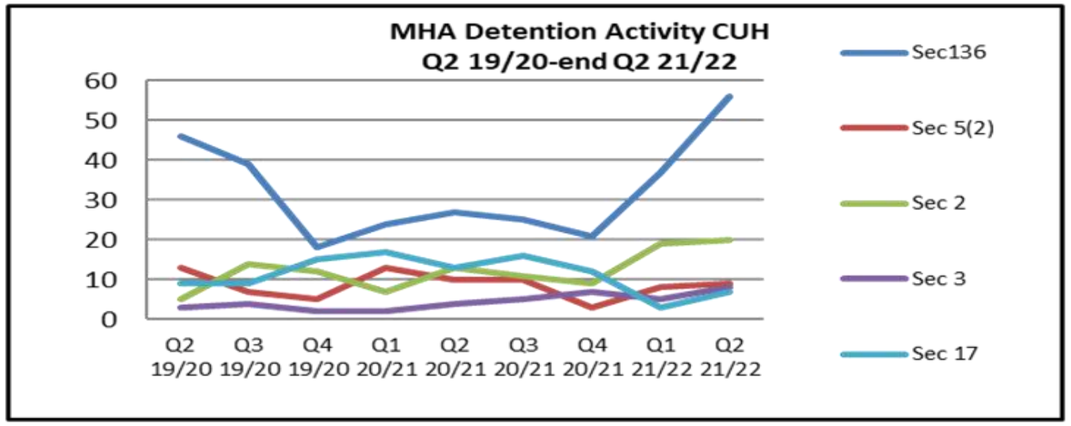
The Sepsis QI project is already targeting areas identified for improvement in this report, including; phlebotomy of blood cultures and Lactate, prescription and administration of antibiotics, and escalation and timely review.
There will be an assigned Sepsis Phlebotomy assistant for inpatient ward areas. A process map has been designed to support the PA in prioritising sepsis patients. we are hoping to see a rise in compliance of blood cultures, antibiotic administration and IV fluids with the implementation of this role. The aim is that this will start in late December after approval has been gained.

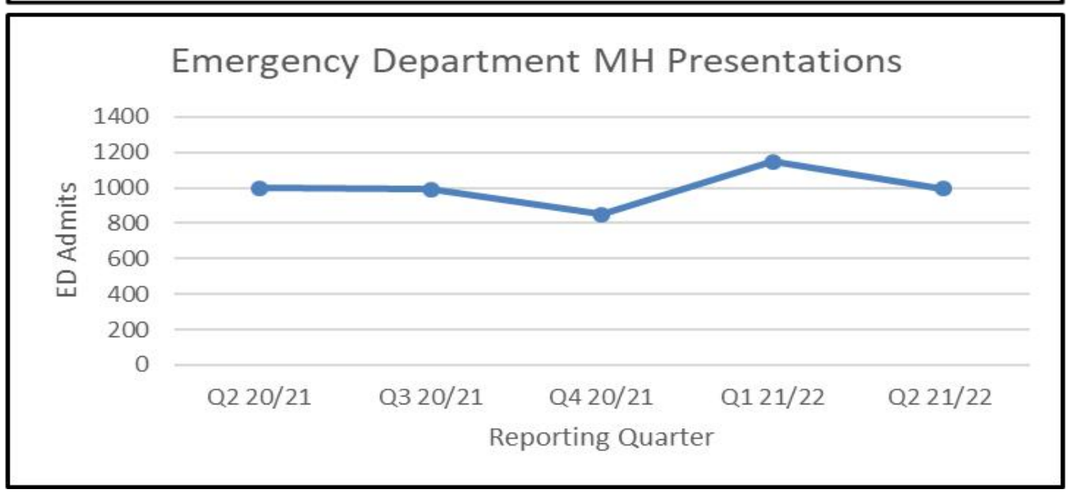
Mental Health - Q2 2021/22

NHS Cambridge University Hospitals NHS Foundation Trust

Mental Health







Narrative:

- The number of Section 136 presentations being conveyed to the Emergency Department; has stabilised over the past few months, there were 18 in October compared to August (13) and September (18).
- At the recent Crisis Care Concordat it was indicated that 600K will now be made available as part of the winter pressures funds. Plans are in place from December to have a Band 7 MH nurse along with two police officers to respond to MH crisis in the community with the aim of reducing the need for patients to be placed on a 136.
- Part of this extra resource will also be used to increase AMHP and section 12 medical availability with the funds being available from now until March 2022.
- Wait times within the ED continue to be high – within the month of October 303 patients attended ED with a primary reason relating to Mental Health. The conversion rate to admission (62) was higher than Aug/Sept (45 each)
- Access to Tier 4 Child & Adolescent Mental Health beds continue to be challenging, leading to extended inappropriate admissions to CUH with no medical need. Work is being completed to improve our internal escalation processes especially around 16 - 18 year old admissions.
- A task and finish group has been formed to clarify what MH medications are held at both ward level and also at the central emergency point. Part of the work will also involve the review of the rapid tranquilisation policy for the trust.
- The use of psychological well being services from CPFT has been reviewed in our maternity services with agreement as to how it will be taken forward. Agreement has also been reached for the care of patients who attend OP with a mental distress.
- An agreed process has been developed with the MH team, PLS and discharge planning on responsibilities for locating MH beds for patients either in or out of area.

Ongoing work:

- Substantive funding requested to sustain CUH MH Team (currently ending January 2022).
- Planned implementation of MH Training & delivery within CUH to meet rising demands. This will commence in Jan 22 for staff on EAU4/5. Descalation training is also planned for HCW staff in ED in January.
- A meeting between CUH/CPFT has been in place for the past few months to manage incidents that are common to both organisations. The remit of the group has now been extended to now incorporate complaints.
- Improved governance and reporting, inclusive of learning from incidents, strategy oversight and MH patient flow within CUH.
- A collaborative review of CPFT commissioned services is underway alongside the CUH MH Strategy works.

Infection Control

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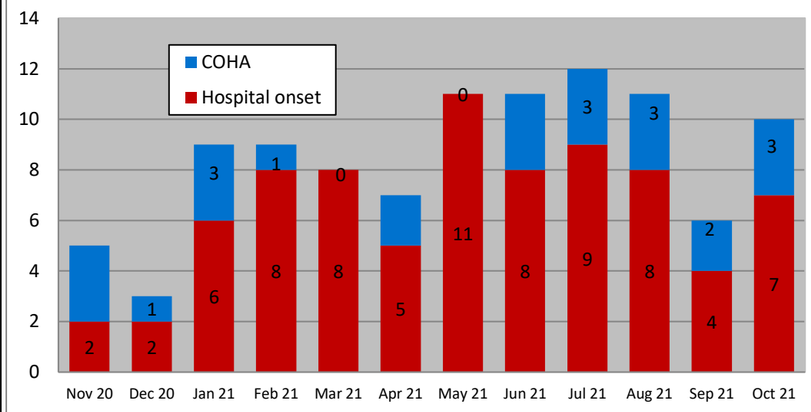
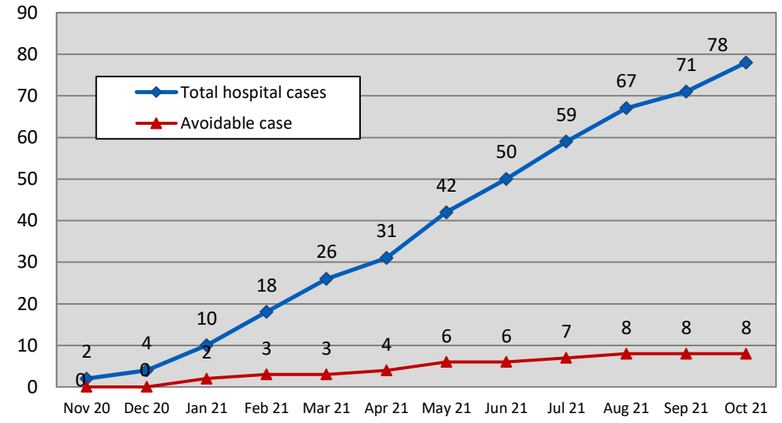
Infection Control

Monthly *Clostridium difficile cases* in last 12 months



* 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

Cumulative *Clostridium difficile cases* in last 12 months



CUH trend analysis

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

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

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.

- 7 cases of hospital onset *C difficile* and 3 cases of COHA in October 2021. 4 cases are unavoidable and 6 cases pending.

- Year to date, 52 cases of hospital onset cases and 16 cases of COHA (57 cases are unavoidable, 5 cases are avoidable and 6 cases are pending).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 95.5% in October 2021 (98.2% in September).

- The latest MRSA bacteraemia rate comparative data (12 months to September 2021) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.

- Compliance with the *C. difficile* care bundle was 86.8% in October 2021 (100% in September).

- The latest *C. difficile* rate comparative data (12 months to September 2021) put the Trust 5th out of 10 in the Shelford Group of teaching hospitals.

Infection Control

NHS
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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

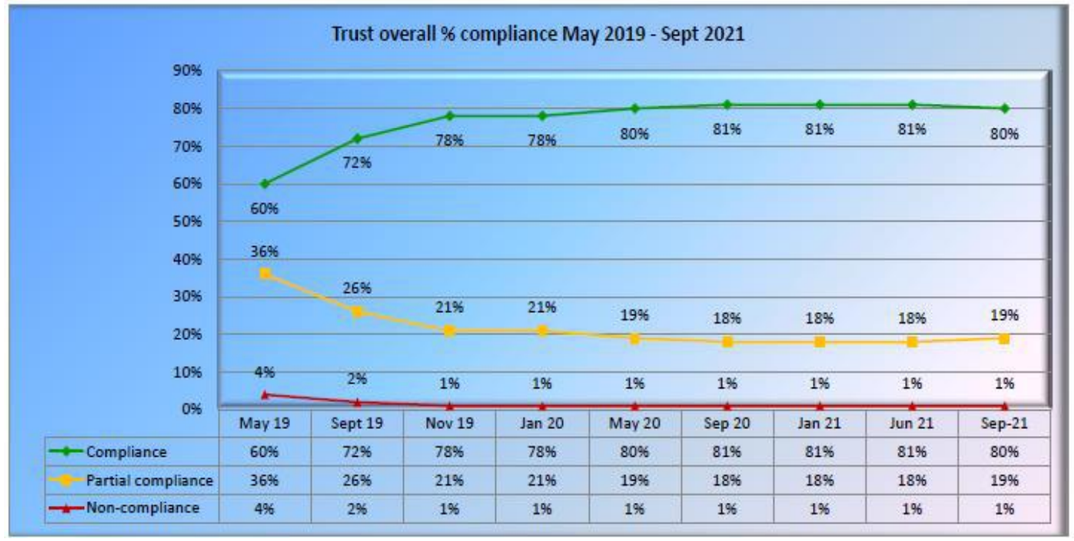
Criterion 6 Ensure that all are fully involved in the process of preventing and controlling infection.

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

Cambridge University Hospitals NHS Foundation Trust

Fit Testing compliance for substantive staff

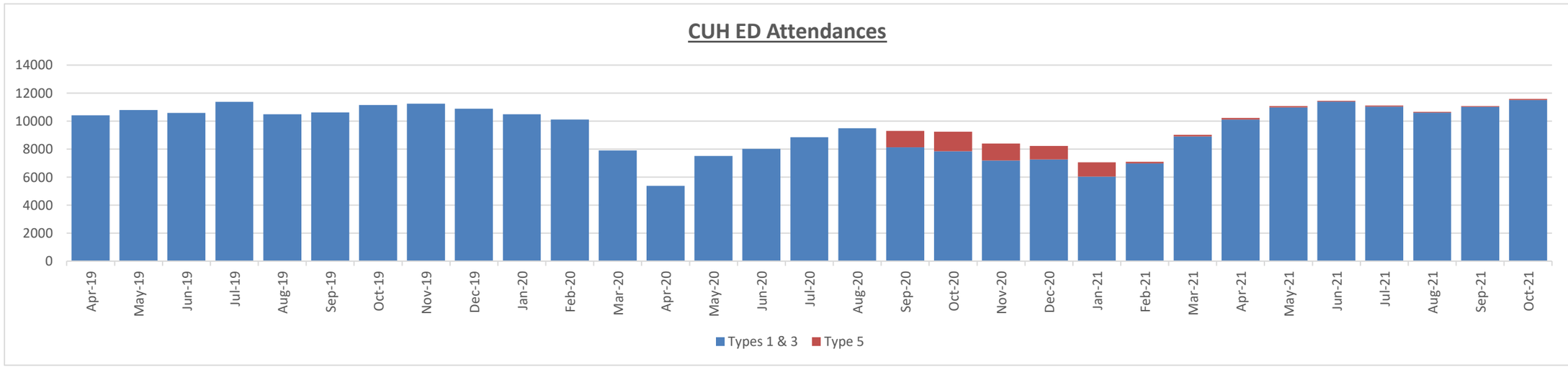
Fit Test Compliance CUH	Division A			Division B			Division C			Division D			Division E			Corporate			Total		
	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	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	491	445	91%	31	25	81%	199	178	89%	119	106	89%	271	236	87%	-	-	0%	1,111	990	89%
Additional Clinical Services	176	140	80%	73	59	81%	83	72	87%	68	45	66%	62	42	68%	-	-	0%	462	358	77%
Medical and Dental	179	146	82%	94	82	87%	148	137	93%	134	119	89%	161	115	71%	-	-	0%	716	599	84%
Additional Professional Scientific and Technical	-	-	0%	79	74	94%	1	1	100%	-	-	0%	-	-	0%	-	-	0%	80	75	94%
Allied Health Professionals	52	50	96%	127	106	83%	1	1	100%	-	-	0%	2	2	100%	-	-	0%	182	159	87%
Estates and Ancillary	4	3	75%	2	1	50%	-	-	0%	-	-	0%	-	-	0%	64	59	92%	70	63	90%
Total	**902**	**784**	**87%**	**406**	**347**	**85%**	**432**	**389**	**90%**	**321**	**270**	**84%**	**496**	**395**	**80%**	**64**	**59**	**92%**	**2,621**	**2,244**	**86%**

The data displayed is at 17/11/21. 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

Cambridge University Hospitals NHS Foundation Trust

National Targets



CUH Emergency Department attendances October 2021
Total attendances in October were 11,515. This is 366 (3.3%) higher than October 2019.
Daily attendances (types 1 & 3) across both adults and children were 371 compared to 360 in October 2019.
Paediatric attendances were 2,549 (age 0-15), an increase of 24.8% (507) from October 2019.
Mental Health attendances were 307, a decrease of 28.4% (122) compared to October 2019.
1,137 patients had an ED journey time in excess of 12 hours compared to 256 in October 2019.
167 patients waited more than 12 hours from their decision to admit compared to 1 in October 2019.
Our conversion rate for type 1 & 3 attendances decreased to 23.6% compared to 29.7 % in October 2019.

Additionally during October:
700 patients were streamed from ED to our medical assessment units on wards N2 and EAU4.
3,661 patients were streamed to the Urgent Treatment Centre (UTC), of which 1,696 patients were seen by a GP or ECP.
374 patients were streamed to SAU.
66 patients were streamed to Clinic 5 (Medical Ambulatory Unit).

November month to date:
In November month to date there has been an average of 360 attendances per day (all types) compared to 375 by the same point in November 2019 (-15, -4%). 423 patients have had an ED journey time in excess of 12hrs compared to 369 by the same point in November 2019. We have had 70 x 12hr DTA breaches in the month to date, higher than the 5 seen by the same point in November 2019.

Ambulance handovers:
In October 2021 we saw 2,617 conveyances to CUH which was a decrease of 12%, (-356) compared to October 2019. Of these:
25.0% of handovers were clear within 15mins vs. 55.3% in October 2019.
70.0% of handovers were clear within 30mins vs. 93.4% in October 2019.
88.2% of handovers were clear within 60mins vs. 98.9% in October 2019.

Actions being undertaken by the Emergency Department:
Estates works on ED Resus is now finished and we have reconsolidated ED Resus activity into Main Resus. Our ambulance bay has now been converted back into a receiving area for ambulances which will support an improvement in ambulance handovers.
An investment case for a Children's Observation Unit has now been approved from January, for a 3 month pilot period. Work is now underway to recruit nursing staff for this area.
A staffing investment case has been drafted for both Nursing and Medical teams. Both cases are going through approval processes before being submitted to Investment Committee for funding.
A pilot project to triage patients arriving at the walk-in entrance of ED is underway. The outline of the project is to reduce queues building up outside of the department.
Regional funding has been approved to sponsor a number of projects across Urgent and Emergency Care during this winter. Funding includes additional Medical staff in the Emergency Department, Consultant GP liaison service 5 days per week, extension of Ambulatory Care opening hours and provision for additional COVID testing in the Emergency Department.
The Emergency Department team are working alongside the Estates team to redevelop parts of Clinic 9 in order to create a Same Day Emergency Care area. Plans are due to be submitted in January for funding.

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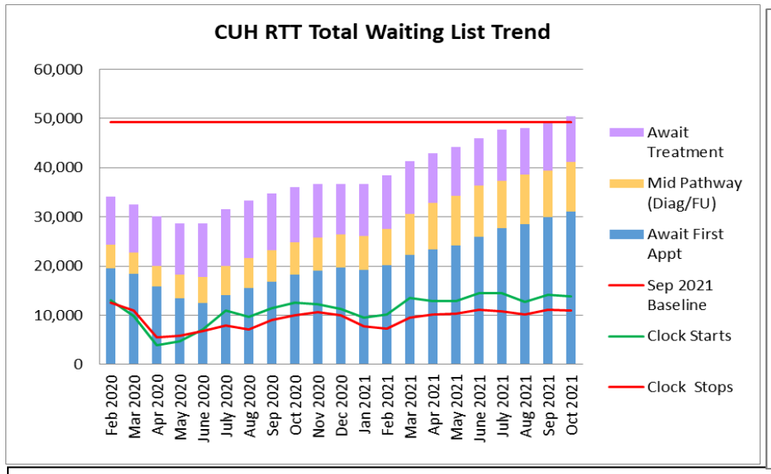
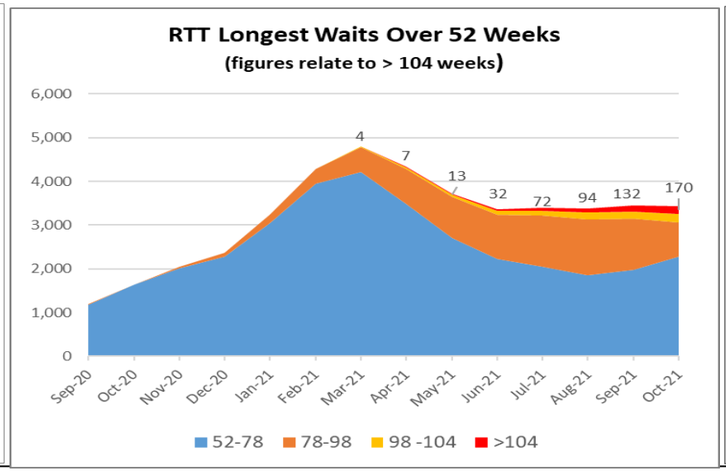
Owner(s): Ewen Cameron

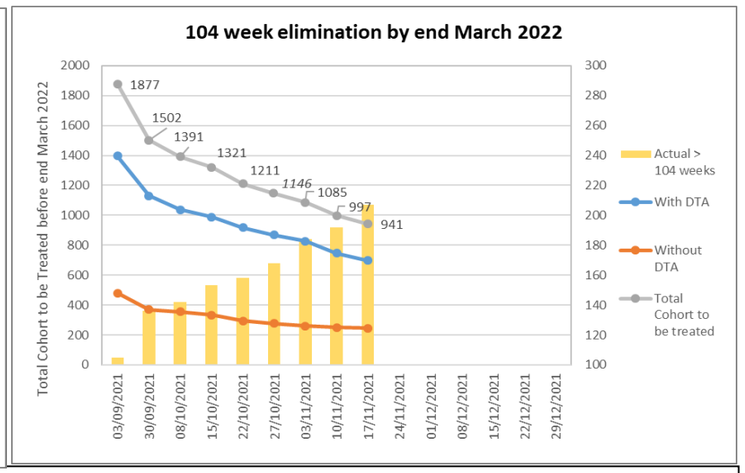
RTT

Cambridge University Hospitals NHS Foundation Trust

National Targets







The Total RTT waiting list size increased by 1,256 in October to 50,527. This represents a growth of 2.5% compared to the September 2021 baseline which was the stated ambition for H2 planning Nationally. We submitted an H2 plan forecasting a 15% growth. In October we are below the trajectory we submitted for H2 planning by 429.

The number of patients joining the RTT waiting list (clock starts) were 1.9% higher than last month, but equal to October 2019. As we had forecast continued growth of 2% above 2019, the clock starts being below this level contributed to our waiting list in total being lower than the H2 plan. Clock starts(referrals) represented 27% of the total waiting list size in the month, and patients waiting to commence their first pathway step increased to 62% of the total. The majority of growth in the waiting list size does sit at this stage.

The number of RTT treatments delivered in October represented 89% compared to October 2019. Our admitted stops equated to 81% of baseline, with non-admitted stops higher at 91%. The loss of three theatres will continue to be a factor in the achievement of the admitted threshold, however bed capacity constraints also impacted on admitted performance this month, with Neurosurgery in particular being affected. The clearance time for the RTT waiting list *(how long it would take to clear if no further patients were added)* decreased for a second month to 19.3 weeks. To recover to a clearance time equivalent to our pre-covid performance (11.5 weeks) would require delivery of RTT activity at 149% of average 19/20 levels.

The 92nd percentile total waiting time remained stable for a fifth month at 49 weeks. For admitted patients this reduced for the first time to 82 weeks.
The volume of patients waiting over 52 weeks reduced by 21 to 3,428. 732 patients were treated who had waited over 52 weeks in October representing 6.6% of all RTT treatments. Holding or reducing the volume of patients over 52 weeks is also a requirement of the H2 Planning Guidance and we remain on plan to deliver this.

Nationally, the aim to further reduce long waits requires the elimination of waits over 104 weeks by March 2022. In our H2 planning submission we have committed to manage this volume to a maximum of 300. At the start of September we identified that we needed to treat 1877 patients who would reach this length of wait if not treated before March 2022. We have continued to monitor this cohort and it has now reduced by 50% to 941 over the past 11 weeks. 42% of the cohort are within Orthopaedics and ENT. 74% of all the patients require admitted treatments and currently 20% of those are scheduled. We are still continuing to see the volume of the very longest waiting patients increase with the number over 104 weeks up from 132 to 170 in October. 49% of these are within Orthopaedics and ENT and we continue to seek to expand options for Independent Sector capacity and mutual aid to support in these areas.

Cancer

National Targets

Cancer Standards 20/21	Target	Qtr 3 - 20/21	Qtr 4 - 20/21	Qtr 1 - 21/22	Jul-21	Aug-21	Sep-21
2Wk Wait (93%)	93%	94.3%	95.0%	93.0%	94.5%	94.4%	95.7%
2wk Wait SBR (93%)	93%	87.7%	91.9%	84.4%	88.3%	93.6%	95.2%
31 Day FDT (96%)	96%	94.9%	88.6%	92.9%	90.8%	94.6%	89.2%
31 Day Subs (Anti Cancer) (98%)	98%	100.0%	99.4%	98.8%	100.0%	100.0%	99.3%
31 Day Subs (Radiotherapy) (94%)	94%	97.8%	98.5%	94.9%	99.2%	99.2%	99.0%
31 Day Subs (Surgery) (94%)	94%	88.3%	79.8%	87.5%	71.2%	90.7%	89.3%
FDS 2WW (75%)	75%	85.8%	84.2%	83.8%	81.9%	80.1%	81.3%
FDS Breast (75%)	75%	98.5%	98.3%	99.5%	95.0%	97.8%	100.0%
FDS Screen (75%)	75%	74.0%	49.1%	65.8%	70.9%	73.6%	75.2%
62 Day from Urgent Referral with reallocations (85%)	85%	**81.7%**	**77.7%**	**75.4%**	**80.1%**	**76.7%**	**76.8%**
62 Day from Screening Referral with reallocations (90%)	90%	**81.8%**	**57.3%**	**68.6%**	**48.9%**	**67.2%**	**42.1%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	64.7%	68.4%	65.8%	55.6%	88.9%	33.3%

To September 2021 by site

To September 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	7	63%	8	47%	13	63%	6	73%	17	97%	6	99%	1
Children's						100%		100%	1	93%		100%	
Lung	0.5	90%				100%		100%	2	97%	3	95%	1
Upper GI	1.5	75%			3	86%	1	94%	2	94%	9	74%	1
Lower GI	8	56%	3.5	22%	3	91%	2	82%	26	92%	84	76%	7
Skin	5	83%			5	90%	1	97%	20	96%	54	85%	2
Gynaecological	2.5	67%	0.5			100%		100%	13	93%	92	47%	
Central Nervous		100%				100%		100%	1	95%	1	95%	
Urological	7.5	80%			7	88%	3	80%	2	99%	56	65%	2
Head & Neck	1.5	79%			1	92%		100%	3	98%	34	78%	
Sarcomas	0.5	67%				100%		100%		100%	4	64%	
Other Haem Malignancies	2.5	71%				100%				100%	5	67%	2
Other suspected cancers	1.5	57%				100%		100%					
FDSUnknown													

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

The 2ww standard was delivered in September with performance at 95.7%, significantly above National performance at 84.1%. Symptomatic Breast 2WW standard was also achieved with performance at 95.2%, ahead of National performance of 83.6%. 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 September was stable at 76.8%. This was ahead of performance Nationally at 68.0%. Of the 38 accountable breaches, 14.5 were noted to be complex pathways, many involving more than one MDT and requiring diagnostics over and above the best practice pathways. Eight were late referrals, of which 4.5 were treated within 24 days of transfer. Ten were due to provider delays of which 4 were delays for surgical capacity, 3 were delays in Imaging, 1 histology and 2 booking outpatient dates. Lower GI had the highest volume by site at 8, followed by Urology with 7.5 and Gynaeoncology at 7.

The 62 day screening standard incurred 12 breaches this month, of which 8 were Breast and 4 being for surgical capacity. Four overall were Inter Trust delays. Performance deteriorated to 42.1% , below National performance of 70.8%.

The 31 day FDT standard dropped to 89.2% in September which took it below the National performance of 92.6%. 27 of the 32 breaches were due to surgical capacity, with 13 being in Breast surgery. The longest waits were experienced for kidney surgery on cases clinical prioritised as lower priority in accordance with Royal College of Surgeons guidance. The subsequent surgery standard also dropped to 89.3%, but was above National performance of 83.7%. Twelve of the thirteen breaches were also due to elective surgical capacity.

14 pathways waited >104 days for treatment in September. Six were shared pathways referred between days 86 and 139. Of the eight who had their entire pathway at CUH, two were due to complex pathways , four were internal delays with diagnostics and outpatients, and two were patient choice.

The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust. Harm has been classified as No harm or low harm in all cases.

Cancer

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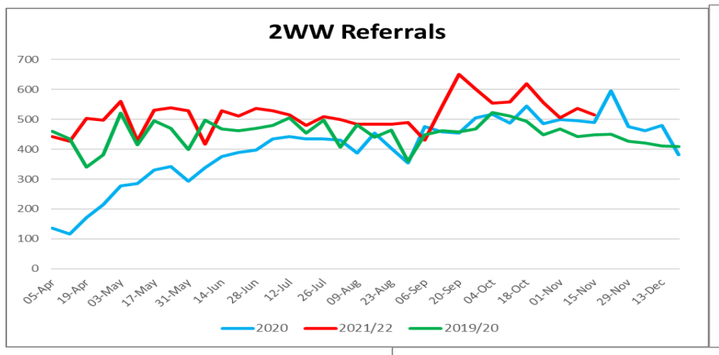
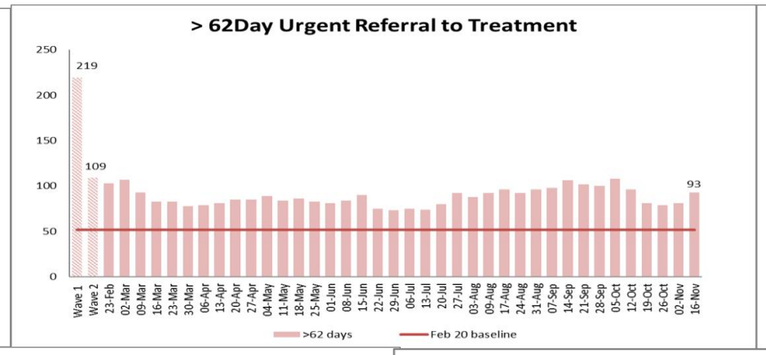
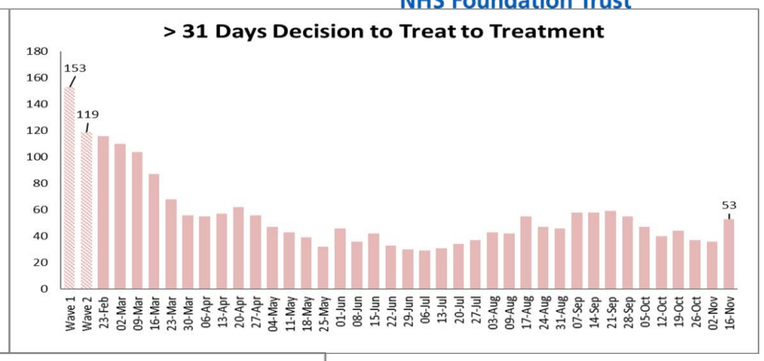
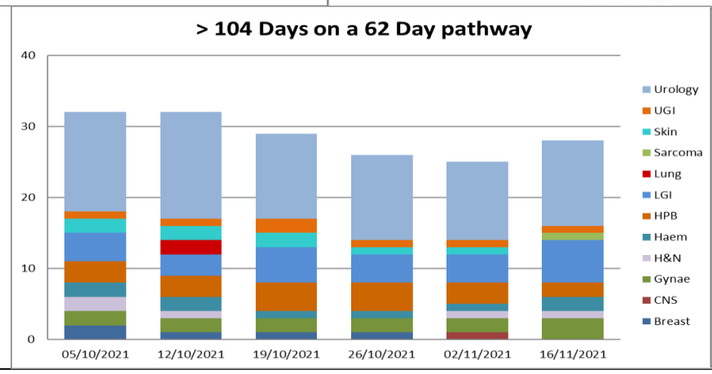
NHS Foundation Trust

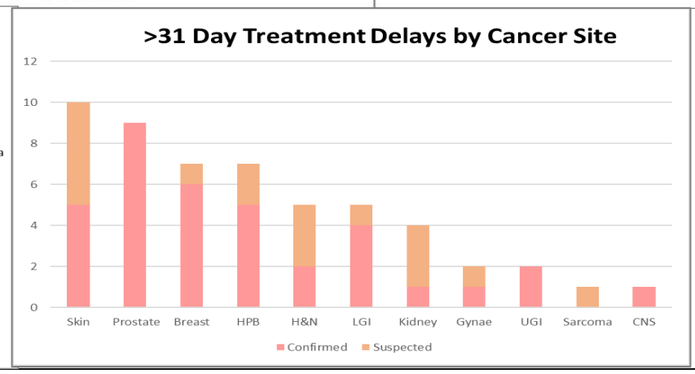
National Targets











Current position

2WW suspected cancer referral demand has remained very high through the last 2 months, with the last four weeks running at 117% compared to the same period in 2019. Breast 2ww appointment availability in particular has exhausted all additional capacity that has been implemented, resulting in appointments being scheduled at day 16 on average across late October and into November. October 2WW performance will fall below standard, and November could fall below 75% as a consequence. The one-stop diagnostic appointment is currently being sustained in Breast and it is felt that retaining this and the ability to diagnose within 28 days is the priority. A GP education even is being organised for the new year. We are also progressing an investment case to make the higher level of capacity sustainable in the Breast Unit in order to reduce reliance on additional sessions through good will.

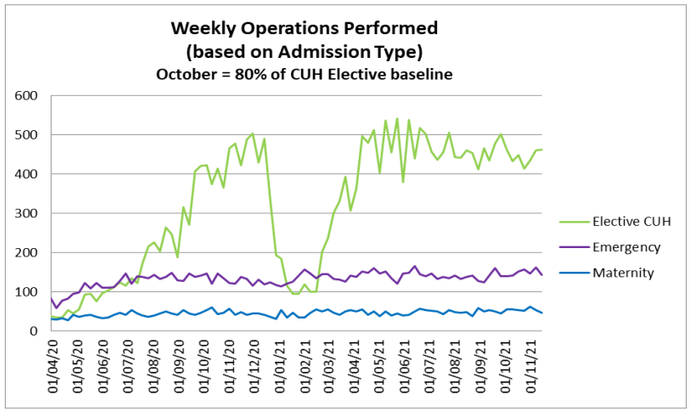
The number of patients waiting >62 days on an Urgent pathway has increased to 93 from 81 in the last month. 44% of patients do not yet have a confirmed cancer diagnosis. 35% have treatment scheduled. 41 are shared pathways with other hospitals, so the proportion of the backlog that are CUH only pathways has dropped from 60% last month to 56%. Gynaeoncology, Urology, Lower GI and Skin have the highest backlog for CUH only pathways. H2 planning guidance resets the ambition to recover to Feb 2020 backlog levels by March 22, which would be 56 for CUH. We forecast continued improvement due to expected improvements in staffing in Gynaeoncology and Pathology. The highest risk for recovery would be any impact from COVID related pressures on CUH capacity, and any increase in the volume of late Inter Trust transfers.

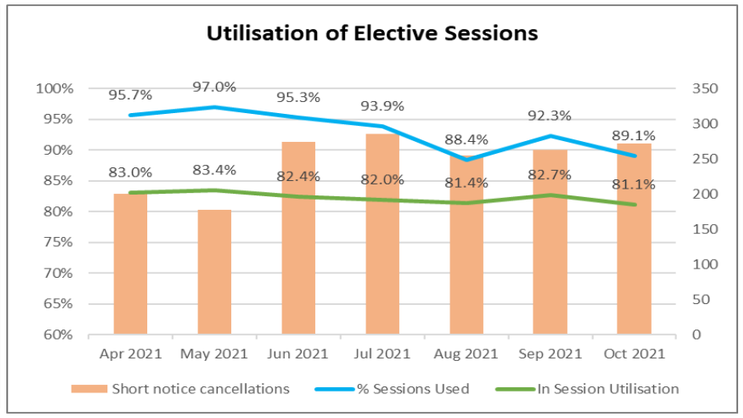
The number of patients waiting over 31 days for treatment has deteriorated sharply from 44 last month to 53. This is as a consequence of cancellations of P2 and cancer surgery during the recent COVID outbreak which led to the temporary closure of three wards of which 2 were surgical. Daily prioritisation meetings were held during this period led by the Medical Directors office to ensure time critical cases were prioritised along with emergency surgery. Urology, HPB, Lower GI and Head and Neck have seen immediate backlog increases as a consequence, and are reviewing their specialty theatre allocation to ensure these higher priority cases are rescheduled. Breast managed to reduce their backlog further in the month with the support of Independent sector capacity, as did Skin where many treatments are undertaken in an outpatient setting.

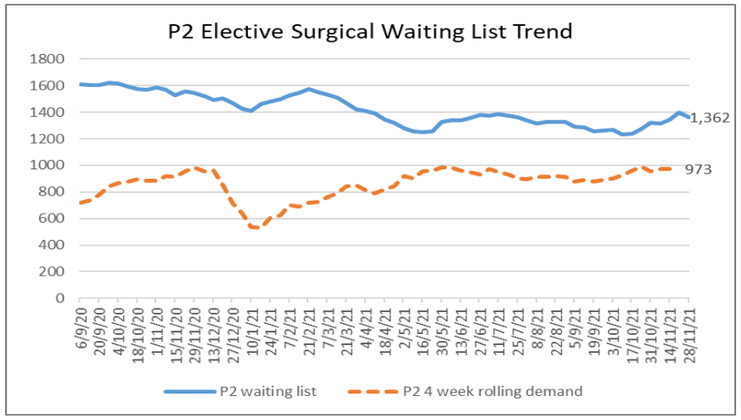
Operations

Cambridge University Hospitals NHS Foundation Trust

Operational Performance







Elective theatre activity in October fell to 80% of the 2019 baseline. Taking account of the loss of the three A Block theatres from our capacity, the adjustment would bring the October performance up to 90% which is the lowest month since the theatres re-opened in April 2021.

- Short notice cancellations from elective sessions increased to 272 in October, a 3% increase on September. However, in terms of operating hours lost this was a 15% increase. This was due to the more complex nature of the higher priority patients that were cancelled as a result of the reduced inpatient surgical bed capacity following ward closures due to COVID outbreaks. This impact will continue into the first two weeks of the November data.
- Elective sessions used in October dropped to 81.1%, the lowest since theatres were restored in April. 21% (26) of the unused sessions were due to the impact of bed shortages. 20 sessions at Ely were cancelled due to no surgical cover, plus an additional 16 sessions in the Ely treatment room used by Pain Management. Surgery Taskforce have now requested that no Ely session is dropped without review of the ADO or Divisional Director. 22 sessions in the Main and ATC theatres were also unused due to lack of surgeon cover. Cancelled sessions are communicated out to surgical operational management teams for re-circulation. There will be increased focus on this at Surgical Taskforce and with Specialty Leads.
- Elective in-session utilisation fell to 81.1% . Ely utilisation did however improve further in-month up to 83.1%. The Cambridge Eye Unit also saw improvement in month, but at 75.3% still has significant opportunity, and the business case to support staffing for in-week HVLC cataract lists is being submitted.
- The weekend elective activity remained low at 23 in October, and November to date is at 25.

The number of P2 patients awaiting surgery has increased since mid-October from 1237 up to 1362. This is in large part due to the cancellations amongst this highest priority group associated with the ward closures for Infection Prevention and Control reasons due to COVID outbreaks. The rolling weekly demand has also remained at a higher level throughout the last month. In the last week, since the surgical wards were re-opened, we have seen the P2 trend begin to reduce again.

The Trust continues to engage with the National GIRFT Programme for High Volume Low Complexity surgery. Six specialties are the focus of the programme: Orthopaedics (MSK), Ophthalmology, ENT, General Surgery, Urology and Gynaecology. ENT and Gynaecology will be presenting their summary to the next Surgical Taskforce meeting. The Ely anaesthetic criteria is being reviewed for the potential to expand the cohort of suitable patients; and actions are progressing to support expanded use of Ely and daycase rate in Urology. Our L2DSU facility is increasing the volume of post-operative 23hr stay, and further options to release space to maximise this are being progressed.

Mutual aid initiatives have continued to be progressed with Orthopaedics at NWAFT. The acceptance rate has slowed and 42 patients in total have now accepted the opportunity for earlier treatment at Hinchingbrooke. A review of the criteria has been completed, and the threshold adjusted to allow some more patients to be approached. The system MSK Programme Board has also discussed whether Hinchingbrooke's ring-fenced facility could be extended through weekend operating to ensure maximum bed protection over Winter.

Diagnostics

Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Change from previous month:

Deteriorated

Improved

		Oct-21						
		Waiting List					Scheduled Activity	
		Total Waiting List	Variance from Feb 2020		% > 6 weeks	Mean wait in weeks	Scheduled Activity	Variance from Oct-19 Baseline
Imaging	Magnetic Resonance Imaging	2414	1962	23%	38.9%	8	2690	124.3%
	Computed Tomography	3450	1038	232%	70.6%	26	2548	101.1%
	Non-obstetric ultrasound	2551	1876	36%	27.4%	5	3473	111.3%
	Barium Enema	40	31	29%	7.5%	3	42	104.5%
	DEXA Scan	1646	648	154%	47.6%	7	589	109.5%
Physiological Measurement	Audiology	595	338	76%	50.9%	8	331	71.1%
	Echocardiography	3103	967	221%	75.4%	17	1232	102.6%
	Neurophysiology	158	269	-41%	0.6%	2	193	60.2%
	Respiratory physiology	49	24	104%	44.9%	6	17	81.0%
	Urodynamics	133	93	43%	55.6%	9	37	71.1%
Endoscopy	Colonoscopy	1029	539	91%	56.1%	14	443	122.2%
	Flexi sigmoidoscopy	283	106	167%	50.5%	13	91	134.7%
	Cystoscopy	309	236	31%	32.7%	11	368	99.3%
	Gastroscopy	1430	581	146%	59.0%	14	543	96.4%
Total Diagnostic Waiting List		**17190**	**8708**	**97%**	**53.9%**	**14**	**12597**	**106.7%**

Scheduled diagnostic activity in October was up by 6.9% compared to the prior month, in comparison to baseline in October 2019 we delivered 106.7%.

The total waiting list size did reduce in month by 364 to 17190. This is 97% higher than pre-covid in February 2020. The proportion of patients waiting over 6 weeks decreased by 2.6% compared to September to 53.9%. Mean waiting time actually increased by one week to 14.

Imaging equates to 59% of the diagnostic waiting list. Scheduled activity in Imaging increased by 8% in October. increases were seen in CT, MRI and Ultrasound, with only DEXA seeing lower activity. As a comparison to October 2019 Imaging scheduled activity was 111.5%. Waiting lists reduced by 207 across all Imaging modalities in month, driven by MRI and DEXA. The other modalities saw small increases. Monitoring of recovery trajectories shows that MRI remain on track to recover to baseline waiting list size by February 2022. Ultrasound have slipped off trajectory by ~500 in the last month due to a peak in demand and lower than average activity levels. Dexa is also off trajectory by ~600 and this is predominantly due to activity levels being below plan. The availability of the community capacity is being reviewed. CT was always the greatest concern as did not have a trajectory that would recover in year. This has slipped behind by a further 270 in the last month, with the Independent Sector mobile CT still delivering at only 33% of the plan, even though the plan was revised down for the remainder of Q3. The Diagnostic Taskforce is reviewing the slippage and what action is required. Workforce is a significant risk for all providers delivering Imaging services and has been raised with Regional team, CUH has further vacancies anticipated within CT in forthcoming months.

Endoscopy is 18% of the diagnostic waiting list. Scheduled Endoscopy activity increased by 2% in October. Compared to the September 2019 baseline we delivered 105.9% across Endoscopy. The waiting list reduced by 46, led by Colonoscopy and Gastroscopy. Increases were seen in Cystoscopy and to a lesser extent Flexi sigmoidoscopy. The number of patients waiting over 6 weeks did reduce in month by 86 and but remains high at 54.6%. Three additional actions are planned from December to increase activity further: Insourcing for the remaining 4 suites at the weekends, access to some research capacity for OGD, and transfer of some Bronchoscopy activity to RPH. This would still not deliver recovery until June 2022 at the current level of demand so three sessions days with the support of Insourcing are now also being explored to bring recovery forward to end of March 2022.

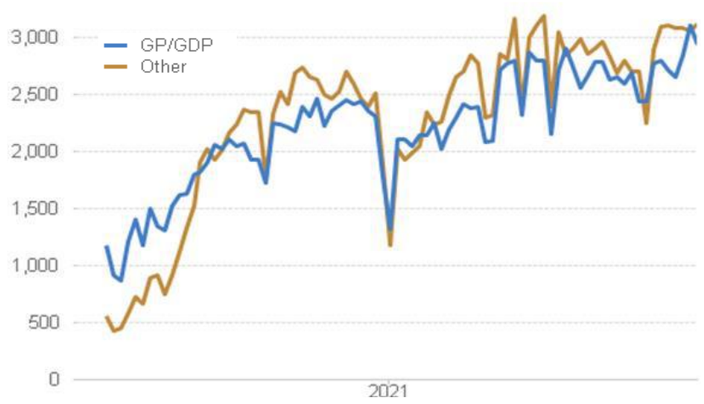
Physiological measurement is 23% of the diagnostic waiting list , with Echocardiography as the dominant test representing 18%. Scheduled activity increased by 7% in October and rose to 87.9% of the baseline in October 2019. Echo improved from 81% of baseline to exceed baseline at 102.6% in October. This has been supported by the Insourcing initiative that commenced this month. The waiting list across this group reduced by 111 in month, driven by the Echo improvement that led to a 209 reduction in that service. Increases were seen in other services with the highest being in Audiology at 60, where waiting list initiatives are planned. The volume >6 weeks remains at 67.9% for the group, with Echo still the priority at 75.4%. Echo recovery trajectory still does not deliver recovery to baseline by the end of this year, and further actions are being reviewed.

Outpatients

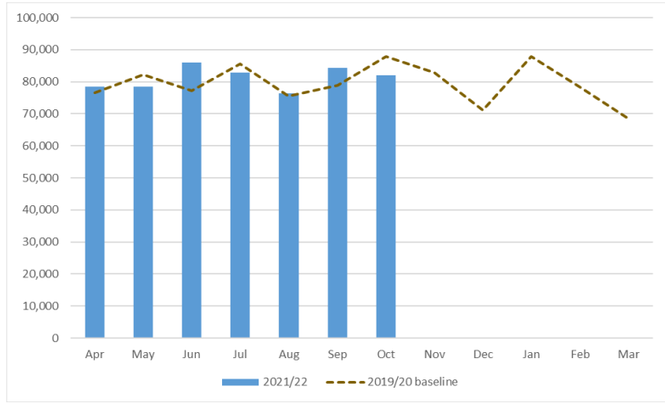
Cambridge University Hospitals NHS Foundation Trust

Operational Performance

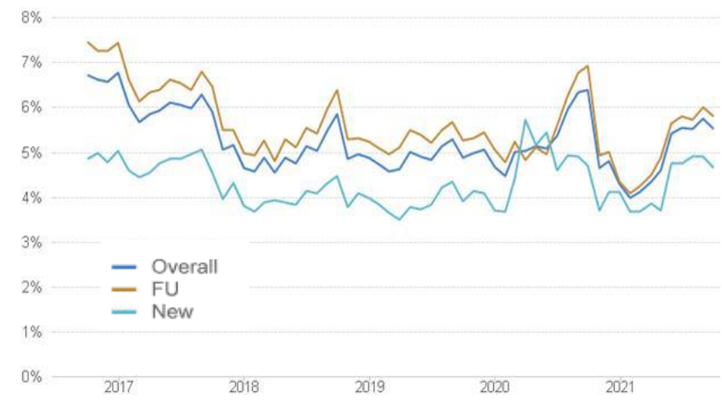
Referrals



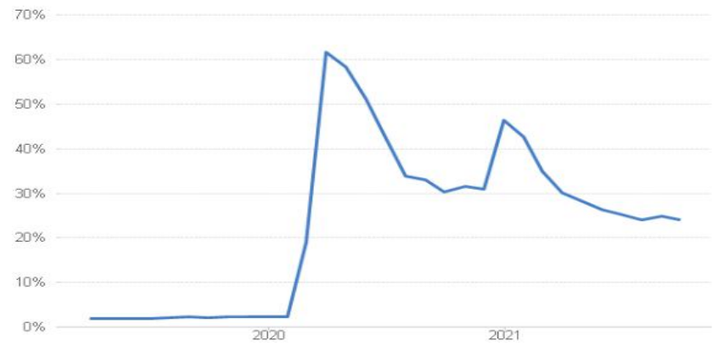
Attendances



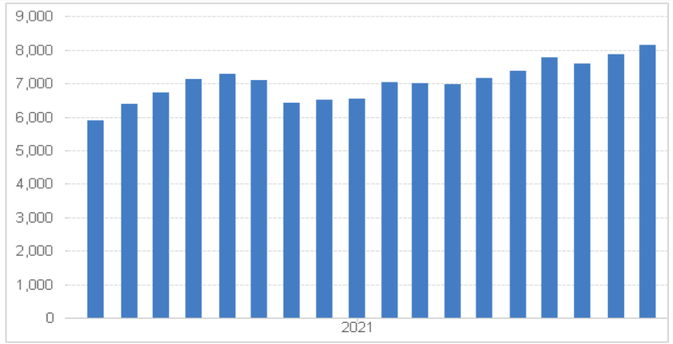
DNA Rate



Virtual appointments %



Patient-initiated follow-up (PIFU) orders placed



Advice and Guidance response

Outpatients continues to perform well against baseline with attendances at 102.2%compared to the 2019 baseline. In October we performed at 103.2% and 100.4% of baseline for follow-up and new appointments respectively. Demand continues to increase above baseline and was3.8% above baseline in October.

NHSE key objectives for outpatient transformation: we carried out 24.4% of all appointments virtually, 13.0% and 30.2% of new versus follow-up respectively. This is against an national ambition of 25%. Patient Initiated Follow Ups (PIFU) were 1.4% of total outpatient appointments against the national ambition to achieve 1.5%, by December. We are responding to 9.1% of requests through advice and guidance against the national ambition of 12% by March 2022. We continue to seek an adjustment for diagnostic attendances included in our outpatient data which would improve our performance against these metrics.

The Outpatient Taskforce is supporting challenged specialties to recover their performance, reviewing with them their constraints in space, workforce and their transformation opportunities.

We now have a medium term solution for the drive-through phlebotomy service which will protect staff over the winter months, and we have secured an extension until September 2022 for the location. The service remains popular and we are therefore continuing to look for a longer term solution. The existing contract with Attend Anywhere for the provision of virtual consultations is also likely to be extended, but at the time of writing this update negotiations are still underway.

We have recently gone live with our first robotic process automation project (RPA). This process automates the attaching of supporting documents to referrals in Epic, and has a significantly increased administrative throughput from 80 referrals per day on average to 120 per day per person.

Author(s): Andi Thornton

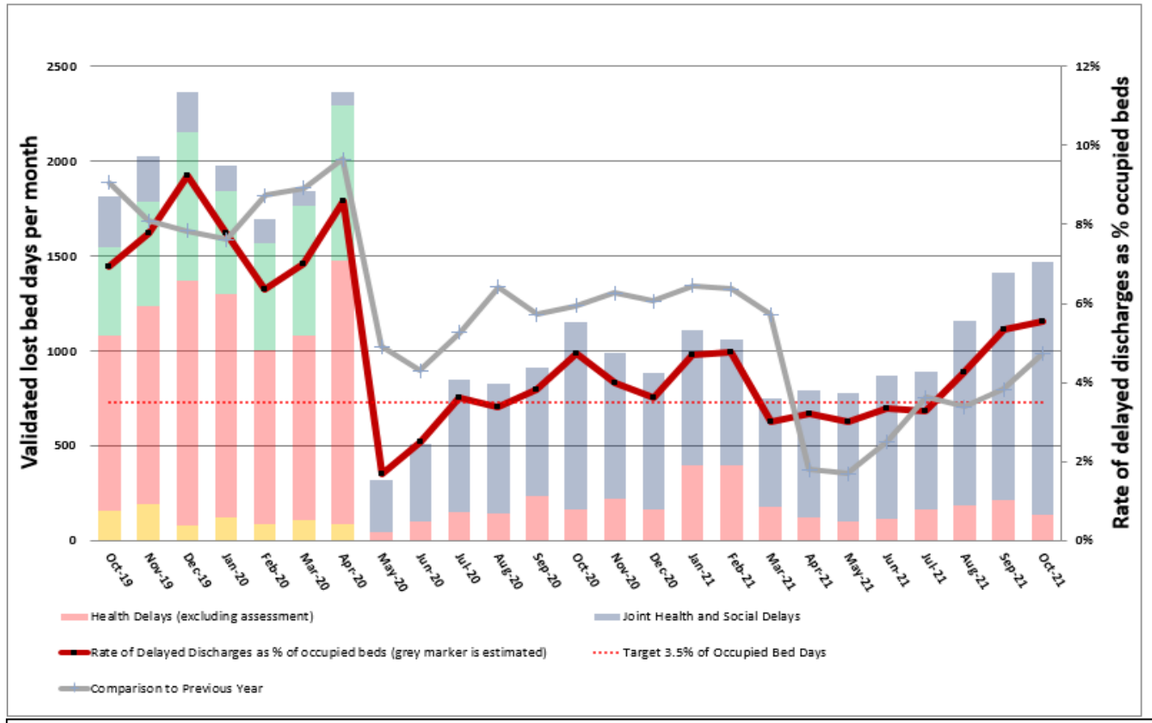
Owner(s): Chief Operating Officer

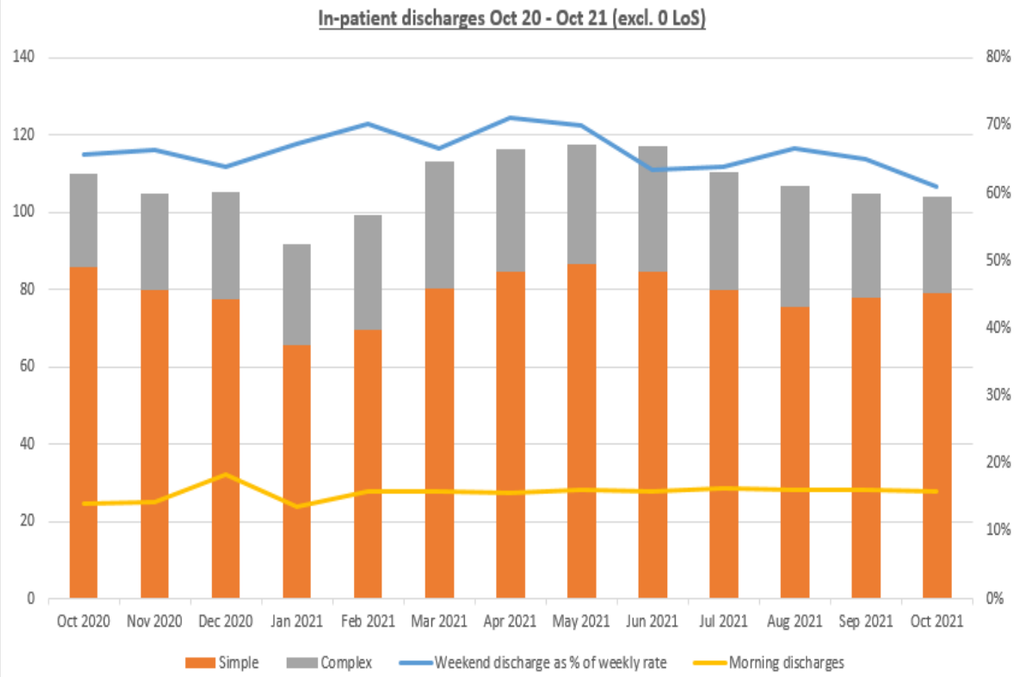
Together-Safe | Kind | Excellent

Delayed Discharges

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





The Hospital Discharge Service Requirements guidance was updated in June 2021. For this October 2021 data, you will see above 2 graphs.
The graph on the left looks at the overall lost bed days for the month, spanning back over the previous 12 months (similar to the previous integrated performance reports). The graph on the right looks at average number of complex and simple discharges per day, with average weekend discharges (% from week day discharges) and average discharges before noon (for the month).
For October 2021, we are reporting 5.55%, another slight increase of 0.21% in the last month, and 2.27%% in 3 months (equating to a total of 1467 bed days in October, an increase of 65% since July.
Within the 5.55%, 68.8% were attributable to Cambridgeshire and Peterborough CCG, and the remainder across a further 8 CCG's. *Please note that we have referred to delays per CCG instead of Local Authority.*
In relation to lost bed days for Cambridgeshire and Peterborough overall for October (1010) this has been an increase from September of 25.5% (805 lost bed days).

For out of county patients, we continue to see a sustained elevated number of CCGs that our patients are from and waiting care provision to however we have seen an overall decrease in the number of lost bed days for patients from out of county partners, reducing from 605 lost bed days in September to 457 in October.
For the total delays (local and 'out of area') within October for Care Homes were 45%, equating to 665 lost bed days for this counting period; domiciliary care (inclusive of Pathway 1 and Pathway 3) at 36.7% of the total lost bed days for the month, at 538.
As with the both care homes and domiciliary care, there have also been an increase in lost bed days for community bedded intermediate care (inclusive of waits for national specialist rehabilitation units) reporting 233 lost bed days in September (in comparison to 208 in September).

As part of a local system, Cambridgeshire and Peterborough CCG, CPFT, Cambridgeshire and Peterborough County Councils, are continuing to work together to look at the longer term plan for discharge pathways, working with support from ECIST to build, shape and design 'discharge to assess' over the coming 6-9 months.

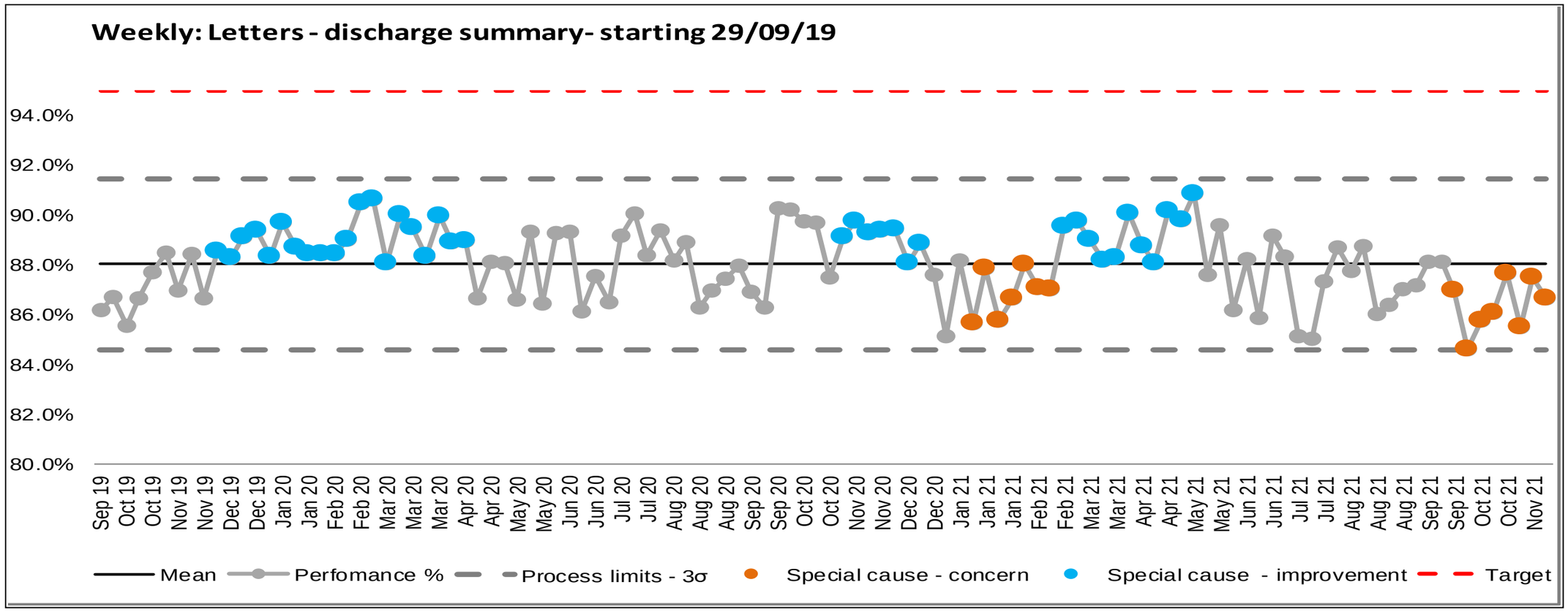
Author(s): Emily Hall

Owner(s): Ewen Cameron

Discharge Summaries

Cambridge University Hospitals NHS Foundation Trust

Operational Performance



Discharge summaries

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

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

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

Author(s): James Boyd

Owner(s): Ashley Shaw

Patient Experience

Cambridge University Hospitals NHS Foundation Trust

Patient Experience

The good experience and poor experience indicators omit neutral responses.

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Oct 21	Month	-	96.0%	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 Oct for the Good score and Poor score, and both scores continue to fluctuate 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 OCT: there were 479 FFT responses collected from approx. 3,818 patients.**
FFT Inpatient poor experience score	Jul 20 - Oct 21	Month	-	1.9%	1.5%		-	-	
FFT Outpatients good experience score	Apr 20 - Oct 21	Month	-	95.4%	95.5%		-	-	Outpatient data (adult FFT collected by SMS) has not change with the Good and Poor scores remaining fairly consistent since April. There was no change in Oct scores compared to Sep. Comment card collection resumed mid-April for areas that do not have SMS, such as paediatric clinics. **FOR OCT: there were 9,012 FFT responses collected from approx. 39,571 patients.**
FFT Outpatients poor experience score	Apr 20 - Oct 21	Month	-	2.2%	2.1%		-	-	
FFT Day Case good experience score	Apr 20 - Oct 21	Month	-	97.6%	97.2%		-	-	Both Good and Poor scores have had less than 1% change since April. Although in September the Good score declined by 1% and in October the score improved 1.5%. The October Poor score also improved by 0.5% in Oct, compared to Sep. **FOR OCT: there were 1264 FFT responses collected from approx. 4,844 patients.**
FFT Day Case poor experience score	Apr 20 - Oct 21	Month	-	1.3%	1.4%		-	-	
FFT Emergency Department good experience score	Apr 20 - Oct 21	Month	-	80.0%	88.8%	L	SP	-	The October ED Good score remained the same compared to September, and the Poor score also was about the same. The adult ED Good and Poor score did not change in October. Paediatric Good score declined 2.5% in October (8% decline since Aug) and the Poor score remained about the same but is still 3% higher compared to August. **FOR OCT: there were 1395 FFT responses collected from approx. 6,708 patients**. This is approx. 1,000 more patients compared to Aug.
FFT Emergency Department poor experience score	Apr 20 - Oct 21	Month	-	12.0%	6.6%	H	SP	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Oct 21	Month	-	94.0%	95.7%		-	-	SPC data started in July 2020 due to change in FFT question and Covid-19 impact. **FOR OCT:** Antenatal had 8 FFT responses; 100% Good. Birth had 32 FFT responses from Birth Unit patients with 100% Good. 2 FFT responses, with 100% Good, were collected from Delivery Unit, out of 412 patients. Postnatal had 174 FFT responses (132 from Lady Mary / 22 from Birth Unit / 5 from DU, 0 from Sarah, 15 from COU) and 1% improvement in Poor score, from LM. 0 FFT from Post Community. **OCT** overall Good score remained the same and Poor score improved 0.7%.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Oct 21	Month	-	1.0%	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.
For NHSE FFT submission, wards still not collecting FFT are not being included in submission. For Oct there were 15 wards with 0 FFT, which is the highest number of wards to collect 0 FFT since June, which had 12 wards with 0 FFT.

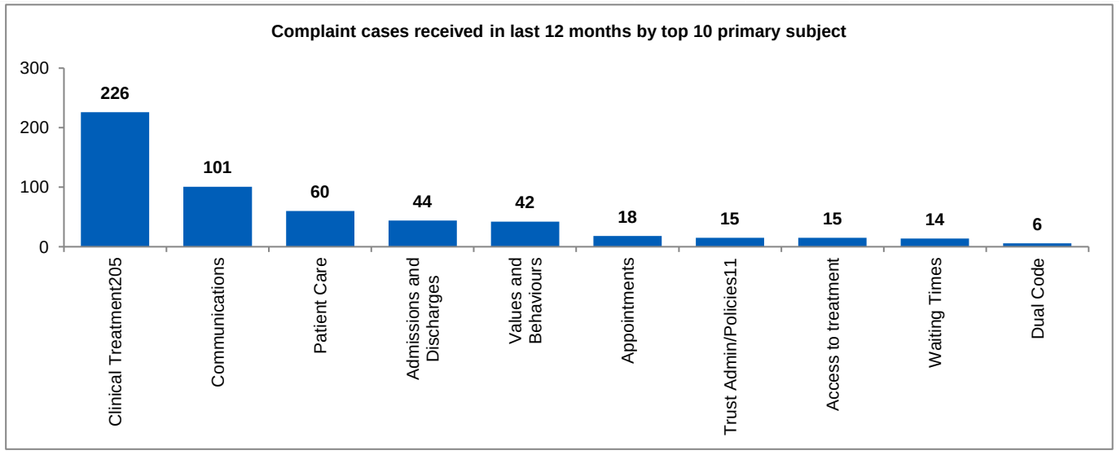
For all FFT, the scores in October remained fairly consistent. Overall ED did not have much change, but the ED paeds Good score declined by 2.5% and is now 84%, the lowest for the year. The ED paeds Poor score remained about 7%.

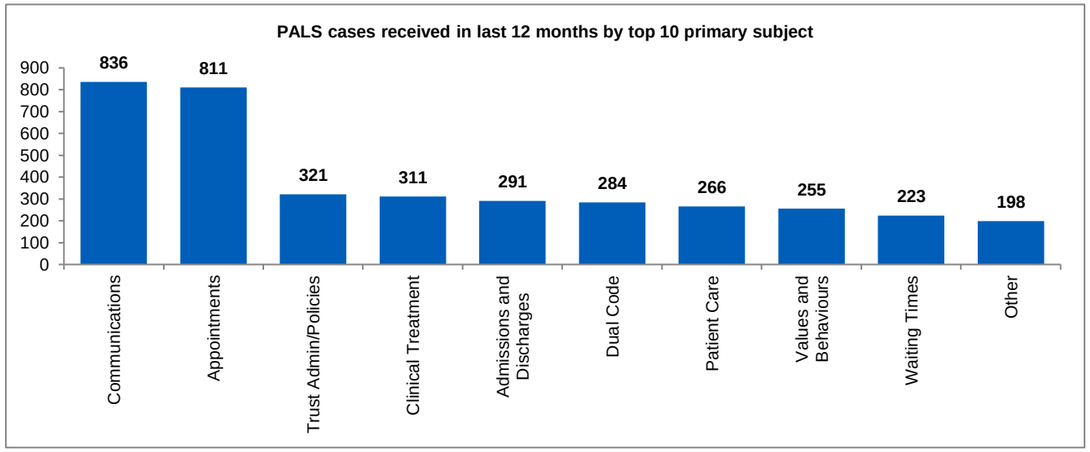
PALS and Complaints Cases

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Oct 18-Oct 21	month	-	43	49		-	-	The number of complaints received between Oct 2018 - Oct 2021 is below the normal variance.
% acknowledged within 3 days	Oct 18-Oct 21	month	95%	93%	94%		-		40 out of 43 complaints received in October were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Oct 18- Oct 21	month	50%	27%	34%		-		41 complaints were responded to in October 21, 11 of the 41 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Oct 18 - Oct 21	month	80%	83%	91%		-		34 out of 41 complaints responded to in October were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Mar 19 - Oct 21	month	-	28%	34%		-	-	There were 10 complaints graded 4 severity, and 2 graded 5. These cover a number of specialties and will be subject to detailed investigations. The grade 5 complaints alleged poor care and treatment which affected patient's outcome (patients deceased).
Compliments received	Feb 19 - Oct 21	month	-		40		-	-	Data for October is unavailable





PHSO - There were no cases accepted by the PHSO for investigation in October 2021.
Completed actions : During October 2021, a total of 14 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 30 September 2021. A total of 8 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 October 2021, have been completed in time.

Author(s): Sue Bennison

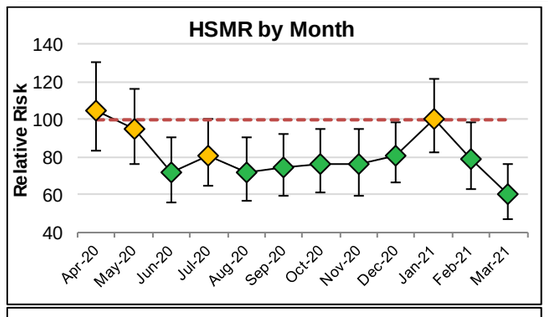
Owner(s): Oyejumoke Okubadejo

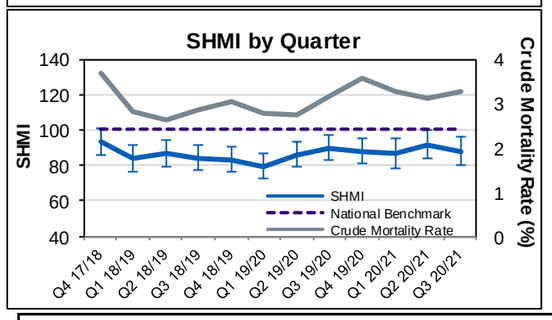
Learning from Deaths

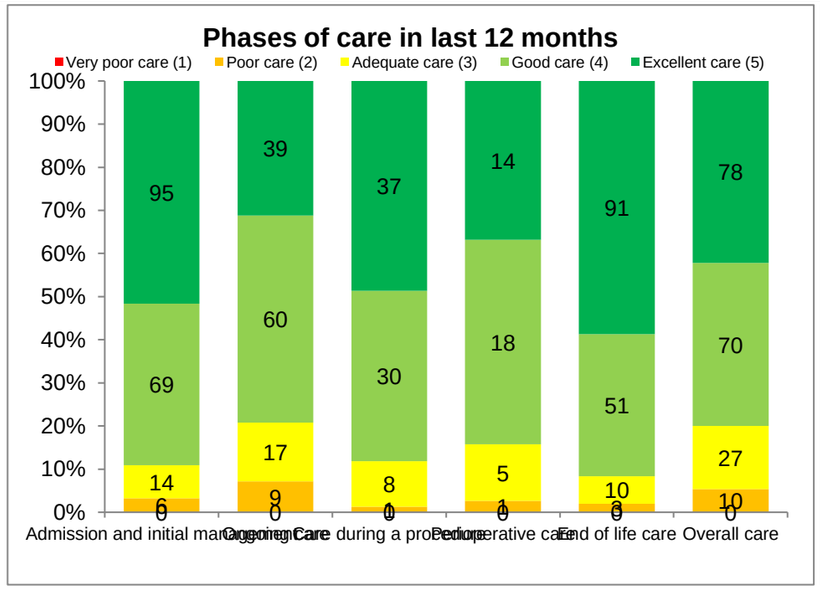
Cambridge University Hospitals NHS Foundation Trust

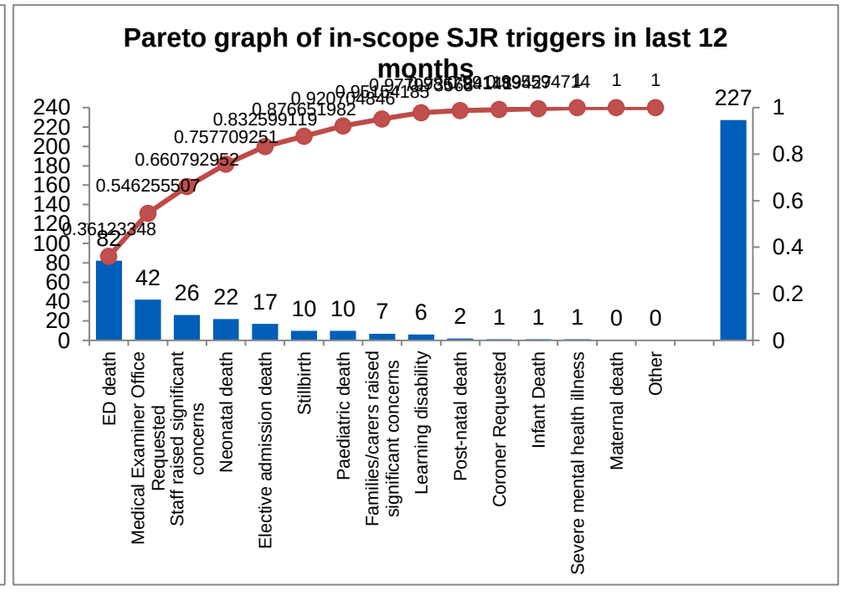
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Oct 21	month	-	9.79	8.25		-	-	There were 156 deaths in October 2021 (Emergency Department (ED) and inpatients), of which 12 were in the ED and 124 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 - Oct 21	month	-	16%	20%		-	-	In October 2021, 25 SJRs were commissioned.
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - Oct 21	month	-	0	0.82		-	-	There were no unexpected/potentially avoidable deaths serious incident investigations commissioned in October 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.

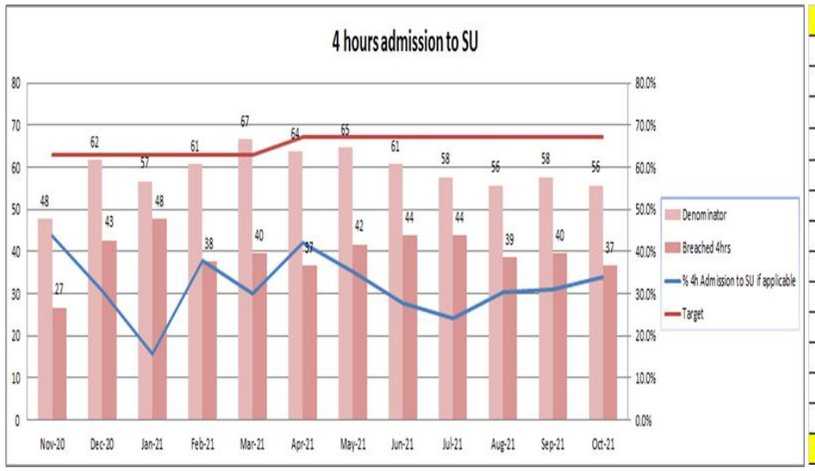
Author(s): Richard Smith

Owner(s): Dr Sue Broster

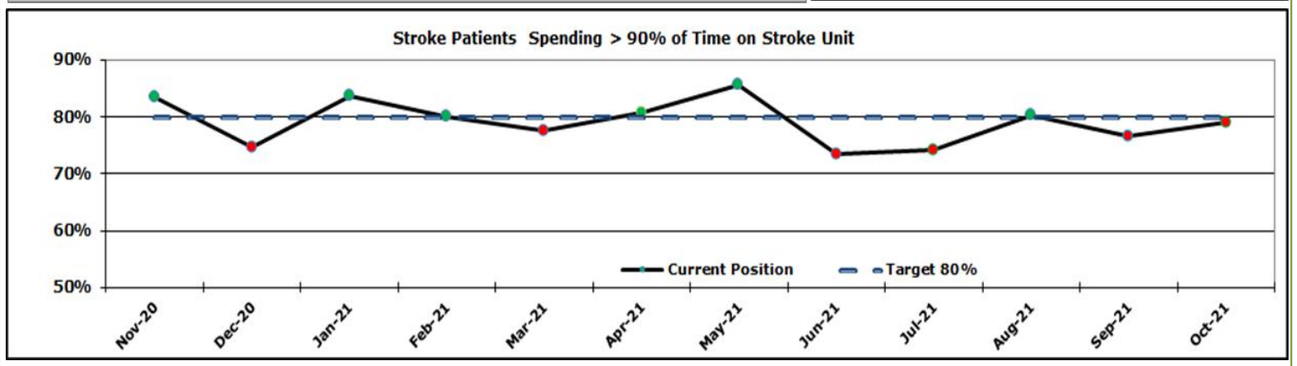
Stroke Care

Cambridge University Hospitals NHS Foundation Trust

Stroke Measures



4hrs adm to SU breach Themes	Count of MRN
Trust Bed Capacity - outliers on SU	17
Late Diagnosis	5
Out of hours - lack of stroke/neuro senior review	3
Stroke Nurse Capacity	2
Patient Unwell	2
Covid	1
Delay to referral	1
ED Nurse - no referal to stroke	1
Infection control	1
Late referral to SU	1
MRI Capacity	1
Not referred on arrival	1
Not thought to be a stroke until MRI	1
Grand Total	37



Breach reasons for not achieving 90% IP stay on Stroke ward 2020/21 and Monthly Stroke position

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Suspected COVID-19 patient	Covid 19 - Stroke ward closed	Delayed transfer of care (DTOC)	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%)
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	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%
Sep-21		5						4		1			3	1		1	15	76.6%
Oct-21		5					1	3		1	2					1	13	79.0%
Summary	0	65	1	1	0	0	7	18	0	11	7	0	25	11	0	9	155	

90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for October = 79.0%

'Trust Bed Capacity' (5) was the main factor contributing to breaches last month, with a total of 13 cases in October 2021.

4hrs adm to SU (67%) target compliance was not achieved in October = 33.9%

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.
- Mixed sex bay has been approved by Chief Nurse Office and SOP awaiting sign off-implementation date to be confirmed
- 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.
- Stroke Taskforce meetings remain in place, plus weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- Work with Hinchingbrooke to reduce Repat LOS to 72hrs is to be restarted but no meeting have yet been possible due to unavailability of NWAFT Ops Representation.
- 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.

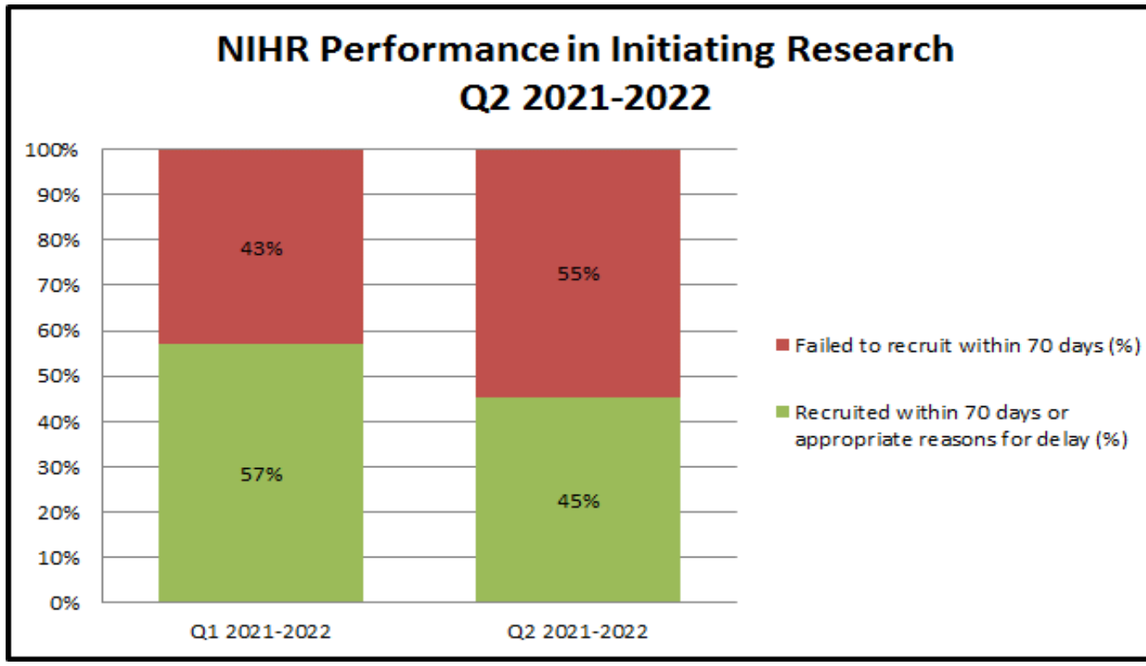
Author(s): Charles Smith, Jane Fenner

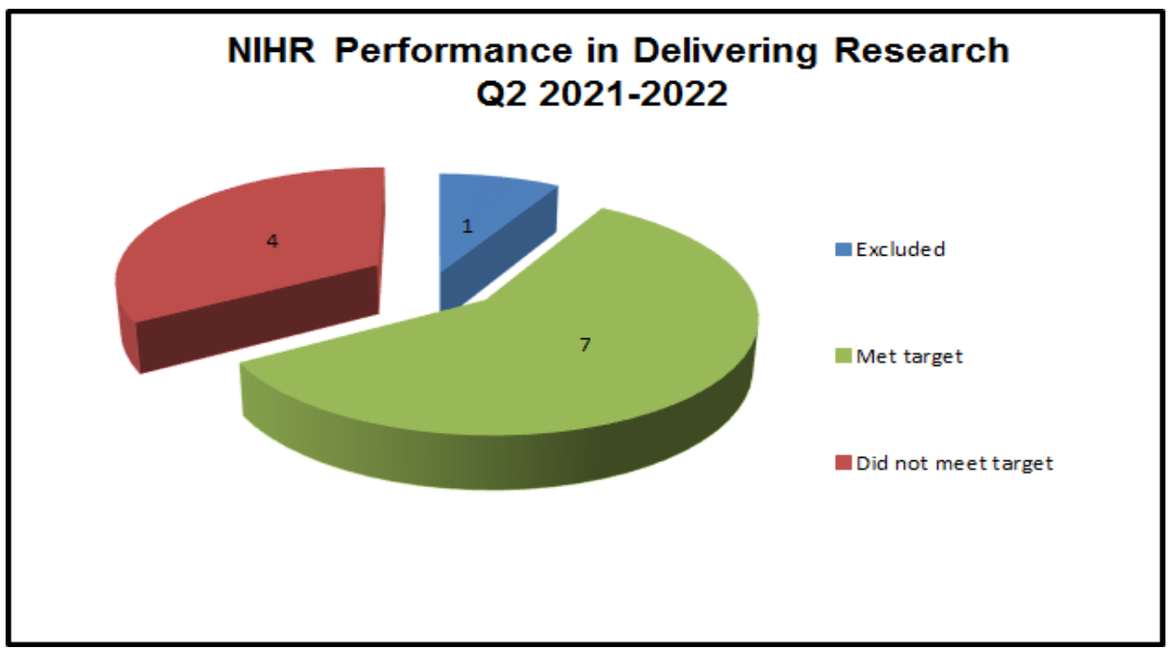
Owner(s):

Clinical Studies

Cambridge University Hospitals NHS Foundation Trust

Clinical Studies Measures





Situation as at 30/09/2021 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 84 non-commercial and commercial clinical trials was submitted this quarter. Of all analysed trials, 45% (10/22) met the target, which is a decrease 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. 62 studies did not meet the target, but appropriate reasons have been given for 54 of them, which will exclude them from the analysis.
There are 8 studies that are still able to meet the target.

Delivering to target:
Data was submitted on 12 commercial trials this quarter.
With 1 study not having an agreed target, 11 trials have been analysed, giving a performance of 64% (7/11)
This is slightly up from Q1's performance of 62%.
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

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

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

LMNS: Cambridgeshire and Peterborough | **Reporting period: October 2021**

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

CQC DOMAINS						
Maternity unit	CUHFT (date of last inspection : Jan 2017) Not in Maternity Safety Support Programme					
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)						Action plan status:

KPI (see slide 4 for detail)	Measurement / Target		Trust Rate (current reporting period)
Please see exemplar v8 for full detail			CUH
Preterm birth rate	≤26+6 weeks	≤6% annual rolling rate	1.19%
	≤36+6 weeks		6.18%
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth	2.5%	2.62%
	Caesarean	4.3%	0.40%
Term admissions to NNU (all levels)		<6%	6.97%
3rd & 4th degree tear	SVD (unassisted)	Unassisted 2.8%	1.41%
	Instrumental (assisted)	Assisted 6.8%	1.81%
Right place of birth (born outside a tertiary centre)		Number of births = 0	0
Smoking at time of delivery		≤6%	5.05%
Percentage of women placed on CoC pathway		≥35% (March 21)	21.80% (Sep)
Percentage of women on CoC pathway :BAME / areas of deprivation)	BAME	≥75%	BAME 18.7%
	Area of deprivation		AOD 14.1%

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
To work (entire division): 71% (2020)	92.5% (2021)
To receive treatment (entire division): 85% (2020)	

Total Births	Total Bookings	1:1 Care in Labour
502	492	99.8%

KEY: CQC DOMAINS	MW to birth ratio		MW Minimum Safe Staffing		Obstetric Cover on Delivery Unit		Vacancy rate		LW co-ordinator supernumerary (%)
	BR+ Recommendation	Actual	Planned Cover	Actual Cover	Hours of consultant presence	Gaps in Rotas	Midwife no's	%age of total staff	
Outstanding									
Good									
Requires Improvement	1:2:6	1:26:1	100%	85%	81	0	34 WTE	15.9% Pipeline : 13.4%	87%
Inadequate									

	Incident Reporting					LMNS confirmation of SI oversight (evidenced through governance & safety meetings) Yes ☐ No ☐									
	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
CUH	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0

Maternity Dashboard

NHS
Cambridge University Hospitals
NHS Foundation Trust

Maternity Measures

Assessed compliance with10 Steps-to-Safety – Year 4 – (inc. reasons for non compliance, mitigation and actions)

	Please identify unit	CUH
1	Perinatal review tool	
2	MSDS	
3	ATAIN	
4	Medical Workforce	
5	Midwifery Workforce	
6	SBLCB V2	Element 1: CO Monitoring compliance. Resource allocated for follow up clinics.
7	Patient Feedback	
8	Multi-professional training	Additional faculty for NLS required.
9	Safety Champions	
10	Early notification scheme (HSIB)	

Key	
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 – (inc. reasons for non compliance, mitigation and actions)

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

Assessment against Ockenden Immediate and Essential Action (IEA) – (inc. reasons for non compliance, mitigation and actions)

Please identify unit	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	
Lead **CTG Midwife and Obstetrician** in post	
Non Exec and Exec Director identified for Perinatal Safety	
Multidisciplinary training – PrOMPT, CTG, Obstetric Emergencies (90% of Staff)	Trajectory submitted and accepted as compliant in Ockenden portal submission
Plan in place to meet **birth rate plus** standard (please include target date for compliance)	
Flowing accurate data to **MSDS**	
Maternity SIs shared with trust Board	

Maternity Dashboard

NHS
Cambridge University Hospitals
NHS Foundation Trust

Maternity Measures

Maternity unit:	CUH: All
1. Freedom to speak up / Whistle blowing themes and HSIB / NHSR / CQC or other organisation with a concern or request for action made directly with Trust	• CQC request for information following whistleblowing regarding the impact of short staffing numbers
	CUH: Top 3
2. Themes from Datix (to include top 5 reported incidents/ frequently occurring)	• Staffing maternity clinical • PPH • Neonatal clinical categories
3. Themes from Maternity Serious Incidents (Sis) and findings of review of all cases eligible for referral to HSIB	• No cases
4. Themes arising from Perinatal Mortality Review Tool (review of perinatal deaths using the real time data monitoring tool)	• Review of triage fetal movement advice prior to 28 weeks • Diabetic care
5. Themes / main areas from complaints	• Listening to women • Delayed transfer of care • Communication / discharge
6. Listening to women / Service User Voice Feedback (sources, engagement / activities undertaken)	• RMNVP Monthly catch ups / quarterly meetings • Reader panel collaboration for patient information leaflets • 'Are you listening to me' BAME engagement event planned in November
7. Evidence of co-production	• IOL service user information workshop development • Revising discharge information leaflet to include mental health • Business case development for infant feeding support.
8. Listening to staff (eg activities undertaken, surveys and actions taken as a result) Staff feedback from frontline champions and walk-abouts	• Monthly maternity safety champions walkabout – staffing concerns • Weekly Rosie report and HOM and safety and quality message of the week • Escalation of Continuity Midwives review
9. Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	• Electronic system upgrade with new features on storyboard for identifying patient risk • IOL coordinator role extended and presented regionally and at board level • Maternity Safety Improvement Group (RM pilot for observations and initial triage)

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Actions taken for Red/Amber results
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	430	353	411	393	486	459	467	450	518	464	480	502	
Antenatal Care NICE quality standard [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	98.16%	94.39%	88.85%	90.78%	94.72%	96.38%	93.83%	94.08%	92.30%	87.74%	78.79%	87.20%	Community staffing reduced has affected ability to complete. Bank staff completing bookings only to ensure targets are met.
Source - CHEQS	Booking Appointments	N/A	N/A	Booking Appointments	EPIC	560	467	538	404	512	433	390	521	474	465	509	492	
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	54.19%	50.14%	57.91%	52.41%	54.33%	54.46%	57.39%	52.00%	54.44%	56.25%	52.50%	53.58%	
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	1.86%	2.83%	2.43%	2.29%	1.23%	1.74%	1.71%	0.44%	2.50%	1.50%	2.5%	1.99%	
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	16.97%	15.29%	19.46%	16.53%	16.26%	14.81%	13.90%	12.66%	14.47%	17.02%	15.41%	12.94%	
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	33.41%	37.75%	35.36%	33.67%	33.88%	34.64%	39.12%	34.09%	34.31%	35.12%	31.56%	31.91%	Service Evaluation shows all IOL have valid indication. New NICE guidance published 4/11/21
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	12.79%	11.62%	12.65%	13.99%	13.99%	11.98%	14.35%	16.00%	12.16%	10.77%	12.7%	14.94%	
Source - EPIC	National CS rate (planned & unscheduled)	< 25%	> 28%	C/S rate overall	Rosie KPI's	33.02%	38.24%	29.44%	33.58%	31.06%	33.55%	28.48%	32.00%	33.20%	32.97%	34.79%	31.47%	
Source - EPIC	Smoking at delivery - Number of women smoking at the time of delivery	< 10%	> 11%	% of women Identified as smoking at the time of delivery	Rosie KPI's	8.94%	7.49%	6.34%	6.68%	5.19%	5.09%	7.91%	2.28%	6.50%	5.47%	3.60%	5.05%	
Workforce																		
	Midwife/birth ratio (actual)**	1:24	1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	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	1:27:5	1:26:1	Clinical midwife WTE as per BR+ = clinical midwives, midwife sonographers, post natal B3 and nursery nurses. For actual ratio, calculation includes all permanent WTE plus bank WTE in month.
	Midwife/birth ratio (funded)**	1.24.1	N/A	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	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	1:23:3	1:23:4	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	4.25%	4.23%	4.11%	3.68%	3.73%	4.33%	4.51%	4.80%	5.00%	5.10%	5.46%	5.82%	This is reported 1 month behind from CHEQ's. sickness absences related to S.A.D (stress anxiety and depression) is high. PMA support available and bid in place for funds to psychological support
Source - CHEQs	Education & Training - mandatory training - overall compliance (obstetrics and gynaecology)	>92% YTD	<75% YTD	Total Obstetric and Gynaecology Staff (all staff groups) compliant with mandatory training	CHEQs									90.50%	89.60%	89.60%	89.50%	Data reported a month behind.
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%	62.80%	60.78%	Prompt has required rescheduling / staff moving from training due to unit acuity and capacity / staffing
Source - K2	Education and Training - Training Compliance for all staff groups: **K2**	≥90% YTD	≤85% YTD	Total multidisciplinary obstetric staff passed competence threshold of 80%.	PD									77.70%	77.03%	82.18%	79.50%	Breakdown presented at governance, non compliance relates to both midwifery and obstetric staff. Follow up process in place.
Source - CHEQS	Education & Training - mandatory training - midwifery compliance.	>92% YTD	<75% YTD	Proportion of midwifery compliance with mandatory training	CHEQs	91.80%	92.50%	90.60%	90.50%	90.90%	91.00%	90.20%	92.92%	92.80%	92.30%	92.00%	90.80%	

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

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	TBC	TBC	awaiting benchmarks from LMNS
Source - QSIS	ITU Admissions in Obstetrics	1	> 2		Risk Report	0	0	1	0	2	0	0	0	1	1	0	0	
Source - QSIS	PPH≥ 1500 mls	< 3%	> 4%		CHEQS	3.02%	5.94%	5.36%	5.14%	3.49%	4.79%	3.64%	2.44%	2.12%	3.87%	3.38%	3.58%	This KPI includes all births, no matter the gestation. Highlight report contains singleton term babies which indicates PPH well within normal range. Dahsboard indicator review on going.
Source - QSIS	3rd/ 4th degree tear **rate vaginal birth**	< 5%	> 7%		Risk Report	2.82%	4.62%	2.33%	5.00%	3.30%	1.60%	2.42%	3.26%	1.37%	3.22%	2.23%	4.46%	
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	1	1	0	0	0	0	0	0	0	
Source - QSIS	Information Governance	0	>1		Datix	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	
Source - QSIS	Clinical	0	>1		Datix	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	
Source - QSIS	Never Events	0	>1	DATIX	Datix	0	0	0	1	0	0	0	0	0	0	0	0	
Neonatal Morbidity																		
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	2.82%	2.31%	2.43%	3.00%	3.60%	3.01%	3.03%	2.31%	1.92%	1.61%	1.59%	2.19%	
Source - EPIC	Still Births per 1000 Births			3.33/1000 (Mbrrace 2021)	Risk report	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	1.44/1000	1.04/1000	
Source - EPIC	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	1.00	0.00	1.00	0.00	1.00	3.00	2.00	3.00	3.00	2.00	3.00	2.00	
Source - EPIC	Number of birth injuries	0	> 1	Injuries to neonate during delivery	Risk Report	0	0	0	0	1	0	0	0	0	0	0	0	
Source - EPIC	Number of term babies who required therapeutic cooling	0	> 1		Risk Report	0	0	0	1	1	0	0	0	0	0	0	0	
Source - EPIC	Baby born with a low cord gas < 7.1	<2%	> 3%		Risk Report	1.16%	1.13%	0.97%	0.76%	1.44%	1.74%	0.85%	0.88%	0.57%	2.58%	1.04%	1.40%	
Source - EPIC	Term admissions to NICU	<6.5	>6.5	Percentage of all live births	Risk Report	6.00%	7.64%	6.50%	6.10%	8.40%	6.31%	8.30%	7.10%	5.21%	5.16%	6.04%	6.97%	4 expected admissions 18 babies (51%) admitted was due to RDS 12 (75%) of those babies born via section and 7 of those babies were cold sections without labour all between 37 and 39 weeks
Quality																		
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	1	0	0	0	1	2	2	5	5	1	6	5	Minimum of 314 hours on divert during October.
	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%	100%	100%	100%	100%	100%	100%	100%	99.80%	99.78%	99.57%	99.79%	
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	85.64%	82.42%	82.19%	86.11%	80.25%	80.93%	82.86%	81.46%	81.45%	82.05%	83.05%	84.84%	
Source - EPIC	VTE	>95%	< 95%		CHEQs	99.6%	100%	99.3%	99.47%	99.90%	99.30%	97.95%	99.38%	99.37%	99.14%	99.28%	99.87%	

Finance

Cambridge University Hospitals NHS Foundation Trust

Financial Performance

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

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

Covid-19 spend and system Covid-19 funding

£3.9m	*Revenue actual*
£28.1m	*Revenue actual YTD*
£4.4m	*Covid funding in month*
£23.6m	*Covid funding YTD*

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

Net current assets

(£46.2m)	
Not Available	

Debtor days

24	*This month*
28	*Previous month*

Payables performance (YTD) *

Actual	82.7%	*Value*
Plan	87.2%	*Quantity*

Cash and EBITDA

Cash

£163m	*Actual*
£150m	*Plan*

EBITDA

£20.4m	*Actual*
£20.8m	*Plan*

Capital expenditure

£3.4m	*Capital - actual spend in month*
£27.1m	*Capital - actual spend YTD*
£31.1m	*Capital – plan YTD*

Elective Recovery Fund (ERF)

ERF values subject to change due to coding updates

(£0.3m)	*ERF forecast actual in month*
£0.0m	*ERF plan in month*
£16.4m	*ERF forecast actual YTD*
£7.5m	*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.

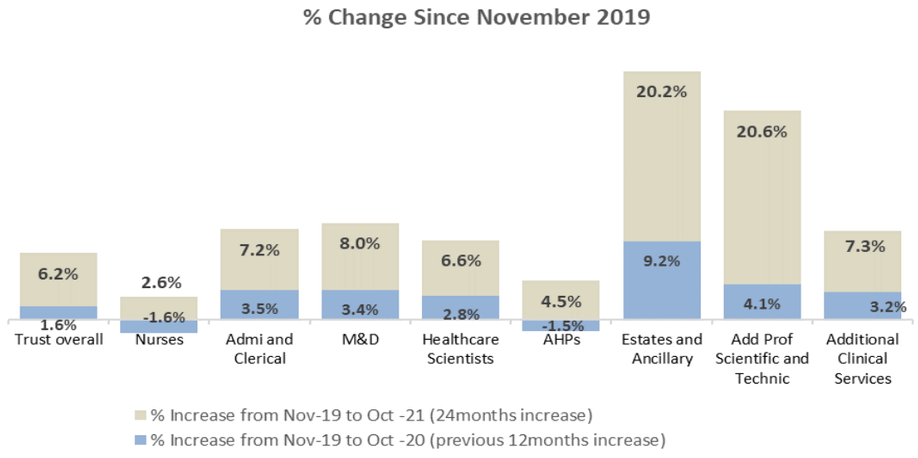
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth	FTE		FTE 12 Month growth	
	Nov-20	Oct-21		Nov-20	Oct-21		
Add Prof Scientific and Technic*	210	236	12.4%	190	217	28	14.7%
Additional Clinical Services	1,892	1,964	3.8%	1,740	1,809	70	4.0%
Administrative and Clerical	2,323	2,371	2.1%	2,113	2,163	50	2.4%
Allied Health Professionals*	707	741	4.8%	621	658	37	5.9%
Estates and Ancillary	334	366	9.6%	323	355	32	9.8%
Healthcare Scientists	605	623	3.0%	564	583	18	3.2%
Medical and Dental	1,575	1,642	4.3%	1,489	1,553	65	4.3%
Nursing and Midwifery Registered	3,579	3,695	3.2%	3,270	3,389	118	3.6%
Total	**11,225**	**11,638**	**3.7%**	**10,310**	**10,727**	**417**	4.0%



Admin & Medical Breakdown

Staff Group	Nov-20	Oct-21	FTE 12 Month growth	
Administrative and Clerical	2,113	2,163	50	2.4%
of which staff within Clinical Division	1,054	1,065	11	1.1%
of which Band 4 and below	772	759	-13	-1.7%
of which Band 5-7	198	218	20	10.0%
of which Band 8A	40	40	1	1.8%
of which Band 8B	5	7	2	32.8%
of which Band 8C and above	38	40	2	5.7%
of which staff within Corporate Areas	845	879	35	4.1%
of which Band 4 and below	235	249	14	6.1%
of which Band 5-7	406	413	7	1.8%
of which Band 8A	69	73	4	5.1%
of which Band 8B	58	56	-2	-3.4%
of which Band 8C and above	77	88	11	14.4%
of which staff within R&D	214	219	4	1.9%
Medical and Dental	1,489	1,553	65	4.3%
of which Doctors in Training	607	648	42	6.8%
of which Career grade doctors	237	225	-12	-4.9%
of which Consultants	645	680	35	5.4%

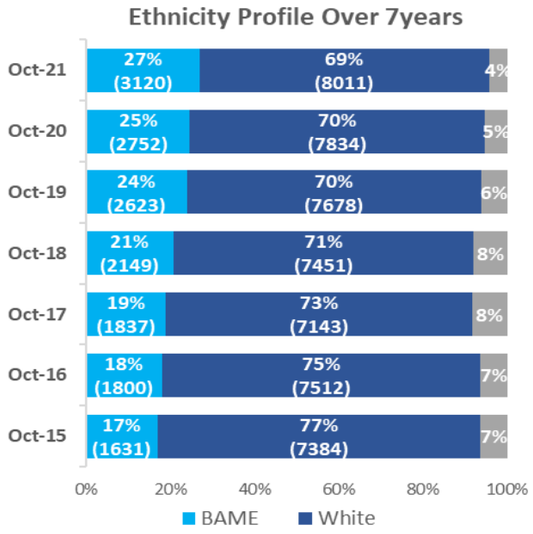
What the information tells us: Overall the Trust saw a 4% growth in its substantive workforce over the past 12 months and 6.2% over the past 24 months. Growth over the past 24 months is lowest within the Nursing staff group at 2.6% and highest within the Add prof scientific and technical staff group at 20.6%.

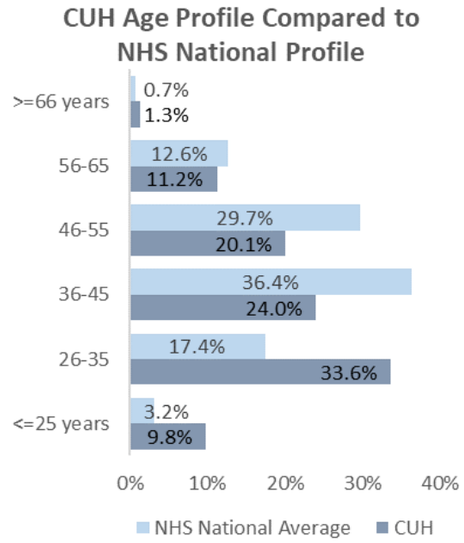
*Operating Department Practitioner roles were regroup from Add Prof Scientific and Technic to Allied Health Professionals on ESR from June 21 . This change has been updated for historical data set to allow for accurate comparison

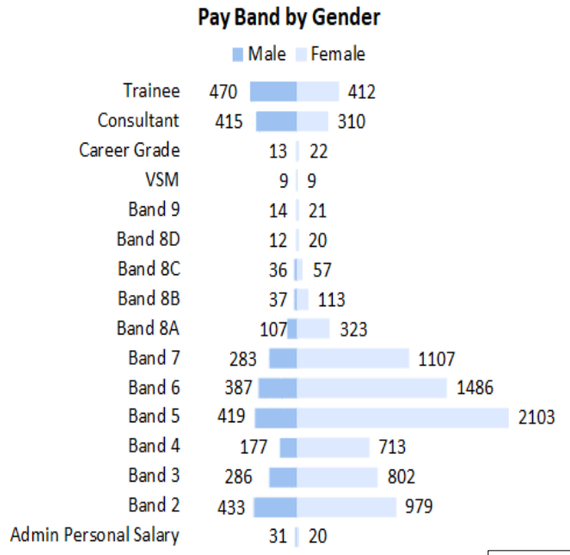
Equality Diversity and Inclusion (EDI)

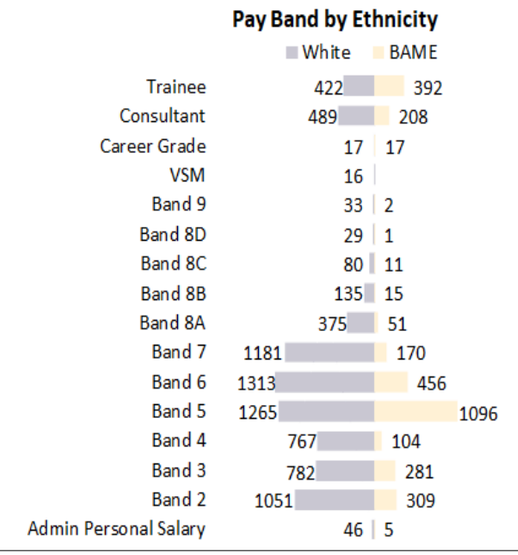
Cambridge University Hospitals NHS Foundation Trust

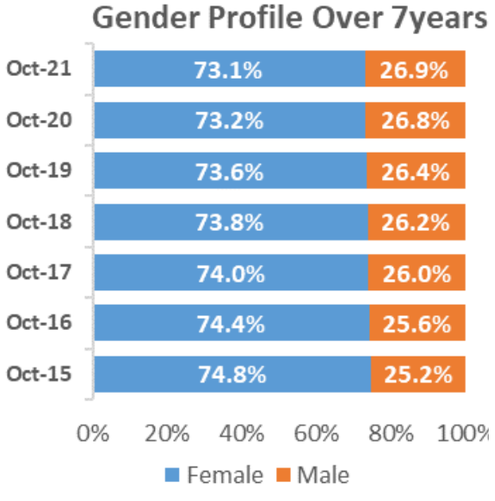
Workforce: Equality Diversity and Inclusion (EDI)

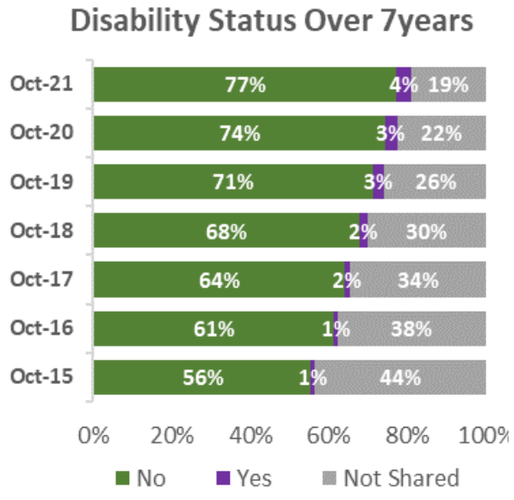


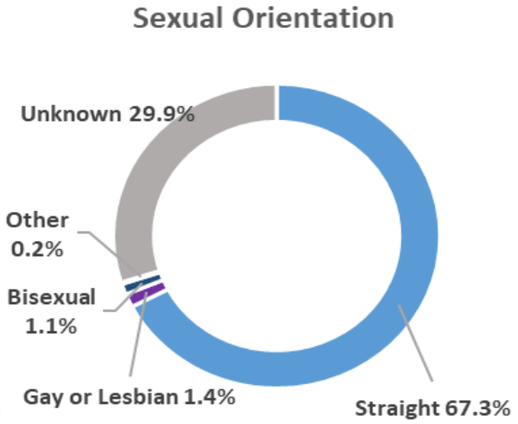












What the information tells us:

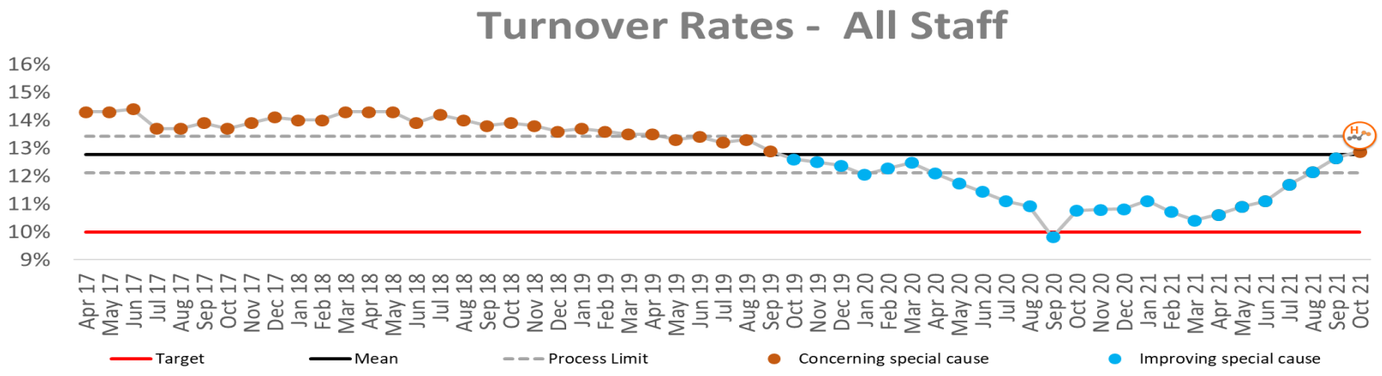
- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 58% of our total workforce.
- The percentage of BAME workforce increased significantly by 10% over the 7 year period and currently make up 27% of CUH substantive workforce.
- The percentage of male staff have been marginally higher year on year over the past seven years with an increase of 1.7% to 26.9% over the past seven years.
- The percentage of staff recording a disability increased by 3% to 4% over the seven year period. However, there are still significant gaps between the data recorded about our staff on ESR compared with the information staff share about themselves when completing the National Staff Survey.
- There remains a high proportion of staff who have, for a variety of reasons, not shared their sexual orientation.

Author(s):Tosin Okufuwa, Amanda Wood
Owner(s): David Wherrett

Staff Turnover

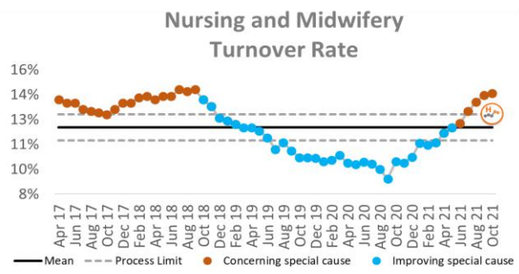
Cambridge University Hospitals NHS Foundation Trust

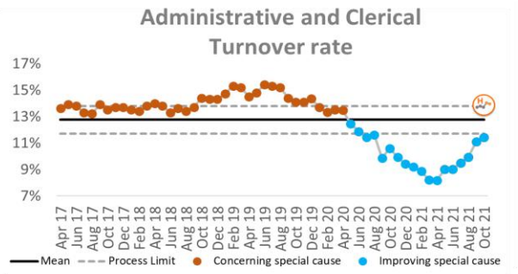
Workforce: Staff Turnover

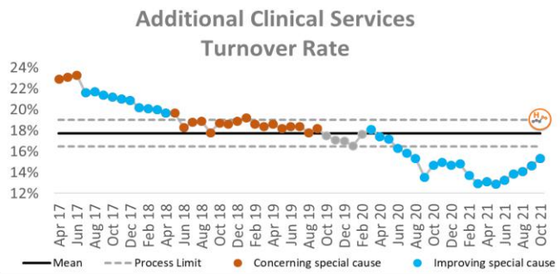


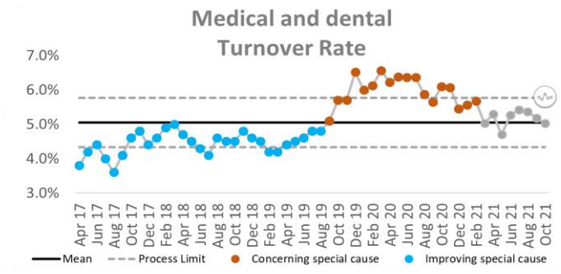
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (exclude all fixed term contracts including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

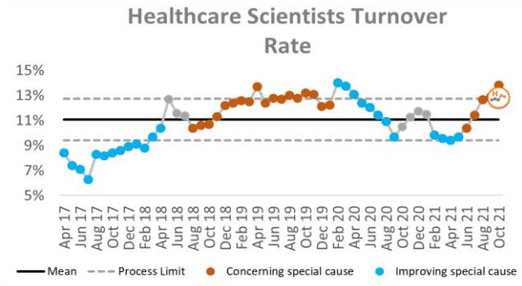
What the information tells us: The Trust's turnover rate saw a further increase from the previous month making it the eighth consecutive month of an increase . Overall turnover rates saw a 2% increase over the past 12 months. Areas of special cause of concern include: the Nursing and Midwifery, Healthcare scientists and Admin staff with turnover rate of 14.1%, 13.8% and 11.4% respectively.

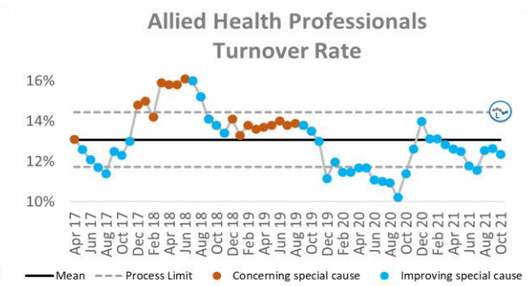


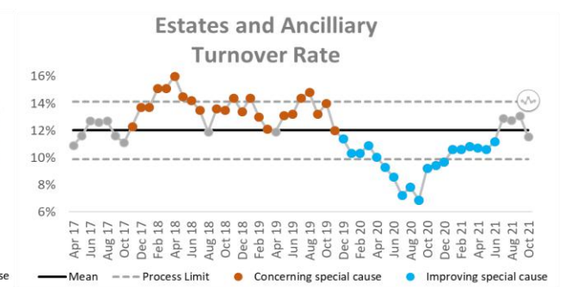


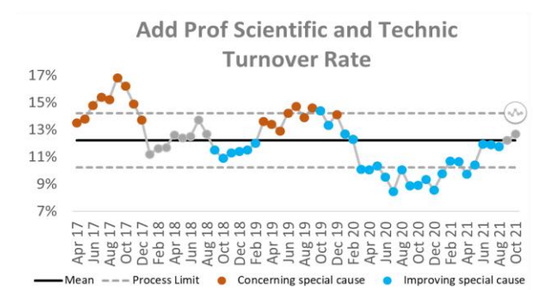










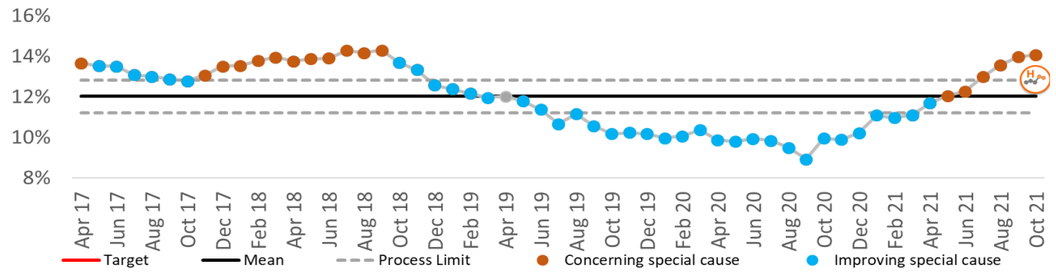


Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

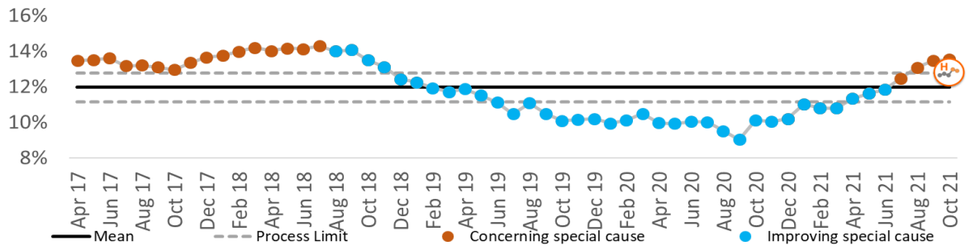
NHS Cambridge University Hospitals NHS Foundation Trust

Workforce: Turnover rate for Nursing & Midwifery Staff Group

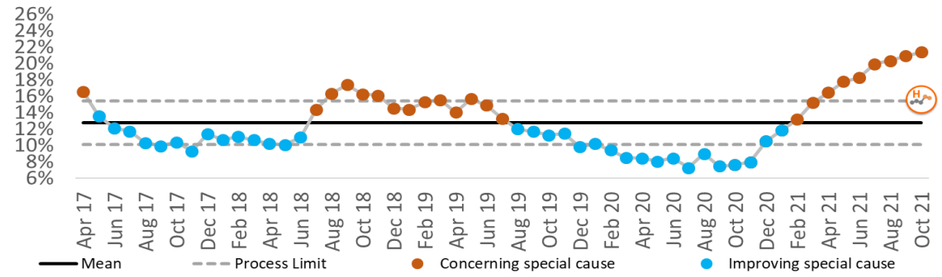
Nursing and Midwifery Turnover Rate



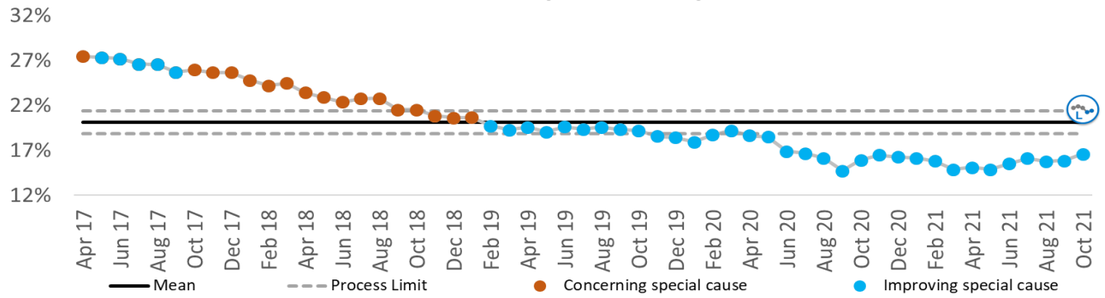
Nursing (Excluding midwives) Turnover Rates



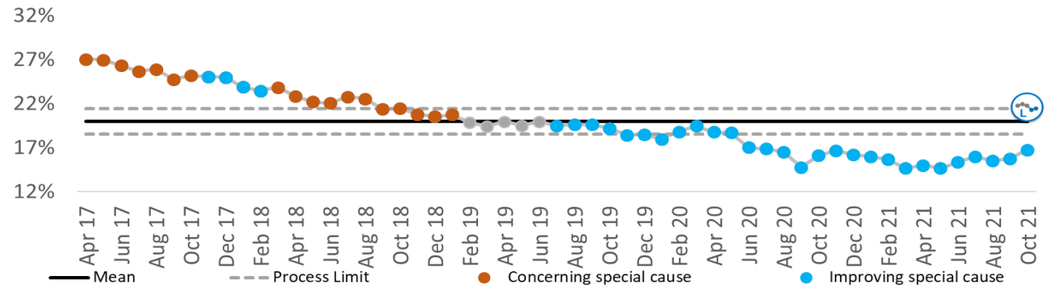
Midwife Turnover Rates



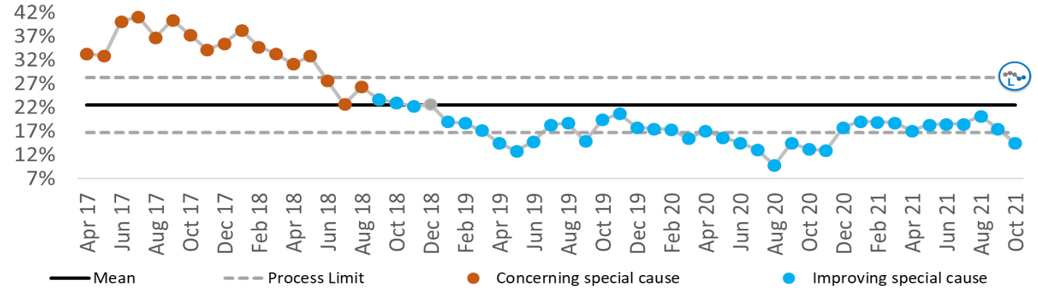
Healthcare Assistant (incl. MCA) Turnover Rate



Healthcare Assistant (excl. MCA) Turnover Rate



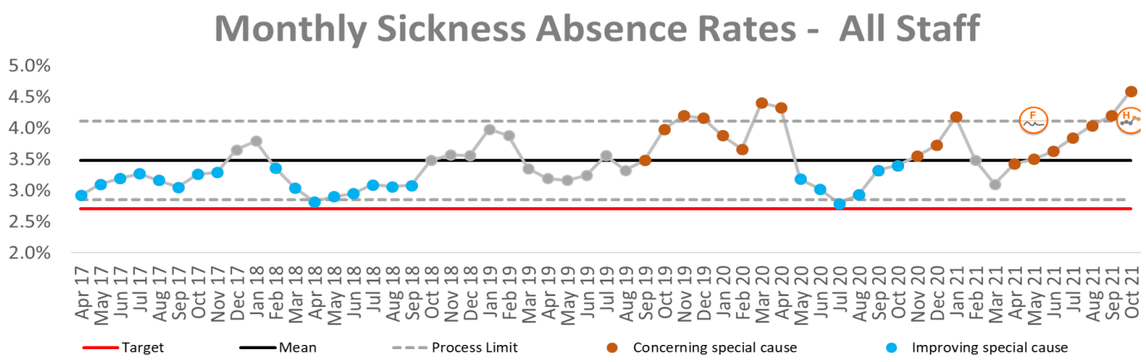
Maternity Care Assistants (MCA) Turnover rates



Sickness Absence

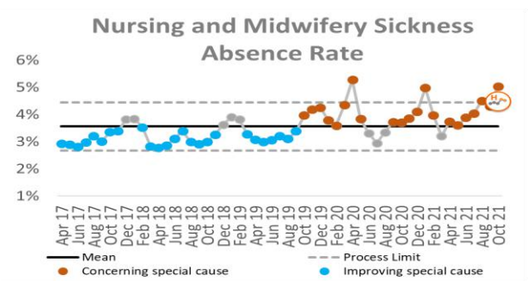
Cambridge University Hospitals NHS Foundation Trust

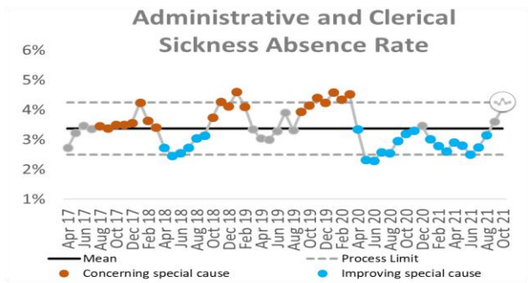
Workforce: Sickness Absence

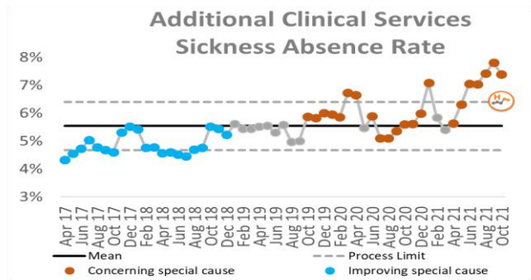


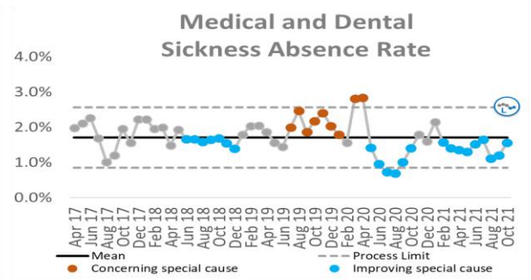
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

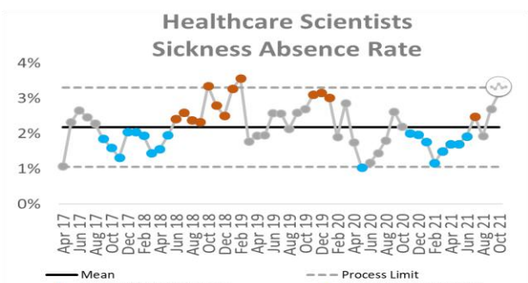
What the information tells us: Monthly Sickness Absence Rate remained above average at 4.6%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 26.9% of all sickness absence in October 2021, compared to 20.9% from the previous month.

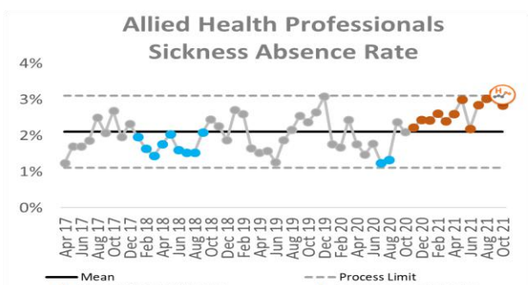


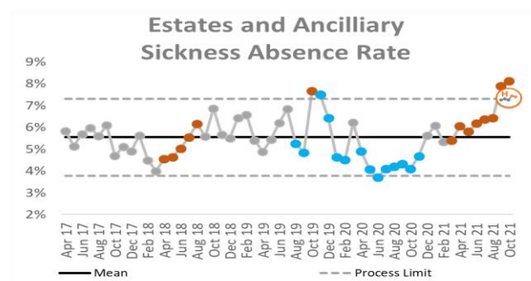


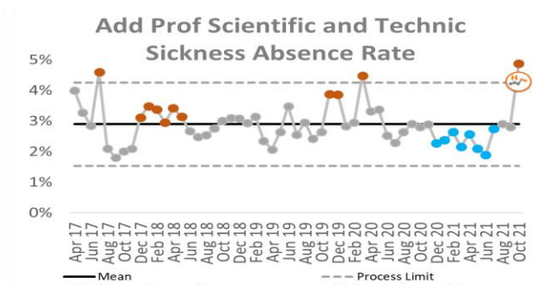








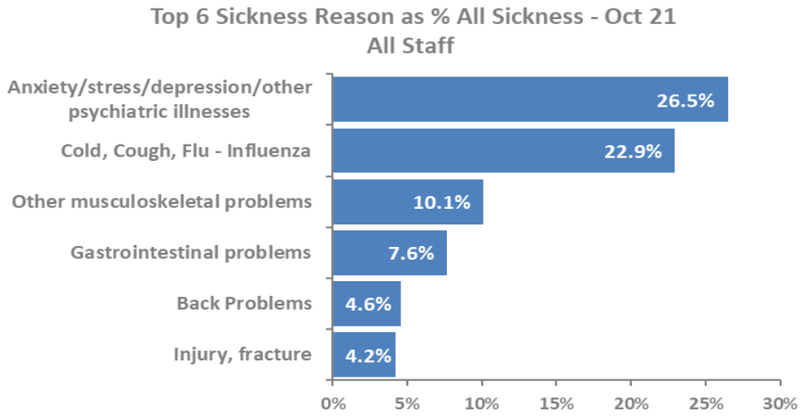




Top Six Sickness Absence Reason

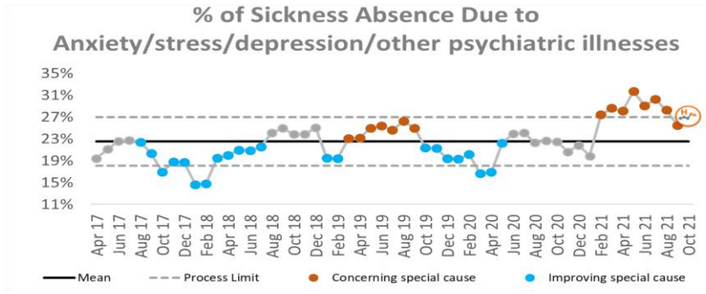
Cambridge University Hospitals NHS Foundation Trust

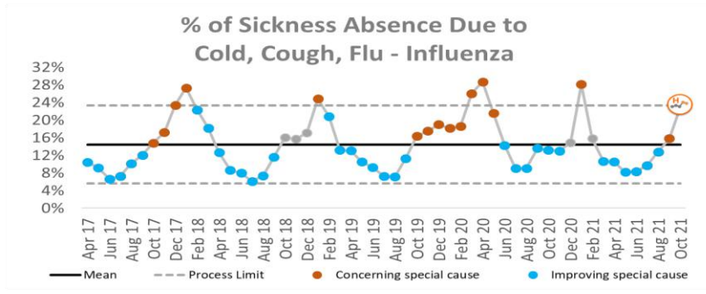
Workforce: Top Six Sickness Absence

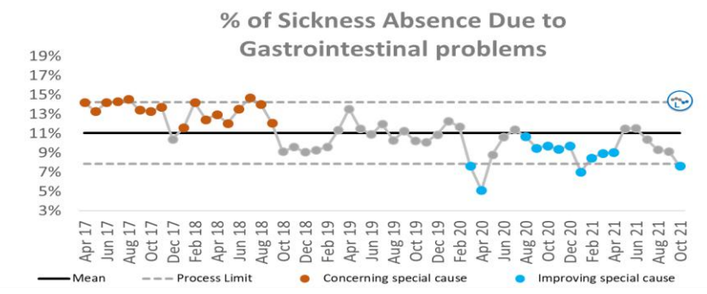


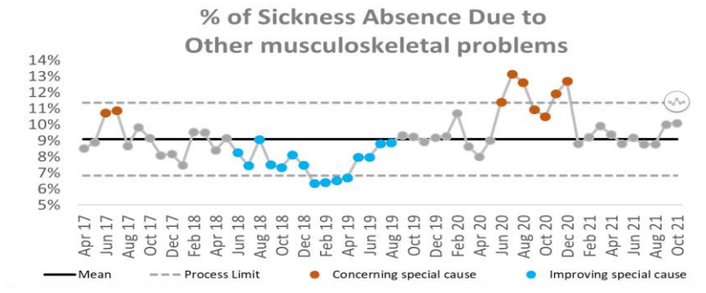
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

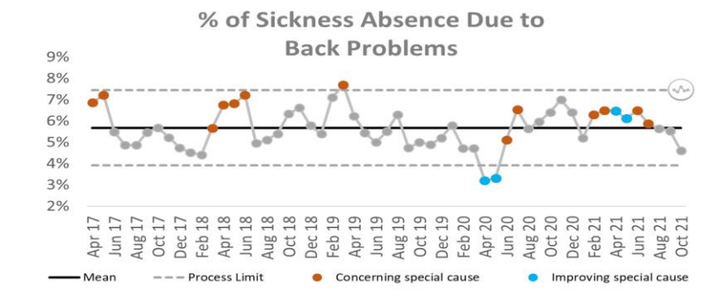
What the information tells us: The highest reason for sickness absence is mental health related sickness which saw an increase of 4% compared to the same period from the previous year (Oct 2020) and remained above average at 26.5%. Influenza related sickness absence is the 2nd highest sickness absence reason at 22.9% with an increase of 10% when compared to the same period from the previous year (Oct 2020).

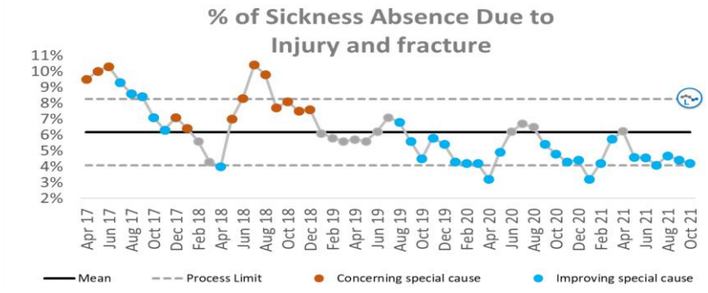












Author(s):Tosin Okufuwa, Amanda Wood

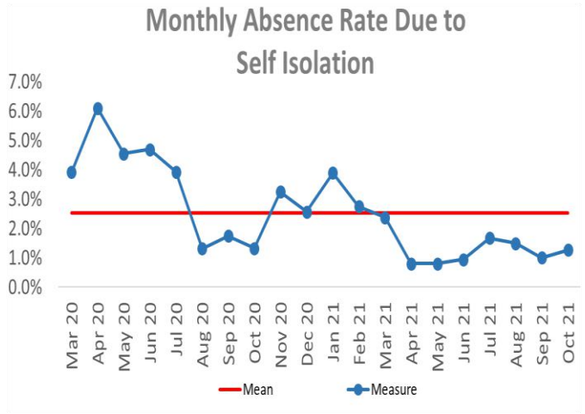
Owner(s): David Wherrett

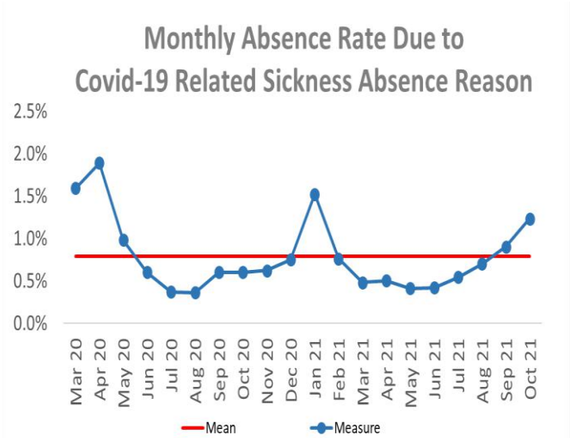
Together-Safe | Kind | Excellent

Covid-19 Related Absence

Cambridge University Hospitals NHS Foundation Trust

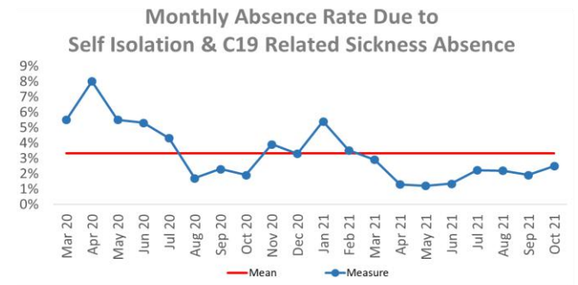
Workforce: Covid-19 Related Absence

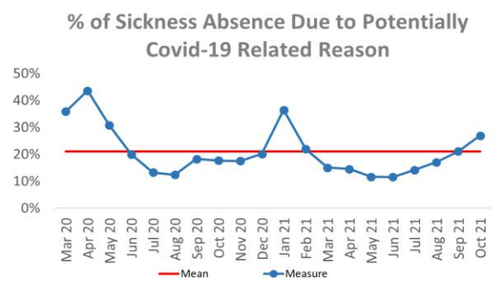


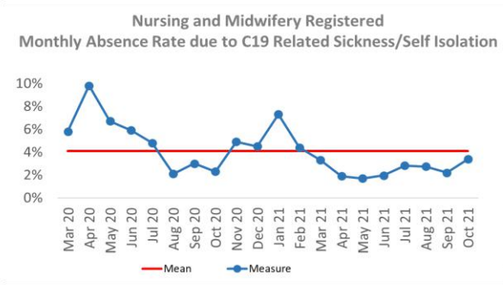


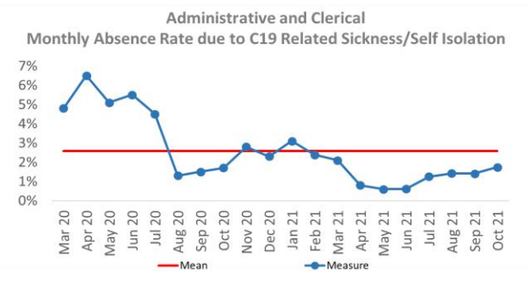
Background Information: Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious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

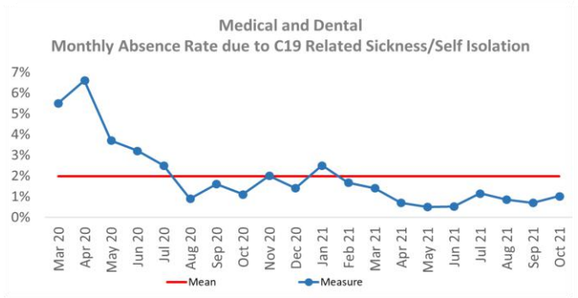
What the information tells us: The Trust's monthly absence rate due increased by 0.3% to 1.3% from the previous month. Monthly absence rate due to potential Covid-19 related sickness increased by 0.3% to 1.2% in September. Overall, absence rates due to Covid-19 related sickness and self isolation increased by 0.6% from the previous month to 2.5%.

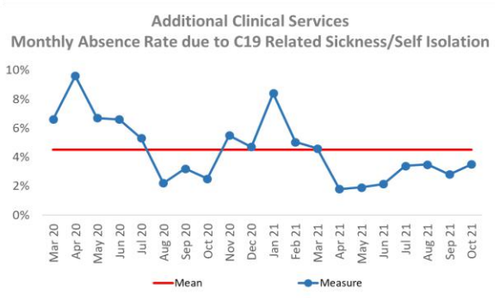


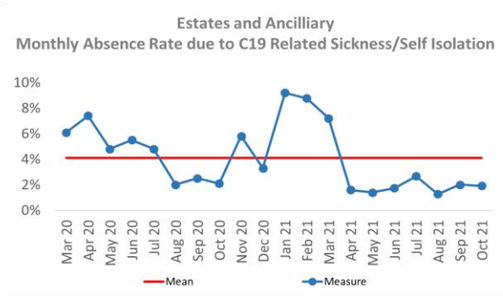


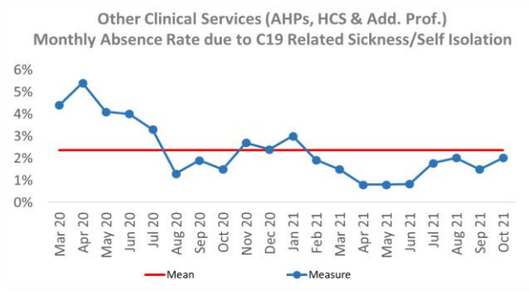












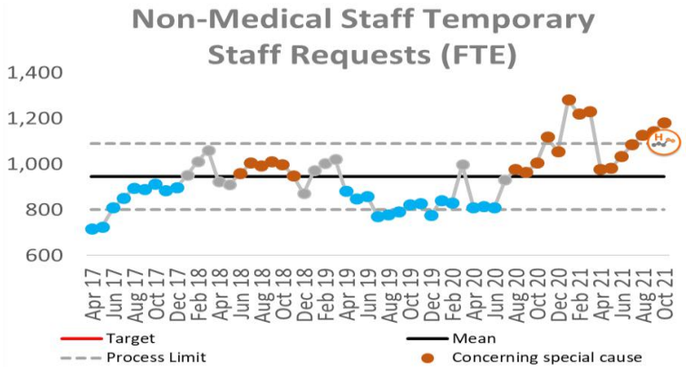
Author(s): Tosin Okufuwa, Amanda Wood

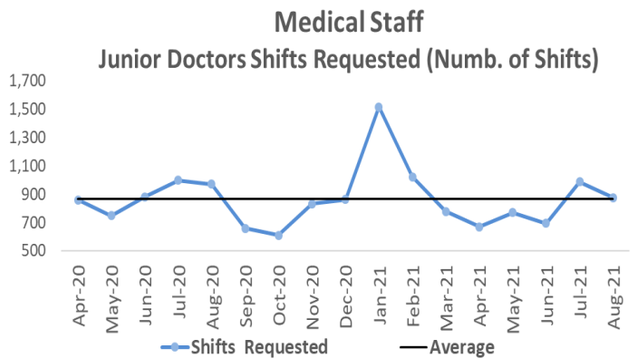
Owner(s): David Wherrett

Temporary Staffing

Cambridge University Hospitals NHS Foundation Trust

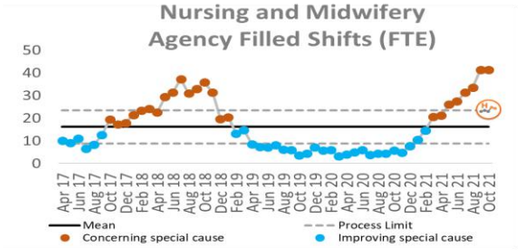
Workforce: Temporary Staffing

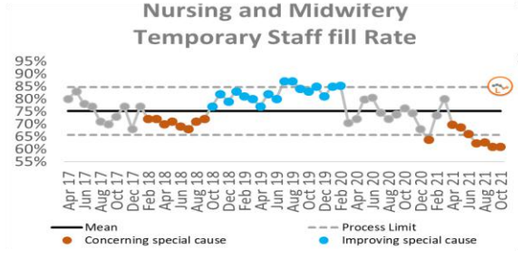


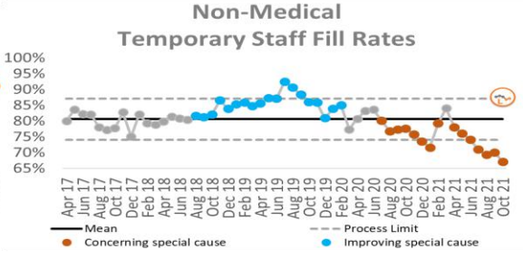


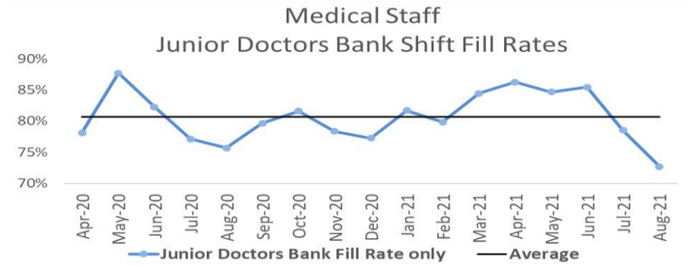
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

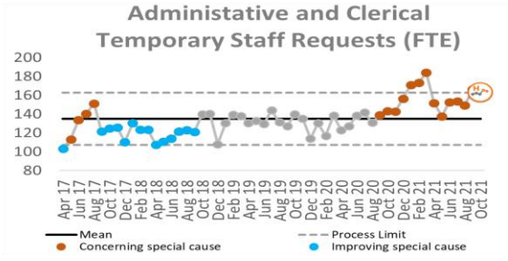
What the information tells us: Demand for non medical temporary staff increased by 3% from the previous month. This is lower than the 4.2% increase seen for the same period last year. Nursing and midwifery agency usage remained static from the previous month at 41.3 WTE. This accounts for 12% of the total Nursing filled shifts. Overall, fill rate reduced by 3% to 67% from the previous month.

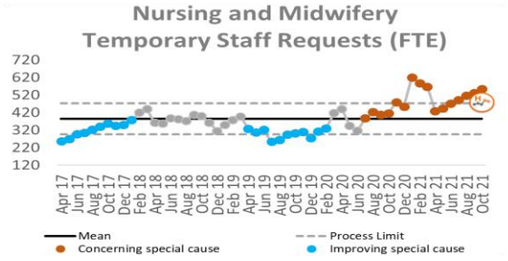


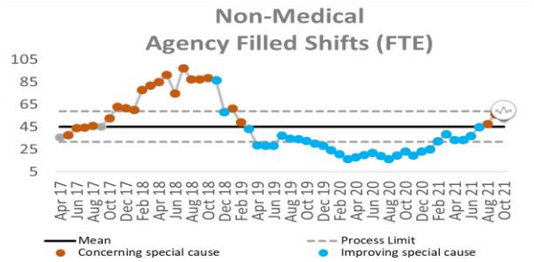


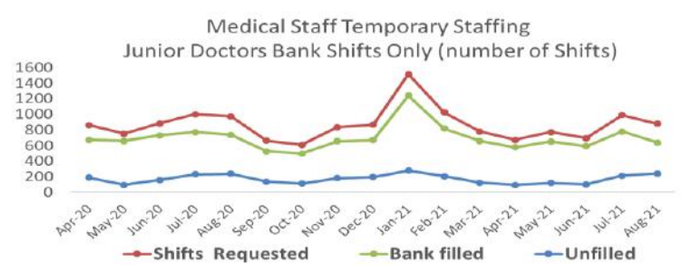












*Please note that temporary Medical staffing data was not available at the time of reporting and hence not updated

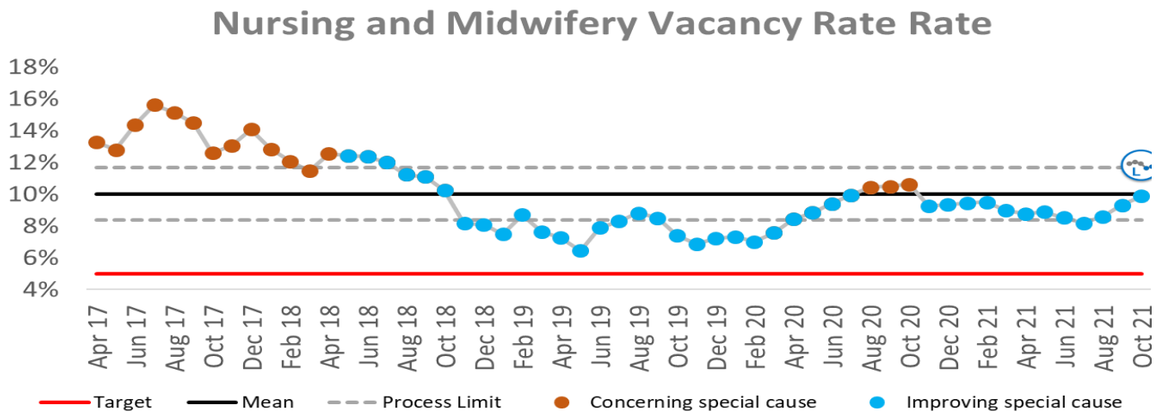
Author(s): Tosin Okufuwa, Amanda Wood

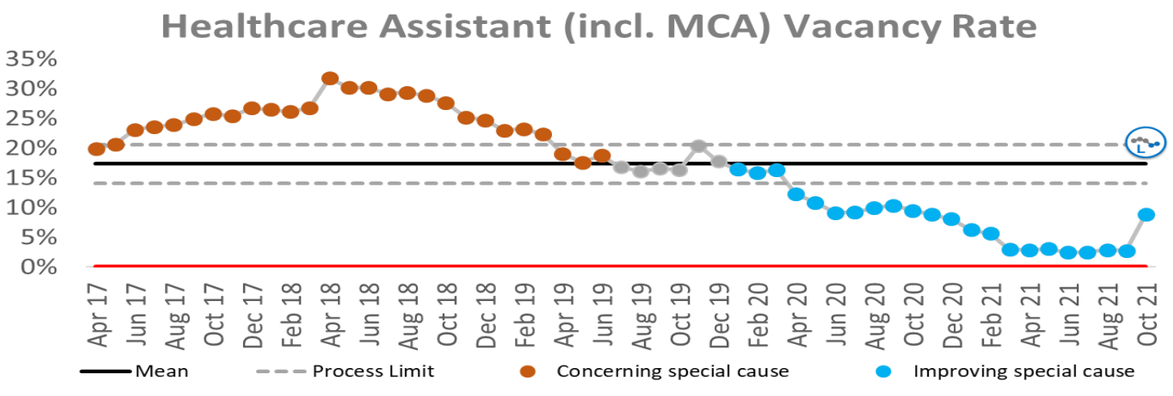
Owner(s): David Wherrett

ESR Vacancy Rate

Cambridge University Hospitals NHS Foundation Trust

Workforce: ESR Vacancy Rate





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: The vacancy rate for both **Healthcare Assistants and Nurses remained below the average rate at 8.8% and 9.81% respectively. However, the vacancy rate for both staff groups are above the target rate of 5% for Nurses and 0% for HCA. Healthcare assistants vacancy rate increased by 6% from the previous month. This is due to the increase in established post.

*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.

Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

C19 - Individual Health Risk Assessment & Annual Leave Update

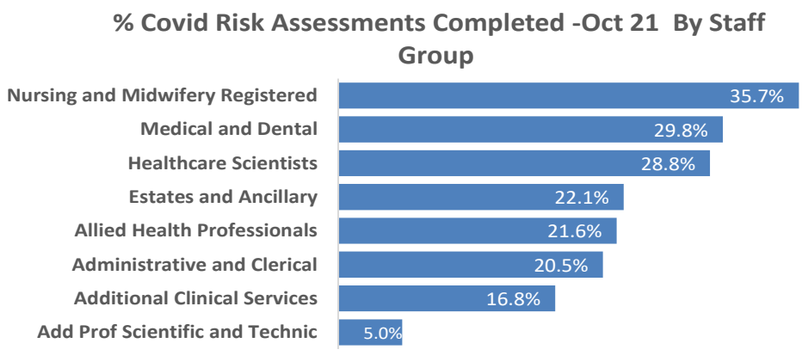
Cambridge University Hospitals NHS Foundation Trust

Workforce: C19 - Risk Assessment & Annual Leave Update

C19 – New V7 Individual Health Risk Assessment Compliance

Risk compliance rate	Oct 21
Overall C19 Risk Assessment Compliance	21.4%
BAME Staff - C19 Risk Assessment Compliance	17.0%
White Staff - C19 Risk Assessment Compliance	23.4%
Percentage of staff that are self Isolating	0.9%

Risk group	% of Staff within each Risk group
Risk Group 1 – highest risk levels including Clinically Extremely Vulnerable (CEV)	0.3%
Risk Group 2 – heightened risk level including some CEV / red risk	1.0%
Risk Group 3 – increased risk	2.9%
Risk Group 4 – no increased risk	17.3%



Percentage of Annual Leave (AL) Taken - Oct 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	47,662	24,878	52%	97%
	Additional Clinical Services	369,707	203,457	55%	97%
	Administrative and Clerical	467,405	235,816	50%	96%
	Allied Health Professionals	145,618	78,042	54%	99%
	Estates and Ancillary	72,853	40,834	56%	90%
	Healthcare Scientists	131,705	65,994	50%	95%
	Medical and Dental	142,965	49,549	35%	36%
	Nursing and Midwifery Registered	726,618	390,290	54%	97%
	Trust	**2,104,532**	**1,088,860**	52%	88%
Annual Leave taken by Division	*Division*				
	Corporate	292,723	151386	52%	87%
	Division A	392,790	200128	51%	93%
	Division B	579,474	302533	52%	81%
	Division C	272,089	140598	52%	86%
	Division D	253,508	131536	52%	86%
	Division E	225,327	120893	54%	95%
	R&D	88,621	41787	47%	93%

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

What the information tells us: The Trust's Covid-19 Risk assessment (version 7 - launched in Sep 21) compliance rate is at 21.4% including 17% of BAME staff and 23.4% of White staff. Overall, 1.2% of staff were shielding in October 2021 compared to 0.9% from the previous month, while 0.3% are within Group 1 (the highest risk levels).

The Trust's annual leave usage is 90% of the expected usage after 7 months of the financial year. Overall usage is 52% compared to the expected 58% after 7 months of the year. The highest rates of use of annual leave is within Estates followed by Additional Clinical services at 56% and 55% respectively.

Mandatory Training by Division and Staff Group

Cambridge University Hospitals NHS Foundation Trust

Workforce: Mandatory Training

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.

Induction >94% <80% Between 79% and 94%

Mandatory Training Competency (as defined by Skills for Health) Greater than 89% Less than 75% Between 74% and 89%

	Induction				Mandatory Training Competency (as defined by Skills for Health)													
	Non-Medical		Medical															
	Corporate Induction	Local Induction	Corporate Induction	Local Induction	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
Frequency					3 yrs	3 yrs	2 yrs/1yr	3yrs	2 yrs	1 yr	2 yrs/1yrs	2 yrs/1yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs	
Delivery Method	cl	f2f	cl/	f2f	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/el	cl/e/	cl/el	cl/el	cl/el	cl/el	cl	
Staff Requiring Competency	960	960	137	137	10,038	10,038	10,201	10,038	10,038	10,038	10,201	7,093	10,038	7,490	10,038	7,504	1,674	1,674	
Compliance by Division																			
Division A	(14)91.7%	(36)78.7%	(7)83.3%	(4)90.5%	(55)97.1%	(65)96.6%	(372)80.8%	(65)96.6%	(61)96.8%	(161)91.5%	(363)81.2%	(512)71.5%	(89)95.3%	(227)87.7%	(64)96.6%	(215)88.3%	(32)80.5%	(14)91.5%	89.9%
Division B	(18)93.1%	(40)84.7%	(2)90.0%	(2)90.0%	(76)97.2%	(91)96.6%	(257)90.5%	(94)96.5%	(110)95.9%	(211)92.1%	(294)89.1%	(280)80.1%	(114)95.7%	(141)91.6%	(94)96.5%	(137)91.8%	(15)89.0%	(8)94.1%	93.3%
Division C	(12)93.4%	(48)73.8%	(4)83.3%	(1)95.8%	(45)96.7%	(43)96.8%	(238)83.0%	(48)96.5%	(50)96.3%	(139)89.8%	(360)74.2%	(387)72.2%	(63)95.4%	(147)89.6%	(50)96.3%	(130)90.8%	(52)78.4%	(25)89.6%	89.5%
Division D	(11)91.7%	(15)88.6%	(9)64.0%	(8)68.0%	(39)96.9%	(47)96.2%	(175)86.1%	(53)95.7%	(56)95.5%	(126)89.8%	(244)80.7%	(331)69.4%	(62)95.0%	(107)90.3%	(60)95.2%	(122)89.0%	(21)84.0%	(12)90.8%	90.1%
Division E	(2)97.5%	(24)69.6%	(3)88.0%	(6)76.0%	(32)97.2%	(41)96.5%	(227)80.7%	(41)96.5%	(56)95.2%	(134)88.4%	(370)68.6%	(310)71.7%	(54)95.3%	(96)91.3%	(43)96.3%	(89)92.0%	(120)87.8%	(84)91.5%	89.1%
Corporate	(10)90.5%	(31)70.5%	(1)0.0%	(0)100.0%	(37)97.1%	(45)96.5%	(90)93.1%	(48)96.3%	(64)95.1%	(122)90.6%	(93)92.9%	(43)74.1%	(55)95.8%	(20)87.4%	(58)95.5%	(19)88.5%	(2)84.6%	(1)92.3%	94.0%
R & D	(2)93.3%	(7)76.7%			(9)97.9%	(9)97.9%	(29)93.1%	(11)97.4%	(12)97.1%	(24)94.3%	(39)90.8%	(19)87.7%	(12)97.1%	(12)93.5%	(11)97.4%	(11)94.1%	(1)75.0%	(1)75.0%	95.2%
Breakdown of Medical staff compliance																			
Consultant			(9)76.3%	(8)78.9%	(40)94.1%	(43)93.7%	(46)93.2%	(48)92.9%	(42)93.8%	(75)88.9%	(59)91.3%	(245)64.9%	(60)91.2%	(36)94.8%	(38)94.4%	(43)93.8%	(22)89.1%	(10)95.0%	90.5%
Non Consultant			(17)82.8%	(13)86.9%	(64)85.6%	(68)84.7%	(93)79.1%	(79)82.2%	(93)79.1%	(172)61.3%	(114)74.3%	(508)39.1%	(82)81.5%	(215)74.0%	(74)83.3%	(224)73.1%	(84)53.8%	(59)67.6%	72.2%
Compliance by Staff group																			
Add Prof Scientific and Technic	(1)97.2%	(3)91.7%			(5)97.7%	(7)96.8%	(11)95.0%	(7)96.8%	(11)95.0%	(16)92.7%	(19)91.3%	(9)72.7%	(11)95.0%	(5)97.3%	(9)95.9%	(5)97.3%			95.1%
Additional Clinical Services	(17)92.7%	(51)78.2%			(30)98.3%	(34)98.1%	(293)83.6%	(40)97.7%	(42)97.6%	(140)92.0%	(379)78.8%	(381)72.6%	(50)97.1%	(183)88.2%	(48)97.3%	(151)90.3%	(11)93.4%	(8)95.2%	91.2%
Administrative and Clerical	(12)93.5%	(43)76.8%			(54)97.5%	(64)97.1%	(75)96.5%	(70)96.8%	(84)96.1%	(164)92.5%	(90)95.9%	(10)44.4%	(76)96.5%	(9)92.6%	(78)96.4%	(9)92.7%	(3)57.1%	(1)85.7%	95.8%
Allied Health Professionals	(5)92.5%	(7)89.6%			(11)98.3%	(14)97.8%	(120)82.1%	(15)97.7%	(21)96.8%	(33)94.9%	(127)81.0%	(114)82.9%	(27)95.8%	(56)91.6%	(20)96.9%	(48)92.8%	(6)91.3%	(2)97.1%	92.3%
Estates and Ancillary	(5)80.8%	(4)84.6%			(7)97.7%	(11)96.5%	(15)95.2%	(9)97.1%	(10)96.8%	(32)89.7%	(5)98.4%	(5)98.4%	(13)95.8%	(13)95.8%	(10)96.8%				95.8%
Healthcare Scientists	(2)95.2%	(2)95.2%			(19)96.6%	(21)96.3%	(19)96.6%	(19)96.6%	(17)97.0%	(40)92.9%	(27)95.2%	(21)79.4%	(18)96.8%	(19)87.7%	(14)97.5%	(18)88.4%	(1)93.3%	(1)93.3%	95.4%
Medical and Dental			(26)81.0%	(21)84.7%	(104)90.7%	(111)90.1%	(139)87.6%	(127)88.7%	(135)88.0%	(247)78.0%	(173)84.6%	(753)50.8%	(142)87.3%	(251)83.5%	(112)90.0%	(267)82.5%	(106)72.4%	(69)82.0%	82.3%
Nursing and Midwifery Registered	(27)92.7%	(91)75.4%			(63)98.1%	(79)97.6%	(716)78.7%	(73)97.8%	(89)97.3%	(245)92.5%	(943)71.9%	(594)82.3%	(112)96.6%	(227)93.1%	(89)97.3%	(225)93.2%	(116)88.8%	(64)93.8%	91.1%
Trust Total	(69)92.8%	(201)79.1%	(26)81.0%	(21)84.7%	(293)97.1%	(341)96.6%	(1388)86.4%	(360)96.4%	(409)95.9%	(917)90.9%	(1763)82.7%	(1882)73.5%	(449)95.5%	(750)90.0%	(380)96.2%	(723)90.4%	(243)85.5%	(145)91.3%	91.24%

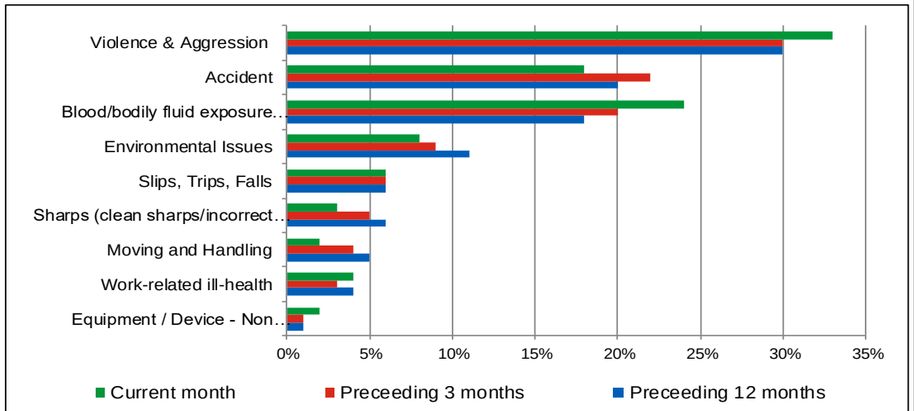
Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

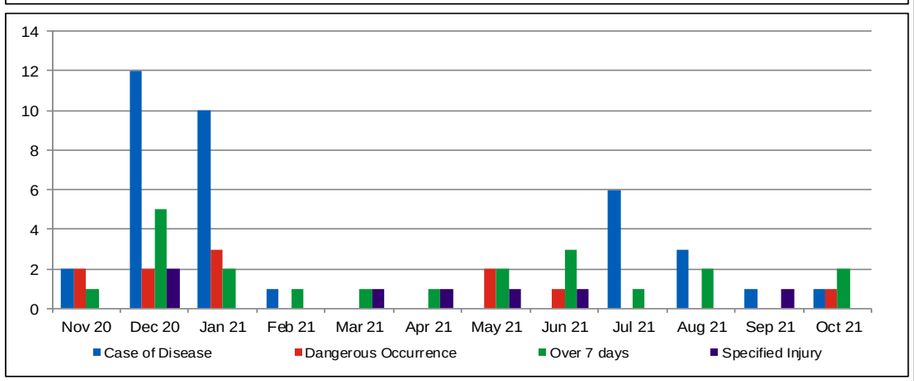
Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

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:	**1474**	**312**	**232**	**412**	**250**	**160**	**35**	**73**
Accident	**297**	54	64	57	51	44	9	18
Blood/bodily fluid exposure (dirty sharps/splashes)	**259**	88	55	52	36	21	6	1
Environmental Issues	**167**	30	34	24	33	34	4	8
Equipment / Device - Non Medical	**12**	3	0	3	4	2	0	0
Moving and Handling	**68**	16	5	23	17	4	0	3
Sharps (clean sharps/incorrect disposal & use)	**87**	32	14	11	8	15	5	2
Slips, Trips, Falls	**94**	21	20	8	12	12	5	16
Violence & Aggression	**438**	55	27	226	83	21	4	22
Work-related ill-health	**52**	13	13	8	6	7	2	3





A total of 1,474 health and safety incidents were reported in the previous 12 months.

727 (49%) incidents resulted in harm. The highest reporting categories were violence and aggression (30%), accidents (20%) and blood/bodily fluid exposure (18%).

1,101 (75%) of incidents affected staff, 331 (22%) affected patients and 42 (3%) affected others i.e. contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (30%), blood/bodily fluid exposure (22%) and accidents (17%).

The highest reported incident categories for patients were: accidents (31%), violence and aggression (29%) and environmental issues (18%).

The highest reported incident categories for others were: violence and aggression (40%), accidents (21%) and environmental issues/slips, trips and falls (17%).

Staff incident rate is 10.4 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 412 incidents. Of these, 55% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was case of disease (48%). 68% of RIDDOR incidents were reported to the HSE within the appropriate timescale. In October 2021, 4 incidents were reported to the HSE:

Case of Disease (1)
- One member 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)
- A member of staff was assisting a patient to transfer from a chair to a commode. During the transfer the patient became increasingly anxious and uncooperative. In getting the patient to stand (with resistance), the member of staff hurt their back.
- A member of staff was transferring waste onto the incinerator loading belt. The IP proceeded to walk along the loading belt and tripped over a small step.

Dangerous Occurrence (1)
- A member of staff was attempting to take bloods from a patient. In doing so, the patient unexpectedly jumped causing the needle to enter the member of staffs thumb. The patient was HIV positive. The member of staff followed first aid protocol and attended Occupational Health for appropriate follow up.

Author(s): Helen Murphy

Owner(s):

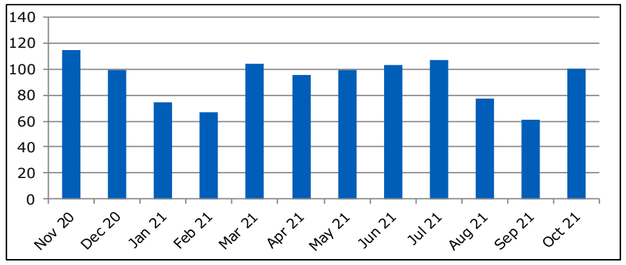
Together-Safe | Kind | Excellent

Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:

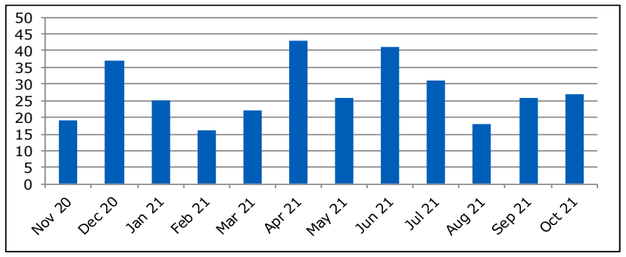


	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Total
Accident	19	15	9	15	23	15	13	15	16	21	8	15	**184**
Blood/bodily fluid exposure (dirty sharps/splashes)	22	31	19	18	15	17	22	13	25	19	11	30	**242**
Environmental Issues	12	7	4	2	7	9	5	23	14	6	4	7	**100**
Moving and Handling	6	3	2	2	8	1	6	5	2	3	5	1	**44**
Sharps (clean sharps/incorrect disposal & use)	7	6	4	8	5	6	8	9	5	3	3	2	**66**
Slips, Trips, Falls	9	7	6	3	10	9	12	4	7	3	9	8	**87**
Violence & Aggression	34	25	22	16	30	33	29	31	35	20	19	32	**326**
Work-related ill-health	6	5	8	3	6	5	4	3	3	2	2	5	**52**
Total	**115**	**99**	**74**	**67**	**104**	**95**	**99**	**103**	**107**	**77**	**61**	**100**	**1101**

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

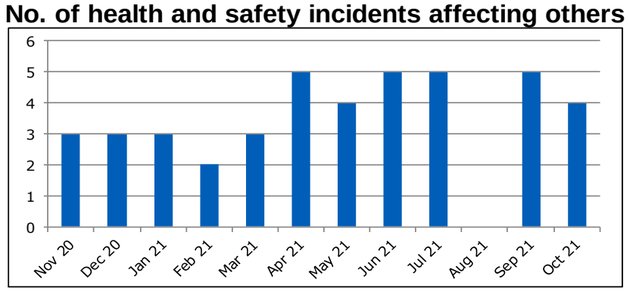
	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Total
No. of health & safety incidents	115	99	74	67	104	95	99	103	107	77	61	100	**1101**
Staff incident rate per month/year	1.1	0.9	0.7	0.6	1.0	0.9	0.9	1.0	1.0	0.7	0.6	0.9	**10.4**

No. of health and safety incidents affecting patients:



	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Total
Accident	0	12	7	6	10	15	8	12	13	6	8	7	**104**
Blood/bodily fluid exposure (dirty sharps/splashes)	1	1	2	1	0	3	1	1	2	1	2	2	**17**
Environmental Issues	7	10	3	3	1	1	4	12	9	4	3	3	**60**
Equipment / Device - Non Medical	3	2	0	0	0	0	1	3	0	1	0	2	**12**
Moving and Handling	2	4	1	2	2	2	2	5	1	0	1	2	**24**
Sharps (clean sharps/incorrect disposal & use)	1	0	2	0	2	2	1	3	1	0	5	2	**19**
Violence & Aggression	5	8	10	4	7	20	9	5	5	6	7	9	**95**
Total	**19**	**37**	**25**	**16**	**22**	**43**	**26**	**41**	**31**	**18**	**26**	**27**	**331**

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



	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Total
Accident	0	0	0	0	1	1	1	0	1	0	3	2	**9**
Environmental Issues	1	0	2	0	1	1	1	0	0	0	1	0	**7**
Sharps (clean sharps/incorrect disposal & use)	0	0	0	0	0	0	1	1	0	0	0	0	**2**
Slips, Trips, Falls	0	1	0	1	1	2	0	1	1	0	0	0	**7**
Violence & Aggression	2	2	1	1	0	1	1	3	3	0	1	2	**17**
Total	**3**	**3**	**3**	**2**	**3**	**5**	**4**	**5**	**5**	**0**	**5**	**4**	**42**