


Cambridge University Hospitals
NHS Foundation Trust





Integrated Report

Quality, Performance, Finance and Workforce to end December 2021

Chief Finance Officer
Chief Nurse
Chief Operating Officer
Director of Workforce

Report compiled: 31/01/2022

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

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

Quality Account Measures

NHS
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2021/22 Performance Framework

2021/22 Quality Account Measures

Domain	Indicator	Data to	Target	Oct 21 Previous Month-1	Nov 21 Previous Month	Dec 21 Current status	Trend	FYtD	Baseline	LTM
Safe	Compliance with National Early Warning Score Escalation Protocol for Adults	Dec-21	85%	50%	59%	42%	↓	51%	N/A	51.0%
	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?	Dec-21	85%	100%	40%	68%	↑	72%	N/A	72.3%
	Serious Incidents - Is the evidence uploaded of good quality?	Dec-21	85%	64%	33%	54%	↑	55%	N/A	54.8%
	Serious Incidents - Was the action completed within the original timeframe?	Dec-21	85%	55%	50%	39%	↓	51%	N/A	51.4%
Effective / Responsive	% of Early Discharges	Dec-21	20%	17.6%	18.9%	17.1%	↓	17.7%	14.9%	17.5%
	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)	Dec-21	80%	65.0%	71.7%	68.3%	↓	68.7%	69.6%	69.3%
	Same day emergency care (SDEC)	Dec-21	30%	17.3%	23.5%	23.8%	↑	20.7%	N/A	22.0%
Patient Experience / Caring	Percentage of complaints responded to within initial fixed timeframe (30, 45, or 60 working days) or within agreed extension with complainant	Dec-21	90%	82.9%	92.6%	94.2%	↑	94.6%	85.0%	94.6%
	Compliance with completing the actions by the agreed date for all complaints graded 3 or above	Dec-21	90%	100.0%	100.0%	100.0%	⇔	*****	70%	*****
	The use of 'carers passports' on wards in the Trust	Dec-21	75%	12.2%	17.1%	N/A	-	9.8%	N/A	9.8%
Staff Experience / Well-led				2016	2017	2018				
	I feel secure about raising concerns re unsafe clinical practice within the organisation.		78.0%	75.0%	73.0%	74.0%	↑		75.0%	
				Oct 21	Nov 21	Dec 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 42% for December 2021 which is under target, with a decrease from the previous month.
Safe - The Total Serious Incident actions closed in December 2021 was 28 with relevant metrics as above.
Patient Experience - The full set of data for the Carers passport from the wards and our ward rounds is not yet available for December . We will have this completed and including January by the next report.

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

2021/22 Performance Framework

Performance Framework - Quality Indicators				Oct 21	Nov 21	Dec 21				
Domain	**Indicator**	**Data to**	**Target**	**Previous Month-1**	**Previous Month**	**Current status**	**Trend**	**FTtD**	**Previous FTR**	**LTM**
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	Dec-21	0	0	1	1	⇔	4	5	7
	E.Coli Bacteraemias (Total Cases)	Dec-21	50% over 3 years	35	34	30	⇧	286	362	368
	C. difficile Infection (hospital onset and COHA* avoidable)	Dec-21	TBC	10	14	11	⇧	93	70	119
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Dec-21	100%	0.0%	16.7%	0.0%	⇩	30.2%	41.7%	28.6%
	% of external visits where expected deadline was met (cumulative for current financial year)	Dec-21	80%	33.3%	33.3%	33.3%	⇔	40.0%	-	40.0%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Dec-21	-	0.0%	0.0%	11.1%	⇧	14.3%	-	14.3%
	No national audit negative outlier alert triggered	Dec-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	Dec-21	85%	100.0%	N/A	N/A	⇔	-	-	85.2%
Nursing Quality Metrics	Blood Administration Patient Scanning	Dec-21	90%	98.8%	99.7%	99.3%	⇩	98.9%	98.9%	98.8%
	Care Plan Notes	Dec-21	90%	95.8%	94.2%	94.8%	⇧	95.7%	95.9%	95.8%
	Care Plan Presence	Dec-21	90%	99.5%	99.8%	99.8%	⇧	99.5%	99.3%	99.5%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Dec-21	90%	61.5%	61.5%	62.8%	⇧	63.1%	70.4%	64.9%
	Nurse Rounding	Dec-21	90%	95.9%	95.5%	95.5%	⇧	96.7%	96.6%	96.6%
	Nutrition Screening	Dec-21	90%	99.4%	99.5%	99.5%	⇩	99.6%	99.7%	99.6%
	Pain Score	Dec-21	90%	75.5%	75.7%	73.0%	⇩	78.3%	81.3%	78.0%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Dec-21	90%	58.5%	66.6%	64.8%	⇩	65.8%	69.4%	65.9%
	PEWS Score Recording	Dec-21	90%	86.3%	86.5%	86.5%	⇩	86.8%	87.8%	86.7%
	NEWS Score Recording	Dec-21	90%	74.0%	74.0%	70.2%	⇩	74.9%	77.1%	74.4%
	VIP									
	VIP Score Recording (1 per day)	Dec-21	90%	91.6%	90.6%	98.9%	⇧	93.1%	94.4%	93.2%
	PIP Score Recording (1 per day)	Dec-21	90%	99.2%	99.4%	99.3%	⇩	99.2%	98.8%	99.2%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	-	-	-	▪	0	2	0
	Number of overdue complaints	Dec-21	0	7	4	3	⇩	20	9	23
	Re-opened complaints (non PHSO)	Dec-21	N/A	0	0	0	⇩	27	68	54
	Re-opened complaints (PHSO)	Nov-21	N/A	0	0	-	▪	3	5	3
				Oct 21	Nov 21	Dec 21				
	Number of medium/high level complaints	Dec-21	N/A	12	23	14	⇩	180		220

Operational Performance

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Urgent & Emergency Care

Mean time in ED (non-admitted patients)	Dec: 237	↑15%
Mean time in ED (admitted patients)	Dec: 547	↑39%
Time to initial medical assessment	Dec: 121	↑9%
12hr waits in ED (type 1)	Dec: 727	↑162%
Ambulance handovers >30mins	Dec: 16%	↑7 % points
ED attendances (types 1 ,3 & 5)	Dec: 10,005	↓8%
Non-elective admissions	Dec: 3,458	↓12%

Productivity / efficiency

Average theatre turnaround time (mins)	Dec: 35	↑25%
Elective LoS (days, excl 0 LoS)	Dec: 5.6	↑8%
Discharges before noon	Dec: 14.5%	↓2 % points
Long stay patients (>21 LoS)	Dec: 172	↑3%
Non-elective LoS (days, excl 0 LoS)	Dec: 8.7	↑9%

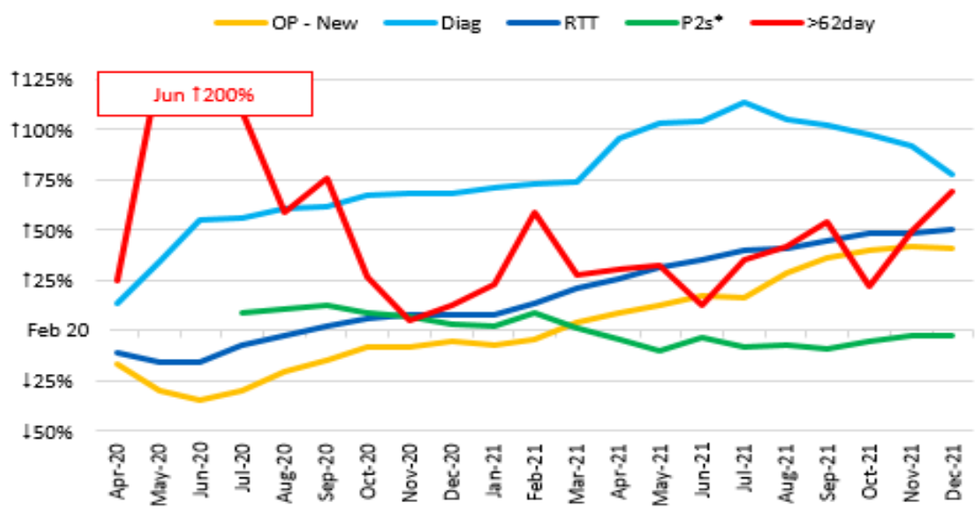
Key / notes

% change shown indicates movement from December 2019

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

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

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



Waiting list (WL) measures

	Dec-21	Nov-21	% change	Feb-20	% change
Outpatients - New	35,648	35,830	↓1%	25,306	↑41%
Diagnostics - Total WL	15,436	16,667	↓7%	8,686	↑78%
RTT pathways - Total WL	51,087	50,696	↑1%	34,097	↑50%
Cancer (62d pathway) >62d	110	97	↑13%	65	↑69%

Surgical Prioritisation - WL	Dec-21	Nov-21	% change
P2 (4 weeks)	1,497	1,505	↓1%
P3 (3 months)	4,455	4,304	↑4%
P4	3,765	3,862	↓3%

adoption

Author(s): James Hennessey

Owner(s): Ewen Cameron

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 from plan	Ambition	Current delivery	Variance from national ambition	TREND (Apr-19 to present) Marker shows latest month
RTT	Admitted stops	Dec-21	2,201	2,411	-210	89.0%	86.4%	-2.6%	
	Non-admitted stops	Dec-21	8,650	8,524	126	89.0%	98.9%	9.9%	
	Total RTT stops	Dec-21	10,851	10,935	-84	89.0%	96.1%	7.1%	
	RTT waiting list	Dec-21	51,140	52,842	-1,702	49,281	51,140	1,859	
	52-week waits	Dec-21	3,376	3,536	-160	3,449	3,376	-73	
	104-week waits	Dec-21	206	227	-21	0 by Mar-22	206	-	
Outpatients	PIFU %	Dec-21	1.6%	1.5%	0.1%	1.5% by Dec-21 2.0% by Mar-22	1.6%	-	
	A&G %	Dec-21	10.2%	10.2%	0.0%	12% by Mar-22 (System target)	10.2%	-	
	Virtual outpatients	Dec-21	24.7%	28.9%	-4.2%	25%	24.7%	-0.3%	

Note that performance is judged on the weighted monetary value of activity and therefore performance above is indicative only

KEY:

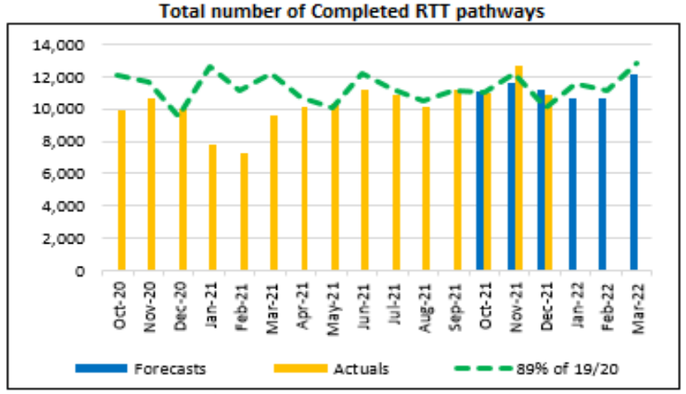
Meets national ambition
Does not meet national ambition
Does not meet national ambition BUT meets planned levels
No national ambition specified / not yet due

Phase 4 Measures

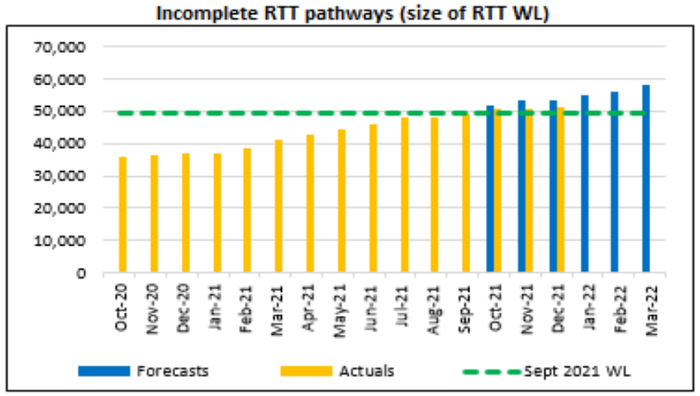
Cambridge University Hospitals NHS Foundation Trust

Operational Performance

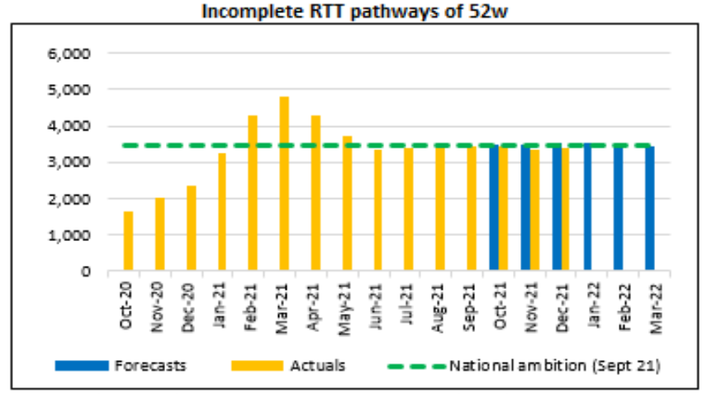
Total number of Completed RTT pathways



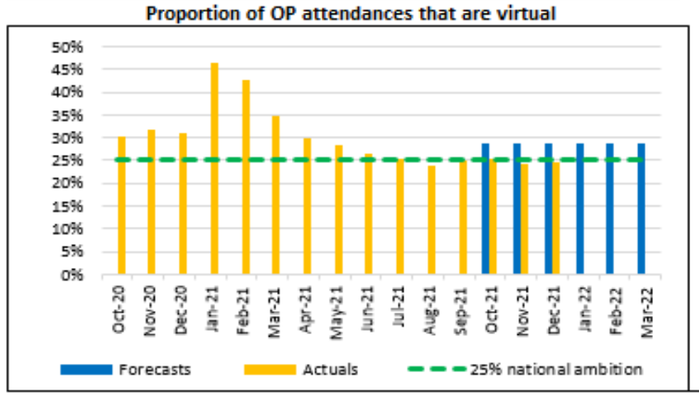
Incomplete RTT pathways (size of RTT WL)



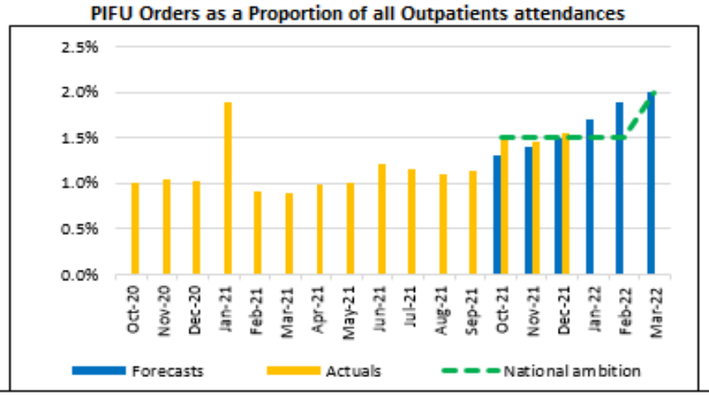
Incomplete RTT pathways of 52w



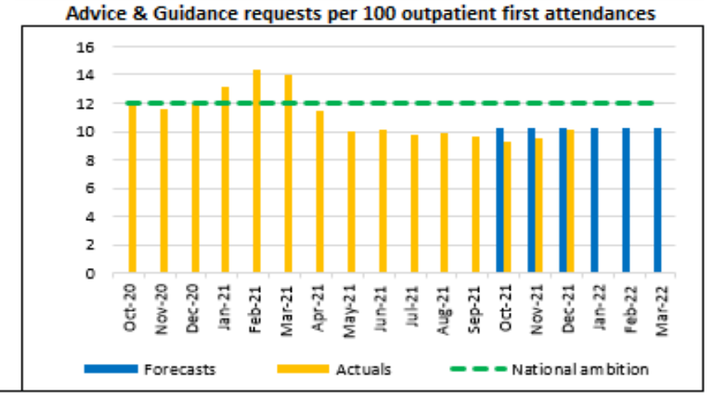
Proportion of OP attendances that are virtual



PIFU Orders as a Proportion of all Outpatients attendances



Advice & Guidance requests per 100 outpatient first attendances



In December the Trust:

- Exceeded the target of 89.0% total RTT stops by achieving 96.1% of levels seen in December 2019. This was driven by non-admitted stops which reached 98.9% of 2019/20 levels, compared to only 86.4% for admitted patients
- Reduced its RTT waiting list to 51,140 as a result of the high number of stops. This is an improvement on the planned value of 52,842 (-1,702), but higher than the national ambition of 49,281
- Reduced 52-week waits to 3,376. This is a significant improvement on planned levels of 3,536 and the national ambition of 3,449. At the same time, 104-week waits increased slightly from 201 in November to 206 in December. This is better than the planned levels of 227 for the month
- Saw 24.7% of outpatient appointments in a virtual environment, slightly below the national ambition of 25.0% and the planned level of 28.9%
- Achieved 1.6% patients discharged to a patient-initiated follow-up pathway (PIFU). This is above planned levels of 1.6% and above the national ambition of 1.5%.

*ERF thresholds set by the Operational Planning Guidance are based on the £ value of activity, a % included here in activity terms is for reference only

Author(s): James Hennessey

Owner(s): Ewen Cameron

Serious Incidents

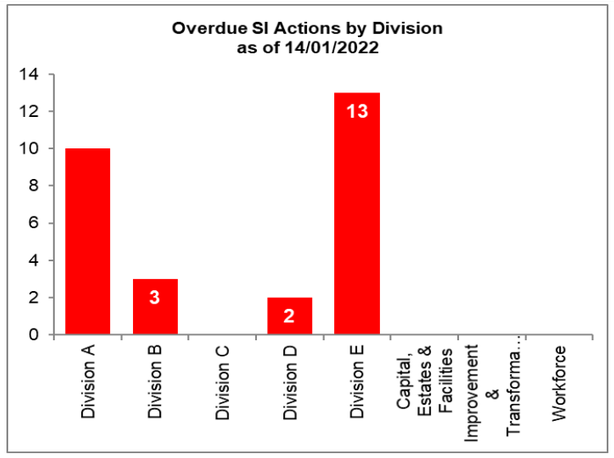
NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Mar 18 - Dec 21	month	-	1308	1393			-	There is currently normal variance in the number of incidents affecting patients
Percentage of moderate and above patient safety incidents	May 19 - Dec 21	month	2%	2.3%	1.8%				There is currently normal variance in the percentage of moderate and above patient safety incidents.
All Serious Incidents	Jan 18 - Dec 21	month	-	2	5			-	Two Serious Incidents were declared with the CCG in December 2021, which is within normal variance for the trust.
Serious Incidents submitted to CCG within 60 working days (or agreed extension)	Dec 17 - Dec 21	month	100%	100%	58%				6 Serious Incidents were submitted to the CCG in December 2021. 5 were within 60 working days and 1 within an agreed extension

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

Executive Summary: There were 2 Serious Incident Investigations reported to the CCG. The number of Serious Incidents (SIs) commissioned remains within normal variance for December 2021. The submission of SIs within 60 working days or an agreed extension timeframe for December 2021 has been maintained at 100%. The number of overdue actions from SI investigations are displayed on the graph to the right for December 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

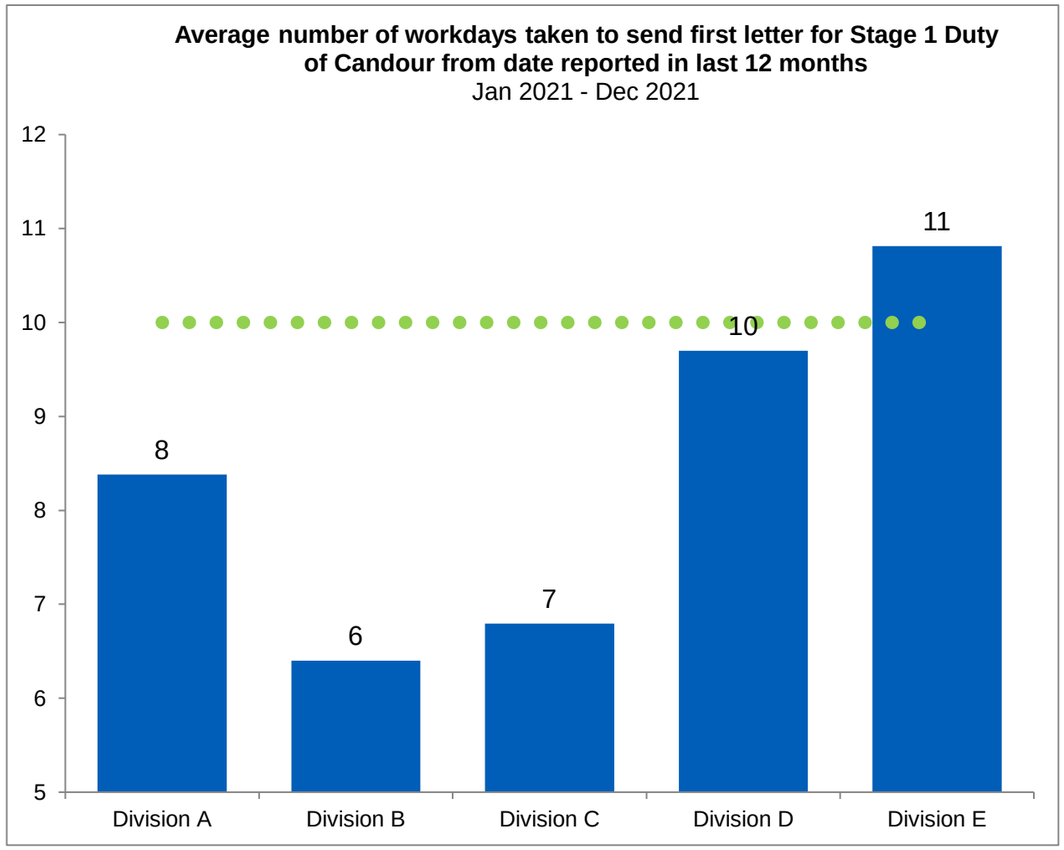
Together-Safe | Kind | Excellent

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*	Jan 19 - Dec 21	month	100%	60%	64%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Jan 19 - Dec 21	month	100%	80%	67%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 100% for all confirmed cases of moderate harm or above in December 2021. 60% of DOC Stage 1 was completed within the required timeframe of 10 working days in December 2021. The average number of days taken to send a first letter for stage 1 DOC in December 2021 was 7 working days.

Trust wide stage 2** DOC is compliant at 100% for all completed investigations into moderate or above harm in December 2021 and 80% 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
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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	Jan 19 - Dec 21	month	-	151	136		-	-	There were a total of 151 falls (inpatient, outpatient and day case) in December 2021.
Inpatient falls per 1000 bed days	Jan 19 - Dec 21	month	-	4.36	4.15			-	There were 144 inpatient falls in December 2021.
Moderate and above inpatient falls per 1000 bed days	Jan 19 - Dec 21	month	-	0.09	0.06			-	There were 3 falls categorised as Moderate or above harm in December. There have been 3 points above the upper control limit: May, October and November 2021. Changes to reporting were introduced in April so that level of harm is classed according to injury and not lapses in care
Falls risk assessment compliance within 12 hours of admission	Jan 19 - Dec 21	month	90%	81%	85%			?	The goal of ≥90% was reached in May and June 2021. 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 - Dec 21	month	90%	13%	6%	L			The goal of > 90% has not been reached since data collection started. Since April 2021 compliance has shown an increasing trend
Falls KPI: patients 65 and over who have a cognitive impairment have an appropriate care plan in place	Apr 19 - Dec 21	month	90%	15%	12%	L			The goal of > 90% has not been reached since data collection started. Since April 2021 compliance has remained fairly static.
Falls KPI: patients 65 and over requiring the use of a walking aid have access to one for their sole use	Apr 19 - Dec 21	month	90%	67%	62%	L			The goal of > 90% has not been reached since data collection started. Since April 2021 compliance has increased significantly.

Executive Summary

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 however compliance with the use of confusion care plans has remained fairly static. The Divisions are requested to provide monthly updates to the Falls QI Group on their KPIs. Division B and C will commence their Falls QI plans in January 2022 and Division A is reviewing their QI plan currently. Division D will commence their Falls QI plans in February 2022

A review of incidents in June 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 e-learning package is being launched at the beginning of January.

From January 2022 all falls with a Moderate and above harm will be presented at the Falls QI Group and all actions related to any level of investigation for Moderate and above harm falls will be monitored via the Falls QI Group.

A Falls improvement Project as part of the IHI continues to run on 2 wards. An interim report has been produced which has shown that only 3 of the patients reviewed as part of the project fell after their review and only 3 were readmitted within 28 days with a fall being the reason for readmission. Further work is still required prior to rolling the project out further.

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

Pressure Ulcers

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 - Dec 21	month	-	22	21		-	-	The total number of HAPUs remains within normal variance. There is a KPI target to reduce category 2 and above HAPU, this is reported below.
To increase reporting of category 1 HAPU to achieve an upward trajectory in reporting by March 2022	Feb 18 - Dec 21	month	-	10	11		-	-	KPI 2021-2022- to increase early reporting of category 1 HAPU to prompt early prevention. Category 1 HAPUs remain within normal variance, there is a very slight upward trend emerging over the last 12 months.
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Feb 18 - Dec 21	month	-	12	10		-	-	Category 2 and above HAPU has been back within normal variance for the last two months following the single point above UCL in October. There were 8 x Category 2 , 4 x SDTI/ Unstageable HAPU in December 2021. One unstageable occurred in NCCU and one in G4.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Dec 21	month	90%	77%	80%		-	F	PU screening risk assessment compliance remains below the target of 90%, with a slight drop again to 77% in December. 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 - Dec 21	month	9	12	9		-	P	KPI 2021-2022 - to decrease number of category 2 and above HAPU as a result of early reporting of category 1. Reporting for category 2 and above HAPU has remained static and within normal variance for the last two months, but is not achieving the downward trend as yet.

Tissue Viability QI Plan Update

PU Prevention-

KPI to reduce heel HAPU category 2 and above by 5% by March 2022- 18% (4/22) HAPUs that occurred in December 2021 were on Heels, of these there were 3 x category 1 and 1 x SDTI. 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 did meet the monthly KPI target in December, but 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 YTD. All these areas include patients who are most affected by immobility and tissue perfusion.

KPI to increase compliance with risk assessments to 90% by March 2022- Compliance has dropped slightly in December when compared to November 2021 at 77%. Ward based teaching is in place in December with a focus in elderly care 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. – One unstageable HAPU was presented to SIERP from December reporting and a staff debrief has taken place within critical care.

Moisture associated skin damage-

Incidents continue to remain within normal variance. There have been 18 consecutive points below the mean. There continues to be a national supply chain shortages of wash cloths and absorbent pads, Procurement and Corporate HoN have established alternative products to reduce risks to patients. There is currently a national shortage of Skin barrier film sprays, alternative wipe on products have been obtained.

Lower limb work stream-

Education and support continues for AES across the trust. An updated version of the lower limb ulcer care pathway has been devised and is in production to supply all wards with laminated copies. The TVN Connect page is in the process of being updated to include a quick reference guide for all wound care.

TV Service-

The TVN team now have data to demonstrate the early intervention pathway is increasing referrals from ED and assessment areas. A review of equipment in ED due to take place during December has been delayed until January due to the availability of external providers support.

Significant progress has been achieved in reducing damage costs for the pressure relieving equipment with the on-site clinical advisor support and education, costs have reduced from £2500/ per month to £200/ month in the last 4 months.

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**	Dec-21	Monthly	95%	67%	55%		-	?	Sepsis 6 delivered within 60 Mins is at 67%. Elements of the sepsis 6 bundle that have significantly impacted on the overall compliance this month is IV fluids and antibiotic administration.
Antibiotics within 1 hour - Emergency Department**	Dec-21	Monthly	95%	87%	72%		-	? -	Average door to needle time was 63 mins for December, not that dissimilar from November. The average time between patient triggering sepsis (NEWS 2 5>) and prescription of antibiotics was 21 mins an improvement on November, The average time between antibiotic prescription and administration was 32 mins, marking a delay in prescription compared to November. This said average prescription and administration of antibiotics together was 53 mins. It is anticipated that Improvement in timely prescription of antibiotics will have a positive impact on administration
Sepsis Six Bundle in 1 hour - Inpatient wards**	Dec-21	Monthly	95%	30%	20%		-	F	70% of patients were diagnosed in less than 15 mins of triggering sepsis (NEWS2 of 5>) signifying a timely review. The average timeframe between a patient triggering sepsis and prescription of antibiotics was 101 mins for December, a reduction of 142 mins from November 21.This month the sepsis 6 bundle element that most significantly impacted on the overall compliance was antibiotic administration (40% compliant). Compliance with the use of the sepsis order set was 0% again for December, the omission of it's use in practice impacts on delivery of sepsis 6.
Antibiotics within 1 hour - Inpatient wards**	Dec-21	Monthly	95%	40%	63%		-	?	The average timeframe between a patient triggering sepsis and prescription of antibiotics was 101 mins for December, a reduction of 142 mins from November 21.In 50 % of audits antibiotics were prescribed more than 60 mins after diagnosis, with 2 audits in excess of 2 hours. however, In 40% of audits antibiotics were prescribed less than 15 mins after patient triggering sepsis. Antibiotics were administered within 15 mins of being prescribed in 60% of audits. The average time between prescription and administration was 89 minutes
Antibiotics within 1 hour as per contract agreement - Emergency Department***	Dec-21	Monthly	95%	93%	89%		-	?	There has been a marked improvement in administration of antibiotics within 60 mins of patient being diagnosed with Sepsis. This has rapidly improved in the last 4 months and is within normal variance
Antibiotics within 1 hour as per contract agreement - Inpatient wards***	Dec-21	Monthly	95%	40%	67%		-	?	We continue to see a 10% decrease for December with compliance with administration of antibiotics within 60 mins of patient being diagnosed with Sepsis.

Executive Summary

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

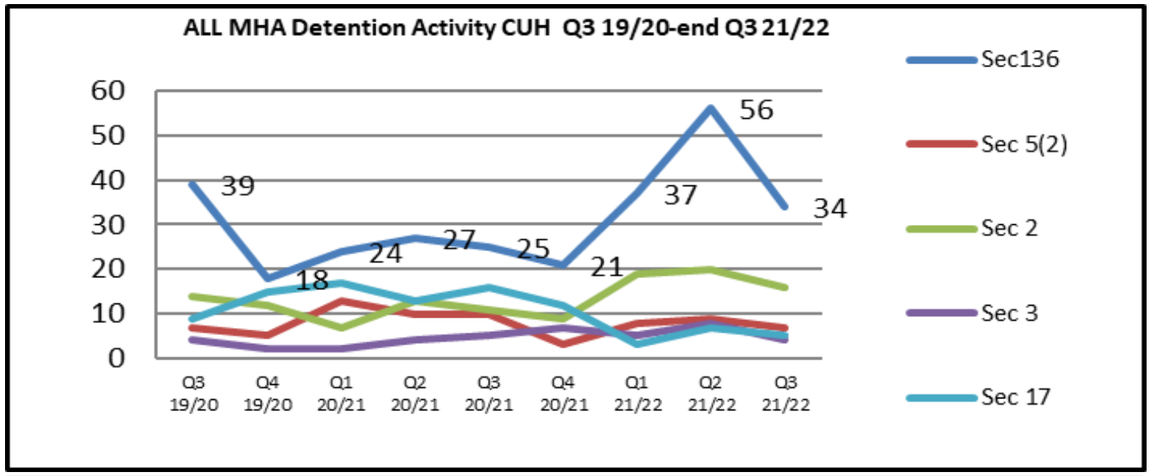
It is worth noting that average compliance with the individual sepsis bundle elements is 93% for ED and 73% for inpatient.
The compliance with the overall bundle completion within 60 mins is vastly impacted by one element per audit being delayed/omitted.

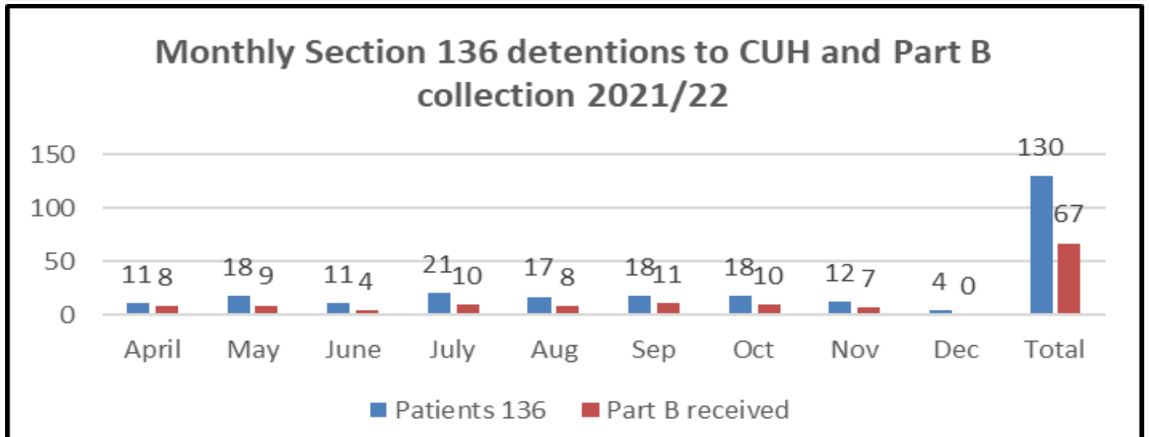
The Sepsis QI project is already targeting areas identified for improvement in this report, including; phlebotomy of blood cultures and Lactate, prescription and administration of antibiotics, and escalation and timely review. Several project items were approved at NMAAC on the 20th December 21, meaning that project work will be fully active from January 2022.
There will be an assigned Sepsis Phlebotomy assistant for inpatient ward areas from February 22. We are hoping to see a rise in compliance of blood cultures, antibiotic administration and IV fluids with the implementation of this role.
There will be weekly multidisciplinary team education for staff on Sepsis and the deteriorating patient from February 22.

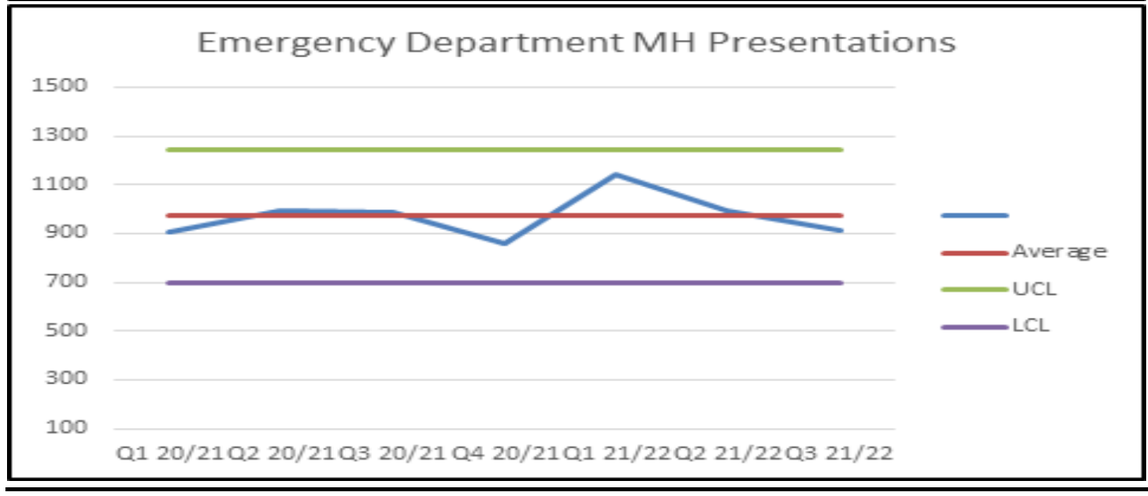
Mental Health - Q2 2021/22

NHS Cambridge University Hospitals NHS Foundation Trust

Mental Health







Narrative

- The overall number of detentions under the MHA at CUH has remained broadly stable during Q3 however the number of Section 136 presentations being conveyed to the Emergency Department has continued to fall over the past few months, there were 4 in December which was the lowest monthly figure for the whole of 2021.
- The 136 numbers across the system in Cambridgeshire are also in line with the picture at CUH with the decline in detentions being at least in part attributed to the MH nurse support that is now available to the police when they are called to an incident. Cambridge as a district continues to have the highest number of 136 detentions in the county.
- Discussions are now taking place on a system level to attempt to extend the current arrangements
- The number of patients presenting to ED with a mental health need was 916 in Q3 which shows a continuing decline since Q4 in 2020/21. Overall the numbers presenting in to ED 2021 were broadly in line with the previous year. The number of young people admitted to CUH (9) with a MH need as part of their presentation is the lowest figure for the whole of 2021.
- Recurrent funding is being made available for the PLS service at Hinchingbrooke hospital to be made 24/7 in ED. Recruitment of staff is progressing and the new service is due to commence on March 1st.
- A review of the Section 140 policy is due to take place at the end of January to assess it's effectiveness in locating mental health placements for patients who need them.
- Cambridge and Peterborough are currently in the process of developing a strategy for young people <25yrs covering all aspects of welfare including mental health. The work is involving a significant contribution from staff at CUH.

Ongoing work:

- Substantive funding requested to sustain CUH MH Team (currently ending March 2022). The service has been successful in recruiting admin support for the team.
- Training following a format similar to MHFA training has commenced for all nursing staff on Wards EAU4/5 with an expected completion date at the end of March.
- Continued support to environmental works with a focus on Patient safety/Patient & Staff experience across CUH.
- 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.

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

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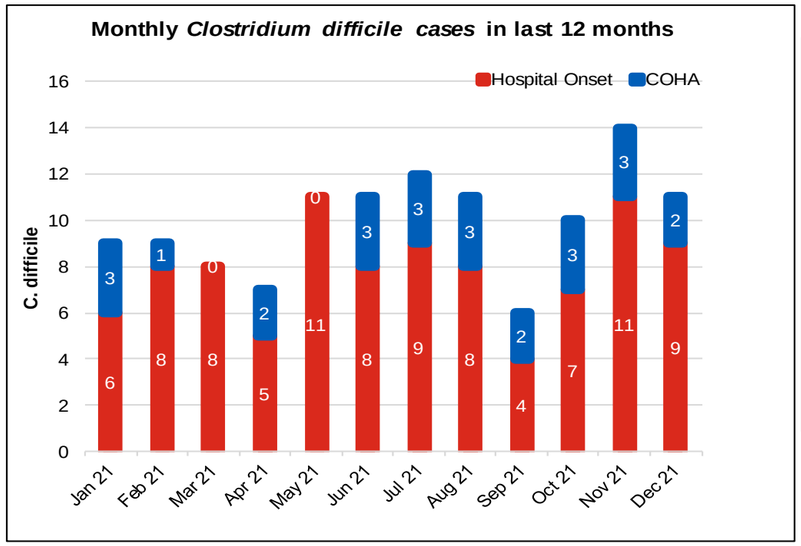
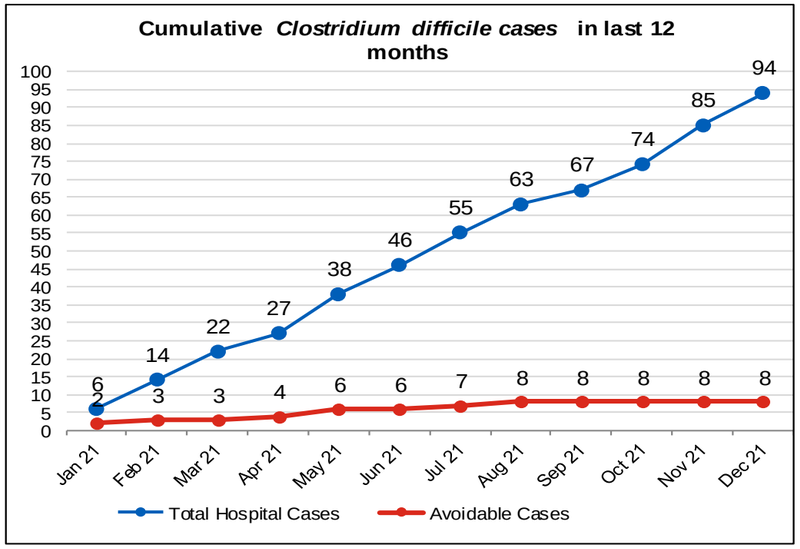
Infection Control

Cambridge University Hospitals NHS Foundation Trust



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



CUH trend analysis

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

- 1 case of unavoidable hospital onset MRSA bacteraemia in December 2021.
- 4 cases (2 avoidable and 2 unavoidable) of hospital onset 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.

- 9 cases of hospital onset *C difficile* and 2 cases of COHA in December 2021. 1 case unavoidable, 1 case avoidable and 9 cases are pending.
- Year to date, 72 cases of hospital onset cases and 21 cases of COHA (78 cases are unavoidable, 6 cases are avoidable and 9 cases are pending).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 97.5% in December 2021 (98.3% in November).
- The latest MRSA bacteraemia rate comparative data (12 months to November 2021) put the Trust 9th out of 10 in the Shelford Group of teaching hospitals.

- Compliance with the *C. difficile* care bundle was 85.7% in December 2021 (91.7% in November).
- The latest *C. difficile* rate comparative data (12 months to November 2021) put the Trust 8th out of 10 in the Shelford Group of teaching hospitals.

Infection Control

NHS
Cambridge University Hospitals
NHS Foundation Trust

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

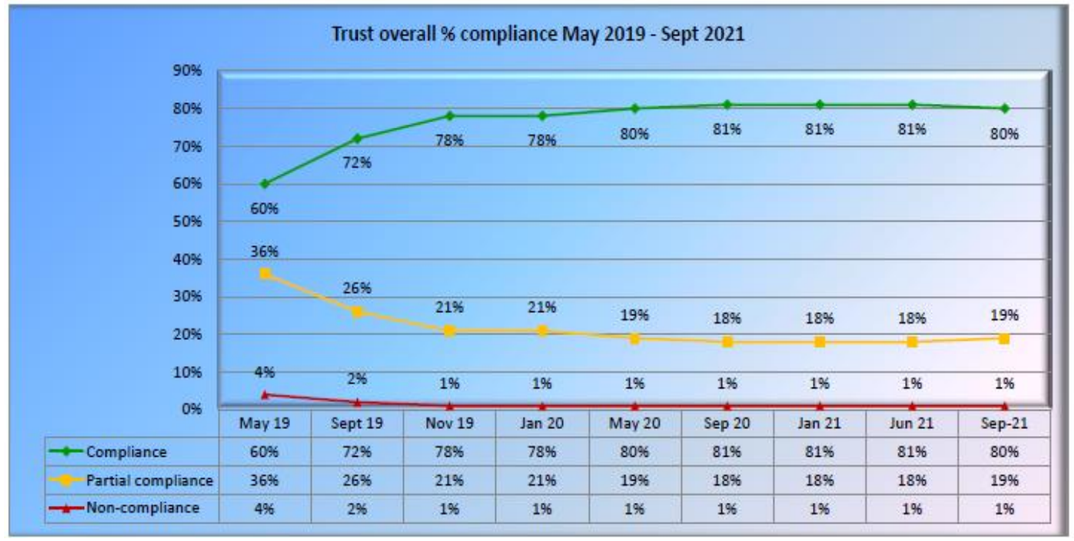
Criterion 6 Ensure that all are fully involved in the process of preventing and controlling infection.

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

NHS Cambridge University Hospitals NHS Foundation Trust

Fit Testing compliance for substantive staff

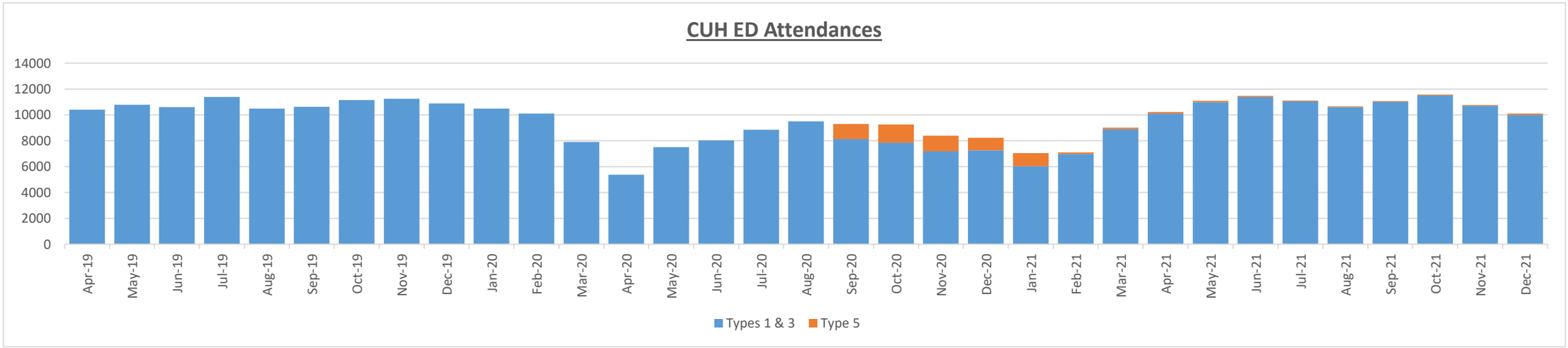
Fit Test Compliance CUH	Division A			Division B			Division C			Division D			Division E			Corporate			Total		
	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	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	520	458	88%	25	21	84%	240	207	86%	137	119	87%	268	230	86%	-	-	-	1,190	1,035	87%
Additional Clinical Services	190	154	81%	67	55	82%	108	94	87%	78	54	69%	56	36	64%	-	-	-	499	393	79%
Medical and Dental	176	144	82%	85	73	86%	168	140	83%	117	104	89%	148	107	72%	-	-	-	694	568	82%
Additional Professional Scientific and Technical	-	-	-	74	74	100%	1	1	100%	-	-	-	-	-	-	-	-	-	75	75	100%
Allied Health Professionals	52	50	96%	118	98	83%	1	1	100%	-	-	-	-	-	-	-	-	-	171	149	87%
Estates and Ancillary	4	2	50%	1	1	100%	-	-	-	-	-	-	-	-	-	59	55	93%	64	58	91%
Total	**942**	**808**	**86%**	**370**	**322**	**87%**	**518**	**443**	**86%**	**332**	**277**	**83%**	**472**	**373**	**79%**	**59**	**55**	**93%**	**2,693**	**2,278**	**85%**

The data displayed is at 18/01/22. 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 December 2021

- Total attendances in December were 10,096. This is 795 (7.3%) lower than December 2019.
- Daily attendances (types 1 & 3) across both adults and children were 323 compared to 351 in December 2019.
- Paediatric attendances were 1,927 (age 0-15), a decrease of 18.2% (430) from December 2019.
- Mental Health attendances were 297, a decrease of 18% (65) compared to December 2019.
- 727 patients had an ED journey time in excess of 12 hours compared to 278 in December 2019.
- 61 patients waited more than 12 hours from their decision to admit compared to 9 in December 2019.
- Our conversion rate for type 1 & 3 attendances decreased to 27.6% compared to 30.2 % in December 2019.

Additionally during December:

- 871 patients were streamed from ED to our medical assessment units on wards N2 and EAU4.
- 2,894 patients were streamed to the Urgent Treatment Centre (UTC), of which 1,410 patients were seen by a GP or ECP.
- 354 patients were streamed to SAU.

January month to date

In January month to date there has been an average of 322 attendances per day (all types) compared to 334 by the same point in January 2020 (-12, -3.6%). 394 patients have had an ED journey time in excess of 12hrs compared to 351 by the same point in January 2020. We have had 24 x 12hr DTA breaches in the month to date, lower than the 44 seen by the same point in January 2020.

Ambulance handover

In December 2021 we saw 2,674 conveyances to CUH which was a decrease of 10.5%, (-315) in December 2019. Of these:

- 33.8% of handovers were clear within 15mins vs. 53.2% in December 2019.
- 83.1% of handovers were clear within 30mins vs. 90.3% in December 2019.
- 95.5% of handovers were clear within 60mins vs. 98.1% in December 2019.

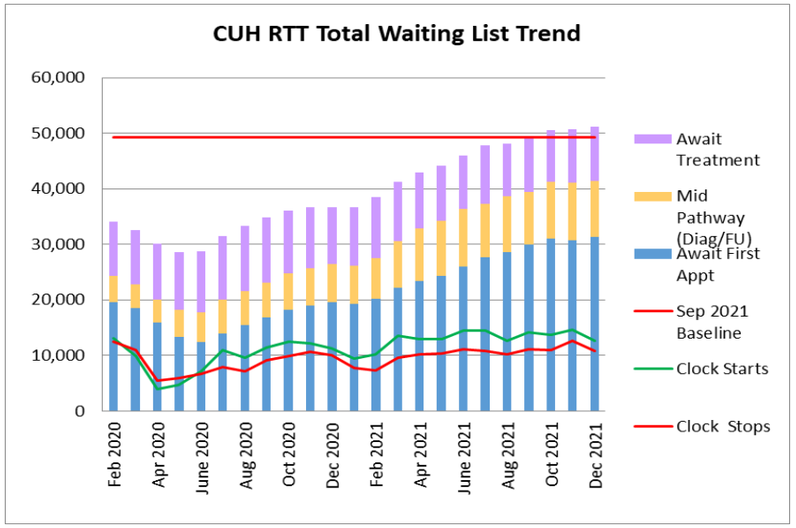
Actions being undertaken by the Emergency Department:

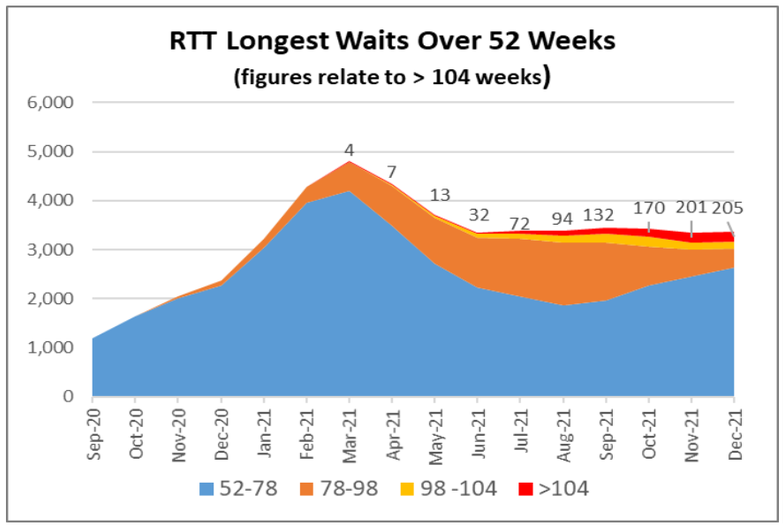
Throughout December, work has been undertaken in the Emergency Department in order to prepare for a potential surge of COVID positive patients.
Cepheid testing in the Emergency Department has been embedded and initial turnaround times have been shown to improve time to result from 3-4 hours to 1-2 hours.
A trial of Abbott COVID testing is due to be launched in the Emergency Department in January (20 minute turnaround times).
Emergency Department escalation plans have been redeveloped and are currently being shared across the Division for comment. The new plans will be focused on early escalation to avoid unnecessary patient delays.
A study by the University of Cambridge about outflow from the department recently concluded. Findings from this work will be reviewed and actions will be agreed to implement the suggested changes.
Real-time reviews of patients under the care of ED will commence later this month, with input from the 219 and Senior Support, to identify and resolve delays to flow within the department.
Nurse staffing in the Emergency Department continues to be a significant challenge due to high sickness and self-isolation levels.

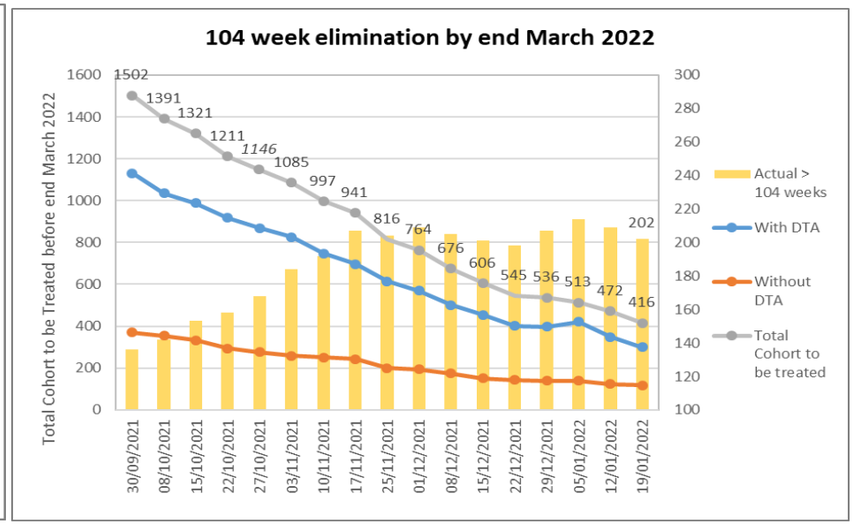
RTT

Cambridge University Hospitals NHS Foundation Trust

National Targets







The Total RTT waiting list size increased by 391 in December to 51,087. This represents a growth of 3.7% compared to the September 2021 baseline which was the stated ambition for H2 planning Nationally. Our H2 plan forecasted a trajectory of 7.2% growth by Month 9, so in December we are below the trajectory we submitted for H2 planning by 1,755.

As would be seasonably expected, the number of patients joining the RTT waiting list (clock starts) were down by 9% on last month , but were 1% higher than December 2019. As we had forecast continued growth of 2% above 2019, the clock starts being below this level continues to contribute to our waiting list in total being lower than the H2 plan. Clock starts(referrals) represented 25% of the total waiting list size in the month, and patients waiting to commence their first pathway step accounted for 61% of the total. The majority of growth in the waiting list size does sit at this stage.

The number of RTT treatments delivered in December represented 96.1% compared to December 2019. Our admitted stops increased to 86.4% of baseline, with non-admitted stops higher at 98.9%. However, although this was an improvement compared to the baseline month it was 10% lower than in November and hence the clearance time for the RTT waiting list *(how long it would take to clear if no further patients were added)* increased back to 19 weeks. To recover to a clearance time equivalent to our pre-covid performance (11.5 weeks) would require delivery of RTT activity at 151% of average 19/20 levels.

The 92nd percentile total waiting time reduced further to 47 weeks. For admitted patients we saw a drop to 70 weeks from 71 last month. 13% of the admitted patients we treated in December had waited over a year. The volume of patients waiting over 52 weeks increased marginally by 24 to 3,369. 647 patients in total were treated who had waited over 52 weeks. Holding or reducing the volume of patients over 52 weeks is a requirement of the H2 Planning Guidance and we remain ahead of our submitted trajectory 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 end of December we had 202 patients waiting over 104 weeks which was ahead of our H2 planning trajectory of 227, but the total cohort to be treated by the end of March has reduced by a further 30% in the last month to 416. 72% are awaiting admitted treatments and 44% of these are scheduled. 28% are still being managed through the outpatient and diagnostic phases of the pathway. ENT now represent 30% of the patients remaining in the 104 week risk group at 125 ,followed by Orthopaedics Urology, and Oral and Maxillofacial surgery (OMFS). OMFS having the largest proportion in the outpatient /diagnostic phase. Divisions have worked through clearance plans, and we forecast to continue to exceed our trajectory and end the year with <150 patients waiting over 2 years. January forecast is to be below 195. The requirement for zero tolerance of 104 week waits continues into 2022/23 and we are therefore already reviewing the patients reaching this milestone in April to ensure they are being planned for treatment.

Cancer

Cambridge University Hospitals NHS Foundation Trust

National Targets

Cancer Standards 20/21	Target	Qtr 3 - 20/21	Qtr 4 - 20/21	Qtr 1 - 21/22	Qtr 2 - 21/22	Oct-21	Nov-21
2Wk Wait (93%)	93%	94.3%	95.0%	93.0%	94.9%	92.0%	75.0%
2wk Wait SBR (93%)	93%	87.7%	91.9%	84.4%	92.4%	70.8%	25.0%
31 Day FDT (96%)	96%	94.9%	88.6%	92.9%	91.7%	91.8%	90.3%
31 Day Subs (Anti Cancer) (98%)	98%	100.0%	99.4%	98.8%	99.7%	100.0%	100.0%
31 Day Subs (Radiotherapy) (94%)	94%	97.8%	98.5%	94.9%	99.1%	96.9%	98.8%
31 Day Subs (Surgery) (94%)	94%	88.3%	79.8%	87.5%	85.1%	89.5%	80.6%
FDS 2WW (75%)	75%	85.8%	84.2%	83.8%	81.1%	86.4%	85.4%
FDS Breast (75%)	75%	98.5%	98.3%	99.5%	97.6%	97.2%	96.9%
FDS Screen (75%)	75%	74.0%	49.1%	65.8%	72.9%	64.7%	67.0%
62 Day from Urgent Referral with reallocations (85%)	85%	**81.7%**	**77.7%**	**75.4%**	**75.1%**	**71.3%**	**78.1%**
62 Day from Screening Referral with reallocations (90%)	90%	**81.8%**	**57.3%**	**68.6%**	**55.0%**	**50.0%**	**78.8%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	64.7%	68.4%	65.8%	60.0%	0.0%	43.8%

To November 2021 by site

To November 2021	62 Day from Urgent Referral		62 Day from Screening Referral		31 Day FDT		31 Day Subs (Surgery)		2Wk Wait		2WW FDS		>104 day
	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches
Breast	4	83%	3.5	84%	9	82%		100%	423	26%	15	97%	2
Lung	2.5	55%	0.5			100%			2	97%	1	98%	1
Upper GI	2.5	72%			4	86%	3	70%	3	88%	9	61%	3
Lower GI	4	50%	4	64%	2	93%	4	73%	28	91%	65	80%	6
Skin	3	88%			1	98%	3	90%	38	93%	22	92%	
Gynaecological	5.5	39%				100%	1	86%	17	89%	57	62%	1
Central Nervous		100%				100%		100%		100%	1	86%	
Urological	7.5	78%			14	75%	8	38%	7	96%	49	71%	7
Head & Neck	2.5	58%				100%	1	80%	13	93%	27	84%	
Sarcomas	0.5	75%				100%		100%	1	94%	3	79%	
Other Haem Malignancies	1	82%				100%		100%		100%	7	46%	1

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

As advised in last months report, the 2ww and 2ww SBR performance fell significantly in November to 75% and 25% respectively. This was a consequence of insufficient capacity to see the increased demand for Breast 2ww within 14 days. Breast incurred 443 breaches due to capacity. The average wait for those exceeding the standard was 17 days. Cumulatively across the three months to November the service received over 2000 referrals, which was 29% higher than the previous three months. The December performance is expected to be equally low, however the number of breaches are forecast to halve in January. Currently we have appointments available at day 14 but this will fluctuate with weekly demand. Importantly, the Faster Diagnosis Standard in Breast is being maintained at 97% within 28 days, and the Specialty Lead is prioritising the consistent delivery of the one-stop diagnostic appointment. Moving resources away from this best practice pathway just to improve 2ww performance alone may delay diagnoses. The referral demand for this service has exceeded the substantive workforce since 2019, and year to date is a further 5% higher. Reliance on additional sessions at evenings and weekends through staff goodwill is not sustainable, and a business case for additional substantive resource to increase the one stop diagnostic clinic capacity has been submitted to the Investment Committee. Additional funding from the Cancer Alliance has been approved to support this pathway. Following approval it is expected it would take up to 6 months to recruit to the multi professional roles required, and the additional clinics will continue in the interim. The 2ww National performance was also low at 77.4%.

The 62 day Urgent standard performance in November improved to 78.1%. This was ahead of performance Nationally at 67.5%. Of the 33 accountable breaches, 12.5 were due to late referrals of which 5.5 were treated within 24 days of transfer. 5.5 were due to surgical capacity delays. 5.5 were complex pathways requiring multiple diagnostics compared to standard pathway. Five diagnostics delays were attributable to histology turnaround, predominantly impacting the skin pathway. Three were outpatient capacity. Breaches spanned 10 cancer sites, with the highest volume by site being Urology with 7.5, then Gynaeoncology at 5.5.

The 62 day screening standard incurred eight breaches this month. There was no dominant theme for these in November. Performance improved in month to 78.8%, ahead of National performance of 72.8%.

The 31 day FDT standard fell to 90.3%, below National performance of 93%. The subsequent surgery standard fell to 80.6%, compared to National at 82%. 84% of breaches were attributable to surgical capacity and cancellations compounded by bed pressures during the covid outbreak that impacted surgical ward capacity in Oct/Nov. 44% of breaches were in Urology of which 16 were prostate pathways which are typically assigned a lower clinical priority.

17 pathways waited >104 days for treatment in November. 13 were shared pathways referred between days 58 and 136. One case has been referred to harm review panel for discussion.

Cancer

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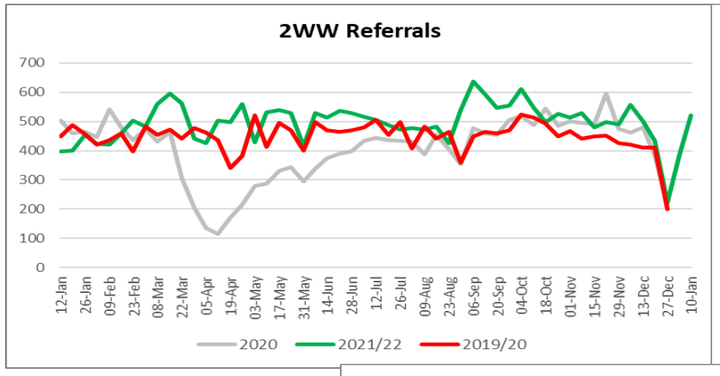
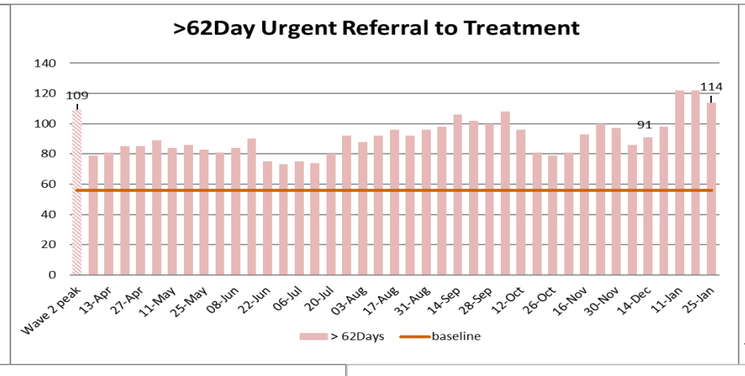
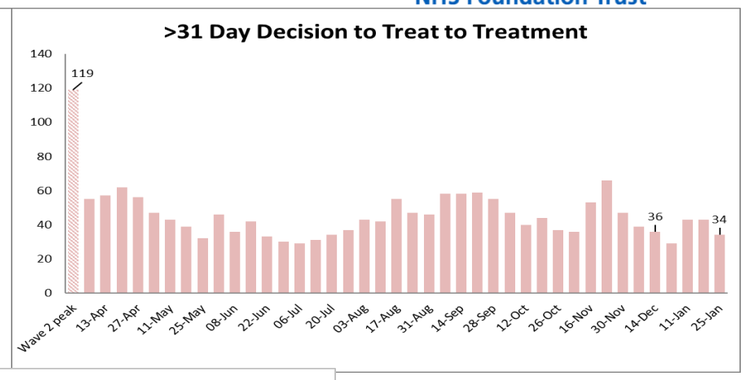
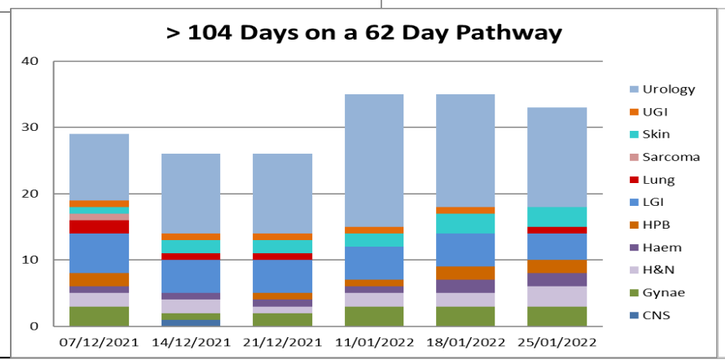
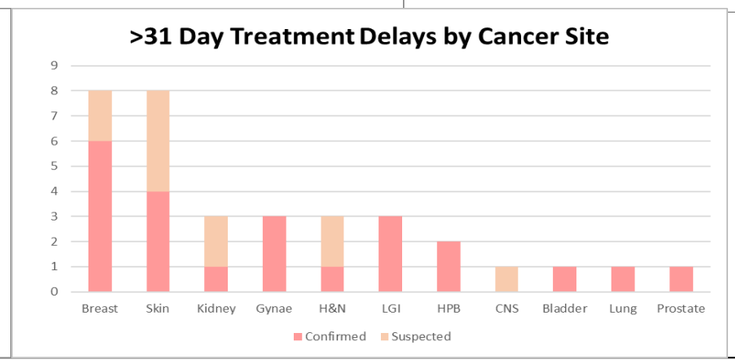
National Targets











Current position

In December 2WW suspected cancer referral demand continued at 118% across the four weeks compared to the same period in 2019. Post Christmas break referrals have quickly returned to this higher level in the week of the 10th January. Head and Neck and Skin in particular have seen higher than their pre-Christmas average referred in this week. The service under new pressure for 2WW performance in January is the Gynaeoncology service due to sickness absence and COVID related absence amongst staff. The sickness absence is longer term and the service is reviewing further mitigations that can be undertaken to support their one-stop diagnostic service during this period. As discussed on the previous cancer page the Breast 2ww breaches are forecast to be ~50% lower in January.

The number of patients waiting >62 days on an Urgent pathway has increased sharply from 91 last month to 114 currently. 29% of the breaches are Inter Trust Referrals which means 81 are CUH only pathways. 57% of patients do not yet have a confirmed cancer diagnosis . 24% have treatment scheduled. Gynaeoncology, Urology Head & Neck and Skin have the highest backlog for CUH only pathways. Urology in particular have seen an increase in CUH 62 day backlog which has been due to some short term capacity constraints with MRI as the first step for the prostate cancer pathway, but also a deterioration in histopathology turnaround on prostate biopsies. Histopathology delays were already featuring from Q3 2021 with vacancies in the department peaking at 17% , many at senior grades. Workload had also increased by 20%. The number of technical vacancies in the laboratory in January is 12 (11%). Exit interviews are gathering intelligence on staff retention, with actions for education, training and mentorship implemented. There have been no resignations in November and December. Further initiatives include creating a dedicated staff bank, populated mainly by students, to cover the less skilled tasks in the department and creating positions for placement students in the next academic year. Enhanced rate overtime for weekends was introduced on 15th January 2022 for a period of 8 weeks to clear the backlog of work. Mutual aid has been sought, and North West Anglia NHSFT have kindly offered to process ~500 blocks/week. Early indications suggests this is supporting a reduction of 40% in the backlog of blocks awaiting to be cut. It is expected that these short term initiatives will have an effect in 2 to 3 months, but they are not sustainable. The retention and recruitment of staff will have an impact within the next six months and should be sustainable.

The number of patients waiting over 31 days has been stable during the last month at 34. 65% of these are scheduled for treatment. Breast and Skin have seen an increase since last month but on review these are multifactorial rather than directly related to capacity: an increased number of patients choosing to delay; COVID related delays; more complex pre-operative reviews for other medical issues. We still have access to Independent Sector capacity for Breast surgery which can flex as required to peaks in surgical demand.

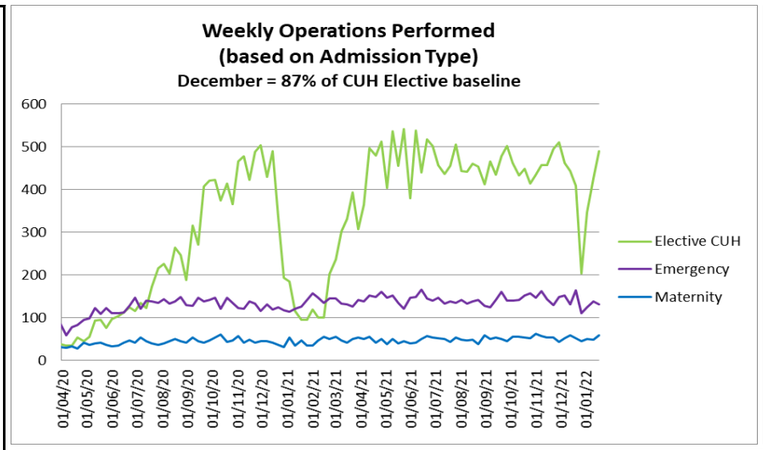
Author(s): Linda Clarke

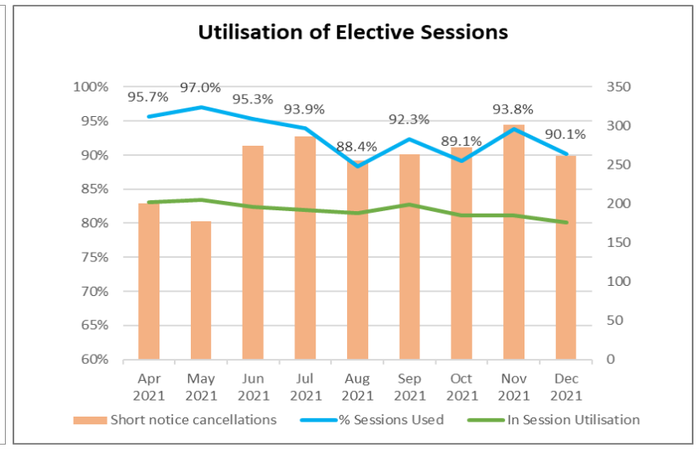
Owner(s): Ewen Cameron

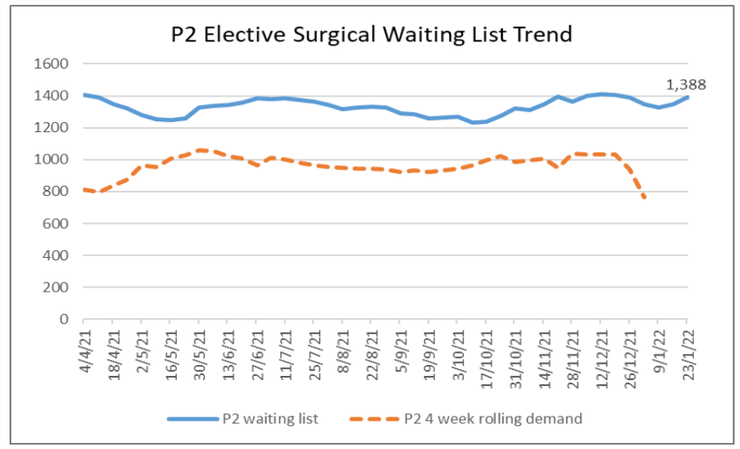
Operations

Cambridge University Hospitals NHS Foundation Trust

Operational Performance







Elective theatre activity in December delivered 87% of the 2019 baseline. Taking account of the loss of the three A Block theatres from our capacity, the adjustment would bring the December performance up to 99%.

- Short notice cancellations from elective sessions decreased to 261 in December, but relative to the number of elective working days in the month this was still the 3rd highest month this year. 12% of cancellations were due to patients being unwell to proceed, with a further 7% being directly related to patients with/ in contact with COVID. 15% were due to bed availability with half of these being in Neurosurgery. The impact was highest across Urology, Neurosurgery, Orthopaedics and Ophthalmology.
- Elective sessions used in December dropped to 90.1%. 60% of unused sessions were due to surgeon availability. 34% of all unused sessions were at Ely. A new Clinical Director is leading the programme to improve the utilisation of Ely on behalf of Surgery Taskforce and will convene their first project group on 27th January.
- Elective in-session utilisation fell to 80.2%. The Cambridge Eye Unit and Ely still demonstrating the highest opportunity at 75% utilisation.
- The weekend elective activity in December fell to 28 procedures performed. Super Saturdays in Q4 to support the 104 week activity will increase these numbers.

The number of P2 patients awaiting surgery remains stable with last month at 1388. The rolling weekly demand has dropped due to the Christmas period. The volumes of overdue P2 cases is 770. The drivers of the increase in P2 waiting list overall have been Neurosurgery, Ophthalmology and Paediatric Surgery. 50% of P2s have a date to come in. 12% of P2s have been re-stratified to that priority since original listing. This is notably higher in Division E specialties. The Surgical Prioritisation group noted the growth in requirement in Neurosurgery in particular, and allocated an increased proportion of theatre lists to them to the extent that can be supported by suitably skilled staff.

To support surgical flow L2DSU have been working on expanding the casemix that can be managed as 23hr stay on the unit rather than requiring a post-operative inpatient bed. From the newly introduced pathways in December , 40 additional patients were managed through L2DSU rather than requiring an inpatient bed. This included 15 patients having Robotic Surgery for prostate cancer. Following approval of the business case, the pre-assessment service has been temporarily located to T2 allowing for further expansion o f L2 pathways from 28th January. A further seven surgical pathways are currently in process of being reviewed to transition to L2.. These are predominantly in Urology, and Neurosurgery are also reviewing pathways for both L2 and Ely.

In support of the aim to eradicate 104 week waits by the end of March the first "Super Saturday" initiative was held in the ATC theatres supported by L2 on 22nd January, and 17 patients were treated for Urology and ENT. Lessons learnt from these sessions will be taken forward for the further dates in Quarter 4.

Wave 4 COVID has to date had little impact on the continuation of elective surgical activity. Critical care surge plans have not been required to date and the surgical bed envelope has remained ring fenced for surgical activity. COVID outbreaks impacting ward bed availability, and clusters of staff absence impacting specific teams are where some impact has been seen.

Diagnostics

Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Change from previous month:

Deteriorated

Improved

		Dec-21						
		Waiting List					Scheduled Activity	
		Total Waiting List	Variance from Feb 2020		% > 6 weeks	Mean wait in weeks	Scheduled Activity	Variance from Dec-19 Baseline
Imaging	Magnetic Resonance Imaging	2120	1962	8%	35.5%	7	2424	97.7%
	Computed Tomography	3361	1038	224%	71.2%	28	2245	85.4%
	Non-obstetric ultrasound	2794	1876	49%	31.5%	5	3429	108.4%
	Barium Enema	38	31	23%	7.9%	3	41	97.6%
	DEXA Scan	1297	648	100%	43.6%	6	686	150.9%
Physiological Measurement	Audiology	582	338	72%	52.7%	8	468	220.7%
	Echocardiography	2545	967	163%	72.5%	15	1478	124.5%
	Neurophysiology	151	269	-44%	2.0%	2	205	81.3%
	Respiratory physiology	73	24	204%	79.5%	12	17	101.2%
	Urodynamics	172	93	85%	52.3%	8	29	56.4%
Endoscopy	Colonoscopy	852	539	58%	34.7%	7	471	112.7%
	Flexi sigmoidoscopy	166	106	57%	51.2%	8	86	120.4%
	Cystoscopy	280	236	19%	30.4%	11	350	101.3%
	Gastroscopy	1005	581	73%	41.7%	8	581	97.2%
Total Diagnostic Waiting List		**15436**	**8708**	**77%**	**50.4%**	**13**	**12510**	**104.9%**

Scheduled diagnostic activity in December was down by 5% compared to the prior month, in comparison to baseline in December 2019 we delivered 104.9%.
The total waiting list size did reduce in month by 1231 to 15436. This is 77% higher than pre-covid in February 2020. The proportion of patients waiting over 6 weeks decreased by 0.6% compared to November to 50.4%. Mean waiting time remained stable at 13 weeks.

Imaging now equates to 62% of the diagnostic waiting list. Scheduled activity in Imaging decreased by 7% in December, with the biggest reduction seen in CT which w as down 15%. As a comparison to December 2019 Imaging scheduled activity was 100.6%. Waiting lists reduced by 474 across Imaging modalities in month, with notable reductions in DEXA and MRI. Ultrasound was the only modality seeing an increase in waiting list size in month. Monitoring of recovery trajectories shows that MRI has now slipped from trajectory by 167 after a peak in demand mid January and a reduction in core capacity associated with scanner replacement which will be ongoing until May. The predicted loss in capacity following mitigation is 56 scans per month. Ultrasound are further off trajectory by ~900. The additional weekend capacity commenced on 22nd January and capacity that week therefore delivered 55 above plan. If this continues we will half the Ultrasound variance from trajectory by year end. Dexa has been ~400 off trajectory since the start of December but the waiting list is continuing to decline. CT remains the greatest concern as did not have a trajectory that would recover in year. The variance against trajectory did reduce in the last week by 100 to 760, and this was because activity reached 93% of plan, with the DHC Mobile unit delivering 90% of plan for the first time. Additional community capacity is being sought for Ultrasound and Dexa. We are working across the system to look at whether the Regionally funded mobile units for CT and MRI can be extended into the new financial year given the slippage on activity delivered by these providers. The vacancy rates and further planned maintenance will continue to be a risk for CUH core capacity.

Endoscopy is 15% of the diagnostic waiting list. Scheduled Endoscopy activity decreased by 4% in December. Compared to the 2019 baseline we delivered 103.9% across Endoscopy. The waiting list reduced by 401, and the volume over 6 weeks was down by 448 in month bringing Endoscopy down to 38.4% >6 weeks. The service is currently ~900 ahead of trajectory, which is closing the gap to recovery by year end to ~500. If the current rate of reduction is maintained the waiting list overall could be recovered to baseline by year end.

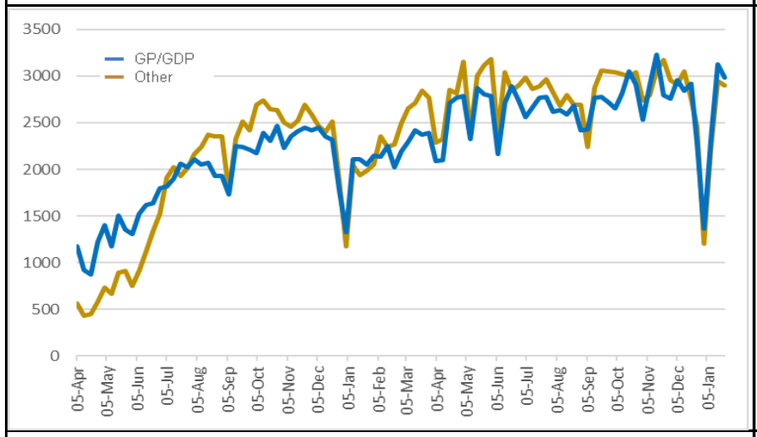
Physiological measurement is 23% of the diagnostic waiting list , with Echocardiography as the dominant test representing 16%. Scheduled activity decreased by 1% in December. Activity significantly exceeded the baseline at 127.7%. Echo improved to 124.5%. This has been supported by the Insourcing initiative. The waiting list across this group reduced by 356 in month, driven by the Echo improvement where the reduction was 464 in month.. The volume >6 weeks remains high, with Echo still the priority at 72.5%. Echo recovery trajectory does not deliver recovery to baseline by the end of this year. The tender to support the continuation of Insourcing beyond the proof of concept pilot that ends at the start of March has only yielded one response which is being evaluated. RPH have confirmed they are not in a position to support with mutual aid.

Outpatients

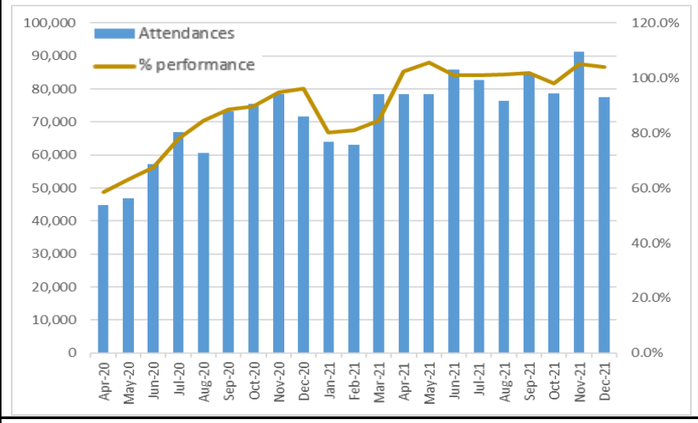
Cambridge University Hospitals NHS Foundation Trust

Operational Performance

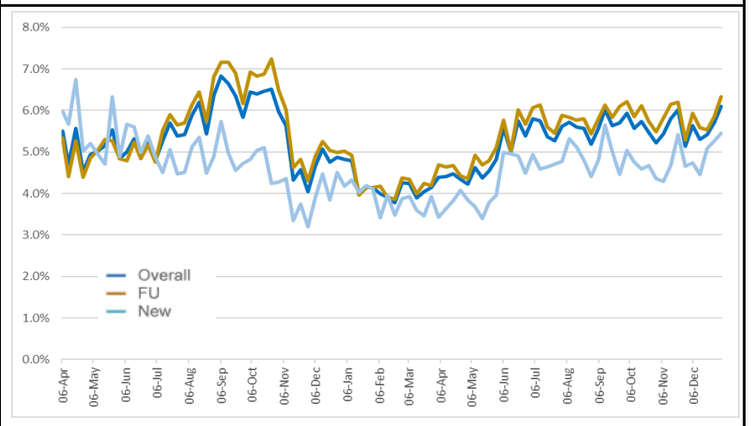
Referrals



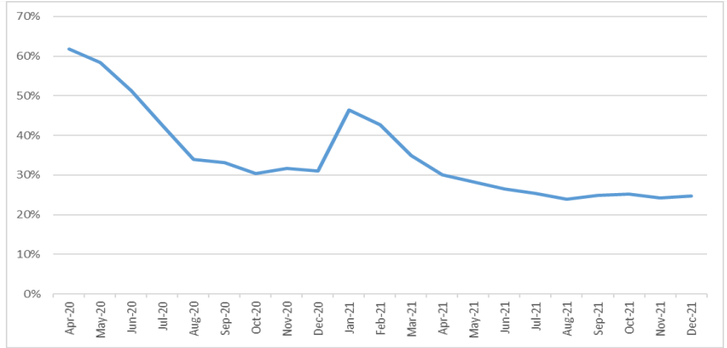
Attendances



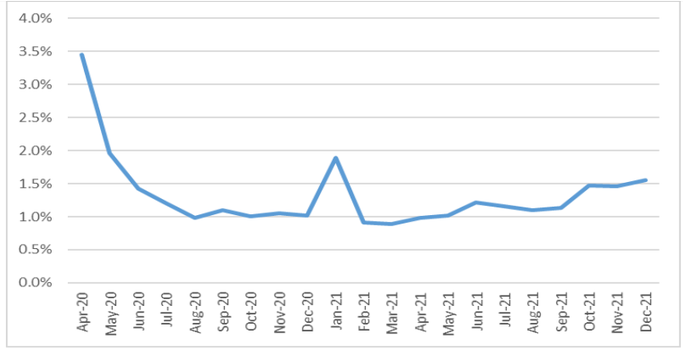
DNA Rate



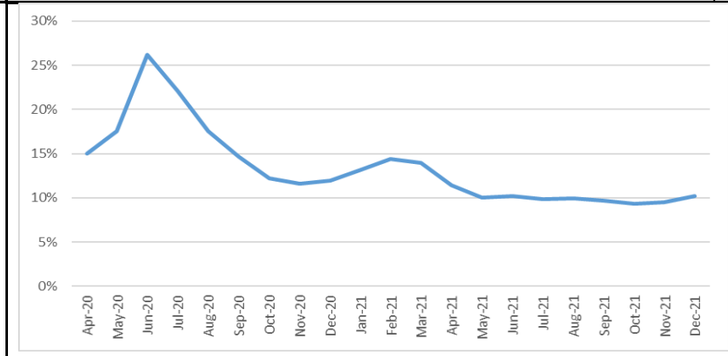
Virtual appointments %



Patient-initiated follow-up (PIFU) orders placed



Advice & Guidance



Outpatients continues to perform well with attendances at 103.9% compared to the 2019 baseline. In December we performed at99.2%and 106.6% of baseline for new and follow up appointments respectively.

NHS England key objectives for transformation: in December we carried out 24.7% of all appointments remotely; 12.2% of new and 31.6% of follow-up. This is against an overall target of 25%. We continue to expand the use of Patient Initiated Follow Ups (PIFU) which is now reported at 1.6% of total outpatient appointments against a target of 1.5%, and we are receiving 10.2% of requests through advice and guidance against a system target of 12%.

Areas of focus continue to be on increasing the number of first appointments to effectively manage demand, effective room utilisation for face to face appointments, maximising virtual appointments and the use of PIFU and advice & guidance. A new way of using PIFU is planned to be launched at the end of January for patients who need long term follow up and cannot be discharged.

The existing contract with Attend Anywhere for the provision of virtual consultations is also likely to be extended, but confirmation is still awaited.

The drive-through phlebotomy service remains popular and we are therefore continuing to look for a longer term solution.

Areas of concern:

Physical and environmental pressures continue both in terms of capacity and ageing infrastructure.

Recruitment to administrative booking and reception roles remains challenging and plans are being worked through with workforce colleagues.

Author(s): Andi Thornton

Owner(s): Chief Operating Officer

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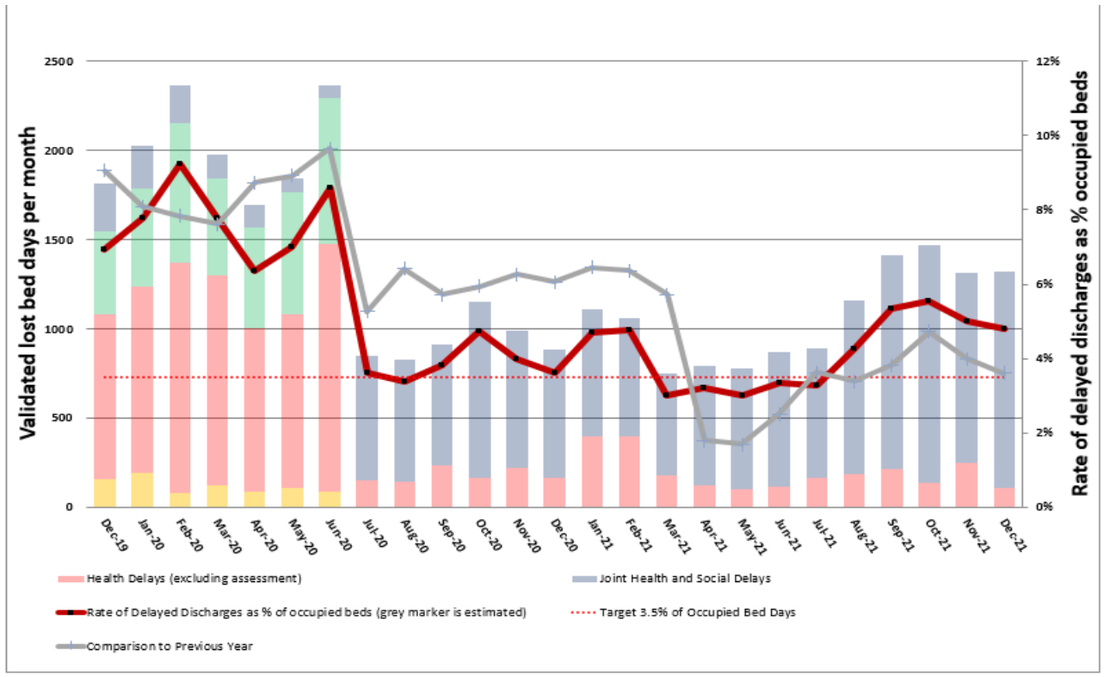
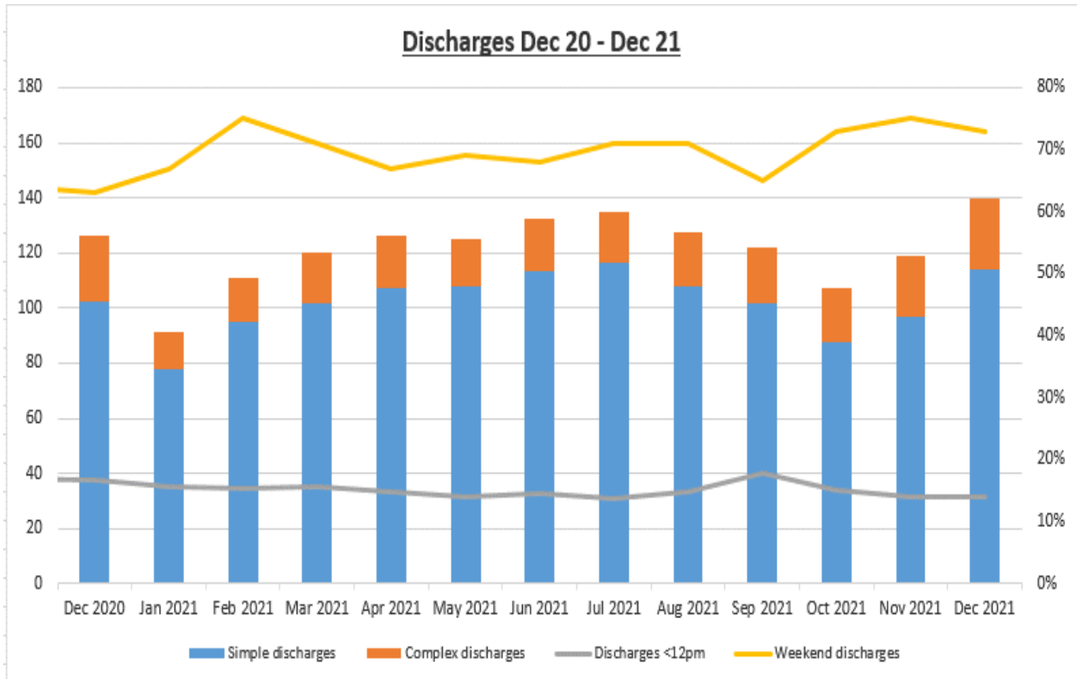
Delayed Discharges

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





The Hospital Discharge Service Requirements guidance was updated in June 2021. For this December 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).

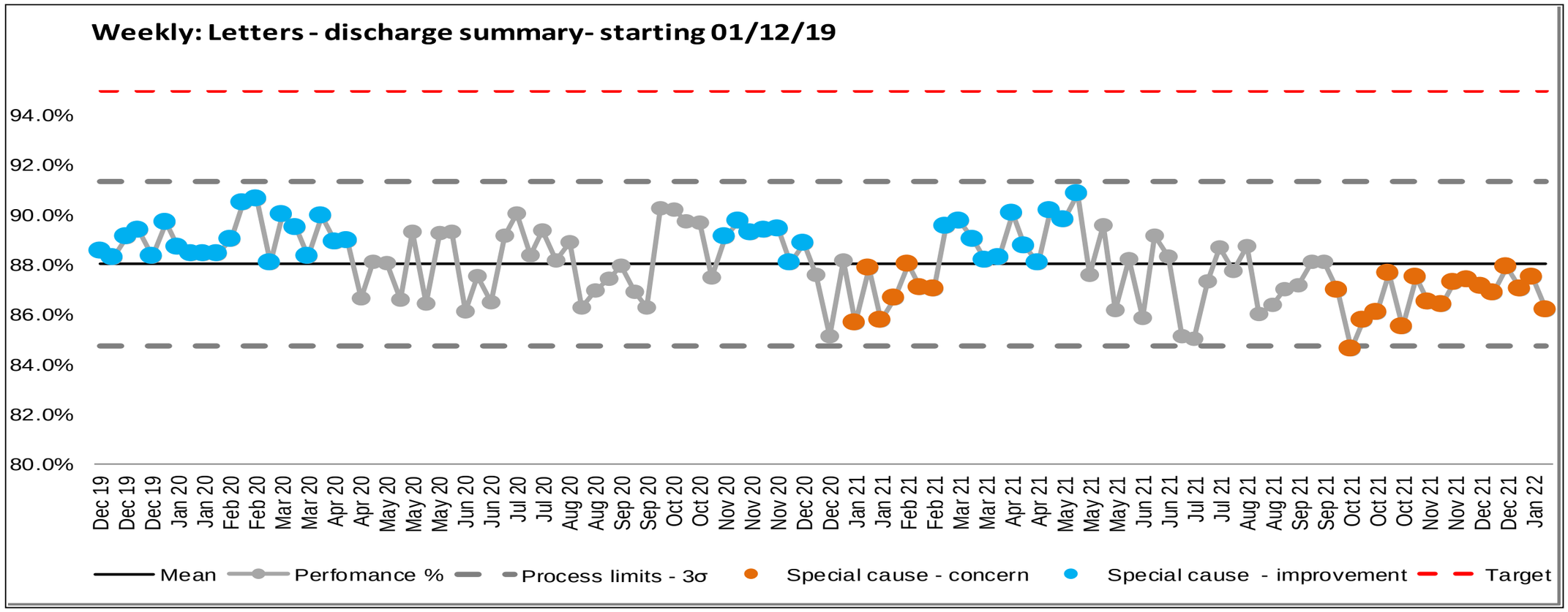
For December 2021, we are reporting 4.81%, which is a slight decrease from November (5%). This equivalent to beds days for December is 1319, in comparison with October- 1467 and November- 1313. Within the 4.81%, 56.5% were attributable to Cambridgeshire and Peterborough CCG, and the remainder across a further 7 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 December (746) this has been a slight decrease from November of 9% (817 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 and after seeing a drop in overall lost bed days from September (457) to October (457), there have been further increases from November (496) to December (573).

For the total delays (local and 'out of area') within November for Care Homes were 45.6%, equating to 602 lost bed days for this counting period; domiciliary care (inclusive of Pathway 1 and Pathway 3) at 43.6% of the total lost bed days for the month, at 576. This has been a sharp rise from November, where we reported 349 lost bed days due to domiciliary care.
For community bedded intermediate care (inclusive of waits for national specialist rehabilitation units), the overall lost bed days has halved at 103 lost bed days in December (in comparison to 228 in November).
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.

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

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 - Dec 21	Month	-	96.2%	96.0%		-	-	For December, there was a 2% increase in the Good score, and the Poor score remained the same. 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 DEC: there were 454 FFT responses collected from approx. 4,013 patients.**
FFT Inpatient poor experience score	Jul 20 - Dec 21	Month	-	0.6%	1.4%		-	-	
FFT Outpatients good experience score	Apr 20 - Dec 21	Month	-	95.5%	95.5%		-	-	December outpatient data (adult FFT collected by SMS) has not change with the Good and Poor scores remaining fairly consistent since April. However the SPC icon for the Poor score highlights the score is now above the mean for 7 consecutive months. As the Poor score is less than 3%, this is not a concern. Very few comment cards are being collected in paediatric clinics so this data is mainly adult. **FOR DEC: there were 6,856 FFT responses collected from approx. 34,429 patients.**
FFT Outpatients poor experience score	Apr 20 - Dec 21	Month	-	2.4%	2.1%	H	S7	-	
FFT Day Case good experience score	Apr 20 - Dec 21	Month	-	95.8%	97.1%		-	-	Both Good and Poor scores had a slight change in December, which has resulted in a special cause variation. The SPC icon for the Poor score indicates December score is above the average mean. However the Poor score is still considered low as it is under 5% and not a cause for concern, even though it did increase by almost 1% compared to Nov. The Good score declined by a very small margin of 0.4%. **FOR DEC: there were 1067 FFT responses collected from approx. 4,400 patients.**
FFT Day Case poor experience score	Apr 20 - Dec 21	Month	-	2.8%	1.5%	H	SP	-	
FFT Emergency Department good experience score	Apr 20 - Dec 21	Month	-	86.5%	88.6%	L	S7	-	In December both the Good and Poor scores had small improvements. Both adult and paediatric Good score improved, but the adult Poor score declined by 1.5% and the paediatric Poor score improved by 2%. **FOR DEC: there were 1105 FFT responses collected from approx. 5,236 patients**. The SPC icon shows special cause variations: low is a concern and high is a concern with both having more than 7 consecutive months below/above the mean.
FFT Emergency Department poor experience score	Apr 20 - Dec 21	Month	-	8.5%	6.8%	H	S7	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Dec 21	Month	-	94.0%	95.6%		-	-	**FOR DEC:** Antenatal had 9 FFT responses; 100% Good. Birth had 28 FFT responses out of 416 patients; 96.4% Good score and 3.6% Poor score (1% increase). Postnatal had 112 FFT responses (82 from Lady Mary / 21 from Birth Unit / 3 from DU, 6 from COU) and 93% Good score (3.5% decline) and 1% Poor score. 1 FFT from Post Community 100% Good. **DEC** overall Good score declined 2%; Poor score increased 0.5% compared to Nov.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Dec 21	Month	-	1.3%	1.4%		-	-	

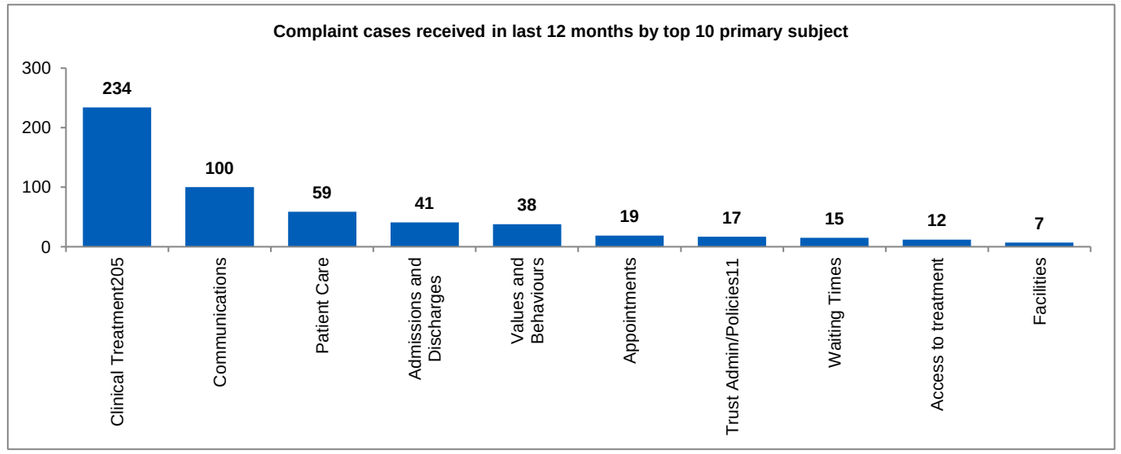
FFT data starts from April 2020 for day case, ED and OP FFT as Covid-19 did not impact surveying by SMS. Inpatient and maternity FFT data starts with July 2020 as FFT collection resumed using iPads, comment card and QR codes after FFT was not collected in Q1 due to Covid-19.
For NHSE FFT submission, wards still not collecting FFT are not being included in submission. For Dec there were 17 wards with 0 FFT, which is 6 more wards compared to November.
Overall FFT, the scores in December for OP and Day Case remained fairly consistent. Inpatient improved by 2% in the Good score, and ED improved the Good score by 1%. ED also declined in the Poor score by almost 1%. However, the adult ED Poor score that declined by 1.5% was offset by the paediatric Poor score that increased by 2%.

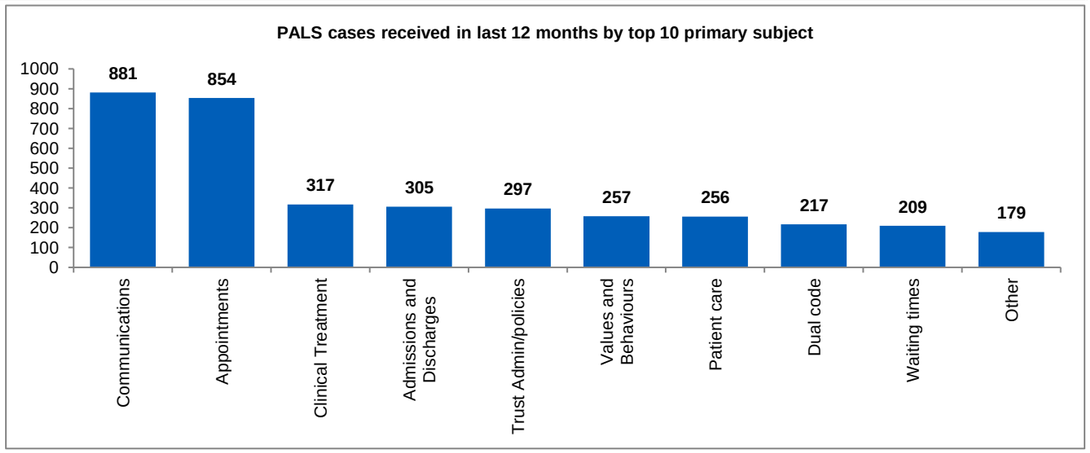
PALS and Complaints Cases

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	Dec 18 - Dec 21	month	-	39	49		-	-	The number of complaints received between Dec 2018 - Dec 2021 is below the normal variance.
% acknowledged within 3 days	Dec 18 - Dec 21	month	95%	97%	94%		-		38 out of 39 complaints received in December were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Dec 18- Dec 21	month	50%	37%	34%		-		52 complaints were responded to in December 21, 19 of the 52 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	Dec 18 - Dec 21	month	80%	94%	91%		-		49 out of 52 complaints responded to in December were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Mar 19 - Dec 21	month	-	33%	34%		-	-	There were 11 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 - Dec 21	month	-		40		-	-	Data for December is unavailable





PHSO - There were no cases accepted by the PHSO for investigation in December 2021.
Completed actions :During December 2021, a total of 10 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 November 2021. A total of 4 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 December 2021, have been completed in time.

Author(s): Sue Bennison

Owner(s): Oyejumoke Okubadejo

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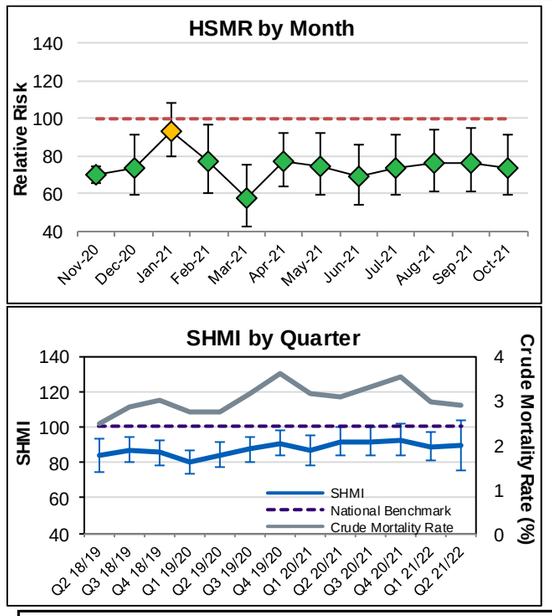
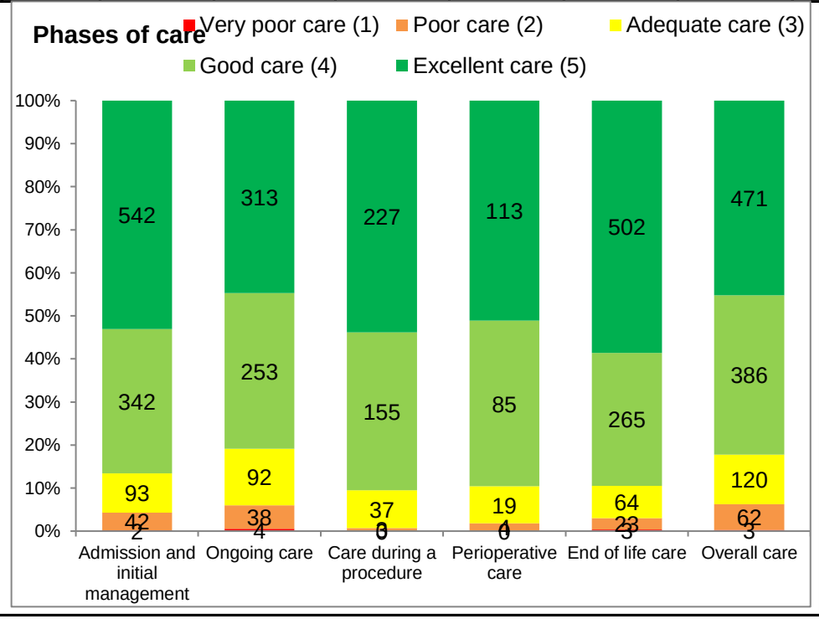
Learning from Deaths

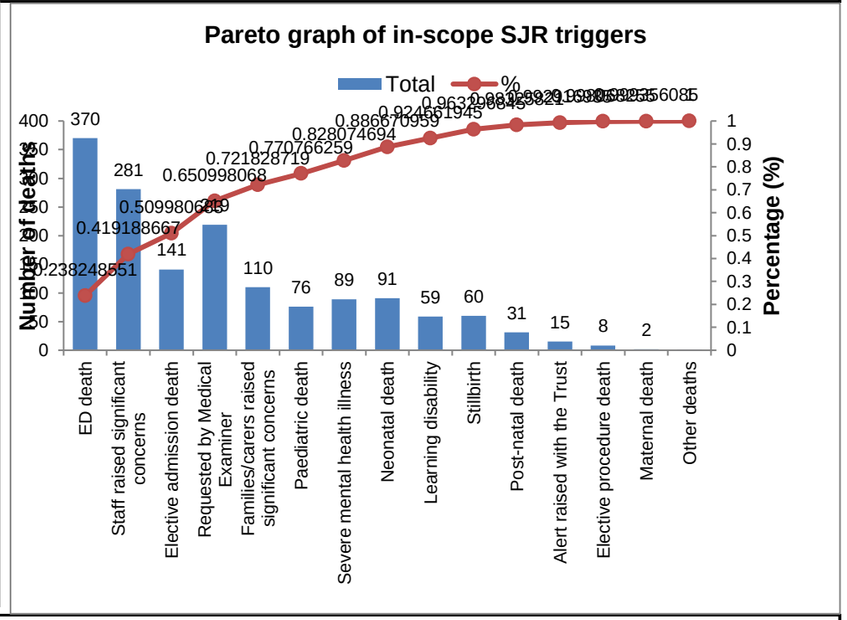
NHS Cambridge University Hospitals NHS Foundation Trust

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 - Dec 21	month	-	9.10	8.30		-	-	There were 145 deaths in December 2021 (Emergency Department (ED) and inpatients), of which 7 were in the ED and 138 were inpatient deaths. There is 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 - Dec 21	month	-	17%	20%		-	-	In December 2021, 25 SJRs were commissioned.
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - Dec 21	month	-	0	0.79		-	-	There were no unexpected/potentially avoidable deaths serious incident investigations commissioned in December 2021.







Executive Summary

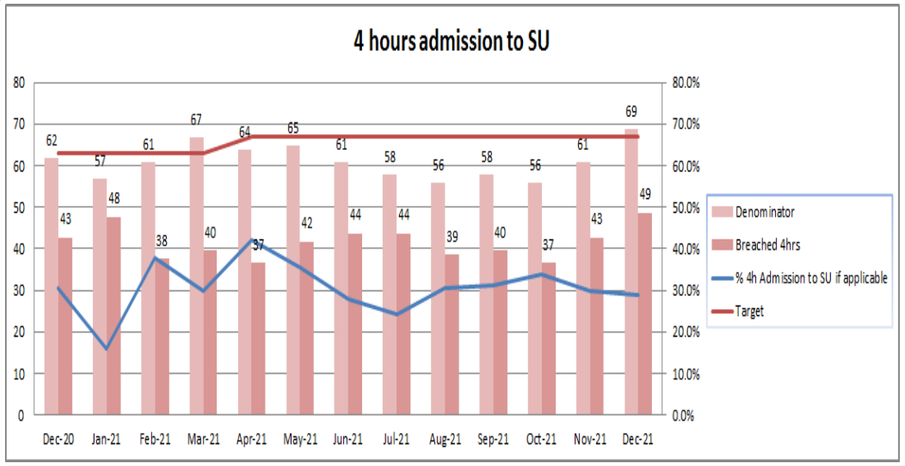
HSMR - The rolling 12 month (October 2020 to September 2021) HSMR for CUH is 73.32, this is 4th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 90.23.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, August 2020 to July 2021 is 91.19.
Alert - There are 0 alerts for review within the HSMR and SHMI dataset this month.

Author(s): Richard Smith
Owner(s): Dr Sue Broster

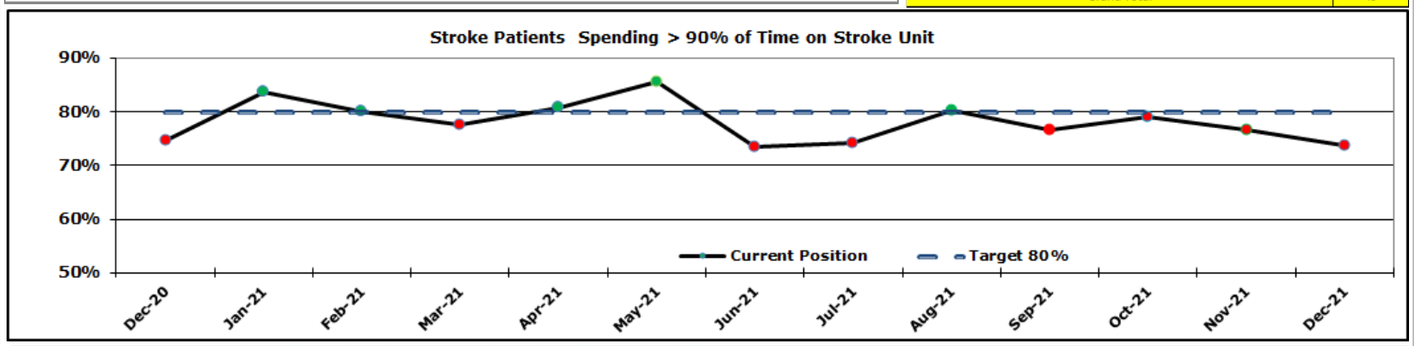
Stroke Care

Cambridge University Hospitals NHS Foundation Trust

Stroke Measures



4h Breach reasons	Pts
Trust Bed Capacity	33
Delay in medical SpR review	2
Inpatient Stroke. Complex patient	2
Stroke Nurse work capacity	2
Unclear presentation	2
Complex patient	1
Delay in MRI reporting	1
Delay in senior medical review	1
Delay to stroke referral	1
Infection control	1
Initiallly not thought to be stroke, then MRI +	1
Out of hours - Stroke nurse capacity	1
Pt not referred to Stroke team on arrival	1
Grand Total	49



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%)
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%
Nov-21		5	1					1		1	2		3	1		1	15	76.6%
Dec-21		11						4		2			1			2	20	73.7%
Summary	0	79	2	1	0	0	6	23	0	13	7	0	29	10	0	12	182	

90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for December = **73.7%**

'Trust Bed Capacity' (11) was the main factor contributing to breaches last month, with a total of 20 cases in December 2021.

4hrs adm to SU (67%) target compliance was not achieved in December = 29**.0%**

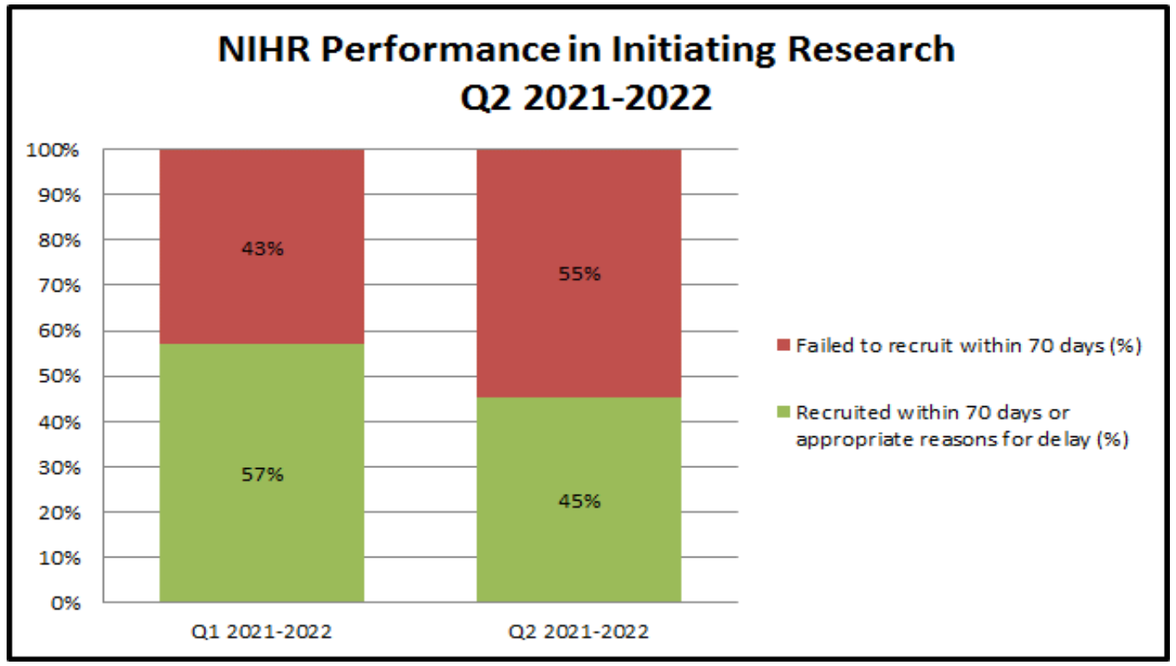
Key Actions

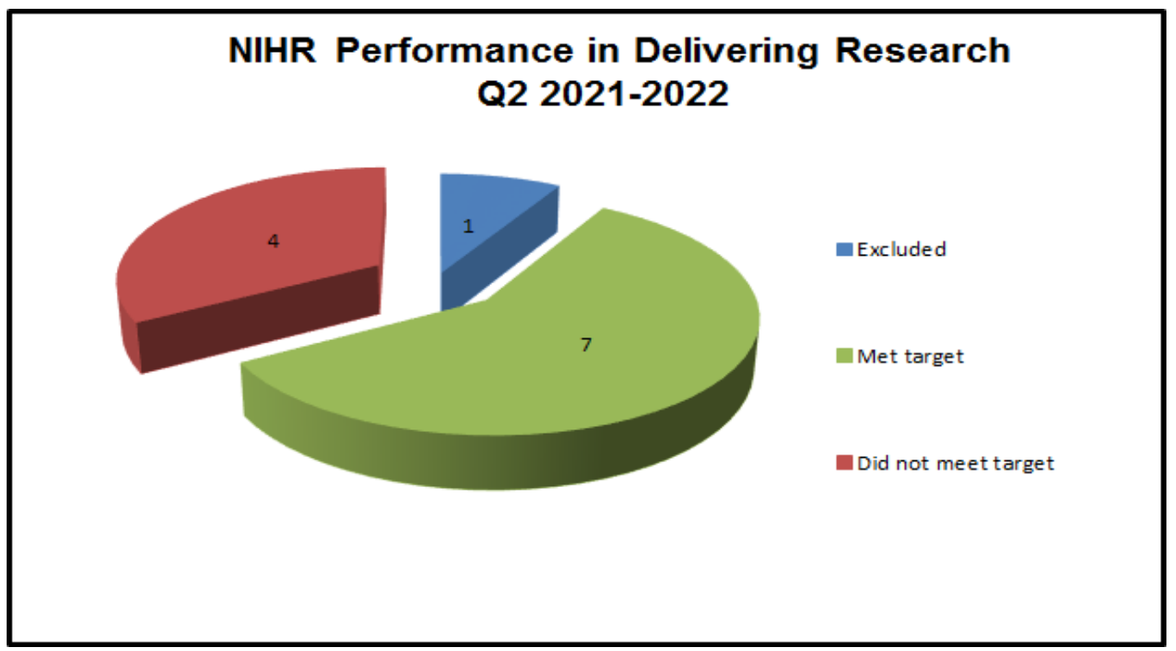
- The most surge of COVID patients from Dec 2020 onwards had an impact on Stroke metrics. Given ongoing operational pressures on the Hospital's medical bed-base.
- On 3rd December 2019 the Stroke team received approval from the interim COO to ring-fence one male and one female bed on R2. This is enabling 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.
- Mixed sex bay has been approved by Chief Nurse Office and SOP awaiting sign off- implementation date in the coming weeks.
- 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 Jul - Aug 21 improved to Level A.
- Stroke Taskforce meetings remain in place, plus weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- 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 as it has been confirmed there is capacity available for this.

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

NHS 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: December 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:

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

Total Births	Total Bookings	1:1 Care in Labour
422	562	99.52%

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	0.73%
	≤36+6 weeks		7.34%
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth	2.5%	4.09%
	Caesarean	4.3%	2.2%
Term admissions to NNU (all levels)		<6%	7.34%
3rd & 4th degree tear	SVD (unassisted)	Unassisted 2.8%	1.94%
	Instrumental (assisted)	Assisted 6.8%	0.77%
Right place of birth (born outside a tertiary centre)		Number of births = 0	0
Smoking at time of delivery		≤6%	6.26%
Percentage of women placed on CoC pathway		≥35% (March 21)	tbc
Percentage of women on CoC pathway :BAME / areas of deprivation)	BAME	≥75%	15.6% (Nov)
	Area of deprivation		14.4% (Nov)

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	1:23:6	1:27:3	100%	87.75 %	81	0	32.61 WTE	15%, With pipeline in of 28 WTE.	71%
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	41	0	0	0	0	1	2	0	0	0	2	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	Compliance with the minimum CQINs / scorecard requirements due to data quality ratings
3	ATAIN	
4	Medical Workforce	
5	Midwifery Workforce	
6	SBLCB V2	
7	Patient Feedback	
8	Multi-professional training	Additional faculty for NLS required. Covid-19 impact on ability to run training sessions
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

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	• None
	CUH: Top 3
2. Themes from Datix	• Maternity clinical and PPH • Implementation of care late observations and medications • Communication
3. Themes from Maternity Serious Incidents (Sis) and findings of review of all cases eligible for referral to HSIB	• No SIs reported this month
4. Themes arising from Perinatal Mortality Review Tool (review of perinatal deaths using the real time data monitoring tool)	• Fetal medicine communication to NICU process reviewed and adapted
5. Themes / main areas from complaints	• Facilities and accessibility for disabled patients • Lack of suitable meal options for patients with gestational diabetes • Consent taking processes: membrane sweeps / instrumental deliveries / episiotomies / interventions
6. Listening to women / Service User Voice Feedback (sources, engagement / activities undertaken)	• RMNVP Catch up • Write up of the BAME listening event / action planning / safety champion presentation • Early pregnancy feedback and actions
7. Evidence of co-production	• BAME listening event follow up • Communication guide re: patient information leaflets and inclusive language
8. Listening to staff (eg activities undertaken, surveys and actions taken as a result) Staff feedback from frontline champions and walk-abouts	• Safe space sessions launched • Twice weekly senior staffing huddles • Staff break project work
9. Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	• Covid-19 community clarification of appointment attendances • Kaiser / NEWTT implementation • Papworth pathways agreed

Maternity Dashboard

NHS
Cambridge University Hospitals
NHS Foundation Trust

Maternity Measures

Sources / Ref	KPI	Goal	Red Flag	Measure	Data Source	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Actions taken for Red/Amber results
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	411	393	486	459	467	450	518	464	480	502	476	422	
Antenatal Care NICE quality standard [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	88.85%	90.78%	94.72%	96.38%	93.83%	94.08%	92.30%	87.74%	78.79%	87.20%	76.47%	70.65%	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	538	404	512	433	390	521	474	465	509	492	650	562	New booking report in place from Nov 21. Now includes **all** bookings using MSDS definition (approximately 80% of these will go on to be a live birth within the service).
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	57.91%	52.41%	54.33%	54.46%	57.39%	52.00%	54.44%	56.25%	52.50%	53.58%	51.47%	50.47%	Expansion of the PD team and consultant midwifery team to support new starters
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	2.43%	2.29%	1.23%	1.74%	1.71%	0.44%	2.50%	1.50%	2.5%	1.99%	0.84%	1.18%	Homebirth service available to women requesting homebirth 93% of the time October-December 2021.
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	19.46%	16.53%	16.26%	14.81%	13.90%	12.66%	14.47%	17.02%	15.41%	12.94%	13.86%	15.16%	Transfers from the RBC all appropriate.
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	35.36%	33.67%	33.88%	34.64%	39.12%	34.09%	34.31%	35.12%	31.56%	31.91%	30.32%	33.73%	Service Evaluation shows all IOL have valid indication. New public health consultant midwife in post with remit of smoking cessation, diabetes prevention etc which are key modifiable risk factors for IOL.
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20 %	Instrumental Del rate	Rosie KPI's	12.65%	13.99%	13.99%	11.98%	14.35%	16.00%	12.16%	10.77%	12.7%	14.94%	12.18%	10.9%	
Source - EPIC	National CS rate (planned & unscheduled)	< 25%	> 28%	C/S rate overall	Rosie KPI's	29.44%	33.58%	31.06%	33.55%	28.48%	32.00%	33.20%	32.97%	34.79%	31.47%	36.34%	38.62%	
Source - EPIC	Smoking- No. of women smoking at time of delivery	< 6%	> 8%	% of women Identified as smoking at time of delivery	Rosie KPI's	6.34%	6.68%	5.19%	5.09%	7.91%	2.28%	6.50%	5.47%	3.60%	5.05%	7.31%	6.26%	Funding secured from the ICS to employ a stop smoking practitioner and implement a new model of care for smokers
Workforce																		
	Midwife/birth ratio (actual)**	1:24	1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	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	1:26	1:27:3	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 mth av.)	Finance	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	1:23:7	1:23:6	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	4.11%	3.68%	3.73%	4.33%	4.51%	4.80%	5.00%	5.10%	5.46%	5.82%	6.21%	6.41%	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, safe spaces launched.
Source - CHEQs	Education & Training - mandatory training - overall compliance (obstetrics and gynae)	>92% YTD	<75% YTD	Total Obstetric and Gynaecology Staff (all staff groups) compliant with mandatory training	CHEQs							90.50%	89.60%	89.60%	89.50%	89.50%	p	Data not available for December 2021
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%	52.47%	52.47%	Trust cancellation of training until end of January 2022
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%	70.30%	77.89%	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	90.60%	90.50%	90.90%	91.00%	90.20%	92.92%	92.80%	92.30%	92.00%	90.80%	90%	90.30%	Trust cancellation of training until end of January 2022

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Actions taken for Red/Amber results
Maternity Morbidity																		
Source - QSIS	Eclampsia	0	> 1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	
	Maternal Sepsis											TBC	TBC	TBC	TBC	TBC	TBC	awaiting benchmarks from LMNS
Source - QSIS	TU Admissions in Obstetrics	1	> 2		Risk Report	1	0	2	0	0	0	1	1	0	0	0	0	
Source - QSIS	PPH≥ 1500 mls	< 3%	> 4%		CHEQS	5.36%	5.14%	3.49%	4.79%	3.64%	2.44%	2.12%	3.87%	3.38%	3.58%	1.93%	5.92%	This KPI includes all births, no matter the gestation. Highlight report contains singleton term babies which indicates PPH well within normal range. Dashboard indicator review on going. PPH awareness week planned for end of January.
Source - QSIS	3rd/ 4th degree tear **rate vaginal birth**	<5%	>6%		Risk Report	2.33%	5.00%	3.30%	1.60%	2.42%	3.26%	1.37%	3.22%	2.23%	4.46%	4.93%	2.72%	
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	1	1	0	0	0	0	0	0	0	0	0	
Source - QSIS	Information Governance	0	>1		Datix	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	
Source - QSIS	Clinical	0	>1		Datix	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	
Source - QSIS	Never Events	0	>1	DATIX	Datix	0	1	0	0	0	0	0	0	0	0	0	0	
Neonatal Morbidity																		
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	2.43%	3.00%	3.60%	3.01%	3.03%	2.31%	1.92%	1.61%	1.59%	2.19%	2.05%	2.72%	Normal variation
Source - EPIC	Still Births per 1000 Births			3.33/1000 (Mbrrace 2021)	Risk report	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	1.89/1000	0.84/1000	
Source - EPIC	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	1.00	0.00	1.00	3.00	2.00	3.00	3.00	2.00	3.00	2.00	4.00	2.00	Both fetal medicine referrals already under specialist care
Source - EPIC	Number of birth injuries	0	> 1		Risk Report	0	0	1	0	0	0	0	0	0	0	0	0	
Source - EPIC	No. of term babies who required therapeutic cooling	0	> 1		Risk Report	0	1	1	0	0	0	0	0	0	0	0	0	
Source - EPIC	Baby born with a low cord gas < 7.1	<2%	> 3%		Risk Report	0.97%	0.76%	1.44%	1.74%	0.85%	0.88%	0.57%	2.58%	1.04%	1.40%	0.41%	1.42%	
Source - EPIC	Term admissions to NICU	<6.5	>6.5	NHSE/I	Risk Report	6.50%	6.10%	8.40%	6.31%	8.30%	7.10%	5.21%	5.16%	6.04%	6.97%	5.04%	7.34%	RDS / Sepsis account for >50% of referrals (16 cases) 1 case avoidable. ATAIN work on going.
Quality																		
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	0	0	1	2	2	5	5	1	6	4	4	0	
	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%	100%	100%	100%	100%	100%	99.80%	99.78%	99.57%	99.79%	99.78%	99.52%	
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	82.19%	86.11%	80.25%	80.93%	82.86%	81.46%	81.45%	82.05%	83.05%	84.84%	79.35%	84.09%	
Source - EPIC	VTE	>95%	< 95%		CHEQs	99.3%	99.47%	99.90%	99.30%	97.95%	99.38%	99.37%	99.14%	99.28%	99.87%	99.81%	99.24%	

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

£3.7m	*Revenue actual*
£35.6m	*Revenue actual YTD*
£4.7m	*Covid funding in month*
£33.4m	*Covid funding YTD*

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

Net current assets

(£55.8m)	
Not Available	

Debtor days

23	*This month*
24	*Previous month*

*Payables performance (YTD) ***

Actual	82.7%	*Value*
Plan	87.7%	*Quantity*

Cash and EBITDA

Cash

£163.5m	*Actual*
£152.0m	*Plan*

EBITDA

£26.2m	*Actual*
£26.4m	*Plan*

Capital expenditure

£7.4m	*Capital - actual spend in month*
£37.5m	*Capital - actual spend YTD*
£47.4m	*Capital – plan YTD*

Elective Recovery Fund (ERF)

ERF values subject to change due to coding updates

£0.0m	*ERF forecast actual in month*
£0.0m	*ERF plan in month*
£17.1m	*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.

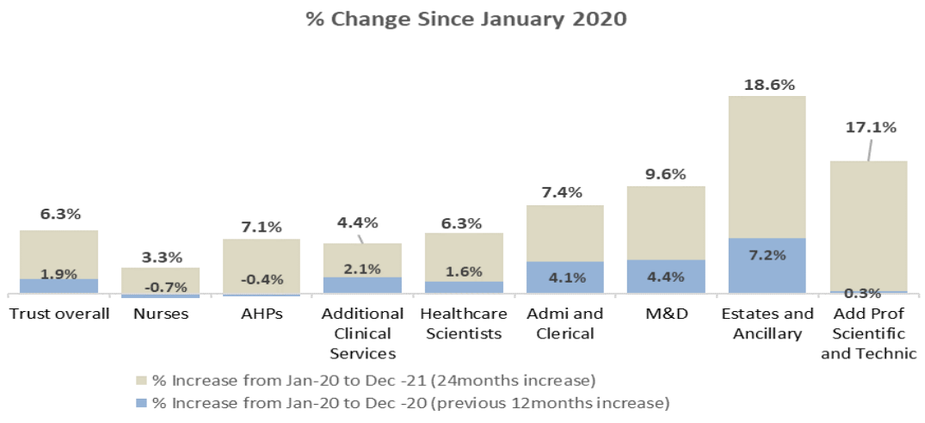
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount Jan-21	Headcount Dec-21	Headcount 12 Month growth	FTE Jan-21	FTE Dec-21	FTE 12 Month growth
Add Prof Scientific and Technic*	213	238	11.7%	193	220	26 13.6%
Additional Clinical Services	1,918	1,938	1.0%	1,766	1,785	19 1.1%
Administrative and Clerical	2,333	2,390	2.4%	2,124	2,182	58 2.7%
Allied Health Professionals*	708	750	5.9%	621	667	46 7.4%
Estates and Ancillary	336	371	10.4%	326	360	34 10.6%
Healthcare Scientists	609	630	3.4%	568	590	21 3.8%
Medical and Dental	1,575	1,656	5.1%	1,491	1,567	76 5.1%
Nursing and Midwifery Registered	3,576	3,705	3.6%	3,272	3,402	130 4.0%
Total	**11,268**	**11,678**	**3.6%**	**10,362**	**10,773**	**412** 4.0%



Admin & Medical Breakdown

Staff Group	Jan-21	Dec-21	FTE 12 Month growth
Administrative and Clerical	2,124	2,182	58 2.7%
of which staff within Clinical Division	1,060	1,083	23 2.1%
of which Band 4 and below	769	768	-1 -0.1%
of which Band 5-7	209	224	15 7.3%
of which Band 8A	39	43	5 12.2%
of which Band 8B	5	8	3 52.1%
of which Band 8C and above	39	40	1 3.1%
of which staff within Corporate Areas	852	878	26 3.0%
of which Band 4 and below	237	251	15 6.3%
of which Band 5-7	406	412	6 1.5%
of which Band 8A	73	76	3 4.2%
of which Band 8B	59	53	-6 -10.3%
of which Band 8C and above	78	86	8 10.2%
of which staff within R&D	211	221	10 4.7%
Medical and Dental	1,491	1,567	76 5.1%
of which Doctors in Training	601	647	46 7.6%
of which Career grade doctors	244	234	-10 -4.3%
of which Consultants	645	686	41 6.3%

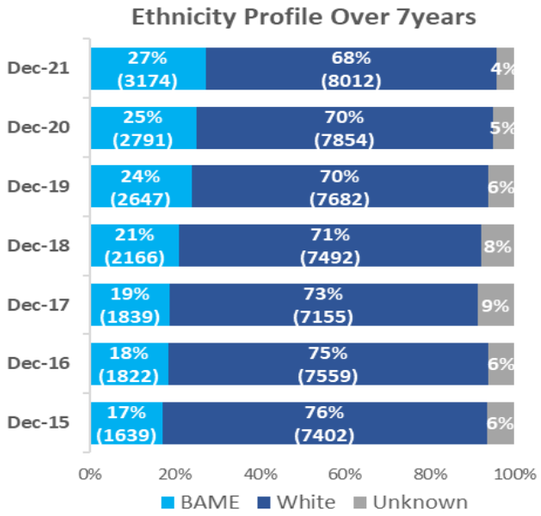
What the information tells us: Overall the Trust saw a 4% growth in its substantive workforce over the past 12months and 6.3% over the past 24months. Growth over the past 24months is lowest within the Nursing staff group at 3.3% and highest within Estates at 18.6%

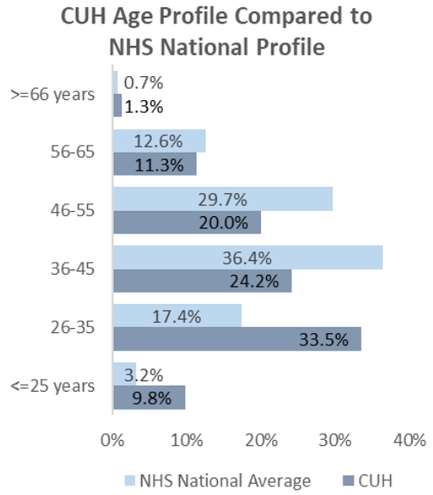
*Operating Department Practitioner roles were regroup from Add Prof Scientific and Technic to Allied Health Professionals on ESR from June 21 . This change has been updated for historical data set to allow for accurate comparison

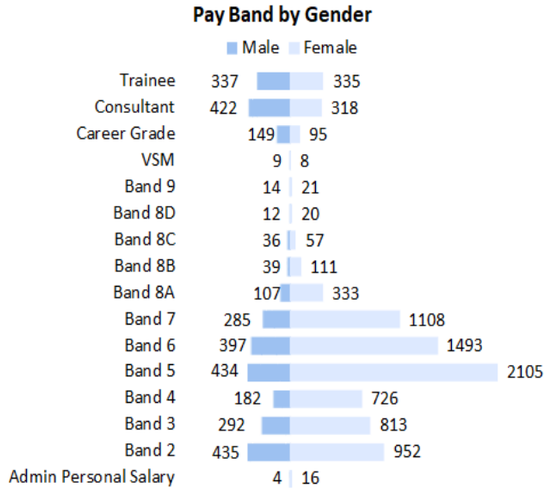
Equality Diversity and Inclusion (EDI)

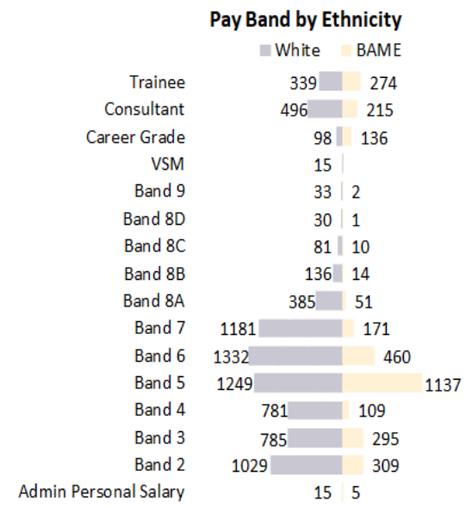
Cambridge University Hospitals NHS Foundation Trust

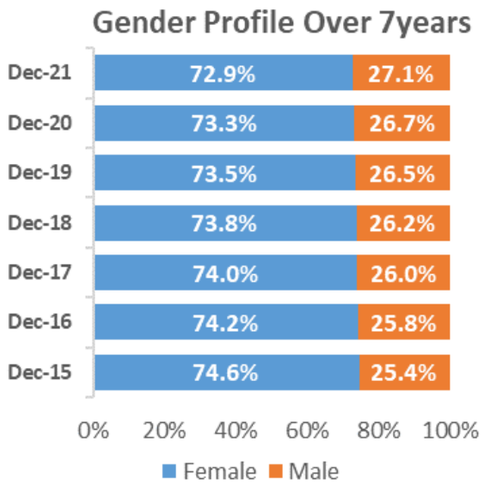
Workforce: Equality Diversity and Inclusion (EDI)

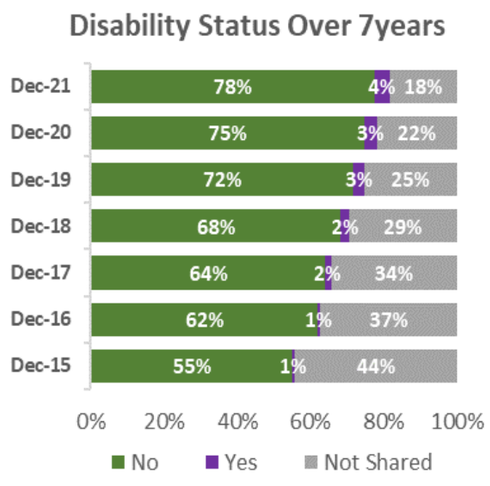


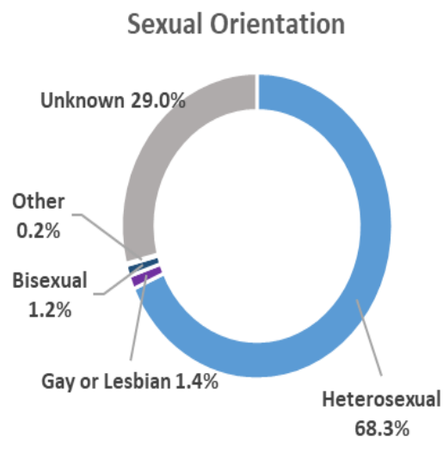












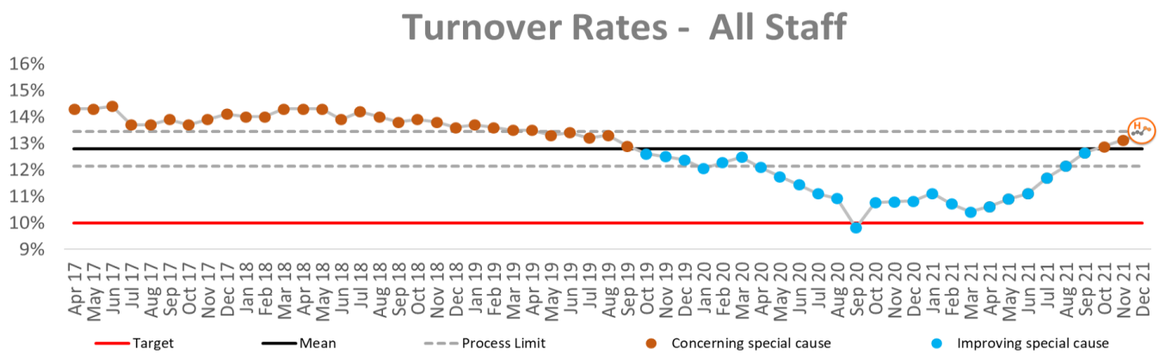
What the information tells us:

- 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 2.5% to 27% 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.

Staff Turnover

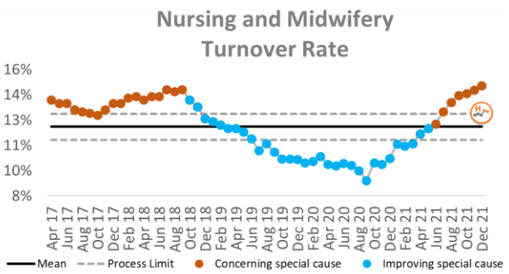
Cambridge University Hospitals NHS Foundation Trust

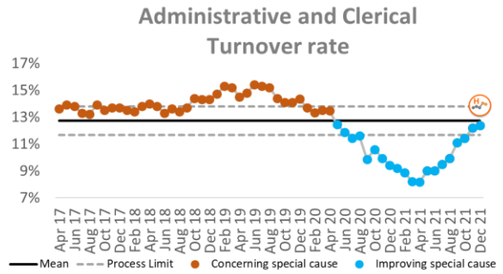
Workforce: Staff Turnover

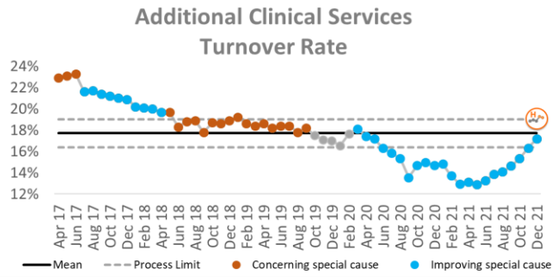


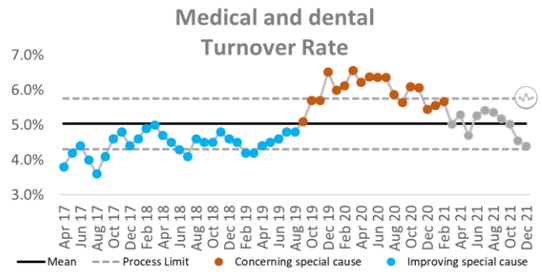
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (exclude all fixed term contracts including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

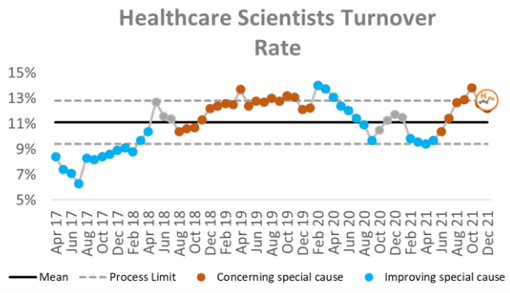
What the information tells us: The Trust's turnover rate saw a slight increase of 0.2% from the previous month to 13.3%, above the Trust average of 13%. Overall turnover rates saw a 2.2% increase over the past 12 months. Areas of special cause of concern include: the Nursing and Midwifery, Healthcare scientists, Admin and Additional clinical services with turnover rate of 14.5%, 12.2%, 12.4% and 17.2% respectively.

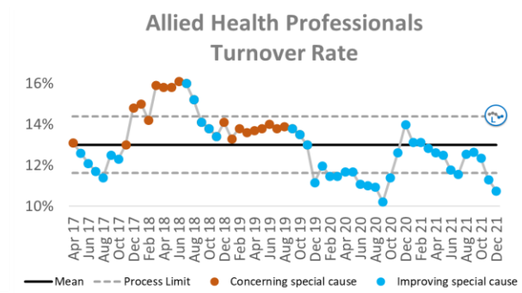


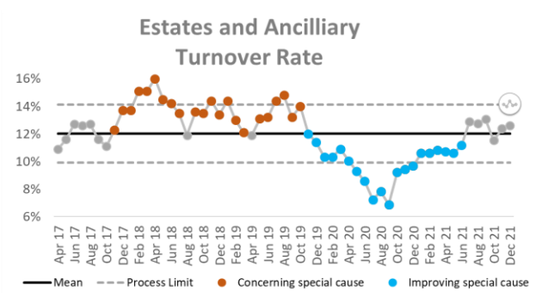


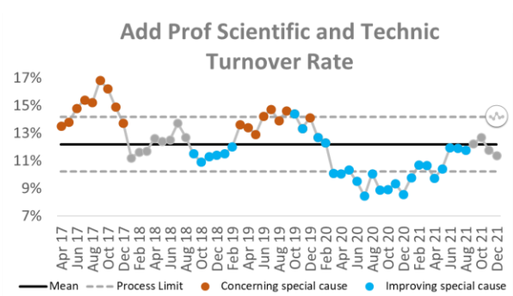










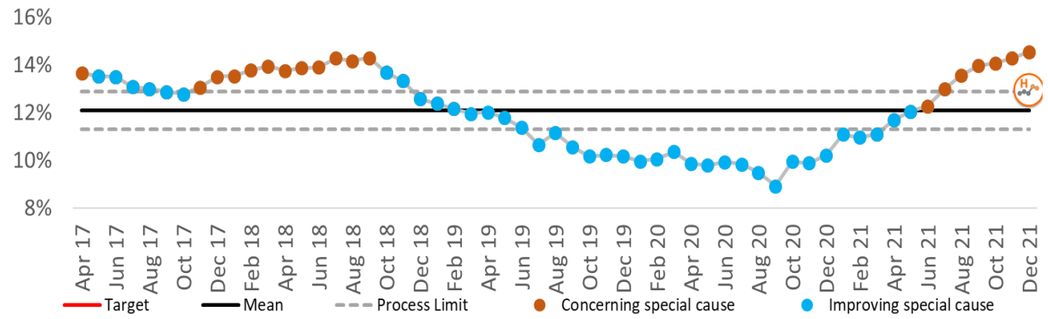


Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

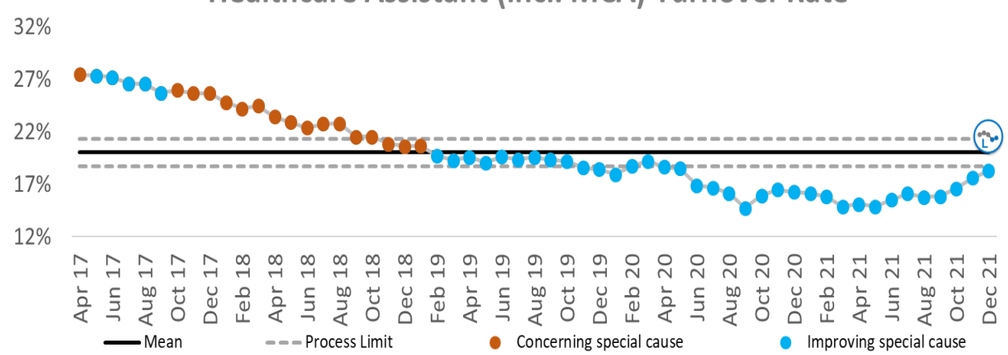
Cambridge University Hospitals NHS Foundation Trust

Workforce: Turnover rate for Nursing & Midwifery Staff Group

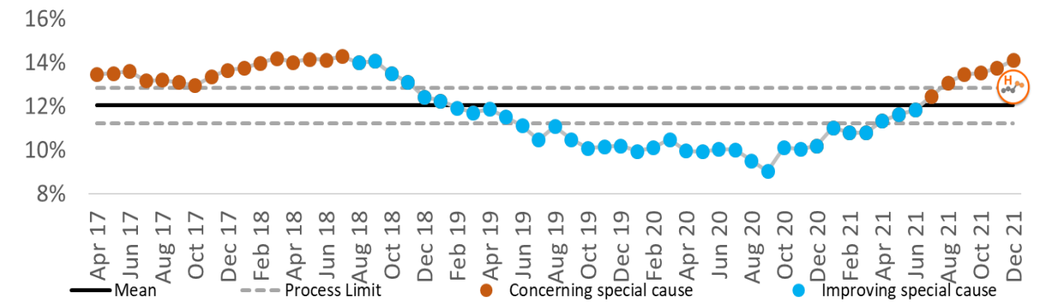
Nursing and Midwifery Turnover Rate



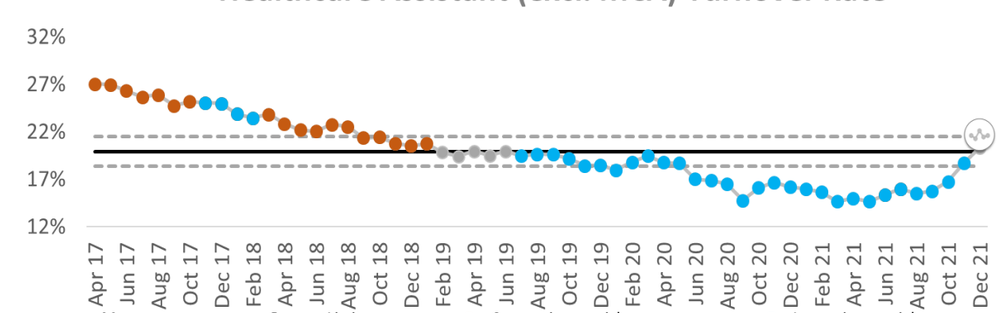
Healthcare Assistant (incl. MCA) Turnover Rate



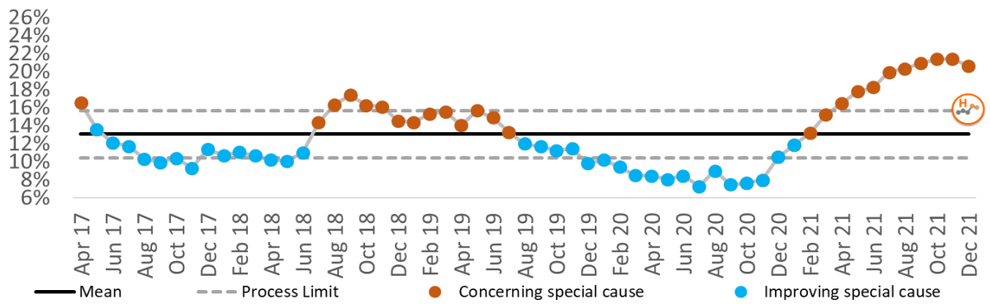
Nursing (Excluding midwives) Turnover Rates



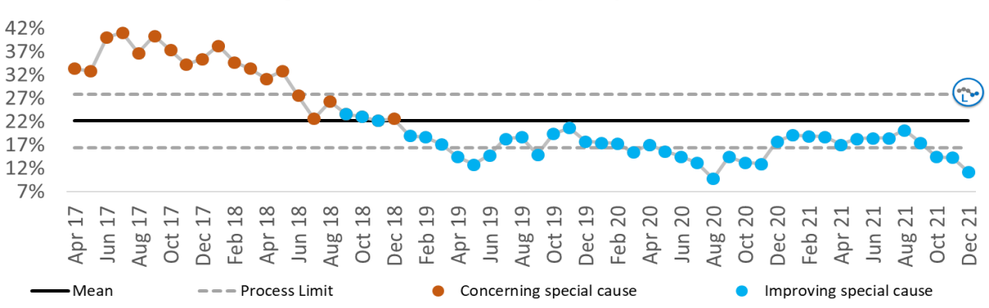
Healthcare Assistant (excl. MCA) Turnover Rate



Midwife Turnover Rates



Maternity Care Assistants (MCA) Turnover rates

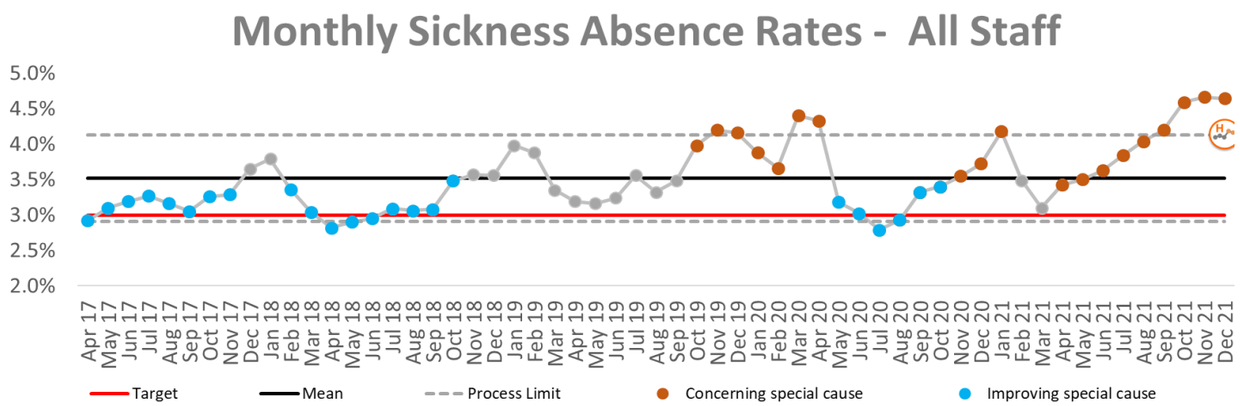


Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

Sickness Absence

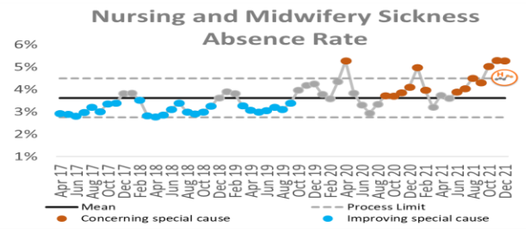
Cambridge University Hospitals NHS Foundation Trust

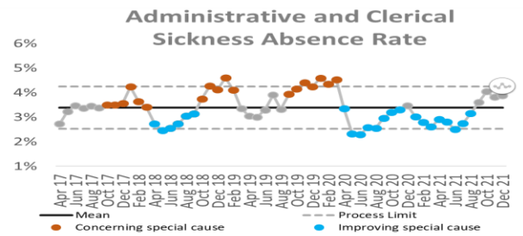
Workforce: Sickness Absence

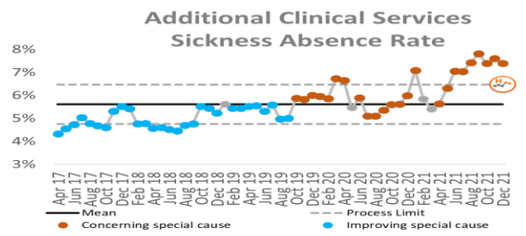


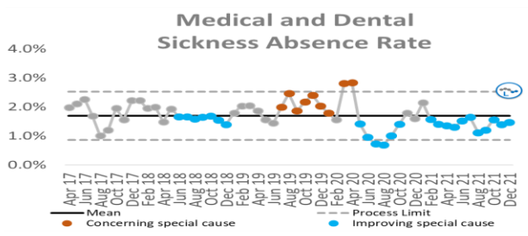
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

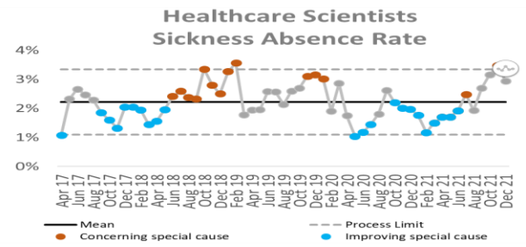
What the information tells us: Monthly Sickness Absence Rate for the Trust remained stable from previous month but above average at 4.6%. Add prof Scientific &Technical staff group have the highest increase when compared to same period last year, with an increase of 3.1% to 5.1%. This is followed by Estates and Additional Clinical Services, with an increase of 2.2% and 1.4% to 7.8% and 7.4% respectively. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 33.1% of all sickness absence in December 2021, compared to 25.9% from the previous month.

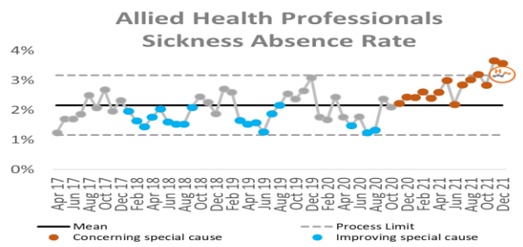


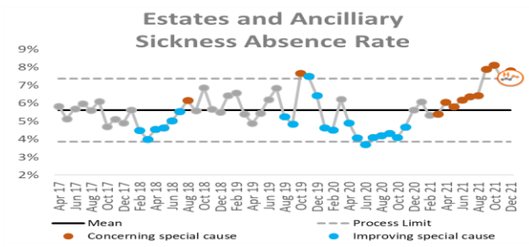


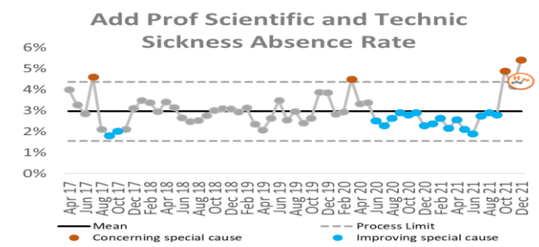












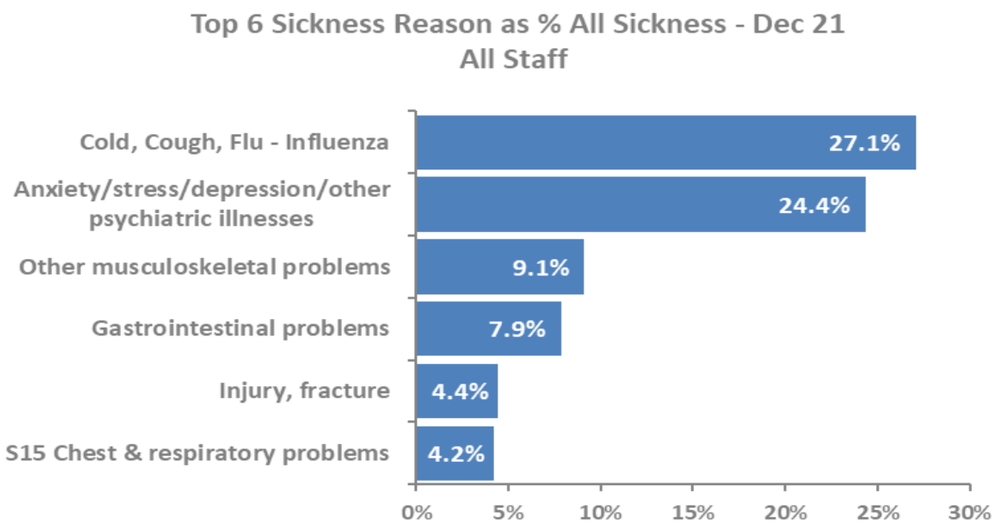
Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

Top Six Sickness Absence Reason

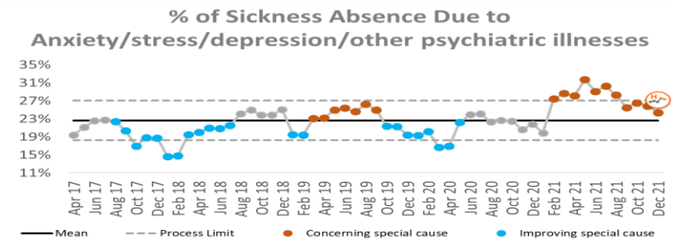
Cambridge University Hospitals NHS Foundation Trust

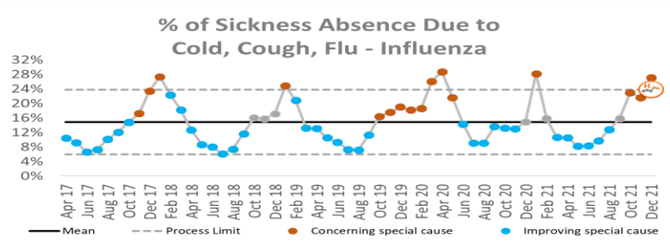
Workforce: Top Six Sickness Absence

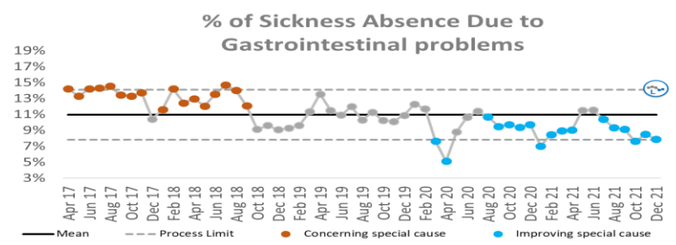


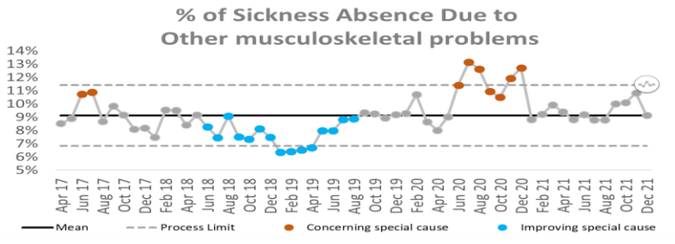
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

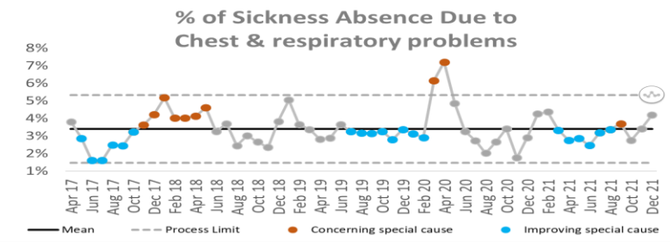
What the information tells us: The highest reason for sickness absence is influenza related sickness which saw a jump of 5.5% from previous month to 27.1% . The percentage of Chest & respiratory related problems also increased above average at 4.2%. This trend is expected around the winter period.

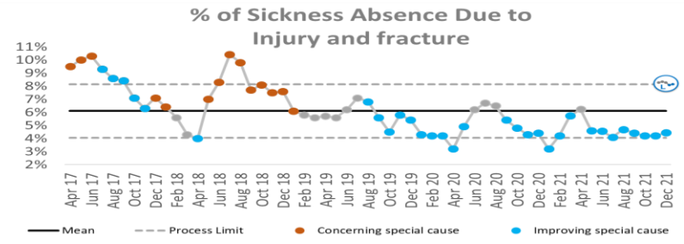








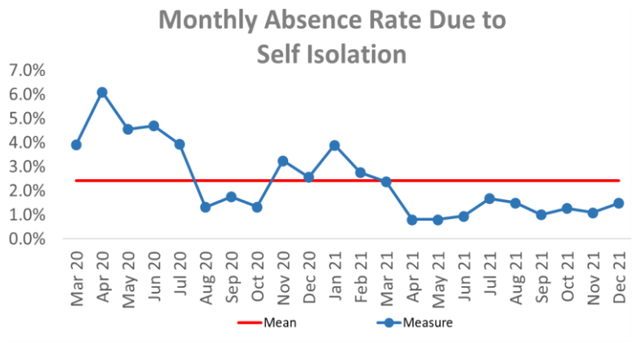


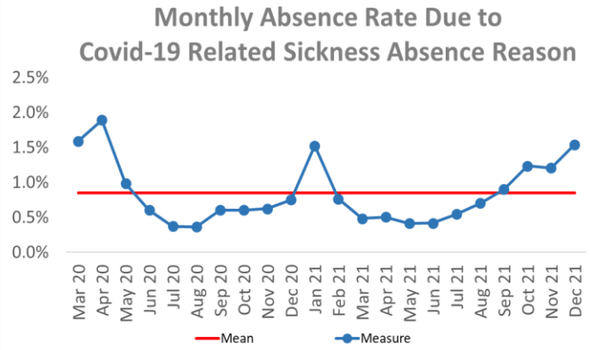


Covid-19 Related Absence

Cambridge University Hospitals NHS Foundation Trust

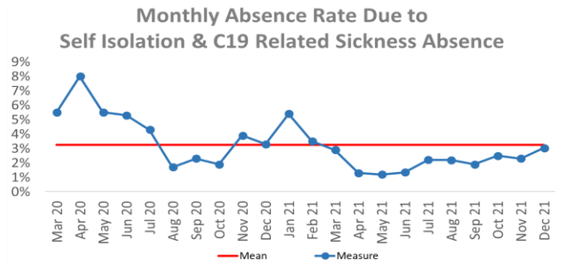
Workforce: Covid-19 Related Absence

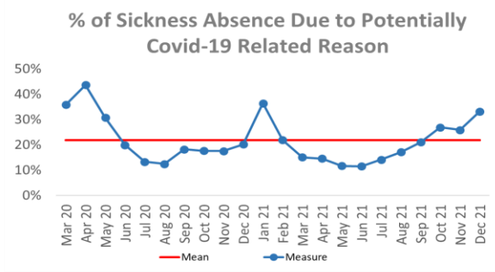


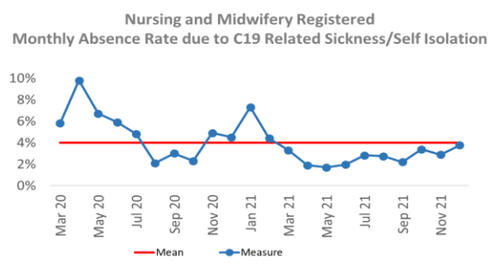


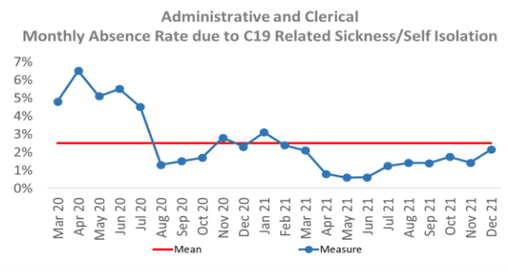
Background Information: Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious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

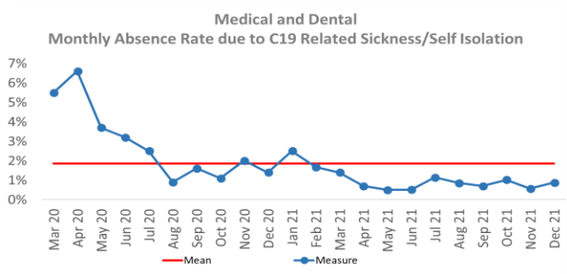
What the information tells us: The Trust's monthly absence rate due to Self Isolation is at 1.5%. Monthly absence rate due to potential Covid-19 related sickness is 1.5% in December. Overall, absence rates due to Covid-19 related sickness and self isolation increased by 0.7% from the previous month to 3%.

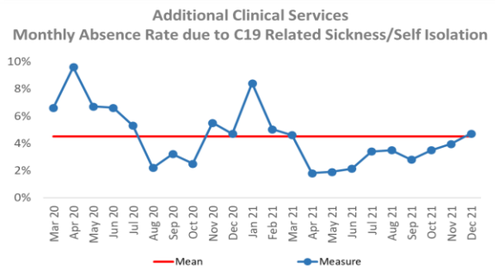


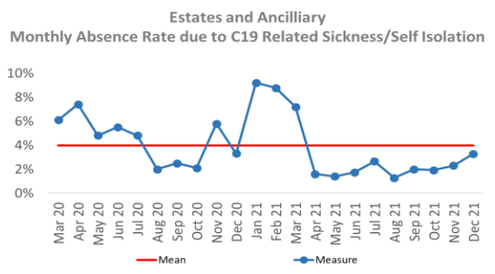


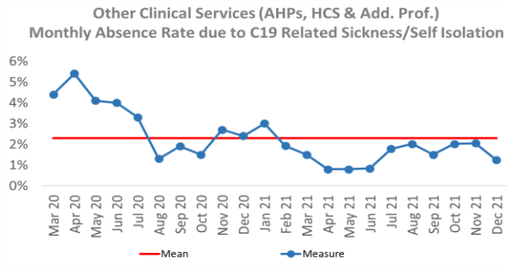












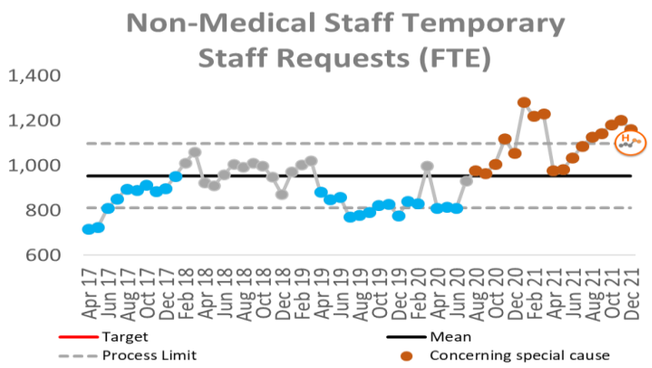
Author(s): Tosin Okufuwa, Amanda Wood

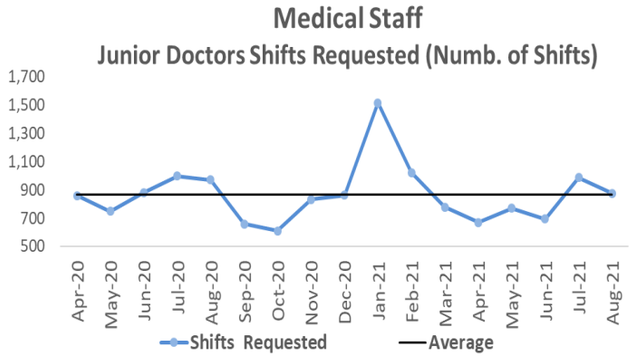
Owner(s): David Wherrett

Temporary Staffing

Cambridge University Hospitals NHS Foundation Trust

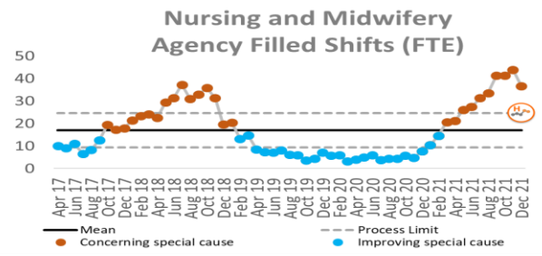
Workforce: Temporary Staffing

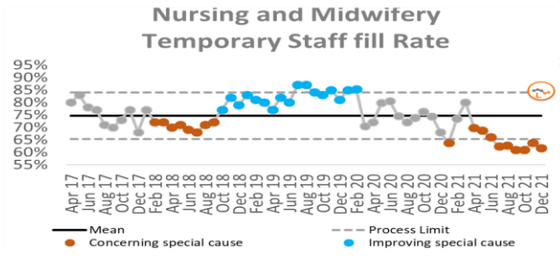


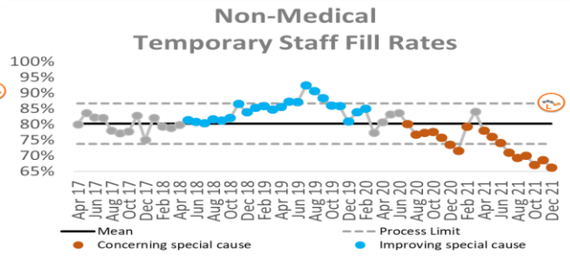


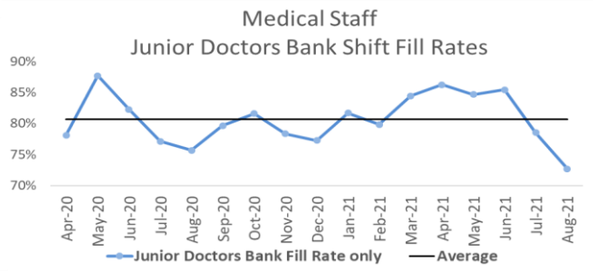
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

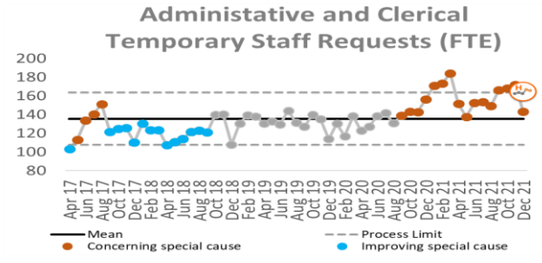
What the information tells us: Demand for non medical temporary staff reduced by 3.6% from the previous month. Nursing and midwifery agency usage decreased by 16.6% from the previous month to 36.58 WTE. This accounts for 11% of the total Nursing filled shifts. Overall, fill rate decreased by 3% to 66% from the previous month.

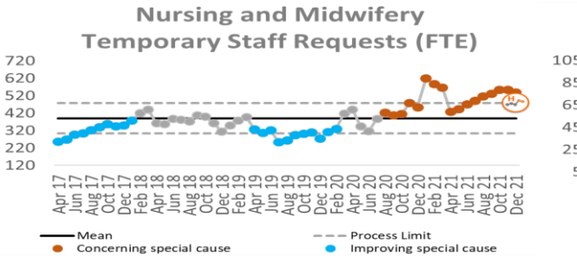


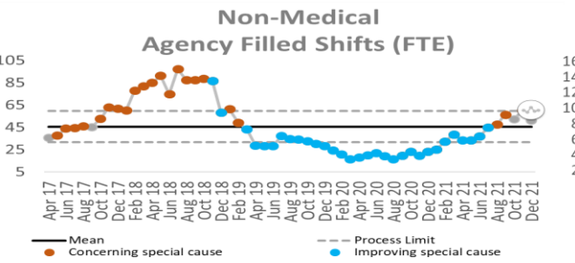


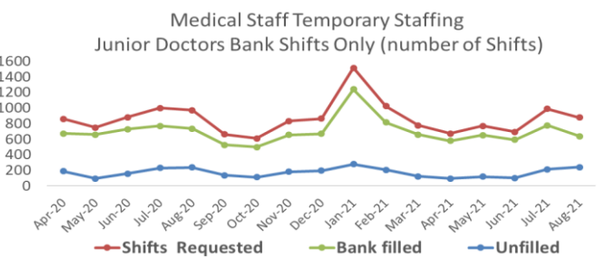










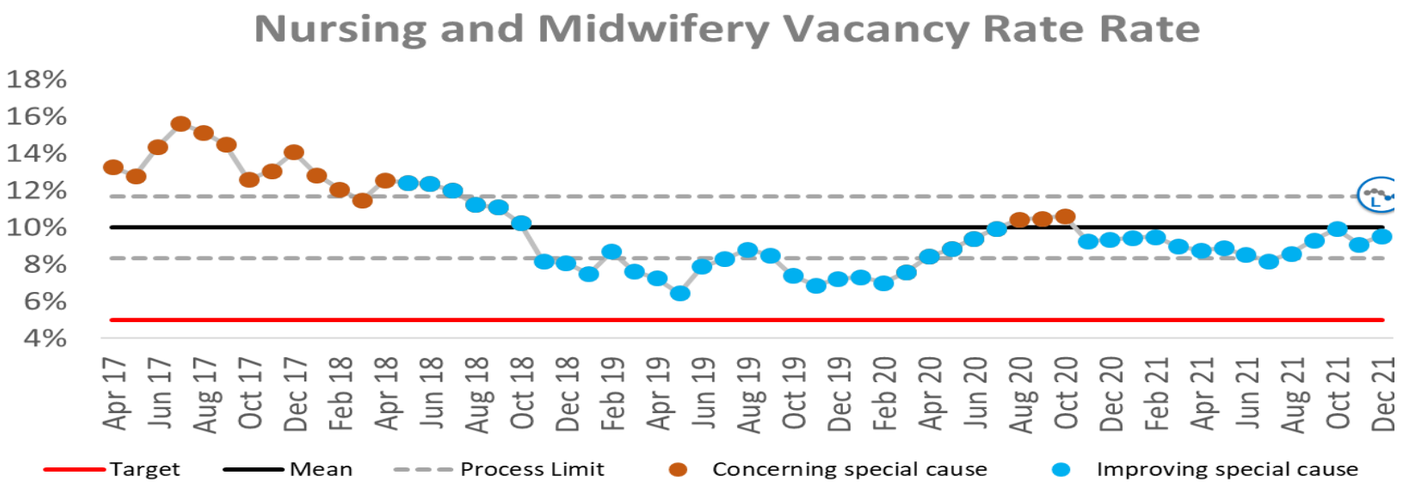


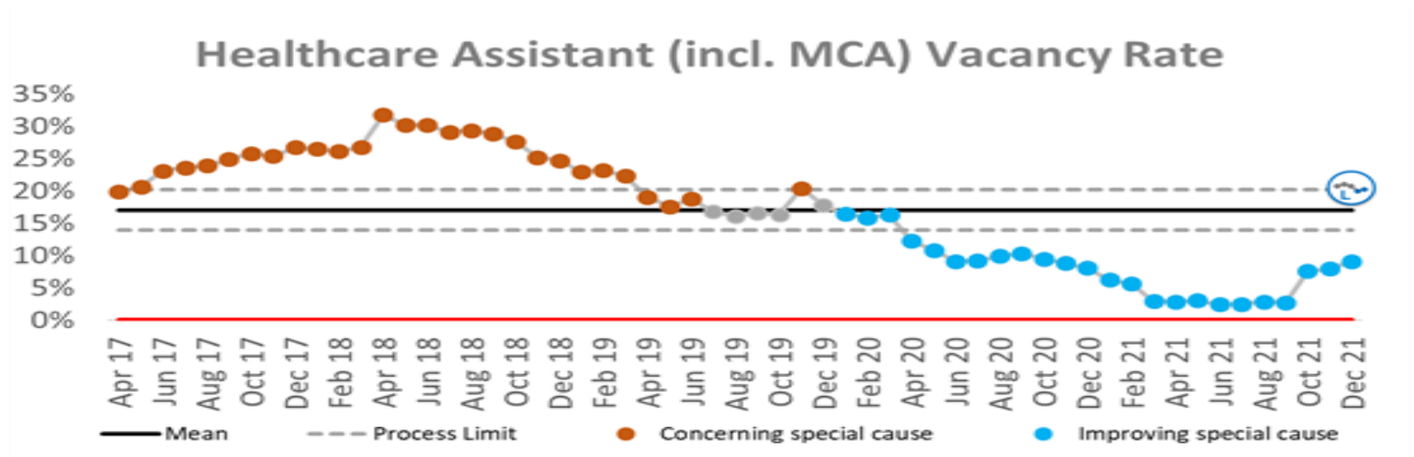
*Please note that temporary Medical staffing data was not available at the time of reporting and hence not updated

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 9.1% and 9.5% respectively. However, the vacancy rate for both staff groups are above the target rate of 5% for Nurses and 0% for HCA.

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

C19 - Individual Health Risk Assessment & Annual Leave Update

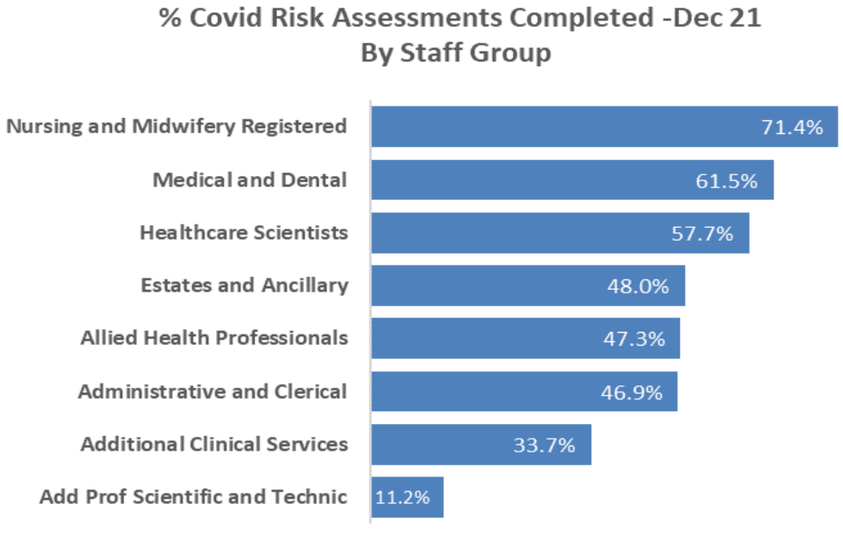
Cambridge University Hospitals NHS Foundation Trust

Workforce: C19 - Risk Assessment & Annual Leave Update

C19 – New V7 Individual Health Risk Assessment Compliance

Risk compliance rate	Dec 21
Overall C19 Risk Assessment Compliance	43.1%
BAME Staff - C19 Risk Assessment Compliance	36.9%
White Staff - C19 Risk Assessment Compliance	45.7%
Percentage of staff that are self Isolating	0.7%

Risk group	% of Staff within each Risk group
Risk Group 1 – highest risk levels including Clinically Extremely	0.6%
Risk Group 2 – heightened risk level including some CEV / red risk	2.0%
Risk Group 3 – increased risk	6.0%
Risk Group 4 – no increased risk	34.6%



Percentage of Annual Leave (AL) Taken - Dec 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	47,937	31,237	65%	96%
	Additional Clinical Services	361,245	255,392	71%	98%
	Administrative and Clerical	464,680	307,136	66%	95%
	Allied Health Professionals	146,051	97,268	67%	99%
	Estates and Ancillary	72,019	50,530	70%	90%
	Healthcare Scientists	132,138	85,344	65%	95%
	Medical and Dental	143,387	56,913	40%	36%
	Nursing and Midwifery Registered	718,155	496,375	69%	97%
	Trust	**2,085,611**	**1,380,196**	66%	88%
Annual Leave taken by Division	*Division*				
	Corporate	289,794	192703	66%	87%
	Division A	385,964	257130	67%	93%
	Division B	571,250	375785	66%	81%
	Division C	262,646	176058	67%	86%
	Division D	250,887	165963	66%	86%
	Division E	220,919	150076	68%	95%
	R&D	87,902	58280	66%	93%

* Greater than 60% | Less than 45% | Between 45% and 60%

What the information tells us:

The Trust's Covid-19 Risk assessment (version 7 - launched in Sep 21) compliance rate is at 43% including 37% of BAME staff and 46% of White staff. Overall, 1.2% of staff were shielding as at the end of December 2021 compared to 0.7% from the previous month, while 0.6% are within Group 1 (the highest risk levels).

The Trust's annual leave usage is 88% of the expected usage after 9 months of the financial year. Overall usage is 66% after 9 months of the year compared to the expected 75%. The highest rates of use of annual leave is within Additional Clinical Services followed by Estates and Nurses at 71%, 70% and 69% respectively.

Mandatory Training by Division and Staff Group

NHS 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.

Greater than 94% | Less than 80% | Between 79% and 94%

Greater than | Less than | Between 74%

	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	1,009	1,008	512	512	10,479	10,479	10,705	10,479	10,479	10,479	10,705	7,225	10,479	7,618	10,479	7,634	1,724	1,724	
Compliance by Division																			
Division A	(12)93.3%	(62)65.4%	(24)81.5%	(25)80.8%	(68)96.6%	(81)95.9%	(475)76.9%	(77)96.1%	(100)95.0%	(224)88.8%	(387)81.2%	(554)70.0%	(103)94.8%	(265)85.9%	(85)95.7%	(209)88.9%	(31)81.0%	(13)92.0%	88.7%
Division B	(20)93.0%	(51)82.2%	(7)90.1%	(13)81.7%	(73)97.3%	(76)97.2%	(270)90.2%	(81)97.0%	(114)95.8%	(236)91.3%	(308)88.8%	(307)78.4%	(112)95.9%	(170)89.9%	(101)96.3%	(138)91.8%	(15)89.2%	(6)95.7%	93.1%
Division C	(13)92.6%	(45)74.4%	(24)82.4%	(13)90.4%	(69)95.3%	(73)95.1%	(290)81.0%	(77)94.8%	(94)93.6%	(182)87.7%	(401)73.8%	(425)69.6%	(104)93.0%	(178)87.4%	(90)93.9%	(142)90.0%	(56)78.2%	(31)87.9%	87.7%
Division D	(9)92.7%	(26)78.9%	(20)75.6%	(20)75.6%	(48)96.3%	(59)95.5%	(217)83.9%	(69)94.7%	(85)93.5%	(171)87.0%	(308)77.1%	(358)68.1%	(75)94.3%	(134)88.3%	(73)94.4%	(124)89.2%	(16)87.8%	(12)90.8%	88.6%
Division E	(6)93.1%	(35)59.8%	(15)81.9%	(10)88.0%	(41)96.6%	(45)96.3%	(237)81.2%	(45)96.3%	(66)94.6%	(141)88.4%	(351)72.2%	(314)71.8%	(71)94.2%	(129)88.5%	(59)95.2%	(94)91.7%	(127)87.5%	(86)91.5%	88.9%
Corporate	(15)87.7%	(43)64.8%	(3)66.7%	(2)77.8%	(54)95.9%	(60)95.5%	(94)92.9%	(60)95.5%	(79)94.0%	(127)90.4%	(97)92.7%	(43)74.3%	(69)94.8%	(31)81.7%	(71)94.6%	(26)85.1%	(3)76.9%	(2)84.6%	93.1%
R & D	(2)94.3%	(7)80.0%			(10)97.6%	(11)97.4%	(30)93.0%	(15)96.4%	(19)95.5%	(33)92.2%	(51)88.1%	(22)86.2%	(14)96.7%	(18)90.4%	(13)96.9%	(11)94.2%	(1)80.0%	(2)60.0%	94.1%
Breakdown of Medical staff compliance																			
Consultant			(11)78.8%	(11)78.8%	(38)94.5%	(40)94.3%	(36)94.8%	(39)94.4%	(30)95.7%	(96)86.2%	(46)93.4%	(232)67.3%	(47)93.3%	(42)94.0%	(31)95.6%	(42)94.1%	(19)90.6%	(11)94.6%	91.3%
Non Consultant			(83)82.0%	(73)84.1%	(121)85.0%	(129)84.0%	(176)78.1%	(150)81.3%	(182)77.4%	(274)65.9%	(221)72.5%	(529)38.5%	(188)76.6%	(221)74.1%	(175)78.2%	(224)73.9%	(78)57.1%	(63)65.4%	74.0%
Compliance by Staff Group																			
Add Prof Scientific and Technic	(1)97.1%	(3)91.2%			(3)98.6%	(4)98.2%	(10)95.5%	(6)97.3%	(13)94.1%	(15)93.2%	(17)92.3%	(10)69.7%	(9)95.9%	(10)94.7%	(10)95.5%	(10)94.7%			95.1%
Additional Clinical Services	(18)92.0%	(54)76.0%			(38)97.8%	(45)97.4%	(328)81.6%	(39)97.7%	(54)96.9%	(119)93.1%	(390)78.1%	(430)69.0%	(58)96.6%	(199)87.1%	(49)97.2%	(152)90.1%	(13)91.9%	(10)93.8%	90.4%
Administrative and Clerical	(16)92.1%	(55)72.8%			(64)97.1%	(70)96.8%	(87)96.1%	(77)96.5%	(101)95.4%	(179)91.9%	(114)94.8%	(9)47.1%	(83)96.2%	(9)92.6%	(88)96.0%	(11)91.1%	(3)62.5%	(1)87.5%	95.3%
Allied Health Professionals	(3)96.3%	(18)78.0%			(13)98.1%	(14)97.9%	(135)80.1%	(18)97.3%	(24)96.4%	(37)94.5%	(134)80.2%	(117)82.7%	(29)95.7%	(62)90.8%	(21)96.9%	(42)93.8%	(8)89.2%	(2)97.3%	91.9%
Estates and Ancillary	(4)85.2%	(7)74.1%			(11)96.5%	(14)95.5%	(12)96.2%	(12)96.1%	(14)95.5%	(31)90.0%	(5)98.4%	(5)98.4%	(15)95.2%	(15)95.2%	(12)96.1%				95.2%
Healthcare Scientists	(4)92.5%	(8)84.9%			(9)98.4%	(11)98.1%	(16)97.2%	(10)98.2%	(15)97.4%	(49)91.4%	(46)91.9%	(19)82.2%	(9)98.4%	(23)85.9%	(12)97.9%	(19)88.3%	(0)100.0%	(0)100.0%	95.6%
Medical and Dental			(94)81.6%	(84)83.6%	(159)89.4%	(169)88.7%	(212)85.9%	(189)87.4%	(212)85.9%	(370)75.3%	(267)82.2%	(761)51.5%	(235)84.3%	(263)83.1%	(206)86.3%	(266)83.0%	(97)74.8%	(74)80.8%	81.7%
Nursing and Midwifery Registered	(31)92.0%	(124)67.8%			(66)98.0%	(78)97.6%	(813)76.4%	(73)97.8%	(124)96.2%	(314)90.4%	(930)73.0%	(677)80.3%	(110)96.6%	(359)89.4%	(94)97.1%	(244)92.8%	(128)88.2%	(65)94.0%	90.2%
Trust Total	(77)92.4%	(269)73.3%	(94)81.6%	(84)83.6%	(363)96.5%	(405)96.1%	(1613)84.9%	(424)96.0%	(557)94.7%	(1114)89.4%	(1903)82.2%	(2023)72.0%	(548)94.8%	(925)87.9%	(492)95.3%	(744)90.3%	(249)85.6%	(152)91.2%	90.27%

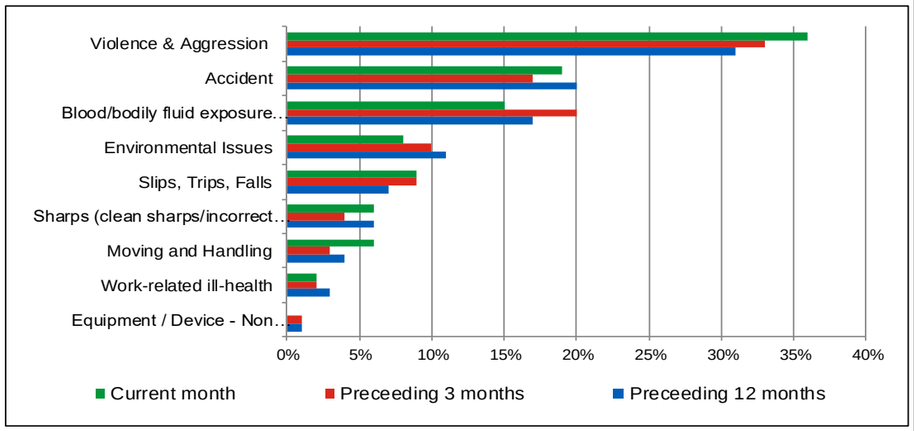
Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

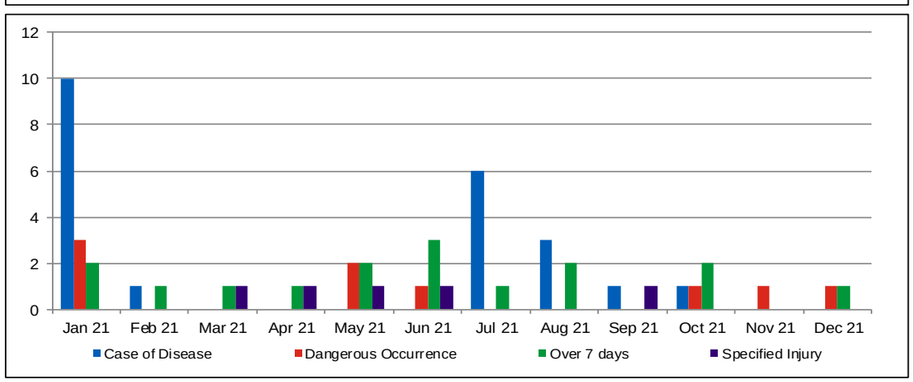
Health and Safety Incidents

NHS 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:	**1432**	**301**	**219**	**411**	**244**	**150**	**36**	**71**
Accident	**288**	60	61	51	48	38	8	22
Blood/bodily fluid exposure (dirty sharps/splashes)	**246**	82	47	48	37	24	6	2
Environmental Issues	**156**	28	33	25	29	28	4	9
Equipment / Device - Non Medical	**9**	1	1	2	5	0	0	0
Moving and Handling	**62**	16	6	18	15	3	1	3
Sharps (clean sharps/incorrect disposal & use)	**85**	36	11	11	6	14	5	2
Slips, Trips, Falls	**103**	20	24	13	11	17	4	14
Violence & Aggression	**440**	45	26	237	87	20	6	19
Work-related ill-health	**43**	13	10	6	6	6	2	0





A total of 1,432 health and safety incidents were reported in the previous 12 months.

699 (49%) incidents resulted in harm. The highest reporting categories were violence and aggression (31%), accidents (20%) and blood/bodily fluid exposure (17%).

1,059 (74%) of incidents affected staff, 327 (23%) affected patients and 46 (3%) affected others i.e. contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (31%), blood/bodily fluid exposure (22%) and accidents (16%).

The highest reported incident categories for patients were: accidents (32%), violence & aggression (31%) and environmental issues (16%).

The highest reported incident categories for others were: violence and aggression (35%), accidents (24%) and slips, trips and falls (22%).

Staff incident rate is 10.0 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 411 incidents. Of these, 58% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was case of disease (42%). 73% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In December 2021, 2 incidents were reported to the HSE:

Dangerous Occurrence (1)

- A member of staff was cannulating a patient with difficult IV access. While withdrawing the sharp, the needle tip stabbed their right thumb. The patient was Hep C positive. The member of staff immediately followed first aid protocol and attended Occupational Health for appropriate follow up.

Over 7 day Injury (1)

- A member of staff was assisting a colleague to put trousers on a patient. The member of staff was at the foot end of the bed and holding the patient's leg. The patient kicked out and squashed the staff member's thumb against the bed footboard. The member of staff has subsequently been off work for over 7 days as a result of the injury.

Author(s): Helen Murphy

Owner(s):

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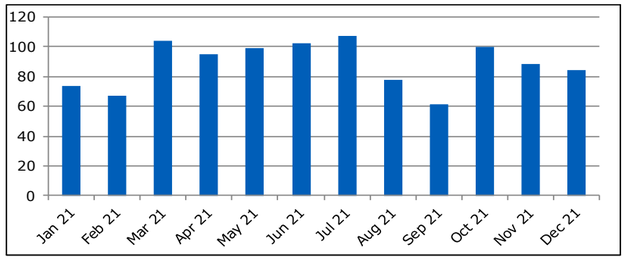
Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:

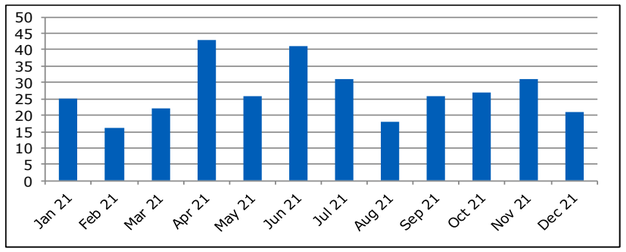


	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Total
Accident	9	15	23	15	13	14	16	21	8	15	8	14	**171**
Blood/bodily fluid exposure (dirty sharps/splashes)	19	18	15	17	22	13	25	19	11	30	26	13	**228**
Environmental Issues	4	2	7	9	5	23	14	6	4	7	13	4	**98**
Moving and Handling	2	2	8	1	6	5	2	3	5	1	3	6	**44**
Sharps (clean sharps/incorrect disposal & use)	4	8	5	6	8	9	5	3	3	2	3	3	**59**
Slips, Trips, Falls	6	3	10	9	12	4	7	4	9	8	12	9	**93**
Violence & aggression	22	16	30	33	29	31	35	20	19	32	23	33	**323**
Work-related ill-health	8	3	6	5	4	3	3	2	2	5	0	2	**43**
Total	**74**	**67**	**104**	**95**	**99**	**102**	**107**	**78**	**61**	**100**	**88**	**84**	**1059**

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

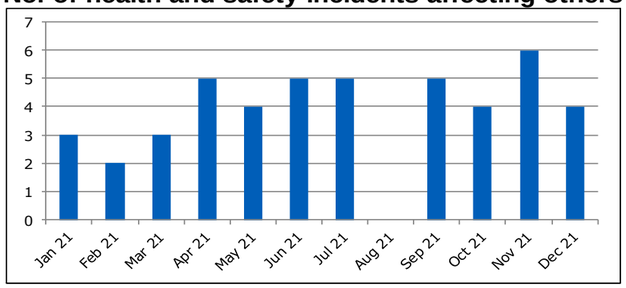
	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Total
No. of health & safety incidents	74	67	104	95	99	102	107	78	61	100	88	84	**1059**
Staff incident rate per month/year	0.7	0.6	1.0	0.9	0.9	1.0	1.0	0.7	0.6	0.9	0.8	0.8	**10.0**

No. of health and safety incidents affecting patients:



	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Total
Accident	7	6	10	15	8	12	13	6	8	7	8	6	**106**
Blood/bodily fluid exposure (dirty sharps/splashes)	2	1	0	3	1	1	2	1	2	2	0	3	**18**
Environmental Issues	3	3	1	1	4	12	9	4	3	3	4	4	**51**
Equipment / Device - Non Medical	0	0	0	0	1	3	0	1	0	2	2	0	**9**
Moving and Handling	1	2	2	2	2	5	1	0	1	2	0	0	**18**
Sharps (clean sharps/incorrect disposal & use)	2	0	2	2	1	3	1	0	5	2	3	3	**24**
Violence & aggression	10	4	7	20	9	5	5	6	7	9	14	5	**101**
Total	**25**	**16**	**22**	**43**	**26**	**41**	**31**	**18**	**26**	**27**	**31**	**21**	**327**

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



	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Total
Accident	0	0	1	1	1	0	1	0	3	2	1	1	**11**
Environmental Issues	2	0	1	1	1	0	0	0	1	0	0	1	**7**
Sharps (clean sharps/incorrect disposal & use)	0	0	0	0	1	1	0	0	0	0	0	0	**2**
Slips, Trips, Falls	0	1	1	2	0	1	1	0	0	0	3	1	**10**
Violence & aggression	1	1	0	1	1	3	3	0	1	2	2	1	**16**
Total	**3**	**2**	**3**	**5**	**4**	**5**	**5**	**0**	**5**	**4**	**6**	**4**	**46**

Author(s): Helen Murphy

Owner(s):

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