


Cambridge University Hospitals
NHS Foundation Trust





Integrated Report

Quality, Performance, Finance and Workforce to end February 2022

Chief Finance Officer
Chief Nurse
Chief Operating Officer
Director of Workforce

Report compiled: 31/03/2022

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
Cambridge University Hospitals
NHS Foundation Trust

2021/22 Performance Framework

2021/22 Quality Account Measures

Domain	Indicator	Data to	Target	Dec 21 Previous Month-1	Jan 22 Previous Month	Feb 22 Current status	Trend	FYtD	Baseline	LTM
Safe	Compliance with National Early Warning Score Escalation Protocol for Adults	Feb-22	85%	42%	54%	58%	⇧	52%	N/A	52.0%
	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?	Feb-22	85%	68%	80%	61%	⇩	72%	N/A	72.0%
	Serious Incidents - Is the evidence uploaded of good quality?	Feb-22	85%	54%	68%	57%	⇩	56%	N/A	56.4%
	Serious Incidents - Was the action completed within the original timeframe?	Feb-22	85%	39%	88%	57%	⇩	56%	N/A	56.0%
Effective / Responsive	% of Early Discharges (00:00-12:00)	Feb-22	20%	17.1%	16.2%	19.7%	⇧	17.7%	14.9%	17.7%
	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)	Feb-22	80%	68.1%	71.6%	67.4%	⇩	68.8%	69.6%	68.8%
	Same day emergency care (SDEC)	Feb-22	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	Feb-22	90%	94.2%	94.3%	97.9%	⇧	94.9%	85.0%	94.9%
	Compliance with completing the actions by the agreed date for all complaints graded 3 or above	Feb-22	90%	100.0%	100.0%	100.0%	⇔	100.0%	70%	100.0%
	The use of 'carers passports' on wards in the Trust	Feb-22	75%	26.8%	29.3%	N/A	▪	N/A	N/A	N/A
Staff Experience / Well-led				2016	2017	2018				
	I feel secure about raising concerns re unsafe clinical practice within the organisation.		78.0%	75.0%	73.0%	74.0%	⇧		75.0%	
				Dec 21	Jan 22	Feb 22				
	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 all aspects of the Sepsis 6 bundle for Feb was 78% for inpatient and 91% for ED, an improvement of previous month.

Patient Experience/Caring: Complaints response time improved by 2.5% on previous month.

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

2021/22 Performance Framework

Performance Framework - Quality Indicators				Dec 21	Jan 22	Feb 22				
Domain	**Indicator**	**Data to**	**Target**	**Previous Month-1**	**Previous Month**	**Current status**	**Trend**	**FYtD**	**Previous FYR**	**LTM**
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	Feb-22	0	1	0	0	⇔	4	5	4
	E.Coli Bacteraemias (Total Cases)	Feb-22	50% over 3 years	30	35	22	⇧	343	362	374
	C. difficile Infection (hospital onset and COHA* avoidable)	Feb-22	TBC	11	5	11	⇩	109	70	117
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Feb-22	100%	0.0%	N/A	N/A	⇔	30.2%	41.7%	30.2%
	% of external visits where expected deadline was met (cumulative for current financial year)	Feb-22	80%	33.3%	50.0%	50.0%	⇔	44.0%	-	44.0%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Feb-22	-	11.1%	0.0%	0.0%	⇔	12.0%	-	12.0%
	No national audit negative outlier alert triggered	Feb-22	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	Feb-22	85%	N/A	85.7%	80.0%	⇩	-	-	84.6%
Nursing Quality Metrics	Blood Administration Patient Scanning	Feb-22	90%	99.3%	99.9%	100.0%	⇧	99.1%	98.9%	99.0%
	Care Plan Notes	Feb-22	90%	94.8%	95.4%	96.2%	⇧	95.7%	95.9%	95.8%
	Care Plan Presence	Feb-22	90%	99.8%	99.8%	99.9%	⇧	99.6%	99.3%	99.6%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Feb-22	90%	62.8%	64.6%	60.9%	⇩	63.0%	70.4%	63.3%
	Nurse Rounding	Feb-22	90%	95.4%	95.4%	97.0%	⇧	96.6%	96.6%	96.6%
	Nutrition Screening	Feb-22	90%	99.5%	99.4%	99.6%	⇧	99.6%	99.7%	99.6%
	Pain Score	Feb-22	90%	72.9%	73.4%	74.4%	⇧	77.5%	81.3%	77.9%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Feb-22	90%	65.0%	63.6%	49.7%	⇩	64.2%	69.4%	65.0%
	PEWS Score Recording	Feb-22	90%	86.4%	86.3%	85.5%	⇩	86.7%	87.8%	86.8%
	NEWS Score Recording	Feb-22	90%	70.2%	72.3%	71.8%	⇩	74.4%	77.1%	74.7%
	VIP									
	VIP Score Recording (1 per day)	Feb-22	90%	89.8%	90.4%	89.4%	⇩	91.5%	94.4%	91.7%
	PIP Score Recording (1 per day)	Feb-22	90%	99.3%	99.2%	99.2%	⇩	99.2%	98.8%	99.3%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	-	-	-	▪	0	2	0
	Number of overdue complaints	Feb-22	0	3	3	1	⇩	24	9	24
	Re-opened complaints (non PHSO)	Feb-22	N/A	5	4	12	⇩	68	68	77
	Re-opened complaints (PHSO)	Feb-22	N/A	0	0	0	⇩	3	5	3
				Dec 21	Jan 22	Feb 22				
	Number of medium/high level complaints	Feb-22	N/A	14	13	0	⇩	193		206

Author(s): Various

Owner(s): Oyejumoke Okubadejo

Operational Performance

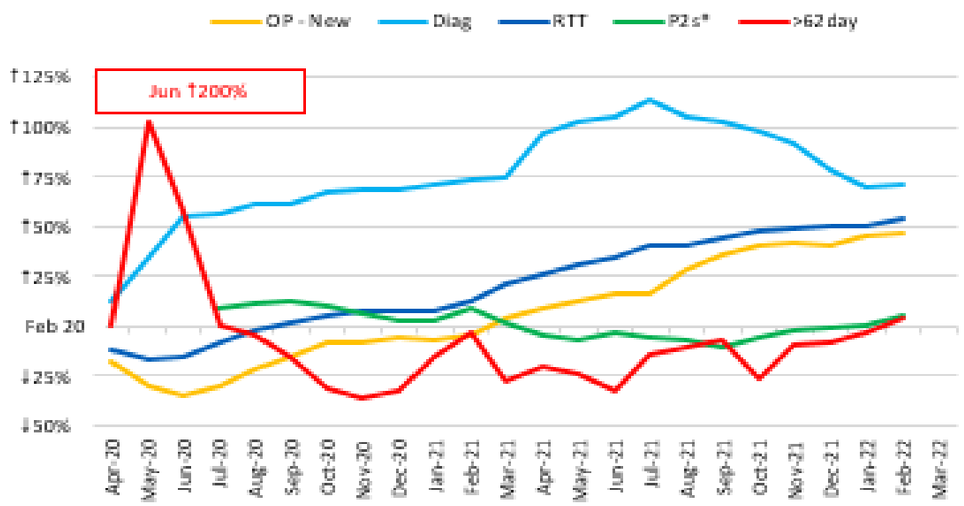
Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Urgent & Emergency Care

Mean time in ED (non-admitted patients)	Feb: 266	↑31%
Mean time in ED (admitted patients)	Feb: 655	↑66%
Time to initial medical assessment	Feb: 152	↑41%
12hr waits in ED (type 1)	Feb: 1,055	↑245%
Ambulance handovers >30mins	Feb: 19%	↑155%
ED attendances (types 1,3 & 5)	Feb: 10,346	
Non-elective admissions	Feb: 3,076	↓13%

Waiting list measures as a percentage change from pre-pandemic



Productivity / efficiency

Average theatre turnaround time (mins)	Feb: 24	↑41%
Elective LoS (days, excl 0 LoS)	Feb: 5.4	↑10%
Discharges before noon (07:00-12:00)	Feb: 16%	↓8%
Long stay patients (>21 LoS)	Feb: 165	↓18%
Non-elective LoS (days, excl 0 LoS)	Feb: 8.4	↓1%

Waiting list (WL) measures

	Feb-22	Jan-22	% change	Feb-20	% change
Outpatients - New	37,143	36,691	↑1%	25,306	↑47%
Diagnostics - Total WL	14,809	14,745	↑0%	8,686	↑70%
RTT pathways - Total WL	52,561	51,370	↑2%	34,097	↑54%
Cancer (62d pathway) >62	111	103	↑8%	59	↑88%

Surgical Prioritisation - WL	Feb-22	Jan-22	% change
P2 (4 weeks)	1,631	1,547	↑5%
P3 (3 months)	4,404	4,360	↑1%
P4	3,570	3,646	↓2%

Key / notes

% change shown indicates movement from 2019/20

Bar charts show data over the past 12 months, curent month is highlighted grey

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

adoption

Author(s): James Hennessey

Owner(s): Nicola Ayton

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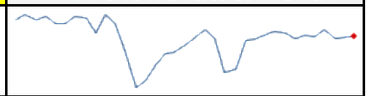
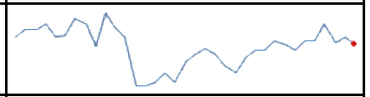
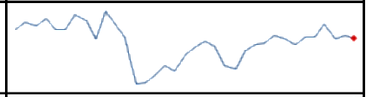
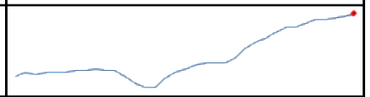
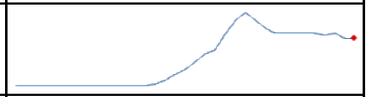
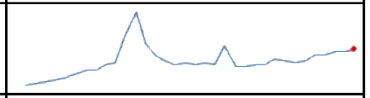
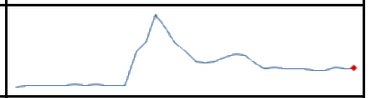
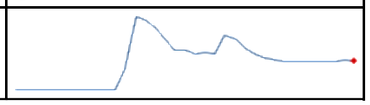
2021/22 - H2 monitoring

NHS Cambridge University Hospitals NHS Foundation Trust

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	Feb-22	2,303	2,303	0	89.0%	**82.8%**	-6.2%	
	Non-admitted stops	Feb-22	8,493	8,693	-200	89.0%	**87.4%**	-1.6%	
	Total RTT stops	Feb-22	10,796	10,996	-200	89.0%	**86.4%**	-2.6%	
	RTT waiting list	Feb-22	52,561	55,338	-2,777	49,281	**52,561**	3,280	
	52-week waits	Feb-22	2,994	3,485	-491	3,449	**2,994**	-455	
	104-week waits	Feb-22	149	276	-127	0 by Mar-22	**149**	-	
Outpatients	PIFU %	Feb-22	1.7%	1.9%	-0.2%	1.5% by Dec-21 2.0% by Mar-22	**1.7%**	-	
	A&G %	Feb-22	9.8%	10.2%	-0.4%	12% by Mar-22 (System target)	**9.8%**	-	
	Virtual outpatients	Feb-22	24.2%	28.9%	-4.7%	25%	**24.2%**	-0.8%	

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

Author(s): Various

Owner(s): James Hennessey

Phase 4 Measures

NHS
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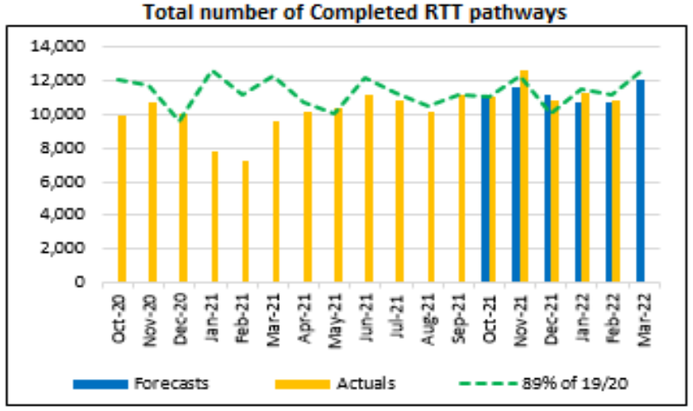
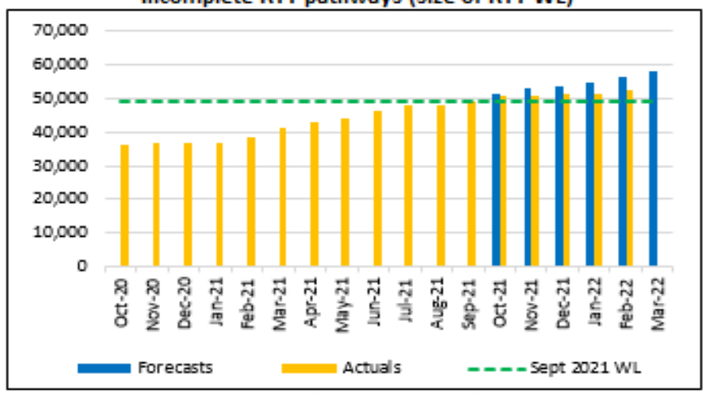
Operational Performance

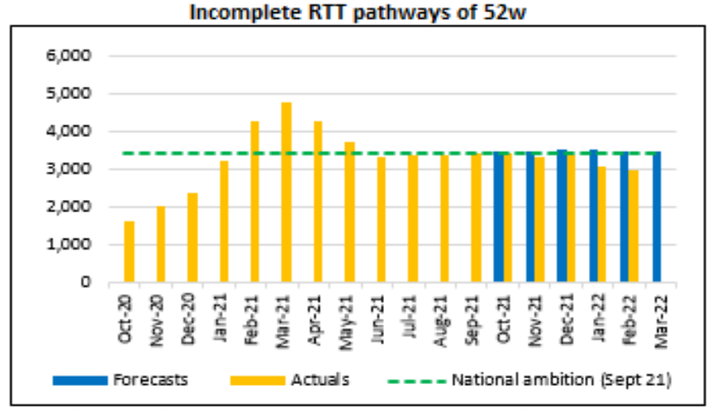
Total number of Completed RTT pathways



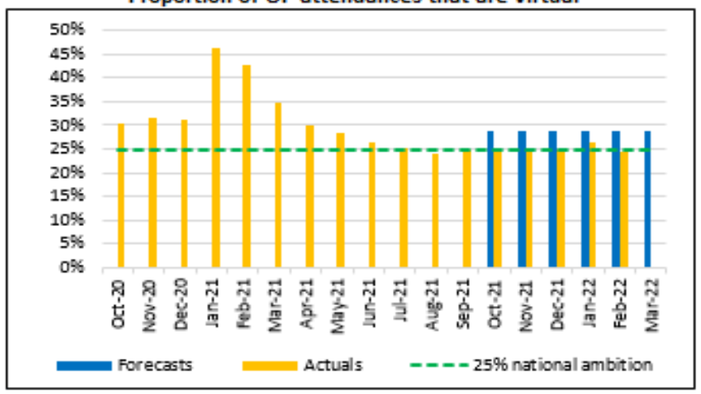
Incomplete RTT pathways (size of RTT WL)



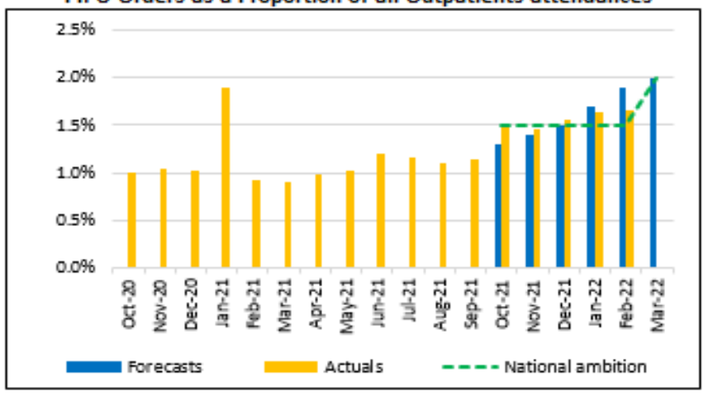
Incomplete RTT pathways of 52w



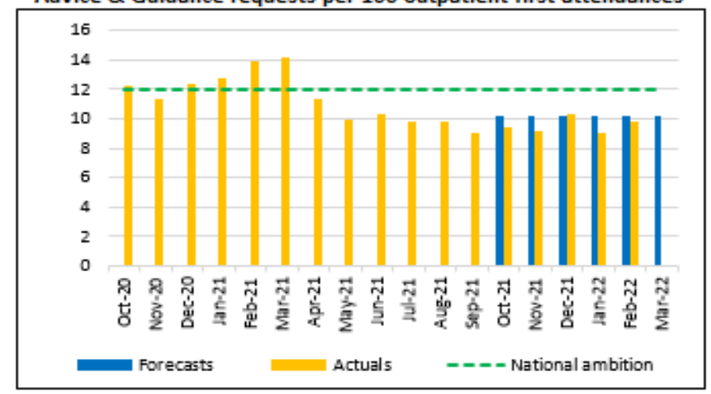
Proportion of OP attendances that are virtual



PIFU Orders as a Proportion of all Outpatients attendances



Advice & Guidance requests per 100 outpatient first attendances



In February the Trust:

- Achieved 86.4% of RTT stops compared to the target of 89.0%. Despite exceeding the plan for total stops for the month, percentage performance was reduced by the relatively lower achievement for admitted stops (82.8%) compared to non-admitted stops (87.4%)
- Reduced its RTT waiting list to 52,561. This is an improvement on the planned value of 55,338 (-2,777), but higher than the national ambition of 49,281
- Reduced 52-week waits to 2,994. This is a significant improvement on planned levels of 3,485 (-491) and the national ambition of 3,449. At the same time, 104-week waits reduced to 149 in February compared to planned levels of 276 for the month
- Saw an decrease in virtual outpatients to 24.2%, below the national ambition of 25.0% and below the planned level of 28.9%
- Achieved 1.7% patients discharged to a patient-initiated follow-up pathway (PIFU). This is below planned levels of 1.9%. The national ambition is to reach 2.0% by March 2022.

*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): Nicola Ayton

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Serious Incidents

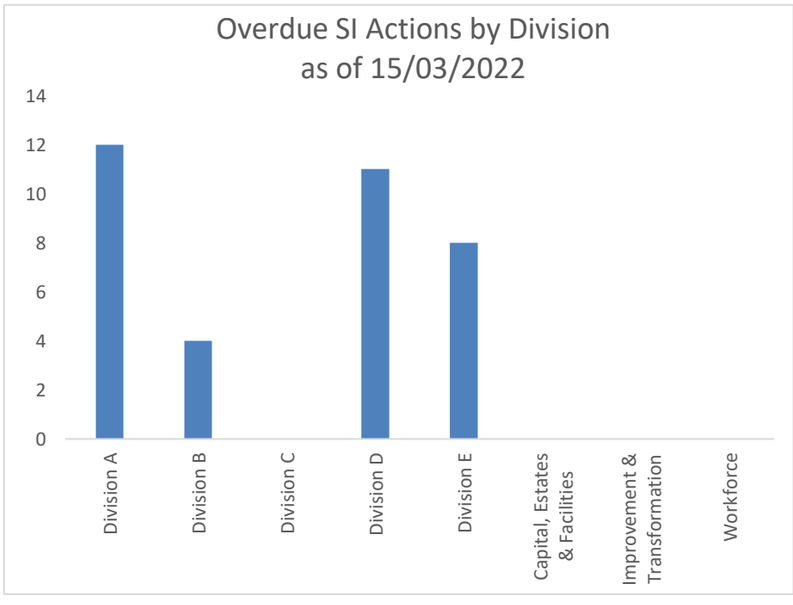
Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	May 18 - Feb 22	month	-	1304	1402			-	The number of patient safety incidents is within normal variance.
Percentage of moderate and above patient safety incidents	Jul 19 - Feb 22	month	2%	2.5%	1.5%			?	There is currently normal variance in the percentage of moderate and above patient safety incidents.
All Serious Incidents	Mar 18 - Feb 22	month	-	3				-	Five Serious Incidents were declared with the CCG in February 2022, which is within normal variance for the trust.
Serious Incidents submitted to CCG within 60 working days (or agreed extension)	Feb 18 - Feb 22	month	100%	100%	60%	H		?	3 Serious Incidents were submitted to the CCG in February 2022 within 60 working days. This is consistent improvement where Trust has delivered on target.

Ref	STEIS SI Sub-category	Title	Actual Impact	Div.	Ward / Dept.
SLR132824	Surgical/invasive procedure incident	Never Event: Wrong Site Biopsy	Low / Minor	D	Dermatology, Clinic 7
SLR133042	Slips/trips/falls	Patient Fall	Severe / Major	C	Ward P2
SLR133355	Treatment delay	Unexpected patient death	Death / Catastrophic	C	MDU - Medical Decision Unit EAU4

Summary: The number of patient safety incidents remains in normal variance following an increase in January 2022. Moderate harm incidents are above the target of 2%, however this is a reflection on the reporting of harm being based on the impact to the patient as opposed to acts or omissions by the Trust. Five SI investigation reports were due to the CCG, three were submitted to the CCG within 60 days and two of which had extensions to submission dates agreed. Three SI investigations were commissioned at SIERP, one of which was a Never Event where wrong site nasal biopsy was taken. This occurred within the outpatient setting. SI Action plan closures continue to be supported by the monthly SIERP Action Assurance Meeting.



Author(s): Clare Miller

Owner(s): Oyejumoke Okubadejo

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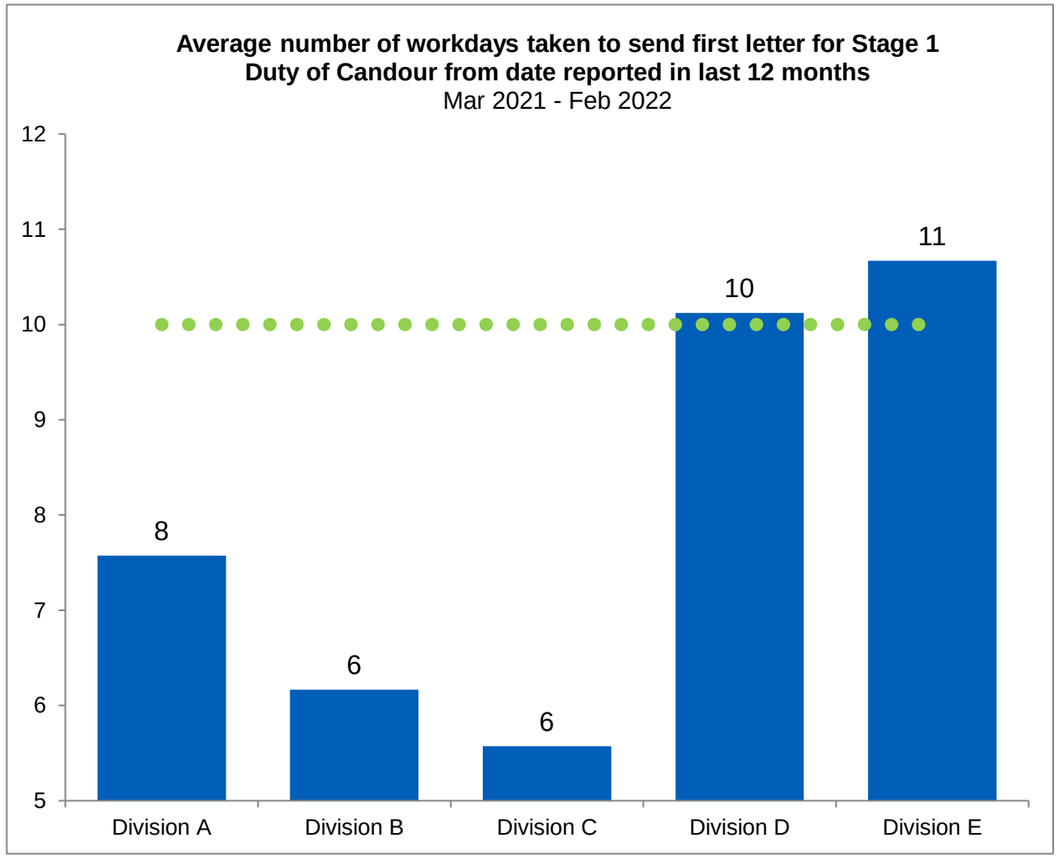
Duty of Candour

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Jan 19 - Feb 22	month	100%	83%	65%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Jan 19 - Feb 22	month	100%	60%	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 February 2022. 83% of DOC Stage 1 was completed within the required timeframe of 10 working days in February 2022. The average number of days taken to send a first letter for stage 1 DOC in February 2022 was 5 working days.

Trust wide stage 2** DOC is compliant at 80% for all completed investigations into moderate or above harm in January 2021 and 60% 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.

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

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	Mar 19 - Feb 22	month	-	162	136..81		-	-	There were a total of 162 falls (inpatient, outpatient and day case) in February 2022. The Trust has returned to normal variance after breaching its upper control limit in January 2022
Inpatient falls per 1000 bed days	Mar 19 - Feb 22	month	-	5.37	4.19			-	There were 155 inpatient falls in February 2022. The Trust has returned to normal variance after breaching its upper control limit in January 2022
Moderate and above inpatient falls per 1000 bed days	Mar 19 - Feb 22	month	-	0.10	0.06			-	There were 3 falls categorised as Moderate or above harm in February 2022. 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	Mar 19 - Feb 22	month	90.00%	82.80%	84.90%			?	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 - Feb 22	month	90.00%	13.90%	6.00%	L			The goal of > 90% has not been reached since data collection started. Since April 2021 compliance has shown a small increasing trend
Falls KPI: patients 65 and over who have a cognitive impairment have an appropriate care plan in place	Apr 19 - Feb 22	month	90.00%	19.00%	12.00%	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 - Feb 22	month	90.00%	69.80%	61.50%				The goal of > 90% has not been reached since data collection started. Since April 2021 compliance has increased significantly.

Executive Summary

The number of inpatient falls in the Trust returned to within normal variance after exceeding the upper control limit in January 2020. Bencmarking nationally showed that this was a trend in a number of Trusts.

The role of falls advocate has been rolled out across the Trust. The falls advocates will be focusing on improving the KPI s at ward level and introducing a post falls hot debrief . The post falls hot debrief is designed to improve the re-assessment of patients following a fall and to identify additional actions needed to minimise the risk of further falls . The first falls advocate study days are planned for April 2022.

From January 2022 all falls with a Moderate and above harm are presented and actions monitored at the falls QI Group.

A Falls improvement project as part of the IHI continues. The project has reached a point where to be able to move forward changes are needed to be implemented within EPIC. An EPIC change request is being worked on by the team for approval at the falls QI group prior to submitting a change request for the current Falls Risk Screening tool.

Falls were the attention of Focus Friday in January -the initial themes identified from the ward audits completed were : Inaccurate Falls risk screening, Poor completion of lying and standing blood pressure, Lack of documented rationale for not completing a lying and standing blood pressure, Poor compliance with confusion care planning, Overall good completion of continence care plans, Overall good completion of impaired vision care plans. A detailed analysis of the ward audits is currently underway.

Author(s): Debbie Quartermaine

Owner(s): Oyejumoke Okubadejo

Hospital Acquired Pressure Ulcers (HAPUs)

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All HAPUs by date of occurrence	Feb 18 - Feb 22	month	-	22	21		-	-	The total number of HAPUs remains within normal variance and the monthly total has been static for the last 3 months. 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 - Feb 22	month	-	13	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 - Feb 22	month	-	9	10		-	-	Category 2 and above HAPU is within normal variance. There were 7 x Category 2 , 2 x SDTI/ Unstageable HAPU in February 2022.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Feb 22	month	90%	78%	80%		-	F	PU screening risk assessment compliance remains below the target of 90%, with a slight increase to 78.2% in February. A QI plan is in progress to implement ward based training to increase compliance.
KPI downward trend of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2022	Apr 19 - Feb 22	month	9	9	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 three 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

54% (12/22) HAPUs that occurred in January 2022 were on heels or feet. We are currently not on track to reach the overall KPI at the end of the year.

Critical care, Elderly care, trauma and neurosurgery remain the specialities with most pressure ulcers 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 improved slightly in February when compared to January 2022 at 78.2%. Ward based teaching was paused in January due to TVN team staff sickness and has picked up again in February.

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 February reporting and a staff debrief has taken place within clinic 6.

Moisture associated skin damage

Incidents continue to remain within normal variance. There have been 20 consecutive points below the mean, though there has been a small rise in the last two months. Previous shortages with supply chain for skin care products seem to be resolving and no further problems have been reported.

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 implemented within Connect and EPIC. Leg ulcer service proposal meetings took place in February and a proposal is in progress for an integrated service between community , OPAT and acute TVNs.

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 has taken place and an audit of trolley mattresses took place in February, 60% of trolley mattresses were identified for replacement and the trust is working with our current mattress supplier to obtain made to measure trolley mattress replacements of the same standard as

Sepsis

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									
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Feb-22	Monthly	95%	60%	55%		-	?	Elements of the sepsis 6 bundle that have significantly impacted on the overall compliance this month is senior review (87%) and monitoring in line with policy (73%) a decrease of 20% from Jan 22. Sepsis 6 delivered within 60 Mins is at 60% for Feb 22, an increase on Jan 22.
Antibiotics administered with 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Feb-22	Monthly	95%	80%	72%		-	?	Average door to needle time was 84 mins for February 22 and has been steadily increasing in the last three months. One audit impacted on this average time because door to needle time in that particular audit was almost 4 hours. “Significant delay in giving antibiotics after prescription. Not sure why. Patient was also suspected neutropenic sepsis.”The average time between patient triggering sepsis (NEWS 2 5>) and prescription of antibiotics was 42 mins, an increase in time on Jan 22 The average time between antibiotic prescription and administration was 49 mins, almost double that of Jan 22 The average prescription and administration of antibiotics together was 46 mins
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>)- Inpatient wards	Feb-22	Monthly	95%	40%	22%		-	F	70% of patients were diagnosed in less than 15 mins of triggering sepsis (NEWS2 of 5>) signifying good recognition and timely review. The average timeframe between a patient triggering sepsis and patient being diagnosed with sepsis was 36 minutes. This month the sepsis 6 bundle element that most significantly impacted on the overall compliance was IV antibiotics (70%) and IV Fluids (70%). There has been significant improvement in all elements of the sepsis 6 bundle deliverd within 60 mins Compliance with the use of the sepsis order set was 0% again for Feb 22.
Antibiotics administered with 60 mins form time patient triggers Sepsis (NEWS 5>) - Inpatient wards	Feb-22	Monthly	95%	70%	65%		-	?	The average time between the patient triggering Sepsis and prescription of antibiotics was 32 mins for Feb 22, a reduction of 52 mins from December 21 and 133 mins from November 21. In 2 audits antibiotics were prescribed more than 60 mins after diagnosis. The average time between prescription and administration of antibiotics was 23 minutes in Feb 22 a continuous improvement from December 21. Antibiotics were administered within 15 mins of being prescribed in 80% of audits.
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Emergency Department	Feb-22	Monthly	95%	93%	89%		-	?	Administration of Antibiotics within 60 mins of diagnosis of Sepsis has been maintained at 93% since Dec 21
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Inpatient wards	Feb-22	Monthly	95%	80%	69%		-	? -	There has been a significant increase in compliance with administration of antibiotics within 60 mins of the patient being diagnosed with Sepsis. This increased by 40% from December 22 and is sitting at 80% for January 22 and continues to sit a 80% for Feb 22

Executive Summary

It is worth noting that average compliance with the individual sepsis bundle elements is 79% for inpatient and 90% for ED

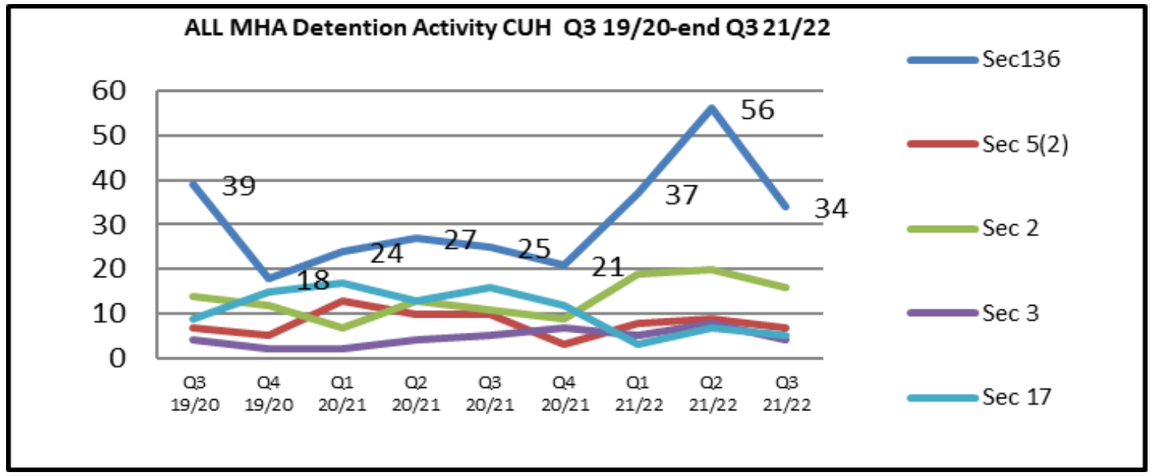
The compliance with the overall bundle completion within 60 mins is vastly impacted by one element per audit being delayed/omitted.

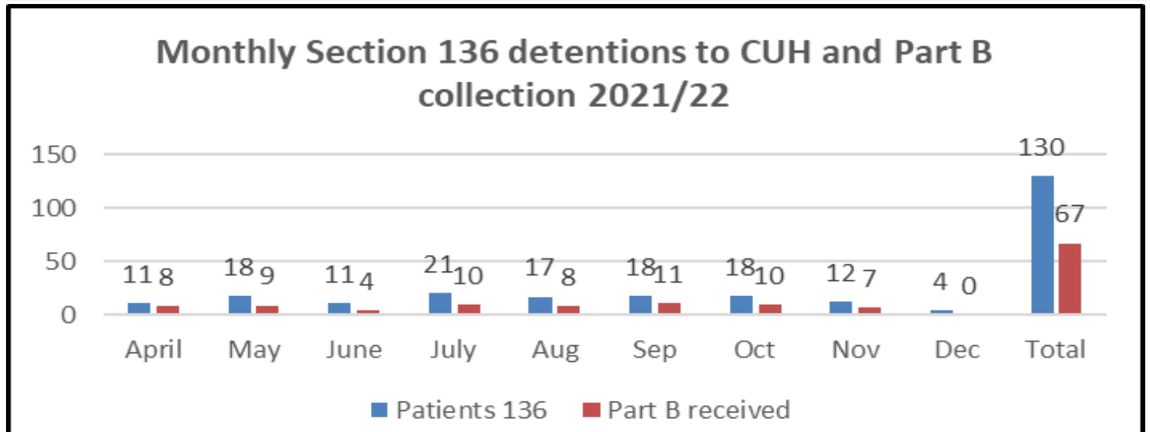
The Sepsis QI project is already targeting areas identified for improvement in this report, including; The sepsis PA role went live on the 25th February, specific measure have been identified for monitoring imporvement and furthr developments wiith the change implementation will be monitored through use of PDSA.

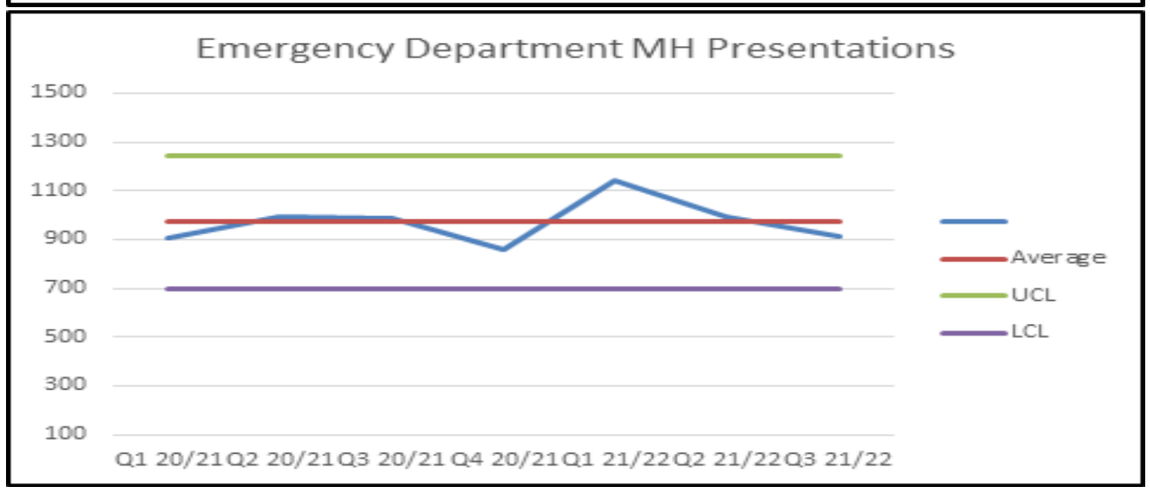
Mental Health - Q3 2021/22

NHS Cambridge University Hospitals NHS Foundation Trust

Mental Health







Narrative

- The overall number of detentions under the Mental Health Act at CUH has remained within expected parameters in 2021/22 however the number of Section 136 presentations being conveyed to the Emergency Department has risen slightly in February. (17)
- The M/H crisis car attended 59 incidents in February all of which resulted in the patient not being placed on a 136. The service managed to fill 66% of it's shifts in the month and that picture will improve as the service recruits for 2 year fixed term posts from the 1st of April.
- Increased payments to section 12 medical staff has resulted in a slight improvement in availability and the payments will now stay in place until the end of June 2022. This will give time to explore other solutions. An Aproved Mental Health Professional review is also being currently planned.
- Increased Psychiatric Liaison Service provision at Hinchingbrooke hospital is due to go live on April 1st with hope that it will help ease the pressures on the other two acute trusts as it will allow patients in M/H crisis to be seen outside of core hours.
- Child And Adolesent Mental Health services have launched their new home treatment team to work along side their crisis service to help with treating more young people outside of a hospital setting. The service will bring Cambridgeshire into line with national service expectations.
- The number of adults presenting to ED at CUH in Jan/Feb 2022 with a M/H issue (676) shows a 20% increase compared to the same period in 2021 though well behind the number for 2020 (763). The reason for the increase is generally explained by the easing of Covid resrtictions during the two peroids. The conversion rate for admission has fallen from 24% in 2021 to 16% this year.

Ongoing work:

- Substantive funding requested to sustain CUH MH Team (currently ending May 2022).
- Training has now been completed for all nursing staff on Wards EAU4/5 as part of a trustwide education package.The initial feedback has been very positive with a full report now in the process of being completed.
- Further training is now being rolled out for eating disorder management which is initially on ward C7.
- 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

Infection Control

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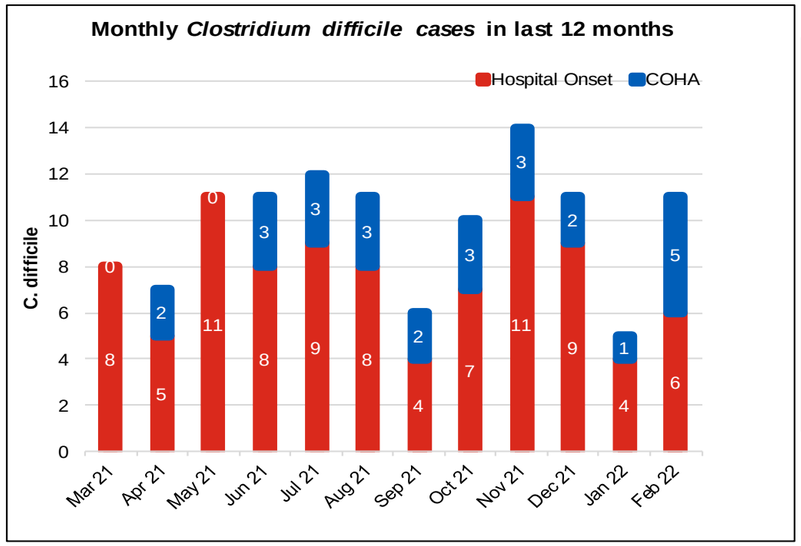
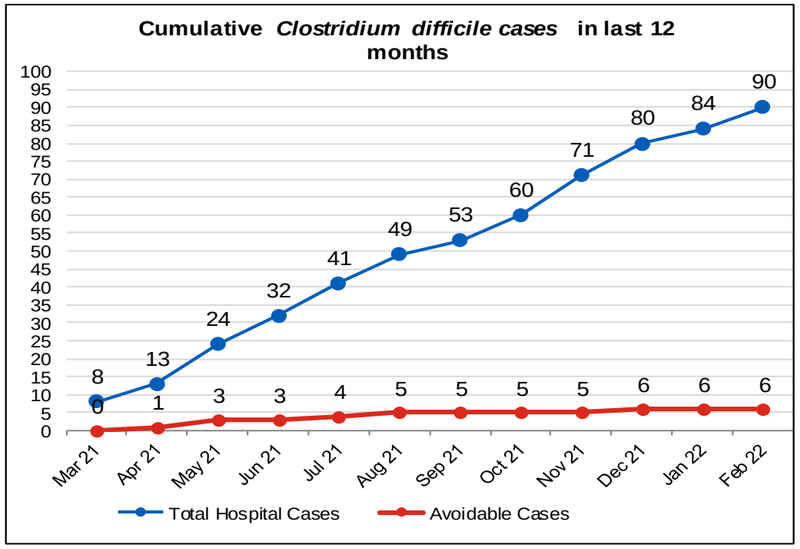


* COHA - community onset healthcare associated = cases that occur in the community when the patient has been an inpatient in the Trust reporting the case in the previous four weeks



CUH trend analysis

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

- No cases of unavoidable hospital onset MRSA bacteraemia in February 2022.
- 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.

- 6 cases of hospital onset *C difficile* and 4 case of COHA in February 2022. All cases will be discussed with the CCG.
- Year to date, 82 cases of hospital onset cases and 26 cases of COHA (89 cases are unavoidable, 6 cases are avoidable and 13 cases are pending).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 97.2% in February 2022 (97.8% in January 2022).
- The latest MRSA bacteraemia rate comparative data (12 months to January 2022) put the Trust 8th out of 10 in the Shelford Group of teaching hospitals.

- Compliance with the *C. difficile* care bundle was 95.2% in February 2022 (94.4% in January 2022).
- The latest *C. difficile* rate comparative data (12 months to January 2022) 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

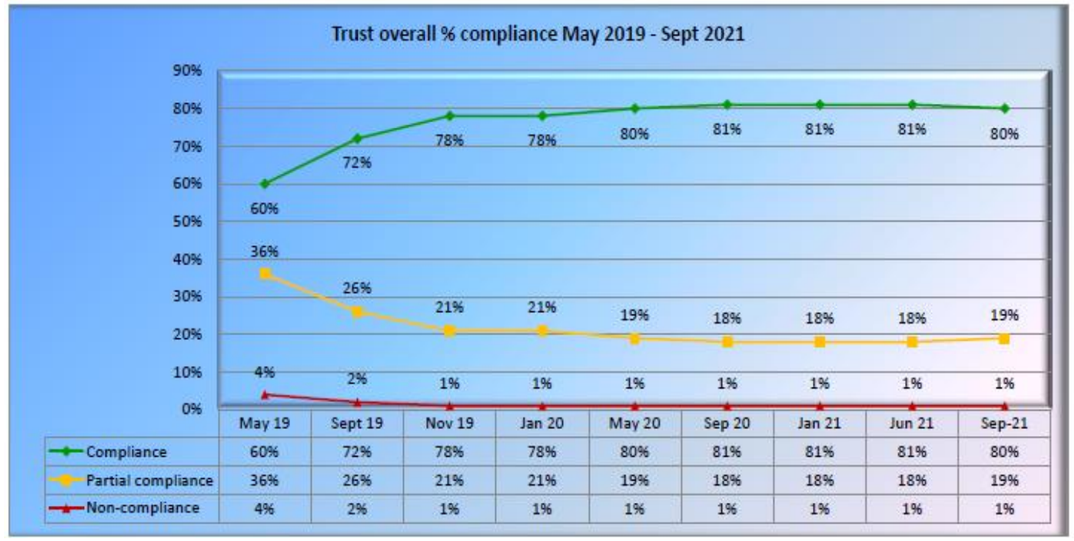
Criterion 6 Ensure that all are fully involved in the process of preventing and controlling infection.

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

Cambridge University Hospitals NHS Foundation Trust

Fit Testing compliance for substantive staff

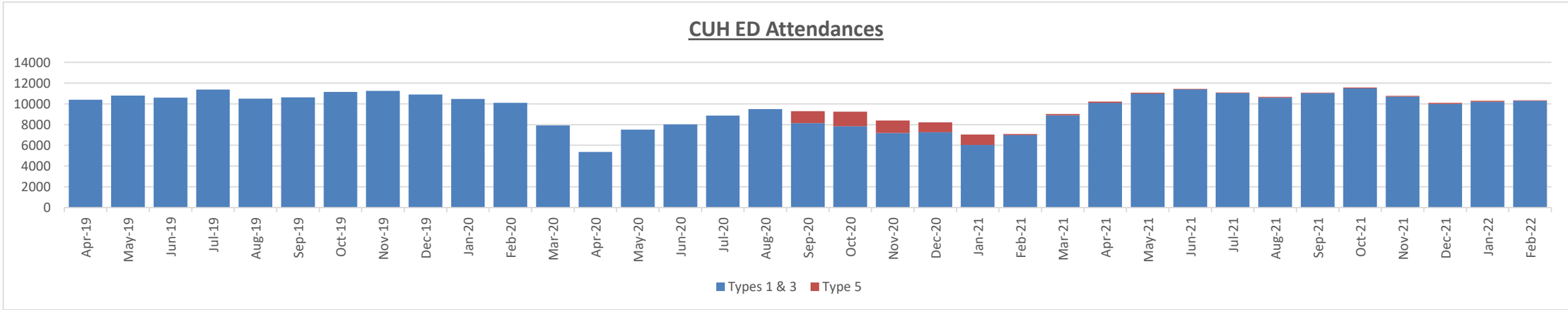
Fit Test Compliance CUH	Division A			Division B			Division C			Division D			Division E			Corporate			Total		
	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	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	530	463	87%	27	23	85%	257	225	88%	134	117	87%	270	236	87%	-	-	-	1,218	1,064	87%
Additional Clinical Services	194	161	83%	65	53	82%	113	97	86%	81	57	70%	64	46	72%	-	-	-	517	414	80%
Medical and Dental	170	129	76%	87	74	85%	171	136	80%	121	106	88%	144	103	72%	-	-	-	693	548	79%
Additional Professional Scientific and Technical	-	-	-	83	83	100%	1	1	100%	-	-	-	-	-	-	-	-	-	84	84	100%
Allied Health Professionals	57	53	93%	117	97	83%	1	1	100%	-	-	-	-	-	-	-	-	-	175	151	86%
Estates and Ancillary	4	2	50%	1	1	100%	-	-	-	-	-	-	-	-	-	65	62	95%	70	65	93%
Total	**955**	**808**	**85%**	**380**	**331**	**87%**	**543**	**460**	**85%**	**336**	**280**	**83%**	**478**	**385**	**81%**	**65**	**62**	**95%**	**2,757**	**2,326**	**84%**

The data displayed is at 23/03/22. 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. Security and Access agency staff are not deployed to 'red' areas inline with local policy.

Emergency Department

Cambridge University Hospitals NHS Foundation Trust

National Targets



CUH Emergency Department attendances February 2022

Total attendances in February were 10,346. This is 242 (2.4%) higher than February 2020
Daily attendances (types 1 & 3) across both adults and children were 368 compared to 348 in February 2020
Paediatric attendances were 1,923 (age 0-15), a decrease of 5.1% (94) from February 2020
Mental Health attendances were 330, a decrease of 10.1% (37) compared to February 2020
1,056 patients had an ED journey time in excess of 12 hours compared to 306 in February 2020
233 patients waited more than 12 hours from their decision to admit compared to 7 in February 2020
Our conversion rate decreased to 23.8% compared to 28.7 % in February 2020.
Additionally during February:
598 patients were streamed from ED to our medical assessment units on wards N2 and EAU4
3,334 patients were streamed to the Urgent Treatment Centre (UTC), of which 1,512 patients were seen by a GP or ECP
412 patients were streamed to SAU.

March month to date

In the March month to date there has been an average of 390 attendances per day (all types) compared to 357 by the same point in March 2019 (+33, +9.2%). 1,078 patients have had an ED journey time in excess of 12hrs compared to 9 by the same point in March 2019. We have had 366 x 12hr DTA breaches in the month to date, higher than the 0 seen by the same point in March 2019.
A CQC visit took place to review Urgent and Emergency Care on 21st March at CUH. High level feedback from the CQC team suggested that there were no concerns with the care being delivered in the Emergency Department. Further formal feedback to follow.

Ambulance handover

In February 2022 we saw 2,411 conveyances to CUH which was a decrease of 12%, (-330) compared to February 2020. Of these:
31.3% of handovers were clear within 15mins vs. 54.3% in February 2020
79.8% of handovers were clear within 30mins vs. 92.3% in February 2020
93.7% of handovers were clear within 60mins vs. 98.6% in February 2020.

Actions being undertaken by the Emergency Medicine Service:

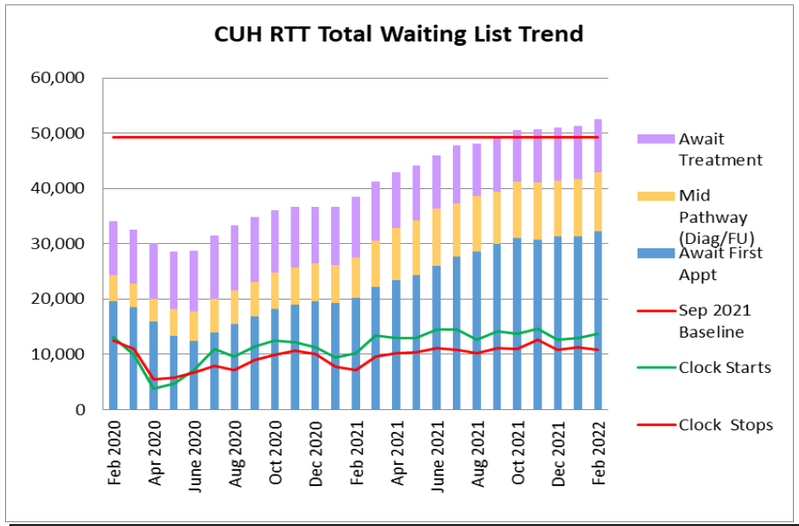
Business cases for additional Nursing and Doctor cover in the Emergency Department, have gone through all levels of fair and open professional challenge. Final stage is now due the end of March, for Investment Committee to agree funding
The Emergency Medicine Service is at the early stages of trialling a test of change to where the Physician Assistants undertake 'blood taking' in the department. By changing their location, we will release valuable cubicle space and create space for them to work more efficiently
Redesign and redevelopment of escalation plans are at the final stages of approval, to be trialled in April. This will ensure we are providing assurance to ourselves and the wider hospital, that correct actions are being undertaken, in times of increased pressure.
We are developing our processes in line with the rest of the organisation to cease use of bleeps/pagers and begin to utilise EPIC chat. Over time this will make referring patients to other specialties easier throughout the day.
We have secured funding for the next financial year to continue to run our Urgent Treatment Centre with ECPs/GPs starting at 8am, rather than the contracted 11am. This accommodates on average, an extra 8-10

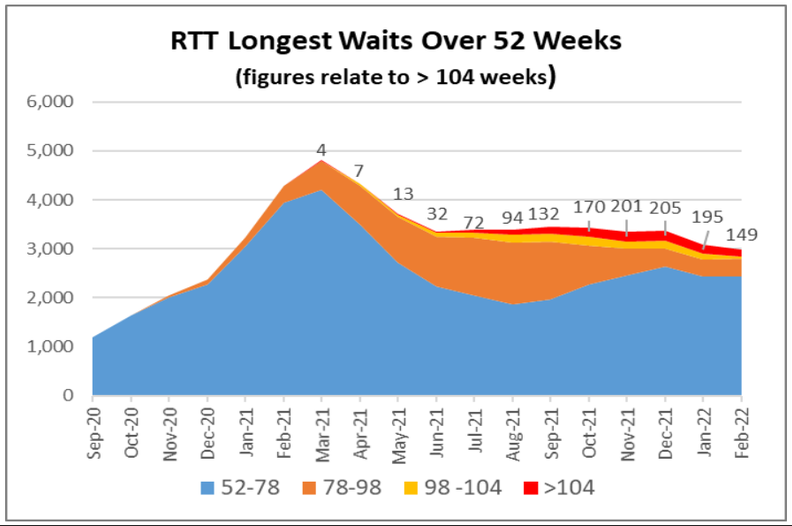
Author(s): James Hennessey Owner(s): Nicola Ayton

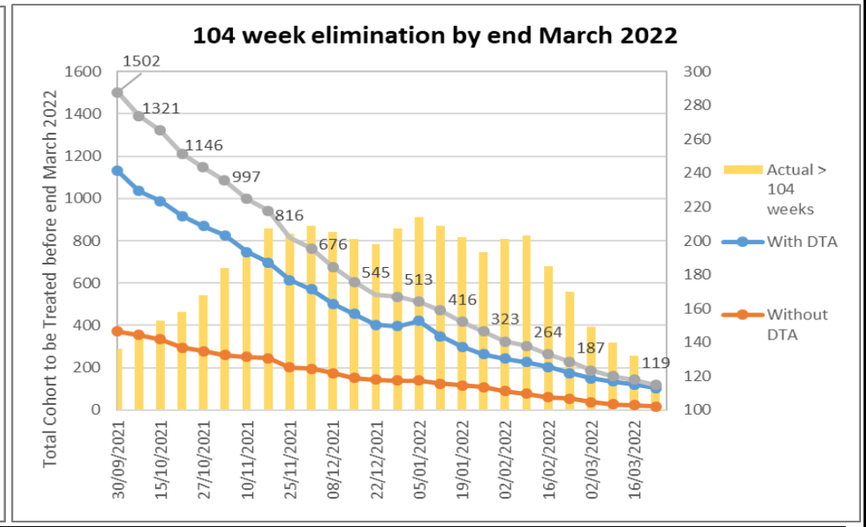
Referral To Treatment - (RTT)

Cambridge University Hospitals NHS Foundation Trust

National Targets







The Total RTT waiting list size increased by 1,191 in February to 52,561. This represents a growth of 6.7% compared to the September 2021 baseline which was the stated ambition for H2 planning nationally. Our H2 plan forecasted a growth to 55,338 by Month11, so we are below the trajectory we submitted for H2 planning by 2,777.
Compared to pre-pandemic the waiting list has grown by 54%.

The number of patients joining the RTT waiting list (clock starts) were 4.8% higher than last month, and 4.6% higher than February 2020. We had forecast continued referral growth of 2% above baseline, and this is the first month in H2 where that has been exceeded. With this high month, clock starts (referrals) increased to 26% 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 number of RTT treatments delivered in February represented 86.4% compared to February 2020. Admitted stops increased to 82.8% of baseline, with non-admitted stops lower at 87.4%. The total treatments were 4.6% lower than January, and the clearance time for the RTT waiting list *(how long it would take to clear if no further patients were added)* increased back up to 19.5 weeks. To recover to a clearance time equivalent to our pre-Covid performance (11.5 weeks) would require delivery of RTT activity at 155% of average 19/20 levels.

The 92nd percentile total waiting time dropped to 46 weeks. For admitted patients only we saw a further reduction to 67 weeks from a peak of 85 at the end of H1. The volume of patients waiting over 52 weeks decreased by 97 to 2,994. This is the first time it has been below 3,000 for 14 months. 753 patients in total were treated who had waited over a year. Nationally, the aim to further reduce long waits originally required the elimination of waits over 104 weeks by March 2022. In our H2 planning submission we committed to manage this volume to a maximum of 300. At the end of February we had 149 patients waiting over 104 weeks which was ahead of our H2 planning trajectory of 276, and the total cohort to be treated by the end of March has reduced by a further 55% in the last month and is now down to 119. 87% of those remaining are awaiting admitted treatments and 31% of these are scheduled before the end of March. Just 16 non-admitted pathways remain. ENT now represent 29% of the patients remaining in the 104 week risk group with 35, followed by Oral and Maxillofacial surgery (OMFS) with 25. We forecast to continue to exceed our trajectory and end the year with <90 patients waiting over 2 years. The requirement for zero tolerance of 104 week waits continues into 2022/23 and we are driving to achieve this by the end of April 2022, and to accelerate this down to 96 weeks by the end of May. COVID is having an impact with some scheduled patients each week being cancelled due to staff and patients being COVID positive. Non-urgent patients who are positive are required to wait 7 weeks before surgery is rescheduled, so this will carry forward some cases >104 weeks into May. A heightened focus on the non-admitted phases of the pathway will be essential for continued reduction of the longest waits next year and Cardiology, Rheumatology and OMFS are services where the outpatient delays need particular focus.
Nationally the RTT waiting list continues to rise, reaching 6.1 million in January 2022 with a 44.2 week 92nd percentile waiting time and 5.1% waiting over 52 weeks. CUH has 6% over 52 weeks which is 6th highest in the EoE. With 15% over 52 weeks, Norfolk and Norwich has the greatest challenge in the Region for long waiting patients.

Author(s): Linda Clarke

Owner(s): Nicola Ayton

Cancer

National Targets

Cancer Standards 20/21	Target	Qtr 1 - 21/22	Qtr 2 - 21/22	Oct-21	Nov-21	Dec-21	Qtr 3 - 21/22	Jan-22
2Wk Wait (93%)	93%	93.0%	94.9%	92.0%	75.0%	78.0%	81.8%	81.0%
2wk Wait SBR (93%)	93%	84.4%	92.4%	70.8%	25.0%	32.3%	43.9%	53.2%
31 Day FDT (96%)	96%	92.9%	91.7%	91.8%	90.3%	90.8%	91.0%	90.6%
31 Day Subs (Anti Cancer) (98%)	98%	98.8%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
31 Day Subs (Radiotherapy) (94%)	94%	94.9%	99.1%	96.9%	98.8%	99.6%	98.3%	99.1%
31 Day Subs (Surgery) (94%)	94%	87.5%	85.1%	89.5%	80.6%	80.6%	83.0%	87.5%
FDS 2WW (75%)	75%	83.8%	81.1%	86.3%	85.4%	84.1%	85.3%	76.1%
FDS Breast (75%)	75%	99.5%	97.6%	97.2%	96.9%	100.0%	98.0%	93.4%
FDS Screen (75%)	75%	65.8%	72.9%	64.3%	66.5%	65.9%	65.7%	51.4%
62 Day from Urgent Referral with reallocations (85%)	85%	**75.4%**	**75.1%**	**71.4%**	**78.1%**	**73.4%**	**73.2%**	**68.0%**
62 Day from Screening Referral with reallocations (90%)	90%	**68.6%**	**55.0%**	**50.0%**	**78.1%**	**74.1%**	**68.9%**	**56.7%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	65.8%	60.0%	0.0%	43.8%	66.7%	51.2%	46.2%

To January 2022 by site

To January 2022	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	82%	10	59%	8	84%	1	93%	201	57%	36	92%	2
Lung	3.5	36%				100%		100%	1	99%	1	98%	
Upper GI	1	50%			4	75%	3	77%	1	93%	4	75%	
Lower GI	7	36%	2	33%	4	87%		100%	39	86%	89	68%	2
Skin	3	89%			1	97%	2	90%	29	93%	33	89%	
Gynaecological	2.5	67%		100%	1	96%		100%	46	73%	105	38%	
Central Nervous					1	90%		100%		100%	1	93%	
Urological	15	59%			6	89%	4	64%	1	99%	60	61%	10
Head & Neck	8.5	19%			3	83%		100%	12	91%	51	68%	1
Sarcomas	2	64%				100%		100%	1	91%		100%	1
Other Haem Malignancies	1.5	79%				100%			5	62%	12	20%	2

The latest nationally reported Cancer waiting times performance is for January 2022.

The sustained demand on 2ww and 2ww SBR for the Breast service continues to drive the under performance against the 2WW standards. Breaches in Breast reduced to 201 in January so there was an improvement to 81%. This reflected an average wait of 19 days rather than within 2 weeks. The Faster Diagnosis Standard in Breast is being maintained and we delivered 92% in January within 28 days. The business case for a substantive increase to the Breast Unit staffing has been approved and the recruitment process has commenced. The National performance was lower for both 2ww and 2ww SBR at 74.9% and 49.4% respectively.

The 62 day Urgent standard performance in January reduced to 68%. This was ahead of performance nationally at 61.8%. There were 41 accountable breaches of which 37 were CUH only pathways. 19 of these delays were provider initiated delays, with the notable issue being that 14 were impacted by delays in histology turnaround as a consequence of the staffing challenges previously reported. 10 were due to late referrals of which four were treated within 24 days of transfer. Breaches spanned 10 cancer sites, with the highest volume by site being Urology with 15 (9 related to histology), then Head and Neck 8.5 and Lower GI 7.

The 62 day screening standard incurred 12 breaches this month resulting in performance dropping to 56.7%. Ten of these were in Breast with three due to lack of surgical capacity and two due to histology delays. National performance was 65.4%.

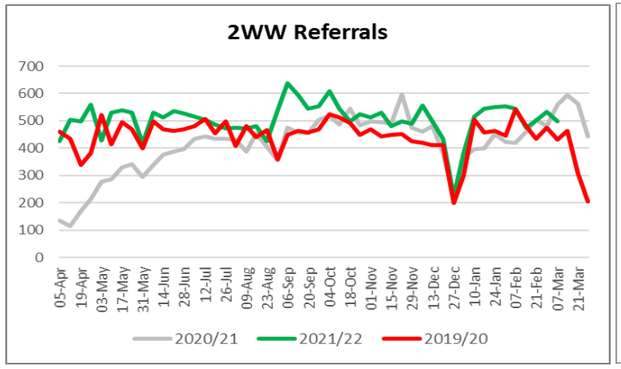
The 31 day FDT standard remained stable at 90.6%, but was ahead of National performance of 89.6% this month. The subsequent surgery standard showed improvement up to 87.5% compared to National at 78.9%. 63% of breaches were attributable to surgical capacity in January. Breast had 9 of the 24 capacity breaches which was an improvement on the prior month. There were also four cancellations due to bed availability.

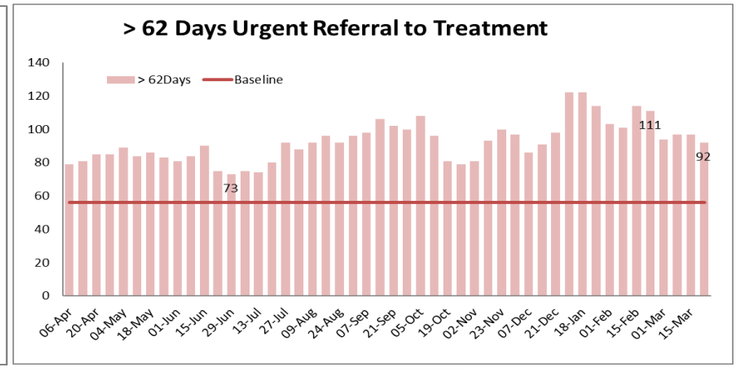
18 pathways waited >104 days for treatment in January. 12 were shared pathways referred between day 50 and 203, of which six were treated within 24 days. Seven of the 12 were shared pathways with NWAFT. Six CUH pathways exceeded 104 days, only one was due to patient choice the others were due to the complexity of the diagnostics and changes in plan. The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust. No cases have required escalation to the harm review panel this month.

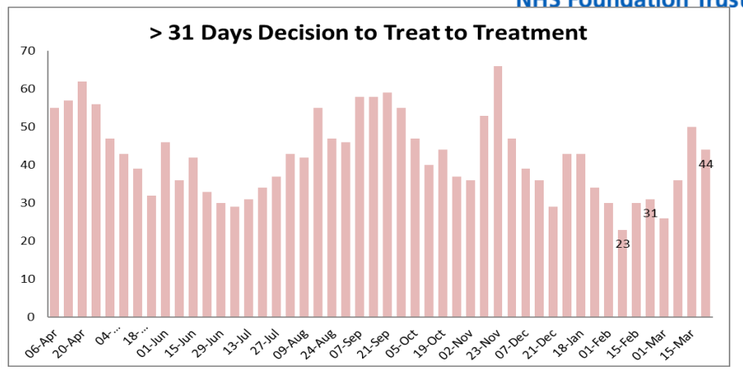
Cancer

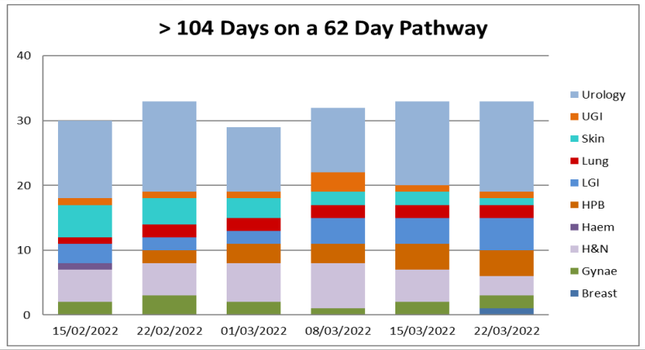
NHS
Cambridge University Hospitals
NHS Foundation Trust

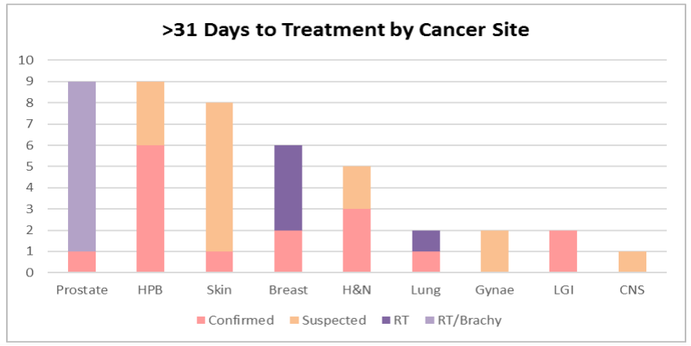
National Targets











Current position

In February 2WW suspected cancer referral demand continued at 110% across the four weeks compared to the same period in 2020. The number of breaches in the Breast service have increased again through February and March to over 300, the current average wait being 18 days. Staff leave has impacted on the ability to run the additional "good will" capacity that the service has become reliant on . Investment Committee approval for the Breast Unit sustainable resource has been approved and the recruitment process is being taken forward. Skin, Lower GI and Gynaeoncology are the only other sites demonstrating some pressure with 2ww delivery with more than 10 breaches .

The number of patients waiting >62 days on an Urgent pathway has decreased slightly from 111 last month to 92currently. 42% of the breaches are Inter Trust Referrals which means 53 are CUH only pathways. 51% of patients do not yet have a confirmed cancer diagnosis. 28% have treatment scheduled. Urology, LGI , Head & Neck and Gynaecology have the highest backlog for CUH only pathways. Histopathology delays had continued to reduce with improvement seen on 7 day turn around for reports to 38% (against a target of 80%), and 10 day turn around to 68% (against a target of 90%). In the most recent week however staff isolation due to COVID on top of the vacancy level saw performance drop again down to 31% within 7 days.

The number of patients waiting over 31 days has increased over the past month and is currently 44. 68% are scheduled for treatment. 34% are still suspected. Prostate and HPB have the higher volume. HPB have got capacity shortfalls impacting six pathways across surgery and Radio Frequency ablation. Prostate is being impacted by delays in radiotherapy. This is also impacting the Breast pathway and is the reason for the 31 day deterioration over the last month.

CT capacity in radiotherapy is at 50% due to a scanner failure requiring a full CT replacement. The completion of the replacement work is expected to be the end of August due to equipment lead time and Estates installation work. The loss of up to 15 slots per day is being partially mitigated by extended hours on the remaining CT but this is dependent on additional staff availability. The department have a 30% vacancy rate in band 5 staff. Posts have been recruited to however most are with current students who qualify in July. The team have also experienced sickness due to covid in March which has further impacted on delays to patients starting treatment. The team have managed to secure one agency Radiographer although five were approved. Our position reflects a national shortage and we are in a similar position to other Radiotherapy providers in the EoE Region. New patients are being prioritised clinically, patients who have already started treatment are continuing with their agreed treatment with no delays. The position is expected to start to improve from April if sickness levels reduce.

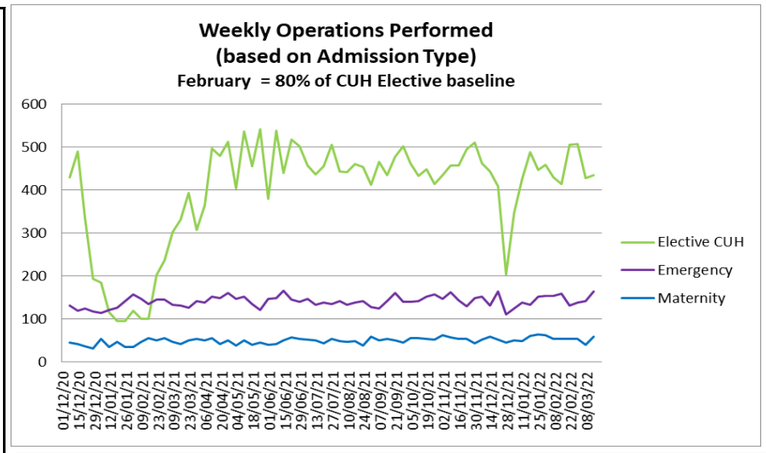
Author(s): Linda Clarke

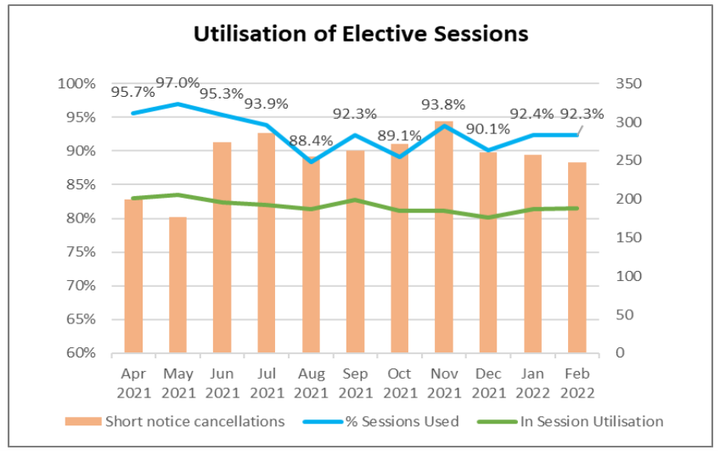
Owner(s): Nicola Ayton

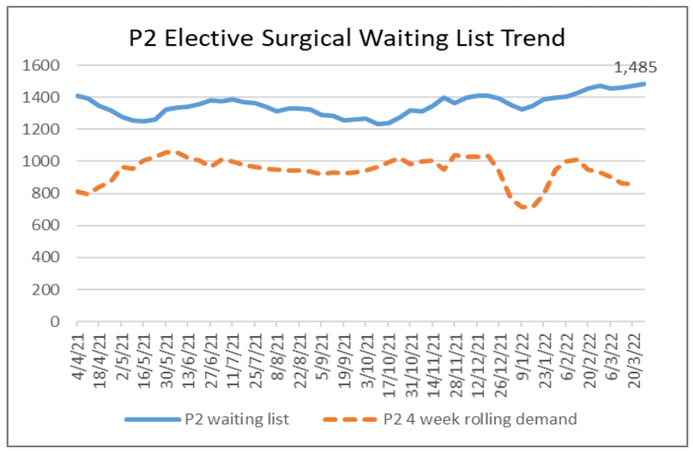
Operations

Cambridge University Hospitals NHS Foundation Trust

Operational Performance







Elective theatre activity in February delivered 80% of the February 2020 baseline. Taking account of the loss of the three A Block theatres from our capacity, the adjustment would bring the performance up to 89%.

- The average operation duration was 5% longer in February 2022 compared to the baseline month and reflects a continuation of the trend we identified in January
- Short notice cancellations from elective sessions were 248 in February which in volume is slightly lower than January, but in operating hours this equated to a 4.5% increase in time lost. 23% of cancellations were due to patients being unwell to proceed, with a further 8% being directly noted as due to COVID. 15% were due to bed availability and 10% due to staff unavailability. The impact was highest across Ophthalmology, Orthopaedics, and Neurosurgery.
- Elective sessions used in February were at 92.3%. 63% of unused sessions were due to surgeon availability this month. 36% of all unused sessions were at Ely.
- Elective in-session utilisation was stable at 81.5%. The Cambridge Eye Unit improved by 6% in month possibly supported by less short notice cancellations than in January.
- The weekend elective activity in February was 41 cases. Super Saturday initiatives to support the 104 week activity in Urology and ENT was the majority of this.

The number of P2 patients awaiting surgery has increased to 1485. The rolling weekly demand started to decrease from mid February. The volumes of overdue P2 cases has increased back up to 796 from 749 at the end of February. The increases in P2 waiting lists are being seen in Orthopaedics, Neurosurgery, Plastic surgery and to a lesser extent Colorectal and HPB. The Surgical Prioritisation group continues to allocate theatre capacity based on meeting the demand for the highest clinical priority and supporting the reduction of P2 backlogs. Neurosurgery has been allocated the maximum that can be supported by neuro trained perioperative staff, and a case for substantive weekend sessions is being developed. Sunday initiatives are being undertaken to support in the meantime where staff are willing to volunteer.

The Surgical Taskforce is overseeing a project to improve the utilisation of Ely Day Surgery Unit supported by the adoption of High Volume Low Complexity effective Surgical Hub guidance. Year to date Ely DSU has averaged 72% of sessions used, and 78% in-session utilisation. The project aims to improve utilisation up to the level of the main site by July 2022, and then further increase to our target levels of 95% session use and 90% in session utilisation by the end of Quarter 2.

- Ten specialty teams currently have access to use Ely capacity: Breast, Colorectal, ENT, HPB, Oral Surgery, Orthopaedics, Plastics, Upper GI, Urology and Vascular.
- Daily performance reports provide feedback to specialty teams as close to real time as possible, leading to cultural shifts in engagement.
- Additional equipment and training is being provided to increase the range of procedures that would be appropriate for existing specialties (Urology, ENT, Plastics).
- Neurosurgery have identified some suitable pathways and are starting to be scheduled into underperforming sessions.
- A greater number of Pre-operative assessment(POA) clinics are being run to increased the lead-in time to reduce instances of short notice cancellations.
- The Clinical Lead for POA is working to expand the suitability criteria at Ely and ensure there is consistency of acceptance of that criteria throughout anaesthesia.
- The use of Regional Blocks for hand surgery is to start from mid -April which will support an increase in productivity.

Diagnostics

Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Change from previous month:

Deteriorated

Improved

		Feb-22						
		Waiting List					Scheduled Activity	
		Total Waiting List	Variance from Feb 2020		% > 6 weeks	Mean wait in weeks	Scheduled Activity	Variance from Feb-20 Baseline
Imaging	Magnetic Resonance Imaging	2,479	1962	26%	27.3%	6	2,197	87.9%
	Computed Tomography	3,190	1038	207%	60.0%	21	2,314	87.5%
	Non-obstetric ultrasound	3,033	1876	62%	19.4%	4	3,180	98.0%
	Barium Enema	34	31	10%	2.9%	2	35	100.0%
	DEXA Scan	1,099	648	70%	23.7%	4	655	129.7%
Physiological Measurement	Audiology	583	338	72%	29.3%	6	378	77.0%
	Echocardiography	2,390	967	147%	65.7%	13	1,216	105.8%
	Neurophysiology	113	269	-58%	0.9%	1	214	78.7%
	Respiratory physiology	61	24	154%	68.9%	14	24	96.0%
	Urodynamics	199	93	114%	51.3%	8	46	76.7%
Endoscopy	Colonoscopy	579	539	7%	20.9%	4	540	136.7%
	Flexi sigmoidoscopy	137	106	29%	16.1%	4	79	94.0%
	Cystoscopy	183	236	-22%	26.2%	9	368	101.9%
	Gastroscopy	729	581	25%	22.4%	5	593	89.2%
Total Diagnostic Waiting List		**14,809**	**8708**	**70%**	**38.4%**	**10**	**11,839**	**95.2%**

Scheduled diagnostic activity in January was down by 7% compared to the prior month, in comparison to baseline in February 2020 we delivered 95.2%.
The total waiting list size increased by 64 to 14,809. This is still 70% higher than pre-Covid in February 2020. The proportion of patients waiting over 6 weeks decreased by 10.6% this month to 38.4%. Mean waiting time reduced to 10 weeks.

Imaging is 66% of the diagnostic waiting list. Scheduled activity in Imaging decreased by 6% in February compared to the prior month, with reductions in all modalities other then Dexa. Scheduled activity was 94% of baseline overall but with MRI and CT dropping to below 90%. Waiting lists increased by 416 in month, driven by Ultrasound and MRI. Demand for Ultrasound increased by 10% in month whilst activity dropped by 5% with less weekend activity delivered. The ICS is having discussions for additional community ultrasound capacity. Demand for MRI was stable in month but the continuation of the loss of activity associated with the scanner replacement, led to further waiting list rises. Despite lower activity CT held a stable waiting list position, but remains the modality of greatest concern. The ICS has now received confirmation of continued Early Adopter funding for the first six months of 2022/23. This supports mobile CT capacity at CUH, mobile MRI capacity at NWAFT and also some staffing for Ultrasound, administration and reporting. It has taken many months for the provider to deliver a sustainable workforce for the mobile CT unit, but since February this has been delivering 20% of the CT outpatient activity. Contrast enhanced capacity on the mobile MRI scanner located at NWAFT is still required to enable that to productively support the backlogs of scans required. Staffing continues to be the greatest challenge for Imaging with a 19% vacancy rate in Radiographers Band 5 and above. Bank enhancements remain in place for daytime, evening and weekends shifts, and currently there are five agency staff in post. Overseas recruitment has had some success with candidates being offered posts across CT and X-ray, however it will take a couple of months to get these recruits into post. Staff isolation for both COVID and the Lassa Incident has also impacted capacity, and in particular has limited the ability to use enhanced hours to mitigate for capacity lost due to scanner replacement as they have been required to support the normal rotas and unscheduled activity. In addition to MRI, CT has just commenced a scanner replacement that means we will be one scanner down for outpatient capacity for 2 months until the end of May. In light of this, the confirmation of the continued Early Adopter funding, and the latest position on the recruitment pipeline; the modalities are re-forecasting their recovery trajectories currently.

Endoscopy is 11% of the diagnostic waiting list. Scheduled Endoscopy activity increased by 3% in February. Compared to the baseline we delivered 105% across Endoscopy in February. The waiting list reduced by 393, and the volume waiting over 6 weeks reduced to 21.7% compared to 41.6% last month. The service remains ahead of their recovery trajectory by ~600 units, and the current rate of improvement would forecast recovery to the baseline waiting list size at the end of May 2022.

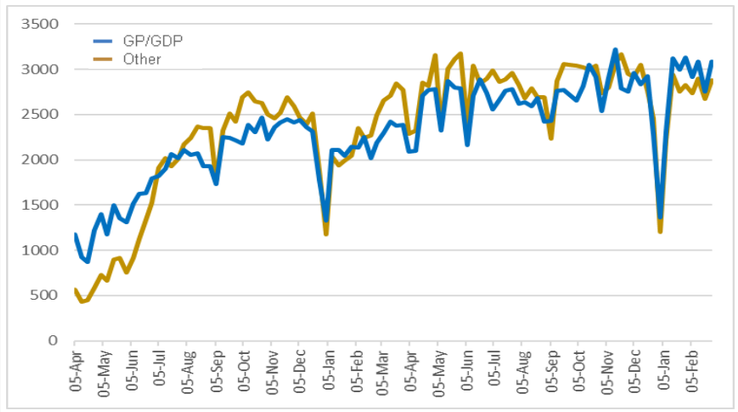
Physiological measurement is 23% of the diagnostic waiting list, with Echocardiography representing 16%. Scheduled activity reduced by 15% in February with reductions seen in Audiology, Neurophysiology and Echo. Across the modalities activity was at 94% of baseline but Echo delivered 105.8%. The waiting list across this group increased by 41, driven by Audiology. The volume >6 weeks reduced by 8.5% to 56.4%. Echo remains the priority with 65.7% over 6 weeks. The insourcing proof of concept trial finished at the beginning of March, and after a procurement exercise yielded no compliant bids, a new contract with the pilot supplier is currently being negotiated . This has led to a gap in service and the delivery rate on the new contract is being finalised. Going into 2022/23 the services is planning for continuation of escalated bank rates, increased agency locum staff, and an increase in substantive establishment.

Outpatients

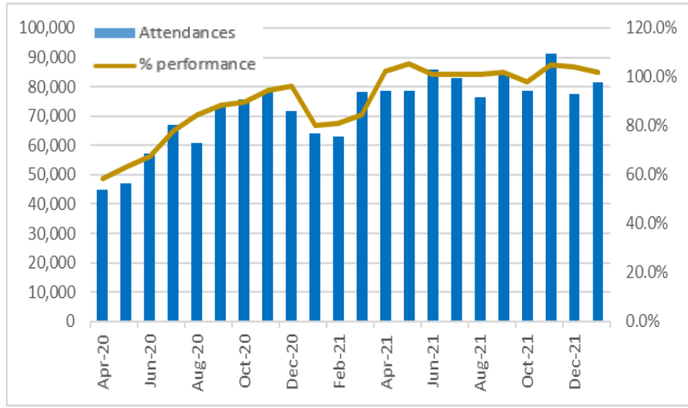
Cambridge University Hospitals NHS Foundation Trust

Operational Performance

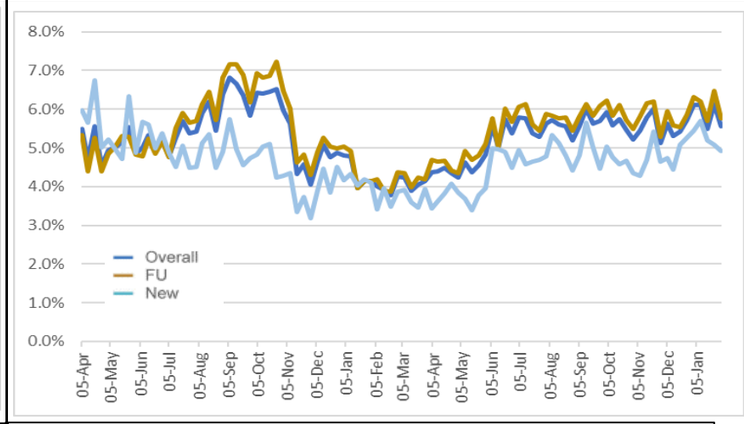
Referrals



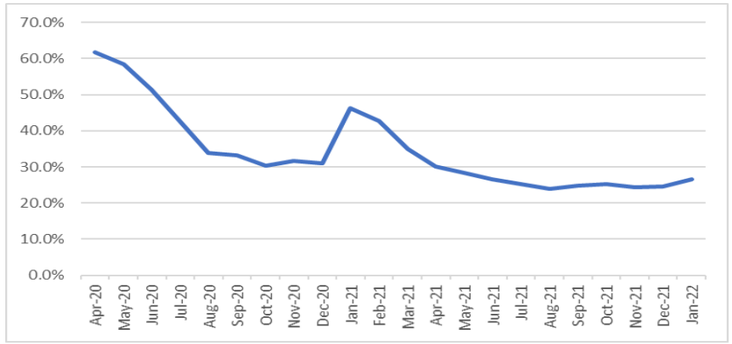
Attendances



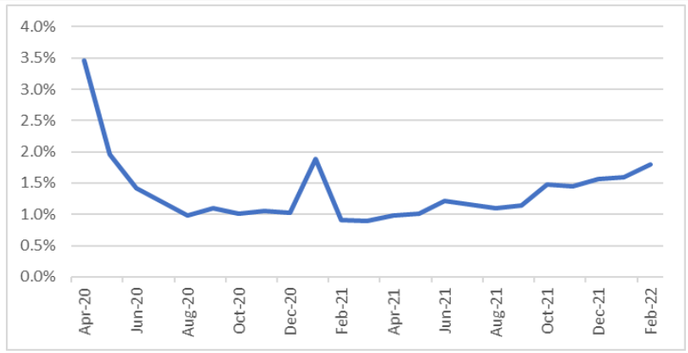
DNA Rate



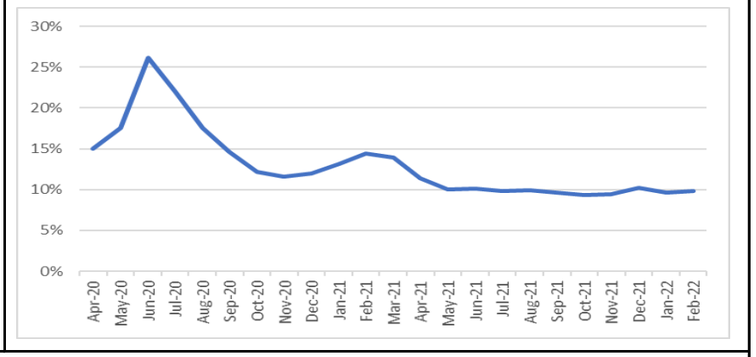
Virtual appointments



PIFU orders placed



Advice & Guidance



Outpatients continues to perform well with attendances at 101.9% compared to the 2019 baseline. In February we performed at 99.0% and 103.7% of baseline for new and follow up appointments respectively.

NHS England key objectives for transformation: In February we carried out 24.2% of all appointments remotely; 13.3% of new and 33.6% 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 1.8% of total outpatient appointments against a target of 1.5%, and we are receiving 9.8% 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 meet demand, effective room utilisation for face to face appointments, maximising virtual appointments and the use of PIFU and advice & guidance.

The outpatient task force is working with specialties to set KPIs and to monitor performance to maximise these opportunities. We continue to explore ways of working together to optimise outpatient services at system level.

Following complaints from members of the public about queues at the park-and-ride phlebotomy service we have implemented a ticketing system so that cars can now park and wait their turn instead of queueing.

Areas of concern:

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

A long-term solution for a drive-through phlebotomy service. The service is very popular with patients from both secondary and primary care. Repatriating to CUH Oupatients is not an option as the environment is not fit for purpose.

Availability of some corperate resource to deliver on sustainable change projects.

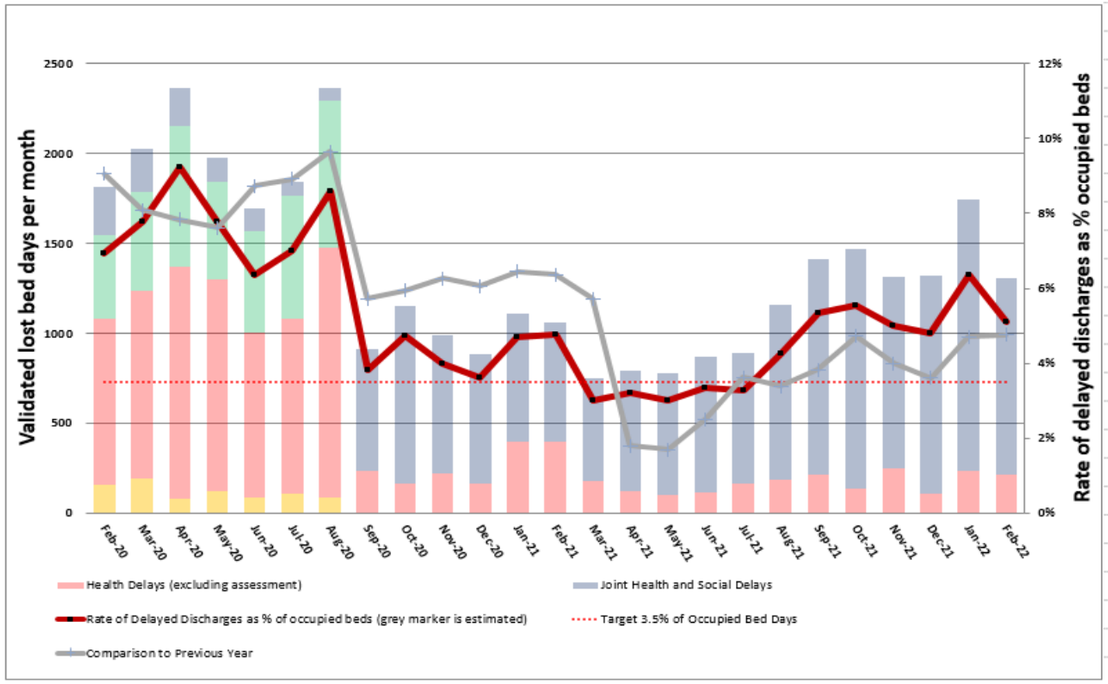
Author(s): Andi Thornton

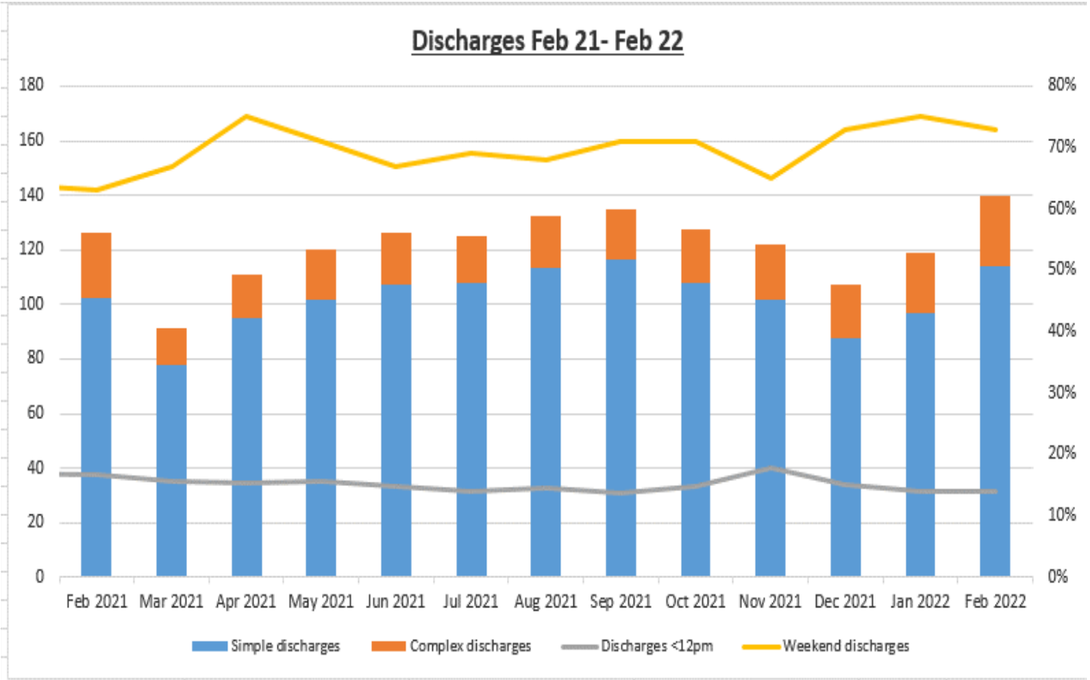
Owner(s): Nicola Ayton

Delayed Discharges

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





The Hospital Discharge Service Requirements guidance was updated in October 2021. For this February 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 February 2022, we are reporting 5.09%, which is a decrease of 1.26%. This equivalent to beds days for February is 1308, in comparison with January- 1752 and December- 1319. Within the 5.09%, 56.6% were attributable to Cambridgeshire and Peterborough CCG, and the remainder across a further 8 CCG's. *Please note that we have referred to delays per CCG instead of Local Authority.*
In relation to lost bed days for Cambridgeshire and Peterborough overall for February (745) this has been a decrease of 24% since January (980 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 we have seen a drop in out of county delays - from January (767) to February (563).
For the total delays (local and 'out of area') within February for Care Homes were 45.9% equating to 604 lost bed days for this counting period; domiciliary care (inclusive of Pathway 1 and Pathway 3) at 37.4% of the total lost bed days for the month, at 493. This has continued to 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 is currently at 159, a reduction of 28% since January.

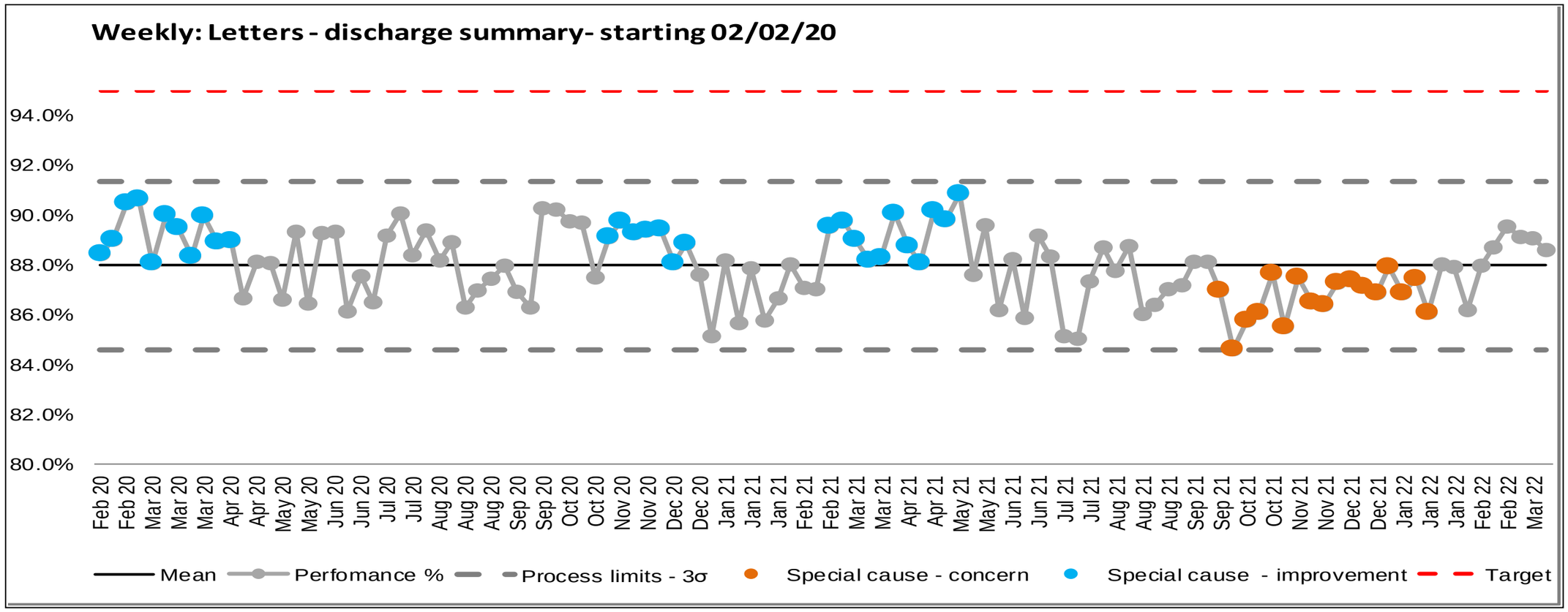
As part of a local system, Cambridgeshire and Peterborough CCG, CPFT, Cambridgeshire and Peterborough County Councils, are continuing to work together to look at the longer term plan for discharge pathways, working with support from ECIST to build, shape and design 'discharge to assess' over the coming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

Author(s): Emily Hall
Owner(s): Nicola Ayton

Discharge Summaries

Cambridge University Hospitals NHS Foundation Trust

Operational Performance



Discharge summaries

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

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

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

Author(s): James Boyd

Owner(s): Ashley Shaw

Patient Experience - Friends & Family Test (FFT)

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 - Feb 22	Month	-	96.0%	96.0%		-	-	For February, there was no change in both the Good score and the Poor score. 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 FEB: there were 534 FFT responses collected from approx. 3,568 patients.**
FFT Inpatient poor experience score	Jul 20 - Feb 22	Month	-	1.3%	1.4%		-	-	
FFT Outpatients good experience score	Apr 20 - Feb 22	Month	-	95.7%	95.5%		-	-	February outpatient data (adult FFT collected by SMS) has not changed, with the Good and Poor scores remaining fairly consistent since April. The SPC icon is showing no concerning changes. Very few comment cards are being collected in paediatric clinics so this data is mainly adult. **FOR FEB: there were7,959 FFT responses collected from approx. 36,022 patients.**
FFT Outpatients poor experience score	Apr 20 - Feb 22	Month	-	2.1%	2.1%		-	-	
FFT Day Case good experience score	Apr 20 - Feb 22	Month	-	96.7%	97.0%		-	-	Both Good and Poor scores had little change in February. The Good score improved by 1% compared to Jan and the Poor score remained the same. The Poor score is remains a very good score, under 5%. **FOR FEB: there were 1229 FFT responses collected from approx. 4,537 patients.**
FFT Day Case poor experience score	Apr 20 - Feb 22	Month	-	1.9%	1.6%		-	-	
FFT Emergency Department good experience score	Apr 20 - Feb 22	Month	-	78.4%	87.9%	L	SP	-	**FOR FEB**: the Good overall score decreased by 4.5% and the Poor score increased by 2%. This is following a similar decline in Jan scores compared to Dec. The adult Good score decreased by 5% and the Poor score increased by 5%. Paeds scores also declined: Good score declined 3% compared to Jan / Poor score increased 2%. **FOR FEB: there were 1261 FFT responses collected from approx. 5,811 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 - Feb 22	Month	-	14.3%	7.3%	H	SP	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Feb 22	Month	-	93.8%	95.6%		-	-	**FOR FEB:** Antenatal had 7 FFT responses; 100% Good (12% improvement compared to Jan). Birth had 43 FFT responses out of 424 patients; 97.7% Good and 0% Poor (2% decline compared to Jan). Postnatal had 109 FFT responses (73 from Lady Mary / 27 from Birth Unit / 9 from COU) and 92.7% Good score and 4.6 % Poor score (Good score improved 1% / Poor score declined 2% compared to Jan). 1 FFT from Post Community 100% Poor. **FEB** overall Good declined by 3% and Poor score increased 1% compared to Jan.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Feb 22	Month	-	3.7%	1.6%	H	SP	-	

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. In February 10 wards did not collect any FFT data, which is an improvement from the 16 wards in Jan.

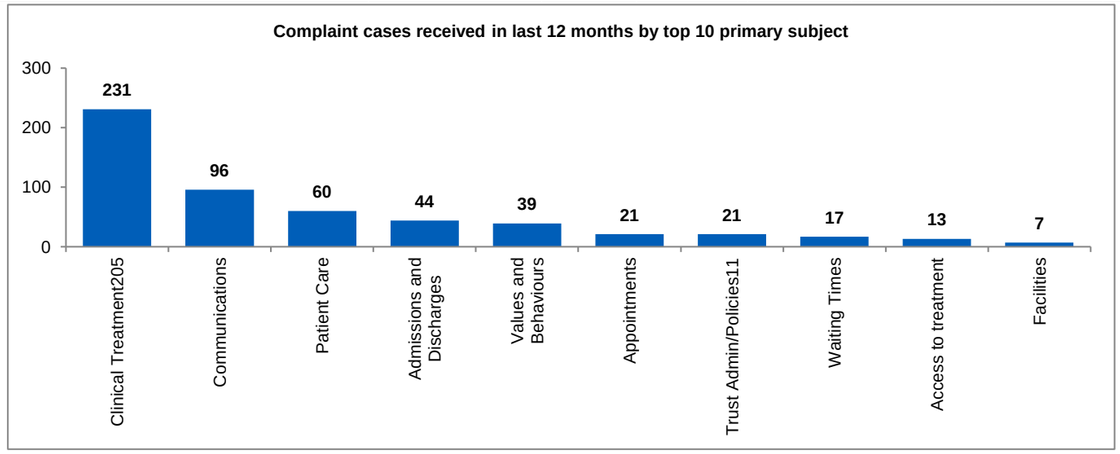
Overall FFT, the scores in February for IP, OP and Day Case remained fairly consistent. ED had the largest negative changes in FFT with adult Good score decreasing about 10% since Dec, and Poor score increasing 6% since Dec. ED paediatric also had negative changes in scores. The Maternity FFT negative changes are from 1 patient that scored 100% Poor for Antenatal, 5 patients that scored Poor for their Postnatal experience.

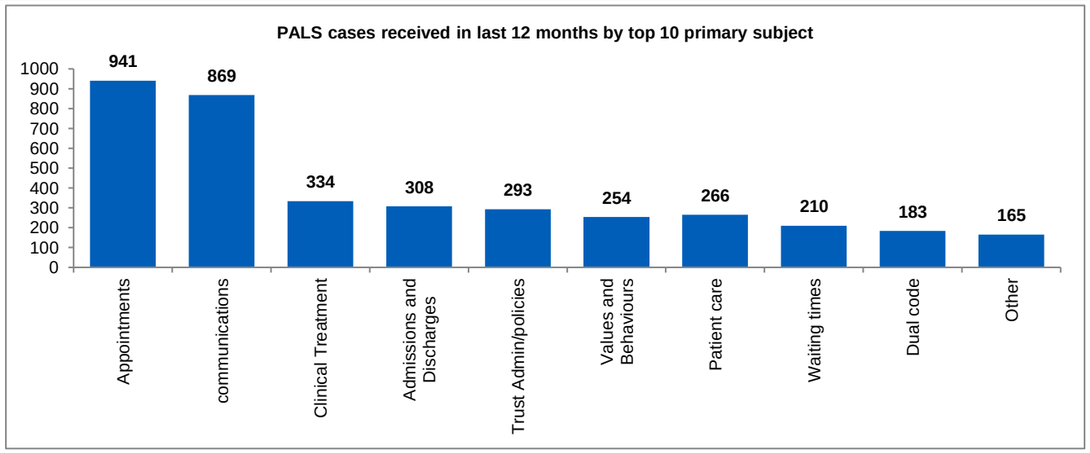
PALS and Complaints Cases

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	Feb 19 - Feb 22	month	-	48	48		-	-	The number of complaints received between Feb 2019 - Feb 2022 has reached normal variance.
% acknowledged within 3 days	Feb 19 - Feb 22	month	95%	98%	94%		-	?	47 out of 48 complaints received in February were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Feb 19 - Feb 22	month	50%	24%	33%		-	?	34 complaints were responded to in February 22, 8 of the 34 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	Feb 19 - Feb 22	month	80%	97%	92%		-	P	33 out of 34 complaints responded to in February were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Mar 19 - Feb 22	month	-	48%	35%		-	-	There were 21 complaints graded 4 severity, and 12graded 5. These cover a number of specialties and will be subject to detailed investigations. The grade 5 complaint alleged poor care and treatment which affected patient's outcome (patients deceased).
Compliments received	Feb 19 - Feb 22	month	-	15	40		-	-	There were 15 compliments logged fro February 22.





PHSO - There were no cases accepted by the PHSO for investigation in February 2022. **Completed actions** During February 2022, a total of 12 actions were registered and allocated to the appropriate staff members. These actions were as a result of all complaints closed between 1 and 31 January 2022. Four of these actions were as a result of grade 1 and 2 complaints and the other eight actions were as a result of grade 3, 4 and 5 complaints. A total of nine of these actions have already been completed within their allocated timescales. There are currently three actions yet to be completed, however, these are still within the allocated timeframes. Taking this into consideration, 100% of the actions registered in February 2022, have been completed in time.

Author(s): Sue Bennison

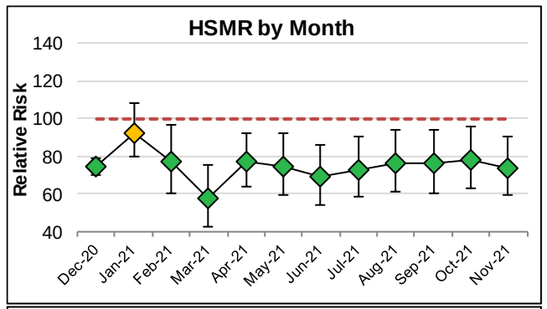
Owner(s): Oyejumoke Okubadejo

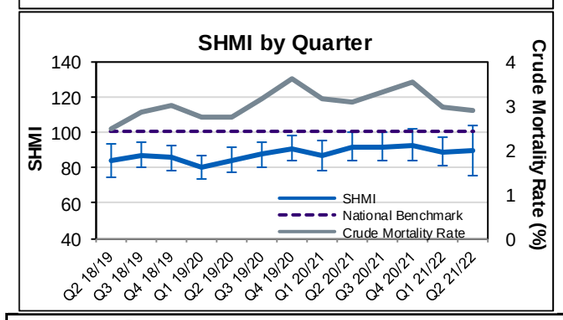
Learning from Deaths

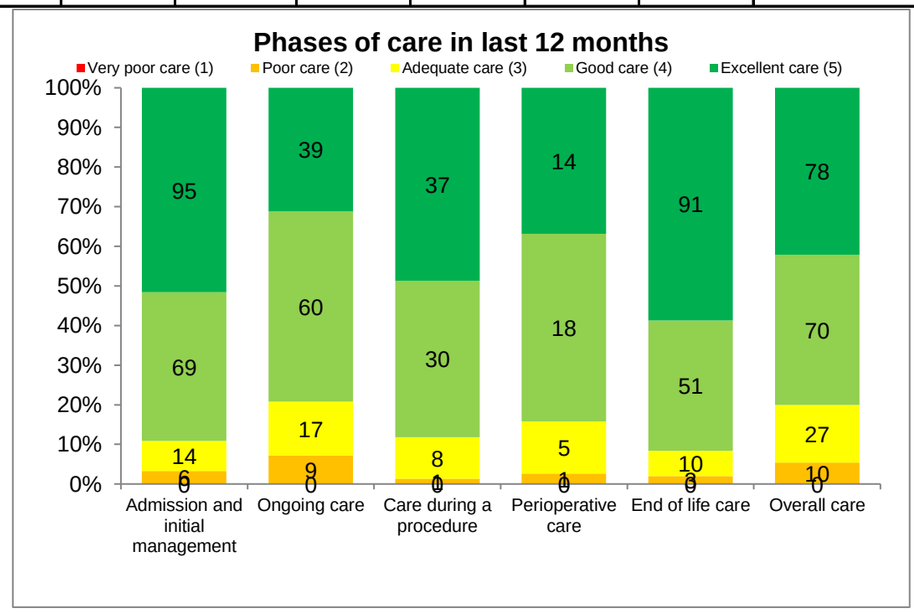
Cambridge University Hospitals NHS Foundation Trust

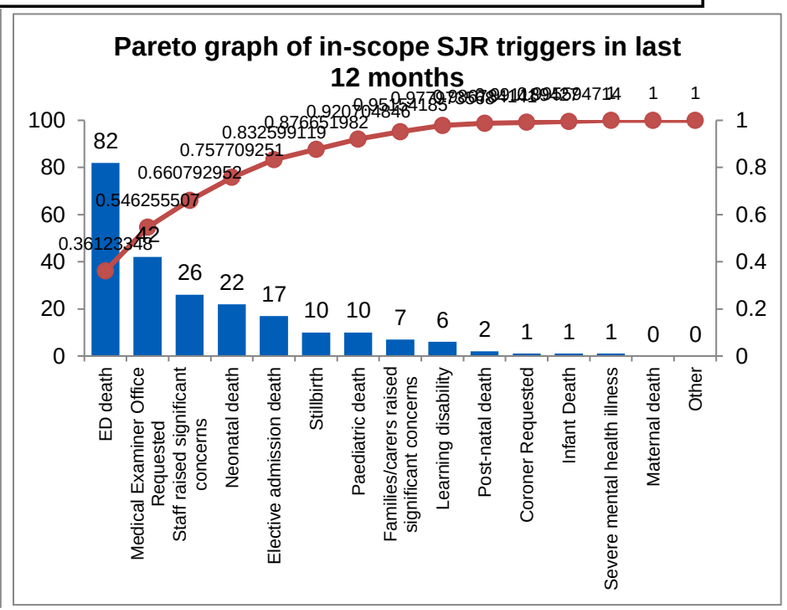
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Feb 22	month	-	7.20	8.28		-	-	There were 112 deaths in February 2022 (Emergency Department (ED) and inpatients), of which 8 were in the ED and 104 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 - Feb 22	month	-	16%	19%		-	-	In February 2022, 17 SJRs were commissioned.
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - Feb 22	month	-	0	0.76		-	-	There were no unexpected/potentially avoidable deaths serious incident investigations commissioned in February 2022.









Executive Summary

HSMR - The rolling 12 month (December 2020 to November 2021) HSMR for CUH is 74.96, this is 4th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 91.09.
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

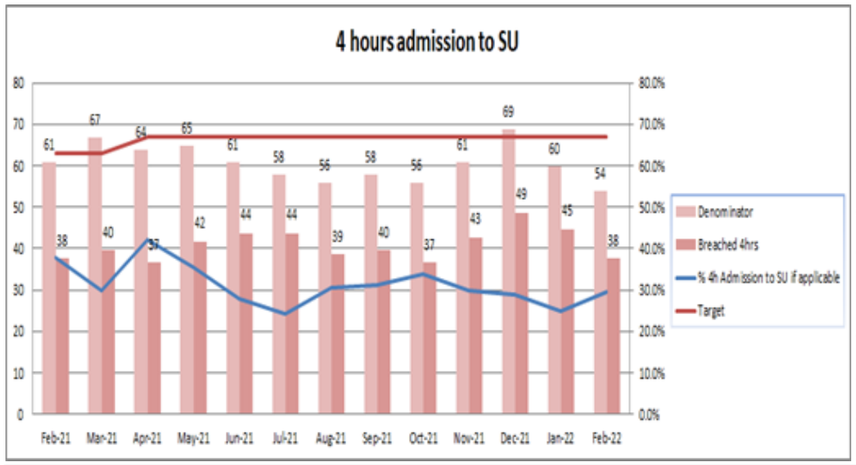
Owner(s): Dr Sue Broster

Together - Safe | Kind | Excellent

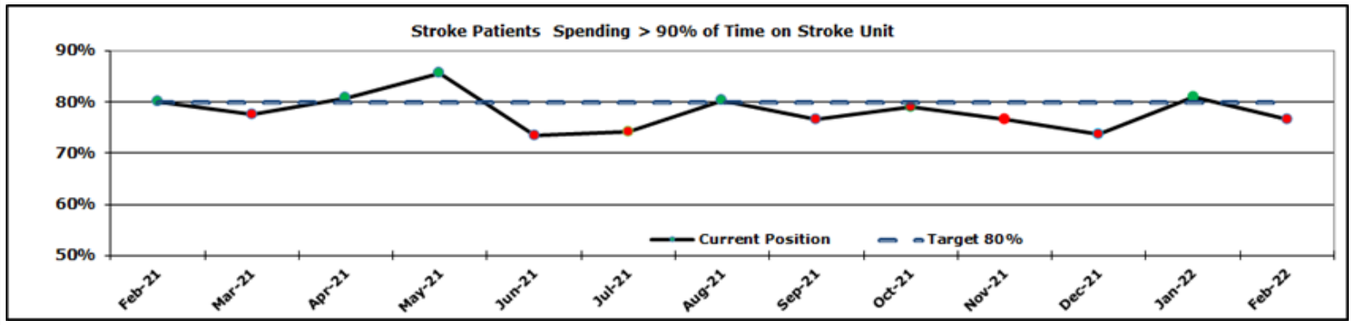
Stroke Care

Cambridge University Hospitals NHS Foundation Trust

Stroke Measures



4h Breach reasons	Count of MRN
Trust Bed Capacity	22
Awaiting senior medical review	7
Delayed referral to Stroke team	3
Palliative	1
Unclear presentation - MRI confirmed stroke	1
CT delays	1
Covid positive	1
Inpatient stroke - late referral	1
ED delays	1
Grand Total	38



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%)
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%
Jan-22		2						1		3	1		1			4	12	81.0%
Feb-22		7	1				1	1		1			2	1			14	76.7%
Summary	0	75	3	0	0	0	6	25	0	16	5	0	29	9	0	14	182	

90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for February = **76.7%**

Trust Bed Capacity' (7) was the main factor contributing to breaches last month, with a total of 14 cases in February 2022.

4hrs adm to SU (67%) target compliance was not achieved in February = **29.6%**

Key Actions

- From Dec 2020 onwardsCOVID has 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. This will now be part of the upcoming hyper-acute mixed-sex bay on R2.**
- 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 Sep - Dec 21 at Level B.
- Stroke Taskforce meetings remain in place, plus weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- 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. This will hopefully lead to a reduction in ED attendances and an improvement to TIA metrics.

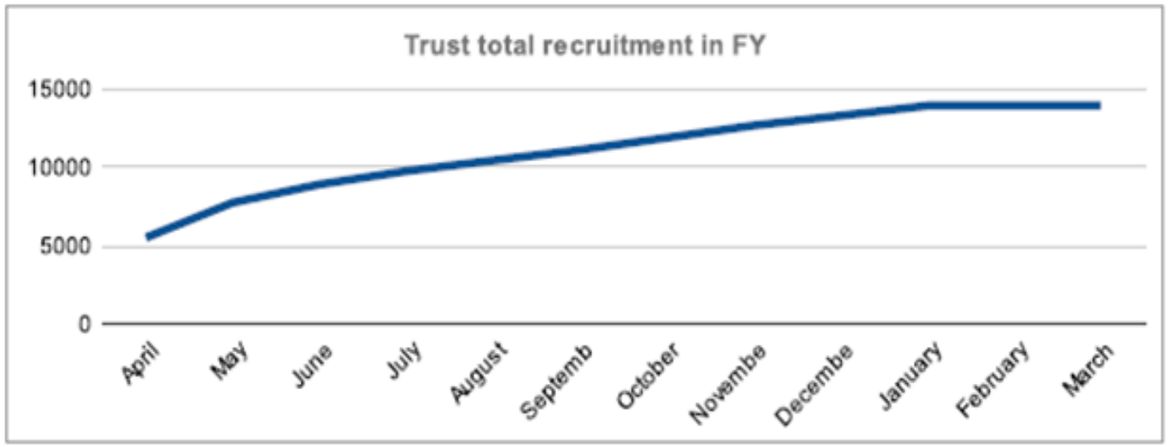
Author(s): Charles Smith, Jane Fenner

Owner(s): Nicola Ayton

Clinical Studies

Cambridge University Hospitals NHS Foundation Trust

Clinical Studies Measures



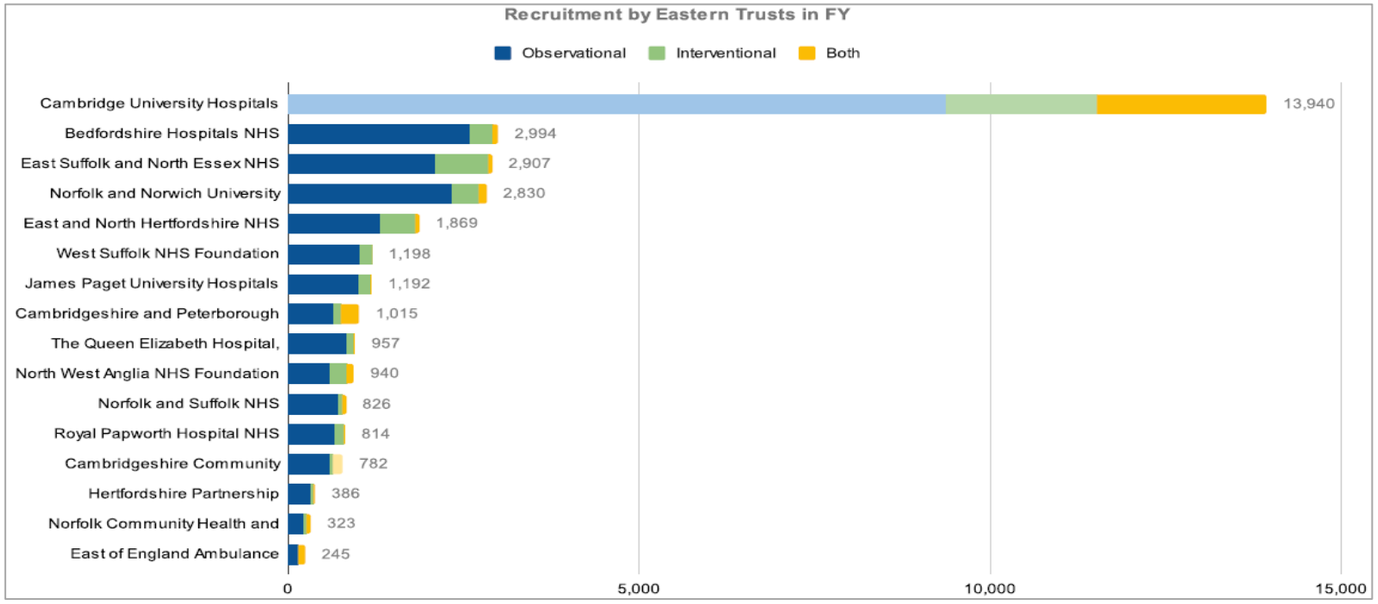
Total Recruitment FY to end of January 2022

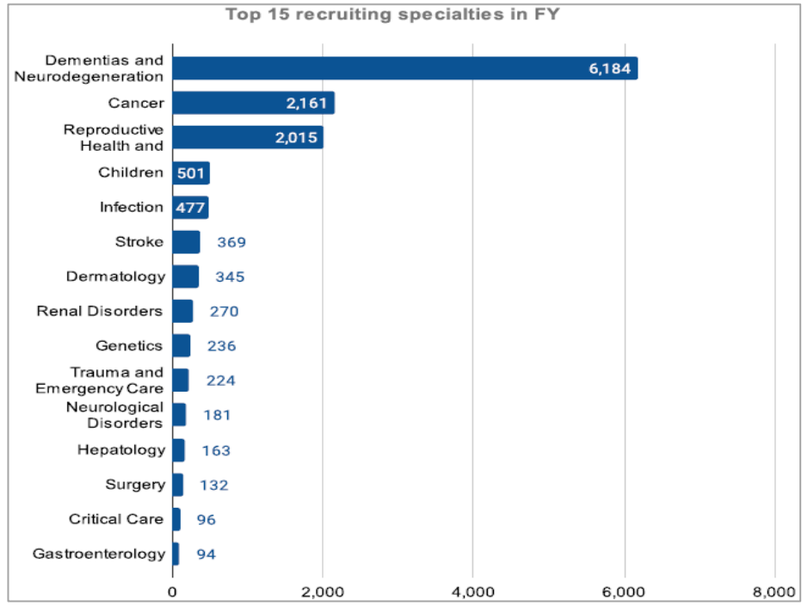
13,940

Recruiting Studies January 2022

Open	279
Closed	35
Suspended	1
Total	**315**

Commercial	250
Non Commercial	65





Situation as at end of January 2022

* Total recruitment in the financial year to date: 13,940 (2 months remaining).
* CUH accounted for 42% of total recruitment by Eastern Trusts in the financial year to date. The majority of the CUH recruitment was to Observational studies.
* Recruitment to the Dementias and Neurodegeneration speciality accounted for 45% of all recruitment (6,184). Second was Cancer (2,161), third was Reproductive Health and Childbirth (2,015)
* There were 315 recruiting studies, of which 250 were Commercial, and 65 Non-Commercial.

Note: Figures were compiled by the Clinical Research Network and cover all research studies conducted at CUH that are on the national portfolio.

Author(s): Stephen Kelleher

Owner(s):

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

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

LMNS: Cambridgeshire and Peterborough | **Reporting period: February 2022**

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
431	582	98.83%

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	0.64%
	≤36+6 weeks		7.36%
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth	2.5%	4.89%
	Caesarean	4.3%	1.8%
Term admissions to NNU (all levels)		<6%	6.49%
3rd & 4th degree tear	SVD (unassisted)	Unassisted 2.8%	1.91%
	Instrumental (assisted)	Assisted 6.8%	7.14%
Right place of birth (born outside a tertiary centre)		Number of births = 0	0
Smoking at time of delivery		≤6%	5.89%
Percentage of women placed on CoC pathway		≥35% (March 21)	21.24%
Percentage of women on CoC pathway :BAME / areas of deprivation)	BAME	≥75%	BAME 15.03% (Jan)
	Area of deprivation		AOD 7.4% (Jan)

KEY: CQC DOMAINS
Outstanding
Good
Requires Improvement
Inadequate

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	
1:23:6	1:27	100%		81	0	32.8 WTE	15.4%	73%

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 Rec 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	28	1	0	0	0	0	2	0	0	0	1	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. NHS digital involved in reviewing re: out of area women.
3	ATAIN	
4	Medical Workforce	
5	Midwifery Workforce	
6	SBLCB V2	NHS digital involved in reviewing out of area data inclusion in AN CQIMs (CO monitoring). Fetal monitoring mandatory annual competency assessment 76% compliance
7	Patient Feedback	
8	Multi-professional training	Additional faculty for NLS required. Covid-19 impact on ability to run training sessions. Trajectory 80% compliance by June 2022.
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	Compliance thresholds met for in area women
2	Fetal Growth Restriction	
3	Reduced Fetal Movements	Process indicators are 100% compliant
4	Fetal monitoring during labour	Mandatory CTG study day in place. Mandatory competency assessment in place. Trajectory to achieve 100% compliance following Covid-19 pauses to training (76%)
5	Reducing pre-term birth	Fetal fibronectin machines procured and being implemented for quantitative pre term assessment.

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	Consultant posts investment received and being appointed into.
Audit of **Named Consultant** lead for complex pregnancies	Audit Cycle 2 currently underway
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 to meet 90% compliance in place.
Plan in place to meet **birth rate plus** standard (please include target date for compliance)	
Flowing accurate data to **MSDS**	NHS digital involved in reviewing out of area inclusion in antenatal based out of area data
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 received this month
	CUH: Top 3
2. Themes from Datix (to include top 5 reported incidents/ frequently occurring)	• Maternity Clinical PPH >1500mls • Staffing • Implementation in care – delayed care in particular medication and observations
3. Themes from Maternity Serious Incidents (Sis) and findings of review of all cases eligible for referral to HSIB	• None received this month
4. Themes arising from Perinatal Mortality Review Tool (review of perinatal deaths using the real time data monitoring tool)	• Timely completion of online forms for TOP notification and PN appointments with consultant
5. Themes / main areas from complaints	• Compliments for efficiency of service and care for 3 clinical areas • Suitable food for dietary requirements • Outpatient / clinic services concerns
6. Listening to women / Service User Voice Feedback (sources, engagement / activities undertaken)	• RMNVP Monthly catch up held • Trust wide patient story plans made • Quality round process
7. Evidence of co-production	• Agreements made surrounding patient information leaflet review process and plans for coproduction of service user information. • Plans made for service user involvement / coproduction surrounding maternal medicine hubs
8. Listening to staff (eg activities undertaken, surveys and actions taken as a result) Staff feedback from frontline champions and walk-abouts	• Planned reviews of Covid-19 visiting restrictions and continuity of care escalation • QI project launched on staff meal relief – with allocated midwifery resource • Senior on call process remains in place for support out of hours
9. Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	• Maternity safety improvement group scope widened to include fetal monitoring – adaptations made to the planned fetal monitoring study days to include quality improvement. • Baseline assessment template completed for NICE IOL guidance publication and work commenced on Foley balloon catheter IOL for VBAC women. • NEWTT tool implemented – monitoring process in place.

Maternity Dashboard

NHS
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NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Actions taken for Red/Amber results
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	486	459	467	450	518	464	480	502	476	422	447	431	
Antenatal Care NICE quality standard [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	94.72%	96.38%	93.83%	94.08%	92.30%	87.74%	78.79%	87.20%	76.47%	70.65%	73.21%	76.89%	New bookings data report more effectively captures bookings in entireity, amendments being made to exclude women who transfer care or access maternity service >12+6.
Source - CHEQS	Booking Appointments	N/A	N/A	Booking Appointments	EPIC	512	433	390	521	474	465	509	492	650	562	612	582	
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	54.33%	54.46%	57.39%	52.00%	54.44%	56.25%	52.50%	53.58%	51.47%	50.47%	47.42%	52.43%	Expansion of the PD team and consultant midwifery team to support new starters. 2nd stage labour audit on midwifery audit plan for 2022.
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	1.23%	1.74%	1.71%	0.44%	2.50%	1.50%	2.5%	1.99%	0.84%	1.18%	1.56%	2.08%	
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	16.26%	14.81%	13.90%	12.66%	14.47%	17.02%	15.41%	12.94%	13.86%	15.16%	14.76%	16.93%	Transfers from the RBC all appropriate. Reductions due to impact of SBLCBV2 and impact of cessation of antenatal education.
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	33.88%	34.64%	39.12%	34.09%	34.31%	35.12%	31.56%	31.91%	30.32%	33.73%	34.47%	30.16%	Normal variation, valid indications within criteria.
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	13.99%	11.98%	14.35%	16.00%	12.16%	10.77%	12.7%	14.94%	12.18%	10.9%	11.18%	10.67%	
Source - EPIC	National CS rate (planned & unscheduled)			C/S rate overall		31.06%	33.55%	28.48%	32.00%	33.20%	32.97%	34.79%	31.47%	36.34%	38.62%	41.38%	36.89%	Service evaluation underway. RAG rating removed this month as per NHSE&I recommendation. Robson group caesarean section differentiation being implemented within MSDS dataset to better review outcome data as LSCS is a process measure.
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	5.19%	5.09%	7.91%	2.28%	6.50%	5.47%	3.60%	5.05%	7.31%	6.26%	4.79%	5.89%	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	1:24:5	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	1:27.5	1:27	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	1:23:2	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	1:23:8	1:24	Midwife/birth ratio based on the BR+ methodology.
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQs	3.73%	4.33%	4.51%	4.80%	5.00%	5.10%	5.46%	5.82%	6.21%	6.41%	6.43%	6.62%	This is reported 1 month behind from CHEQ's. Sickness absences related to S.A.D (stress anxiety and depression) is increasing. PMA support available and bid in place for funds to psychological support. Priority project for senior leadership team.
Source - CHEQs	Education & Training - mandatory training - overall compliance (obs 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%	87.10%	87.50%	87.50%	Line managers supporting staff with individualised plans to improve compliance
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%	53.86%	57.05%	Training recommenced in February 2022. Trajectory for 80% compliance by June 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%	76.39%	76.12%	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	90.90%	91.00%	90.20%	92.92%	92.80%	92.30%	92.00%	90.80%	90%	90.30%	90%	89.90%	Trust cancellation of training until end of January 2022 - e learning compliance mitigation plans in place to increase compliance.
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	TBC	TBC	Benchmark to be allocated from dashboard review ETA April 2022.
Source - QSIS	ITU Admissions in Obstetrics	1	> 2		Risk Report	2	0	0	0	1	1	0	0	0	0	0	1	
Source - QSIS	PPH≥ 1500 mls	< 3%	> 4%		CHEQS	3.49%	4.79%	3.64%	2.44%	2.12%	3.87%	3.38%	3.58%	1.93%	5.92%	6.48%	7.31%	Ongoing QI work 31 cases 9 complex cases with over 2000mls.
Source - QSIS	3rd/ 4th degree tear **rate vaginal birth**	<5%	>6%		Risk Report	3.30%	1.60%	2.42%	3.26%	1.37%	3.22%	2.23%	4.46%	4.93%	2.72%	0.38%	2.21%	
Source - QSIS	Direct Maternal Death	0	>1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	

Author(s):

Owner(s): Amanda Rowley

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Actions taken for Red/Amber results
Risk																		
Source - QSIS	Total number of SI's	0	>1	Serious Incidents	Datix	1	0	0	0	0	0	0	0	0	0	0	0	
Source - QSIS	Information Governance	0	>1		Datix	0	0	0	0	1	0	0	0	0	0	0	0	
Source - QSIS	Clinical	0	>1		Datix	1	0	0	0	0	0	0	0	0	0	0	0	
Source - QSIS	Never Events	0	>1	DATIX	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
Neonatal Morbidality																		
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	3.60%	3.01%	3.03%	2.31%	1.92%	1.61%	1.59%	2.19%	2.05%	2.72%	2.70%	3.32%	Normal variation
Source - EPIC	Still Births per 1000 Births			3.33/1000 (Mbrrace 2021)	Risk report	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	0.44/1000	0.86/1000	
Source - EPIC	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	1.00	3.00	2.00	3.00	3.00	2.00	3.00	2.00	4.00	2.00	1.00	2.00	normal variation both high risk pregnancies under fetal medicine unit
Source - EPIC	Number of birth injuries	0	> 1		Risk Report	1	0	0	0	0	0	0	0	0	0	0	0	
Source - EPIC	Number of term babies who required therapeutic cooling	0	> 1		Risk Report	1	0	0	0	0	0	0	0	0	0	0	0	
Source - EPIC	Baby born with a low cord gas < 7.1	<2%	> 3%		Risk Report	1.44%	1.74%	0.85%	0.88%	0.57%	2.58%	1.04%	1.40%	0.41%	1.42%	1.11%	0.46%	
Source - EPIC	Term admissions to NICU	<6.5	>6.5	NHSE/I	Risk Report	8.40%	6.31%	8.30%	7.10%	5.21%	5.16%	6.04%	6.97%	5.04%	7.34%	5.90%	6.49%	
Quality																		
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	1	2	2	5	5	1	6	4	4	0	1	4	4 episodes. Total of 61.7 hours. On 1 ocassion 5 women were transferred elsewhere, of which 2 delivered in another provider organisation. On 3 ocassions no other provider organisations could accept transfers.
	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%	100%	100%	100%	99.80%	99.78%	99.57%	99.79%	99.78%	99.52%	99.78%	98.83%	
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	80.25%	80.93%	82.86%	81.46%	81.45%	82.05%	83.05%	84.84%	79.35%	84.09%	83.10%	83.01%	
Source - EPIC	VTE	>95%	< 95%		CHEQs	99.90%	99.30%	97.95%	99.38%	99.37%	99.14%	99.28%	99.87%	99.81%	99.24%	99.13%	99.59%	

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

£4.5m	*Revenue actual*
£40.1m	*Revenue actual YTD*
£4.9m	*Covid funding in month*
£38.2m	*Covid funding YTD*

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

Net current assets

(£60.3m)

Not Available

Debtor days

23	*This month*
23	*Previous month*

Payables performance (YTD) **

Actual	82.3%	*Value*
Plan	87.3%	*Quantity*

Cash and EBITDA

Cash

£158.1m	*Actual*
£145.0m	*Plan*

EBITDA

£29.1m	*Actual*
£29.5m	*Plan*

Capital expenditure

£8.3m	*Capital - actual spend in month*
£45.8m	*Capital - actual spend YTD*
£56.3m	*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.

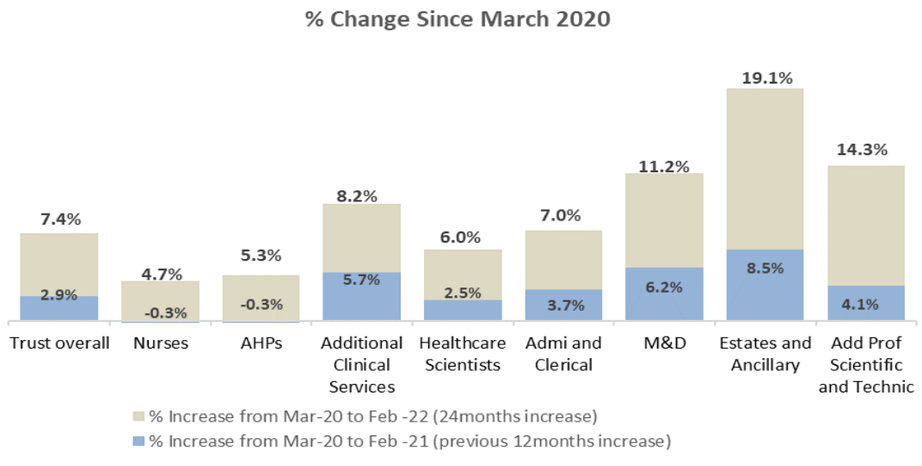
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount Mar-21	Headcount Feb-22	Headcount 12 Month growth	FTE Mar-21	FTE Feb-22	FTE 12 Month growth	
Add Prof Scientific and Technic*	224	238	6.3%	205	219	14	7.0%
Additional Clinical Services	1,988	1,997	0.5%	1,827	1,842	15	0.8%
Administrative and Clerical	2,360	2,407	2.0%	2,155	2,204	49	2.3%
Allied Health Professionals*	711	744	4.6%	626	660	34	5.5%
Estates and Ancillary	340	371	9.1%	330	358	28	8.5%
Healthcare Scientists	613	626	2.1%	573	586	13	2.3%
Medical and Dental	1,608	1,680	4.5%	1,524	1,592	68	4.4%
Nursing and Midwifery Registered	3,602	3,747	4.0%	3,298	3,440	142	4.3%
Total	**11,446**	**11,810**	**3.2%**	**10,538**	**10,901**	**363**	3.4%



Admin & Medical Breakdown

Staff Group	Mar-21	Feb-22	FTE 12 Month growth	
Administrative and Clerical	2,155	2,204	49	2.3%
of which staff within Clinical Division	1,065	1,093	28	2.6%
of which Band 4 and below	770	768	-3	-0.3%
of which Band 5-7	212	230	18	8.6%
of which Band 8A	39	46	7	17.3%
of which Band 8B	5	7	2	34.6%
of which Band 8C and above	38	42	4	10.5%
of which staff within Corporate Areas	872	884	12	1.4%
of which Band 4 and below	242	255	13	5.3%
of which Band 5-7	417	419	2	0.5%
of which Band 8A	72	75	3	4.5%
of which Band 8B	59	51	-8	-13.0%
of which Band 8C and above	82	84	2	2.6%
of which staff within R&D	217	226	9	4.0%
Medical and Dental	1,524	1,592	68	4.4%
of which Doctors in Training	611	654	43	7.0%
of which Career grade doctors	253	240	-13	-5.1%
of which Consultants	660	698	38	5.7%

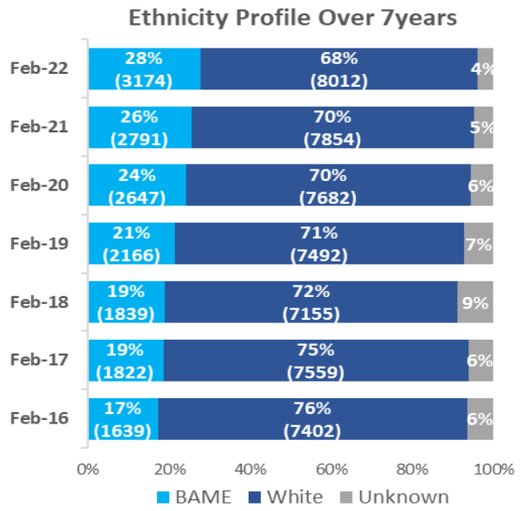
What the information tells us: Overall the Trust saw a 3.4% growth in its substantive workforce over the past 12 months and 7.4% over the past 24 months. Growth over the past 24 months is lowest within the Nursing staff group at 4.7% and highest within Estates at 19.1%. Growth over the past 12 months is lowest within Additional clinical services and highest within Estates.

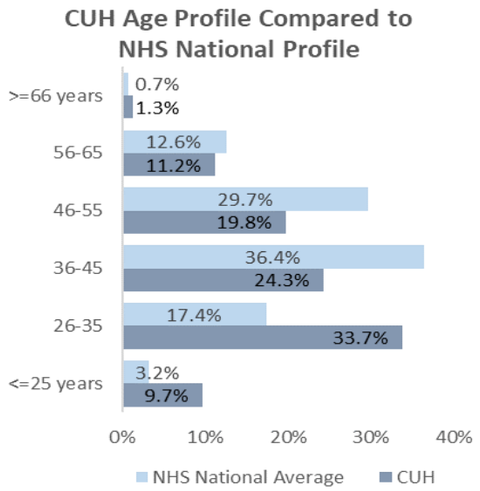
*Operating Department Practitioner roles were regroup from Add Prof Scientific and Technic to Allied Health Professionals on ESR from June 21 . This change has been updated for historical data set to allow for accurate comparison

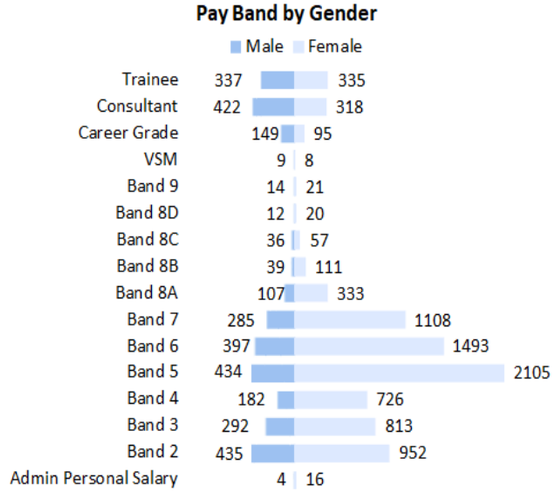
Equality Diversity and Inclusion (EDI)

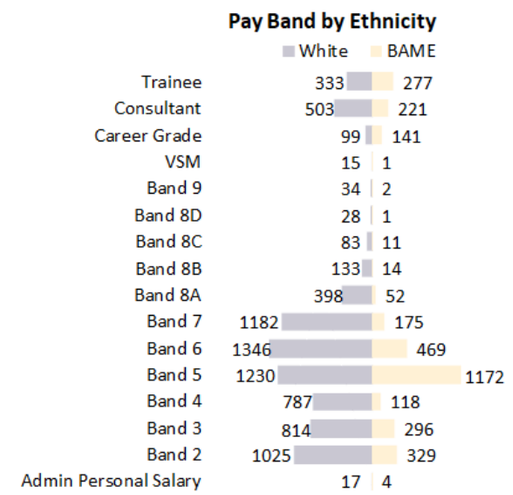
Cambridge University Hospitals NHS Foundation Trust

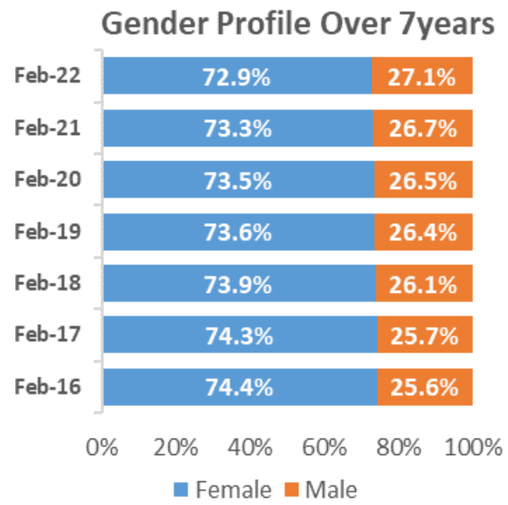
Workforce: Equality Diversity and Inclusion (EDI)

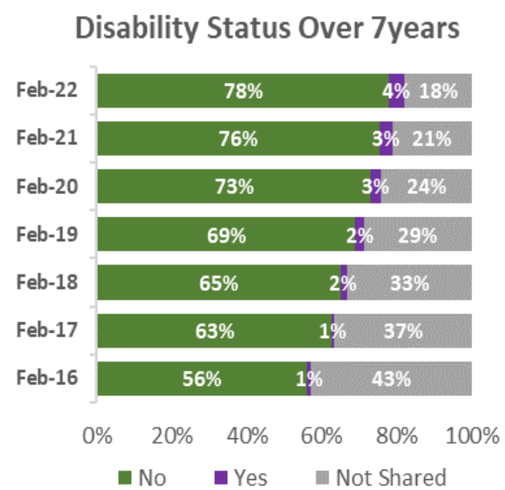


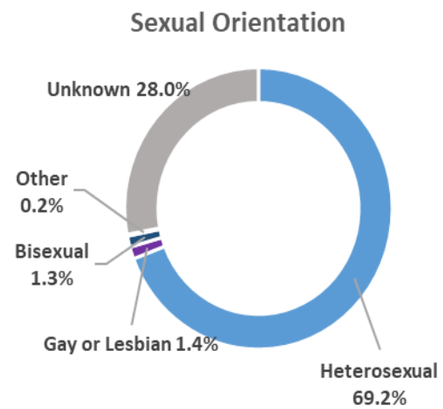












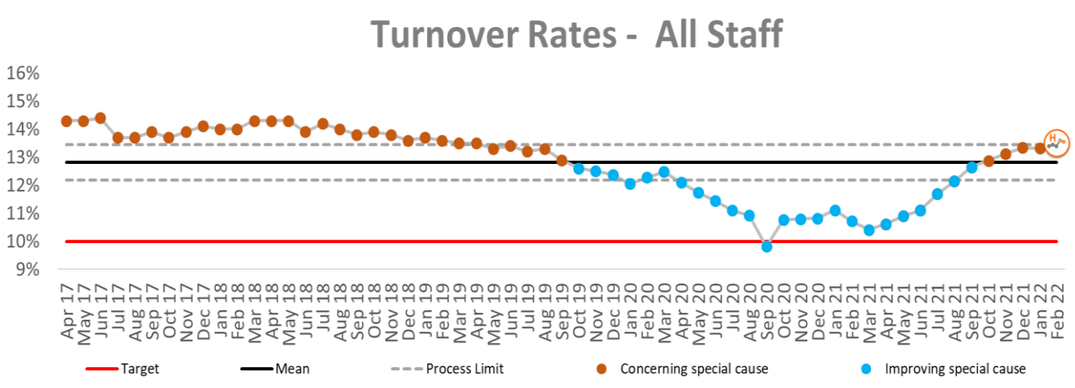
What the information tells us:

- 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 28% of CUH substantive workforce.
- The percentage of male staff have been marginally higher year on year over the past seven years with an increase of 1.5% 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

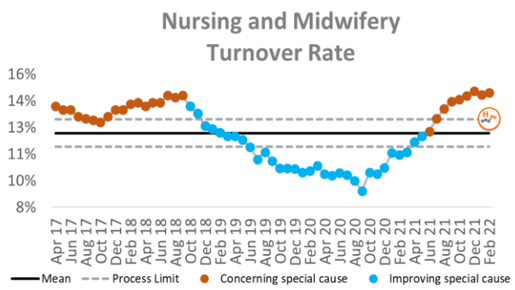
Cambridge University Hospitals NHS Foundation Trust

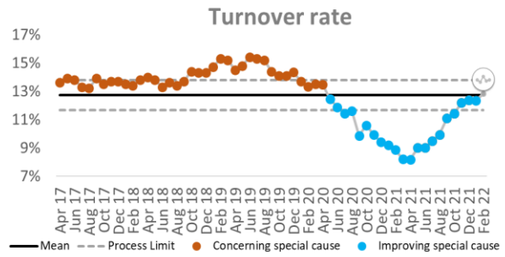
Workforce: Staff Turnover

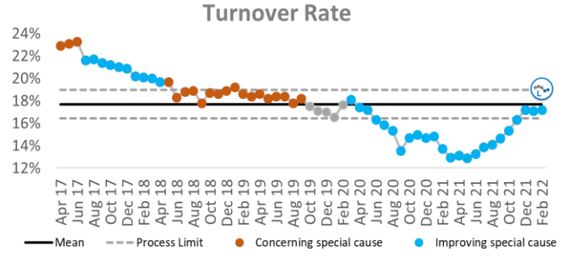


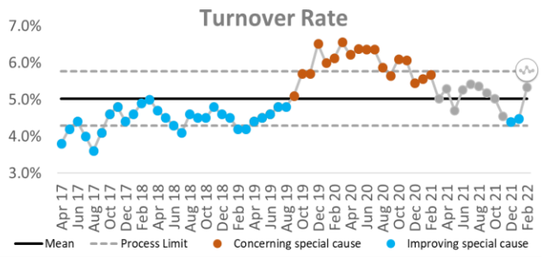
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (exclude all fixed term contracts including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

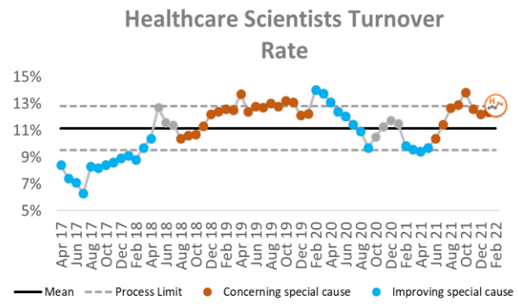
What the information tells us: The Trust's turnover rate is 13.5%, with an increase of 3.1% over the past 12 months. Areas of special cause of concern include: the Nursing and Midwifery, Admin and Clerical and Additional Clinical Services with turnover rate of 14.5%, 12.8% and 17.2% respectively.

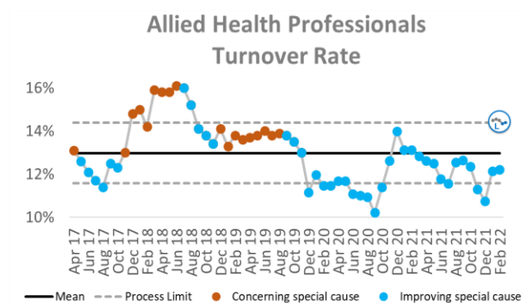


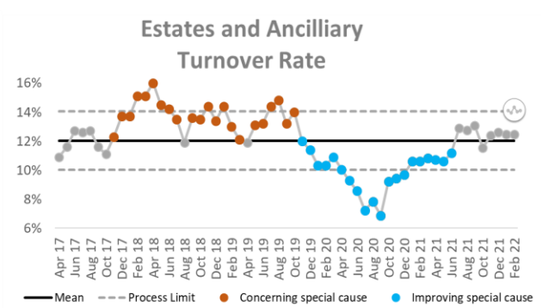


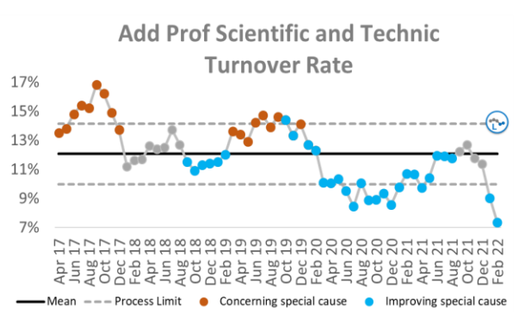










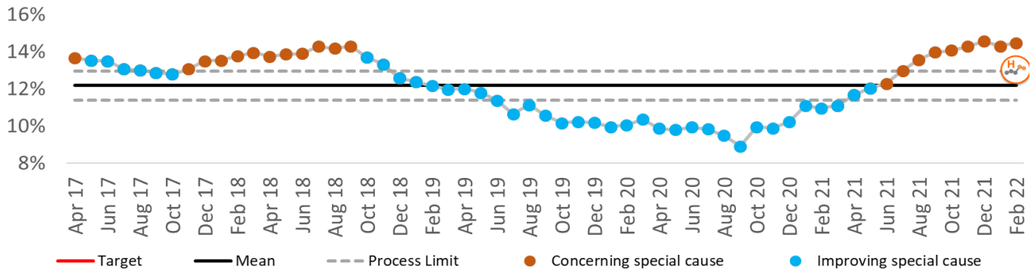


Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

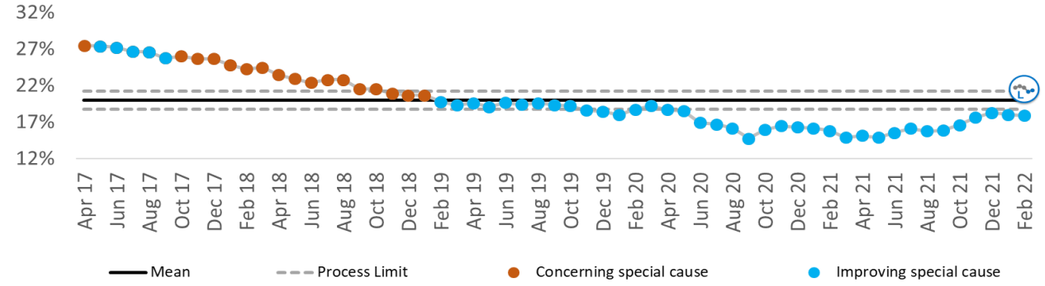
Cambridge University Hospitals NHS Foundation Trust

Workforce: Turnover rate for Nursing & Midwifery Staff Group

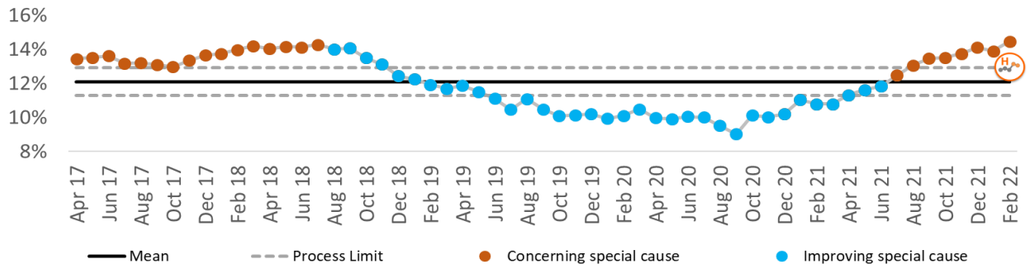
Nursing and Midwifery Turnover Rate



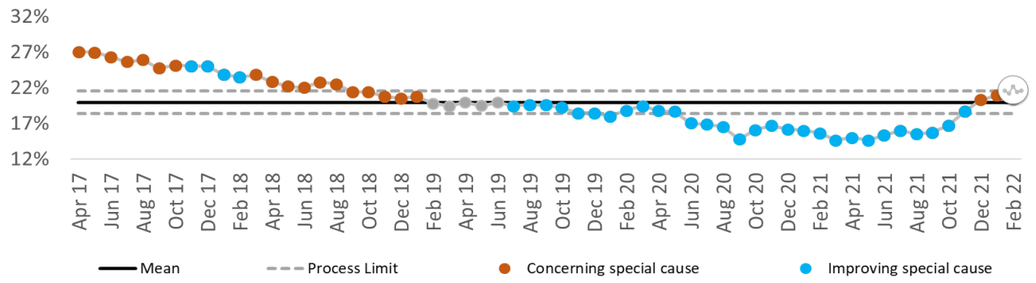
Healthcare Assistant (incl. MCA) Turnover Rate



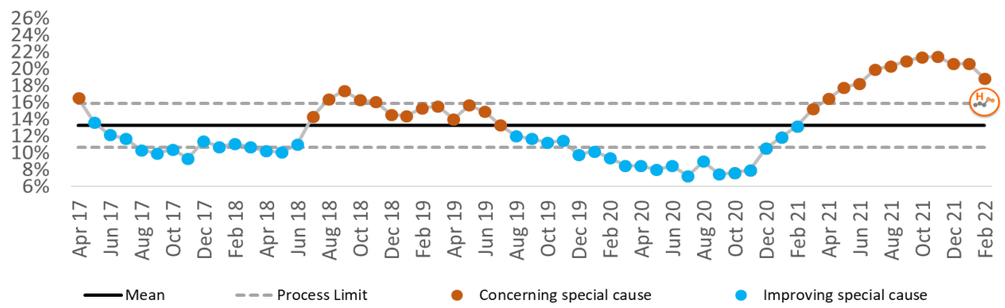
Nursing (Excluding midwives) Turnover Rates



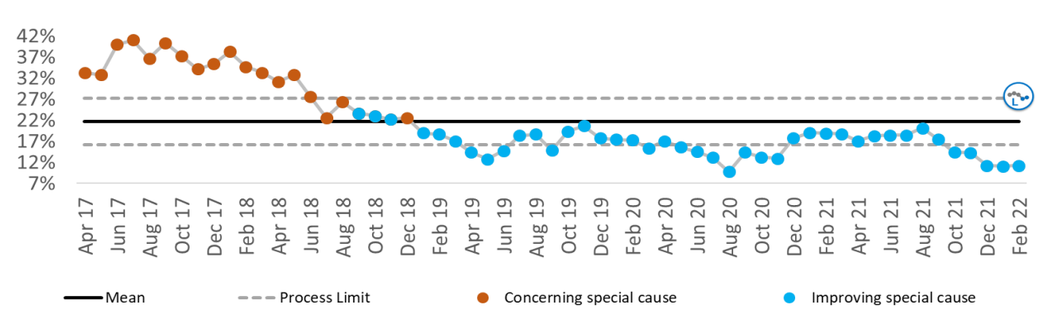
Healthcare Assistant (excl. MCA) Turnover Rate



Midwife Turnover Rates



Maternity Care Assistants (MCA) Turnover rates

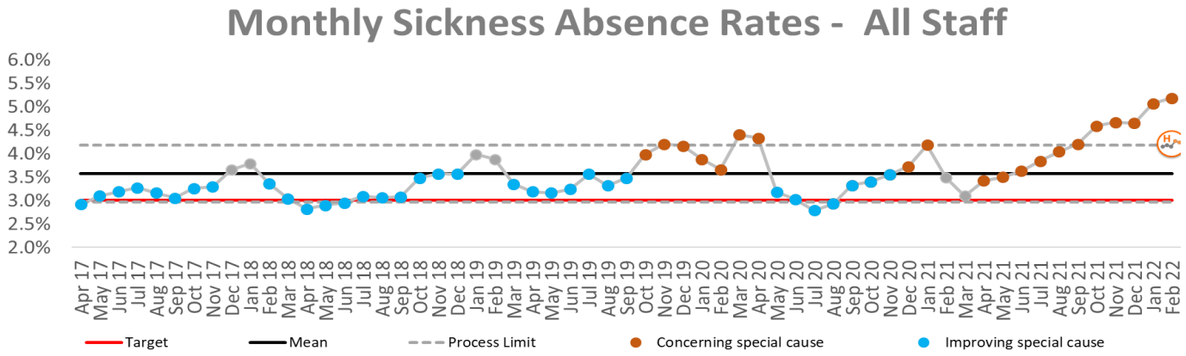


Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

Sickness Absence

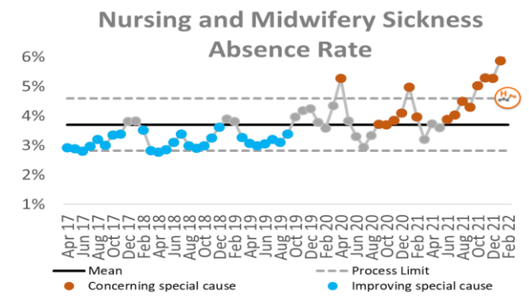
Cambridge University Hospitals NHS Foundation Trust

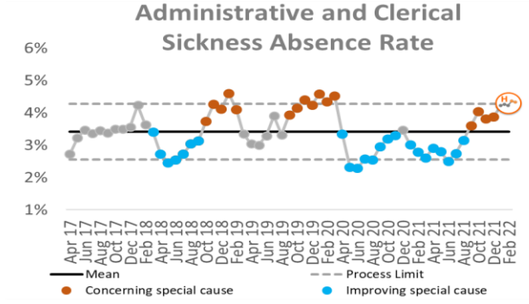
Workforce: Sickness Absence

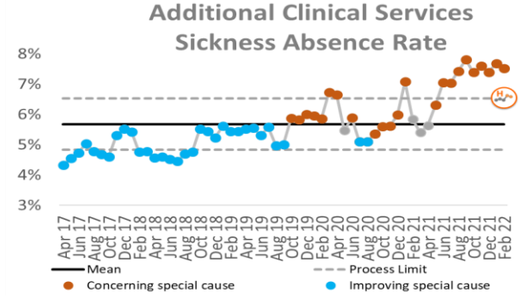


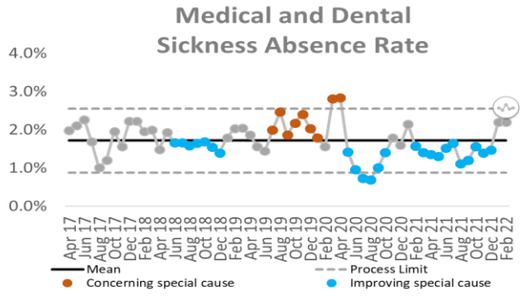
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

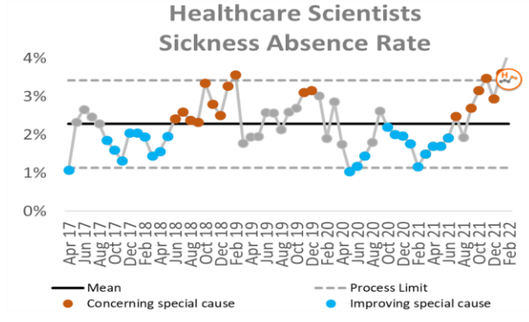
What the information tells us: Monthly Sickness Absence Rate for the Trust remained above average for the sixth consecutive month, with an increase of 0.1% from previous month at 5.2%. Additional Clinical Services have the highest sickness absence rate at 7.5% followed by Estates at 6.9%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 39.3% of all sickness absence in February 2022, compared to 41.3% from the previous month.

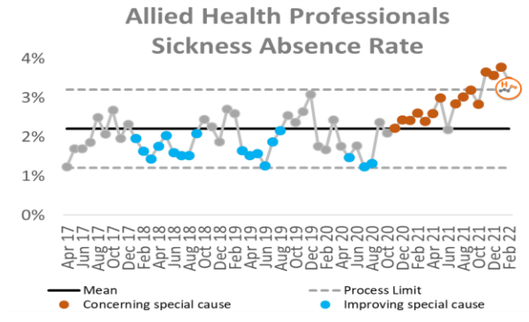


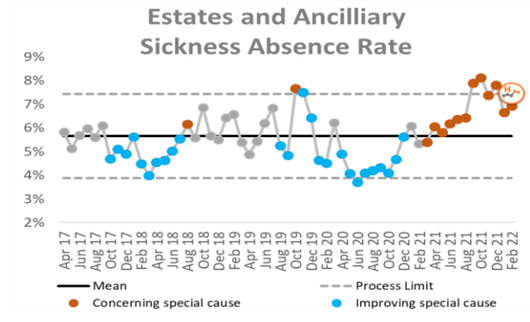


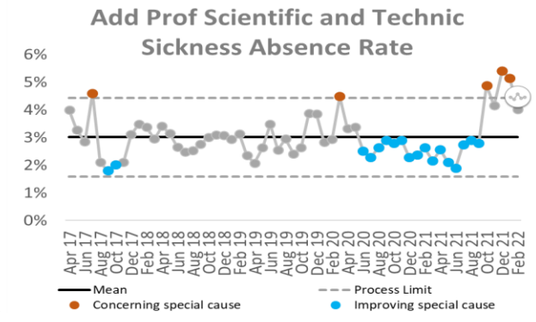












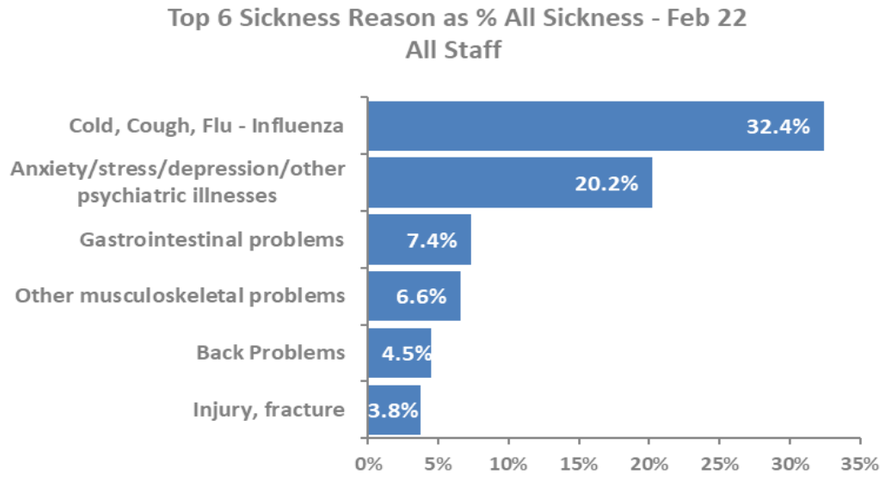
Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

Top Six Sickness Absence Reason

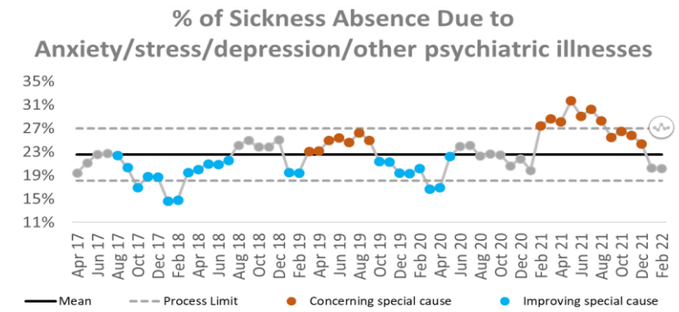
Cambridge University Hospitals NHS Foundation Trust

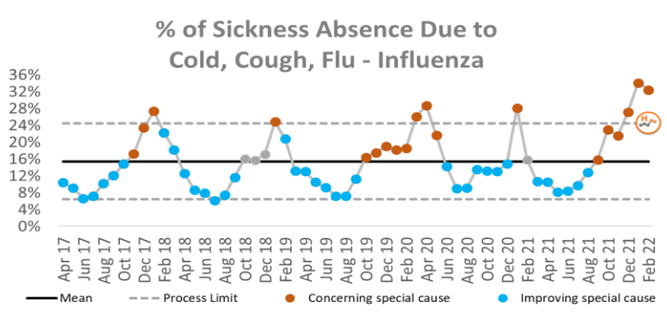
Workforce: Top Six Sickness Absence

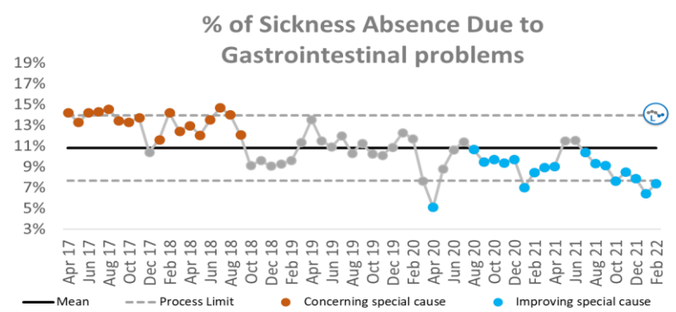


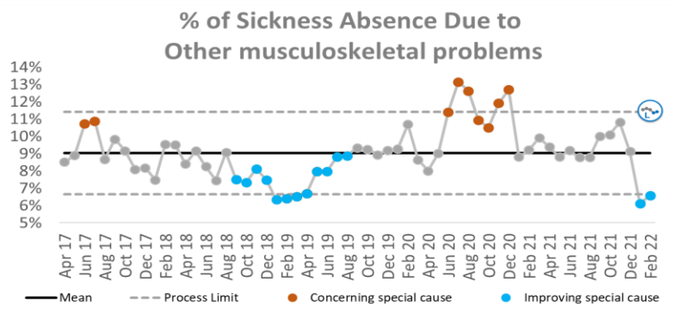
Background Information:Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

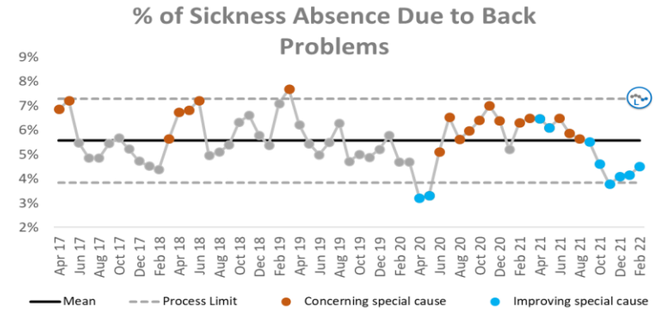
What the information tells us: The highest reason for sickness absence is influenza related sickness which saw a decrease of 1.7% from previous month to 32.4% .

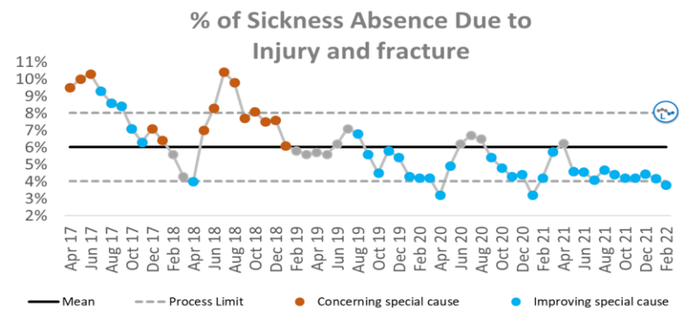












Author(s):Tosin Okufuwa, Amanda Wood

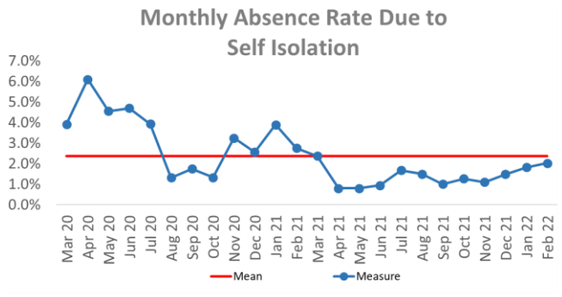
Owner(s): David Wherrett

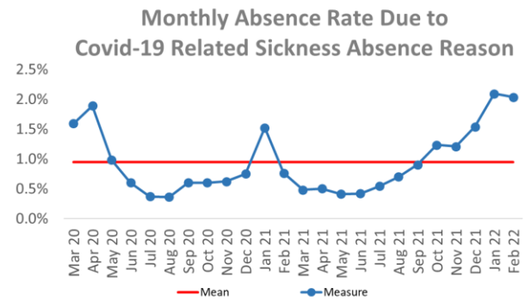
Together-Safe | Kind | Excellent

Covid-19 Related Absence

Cambridge University Hospitals NHS Foundation Trust

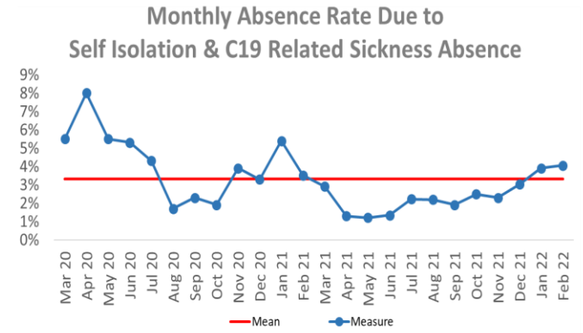
Workforce: Covid-19 Related Absence

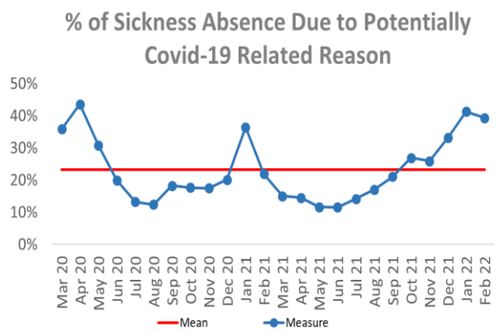


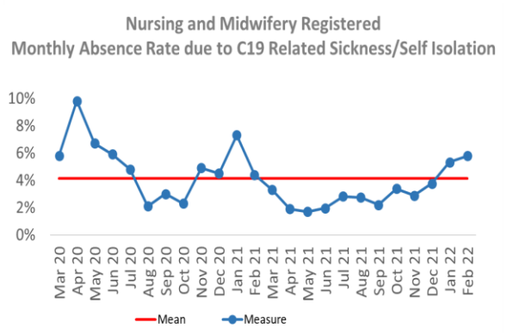


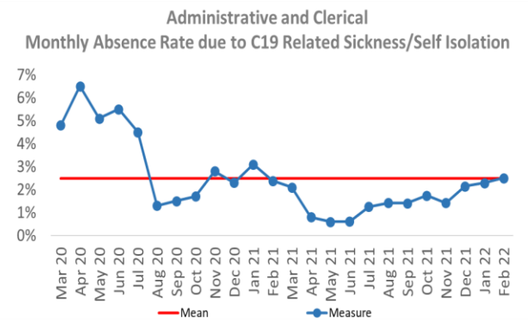
Background Information:Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases).

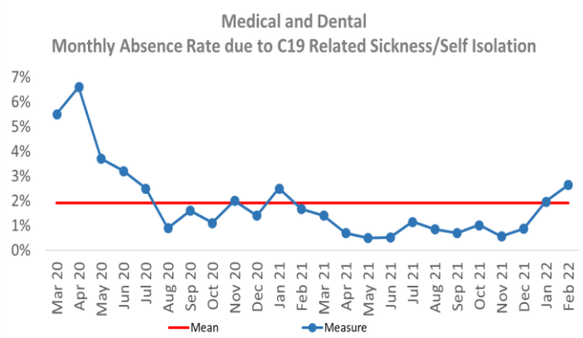
What the information tells us: The Trust's monthly absence rate due to Self Isolation is at 2%. Monthly absence rate due to potential Covid-19 related sickness is 2% in Feb 2022. Overall, absence rates due to Covid-19 related sickness and self isolation increased by 0.2% from the previous month to 4.1%.

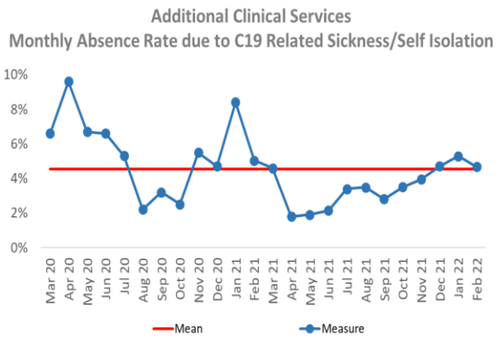


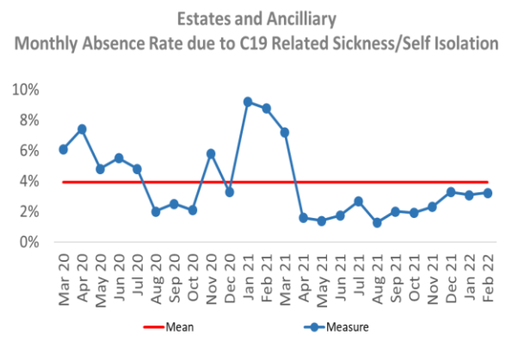


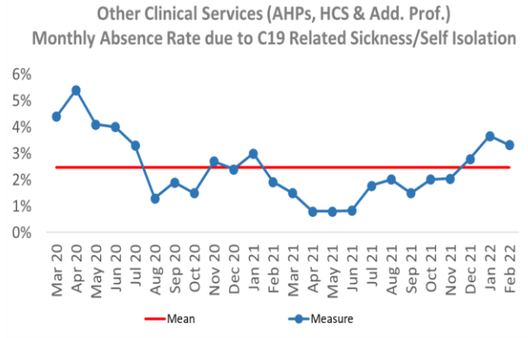








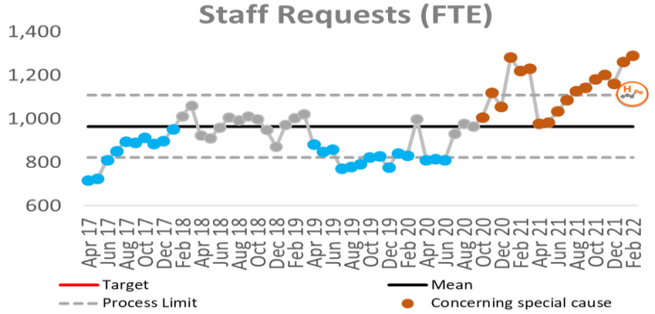


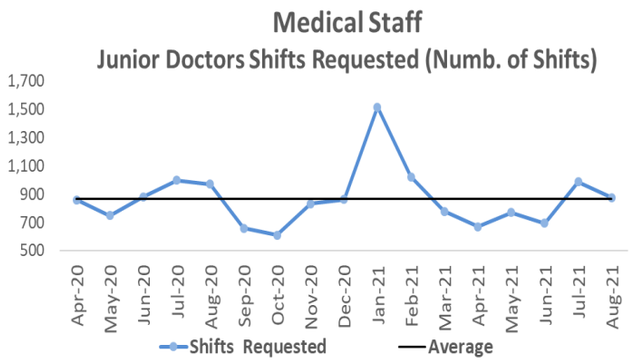


Temporary Staffing

Cambridge University Hospitals NHS Foundation Trust

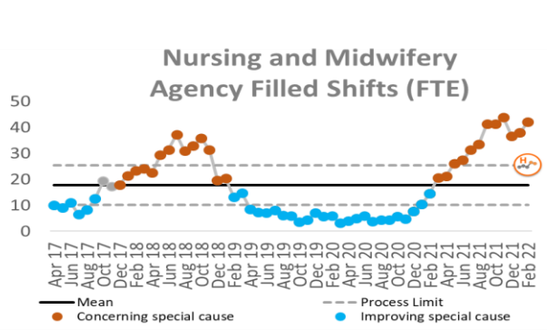
Workforce: Temporary Staffing

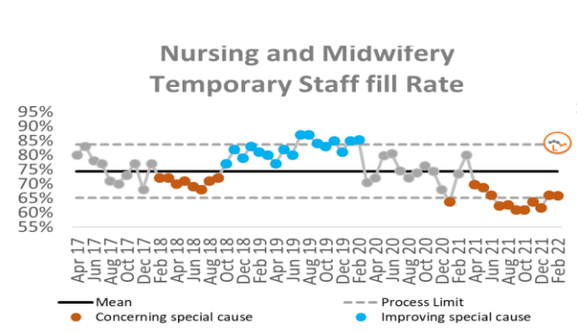


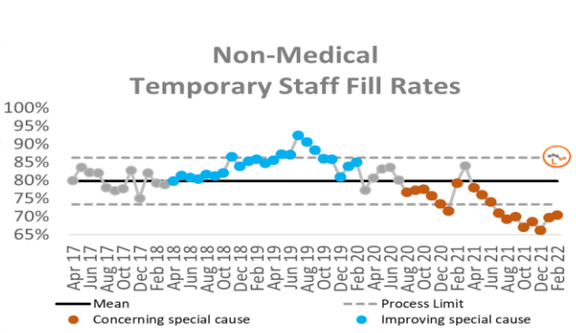


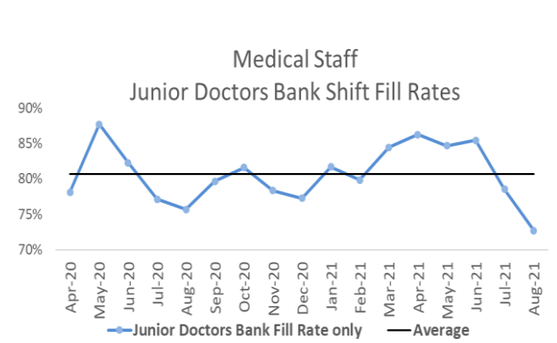
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

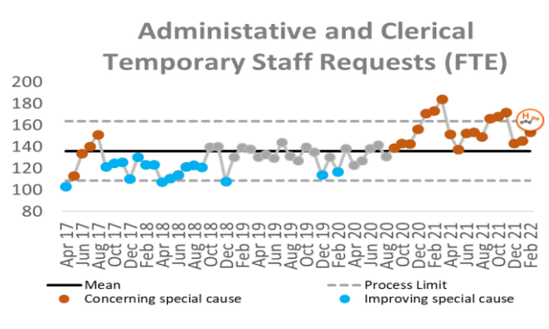
What the information tells us: Demand for non medical temporary staff saw a further increase of 2.3% from the previous month. Nursing and midwifery agency usage increased by 4.3 WTE from the previous month to 42.2 WTE. This accounts for 10% of the total Nursing filled shifts. Overall, fill rate remained static from previous month at 70%.

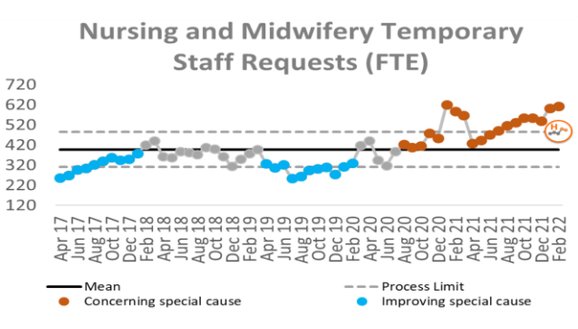


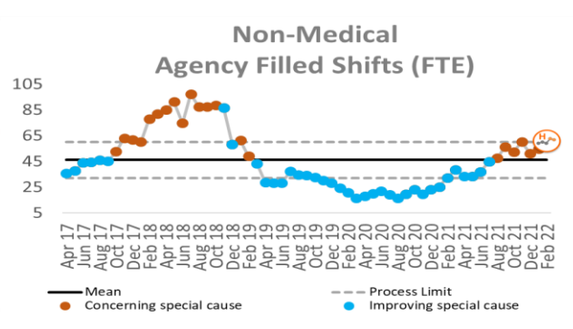


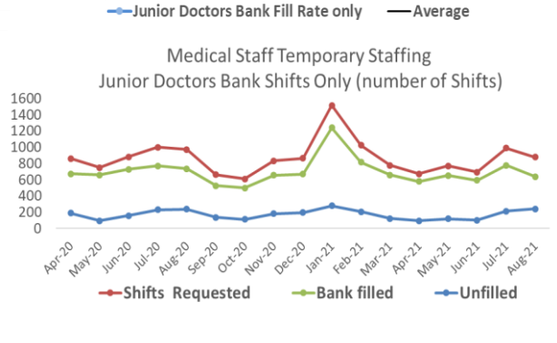












*Please note that temporary Medical staffing data was not available at the time of reporting and hence not updated

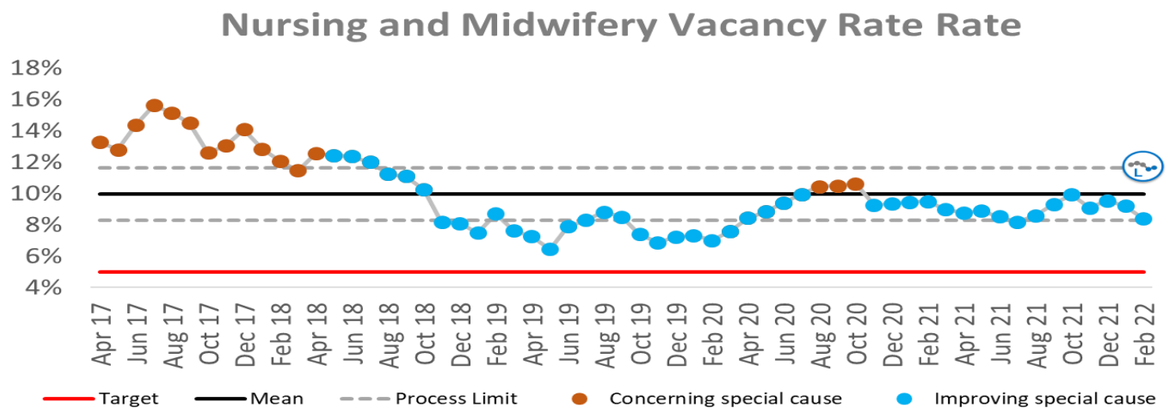
Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

ESR Vacancy Rate

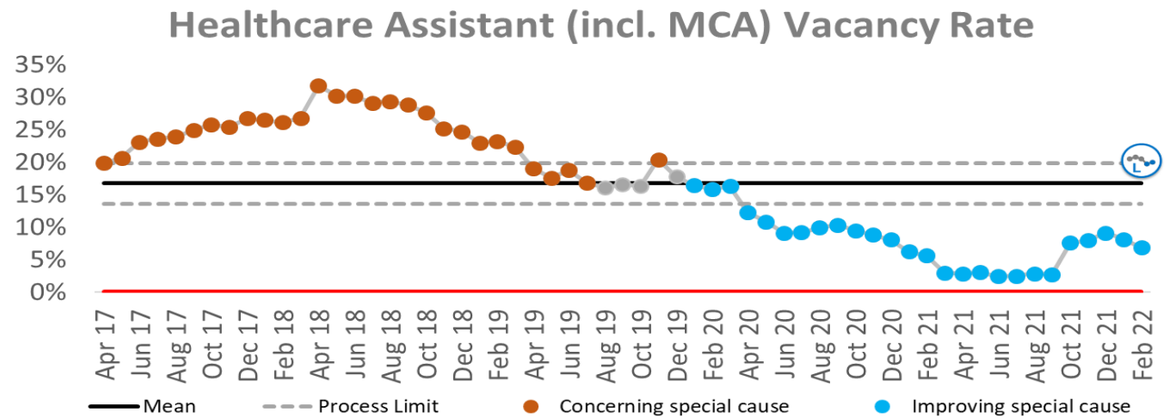
Cambridge University Hospitals NHS Foundation Trust

Workforce: ESR Vacancy Rate



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

What the information tells us: The vacancy rate for both **Healthcare Assistants and Nurses remained below the average rate at 6.8% and 8.4% 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.

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

C19 - Individual Health Risk Assessment & Annual Leave Update

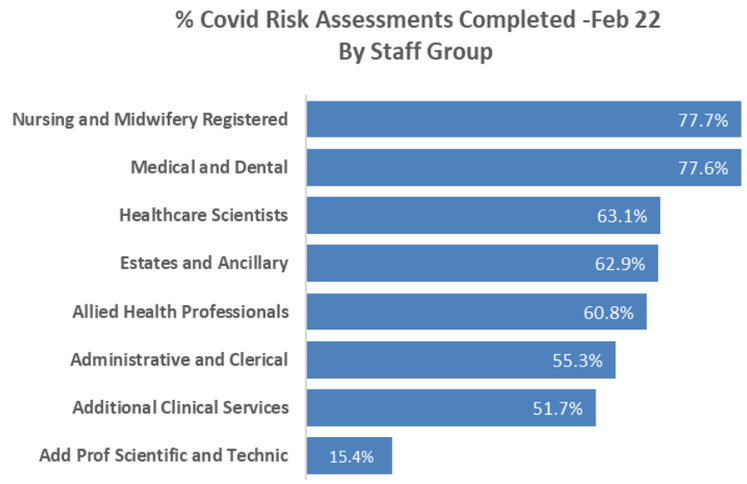
Cambridge University Hospitals NHS Foundation Trust

Workforce: C19 - Risk Assessment & Annual Leave Update

C19 – New V7 Individual Health Risk Assessment Compliance

Risk compliance rate	Feb 22
Overall C19 Risk Assessment Compliance	55.1%
BAME Staff - C19 Risk Assessment Compliance	49.5%
White Staff - C19 Risk Assessment Compliance	57.6%
Percentage of staff that are self Isolating	0.8%

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	2.5%
Risk Group 3 – increased risk	7.7%
Risk Group 4 – no increased risk	44.4%



Percentage of Annual Leave (AL) Taken – Feb 22 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	46,488	37,193	80%	95%
	Additional Clinical Services	357,384	303,781	85%	97%
	Administrative and Clerical	461,786	367,372	80%	96%
	Allied Health Professionals	140,709	114,163	81%	99%
	Estates and Ancillary	71,163	58,924	83%	92%
	Healthcare Scientists	130,421	103,666	79%	97%
	Medical and Dental	142,367	72,588	51%	36%
	Nursing and Midwifery Registered	706,942	599,700	85%	96%
	Trust	**2,057,260**	**1,657,388**	81%	88%
Annual Leave taken by Division	*Division*				
	Corporate	287,604	230563	80%	94%
	Division A	393,594	316677	80%	86%
	Division B	563,867	454369	81%	93%
	Division C	251,476	201454	80%	79%
	Division D	251,662	206330	82%	86%
	Division E	221,425	178632	81%	84%
	R&D	87,634	69364	79%	92%

* Greater than 73% | Less than 55% | Between 55% and 73%

What the information tells us: The Trust's Covid-19 Risk assessment (version 7 - launched in Sep 21) compliance rate is at 55% including 50% of BAME staff and 58% of White staff. Overall, 0.8% of staff were shielding as at the end of Feb 2021 , while 0.6% are within Group 1 (the highest risk levels).

The Trust's annual leave usage is 81% after 11 months compared to the expected 92%. The highest rates of use of annual leave is within Additional Clinical Services and Nurses at 85%. It should be noted that the use of HealthRoster is not mandated for medical staff and local methods can be used. When Medical and dental staff are removed from the data the overall annual leave taken is 83%.

Mandatory Training by Division and Staff Group

Cambridge University Hospitals NHS Foundation Trust

Workforce: Mandatory Training

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

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

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

	Induction: Non-Medical Corporate Induction	Induction: Non-Medical Local Induction	Induction: Medical Corporate Induction	Induction: Medical 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	1,136	1,136	487	487	10,521	10,521	10,658	10,521	10,521	10,521	10,659	7,101	10,521	7,502	10,521	7,515	1,701	1,701	
Compliance by Division																			
Division A	(6)97.1%	(44)79.0%	(29)77.0%	(21)83.3%	(71)96.5%	(80)96.0%	(399)80.5%	(87)95.7%	(115)94.3%	(255)87.4%	(459)77.6%	(578)68.3%	(115)94.3%	(279)85.0%	(122)94.0%	(211)88.6%	(28)82.8%	(17)89.6%	88.2%
Division B	(20)93.5%	(42)86.4%	(9)87.5%	(11)84.7%	(79)97.1%	(83)97.0%	(276)90.1%	(86)96.9%	(144)94.8%	(278)89.9%	(409)85.3%	(414)70.8%	(114)95.9%	(233)86.3%	(128)95.3%	(161)90.5%	(20)86.2%	(11)92.4%	91.8%
Division C	(15)91.4%	(35)79.9%	(22)81.4%	(13)89.0%	(74)94.8%	(74)94.8%	(275)81.0%	(79)94.4%	(98)93.1%	(202)85.8%	(385)73.4%	(430)67.5%	(102)92.8%	(187)86.0%	(93)93.4%	(137)89.8%	(48)79.4%	(26)88.8%	87.2%
Division D	(6)95.7%	(36)74.5%	(20)74.4%	(13)83.3%	(55)95.9%	(63)95.3%	(240)82.2%	(73)94.5%	(109)91.8%	(194)85.4%	(388)71.3%	(401)64.0%	(79)94.1%	(144)87.4%	(81)93.9%	(110)90.4%	(17)87.0%	(11)91.6%	87.3%
Division E	(6)94.9%	(44)62.4%	(18)78.0%	(7)91.5%	(39)96.8%	(40)96.8%	(267)78.8%	(46)96.3%	(75)93.9%	(142)88.5%	(367)70.8%	(332)70.1%	(80)93.5%	(149)86.7%	(73)94.1%	(101)91.0%	(134)86.7%	(96)90.5%	88.1%
Corporate	(28)80.1%	(37)73.8%	(4)55.6%	(3)66.7%	(50)96.3%	(61)95.5%	(98)92.7%	(62)95.4%	(77)94.3%	(121)91.0%	(103)92.3%	(54)65.8%	(71)94.7%	(31)81.1%	(77)94.3%	(21)87.5%	(3)76.9%	(2)84.6%	93.0%
R & D	(2)95.5%	(7)84.1%			(9)97.9%	(9)97.9%	(25)94.2%	(12)97.2%	(14)96.7%	(32)92.5%	(60)86.0%	(31)80.5%	(14)96.7%	(16)91.5%	(13)97.0%	(13)93.1%	(1)80.0%	(1)80.0%	94.2%
Breakdown of Medical staff compliance																			
Consultant			(15)72.7%	(11)80.0%	(36)94.8%	(34)95.1%	(43)93.8%	(36)94.8%	(43)93.8%	(91)87.0%	(51)92.7%	(254)64.3%	(42)94.0%	(87)87.7%	(33)95.3%	(43)93.9%	(20)90.4%	(12)94.2%	90.5%
Non Consultant			(88)79.6%	(58)86.6%	(124)84.2%	(129)83.5%	(179)77.2%	(154)80.4%	(181)76.9%	(282)64.0%	(217)72.3%	(500)38.3%	(180)77.0%	(206)74.4%	(168)78.6%	(205)74.6%	(62)60.0%	(57)63.2%	73.8%
Compliance by Staff group																			
Add Prof Scientific and Technic	(0)100.0%	(0)100.0%			(3)98.7%	(2)99.1%	(9)96.0%	(5)97.8%	(13)94.3%	(25)89.0%	(18)92.1%	(12)63.6%	(8)96.5%	(16)91.6%	(10)95.6%	(13)93.2%	(0)100.0%	(0)100.0%	94.6%
Additional Clinical Services	(12)95.0%	(50)79.3%			(43)97.5%	(48)97.2%	(323)81.9%	(44)97.5%	(76)95.6%	(149)91.4%	(458)74.3%	(522)62.4%	(66)96.2%	(210)86.4%	(61)96.5%	(165)89.3%	(19)88.2%	(16)90.1%	89.3%
Administrative and Clerical	(19)91.0%	(44)79.1%			(74)96.6%	(85)96.1%	(101)95.4%	(90)95.9%	(114)94.8%	(211)90.4%	(131)94.0%	(9)50.0%	(100)95.5%	(13)89.1%	(108)95.1%	(12)90.1%	(3)57.1%	(1)85.7%	94.6%
Allied Health Professionals	(3)96.2%	(8)89.7%			(13)98.0%	(16)97.5%	(124)81.4%	(18)97.2%	(26)96.0%	(57)91.3%	(179)73.2%	(169)74.5%	(30)95.4%	(84)87.3%	(25)96.2%	(44)93.4%	(7)90.4%	(5)93.2%	90.1%
Estates and Ancillary	(16)72.4%	(14)75.9%			(7)98.0%	(11)96.8%	(15)95.6%	(9)97.4%	(11)96.8%	(21)93.9%	(5)98.5%	(5)98.5%	(13)96.2%	(13)96.2%	(12)96.5%				95.8%
Healthcare Scientists	(4)93.9%	(12)81.8%			(13)97.8%	(14)97.6%	(21)96.4%	(15)97.4%	(18)96.9%	(43)92.6%	(69)88.2%	(32)70.1%	(13)97.8%	(27)83.6%	(22)96.2%	(23)86.1%	(1)93.8%	(0)100.0%	94.4%
Medical and Dental			(103)78.9%	(69)85.8%	(160)89.2%	(163)89.0%	(222)85.0%	(190)87.2%	(224)84.9%	(373)74.8%	(268)81.9%	(754)50.5%	(222)85.0%	(293)80.6%	(201)86.4%	(248)83.6%	(82)77.4%	(69)81.0%	81.4%
Nursing and Midwifery Registered	(29)93.7%	(117)74.6%			(64)98.1%	(71)97.8%	(765)77.3%	(74)97.8%	(150)95.5%	(345)89.5%	(1043)69.1%	(742)78.0%	(123)96.3%	(396)88.0%	(148)95.5%	(249)92.5%	(139)87.1%	(73)93.2%	89.4%
Trust Total	(83)92.7%	(245)78.4%	(103)78.9%	(69)85.8%	(377)96.4%	(410)96.1%	(1580)85.2%	(445)95.8%	(632)94.0%	(1224)88.4%	(2171)79.6%	(2240)68.5%	(575)94.5%	(1039)86.2%	(587)94.4%	(754)90.0%	(251)85.2%	(164)90.4%	89.53%

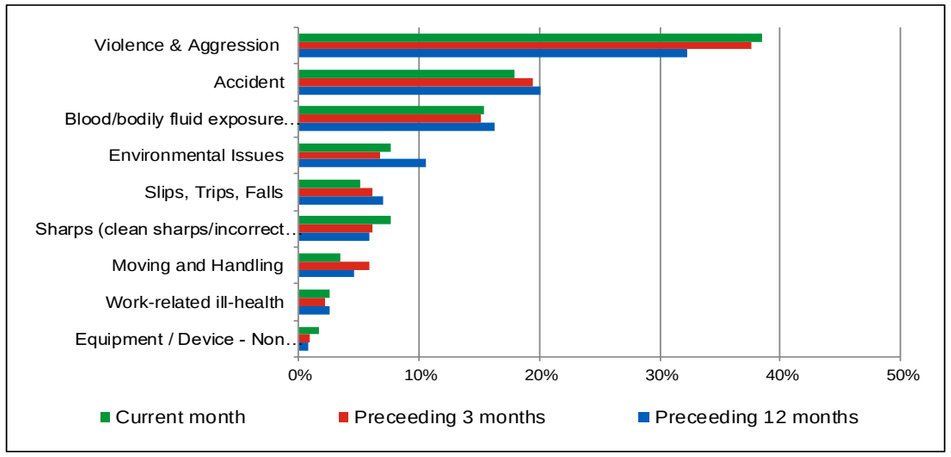
Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

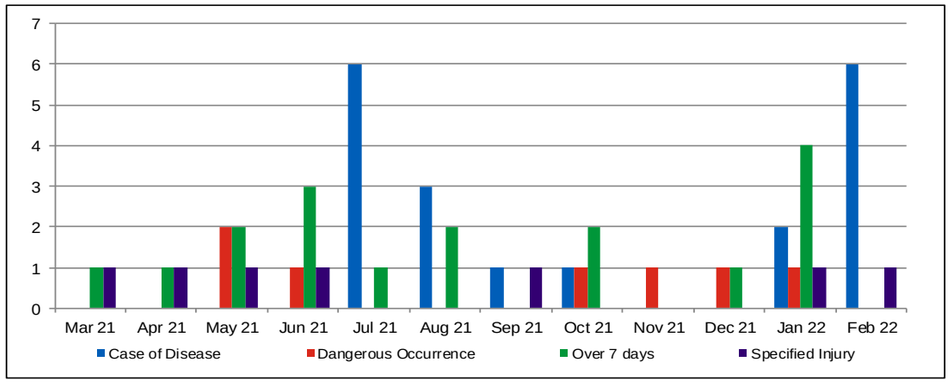
Health and Safety Incidents

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:	**1464**	**311**	**228**	**437**	**242**	**138**	**37**	**71**
Accident	**293**	69	71	51	40	34	7	21
Blood/bodily fluid exposure (dirty sharps/splashes)	**239**	73	45	51	40	24	4	2
Environmental Issues	**155**	28	34	24	29	25	5	10
Equipment / Device - Non Medical	**12**	1	1	5	5	0	0	0
Moving and Handling	**68**	16	8	19	16	5	1	3
Sharps (clean sharps/incorrect disposal & use)	**85**	41	9	10	5	13	5	2
Slips, Trips, Falls	**103**	21	24	13	10	16	5	14
Violence & Aggression	**472**	50	28	261	91	16	7	19
Work-related ill-health	**37**	12	8	3	6	5	3	0





A total of 1,464 health and safety incidents were reported in the previous 12 months.

- 700 (48%) incidents resulted in harm. The highest reporting categories were violence and aggression (32%), accidents (20%) and blood/bodily fluid exposure (16%).
- 1,075 (73%) of incidents affected staff, 341 (23%) affected patients and 48 (3%) affected others ie contractors and members of the public.
- The highest reported incident categories for staff were: violence and aggression (32%), blood/bodily fluid exposure (21%) and accidents (17%).
- The highest reported incident categories for patients were: violence & aggression (33%), accidents (30%) and environmental issues (14%).
- The highest reported incident categories for others were: violence and aggression (35%), accidents (25%) and slips, trips and falls (19%).
- 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 437 incidents. Of these, 60% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was case of disease (38%).

64% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In February 2022, 7 incidents were reported to the HSE:

Case of Disease (6)
Six members of staff tested positive for Covid-19 and there is reasonable evidence to suggest that a work-related exposure is the likely cause of the disease.

Specified Injury (1)
A member of staff went to the storeroom to retrieve a flow meter. When leaving the storeroom, the staff members leg became entangled in a cable causing them to lose their balance and fall to the floor. The member of staff experienced pain in their back and thighs. The staff member attended ED where it was confirmed that they had sustained a fracture to their spine (T12).

Author(s): Helen Murphy

Owner(s):

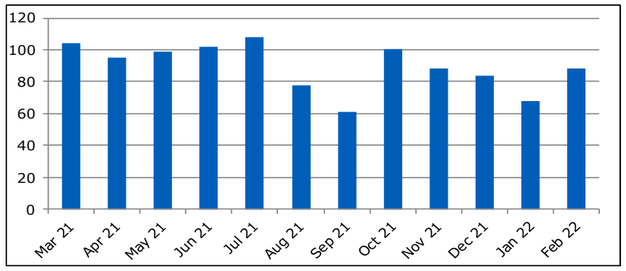
Together-Safe | Kind | Excellent

Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:

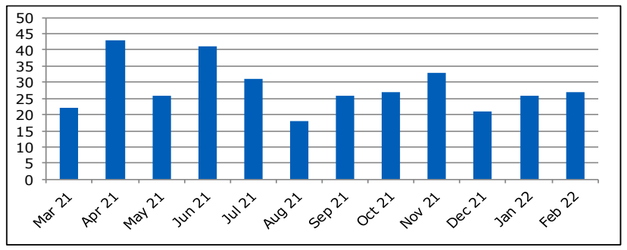


	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Total
Accident	23	15	13	14	16	21	8	15	8	12	17	16	**178**
Blood/bodily fluid exposure (dirty sharps/splashes)	15	17	22	13	25	19	11	30	26	13	15	17	**223**
Environmental Issues	7	9	5	23	14	6	4	7	13	4	1	5	**98**
Moving and Handling	8	1	6	5	2	3	5	1	3	7	5	2	**48**
Sharps (clean sharps/incorrect disposal & use)	5	6	8	9	5	3	3	2	3	3	2	7	**56**
Slips, Trips, Falls	10	9	12	4	7	4	9	8	12	9	4	6	**94**
Violence & aggression	30	33	29	31	36	20	19	32	23	34	22	32	**341**
Work-related ill-health	6	5	4	3	3	2	2	5		2	2	3	**37**
Total	**104**	**95**	**99**	**102**	**108**	**78**	**61**	**100**	**88**	**84**	**68**	**88**	**1075**

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

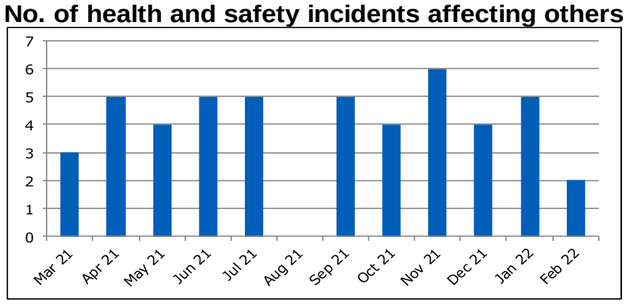
	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Total
No. of health & safety incidents	104	95	99	102	108	78	61	100	88	84	68	88	**1075**
Staff incident rate per month/year	1.0	0.9	0.9	0.9	1.0	0.7	0.6	0.9	0.8	0.8	0.6	0.8	**10.0**

No. of health and safety incidents affecting patients:



	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Total
Accident	10	15	8	12	13	6	8	7	8	6	5	5	**103**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	3	1	1	2	1	2	2	0	3	0	1	**16**
Environmental Issues	1	1	4	12	9	4	3	3	4	4	0	4	**49**
Equipment / Device - Non Medical	0	0	1	3	0	1	0	2	2	0	1	2	**12**
Moving and Handling	2	2	2	5	1	0	1	2	0	0	3	2	**20**
Sharps (clean sharps/incorrect disposal & use)	2	2	1	3	1	0	5	2	3	3	3	2	**27**
Violence & aggression	7	20	9	5	5	6	7	9	16	5	14	11	**114**
Total	**22**	**43**	**26**	**41**	**31**	**18**	**26**	**27**	**33**	**21**	**26**	**27**	**341**

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



	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Total
Accident	1	1	1	0	1	0	3	2	1	1	1	0	**12**
Environmental Issues	1	1	1	0	0	0	1	0	0	1	3	0	**8**
Sharps (clean sharps/incorrect disposal & use)	0	0	1	1	0	0	0	0	0	0	0	0	**2**
Slips, Trips, Falls	1	2	0	1	1	0	0	0	3	1	0	0	**9**
Violence & aggression	0	1	1	3	3	0	1	2	2	1	1	2	**17**
Total	**3**	**5**	**4**	**5**	**5**	**0**	**5**	**4**	**6**	**4**	**5**	**2**	**48**