


NHS
Cambridge University Hospitals
NHS Foundation Trust





Integrated Report

Quality, Performance, Finance and Workforce to end April 2022

Chief Finance Officer
Chief Nurse
Chief Operating Officer
Director of Workforce

Report compiled: 31/05/2022

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

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2021/22 Performance Framework

2022/23 Quality Account Measures

Domain	Indicator	Data to	Target	Feb 22 Previous Month-1	Mar 22 Previous Month	Apr 22 Current status	Trend	FYtD	Baseline	LTM
Safe	Compliance with National Early Warning Score Escalation Protocol for Adults	Mar-22	85%	58%	58%	N/A	▪	N/A	N/A	49.9%
	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?	Mar-22	85%	61%	55%	N/A	▪	N/A	N/A	70.6%
	Serious Incidents - Is the evidence uploaded of good quality?	Mar-22	85%	57%	55%	N/A	▪	N/A	N/A	56.3%
	Serious Incidents - Was the action completed within the original timeframe?	Mar-22	85%	57%	60%	N/A	▪	N/A	N/A	56.3%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Apr-22	20%	16.2%	17.2%	17.0%	⇩	17.0%	15.3%	15.5%
	Percentage of in-patient discharges on a Saturday and Sunday compared to the rest of the week (calculated as the average daily discharges on Sat/Sun divided into the average daily discharges Mon-Fri). Excludes day cases. 80% (of weekday rate)	Apr-22	80%	67.1%	63.2%	65.9%	⇧	65.9%	69.6%	67.3%
	Same day emergency care (SDEC)	Apr-22	30%	22.4%	21.4%	22.3%	⇧	21.0%	N/A	21.0%
Patient Experience / Caring	Percentage of complaints responded to within initial fixed timeframe (30, 45, or 60 working days) or within agreed extension with complainant	Apr-22	90%	97.9%	86.0%	91.4%	⇧	91.4%	85.0%	93.8%
	Compliance with completing the actions by the agreed date for all complaints graded 3 or above	Apr-22	90%	100.0%	100.0%	100.0%	⇔	100.0%	70%	100.0%
	The use of 'carers passports' on wards in the Trust	Mar-22	75%	36.6%	41.5%	N/A	▪	N/A	N/A	20.2%
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%	
				Feb 22	Mar 22	Apr 22				
	Retention of band 5 nurses	Apr-21	90.0%	N/A	N/A	N/A	▪	N/A	87.0%	N/A

SAFE: There is no data for Sepsis compliance for April, as there is a vacancy in the Consultant Lead position - this will be retrospectively updated following appointment.

SAFE: SI action compliance has decreased in April, and will be addressed through the SIERP actions group

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

2021/22 Performance Framework

Performance Framework - Quality Indicators				Feb 22	Mar 22	Apr 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)	Apr-22	0	0	0	0	⇔	0	4	4
	E.Coli Bacteraemias (Total Cases)	Apr-22	50% over 3 years	22	41	31	⇧	31	384	385
	C. difficile Infection (hospital onset and COHA* avoidable)	Apr-22	TBC	11	14	12	⇧	12	123	128
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Apr-22	100%	60.0%	28.6%	25.0%	⇩	25.0%	33.8%	33.8%
	% of external visits where expected deadline was met (cumulative for current financial year)	Apr-22	80%	50.0%	60.0%	100.0%	⇧	100.0%	46.7%	46.7%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Apr-22	-	0.0%	50.0%	N/A	⇧	-	17.2%	14.8%
	No national audit negative outlier alert triggered	Apr-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	Apr-22	85%	80.0%	N/A	N/A	⇔	-	84.6%	84.6%
Nursing Quality Metrics	Blood Administration Patient Scanning	Apr-22	90%	100.0%	99.8%	99.8%	⇧	99.8%	99.1%	99.2%
	Care Plan Notes	Apr-22	90%	96.1%	96.4%	96.4%	⇧	96.4%	95.8%	95.8%
	Care Plan Presence	Apr-22	90%	99.9%	99.9%	99.9%	⇩	99.9%	99.6%	99.6%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Apr-22	90%	60.9%	63.9%	59.5%	⇩	59.5%	63.1%	62.2%
	Nurse Rounding	Apr-22	90%	97.0%	97.2%	97.1%	⇩	97.1%	96.6%	96.6%
	Nutrition Screening	Apr-22	90%	99.6%	99.6%	99.5%	⇩	99.5%	99.6%	99.6%
	Pain Score	Apr-22	90%	74.4%	75.9%	76.5%	⇧	76.5%	77.4%	76.9%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Apr-22	90%	51.5%	59.6%	61.3%	⇧	61.3%	64.0%	63.3%
	PEWS Score Recording	Apr-22	90%	85.5%	86.2%	86.6%	⇧	86.6%	86.6%	86.5%
	NEWS Score Recording	Apr-22	90%	71.8%	74.7%	73.9%	⇩	73.9%	74.4%	74.2%
	VIP									
	VIP Score Recording (1 per day)	Apr-22	90%	89.5%	89.4%	88.3%	⇩	88.3%	91.2%	90.8%
	PIP Score Recording (1 per day)	Apr-22	90%	99.2%	99.2%	99.3%	⇧	99.3%	99.2%	99.3%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	-	-	-	▪	0	0	0
	Number of overdue complaints	Apr-22	0	1	5	2	⇩	2	29	29
	Re-opened complaints (non PHSO)	Apr-22	N/A	12	6	7	⇩	7	74	74
	Re-opened complaints (PHSO)	Apr-22	N/A	0	1	1	⇩	1	4	4
				Feb 22	Mar 22	Apr 22				
	Number of medium/high level complaints	Apr-22	N/A	20	31	14	⇩	14		244

Operational Performance

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Operational Performance

POD	Performance Standards	SPC	Target	Target due by	Internal Target	In Month Actual	Actual
Urgent & Emergency Care	Ambulance handovers <15mins	L	65%	Immediate		25%	
	Ambulance handovers <30mins	L	95%	Immediate		75%	
	Ambulance handovers > 60mins	H	0	Immediate		258	
	12hr waits in ED (type 1)	H	2%	Immediate	13%	15%	
Cancer	Cancer patients < 62 days	L	85%	Immediate		70%	
	28 day faster diagnosis standard		75%	Immediate		86%	
	31 day decision to first treatment	L	96%	Immediate		95%	
Outpatient Transformation	Advice and Guidance Requests	L	16%	Mar- 23	11%	9%	
	Patients moved / discharged to PIFU	H	5%	Mar- 23	2%	2%	
Diagnostics	Patients waiting > 6 weeks	L	5%	Mar- 23		45%	
RTT Waiting List	RTT Patients waiting > 78 weeks	L	0	Mar- 23	423	496	
	RTT Patients waiting > 104 weeks	L	0	Jul - 22	53	48	

Productivity and Efficiency	SPC	In Month Actual	Actual
Non-elective LoS (days, excl 0 LoS)	H	9.19	
Long stay patients (>21 LoS)	H	198	
Elective LoS (days, excl 0 LoS)		5.25	
Discharges before noon	H	17%	
Theatre sessions used	L	1146	
In session theatre utilisation		80%	
Virtual Outpatient Attendances	L	18%	

Key / notes

Bar charts show data over the past 12 months, current month is highlighted depending on performance: green = meeting national standard, amber = meeting internal plan, red = not meeting standard or plan

SPC variances calculated from rolling previous 12 months

Author(s): James Hennessey

Owner(s): Nicola Ayton

Acute Priorities Delivery

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2021/22 Performance Framework

Elective Inpatient Activity

75%	In Month Actual
69%	In Month Plan
75%	YTD Actual
69%	YTD Plan

Elective Daycase Activity

105%	In Month Actual
100%	In Month Plan
105%	YTD Actual
100%	YTD Plan

Emergency Admissions

3,140	In Month Actual
3,622	In Month Plan
3,140	YTD Actual
3,622	YTD Plan

New Outpatient Activity

97%	In Month Actual
99%	In Month Plan
97%	YTD Actual
99%	YTD Plan

Follow Up Outpatient Activity

111%	In Month Actual
124%	In Month Plan
111%	YTD Actual
124%	YTD Plan

Diagnostic Activity

103%	In Month Actual
114%	In Month Plan
103%	YTD Actual
114%	YTD Plan

RTT Clockstops (All)

88%	In Month Actual
101%	In Month Plan
88%	YTD Actual
101%	YTD Plan

RTT Clockstops (Admitted)

78%	In Month Actual
83%	In Month Plan
78%	YTD Actual
83%	YTD Plan

RTT Clockstops (Non admitted)

91%	In Month Actual
107%	In Month Plan
91%	YTD Actual
107%	YTD Plan

Serious Incidents

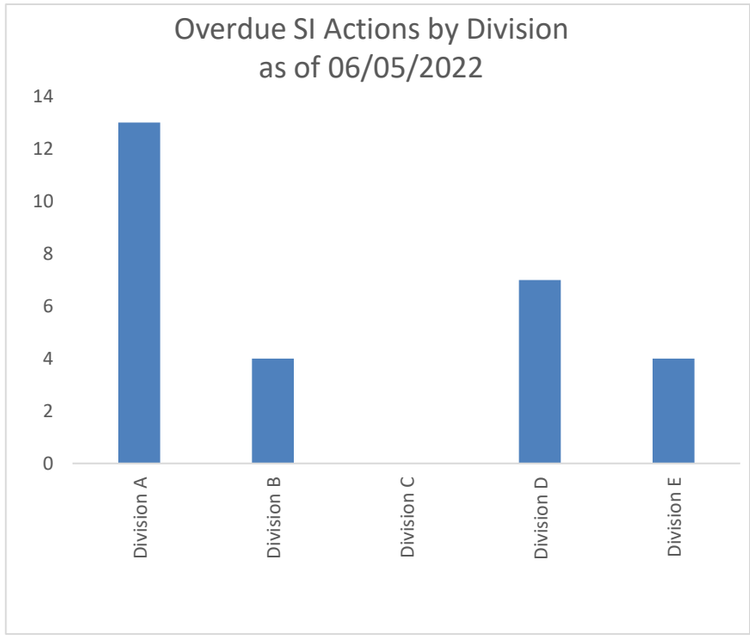
Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	May 18 - Apr 22	month	-	1367	1401			-	The number of patient safety incidents is within normal variance.
Percentage of moderate and above patient safety incidents	Sep 19 - Apr 22	month	2%	1.4%	1.8%			?	There is currently normal variance in the percentage of moderate and above patient safety incidents.
All Serious Incidents	May 18 - Apr 22	month	-	4				-	Four Serious Incidents were declared with the CCG in April 2022, which is within normal variance for the trust.
Serious Incidents submitted to CCG within 60 working days (or agreed extension)	Apr 18 - Apr 22	month	100%	100%	60%	H		?	3 Serious Incidents were submitted to the CCG in April 2022 within 60 working days. Narrative below.

	STEIS SI Sub-category		Title	Actual Impact	Div.	Ward / Dept.
SLR130897	Treatment delay		Abdominal Aortic Aneurysm	Death/ Catastrophic	Division C	Emergency Department -Adult
SLR137083	TBC		Radiology report not acted on	Moderate	Division A	Ward D8
SLR137969	Slips/trips/falls		Patient Fall	Severe / Major	Division C	Ward G5
SLR138323	Slips/trips/falls		Patient Fall EAU4	Severe / Major	Division C	MDU- medical

Summary: The number of patient safety incidents remains in normal variance. Moderate harm incidents fell below but this is not statistically significant. Based on the 60 target 6 Serious incident investigations were due to the CCG, however due to operational pressures and investigator availability three of these were granted extensions for submission date. The Patient Safety Improvement team continues to investigations for all serious incidents relating to HAPUs and patient falls or when the Divisional team are unable to allocate an investigator. Four SI investigations were commissioned at SIERP and SI Action plan closures continue to be supported by the monthly SIERP Action Assurance Meeting and collaboration with the CCG.



Author(s): Clare Miller

Owner(s): Oyejumoke Okubadejo

Duty of Candour

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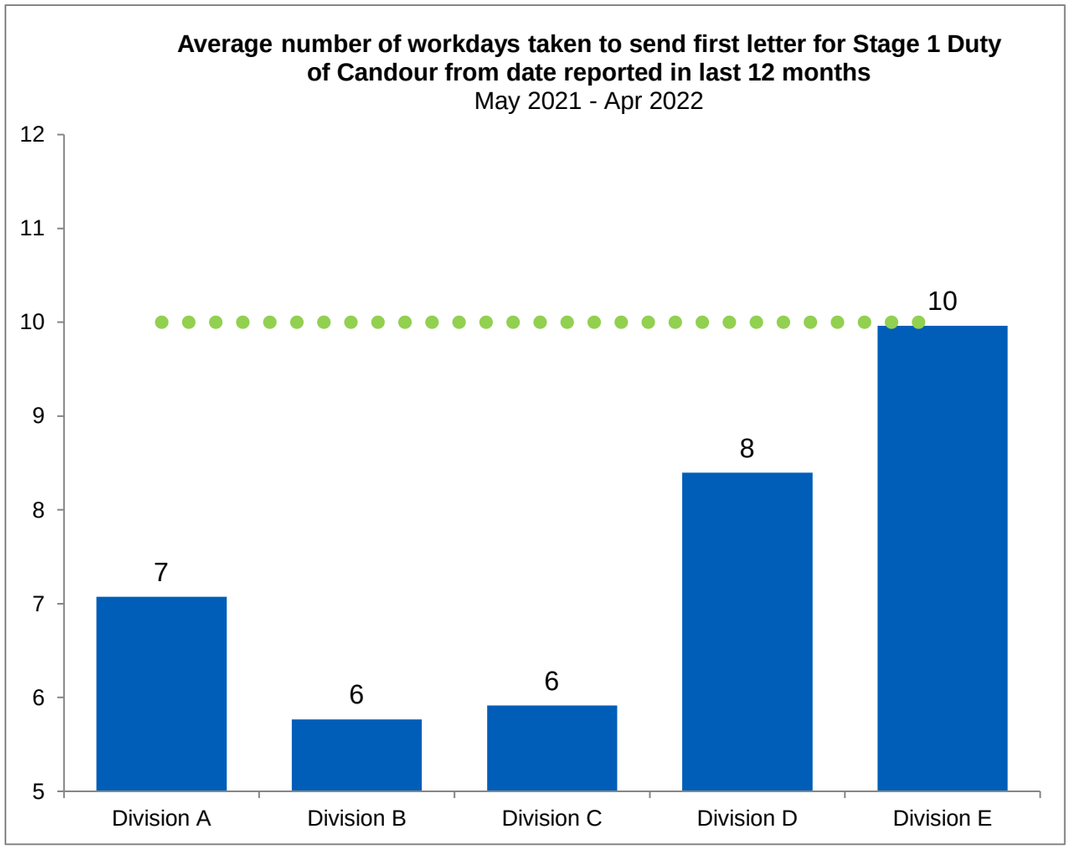
Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Mar 19 - Apr 22	month	100%	71%	67%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Mar 19 - Apr 22	month	100%	64%	67%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 92% for all confirmed cases of moderate harm or above in April 2022. 71% of DOC Stage 1 was completed within the required timeframe of 10 working days in April 2022. The average number of days taken to send a first letter for stage 1 DOC in April 2022 was 6 working days.

Trust wide stage 2** DOC is compliant at 72% for all completed investigations into moderate or above harm in April 2021 and 64% 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	May 19 - Apr 22	month	-	176	137		-	-	There were a total of 176 falls (inpatient, outpatient and day case) in April 2022. The Trust Is currently within normal variance
Inpatient falls per 1000 bed days	May 19 - Apr 22	month	-	5.19	4.28			-	There were 172 inpatient falls in April 2022. The Trust Is currently within normal variance
Moderate and above inpatient falls per 1000 bed days	May 19 - Apr 22	month	-	0.18	0.06			-	There were 6 falls categorised as Moderate or above harm in April 2022 [irrespective of lapses of care] . The Trust Is currently within normal variance
Falls risk assessment compliance within 12 hours of admission	May 19 - Apr 22	month	90.00%	84.00%	84.50%			?	The goal of ≥90% has not been reached since 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 - April l22	month	90.00%	12.30%	6.30%	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 - April 22	month	90.00%	22.50%	12.10%	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 - April 22	month	90.00%	73.80%	61.50%				The goal of > 90% has not been reached since data collection started. Since April 2021 compliance has increased significantly.

Executive Summary

From January 2022 all falls with a Moderate and above harm are presented and actions monitored at the falls QI Group. This is to ensure that the Group has oversight of the investigations and the action plans

It has been identified that some minor changes are required to the existing Falls Risk Screening and an EPIC change request has being submitted in relation to this. However his was given a priority 3 level and this has been challenged as the changes link to both an SI and an inquest. A review has been scheduled for the next EPIC design authority meeting

The role of the falls advocate has been rolled out across the Trust; focusing on ward level improvement. Study days occurred in April and 2 more are occurring in May 2022.

The current KPI's related to Lying and Standing Blood Pressure, confusion care planning and provision of walking aids will continue to be the focus for the next year as compliance remains low.

KPI compliance will be one of the main focus areas for the new Falls Advocates. They will be producing a monthly ward level report on compliance and actions plans for improvement from July 2022

It is expected that the introduction of the Falls Advocates will improve compliance the KPI, increase ward ownership of improvement plans and reduce the number of falls occurring in the Trust.

The Lead Falls Prevention Specialist has worked in collaboration with the Dementia Specialist nurse on the development of CUH specific confusion care plans. The Dementia Specialist nurse is to submit an EPIC change request in relation to this.

An audit is underway within DME to look at the quality of medical post falls assessments.

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 - Apr 22	month	-	19	21		-	-	The total number of HAPUs remains within normal variance. There is a KPI target to reduce category 2 and above HAPU, this is reported below.
To increase reporting of category 1 HAPU to achieve an upward trajectory in reporting by March 2022	Feb 18 - Apr 22	month	-	8	11		-	-	KPI 2021-2022- to increase early reporting of category 1 HAPU to prompt early prevention. Category 1 HAPUs remain within normal variance.
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Feb 18 - Apr 22	month	-	11	10		-	-	Category 2 and above HAPU is within normal variance. There were 9 Category 2 and 2 unstageable HAPU in April 2022.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Apr 22	month	90%	80%	80%		-	F	PU screening risk assessment compliance remains below the target of 90%. 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 - Apr 22	month	9	11	9		-	F	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 period, this KPI was not achieved.

Tissue Viability QI Plan Update
PU Prevention-
KPI to reduce heel HAPU category 2 and above by 5% by March 2022
47% (9/19) HAPUs that occurred in April 2022 were on heels or feet. We have not reached 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 reduced mobility and tissue perfusion.

KPI to increase compliance with risk assessments to 90% by March 2022
Compliance remained static for the last period. Ward based teaching is currently paused again due to TVN team staff shortage with the aim to restart in September when the full team is in place

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 is currently under investigation and will be scheduled for SIERP

Moisture associated skin damage
Incidents continue to remain within normal variance. After achieving a reduction in the past 2 years, the downward trend is now stabilising. We had reports of shortages with supply chain for skin care products

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 started in February are currently on hold due to staff shortages in the team. In the future the plan is to develop an integrated service between community , OPAT and acute TVNs with the aim to restart in September 2022.

TV Service
The project to introduce wound care folders on the wards is at the final stage and it will be presented on the 9th of June to the Tissue Viability Advocates.
New mattresses have been delivered to ED following the February audit. The new mattresses have the same standard of the bed mattresses.

Author(s): Paolo Russo

Owner(s): Oyejumoke Okubadejo

Sepsis

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jul 20 - Mar 22	Monthly	95%	47%	55%		-	?	No data for April 2022, audits are expected and will be updated retrospectively
Antibiotics administered with 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Jul 20 - Mar 22	Monthly	95%	67%	72%		-	?	No data for April 2022, audits are expected and will be updated retrospectively
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>)- Inpatient wards	Apr 20 - Mar 22	Monthly	95%		21%		-	F	There is no data for sepsis inpatient Sepsis compliance for April 2022, as there is a vacancy in the Inpatient Sepsis Lead role.
Antibiotics administered with 60 mins form time patient triggers Sepsis (NEWS 5>) - Inpatient wards	Apr 20 - Mar 22	Monthly	95%		61%	L	SP	?	There is no data for sepsis inpatient Sepsis compliance for April 2022, as there is a vacancy in the Inpatient Sepsis Lead role.
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Emergency Department	Sep 20 - Mar 22	Monthly	95%	93%	90%		-	? -	No data for April 20222, audits are expected and will be updated retrospectively
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Inpatient wards	Apr 20 - Mar 22	Monthly	95%	0%	64%	L	-	? -	There is no data for sepsis inpatient Sepsis compliance for April 2022, as there is a vacancy in the Inpatient Sepsis Lead role.

Executive Summary

There is no data for sepsis inpatient Sepsis compliance for March 2022, as there is a vacancy in the Inpatient Sepsis Lead role.
This data will be retrospectively collated when the post is appointed to; this process is underway.
No ED Sepsis data for April 20222, audits are expected and will be updated retrospectively

Author(s): Stephanie Fuller Owner(s): Amanda Cox

Mental Health - Q1 2022/23

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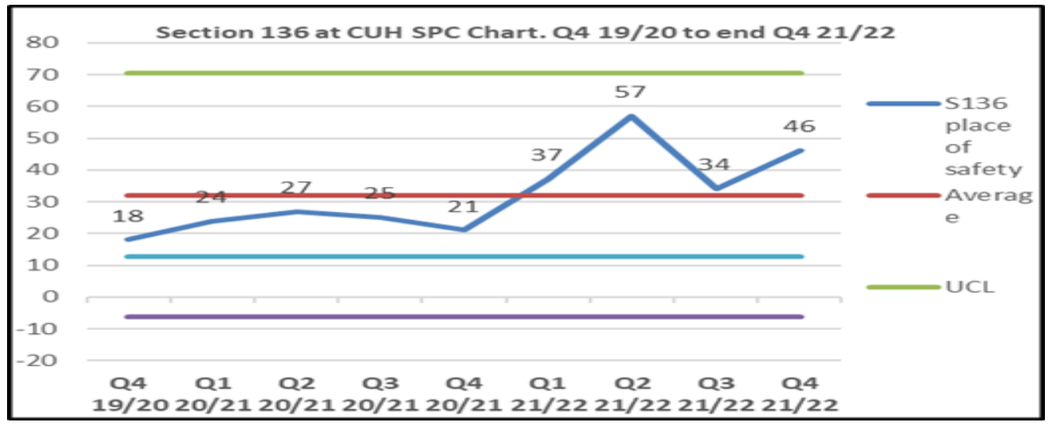
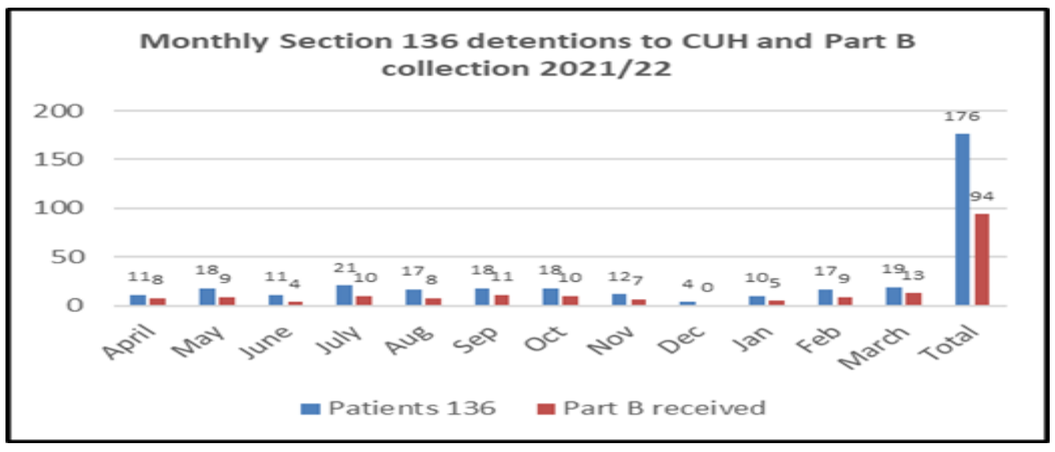
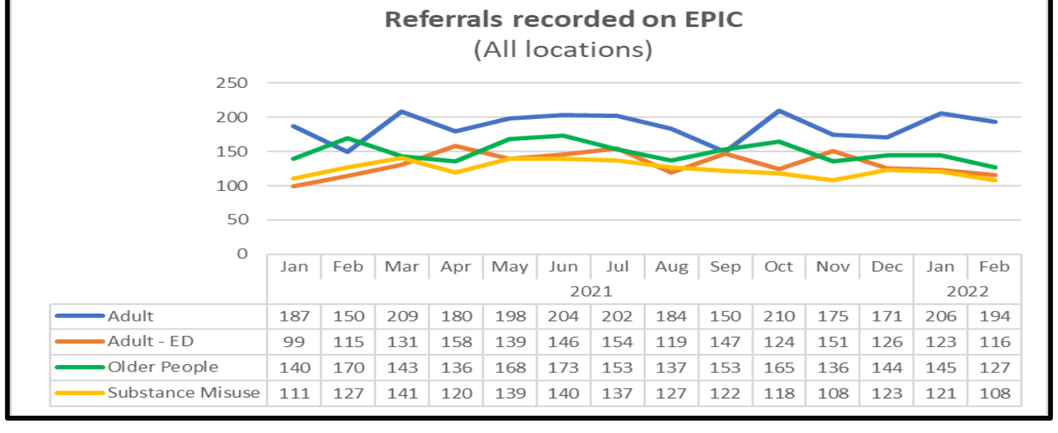
Mental Health







	Jan 2021	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2022	Feb
Adult	187	150	209	180	198	204	202	184	150	210	175	171	206	194
Adult - ED	99	115	131	158	139	146	154	119	147	124	151	126	123	116
Older People	140	170	143	136	168	173	153	137	153	165	136	144	145	127
Substance Misuse	111	127	141	120	139	140	137	127	122	118	108	123	121	108

Narrative

- The number of 136 patients coming through ED at CUH in April 2020 (15) shows a steady increase in numbers from the low base of Q3. Of the patients that did attend 12 were discharged from their section following a MHA assessment. On available figures the average waiting time in ED form a 136 patient to have their MHA assessment commenced was just over 10 hours. In Cambridgeshire there were 55 section 136 patients which is the highest April figure for a number of years
- The CCG have put in place a '136 follow up support service' which became operational this month. The service will consists of telephone follow up for anybody that has been detained on a section 136 but was then not further detained following assessment. A patient needs to consent for follow up at the point of their MHA assessment.
- The number of adults presenting to ED (239) at CUH with a M/H need in April 2022 shows a 21% decrease the corresponding month last year (301) and is the lowest number since April 2020 which was at the start of the Covid pandemic. The number of adult patients subsequently admitted was 42 which was the lowest figure since March 2021.
- The number of CAMHs patients presenting in ED in April 2022 (20) shows a 52% reduction from April 2021. Though it is too early to be certain the CAMHs figure may be somewhat explained by the increased resources that is now in place for young people in a M/H crisis.
- Plans are being put in place for the closure of one of the three adult M/H wards at Fulbourn Hospital during May 2022. The decision is being driven by staffing shortages which is hoped will be resolved by the end of the year. A number of beds are being block purchased from the private sector to help mitigate the closure.
- The number of suspected suicides in March 2022 in Cambridgeshire (19) is the highest number recorded by the Real Time Suicide Surveillance report since it was established 4 years ago. The figure for April has fallen to 7 which is closer to the monthly average of 5.5.

Ongoing work:

- The M/H team have been allocated substantive funding for both the M/H lead and M/H specialist nurse posts and recruitment for both will commence shortly.
- Work is nearing completion on ligature assessments on a number of key wards/departments. That work will now move to the formulation of agreed action plans to mitigate identified risks.
- Interface meetings between mental health and CUH for both adult and younger peoples services are continue. The plan now is to invite other agencies to the meeting such as Centre 33 who provide support for younger people with M/H needs in the the CUH MH Strategy works.

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

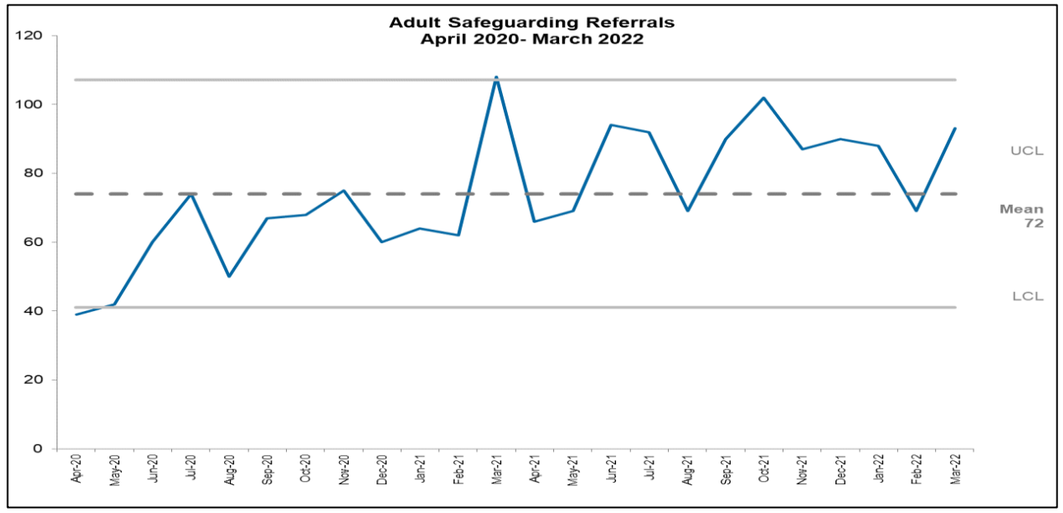
Safeguarding

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

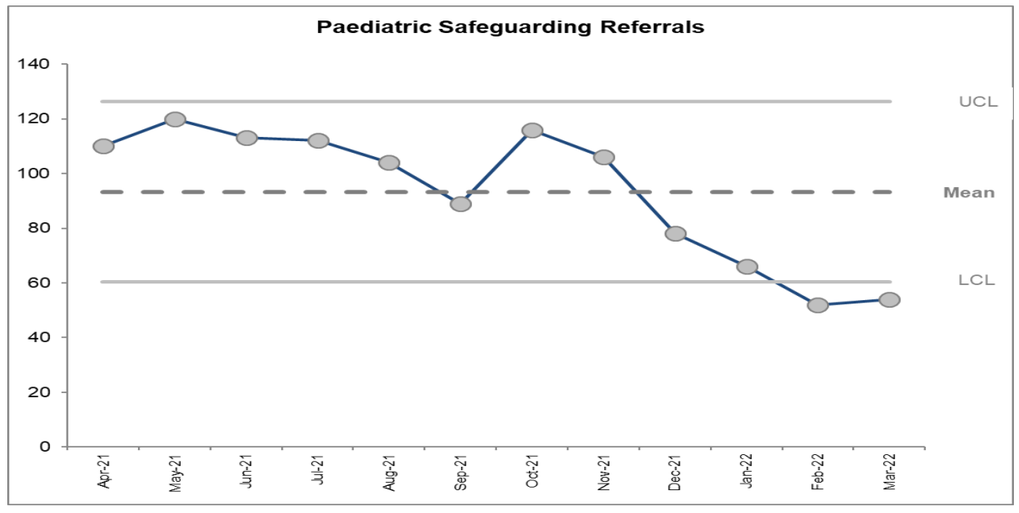
Adult Safeguarding

Referrals to the safeguarding team have continued to increase year on year. The total referrals to the Adult Safeguarding Team in 2021-22 was 1009, which is an increase of 31% compared to 2020-21. In Q4, there were 234 referrals to the team, 43% of the referrals received were safeguarding enquiries and of these 67% were forwarded to the local authority for further investigation. The largest number of referrals relate to concerns of neglect or acts of omission however there has been a 16% increase in referrals for Domestic abuse in Q4.



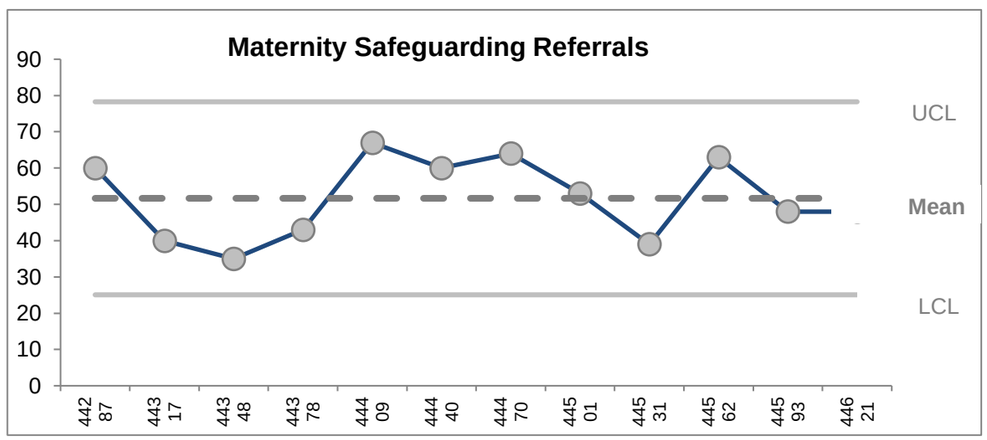
Childrens Safeguarding

The number of referrals has decreased by 43.35% this quarter in comparison to Q3.
The reason for the decrease is not clear, however may be attributed to a change in the referral system whereby staff are sending referrals directly to social care instead of via the safeguarding team. Mental Health continues to be the consistent theme dominating Children's social care referrals although this has decreased by 37.5% from Q3. During Q4 there has been an increase of 446 (29.9%) patients who did not attend (DNA's) their appointments. A group has been convened to ensure our processes for DNA's are robust to safeguard children at risk.



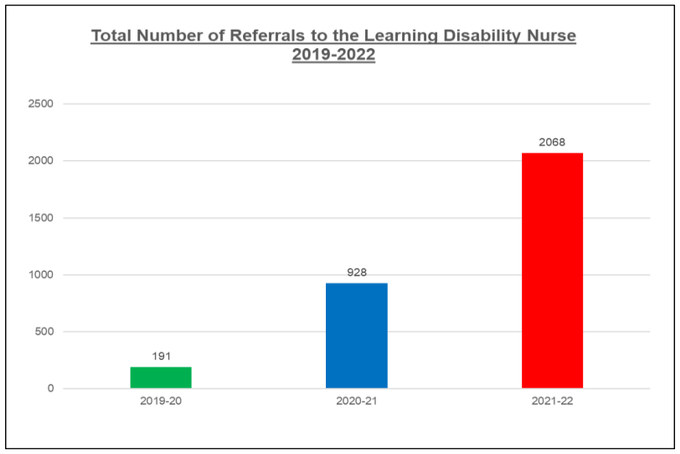
Maternity safeguarding

The number of referrals to the maternity safeguarding team has ranged between 35 and 65 referrals per month. The greatest reason for onward referral to children's services is due to domestic abuse. There are 14 unborn babies with child protection plans and 13 having a child in need plan in place currently.



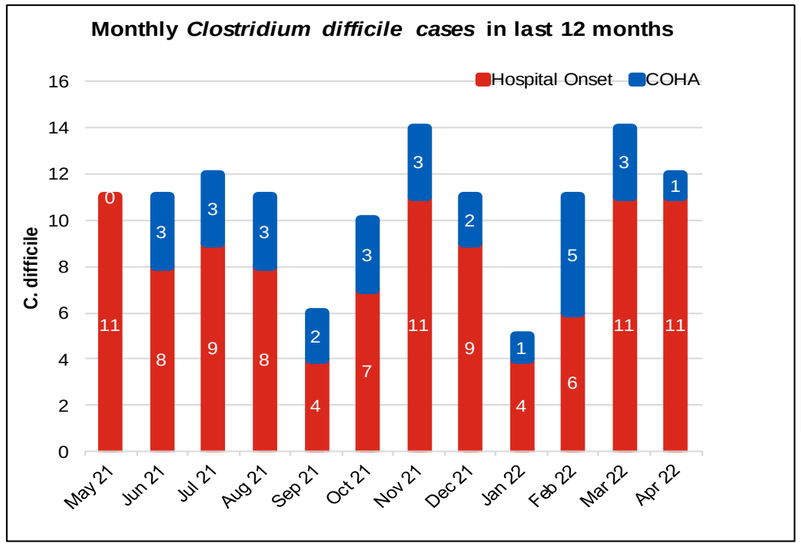
Learning disabilities

The number of referrals to the learning disability specialist nurse has increased year on year. In total in 2021/22 there have been 2068 referrals compared with 928 in 2020/21. During Q4, there have been 495 referrals which is a 7% decrease from Q3 but comparable to Q2. The learning disability nurse is working in close partnership with the Learning disability partnership and local services.

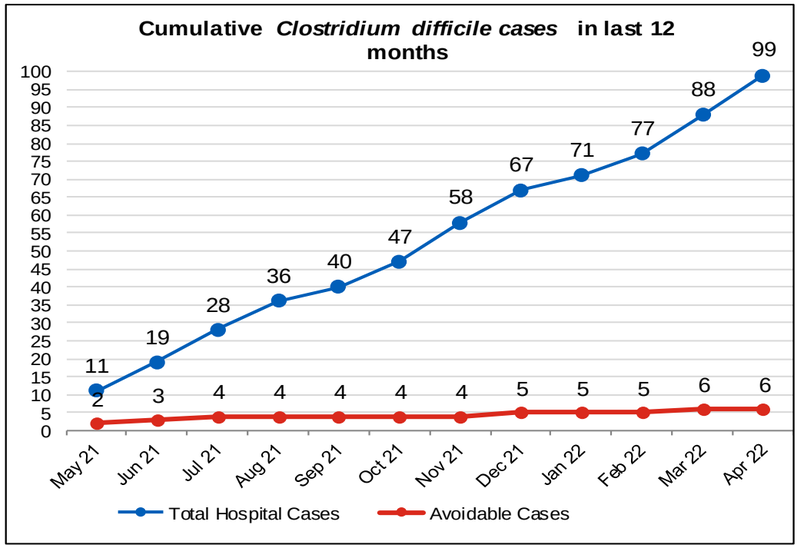


Infection Control

Cambridge University Hospitals NHS Foundation Trust



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



CUH trend analysis

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

▪ No cases of hospital onset MRSA bacteraemia in April 2022.

C. difficile ceiling for 2022/23 is 110 cases for both hospital onset and COHA*.

▪ 11 cases of hospital onset *C difficile* and 1 case of COHA in April 2022. All cases will be discussed with the CCG next month.

MRSA and C difficile key performance indicators

▪ Compliance with the MRSA care bundle (decolonisation) was 86.7% in April 2022 (94.7% in March 2022).

▪ The latest MRSA bacteraemia rate comparative data (12 months to March 2022) put the Trust 6th out of 10 in the Shelford Group of teaching hospitals.

▪ Compliance with the *C. difficile* care bundle was 92.3% in April 2022 (88.9% in March 2022).

▪ The latest *C. difficile* rate comparative data (12 months to March 2022) put the Trust 7th out of 10 in the Shelford

Fit Testing compliance for substantive staff

NHS Cambridge University Hospitals NHS Foundation Trust

Fit Testing compliance for substantive staff

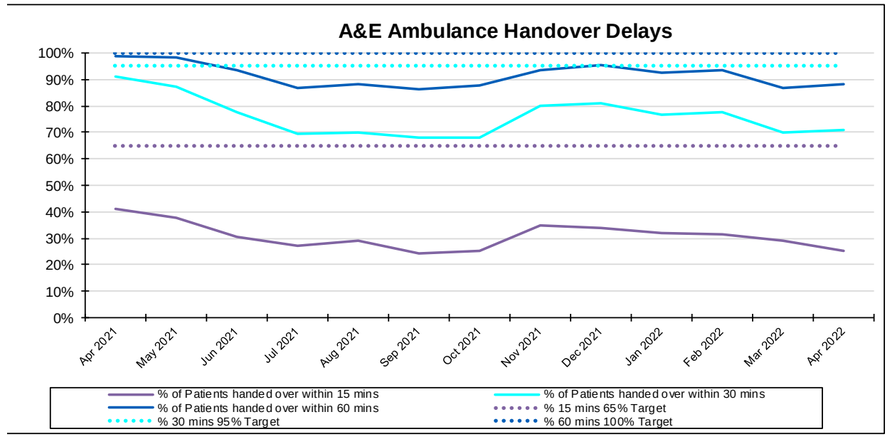
Fit Test Compliance CUH	Division A			Division B			Division C			Division D			Division E			Corporate			Total		
	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected
Nursing and Midwifery Registered	519	448	86%	25	22	88%	236	212	90%	147	125	85%	279	242	87%	-	-	-	1,206	1,049	87%
Additional Clinical Services	185	149	81%	65	52	80%	105	92	88%	83	59	71%	61	42	69%	-	-	-	499	394	79%
Medical and Dental	156	114	73%	87	74	85%	168	133	79%	119	102	86%	136	101	74%	-	-	-	666	524	79%
Additional Professional Scientific and Technical	-	-	-	90	86	96%	1	1	100%	-	-	-	-	-	-	-	-	-	91	87	96%
Allied Health Professionals	58	53	91%	118	100	85%	1	1	100%	-	-	-	-	-	-	-	-	-	177	154	87%
Estates and Ancillary	5	2	40%	1	1	100%	-	-	-	-	-	-	-	-	-	67	62	93%	73	65	89%
Total	**923**	**766**	**83%**	**386**	**335**	**87%**	**511**	**439**	**86%**	**349**	**286**	**82%**	**476**	**385**	**81%**	**67**	**62**	**93%**	**2,712**	**2,273**	**84%**

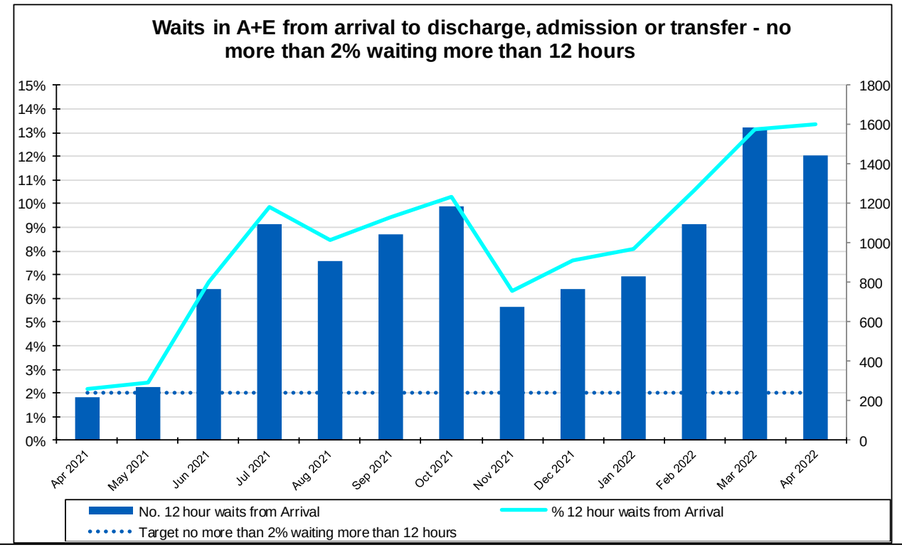
The data displayed is at 10/05/22. This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirest, student Nurses, AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place 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

Ambulance Handovers & 12 Hr Waits From Arrival

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
No. of Patients not handed over within 30 mins	840	478	507	615	544	697	646
No. of Patients not handed over within 60 mins	326	151	127	201	159	300	265

Managing demand

- Total attendances in April were 10,813 which is 405 (3.9%) higher than April 2019. This equates to a rise in average daily attendances from 347 to 360 over the same period.
- The focus on streaming patients to assessment areas outside the Emergency Department continued, with a dedicated clinician based at the front door and the ambulance bay to support this:
  - 3,434 patients were streamed to the Urgent Treatment Centre (UTC) of which 1,590 patients were seen by a GP or ECP
  - 780 patients were streamed to our medical assessment units on wards N2 and EAU4
  - 339 patients were streamed to the Surgical Assessment Unit.

Performance

- 1,401 patients had an ED journey time in excess of 12 hours compared to 76 in April 2019. Of these, 417 patients waited more than 12 hours from their decision to admit (0 in April 2019)
- Our ambulance performance in April was as follows:
  - 25.1% of handovers were clear within 15mins vs. 64.1% in April 2019 (target = 65%)
  - 71.0% of handovers were clear within 30mins vs. 95.8% in April 2019 (target = 95%)
  - 88.1% of handovers were clear within 60mins vs. 99.6% in April 2019 (target = 100%).

Key actions:

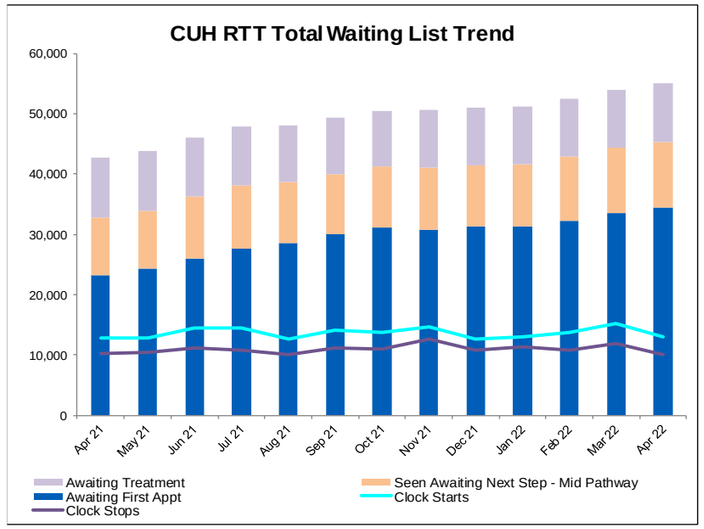
Actions being undertaken by the department focus on improvement against the ambulance handover delays and 12hr waits from arrival. These include the creation of the 'ED Hub' to centralise escalation and coordinate actions to improve flow within the ED, improving the infection control pathways in ED to allow ambulances to offload to multiple areas, developing a new escalation plan and escalation tool to quickly identify and resolve blocks to flow, and agreeing of a new SDEC pathway with Orthopaedics. The ED is also in the process of updating the Internal Professional Standards policy to set out the key performance measures for both the ED and specialties across the Trust.

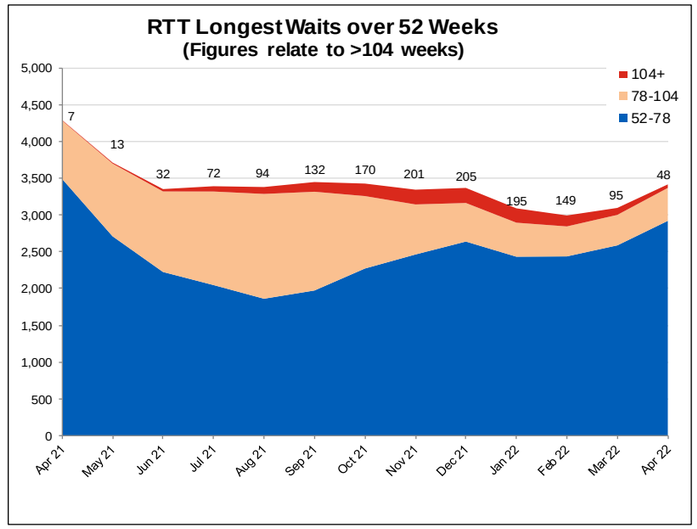
Author(s): James Hennessey Owner(s): Nicola Ayton

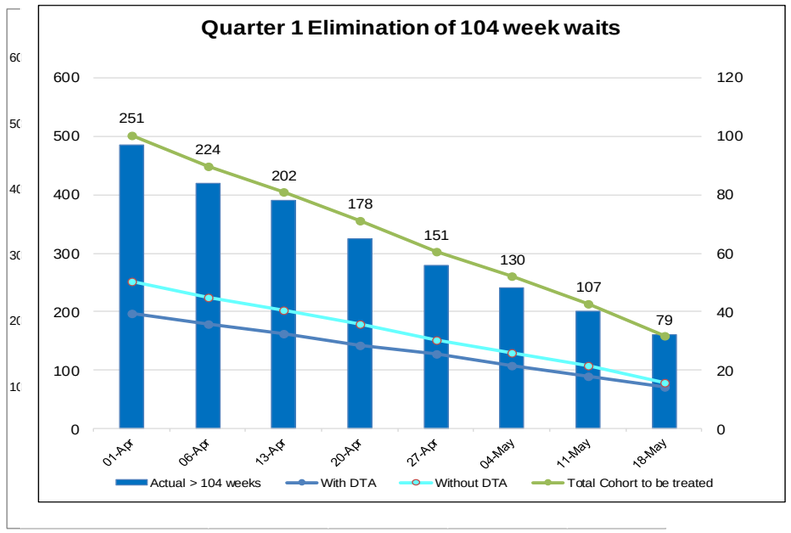
Referral To Treatment - (RTT)

Cambridge University Hospitals NHS Foundation Trust

National Targets







The Operational Planning requirements 2022/23 for the Referral to Treatment (RTT) waiting list require us to:-

- eliminate waits over 104 weeks by 1st July 2022 and maintain this position throughout 2022/23 (except where patients choose to wait longer)
- eliminate waits over 78 weeks by April 2023
- develop plans that support an overall reduction in 52 week waits where possible

The total waiting list size grew by 1,155 in April to 55,097. Our Month 1 planning submission had forecast growth to 55,813 so we are currently lower than plan.
Compared to pre-pandemic the waiting list has grown by 62%.

The number of patients joining the RTT waiting list (clock starts) were 3.7% higher than last month, and 4.3% higher than April 2019. We had forecast continued referral growth of 2.3% above 2019 baseline. Clock starts (referrals) represented 24% of the total waiting list size in the month. Patients waiting to commence their first pathway step accounted for 62% of the total.

The number of RTT treatments delivered in April represented 87.8% compared to April 2019. Non-admitted stops increased to 91% of baseline, with admitted stops lower at 77.8%. The total treatments were 1.2% higher than March, but with the larger waiting list the clearance time for the RTT waiting list (how long it would take to clear if no further patients were added) increased to 20.9 weeks.

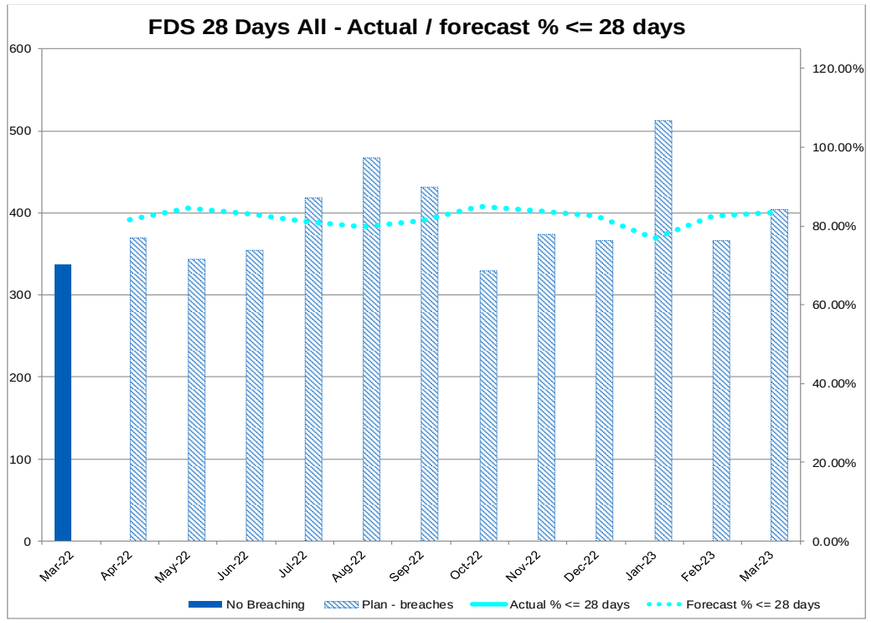
The 92nd percentile total waiting time increased to 48 weeks. For admitted patients only we saw a further reduction to 64 weeks .
The volume of patients waiting over 52 weeks increased by 320 to 3,417 compared to a plan of 3,184. 587 patients in total were treated who had waited over a year.
The volume of patients waiting over 78 weeks decreased by 14 to 496, compared to a plan of 423.
Good progress was made on the elimination of waits over 104 weeks which reduced to 48 from 95 the prior month. ENT (adult and paeds) represent 35% of the patients remaining , followed by Maxillofacial surgery and Orthopaedics with six each, and Colorectal with four.
The aim for Quarter 1 is to treat all patients who would reach 104 weeks by the end of July, allowing for a one month buffer against the absolute target. Having started at 251 on 1st April, we have reduced this cohort to 79 as at 18th May with just twelve patients outstanding plans by the end of Q1.

Nationally the RTT waiting list continues to rise, reaching 6.4 million in March 2022 with a 44.3 week 92nd percentile waiting time and 4.8% waiting over 52 weeks. CUH has 6% over 52 weeks which is 6th highest in the EoE.

Cancer

National Targets

Cancer Standards 22/23	Target	Qtr 1 - 21/22	Qtr 2 - 21/22	Qtr 3 - 21/22	Jan-22	Feb-22	Mar-22	Qtr 4 - 21/22
2Wk Wait (93%)	93%	93.0%	94.9%	81.8%	81.0%	79.3%	76.8%	78.9%
2wk Wait SBR (93%)	93%	84.4%	92.4%	43.9%	53.2%	29.8%	19.7%	35.5%
31 Day FDT (96%)	96%	92.9%	91.7%	91.0%	90.6%	97.5%	94.8%	94.3%
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%	98.3%	99.1%	97.1%	86.5%	93.7%
31 Day Subs (Surgery) (94%)	94%	87.5%	85.1%	83.0%	87.5%	90.7%	88.9%	89.0%
31 Day - Combined	**96%**				**94.3%**	**96.9%**	**91.8%**	**94.2%**
FDS 2WW (75%)	75%	83.8%	81.1%	85.3%	75.9%	83.6%	84.1%	81.3%
FDS Breast (75%)	75%	99.5%	97.6%	98.0%	93.4%	96.6%	94.1%	94.6%
FDS Screen (75%)	75%	65.8%	72.9%	65.7%	51.0%	71.8%	70.9%	64.5%
FDS - Combined	**75%**				**74.8%**	**83.2%**	**100.0%**	**80.6%**
62 Day from Urgent Referral with reallocations (85%)	85%	**75.4%**	**75.1%**	**73.2%**	**68.0%**	**70.6%**	**70.2%**	**69.6%**
62 Day from Screening Referral with reallocations (90%)	90%	**68.6%**	**55.0%**	**68.9%**	**56.7%**	**57.1%**	**68.3%**	**60.0%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	65.8%	60.0%	51.2%	46.2%	77.8%	50.0%	56.7%
62 Day Reallocations - Combined	85%				**65.0%**	**68.6%**	**69.5%**	**67.7%**



The latest nationally reported Cancer waiting times performance is for March 2022 and year end.

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 increased again in March so there was deterioration in performance to 76.8%. This reflected an average wait of 18 days rather than within 2 weeks. The Faster Diagnosis Standard in Breast is being maintained and we delivered 94% in March within 28 days. The business case for a substantive increase to the Breast Unit staffing is progressing to recruitment. The National performance was higher in March for both 2ww and 2ww SBR at 80.6% and 59.5% respectively. The full year performance for CUH against the 2ww standards was 87.2% for 2ww, and 63.1% for 2ww SBR, with 11% more patients seen via a 2ww across 2021/22.

The 62 day Urgent standard performance in March was stable at 70.2%. This was ahead of performance nationally at 67.4%. There were 48 accountable breaches of which 37 were CUH only pathways. 17 of these delays were provider initiated delays, with the notable issue being that 13 were impacted by delays in histology turnaround. 10.5 were due to late referrals of which five were treated within 24 days of transfer. Breaches spanned 11 cancer sites, with the highest volume by site being Urology with 10 (7 related to histology, and the remainder referred post 62 days), then Breast with eight of which six had outpatient delays. The 62 day screening standard incurred seven breaches this month and performance improved but only to 68.3%. Six were in Lower GI of which five had multiple diagnostics. National performance was higher at 74.5%.

The 31 day FDT standard dropped in March but was still strong at 94.8%, and ahead of National performance of 93.4% . The subsequent surgery standard also dropped to 88.9% but remained ahead of National at 82.2%. Elective cancellations resulted in eight breaches, including cancellations due to LASSA and COVID impacting staffing. A further 16 breaches were due to surgical capacity. In March we have seen for the first time the impact of the CT replacement in Radiotherapy. This has resulted in a drop in subsequent radiotherapy performance to 86.5%. This impacts the Breast and Prostate pathways with an average wait of 41 days for those exceeding the standard. We expect performance to recover from June when staffing can support longer days until the scanner is replaced.

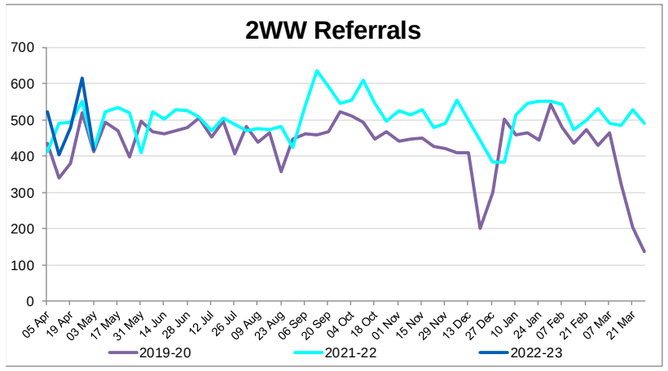
19 pathways waited >104 days for treatment in March. Ten were shared pathways referred between day 64 and 149. Nine CUH pathways exceeded 104 days. The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust. No cases have required escalation to the harm review panel this month.

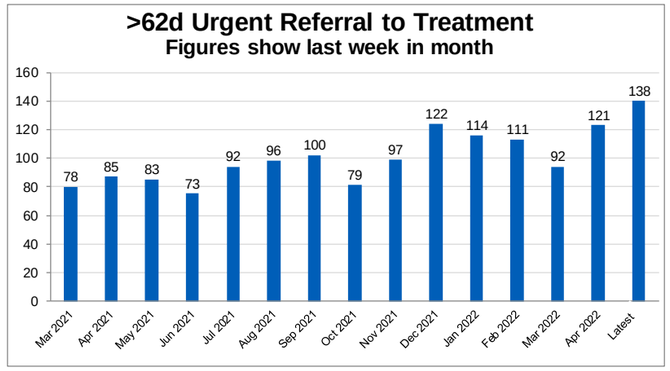
The Cancer Waiting Time standards are currently out for consultation Nationally with a view to being consolidated into three combined standards: Faster Diagnosis within 28 days; Referral to Treatment within 62 days; and Decision to Treat to Treatment within 31 days. The combined standard performance is reflected in the table above in preparation for this.

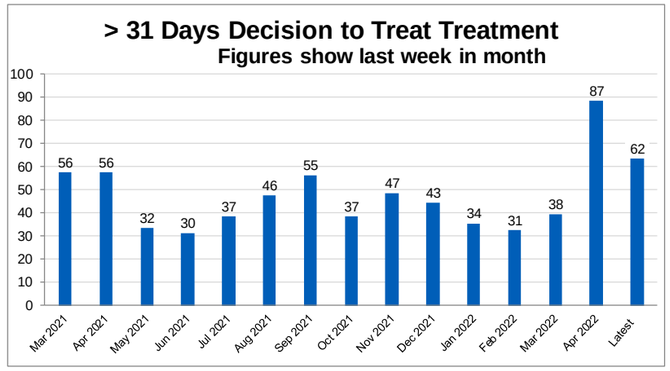
Cancer

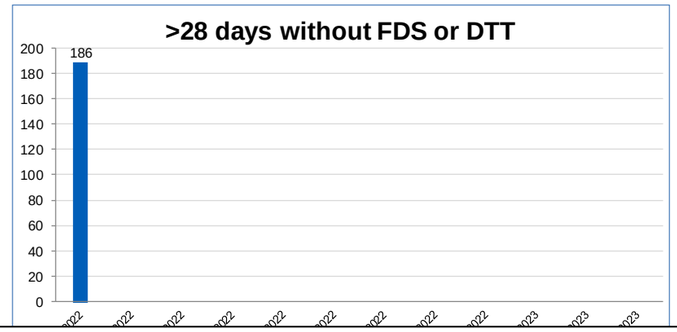
Cambridge University Hospitals NHS Foundation Trust

National Targets









Current position

2WW suspected cancer referral demand continued at 117% over the past four weeks compared to the same baseline period in 2019. The number of breaches in the Breast service have halved through May to ~150, and there are no breaches booked into June due to capacity at this stage. Skin, Lower GI and Gynaeoncology are the only other sites demonstrating some pressure with 2ww delivery with more than 30 breaches each in May, although 62% are due to patient choice.

The number of patients waiting >62 days on an Urgent pathway has decreased from 121 last month to 138 currently. 62% of the breaches are CUH only pathways. 49% of patients do not yet have a confirmed cancer diagnosis. 23% have treatment scheduled. Urology, Skin, LGI , Head & Neck and Gynaecology have the highest backlog for CUH only pathways. Histopathology delays continue to have the largest impact on performance currently and turn around for reports has dipped again to 22.2% within 7 days against our internal standard of 80%. Increased activity (122% pre-covid), staff shortfalls and issues associated with the physical environment are all factors. There is national concern regarding workload and staffing in histology labs with a detailed review being considered by the National Pathology Board. Actions being taken include the use of temporary staff and paid additional hours pending an investment case for substantive staff;, automation of some parts of the pathway and, in the longer term, a move to a new facility. Outsourcing has been considered but no other labs have capacity. CUH has a trajectory to recover 62 day backlog to 94 by the end of May so we are significantly off trajectory and are responding to KLOE via the Cancer Alliance to the National team on the challenges that are causing our risk to delivery.

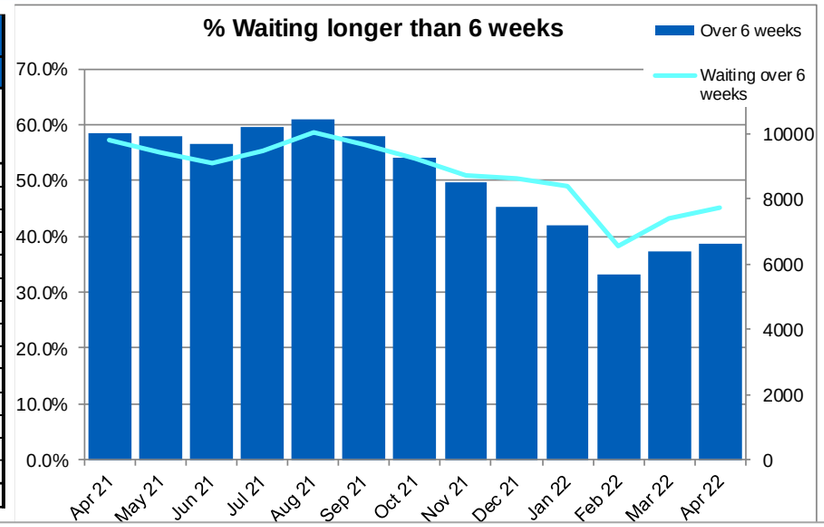
The number of patients waiting over 31 days increased significantly through April and remain high at 62 currently. 68% are scheduled for treatment. 47% are still suspected which reflects that Skin are the site with the highest volume of breaches (32%) and diagnosis won't be confirmed until histopathology results are complete. Skin is reflective of capacity within dermatology to complete outpatient excisions. The team have a number of actions including: additional medical and nursing resources to expand capacity, review of the appropriateness for patients to remain on cancer pathway, formalise the Derm/Plastics pathway to better mange the collective resource. Kidney is the other site that has seen backlog increase with 20% of the breaches. Four relate to treatment delays due to other medical conditions, but five are due to access to Radio Frequency Ablation capacity and Urology are working with Radiology on a plan to support the higher demand for this treatment modality. . The number of breaches related to the capacity in Radiotherapy is now reducing and we expect these to resolve in June. Capacity for Prostate Brachytherapy does remain a constraint due to flexibility to match Consultant availability with theatre capacity. Mutual aid options for this have been explored with Mount Vernon.

Diagnostics

Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Change from previous month:		Apr-22							
		Waiting List				Scheduled Activity		Total Activity	
Deteriorated / Improved		Total Waiting List	Variance from Feb 2020	%> 6 weeks	Mean wait in weeks	Scheduled Activity	Variance from Apr-19 Baseline	Total Activity	Variance from Apr-19 Baseline
Imaging	Magnetic Resonance Imaging	2698	38%	41.4%	7	2144	97.7%	2525	99.7%
	Computed Tomography	2619	152%	57.6%	18	2617	104.4%	5462	112.1%
	Non-obstetric ultrasound	3319	77%	41.7%	6	2972	96.1%	3637	94.6%
	Barium Enema	45	45%	4.4%	2	27	88.8%	28	92.1%
	DEXA Scan	981	51%	39.6%	5	529	128.3%	529	126.0%
Physiological Measurement	Audiology	630	86%	42.9%	6	393	86.0%	393	86.0%
	Echocardiography	2620	171%	63.8%	12	996	82.4%	1424	92.4%
	Neurophysiology	124	-54%	3.2%	2	174	64.0%	178	62.0%
	Respiratory physiology	74	208%	67.6%	12	23	151.3%	23	142.4%
	Urodynamics	229	146%	47.6%	8	55	81.5%	55	81.5%
Endoscopy	Colonoscopy	465	-14%	7.1%	3	376	98.9%	382	97.8%
	Flexi sigmoidoscopy	137	29%	6.6%	2	101	120.8%	122	113.6%
	Cystoscopy	226	-4%	20.4%	5	316	86.2%	333	89.2%
	Gastroscopy	565	-3%	8.8%	3	550	100.3%	613	99.9%
Total Diagnostic Waiting List		**14732**	**69%**	**45.1%**	**9**	**11273**	**96.9%**	**15704**	**101.0%**



In relation to diagnostic services, the Planning guidance for 2022/23 requires Systems to increase diagnostic activity to a minimum of 120% of pre-pandemic levels . This would include community diagnostic activity as well as that delivered in the Acute hospital setting.

Total diagnostic activity in April delivered to 101% of April 2019 baseline. Scheduled activity only, which addresses our waiting list, delivered 96.9% of baseline. CT has the highest emergency activity which represents 52% of the scans delivered. Total activity was up by 5% compared to the prior month.

The total waiting list size decreased by 68 to 14,732. The volume of patients waiting over 6 weeks increased by 256 this month equating to 45.1% > 6 weeks. The growth was driven by Ultrasound and MRI. 10.6% this month to 38.4%. Mean waiting time is nine weeks.

Imaging is 66% of the diagnostic waiting list. Imaging activity overall achieved above baseline activity levels for total and scheduled activity, and was 8% up on the previous month. The main concern in month was the below baseline activity in MRI and Ultrasound which resulted in further waiting list increases in both services. Ultrasound is a pressure across the ICS and two new Primary Care locations in Bar Hill and Cherry Hinton have now been secured for additional community days. The community locations that were running in Fulbourn and Saffron Walden supported by staff from an Independent provider have not been delivering to planned activity due to their lack of staffing. Division B are working with Estates to ensure continuity of our core service when Ultrasound rooms have to be vacated for other enabling works. MRI continues with loss of activity associated with the scanner replacement,. The mobile scanner that was due to be provided to mitigate the delays with the static replacement is now not available having been damaged in international transit. The replacement work leaves us with a shortfall of a scanner now until August. The mobile MRI unit based at NWAFT will be able to commence contrast scans from June. CT still has the largest recovery challenge but made good progress in month. The CT scanner replacement is on schedule and will be operational from the last week of May. An additional mobile CT scanner to support the ICS will be available from August, and a small amount of additional activity is also being made available from June in the local Independent Sector hospital. Staffing continues to be a limiting factor, and when the replacement scanner is Operational the Sawston unit will have some unutilised capacity in that facility.

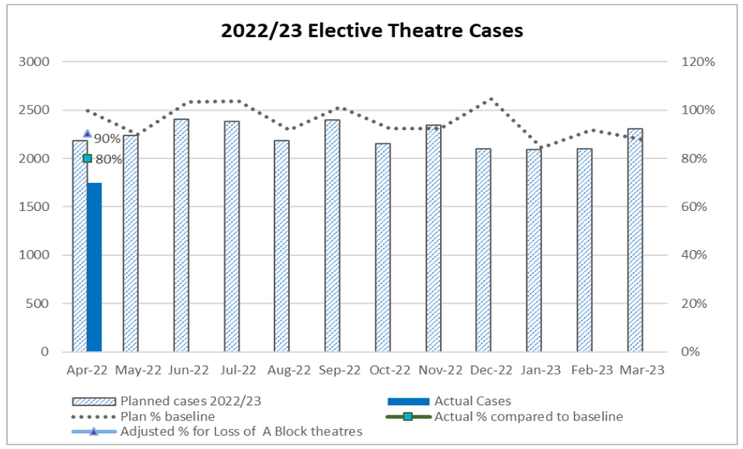
Endoscopy The service achieved below 10% for > 6weeks in April as predicted, and hope to recover to 1% in May. Cystoscopy within the Gynaecology service remains the outstanding area for improvement, but they intend to deliver additional weekend sessions to address their remaining waits over 6 weeks.

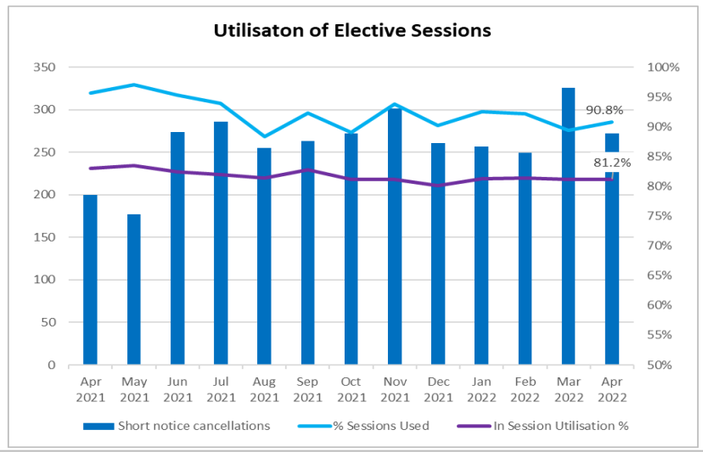
Physiological measurement Echocardiography activity remained below baseline in April given the gap in provision of an Insourcing provider. The waiting list did not increase however. A new contract with the pilot Insourcing supplier is effective fully from June, but some dates have been delivered in May. Having facilitated a third port, there is now also further opportunity to expand this contract when staffing permits. Given the very long trajectory through to January 2023, the service still wishes to pursue further Insourcing with additional providers and are in discussion with procurement. Echocardiography is one of the diagnostic services with high emergency demand and continues with plans to increase the substantive establishment. which is insufficient to deliver a sustainable service currently.

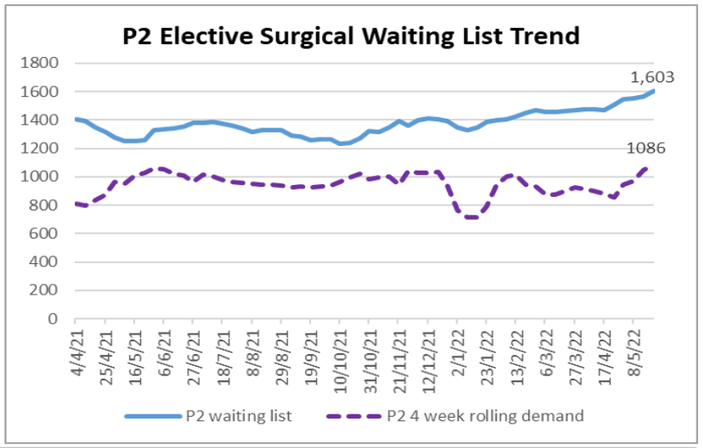
Operations

Cambridge University Hospitals NHS Foundation Trust

Operational Performance







Elective theatre activity in April delivered 80% of the April 2019 baseline. Taking account of the loss of the three A Block theatres from our capacity, this would bring the performance up to 90%.

- Our plan for April 2022 was ambitious, being based on the levels achieved in April 2021 plus a productivity gain if target utilisation was achieved. The unused sessions were double in April 2022 compared to April 2021. In part this will be due to the timing of Easter, and surgeon leave accounted for 62% of sessions unused in April 2022. In April 2021 the country remained under COVID restrictions for domestic and overseas travel. Elective sessions used in April were however higher than March at 90.8%.
- Short notice cancellations in elective sessions in April were as high as March in the context of the shorter 19 day month. At 272 cases , they equated to 539 hours of theatre time. 17% of cancellations were directly attributed to COVID due to either staff or patients testing positive, but 24% were cancellations for other clinical reasons. 15% were due to bed availability and 10% due to emergency/trauma cases taking priority. The impact was again highest across Ophthalmology with 49 cancellations, followed by Neurosurgery at 38.
- Elective in-session utilisation remained static at 81.2%. The high short notice cancellations will have had an impact on this. The Cambridge Eye Unit was particularly low at 72%. Ely saw improvement in month up to 82.4% which is the highest for six months. The changes to IPC from May reducing the requirement for 3 day isolation for daycase and 23hr stay cases should support an improvement in utilisation as it will be more feasible to replace short notice cancellations, and so far in May we are delivering the highest utilisation for 12 months.
- The weekend elective activity in April was 29 elective cases. Willingness from staff to support weekend sessions is still proving difficult to secure.

The number of P2 patients awaiting surgery has increased to over 1600. The rolling four weekly demand has however also been increasing, and we have actually seen a reduction in the volume of overdue P2 cases to 813 from 895 at the end of April. Orthopaedics, Urology and Neurosurgery remain the services with the highest volume of P2 cases, and the highest volumes overdue. As a consequence they still receive the highest theatre allocation through The Surgical Prioritisation group.

The Surgical Taskforce has received updates from the High Volume Low Complexity focus in Urology and Orthopaedics:-

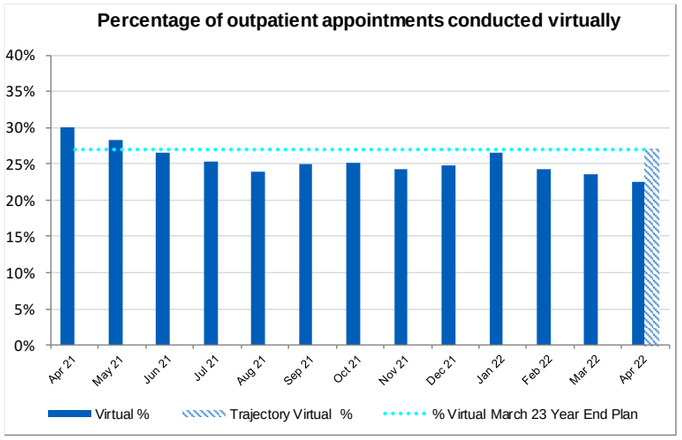
Urology: The service has 2 aims: to enable higher activity through Ely DSU and to Optimise CUH pathways.
Additional equipment is being procured to support alternative Urology casemix at Ely.
Radiology support for Ely is also being reviewed to support Urology casemix.
A case for Post-operative TWOC clinic staff has been progressed through business planning to support a higher rate of day case activity.

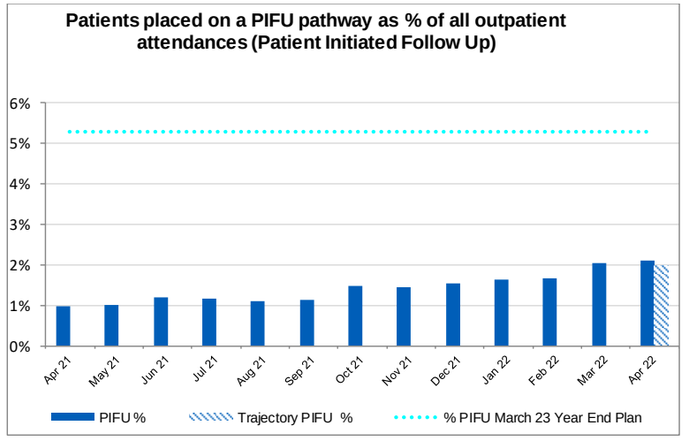
Urology had a positive National GIRFT review on 13th May and plans are progressing for joint appointments with West Suffolk in line with GIRFT recommended networks.
Orthopaedics: HVLC efforts are focussing on increasing day case rates for ACL and list utilisation for arthroscopic shoulder surgery.
ACL surgical approach standardised (cessation of drains)
2 ACLs per list at Ely: post -op Physio and Radiology support arranged
5 shoulder arthroscopies per list
Overbooking of shoulder lists to mitigate high rate of short notice cancellations - this has delivered 10% increase in Utilisation

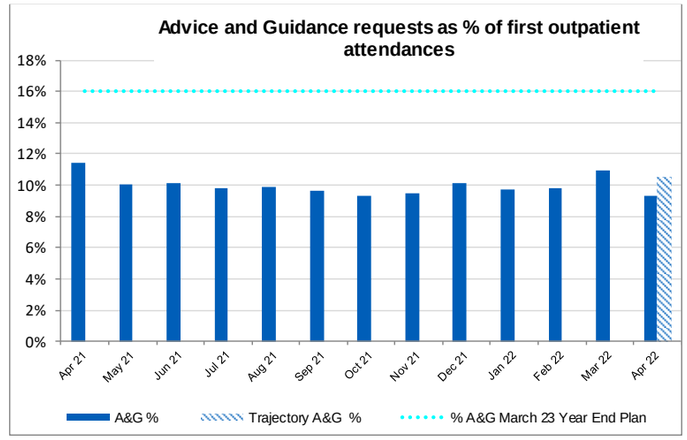
Outpatients

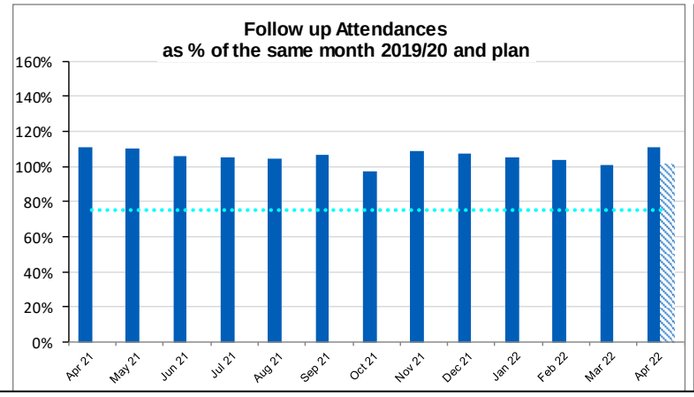
Cambridge University Hospitals NHS Foundation Trust

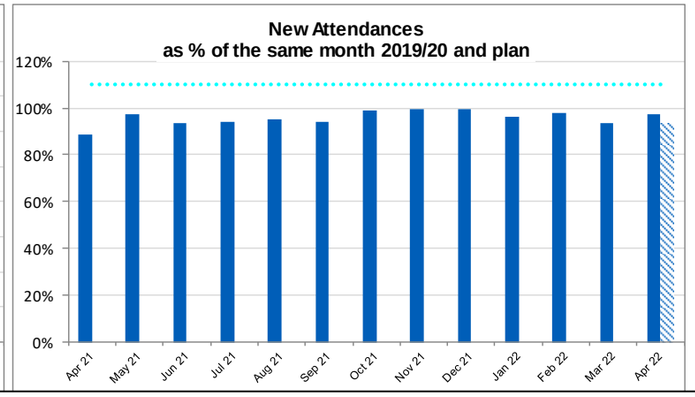
Operational Performance











In April a new Outpatient Transformation Programme Board, chaired by Ewen Cameron, was launched to support the delivery of the new operational guidance targets. These are to deliver 25% of consultations virtually (telephone or video), 5% of patients discharged to PIFU by the end of the year, 16% of the total proportion of new referrals should be dealt with through advice and guidance as well as delivering a reduction of 25% in outpatient follow-ups against the baseline. Outpatients have been over-delivering on follow-ups and under-delivering on new appointments for a number of months. The new Programme Board will be addressing this by switching the focus on delivering 110% of new appointments against baseline by redesigning outpatient delivery and reducing the need for follow-ups. The programme board includes colleagues from the wider system, including NHS England, to ensure that the Programme is aligned with the national Personalised Outpatient Program.

In April we failed to deliver against the virtual consultation target, and are ahead of plan with regards to PIFU, delivering 2.2%. Trauma & Orthopaedics and Physiotherapy were by far the largest users of PIFU in April followed by ENT. Overall, our advice and guidance delivery is below target at 9.3%, despite strong performance in areas such as allergy (63%), Endocrinology (60%) and gastroenterology (43%).

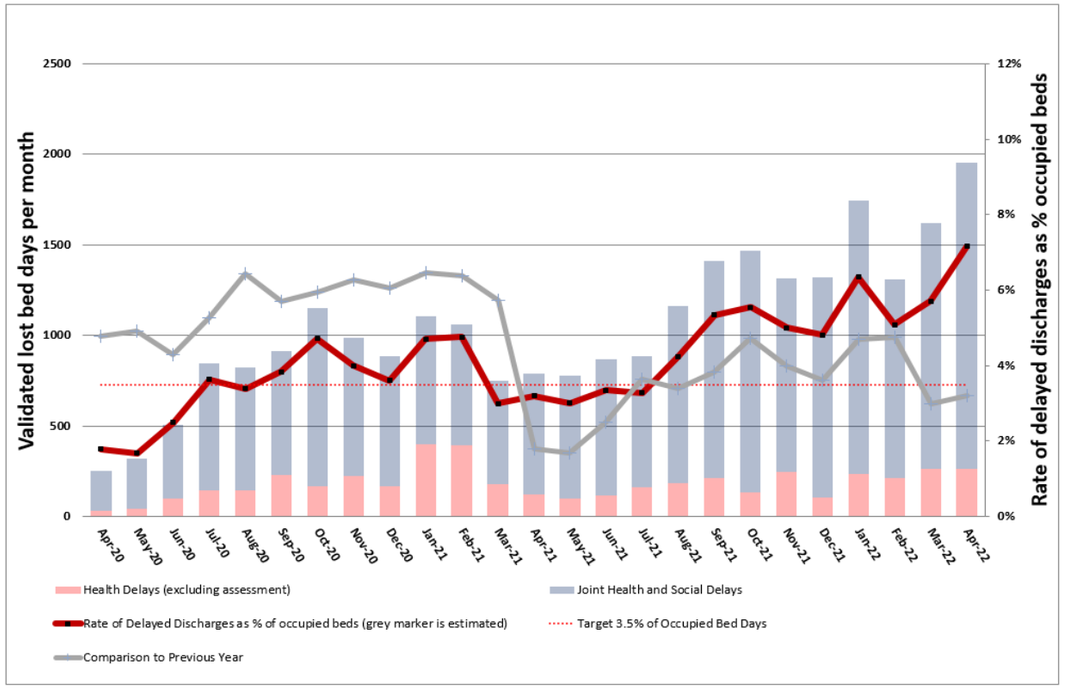
Author(s): Andi Thornton

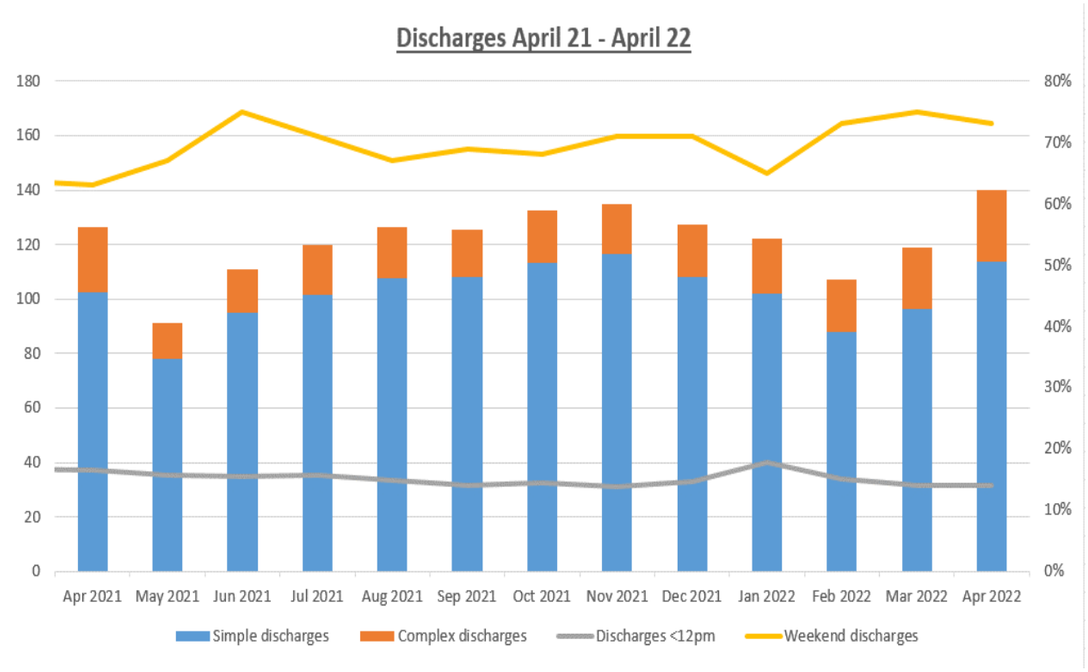
Owner(s): Nicola Ayton

Delayed Discharges

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





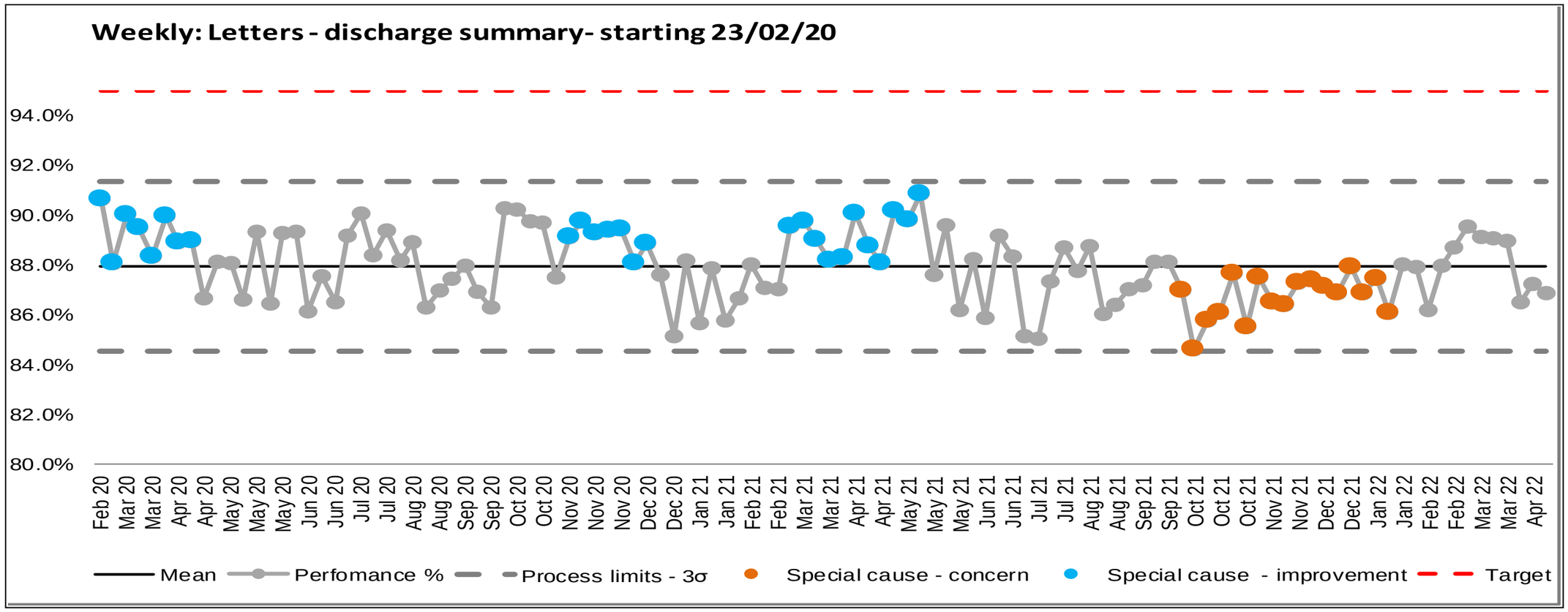
The Hospital Discharge Service Requirements guidance was updated on March 31st 2022. For this April data, you will see above 2 graphs.
The graph on the left looks at the overall lost bed days for the month, spanning back over the previous 12 months (similar to the previous integrated performance reports). 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 March 2022, we are reporting 5.72%, which is an increase of 0.63%. This equivalent to beds days for March is 1622, in comparison with February- 1308 and January- 1752.
Within the 5.72%, 63.9% were attributable to Cambridgeshire and Peterborough CCG, and the remainder across a further 7 CCG's. *Please note that we have referred to delays per CCG instead of Local Authority.*
In relation to lost bed days for Cambridgeshire and Peterborough overall forMarch (1036) this has been an increase of 39% since February (745 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 as well as seeing a slight increase in out of county delays - from February (563) to March (586).
For the total delays (local and 'out of area') within March for Care Homes were 45.1% equating to 732 lost bed days for this counting period; domiciliary care (inclusive of Pathway 1 and Pathway 3) at 32.3% of the total lost bed days for the month, at 624. This has continued to rise from February, where we reported 493 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 249, an increase of 56.6% since February.

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

Discharge Summaries

Cambridge University Hospitals NHS Foundation Trust

Operational Performance



Discharge summaries

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

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

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

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 - Apr 22	Month	-	94.3%	95.9%		-	-	For April, there was a 1% decline in the Good score from 95% in March to 94%. The Poor score remained the same. The new year has started with the Good score 2.5% lower compared to Apr21 (96.7%). The Poor score is about the same compared to Apr21. The number of responses are the lowest since Dec21, but about the same compared to Apr21, however significantly below pre-pandemic # of responses of 850-950. **FOR APR: there were 472 FFT responses collected from approx. 4,294 patients.**
FFT Inpatient poor experience score	Jul 20 - Apr 22	Month	-	1.3%	1.4%		-	-	
FFT Outpatients good experience score	Apr 20 - Apr 22	Month	-	95.2%	95.5%		-	-	March outpatient data (adult FFT collected by SMS) had a 1% increase in the Good score from 94.5% in March to 95.2%. The Poor score remained the same. The new year has started with the Good score the same and the Poor score 0.5% higher, compared to Apr21. 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 APR: there were 4,111 FFT responses collected from approx. 52,833 patients.**
FFT Outpatients poor experience score	Apr 20 - Apr 22	Month	-	2.4%	2.1%		-	-	
FFT Day Case good experience score	Apr 20 - Apr 22	Month	-	95.7%	96.9%		-	-	Both Good and Poor scores had no change in April. The new year has started with the Good score about 1% lower compared to Apr21 (96.7%). The Poor score is about 0.5% higher compared to Apr21 (1.6%). **FOR APR: there were 579 FFT responses collected from approx. 10,633 patients.**
FFT Day Case poor experience score	Apr 20 - Apr 22	Month	-	2.1%	1.6%		-	-	
FFT Emergency Department good experience score	Apr 20 - Apr 22	Month	-	79.6%	87.3%	L	SP	-	For April the Good score decreased by 3% and the Poor score increased by 3%. This is mainly from adult ED; 5% decrease in Good score / 4.5% increase in Poor score. There was slight improvement in Paedriatrics; 2% increase in Good score / 2% decrease in Poor score. The new year has started with about 10% decrease in the Good score and 8% increase in the Poor score, compared to Apr21. **FOR APR: there were 710 FFT responses collected from approx. 7,433 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 - Apr 22	Month	-	14.2%	7.7%	H	SP	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Apr 22	Month	-	91.8%	95.5%		-	-	**FOR APR:** Antenatal had 13 FFT responses; 92.3% Good score / 7.7% Poor score. Birth had 54 FFT responses out of 415 patients; 94.4% Good score / 3.7% Poor score. Postnatal had 201 FFT responses, the majority from LM (170 FFT with 90.6% Good / 2.9% Poor), Birth Unit (15 FFT with 86.7% Good / 6.7% Poor) and DU, Sarah & COU 100% Good. 0 FFT from Post Community. **APR** overall Good score decreased by 4.5% and Poor score increased by 2% compared to Mar.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Apr 22	Month	-	3.4%	1.7%		-	-	

FFT data starts from April 2020 for day case, ED and OP FFT (SMS used to collect FFT), and inpatient and maternity FFT data starts with July 2020 due to Covid-19 restrictions on collecting FFT data. For NHSE FFT submission, wards still not collecting FFT are not being included in submission. In April; 12 wards did not collect any FFT data. The SMS/IT problem reported in March, continued for most of April and the number of SMS FFT responses collected is below average. The number of eligible patients reflect all patients that attended OP & DC appointments, and ED.

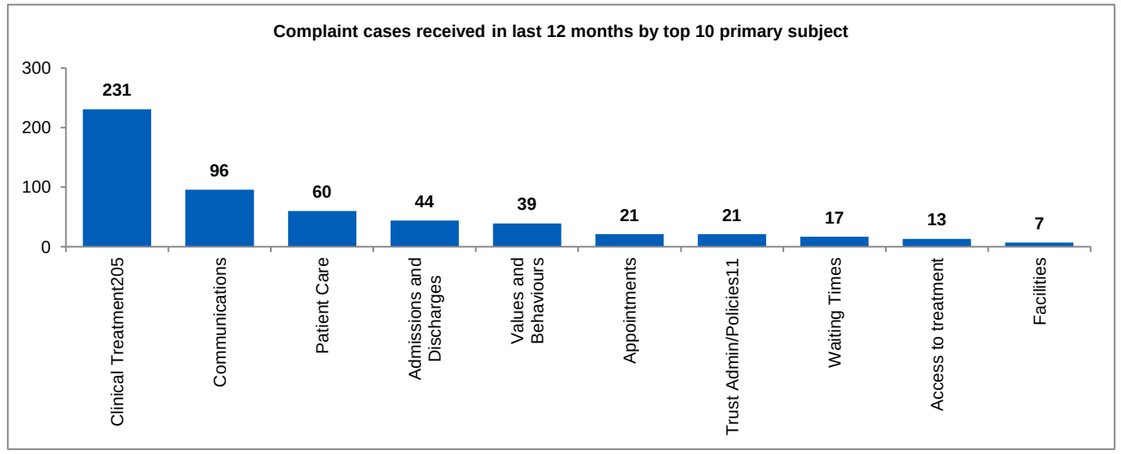
Overall FFT, the scores in April saw about 1% changes in Good scores and Poor scores except for ED. Adult ED FFT had a 5% decrease in the Good score and 4.5% increase in the Poor score. Maternity FFT scores declined and this was from Antenatal, Birth and Postnatal all having lower Good scores and higher Poor scores. With only 13 antenatal responses and 54 birth responses, 3 Poor scores (1 antenatal & 2 birth) has impacted the overall score, along with 6 Poor Postnatal scores.

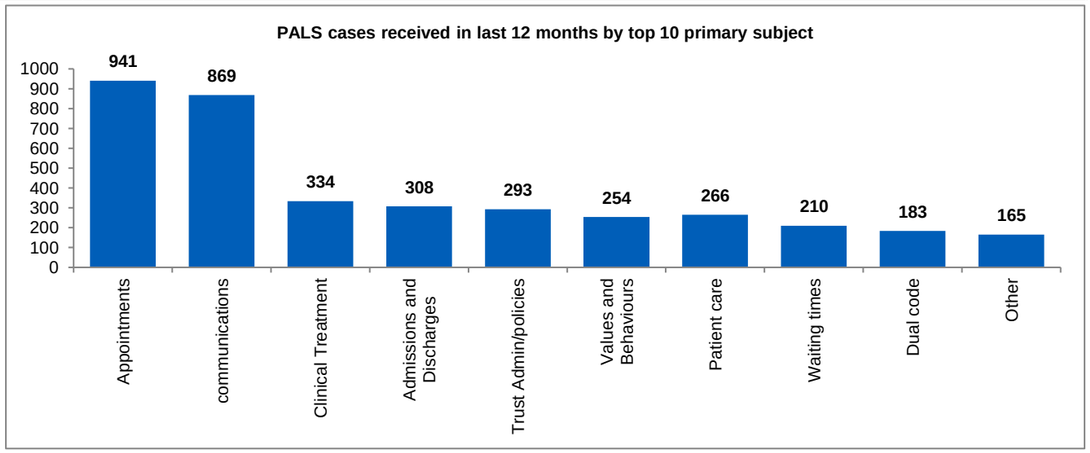
PALS and Complaints Cases

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	Apr 19 - Apr 22	month	-	51	48		-	-	The number of complaints received between Apr 2019 - Apr 2022 is higher than normal variance.
% acknowledged within 3 days	Apr 19 - Apr 22	month	95%	84%	94%		-	?	43 out of 51 complaints received in April were acknowledged within 3 working days. (This is a result of administration staff shortages)
% responded to within initial set timeframe (30, 45 or 60 working days)	Apr 19 - Apr 22	month	50%	40%	33%		-	?	35 complaints were responded to in April 22, 14 of the 35 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	Apr 19 - Apr 22	month	80%	91%	92%		-	P	32 out of 35 complaints responded to in April were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Apr 19 - Apr 22	month	-	30%	35%		-	-	There were 15 complaints graded 4 severity, and 0 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Apr 19 - Apr 22	month	-	6	40		-	-	There were 6 compliments logged for April 22. (This figure is low due to administration staff shortages)





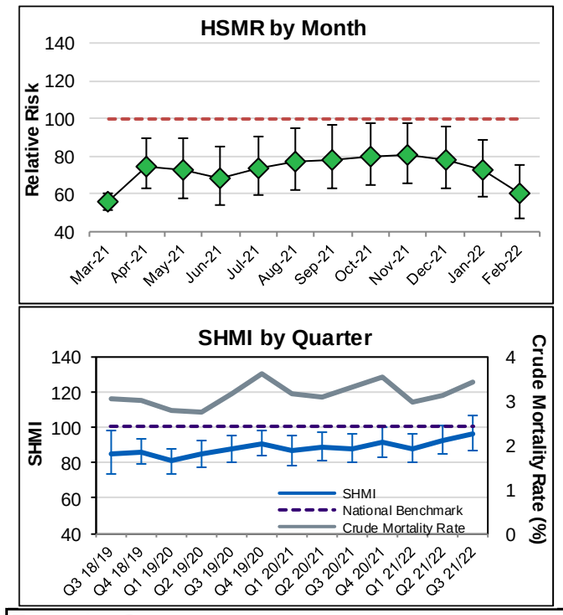
PHSO - There were no cases accepted by the PHSO for investigation in April 2022. **Completed actions** During April 2022, a total of 16 actions were registered and allocated to the appropriate staff members. These actions were as a result of all complaints closed between 1 and 31 March 2022. Two of these actions were as a result of grade 1 and 2 complaints and the other 14 actions were as a result of grade 3, 4 and 5 complaints. A total of 10 of these actions have already been completed within their allocated timescales. There are currently six actions yet to be completed, however, these are still within the allocated timeframes. Taking this into consideration, 100% of the actions registered in April 2022, have been completed in time.

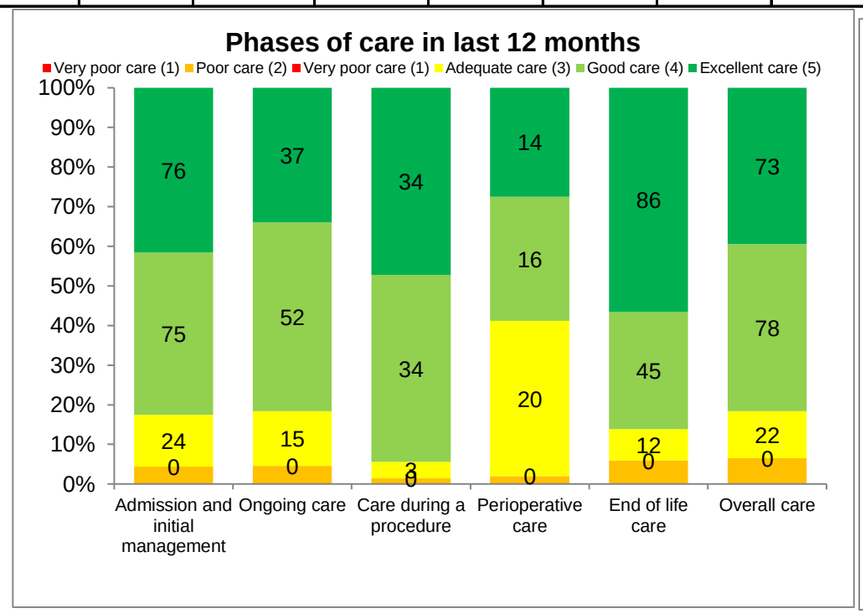
Learning from Deaths

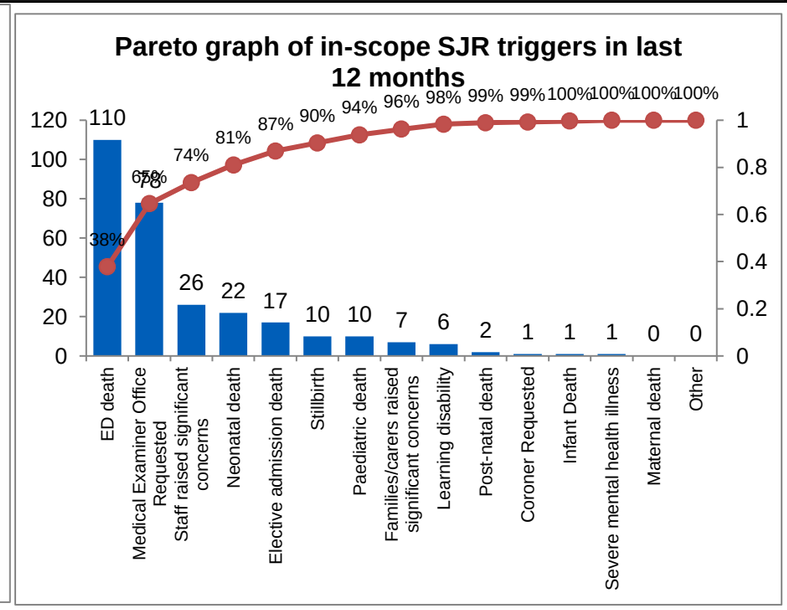
Cambridge University Hospitals NHS Foundation Trust

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 - Apr 22	month	-	9.09	8.30		-	-	There were 144 deaths in April 2022 (Emergency Department (ED) and inpatients), of which 7 were in the ED and 137 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 - Apr 22	month	-	16%	19%		S7	-	In April 2022, 19 SJRs were commissioned and 4 PMRTs were commissioned
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - Apr 22	month	-	0	0.73		S7	-	There were no unexpected/potentially avoidable deaths serious incident investigations commissioned in April 2022.







Executive Summary

HSMR - The rolling 12 month March 2021 to February 2022) HSMR for CUH is 72.59, this is 3rd lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 89.00.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, December 2020 to November 2021 is 91.78.
Alert - There is 1 new alert for review within the HSMR and SHMI dataset this month.

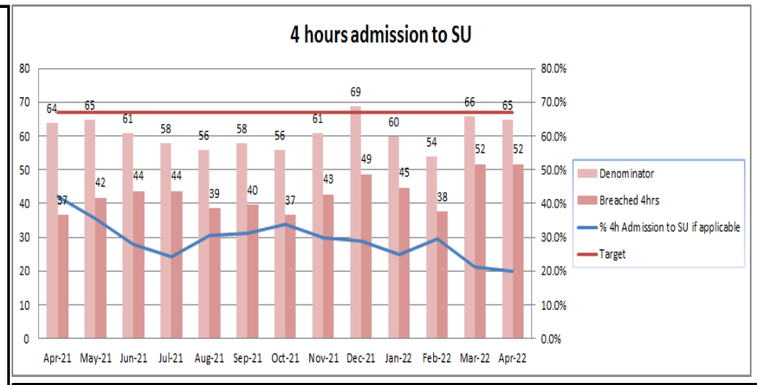
Author(s): Richard Smith

Owner(s): Dr Sue Broster

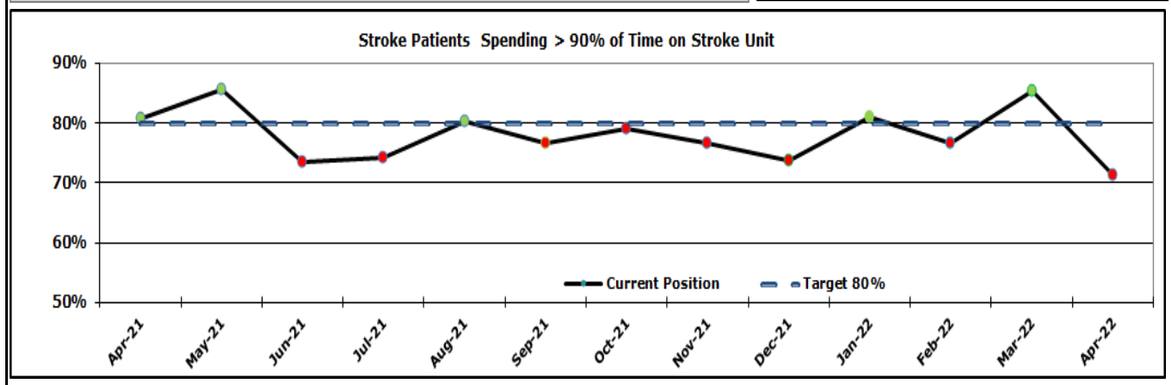
Stroke Care

Cambridge University Hospitals NHS Foundation Trust

Stroke Measures



4hrs breaches - Themes	Patients
Trust Bed Capacity	39
Aw senior medical review	2
Bays closed, Covid contact	1
Complex patient	1
Covid	1
ED capacity	1
late ED referral	1
MRI later confirmed stroke	2
Not referred on arrival	3
Unclear imaging, 2nd CT confirmed stroke	1
Grand Total	52



Breach reasons for not achieving 90% IP stay on Stroke ward 2021/22 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%)
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%
Mar-22		6	1				1						2				10	85.3%
Apr-22		8					2	3					4			2	19	71.2%
Summary	0	81	4	0	0	0	9	26	0	14	5	0	28	3	0	14	184	

90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for April = **71.2%**

Trust Bed Capacity' (8) was the main factor contributing to breaches last month, with a total of 19 cases in April 2022.

4hrs adm to SU (67%) target compliance was not achieved in April = **20.0%**

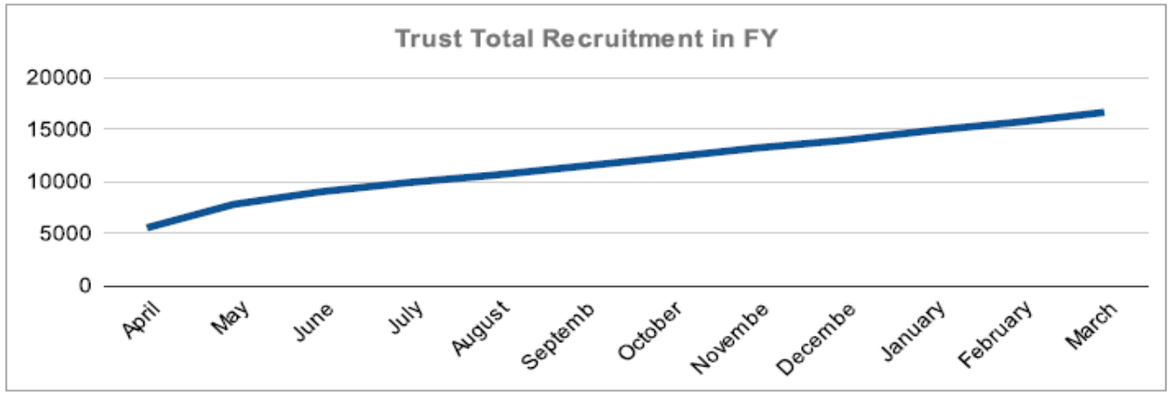
Key Actions

- From Dec 2020 onwards COVID 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.**
- **As part of above discussion, the Mixed-sex HASU bay on R2 has opened week commencing 02/05/22. Performance will be closely monitored.**
- 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.

Clinical Studies

Cambridge University Hospitals NHS Foundation Trust

Clinical Studies Measures



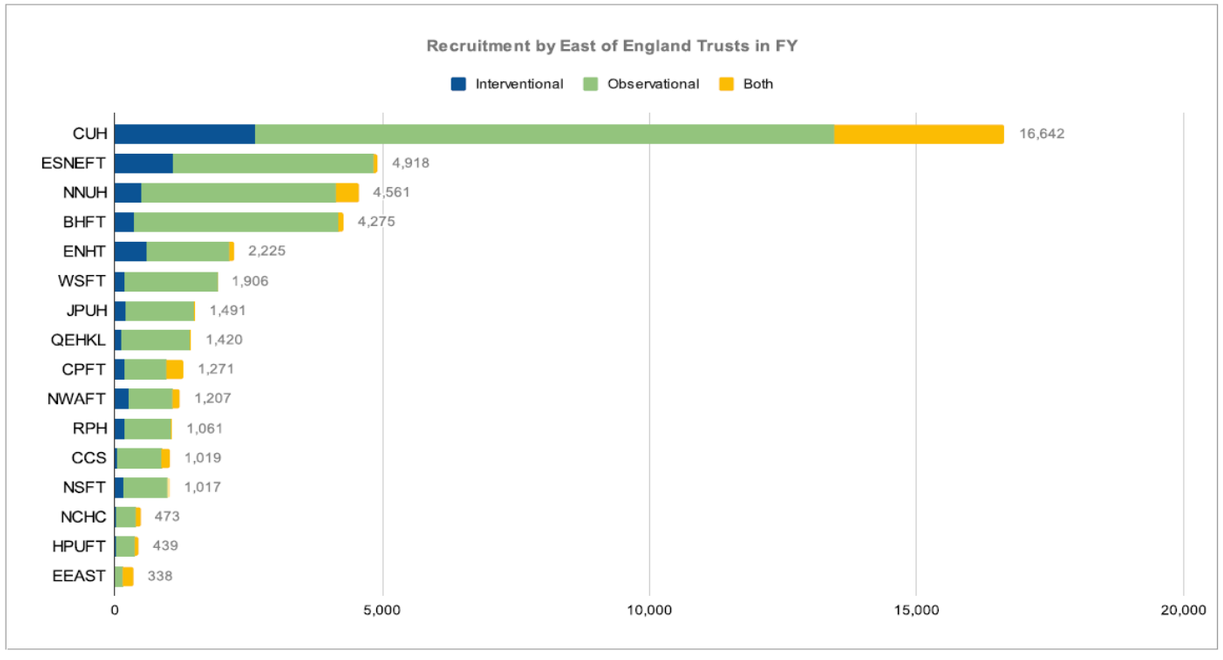
Total Recruitment FY 2021 - 2022

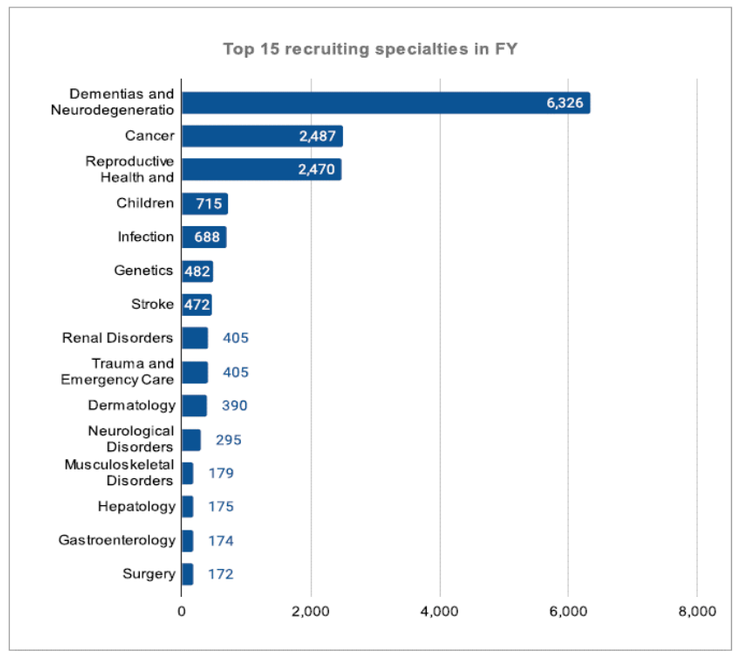
16,642

Recruiting Studies at FY End 2021 - 2022

Open	305
Closed	68
Suspended	2
Total	**375**

Commercial	298
Non Commercial	77





Situation as at end of March 2022

* Total recruitment in the financial year to date: 16,642 (at year end).
* CUH accounted for 38% 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 38% of all recruitment (6,262). Second was Cancer (2,487), third was Reproductive Health and Childbirth (2,470)
* There were 375 recruiting studies, of which 298 were Commercial, and 77 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.

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: April 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
421	654	100%

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	0.68%
	≤36+6 weeks		8.40%
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth	2.5%	2.08%
	Caesarean	4.3%	1.82%
Term admissions to NNU (all levels)		<6%	4.27%
3rd & 4th degree tear	SVD (unassisted)	Unassisted 2.8%	3.07%
	Instrumental (assisted)	Assisted 6.8%	0
Right place of birth (born outside a tertiary centre)		Number of births = 0	0
Smoking at time of delivery		≤6%	3.37%
Percentage of women placed on CoC pathway		≥35% (March 21)	20.3% (Mar 22)
Percentage of women on CoC pathway :BAME / areas of deprivation)	BAME	≥75%	BAME 15.7%(Mar 22)
	Area of deprivation		AOD 13.7%(Mar 22)

KEY: CQC DOMAINS	MW to birth ratio		MW Minimum Safe Staffing		Obstetric Cover on Delivery Unit		Vacancy rate		LW co-ordinator supernumerary (%)
	BR+ Recommendation	Actual	Planned Cover	Actual Cover	Hours of consultant presence	Gaps in Rotas	Midwife no's	%age of total staff	
Outstanding									
Good									
Requires Improvement	1:23	1:27.2	100%	78%	81	0	39 WTE Pipeline in - 10WTE	18 %	72%
Inadequate									

	Incident Reporting					LMNS confirmation of SI oversight (evidenced through governance & safety meetings) Yes ☐ No ☐									
	Datix		Incidents Graded as Moderate and Above	Maternity Serious Incidents	Maternity Never Events	Coroner Reg 28	HSIB Cases (new)	Still Births			HIE cases (grade 2 or 3)	Neonatal deaths		Maternal Mortality	
	Unactioned	Open > 30 days						All	Term	Intrapartum		Early	Late	Direct	Indirect
CUH	0	6	2	0	0	0	0	3	1	0	0	0	0	0	0

Maternity Dashboard

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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	SN status of DU Co-ordinator <100%. Improvement in confidence factor and consistency of reporting and criteria for loss of SN status needed
6	SBLCB V2	NHS digital involved in reviewing out of area data inclusion in AN CQIMs (CO monitoring). Fetal monitoring mandatory annual competency assessment 81% 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	
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 (81%)
5	Reducing pre-term birth	Fetal fibronectin machines procured and process 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 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 in place to meet 90% compliance
Plan in place to meet **birth rate plus** standard (please include target date for compliance)	
Flowing accurate data to **MSDS**	
Maternity SIs shared with trust Board	

Maternity Dashboard

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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	Nil
	CUH: Top 3
2. Themes from Datix (to include top 5 reported incidents/ frequently occurring)	• Implementation of care • Neonatal Clinical • Maternity Clinical
3. Themes from Maternity Serious Incidents (Sis) and findings of review of all cases eligible for referral to HSIB	• No reports received this month
4. Themes arising from Perinatal Mortality Review Tool (review of perinatal deaths using the real time data monitoring tool)	• Antenatal plan communication
5. Themes / main areas from complaints	• Clinical Treatment • Appointments • Values and Behaviours
6. Listening to women / Service User Voice Feedback (sources, engagement / activities undertaken)	• RMNVP AGM • Changes to visiting – Stage 4 – pre pandemic visiting reinstated
7. Evidence of co-production	• Diabetes learning sessions set up within the LMNS
8. Listening to staff (eg activities undertaken, surveys and actions taken as a result) Staff feedback from frontline champions and walk-abouts	• Newly appointed NED safety champion – commencing walkabouts May 2023 • Trial of self allocation rosters following walkabout feedback • Review of caseload numbers in community for efficiencies
9. Embedding learning (changes made as a result of incidents / activities / shared learning/ national reports)	• Ockenden 2 all staff listening event and Q&A • CQC Spot check / peer review process • Skills drills to include new LocSSIP

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Actions taken for Red/Amber results
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	467	450	518	464	480	502	476	422	447	431	455	421	
Antenatal Care NICE [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	93.83%	94.08%	92.30%	87.74%	78.79%	87.20%	76.47%	70.65%	73.21%	76.89%	73.05%	71.40%	Project group in place to review data set for bookings in Epic
Source - CHEQS	Booking Appointments	N/A	N/A	Booking Appointments	EPIC	390	521	474	465	509	492	650	562	612	582	720	654	
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	57.39%	52.00%	54.44%	56.25%	52.50%	53.58%	51.47%	50.47%	47.42%	52.43%	51.42%	49.16%	Plans to reintroduce 36 week clinic in Rosie Birth Centre for all women
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	1.71%	0.44%	2.50%	1.50%	2.5%	1.99%	0.84%	1.18%	1.56%	2.08%	1.53%	1.42%	
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	13.90%	12.66%	14.47%	17.02%	15.41%	12.94%	13.86%	15.16%	14.76%	16.93%	14.5%	11.87%	Transfers from the RBC all appropriate. Plans to reintroduce 36 week clinic in Rosie Birth Centre for all women
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	39.12%	34.09%	34.31%	35.12%	31.56%	31.91%	30.32%	33.73%	34.47%	30.16%	31.61%	31.80%	Normal variation, valid indications within criteria.
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	14.35%	16.00%	12.16%	10.77%	12.7%	14.94%	12.18%	10.9%	11.18%	10.67%	10.32%	9.02%	
Source - EPIC	National CS rate (planned & unscheduled)			C/S rate overall		28.48%	32.00%	33.20%	32.97%	34.79%	31.47%	36.34%	38.62%	41.38%	36.89%	38.24%	41.80%	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 - Number of women smoking at the time of delivery	< 6%	> 8%	% of women Identified as smoking at time of delivery	Rosie KPI's	7.91%	2.28%	6.50%	5.47%	3.60%	5.05%	7.31%	6.26%	4.79%	5.89%	6.95%	3.37%	
Workforce																		
	Midwife/birth ratio (actual)**	1:24	1.28	Total permanent and bank clinical midwife WTE*/ Births (rolling 12 mth av.)	Finance	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	1:26.2	1:27.2	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	1:23.3	1:23.7	1:23:1	1:23:3	1:23:4	1:23:7	1:23:6	1:23:8	1:24	1:23.4	TBC	Midwife/birth ratio based on the BR+ methodology - Data not yet available
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQs	4.51%	4.80%	5.00%	5.10%	5.46%	5.82%	6.21%	6.41%	6.43%	6.62%	6.87%	7.22%	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	>92% YTD	<75% YTD	Total Obs and Gynae 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 individulaised plans to improve compliance
Source - PD	Education and Training - Training Compliance for all staff groups: **Prompt**	≥90% YTD	≤85% YTD	Total multidisciplinary obs staff compliant with annual Prompt training	PD			79.50%	78.44%	62.80%	60.78%	52.47%	52.47%	53.86%	57.05%	58.84%	61.28%	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 obs staff passed competence threshold of 80%.	PD			77.70%	77.03%	82.18%	79.50%	70.30%	77.89%	76.39%	76.12%	79.85%	81.00%	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	90.20%	92.92%	92.80%	92.30%	92.00%	90.80%	90%	90.30%	90%	89.90%	89.40%	89.70%	Trust cancellation of training until end of January 2022 - e learning compliance mitigation plans in place to increase compliance.

Maternity Dashboard

NHS
Cambridge University Hospitals
NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Actions taken for Red/Amber results
Maternity Morbidity																		
Source - QSIS	Eclampsia	0	> 1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	
	Maternal Sepsis							TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Benchmark to be allocated from dashboard review ETA April 2022.
Source - QSIS	ITU Admissions in Obstetrics	1	> 2		Risk Report	0	0	1	1	0	0	0	0	0	1	2	0	1 Transfer from Lister at 26 weeks delivered within 50 mins of arrival
Source - QSIS	PPH≥ 1500 mls	< 3%	> 4%		CHEQS	3.64%	2.44%	2.12%	3.87%	3.38%	3.58%	1.93%	5.92%	6.48%	7.31%	4.21%	5.70%	Normal variation based on national NMPA measures (singleton pregnancy >37+0 weeks) this KPI includes all delivery types and gestations. Further narrative in exec summary.
Source - QSIS	3rd/ 4th degree tear **rate vaginal birth**	<5%	>6%		Risk Report	2.42%	3.26%	1.37%	3.22%	2.23%	4.46%	4.93%	2.72%	0.38%	2.21%	1.81%	2.05%	
Source - QSIS	Direct Maternal Death	0	>1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	0	
Risk																		
Source - QSIS	Total number of SI's	0	>1	Serious Incidents	Datix	0	0	0	0	0	0	0	0	0	0	0	0	
Source - QSIS	Information Governance	0	>1		Datix	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	
Source - QSIS	Clinical	0	>1		Datix	*0*	*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	3.03%	2.31%	1.92%	1.61%	1.59%	2.19%	2.05%	2.72%	2.70%	3.32%	3.24%	4.52%	No birth injuries.
Source - EPIC	Still Births per 1000 Births			3.33/1000 (Mbrrace 2021)	Risk report	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	0.21/1000	1.26/1000	
Source - EPIC	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	2.00	3.00	3.00	2.00	3.00	2.00	4.00	2.00	1.00	2.00	1.00	3.00	1 high risk fetal medicine, 1 out of area.
Source - EPIC	Number of birth injuries	0	> 1		Risk Report	0	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	0	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	0.85%	0.88%	0.57%	2.58%	1.04%	1.40%	0.41%	1.42%	1.11%	0.46%	1.09%	0.47%	
Source - EPIC	Term admissions to NICU	<6.5	>6.5	NHSE/I	Risk Report	8.30%	7.10%	5.21%	5.16%	6.04%	6.97%	5.04%	7.34%	5.90%	6.49%	6.57%	4.27%	
Quality																		
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	2	5	5	1	6	4	4	0	1	4	3	4	Total of 189.55 hours. 12 women transferred elsewherre for assessment, 0 women delivered elsewhere.
	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%	100%	99.80%	99.78%	99.57%	99.79%	99.78%	99.52%	99.78%	98.83%	98.65%	100%	
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	82.86%	81.46%	81.45%	82.05%	83.05%	84.84%	79.35%	84.09%	83.10%	83.01%	79.59%	82.89%	
Source - EPIC	VTE	>95%	< 95%		CHEQs	97.95%	99.38%	99.37%	99.14%	99.28%	99.87%	99.81%	99.24%	99.13%	99.59%	99.32%	99.9%	

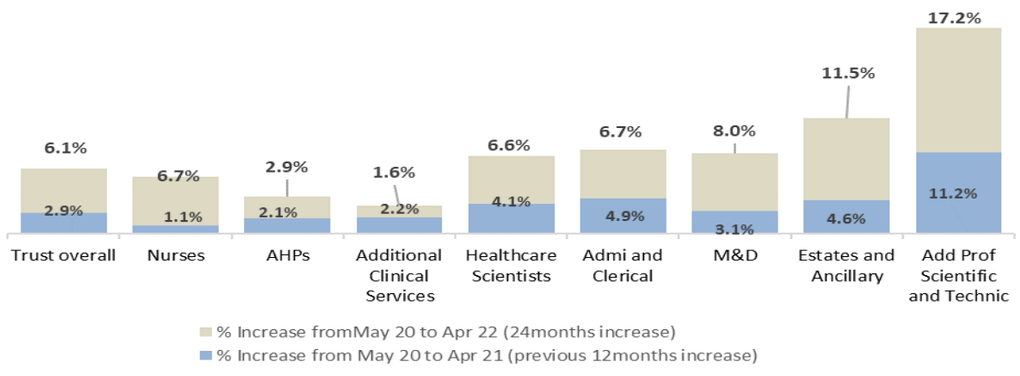
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth	FTE		FTE 12 Month growth	
	May-21	Apr-22		May-21	Apr-22		
Add Prof Scientific and Technic*	233	245	5.2%	214	224	10	4.6%
Additional Clinical Services	1,984	1,959	-1.3%	1,821	1,801	-20	-1.1%
Administrative and Clerical	2,367	2,397	1.3%	2,162	2,197	34	1.6%
Allied Health Professionals*	723	725	0.3%	637	640	3	0.4%
Estates and Ancillary	339	365	7.7%	329	352	23	7.1%
Healthcare Scientists	622	628	1.0%	582	590	7	1.3%
Medical and Dental	1,602	1,669	4.2%	1,515	1,581	66	4.3%
Nursing and Midwifery Registered	3,611	3,801	5.3%	3,304	3,488	185	5.6%
Total	**11,481**	**11,789**	**2.7%**	**10,564**	**10,872**	**308**	2.9%



Admin & Medical Breakdown

Staff Group	May-21	Apr-22	FTE 12 Month growth	
Administrative and Clerical	2,162	2,197	34	1.6%
of which staff within Clinical Division	1,069	1,090	21	2.0%
of which Band 4 and below	774	764	-10	-1.3%
of which Band 5-7	215	230	15	7.0%
of which Band 8A	38	47	9	24.0%
of which Band 8B	5	7	2	34.6%
of which Band 8C and above	36	41	5	14.3%
of which staff within Corporate Areas	871	875	4	0.4%
of which Band 4 and below	244	249	4	1.8%
of which Band 5-7	419	413	-6	-1.4%
of which Band 8A	71	80	9	12.2%
of which Band 8B	58	52	-6	-10.1%
of which Band 8C and above	79	82	3	3.2%
of which staff within R&D	223	232	9	4.0%
Medical and Dental	1,515	1,581	66	4.3%
of which Doctors in Training	588	644	56	9.6%
of which Career grade doctors	263	244	-20	-7.4%
of which Consultants	664	693	29	4.4%

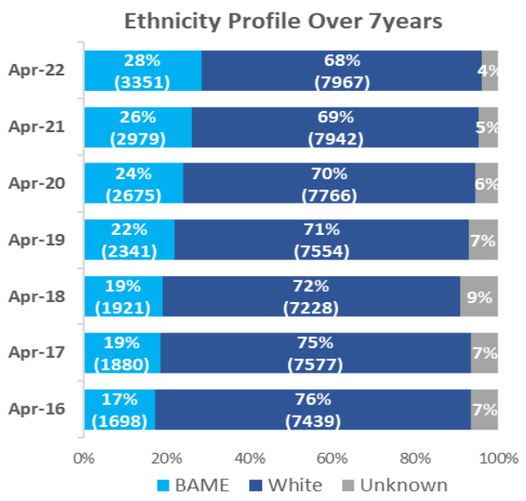
What the information tells us: Overall the Trust saw a 2.9% growth in its substantive workforce over the past 12 months and 6.1% over the past 24 months. Growth over the past 24 months is lowest within Additional clinical services staff group at 1.6% and highest within Add prof Scientific and technical staff at 17.2%. Growth over the past 12 months is lowest within Additional clinical services and highest within Estates.

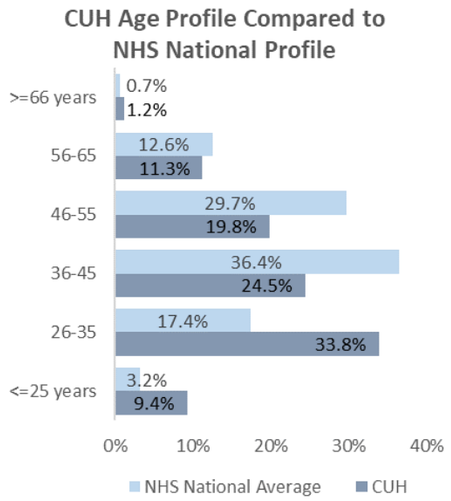
*Operating Department Practitioner roles were regroup from Add Prof Scientific and Technic to Allied Health Professionals on ESR from June 21 . This change has been updated for historical data set to allow for accurate comparison

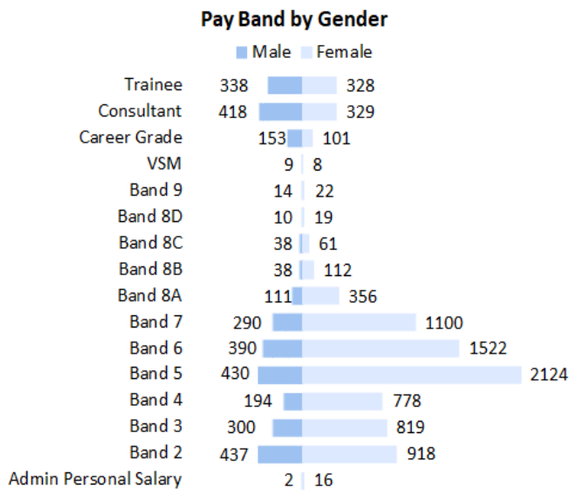
Equality Diversity and Inclusion (EDI)

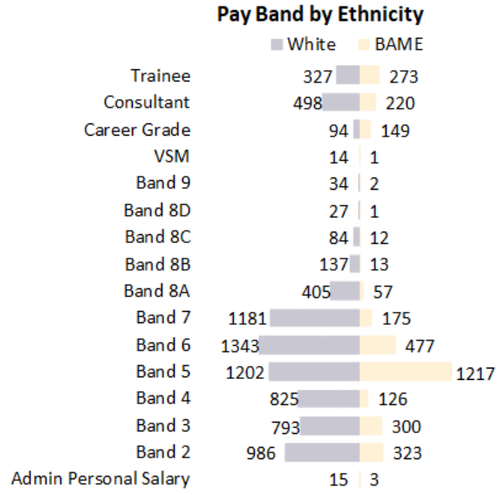
Cambridge University Hospitals NHS Foundation Trust

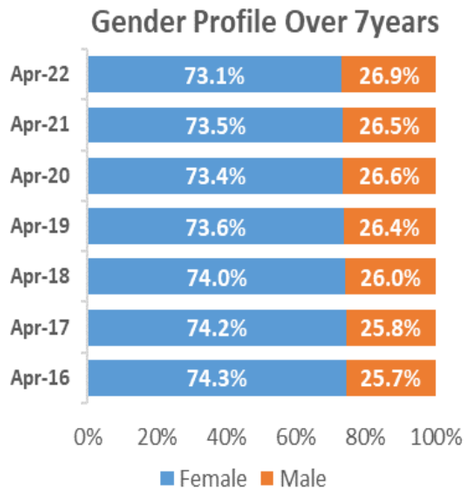
Workforce: Equality Diversity and Inclusion (EDI)

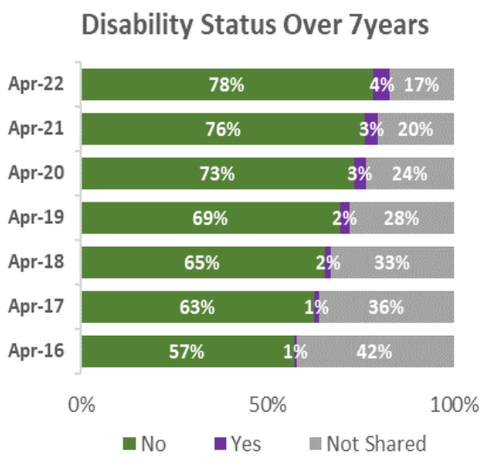


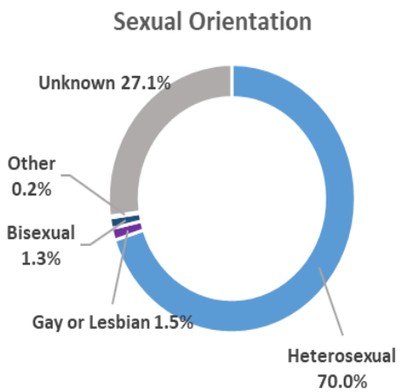












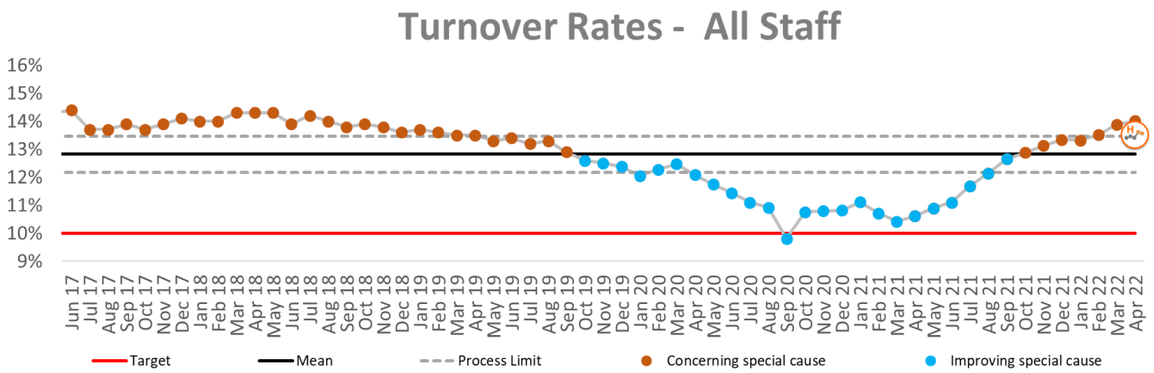
What the information tells us:

- 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 1.2% 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

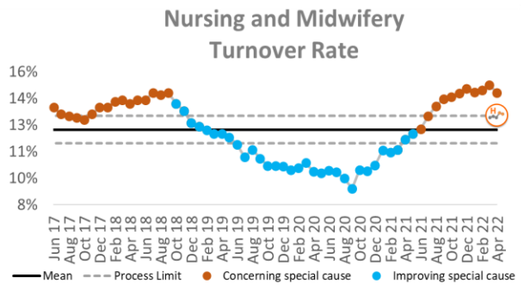
Cambridge University Hospitals NHS Foundation Trust

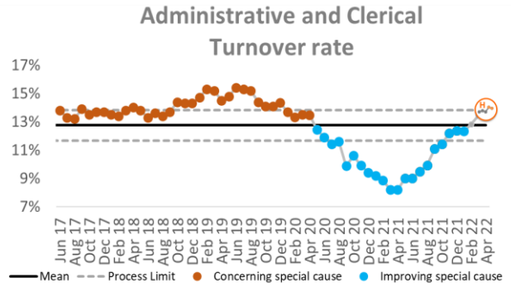
Workforce: Staff Turnover

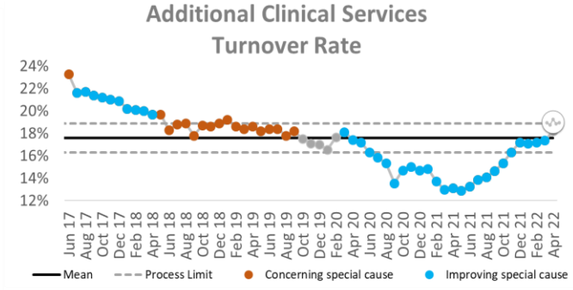


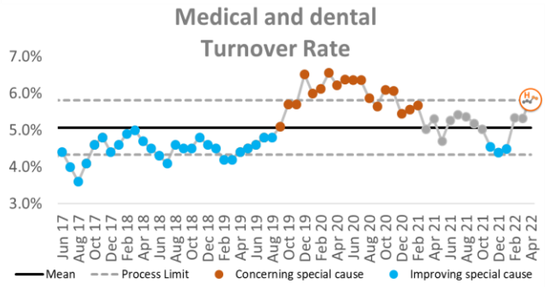
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (exclude all fixed term contracts including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

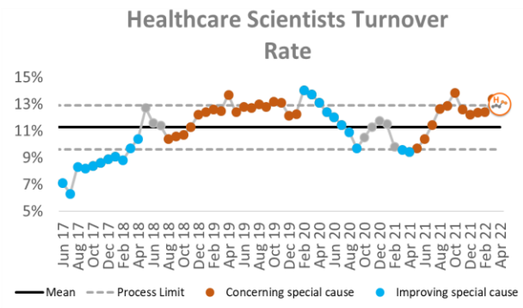
What the information tells us: The Trust's turnover remained above average at 14%, it's highest rate for 3 years with an increase of 0.7%, which is above pre-pandemic levels. Over the 3 year period, Nursing and Midwifery staff group have the highest increase of 2.5% to 14% turnover, followed by Medical & Dental staff with an increase of 1.4% to 6% turnover. Within the staff group, Additional clinical services have the highest turnover rate at 18.2%.

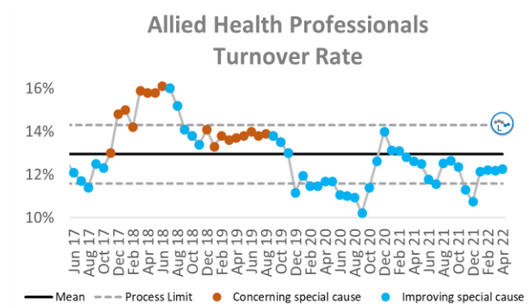


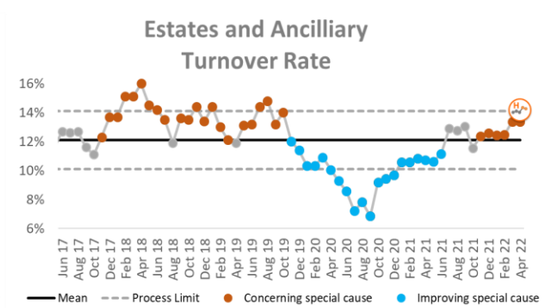


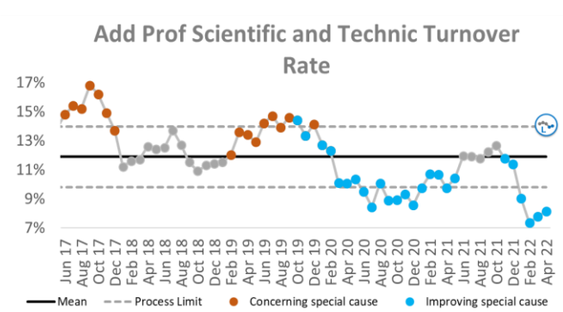








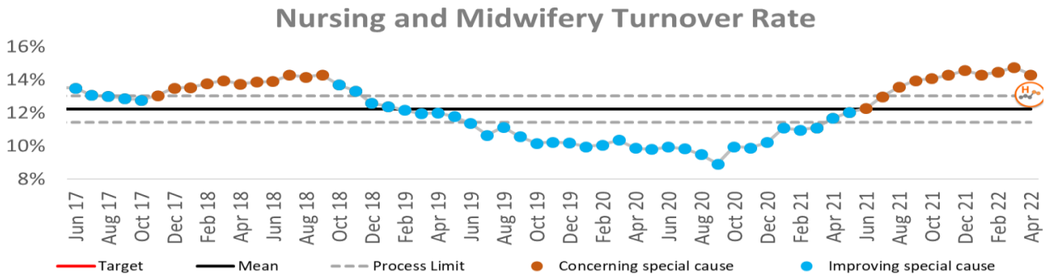


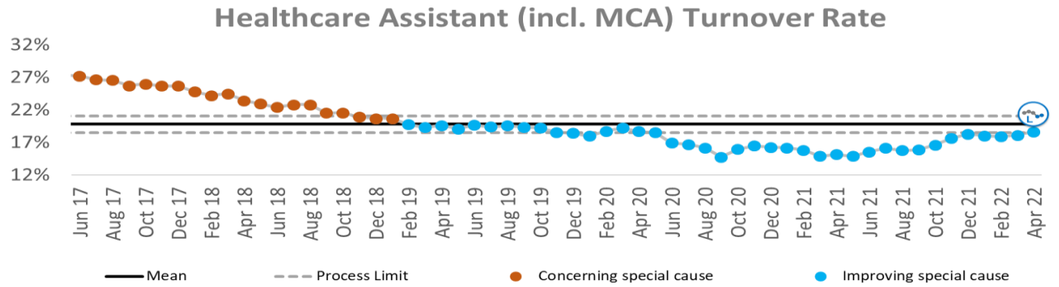


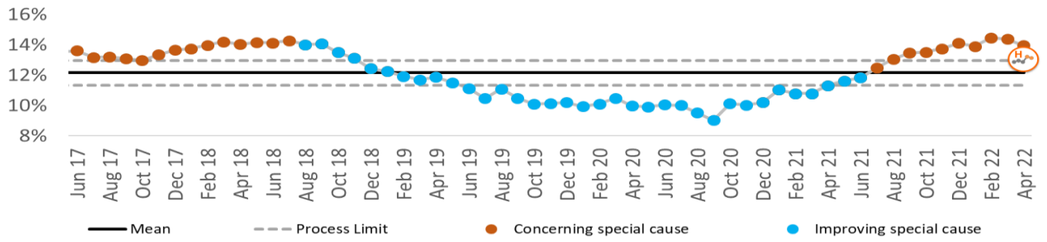
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

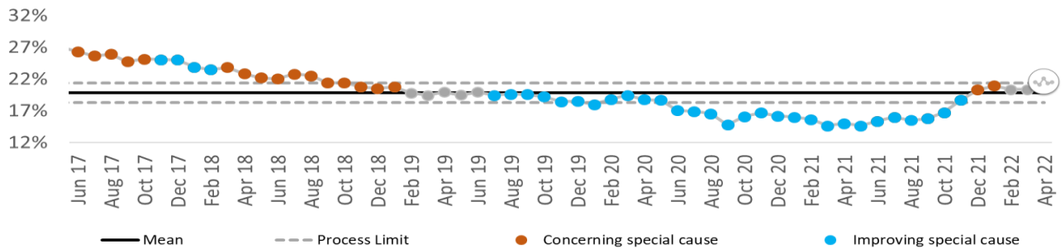
Cambridge University Hospitals NHS Foundation Trust

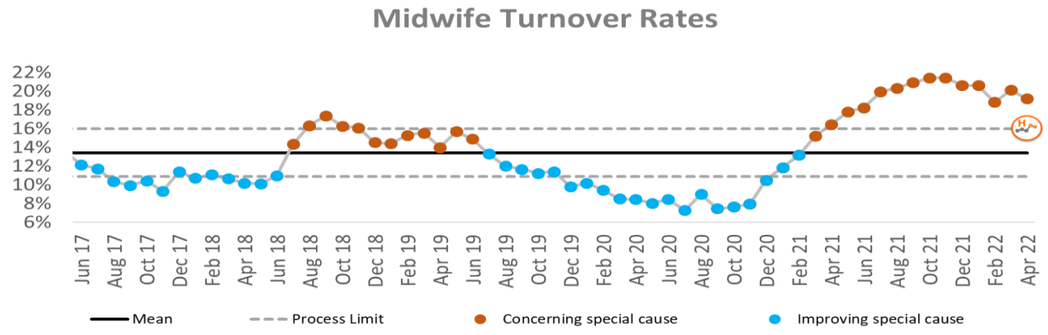
Workforce: Turnover rate for Nursing & Midwifery Staff Group

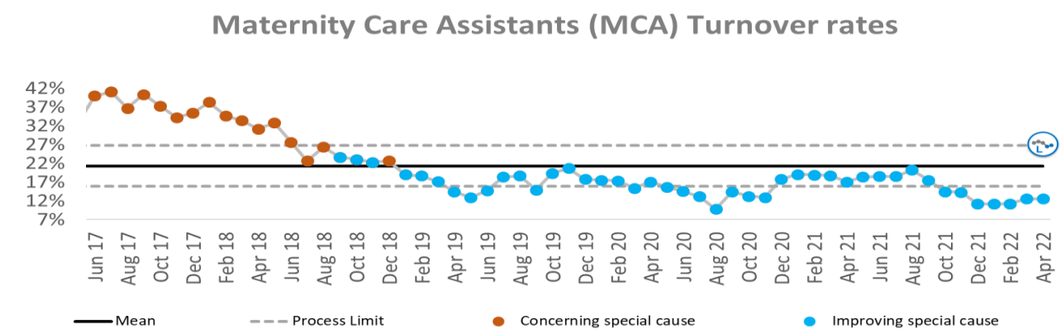










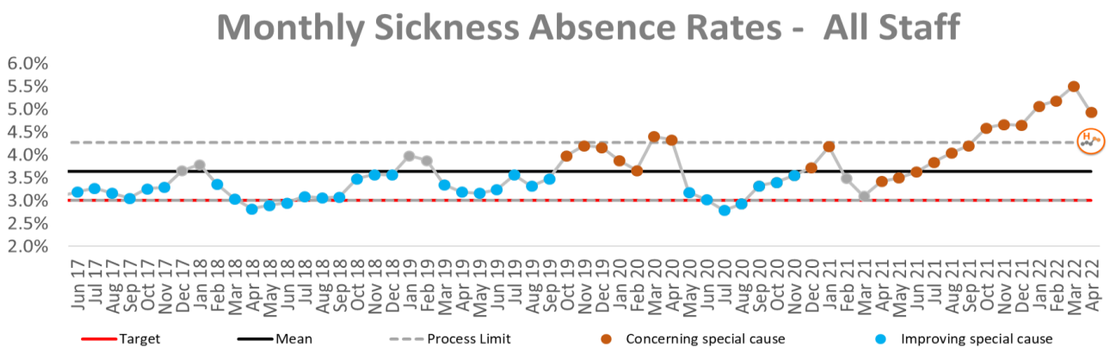


Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

Sickness Absence

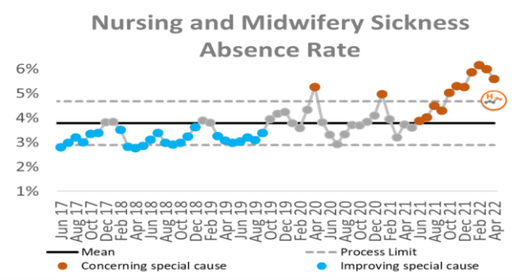
Cambridge University Hospitals NHS Foundation Trust

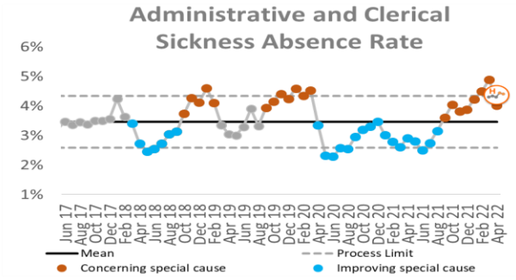
Workforce: Sickness Absence

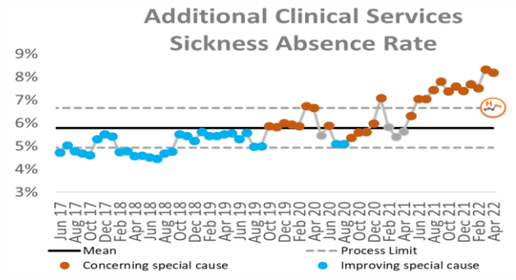


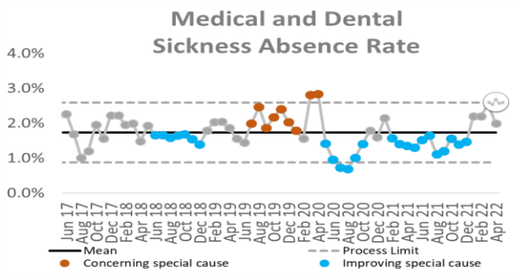
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

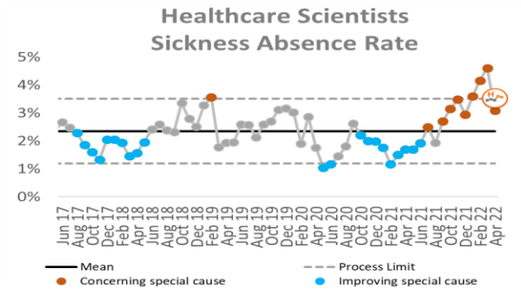
What the information tells us: Monthly Sickness Absence Rate for the Trust remained above average however decreased by 0.6% from previous month to 4.9%. Additional Clinical Services have the highest sickness absence rate at 8.2% followed by Estates at 6.2%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 41.9% of all sickness absence in April 2022, compared to 46.1% from the previous month.

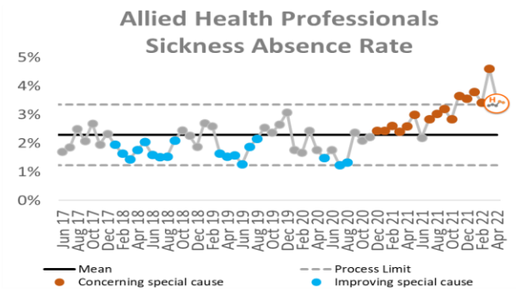


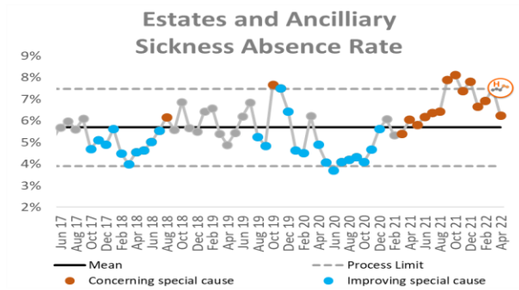


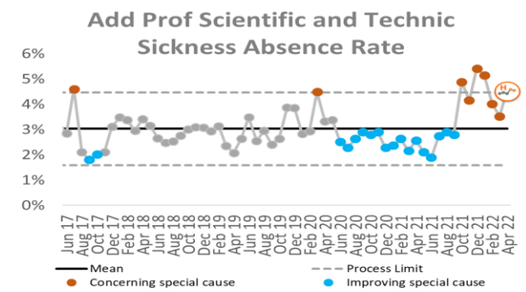








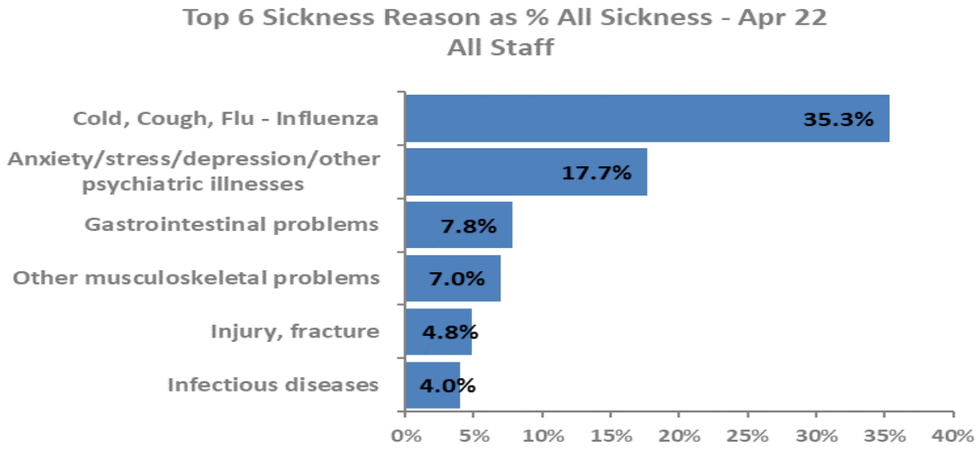




Top Six Sickness Absence Reason

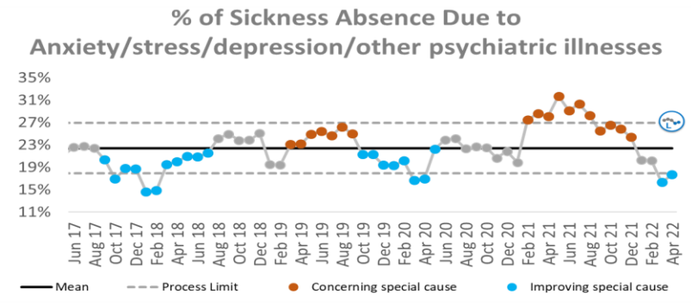
Cambridge University Hospitals NHS Foundation Trust

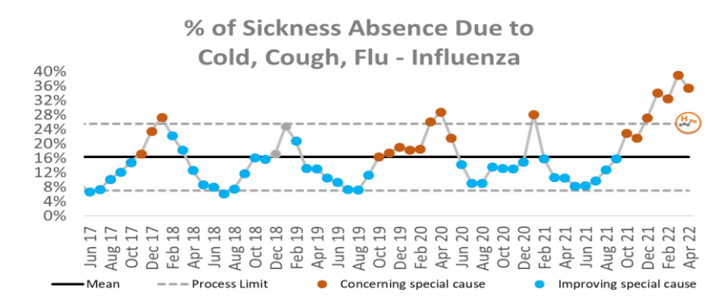
Workforce: Top Six Sickness Absence

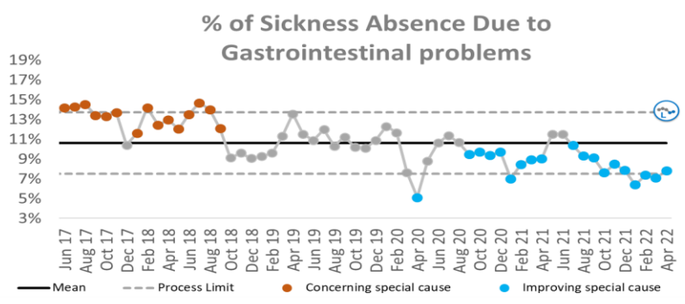


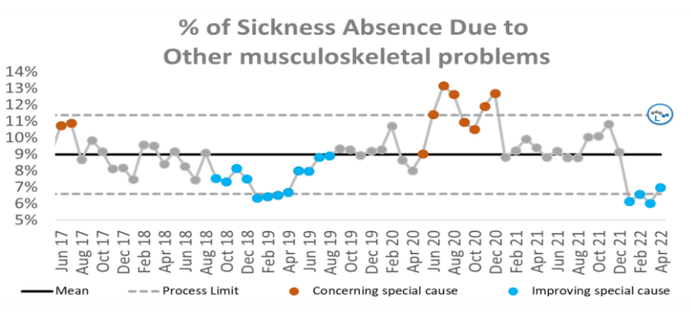
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

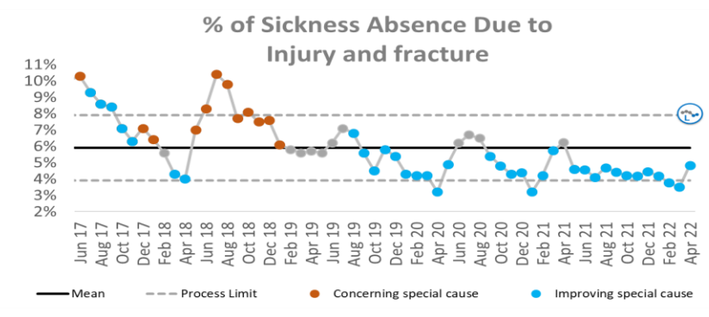
What the information tells us: The highest reason for sickness absence is influenza related sickness which saw a decrease of 4% from previous month to 35% .

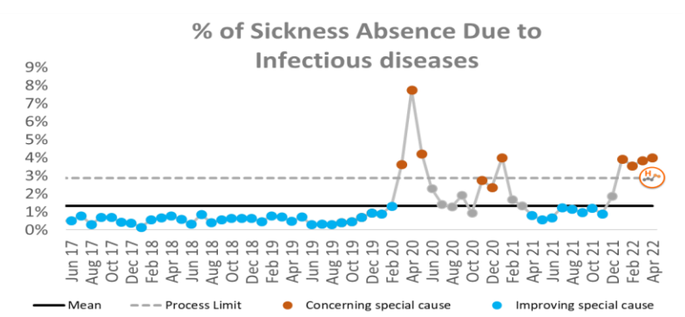












Author(s):Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

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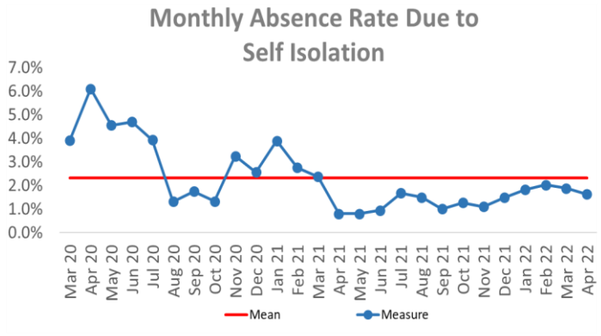
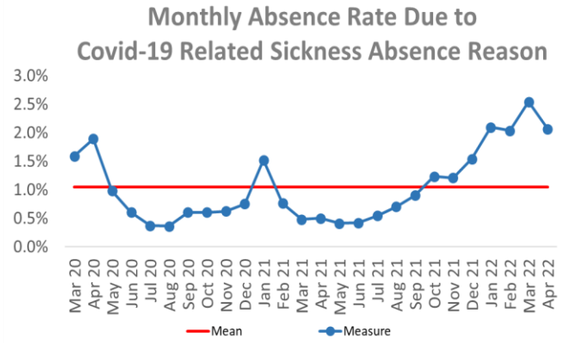
Covid-19 Related Absence

Cambridge University Hospitals NHS Foundation Trust

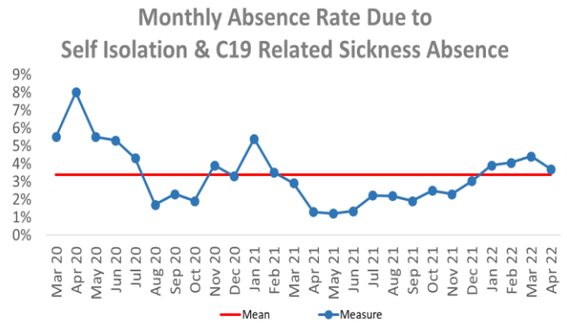
Workorce: Covid-19 Related Absence

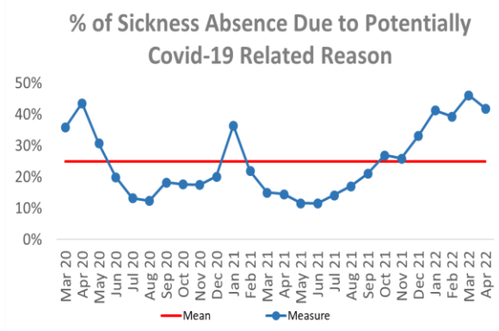


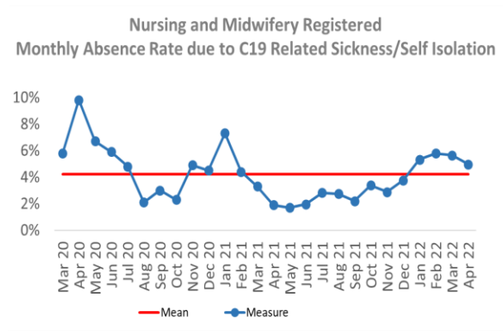


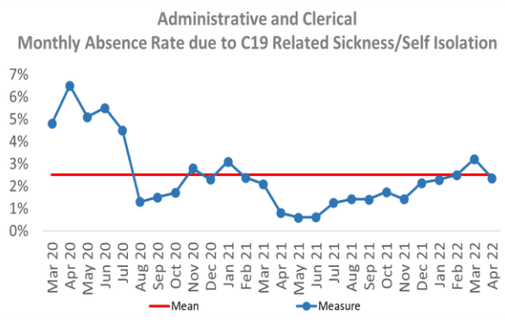
Background Information:Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases).

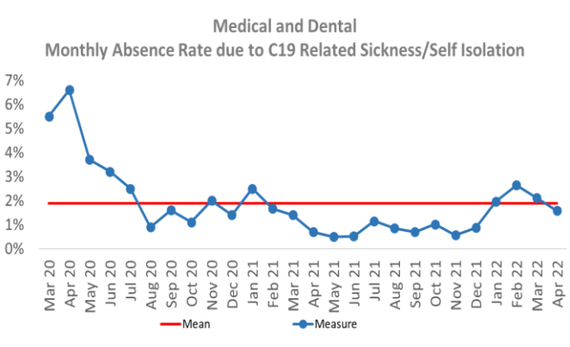
What the information tells us: The Trust's monthly absence rate due to Self Isolation is 1.6%. Monthly absence rate due to potential Covid-19 related sickness is 2.1% in Apr 2022. Overall, absence rates due to Covid-19 related sickness and self isolation decreased by 0.7% from the previous month to 3.7%.

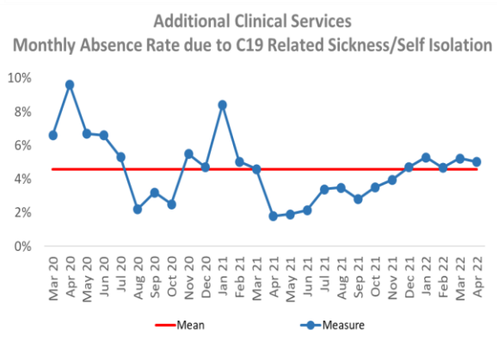


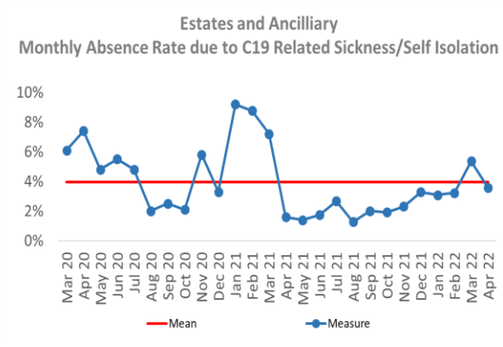


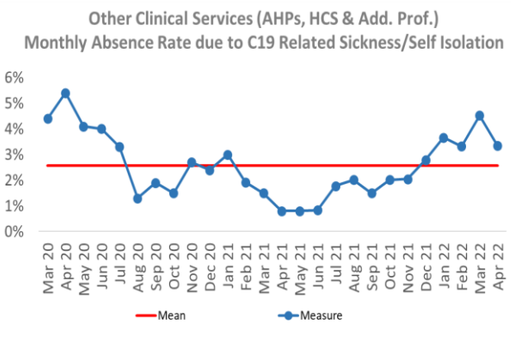












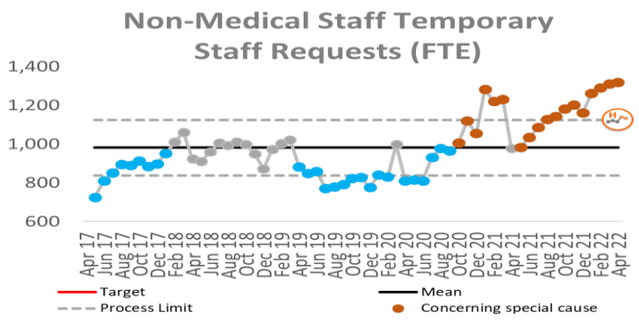
Author(s): Tosin Okufuwa, Amanda Wood

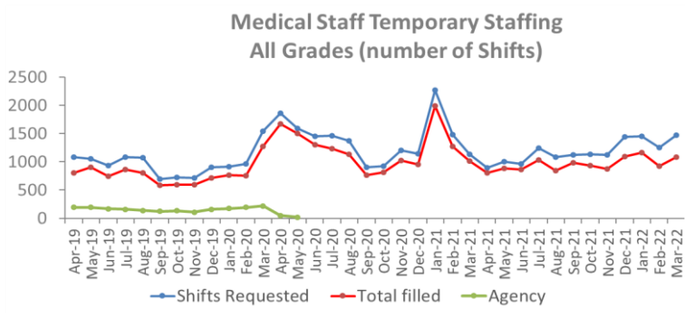
Owner(s): David Wherrett

Temporary Staffing

NHS
Cambridge University Hospitals
NHS Foundation Trust

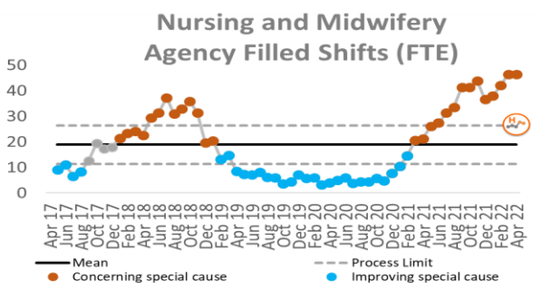
Workforce: Temporary Staffing

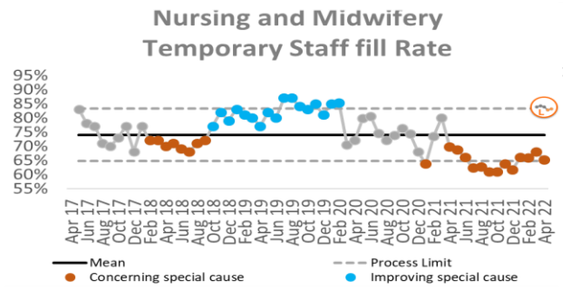


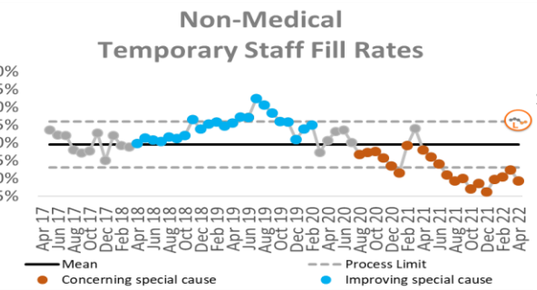


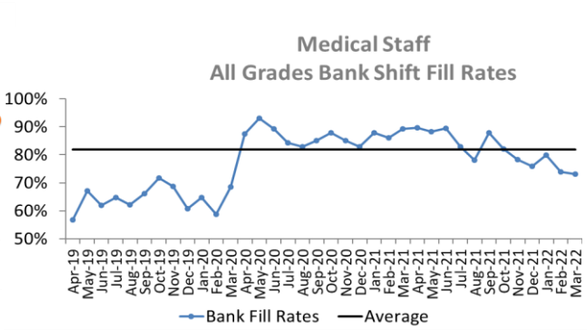
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

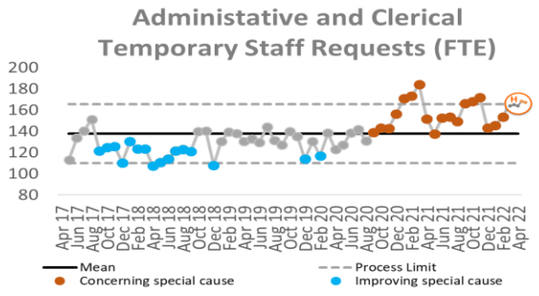
What the information tells us: Demand for non medical temporary staff saw a slight increase of 0.6% from the previous month to 1317 WTE. Nursing and midwifery agency usage remained stable from the previous month at 46 WTE. This accounts for 12% of the total Nursing filled shifts. Overall, fill rate reduced by 3% from previous month to 72%.

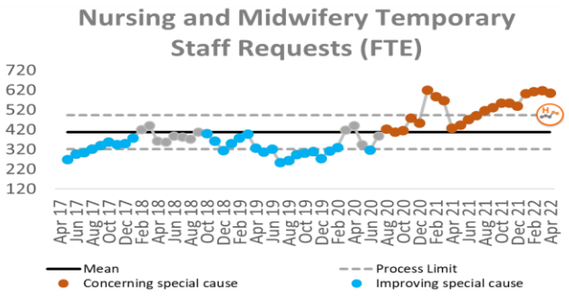


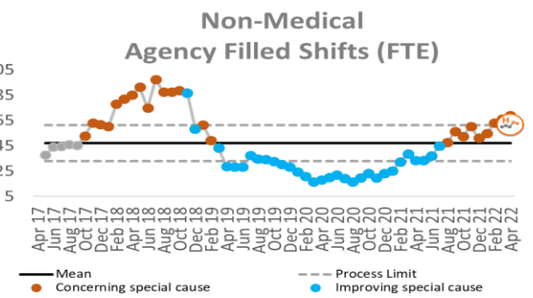


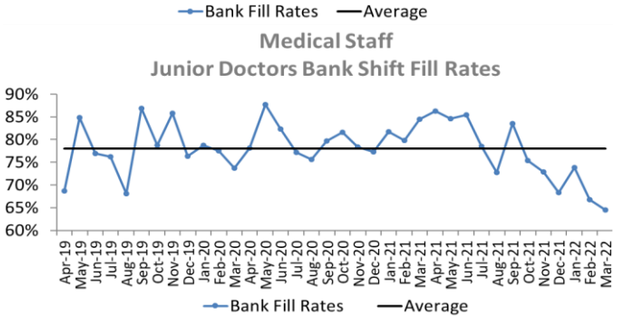












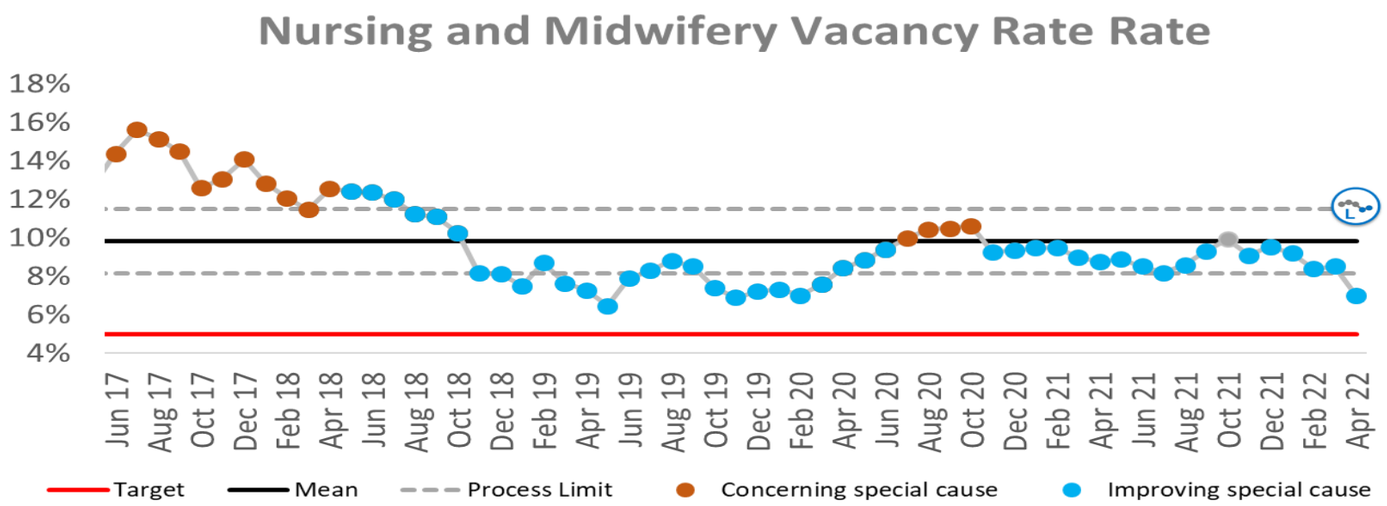
*Please note that temporary Medical staffing data was not available at the time of reporting and hence not updated

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

ESR Vacancy Rate

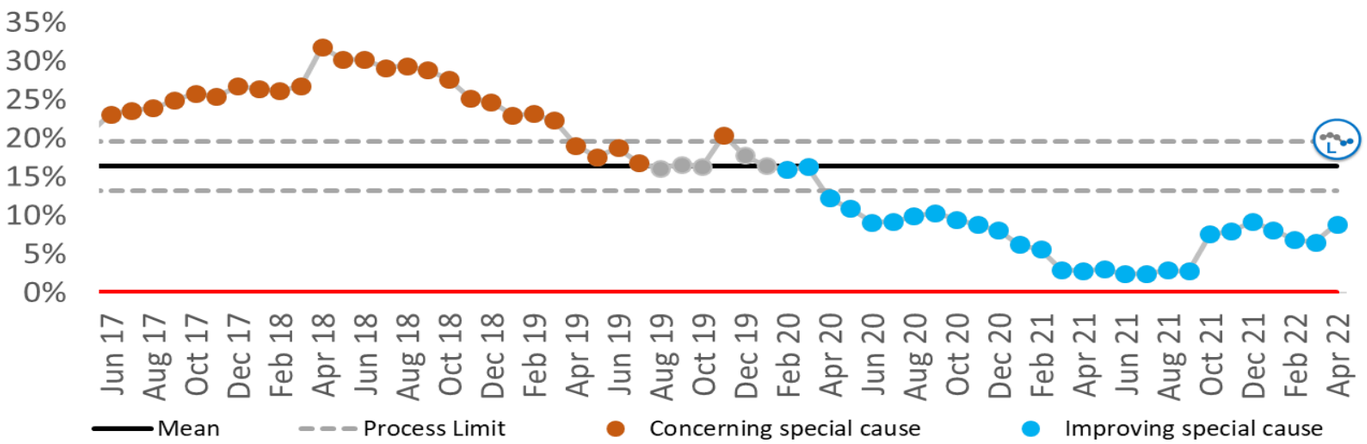
Cambridge University Hospitals NHS Foundation Trust

Workforce: ESR Vacancy Rate



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

What the information tells us: The vacancy rate for both **Healthcare Assistants and Nurses remained below the average rate at 8.8% and 7.0% 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

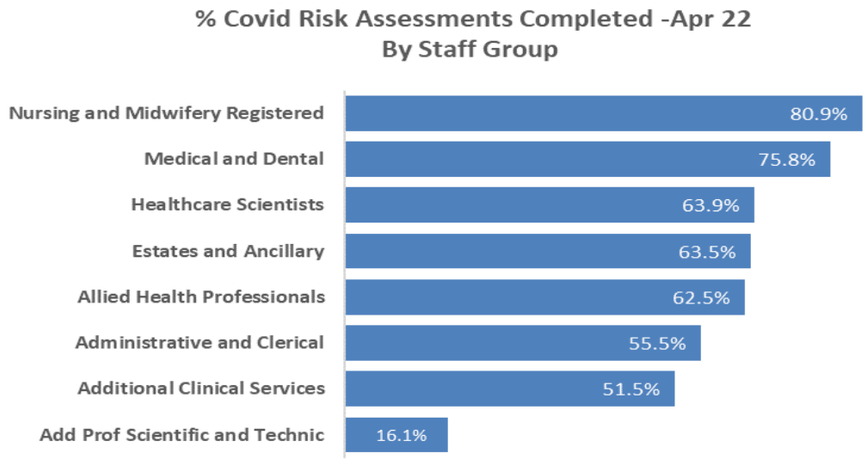
Cambridge University Hospitals NHS Foundation Trust

Workforce: C19 - Risk Assessment & Annual Leave Update

C19 – New V7 Individual Health Risk Assessment Compliance

Risk compliance rate	Apr 22
Overall C19 Risk Assessment Compliance	55.6%
BAME Staff - C19 Risk Assessment Compliance	50.4%
White Staff - C19 Risk Assessment Compliance	58.0%

Risk group	% of Staff within each Risk group
Risk Group 1 – highest risk levels including Clinically Extremely	0.5%
Risk Group 2 – heightened risk level including some CEV / red risk	2.4%
Risk Group 3 – increased risk	7.6%
Risk Group 4 – no increased risk	45.1%



Percentage of Annual Leave (AL) Taken – Apr 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	50,099	2,683	5%	97%
	Additional Clinical Services	373,322	30,964	8%	97%
	Administrative and Clerical	475,530	30,763	6%	96%
	Allied Health Professionals	145,693	10,648	7%	99%
	Estates and Ancillary	78,800	5,991	8%	99%
	Healthcare Scientists	134,884	9,381	7%	97%
	Medical and Dental	138,025	8,815	6%	37%
	Nursing and Midwifery Registered	765,566	58,395	8%	98%
	Trust	**2,161,920**	**157,641**	7%	89%
Annual Leave taken by Division	*Division*				
	Corporate	297,916	19695	7%	95%
	Division A	410,855	31654	8%	87%
	Division B	601,114	45495	8%	94%
	Division C	275,070	17821	6%	81%
	Division D	259,728	18106	7%	86%
	Division E	228,181	18725	8%	85%
	R&D	89,056	6145	7%	90%

What the information tells us: The Trust's Covid-19 Risk assessment (version 7 - launched in Sep 21) compliance rate is at 56% including 50% of BAME staff and 58% of White staff. Overall, 0.5% of staff are within Group 1 (the highest risk levels).

The Trust's annual leave usage is 88% of the expected usage after 1 month of the financial year. Overall usage is 7% after 1 month of the financial year compared to the expected 8%. The highest rate of use of annual leave is within Additional clinical staff followed by Estates and Nursing staff at 8.3%, 7.6% and 7.6% respectively.

Mandatory Training by Division and Staff Group

Cambridge University Hospitals NHS Foundation Trust

Workforce: Mandatory Training

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

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

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

		Non-Medical		Medical															
		Corporate Induction	Local Induction	Corporate Induction	Local Induction	Conflict Resolution	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare	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	1,106	1,106	460	460	10,530	10,530	10,696	10,530	10,530	10,530	10,697	7,194	10,530	7,604	10,530	7,616	1,711	1,711	
Compliance by Division	Compliance by Division																			
Compliance by Division	Division A	(5)97.5%	(28)86.0%	(25)78.3%	(20)82.6%	(67)96.7%	(76)96.2%	(434)78.7%	(86)95.7%	(122)93.9%	(247)87.7%	(409)79.9%	(507)72.2%	(115)94.3%	(284)84.8%	(86)95.7%	(232)87.6%	(28)82.9%	(14)91.5%	88.7%
Compliance by Division	Division B	(18)94.2%	(50)84.0%	(11)83.8%	(7)89.7%	(81)97.1%	(89)96.8%	(304)89.1%	(92)96.7%	(164)94.1%	(317)88.5%	(435)84.4%	(373)73.8%	(123)95.5%	(259)84.8%	(98)96.5%	(194)88.6%	(20)84.3%	(14)89.0%	91.4%
Compliance by Division	Division C	(9)94.4%	(28)82.5%	(19)84.2%	(10)91.7%	(63)95.5%	(62)95.6%	(281)80.8%	(63)95.5%	(91)93.6%	(204)85.6%	(373)74.6%	(402)70.5%	(92)93.5%	(204)85.2%	(70)95.0%	(153)88.9%	(60)75.6%	(33)86.6%	87.7%
Compliance by Division	Division D	(6)95.3%	(31)75.6%	(18)76.9%	(14)82.1%	(53)96.1%	(57)95.8%	(222)83.9%	(64)95.3%	(104)92.3%	(215)84.1%	(358)74.1%	(378)67.2%	(74)94.5%	(143)87.9%	(57)95.8%	(122)89.7%	(25)80.8%	(16)87.7%	88.1%
Compliance by Division	Division E	(8)93.8%	(43)66.4%	(16)76.8%	(7)89.9%	(44)96.4%	(43)96.5%	(246)80.3%	(51)95.9%	(75)93.9%	(148)88.0%	(358)71.4%	(263)76.2%	(82)93.3%	(161)85.6%	(55)95.5%	(120)89.3%	(160)84.4%	(125)87.8%	88.1%
Compliance by Division	Corporate	(23)83.6%	(32)77.1%	(4)50.0%	(1)87.5%	(40)97.0%	(49)96.4%	(90)93.3%	(49)96.4%	(68)94.9%	(112)91.7%	(92)93.2%	(37)76.9%	(58)95.7%	(22)86.7%	(52)96.1%	(19)88.8%	(5)64.3%	(3)78.6%	94.1%
Compliance by Division	R & D	(1)97.4%	(3)92.1%			(11)97.4%	(12)97.2%	(24)94.3%	(13)96.9%	(17)96.0%	(35)91.7%	(59)86.1%	(22)86.0%	(12)97.2%	(13)93.0%	(9)97.9%	(13)93.0%	(1)80.0%	(1)80.0%	94.4%
	Breakdown of Medical staff compliance																			
	Consultant			(12)78.9%	(11)80.7%	(29)95.9%	(32)95.4%	(37)94.7%	(32)95.4%	(38)94.6%	(115)83.6%	(50)92.9%	(199)72.0%	(30)95.7%	(113)84.0%	(20)97.1%	(58)91.8%	(24)88.5%	(18)91.4%	90.9%
	Non Consultant			(82)79.7%	(49)87.8%	(115)84.7%	(118)84.4%	(171)77.3%	(139)81.6%	(168)77.7%	(263)65.1%	(201)73.3%	(485)43.1%	(167)77.9%	(203)75.9%	(145)80.8%	(201)76.3%	(73)57.8%	(65)62.4%	74.8%
Compliance by Staff Group	Compliance by Staff group																			
Compliance by Staff Group	Add Prof Scientific and Technic	(0)100.0%	(0)100.0%			(2)99.1%	(2)99.1%	(7)96.9%	(3)98.7%	(11)95.1%	(26)88.5%	(19)91.6%	(10)67.7%	(6)97.3%	(22)88.8%	(5)97.8%	(26)86.8%	(0)100.0%	(0)100.0%	94.4%
Compliance by Staff Group	Additional Clinical Services	(11)95.7%	(48)81.3%			(35)98.0%	(41)97.6%	(337)81.0%	(36)97.9%	(78)95.5%	(165)90.4%	(426)76.0%	(412)70.1%	(59)96.6%	(207)86.5%	(41)97.6%	(166)89.2%	(22)85.8%	(15)90.3%	89.9%
Compliance by Staff Group	Administrative and Clerical	(15)92.6%	(37)81.8%			(72)96.7%	(81)96.3%	(105)95.2%	(87)96.0%	(114)94.8%	(218)90.1%	(136)93.8%	(11)42.1%	(104)95.3%	(17)86.1%	(85)96.1%	(19)84.7%	(4)42.9%	(3)57.1%	94.6%
Compliance by Staff Group	Allied Health Professionals	(4)94.4%	(12)83.3%			(15)97.7%	(14)97.8%	(117)82.1%	(17)97.3%	(26)95.9%	(67)89.5%	(177)72.9%	(152)76.5%	(29)95.5%	(82)87.3%	(19)97.0%	(48)92.6%	(9)84.7%	(7)88.1%	90.0%
Compliance by Staff Group	Estates and Ancillary	(13)80.0%	(12)81.5%			(5)98.6%	(8)97.7%	(19)94.6%	(8)97.7%	(10)97.1%	(25)92.8%	(11)96.8%	(11)96.8%	(11)96.8%	(11)96.8%	(9)97.4%				96.0%
Compliance by Staff Group	Healthcare Scientists	(3)95.2%	(15)76.2%			(16)97.3%	(20)96.7%	(27)95.5%	(19)96.8%	(26)95.7%	(44)92.6%	(80)86.6%	(31)71.8%	(18)97.0%	(31)81.3%	(16)97.3%	(27)83.7%	(9)60.9%	(6)73.9%	93.5%
Compliance by Staff Group	Medical and Dental			(94)79.6%	(60)87.0%	(144)90.1%	(150)89.7%	(208)85.7%	(171)88.2%	(206)85.8%	(378)74.0%	(251)82.7%	(684)56.3%	(197)86.5%	(316)79.6%	(165)88.7%	(259)83.3%	(97)74.6%	(83)78.3%	82.2%
Compliance by Staff Group	Nursing and Midwifery Registered	(24)94.5%	(91)79.0%			(70)97.9%	(72)97.9%	(781)77.4%	(77)97.7%	(170)94.9%	(355)89.4%	(984)71.5%	(682)80.2%	(132)96.1%	(411)87.9%	(87)97.4%	(308)90.9%	(158)85.4%	(92)91.5%	89.7%
	Trust Total	(70)93.7%	(215)80.6%	(94)79.6%	(60)87.0%	(359)96.6%	(388)96.3%	(1601)85.0%	(418)96.0%	(641)93.9%	(1278)87.9%	(2084)80.5%	(1982)72.4%	(556)94.7%	(1086)85.7%	(427)95.9%	(853)88.8%	(299)82.5%	(206)88.0%	89.83%

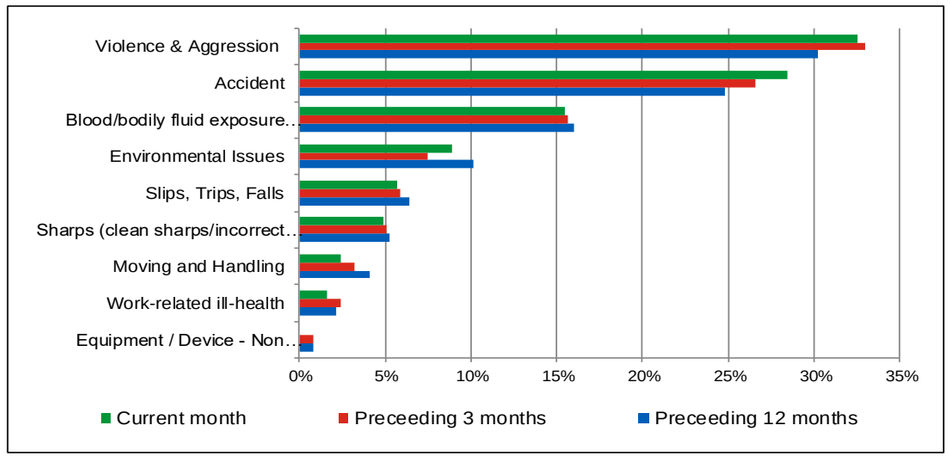
Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

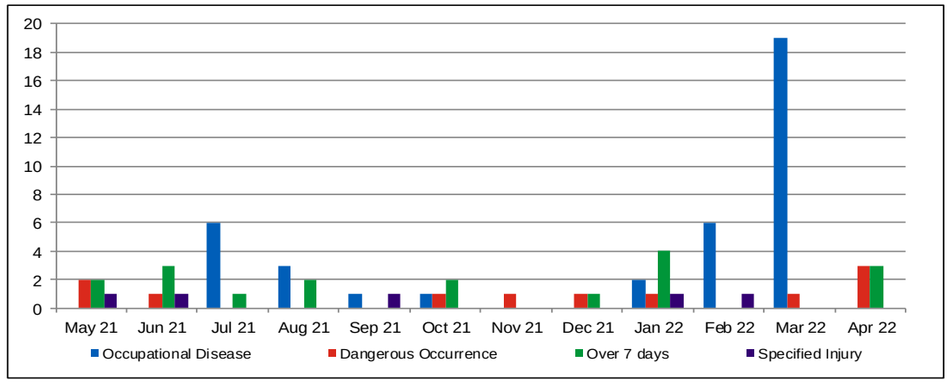
Health and Safety Incidents

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:	**1520**	**315**	**217**	**471**	**271**	**141**	**35**	**70**
Accident	**377**	82	70	100	64	38	6	17
Blood/bodily fluid exposure (dirty sharps/splashes)	**244**	75	42	55	39	29	3	1
Environmental Issues	**154**	30	30	23	29	24	5	13
Equipment / Device - Non Medical	**13**	1	1	5	6	0	0	0
Moving and Handling	**63**	10	11	16	16	5	1	4
Sharps (clean sharps/incorrect disposal & use)	**80**	34	10	10	6	12	6	2
Slips, Trips, Falls	**97**	24	24	13	9	10	5	12
Violence & Aggression	**460**	46	24	247	97	19	8	19
Work-related ill-health	**32**	13	5	2	5	4	1	2





A total of 1,520 health and safety incidents were reported in the previous 12 months.

760 (50%) incidents resulted in harm. The highest reporting categories were violence and aggression (30%), accidents (25%) and blood/bodily fluid exposure (16%).

1,052 (69%) of incidents affected staff, 421 (28%) affected patients and 47 (3%) affected others i.e. contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (31%), blood/bodily fluid exposure (21%) and accidents (17%).

The highest reported incident categories for patients were: accidents (45%), violence & aggression (26%) and environmental issues (12%).

The highest reported incident categories for others were: violence and aggression (45%), accidents (21%) and slips, trips and falls/environmental issues (15%).

Staff incident rate is 9.7 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 471 incidents. Of these, 52% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was occupational disease (53%). 49% of RIDDOR incidents were reported to the HSE within the appropriate timescale. In April 2022, 6 incidents were reported to the HSE:

Over 7 day injuries (3)

- The Injured Person (IP) slipped on a wet floor in the toilets and sprained their ankle.
- The IP was walking along the corridor and slipped on a grape.
- The IP was retrieving an item from the glove/apron dispenser when the front facing lid fell and struck the IP.

Dangerous occurrence (3)

- The IP accidentally pricked the palm of their hand with a diathermy needle. The patient was Hep C Positive.
- The IP sustained a splash to the face from soiled swabs. The patient was Hep B Positive.
- A sample was received by pathology labs for processing. The sample was taken from a patient with a suspected Viral Haemorrhagic Fever (VHF). The sample was not labelled as high risk and was therefore not processed in line with high risk sample procedures. There has been no evidence of transmission.

Author(s): Helen Murphy

Owner(s):

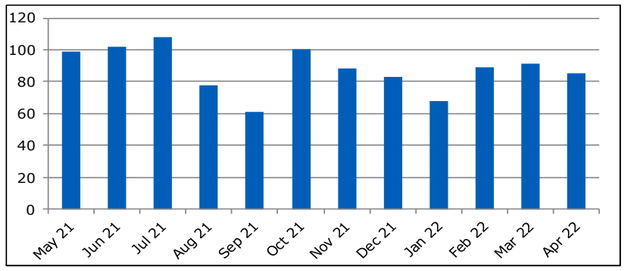
Together-Safe | Kind | Excellent

Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:

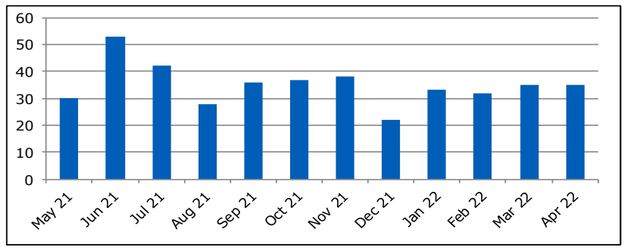


	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	Total
Accident	13	14	16	21	8	15	8	12	17	16	21	16	**177**
Blood/bodily fluid exposure (dirty sharps/splashes)	22	13	25	19	11	30	26	12	15	17	18	17	**225**
Environmental Issues	5	23	14	6	4	7	13	4	1	5	4	10	**96**
Moving and Handling	6	5	2	3	5	1	3	7	5	3	4	3	**47**
Sharps (clean sharps/incorrect disposal & use)	8	9	5	3	3	2	3	3	2	7	3	6	**54**
Slips, Trips, Falls	12	4	7	4	9	8	12	9	4	6	8	7	**90**
Violence & aggression	29	31	36	20	19	32	23	34	22	32	29	24	**331**
Work-related ill-health	4	3	3	2	2	5		2	2	3	4	2	**32**
Total	**99**	**102**	**108**	**78**	**61**	**100**	**88**	**83**	**68**	**89**	**91**	**85**	**1052**

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

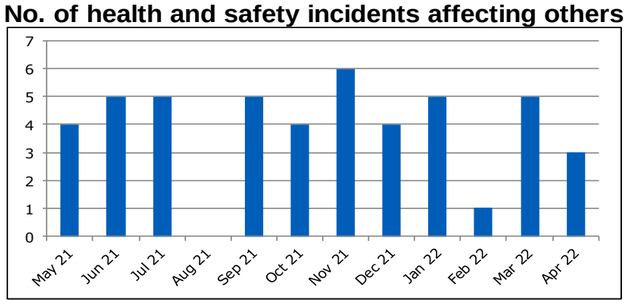
	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	Total
No. of health & safety incidents	99	102	108	78	61	100	88	83	68	89	91	85	**1052**
Staff incident rate per month/year	0.9	0.9	1.0	0.7	0.6	0.9	0.8	0.8	0.6	0.8	0.8	0.8	**9.7**

No. of health and safety incidents affecting patients:



	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	Total
Accident	12	24	24	16	18	17	13	7	12	11	17	19	**190**
Blood/bodily fluid exposure (dirty sharps/splashes)	1	1	2	1	2	2		3	0	1	4	2	**19**
Environmental Issues	4	12	9	4	3	3	4	4	0	4	3	1	**51**
Equipment / Device - Non Medical	1	3	0	1	0	2	2	0	1	2	1	0	**13**
Moving and Handling	2	5	1	0	1	2	0	0	3	1	1	0	**16**
Sharps (clean sharps/incorrect disposal & use)	1	3	1	0	5	2	3	3	3	2	1	0	**24**
Violence & aggression	9	5	5	6	7	9	16	5	14	11	8	13	**108**
Total	**30**	**53**	**42**	**28**	**36**	**37**	**38**	**22**	**33**	**32**	**35**	**35**	**421**

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



	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	Total
Accident	1	0	1	0	3	2	1	1	1	0	0	0	**10**
Environmental Issues	1	0	0	0	1	0	0	1	3	0	1	0	**7**
Sharps (clean sharps/incorrect disposal & use)	1	1	0	0	0	0	0	0	0	0	0	0	**2**
Slips, Trips, Falls	0	1	1	0	0	0	3	1	0	0	1	0	**7**
Violence & aggression	1	3	3	0	1	2	2	1	1	1	3	3	**21**
Total	**4**	**5**	**5**	**0**	**5**	**4**	**6**	**4**	**5**	**1**	**5**	**3**	**47**