Cambridge University Hospitals
NHS Foundation Trust

Integrated Report

Quality, Performance, Finance and Workforce to end Oct 2022

Chief Finance Officer
Chief Nurse
Chief Operating Officer
Director of Workforce

Report compiled: 30 Nov 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): Nicola Ayton, Mike Keech, Ashley Shaw, Lorraine Szeremeta, David Wherrett

Quality Account Measures

NHS
Cambridge University Hospitals
NHS Foundation Trust

2022/23 Performance Framework

2022/23 Quality Account Measures

Domain	Indicator	Data to	Target	Aug 22 Previous Month-1	Sep 22 Previous Month	Oct 22 Current status	Trend	FYtD	Baseline	LTM
Safe	Average % compliance with individual elements of NEWS2 escalation policy	Sep-22	85%	49%	43%	N/A	▪	55%	50.0%	54.6%
	% of patients over 65 years of age who have a lying and standing blood pressure completed within 48 hours of admission	Oct-22	50%	15.8%	16.1%	13.3%	⇩	15.0%	13.4%	15.0%
	% of patients who have a VTE risk assessent undertaken within 14 hours of admission	Oct-22	95%	N/A	N/A	95.3%	▪	95%	N/A	95%
	Average % compliance with blood cultures within 60 minutes of Sepsis diagnosis	Oct-22	95%	80%	100%	33%	⇩	72.8%	70.0%	72.8%
Patient Experience / Caring	Healthcare Inequality: Percentage of patients in calendar month where ethnicity data is **not recorded** on EPIC CheQs demographics report (Ethnicity Summary by Patient)	Oct-22	7%	12.3%	12.8%	13.9%	⇩	12.4%	14.0%	12.2%
	Publication of actions and improvements undertaken as a result of feedback received from patients and their representatives	Oct-22	100%	8.3%	8.3%	8.3%	⇔	8.3%	0.0%	8.3%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Oct-22	20%	16.0%	17.9%	17.5%	⇩	16.5%	15.3%	16.1%
	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) **Additional Filters Simple Discharges, G&A etc**	Oct-22	80%	78.4%	89.8%	72.2%	⇩	75.9%	74.0%	77.1%
	Same day emergency care (SDEC)	Oct-22	30%	16.6%	14.9%	15.6%	⇧	17.8%	22.0%	19.6%
	Quarterly			Mar 22	Jun 22	Sep 22				
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Sep-22	55%	N/A	25.9%	29.2%	⇧	27.5%	29.2%	27.5%
Staff Experience / Well-led	Retention of band 5 nurses (quarterly)	Jun-22	88.5%	N/A	N/A	N/A	▪	N/A	87.0%	N/A
	Annual			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%	

Quality Summary Indicators

NHS
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2022/23 Performance Framework

Performance Framework - Quality Indicators				Aug 22	Sep 22	Oct 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)	Oct-22	0	0	1	1	⇔	3	4	5
	E.Coli Bacteraemias (Total Cases)	Oct-22	50% over 3 years	29	33	42	⇑	239	384	401
	C. difficile Infection (hospital onset and COHA* avoidable)	Oct-22	TBC	20	8	13	⇑	91	123	146
	Hand Hygiene Compliance	Oct-22	TBC	97.0%	96.4%	96.3%	⇓	97.0%	97.5%	97.3%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Oct-22	100%	50.0%	71.4%	50.0%	⇓	55.1%	33.8%	46.8%
	% of external visits where expected deadline was met (cumulative for current financial year)	Oct-22	80%	N/A	0.0%	N/A	▪	46.2%	46.7%	47.1%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Oct-22	-	57.1%	20.0%	0.0%	⇓	50.6%	17.2%	44.2%
	No national audit negative outlier alert triggered	Oct-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	Oct-22	85%	80.0%	N/A	80.0%	▪	60.7%	84.6%	67.5%
Nursing Quality Metrics	Blood Administration Patient Scanning	Oct-22	90%	99.0%	99.7%	99.5%	⇓	99.5%	99.1%	99.6%
	Care Plan Notes	Oct-22	90%	96.9%	96.6%	96.2%	⇓	96.6%	95.8%	96.1%
	Care Plan Presence	Oct-22	90%	100.0%	99.9%	99.9%	⇓	99.9%	99.6%	99.9%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Oct-22	90%	74.8%	74.3%	72.6%	⇓	74.3%	74.2%	73.5%
	Nurse Rounding	Oct-22	90%	99.4%	99.5%	99.2%	⇓	99.5%	99.6%	99.5%
	Nutrition Screening	Oct-22	90%	74.7%	75.3%	73.2%	⇓	75.3%	77.1%	74.8%
	Pain Score	Oct-22	90%	85.5%	85.3%	84.6%	⇓	85.6%	86.6%	85.9%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Oct-22	90%	63.9%	58.7%	67.5%	⇑	62.7%	63.1%	62.7%
	PEWS Score Recording	Oct-22	90%	98.9%	99.1%	99.2%	⇑	99.2%	99.2%	99.2%
	NEWS Score Recording	Oct-22	90%	97.6%	97.5%	97.3%	⇓	97.3%	96.6%	96.8%
	VIP									
	VIP Score Recording (1 per day)	Oct-22	90%	86.0%	87.6%	86.8%	⇓	88.3%	91.2%	88.7%
	PIP Score Recording (1 per day)	Oct-22	90%	90.7%	90.5%	85.2%	⇓	88.5%	88.4%	89.0%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	N/A	N/A	N/A	⇔	N/A	N/A	N/A
	Number of overdue complaints	Oct-22	0	18	6	3	⇓	52	29	68
	Re-opened complaints (non PHSO)	Oct-22	N/A	1	0	0	⇔	13	74	45
	Re-opened complaints (PHSO)	Oct-22	N/A	0	0	1	⇑	1	4	2
				Aug 22	Sep 22	Oct 22				
	Number of medium/high level complaints	Oct-22	N/A	17	21	25	⇑	151	244	252

Author(s): Various

Owner(s): Oyejumoke Okubadejo

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 More information on page 15	Ambulance handovers <15mins		65%	Immediate		29%	
	Ambulance handovers <30mins		95%	Immediate		67%	
	Ambulance handovers > 60mins	L	0	Immediate		16%	
	12hr waits in ED (type 1)	H	2%	Immediate	4%	15%	
Cancer More information on pages 17,18	Cancer patients < 62 days	L	85%	Immediate		67%	
	28 day faster diagnosis standard		75%	Immediate	85.1%	77.0%	
	31 day decision to first treatment	L	96%	Immediate		88%	
Outpatient Transformation More information on page 21	Advice and Guidance Requests		16%	Mar-23	14%	9.6%	
	Patients moved / discharged to PIFU	H	5%	Mar-23	3.7%	2.8%	
Diagnostics More information on page 19	Patients waiting > 6 weeks	L	5%	Mar-24		39%	
RTT Waiting List More information on page 16	RTT Patients waiting > 78 weeks	L	0	Mar-23	347	362	
	RTT Patients waiting > 104 weeks	L	0	Jul-22	-	1	

Productivity and Efficiency	SPC	In Month Actual	Actual
Non-elective LoS (days, excl 0 LoS)	H	9.2127	
Long stay patients (>21 LoS)	L	231	
Elective LoS (days, excl 0 LoS)		5.6122	
Discharges before noon	H	17%	
Theatre sessions used		1256	
In session theatre utilisation	H	83%	
Virtual Outpatient Attendances	L	20.5%	

	Oct-22	Sep-22	% change	Feb-20	% change
Outpatients - New	30,907	30,309	↑2%	28,700	↑8%
Diagnostics - Total WL	13,809	14,088	↓2%	8,708	↑59%
RTT Pathways - Total WL	59,930	59,960	↓0%	34,097	↑76%
Cancer (62d pathway) >62d	146	136	↑7%	56	↑161%

Surgical Prioritisation - WL	Oct-22	Sep-22	% change
P2 (4 weeks) Including planned	2,129	2,014	↑6%
P3 (3 months)	5,480	5,289	↑4%
P4	3,511	3,480	↑1%

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

NHS
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2022/23 Performance Framework

Elective Inpatient Activity

95%	In Month Actual
92%	In Month Plan
87%	YTD Actual
82%	YTD Plan

Elective Daycase Activity

106%	In Month Actual
108%	In Month Plan
105%	YTD Actual
103%	YTD Plan

Emergency Admissions

83%	In Month Actual
102%	In Month Plan
80%	YTD Actual
93%	YTD Plan

New Outpatient Activity

107%	In Month Actual
105%	In Month Plan
102%	YTD Actual
100%	YTD Plan

Follow Up Outpatient Activity

107%	In Month Actual
122%	In Month Plan
109%	YTD Actual
122%	YTD Plan

Diagnostic activity (national planning submission)

116%	In Month Actual
152%	In Month Plan
110%	YTD Actual
124%	YTD Plan

RTT Clockstops (All)

94%	In Month Actual
104%	In Month Plan
91%	YTD Actual
101%	YTD Plan

RTT Clockstops (Admitted)

87%	In Month Actual
93%	In Month Plan
84%	YTD Actual
87%	YTD Plan

RTT Clockstops (Non admitted)

96%	In Month Actual
108%	In Month Plan
94%	YTD Actual
106%	YTD Plan

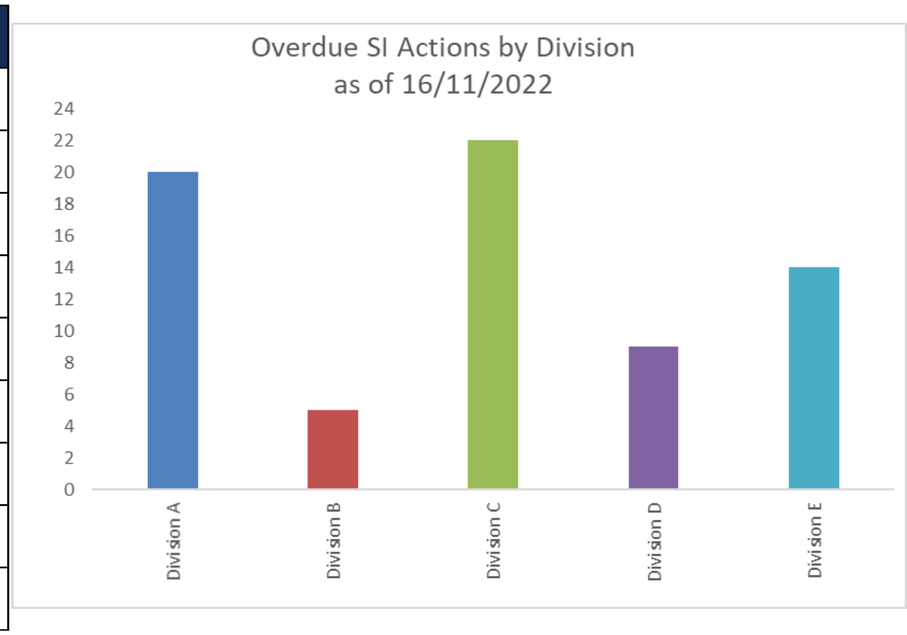
Serious Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Nov 19- Oct 22	month	-	1607	1414		-		The number of patient safety incidents is within normal variance.
Percentage of moderate and above patient safety incidents	Nov 19- Oct 22	month	2%	2.9%	2.0%		-		There is currently normal variance in the percentage of moderate and above patient safety incidents.
All Serious Incidents	Nov 19 - Oct 22	month	-	9	5		-		9 Serious Incidents were declared with the ICB in Oct 2022, which is within normal variance for the trust.
Serious Incidents submitted to CCG within 60 working days (or agreed extension)	Nov 19 - Oct 22	month	100%	57%	64%		-		7 Serious Incidents were due to the ICB in Oct 2022, 4 of which were submitted within the 60 day target and the remaining 3 SIs have had extensions granted.

Ref	SI Title	STEIS SI Sub categories	Actual Impact	Division	Ward / Department
SLR146198	Unstageable PU (Thematic review)	Pressure Ulcer	Severe/Major	Division A	Ward C8
SLR146840	CT delay - AAA repair	Treatment delay	Death/ catastrophic	Division B	CT Department
SLR147578	Deteriorating Patient	Sub-optimal care of deteriorating patient	Death/ catastrophic	Division C	Ward D5
SLR148131	Delayed Coronary angiogram	Treatment delay	Death/ catastrophic	Division D	Ward K2
SLR148407	Patient fall	Slips, Trips, falls	Severe/Major	Division C	Ward D5
SLR148681	Patient fall	Slips, Trips, falls	Moderate	Division C	Ward C5
SLR149690	Deteriorating Patient	Treatment delay	Death/ catastrophic	Division D	Ward A4
SLR150506	Cardiac arrest in bathroom	Treatment delay	Severe/Major	Division C	Ward N3
SLR150886	Patient fall	Slips, Trips, falls	Severe/Major	Division C	Ward G2



Together-Safe | Kind | Excellent

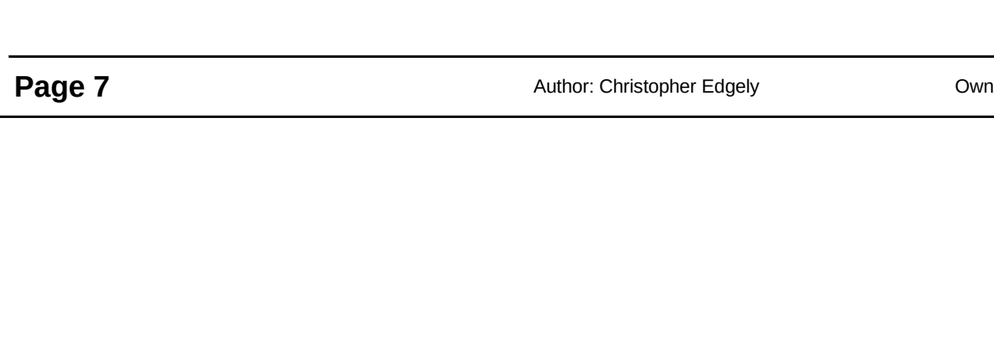
Author(s): Clare Miller
Owner(s): Oyejumoke Okubadejo

Duty of Candour

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Sep 19 - Oct 22	month	100%	70%	70%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Sep 19 - Oct 22	month	100%	41%	67%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 85% for all confirmed cases of moderate harm or above in October 2022. 70% of DOC Stage 1 was completed within the required timeframe of 10 working days in October 2022. The average number of days taken to send a first letter for stage 1 DOC in October 2022 was 6 working days.

Trust wide stage 2** DOC is compliant at 88% for all completed investigations into moderate or above harm in October 2022 and 41% 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.

Falls

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	Nov 19 - Oct 22	month	-	174	143		-	-	There were a total of 174 falls (inpatient, outpatient and day case) in October 2022. This is within normal variance
Inpatient falls per 1000 bed days	Nov 19 - Oct 22	month	-	4.60	4.52			-	The Trust remains within normal variance.
Moderate and above inpatient falls per 1000 bed days	Nov 19 - Oct 22	month	-	0.11	0.09			-	There were 4 falls categorised as Moderate or above harm in October 2022. The level of harm is classed according to injury and not lapses in care. This is within normal variance
Falls risk screening compliance within 12 hours of admission	Nov 19 - Oct 22	month	90.00%	82.50%	87.30%				Completion of Falls risk screening within 12 hours of admission remains below the 90% target.
Falls KPI; patients 65 and over have a Lying and Standing Blood Pressure (LSBP) completed within 48hrs of admission	Nov 19 - Oct 22	month	90.00%	13.30%	11.00%				Lying and standing blood pressure continues to be an area of focus for improvement efforts due to continued low compliance.
Falls KPI: patients 65 and over who have a cognitive impairment have an appropriate care plan in place	Nov 19 - Oct 22	month	90.00%	18.70%	15.10%				Improvement work is ongoing to address continued low compliance in care planning for patients with a cognitive impairment
Falls KPI: patients 65 and over requiring the use of a walking aid have access to one for their sole use	Nov 19 - Oct 22	month	90.00%	69.60%	77.10%				An issue with understanding of this question has been identified in the inpatient area, which is now being reviewed to ensure compliance is accurately reflected in this metric

Executive Summary

Trust capacity remains an important factor in the number of falls across the Trust. When this is stratified by falls per 1000 bed days, data is well within normal variance.
Compliance with the lying and standing blood pressure and confusion care planning KPI remains low.
A thematic review of falls that met the serious incident criteria is being undertaken in collaboration with the CCG.

Author(s): Debbie Quartermaine

Owner(s): Oyejumoke Okubadejo

Hospital Acquired Pressure Ulcers (HAPUs)

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All HAPUs by date of occurrence	Feb 18 - Oct 22	month	-	44	23	H	SP	-	The total numbers of HAPU's for October are higher than August and September, which is now over the Upper Control Limit.
To increase reporting of category 1 HAPU to achieve an upward trajectory in reporting by March 2022	Feb 18 - Oct 22	month	-	13	11		-	-	KPI 2021-2022- to increase early reporting of category 1 HAPU to prompt early prevention. Category 1 HAPUs remain within normal variance. The KPI's will remain the same.
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Feb 18 - Oct 22	month	-	31	11	H	SP	-	Category 2 and above HAPU's are over the upper control limit for October, and the mean trajectory remains on an upward slope.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Oct 22	month	90%	76%	80%		-	F	PU screening risk assessment compliance remains lower than the target of 90%. The QI plan is currently 47% achieved.
KPI downward trend of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2022	Apr 19 - Oct 22	month	9	31	11	H	SP	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's remain on an upper trajectory, and unfortunately, it has been increased from 18 in September to 31 in October. This KPI has not been achieved so far and they will remain in the QI Plan.

Exec Summary

HAPUs remain on an upper trajectory, and the total numbers of HAPUs for October are higher than August and September 2022, which is now over the Upper Control Limit.

HAPU incidents; Category 1 = 13, Category 2 = 19, Category 3 = 0, Category 4 = 0, SDTI = 8, Unstageable = 4

A thematic review is almost completed of all serious incidents relating to HAPUs from April to October 2022 . The quality improvement plan already incorporates actions from the review findings.
QI Plan update: Face to face Tissue Viability training sessions have recommenced on CSSIP, preceptorship for Division A, C and D and PDN study days.

Sessions for QPO and International Nurses will commence in the New Year 2023.

A new band 6 TVN has been appointed within the Emergency Department to facilitate the improvement of Pressure Ulcer Prevention at the beginning of the patients' hospital journey.

Change request for Epic updates have been submitted and approved for identifying accurate body location for skin inspection and prompts to assist in completing the Waterlow Risk Assessment tool.

Connect page for Tissue Viability have been updated for referrals and wound care treatment pathways.

The up-to-date Tissue Viability folders have been delivered to the majority of clinical wards, relevant outpatient clinics and departments.

Author(s): Yaping Lian

Owner(s): Oyejumoke Okubadejo

Sepsis

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Oct-22	Monthly	95%	#N/A	55%		-	?	We are awaiting emergency department Sepsis data
Antibiotics administered with 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Oct-22	Monthly	95%	#N/A	72%		-	? -	We are awaiting emergency department Sepsis data
All elements of the Sepsis Six Bundle delivered in 60 mins from time patient triggers Sepsis (NEWS 5>)- Inpatient wards	Oct-22	Monthly	95%	33%	38%		-	F	Compliance with the entire Sepsis 6 bundle being delivered within 1hour has dropped this month, though this is impacted by a relatively small sample size. Individual elements of note are lactate [67%] and monitored in line with NEWS2 policy [100%]. Unfortunately, blood cultures has fallen from 80% to 33% compliance this month.
Antibiotics administered with 60 mins form time patient triggers Sepsis (NEWS 5>) - Inpatient wards	Oct-22	Monthly	95%	76%	64%		-	F	
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Emergency Department	Sep-22	Monthly	95%	-	91%		-	?	We are awaiting emergency department Sepsis data
Antibiotics administered within 60 mins of patient being diagnosed with Sepsis - Inpatient wards	Oct-22	Monthly	95%	100%	68%		-	F	Inpatient wards continue to demonstrate strong compliance with providing antibiotics within 60 minutes of diagnosis of Sepsis

Executive Summary:

The new trust lead for Sepsis began in post this month, and data continues to be collated and analysed by a new team of auditors, increasing contingency within the workstream.

Increased efforts are being made to ensure that gaps in data spanning back to April 2022 are retrospectively analysed there is now data for May, June, July 22. awaiting April and May 22 and September 22 is currently being collected.

The overall compliance of the sepsis 6 bundle being delivered in 60 mins is dependant on all elements of the bundle being compliant within 60 mins, therefore one or two elements can impact on the overall compliance. Please see breakdown table above with the elements highlighted in yellow and each elements compliance within 60 mins.

Mental Health - Q1 2022/23

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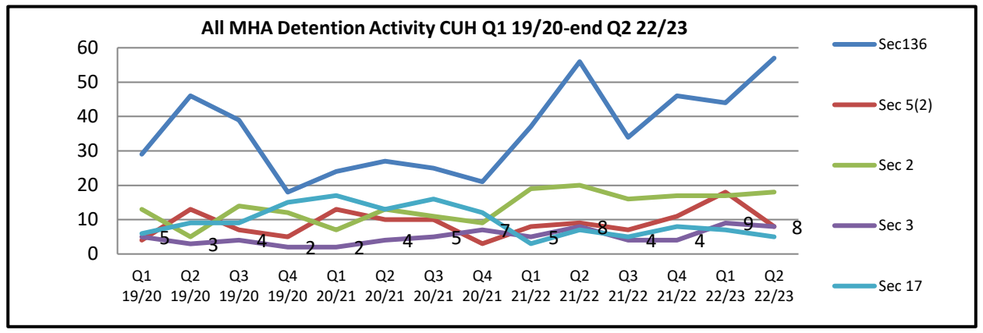
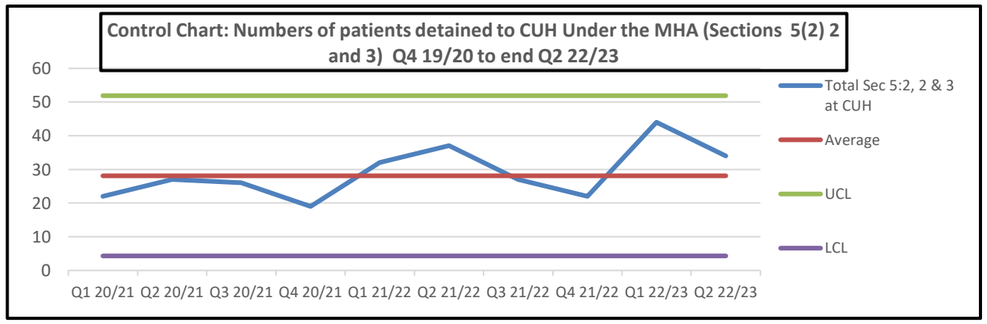
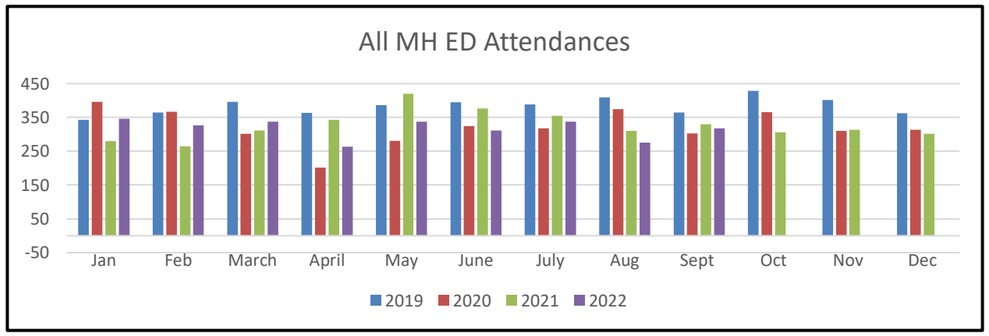
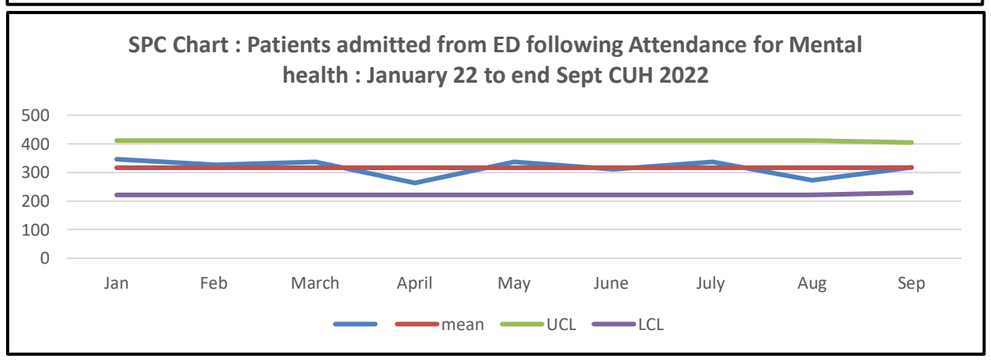
Mental Health









Narrative

- The numbers of inpatients detained under the Mental Health Act has levelled out in Q2 22/23 following a slight increase in Q1 .That increase was largely accounted for by an increased use of Section 5(2) emergency Doctors Holding Power. There were 18 5(2) detentions in Q1 and 8 in Q2
- The numbers of patients brought to CUH on Sec 136 (place of safety) increased in Q2. The mean number of patients detained on Sec 136 per quarter since Q1 2019/20 is 35.4. In Q2 22/23 the number of 136's was 57 . There is historically an increase in use of Sec 136 in Q2 and this will be monitored. However it is becoming apparent that the use of Sec 136 is gradually returning to pre-pandemic levels. CUH was used as a place of safety when the 136 was full on 26 occasions in Q2 against 19 in Q1 . This likely relates to an overall increase in the use of Sec 136 by the police.
- The cumulative number of mental health presentations to ED in the period January to end October 2022 (3136) is 18.3% lower than for the same period 2019 (pre-pandemic) , 2.3% lower than 2020 and 4.85% lower than the same period last year
- The number of individuals presenting to the ED at CUH with a mental health need in October 2022 (283) is 11.5% lower than in September 2022 (321).
- The number of adults presenting to ED in October (257) represents a 6.2% decrease on September '22 (274) .
- The cumulative no of adults presenting at ED for Mental Health reasons who were subsequently admitted to CUH in the period Jan-Oct 2022 shows a 16.3% decrease (355) in comparison to the same period 21/22 (424).
- Compared with September '22, (47), there was an 44.7% decrease in CAMH aged patients presenting in ED in October (26). Of these, 38.5% were subsequently admitted to a bed at CUH (10).
- For CAMH aged patients, the cumulative number of those admitted to a CUH bed from ED has reduced from 166 patients between Jan-Sept 2021 to 147 in same period 2022, a 13.8% decrease.
- Although the numbers of those eligible for CAMH services presenting at ED is very much smaller than for adults, the conversion rate to admission is consistently higher.

Ongoing work:

- The mental health team have been allocated substantive funding for both the Mental health lead (currently out to advert) and the Mental health specialist nurse posts. The remaining specialist nurse is due to commence mid November and the lead for Mental health will commence February 2023. Currently there is a gap in service provision whilst the recruitment process is completed.
- Work has been undertaken to revise both the ligature point policy and the anti ligature assessment tool at CUH. Assessments have been completed in the 7 areas that have the highest mental health activity in the hospital. These assessments will need to be repeated annually as per policy or if the areas concerned have any environmental changes before then. Action plans to mitigate some of the issues raised are now in place,

Author(s): Claire Ward

Owner(s): Lorraine Szeremeta

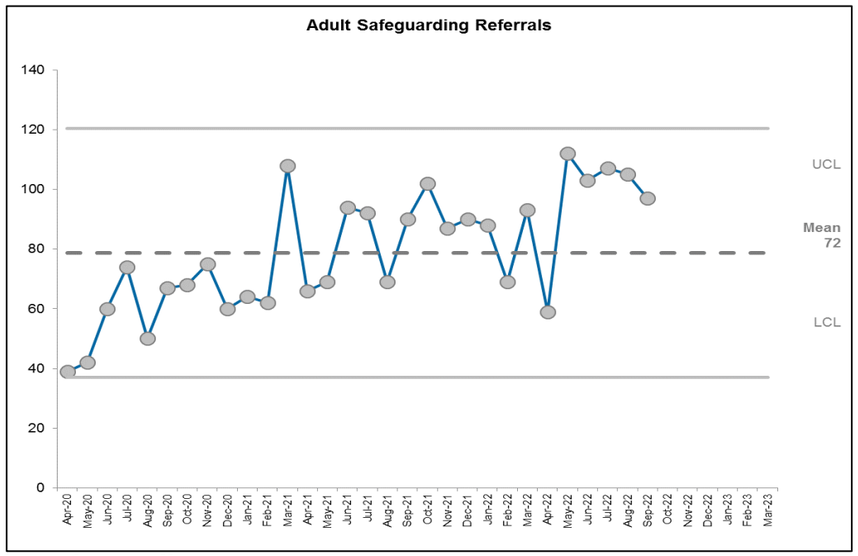
Safeguarding

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

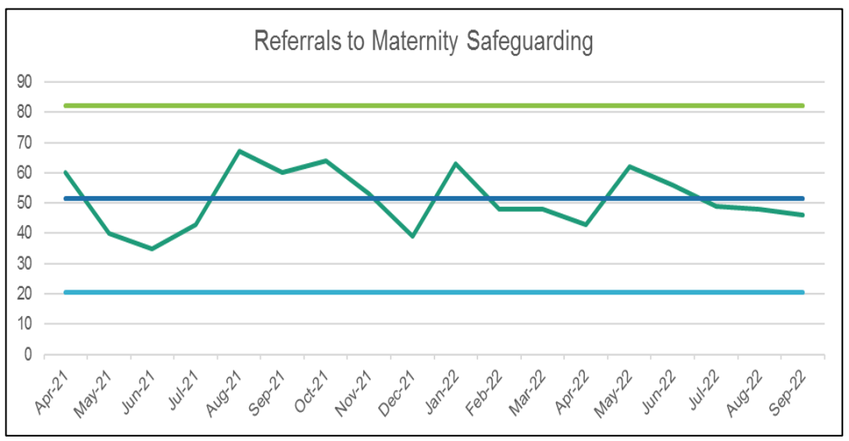
Adult Safeguarding

23% increase in referrals in Q2 22/23 compared to the same time period in 21/22. A total of 309 referrals were made to the Adult Safeguarding Team this quarter compared to 273 in Q1 (this figure does not include DOLs requests). 41% of the referrals received were safeguarding enquiries and of these 39% were forwarded to the relevant Local Authority for further investigation. The largest number of referrals relate to concerns of neglect or acts of omission (32%). 17% of referrals related to domestic abuse concerns which is comparable to Q1 22/23.



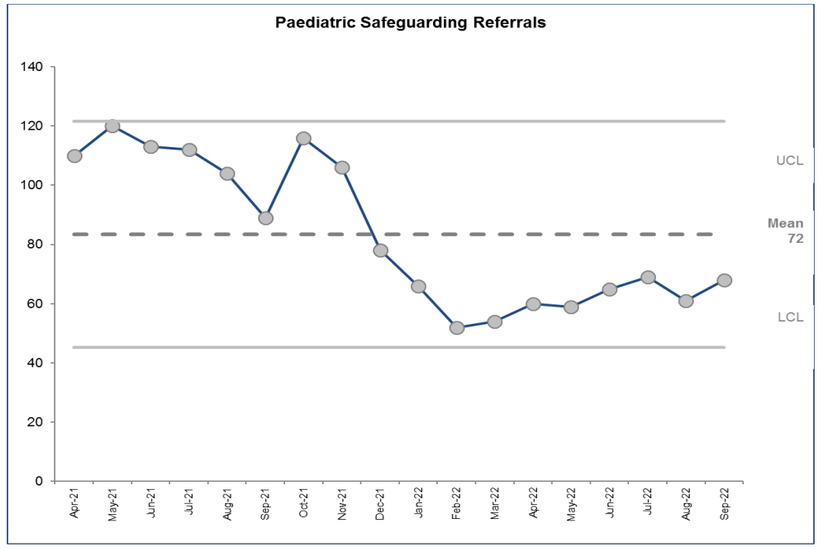
Maternity safeguarding

The number of referrals to the maternity safeguarding team has ranged between 46 and 52 referrals per month in Q2. The greatest reason for onward referral to children's services in Q2 is due to historical involvement with children's services. There was a reduction in the numbers of babies placed on Child Protection plans and Child in Need plans in Q2 suggesting a increase in threshold for intervention to support vulnerable families. 2 babies were removed from parental care in Q2.



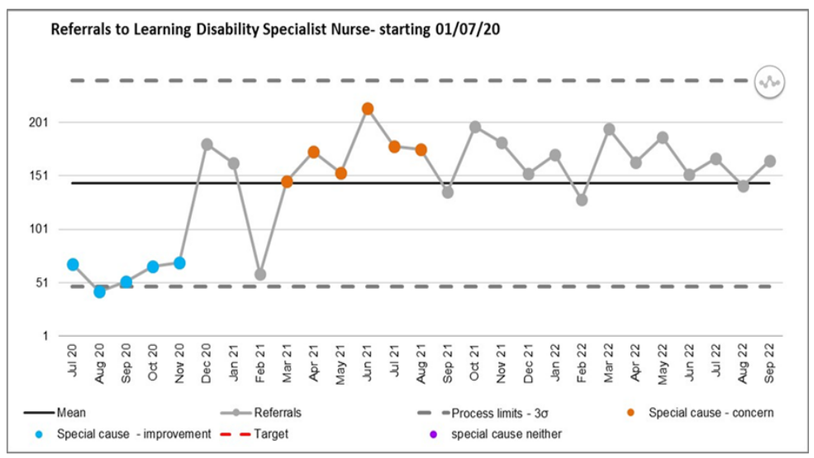
Children's Safeguarding

Referrals to the paediatric safeguarding team have continued to increase from the beginning of the financial year however when compared to Q2 21/22 there has been a 35% decrease in referrals in Q2 (22/23). Mental Health concerns continue to be the consistent theme dominating Children's social care referrals. During Q2, there has been an increase of 9.4% of patients who were not brought for their appointments compared to Q1.



Learning disabilities

The number of referrals to the learning disability specialist nurse has increased year on year. During Q2 there have been 474 referrals to the learning disability specialist nurse which is a 6% decrease from Q1 21/22 and a 4% decrease when comparing against Q2 2021. The learning disability nurse is working in close partnership with the Learning disability partnership and local services.



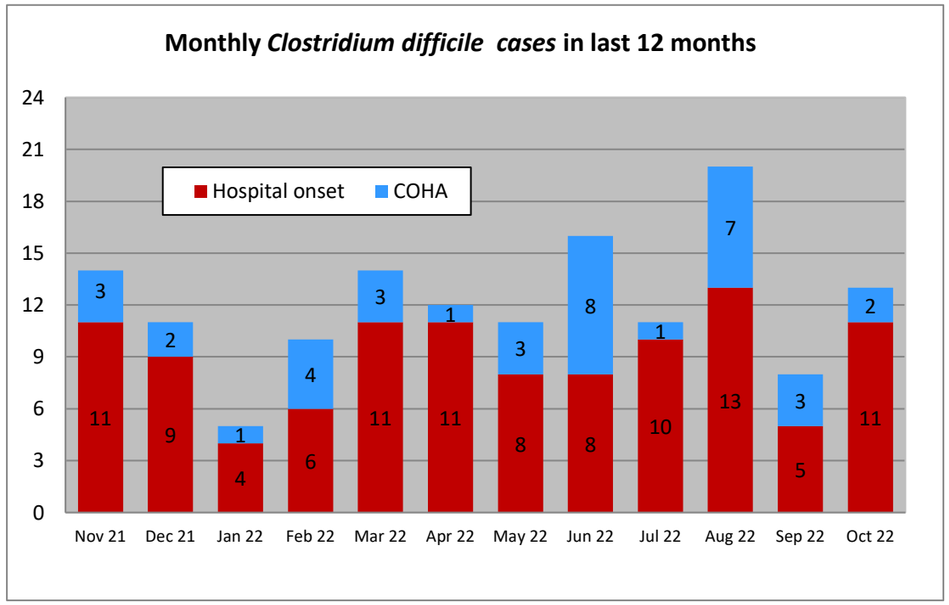
Author(s): Amanda Small

Owner(s): Lorraine Szeremeta

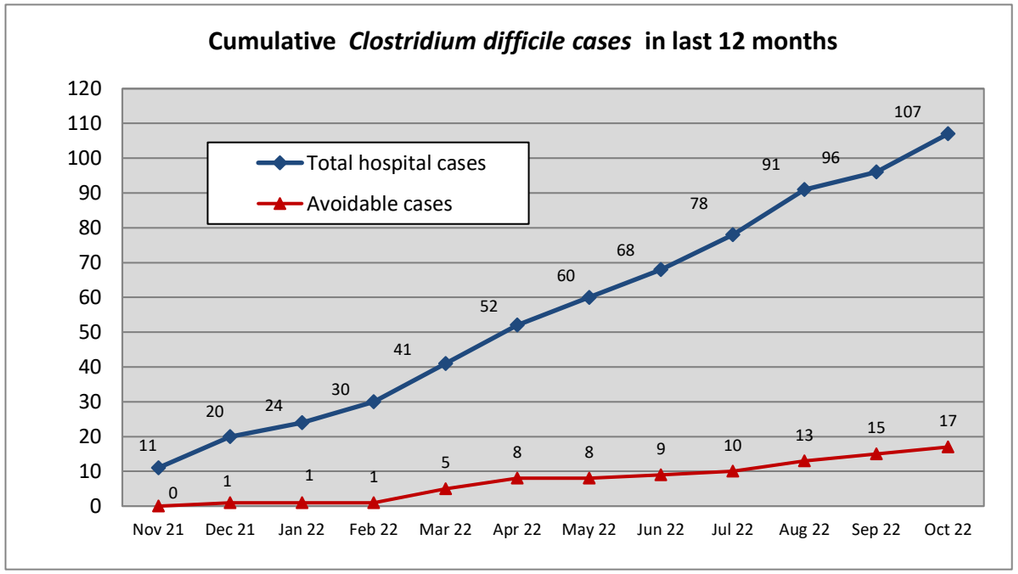
Together-Safe | Kind | Excellent

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 2022/23 is zero avoidable hospital acquired cases.

- 1 case of hospital onset MRSA bacteraemia in October 2022
- 3 cases (2 unavoidable & 1 avoidable) hospital onset MRSA bacteraemia year to date

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

- 11 cases of hospital onset *C difficile* and 2 cases of COHA in October 2022.
- 66 hospital onset cases and 25 COHA case year to date (75 cases unavoidable, 12 avoidable and 4 pending.)

MRSA and C difficile key performance indicators

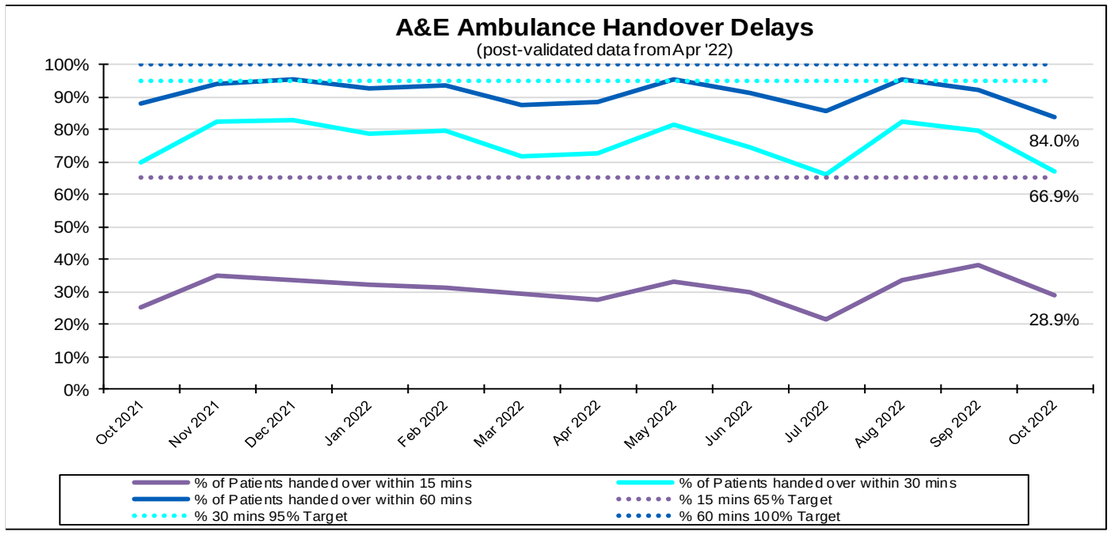
- Compliance with the MRSA care bundle (decolonisation) was 75.6% in October 2022 (89.4% in September 2022).
- The latest MRSA bacteraemia rate comparative data (12 months to September 2022) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.

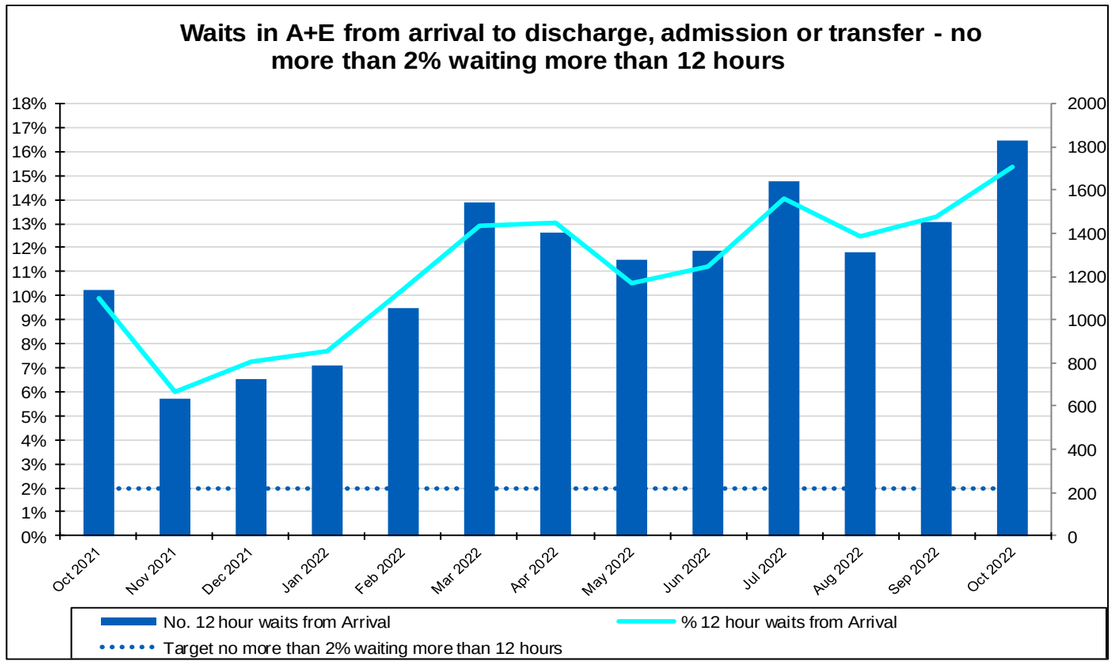
- Compliance with the *C. difficile* care bundle was 92.6% in October 2022 (90.5% in September 2022).
- The latest *C. difficile* rate comparative data (12 months to September 2022) put the Trust 9th out of 10 in the Shelford Group of teaching hospitals.

Amb. Handovers & 12 Hr Waits From

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
No. of Patients not handed over within 30 mins (Post-validation)	612	449	583	735	398	443	674
No. of Patients not handed over within 60 mins (Post-validation)	258	107	202	313	97	172	326

Demand:
- ED attendances in October were 11,909. This is 760 (6.8%) higher than October 2019, equivalent to an increase from 360 to 384 attendances per day.
- Paediatric attendances showed the greatest proportional rise, increasing by 24.9% (+509) from October 2019.
- 1,831 patients had an ED journey time in excess of 12 hours compared to 256 in October 2019. This represents 15.4% of all attendances.

Streaming: To mitigate the increase in demand the ED has a dedicated clinician based at the front door and the ambulance bay to identify patients suitable for streaming to alternative locations:
- 497 patients were streamed from ED to our Medical Assessment Unit (MAU) and a further 374 patients to our Surgical Assessment Unit.
- 3,748 patients were streamed to the Urgent Treatment Centre (UTC), of which 1,754 patients were seen by a GP or ECP.

Ambulance handovers: In October 2022 we saw 2,035 conveyances to CUH which was a decrease of 31.6%, (-938) compared to October 2019. Of these:
- 28.9% of handovers were clear within 15mins vs. 55.3% in October 2019
- 66.9% of handovers were clear within 30mins vs. 91.0% in October 2019
- 84.0% of handovers were clear within 60mins vs. 99.0% in October 2019.

Actions being undertaken by the Emergency Department:
During November UEC performance has improved significantly due to a focus on handover delays, patient waits and in-patient flow. In the November month to date (1st-21st November) 12hr waits reduced to 10.7% of arrivals and ambulance handovers within 60mins improved to 99.0% of conveyances. Initiatives driving this performance include the expansion of the MAU, the introduction of a new Frailty Unit and the '100-bed challenge' to improve outflow from the department. The UEC Programme Board led by the COO continues to coordinate these initiatives and further work will be carried out during December to maintain this improvement. It should be noted that national guidance is likely to recommend that all trusts develop a plan to deliver improvements against 4hr waits in ED. As part of the pilot of CRS (Clinical Review of Standards) metrics, CUH has been managing its performance to alternative metrics since May 2018. In view of the likely national direction, we are developing a plan to return to the 4hr standard with operational and clinical input

Author(s): Linda Clarke Owner(s): Nicola Ayton

Fit Testing compliance for substantive staff

Cambridge University Hospitals NHS Foundation Trust

Fit Testing compliance for substantive staff

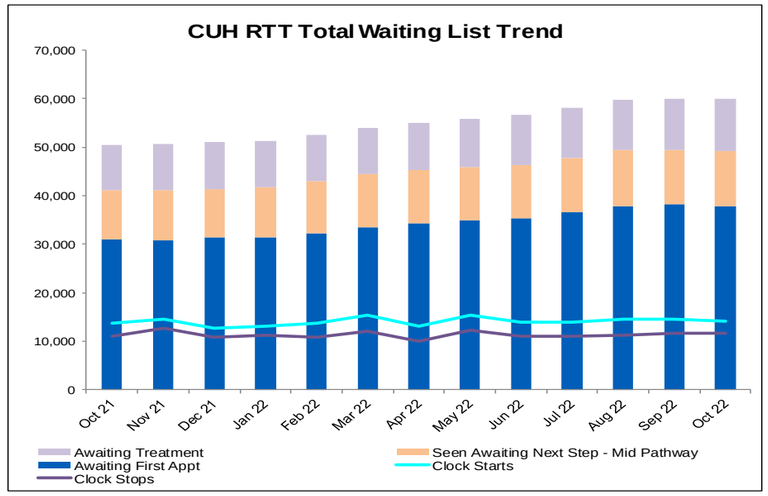
Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total 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
Add Prof Scientific and Technical (Pharmacists only)	6	5	83%	-	-	-	129	85	66%	1	1	100%	-	-	-	-	-	-	136	91	67%
Additional Clinical Services	8	7	88%	170	99	58%	59	35	59%	96	62	65%	70	39	56%	61	32	52%	464	274	59%
Allied Health Professionals	-	-	-	52	16	31%	115	54	47%	1	0	0%	-	-	-	1	1	100%	169	71	42%
Estates and Ancillary (Porters and Securuty Personnel only)	53	52	98%	2	1	50%	-	-	-	-	-	-	-	-	-	-	-	-	56	53	95%
Medical and Dental	-	-	-	87	45	52%	50	30	60%	146	94	64%	65	34	52%	80	52	65%	428	255	60%
Nursing and Midwifery Registered	-	-	-	497	317	64%	27	12	44%	220	141	64%	144	96	67%	259	166	64%	1147	732	64%
Total	**67**	**64**	**96%**	**808**	**478**	**59%**	**380**	**216**	**57%**	**464**	**298**	**64%**	**279**	**169**	**61%**	**401**	**251**	**63%**	2400	1476	62%

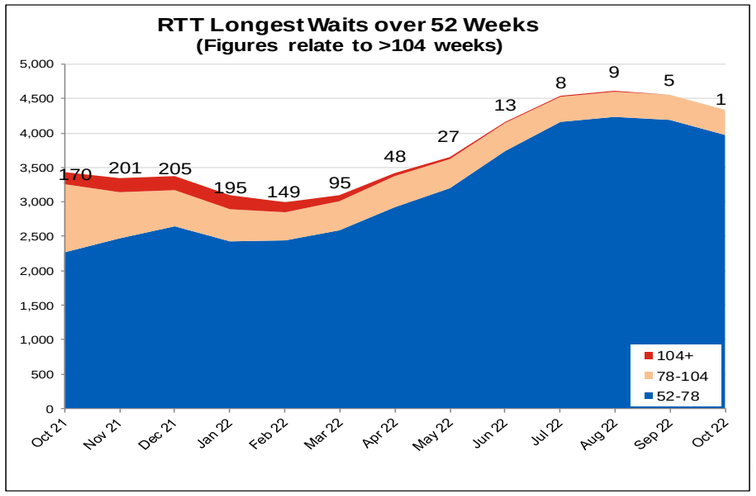
The data displayed is at 22/11/22. This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirest, student Nurses, AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place 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.

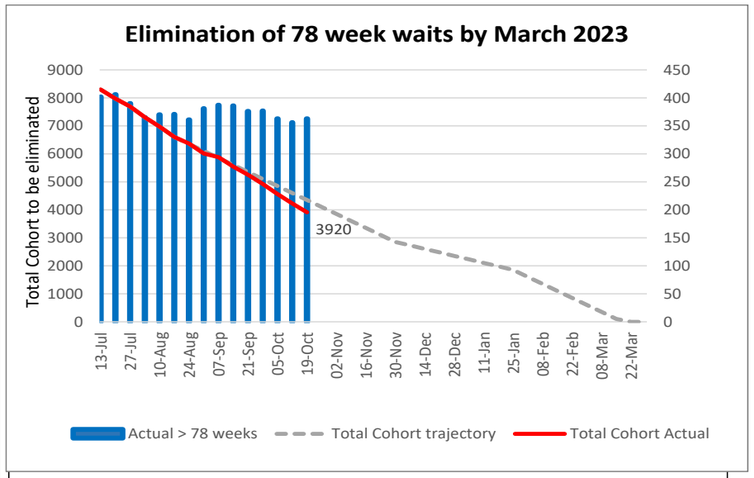
Referral To Treatment - (RTT)

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

In October the total waiting list size reduced for the first month since July 2020, a drop of just 30 to 59,930. Our Month 7 planning submission had forecast growth to 53,208 so we are now 12.6% higher than plan. Compared to pre-pandemic the waiting list has grown by 76%.

The number of patients joining the RTT waiting list (clock starts) were down by 2% on last month, but were 2.8% higher than October 2019. We had forecast continued referral growth of 2.3% above 2019 baseline and cumulatively year to date we are now 4% above planned levels. Clock starts (referrals) represented 24% of the total waiting list size in the month. Patients waiting to commence their first pathway step accounted for 63% of the total. The highest demand growth was seen in Colorectal, ENT, Urology and Allergy which were 45% of the total growth compared to the baseline month.

The number of RTT treatments (stops) delivered in October were equal to the prior month, and represented 93.6% compared to October 2019. Non-admitted stops were 95.6% of baseline, and admitted stops were 86.8% of baseline. Total treatments were 10% below our submitted plan for October, and are cumulatively 10% below plan year to date. Together with the contribution from validations, total removals are cumulatively 4.8% below plan. The clearance time for the RTT waiting list (how long it would take to clear if no further patients were added) remained stable at 21 weeks.
The 92nd percentile total waiting time reduced to 50 weeks.

The volume of patients waiting over 52 weeks reduced for the second month by 4.8% to 4,334. The last reported National figures show a 4% growth. 1219 patients in total were treated who had waited over a year which was 10.5% of treatments. The specialties with the highest volumes over 52 weeks remain OMFS, ENT, Cardiology and Rheumatology and all reduced in October. Only Ophthalmology had a material increase in waits over 52 weeks of 46 in month.

The volume of patients waiting over 78 weeks was stable at the end of October at 362. Divisions are working with a step down plan to reduce maximum waits by 2 weeks per month through to year end. The current rate of reduction of the total cohort is now 598 ahead of trajectory to deliver the requirement to eliminate 78 week waits by April 2023. We are also tracking twelve individual specialty trajectories for our Tier 2 recovery monitoring meeting. Mutual Aid support via the Regional and National process had been requested for Thyroid surgery within ENT which resulted in approval for enhanced Independent Sector capacity which is now being sought. Mutual aid within the ICS for Cardiology is still vital but not yet resulting in the offer of capacity required.

Waits over 104 weeks reduced to one at the end of October as forecast. Six EoE Trusts reported higher >104 weeks in October. We currently expect two patient choice breaches for November in ENT.

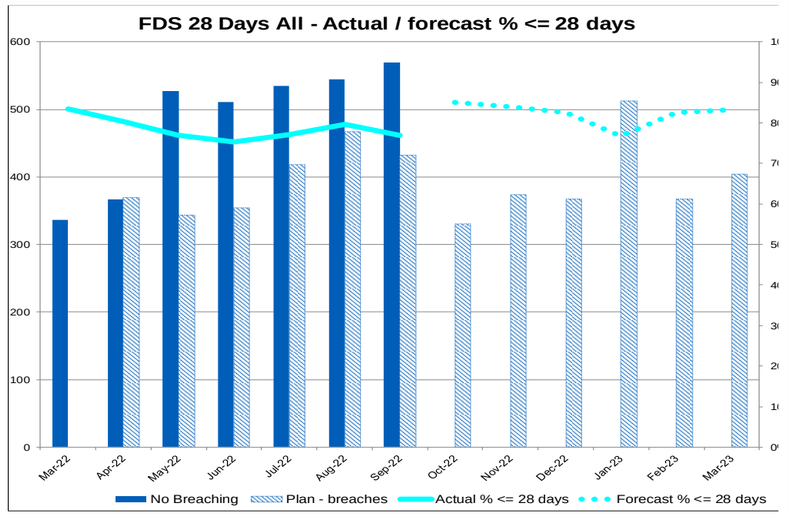
Nationally the RTT waiting list continues to rise, reaching 7.07 million in September 2022 with 5.7% of patients waiting over 52 weeks. CUH had 7.6% over 52 weeks which was 3rd highest of the 14 Acute Trusts in EoE. At 13.5% over 52 weeks, Norfolk and Norwich remains the greatest challenge in the Region followed by E&N Herts at 8.1%. We remain third highest amongst the Shelford Group with Birmingham the most challenged

Cancer

Cambridge University Hospitals NHS Foundation Trust

National Targets

Cancer Standards 22/23	Target	Qtr 1 - 21/22	Qtr 2 - 21/22	Qtr 3 - 21/22	Qtr 4 - 21/22	Qtr 1 - 22/23	Jul-22	Aug-22	Sep-22	Qtr 2 - 22/23
2Wk Wait (93%)	93%	93.0%	94.9%	81.8%	78.9%	83.3%	75.4%	78.9%	70.8%	75.2%
2wk Wait SBR (93%)	93%	84.4%	92.4%	43.9%	35.5%	55.1%	66.7%	31.0%	8.5%	32.1%
31 Day FDT (96%)	96%	92.9%	91.7%	91.0%	94.3%	91.0%	91.4%	89.6%	88.4%	89.9%
31 Day Subs (Anti Cancer) (98%)	98%	98.8%	99.7%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	99.7%
31 Day Subs (Radiotherapy) (94%)	94%	94.9%	99.1%	98.3%	93.7%	85.1%	95.0%	89.3%	80.3%	88.2%
31 Day Subs (Surgery) (94%)	94%	87.5%	85.1%	83.0%	89.0%	82.9%	68.8%	73.1%	66.2%	69.7%
31 Day - Combined	**96%**				**94.2%**	**89.3%**	**91.7%**	**88.7%**	**85.6%**	**88.7%**
FDS 2WW (75%)	75%	83.8%	81.1%	85.3%	81.3%	78.0%	78.3%	80.3%	77.9%	78.9%
FDS Breast (75%)	75%	99.5%	97.6%	98.0%	94.6%	96.6%	97.7%	98.2%	83.1%	92.4%
FDS Screen (75%)	75%	65.8%	72.9%	65.7%	64.5%	64.6%	58.5%	67.3%	63.7%	63.4%
FDS - Combined	**75%**				**80.6%**	**77.4%**	**77.1%**	**79.7%**	**77.0%**	**78.0%**
62 Day from Urgent Referral with reallocations (85%)	85%	**75.4%**	**75.1%**	**73.2%**	**73.0%**	**73.2%**	**71.5%**	**72.0%**	**67.0%**	**70.3%**
62 Day from Screening Referral with reallocations (90%)	90%	**68.6%**	**55.0%**	**68.9%**	**61.4%**	**53.8%**	**55.6%**	**52.3%**	**62.5%**	**55.9%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	65.8%	60.0%	51.2%	74.2%	62.9%	50.0%	100.0%	66.7%	68.2%
62 Day Reallocations - Combined	85%				**67.7%**	**70.7%**	**68.5%**	**68.9%**	**66.5%**	**68.0%**



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

The volume of 2ww patients seen in September 2022 was 3.2% higher than in September 2019, the baseline year. 2ww breaches increased to 617 in September leading to performance of 70.8%. 76% were capacity related. Breast 2ww remain the site with the majority of breaches at 52% , with Skin breach volumes at 29%. The breaches that were due to capacity reflected an increased average wait of 21 days for Breast but much longer at 30 days for Skin. The National 2WW performance was higher at 72.5%. For symptomatic breast referrals our performance was well below National at 8.47% compared to 67.7%, with the service clinically prioritising the suspected cancer referrals.

Our combined performance on the Faster Diagnosis standard within 28 days remains ahead of target at 77.0%. National average is 69.5% for FDS.

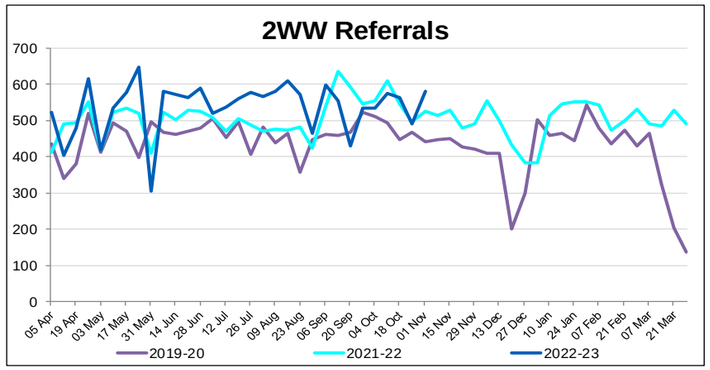
The 62 day Urgent standard performance declined in September to 67.0%. This remained ahead of performance Nationally of 60.49%. There were 55.5 accountable breaches of which 39 were CUH only pathways. Of the total breaches 26.5 of these delays were provider initiated delays, within which 10 were in the diagnostic phase . 17 were due to late referrals of which 8 were treated within 24 days of transfer. Complex pathways requiring multiple diagnostic tests were high this month with 12 breaches. Breaches spanned 10 cancer sites, with the highest volumes by site being Urology with 14.5, then breast with 8.5, and Skin and Gynaecology all with 6.5. The 62 day screening standard incurred 9.5 breaches this month, between Breast and Lower GI. Performance was 56.8% compared to higher National performance at 68.5%. 31% were due to CUH related delays/capacity with 26.3% with patient related delays predominantly in Breast.
The 31 day FDT standard deteriorated in September to 88.4%, and remained below National at 91.0%. The subsequent surgery standard deteriorated to 66.2% against National of 80.6%. Elective capacity accounted for 83% of those exceeding 31 days, and Urology capacity specifically accounted for 26% of the breaches. The subsequent radiotherapy performance remained below standard in September to 80.3% due to capacity. The CT replacement coupled with workforce gaps leads to a reliance on additional hours which were not sufficient to recover from the delays experienced in the peak holiday month.
34 pathways waited >104 days for treatment in September. 27 were shared pathways with the highest volume from a single Trust being NWAFT with twelve. Seven CUH pathways exceeded 104 days across Breast, LGI and Urology. Capacity delays and Complex diagnostic delays were the reasons. The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust and to date harm has been classified as 'moderate' on two pathways which will be reviewed at the trust harm review panel, all other pathways were classed as 'no harm' or 'low harm' with one review outstanding.

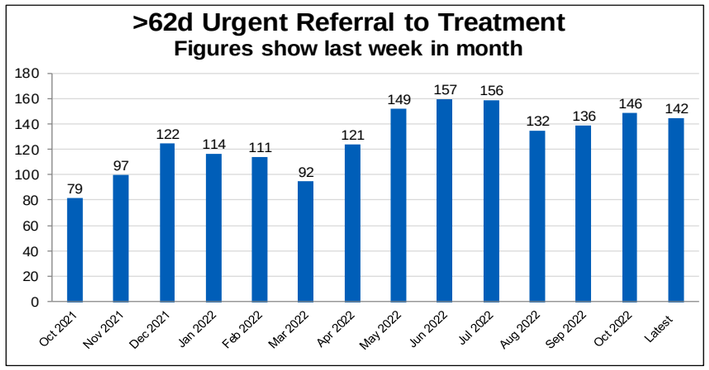
Author(s): Linda Clarke
Owner(s): Nicola Ayton

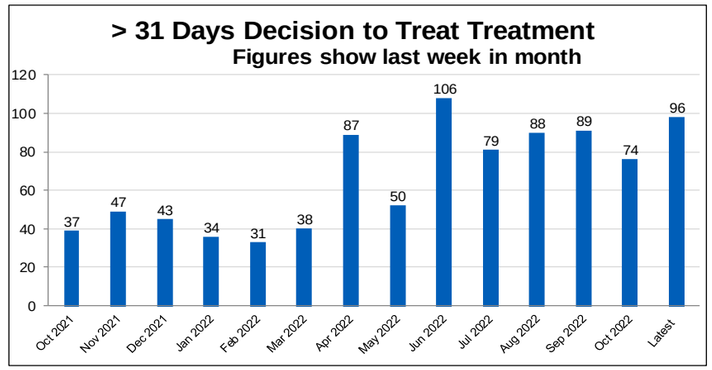
Cancer

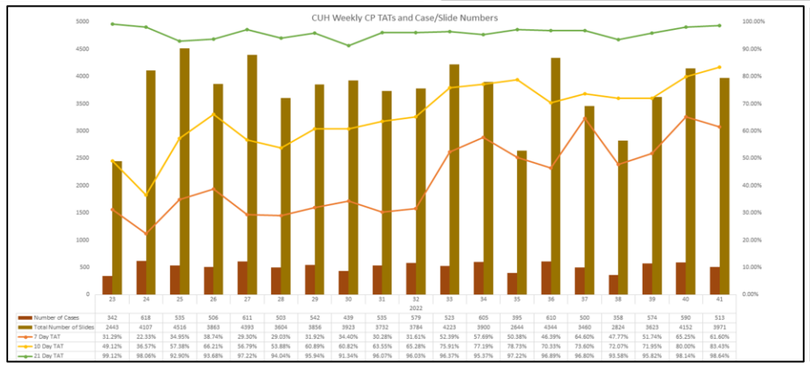
Cambridge University Hospitals NHS Foundation Trust

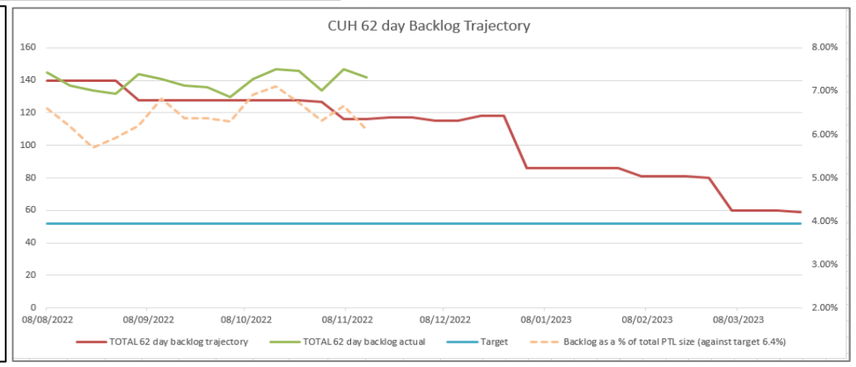
National Targets











Current position

Over the past four weeks 2WW suspected cancer referral demand reduced to 103.2% compared to the same baseline period in 2019. 2ww breaches are expected to remain high in October and November with a gradual reduction in breaches from November. Average waits for those exceeding 2 weeks have reached 25 days for Breast and 33 days for Skin. The last remaining post to recruit for the Breast service expansion commenced on 15th November and this has facilitated an increase in capacity of 69 slots per week. This should support recovery back to 14 days by the end of the calendar year. Prior to this final role commencing, we have offered mutual aid to NWAFT Breast service for three weeks by providing diagnostic ultrasound capacity as they have a significant shortfall in this capacity in their Breast pathway. NWAFT now are in Tier 1 for National oversight of their cancer recovery. This mutual aid has now ceased as all patients have received their ultrasounds. CUH and NWAFT have an agreed breast 2WW recovery plan which will see improved performance from January 2023.

We are monitoring the number of patients waiting longer than 62 days from referral to treatment against our recovery trajectory submitted to the Cancer Alliance. The backlog > 62 days has decreased to 142 but is 26 behind trajectory. Representing 6.1% of the total cancer waiting list over 62 days, this is still the best performing in the EoE Region. The highest variances from plan are in Skin and Urology. We are closely monitoring the actions in Skin through the Operational Taskforce and Divisional Executive meetings given this pathway is entirely within CUH control. 56% of the 62 day backlog are CUH only pathways, of which Skin are 36%, Head & Neck 15%, Urology has reduced to 11%. Of the Inter Trust backlog, 58% is Urology, 80% of their total.
We have seen a deterioration in the histology 7 day turn around times down to 32% at its lowest in the last 4 weeks, the position has improved slightly to 39%.

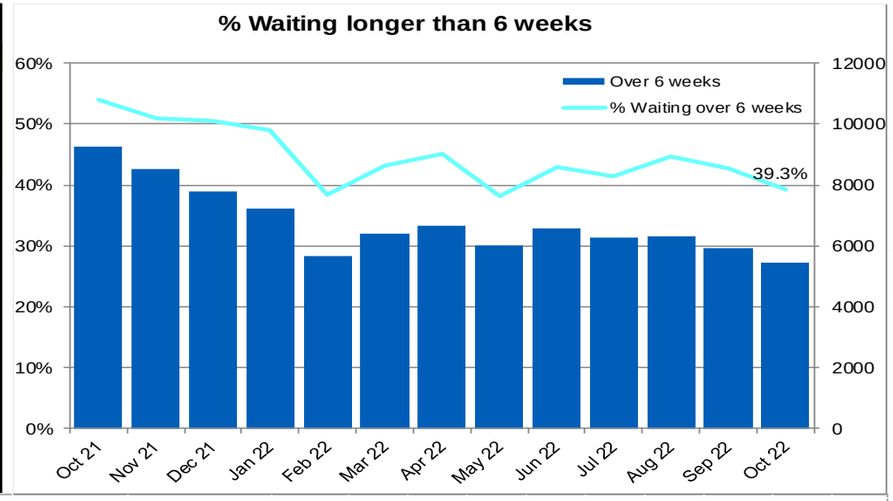
The number of patients waiting over 31 days for treatment has increased to 96 from 70 last month. 73% are booked for treatment. Skin account for 39% of the delays across both Dermatology and Plastics. Urology account for 20% with an equal split across prostate and kidney, all due to surgical capacity. Breast have reduced to 11% from 26% of the delays which are due to surgical capacity. Medical workforce gaps in Urology are impacting on the service with the position deteriorating from last month, locum resource is being sought. HPB continue with delays to surgery but this is on an improving trend. Both services have been asked to consider seeking mutual aid if we do not think we can resolve the current backlog levels for surgery.

Diagnostics

Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Change from previous month:		Oct-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 Oct-19 Baseline	Total Activity	Variance from Oct-19 Baseline
Imaging	Magnetic Resonance Imaging	2943	1962	50%	41.5%	8	2877	132.9%	3304	130.8%
	Computed Tomography	1886	1038	82%	42.8%	8	3035	120.5%	6209	125.9%
	Non-obstetric ultrasound	3842	1876	105%	43.5%	7	3210	102.9%	3895	101.5%
	Barium Enema	37	31	19%	18.9%	4	34	84.6%	36	89.6%
	DEXA Scan	598	648	-8%	12.5%	4	598	111.2%	599	109.2%
Physiological Measurement	Audiology	624	338	85%	39.6%	6	419	90.0%	419	90.0%
	Echocardiography	2004	967	107%	58.0%	12	1381	115.0%	1800	121.6%
	Neurophysiology	138	269	-49%	2.9%	2	235	73.3%	245	73.1%
	Respiratory physiology	71	24	196%	64.8%	10	26	123.8%	26	118.7%
	Urodynamics	269	93	189%	63.9%	11	21	40.4%	21	40.4%
Endoscopy	Colonoscopy	542	539	1%	0.0%	2	464	128.0%	473	124.2%
	Flexi sigmoidoscopy	116	106	9%	0.9%	2	78	115.4%	98	95.8%
	Cystoscopy	187	236	-21%	3.2%	3	359	96.4%	370	96.9%
	Gastroscopy	570	581	-2%	2.5%	3	570	101.0%	627	99.2%
Total Diagnostic Waiting List		**13827**	**8708**	**59%**	**39.3%**	**7**	**13307**	**112.7%**	**18122**	**115.2%**



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. Recovery of 6ww performance is required to be <5% by March 2025. Five diagnostic modalities are achieving <5% in October.

Total diagnostic activity in October delivered to 115% of October 2019 baseline. Scheduled activity only, which addresses our waiting list, delivered 113% this month. The total waiting list size reduced by 54 to 13,827, and the volume of patients waiting over 6 weeks decreased by 501 this month so the > 6 weeks performance improved to 39.3%. The Mean waiting time was stable at 7 weeks. Nationally published data for September 2022 shows National performance of 29.8%. From a Regional perspective of the 14 Acute Trusts in EoE, CUH were ranked 11/14 with Kings Lynn, E&N Herts and now NWAFT having a slower recovery rate.

Imaging activity overall achieved above baseline levels for total activity and scheduled activity at 118% and 116% respectively. The waiting list increased by 2, with increases in Ultrasound and Dexa detracting from the improvement in CT and MRI

- **CT** reduced their long waits over 6 weeks by106 in month leading to a 2.3% improvement in performance. The total waiting list, whilst still improving remains ~850 above baseline. CUH will have access to the CT mobile based at NWAFT for 3 weeks in December and then the ICS needs to make decisions about how this capacity is funded and transitions into the CDC. Cardiac CT represents nearly 50% of the CT volume over 6 weeks. The System is looking to get a specialist cardiac CT to support this backlog clearance but it would require relinquishing space from another mobile pad site. Positively the service has offered six posts from recent interviews which will support capacity towards the end of the financial year. CUH CT is ranked 13/14 for recovery of 6ww performance in the Region with only East & North Herts further behind.
- **MRI** reduced the longest waits > 6 weeks by 182 leading to a 5% improvement in performance. The service is still nearly 1000 above baseline but is tracking well against trajectory to recover at the end of January. Underachievement of activity in the mobile scanner based at NWAFT continues and the extension of this contract is under negotiation within the ICS. Additional capacity will still be required to mitigate the next MRI replacement in Feb 2023. CUH MRI % recovery remains 12/14 in the Region after E&N Herts and Kings Lynn.
- **Dexa** have recovered their total waiting list to baseline levels, but had 75 patients > 6 weeks so their long wait performance deteriorated to 12.5% in month.
- **Ultrasound** total waiting list grew in October but the volume over 6 weeks reduced by 217 giving a 7.9% improvement in performance. 80-100 Direct Access referrals per week are still coming to CUH which are suitable for the community provider and community capacity remains underutilised. An agency Sonographer in place to help due to high sickness and vacancies within the department. Ultrasound recovery is particularly challenging in our ICS with CUH then NWAFT now being the slowest to recover in the Region.

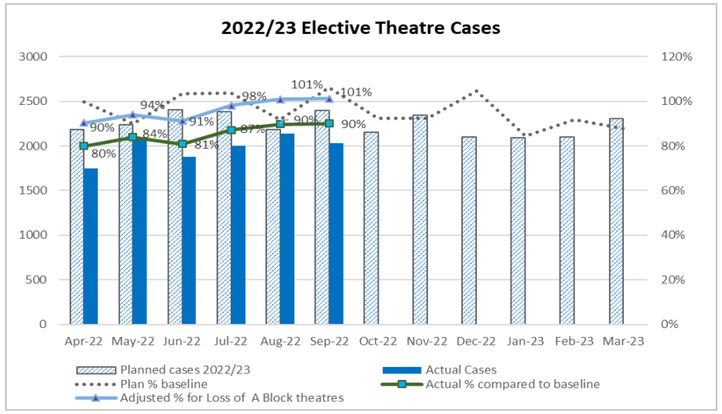
Physiological measurement saw a waiting list reduction of 35 in October within which Echocardiography increased by 49. Activity across the group was 106% of baseline. Following the slippage in activity in Echocardiography due to equipment faults in August and September, funding has been agreed for additional actions to achieve recovery in April 2023. These actions for further outsourcing and extending current insourcing arrangements still need to be finalised and operationalised. Recruitment is underway to the new posts in the workforce plan but there is risk due to difficulties with R&R in this staff group. Phase 1 posts are now in offer stage and phase 2 posts recruitment begins in November. We are now ranked 9/14 for recovery across the EoE with James Paget and Bedford still having over 70% of patient waiting over 6 weeks.

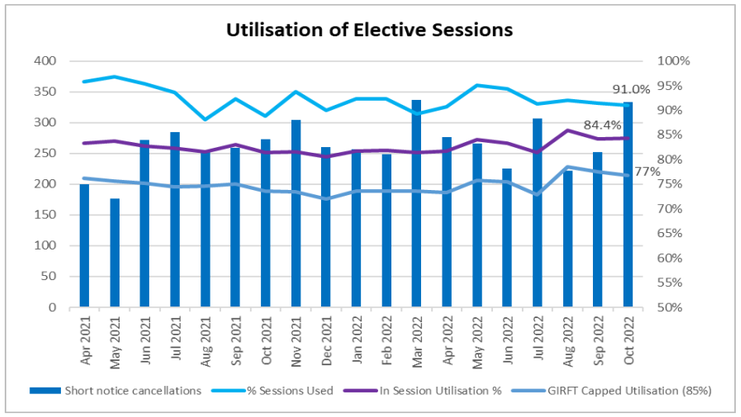
All **Endoscopy** modalities achieved < 5% over 6 weeks in October.

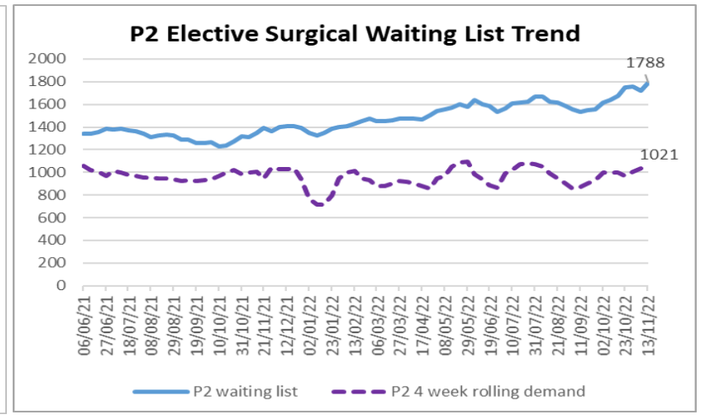
Operations

Cambridge University Hospitals NHS Foundation Trust

Operational Performance







Compared to 2019 baseline, Elective theatre activity in October reduced to 84%. Taking account of the loss of the A Block theatres from our capacity, this would bring the performance up to 95 %. Our plan for October 2022 was to deliver 92% of baseline so we fell short by 193 operations.

- Productivity in October was 91% of sessions used against our aim of 95%. 37/98 unused sessions were during the half term week and across the month 60% of those not used were due to Surgeon leave. 37% of those unused were in Ely and 25% were in Ophthalmology. The Surgical Programme Board has therefore debated leave allocation rules and how they are being overseen in Specialties. The ability of teams to cross cover leave may also be being impacted by appetite to undertake additional sessions compared to the baseline year.
- In-session utilisation dropped to 84.4% against our internal aim of 90%. Against the GIRFT Capped Utilisation metric our performance was again 77% in October against the required 85%. For the Main and ATC theatres, the use of DSU as inpatient contingency brings inherent delays in starts. Staffing is being regularly reviewed and configured to cope with both demands.
- Short notice cancellations in elective sessions increased In October to 333 cases. This equated to 580 hours of theatre time. 19% of cancellations were for clinical reasons. 13% were due to staff unavailability and 12% due to bed capacity. A further 11% were due to boiler failure and anaesthetic machine failure at Ely DSU.
- Ely in-session utilisation dropped to the lowest this year at 80.5%, and very low on the GIRFT Capped Utilisation measure at 63%.
- On the background of very low session uptake (70%), the Cambridge Eye Unit did show an improvement in in-session utilisation to 78.2%. Capped utilisation still down at 66%. This is a focus of Surgery Programme Board and Division D to demonstrate improvement. If we cannot demonstrate the facility can be used more effectively by Ophthalmology, other specialties will be considered.
- The weekend elective activity shows only nine cases undertaken by ENT and Urology.

The number of P2 patients awaiting surgery has increased by a further 6% from last month to 1,788. The highest increase has been in Paediatric Surgery and 2/3rds of the increase are re-stratified cases in the past month. The four week rolling demand is up by 2.3%. The volume waiting over 4 weeks has increased by 13 over the past month to 945.

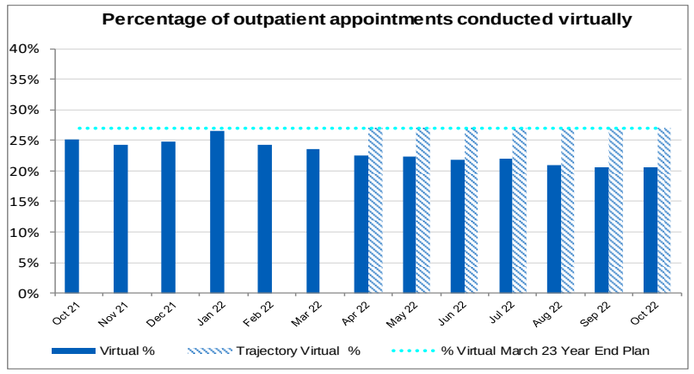
The Surgery Programme Board meets fortnightly with clinical engagement from across the HVLC specialties and monitors improvements against the GIRFT recommendations.

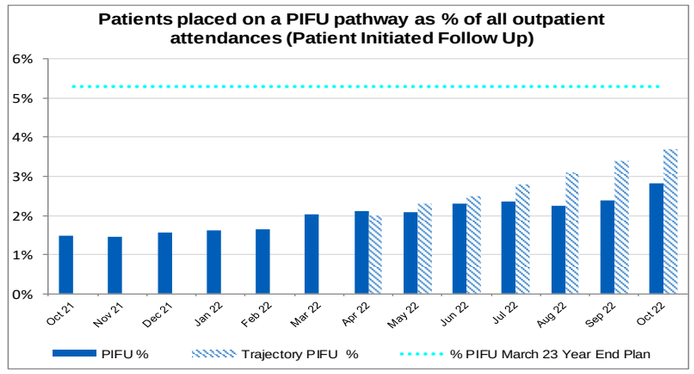
- A further GIRFT HVLC visit to our ICS is planned for the 1st December with Professor Tim Briggs, National Clinical Director for Elective Recovery in attendance.
- GIRFT will be particularly interested to hear our progress with Orthopaedic GIRFT metrics where we benchmark poorly. Professor Andrew McCaskie is leading the work at CUH, and new clinical pathways are being established extracting the learning from multi professional site visits to Exeter and Northumbria. Nine HVLC joint replacement lists have been undertaken and average length of stay has reduced to 3.1 days. Across the ICS we are also working jointly with NWAFT on a uni-compartmental day case pathway.
- The Trust day case rate has steadily increased and we have identified in our local data that in reality we are delivering the aim for 85% of BADS procedures as a 0 LOS. Specific improvement is still being focused on Lap Choles, Adult tonsillectomy and Ureteroscopy where we benchmark less well.
- A review has been undertaken with Infection Control on the requirements for MRSA screening pre-operatively which was a barrier to implementing telephone pre-assessment. New criteria will support ability to grow POA capacity which is under pressure due to vacancies. We are also exploring digital opportunities.
- Right Procedure Right Place is a GIRFT initiative to support theatres being released where activity could be undertaken in an alternative setting. We already have pre-existing outpatient procedures pathways in

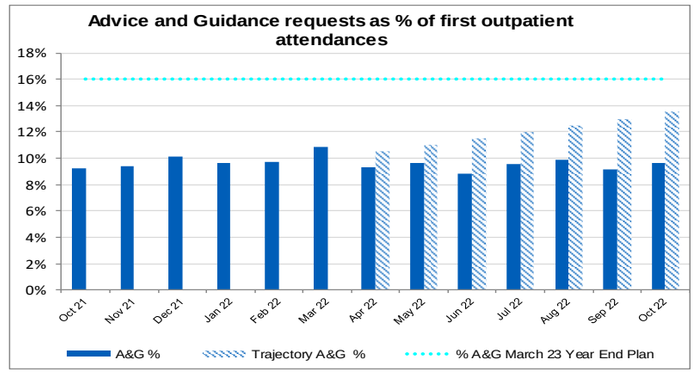
Outpatients

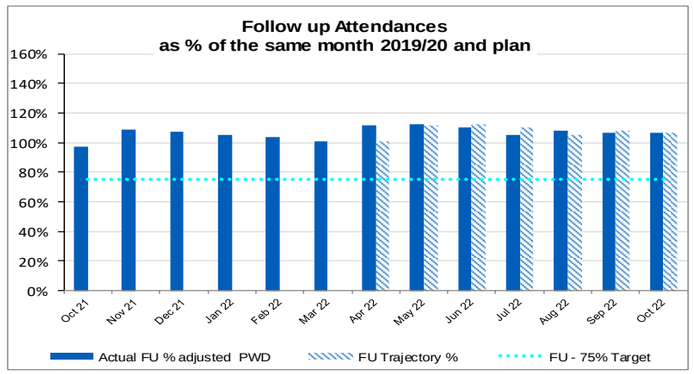
NHS Cambridge University Hospitals NHS Foundation Trust

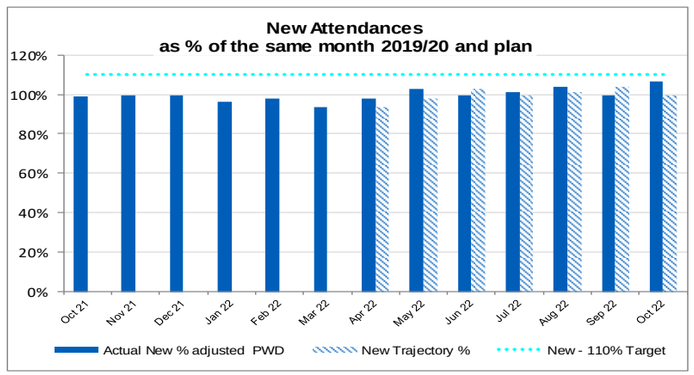
Operational Performance











In October outpatients delivered 106.6% new activity against baseline which has been adjusted for working days per month. This is up on previous months and is the closest we have come to our 110% target. It is essential we continue to perform above 100% to reduce backlogs. Follow-up numbers performed above baseline at 107%, this figure is also adjusted for working days per month. Divisions continue to work on how to further balance existing capacity by doing fewer follow ups and more new appointments. Change ideas being tested to achieve this include 'patient not present' reviews, e.g. within Rheumatology; pathway redesign to reduce follow ups e.g. Endometriosis; and analysis of different types of follow ups, e.g. in Oncology, to determine which follow ups require procedures/treatment and where true opportunity lies for reduction.

PIFU numbers have increased slightly to 2.8%. Although this is a significant increase on last month this is still below trajectory. Divisions are encouraged to use monthly data provided by Improvement and Transformation to review PIFU usage at specialty and consultant level, and target action accordingly. A new NHSE data opportunity tool enables specialties to compare their PIFU rates with those in other Trusts. Several specialties are focusing on increasing PIFUs as part of pathway redesign. Gynaecology are now moving the majority of DNA patients onto a PIFU.

The Trust is not achieving the 16% target for Advice and Guidance, in October achieving only 9%. Currently in our external reporting for outpatient attendances Diagnostic Imaging activity is included. As this is recorded as new activity it adversely affects the reported A&G% performance pushing our numbers down. When removed our number is much closer to 16%. We are continuing to work with the ICS and national teams on how to resolve this issue in a consistent way.

Virtual consultations continue to fall which is disappointing considering how well we performed last year. Again we are looking at ways to improve this by approaching services with low use of virtual clinics to see which parts of their patient cohort are appropriate to be seen virtually.
The new National GIRFT Guidance on Outpatients which is a really helpful resource, with many more resource links within it to even more detailed specialty level support.

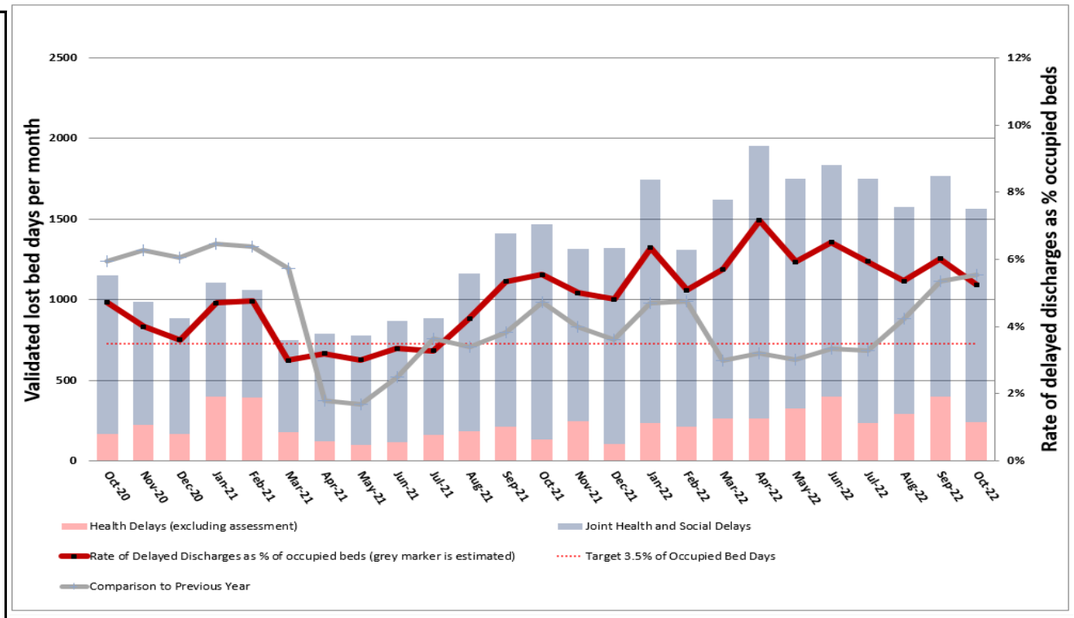
Author(s): Andi Thornton

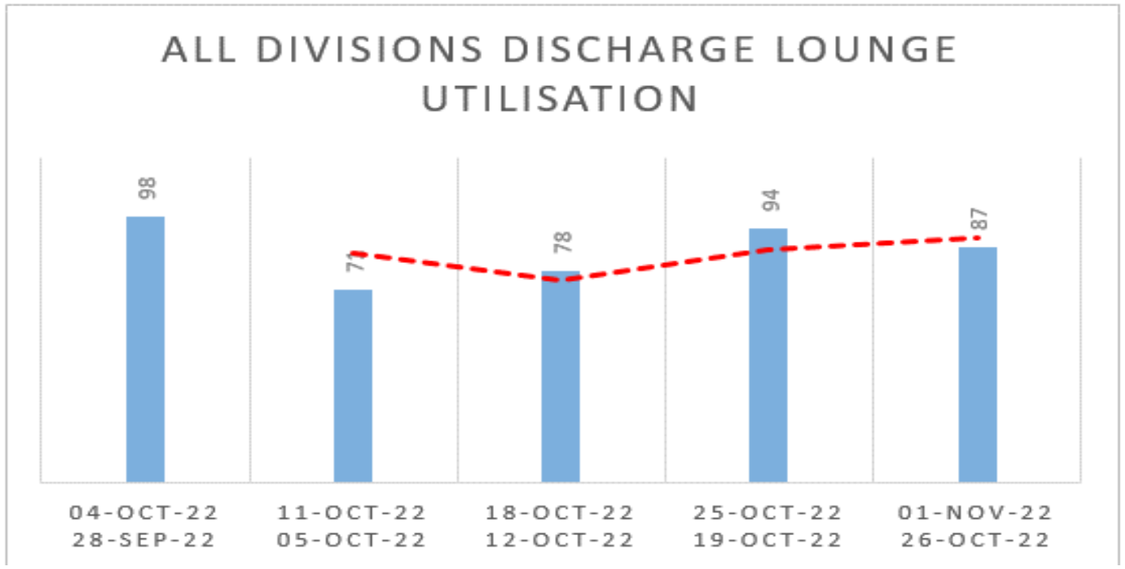
Owner(s): Nicola Ayton

Delayed Discharges

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





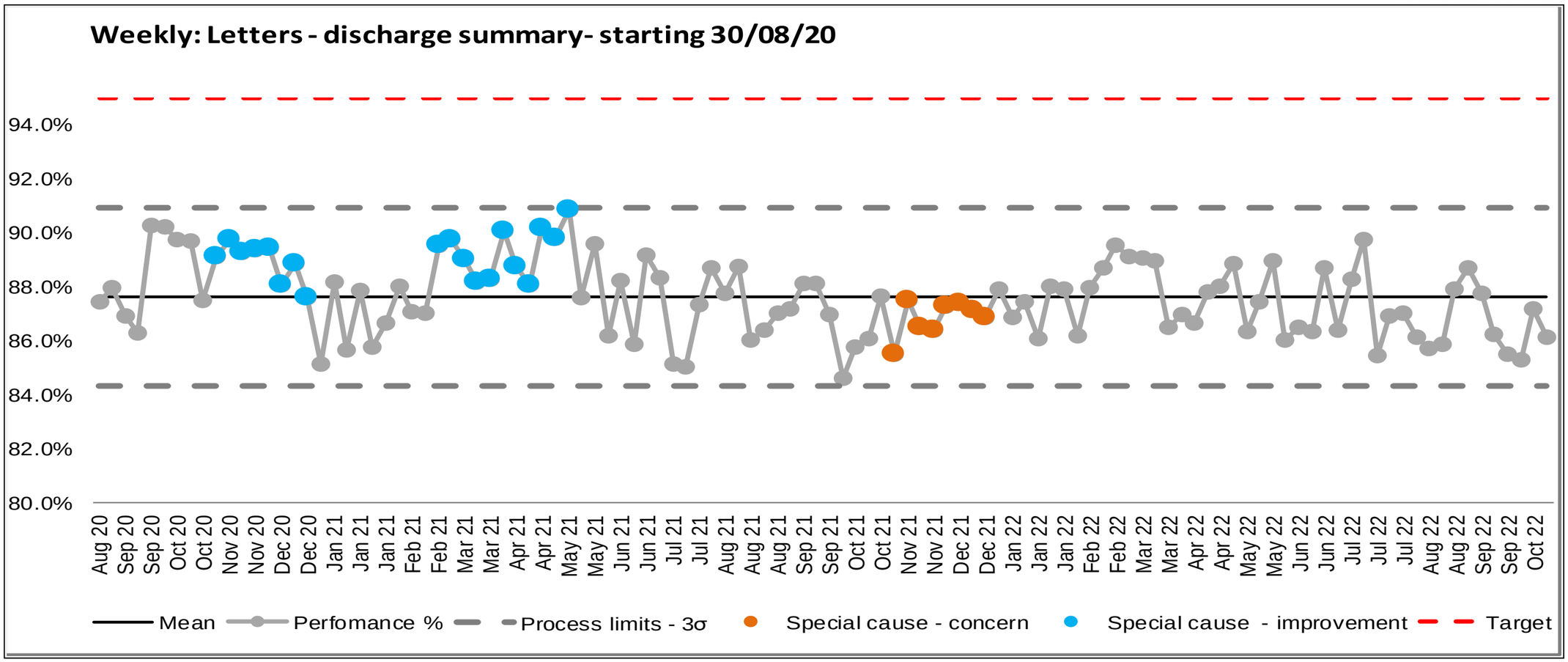
The Hospital Discharge Service Requirements guidance was last updated on September 2022. For this October data, you will see above 2 graphs.
The graph on the left looks at the overall lost bed days for the month, spanning back over the previous 12 months (similar to the previous integrated performance reports). The graph on the right looks at average number of complex and simple discharges per day, with average weekend discharges (% from week day discharges) and average discharges before noon (for the month).
For October 2022, we are reporting 5.5%, which is a decrease of 0.5% from the previous reporting month (a decrease of 200 lost bed days).
Within the 5.5%, 60% were attributable to Cambridgeshire and Peterborough ICB, and the remainder across a further 8 ICB's. *Please note that we have referred to delays per CCG instead of Local Authority.*
In relation to lost bed days for Cambridgeshire and Peterborough overall for October (936) this has been a decrease in overall lost bed days from September (1074) which equates to a 12% decrease in the last month.
For out of county patients, we continue to see a sustained elevated number of ICBs that our patients are from and waiting care provision with the overall lost bed days associated for out of area ICBs at 629. There has not been any significant changes over the last month
For the total delays (local and 'out of area') within August for Care Homes were 47% equating to 734 lost bed days for this counting period (a 12% decrease from September); domiciliary care (inclusive of Pathway 1 and Pathway 3) at 31% of the total lost bed days for the month, at 495, a 12.5% increase from September.
For community bedded intermediate care (inclusive of waits for national specialist rehabilitation units), the overall lost bed days is currently at 213, of which 58% are out of county. Locally, this number is largely reflective of the specialist rehabilitation unit delays with minimal lost bed days associated with community hospital rehabilitation

The national hospital discharge funding ceased in March 2022 and there has been a noticeable increase in delays for patients awaiting care provision post discharge, and an increase in lost bed days associated with patients self-funding their care post discharge. Potential solutions are currently being explored ahead of Winter to support patients and/or relatives with sourcing their own care.

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 - Oct 22	Month	-	95.2%	95.8%		-	-	For October there was no significant change in the Good Score, or in the Poor score., the Good score remained about the same as September score of 95.6%. The Poor score in September was 2% and is 2.4% for October. The number of October FFT responses was 120 less than September and is the lowest number of FFT collected for the year. Pre pandemic # of FFT responses is 850-950. **FOR OCT: there were 289 FFT responses collected from approx. 4,294 patients.**
FFT Inpatient poor experience score	Jul 20 - Oct 22	Month	-	2.4%	1.5%		-	-	
FFT Outpatients good experience score	Apr 20 - Oct 22	Month	-	93.3%	95.2%	L	SP	-	For October, both the Good score and Poor score remained the same compared to September. The Poor score is still 3.3% and is the highest score since last year. There were 11 FFT responses collected from paediatric clinics so the FFT scores mainly reflect adult clinics. **FOR OCT: there were 5,424 FFT responses collected from approx. 23,451 patients.**
FFT Outpatients poor experience score	Apr 20 - Oct 22	Month	-	3.3%	2.3%	H	SP	-	
FFT Day Case good experience score	Apr 20 - Oct 22	Month	-	94.7%	96.6%	L	SP	-	For October, the Good score remained the same compared to September and is 94.7%. The Poor score had a 0.5% decrease compared to September score of 2.6%. **FOR OCT: there were 1086 FFT responses collected from approx. 3,275 patients.**
FFT Day Case poor experience score	Apr 20 - Oct 22	Month	-	2.1%	1.7%		-	-	
FFT Emergency Department good experience score	Apr 20 - Oct 22	Month	-	70.6%	84.7%	L	SP	-	For October the Good score decreased by 5% compared to September. This score of 70.6% is similar to July score, both are the lowest for the year. The Poor score increased by 4% compared to September and is now the highest for the year. It is mainly Adult FFT scores that impacted the overall data. Paeds FFT compared to Sep; Good score 82.1% remained the same/ 3% improvement in 7.4% Poor score. Adult FFT compared to Sep; 6% decrease in 67% Good score / 6% increase in 23% Poor score. **FOR OCT: there were 976 FFT responses collected from approx. 5,417 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 - Oct 22	Month	-	19.5%	9.4%	H	SP	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Oct 22	Month	-	90.4%	94.8%		-	-	**FOR OCT:** Antenatal had 5 FFT responses; 80% Good score / 0% Poor. Birth had 68 FFT responses out of 498 patients; 95.6% Good score / 4.4% Poor score (1% improved Good score / 2.5% increase in Poor score). Postnatal had 114 FFT responses, the majority from LM (59 FFT with 90% Good / 0% Poor), DU had 7 FFT with 85.7% Good / 0% Poor, BU had 41 FFT with 83% Good / 12% Poor, and COU 100% Good from 5 responses. 0 Post Community. **OCT** overall Good score improved by 2% compared to Sep. The Poor score increased by 0.6% compared to Sep, and 4.3% is the highest for the year.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Oct 22	Month	-	4.3%	1.9%		SP	-	

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 August 12 wards did not collect any FFT data.

Overall FFT in October, the Good scores remained about the same for inpatient, outpatient and day case. The day case Poor score had a slight decrease of 0.5% to 2.1%, and inpatient and outpatient sores remained the same. Overall ED Good score declined by 5% and the Poor score increased by 4%. The Adult ED scores did have an impact on both overall scores. The Paeds ED Good score remained the same compared to September, while there was a 3% improvement in the Poor score to 7.4%. Maternity continues to see lower than normal Good scores, and higher than normal Poor scores for Birth and Postnatal.

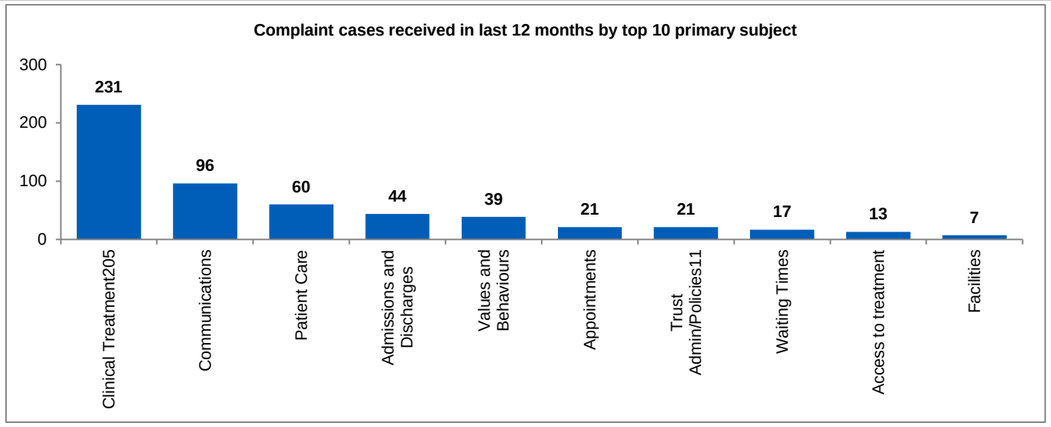
Please note starting 1 June, the Trust has reduced the number of SMS being sent to adult patients. Instead of sending a text message to every adult patient that attend an OP/DU appointment, or presented to A&E, the Trust now sends a fixed number of SMS daily. The number of SMS sent in September increased.

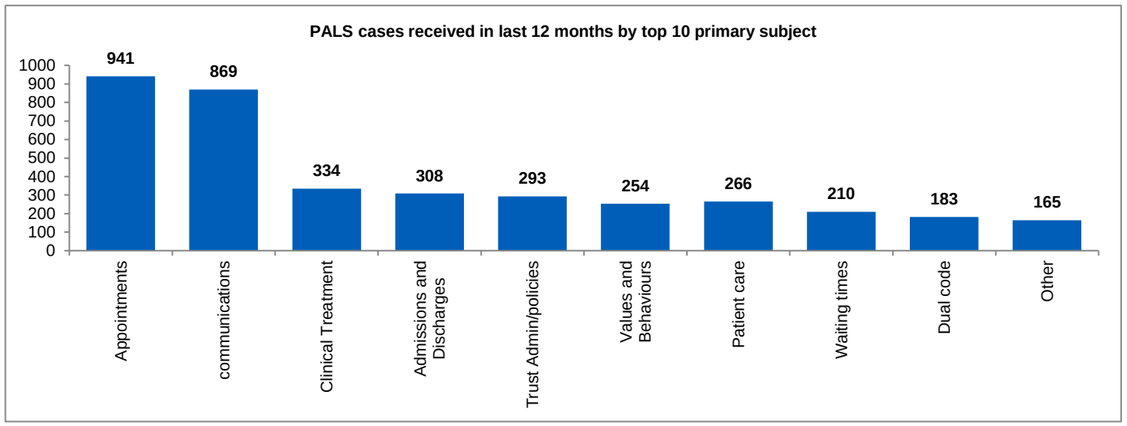
PALS and Complaints Cases

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Oct 19 -Oct 22	month	-	80	50		-	-	The number of complaints received between Oct 2019 - Oct 2022 is higher than normal variance.
% acknowledged within 3 days	Oct 19 - Oct 22	month	95%	67%	94%		-		54 out of 80 complaints received in October were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Oct 19 - Oct 22	month	50%	15%	32%		-		20 Complaints were responded to in October, 3 of the 20 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Oct 19 - Oct 22	month	80%	85%	92%		SP		17 out of 20 complaints responded to in October were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Oct 19 - Oct 22	month	-	39%	35%		-	-	There were 29 complaints graded 4 severity, and 3 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Oct 19 - Oct 22	month	-		37		-	-	Compliment numbers have not been added due to administrative staff shortages





PHSO - One complaint was accepted by the PHSO for investigation in October 2022, this was a Division D case, Bedford Hospital patient with neurosurgery care. **Completed actions** Due to current workload actions have not been reported this month.

Author(s): Sue Bennison

Owner(s): Oyejumoke Okubadejo

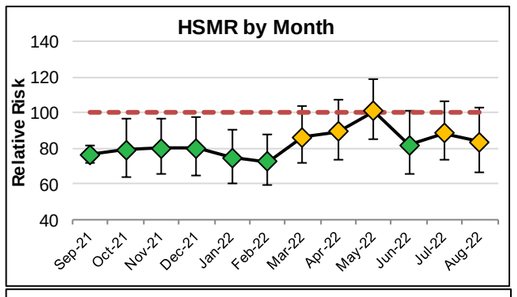
Together - Safe | Kind | Excellent

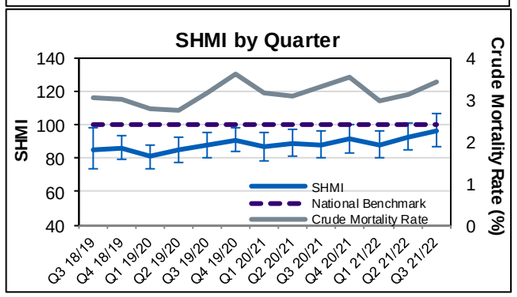
Learning from Deaths

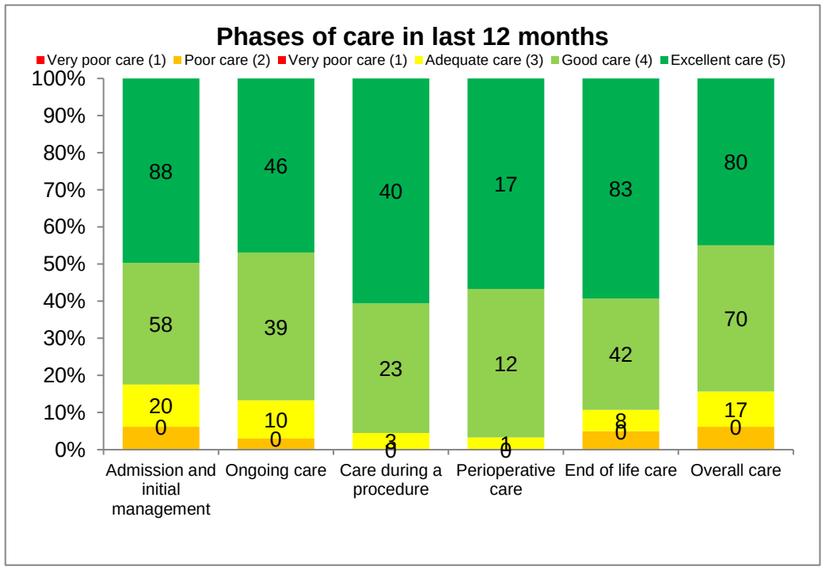
Cambridge University Hospitals NHS Foundation Trust

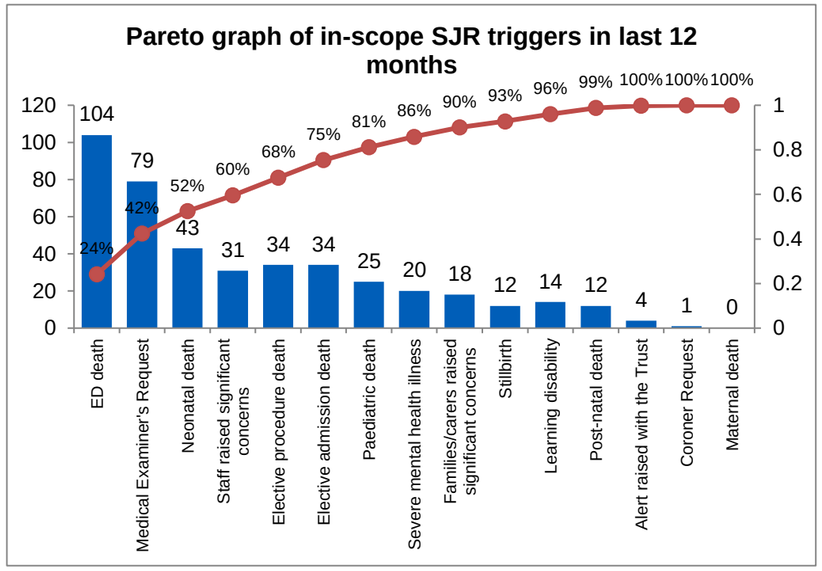
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Oct 22	month	-	9.82	8.38	H	S7	-	There were 161 deaths in October 2022 (Emergency Department (ED) and inpatients), of which 16 were in the ED and 145 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 - Oct 22	month	-	10%	19%		-	-	In October 2022, 20 SJRs were commissioned and 4 PMRTs were commissioned
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - Oct 22	month	-	0	0.70		-	-	There were no unexpected/potentially avoidable death serious incident investigations commissioned in October 2022.









Executive Summary

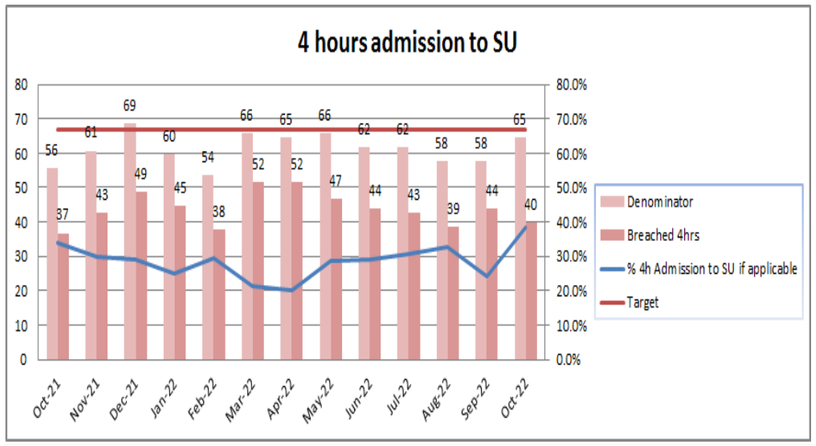
HSMR - The rolling 12 month (June 2021 to May 2022) HSMR for CUH is 81.28, this is 5th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 94.55.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, December 2020 to November 2021 is 91.78.
Alert - There are 0 alerts for review within the HSMR and SHMI dataset this month.

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

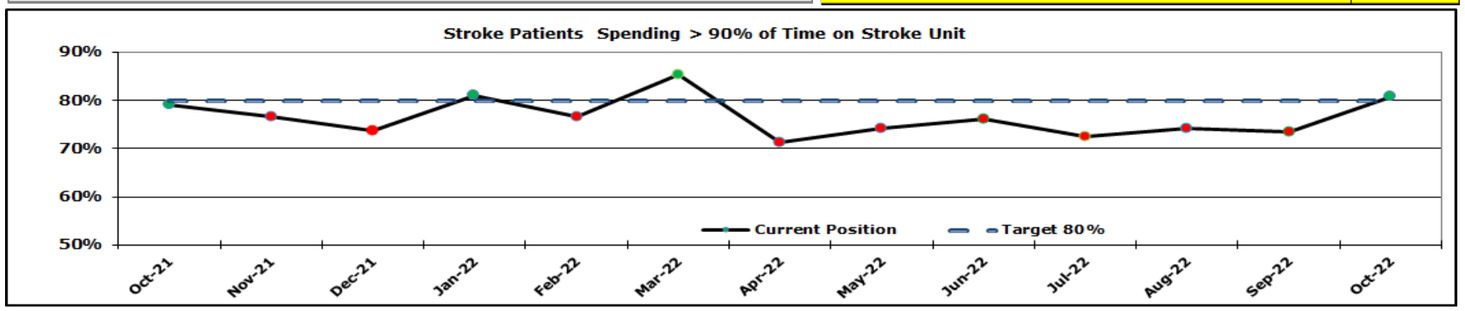
Stroke Care

NHS Cambridge University Hospitals NHS Foundation Trust

Stroke Measures



Themes	Count of MRN
Trust Bed Capacity	25
Aw senior medical review	6
Late referral to Stroke Team	2
Awaiting medical clerking	1
CT department busy	1
Inpatient stroke	1
no space to assess, patient in chair needed assistance to trolley, ED staff busy	1
Not referred to Stroke Unit on arrival	1
Planned for ED discharge but then unwell	1
Stroke Bleep Nurse busy with another thrombolysis	1
Total	40



Breach reasons for not achieving 90% IP stay on Stroke ward 2022/23 and Monthly Stroke position

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Suspected COVID-19 patient	COVID-19 - Stroke ward closed	Operational decision - patient moved off the unit to accommodate an acute stroke	Delay in medical review in ED	Delay in referral to Stroke Team	Clinical - Appropriate pathway for patient	Difficult presentation	Not referred to stroke team	Delayed diagnosis	Clinician's decision to place patient on different ward	Unclear presentation	Difficult diagnosis / Complex patient	Failure to request stroke bed	Resource capacity	Number of breaches	Month Position (Target 80%)
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%
May-22	3	1				4				1			4	3		2	18	73.1%
Jun-22	3	1				1		1					7			1	14	75.0%
Jul-22	6	5				1		2					1	1		3	19	72.5%
Aug-22	2	10						2					1			1	16	68.0%
Sep-22		11					1						5				17	73.4%
Oct-22	1	7					1			1			1			1	12	80.9%
Summary	15	79	3	0	0	11	2	18	0	10	5	0	32	6	0	18	199	

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for October = **80.9%**

'Trust Bed Capacity' (7) was the main factor contributing to breaches last month, with a total of 12 cases in October 2022.

4hrs adm to SU (67%) target compliance was not achieved in October= **38.5%**

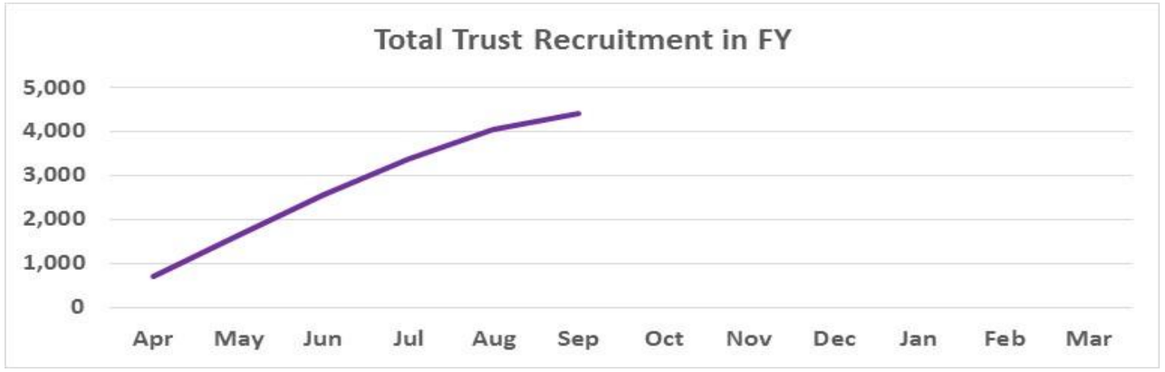
Key Actions

- 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.
- The Mixed-sex HASU bay on R2 has opened week commencing 02/05/22. Performance will be closely monitored, to date there has been 3 breaches of SSA policy.
- National SSNAP data shows Trust performance from Apr - Jun 22 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 increasingly 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.

Clinical Studies

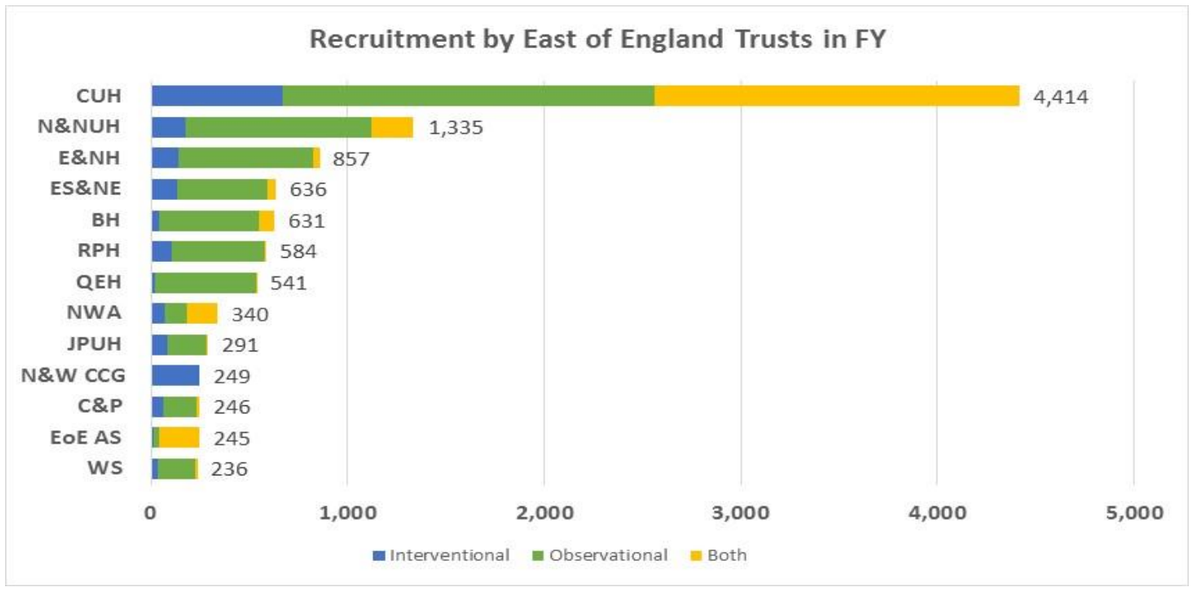
Cambridge University Hospitals NHS Foundation Trust

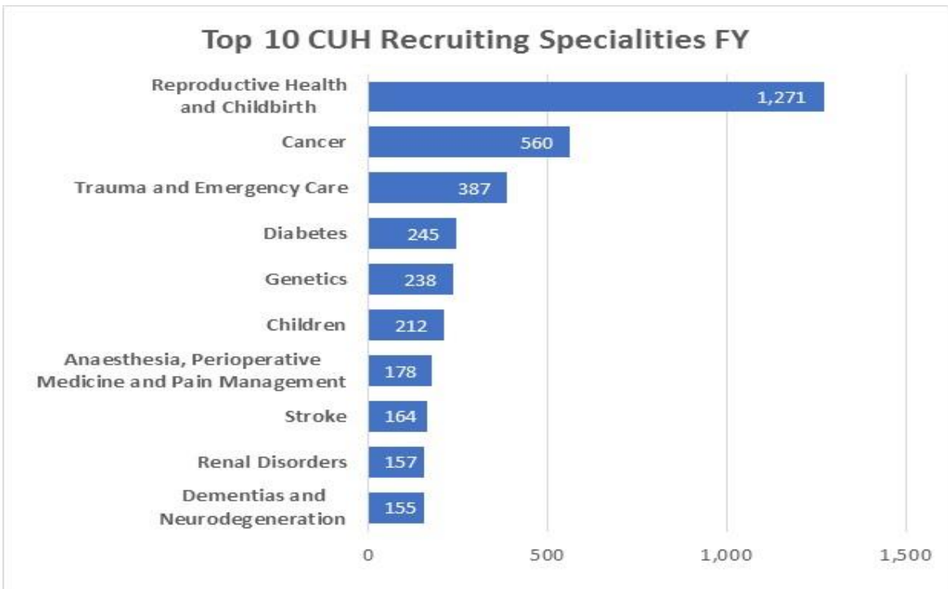
Clinical Studies Measures



Total Recruitment at end of Sept - FY 2022-23
4,414

Recruiting Studies at end of Sept for FY 2022-23			
Open	191	Non Commercial	185
Closed	15	Commercial	24
Suspended	3		
Total	209		





Situation as at end of September 2022

* Total recruitment in the financial year to date: 4,114
* CUH accounted for 35% of total recruitment by Eastern Trusts in the financial year to date. Interventional only studies accounted for 15% of the total, while Observational only studies accounted for 43% of the total. The remaining 42% were both Interventional and Observational .
* Recruitment to the Reproductive Health speciality accounted for 29% of all recruitment (1,271). Second was Cancer (560). All of the other individual specialities accounted for less than 10% of the total recruitment.
* There were 209 recruiting studies, of which 24 were Commercial, and 185 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 (v19.2)

LMNS:	Reporting period: October 2022	Overall System RAG: (Please refer to key next slide)

KEY: CQC DOMAINS
Outstanding
Good
Requires Improvement
Inadequate

REGULATORY BODIES

CQC DOMAINS

Maternity unit rating	CUH (Jan 2017)						Y (date of last inspection)						Z (date of last inspection)					
S - Safe E - Effective C - Caring R - Responsive W – Well led	S	E	C	R	W	Action Plan Status: To commence Progressing Completed	S	E	C	R	W	Action Plan Status: To commence Progressing Completed	S	E	C	R	W	Action Plan Status: To commence Progressing Completed
Rating (last inspection)																		

CQC alerts (active alerts & year)	Ref C260/AS Puerperal sepsis July 2019
CQC warning notice	n/a
Regulatory letters from coroner	n/a
Maternity Safety Support Programme	Not in maternity safety support programme

External stakeholder concerns (please give brief reason)	
Trust	CUH
Strategic oversight Framework Score	Regional team to complete
NMC concerns	0
GMC concerns	0
RCM concerns	0
HEE concerns	0
HSIB concerns	0
CQC concerns	0
Total number of stakeholder concerns	0

CQC Maternity survey results (2021)	
	CUH
CQC Maternity survey overall rating - improvement since previous year (Y/N)	TBC
Survey scores:	
Start of your care during pregnancy	
Antenatal check ups	
During your pregnancy	
Your labour and birth	
Staff caring for you	
Care in hospital after birth	
Feeding your baby	
Care at home after birth	
Other surveys	
GMC survey results (2022) overall satisfaction	Guidance required
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work	71% (2020, entire division)
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to receive treatment	85% (2020, entire division)
Proportion of speciality trainees in O&G responding with excellent or good on how they would rate the quality of clinical supervision out of hours	92.5% (2021)

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Assessed compliance with CNST MIS 10 Safety Actions

	Please identify unit	CUH
1	Perinatal Mortality review tool	
2	MSDS	Exception report submitted for BMI non-compliance for out of area women.
3	ATAIN	
4	Clinical workforce planning	
5	Midwifery Workforce planning	Delivery Unit Supernumerary coordinator status consistently low, requires non compliance with the standard to be declared. (October no loss of 1:1 care on BirthRate+).
6	SBLCB V2	
7	Service user feedback / Maternity Voice Partnership	
8	Core competency framework / Multi-prof training	Additional faculty for NLS required. Did not meet trajectory for 80% compliance with PROMPT training by end of June 2022 due to current vacancy and sickness rate. Amended trajectory for 90% by end of November 2022.
9	Board level assurance	
10	HSIB / Early notification scheme	
	Repayment of CNST (since introduction) Y/N and MIS yr	

Key (current position)	
Compliant	Compliant with all aspects of element
Working towards / Partially complaint	Working towards (MIS & SBLCB) / Partially compliant (Ockendon)
Not compliant	Not compliant with all aspects of element

Evidence of SBLCB V2 Compliance

Element	Please identify unit	CUH
1	Reducing smoking	
2	Risk assessment , prevention & surveillance of pregnancies at risk of fetal growth restriction	
3	Reduced Fetal Movements	
4	Effective Fetal monitoring during labour	Mandatory CTG study day in place. Mandatory competency assessment in place. Compliance not yet >85%.
5	Reducing pre-term birth	Fetal fibronectin machines training planned process being implemented for quantitative pre term assessment.
6	Diabetes in Pregnancy (not in use at present)	
	SBLCBv2 Fully compliant (National Tool)	YES
	SBLCBv2 Fully compliant (Regional assessment)	

Assessment against Ockenden Immediate and Essential Actions (IEA) – to achieve full compliance will all elements of each IEA

Please identify unit	CUH
IEA1 : Enhanced Safety	
IEA2: Listening to Women & Families	
IEA3: Staff training & Working Together	
iEA4: Managing complex pregnancy	
IEA5: Risk Assessment Throughout pregnancy	
IEA6: Monitoring Fetal wellbeing	
IEA7 Informed consent :	
• Fully compliant (self assessment)	
• Fully compliant (regional assessment following insight visit)	

Maternity Dashboard

NHS
Cambridge University Hospitals
NHS Foundation Trust

Maternity Measures

Trust	CNST MIS Safety Actions achieved (out of 10)				Ockendon investment (Total allocation)					
	Yr 1 (2019/20)	Yr 2 (2020/21)	Yr 3 (2021/22)	Yr 4 (2022/23)						
X	10	10	10	TBC	P					

	CUH
1. Freedom to speak up / Whistle blowing themes	• None received this month
2. Themes from Maternity Serious Incidents (SIs)	• None received this month
3. Themes arising from Perinatal Mortality Review Tool	• No concerns this month following the reviews
4. Listening to women (sources, engagement / activities undertaken)	• Online communications and language guide meeting held with service users and MDT • Launch of informed choice and consent policy co-production work
5. Listening to staff (eg activities undertaken, surveys and actions taken as a result)	• Weekly midwifery forum introduced with DOM/HOM • Ongoing preceptorship / international midwives orientation and support

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Target	Measure	Data Source	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Activity													
National Maternity Dashboard	Births	For information	N/A	Births per month	Rosie KPI's	469	434	446	464	476	504		
Antenatal Care ICS contracted booking KPI	Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	Booking Appointments	Epic	69.90%	70.64%	73.24%	75.69%	75.45%	69.74%		Working with informatics team to remove women who transfer care after 12+6 weeks as these are currently included in the KPI. Bookings working group underway.
National Maternity Dashboard	Booking Appointments	For Information	N/A	Booking Appointments	Epic	615	664	568	551	550	532		
Source - EPIC	Vaginal Birth (Unassisted)	For Information	N/A	SVD's in all birth settings	Rosie KPI's	48.82%	54.60%	51.12%	59.05%	52.31%	52.18%		
Source - EPIC	Home Birth	For Information	N/A	Planned home births (BBA is excluded)	Rosie KPI's	1.7%	1.84%	1.34%	1.29%	0.84%	0.59%		October homebirths 80% unable to be attended and therefore gave birth in RBC (4/5). Increased sickness in community and redeployment of community on call to support 1:1 care in labour in the unit. Community vacancy contributing to a reduction in on call homebirth cover. Addition of community rotation to preceptorship, ongoing
Source - EPIC	Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	Rosie KPI's	14.92%	17.1%	15%	15.52%	16.38%	17.46%		
Source - EPIC	Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	Rosie KPIs						8.81%		Reported for first time from Oct 22. National averages = 40% (primip) 13% (multip) for transfers from alongside midwifery units to obstetric care (Oxford NPEU, 2020).
Source - EPIC	Induction of Labour	For Information	N/A	Women induced for birth	Rosie KPI's	31.87%	30%	29.80%	26.50%	30.00%	27.65%		
NICE - Red Flag	Delay in commencement of Induction	0%	<10%	Percentage of Inductions where Induction commencement was postponed >2 hours	Red Flags	53.00%	36%	36.00%	32.60%	32.28%	37.43%		New metric. Women delayed in initiation of IOL once arrived on the antenatal ward / DU. IOL coordinator post increased. Affected by redeployment and staff absence.
NICE - Red Flag	Delay in continuation of Induction	0%	<10%	Percentage of Induction continuation was delayed for more than 6 hours	Red Flags				13.81%	16.40%	16.58%		New metric. Affected by vacancy, redeployment and capacity. 2 further IOL coordinators in post.
SBLCBV2	Indication for IOL (SBLCBV2)	NA	NA	Percentage of IOL where reduced fetal movements is the only indication before 39 weeks	IOL Team						2.67%		3 cases of RFM as only indication for IOL but undertaken before 39 weeks monitored for compliacne with SBLCB standards.
Source - EPIC	Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance.	IOL Team						100.00%		
Source - EPIC	Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	Rosie KPI's	11.94%	10.6%	12.55%	12.93%	10.5%	13.29%		
Source - EPIC	CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	Rosie KPIs	39.23%	34.80%	36.32%	35.78%	37.18%	34.52%		
CQIM / CNST	Women in RG*1 having a caesarean section with no previous births: nullip spontaneous labour)	For information	10%	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	9.2%	8.6%	14.2%	9.6%	11.9%	12.6%		
CQIM / CNST	Women in RG*2 having a caesarean section with no previous births: nullip induced labour, nullip pre-labour LSCS	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	26.1%	25.8%	27.2%	18.1%	28.2%	29.9%		
CQIM / CNST	Ratio of women in RG1 to RG2	Ratio of >2:1	N/A	Ratio of group 1 to 2 should be 2:1 or higher	Rosie KPIs					21:50	11:26		Ratio is consistently <2:1. A lower ratio may indicate that you have a high induction/prelabour CS issue which may indicate a high risk population in nulliparous women and are likely therefore to have a high CS rate.
CQIM / CNST	Women in RG*5. Multips with 1 or 2+ previous C/S	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	23.4%	31.1%	23.5%	32.5%	23.2%	30.5%		
CQIM / CNST	Women in RG1, RG2, RG5 combined contribution to the overall C/S rate.	66%	60-70%,	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	58.7%	65.5%	64.9%	60.2%	63.3%	73.0%		Higher rate affected by increase in Gp5 (1 or more previous CS). Plan to expand VBAC counselling.
Source - Rosie Divert Folder	Divert Status - incidence	0	> 1	Incidence of divert for the perinatal service	Rosie Diverts	7	1	4	4	6	4		6 women transferred to another provider organisation for assessment. 1 x staffing and capacity, 2 x staffing and 1 x capacity + NICU.
Source - Rosie Divert Folder	Total number of hours on divert	For information	N/A		Rosie Diverts	148	23	103	100	86	109		
Source - Rosie Divert Folder	Admissions during divert status	For information	N/A		CHEQs						24		Newly reported data.
Source - Rosie Divert Folder	Number of women giving birth in another provider organisation due to divert status	For information	N/A		Rosie KPIs	6	0	0	1	1	4		24 women unable to be diverted, 7 diverted and 4 of these gave birth at a different hospital (2 were out of area). Reasons for divert: 2 x staffing, 1 x staffing + capacity, 1 x capacity + NICU.

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Workforce													
Birth Rate Plus	Midwife/birth ratio (actual)**	1:24	1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:25.4	1:27.2	1:28.2	1:28.2	1:28.3	1:25.1		Clinical midwife WTE as per BR+ = clinical midwives, midwife sonographers, post natal B3 and nursery nurses. For actual ratio, calculation includes all permanent WTE plus bank WTE in month.
Birth Rate Plus	Midwife/birth ratio (funded)**	For information	1.24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	1:23.4	1:23.3	1:23.3	1:23.3	1:23.3	1:23.3		Midwife/birth ratio based on the BR+ methodology
Safer Chilbrith / CNST	Supernumerary Delivery Unit Coordinator	100%	≥95%	Percentage compliance with Delivery Unit coordinator remaining supernumerary (no caseload of their own during a shift)	Red Flags / BR+	67%	41%	63%	70%	60%	57%		From 11/10/22 red flag reporting within BirthRate+ acuity tool has been updated to reflect revised CNST requirements. There were no occasions when SN status of the coordinator was lost to 1:1 care provision in October.
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQs	7.63%	7.69%	7.95%	7.72%	7.26%			This is reported 1 month behind from CHEQ's. Sickness most significant in Delivery Unit and community. Clinical psychology support in place. Most common reason for sickness includes stress, anxiety and depression.
Core Competency Framework	Education & Training - mandatory training - overall compliance (obstetrics and gynaecology)	>92% YTD	<75% YTD	Total Obstetric and Gynaecology Staff (all staff groups) compliant with mandatory training	CHEQs	87.50%	86.40%	86.50%	87.30%				This is reported 2 months behind from CHEQs. Focus on improving training compliance as part of CNST.
CNST	Education and Training - Training Compliance for all staff groups: **Prompt**	≥90% YTD	≤85% YTD	Total multidisciplinary obstetric staff compliant with annual Prompt training	PD	60.91%	61.00%	65.56%	75.77%	67.83%	74.76%		Medical and midwifery staffing vacancies and redeployments. Focussed campaign to improve compliance by Dec 22 as part of CNST work. Special cause improvement seen this month.
CNST	Education and Training - Training Compliance for all staff groups: **NBLS**	≥90% YTD	<85% YTD	Total multidisciplinary staff compliant with annual NBLS training	Resus Services		55.00%		58.00%	60%	66%		Additional training dates added for November to meet revised CNST training compliance deadline of 5 December. On track to meet 90% trajectory for all staff groups.
CNST	Education and Training - Training Compliance for all staff groups: **K2**	≥90% YTD	≤85% YTD	Total multidisciplinary staff passed CTG competence threshold of 80%.	PD	83.39%	83.39%	84.62%	80.00%	77.78%	74.15%		Matrons addressing individuals regarding non-compliance.
CNST	Education and Training - Training Compliance for all Staff Groups - **Fetal Surveillance Study Day**	>90% YTD	<85% YTD	Total multidisciplinary staff compliant with annual fetal surveillance study day attendance.	PD								To be reported from November 2022
Core competency Framework	Education & Training - mandatory training - **midwifery compliance**.	>92% YTD	<75% YTD	Proportion of midwifery compliance with mandatory training, inclusive of mandated e-learning and mandated face to face sessions.	CHEQs	89.5%	89.20%	84.50%	85.70%	90.80%			This is reported 1 month behind from CHEQs
Maternal Morbidity													
CQC KLOE	Puerperal Sepsis	For information	N/A	Incidence of puerperal sepsis within 42 days of birth	CHEQs					0.64%	0.01%		
Source - CHEQs	ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs	1	1	0	1	0	1		Postnatal tranfer to ITU following PPH. Complex case due to underlying unknown pathology.
NMPA	Massive Obstetric Haemorrhage ≥ 1500 mls - vaginal birth	≤2.5%	>2.5	Percentage of women with a PPH >1500mls (singleton births between 37+0-42+6) having a vaginal birth	Rosie KPIs	6.62%	2.48%	2.95%	3.16%	2.24%	6.35%		20 women. 50% instrumental deliveries and 90% had risk factors for PPH. PPH working group to review audit findings. Normal variation seen.
NMPA	Massive Obstetric Haemorrhage ≥ 1500 mls - caesarean birth	≤4.3%	>4.3%	Percentage of women with a PPH >1500mls (singleton births between 37+0-42+6) having a caesarean section	Rosie KPIs	6.67%	3.45%	0.98%	0.73%	2.47%	4.54%		7 women, 6/7 were emergency CS. PPH working group to review audit findings. Normal variation seen.
NMPA	3rd/ 4th degree tear rate	≤3.5	>5%	Percentage of women with a vaginal birth having a 3rd or 4th degree tear (spontaneous and assisted by instrument) singleton baby in cephalic position between 37+0 and 42+6.	Rosie KPIs	2.48%	2.83%	3.90%	4.06%	2.01%	4.87%		Normal variation. 16 women with 3a or 3b. No 3c or 4th degree tears. 44% were instrumental deliveries. 100% had risk factors for OASI.
CQC KLOE	Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.35%	1.38%	1.80%	2.59%	1.05%	0.60%		
MBRRACE	Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	QSIS						0		Newly reported from November 2022
MBRRACE	Direct Maternal Death	0	≥1		QSIS	0	0	0	0	0	0		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Governance													
Source - QSIS	Total number of Serious Incidents (SIs)	0	≥1	Serious Incidents	QSIS	1	0	1	1	0	0		
Source - QSIS	Never Events	0	>1	DATIX	QSIS	0	0	0	0	0	0		
Neonatal Morbidity													
MBRRACE / PMRT	Still Births per 1000 Births	3.33/1000 (Mbrrace 2021)		Incidence per 1000 births	CHEQs	0.42/1000	0.43/1000	0.88/1000	0/1000	0.42/1000	0.50/1000		
MBRRACE / PMRT	Stillbirths - number ≥ 22 weeks	<3	≥6	MBBRACE	CHEQs	2	1	2	0	2	1		
Epic	Number of birth injuries	0	> 1	Percentage of babies born with a birth related injury	CHEQs	1	0	0	0	0	0		
NMPA	Babies born with an Apgar <7 at 5 minutes of age	For information	N/A	Percentage of babies born who have an Apgar score <7 at 5 minutes of age	Rosie KPIs	2.35%	1.38%	1.57%	3.02%	0.84%	1.59%		
CQC KLOE	Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	3.84%	3.92%	3.81%	3.02%	3.15%	4.76%		
SBLCBV2	Babies born at <3rd centile at >37+6	For information	N/A	Incidence	CHEQs								Awaiting new CHEQS report
ATAIN	Term Admission to NICU Rate	<6%	N/A	Rate	CHEQs					4.20%	6.15%		Ongoing themes reviewed monthly via ATAIN.
ATAIN / CNST	Expected Term Admissions to NICU	For information	N/A	Inclusive of congenital abnormality and tertiary referral babies with planned term admission to NICU	Badgernet / CHEQs								New metric was expected Nov 22 but delayed.
ATAIN / CNST	Unexpected Term Admissions to NICU	For Information	N/A	Incidence of term admissions to NICU that were unplanned prior to birth	Badgernet / CHEQs								New metric was expected Nov 22 but delayed.
Quality													
CNST	1-1 Care in Labour	>95%	<90%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPI's	98.69%	100%	100%	99.56%	99.80%	99.59%		
CQIM	Babies with a first feed of breastmilk	> 80%	< 70%	Breastfeeding	Rosie KPI's	81.22%	84.33%	79.4%	84.07%	82.55%	82.56%		
CNST / SBLCBV2 / PHE	SATOD (Smoking at Time of Delivery)	< 6%	Green = < 6%, Amber = 6.1% - 7.9 %, Red = >8	% of women Identified as smoking at the time of delivery	Rosie KPIs	5.02%	3.95%	8.25%	5.97%	3.82%	5.21%		
CNST / SBLCBV2 / CQIM	CO Monitoring at booking	≥95%	≥=95% <95% and >=84% <85%	Compliance with recording CO Monitoring reading at booking appointment (excluding out of area)	Smoking Report			89.97%	92.74%	91.95%	99.10%		
CNST / SBLCBV2 / CQIM	CO Monitoring at 36 weeks	>95%	>=95% <95% and >=84% <85%	Compliance with recording CO Monitoring reading at 36 week appointment (excluding out of area)	Smoking Report			72.81%	85.61%	84.56%	82.70%		80% CNST target met. SBLCBv2 included in annual in-service mandatory training. IST cancelled due to clinical pressures.
Source - Epic	VTE Assessment - PN	>95%	≤95%	Percentage of women with a valid PN VTE risk assessment completed following birth.	CHEQs								Awaiting new CHEQS report
Source - EPIC	VTE Assessment - AN	>95%	≤ 95%	Percentage of women with a valid VTE risk assessment completed on admission to hospital	CHEQs								Awaiting new CHEQS report

Finance

Cambridge University Hospitals NHS Foundation Trust

Financial Performance

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

(£0.2m)	*Actual (adjusted)**
(£0.2m)	*Plan (adjusted)**
£2.3m	*Actual YTD (adjusted)**
£2.2m	*Plan YTD (adjusted)**

Covid-19 expenditure and system Covid-19 funding

£2.0m	*Covid actual in month*
£1.8m	*Covid plan in month*
£1.9m	*Covid funding in month*
£14.0m	*Covid actual YTD*
£13.4m	*Covid plan YTD*
£12.9m	*Covid funding YTD*

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

Net current assets	
(£61.1m)	
(£54.4m)	
Debtor days	
20	*This month*
23	*Previous month*

*Payables performance (YTD) ***

Actual	86.0%	*Value*
Plan	88.4%	*Quantity*

Cash and EBITDA

Cash	
£179.2m	*Actual*
£166.8m	*Plan*
EBITDA	
£25.1m	*Actual YTD*
£27.0m	*Plan YTD*

Capital expenditure

£5.2m	*Capital - actual spend in month*
£20.4m	*Capital - actual spend YTD*
£30.7m	*Capital – plan YTD*

Elective Recovery Fund (ERF)

ERF values based on CUH fair share but not yet confirmed and may be subject to change

£2.5m	*ERF forecast actual in month*
£2.5m	*ERF plan in month*
£9.8m	*ERF forecast actual YTD*
£9.8m	*ERF plan YTD*

Legend *£ in million* *In month* *YTD*

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

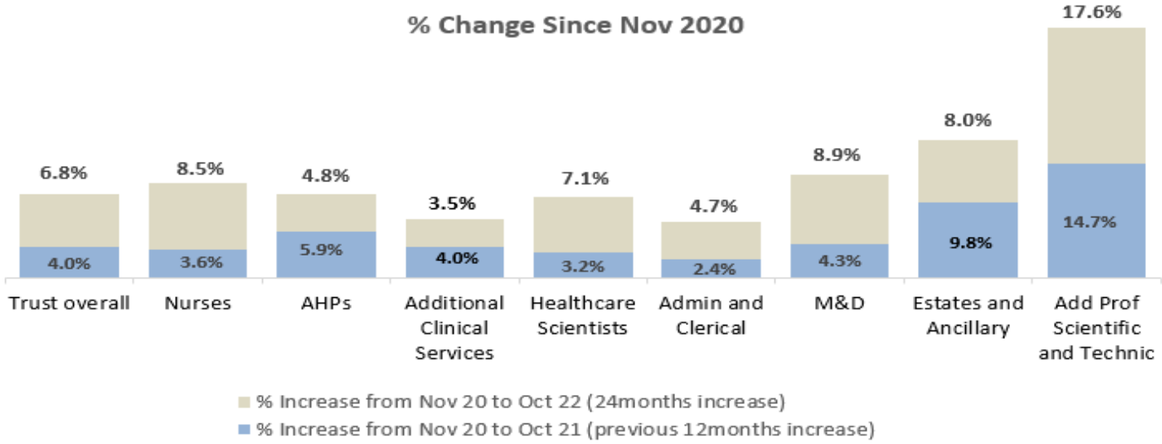
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount Nov-21	Headcount Oct-22	Headcount 12 Month growth	FTE Nov-21	FTE Oct-22	FTE 12 Month growth
Add Prof Scientific and Technic*	243	246	1.2%	224	223	-0.5%
Additional Clinical Services	1,949	1,954	0.3%	1,796	1,801	0.3%
Administrative and Clerical	2,383	2,406	1.0%	2,176	2,213	1.7%
Allied Health Professionals*	748	735	-1.7%	666	651	-2.2%
Estates and Ancillary	366	361	-1.4%	355	349	-1.6%
Healthcare Scientists	624	644	3.2%	584	604	3.5%
Medical and Dental	1,650	1,714	3.9%	1,560	1,622	4.0%
Nursing and Midwifery Registered	3,725	3,856	3.5%	3,419	3,549	3.8%
Total	**11,688**	**11,916**	**2.0%**	**10,780**	**11,013**	2.2%



Admin & Medical Breakdown

Staff Group	Nov-21	Oct-22	FTE 12 Month growth
Administrative and Clerical	2,176	2,213	37 1.7%
of which staff within Clinical Division	1,080	1,081	2 0.1%
of which Band 4 and below	766	748	-19 -2.4%
of which Band 5-7	223	243	20 9.0%
of which Band 8A	43	44	1 2.9%
of which Band 8B	7	7	0 4.2%
of which Band 8C and above	40	39	-1 -3.0%
Areas	878	895	17 1.9%
of which Band 4 and below	248	247	0 -0.1%
of which Band 5-7	413	422	9 2.2%
of which Band 8A	74	88	14 18.8%
of which Band 8B	54	50	-4 -8.1%
of which Band 8C and above	89	88	-1 -1.4%
of which staff within R&D	219	237	19 8.5%
Medical and Dental	1,560	1,622	62 4.0%
of which Doctors in Training	643	672	29 4.5%
of which Career grade doctors	234	237	3 1.3%
of which Consultants	683	712	30 4.4%

What the information tells us:

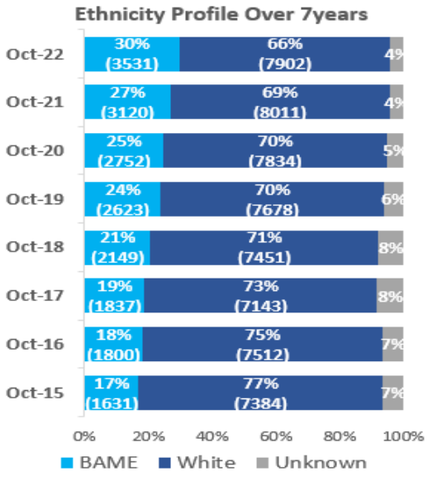
Overall the Trust saw a 2.2% growth in its substantive workforce over the past 12 months and 6.8% over the past 24 months. Growth over the past 24 months is lowest within Additional Clinical Services at 3.5% and highest within Add Prof Scientific and Technic at 17.6%. Growth over the past 12 months is lowest within Allied Health Professionals and highest within Medical and Dental.

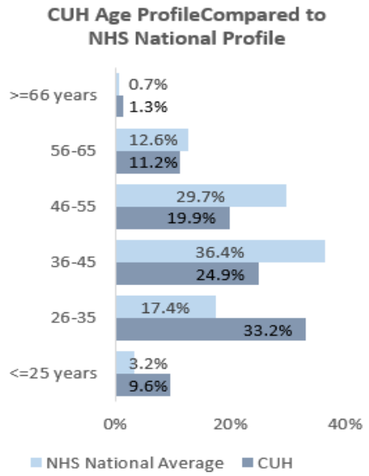
*Operating Department Practitioner roles were regroup from Add Prof Scientific and Technic to Allied Health Professionals on ESR from June 21 . This change has been updated for historical data set to allow for accurate comparison

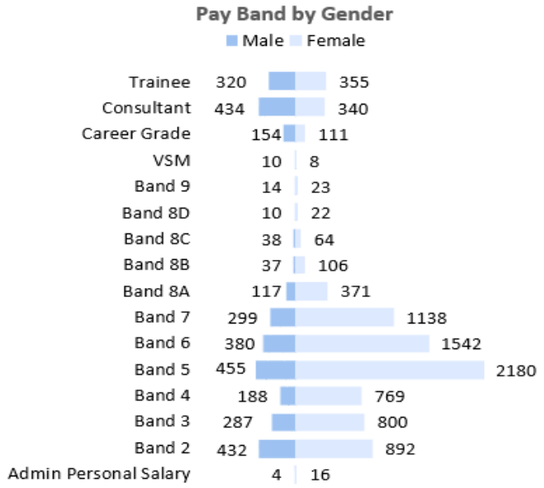
Equality Diversity and Inclusion (EDI)

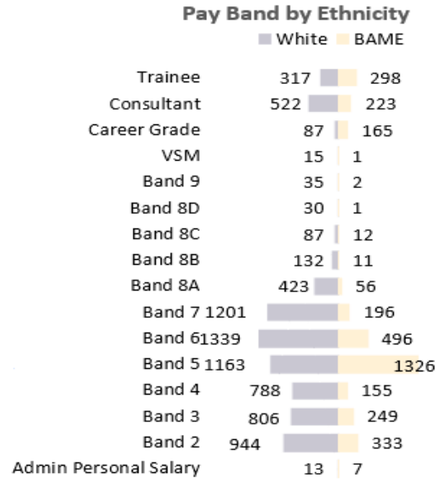
Cambridge University Hospitals NHS Foundation Trust

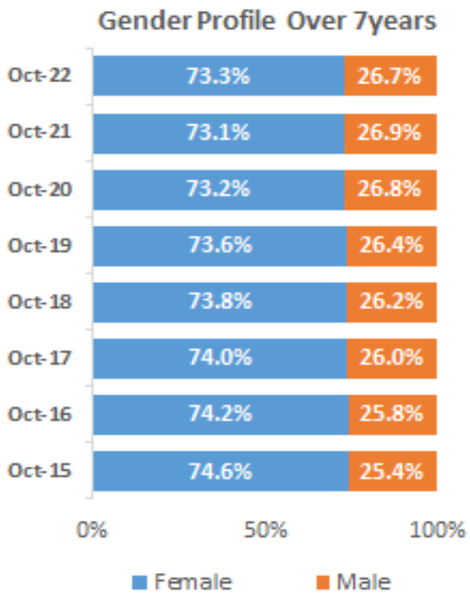
Workforce: Equality Diversity and Inclusion (EDI)

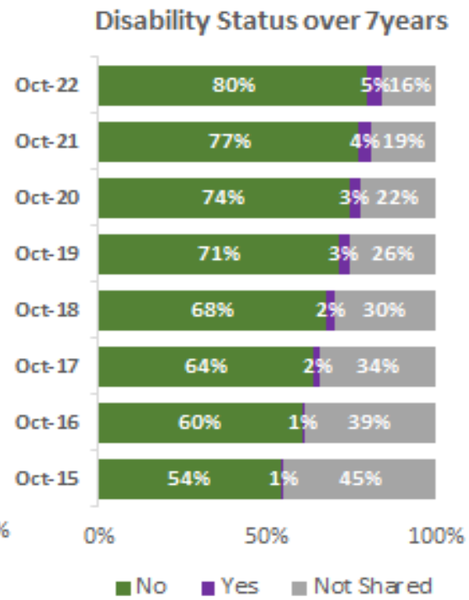


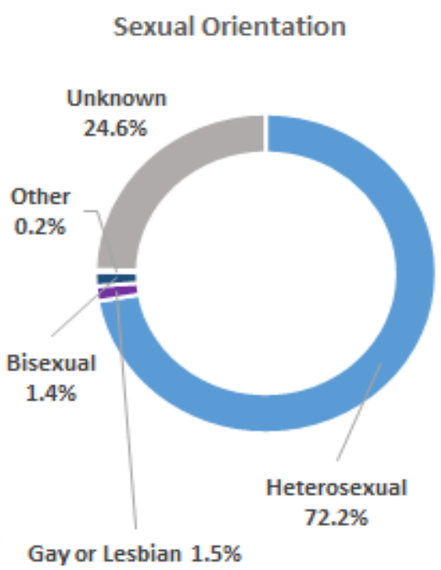












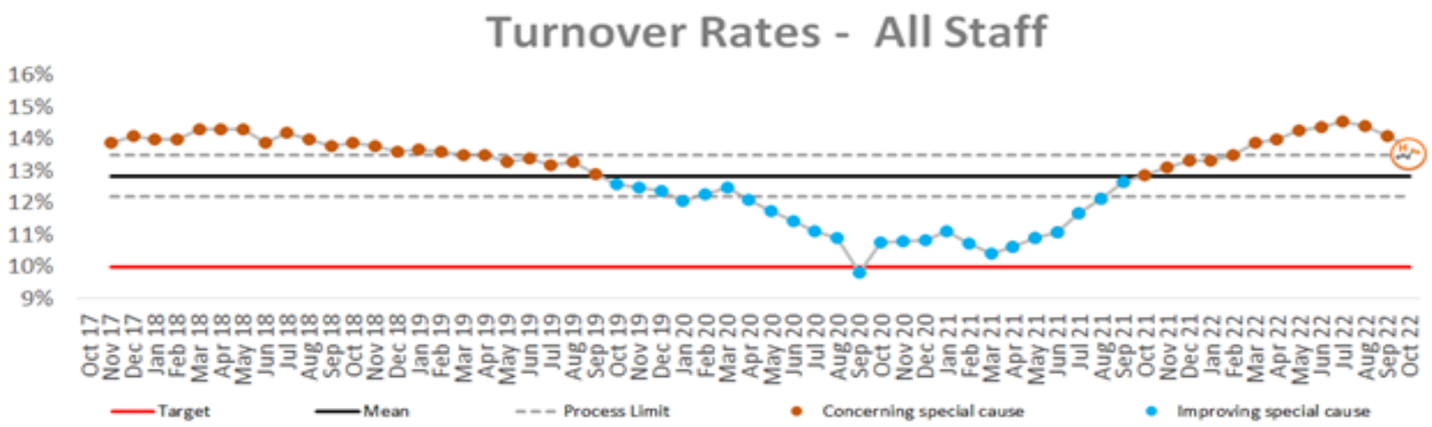
What the information tells us:

- 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 13% over the 7 year period and currently make up 30% of CUH substantive workforce.
- The percentage of male staff increased by 1% to 27% over the past seven years.
- The percentage of staff recording a disability increased by 4% to 5% 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

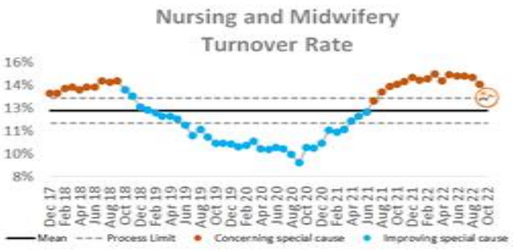
Workforce: Staff Turnover

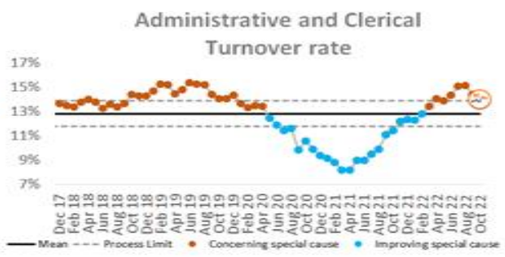


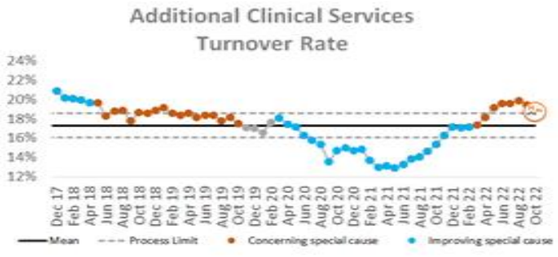
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (exclude all fixed term contracts including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

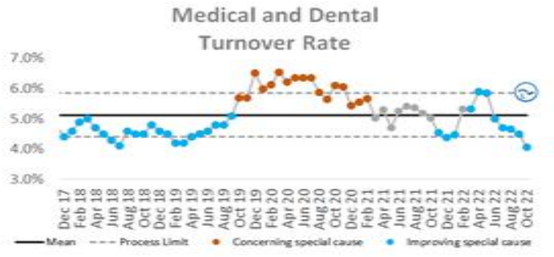
What the information tells us:

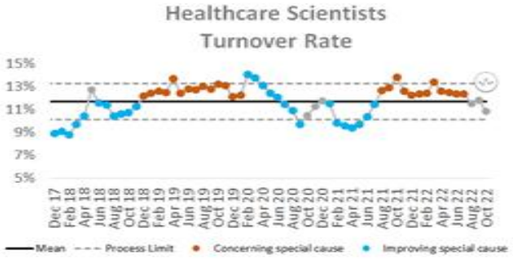
After a steady increase over the past eighteen months the Trust turnover rate has been decreasing since July - this month at 13.74%. This is more in line with pre-pandemic rates, however still 1.2% higher than 3 years ago. Nursing and Midwifery staff group have the highest increase of 3.3% to 13.5% in the last three years, followed by Additional Clinical Services with an increase of 1.9% to 19%. Within the staff groups, Additional Clinical Services have the highest turnover rate at 19% followed by Administrative and Clerical staff at 14.4%.

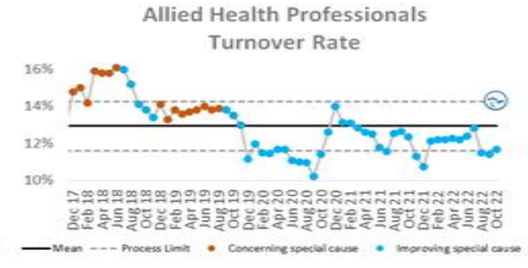


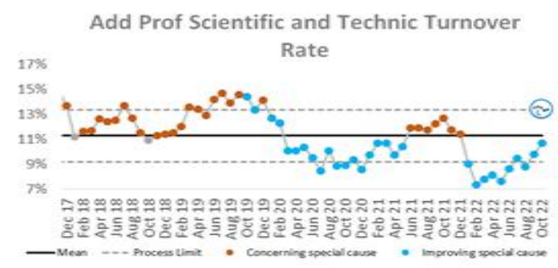












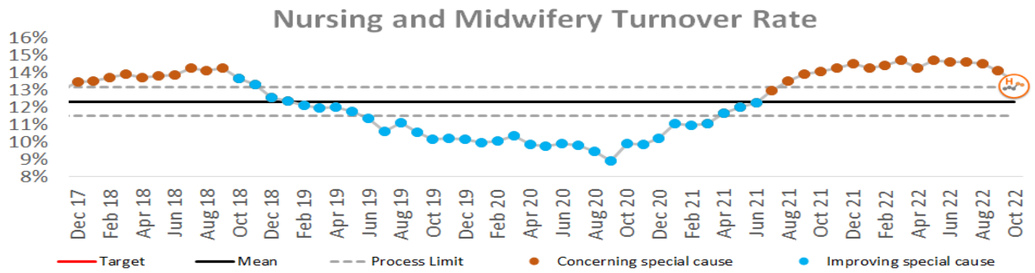
Author(s):Tosin Okufuwa, Amanda Wood

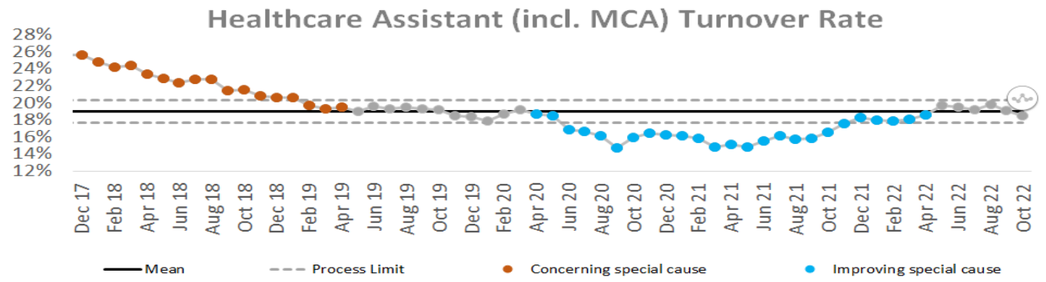
Owner(s): David Wherrett

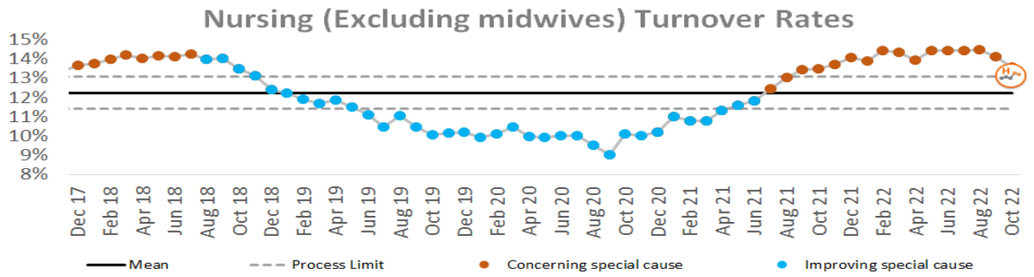
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

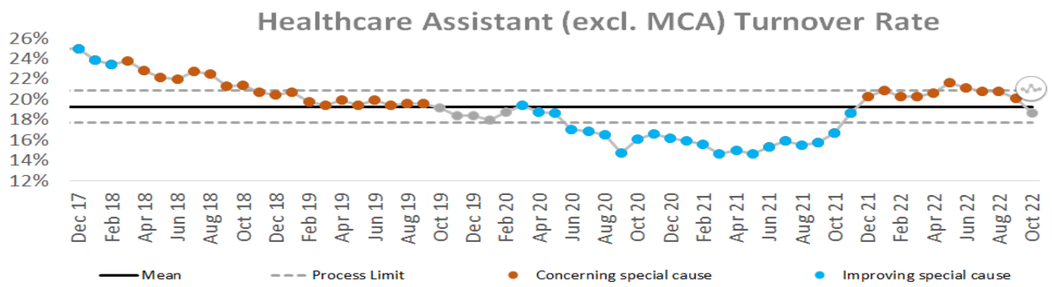
Cambridge University Hospitals NHS Foundation Trust

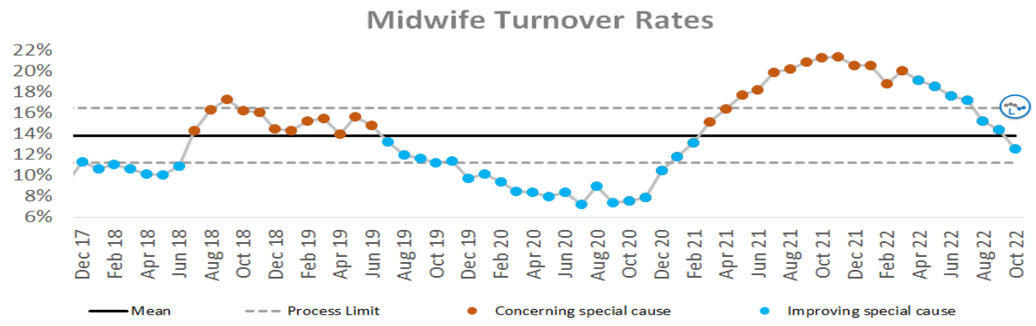
Workforce: Turnover rate for Nursing & Midwifery Staff Group

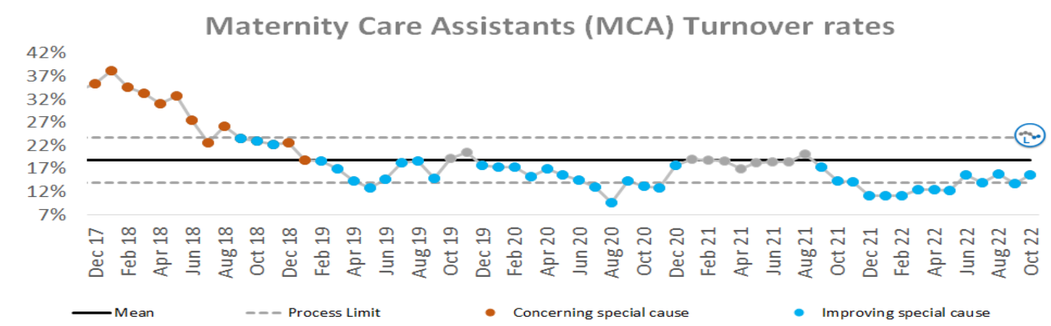












Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

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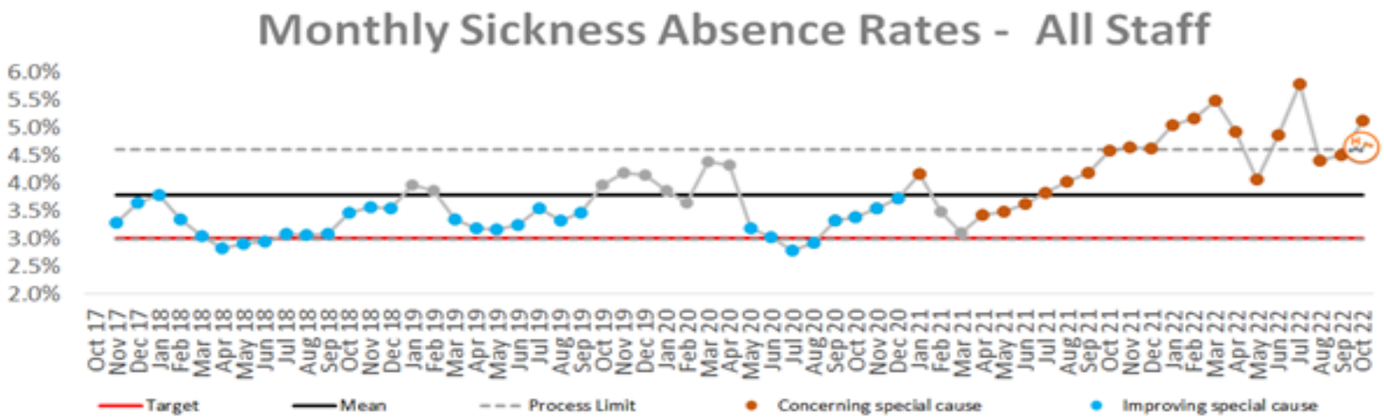
Sickness Absence

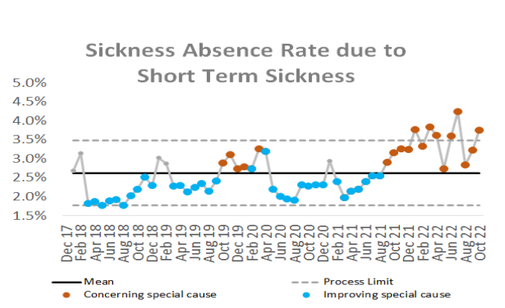
Cambridge University Hospitals NHS Foundation Trust

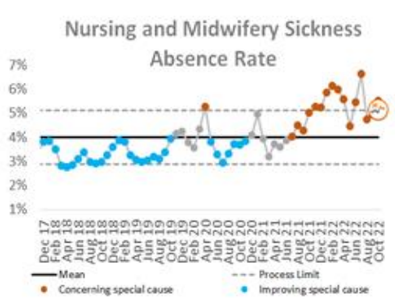
Workforce: Sickness Absence

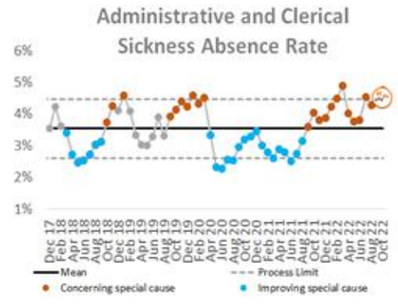


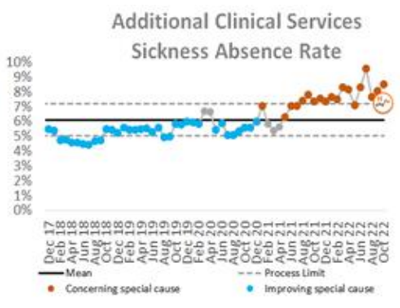
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

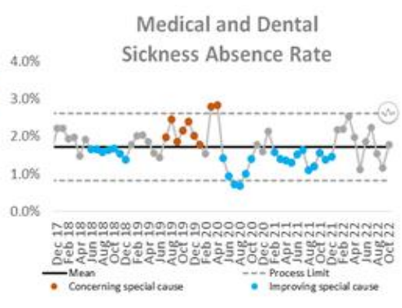
What the information tells us: The overall Monthly Sickness Absence is above average at 5.1%. This is 0.6% higher than last month, September 2022 (4.4%) and 0.5% higher than the same period previous year, October 2021 (4.6%). The sickness absence rate due to short term illness is higher at 3.7% compared to long term sickness at 1.4%. Additional Clinical Services have the highest sickness absence rate at 8.5% followed by Estates at 7%.

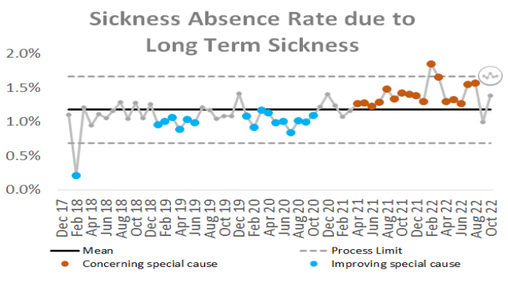


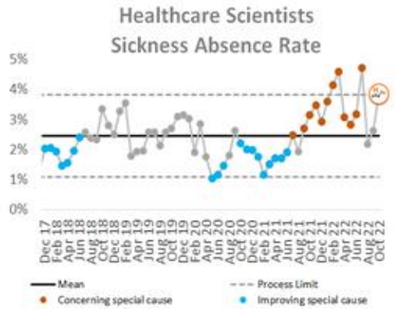


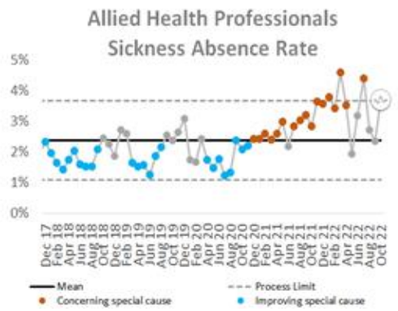


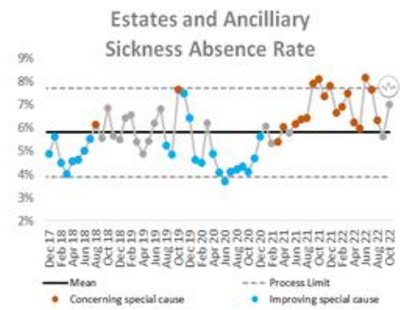


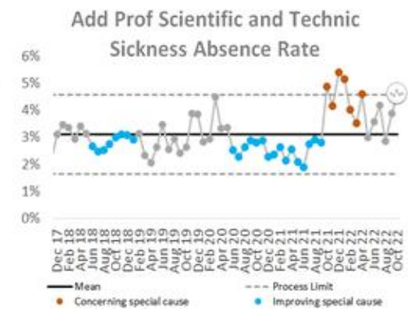












Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

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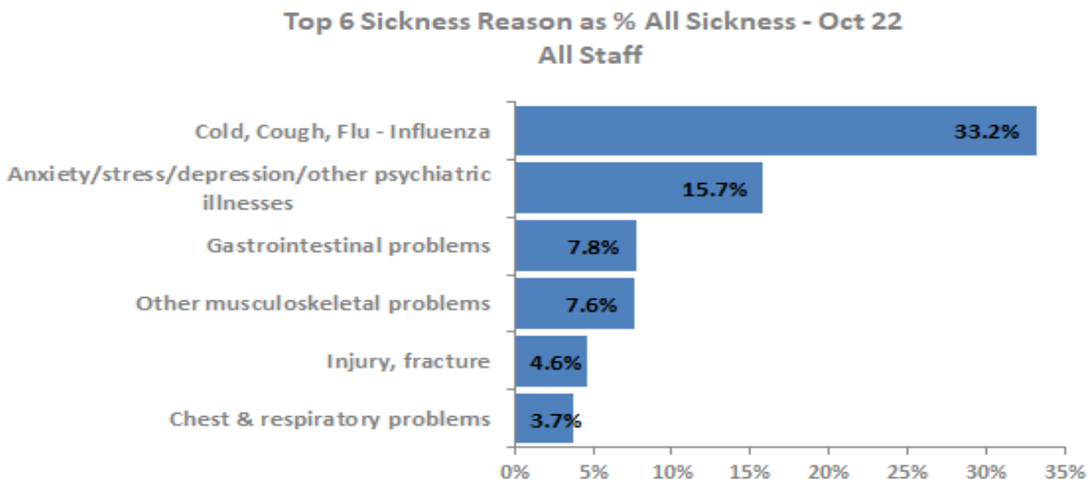
Top Six Sickness Absence Reason

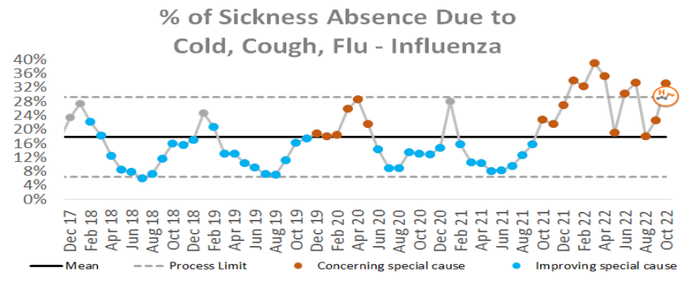
Cambridge University Hospitals NHS Foundation Trust

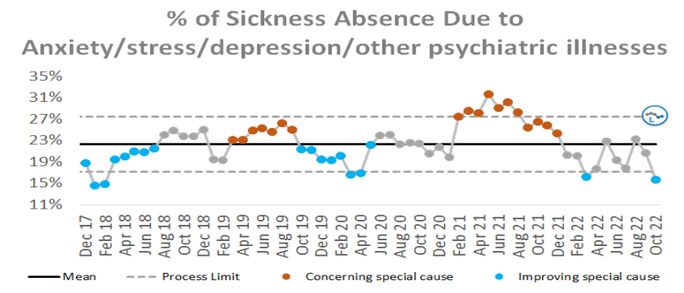
Workforce: Top Six Sickness Absence

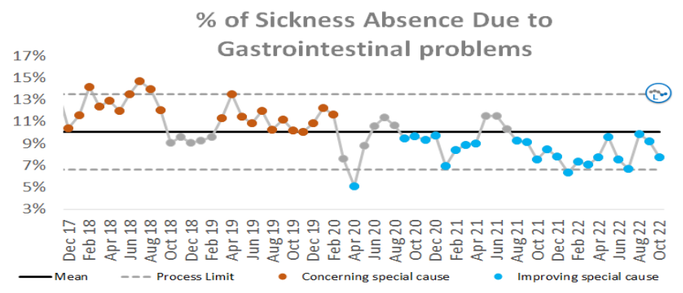


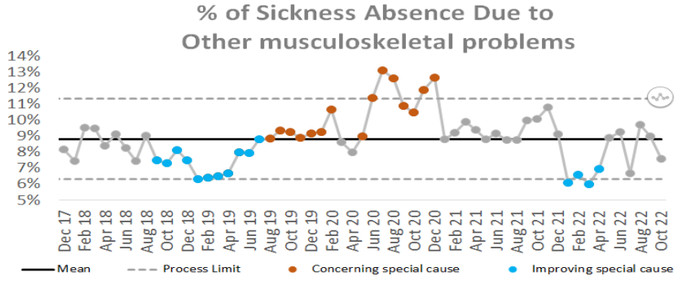
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

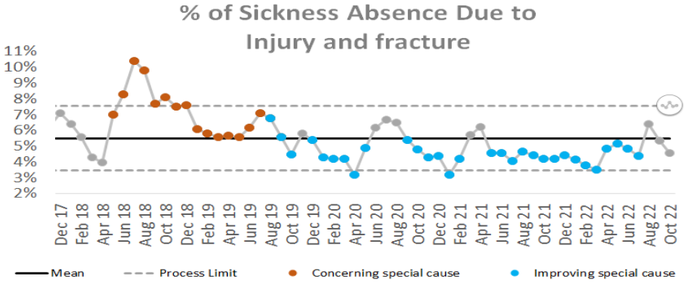
What the information tells us: The highest reason for sickness absence is influenza-related sickness, which saw an increase of 11% from the previous month to 33.2%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 39.2% of all sickness absence in October 2022, compared to 26.5% from the previous month.

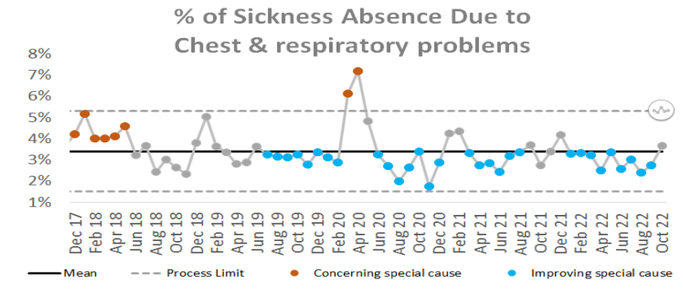












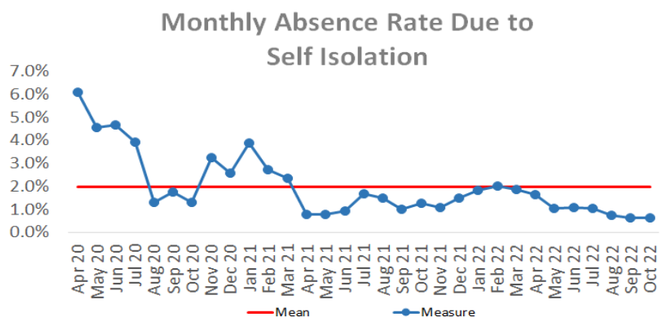
Author(s):Tosin Okufuwa, Amanda Wood

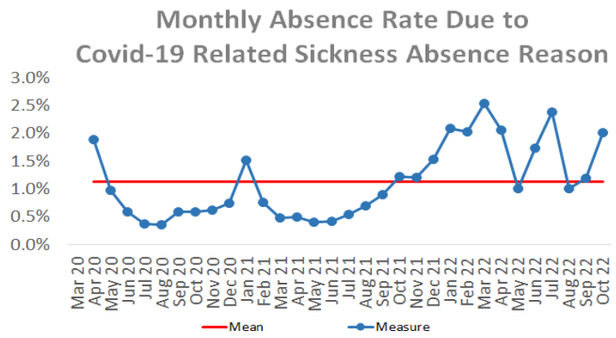
Owner(s): David Wherrett

Covid-19 Related Absence

Cambridge University Hospitals NHS Foundation Trust

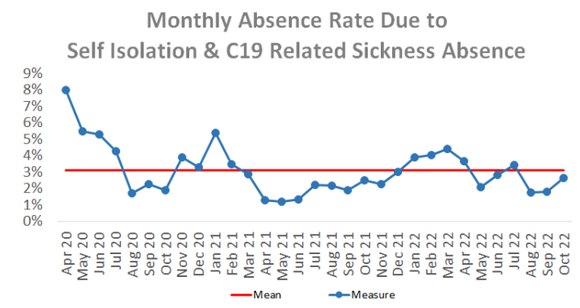
Workforce: Covid-19 Related Absence

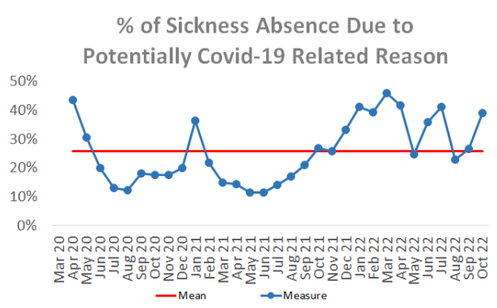


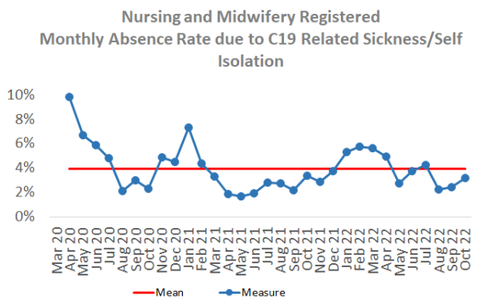


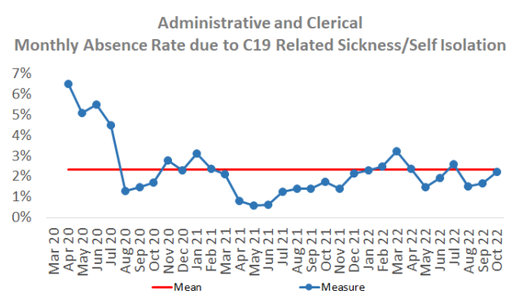
Background Information: Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious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

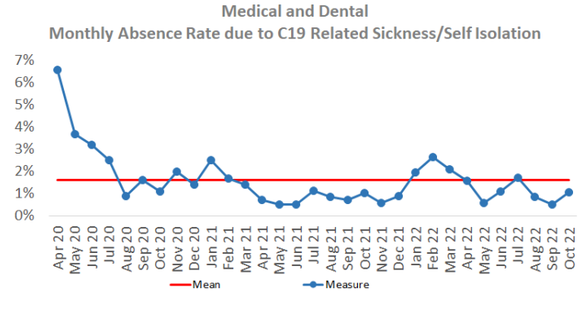
What the information tells us: The Trust's monthly absence rate due to Self Isolation has remained the same at 0.6%. Monthly absence rate due to potential Covid-19 related sickness has increased to 2% in October 2022. Overall, absence rates due to Covid-19 related sickness and self isolation increased by 0.8% to 2.7%.

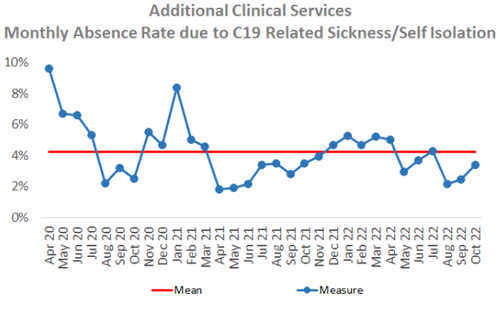


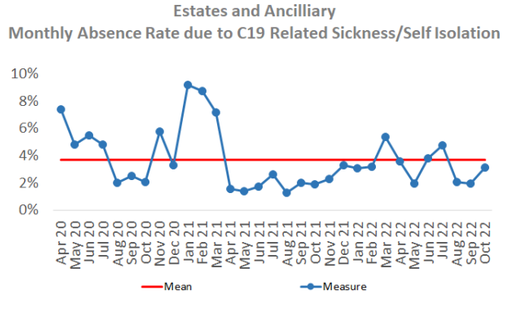


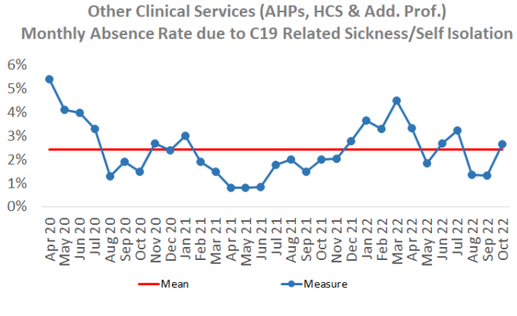












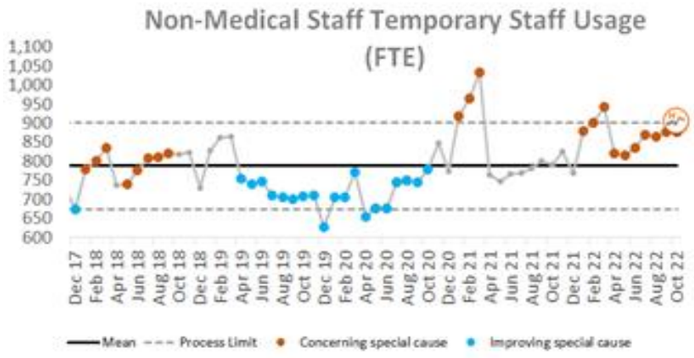
Author(s): Tosin Okufuwa, Amanda Wood

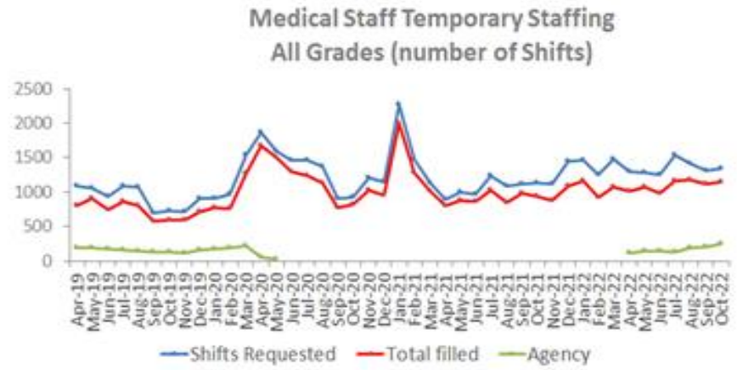
Owner(s): David Wherrett

Temporary Staffing

Cambridge University Hospitals NHS Foundation Trust

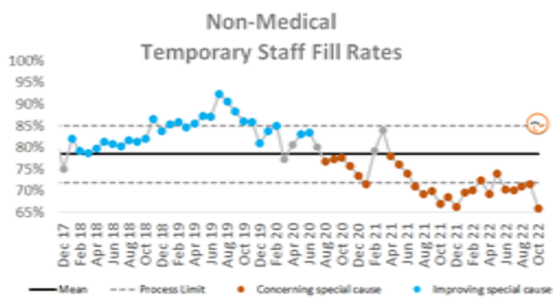
Workforce: Temporary Staffing

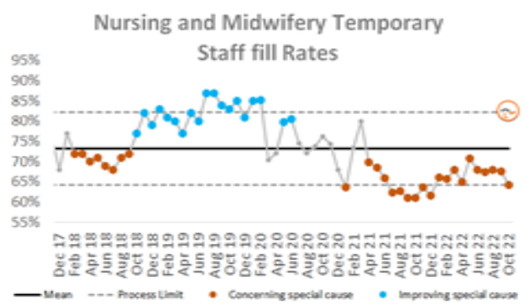


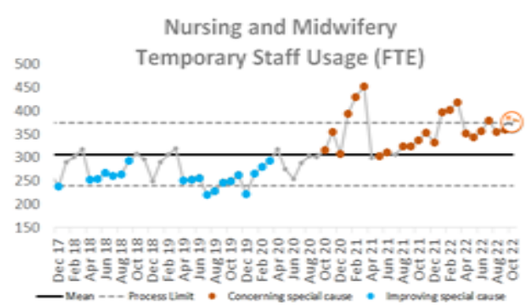


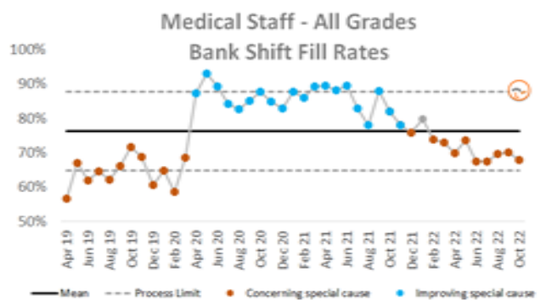
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

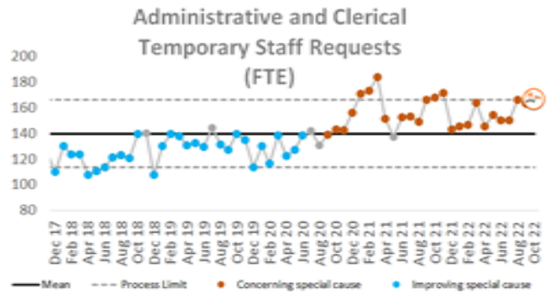
What the information tells us: Demand for non-medical temporary staff increased by 8.4% from the previous month to 1,331 WTE. Top three reasons for request includes vacancy (49%), increased workload (15%) and sickness (15%). Nursing and midwifery agency usage increased by 1.5 WTE from the previous month to 38.8 WTE. This accounts for 11% of the total nursing filled shifts. Overall, fill rate has reduced by 5.5% from last month to 66% in October 2022.

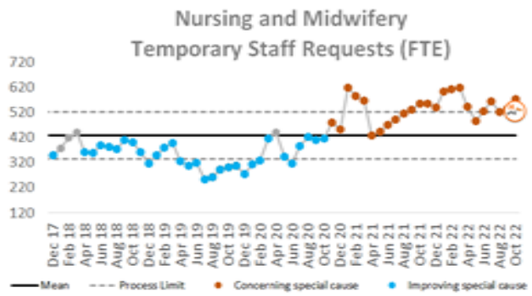


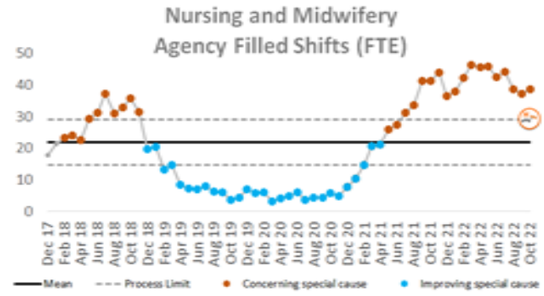


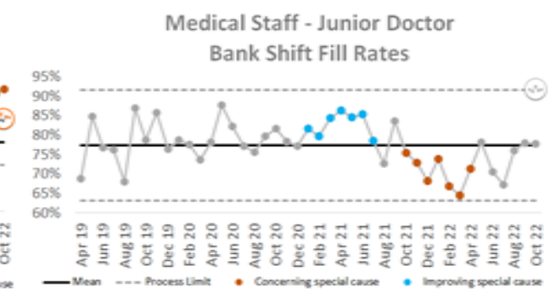










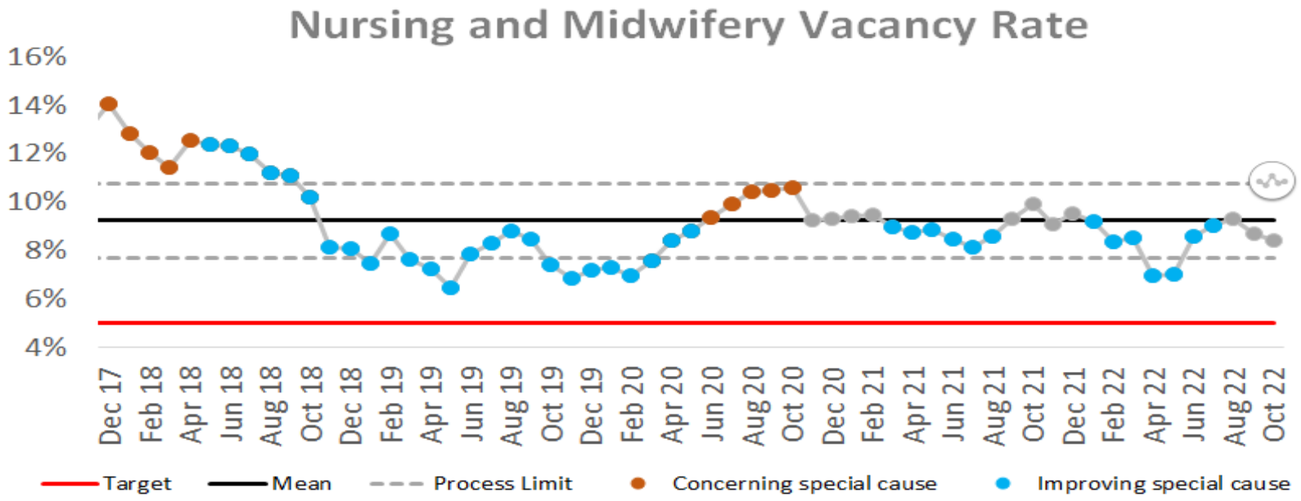


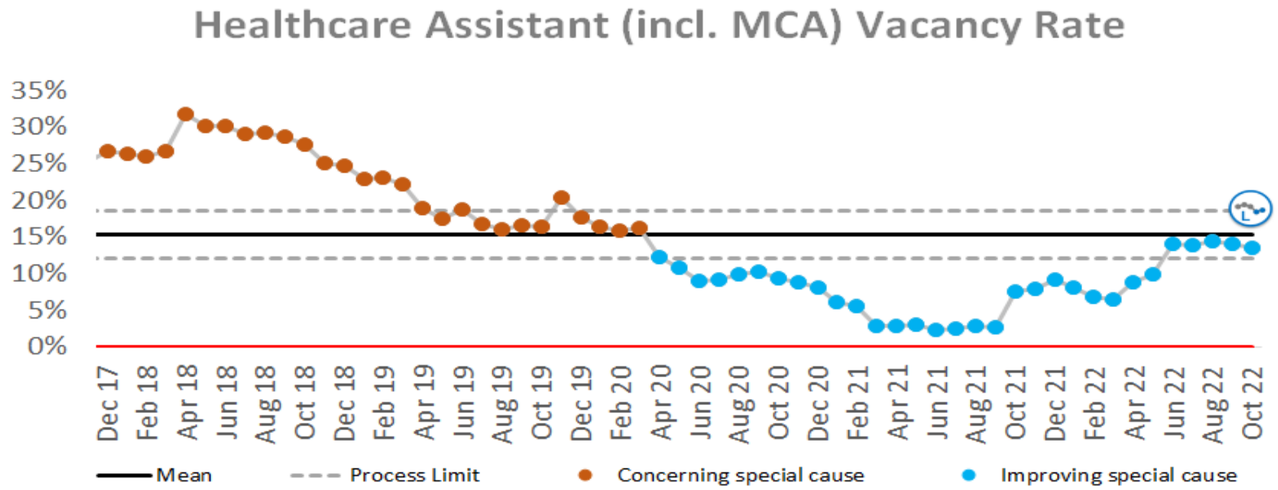
*Please note that temporary Medical staffing data was not available at the time of reporting and hence not updated

ESR Vacancy Rate

Cambridge University Hospitals NHS Foundation Trust

Workforce: ESR Vacancy Rate





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

What the information tells us: The vacancy rate for both Healthcare Assistants and Nursing and Midwifery remained below the average rate at 13.5% and 8.5% respectively. However, the vacancy rate for both staff groups are above the target rate of 5% for Nurses and 0% for HCAs.

Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

Annual Leave Update

Cambridge University Hospitals NHS Foundation Trust

Workforce: C19 - Risk Assessment & Annual Leave Update

Percentage of Annual Leave (AL) Taken – Oct 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	49,962	27,048	54.1%	97%
	Additional Clinical Services	368,953	207,883	56.3%	97%
	Administrative and Clerical	477,570	254,807	53.4%	96%
	Allied Health Professionals	146,820	81,646	55.6%	100%
	Estates and Ancillary	77,293	47,129	61.0%	99%
	Healthcare Scientists	136,517	74,322	54.4%	96%
	Medical and Dental	141,874	49,533	34.9%	36%
	Nursing and Midwifery Registered	767,052	438,715	57.2%	97%
	Trust	**2,166,040**	**1,181,083**	54.5%	88%
Annual Leave taken by Division	*Division*				
	Corporate	300,421	164,170	55%	95%
	Division A	409,695	226,597	55%	86%
	Division B	597,595	327,892	55%	93%
	Division C	280,007	147,114	53%	81%
	Division D	252,124	138,594	55%	85%
	Division E	233,260	129,627	56%	84%
	R&D	92,939	47,089	51%	94%

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

What the information tells us: The Trust's annual leave usage is 93% of the expected usage after the seventh month of the financial year. Overall usage is 54.5% compared to the expected 58%. The highest rate of use of annual leave is within the Estates and Ancillary staff group, followed by Nursing and Midwifery Registered staff at 61% and 57.2% 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 (Greater than 94% / Less than 80% / Between 80% and 94%)				Mandatory Training Competency (as defined by Skills for Health) (Greater than 89% / Less than 75% / Between 75% 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/1yr	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		1,004	1,004	150	150	10,263	10,263	10,432	10,263	10,263	10,263	10,437	7,246	10,263	7,689	10,263	7,676	1,764	1,405	
Compliance by Division																				
Compliance by Division	Division A	(16)90.8%	(26)85.0%	(5)87.8%	(8)80.5%	(41)97.9%	(36)98.1%	(281)85.8%	(40)97.9%	(77)96.0%	(164)91.6%	(245)87.6%	(333)81.7%	(53)97.3%	(170)90.8%	(34)98.2%	(157)91.6%	(69)67.6%	(19)88.4%	92.6%
	Division B	(15)94.4%	(38)85.8%	(2)92.0%	(7)72.0%	(60)97.8%	(65)97.6%	(216)92.1%	(62)97.7%	(114)95.8%	(175)93.5%	(328)88.1%	(335)76.8%	(80)97.0%	(201)88.7%	(60)97.8%	(176)89.9%	(22)81.7%	(14)88.3%	93.5%
	Division C	(22)88.9%	(38)80.8%	(3)91.2%	(4)88.2%	(46)96.7%	(50)96.4%	(220)84.7%	(58)95.9%	(81)94.2%	(149)89.4%	(247)82.8%	(327)77.2%	(77)94.5%	(139)90.4%	(50)96.4%	(133)90.8%	(58)76.6%	(23)90.7%	90.4%
	Division D	(6)93.9%	(21)78.6%	(6)80.0%	(8)73.3%	(40)96.8%	(42)96.7%	(171)86.7%	(46)96.4%	(78)93.9%	(148)88.3%	(243)81.1%	(296)73.3%	(56)95.6%	(116)89.7%	(46)96.4%	(99)91.3%	(25)80.2%	(20)84.0%	90.4%
	Division E	(5)95.0%	(18)82.2%	(4)77.8%	(5)72.2%	(32)97.3%	(36)97.0%	(185)84.9%	(42)96.5%	(62)94.8%	(101)91.5%	(302)75.3%	(251)77.9%	(66)94.4%	(140)87.7%	(42)96.5%	(125)89.1%	(252)75.6%	(74)89.8%	89.2%
	Corporate	(11)90.8%	(19)84.2%	(0)100.0%	(0)100.0%	(36)97.3%	(41)96.9%	(76)94.3%	(42)96.8%	(65)95.1%	(100)92.5%	(86)93.5%	(27)81.9%	(57)95.7%	(16)90.2%	(49)96.3%	(14)91.6%	(8)52.9%	(4)76.5%	94.9%
	R & D	(2)95.7%	(4)91.5%			(6)98.6%	(8)98.1%	(14)96.7%	(7)98.4%	(12)97.2%	(18)95.8%	(30)93.0%	(13)91.4%	(11)97.4%	(9)94.9%	(8)98.1%	(8)95.5%	(2)77.8%	(1)83.3%	96.6%
	Breakdown of Medical staff compliance																			
	Consultant			(7)83.7%	(13)69.8%	(21)97.1%	(22)97.0%	(46)93.7%	(25)96.6%	(43)94.1%	(80)89.0%	(46)93.7%	(180)75.8%	(29)96.0%	(53)92.8%	(19)97.4%	(44)94.1%	(34)84.9%	(17)91.5%	92.7%
	Non Consultant			(13)87.9%	(19)82.2%	(63)85.9%	(63)85.9%	(90)79.9%	(74)83.4%	(101)77.4%	(163)63.5%	(117)73.8%	(471)44.3%	(87)80.5%	(201)76.0%	(72)83.9%	(195)76.8%	(79)58.0%	(39)75.9%	74.0%
	Compliance by Staff group																			
Compliance by Staff Group	Add Prof Scientific and Technic	(0)100.0%	(1)95.7%			(5)97.8%	(5)97.8%	(4)98.3%	(5)97.8%	(8)96.5%	(14)93.9%	(13)94.3%	(10)68.8%	(8)96.5%	(19)90.5%	(8)96.5%	(17)91.3%	(0)100.0%	(0)100.0%	95.4%
	Additional Clinical Services	(36)84.5%	(42)81.9%			(30)98.2%	(32)98.1%	(249)85.8%	(28)98.4%	(63)96.3%	(140)91.8%	(334)81.0%	(318)76.9%	(50)97.1%	(203)86.9%	(31)98.2%	(177)88.6%	(50)66.7%	(6)92.9%	91.3%
	Administrative and Clerical	(18)91.8%	(33)84.9%			(54)97.5%	(59)97.3%	(80)96.4%	(61)97.2%	(104)95.3%	(140)93.6%	(107)95.1%	(3)70.0%	(86)96.1%	(13)88.2%	(73)96.7%	(12)89.3%	(6)14.3%	(2)71.4%	95.8%
	Allied Health Professionals	(3)95.2%	(13)79.4%			(7)98.9%	(6)99.1%	(69)89.6%	(9)98.6%	(17)97.3%	(33)94.8%	(147)77.8%	(139)78.9%	(8)98.7%	(34)94.8%	(5)99.2%	(35)94.7%	(14)77.0%	(7)88.1%	93.2%
	Estates and Ancillary	(3)91.2%	(0)100.0%			(8)97.6%	(8)97.6%	(17)94.9%	(8)97.6%	(9)97.3%	(34)89.8%	(3)99.1%	(3)99.1%	(8)97.6%	(8)97.6%	(6)98.2%				96.6%
	Healthcare Scientists	(0)100.0%	(7)82.5%			(9)98.5%	(11)98.2%	(27)95.5%	(10)98.3%	(21)96.5%	(28)95.3%	(43)92.9%	(21)81.1%	(11)98.2%	(40)78.0%	(10)98.3%	(21)87.2%	(3)83.3%	(3)83.3%	95.6%
	Medical and Dental			(20)86.7%	(32)78.7%	(84)92.9%	(85)92.8%	(136)88.4%	(99)91.6%	(144)87.8%	(243)79.3%	(163)86.1%	(651)59.0%	(116)90.1%	(254)83.9%	(91)92.3%	(239)84.9%	(113)72.6%	(56)84.6%	84.6%
	Nursing and Midwifery Registered	(17)95.7%	(68)82.7%			(64)98.1%	(72)97.9%	(581)83.3%	(77)97.7%	(123)96.4%	(223)93.4%	(671)80.7%	(440)87.3%	(113)96.7%	(228)93.3%	(65)98.1%	(211)93.8%	(250)77.6%	(81)90.7%	92.5%
	Trust Total	(77)92.3%	(164)83.7%	(20)86.7%	(32)78.7%	(261)97.5%	(278)97.3%	(1163)88.9%	(297)97.1%	(489)95.2%	(855)91.7%	(1481)85.8%	(1582)78.2%	(400)96.1%	(791)89.7%	(289)97.2%	(712)90.7%	(436)75.3%	(155)89.0%	92.2%

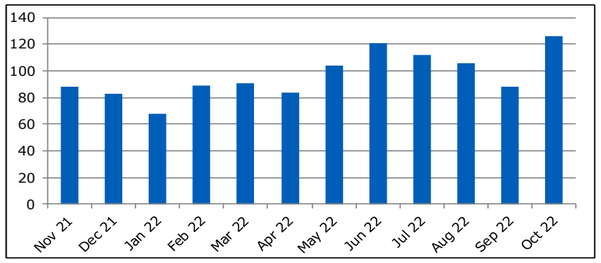
Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:

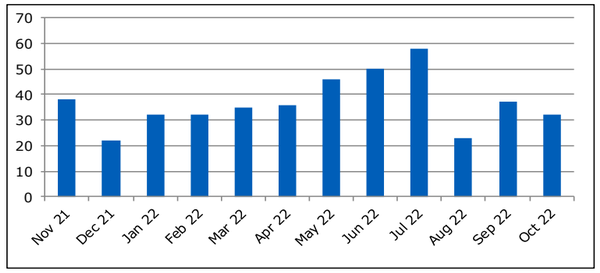


	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Total
Accident	8	12	17	16	21	16	15	14	20	15	18	16	**188**
Blood/bodily fluid exposure (dirty sharps/splashes)	26	12	15	17	18	17	16	19	20	16	13	32	**221**
Environmental Issues	13	4	1	5	4	10	4	7	20	16	1	6	**91**
Moving and Handling	3	7	5	3	4	3	3	5	2	4	7	2	**48**
Sharps (clean sharps/incorrect disposal & use)	3	3	2	7	3	6	8	4	8	10	5	8	**67**
Slips, Trips, Falls	12	9	4	6	8	7	8	7	3	5	10	4	**83**
Violence & Aggression	23	34	22	32	29	23	45	61	36	36	34	57	**432**
Work-related ill-health		2	2	3	4	2	5	4	3	4	0	1	**30**
Total	**88**	**83**	**68**	**89**	**91**	**84**	**104**	**121**	**112**	**106**	**88**	**126**	**1160**

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

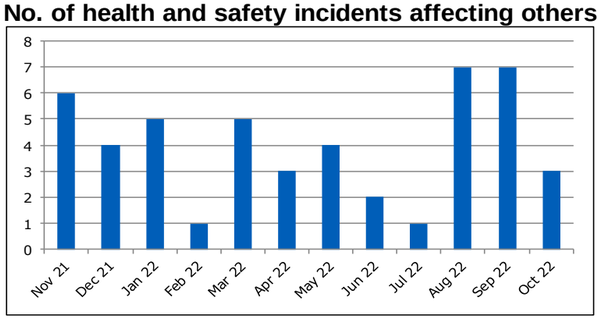
	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Total
No. of health & safety incidents	88	83	68	89	91	84	104	121	112	106	88	126	**1160**
Staff incident rate per month/year	0.8	0.8	0.6	0.8	0.8	0.8	1.0	1.1	1.0	1.0	0.8	1.2	**10.7**

No. of health and safety incidents affecting patients:



	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Total
Accident	13	7	11	11	17	19	25	20	20	8	13	13	**177**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	3	0	1	4	2	1	1	1	0	3	0	**16**
Environmental Issues	4	4	0	4	3	2	1	4	12	2	0	3	**39**
Equipment / Device - Non Medical	2	0	1	2	1	0	1	1	2	1	0	1	**12**
Moving and Handling	0	0	3	1	1	0	0	5	2	2	1	0	**15**
Sharps (clean sharps/incorrect disposal & use)	3	3	3	2	1	0	0	3	2	2	2	1	**22**
Violence & Aggression	16	5	14	11	8	13	18	16	19	8	18	14	**160**
Total	**38**	**22**	**32**	**32**	**35**	**36**	**46**	**50**	**58**	**23**	**37**	**32**	**441**

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



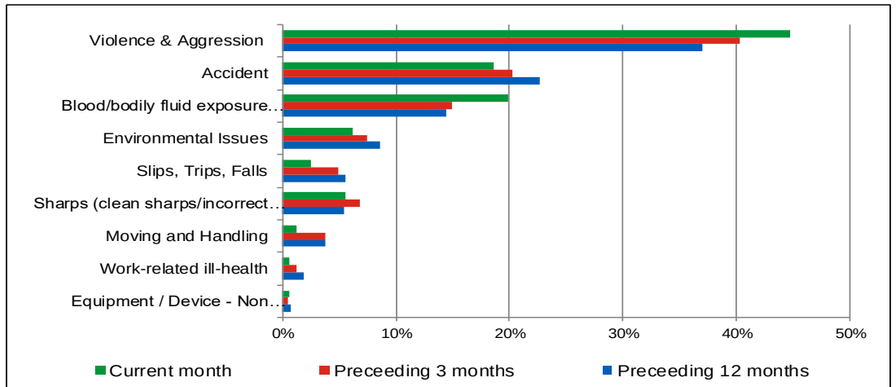
	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Total
Accident	1	1	1	0	0	0	2	1	0	0	3	1	**10**
Environmental Issues	0	1	3	0	1	0	2	0	0	2	1	1	**11**
Sharps (clean sharps/incorrect disposal & use)	0	0	0	0	0	0	0	0	0	1	0	0	**1**
Slips, Trips, Falls	3	1	0	0	1	0	0	1	0	1	1	0	**8**
Violence & Aggression	2	1	1	1	3	3	0	0	1	3	2	1	**18**
Total	**6**	**4**	**5**	**1**	**5**	**3**	**4**	**2**	**1**	**7**	**7**	**3**	**48**

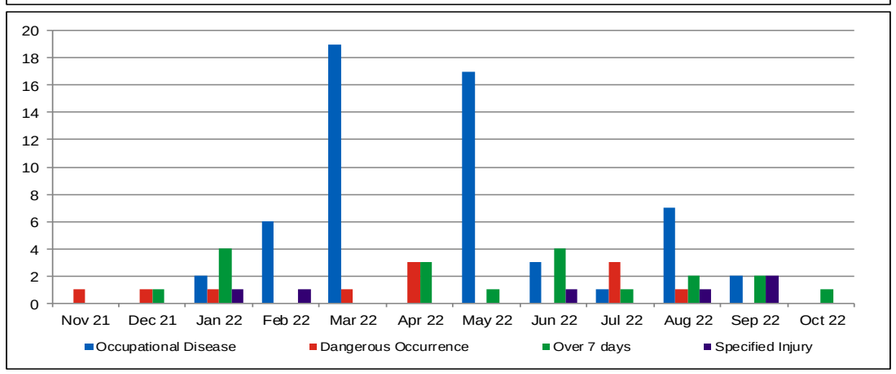
Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	Estates
No. of health and safety incidents reported in a rolling 12 month period:	**1649**	**318**	**252**	**478**	**312**	**156**	**44**	**89**
Accident	**375**	85	77	83	63	34	3	30
Blood/bodily fluid exposure (dirty sharps/splashes)	**237**	68	39	43	47	33	5	2
Environmental Issues	**141**	21	35	11	25	25	6	18
Equipment / Device - Non Medical	**12**	2	1	4	4	1	0	0
Moving and Handling	**63**	9	16	10	15	4	2	7
Sharps (clean sharps/incorrect disposal & use)	**90**	36	15	13	8	10	6	2
Slips, Trips, Falls	**91**	25	19	12	7	9	6	13
Violence & Aggression	**610**	64	44	300	138	38	11	15
Work-related ill-health	**30**	8	6	2	5	2	5	2





A total of 1,649 health and safety incidents were reported in the previous 12 months.

801 (49%) incidents resulted in harm. The highest reporting categories were violence and aggression (37%), accidents (23%) and blood/bodily fluid exposure (14%).

1,160 (70%) of incidents affected staff, 441 (27%) affected patients and 48 (3%) affected others i.e. contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (37%), blood/bodily fluid exposure (19%) and accidents (16%).

The highest reported incident categories for patients were: accidents (40%), violence & aggression (36%) and environmental issues (9%).

The highest reported incident categories for others were: violence and aggression (38%), environmental issues (23%) and accidents (21%).

Staff incident rate is 10.7 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 478 incidents. Of these, 63% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was occupational disease (61%).

40% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In October 2022, 1 incident was reported to the HSE:

Over 7 day injury (1)

- The Injured Person (IP) attended area A of the emergency department following activation of the panic alarm. Due to aggressive behaviour and threats of violence by the patient, the officers in attendance engaged in physical intervention. During this interaction, the IP sustained a muscle injury to their shoulder/arm. The IP was relieved of his duties and was seen by doctors at the emergency department. The IP has subsequently been signed off work for 2 weeks as a result of the injury.

Author(s): Helen Murphy

Owner(s):