Cambridge University Hospitals
NHS Foundation Trust

Integrated Report

Quality, Performance, Finance and Workforce to end Dec 2022

Chief Finance Officer
Chief Nurse
Chief Operating Officer
Director of Workforce

Report compiled: 31 Jan 2023

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	Oct 22 Previous Month-1	Nov 22 Previous Month	Dec 22 Current status	Trend	FYtD	Baseline	LTM
Safe	Average % compliance with individual elements of NEWS2 escalation policy	Sep-22	85%	N/A	N/A	N/A	▪	55.0%	50.0%	55.6%
	% of patients over 65 years of age who have a lying and standing blood pressure completed within 48 hours of admission	Dec-22	50%	13.3%	13.9%	12.2%	⇩	14.6%	13.4%	14.6%
	% of patients who have a VTE risk assessent undertaken within 14 hours of admission	Dec-22	95%	95.3%	N/A	95.7%	▪	95.5%	N/A	95.5%
	Average % compliance with blood cultures within 60 minutes of Sepsis diagnosis	Oct-22	95%	33.0%	N/A	N/A	▪	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)	Dec-22	7%	12.6%	13.0%	13.1%	⇧	11.9%	14.0%	11.7%
	Publication of actions and improvements undertaken as a result of feedback received from patients and their representatives	Dec-22	100%	8.3%	8.3%	8.3%	⇔	8.3%	0.0%	8.3%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Dec-22	20%	17.5%	16.6%	14.8%	⇩	16.3%	15.3%	16.2%
	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**	Dec-22	80%	72.2%	72.1%	79.6%	⇧	75.9%	74.0%	76.4%
	Same day emergency care (SDEC)	Dec-22	30%	15.6%	24.0%	19.1%	⇩	18.5%	22.0%	19.3%
	Quarterly			Jun 22	Sep 22	Dec 22				
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Dec-22	55%	25.9%	29.2%	N/A	▪	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
Cambridge University Hospitals
NHS Foundation Trust

2022/23 Performance Framework

Performance Framework - Quality Indicators				Oct 22	Nov 22	Dec 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)	Dec-22	0	1	0	0	⇔	3	4	3
	E.Coli Bacteraemias (Total Cases)	Dec-22	50% over 3 years	42	37	31	⇩	307	384	405
	C. difficile Infection (hospital onset and COHA* avoidable)	Dec-22	TBC	13	12	6	⇩	109	123	139
	Hand Hygiene Compliance	Dec-22	TBC	96.3%	96.8%	96.7%	⇩	97.0%	97.5%	97.1%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Dec-22	100%	50.0%	42.9%	33.3%	⇩	51.6%	33.8%	50.0%
	% of external visits where expected deadline was met (cumulative for current financial year)	Dec-22	80%	N/A	N/A	N/A	▪	44.4%	38.5%	45.0%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Dec-22	-	0.0%	N/A	20.0%	▪	48.8%	17.2%	46.7%
	No national audit negative outlier alert triggered	Dec-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	Dec-22	85%	80.0%	N/A	N/A	▪	60.7%	84.6%	67.5%
Nursing Quality Metrics	Blood Administration Patient Scanning	Dec-22	90%	99.5%	99.5%	100.0%	⇧	99.6%	99.1%	99.7%
	Care Plan Notes	Dec-22	90%	96.2%	96.4%	95.9%	⇩	96.5%	95.8%	96.4%
	Care Plan Presence	Dec-22	90%	99.9%	99.7%	99.5%	⇩	99.8%	99.6%	99.8%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Dec-22	90%	72.6%	72.5%	69.5%	⇩	73.6%	74.2%	73.4%
	Nurse Rounding	Dec-22	90%	99.2%	99.2%	98.8%	⇩	99.4%	99.6%	99.4%
	Nutrition Screening	Dec-22	90%	73.2%	74.1%	68.7%	⇩	74.5%	77.1%	74.4%
	Pain Score	Dec-22	90%	84.6%	83.8%	82.7%	⇩	85.1%	86.6%	85.3%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Dec-22	90%	67.5%	65.1%	63.7%	⇩	63.1%	63.1%	63.1%
	PEWS Score Recording	Dec-22	90%	99.2%	99.3%	99.3%	⇧	99.2%	99.2%	99.2%
	NEWS Score Recording	Dec-22	90%	97.3%	97.2%	97.4%	⇧	97.3%	96.6%	97.1%
	VIP									
	VIP Score Recording (1 per day)	Dec-22	90%	86.6%	85.6%	83.5%	⇩	87.4%	91.2%	88.0%
	PIP Score Recording (1 per day)	Dec-22	90%	86.6%	90.3%	87.9%	⇩	89.1%	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	Dec-22	0	3	11	19	⇧	82	29	91
	Re-opened complaints (non PHSO)	Dec-22	N/A	0	1	0	⇧	15	74	37
	Re-opened complaints (PHSO)	Dec-22	N/A	1	1	0	⇩	2	4	3
				Oct 22	Nov 22	Dec 22				
	Number of medium/high level complaints	Dec-22	N/A	27	18	14	⇩	185	244	249

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

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		31%	
	Ambulance handovers <30mins		95%	Immediate		65%	
	Ambulance handovers > 60mins	L	0	Immediate		22%	
	12hr waits in ED (type 1)	H	2%	Immediate	2%	15%	
	Cancer patients < 62 days	L	85%	Immediate		75.6%	
Cancer More information on pages 17,18	28 day faster diagnosis standard		75%	Immediate	82.6%	78.7%	
	31 day decision to first treatment	L	96%	Immediate		86%	
	Advice and Guidance Requests		16%	Mar-23	15%	9.7%	
Outpatient Transformation More information on page 21	Patients moved / discharged to PIFU	H	5%	Mar-23	4.3%	2.5%	
Diagnostics More information on page 19	Patients waiting > 6 weeks	L	5%	Mar-24		44%	
RTT Waiting List More information on page 16	RTT Patients waiting > 78 weeks	L	0	Mar-23	212	417	
	RTT Patients waiting > 104 weeks	L	0	Jul-22	-	3	

Productivity and Efficiency	SPC	In Month Actual	Actual
Non-elective LoS (days, excl 0 LoS)	H	9.0	
Long stay patients (>21 LoS)	L	223	
Elective LoS (days, excl 0 LoS)		6.2	
Discharges before noon	H	15%	
Theatre sessions used		1,122	
In session theatre utilisation	H	80.6%	
Virtual Outpatient Attendances	L	21.2%	

	Dec-22	Nov-22	% change	Feb-20	% change
Outpatients - New	25,887	33,647	↓23%	28,700	↓10%
Diagnostics - Total WL	13,626	13,570	↑0%	8,708	↑56%
RTT Pathways - Total WL	59,340	58,977	↑1%	34,097	↑74%
Cancer (62d pathway) >62d	141	134	↑5%	56	↑152%

Surgical Prioritisation - WL	Dec-22	Nov-22	% change
P2 (4 weeks) Including planned	2,366	2,262	↑5%
P3 (3 months)	5,650	5,493	↑3%
P4	3,545	3,516	↑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

75%	In Month Actual
72%	In Month Plan
87%	YTD Actual
78%	YTD Plan

Elective Daycase Activity

94%	In Month Actual
94%	In Month Plan
103%	YTD Actual
102%	YTD Plan

Emergency Admissions

82%	In Month Actual
95%	In Month Plan
81%	YTD Actual
93%	YTD Plan

New Outpatient Activity

98%	In Month Actual
115%	In Month Plan
102%	YTD Actual
101%	YTD Plan

Follow Up Outpatient Activity

109%	In Month Actual
140%	In Month Plan
109%	YTD Actual
122%	YTD Plan

Diagnostic activity (national planning submission)

101%	In Month Actual
138%	In Month Plan
109%	YTD Actual
127%	YTD Plan

RTT Clockstops (All)

90%	In Month Actual
117%	In Month Plan
92%	YTD Actual
102%	YTD Plan

RTT Clockstops (Admitted)

85%	In Month Actual
93%	In Month Plan
84%	YTD Actual
88%	YTD Plan

RTT Clockstops (Non admitted)

92%	In Month Actual
124%	In Month Plan
94%	YTD Actual
106%	YTD Plan

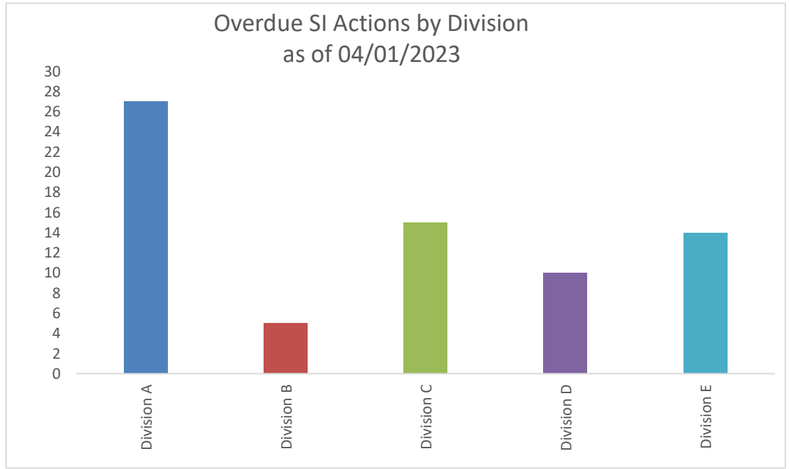
Serious Incidents

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Jan 20- Dec 22	month	-	1394	1428		-		The number of patient safety incidents is above normal variance.
Percentage of moderate and above patient safety incidents	Jan 20- Dec 22	month	2%	3.4%	2.0%		-		There is currently normal variance in the percentage of moderate and above patient safety incidents.
All Serious Incidents	Jan 20- Dec 22	month	-	5	5		-		5 Serious Incidents were declared with the ICB in November 2022, which is within normal variance for the trust.
Serious Incidents submitted to ICB within 60 working days	Jan 20- Dec 22	month	100%	0%	64%		-		Nine Serious Incidents were due to the ICB in December 2022, none of which were submitted within the 60 day target and have extension dates to submission agreed.

Ref	SI Title	STEIS SI Sub categories	Actual Impact	Division	Ward / Department
SLR150590	Mediacl device related HAPU	Hospital Acquired Pressure Ulcer	Severe / Major	Division A	NCCU
SLR151120	Delayed diagnosis of breast cancer	Diagnostic incident including delay	Moderate	Division B	Radiology



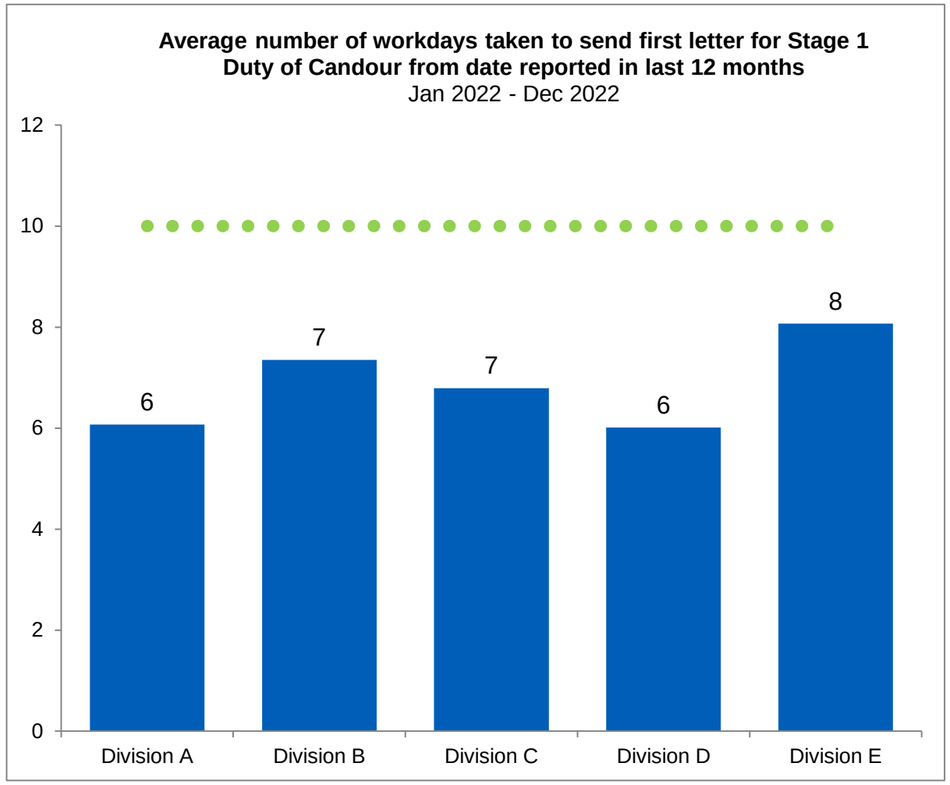
Executive Summary:
To date the number of serious incident investigations declared in 2022 exceeds the numbers of last 4 years, resources for investigating have been limited due to competing clinical and operational priorities and resources within the central patient safety team. This has impacting compliance with the 60 day Target for submissions. Further use of alternative investigation methodology and thematic reviews in collaboration with the ICB will improve the investigation process.
There has been a continued increase of reported safety incidents affecting patients. These include Hospital Acquired Pressure Ulcers which in turn has increased the number of incidents reported leading to moderate harm or above.

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*	Jan 20 - Dec 22	month	100%	50%	69%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Jan 20 - Dec 22	month	100%	50%	65%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 75% for all confirmed cases of moderate harm or above in December 2022. 50% of DOC Stage 1 was completed within the required timeframe of 10 working days in December 2022. The average number of days taken to send a first letter for stage 1 DOC in December 2022 was 7 working days.

Trust wide stage 2** DOC is compliant at 83% for all completed investigations into moderate or above harm in December 2022 and 50% 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

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	Jan 20 - Dec 22	month	-	180	143.52		-	-	There were a total of 180 falls (inpatient, outpatient and day case) in December 2022. This is within normal variance. There has been an over all increase in the number of falls over the last 36 months.
Inpatient falls per 1000 bed days	Jan 20 - Dec 22	month	-	4.89	4.56		-	-	The Trust remains within normal variance. The rate of inpatient falls has shown an increase over the last 36 months [Dec 219 - 4.28 December 2022 - 4.89]
Moderate and above inpatient falls per 1000 bed days	Jan 20 - Dec 22	month	-	0.14%	0.09%		-	-	There were 6 falls categorised as Moderate or above harm in December 2022. The level of harm is classed according to injury and not lapses in care. This is within normal variance, however three has been an overall increase over the last 36 months, some of this increase is due to changes in reporting criteria.
Falls risk screening compliance within 12 hours of admission	Jan 20 - Dec 22	month	90.0%	79.8%	87.2%	L	SP	?	Completion of Falls risk screening within 12 hours of admission remains below the 90% target. There has been an overly decrease in compliance since May 2021
Falls KPI; patients 65 and over have a Lying and Standing Blood Pressure (LSBP) completed within 48hrs of admission	Jan 20 - Dec 22	month	90.0%	12.2%	11.5%	L		-	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	Jan 20 - Dec 22	month	90.0%	31.9%	15.3%	L		-	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	Jan 20 - Dec 22	month	90.0%	72.5%	76.5%	L		-	An issue with understanding of this question has been identified. Changes to the question have been made and compliance will continue to be monitored.

Executive Summary

Trust capacity remains an important factor in the number of falls across the Trust. Number of falls are in creasing however when this is stratified by falls per 1000 bed days, data is within normal variance.
Compliance with the lying and standing blood pressure [LSBP]and confusion care planning KPI remains low. The Falls Champions are currently focusing on this.
It has been identified, via the Falls Champions monthly reports, that some areas have achieved a significant improvement in completion of LSBP. A review of these areas is underway to identify how this has been achieved and to look at ease of replication.
New CUH specific care plans have been developed and EPIC changes are being worked on currently
Changes have been made to the Falls Risk Screening, this will prompt for LSBP, confusion care plans , MCA for basic care and treatment and 4AT delirium assessments. The new Falls Risk Screening will also identify were the information to complete the screening was gained from i.e. patient, family/carer, notes, this is due to concerns that inaccurate information is being recorded for patients with confusion. The updated Falls Risk Screening is going live on the 17/01/2023.
A thematic review of falls that met the serious incident criteria is being undertaken in collaboration with the CCG. The conclusion of this review will be triangulated with the existing Falls Quality Improvement plan and any appropriate changes will be made.
Changes to the incident report for falls on QSIS have been made to capture post falls care and staffing issues. The monthly falls report will be updated to capture and review this data from February 2023.
Currently there is no resilience within the inpatient falls team as there is only the Lead Falls Prevention Specialist, due to this and increasing demand a case of need has been completed to increase the inpatient falls service.

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 - Dec 22	month	-	43	24		SP	-	The total numbers of HAPU's for Dec 2022 are lower than Nov, however, it is still over the Upper Control Limit.
To increase reporting of category 1 HAPU to achieve an upward trajectory in reporting by March 2022	Feb 18 - Dec 22	month	-	8	11		-	-	KPI 2021-2022- to increase early reporting of category 1 HAPU to prompt early prevention. Category 1 HAPUs remain within normal variance. The KPI's will remain the same.
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Feb 18 - Dec 22	month	-	33	12		SP	-	Category 2 and above HAPU's are over the upper control limit for December, and the mean trajectory remains on an upward slope.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Dec 22	month	90%	73%	80%		SP		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 - Dec 22	month	9	33	12		SP		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 17 in September to 33 in December. 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 December are lower than November, however, it is still over the Upper Control Limit.

HAPU incidents; Category 1 = 8, Category 2 = 16, Category 3 = 0, Category 4 = 0, SDTI = 12, Unstageable = 5

A thematic review is 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 induction programmes, Practice Development study days as well as ward-based teaching.

A bespoke programme for internnational nurses will commence in due course in 2023.

'Pressure Ulcer Prevention' is the theme for the first TV Link Nurse Study Day, which is planned on 23rd February 2023.

External speaker (Senior Lecturer Advanced Practice at ARU) has been invited to support pressure ulcer teaching sessions in order to release time for TVNs to focus on ward-based teaching and clinical visits.

A new band 6 TVN will be appointed within the Emergency Department to reinforce Pressure Ulcer Prevention care plan at the beginning of 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 skin inspection and completing the Waterlow Risk Assessment tool.

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

The plan to resume the Tissue Viability Steering Group meeting is currently underway.

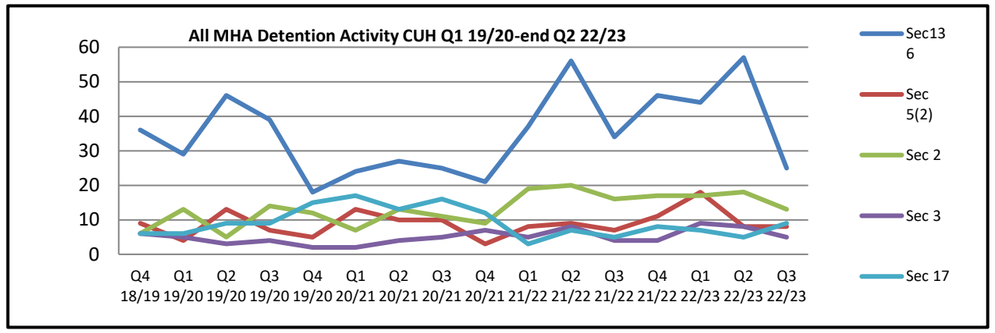
Author(s): Yaping Lian

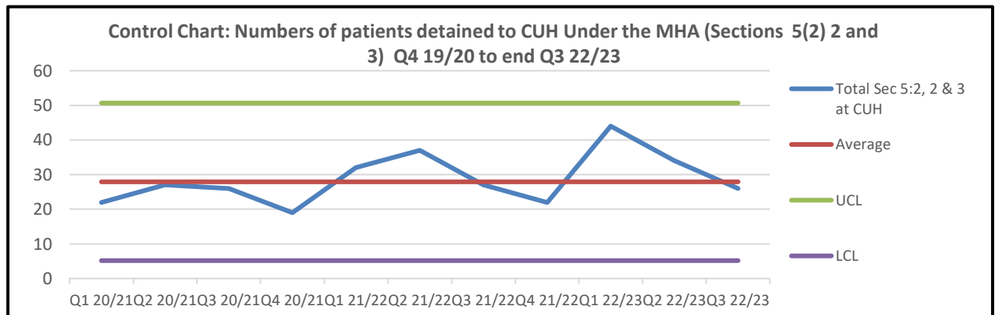
Owner(s): Oyejumoke Okubadejo

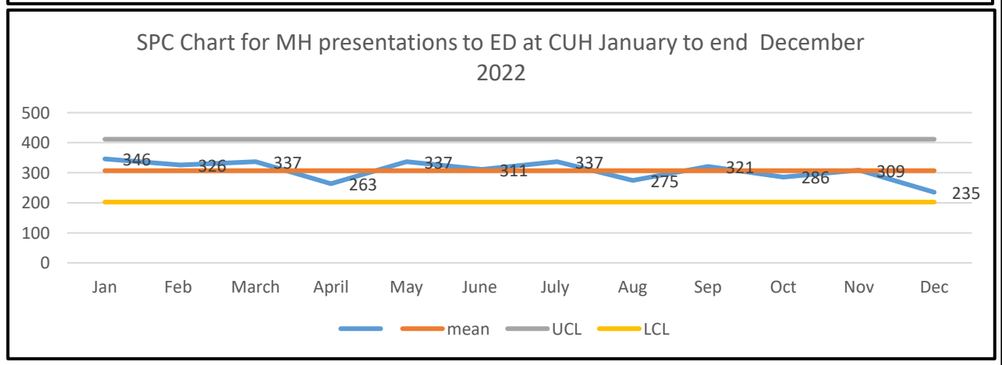
Mental Health - Q3 2022/23

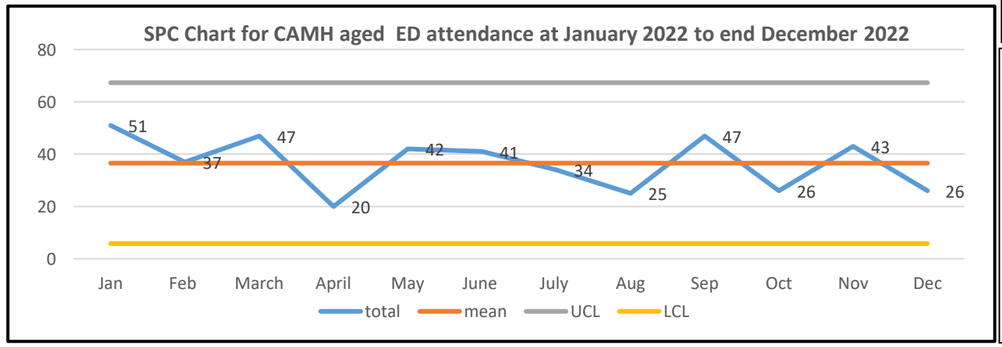
Cambridge University Hospitals NHS Foundation Trust

Mental Health









Narrative

- The numbers of inpatients detained to CUH under the Mental Health Act has fallen in Q3 22/23. The total number detained was 37.5% lower than Quarter 2 (historically a busier month) but only 9% lower than same quarter 21/22 . The overall decrease seems to be related to lower than normal Section 136 patients.
- There has been a significant reduction in Section 136 attendances in Q3 2022/23 (25 versus 57 in Q2). Although Q2 is historically the busiest quarter this number is as low as those seen during the Pandemic. This may be accounted for by low use of the Emergency Dept. when the Sec 136 suite is full, (13x in Q3) but it may also relate to low numbers in the county overall.
- The cumulative number of mental health presentations to ED in the period January to end December 2022 (3683) is 20% lower than for the same period 2019 (pre-pandemic) , 4.5% lower than 2020 and 6% lower than for the same period last year
- The number of individuals presenting to the ED at CUH with a mental health need in December 2022 (235) is 24% lower than in November 2022 (309).
- The number of *adults* presenting to ED in December (209) represents a 21% decrease on November '22 (266) .
- The *cumulative* no of adults presenting at ED for MH reasons who were subsequently admitted to CUH in the period Jan-Dec 2022 shows a 16% decrease (418 admissions) in comparison to the same period 21/22 (498 admissions).
- Compared with November '22, (43), there was a 39.5% decrease in CAMH aged patients presenting in ED in Dec '22 (26). Of these, 42.3% were subsequently admitted to a bed at CUH (11). It is unclear how many individuals this represents.
- For CAMH aged patients, the cumulative number of those admitted to a CUH bed from ED has reduced from 202 patients between Jan-Dec 2021 to 184 over the same period 2022, a 9% 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 e.g. In Q3 2022/23 38% of CAMH attendances converted to admission compared to 12.5 of adult attendances.

Ongoing work:

- The 3 band 7 MH specialist nurses are now in post.
- The lead for mental health commences in March 23.
- 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

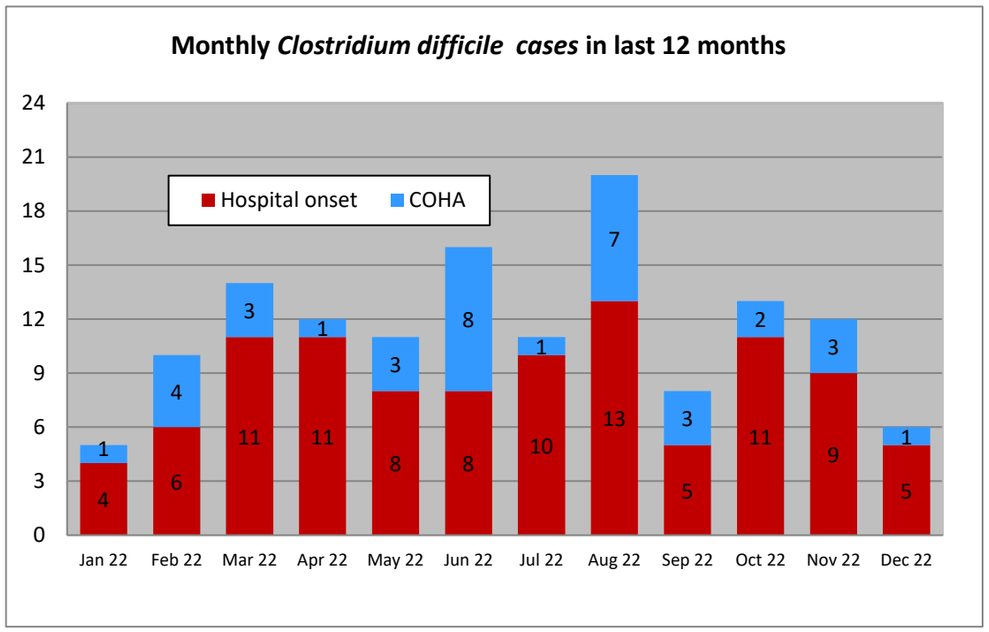
Owner(s): Lorraine Szeremeta

Together - Safe | Kind | Excellent

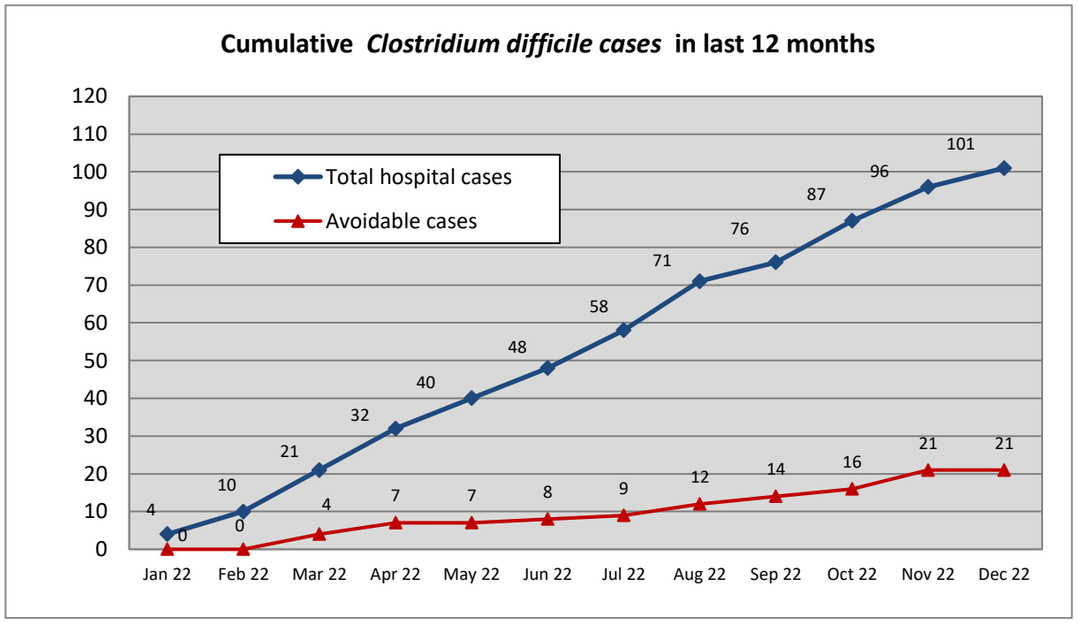
Infection Control

Cambridge University Hospitals NHS Foundation Trust

Infection Control



* 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.

• No cases of hospital onset MRSA bacteraemia in December 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*.

▪ 5 cases of hospital onset *C difficile* and 1 case of COHA in December 2022.
• 80 hospital onset cases and 29 COHA case year to date (83 cases unavoidable, 17 avoidable and 9 pending).

MRSA and C difficile key performance indicators

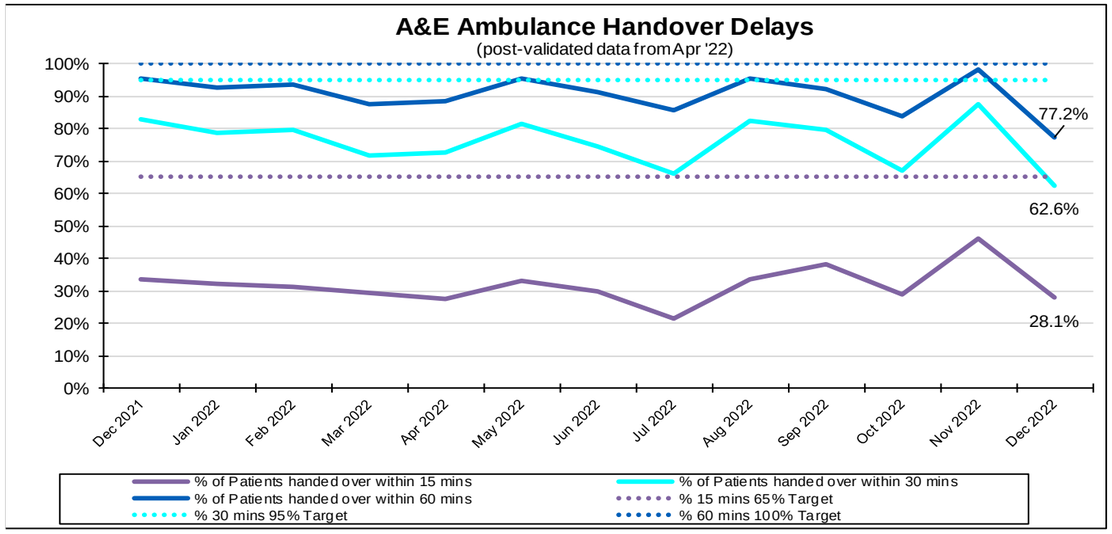
▪ Compliance with the MRSA care bundle (decolonisation) was 83.1% in December 2022 (87.3% in November 2022).
▪ The latest MRSA bacteraemia rate comparative data (12 months to November 2022) put the Trust 6th out of 10 in the Shelford Group of teaching hospitals.

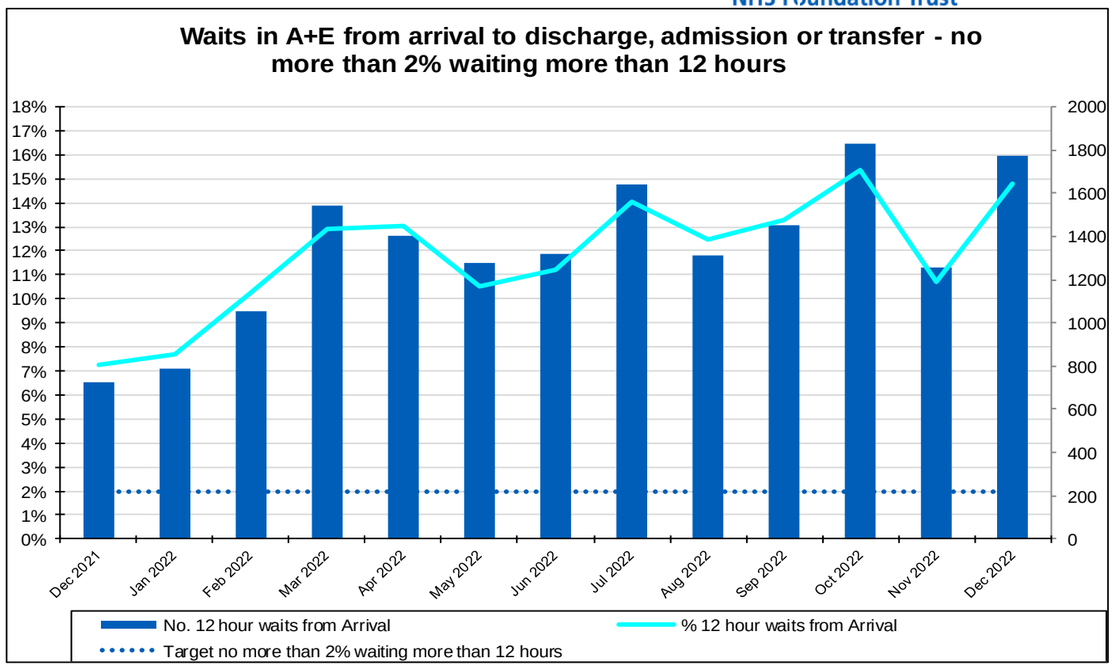
▪ Compliance with the *C. difficile* care bundle was 75.0% in December 2022 (90.9% in November 2022).
▪ The latest *C. difficile* rate comparative data (12 months to November 2022) put the Trust 9th out of 10 in the Shelford Group of teaching hospitals.

Amb. Handovers & 12 Hr Waits From

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
No. of Patients not handed over within 30 mins (Post-validation)	583	735	398	443	674	278	652
No. of Patients not handed over within 60 mins (Post-validation)	202	313	97	172	326	38	401

Demand:
- ED attendances in December were 12,012. This is 1,121 (10.3%) higher than December 2019, equivalent to an increase from 351 to 387 attendances per day.
- Paediatric attendances showed the greatest proportional rise, increasing by 36.5% (+861) from December 2019.
- 1,782 patients had an ED journey time in excess of 12 hours compared to 278 in December 2019. This represents 14.8% 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:
- 305 patients were streamed from ED to our Medical Assessment Unit (MAU) and a further 443 patients to our Surgical Assessment Unit.
- 3,106 patients were streamed to the Urgent Treatment Centre (UTC), of which 1,762 patients were seen by a GP or ECP.

Ambulance handovers: In December 2022 we saw 1,852 conveyances to CUH which was a decrease of 38% (-1,137) compared to December 2019. Of these:
- 31.3% of handovers were clear within 15mins vs. 53.2% in December 2019
- 64.8% of handovers were clear within 30mins vs. 91.0% in December 2019
- 78.3% of handovers were clear within 60mins vs. 99.0% in December 2019.

Overall:
December saw a deterioration in UEC performance compared with November. This trend was reflected across trusts nationally in the context of the significant rise in levels of COVID and flu. Despite these pressures the Trust saw an improving 3-month trend for 12hr waits and 15-minute ambulance offload delays. In January performance improved significantly, with CUH delivering the best performance of all trusts in the East of England against 60-minute and 30-minute ambulance handovers. The latest data to 15th January also shows that CUH was the 24th best perfoming trust in the country for 60-minute handover delays. Initiatives driving this improvement included a focus on improving medical discharges and in-the-moment management of delays in the department. The UEC Oversight Board and Winter Taskforce, led by the Chief Operating Officer, continue to oversee actions to drive performance during winter and formulate longer-term plans for improvement across our urgent and emergency care pathways.

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

Fit Testing compliance for substantive staff

NHS Cambridge University Hospitals NHS Foundation Trust

Fit Testing compliance for substantive staff

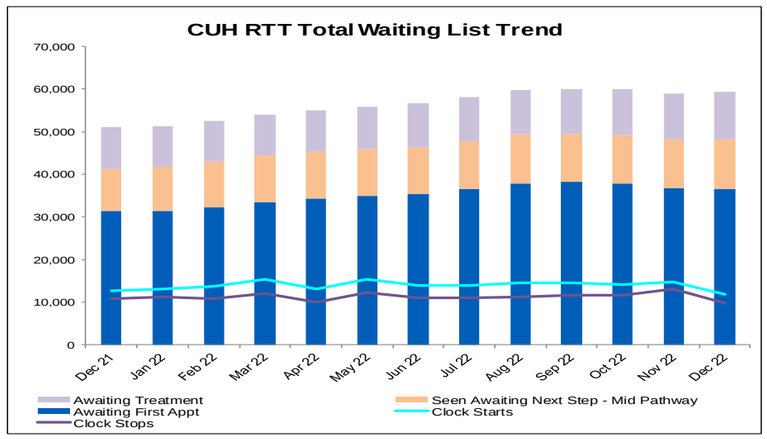
Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total 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)	12	8	67%	-	-	-	133	64	48%	1	0	0%	-	-	-	-	-	-	146	72	49%
Additional Clinical Services	8	7	88%	167	77	46%	61	30	49%	89	47	53%	68	27	40%	58	29	50%	451	217	48%
Allied Health Professionals	-	-	-	51	12	24%	115	50	43%	1	0	0%	-	-	-	1	1	100%	168	63	38%
Estates and Ancillary (Porters and Securuty Personnel only)	53	52	98%	2	0	0%	-	-	-	-	-	-	-	-	-	-	-	-	56	52	93%
Medical and Dental	-	-	-	103	36	35%	66	23	35%	135	60	44%	69	19	28%	85	39	46%	458	177	39%
Nursing and Midwifery Registered	-	-	-	492	293	60%	25	8	32%	216	122	56%	146	68	47%	257	138	54%	1136	629	55%
Total	**73**	**67**	**92%**	**815**	**418**	**51%**	**400**	**175**	**44%**	**442**	**229**	**52%**	**283**	**114**	**40%**	**401**	**207**	**52%**	2415	1210	50%

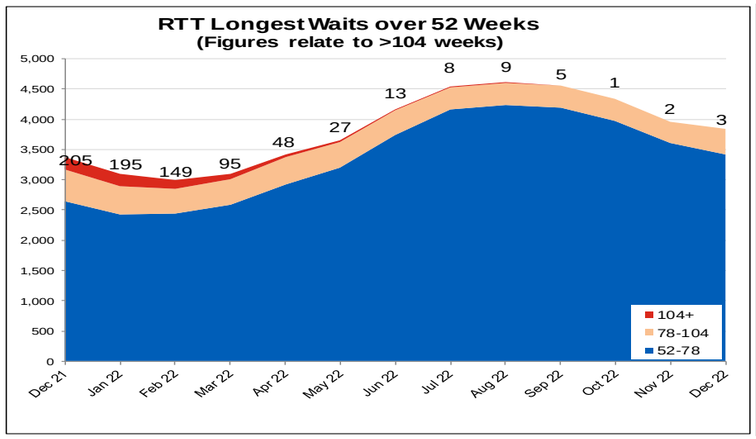
The data displayed is at 17.1.23 . This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirest, student Nurses, AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place 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.

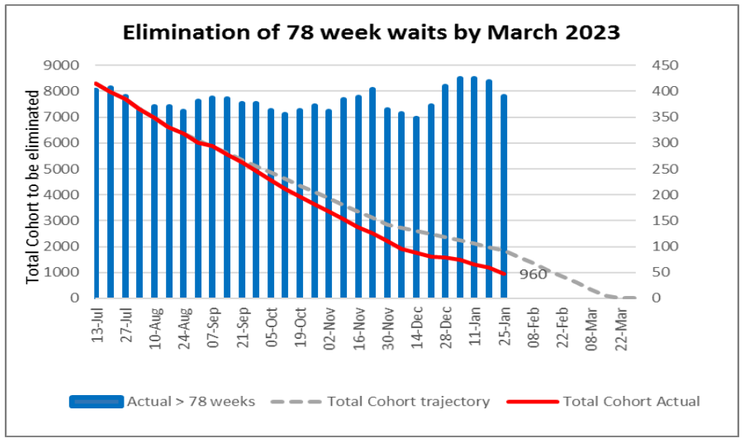
Referral To Treatment - (RTT)

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 December the total waiting list size increased by 363 to 59,340 following two months of reduction . Our Month 9 planning submission had forecast reduction to 51,713 so we are have reduced our variance to 14.7% above plan this month. Compared to pre-pandemic the waiting list has grown by 74%.

With Christmas holidays, the number of patients joining the RTT waiting list (clock starts) were down by 12% on last month, but were just 0.6% lower than the same month in the baseline year. We had forecast continued referral growth of 2.3% above 2019 baseline and cumulatively year to date we are now 3% above planned levels. Clock starts (referrals) represented a lower 20% of the total waiting list size in the month. Patients waiting to commence their first pathway step still account for 62% of the total.

The number of RTT treatments (stops) delivered in December were down by 17.7% on last month, and represented 90.3% compared to December 2019. On top of the Christmas break, this month was impacted by two additional days of disruption to elective activity due to the RCN Industrial Action. The RTT treatments for those days were 60% lower than comparable weekdays in December, an estimated loss of ~600 clock stops. Total treatments cumulatively are now 10% below plan year to date. Together with the contribution from validations, the variance for total removals has increased to 4.7% below plan year to date. The clearance time for the RTT waiting list (how long it would take to clear if no further patients were added) increased to 24 weeks.
The 92nd percentile total waiting time reduced to 48 weeks.

The volume of patients waiting over 52 weeks reduced for the fourth consecutive month by 3% to 3,839. For the first time the most recently published National figures also showed a drop for this cohort by 1% in November. 980 patients in total were treated who had waited over a year, 10.1% of treatments. The specialties with the highest volumes over 52 weeks are ENT, OMFS (both still with over 500), then Cardiology, Orthopaedics and Ophthalmology (each over 300). All of these bar Ophthalmology did have a reduction in month.

The volume of patients waiting over 78 weeks increased by 66 at the end of December to 417. The current rate of reduction of the total cohort is now 898 ahead of trajectory to deliver the requirement to eliminate 78 week waits by April 2023. The remaining patients to treat have fallen to below 1000 from 8300 in July . We are also tracking twelve individual specialty trajectories for our Tier 2 recovery monitoring meeting. To assist with some risks ahead of year end, mutual aid support from NWAFT may be sought to support OMFS surgery, and internally some surgical teams are supporting Sunday lists to address shortfalls in ENT. With further Industrial Action impacting another two dates in early February there is now greater risk to achieving zero at year end given there will be a need to reschedule cancelled higher clinical priority activity first.

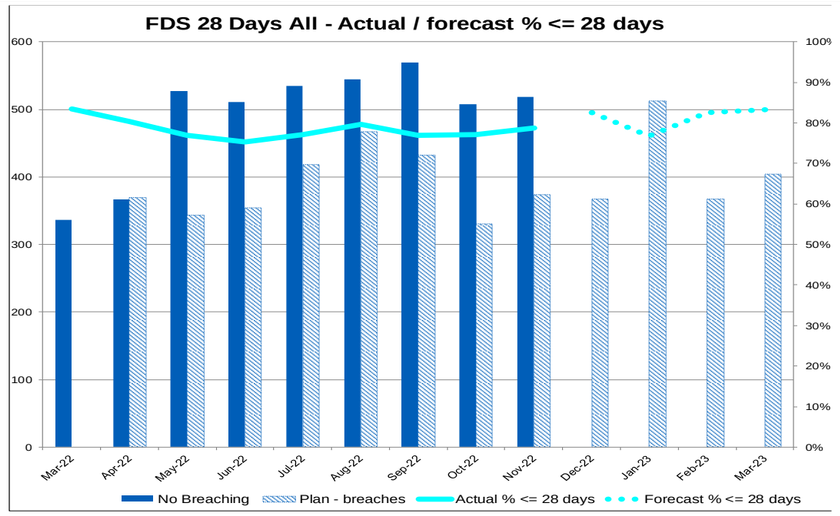
We reported three breaches over 104 weeks in December: one patient choice, one unfit with COVID and one data quality. All are now completed. We currently expect zero 104 breaches in January. Nationally the RTT waiting list fell for the first time since the start of the pandemic to 7.19 million in November 2022, with 5.5% of patients waiting over 52 weeks. CUH in the same month dropped to 6.7% over 52 weeks, ranked 9th of the fourteen Acute Trusts in EoE. At 12.8% over 52 weeks, Norfolk and Norwich remains the greatest challenge in the Region followed by West Hertfordshire at 7.9%. We remain third highest amongst the Shelford Group with Birmingham the most challenged with 17.9% over 52 weeks.

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	Qtr 2 - 22/23	Oct-22	Nov-22
2Wk Wait (93%)	93%	93.0%	94.9%	81.8%	78.9%	83.3%	75.2%	72.7%	72.5%
2wk Wait SBR (93%)	93%	84.4%	92.4%	43.9%	35.5%	55.1%	32.1%	17.7%	22.2%
31 Day FDT (96%)	96%	92.9%	91.7%	91.0%	94.3%	91.0%	89.9%	92.6%	86.0%
31 Day Subs (Anti Cancer) (98%)	98%	98.8%	99.7%	100.0%	100.0%	100.0%	99.7%	100.0%	99.1%
31 Day Subs (Radiotherapy) (94%)	94%	94.9%	99.1%	98.3%	93.7%	85.1%	88.2%	86.1%	96.2%
31 Day Subs (Surgery) (94%)	94%	87.5%	85.1%	83.0%	89.0%	82.9%	69.7%	81.0%	77.6%
31 Day - Combined	**96%**				**94.2%**	**89.3%**	**88.7%**	**90.4%**	**90.1%**
FDS 2WW (75%)	75%	83.8%	81.1%	85.3%	81.3%	78.0%	78.9%	79.2%	80.4%
FDS Breast (75%)	75%	99.5%	97.6%	98.0%	94.6%	96.6%	92.4%	88.5%	90.7%
FDS Screen (75%)	75%	65.8%	72.9%	65.7%	64.5%	64.6%	63.4%	54.0%	57.7%
FDS - Combined	**75%**				**80.6%**	**77.4%**	**78.0%**	**77.2%**	**78.7%**
62 Day from Urgent Referral with reallocations (85%)	85%	**75.4%**	**78.0%**	**74.2%**	**69.6%**	**73.2%**	**70.3%**	**66.1%**	**75.6%**
62 Day from Screening Referral with reallocations (90%)	90%	**68.6%**	**54.8%**	**67.1%**	**60.0%**	**53.8%**	**55.9%**	**62.9%**	**40.0%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	65.8%	66.7%	48.4%	56.7%	62.9%	68.2%	54.5%	45.5%
62 Day Reallocations - Combined	85%			**72.3%**	**67.7%**	**70.7%**	**68.0%**	**65.4%**	**69.2%**



The latest nationally reported Cancer waiting times performance is for November 2022.
The Cancer Waiting Time standards are currently out for consultation Nationally, the proposal was to consolidate into three combined standards: Faster Diagnosis within 28 days; Referral to Treatment within 62 days; and Decision to Treat to Treatment within 31 days, however it is understood this will now not happen by the expected date of April 2023. CUH will continue to shadow monitor the combined standard performance as reflected in the table above in preparation for future changes.

The volume of 2ww patients seen in November 2022 was 15.5% than in November 2019. 2ww breaches increased to 653 in November from 590 in October leading to a deterioration in performance at 72.5%. 82.5% were capacity related. Breast remain the site with the majority of breaches with 60% , followed by Skin at 23.8%. The breaches that were due to capacity reflected an ongoing average wait of 24 days for Breast and 25 days for Skin during November. The National 2WW performance was higher at 78.7%. For symptomatic breast referrals our performance improved but remained well below National at 22.2% compared to 75.2%, with the service clinically prioritising the suspected cancer referrals.

Our combined performance on the Faster Diagnosis standard within 28 days remained ahead of target at 78.62%. National average was 69.6% for FDS.
The 62 day Urgent standard performance recovered slightly in November to 75.6%. This remained ahead of performance Nationally of 61%. There were 46.5 accountable breaches of which 30 were CUH only pathways. Of the total breaches 29 of these delays were provider initiated delays, within which 11 due to outpatient capacity and 3 were due to histopathology delays. 15 were due to late referrals of which 9 were treated within 24 days of transfer. Complex pathways requiring multiple diagnostic tests reduced this month with 7 breaches. Breaches spanned 10 cancer sites, with the highest volumes by site being Urology with 11.5 and Breast with 10.5. The 62 day screening standard incurred 18.5 breaches this month, between Breast (54% of screening breaches) and Lower GI. Performance was 40%% compared to higher National performance at 67%. 36% of delays on a screening pathway were due to provider initiated delay including outpatient capacity and 33% of delays were due to elective capacity (surgery).

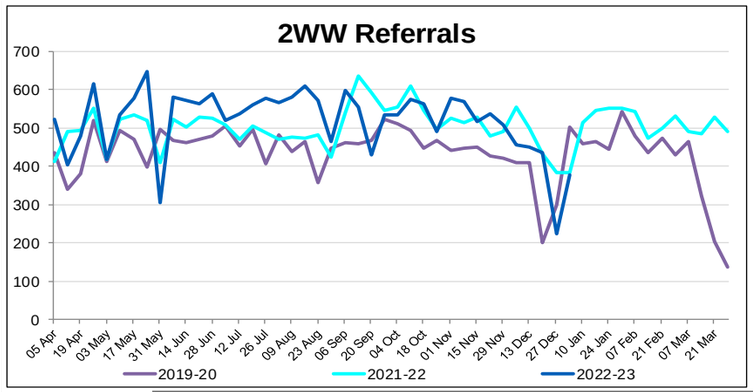
The 31 day FDT standard deteriorated in November to 86%%, and was below National at 91.56%. The subsequent surgery standard also deteriorated to 77.6% against National of 81.04%. Elective capacity accounted for 86% of those exceeding 31 days, Breast and Skin specifically accounted for 22% of the breaches each. The subsequent radiotherapy performance improved and has returned to above target performance at 96.2%.

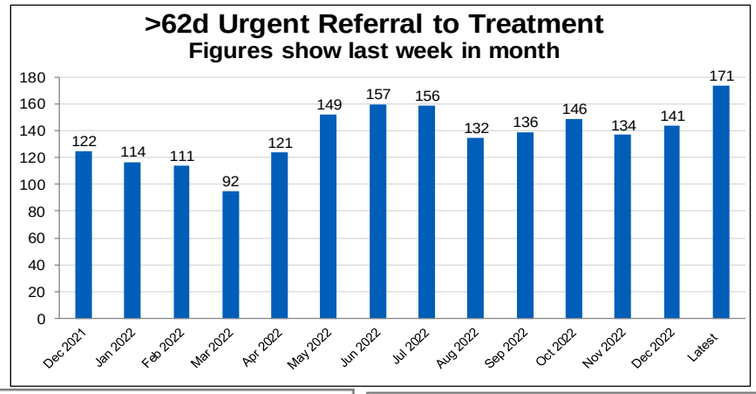
32 pathways waited >104 days for treatment in November. 24 were shared pathways with the highest volume from a single Trust being NWAFT with 10. 6 CUH pathways exceeded 104 days across Breast, LGI, Skin and Urology. Capacity delays and Complex diagnostic delays were the reasons. The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust and to date all pathways except one were classed as 'no harm' or 'low harm'. The Urology pathway classed as severe harm has been submitted to the Trust harm review panel for review.

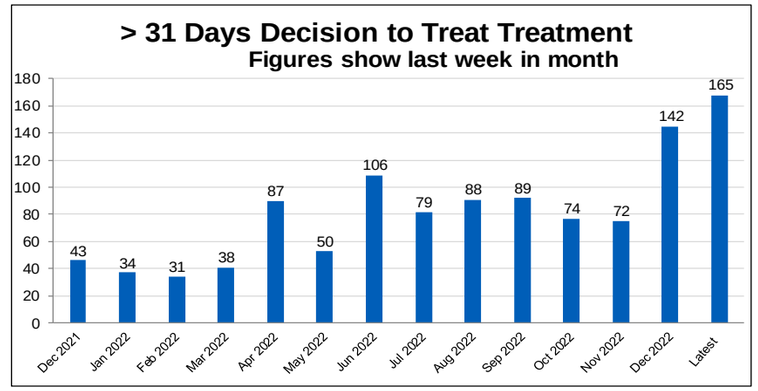
Cancer

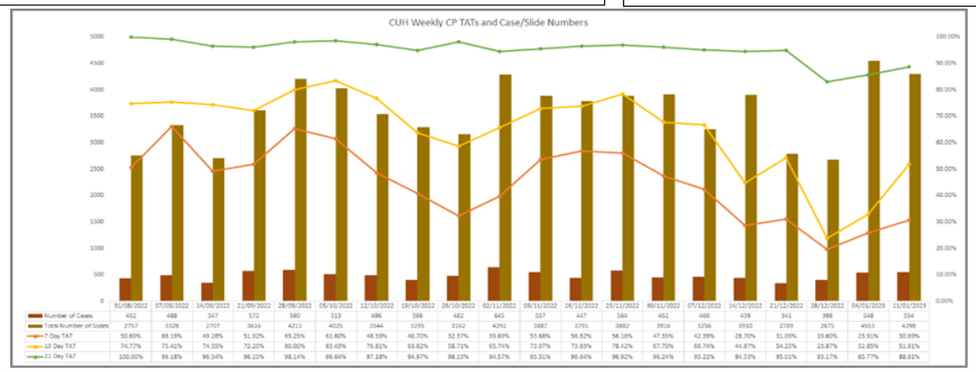
Cambridge University Hospitals NHS Foundation Trust

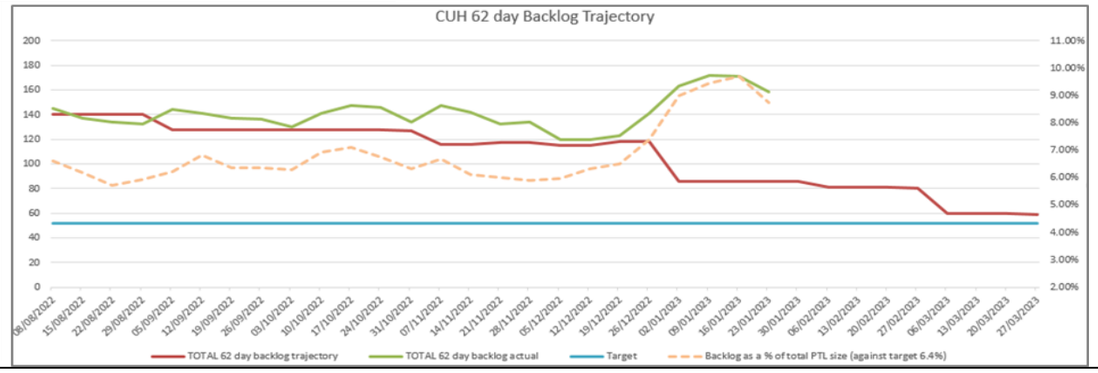
National Targets











Current position

In December 2WW suspected cancer referral demand reduced with significant drops over the Christmas period, this has since returned to 119% against a pre covid average. 2ww breaches reduced in December in Breast as forecast and by early January 2023 patients were able to be seen within 14 days. It is forecast that the 2WW and Breast symptomatic standard will be achieved from February 2023, the first time since October 2021.

The number of patients waiting longer than 62 days from referral to treatment is monitored against our recovery trajectory submitted to the Cancer Alliance. The backlog > 62 days significantly increased over the Christmas period and variance from trajectory is now at 72, representing 8.75% of the total cancer waiting list over 62 days. This has resulted in a drop to 3rd in the region. The highest variances from plan are in HPB and Skin. The majority of patients on a HPB pathway are referrals from other providers some of which are received post day 62, patients on a skin pathway are all CUH patients not all have confirmed cancer; we are closely monitoring the actions for all sites through the Operational Taskforce and Divisional Executive meetings. 61% of backlog are CUH only pathways, of which Skin are 35%, 79% of these have not had cancer confirmed/excluded. Although the backlog for Urology has reduced they still constitute the largest proportion of inter trust backlog at 39%, with HPB at 29%. A refreshed trajectory is currently being developed in line with the national planning expectations for 2023/24 to reduce the backlog to pre covid levels by March 2024.

December saw a marked deterioration in histology turn around times within 7 days, this was due to an increase in sickness; decrease in overtime undertaken and annual leave over the Christmas period. Performance is starting to recover in January however is only at 28% in 7 days at the end of January. This has not however impacted on the number of patients waiting over 28 days for diagnosis which has reduced from 599 at the end of December to 356 at the end of January.

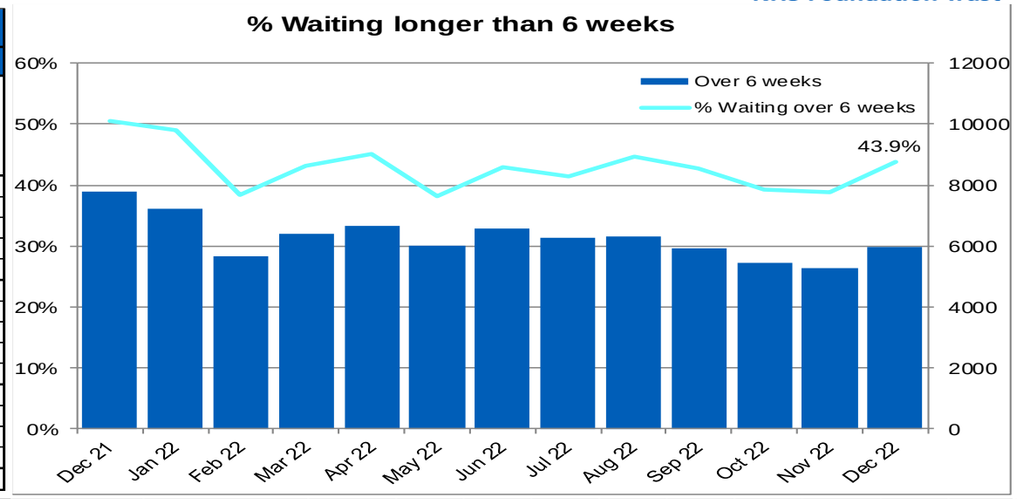
The number of patients waiting over 31 days for treatment has increased to 152 from 118 last month. 79% are booked for treatment. Skin account for 55% of the delays across both Dermatology and Plastics. HPB account for 14% and Urology for 12% (with 78% of this being in renal), all due to surgical capacity. Breast have reduced their backlog to 5% with increased NHS capacity in the independent sector in January. Medical workforce gaps in Urology are impacting on the service with the position not having improved from last month, 1 replacement Consultant will commence in post on 1st February. HPB continue with delays to surgery and RFA treatment, a business case is in progress for additional resource.

Diagnostics

Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Change from previous month:		Dec-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 Dec-19 Baseline	Total Activity	Variance from Dec-19 Baseline
Imaging	Magnetic Resonance Imaging	2738	1962	40%	51.3%	9	2467	104.4%	2870	106.1%
	Computed Tomography	1716	1038	65%	44.2%	8	2723	108.8%	5721	111.8%
	Non-obstetric ultrasound	3397	1876	81%	48.7%	8	2814	93.4%	3497	91.8%
	Barium Enema	32	31	3%	9.4%	4	38	152.0%	46	184.0%
	DEXA Scan	577	648	-11%	13.3%	4	437	100.9%	437	100.0%
Physiological Measurement	Audiology	860	338	154%	57.0%	8	326	78.2%	326	78.2%
	Echocardiography	2204	967	128%	57.3%	11	1054	93.2%	1493	104.6%
	Neurophysiology	152	269	-43%	3.3%	3	210	87.5%	227	92.3%
	Respiratory physiology	54	24	125%	59.3%	10	17	106.3%	17	106.3%
	Urodynamics	260	93	180%	65.0%	11	67	136.7%	67	136.7%
Endoscopy	Colonoscopy	598	539	11%	7.7%	3	383	96.2%	395	97.3%
	Flexi sigmoidoscopy	168	106	58%	7.1%	4	49	72.1%	69	74.2%
	Cystoscopy	148	236	-37%	12.8%	4	268	79.5%	278	80.6%
	Gastroscopy	722	581	24%	7.1%	3	431	75.7%	511	79.6%
Total Diagnostic Waiting List		**13626**	**8708**	**56%**	**43.9%**	**8**	**11284**	**97.6%**	**15954**	**101.4%**



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. Only one diagnostic modality was achieving <5% in December.

Total diagnostic activity in December delivered to 101.1% of December 2019 baseline. Scheduled activity only, which addresses our waiting list, delivered 97.6% this month. The total waiting list size increased by 56 to 13,626, but the volume of patients waiting over 6 weeks increased by 703 this month so the > 6 weeks performance deteriorated sharply to 43.9%. . Nationally published data for November 2022 shows National performance of 26.9%.CUH ranks 132nd out of 156 providers. From a Regional perspective, CUH were ranked 10/13 with Kings Lynn, E&N Herts and NWAFT having a slower recovery rate. Within the Shelford Group only Birmingham is behind ranked 143rd Nationally.

Imaging activity overall achieved baseline levels for total activity and scheduled activity at 104% and 101.7% respectively. The waiting list reduced by 159, but >6ww increased by 253..

- **CT** increased long waits over 6 weeks by 36 despite a drop of 103 in total waiting list size. Activity remains higher than baseline. As 60% of those waiting over 6 weeks are still Cardiac CTs, a week in January and February has been planned to try to specifically increase the cardiac activity. We continue to seek the support of RPH for these as their capacity allows, and a mobile unit that can delivery CT Cardiac is also still being explored. CUH CT is ranked 130th out of 136 Nationally for recovery of 6ww performance, with only East & North Herts from EoE further behind at 134th.
- **MRI** total waiting list continued to reduce in month by 129, but the volume over 6 weeks increased by 117 leading to a deterioration to 51.3%. The service is not forecasting total waiting list recovery by year end as the rate of reduction has slowed even though activity remains above baseline. MRI sunder GA are a particular risk for over 6ww waits. The next MRI replacement has been delayed is now likely to be after the end of the current year. CUH MRI % recovery is 126th of 137 Nationally, with only E&N Herts behind at 131st and Kings Lynn 132nd.
- **Dexa** have recovered their total waiting list to baseline, and rank 82nd of 117 providers Nationally. The > 6 weeks waits increased by 31 in month dropping performance to 13.3%.
- **Ultrasound** total waiting list saw a reduction of just 15 in month, but the >6 week waits increased by 71 which meant % performance deteriorated. Activity in month was the only Imaging modality to deliver lower than baseline. Vacancies and phased return to work still high amongst staff. One post offered to an overseas candidate and a potential secondment for another post. Ultrasound recovery ranks 127th of 140 Nationally, with both Norwich and NWAFT being below at 132nd and 129th respectively.

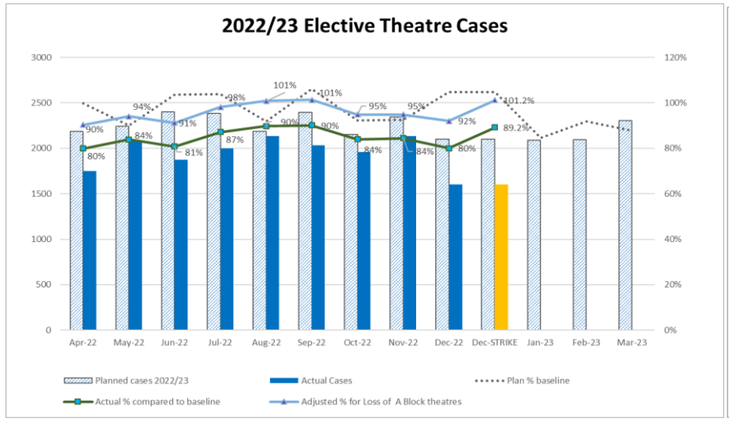
Physiological measurement saw a waiting list increase of 151 in December within which Audiology increased by 121. Audiology are carrying a vacancy rate of 30% currently. All bar two vacancies have been appointed to, but there are delays with pre-employment procedures. Echocardiography had a high increase of 199 in the > 6ww leading to a deterioration back to 57% in performance. Current insourcing arrangements have been extended to the end of the financial year but further resignations will impact on staffing which will delay recovery further into 2023/24. We are now ranked 96th of 128 Nationally for Echo recovery, with five EoE Trusts below us, 2 of which (James Paget and NWAFT) have over 70% of patient waiting over 6 weeks.

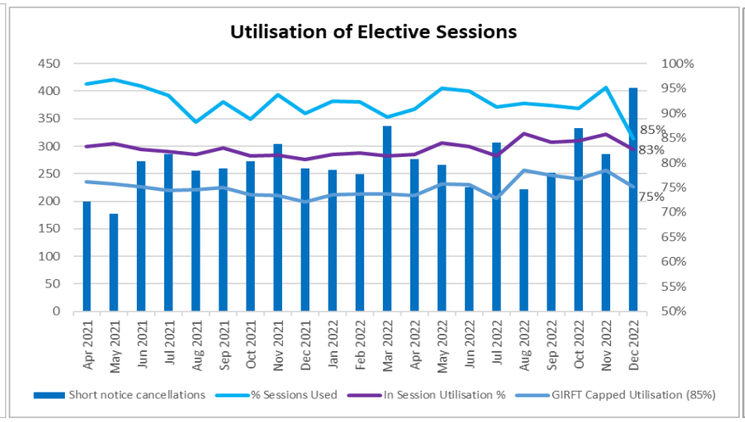
Endoscopy modalities were impacted by Strike action as do require nursing support, so performance in endoscopy deteriorated in month. They expect to be back to <5% by February.

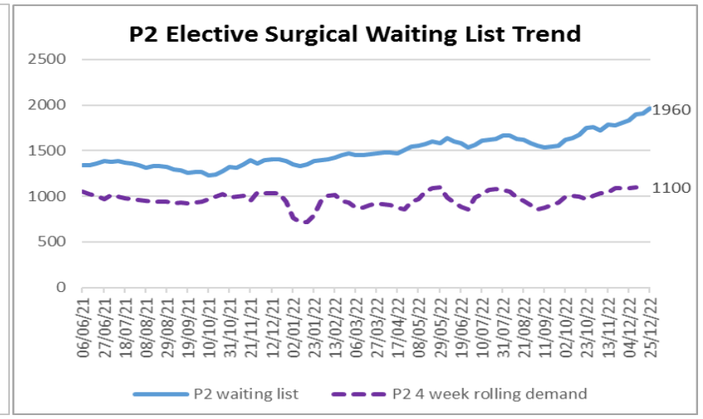
Operations

Cambridge University Hospitals NHS Foundation Trust

Operational Performance







Compared to 2019 baseline, elective theatre activity in December was at 80.0%, lower than the 84.4% seen in November. This lower activity level was a result of the two days of industrial action taken by the Royal College of Nursing in December; after taking this into account the activity would have achieved 89.2%. After further taking into account the loss of the A-Block theatres from our capacity, performance would increase to 101.2%. Our plan for December 2022 was to deliver 105% of baseline (before adjustments), which we fell short of by 495 operations.

- Productivity in December was also impacted by the industrial action. In December we achieved 84.9% of sessions used, down from 95.2% in November, the lowest month in the 2022/23 year to date
- In-session utilisation reduced to 82.7% in December compared to 85.7% in November. Against the GIRFT Capped Utilisation metric our performance was 75.1% against the required 85.0%
- Short notice cancellations of elective sessions in December increased significantly to 406 compared to 285 in November. This equated to 765 hours of theatre time
- At the Ely Day Surgery Unit the GIRFT Capped Utilisation metric increased to 63% for the year to date, an improvement from 61% in November
- The Cambridge Eye Unit saw a reduction in session uptake to 85.9% although capped utilisation increased to 68%
- With both Ely and the CEU uninterrupted by winter bed pressures these remain the areas where further utilisation gains are the focus of improvement. The Surgery Programme Board has reassigned a number of sessions at Ely from January given the underutilisation of some specialities, with Breast, Urology and Vascular Access picking up these sessions.

The number of P2 patients awaiting surgery has increased by a further 10% compared to November, to 1,960. The highest increase has been in Plastic Surgery which represented 24% of the increase. The four week rolling P2 demand has now been consistently above 1,000, peaking at 1,100 in the most recent week shown above. The volume waiting over four weeks has increased by 216 over the past month to 1,161. The Surgical Prioritisation Group (SPG) continues to allocate theatre capacity based on the P2 demand as the dominant principle, but specialties then need to align their medical workforce to also match that as a priority which is dependent on flexibility with job plans.

Modelling has recently been undertaking to support the SPG determines the appropriate allocation of theatres in April and May. This modelling identifies that:
- The weekly demand for P2 patients, including the clearance of the backlog, has increased by 6.4% compared to the previous modelling round in November. Patients with a prioritisation of P2 now represent nearly 70% of total modelled demand
- Patients with a priority of P4 are not factored into modelled demand and therefore this modelling assumes a growing P4 waiting list
- The high number of bank holidays across April and May (five) represent a loss equivalent to one week's work. Further work is being undertaken to incentivise weekend working, recognising the importance of not destabilising the fill of in-week rota gaps.

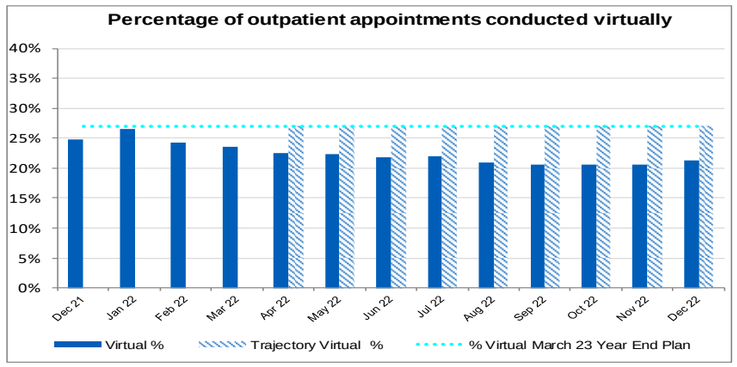
The Surgical Movement Hub comprising of three additional theatres is planned to open in August and will be operating initially five days a week (Mon-Fri), totalling 15 lists per week. We are primarily planning to utilise this capacity for orthopaedics, but also looking at whether spinal work could be undertaken too. Initial discussions are underway, with a proposal to run two theatres as purely orthopaedic theatres per week and the third theatre as two days per week of cold orthopedics and three days a week of spinal surgery, in line with our HVLC and elective recovery plans.

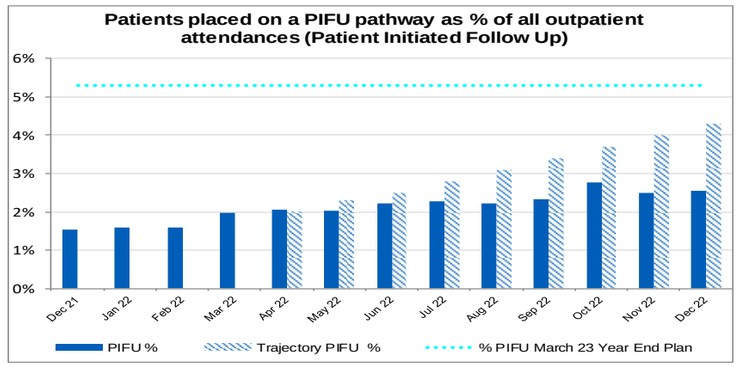
The SPG is also looking at a further two theatre allocations following the refurbishment of the neurosurgical theatres in October.

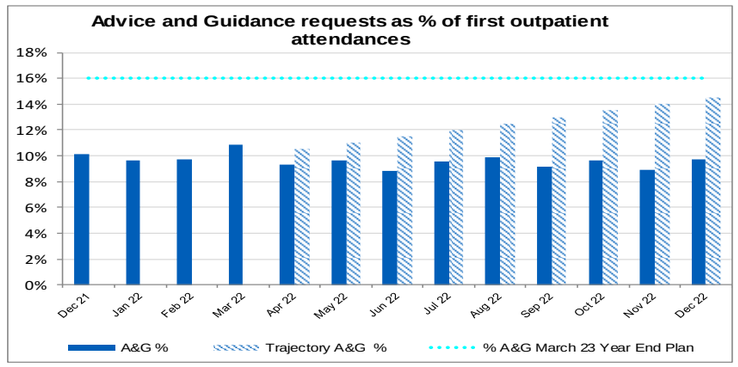
Outpatients

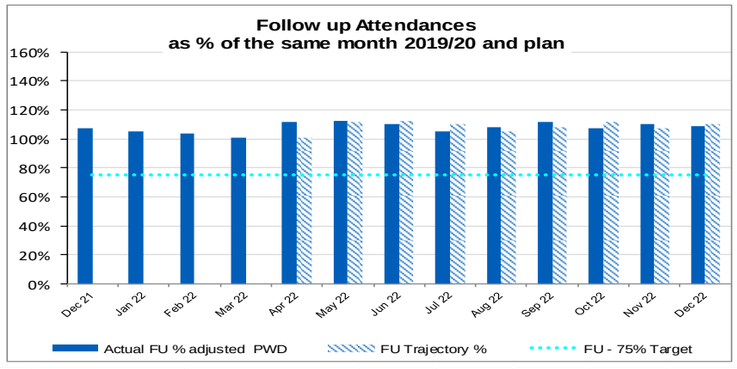
Cambridge University Hospitals NHS Foundation Trust

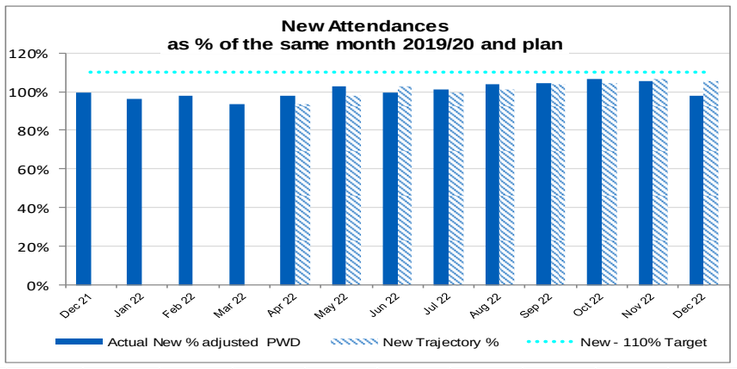
Operational Performance











In December outpatients delivered 97.5% new activity against baseline which has been adjusted for working days per month. This is significantly lower than normal as has likely been impacted by strike action, which will have a longer term effect on backlogs. Follow-up numbers performed below baseline at 109.3%, although again likely impacted by strike action and is still too high. This figure is also adjusted for working days per month. Divisions are testing a combination of pathway redesign, waiting list initiatives and clinic template changes to further increase new activity. GIRFT Outpatients guidance is now available for **15** specialties, published first in November 2022, further supports specialties to test change ideas including waiting list initiatives, specialist advice, virtual appointments, DNAs and PIFU. An NHSE data opportunity tool enables specialties to benchmark with and learn from other Trusts e.g. on new:follow up ratio, virtual, PIFU, DNA and other metrics.

A new Patient not Present SOP is now live to support specialties to test this change idea. Patient pathways are being redesigned to reduce follow ups e.g. in Gastroenterology, Nephrology and Gynaecology. More specialties are in early discussions about possible pathway re-designs by incorporating remote monitoring where it is clinically sensible to do so.

PIFU numbers remain at 2.5% and are still below trajectory. Several specialties are focusing on increasing PIFUs as part of pathway redesign. CHEQS data shows that PIFU does reduce follow ups. As at Jan 23, 93.9% of the 27,245 PIFU orders placed at CUH since 2019 that have now expired, expired with no follow up taking place, saving 25,589 follow ups.

For A&G in December there was a positive increase of 1.5% to 17.2%, so CUH is again meeting the 16% national target. 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. 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 perform poorly against the target of 25%, currently running at 21.2%, which is a slight increase of 1.2% on last month.

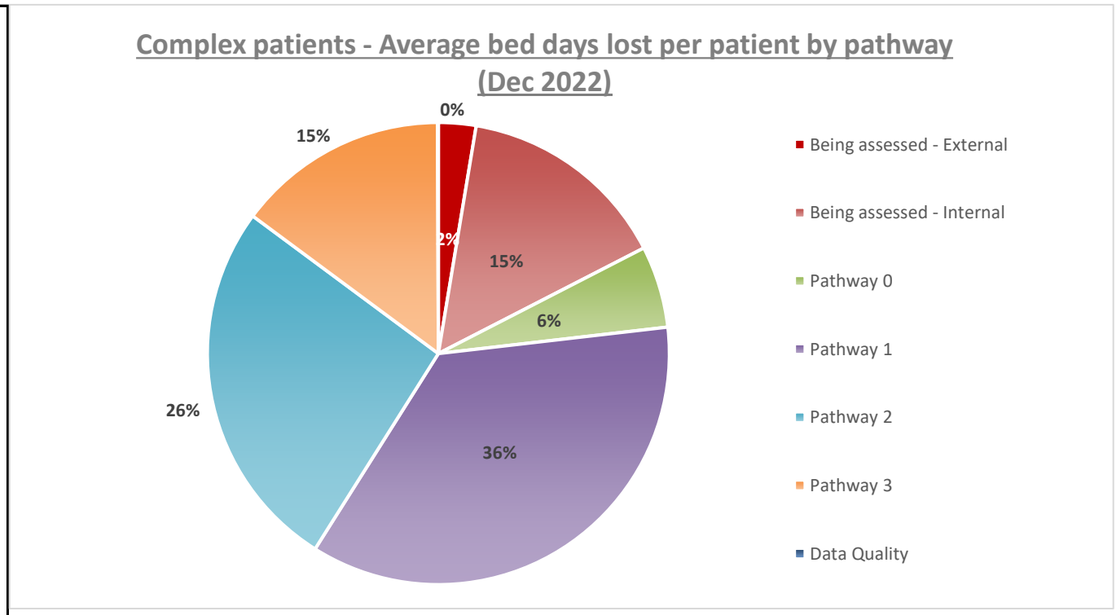
Author(s): Andi Thornton

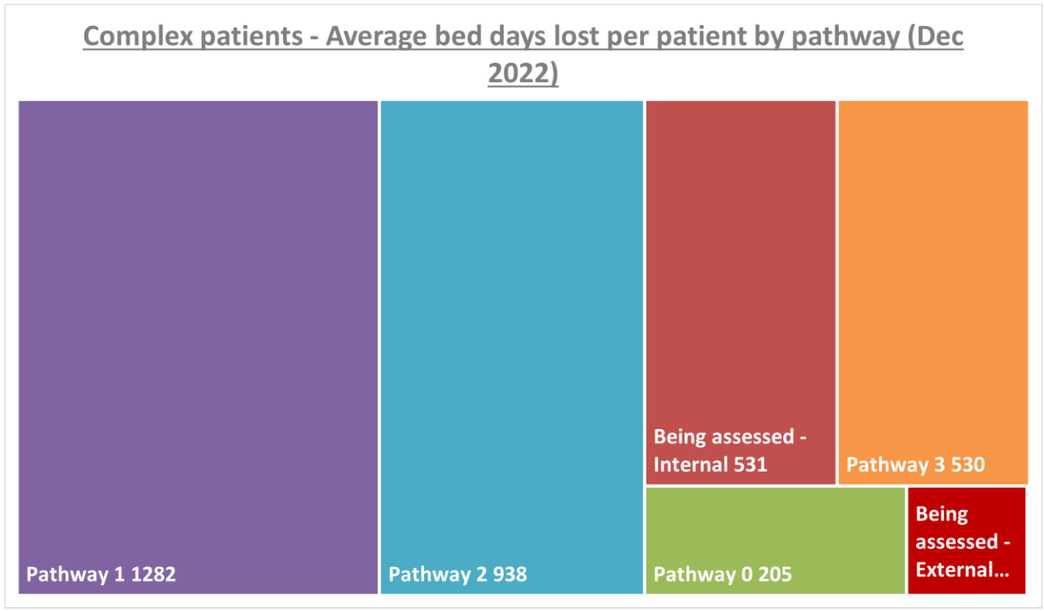
Owner(s): Nicola Ayton

Delayed Discharges

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





During December the Trust lost 3,488 bed days to patients beyond their clinically fit date. This is equivalent to 113 beds.
Of these, the majority related to complex pathways 1-3:
- 1,282 (36%) bed days related to pathway 1 (support to recover at home)
- 938 (26%) related to pathway 2 (rehabilitation or short-term care in a 24-hour bed-based setting)
- 530 (15%) related to pathway 3 (require ongoing 24-hour nursing care, often in a bedded setting)

We also note that 15% of patients were awaiting internal assessment. The Patient Flow Taskforce is forming a new workstream to examine internal delays post-CFD and is drawing up an action plan to manage their reduction.

A number of interventions are being undertaken to reduce the number of bed days lost to patients beyond their clinically fit dates who require packages of care post-discharge, involving work across the Trust and the wider system. These include:

(i) **Transfer of Care Hub:** Virtual room as single point of discharge, decision making and escalation. Adult Social Care (ASC) discharge has had funding secured to support the TOC Hub workforce development for 15 months (ii) **Integrated PTL scoped and fully implemented:** New Daily MDT Huddles were launched in December to allow focus on the most complex and unresolved cases. A trajectory for improving complex discharges as a result of this work will be agreed and monitored. (iii) **D2A Pilot for Pathway 2:** SOP agreed and will be signed off at next Home First Board. QIA completed. Awaiting confirmation of staffing for pilot to commence in South – next steps being scoped. (iv) **Digital Enablers:** ICS have confirmed funding from the ASC funding to support a system wide digital TOCH solution. Next steps being developed alongside ICS colleagues.

The UEC Taskforce, led by the Chief Operating Officer, is overseeing both pre- and post-hospital work to improve complex discharges.

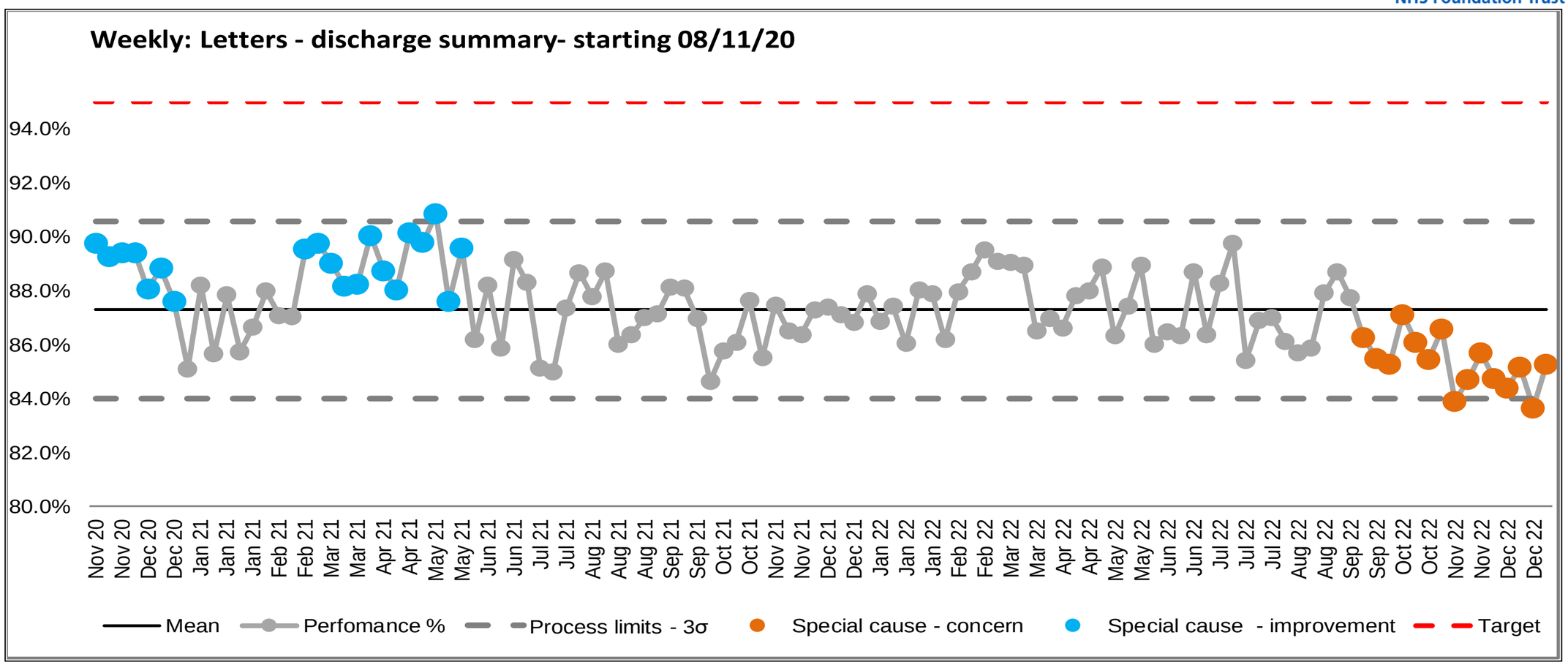
Author(s): Emily Hall

Owner(s): Nicola Ayton

Discharge Summaries

Cambridge University Hospitals NHS Foundation Trust

Operational Performance



Discharge summaries

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

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

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

Author(s): James Boyd

Owner(s): Ashley Shaw

Patient Experience - Friends & Family Test (FFT)

NHS Cambridge University Hospitals NHS Foundation Trust

Patient Experience

The good experience and poor experience indicators omit neutral responses.

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Dec 22	Month	-	94.5%	95.8%		-	-	For December there was a 1.5% decrease in the Good score compared to November, and no change in the Poor score. The number of FFT responses significantly declined and is the lowest for the year. Pre pandemic # of FFT responses is 850-950. **FOR DEC: there were 254 FFT responses collected from approx. 3,617 patients.**
FFT Inpatient poor experience score	Jul 20 - Dec 22	Month	-	2.4%	1.6%		-	-	
FFT Outpatients good experience score	Apr 20 - Dec 22	Month	-	94.0%	95.1%	L	S7	-	For December, both the Good score and Poor score had very small improvements compared to November. The Poor score is 3.0% and while the score has not returned to below this since August, it is very low and not a concern. There were 2 FFT responses collected from paediatric clinics so the FFT scores mainly reflect adult clinics. **FOR DEC: there were 4,631 FFT responses collected from approx. 24,208 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 Outpatients poor experience score	Apr 20 - Dec 22	Month	-	3.0%	2.3%	H	S7	-	
FFT Day Case good experience score	Apr 20 - Dec 22	Month	-	95.8%	96.5%		S7	-	For December, the Good score improved by 1.5% compared to November and is now above 95%, the strongest score since June. The Poor score improved by 1% and is now the lowest for the year. F**OR DEC: there were 914 FFT responses collected from approx. 3,737 patients.**
FFT Day Case poor experience score	Apr 20 - Dec 22	Month	-	1.3%	1.7%		-	-	
FFT Emergency Department good experience score	Apr 20 - Dec 22	Month	-	70.0%	84.0%	L	SP	-	For December the Good score declined by 6% and the Poor score increased by 4.5% compared to November. Both Adult and Paeds FFT scores impacted the overall scores. Adult FFT compared to Nov; 4% decliine in Good score / 3.5% increase in Poor score. Paeds FFT compared to Nov; 15% decline in Good score / 7% increase in Poor score. The Paeds FFT scores 68.8% Good and 17.1% Poor, are the poorest on record. **FOR DEC: there were 997 FFT responses collected from approx. 6,122 patients**. The SPC icon shows special cause variations: low is a concern and high is a concern with both having more than 7 consecutive months below/above the mean.
FFT Emergency Department poor experience score	Apr 20 - Dec 22	Month	-	19.7%	9.9%	H	SP	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Dec 22	Month	-	96.4%	94.8%		-	-	**FOR DEC:** Antenatal had 6 FFT responses; 100% Good score. Birth had 75 FFT responses out of 438 patients; 94.7% Good score / 1.3% Poor score (no change compared to Nov). Postnatal had 86 FFT responses: LM had 34 FFT with 97.1% Good / 0% Poor, DU had 4 FFT with 100% Good / BU had 36 FFT with 97.2% Good / 0% Poor (more responses than LM and 7% improved Good score), and COU 100% Good from 11 responses. 0 FFT responses from Post Community. **DEC MATERNITY OVERALL:** Good score improved by 3% and Poor score improved by 1% compared to Nov. The improved scores are from Antenatal and Postnatal. There were 167 FFT responses collected.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Dec 22	Month	-	0.6%	1.8%		-	-	

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 November 18 wards did not collect any FFT data.

Overall FFT in December, the Good scores improved for Day Case, Outpatients and Maternity had the largest improvement of 3%. The Good scores for Inpatient decreased by 1.5% and ED decreased by 6%. Overall FFT Poor scores improved for Day Case and Maternity. The Poor scores for Inpatient and ED increased. Both Adult and Paeds ED scores impacted the overall FFT scores. Adult ED: Good score 70% from 74% in Nov and Poor score 20% from 16.7% in Nov. Paeds ED: Good score 68.8% from 84% in Nov and Poor score 17% from 10% in Nov. For Maternity, antenatal and postnatal scores improved compared to November, and this impacted the overall maternity Good score with a 3% increase in the score. Birth FFT remained the same compared to November. FFT data for maternity community has not been collected since July and only 2 FFT responses collected this year.

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.

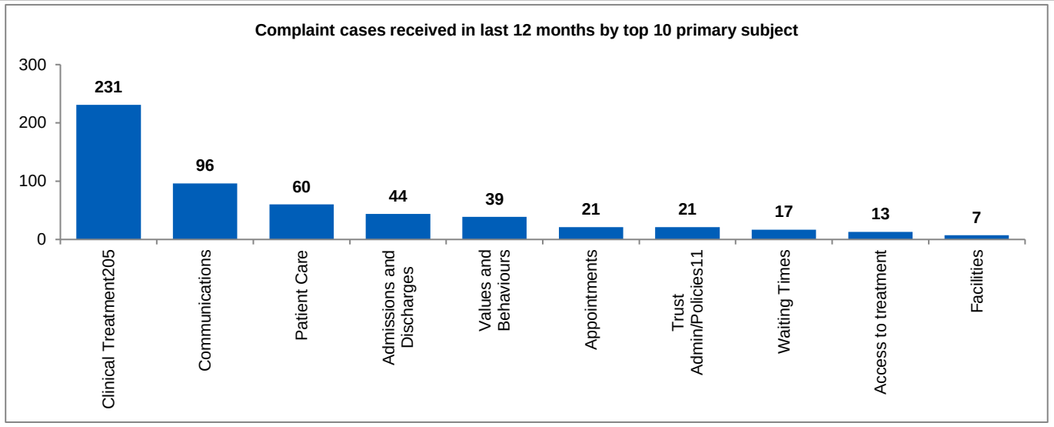
Author(s): Charlotte Smith/Kate Homan Owner(s): Oyejumoke Okubadejo

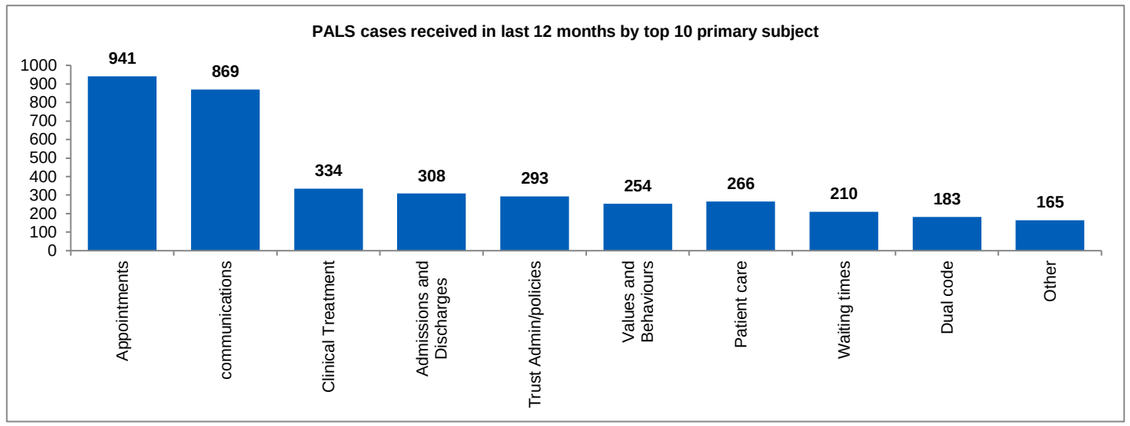
PALS and Complaints Cases

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Dec 19 -Dec 22	month	-	75	53	H	SP	-	The number of complaints received between Dec 2019 - Dec 2022 is higher than normal variance.
% acknowledged within 3 days	Dec 19 - Dec 22	month	95%	83%	93%	L	SP	?	62 out of 75 complaints received in December were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Dec 19 - Dec 22	month	50%	17%	31%		-	?	65 complaints were responded to in December, 11 of the 65 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Dec 19 - Dec 22	month	80%	68%	90%		-	?	44 out of 65 complaints responded to in December were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Dec 19 - Dec 22	month	-	21%	35%		-	-	There were 15 complaints graded 4 severity, and 1 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Dec 19 - Dec 22	month	-		34		-	-	Compliment numbers have not been added due to administrative staff shortages





PHSO - There were no complaints accepted by the PHSO for investigation in December 2022. **Completed actions** Due to current workload actions have not been reported this month.

Author(s): Sue Bennison

Owner(s): Oyejumoke Okubadejo

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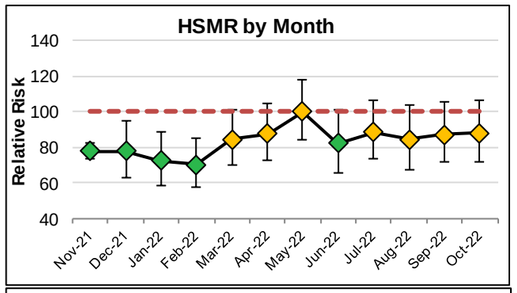
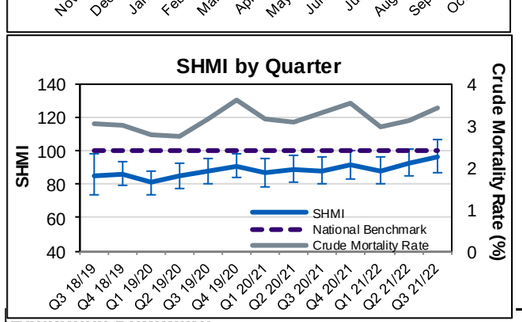
Learning from Deaths

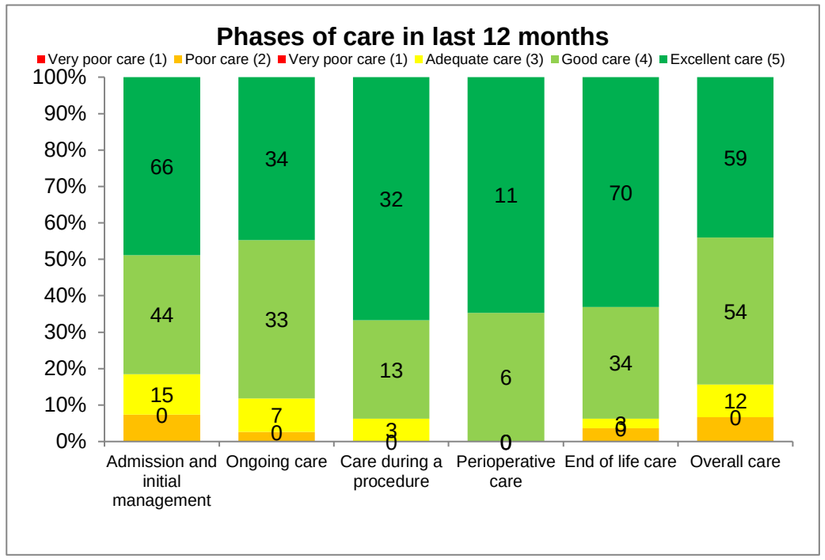
Cambridge University Hospitals NHS Foundation Trust

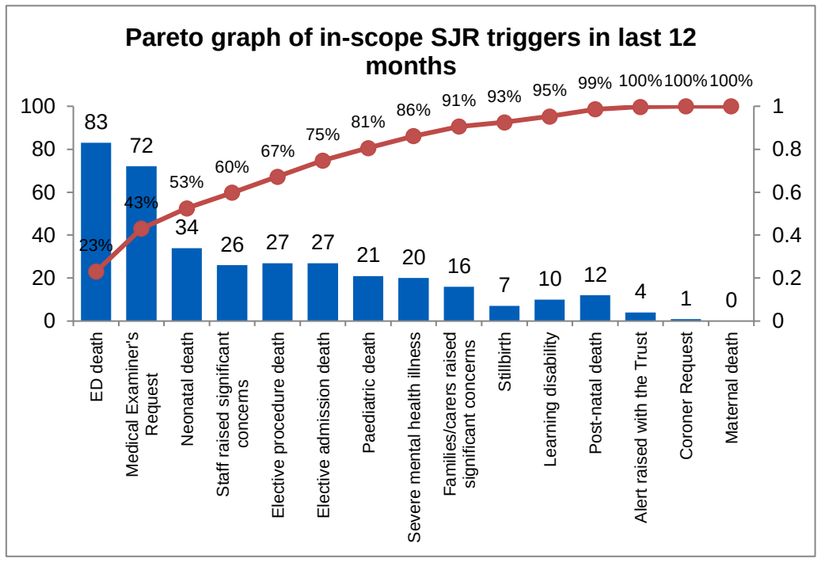
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Dec 22	month	-	11.82	8.44		-	-	There were 196 deaths in December 2022 (Emergency Department (ED) and inpatients), of which 35 were in the ED and 161 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)	Apr 18 - Dec 22	month	-	26%	17%		-	-	In December 2022, 48 SJRs were commissioned and 3 PMRTs were commissioned
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Apr 18 - Dec 22	month	-	0	0.71		-	-	There were no unexpected/potentially avoidable death serious incident investigations commissioned in December 2022.









Executive Summary

HSMR - The rolling 12 month (November 2021 to October 2022) HSMR for CUH is 83.16, this is 6th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 94.33.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, December 2020 to November 2021 is 91.78.
Alert - There is 1 alert for review within the HSMR and SHMI dataset this month.

Author(s): Chris Edgley

Owner(s): Amanda Cox

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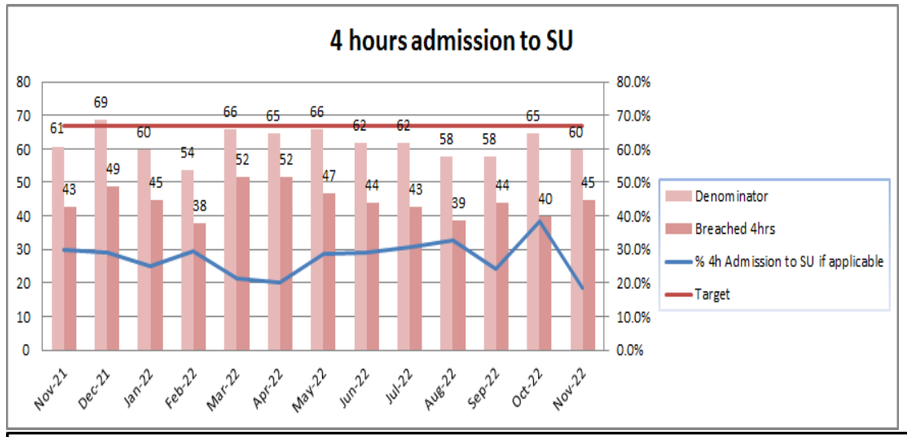
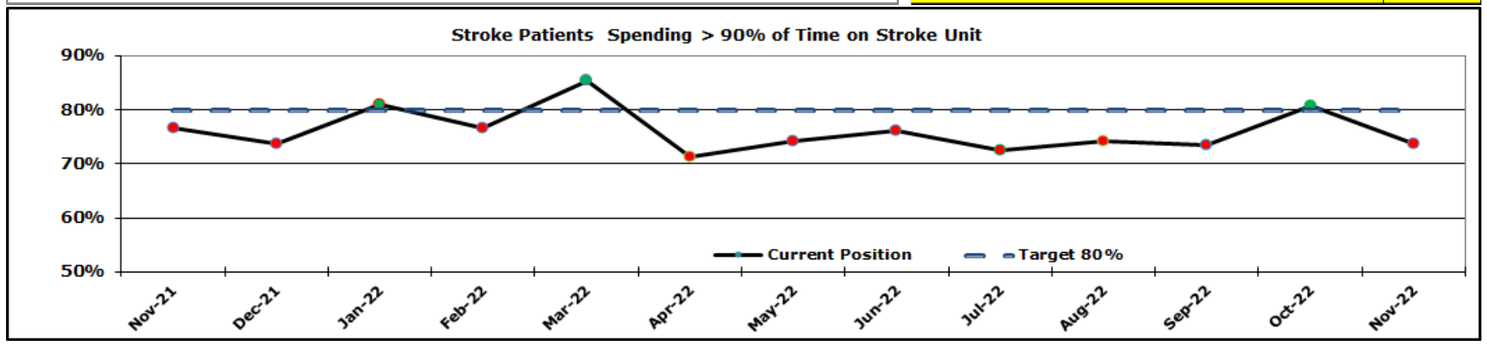
Stroke Care

NHS Cambridge University Hospitals NHS Foundation Trust

Stroke Measures



Theme	Pt
Trust Bed Capacity	34
Awaitin senior medical review	5
Delayed referral	4
Unclear presentation - initially not thought to be a stroke	2
Not referred on arrival	2
Stroke Nurse busy with another thrombolysis call	1
Palliative. Appropriately placed	1
Total	49



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%)
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%
Nov-22		8					2	1					3	2		1	17	73.8%
Summary	15	82	3	0	0	10	4	16	0	9	3	0	35	8	0	18	203	

Continued non-compliance with 4hr admission targets due to bed capacity on Ward R2. Regional Thrombectomy service to extend to Saturdays (08:00-16:00) from mid-Jan. Requirement for protected stroke bed added to Risk Register.

Key Actions

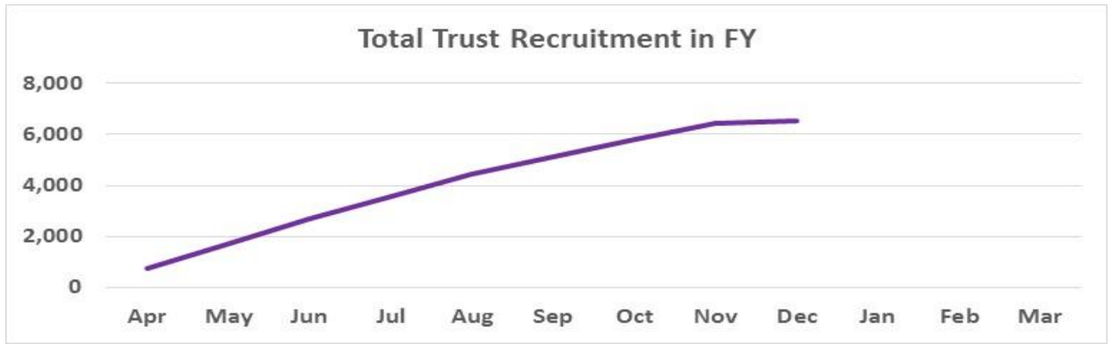
- The Mixed-sex HASU bay on R2 has been open since May 22- monitoring of SSA breaches
- Relaunch of Stroke Taskforce meetings from Dec 22
- Stroke AI project in progress
- National SSNAP data shows Trust performance from Apr - Jun 22 at Level B.
- The stroke bleep team continue to see over 200 referrals 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.

Author(s): Charles Smith, Jane Fenner Owner(s): Nicola Ayton

Clinical Studies

Cambridge University Hospitals NHS Foundation Trust

Clinical Studies Measures



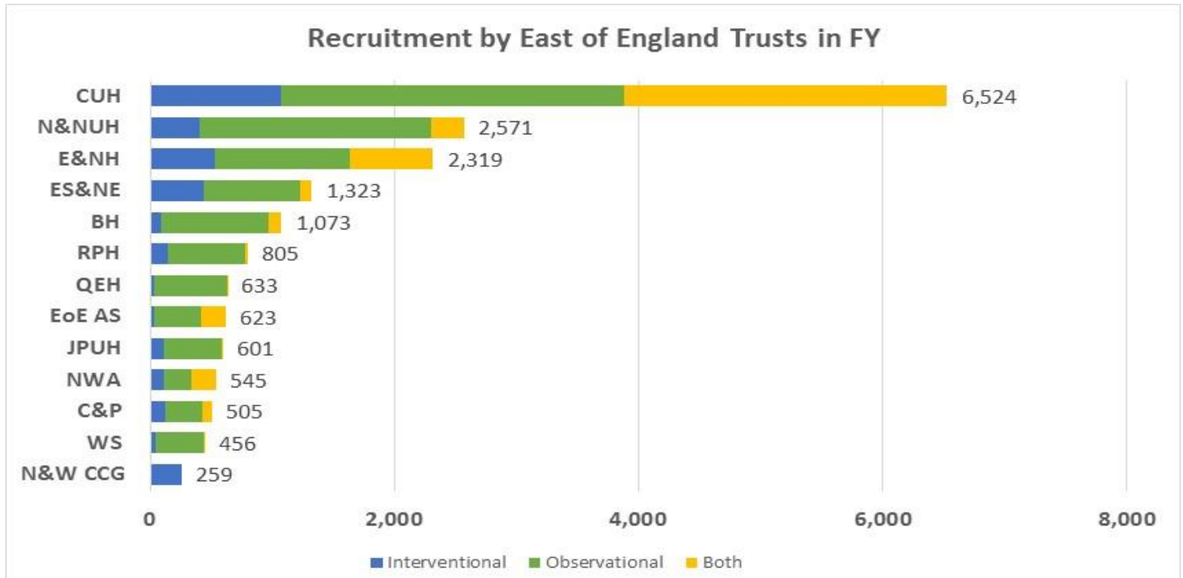
Total Recruitment at end of Dec - FY 2022-23

6,524

Recruiting Studies at end of December for FY 2022-23

Open	225
Closed	30
Suspended	3
Total	**258**

Non Commercial	223
Commercial	35



Situation as at 3rd January 2023. (Note: Christmas may have resulted in a delay in uploading December recruitment numbers.)

* Total recruitment in the financial year to date: 6,524
* CUH accounted for 35% of total recruitment by Eastern Trusts in the financial year to date. Interventional only studies accounted for 16% of the total, while Observational only studies accounted for 43% of the total. The remaining 41% were both Interventional and Observational .
* Recruitment to the Reproductive Health speciality accounted for 29% of all recruitment (1,862). Second was Cancer (838). All of the other individual specialities accounted for less than 10% of the total recruitment.
* There were 258 recruiting studies, of which 35 were Commercial, and 223 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 .

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Maternity Measures

East of England Regional Perinatal Quality Oversight Group Highlight Report

LMNS:	Reporting period: Dec 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 (2019) (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)

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Assessed compliance with CNST MIS 10 Safety Actions		
	Please identify unit	CUH
1	Perinatal Mortality review tool	
2	MSDS	
3	ATAIN	
4	Clinical workforce planning	
5	Midwifery Workforce planning	
6	SBLCB V2	
7	Service user feedback / Maternity Voice Partnership	
8	Core competency framework / Multi-prof training	
9	Board level assurance	
10	HSIB / Early notification scheme	
	Repayment of CNST (since introduction) Y/N and MIS yr	No

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	
5	Reducing pre-term birth	
6	Diabetes in Pregnancy (not in use at present)	
	SBLCBv2 Fully compliant (National Tool)	YES
	SBLCBv2 Fully compliant (Regional assessment)	

Assessment against Ockenden 1 Immediate and Essential Actions (IEA) – to achieve full compliance will all elements of each IEA	
Please identify unit	CUH
IEA1 : Enhanced Safety	Rosie Hospital Strategy to be co produced with MVP Resource needed for SI reviews across the LMNS
IEA2: Listening to Women & Families	
IEA3: Staff training & Working Together	Consultant led ward rounds out of hours Ongoing work with monitoring training
iEA4: Managing complex pregnancy	Notification of pregnancy pathway
IEA5: Risk Assessment Throughout pregnancy	Cross border working and PCSP compliance
IEA6: Monitoring Fetal wellbeing	
IEA7 Informed consent :	Informed choice and consent policy co production underway
• Fully compliant (self assessment)	Partially compliant and working towards
• Fully compliant (regional assessment following insight visit)	

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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)						
CUH	10	10	10	10	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 mortality reviews this month
4. Listening to women (sources, engagement / activities undertaken)	• Complaint and concerns themes: delays in CS date given raised multiple times (and via RMNVP); delays in care on wards; medication issues • FFT good scores and positive feedback: Birth: 96.2%, Community care: 92.5%, postnatal IP care: 94.59%. "supportive", reassuring", "helpful", "informative", "reassuring", "caring" • FFT negative experiences: "unsupported", "didn't explain", "lack of communication" and issues with bedside manner, rudeness, and discharge processes • RMVP undertook a survey on Greater Cambridge Partnership's 'Making Connections City Access' Public Consultation
5. Listening to staff (eg activities undertaken, surveys and actions taken as a result)	• Weekly forum held by DOM and HOM • EPIC documentation focus groups and Facebook feedback received ideas to support clinical documentation • Staff have fed back that training delivery format/booking process and cancellations due to staffing have prevented compliance – plan for 2023 review, to be launched with an all staff survey

Maternity Dashboard

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Maternity Measures

Sources / Ref	KPI	Goal	Target	Measure	Source	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	SPC	Narrative and Actions for Red/Amber/Special cause concerning trend results
National Maternity Dashboard	Births	For information	N/A	Births per month	Rosie KPI's	447	431	455	421	469	434	446	464	476	504	461	443		
Antenatal Care ICS contracted booking KPI	Health and social care assessment <GA 12+6/40	> 90%	>=90% 90%-80% <80%	Booking Appointments	Epic	73.21%	76.89%	73.05%	71.40%	69.90%	70.64%	73.24%	75.69%	75.45%	69.74%	74.00%	76%		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	612	582	720	654	615	664	568	551	550	532	611	614		
Source - EPIC	Vaginal Birth (Unassisted)	For Information	N/A	SVD's in all birth settings	Rosie KPI's	47.42%	52.43%	51.42%	49.16%	48.82%	54.60%	51.12%	59.05%	52.31%	52.18%	50.76%	49.44%		
Source - EPIC	Home Birth	For Information	N/A	Planned home births (BBA is excluded)	Rosie KPI's	1.56%	2.08%	1.53%	1.42%	1.7%	1.84%	1.34%	1.29%	0.84%	0.59%	1.08%	1.58%		
Source - EPIC	Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	Rosie KPI's	14.76%	16.93%	14.5%	11.87%	14.92%	17.1%	15%	15.52%	16.38%	17.46%	15.40%	13.32%		
Source - EPIC	Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC but transferred for birth	Rosie KPIs	12.79%	9.91%								8.81%	14.95%	9.63%		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	34.47%	30.16%	31.61%	31.80%	31.87%	30%	29.80%	26.50%	30.00%	27.65%	34.29%	34.17%		
NICE - Red Flag	Delay in commencement of Induction (IOL)	0%	<10%	% of Inductions where Induction commencement was postponed >2 hours (flag 1)	Red Flags	42.00%	23.00%	41.00%	40.00%	53.00%	36%	36.00%	32.60%	32.28%	37.43%	33.33%	33.16%		Admission process can take longer than 2 hours (admission obs, tour of ward and facilities, urinalysis, IOL video watched, consent sought and confirmed, CTG pre-commencement of IOL, maternal preferences for waiting). The guideline and length of red flag is therefore being reviewed. No formal complaints about delays in IOL received for past 6 months.
NICE - Red Flag	Delay in continuation of Induction (IOL)	0%	<10%	% of Induction continuation when suitable for ARM delayed for > 6 hrs (flag 3)	Red Flags								13.81%	16.40%	16.58%	11.46%	11.40%		IOL list provided at 11:30 Perinatal MDT meeting so all teams aware, IOL team engaging with secure chat to communicate with DU coordinators and 984, appropriate escalations made, issues mostly around DU capacity
SBLCBV2	Indication for IOL (SBLCBV2)	NA	NA	% of IOL where reduced fetal movements is the only indication before 39 weeks	IOL Team										2.67%	0%	0%		
Source - EPIC	Indication for IOL	100%	≥95%	% of IOL with a valid indication as per guidance.	IOL Team										100%	100%	100%		
Source - EPIC	Birth assisted by instrument (forceps or ventouse)	For Information	N/A	Instrumental birth rate	Rosie KPI's	11.18%	10.67%	10.32%	9.02%	11.94%	10.6%	12.55%	12.93%	10.5%	13.29%	13.23%	11.29%		
Source - EPIC	CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	Rosie KPIs	41.38%	36.89%	38.24%	41.80%	39.23%	34.80%	36.32%	35.78%	37.18%	34.52%	36.00%	39.28%		
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%	13.8%	6.3%	8.5%	9.2%	8.6%	14.2%	9.6%	11.9%	12.6%	8.4%	6.3%		
CQIM / CNST	Women in RG*2 having a C/S 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	30.4%	23.9%	24.6%	31.3%	26.1%	25.8%	27.2%	18.1%	28.2%	29.9%	27.7%	36.2%		
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									1:2.4	1:2.4	1:3.3	1:5.7		Ratio is consistently <2:1. A lower ratio may indicatea high induction/prelabour CS issue which may indicate a high-risk primiparous population where you are likely to therefore have a high CS rate. (NB Sept + Oct ratios simplified for easier comparison.) Robson Group data being discussed by obstetric consultant team.
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	19.6%	31.4%	25.1%	25.6%	23.4%	31.1%	23.5%	32.5%	23.2%	30.5%	31.9%	24.1%		
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	59.2%	69.1%	56.0%	65.4%	58.7%	65.5%	64.9%	60.2%	63.3%	73.0%	68%	66.7%		
Source - Rosie Divert Folder	Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	1	4	3	4	7	1	4	4	6	4	0	3		6 women diverted and of those 5 delivered elsewhere. 2 diverts due to capacity 1 due to staffing and capacity.
Source - Rosie Divert Folder	Total no. of hours on divert	For information	N/A		Rosie Diverts	47	61	88	190	148	23	103	100	86	109	0	93		
Source - Rosie Divert Folder	Admissions during divert status	For information	N/A		CHEQs										24	0	0		
Source - Rosie Divert Folder	No. of women giving birth in another organisation due to divert status	For information	N/A		Rosie KPIs	2	0	0	0	6	0	0	1	1	3	0	5		10/01/23: Oct data amended as noted on reviewing diverts that 3 women gave birth elsewhere, not 4.

Maternity Dashboard

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Maternity Measures

Sources / References	KPI	Goal	Target	Measure	Data Source	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
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	1:27.5	1:27	1:26.2	1:27.2	1:25.4	1:27.2	1:28.2	1:28.2	1:28.3	1:25.1	1:23.5	1:23.4		
Birth Rate Plus	Midwife/birth ratio (funded)**	For information	1.24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	1:23:8	1:24	1:23.4	1:23.4	1:23.4	1:23.3	1:23.3	1:23.3	1:23.3	1:23.3	1:23.2	1:23.3		Midwife/birth ratio based on the BR+ methodology
Safer Chilbrith / CNST	Supernumerary Delivery Unit Coordinator	100%	≥95%	% compliance with Delivery Unit coordinator remaining supernumerary (no caseload of their own during a shift)	Red Flags / BR+	95%	73%		72%	67%	41%	63%	70%	60%	57%	100%	100%		From 11/10/22 BirthRate+ red flag reporting 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 and November.
Source - CHEQS	Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	6.62%	6.87%	7.22%	7.59%	7.63%	7.69%	7.95%	7.72%	7.26%	6.91%	6.63%			Reported 1 month behind. Clinical psychology support now in place. New PMA commenced in post 12 Dec. Most common reason for sickness: cold, cough, flu.
Core Competency Framework	Education & Training - mandatory training - overall compliance (obstetrics and gynae)	>92% YTD	>75% YTD	Total Obstetric and Gynaecology Staff (all staff groups) compliant with mandatory training	CHEQs	87.50%	87.50%	87.80%	87.50%	87.50%	86.40%	86.50%	87.30%	87.10%	86.00%				This is reported 2 months behind on CHEQS. As of Jan 2023 clinical midwives will be given a day for training following PROMPT f2f (bank or within their hours) to complete DOT training.
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	53.86%	57.05%	58.84%	61.28%	60.91%	61.00%	65.56%	75.77%	67.83%	74.76%	87.27%	93.94%		Compliance reported to CNST as of 4/1/23. Improving special cause on SPC.
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%	93%	89%		
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	76.39%	76.12%	79.85%	81.00%	83.39%	83.39%	84.62%	80.00%	77.78%	74.15%	88.41%	91.38%		Compliance reported to CNST as of 4/1/23
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											91.56%	92.74%		Compliance reported to CNST as of 4/1/23
Core competency Framework	Education & Training - mandatory training - **midwifery compliance**.	>92% YTD	>75% YTD	Midwifery compliance with mandatory training, inc of mandated e-learning and face to face sessions.	CHEQs	89.9%	89.4%	89.7%	89.2%	89.5%	89.20%	84.50%	85.70%	90.80%	89.30%	89.90%			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%	1.32%	0.92%		
Source - CHEQs	ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs	0	1	2	0	1	1	0	1	0	1	0	0		
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	4.90%	4.89%	2.96%	2.08%	6.62%	2.48%	2.95%	3.16%	2.24%	6.35%	4.98%	6.00%		PPH working group met 13.1.22. Messaging sent to medical and midwifery teams regarding timely uterotoinc administration. Non-compliant cases also raken to weekly rapid review for timely learning and feedback to staff. New PPH risk assessment build underway for Epic - urgent build due for sign-off end of Jan.
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	4.60%	1.80%	1.23%	1.82%	6.67%	3.45%	0.98%	0.73%	2.47%	4.54%	2.99%	3.68%		PPH rates for Nov data reviewed and noted to be incorrectly reported. Corrected from 3.31% to 2.99% for CS births and from 4.96% to 4.98% for vaginal births.
NMPA	3rd/ 4th degree tear rate	≤3.5	<5%	% 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	0.38%	2.21%	1.81%	2.05%	2.48%	2.83%	3.90%	4.06%	2.01%	4.87%	3.20%	2.40%		3rd/4th degree tears reviewed for Nov data and noted to be an incorrectly reported no of cases. Corrected from 2.72% to 3.20%.
CQC KLOE	Maternal readmission rate	For information	N/A	% of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	1.35%	2.79%	1.31%	2.62%	2.35%	1.38%	1.80%	2.59%	1.05%	0.60%	1.54%	2.06%		
MBRRACE	Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	QSIS										0	0	0		
MBRRACE	Direct Maternal Death	0	<1		QSIS	0	0	0	0	0	0	0	0	0	0	0	0		

Maternity Dashboard

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Maternity Measures

Sources / References	KPI	Goal	Target	Measure	Data Source	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Governance																			
Source - QSIS	Total number of Serious Incidents (SIs)	0	<1	Serious Incidents	QSIS	0	0	0	0	1	0	1	1	0	0	0	0		
Source - QSIS	Never Events	0	<1	DATIX	QSIS	0	0	0	0	0	0	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	0.44/1000	0.86/1000	0.21/1000	1.26/1000	0.42/1000	0.43/1000	0.88/1000	0/1000	0.42/1000	0.50/1000	0/1000	0.43/1000		
MBRRACE / PMRT	Stillbirths - number ≥ 22 weeks	<3	<6	MBBRACE	CHEQs	1	2	1	3	2	1	2	0	2	1	0	1		
Epic	Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	0	0	0	0	1	0	0	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	1.35%	2.09%	1.75%	1.66%	2.35%	1.38%	1.57%	3.02%	0.84%	1.59%	0.86%	1.35%		
CQC KLOE	Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	3.14%	3.94%	4.81%	4.28%	3.84%	3.92%	3.81%	3.02%	3.15%	4.76%	4.12%	3.84%		
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	6.00%	6.50%	6.60%	4.20%	5.10%	5.50%	3.80%	6.50%	4.20%	6.15%	5.20%	6.99%		31 babies admitted to NICU (2 expected admissions). Normal variation seen. All cases reviewed through ATAIN monthly meeting and reported up to Perinatal safety champions. (Jan-Aug data back-filled to show historical data. Reported for first time on dashboard Sept'22.)
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	Badger net / 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	Badger net / CHEQs														New metric was expected Nov 22 but delayed.

Sources / References	KPI	Goal	Target	Measure	Data Source	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Quality																			
CNST	1-1 Care in Labour	>95%	>90%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPI's	99.78%	98.83%	98.65%	100%	98.69%	100%	100%	99.56%	99.80%	99.59%	100%	100%		
CQIM	Babies with a first feed of breastmilk	> 80%	>70%	Breastfeeding	Rosie KPI's	83.10%	83.01%	79.59%	82.89%	81.22%	84.33%	79.4%	84.07%	82.55%	82.56%	84.8%	83.52%		
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	4.79%	5.89%	6.95%	3.37%	5.02%	3.95%	8.25%	5.97%	3.82%	5.21%	3.74%	7.34%		
CNST / SBLCBV2 / CQIM	CO Monitoring at booking	≥95%	Green = ≥95%, amber = <95% and ≥84%, red = <85%	Compliance with recording CO Monitoring reading at booking appointment (excluding out of area)	Smoking Report							89.97%	92.74%	91.95%	99.10%	98.60%	99.40%		
CNST / SBLCBV2 / CQIM	CO Monitoring at 36 weeks	>95%	Green = >95%, amber = <95% and >84%, red = <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%	76.00%	63.00%		Supply issue with the consumables (straws) needed to perform the test. This was resolved in Nov 22 but was expected to impact December data.
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

NHS Cambridge University Hospitals NHS Foundation Trust

Financial Performance

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

(£0.3m)	*Actual (adjusted)**
(£0.3m)	*Plan (adjusted)**
£1.5m	*Actual YTD (adjusted)**
£1.5m	*Plan YTD (adjusted)**

Covid-19 expenditure and system Covid-19 funding

£1.5m	*Covid actual in month*
£1.8m	*Covid plan in month*
£1.9m	*Covid funding in month*
£17.3m	*Covid actual YTD*
£16.9m	*Covid plan YTD*
£16.6m	*Covid funding YTD*

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

Net current assets

(£70.7m)	*Actual*
(£56.1m)	*Plan*

Debtor days

18	*This month*
21	*Previous month*

Payables performance (YTD) **

Actual	86.2%	*Value*
Plan	89.0%	*Quantity*

Cash and EBITDA

Cash

£182.2m	*Actual*
£164.7m	*Plan*

EBITDA

£30.4m	*Actual YTD*
£33.4m	*Plan YTD*

Capital expenditure

£6.2m	*Capital - actual spend in month*
£36.2m	*Capital - actual spend YTD*
£43.4m	*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*
£14.8m	*ERF forecast actual YTD*
£14.8m	*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.

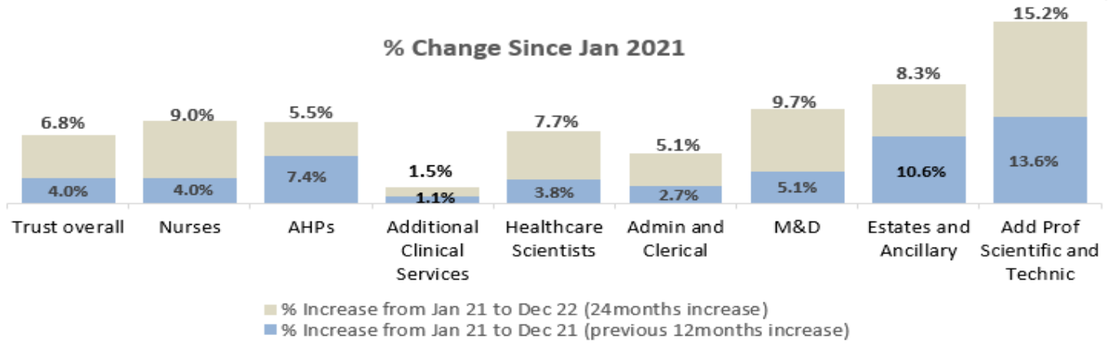
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth		FTE		FTE 12 Month growth	
	Jan-22	Dec-22			Jan-22	Dec-22		
Add Prof Scientific and Technic*	238	247	↑	3.8%	220	223	3	↑ 1.5%
Additional Clinical Services	1,971	1,949	↓	-1.1%	1,818	1,793	-25	↓ -1.4%
Administrative and Clerical	2,407	2,430	↑	1.0%	2,199	2,233	34	↑ 1.6%
Allied Health Professionals*	747	739	↓	-1.1%	663	655	-7	↓ -1.1%
Estates and Ancillary	374	364	↓	-2.7%	362	353	-9	↓ -2.5%
Healthcare Scientists	628	651	↑	3.7%	587	612	25	↑ 4.2%
Medical and Dental	1,662	1,735	↑	4.4%	1,575	1,636	61	↑ 3.9%
Nursing and Midwifery Registered	3,713	3,869	↑	4.2%	3,405	3,566	160	↑ 4.7%
Total	**11,740**	**11,984**	↑	**2.1%**	**10,827**	**11,070**	**243**	↑ **2.2%**



Admin & Medical Breakdown

Staff Group	Jan-22	Dec-22	FTE 12 Month growth	
Administrative and Clerical	2,199	2,233	34	↑ 1.6%
of which staff within Clinical Division	1,091	1,090	0	↓ 0.0%
of which Band 4 and below	767	753	-14	↓ -1.9%
of which Band 5-7	227	245	17	↑ 7.6%
of which Band 8A	45	44	-1	↓ -2.1%
of which Band 8B	8	7	-1	↓ -6.4%
of which Band 8C and above	43	41	-2	↓ -4.6%
of which staff within Corporate Areas	883	902	19	↑ 2.1%
of which Band 4 and below	258	247	-11	↓ -4.1%
of which Band 5-7	414	426	12	↑ 3.0%
of which Band 8A	75	87	12	↑ 15.9%
of which Band 8B	53	53	-1	↓ -1.4%
of which Band 8C and above	83	89	6	↑ 6.9%
of which staff within R&D	225	241	16	↑ 7.2%
Medical and Dental	1,575	1,636	61	↑ 3.9%
of which Doctors in Training	643	669	26	↑ 4.0%
of which Career grade doctors	239	248	9	↑ 3.9%
of which Consultants	692	718	26	↑ 3.8%

What the information tells us:

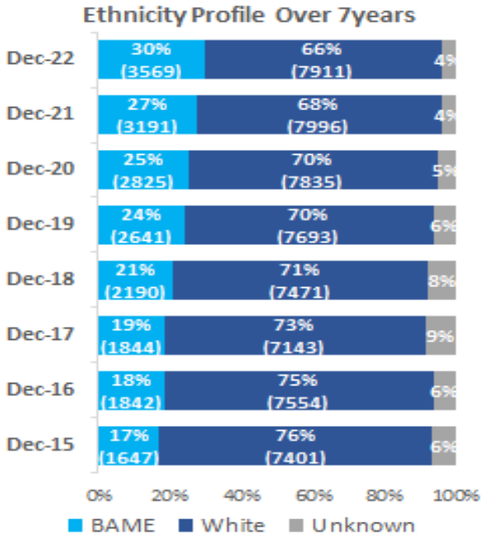
Overall the Trust saw a 2.2% growth in its substantive workforce over the past 12 months and 6.8% over the past 24 months. Growth over the past 24 months is lowest within Additional Clinical Services at 1.5% and highest within Add Prof Scientific and Technic at 15.2%. Growth over the past 12 months is lowest within Estates and Ancillary, with a reduction of 2.5%, and highest within Nursing and Midwifery Registered at 4.7%. Additional Clinical Services have seen a decrease in their workforce over the past 12 months, mainly due to reduction in numbers of Healthcare Assistants and Nursery Nurses. Data cleansing of AHPs in April 2022 resulted in 30 Operating Department Practitioners being re-coded into Nursing and Midwifery staff group. This is skewing the comparator data for the AHP 12 month growth, appearing as a 1.1% decrease for AHPs. When removing ODPs from the data the AHP staff group has in fact seen a 2.4% increase overall in the last 12 months; however, Therapeutic Radiographers have decreased by 8.1% (reduction of 6.36 FTE).

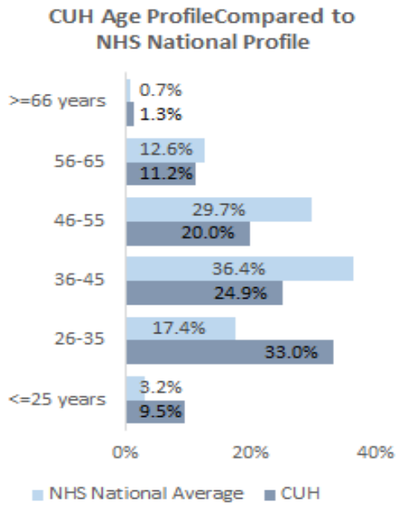
*Operating Department Practitioner roles were regroup from Add Prof Scientific and Technic to Allied Health Professionals on ESR from June 21 . This change has been updated for historical data set to allow for accurate comparison

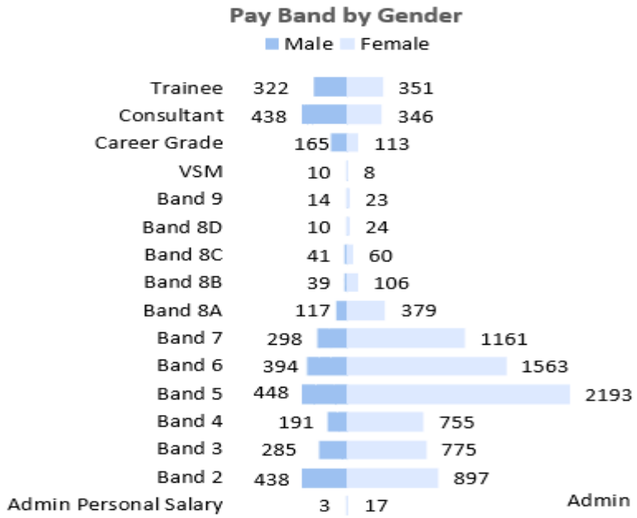
Equality Diversity and Inclusion (EDI)

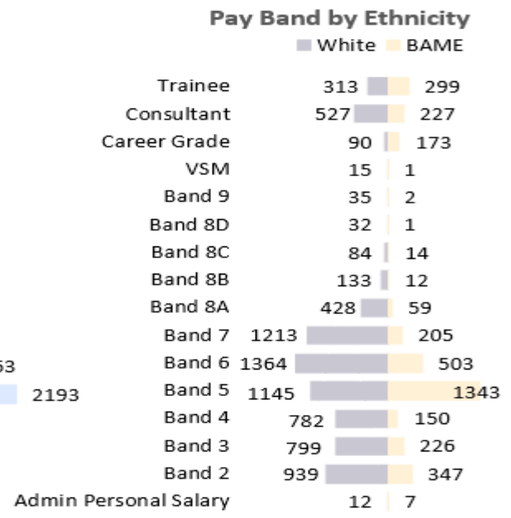
Cambridge University Hospitals NHS Foundation Trust

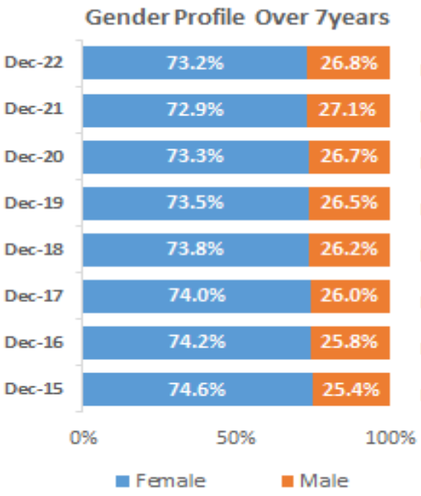
Workforce: Equality Diversity and Inclusion (EDI)

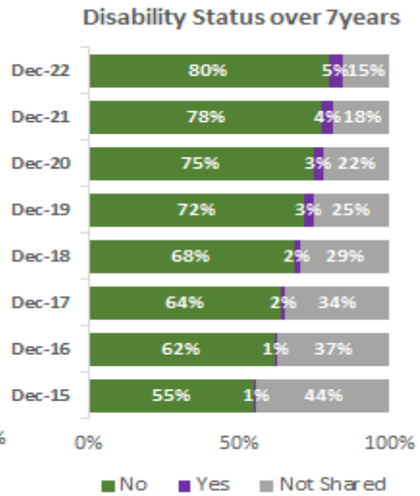


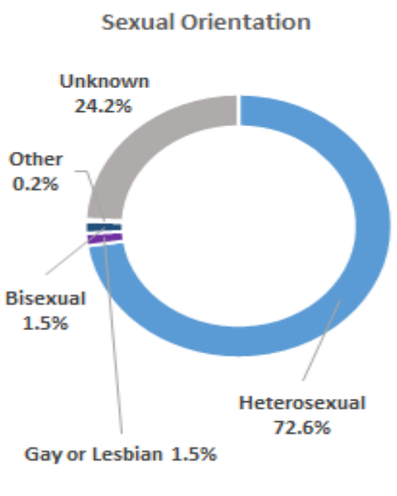












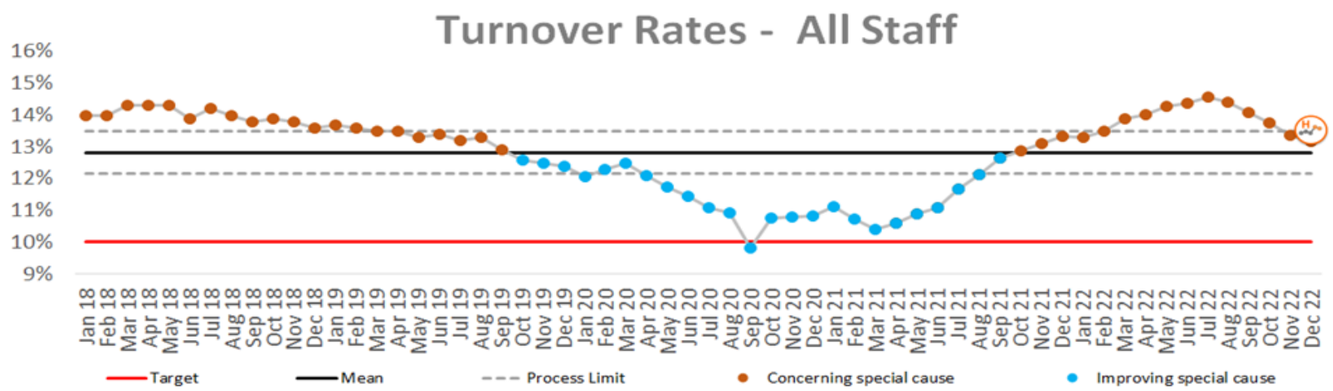
What the information tells us:

- 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 1.4% 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

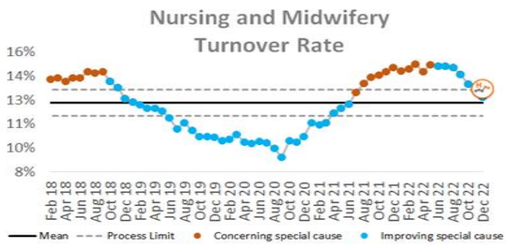
Workforce: Staff Turnover

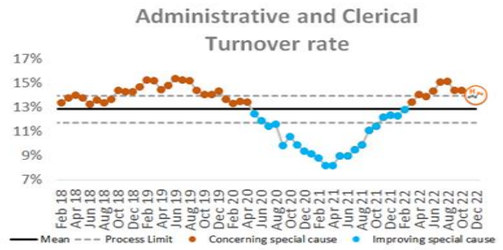


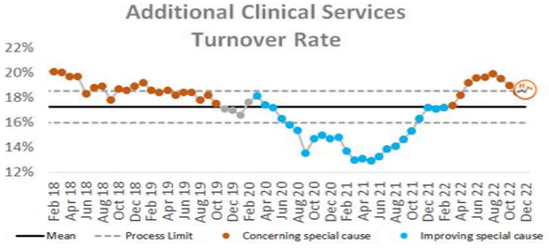
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (excludes all fixed term contracts including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

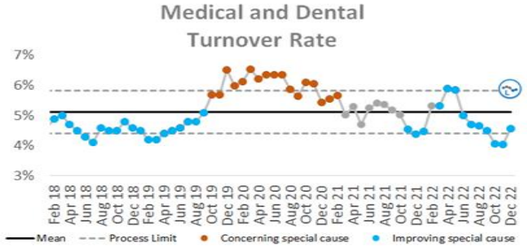
What the information tells us:

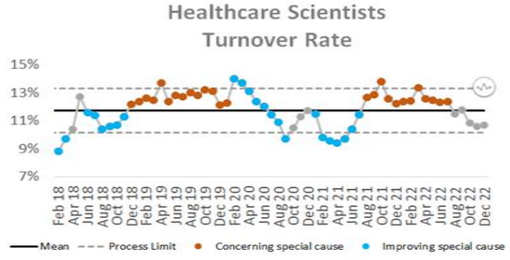
After a steady increase over the past eighteen months the Trust turnover rate has been decreasing since July - this month at 13.2%. This is more in line with pre-pandemic rates, however still 1% higher than 3 years ago. Estates and Ancillary staff group have the highest increase of 3.4% to 13.7% in the last three years, followed by Nursing and Midwifery with an increase of 2.7% to 12.7%. Within the staff groups, Additional Clinical Services have the highest turnover rate at 18.3% followed by Administrative and Clerical staff at 13.8%.

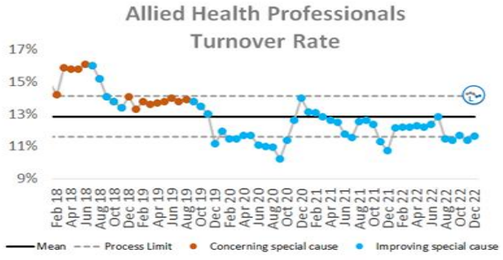


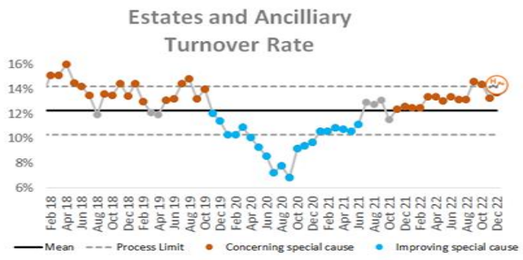


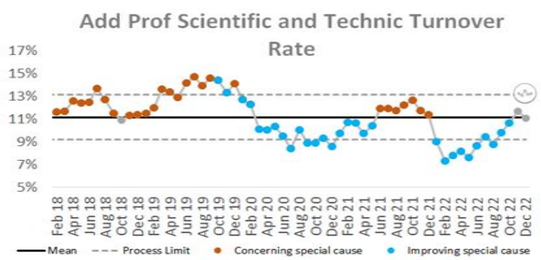












Author(s):Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

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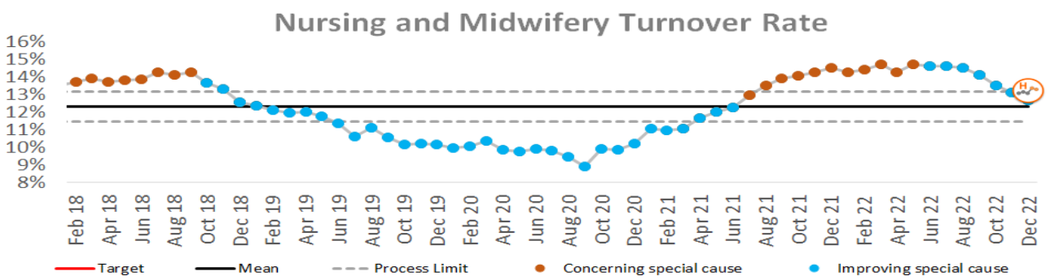
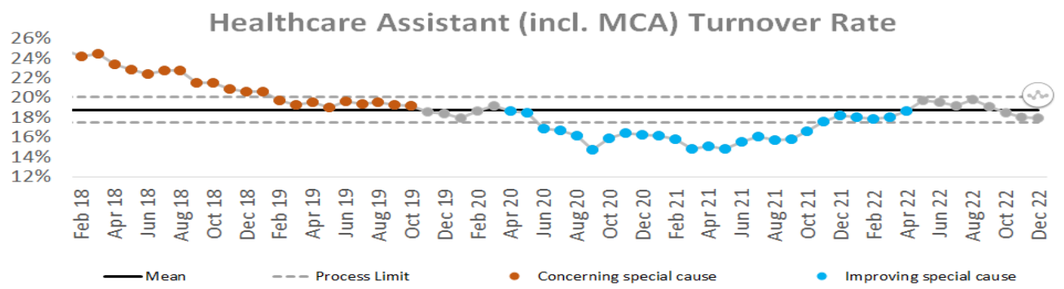
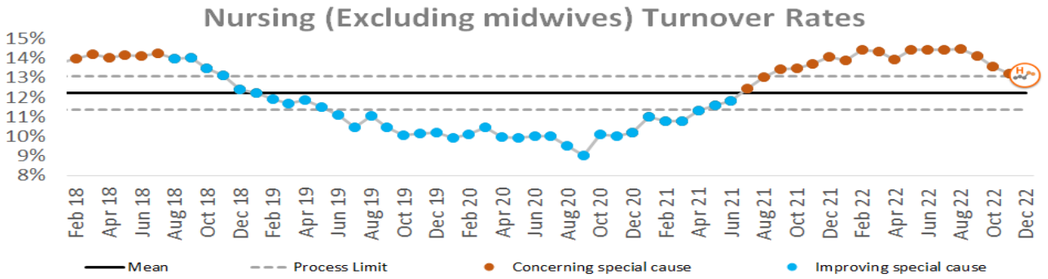
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

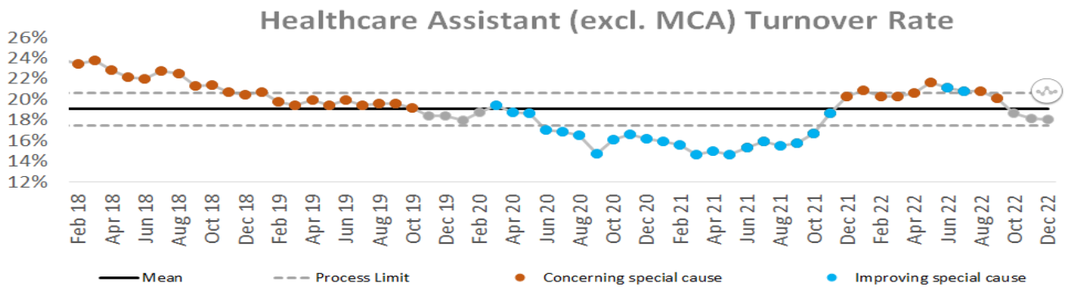
Cambridge University Hospitals NHS Foundation Trust

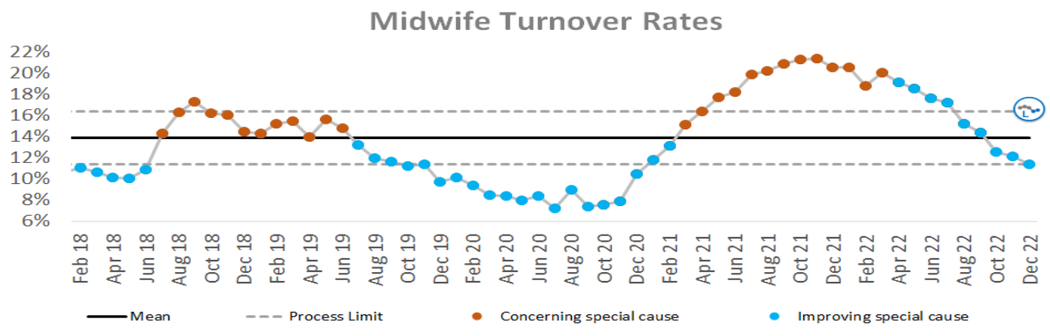
Workforce: Turnover rate for Nursing & Midwifery Staff Group

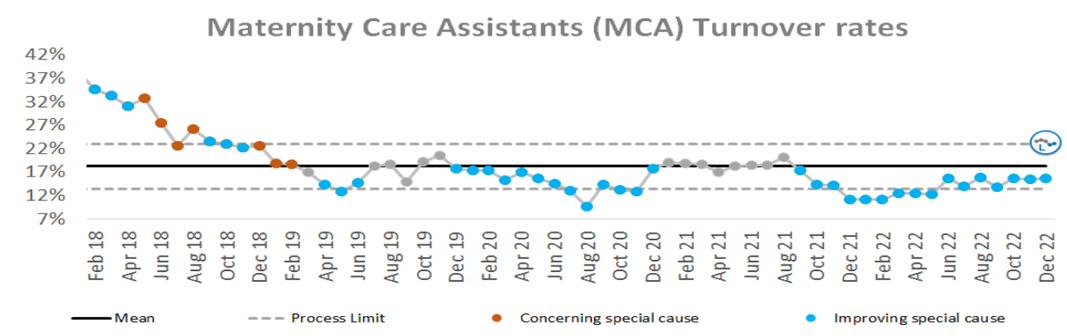










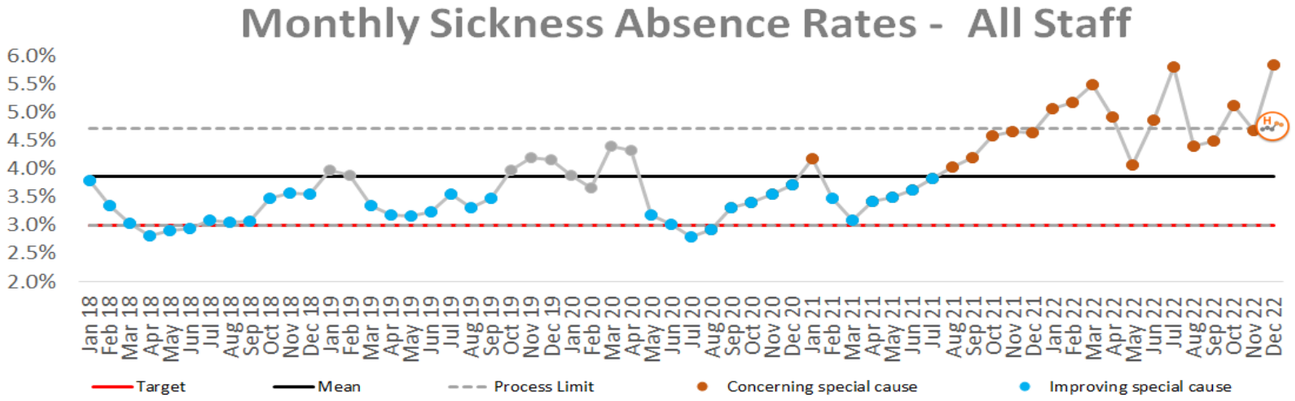


Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

Sickness Absence

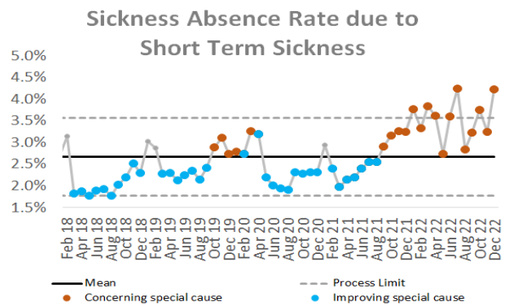
Cambridge University Hospitals NHS Foundation Trust

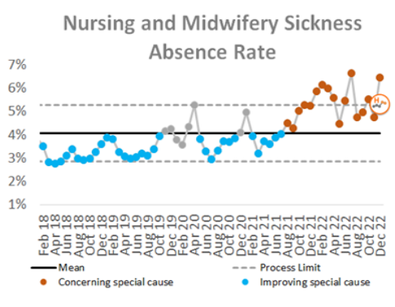
Workforce: Sickness Absence

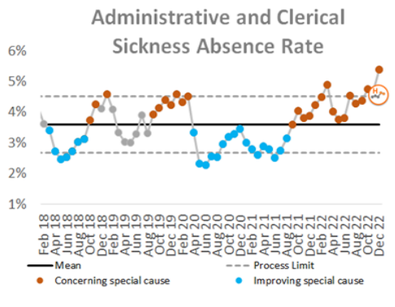


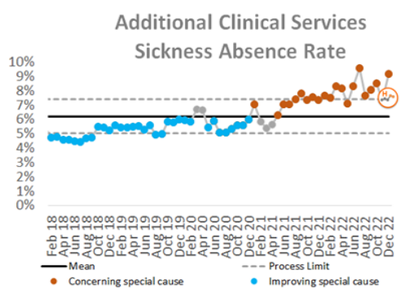
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

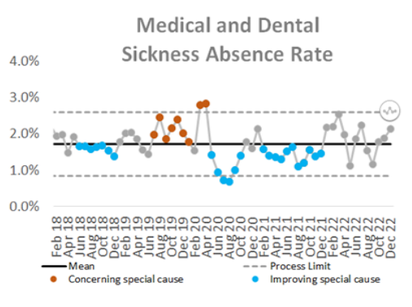
What the information tells us: The overall Monthly Sickness Absence is above average at 5.85%, and the highest rate seen in the last 5 years. This is 1.2% higher than last month, November 2022 (4.7%) and 1.2% higher than December last year (4.6%). The sickness absence rate due to short term illness is higher at 4.2% compared to long term sickness at 1.6%. Additional Clinical Services have the highest sickness absence rate at 9.2% followed by Estates at 9.1%.

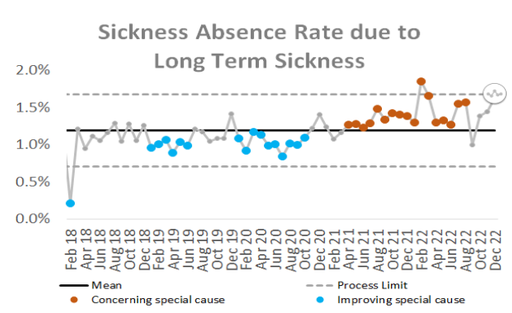


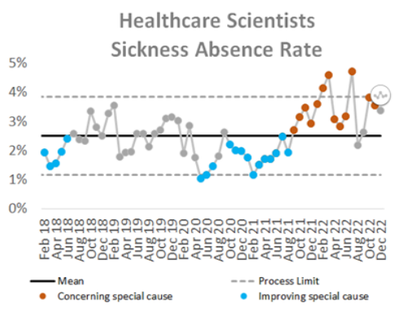


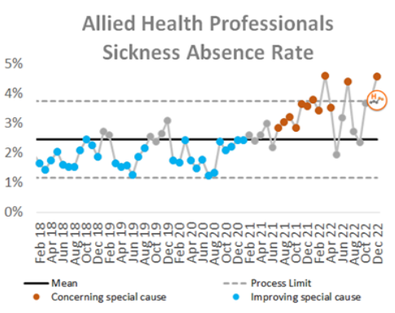


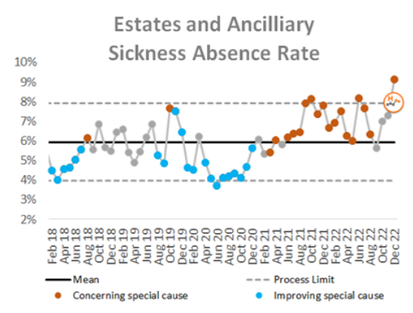


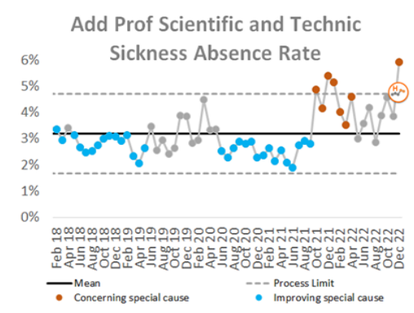












Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

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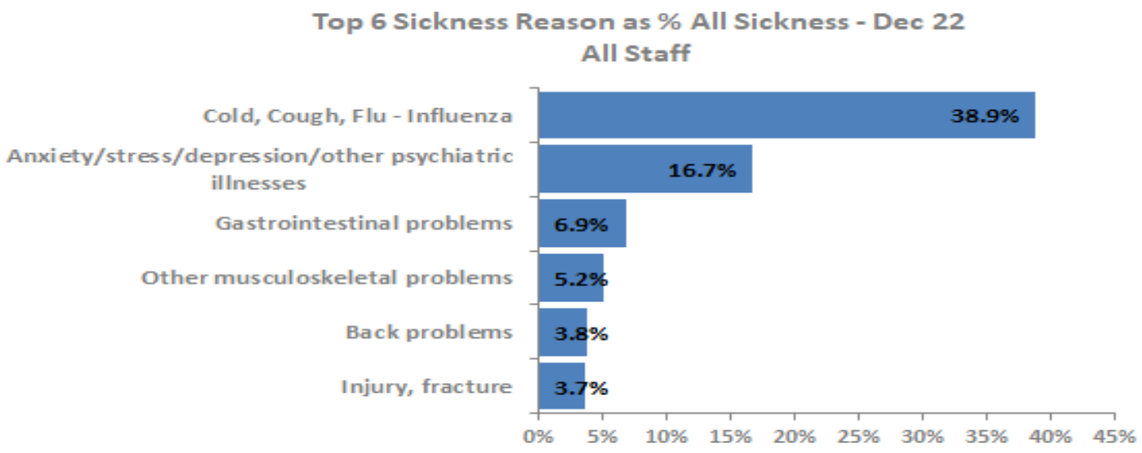
Top Six Sickness Absence Reason

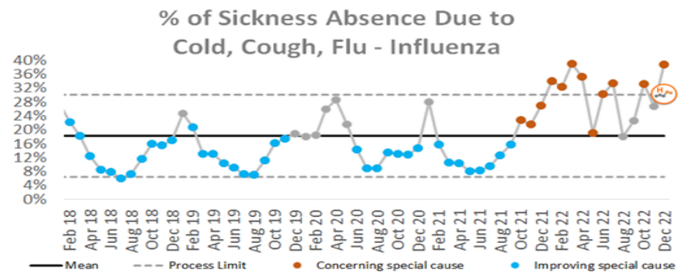
Cambridge University Hospitals NHS Foundation Trust

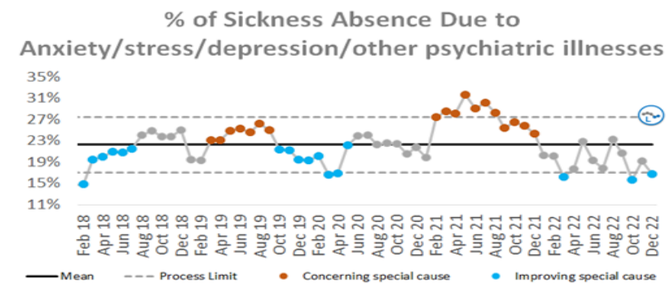
Workforce: Top Six Sickness Absence

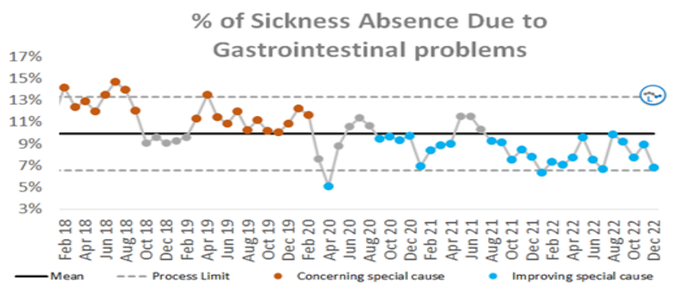


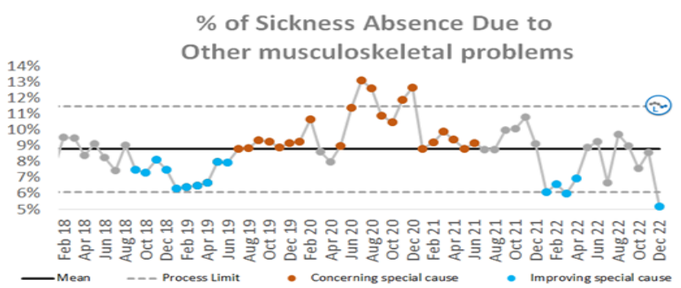
Background Information:Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

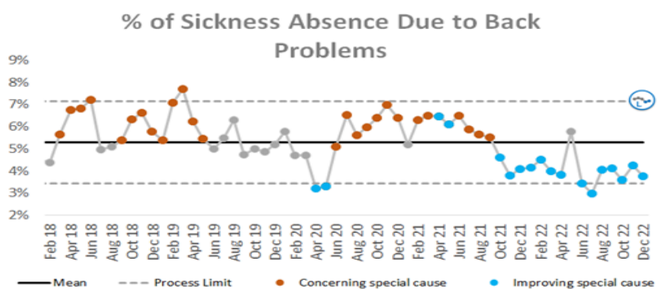
What the information tells us: The highest reason for sickness absence is influenza-related sickness, which saw an increase from last month of 12.1% to 38.9% of all sickness in December 2022. Anxiety/stress/depression/other psychiatric illnesses decreased by 2.4% to account for 16.7% of all sickness in December 2022.
Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) increased by 11% from last month, and accounts for 42.5% of all sickness absence in December 2022, compared to 31.5% in November 2022.

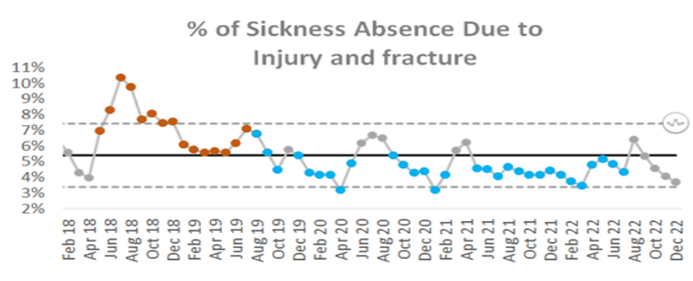












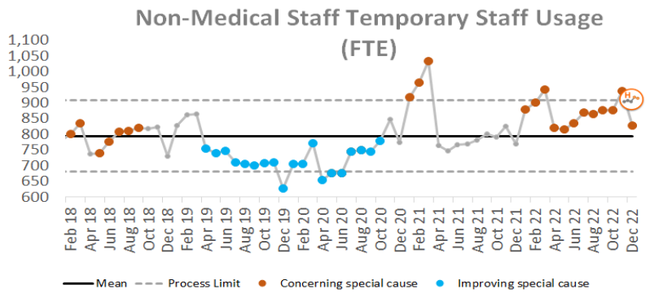
Author(s):Tosin Okufuwa, Amanda Wood

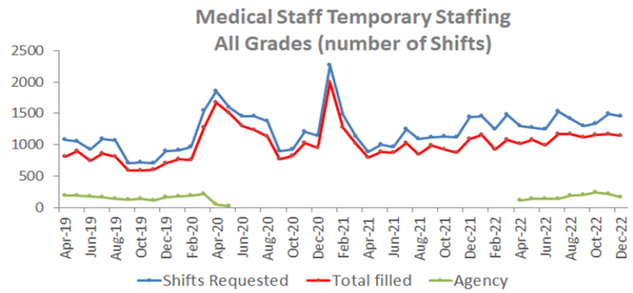
Owner(s): David Wherrett

Temporary Staffing

Cambridge University Hospitals NHS Foundation Trust

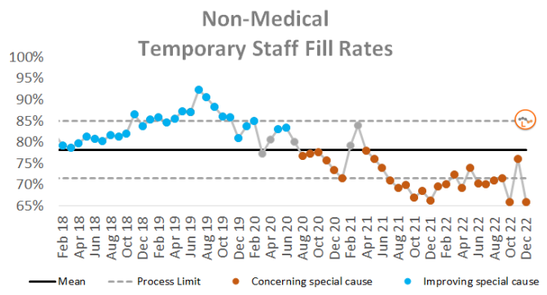
Workforce: Temporary Staffing

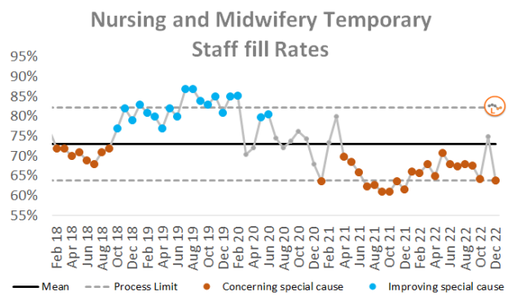


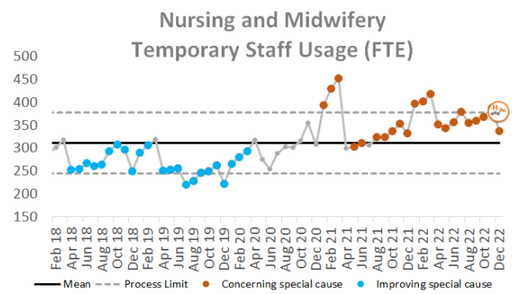


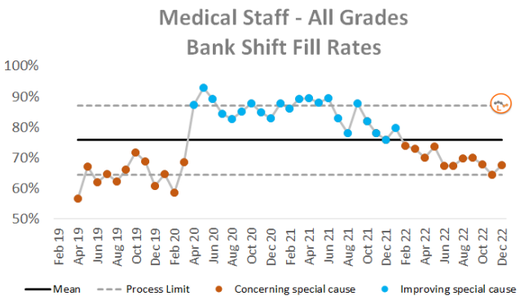
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

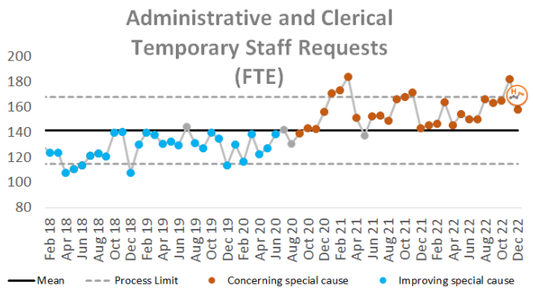
What the information tells us: Demand for non-medical temporary staff increased by 1.7% from the previous month to 1,256 WTE. Top three reasons for request includes vacancy (46%), sickness (18%) and increased workload (16%). Nursing and midwifery agency usage decreased by 9.7 WTE from the previous month to 31.6 WTE. This accounts for 9% of the total nursing filled shifts. Overall, fill rate has decreased by 10% from last month to 66% in December 2022.

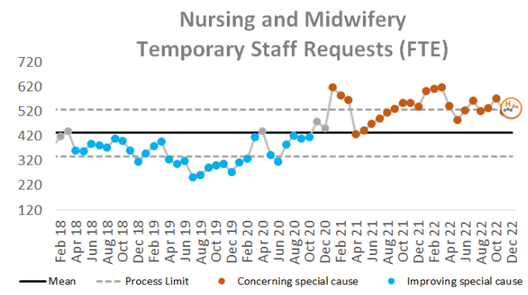


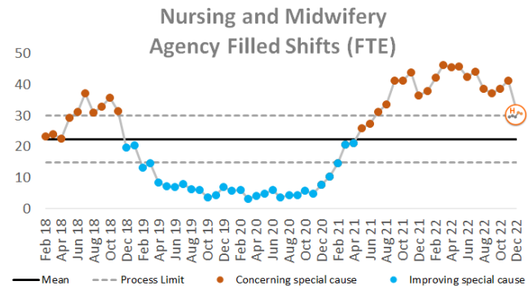


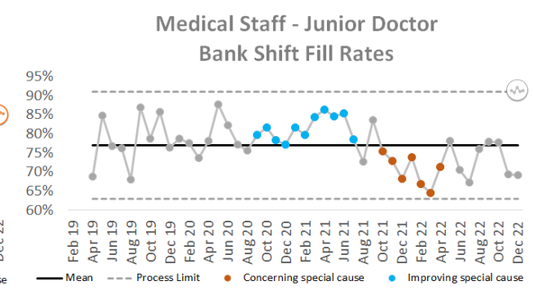










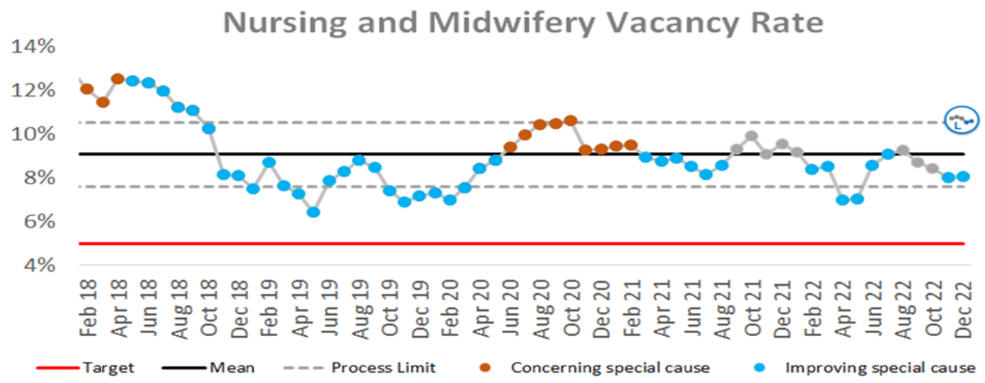


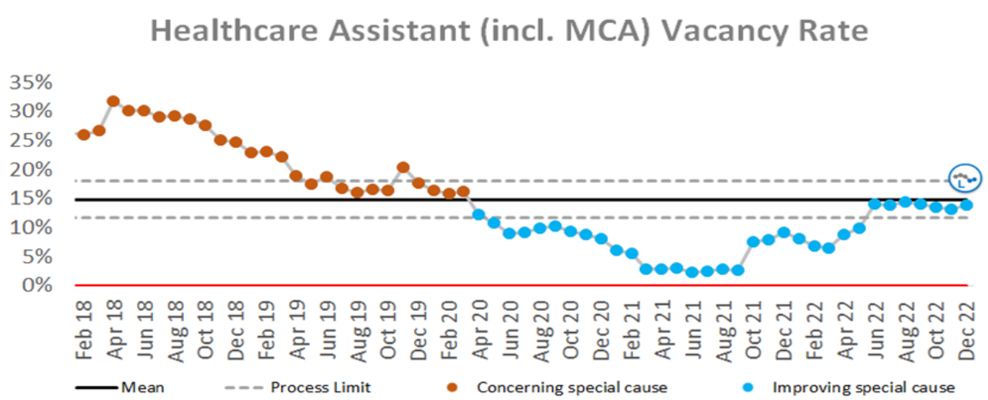
*Please note that temporary Medical staffing data was not available at the time of reporting and hence not updated

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 14.0% and 8.1% respectively. This is an increase of 0.03% for Nursing and Midwifery and 0.83% for Healthcare Assistants from last month. 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 – Dec 22 Breakdown (source: Healthroster)

	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	48,858	32,596	66.7%	96%
	Additional Clinical Services	358,768	251,113	70.0%	98%
	Administrative and Clerical	472,541	319,039	67.5%	96%
	Allied Health Professionals	145,610	100,467	69.0%	100%
	Estates and Ancillary	76,466	55,811	73.0%	99%
	Healthcare Scientists	136,933	93,596	68.4%	97%
	Medical and Dental	143,476	58,415	40.7%	37%
	Nursing and Midwifery Registered	759,805	536,243	70.6%	98%
	Trust	**2,142,457**	**1,447,280**	67.6%	89%
Annual Leave taken by Division	*Division*				
	Corporate	297,301	204,101	69%	95%
	Division A	405,838	275,729	68%	87%
	Division B	592,075	400,775	68%	94%
	Division C	267,471	176,355	66%	80%
	Division D	259,306	174,324	67%	86%
	Division E	230,532	156,414	68%	85%
	R&D	89,935	59,582	66%	94%

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

What the information tells us: The Trust's annual leave usage is 90% of the expected usage after the ninth month of the financial year. Overall usage is 67.6% compared to the expected 75%. The highest rate of use of annual leave is within the Estates and Ancillary staff group, followed by Nursing and Midwifery Registered staff at 73% and 71% respectively.

Not all medical staff record annual leave on the Healthroster system. Local recording is permitted. The percentage of annual leave taken should not be considered representative for medical staff.

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		1,067	1,066	522	522	10,751	10,751	10,933	10,751	10,751	10,751	10,935	7,345	10,751	7,829	10,751	7,814	1,862	1,504	
Compliance by Division																				
Compliance by Division	Division A	(19)89.1%	(47)73.1%	(19)84.6%	(13)89.4%	(55)97.3%	(60)97.1%	(298)85.7%	(63)96.9%	(99)95.2%	(205)90.0%	(290)86.1%	(374)79.9%	(74)96.4%	(183)90.4%	(51)97.5%	(167)91.2%	(77)68.0%	(35)82.3%	91.5%
	Division B	(23)92.2%	(46)84.5%	(17)77.0%	(10)86.5%	(61)97.8%	(71)97.5%	(228)91.9%	(80)97.1%	(129)95.4%	(208)92.6%	(350)87.6%	(293)80.0%	(100)96.4%	(204)88.7%	(69)97.5%	(180)89.9%	(21)83.5%	(9)92.9%	93.3%
	Division C	(20)88.9%	(46)74.4%	(26)82.1%	(12)91.7%	(56)96.2%	(63)95.8%	(245)83.9%	(75)94.9%	(92)93.8%	(190)87.2%	(281)81.6%	(292)79.2%	(99)93.3%	(131)90.7%	(72)95.1%	(135)90.5%	(67)74.4%	(39)85.1%	89.7%
	Division D	(7)93.6%	(30)72.7%	(22)75.0%	(11)87.5%	(49)96.4%	(53)96.1%	(208)85.0%	(68)95.0%	(105)92.3%	(189)86.2%	(274)80.3%	(297)73.6%	(71)94.8%	(122)89.7%	(57)95.8%	(105)91.2%	(28)79.7%	(28)79.6%	89.6%
	Division E	(8)93.9%	(27)79.5%	(19)77.6%	(14)83.5%	(40)96.9%	(41)96.8%	(212)84.2%	(52)96.0%	(79)93.9%	(144)88.8%	(315)76.5%	(239)79.8%	(72)94.4%	(134)88.8%	(46)96.4%	(97)91.9%	(271)74.6%	(88)88.4%	89.2%
	Corporate	(13)90.1%	(29)77.7%	(0)100.0%	(0)100.0%	(34)97.5%	(40)97.0%	(77)94.3%	(45)96.7%	(75)94.5%	(105)92.2%	(95)93.0%	(32)79.6%	(57)95.8%	(14)91.5%	(47)96.5%	(15)91.1%	(8)57.9%	(4)76.5%	94.7%
	R & D	(1)97.7%	(4)90.7%			(10)97.6%	(12)97.1%	(22)94.7%	(11)97.4%	(16)96.2%	(25)94.0%	(37)91.1%	(18)87.9%	(17)95.9%	(11)93.6%	(12)97.1%	(11)93.6%	(2)77.8%	(1)83.3%	95.2%
	Breakdown of Medical staff compliance																			
	Consultant			(6)88.0%	(12)76.0%	(12)98.4%	(14)98.1%	(48)93.5%	(18)97.6%	(53)92.8%	(65)91.2%	(37)95.0%	(165)78.1%	(21)97.2%	(36)95.2%	(15)98.0%	(38)95.0%	(26)88.5%	(14)93.1%	93.9%
	Non Consultant			(97)79.4%	(48)89.8%	(91)88.8%	(98)87.9%	(131)83.8%	(127)84.3%	(157)80.6%	(224)72.3%	(191)76.4%	(464)46.8%	(162)80.0%	(213)75.3%	(129)84.1%	(202)76.8%	(101)53.7%	(43)74.9%	77.9%
Compliance by Staff Group	Compliance by Staff group																			
	Add Prof Scientific and Technic	(0)100.0%	(2)92.0%			(5)97.8%	(5)97.8%	(7)96.9%	(6)97.3%	(6)97.3%	(17)92.4%	(10)95.5%	(5)83.9%	(5)97.8%	(22)89.0%	(4)98.2%	(17)91.2%	(5)28.6%	(5)28.6%	95.2%
	Additional Clinical Services	(43)83.5%	(52)80.1%			(34)98.0%	(32)98.1%	(245)86.2%	(36)97.9%	(59)96.6%	(152)91.1%	(347)80.5%	(294)78.6%	(50)97.1%	(206)86.9%	(40)97.7%	(188)88.0%	(42)72.4%	(12)87.5%	91.2%
	Administrative and Clerical	(20)91.8%	(43)82.2%			(67)97.0%	(74)96.7%	(96)95.7%	(79)96.4%	(129)94.2%	(179)91.9%	(128)94.2%	(7)58.8%	(102)95.4%	(15)87.0%	(83)96.3%	(13)88.9%	(5)16.7%	(2)66.7%	95.0%
	Allied Health Professionals	(4)94.7%	(19)75.0%			(5)99.2%	(7)98.9%	(70)89.5%	(10)98.5%	(19)97.1%	(34)94.8%	(131)80.4%	(105)84.2%	(16)97.6%	(30)95.5%	(5)99.2%	(28)95.8%	(11)82.3%	(2)96.8%	94.0%
	Estates and Ancillary	(3)90.0%	(4)86.7%			(4)98.8%	(4)98.8%	(19)94.3%	(5)98.5%	(10)97.0%	(22)93.4%	(4)98.8%	(4)98.8%	(6)98.2%	(6)98.2%	(3)99.1%				97.2%
	Healthcare Scientists	(1)97.4%	(7)81.6%			(8)98.7%	(9)98.5%	(32)94.8%	(9)98.5%	(24)96.1%	(48)92.1%	(47)92.3%	(26)77.0%	(10)98.4%	(44)76.0%	(7)98.9%	(24)85.5%	(2)88.9%	(1)94.4%	95.1%
	Medical and Dental			(103)80.3%	(60)88.5%	(103)93.4%	(112)92.8%	(179)88.5%	(145)90.6%	(210)86.5%	(289)81.4%	(228)85.3%	(629)61.3%	(183)88.2%	(249)84.6%	(144)90.7%	(240)85.2%	(127)71.5%	(57)84.7%	85.2%
	Nursing and Midwifery Registered	(20)94.9%	(102)74.1%			(79)97.7%	(97)97.2%	(642)81.9%	(104)97.0%	(138)96.0%	(325)90.6%	(747)79.0%	(479)86.4%	(118)96.6%	(233)93.3%	(68)98.0%	(200)94.3%	(282)75.9%	(125)86.7%	91.6%
	Trust Total	(91)91.5%	(229)78.5%	(103)80.3%	(60)88.5%	(305)97.2%	(340)96.8%	(1290)88.2%	(394)96.3%	(595)94.5%	(1066)90.1%	(1642)85.0%	(1545)79.0%	(490)95.4%	(799)89.8%	(354)96.7%	(710)90.9%	(474)74.5%	(204)86.4%	91.6%

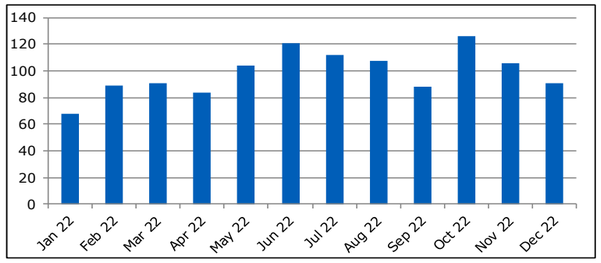
Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:

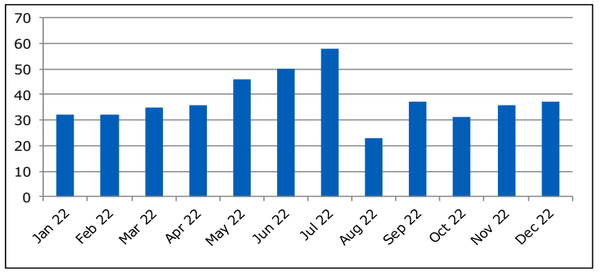


	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Total
Accident	17	16	21	16	15	14	20	15	18	16	19	15	**202**
Blood/bodily fluid exposure (dirty sharps/splashes)	15	17	18	17	16	19	20	17	13	32	14	20	**218**
Environmental Issues	1	5	4	10	4	7	20	16	1	6	1	6	**81**
Moving and Handling	5	3	4	3	3	5	2	4	7	2	1	2	**41**
Sharps (clean sharps/incorrect disposal & use)	2	7	3	6	8	4	8	10	5	8	10	5	**76**
Slips, Trips, Falls	4	6	8	7	8	7	3	5	10	4	6	3	**71**
Violence & Aggression	22	32	29	23	45	61	36	36	34	57	52	36	**463**
Work-related ill-health	2	3	4	2	5	4	3	4		1	3	4	**35**
Total	**68**	**89**	**91**	**84**	**104**	**121**	**112**	**107**	**88**	**126**	**106**	**91**	**1187**

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

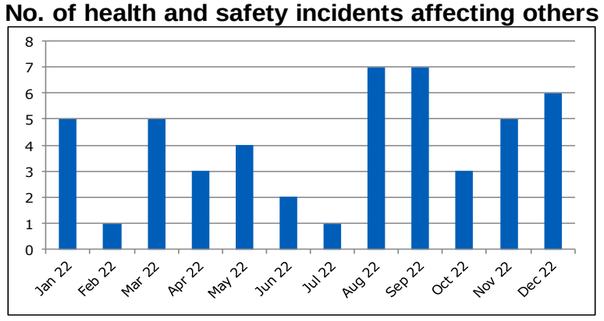
	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Total
No. of health & safety incidents	68	89	91	84	104	121	112	107	88	126	106	91	**1187**
Staff incident rate per month/year	0.6	0.8	0.8	0.8	0.9	1.1	1.0	1.0	0.8	1.1	1.0	0.8	**10.8**

No. of health and safety incidents affecting patients:



	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Total
Accident	11	11	17	19	25	20	20	8	13	13	15	18	**190**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	1	4	2	1	1	1	0	3	0	0	3	**16**
Environmental Issues	0	4	3	2	1	4	12	2	0	3	8	7	**46**
Equipment / Device - Non Medical	1	2	1	0	1	1	2	1	0	1	3	1	**14**
Moving and Handling	3	1	1	0	0	5	2	2	1	0	3	2	**20**
Sharps (clean sharps/incorrect disposal & use)	3	2	1	0	0	3	2	2	2	1	0	1	**17**
Violence & Aggression	14	11	8	13	18	16	19	8	18	13	7	5	**150**
Total	**32**	**32**	**35**	**36**	**46**	**50**	**58**	**23**	**37**	**31**	**36**	**37**	**453**

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



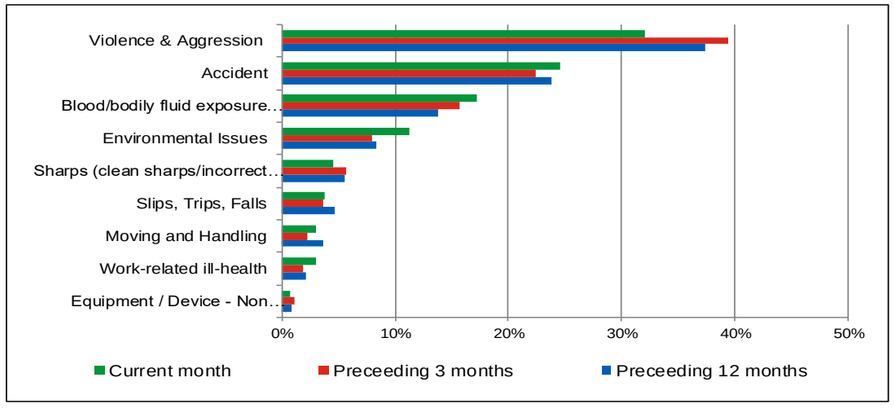
	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Total
Accident	1	0	0	0	2	1	0	0	3	1	2	0	**10**
Environmental Issues	3	0	1	0	2	0	0	2	1	1	1	2	**13**
Sharps (clean sharps/incorrect disposal & use)	0	0	0	0	0	0	0	1	0	0	0	0	**1**
Slips, Trips, Falls	0	0	1	0	0	1	0	1	1	0	1	2	**7**
Violence & Aggression	1	1	3	3	0	0	1	3	2	1	1	2	**18**
Total	**5**	**1**	**5**	**3**	**4**	**2**	**1**	**7**	**7**	**3**	**5**	**6**	**49**

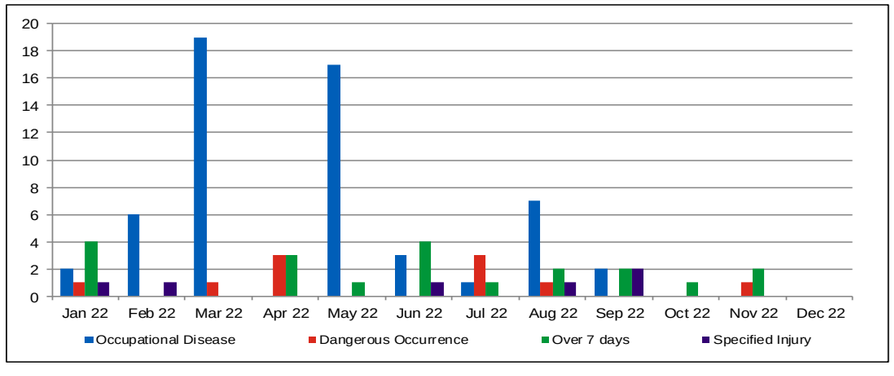
Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	Estates
No. of health and safety incidents reported in a rolling 12 month period:	**1689**	**341**	**249**	**478**	**317**	**170**	**52**	**82**
Accident	**402**	89	81	87	68	42	4	31
Blood/bodily fluid exposure (dirty sharps/splashes)	**234**	68	41	43	46	29	6	1
Environmental Issues	**140**	26	29	7	29	26	8	15
Equipment / Device - Non Medical	**14**	2	0	4	4	4	0	0
Moving and Handling	**61**	10	14	11	14	5	1	6
Sharps (clean sharps/incorrect disposal & use)	**94**	33	17	12	12	10	8	2
Slips, Trips, Falls	**78**	25	14	10	5	5	6	13
Violence & Aggression	**631**	78	46	302	135	45	13	12
Work-related ill-health	**35**	10	7	2	4	4	6	2





A total of 1,689 health and safety incidents were reported in the previous 12 months.

819 (48%) incidents resulted in harm. The highest reporting categories were violence and aggression (37%), accidents (24%) and blood/bodily fluid exposure (14%).

1,187 (70%) of incidents affected staff, 453 (27%) affected patients and 49 (3%) affected others ie contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (39%), blood/bodily fluid exposure (18%) and accidents (17%).

The highest reported incident categories for patients were: accidents (42%), violence & aggression (33%) and environmental issues (10%).

The highest reported incident categories for others were: violence and aggression (37%), environmental issues (27%) and accidents (20%).

Staff incident rate is 10.8 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%).

In the last 12 months, 39% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In December 2022, 0 incidents were reported to the HSE.

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