








Cambridge University Hospitals NHS Foundation Trust

Integrated Report

Quality, Performance, Finance and Workforce to end April 2020

Chief Financial Officer
Chief Nurse
Chief Operating Officer
Director of Workforce
Medical Director

PLEASE NOTE: Due to work on the COVID-19 response, it has not been possible to produce a fully updated Integrated Report this month. Some data and explanatory text are missing or incomplete and it has not been possible to undertake normal validation and checking processes

Report compiled: 31/05/2020

Contents

Overall reporting

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 acheieve and fail at random

Owner(s): Jon Scott, Paul Scott, Ashley Shaw, Lorraine Szeremeta, David Wherrett

Quality Account Measures

NHS
Cambridge University Hospitals
NHS Foundation Trust

2020/21 Performance Framework

2020/21 Quality Account Measures

Domain	Indicator	Data to	Target	Feb 20 Previous Month-1	Mar 20 Previous Month	Apr 20 Current status	Trend	FYtD	Baseline	LTM
Safe	>80% of patients are escalated in accordance with the NEWS2 escalation policy in order to meet the quality standard of 90%	Apr-20	80%	N/A	N/A	N/A	▪	N/A	0.0%	N/A
	>90% of agreed areas complete an observational audit within 12 months from April 2020	Apr-20	90%	N/A	N/A	N/A	▪	N/A	25.0%	N/A
	>90% of Serious Incidents actions meet the quality standard of (>90%)	Apr-20	90%	N/A	N/A	N/A	▪	N/A	0.0%	N/A
Effective / Responsive	% of early discharges **(existing metric)**	Apr-20	30%	15.8%	15.3%	15.6%	⇧	15.6%	15.3%	14.8%
	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.	Apr-20	80%	N/A	N/A	70.0%	▪	70.0%	68.9%	70.0%
	Same day emergency care (SDEC)	Apr-20	92%	N/A	N/A	N/A	▪	N/A	19.6%	N/A
Patient Experience / Caring	>90% of actions are completed within the agreed date (Actions from Complaints graded 3 or above)	Mar-20	90%	N/A	73.0%	N/A	▪	N/A	0.0%	73.0%
	>90% of areas (Adult inpatient wards excluding Rosie) access their MES data on a monthly basis	Apr-20	80%	N/A	N/A	N/A	▪	N/A	35%	N/A
				Feb 20	Mar 20	Apr 20				
	Total complaints responded to within initial set timeframe or by agreed extension date **(existing metric)**	Apr-20	90%	95.7%	95.2%	93.9%	⇩	93.9%	80.0%	83.7%
				Feb 20	Mar 20	Apr 20				
Staff Experience / Well-led	Nursing and Midwifery vacancy rate for band 5 nurses **(existing metric)**	Apr-20	6.6%	4.8%	6.4%	5.4%	⇧	0.0%	6.5%	5.8%
				2016	2017	2018				
	I feel secure about raising concerns re unsafe clinical practice within the organisation. **(existing metric)**		76.0%	75.0%	73.0%	74.0%	⇧		74.0%	
	People saying ' my appraisal helped me to improve how I do my job' **(existing metric)**		28.0%	22.0%	24.0%	26.0%	⇧		26.0%	

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

2019/20 Performance Framework

2019/20 Performance Framework - Quality Indicators				Feb 20	Mar 20	Apr 20				
Domain	Indicator	Data to	Target	Previous Month-1	Previous Month	Current status	Trend	FYtD	Previous FYR	LTM
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	Apr-20	0	0	1	0	⇧	0	3	2
	E.Coli Bacteraemias (Total Cases)	Apr-20	50%over 3 years	25	34	19	⇧	19	406	396
	C. difficile Infection (hospital onset and COHA* avoidable)	Apr-20	TBC	-	-	4	▪	4	N/A	N/A
	Hand Hygiene Compliance	Apr-20	TBC	96.96%	97.70%	97.98%	⇧	98.0%	96.4%	96.5%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Apr-20	100%	33.3%	44.4%	50.0%	⇧	50.0%	38.6%	36.7%
	% of relevant NICE recommendations recorded as met in the returned baseline assessment. ('last month')	Apr-20	85%	0.0%	0.0%	0.0%	⇔	0.0%	77.3%	76.9%
	% of NICE quality standards where the gap analysis was returned in line with the NICE policy. ('last month')	Apr-20	100%	0.0%	N/A	N/A	⇔	-	28.6%	28.6%
	% of data submitted to national clinical audits (rolling YTD) Target is 100% at FYR end	Apr-20	100%	N/A	N/A	N/A	⇔	-	-	-
	% of national clinical audits with an action plan in place at 12 weeks post publication (last month)	Apr-20	100%	29.4%	50.0%	0.0%	⇩	0.0%	24.6%	21.4%
	% of national clinical audits with completed recommendations (last month)	Apr-20	100%	85.7%	60.0%	28.6%	⇩	28.6%	75.0%	70.4%
	% of external reviews where action plan was either overdue or no date for completion was provided	Apr-20	10%	75.0%	73.7%	50.0%	⇩	50.0%	39.5%	41.7%
Nursing Quality Metrics	Blood Administration Patient Scanning	Apr-20	90%	99.7%	99.2%	98.9%	⇩	98.9%	99.3%	99.4%
	Care Plan Notes	Apr-20	90%	95.6%	96.3%	97.0%	⇧	97.0%	95.2%	95.3%
	Care Plan Presence	Apr-20	90%	98.7%	98.9%	99.7%	⇧	99.7%	98.2%	98.3%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Apr-20	90%	79.3%	77.4%	73.6%	⇩	73.6%	76.4%	76.2%
	Nurse Rounding	Apr-20	90%	99.8%	99.7%	99.7%	⇩	99.7%	99.7%	99.7%
	Nutrition Screening	Apr-20	90%	83.3%	78.8%	76.8%	⇩	76.8%	80.1%	79.9%
	Pain Score	Apr-20	90%	88.5%	88.6%	87.2%	⇩	87.2%	88.1%	88.2%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Apr-20	90%	70.7%	72.6%	75.3%	⇧	75.3%	94.8%	94.1%
	PEWS Score Recording	Apr-20	90%	97.1%	97.0%	98.1%	⇧	98.1%	97.7%	97.7%
	NEWS Score Recording	Apr-20	90%	97.3%	96.7%	94.8%	⇩	94.8%	96.7%	96.7%
	VIP									
	VIP Score Recording (1 per day)	Apr-20	90%	93.5%	93.1%	95.0%	⇧	95.0%	93.3%	93.3%
	PIP Score Recording (1 per day)	Apr-20	90%	86.2%	90.8%	92.8%	⇧	92.8%	87.7%	87.9%
Patient Experience	Mixed sex accommodation breaches	Apr-20	0	1	0	0	⇩	0	16	15
	Number of overdue complaints	Apr-20	0	2	2	2	⇩	2	109	108
	Re-opened complaints (non PHSO)	Apr-20	N/A	6	11	2	⇩	2	103	99
	Re-opened complaints (PHSO)	Apr-20	N/A	1	0	0	⇩	0	4	4
				Feb 20	Mar 20	Apr 20				
	Number of medium/high level complaints	Apr-20	N/A	21	11	11	⇩	11		182

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Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

2019/20 Performance Framework

Domain	Indicator	Data range	Target	Current month	Mean	Variance	Special causes	Target status	Comments
RTT	RTT total waiting <18 weeks	Apr 2017 - Jan 2020	**92.0%**	**85.0%**	90.0%	L	SP	F	Operational patient flow pressures, exacerbated by significant infection control restrictions have impacted on the Trusts ability to maintain high levels of elective care.
	Patients waiting >52 weeks	Jan-20	**0**	**3**	2.7		-	?	Two breached patients were referred to CUH after 52 weeks, one is due to an administrative error.
Diagnostics	waits >6 weeks	Aug 2017 - Jan 2020	**0.01**	**0.6%**	2.6%	L	S7	?	Variation is positive, the process is consistently delivering results below the baseline mean. The target falls within the control limits of this process
Timely Discharge	Stranded patients >7 days	Jul 2018 - Jan 2020	**TBC**	**534**	493		-	-	All data is currently within expected normal variation. No target currently set for this measure.
	Pre 12pm Discharges	Aug 2017 - Jan 2020	**30%**	**15.0%**	14.0%		-	F	Variation is normal remaining consistently within expected limits. Divisions have set out actions to improve performance to 30%. So far, statistically, our upper achievement limit is 15.3%.
Surgical Productivity	Session usage (excluding Rosie)	Jun 2018 - Jan 2020	TBC	**93.6%**	85.2%	H	S7	-	Last 9 data points all above the mean
Outpatient Productivity	Overdue follow-ups	Oct 2017 - Jan 2020	TBC	**22198**	19715	H	S7	-	Special cause variation triggered as the last 12 months have above the mean number of overdue follow ups. The last 4 points were all above the upper control limit
Stroke	>90% of time on stroke unit	Sep 2017 - Jan 2020	80	**81.3%**	77.2%	H	S7	?	Variation is positive, the process is consistently delivering results below the baseline mean. The target falls within the control limits of this process
ED	12hr trolley waits	January 2020	0	**47**	1.3	H	SP	?	Significant bed closures due to Infection Control outbreaks have increased exit block from ED.
Utilisation of Resouces	DNA rate	Sep 2017 - Jan 2020	TBC	**4.0%**	4.4%		-	-	All data is currently within expected normal variation. We remain one of the best performers nationally for this metric.
	30 day readmissions	Sep 2017 - Jan 2020	TBC	**7.2%**	12.5%			-	All data is currently within expected normal variation. No target currently set for this measure.
	Elective Los (days)	Dec 2018 - Dec 2019	-	**3.8**	3.5		-	-	Variation is normal remaining consistently within expected limits.
	Non-Elective Los (days - incl DTOC)		-	**6.1**	5.8		-	-	Variation is normal remaining consistently within expected limits.
Cancer	62 Day from Urgent Referral	April 2017 - Jan 2020	85.0%	**85.5%**	81%	H	S7	?	Variation is normal remaining consistently within expected limits.
	Patients over 104 days (with or without DTT)	w/e 28/10/18 - 29/12/19	TBC	**19**	14	H	S7	-	Special cause variation triggered as 14 points (weeks) have continuously been above the mean.

Operational Performance

Cambridge University Hospitals NHS Foundation Trust

2020/21 Performance Framework

2020/21 Performance Framework – Operational Performance				Feb 20	Mar 20	Apr 20				
Domain	**Indicator**	**Data to**	**Target**	Previous Month-1	Previous Month	Current status	Trend	FYtD	Previous FYR	LTM
RTT	RTT total waiting <18 weeks >92%	Apr-20	92%	84.7%	80.4%	70.4%	⇩	70.4%	86.0%	84.6%
	>52 weeks	Apr-20	0	2	4	14	⇩	14	18	32
Diagnostics	Waiting over 6 weeks	Apr-20	1%	0.5%	9.5%	61.7%	⇩	61.7%	1.6%	7.5%
Timely discharge	Stranded patients >7 days	Apr-20	TBC	525	523	294	⇧	294	6046	5841
	Pre 12 discharge	Apr-20	20%	15.3%	14.3%	10.8%	⇩	10.8%	14.3%	14.2%
Surgical productivity	Session usage (exc Rosie)	Apr-20	TBC	93.5%	66.7%	32.8%	⇩	32.8%	91.4%	86.7%
Outpatient productivity	Overdue follow ups	Apr-20	TBC	-	-	-	▪	0	197560	178817
Stroke	>90% of time on stroke unit	Apr-20	80%	88.3%	88.3%	83.3%	⇩	83.3%	83.0%	83.0%
Emergency department	4hr ED target (Inc MIU)									
	AE Trolley waits > 12 hours	Apr-20	0	7	0	0	⇔	0	70	70
Utilisation of Resources	DNA Rate	Apr-20	TBC	4.0%	4.5%	4.5%	⇩	4.5%	4.4%	4.4%
	30 day readmissions	Apr-20	TBC	11.8%	10.3%	8.5%	⇧	8.5%	12.6%	12.4%
	Pre-op LOS Elective	Apr-20	TBC	0.24	0.24	0.38	⇩	0.38	0.20	0.20
	Pre-op LOS Non-Elective	Apr-20	TBC	1.00	0.99	0.87	⇧	0.87	1.03	1.01
				Jan 20	Feb 20	Mar 20				
Cancer	62 days from urgent referral (with reallocations for late referral)	Mar-20	85%	82.9%	85.5%	85.4%	⇧	-	85.0%	85.0%
	>104 day waits	Mar-20	0	11	8	10	⇧	0	136	127

Serious Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Jun 17 - Apr 20	month	-	821	1361		SP	-	There was a statistically significant decrease (single point) in the number of patient safety incidents. There is however normal variance in the number of patient safety incidents per 1000 admissions.
Percentage of moderate and above patient safety incidents	Jan 19 - Apr 20	month	2%	4.1%	1.4%		SP		Statistically, there was a significant increase in the % of moderate harm and above patient safety incidents in March and April 2020 (single points). Our current system will not reliably hit our target of ≤2%.
All Serious Incidents	Jun 17 - Apr 20	month	-	3	6		-	-	There is currently normal variance in the number of serious incidents commissioned with the CCG. In April 2020 there were 3 serious incidents commissioned, details of which can be found in the table detailing the STEIS sub-categories below.
Serious Incidents submitted to CCG within 60 working days	Jun 17 - Apr 20	month	100%	0%	52%		-		There is currently normal variance in the number of SI reports submitted to the CCG within 60 working days however our current system will not reliably hit our target of submitting 100% of SI reports to the CCG within 60 working days.

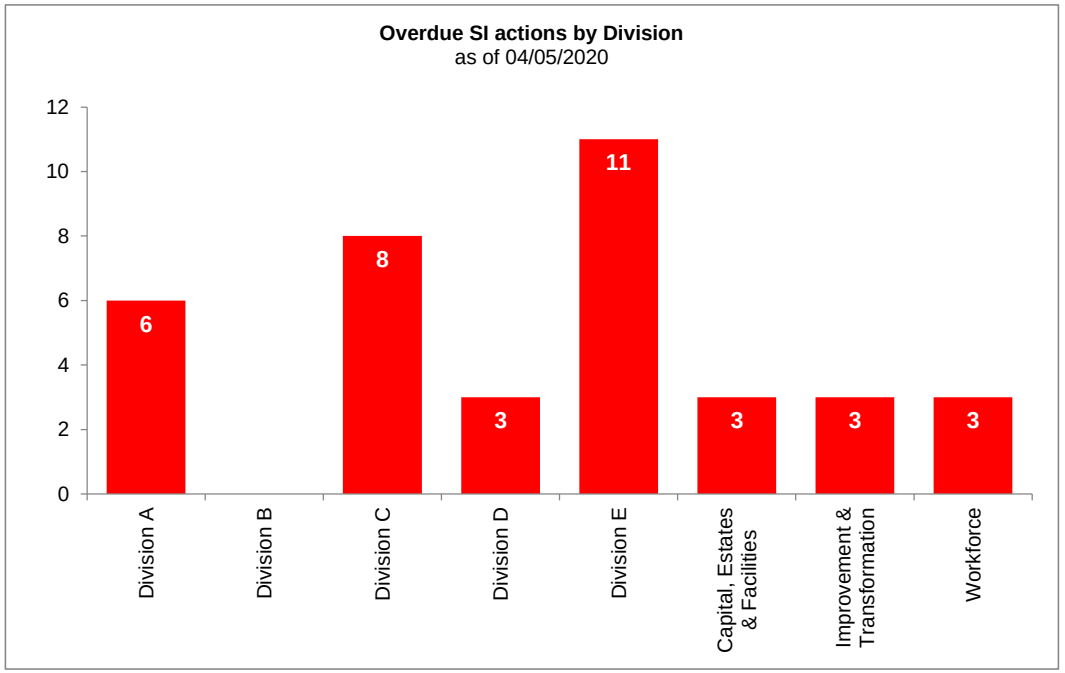
Ref	STEIS SI Sub-category	Actual Impact	Div.	Ward / Dept.
SLR90384	Treatment delay	Severe / Major	D	Clinic 3
SLR90529	Treatment delay	Severe / Major	D	Ward L5
SLR90644	Treatment delay	Severe / Major	E	Daphne Ward

Executive Summary

A total of 821 patient safety incidents (SLR) occurred in April 2020. In line with the national picture, the number of incidents reported has decreased, due to less overall activity due to COVID-19.

The actual impact was graded as; 85% (700) were graded as no harm, 10% (86) as low harm, 3% (24) as moderate harm, 1% (9) major harm, 0.1% (1) graded as death.

During the COVID-19 pandemic, in conjunction with the CCG, a number of SI investigations was paused, thereby resulting in lower compliance with the 60 day standard. The metric above does not account for this agreed activity to be paused, hence the low percentage completion. The Patient Safety Team continues to work with the relevant investigation leads to support completion of investigation as soon as is practically possible. It is expected that performance will improve by July 2020.



Author(s): Patient Safety Improvement Owner(s): Giles Thorpe

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All COVID Incident Report of Trust by Category

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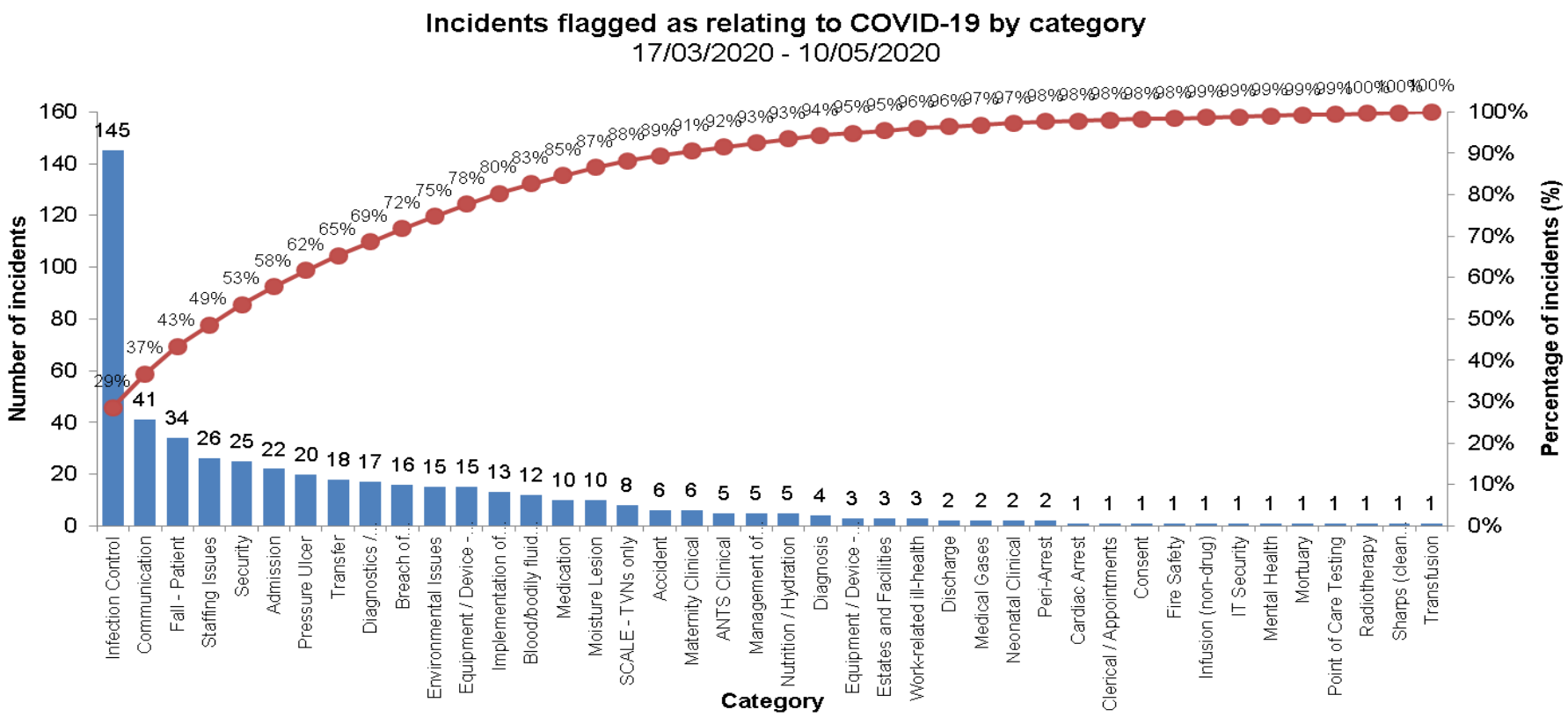
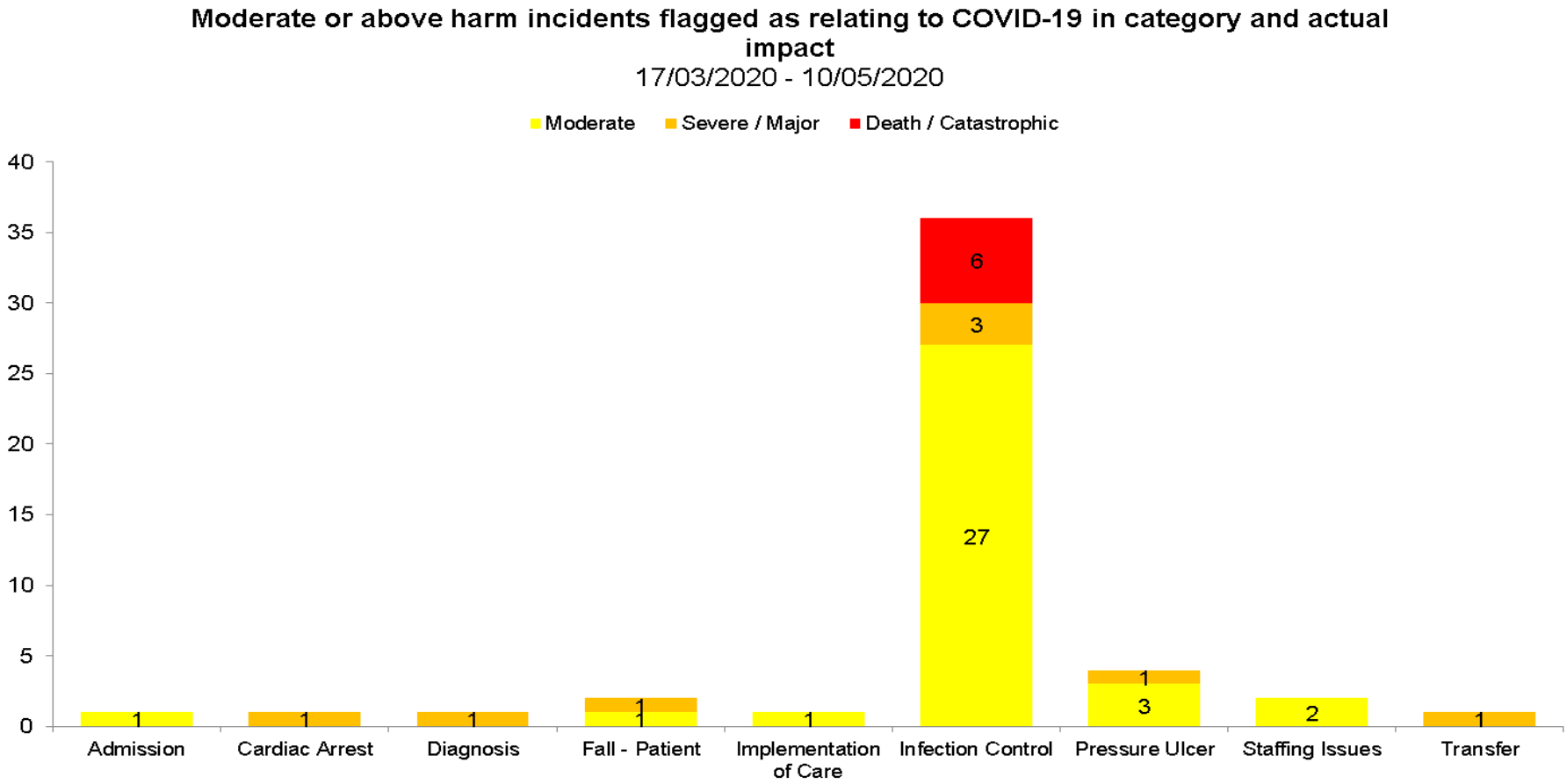


All COVID incident reporting trust Moderate > harm by category

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality



Top Three Categories by Division and Impact

	No Harm	Low / Minor	Mod	Severe / Major	Death / Catast.
Division A					
Infection Control	22	1	7	1	1
Pressure Ulcer	2	4	3	1	
Transfer	9			1	
Division B					
Breach of confidentiality	15				
Communication	9	2			
Infection Control	18	1	1		
Division C					
Fall - Patient	19	2	1		
Infection Control	35	6	15	2	4
Security	15	3			
Division D					
Fall - Patient	3	1		1	
Infection Control	9	1	3		1
Security	5				
Division E					
Communication	6				
Infection Control	10				
Maternity Clinical	6				

Top Three Sub Categories of Categories by Division

	No Harm	Low / Minor	Mod	Severe / Major	Death / Catast.
Division A					
CUH Hospital acquired PU (NOT medical device related)		2	2	1	
Hospital Attributed COVID19	3		7	1	1
Non-compliance with infection control standards/policy	11				
Division B					
PID sent to the wrong person, address or organisation	15				
Communication Failure across Team(s)	4	1			
Communication Failure with Patient	2				
Division C					
Hospital Attributed COVID19	6	6	12	2	4
Cross Infection	14				
Inappropriate Admission	8		1		
Division D					
Hospital Attributed COVID19	3	1	3		1
Inappropriate Admission	4				
Security - Other	4				
Division E					
Communication Failure across Team(s)	5				
Non adherence to PPE guidance	4				
Non-compliance with infection control standards/policy	3				

Confirmed COVID Cases by Swab Date

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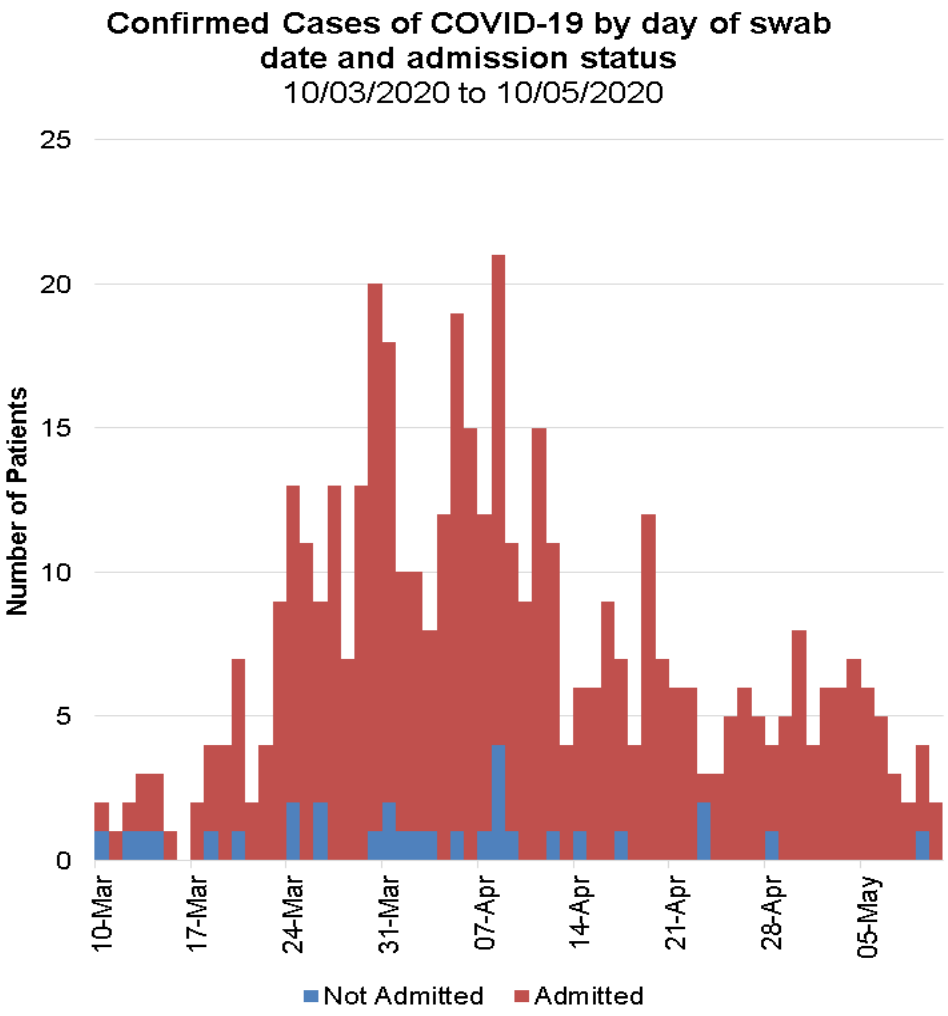


Patients discharged from ED/N2 (n=46)*

*Further 11 patients swabbed only in outpatient settings
Data Correct as of 11/05/2020

Age, mean (range) median (IQR)	46 (22-81) 45 (32-56)
Male gender (%)	31 (67%)
Female gender (%)	15 (33%)
Readmissions	20 (43%)

All Admissions (n=426)

*(n=158 discharged pts, not including readmissions, with community acquired infections); LOS = Length of stay, IQR = interquartile range
Data Correct as of 11/5/2020

Age, mean (range) median (IQR)	66 (0-98) 70 (55-82)
Paediatric (age <18 yrs)	11 (3%)
Male gender (%)	258 (61%)
Female gender (%)	168 (39%)
Ethnicity – White	307 (72%)
Ethnicity – Black, Asian and minority ethnic	29 (7%)
Ethnicity – missing/not stated	90 (21%)
LOS* (days), mean (range) median (IQR)	8.6 (0.3-47.9) 6.6 (2.2-12.2)

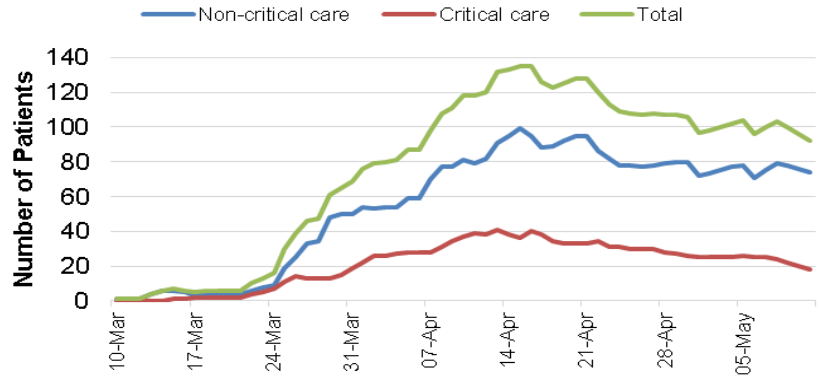
Author(s): Patient Safety Improvement Owner(s): Giles Thorpe

COVID Bed Occupancy (All cases)

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Bed Occupancy of all cases by day and critical care status
10/03/2020 to 11/05/2020



Fatalities (n=97)
*(n=64, community acquired cases only)
Data Correct as of 11/05/2020

Age (mean, range) (median, IQR)	78 (37-97) 80 (74-87)
Gender (male)	66 (68%)
Gender (female)	31 (32%)
Ethnicity – White	77 (80%)
Ethnicity – Black, Asian, minority ethnic	3 (3%)
Ethnicity – missing/not stated	17 (18%)
LOS* (days), mean (range) median (IQR)	8.7 (0.7-23.2) 8.0 (3.7-12.5)
Critical care admission	23 (24%)

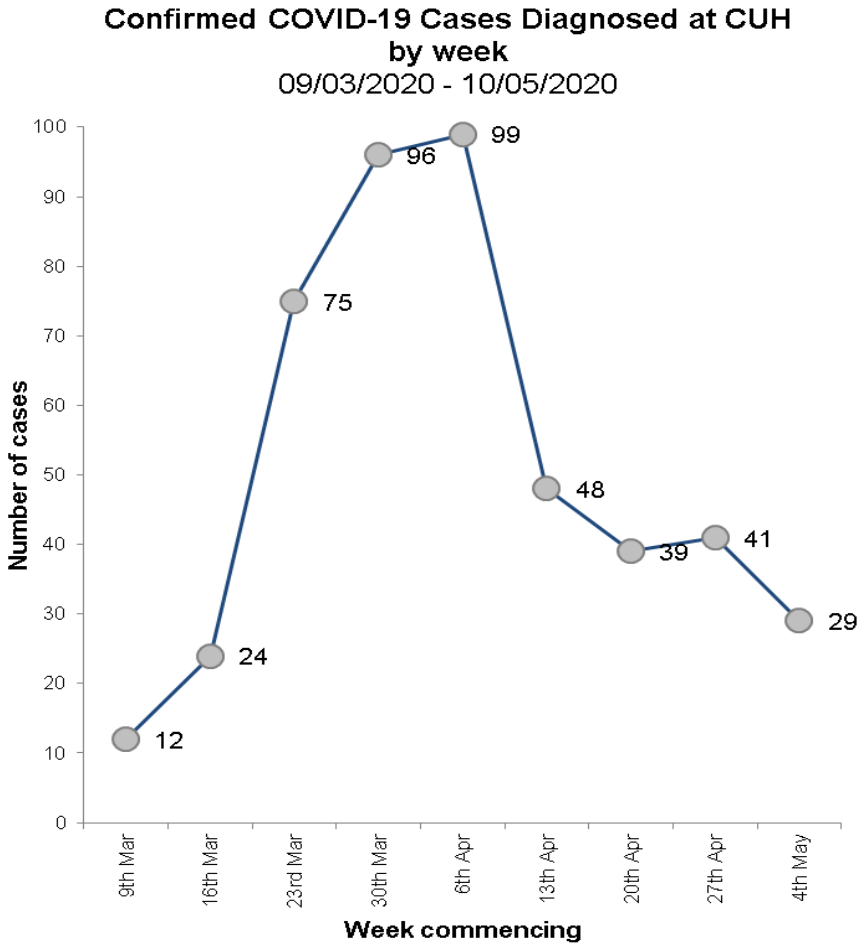
Admissions requiring critical care (n=86)
*(n=72 community acquired cases, excluding transfers from other hospitals); **(n=69 cases discharged or transferred from critical care, or deceased); ***(n=25 cases discharged from hospital).
Data Correct as of 11/05/2020

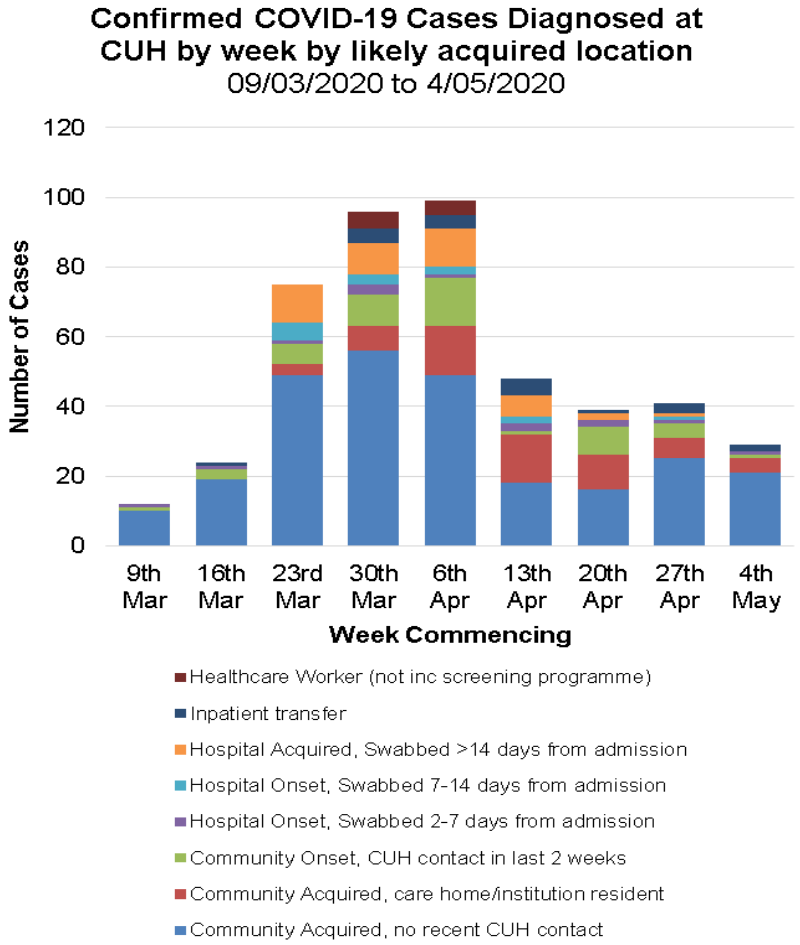
Age (yrs)	Mean, (range) median (IQR)	56 (0-82) 59 (48-69)
Gender	Male	62 (73%)
	Female	23 (27%)
Ethnicity	White	49 (57%)
	Black, Asian and minority ethnic	8 (9%)
	missing/not stated	29 (34%)
Inpatient transfers		11 (13%)
LOS (days)	Pre-ICU (mean, range) median (IQR)*	1.9 (0.0-34.0) 0.3 (0.1-1.6)
	On ICU (mean, range) median (IQR)**	13.5 (0.3-51.2) 12.1 (5.3-18.7)
	Post-ICU (mean, range) median (IQR)***	5.7 (0-18.0) 4.4 (2.9-8.0)
Outcome	Discharged to ward	13 (15%)
	Deceased	23 (27%)
	Inpatient on ICU	17 (20%)
	Transferred	6 (7%)
	Discharged from hospital	27 (31%)

Hospital Acquired COVID Numbers

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality





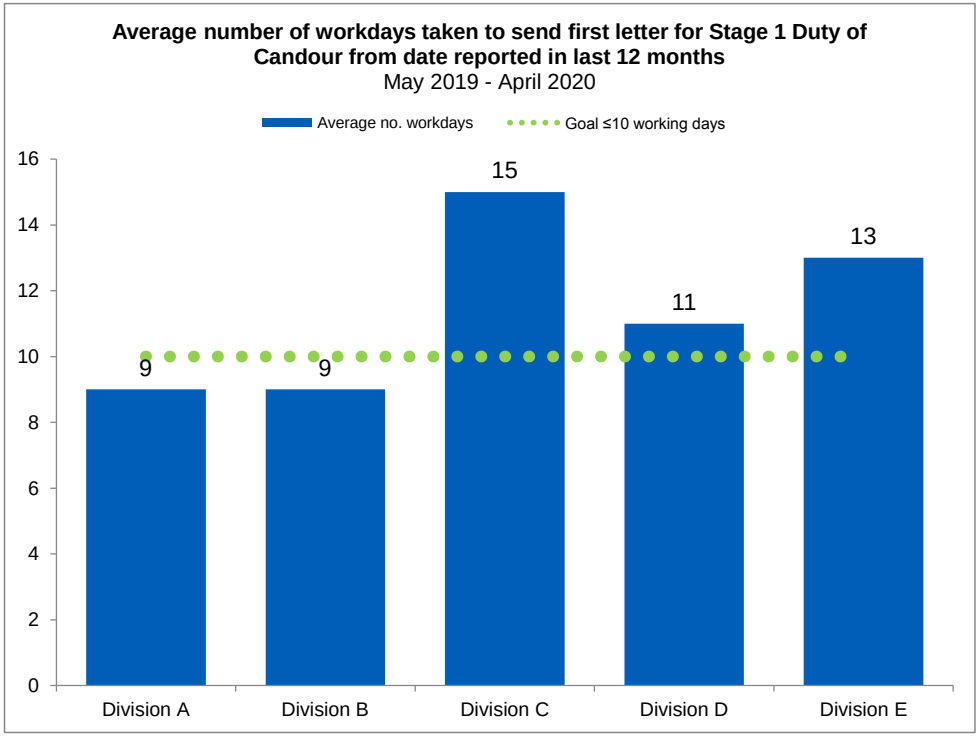
Author(s): Patient Safety Improvement Owner(s): Giles Thorpe

Duty of Candour

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	May 17 - Apr 20	month	100%	30%	61%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	May 17 - Apr 20	month	100%	0%	60%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 50% for all confirmed cases of moderate harm or above in April 2020. 30% of DOC Stage 1 were completed within 10 working days in April 2020. The average number of days taken to send a first letter for stage 1 DOC in April 2020 was 4 working days.

Trust wide stage 2** DOC is non-compliant at 0% for all completed investigations into moderate or above harm in April 2020 and no DOC Stage 2 were completed within 10 working days.

During the COVID-19 period and the new incident investigation commissioning process, the statutory principles of DOC remain unchanged. All incidents of moderate harm and above will have DOC undertaken. Revised DOC template letters have been created to support this process.

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.

Recovery of position

It is recognised that the operational pressures placed upon the Trust during the COVID-19 pandemic has led to adeterioration in the Trust's internal compliance target. This is being recovered by requesting that staff unable to work clinically lead on DoC within Divisions to ensure compliance.

Author(s): Patient Safety Improvement Owner(s): Giles Thorpe

Falls

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	May 17 - Apr 20	month	-	103	139		-	-	There were a total of 103 falls (inpatient, outpatient and day case) in April 2020.
Inpatient falls per 1000 bed days	May 17 - Apr 20	month	-	5.62	4.10		SP	-	There were 102 inpatient falls in April 2020. Statistically there was a significant increase (single point) in the inpatient falls per 1000 bed days calculation.
Moderate and above inpatient falls per 1000 bed days	May 17 - Apr 20	month	-	0.00	0.07		-	-	There were no inpatient fall categorised as moderate harm and above in April 2020.
Falls risk assessment compliance within 12 hours of admission	May 17 - Apr 20	month	90%	87%	82%		S7		Statistically, there has been a significant improvement (shift) in the falls risk assessment compliance. The system however may achieve or fail the target subject to random variation.
5% reduction threshold of inpatient falls per 1000 bed days by March 2020	Apr 19 - Mar 20	month	3.60	4.84	4.22	-	-		We failed to meet the target of ≤3.60 in 2019/20. The Falls Steering Group are to consider a new KPI for 2020/21

Executive Summary

There is a statistically significant increase in the inpatient falls per 1000 bed days figure in April 2020 (single point). There were 5.6 inpatient falls per 1000 bed days in April 2020. Further work is underway to understand the impact of COVID-19 .

The system failed the target of 5% reduction in inpatient falls per 1000 beddays. There has been an 11% increase of inpatient falls between April 2019 – March 2020 compared to last year.The average rate of inpatient falls per 1000 bed days between April 2018 – March 2019 was 3.79 compared to 4.22 between April 2019 – March 2020.

The KPI for 2020-2021 will be proposed and approved at the next Falls Steering Group and Patient Safety Group.

Quarter 4 of the Falls CQUIN: the Trust achieved the target of 80% with a compliance rate of 82%. A plan needs to be developed to embed changes in practice to maintain the standards, and include a roll out plan for other inpatient wards in the next 12 months.

The trial of new falls alarms on G3 and G4 received positive feedback. The next phase of the pilot has been postponed until further notice.

Further work is underway to strengthen the educational and training resources to support ward staff in following best practice in terms of falls prevention.The Falls Quality Improvement Programme is under review.

Pressure Ulcers

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All HAPUs by date of occurrence	May 17 - Apr 20	month	-	26	19		-	-	
Category 1 HAPUs by date of occurrence	May 17 - Apr 20	month	-	9	8		-	-	
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	May 17 - Apr 20	month	-	11	10		-	-	There were 5 x Category 2 HAPUs and 6 x unstageable/Suspected Deep Tissue Injuries in April 2020. There were no Category 3 or Category 4 HAPUs in April 2020.
Pressure Ulcer screening risk assessment compliance	May 17 - Apr 20	month	90%	80%	77%		S7		Although there has been a statistically significant increase in the PU screening risk assessment compliance in the last 17 months (shift), the system is expected to consistently fail the target. Statistically, the upper control limit is 80%.
25% reduction threshold of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2020	Apr 19 - Mar 20	month	9	4	6	-	-		We met our target of a 25% reduction threshold (≤9 HAPUs per month) in 2019/20. The Pressure Ulcer Steering Group are to consider a new KPI for 2020/21

Executive Summary

The trust has met the year end KPI of a 25% reduction in HAPU category 2 and above. There was an overall 52.4% decrease of HAPUs (excluding Category 1). KPI's for 2020-2021 will be proposed and approved through the Pressure Ulcer Steering Group and Patient Safety Group. There is an ongoing Quality Improvement plan in place to continue on last years work.

There is currently normal variation for all reported HAPU between April 2019 and April 2020. 44% (7/16) HAPUs that occurred in March 2020 were on Heels, a "Heels off" pilot on ward G6 has demonstrated a reduction to zero heel related pressure ulcers since the introducation of a heel wedge for elderly confused patients who can not tolerate the heel boots. The aim is to now expand this pilot to other specialities to establish if the project can be replicated across the board.

The number of medical device related HAPUs is currently within normal variance. It is anticipated that there will be an increase during the Covid period due to increased critical care patients requiring devices and requiring to be nursed in a prone position where it is difficult to relieve the pressure from essential airway management devices.

MASD (moisture related skin damage) reports are currently within normal variance, a standardised incontinence skin care pathway is in place across the trust.

The number of SCALE (Skin changes at life's end) identified is currently within normal variance. It is anticipated that this may increase during the Covid period as new evidence suggests a link with skin failure, microvascular thombosis, tissue ischaemia and severe Covid 19. CUH is collecting this data to participate in future research and retrospective analysis nationally.

In addition, to patient pressure ulcers incidents, as previously considered, the trust is now seeing some reports of staff related pressure ulceration due to the wearing of PPE masks, a skin care guide and referral pathway has been devised to guide and educate staff on skin protection and management whilst using PPE.

Sepsis

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
Sepsis Six Bundle in 1 hour - Emergency Department*		month	95%					-	Our system will not hit our target of completing the sepsis six bundle within 1 hour ≥95%. There has been a statistically significant decrease in the compliance of the bundle in the last 12 months between January 2019 - December 2019. Data is unavailable for January, February, March and April 2020.
Antibiotics within 1 hour - Emergency Department*		month	95%					-	Our system will not reliably hit our target of completing the sepsis six bundle within 1 hour ≥95%. Data is unavailable for January, February, March and April 2020.
Sepsis Six Bundle in 1 hour - Inpatient wards**		quarter	95%				-	-	Medical Director's office agreed data to be changed from monthly to quarterly as of April 2019. The average compliance for Sepsis Six Bundle within 1 hour achieved between April 2018 - March 2019 was 53%. Data is unavailable for quarter 4.
Antibiotics within 1 hour - Inpatient wards**		quarter	95%				-	-	Medical Director's office agreed data to be changed from monthly to quarterly as of April 2019. The average compliance for Antibiotics within 1 hour achieved between April 2018 - March 2019 was 89%. Data is unavailable for quarter 4.
Contractual definition data									
Antibiotics within 1 hour as per contract agreement - Emergency Department***		quarter	95%				-	-	This is quarterly data for the contract agreement which began in April 2019 – this is not the Trust's internal data. Quarter 3 and quarter 4 data is unavailable.
Antibiotics within 1 hour as per contract agreement - Inpatient wards***		quarter	95%				-	-	This is quarterly data for the contract agreement which began in April 2019 – this is not the Trust's internal data. Quarter 4 data is unavailable.

Executive Summary

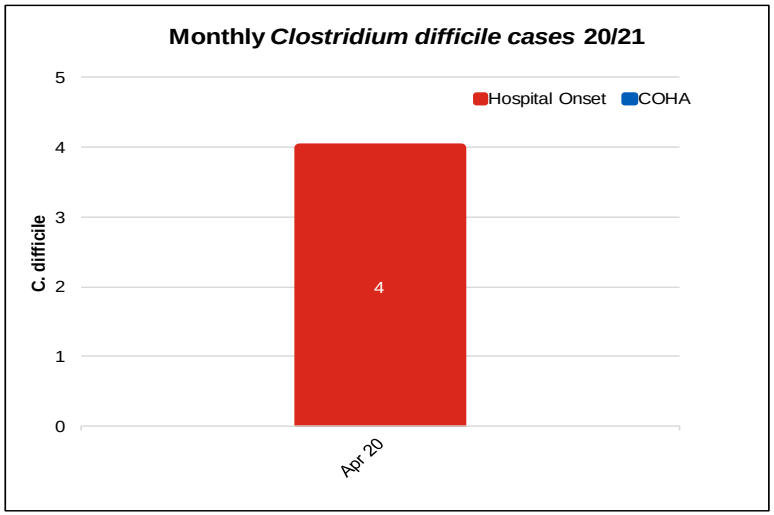
Data from January 2020 to April 2020 is not available for any of the metrics due to sepsis data collection being curtailed due to Covid 19. No Serious Incidents have been declared in relation to sub optimal care of the patient with sepsis. The QI plan in relation to Sepsis has been placed into 'hibernation' for the period of COVID-19 due to reassignment of staff and resource however, the education delivered to those upskilling in preparation for working in ED included sepsis recognition and management.

In order to support audits being undertaken staff who are currently shielding will be requested to undertake the audits remotely, so that a better picture of compliance with the Sepsis 6 can be undertaken. This work is currently being scoped and discussions will be had with the Office of the Medical Director to determine next steps, so that the Board are provided with assurance.

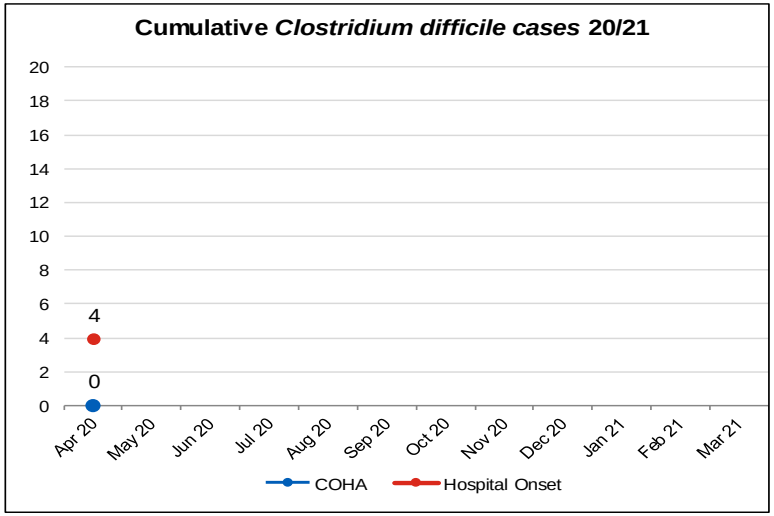
Infection Control

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 2020/21 is zero avoidable hospital acquired cases.

- 0 case of hospital onset MRSA bacteraemia in April 2020.
- 0 case of hospital onset MRSA bacteraemia year to date.

C. difficile ceiling for 2019/20 was no more than 95 hospital onset and COHA* avoidable cases. No guidance has been issued for 2020/21.

- 4 cases of hospital onset *C difficile* and 0 case of COHA. Internal reviews will be carried out and any learning pionts fed back to the clinical and nursing teams.
- 4 cases of hospital onset *C difficile* year to date.

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 99.1% in April 2020
- The latest MRSA bacteraemia rate comparative data (12 months to March 2020) put the Trust 5th out of 10 in the Shelford Group of teaching hospitals.
- The latest *C. difficile* rate comparative data (12 months to March 2020) put the Trust 10th out of 10 in the Shelford Group of teaching hospitals.

Infection Control

NHS
Cambridge University Hospitals
NHS Foundation Trust

Hygiene Code

The infection prevention & control code of practice of the Health & Social Care Act 2008

Criterion 1 Have systems to manage and monitor the prevention and control of infection.

Criterion 2 Provide and maintain a clean environment

Criterion 3 Ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance

Criterion 4 Provide accurate information on infections to service users and their visitors in a timely fashion

Criterion 5 Ensure that people with an infection are identified promptly and receive appropriate treatment to reduce the risk of transmission

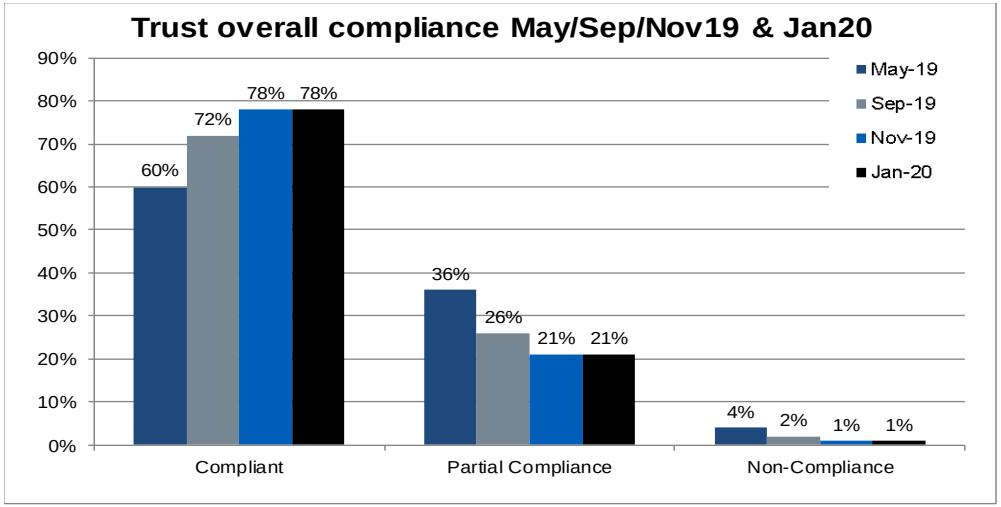
Criterion 6 Ensure that all are fully involved in the process of preventing and controlling infection.

Criterion 7 Provide adequate isolation facilities

Criterion 8 Access to adequate laboratory support

Criterion 9 Have and adhere to infection prevention & control policies

Criterion 10 Ensure that staff are free of and protected from exposure to infections that can be caught at work and that they are educated in the prevention and control of infection associated with the provision of health and social care.

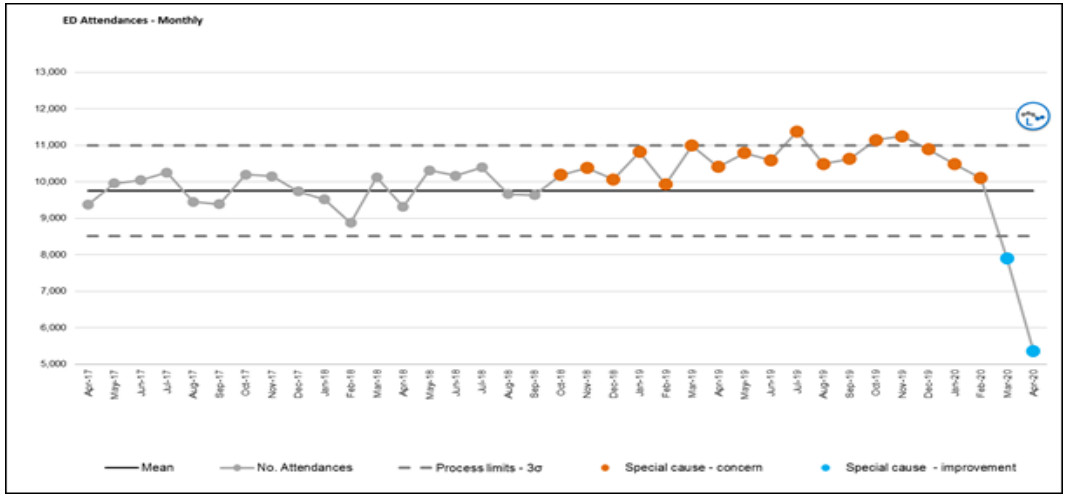


Concerns and actions

As demonstrated in the chart above compliance remains unchanged. The key areas of partial or non-compliance for each criterion are:
Criterion 1 and 2 governance reporting issues, poor condition of estate impacting on cleaning, need to increase knowledge and practice regarding cleaning and tagging of equipment. Ward/environmental visits walkabouts will continue to monitor and address these issues.
Criterion 3 strategy document due for review.
Criterion 4 antimicrobial teaching and dissemination of local data.
Criterion 5 and 8 full compliance.
Criterion 6 need assurance regarding infection control competences.
Criterion 7 lack of adequate isolation facilities.
Criterion 9 non-compliance due to some aspects of infection control not currently covered in specific policies.
Criterion 10 gaps in availability of immunisation records and screening of new starters

Emergency Department

National Targets



Emergency Department attendances in April 2020 and May 2020
Attendances to the CUH Emergency Department decreased from 10,408 in April 2019 to 5,368 in April 2020. This has led to a fall in daily attendances from 347 (April 2019) to 179 (April 2020). There were two patients with a length of stay over 12 hours in April 2020. No patients breached the 12 hour decision to admit.

Attendances to the CUH ED are 3,942 in the May month to date (1st-17th) compared to 5,879 for the same period in May 2019. This is a decrease in average daily attendances from 346 to 232.

Performance
ED performance continues to be measured under the national pilot. Pilot metrics include the time to initial assessment and the average length of stay as well as condition-specific measures around stroke, STEMI and major trauma patients. National reporting restrictions remain in place around reporting performance against these standards, but internal monitoring and performance management continues.

In terms of other key metrics comparing April 2020 to April 2019:
· Time to initial medical assessment has improved from an average of 92 minutes to 41 minutes
· Time from referral to senior review has increased from 57 minutes to 79 minutes
· UTC streaming has decreased from 9.2% to 6.0%
· The conversion rate has fallen from 33% to 31%.

Further work is on-going to continue to focus on performance improvement and refocus efforts on the UEC Access standards.

A taskforce has been setup in May with key stakeholders to reconfigure the Emergency Pathway with the following work streams:

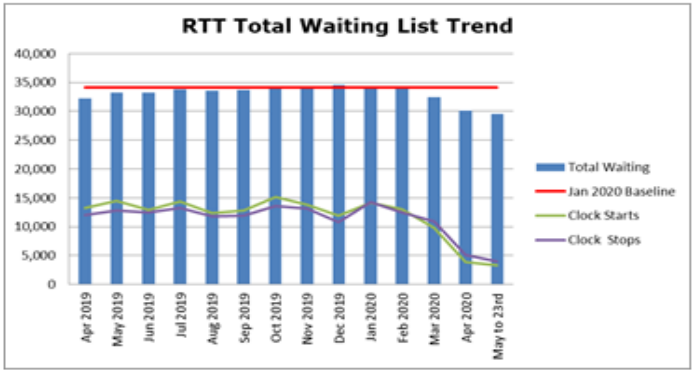
· Reducing demand on attendances to the Emergency Department by working with community services/ GPs/111 to access specialist advice and pre-book patients into appointments for planned emergency assessment
· Streaming patients to the right place at the right time (e.g. Same Day Emergency Care Unit , Medical Admissions Unit, the Urgent Treatment Unit)
· Establishment of an Urgent Treatment Unit, collocating minor injuries, the Out of Hours GP service and Same Day Emergency Care Unit
· Patient flow within and out of the Emergency Department, including a review of specialty input into the Emergency Department
· Enhancing discharge pathways; robust flows from SDEC straight into out-of-hospital support solutions
· Medical pathways within the hospital; development of a medical assessment unit, plus a review of in-patient stays
· Surgical Pathways within the hospital; development of a surgical assessment unit, plus a review of in-patient stays.

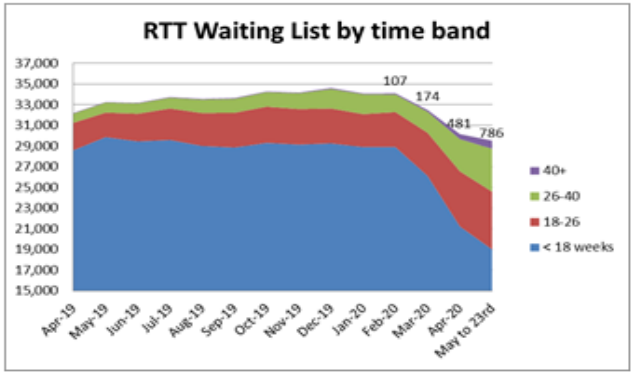
These work streams will be meeting weekly and providing regular updates to the taskforce, to develop a Trust- wide plan.

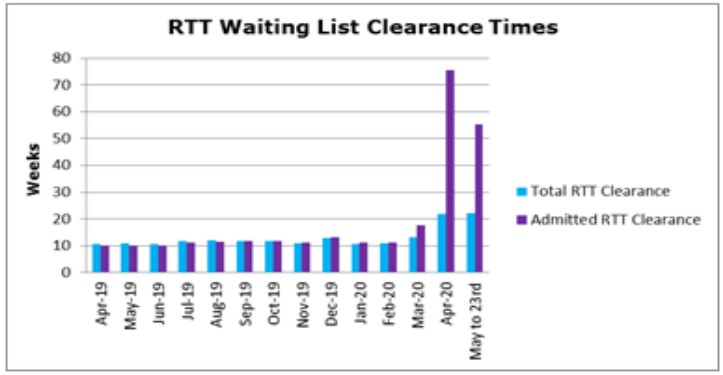
The sixe of our ED was an issue before Covid and this has been exacerbated by the need to segregate the ED into red and green areas to protet both patients and staff this being the reason we need to both reconfigure the space and redesign the pathways.

RTT

National Targets







Comments

Since the onset of the COVID pandemic the number of patients joining the RTT waiting list (clock starts) has continued to reduce, and in April clock starts equated to only 29% of the average monthly volume in 2019/20, ~9000 less. This is consistent with 65% drop in referrals.

Non-essential elective activity in the Trust has also been curtailed, and treatments in April were at 45% of the average volume. Within this, the number of admitted treatments that could be delivered has been most affected with only 426 delivered in April, 16% of the average volume. The consequence is that those patients who were already on a pathway awaiting treatment are now waiting longer. In total the 92nd percentile waiting time has increased to 31 weeks from 26 weeks at the end of February. Admitted patients have risen to 39 weeks and non-admitted to 27. The volume of patients waiting over 40 weeks has increased from 107 at the end of February to 786 as at 23rd of May. 81% of these are awaiting admitted treatment with Ophthalmology (12) and Orthopaedics (11) having the highest at specialty level.

There were fourteen patients still waiting over 52 weeks at the end of April and this is forecast to rise to 64 by the end of May. National data published for March showed a 92% increase in 52 week waits up to 3,097. All 52 week breaches have a harm review undertaken by their clinical team.

<u>Clearance times</u>

Clearance times provide a means for assessing the relative size of a waiting list, and are calculated by comparing the number of patients waiting, with a typical week's RTT activity. Clearance times are expressed as the number of weeks it would notionally take to treat the entire waiting list if no further patients were added to the list and treatments continue to be delivered at the current rate.

By prioritising our most urgent patients, we are currently only delivering 45% of the volume of total RTT treatments we averaged throughout 2019/20. To clear our RTT waiting list at this rate would take 22 weeks if no further patients were added to the list. This is double the pre-covid clearance time of 11 weeks.
For the cohort awaiting admitted treatment, we only treated 16% of our normal volume in April increasing to 22% to date in May. At our current May rate it would take over a year (55 weeks) to clear the admitted waiting list with no further patients added. If we can increase admitted elective activity to 50% of prior volumes this would reduce to 25 weeks, and at 75% 16 weeks.

However, this analysis varies greatly as you review Specialty level. An example would be a typically Routine surgical service such as Orthopaedics that already has 16% of the Trusts total admitted patients waiting over 40 weeks. Orthopaedics in May is only able to treat 12% of their usual admitted volumes, and this would give a clearance time of over 3 years. To get the clearance time below 1 year would require Orthopaedic admitted activity recovery up to 40% of pre-covid levels.

Our sustainability taskforces are working to assess the extent to which we can phase the increase of non-covid elective activity whilst continuing to keep patients and staff safe with the required infection prevention and control measures. This needs careful balancing across the Health System with any increase in routine referral demand, and alternative models of care in conjunction with Primary Care Networks.

Cancer

National Targets

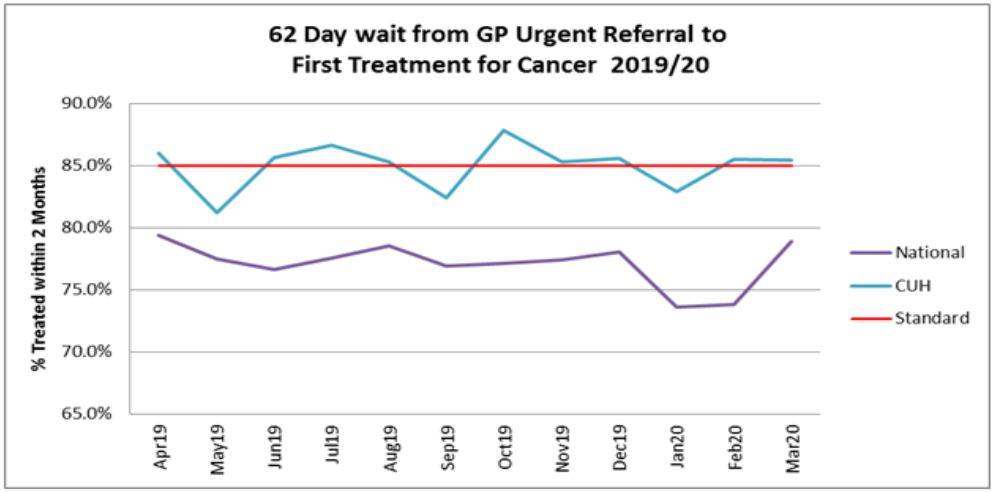
Cancer Standards 19/20	Target	19-20 Q1	19-20 Q2	19-20 Q3	Jan-20	Feb-20	Mar-20	19-20 Q4
2Wk Wait (93%)	93%	93.1%	91.5%	93.1%	93.0%	95.1%	96.8%	94.9%
2wk Wait SBR (93%)	93%	93.1%	93.5%	93.4%	95.6%	96.5%	93.9%	95.2%
31 Day FDT (96%)	96%	96.7%	96.4%	98.3%	89.7%	96.5%	97.4%	94.5%
31 Day Subs (Anti Cancer) (98%)	98%	99.7%	100.0%	99.7%	99.4%	100.0%	100.0%	99.8%
31 Day Subs (Radiotherapy) (94%)	94%	97.4%	97.1%	98.2%	96.0%	96.9%	96.7%	96.5%
31 Day Subs (Surgery) (94%)	94%	95.5%	94.8%	97.0%	93.4%	95.7%	93.4%	94.2%
62 Day from Urgent Referral with reallocations (85%)	85%	84.3%	85.0%	86.2%	82.9%	85.5%	85.4%	84.6%
62 Day from Screening Referral with reallocations (90%)	90%	79.4%	80.0%	88.1%	65.6%	65.4%	77.8%	70.2%
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	80.0%	90.9%	66.7%	84.6%	77.8%	100.0%	83.8%

To March 2020 by site

To March 2020	62 Day from Urgent Referral		62 Day from Screening Referral		31 Day FDT		31 Day Subs (Surgery)		2Wk Wait	
	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches	%
Breast	7	83%	2	80%	1	98%		100%	6	99%
Lung	2.5	67%				100%				100%
Upper GI		100%				100%	1	92%	1	93%
Lower GI	2.5	77%	2.5	69%	1	96%	1	86%	21	91%
Skin		100%			2	95%		100%	14	96%
Gynaecological	3	73%			1	95%		100%	2	99%
Central Nervous		100%				100%		100%		100%
Urological	11	76%			3	96%	2	78%		100%
Head & Neck	3.5	63%				100%		100%	6	96%
Sarcomas	1	50%				100%				100%
Other Haem Malignancies	3	67%				100%			2	88%
Other suspected cancers	0.5	83%				100%		100%		

The last Nationally reported Cancer waiting times performance is for March 2020, concluding Quarter 4 and the full year for Cancer performance.
CUH had a strong last month achieving the 62 day urgent standard at 85.4%. We did not achieve the 62 day screening standard or the 31 day subsequent surgery standard in March with just 5.5 and 4 breaches respectively.

Quarter 4 performance was not achieved for the 62 day urgent standard or 31 day First definitive treatment standard, driven by the below target performance in January. The 62 day screening standard has been the most challenging throughout the year with all 4 Quarters falling below standard.



Comparison to National Performance 2019/20

The Trust performed strongly for the 62 day urgent standard achieving the required 85% in nine of the twelve months of the year. Nationally performance did not reach 80% in any month. The annual performance Nationally was 77.2%. CUH achieved the 62 day target at 85% across 2019/20 in the context of a 6% increase in accountable cancer treatments.

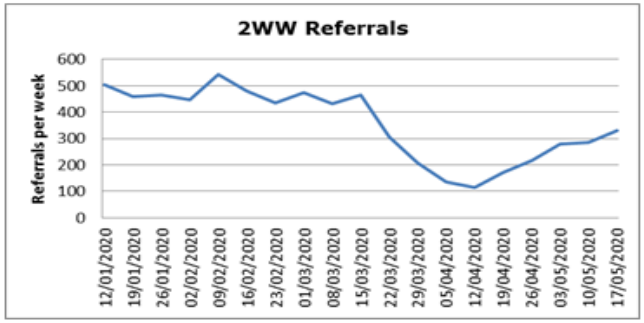
The only Cancer standard where we did not meet the required 90% target across 2019/20 was the 62 Day screening standard. Nationally performance was 84.6% for the year compared to 79.5% for CUH. We incurred 40.5 breaches across the year between Breast and Lower GI which was the same volume as the prior year. The total screening treatments in 2019/20 were 23% lower then the prior year.
In all other standards CUH exceeded both the required standard and National performance for the year.

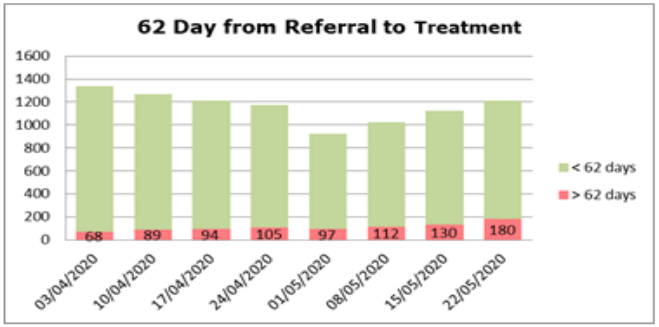
Author(s): Linda Clarke

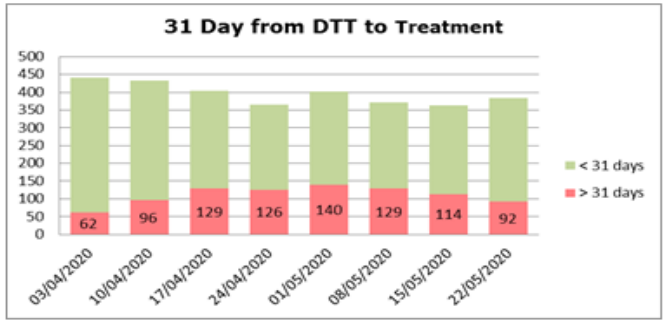
Owner(s): Chief Operating Officer

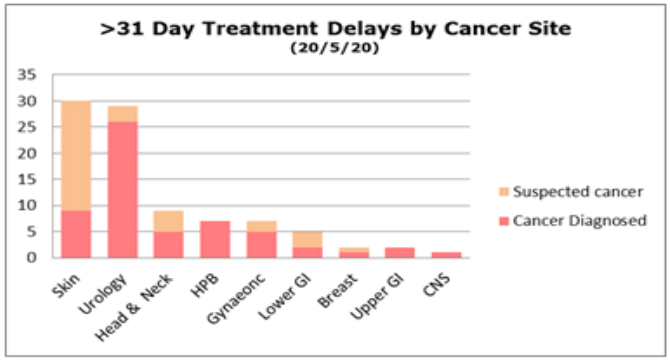
Cancer: COVID-19

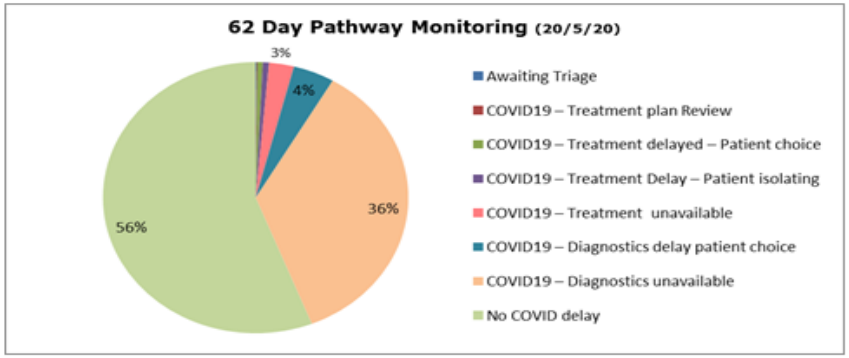
National Targets











Impact of COVID - 19

There has been a national focus to encourage patients to present as normal with health concerns. In response we have seen the volume of 2WW suspected cancer referrals rising again, and in the last complete week they were back to 70% of the normal referral volume.

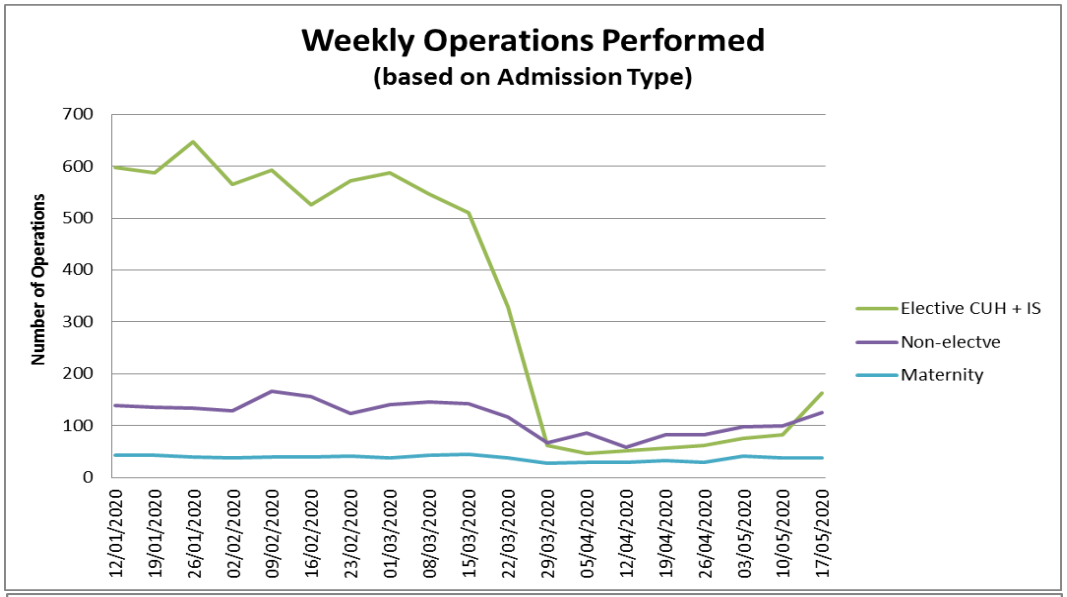
The total number of patients being monitored against the 62 day standards has consequently also started to rise.
Within the total volume we are seeing the number of patients waiting >62 days increase, now up to 180 over 62 day compared to a pre-covid average of 63 . 77% of these are across three cancer sites: Lower GI, Urology and Skin. We monitor the volume of patients experiencing a delay to their 62 day pathway whilst they continue to wait. 56% of those waiting currently are experiencing no delay associated with COVID19. 36% (431) are experiencing delay due to diagnostics not being available . Of these 63% are for Lower GI due to the suspension of colonoscopy procedures. On 30th April the British Society of Gastroenterology published guidance on recommencing GI endoscopy in a phased plan. Division A have worked through the implications which required social distancing measures, PPE, and re-deployment of equipment and staff allocated to support COVID activity. The outstanding issue before recommencing a 7 day service is patient COVID testing pre-procedure. The Endoscopy environment was also the location for cystoscopy services and a further 19% of the diagnostic delays are for Urology bladder investigations. Plans are progressing to undertake some of this service in the Independent sector in addition to the re-establishment of on-site Endoscopy facilities. These same diagnostic delays are reflected in the number of patients waiting over 28 days for diagnosis which has increased to 346 from a baseline of 180.

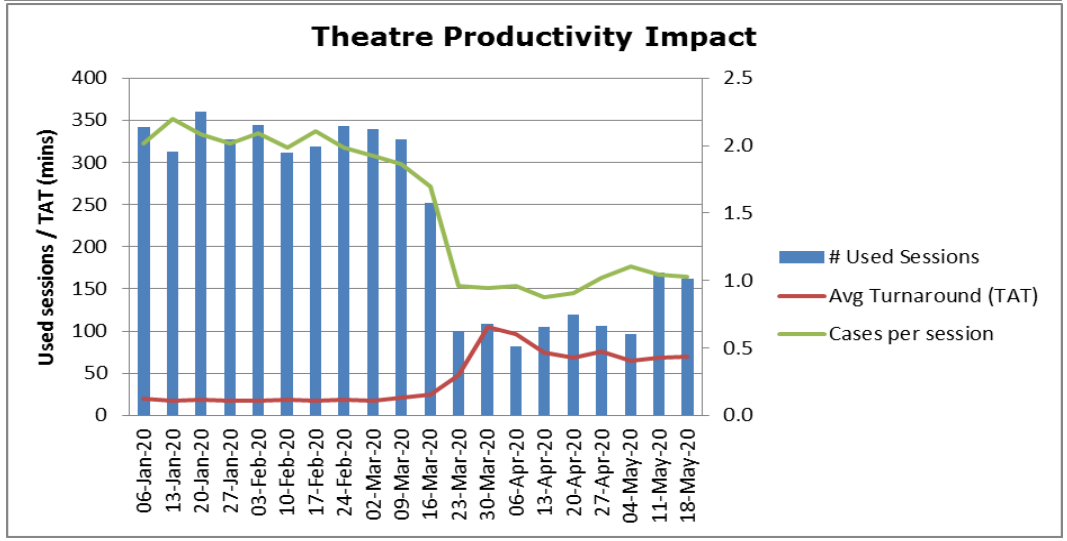
The number of patients waiting treatment > 31 days has started to reduce over the last month with Skin halving their volume waiting over 31 days. The increase for treatment delays has been seen in Urology in particular for Kidney where 21 cases are awaiting surgery over 31 days. These cases are undergoing risk stratification and are being presented weekly to the Surgery Prioritisation panel where they are clinically being assessed as primarily a P3/P4 category with a delay of up to or over 3 months. Urology is getting good access to the Independent sector and CUH elective operating capacity that is available for their highest priority cases.

Operations

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





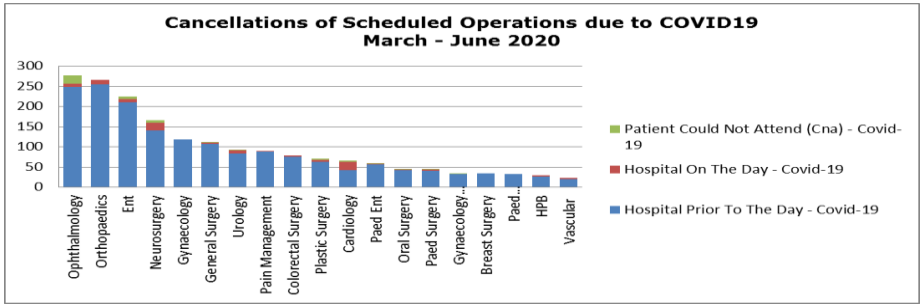
Surgical activity has been one of the greatest challenges resulting from the COVID pandemic. Anaesthetic and theatre staff were trained and deployed to support the critical care surge plans leading to a signifcant drop in elective activity from the last week of March. Non-elective/emergency theatre activity saw a reduction from the commencement of lockdown, but has steadily climbed, and in the most recent week was up to 88% of previous volumes.

Since the 23rd March, 35% of elective surgical activity performed has been delivered in the Independent Sector by CUH clincians as part of the National contract to support the NHS. With effect from 11th May, six operating theatres on the CUH site have been operational for elective activity, with the support of an Overnight Intensive Recovery facility in the Treatment Centre for complex cases requiring higher level post-operative care. This has enabled elective operating to increase to 28% of pre-covid volumes. A further theatre at CUH and in the Independent Sector is due to be operational in the forthcoming weeks.

The number of operations able to be performed has been severley impacted by the required Infection Prevention and Control measures; theatres being an environment with aerosal generating procedures. Average turnaround time between cases has increased threefold, and the number of cases performed per half day session is down to one from two. The number of staff required per theatre has increased to support red and green teams being in circulation, so even now theatre staff have been re-deployed the number of theatre sessions that can be staffed concurrently is currently running at 50%.

From March through to June 2020, 2007 scheduled operations have now been cancelled due to the pandemic. In line with Royal College guidelines, the allocation of elective theatre resource is overseen by a weekly Surgical Prioritisation Panel based on the clinical risk assessment of the cases waiting. Whilst capacity remains constrained, cancelled operations will also be scheduled in accordance with clinical priority and not in line with the 28 day rebook standard. 42 cancellations on or after the day of admission had not been rebooked in April.

Incrreasing our elective surgery capactiy is a major priority and will continue to be the focus of our collective efforts across the trust over the next few weeks with support and oversight at Management Executive and board accountability through the Chief Operating Officer.



Author(s): Linda Clarke

Owner(s): Chief Operating Officer

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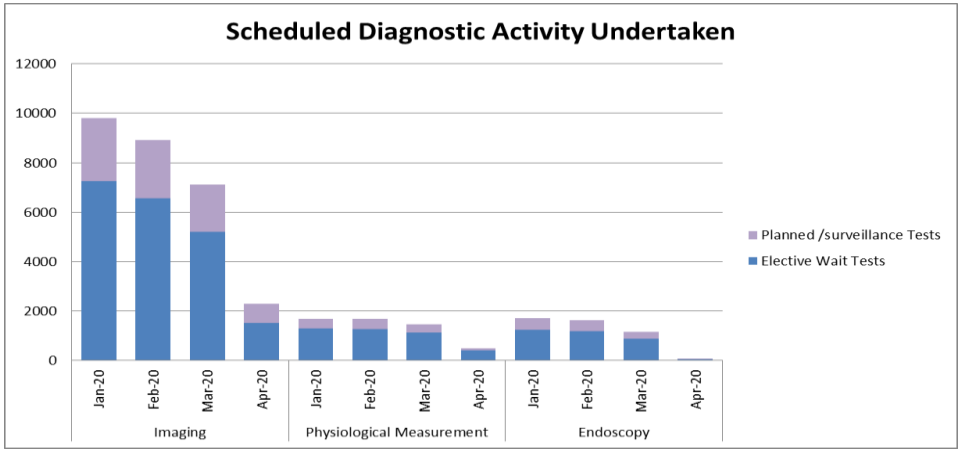
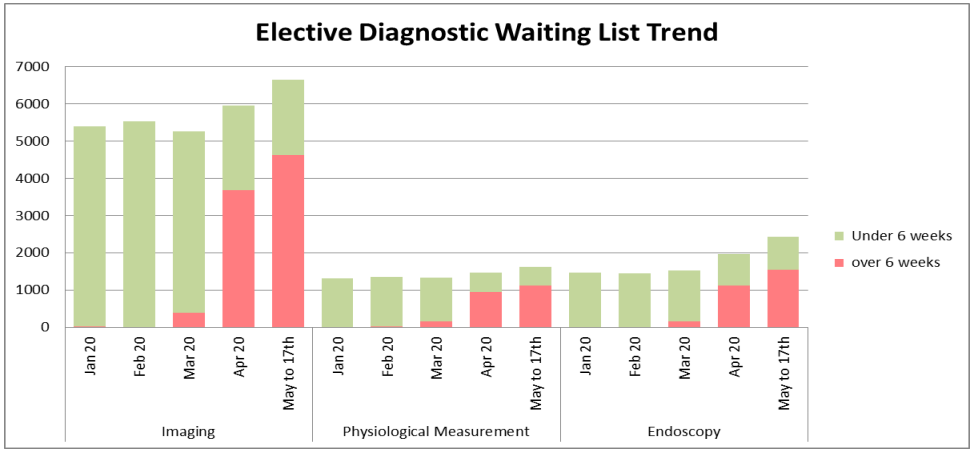
Diagnostics

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





Diagnostic activity is grouped into three cohorts for National Reporting:

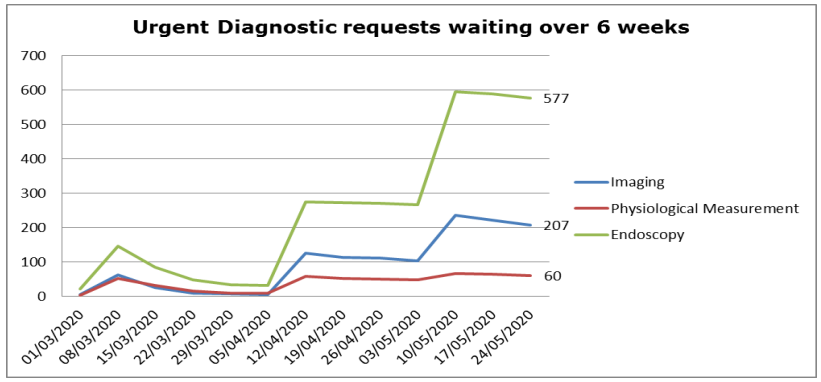
- **Imaging** which includes MRI, CT, Ultrasound and Dexa.
- **Physiological measurement** which includes Neurophysiology, Urodynamics, Echocardiography and Respiratory physiology.
- **Endoscopy** which includes Gastroscopy, Colonoscopy, Flexible sigmoidoscopy and Cystoscopy.

Scheduled diagnostic activity in April was significantly reduced. Imaging delivered 29% of pre-covid activity levels. Physiological measurement delivered 35%.
The greatest impact of the restrictions was seen in Endoscopy where only 5% of normal activity levels were able to be delivered.

As a consequence we have seen diagnostic waiting lists increasing and continuing to do so throughout May to date. Imaging and Physiological measurement are currently reporting a 20% increase in waiting list size and Endoscopy 66% higher. Collectively the diagnostic waiting list has increased by over 2300 in the last 2 months. The number of patients waiting beyond six weeks at the end of April, was 6256 (61.7%) up from 831 at the end of March. The median weeks wait is 10 weeks compared to 5 at the end of March.

Diagnostic recovery falls within the remit of the Sustainability taskforce reporting to Management Executive.

Increasing diagnostics is a priority and we are actively pursuing options for community-based diagnostics.



The area of greatest focus for recovery is Endoscopy where we have the cohort of higher clinical urgency patients delayed. The British Society of Gastroenterology provided guidance on the initial restriction of services, and has now issued revised guidance on the appropriate phasing of the recommencement of services with the necessary Infection Prevention and Control procedures in place. Patient pre-procedure testing is being finalised and then a seven day service will recommence.

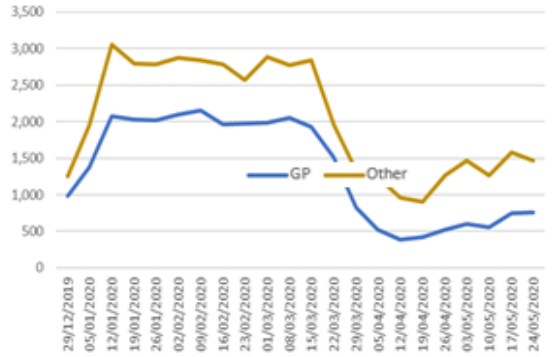
Ultrasound within Imaging is the other diagnostic service where some clinically urgent delays have increased. Off site locations for Ultrasound are being considered to support the requirement for social distancing.

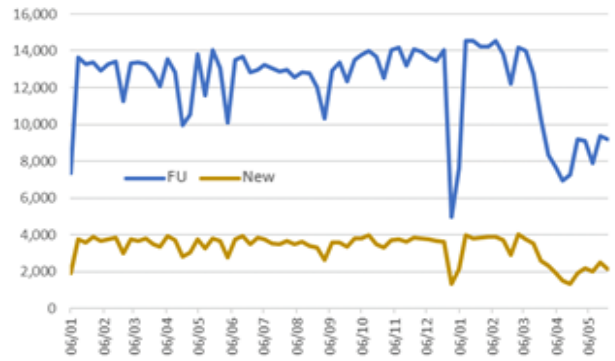
Author(s): Linda Clarke
Owner(s): Chief Operating Officer

Outpatients

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





We continue to manage outpatients carefully through the recovery process from the Covid-19 crisis. As part of the recovery process we have set up a clinically led Outpatient Sustainability Group focused entirely on ensuring that we revert back to an outpatient service that is Covid safe for both patients and staff alike. This group includes a wide range of stakeholders including strategy and external colleagues and is the primary decision-making group for outpatients. As part of this group we have recently undertaken a review of all clinic areas to determine the maximum number of patients that can be within a clinic at any one time, including waiting areas, consultation rooms and examination rooms. With this information we have created an advisory pack to provide specialties with suggestions as to how they can restructure their clinics to meet the requirements.

In addition to ensuring a safe environment, the group is highly focused on ensuring that we, as an organisation, continue to benefit from the change in working practices that have been implemented over the last eight weeks such as telephone and telemedicine. Patient feedback over the last month has been incredibly positive with regards to remote appointments, friends and family test stands at 96% positive and 1.7% negative with a 29% response rate. As you can see from the chart on the right we continue to maintain a high level of telephone appointments. In order to deliver a safe environment, and adhere to all social distancing requirements, we are going to lose a significant amount of outpatient capacity, estimated between 40% and 60%. Therefore it is essential that we continue to drive the strategy of minimising footfall.

At present NHS E-referral remains closed to GP surgeries and urgent and two-week wait referrals are the only referrals being accepted. We are in discussions with the commissioners to determine how and what services we open up to referrals imminently. The CCG have prioritised a number of areas where GPs feel there is the greatest urgency, and we are using this to inform us of our decisions. At present referrals can only be received following approval from a clinician through the advice and guidance process, but as you can see from the charts above we have seen a recent increase in both referrals and attendances. We are hoping to start relaxing some referral restrictions from 1st June onwards but have agreement with the CCG that we can continue to have advice and guidance as the primary referral route so referrals can be triaged for appropriateness before accepting. As expected, our overdue follow-up backlog continues to increase and has increased from just under 20,000 at the beginning of March to 28,000 currently. The backlog of patients, both follow-up and new, are very much in the forefront of our recovery process, and this is one of the reasons why we are carefully reducing restrictions on referrals. We need to ensure that patients are seen in clinical priority as opposed to any other, and we have developed a clear set of risks of which patients are graded against (See table on the right)

We continue to push the implementation of other technologies to assist with managing outpatients and appointments, as well as improving the patient experience. The implementation of telemedicine continues at pace and is receiving positive feedback from both patients and clinicians. We have carried out 400 video consultations since the beginning of April. We have established an area on the CUH website to be able to provide patients with increased information, both in terms of arrangements relating to Covid-19 but also general information such as how to access telemedicine appointment.

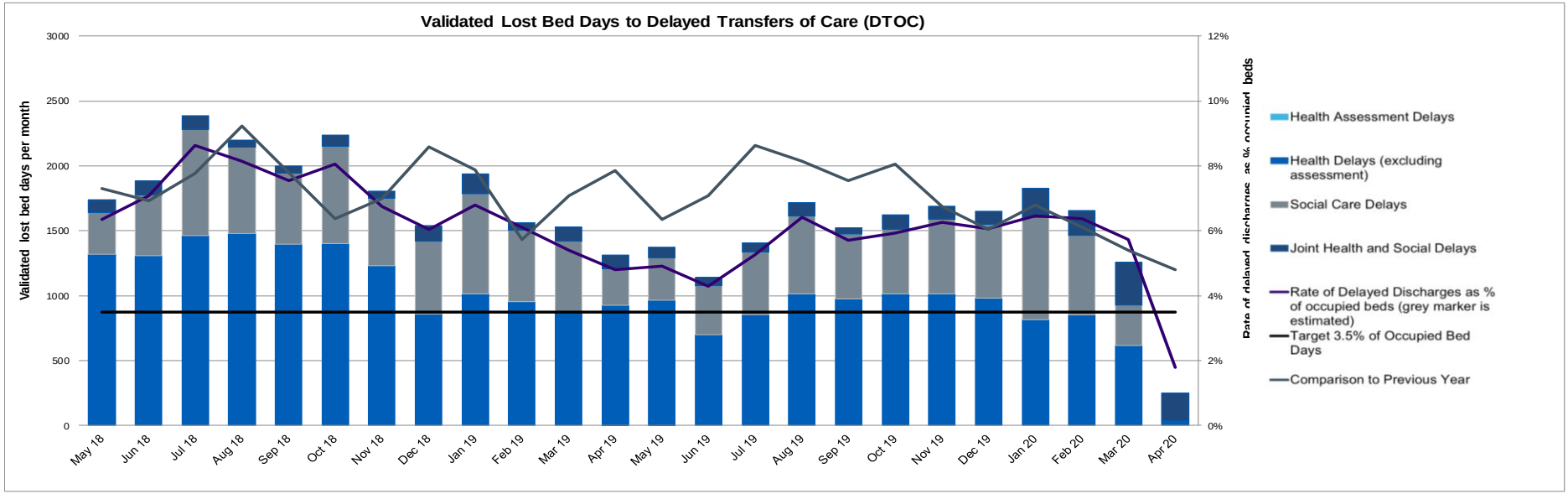
Priority Stratification for Outpatient Activity

Priority (Button)	Definition (Guidance)	Time frames New referral booking (may vary per specialty)	Time frames Follow-up booking (may vary per specialty)	Reported as overdue OPA at
P1a - Immediate	Immediate action is required –to prevent death, loss of organ function/limb or eye sight	Advice to attend ED or ambulatory care unit within 24h	n/a	n/a
P1b – Acute	Urgent action is required – to prevent serious clinical harm or permanent injury	Emergency / ambulatory OPA within 72 hours	n/a	n/a
P2 - High	Likelihood of sustained severe harm/pain/psychological injury/effect on functional ability/QoL may occur as result of this condition	Very short time frame (e.g. 2 weeks)	Appointment must be booked within the stated interval for which it was ordered (no delay possible)	Stated interval Failsafe: stated date
P3 - Moderate	Likelihood of reversible moderate harm/pain/psychological injury/effect on functional ability/QoL may occur as result of this condition	Short - intermediate time frame (e.g. 6-8 weeks)	Appointment to be booked to stated interval + no more than 25%	stated interval + 25% Failsafe: stated date +25%
P4 - Low	Likelihood of no or mild symptoms or mild reversible reduced function/harm may occur as result of this condition	In turn	Appointment to be booked to stated interval + 25%	stated interval + 25% Failsafe: stated date +25%

Delayed Transfers of Care

NHS Cambridge University Hospitals NHS Foundation Trust

Operational Performance



The Hospital Discharge Service Requirements directive was issued to NHS and Local Authority organisations on the 19th March. Chan ges included immediate extension of hospital discharge team operating hours, which are now 8am-8pm 7 days a week, which has been mirrored by all local system partners.

From April, we received a directive to stop national reporting of Delayed Transfers of Care for 3 months. This has been temporaril y replaced with a daily discharge sitrep.

We have agreed to continue to internally record 'delayed transfers of care' with the same principles as pre - Covid, to enable comparative measure of data throughout this period of time.

For April 2020, DTOC's substantially dropped to 1.79%, a total of 250 lost bed days for the month (with March lost bed days t otalling 1258).

Within the 1.79%, 61.6% were attributable to Cambridgeshire and Peterborough CCG and the remainder across 4 bordering CCG's. *Please note that wehave referred to delays per CCG instead of Local Authority as with previous months, due to the implementation of all discharges that now require a new or adjusted care provision througho ut this Covid period will be funded by the NHS.*

Overall the majority of delays within the total for April were for care homes, 74.4% (186 lost bed days), however, this was n ot due to capacity issues, but establishing pathways for Covid swabbing at the appropriate time and supporting care homes whilst they trying to secure PPE alongside evolving guidance on discharging patients from hos pital.

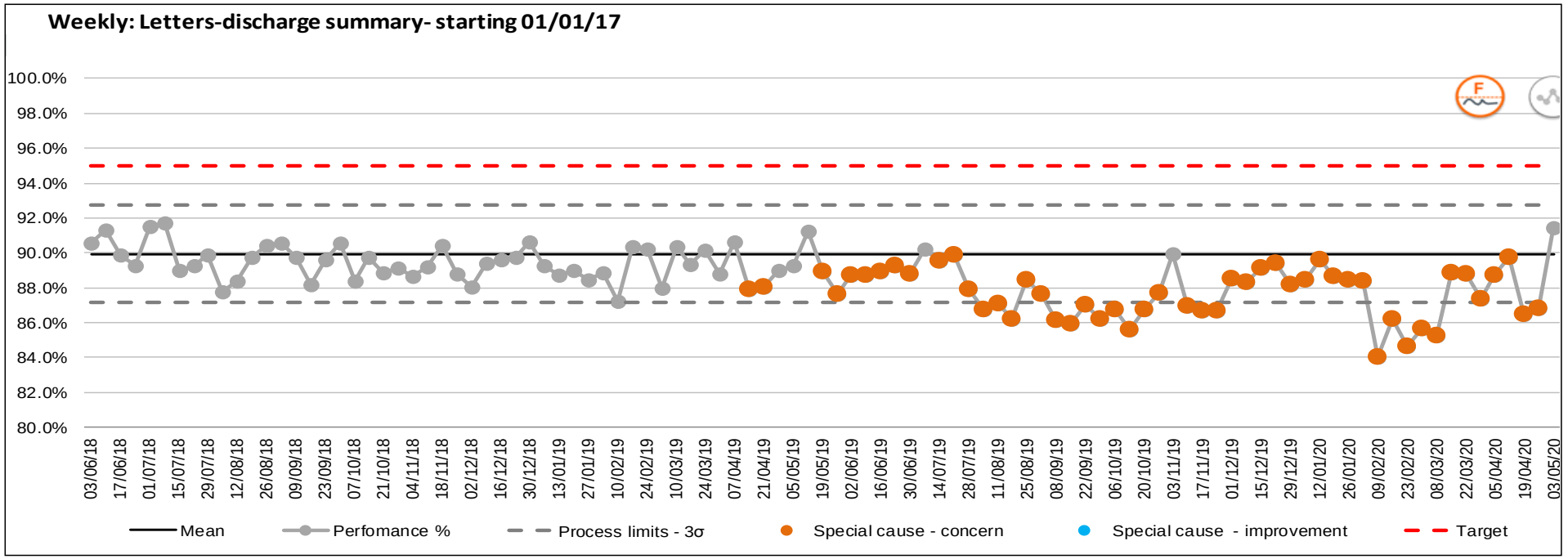
As a local system, Cambridgeshire and Peterborough CCG, CPFT and Cambridgeshire and Peterborough County Councils are continui ng to work together to look at the longer term plan for discharge pathways working on the rapid pathway changes that were implemented at the end of March to ensure continuation of flow fromthe acute h ospitals, whilst ensuring that patients are safely discharged with the emphasis of a 'home first' approach.

We are working collectively as an STP to ensure that rates remain as low as possible over the longer term in order to protect patients and prevent harm, learning from what has enabled the reduction during the Covid outbreak period.

Discharge Summaries

NHS Cambridge University Hospitals NHS Foundation Trust

Operational Performance



Current processes mean that we will never achieve the 95% target for this measure without making an intervention. Statistical ly our upper achievement limit is 93.6%.. Recent performance has been consitantly below the mean flagging as significant variation with the exception of the last week which returned to a bove the mean.

Discharge summaries

Escalated through Divisional Performance meetings, CD/ DD/ MD meeting and Junior Doctor forum during November 2019

Alerting mechanism within Epic now implemented to notify consultants of patient discharged without a summary.

New development underway to make it more obvious to clinicians when summaries are incomplete was deployed on 18 January 2017.

Additional indicators to highlight if a summary has been sent were deployed on 6 April 2017.

Date	% summaries sent incomplete
29-Mar	0
05-Apr	0
12-Apr	0
19-Apr	0
26-Apr	0
03-May	0

Patient Experience

Cambridge University Hospitals NHS Foundation Trust

Patient Experience

The recommend and do not recommend indicators omit neutral responses.

Indicator	Date range	Current	Average	Variance	Special causes	Comments
FFT Inpatient Good Experience	April 2017 – April 2020	96.6%	94.9%		-	For April, there were 1997 eligible inpatients and data is from 118 patients. Due to Covid-19 surveying declined.
FFT Inpatient Poor Experience	April 2017 – April 2020	0%	2.1%		-	
FFT Outpatients would Good Experience	April 2017 – April 2020	95.5%	93.7%	H	Special cause variation triggered as last 10 months have continuously been above the mean	For April, there were 21,393 eligible outpatients and data is from 5,331 patients. The number of outpatient appointments declined due to Covid-19.
FFT Outpatients Poor Experience	April 2017 – April 2020	1.2%	2.3%		-	
FFT Day Case would Good Experience	April 2017 – April 2020	98.1%	97.4%			For April, there were 1,437 eligible day case patients and data is from 331 patients.
FFT Day Case Poor Experience	April 2017 – April 2020	0.9%	1.1%		-	
FFT Emergency Dept. Good Experience	April 2017 – April 2020	95.6%	92.4%			For April, there were 2793 eligible ED patients and data is from 769 patients. The Poor Experience score is under 4.5% (below the Mean) for the first time since Jul19.
FFT Emergency Dept. Poor Experience	April 2017 – April 2020	2.5%	3.8%			
FFT Maternity (antenatal, birth & postnatal) Good Experience	April 2017 – March 2020	97.4%	93.9%		-	In April FFT Maternity collected 5 responses which are not included. This is due to the Covid-19 impact.
FFT Maternity (antenatal, birth & postnatal) Poor Experience	April 2017 – March 2020	1.0%	1.7%		-	

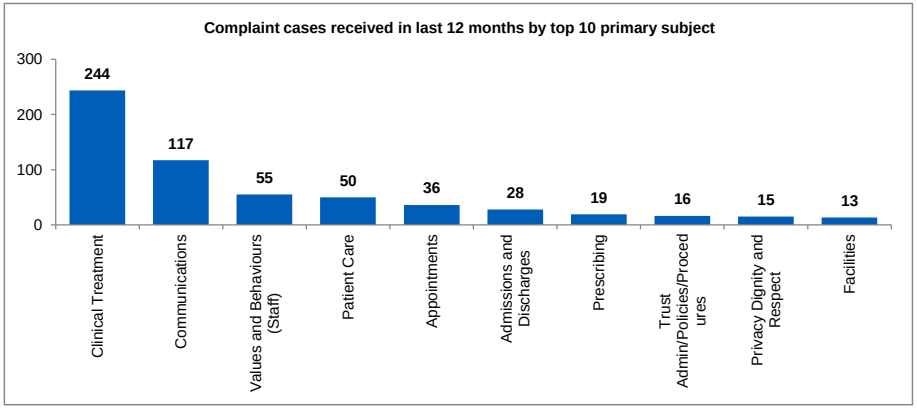
NOTE Data above is to March for **Maternity FFT** due to Covid-19 impact. NHS England suggested to suspended FFT reporting on 31st March due to Covid-19 however various locations collected some FFT. SMS surveying for adults in OP, ED and DC has continued.

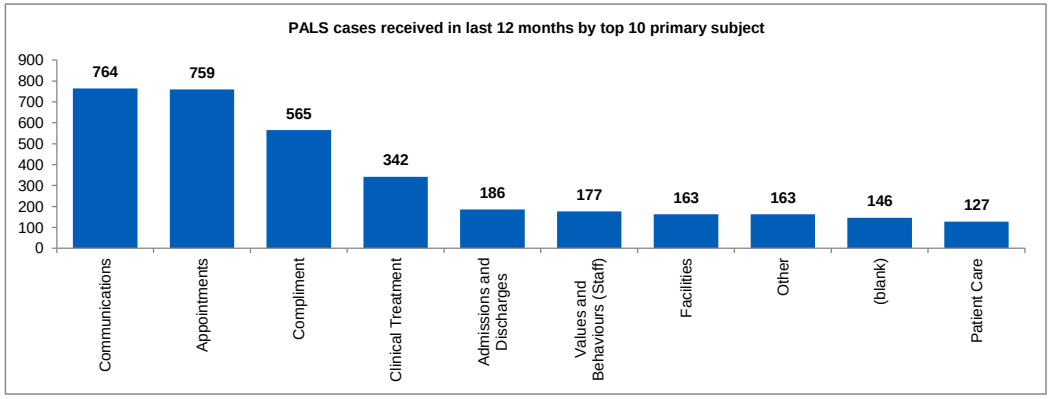
PALS and Complaints Cases

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Apr 17 - Apr 20	month	-	27	54		SP		In the last month, there was a statistically significant decrease (single point) in the number of complaints received.
% acknowledged within 3 days	May 17 - Apr 20	month	95%	93%	94%		-		The system may achieve or fail the target of ≥95% subject to random variation.
% responded to within initial set timeframe (30, 45 or 60 working days)	Apr 17 - Apr 20	month	50%	39%	38%		-		The system may achieve or fail the target of ≥50% subject to random variation.
Total complaints responded to within initial set timeframe or by agreed extension date	Apr 17 - Apr 20	month	80%	94%	72%		SP		In the last 4 months, there has been a statistically significant increase (single points) in the percentage of complaints responsed to within the initial set timeframe or agreed extension. The system however may achieve or fail the target of ≥80% subject to random variation.
% complaints received graded 4 to 5	Dec 18 - Apr 20	month	-	48%	28%		SP	-	In the last month, there was a statisitcally significant increase (single point) in the % of complaints received graded 4 to 5. There were 11 complaints graded Level 4 and 2 complaints graded Level 5 in April 2020, these cover a number of specialties and will be subject to detailed investigations.
Compliments received	Apr 17 - Apr 20	month	-	24	38		-	-	





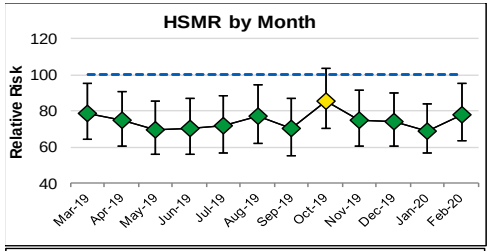
The PHSO have paused their work due to COVID-19, therefore no new cases have been taken for investigation.Complaints continue to be received into the Trust; however, following national guidance response times have been suspended.The team are continuing to respond to complaints where they are able to. In addition to their normal case work, the PALS and Complaints Team are currently running a Helpline from 8.00am - 8.00pm Mon-Fri to address a variety of COVID-19 issues incuding cancelled surgery / appointments, visiting restrictions, signposting for bereavment issues and delivering messages, photographs, food and discharge clothing to patients whose family are unable to visit.

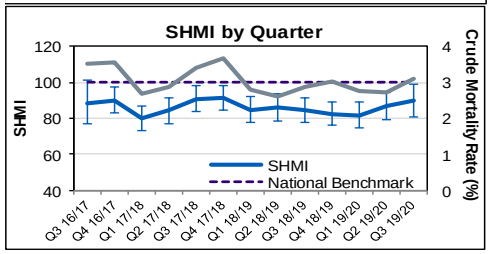
Learning from Deaths

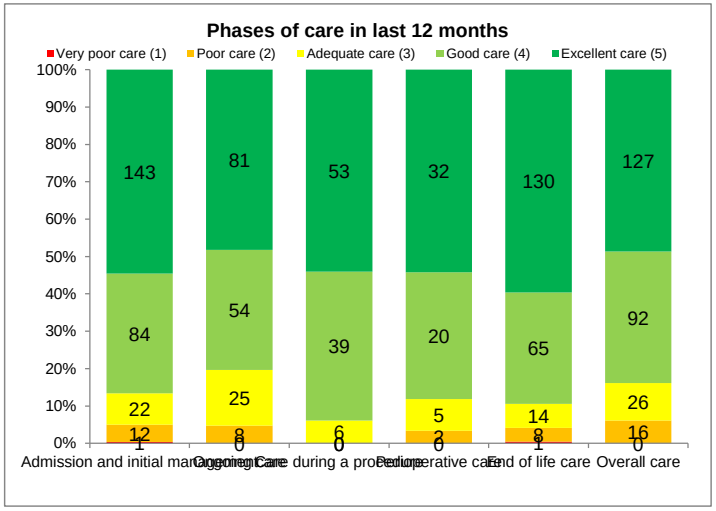
Cambridge University Hospitals NHS Foundation Trust

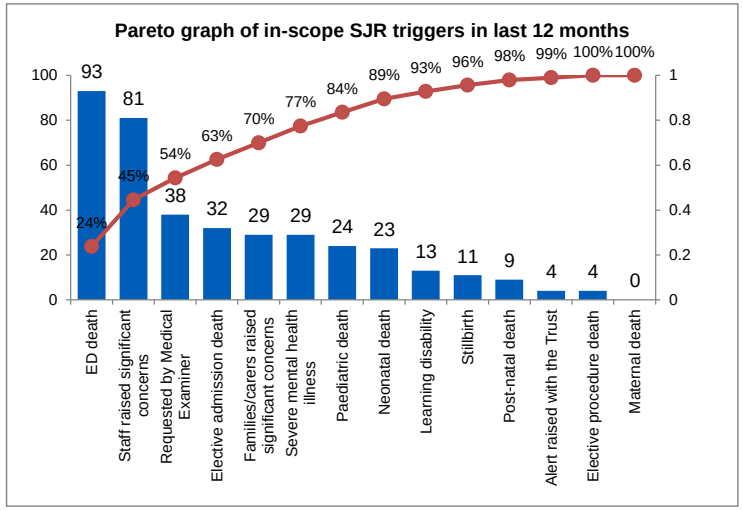
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Apr 20	month	-	16.67	7.71		SP	-	There were 168 deaths in April 2020 (Emergency Department (ED) and inpatients), of which 8 were in the ED and 160 were inpatient deaths. In April 2020, there was a statistically significant increase (single point) in the number of deaths per 1000 admissions.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	Oct 17 - Apr 20	month	-	20%	18%		-	-	In April 2020, 33 SJRs were commissioned. 18 (55%) have been completed at time of reporting. There were two SJRs which identified deaths associated with a problem in care. These will be taken to SIERP for consideration of further investigation.
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Oct 17 - Apr 20	month	-	0	0.87		-	-	There were no unexpected/potentially avoidable death serious incident investigations commissioned in April 2020.









Executive Summary
HSMR - The rolling 12 month (March 2019 to February 2020) HSMR for CUH is 74.37 this is 3rd lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 89.38.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, January 2019 to December 2019 is 84.49.
Alert - There are 2 alerts for review within the HSMR and SHMI dataset this month.

Author(s): Patient Safety Improvement Owner(s): Dr Sue Broster

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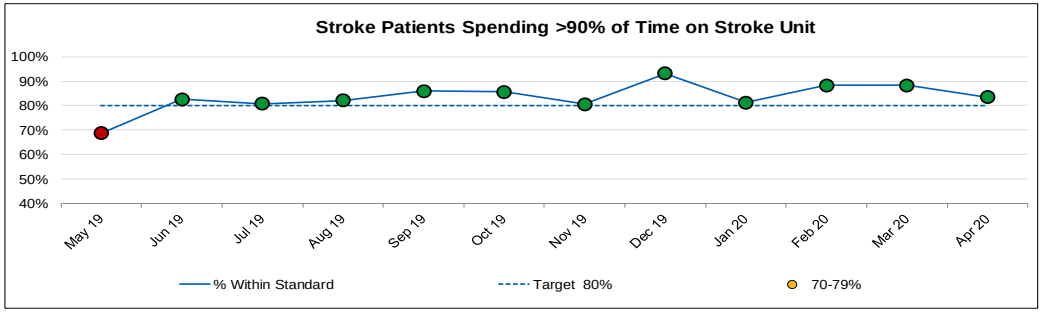
Stroke Care

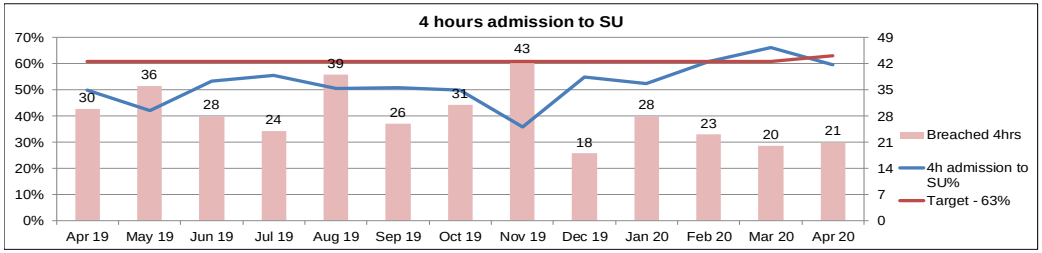
NHS Cambridge University Hospitals NHS Foundation Trust

Stroke Measures

Breach reasons 2019 and Monthly Stroke position

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Suspected COVID-19 patient	Delayed transfer of care (DTOC)	Operational decision - patient moved off to accommodate an acute stroke	Delay in medical review in ED	Clinical - Appropriate pathway for patien	Difficult presentation	Medical SpR did not request stroke bed/ stroke team	Delayed diagnosis	Clinician's decision to place patient on d ward	Unclear presentation	Difficult diagnosis	Failure to request stroke bed	Resource capacity	Number of breaches	Month Position (Target 80%)
Apr 19	1	2					3		1			1			2	10	83.9%
May 19		3					2		3			2	6		5	21	68.7%
Jun 19	1	5					1					3	1			11	82.5%
Jul 19	1	4					2					1	2		1	11	80.7%
Aug 19	1	4				1	4	2				3				15	82.1%
Sep 19							4			1		2	1			8	86.0%
Oct 19	1	2					1		2	2			1		1	10	85.3%
Nov 19		7					2						2		2	13	80.6%
Dec 19		2							1							3	93.0%
Jan 20		6				1	1		2			2				12	81.3%
Feb 20		1							3			2	1			7	88.3%
Mar 20		1									1	2	3			7	88.3%
Apr 20			2				1		1	1			4			9	83.3%
Summary	5	37	2	0	0	2	21	2	13	4	1	18	21	0	11	137	





90% target compliance was achieved for April = **83.3%**
4hrs adm to SU (63%) target compliance was not achieved for April = **60%.**

'Difficult diagnosis' (4) was the main factor contributing to breaches last month, with a total of 9 cases in April 2020.

Key Actions

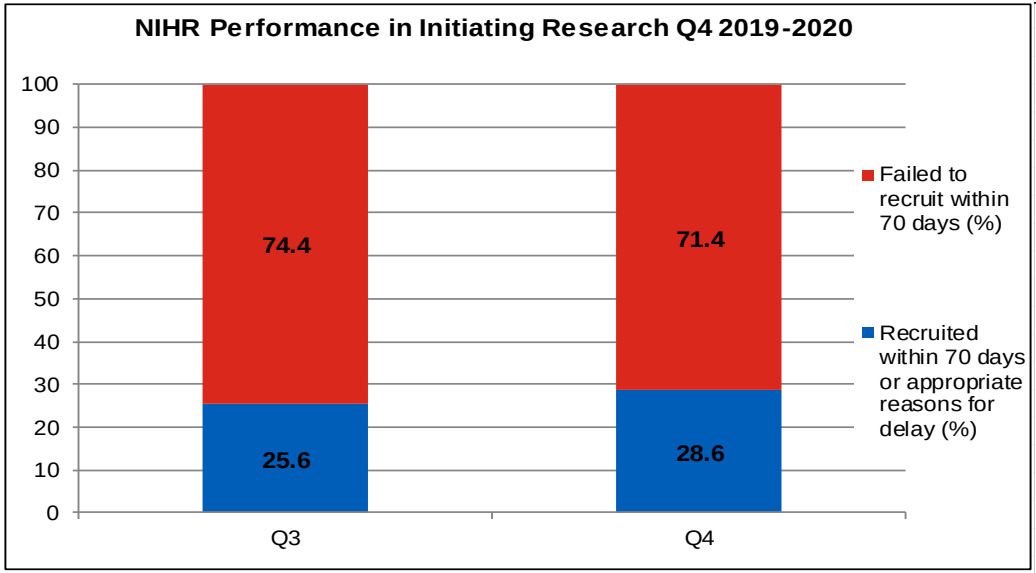
- During the COVID 19 pandemic we are creating a red and green stroke pathway and inputting training and support to the red and amber wards (C7 and D6) who will receive the stroke patients.
- Working with community partners to plan and address capacity requirements for Stroke patients in relation to COVID19.
- National SSNAP data shows Trust performance from Oct-Dec19 maintained at **Level A.**
- Neurology consultant now covering stroke at the front door alongside stroke bleep nurse 08:00 – 17:00 then onsite until 22:00 and on-call overnight 7 days/week. Complex thrombectomy and thrombolysis patients need both Stroke Bleep Nurse and Neurology consultant which can lead to resource capacity issues. Stroke clinical research nurses back fill stroke bleep nurse 09:00- 18:00 where possible. On-call stroke bleep nurse for help with thrombolysis patients on C7 and D6.
- On 3rd December 2019 the Stroke team received approval from the interim COO to ring-fence one male and one female bed on R2. This is enabling rapid admission in less than 4 hours. The Acute Stroke unit hosts a high number of outliers, but is working closely with the Op's centre to protect two Stroke beds.
- Ward improvement work with support from the transformation team is on pause, but rapid discharge from front door continues. Work with repatriation to hospitals and care homes is on going.
- Repatriation of WSH stroke patients within 24-48 hours as per SOP continues . The CUH team continue to liaise with other DGH's to improve the repatriation process of patients to other local hospitals. The West Suffolk Stroke Pathway proved itself by LOS reduction for those repatriated to WSH from 27 days to 2.78 days
- Stroke Taskforce meetings remain in place, plus weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- Stroke follow up phone clinic at one week commenced lead by bleep / research team to look at unmet need during the present crisis.

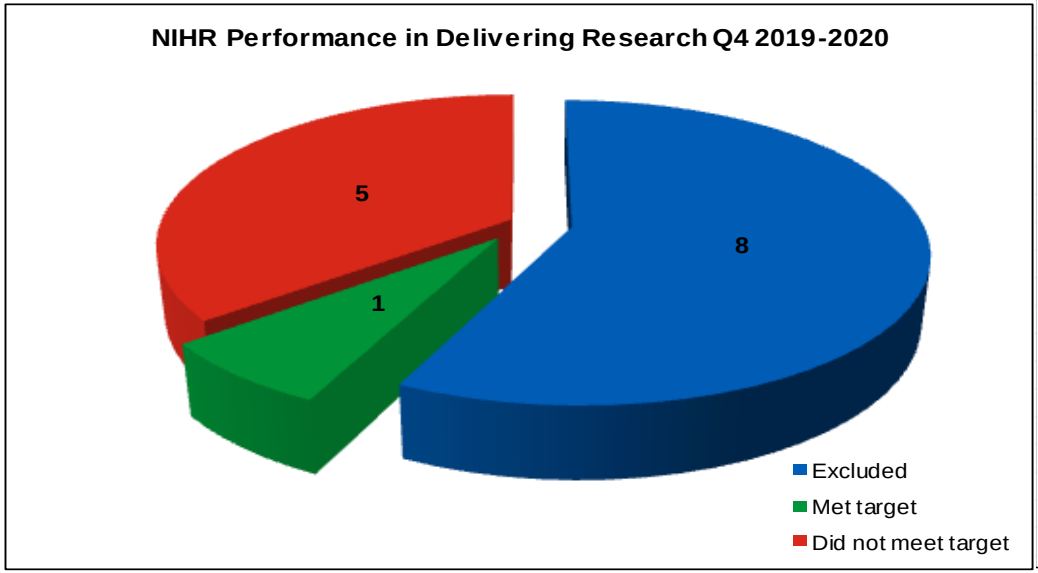
Reason for not meeting 4hrs in April 2020	Total
Complex patient, stroke not major issue	2
Delay in reffering to Stroke bleep	3
Delay to transfer to R2 by ED	2
Infection control reasons	2
Long wait for medical review in ED	2
Not thought to be Stroke until MRI results	5
Patient unwell	3
Stroke Nurse Capacity	2
Grand Total	21

Clinical Studies

Cambridge University Hospitals NHS Foundation Trust

Clinical Studies Measures





Situation as at 31/03/2020 reported to the NIHR

[quarterly update only]

While the National Institute for Health Research (NIHR) has now abolished the time and target initiative (70 days from the date we received the document pack from the Sponsor to the date the 1st patient was recruited), we continue to report on our performance against it for consistency. Only studies which are approved by HRA are included in the report, but it will include studies which are CUH site selected but not yet open.

The performance in delivery target for commercial studies remains unchanged, and is for trials closed to recruitment in the preceding 12 months and whether they met their target recruitment in the agreed timeframe.

70 days (Initiating):

Data on 100 non-commercial and commercial clinical trials was submitted this quarter.

Of all analysed trials, 28.6% (8/28) met the target, which is a slight increase in performance from the previous three quarters. We did anticipate this improvement, as we have been working with the governance team to improve targets.

81 studies did not meet the target, but appropriate reasons have been given for 61 of them, which will exclude them from the analysis.

11 studies are still able to meet the target and are excluded from the analysis.

Delivering to target:

Data was submitted on 14 commercial trials this quarter.

With 8 studies not having an agreed target, 6 trials have been analysed, giving a performance of 16.7% (1/6).

This is up from Q3's performance of 12.5% (1/8).

Of the trials not meeting the recruitment target, 60% (3/5) were withdrawn by the Sponsor before having the opportunity to meet the recruitment number/range agreed.

Actions in progress

While our performance in initiating research studies is no longer matched against the 70-day target, the NIHR are focusing on measurement, reporting and improvement, with an emphasis on transparency. We therefore will continue to supply information on times taken to set up studies and recruit, to aid their high level analysis of recruitment issues and developing trends, while focusing on resolving any issues internally where possible.

There continues to be inherent tension in the system, whereby funders set arbitrary start dates without proper appreciation of the Trust's processes of due diligence. This causes problems with studies being submitted to HRA for review, as fundamental issues need resolving prior to study commencement.

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Rosie Maternity Dashboard April 20																		
Sources / References	KPI	30/04/2020	Red Flag	Measure	Data Source	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Actions taken for Red/Amber results
	Activity																	
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	402												
Antenatal Care NICE quality standard [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	95%												
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	59%												
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	2%												
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	19%												We are reviewing our admissions to RBC to encourage more eligible pregnancies to use the facilities. We are also looking at our reasons for transfer to DU and subsequent care and outcomes as part of this.
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	26%												
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	14%												
Source - EPIC	National CS rate (planned & unscheduled)	< 25%	> 28%	C/S rate overall	Rosie KPI's	27%												Our rates are consistent and our perinatal outcomes are not outlying so potentially this rate is right for our population. Population factors – we have a higher than average number of women who are older mothers who have a higher rate of caesarean section. We are a tertiary unit. LSCS rate reflective of our acuity
Source - EPIC	Smoking at delivery Number of women smoking at the time of delivery	< 10%	> 11%	% of women Identified as smoking at the time of delivery	Rosie KPI's	6%												
	Workforce																	
	Midwife/birth ratio (actual)**	01:24	06:43	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	01:23.5												Clinical midwife WTE as per BR+ = clinical midwives, midwife sonographers, post natal B3 and nursery nurses. For actual ratio, calculation includes all permanent WTE plus bank WTE in month.
	Midwife/birth ratio (funded)**	1.24.1	N/A	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	1:23.2												Midwife/birth ratio has been restated from April 19 based on the BR+ methodology and targets updated. Previous ratio was based on total clinical and non-clinical midwife posts excl midwife sonographers.
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQs	4.24%												This is reported 1 month behind from CHEQ's
Source - CHEQS	Education & Training - attendance at mandatory training (midwives)	>92% YTD	<75% YTD	Training database	CHEQs	96%												This is reported 1 month behind from CHEQ's

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

	Maternity Morbidity																	
Source - QSIS	Eclampsia	0	> 1		Risk Report	0												
Source - QSIS	ITU Admissions in Obstetrics	1	> 2		Risk Report	0												
Source - QSIS	PPH≥ 1500 mls	< 3%	> 4%	NMPA	CHEQS	4.73%												**PPH working group have identifed instrumentals in the delivery room improvement work - standardised care to be the same as theatre started**
Source - QSIS	3rd/ 4th degree tear rate vaginal birth	< 5%	> 7%		Risk Report	2.38%												
Source - QSIS	Maternal Death	0	>1		Risk Report	0												
	Risk																	
Source - QSIS	Total number of SI's	0	>1	Serious Incidents	Datix	0												
Source - QSIS	Information Governance	0	>1		Datix	0												
Source - QSIS	Clinical	0	>1		Datix	0												
Source - QSIS	Never Events	0	>1	DATIX	Datix	0												
	Neonatal Morbidality																	
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	1.23%												**No themes following review**
Source - EPIC	Still Births per 1000 Births			3.87/1000 (Mbrrace)	Risk report	1.6/1000												
	Stillbirths - number ≥ 24 weeks	0	≥ 2	MBBRACE	Risk report	4.00												**2 unbooked at this hospital arrived via ED 2 were under fetal medicine with known complications stillbirth rate for April is 1.6/1000 well below national target of 3.87/1000**
Source - EPIC	Number of birth injuries	0	> 1	Injuries to neonate during delivery	Risk Report	0												
Source - EPIC	Number of term babies who required therapeutic cooling	0	> 1		Risk Report	0												
Source - EPIC	Baby born with a low cord gas < 7.1	<2%	> 3%		Risk Report	0.49%												
Source - EPIC	Term admissions to NICU	<6.5	>6.5	Percentage of all live births	Risk Report	5.72%												**ATAIN work on going . priorities being reviewed low temp in first hour work**
	Quality																	
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	0												
Source - EPIC	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%												
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	85%												
Source - EPIC	VTE	>95%	< 95%		CHEQs	100%												

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Maternity Safety Highlight Report

Trust: Cambridge University Hospitals | Date: April 2020

10 Steps-to-safety

1	Perinatal review tool	
2	MSDS	
3	ATAIN	
4	Medical Workforce	
5	Midwifery Workforce	
6	SBLCB	
7	Patient Feedback	
8	Multi-professional training	
9	Safety Champions	
10	Early notification scheme	

SBLCB V2

1	Reducing smoking	
2	Fetal Growth Restriction	
3	Reduced Fetal Movements	
4	Fetal monitoring during labour	
5	Reducing pre-term birth	

Outliers – Red flags	National Rate	Trust Rate
Still births	3.87/1000	2.32/1000
Maternal Sepsis	3.87/1000	xxxx/1000
PPH	4%	4.39%
Term admissions to NICU	5%	5.2%

Number of	
Serious Incidents	Unactioned DATIX
0	13

Continuity of carer

Compliance	0%	
National Target	51% (March 2021)	
Progress against action plan	• Team 1 planned Launch 4th May (currently under review due to COVID-19 and related workforce shortage) • Revised trajectory devised for 12 teams which will achieve 49% compliance by march 2021. • Current pandemic likely to delay roll out.	

Key		Colour codes for RAG
Complete	The Trust has completed the activity with the specified timeframe – No support is required	
On Track	The Trust is currently on track to deliver within specified timeframe – No support is required	
At Risk	The Trust is currently at risk of not being deliver within specified timeframe – Some support is required	
Will not be met	The Trust will currently not deliver within specified timeframe – Support is required	

Author(s): Christine Rowland Owner(s): Amanda Rowley

Finance

Financial Performance

Trust surplus/(deficit)

0.0	actual
0.0	plan
0.0	actual
0.0	plan

Run rate in month

14.8	Non recurrent
(14.8)	Recurrent
0.0	Total

£ in million

In month

YTD

Cash & EBITDA

Cash

81.6	actual
3.3	plan

EBITDA

2.8	actual
(3.9)	plan

Net current assets/(liabilities) and debtor days

Net current liabilities

(372.1)	actual
Not Available	plan

Debtor days

	This month
37	Previous month

Author(s): Christine Rowland

Owner(s):

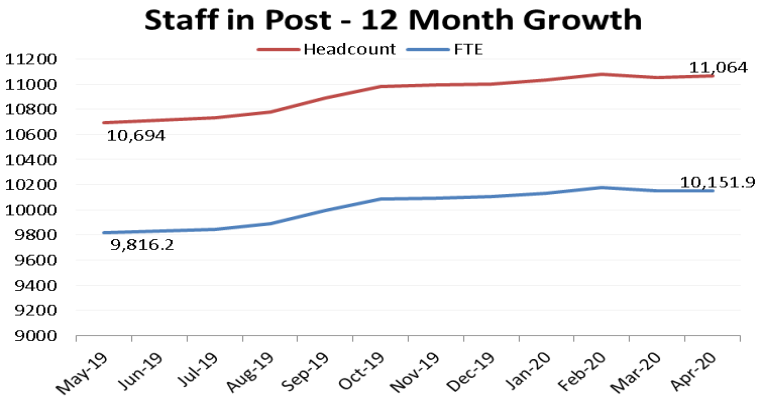
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff as Partners

12 Month Growth by Staff Group

Staff Group	May-19	Apr-20	FTE 12 Month growth	
Add Prof Scientific and Technic	253	271	17	6.8%
Additional Clinical Services	1,640	1,727	87	5.3%
Administrative and Clerical	1,969	2,052	83	4.2%
Allied Health Professionals	499	542	43	8.6%
Estates and Ancillary	295	308	13	4.6%
Healthcare Scientists	532	547	14	2.7%
Medical and Dental	1,373	1,426	53	3.8%
Nursing and Midwifery Registered	3,255	3,281	25	0.8%
Total	**9,816**	**10,152**	**336**	**3.4%**



Admin & Medical Breakdown

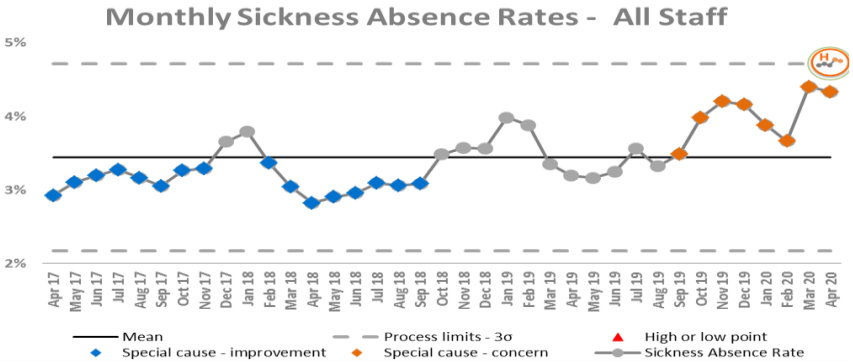
Staff Group	May-19	Apr-20	FTE 12 Month growth	
Administrative and Clerical	1,969	2,052	83	4.2%
of which staff within Clinical Division	1,005	1,019	14	1.4%
of which Band 4 and below	738	739	2	0.2%
of which Band 5-7	186	196	10	5.4%
of which Band 8A	36	39	3	8.9%
of which Band 8B	4	3	-1	-23.8%
of which Band 8C and above	42	42	0	0.1%
of which staff within Corporate Areas	783	822	39	5.0%
of which Band 4 and below	215	232	16	7.7%
of which Band 5-7	373	387	14	3.9%
of which Band 8A	72	75	3	4.6%
of which Band 8B	49	51	2	3.6%
of which Band 8C and above	73	77	3	4.6%
of which staff within R&D	181	211	29	16.2%
Medical and Dental	1,373	1,426	53	3.8%
of which Doctors in Training	560	573	14	2.5%
of which Career grade doctors	206	209	3	1.5%
of which Consultants	607	643	36	5.9%

Sickness Absence

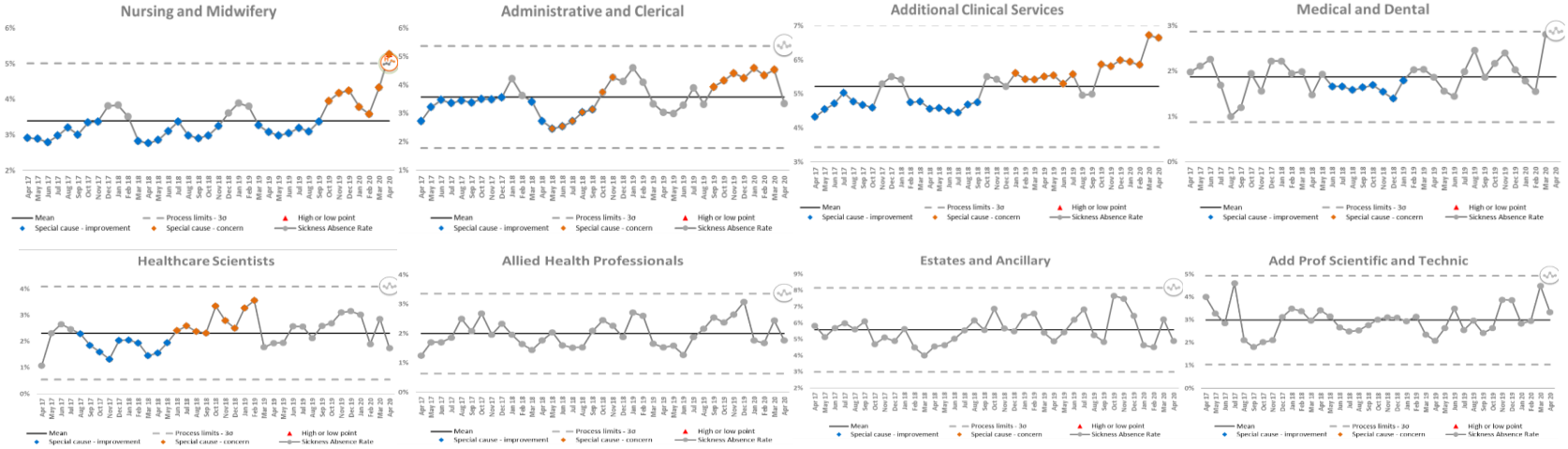
NHS Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff as Partners

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



What the information tells us: Monthly Sickness Absence Rate remains in a special cause of concern. There is a slight decrease from the previous month by 0.11% to 4.3%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, flu and infectious diseases) accounts for about 22% of all FTE days lost to sickness in April '20 compared to 38% from the previous month. Nursing & Midwifery and Additional clinical services staff groups remained in an area of concern.



Author(s): Christine Rowland

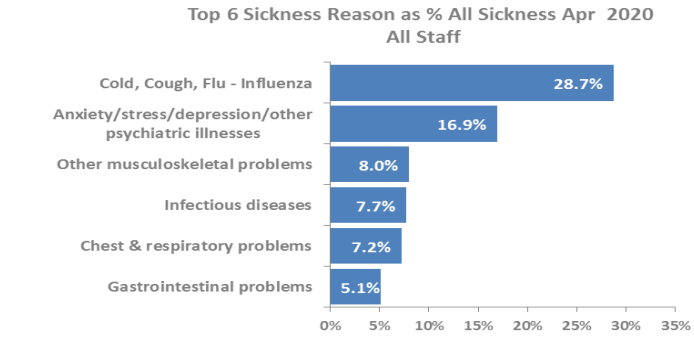
Owner(s):

Top Six Sickness Absence Reason

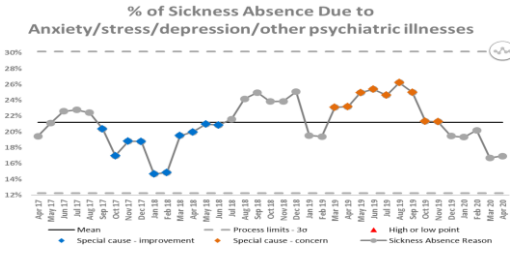
NHS Cambridge University Hospitals NHS Foundation Trust

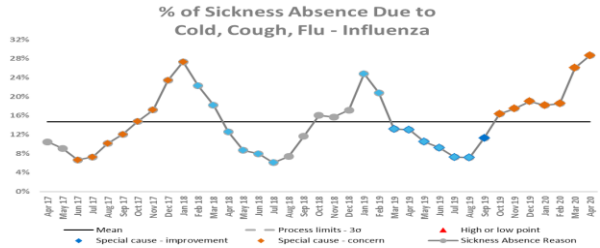
Workforce: Staff as Partners

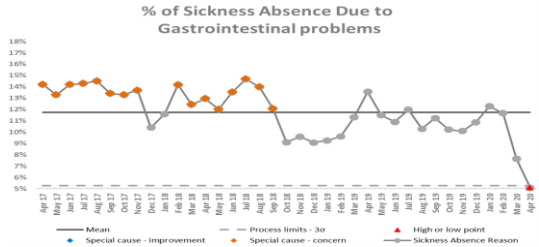
Background Information: Sickness Absence reason is provided as as a percentage of all FTE days missed due to sickness during the reporting month.

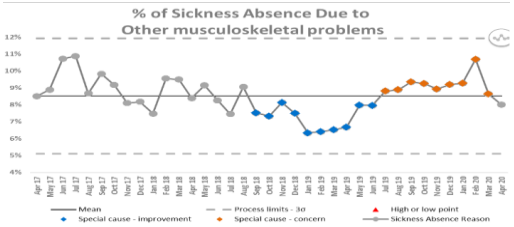


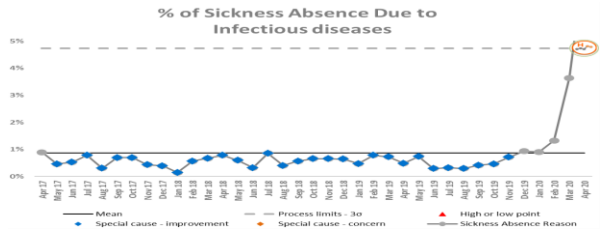
What the information tells us: Influenza related sickness remains the highest absence reason for the second consecutive month and ahead of mental health related sickness. It accounts for 28.7% of all sickness absence in April 2020.

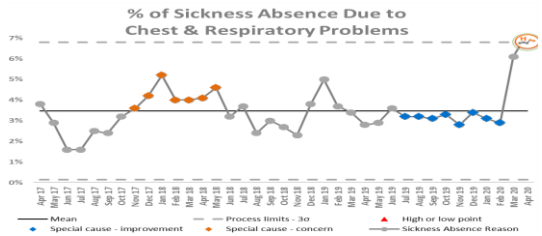










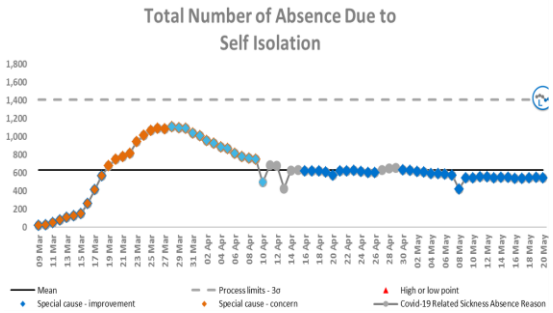


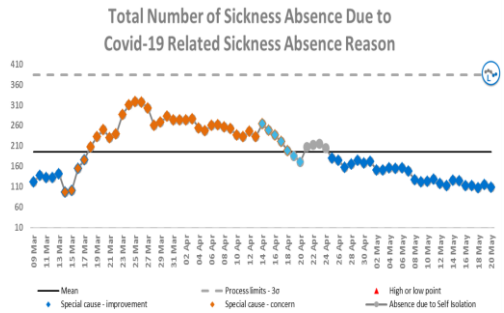
COVID-19 Related Absence

NHS Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff as Partners

Background Information: Daily absence figure due to Covid-19 are presented. This only provides daily information relating to the number of staff recorded as being absent from work rather than the equivalent FTE days lost which is used in calculating monthly sickness absence rate.

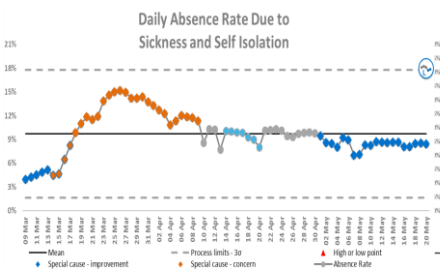


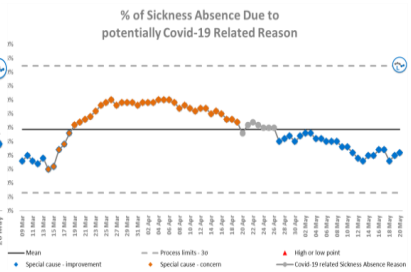


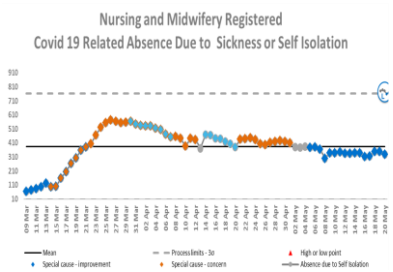
What the information tells us:

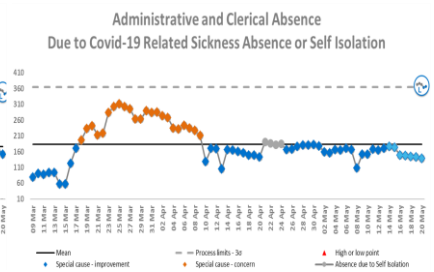
Both the total number of staff self isolating and the number of Covid-19 related sickness absence recorded continue to decrease and remain below the average for the past three months. As of 20 May 542 staff are self isolating which is below the average of 628 for the last three month. Covid-19 related sickness absence currently accounts for 31% of the total sickness absence recorded within the Trust. This is down by about 19% from the highest recorded.

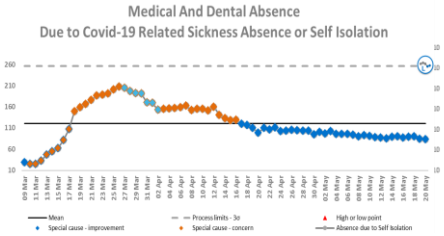
Overall, 8% of staff are absent from work due to Covid-19 related sickness or self isolation.

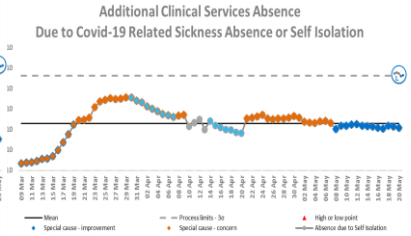


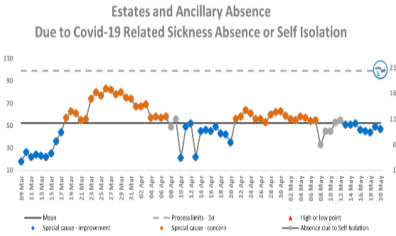


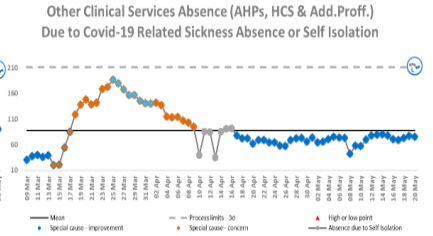










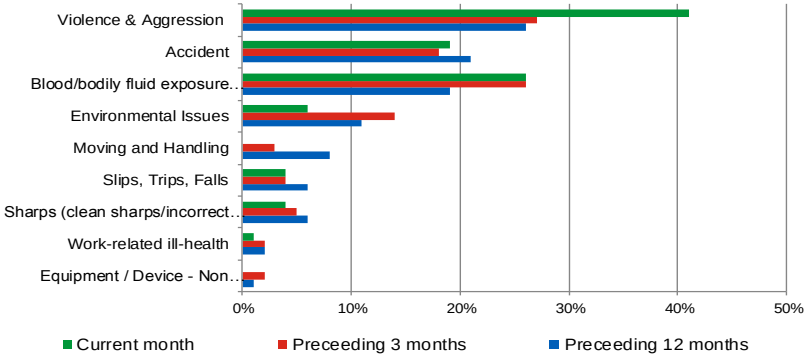


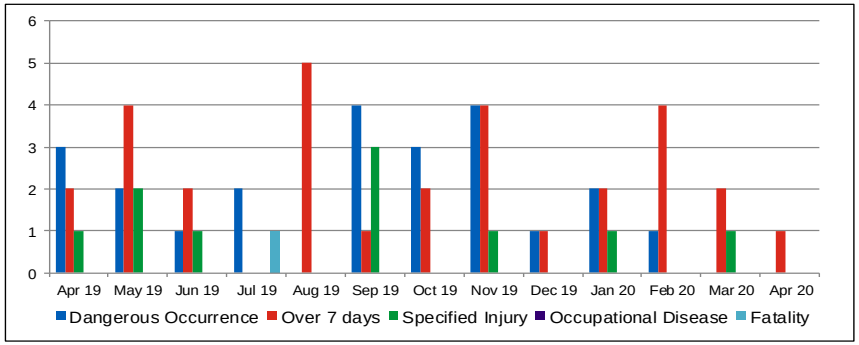
Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Saftey

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:	**1487**	**274**	**315**	**402**	**199**	**176**	**45**	**76**
Accident	**311**	53	77	74	42	27	11	27
Blood/bodily fluid exposure (dirty sharps/splashes)	**288**	79	68	57	23	49	8	4
Environmental Issues	**165**	34	42	15	24	33	7	10
Equipment / Device - Non Medical	**15**	2	1	5	4	2	1	0
Moving and Handling	**112**	16	50	19	16	4	1	6
Sharps (clean sharps/incorrect disposal & use)	**96**	31	16	13	11	19	4	2
Slips, Trips, Falls	**92**	19	16	13	10	14	8	12
Violence & Aggression	**383**	35	38	201	66	25	4	14
Work-related ill-health	**25**	5	7	5	3	3	1	1





A total of 1,487 health and safety incidents were reported in the previous 12 months.

646 (43%) incidents resulted in harm. The highest reporting categories were violence and aggression (26%), accidents (21%) and blood/bodily fluid exposure (19%).

75% (1,111) of incidents affected staff, 20% (297) affected patients and 5% (79) affected others ie visitors, contractors and members of the public.

The highest reported incident categories for staff were: blood/bodily fluid exposure (25%), violence and aggression (23%) and accidents (17%).

The highest reported incident categories for patients were: violence and aggression (35%), accidents (31%) and environmental issues (18%).

The highest reported incident categories for others were: accidents (32%), violence and aggression (28%) and slips, trips and falls (24%).

Staff incident rate is 10.1 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 402 incidents. Of these, 50% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (48%).

69% of RIDDOR incidents were reported to the HSE within the appropriate timescale. This is due to late reporting to the health and safety team.

In April 2020, one RIDDOR was reported:

Over 7 days (1)

- The Injured Person (IP) was filling a water bottle with hot water for a patient. The bottle fell out of the IP's hand and the water splashed out onto their arm causing their skin to burn. The IP attended the Emergency Department and the burn was treated. The IP was subsequently off work for over 7 days.

Author(s): Christine Rowland

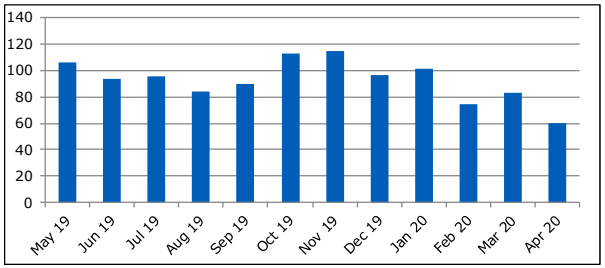
Owner(s):

Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Saftey

No. of health and safety incidents affecting staff:

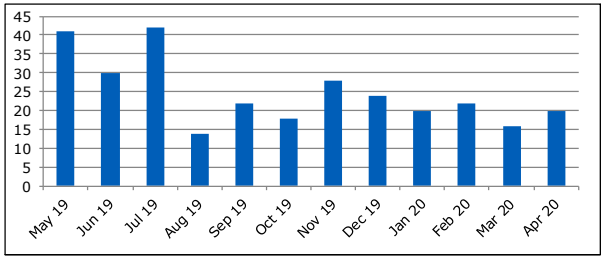


	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Total
Accident	14	8	17	19	20	22	26	17	18	13	12	8	**194**
Blood/bodily fluid exposure (dirty sharps/splashes)	21	23	26	16	17	21	28	30	23	23	26	21	**275**
Environmental Issues	7	7	11	8	7	13	8	6	9	10	12	5	**103**
Moving and Handling	26	18	6	7	8	16	5	5	5	5	2	0	**103**
Sharps (clean sharps/incorrect disposal & use)	9	6	8	4	6	10	6	9	10	2	7	3	**80**
Slips, Trips, Falls	4	8	3	7	8	10	13	3	8	2	4	3	**73**
Violence & Aggression	23	23	19	20	21	19	27	25	27	17	18	19	**258**
Work-related ill-health	2	1	5	3	3	2	2	1	1	2	2	1	**25**
Total	**106**	**94**	**95**	**84**	**90**	**113**	**115**	**96**	**101**	**74**	**83**	**60**	**1111**

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

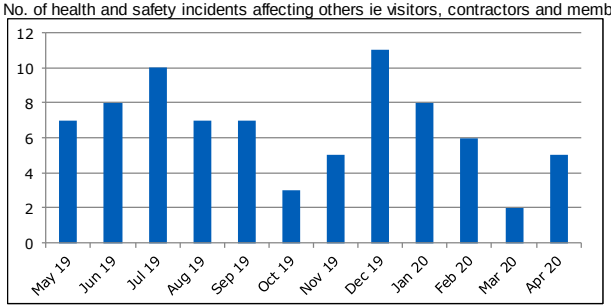
	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Total
No. of health & safety incidents	106	94	95	84	90	113	115	96	101	74	83	60	**1111**
Staff incident rate per month/year	1.0	0.9	0.9	0.8	0.8	1.0	1.0	0.9	0.9	0.7	0.8	0.5	**10.1**

No. of health and safety incidents affecting patients:



	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Total
Accident	15	11	10	7	9	6	13	6	4	5	2	4	**92**
Blood/bodily fluid exposure (dirty sharps/splashes)	1	1	2	0	0	0	1	1	2	1	2	1	**12**
Environmental Issues	8	2	15	3	2	3	1	5	3	6	5	0	**53**
Equipment / Device - Non Medical	1	1	2	0	1	1	1	3	0	4	1	0	**15**
Moving and Handling	0	0	0	0	0	0	3	2	2	2	0	0	**9**
Sharps (clean sharps/incorrect disposal & use)	1	4	1	0	0	2	2	1	1	1	0	0	**13**
Violence & Aggression	15	11	12	4	10	6	7	6	8	3	6	15	**103**
Total	**41**	**30**	**42**	**14**	**22**	**18**	**28**	**24**	**20**	**22**	**16**	**20**	**297**

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



	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	Total
Accident	1	2	2	3	0	1	0	6	3	3	0	4	**25**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	0	0	0	0	0	0	0	1	0	0	**1**
Environmental Issues	1	1	3	1	0	0	0	0	1	0	2	0	**9**
Sharps (clean sharps/incorrect disposal & use)	0	1	2	0	0	0	0	0	0	0	0	0	**3**
Slips, Trips, Falls	3	0	0	1	5	1	4	2	1	2	0	0	**19**
Violence & Aggression	2	4	3	2	2	1	1	3	3	0	0	1	**22**
Total	**7**	**8**	**10**	**7**	**7**	**3**	**5**	**11**	**8**	**6**	**2**	**5**	**79**

Author(s): Christine Rowland

Owner(s):