Board of Directors

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 10 May 2023

Agenda item	9
Title	Integrated Report
Sponsoring executive director	Chief Operating Officer, Chief Nurse, Medical Director, Director of Workforce, Chief Finance Officer
Author(s)	As above
Purpose	To update the Board of Directors on performance during March 2023.
Previously considered by	Performance Committee, 3 May 2023

Executive Summary
The Integrated Performance Report provides details of performance to the end of March 2023 across quality, access standards, workforce and finance. It provides a breakdown where applicable of performance by clinical division and corporate directorate and summarises key actions being taken to recover or improve performance in these areas.

Related Trust objectives	All objectives
Risk and Assurance	The report provides assurance on performance during Month 10.
Related Assurance Framework Entries	BAF ref: 001, 002, 004, 007, 011
Legal implications/Regulatory requirements	n/a
How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	n/a

Action required by the Board of Directors
The Board is asked to note the Integrated Performance Report for March 2023.




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Integrated Report

Quality, Performance, Finance and Workforce to end March 2023

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

Key

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Key

Key

Data variation indicators


Normal variance - all points within control limits


Negative special cause variation above the mean


Negative special cause variation below the mean


Positive special cause variation above the mean


Positive special cause variation below the mean

Rule trigger indicators

SP	One or more data points outside the control limits
R7	Run of 7 consecutive points; H = increasing, L = decreasing
S7	shift of 7 consecutive points above or below the mean; H = above, L = below

Target status indicators


Target has been and statistically is consistently likely to be achieved


Target failed and statistically will consistently not be achieved


Target falls within control limits and will achieve and fail at random

Executive Summary

Owner(s): Nicola Ayton, Mike Keech, Ashley Shaw, Lorraine Szeremeta, David Wherrett

Quality Account Measures

NHS Cambridge University Hospitals NHS Foundation Trust

2022/23 Performance Framework

2022/23 Quality Account Measures				Jan 23	Feb 23	Mar 23				
Domain	Indicator	Data to	Target	Previous Month-1	Previous Month	Current status	Trend	FYtD	Baseline	LTM
Safe	Average % compliance with individual elements of NEWS2 escalation policy	Mar-23	85%	39%	66%	61%	⇩	57.3%	50.0%	57.3%
	% of patients over 65 years of age who have a lying and standing blood pressure completed within 48 hours of admission	Mar-23	50%	16.5%	15.1%	16.2%	⇧	14.9%	13.4%	14.9%
	% of patients who have a VTE risk assessment undertaken within 14 hours of admission	Mar-23	95%	95.3%	95.5%	95.5%	⇔	95.3%	N/A	95.3%
	Average % compliance with blood cultures within 60 minutes of Sepsis diagnosis (Inpatient)	Mar-23	95%	100.0%	100.0%	90.9%	⇩	87.1%	70.0%	87.1%
Patient Experience / Caring	Healthcare Inequality: Percentage of patients in calendar month where ethnicity data is **not recorded** on EPIC CheQs demographics report (Ethnicity Summary by Patient)	Mar-23	7%	10.5%	10.9%	9.7%	⇩	10.5%	14.0%	10.5%
	Publication of actions and improvements undertaken as a result of feedback received from patients and their representatives	Feb-23	90%	83.0%	91.3%	N/A	▪	N/A	50.0%	N/A
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Mar-23	20%	16.2%	15.6%	15.2%	⇩	16.2%	15.3%	16.2%
	Percentage of in-patient discharges on a Saturday and Sunday compared to the rest of the week (calculated as the average daily discharges on Sat/Sun divided into the average daily discharges Mon-Fri). Excludes day cases. 80% (of weekday rate) **Additional Filters Simple Discharges, G&A etc**	Mar-23	80%	80.9%	74.4%	70.7%	⇩	75.8%	74.0%	75.8%
	Same day emergency care (SDEC)	Mar-23	30%	23.0%	22.5%	17.8%	⇩	19.1%	22.0%	19.1%
	Quarterly			Jun 22	Sep 22	Dec 22				
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Dec-22	55%	N/A	29.2%	27.0%	⇩	27.3%	29.2%	27.3%
Staff Experience / Well-led	Band 5 Nurse vacancy rates (Clinical Divisions)	Dec-22	5.0%	7.0%	7.4%	8.4%	⇧	7.6%	12.0%	N/A
	Annual			2016	2017	2018				
	I feel secure about raising concerns re unsafe clinical practice within the organisation		78.0%	75.0%	73.0%	74.0%	⇧		75.0%	

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

2022/23 Performance Framework

Performance Framework - Quality Indicators				Jan 23	Feb 23	Mar 23				
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)	Mar-23	0	0	0	0	⇔	3	4	3
	E.Coli Bacteraemias (Total Cases)	Mar-23	50% over 3 years	37	24	33	⇧	401	384	401
	C. difficile Infection (hospital onset and COHA* avoidable)	Mar-23	TBC	5	6	9	⇧	129	123	129
	Hand Hygiene Compliance	Mar-23	TBC	94.1%	94.2%	94.7%	⇧	96.4%	97.5%	96.4%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Mar-23	100%	100.0%	100.0%	100.0%	⇔	91.3%	33.8%	91.3%
	% of external visits where expected deadline was met (cumulative for current financial year)	Mar-23	80%	N/A	N/A	N/A	▪	44.4%	38.5%	44.4%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Mar-23	-	25.0%	66.7%	80.0%	⇧	51.0%	17.2%	51.0%
	No national audit negative outlier alert triggered	Mar-23	0	0	0	0	⇔	0	-	0
	85% of national audit's to achieve a status of better, same or met against standards over the audit year	Feb-23	85%	N/A	80.0%	N/A	▪	68.8%	84.6%	68.8%
Nursing Quality Metrics	Blood Administration Patient Scanning	Mar-23	90%	99.8%	99.7%	99.7%	⇧	99.6%	99.1%	99.6%
	Care Plan Notes	Mar-23	90%	96.5%	96.2%	95.7%	⇩	96.4%	95.8%	96.4%
	Care Plan Presence	Mar-23	90%	99.7%	99.4%	99.7%	⇧	99.8%	99.6%	99.8%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Mar-23	90%	70.6%	72.9%	72.0%	⇩	73.1%	69.0%	73.1%
	Nurse Rounding	Mar-23	90%	99.3%	99.3%	99.1%	⇩	99.3%	84.8%	99.3%
	Nutrition Screening	Mar-23	90%	72.8%	72.1%	73.4%	⇧	74.0%	96.5%	74.0%
	Pain Score	Mar-23	90%	82.1%	83.2%	84.3%	⇧	84.6%	95.0%	84.6%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Mar-23	90%	63.8%	72.5%	73.5%	⇧	64.8%	85.9%	64.8%
	PEWS Score Recording	Mar-23	90%	99.4%	99.0%	99.1%	⇧	99.2%	83.1%	99.2%
	NEWS Score Recording	Mar-23	90%	97.4%	97.3%	97.6%	⇧	97.3%	94.7%	97.3%
	VIP									
	VIP Score Recording (1 per day)	Mar-23	90%	84.0%	84.8%	86.6%	⇧	86.8%	88.9%	86.8%
	PIP Score Recording (1 per day)	Mar-23	90%	92.4%	83.1%	87.7%	⇧	89.1%	86.7%	89.1%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	N/A	N/A	N/A	▪	N/A	N/A	N/A
	Number of overdue complaints	Mar-23	0	30	42	16	⇩	172	29	172
	Re-opened complaints (non PHSO)	Mar-23	N/A	1	0	2	⇩	18	74	18
	Re-opened complaints (PHSO)	Mar-23	N/A	0	0	0	⇔	2	4	2
				Jan 23	Feb 23	Mar 23				
	Number of medium/high level complaints	Mar-23	N/A	29	22	20	⇩	257	244	257

Operational Performance

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Operational Performance

POD	Performance Standards	SPC	Target	Target due by	Internal Target	In Month Actual	Actual
Urgent & Emergency Care More information on page 15	Ambulance handovers <15mins		65%	Immediate		53%	
	Ambulance handovers <30mins		95%	Immediate		88%	
	Ambulance handovers > 60mins	L	0	Immediate		4%	
	12hr waits in ED (type 1)	H	2%	Immediate	2%	12%	
Cancer More information on pages 17,18	Cancer patients < 62 days	L	85%	Immediate		62.6%	
	28 day faster diagnosis standard		75%	Immediate	83.3%	85.9%	
	31 day decision to first treatment	L	96%	Immediate		88%	
Outpatient Transformation More information on page 21	Advice and Guidance Requests		16%	Mar-23	16%	10.6%	
	Patients moved / discharged to PIFU	H	5%	Mar-23	5.3%	2.7%	
Diagnostics More information on page 19	Patients waiting > 6 weeks	L	5%	Mar-24		34%	
RTT Waiting List More information on page 16	RTT Patients waiting > 78 weeks	L	0	Mar-23	-	100	
	RTT Patients waiting > 104 weeks	L	0	Jul-22	-	2	

Productivity and Efficiency	SPC	In Month Actual	Actual
Non-elective LoS (days, excl 0 LoS)	H	9.0	
Long stay patients (>21 LoS)	L	213	
Elective LoS (days, excl 0 LoS)		5.4	
Discharges before noon	H	15%	
Theatre sessions used		676	
In session theatre utilisation	H	84.8%	
Virtual Outpatient Attendances	L	20.6%	

	Mar-23	Feb-23	% change	Feb-20	% change
Outpatients - New	32,259	29,740	↑8%	28,700	↑12%
Diagnostics - Total WL	13,260	12,570	↑5%	8,708	↑52%
RTT Pathways - Total WL	60,308	59,032	↑2%	34,097	↑77%
Cancer (62d pathway) >62d	118	114	↑4%	56	↑111%

Surgical Prioritisation - WL	Mar-23	Feb-23	% change
P2 (4 weeks) Including planned	2,530	2,487	↑2%
P3 (3 months)	5,751	5,698	↑1%
P4	3,444	3,463	↓1%

Key / notes

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

SPC variances calculated from rolling previous 12 months

Author(s): James Hennessey

Owner(s): Nicola Ayton

Acute Priorities Delivery

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Elective Inpatient Activity

118%	In Month Actual
140%	In Month Plan
90%	YTD Actual
82%	YTD Plan

Elective Daycase Activity

129%	In Month Actual
135%	In Month Plan
103%	YTD Actual
103%	YTD Plan

Emergency Admissions

106%	In Month Actual
119%	In Month Plan
84%	YTD Actual
96%	YTD Plan

New Outpatient Activity

89%	In Month Actual
84%	In Month Plan
101%	YTD Actual
98%	YTD Plan

Follow Up Outpatient Activity

113%	In Month Actual
119%	In Month Plan
109%	YTD Actual
121%	YTD Plan

Diagnostic activity (national planning submission)

132%	In Month Actual
171%	In Month Plan
111%	YTD Actual
131%	YTD Plan

RTT Clockstops (All)

110%	In Month Actual
116%	In Month Plan
93%	YTD Actual
102%	YTD Plan

RTT Clockstops (Admitted)

135%	In Month Actual
156%	In Month Plan
87%	YTD Actual
92%	YTD Plan

RTT Clockstops (Non admitted)

105%	In Month Actual
108%	In Month Plan
95%	YTD Actual
104%	YTD Plan

Serious Incidents

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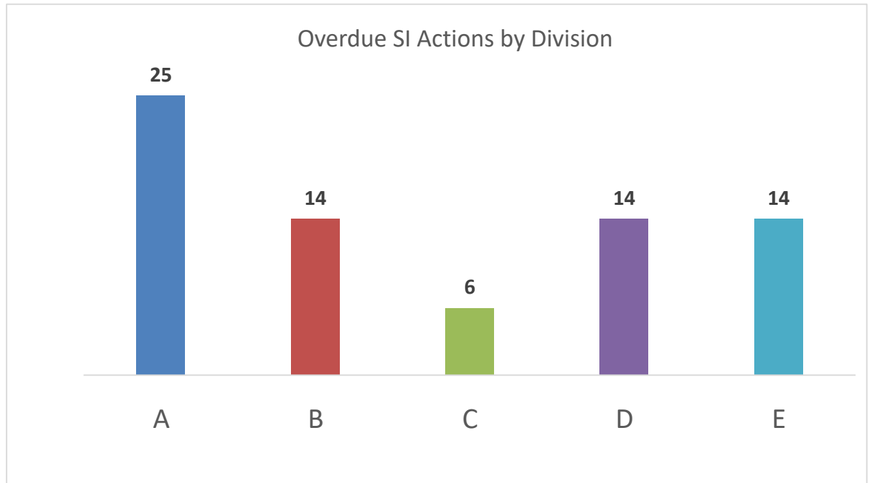
Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Jul 18 - Mar 23	month	-	1515	1434		-		Currently within normal variance
Percentage of moderate and above patient safety incidents	Jul 19 - Mar 23	month	≤ 2%	3.6%	2.0%		-		This returned to normal variance in January, after upward shift between July 2022 - January 2023.
All Serious Incidents	Apr 18 - Mar 23	month	-	7	5		-		Currently within normal variance.
Serious Incidents submitted to ICB within 60 working days (or agreed extension)	Apr 18 - Mar 23	month	100%	13%	61%		-		Not meeting performance target - normal variance.

Ref	SI Title	STEIS SI Sub categories	Actual Impact	Division	Ward / Department
SLR157504	Unstageable PU to sacrum	Pressure Ulcer	Severe/Major	Division A	Theatres
SLR161169	Delay in diagnosis of metastatic renal cancer	Diagnostic incident including delay	Moderate	Division B	Urology
SLR159617	Diagnosis of a paediatric spinal tumour	Diagnostic incident including delay	Severe/Major	Division E	Paediatrics
SLR157148	Delay in management of unwell Vascular patient	Treatment delay	Severe/Major	Division D	Vascular Ward M5
SLR159228	Delay in treatment for renal cancer	Treatment delay	Severe/Major	Division B	Urology
SLR160271	Delayed treatment in Neurosurgery	Diagnostic incident including delay	Severe/Major	Division D	Neurosurgery Clinic 43
SLR161660	Death in ED waiting room	Treatment delay	No harm	Division C	Emergency Department



Executive Summary:

In March 2023: 1/8 SI reports, that were due in March, were submitted to the ICS within the timeframe. This gives a compliance rate of 13%. Although submission of reports was not to the timeframes expected, 6 completed SI Reports were submitted in month. 1 case was also retracted as an SI.

Resources for investigating have been limited due to competing clinical and operational priorities and resources within the central patient safety team. This is impacting compliance with the 60 day target for submissions. Additional interim staff have/are being resourced to support with investigations.

Percentage of moderate and above patient safety incidents is 3.7% in March; there is statistically significant increase in patient safety incidents of moderate harm.

There are currently 73 overdue Serious Incident Actions : 34% (25) of which are in Division A.

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Author(s): Olive Freeman

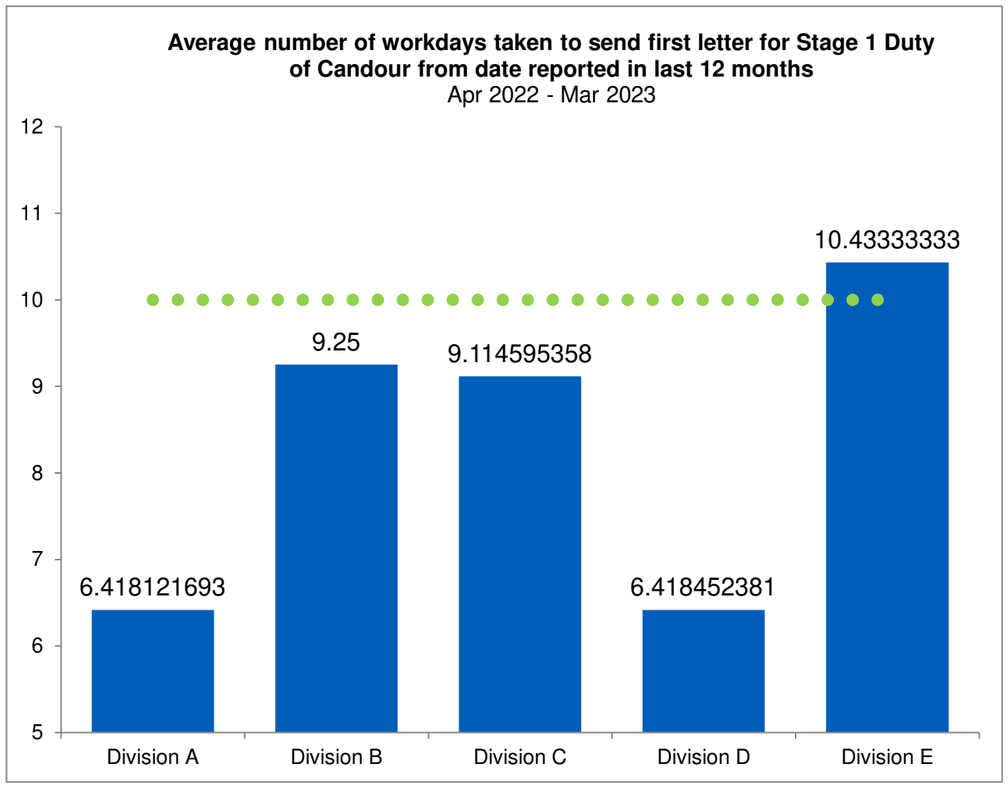
Owner(s): Oyejumoke Okubadejo

Duty of Candour

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Apr 20 - Mar 23	month	100%	**74%**	70%		-		Within normal variance and compliance target not reached.
Duty of Candour Stage 2 within 10 working days**	Apr 20 - Mar 23	month	100%	**63%**	66%		-		Within normal variance and compliance target not reached.



Executive Summary

Trust wide stage 1* DOC is compliant at 79% for all confirmed cases of moderate harm or above in March 2023. 74% of DOC Stage 1 was completed within the required timeframe of 10 working days in March 2023. The average number of days taken to send a first letter for stage 1 DOC in March 2023 was 3 working days.

Trust wide stage 2** DOC is compliant at 82% for all completed investigations into moderate or above harm in March 2023 and 63% DOC Stage 2 were completed within 10 working days.

All incidents of moderate harm and above have DOC undertaken. Compliance with the relevant timeframes for DoC is monitored via Divisional Governance.

Indicator definitions:
*Stage 1 is notifying the patient (or family) of the incident and sending of stage 1 letter, within 10 working days from date level of harm confirmed at SIERP or HAPU validation.
**Stage 2 is sharing of the relevant investigation findings (where the patient has requested this response), within 10 working days of the completion of the investigation report.

Falls

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	Apr 20 - Mar 23	month	-	167	147.47	H	SU8	-	There has been a statistically significant increase in the reported incidence of falls, with the last 8 consecutive months above the mean (July 2022- March 2023)
Inpatient falls per 1000 bed days	Apr 20 - Mar 23	month	-	4.42	4.57		-	-	Currently showing normal variance.
Moderate harm and above inpatient falls per 1000 bed days	Apr 20 - Mar 23	month	-	0.14%	0.11%			-	Currently showing normal variance. There were 5 falls in March 2023 ≥ moderate harm.
Falls risk screening compliance within 12 hours of admission	Apr 20 - Mar 23	month	90.0%	82.2%	85.7%			?	There is currently normal variance. The trust overall has not been complaint since June 2021
Falls KPI; patients 65 and over have a Lying and Standing Blood Pressure (LSBP) completed within 48hrs of admission	Apr 20 - Mar 23	month	90.0%	16.2%	12.3%	H	SP	F	There a higher single point in March 2023 (above the upper control limit 15.4%)
Falls KPI: patients 65 and over who have a cognitive impairment have an appropriate care plan in place	Apr 20 - Mar 23	month	90.0%	37.6%	17.9%	H		F	Whilst for the last 13 months the compliance score has been above the mean, compliance remains well below the goal.
Falls KPI: patients 65 and over requiring the use of a walking aid have access to one for their sole use	Apr 20 - Mar 23	month	90.0%	70.1%	74.4%			F	Since February 2021 the compliance score has been below the mean. An issue with understanding of this question has been identified; therefore changes to the question were made in January 2023 .

Executive Summary

There has been a statistically significant increase in the number of inpatient falls. When this is stratified by falls per 1000 bed days and by admissions, data are within normal variance.
The number of falls graded as moderate harm and above has increased in number but not when stratified by 1,000 bed days.

It has been identified, via the Falls Champions monthly reports, that some areas have achieved a significant improvement in completion of LSBP. A review of these areas has been undertaken to identify how this has been achieved and a combination of measures that have been identified is being fed into the Falls Champions work.
New CUH specific confusion care plans have been developed and are in the EPIC build phase. There is an expected go live of May 2023
An EPIC change request has been submitted to develop a multifactorial, multidisciplinary falls tab. This will allow for easier assessment, treatment and care planning for patients using a multidisciplinary approach.
A thematic review of falls that met the serious incident criteria has being undertaken in collaboration with the Integrated Care System (ICS). The conclusion of this review will be triangulated with the existing Falls Quality Improvement plan and any appropriate changes will be made.
Changes to the incident report for falls on QSIS have been made to capture post falls care and staffing issues. The monthly falls report will be updated to capture and review this data from April 2023.
The Falls QI plan is currently being reviewed.
There are plans to expand the inpatient falls team from the current Lead Falls Prevention Specialist, to a team of 3 plus some Consultant time.

Author(s): Debbie Quartermaine Owner(s): Oyejumoke Okubadejo

Hospital Acquired Pressure Ulcers (HAPUs)

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All HAPUs by date of occurrence	Feb 18 - Mar 23	month	-	41	24	H	SU9	-	There is a statistically significant increase in HAPUs with the last consecutive 9 months being above the mean - upward shift. This is mirrored in the data for all HAPUs per 1,000 bed days.
Category 2 hospital-acquired pressure ulcers	Feb 18 - Mar 23	month	-	23	10		-	-	There was a statistically single high data point in March - 23 is above the upper control limit of 21.6.
Category Suspected Deep Tissue Injury HAPUs by date of occurrence	Feb 18 - Mar 23	month	-	6	3	H	SU10	-	There is a statistically significant increase in HAPUs with the last consecutive 10 months being above the mean - upward shift.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Mar 23	month	90%	75%	80%		Point	F	There is a statistically significant downward shirt in compliance in the last 10 months.. We have not been compliant with this metric in the last 3 years.

Exec Summary

The increase in HAPUs is being driven by an increase in the category of Suspected deep tissue injury and Category 2
HAPU incidents in March 2023: category 1 = 10; category 2 = 23; suspected deep tissue injury=6; Unstageable =2

QI Plan update:

Face to face Tissue Viability training sessions are covering CSSIP, QPOs, ward-based teaching and preceptorship sessions.
'Pressure Ulcer Prevention' is again an crucial theme for the TV Champions Study Day on 18th May 2023.
'Train the trainers' is highlighted in the study day to empower the TV Champions and Practice Development Nurses to start leading teachings on Pressure Ulcer Prevention in clinical areas.
External speaker (Senior Lecturer Advanced Practice at ARU) is working very closely with the TV team to standardise teaching sessions and support the delivery of the sessions.
A new Band 6 TVN within the Emergency Department has been appointed to reinforce Pressure Ulcer Prevention care plan at the beginning of patients' hospital journey.
The Epic Change Request for identifying accurate body location for skin inspections is now live.
The second Epic Change Request for redesigning the Wound Assessment LDAs is currently underway.
The up-to-date Tissue Viability folders have been delivered to the majority of clinical wards, relevant outpatient clinics and departments.
The work in partnership with the Institute Health Improvement (IHI) and the Transformation team to prevent HAPUs has commenced.
The plan to resume the Tissue Viability Improvement Steering Group meeting is currently underway.
The discussion regarding being involved in CQUIN 12 (Assessment and documentation of pressure ulcer risk) is currently underway.

Sepsis

NHS Cambridge University Hospitals NHS Foundation Trust

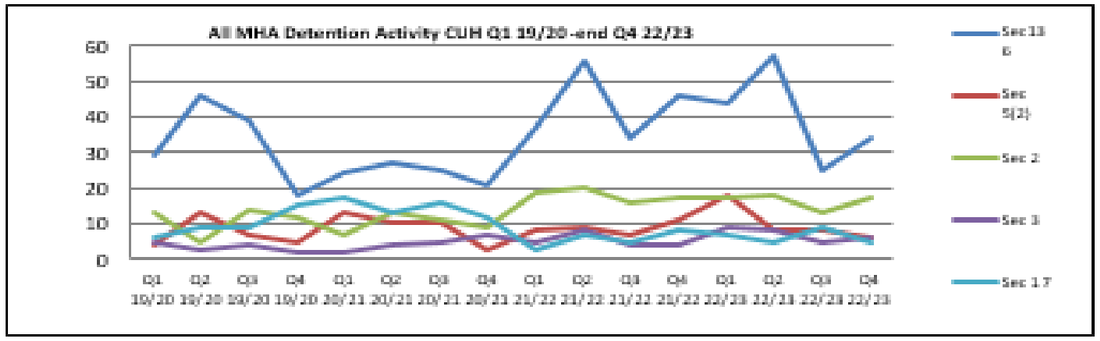
Safety and Clinical Quality

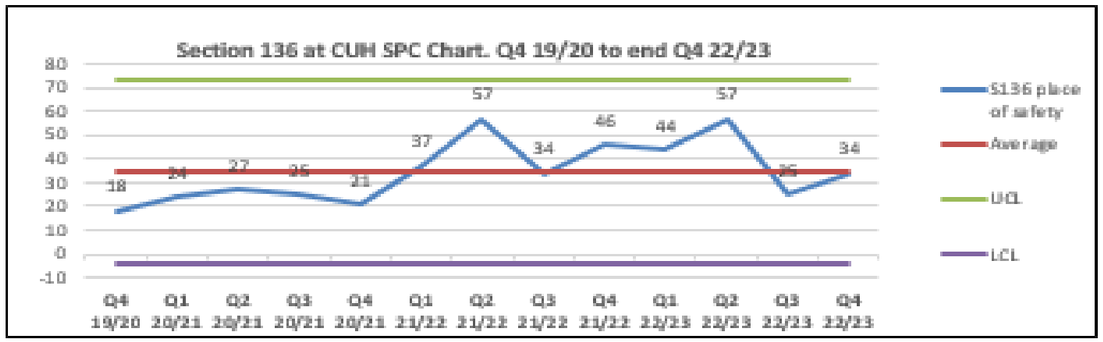
Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Mar-23	Monthly	95%	67%	55%		-	F	Elements of the sepsis 6 bundle that have impacted on the overall compliance for March 23 are antibiotic administration within an hour of triggering sepsis (87%), this is an improvement from Dec 22 and Jan 23, and blood cultures (87%), again an improvement from between Dec 22 (47%) and Feb 23 (67%)
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - Emergency Department	Mar-23	Monthly	95%	87%	72%		-	?	The average time between paqtient triggering sepsis (NEWS 2 of 5 and above) and prescription of antibiotics was 18 mins in March 23. In 73% of audits antibiotics were prescribed within 30 mins of the patient triggering sepsis
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient **triggers** Sepsis (NEWS 5>)- Inpatient wards	Mar-23	Monthly	95%	73%	30%		-	?	In 81% of audits the timeframe between a patient triggering sepsis and being diagnosed was less than 60 mins
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Inpatient wards	Mar-23	Monthly	95%	91%	67%			?	The time between patient triggering sepsis (NEWS 2 of 5 and above) and prescription of antibiotics was less than 15 mins in 36% of audits, in two audits significant delays were seen and it was not clear in Epic as to why this may have been.
Antibiotics administered within 60 mins of patient being **diagnosed** with Sepsis - Emergency Department	Mar-23	Monthly	95%	93%	91%		-	?	Average door to needle time for March 23 was 63mins, thisis a reduction in delay of 55 mins in Feb 23 a a decrease in Jan 23. The average time between antibiotic prescription and administration was 34 mins. In 60% of audits antibiotics were administered within 30 mins of prescription. The average prescription and administration time of antibiotics together was 52 mins for March 23.
Antibiotics administered within 60 mins of patient being **diagnosed** with Sepsis - Inpatient wards	Mar-23	Monthly	95%	82%	70%		-	?	

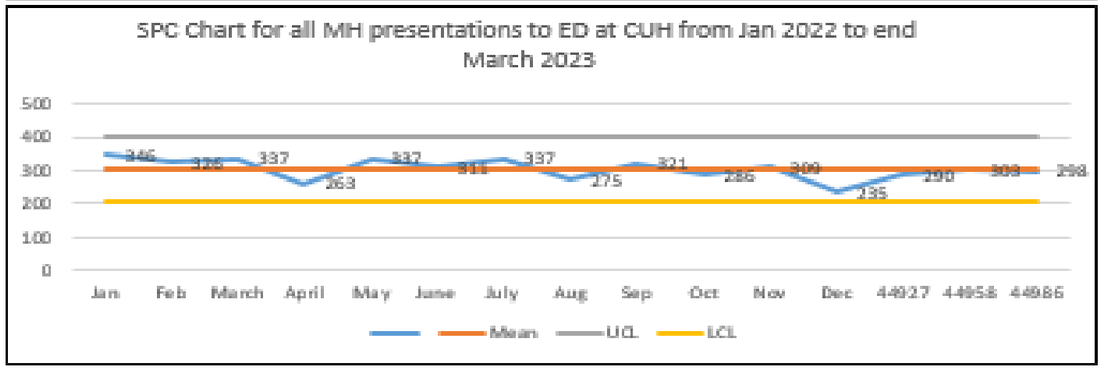
Mental Health - Q4 2022/23 (March)

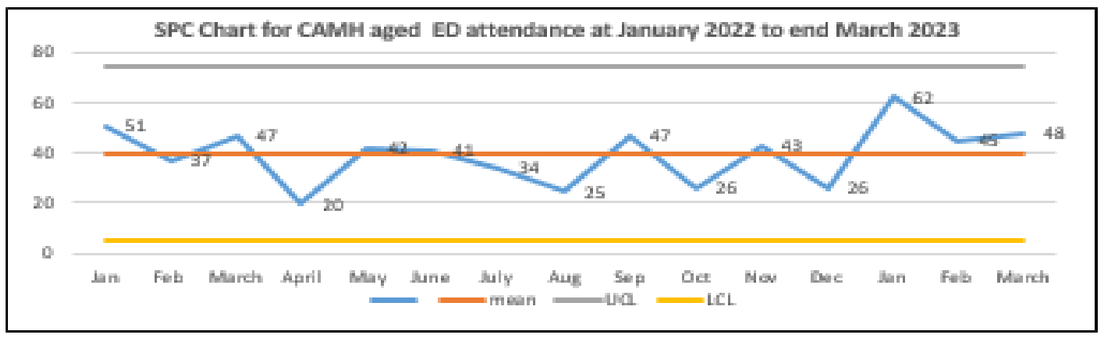
NHS Cambridge University Hospitals NHS Foundation Trust

Mental Health









Narrative

- Data has been adjusted from previous reports to reflect financial years rather than calendar years
- The numbers of inpatients detained to CUH under the Mental Health Act levelled out in Q4 following a fall in Q3 22/23. The total number detained was 13.3% higher than in Q3 but remains lower than Q2 (historically a busier month)
- Following the significant reduction in Section 136 detentions to CUH in Q3 2022/23 levels have increased in Q4 to close to the mean number of attendances since Q4 19/20. The number of patients brought to CUH under Sec 136 when the 136 suite at Fulbourn is full is increasing year on year (75 in 22/23 against 36 in 2018/19)
- The cumulative number of mental health presentations to ED in the period April '22 to end March '23 (3565) is 16.4% lower than for the same period 2019/20 (pre-pandemic) ,7% higher 20/21 and 4% lower than for the same period last year
- The number of individual presentions to the ED at CUH with a mental health need in March '23 (298) is 4.4% higher than in February 2023 (303).
- The number of *adults* presenting to ED in March '23 (250) is only a slight decrease on january '23 (258) .
- The *cumulative* no of adults presenting at ED for MH reasons who were subsequently admitted to CUH in the period April '22 -end March '23 shows a 21% decrease (383 admissions) in comparison to the same period April - end March 21/22 (483 admissions).
- Compared with February '23, (45), there was only a slight increase in CAMH aged patients presenting in ED in March '23 (48). Of these, 48% were subsequently admitted to a bed at CUH (23). It is unclear how many individuals this represents or whether they were admitted with medical need or were awaiting either MH assessment or placement.
- Of those 23 CAMH aged patients admitted to CUH in March, 21 presented with thoughts of self harm or suicide
- For CAMH aged patients, the cumulative number of those admitted to a CUH bed from ED over the year April -end March 2021/22 (200) is stable over this same period 2022/2023 (187). Although the numbers of those eligible for CAMH services presenting at ED is very much smaller than for adults, the conversion rate to admission is consistently higher e.g. In march Q4 2022/23 50%% of CAMH attendances converted to admission compared to 14.4% of adult attendances.

Ongoing work:

- The MH Lead has taken up post in March 2023
- The MH team are currently looking into quality and safety around the use of private ambulance services for secure transfers.
- MH Lead has been liaising with leadership from divisions, intel gathering around sense of strategy priorities for MH in their areas.
- MH Lead and Interim Associate Director of Patient Flow will be working together to explore and create escalation process to facilitate timely discharge to appropriate MH beds.
- MH Lead and DCoN will be engaging in ICB arranged workshops, April, scoping the MHA pathway across the system with ICS partners with a view to defining responsibilities, improvement and development.

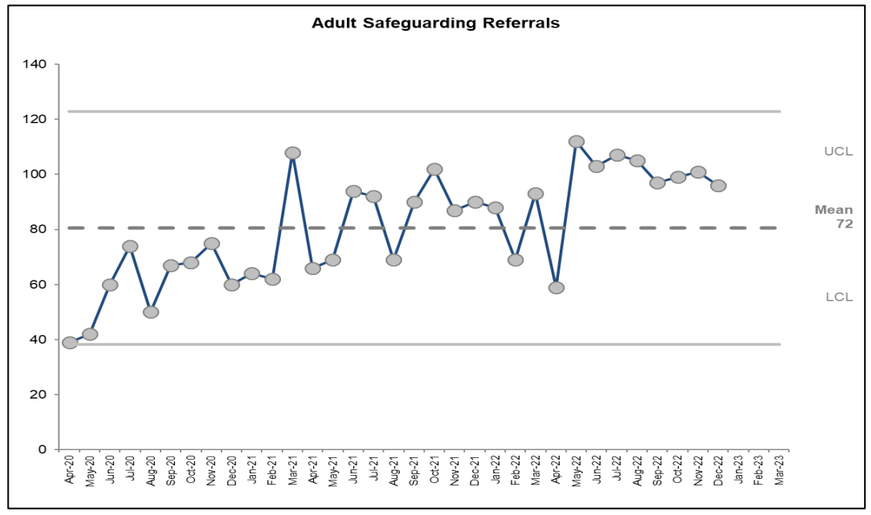
Safeguarding

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

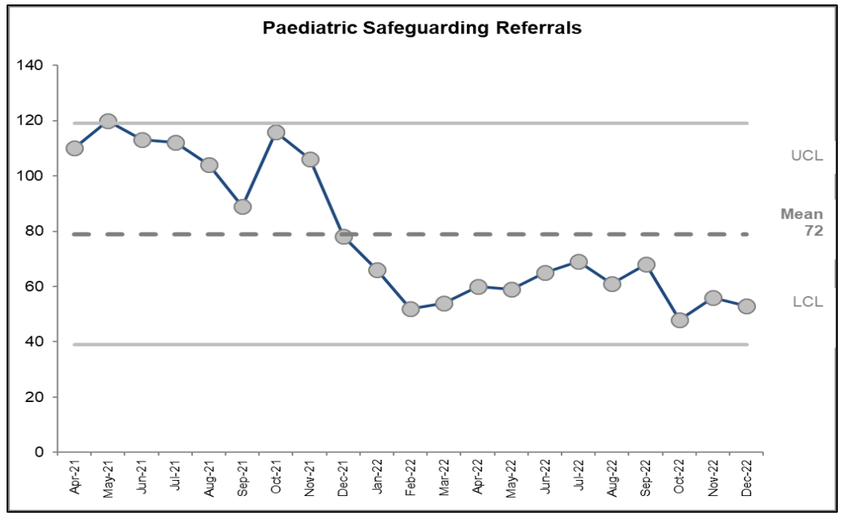
Adult Safeguarding

Referrals to the safeguarding team have continued to increase year on year. There has been a 6% increase in referrals in Q3 22/23 compared to the same time period in 21/22. A total of 206 referrals were made to the Adult Safeguarding Team this quarter compared to 309 in Q2 (this figure does not include DOLs requests). 38% of the referrals received were safeguarding enquiries and of these 32% were forwarded to the relevant Local Authority for further investigation. The largest number of referrals relate to concerns of neglect or acts of omission (25%). 20% of referrals related to domestic abuse concerns which is a slight increase from 17% in Q2 22/23.



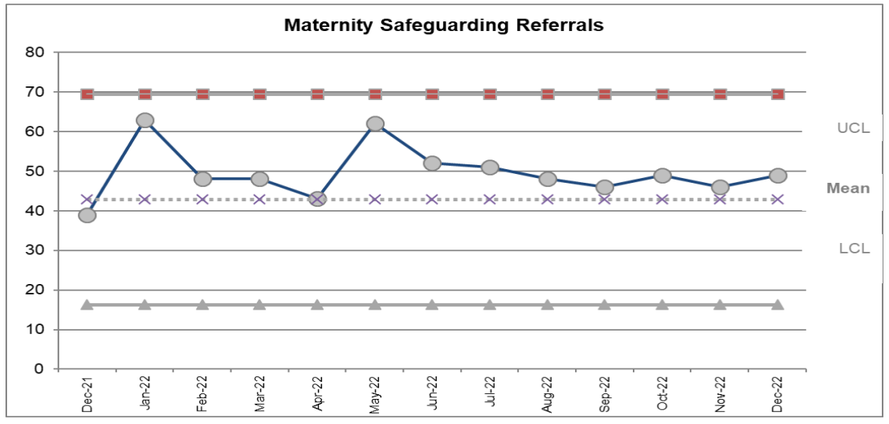
Children's Safeguarding

Referrals to the paediatric safeguarding team have continued to decrease this quarter with a 18.6% decrease in referrals from Q2 (22/23). There has been a 46.5% decrease compared to the same quarter last year. This could be linked to the pandemic where more families, children and young people were in crisis during lock downs resulting in an increase in referral numbers. Mental Health concerns continue to be the consistent theme dominating Children's social care referrals.



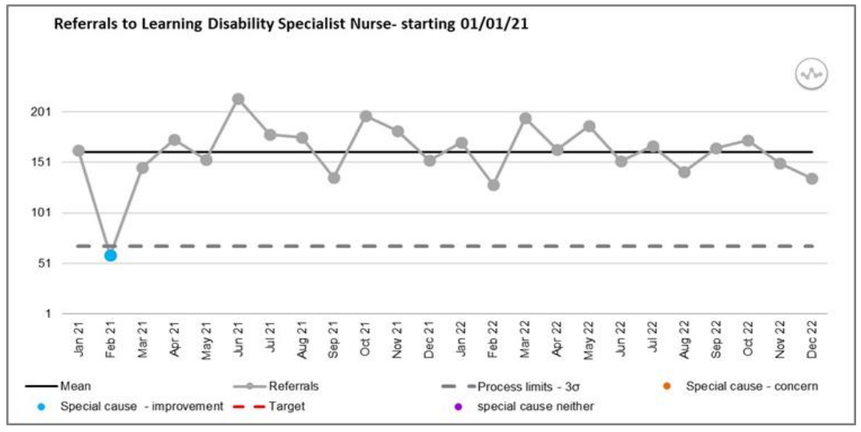
Maternity safeguarding

The number of referrals to the maternity safeguarding team has remained static this quarter, ranging between 46 and 52 referrals per month however it should be noted that there are 278 mothers with safeguarding concerns which require oversight, and in some cases, case-loading by the specialist Midwives to ensure there are plans to identify risk and make adequate plans to protect babies from harm. No babies were removed from parental care in Q3.



Learning disabilities

During Q3 there have been 458 referrals to the learning disability specialist nurse which is a 3% decrease from Q2 22/23 and a 16% decrease when comparing against Q3 2021. 7% (31) referrals were from external partners who alerted the LD specialist nurse prior to the patient being admitted/reviewed within the trust. 93% (427) of referrals were internal. The electronic flag within EPIC has improved the timeliness of these referrals.



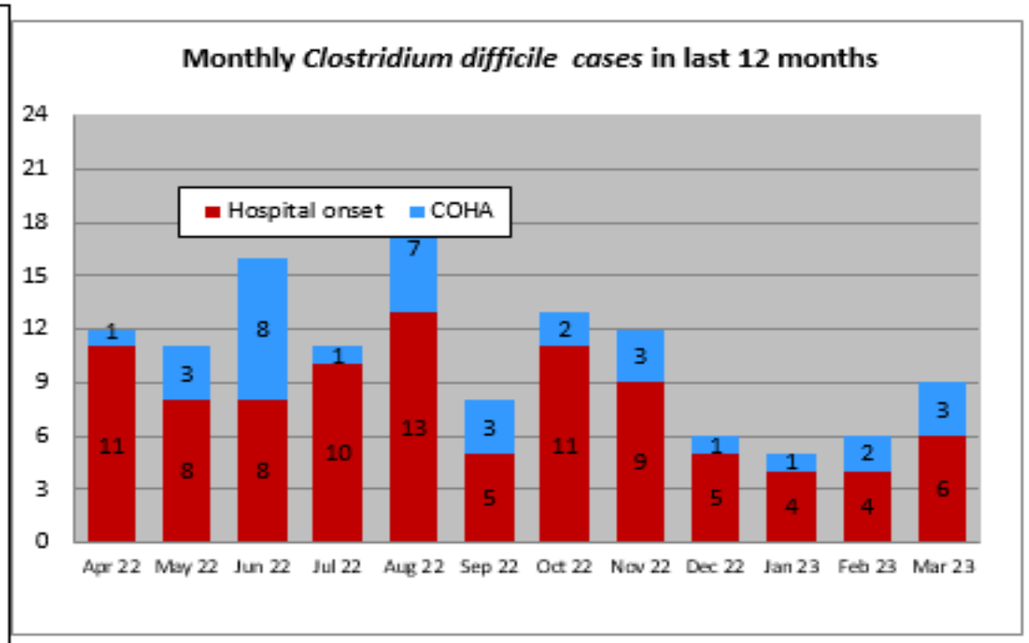
Author(s): Jenny Harris

Owner(s): Amanda Small

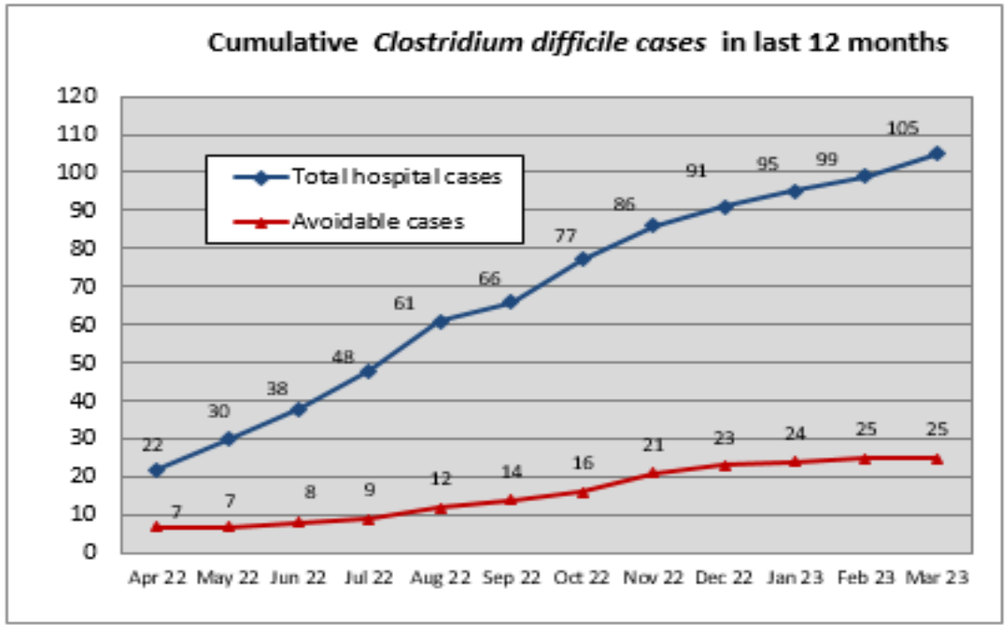
Together-Safe | Kind | Excellent

Infection Control

NHS
Cambridge University Hospitals
NHS Foundation Trust



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



CUH trend analysis

MRSA bacteraemia ceiling for 2022/23 is zero avoidable hospital acquired cases.

- No cases of hospital onset MRSA bacteraemia in March 2023
- 3 cases (2 unavoidable & 1 avoidable) hospital onset MRSA bacteraemia year to date

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

- 6 cases of hospital onset *C difficile* and 3 cases of COHA in March 2023.
- 94 hospital onset cases and 35 COHA cases year to date (96 cases unavoidable, 21 avoidable and 7 pending).

MRSA and C difficile key performance indicators

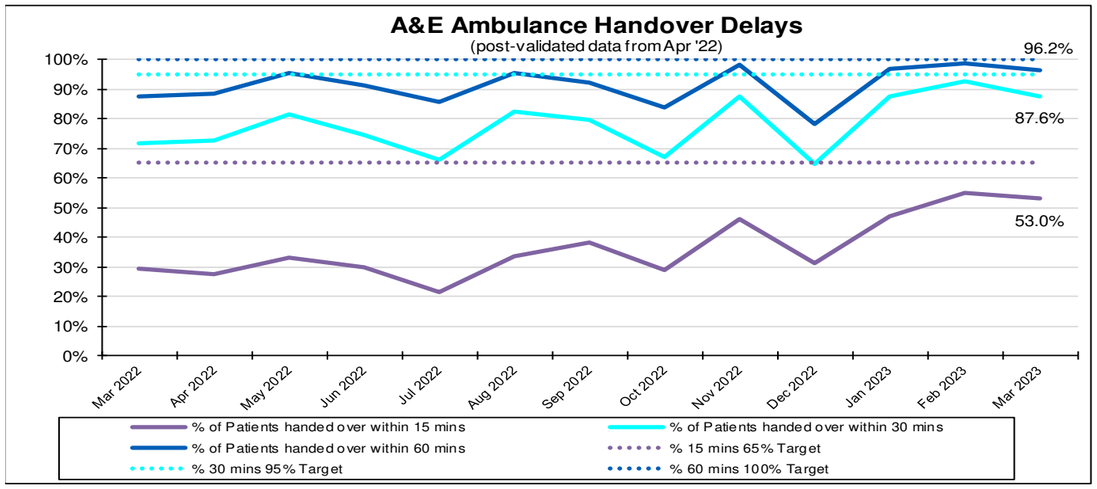
- Compliance with the MRSA care bundle (decolonisation) was 81.7% in February 2023 (86.1% in January 2023).
- The latest MRSA bacteraemia rate comparative data (12 months to February 2023) put the Trust 6th out of 10 in the Shelford Group of teaching hospitals.

- Compliance with the *C. difficile* care bundle was 91.6% in March 2023 (86.7% in February 2023).
- The latest *C. difficile* rate comparative data (12 months to March 2023) put the Trust 8th out of 10 in the Shelford Group of teaching hospitals.

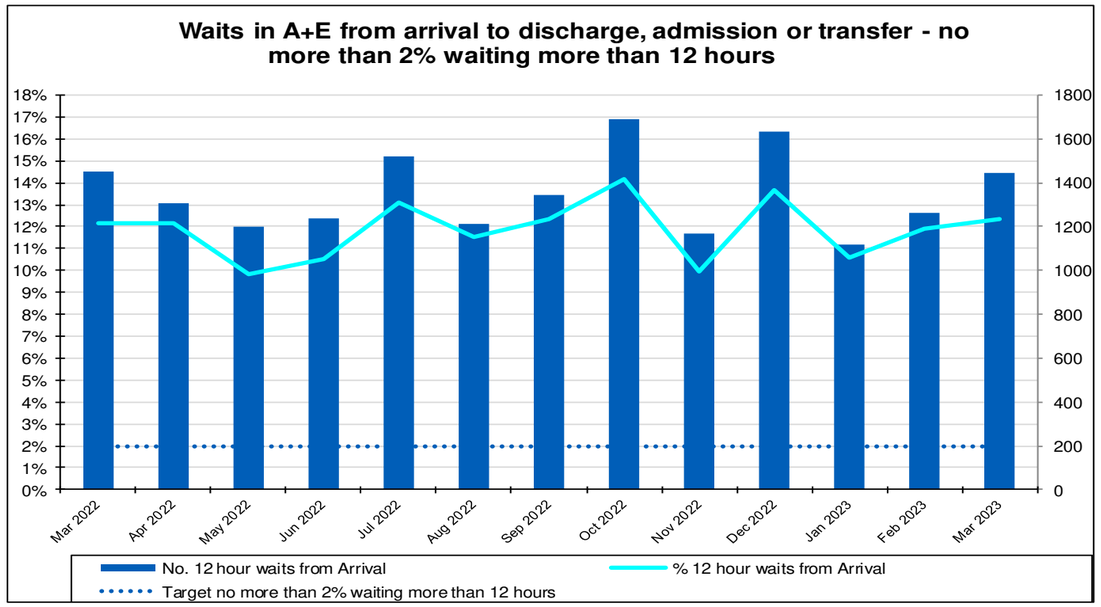
Amb. Handovers & 12 Hr Waits From

Cambridge University Hospitals NHS Foundation Trust

Operational Performance



	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
No. of Patients not handed over within 30 mins (Post-validation)	443	674	278	652	290	158	310
No. of Patients not handed over within 60 mins (Post-validation)	172	326	38	401	73	25	95



Demand:
- ED attendances in March were 11,721. This is 725 (6.5%) higher than March 2019, equivalent to an increase from 355 to 378 attendances per day
- This was driven by the net growth in paediatric attendances, which rose by 13.6% (+307) compared to March 2019 and adult attendances which rose by 397 (+4.5%) over the same period
- 1,449 patients had an ED journey time in excess of 12 hours compared to 10 in March 2019. This represents 12.4% of all attendances.

Streaming: To mitigate the increase in demand the ED has a dedicated clinician based at the front door and the ambulance bay to identify patients suitable for streaming to alternative locations:
- 367 patients were streamed from ED to our Medical Assessment Unit (MAU) and a further 306 patients to our Surgical Assessment Unit.
- 3,590 patients were streamed to the Urgent Treatment Centre (UTC), of which 1,753 patients were seen by a GP or ECP.

Ambulance handovers: In March 2023 we saw 2,497 conveyances to CUH which was a decrease of 12.4% (-353) compared to March 2019. Of these:
- 47.0% of handovers took place within 15mins vs. 62.6% in March 2019
- 87.6% of handovers took place within 30mins vs. 96.4% in March 2019
- 96.2% of handovers took place within 60mins vs. 99.8% in March 2019.

Overall:
March saw greater challenges to outflow from the department resulting from bed pressures. This drove a slight growth in waits >12hrs from 11.9% in February to 12.4% in March. Although ambulance offload performance decreased slightly in March compared to February, handovers >60mins of 96.2% were significantly higher than national performance of 89% and regional performance of 76%. The Trust also had higher 15min and 30min offload performance compared to the regional and national averages. The UEC Oversight Board continues to oversee actions to drive performance and formulate longer-term plans for improvement across our urgent and emergency care pathways. From 27th March the Trust began to measure 4hr performance internally, ahead of external reporting commencing on 1st May, and plans are currently focused on improving our performance against the standard. Current actions include a pilot of a new triage process from 1st May to increase streaming and an increase in nurse staffing in the UTC to support minors performance.

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

Overall fit test compliance for substantive staff

As of 11 April 2023

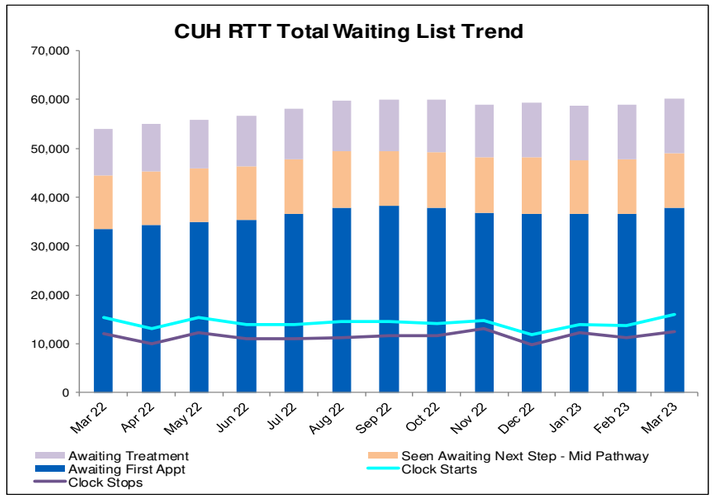
Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected
Additional Clinical Services	36	28	78%	228	109	48%	62	22	35%	128	66	52%	98	27	28%	83	36	43%	635	288	45%
Allied Health Professionals	-	-	-	58	13	22%	14	3	21%	1	0	0%	-	-	-	3	1	33%	76	17	22%
Estates and Ancillary (Porters and Security Personnel only)	85	52	61%	-	-	-	-	-	-	-	-	-	-	-	-	1	1	100%	86	53	62%
Medical and Dental	-	-	-	250	58	23%	-	-	-	185	72	39%	154	21	14%	217	55	25%	806	206	26%
Nursing and Midwifery Registered	-	-	-	638	397	62%	4	2	50%	264	141	53%	142	62	44%	375	180	48%	1423	782	55%
Total	121	80	66%	1174	577	49%	80	27	34%	578	279	48%	395	111	28%	679	273	40%	3027	1347	44%

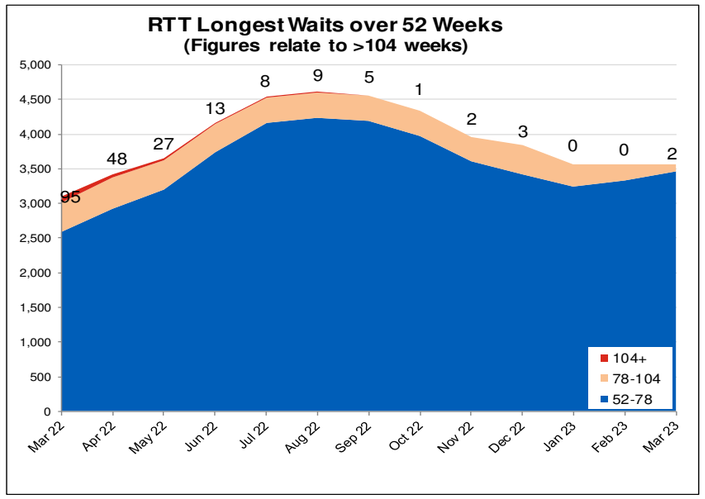
The data displayed as of 11/ 04/23. This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirest, student Nurses, AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place on a regular basis. These leads provide assurance on compliance and maintain fit test compliance records. Fit test compliance for Bank and Agency staff working in 'red' areas is checked at the start of each shift and those not tested to a mask in stock are offered fit testing and/or provided with a hood. Security and Access agency staff are not deployed to 'red' areas inline with local policy.

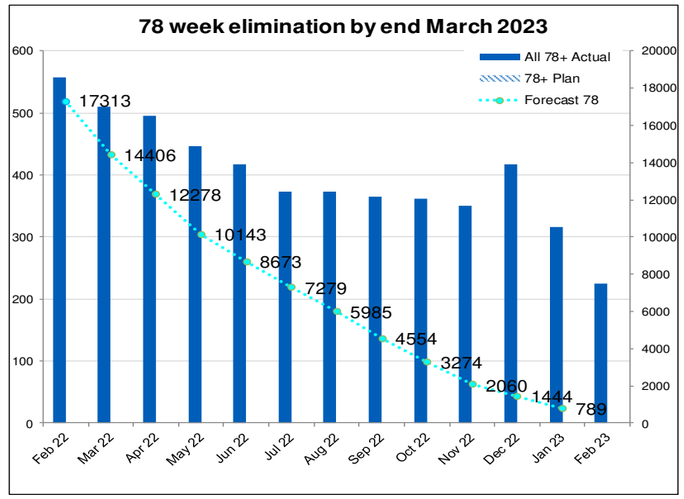
Referral To Treatment - (RTT)

Cambridge University Hospitals NHS Foundation Trust

National Targets







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

- eliminate waits over 104 weeks by 1st July 2022 and maintain this position throughout 2022/23 (except where patients choose to wait longer)
- eliminate waits over 78 weeks by April 2023

Summary of Year End 2022/23

- CUH reported two >104 week waits in March having eliminated them in the prior months. Neither were forecast as two year waits until identified through validation in April 2023. They are now treated.
- The year ended with 100 >78 week waits. At the start of the year the volume to treat to achieve this aim was 14,255. The Trust had remained on trajectory until 15th March. The efforts from teams to achieve this position has been considerable in the face of considerable disruption to normal service planning over the past four months.
- The reasons for exceeding split evenly between Patient Choice, Complex/Unfit and Capacity. Of the capacity breaches, 2/3rds had had planned dates in March but were cancelled either directly as a result of strike action or due to the cumulative impact requiring higher priority cases to be rescheduled. There were 522 less clock stops in March due to the lost activity from Industrial Action.
- ENT accounts for 27% of the patients over 78 weeks. No other service has more than 10.
- CUH was one of five Trust in EoE with > 100 78 week waits remaining at year end. The published National performance is not yet available. The National expectation now is to recover this aim in Q1.
- Over 52 week waits ended the year at 3,564 which was a growth of 147 in year. We treated just under 12,000 patients who had waited over a year during the course of 2022/23.
- The 92nd percentile waiting time at year end was 48 weeks.

- The year ended with a total waiting list size of 60,308. This was an increase of 12% across the year and 18.6% against our planning assumptions.
- The volume of clock starts were 3% higher than 2021/22 and 7% higher than the baseline year. This was 3.2% higher than the planning assumption.
- The volume of treatments were 4% higher than 2021/22 but 8% lower than the baseline year. This was 9% below the planning assumption with non-admitted treatments -9% and admitted -6%.
- Total removals including validation were 7% higher than 2021/22 and 3% higher than the baseline year. This reduced the variance to the planning assumption to - 3.7%.

Nationally the RTT waiting list increased again in February to 7.22 million , but with a reduction to with 5% of patients waiting over 52 weeks. This is a growth of 13% across the year to month 11. CUH in the same month dropped to 6% over 52 weeks, ranked 8th of the fourteen Acute Trusts in EoE. We rank 8th of ten amongst the Shelford Group with Birmingham the most challenged with 13.3% over 52 weeks. In terms of > 78 weeks, we rank 6th in the Shelford Group at 0.4%, with Sheffield and Newcastle in addition to Birmingham and Manchester having higher rates. The year end Shelford Group performance is yet to be released.

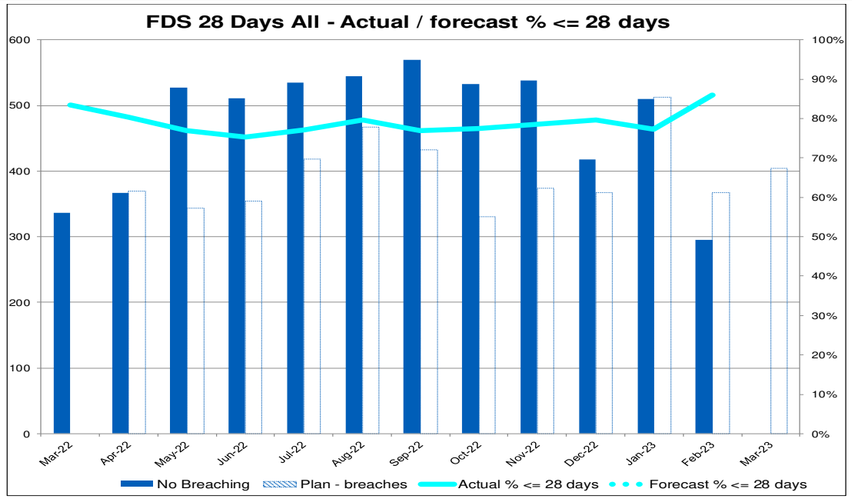
The aim for 2023/24 is to eliminate waits over 65 weeks by the end of the year. At the start of the year this is ~30,000 patients to be treated. 80% of this volume falls within 14 specialties, and 50% of their patients are currently waiting for their first appointment. There will be a high National focus on earlier delivery on the non-admitted cohort to support delivery of the year end objective.

Cancer

Cambridge University Hospitals NHS Foundation Trust

National Targets

Cancer Standards 22/23	Target	Qtr 4 - 21/22	Qtr 1 - 22/23	Qtr 2 - 22/23	Qtr 3 - 22/23	Jan-23	Feb-23
2Wk Wait (93%)	93%	78.9%	83.3%	75.2%	74.3%	82.9%	89.0%
2wk Wait SBR (93%)	93%	35.5%	55.1%	32.1%	18.4%	61.0%	90.4%
31 Day FDT (96%)	96%	94.3%	91.0%	89.9%	89.0%	74.9%	88.0%
31 Day Subs (Anti Cancer) (98%)	98%	100.0%	100.0%	99.7%	99.6%	100.0%	97.3%
31 Day Subs (Radiotherapy) (94%)	94%	93.7%	85.1%	88.2%	91.7%	95.4%	95.3%
31 Day Subs (Surgery) (94%)	94%	89.0%	82.9%	69.7%	76.9%	57.0%	61.0%
31 Day - Combined	**96%**	**94.2%**	**89.3%**	**88.7%**	**90.0%**	**83.6%**	**87.6%**
FDS 2WW (75%)	75%	81.3%	78.0%	78.9%	80.1%	78.3%	86.6%
FDS Breast (75%)	75%	94.6%	96.6%	92.4%	88.0%	92.3%	97.7%
FDS Screen (75%)	75%	64.5%	64.6%	63.4%	58.4%	56.5%	71.2%
FDS - Combined	**75%**	**80.6%**	**77.4%**	**78.0%**	**78.5%**	**77.3%**	**85.9%**
62 Day from Urgent Referral with reallocations (85%)	85%	**69.6%**	**73.2%**	**70.3%**	**71.7%**	**61.5%**	**62.6%**
62 Day from Screening Referral with reallocations (90%)	90%	**60.0%**	**53.8%**	**55.9%**	**50.8%**	**64.7%**	**50.0%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	56.7%	62.9%	68.2%	56.8%	76.9%	87.5%
62 Day Reallocations - Combined	85%	**67.7%**	**70.7%**	**68.0%**	**68.6%**	**62.8%**	**62.6%**



The latest nationally reported Cancer waiting times performance is for February 2023.
The Cancer Waiting Time standards national consultation has closed and new guidance has been issued. Performance will not yet be consolidated into the three combined standards. CUH will continue to shadow monitor the combined standards which may be implemented later in 2023.

The volume of 2ww patients seen in February 2023 was 13.5% higher than in February 2020. 2ww breaches reduced to 244 in February from 326 in January leading to an improvement in performance at 89%. 34% were capacity related, with 36.38% patient choice. As forecast breast reduced their breaches to within target. The majority of breaches are now in skin with 56%, of which 81% were due to capacity related reasons. The breaches that were due to capacity reflected an average wait of 20 days for Skin. The capacity delays impacting on skin are also impacting on Sarcoma, who have fallen below target for the first time with performance of 42%. National 2WW performance was lower at 86.1%. For symptomatic breast referrals our performance improved again, and exceeded National performance at 90.4% compared to 78.9%, all breaches were due to patient choice.
Our combined performance on the Faster Diagnosis standard within 28 days remained ahead of target at 85.9%. National average was 75.03% for FDS. Screening FDS remains the area that falls consistently below standard due to the lack of control services have over the initial appointments on the LGI screening pathway (these are booked by the central screening hub).

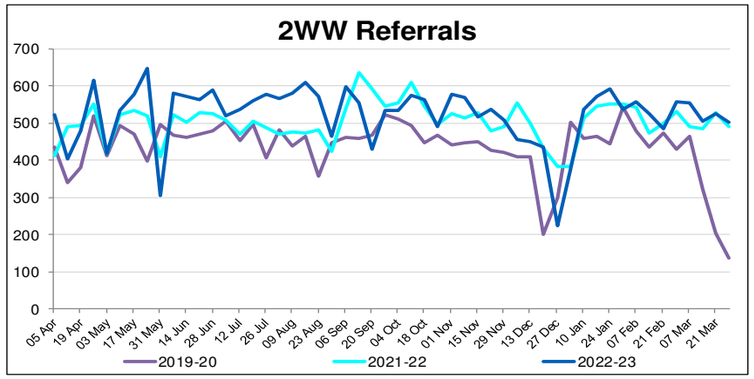
The 62 day Urgent standard performance improved slightly in February to 62.6%. This remained ahead of performance Nationally of 58.1%. There were 61 accountable breaches of which 45 were CUH only pathways. Of the CUH pathways 15 were a result of provider delays, of which 75% included histopathology delays. Complex pathways requiring multiple diagnostic tests increased this month with 14 breaches. . Inter Trust pathways accounted for 16 breaches of which 12.5 were late referrals. Of the late referrals 5.5 were treated within 24 days of transfer. Breaches spanned 10 cancer sites, with the highest volumes by site being Urology with 16.5, Lower GI with 10, Breast with 9.5, and Haematology with 8.5 (all the delays for the Haematology patients were in the initial diagnostic stage within Head and Neck). The 62 day screening standard incurred 8 breaches this month, between Lower GI and Breast. Performance was 50% compared to National performance at 63.9%. 50% of delays on a screening pathway were due to reasons within CUH control e.g. surgical capacity, outpatient capacity and/or diagnostic capacity.

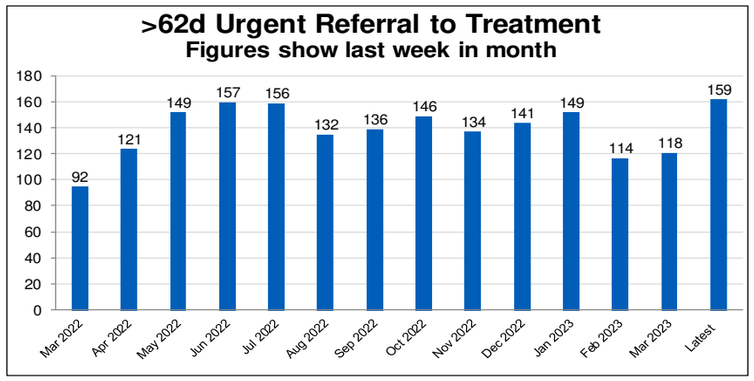
The 31 day FDT standard improved in February to 88%, however was below National at 91.9%. The subsequent surgery standard also improved to 61% against National of 78.7%. Elective capacity accounted for 64% of those exceeding 31 days, Skin accounted for 27% of the breaches and Urology for 21%. The subsequent anti cancer performance dropped below target with both breaches due to an administrative error within Epic which has since been resolved, the average wait time was 39 days.

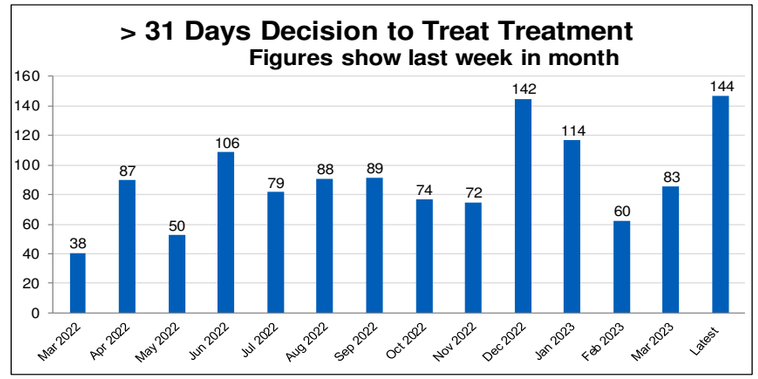
25 pathways waited >104 days for treatment in January, 1 of these was on a 31 day pathway due to the patient needing fitness investigations prior to treatment. 13 were shared pathways with high volumes from NWAFT (5), Bedford (4), QEH (2), PAH (1) and WSH (1). 12 CUH pathways exceeded 104 days across Breast (1), Lower GI (3), Skin (1), Haematology (2), and Urology (5). Capacity delays and Complex diagnostic delays were the reasons. The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust, Harm has been classified as 'no harm' or 'low harm' on all pathways.

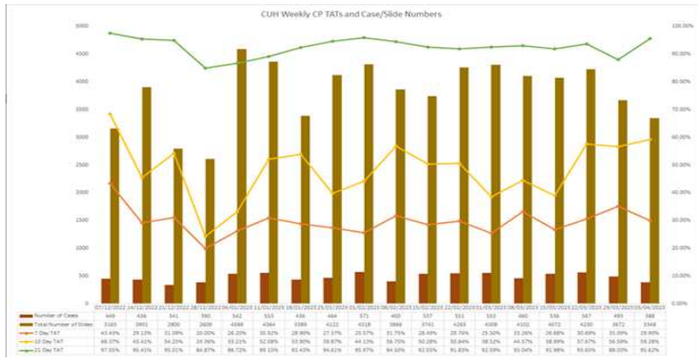
Cancer

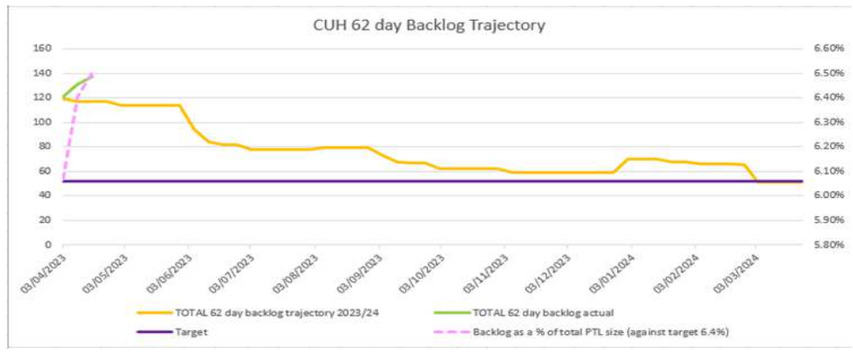
National Targets











Current position

March saw a further increase in 2WW referrals with 2160 patients having a first appointment. 2ww breaches have unfortunately not reduced in March and into April due to capacity restraints in plastics impacting on skin and sarcoma performance. Gynae has also seen an increase in breaches in part due to an increase in referrals along with a reduction in capacity due to an unforeseen workforce gap. The Industrial Action in March and April has impacted on increased breach numbers as not all 2WW clinics could continue. The Skin service are working to create additional capacity with a super weekend clinic of 100 appointments planned in May. Additional workforce and the increased use of Telederm are being proposed to be able to sustain the position. As part of an ICS working group, they are also reviewing other pathways that have achieved success nationally to understand any shared learning.

The number of patients waiting longer than 62 days from referral to treatment is monitored against our recovery trajectory submitted to the Cancer Alliance. The backlog > 62 days has deteriorated following a positive reduction in the last reporting period. Variance from trajectory is now at 20, representing 6.5% of the total cancer waiting list over 62 days. This still remains the second best performing in the EoE Region. The highest variances from plan are in Urology and Skin. All teams have actions developed to improve pathways with the main focus being on the first 28 days, this includes implementing the national best practice pathways. This is crucial to the Urology recovery plan where all pathways have complex diagnostics that are currently delayed due to capacity. Actions are closely monitored for all sites through the Operational Taskforce and Divisional Executive meetings. A new best practice pathway for HPB has been drafted by the team which will see a number of weeks wait removed from the existing pathway; this alongside a new kidney cancer diagnostic pathway will transform these usually challenging pathways.

March saw static histology turn around times with 7 days performance at an average of 30%. Our recovery trajectory was based on turn around performance of >50% and therefore this sustained below target performance will continue to be a risk to backlog reduction for some time to come. Compliance with the Faster Diagnosis Standard (FDS) continues to be strong with a focus on Urology and HPB in the coming months to further improve performance.

The number of patients waiting over 31 days for treatment has increased to 152 across all 31 day pathway. The cumulative impact of Industrial Action is contributing to this deterioration. The largest number of patients waiting over 31 days are predominantly in Skin (91), and then Kidney (17). Skin will explore additional capacity opportunities with the System as well as maximising locum opportunities at CUH. Medical workforce gaps in Urology are impacting on the service with the position not having improved from last month: 1 replacement Consultant commenced in post on 1st February, a further to start in May, and 2 locums have been appointed to start in April/June.

Author(s): Linda Clarke

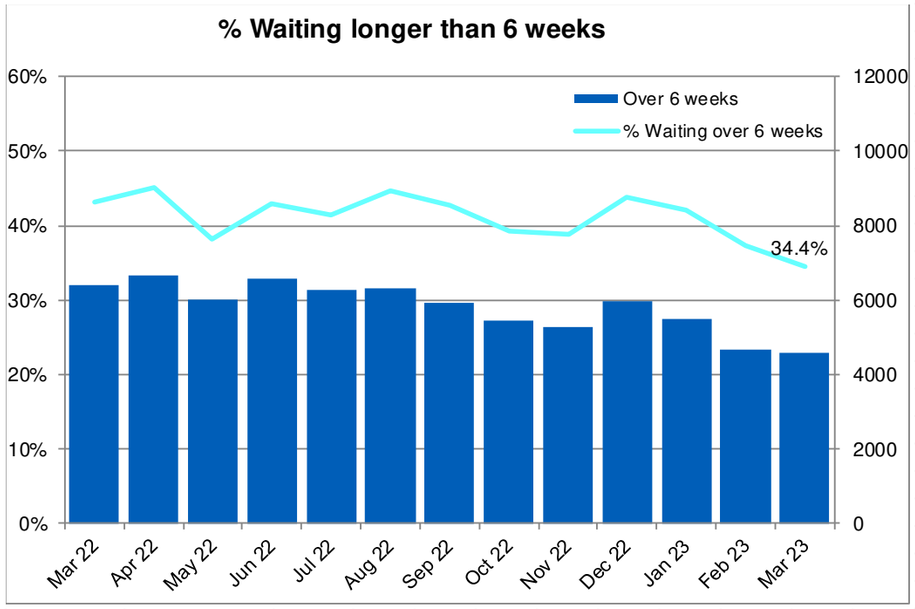
Owner(s): Nicola Ayton

Diagnostics

Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Change from previous month:		Mar-23								
Deteriorated / Improved		Waiting List					Scheduled Activity		Total Activity	
		Total Waiting List	Variance from Feb 2020		%>6 weeks	Mean wait in weeks	Scheduled Activity	Variance from Mar-19 Baseline	Total Activity	Variance from Mar-19 Baseline
Imaging	Magnetic Resonance Imaging	2473	1962	26%	31.1%	6	2891	103.4%	3355	106.5%
	Computed Tomography	1418	1038	37%	24.0%	5	3266	106.4%	6490	109.9%
	Non-obstetric ultrasound	3055	1876	63%	30.9%	5	3401	100.0%	4213	95.6%
	Barium Enema	48	31	55%	6.3%	3	44	133.9%	47	143.0%
	DEXA Scan	764	648	18%	21.7%	4	297	51.2%	299	50.6%
Physiological Measurement	Audiology	919	338	172%	77.1%	11	312	55.4%	312	55.4%
	Echocardiography	2339	967	142%	59.8%	12	1104	80.4%	1573	91.5%
	Neurophysiology	253	269	-6%	9.1%	3	192	48.8%	204	47.8%
	Respiratory physiology	34	24	42%	32.4%	5	27	154.1%	27	123.3%
	Urodynamics	254	93	173%	53.9%	10	83	116.6%	83	116.6%
Endoscopy	Colonoscopy	693	539	29%	1.7%	2	458	115.2%	471	116.5%
	Flexi sigmoidoscopy	120	106	13%	1.7%	2	79	72.1%	107	78.2%
	Cystoscopy	202	236	-14%	16.3%	4	329	80.1%	340	79.2%
	Gastroscopy	688	581	18%	3.1%	3	601	92.4%	669	91.0%
Total Diagnostic Waiting List		**13260**	**8708**	**52%**	**34.4%**	**6**	**13084**	**94.4%**	**18190**	**97.8%**



Across 2022/23 the volume of patients waiting more then 6 weeks for a diagnostic test reduced by 28% to just over 4500. Total diagnostic activity for 2022/23 was 7% higher than the baseline year and 4% higher than last year. Recovery of 6ww performance is required to be <5% by March 2025. Three diagnostic modalities in Endoscopy achieved <5% in March 2023, with the Trust performance improving to 34.4%.

Total diagnostic activity in March delivered 97.8% of March 2019 baseline. Whilst the total activity volume was high in March, it still represented a reduction on the prior month when compared on a per working day basis. The total waiting list size increased by 690 to 13,260, but the volume of patients waiting over 6 weeks did reduce by 114. Nationally published data for February 2023 shows National performance of 25.1%. CUH ranks 132nd out of 157 providers. Regionally, CUH were ranked 9/12 with West Suffolk, E&N Herts, and Kings Lynn having a slower recovery rate. Within the Shelford Group Birmingham and Manchester are behind ranked 147th and 150th Nationally.

Imaging activity overall achieved baseline levels for total and scheduled activity at 102% and 100% respectively. The total waiting list increased by 473, but >6ww saw a 8% reduction of 190.

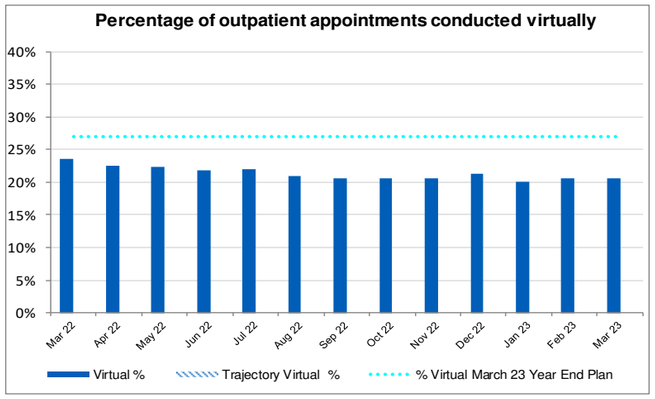
- **CT** reduced long waits over 6 weeks by 118 leading to a 7.5% improvement in 6ww performance down to 24%. Cardiac CT backlog down to 310 from 525 through the "super cardiac weeks". A further week is planned for May. Further options continue to be explored for an alternative to the planned cardiac specialist mobile unit that was cancelled by the supplier. The current CT mobile unit has now moved to Wisbech CDC, resulting in a loss of 150 scans per week for CUH. CUH CT is ranked 127th out of 137 Nationally for recovery of 6ww performance, with Kings Lynn, N&N and E&N Herts all now further behind. In the Shelford Group Manchester is ranked lower at 129th
- **MRI** total waiting list increased in month by 74, but the volume over 6 weeks reduced by 163 leading to an improvement to 31.1%. The Trust is proceeding at risk to continue the Mobile MRI facility on site to support capacity whilst funding discussions conclude in the ICB. A proposal for a managed service to staff vacant weekend capacity is being explored with procurement. The 6ww recovery continues to require specific action to focus on Paediatric MRI under GA. CUH MRI % recovery is 123rd of 139 Nationally, with West Suffolk (129th) , E&N Herts (130th) and Kings Lynn (138th) behind. In the Shelford Group Manchester remains ranked lower at 127th.
- **Dexa** having recovered to <5% in February and moving up to 79th of 115 providers Nationally, Dexa performance saw an expected deterioration in March whilst Estates works are undertaken in the department, leading to only 50% of activity being delivered. Community capacity was not available for mitigation as planned.
- **Ultrasound** total waiting list saw an increase of 241 in month, however the >6 week waits reduced by 51 which meant % performance improved to 30.9%. Vacancies remain high amongst staff with 5 wte at Band 7 plus maternity leave. International recruitment is being scoped. ICS are currently reviewing the Community Ultrasound specification to see if he case mix can be expanded. Paediatrics over 12 years are within contract. Ultrasound recovery ranks 123rd of 141 Nationally, with Norwich (128th) and MSE (130th) being below. Birmingham and Manchester from the Shelford Group are also ranked lower at 129th and 126th.

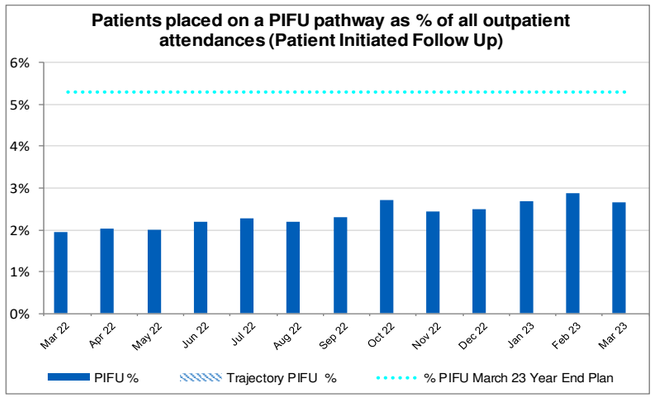
Physiological measurement saw a waiting list increase of 154 in March, driven again by Echocardiography where the increase was 230 and continuing to deteriorate. A 51% vacancy rate exists in the team (14 WTE). There are 3 bank locums covering and 4 in the recruitment pipeline with 1 further leaver. There has as yet been no progress with additional outsourcing. A total reduction of 102 was seen in Audiology, but not in long waits so % performance deteriorated. Only Urodynamics reduced the number waiting over 6 weeks. Audiology and Urodynamics are the only 2 diagnostic services where waiting list performance has deteriorated in year. From end of Q1 recruitment in Urology will provide a route to recovery in Urodynamics. Activity across the group continues to be well below baseline. Echocardiography and Audiology have been escalated to the ICS as areas requiring additional support. We are now ranked 120th of 131 Nationally for Echo recovery; 92nd of 107 for Urodynamics and 124th of 127 for Audiology.

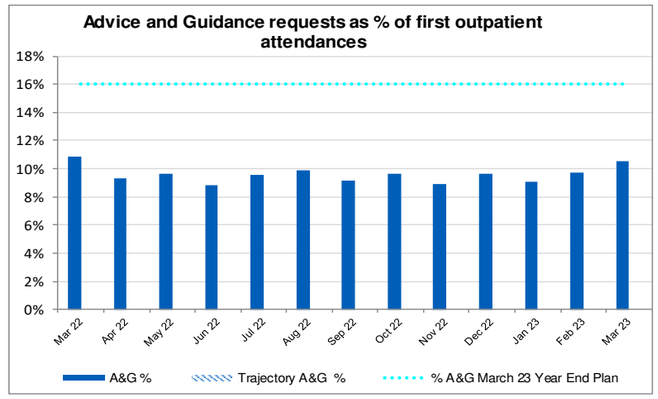
Operations

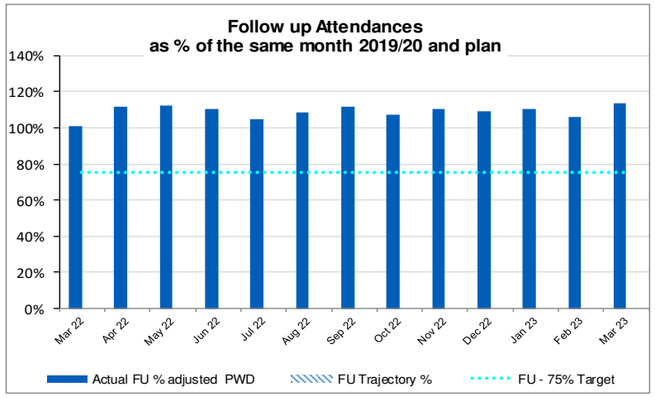
Cambridge University Hospitals NHS Foundation Trust

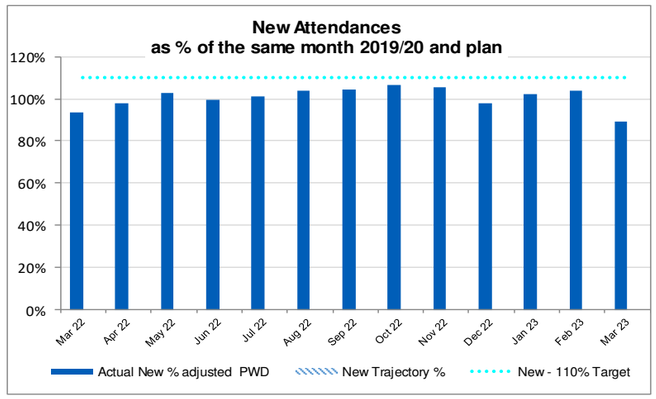
Operational Performance











In February outpatients delivered 103% new activity against baseline which has been adjusted for working days per month. Thisis an improvement over last month and slightly ahead of trajectory. Follow-up numbers performed below baseline at 105.6%, which is a good improvement on last months figure. It is noted by several specialties that their overdue follow-up backlog is present on the risk register and therefore careful balance needs ot be applied as to clearly this versus reducing activity. This figure is also adjusted for working days per month. Divisions are testing a combination of pathway redesigns, waiting list initiatives and clinic template changes to further increase new activity. GIRFT Outpatients guidance is now available for **15** specialties, published first in November 2022, further supports specialties with more detailed guidance to test change ideas including specialist advice, virtual appointments, DNAs and PIFU. An NHSE data opportunity tool enables specialties to benchmark with and learn from other Trusts e.g. on new:follow up ratio, virtual, PIFU, DNA and other metrics.

PNP patient pathways are being desgined to reduce follow ups e.g. in Gastroenterology, Nephrology, Gynaecology and Hepatology. The recent Outpatient Transformation Board meeting demonstrated that PNP pathway re-deisgn is gaining momentum and many specialties are mentioning this as their strategy in managing overdue follow-ups. There are concerns that the apitite to deliver new PNP pathways may outweight the current capacity available within the relevant eHospital teams. A business case is being written by Outpatients to seek investment in additional eHospital resource to to support these change requests.

PIFU numbers have increased slightly again to 2.9% but is still below trajectory. Several specialties are focusing on increasing PIFUs as part of pathway redesign, this month discussions have started with Neurosciences. CHEQS data shows that PIFU does reduce follow ups. As at Jan 23, 93.5% of the 29,198 PIFU orders placed at CUH since 2019 that have now expired, expired with no follow up taking place, saving 27,309 follow ups.

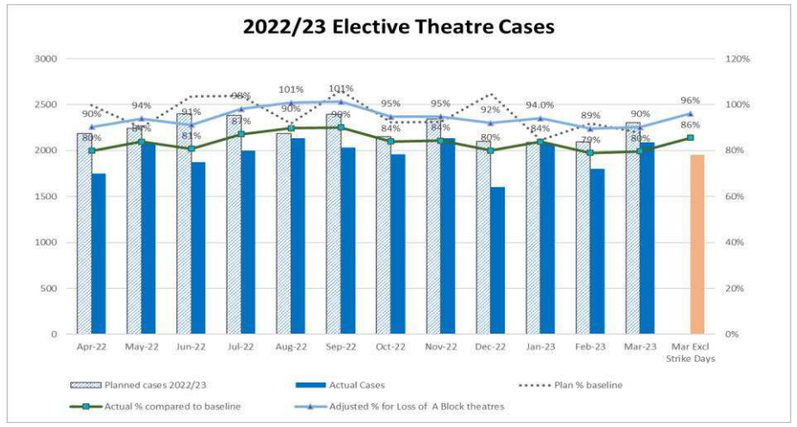
For A&G in February we are currently sitting at 9.8% which is below the 16% national target. Currently in our external reporting for outpatient attendances Diagnostic Imaging activity is included. As this is recorded as new activity it adversely affects the reported A&G% performance pushing our numbers down. We are continuing to work with the ICS and national teams on how to resolve this issue in a consistent way.

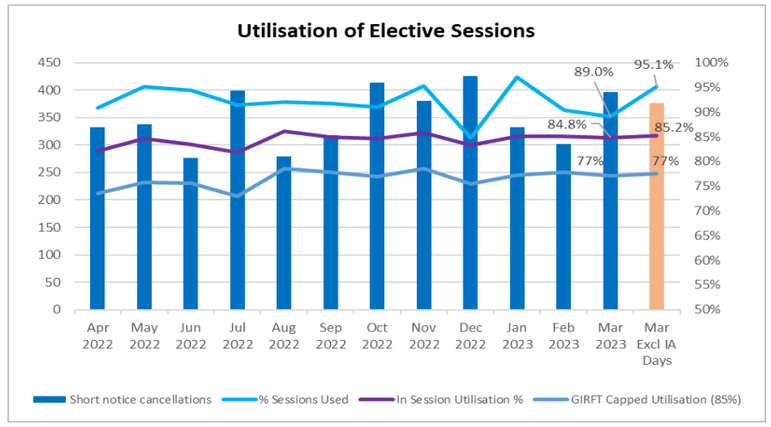
Virtual consultations have increased slightly but we continue to perform poorly against the target of 25%, currently runningat 20.5%.

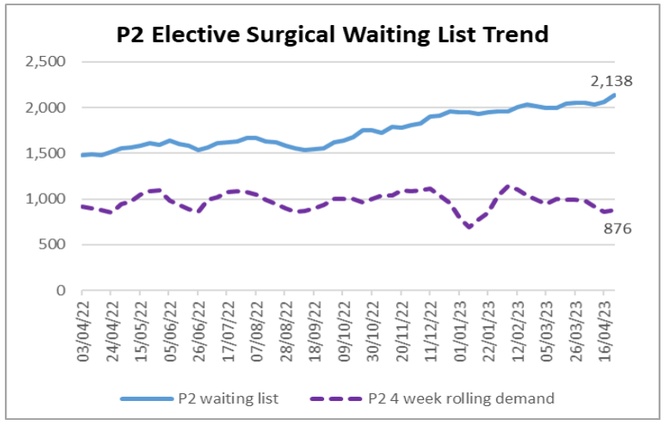
Outpatients

NHS Cambridge University Hospitals NHS Foundation Trust

Operational Performance







Summary of 2022/23

- Elective theatre activity throughout 2022/23 delivered to 84% of the 2019/20 baseline. Adjusted for the loss of A Block theatres performance increased to 94%.
- On average 3.5 more operations per day were delivered than in 2021/22, a 3% increase.
- Capped Theatre Utilisation has improved from 73% at the start of the year to 77% at year end, with best performance being 79% in two months. In Main and ATC Theatres, over 80% was achieved in five months of the year from a starting point of 75%.
- 92% of our available theatre sessions have been used across the year.
- The Impact of Industrial Action on elective theatre cases between December and March was equivalent to the loss of 9.6 days, nearly 2 weeks, of activity.
- We have achieved 85% BADS day case rate in six months of this year when using zero LOS as the indicator of day cases being delivered.
- The number of P2 patients awaiting surgery has increased by 38% throughout the year. Orthopaedics represents 33% of this increase and 20% of the total P2 waiting list. A third of their P2 waiting list is hand surgery. ENT and General Surgery also have seen increases above 10% across the year.
- The weekly demand for P2 surgery has increased by 3.5% compared to last year.
- P2 or higher priority elective procedures have represented 61% of the elective theatre time used throughout the year. P3 has utilised 28% and P4 just 10%. The Surgical Prioritisation Group (SPG) has continued to allocate theatre capacity based on the P2 demand and backlog as the dominant principle. Orthopaedic allocation has remained limited by the Inpatient contained elective bed base. They will benefit from access to the Surgical Movement hub in due course.

Surgery Programme Board areas of focus:

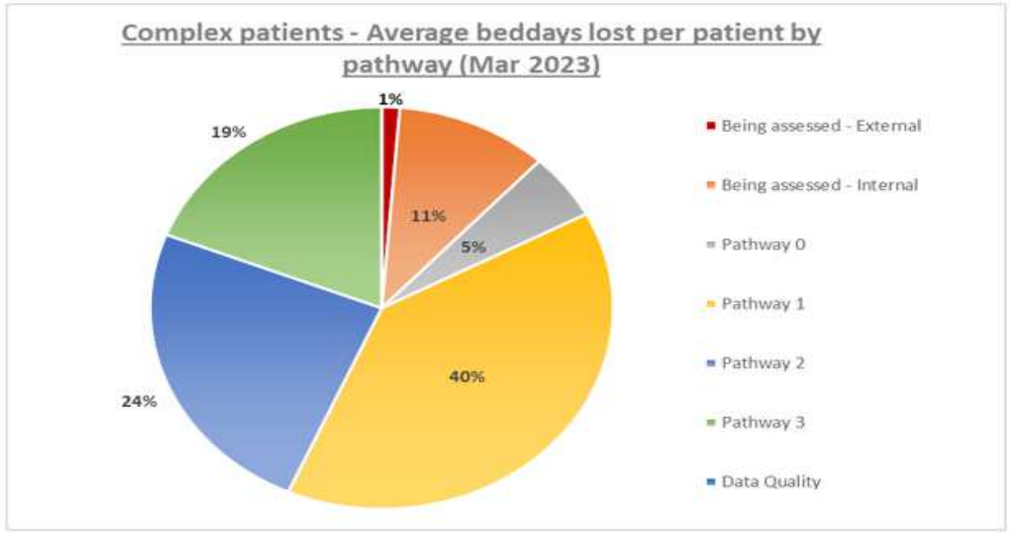
- Anticipating increased theatre capacity in 2023/24 from the Movement Hub (3x theatres) and the completion of the Neuro theatre refurbishment, 38/40 theatres from October '23
- Expansion and digital enhancements for POA to meet the growing planned demand and build up lead-in time to surgery to support optimisation of patients. This in turn reducing length of stay and patient outcomes
- Focus on agreed booking templates for specialties at Ely DSU and ensuring the most appropriate business model for the unit to maximise efficiency and productivity
- Active projects aiming to reduce start delays and excess turnaround time in theatres, including improved communication between teams, clear expectations and responsibilities, and overcoming logistical challenges
- Staff engagement with ongoing improvements, including staff and patient experience

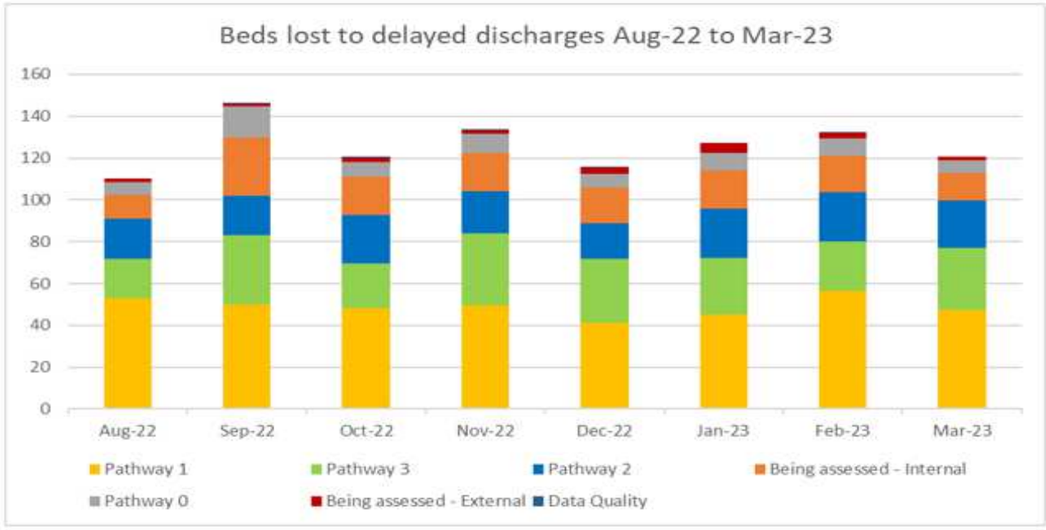
Surgery Programme Board risk:

- Recruitment and retention of staff
- Ongoing potential for industrial action impacting the elective programme
- Balance of priorities with non-elective pathways and impact on the elective bed resource

Author(s): Andi Thornton
Owner(s): Nicola Ayton

Delayed Discharges





During March the Trust lost 3,739 bed days to patients beyond their clinically fit date. This is equivalent to 121 beds, broadly in line with the historic monthly average.
Of these, the majority related to complex pathways 1-3:
- 1,472 (40%) bed days related to pathway 1 (support to recover at home)
- 910 (24%) related to pathway 2 (rehabilitation or short-term care in a 24-hour bed-based setting)
- 712 (19%) related to pathway 3 (require ongoing 24-hour nursing care, often in a bedded setting)

We also note that 11% of patients were awaiting internal assessment. The In-Patient Flow Group, chaired by the Trust's Deputy Chief Operating Officer, is examining internal delays post-CFD and is drawing up an action plan to manage their reduction. This will be supported by a recent review of the process within the Discharge Planning team and taken forward by the new Discharge Processes Group.

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

(i) **Transfer of Care Hub (TOCH):** System wide agreement reached at the Home First Programme Group meeting for the use of the new national Discharge Ready metric – NHSE mandated reporting to commence April 2023 onwards with the improvement trajectory to be established following the release of M1 data.

(ii) '**Super PTL reviews**' are now taking place with support from the Home First team to unravel most complex cases presenting barriers to discharge. These are often Out of Area / cross boundary patients.

(iii) **D2A Pilot for Pathway 2:** There has been limited utilisation of pilot capacity for pilot pathway due to limited demand. Work to assess demand for commissioning care home capacity to support more complex patients is on-going. There is limited capacity to progress the D2A pilot until release of ASC funds to providers to enable backfill to support this work.

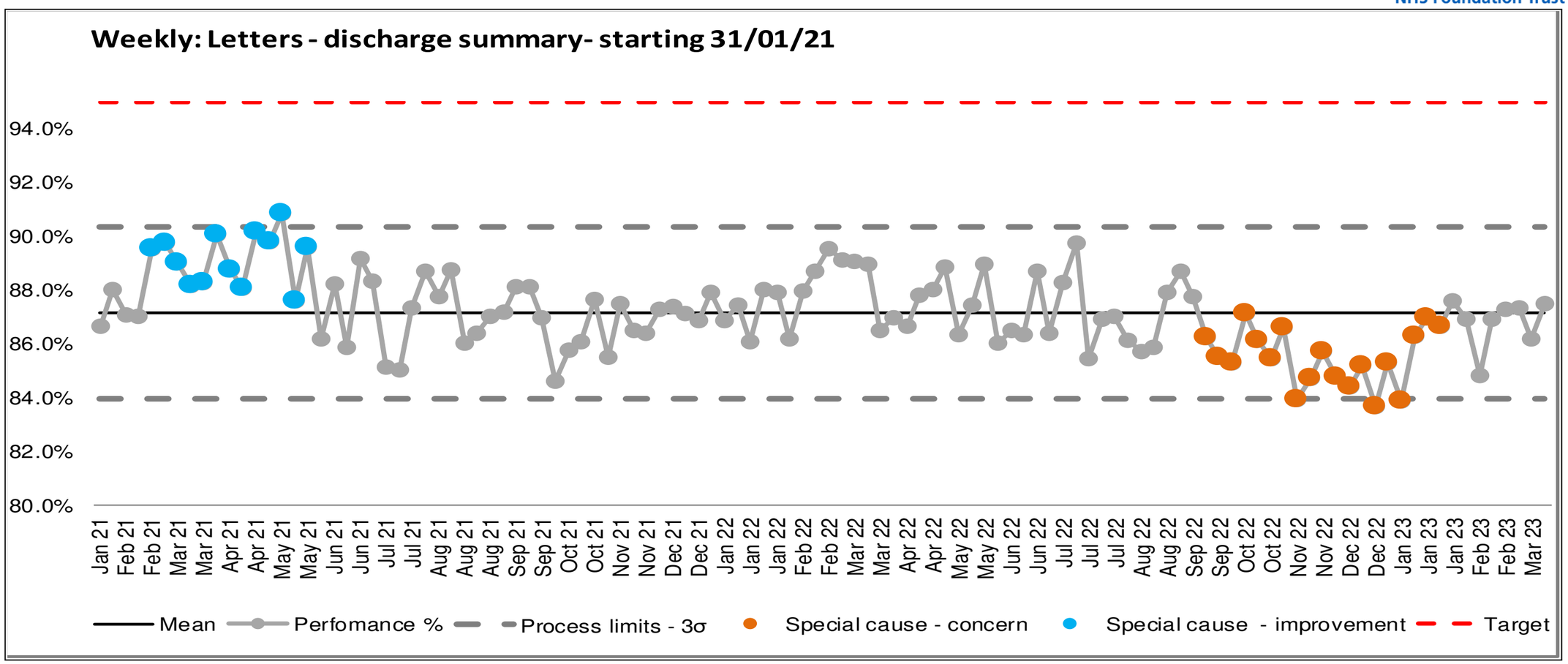
(iv) **Digital Enablers:** The digital specification for TOCH will be co-produced with the system partners to underpin the procurement process. Recruitment will need to be on an interim basis to support current CSCP workforce arrangement for the delivery of the this objective.

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

Discharge Summaries

Cambridge University Hospitals NHS Foundation Trust

Operational Performance



Discharge summaries

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

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

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

Author(s): James Boyd

Owner(s): Ashley Shaw

Patient Experience - Friends & Family Test (FFT)

Cambridge University Hospitals NHS Foundation Trust

Patient Experience

The good experience and poor experience indicators omit neutral responses.

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Feb 23	Month	-	94.9%	95.7%		-	-	For March there was slight change in the Good score and the Poor score compared to February. The Good score decreased 1% and the Poor score increased about 1%. The number of FFT responses slightly improved compared to February but is still low compared to the start of the academic year, with May having the highest number of FFT; 656. Pre pandemic # of FFT responses is 850-950. **FOR MAR: there were 364 FFT responses collected from approx. 3,952 patients.**
FFT Inpatient poor experience score	Jul 20 - Feb 23	Month	-	1.3%	1.5%		-	-	
FFT Outpatients good experience score	Apr 20 - Feb 23	Month	-	94.4%	95.0%			-	For March there was no change in the Good score or the Poor score compared to February . The Poor score of 2.5% is very low and not a concern. There were 6 FFT responses collected from paediatric clinics so the FFT scores mainly reflect adult clinics. **FOR MAR: there were 4,935 FFT responses collected from approx. 27,380 patients.** The SPC icon shows special cause variations: low is a concern and high is a concern with both having more than 7 consecutive months below/above the mean.
FFT Outpatients poor experience score	Apr 20 - Feb 23	Month	-	2.9%	2.4%	H	S7	-	
FFT Day Case good experience score	Apr 20 - Mar 23	Month	-	96.4%	96.5%		-	-	For March there was no change in the Good score or the Poor score compared to February. Both scores have remained consistent with no more than 1% change throughout the year. **FOR MAR: there were 1111 FFT responses collected from approx. 4,404 patients.**
FFT Day Case poor experience score	Apr 20 - Feb 23	Month	-	2.1%	1.7%		-	-	
FFT Emergency Department good experience score	Apr 20 - Feb 23	Month	-	75.5%	83.6%	L	-	-	For March there was no change in the overall Good score or the Poor score compared to February. The adult Good score slightly improved in March, and the paediatric Good score declined by 4%, compared to February. The adult Poor score remained the same, but the paediatric Poor score increased by 2%. Overall, the Good score for 2022/23 (75%) is 8% lower compared to 2021/22 (83%). Overall, the Poor score for 2022/23 (15.7%) is 5% higher compared to 2021/22 (10.6%). **FOR MAR: there were 1,012 FFT responses collected from approx. 5,546 patients**. The SPC icon shows special cause variations: low is a concern and high is a concern with both having more than 7 consecutive months below/above the mean.
FFT Emergency Department poor experience score	Apr 20 - Feb 23	Month	-	15.3%	10.1%	H	S7	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Feb 23	Month	-	93.3%	94.9%		-	-	**FOR MAR:** Antenatal had 1 FFT response; 100% Good score. Birth had 56 FFT responses out of 436 patients; 98.2% Good score / 0% Poor score (scores improved compared to Feb). Postnatal had 77 FFT responses: LM had 41 FFT with 97.6% Good / 0% Poor (scores improved compared to Feb), DU had 4 FFT with 100% Good / BU had 25 FFT with 84% Good / 12% Poor (5% increase in Good score / 7% increase in Poor score), and COU 100% Good from 7 responses. 0 FFT responses from Post Community. **MAR MATERNITY OVERALL:** Good score increased by 2% and Poor score decreased 1% compared to February. The change in overall scores is from both Birth and Postnatal. There were 134 FFT responses collected.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Feb 23	Month	-	3.0%	1.8%		-	-	

FFT data starts from April 2020 for day case, ED and OP FFT (SMS used to collect FFT), and inpatient and maternity FFT data starts with July 2020 due to Covid-19 restrictions on collecting FFT data. For NHSE FFT submission, wards still not collecting FFT are not being included in submission. In November 18 wards did not collect any FFT data.

Overall FFT in March, the Good scores and the Poor scores remained about the same for day case, A&E, and outpatients. There was a small change to the inpatient FFT scores; 1% decrease in the Good score and 0.8% increase in the Poor score. A&E paediatric FFT Good score did decrease by 4% and the Poor score increased by 2% but this did not affect the overall A&E FFT scores. Overall maternity FFT scores improved, which was from both the Birth Unit and Delivery Unit for Birth. Postnatal FFT scores improved from Lady Mary and Birth Unit, although the Birth Unit Poor score was 12%, which was from only 1 patient. FFT data for maternity community has not been collected since July and only 2 FFT responses collected this year.

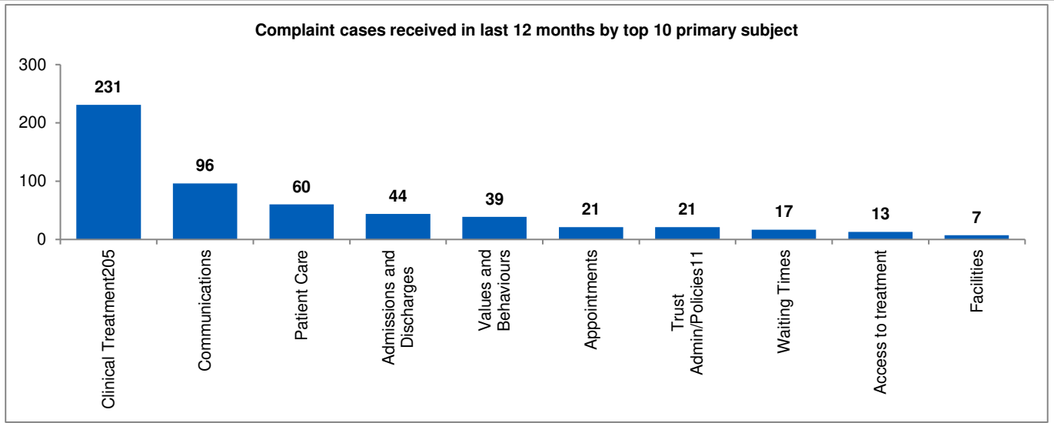
Please note starting 1 June, the Trust has reduced the number of SMS being sent to adult patients. Instead of sending a text message to every adult patient that attend an OP/DU appointment, or presented to A&E, the Trust now sends a fixed number of SMS daily.

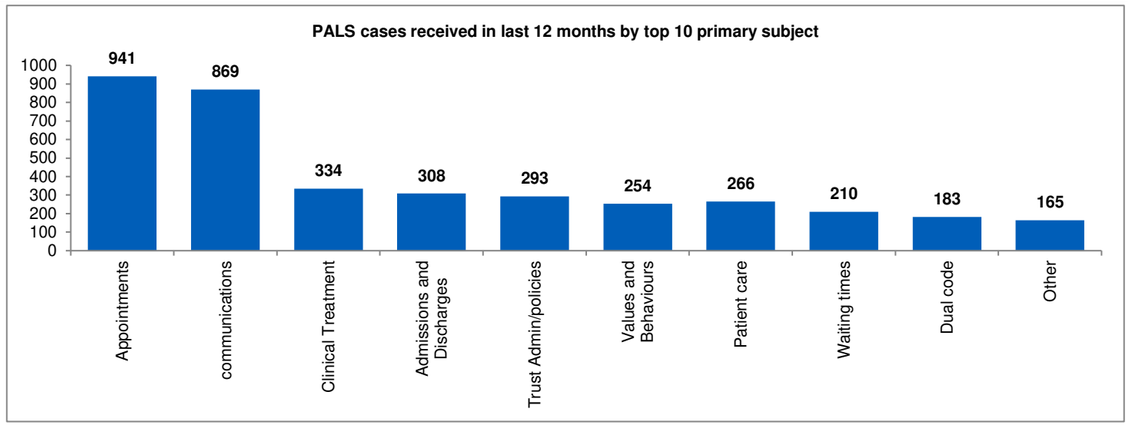
PALS and Complaints Cases

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	Mar 19 -Mar 23	month	-	80	55	H	SP	-	The number of complaints received between Mar 2019 - Mar 2023 is higher than normal variance.
% acknowledged within 3 days	Mar 19 - Mar 23	month	95%		91%	L	-	?	Acknowledegment data is unavailable this month.
% responded to within initial set timeframe (30, 45 or 60 working days)	Mar 19 -Mar 23	month	50%	26%	30%	L	-	?	39 complaints were responded to in March, 10 of the 39 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Mar 19 - Mar 23	month	80%	56%	87%	L	-	?	22 out of 39 complaints responded to in March were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Mar 19 - Mar 23	month	-	24%	34%		-	-	There were 19 complaints graded 4 severity, and 0 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Mar 19 - Mar 23	month	-	10	32	L	-	-	Compliment numbers are lower than usual due to administrative staff shortages





PHSO - There were no complaints accepted by the PHSO for investigation in March 2023.

Completed actions Due to current workload actions have not been reported this month.

Author(s): Sue Bennison

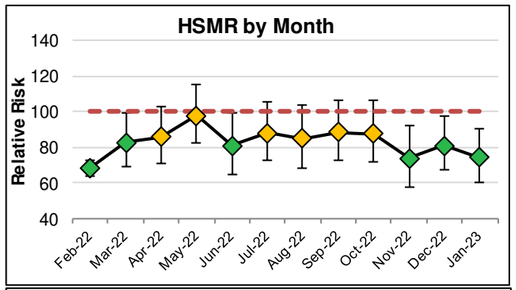
Owner(s): Oyejumoke Okubadejo

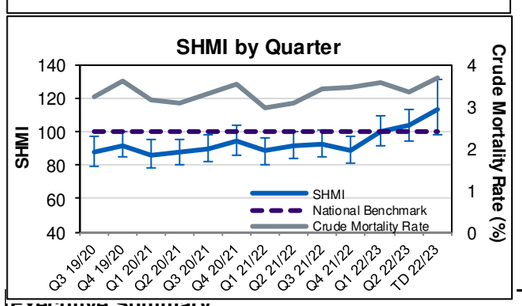
Learning from Deaths

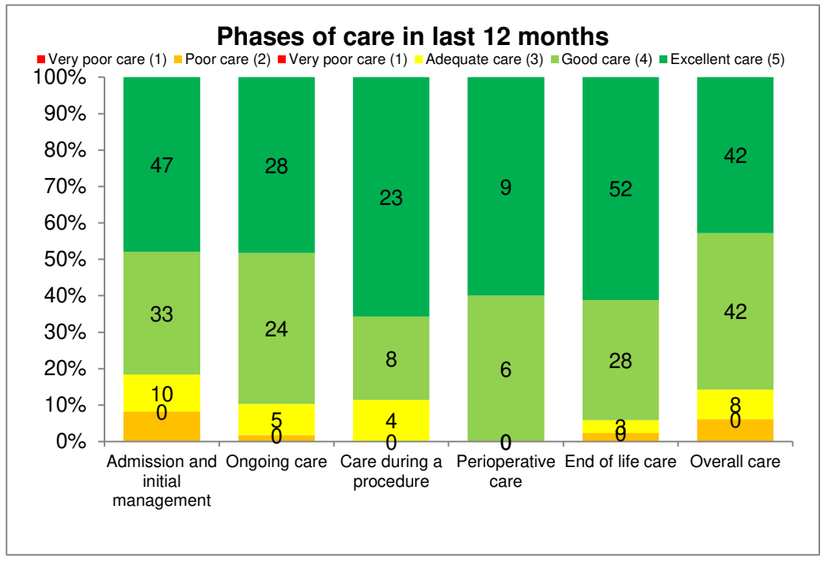
Cambridge University Hospitals NHS Foundation Trust

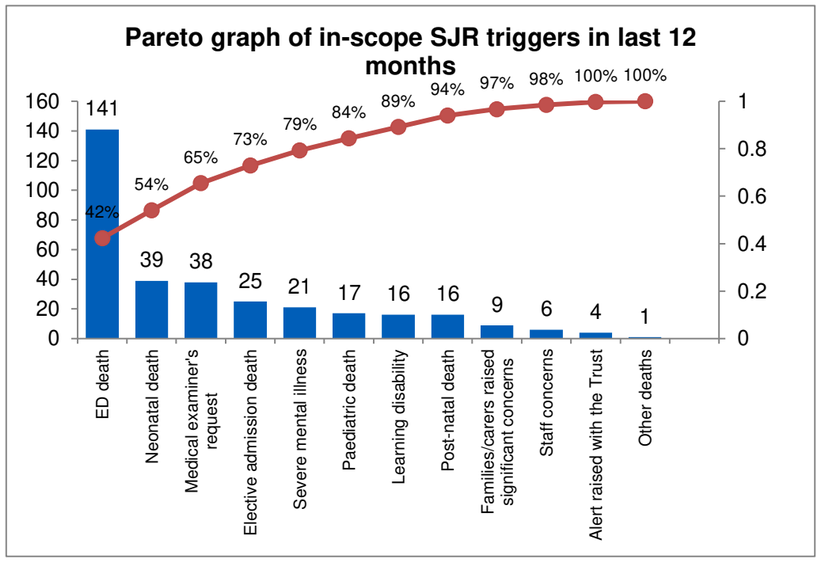
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Jul 18 - Mar 23	month	-	8.90	8.59		-	-	There were 155 deaths in Mar 2023 (Emergency Department (ED) and inpatients), of which 19 were in the ED and 136 were inpatient deaths. There is normal variance in the number of deaths per 1000 admissions.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	Jul 18 - Mar 23	month	-	23%	18%		-	-	In March 2023, 30 SJRs were commissioned and 6 PMRTs were commissioned
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Jul 18 - Mar 23	month	-	2	1.70		-	-	There were **two** unexpected/potentially avoidable death serious incident investigations commissioned in March 2023.









Executive Summary

HSMR - The rolling 12 month (February 2022 to January 2023) HSMR for CUH is 82.62, this is 6th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 93.92.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, November 2021 to October 2022 is 96.96.
Alert - There is 1 alert for review within the HSMR and SHMI dataset this month.

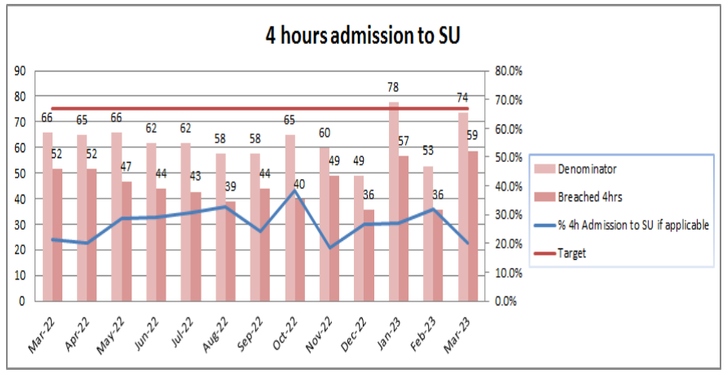
Author(s): Chris Edgley

Owner(s): Amanda Cox

Stroke Care

NHS Cambridge University Hospitals NHS Foundation Trust

Stroke Measures



4h breach reasons	MRN
A/w ct head	1
Awaiting CT results	1
Awaiting senior review	6
CT busy with other Thrombolysis and Thrombectomy calls	1
Inpatient stroke. Palliative. Appropriately placed	1
Late referral to the Stroke team	1
Not referred on arrival	8
Orginally planned for RLH transfer. RLH rejected	1
Pt unwell	1
Stroke nurse busy. Multiple referrals	1
Trust Bed Capacity	34
Unsure if stroke. MRI Confirmed	3
Grand Total	59

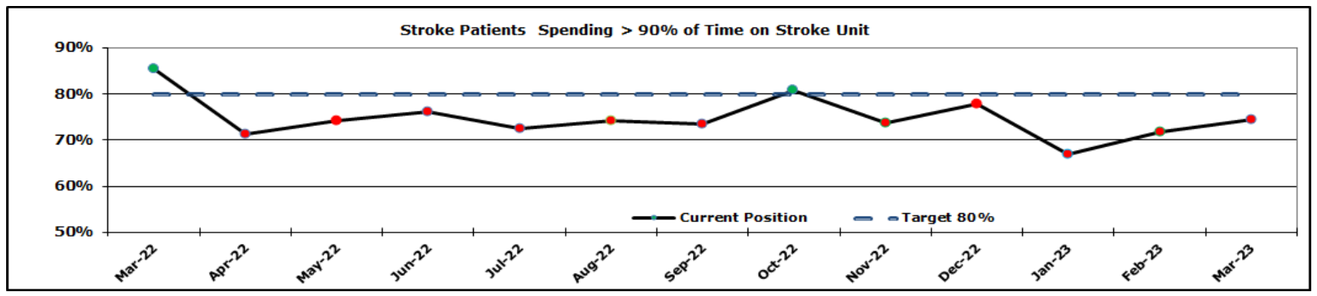
90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for March 2023 = **74.4%**

'Trust Bed Capacity' (9) was the main factor contributing to breaches last month, with a total of 22 cases in March 2023.

4hrs adm to SU (67%) target compliance was not achieved in February = **20.3%**

Key Actions

- On 3rd December 2019 the Stroke team received approval from the interim COO to ring-fence one male and one female bed on R2. This is enabling rapid admission in less than 4 hours. The Acute Stroke unit continues to see and host a high number of outliers. Due to Trust challenges with bed capacity the service is unable to ring-fence a bed at all times. Instead it is negotiated on a daily basis according to the needs of the service and the Trust.
- 20% of the stroke unit bed base is occupied by general medical outliers
- We are writing a SOP for both R2 and Lewin wards that will help bed management particularly overnight to ensure 2 beds are kept available for acute stroke cases and to ensure agreed national nursing levels for stroke units are maintained at all times.
- We have put in bids to pilot an ACP role on the stroke unit to help with lack of junior staff and to do nurse led discharges to help flow.
- We have put in a bid to the CCG for an 8a coordinator role to help coordintate flow from the ED = to the HASU - to R2 and then to the community ESD beds and ESD and to lewin and T2/RPH beds.
- National SSNAP data shows Trust performance from Oct - Dec 22 at Level B.
- Stroke Taskforce meetings remain in place, plus weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- The stroke bleep team continue to see over 200 referrals in ED a month, many of those are stroke mimics or TIAs. TIA patients are increasingly treated and discharged from ED with clinic follow up. Many stroke mimics are also discharged rapidly by stroke team from ED. For every stroke patient seen, we see three patients who present with stroke mimic.



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

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Suspected COVID-19 patient	COVID-19 - Stroke ward closed	Operational decision - patient moved off the unit to accommodate an acute stroke	Delay in medical review in ED	Delay in referral to Stroke Team	Clinical - Appropriate pathway for patient	Difficult presentation	Not referred to stroke team	Delayed diagnosis	Clinician's decision to place patient on different ward	Unclear presentation	Difficult diagnosis / Complex patient	Failure to request stroke bed	Resource capacity	Number of breaches	Month Position (Target 80%)
Mar-22		6	1			1							2				10	85.3%
Apr-22		8				2		3					4			2	19	71.2%
May-22	3	1				4				1			4	3		2	18	73.1%
Jun-22	3	1				1		1					7			1	14	75.0%
Jul-22	6	5				1		2					1	1		3	19	72.5%
Aug-22	2	10						2					1			1	16	68.0%
Sep-22		11					1						5				17	73.4%
Oct-22	1	7					1			1			1			1	12	80.9%
Nov-22		8					2	1					3	2		1	17	73.8%
Dec-22	1	6					1		1				4				13	73.5%
Jan-23		14					3	4					6			1	28	67.1%
Feb-23	2	7					1	2					6				18	71.9%
Mar-23	1	9				2	3	1			1		3	2			22	74.4%
Summary	16	77	1	0	0	9	12	13	1	2	0	0	47	6	0	12	183	

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

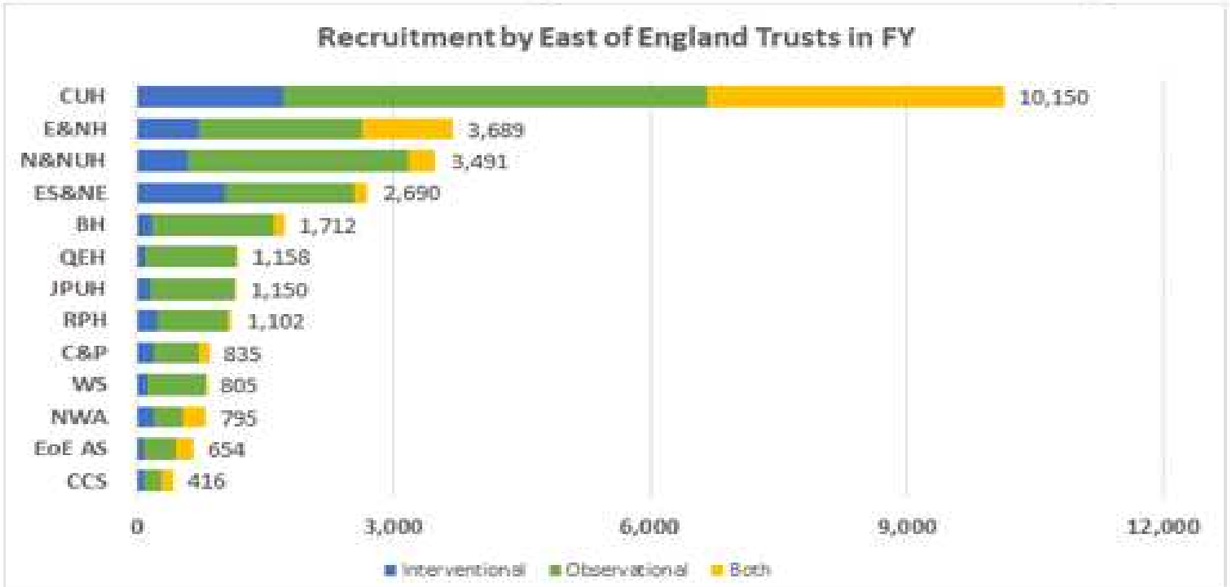
Clinical Studies

Cambridge University Hospitals NHS Foundation Trust

Clinical Studies Measures

Total Recruitment at end of FY 2022-23
10,150

Recruiting Studies at end of FY 2022-23			
Open	264	Non Commercial	274
Closed	63	Commercial	56
Suspended	3		
Total	**330**		



Situation as at end of FY March 2023 (Data cut taken on 6th April.)

* Total recruitment in the financial year to date: 10,150
* CUH accounted for 35% of total recruitment by Eastern Trusts in the financial year to date. Interventional only studies accounted for 17% of the total, while Observational only studies accounted for 49% of the total. The remaining 34% were both Interventional and Observational .
* Recruitment to the Reproductive Health speciality accounted for 27% of all recruitment (3,077). Second was Cancer (1,653). All of the other individual specialities accounted for less than 10% of the total recruitment.
* There were 330 recruiting studies, of which 56 were Commercial, and 274 Non-Commercial.

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

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

NHS England East of England

Maternity Measures

East of England Regional Perinatal Quality Oversight Group Highlight Report (v19.8)

KEY: CQC DOMAINS
Outstanding
Good
Requires Improvement
Inadequate

LMNS:	Reporting period:	Overall System RAG:

REGULATORY BODIES

CQC DOMAINS

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

CQC alerts (active alerts & year)	Ref C260/AS Puerperal sepsis July 2019
CQC warning notice (29a)	n/a
Regulatory letters from coroner (28)	n/a
Maternity Safety Support Programme (Date of entry / stage)	Not in maternity safety support programme

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

QC Maternity survey results (2021)	
	CUH
CQC Maternity survey overall rating - improvement since previous year (Y/N)	N
Survey scores:	2022 v 2021
Start of your care during pregnancy	5.7 v 5.1
Antenatal check ups	8.0 v 7.7
During your pregnancy	8.3 v 8.3
Your labour and birth	7.5 v 7.9
Staff caring for you	7.8 v 8.2
Care in hospital after birth	7.6 v 6.9
Feeding your baby	8.2 v 7.9
Care at home after birth	7.1 v 7.2
Other surveys	
GMC survey results (2022) overall satisfaction	Guidance required

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Assessed compliance with CNST MIS 10 Safety Actions

	Please identify unit	CUH
1	Perinatal Mortality review tool	
2	MSDS	
3	ATAIN	
4	Clinical workforce planning	
5	Midwifery Workforce planning	
6	SBLCB V2	
7	Service user feedback / Maternity Voice Partnership	
8	Core competency framework / Multi-prof training	
9	Board level assurance	
10	HSIB /Early notification scheme	
	Repayment of CNST (since introduction) Y/N and MIS yr	N

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

Evidence of SBLCB V2 Compliance

Element	Please identify unit	CUH
1	Reducing smoking	
2	Risk assessment , prevention & surveillance of pregnancies at risk of fetal growth restriction	
3	Reduced Fetal Movements	
4	Effective Fetal monitoring during labour	
5	Reducing pre-term birth	
6	Diabetes in Pregnancy (not in use at present)	
	SBLCBv2 Fully compliant (National Tool)	YES
	SBLCBv2 Fully compliant (Regional assessment)	

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

Please identify unit	CUH
IEA1 : Enhanced Safety	Rosie Hospital Strategy to be co produced with MVP Resource needed for SI reviews across the LMNS
IEA2: Listening to Women & Families	
IEA3: Staff training & Working Together	Ongoing work with monitoring training via a dashboard
iEA4: Managing complex pregnancy	Notification of pregnancy pathway
IEA5: Risk Assessment Throughout pregnancy	Cross border working and PCSP compliance
IEA6: Monitoring Fetal wellbeing	
IEA7 Informed consent :	Informed choice and consent policy co production underway
• Fully compliant (self assessment)	Partially compliant and working towards
• Fully compliant (regional assessment following insight visit)	

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

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

	CUH
1. Freedom to speak up / Whistle blowing themes	• None received this month
2. Themes from Maternity Serious Incidents (SIs)	• None received this month
3. Themes arising from Perinatal Mortality Review Tool	• CO monitoring in pregnancy • Recognition of deteriorating patient
4. Listening to women (sources, engagement / activities undertaken)	• **Complaint themes (n=3) and concerns (7):** mixed advice regarding pain relief, dirty floor, midwife attitude, communication issues. • Formal compliment received via PALS to thank us for good care.
5. Listening to staff (eg activities undertaken, surveys and actions taken as a result)	• 22 March All staff forum – update provided about Entonox testing and actions. No feedback or concerns received.

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Target	Measure	Data Source	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Activity																			
National Maternity Dashboard	Births	For information	N/A	Births per month	Rosie KPI's	421	469	434	446	464	476	504	461	443	437	438	454		
Antenatal Care ICS contracted booking KPI	Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	Booking Appointments	Epic	71.40%	69.90%	70.64%	73.24%	75.69%	75.45%	69.74%	74.00%	76.00%	89.90%	91.69%	91.69%		Different demoninator used from Jan 23 to remove women who had initial booking appointment at a different care provider.
National Maternity Dashboard	Booking Appointments	For Information	N/A	Booking Appointments	Epic	654	615	664	568	551	550	532	611	614	467	303	361		As of Jan'23, figure taken from Bookings Cheqs report for the month, removing all records where we kno the antenatal care provider is another Trust, unknown antenatal care provider included. However, some booking appointments are incorrectly documented as antenatal returns and therefore number of bookin
Source - EPIC	Vaginal Birth (Unassisted)	For Information	N/A	SVD's in all birth settings	Rosie KPI's	49.16%	48.82%	54.60%	51.12%	53.05%	52.31%	52.18%	50.76%	49.44%	47.37%	53.88%	57.05%		
Source - EPIC	Home Birth	For Information	N/A	Planned home births (BBA is excluded)	Rosie KPI's	1.42%	1.7%	1.84%	1.34%	1.29%	0.84%	0.59%	1.08%	1.58%	0.92%	0.23%	1.32%		
Source - EPIC	Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	Rosie KPI's	11.87%	14.92%	17.1%	15%	15.52%	16.38%	17.46%	15.40%	13.32%	13.73%	17.58%	14.32%		
Source - EPIC	Rosie Birth Centre transfers	For Information	N/A	Women admitted to RBC and subsequently transferred for birth	Rosie KPIs							8.81%	14.95%	9.63%	46.32%	35.19%	43.00%		
Source - EPIC	Induction of Labour	For Information	N/A	Women induced for birth	Rosie KPI's	31.80%	31.87%	30%	29.80%	26.50%	30.00%	27.65%	34.29%	34.17%	34.57%	29.93%	29.13%		
NICE - Red Flag	Delay in commencement of Induction (IOL)	0%	<10%	Percentage of Inductions where Induction commencement was postponed >2 hours (flag 1)	Red Flags	40.00%	53.00%	36%	36.00%	32.60%	32.28%	37.43%	33.33%	33.16%	27.47%	24.85%	31.29%		For review as part of divert policy updates regarding suitability as a red flag.
NICE - Red Flag	Delay in continuation of Induction (IOL)	0%	<10%	Percentage of Induction continuation when suitable for ARM delayed for more than 6 hours (flag 3)	Red Flags					13.81%	16.40%	16.58%	11.46%	9.36%	7.14%	7.27%	5.52%		
SBLCBV2	Indication for IOL (SBLCBV2)	NA	NA	Percentage of IOL where reduced fetal movements is the only indication before 39 weeks	IOL Team							2.67%	0%	0%	0.55%	0%	0%		
Source - EPIC	Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance.	IOL Team							100%	100%	100%	97.80%	100%	100%		
Source - EPIC	Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	Rosie KPI's	9.02%	11.94%	10.6%	12.55%	12.93%	10.5%	13.29%	13.23%	11.29%	11.67%	10.73%	10.57%		
Source - EPIC	CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	Rosie KPIs	41.80%	39.23%	34.80%	36.32%	35.78%	37.18%	34.52%	36.00%	39.28%	40.96%	34.47%	42.95%		
CQIM / CNST	Women in RG*1 having a caesarean section with no previous births: nullip spontaneous labour)	For information	10%	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	17.9%	17.0%	18.0%	21.9%	15.1%	18.6%	18.5%	15.4%	12.8%	12.90%	14.70%	14.90%		
CQIM / CNST	Women in RG*2 having a caesarean section with no previous births: nullip induced labour, nullip pre-labour LSCS	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	61.1%	45.7%	20.3%	51.8%	38.0%	54.9%	46.8%	47.4%	49.6%	53.10%	48.90%	59.80%		
CQIM / CNST	Ratio of women in RG1 to RG2	Ratio of >2:1	N/A	Ratio of group 1 to 2 should be 2:1 or higher	Rosie KPIs	1:3.67	1:2.82	1:3	1:1.87	1:1.87	1:2.38	1:2.35	1:3.28	1:5.72	1:5.45	1:3.14	1:4.69		
CQIM / CNST	Women in RG*5. Multips with 1 or 2+ previous C/S	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	86.5%	76.8%	77.0%	84.4%	81.8%	84.3%	85.5%	75.7%	84.3%	90.7%	79.1%	91.5%		
CQIM / CNST	Women in RG1, RG2, RG5 combined contribution to the overall C/S rate.	66%	60-70%,	Relative contribution of the Robson group to the overall C/S Rate	Rosie KPIs	65.3%	59.0%	65.6%	64.6%	61.0%	64.4%	73.0%	68%	66.9%	61.5%	60.9%	60.0%		
Source - Rosie Divert Folder	Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	4	7	1	4	4	6	4	0	3	3	1	2		
Source - Rosie Divert Folder	Total number of hours on divert	For information	N/A		Rosie Diverts	190	148	23	103	100	86	109	0	93	16.5	12	20.5		
Source - Rosie Divert Folder	Admissions during divert status	For information	N/A		CHEQs							24	0	0	0	0	2		
Source - Rosie Divert Folder	Number of women giving birth in another provider organisation due to divert status	For information	N/A		Rosie KPIs	0	6	0	0	1	1	3	0	5	2	0	0		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Workforce																	
Birth Rate Plus	Midwife/birth ratio (actual)**	1:24	<1:28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:27.2	1:25.4	1:27.2	1:28.2	1:28.2	1:28.3	1:25.1	1:23.5	1:23.4	1:23.5	1:24	1:23.6		
Birth Rate Plus	Midwife/birth ratio (funded)**	For information	1:24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	1:23.4	1:23.4	1:23.3	1:23.3	1:23.3	1:23.3	1:23.3	1:23.2	1:23.3	1:23.3	1:23.8	1:23.7		Midwife/birth ratio based on the BR+ methodology
Safer Chilbrith / CNST	Supernumerary Delivery Unit Coordinator	100%	≥95%	Percentage compliance with Delivery Unit coordinator remaining supernumerary (no caseload of their own during a shift)	Red Flags / BR+	72%	67%	41%	63%	70%	60%	57%	100%	100%	100%	100%	100%		
Source - CHEQS	Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	7.59%	7.63%	7.69%	7.95%	7.72%	7.26%	6.91%	6.63%	6.51%	6.36%	6.19%			This is reported 1 month behind from CHEQs.
Core Competency Framework	Education & Training - mandatory training - overall compliance (obstetrics and gynaecology)	>92% YTD	>75% YTD	Total Obstetric and Gynaecology Staff (all staff groups) compliant with mandatory training	CHEQs	87.5%	87.5%	86.4%	86.5%	87.3%	87.1%	86.0%	88.6%	87.1%	89.8%				This is reported 2 months behind on CHEQS.
CNST	Education and Training - Training Compliance for all staff groups: **Prompt**	>90% YTD	>85% YTD	Total multidisciplinary obstetric staff compliant with annual Prompt training	PD	61.28%	60.91%	61.00%	65.56%	75.77%	67.83%	74.76%	87.27%	93.94%		84.53%	70.58%		March PROMPT cancelled due to medical strikes. Ongoing sessions from April onwards are overbooked.
CNST	Education and Training - Training Compliance for all staff groups: **NBLS**	>90% YTD	>85% YTD	Total multidisciplinary staff compliant with annual NBLS training	Resus Services			55.00%		58.00%	60%	66%	93%	89%	86%	87%	87%		Affected by NICU medical team which is 81%.
CNST	Education and Training - Training Compliance for all staff groups: **K2**	>90% YTD	>85% YTD	Total multidisciplinary staff passed CTG competence threshold of 80%.	PD	81.00%	83.39%	83.39%	84.62%	80.00%	77.78%	74.15%	88.41%	91.38%	89.58%	84.56%	85.71%		License had epired and delay in renewal. Practice development team are compiling a list of non-compliant staff to share with managers.
CNST	Education and Training - Training Compliance for all Staff Groups - **Fetal Surveillance Study Day**	>90% YTD	>85% YTD	Total multidisciplinary staff compliant with annual fetal surveillance study day attendance.	PD								91.56%	92.74%		86.46%	72.11%		February session cancelled and low attendance in March. Difficulties with medical team attendance and this is being addressed by obstetric lead for fetal surveillance.
Core competency Framework	Education & Training - mandatory training - **midwifery compliance**.	>92% YTD	>75% YTD	Proportion of midwifery compliance with mandatory training, inclusive of mandated e-learning and mandated face to face sessions.	CHEQs	89.2%	89.5%	89.2%	84.5%	85.7%	90.8%	89.3%	89.9%	85.1%	88.5%	88.7%			This is reported 1 month behind from CHEQs.
Maternal Morbidity																			
CQC KLOE	Puerperal Sepsis	For information	N/A	Incidence of puerperal sepsis within 42 days of birth	CHEQs						0.64%	0.01%	1.32%	0.92%	0.93%	0.46%	0.46%		
Source - CHEQs	ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs	0	1	1	0	1	0	1	0	0	0	2	1		
NMPA	Massive Obstetric Haemorrhage ≥ 1500 mls - vaginal birth	≤3.3%	≤3.3%	Percentage of women with a PPH >1500mls (singleton births between 37+0-42+6) having a vaginal birth	Rosie KPIs	4.39%	6.62%	3.73%	4.85%	4.64%	3.81%	6.35%	4.98%	6.00%	6.05%	6.82%	7.59%		
NMPA	Massive Obstetric Haemorrhage ≥ 1500 mls - caesarean birth	≤4.5%	≤4.5%	Percentage of women with a PPH ≥1500mls (singleton births between 37+0-42+6) having a caesarean section	Rosie KPIs	4.58%	6.67%	3.01%	2.94%	2.34%	6.63%	4.54%	2.99%	3.68%	3.97%	3.28%	1.32%		
NMPA	3rd/ 4th degree tear rate	≤3.5	<5%	Percentage of women with a vaginal birth having a 3rd or 4th degree tear (spontaneous and assisted by instrument) singleton baby in cephalic position between 37+0 and 42+6.	Rosie KPIs	2.05%	2.48%	2.83%	3.90%	4.06%	3.11%	4.87%	3.20%	2.40%	5.24%	7.22%	2.95%		28 members of MDT trained in March by Shahla (consultant MW and lead MW for OASI)
CQC KLOE	Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.62%	2.35%	1.38%	1.80%	2.59%	1.05%	0.60%	1.54%	2.06%	2.26%	2.84%	2.64%		
MBRRACE	Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	QSIS							0	0	0	0	1	1		
MBRRACE	Direct Maternal Death	0	<1		QSIS	0	0	0	0	0	0	0	0	0	0	0	0		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Governance																		
Source - QSIS	Total number of Serious Incidents (SIs)	0	<1	Serious Incidents	QSIS	0	1	0	1	1	0	0	0	0	0	1	0	
Source - QSIS	Never Events	0	<1	DATIX	QSIS	0	0	0	0	0	0	0	0	0	0	0	0	
Neonatal Morbidity																		
MBRRACE / PMRT	Still Births per 1000 Births	3.33/1000 (Mbrrace 2021)		Incidence per 1000 births	CHEQs										3.12:1000	2.75:1000	3.67:1000	NB this includes stillbirths from 22 weeks but MBRRACE reports from 24 weeks.
MBRRACE / PMRT	Stillbirths - number ≥ 22 weeks	<3	<6	MBBRACE	CHEQs	3	2	1	2	0	2	1	0	1	2	3	3	
Epic	Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	0	1	0	0	0	0	0	0	0	0	0	0	
NMPA	Babies born with an Apgar <7 at 5 minutes of age	For information	N/A	Percentage of babies born who have an Apgar score <7 at 5 minutes of age	Rosie KPIs	1.66%	2.35%	1.38%	1.57%	3.02%	0.84%	1.59%	0.86%	1.35%	1.84%	0.63%	2.01%	
CQC KLOE	Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	4.28%	3.84%	3.92%	3.81%	3.02%	3.15%	4.76%	4.12%	3.84%	4.30%	5.28%	5.91%	
SBLCBV2	Babies born at <3rd centile at >37+6	For information	N/A	Incidence	CHEQs													Awaiting new CHEQS report
ATAIN	Term Admission to NICU Rate	<6%	N/A	Rate	CHEQs	4.2%	5.1%	5.5%	3.8%	6.5%	4.2%	6.2%	5.2%	7.2%	6.9%	4.2%	4.6%	
ATAIN / CNST	Expected Term Admissions to NICU	For information	N/A	Inclusive of congenital abnormality and tertiary referral babies with planned term admission to NICU	Badgernet / CHEQs													New metric was expected Nov 22 but delayed.
ATAIN / CNST	Unexpected Term Admissions to NICU	For Information	N/A	Incidence of term admissions to NICU that were unplanned prior to birth	Badgernet / CHEQs													New metric was expected Nov 22 but delayed.
Quality																		
CNST	1-1 Care in Labour	>95%	>90%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPI's	100%	98.69%	100%	100%	99.56%	99.80%	99.59%	100%	100%	99.5%	100.0%	100.0%	
CQIM	Babies with a first feed of breastmilk	> 80%	>70%	Breastfeeding	Rosie KPI's	82.89%	81.22%	84.33%	79.4%	84.07%	82.55%	82.56%	84.8%	83.52%	82.15%	84.02%	84.12%	
CNST / SBLCBV2 / PHE	SATOD (Smoking at Time of Delivery)	< 6%	Green = <6%, Amber = 6.1% - 7.9 %, Red = >8	% of women identified as smoking at the time of delivery	Rosie KPIs	3.37%	5.02%	3.95%	8.25%	5.97%	3.82%	5.21%	3.74%	7.34%	6.41%	3.02%	5.73%	
CNST / SBLCBV2 / CQIM	CO Monitoring at booking	≥95%	Green = ≥95%, amber = <95% and ≥84%, red = <85%	Compliance with recording CO Monitoring reading at booking appointment (excluding out of area)	Smoking Report				89.97%	92.74%	91.95%	99.1%	98.6%	86%	95%	96%	94%	
CNST / SBLCBV2 / CQIM	CO Monitoring at 36 weeks	>95%	Green = >95%, amber = <95% and >84%, red = <85%	Compliance with recording CO Monitoring reading at 36 week appointment (excluding out of area)	Smoking Report				72.81%	85.61%	84.56%	82.70%	76%	63%	82%	78%	77%	
Source - Epic	VTE Assessment - PN	>95%	>95%	Percentage of women with a valid PN VTE risk assessment completed within 4 hours of birth.	CHEQs												82.60%	
Source - EPIC	VTE Assessment - AN	>95%	>95%	Percentage of women with a valid VTE risk assessment completed on admission to hospital	CHEQs												50.90%	

Finance

Cambridge University Hospitals NHS Foundation Trust

Financial Performance

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

(£1.2m)	*Actual (adjusted)**
(£1.3m)	*Plan (adjusted)**
£0.1m	*Actual YTD (adjusted)**
£0.0m	*Plan YTD (adjusted)**

Covid-19 expenditure and system Covid-19 funding

£1.1m	*Covid actual in month*
£1.8m	*Covid plan in month*
£1.9m	*Covid funding in month*
£21.3m	*Covid actual YTD*
£22.2m	*Covid plan YTD*
£22.3m	*Covid funding YTD*

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

Net current assets

(£81.7m)	*Actual*
(£74.2m)	*Plan*

Debtor days

19	*This month*
22	*Previous month*

*Payables performance (YTD) ***

Actual	85.5%	*Value*
Plan	86.8%	*Quantity*

Cash and EBITDA

Cash

£226.4m	*Actual*
£159.2m	*Plan*

EBITDA

£38.1m	*Actual YTD*
£42.5m	*Plan YTD*

Capital expenditure

£13.2m	*Capital - actual spend in month*
£67.1m	*Capital - actual spend YTD*
£66.5m	*Capital – plan YTD*

Elective Recovery Fund (ERF)

ERF values based on CUH fair share. NHSE/I have now confirmed that this income will not be subject to clawback.

£5.0m	*ERF forecast actual in month*
£5.0m	*ERF plan in month*
£29.7m	*ERF forecast actual YTD*
£29.7m	*ERF plan YTD*

Legend £ in million — In month — YTD

* On a control total basis, excluding the effects of impairments and donated assets

** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.

Staff in Post

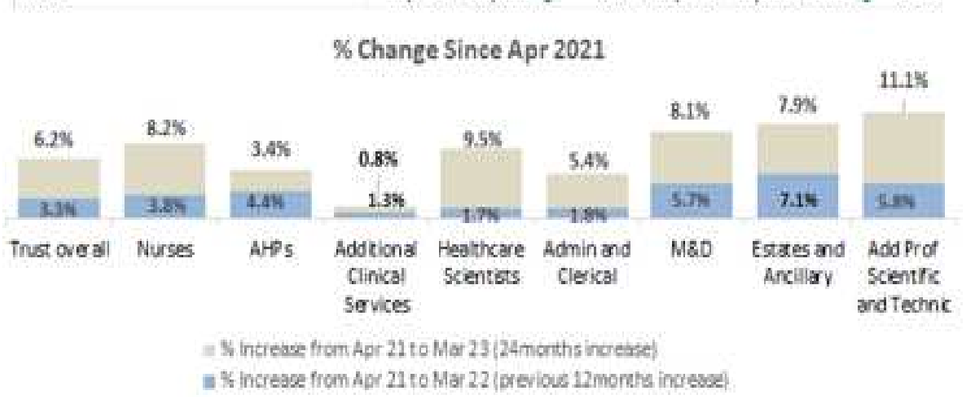
Cambridge University Hospitals NHS Foundation Trust

CUH

Workforce: Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount Apr-22	Headcount Mar-23	Headcount 12 Month growth		FTE Apr-22	FTE Mar-23	FTE 12 Month growth	
Add Prof Scientific and Technic*	245	261	6.5%	↑	224	236	12	↑ 5.5%
Additional Clinical Services	1,959	1,989	1.5%	↑	1,801	1,825	25	↑ 1.4%
Administrative and Clerical	2,397	2,476	3.3%	↑	2,197	2,277	80	↑ 3.7%
Allied Health Professionals*	725	740	2.1%	↑	640	656	17	↑ 2.6%
Estates and Ancillary	365	369	1.1%	↑	352	356	4	↑ 1.2%
Healthcare Scientists	628	665	5.9%	↑	590	631	41	↑ 7.0%
Medical and Dental	1,669	1,729	3.6%	↑	1,581	1,630	49	↑ 3.1%
Nursing and Midwifery Registered	3,801	3,882	2.1%	↑	3,488	3,578	89	↑ 2.6%
Total	**11,789**	**12,111**	**2.7%**	↑	**10,872**	**11,190**	**318**	↑ **2.9%**



Admin & Medical Breakdown

Staff Group	Apr-22	Mar-23	FTE 12 Month growth		
Administrative and Clerical	2,197	2,277	80	↑	3.7%
of which staff within Clinical Division	1,090	1,119	29	↑	2.7%
of which Band 4 and below	764	770	7	↑	0.9%
of which Band 5-7	230	251	21	↑	8.9%
of which Band 8A	47	47	0	↓	-0.2%
of which Band 8B	7	7	0	↑	5.7%
of which Band 8C and above	41	43	1	↑	3.6%
of which staff within Corporate Areas	875	909	34	↑	3.9%
of which Band 4 and below	249	244	-5	↓	-2.1%
of which Band 5-7	413	434	21	↑	5.1%
of which Band 8A	80	86	7	↑	8.2%
of which Band 8B	52	54	1	↑	2.6%
of which Band 8C and above	82	92	11	↑	12.8%
of which staff within R&D	232	249	17	↑	7.4%
Medical and Dental	1,581	1,630	49	↑	3.1%
of which Doctors in Training	644	663	19	↑	3.0%
of which Career grade doctors	244	245	1	↑	0.5%
of which Consultants	693	722	29	↑	4.2%

What the information tells us:

Overall the Trust saw a 2.9% growth in its substantive workforce over the past 12 months and 6.2% over the past 24 months. Growth over the past 24 months is lowest within Additional Clinical Services, with an increase of 0.8%, and highest within Additional Professional Scientific and Technical at 11.1%. Growth over the past 12 months is lowest within Estates and Ancillary with an increase of 1.2%, and highest within Healthcare Scientists at 7%.

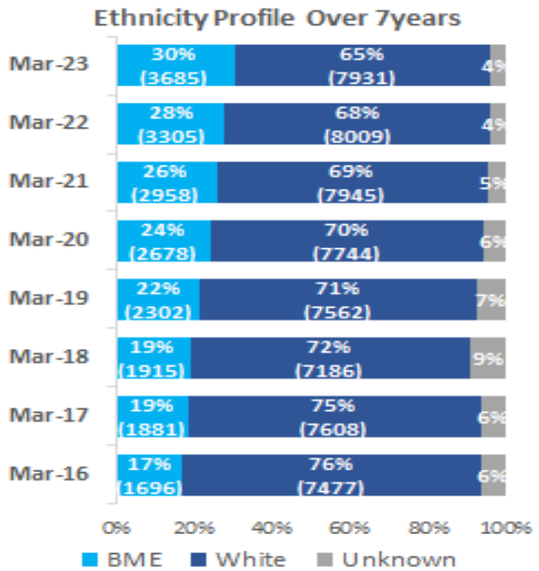
Operating Department Practitioner roles were regrouped from Add Prof Scientific and Technic to Allied Health Professionals on ESR from June 21 . This change has been updated for historical data set to allow for accurate comparison

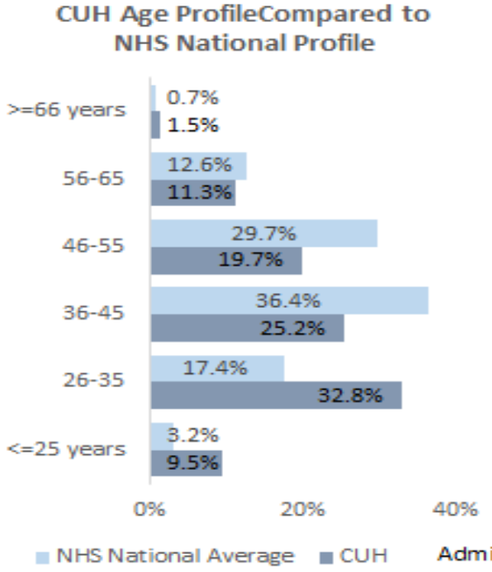
Author(s): Chloe Schafer, Amanda Coulier Owner(s): David Wherrett

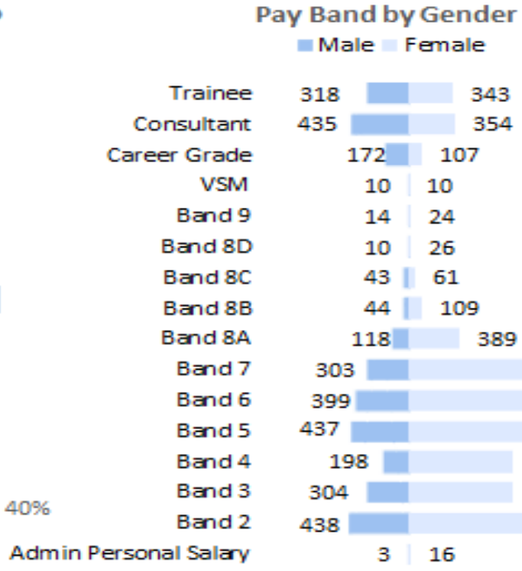
Equality Diversity and Inclusion (EDI)

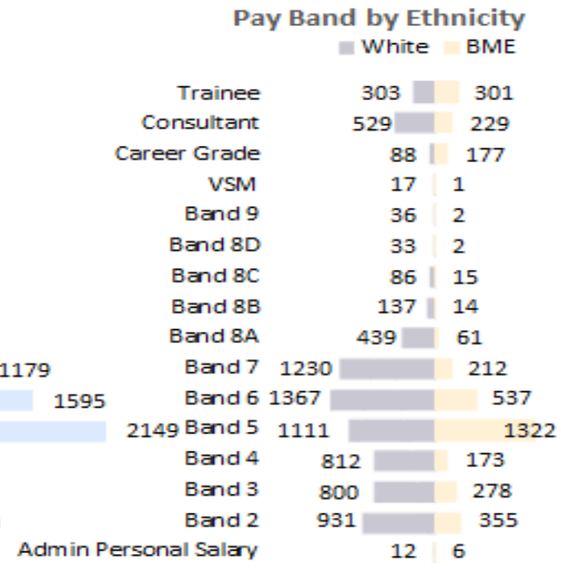
Cambridge University Hospitals NHS Foundation Trust

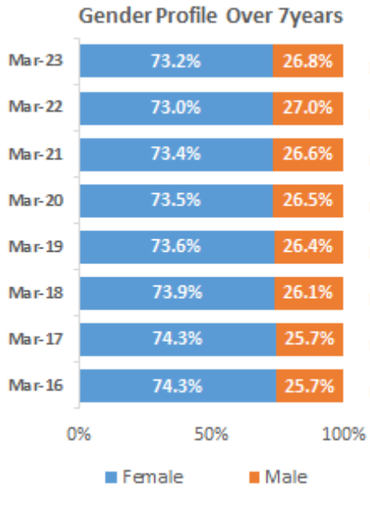
Workforce: Equality Diversity and Inclusion (EDI)

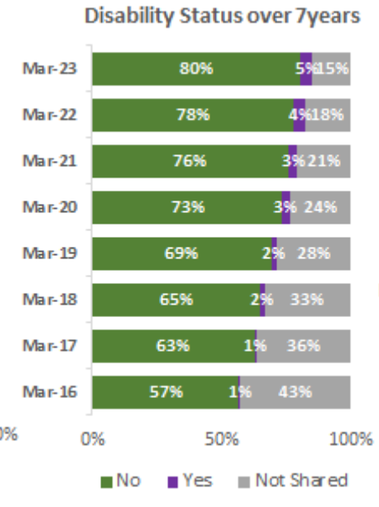


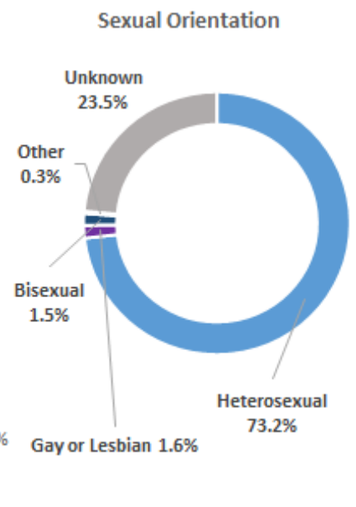












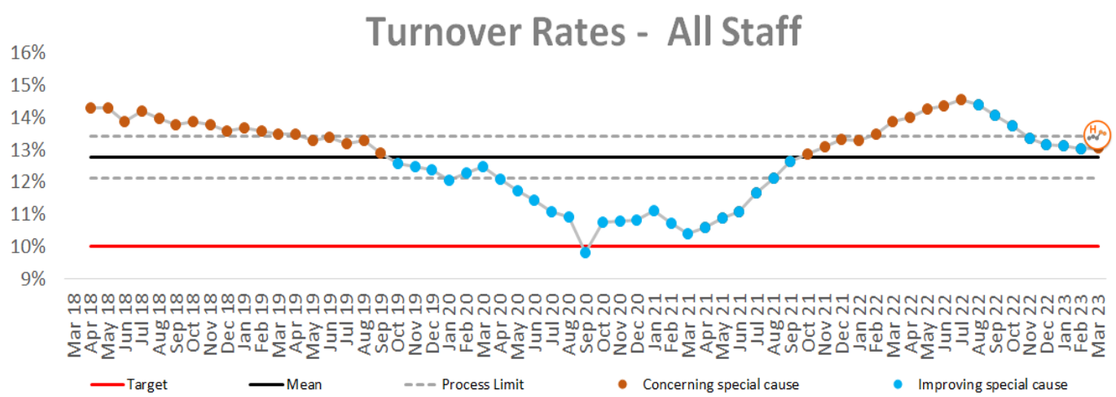
What the information tells us:

- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 58% of our total workforce.
- The percentage of BME workforce increased significantly by 13% over the 7 year period and currently make up 30% of CUH substantive workforce.
- The percentage of male staff increased by 1.1% to 26.8% over the past seven years.
- The percentage of staff recording a disability increased by 4% to 5% over the seven year period. However, there are still significant gaps between the data recorded about our staff on ESR compared with the information staff share about themselves when completing the National Staff Survey.
- There remains a high proportion of staff who have, for a variety of reasons, not shared their sexual orientation.

Staff Turnover

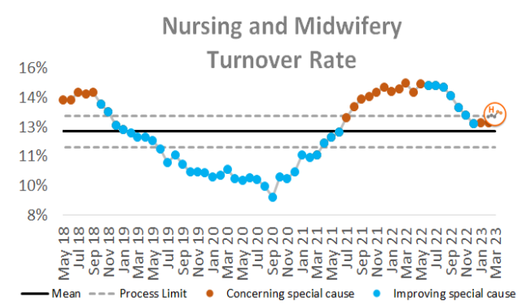
Cambridge University Hospitals NHS Foundation Trust

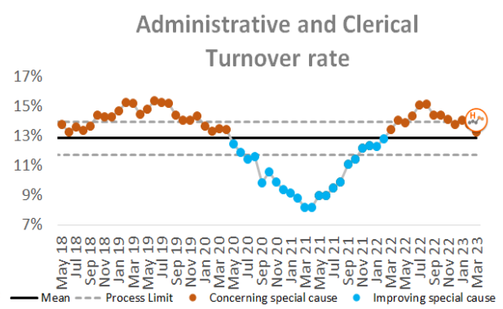
Workforce: Staff Turnover

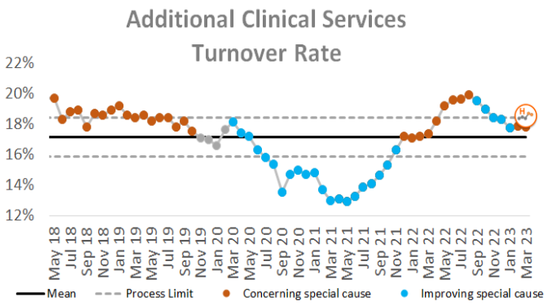


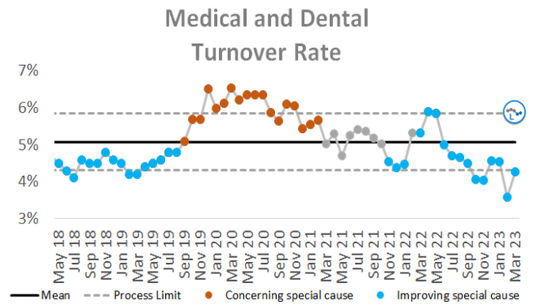
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (excludes all fixed term contracts including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

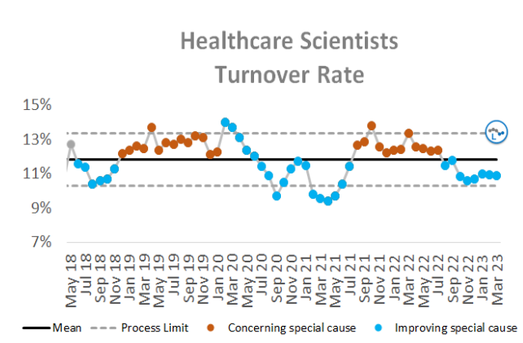
What the information tells us:
After a steady increase from March 2021 the Trust turnover rate has been decreasing since July 2022 - this month remaining the same as last month at 13%. This is more in line with pre-pandemic rates, however still 1% higher than 3 years ago. Estates and Ancillary staff group have the highest increase of 4% to 14% in the last three years, followed by Nursing and Midwifery with an increase of 3% to 12.9%. Within the staff groups, Additional Clinical Services have the highest turnover rate at 17.8% followed by Estates and Ancillary staff at 14%.

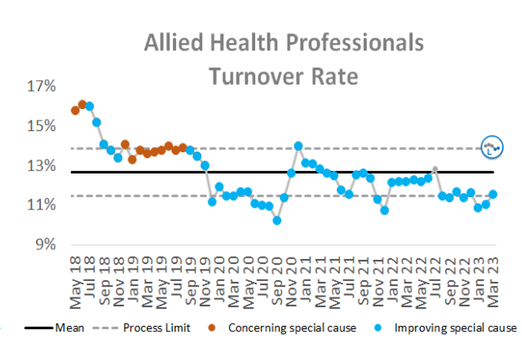


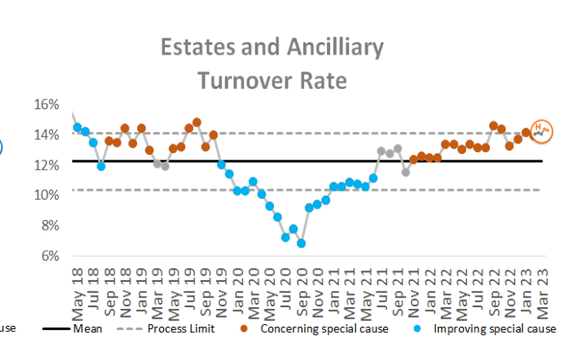


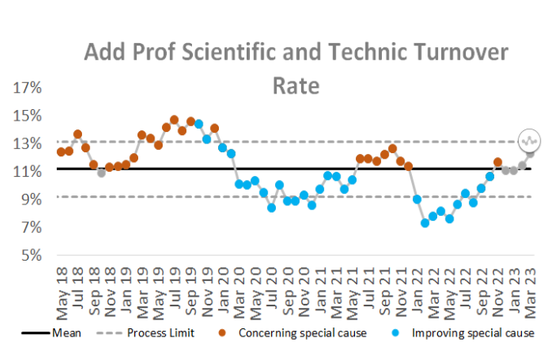












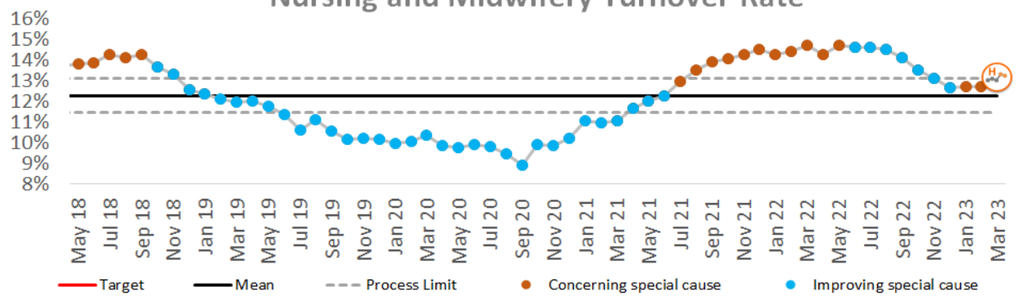
Author(s): Chloe Schafer, Amanda Coulier Owner(s): David Wherrett

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

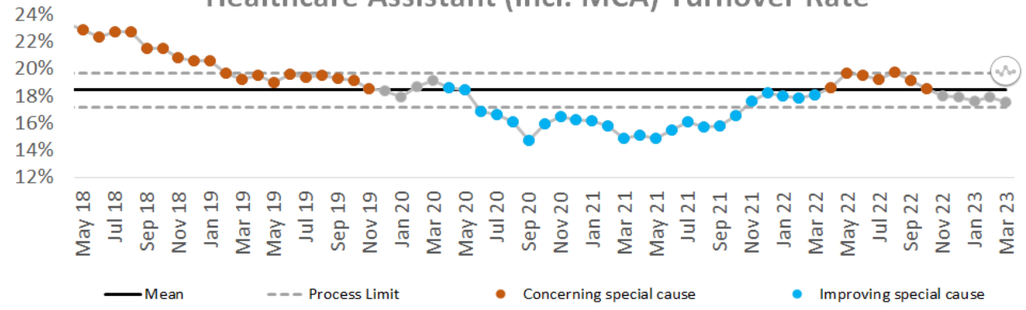
Cambridge University Hospitals NHS Foundation Trust

Workforce: Turnover rate for Nursing & Midwifery Staff Group

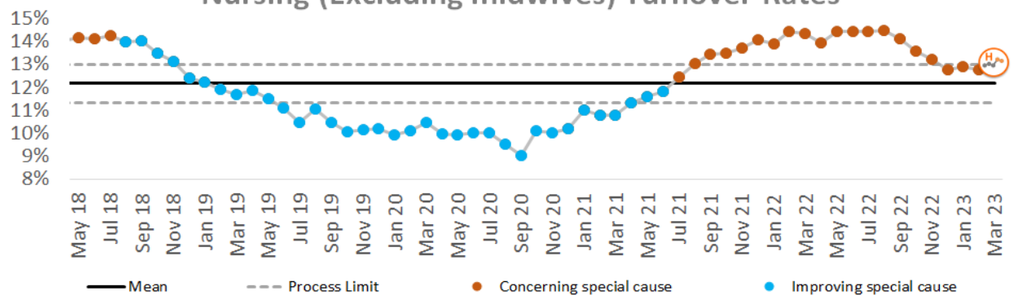
Nursing and Midwifery Turnover Rate



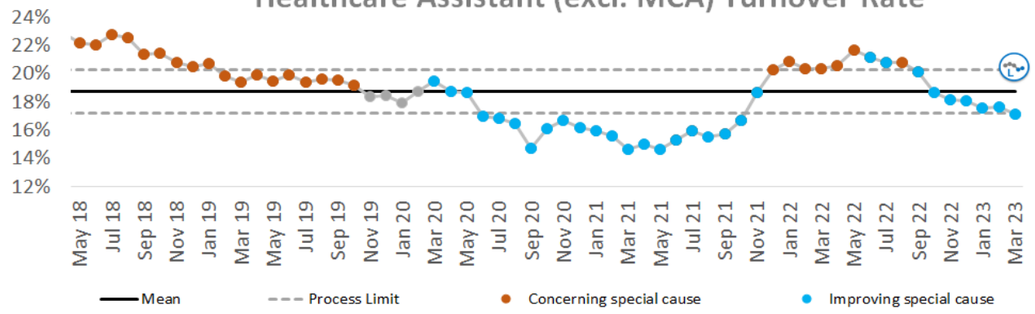
Healthcare Assistant (incl. MCA) Turnover Rate



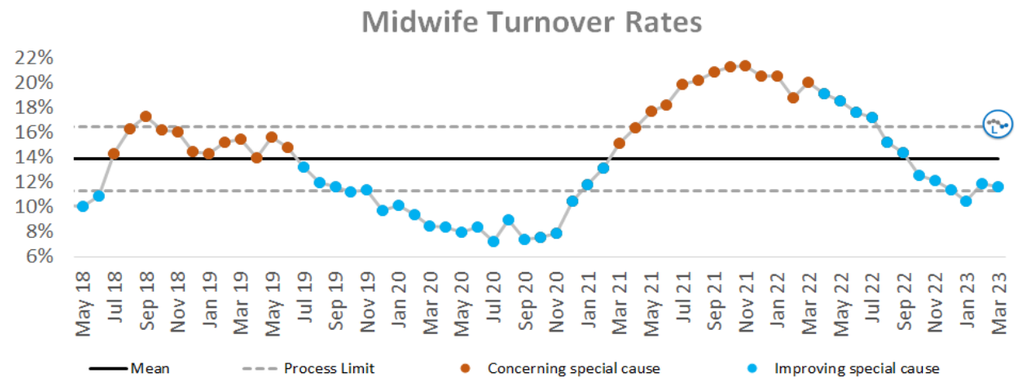
Nursing (Excluding midwives) Turnover Rates



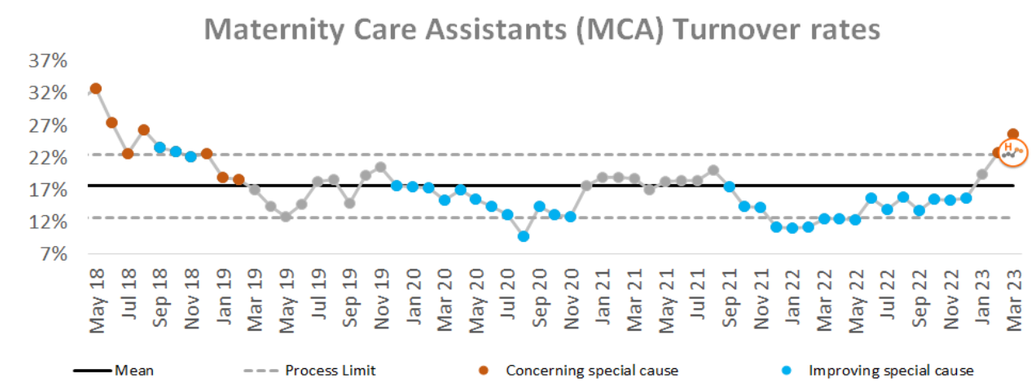
Healthcare Assistant (excl. MCA) Turnover Rate



Midwife Turnover Rates



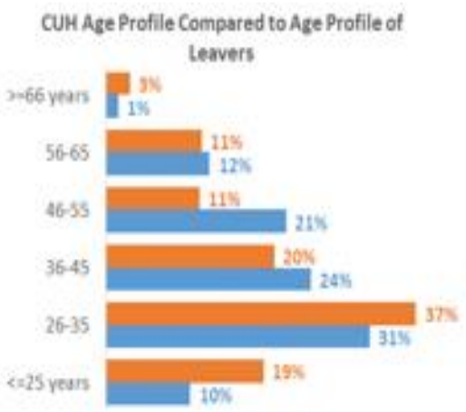
Maternity Care Assistants (MCA) Turnover rates

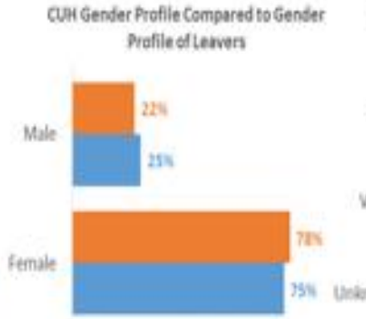


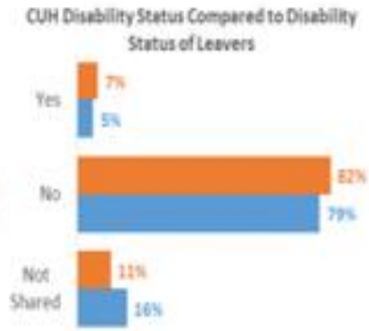
Leavers - Last 12 months

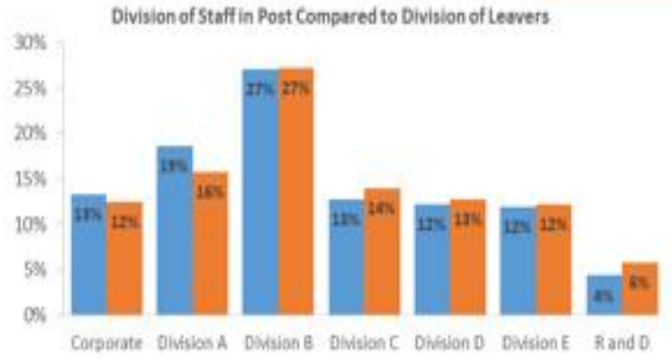
Cambridge University Hospitals NHS Foundation Trust

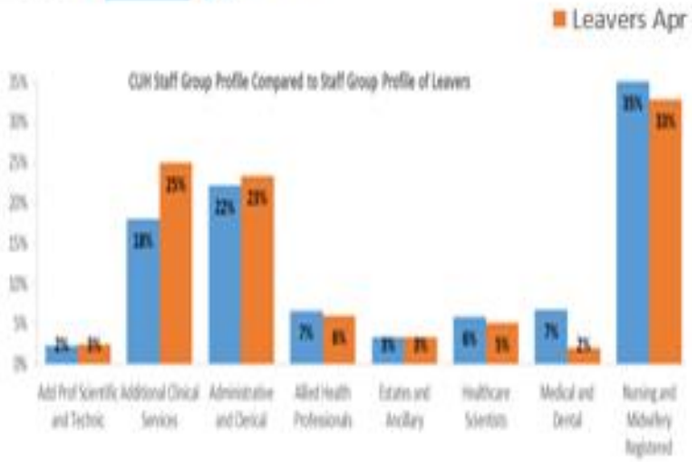
Workforce: Leavers

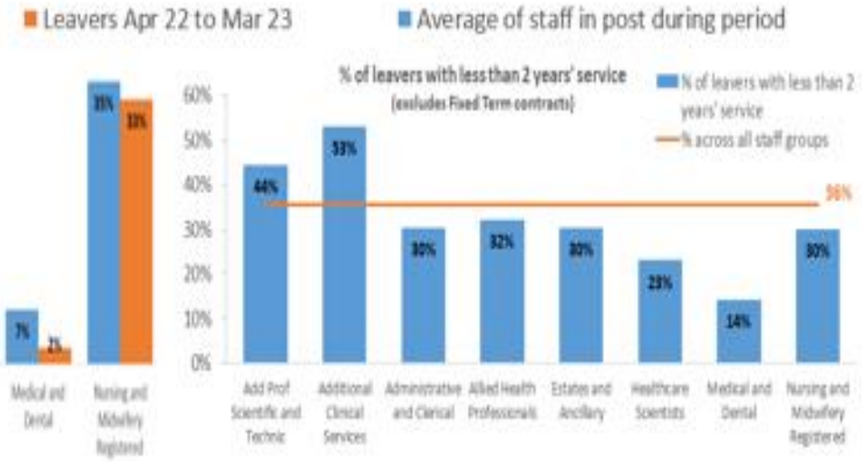


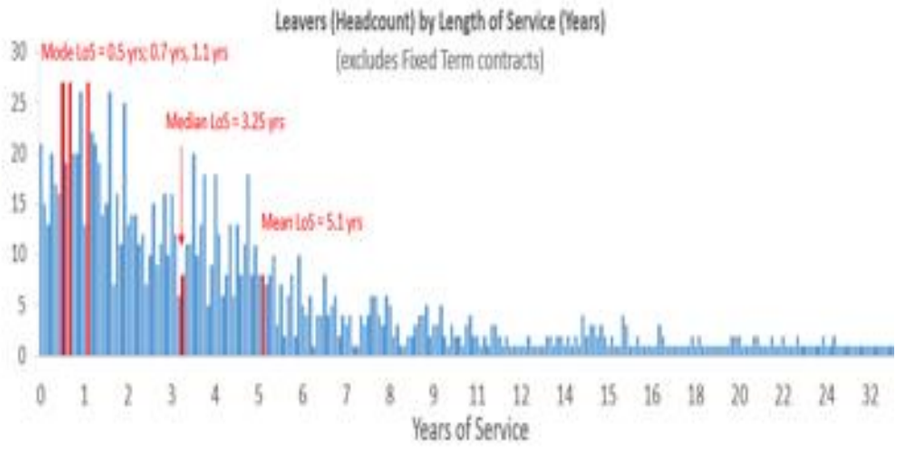












What the information tells us:

The majority of leavers from the Trust in the last 12 months were under the age of 35 (55%), which is higher than the proportion of staff in post of this age (41%). Gender, ethnicity profile and disability status are all generally equally represented in the leavers data when compared to the Trust profile, however there is a slightly higher proportion of females and staff declaring a disability leaving the Trust. There were a slightly higher proportion of leavers from Division C, Division D and R&D, compared to the average headcount in these divisions.

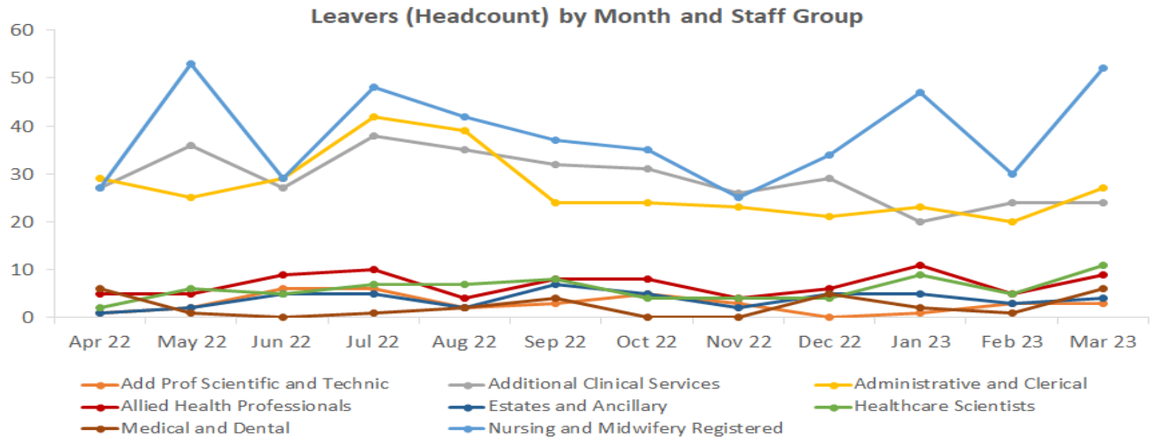
A significant proportion of leavers leave the Trust within 2 years of starting (36%), and within Additional Professional Scientific and Technical and Additional Clinical Services there is a much greater proportion than average (48% and 53% respectively). The most common lengths of service (modes) upon leaving are 6 months, 8 months and 13 months – in the last 12 months 81 of the 1,279 leavers who were on Permanent contracts left at one of these points. The average (mean) length of service was 5.1 years.

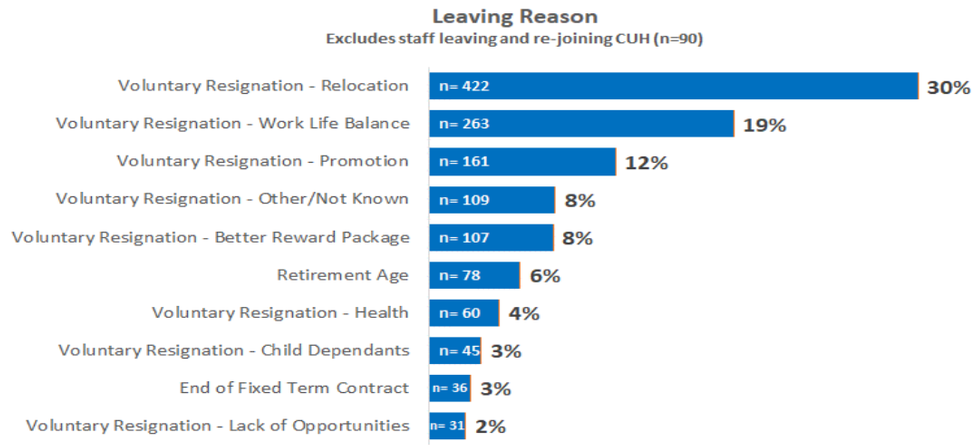
Leavers - Last 12 months

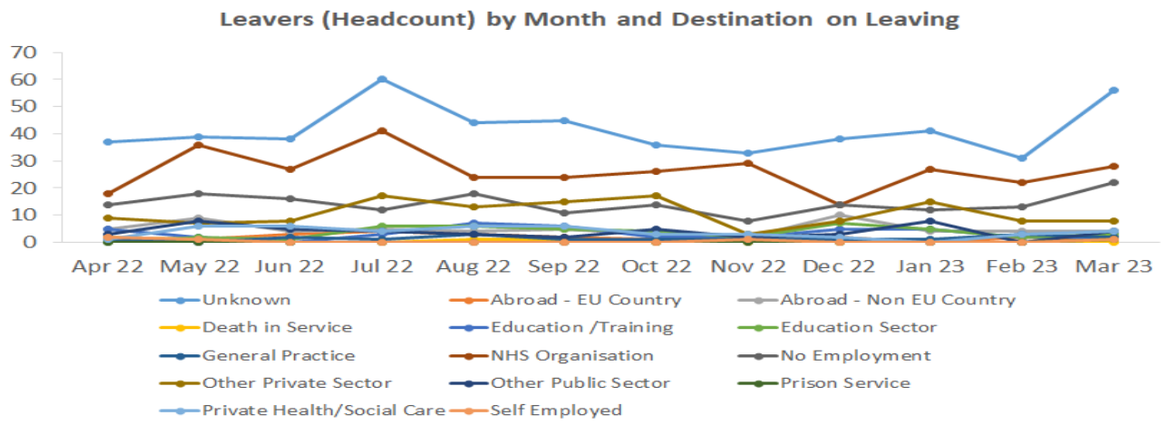
Cambridge University Hospitals NHS Foundation Trust

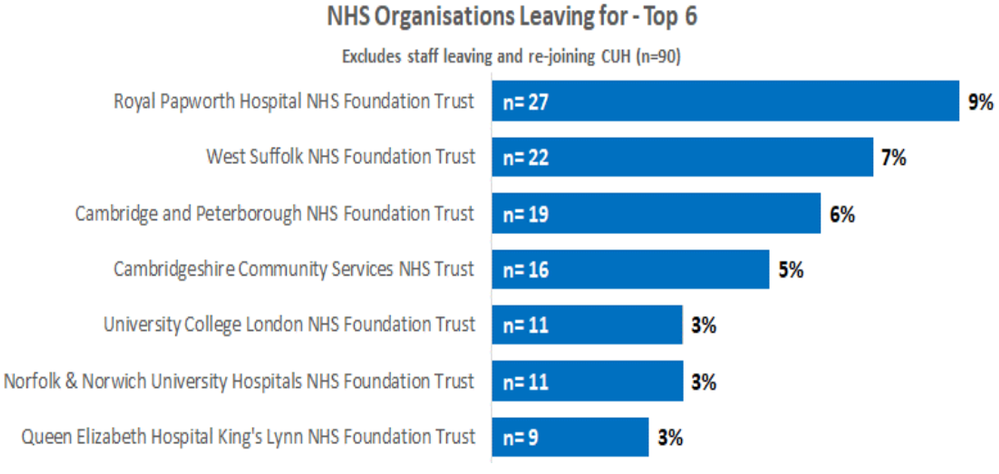
Workforce: Leavers

Excluding Fixed Term and Locum Medical and Dental









What the information tells us:

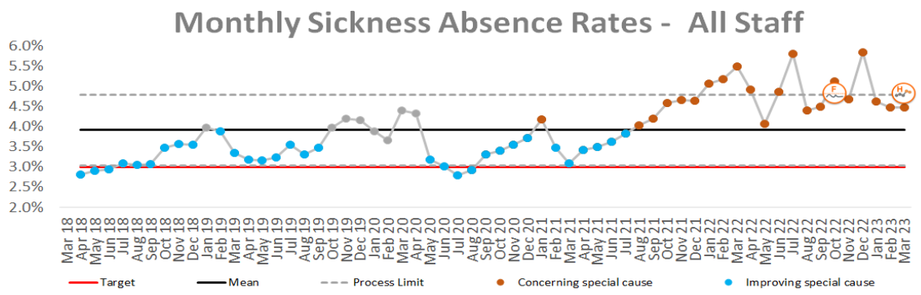
The top three reasons for leaving are Voluntary Resignation - due to relocation (30%), for work/life balance (19%) and for promotion (12%).

The top destination on leaving (other than unknown) is to another NHS organisation. The most popular external NHS organisation to leave for is Royal Papworth Hospital NHS Foundation Trust.

Sickness Absence

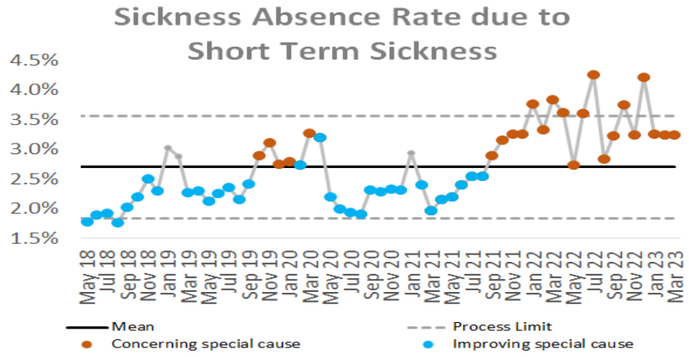
Cambridge University Hospitals NHS Foundation Trust

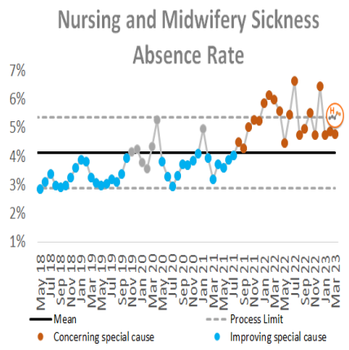
Workforce: Sickness Absence

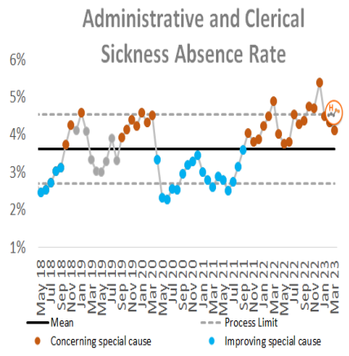


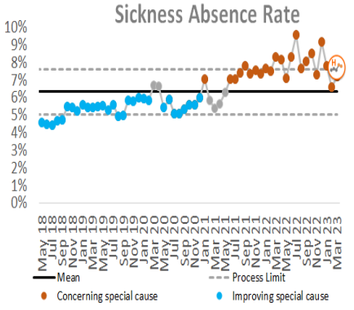
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

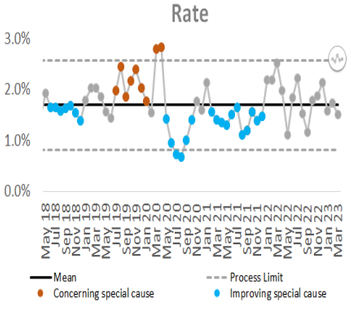
What the information tells us: The overall Monthly Sickness Absence is above average at 4.5%, and the same as last month. This is 1% lower than March last year (5.5%). The sickness absence rate due to short term illness is higher at 3.2% compared to long term sickness at 1.2%. Estates and Ancillary have the highest sickness absence rate at 7.8% followed by Additional Clinical Services at 7.2%.

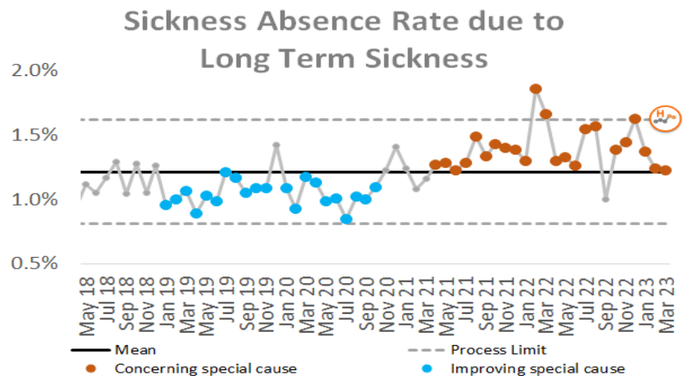


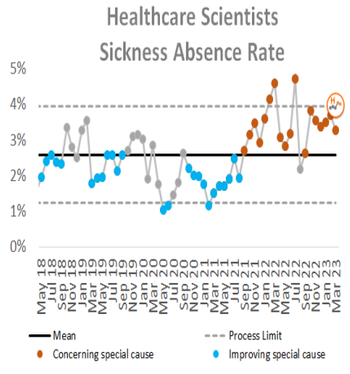


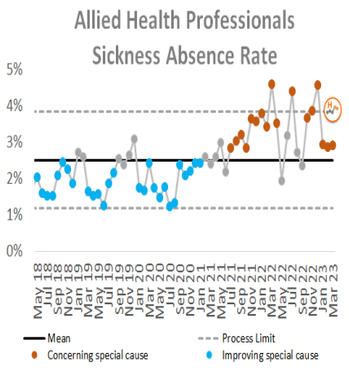


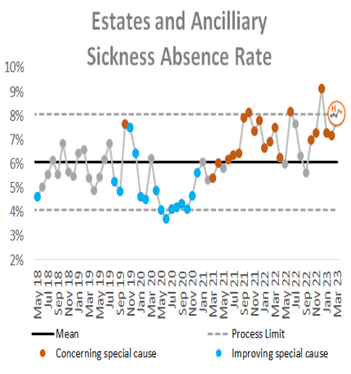


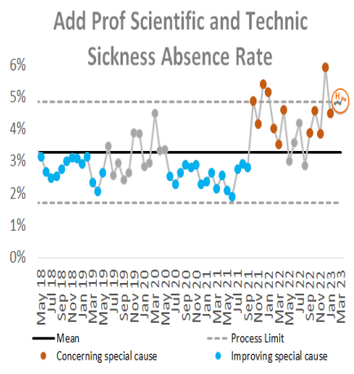








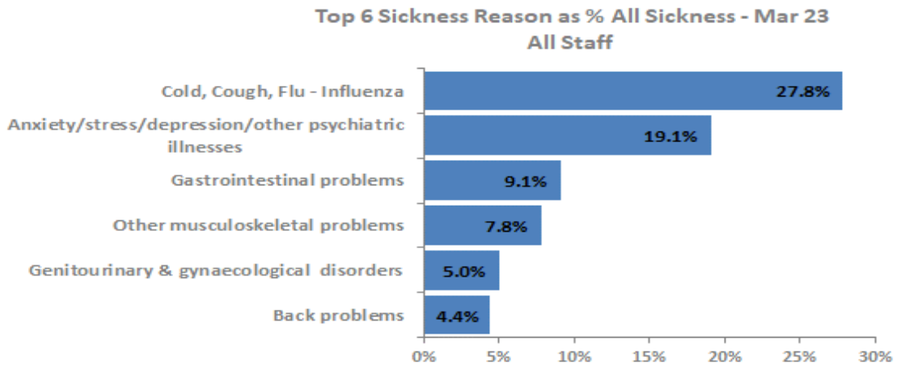




Top Six Sickness Absence Reason

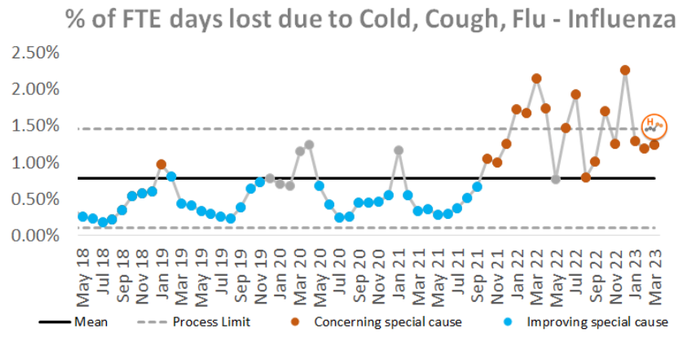
Cambridge University Hospitals NHS Foundation Trust

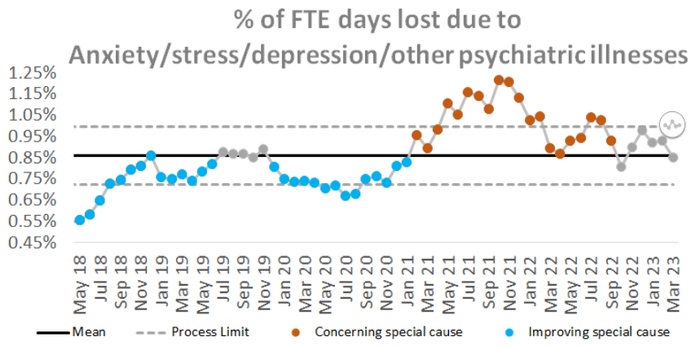
Workforce: Top Six Sickness Absence

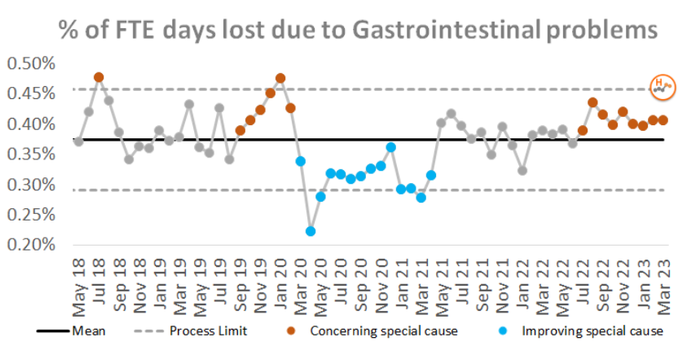


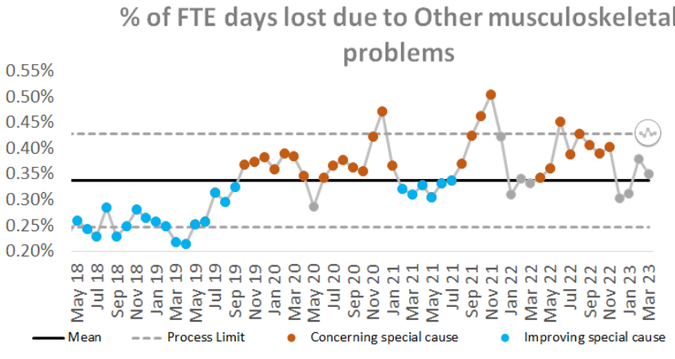
Background Information:Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

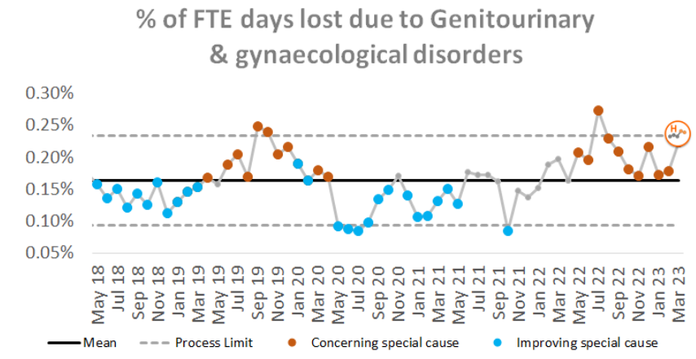
What the information tells us: The top reason for sickness absence is influenza-related sickness, with an absence rate of 1.2% - the same as last month, and 1% lower than the same month last year. As a percentage of all sickness absence, influenza-related accounts for 28% of the overall figure. Absence due to Anxiety/stress/depression/other psychiatric illnesses remained the same at 0.9% in March.

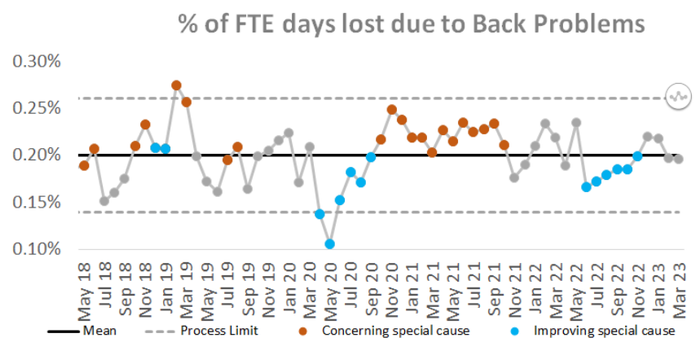












Author(s):Tosin Okufuwa, Amanda Wood

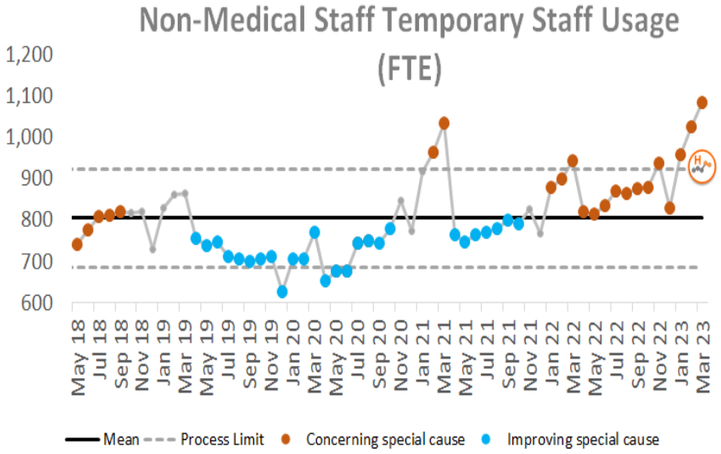
Owner(s): David Wherrett

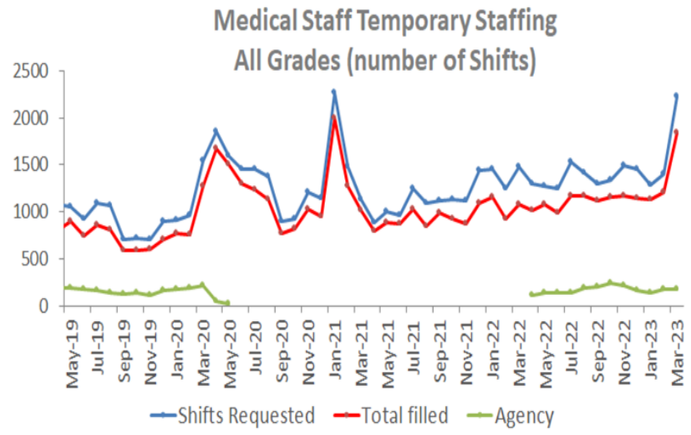
Together-Safe | Kind | Excellent

Temporary Staffing

Cambridge University Hospitals NHS Foundation Trust

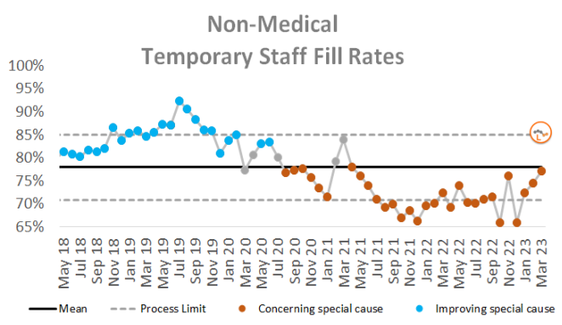
Workforce: Temporary Staffing

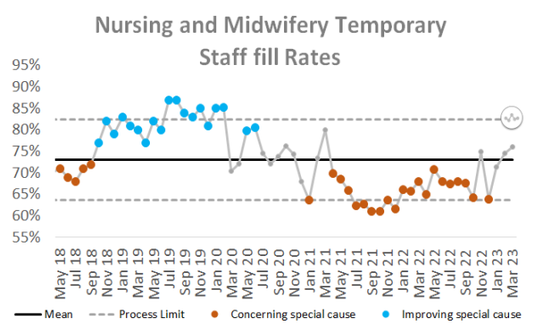


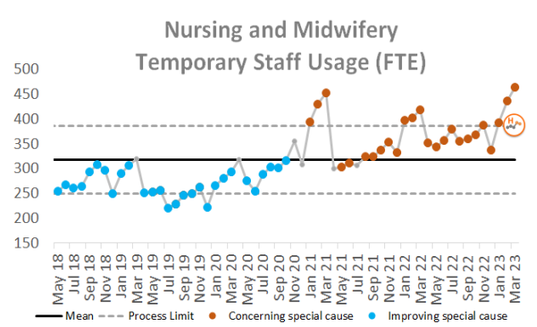


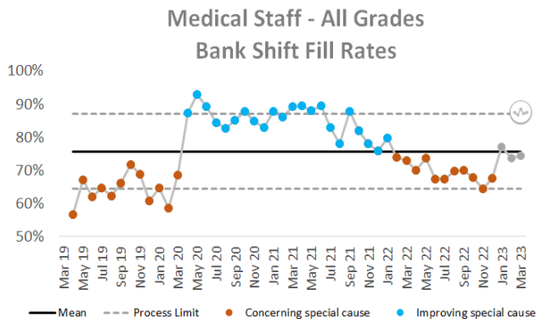
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

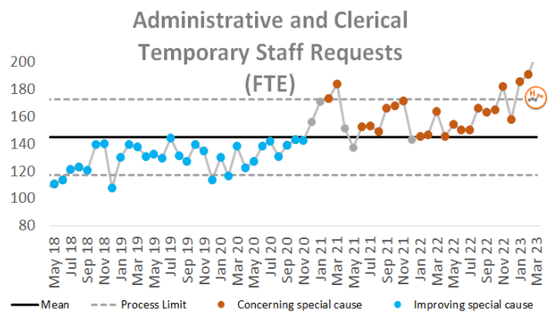
What the information tells us: Demand for non-medical temporary staff increased by 2.1% from the previous month to 1,409 WTE. Top three reasons for request are vacancy (48%), increased workload (19%) and sickness cover (14%). Nursing and midwifery agency usage decreased by 0.2 WTE from the previous month to 37.3 WTE. This accounts for 8% of the total nursing filled shifts. Overall, fill rate has increased by 3% from last month to 77% in March 2023.
Demand for temporary medical staff increased by 59% in March due to industrial action. Fill rate kept in line with previous months, at 82%, with 392 shifts left unfilled.

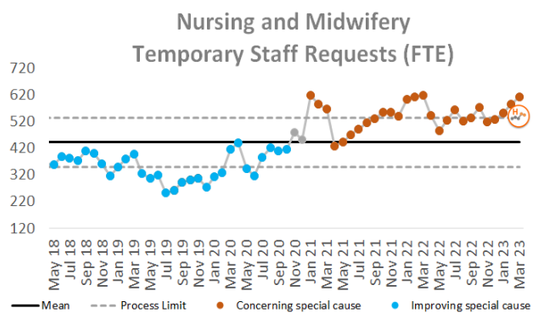


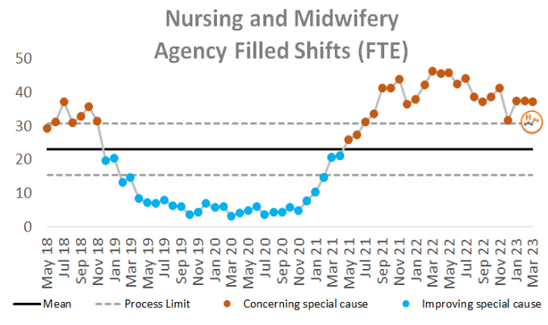


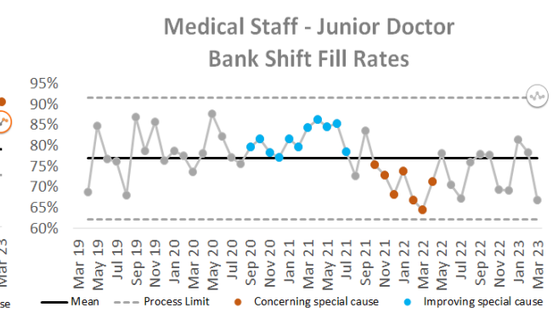












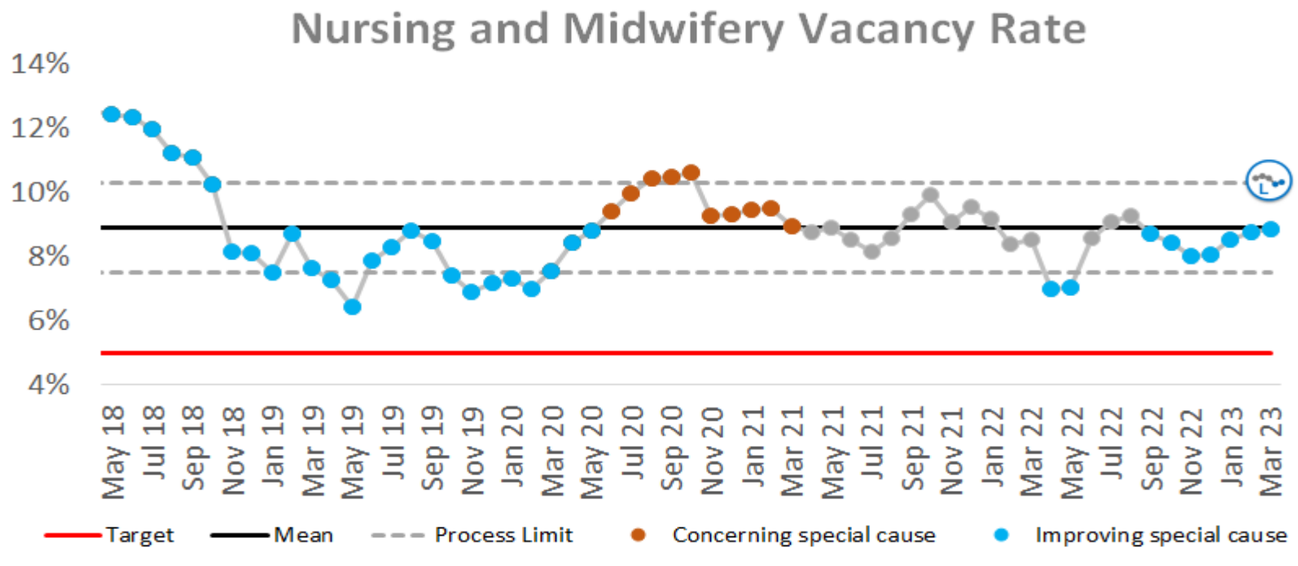
Author(s): Tosin Okufuwa, Amanda Wood

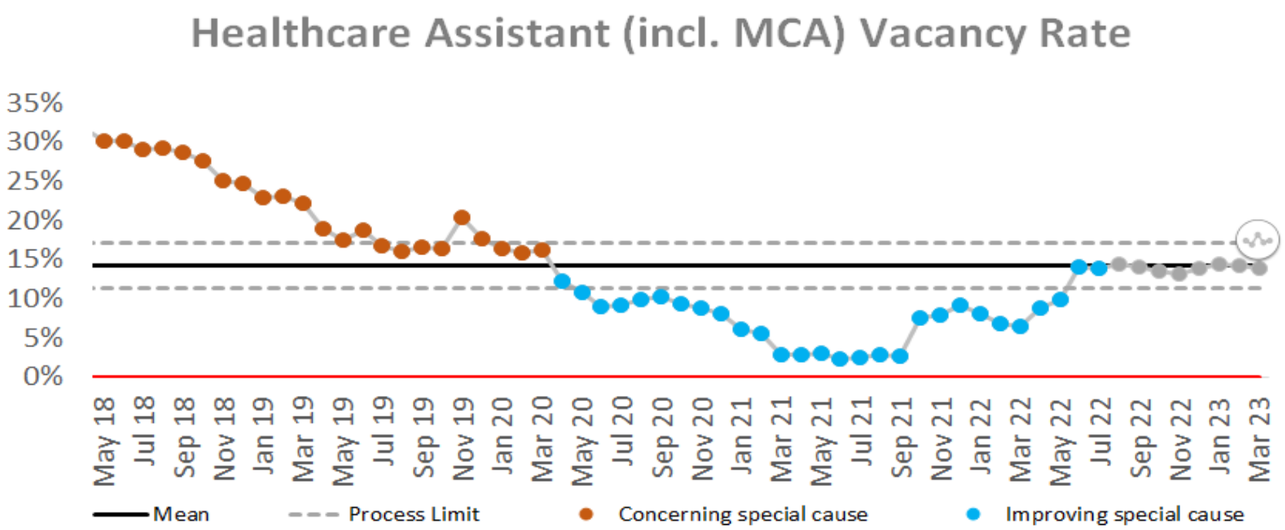
Owner(s): David Wherrett

ESR Vacancy Rate

NHS
Cambridge University Hospitals
NHS Foundation Trust

Workforce: ESR Vacancy Rate





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

What the information tells us: The vacancy rates for both Healthcare Assistants and Nursing and Midwifery have remained largely unchanged in March 2023, at 14% and 8.8% respectively. This is an increase of 0.1% for Nursing and Midwifery and a decrease of 0.3% for Healthcare Assistants from last month.
The vacancy rate for both staff groups are above the target rate of 5% for Nurses and 0% for HCAs.

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

Annual Leave Update

NHS Cambridge University Hospitals NHS Foundation Trust

Workforce: Annual Leave Update

Percentage of Annual Leave (AL) Taken – March 23 Breakdown (source: Healthroster)

	Staff Group	Total Entitlement (Hrs)	Total AL Taken (Hrs)	*% AL Taken	% of staff with Entitlement recorded on Healthroster
Annual Leave taken by Staff Group	Add Prof Scientific and Technic	49,210	39,742	80.8%	95%
	Additional Clinical Services	345,469	301,858	87.4%	96%
	Administrative and Clerical	465,004	390,280	83.9%	95%
	Allied Health Professionals	140,753	117,601	83.6%	98%
	Estates and Ancillary	75,314	66,932	88.9%	99%
	Healthcare Scientists	135,027	111,234	82.4%	95%
	Medical and Dental	142,622	70,234	49.2%	37%
	Nursing and Midwifery Registered	746,530	689,249	92.3%	98%
	Trust	**2,099,930**	**1,787,129**	85.1%	88%
Annual Leave taken by Division	*Division*				
	Corporate	293,611	246,916	84%	95%
	Division A	398,569	333,934	84%	87%
	Division B	581,645	496,141	85%	93%
	Division C	258,742	214,842	83%	79%
	Division D	247,947	215,063	87%	85%
	Division E	226,384	204,891	91%	86%
	R&D	93,032	75,342	81%	94%

* Greater than 80% | Less than 60% | Between 60% and 80%

What the information tells us: The Trust's annual leave usage is 85% of the expected usage at the end of the financial year. The highest rate of use of annual leave is within the Nursing and Midwifery Registered staff group, followed by Estates and Ancillary at 92% and 89% respectively.

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

When excluding medical data, the Trust's annual leave usage for non medical staff is 88% of the expected usage at the end of the financial year.

Mandatory Training by Division and Staff Group

Cambridge University Hospitals NHS Foundation Trust

Workforce: Mandatory Training

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

		Induction	Greater than 94%	Less than 80%	Between 80% and 94%	Mandatory Training Competency (as defined by Skills for Health)												Greater than 89%	Less than 75%	Between 75% and 89%	
		Non-Medical		Medical																	
		Corporate Induction	Local Induction	Corporate Induction	Local Induction	Conflict Resolution	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare	Infection Control	Information Governance including GDPR and Cyber Security	Moving & Handling	Resuscitation	Safeguarding Adults	Safeguarding Adult Lvl 2	Safeguarding Children Lvl 1	Safeguarding Children Lvl 2	Safeguarding Children Lvl 3	Prevent Level Three (WRAP)	Total Compliance
Frequency						3 yrs	3 yrs	2 yrs/1yr	3yrs	2 yrs	1 yr	2 yrs/1yrs	2 yrs/1yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs/1yr	3 yrs	
Delivery Method		cl	f2f	cl/	f2f	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/el	cl/e/	cl/el	cl/el	cl/el	cl/el	cl	
Staff Requiring Competency		1,068	1,067	505	504	10,804	10,804	10,973	10,804	10,804	10,804	10,970	7,364	10,804	7,826	10,804	7,810	1,848	1,495		
Compliance by Division																					
Compliance by Division	Division A	(18)89.5%	(54)68.6%	(30)76.2%	(28)77.6%	(65)96.8%	(68)96.7%	(377)82.0%	(68)96.7%	(123)94.0%	(199)90.3%	(310)85.2%	(349)81.4%	(98)95.2%	(180)90.6%	(56)97.3%	(170)91.1%	(72)67.7%	(36)80.9%	90.9%	
	Division B	(17)94.3%	(39)87.0%	(20)70.1%	(9)86.6%	(68)97.6%	(80)97.2%	(220)92.3%	(86)97.0%	(146)94.8%	(222)92.1%	(329)88.5%	(260)82.1%	(123)95.6%	(212)88.3%	(83)97.1%	(200)88.8%	(23)83.2%	(15)89.1%	93.2%	
	Division C	(19)88.8%	(48)71.8%	(33)76.8%	(23)83.8%	(48)96.8%	(64)95.7%	(259)83.2%	(74)95.1%	(129)91.4%	(171)88.6%	(286)81.5%	(288)79.8%	(98)93.5%	(124)91.4%	(70)95.3%	(130)91.0%	(67)74.8%	(45)83.0%	89.6%	
	Division D	(6)93.5%	(26)71.7%	(26)70.1%	(21)75.9%	(59)95.6%	(74)94.5%	(262)80.7%	(79)94.1%	(134)90.0%	(206)84.6%	(287)78.9%	(283)75.1%	(93)93.0%	(123)89.3%	(68)94.9%	(115)90.0%	(35)75.7%	(31)78.3%	88.1%	
	Division E	(6)95.9%	(33)77.6%	(18)76.3%	(15)80.3%	(48)96.3%	(47)96.4%	(225)83.0%	(57)95.6%	(85)93.4%	(145)88.8%	(301)77.2%	(205)82.3%	(88)93.2%	(118)89.9%	(46)96.4%	(95)91.9%	(204)80.6%	(89)88.0%	89.5%	
	Corporate	(14)89.8%	(34)75.2%	(1)83.3%	(1)83.3%	(49)96.4%	(53)96.1%	(105)92.3%	(57)95.8%	(93)93.2%	(140)89.8%	(118)91.4%	(30)81.5%	(72)94.7%	(16)90.6%	(54)96.0%	(20)88.5%	(7)63.2%	(3)82.4%	93.4%	
	R & D	(1)98.0%	(8)84.0%			(13)97.0%	(16)96.3%	(28)93.5%	(15)96.5%	(13)97.0%	(26)93.9%	(30)93.1%	(12)92.1%	(14)96.7%	(12)93.3%	(11)97.4%	(13)92.7%	(2)77.8%	(0)100.0%	95.2%	
	Breakdown of Medical staff compliance																				
	Consultant			(8)84.3%	(12)76.5%	(23)96.9%	(21)97.2%	(74)90.1%	(23)96.9%	(78)89.6%	(93)87.6%	(77)89.7%	(163)78.7%	(34)95.5%	(52)93.2%	(24)96.8%	(57)92.5%	(28)87.8%	(21)89.8%	91.8%	
	Non Consultant			(120)73.6%	(85)81.2%	(94)88.0%	(104)86.8%	(154)80.4%	(134)83.0%	(178)77.4%	(239)69.6%	(211)73.2%	(426)50.3%	(171)78.2%	(212)75.0%	(139)82.3%	(203)76.2%	(86)53.3%	(41)71.1%	76.1%	
	Compliance by Staff group																				
Compliance by Staff Group	Add Prof Scientific and Technic	(0)100.0%	(3)88.9%			(6)97.3%	(6)97.3%	(10)95.6%	(7)96.9%	(12)94.7%	(17)92.5%	(17)92.5%	(7)81.6%	(7)96.9%	(19)90.4%	(4)98.2%	(17)91.1%	(3)62.5%	(2)75.0%	94.6%	
	Additional Clinical Services	(32)88.1%	(56)79.1%			(44)97.5%	(45)97.4%	(290)83.9%	(44)97.5%	(71)95.9%	(156)91.0%	(324)82.0%	(249)82.4%	(61)96.5%	(213)86.7%	(37)97.9%	(195)87.8%	(33)79.6%	(11)89.7%	91.2%	
	Administrative and Clerical	(20)91.8%	(50)79.3%			(81)96.4%	(91)96.0%	(131)94.2%	(96)95.7%	(168)92.5%	(197)91.2%	(185)91.8%	(10)54.5%	(120)94.7%	(12)88.8%	(96)95.7%	(13)88.1%	(6)25.0%	(3)62.5%	93.9%	
	Allied Health Professionals	(3)95.5%	(14)79.1%			(9)98.6%	(11)98.3%	(67)90.0%	(9)98.6%	(22)96.6%	(35)94.6%	(113)83.2%	(94)85.9%	(19)97.1%	(30)95.5%	(8)98.8%	(38)94.3%	(13)80.0%	(7)89.2%	94.0%	
	Estates and Ancillary	(5)88.4%	(9)79.1%			(5)98.5%	(6)98.2%	(25)92.8%	(6)98.2%	(15)95.6%	(35)89.8%	(6)98.2%	(6)98.2%	(9)97.4%	(9)97.4%	(6)98.2%				96.0%	
	Healthcare Scientists	(1)98.0%	(10)79.6%			(8)98.7%	(9)98.5%	(28)95.4%	(11)98.2%	(24)96.0%	(36)94.1%	(43)93.0%	(20)80.6%	(12)98.0%	(45)74.3%	(6)99.0%	(27)82.8%	(1)94.1%	(1)94.1%	95.3%	
	Medical and Dental			(128)74.7%	(97)80.8%	(117)92.4%	(125)91.9%	(228)85.2%	(157)89.8%	(256)83.3%	(332)78.4%	(288)81.3%	(589)63.7%	(205)86.7%	(264)83.6%	(163)89.4%	(260)83.9%	(114)72.4%	(62)82.1%	83.5%	
	Nursing and Midwifery Registered	(20)94.6%	(100)73.0%			(80)97.7%	(109)96.9%	(697)80.3%	(106)96.9%	(155)95.5%	(301)91.3%	(685)80.6%	(458)86.9%	(153)95.6%	(202)94.2%	(68)98.0%	(193)94.4%	(240)79.6%	(133)85.9%	91.7%	
	Trust Total	(81)92.4%	(242)77.3%	(128)74.7%	(97)80.8%	(350)96.8%	(402)96.3%	(1476)86.5%	(436)96.0%	(723)93.3%	(1109)89.7%	(1661)84.9%	(1427)80.6%	(586)94.6%	(785)90.0%	(388)96.4%	(743)90.5%	(410)77.8%	(219)85.4%	91.1%	

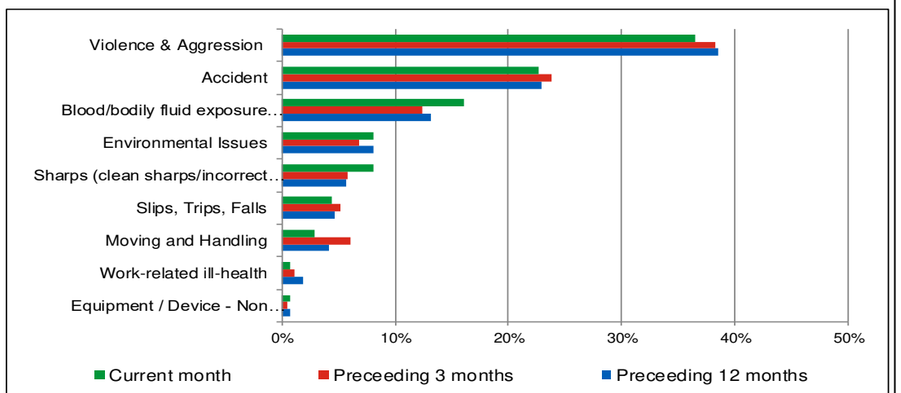
Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

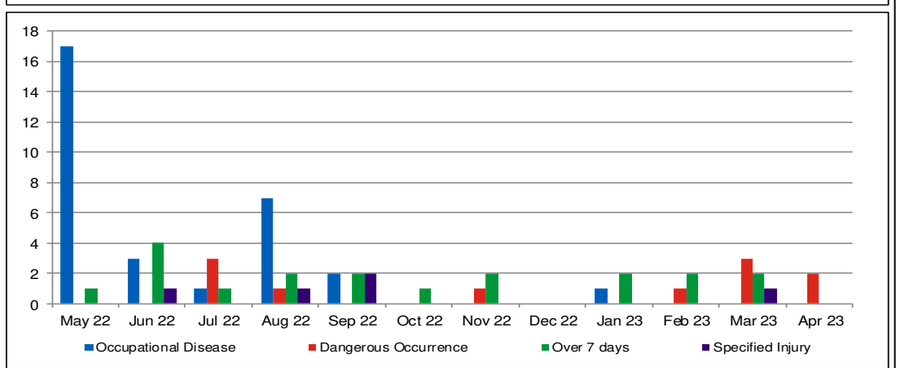
Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents 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:	**1798**	**360**	**281**	**528**	**306**	**187**	**54**	**82**
Accident	**412**	88	81	102	59	41	6	35
Blood/bodily fluid exposure (dirty sharps/splashes)	**237**	73	41	42	41	31	8	1
Environmental Issues	**146**	30	33	9	25	27	9	13
Equipment / Device - Non Medical	**14**	3	1	3	3	4	0	0
Moving and Handling	**74**	17	15	14	14	5	1	8
Sharps (clean sharps/incorrect disposal & use)	**103**	31	20	13	15	14	6	4
Slips, Trips, Falls	**84**	20	17	18	6	7	4	12
Violence & Aggression	**694**	91	66	323	137	53	15	9
Work-related ill-health	**34**	7	7	4	6	5	5	0





A total of 1,798 health and safety incidents were reported in the previous 12 months.

879 (49%) incidents resulted in harm. The highest reporting categories were violence and aggression (39%), accidents (23%) and blood/bodily fluid exposure (13%).

1,247 (69%) of incidents affected staff, 491 (27%) affected patients and 60 (3%) affected others ie contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (41%), blood/bodily fluid exposure (18%) and accidents (16%).

The highest reported incident categories for patients were: accidents (41%), violence & aggression (35%) and environmental issues (10%).

The highest reported incident categories for others were: accidents (25%), environmental issues (25%) and violence & aggression (23%).

Staff incident rate is 10.3 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 528 incidents. Of these, 61% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was occupational disease (47%).

In the last 12 months, 53% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In April 2023, 2 incidents were reported to the HSE:

- Dangerous occurrence: Whilst trying to get venous access, the Injured Person (IP) removed a cannula from the patients left forearm and punctured their left index finger. The patient is Hep C positive. Appropriate first aid was administered and follow up with occupational health.
- Dangerous occurrence: During a liver transplant, on a Hepatitis B positive patient, the IP sustained a needlestick from the suture needle. The IP encouraged the finger to bleed (no blood came out) and washed it under running water. The IP attended Occupational Health for appropriate follow up.

Author(s): Helen Murphy

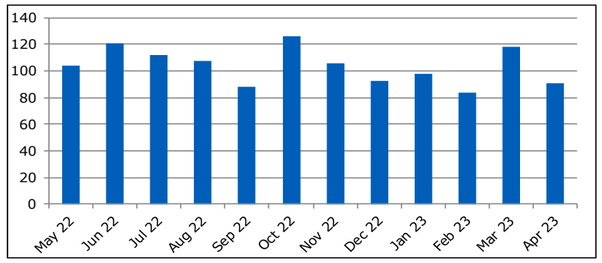
Owner(s):

Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:

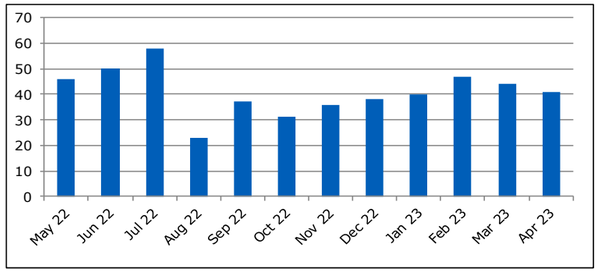


	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	Total
Accident	15	14	20	15	18	16	19	14	12	14	21	16	**194**
Blood/bodily fluid exposure (dirty sharps/splashes)	16	19	20	17	13	32	14	20	20	12	20	18	**221**
Environmental Issues	4	7	20	16	1	6	1	6	4	2	8	8	**83**
Moving and Handling	3	5	2	4	7	2	1	2	5	8	9	3	**51**
Sharps (clean sharps/incorrect disposal & use)	8	4	8	10	5	8	10	5	5	7	3	9	**82**
Slips, Trips, Falls	8	7	3	5	10	4	6	4	8	7	4	6	**72**
Violence & Aggression	45	61	36	36	34	57	52	37	39	33	50	30	**510**
Work-related ill-health	5	4	3	4	0	1	3	4	5	1	3	1	**34**
Total	**104**	**121**	**112**	**107**	**88**	**126**	**106**	**92**	**98**	**84**	**118**	**91**	**1247**

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

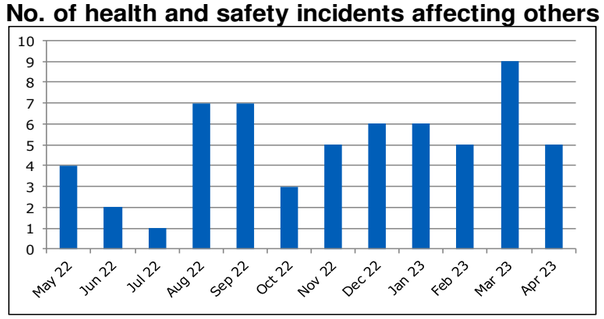
	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	Total
No. of health & safety incidents	104	121	112	107	88	126	106	92	98	84	118	91	**1247**
Staff incident rate per month/year	0.9	1.0	0.9	0.9	0.7	1.0	0.9	0.8	0.8	0.7	1.0	0.8	**10.3**

No. of health and safety incidents affecting patients:



	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	Total
Accident	25	20	20	8	13	13	15	19	19	17	21	13	**203**
Blood/bodily fluid exposure (dirty sharps/splashes)	1	1	1	0	3	0	0	3	2	0	1	3	**15**
Environmental Issues	1	4	12	2	0	3	8	7	3	5	1	2	**48**
Equipment / Device - Non Medical	1	1	2	1	0	1	3	1	2	1	0	1	**14**
Moving and Handling	0	5	2	2	1	0	3	2	1	4	2	1	**23**
Sharps (clean sharps/incorrect disposal & use)	0	3	2	2	2	1	0	1	0	2	3	2	**18**
Violence & Aggression	18	16	19	8	18	13	7	5	13	18	16	19	**170**
Total	**46**	**50**	**58**	**23**	**37**	**31**	**36**	**38**	**40**	**47**	**44**	**41**	**491**

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



	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	Total
Accident	2	1	0	0	3	1	2	0	2	0	2	2	**15**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	0	0	0	0	0	0	0	0	0	1	**1**
Environmental Issues	2	0	0	2	1	1	1	2	2	1	2	1	**15**
Sharps (clean sharps/incorrect disposal & use)	0	0	0	1	0	0	0	0	2	0	0	0	**3**
Slips, Trips, Falls	0	1	0	1	1	0	1	2	0	2	4	0	**12**
Violence & Aggression	0	0	1	3	2	1	1	2	0	2	1	1	**14**
Total	**4**	**2**	**1**	**7**	**7**	**3**	**5**	**6**	**6**	**5**	**9**	**5**	**60**

Board of Directors

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Board of Directors: 10 May 2023

Agenda item	9.1
Title	Nurse safe staffing
Sponsoring executive director	Lorraine Szeremeta, Chief Nurse
Author(s)	Amanda Small, Deputy Chief Nurse Sarah Raper, Roster Support Lead Annesley Donald, Deputy Director of Workforce
Purpose	To provide the Board with the monthly nurse safe staffing report.
Previously considered by	Management Executive, 4 May 2023

Executive Summary

The nursing and midwifery safe staffing report for March 2023 is attached. Page 2 of the report includes an Executive Summary.

Related Trust objectives	Improving patient care, Supporting our staff
Risk and Assurance	Insufficient nursing and midwifery staffing levels
Related Assurance Framework Entries	BAF ref: 007
Legal / Regulatory / Equality, Diversity & Dignity implications?	NHS England & CQC letter to NHSFT CEOs (31.3.14) NHS Improvement Letter – 22 April 2016; NHS Improvement letter re: CHPPD – 29 June 2018; NHS Improvement – Developing workforce safeguards October 2018

How does this report affect Sustainability?	n/a
Does this report reference the Trust's values of “Together: safe, kind and excellent”?	n/a

Action required by the Board of Directors

The Board is asked to receive and note the nurse safe staffing report for March 2023.

Monthly Nurse Safe Staffing

Cambridge University Hospitals NHS Foundation Trust

Together
Safe
Kind
Excellent

Sponsoring executive director: Lorraine Szeremeta, Chief Nurse

Amanda Small, Deputy Chief Nurse

Sarah Raper Project, Lead Nurse safe staffing

Board of Directors: 10 May 2023

Executive Summary

This slide set provides an overview of the Nursing and Midwifery staffing position for March 2023.

There has been an increasing trend in the vacancy position for Registered Nurses (RNs) to 9.4% in March compared to 9.3% in February, the vacancy position for registered children's nurses (RSCNs) to 20.2% from 19.4% in February and the vacancy position for maternity care assistants (MCAs) to 18.8% in March from 18.6% in February. Conversely, the vacancy position for Registered Midwifes (RMs) has remained static at 1.74% compared with 1.11% in February and the vacancy rate for Health Care Support Workers (HCSWs) has decreased slightly to 13.7% from 14.1% in February.

Turnover rate remains high at 12.9% for RNs, 11.7% for RMs, 15.0% for RSCNs and 17.5% for HCSWs. The main reason for leaving for RNs, RMs, HCSWs and RSCNs is voluntary resignation – relocation.

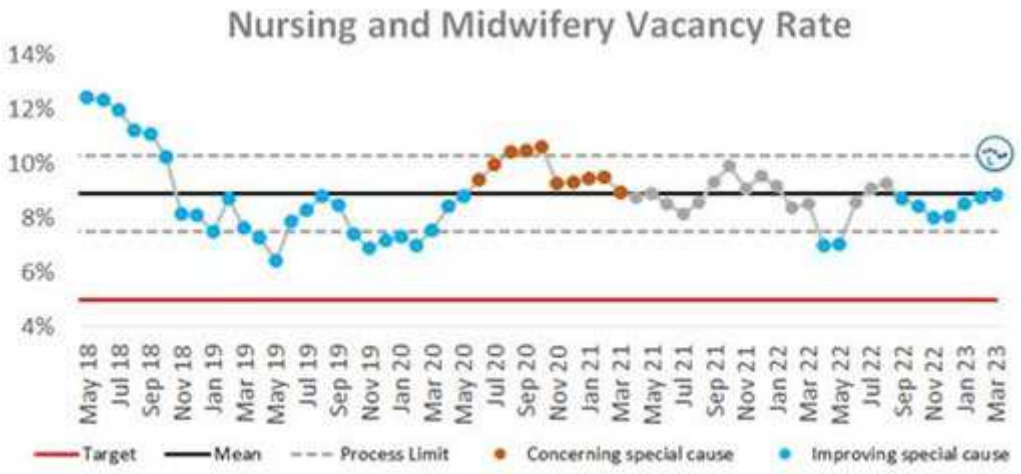
The planned versus actual staffing report demonstrates that 18 clinical areas reported <90% overall rota fill in March. The overall fill rate for maternity has decreased slightly in March to 88.3% compared to 93% in February. The total unavailability of the workforce working time in March has remained static at 31.0%. The majority of unavailability (17.8%) is due to planned annual leave, sickness absence has remained relatively static at 7.8% compared with 7.5% in February. Additionally, 1.4% of working time was unavailable due to other leave, 2.5% was due to study leave and 1.6% was due to supernumerary time.

In order to mitigate staffing risks, the number of requests for bank workers remains high with an average of 2064 shifts per week requested for registered staff and 2029 shifts requested for Health care support workers and Maternity support workers per week with an average bank fill rate of 75.6% for registered staff and 65% for Health Care Support workers. In addition, the equivalent of 37.4 WTE agency workers are working across the divisions. Despite this, redeployment of nurses and midwives has remained necessary due to staff unavailability, with an average of 229 working hours being redeployed each day of which all of the redeployed hours have been within the staff members own division.

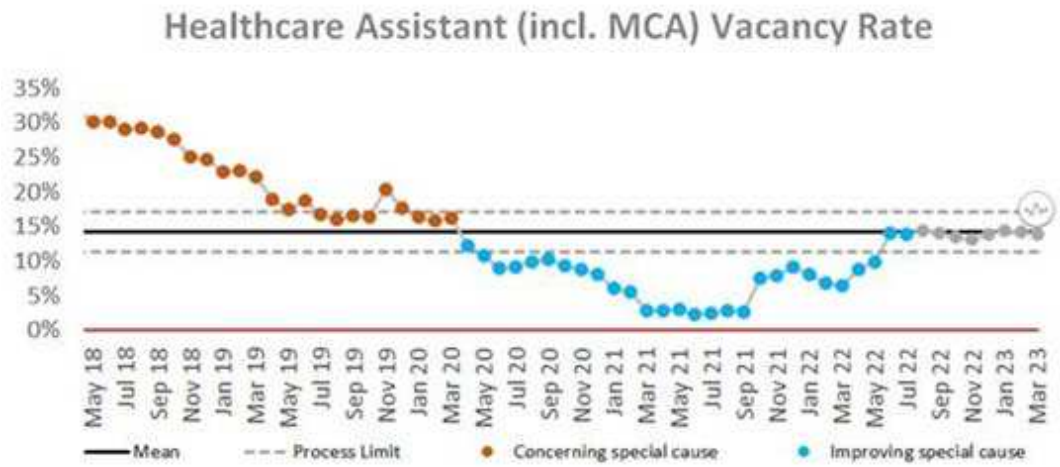
The number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient has increased slightly in March to 54 occasions compared with 33 in February. Additionally there have been 174 occasions in March where there has been no side room co-ordinator (135 in February). Any concerns with regards to critical care staffing are escalated through the senior nurse of the day. Staffing has been supported through the use of temporary workers (agency and bank), bank enhancements and registered staff (non critical care trained) are redeployed from the operational pool and clinical areas on a shift by shift basis. Critical care have opened 2 of the beds that were closed due to staffing resulting in 54 open beds rather than 59 beds. Recruitment is ongoing to the vacant positions with a plan to open the remaining 5 beds by September 2023.

Combined Nursing and Midwifery Staffing Position Vacancy Rates

Graph 1. Nursing and midwifery vacancy rates



Graph 2. Healthcare Assistant vacancy rates



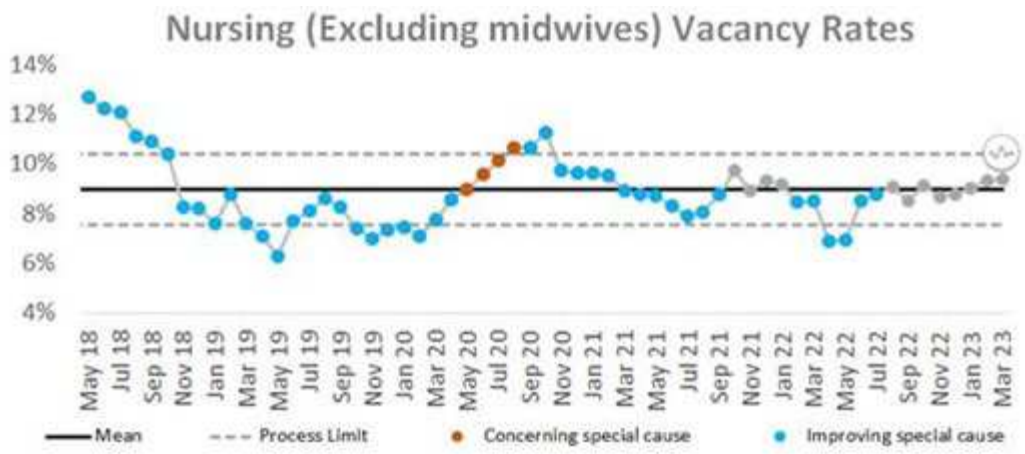
Vacancy position

The combined vacancy rate for Registered Nurses (RNs) and Registered Midwives (RMs) has remained static over the last 2 months at 8.8%. The vacancy rate for Health care support workers (HCSWs) (including Maternity Care Assistants (MCAs) has also remained relatively static over the last 3 months at 14.3% from 14.4% in January. When broken down further into Nursing and Midwifery specific vacancies, the MCA workforce vacancy rate has increased slightly from 18.6% in February to 18.8% in March. Conversely, the HCSW vacancy rate (excl MCA) has reduced slightly to 13.7% from 14.1% in February.

The HCSW (including MCAs) turnover rate remains high at 17.5%. The main reason for HCSWs leaving remains voluntary resignation – relocation (29.4%) and the next highest reason is voluntary resignation – work life balance (25.2%). The leavers destination is unknown for the majority of HCSWs (50.5%), 14.0% of HCSW's are leaving to take up employment in other NHS organisations and 12.6% are leaving for no employment.

Staffing Position Vacancy Rates for Registered Nurses and Registered Midwives

Graph 3. Registered Nurse vacancy rates



Graph 4. Registered Midwife vacancy rates

Vacancy position

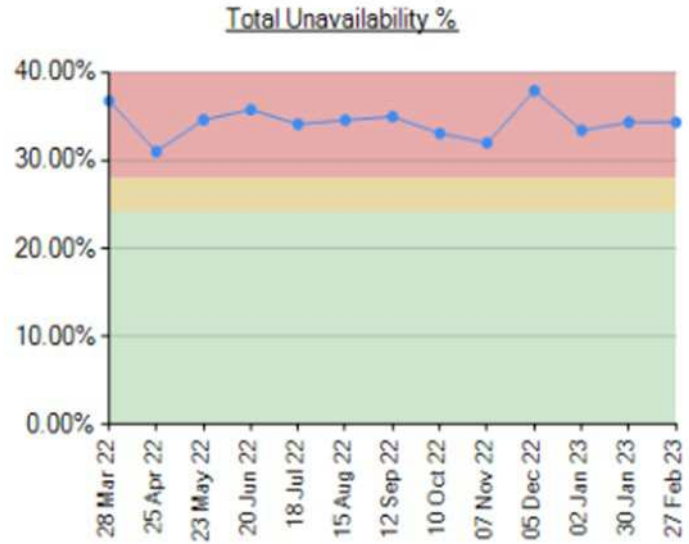
The vacancy rate for Registered Nurses working in adult areas is an increasing trend at 9.4% from 9.3% in February as illustrated in Graph 3. The vacancy rate for registered children's nurses has increased slightly to 20.2% from 19.4% in February.

The vacancy rate for Registered Midwives illustrates a sharp increase in Graph 4 in June however this was due to the work that had been undertaken to align the workforce Electronic Staff Record (ESR) and financial ledger to reflect the additional approved investment in the maternity workforce. Over the last 6 months, there has been a decreasing trend in the vacancy rate from 13.0% in July to 1.74% in March.

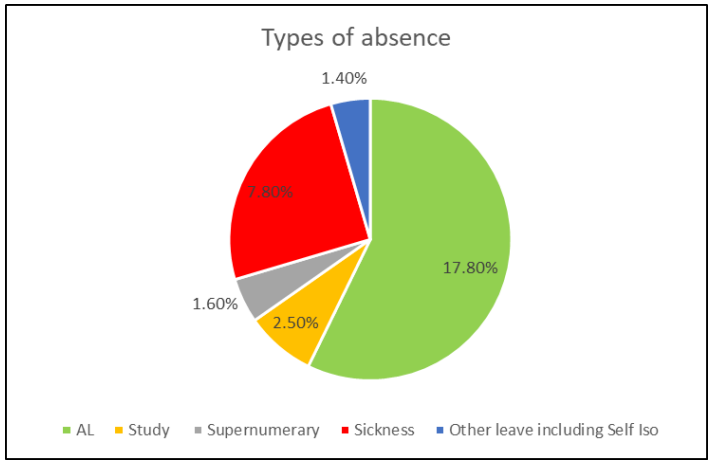
The turnover rate in March remains high at 12.9% for RNs in adult areas (12.8% in February), 15.0% for Registered children's nurses (15.7% in February) and 11.7% for RMs (11.9% in February). The main reasons for RMs leaving is voluntary resignation – relocation (30%) and the next highest reason is voluntary resignation – work life balance (23.3%). The main reason for RN's leaving is voluntary resignation – relocation (47.6%). The leavers destination data demonstrates that 32% of RNs and 50% of RMs are leaving to take up employment in other NHS organisations. 20% of RMs are leaving for no employment compared with 7% of RNs.

Unavailability for Registered Nurses, Midwives and Health Care Support Workers

Graph 5. Unavailability of staff



Graph 6. Types of absence



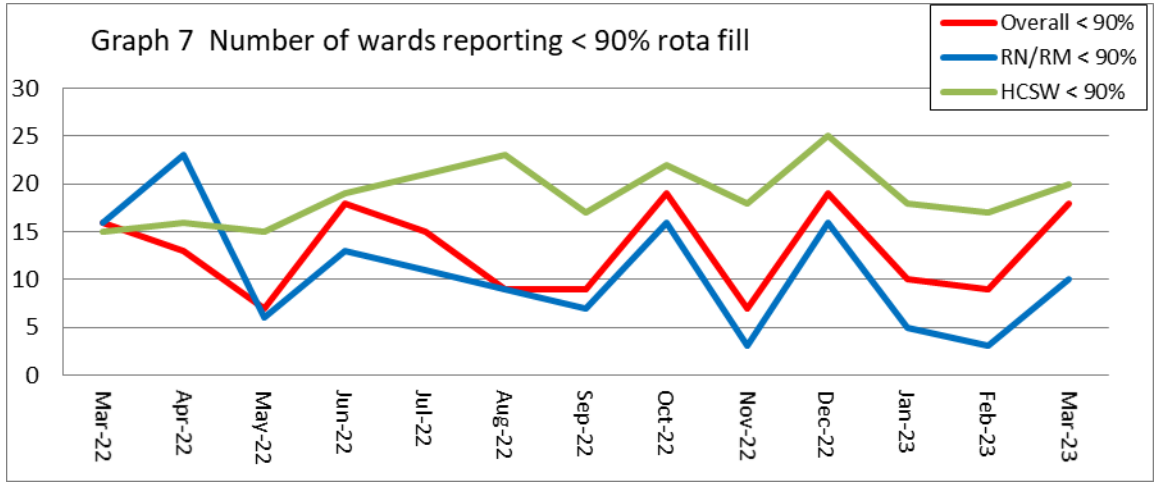
Unavailability of staff

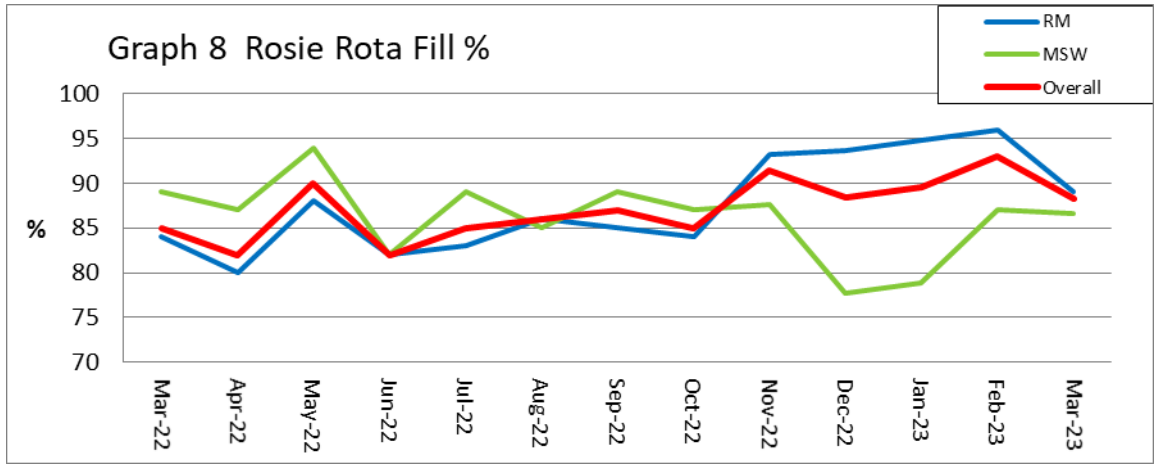
Unavailability relates to periods of time where an employee has been given leave from their regular duties. This might be due to circumstances such as annual leave, sick leave, study leave, self isolation, carers leave etc.

The total unavailability of the workforce working time in March has remained static at 31.0% as illustrated in Graph 5.

Graph 6 illustrates the percentage breakdown of the type of unavailability. The majority of unavailability (17.8%) was due to planned annual leave which would have been accounted for in the department rosters however there was a high percentage of unplanned leave that would have impacted upon fill rates within the rosters. In March, sickness absence has remained relatively static at 7.8% compared to 7.5% in February. Additionally, 1.4% of working time was unavailable due to other leave, 2.5% was due to study leave and 1.6% was due to supernumerary time.

Planned versus actual staffing





Planned versus actual staffing

Graph 7 illustrates trend data for all wards reporting < 90% rota fill. The number of areas reporting <90% rota fill for registered RN/RM has increased in March with 10 areas reporting <90% fill rates compared to 3 in February. There has also been an increase in the number of areas reporting <90% rota fill for HCSWs in March with 20 clinical areas reporting HCSW fill rates of <90% compared with 17 in Februuary. The number of ward areas reporting overall fill rates of <90% in March has also increased to 18 from 9 in February.

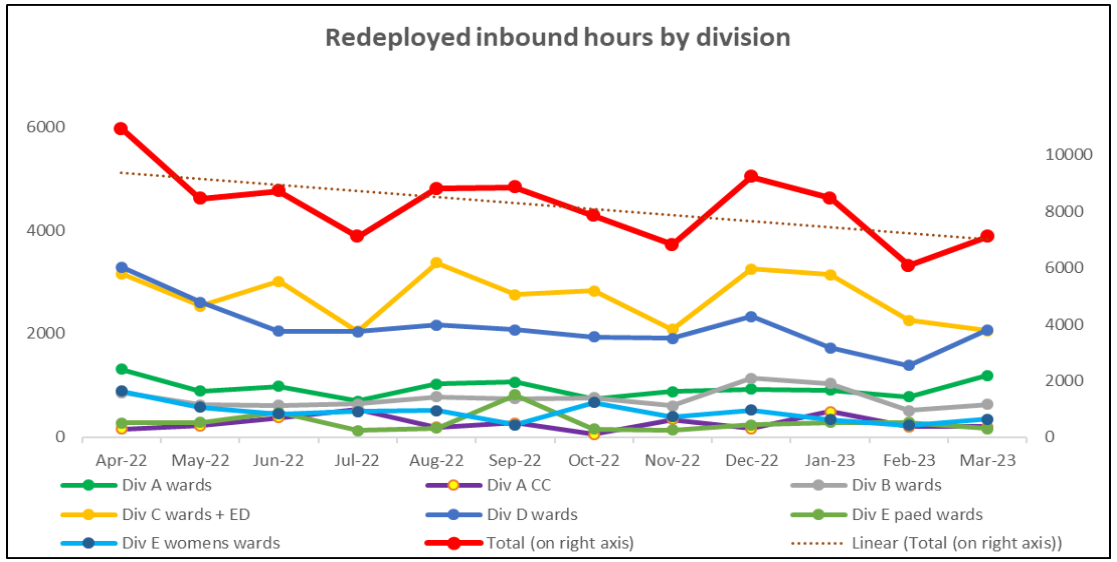
Appendix 1. details the exception reports for all areas reporting RN/RM fill rates of <90%.

The number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient has increased slightly in March to 54 occasions compared with 33 in February. Additionally there have been 174 occasions in March where there has been no side room co-ordinator (135 in February). Any concerns with regards to critical care staffing are escalated through the senior nurse of the day. Staffing has been supported through the use of temporary workers (agency and bank), bank enhancements and registered staff (non critical care trained) are redeployed from the operational pool and clinical areas on a shift by shift basis. Critical care have opened 2 of the beds that were closed due to staffing resulting in 54 open beds rather than 59 beds. Recruitment is ongoing to the vacant positions with a plan to open the remaining 5 beds by September 2023.

Midwifery & MSW fill rate

Graph 8 illustrates that the overall fill rate for maternity has decreased slightly in March to 88.3% compared to 93% in February. The lowest fill rates have been seen on the delivery unit (85%) and the Rosie Birth Centre (85%).

Staff deployment



Staff deployment

Graph 9 illustrates the movement of staff across wards to support safe staffing to ensure patient safety. This includes staff who are moved on an ad hoc basis (shift by shift) and shows which division they are deployed to.

The number of substantive staff redeployed has increased slightly in March with an average of 229 working hours being redeployed per day compared with 196 hours in February. This equates to 19 long day or night shifts per day. All of these redeployments were made within the staff members own division. Staffing is also being supported by the operational pool whereby bank staff book a bank shift on the understanding that they will work anywhere in the trust where support is required.

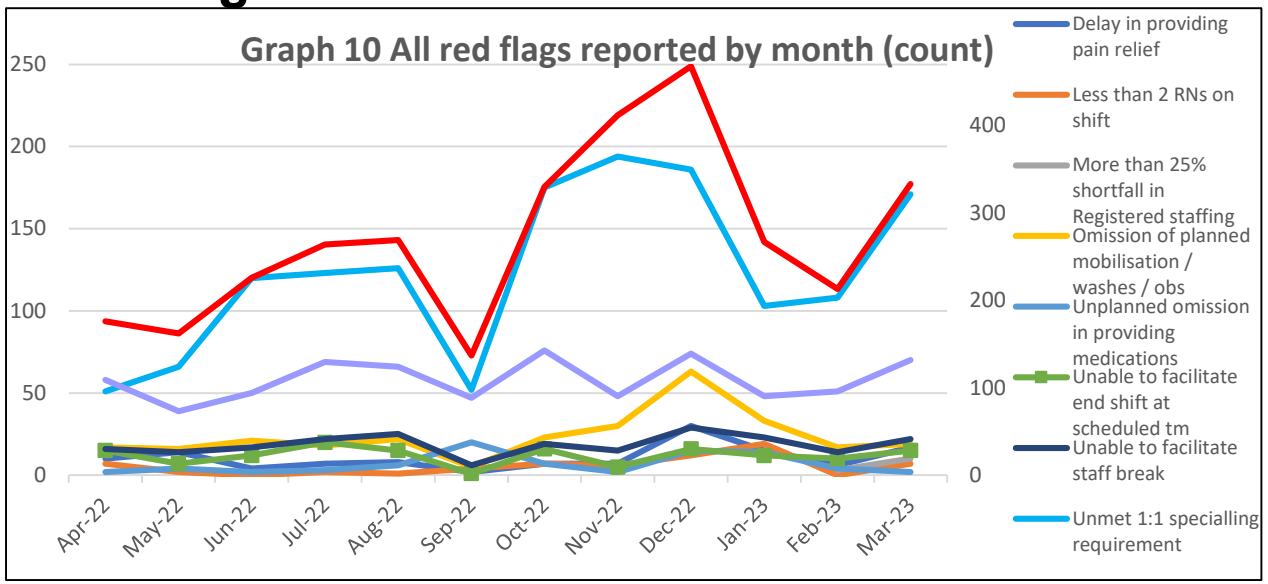
Nursing Pipeline

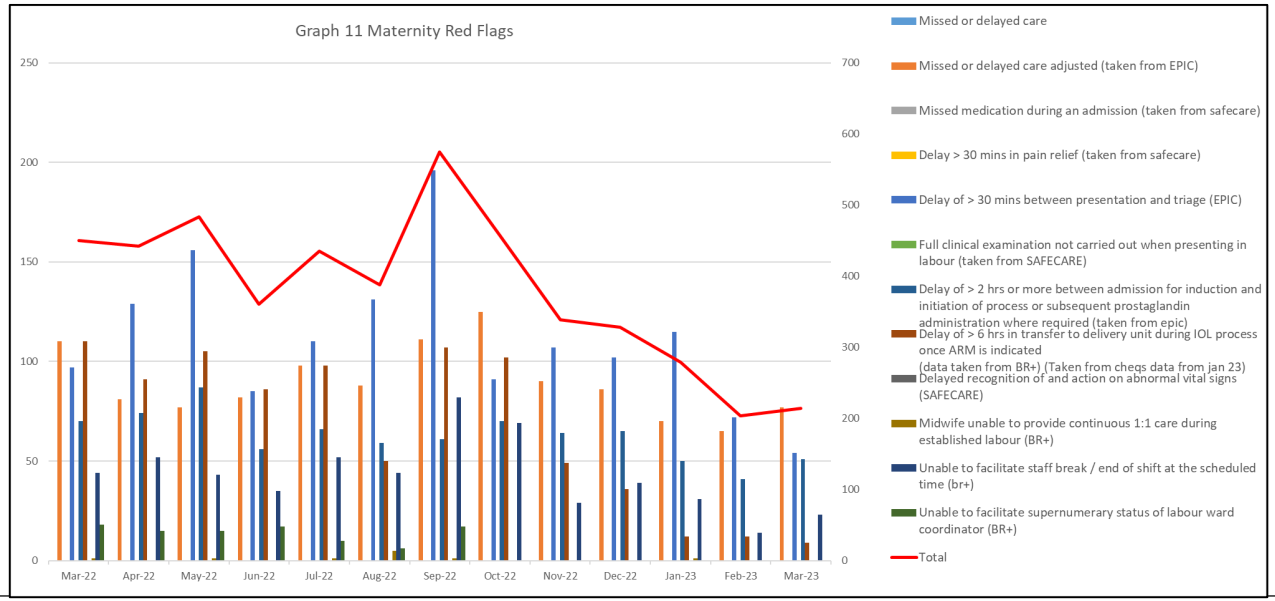
Appendix 2 provides detail on the forecasted position in relation to the number of adult RN vacancies based on FTE and includes UK experienced, UK newly qualified, apprenticeship route, EU and international up to March 2024. The current forecast demonstrates a year end band 5 RN vacancy position of 10.11% which is significantly above the target of 5%. This is due in part to the reliance on international recruitment and the challenges with accommodation which has impacted upon the numbers of staff that can be deployed each month. A detailed recruitment plan is being collated for all Nursing recruitment pipelines to outline what can realistically be achieved, the blockers that may prevent this and the mitigations that can be put in place to address these.

Appendix 3 provides detail on the forecasted position in relation to the number of Paediatric band 5 RN and HCSW vacancies up to March 2024. Numbers are based on those interviewed and offered positions in addition to planned campaigns. The current forecast demonstrates a year end band 5 Paediatric RN vacancy position of 20.53% and a band 2 HCSW position of 8.63%.

Whilst the recruitment pipeline is positive with multiple pipelines including apprenticeship routes, domestic and international recruitment, the predicted numbers are only achievable if the appropriate infrastructure is in place to support.

Red flags





Red Flags

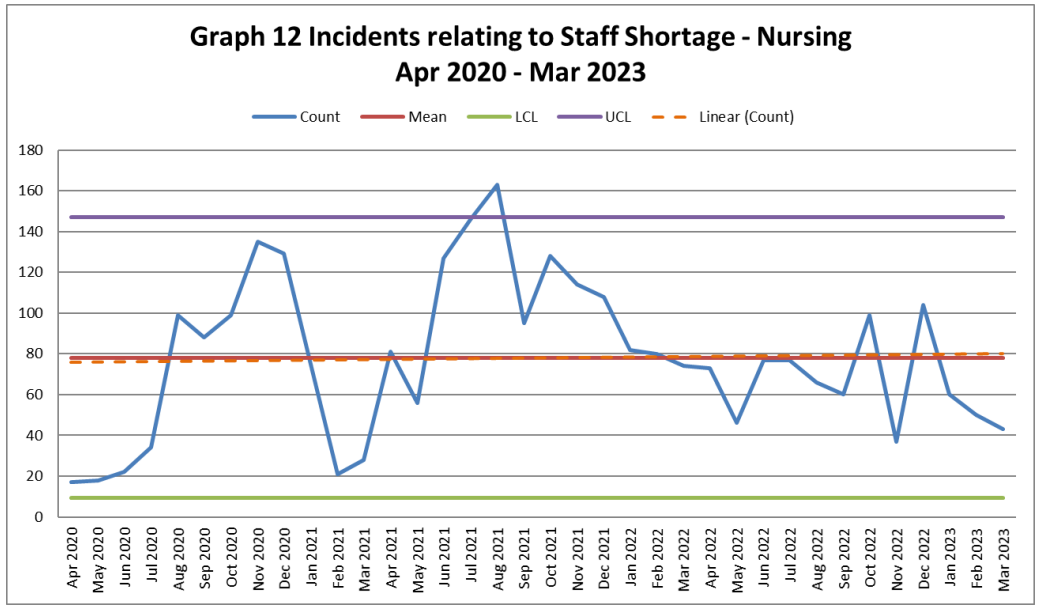
A staffing red flag event is a warning sign that something may be wrong with nursing or midwifery staffing. If a staffing red flag event occurs, the registered nurse or midwife in charge of the service should be notified and necessary action taken to resolve the situation.

Nursing red flags

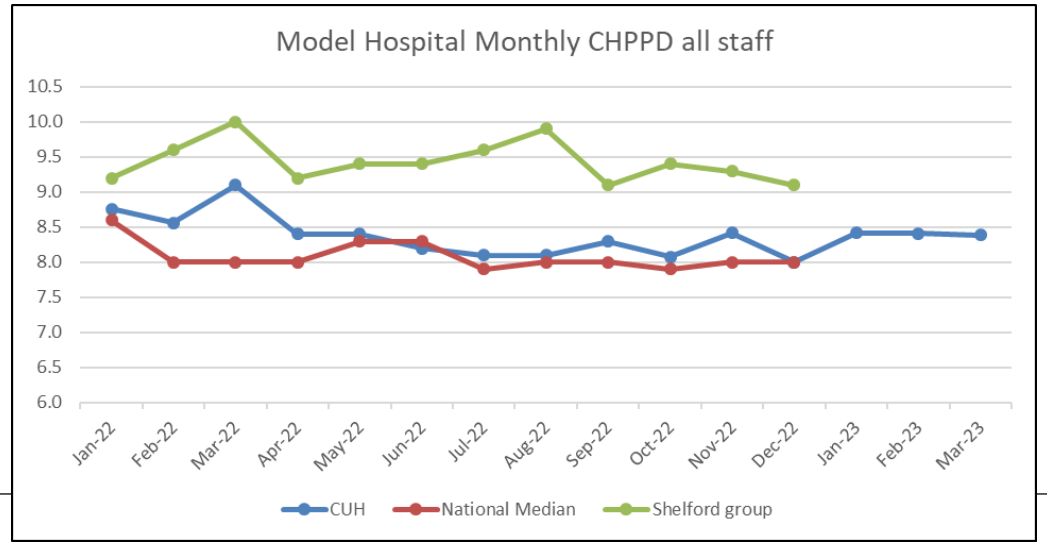
Graph 10 illustrates that the number of red flags reported over the last 3 months had been a decreasing trend with however there has been a spiked increase in March with 333 red flags reported compared with 213 in February. The highest number of red flags reported in March was in relation to an unmet 1:1 specialling requirement (171 compared with 108 in February). A trust wide improvement project focusing on specialling is being developed to review specialling across the organisation. Additionally, 70 red flags were reported in relation to unmet required nursing skills compared with 51 in February.

Maternity red flags

The number of maternity red flags reported over the last 6 months has been a decreasing trend with 575 reported in September compared to 214 in March. Graph 11 illustrates the red flags that have been reported. In March, 40% were due to missed or delayed care, 25.2% of these red flags were due to a delay of >30mins between presentation and triage and 23.8% were due to a delay of >2hrs or more between admission for induction and initiation of process or subsequent prostaglandin administration where required.



Graph 13: Care Hours Per Patient Day (CHPPD)



Incidents reported relating to staff shortages

Graph 12 illustrates the trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing. There were 43 incidents reported relating to nurse staffing in March which is a decreasing trend in reported incidents over the last 3 months reported (January 60, February 50).

The majority of the incidents related to staffing levels in March were reported by division D (17) and were spread across the division with the highest reporting areas being Ward D7 (4) and Ward L5 (4). Division A were the second highest reporting division with 9 incidents related to staffing levels reported in March. The staffing incidents reported were also spread across the division. Safety continues to be monitored through the site safety meetings.

Care hours per patient day (CHPPD)

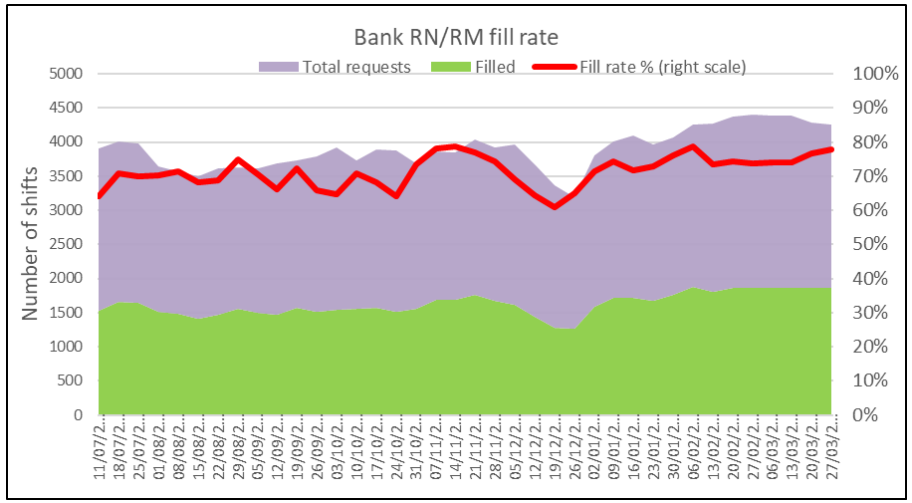
Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff including AHPs) divided by the bed state captured at 23.59 each day. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. All Trusts are required to report this figure externally.

CUH CHPPD recorded for March has remained static at 8.39 which is comparable to the national median of 8.0 however is lower than other Shelford hospitals (9.1).

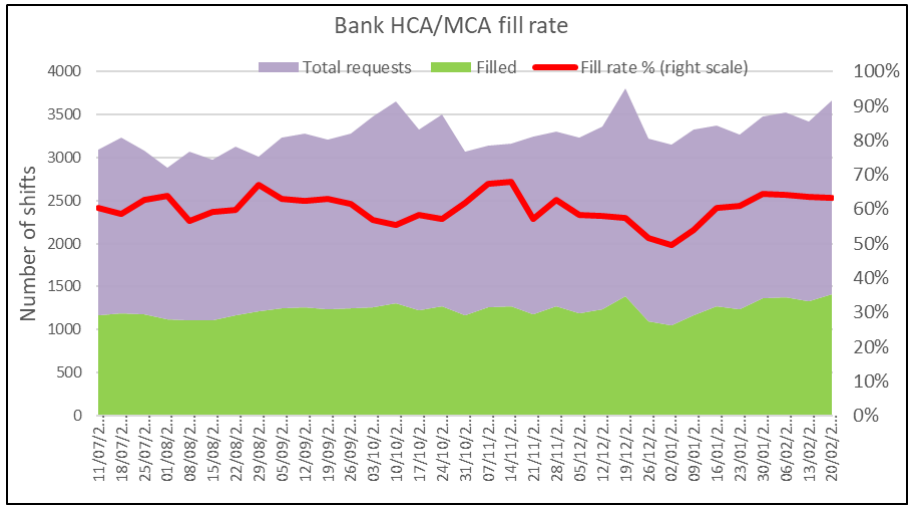
In maternity, from 1 April 2021, the total number of patients now includes babies in addition to transitional care areas and mothers who are registered as a patient. CHPPD for the delivery unit in March was 14.21 which is comparable to February (14.40).

Bank Fill Rate and Agency Usage

Graph 14 Registered RN/RM Bank fill rate per week



Graph 15 HCSW/MSW bank fill rate per week



Bank fill rate

The Trust's Staff Bank continues to support the clinical areas with achieving safe staffing levels. Graph 14 and 15 illustrate the trends in bank shift fill rate per week. Overall we have seen an increase in bank shift requests for registered staff over the last 6 months to mitigate those areas who have less than a rota fill of 90% or to cover an unmet specialling need. The number of requests for registered staff is an average of 2464 shifts per week requested and an average bank fill rate of 75.6%.

The number of requests for Health care support workers and Maternity support workers remains high with an average of 2029 shifts per week requested and an average bank fill rate of 65%.

In addition to bank workers we have the equivalent of 37.4 WTE agency workers working across the divisions to support staffing challenges in the short term.

Short term pay enhancements for bank shifts have been put in place in areas where we are looking to encourage a higher uptake of shifts. These bank enhancements are reviewed regularly (at least on a 6 weekly basis) through the weekly bank enhancement meeting and are for fixed periods of time.

Appendix 1: Exception report by Division

Division D	Speciality	% fill registered	% fill care staff	Overall filled %	CHPPD delivered	Analysis of gaps	Impact on Quality / outcomes	Actions in place
J2	150 - NEUROSURGERY - RISK MANAGED	86%	136%	109%	8.00	5 RNs on mat leave, few short term sickness	inconsistent fill from bank and agency, increased nursing workload	Risk mitigated via safe staffing meetings, staff from green area redeployment to areas that are high risk
LEWIN	328 - STROKE MEDICINE - STANDARD	87%	102%	94%	5.48	x2 RNs on long term sickness, sporadic short term sickness	inconsistent fill from bank and agency esp. for short notice sickness, nursess on duty pick up additional workload	ER advisers are asked to support in Sickness and Absence Management, Risk mitigated via safe staffing meetings, staff from green area redeployment to areas that are high risk
R2	328 - STROKE MEDICINE - STANDARD	87%	92%	88%	7.65	xRNs on mat leave, x2 nurses on supernumerary role	inconsistent fill from bank and agency, increased nursing workload	Risk mitigated via safe staffing meetings, staff from green area redeployment to areas that are high risk
Division E	**Speciality**	% fill registered	% fill care staff	Overall filled %	**CHPPD delivered**	**Analysis of gaps**	**Impact on Quality / outcomes**	**Actions in place**
Charles Wolfson	424 - WELL BABIES - PROTECTED	85%	69%	79%	8.98	Current shortfall of 3.64 WTE RN vacancy and 2.64 nursery nurse. 1 RN WTE pipeline in. Net position of 2.64 WTE RN.	No impact on NQM ,patient experience feedback.	Three times review a day of occupancy and staffing.
F3 COU	171 - PAEDIATRIC SURGERY - PROTECTED	85%	78%	82%	5.61	Current shortfall of 5 WTE RN vacancy ,6 WTE pipeline in., October start dates. 0 WTE pipeline out.	No impact on NQM ,patient experience feedback. No concerns with theatre efficiency relating to staffing.	Three times review a day of occupancy and staffing. Support from seconded CPF for education.
Neonatal ICU	422 - NEONATOLOGY - RISK MANAGED	87%	43%	83%	12.74	Current shortfall of 15.77 WTE RN vacancy , 10 WTE RN x3 Band 6pipeline in. 0.9 WTE pipeline out. Net position of 6.69 WTE RN.	No impact on NQM ,patient experience feedback.Increased pressure area injury related to mechanical ventilation Impact on staff wellbeing as reported by senior team due to sickness and below rostered expectations Not compliant with BAPM standards at times of high acuity and occupancy.	Three times review a day of occupancy and staffing. Support from CPFand PD and support staff. Rate 3 plus 15% for all staff. Increased bank since enhancements increased.
PICU	192 - CRITICAL CARE MEDICINE - RISK MANAGED	74%	109%	76%	26.47	Current shortfall of 19.3 WTE RN vacancy , 7 WTE RN pipeline in. 2 WTE pipeline out. Net positon 14 WTE RN	Increased pressure on QIS staff to support junior team. Higher admissions and aciuty in March 2023. Positive patient experience feedback. Development days continue. Psychological support for team maintained with plan to increase psychology in PICU.	Three times review a day of occupancy and staffing. Rate 3 for all staff. Challenges to cover the QIS with sickness
Delivery Unit	501 - OBSTETRICS - RISK MANAGED	89%	75%	85%	14.21	Fill rate effected by sickness absence rate, maternity leavers and also number of staff still on SN shifts as they rotate through the areas. We also have vacance rate across service of around 12 wte MSW's although interview have taken place last week with appointments offered.	Can effect, timeliness of clinical care, and flow through the unit. If SN staff cant be supported this can also effect their movement onto substantive shifts.	Appointment of MSW's in this area along with improved management of sickness absence from divisional strategy. Over the next couple of months SN shifts will decrease as midwives come to their last areas of rotation.
Rosie Birth Centre	501 - OBSTETRICS - RISK MANAGED	82%	94%	85%	14.77	Fill rate effected by sickness absence rate, maternity leavers and also number of staff still on SN shifts as they rotate through the areas. We also have vacance rate across service of around 12 wte MSW's although interview have taken place last week with appointments offered.	Can effect, timeliness of clinical care, and flow through the unit. If SN staff cant be supported this can also effect their movement onto substantive shifts.	Appointment of MSW's in this area along with imrpoved management of sickness absence from divisional strategy. Over the next couple of months SN shifts will decrease as midwives come to their last areas of rotation.
Sara Ward	501 - OBSTETRICS - RISK MANAGED	83%	95%	87%	4.80	Fill rate effected by sickness absence rate, maternity leavers and also number of staff still on SN shifts as they rotate through the areas. We also have vacance rate across service of around 12 wte MSW's although interview have taken place last week with appointments offered.	Can effect the rate at which IOL's have been commenced and other clinical activity	Appointment of MSW's in this area along with improved management of sickness absence from divisional strategy. Over the next couple of months SN shifts will decrease as midwives come to their last areas of rotation.

Appendix 2: Adult RN Recruitment pipeline

Adult band 5 RN position based on predictions and established FTE													
Month	UK based exp. applicants	Anglia Ruskin NQ (60% of graduates)	Other NQ	NAP	Overseas	Total New Starters	Leavers FTE	Promotions and transfer out of scope- retained by the trust	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Apr-23	5				11	16	15	14	1513	1699	10.94%	185.87	1
May-23	5			25	20	50	15	7	1541	1699	9.29%	157.87	35
Jun-23	3				30	33	14.4	13	1547	1738	10.99%	190.97	18.6
Jul-23	6				30	36	24	14	1545	1806	14.48%	261.57	12
Aug-23	5				30	35	15	4	1561	1806	13.60%	245.57	20
Sep-23	3				30	33	18	14	1562	1826	14.49%	264.57	15
Oct-23	5	20	8		30	63	19	20	1586	1826	13.17%	240.57	44
Nov-23	3				30	33	18	14	1587	1826	13.12%	239.57	15
Dec-23	2				30	32	18	15	1586	1826	13.17%	240.57	14
Jan-24	2			25	30	57	18	15	1610	1826	11.86%	216.57	39
Feb-24	6				30	36	18	15	1613	1826	11.69%	213.57	18
Mar-24	5	20	7		30	62	18	15	1642	1826	10.11%	184.57	44
TOTAL	**50**	**40**	**15**	**50**	**331**	**486**	**210.4**	**160**	**1642**	**1826**	**10.11%**	**184.57**	**275.6**

Appendix 3: Paediatric RN and Band 2 HCSW Recruitment pipeline

Paediatric band 5 RN position based on predictions and established FTE													
Month	UK based exp. applicants	Anglia Ruskin NQ	Other NQ	NAP	Overseas	Total New Starters FTE	Leavers FTE (based on leavers in the last 12 months)	Promotions and transfer out of scope- retained by the trust	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Apr-23	2					2	1	2	162.39	213.73	24.02%	51.34	1
May-23						0	3	1	158.39	213.73	25.89%	55.34	-3
Jun-23	1				2	3	3	1	157.39	213.73	26.36%	56.34	0
Jul-23	1		1		2	4	2	1	158.39	213.73	25.89%	55.34	2
Aug-23			1		2	3	2	2	157.86	213.73	26.14%	55.87	1.47
Sep-23	1		1		2	4	2	1	158.86	213.73	25.67%	54.87	2
Oct-23	2	8	11		2	23	5	2	174.86	213.73	18.19%	38.87	18
Nov-23	1	8	2		2	13	5	3	179.86	213.73	15.85%	33.87	8
Dec-23	1					1	6	1	173.86	213.73	18.65%	39.87	-5
Jan-24			1		2	3	4	1	171.86	213.73	19.59%	41.87	-1
Feb-24	2				2	4	5	1	169.86	213.73	20.53%	43.87	-1
Mar-24	2				2	4	3	1	169.86	213.73	20.53%	43.87	1
TOTAL	13	16	17	0	18	64	40.53	17	169.86	213.73	20.53%	43.87	1

Band 2 HCSW position based on predictions and established FTE								
Month	UK based applicants	Apprenticeship (direct entry)	Total New Starters FTE	Leavers FTE	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE
Apr-23	18	1	19	10	776	887	12.53%	111
May-23	20		20	21	766	887	13.66%	121
Jun-23	25		25	13	788	910	13.47%	123
Jul-23	25		25	16	775	958	19.15%	184
Aug-23	30		30	2	816	958	14.90%	143
Sep-23	30		30	11	794	968	18.03%	175
Oct-23	30	50	80	20	876	968	9.58%	93
Nov-23	30		30	14	810	968	16.37%	159
Dec-23	30		30	15	891	968	8.03%	78
Jan-24	30		30	20	820	968	15.34%	149
Feb-24	30		30	15	906	968	6.48%	63
Mar-24	30	50	80	15	885	968	8.63%	84
TOTAL	328	101	429	172.2	884.84	968.4	8.63%	83.56