NHS
Cambridge University Hospitals
NHS Foundation Trust

Integrated Report

Quality, Performance, Finance and Workforce to end April 2023

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

Key

Cambridge University Hospitals NHS Foundation Trust

Key

Key

Data variation indicators


Normal variance - all points within control limits


Negative special cause variation above the mean


Negative special cause variation below the mean


Positive special cause variation above the mean


Positive special cause variation below the mean

Rule trigger indicators

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

Target status indicators


Target has been and statistically is consistently likely to be achieved


Target failed and statistically will consistently not be achieved


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

Executive Summary

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

Quality Account Measures 2023/24

NHS Cambridge University Hospitals NHS Foundation Trust

2023/24 Performance Framework

2023/24 Quality Account Measures				Feb 23	Mar 23	Apr 23				
Domain	**Indicator**	**Data to**	**Target**	Previous Month-1	Previous Month	Current status	Trend	FYtD	Baseline	LTM
Safe	% Trust Compliance with Falls Risk assessment & documentation within 12 hours of admission	Jan-23	90%	N/A	N/A	85.0%	▪	N/A	50.0%	N/A
	Trust Compliance with Pressue Ulcer risk assessment tool & documentation within 6 hours of admission	Apr-23	90%	N/A	N/A	80.3%	▪	80.3%	13.4%	N/A
	% MDT Obstetric staff passed fetal surveillance training and PROMPT emergencies training	Jan-23	90%	N/A	N/A	N/A	▪	N/A	N/A	N/A
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)	Apr-23	7%	N/A	N/A	8.4%	▪	8.4%	14.0%	N/A
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Apr-23	20%	15.6%	15.1%	15.5%	⇧	15.5%	15.3%	16.0%
	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	Apr-23	80%	74.4%	70.7%	74.5%	⇧	74.5%	74.0%	75.6%
	Same day emergency care (SDEC)	Apr-23	30%	22.5%	17.8%	23.2%	⇧	23.2%	22.0%	19.2%
	Percentage of admissions over 65yo with dementia/delirium or cognitive impairment with a care plan in place	Apr-23		N/A	N/A	43.1%	▪	43.1%		N/A
	Quarterly			Q2 22/23	Q3 22/23	Q4 22/23				
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Mar-23	55%	29.2%	27.0%	25.9%	⇩	26.9%	29.2%	26.9%
Staff Experience / Well-led	Trust Vacancy Rate (Band 5) Nurses	Jun-22	5.0%	N/A	N/A	N/A	▪	8.4%	12.0%	7.6%
	Annual			2016	2017	2018				
	National Staff Survey - "I feel secure about raising concerns re unsafe clinical practice within the organisation"	2018	78%	75.0%	73.0%	74.0%	⇧		75%	

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

2022/23 Performance Framework

Performance Framework - Quality Indicators				Feb 23	Mar 23	Apr 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)	Apr-23	0	**0**	**0**	**2**	⇧	**2**	3	**5**
	E.coli Bacteraemias (Total Cases)	Apr-23	50% over 3 years	24	33	42	⇧	42	401	412
	C. difficile Infection (hospital onset and COHA* avoidable)	Apr-23	TBC	**6**	**9**	**6**	⇩	6	129	123
	Hand Hygiene Compliance	Apr-23	TBC	94.2%	94.7%	93.5%	⇩	93.5%	96.4%	96.0%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Apr-23	100%	**100.0%**	**100.0%**	N/A	▪	N/A	91.3%	**93.4%**
	% of external visits where expected deadline was met (cumulative for current financial year)	May-22	80%	N/A	N/A	N/A	▪	**44.4%**	N/A	**40.0%**
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Apr-23	-	**66.7%**	**80.0%**	**33.3%**	⇩	**33.3%**	51.0%	**58.4%**
	No national audit negative outlier alert triggered	Apr-23	0	**0**	**0**	**0**	⇔	**0**	0	**0**
	85% of national audit's to achieve a status of better, same or met against standards over the audit year	Apr-23	85%	**80.0%**	N/A	**100.0%**	▪	**100.0%**	68.8%	**70.6%**
Nursing Quality Metrics	Blood Administration Patient Scanning	Apr-23	90%	**99.7%**	**99.7%**	**100.0%**	⇧	**100.0%**	99.6%	**99.6%**
	Care Plan Notes	Apr-23	90%	**96.2%**	**95.7%**	**96.0%**	⇧	**96.0%**	96.4%	**96.4%**
	Care Plan Presence	Apr-23	90%	**99.4%**	**99.7%**	**99.6%**	⇩	**99.6%**	99.8%	**99.8%**
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Apr-23	90%	**72.9%**	**72.0%**	**74.8%**	⇧	**74.8%**	73.1%	**73.3%**
	Nurse Rounding	Apr-23	90%	**99.3%**	**99.1%**	**99.2%**	⇧	**99.2%**	99.3%	**99.3%**
	Nutrition Screening	Apr-23	90%	**72.1%**	**73.4%**	**76.1%**	⇧	**76.1%**	73.9%	**74.1%**
	Pain Score	Apr-23	90%	**83.2%**	**84.3%**	**84.3%**	⇩	**84.3%**	84.5%	**84.4%**
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Apr-23	90%	**72.5%**	**73.4%**	**74.5%**	⇧	**74.5%**	65.2%	**66.0%**
	PEWS Score Recording	Apr-23	90%	**99.0%**	**99.1%**	**99.2%**	⇧	**99.2%**	99.2%	**99.2%**
	NEWS Score Recording	Apr-23	90%	**97.3%**	**97.6%**	**97.6%**	⇧	**97.6%**	97.4%	**97.4%**
	VIP									
	VIP Score Recording (1 per day)	Apr-23	90%	**84.5%**	**86.6%**	**85.5%**	⇩	**85.5%**	86.6%	**86.5%**
	PIP Score Recording (1 per day)	Apr-23	90%	**83.4%**	**88.4%**	**81.9%**	⇩	**81.9%**	89.2%	**88.8%**
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	Apr-23	0	**42**	**16**	**14**	⇩	**14**	172	**184**
	Re-opened complaints (non PHSO)	Apr-23	N/A	0	2	4	⇧	4	18	21
	Re-opened complaints (PHSO)	Apr-23	N/A	0	0	0	⇔	0	2	2
				Feb 23	**Mar 23**	**Apr 23**				
	Number of medium/high level complaints	Apr-23	N/A	22	20	16	⇩	16	257	257

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

Point of delivery	Performance Standards	SPC variance	In Month Actual	In Month plan	Target	Target due by	Page
Urgent & Emergency Care	4hr performance	Normal variation	67%	62%	76%	Mar-24	**Page 13**
	12hr waits in ED (type 1)	Normal variation	10%	-	-	-	
	Ambulance handovers <15mins	Positive special cause variation	63%	65%	65%	Immediate	
	Ambulance handovers <30mins	Normal variation	94%	95%	95%	Immediate	
	Ambulance handovers > 60mins	Normal variation	1%	0%	0%	Immediate	**Page 14**
Cancer	Cancer patients < 62 days (urgent)	Normal variation	76%	-	85%	Immediate	**Page 21**
	28 day faster diagnosis standard	Normal variation	81%	82%	75%	Immediate	**Page 18**
	31 day decision to first treatment	Normal variation	88%	-	96%	Immediate	**Page 20**
	2 week waits	Normal variation	88%	-	93%	Immediate	**Page 19**
Outpatients	First outpatients (consultant led)	Normal variation	102%	98%	-	-	**Page 23**
	Follow-up outpatients (consultant led)	Normal variation	115%	127%	-	-	**Page 24**
	Advice and Guidance Requests	Positive special cause variation	11%	-	0%	Mar-23	
	Patients moved / discharged to PIFU	Normal variation	3%	3%	8%	Mar-23	**Page 25**
Diagnostics	Patients waiting > 6 weeks	Positive special cause variation	37%	34%	5%	Mar-24	**Page 22**
	Diagnostics - Total WL	Positive special cause variation	13,236	12,265	-	-	
RTT Waiting List	RTT Patients waiting > 65 weeks	Positive special cause variation	990	993	0	Mar-24	**Page 16**
	RTT Patients waiting > 78 weeks	Positive special cause variation	123	-	-	-	
	Total RTT waiting list	Negative special cause variation	60,729	60,936	-	-	**Page 17**
Productivity and efficiency	Non-elective LoS (days, excl 0 LoS)	Normal variation	9.3	-	-	-	
	Long stay patients (>21 LoS)	Normal variation	219	197	-	-	
	Elective LoS (days, excl 0 LoS)	Normal variation	5.6	-	-	-	
	Discharges before noon	Normal variation	16%	-	-	-	
	Theatre sessions used	Normal variation	514	-	-	-	
	In session theatre utilisation	Normal variation	79%	80%	85%	Sep-23	**Page 27**
	Virtual Outpatient Attendances	Negative special cause variation	19%	-	-	-	
	BADS Daycase Rate (local)	Normal variation	86%	-	-	-	**Page 28**
Surgical prioritisation	P2 (4 weeks) Including planned	Negative special cause variation	2,601	-	-	-	

Serious Incidents

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	May 2020-April 2023	Apr-23	-	**1338**	*1427*	◆	-	-	Currently within normal variance. 8 out of the last 10 months have been above the mean.
Patient Safety Incidents per **1,000 admissions**	May 2020-April 2023	Apr-23	–	**88**	*93*	◆	–	–	
Percentage of **moderate harm and above** patient safety incidents	May 2020-April 2023	Apr-23	≤ 2%	**2.5%**	*2.3%*		-	-	In April 2023: 27 moderates; 7 severe; no deaths
All Serious Incidents	May 2020-April 2023	Apr-23	—	**1**	*4.8*		-	-	
Serious Incidents submitted to ICB within 60 working days (or agreed extension)	May 2020-April 2023	Apr-23	100%	**50%**	*64%*		-		2/4 SI reports submitted on time in April 2023

Ref	SI Title	STEIS SI Sub categories	Actual Impact	Division	Ward / Department
SLR160775	Pressure ulcer underneath plaster cast	Unexpected/potentially avoidable injury causing serious	Severe	Division A	NCCU (A2)

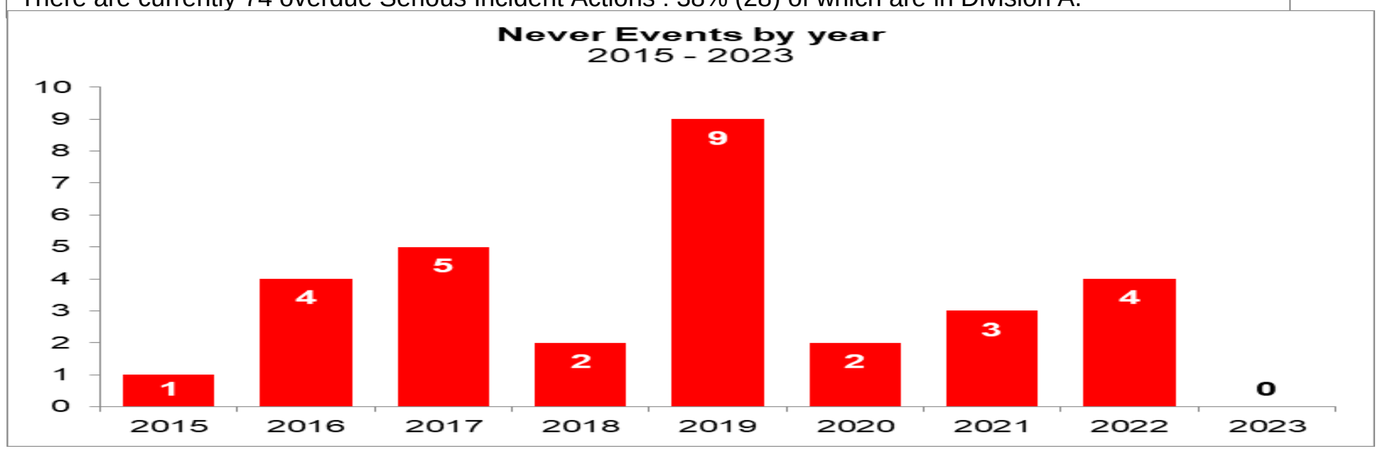
Executive Summary:

In April 2023, one new SI was comissioned.

2/4 SI reports, that were due in April, were submitted to the ICS on time. A total of 3 completed SI reports were submitted in April.

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 are in place to support with investigations.

There are currently 74 overdue Serious Incident Actions : 38% (28) of which are in Division A.



Author(s): Olive Freeman

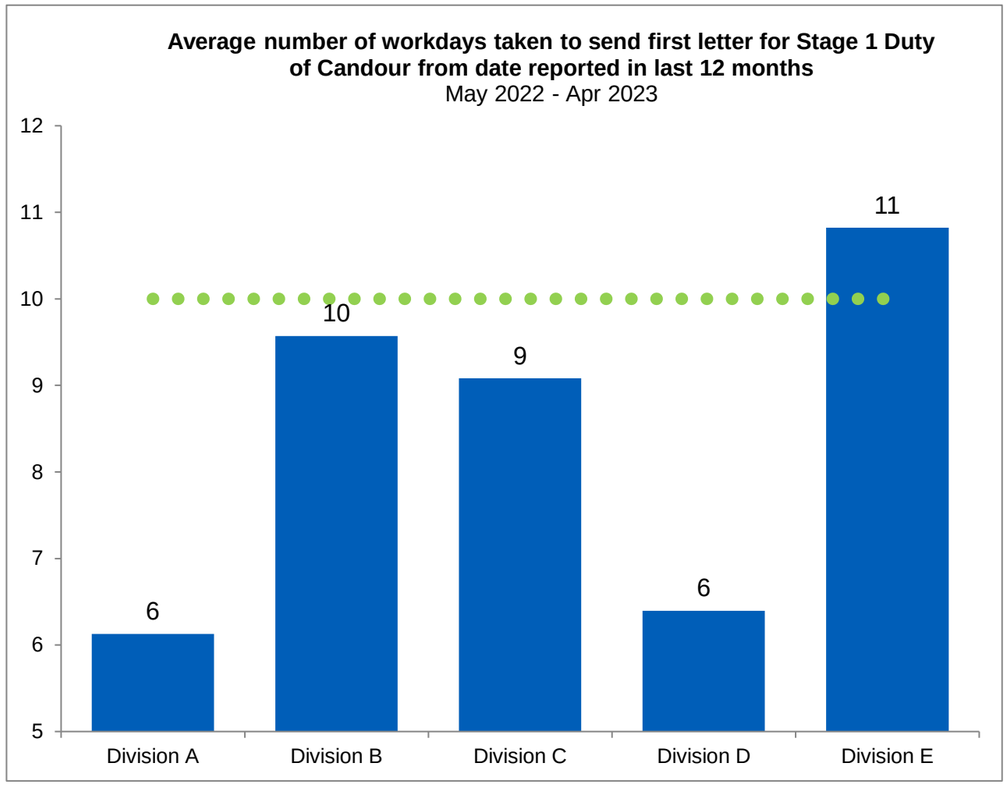
Owner(s): Oyejumoke Okubadejo

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*	May 20 - Apr 23	month	100%	**71%**	71%		-		Within normal variance and compliance target not reached.
Duty of Candour Stage 2 within 10 working days**	May 20 - Apr 23	month	100%	**70%**	66%		-		Within normal variance and compliance target not reached.



Executive Summary

Trust wide stage 1* DOC is compliant at 76% for all confirmed cases of moderate harm or above in April 2023. 71% of DOC Stage 1 was completed within the required timeframe of 10 working days in April 2023. The average number of days taken to send a first letter for stage 1 DOC in April 2023 was 6 working days.

Trust wide stage 2** DOC is compliant at 83% for all completed investigations into moderate or above harm in April 2023 and 70% 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

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	May 2020-April 2023	Apr-23	-	142	*149.4*			-	April saw an end to the last 9 months being above the mean.
Inpatient falls per **1,000 bed days**	May 2020-April 2023	Apr-23		3.96	*4.5*		-	-	Currently showing normal variance.
Moderate harm and above inpatient falls per 1,000 bed days	May 2020-April 2023	Apr-23	-	0.14%	*0.0*		–	-	Currently showing normal variance. There was only one fall in April 2023 ≥ moderate harm.
Falls **risk screening** compliance within 12 hours of admission	May 2020-April 2023	Apr-23	≥ 90%	85.50%	*85.55%*	L	SD7	F	The last 7 months have been below the mean - statistically significant downward shift. The trust overall has not been compliant since June 2021
Falls KPI; patients 65 and over have a **Lying and Standing Blood Pressure** (LSBP) completed within 48hrs of admission	May 2020-April 2023	Apr-23	≥ 90%	20.2%	*12.74%*	H	HP	F	The last 2 months have been a single high data point - significant improvement: April 2023 is highest compliance score to date. Goal remains ≥ 90%
Falls KPI: patients 65 and over who have a **cognitive impairment** have an appropriate **care plan in place**	May 2020-April 2023	Apr-23	≥ 90%	41.40%	*19.20%*	H	HP	F	The last 3 months have been a single high data point - significant improvement; April 2023 was the highest score to date. Goal remains ≥ 90%
Falls KPI: patients 65 and over requiring the use of a **walking aid** have access to one for their sole use	May 2020-April 2023	Apr-23	≥ 90%	72.4%	*73.81%*	L	SD27	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

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 has been shared to all Falls Champions.
New CUH specific confusion care plans went live in EPCI in 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 was expected to be updated to capture and review this data from April 2023, howver this was delayed due to rescoruce issues, with a new ate planned for June 2023.
The Falls QI plan is under constant review.
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)

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All Hospital-acquired pressure ulcers	May 2020-April 2023	Apr-23	-	35	28		SU10	-	There is a statistically significant increase in HAPUs over the last consecutive 10 months - upward shift.
All HAPUs by date of occurrence per 1,000 bed days	May 2020 - April 2023	Apr-23	–	1.0	0.9		SU10		There is a statistically significant increase in HAPUs per 1,000 bed days over the last consecutive 10 months - upward shift.
Category 2, 3, 4, Suspected Deep Tissue Injury, and Unstageable HAPUs	May 2020 - April 2023	Apr-23	–	27.0	14.0		SU10		There is a statistically significant increase in HAPUs of category 2 and above over the last consecutive 10 months - upward shift.
Category 1 hospital-acquired pressure ulcers	May 2020 - April 2023	Apr-23	–	8.0	11.7		–	–	Normal variance
Category 2 hospital-acquired pressure ulcers	May 2020-April 2023	Apr-23	-	12	11.0		–	–	8 out of the last 10 months have been above the mean.
Unstageable HAPUs	May 2020 - April 2023	Apr-23	–	5	2.0		–	–	6 out of the last 7 months have been above the mean.
Suspected Deep Tissue Injury HAPUs by date of occurrence	May 2020-April 2023	Apr-23	-	10	2.7		SU10	-	There is a statistically significant increase in SDTI HAPUs over the last consecutive 10 months - upward shift.
Pressure Ulcer screening risk assessment compliance	May 2020-April 2023	Apr-23	90%	80%	80%		–		There is a statistically significant downward shift 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, unstageables, and Category 2
There were no category 3 or 4 HPAUs in April 2023

QI Plan update

Tissue viavility Champions Study Day held on 18th May 2023.
A new Band 6 TVN within the Emergency Department is being advertised to reinforce Pressure Ulcer Prevention care plan at the beginning of patients' hospital journey.
The Epic body map visual aid for skin inspections is now live.
Epic Change Request for redesigning the Wound Assessment LDAs is currently underway.
The work in partnership with the Institute Health Improvement (IHI) and the Transformation team to reduce incidence of HAPUs has commenced and the first workshop took place on 28th April. There are also weekly catch-up meetings to monitor the progress of the programme.
The plan to resume the Tissue ViabilityQuality Steering Group meeting is currently underway.
CQUIN 12 (Assessment and documentation of pressure ulcer risk) has commenced in April 2023

Sepsis

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Emergency Department	Apr-23	Monthly	95%	**62%**	*55%*		-	F	Elements of the sepsis 6 bundle that have impacted on the overall compliance for April 23 are antibiotic administration within an hour of triggering sepsis (69%) and IV fluids (58%)
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - Emergency Department	Apr-23	Monthly	95%	**69%**	*71%*		-	?	The average time between patient triggering sepsis (NEWS 2 of 5 and above) and prescription of antibiotics was 50.5 mins in April 23.
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient **triggers** Sepsis (NEWS 5>)- Inpatient wards	Apr-23	Monthly	95%	**71%**	*32%*		-	?	Elements of the sepsis 6 bundle that have impacted on the overall compliance for April 23 are senior review (71%), blood cultures (71%), and Lactate (57%)
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - Inpatient wards	Apr-23	Monthly	95%	**100%**	*68%*			?	The average time between patient triggering sepsis (NEWS 2 of 5 and above) and prescription of antibiotics was 120 mins in April 23.
Antibiotics administered within 60 mins of patient being **diagnosed** with Sepsis - Emergency Department	Apr-23	Monthly	95%	**85%**	*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. The average prescription and administration time of antibiotics together was 90.4 mins for
Antibiotics administered within 60 mins of patient being **diagnosed** with Sepsis - Inpatient wards	Apr-23	Monthly	95%	**100%**	*71%*		-	?	The average time between antibiotic prescription and administration was 28 mins.

Author(s): Stephanie Fuller

Owner(s): Amanda Cox

Mental Health - Q1 2023/24 (April)

NHS Cambridge University Hospitals NHS Foundation Trust

Mental Health

Ongoing work:
Further data exploration is required to understand the data associated with;

i) those transferred to an alternative PoS from CUH ED and rationale for initial conveyance to CUH ED.
ii) those presenting under Sec136 MHA, and how many of this number are frequent attenders and the effectiveness of high intensity user plans of care.
iii) who has brought CAMHS pts into ED i.e. other organisations, parents etc.
iv) why have they been brough to ED? Place of safety or Medical need?
v) what children's services were they concurrently receiving support from?

This will be a focus of the team over the next few months in partnership with the ICB to explore and understand this data, in order to work toward reducing unnecessary emergency department presentation.

Aligning with work carried out with the ICS 136 pathway group, CUH and CPFT are developing compliance methods to ensure that required statutory Sec 136 MHA data is collected and available for audit.

Ligature assessments reviews are currently in progress in the 7 areas that have the highest mental health activity in the hospital. These assessments will need to be repeated annually as per policy or if the areas concerned have any environmental changes before then. Contemporary actions plans will be completed.

Interface meetings between mental health and CUH for both adult and younger peoples services continue. The plan now is to invite other agencies to the meeting such as Centre 33 who provide support for younger people with mental health needs in the county.

A CUH Rapid Tranquilisation Policy and Protocol review for both adults and young people is due to commence in May 23, with clinical staff from both CUH and CPFT.
Mental health bed finding processes and escalation is currently under review, with a view to also improve quantitative data around delayed discharges.

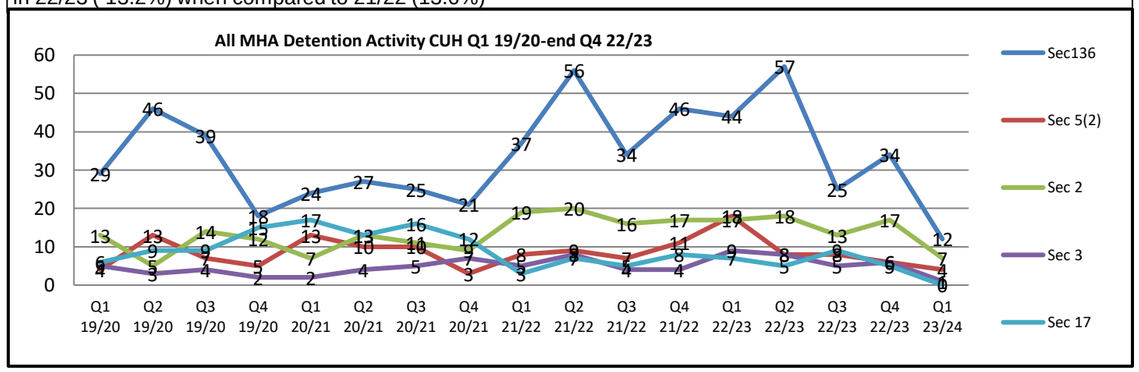
Raw data around bed days representing delayed discharges due to need for MH specialist beds has been sourced, although it is noted that refinement is required. For example, a more recent patient stay that was recognised as a delayed discharge by the clinical team, did not feature in the data which may indicate error in recording process of delayed discharge after being medically fit for discharge.

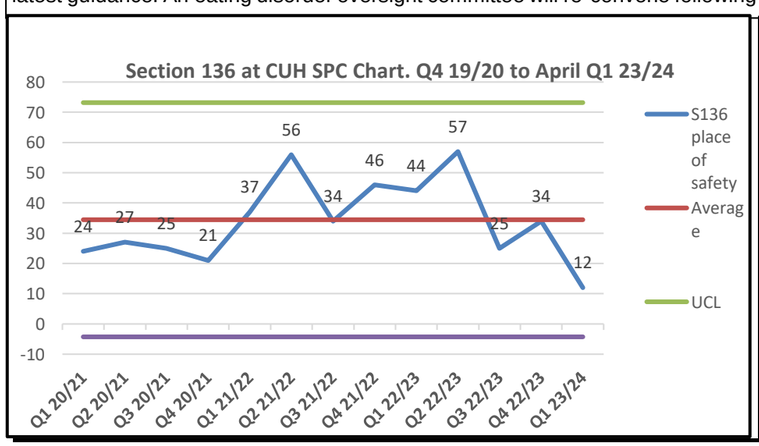
The Medical Emergency for Eating Disorders (MEEDS) document is currently being reviewed with latest guidance. An eating disorder oversight committee will re-convene following a period without the

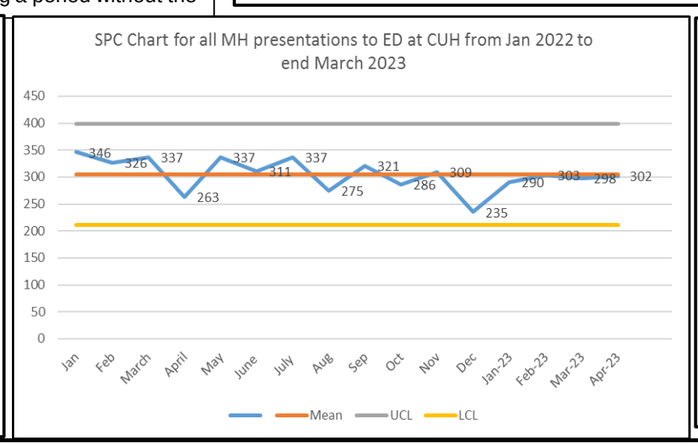
Narrative

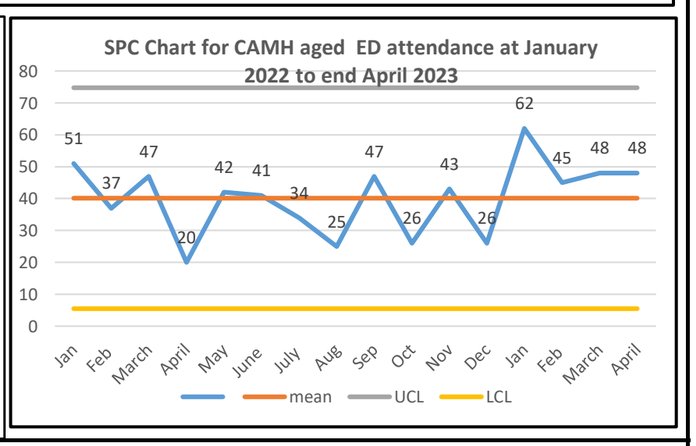
Data has been adjusted from previous reports to reflect financial years rather than calendar years
Section (Sec) 136 Mental Health Act (MHA) presentation at CUH Emergency Department (ED)
- Year 21/22 x 176
- Year 22/23 x 160 (Representing reduction of 9% over 21/22)

Over year 22/23
-9.4% of Sec 136 MHA presentations were converted to a further detaining section of the MHA, to CUH, or an alternative hospital.
-71% of Sec 136 MHA presentations were rescinded/lapsed or patient absconded.
-21% Sec136 MHA presentations were transferred to alternative place of safety (PoS)
-Previous 3 years have shown increased incidents of CUH ED used as PoS where Sec 136 suite in use/unavailable.
-Data shows a real need for system alternatives to implementation of Sec 136 MHA, and more appropriate PoS that can offer proportionate and timely support. -CUH MH are currently engaged in the ICB led, system partners Sec 136 MHA pathway review, which includes;
i) Roles and responsibilities
ii) Conveyance
iii) Place of safety facilities
iv) Efficient use of alternative system resource
-CAMH aged patients presenting to ED reduced through 22/23, in comparison to 21/22, by 13%.
-CAMH age average conversion rate from ED presentation to inpatient admission increased in 22/23 (40.6%) by 3% when compared to 21/22 (37.6%)
-Adult age conversion rate from ED MH presentation to inpatient admission remained consistent with a decrease of 0.4% in 22/23 (13.2%) when compared to 21/22 (13.6%)









Author(s): Claire Ward

Owner(s): Lorraine Szeremeta

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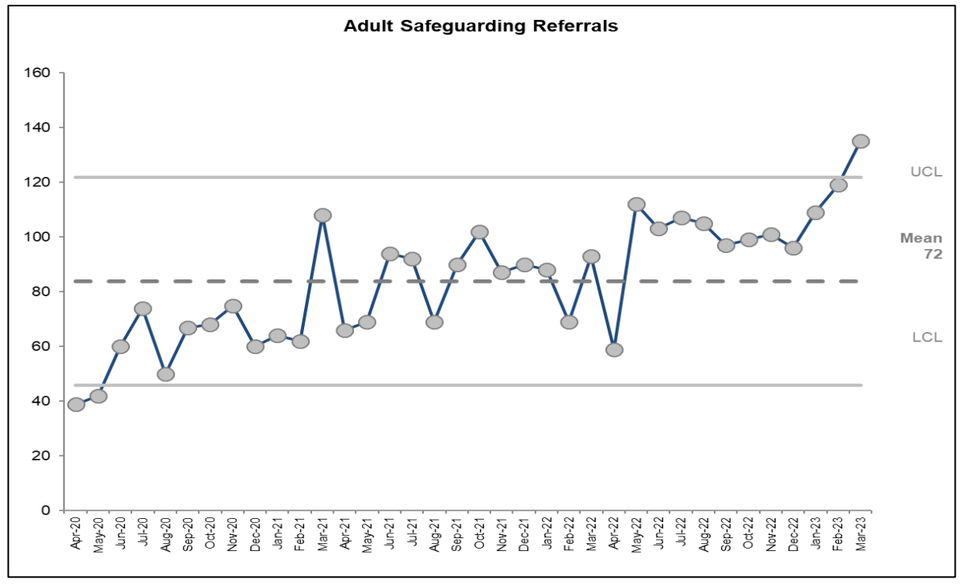
Safeguarding

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

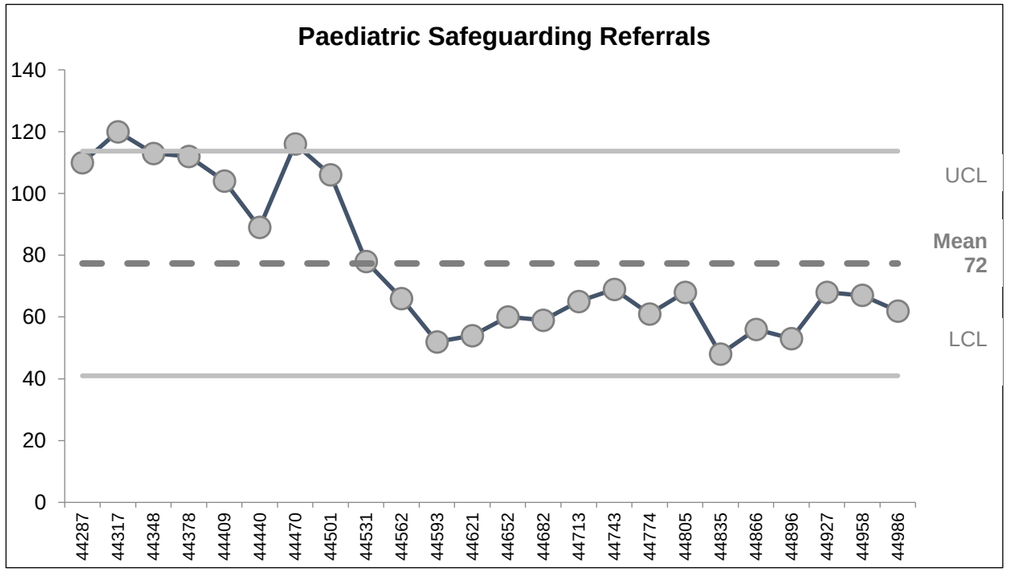
Adult Safeguarding

Referrals to the safeguarding team have continued to increase year on year. There has been a 45% increase in referrals in Q4 22/23 compared to the same time period in 21/22. A total of 363 referrals were made to the Adult Safeguarding Team this quarter compared to 296 in Q3 (this figure does not include DOLs requests). The largest number of referrals relate to concerns of neglect or acts of omission (36%). 17% of referrals related to domestic abuse concerns.



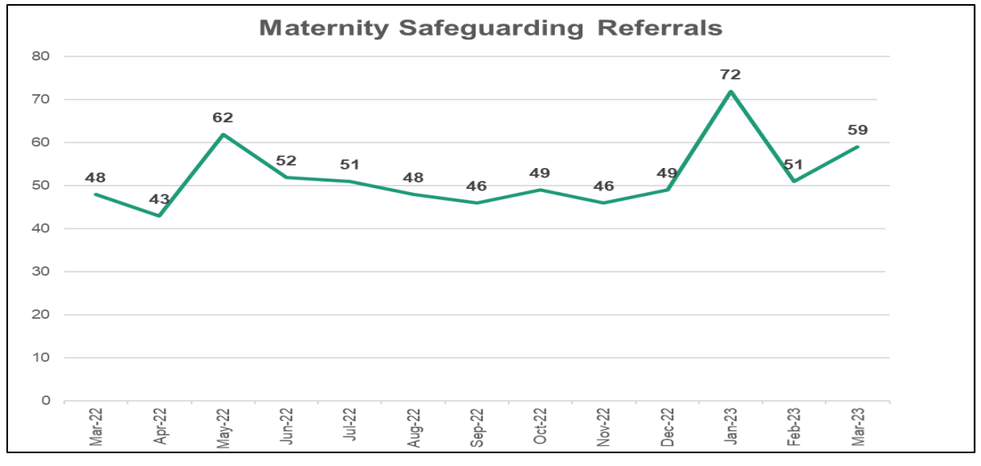
Childrens

Whilst there has been a slight increase in referrals to the paediatric safeguarding team this quarter, there has been a 31.9% decrease in the total year referrals (761) compared to the last financial year (1119). 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.



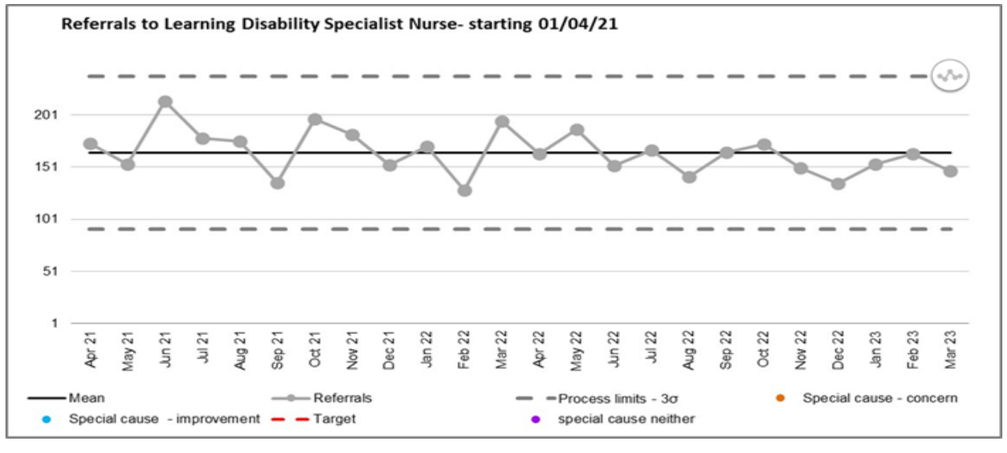
Maternity safeguarding

There was a sharp increase in referrals to the maternity safeguarding team in January 2023 however this did not translate to an increase in referrals to children's social care. There were 39 referrals to childrens social care during Q4 which is a reduction compared to other quarters. Of these, 26 cases related to domestic or sexual abuse.



Learning disabilities

During Q4 there have been 465 referrals to the learning disability specialist nurse which is a 1.5% increase from Q3 22/23 and a 6.5% decrease when comparing against Q4 2021. 6% (27) referrals were from external partners who alerted the LD specialist nurse prior to the patient being admitted/reviewed within the trust. 94% (438) of referrals were internal. The electronic flag within EPIC has improved the timeliness of these referrals.



Author(s): Jenny Harris

Owner(s): Amanda Small

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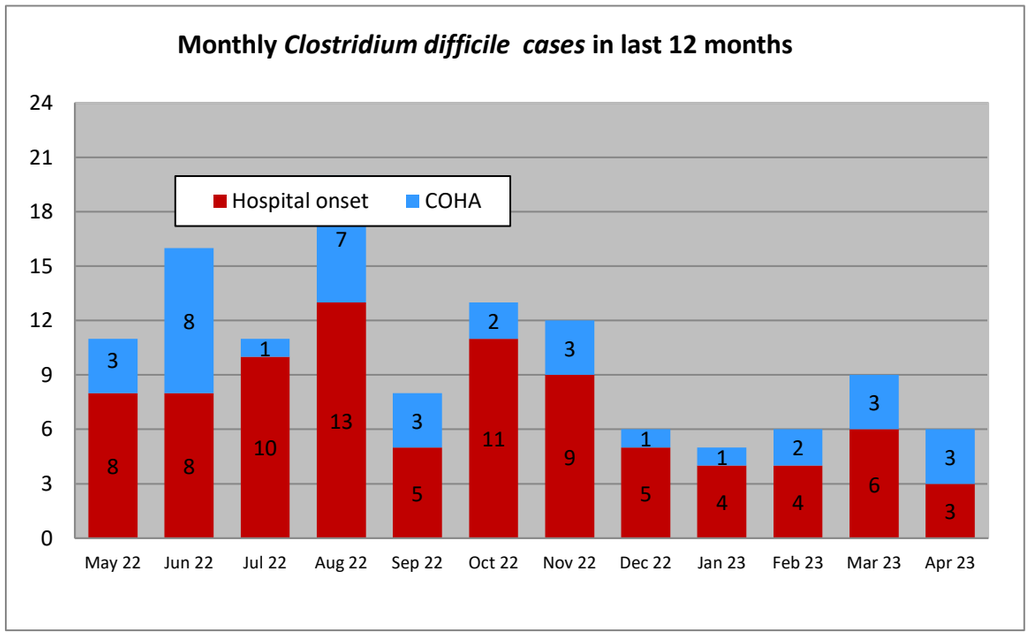
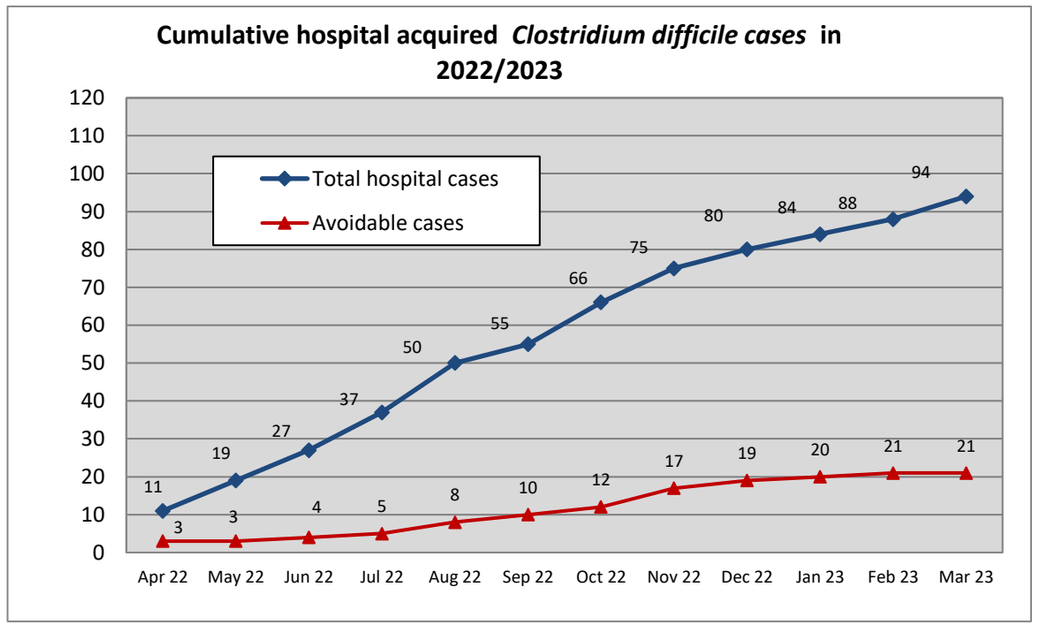
Infection Control

Cambridge University Hospitals NHS Foundation Trust



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



CUH trend analysis

MRSA bacteraemia ceiling for 2023/24 is zero avoidable hospital acquired cases.

- 2 cases of hospital onset MRSA babacteraemia in April 2023
- 2 cases (2 unavoidable & 0 avoidable) hospital onset MRSA bacteraemia year to date

C. difficile ceiling for 2023/24 is 109 cases for both hospital onset and COHA*.

- 3 cases of hospital onset *C difficile* and 3 cases of COHA in April 2023.
- 3 hospital onset cases and 3 COHA cases year to date (0 cases unavoidable, 0 avoidable and 3 pending).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 83.9% in April 2023 (85.6% in March 2023).
- The latest MRSA bacteraemia rate comparative data (12 months to March 2023) put the Trust 4th out of 10 in the Shelford Group of teaching hospitals.

- Compliance with the *C. difficile* care bundle was 87.5% in April 2023 (91.6% in March 2023).
- The latest *C. difficile* rate comparative data (12 months to March 2023) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.

4HR PERFORMANCE

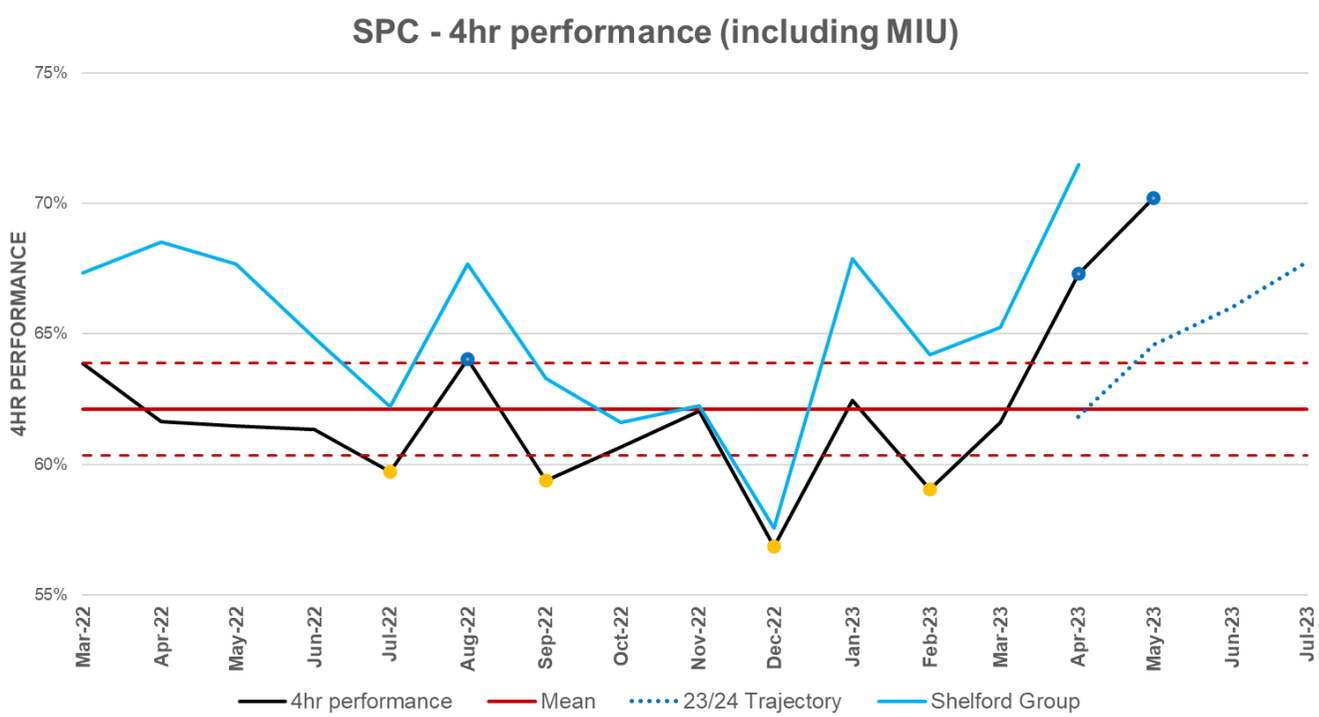
Cambridge University Hospitals NHS Foundation Trust

Apr-23	Plan
67.3%	61.8%

SPC Variance
Normal variation

Shelford Group Avg (Apr-23)
71.5%

Three Month Trajectory		
May-23	Jun-23	Jul-23
64.6%	66.0%	67.7%



Highest breaches by specialty

Specialty	4hr breaches	Performance
Emergency	1,662	61.23%
Medicine	1,607	26.28%
Paediatrics	213	48.55%
Surgery	172	43.97%
ENT	113	44.06%

Updates since previous month

- ED 4hr standard plan developed, focusing on breaches between 4hrs and 4hrs 30, UTC GP & minors, time to initial assessment and use of existing ED capacity
- Improvement to 67.3% in April and ~73% in May MTD
- Governance via UEC Oversight Board chaired by COO

Current issues

- Insufficient cubicle capacity to see patients
- Variable staffing levels/experience in the UTC

Key dependencies

- High in-patient occupancy rates impacts ability to flow admitted patients from the ED
- SDEC activity relies on good outflow from medical and surgical assessment units
- Sufficient and appropriately qualified staffing

Future actions

- Further development of ED action plan, implementation of tests of change to improve efficiency in the department
- Fortnightly review of plans and performance monitoring via Management Executive
- Peer review exercise on 27th June

Ambulance Handovers > 60 minutes

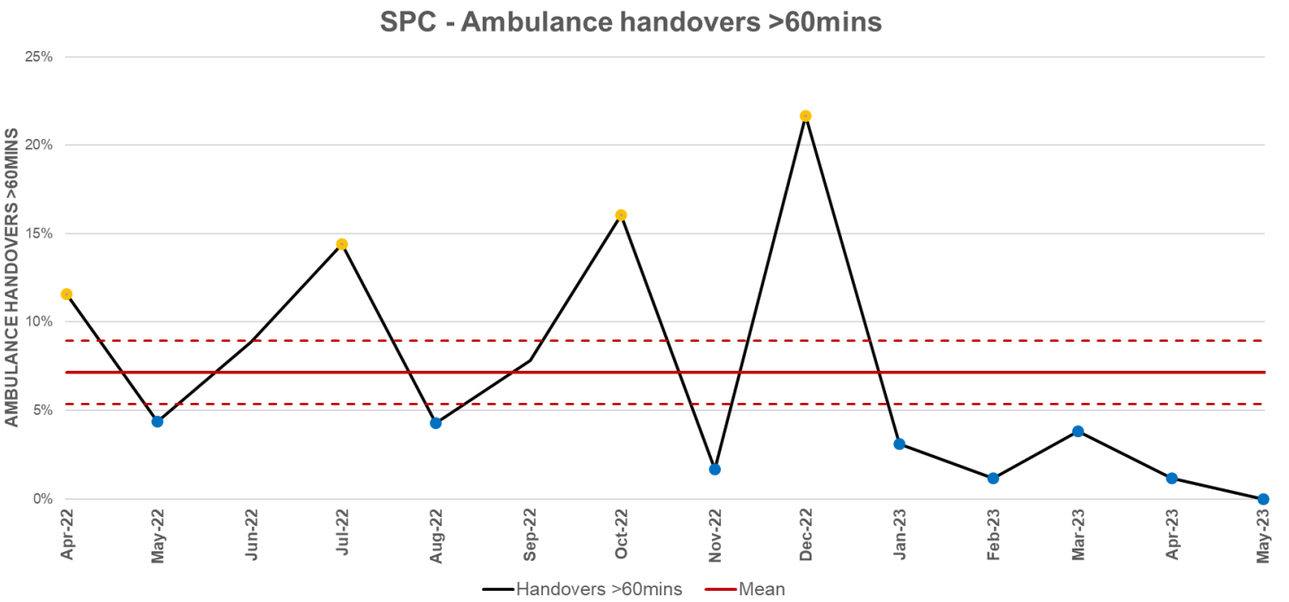
NHS Cambridge University Hospitals NHS Foundation Trust

Apr-23	Target
1.2%	0%

SPC Variance
Normal variation

East of England > 60 minutes*

Trust	Handovers >60mins
CUH	0%
Milton Keynes	1%
West Suffolk	2%
ESNEFT	4%
West Herts	6%
Bedford	9%
Mid & South Essex	10%
NWAFT	17%
E&NHT	22%
James Paget	26%
PAH Harlow	28%
QEH	46%
Norfolk & Norwich	55%



Updates since previous month

- Ambulance delays in April continue to improve, with handover <15mins showing their highest performance since April 2019
- CUH was the highest performing trust in the East of England during April and in the top quartile nationally
- There have been zero 60-min delays during May MTD

Current issues

- 'Batching' of ambulances still takes places where a number arrive at the same time, impacting our ability to offload
- The number of ambulance conveyances to CUH rose in April by 11% compared to the 22/23 average

Key dependencies

- Ambulance handover performance is dependent on measures coordinated by the ICB to reduce conveyances, e.g. 'Call before you Convey'
- HALO shifts support handovers but are frequently unfilled

Future actions

- Maintain the significant improvement in handover performance through tight operational focus and real-time management of handover delays

**East of England data relates to w/e 14th May (latest available)*

Overall fit test compliance for substantive staff

As of 09 May 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	34	26	76%	232	109	47%	59	19	32%	122	66	54%	93	23	25%	81	29	36%	621	272	44%
Allied Health Professionals	-	-	-	59	11	19%	15	4	27%	1	0	0%	-	-	-	3	1	33%	78	16	21%
Estates and Ancillary (Porters and Security Personnel only)	85	49	58%	-	-	-	-	-	-	-	-	-	-	-	-	1	1	100%	86	50	58%
Medical and Dental	-	-	-	250	57	23%	-	-	-	179	67	37%	153	19	12%	214	55	26%	796	198	25%
Nursing and Midwifery Registered	-	-	-	639	391	61%	4	2	50%	272	157	58%	145	62	43%	377	175	46%	1437	787	55%
Total	119	75	63%	1180	568	48%	78	25	32%	574	290	51%	391	104	27%	676	261	39%	3018	1323	44%

The data displayed as of 09/05/23. 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 > 65 weeks and > 78 weeks

NHS
Cambridge University Hospitals
NHS Foundation Trust

Apr-23	Plan
990	993

SPC Variance

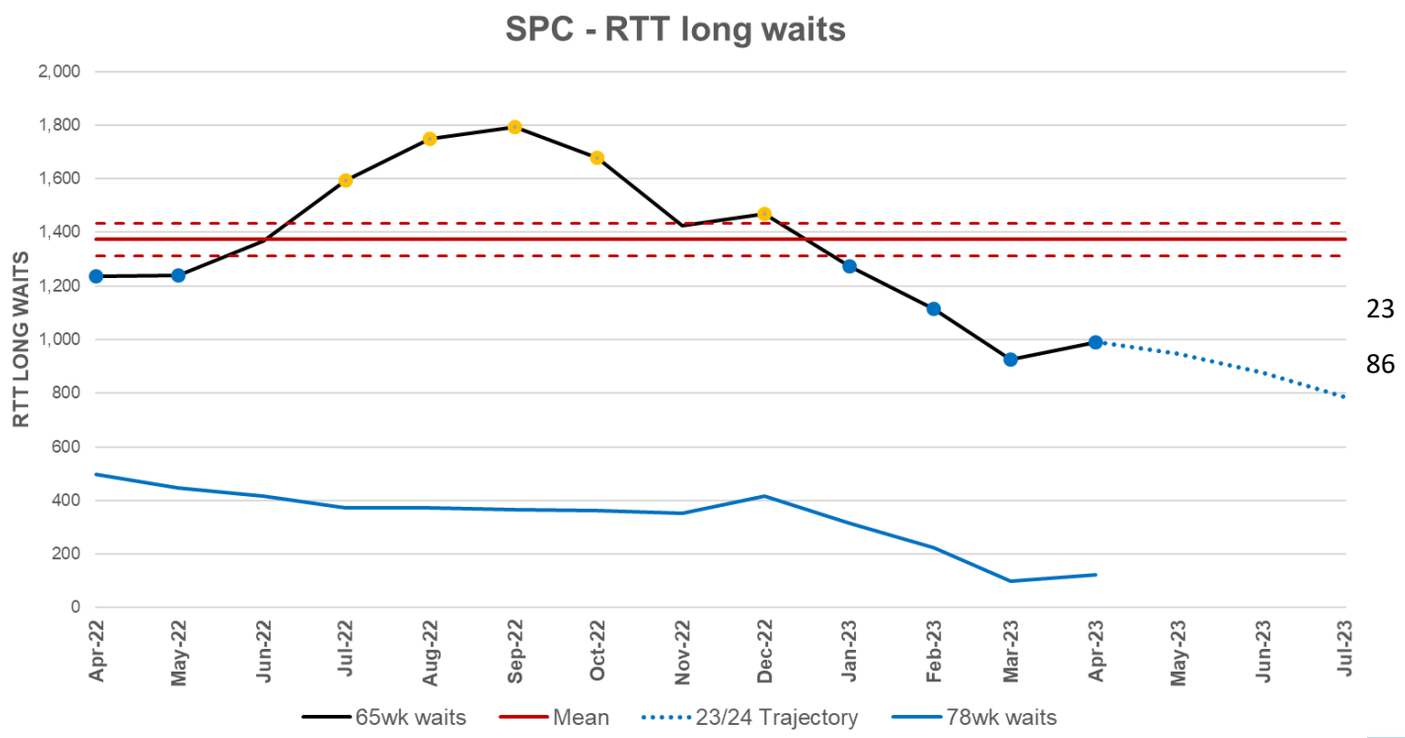
Positive special cause variation

Shelford Group Avg (Apr-23)

65wks: Shelford average = 2.0% vs. CUH 1.6%
78wks: Shelford average = 0.2% vs. CUH 0.2%

Three Month Forecast (>65wks)

May-23	Jun-23	Jul-23
946	876	786



Highest 65wk+ waits by specialty

Specialty	Waiting
ENT	179
Dermatology	80
Trauma & Orthopaedics	76
Urology	74
Cardiology	73
Ophthalmology	70
Maxillo-Facial Surgery	69
General Surgery	52
Gynaecology	50
Oral Surgery	43

Updates since previous month

- >78 week waits increased by 23 in April
- NHSE have extended eradication of >78 week waits to end of Q1. 347 remaining to treat to deliver this
- 2 unforecast >104 week waits reported for April

Current issues

- Cumulative impact of industrial action disruption.
- Competing demands of urgent and cancer surgery
- Complex and consultant specific case mix.
- Non-elective pressures on surgical capacity

Key dependencies

- Theatre capacity
- Administrative and operational resilience
- Mutual aid for OMFS, Cardiology
- Independent Sector for ENT

Future actions

- Weekly trajectories set for 78 weeks clearance by specialty to end of Q1. ENT and OMFS highest risk
- Step down plan outlined for 65 week max by end of 2023/24. End of Nov aim for non-admitted cohort

Referral to Treatment Total Waiting List

NHS
Cambridge University Hospitals
NHS Foundation Trust

Apr-23	Plan
60,729	60,936

SPC Variance

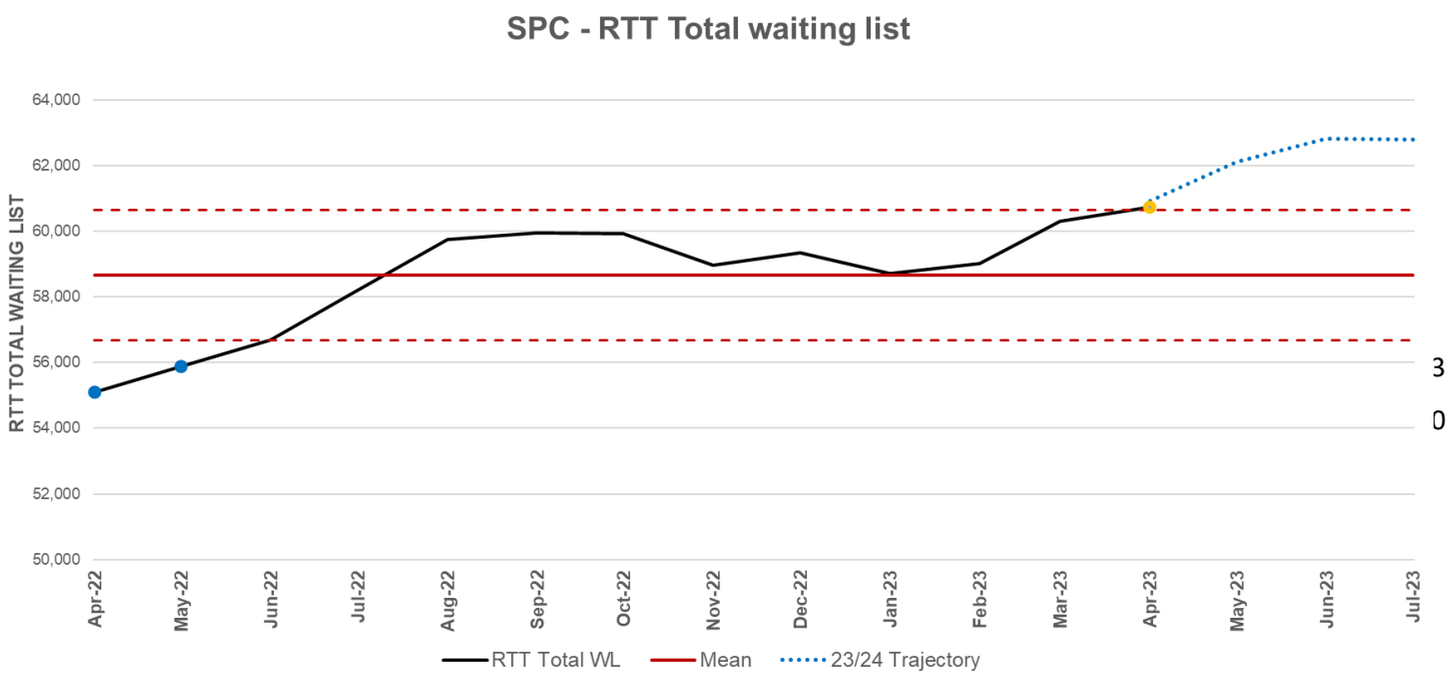
Negative special cause variation

Shelford Group Avg

N/A

Three Month Forecast

May-23	Jun-23	Jul-23
62,129	62,829	62,810



Waiting list by division

Division	Apr	Change vs. March
A	12,397	0.1%
B	6,679	0.9%
C	3,854	-10.1%
D	27,923	1.8%
E	9,869	2.5%

Updates since previous month

- Total RTT waiting list grew by 0.7 % in April. This was a growth of 421 pathways
- The total waiting list size was 0.3% lower than the planning submission for Month 1

Current issues

- Admitted stops were 5% (116) below Month 1 plan, mitigated by higher than planned non-admitted stops and validation contribution
- BMA Industrial Action impact was 260 fewer admitted stops and 620 fewer non-admitted stops in April

Key dependencies

- Demand (clock starts) remains within plan
- Outpatient and elective activity plans are met
- Resilience in administrative roles supporting pathway validation

Future actions

- Monthly monitoring of demand and activity
- Continued drive to release capacity for new outpatients via more productive/alternative delivery of follow up. Non-admitted is 81% of the waiting list

Cancer - 28 day faster diagnosis standard

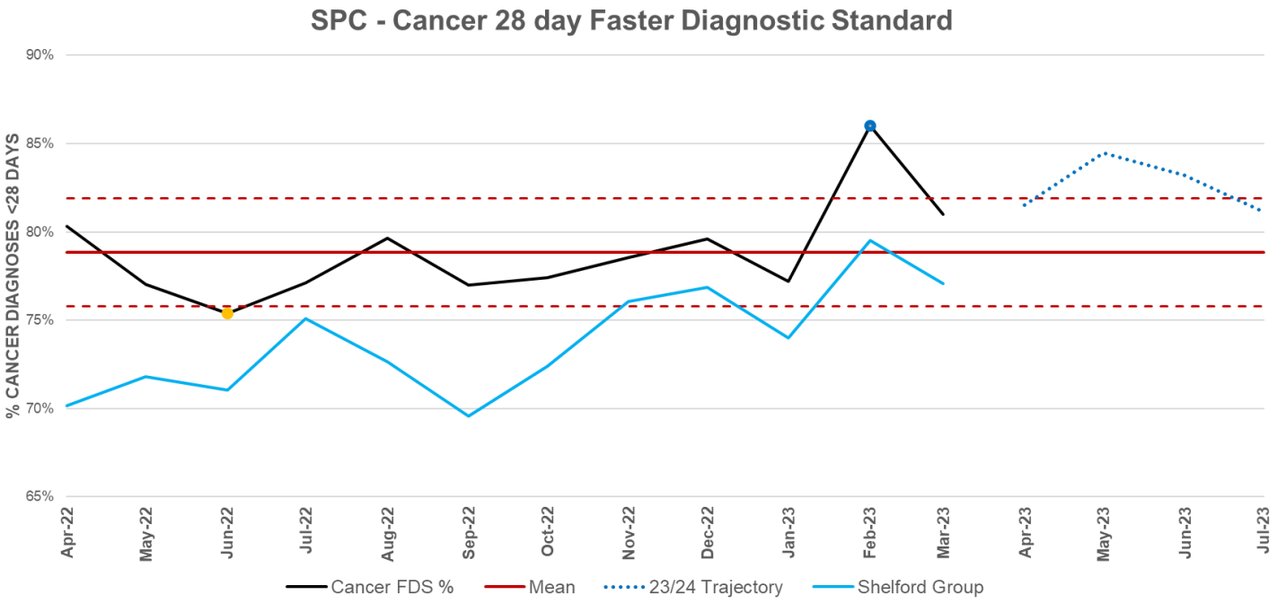
Cambridge University Hospitals NHS Foundation Trust

Mar-23	Target
81.0%	75.0%

SPC Variance
Normal variation

Shelford Group Avg (Mar-23)
77.1%

Three Month Forecast		
Apr-23	May-23	Jun-23
81.5%	84.5%	83.2%



Cancer Site Overview

Cancer site	28 FDS %
Central Nervous System/Brain	100.0%
Testicular	100.0%
Lung	97.1%
Breast	95.2%
Skin	81.2%
Upper GI	81.0%
Head & Neck	74.2%
Children's	73.3%
Lower GI	72.4%
Urological	68.4%
Gynaecological	64.0%
Haematological	58.8%
Sarcoma	25.0%

Updates since previous month

- CUH remains above Shelford Group performance
- Performance has deteriorated in the last month due to delays in the skin and gynae pathways

Current issues

- Delays to diagnostics in skin cancer and pathology turnaround times continue to impact performance.
- Actions are in place as part of the Cancer Improvement Plan

Key dependencies

- Improved compliance to 50% minimum for pathology turn around times.
- Additional ad hoc activity in skin to reduce backlog

Future actions

- Focus on the Urology pathways commenced in May, this will including working across the system drive change and improve compliance across prostate, bladder and kidney

Cancer - 2 week waits

NHS
Cambridge University Hospitals
NHS Foundation Trust

Mar-23	Target
87.6%	93.0%

SPC Variance

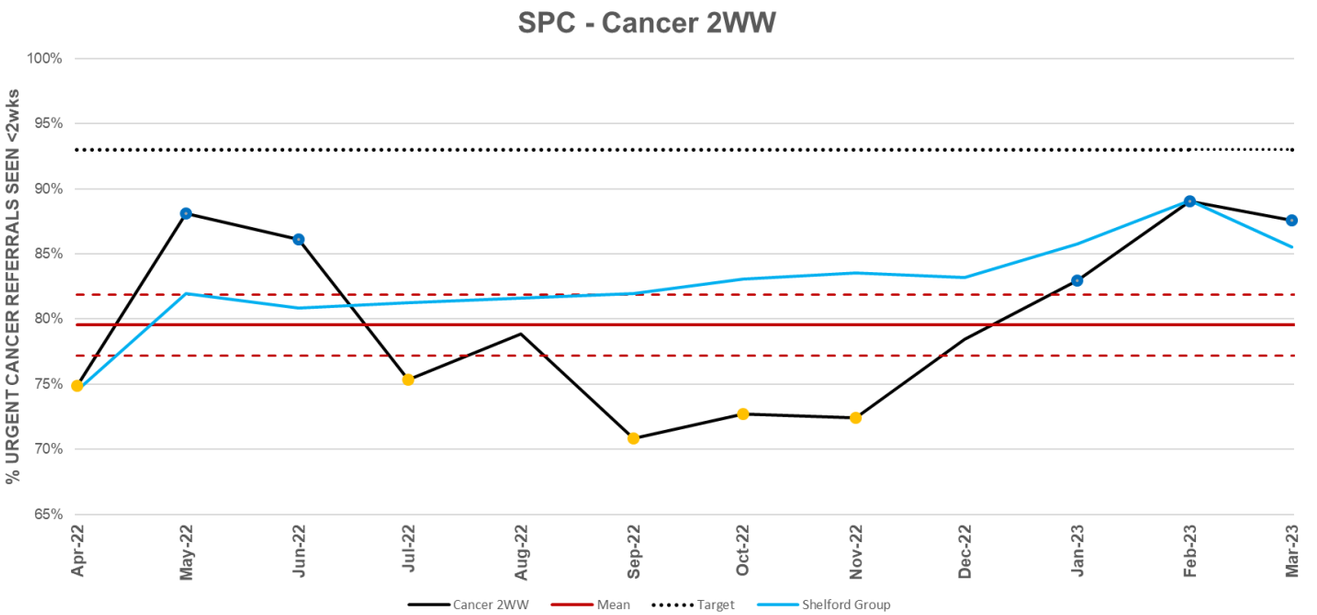
Normal variation

Shelford Group Avg (Mar-23)

85.5%

Cancer Site Overview

Cancer site	2WW %
Central Nervous System/Brain	100.0%
Haematological	100.0%
Testicular	100.0%
Upper GI	100.0%
Urological	99.4%
Lung	94.9%
Lower GI	91.8%
Head & Neck	89.8%
Breast	88.7%
Children's	84.6%
Gynaecological	82.6%
Skin	81.8%



Updates since previous month

- CUH has continued to recover performance against the 2WW target but performance still falls below the 93% standard
- Breast continued to improve performance with full recovery from May

Current issues

- Breaches along the skin pathway are the main reason for below-standard performance
- Gynae had an increase in breaches due to sickness in the team which will continue until June
- 66.7% of breaches in April were due to capacity

Key dependencies

- High 2WW referral rates impact our ability to see patients within the two-week target
- Sufficient capacity required to deliver target activity

Future actions

- Additional ad hoc activity in skin (Plastics) to ensure patients can be seen within 14 days on a skin and sarcoma pathway

Cancer - 31 days decision to treat to treatment

NHS
Cambridge University Hospitals
NHS Foundation Trust

Mar-23	Target*
87.5%	96.0%

SPC Variance

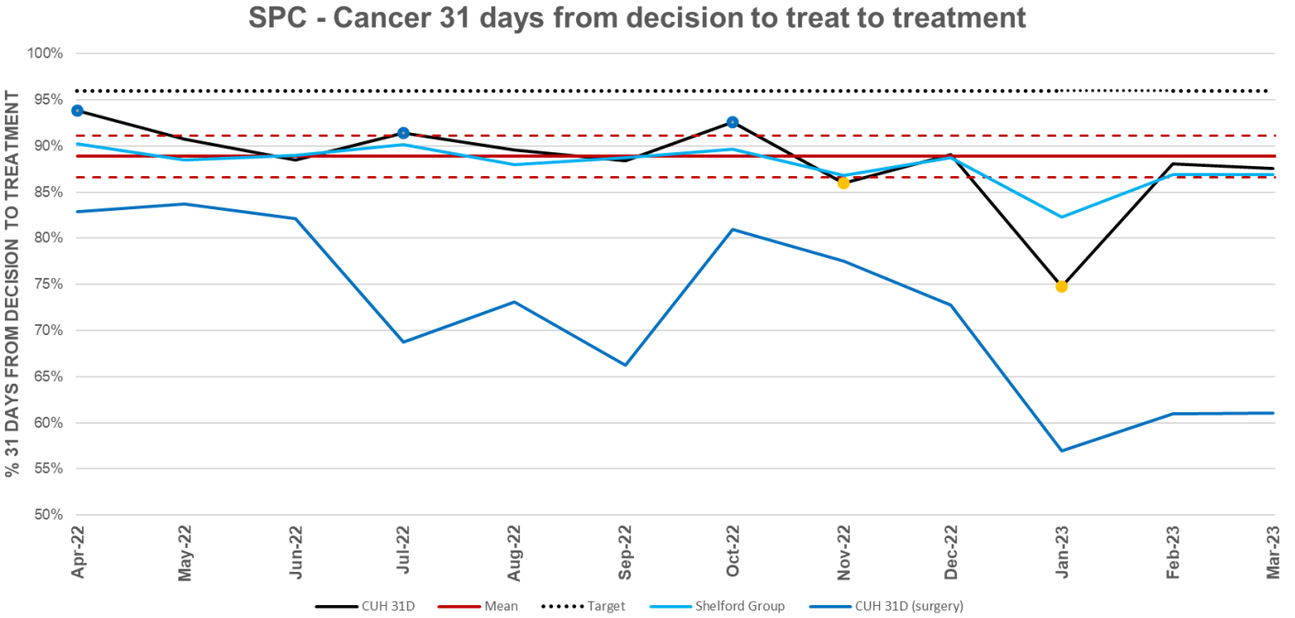
Normal variation

Shelford Group Avg (Mar-23)

86.9%

Cancer Site Overview

Cancer site	31D %
Central Nervous System/Brain	100.0%
Children's	100.0%
Gynaecological	100.0%
Haematological	100.0%
Lower GI	100.0%
Lung	100.0%
Sarcoma	100.0%
Skin	87.3%
Head & Neck	85.7%
Breast	84.0%
Urological	81.4%
Other	75.0%
Upper GI	58.3%



Updates since previous month

- CUH continues to fall below target with 92% of the breaches in March for surgery (target = 96%)
- Specialties howing the lowest performance levels were Urology (30%), HPB (23%), Breast (19%) and Skin 16%)

Current issues

- Access to theatre lists within 31 days remains an issue across multiple cancer sites. Due to the recent industrial action and bank holidays, surgical activity has been reduced which has contributed to the backlog

Key dependencies

- Additional theatre lists available to services and engagement from clinical teams to undertake additional activity

Future actions

- Focus on kidney cancer surgical lists in June to reduce backlog.

Cancer - 62 days urgent referral to treatment

NHS Cambridge University Hospitals NHS Foundation Trust

Mar-23	Target
76.4%	85.0%

SPC Variance

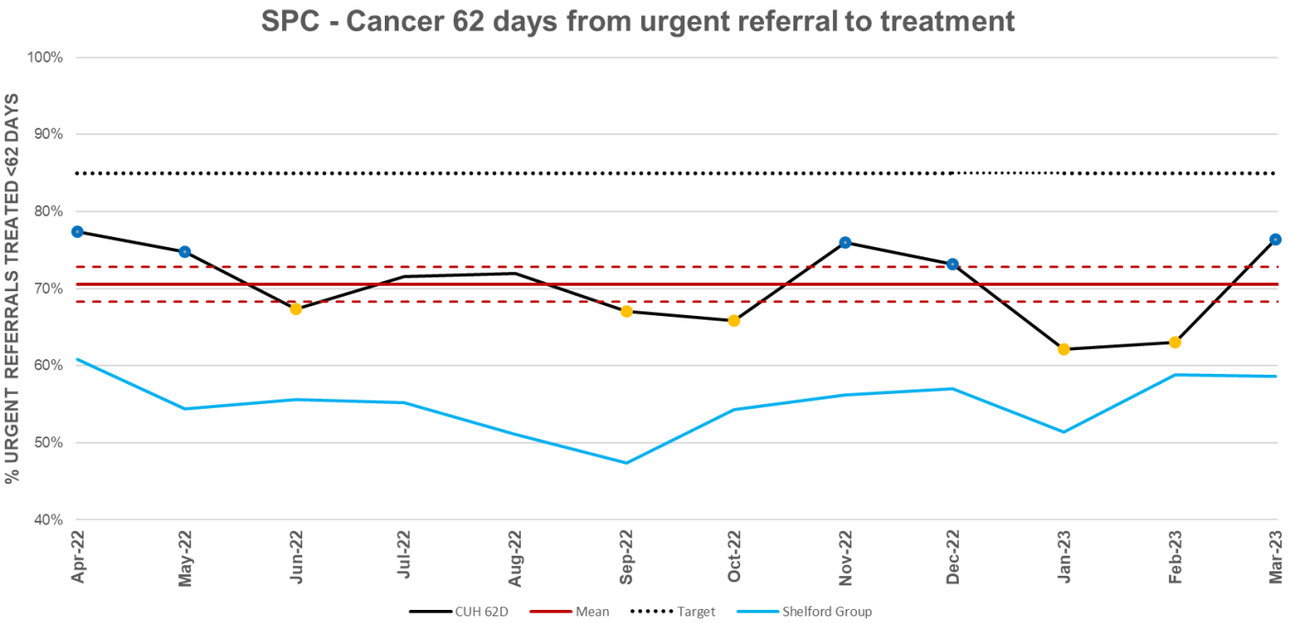
Normal variation

Shelford Group Avg (Mar-23)

58.6%

Cancer Site Overview

Cancer site	62D %
Central Nervous System/Brain	100.0%
Other Haem Malignancies	100.0%
Sarcoma	100.0%
Skin	92.0%
Lung	83.3%
Lower GI	78.6%
Breast	72.7%
Gynaecological	71.4%
Urological	68.1%
Head & Neck	44.4%
Upper GI	36.4%
Other	33.3%



Updates since previous month

- CUH has improved performance since February and is consistently above the Shelford Group average but below target of 85.0%
- 25% of breaches in March were due to patient-related delays/complex pathways

Current issues

- Delays in pathology turn around times
- Outpatient and surgical capacity
- Late referrals to CUH from regional teams

Key dependencies

- Achieving 28 day FDS
- Pathology turnaround times remaining above 50% in 7 days (currently at 22%)
- Reduced late referrals from regional teams

Future actions

- There is an extensive improvement plan in place which is reviewed monthly
- From May there will be a focus on Skin, Urology, Gynae and Head & Neck

DM01 Performance

NHS
Cambridge University Hospitals
NHS Foundation Trust

Apr-23	Plan
37.1%	34.0%

SPC Variance

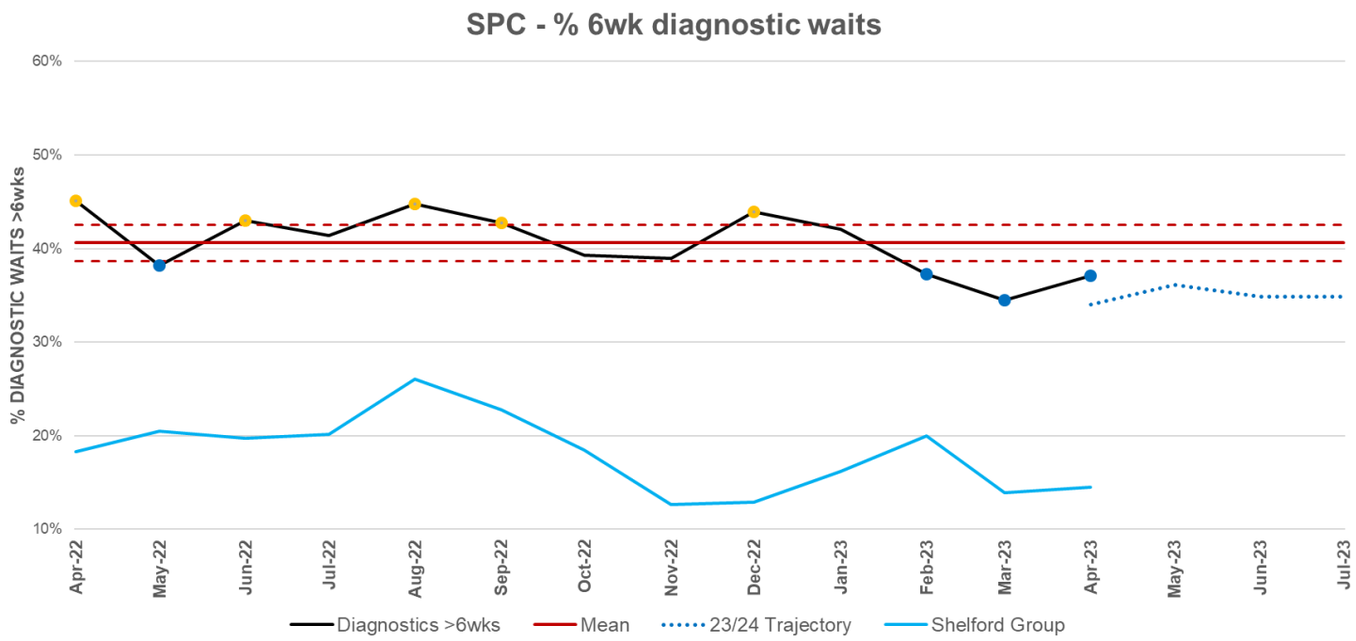
Positive special cause variation

Shelford Group Avg (Apr-23)

14.5%

Three Month Forecast

May-23	Jun-23	Jul-23
36.2%	34.9%	34.9%



Modality overview

Modality	% >6wks
Audiology	67.5%
Echocardiography	67.3%
Urodynamics	47.2%
Non obstetric ultrasound	36.9%
Imaging	29.8%
Magnetic Resonance Imaging	29.6%
Computed Tomography	23.8%
Respiratory physiology	22.6%
Cystoscopy	20.0%
DEXA Scan	17.4%
Neurophysiology	12.8%
Barium Enema	10.0%
Flexi sigmoidoscopy	5.4%
Endoscopy	5.0%
Gastroscopy	3.5%
Colonoscopy	1.3%

Updates since previous month

- April's 6wk performance deteriorated by 2.6% in month, an increase of 332 requests > 6 wks
- Total activity was 6% higher than plan, 18% higher than last month and 120% of baseline

Current issues

- Total waiting list actually reduced in April. CT and MRI making good improvements
- >6 weeks grew in Audiology, Echo & Ultrasound
- High staff vacancies are the main risk to delivery

Key dependencies

- On-going use of Insourcing for Echocardiography
- On-going use of independent sector mobile and community capacity for Imaging modalities
- Agency and locum staffing

Future actions

- Audiology exploring support within region
- Echocardiography reviewing recruitment and retention premium. ICS working group established
- Ely Community Diagnostic Centre for H2

New Outpatient Attendances

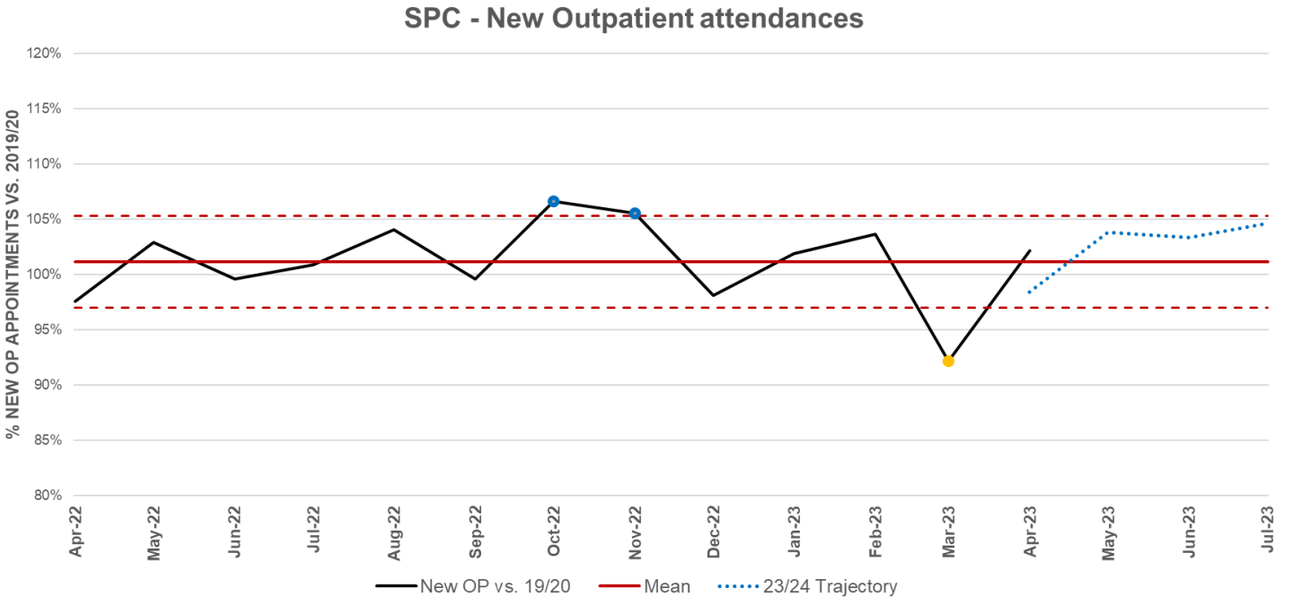
NHS
Cambridge University Hospitals
NHS Foundation Trust

Apr-23	Plan
102.2%	98.4%

SPC Variance
Normal variation

Shelford Group Avg
N/A

Three Month Forecast		
May-23	Jun-23	Jul-23
103.8%	103.4%	104.6%



Divisional overview	
Division	Performance
A	103.8%
B	106.4%
C	91.6%
D	104.3%
E	94.1%

Updates since previous month

New activity remains below 110% target but ahead of plan. Divisions performing below plan are Division C, driven by a change in data recording, and Division E where additional templates and clinics are being set up to increase new appts

Current issues

Further action needed to increase new activity and achieve sustained change. Increasing capacity through increasing staffing levels will not be enough. To achieve outpatient targets we need to redesign pathways and change ways of working

Key dependencies

Specialties continue to use the GIRFT Outpatients guidance to help implement further action and the NHSE data opportunity tool for benchmarking with and learn from other Trusts e.g. on new:follow up ratio, virtual, PIFU, DNA and other rates

Future actions

Divisions and specialties need to further test change ideas including clinic template changes, waiting list initiatives, specialist advice, remote appointments, DNAs and PIFU. A greater volume, pace and spread of this action is needed to achieve the required scale of change

Follow Up Outpatient Attendances

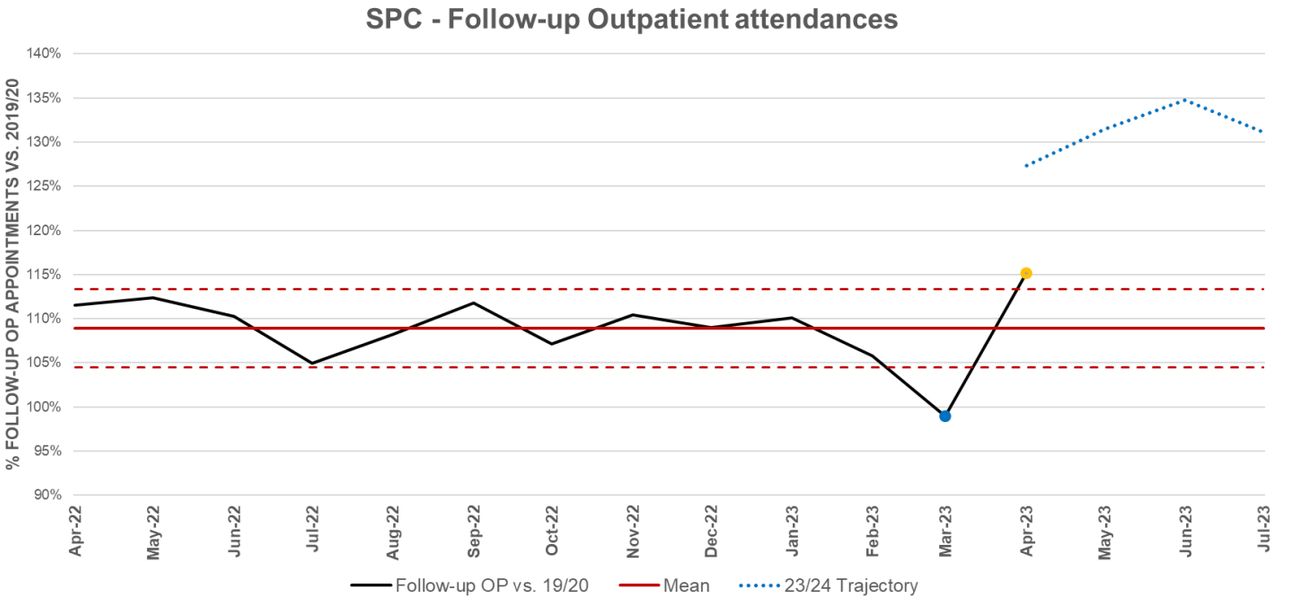
Cambridge University Hospitals NHS Foundation Trust

Apr-23	Plan
115.2%	127.4%

SPC Variance
Normal variation

Shelford Group Avg
N/A

Three Month Forecast		
May-23	Jun-23	Jul-23
131.5%	134.7%	131.1%



Divisional overview	
Division	Performance
A	111.3%
B	114.2%
C	117.2%
D	108.8%
E	151.4%

Updates since previous month

Compared with the 2019/20 baseline the % of follow ups per month has increased over the last 2 years but stabilised at ~110% which is negatively higher than the CUH target of 105% and the national target of 75%

Current issues

Further changes are needed to our ways of working to significantly reduce follow-up activity and achieve a sustained decrease which take time to test and implement. Lack of eHospital resources may also cause delays to PNP implementation

Key dependencies

Patient Not Present (PNP) is one tool to be considered as patient pathways are reviewed and redesigned to reduce follow-ups. This requires eHospital resources and specialities to develop pathways and templates

Future actions

Actions being taken to address overdue follow ups include waiting list validation and initiatives, early tests of 'patient not present' reviews, and consideration of suitability of overdue follow up patients to be placed on a PIFU pathway

PIFU Outpatient Attendances

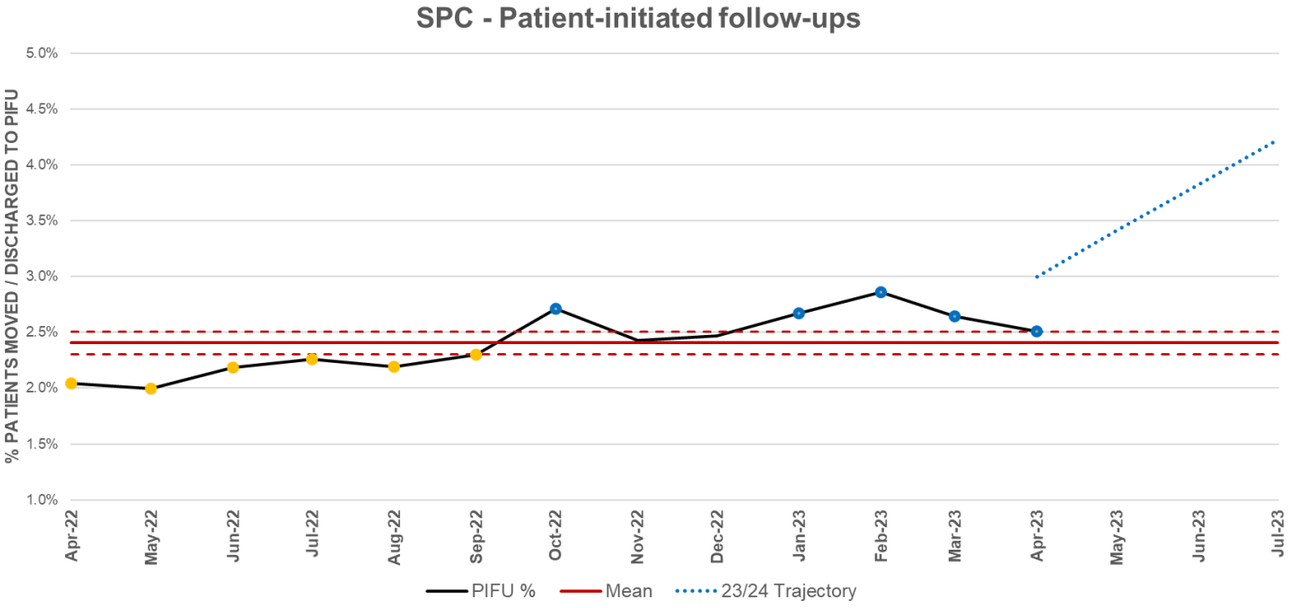
NHS Cambridge University Hospitals NHS Foundation Trust

Apr-23	Plan
2.5%	3.0%

SPC Variance
Normal variation

Shelford Group Avg
N/A

Three Month Forecast		
May-23	Jun-23	Jul-23
3.4%	3.8%	4.2%



Divisional overview

Division	Performance
A	5.9%
B	2.9%
C	0.8%
D	1.6%
E	1.8%

Updates since previous month

There is a consistent overall trend upwards of the use of PIFU but CUH is yet to reach the 5% target. Further actions to more rapidly increase our use of PIFU are being developed to accelerate the pace and scale of increase

Current issues

Recognised difficulties with achieving PIFU in the Transplant directorate. Clinical teams have discussed at length and conversations continue. There is substantial clinical concern around PIFU for this patient group

Key dependencies

Template rebuilding and eHospital resources to implement reporting changes

Future actions

- Specialties are focusing on increasing PIFU as part of pathway redesign. Some have increased usage by targeting particular patient groups e.g. overdue follow ups, DNAs
- Divisions will use monthly data provided to review PIFU usage at specialty and consultant level to target actions

Delayed discharges

Apr-23	Target
116.1	N/A

SPC Variance

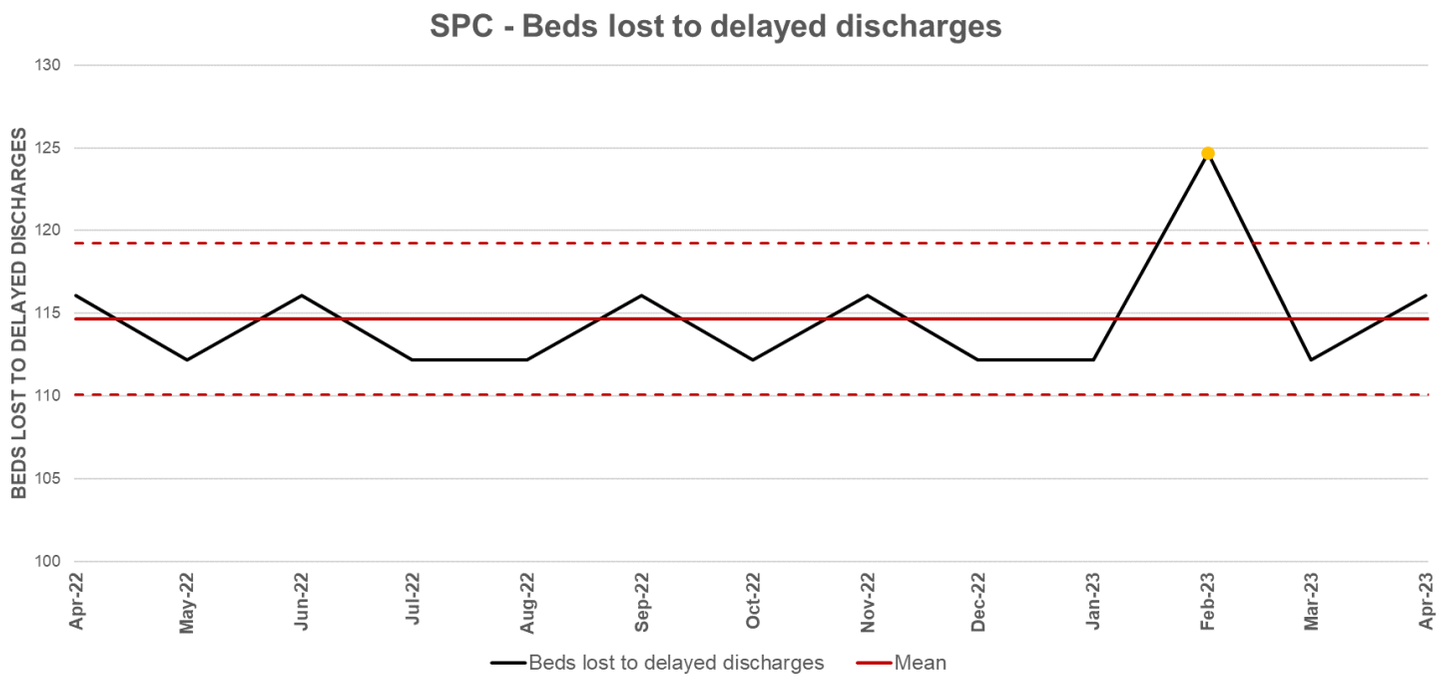
Normal variation

Shelford Group Avg

N/A

Three Month Forecast

May-23	Jun-23	Jul-23
N/A		



Bed days lost by pathway

Total beds lost to delays	Apr-23	%total
Pathway 1	37.9	33%
Pathway 2	26.4	23%
Pathway 3	25.4	22%
Being assessed - Internal	15.0	13%
Pathway 0	7.9	7%
Being assessed - External	3.4	3%
Data quality	0.1	0%
TOTAL	**116.1**	**-**

Updates since previous month

- Over the last 12 months the Trust has lost an average of 115 beds to patients past their clinically fit date (CFD). In April that increased to 116.
- The majority of beds (77%) were lost to complex discharge pathways 1-3

Current issues

- One third of all beds lost to post-CFD delays relate to pathway 1 (support to recover at home) as domiciliary care capacity is insufficient to meet demand
- ~40 beds are lost to out-of-county patients, with whom we have less direct influence

Key dependencies

- Effective implementation of the Transfer of Care Hub to support the prompt processing of referrals for packages of care
- Working across the ICB to jointly manage complex pathways

Future actions

- Pilots of Trusted Assessors and Discharge to Assess to identify opportunities to streamline complex pathways
- Utilisation of the new national 'Discharge Ready' metric to identify areas for improvement
- Focused recruitment to pathway 1 to increase capacity

Theatre Utilisation - Elective GIRFT Capped

NHS
Cambridge University Hospitals
NHS Foundation Trust

Apr-23	Plan
79.2%	80.0%

SPC Variance

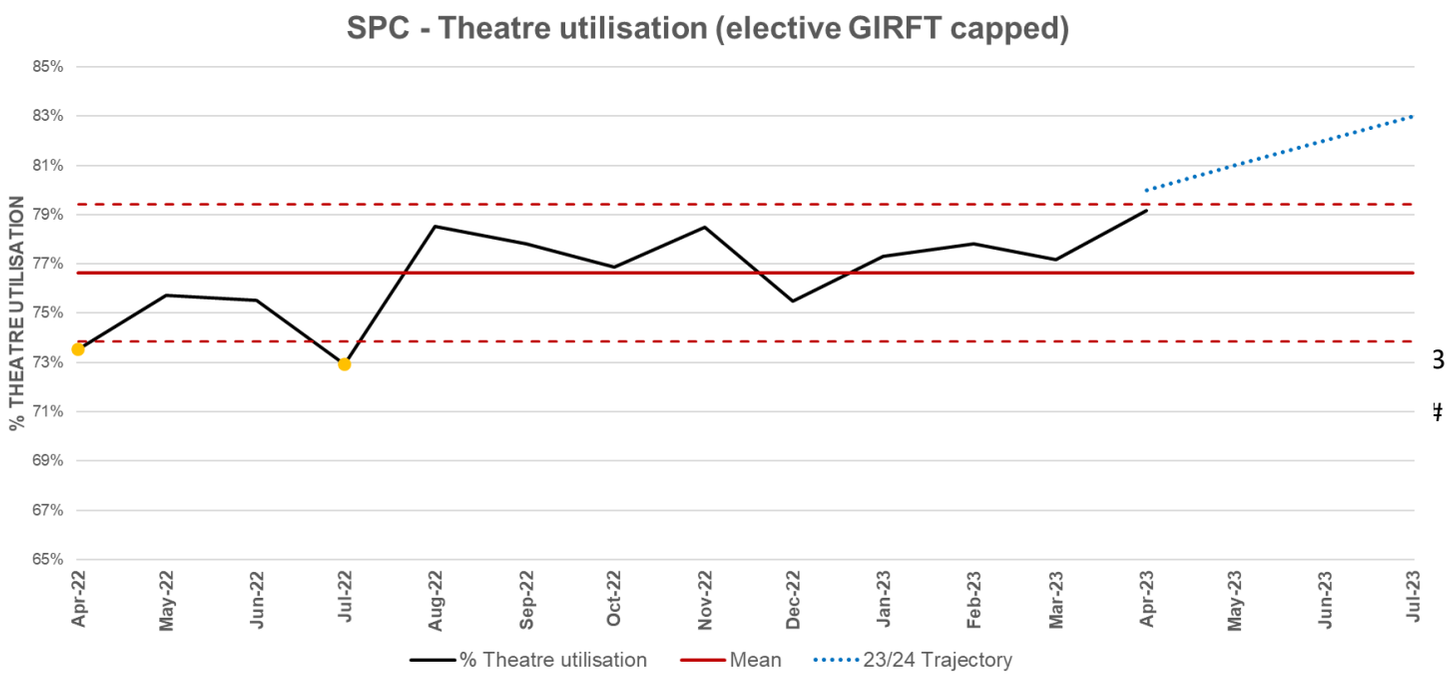
Normal variation

Shelford Group Avg

N/A

Three Month Forecast

May-23	Jun-23	Jul-23
81.0%	82.0%	83.0%



Utilisation by department

Department	Utilisation
ATC	82%
Main	80%
Rosie	80%
CEU	71%
Ely	67%

Updates since previous month

- April capped utilisation was 79%, improving to 80% when the BMA strike dates are excluded
- Sessions used in April were 96.9% when strike dates are excluded.

Current issues

- The majority of our theatres are in Main and ATC where capped utilisation is highest at 80% and 82%
- The CEU and Ely locations is where the focus of improvement continues.

Key dependencies

- Low short notice cancellations
- Ability to readily back fill cancellations requiring pool of pre-assessed patients
- Efficient start times and turnaround times
- Optimum scheduling with 6-4-2 oversight.

Future actions

- Focus on templating Ely sessions commencing with Digestive Diseases and Orthopaedics
- Identification of Paediatrics and Neurosurgery as areas of focus for start time delays. Paediatrics to benchmark with peers.

BADS Daycase Rates

Mar-23	Target
86.3%	N/A

SPC Variance

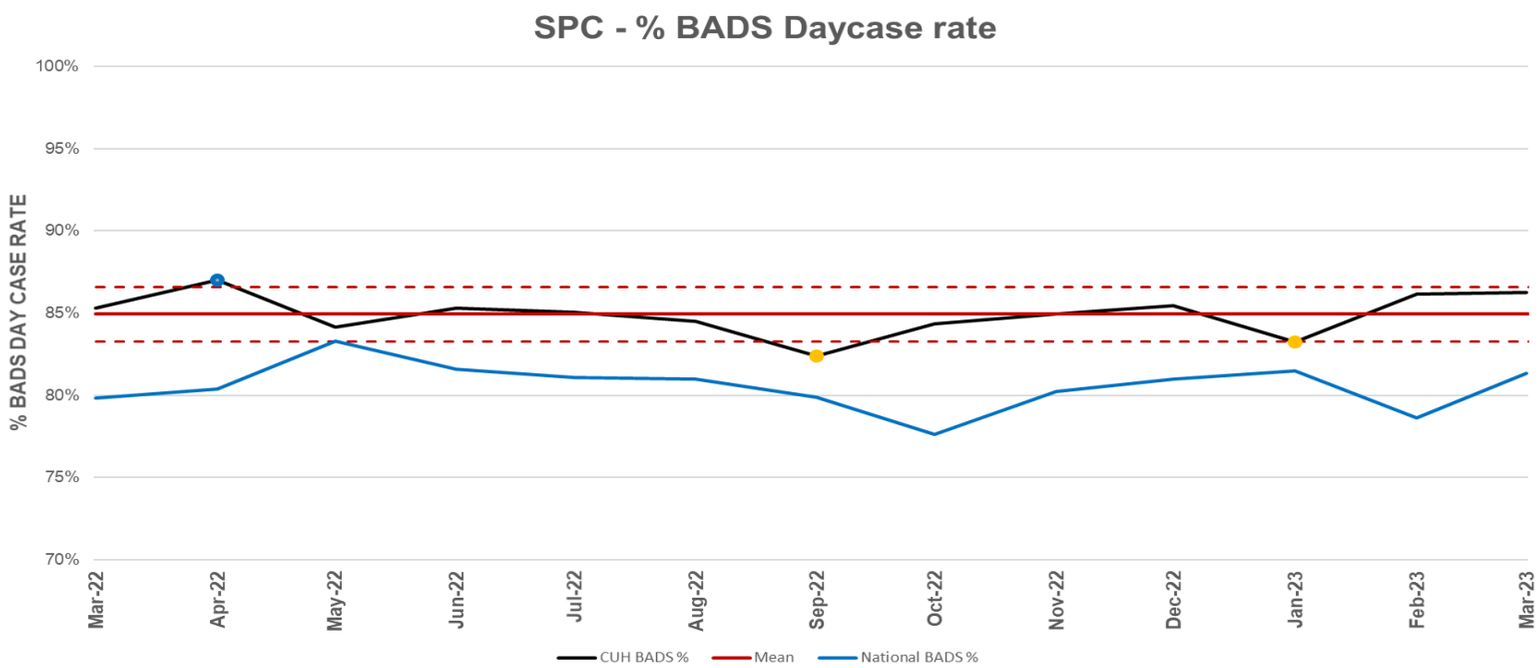
Normal variation

National Avg (Mar-23)

81.4%

Three Month Forecast

Apr-23	May-23	Jun-23
N/A		



BADS Section Day Case Rate for HVLC focus areas

	3 Months to Jan 2023			Mar-23
	CUH	Shelford Peers	Quartile	CUH using 0 LOS
Orthopaedics	84.4%	81.5%	2	92.4%
ENT	77.2%	80%	1	81%
General Surgery	66%	71%	1	81.1%
Gynaecology	51.5%	63.9%	1	78.9%
Ophthalmology	97.8%	98.2%	2	99.1%
Urology	69%	69.6%	2	71.6%

Updates since previous month

- Model Hospital GIRFT data 3 months to Jan-23 shows improvement to 80.3%
- Local BADS reporting to Mar-23 shows 86.3%.

Current issues

- Inaccurate recording of Intended Management as daycase reflects in poorer performance externally
- 103 zero LOS BADS procedures were recorded as in-patients in Q4.

Key dependencies

- Correct data recording of Intended Management
- Effective patient flow on L2DSU
- Clinically led discharge criteria.

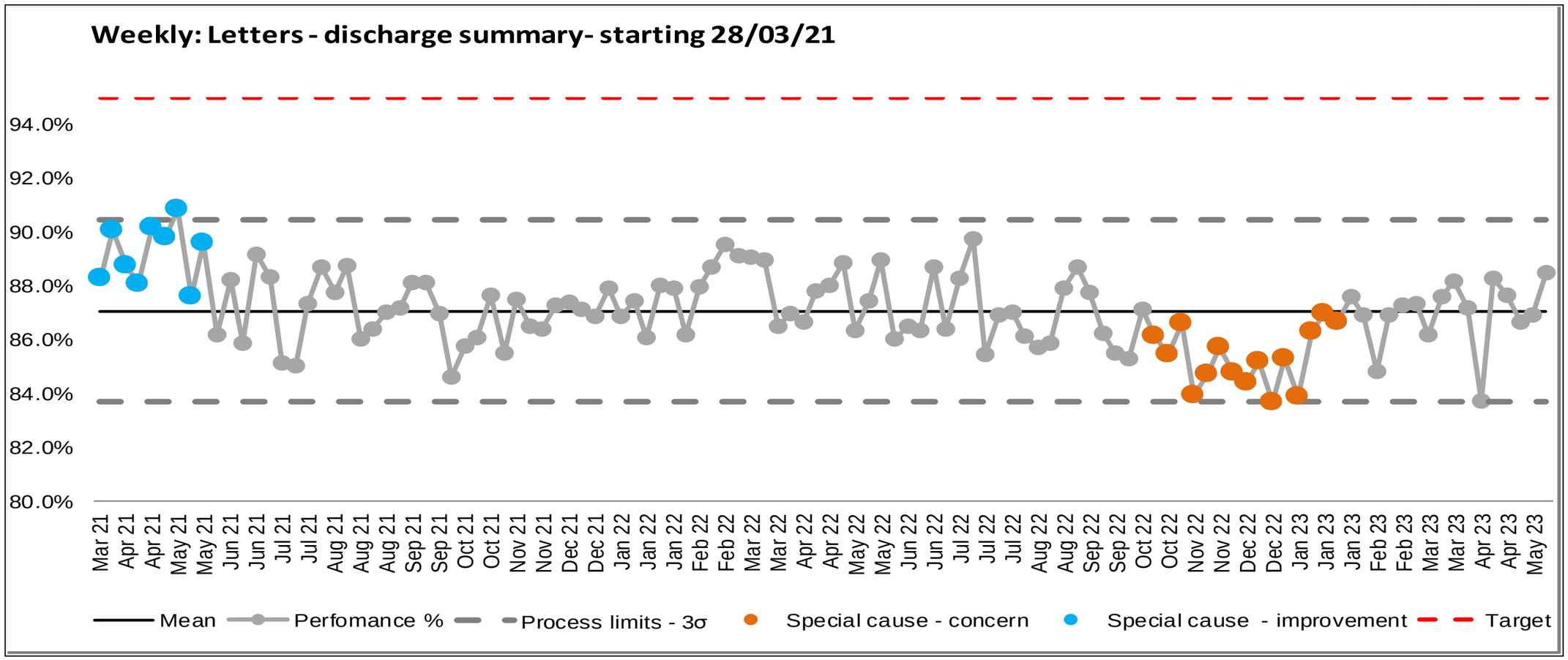
Future actions

- Ongoing focus on lap chole where performance benchmarks very poorly nationally
- Lap chole and hernia nurse led discharge focus in L2
- Increase Urology access to Ely capacity now equipment for key BADS procedures is in place.

Discharge Summaries

Cambridge University Hospitals NHS Foundation Trust

Operational Performance



71%

Discharge summaries

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

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

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

Author(s): James Boyd

Owner(s): Ashley Shaw

Patient Experience - Friends & Family Test (FFT)

Cambridge University Hospitals NHS Foundation Trust

Patient Experience

The good experience and poor experience indicators omit neutral responses.

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Apr 23	Month	-	94.4%	95.7%		-	-	For April there was no change in the Good score, however the Poor score increased by 1% compared to March and is now the higest for the past 13 months. The number of FFT responses declined by 50 responses compared to March, and is one of the lowest for the past 12 months. 14 wards did not collected FFT. Pre pandemic # of FFT responses is 850-950. **FOR APR: there were 305 FFT responses collected from approx. 3,3554 patients.**
FFT Inpatient poor experience score	Jul 20 - Apr 23	Month	-	3.0%	1.5%		-	-	
FFT Outpatients good experience score	Apr 20 - Apr 23	Month	-	94.3%	95.0%			-	For April there was no change in the Good score or the Poor score compared to March . The Poor score of 2.6% is very low and not a concern. There was 1 FFT response collected from paediatric clinics so the FFT scores mainly reflect adult clinics. **FOR APR: there were 4,359 FFT responses collected from approx. 23,801 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 - Apr 23	Month	-	2.6%	2.4%	H	S7	-	
FFT Day Case good experience score	Apr 20 - Apr 23	Month	-	97.0%	96.5%		-	-	For April there was a small increase in Good score from 96.4% in March to 97%. There was no change in the Poor score compared to March. Both scores have remained consistent with no more than 1% change throughout the last 12 months. **FOR APR: there were 997 FFT responses collected from approx. 3,933 patients.**
FFT Day Case poor experience score	Apr 20 - Apr 23	Month	-	1.7%	1.7%		-	-	
FFT Emergency Department good experience score	Apr 20 - Apr 23	Month	-	81.7%	83.6%	L	S7	-	For April the overall Good score improved by 6% compared to March, and the Poor score also improved by 4.5%. The adult Good score of 82.1% and the Poor score of 11.8% are the strongest scores since 2021. The paeds Good score improved 3% compared to March and the Poor score improved 4.5%. **FOR APR: there were 870 FFT responses collected from approx. 4,999 patients**. The SPC icon shows special cause variations: low is a concern and high is a concern with both having more than 7 consecutive months below/above the mean.
FFT Emergency Department poor experience score	Apr 20 - Apr 23	Month	-	11.0%	10.1%	H	S7	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Apr 23	Month	-	93.5%	94.9%		-	-	**FOR APR:** Antenatal had 3 FFT response; 66.7% Good / 33.3% Poor. Birth had 53 FFT responses out of 411 patients; 98.1% Good / 2% Poor. Postnatal had 113 FFT responses: LM had 86 FFT with 89.5% Good / 7.0% Poor (scores declined compared to Mar), DU had 4 FFT with 100% Good / BU had 19 FFT with 100% Good, and COU 100% Good from 4 responses. 0 FFT responses from Post Community. **APR MATERNITY OVERALL:** Good score decreased by 2% and Poor score increased 2% compared to March. The change in overall scores is from both Antenatal and Postnatal Lady Mary. There were 169 FFT responses collected.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Apr 23	Month	-	4.7%	1.8%		-	-	

71%

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 April, some Good scores remained consistent such as outpatient and inpatient. A&E had a 6% increase in the Good score and the improvement is from both adult and paediatrics. Maternity had a 2% decrease in the Good score, mainly from antenatal and Lady Mary. The Poor FFT score had no change for day case and outpatientts, but a 4.5% improvment for A&E, again from both adult and paediatrics. The Poor score for inpatient increased by 1% and a 2.5 increase for maternity. This was from antenatal, and Lady Mary.

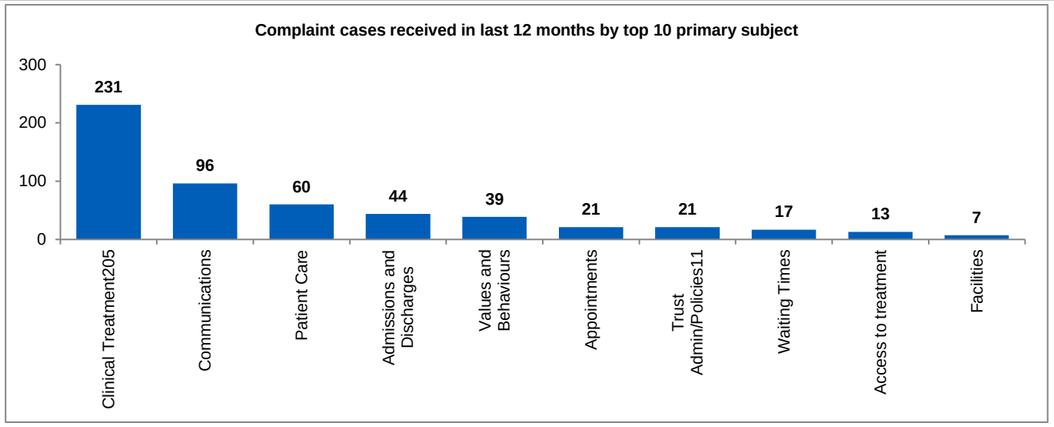
Please note starting 1 June, the Trust has reduced the number of SMS being sent to adult patients. Instead of sending a text message to every adult patient that attend an OP/DU appointment, or presented to A&E, the Trust now sends a fixed number of SMS daily.

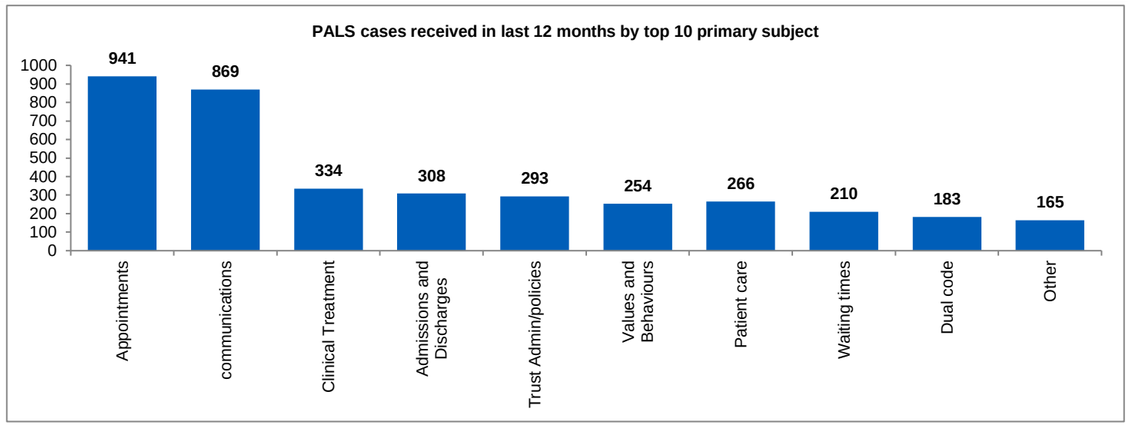
PALS and Complaints Cases

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	Apr19 - Apr 23	month	-	60	55	H	SP	-	The number of complaints received between Apr 2019 - Apr 2023 is higher than normal variance.
% acknowledged within 3 days	Apr 19 - Apr 23	month	95%		73%	L	SP	?	44 out of 60 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	Apr 19 - Apr 23	month	50%	25%	30%	L	S7	?	64 complaints were responded to in April, 16 of the 64 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Apr 19 - Apr 23	month	80%	58%	87%	L	SP	?	37 out of 64 complaints responded to in April were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Apr 19 -Apr 23	month	-	29%	34%		-	-	There were 17 complaints graded 4 severity, and 0 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Apr 19 - Apr 23	month	-	7	32	L	S7	-	Compliment numbers are lower than usual due to administrative staff shortages





PHSO - There were no complaints accepted by the PHSO for investigation in April 2023. **Completed actions** Due to current workload actions have not been reported this month.

Author(s): Sue Bennison

Owner(s): Oyejumoke Okubadejo

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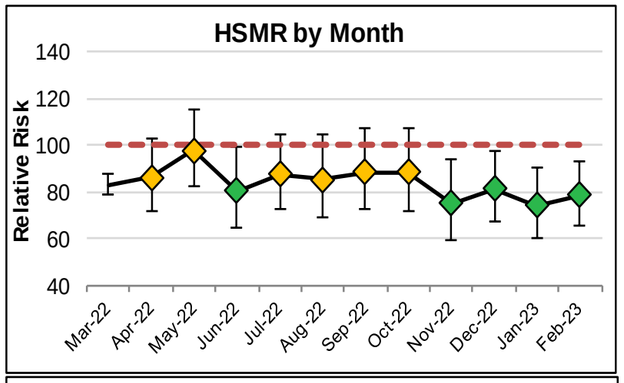
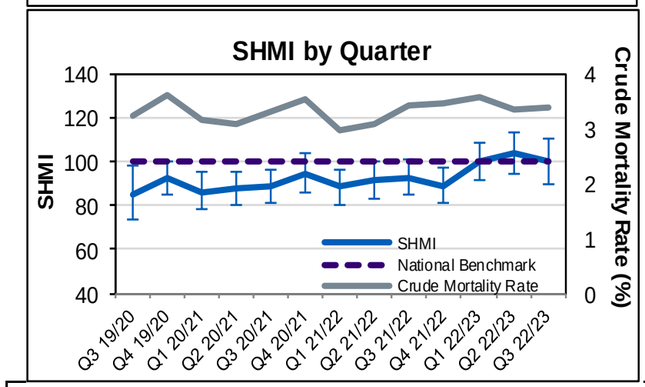
Learning from Deaths

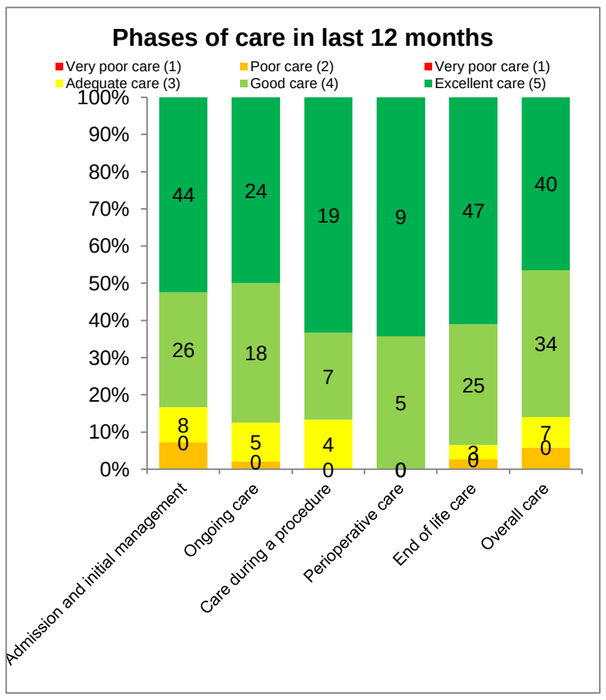
Cambridge University Hospitals NHS Foundation Trust

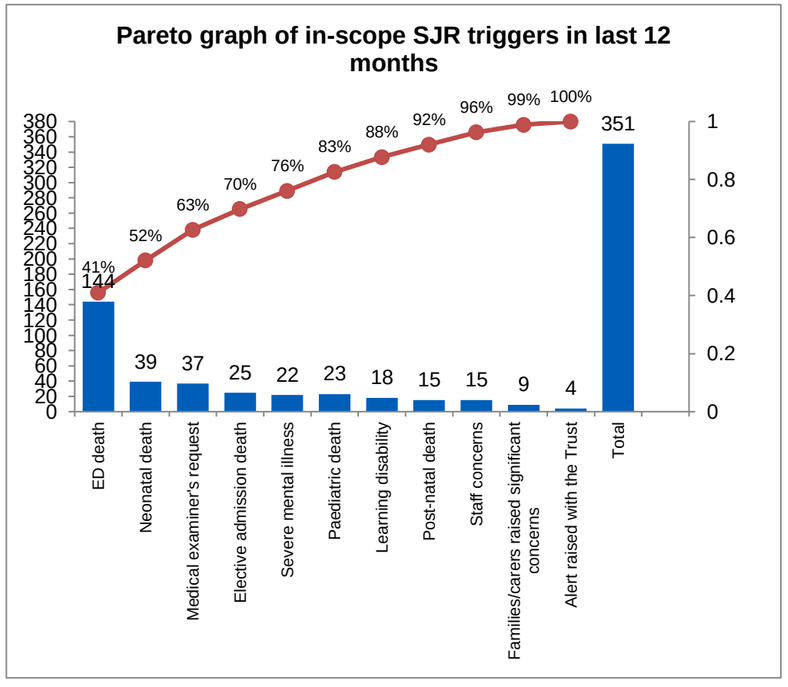
Mortality

Indicator	Data range	Period	Current period	Mean	Variance	Special causes	Target status	Comments
Total inpatient and Emergency department deaths	May 2016- April 2020	Apr-23	**134**	*135.7*			–	April saw the end of a 13 month upward shift
Emergency department deaths			**13**	*7.9*	H		–	There is a statistically significant increase with the last consecutive 9 months being above the mean - upward shift.
Inpatient deaths			**121**	*127.8*			–	12 out of the last 14 months have been above the mean
Emergency Department and Inpatient deaths **per 1000 admissions**			**8.80**	*8.60*			-	
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)			**16%**	*18%*		-	-	In April 2023, 18 SJRs were commissioned and 3 PMRTs were commissioned









Executive Summary

HSMR - The rolling 12 month (March 2022 to February 2023) HSMR for CUH is 83.67, this is 6th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 94.15. **SHMI -** The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, December 2021 to November 2022 is 96.52. **Alert -** There are 3 alerts for review within the HSMR and SHMI dataset this month.

There were no serious incidents associated with potentially/avoidable death commissioned in April 2023

Author(s): Chris Edgley Owner(s): Amanda Cox

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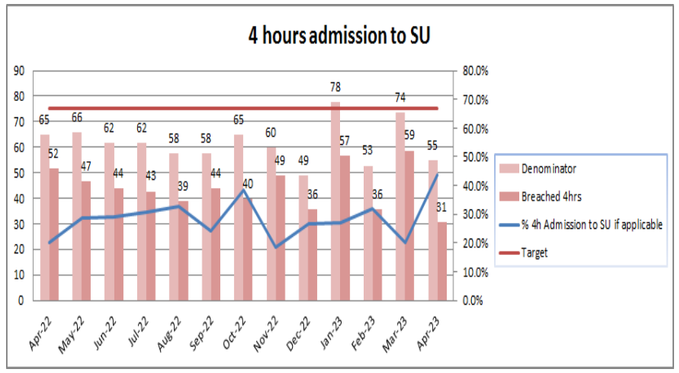
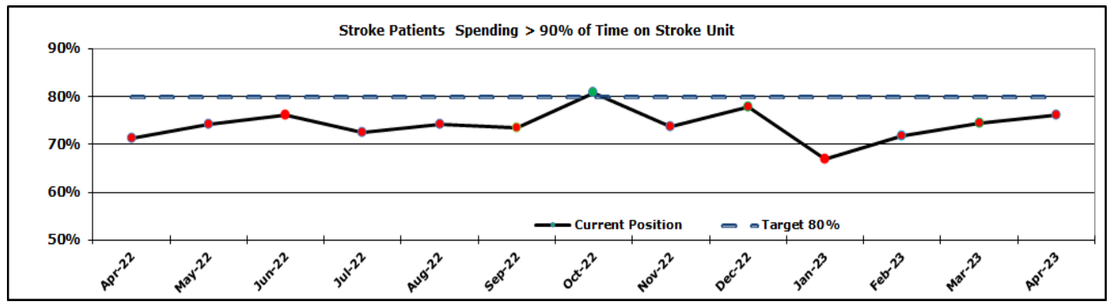
Stroke Care

Cambridge University Hospitals NHS Foundation Trust

Stroke Measures



Themes	Pt
Awaiting senior review	3
Difficult diagnosis. MRI confirmd new stroke	2
Inpatient Stroke	1
Stroke Bed Capacity	3
Not referred on arrival	6
Trust Bed Capacity	16
Total	31



90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for April 2023 = **76.2%**
'Trust Bed Capacity' (6) was the main factor contributing to breaches last month, with a total of 15 cases in April 2023.

4hrs adm to SU (67%) target compliance was not achieved in April = **43.6%**

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

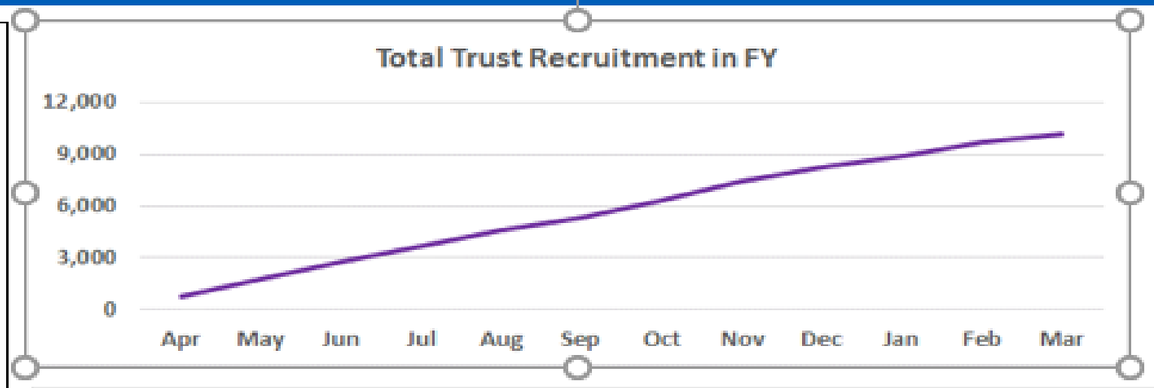
Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Suspected COVID-19 patient	COVID-19 - Stroke ward closed	Operational decision - patient moved off the unit to accommodate an acute stroke	Delay in medical review in ED	Delay in referral to Stroke Team	Clinical - Appropriate pathway 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%)
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%
Apr-23	3	6					3				2			1			15	76.2%
Summary	22	93	0	0	0	10	15	16	1	2	3	0	45	9	0	12	228	

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

Clinical Studies

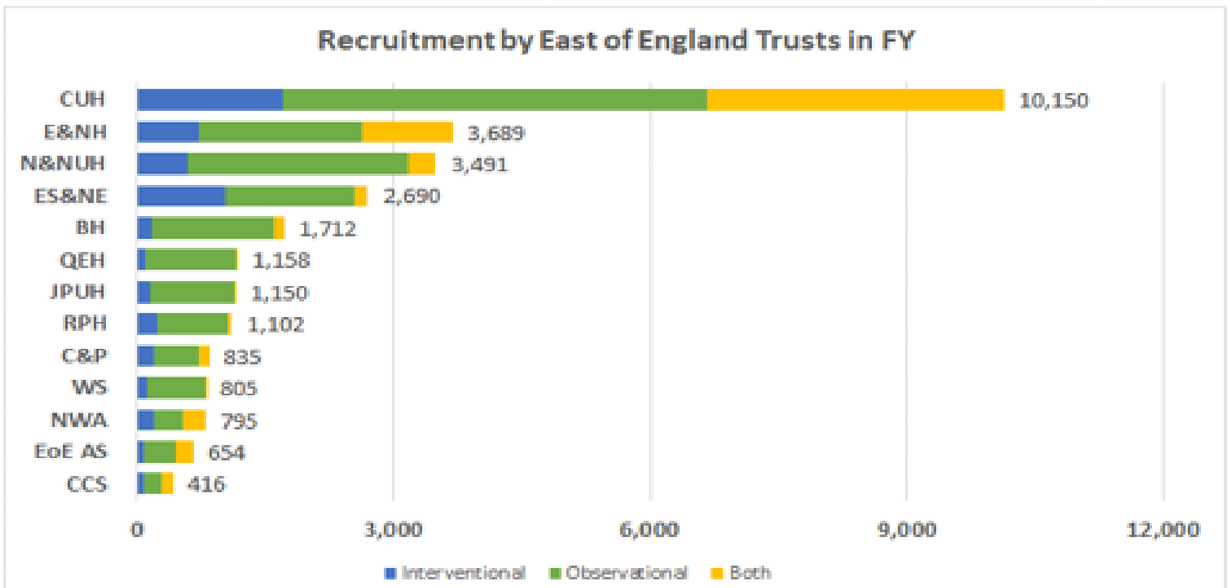
NHS
Cambridge University Hospitals
NHS Foundation Trust

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

Maternity Measures

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

LMNS:	Reporting period:	Overall System RAG:

KEY: CQC DOMAINS
Outstanding
Good
Requires Improvement
Inadequate

NHS England East of England

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	7.2 v 7.9
Care at home after birth	7.1 v 7.2
Other surveys	
GMC survey results (2022) overall satisfaction	Guidance required

71%

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

If 'not compliant' or working towards / partially compliant' please give reason why, mitigation and action needed to achieve compliance on slide 7

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)	

71%

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Additional intelligence

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	• Lack of referral to preterm surveillance cross border issues
4. Listening to women (sources, engagement / activities undertaken)	• **Complaint themes (n=7) and concerns (7) themes:** delays in care and pain relief, delay in responding to test results, issues with staff attitude and conflicting information, issues with communication with community midwives, concerns regarding birth centre safe staffing levels. • FFT good responses Jan-Apr'23: Delivery Unit = 97.4%, RBC 96.8%, LMW 93.&%, **OCOU 100%**
5. Listening to staff (eg activities undertaken, surveys and actions taken as a result)	• Entonox safe use video shared with staff via email and facebook • Community listening event and day workshop – realigned community teams to improve geographical working • PMA engagement with staff addressing themes of return to work anxiety on a 1:1 basis and additional PMA/PD support put in place.

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Target	Measure	Data Source	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-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	461	443	437	438	454	415		
Antenatal Care ICS contracted booking KPI	Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	Booking Appointments	Epic	74.00%	76.00%	89.90%	91.69%	91.69%	95.48%		
National Maternity Dashboard	Booking Appointments	For Information	N/A	Booking Appointments	Epic	611	614	467	303	361	310		
Source - EPIC	Vaginal Birth (Unassisted)	For Information	N/A	SVD's in all birth settings	Rosie KPI's	50.76%	49.44%	47.37%	53.88%	57.05%	47.47%		
Source - EPIC	Home Birth	For Information	N/A	Planned home births (BBA is excluded)	Rosie KPI's	1.08%	1.58%	0.92%	0.23%	1.32%	0.96%		
Source - EPIC	Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	Rosie KPI's	15.40%	13.32%	13.73%	17.58%	14.32%	13.73%		
Source - EPIC	Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	Rosie KPIs	14.95%	9.63%	46.32%	35.19%	43.00%	47.06%		
Source - EPIC	Induction of Labour	For Information	N/A	Women induced for birth	Rosie KPI's	34.29%	34.17%	34.57%	29.93%	29.13%	38.20%		
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	33.33%	33.16%	27.47%	24.85%	31.29%	27.03%		Review needed of reporting parameters as differs to NICE guidance which defines red flag as >2 hours from "beginning process" and we report beginning of preocess as administering prostaglandins which doesn't account for pre-IOL observations, consent process and CTG.
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	11.46%	9.36%	7.14%	7.27%	5.52%	10.27%		Rate of IOL in April (38%) almost 10% higher than previous 2 months.
SBLCBV2	Indication for IOL (SBLCBV2)	NA	NA	Percentage of IOL where reduced fetal movements is the only indication before 39 weeks	IOL Team	0%	0%	0.55%	0%	0%	0.64%		1 x RFM IOL <39 weeks
Source - EPIC	Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance.	IOL Team	100%	100%	97.80%	100%	100%	99.36%		1 x RFM IOL <39 weeks
Source - EPIC	Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	Rosie KPI's	13.23%	11.29%	11.67%	10.73%	10.57%	11.81%		
Source - EPIC	CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	Rosie KPIs	36.00%	39.28%	40.96%	34.47%	42.95%	40.24%		
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	15.4%	12.8%	12.90%	14.70%	14.90%	20.30%		
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	47.4%	49.6%	53.10%	48.90%	59.80%	50.80%		
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	1:3.28	1:5.72	1:5.45	1:3.14	1:4.69	1:3.75		
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	75.7%	84.3%	90.7%	79.1%	91.5%	86.4%		
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	68%	66.9%	61.5%	60.9%	60.0%	68.3%		
Source - Rosie Divert Folder	Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	0	3	3	1	2	0		
Source - Rosie Divert Folder	Total number of hours on divert	For information	N/A		Rosie Diverts	0	93	16.5	12	20.5	0		
Source - Rosie Divert Folder	Admissions during divert status	For information	N/A		CHEQs	0	0	0	0	2	0		
Source - Rosie Divert Folder	Number of women giving birth in another provider organisation due to divert status	For information	N/A		Rosie KPIs	0	5	2	0	0	0		

92% 69% 58% 92%

71% 71% 57% 100%

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	1:23.5	1:23.4	1:23.5	1:24	1:23.6	1:24.5		
Birth Rate Plus	Midwife/birth ratio (funded)**	For information	1.24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	1:23.2	1:23.3	1:23.3	1:23.8	1:23.7	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+	100%	100%	100%	100%	100%	100%		
Source - CHEQS	Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	6.63%	6.51%	6.36%	6.19%	5.74%			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	88.6%	87.1%	89.8%	90.2%				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	87.27%	93.94%		84.53%	70.58%	73.97%		March PROMPT cancelled due to medical strikes. Ongoing sessions from April onwards are overbooked so that backlog can be caught up.
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	93%	89%	86%	87%	87%	84%		MW compliance = 88%, NICU medical = 77%, NICU nursing = 78%
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	88.41%	91.38%	89.58%	84.56%	85.71%	90.18%		
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%	80.45%		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	89.9%	85.1%	88.5%	88.7%	87.3%			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	1.32%	0.92%	0.93%	0.46%	0.46%	0.49%		
Source - CHEQs	ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs	0	0	0	2	1	1		short ITU admission for sepsis
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	4.98%	6.00%	6.05%	6.82%	7.17%	3.75%		Notable improvement seen - less than 4% for the first time since Sept'22.
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	2.99%	3.68%	3.97%	3.28%	1.32%	2.90%		
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	3.20%	2.40%	5.24%	7.22%	2.95%	5.42%		3.6% for unassisted births (green) / 12.5% for assisted birth (red)
CQC KLOE	Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	1.54%	2.06%	2.26%	2.84%	2.64%	1.55%		
MBRRACE	Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	QSIS	0	0	0	1	1	2		both anticpated as percreta cases
MBRRACE	Direct Maternal Death	0	<1		QSIS	0	0	0	0	0	0		

71%

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	0	0	1	0	0		
Source - QSIS	Never Events	0	<1	DATIX	QSIS	0	0	0	0	0	0		
Neonatal Morbidity													
MBRRACE / PMRT	Still Births per 1000 Births	3.33/1000 (Mbrrace 2021)		Incidence per 1000 births	CHEQs			3.12:1000	2.75:1000	3.67:1000	2.94:1000		
MBRRACE / PMRT	Stillbirths - number ≥ 22 weeks	<3	<6	MBBRACE	CHEQs	0	1	2	3	3	1		
Epic	Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	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	0.86%	1.35%	1.84%	0.69%	2.01%	1.94%		
CQC KLOE	Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	4.12%	3.84%	4.30%	5.28%	5.91%	3.72%		
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	5.2%	7.2%	6.9%	4.2%	4.6%	6.0%		Cases currently under review and will be reported at next monthly ATAIN meeting
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 KPIs	100%	100%	99.5%	100.0%	100.0%	99.8%		
CQIM	Babies with a first feed of breastmilk	> 80%	>70%	Breastfeeding	Rosie KPIs	84.8%	83.52%	82.15%	84.02%	84.12%	81.55%		
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	3.74%	7.34%	6.41%	3.02%	5.73%	5.60%		
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	98.6%	86%	95%	96%	94%			Reported 1 month behind due to manual audit.
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	76%	63%	82%	78%	77%			Reported 1 month behind due to manual audit. Non-compliance in community being followed-up with individuals.
Source - Epic	VTE Assessment - PN	>95%	>95%	Percentage of women with a valid PN VTE risk assessment completed within 4 hours of birth.	CHEQs					82.6%	85.2%		Report is new and currently under review to understand if this working correctly.
Source - EPIC	VTE Assessment - AN	>95%	>95%	Percentage of women with a valid VTE risk assessment completed on admission to hospital	CHEQs					50.9%	51.5%		Report is new and currently under review to understand if this working correctly.

71%

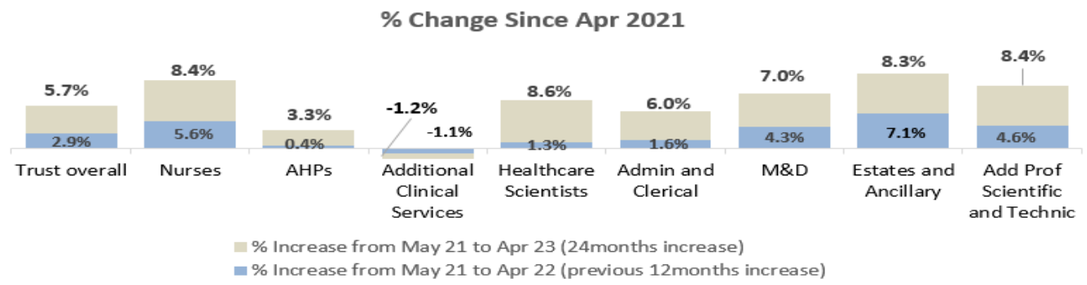
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff in Post

12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth		FTE		FTE 12 Month growth	
	May-22	Apr-23			May-22	Apr-23		
Add Prof Scientific and Technic*	244	257	↑	5.3%	224	236	12	↑ 5.5%
Additional Clinical Services	1,935	1,964	↑	1.5%	1,801	1,825	25	↑ 1.4%
Administrative and Clerical	2,403	2,497	↑	3.9%	2,197	2,277	80	↑ 3.7%
Allied Health Professionals*	724	741	↑	2.3%	640	656	17	↑ 2.6%
Estates and Ancillary	369	369	→	0.0%	352	356	4	↑ 1.2%
Healthcare Scientists	639	667	↑	4.4%	590	631	41	↑ 7.0%
Medical and Dental	1,668	1,718	↑	3.0%	1,581	1,630	49	↑ 3.1%
Nursing and Midwifery Registered	3,799	3,887	↑	2.3%	3,488	3,578	89	↑ 2.6%
Total	**11,781**	**12,100**	↑	**2.7%**	**10,872**	**11,190**	**318**	↑ **2.9%**



Admin & Medical Breakdown

Staff Group	May-22	Apr-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%

71%

What the information tells us:

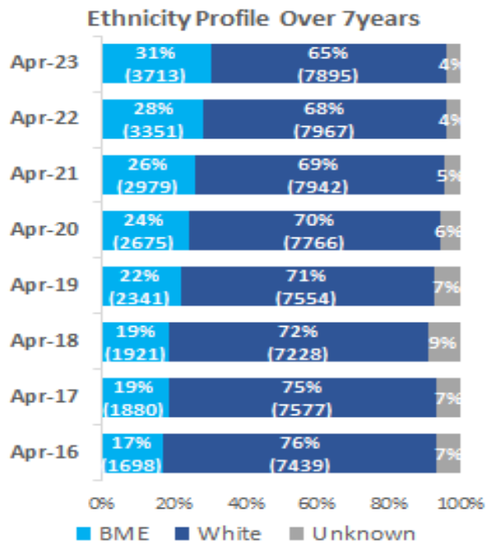
Overall the Trust saw a 2.9% growth in its substantive workforce over the past 12 months and 5.7% over the past 24 months. Growth over the past 24 months is lowest within Additional Clinical Services, with a decrease of 1.2%, and highest within Healthcare Scientists at 8.6%. Growth over the past 12 months is lowest within Estates and Ancillary with an increase of 1.2%, and highest within Healthcare Scientists at 7%.

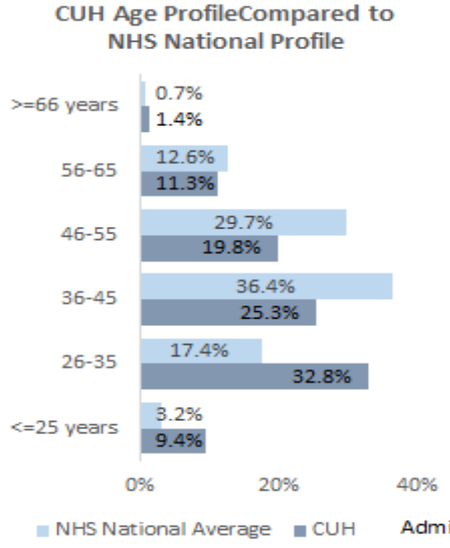
*Operating Department Practitioner roles were regroup from Add Prof Scientific and Technic to Allied Health Professionals on ESR from June 21 . This change has been updated for historical data set to allow for accurate comparison

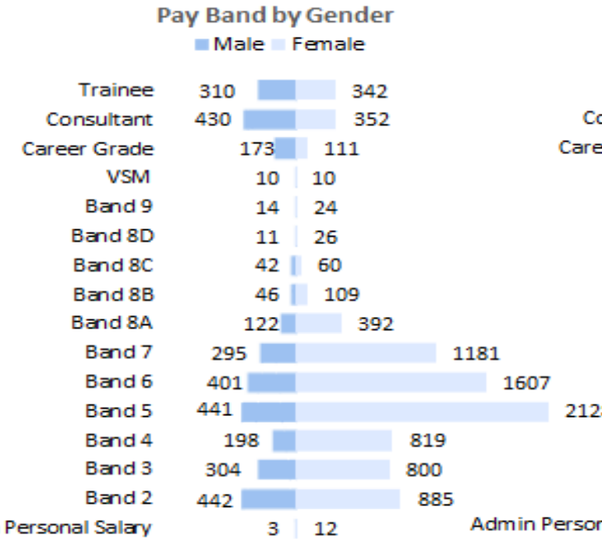
Equality Diversity and Inclusion (EDI)

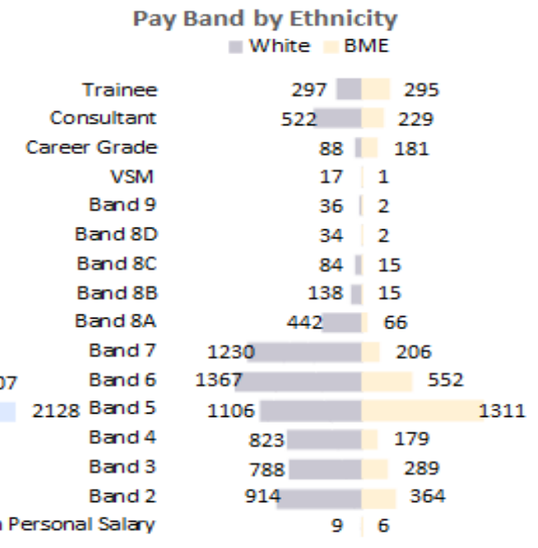
Cambridge University Hospitals NHS Foundation Trust

Workforce: Equality Diversity and Inclusion (EDI)

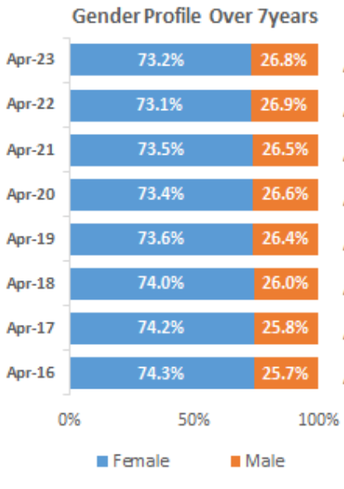


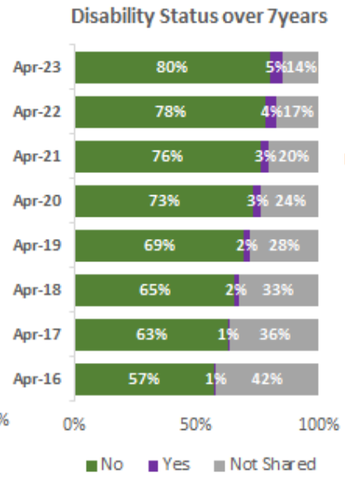


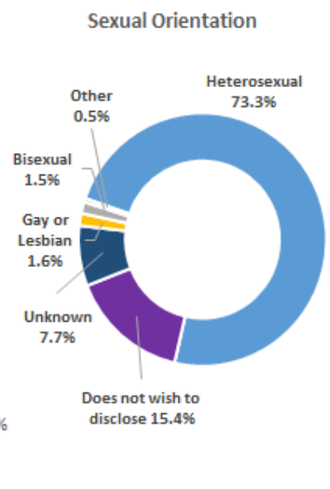




71%







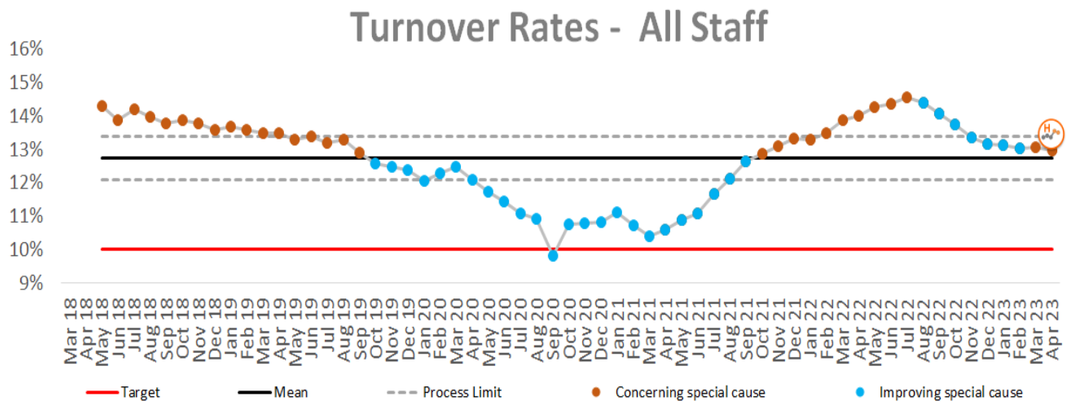
What the information tells us:

- 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

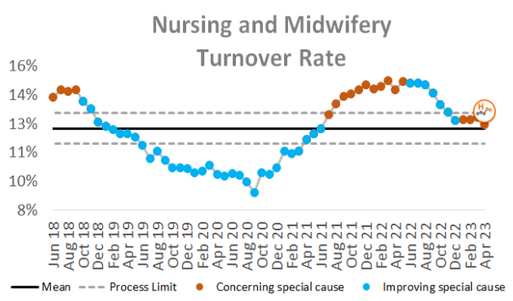
Workforce: Staff Turnover

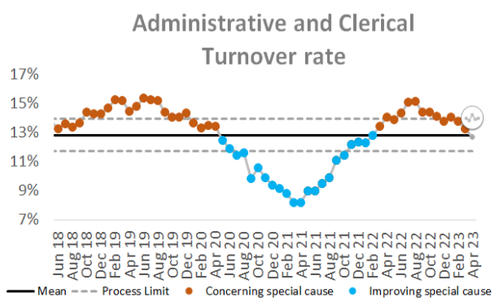


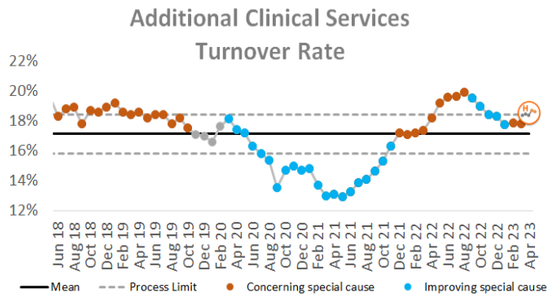
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (excludes all fixed term contracts including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

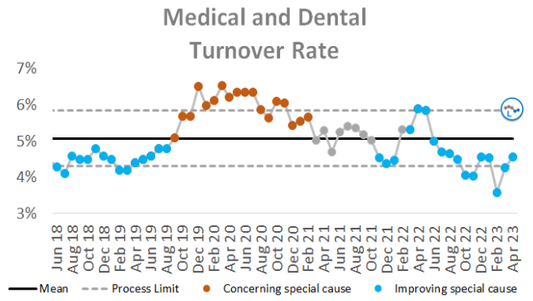
What the information tells us:
After a steady increase from March 2021 the Trust turnover rate has been decreasing since July 2022 - this month at 13%. This is more in line with pre-pandemic rates, however still 1.2% higher than 3 years ago. Estates and Ancillary staff group have the highest increase of 5.2% to 14.5% in the last three years, followed by Additional Professional, Scientific and Technical with an increase of 3% to 13.3%. Within the staff groups, Additional Clinical Services have the highest turnover rate at 18.2% followed by Estates and Ancillary staff at 14.5%.

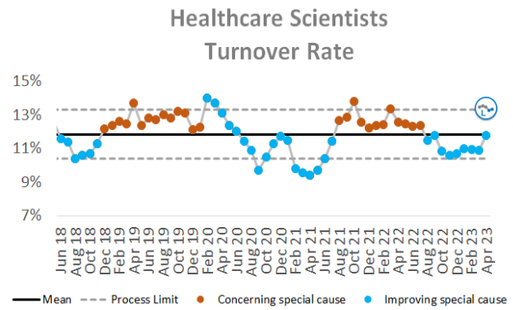
71%

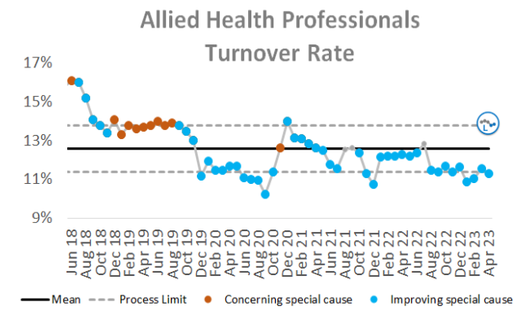


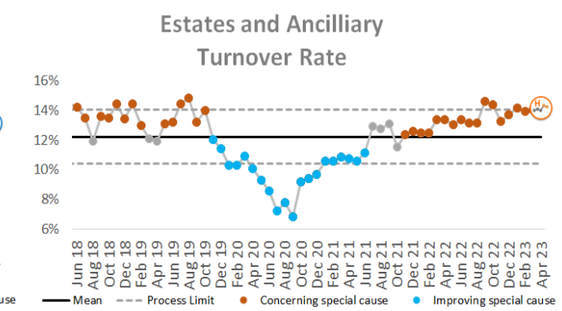


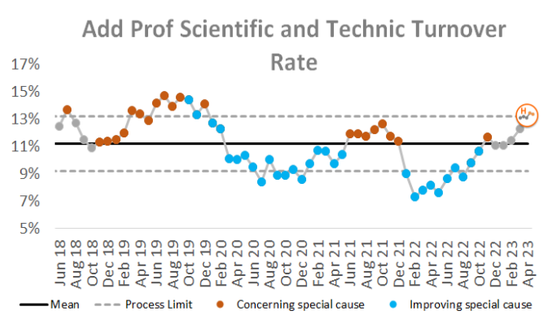












Author(s): Chloe Schafer, Amanda Coulier Owner(s): David Wherrett

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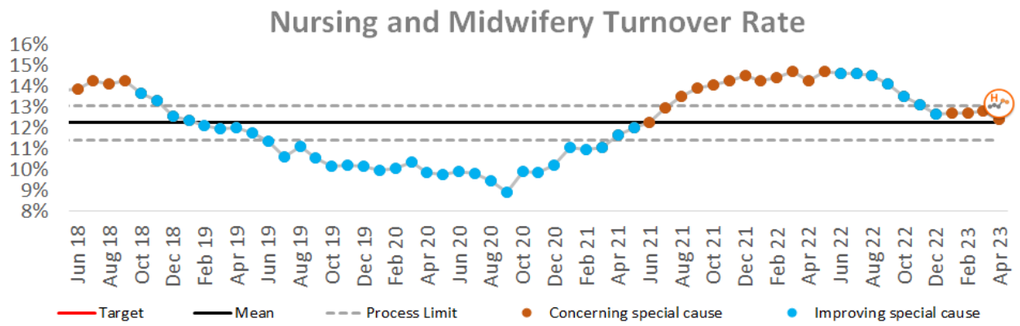
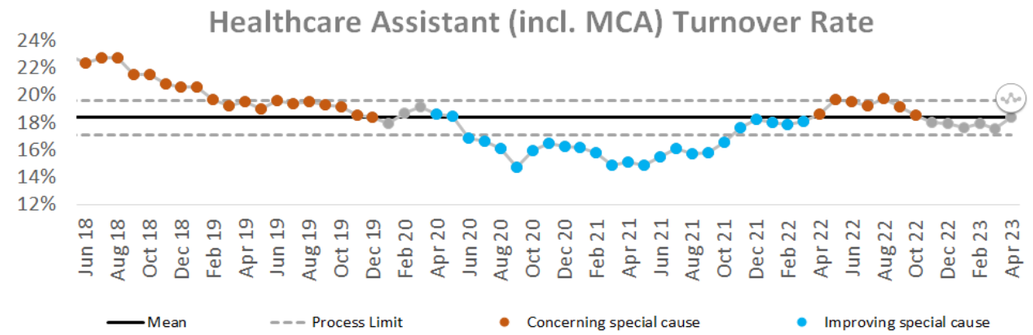
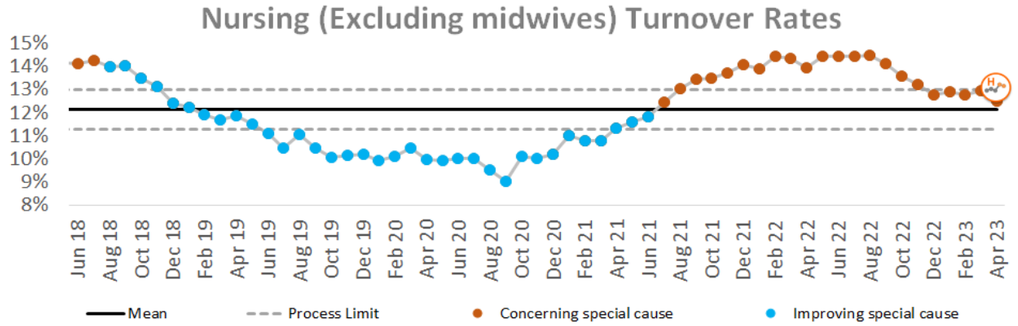
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

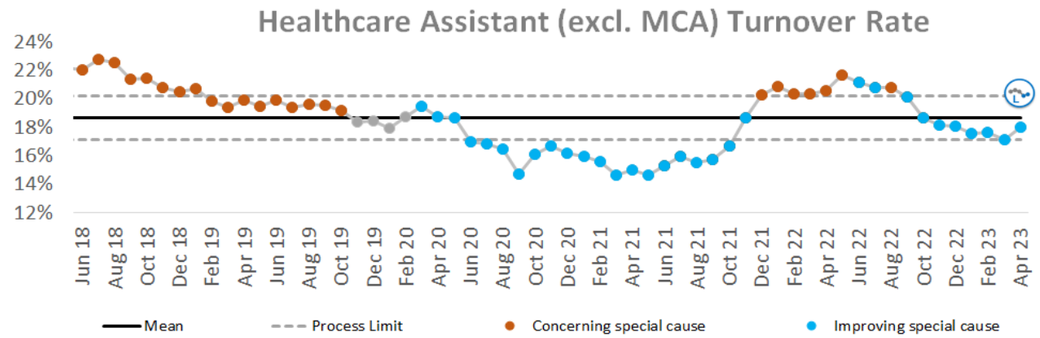
Cambridge University Hospitals NHS Foundation Trust

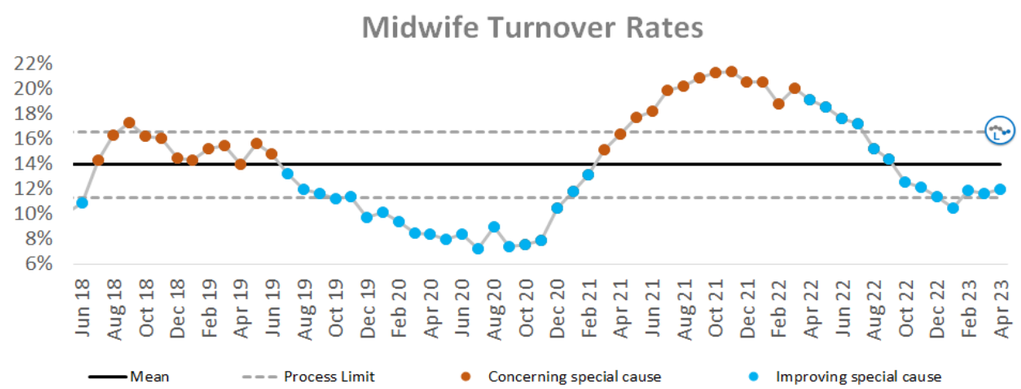
Workforce: Turnover rate for Nursing & Midwifery Staff Group

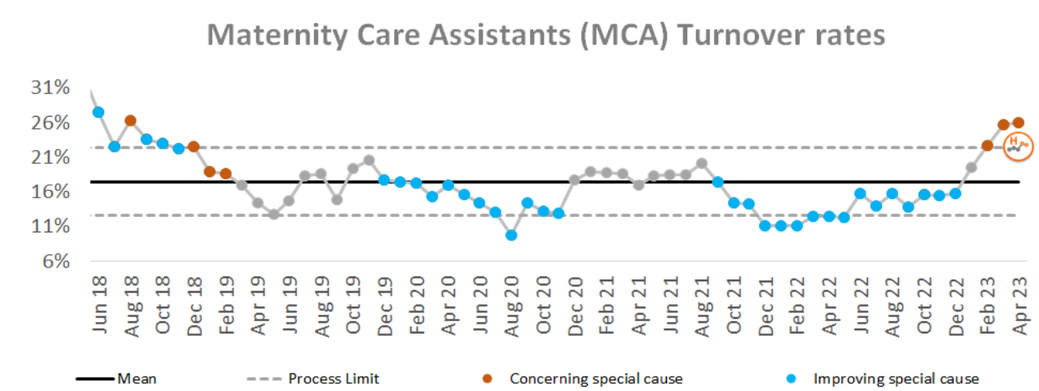












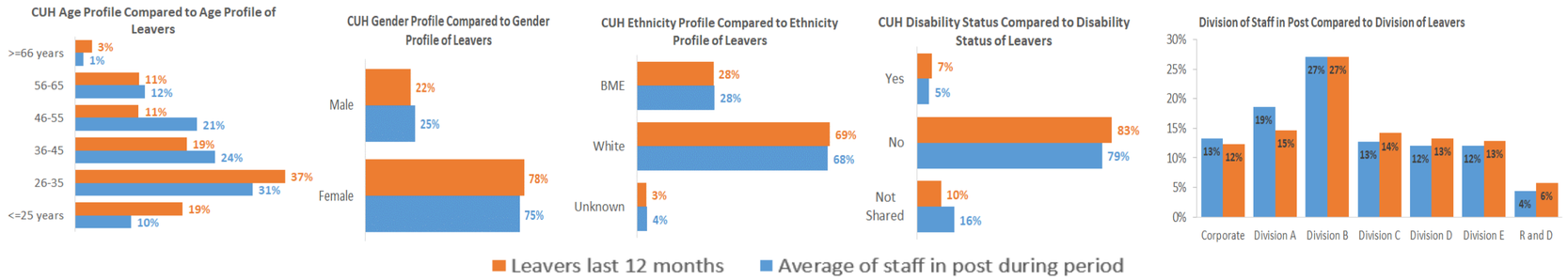
Author(s): Chloe Schafer, Amanda Coulier Owner(s): David Wherrett

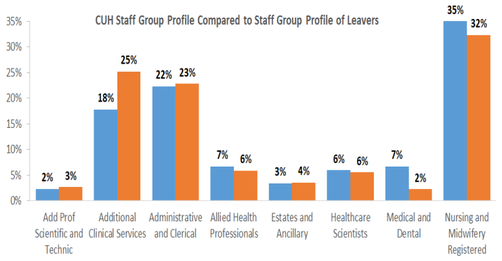
Leavers - Last 12 months

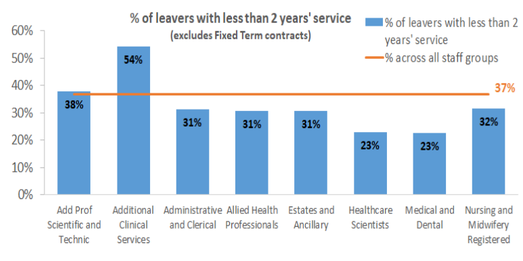
NHS Cambridge University Hospitals NHS Foundation Trust

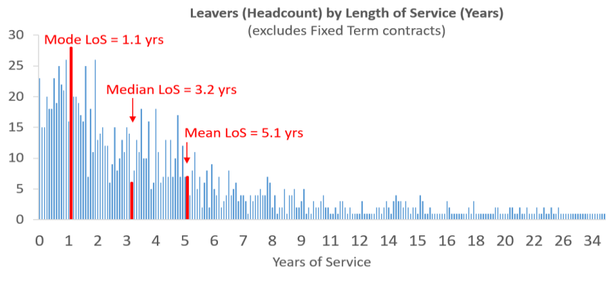
Workforce: Leavers

Excludes Fixed Term and Locum Medical and Dental staff, and staff leaving and returning to CUH (as bank only/retire and return etc.)









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 Divisions C, D and E and R&D, compared to the average headcount in these divisions.

A significant proportion of leavers leave the Trust within 2 years of starting (37%), and within Additional Clinical Services staff group there is a much greater proportion than average - 54%. The most common length of service (mode) upon leaving is 1.1 years – in the last 12 months 28 (headcount) of the 1,276 leavers who were on permanent contracts left at this point. The average (mean) length of service was 5.1 years.

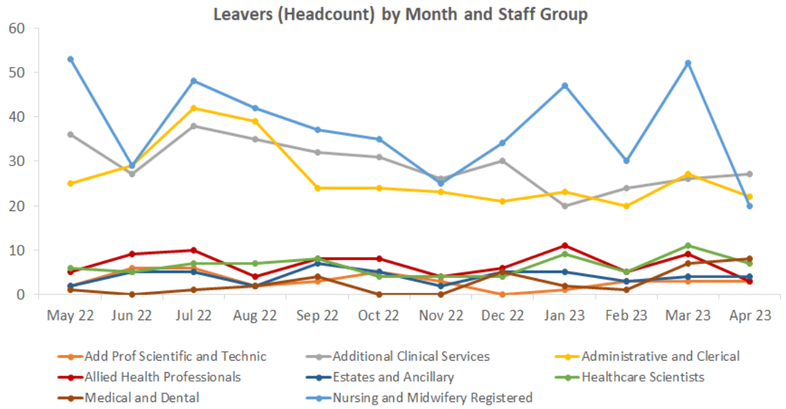
92%	69%	58%	92%	
71%	71%	57%	100%	

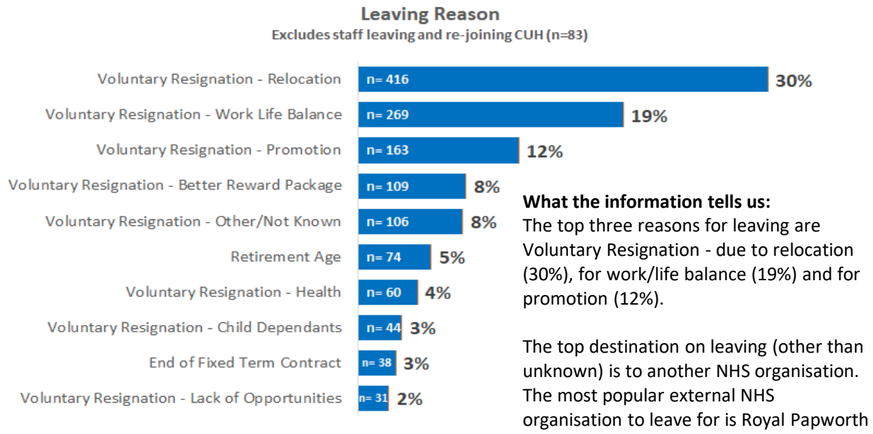
Leavers - Last 12 months

NHS Cambridge University Hospitals NHS Foundation Trust

Workforce: Leavers

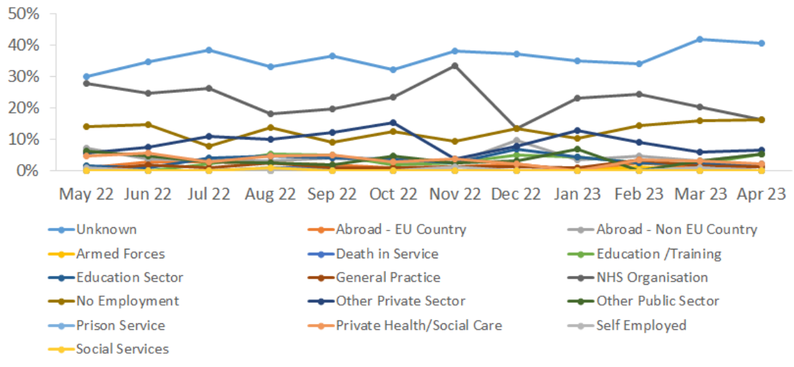
Excludes Fixed Term and Locum Medical and Dental staff, and staff leaving and returning to CUH (as bank only/retire and return etc.)

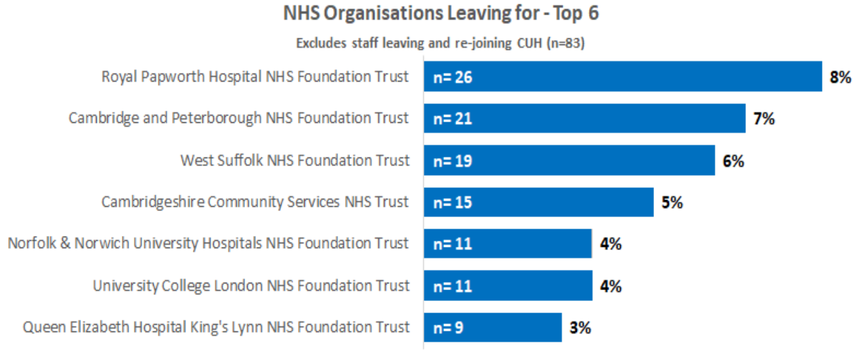




What the information tells us:
The top three reasons for leaving are Voluntary Resignation - due to relocation (30%), for work/life balance (19%) and for promotion (12%).

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.



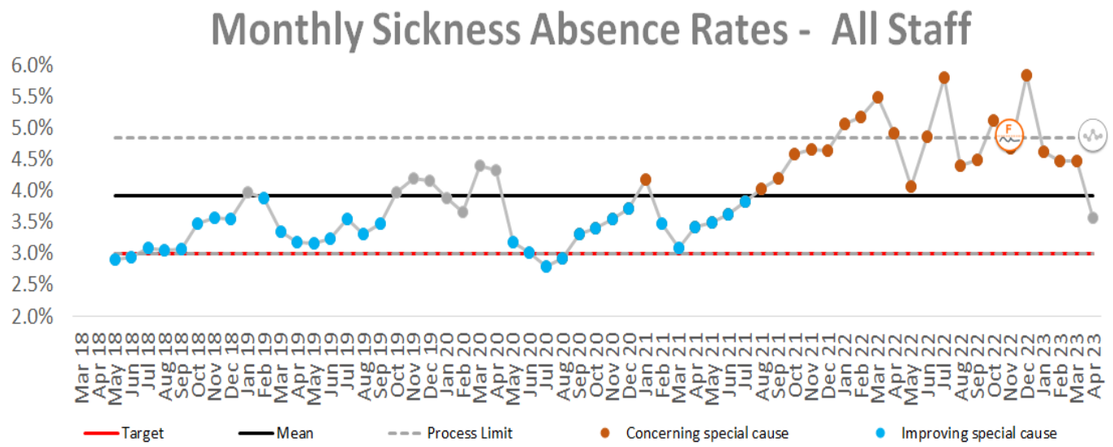


	92%		69%	58%	92%
71%	71%	57%	100%		

Sickness Absence

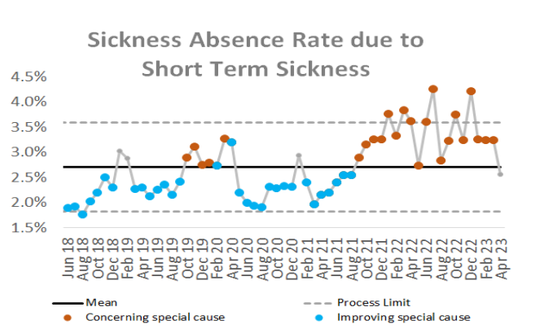
Cambridge University Hospitals NHS Foundation Trust

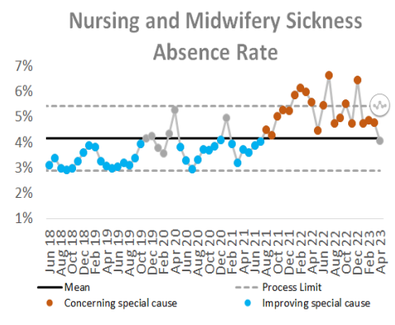
Workforce: Sickness Absence

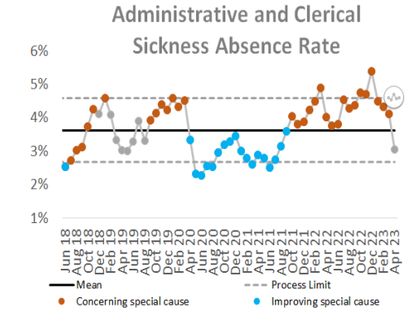


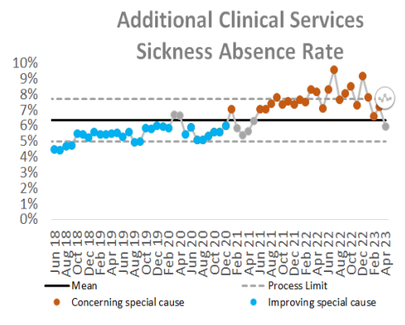
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

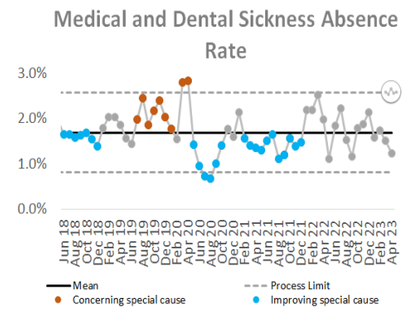
What the information tells us: The overall Monthly Sickness Absence has dropped below average to 3.6% in April 2023. This is 0.9% lower than last month and 1.4% lower than April last year (4.9%). The sickness absence rate due to short term illness is higher at 2.6% compared to long term sickness at 1%. Additional Clinical Services have the highest sickness absence rate at 6% followed by Estates and Ancillary at 5%.

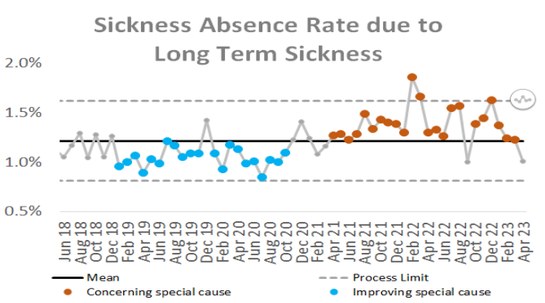


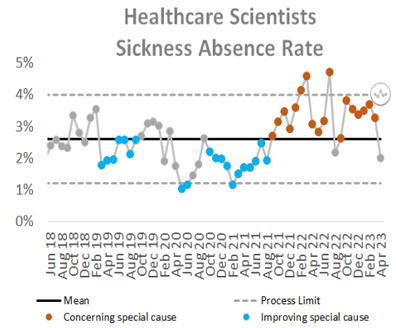


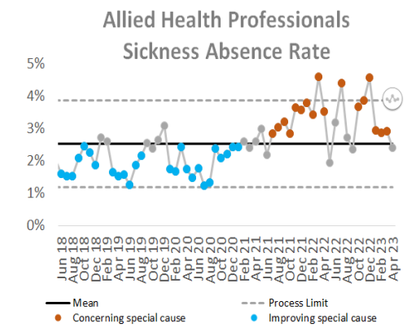


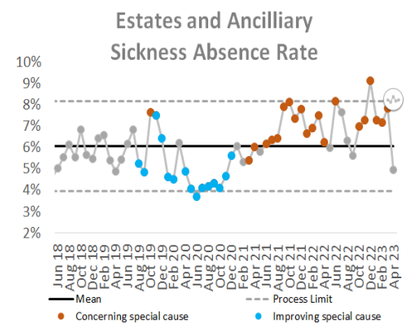


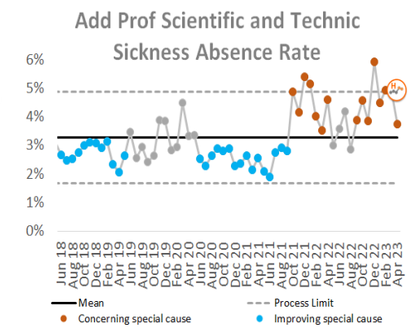












71%

Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

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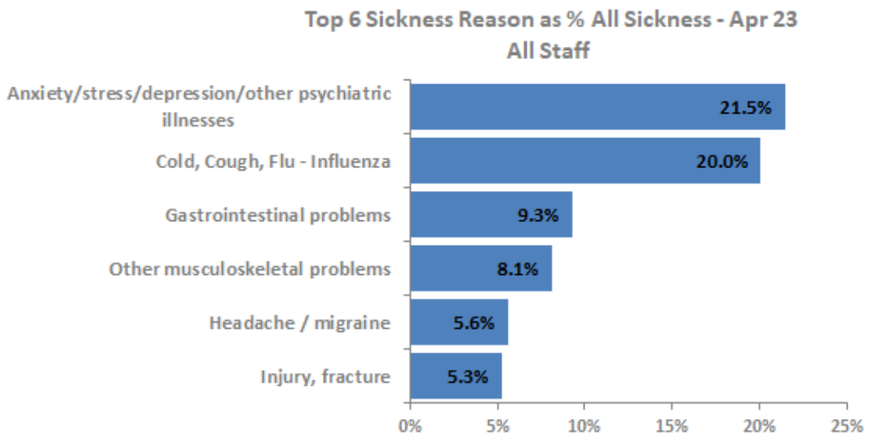
Top Six Sickness Absence Reason

Cambridge University Hospitals NHS Foundation Trust

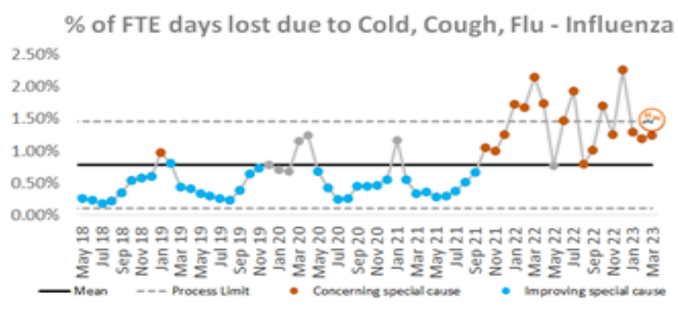
Workforce: Top Six Sickness Absence

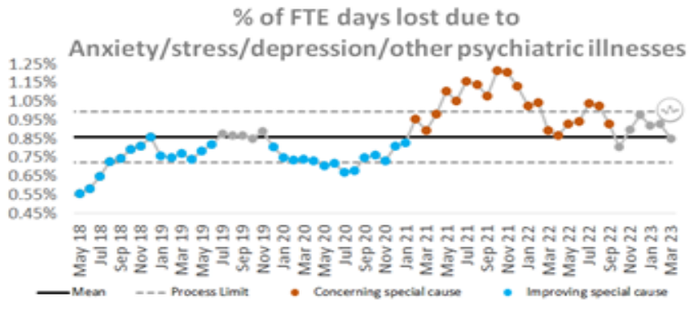


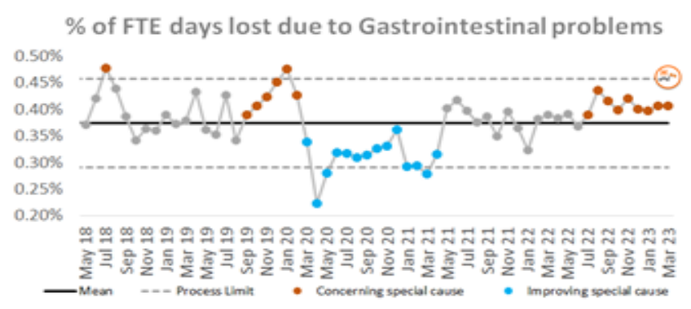
Background Information:Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

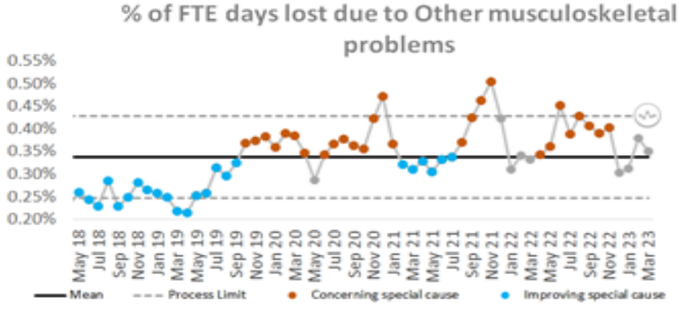
What the information tells us: The top reason for sickness absence is Anxiety/stress/depression/other psychiatric illnesses, with an absence rate of 0.8% - down by 0.1% from last month, and 0.1% lower than the same month last year. As a percentage of all sickness absence, Anxiety/stress/depression/other psychiatric illnesses accounts for 21% of the overall figure. Absence due to Cold, Cough, Flu - Influenza reduced by 0.5% from last month and is 1% lower than the same month last year.

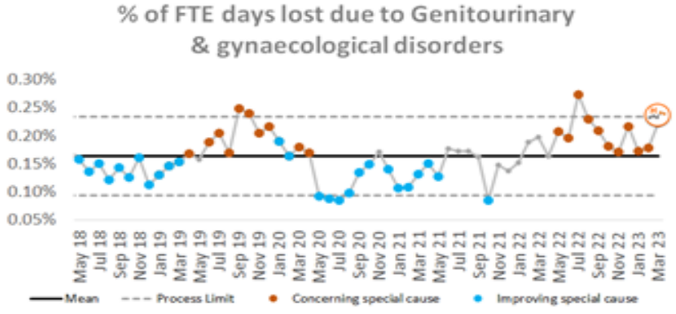
71%

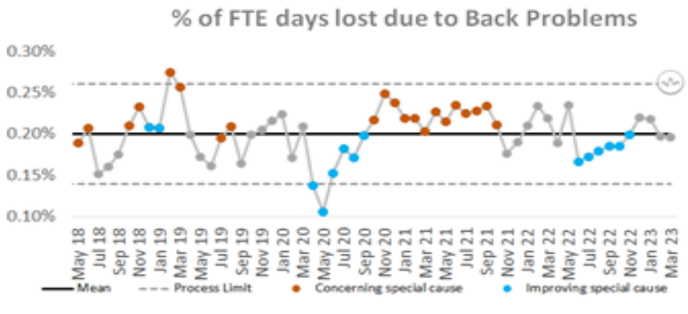












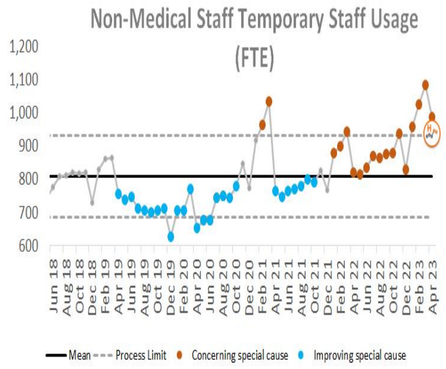
Author(s):Tosin Okufuwa, Amanda Wood

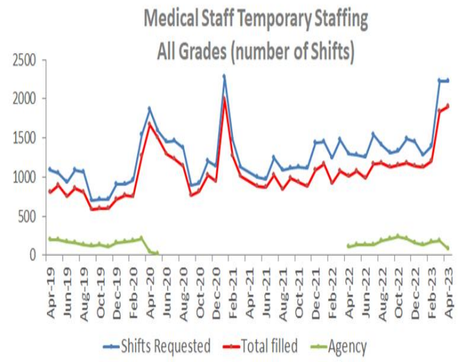
Owner(s): David Wherrett

Temporary Staffing

NHS Cambridge University Hospitals NHS Foundation Trust

Workforce: Temporary Staffing

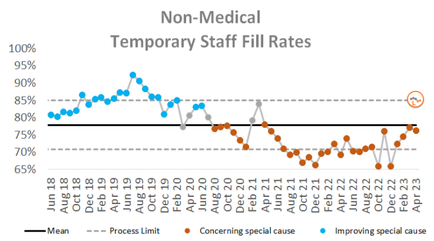


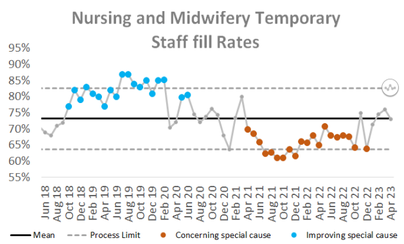


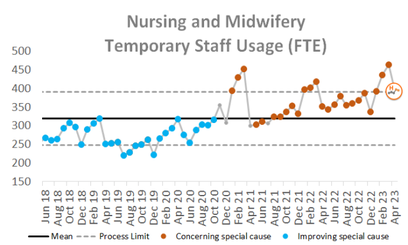
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

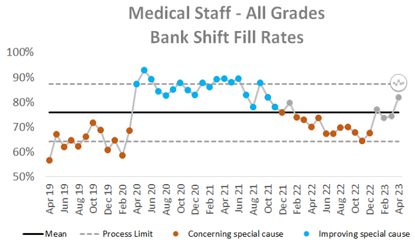
What the information tells us: Demand for non-medical temporary staff decreased by 7.9% from March to 1,298 WTE, due to the Easter Bank Holidays which occurred in April. Top three reasons for request are vacancy (46%), increased workload (18%) and specialling (14%). Nursing and midwifery agency usage decreased by 1.8 WTE from the previous month to 35.5 WTE. This accounts for 9% of the total nursing filled shifts. Overall, fill rate has decreased by 1% from last month to 76% in April 2023.
Demand for temporary medical staff continued to be higher than average in April due to industrial action. Fill rate increased by 3% from last month to 86%, with 323 shifts left unfilled.

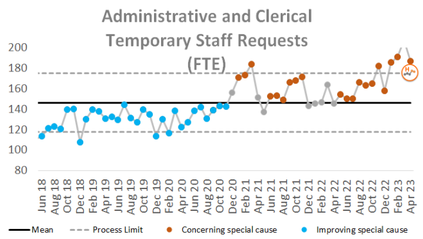
	92%		69%	58%	92%
71%	71%	57%	100%		

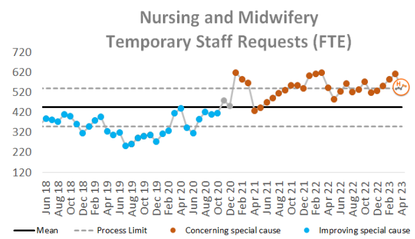


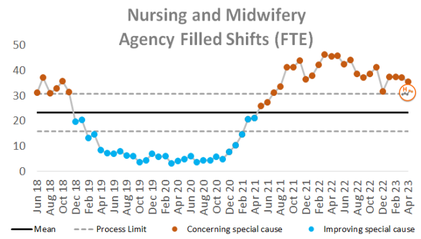


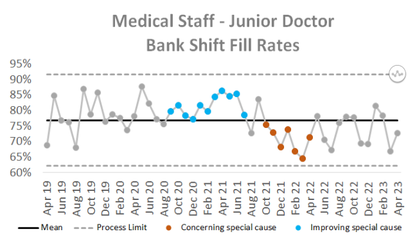












Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

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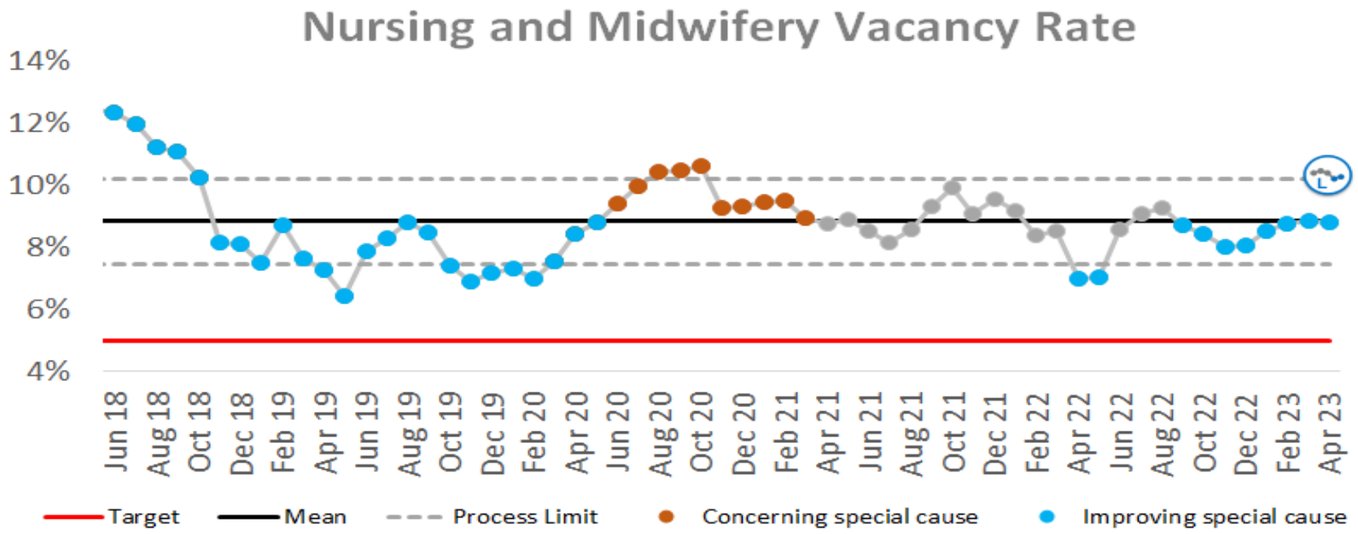
ESR Vacancy Rate

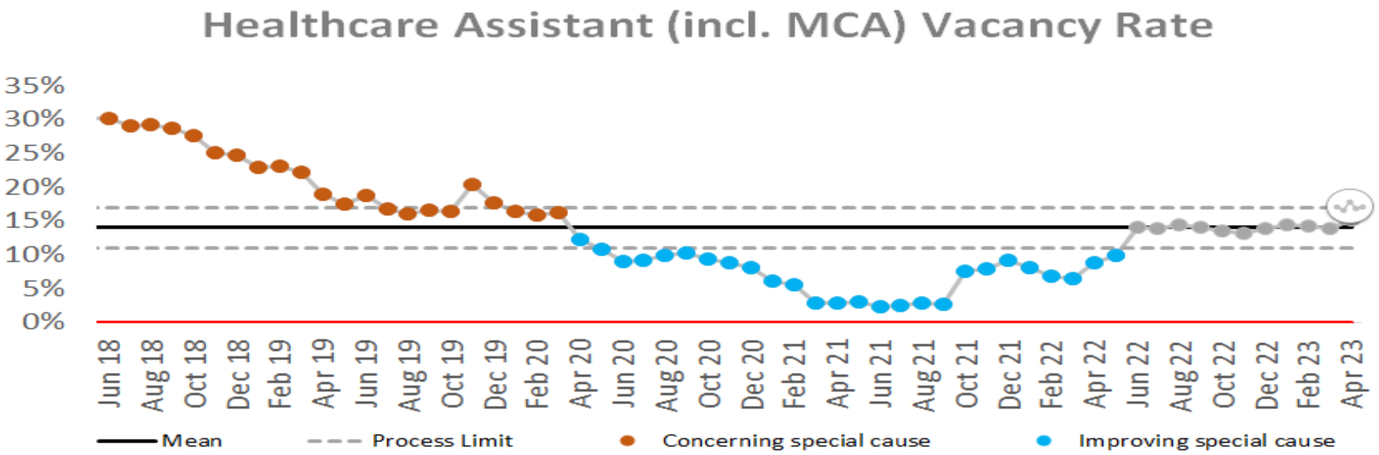
Cambridge University Hospitals NHS Foundation Trust

Workforce: ESR Vacancy Rate



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

71%



What the information tells us: The vacancy rate for Nursing and Midwifery has remained at 8.8% in April 2023. The vacancy rate for Healthcare Assistants has increased by 1.3% from last month to 15.2%. Vacancy rates for both staff groups are above the target rate of 5% for Nurses and 0% for HCAs.

Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

Annual Leave Update

Cambridge University Hospitals NHS Foundation Trust

Percentage of Annual Leave (AL) Taken – April 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	52,389	2,743	5.2%	98%
	Additional Clinical Services	376,262	32,290	8.6%	98%
	Administrative and Clerical	506,038	30,290	6.0%	97%
	Allied Health Professionals	148,761	9,495	6.4%	99%
	Estates and Ancillary	78,503	5,516	7.0%	99%
	Healthcare Scientists	142,806	8,817	6.2%	97%
	Medical and Dental	138,904	8,849	6.4%	37%
	Nursing and Midwifery Registered	794,344	61,454	7.7%	99%
	Trust	**2,238,007**	**159,454**	7.1%	89%
Annual Leave taken by Division	*Division*				
	Corporate	311,936	19,683	6.3%	96%
	Division A	416,787	30,819	7.4%	87%
	Division B	624,439	45,837	7.3%	94%
	Division C	279,761	19,678	7.0%	81%
	Division D	260,757	18,534	7.1%	86%
	Division E	244,722	19,104	7.8%	87%
	R&D	99,605	5,799	5.8%	96%

* Greater than 7% | Less than 5% | Between 5% and 7%

What the information tells us: The Trust's annual leave usage is 85% of the expected usage at the end of the first month of the financial year. The highest rate of use of annual leave is within the Additional Clinical Services staff group, followed by Nursing and Midwifery Registered, at 8.6% and 7.7% 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.

71%

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 Lvl 1	Safeguarding Adults Lvl 2	Safeguarding Adults Lvl 3	Safeguarding Children Lvl 1	Safeguarding Children Lvl 2	Safeguarding Children Lvl 3	Basic Prevent Awareness	Prevent Level Three (WRAP)	Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS)	Total Compliance
Frequency						3 yrs	3 yrs	2 yrs/1yr	3yrs	2 yrs	1 yr	2 yrs/1yrs	2 yrs/1yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs/1yr	3 yrs	3 yrs	3 yrs	
Delivery Method		cl	f2f	cl/	f2f	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/el	cl/e/	cl/el	cl/el	cl/el	cl/el	cl/el	cl	cl	cl	
Staff Requiring Competency		1,118	1,117	482	482	10,876	10,876	11,023	10,876	10,876	10,876	11,023	7,349	10,876	7,844	3,838	10,876	7,826	1,887	9,350	1,845	7,542	
Compliance by Division																							
Compliance by Division	Division A	(17)90.6%	(63)65.2%	(25)78.4%	(19)83.6%	(59)97.1%	(63)96.9%	(385)81.4%	(71)96.5%	(112)94.5%	(180)91.2%	(303)85.3%	(334)82.0%	(91)95.5%	(173)90.8%	(540)31.6%	(51)97.5%	(172)90.9%	(73)67.6%	(61)96.8%	(63)71.4%	(115)93.8%	91.6%
	Division B	(16)95.0%	(50)84.4%	(20)69.2%	(10)84.6%	(85)97.0%	(94)96.7%	(255)91.2%	(94)96.7%	(169)94.1%	(246)91.4%	(349)87.9%	(264)81.9%	(135)95.3%	(229)87.5%	(525)40.9%	(83)97.1%	(212)88.2%	(27)80.4%	(92)96.7%	(10)91.9%	(101)93.4%	93.0%
	Division C	(16)90.6%	(51)70.2%	(26)80.6%	(28)79.1%	(52)96.5%	(67)95.5%	(252)83.6%	(76)94.9%	(122)91.9%	(190)87.3%	(278)81.9%	(294)79.1%	(94)93.7%	(123)91.4%	(498)26.3%	(66)95.6%	(122)91.5%	(65)75.8%	(65)95.0%	(38)85.8%	(109)92.5%	90.2%
	Division D	(6)93.5%	(24)73.9%	(28)67.1%	(24)71.8%	(64)95.2%	(77)94.2%	(281)79.4%	(83)93.8%	(150)88.8%	(212)84.2%	(304)77.7%	(309)73.0%	(99)92.6%	(136)88.3%	(421)23.6%	(71)94.7%	(121)89.6%	(34)75.9%	(63)95.0%	(27)79.2%	(119)89.8%	88.0%
	Division E	(8)95.1%	(40)75.5%	(19)75.0%	(14)81.6%	(59)95.6%	(55)95.9%	(233)82.6%	(68)94.9%	(97)92.7%	(156)88.2%	(293)78.1%	(210)82.1%	(89)93.3%	(130)89.1%	(463)34.0%	(45)96.6%	(112)90.7%	(206)80.9%	(7)97.5%	(277)74.3%	(98)91.7%	88.7%
	Corporate	(11)91.7%	(33)75.2%	(0)100.0%	(0)100.0%	(53)96.1%	(59)95.7%	(101)92.7%	(64)95.3%	(98)92.9%	(149)89.2%	(126)90.9%	(34)79.0%	(71)94.8%	(14)91.7%	(67)42.2%	(54)96.1%	(14)91.8%	(8)60.0%	(60)95.6%	(5)75.0%	(15)92.2%	93.4%
	R & D	(2)96.4%	(13)76.8%			(14)96.8%	(17)96.1%	(26)94.1%	(15)96.6%	(17)96.1%	(36)91.8%	(40)91.0%	(18)87.9%	(19)95.7%	(11)93.8%	(49)57.8%	(11)97.5%	(12)93.2%	(6)62.5%	(8)98.2%	(4)42.9%	(6)96.4%	94.7%
Breakdown of Medical staff compliance																							
	Consultant			(7)85.4%	(11)77.1%	(29)96.1%	(25)96.6%	(80)89.2%	(31)95.8%	(80)89.2%	(94)87.3%	(80)89.2%	(149)80.2%	(41)94.5%	(51)93.2%	(508)25.9%	(25)96.6%	(55)92.7%	(27)88.1%	(16)97.0%	(31)85.2%	(43)94.3%	91.9%
	Non Consultant			(111)74.4%	(84)80.6%	(90)88.3%	(99)87.1%	(153)80.1%	(128)83.4%	(173)77.5%	(241)68.7%	(207)73.1%	(436)49.8%	(160)79.2%	(218)74.6%	(748)7.7%	(128)83.4%	(207)76.0%	(91)55.0%	(129)80.2%	(85)57.9%	(211)75.5%	76.0%
Compliance by Staff group																							
Compliance by Staff Group	Add Prof Scientific and Technic	(0)100.0%	(5)84.4%			(6)97.4%	(7)97.0%	(13)94.4%	(8)96.6%	(14)94.0%	(19)91.8%	(20)91.4%	(4)89.5%	(10)95.7%	(21)89.4%	(5)50.0%	(4)98.3%	(17)91.1%	(2)75.0%	(4)98.3%	(0)100.0%	(1)98.1%	94.6%
	Additional Clinical Services	(28)90.3%	(66)77.2%			(41)97.7%	(48)97.3%	(300)83.4%	(48)97.3%	(75)95.7%	(163)90.7%	(315)82.5%	(250)82.2%	(61)96.5%	(218)86.4%	(3)0.0%	(37)97.9%	(201)87.5%	(34)78.6%	(41)97.5%	(40)74.4%	(70)94.9%	91.6%
	Administrative and Clerical	(15)94.0%	(51)79.7%			(88)96.2%	(98)95.7%	(132)94.2%	(103)95.5%	(181)92.1%	(232)89.9%	(188)91.8%	(4)81.8%	(119)94.8%	(12)88.9%	(1)0.0%	(98)95.7%	(14)87.3%	(5)37.5%	(102)95.6%	(3)50.0%	(15)89.0%	93.9%
	Allied Health Professionals	(2)97.3%	(20)72.6%			(14)97.9%	(18)97.3%	(82)87.9%	(16)97.6%	(33)95.0%	(41)93.8%	(121)82.2%	(105)84.3%	(28)95.8%	(40)94.0%	(302)47.4%	(15)97.7%	(42)93.7%	(14)78.5%	(8)98.7%	(5)92.2%	(28)95.8%	93.4%
	Estates and Ancillary	(8)83.0%	(13)72.3%			(5)98.6%	(5)98.6%	(17)95.1%	(6)98.3%	(13)96.2%	(27)92.2%	(7)98.0%	(7)98.0%	(7)98.0%			(4)98.8%			(7)98.0%			96.6%
	Healthcare Scientists	(2)96.4%	(11)80.4%			(19)96.9%	(16)97.4%	(36)94.2%	(16)97.4%	(29)95.3%	(47)92.3%	(47)92.4%	(26)75.5%	(17)97.2%	(43)75.8%	(0)100.0%	(7)98.9%	(24)84.9%	(1)94.4%	(14)97.7%	(1)93.8%	(4)97.4%	94.8%
	Medical and Dental			(118)75.5%	(95)80.3%	(119)92.1%	(124)91.8%	(233)84.6%	(159)89.5%	(253)83.3%	(335)77.9%	(287)81.0%	(585)63.9%	(201)86.7%	(269)83.3%	(1256)16.0%	(153)89.9%	(262)83.8%	(118)72.5%	(145)87.8%	(116)71.8%	(254)84.2%	83.4%
	Nursing and Midwifery Registered	(21)94.3%	(108)70.7%			(94)97.3%	(116)96.7%	(720)79.7%	(115)96.7%	(167)95.2%	(305)91.2%	(708)80.1%	(489)86.0%	(155)95.5%	(213)93.9%	(996)43.2%	(63)98.2%	(205)94.1%	(245)79.6%	(35)98.5%	(259)78.1%	(191)94.6%	91.7%
	Trust Total	(76)93.2%	(274)75.5%	(118)75.5%	(95)80.3%	(386)96.5%	(432)96.0%	(1533)86.1%	(471)95.7%	(765)93.0%	(1169)89.3%	(1693)84.6%	(1463)80.1%	(598)94.5%	(816)89.6%	(2563)33.2%	(381)96.5%	(765)90.2%	(419)77.8%	(356)96.2%	(424)77.0%	(563)92.5%	91.2%

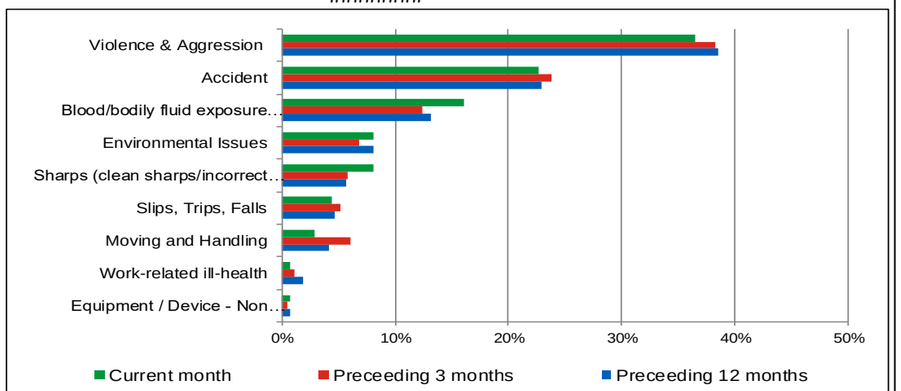
Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

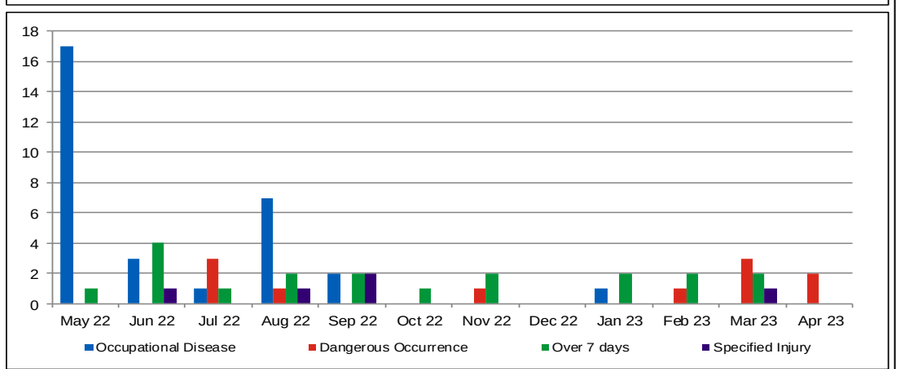
Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	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

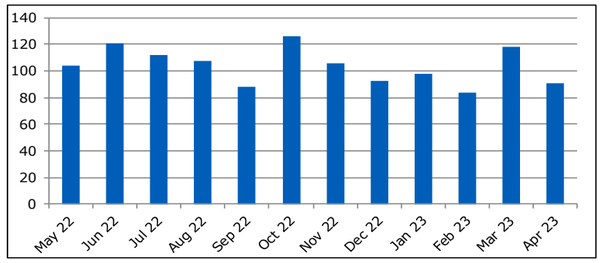
Owner(s):

Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:



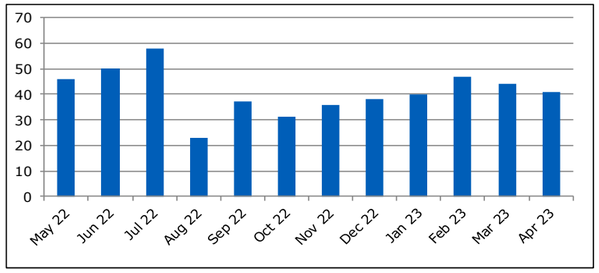
	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	Total
Accident	15	14	20	15	18	16	19	14	12	14	21	16	**194**
Blood/bodily fluid exposure (dirty sharps/splashes)	16	19	20	17	13	32	14	20	20	12	20	18	**221**
Environmental Issues	4	7	20	16	1	6	1	6	4	2	8	8	**83**
Moving and 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):

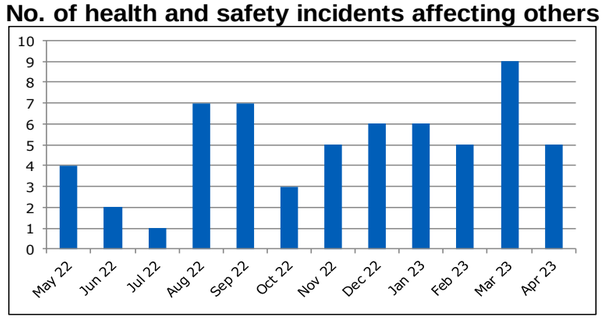
	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	Total
No. of health & safety incidents	104	121	112	107	88	126	106	92	98	84	118	91	**1247**
Staff incident rate per month/year	0.9	1.0	0.9	0.9	0.7	1.0	0.9	0.8	0.8	0.7	1.0	0.8	**10.3**

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**