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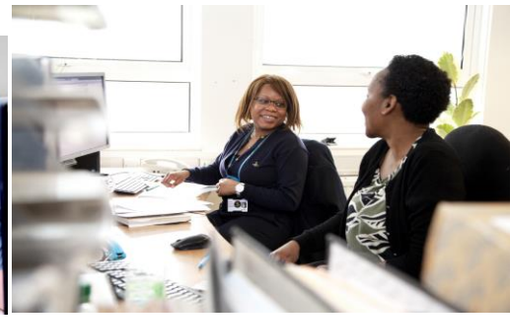
Cambridge University Hospitals
NHS Foundation Trust





Integrated Report

Quality, Performance, Finance and Workforce to end August 23

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

Report compiled: 30 September 2023

Key

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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

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

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

Quality Account Measures 2023/24

NHS Cambridge University Hospitals NHS Foundation Trust

2023/24 Quality Account Measures				Jun 23	Jul 23	Aug 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	Aug-23	90%	87.0%	88.0%	84.0%	⇩	86.8%	50.0%	86.8%
	Trust Compliance with Pressue Ulcer risk assessment tool & documentation within 6 hours of admission	Aug-23	90%	80.0%	82.0%	79.0%	⇩	81.1%	13.4%	81.1%
	% Rosie MDT Obstetric staff passed PROMPT emergencies training	Aug-23	90%	81.2%	82.0%	86.8%	⇧	80.7%	71.0%	80.7%
	% Rosie Obstetricians and Midwives passed fetal surveillance training	Aug-23	90%	88.0%	81.0%	84.2%	⇧	83.6%	72.0%	83.6%
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)	Aug-23	7%	8.0%	7.0%	7.5%	⇧	7.9%	14.0%	7.9%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Aug-23	20%	16.1%	14.9%	16.0%	⇧	15.5%	15.3%	15.9%
	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	Sep-23	80%	72.3%	74.0%	70.6%	⇩	N/A	74.0%	N/A
	Same day emergency care (SDEC)	Aug-23	30%	25.2%	25.9%	26.8%	⇧	25.3%	22.0%	21.8%
	Percentage of admissions over 65yo with dementia/delirium or cognitive impairment with a care plan in place	Aug-23	50%	77.0%	74.0%	73.0%	⇩	62.6%		62.6%
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Aug-23	55%	47.6%	50.5%	45.4%	⇩	42.9%	29.2%	34.2%
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%	

Key:
- Adverse to absolute target or a deterioration in performance from baseline
- Adverse to target, but an improvement from baseline
- Favourable to target

Quality Summary Indicators

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Performance Framework - Quality Indicators				Jun 23	Jul 23	Aug 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)	Aug-23	0	1	1	1	⇔	5	3	7
	E.coli Bacteraemias (Total Cases)	Aug-23	50% over 3 years	27	43	27	⇩	182	401	419
	C. difficile Infection (hospital onset and COHA* avoidable)	Aug-23	TBC	10	18	15	⇩	50	129	109
	Hand Hygiene Compliance	Aug-23	TBC	94.2%	95.5%	94.1%	⇩	94.1%	96.4%	95.0%
Clinical Effectiveness	% of NICE Technology Appraisals where funding was not procured within three months. ('last month')	Aug-23	100%	66.7%	66.7%	33.3%	⇩	68.8%	None recorded	68.8%
	% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 30 days.	Aug-23	80%	40.0%	50.0%	0.0%	⇩	35.7%	51.0%	40.0%
	100% of NCEPOD questionnaires (clinical and operational) relevant to CUH is returned by clinical teams within deadline ('last month').	Aug-23	100%	75.0%	None recorded	None recorded	⇔	75.0%	None recorded	75.0%
	85% of national audit's to achieve a status of better, same or met against standards over the audit year	Aug-23	85%	None recorded	None recorded	75.0%	⇩	88.9%	84.6%	82.1%
Nursing Quality Metrics	Blood Administration Patient Scanning	Aug-23	90%	99.3%	99.6%	99.5%	⇩	99.6%	99.7%	99.7%
	Care Plan Notes	Aug-23	90%	96.0%	96.4%	95.9%	⇩	96.0%	96.2%	96.1%
	Care Plan Presence	Aug-23	90%	99.7%	99.7%	99.7%	⇧	99.7%	99.7%	99.7%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Aug-23	90%	77.1%	79.1%	74.4%	⇩	76.7%	72.1%	74.1%
	Nurse Rounding	Aug-23	90%	98.8%	99.2%	99.2%	⇧	99.1%	99.2%	99.2%
	Nutrition Screening	Aug-23	90%	77.1%	79.9%	73.4%	⇩	77.2%	72.8%	74.7%
	Pain Score	Aug-23	90%	85.8%	86.5%	84.6%	⇩	85.3%	83.7%	84.4%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Aug-23	90%	85.3%	84.3%	85.2%	⇧	85.2%	78.5%	81.3%
	PEWS Score Recording	Aug-23	90%	98.9%	99.1%	99.3%	⇧	99.2%	99.2%	99.2%
	NEWS Score Recording	Aug-23	90%	97.4%	97.8%	97.7%	⇩	97.6%	97.4%	97.5%
	VIP									
	VIP Score Recording (1 per day)	Aug-23	90%	88.2%	91.2%	88.6%	⇩	88.4%	85.5%	86.7%
	PIP Score Recording (1 per day)	Aug-23	90%	87.5%	87.1%	86.6%	⇩	86.8%	89.3%	88.4%
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	Aug-23	0	75	74	29	⇩	264	172	393
	Re-opened complaints (non PHSO)	Aug-23	N/A	2	4	6	⇧	17	18	21
	Re-opened complaints (PHSO)	Aug-23	N/A	2	1	0	⇩	4	2	6
				Jun 23	Jul 23	Aug 23				
	Number of medium/high level complaints	Aug-23	N/A	25	9	11	⇧	73	257	225

Operational Performance

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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	67.4%	68.8%	76.0%	Mar-24	Page 12
	12hr waits in ED (type 1)	Negative special cause variation	8.9%	-	-	-	
	Ambulance handovers <15mins	Positive special cause variation	68.2%	65.0%	65.0%	Immediate	
	Ambulance handovers <30mins	Positive special cause variation	96.0%	95.0%	95.0%	Immediate	Page 13
	Ambulance handovers > 60mins	Positive special cause variation	0.7%	0.0%	0.0%	Immediate	
Cancer	Cancer patients < 62 days urgent referral	Normal variation	66.0%	-	85.0%	Immediate	Page 20
	28 day faster diagnosis standard	Normal variation	77.1%	81.1%	75.0%	Immediate	Page 17
	31 day decision to first treatment	Normal variation	88.4%	-	96.0%	Immediate	Page 19
	2 week waits	Negative special cause variation	70.4%	-	93.0%		Page 18
Outpatients	First outpatients (consultant led)	Normal variation	109.9%	101.0%	-	-	Page 22
	Follow-up outpatients (consultant led)	Normal variation	111.1%	105.2%	-	-	Page 23
	Advice and Guidance Requests	Normal variation	9.6%	-	16.0%	Mar-23	
	Patients moved / discharged to PIFU	Normal variation	0.0%	7.5%	7.5%	Mar-23	Page 24
Diagnostics	Patients waiting > 6 weeks	Positive special cause variation	36.8%	30.9%	5.0%	Mar-24	Page 21
	Diagnostics - Total WL	Positive special cause variation	12,790	11,888	-	-	
RTT Waiting List	RTT Patients waiting > 65 weeks	Positive special cause variation	1117	706	0	Mar-23	Page 15
	RTT Patients waiting > 78 weeks	Normal variation	97	-	-	-	
	Total RTT waiting list	Negative special cause variation	63,613	62,790	-	-	Page 16
Productivity and efficiency	Non-elective LoS (days, excl 0 LoS)	Normal variation	8.6	-	-	-	
	Long stay patients (>21 LoS)	Positive special cause variation	196	193	-	-	
	Elective LoS (days, excl 0 LoS)	Normal variation	5.9	-	-	-	
	Discharges before noon	Normal variation	16.0%	-	-	-	
	Theatre sessions used	Normal variation	639	-	-	-	
	In session theatre utilisation	Normal variation	77.6%	84.0%	85.0%	Sep-23	Page 26
	Virtual Outpatient Attendances	Negative special cause variation	18.3%	-	-	-	
	BADS Daycase Rate (local)	Normal variation	84.4%	-	-	-	Page 27
Surgical prioritisation	P2 (4 weeks) Including planned	Negative special cause variation	3,010	-	-	-	

Serious Incidents

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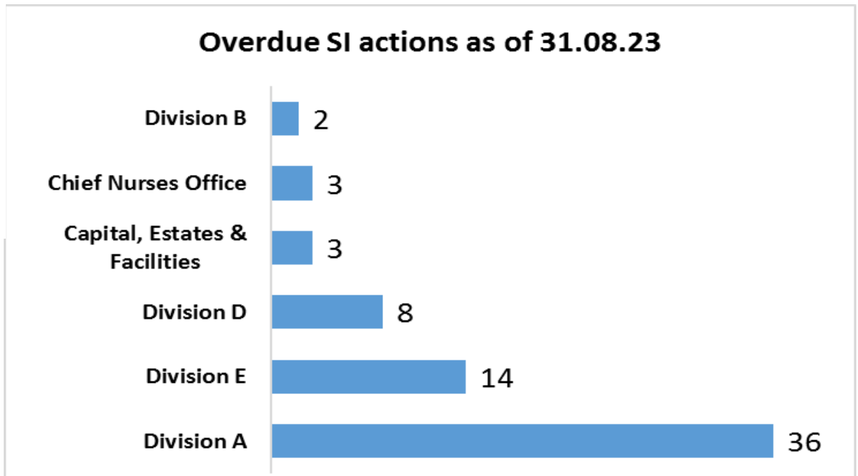
Indicator	Data range	Period	Threshold	Current period	Mean	Variance	Special causes	Comments
Patient Safety Incidents	September 2020-August 2023 July 2023	Aug-23	-	**1593**	*1447*		-	11 of the last 14 months have been above the mean
Patient Safety Incidents per **1,000 admissions**			–	**90.3**	*90.7*		–	
Percentage of **moderate harm and above** patient safety incidents			≤ 2%	**3.5%**	*2.4%*		-	
All Serious Incidents			–	**2**	*4.8*		-	

Ref	Date of occurrence	SI Title	SI Category	Actual Impact	Division	Specialty	Ward / Dept.
SLR170040	20/07/2023	Cardiac arrest- bowel prep	Unexpected/potentially avoidable death	Death	Division C	Medicine for the Elderly	Ward G6
SLR171920	14/08/2023	Unintentional ABO incompatible transfusion - NICU	**Never event**	No Harm	Division B	Transfusion Laboratory	Transfusion Laboratory
SLR169872	30/06/2023	Breast Cancer - Lost to follow-up	Unexpected/ potentially avoidable injury causing serious harm	Severe	Division B	Oncology	Oncology Clinic



Summary

Four SI reports were submitted to the ICS in August 2023. Compliance with the 60 day timeframe for August was 33% (2/6). Compliance by extensions and 60 day due dates in August was 25% (2/8). Ongoing support is in place for Lead investigators to improve compliance. There are currently 66 (↓) overdue Serious Incident Actions : 55% (36) of which are in Division A .

Duty of Candour (DOC)

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Executive Summary

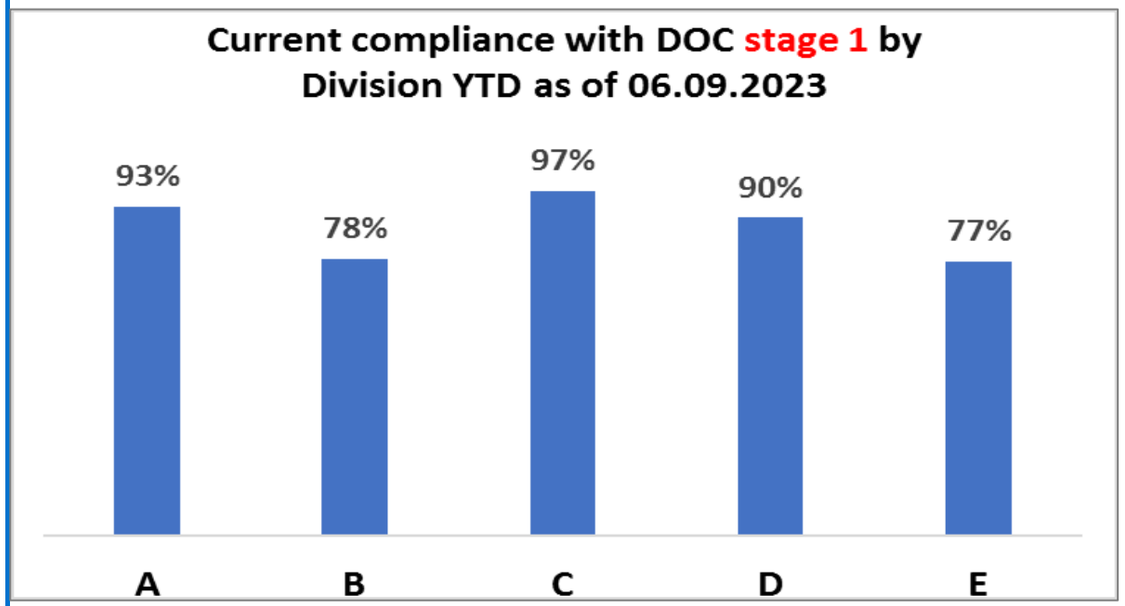
Trust wide **stage 1** DOC compliance for YTD as of 06.09.2023 is **89%** (287/321)

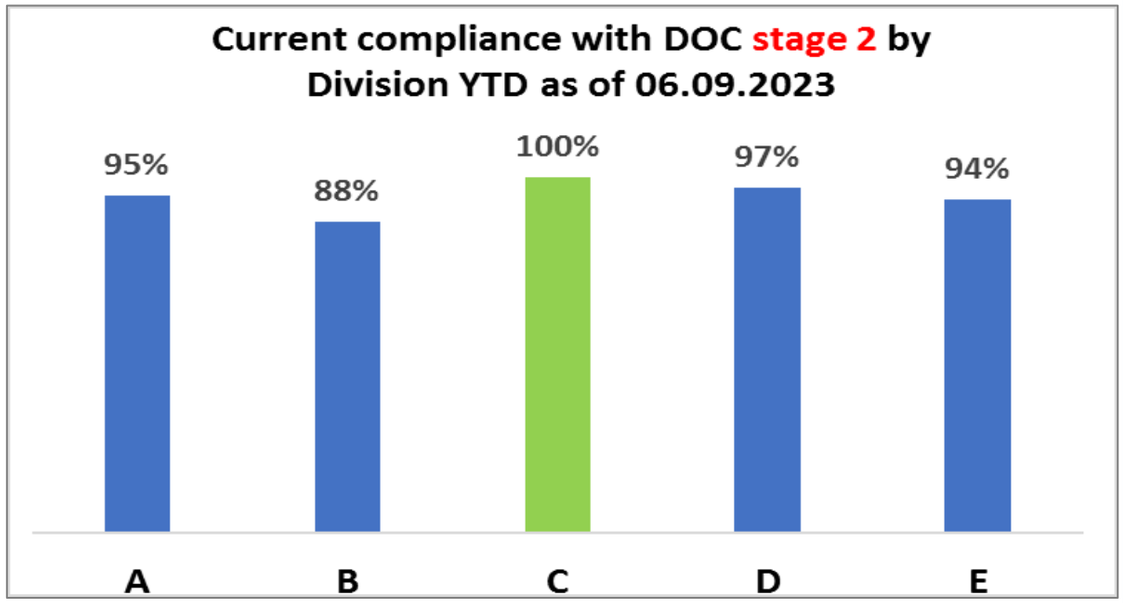
Trust wide **stage 2** DOC compliance for YTD as of 06.09.2023 is **96%** (229/239)

Indicator definitions

Stage 1 *is notifying the patient (or family) of the incident and sending a DOC stage 1 letter, within 10 working days from date incident reported (or 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

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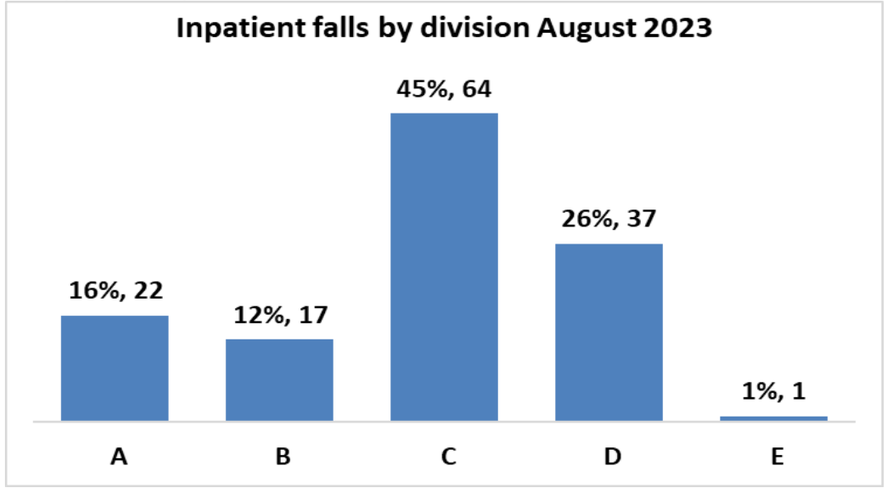
Indicator	Data range	Target	Aug-23	Mean	Variance	Special causes	Target status	Comments
All patient falls	September 2020 - August 2023	-	**147**	*155*			-	This is within normal variance
Inpatient falls per **1,000 bed days**			**4.0**	*4.5*		-	-	This is within normal variance
Moderate harm & above - inpatient falls		-	**0**	*3.6*		–	-	This is within normal variance
Falls **risk screening** compliance within 12 hours of admission		≥ 90%	**84%**	*85%*			?	This is within normal variance
Falls KPI: patients 65 and over who have a **cognitive impairment** have an appropriate **care plan in place**		≥ 90%	**73%**	*28%*	H	SU10	?	Statistically significant upward shift in the last 10 months.

Summary

All falls are in normal variance which is an improved position on 2022.
There has been a significant improvement in compliance of patients identified as having cognitive impairment now having a care plan to support this aspect of their care (73%).
Risk factors continue to be: patients requiring the asistance of one to mobilise; patients with a previous fall; occur in the daytime (57%); and are unwitnessed (71%)

QI update

Recruitment is in progress to expand the Falls prevention and management service from one practitioner to a team of three, in order to strengthen our resource for improvement work. 09.11.2023 is start date for first member to join the Trust.
All ward areas have Falls champions in place supporting improvement goals for 2022-23 and supporting ward-based training.



Author(s): Jane Nicholson Owner(s): Oyejumoke Okubadejo

Hospital Acquired Pressure Ulcers (HAPUs)

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Target	Aug-23	Mean	Variance	Target status	Comments
All hospital-acquired pressure ulcers	September 2020 - August 2023	-	**59**	30	H	-	The last 14 months have been above the mean. August figure was a statistically significant high point.
All HAPUs by date of occurrence per 1,000 bed days		–	**1.66**	0.89	H	-	The last 14 months have been above the mean. August figure was a statistically significant high point.
Category 2, 3, 4, Suspected Deep Tissue Injury, and Unstageable HAPUs		–	**40**	16.0	H	-	Single high point in August. The last 13 months have been above the mean, 5 of which have been statistically significant high points.
Category 1 hospital-acquired pressure ulcers		–	**19**	11.9		–	
Category 2 hospital-acquired pressure ulcers		-	**29**	12.0	H	–	11 of the last 14 months have been above the mean. August figure was a statistically significant high point.
Unstageable HAPUs		–	**0**	1.4		–	
Suspected Deep Tissue Injury HAPUs by date of occurrence		-	**10**	3.2	H	-	Single high point in August. 12 of the last 13 months have been above the mean, 7 of which were statistically significant high points.
Medical device related HAPUs		–	**17**	6.6	H	–	Single high point in August. Last 6 months have been above the mean.
Pressure Ulcer screening **risk assessment** compliance		90%	**79%**	80%		F	We have not been compliant with this metric in the last 3 years.

Summary

The increase in HAPUs is being driven by an increase in the categories of Suspected deep tissue injury and Category 2 . There was one category 3 and zero category 4 HPAUs in month.

Medical device related HAPUs are increasing. Statistically significant increase in HAPUS related to 'Masks/Tubing' (9), and 'Casts' (x2). Incidence on heels and sacrum showing some signs of reduction.

QI update

TVN teamcurrently reduced to 1.2/3.2 wte. All vacancy posts have been recruited to awaiting new starters: TVN 02.10.23, Lead TVN 01.12.23

The work in partnership with the Institute Health Improvement (IHI) to reduce incidence of HAPUs commenced in July. Current pilot ward/departments: ICU (D3), D9, J3, ED, M5. IHI site visit to pilot areas 18.09.23

CQUIN 12 for 2023/24 (*Assessment and documentation of pressure ulcer risk*) audit score for Q1 = 74% (CQUIN payment basis: minimum 70%; maximum 85%).

Author(s): Jane Nicholson **Owner(s): Oyejumoke**

Sepsis

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - **Emergency Department**	September 2020- August 2023	Aug-23	≥95%	**60%**	*58%*		-	F	Elements of the bundle that have impacted on overall compliance for August are senior review (80%) and antibiotic administration (70%)
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Emergency Department**				**70%**	*71%*		-	?	Average door to needle time for August was 103 mins. Average time between a patient triggering sepsis and prescription of antibiotics was 16.5 mins for August and time between prescription and administration was 24 mins
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient **triggers** Sepsis (NEWS 5>)- **Inpatient wards**				**33%**	*39%*		-	P	Statistically significant upward shift with last 7 months above the mean. The element of the bundle that has impacted on overall compliance for August is Lactate (33%)
Antibiotics administered within 60 mins from time patient triggers Sepsis (NEWS 5>) - **Inpatient wards**				**100%**	*75%*			P	Compliant at 100% for last 5 months.

Sample size in month for above audits:
Inpatient = 3
ED = 10

- Measuring & monitoring framework to be expanded e.g. outcome data; larger sepsis bundle audit sample size. In discussion with E-Hospital team.
- Update on PA QI project pending and whether to expand this service.
- Sepsis QI corporate plan in development - ready for sign off at Sepsis Action Group next meeting.
- In collaboration with the Improvement and Transformation team we are mapping the process of recognising and managing Sepsis

Author(s): Stephanie Fuller **Owner(s): Heman Joshi**

Mental Health - Q2 2023/24 (August)

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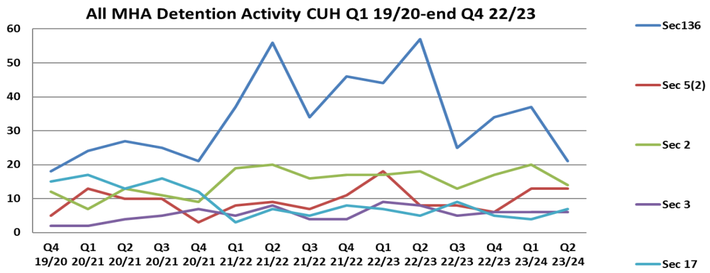

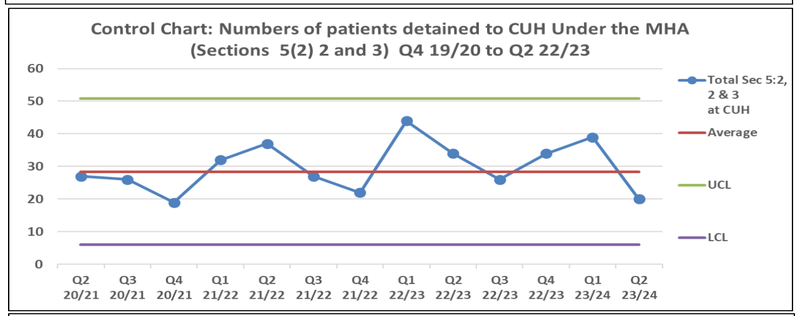

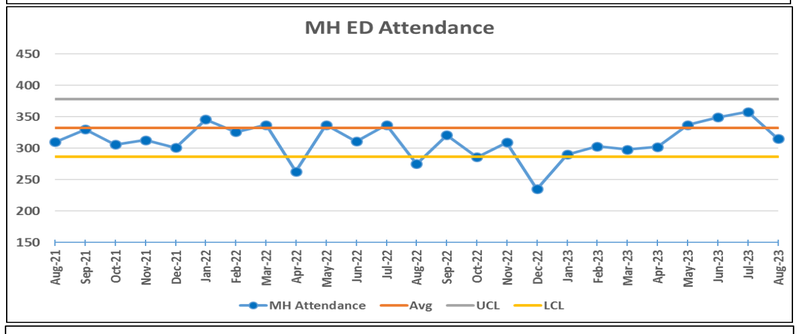

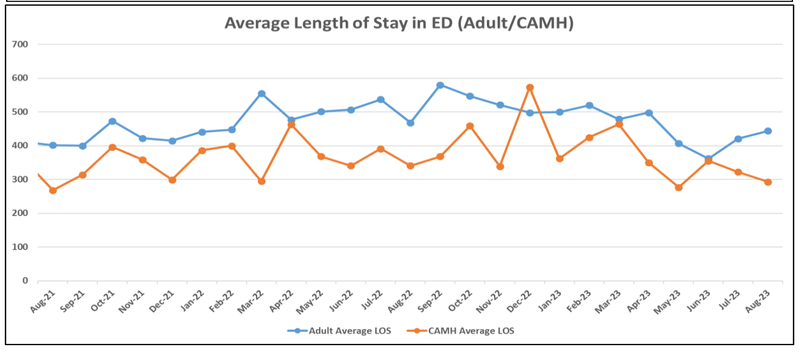

Data has been adjusted from previous reports to reflect financial years rather than calendar years

Q2 2023/24 (August)

- Of the section 136 Mental Health Act (MHA) (x11) attendances at CUH Emergency Department (ED) in August 2023

  - 3x Transferred to alternative place of safety
  - 5x discharged from section 136 MHA
  - 1x to section 2 MHA
  - 1x section 136 MHA lapsed
  - 1x section 136 MHA patient absconded

- July 2023 showed a monthly reduction in Section 136 presentation to the ED.
- Use of Sections 5(2), 2 and 3 MHA, in August continues to suggest that Q2 23/24 will experience high levels of MHA intervention.
- ED attendances for August 2023 (315) shows a reduction over the previous 3 months, also being a data point under the average for the first time in the same period.
- The CAMH ED attendance/admitted conversion rate continues to be low. June, July and August 2023 average 23.8% and representing 3 data points under a lower control line.
- CAMH length of stay in ED has shown reduction over the previous two months, whilst adult length of stay has shown an increase over the same period. Both are within normal variance.
- During August there were 10 delayed discharges/delayed transfers of care where a specialist mental health bed was required resulting in 45 lost bed days.

Ongoing work:

- The Mental Health Team has received training to use the new mental health bed transfer work list on EPIC. They will go on to train the Liaison Psychiatric Service staff and the CUH Operational Matrons.
- At this time, where a patient is discharged from CUH, they drop off the mental health transfer work list and data is lost, therefore an informatics request for a new CHEQS report has been made to create a monthly report that will extract the above data from the work list, and create ongoing data.
- number of delayed discharges
- lost bed days
- receiving mental health Trust
- accumulative data to monitor performance
- Changes have been made to the QSIS Incident reporting form online, specifically for the CUH Security Team. These will enable increased accuracy of recording of those incidents related to mental health diagnosis. Where this is 'unknown' the Mental Health Team will support the divisions through a clinical notes review, and record incident status accordingly.
- Work to remove all unnecessary ligature risks across the Emergency Department and to make good the decor has made good progress over August. As the environment or equipment has changed over time, it has left fixtures and fittings throughout the department which were identified through a thorough risk assessment.
- CUH are engaged with development of Right Care, Right Person local model following Cambridgeshire Constabulary looking to align with this initiative. Cambridgeshire has particular challenges around the use of Section 136 MHA including notably less Section 136 suite resource than neighbouring counties.
- The Steering Group for the new gastrointestinal ward, U2 is creating a sub group to focus on the mental health issues associated with the move. This includes area risk assessments, including ligature, and also ensuring the ward meets the needs of those patients with a severe eating disorder. A recent visit to an eating disorder unit was helpful in highlighting how simple things can enhance a side room for this vulnerable cohort.

Infection Control

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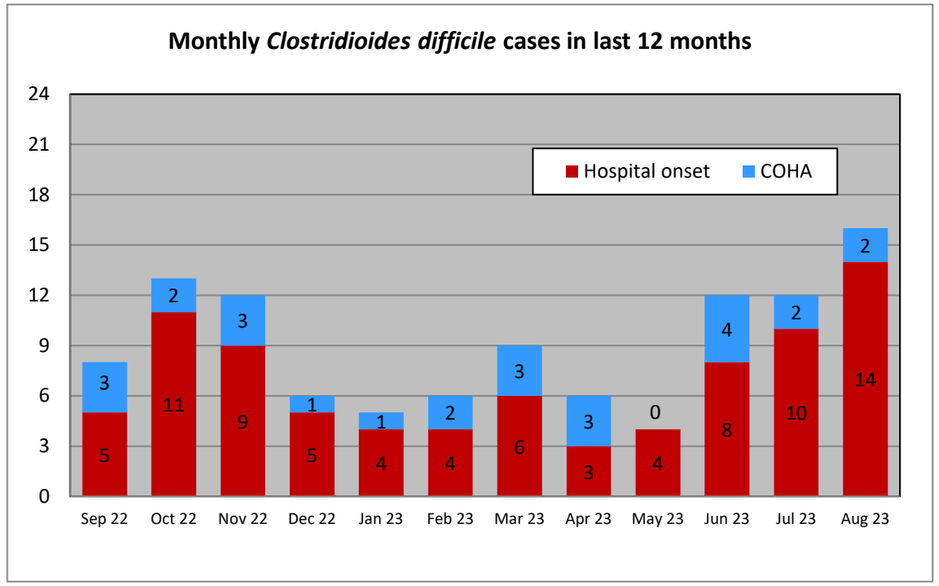
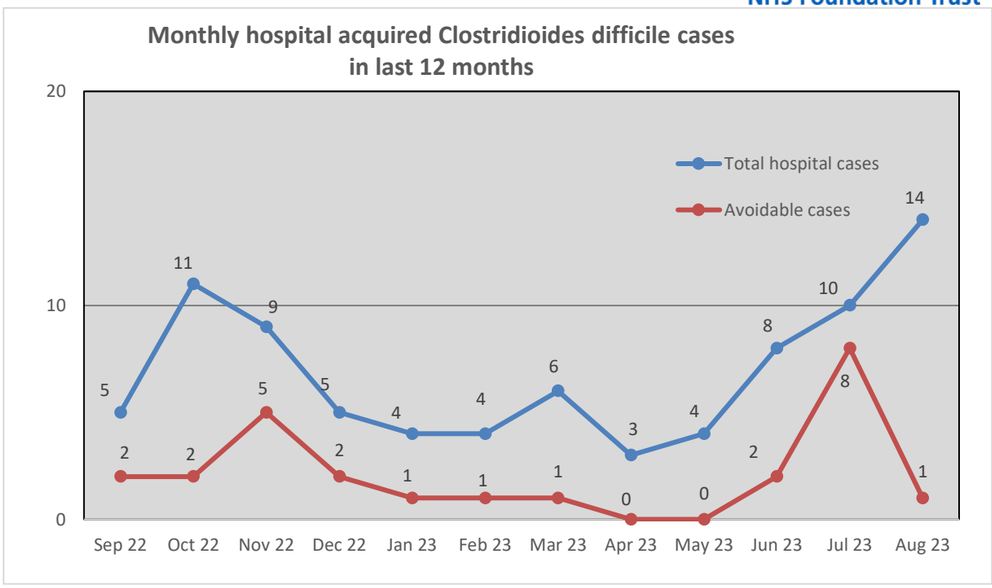


* COHA - community onset healthcare associated = cases that occur in the community when the patient has been an inpatient in the Trust reporting the case in the previous four weeks



CUH trend analysis

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

• 1 case of hospital onset MRSA bacteraemia in July 2023
• 4 cases (2 unavoidable & 2 avoidable hospital onset MRSA bacteraemia year to date)

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

▪ 10 cases of hospital onset *C difficile* and 2 cases of COHA in July 2023.
• 25 hospital onset cases and 9 COHA cases year to date (20 cases unavoidable, 5 avoidable and 8 pending).

MRSA and C difficile key performance indicators

▪ Compliance with the MRSA care bundle (decolonisation) was 97.6% in July 2023 (83.1% in June 2023).
▪ The latest MRSA bacteraemia rate comparative data (12 months to June 2023) put the Trust 5th out of 10 in the Shelford Group of teaching hospitals.

▪ Compliance with the *C. difficile* care bundle was 93.0% in July 2023 (92.0% in June 2023).
▪ The latest *C. difficile* rate comparative data (12 months to June 2023) put the Trust 4th out of 10 in the Shelford Group of teaching hospitals.

4HR Performance

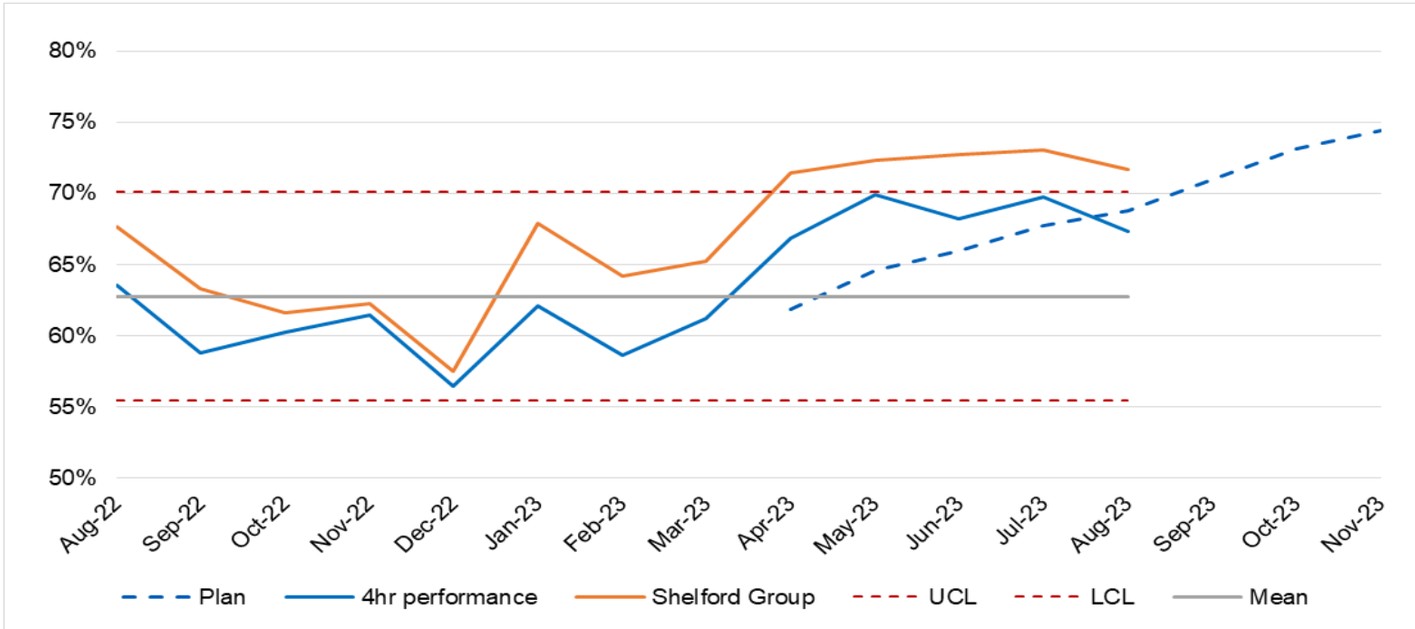
NHS
Cambridge University Hospitals
NHS Foundation Trust

Aug-23	Plan
67.4%	68.8%

SPC Variance
Normal variation

Shelford Group Avg (Aug-23)
71.7%

Three Month Trajectory		
Sep-23	Oct-23	Nov-23
71.0%	73.1%	74.4%



Highest breaches by specialty

Specialty	Performance	4hr Breaches
Medicine	25.1%	1,769
Emergency	61.9%	1,748
Surgery	32.8%	248
Orthopaedics	20.3%	220
Paediatrics	57.6%	144

Updates since previous month

Performance was more challenged in August with the 4hr % below plan for the first month in 2023/24. We have carried out two external reviews of the waiting room and clinician staffing to inform future actions. We have also successfully recruited an experienced operational lead from a high-performing trust to support taking these actions forward.

Current issues

ED attendances rose by nearly 7% compared to August 2022, equivalent to an additional 23 patients per day. The ICB is working on providing additional option for support for patients in the community to reduce attendances, including a comms campaign and support for falls. At CUH we are developing additional SDEC pathways to manage low acuity patients, with a focus on the frail elderly.

Key dependencies

4hr performance is dependent on a number of causative factors including the number of attendances, levels of seasonal respiratory viruses, processing power in the department and outflow into in-patient beds. The Trust is developing a detailed plan for winter to focus on these key areas, with a view to taking forward effective actions over the next few months and beyond.

Future actions

- Implementation of actions following two recent external reviews of the ED
- Completion of the detailed winter plan to manage expected seasonal pressures
- Further development of emergency frailty pathways
- Alignment with the ICB action plans to reduce avoidable attendances.

Author(s): James Hennessey **Owner(s): Nicola Ayton**

Ambulance Handovers > 60 minutes

NHS
Cambridge University Hospitals
NHS Foundation Trust

Aug-23	Target
0.7%	0

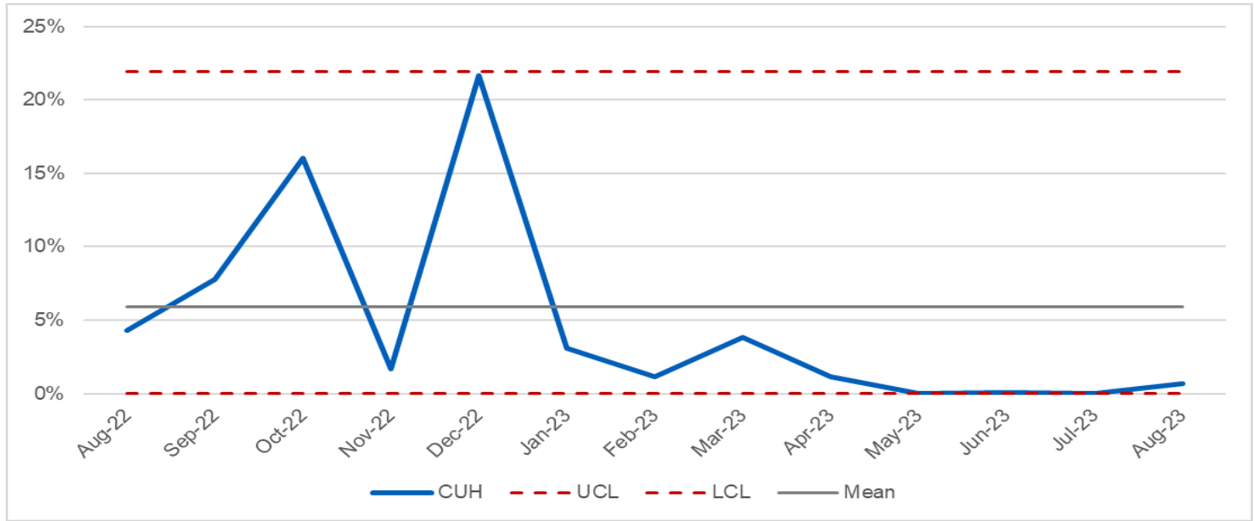
SPC Variance

Positive special cause variation

East of England > 60 minutes (Aug)

Trust	% > 60mins
CUH	0.7%
Bedford	5%
Hinchingbrooke	9%
West Suffolk	9%
Southend	13%
Basildon	15%
Broomfield	15%
PCH	18%
Watford	19%
Ipswich	21%
L&D	21%
Colchester	22%
Lister	32%
James Paget	37%
PAH	42%
QEH	44%
N&N	56%

Data provided by EEAST



Updates since previous month

Ambulance handovers >15mins and >30 continue to performance above national targets. Handovers >60mins increased slightly during August but we remain the top performer in the East of England.

Current issues

Operational pressures have resulted in periods when the Emergency Department is crowded, impacting our ability to offload ambulances. We will maintain the availability of our rapid handover (RHO) spaces to address this.

Key dependencies

- Available capacity to offload patients into the department
- HALO in place to coordinate timely offloads.

Future actions

- Focus on maintaining prompt offloads over winter, supported by multiple actions aimed at decompressing the ED
- Maintain availability of RHO spaces.

Overall fit test compliance for substantive staff

NHS Cambridge University Hospitals NHS Foundation Trust

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	1	0	0%	244	142	58%	65	34	52%	122	70	57%	89	47	53%	84	39	46%	605	332	55%
Allied Health Professionals	-	-	-	56	19	34%	17	3	18%	1	1	100%	-	-	-	3	1	33%	77	24	31%
Estates and Ancillary (Porters and Security Personnel only)	120	83	69%	-	-	-	-	-	-	-	-	-	-	-	-	1	0	0%	121	83	69%
Medical and Dental	-	-	-	251	67	27%	-	-	-	184	78	42%	138	14	10%	214	60	28%	787	219	28%
Nursing and Midwifery Registered	1	0	0%	669	472	71%	4	2	50%	276	175	63%	152	98	64%	372	205	55%	1474	952	65%
Total	122	83	68%	1220	700	57%	86	39	45%	583	324	56%	379	159	42%	674	305	45%	3065	1610	53%

The data displayed as of 12/09/23. 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.

There has been a slight increase in the percentage of mask fit testing compliance in priority areas. The focus for masks fit testing needs to be among medical staff (28 % compliance) and allied health professionals (31% compliance).

Referral to Treatment > 65 weeks and > 78 weeks

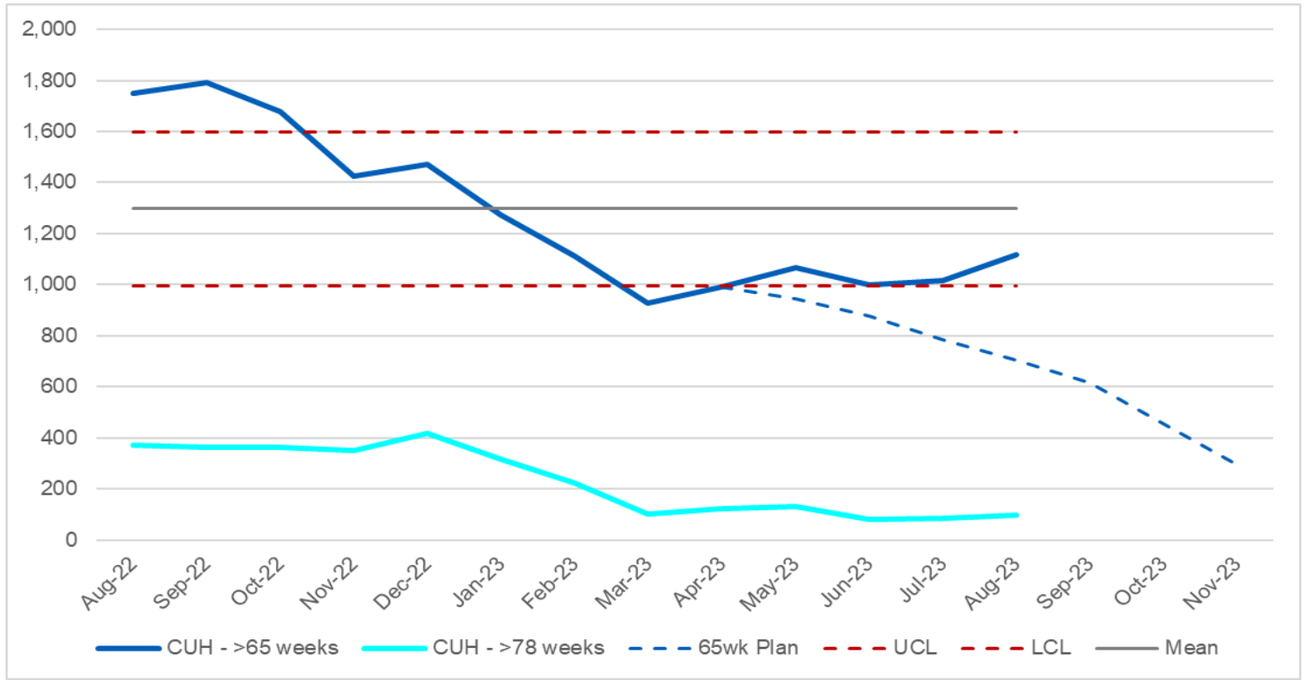
NHS
Cambridge University Hospitals
NHS Foundation Trust

65+ Weeks	
Aug-23	**Plan**
1117	706

SPC Variance
Positive special cause variation

% of WL over 65 weeks (Jul-23)	
CUH	1.6%
Shelford Group	1.7%

Three Month Forecast (65+ wks)		
Sep-23	**Oct-23**	**Nov-23**
616	456	296



Divisional Performance

Division	65+ weeks	78+ weeks
A	192	15
B	120	4
C	26	0
D	644	72
E	135	6
Trust	**1,117**	**97**

Updates since previous month

- >78 week waits increased by 13 to 97 in August. ENT accounted for 24, and OMFS 18.
- >65 weeks increased by 99 and is now 411 above plan.

Current issues

- CUH is forecasting to reduce to < 1000 the volume of the 65 wk cohort awaiting first OPA by end October 2023.
- Industrial Action continues to impact progress with long wait reductions

Key dependencies

- Theatre capacity
- Recruitment to medical workforce vacancies
- Independent Sector for ENT.

Future actions

- Requirement to reprofile 65 week trajectory given the imapct of Industrial Action.
- Gynaecology taking insourcing proposal to investment Committee.
- Patient Choice for Mutual Aid to be implemented.

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

Referral to Treatment Total Waiting List

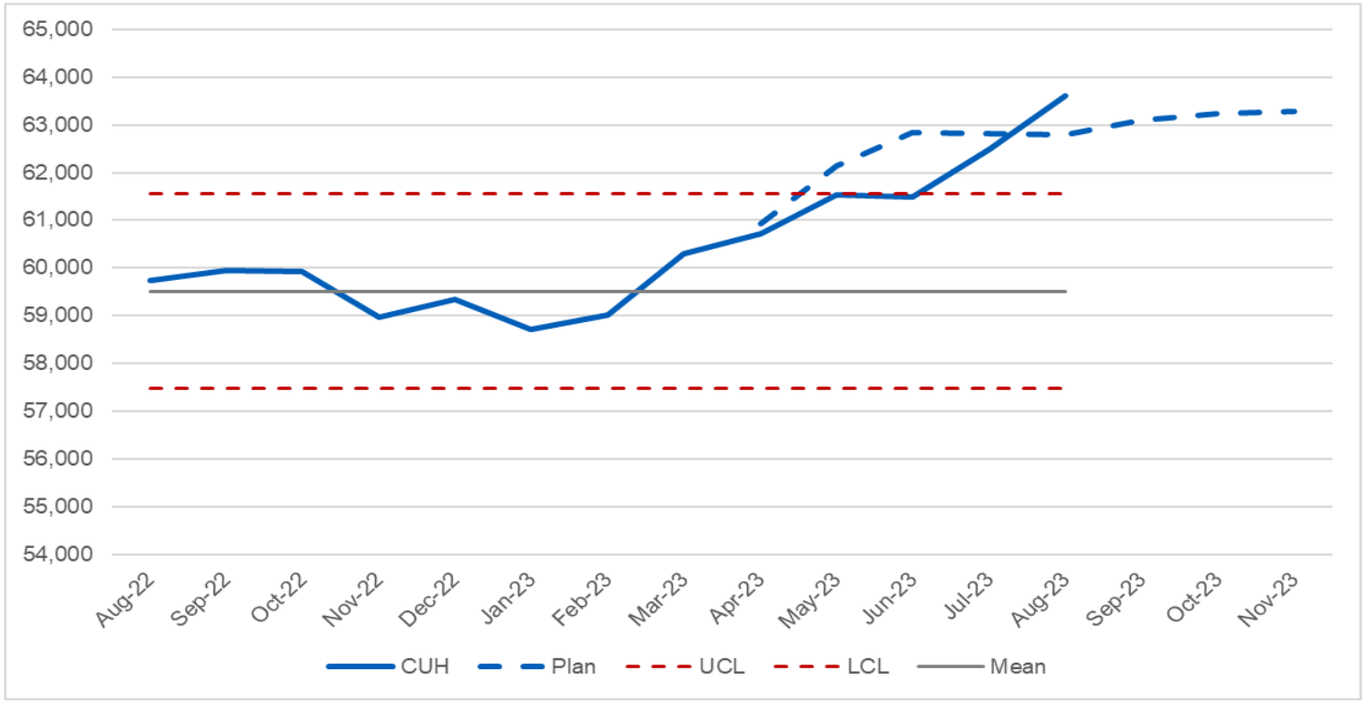
NHS
Cambridge University Hospitals
NHS Foundation Trust

Aug-23	Plan
63,613	62,790

SPC Variance
Negative special cause variation

Change in WL: Jul-23 vs. Jun-23	
CUH	+1.6%
Shelford Group	+1.7%

Three Month Forecast		
Sep-23	Oct-23	Nov-23
63,102	63,242	63,282



Waiting list by division

Division	Total Waiting List
A	12,923
B	6,169
C	4,838
D	29,681
E	10,001
Trust	**63,613**

Updates since previous month

- Total RTT waiting list increased by 1.8% in August.
- The total waiting list size was 1.3% higher than the planning submission for first time this year.
- Clock starts are cumulatively 2.5% below plan year to

Current issues

- Total stops (treatments) were 6% below plan in Aug with the impact felt from 4 weekdays of Industrial Action.
- The estimated lost clock stops due to Industrial Action were ~558. Without this the variance would have reduced to 1.8%.

Key dependencies

- Demand (clock starts) remains within plan
- Outpatient and elective activity plans are met
- Resilience in administrative and clinical capacity to support pathway validation.

Future actions

- Continued drive to release capacity for new outpatients. Non-admitted remains 81% of the waiting list and 63% await 1st appointment.
- Waiting list growth in month has been driven by the Non-admitted rather than admitted cohort.

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

Cancer - 28 day faster diagnosis standard

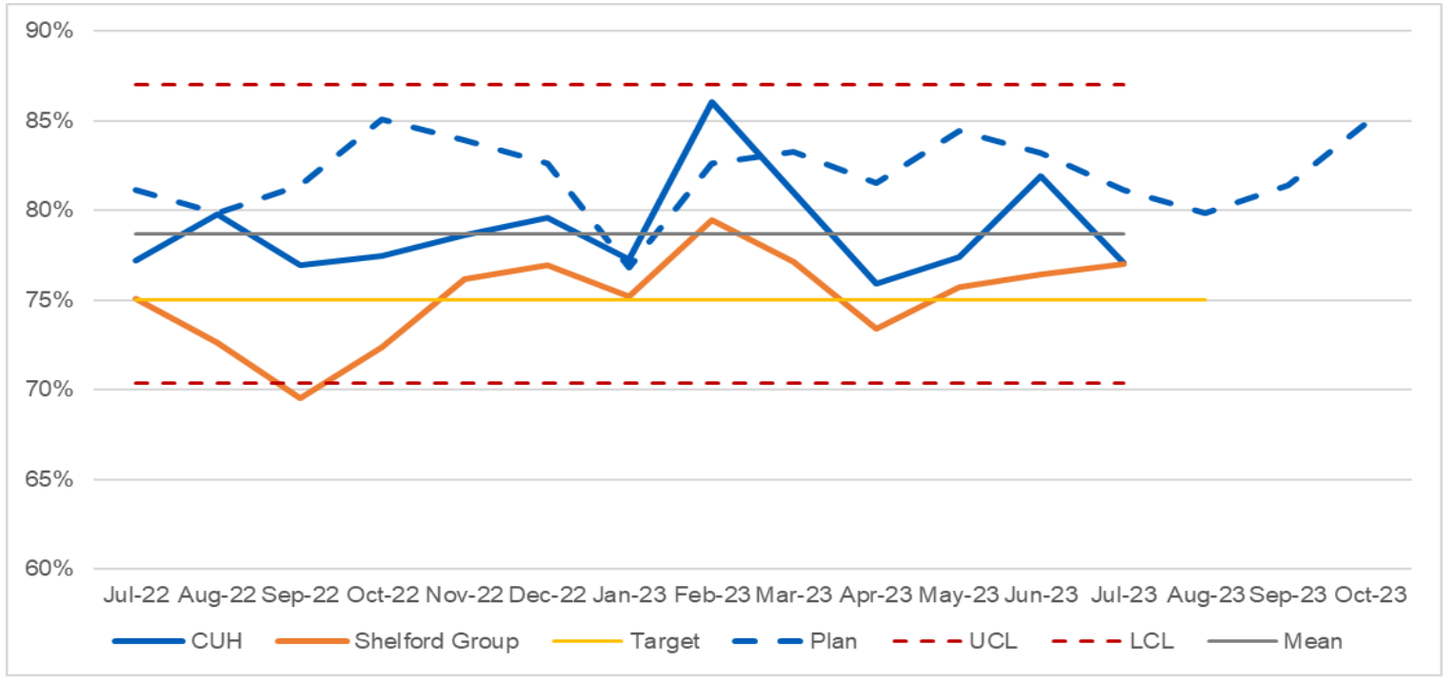
NHS
Cambridge University Hospitals
NHS Foundation Trust

Jul-23	Target
77.1%	75.0%

SPC Variance
Normal variation

Shelford Group Avg (Jul-23)
77.0%

Three Month Forecast		
Aug-23	Sep-23	Oct-23
79.9%	81.4%	85.1%



Cancer Site Overview

Site	Performance	Breaches
Skin	60.3%	172
Lower GI	76.2%	67
Gynaecological	58.2%	79
Head & Neck	69.5%	53
Urological	67.4%	46
Breast	96.6%	21
Haematological	50.0%	4
Sarcoma	54.8%	14
Upper GI	66.7%	8
Lung	96.5%	3
Childrens	90.0%	2
CNS/Brain	100.0%	0
Testicular	100.0%	0
Total	**77.1%**	**469**

Updates since previous month

CUH remains above target and above Shelford Group performance. A focus on Urology commenced from September which will result in improved FDS performance from October

Current issues

Delays to 1st appointment in skin cancer, and pathology turn around times continue to impact performance across all sites. There is a risk looking ahead with the deterioration in performance for skin which could result in the Trust falling below target for the first time.

Key dependencies

- Pathology turn around times recovering to above 50% in 7 days
- Additional ad hoc activity in skin to reduce 2ww backlog

Future actions

Actions are in place as part of the Cancer Improvement Plan. Focus continues on skin, urology and pathology. System meeting with GIRFT team to focus on FDS performance in September was delayed until 31.10.23

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

Cancer - 2 week waits

NHS
Cambridge University Hospitals
NHS Foundation Trust

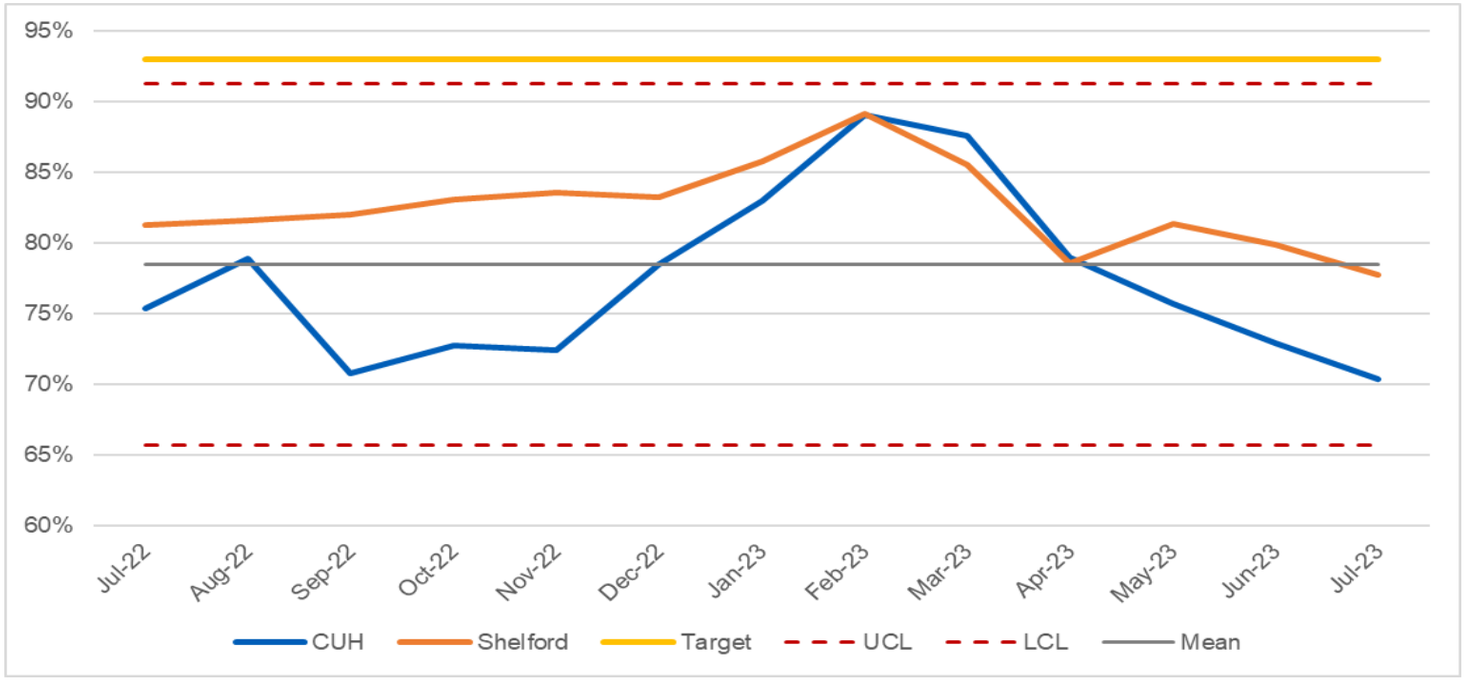
Jul-23	Target
70.4%	93.0%

SPC Variance
Negative special cause variation

Shelford Group Avg (Jul-23)
77.7%

Cancer Site Overview as of 26/09/2023

Site	Breaches
Skin	594
Gynaecological	7
Breast	7
Head & Neck	8
Lower GI	2
Sarcoma	8
Lung	0
Urological	2
CNS/Brain	1
Haematological	0
Upper GI	1
All	**630**



Updates since previous month

CUH has experienced further deterioration in performance against the 2WW target due to breaches in the skin cancer and sarcoma pathway. Referral demand remains average across the board however it is higher than pre covid particularly for sites such as skin.
2WW will no longer be monitored from October 2023

Current issues

Breaches along the skin pathway continue to be the main reason for below standard performance; this is due to capacity constraints within dermatology and plastics.

Key dependencies

- Stable 2WW referral demand
- Continued additional clinics in derm and plastics to meet skin/sarcoma referral demand

Future actions

Short and long term actions agreed for skin:
- Additional adhoc clinics
- Recruitment of additional locum Consultant
- Increased capacity in clinical fellow clinics.

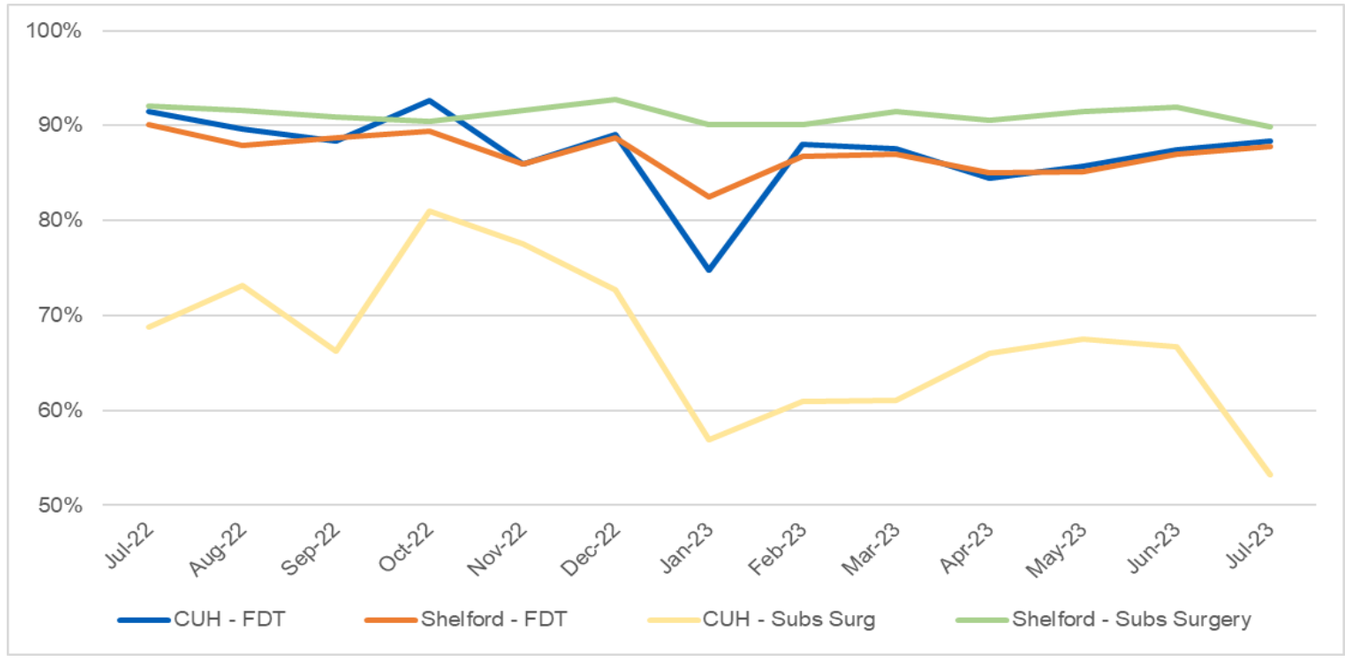
Cancer - 31 days decision to treat to treatment

NHS
Cambridge University Hospitals
NHS Foundation Trust

	Jul-23	Target
FDT	88.4%	96.0%
Subs Surgery	53.3%	94.0%

SPC Variance
Normal variation

Shelford Group Avg (Jul-23)	
FDT	87.8%
Subs Surgery	89.8%



Backlog as of 19/09/23

Site	Backlog
Breast	3
CNS/Brain	0
Gynaecological	1
Head & Neck	5
Haematological	0
HPB	13
Lower GI	12
Lung	0
Childrens	0
Sarcoma	1
Skin	27
Testicular	0
Upper GI	1
Urological	21
All	**84**

Updates since previous month

CUH continues to fall below target with 79% of the breaches in July relating to surgical capacity, the sites with the largest breaches are in Skin (27.7%), Prostate (25%), HPB (14.4%), Lower GI (12%). Prostate have cleared their backlog and from October are able to book within 31 days.

Current issues

Access to sufficient theatre capacity within 31 days remains an issue across multiple cancer sites, with the cumulative impact of industrial action putting further additonal pressure on surgical activity for cancer.

Key dependencies

Ongoing prioritisation of theatre allocation to P2/cancer surgery.
Engagement from clinical teams to undertake additional / respond flexibility to available capacity.
Ongoing use of Independent sector to support Breast.

Future actions

Continued focus on lower GI, HPB, skin, and kidney surgery in October/November.
Continue to explore additional internal options for renal surgery and/or consider mutual aid. Explore insourcing and/or internal options for additional skin surgery capacity.

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

Cancer - 62 days urgent referral to treatment

NHS
Cambridge University Hospitals
NHS Foundation Trust

Jul-23	Target
66.0%	85.0%

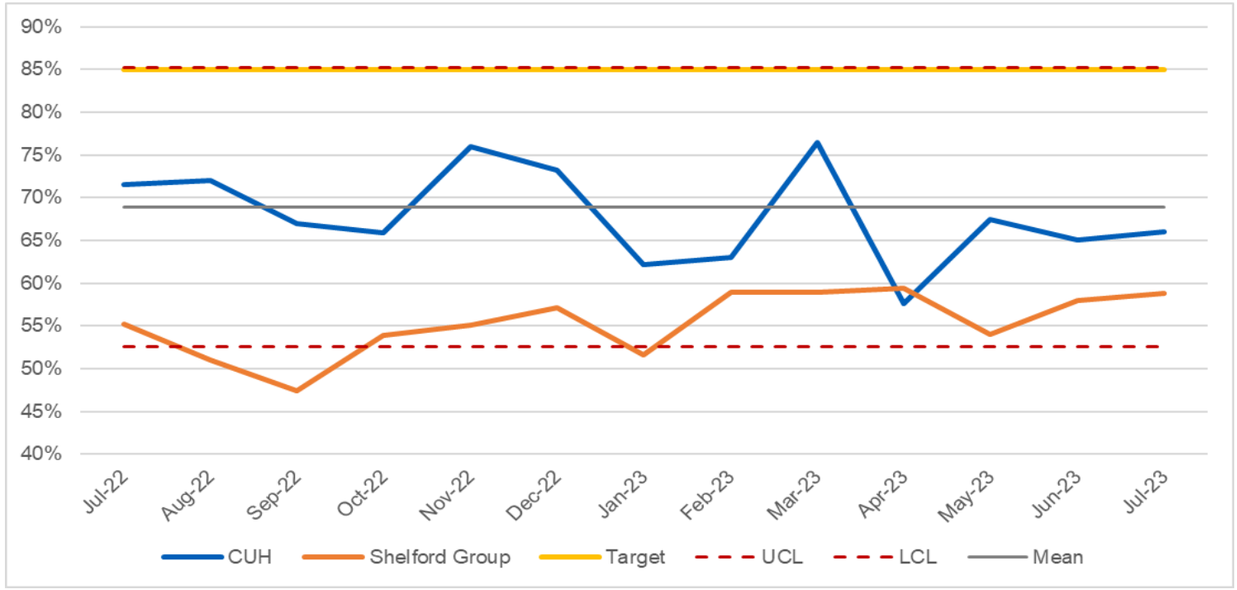
SPC Variance
Normal variation

Shelford Group Avg (Jul-23)
58.9%

Backlog as of 19/09/23

Site	Backlog
Breast	5
CNS/Brain	0
Gynaecological	16
Head & Neck	16
Other Haem Malignancies	1
Lower GI	20
Lung	0
NSS	0
Upper GI	1
Urological	35
Sarcoma	7
Skin	72
HPB	9
Childrens	0
Symptomatic Breast	0
All	**182**

Forecast backlog in Jul-23



Updates since previous month

CUH performance remains below target although is higher than the Shelford Group. 81% of breaches are CUH only patients and of that 71% were due to delays within CUH control such as delayed pathology reporting, outpatient and surgical capacity. 51% of referrals to CUH from regional hospitals were treated in the required 24 days.

Current issues

- Delays in pathology turn around times (currently at 21% within 7 days)
- Outpatient and surgical capacity
- Further impact of industrial action
- delays to diagnosis due to capacity (skin) resulting in adverse backlog recovery

Key dependencies

- Continuing achievement of 28 day FDS
- Pathology turn around times recovering to above 50% in 7 days
- Reduced late referrals from regional teams

Future actions

There is an extensive improvement plan in place which is reviewed monthly; there is a focus on Skin, Urology and Gynae with specific recovery actions to 31st October - this will impact performance from November.

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

Diagnostic Performance

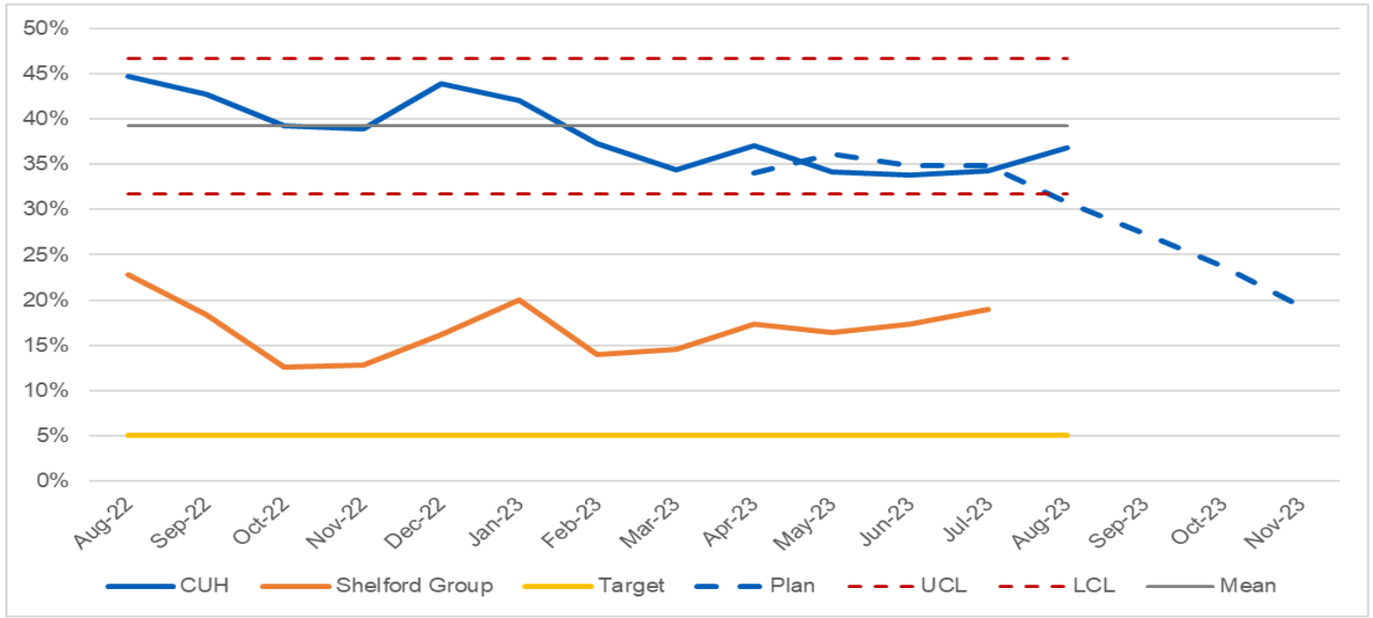
NHS
Cambridge University Hospitals
NHS Foundation Trust

Aug-23	Plan
36.8%	30.9%

SPC Variance
Positive special cause variation

Shelford Group Avg (Jul-23)
19.0%

Three Month Forecast		
Sep-23	Oct-23	Nov-23
27.3%	23.8%	19.3%



Modality overview

Modality	% >6wks	Breaches
Echocardiography	73.1%	1994
Non obstetric ultrasound	31.6%	832
Audiology	67.5%	917
Magnetic Resonance Img'	21.4%	446
DEXA Scan	5.3%	38
Computed Tomography	18.3%	174
Urodynamics	61.4%	178
Neurophysiology	11.1%	28
Cystoscopy	16.5%	39
Gastroscopy	6.3%	37
Colonoscopy	2.5%	18
Respiratory physiology	11.5%	3
Barium Enema	16.2%	6
Flexi sigmoidoscopy	1.3%	2
Total		**4712**

Updates since previous month

- August 6wk performance has fallen behind plan and deteriorated in month to 36.8%
- The total waiting list reduced by 613 but with an increase in >6 ww of 116.
- Total activity in August was however 6% higher than plan, driven by unscheduled and surveillance diagnostics, but also higher for waiting list activity.

Current issues

- % Performance improved in CT, MRI and Dexa where total waiting lists and >6ww all reduced.
- Ultrasound (+140) Audiology (+96) and Urodynamics (+47) led to the increase in >6ww.
- Echocardiology continues to be the highest risk by volume, although held a relatively stable position in August. Insourcing provider has given notice.

Key dependencies

- Ongoing use of Insourcing for Echocardiography, required.
- Continued delivery of ICB capacity for Direct Access Community Ultrasound to manage demand.
- Agency/locum staffing and enhanced bank rates whilst recruiting.

Future actions

- Urgent action to procure Echo Insourcing for Nov '23
- Requests for continued enhanced bank rates beyond September in Echo still under review.
- Met with overseas agencies to commence search for Cardiac physiologists in Australia and Europe.
- CDC Ultrasound from Feb '24 will improve recovery trajectory.

New Outpatient Attendances - % vs. Baseline

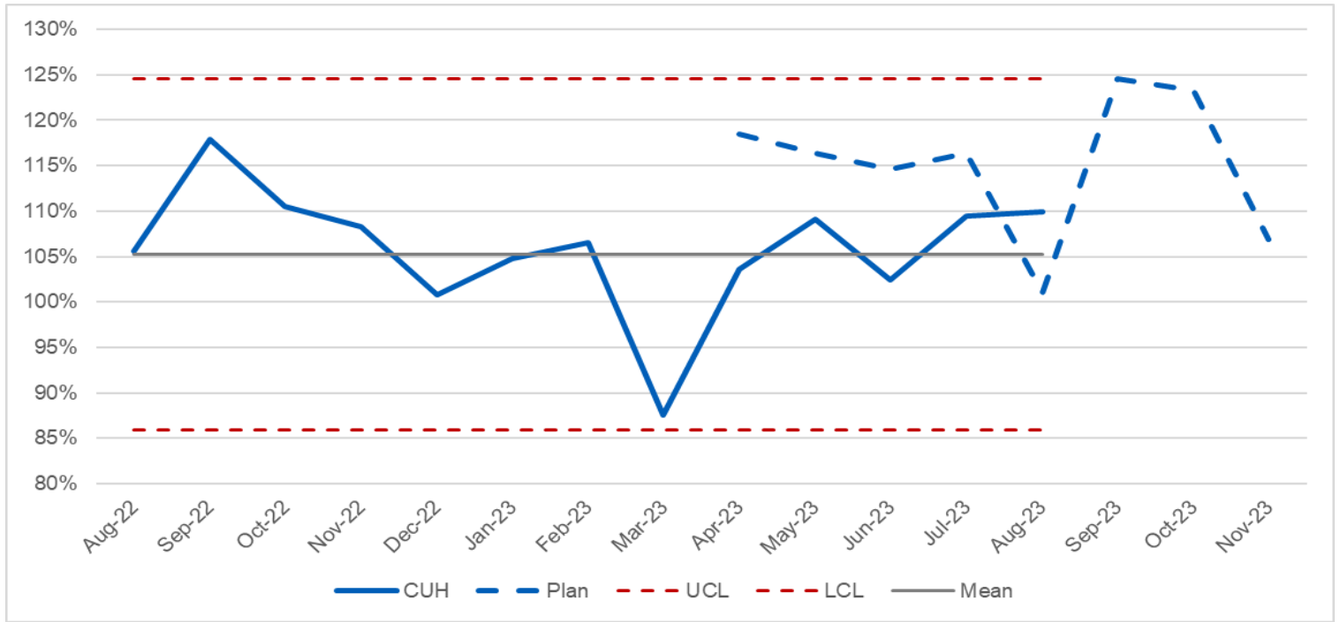
NHS
Cambridge University Hospitals
NHS Foundation Trust

Aug-23	Plan
109.9%	101.0%

SPC Variance
Normal variation

Shelford Group Avg (Aug-23)
N/A

Three Month Forecast		
Sep-23	Oct-23	Nov-23
124.5%	123.3%	106.9%



Divisional overview	
Division	Performance
A	117.9%
B	113.2%
C	100.8%
D	106.9%
E	109.1%

Updates since previous month

Good performance in August with all services performing above 100% and an overall performance above plan at 110% of baseline. Division A was again the highest performing Division at 118%.

Current issues

Excluding Gen Med and Geriatric Med the performance is low, at 95.8%. We are investigating why but initial feedback is a combination of of annual leave and Industrial Action. The challenges for delivering more new patient activity remain with the Division focusing on reducing follow-ups in order to create capacity for increased new patients.

Key dependencies

Further action is needed to increase new activity and achieve positive, sustained change. This should be reflected in 2023/24 business plans and activity plans. 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.

Future actions

We have asked that specialties use the GIRFT Outpatients guidance and checklist and the Further Faster handbooks published in August / September 2023, to help implement further action, and also use the NHSE data opportunity tool that enables specialties to benchmark with and learn from other Trusts e.g. on new: follow up ratio, virtual, PIFU, DNA and other rates.

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

Follow Up Outpatient Attendances - % vs. Baseline

NHS
Cambridge University Hospitals
NHS Foundation Trust

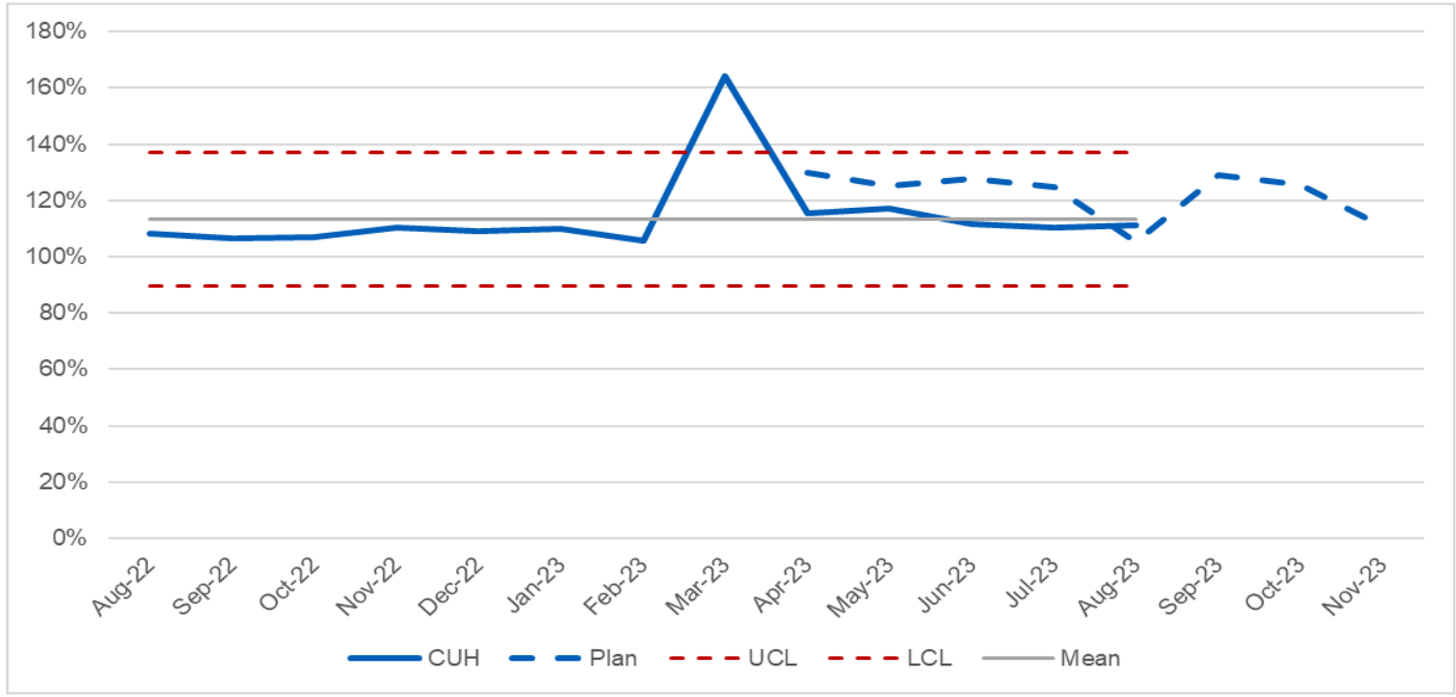
Aug-23	Plan
111.1%	105.2%

SPC Variance
Normal variation

Shelford Group Avg (Aug-23)
N/A

Three Month Forecast

Sep-23	Oct-23	Nov-23
129.0%	125.4%	110.8%



Divisional overview

Division	Performance
A	119.9%
B	111.6%
C	104.6%
D	105.4%
E	135.5%

Updates since previous month

CUH follow up activity has increased in 2023 and remains negatively above the 105% CUH target. The number of overdue follow-ups at CUH has steadily increased for the last 2 and a half years, reaching 56,108 in August 2023. All divisions have overdue follow-ups on their risk registers.

Current issues

The number of overdue follow-ups in Divisions A and B are decreasing, whilst the other 3 Divisions are increasing.

Key dependencies

The scale of overdue follow up appointments was the justification for planning a higher than baseline follow up activity volume. Several services continue having planning discussions to introduce PNP but this action needs to be encouraged at pace.

Future actions

Action being taken to address overdue follow ups includes waiting list validation and initiatives, and pathway redesign including PIFU, and early tests of Patient Not Present (PNP) remote monitoring. 4 specialties are currently using PNP, with 5 more in the eHospital build pipeline.

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

PIFU Outpatient Attendances

NHS
Cambridge University Hospitals
NHS Foundation Trust

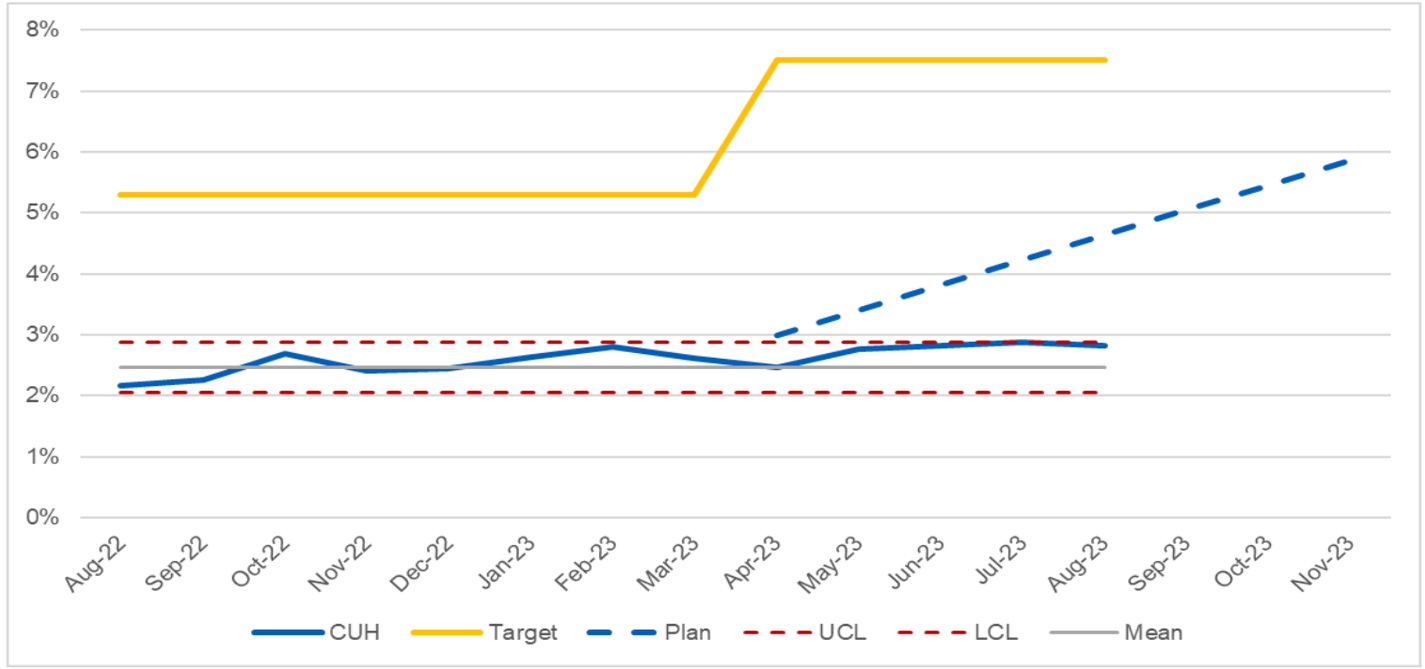
Aug-23	Plan
2.9%	4.6%

SPC Variance
Normal variation

Shelford Group Avg (Aug-23)
N/A

Three Month Forecast

Sep-23	Oct-23	Nov-23
5.1%	5.5%	5.9%



Divisional overview

Division	Performance
A	6.6%
B	3.3%
C	1.5%
D	1.7%
E	2.2%

Updates since previous month

The latest benchmarking data for PIFU showed CUH at 3.1%, against Shelford peers at 2.1% and National median of 2.4%. This is a stable utilisation rate, although we can demonstrate the number of pathways moved/discharged to PIFU in the first 5 months of 23/24 was 30% higher than same period in 22/23. This is in the top quartile Nationally.

Current issues

None

Key dependencies

Clinical teams must review pathways to ensure they maximise the opportunity to use PIFU where appropriate.

Future actions

Continued work on pathways supported by the Improvement and Transformation team to maximise the opportunities of PIFU.

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

Delayed discharges

NHS
Cambridge University Hospitals
NHS Foundation Trust

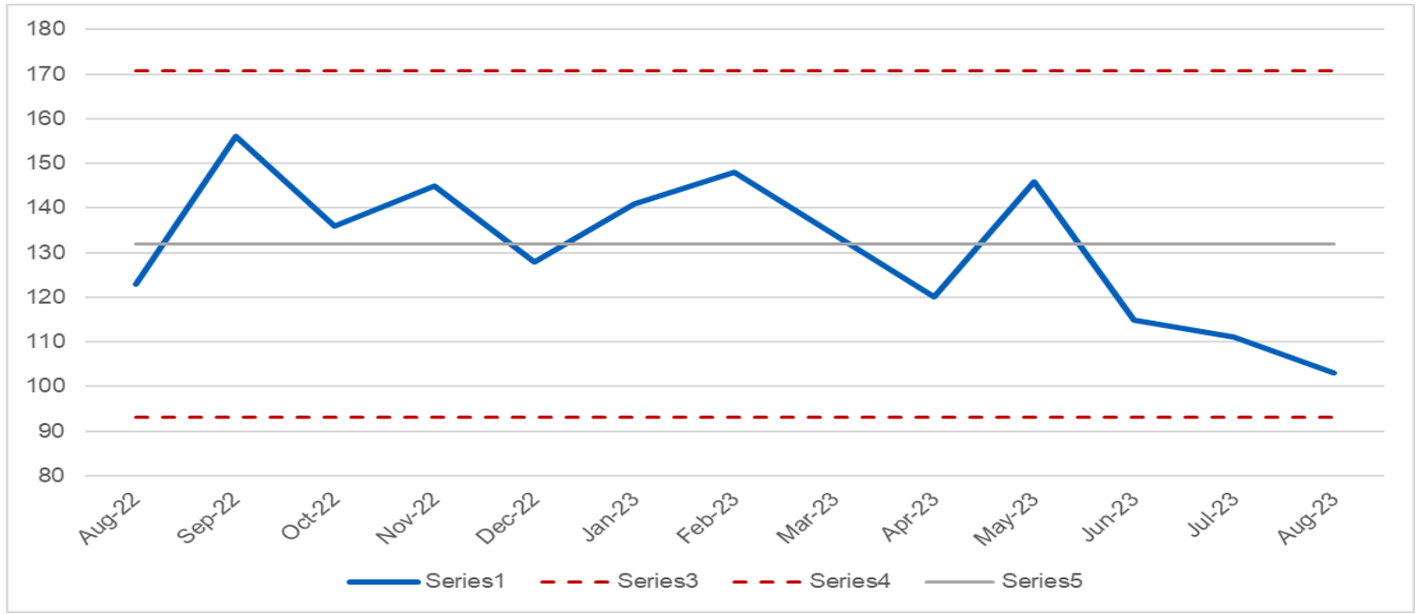
Aug-23	Target
103	N/A

SPC Variance
Normal variation

Shelford Group Avg (Aug-23)
N/A

Beds lost to delays - by pathway

Pathway	Beds lost
Pathway 1	39
Pathway 3	31
Pathway 2	14
Pathway 0	14
Internal Assessments	3
External Assessments	0
Triage	2
Unknown	0
Total	**103**



Updates since previous month

August saw a reduction in the number of beds lost to delayed discharges to 103, down from and average of 132 beds over the last 12 months.

Current issues

- On-going issues with failed discharges due to transport to care placements
- Care staffing shortfalls to deliver packages of care in the community.

Key dependencies

- Prompt review and actioning of referrals to community services
- Minimising internal delays to discharge, particularly involving input from therapies and timely referrals.

Future actions

- Development of detailed analysis of discharge delays to pinpoint opportunities to reduce lost beds
- Creation of a social prescriber role to support timely discharges for out-of-county patients.

Author(s): James Hennessey **Owner(s): Nicola Ayton**

Theatre Utilisation - Elective GIRFT Capped

NHS
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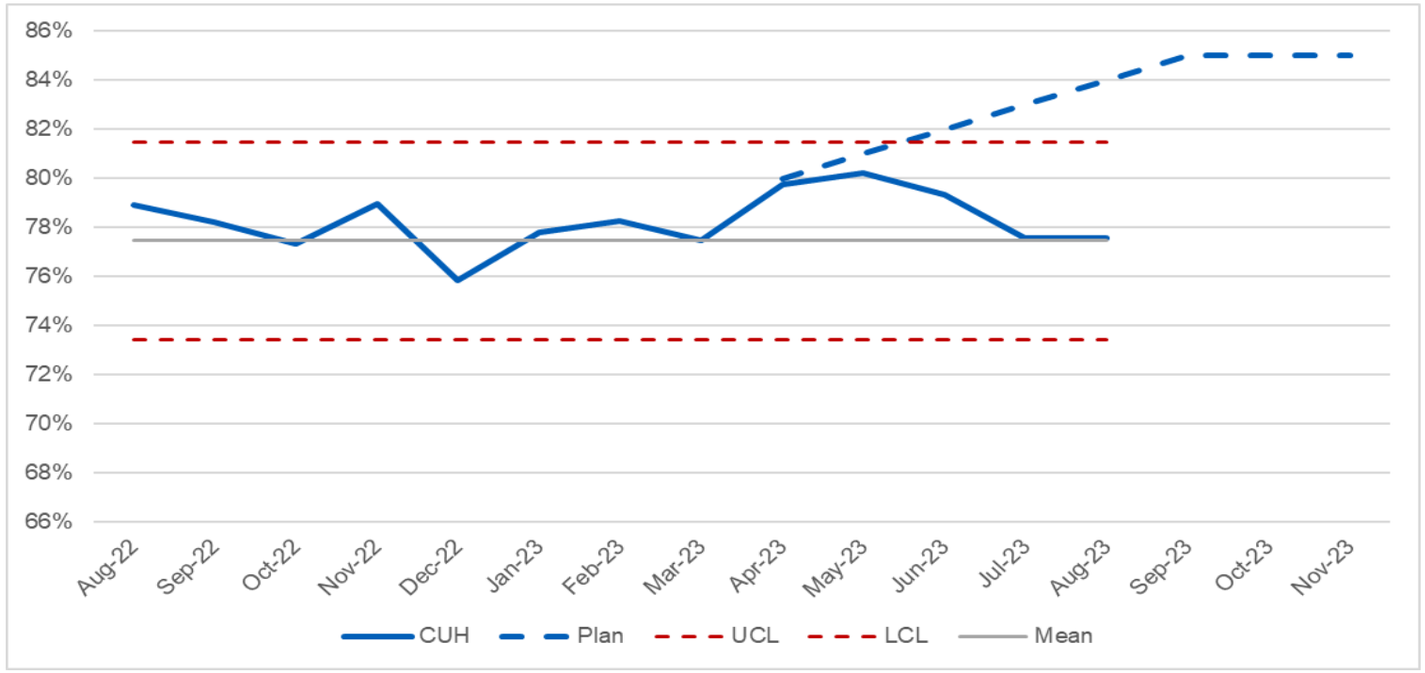
NHS Foundation Trust

Aug-23	Plan
77.6%	84.0%

SPC Variance
Normal variation

Performance in the 2 weeks to 13/8/23	
CUH	80.15%
Shelford Grp Median	78.60%

Three Month Forecast		
Sep-23	Oct-23	Nov-23
85.0%	85.0%	85.0%



Utilisation by department

Department	Utilisation
ATC	79.0%
Main	78.3%
Rosie	77.7%
CEU	65.9%
Ely	78.1%
All	**77.6%**

Updates since previous month

- Utilisation at 77.6% (Quartile 3) but remains above peers and National median. Ely improved to 78%.
- Sessions used improved to 88.1%, and to 96.0% when Industrial Action dates are excluded.

Current issues

- The week ending 27/8/23 which included Consultant IA was particularly low utilisation at 75.8%
- Cambridge Eye Unit has fallen further below 70%.
- Short notice cancellations were highest YTD at 286

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

- Exeter Nightingale have been highlighted as an exemplar for HVLC cataract delivery by GIRFT. Region co-ordinating a sessions to learn lessons.
- Progress will Ely templates has delayed with IA impacting capacity to enact change, but still ongoing.

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

BADS Daycase Rates

NHS
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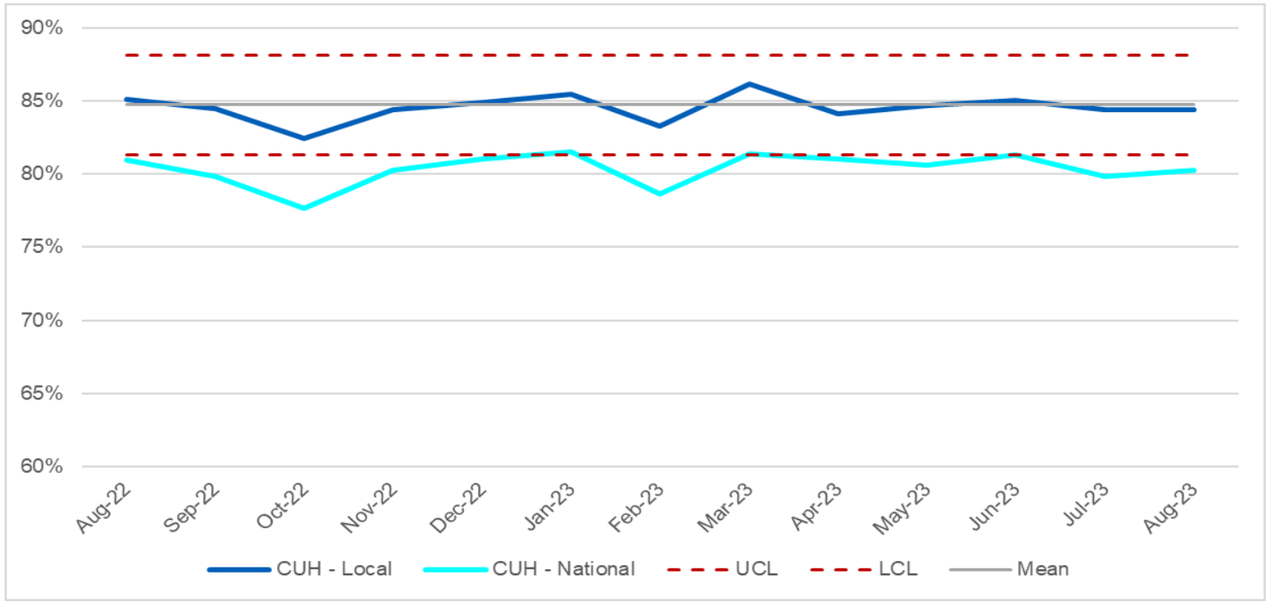
Aug-23	Target
84.4%	85%

SPC Variance
Normal variation

Shelford Grp Median 3m to end of May '23
78.1%



BADS Section Day Case Rate for HVLC focus areas

	3 months to end of May '23			Aug-23
Specialty	CUH	Shelford	Quartile	Local
Orthopaedics	84.2%	78.8%	2	92.0%
ENT	70.4%	81.4%	1	75.8%
General	70.0%	68.0%	2	77.1%
Gynaecology	56.9%	64.2%	1	64.7%
Ophthalmology	98.3%	98.3%	2	99.0%
Urology	69.0%	67.2%	3	75.3%

Updates since previous month

- Model Hospital GIRFT data for Q1 2023/23 still shows performance in quartile 2.
- Local BADS reporting for zero LOS shows 84.4%, just below the expected 85% target.

Current issues

- Inaccurate recording of Intended Management as daycase reflects in poorer performance externally
- 50 zero LOS BADS procedures were recorded as in-patient intended management in August.

Key dependencies

- Correct data recording of Intended Management
- Effective patient flow on L2 daycase / 23 hr stay
- Clinically led discharge criteria.
- Timing of

Future actions

- ICB GIRFT review meeting held in September with Professor Tim Briggs. Follow up planned October.
- Key lines of enquiry on BADS daycase rates reviewed. Improvement seen in all areas highlighted other than Adult tonsillectomy where only 20 cases done in the quarter.

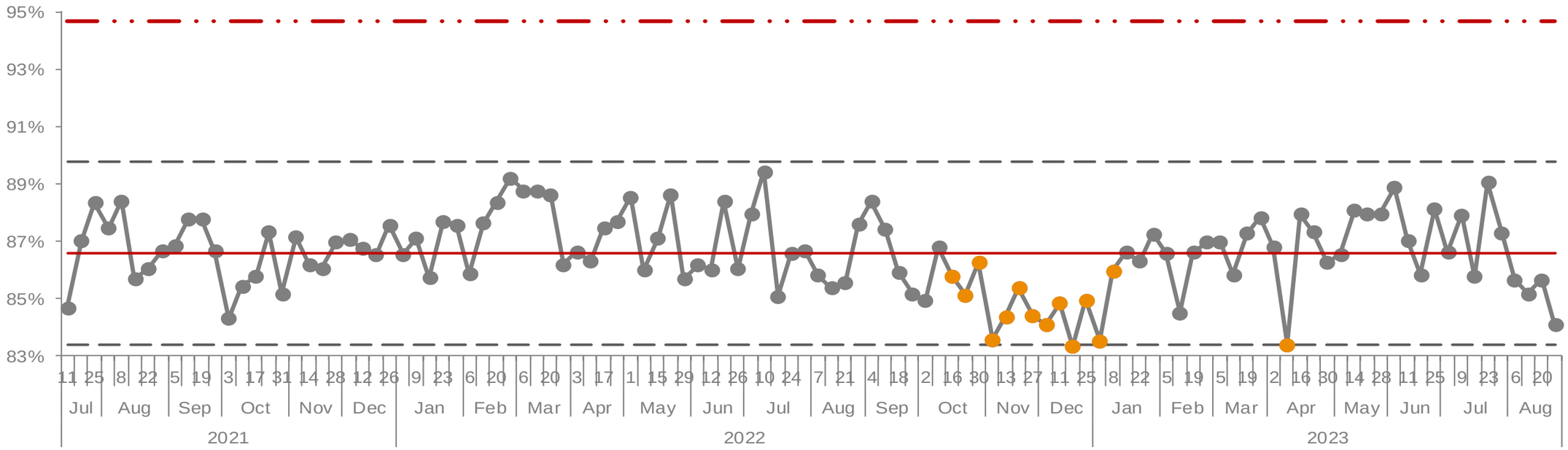
Author(s): Linda Clarke **Owner(s): Nicola Ayton**

Discharge Summaries

Cambridge University Hospitals NHS Foundation Trust

Discharge Summary Letters (Weekly)

Percent of discharge summaries sent in under 2 days



Discharge summaries

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

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

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

Author(s): James Boyd **Owner(s): Ashley Shaw**

Patient Experience - Friends & Family Test (FFT)

NHS Cambridge University Hospitals NHS Foundation Trust

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 - Aug 23	Month	-	92.0%	95.4%	L	SP	-	For August the Good score decreased by 2% and the Poor score increased by 2%. The Poor score of 3.4% is similar to April and May scores. **FOR AUG: there were 379 FFT responses collected from approx. 4026 patients.**
FFT Inpatient poor experience score	Jul 20 - Aug 23	Month	-	3.4%	1.8%		-	-	
FFT Outpatients good experience score	Apr 20 - Aug 23	Month	-	93.6%	94.9%	L	SP	-	For August, the Good and Poor scores remained the same compared to July. There were 6 FFT response collected from clinic 6 so the FFT scores mainly reflect adult clinics. **FOR AUG: there were 4844 FFT responses collected from approx. 27,544 patients.** The SPC icon shows special cause variations: high is a concern with having more than 7 consecutive months below/above the mean.
FFT Outpatients poor experience score	Apr 20 - Aug 23	Month	-	3.2%	2.4%	H	SP	-	
FFT Day Case good experience score	Apr 20 - Aug 23	Month	-	96.0%	96.5%		-	-	For August there was a 1% increase in the Good score, and the Poor score of 2.5% remained the same compared to July. Both scores have remained consistent with no more than 1% change throughout the last 12 months. **FOR AUG: there were 1127 FFT responses collected from approx. 4,449 patients.**
FFT Day Case poor experience score	Apr 20 - Aug 23	Month	-	2.5%	1.7%		-	-	
FFT Emergency Department good experience score	Apr 20 - Aug 23	Month	-	80.7%	83.1%		-	-	For August the overall Good and Poor scores remained about the same compared to July. However paediatric Good score improved by 3.5% and the Poor score improved by 6.5% but due to the lower number of responses compared to adult, this did not affect the overall data. The adult Good and Poor scores had less than 0.6% change. **FOR AUG: there were 879 FFT responses collected from approx. 4,667 patients**.
FFT Emergency Department poor experience score	Apr 20 - Aug 23	Month	-	11.3%	10.4%		-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Aug 23	Month	-	93.0%	95.1%		-	-	**FOR AUG:** Antenatal had 9 FFT response - 100% Good; Birth had 34 FFT responses out of 460 patients - 97%% Good / 3% Poor; Postnatal had 58 FFT responses: LM had 23 FFT with 91% Good / 4% Poor, DU had 1 FFT with 100% Good / BU had 32 FFT with 87.5% Good / 6% Poor, and COU 100% Good from 2 responses. 0 FFT responses from Post Community. AUG **MATERNITY OVERALL:** Good score decreased by 6% and Poor score increased by 2%. There were 101 FFT responses collected.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Aug 23	Month	-	3.0%	1.8%		-	-	

FFT data starts from April 2020 for day case, ED and OP FFT (SMS used to collect FFT), and inpatient and maternity FFT data starts with July 2020 due to Covid-19 restrictions on collecting FFT data. For NHSE FFT submission, wards still not collecting FFT are not being included in submission. In August 11 wards did not collect any FFT data.

Overall FFT in August, there was a mix of improved FFT scores, and some areas that the FFT scores declined. The strongest improved FFT scores are from ED paediatric with 3.5% improved Good score to 86%, and improved Poor score from 12% to 5.5%. Day case also improved the Good score by 1%. Inpatient and maternity Good scores both declined: Inpatient July was 95% and August is 92%; Maternity Good score in July was 99% and August is 93%. Both inpatient and maternity Poor scores increased by 2%. The declined maternity FFT scores are from both Birth and Postnatal performance.

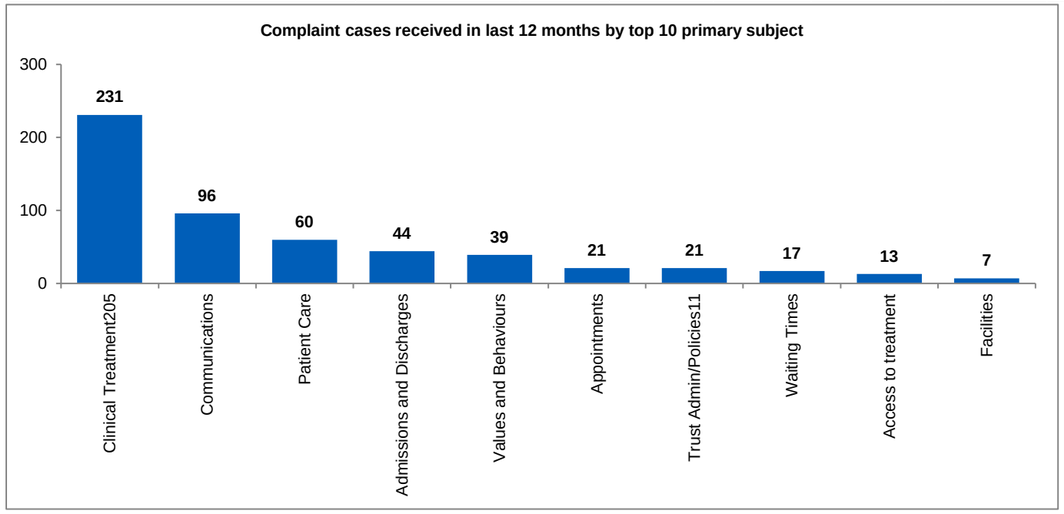
Please note starting in 2022, the Trust reduced the number of SMS being sent to adult patients. Instead of sending a text message to every adult patient that attend an OP/DU appointment, or presented to A&E, the Trust now sends a fixed number of SMS daily.

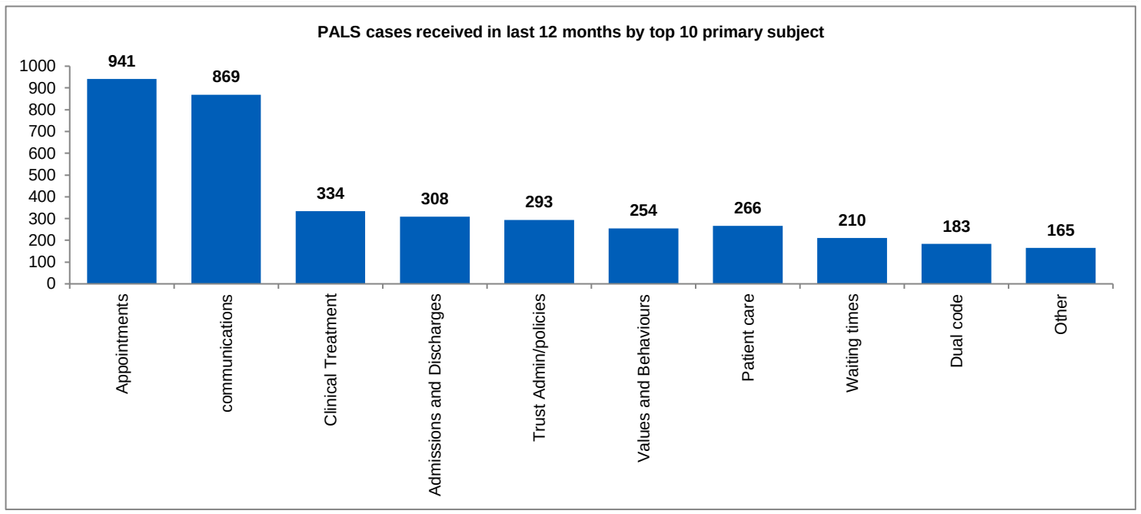
Author(s): Charlotte Smith/Kate Homan Owner(s): Clare Hawkins

PALS and Complaints Cases

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Aug 19-Aug 23	month	-	64	55	H	SP	-	The number of complaints received between Aug 2019 - Aug 2023 is higher than normal variance.
% acknowledged within 3 days	Aug 19-Aug 23	month	95%	97%	73%		-	?	62 out of 64 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	Aug 19-Aug 23	month	50%	46%	30%	L	S7	?	101 complaints were responded to in August, 46 of the 101 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	Aug 19 -Aug 23	month	80%	60%	87%	L	SP	?	60 out of 101 complaints responded to in August were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Aug 19 -Aug 23	month	-	11%	34%		-	-	There were 11 complaints graded 4 severity, and 0 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Aug 19 - Aug 23	month	-	33	32	L	S7	-	33 Compliments were registered during August and sent onto relevant staff for information





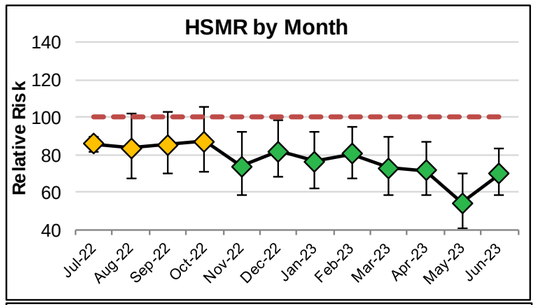
PHSO - No cases were taken for investigation in August 2023 by the Parliamentary and Health Service Ombudsman.
A backlog of complaint responses (550) declared in May 2023 has now been brought down to under 200. A new process has been introduced within the complaints team to try to resolve issues raised much quicker by engaging the Divisions at the outset to reduce the number of lengthy responses. Meetings and telephone conversations are being offered to all complainants as an option rather than a written response.

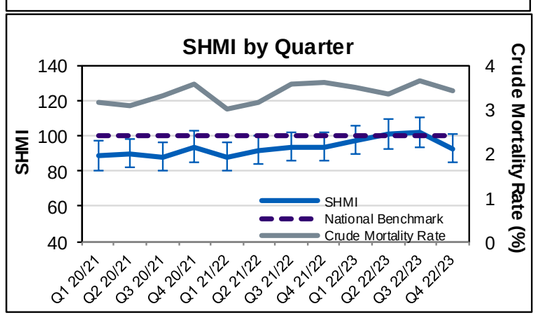
Author(s): Sue Bennison **Owner(s): Clare Hawkins**

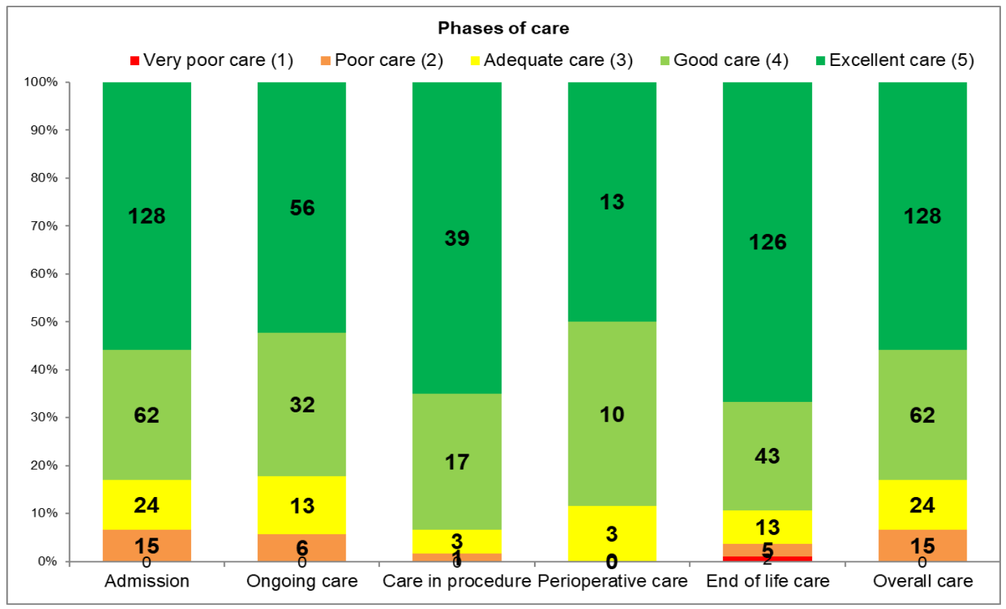
Learning from Deaths

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Aug-23	Mean	Variance	Comments
Total inpatient and Emergency department deaths	**September 2018 - August 2023**	Aug-23	**146**	*134*		
Emergency Department and Inpatient deaths **per 1000 admissions**			**8.3**	*8.5*		
Emergency department deaths			**5**	*8.6*		
Inpatient deaths			**141**	*125.5*		
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)			**14%**	*20%*		In August 2023, 19 SJRs were commissioned







Executive Summary

HSMR - The rolling 12 month July 2022 to (June 2023) HSMR for CUH is 76.54, this is 5th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 91.23.

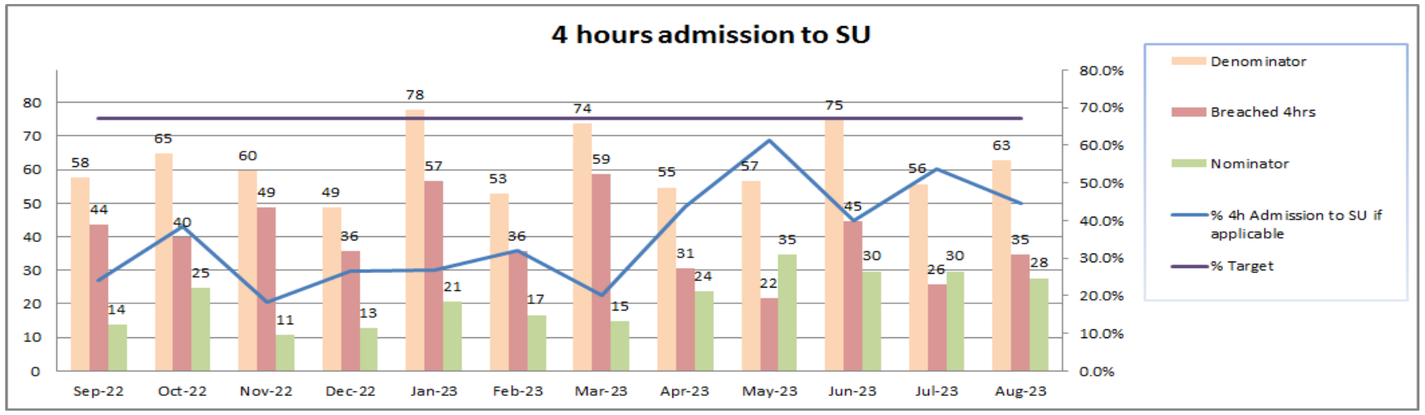
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, April 2022 to March 2023 is 97.89.

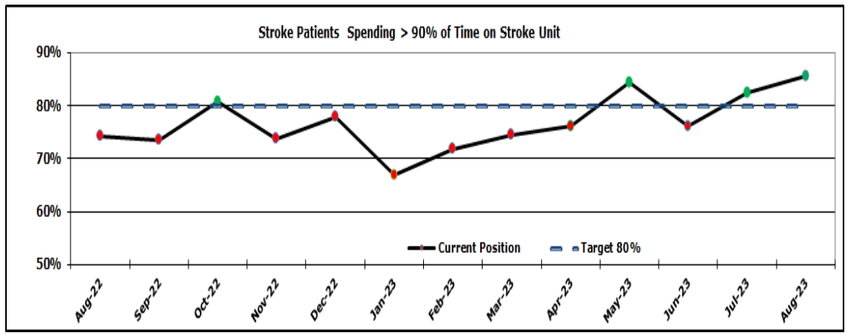
Alert - There are 2 alerts for review within the HSMR and SHMI dataset this month.

There was one serious incident (SLR170040) associated with potentially/avoidable death commissioned in August 2023.

Stroke Care

NHS Cambridge University Hospitals NHS Foundation Trust





4h breaches to SU	Count of MRN
Awaiting senior review	7
Complex case. MRI confirmed Stroke	1
CT confirmed stroke	1
ED admission. Transferred to RLH	2
inpatient stroke, not suitable to be tranferred over to SU	2
late referral	1
Multiple referrals	1
Not referred on arrival	2
Palliative. Approrprately placed	1
SAT busy with multiple referrals cannot physically transfer patient to HASU	1
Second CT confirmed stroke	1
Trust bed capacity	12
Unclear presentation	2
Unsure if stroke. MRI confirmed stroke	1
Grand Total	35

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for August 2023 = **85.7%**

Trust bed capacity (5) was the main factor contributing to breaches last month, with a total of 10 breaches in August 2023.

4hrs adm to SU (67%) target compliance was not achieved in August 2023 = 44.4**%**

Key Actions

- Work continues to protect 2 x ring-fenced beds on R2 (one male and one female)
- 20% of the stroke unit bed base is occupied by general medical outliers
- Introduced nurse participation at the twice daily neuro bed huddles is helping to manage bed base and ensure appropriate patients are allocated to R2
- R2 SOP has now been approved at SMT and will be circulated more widely next month.
- The purpose of this SOP is to formalise the ringfencing of HASU beds for acute stroke cases (particularly out of hours) and to ensure agreed national nursing levels for stroke units are maintained at all times.
- ACP role to support stroke unit has been agreed. JD is being finalised and recruitment process has been approved
- National SSNAP data shows Trust performance from Apr - Jun 2023 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%)
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%
May-23	1	2					3						3	1			10	84.4%
Jun-23	2	5						4					9				20	76.2%
Jul-23		5				2		1					4				12	82.4%
Aug-23		5					1	2					2				10	85.7%
Summary	13	95	0	0	0	4	19	17	1	1	3	0	47	6	0	4	210	

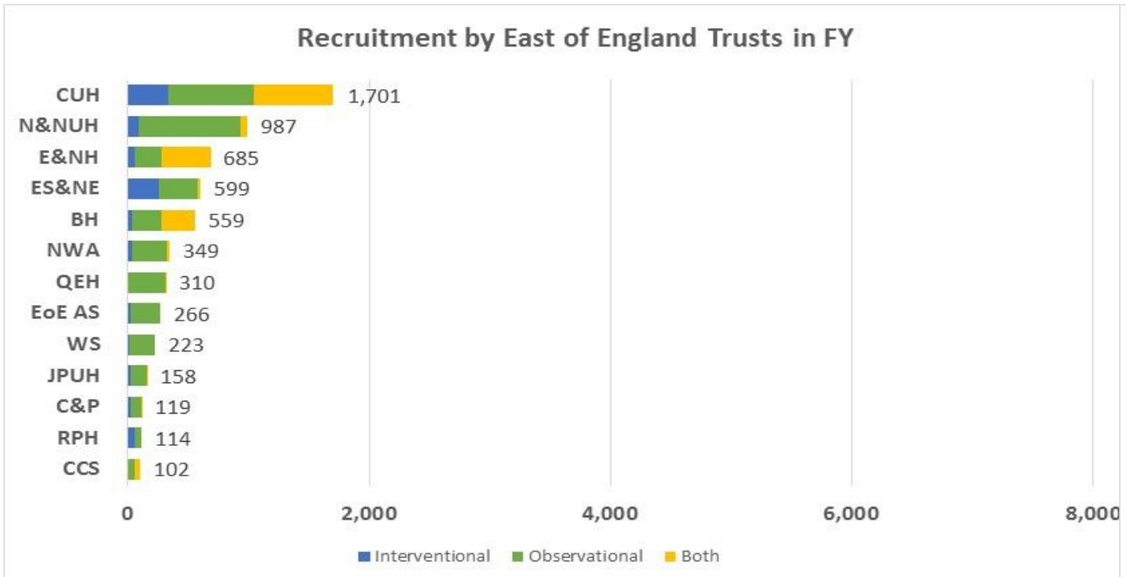
Author(s): Charles Smith Owner(s): Nicola Ayton

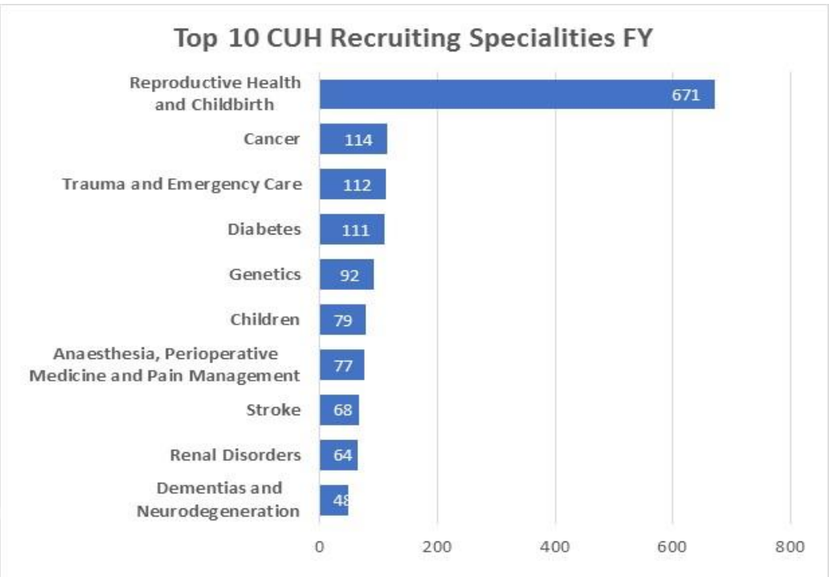
Clinical Studies

NHS
Cambridge University Hospitals
NHS Foundation Trust

Total Recruitment at end of June - FY 2023-24
1,701

Recruiting Studies at end of June for FY 2023-24			
Open	201	Non Commercial	185
Closed	10	Commercial	26
Suspended	0		
Total	**211**		





Situation as at end of Q1 2023/24

* Total recruitment in the financial year to date: 1,701
* CUH accounted for 27% of total recruitment by Eastern Trusts in the financial year to date. Interventional only studies accounted for 34% of the total, while Observational only studies accounted for 19% of the total. The remaining 42% were both Interventional and Observational .
* Recruitment to the Reproductive Health speciality accounted for 39% of all recruitment (671). All of the other individual specialities accounted for less than 10% of the total recruitment.
* There were 211 recruiting studies, of which 26 were Commercial, and 185 Non-Commercial.

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

Author(s): Stephen Kelleher **Owner(s):**

Maternity Dashboard

NHS
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Compliance

Assessed compliance with CNST MIS 10 Safety Actions Yr 5		
	Please identify unit	CUH
1	Perinatal Mortality review tool	W
2	MSDS	C
3	Transitional care / ATAIN	C
4	Clinical workforce planning	W
5	Midwifery Workforce planning	W
6	SBLCB V3	W
7	Listening to women, parents & families / co-production with service users	C
8	Core competency framework / Multi-prof training	W
9	Board level assurance	C
10	HSIB (MNSI) /Early notification scheme	C
	Repayment of CNST (since introduction) Y/N and MIS yr	

Evidence of SBLCB V3 Compliance		
	Element	CUH
1	Reducing smoking in pregnancy	W
2	Fetal growth: Risk assessment , surveillance and management	W
3	Raising awareness of Reduced Fetal Movements	W
4	Effective Fetal monitoring during labour	W
5	Reducing preterm birth and optimising perinatal care	W
6	Management of pre-existing Diabetes in Pregnancy	W
	SBLCBv3 Fully compliant (National Tool)	

Assessment against Ockenden Immediate and Essential Actions (IEA) – to achieve full compliance will all elements of each IEA		
		CUH
IEA1:	Enhanced Safety	W
IEA2:	Listening to Women & Families	C
IEA3:	Staff training & Working Together	W
IEA4	Managing complex pregnancy	W
IEA5:	Risk Assessment Throughout pregnancy	W
IEA6:	Monitoring Fetal wellbeing	C
	Fully compliant (self assessment)	W
	Fully compliant (regional assessment following insight visits)	

Key (current position)		Insert (to automatically populate RAG rating)
Compliant	Compliant with all aspects of element	C
Working towards / Partially compliant	Working towards (MIS & SBLCB) / Partially compliant (Ockendon)	W
Not compliant	Not compliant with all aspects of element	N

Author(s): **Owner(s): Claire Garratt**

Maternity Dashboard

NHS
Cambridge University Hospitals
NHS Foundation Trust

Clinical Outcome Measures

KPI (see final slide for detail)	Measurement / Target			Trust Rate (current reporting period)
Massive Obstetric Haemorrhage ≥ 1500 mls	**Vaginal birth**		**3.30%**	5.3
(as per NMPA descriptor, slide 8)	Caesarean		4.50%	6.08
3rd & 4th degree tear	SVD (unassisted)		Unassisted 2.5%	2.61
(as per NMPA descriptor, slide)	Instrumental (assisted)		Assisted 6.3%	4.35
Caesarean section (%age)	(see guidance document)		overall rate not required	
(primip, singleton , ceph, over 37/40, spontaneous labour)	Robson Group 1		N/A	16.1
[primip, singleton, over 37/40, who had labour induced (2a) or LSCS prior to labour (2b)]	Robson Group 2	**2**	N/A	35.8
		2a		100
(Multip, at least 1 uterine scar, singleton, ceph, over 37/40)	Robson Group 5		N/A	88.2
Smoking at time of delivery			≤ 6%	4.78
Preterm birth				
Preterm birth rate	≤36+6 weeks (over 24+0/40) National ambition		≤6% annual rolling rate (Total PTB all babies 24-36+6))	8.5
	16+0 - 23+6 (SBLCBv3)		%age of all singleton births (live & stillborn)	0.22%
	24+0 - 36+6 (SBLCBv3)		%age of all singleton births (live & stillborn)	9.03%

KPI (see final slide for detail)	Measurement / Target		Trust Rate (current reporting period)
Term admissions to NNU Reviews should now include all neonatal unit transfers or admissions regardless of their length of stay and/or admission to BadgerNet.		<6% (of total births)	
		%age of total admissions that were avoidable	
Optimisation (metrics to be determined locally as per SBLBCv3) **please see the implementation tool for technical guidance**			Jun'23 data (manual audit)
Right place of birth			
Percentage of singleton infants less than 27 weeks of gestation, multiples less than 28 weeks of gestation, or any gestation with an estimated fetal weight of less than 800g, born in a maternity service on the same site as a neonatal intensive care unit (NICU)		local agreement	n/a
Antenatal corticosteroids			36% (+ 45% had full course but delivered after 7 days)
Percentage of babies born before 34 weeks of gestation who receive a full course of antenatal corticosteroids within 1 week of birth		local agreement	
Magnesium sulphate			100%
Percentage of babies born before 30 weeks of gestation who receive magnesium sulphate within the 24 hours prior to birth		local agreement	
IV antibiotics			
Percentage of women who give birth following preterm labour below 34 weeks of gestation who receive IV intrapartum antibiotic prophylaxis to prevent early onset neonatal Group B Streptococcal (GBS) infection		local agreement - to 36+6	100%
Optimal Cord Clamping			
Percentage of babies born below 34 weeks of gestation who have their umbilical cord clamped at or after one minute after birth.		local agreement	100%
Thermoregulation			Badgernet data (Jun'23)
Percentage of babies born below 34 weeks of gestation who have a first temperature which is both between 36.5–37.5°C and measured within one hour of birth		local agreement	75%
Early Maternal Breast milk			Badgernet data (Jun'23)
Percentage of babies born below 34 weeks of gestation who receive their own mother's milk within 24 hours of birth.		local agreement	35%

MBRRACE stabilised & adjusted mortality rates per 1000 births with congenital abnormalities included/ excluded (annual only - 2021)

Unit	Stillbirth	Neonatal Death <7/7	Extended perinatal
CUH	4.16:1000	2.40:1000	6.49:1000

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Sources / References	KPI	Goal	Target	Measure	Data Source	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-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	454	415	474	452	490	466	5510	
Antenatal Care ICS contracted booking KPI	Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	Booking Appointments	Epic	91.69%	95.48%	83.06%	91.03%	89.11%	95.05%		Data improvement made as now able to exclude all bookings that were a transfer of care after 13+0 weeks.
National Maternity Dashboard	Booking Appointments	For Information	N/A	Booking Appointments	Epic	361	310	431	379	358	343		(Pre-Feb data inaccurate due to data quality errors.)
Source - EPIC	Vaginal Birth (Unassisted)	For Information	N/A	SVDs in all birth settings	Rosie KPI's	57.05%	47.47%	49.16%	48.45%	48.16%	49.79%		
Source - EPIC	Home Birth	For Information	N/A	Planned home births (BBA is excluded)	Rosie KPI's	1.32%	0.96%	0.21%	0.22%	1.63%	0.86%		
Source - EPIC	Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	Rosie KPI's	14.32%	13.73%	14.14%	15.71%	13.47%	13.52%		
Source - EPIC	Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	Rosie KPIs	43.00%	47.06%	41.00%	31.96%	34.41%	42.39%		
Source - EPIC	Induction of Labour	For Information	N/A	Women induced for birth	Rosie KPI's	29.13%	38.20%	34.12%	33.48%	33.89%	33.48%		
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	31.29%	27.03%	30.16%	27.62%	28.64%	24.87%		Sustained special cause of improving nature for 10 months. On CQC action plan for continued improvements to meet <10% target. NB: Red flag of 2 hours is based on time of "commencement of IOL" in NICE guidance, but locally reported based on administration of first prostaglandin.
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	5.52%	10.27%	9.52%	11.05%	9.05%	10.05%		Sustained special cause of improving nature for 10 months now.
SBLCBV2	Indication for IOL (SBLCBV2)	NA	NA	Percentage of IOL where reduced fetal movements is the only indication before 39 weeks	IOL Team	0%	0.64%	1.25%	0%	0%	0.65%		1 RFM at 38+2
Source - EPIC	Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance.	IOL Team	100%	99.36%	100%	99.33%	100%	98.70%		2 outside guidance but both had an individualised consultant plan.
Source - EPIC	Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	Rosie KPI's	10.57%	11.81%	12.03%	13.05%	12.04%	9.87%		
Source - EPIC	CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	Rosie KPIs	42.95%	40.24%	38.40%	38.27%	39.18%	39.70%		
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	14.90%	20.30%	19.10%	18.30%	20.90%	16.10%		
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	59.80%	50.80%	50.50%	41.10%	55.10%	47.90%		
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	1:4.69	1:3.75	1:3.24	1:2.93	1:3.68	1:2.98		
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	91.5%	86.4%	88.1%	83.9%	83.3%	88.2%		
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	60.0%	68.3%	72.0%	61.3%	67.2%	62.2%		
Source - Rosie Divert Folder	Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	2	0	1	2	4	2		Due to capacity and staffing.
Source - Rosie Divert Folder	Total number of hours on divert	For information	N/A		Rosie Diverts	20:50	0	15:30	27.25	98.20	27.50		
Source - Rosie Divert Folder	Admissions to Rosie during divert status	For information	N/A	Numberof women admitted to the Rosie during divert based on Admissions Report	CHEQs	7	0	6	14	52	7		
Source - Rosie Divert Folder	Number of women giving birth in another provider organisation due to divert status	For information	N/A		Rosie KPIs	0	0	1	3	4	2		

Maternity Dashboard

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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	1:23.6	1:24.5	1:23.7	1:24.1	1:25.3	1:25.2		
Birth Rate Plus	Midwife/birth ratio (funded)**	For information	1.24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average based on the BR+ methodology)	Finance	1:23.7	1:23.7	1:23.7	1:23.8	1:23.4	1:23.4		
Safer Chilbrith / CNST	Supernumerary Delivery Unit Coordinator	100%	≥95%	Percentage compliance with Delivery Unit coordinator remaining supernumerary (no high risk 1:1 or labour 1:1 care as per MIS)	BR+ RF11	100%	100%	100%	100%	100%	100%		Susatined special cause of improving nature.
Source - CHEQS	Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	5.74%	5.30%	4.92%	4.57%	4.19%			Special cause of improving nature.
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	88.9%	86.8%	88.4%	91.1%				
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	70.58%	73.97%	79.74%	81.22%	82%	86.80%		July data updated as under reported at 77.96% last month.
CNST	Education and Training - Training Compliance for all staff groups: **NBLS**	>90% YTD	>85% YTD	Total multidisciplinary staff compliant with annual NBLS training	Resus Services	87%	84%	83.6%	81%	80%	80%		NICU Dr 79%, NICU RN 69%, RMs 88%, MSWs 61%. Non-compliance escalated to line managers and matrons.
CNST	Education and Training - Training Compliance for all staff groups: **K2**	>90% YTD	>85% YTD	Total multidisciplinary staff passed K2 competences.	Fetal surveillance MW	85.71%	90.18%	86.60%	87.08%	81.00%	84.20%		Non-compliance reported to line managers and matrons.
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.	Fetal surveillance MW	72.11%	80.45%	84.52%	84.91%	82.00%	86.60%		Non-compliance reported to line managers, matrons and bank office.
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	87.3%	85.2%	87%	91.6%	92.6%			Non-compliance reported to line managers, matrons and bank office.
Maternal morbidity													
CQC KLOE	Puerperal Sepsis	For information	N/A	Incidence of puerperal sepsis within 42 days of birth	CHEQs	0.46%	0.49%	0.21%	0.22%	0.42%	0.43%		
Source - CHEQs	ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs / QSIS	1	1	0	0	0	0		
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	7.17%	3.75%	3.75%	4.63%	5.84%	5.30%		On CQC action plan including reporting by PPH working group.
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	1.32%	2.90%	5.56%	3.62%	3.73%	6.08%		High incidence of accretas this month (x4). Normal rate is 1-2/month within the PPH data set. PPH >1500 is a known likely outcome of accreta. If 3 of these were excluded = 4.05% (green).
NMPA	3rd/ 4th degree tear rate	≤3.5	<5%	Percentage of women with a vaginal birth having a 3rd or 4th degree tear (spontaneous and assisted by instrument) singleton baby in cephalic position between 37+0 and 42+6.	Rosie KPIs	2.95%	5.42%	3.38%	1.55%	1.83%	3.04%		
CQC KLOE	Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.64%	1.55%	1.45%	2.59%	2.30%	2.56%		
MBRRACE	Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	CHEQs / QSIS	1	2	0	1	2	0		
MBRRACE	Direct Maternal Death	0	<1		QSIS	0	0	0	0	0	0		
Governance													
Source - QSIS	Total number of Serious Incidents (SIs)	0	<1	Serious Incidents	QSIS	0	0	0	0	0	0		
Source - QSIS	Never Events	0	<1	DATIX	QSIS	0	0	0	0	0	0		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Neonatal Morbidity													
MBRRACE / PMRT	Still Births per 1000 Births	3.33/1000 (Mbrrace 2021)		Incidence per 1000 births	CHEQs	3.67:1000	2.94:1000	2.75:1000	2.93:1000	3.45:1000	3.81:1000		Recently published ONS data reports national stillbirth rate is 3.9:1000 for EofE in 2022. MBRRACE benchmark due to be updated in October 2023.
MBRRACE / PMRT	Stillbirths - number ≥ 22 weeks	<3	<6	MBBRACE	CHEQs	3	1	2	2	2	2		
SBLCBV3 (Element 2)	Babies born at <3rd centile at >37+6	For information	N/A	Percentage of all births <3rd centile 24+0-37+6 weeks (this gives a measure of effective detection and management of FGR)	CHQS + intergrowth 21st						33%		New reporting requirement for SBLCBv3 as data not yet submitted via MSDS. There were 3 babies born <3rd centile after 37+6 weeks. Notes reviewed and all 3 received appropriate care based on their risk factors (2 had no risk factors) and there were no adverse outcomes or neonatal NICE admissions.
Epic	Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	0	0	0	0	1	1		Skull fracture (depressed fracture of left parietal bone). 24 hour review - a recognised complication of an obstructed labour. Baby went home with mother on day 5 fit and well. July case (clavicle fracture) was also reviewed and a recognised complication of assisted delivery.
NMPA	Babies born with an Apgar <7 at 5 minutes of age	For information	N/A	Percentage of babies born who have an Apgar score <7 at 5 minutes of age	Rosie KPIs	2.01%	1.94%	1.27%	2.23%	1.66%	2.81%		
CQC KLOE	Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	5.91%	3.72%	3.83%	3.83%	4.07%	4.74%		
ATAIN	Term Admission to NICU Rate	<6%	N/A	Rate	ATAIN report	4.6%	6.0%	4.9%	4.0%	4.7%	5.6%		
Quality													
CNST	1-1 Care in Labour	>95%	>90%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPI's	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%		
CQIM	Babies with a first feed of breastmilk	> 80%	>70%	Breastfeeding	Rosie KPI's	84.12%	81.55%	83.65%	83.93%	83.37%	82.68%		
CNST / SBLCBV2 / PHE	SATOD (Smoking at Time of Delivery)	< 6%	Green = <6%, Amber = 6.1% - 7.9 %, Red = >8	% of women Identified as smoking at the time of delivery	Rosie KPIs	5.73%	5.60%	5.33%	4.72%	4.78%	4.78%		
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 with manual checks	94%	95%	91.9%	92.7%				New data for May and June. (Reported late as manual data quality checks being undertaken by new in post data quality midwife.) Compliance escalated to community matron and highlighted at community team leaders.
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 with manual checks	77%	73%	69%	66%				New data for May and June. Compliance escalated to community matron and highlighted at community team leaders. Notable issue is late appointments - CO monitoring being undertake but not until 37 weeks due to lack of available appointments.
Source - Epic	VTE Assessment - AN	>95%	>95%	Percentage of women with a valid VTE risk assessment completed **within 14 hours** of admission to hospital.	CHEQs					51.5%	71.7%		CHQS report now correct and Jul and Aug reported for the first time. "Take 5" messaging to staff already undertaken to improve compliance. Esclaated to matrons and ward managers.
Source - EPIC	VTE Assessment - PN	>95%	>95%	Percentage of women with a valid PN VTE risk assessment completed **within 4 hours** of birth.	CHEQs					85.2%	86.2%		CHQS report now correct and Jul and Aug reported for the first time. "Take 5" messaging to staff already undertaken to improve compliance. Esclaated to matrons and ward managers.

Finance

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Trust performance summary - Key indicators

Trust actual surplus / (deficit)

£0.3m	*Actual (adjusted)**
(£0.2m)	*Plan (adjusted)**
(£0.0m)	*Actual YTD (adjusted)**
£3.6m	*Plan YTD (adjusted)**

Elective Payment Mechanism (EPM)

EPM replaces ERF in 23/24 for the variable element of elective performance.

	In month	YTD
EPM forecast actual	£18.4m	£89.3m
Target adj. Block increase	£0.4m	£1.7m
EPM actual + block increase	£18.8m	£91.0m
EPM original plan	£19.9m	£99.1m
EPM original target	£18.4m	£91.8m

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

Net current assets

(£85.6m)	*Actual*
(£47.1m)	*Plan*

Debtor days

20	*This month*
17	*Previous month*

Payables performance (YTD) *

85.4%	*Value*
88.6%	*Quantity*

EBITDA

£14.7m	*Actual YTD*
£19.6m	*Plan YTD*

Capital expenditure

£2.2m	*Capital - actual spend in month*
£16.1m	*Capital - actual spend YTD*
£12.1m	*Capital – plan YTD*

Cash

Cash

£178.1m	*Actual*
£151.5m	*Plan*

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

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

Author(s): Tim Saunders **Owner(s): Mike Keech**

Staff in Post

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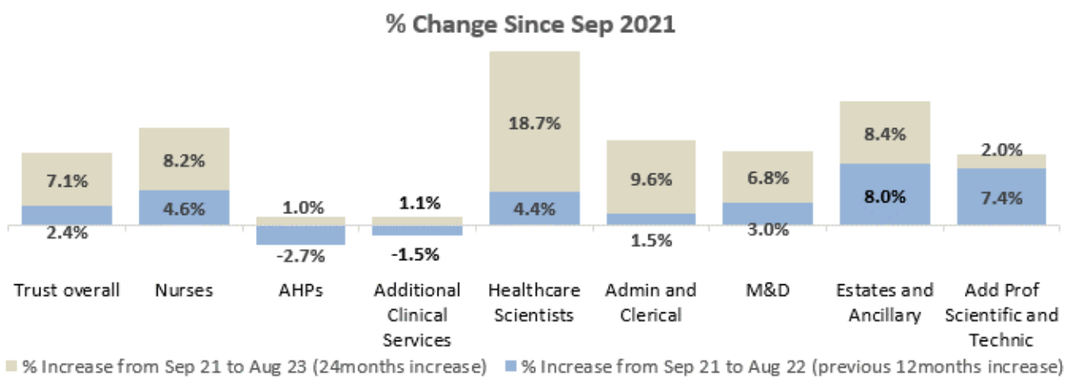
12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth		FTE		FTE 12 Month growth	
	Sep-22	Aug-23			Sep-22	Aug-23		
Add Prof Scientific and Technic	247	243	-1.6%		224	219	-5	-2.4%
Additional Clinical Services	1,928	1,987	3.1%		1,776	1,819	43	2.4%
Administrative and Clerical	2,390	2,569	7.5%		2,195	2,361	166	7.6%
Allied Health Professionals	736	745	1.2%		650	662	12	1.8%
Estates and Ancillary	365	366	0.3%		353	355	2	0.6%
Healthcare Scientists	659	725	10.0%		618	690	72	11.6%
Medical and Dental	1,701	1,758	3.4%		1,609	1,658	49	3.0%
Nursing and Midwifery Registered	3,811	3,934	3.2%		3,507	3,620	113	3.2%
Total	**11,837**	**12,327**	**4.1%**		**10,933**	**11,384**	**451**	**4.1%**



Admin & Medical Breakdown

Staff Group	Sep-22	Aug-23	FTE 12 Month growth	
Administrative and Clerical	2,195	2,361	166	7.6%
of which staff within Clinical Division	1,079	1,151	72	6.7%
of which Band 4 and below	750	796	45	6.0%
of which Band 5-7	236	250	14	5.8%
of which Band 8A	45	51	6	14.1%
of which Band 8B	7	8	1	16.7%
of which Band 8C and above	40	46	6	14.7%
of which staff within Corporate Areas	885	955	70	7.9%
of which Band 4 and below	245	262	16	6.7%
of which Band 5-7	420	458	38	9.0%
of which Band 8A	86	87	1	1.4%
of which Band 8B	50	51	2	3.4%
of which Band 8C and above	84	97	13	15.1%
of which staff within R&D	232	256	24	10.2%
Medical and Dental	1,609	1,658	49	3.0%
of which Doctors in Training	669	684	15	2.3%
of which Career grade doctors	234	232	-2	-0.9%
of which Consultants	706	742	36	5.1%

What the information tells us:
Overall the Trust saw a 4.1% growth in its substantive workforce over the past 12 months and 7.1% over the past 24 months. Growth over the past 12 months is lowest within the Additional Professional Scientific and Technical staff group, with a decrease of 2.4%, and highest within Healthcare Scientists at 11.6%. This is in part due to data cleansing of the Genetics Counselling team (staff were re-coded from Additional Professional Scientific and Technical and Additional Clinical Services staff groups to the Healthcare Scientists staff group), and also due to new starters to the Trust - particularly within Genetics, Blood Sciences, Medical Physics and Clinical Engineering and Histopathology.

Equality Diversity and Inclusion (EDI)

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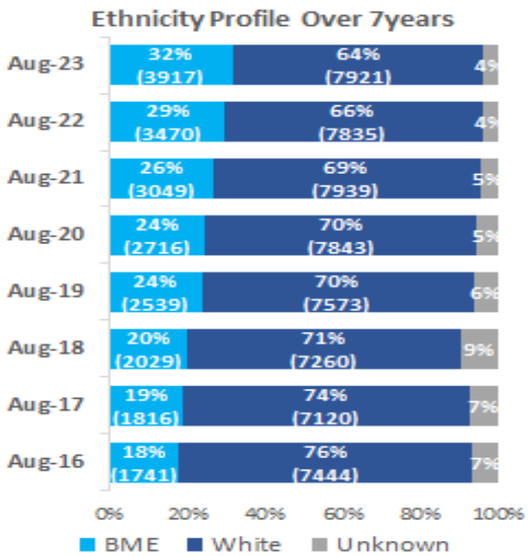

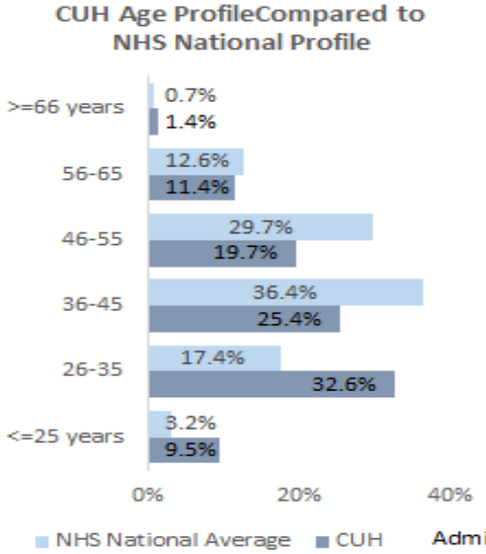

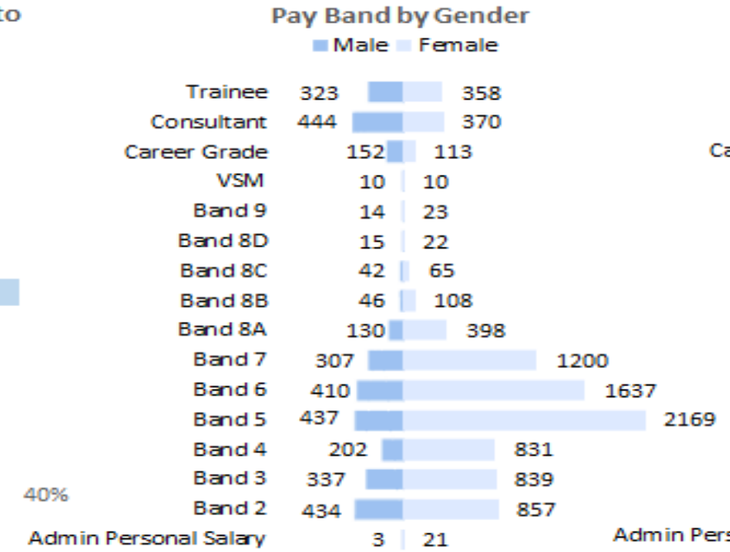

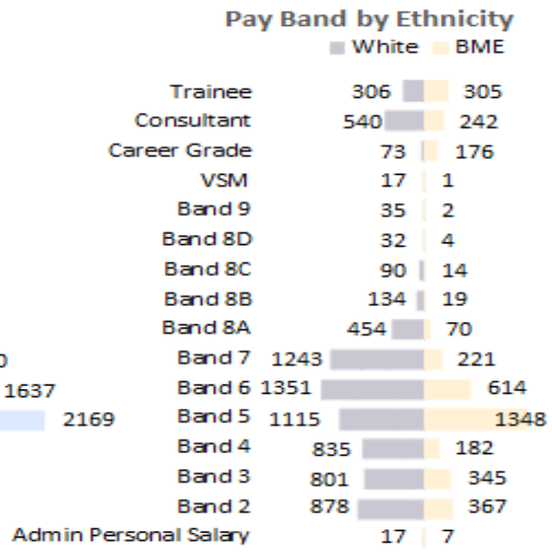

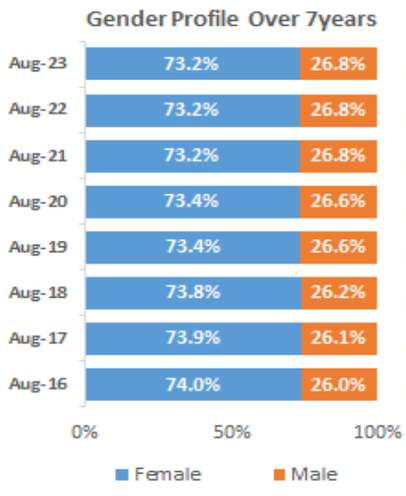

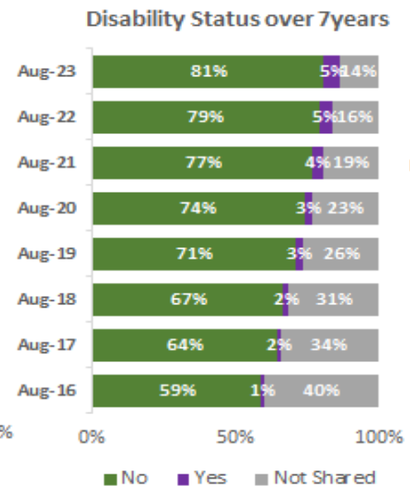

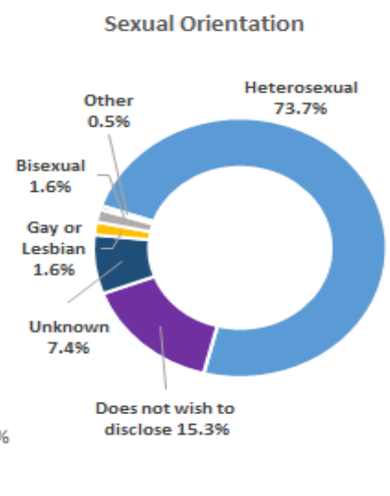

What the information tells us:

- 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 14% over the 7 year period and currently make up 32% of the CUH substantive workforce.
- The percentage of male staff increased by 1% to 26.8% over the past seven years.
- The percentage of staff recording a disability increased by 4.5% to 5.3% 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.

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

Staff Turnover

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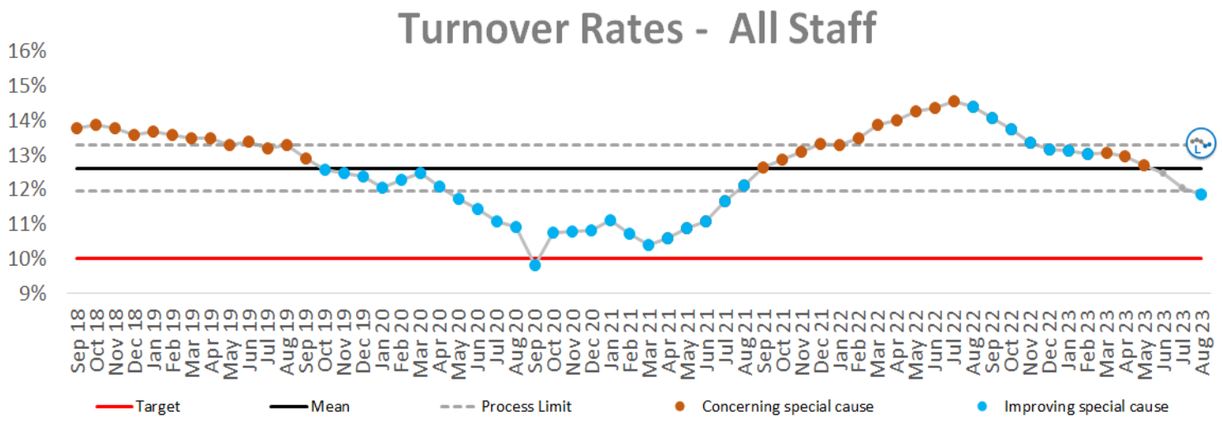
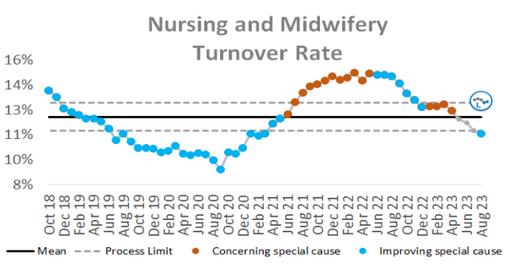
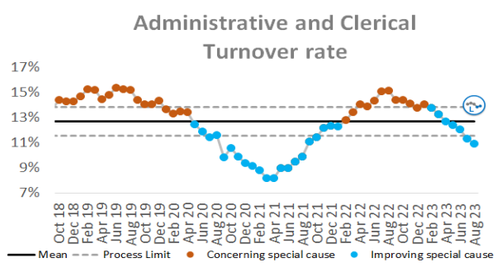
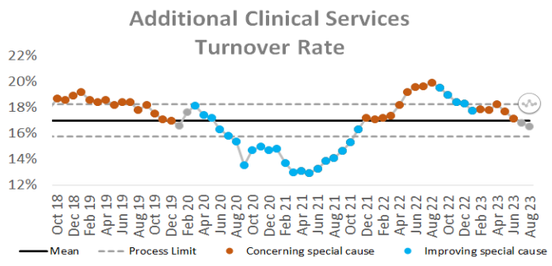


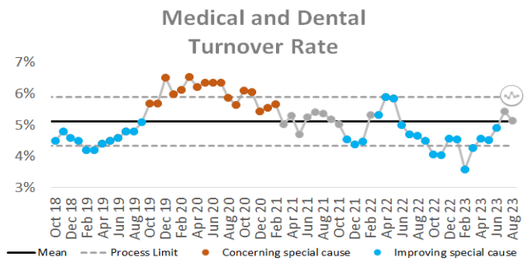
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (excludes all fixed term contracts including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

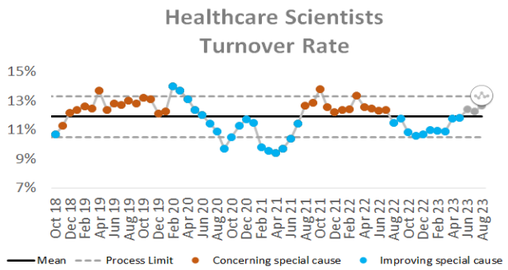
What the information tells us:
After a steady increase from March 2021 the Trust turnover rate has been decreasing since July 2022 - this month at 11.9% (0.2% lower than last month). This is more in line with pre-pandemic rates, and 1% lower than 4 years ago. Estates and Ancillary staff group has the highest increase of 1.9% to 15.1% in the last four years, followed by Nursing and Midwifery, with an increase of 0.5% to 11.1% in the last four years. Within the staff groups, Additional Clinical Services have the highest turnover rate at 16.5% followed by Estates and Ancillary staff at 15.1%.

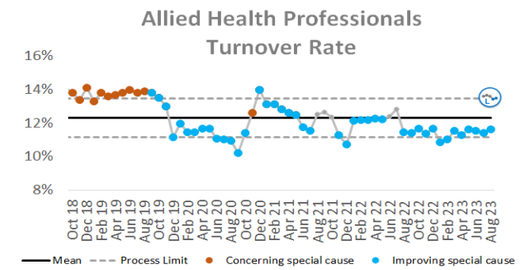


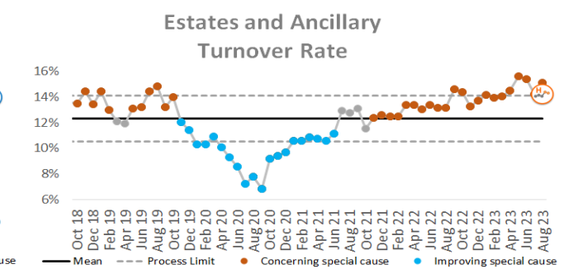


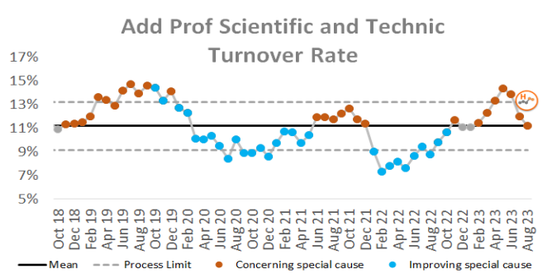








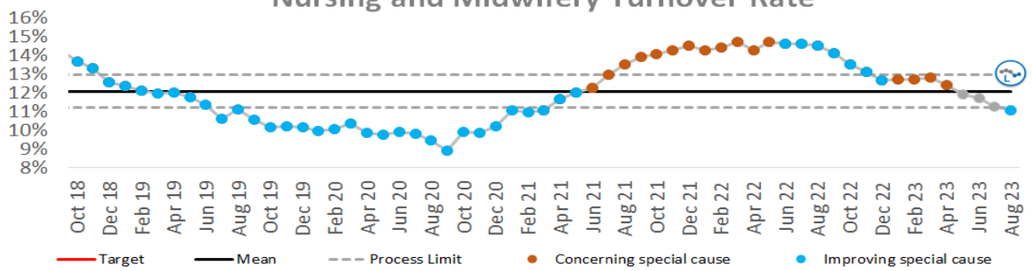




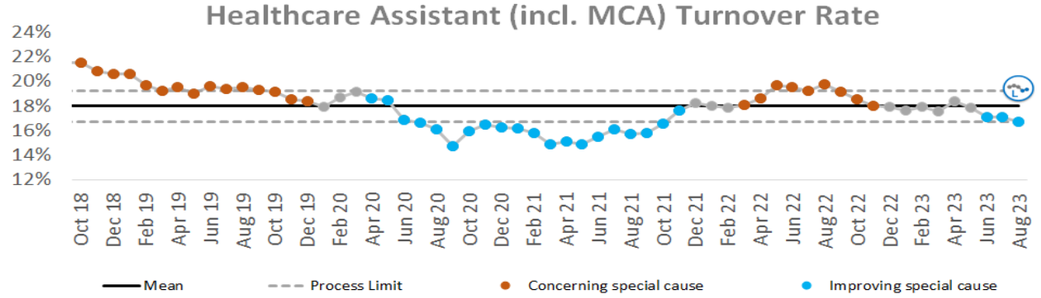
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

Cambridge University Hospitals NHS Foundation Trust

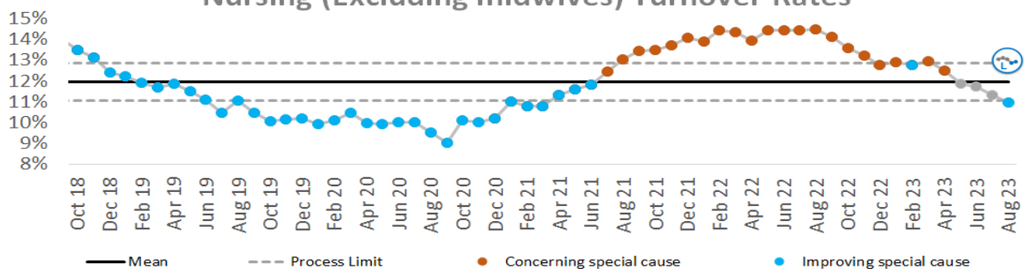
Nursing and Midwifery Turnover Rate



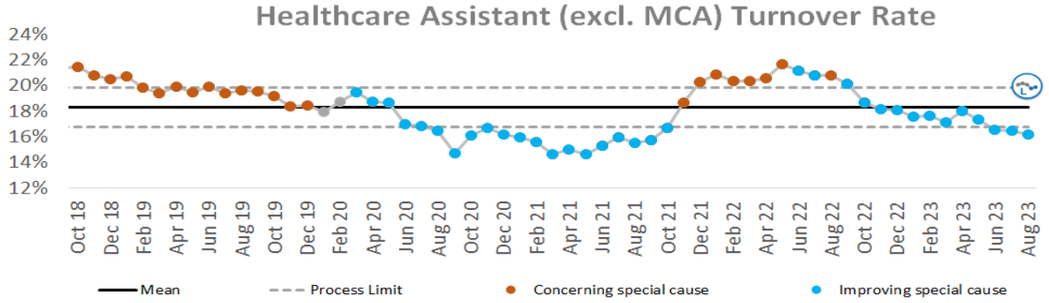
Healthcare Assistant (incl. MCA) Turnover Rate



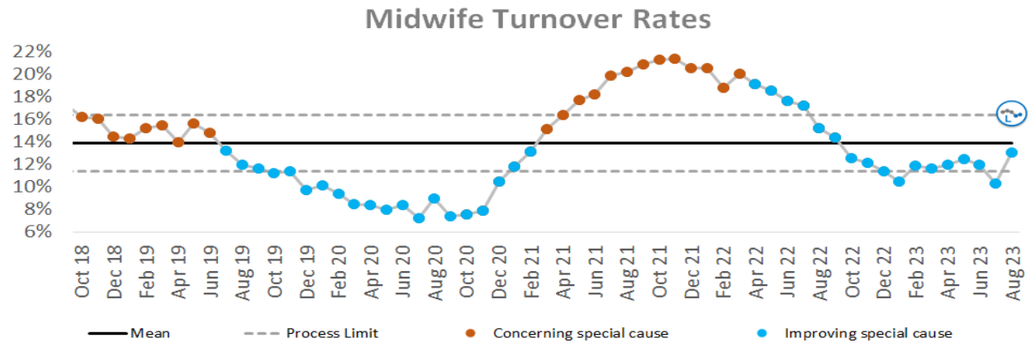
Nursing (Excluding midwives) Turnover Rates



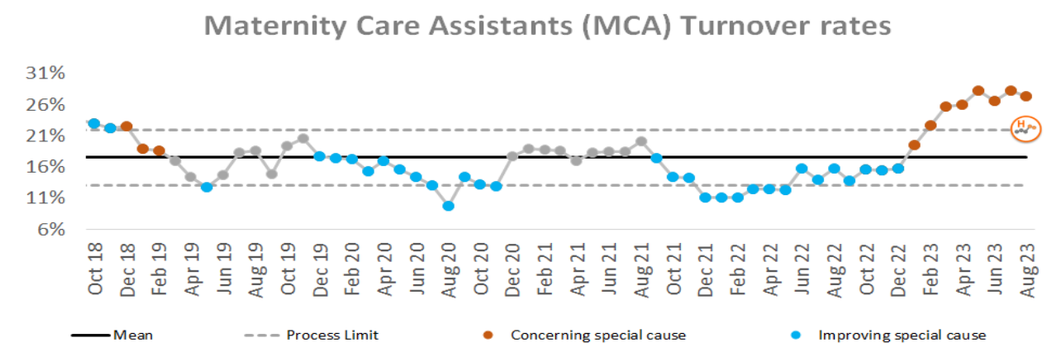
Healthcare Assistant (excl. MCA) Turnover Rate



Midwife Turnover Rates

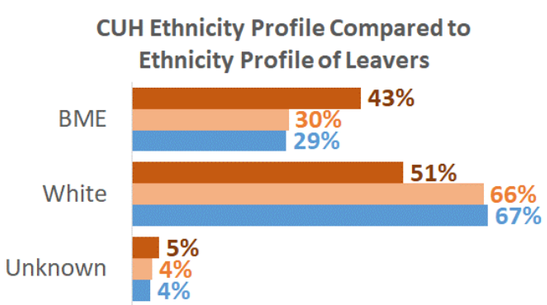


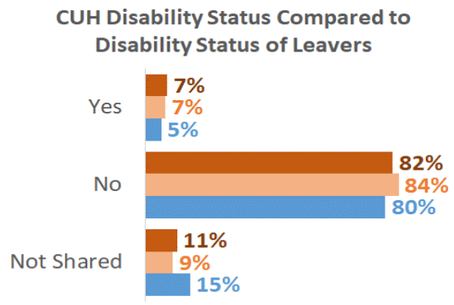
Maternity Care Assistants (MCA) Turnover rates

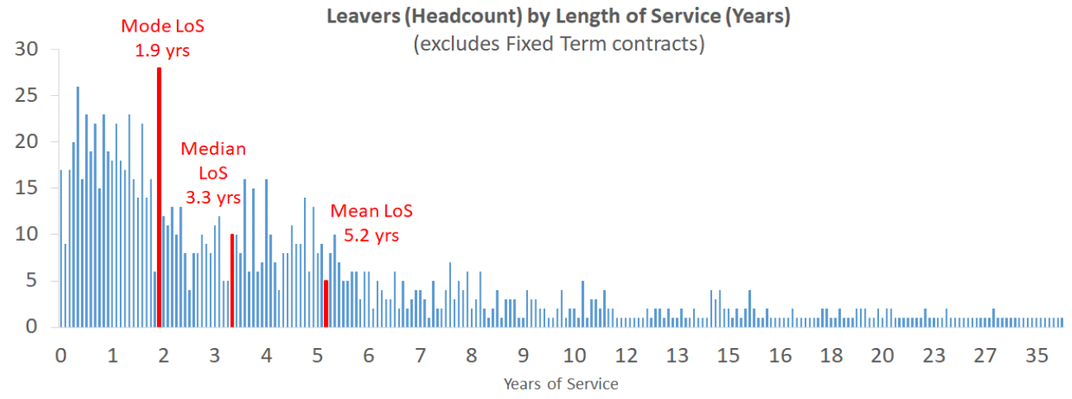


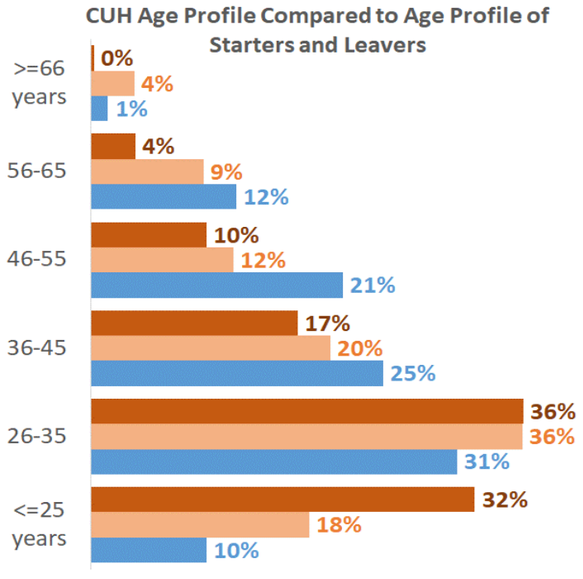
Starters & Leavers - last 12 months

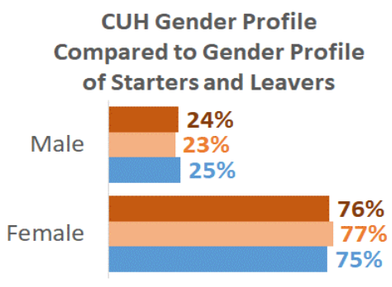
NHS
Cambridge University Hospitals
NHS Foundation Trust

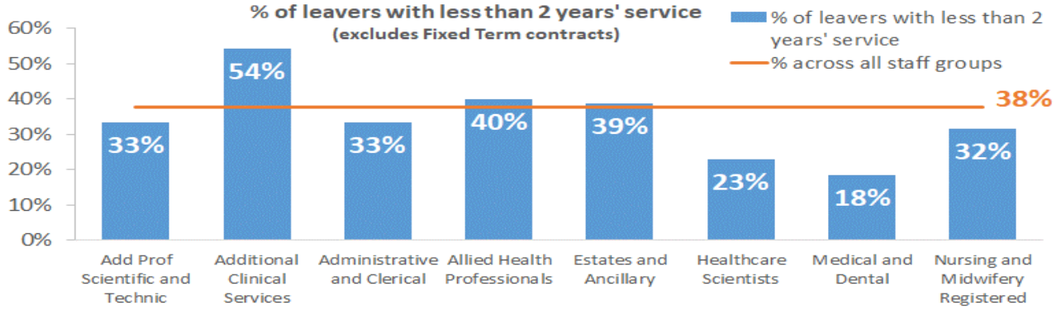












What the information tells us:

The majority of starters to, and leavers from the Trust in the last 12 months were under the age of 35 (69% and 55% respectively), which are higher than the proportion of staff in post of this age (41%). Gender and disability status are generally equally represented in the starters and leavers data when compared to the Trust profile, however there is a slightly higher proportion of females and staff declaring a disability both starting and leaving the Trust. 43% of our starters in the last 12 months were from black and minority ethnic groups, compared to 29% of the staff profile.

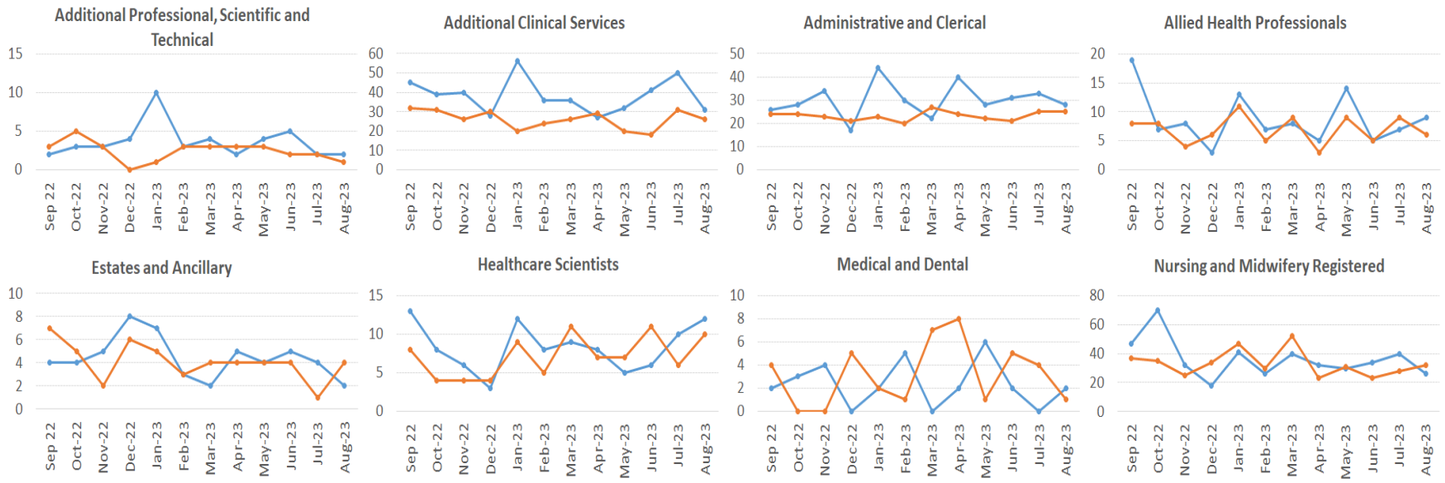
A significant proportion of leavers leave the Trust within 2 years of starting (38%), and within Additional Clinical Services staff group there is a much greater proportion than average - 54%. The most common length of service (mode) upon leaving is 1.9 years – in the last 12 months 28 (headcount) of the 1,172 leavers who were on permanent contracts left at this point. The average (mean) length of service was 5.2 years.

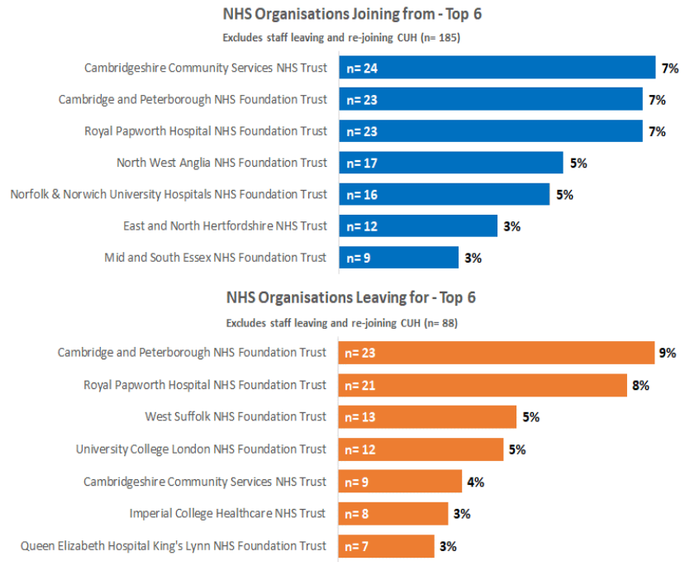
Author(s): Chloe Schafer, Amanda Wood

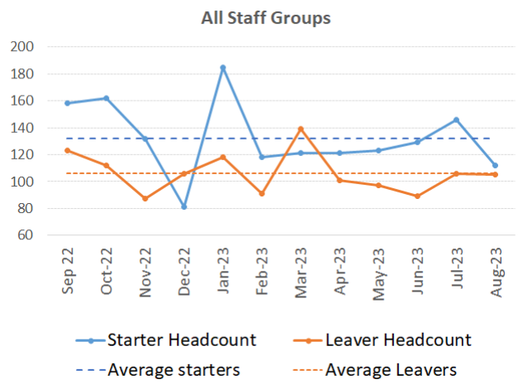
Owner(s): David Wherrett

Leavers - Last 12 months

Cambridge University Hospitals NHS Foundation Trust







Top 10 Leaving Reasons Excludes staff leaving and re-joining CUH (n= 88)	Number of Leavers (Headcount)	% of all Leavers
Voluntary Resignation - Relocation	360	28%
Voluntary Resignation - Work Life Balance	245	19%
Voluntary Resignation - Promotion	156	12%
Voluntary Resignation - Better Reward Package	103	8%
Voluntary Resignation - Other/Not Known	91	7%
Retirement Age	72	6%
Voluntary Resignation - Health	52	4%
Voluntary Resignation - Child Dependants	38	3%
End of Fixed Term Contract	35	3%
Voluntary Resignation - Lack of Opportunities	29	2%

What the information tells us:

The top three reasons for leaving are Voluntary Resignation - due to relocation (28%), for work/life balance (19%) and for promotion (12%).

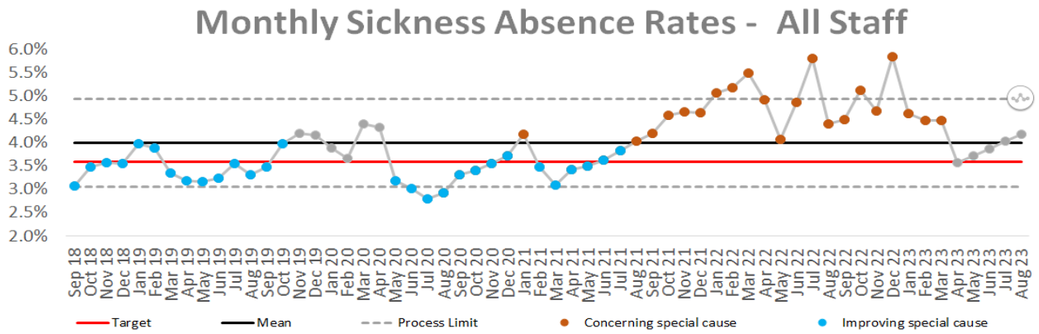
The top destination on leaving (other than unknown) for leavers over the past 12 months is another NHS Organisation. The most popular external NHS organisation to leave for is Cambridge and Peterborough NHS Foundation Trust. 14% of starters to the Trust were from Cambridgeshire Community Services NHS Trust or Cambridge and Peterborough NHS Foundation Trust. In the month of August alone the most popular destination on leaving (other than unknown) was to another NHS Organisation, with 19% of leavers in that month citing this reason on the P4 leavers form (20 individuals, of whom 60% had less than 2 years' service at CUH).

Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

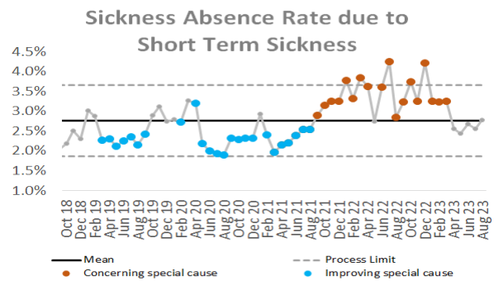
Sickness Absence

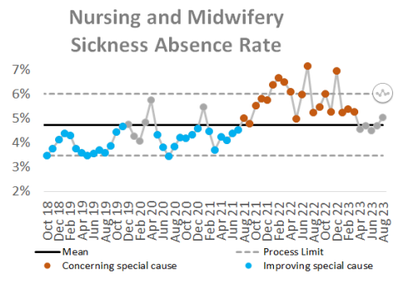
Cambridge University Hospitals NHS Foundation Trust

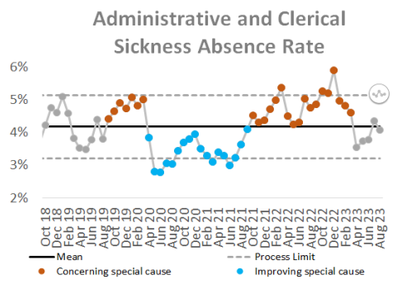


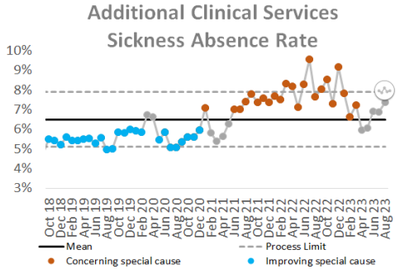
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

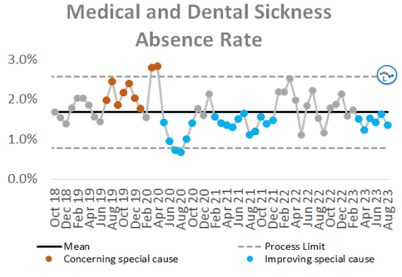
What the information tells us: The overall Monthly Sickness Absence has increased by 0.2% since last month, and is just above average at 4.2% in August 2023. This is 0.2% lower than August last year (4.8%). The sickness absence rate due to short term illness is higher at 2.8% compared to long term sickness at 1.4%. Additional Clinical Services and Estates and Ancillary staff groups have the highest sickness absence rate, at 7.4% in August 2023.

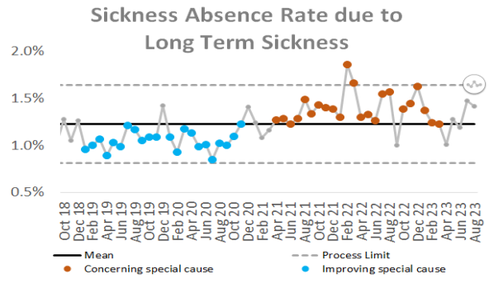


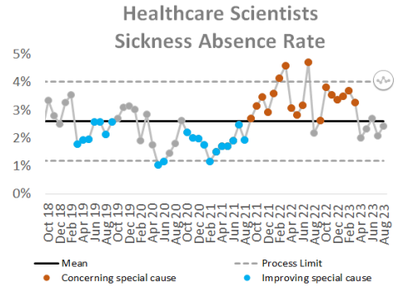


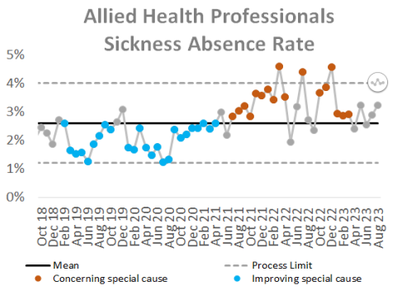


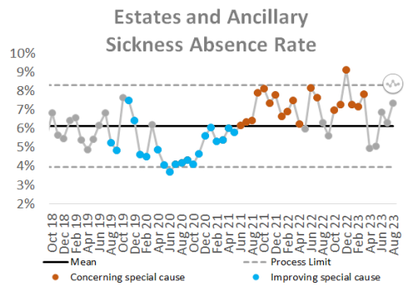


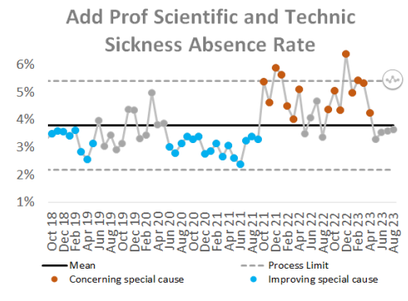






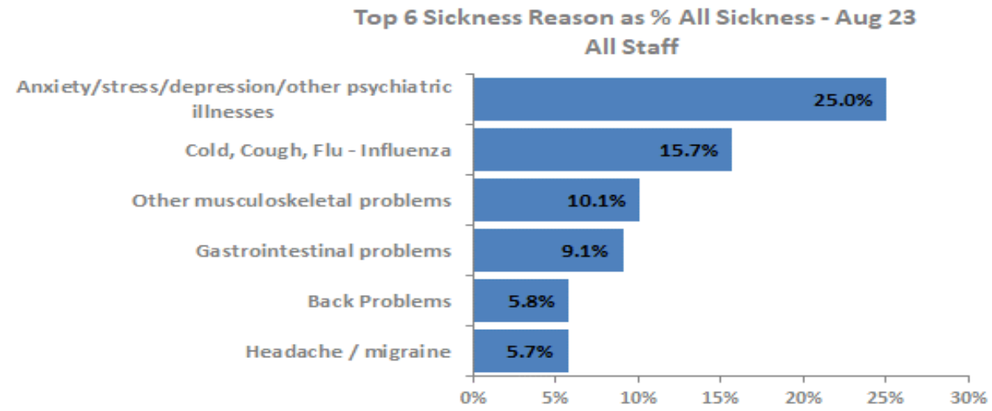






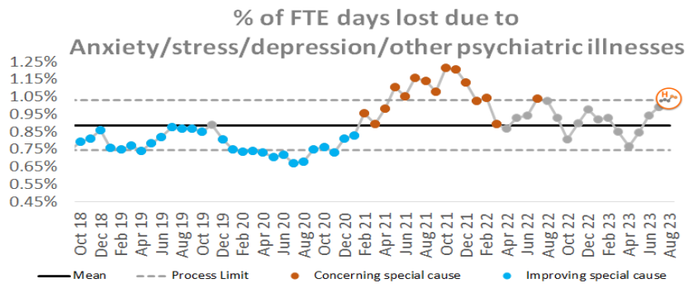
Top Six Sickness Absence Reason

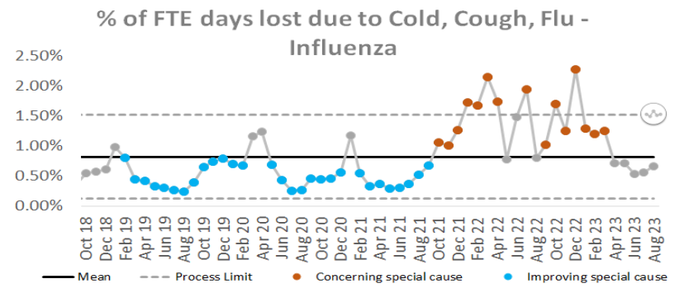
NHS
Cambridge University Hospitals
NHS Foundation Trust

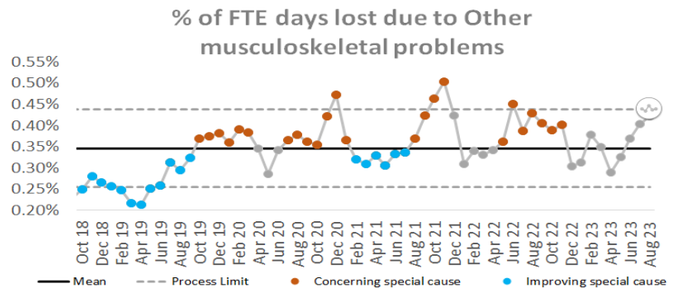


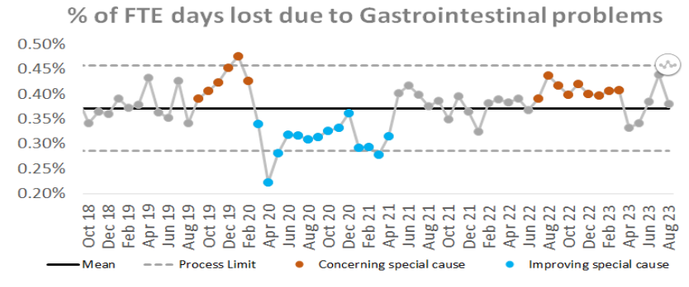
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

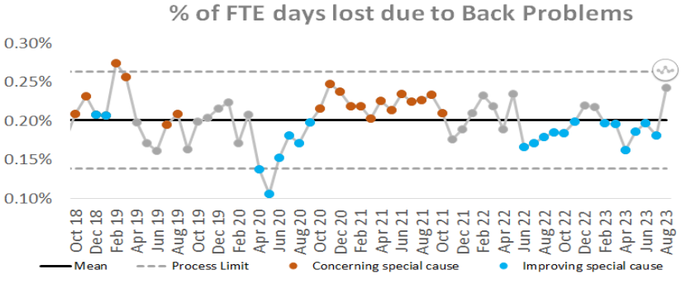
What the information tells us: The top reason for sickness absence is Anxiety/stress/depression/other psychiatric illnesses, with an absence rate of 1%, the same rate as last month, and as August last year. As a percentage of all sickness absence, Anxiety/stress/depression/other psychiatric illnesses accounts for 25% of the overall figure. Absence due to Cold, Cough, Flu - Influenza is 0.1% higher than last month and 0.1% lower than the same month last year.

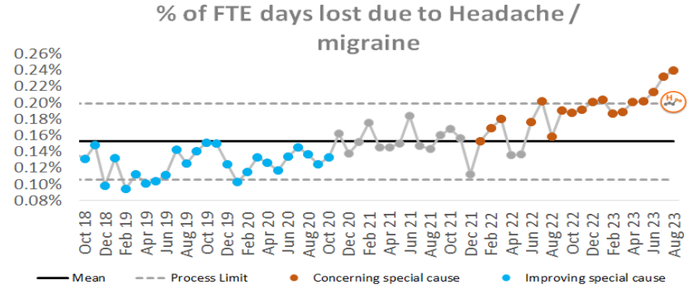




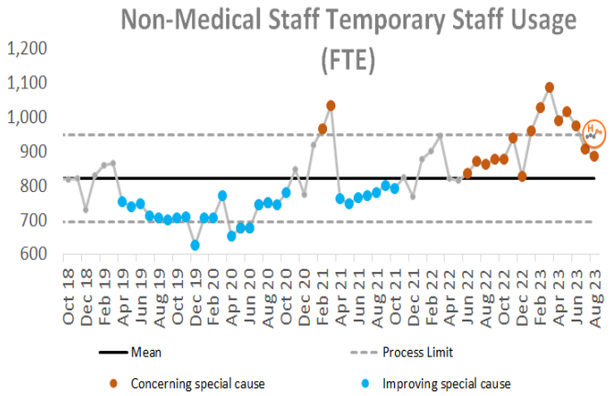


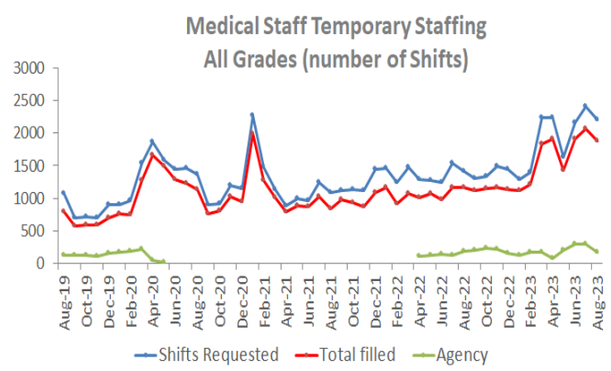






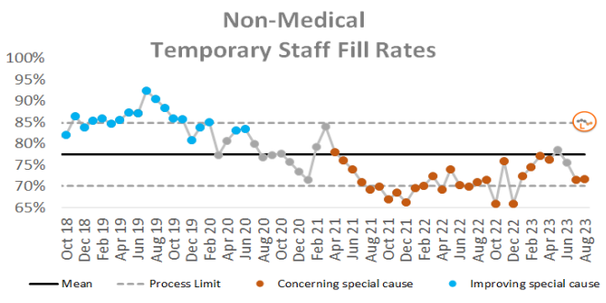
Temporary Staffing

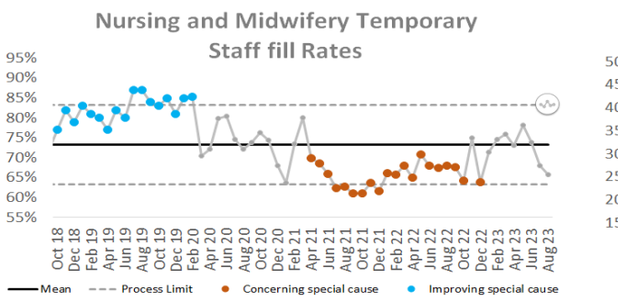


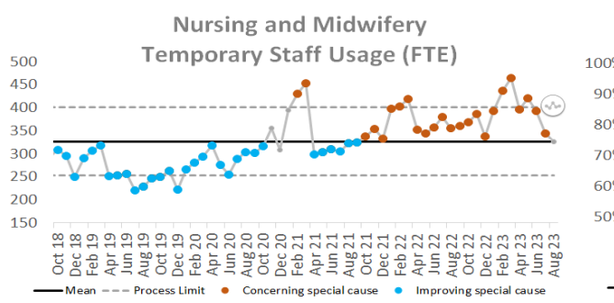


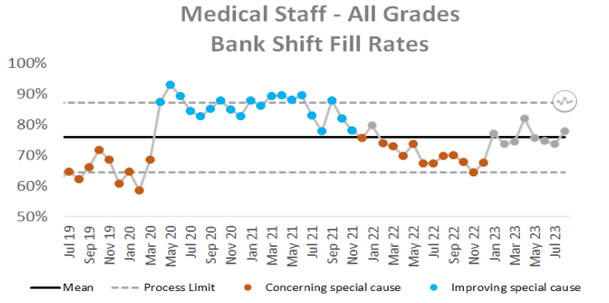
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

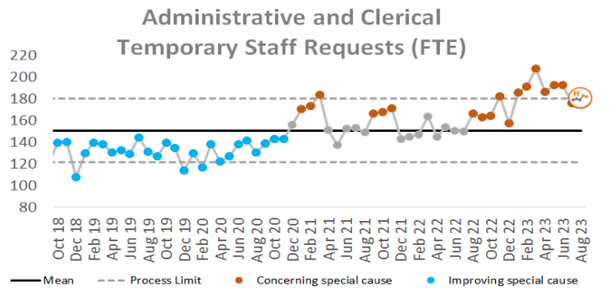
What the information tells us: Overall non-medical fill rates have increased slightly since July 2023 and we have seen the same trend occurring with Bank filled shifts. There has been a decline in total requests across all Clinical Divisions. Top three reasons for request are vacancy (48%), increased workload (19%) and sickness requiring cover (14%). Nursing and midwifery agency usage decreased by 2.5 WTE from the previous month to 16.8 WTE. This accounts for 5% of the total nursing filled shifts. Demand for temporary medical staff decreased by 8% from July. Fill rate decreased by 0.6% to 85.5%, with 318 shifts left unfilled.

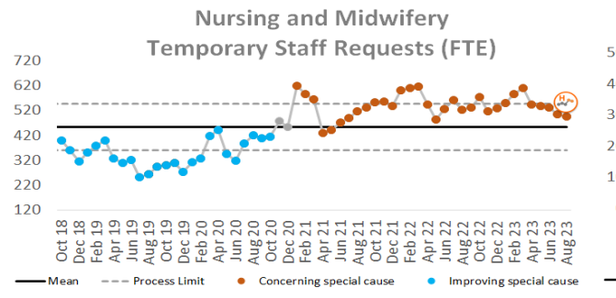


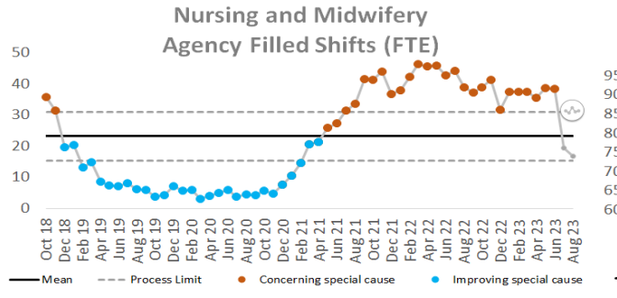


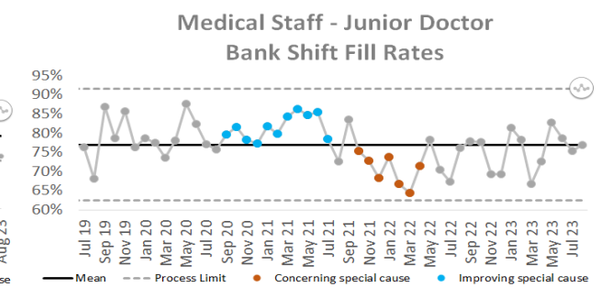






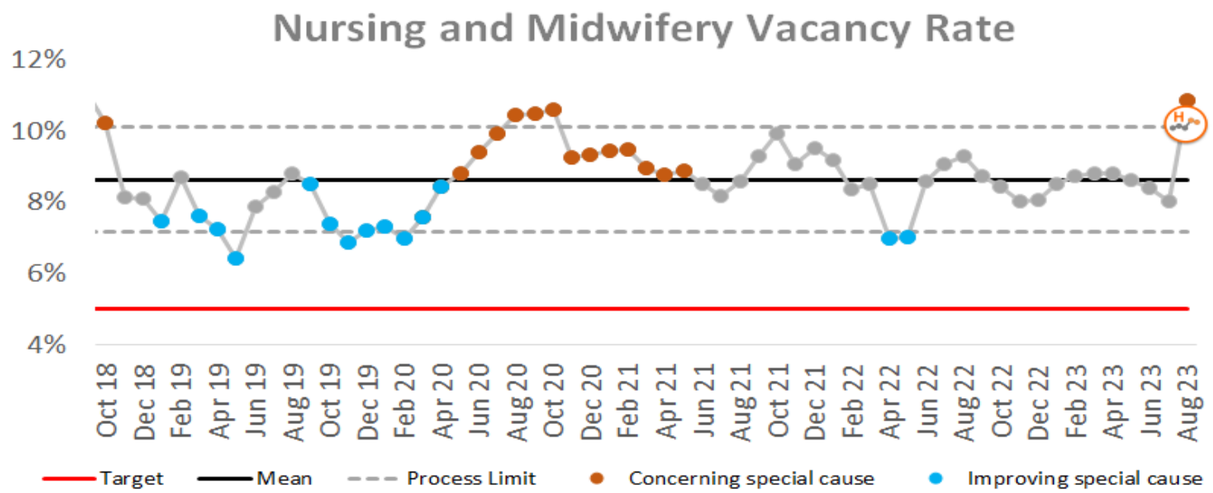


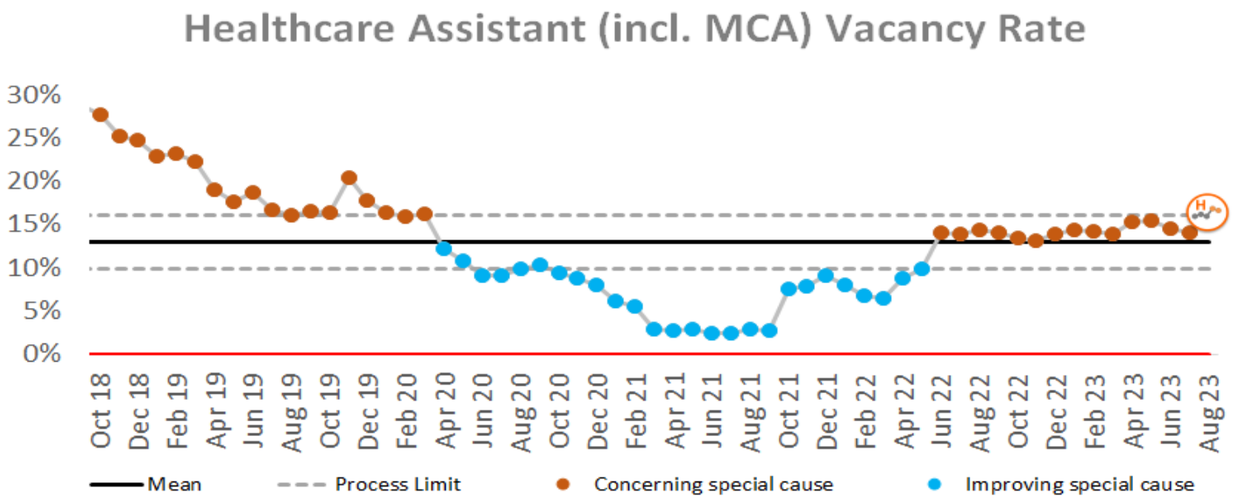




ESR Vacancy Rate

NHS
Cambridge University Hospitals
NHS Foundation Trust





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

What the information tells us: 2023/24 budgets have now been released by Finance and loaded to ESR for Clinical Divisions. This has increased the establishment for both Nursing and Midwifery and Healthcare Assistants, thereby increasing vacancy rates.
The vacancy rate for Nursing and Midwifery is 10.9% as at end of August, which is an increase from 8% reported in July, due to the increased establishments. The vacancy rate for Healthcare Assistants is 17.1% as at end of August, which is in an increase from 14% reported in July, mainly as a result of increased establishments, but also a 0.6% decrease in staff in post.
Vacancy rates for both staff groups are above the target rate of 5% for Nurses and 0% for HCAs.

Annual Leave Update

NHS
Cambridge University Hospitals
NHS Foundation Trust

Percentage of Annual Leave (AL) Taken – August 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	48,757	18,983	38.9%	98%
	Additional Clinical Services	378,493	160,547	42.4%	98%
	Administrative and Clerical	512,572	201,907	39.4%	96%
	Allied Health Professionals	149,405	61,422	41.1%	99%
	Estates and Ancillary	78,183	34,862	44.6%	99%
	Healthcare Scientists	153,150	58,897	38.5%	98%
	Medical and Dental	141,864	40,220	28.4%	37%
	Nursing and Midwifery Registered	805,237	340,761	42.3%	99%
	Trust	**2,267,661**	**917,599**	40.5%	89%
Annual Leave taken by Division	*Division*				
	Corporate	318,529	128,298	40.3%	96%
	Division A	422,389	172,511	40.8%	87%
	Division B	631,236	255,312	40.4%	94%
	Division C	282,064	108,181	38.4%	81%
	Division D	261,834	107,120	40.9%	85%
	Division E	246,290	103,284	41.9%	87%
	R&D	105,319	42,893	40.7%	97%

* Greater than 33% | Less than 25% | Between 25% and 33%

What the information tells us: The Trust's annual leave usage is at 97% of the expected usage at the end of the fifth month of the financial year. The highest rate of use of annual leave is within the Estates and Ancillary staff group, at 44.6%, followed by Additional Clinical Services at 42.4%.

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

Mandatory Training by Division & Staff Group

NHS Cambridge University Hospitals NHS Foundation Trust

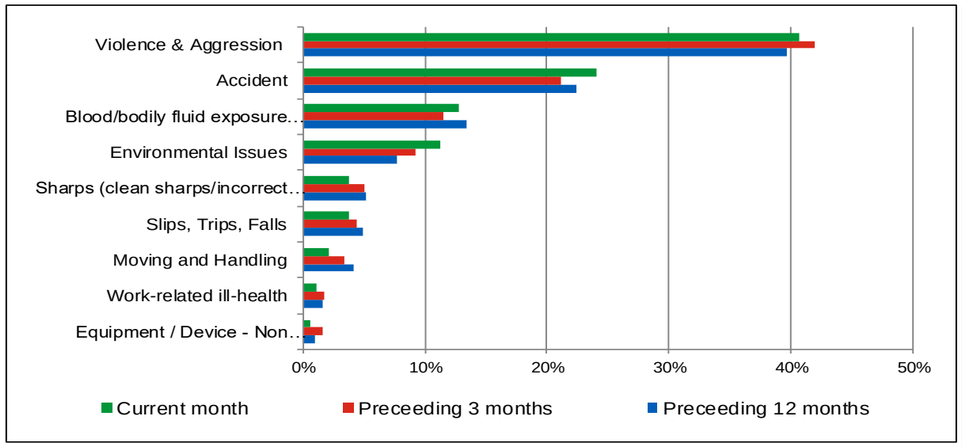
Background Information: Statutory and Mandatory training are essential for the safe and efficient delivery of the organisation services They are designed to reduce organisational risks and comply with local or national policies and government guidelines. Training can be undertaken on-line or by attending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

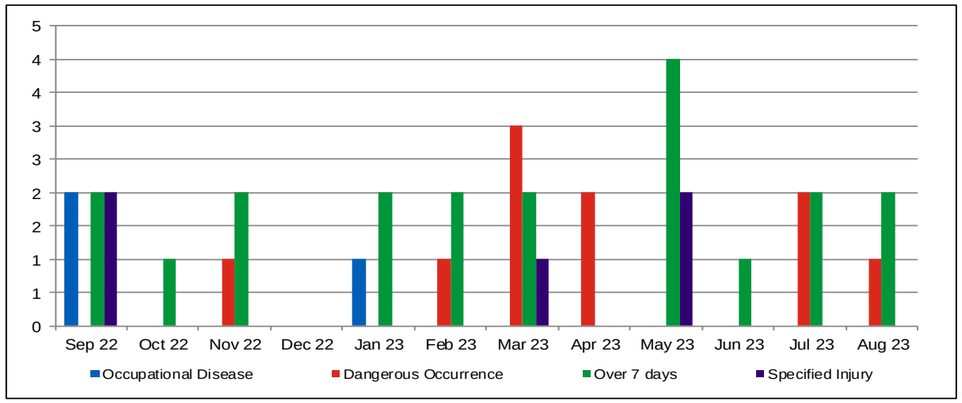
		Induction (95% or higher / Less than 80% / Between 80% and 94%)				Mandatory Training Competency (as defined by Skills for Health) (90% or higher / Less than 75% / Between 75% and 89%)															
						*Information Governance including GDPR and Cyber Security (95% or higher / Less than 80% / Between 80% and 94%)															
		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)	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	3 yrs/1yr	3 yrs	3 yrs	
Delivery Method		cl	f2f	cl/	f2f	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/el	cl/e/	cl/el	cl/e/	cl/el	el	cl/el	cl/el	cl/el	cl	cl	
Staff Requiring Competency		1,102	1,100	232	232	10,619	10,619	10,786	10,619	10,619	10,619	10,784	7,074	10,619	7,514	3,537	10,619	7,522	1,736	9,219	1,694	
Compliance by Division																					
Compliance by Division	Division A	(13)92.4%	(53)69.2%	(16)74.6%	(11)82.5%	(40)98.0%	(39)98.1%	(385)81.3%	(38)98.1%	(78)96.1%	(106)94.7%	(333)83.8%	(284)84.4%	(47)97.7%	(112)93.9%	(279)61.9%	(26)98.7%	(115)93.8%	(49)74.7%	(36)98.1%	(17)91.0%	93.2%
	Division B	(9)97.3%	(44)86.7%	(9)74.3%	(3)91.4%	(39)98.6%	(44)98.4%	(165)94.2%	(48)98.3%	(101)96.4%	(133)95.3%	(236)91.7%	(211)85.2%	(75)97.3%	(182)89.8%	(250)71.3%	(46)98.4%	(179)90.0%	(21)85.2%	(53)98.1%	(7)94.4%	95.3%
	Division C	(11)92.5%	(24)83.7%	(13)72.3%	(3)93.6%	(38)97.3%	(45)96.8%	(194)86.6%	(48)96.6%	(74)94.7%	(128)90.9%	(230)84.1%	(225)82.8%	(70)95.0%	(97)92.7%	(254)55.0%	(53)96.2%	(97)92.7%	(48)80.5%	(51)95.8%	(18)92.6%	92.2%
	Division D	(7)94.0%	(22)81.2%	(16)66.7%	(11)77.1%	(42)96.8%	(44)96.6%	(176)86.7%	(46)96.5%	(93)92.9%	(113)91.3%	(199)85.0%	(211)80.8%	(64)95.1%	(82)92.6%	(233)52.9%	(49)96.2%	(76)93.2%	(19)85.0%	(53)95.6%	(17)86.2%	92.1%
	Division E	(8)94.4%	(28)80.3%	(6)84.2%	(7)81.6%	(21)98.3%	(25)98.0%	(168)86.8%	(34)97.3%	(51)95.9%	(78)93.7%	(224)82.4%	(168)84.6%	(49)96.1%	(61)94.5%	(253)60.5%	(30)97.6%	(51)95.4%	(128)87.0%	(7)97.5%	(93)90.6%	92.8%
	Corporate	(6)95.4%	(24)81.4%	(1)0.0%	(1)0.0%	(26)98.1%	(32)97.7%	(77)94.4%	(35)97.5%	(72)94.8%	(63)95.4%	(70)94.9%	(25)84.5%	(45)96.7%	(13)92.3%	(33)71.6%	(34)97.5%	(17)90.1%	(10)58.3%	(44)96.9%	(3)84.2%	95.9%
	R & D	(0)100.0%	(16)74.2%			(7)98.5%	(9)98.0%	(16)96.5%	(8)98.2%	(12)97.4%	(17)96.2%	(24)94.7%	(13)92.1%	(10)97.8%	(7)96.2%	(24)79.8%	(8)98.2%	(7)96.2%	(1)93.8%	(8)98.2%	(1)85.7%	96.9%
	Breakdown of Medical staff compliance																				
	Consultant			(4)92.2%	(7)86.3%	(23)97.0%	(20)97.4%	(52)93.2%	(23)97.0%	(59)92.3%	(63)91.7%	(61)92.0%	(166)78.5%	(29)96.2%	(37)95.2%	(276)61.0%	(17)97.8%	(30)96.1%	(26)88.8%	(13)97.7%	(14)93.5%	93.7%
	Non Consultant			(57)68.5%	(29)84.0%	(72)85.5%	(79)84.0%	(103)79.2%	(86)82.6%	(108)78.2%	(136)72.5%	(138)72.1%	(245)51.6%	(100)79.8%	(126)74.7%	(315)32.7%	(88)82.2%	(113)77.5%	(35)66.7%	(85)78.0%	(24)77.1%	76.5%
Compliance by Staff Group	Compliance by Staff group																				
	Add Prof Scientific and Technic	(0)100.0%	(3)87.5%			(3)98.6%	(4)98.2%	(10)95.4%	(2)99.1%	(8)96.3%	(13)94.1%	(15)93.2%	(3)91.9%	(1)99.5%	(9)95.4%	(2)80.0%	(1)99.5%	(10)94.9%	(0)100.0%	(2)99.1%	(0)100.0%	96.9%
	Additional Clinical Services	(22)91.8%	(54)79.9%			(17)99.0%	(18)98.9%	(258)85.4%	(22)98.7%	(46)97.3%	(90)94.7%	(284)83.9%	(225)84.0%	(34)98.0%	(171)89.4%	(1)75.0%	(22)98.7%	(173)89.2%	(29)81.0%	(28)98.3%	(18)88.1%	93.3%
	Administrative and Clerical	(11)95.9%	(59)77.7%			(38)98.4%	(45)98.1%	(85)96.3%	(51)97.8%	(110)95.2%	(106)95.4%	(107)95.4%	(5)75.0%	(70)97.0%	(12)89.3%		(59)97.4%	(14)87.7%	(7)41.7%	(71)97.0%	(1)75.0%	96.5%
	Allied Health Professionals	(2)97.6%	(12)85.4%			(3)99.5%	(4)99.4%	(63)90.6%	(3)99.5%	(8)98.8%	(14)97.9%	(72)89.3%	(73)89.0%	(16)97.6%	(33)95.0%	(138)75.8%	(7)98.9%	(29)95.6%	(9)86.4%	(6)99.0%	(3)95.2%	96.0%
	Estates and Ancillary	(3)92.5%	(7)82.5%			(7)97.9%	(8)97.6%	(30)91.1%	(9)97.3%	(24)92.8%	(29)91.3%	(9)97.3%	(9)97.3%	(12)96.4%			(7)97.9%			(12)96.5%		95.4%
	Healthcare Scientists	(1)98.9%	(11)87.4%			(6)99.1%	(6)99.1%	(17)97.4%	(6)99.1%	(19)97.1%	(29)95.6%	(28)95.8%	(20)81.5%	(9)98.6%	(40)77.8%	(0)100.0%	(7)98.9%	(40)77.9%	(0)100.0%	(7)98.9%	(0)100.0%	96.6%
	Medical and Dental			(61)73.7%	(36)84.5%	(95)92.4%	(99)92.1%	(155)87.7%	(109)91.3%	(167)86.7%	(199)84.2%	(199)84.2%	(411)67.9%	(129)89.7%	(163)87.2%	(591)49.7%	(105)91.6%	(143)88.8%	(61)81.9%	(98)89.6%	(38)88.1%	86.8%
	Nursing and Midwifery Registered	(15)95.5%	(65)80.5%			(44)98.7%	(54)98.4%	(563)84.2%	(55)98.4%	(99)97.2%	(158)95.5%	(602)83.1%	(400)88.8%	(89)97.4%	(126)96.4%	(594)66.6%	(38)98.9%	(133)96.2%	(170)85.1%	(28)98.8%	(96)91.5%	94.2%
	Trust Total	(54)95.1%	(211)80.8%	(61)73.7%	(36)84.5%	(213)98.0%	(238)97.8%	(1181)89.1%	(257)97.6%	(481)95.5%	(638)94.0%	(1316)87.8%	(1137)83.9%	(360)96.6%	(554)92.6%	(1326)62.5%	(246)97.7%	(542)92.8%	(276)84.1%	(252)97.3%	(156)90.8%	93.8%

Health and Safety Incidents

NHS
Cambridge University Hospitals

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:	**1875**	**382**	**284**	**584**	**307**	**181**	**50**	**87**
Accident	**421**	96	85	105	63	33	8	31
Blood/bodily fluid exposure (dirty sharps/splashes)	**251**	77	49	46	37	34	7	1
Environmental Issues	**144**	25	41	16	26	17	7	12
Equipment / Device - Non Medical	**18**	4	1	4	4	5	0	0
Moving and Handling	**77**	20	9	14	20	5	1	8
Sharps (clean sharps/incorrect disposal & use)	**97**	25	18	10	14	19	7	4
Slips, Trips, Falls	**92**	22	19	13	10	9	2	17
Violence & Aggression	**744**	106	59	374	123	51	17	14
Work-related ill-health	**31**	7	3	2	10	8	1	0





A total of 1,875 health and safety incidents were reported in the previous 12 months.

867 (46%) incidents resulted in harm. The highest reporting categories were violence and aggression (40%), accidents (22%) and blood/bodily fluid exposure (13%).

1,269 (68%) of incidents affected staff, 536 (29%) affected patients and 70 (4%) affected others i.e. 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 (15%).

The highest reported incident categories for patients were: accidents (40%), violence & aggression (38%) and environmental issues (9%).

The highest reported incident categories for others were: violence & aggression (26%), accidents (24%) and slips, trips and falls (24%).

Staff incident rate is 10.4 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 584 incidents. Of these, 64% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (53%). In the last 12 months, 74% of RIDDOR incidents were reported to the HSE within the appropriate timescale. In August 2023, 3 incidents were reported to the HSE:

Over 7 day injury:

- The Injured Person (IP) was walking towards the air handling unit. In doing so, they stepped on wooden decking which gave way under the IPs feet. Upon inspection, the decking was in poor condition. The IP sustained a knee injury (prior to this injury, the IP was on a waiting list for reconstructive surgery on their left knee). The IP will be off work for over 7 consecutive days as a result of this incident. The area has been made safe.
- A patient was being aggressive and destroying hospital property and trying to self-harm. The IP was kicked on the knee by the patient. The IP was subsequently off work for over 7 consecutive days as a result of this incident.

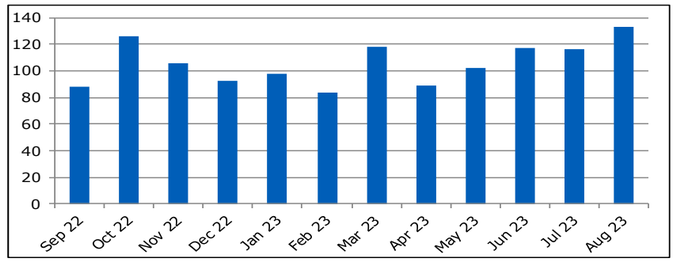
Dangerous occurrence:

- The IP was attempting to gain access to the CSF reservoir which requires the insertion of two needles. The IP did not gain access with the second needle so withdrew the needle and held the needle by tubing. The needle recoiled on tubing and punctured glove and skin of left index finger. The patient was Hep C positive. The IP administered first aid in line with the Trust blood exposure policy and saw occupational health for follow up.

Health and Safety Incidents

NHS Cambridge University Hospitals

No. of health and safety incidents affecting staff:

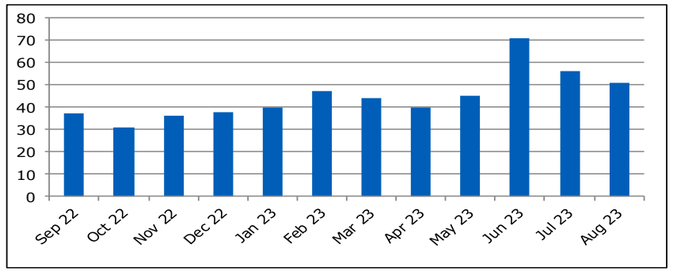


	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Total
Accident	18	16	19	14	12	14	21	13	13	14	14	24	**192**
Blood/bodily fluid exposure (dirty sharps/splashes)	13	32	14	20	20	12	20	18	22	23	14	24	**232**
Environmental Issues	1	6	1	6	4	2	8	8	10	14	6	17	**83**
Moving and Handling	7	2	1	2	5	8	9	3	5	7	5	3	**57**
Sharps (clean sharps/incorrect disposal & use)	5	8	10	5	5	7	3	10	3	7	7	7	**77**
Slips, Trips, Falls	10	4	6	4	8	7	4	6	8	3	10	5	**75**
Violence & Aggression	34	57	52	37	39	33	50	30	38	45	56	51	**522**
Work-related ill-health	0	1	3	4	5	1	3	1	3	4	4	2	**31**
Total	**88**	**126**	**106**	**92**	**98**	**84**	**118**	**89**	**102**	**117**	**116**	**133**	**1269**

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

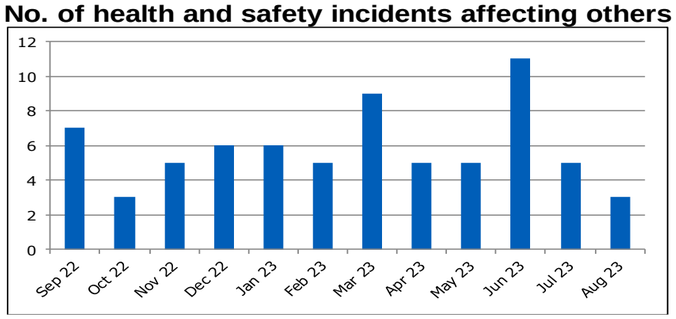
	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Total
No. of health & safety incidents	88	126	106	92	98	84	118	89	102	117	116	133	**1269**
Staff incident rate per month/year	0.7	1.0	0.9	0.8	0.8	0.7	1.0	0.7	0.8	1.0	1.0	1.1	**10.4**

No. of health and safety incidents affecting patients:



	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Total
Accident	13	13	15	19	19	17	21	13	19	29	14	20	**212**
Blood/bodily fluid exposure (dirty sharps/splashes)	3	0	0	3	2	0	1	3	2	2	2	0	**18**
Environmental Issues	0	3	8	7	3	5	1	2	4	6	3	4	**46**
Equipment / Device - Non Medical	0	1	3	1	2	1	0	0	1	2	6	1	**18**
Moving and Handling	1	0	3	2	1	4	2	1	2	3	0	1	**20**
Sharps (clean sharps/incorrect disposal & use)	2	1	0	1	0	2	3	2	0	4	3	0	**18**
Violence & Aggression	18	13	7	5	13	18	16	19	17	25	28	25	**204**
Total	**37**	**31**	**36**	**38**	**40**	**47**	**44**	**40**	**45**	**71**	**56**	**51**	**536**

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



	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Total
Accident	3	1	2	0	2	0	2	2	1	2	1	1	**17**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	0	0	0	0	0	1	0	0	0	0	**1**
Environmental Issues	1	1	1	2	2	1	2	1	2	1	1	0	**15**
Sharps (clean sharps/incorrect disposal & use)	0	0	0	0	2	0	0	0	0	0	0	0	**2**
Slips, Trips, Falls	1	0	1	2	0	2	4	0	0	3	2	2	**17**
Violence & Aggression	2	1	1	2	0	2	1	1	2	5	1	0	**18**
Total	**7**	**3**	**5**	**6**	**6**	**5**	**9**	**5**	**5**	**11**	**5**	**3**	**70**