Integrated Report
**Quality, Performance, Finance and Workforce
to end October 23**

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

Report compiled: 30 November 2023

Key

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Data variation indicators

- Normal variance - all points within control limits
- **H** Negative special cause variation above the mean
- **L** Negative special cause variation below the mean
- **H** Positive special cause variation above the mean
- **L** Positive special cause variation below the mean

Target status indicators

- **P** Target has been and statistically is consistently likely to be achieved
- **F** 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

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Quality Account Measures 2023/24

NHS Cambridge University Hospitals NHS Foundation Trust

2023/24 Quality Account Measures				Aug 23	Sep 23	Oct 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	Oct-23	90%	84.0%	84.0%	86.0%	⇧	86.3%	50.0%	86.3%
	Trust Compliance with Pressue Ulcer risk assessment tool & documentation within 6 hours of admission	Oct-23	90%	79.0%	79.0%	80.0%	⇧	80.6%	13.4%	80.6%
	% Rosie MDT Obstetric staff passed PROMPT emergencies training	Oct-23	90%	86.8%	82.6%	94.6%	⇧	82.9%	71.0%	82.9%
	% Rosie Obstetricians and Midwives passed fetal surveillance training	Oct-23	90%	84.2%	88.0%	91.4%	⇧	85.4%	72.0%	85.4%
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)	Oct-23	7%	7.5%	7.5%	7.4%	⇩	7.7%	14.0%	7.7%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Oct-23	20%	16.0%	16.3%	14.6%	⇩	15.5%	15.3%	15.6%
	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	Oct-23	80%	70.6%	77.4%	67.4%	⇩	74.1%	74.0%	74.7%
	Same day emergency care (SDEC)	Oct-23	30%	26.8%	26.1%	24.9%	⇩	25.4%	22.0%	23.7%
	Percentage of admissions over 65yo with dementia/delirium or cognitive impairment with a care plan in place	Oct-23	50%	73.0%	79.0%	79.0%	⇔	65.7%		65.7%
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Oct-23	55%	45.4%	49.1%	45.7%	⇩	44.1%	29.2%	36.8%
Staff Experience / Well-led	Trust Vacancy Rate (Band 5) Nurses	Jun-22	5.0%	N/A	N/A	N/A	▪	8.4%	12.0%	7.6%
	Annual			**2016**	**2017**	**2018**				
	National Staff Survey - "I feel secure about raising concerns re unsafe clinical practice within the organisation"	2018	78%	75.0%	73.0%	74.0%	⇧		75%	

Quality Summary Indicators

Cambridge University Hospitals NHS Foundation Trust

Performance Framework - Quality Indicators				Aug 23	Sep 23	Oct 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)	Oct-23	0	1	0	0	⇔	5	3	5
	E.coli Bacteraemias (Total Cases)	Oct-23	50% over 3 years	27	26	44	⇧	252	401	414
	C. difficile Infection (hospital onset and COHA* avoidable)	Oct-23	TBC	15	16	13	⇩	79	129	117
	Hand Hygiene Compliance	Oct-23	TBC	94.1%	93.4%	93.4%	⇩	93.9%	96.4%	94.5%
Clinical Effectiveness	% of NICE Technology Appraisals where funding was not procured within three months. ('last month')	Oct-23	100%	33.3%	36.4%	50.0%	⇧	59.6%	None recorded	59.6%
	% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 30 days.	Oct-23	80%	0.0%	None recorded	None recorded	⇔	35.7%	51.0%	45.9%
	100% of NCEPOD questionnaires (clinical and operational) relevant to CUH is returned by clinical teams within deadline ('last month').	Oct-23	100%	None recorded	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	Oct-23	85%	75.0%	100.0%	100.0%	⇔	93.8%	84.6%	89.3%
Nursing Quality Metrics	Blood Administration Patient Scanning	Oct-23	90%	99.5%	99.9%	99.9%	⇩	99.7%	99.7%	99.7%
	Care Plan Notes	Oct-23	90%	95.8%	96.0%	95.7%	⇩	95.9%	96.1%	96.0%
	Care Plan Presence	Oct-23	90%	99.7%	99.8%	99.5%	⇩	99.7%	99.6%	99.6%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Oct-23	90%	74.4%	75.7%	74.9%	⇩	76.3%	71.5%	74.4%
	Nurse Rounding	Oct-23	90%	99.2%	99.3%	99.0%	⇩	99.1%	99.1%	99.1%
	Nutrition Screening	Oct-23	90%	73.4%	74.9%	74.9%	⇧	76.5%	72.3%	74.8%
	Pain Score	Oct-23	90%	84.6%	85.3%	85.2%	⇩	85.3%	83.2%	84.4%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Oct-23	90%	85.2%	86.7%	88.8%	⇧	85.9%	79.5%	83.3%
	PEWS Score Recording	Oct-23	90%	99.3%	99.3%	99.3%	⇩	99.2%	99.2%	99.2%
	NEWS Score Recording	Oct-23	90%	97.7%	97.8%	97.7%	⇩	97.7%	97.4%	97.5%
	VIP									
	VIP Score Recording (1 per day)	Oct-23	90%	88.7%	86.1%	84.3%	⇩	87.4%	84.9%	86.3%
	PIP Score Recording (1 per day)	Oct-23	90%	88.2%	83.8%	77.4%	⇩	85.1%	89.3%	87.1%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	N/A	N/A	N/A	▪	N/A	N/A	N/A
	Number of overdue complaints	Oct-23	0	37	58	90	⇧	418	172	538
	Re-opened complaints (non PHSO)	Oct-23	N/A	10	11	8	⇩	43	18	47
	Re-opened complaints (PHSO)	Oct-23	N/A	0	1	0	⇩	5	2	6
				Aug 23	**Sep 23**	**Oct 23**				
	Number of medium/high level complaints	Oct-23	N/A	11	12	22	⇧	107	257	211

Author(s): Various **Owner(s): Oyejumoke Okubadejo**

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	60.1%	73.1%	76.0%	Mar-24	**Page 13**
	12hr waits in ED (type 1)	Normal variation	12.2%	-	-	-	
	Ambulance handovers <15mins	Positive special cause variation	58.7%	65.0%	65.0%	Immediate	
	Ambulance handovers <30mins	Positive special cause variation	92.4%	95.0%	95.0%	Immediate	**Page 14**
	Ambulance handovers > 60mins	Positive special cause variation	2.1%	0.0%	0.0%	Immediate	
Cancer	Cancer patients < 62 days	Normal variation	68.7%	-	85.0%	Immediate	**Page 21**
	28 day faster diagnosis standard	Negative special cause variation	66.8%	81.4%	75.0%	Immediate	**Page 18**
	31 day decision to first treatment	Normal variation	87.9%	-	96.0%	Immediate	**Page 20**
	2 week waits	Normal variation	65.5%	-	93.0%		**Page 19**
Outpatients	First outpatients (consultant led)	Normal variation	111.6%	125.6%	-	-	**Page 23**
	Follow-up outpatients (consultant led)	Normal variation	111.6%	136.3%	-	-	**Page 24**
	Advice and Guidance Requests	Normal variation	10.6%	-	16.0%	Mar-23	
	Patients moved / discharged to PIFU	Normal variation	3.3%	7.5%	7.5%	Mar-23	**Page 25**
Diagnostics	Patients waiting > 6 weeks	Positive special cause variation	36.6%	23.7%	5.0%	Mar-24	**Page 22**
	Diagnostics - Total WL	Normal variation	13,530	10,444	-	-	
RTT Waiting List	RTT Patients waiting > 65 weeks	Positive special cause variation	1043	456	0	Mar-23	**Page 16**
	RTT Patients waiting > 78 weeks	Normal variation	99	-	-	-	
	Total RTT waiting list	Negative special cause variation	62,725	63,242	-	-	**Page 17**
Productivity and efficiency	Non-elective LoS (days, excl 0 LoS)	Normal variation	8.2	-	-	-	
	Long stay patients (>21 LoS)	Positive special cause variation	188	211	-	-	
	Elective LoS (days, excl 0 LoS)	Normal variation	5.7	-	-	-	
	Discharges before noon	Normal variation	14.6%	-	-	-	
	Theatre sessions used	Normal variation	670	-	-	-	
	In session theatre utilisation	Normal variation	77.0%	85.0%	85.0%	Sep-23	**Page 27**
	Virtual Outpatient Attendances	Negative special cause variation	19.6%	-	-	-	
	BADS Daycase Rate (local)	Normal variation	85.2%	-	-	-	**Page 28**
Surgical prioritisation	P2 (4 weeks) Including planned	Negative special cause variation	3,165	-	-	-	

Author(s): Various   **Owner(s): Nicola Ayton**

Serious Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Threshold	Current period	Mean	Variance	Special causes	Comments
Patient Safety Incidents	November 2020-October 2023 July 2023	Oct-23	-	**1595**	*1454*		-	Last 6 months have been above the mean
Patient Safety Incidents per **1,000 admissions**				**90**	*91*		–	
Percentage of **moderate harm and above** patient safety incidents			≤ 2%	**2.3%**	*2.5%*		-	This category for the Trust overall is driven by moderate harm incidents with last 5 months above the mean. Whereas combined severe harm and death are at a statistically significant decrease (last 10 months below the mean). **Division E** has been above the mean for the last 4 months; the last 2 months have been statistically significant high points.
All Serious Incidents			-	**2**	*4.6*		-	

Ref	SI Title	STEIS SI Category	STEIS SI Sub categories	Actual Impact	Div.	Ward/ Dept.
SLR175813	Deteriorating patient - ward D9	Unexpected/potentially avoidable death	Sub-optimal care of the deteriorating patient	**Death**	B	Ward D9
SLR176550	Deteriorating patient - Daphne Ward	Unexpected/potentially avoidable death	Sub-optimal care of the deteriorating patient	**Death**	E	Daphne ward

Summary

Six SI reports were submitted to the ICS in September 2023. Compliance with the 60 day timeframe for October was 50% (2/4).

There are currently **165 overdue actions** from investigations: 93 (↓) **Serious Incident** actions and **74 Internal (RCA) Investigation** actions.

The patient safety team are working with divisional teams to review and close or theme open actions from SI's into improvement plans in preparation for transition

Combined II and SI overdue actions
as of 20.11.2023

Division	Value
Division C	0
Operations	2
Division B	2
Capital, Estates & Facilities	7
Chief Nurses Office	20
Division D	36
Division E	39
Division A	59

Duty of Candour (DOC)

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Data YTD as of 16.11.2023

Trust wide **stage 1** DOC compliance is **98%** (390/400)

Trust wide **stage 2** DOC compliance is **86%** (297/344)

There is a notable reduction in compliance with stage 2.

- Table 1 gives the divisional detail for 2023 YTD

- Table 2 shows details for 2022 - actions have been taken to support divisions to prioritise these newly identified cases.

A new process and reporting function is to be introduced to improve oversight of compliance

Current compliance with DOC stage 1 by Division YTD as of 16.11.2023
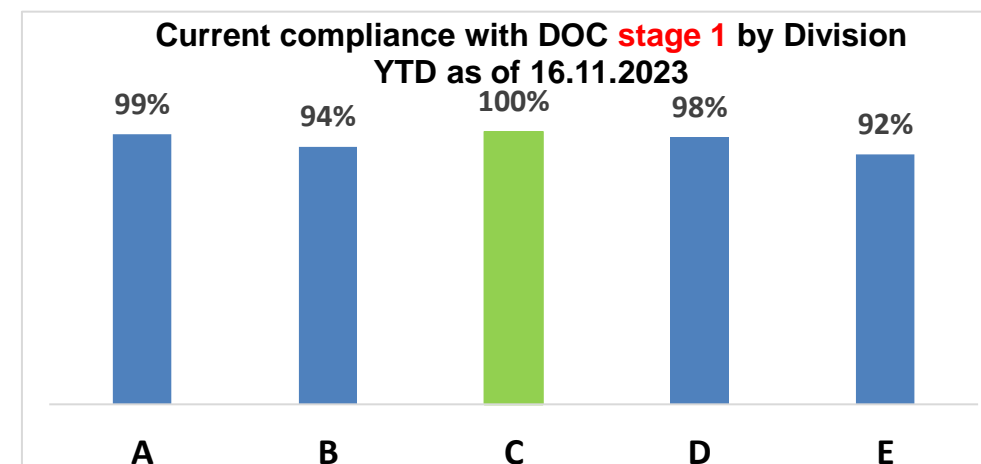
	A	B	C	D	E
	99%	94%	100%	98%	92%

Table 1. Overdue DOC Stage 2 - 2023 YTD

2023 YTD	A	B	C	D	E	Total
Required	123	23	90	57	51	344
Completed	103	20	85	45	44	297
Compliance	84%	87%	94%	79%	86%	86%

Table 2. Stage 2 -Outstanding from 2022

Month/Year	A	B	C	D	E	Total
Mar-22	2					2
Apr-22			1		1	2
May-22					1	1
Jun-22	1					1
Aug-22					2	2
Sep-22	1	1				2
Total	**4**	**1**	**1**	**0**	**4**	**10**

Indicator definitions

Stage 1 is notifying the patient (or family) of the incident and sending a DOC stage 1 letter

Stage 2 is sharing of the relevant investigation findings (where the patient has requested this response).

Author(s): Christopher Edgley   **Owner(s): Oyejumoke Okubadejo**

Falls

Indicator	Data range	Target	Oct-23	Mean	Variance	Special causes	Target status	Comments
All patient falls	November 2020 - October 2023	-	**117**	*148*	(variance icon)		-	Last 4 months below the mean
Inpatient falls per **1,000 bed days**			**3.2**	*4.5*	(variance icon)	-	-	Last 4 months below the mean
Moderate harm & above - inpatient falls		-	**4**	*4.4*	(variance icon)	–	-	Last 5 months are below the mean.
Falls **risk screening** compliance within 12 hours of admission		≥ 90%	**86%**	*85%*	(variance icon)		(F icon)	We were last compliant with this metric in June 2021

Summary
All falls are in normal variance.
Risk factors continue to be: patients requiring the assistance of one to mobilise; patients with a previous fall; occur in the daytime; and unwitnessed falls.
In October 2023 there were 3 moderate harm falls and 1 serious harm (latter was in ED - intracranial haemorrhage and admission to NCCU - awaiting gap analysis)

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.
All ward areas have Falls champions in place supporting ward-based training and improvement.

Inpatient falls by division in October 2023
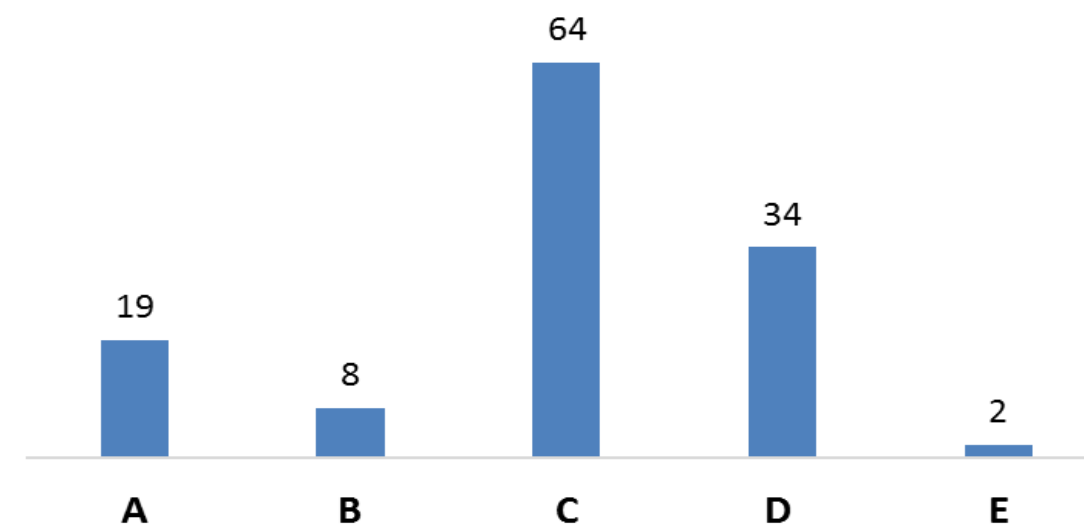
Division	Falls
A	19
B	8
C	64
D	34
E	2

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

Hospital Acquired Pressure Ulcers (HAPUs)

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Target	Oct-23	Mean	Variance	Target status	Comments
All hospital-acquired pressure ulcers	November 2020 - October 2023	-	**49**	31	(H)	-	The last 16 consecutive months have been above the mean. August and October 2023 have shown a statistically significant high point.
All HAPUs by date of occurrence per 1,000 bed days		–	**1.36**	0.92	(H)	-	The last 16 consecutive months have been above the mean.
Category 2, 3, 4, Suspected Deep Tissue Injury, and Unstageable HAPUs		–	**35**	18.7	(H)	-	The last 16 consecutive months have been above the mean. August and October 2023 have shown a statistically significant high point.
Category 1 hospital-acquired pressure ulcers		–	**14**	12.1	(○)	–	
Category 2 hospital-acquired pressure ulcers			**19**	12.8	(○)	–	Last 6 months have been above the mean.
Unstageable HAPUs		–	**1**	1.6	(○)	–	
Suspected Deep Tissue Injury HAPUs by date of occurrence		-	**14**	4.0	(H)	-	Statistically significant high points in August, September, and October 2023. 15/17 last consecutive months have been above the mean.
Medical device related HAPUs		–	**15**	7.6	(H)	–	Statistically significant upward shift in the last 8 months.
Pressure Ulcer screening **risk assessment** compliance		90%	**80%**	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 were no category 3 HAPUs September but one category 4 HAPU.
There is a statistically significant increase in HAPUs related to Medical devices overall (15) and from 'mask/tubing'.
There is a statistically significant increase in HAPUs related to sacrum (11). The highest HAPUs in the last 12 months are from sacrum and heels.

QI update
Tissue Viability team challenged due to high vacancy rate - all posts will be filled by Dec 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.

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

Sepsis

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Indicator	Data range	Period	Target	Current period	Mean	Variance	Comments
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - **Emergency Department**	November 2020-October 2023	Oct-23	≥95%	**60%**	*59%*		
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Emergency Department**				**80%**	*72%*		
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- **Inpatient wards**				**40%**	*39%*		
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Inpatient wards**				**50%**	*75%*		
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - **Maternity**				**33%**	*32%*		
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Maternity**				**100%**	*95%*		

Sample size in month for above audits:

Inpatients = 10
ED-Adult = 15
Maternity inpatients = 9

- Measuring & monitoring framework being updated i.e. outcome data. Algorithm developed by Ari Ercole (CMOI) and yielded potential sample of 300 patients within month – validation process underway.

- Sepsis QI corporate plan – driver diagram drafted - to be approved at November Sepsis Action Group meeting

- Setting up QI pilot areas - vascular and renal teams

- 42 Sepsis and Deteriorating patient champions have been embedded across the organisation and will be supporting the QI plan

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

Mental Health - Q2 2023/24 (September)

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All MHA Detention Activity CUH Q2 20/21- Oct Q3 23/24

Control Chart: Numbers of patients detained to CUH Under the MHA (Sections 5(2) 2 and 3 Q2 20/21 to Oct Q3 22/23

MH ED Attendance to Oct-Q3 2023/24

Average Length of Stay (Adult/CAMH)
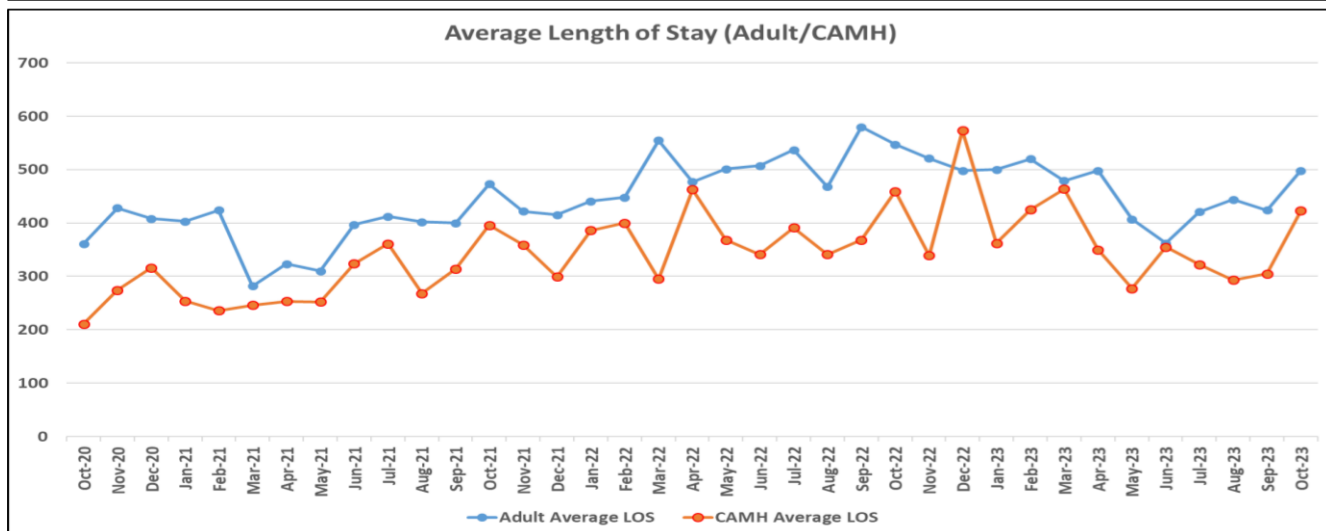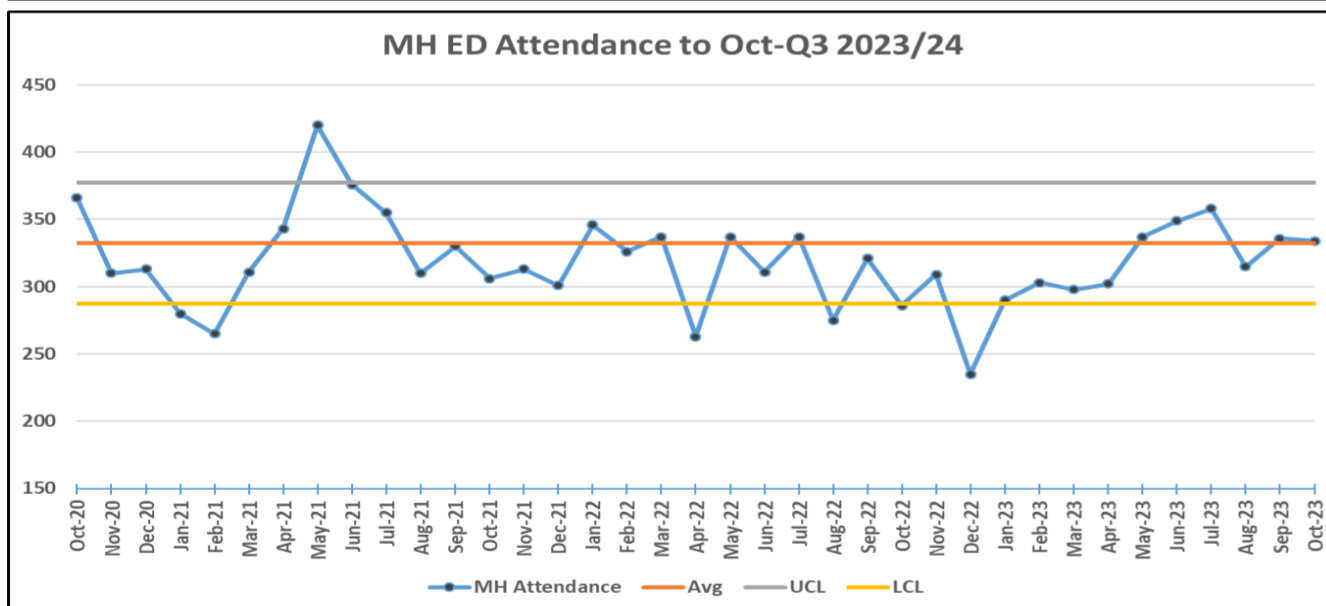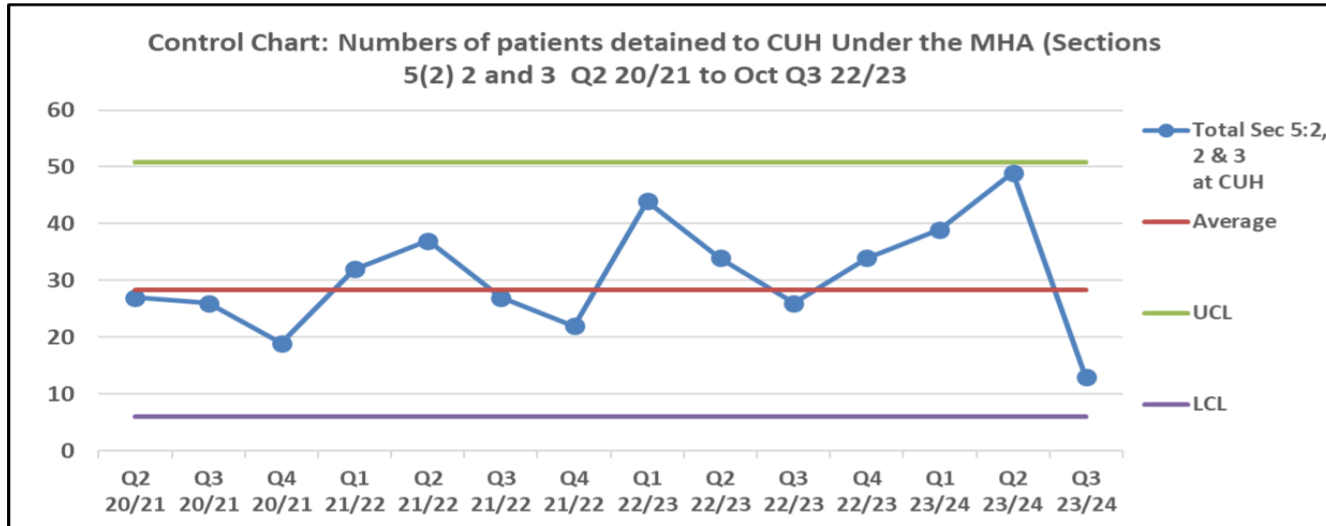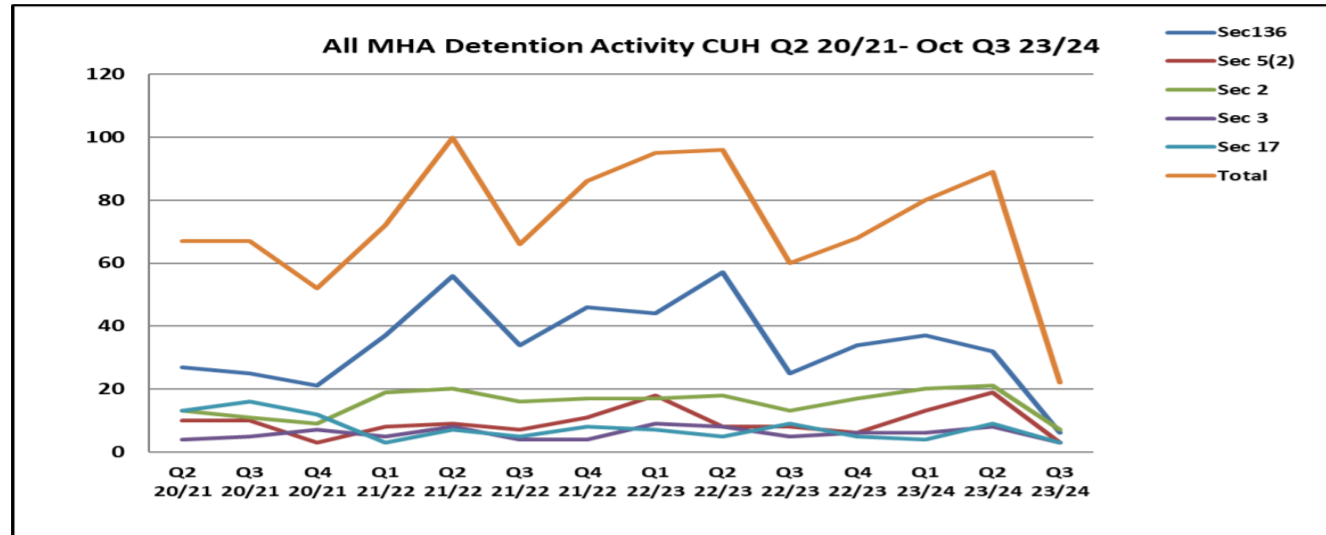
Q3 2023/24 (October)

- Q3 October showed a reduction in the use of the Mental Health Act (MHA) compared to the first month of the previous two quarters, in line with historical reductions moving into Winter. CUH was used six times as place of safety under Section 136 MHA in October.

- 2 x Section 136 MHA were rescinded. Three were conveyed to another place of safety and 1x Section 136 MHA lapsed. None were converted to a further section of the MHA.

- Of the total 3 x section 5(2) MHA in October, two were discharged from formal detention.

- The numbers of patients brought to the Emergency Department in October has shown the data remains within expected data control lines.

- Following funding applications, £220k has been approved for investment into;

o The MH assessment room in ED to be equipped to provide a safe and private environment for psychiatric assessments.

o Improving the D2 single rooms, creating 1 anti-ligature and general improvements to the environment.

- CAMH and Adult average length of stay in the Emergency Department increased for both groups, whilst the admission conversion rate reduced for CAMH and increased for adults. The CAMH reduction represented a 5th consecutive reduction in conversion rate. All data remained within expected controls.

- There were 9 delayed transfers of care to mental health inpatient care in October, with 65 lost bed days.
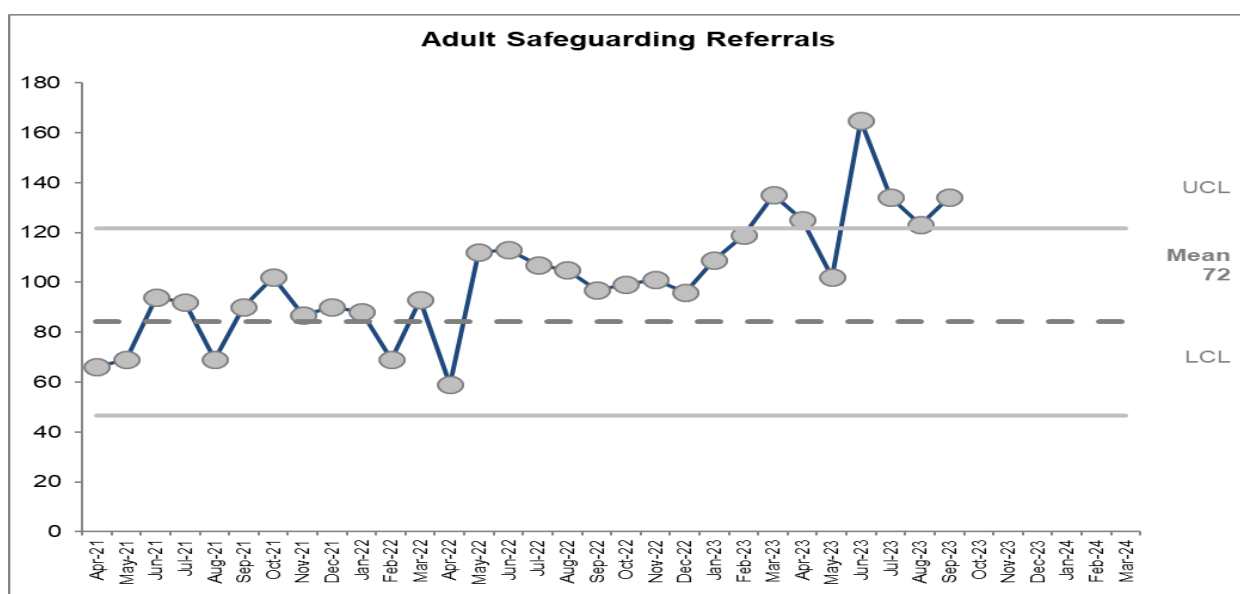
Ongoing work:

- Following meeting with Local Authority AMHP leads, it was agreed that an audit of Section 136 MHA at CUH would be helpful in identifying specific completion issues in Section B form completion.

- The New Mental Health Study day for CUH clinical staff has been advertised through the Trust Networks and is creating positive interest. The study day will take place monthly throughout 2024. Interfacing with the CUH Staff Wellbeing Service, Staff Wellbeing Practitioners will support the delivery of the session to ensure staff mental wellbeing is also promoted and supported. The study day will include;

o Mental Health Awareness, including an understanding as to why patients may attend CUH and what resources are available within the hospital and in the community

o Handling Conflict, difficult conversations and specialling

o Management of Eating disorders

o Management of the Mental Health Act and Mental Capacity Act

o Emotional labour and resilience

- The Cambridgeshire Constabulary Right Care Right Person 'Concern for Welfare request' part of the programme went live on the 20th November 2023. This contingent affects community based services and the public. Working groups for the below are due to start in sequence, with CUH attendance.

o Missing/AWOL Patients

o Section 136 MHA

o Conveyance of persons under Section 136 MHA- Launch

- The CUH Procedure for Statutory Notifications, specifically around reporting patient deaths whilst under or liable to be under a Section of the Mental Health Act document has been reviewed and updated. This will go to the CUH Mental Health Committee for approval.
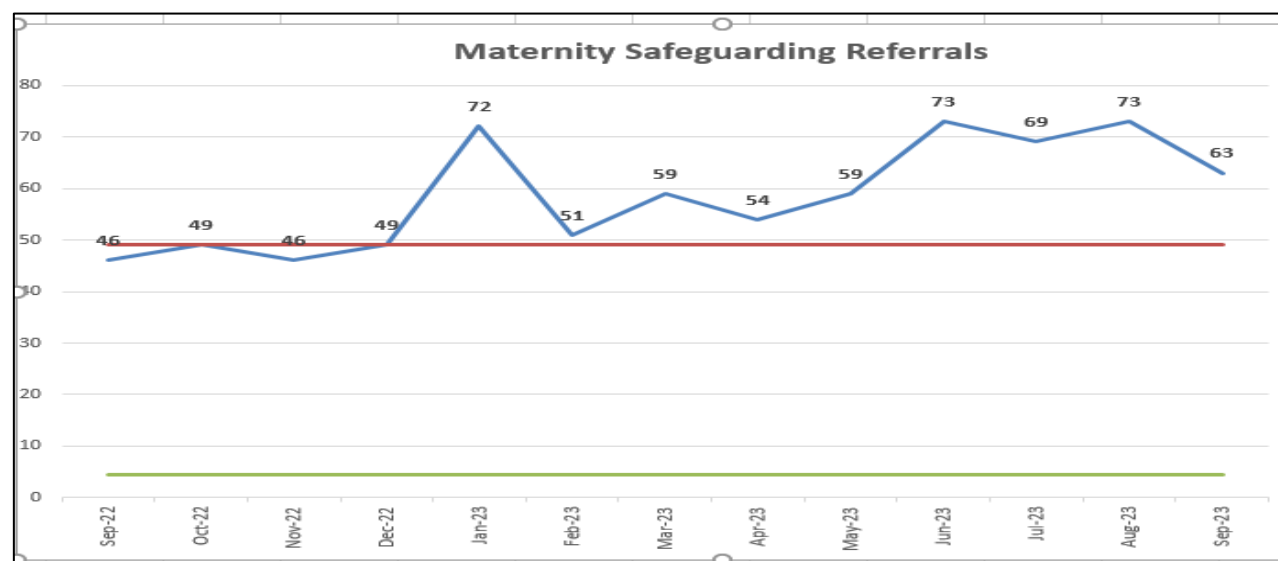
Safeguarding

Adult Safeguarding

Referrals to the safeguarding team in Q2 have remained consistent with Q1 23/24. When compared to Q2 22/23, there has been a 27% increase in referrals. This quarter has seen an increase in the number of those referrals that were shared with the Local Authority from 43% in Q1 to 51% in Q2. A total of 391 referrals were made to the Adult Safeguarding Team this quarter compared to 393 in Q1 (this figure does not include DOLs requests). The top 3 reporting themes were neglect/acts of omission which has seen a significant increase from 27% of the referrals in Q1 to 40% in Q2, domestic abuse with 23% of victims being identified as male, and an increase in the number of concerns relating to drug /alcohol dependency which has seen a 72% increase compared with Q1. DoLS requests for urgent authorisations have also seen an 18% increase from 56 in Q1 23/24 to 66 in Q2 23/24.

Childrens Safeguarding

There has been a decrease in the number of referrals to the children safeguarding team over the last quarter with a total of 180 referrals compared to 224 in Q1 23/24. Top 3 referral themes continue to be children' mental health and neglect which reflect the Cambridge and Peterborough safeguarding partnership board priorities. New to this quarter is an increase in concerns relating to substance misuse which like adults and maternity has seen an increase though not as significant and parental mental ill health. The total number of beds days used to accommodate a child as a place of safety or for social reasons has seen an increase from 56 days in Q1 to 83 in Q2.
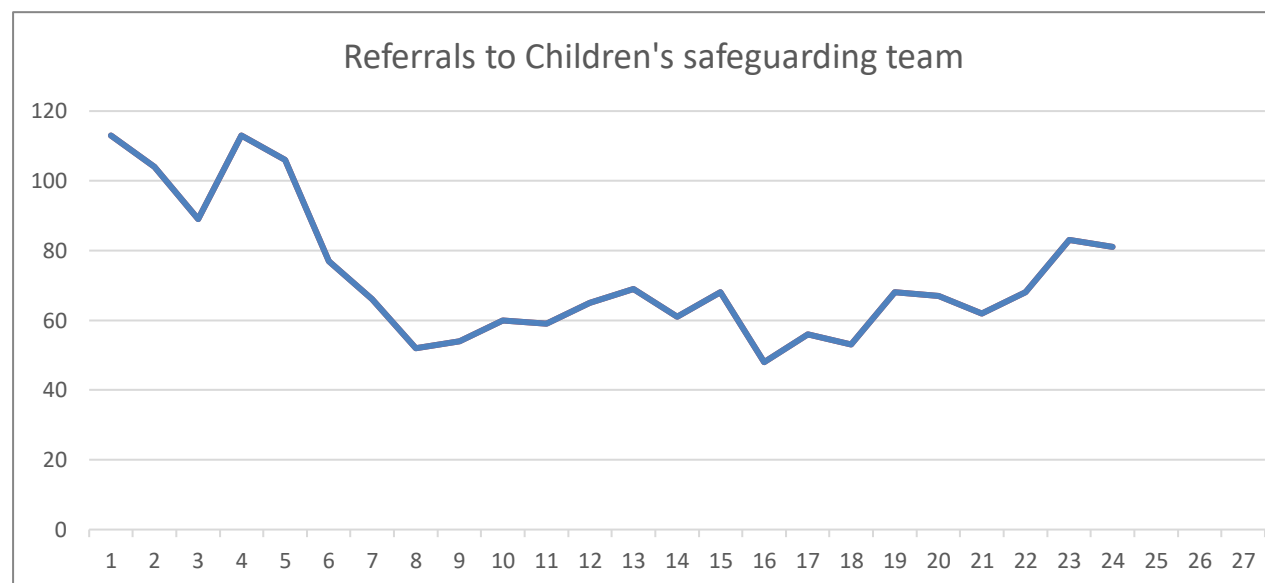

Maternity safeguarding

Referrals to the maternity safeguarding team in Q2 remain high though there was a slight drop in the final month of Q2. A further reduction in referrals to children's social care was seen again this quarter with only 26 in Q2 compared to 32 in Q1. There has been a significant increase in the number of strategy meetings attended by maternity rising sharply from 7 in Q1 to 19 in Q2 though this has been accompanied by a drop in the number of CP conferences requiring a maternity report or attendance from 21 to 15 with meetings having been moved back to face to face from virtual from September. The top 3 referral themes in Q2 have been for historical safeguarding concerns and domestic abuse as was seen in Q1 but with drugs and alcohol overtaking mental health, which is aligned with adults which has seen a sharp rise.

Learning disabilities

During Q4 there have been 546 referrals to the adult learning disability specialist nurse which is a 17% increase from Q1 23/24. The children's referral data is not illustrated on the graph but has seen a decrease from 44 in Q1 to 34 in Q2. For adults the top 3 referral teams were gastro/colorectal, respiratory and neurology whilst in children's services the top 3 reasons for referral were for admission planning, inpatient support and advice, and MDT/complex cases with autism featuring as the most common referral diagnosis.
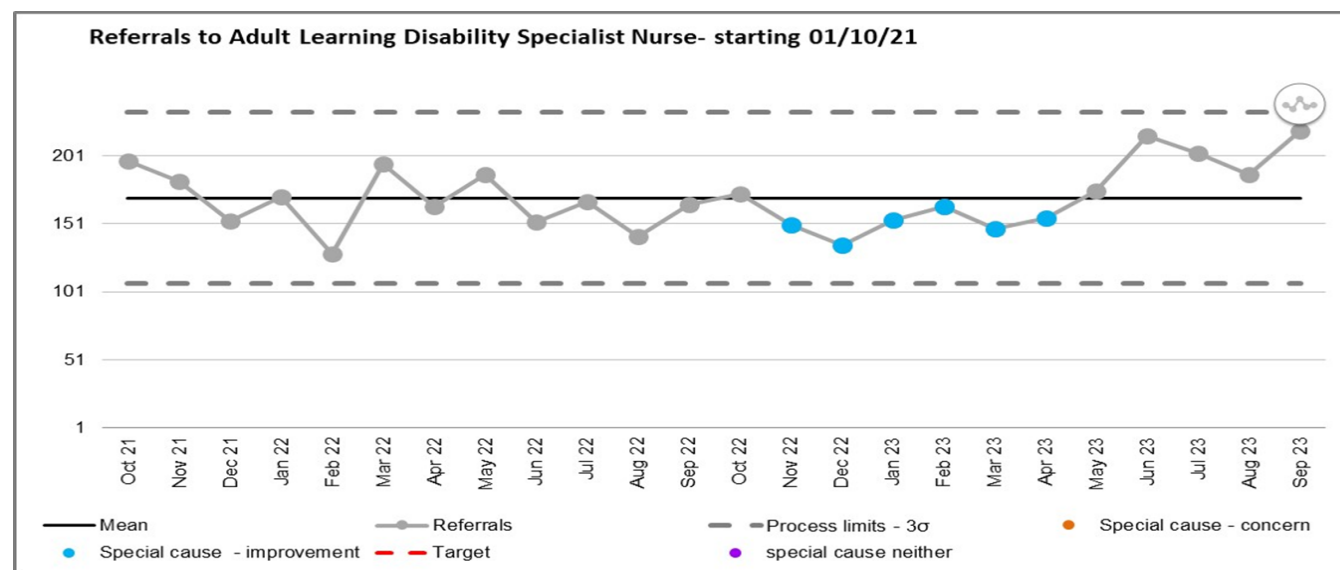
Infection Control

Monthly *Clostridioides difficile* cases in last 12 months

Legend: ■ Hospital onset ■ COHA

Month	Hospital onset	COHA
Nov 22	9	3
Dec 22	5	1
Jan 23	4	1
Feb 23	4	2
Mar 23	6	3
Apr 23	3	3
May 23	4	0
Jun 23	8	4
Jul 23	10	2
Aug 23	14	2
Sep 23	15	3
Oct 23	11	2
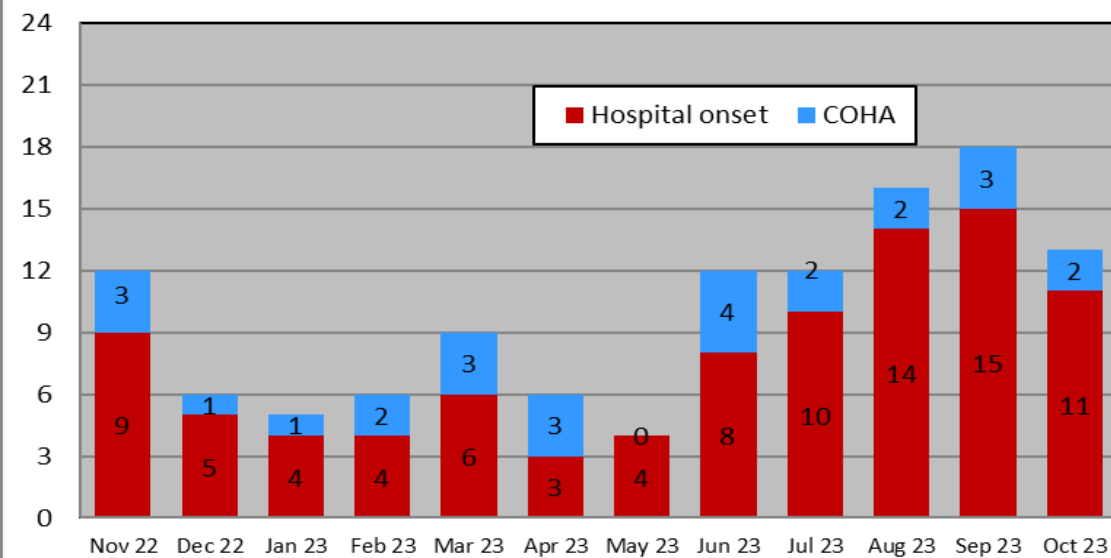
* COHA - community onset healthcare associated = cases that occur in the community when the patient has been an inpatient in the Trust reporting the case in the previous four weeks

Monthly hospital acquired Clostridioides difficile cases in last 12 months

Legend: Total hospital cases, Avoidable cases

Month	Total hospital cases	Avoidable cases
Nov 22	9	5
Dec 22	5	2
Jan 23	4	1
Feb 23	4	1
Mar 23	6	1
Apr 23	3	0
May 23	4	0
Jun 23	8	2
Jul 23	10	8
Aug 23	14	1
Sep 23	15	1
Oct 23	11	2
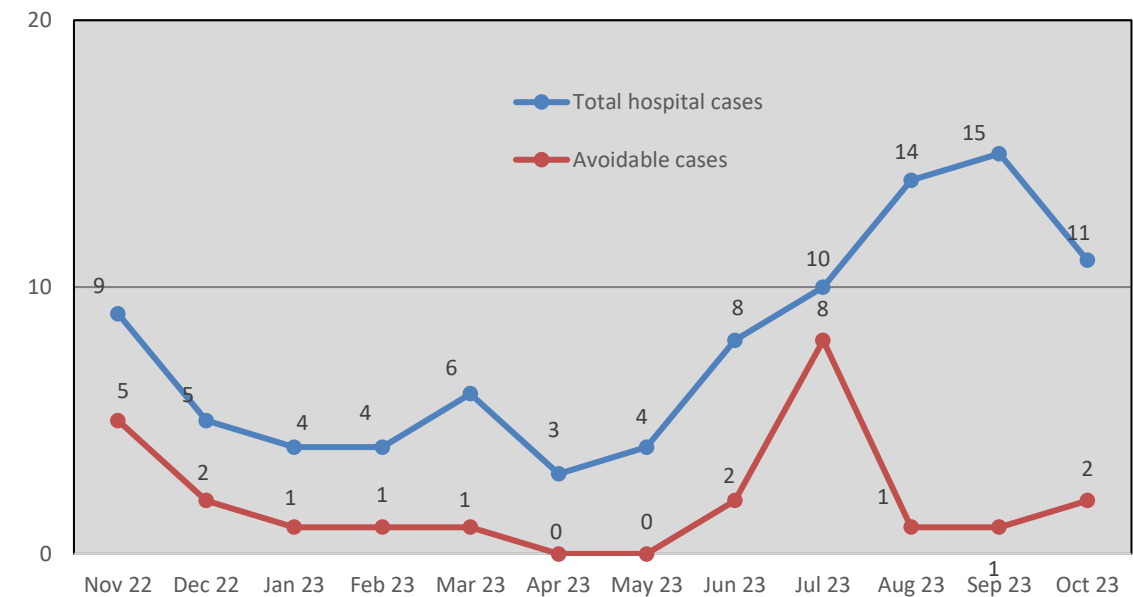
CUH trend analysis

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

• 0 cases of hospital onset MRSA bacteraemia in October 2023
• 5 cases (3 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*.

▪ 11 cases of hospital onset *C difficile* and 2 cases of COHA in October 2023.
• 56 hospital onset cases and 16 COHA cases year to date (40 cases unavoidable, 17 avoidable and 14 pending).

MRSA and C difficile key performance indicators

▪ Compliance with the MRSA care bundle (decolonisation) was 97.8% in October 2023 (77.5% in September 2023).

▪ Compliance with the *C. difficile* care bundle was 90% in October 2023 (88% in September 2023).

4HR Performance

Oct-23	Plan
60.1%	73.1%

SPC Variance
Normal variation

Shelford Group Avg (Sep-23)
70.9%

Three Month Trajectory
Nov-23	Dec-23	Jan-24
74.4%	76.1%	78.1%

Emergency Department 4hr performance compliance by month October 2022 - October 2023

⇧ better

Legend: 4hr performance · Live Mean · Mean: frozen · CUH Target · Shelford · Target

Highest breaches by specialty

Specialty	Performance	4hr Breaches
Emergency	50.6%	2,549
Medicine	23.1%	1,980
Paediatrics	38.2%	328
Surgery	24.7%	302
Orthopaedics	19.3%	271
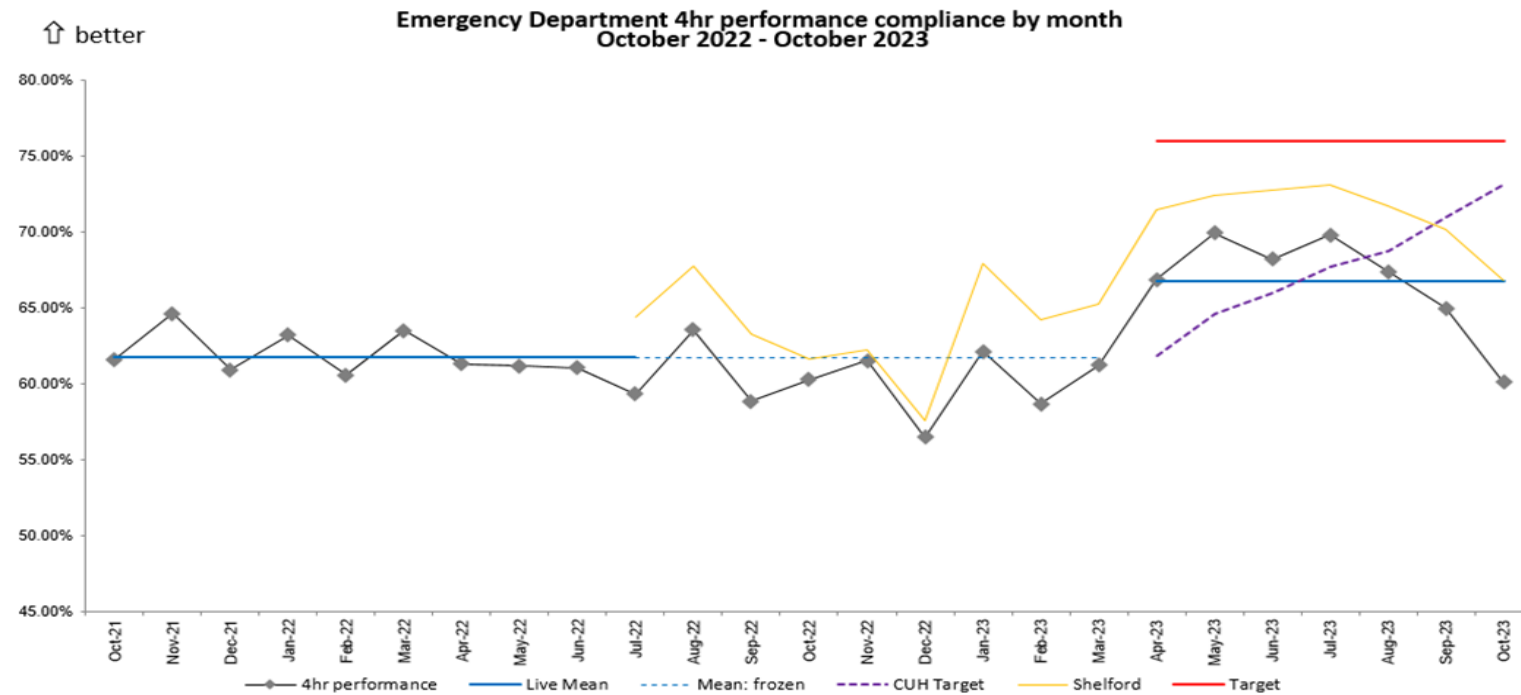
Updates since previous month
- Performance declined to 60.1% in October, down from 64.9% in September and below the target of 73.1%
- CUH ranked in the fourth quartile for performance nationally, down from the third quartile in September.

Current issues
- Average time to initial medical assessment increased to 2hrs 30mins in October, up from 2hrs 15mins in September
- Average time from arrival to specialty referral was 5hrs 47mins, beyond the 4hr target

Key dependencies
- Increase in demand of 4.8% vs. October 2022
- Availability of bed capacity for outflow
- Efficiency of front door triage and streaming processes

Future actions
- A turnaround team has been created to address the recent decrease in 4hr performance
- This will be led by the Deputy COO with reporting to the CEO via weekly escalation meetings with the COO/MD/CNO.

Ambulance Handovers > 60 minutes

NHS Cambridge University Hospitals NHS Foundation Trust

Oct-23	Target
2.1%	0%

SPC Variance
Positive special cause variation

East of England > 60 minutes

Trust	<60mins
CUH	2%
Bedford	2%
Watford	2%
Milton Keynes	5%
Basildon	8%
West Suffolk	9%
Colchester	9%
Hinchingbrooke	9%
Broomfield	10%
Southend	14%
Luton and Dunstable	15%
EoE average	17%
Papworth	18%
Ipswich	21%
Lister	24%
Peterborough City	25%
James Paget	34%
Queen Elizabeth	40%
Princess Alexandra	43%
Norfolk and Norwich	59%

⇩ better

Ambulance handovers over 60 minutes % by month October 2022 - October 2023

Legend: Amb<60 — Live Mean — — — Mean - Frozen
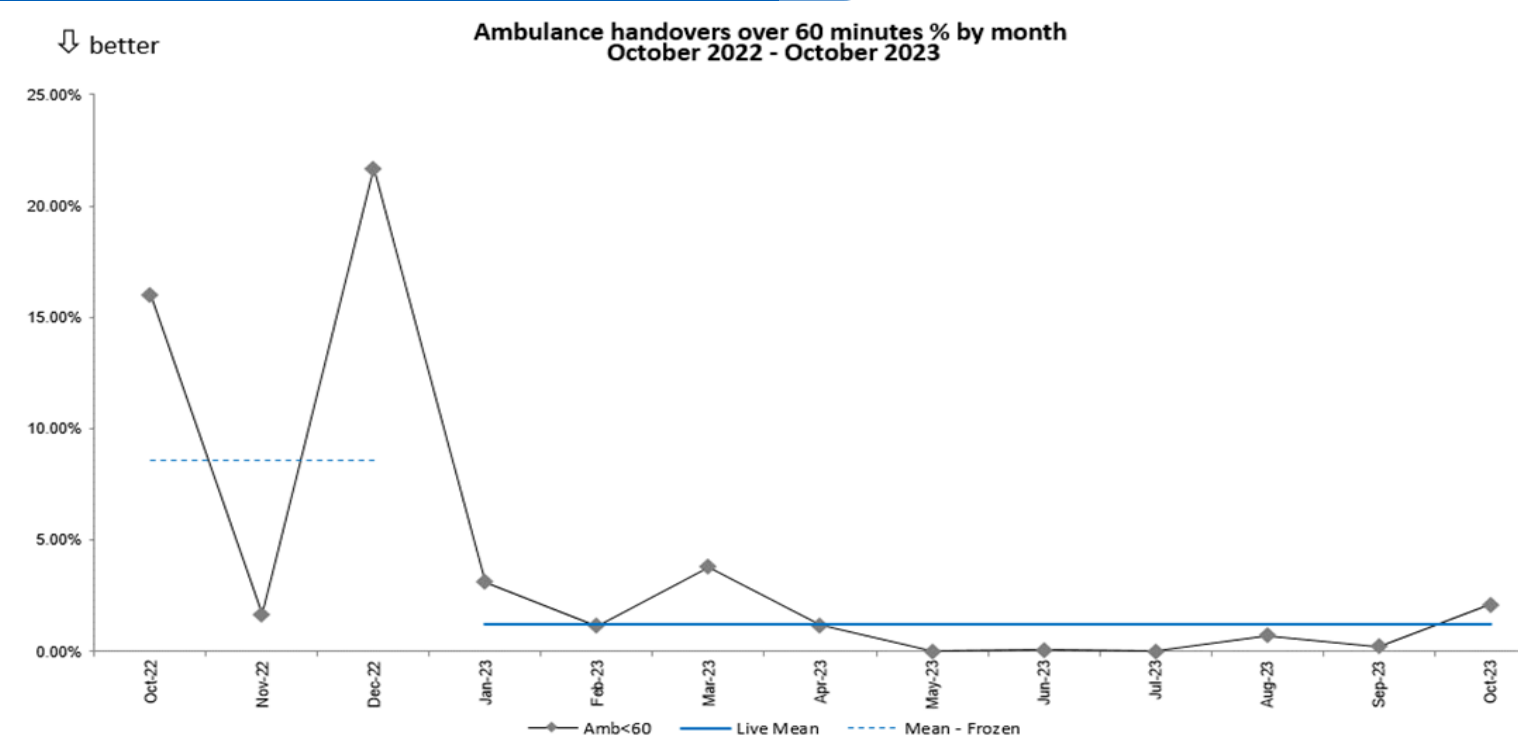
Updates since previous month
 - Ambulance handovers >60mins increased to 2.1% in October, up from 0.3% in September
 - Despite this increase, CUH was the joint top-performing trust in the region

Current issues
 - Higher numbers of patients in the Emergency Department contributed towards issues offloading ambulances during October

Key dependencies
- Availability of Hospital Ambulance Liaison Officers (HALOs) to coordinate the rapid offload of ambulances
 - Preserving rapid handover spaces
 - Rollout of the Call Before You Convey pilot

Future actions
 - Continued focus on maintaining low handover delays by optimising the transfer process and utilising rapid handover spaces as appropriate.

Overall fit test compliance for substantive staff

Division / Staff Group	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
	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%	254	146	57%	67	35	52%	132	69	52%	94	44	47%	91	43	47%	639	337	53%
Allied Health Professionals	-	-	-	57	24	42%	17	3	18%	1	1	100%	-	-	-	3	1	33%	78	29	37%
Estates and Ancillary (Porters and Security Personnel only)	114	67	59%	-	-	-	-	-	-	-	-	-	-	-	-	1	0	0%	115	67	58%
Medical and Dental	-	-	-	250	65	26%	-	-	-	192	77	40%	144	12	8%	228	67	29%	814	221	27%
Nursing and Midwifery Registered	-	-	-	683	493	72%	4	2	50%	279	171	61%	156	97	62%	374	197	53%	1496	960	64%
Total	115	67	58%	1244	728	59%	88	40	45%	604	318	53%	394	153	39%	697	308	44%	3142	1614	51%

The data displayed as of 8/11/23. 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

Author(s): Stacey Haynes   **Owner(s): Lorraine Szeremeta**

Referral to Treatment > 65 weeks and > 78 weeks

65+ Weeks

Oct-23	Plan
1043	456

SPC Variance

Positive special cause variation

% of WL over 65 weeks (Sep-23)

CUH	1.74%
Shelford Group	1.68%

Three Month Forecast (65+ wks)

Nov-23	Dec-23	Jan-24
296	220	150

Divisional Performance

Division	65+ weeks	78+ weeks
A	219	20
B	99	8
C	31	0
D	510	60
E	184	11
Trust	**1,043**	**99**

RTT Performance - patients still waiting more than 65 weeks
October 2022 - October 2023

⇩ better

Legend: >65 wks — Live Mean — Mean - Frozen — >78 wks — 65wk Plan
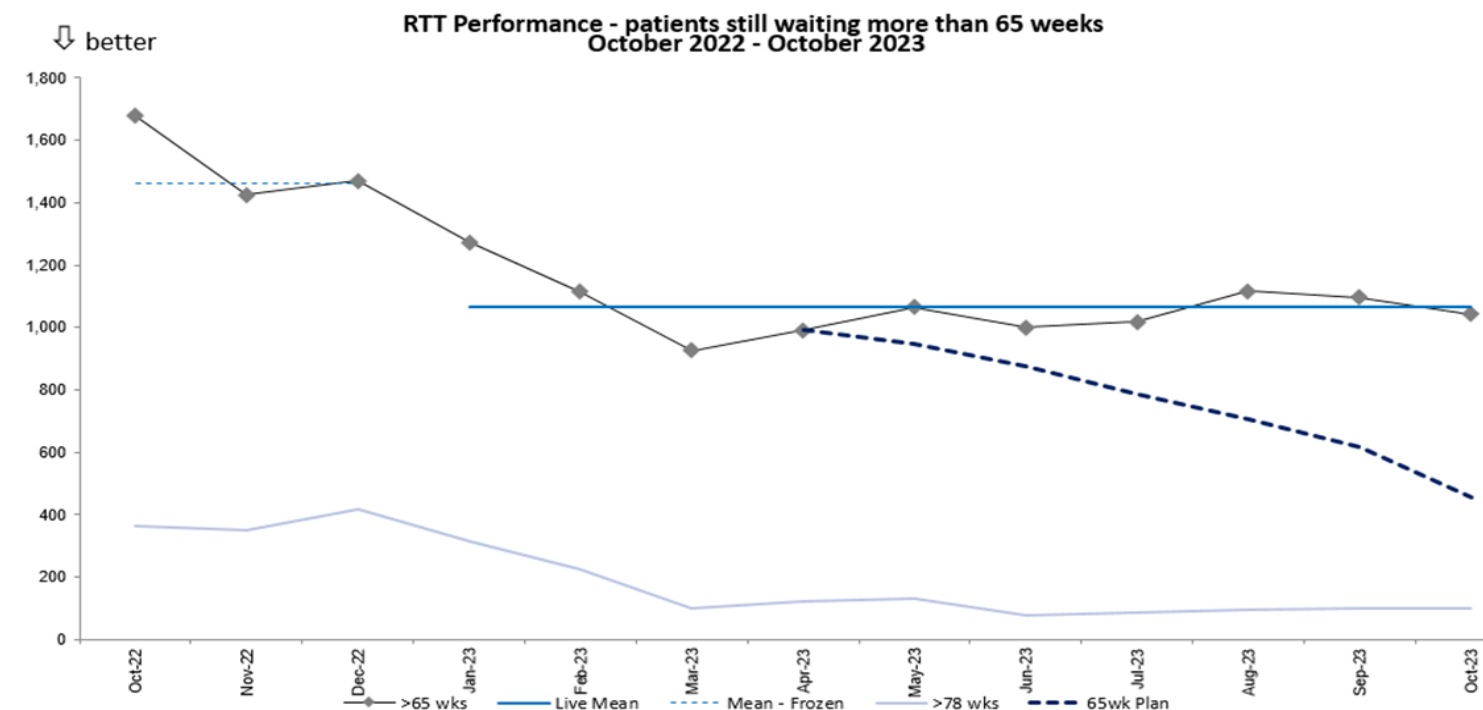
Updates since previous month

>78 week waits stable at 99 in October despite Industrial action and delay in Surgical Hub opening. ENT accounted for 17, T&O and OMFS 12
>65 weeks decreased by 54, but now 587 adverse to original plan to eradicate by March 2024.

Current issues

Industrial Action continued to impact progress with long wait reductions. Benchmark data shows that between Aug and Sept, CUH limited deterioration in > 78 weeks waits to 2%, compared to 13% Nationally and 24% within the Shelford Group.

Key dependencies

Theatre capacity (Surgical Hub opened 6/11/23)
Recruitment to medical workforce vacancies
Independent Sector for ENT.
Continuation of Insourcing OMFS to year end.
Gynaecology Insourcing (commenced 25/11/23)

Future actions

65 week year end forecast of ~800 >65 weeks is being monitored weekly at Specialty level. ENT and Gynaecology are the highest risk but are ahead of trajectory.
Patient Choice for alternative providers launched. 3.7% (100) of invited cohort responded. Four offers.

Referral to Treatment Total Waiting List

NHS Cambridge University Hospitals NHS Foundation Trust

Oct-23	Plan
62,725	63,242

SPC Variance
Negative special cause variation

Change in WL: Sep-23 vs. Aug-23
CUH	-1.02%
Shelford Group	-0.77%

Three Month Forecast
Nov-23	Dec-23	Jan-24
63,282	61,358	61,186

Referral to Treatment Total Waiting List October 2022 - October 2023

⇩ better

Legend: RTT Total — Live Mean — — Mean - Frozen ······ Plan

Waiting list by division
Division	Total Waiting List
A	12,694
B	6,156
C	4,808
D	29,413
E	9,647
Other	7
Trust	**62,725**
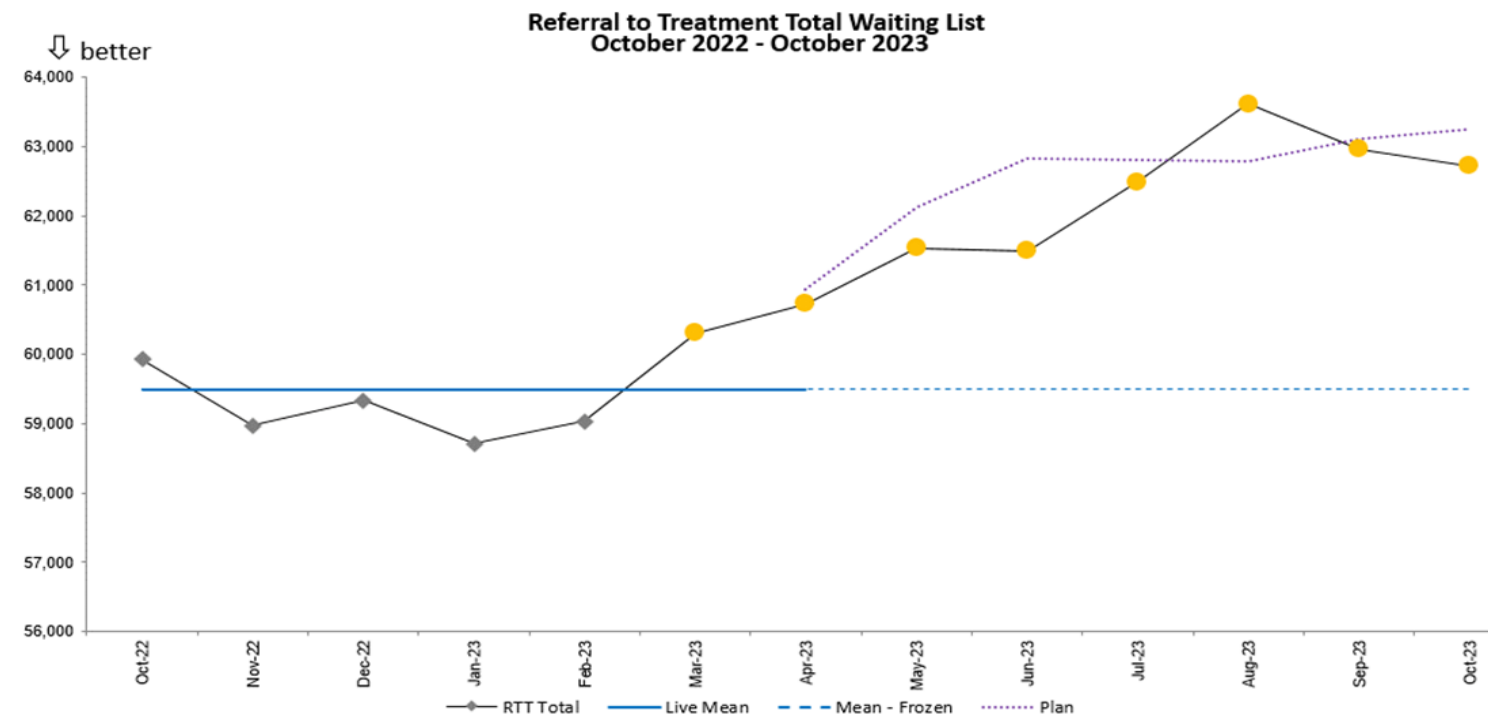
Updates since previous month
Total RTT waiting list decreased by 0.4% in month.
The total waiting list size is 138 lower than the planning submission for month 7.
Clock starts are cumulatively 2.8% below plan year to date and only 1.7% below the month 7 plan.

Current issues
Total stops (treatments) were above plan in Oct despite Industrial Action, with higher non-admitted stops compensating for low admitted performance.
The estimated lost clock stops due to Industrial Action were ~330.

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 focus on releasing capacity for new outpatients. Those awaiting 1st appointment (61.8% of total waiting list) reduced by 848 in month despite higher clock starts.
Rolling waiting list validation at 12 weeks is yielding a 6% removal rate.

Cancer - 28 day faster diagnosis standard

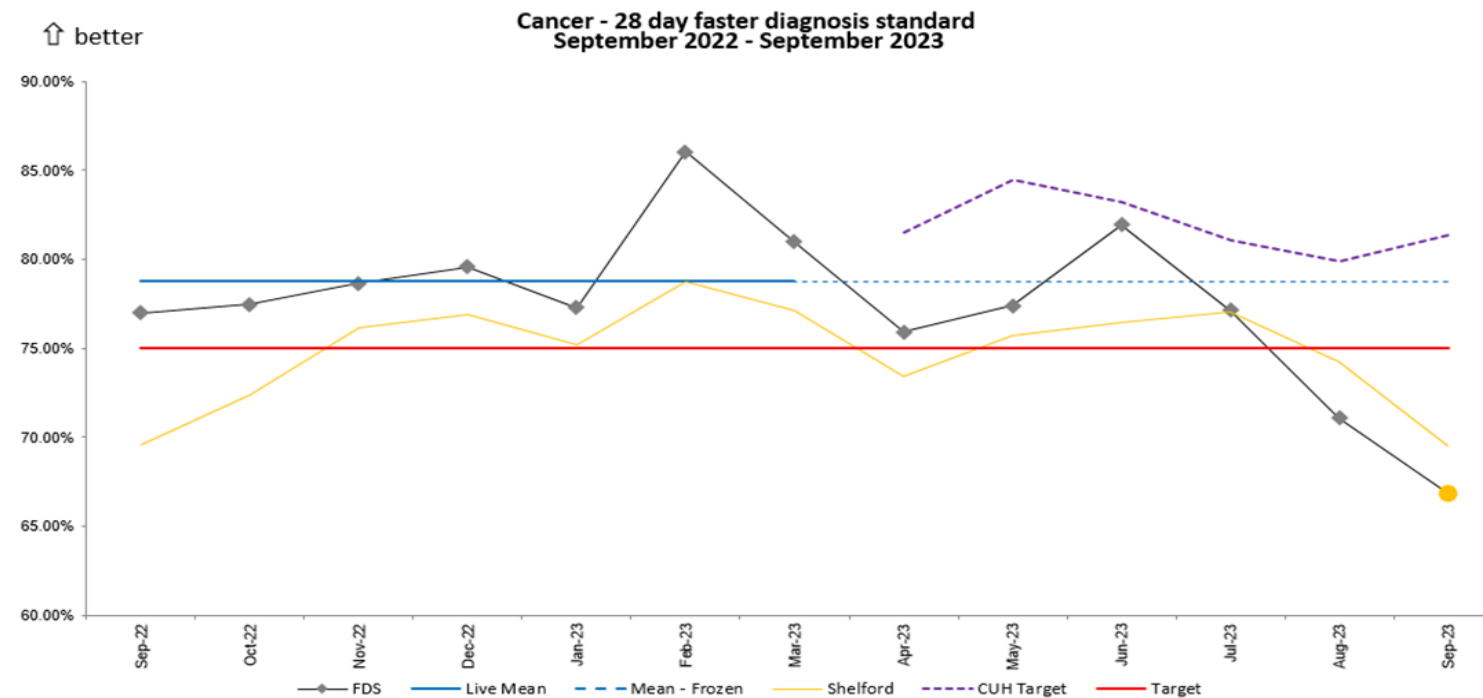**NHS Cambridge University Hospitals NHS Foundation Trust**

Sep-23	Target
66.8%	75.0%

SPC Variance
Negative special cause variation

Shelford Group Avg (Sep-23)
69.5%

Three Month Forecast

Oct-23	Nov-23	Dec-23
85.1%	83.9%	82.6%

⇧ better

Cancer - 28 day faster diagnosis standard
September 2022 - September 2023

Legend: FDS — Live Mean — Mean - Frozen — Shelford — CUH Target — Target

Cancer Site Overview

Site	Performance	Breaches
Skin	34.8%	519
Lower GI	78.2%	64
Gynaecological	59.2%	87
Head & Neck	75.7%	51
Urological	69.3%	51
Breast	96.2%	23
Haematological	36.4%	7
Sarcoma	50.0%	13
Upper GI	90.9%	2
Lung	93.4%	4
Childrens	90.9%	3
CNS/Brain	100.0%	0
Testicular	94.1%	1
Total	**66.8%**	**825**

Updates since previous month

CUH has continued to perform below for FDS. This is due to the continued deterioration in Skin performance down to 34.8%. Delays within the skin pathway have increased following exceptional demand in June and insufficient capacity to recover the resulting backlog. Pathology turn around times also continue to delay diagnosis and impact on this target.

Key dependencies

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

Current issues

Delays to 1st appointment in skin cancer, and pathology turn around times continue to impact performance across all sites. Skin delays will result in below target performance from August to November based on the recovery plan in place for skin.

Future actions

Actions are in place as part of the Cancer Improvement Plan. Focus continues on skin, gynae, urology and pathology. System meeting with GIRFT took place on 31.10.23, positive feedback on CUH strong performance for FDS. Request was to work across ICB to narrow the gap in performance across the system.
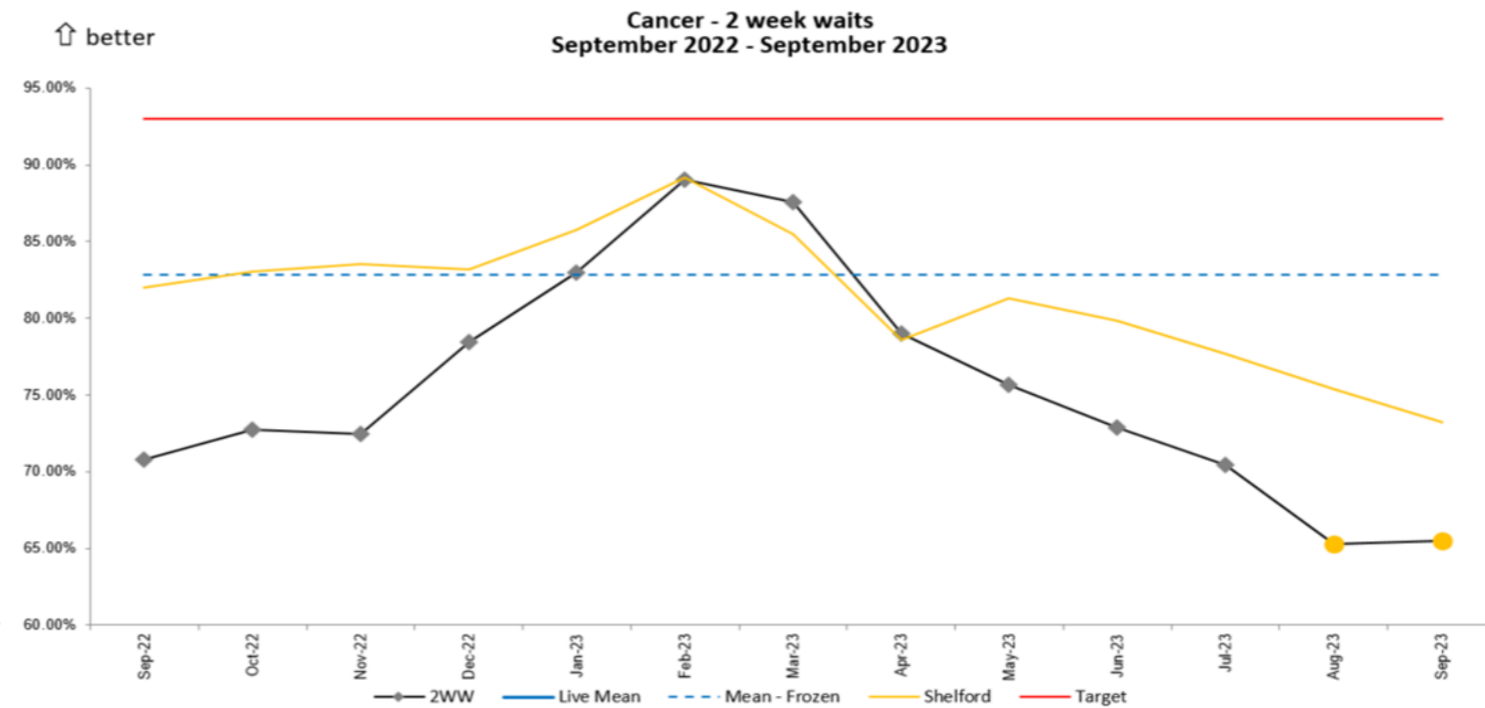
Author(s): Linda Clarke   Owner(s): Nicola Ayton

Cancer - 2 week waits

Sep-23	Target
65.5%	93.0%

SPC Variance
Normal variation

Shelford Group Avg (Sep-23)
73.3%

Cancer Site Overview as of 27/11/2023

Site	Breaches
Skin	35
Gynaecological	2
Breast	16
Head & Neck	2
Lower GI	4
Sarcoma	
Lung	
Urological	
CNS/Brain	
Haematological	
Upper GI	
All	

⇧ better

Cancer - 2 week waits
September 2022 - September 2023

Legend: 2WW — Live Mean — - - Mean - Frozen — Shelford — Target

Updates since previous month

CUH has experienced further deterioration in performance against the 2WW target due to breaches in the skin cancer pathway. Referral demand remains average across the board however it is higher than pre covid particularly for sites such as skin.

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. A recovery plan is in place with additional capacity from October. This will be the final month of reporting 2 week wait performance as it is no longer a national metric from October.

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
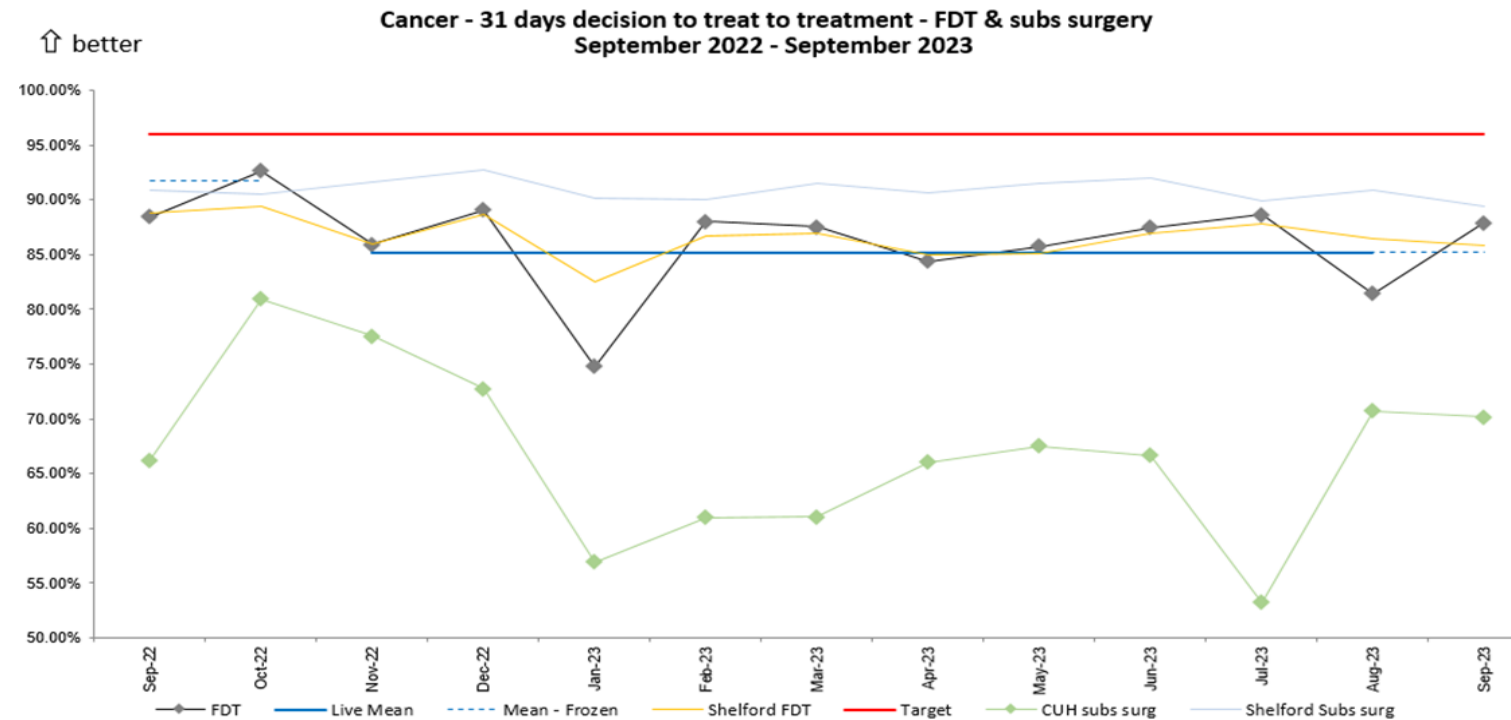- Increased capacity in clinical fellow clinics.

Cancer - 31 days decision to treat to treatment

	Sep-23	Target
FDT	87.9%	96.0%
Subs Surgery	70.2%	94.0%

SPC Variance

Normal variation

Shelford Group Avg (Sep-23)

FDT	85.8%
Subs Surgery	89.4%

Cancer Site Overview as of 21/11/2023

Site	Backlog
Breast	21
CNS/Brain	0
Gynaecological	3
Head & Neck	3
Haematological	0
HPB	8
Lower GI	2
Lung	1
Childrens	0
Sarcoma	0
Skin	45
Testicular	0
Upper GI	0
Urological	17
All	100

Cancer - 31 days decision to treat to treatment - FDT & subs surgery
September 2022 - September 2023

⇧ better

Legend: FDT, Live Mean, Mean - Frozen, Shelford FDT, Target, CUH subs surg, Shelford Subs surg

Updates since previous month

CUH continues to fall below target with 94% of the breaches in September relating to surgical capacity, the sites with the largest breaches are in Skin (23%), LGI (19%), and Kidney (17.9%).

Current issues

Access to sufficient theatre capacity within 31 days remains an issue across multiple cancer sites. Radiotherapy suffered a 2 day shut down on 1 linac due to equipment failure, this along with record referral numbers in October has resulted in a number of breaches particularly in breast and urology. The service is working extended days and weekends to recover.

Key dependencies

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

Future actions

Continued focus on lower GI, HPB, skin, and kidney surgery in November/December.
Additional treatment capacity for skin has been agreed from October with additional cancer alliance funding.
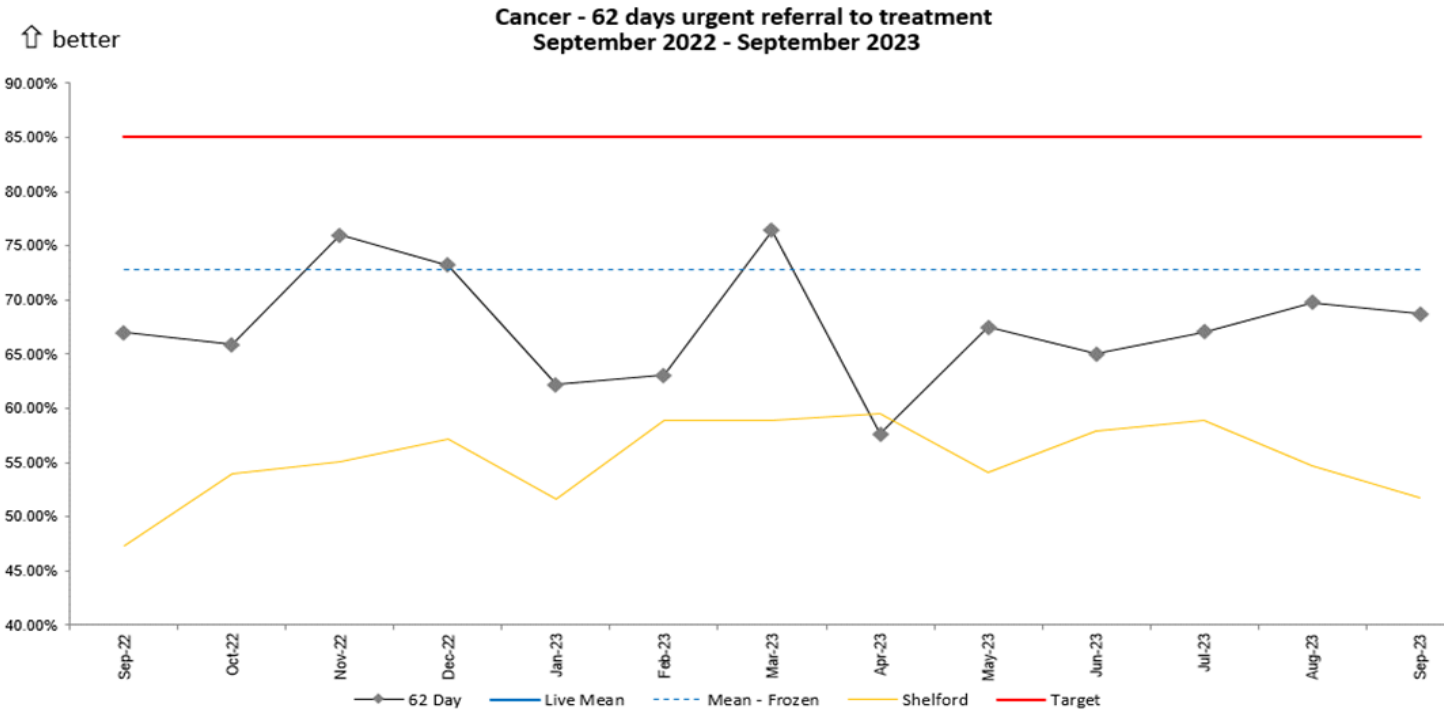
Cancer - 62 days urgent referral to treatment

NHS Cambridge University Hospitals NHS Foundation Trust

Sep-23	Target
68.7%	85.0%

SPC Variance
Normal variation

Shelford Group Avg (Sep-23)
51.8%

Cancer Site Overview as of 21/11/2023

Site	Backlog
Breast	5
CNS/Brain	1
Gynaecological	15
Head & Neck	12
Other Haem Malignancies	4
Lower GI	7
Lung	8
NSS	0
Upper GI	1
Urological	29
Sarcoma	4
Skin	93
HPB	7
Childrens	0
Symptomatic Breast	0
All	**186**

⇧ better

Cancer - 62 days urgent referral to treatment
September 2022 - September 2023

Legend: 62 Day — Live Mean — Mean - Frozen — Shelford — Target

Updates since previous month

CUH performance remains below target although continues to be higher than the Shelford Group. 52% of breaches are CUH only patients and of that 66% were due to delays within CUH control such as delayed pathology reporting, outpatient and surgical capacity. 33% of referrals to CUH from regional hospitals were treated in the required 24 days, this reduction is due to referrals without the required diagnostics being completed at referring trusts.

Current issues

- Delays in pathology turn around times (currently at 32% 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
- Improved regional compliance with the Inter provider transfer policy, including all diagnostics being completed prior to tertiary referral.

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 December - this will impact performance from November. Urology have already seen an improvement in backlog which will result in improved performance.

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

Diagnostic Performance

Oct-23	Plan
36.6%	23.7%

SPC Variance

Positive special cause variation

Shelford Group Avg (Sep-23)

21.2%

Three Month Forecast

Nov-23	Dec-23	Jan-24
19.3%	15.5%	9.3%

⇩ better

Percentage of Diagnostic Waits over Six Weeks
October 2022 - October 2023

Legend: 6ww % — Live Mean — Mean - Frozen — Shelford — CUH Target — Target

Modality overview

Modality	% >6wks	Breaches
Echocardiography	68.8%	2397
Non obstetric ultrasound	30.3%	783
Audiology	68.7%	994
Magnetic Resonance Img'	14.1%	305
DEXA Scan	8.5%	52
Computed Tomography	13.8%	127
Urodynamics	59.4%	203
Neurophysiology	4.7%	9
Cystoscopy	10.6%	32
Gastroscopy	4.8%	28
Colonoscopy	0.3%	2
Respiratory physiology	20.0%	7
Barium Enema	14.5%	8
Flexi sigmoidoscopy	0.0%	0
Total		**4947**
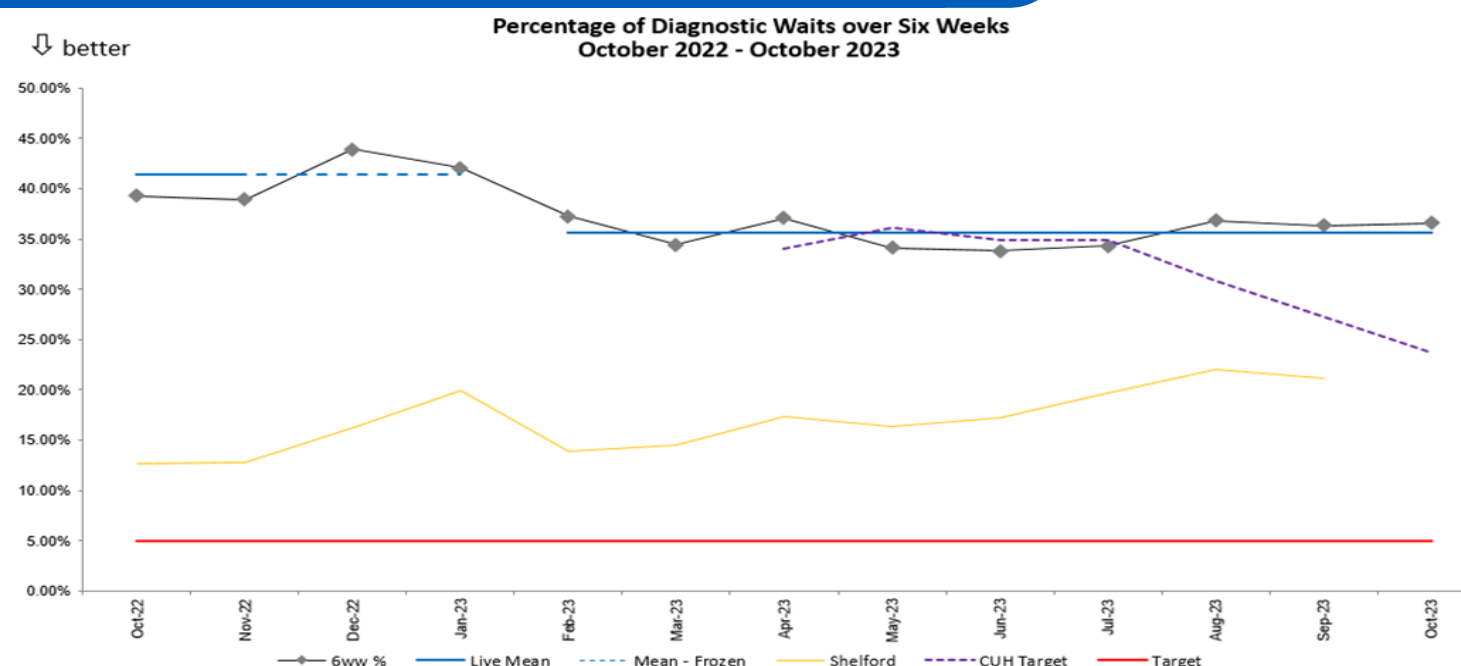
Updates since previous month

October 6wk performance has remained stable at 36.6%, but significantly adverse to the planning assumption for improvement.
The total waiting list increased by 794 due to a catch up of administrative backlog for echo orders. The volume >6 weeks increased by 317 for the same reason.

Current issues

Echo (+332) Audiology (+52) and Ultrasound (+40) deteriorated their >6ww position.
Echo is 48% of the Trust total > 6 weeks. Current Insourcing provider ceases end Nov 23, a new provider has been identified to commence in Dec 23.
52% vacancy rate (10.5 wte) continues for Cardiac Physiologists who deliver the Echo service.

Key dependencies

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

Future actions

Refer a friend scheme introduced and out to advert.
Enhanced bank rates in Echo approved until Jan 24.
No progress via overseas recruitment agencies.
6 candidates shortlisted for Band 7 Physiologists (7.5 wte vacancies)
Support from RPH Physiologists being taken forward by workforce leads.
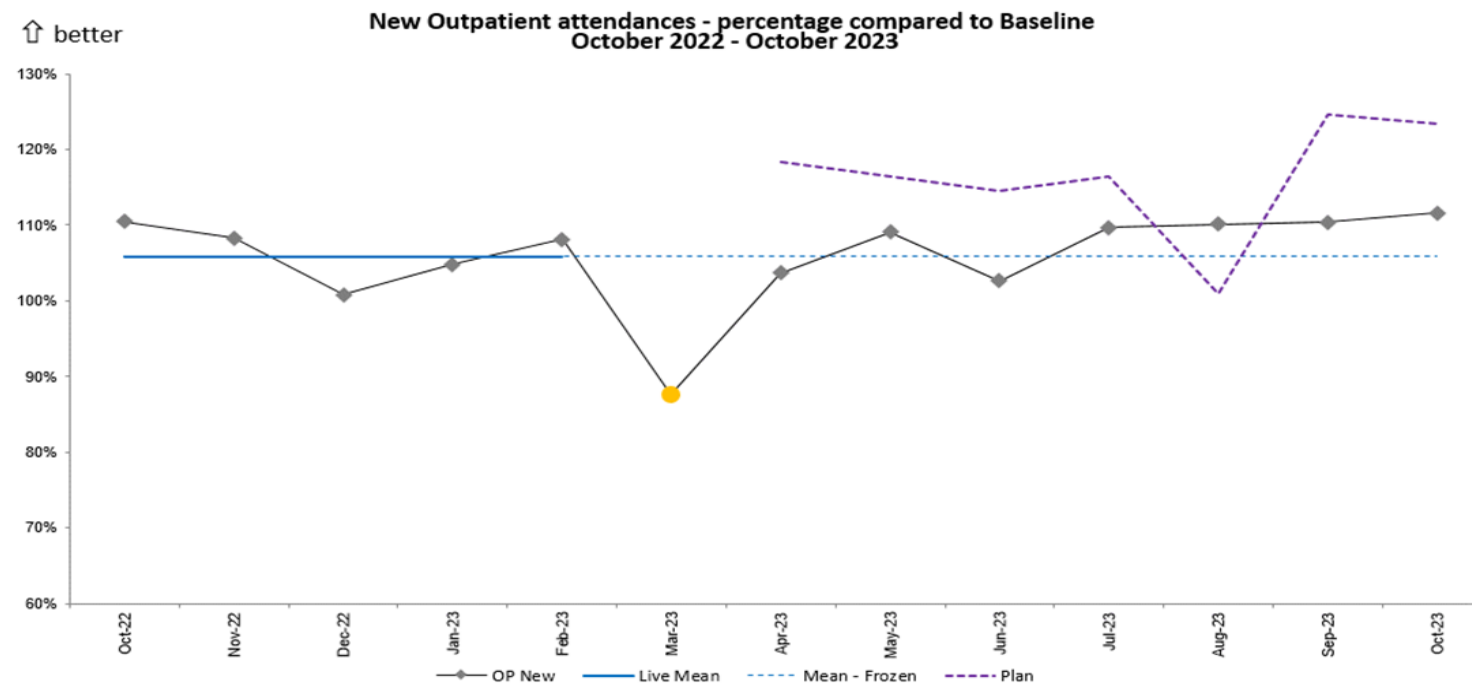
New Outpatient Attendances - % vs. Baseline

Oct-23	Plan
111.6%	123.3%

SPC Variance
Normal variation

Shelford Group Avg (Sep-23)
N/A

Three Month Forecast

Nov-23	Dec-23	Jan-24
106.9%	119.8%	111.3%

⇑ better

New Outpatient attendances - percentage compared to Baseline
October 2022 - October 2023

Legend: OP New — Live Mean — Mean - Frozen — Plan

Divisional overview

Division	Performance
A	112.1%
B	110.1%
C	96.8%
D	114.0%
E	103.9%

Updates since previous month

CUH new activity remains adversely below plan for end March 2024, however, the most recent data point in October evidences the strongest performance for over 12 months. Division D continues to be the highest performer.

Current issues

New OP appts waiting list remains high at 64,344 in October. The rate of rise has slowed, the median for the past six months is 0.5%, compared to 1.5% for the previous year. The rate has been lower than the current median of 0.5% for the past 3 months, reaching -0.1% in October 2023.

Key dependencies

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 learnfrom other Trusts e.g. on new:follow up ratio, virtual, PIFU, DNA and other rates.

Future actions

A greater volume, pace and spread is needed to achieve the required scale of change.

Follow Up Outpatient Attendances - % vs. Baseline
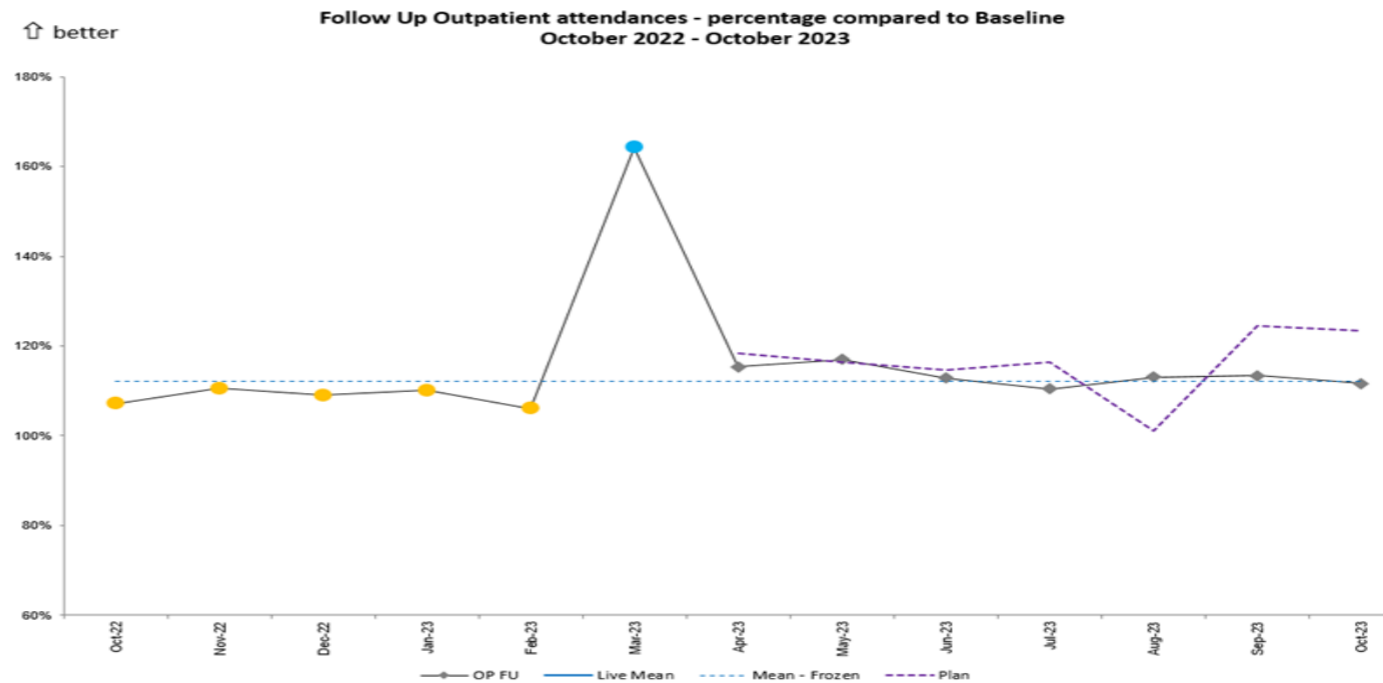
NHS
Cambridge
University Hospitals
NHS Foundation Trust

Oct-23	Plan
111.6%	125.4%

SPC Variance
Normal variation

Shelford Group Avg (Oct-23)
N/A

Three Month Forecast

Nov-23	Dec-23	Jan-24
110.8%	122.0%	116.2%

⇧ better

Follow Up Outpatient attendances - percentage compared to Baseline
October 2022 - October 2023

— OP FU   — Live Mean   ---- Mean - Frozen   ---- Plan

Divisional overview

Division	Performance
A	108.9%
B	99.1%
C	109.2%
D	108.3%
E	140.4%

Updates since previous month
CUH follow up activity has increased in 2023 and remains adversely above the 100% CUH target for end March 2024. A more in-depth look at the numbers suggests some of this increase is driven by non-consultant follow ups which were not recorded in 2019/20, now being recorded.

Key dependencies
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 6 more in the eHospital build pipeline, and several others having planning discussions to introduce PNP.

Current issues
The number of overdue follow-ups has steadily increased for the last 2 and a half years, reaching 57,367 in October 2023. All divisions have overdue follow-ups on their risk registers. Division E overdue follow ups have plateaued, further monitoring is needed to see if the halted increase turns into a favourable decrease.

Future actions
The national target is to reach 75% by end 2023/24 which is highly unlikely to be met. However, for five consecutive months activity has been lower than the current median, reaching 112.4% in October 2023.
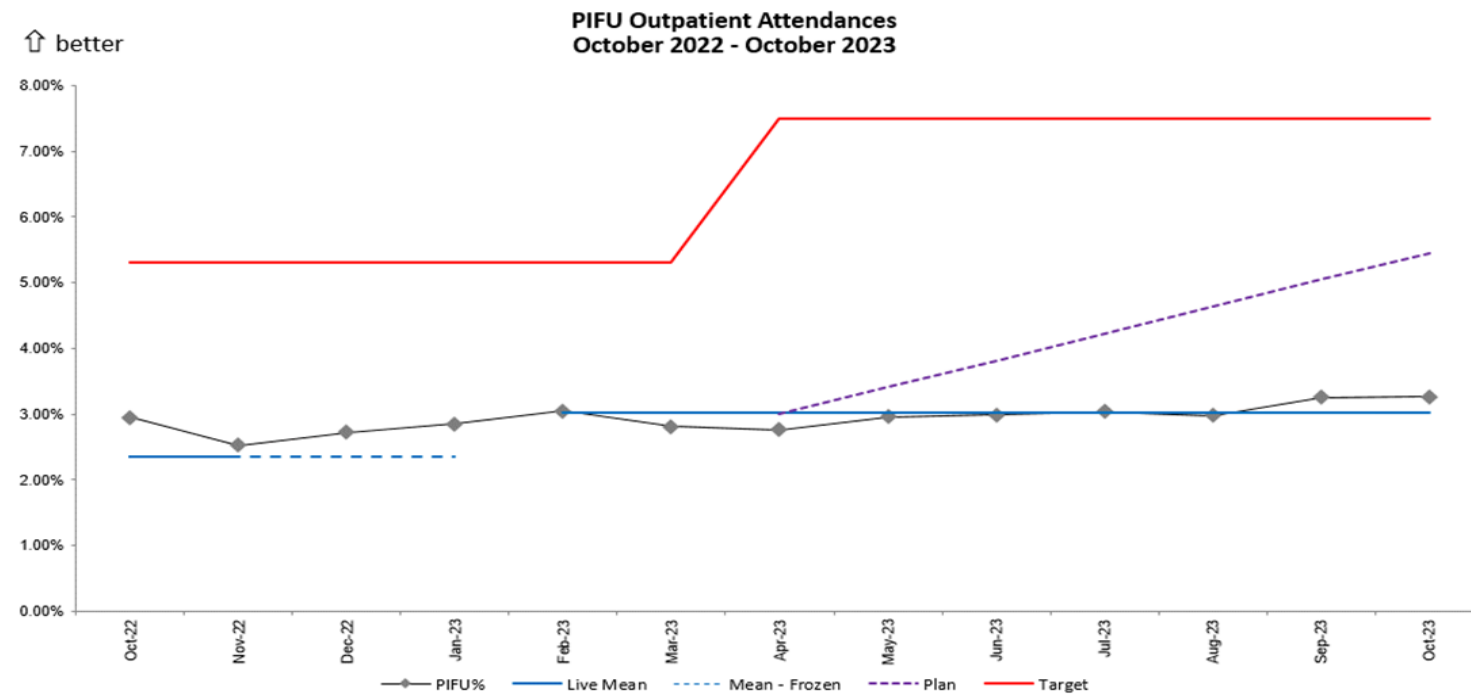
Author(s): Andi Thornton   Owner(s): Nicola Ayton

PIFU Outpatient Attendances

Oct-23	Plan
3.3%	5.5%

SPC Variance
Normal variation

Shelford Group Avg (Oct-23)
N/A

Three Month Forecast

Nov-23	Dec-23	Jan-24
5.9%	6.3%	6.7%

⇧ better

**PIFU Outpatient Attendances
October 2022 - October 2023**

Legend: PIFU% — Live Mean — Mean - Frozen — Plan — Target

Divisional overview

Division	Performance
A	7.9%
B	3.8%
C	1.3%
D	1.8%
E	3.1%

Updates since previous month

There is a consistent trend upwards in the use of PIFU but CUH is yet to reach the 7.5% target for end March 2024. The rate of rise is slow, with the median for the last six months increasing to 3.3%. Division A is the only Division to meet, and exceed, the 7.5% target.

Current issues

None

Key dependencies

CHEQS data shows the correlation between PIFU and reduced follow ups. As of 07 November 2023, of the 70,527 PIFU orders placed since 2019 – 43,070 have expired. 92% expired with no follow up taking place which equates to 39,616 follow ups being saved / avoided due to a PIFU being in place.

Future actions

Further action is needed to accelerate the pace and scale of PIFU increase. Divisions are encouraged to use monthly data provided by the Improvement and Transformation team, to review PIFU usage at specialty and consultant level, and target action.
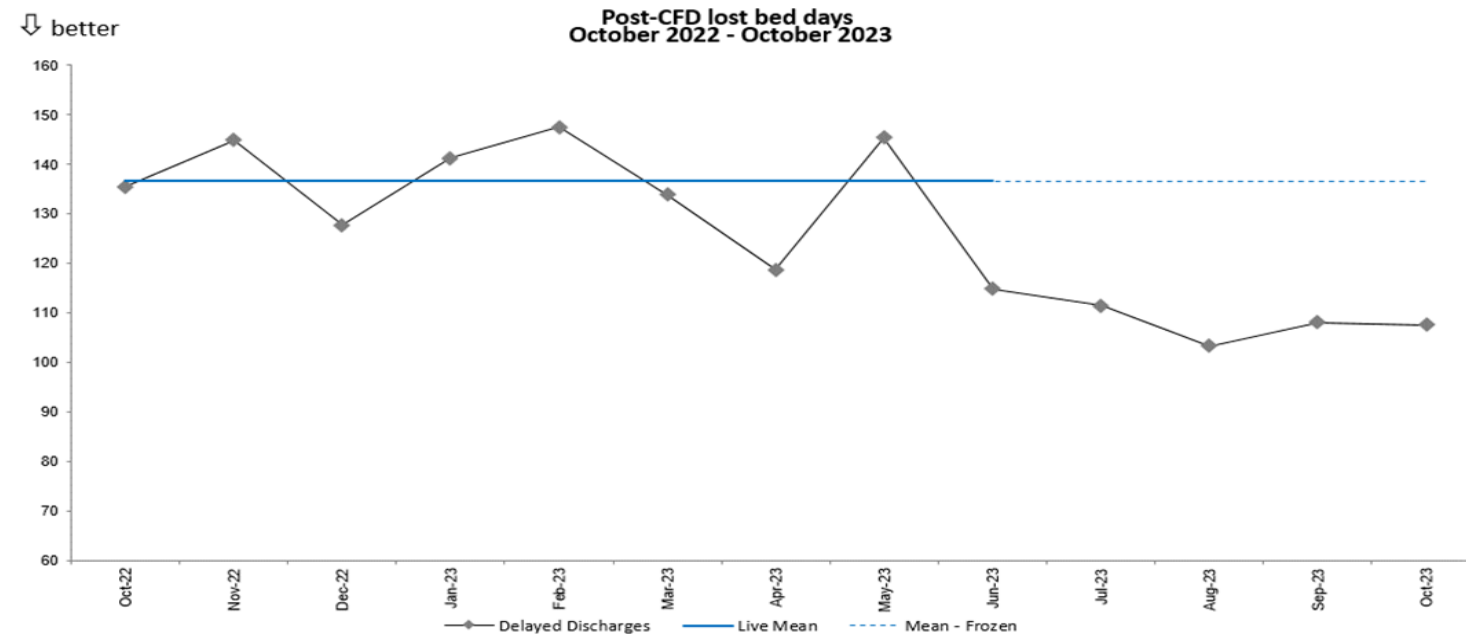
Delayed discharges

Oct-23	Target
108	N/A

SPC Variance
Normal variation

Shelford Group Avg (Oct-23)
N/A

Beds lost to delays - by pathway

Pathway	Beds lost
Pathway 1	40
Pathway 3	25
Pathway 2	17
Pathway 0	20
Internal Assessments	4
External Assessments	0
Triage	0
Unknown	2
Total	**108**

⇩ better

Post-CFD lost bed days
October 2022 - October 2023

Delayed Discharges — Live Mean — — Mean - Frozen

Updates since previous month
 - The Trust lost 108 beds to patients who remained in hospital beds after their clinically fit date
 - This is primarily due to patients awaiting packages of care in the community

Current issues
 - Patients awaiting a package of care at home (pathway 1) represented the single largest contribution to beds lost to delayed discharges in October (40 beds)

Key dependencies
- Availability of packages of care on a timely basis
- Availability of staff to provide packages of care
- Timely agreement of of funding streams to support care

Future actions
 - On-going work with the ICB to streamline pathways, including additional resources provided to the Transfer of Care Hub
 - Analysis of data to identify specific areas of delay.

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

Theatre Utilisation - Elective GIRFT Capped

NHS Cambridge University Hospitals NHS Foundation Trust

Oct-23	Plan
77.0%	85.0%

SPC Variance

Normal variation

Performance in the 2 weeks to 22/10/2023

CUH	77.0%
Shelford Grp Median	77.0%

Three Month Forecast

Nov-23	Dec-23	Jan-24
85.0%	85.0%	85.0%

Utilisation by department

Department	Utilisation
ATC	75.2%
Main	78.4%
Rosie	81.6%
CEU	71.2%
Ely	74.4%
All	**77.0%**

⇧ better

Theatre Utilisation - Elective GIRFT Capped
October 2022 - October 2023

Legend: Theatre Util · Live Mean · Mean - Frozen · Plan
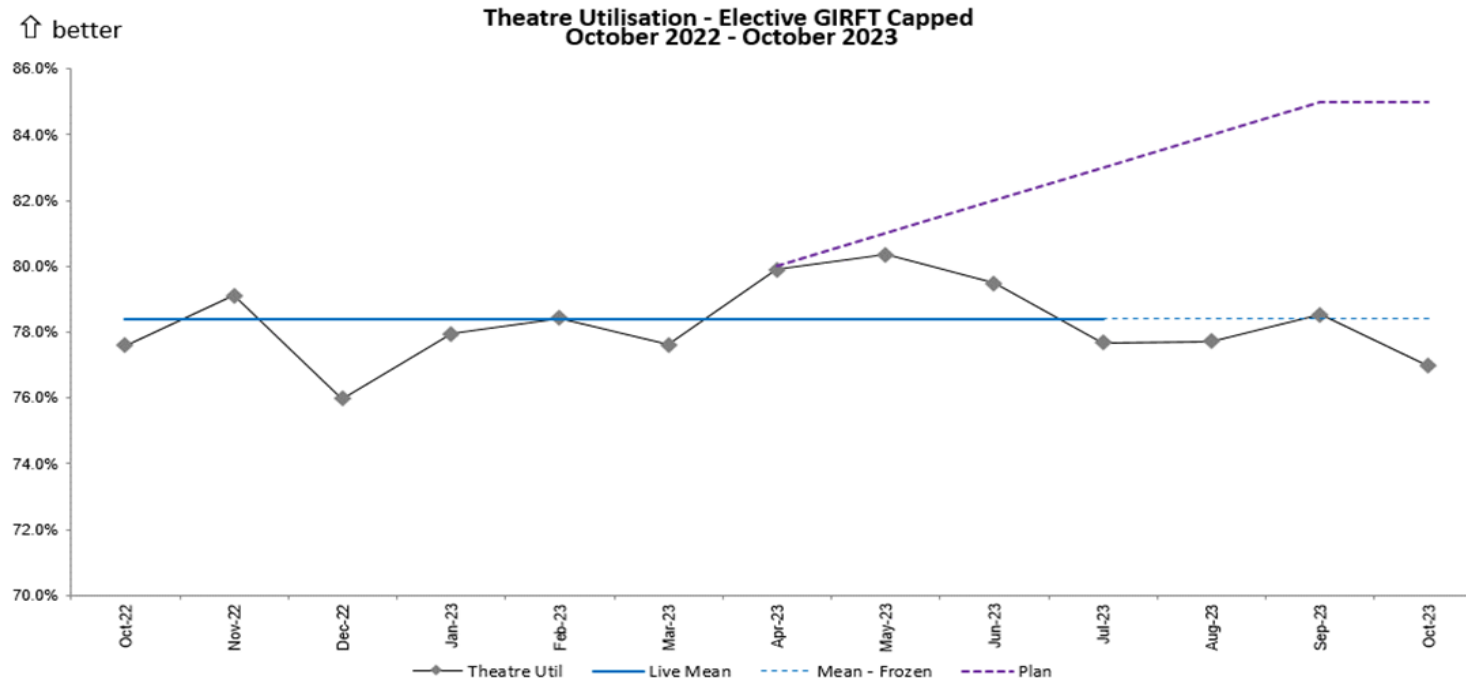
Updates since previous month

Utilisation at 77% was a deterioration, and below National median for three of the 4 weeks in October.
Sessions used were high at 90.2%, and up to 95.9% when Industrial Action dates are excluded.

Current issues

ATC Utilisation dropped to 5% below their aevarge for the year in October. Five specialties achieved over 85% utilisation in month. Ten were below 70%
Short notice cancellations were highest YTD at 327. 30% for clinical reasons, 19% patient CNA/DNA

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

Good practice for utilising stand by patients to mitigate for short notice cacnellations to be more widely shared.
Constraints in surgical bed availability is a factor in delayed starts, increased turnaround times, and cancellations.
Emergency length of stay should remain a focus of all Surgical Divisions.

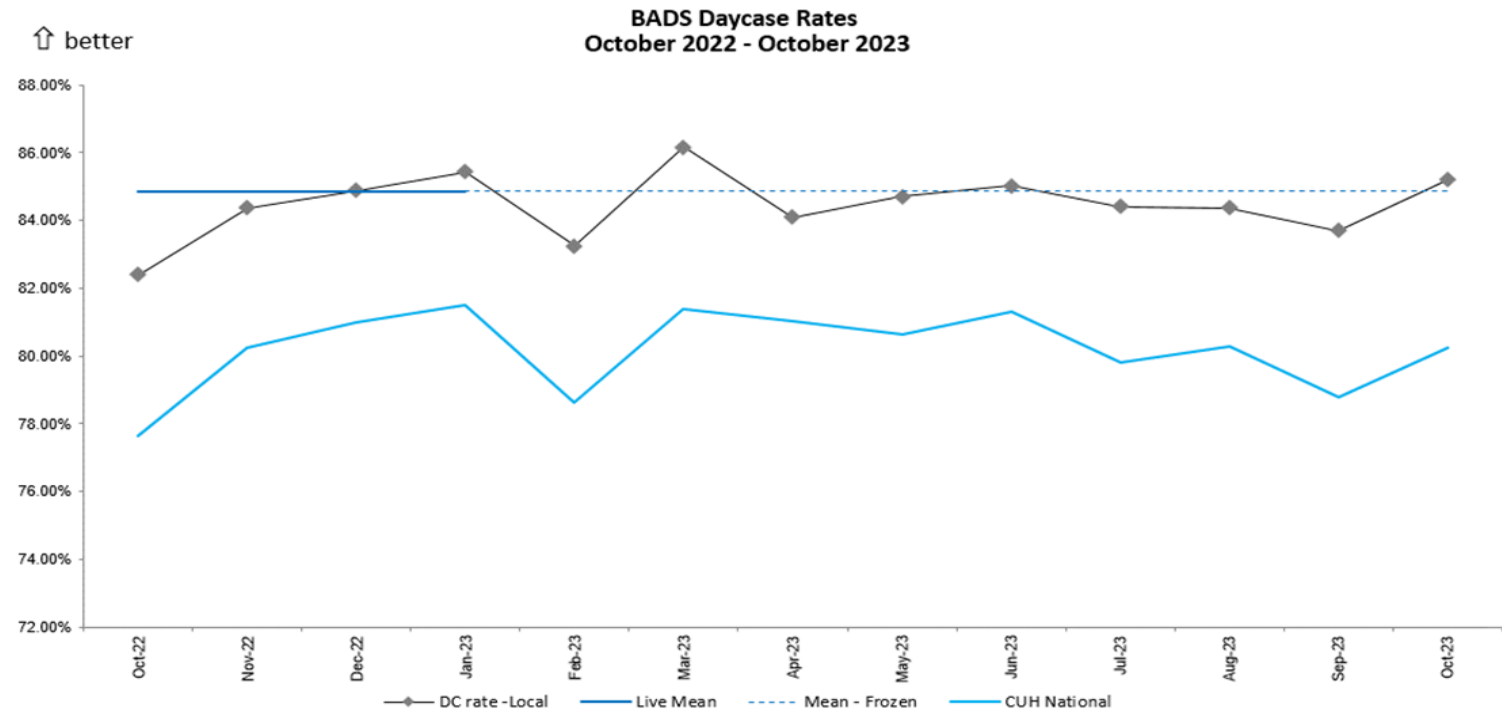**Author(s): Linda Clarke   Owner(s): Nicola Ayton**

BADS Daycase Rates

Oct-23	Target
85.2%	N/A

SPC Variance
Normal variation

Shelford Grp Median 3m to end of Jul '23
77.1%

BADS Section Day Case Rate for HVLC focus areas

	3 months to end of Jul '23			Oct-23
Specialty	CUH	Shelford	Quartile	Local
Orthopaedics	84.8%	83.1%	2	90.3%
ENT	682.0%	82.7%	1	81.5%
General	65.0%	66.0%	1	70.9%
Gynaecology	58.9%	65.1%	2	77.8%
Opthalmology	98.9%	98.1%	3	99.7%
Urology	68.0%	68.6%	2	76.4%

⇧ better

**BADS Daycase Rates
October 2022 - October 2023**

Legend: DC rate -Local — Live Mean --- Mean - Frozen — CUH National

Updates since previous month

Model Hospital GIRFT data for 3months to Aug 2023 still shows low performance in quartile 1.
Local BADS reporting for zero LOS shows GIRFT expectation at 85.2% was met in October.

Current issues

Inaccurate recording of Intended Management. 60 zero LOS BADS procedures were recorded as in-patient intended management in October.
General Surgery day case rate deteriorated in month. 12% of the >0 LOS. were Lap Chole.

Key dependencies

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

Future actions

Incorrect intended management being circulated to Specialties each month to encourage correct use at listing.
Board rounding at 10am, 12pm and 2pm within L2DSU to ensure daycases progressing.

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

Discharge Summaries

Discharge Summary Letters (Weekly)

Percent of discharge summaries sent in under 2 days
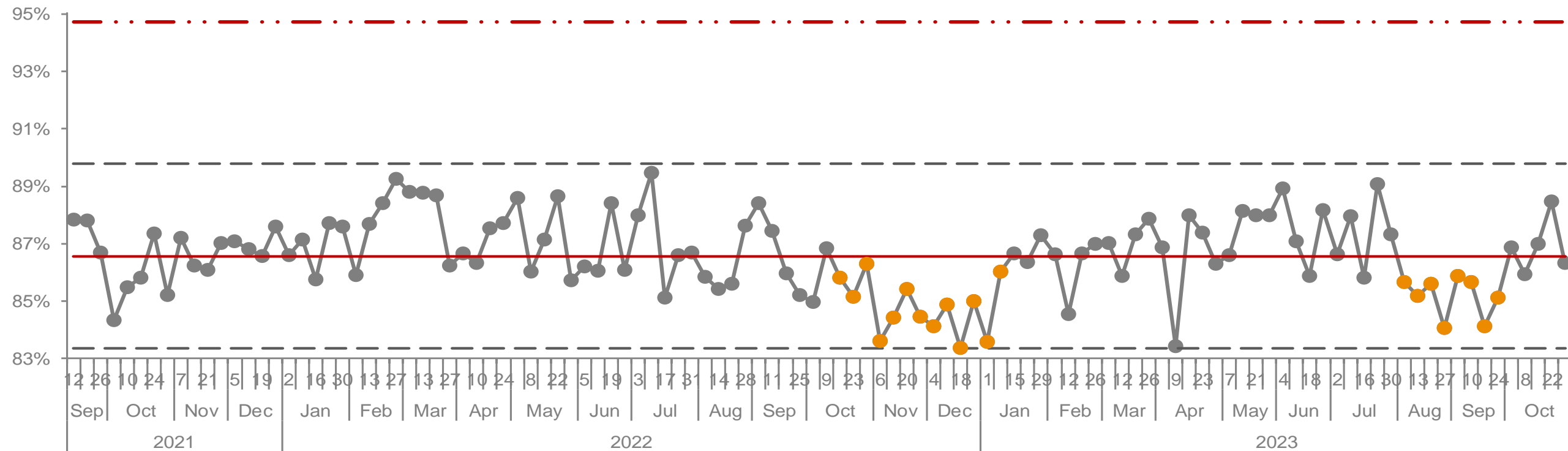
Discharge summaries

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)

The good experience and poor experience indicators omit neutral responses.

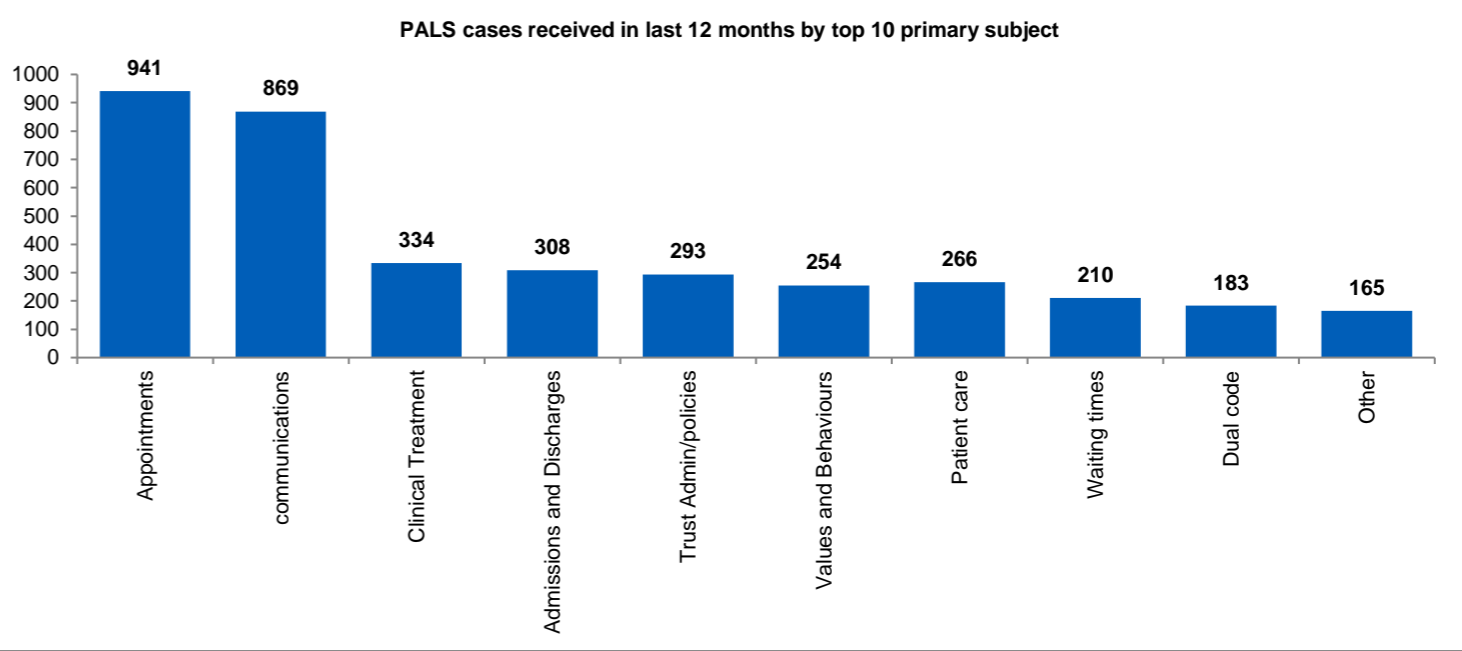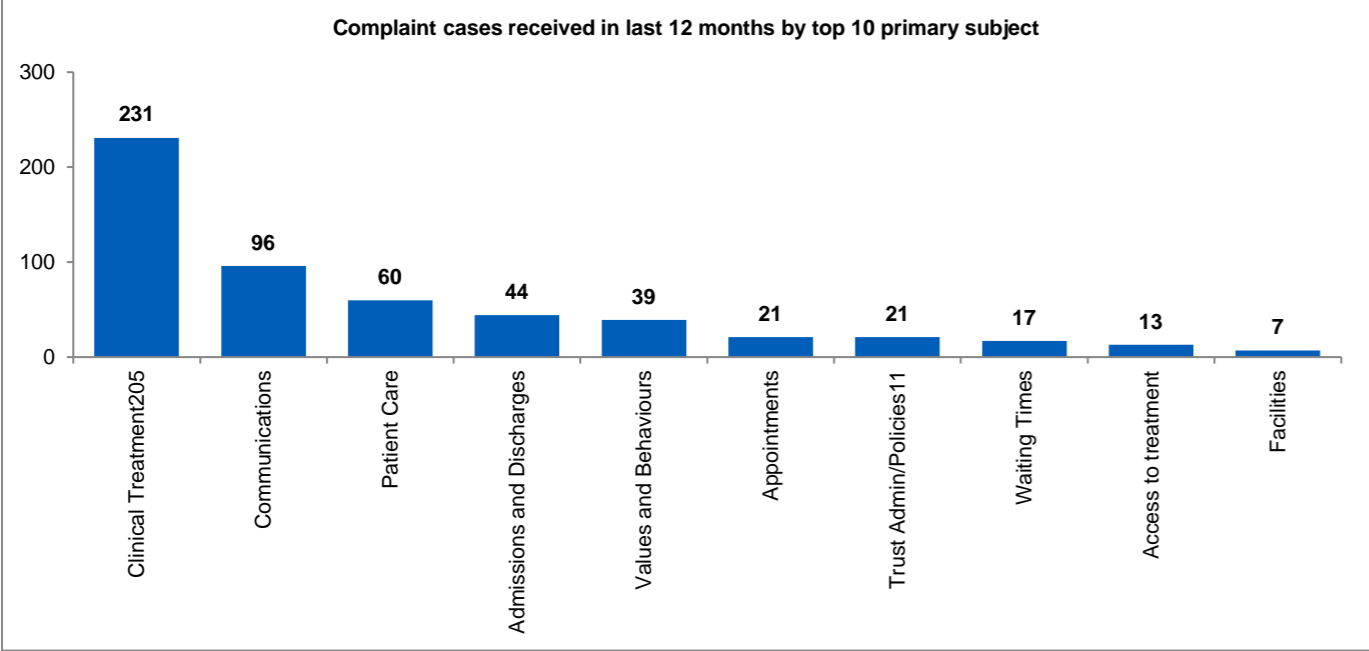| Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Oct 23	Month	-	91.7%	95.2%	L	SP	-	For October the Good score decreased by 2%, and is now the lowest for the year. The Poor score increased by 1% and is now the same score in June, and is the highest for the year. **FOR OCT: there were 447 FFT responses collected from approx. 4204 patients.**
FFT Inpatient poor experience score	Jul 20 - Oct 23	Month	-	4.3%	1.9%	H	SP	-	
FFT Outpatients good experience score	Apr 20 - Oct 23	Month	-	94.1%	94.8%	L	S7	-	For October, the Good slightly increased by 0.6% compared to August. The Poor score remained the same compared to September. There were 4 paediatric FFT responses (8 paeds responses in Aug) so the FFT scores mainly reflect adult clinics. **FOR OCT: there were 5238 FFT responses collected from approx. 30,023 patients.** The SPC icons shows special cause variations: high is a concern with having more than 7 consecutive months below/above the mean / low is a concern.
FFT Outpatients poor experience score	Apr 20 - Oct 23	Month	-	3.0%	2.5%	H	S7	-	
FFT Day Case good experience score	Apr 20 - Oct 23	Month	-	96.0%	96.5%		-	-	For October there was a 0.5% decrease in the Good score, and the Poor score remained the same, compared to August. The Good score has remained above 96% for the past 3 months, and the Poor score under 2% for 2 months. **FOR OCT: there were 1229 FFT responses collected from approx. 4,678 patients.**
FFT Day Case poor experience score	Apr 20 - Oct 23	Month	-	1.6%	1.7%		-	-	
FFT Emergency Department good experience score	Apr 20 - Oct 23	Month	-	75.8%	82.8%		-	-	For October the overall Good score decreased by 4% and is now the lowest score for the year. The Poor score increased by 2.5% and 12.7% is the highest for the year. Both the adult and paeds Good score decreased, with the paeds Good score a 4% decline, compared to August. Both the adult and paeds Poor scores increased: adult by 1.5% and paeds by 5%. **FOR OCT: there were 921 FFT responses collected from approx. 5,531 patients**.
FFT Emergency Department poor experience score	Apr 20 - Oct 23	Month	-	15.2%	10.5%		-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Oct 23	Month	-	89.5%	94.8%		-	-	**FOR OCT:** Antenatal had 2 FFT response - 50% Good; Birth had 42 FFT responses out of 468 patients - 95% Good / 2.4% Poor; Postnatal had 51 FFT responses: LM had 23 FFT (improvement from 5 in Sep) with 82.6% Good / 4.3% Poor, DU had 3 FFT with 100% Good, BU had 22 FFT with 86.4% Good / 4.5% Poor, and COU 100% Good from 3 responses. 0 FFT responses from Post Community. **OCT MATERNITY OVERALL:** Good score decreased by 0.6% and Poor score decreased by 2% from 95 FFT responses.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Oct 23	Month	-	3.2%	2.0%		-	-	

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 September 12 wards did not collect any FFT data.

There continues to be a mix of FFT scores each month. Outpatients is the only FFT Good score that improved, but very slightly by 0.6%. Inpatients, day case, ED and maternity all had declined Good scores, with ED having the largest decline of 4%. However, compared to October 2022, ED has improved both Good score (by 6%) and Poor score (5%). There was no improved FFT Poor scores: Outpatients and day case Poor scores remained the same in October compared to September. Maternity Good score had a slight decrease of 0.6% and continues to be the lowest Good score for the past 12 months. The maternity Poor score improved by 2% and is from improved scores in birth and postnatal.

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	Oct 19- Oct 23	month	-	57	55	H	SP	-	The number of complaints received between October 2019 - October 2023 is higher than normal variance.
% acknowledged within 3 days	Oct 19-Oct 23	month	95%	84%	73%	(variance)	-	?	48 out of 57 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	Oct 19-Oct 23	month	50%	25%	30%	L	S7	?	136 complaints were responded to in October, 34 of the 136 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	Oct 19 -Oct 23	month	80%	35%	87%	L	SP	?	47 out of 136 complaints responded to in October were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Oct 19 -Oct 23	month	-	39%	34%	(variance)	-	-	There were 16 complaints graded 4 severity, and 6 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Oct 19 - Oct 23	month	-	47	32	L	S7	-	47 Compliments were registered during October and sent onto relevant staff for information

Complaint cases received in last 12 months by top 10 primary subject

Subject	Count
Clinical Treatment205	231
Communications	96
Patient Care	60
Admissions and Discharges	44
Values and Behaviours	39
Appointments	21
Trust Admin/Policies11	21
Waiting Times	17
Access to treatment	13
Facilities	7

PALS cases received in last 12 months by top 10 primary subject

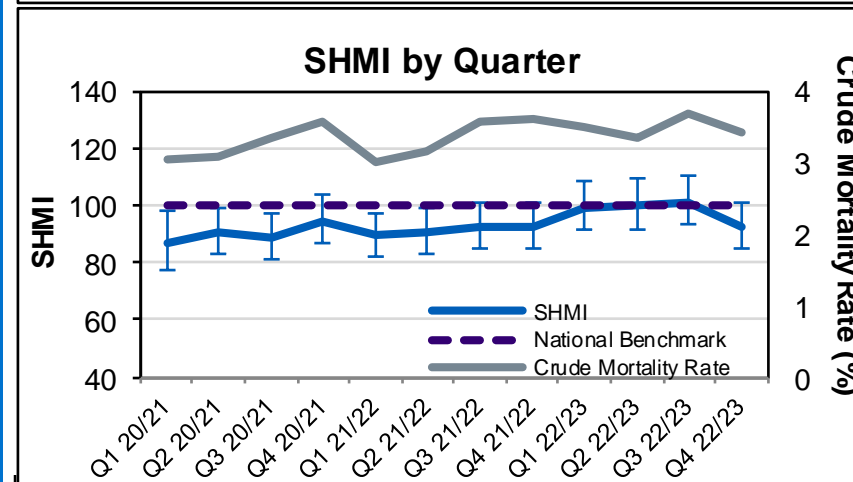| Subject	Count
Appointments	941
communications	869
Clinical Treatment	334
Admissions and Discharges	308
Trust Admin/policies	293
Values and Behaviours	254
Patient care	266
Waiting times	210
Dual code	183
Other	165

PHSO - There were no cases taken for investigation in October 2023 by the Parliamentary and Health Service Ombudsman.
A backlog of complaint responses (550) declared in May 2023 has now been brought down to less than 60. 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

Indicator	Data range	Oct-23	Mean	Variance	Comments
Total inpatient and Emergency department deaths	November 2018 - October 2023	**150**	*136*		
Total Emergency Department and Inpatient deaths **per 1000 admissions**		**8.5**	*8.6*		
Emergency department deaths per 1,000 attendances		**0**	*0.8*		Last 6 months have been below the mean
Inpatient deaths by 1,000 admissions		**9.9**	*10.3*		There was a statistically significant downward shift in the last 8 months
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)		**13%**	*20%*		In October 2023 20 SJRs were commissioned.

HSMR by Month

SHMI by Quarter

Phases of care

Legend: ■ Very poor care (1) ■ Poor care (2) ■ Adequate care (3) ■ Good care (4) ■ Excellent care (5)

	Admission	Ongoing care	Care in procedure	Perioperative care	End of life care	Overall care
Excellent care (5)	133	61	39	16	130	133
Good care (4)	66	36	18	10	46	66
Adequate care (3)	24	13	4	3	13	24
Poor care (2)	15	6	1	1	5	15
Very poor care (1)		0	0	0	2	0
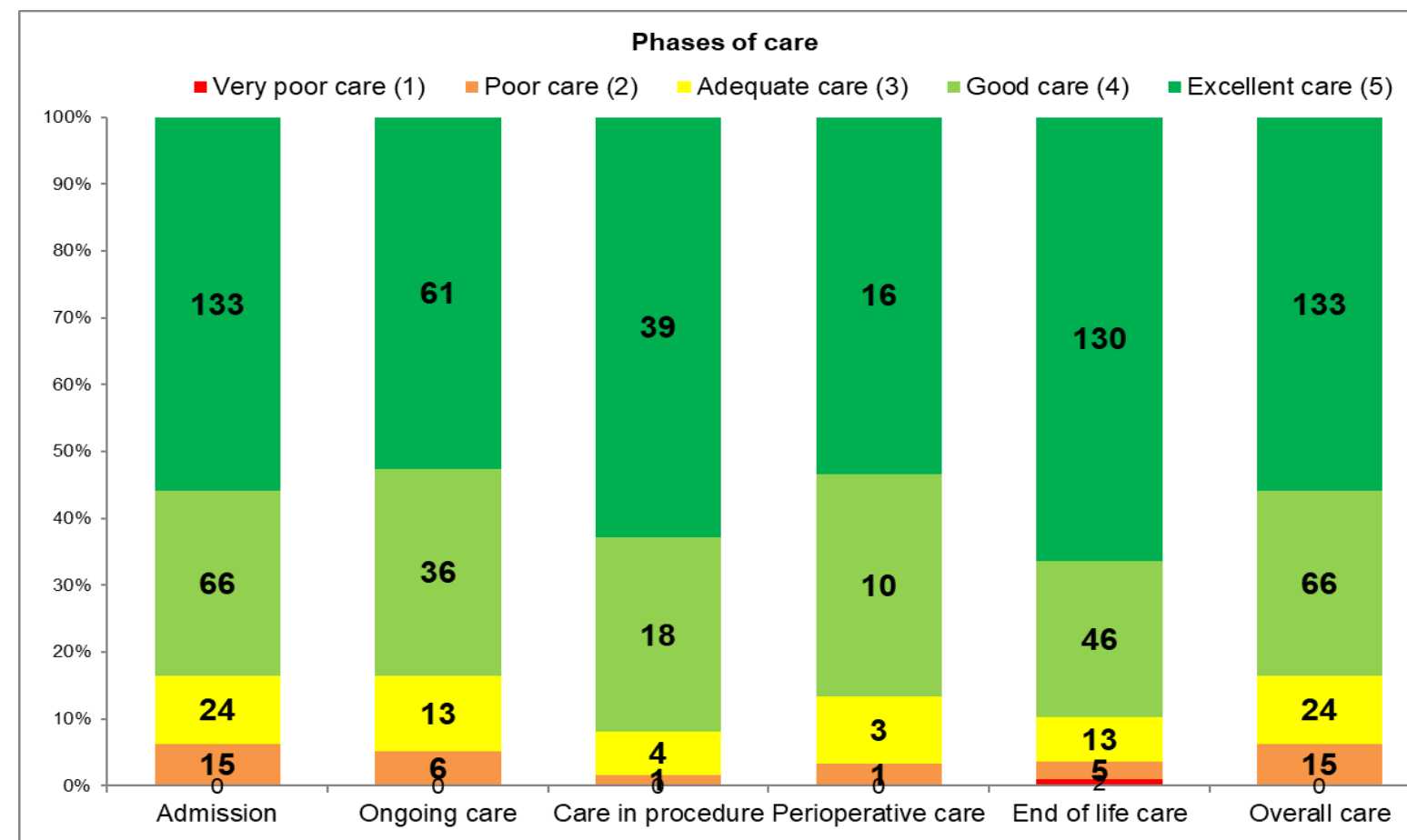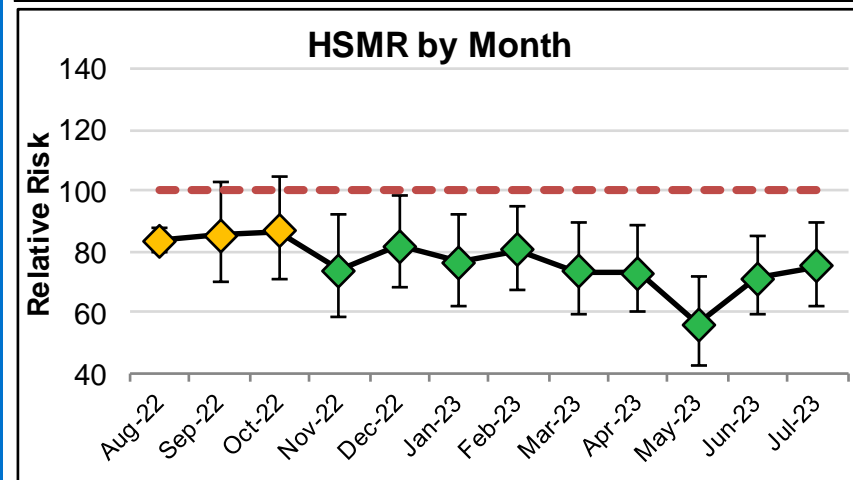
Executive Summary

HSMR - The rolling 12 month (August 2022 to July 2023) HSMR for CUH is 76.18, this is 4th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 90.80.
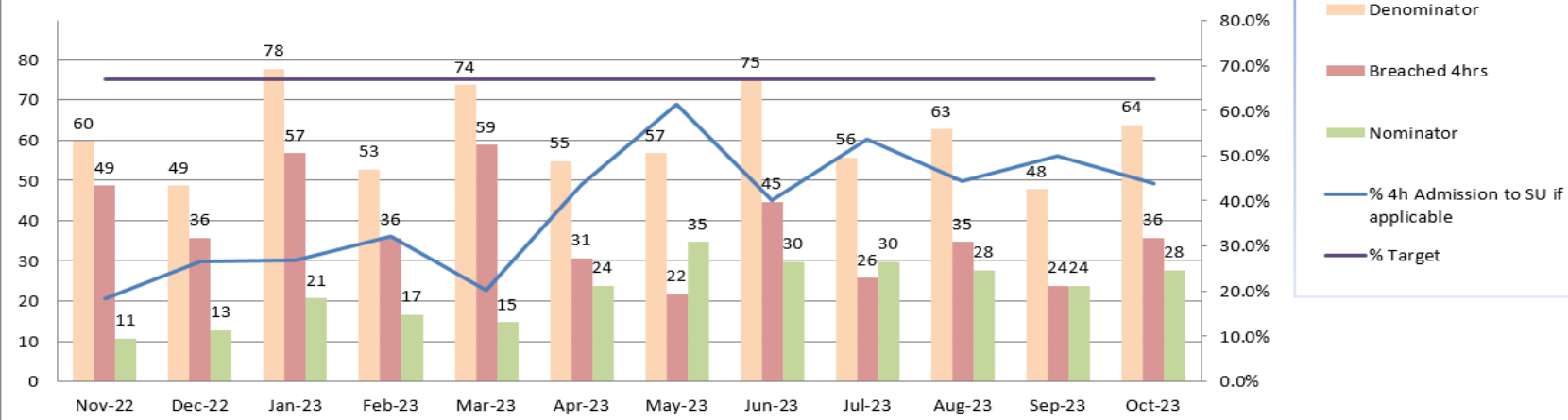
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, May 2022 to April 2023 is 98.17.

Alert - There is 1 alert for review within the HSMR and SHMI dataset this month.

There were **two serious incidents categorised as potentially/avoidable death** commissioned in October 2023; both of the subcategory, suboptimal care of the deteriorating patient.
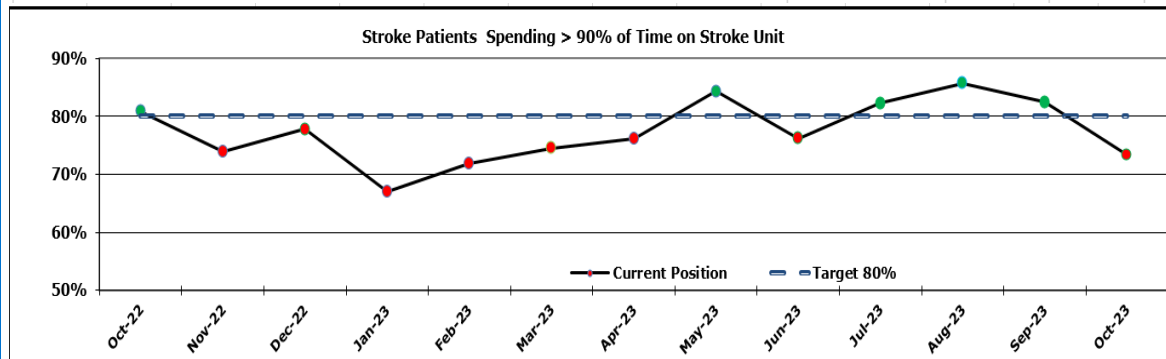
Stroke Care

4 hours admission to SU

Chart legend:
- Denominator
- Breached 4hrs
- Nominator
- % 4h Admission to SU if applicable
- % Target

Stroke Patients Spending > 90% of Time on Stroke Unit

Legend: Current Position — Target 80%

4hrs to SU	Count of MRN
Awaiting Senior review	8
Delay to stroke review	1
Late referral to stroke	1
Not referred on arrival	7
Patient unwell and unstable	1
Trust bed capacity	14
Unclear presentation. MRI confirmed stroke	4
Grand Total	**36**

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 *	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	Resource capacity	Number of breaches	Month Position (Target 80%)
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%
Sep-23		6			1	1		2						10	82.5%
Oct-23		16			2	1					1			20	73.3%
Summary	**11**	**80**	**0**	**4**	**21**	**16**	**1**	**3**	**3**	**0**	**42**	**6**	**3**	**187**	

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

90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for October 2023 = **73.3%**

Trust bed capacity (16) was the main factor contributing to breaches last month, with a total of 20 breaches in October 2023.

4hrs adm to SU (67%) target compliance was not achieved in October 2023 = 43.8%

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.
- Meeting with new head of patient flow scheduled for November to help embed and increase awareness of R2 pathway
- Currently in discussion with ED to change pathway for Stroke Alert notification – will explore paramedic contacting SAT directly to reduce delays between patient arrival and SAT in ED.
- 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

Clinical Studies

Total Trust Recruitment in FY

Total Recruitment at end of Sept - FY 2023-24

4,108

Recruiting Studies at end of September for FY 2023-24

Open	195	Non Commercial	199
Closed	25	Commercial	21
Suspended	0		
Total	220		

Recruitment by East of England Trusts in FY

Trust	Value
CUH	4,108
N&NUH	1,627
BH	1,291
ES&NE	1,209
E&NH	985
NWA	784
QEH	386
EoE AS	375
WS	372
JPUH	306
C&P	272
CCS	240
RPH	226

■ Interventional ■ Observational ■ Both

Top 10 CUH Recruiting Specialities FY

Speciality	Value
Reproductive Health and Childbirth	1,698
Cancer	541
Trauma and Emergency Care	200
Diabetes	182
Genetics	176
Children	165
Anaesthesia, Perioperative Medicine and Pain Management	144
Stroke	135
Renal Disorders	123
Dementias and Neurodegeneration	109

Situation as at end of Q2 2022/23 (Data cut: 12/10/2023)
* Total recruitment in the financial year to date: 4,108
* CUH accounted for 32% of total recruitment by Eastern Trusts in the financial year to date. Interventional only studies accounted for 22% of the CUH total, while Observational only studies accounted for 42% of the total. The remaining 35% were both Interventional and Observational .
* Recruitment to the Reproductive Health speciality accounted for 41% of all recruitment (1,698). Cancer accounted for 13% (541). All of the other individual specialities accounted for less than 5% of the total recruitment.
* There were 220 recruiting studies, of which 21 were Commercial, and 199 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
Cambridge University Hospitals
NHS Foundation Trust

Compliance

Assessed compliance with CNST MIS 10 Safety Actions Yr 5

	Please identify unit	CUH
1	Perinatal Mortality review tool	C
2	MSDS	C
3	Transitional care / ATAIN	C
4	Clinical workforce planning	W
5	Midwifery Workforce planning	C
6	SBLCB V3	W
7	Listening to women, parentts & 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	N

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	C
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)	N

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	CUH
IEA3:	Staff training & Working Together	W
IEA4	Managing complex pregnancy	W
IEA5:	Risk Assessment Throughout pregnancy	W
IEA6:	Monitoring Fetal wellbeing	W
IEA7:	Informed Consent	W
	Fully compliant (self assessment)	N
	Fully compliant (regional assessment following insight visits)	

Key (current position)		Insert (to automatically
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

Clinical Outcome Measures

KPI	Measurement / Target			Trust Rate (current reporting period) CUH
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth		3.30%	4.61
(as per NMPA descriptor, slide 8)	Caesarean		4.50%	3.97
3rd & 4th degree tear	SVD (unassisted)		Unassisted 2.5%	3.46
(as per NMPA descriptor, slide)	Instrumental (assisted)		Assisted 6.3%	8.30
Caesarean section (%age)	(see guidance document)		overall rate not required	
(primip, singleton , ceph, over 37/40, spontaneous labour)	Robson Group 1		N/A	12.9%
[primip, singleton, over 37/40, who had labour induced (2a) or LSCS prior to labour (2b)]	Robson Group 2	2	N/A	47.0%
		2a		100.0%
(Multip, at least 1 uterine scar, singleton, ceph, over 37/40)	Robson Group 5		N/A	77.4%
Smoking at time of delivery			≤ 6%	5.98%
Preterm birth				
Preterm birth rate	≤36+6 weeks (over 24+0/40)		≤6% annual rolling rate (Total PTB all)	8.95
	16+0 - 23+6 (SBLCBv3)		%age of all singleton births (live & stillborn)	0.0%
	24+0 - 36+6 (SBLCBv3)		%age of all singleton births (live & stillborn)	6.3%

KPI	Measurement / Target		Trust Rate (current reporting period) CUH
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) Sept'23		5.6
	%age of total admissions that were avoidable		0.2% (Aug)
Optimisation (metrics to be determined locally as per SBLBCv3) please see the implemention tool for technical guidance			Aug'23 data
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	n/a		100.0%
Antenatal corticosteroids			
Percentage of babies born before 34 weeks of gestation who receive a full course of antenatal corticosteroids within 1 week of birth	target: 55%		62.5%
Magnesium sulphate			
Percentage of babies born before 30 weeks of gestation who receive magnesium sulphate within the 24 hours prior to birth	target: 90%		83%
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	target: 90% for <37 weeks		85.7%
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.	target: 75%		69% (74% <37 weeks)
Thermoregulation			
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	target: 75-80%		71.4%
Early Maternal Breast milk			
Percentage of babies born below 34 weeks of gestation who receive their own mother's milk within 24 hours of birth.	target: 50%		27.0%

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

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

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

Maternity Dashboard

KPI	Goal	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Activity										
Births	For information	N/A	474	452	490	466	443	472	5445	
Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	83.06%	91.03%	89.11%	95.05%	86.75%	99.09%	H	Report corrected and now able to exclude transfer of care bookings.
Booking Appointments	For Information	N/A	431	379	358	343	400	330		
Vaginal Birth (Unassisted)	For Information	N/A	49.16%	48.45%	48.16%	49.79%	49.89%	51.48%		
Home Birth	For Information	N/A	0.21%	0.22%	1.63%	0.86%	1.13%	1.69%		
Rosie Birth Centre Birth	For Information	N/A	14.14%	15.71%	13.47%	13.52%	16.93%	15.04%		
Rosie Birth Centre transfers	For information	N/A	41.00%	31.96%	34.41%	42.39%	29.03%	37.96%		
Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	12.03%	13.05%	12.04%	9.87%	9.48%	10.17%		
CS rate (planned & unplanned)	For Information	N/A	38.40%	38.27%	39.18%	39.70%	40.18%	37.71%		
Women in RG*1 having a caesarean section with no previous births: nullip spontaneous labour	For information	10%	19.10%	18.30%	20.90%	16.10%	18.50%	12.90%		
Women in RG*2 having a caesarean section with no previous births: nullip induced labour, nullip pre-labour LSCS	For Information	For Information	50.50%	41.10%	55.10%	47.90%	51.00%	57.30%		
Ratio of women in RG1 to RG2	Ratio of >2:1	N/A	1:3.24	1:2.93	1:3.68	1:2.98	1:3.53	1:5		
Women in RG*5. Multips with 1 or 2+ previous C/S	For Information	For Information	88.1%	83.9%	83.3%	88.2%	91.5%	77.4%		
Women in RG1, RG2, RG5 combined contribution to the overall C/S rate.	66%	60-70%,	72.0%	61.3%	67.2%	62.2%	68.5%	60.1%		
Induction of Labour rate	For Information	N/A	34.12%	33.48%	33.89%	33.48%	34.18%	31.84%		
Delay in commencement of Induction (IOL)	0%	<10%	30.16%	27.62%	28.64%	24.87%	34.88%	28.74%		CQC workstream for IOL improvements, including improvements to report errors.
Delay in continuation of Induction (IOL)	0%	<10%	9.52%	11.05%	9.05%	10.05%	15.00%	14.37%		CQC workstream for IOL improvements, including improvements to report errors.

Maternity Dashboard

Metric	Target	Threshold							Icon	Comments
Indication for IOL (SBLCBV3)	0%	5-10%	2%	0%	0%	5%	0%	7%		Data amended to report as per SBLv3 (denominator should be IOLs before 39 weeks, previously reported all IOLs).
Indication for IOL	100%	≥95%	100%	99.33%	100%	98.70%	100%	97%		
Divert Status - incidence	0	<1	1	2	4	2	1	1		Diverted preterms/high risk cases due to NICU closure (capacity and staffing). No other units able to accept preterm admissions, so no one diverted, except for 1 woman who was low-risk, full term. This was due to a 1 hour period when maternity acuity and staffing meant we went on full divert.
Total number of hours on divert	For information	N/A	15:30	27.25	98.20	27.50	18.08	21.25		Partial divert to preterm/high-risk only for 20.25 hours.
Admissions to Rosie during divert status	For information	N/A	6	14	52	7	12	10		
Number of women giving birth in another provider organisation due to divert status	For information	N/A	1	3	4	2	1	1		
Number of IUTs declined due to maternity services capacity/staffing	0%	0%				8	1	0		**New data reported.** Refusal in Sept was due to DU capacity (gest 34 weeks from Watford, pt declined another hospital). Aug refusals: Total of 4 <28 weeks. Divert impacted - 1 refused <2 hours before divert initiated and 1 during divert who was <28 weeks. 3 for staffing alone, the rest were staffing/capacity in combination with

Workforce

Metric	Target	Threshold							Icon	Comments
Midwife/birth ratio (actual)**	1:24	<1.28	1:23.7	1:24.1	1:25.3	1:25.2	1:25.1	1:23.1		
Midwife/birth ratio (funded)**	For information	1.24.1	1:23.7	1:23.8	1:23.4	1:23.4	1:23.1	1:23.1		
Supernumerary Delivery Unit Coordinator	100%	≥95%	100%	100%	100%	100%	100%	98%		Improving special cause
Staff sickness as a whole	< 3.5%	<5%	4.92%	4.57%	4.19%	4.29%	4.37%			Improving special cause
Education & Training - mandatory training - overall compliance (obstetrics and gynaecology)	>92% YTD	>75% YTD	88.4%	91.1%	91.7%	93.0%				Improving special cause
Education and Training - Training Compliance for all staff groups: **Prompt**	>90% YTD	>85% YTD	79.74%	81.22%	82%	86.80%	82.60%	94.56%		Improving special cause
Education and Training - Training Compliance for all staff groups: **NBLS**	>90% YTD	>85% YTD	83.6%	81%	80%	80%	75%	75%		Additional sessions added for Nov and Dec. CNST MIS Yr 5 SA8 at risk due to non-compliance. CNST MIS yr 5 have reduced target compliance to 80% for 12 weeks to account for strikes therefore by 1 December we need to achieve 80% compliance to achieve MIS yr 5.
Education and Training - Training Compliance for all staff groups: **K2**	>90% YTD	>85% YTD	86.60%	87.08%	81.00%	84.20%	80.60%	91.20%		Consultant K2 = 71.4%. 4 conslutants non-compliant and need 3 to complete before the end of Nov for MIS year 5 compliance.
Education and Training - Training Compliance for all Staff Groups - **Fetal Surveillance Study Day**	>90% YTD	>85% YTD	84.52%	84.91%	82.00%	86.60%	88.00%	91.40%		All grous >90% - final compliance for CNST submission
Education & Training - mandatory training - **midwifery compliance**.	>92% YTD	>75% YTD	87%	91.6%	92.6%	93.5%	93%			

Maternity Dashboard

Maternal morbidity

Puerperal Sepsis	For information	N/A	0.21%	0.22%	0.42%	0.43%	no data provided	0.42%		Figure is 0.42% for October
ITU Admissions in Obstetrics	For information	N/A	0	0	0	0	2	1		1 admission due to malaria infection, IUT with no antenatal care
Massive Obstetric Haemorrhage ≥ 1500 mls - vaginal birth	≤3.3%	≤3.3%	3.75%	4.63%	5.84%	5.30%	5.58%	4.61%		CQC workstream. November PPH education campaign week delivered.
Massive Obstetric Haemorrhage ≥ 1500 mls - caesarean birth	≤4.5%	≤4.5%	5.56%	3.62%	3.73%	6.08%	6.00%	3.97%		
3rd/ 4th degree tear rate	≤3.5	<5%	3.38%	1.55%	1.83%	3.04%	4.84%	4.33%		Increase in instrumental delivery 3rd degree tear rate. Half of cases had no documentation for hands on technique. Plan for increased training via PD as well as by specialist.
Maternal readmission rate	For information	N/A	1.45%	2.59%	2.30%	2.56%	2.63%	1.63%		
Peripartum Hysterectomy	For information	N/A	0	1	2	0	0	0		
Direct Maternal Death	0	<1	0	0	0	0	0	0		

Governance

Total number of Serious Incidents (SIs)	0	<1	0	0	0	0	1	0		
Never Events	0	<1	0	0	0	0	0	0		

Neonatal Morbidity

Still Births per 1000 Births	3.33/1000 (Mbrrace 2021)	rolling rate	2.75:1000	2.93:1000	3.45:1000	3.81:1000	3.65:1000	3.85:1000		Recently published ONS data reports national stillbirth rate is 3.9:1000 for EofE in 2022. MBRRACE benchmark due to be updated late 2023.
Stillbirths - number ≥ 22 weeks	<3	<6	2	2	2	2	1	2		
Number of birth injuries	0	<1	1	0	1	1	2	0		
Babies born with an Apgar <7 at 5 minutes of age	For information	N/A	1.27%	2.23%	1.66%	2.81%	1.59%	2.99%		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Target	Thresholds								Comment
Incidence of neonatal readmission	For information	N/A	3.83%	3.83%	4.07%	4.74%	4.82%	8.26%		Working party within ATAIN group being established.
Term Admission to NICU Rate	<6%	N/A	4.9%	4.0%	4.9%	4.9%	5.6%	6.4%		Normal variation seen. All October cases currently under review and avoidable cases will be presented at ATAIN meeting.
Quality										
1-1 Care in Labour	≥95%	≥90%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%		
Babies with a first feed of breastmilk	≥80%	≥70%	83.65%	83.93%	83.37%	82.68%	81.41%	78.25%		Compliance impacted by high number of blank data fields (23.7%). Teaching re infant feeding documentation now added into QPO and Epic tip sheet in new starter pack as of this month.
SATOD (Smoking at Time of Delivery)	< 6%	Green = <6%, Amber = 6.1% - 7.9 %, Red = >8	5.33%	4.72%	4.78%	4.78%	6.70%	5.98%		
CO Monitoring at booking	≥95%	Green = ≥95%, amber = <95% and ≥84%, red = <85%	92%	93%	89%	82%	87%	97%		
CO Monitoring at 36 weeks	≥95%	Green = >95%, amber = <95% and >84%, red = <85%	69%	66%	62%	67%	60%	65%		Propose CO monitoring at every AN appointment. Need to review straw stock first.
VTE Assessment - AN	≥95%	≥95%	64%	68%	52%	72%	76%	78%		
VTE Assessment - PN	≥95%	≥95%	89%	89%	87%	86%	85%	84%		Guideline recommends prophylaxis by 4-8 hours post birth. 99% VTE completed in the PN period.
VTE Assessment - PN	≥95%	≥95%				94%	95%	95%		For MDT review whether time frame for compliance should be 8 hours.

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

Finance

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

(£0.4m)	Actual (adjusted)*
(£0.4m)	Plan (adjusted)*
(£3.8m)	Actual YTD (adjusted)*
£3.0m	Plan YTD (adjusted)*

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

Net current assets

(£92.4m)	Actual
(£45.5m)	Plan

Debtor days

20	This month
20	Previous month

Capital expenditure

£3.9m	Capital - actual spend in month
£23.3m	Capital - actual spend YTD
£18.4m	Capital – plan YTD

Elective Payment Mechanism (EPM)

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

	In month	YTD
EPM forecast actual	£17.1m	£124.1m
Target adj. block increase	£0.3m	£2.3m
EPM actual + block increase	£17.4m	£126.4m
EPM original plan	£20.6m	£139.3m
EPM original target	£18.7m	£128.7m

Payables performance (YTD) *

87.1%	Value
89.7%	Quantity

EBITDA

£16.7m	Actual YTD
£25.4m	Plan YTD

Cash

£171.5m	Actual
£149.8m	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

12 Month Growth by Staff Group

Staff Group	Headcount Nov-22	Headcount Oct-23	Headcount 12 Month growth		FTE Nov-22	FTE Oct-23	FTE 12 Month growth	
Add Prof Scientific and Technic	240	250	⬆	4.2%	216	225	8 ⬆	3.9%
Additional Clinical Services	1,967	2,043	⬆	3.9%	1,811	1,867	57 ⬆	3.1%
Administrative and Clerical	2,425	2,592	⬆	6.9%	2,230	2,387	158 ⬆	7.1%
Allied Health Professionals	739	775	⬆	4.9%	654	691	37 ⬆	5.7%
Estates and Ancillary	365	372	⬆	1.9%	353	360	7 ⬆	2.0%
Healthcare Scientists	649	747	⬆	15.1%	610	712	102 ⬆	16.7%
Medical and Dental	1,720	1,772	⬆	3.0%	1,624	1,667	43 ⬆	2.7%
Nursing and Midwifery Registered	3,868	4,030	⬆	4.2%	3,564	3,715	151 ⬆	4.2%
Total	**11,973**	**12,581**	⬆	**5.1%**	**11,062**	**11,625**	**563 ⬆**	**5.1%**

% Change Since Nov 2021

	Trust overall	Nurses	AHPs	Additional Clinical Services	Healthcare Scientists	Admin and Clerical	M&D	Estates and Ancillary	Add Prof Scientific and Technic
% Increase from Nov 21 to Oct 23 (24months increase)	7.8%	8.7%	3.8%	4.0%	21.8%	9.7%	6.9%	1.5%	0.3%
% Increase from Nov 21 to Oct 22 (previous 12months increase)	2.2%	3.8%	-2.2%	0.3%	3.5%	1.7%	4.0%	-1.6%	-0.5%

Admin & Medical Breakdown

Staff Group	Nov-22	Oct-23	FTE 12 Month growth	
Administrative and Clerical	2,230	2,387	158 ⬆	7.1%
of which staff within Clinical Division	1,087	1,164	77 ⬆	7.1%
of which Band 4 and below	753	795	42 ⬆	5.6%
of which Band 5-7	242	256	14 ⬆	5.8%
of which Band 8A	44	55	11 ⬆	25.1%
of which Band 8B	7	8	1 ⬆	13.5%
of which Band 8C and above	40	49	9 ⬆	22.1%
of which staff within Corporate Areas	900	969	69 ⬆	7.7%
of which Band 4 and below	248	266	18 ⬆	7.2%
of which Band 5-7	424	470	46 ⬆	10.9%
of which Band 8A	88	88	0 ⬆	0.2%
of which Band 8B	52	51	-1 ⬇	-1.8%
of which Band 8C and above	89	95	6 ⬆	6.7%
of which staff within R&D	242	254	11 ⬆	4.7%
Medical and Dental	1,624	1,667	43 ⬆	2.7%
of which Doctors in Training	671	670	-2 ⬇	-0.3%
of which Career grade doctors	236	251	15 ⬆	6.5%
of which Consultants	717	747	30 ⬆	4.2%

What the information tells us:

Overall the Trust saw a 5.1% growth in its substantive workforce over the past 12 months and 7.8% over the past 24 months. Growth over the past 12 months is lowest within the Estates and Ancillary staff group, with an increase of 2%, and highest within Healthcare Scientists at 16.7%. The increase in Healthcare Scientists 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.
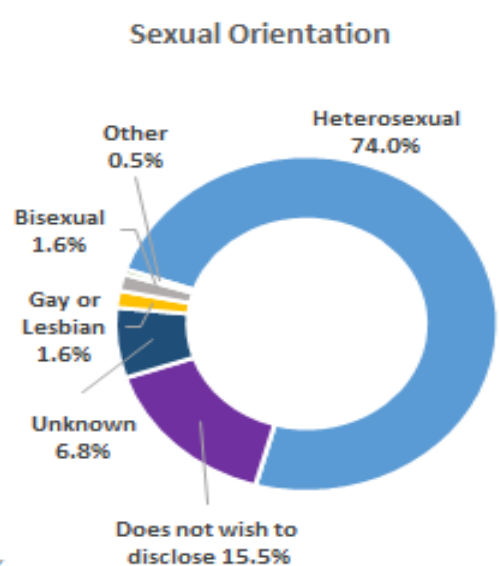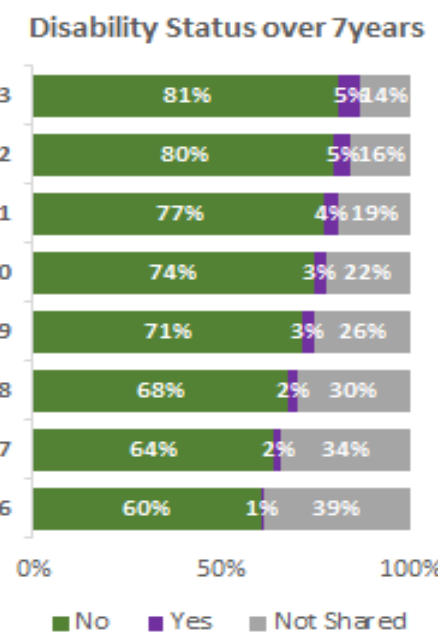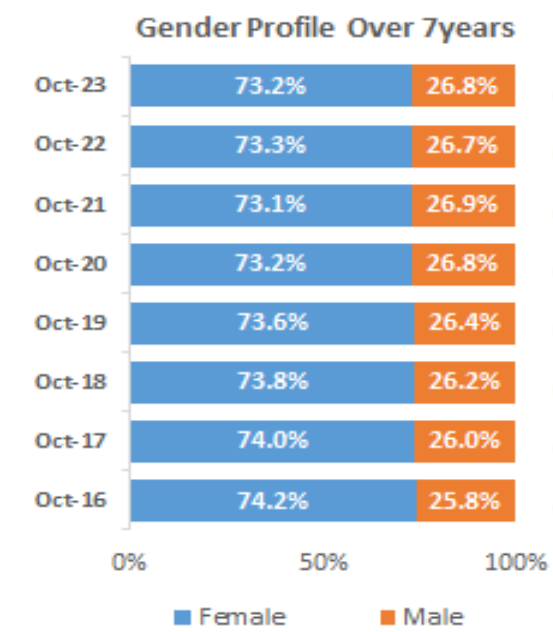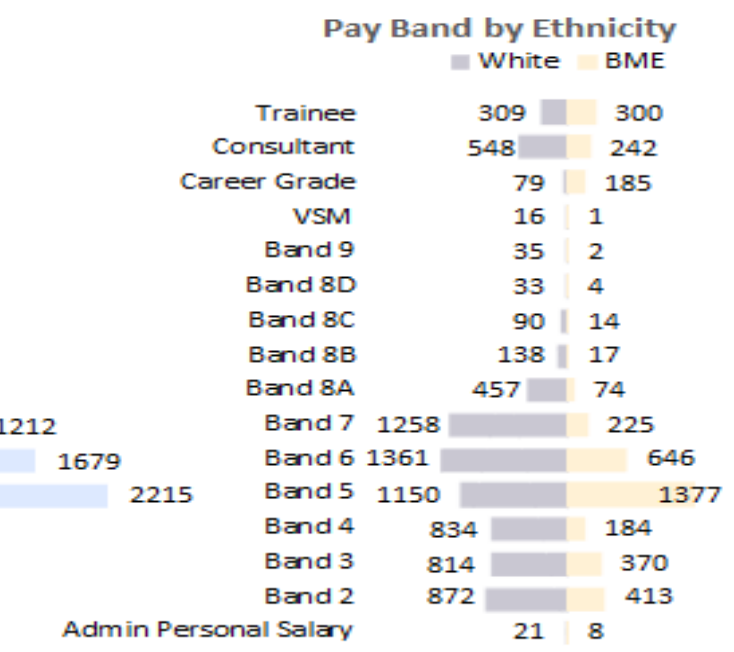
Author(s): Chloe Schafer, Amanda Wood   **Owner(s): David Wherrett**

Equality Diversity and Inclusion (EDI)

NHS
Cambridge University Hospitals
NHS Foundation Trust

Ethnicity Profile Over 7years

	BME	White	Unknown
Oct-23	32% (4062)	64% (8015)	4%
Oct-22	30% (3531)	66% (7902)	4%
Oct-21	27% (3120)	69% (8011)	4%
Oct-20	25% (2752)	70% (7834)	5%
Oct-19	24% (2623)	70% (7678)	6%
Oct-18	21% (2149)	71% (7451)	8%
Oct-17	19% (1837)	73% (7143)	8%
Oct-16	18% (1800)	75% (7512)	7%

Legend: BME, White, Unknown

CUH Age Profile Compared to NHS National Profile

Age	NHS National Average	CUH
>=66 years	0.7%	1.5%
56-65	12.6%	11.1%
46-55	29.7%	19.5%
36-45	36.4%	25.3%
26-35	17.4%	32.7%
<=25 years	3.2%	10.0%

Legend: NHS National Average, CUH

Pay Band by Gender

Legend: Male, Female

	Male	Female
Trainee	314	353
Consultant	448	375
Career Grade	155	129
VSM	9	10
Band 9	15	22
Band 8D	14	24
Band 8C	44	63
Band 8B	49	107
Band 8A	131	404
Band 7	319	1212
Band 6	408	1679
Band 5	451	2215
Band 4	201	834
Band 3	350	886
Band 2	453	878
Admin Personal Salary	6	23

Pay Band by Ethnicity

Legend: White, BME

	White	BME
Trainee	309	300
Consultant	548	242
Career Grade	79	185
VSM	16	1
Band 9	35	2
Band 8D	33	4
Band 8C	90	14
Band 8B	138	17
Band 8A	457	74
Band 7	1258	225
Band 6	1361	646
Band 5	1150	1377
Band 4	834	184
Band 3	814	370
Band 2	872	413
Admin Personal Salary	21	8

Gender Profile Over 7years

	Female	Male
Oct-23	73.2%	26.8%
Oct-22	73.3%	26.7%
Oct-21	73.1%	26.9%
Oct-20	73.2%	26.8%
Oct-19	73.6%	26.4%
Oct-18	73.8%	26.2%
Oct-17	74.0%	26.0%
Oct-16	74.2%	25.8%

Legend: Female, Male

Disability Status over 7years

	No	Yes	Not Shared
Oct-23	81%	5%	14%
Oct-22	80%	5%	16%
Oct-21	77%	4%	19%
Oct-20	74%	3%	22%
Oct-19	71%	3%	26%
Oct-18	68%	2%	30%
Oct-17	64%	2%	34%
Oct-16	60%	1%	39%

Legend: No, Yes, Not Shared

Sexual Orientation

- Heterosexual 74.0%
- Other 0.5%
- Bisexual 1.6%
- Gay or Lesbian 1.6%
- Unknown 6.8%
- Does not wish to disclose 15.5%

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 4.6% to 5.4% over the seven year period. However, there are still significant gaps between the data recorded about our staff on ESR compared with the information staff share about themselves when completing the National Staff Survey.
- There remains a high proportion of staff who have, for a variety of reasons, not shared their sexual orientation.

Staff Turnover

Turnover Rates - All Staff

Target — Mean — Process Limit ● Concerning special cause ● Improving special cause
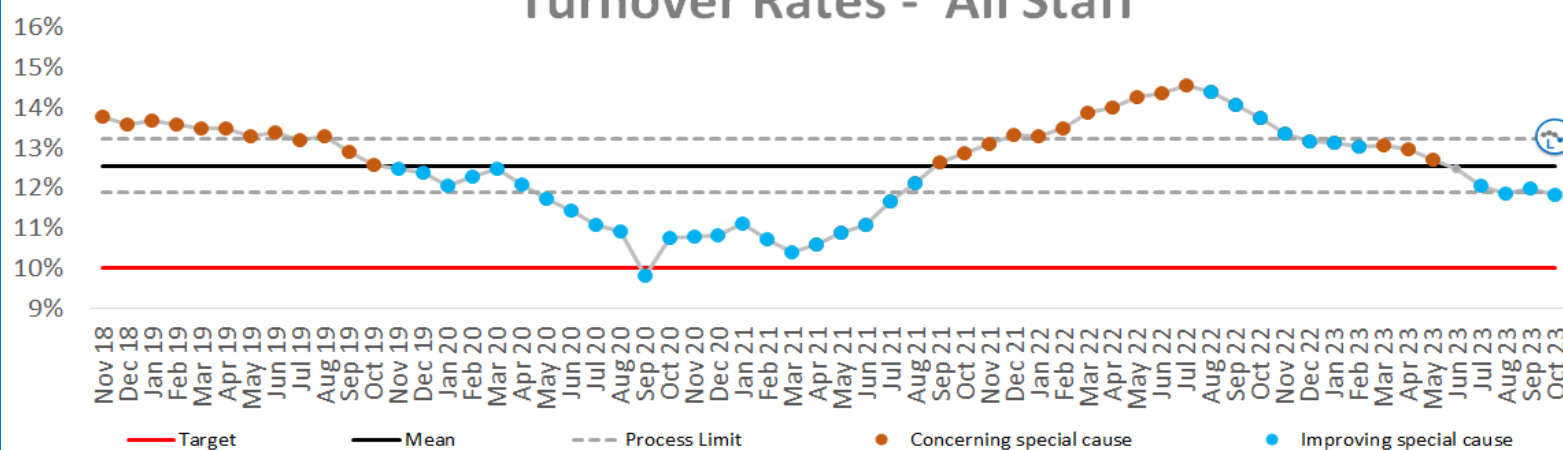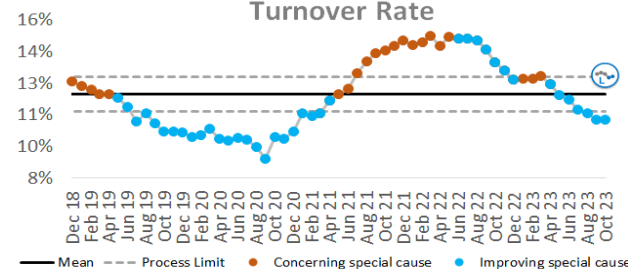
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (excludes all fixed term contracts including junior doctors).
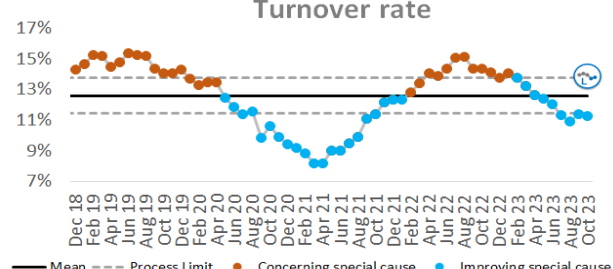
What the information tells us:
After a steady increase from March 2021 the Trust turnover rate has been decreasing since July 2022 - this month at 11.8% (0.2% lower than last month). This is more in line with pre-pandemic rates, and 0.8% lower than 4 years ago. Estates and Ancillary staff group has the highest increase of 1.3% to 15.3% in the last four years, but Additional Professional, Scientific and Technical and Administrative and Clerical staff groups have both seen a reduction in turnover from four years ago (3.8% and 2.8% reductions respectively). Within the staff groups, Additional Clinical Services have the highest turnover rate at 16.3% followed by Estates and Ancillary staff at 15.3%.

Nursing and Midwifery Turnover Rate

Mean — Process Limit ● Concerning special cause ● Improving special cause

Administrative and Clerical Turnover rate

Mean — Process Limit ● Concerning special cause ● Improving special cause

Additional Clinical Services Turnover Rate

Mean — Process Limit ● Concerning special cause ● Improving special cause
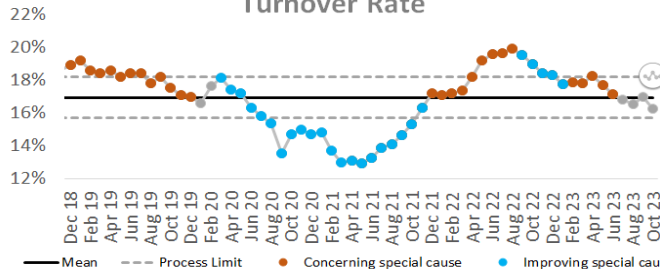
Medical and Dental Turnover Rate

Mean — Process Limit ● Concerning special cause ● Improving special cause
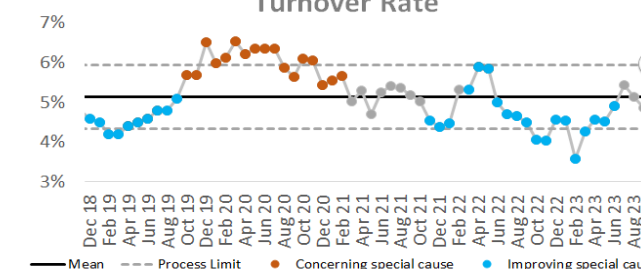
Healthcare Scientists Turnover Rate

Mean — Process Limit ● Concerning special cause ● Improving special cause
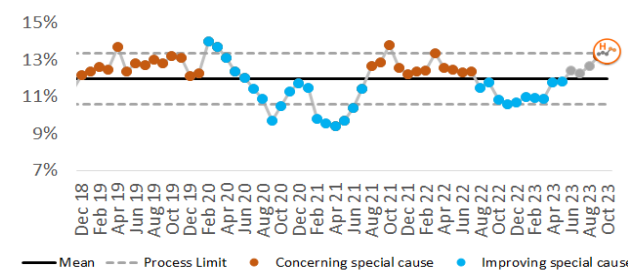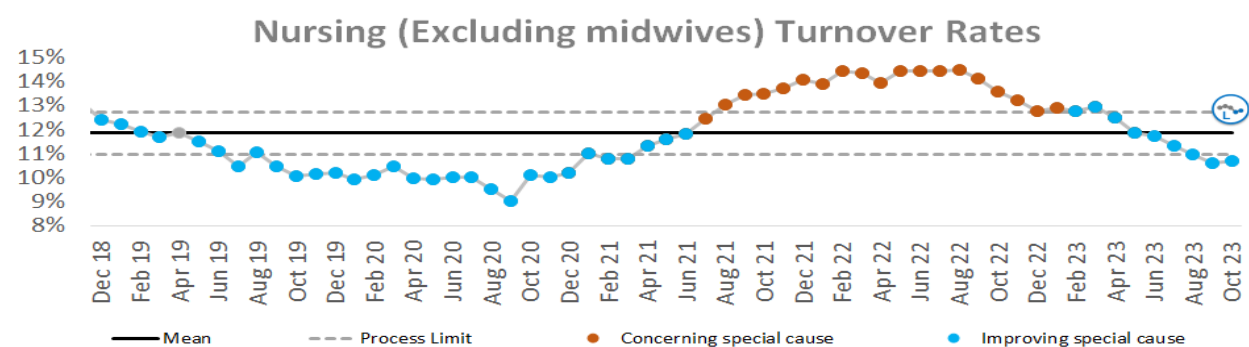
Allied Health Professionals Turnover Rate

Mean — Process Limit ● Concerning special cause ● Improving special cause
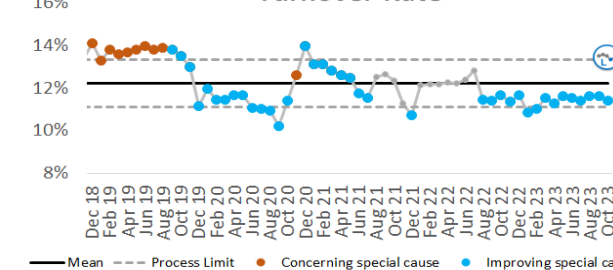
Estates and Ancillary Turnover Rate

Mean — Process Limit ● Concerning special cause ● Improving special cause
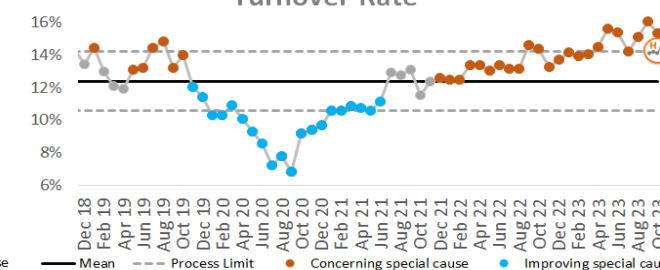
Add Prof Scientific and Technic Turnover Rate

Mean — Process Limit ● Concerning special cause ● Improving special cause

Author(s): Chloe Schafer, Amanda Wood   **Owner(s): David Wherrett**   **Page 44**
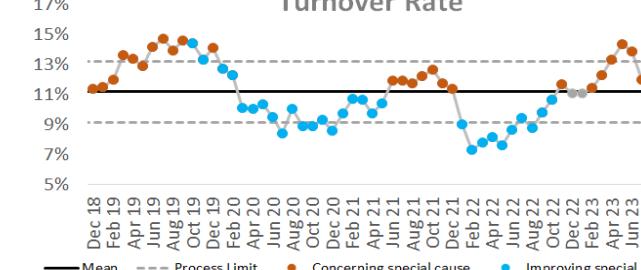
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

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
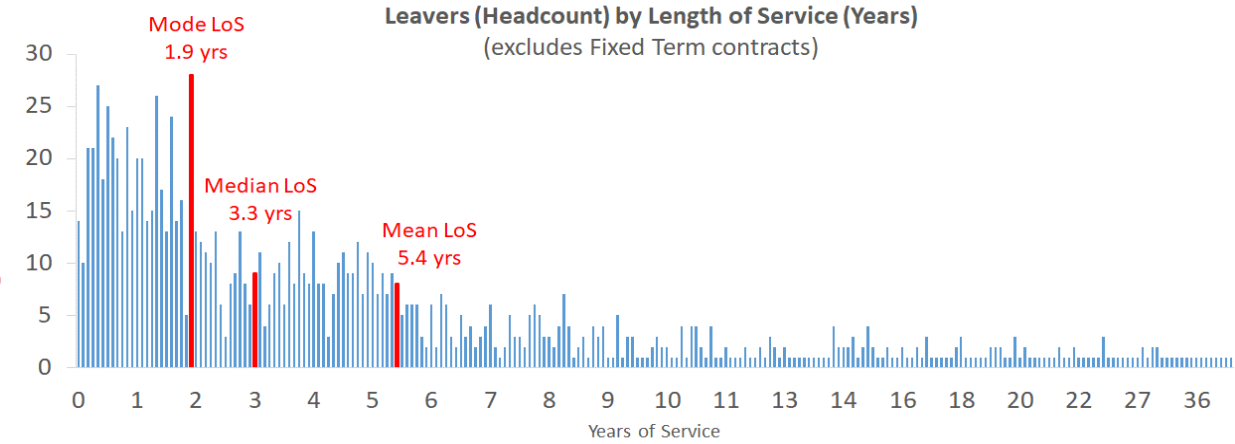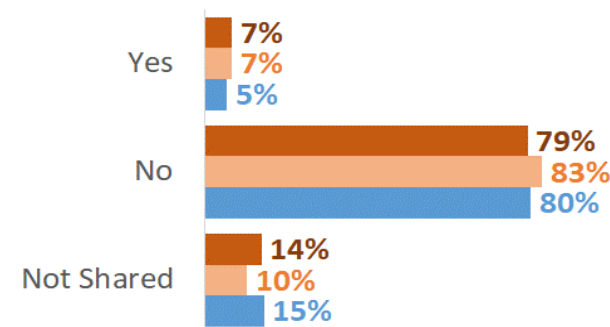
Maternity Care Assistants (MCA) Turnover rates
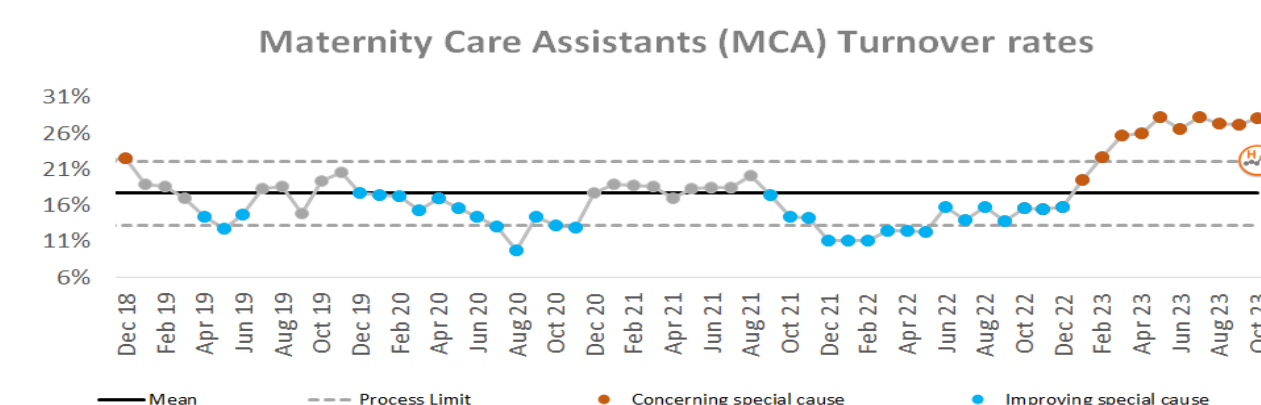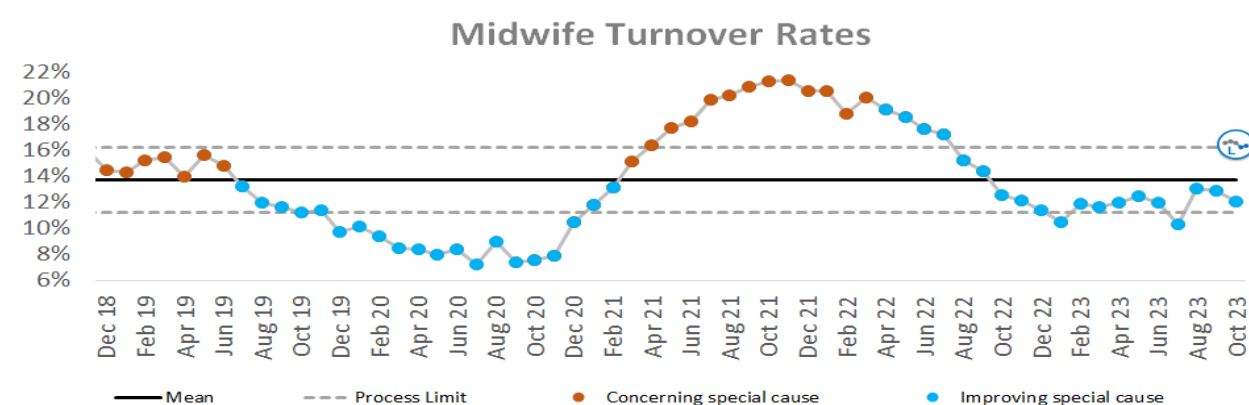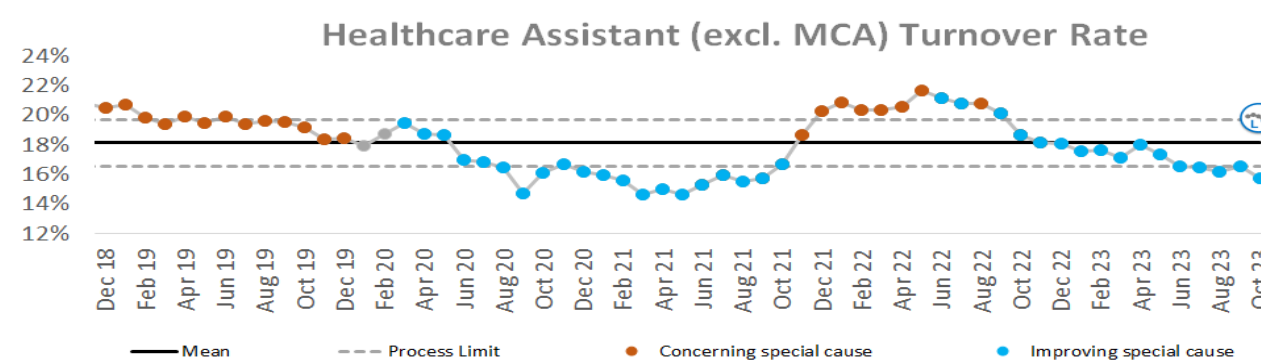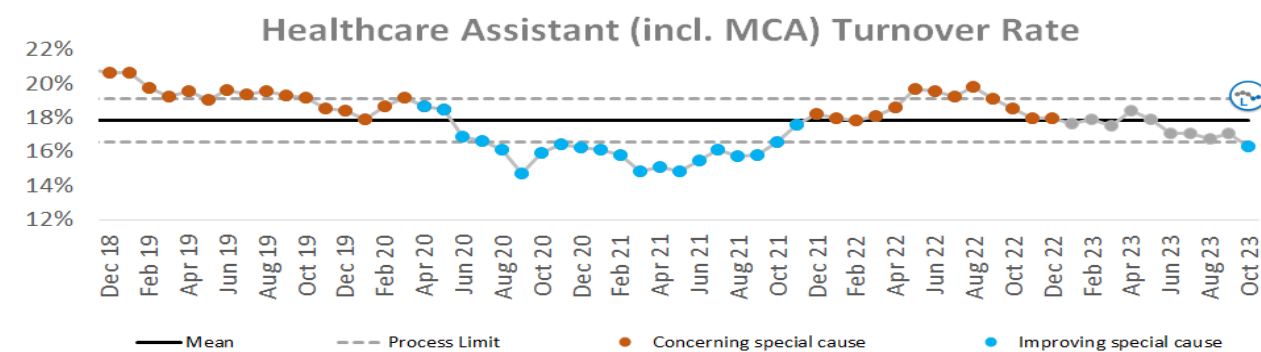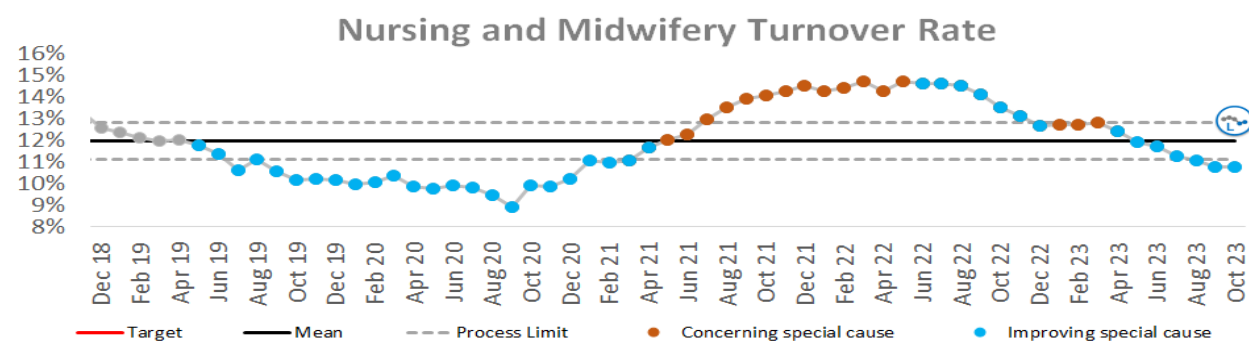
Starters & Leavers - last 12 months

CUH Ethnicity Profile Compared to Ethnicity Profile of Leavers

- BME: 47% / 30% / 29%
- White: 49% / 66% / 67%
- Unknown: 5% / 4% / 4%
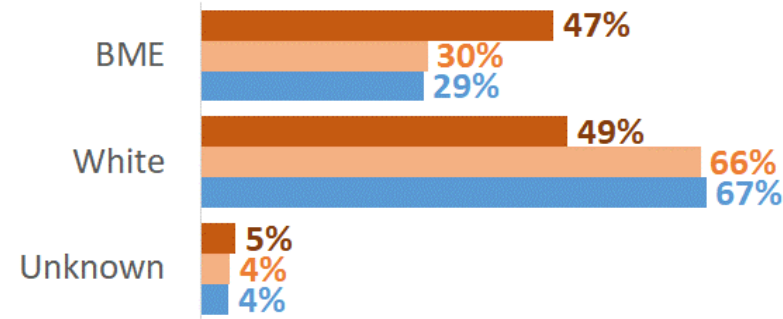
CUH Disability Status Compared to Disability Status of Leavers

- Yes: 7% / 7% / 5%
- No: 79% / 83% / 80%
- Not Shared: 14% / 10% / 15%

Leavers (Headcount) by Length of Service (Years)
(excludes Fixed Term contracts)

Mode LoS 1.9 yrs
Median LoS 3.3 yrs
Mean LoS 5.4 yrs

Years of Service

CUH Age Profile Compared to Age Profile of Starters and Leavers

- >=66 years: 0% / 4% / 2%
- 56-65: 3% / 9% / 12%
- 46-55: 9% / 12% / 21%
- 36-45: 18% / 20% / 24%
- 26-35: 37% / 35% / 31%
- <=25 years: 32% / 18% / 10%
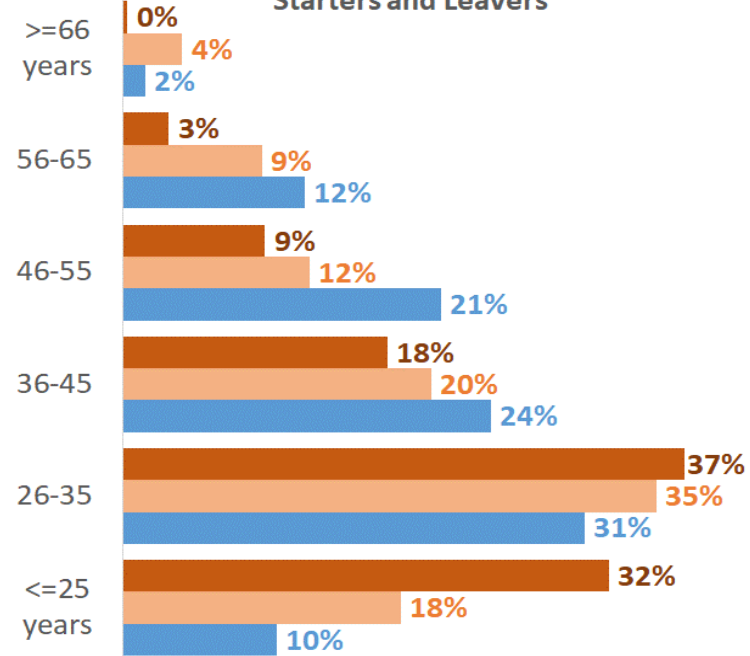
CUH Gender Profile Compared to Gender Profile of Starters and Leavers

- Male: 25% / 23% / 25%
- Female: 75% / 77% / 75%

% of leavers with less than 2 years' service
(excludes Fixed Term contracts)

- % of leavers with less than 2 years' service
- % across all staff groups — 38%

- Add Prof Scientific and Technic: 26%
- Additional Clinical Services: 52%
- Administrative and Clerical: 38%
- Allied Health Professionals: 36%
- Estates and Ancillary: 39%
- Healthcare Scientists: 22%
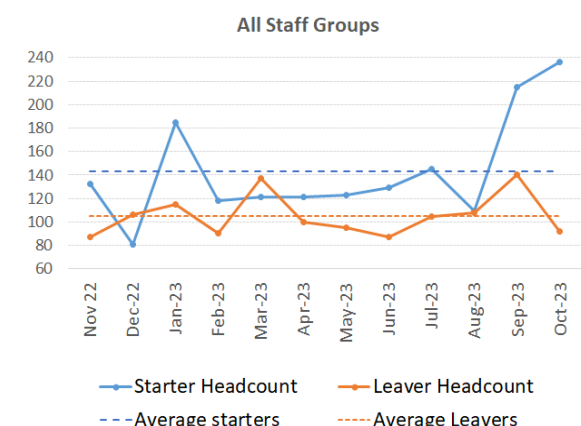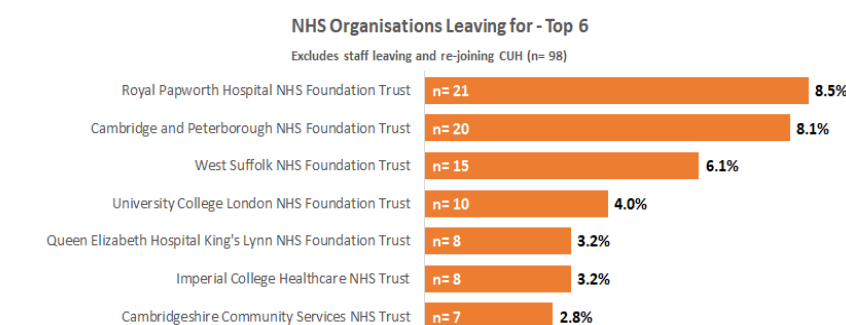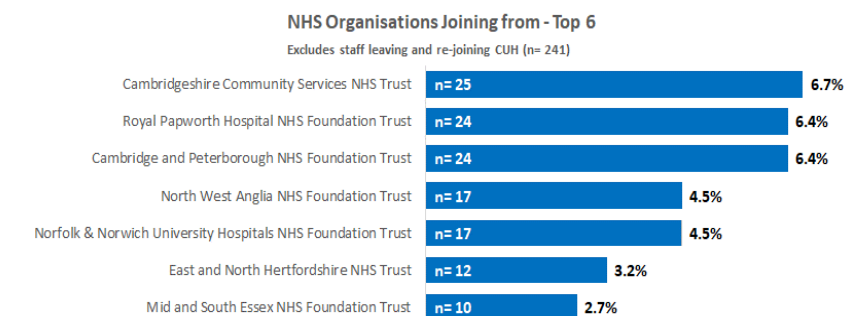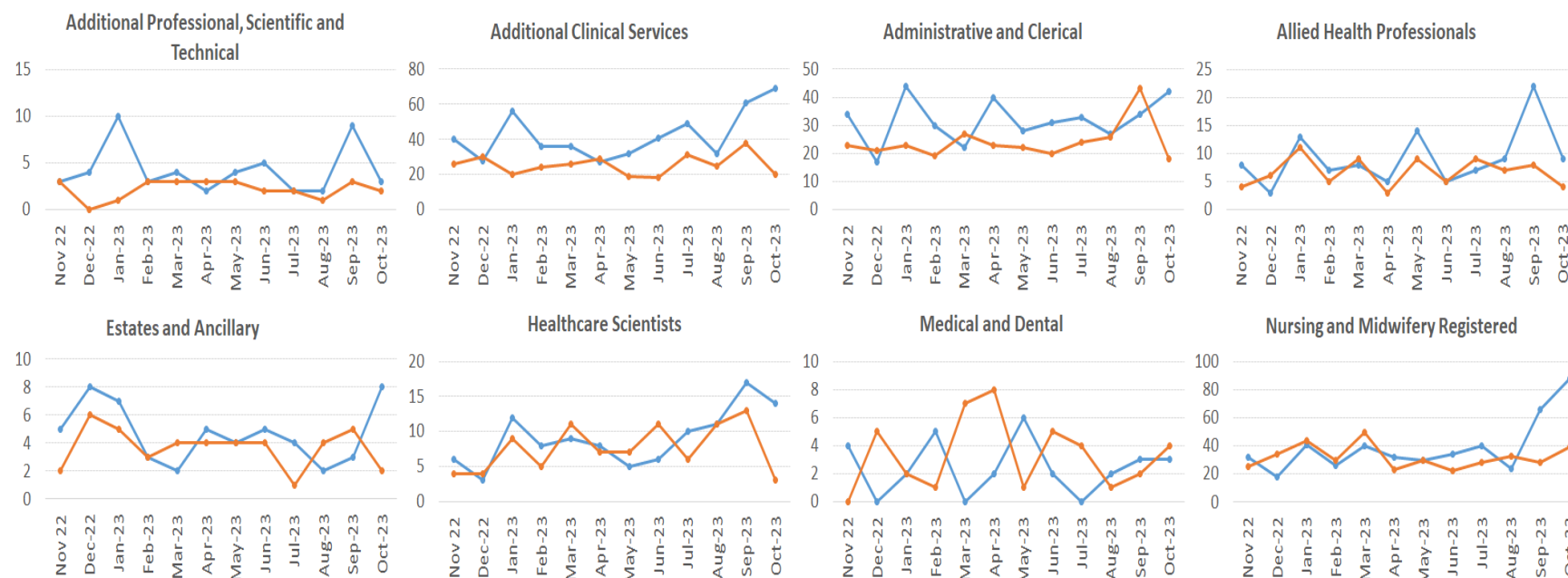- Medical and Dental: 20%
- Nursing and Midwifery Registered: 32%

What the information tells us:

The majority of starters to, and leavers from the Trust in the last 12 months were aged 35 yrs. or under (70% and 54% 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 leaving the Trust, and of staff declaring a disability both starting and leaving the Trust. 47% 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 - 52%. The most common length of service (mode) upon leaving is 1.9 years – in the last 12 months 28 (headcount) of the 1,169 leavers who were on permanent contracts left at this point. The average (mean) length of service was 5.4 years.

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

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

Starters & Leavers - Last 12 months

Additional Professional, Scientific and Technical

Additional Clinical Services

Administrative and Clerical

Allied Health Professionals

Estates and Ancillary

Healthcare Scientists

Medical and Dental

Nursing and Midwifery Registered

NHS Organisations Joining from - Top 6
Excludes staff leaving and re-joining CUH (n= 241)

Organisation	n	%
Cambridgeshire Community Services NHS Trust	n= 25	6.7%
Royal Papworth Hospital NHS Foundation Trust	n= 24	6.4%
Cambridge and Peterborough NHS Foundation Trust	n= 24	6.4%
North West Anglia NHS Foundation Trust	n= 17	4.5%
Norfolk & Norwich University Hospitals NHS Foundation Trust	n= 17	4.5%
East and North Hertfordshire NHS Trust	n= 12	3.2%
Mid and South Essex NHS Foundation Trust	n= 10	2.7%

NHS Organisations Leaving for - Top 6
Excludes staff leaving and re-joining CUH (n= 98)

Organisation	n	%
Royal Papworth Hospital NHS Foundation Trust	n= 21	8.5%
Cambridge and Peterborough NHS Foundation Trust	n= 20	8.1%
West Suffolk NHS Foundation Trust	n= 15	6.1%
University College London NHS Foundation Trust	n= 10	4.0%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	n= 8	3.2%
Imperial College Healthcare NHS Trust	n= 8	3.2%
Cambridgeshire Community Services NHS Trust	n= 7	2.8%

All Staff Groups

Legend: Starter Headcount, Leaver Headcount, Average starters, Average Leavers

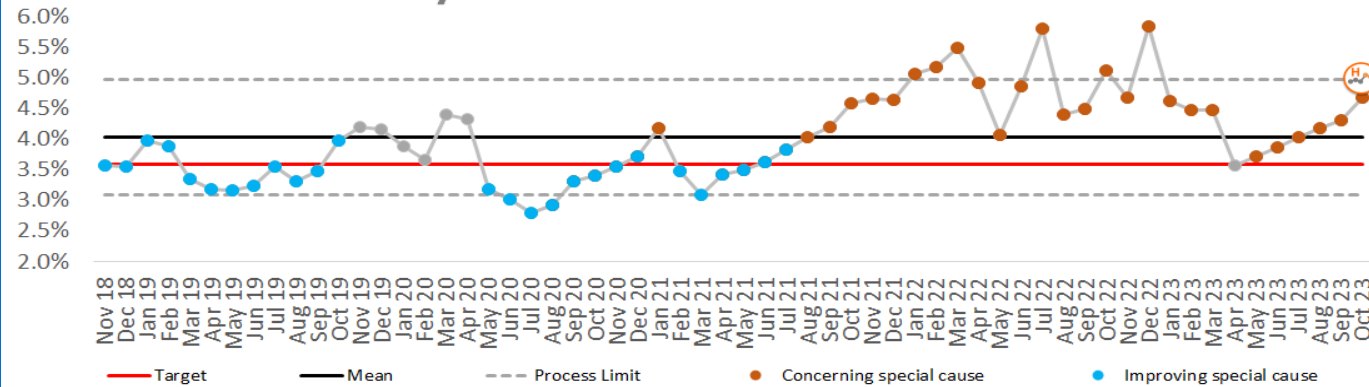| Top 10 Leaving Reasons	Number of Leavers (Headcount)	% of all Leavers
Excludes staff leaving and re-joining CUH (n= 98)		
Voluntary Resignation - Relocation	372	29%
Voluntary Resignation - Work Life Balance	257	20%
Voluntary Resignation - Promotion	147	12%
Voluntary Resignation - Other/Not Known	89	7%
Voluntary Resignation - Better Reward Package	88	7%
Retirement Age	70	6%
Voluntary Resignation - Health	55	4%
End of Fixed Term Contract	32	3%
Voluntary Resignation - Child Dependants	32	3%
Voluntary Resignation - Lack of Opportunities	28	2%

What the information tells us:

The top three reasons for leaving are Voluntary Resignation - due to relocation (29%), for work/life balance (20%) and for promotion (12%).

The top destination on leaving (other than unknown) over the last 12 months is to another NHS organisation. The most popular external NHS organisation to leave for is Royal Papworth NHS Foundation Trust. 13% of starters to the Trust were from Cambridgeshire Community Services NHS Trust or Royal Papworth NHS Foundation Trust. In the month of October alone the most popular destination on leaving (other than unknown) was to another NHS organisation, with 18.5% of leavers in that month citing this reason on the P4 leavers form (17 individuals, of whom 47% had less than 2 years' service at CUH).

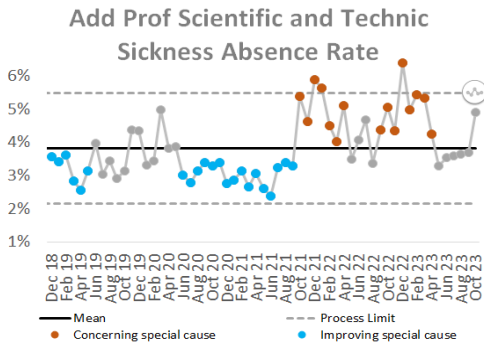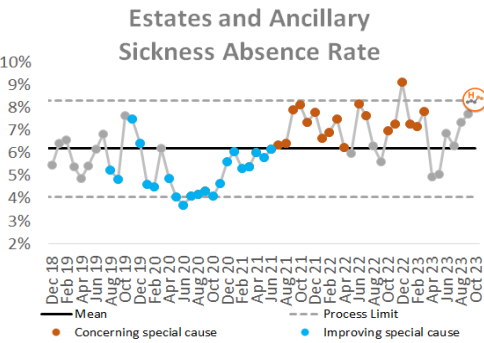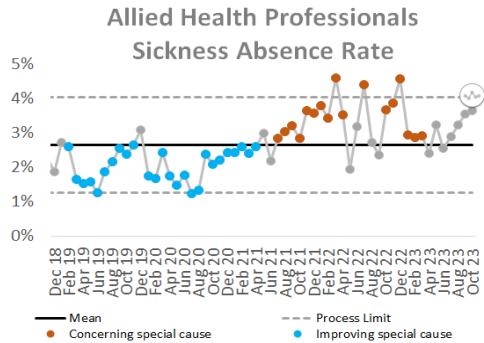**Author(s): Chloe Schafer, Amanda Wood**   **Owner(s): David Wherrett**

Sickness Absence

Monthly Sickness Absence Rates - All Staff

Target — Mean — Process Limit ● Concerning special cause ● Improving special cause

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.
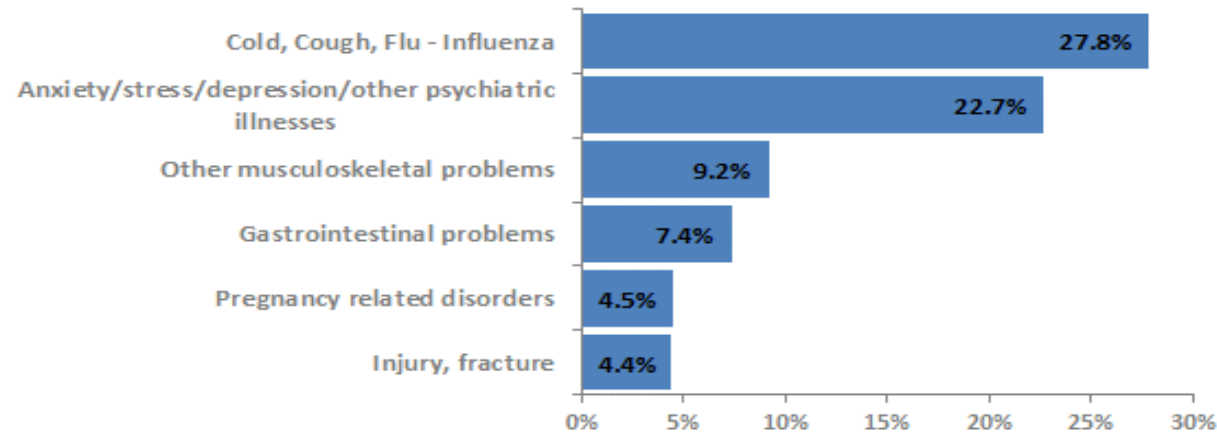
What the information tells us: The overall monthly sickness absence has increased by 0.4% since last month, to 4.7% in October 2023. This is 0.5% lower than the same month last year (5.1%). The sickness absence rate due to short term illness is higher at 3.3% compared to long term sickness at 1.4%.

Estates and Ancillary staff group has the highest sickness absence rate at 8.3% (1.3% higher than 12 months ago), followed by Additional Clinical Services at 8% in October 2023.

Sickness Absence Rate due to Short Term Sickness
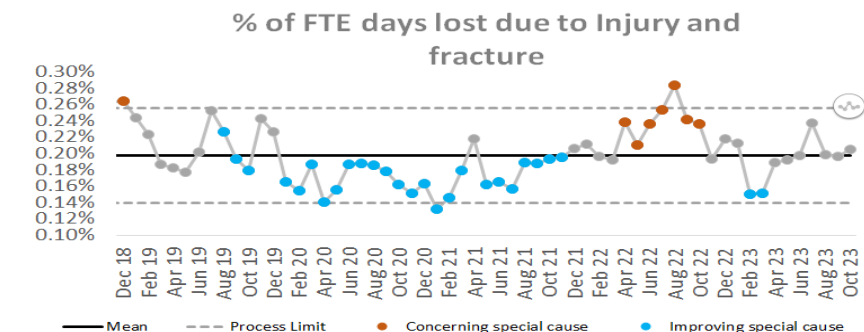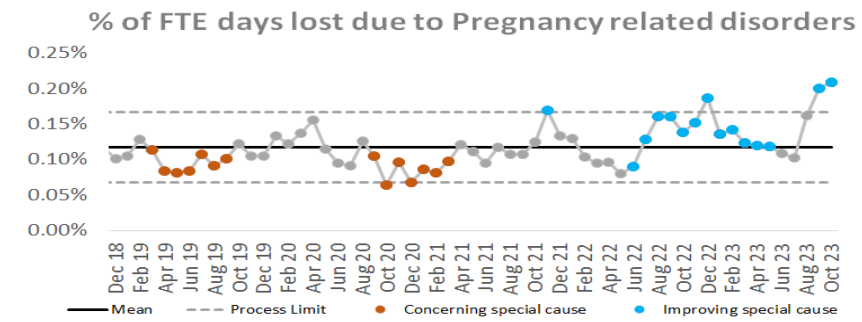

Nursing and Midwifery Sickness Absence Rate

Administrative and Clerical Sickness Absence Rate

Additional Clinical Services Sickness Absence Rate

Medical and Dental Sickness Absence Rate

Sickness Absence Rate due to Long Term Sickness

Healthcare Scientists Sickness Absence Rate

Allied Health Professionals Sickness Absence Rate

Estates and Ancillary Sickness Absence Rate

Add Prof Scientific and Technic Sickness Absence Rate

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Top Six Sickness Absence Reason
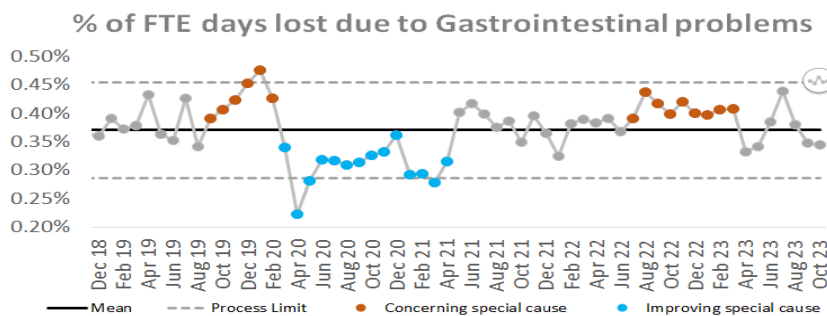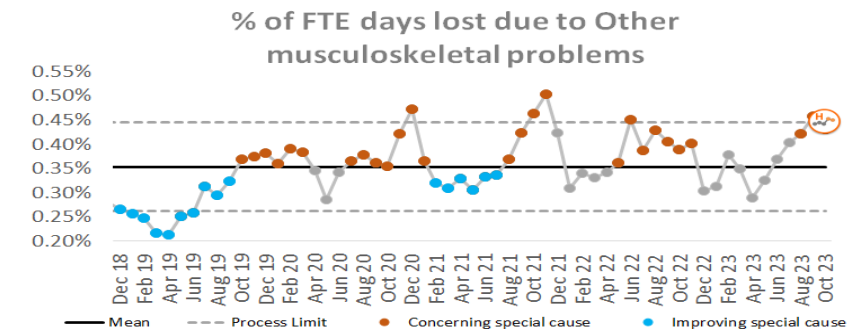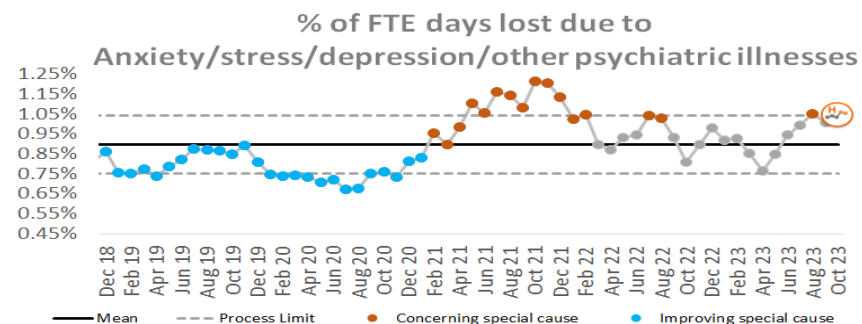
NHS
Cambridge University Hospitals
NHS Foundation Trust

Top 6 Sickness Reason as % All Sickness - Oct 23
All Staff

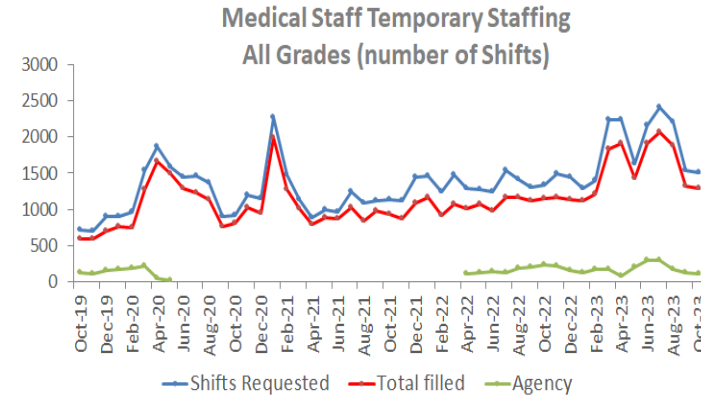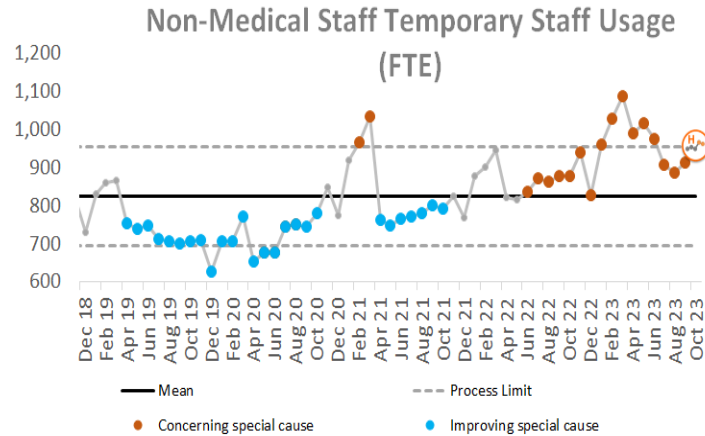| Reason	%
Cold, Cough, Flu - Influenza	27.8%
Anxiety/stress/depression/other psychiatric illnesses	22.7%
Other musculoskeletal problems	9.2%
Gastrointestinal problems	7.4%
Pregnancy related disorders	4.5%
Injury, fracture	4.4%

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 in October 2023 is Cold, Cough, Flu - Influenza, with an absence rate of 1.3%. This is 0.5% higher than last month, but 0.4% lower than September last year. As a percentage of all sickness absence Cold, Cough, Flu - Influenza accounts for 27.8% of the overall figure.

Absence due to Anxiety/stress/depression/other psychiatric illnesses has increased by 0.1% from last month to 1.06%, which accounts for 22.7% of all absence in October 2023.

% of FTE days lost due to Cold, Cough, Flu - Influenza

% of FTE days lost due to Anxiety/stress/depression/other psychiatric illnesses

% of FTE days lost due to Other musculoskeletal problems

% of FTE days lost due to Gastrointestinal problems

% of FTE days lost due to Pregnancy related disorders

% of FTE days lost due to Injury and fracture

Legend: Mean — Process Limit — Concerning special cause — Improving special cause

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

Temporary Staffing

Non-Medical Staff Temporary Staff Usage (FTE)

Medical Staff Temporary Staffing All Grades (number of Shifts)

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 by 0.9% from last month, as an increase in requests of 2.6% has been exceeded by the 3.5% increase in filled shifts. Top three reasons for request are vacancy (47%), increased workload (21%) and sickness requiring cover (15%). Nursing and midwifery agency usage decreased by 1.3 WTE from the previous month to 15.4 WTE. This accounts for 4% of the total nursing filled shifts. Demand for temporary medical staff decreased by 2% from September. Fill rate remained stable at 86%, with 215 shifts unfilled.

Non-Medical Temporary Staff Fill Rates

Nursing and Midwifery Temporary Staff fill Rates

Nursing and Midwifery Temporary Staff Usage (FTE)

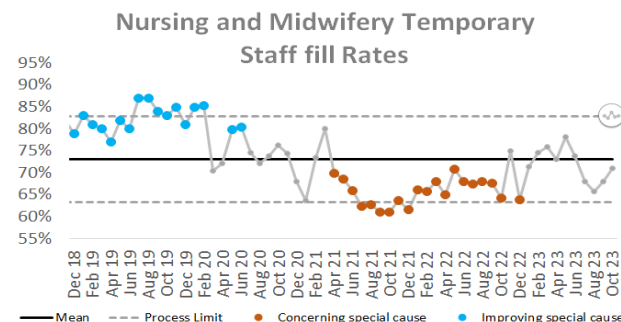## Medical Staff - All Grades Bank Shift Fill Rates

Administrative and Clerical Temporary Staff Requests (FTE)

Nursing and Midwifery Temporary Staff Requests (FTE)

Nursing and Midwifery Agency Filled Shifts (FTE)

Medical Staff - Junior Doctor Bank Shift Fill Rates

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ESR Vacancy Rate

Nursing and Midwifery Vacancy Rate

Legend: Target, Mean, Process Limit, Concerning special cause, Improving special cause

Healthcare Assistant (incl. MCA) Vacancy Rate

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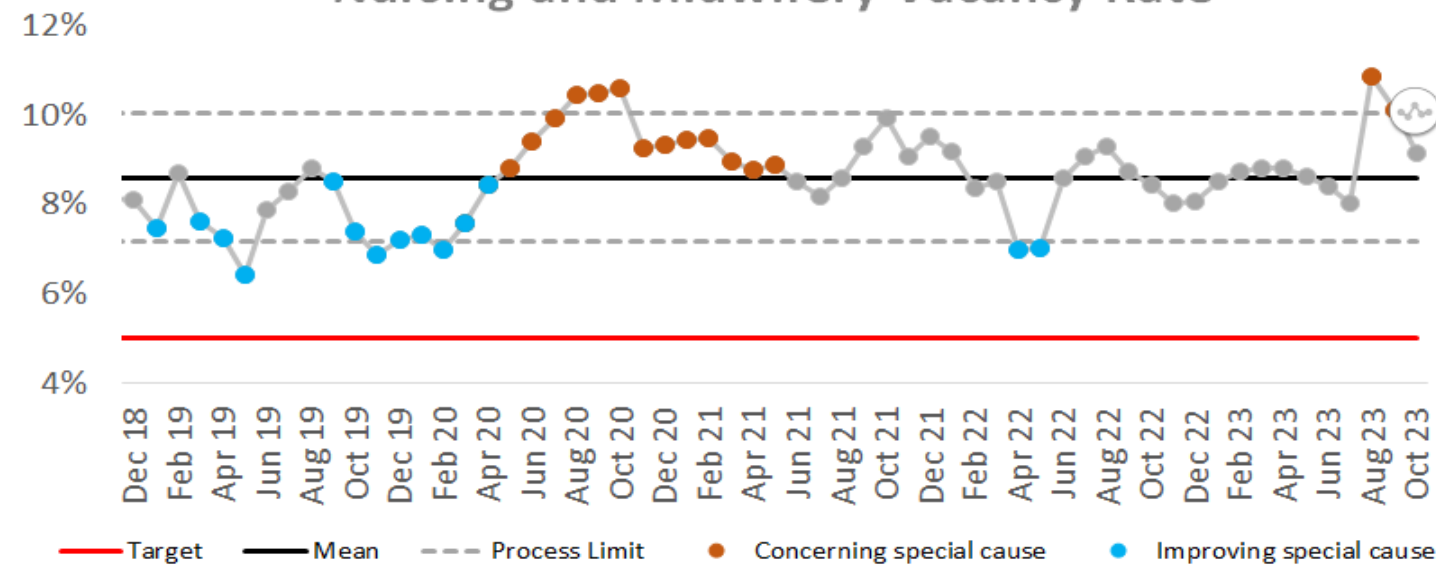
Background Information: Vacancy rate provides vacancy information based on established post within an organisation. The figure below relates to ESR data for clinical areas only and includes pay band 2-4 for HCA and 5-7 for Nurses.

What the information tells us: 2023/24 budgets were loaded to ESR for Clinical and Corporate Divisions from August 2023, which increased the establishment for both Nursing and Midwifery and Healthcare Assistants.

Since August the vacancy rate for Nursing and Midwifery has been decreasing, and is 9.1% as at the end of October, which is 1% lower than last month. The vacancy rate for Healthcare Assistants is 15.9% as at end of October - the same as last month.

Vacancy rates for both staff groups are above the target rate of 5% for Nurses and 0% for HCAs.

Annual Leave Update

Percentage of Annual Leave (AL) Taken – October 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	48,587	25,905	53.3%	97%
	Additional Clinical Services	375,600	214,815	57.2%	97%
	Administrative and Clerical	511,769	282,392	55.2%	96%
	Allied Health Professionals	153,122	86,061	56.2%	99%
	Estates and Ancillary	76,643	46,418	60.6%	97%
	Healthcare Scientists	154,348	80,617	52.2%	96%
	Medical and Dental	140,996	51,203	36.3%	35%
	Nursing and Midwifery Registered	807,970	469,037	58.1%	98%
	Trust	**2,269,035**	**1,256,449**	**55.4%**	88%
	Division				
Annual Leave taken by Division	Corporate	316,644	176,169	55.6%	95%
	Division A	423,044	234,515	55.4%	87%
	Division B	630,717	344,105	54.6%	93%
	Division C	280,971	150,769	53.7%	80%
	Division D	264,346	147,767	55.9%	85%
	Division E	249,890	147,810	59.1%	86%
	R&D	103,424	55,313	53.5%	95%

* | Greater than 47% | Less than 35% | Between 35% and 47% |

What the information tells us: The Trust's annual leave usage is at 95% of the expected usage at the end of the seventh month of the financial year. The highest rate of use of annual leave is within the Estates and Ancillary staff group, at 60.6%, followed by Nursing and Midwifery Registered at 58.1%.

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

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.
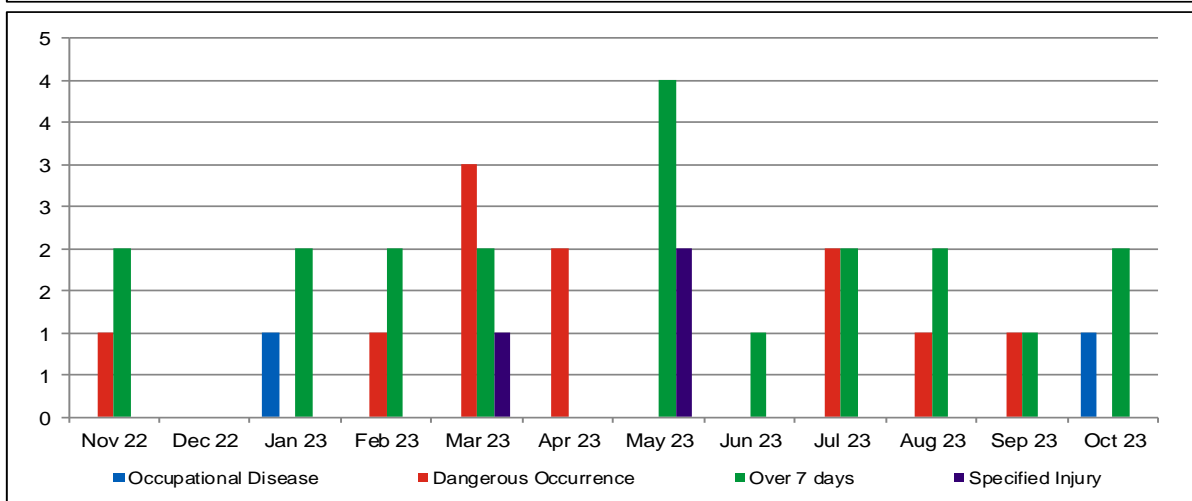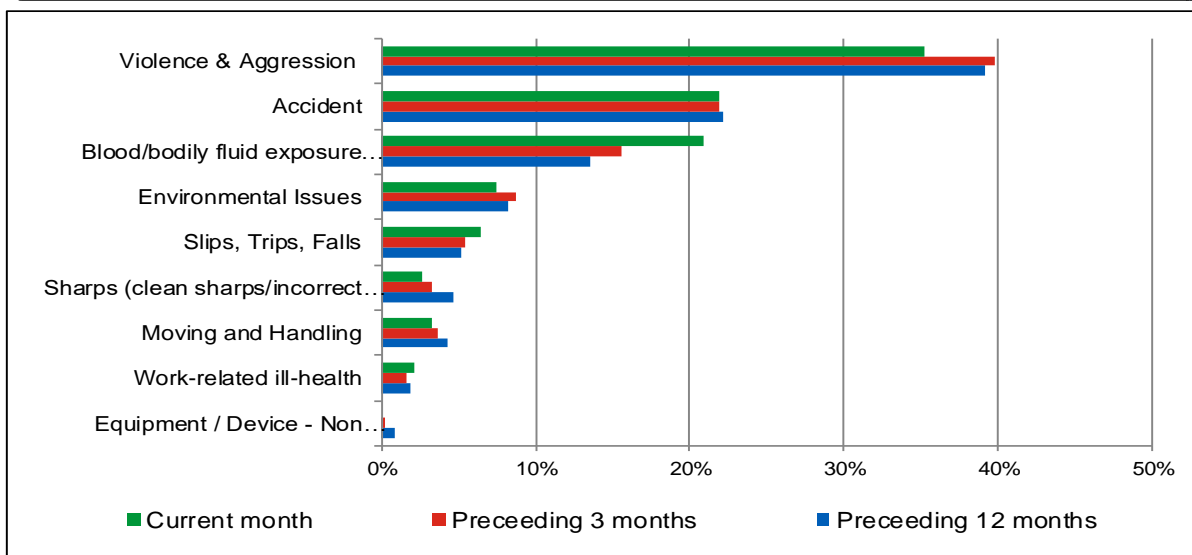
Thresholds			
Thresholds for **Induction** & Information Governance incl. GDPR & Cyber Security training	Less than 80%	80% to 94%	95% or higher
Thresholds for **Core Mandatory** training excl. Information Governance incl. GDPR & Cyber Security training	Less than 75%	75% to 89%	90% or higher

Category	Training	No. Staff Requiring Competency	Frequency	Delivery Method	Trust Total	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental Consultant	Medical and Dental Non-Consultant	Nursing and Midwifery Registered
Ind'tn	Corporate Induction	1,187	3 yrs	el	(50)95.2%	(0)100.0%	(22)92.4%	(8)96.9%	(4)94.5%	(2)94.7%	(0)100.0%	(3)92.9%	(29)72.4%	(14)95.0%
Ind'tn	Local Induction	1,187	3 yrs	el	(225)81.0%	(3)89.3%	(60)79.2%	(48)81.5%	(13)82.2%	(4)89.5%	(10)85.9%	(9)78.6%	(15)85.7%	(63)77.7%
Other Core Mandatory	Conflict Resolution	11,238	3 yrs	el	(202)98.2%	(1)99.6%	(16)99.1%	(30)98.8%	(3)99.6%	(2)99.4%	(2)99.7%	(19)97.6%	(85)88.7%	(44)98.8%
Other Core Mandatory	Equality, Diversity and Human Rights	11,238	3 yrs	el	(237)97.9%	(2)99.1%	(15)99.2%	(38)98.4%	(3)99.6%	(3)99.1%	(4)99.4%	(21)97.3%	(90)88.0%	(61)98.3%
Other Core Mandatory	Health, Safety and Welfare	11,238	3 yrs	el	(264)97.7%	(1)99.6%	(20)98.9%	(43)98.2%	(3)99.6%	(3)99.1%	(4)99.4%	(22)97.2%	(105)86.0%	(63)98.2%
Other Core Mandatory	Information Governance including GDPR and Cyber Security	11,238	1 yr	el	(690)93.9%	(4)98.2%	(98)94.5%	(80)96.7%	(19)97.3%	(31)90.9%	(26)96.2%	(62)92.0%	(183)75.6%	(187)94.8%
Other Core Mandatory	Basic Prevent Awareness	9,474	3 yrs	el	(276)97.1%	(1)99.5%	(25)98.5%	(62)97.4%	(5)99.2%	(8)97.6%	(6)99.1%	(15)97.4%	(122)79.1%	(32)98.7%
Other Core Mandatory	Prevent Level Three (WRAP)	1,759	3 yrs	el	(139)92.1%	(0)100.0%	(10)93.3%	(0)100.0%	(3)95.1%		(0)100.0%	(9)95.6%	(38)76.7%	(79)93.1%
Resuscitation	Adult Basic Life Support Practical - 1 Year	383	1 yr	f2f	(80)79.1%		(23)75.5%		(0)100.0%					(57)80.1%
Resuscitation	Adult Basic Life Support Practical - 2 Year	6,992	4 yrs	f2f	(845)87.9%	(2)94.3%	(153)88.5%	(5)84.4%	(42)93.9%		(7)93.9%	(143)81.6%	(278)63.0%	(215)93.4%
Resuscitation	Advanced Life Support	11	4 yrs	f2f	(4)63.6%				(0)100.0%					(4)60.0%
Resuscitation	Advanced Paediatric Life Support	104	2 yrs	f2f	(52)50.0%									(52)50.0%
Resuscitation	Basic Life Support e-learning	7,345	1 yr	el	(800)89.1%	(2)94.3%	(127)90.9%	(2)93.8%	(44)93.6%		(8)93.0%	(93)88.0%	(250)66.7%	(274)92.3%
Resuscitation	Immediate Life Support (ILS)	636	1 yr	f2f	(142)77.7%		(3)25.0%	(0)100.0%			(1)93.8%			(138)77.6%
Resuscitation	Newborn Basic Life Support (NBLS)	507	1 yr	Blended	(156)69.2%	(1)0.0%	(35)53.3%					(6)64.7%	(5)50.0%	(109)73.0%
Resuscitation	Paediatric Basic Life Support (PBLS)	2,464	1 yr	Blended	(572)76.8%	(1)90.9%	(202)64.6%		(56)91.8%		(7)92.1%	(41)65.0%	(51)50.0%	(214)75.9%
Resuscitation	Paediatric Immediate Life Support (PILS)	364	1 yr	f2f	(84)76.9%		(1)0.0%		(0)100.0%					(83)77.0%
Fire	Fire Evacuation	5,659	1 yr	f2f/el	(806)85.8%	(1)94.7%	(228)83.7%	(2)93.1%	(49)90.9%	(13)82.9%	(0)100.0%			(513)85.6%
Fire	Fire Safety Awareness	11,238	1 yr	el	(432)96.2%	(1)99.6%	(44)97.5%	(52)97.8%	(12)98.3%	(17)95.0%	(8)98.8%	(45)94.2%	(142)81.1%	(111)96.9%
Infect Ctrl	Infection Prevention and Control - Level 1 - 2 Years	4,120	2 yrs	el	(179)95.7%	(1)96.9%	(8)96.7%	(71)97.0%	(0)100.0%	(20)94.0%	(9)98.5%	(1)95.2%	(59)79.1%	(10)95.4%
Infect Ctrl	Infection Prevention and Control - Level 2 - 2 Years	7,119	2 yrs	el	(300)95.8%	(1)99.5%	(38)97.5%	(0)100.0%	(11)98.3%	(0)100.0%	(1)98.9%	(54)92.9%	(88)81.2%	(107)96.8%
Moving & Handling	Moving and Handling - Level 1	11,238	2 yrs	el	(560)95.0%	(3)98.7%	(75)95.8%	(73)97.0%	(12)98.3%	(7)97.9%	(10)98.5%	(59)92.4%	(162)78.4%	(159)95.5%
Moving & Handling	Moving and Handling - Level 2	5,710	2 yrs	f2f	(783)86.3%	(1)94.7%	(217)84.8%	(2)88.9%	(44)92.7%	(0)100.0%	(3)96.5%			(516)85.5%
Moving & Handling	Patient Moving and Handling - e-learning	5,712	1 yr	el	(345)94.0%	(1)94.7%	(102)92.9%	(1)94.1%	(18)97.0%	(0)100.0%	(1)98.8%			(222)93.8%
Safeg'dg Adults	Safeguarding Adults - Level 1	7,558	3 yrs	el	(284)96.2%	(2)99.1%	(33)98.2%	(62)97.4%	(0)100.0%	(5)98.5%	(9)98.7%	(12)84.8%	(106)36.9%	(55)96.9%
Safeg'dg Adults	Safeguarding Adults - Level 2	4,057	3 yrs	el	(275)93.2%	(4)97.9%	(37)97.4%	(13)90.9%	(6)94.3%		(1)99.4%	(13)83.3%	(129)23.2%	(72)95.9%
Safeg'dg Adults	Safeguarding Adults - Level 3	3,833	3 yrs	el	(1305)66.0%	(1)90.0%	(1)75.0%	(1)0.0%	(119)79.8%		(0)100.0%	(250)64.9%	(401)43.6%	(532)70.5%
Safeg'dg Children	Safeguarding Children - Level 1	11,238	3 yrs	el	(390)96.5%	(3)98.7%	(36)98.0%	(59)97.5%	(10)98.6%	(8)97.6%	(11)98.4%	(26)96.7%	(140)81.4%	(97)97.3%
Safeg'dg Children	Safeguarding Children - Level 2	7,726	3 yrs	el	(423)94.5%	(8)95.9%	(52)96.4%	(13)91.3%	(21)96.9%		(1)99.4%	(31)96.0%	(156)79.2%	(141)96.0%
Safeg'dg Children	Safeguarding Children - Level 3	1,438	3 yrs	f2f/el	(212)85.3%	(0)100.0%	(16)83.7%	(3)75.0%	(9)85.9%		(0)100.0%	(15)92.3%	(31)75.6%	(138)84.9%
Safeg'dg Children	Safeguarding Children - Level 3 - 1 Year	334	1 yr	f2f/el	(48)85.6%		(11)79.2%					(5)61.5%	(11)45.0%	(21)91.5%
Overall Compliance					93.3%	98.5%	94.3%	97.5%	95.8%	96.6%	98.5%	91.1%	74.5%	93.1%

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

Health and Safety Incidents

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:	1950	403	289	602	313	204	54	85
Accident	433	99	90	104	63	36	11	30
Blood/bodily fluid exposure (dirty sharps/splashes)	265	88	47	54	33	35	6	2
Environmental Issues	160	29	44	19	27	25	5	11
Equipment / Device - Non Medical	17	4	1	4	4	4	0	0
Moving and Handling	83	20	10	15	22	7	1	8
Sharps (clean sharps/incorrect disposal & use)	92	24	14	9	14	18	9	4
Slips, Trips, Falls	100	21	21	15	11	13	3	16
Violence & Aggression	763	106	59	380	129	57	18	14
Work-related ill-health	37	12	3	2	10	9	1	0

Legend: ■ Current month ■ Preceeding 3 months ■ Preceeding 12 months

Legend: ■ Occupational Disease ■ Dangerous Occurrence ■ Over 7 days ■ Specified Injury

A total of 1,950 health and safety incidents were reported in the previous 12 months.

882 (45%) incidents resulted in harm. The highest reporting categories were violence and aggression (39%), accidents (22%) and blood/bodily fluid exposure (14%).

1,315 (67%) of incidents affected staff, 559 (29%) affected patients and 76 (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 (37%) and environmental issues (9%).

The highest reported incident categories for others were: violence & aggression (28%), slips, trips and falls (26%) and environmental issues (22%).

Staff incident rate is 10.7 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 602 incidents. Of these, 63% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (56%). In the last 12 months, 64% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In October 2023, 3 incidents were reported to the HSE:

Over 7 day injury:
➤ The Injured Person (IP) was crossing the road (on site). A dip in the road caused the IP to twist their ankle and fall to the floor. The IP suffered a suspected fracture of scaphoid and has been unable to undertake their normal duties for over 7 days.
➤ The IP slipped on water which lay on the floor surrounding a sink. The IP experienced pain and sustained bruising to their head, ear, neck, shoulder and arm. The IP has been off work for over 7 days as a result of this incident.

Occupational disease:
➤ A staff member's skin became itchy. Staff member self-referred to OH for review and work-related contact dermatitis was diagnosed. Unclear what the trigger is but it is thought that the most likely cause are gloves. OH advised non clinical duties until hands have healed. OH confirmed the current hand care regime is correct.

Author(s): Helen Murphy   Owner(s): David Wherrett

Health and Safety Incidents

No. of health and safety incidents affecting staff:
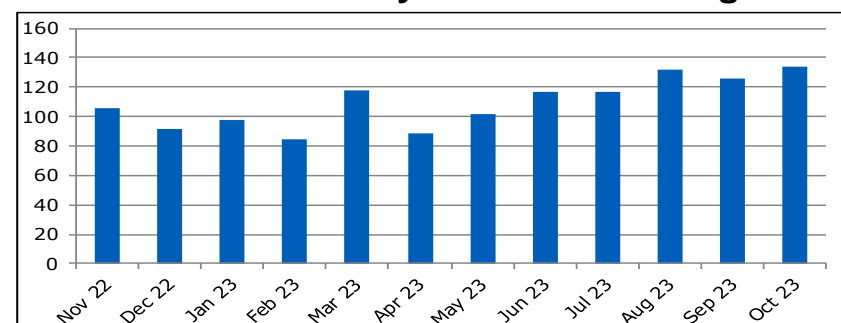
	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Total
Accident	19	14	12	14	21	13	13	14	14	23	17	20	**194**
Blood/bodily fluid exposure (dirty sharps/splashes)	14	20	20	12	20	18	22	23	14	22	23	35	**243**
Environmental Issues	1	6	4	2	8	8	10	14	7	17	10	7	**94**
Moving and Handling	1	2	5	8	9	3	5	7	5	4	7	2	**58**
Sharps (clean sharps/incorrect disposal & use)	10	5	5	7	3	10	3	7	7	8	3	5	**73**
Slips, Trips, Falls	6	4	8	7	4	6	8	3	10	5	10	9	**80**
Violence & Aggression	52	37	39	33	50	30	38	45	56	51	53	52	**536**
Work-related ill-health	3	4	5	1	3	1	3	4	4	2	3	4	**37**
Total	**106**	**92**	**98**	**84**	**118**	**89**	**102**	**117**	**117**	**132**	**126**	**134**	**1315**

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

	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Total
No. of health & safety incidents	106	92	98	84	118	89	102	117	117	132	126	134	**1315**
Staff incident rate per month/year	0.9	0.7	0.8	0.7	1.0	0.7	0.8	0.9	0.9	1.1	1.0	1.1	**10.7**

No. of health and safety incidents affecting patients:
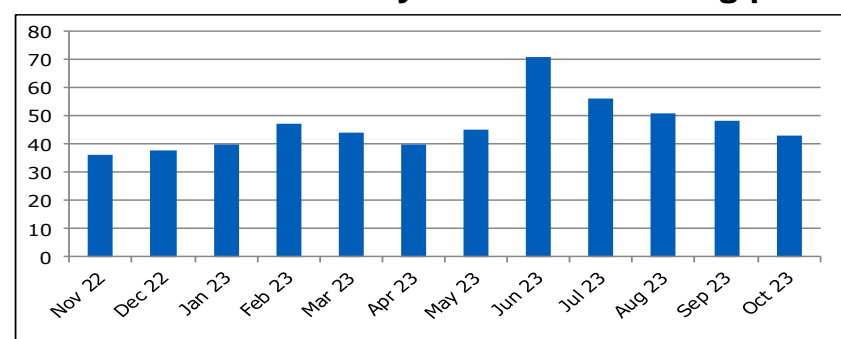
	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Total
Accident	15	19	19	17	21	13	19	29	14	20	18	20	**224**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	3	2	0	1	3	2	2	2	0	2	4	**21**
Environmental Issues	8	7	3	5	1	2	4	6	3	4	2	4	**49**
Equipment / Device - Non Medical	3	1	2	1	0	0	1	2	6	1	0	0	**17**
Moving and Handling	3	2	1	4	2	1	2	3	0	1	2	4	**25**
Sharps (clean sharps/incorrect disposal & use)	0	1	0	2	3	2	0	4	3	0	2	0	**17**
Violence & Aggression	7	5	13	18	16	19	17	25	28	25	22	11	**206**
Total	**36**	**38**	**40**	**47**	**44**	**40**	**45**	**71**	**56**	**51**	**48**	**43**	**559**

No. of health and safety incidents affecting others ie visitors, contractors and members of the public:
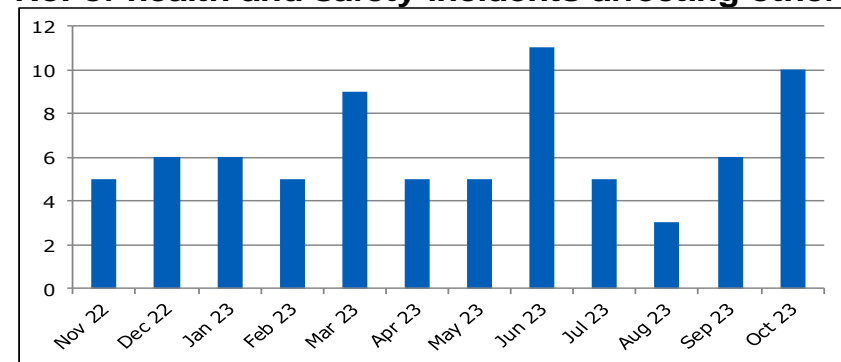
	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Total
Accident	2	0	2	0	2	2	1	2	1	1	1	1	**15**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	0	0	0	1	0	0	0	0	0	0	**1**
Environmental Issues	1	2	2	1	2	1	2	1	1	0	1	3	**17**
Sharps (clean sharps/incorrect disposal & use)	0	0	2	0	0	0	0	0	0	0	0	0	**2**
Slips, Trips, Falls	1	2	0	2	4	0	0	3	2	2	1	3	**20**
Violence & Aggression	1	2	0	2	1	1	2	5	1	0	3	3	**21**
Total	**5**	**6**	**6**	**5**	**9**	**5**	**5**	**11**	**5**	**3**	**6**	**10**	**76**