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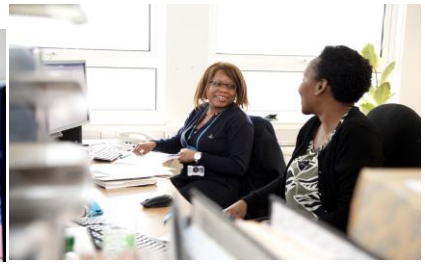


Integrated Report

Quality, Performance, Finance and Workforce to end December 23

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

Report compiled: 31 January 2023

Key

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Data variation indicators


Normal variance - all points within control limits

Negative special cause variation above the mean

Negative special cause variation below the mean

Positive special cause variation above the mean

Positive special cause variation below the mean

Target status indicators

Target has been and statistically is consistently likely to be achieved

Target failed and statistically will consistently not be achieved

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

Rule trigger indicators

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

Quality Account Measures 2023/24

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2023/24 Quality Account Measures				Oct 23	Nov 23	Dec 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	Nov-23	90%	86.0%	87.0%	87.0%	⇔	86.4%	50.0%	86.4%
	Trust Compliance with Pressue Ulcer risk assessment tool & documentation within 6 hours of admission	Nov-23	90%	80.0%	81.0%	81.0%	⇔	80.7%	13.4%	80.7%
	% Rosie MDT Obstetric staff passed PROMPT emergencies training	Dec-23	90%	94.6%	92.4%	89.7%	⇩	84.7%	71.0%	84.7%
	% Rosie Obstetricians and Midwives passed fetal surveillance training	Dec-23	90%	84.5%	91.4%	92.4%	⇧	86.1%	72.0%	86.1%
Patient Experience / Caring	Healthcare Inequality: Percentage of patients in calendar month where ethnicity data is **not recorded** on EPIC Cheqs demographics report (Ethnicity Summary by Patient)	Dec-23	7%	7.4%	7.1%	7.0%	⇩	7.6%	14.0%	7.6%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Dec-23	20%	14.6%	17.3%	15.3%	⇩	15.7%	15.3%	15.7%
	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	Dec-23	80%	67.4%	73.8%	84.6%	⇧	75.4%	74.0%	75.5%
	Same day emergency care (SDEC)	Dec-23	30%	24.9%	24.9%	25.3%	⇧	25.3%	22.0%	24.3%
	Percentage of admissions over 65yo with dementia/delirium or cognitive impairment with a care plan in place	Nov-23	50%	79.0%	71.0%	N/A	▪	66.1%		66.1%
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Dec-23	55%	45.7%	43.6%	42.3%	⇩	43.8%	29.2%	39.3%
Staff Experience / Well-led	Trust Vacancy Rate (Band 5) Nurses	Jun-22	5.0%	N/A	N/A	N/A	▪	8.4%	12.0%	7.6%
	Annual			2016	2017	2018				
	National Staff Survey - "I feel secure about raising concerns re unsafe clinical practice within the organisation"	2018	78%	75.0%	73.0%	74.0%	⇧		75%	

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

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

Quality Summary Indicators

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Performance Framework - Quality Indicators				Oct 23	Nov 23	Dec 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)	Nov-23	0	**0**	**1**	**0**	⇩	**6**	3	**6**
	E.coli Bacteraemias (Total Cases)	Nov-23	50% over 3 years	44	28	39	⇧	319	401	413
	C. difficile Infection (hospital onset and COHA* avoidable)	Nov-23	TBC	**13**	**14**	**10**	⇩	96	129	116
	Hand Hygiene Compliance	Dec-23	TBC	93.4%	95.3%	94.9%	⇩	94.2%	96.4%	94.2%
Clinical Effectiveness	% of NICE Technology Appraisals where funding was not procured within three months. ('last month')	Dec-23	100%	**50.0%**	**0.0%**	**25.0%**	⇧	**54.7%**	None recorded	**54.7%**
	% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 30 days.	Dec-23	80%	None recorded	None recorded	**25.0%**	⇩	**33.3%**	51.0%	**47.2%**
	100% of NCEPOD questionnaires (clinical and operational) relevant to CUH is returned by clinical teams within deadline ('last month').	Dec-23	100%	None recorded	0.0%	**20.0%**	⇧	**40.0%**	None recorded	**40.0%**
	85% of national audit's to achieve a status of better, same or met against standards over the audit year	Dec-23	85%	**100.0%**	**83.3%**	None recorded	⇧	**90.9%**	84.6%	**88.2%**
Nursing Quality Metrics	Blood Administration Patient Scanning	Dec-23	90%	**99.9%**	**99.5%**	**99.9%**	⇧	**99.7%**	99.7%	**99.7%**
	Care Plan Notes	Dec-23	90%	**95.7%**	**96.1%**	**95.9%**	⇩	**95.9%**	96.1%	**96.0%**
	Care Plan Presence	Dec-23	90%	**99.5%**	**98.6%**	**98.6%**	⇩	**99.4%**	99.6%	**99.5%**
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Dec-23	90%	**74.9%**	**76.4%**	**76.2%**	⇩	**76.3%**	71.8%	**75.2%**
	Nurse Rounding	Dec-23	90%	**99.0%**	**99.0%**	**99.0%**	⇩	**99.1%**	99.2%	**99.1%**
	Nutrition Screening	Dec-23	90%	**74.9%**	**75.6%**	**76.3%**	⇧	**76.4%**	72.8%	**75.5%**
	Pain Score	Dec-23	90%	**85.2%**	**84.6%**	**84.2%**	⇩	**85.1%**	83.2%	**84.6%**
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Dec-23	90%	**88.9%**	**86.7%**	**86.1%**	⇩	**86.0%**	82.4%	**85.1%**
	PEWS Score Recording	Dec-23	90%	**99.3%**	**99.1%**	**99.4%**	⇧	**99.2%**	99.2%	**99.2%**
	NEWS Score Recording	Dec-23	90%	**97.7%**	**97.7%**	**97.8%**	⇧	**97.7%**	97.4%	**97.6%**
	VIP									
	VIP Score Recording (1 per day)	Dec-23	90%	**84.3%**	**87.4%**	**86.7%**	⇩	**87.3%**	85.2%	**86.8%**
	PIP Score Recording (1 per day)	Dec-23	90%	**78.3%**	**76.9%**	**83.3%**	⇧	**84.0%**	88.7%	**85.3%**
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	Dec-23	0	**85**	**45**	**46**	⇧	**504**	172	**592**
	Re-opened complaints (non PHSO)	Dec-23	N/A	8	9	4	⇩	56	18	59
	Re-opened complaints (PHSO)	Dec-23	N/A	0	0	0	⇔	5	2	5
				Oct 23	**Nov 23**	**Dec 23**				
	Number of medium/high level complaints	Dec-23	N/A	22	14	8	⇩	129	257	200

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	62.7%	65.3%	76.0%	Mar-24	Page 12
	12hr waits in ED (type 1)	Normal variation	12.1%	-	-	-	
	Ambulance handovers <15mins	Normal variation	50.7%	65.0%	65.0%	Immediate	
	Ambulance handovers <30mins	Normal variation	79.1%	95.0%	95.0%	Immediate	Page 13
	Ambulance handovers > 60mins	Normal variation	12.8%	0.0%	0.0%	Immediate	
Cancer	Cancer patients < 62 days	Negative special cause variation	69.0%	-	85.0%	Immediate	Page 19
	28 day faster diagnosis standard	Normal variation	77.7%	83.9%	75.0%	Immediate	Page 17
	31 day decision to first treatment	Normal variation	87.9%	-	96.0%	Immediate	Page 18
Outpatients	First outpatients (consultant led)	Positive special cause variation	116.4%	110.8%	-	-	Page 22
	Follow-up outpatients (consultant led)	Normal variation	119.3%	120.0%	-	-	Page 23
	Advice and Guidance Requests	Normal variation	10.7%	-	16.0%	Mar-23	
	Patients moved / discharged to PIFU	Positive special cause variation	3.4%	7.5%	7.5%	Mar-23	Page 24
Diagnostics	Patients waiting > 6 weeks	Negative special cause variation	39.1%	15.5%	5.0%	Mar-24	Page 20
	Diagnostics - Total WL	Normal variation	14,062	9,240	-	-	
RTT Waiting List	RTT Patients waiting > 65 weeks	Positive special cause variation	870	220	0	Mar-23	Page 15
	RTT Patients waiting > 78 weeks	Normal variation	142	-	-	-	
	Total RTT waiting list	Negative special cause variation	61,529	61,358	-	-	Page 16
Productivity and efficiency	Non-elective LoS (days, excl 0 LoS)	Positive special cause variation	8.6	-	-	-	
	Long stay patients (>21 LoS)	Positive special cause variation	196	203	-	-	
	Elective LoS (days, excl 0 LoS)	Normal variation	5.0	-	-	-	
	Discharges before noon	Normal variation	15.3%	-	-	-	
	Theatre sessions used	Normal variation	626	-	-	-	
	In session theatre utilisation	Normal variation	77.1%	85.0%	85.0%	Sep-23	Page 25
	Virtual Outpatient Attendances	Negative special cause variation	19.9%	-	-	-	
	BADS Daycase Rate (local)	Normal variation	83.8%	-	-	-	Page 26
Surgical prioritisation	P2 (4 weeks) Including planned	Negative special cause variation	3,220	-	-	-	

Serious Incidents

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Indicator	Data range	Period	Threshold	Current period	Mean	Variance	Special causes	Comments
Patient Safety Incidents	January 2021-December 2023	Dec-23	-	**1424**	*1463*		-	
Patient Safety Incidents per **1,000 admissions**				**80**	*91*		–	
Percentage of **moderate harm and above** patient safety incidents			≤ 2%	**2.2%**	*2.5%*		-	Severe harm incidents are showing a statistically significant downward shift in the last 8 months.
All Serious Incidents			-	**1**	*4.5*		-	

Patient safety incidents (PSIs)

In December 2023 there were 39 moderate harm incidents and one severe harm incident.

PSIs of moderate harm and above are in normal variance; the majority of these are moderate harms coming from hospital-acquired pressure ulcers.

Severe harm incidents are showing a statistically significant **downward** shift in the last 8 months.

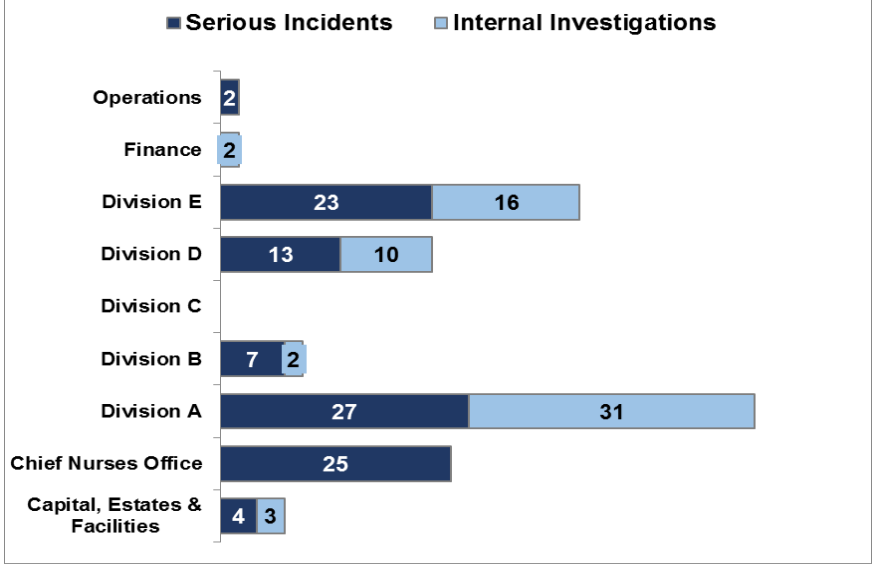
Serious Incidents

At time of reporting all serious incident investigations have been completed and reports submitted to the ICB; with the exception of the IG breach Si declared in December 2023.

There are currently 165 overdue actions from investigations: 101 (↓) Serious Incident actions and 64 (↓) Internal (RCA) Investigation actions.

The patient safety team are working with divisional teams to support implementation and closure of outstanding SI and II actions.

Overdue actions in relation to level of investigation for patient and organisational incidents *as of 25.01.2024*



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

Duty of Candour (DOC)

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In the last 12 months, Trust-wide **stage 1** DOC compliance is **94%** (435/461), and Trust wide **stage 2** DOC compliance is **90%** (382/423), and a breakdown by Divisions can be seen in graph 1 below.

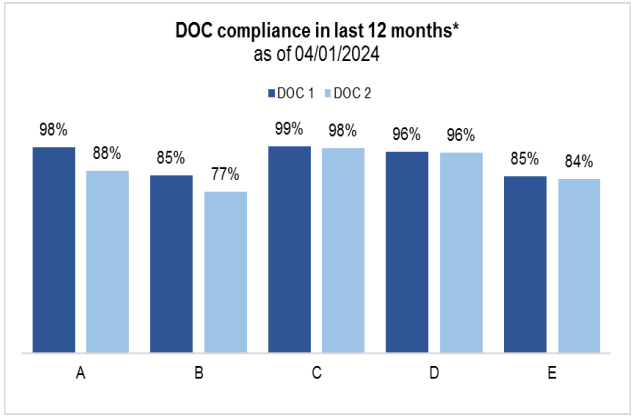
There are a number of DOC that are outstanding shown in graphs 2 and 3 below. There are 7 DOC **stage 1** cases outstanding by more than >4 months (from date reported) and 12 DOC **stage 2** cases not yet completed more than 1 year after the incident was reported.

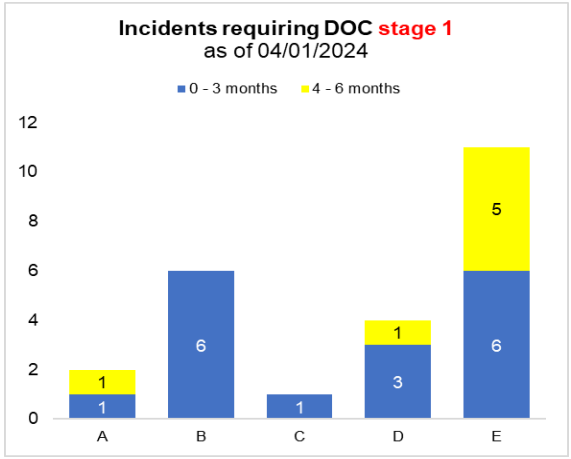
A new process is being designed to improve oversight of outstanding compliance and the corporate patient safety team are supporting division to prioritise outstanding compliance.

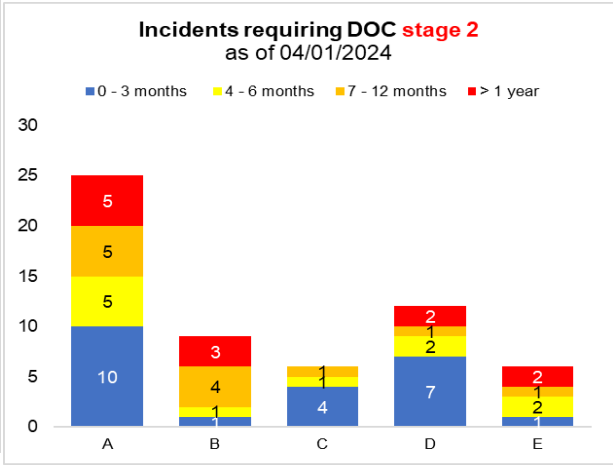
Indicator definitions

Stage 1 *is notifying the patient (or family) of the incident and sending a DOC stage 1 letter. Our internal standard is completion within 10 days of the incident reported.*

Stage 2 *is sharing of the relevant investigation findings (where the patient has requested this response). Our internal standard is completion within 10 days of the investigation being completed.*







Falls

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Indicator	Data range	Target	Dec-23	Mean	Variance	Special causes	Target status	Comments
All patient falls	January 2021 - December 2023	–	**130**	*152*		-	-	Last 6 months below the mean
Inpatient falls per **1,000 bed days**		–	**3.5**	*4.4*		-	-	Last 6 months below the mean
Moderate harm & above - inpatient falls		–	**4**	*4.3*		Shift	-	Last 7 months below the mean
Falls **risk screening** compliance within 12 hours of admission		≥90%	**87%**	*85%*		-		We were last compliant with this metric in June 2021

Summary

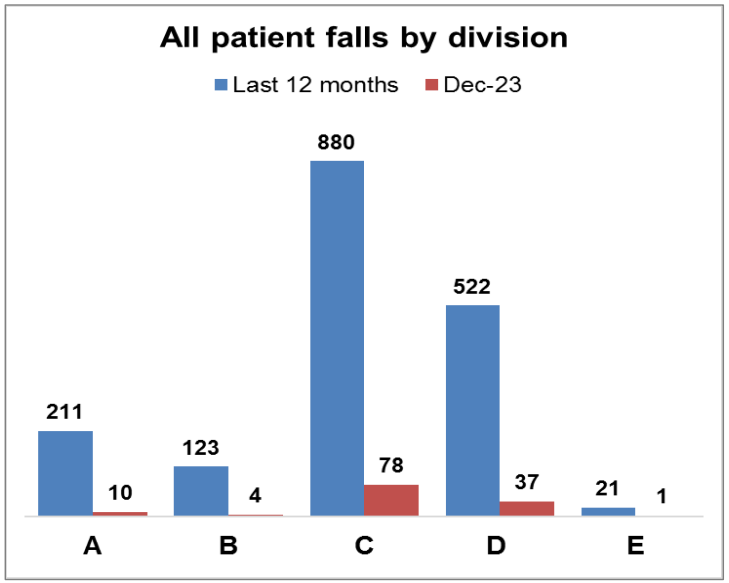
All falls are within normal variance, however falls of moderate harm or above have a statistically significant **decrease** in the last seven months.

In December 2023 there were three moderate harm falls, and one severe.

QI update

Two new staff have joined the Falls prevention team in November/ December.

Falls alarms supply has been renewed and the falls team are working with clinical engineering to agree a SOP for the management of equipment.



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

Hospital Acquired Pressure Ulcers (HAPUs)

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Target	Dec-23	Mean	Variance	Target status	Comments
All hospital-acquired pressure ulcers	January 2021 - December 2023	-	**39**	32	H	-	The last 18 consecutive months have been above the mean.
All HAPUs by date of occurrence per 1,000 bed days		–	**1.10**	0.94	H	-	17 out of the last 18 months have been above the mean.
Category 2, 3, 4, Suspected Deep Tissue Injury, and Unstageable HAPUs		–	**28**	19.9	H	-	17 out of the last 18 months have been above the mean.
Category 1 hospital-acquired pressure ulcers		–	**11**	11.9		–	
Category 2 hospital-acquired pressure ulcers			**24**	13.7		–	There has been a statistically significant increase in the last 8 months .
Unstageable HAPUs		–	**0**	1.6		–	
Suspected Deep Tissue Injury HAPUs by date of occurrence		-	**4**	4.5	H	-	
Medical device related HAPUs		–	**14**	7.9	H	–	Statistically significant upward shift in the last 10 months.
Pressure Ulcer screening **risk assessment** compliance		90%	**81%**	79%		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 or 4 HAPUs in December. There is a statistically significant increase in HAPUs related to:

- Medical devices overall and from 'mask/tubing'. The latter being predominantly from our critical care areas.
- To the sacrum. The highest HAPUs in the last 12 months are from the sacrum and heels.

QI update

Tissue Viability team is now fully recruited (December 2023).

The work in partnership with the Institute Health Improvement (IHI) to reduce incidence of HAPUs commenced in July 2023.Current pilot ward/departments: ICU/D3, D9, J3, ED, M5. We have seen a statistically significant decrease in HPAUs in the ICU/D3 and ward M5 achieved their aim of 150 days with not HAPUs (Category 2 and above). Spread of the program to phase 1 wards is planned for early March 2024.

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**	January 2021-December 2023	Dec-23	≥95%	**57%**	*59%*		6 out of the last 7 months have been above the mean
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Emergency Department**				**57%**	*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**				**100%**	*74%*		
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - **Maternity**				**60%**	*32%*		
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) -**Maternity**				**100%**	*95%*		

Sample size in month for above audits:
Inpatients = 5
ED-Adult = 15
Maternity inpatients = 10

- Sepsis QI corporate plan – approved at project plan pending
- Setting up QI pilot wards to support sepsis bundle compliance - vascular and renal teams
- NICE Sepsis guidance update due for release early 2024 - to inform improvement plans as required
- Sepsis order set refined to promote increased usage by clinicians

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

Mental Health - Q2 2023/24 (September)

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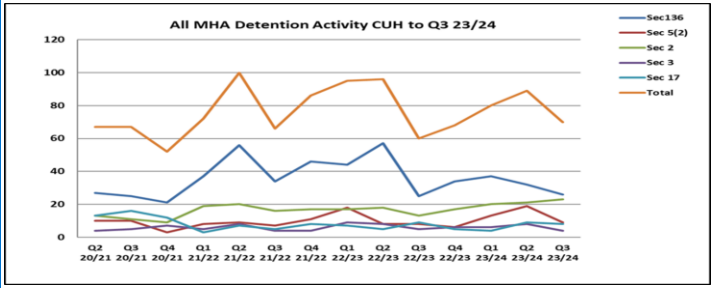

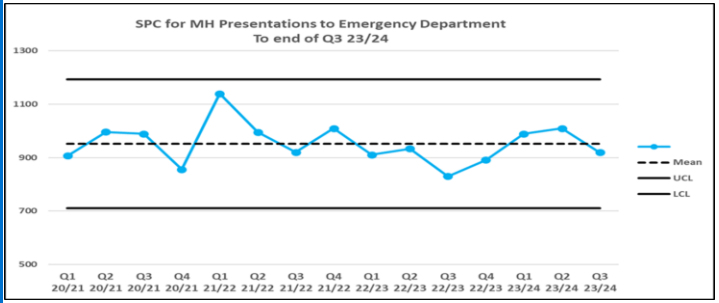

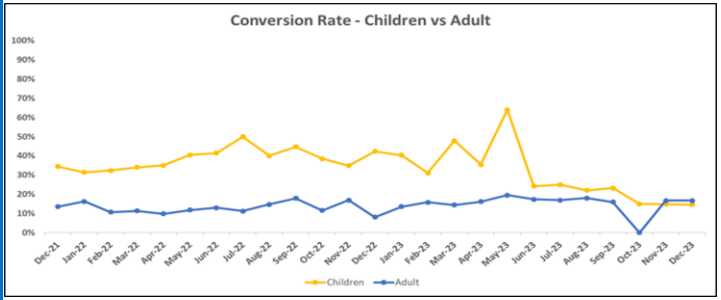

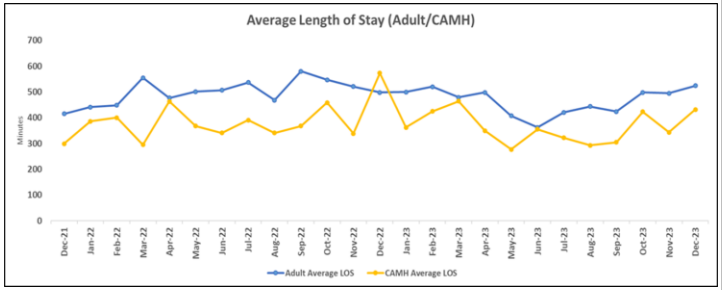

Q3 2023/24 (December)

- Mental Health Act (MHA) activity at CUH in Q3 23/24 showed a 21% decrease on Q2 23/24.
- The number of patients detained at CUH in Q3 23/24 shows a decrease of 27% when compared to Q2 22/23.
- There has also been a reduction in the use of Section 5(2) MHA by 47% in Q3 compared to Q2 and 50% reduction in Section 2 MHA.
- Q3 Section 136 MHA to CUH have shown a decrease for the second consecutive quarter.
- 61% of Section 136 MHA were rescinded on assessment in Q3.
- 27% of Section 136 MHA were transferred to an alternative place of safety in Q3.
- 12% of section 136 MHA lapsed in Q3.
- 44% of those detained on Section 5(2) were discharged from section following a psychiatric review in Q3.
- The numbers of patients presenting to the Emergency Department (ED) due to mental health in Q3 shows a 9% decrease, following three previous successive quarterly increases.
- Self harm represents the significant majority of ED attendances for children and young people.
- In Q3 there were 40 delayed transfers of care to mental health inpatient care, with 191 days lost acute bed days at CUH.

Ongoing work:

- The new Mental Health Study day for CUH clinical staff has received positive feedback from attendees. The study day will take place monthly throughout 2024. The CUH Mental Health Team are also exploring how they can support the 'Breakaway' training delivered by the CUH Security Team, by joining those training sessions to educate around the management of disturbed or distressed mental health patients.
- The Cambridgeshire Constabulary Right Care Right Person (RCRP) programme continues. The current phase being 'Missing or AWOL patients from health care settings'. The 'go live' date of this phase will be delayed to ensure system partners have opportunities to identify gaps in provision and to plan actions and resource in partnership with the Integrated Care Board. Changes in police response and escalation processes will influence review of the CUH Missing Patient procedure document.
- The CUH Mental Health Team have completed a site visit, with ward C7 clinical staff and estates, to the new gastroenterology ward, U2. Two side rooms have previously been identified as preferred areas for caring for patients with eating disorders in need of acute care at CUH. These side rooms and the quiet room has ligature point assessment carried during the visit. The risk assessment will inform the Division's action plan for remedial work, costing for alternative solutions and mitigations.
- CUH informatics have completed the build for the reporting system for delays in transfer of care to mental health inpatient services from acute beds. The report is now live and will also support review around delayed transfers and lost bed days with our system partners.

Author(s): Kevin Rowland Owner(s): Lorraine Szeremeta

Infection Control

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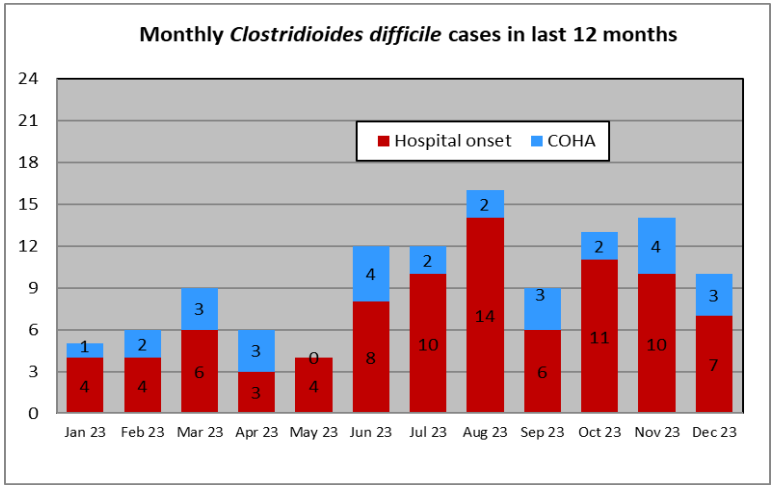
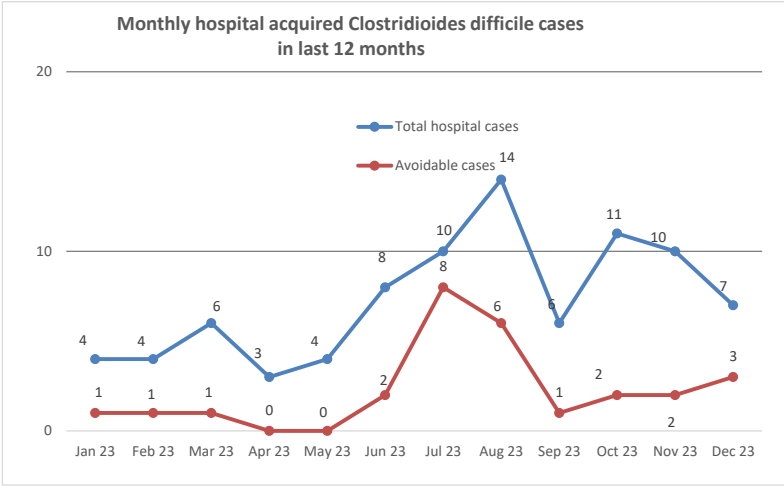


* COHA - community onset healthcare associated = cases that occur in the community when the patient has been an inpatient in the Trust reporting the case in the previous four weeks



CUH trend analysis

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

• 0 cases of hospital onset MRSA bacteraemia in December 2023
• 6 cases (1 community, 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*.

▪ 7 cases of hospital onset *C difficile* and 3 cases of COHA in December 2023.
• 73 hospital onset cases and 23 COHA cases year to date (55 cases unavoidable, 19 avoidable and 22 cases are pending).

MRSA and C difficile key performance indicators

▪ Compliance with the MRSA care bundle (decolonisation) was 80% in December 2023 (84% in November 2023).
▪ The latest MRSA bacteraemia rate comparative data (12 months to November 2023) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.

▪ Compliance with the *C. difficile* care bundle was 100% in December 2023 (74% in November 2023).
▪ The latest C. difficile rate comparative data (12 months to November 2023) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.

4HR Performance

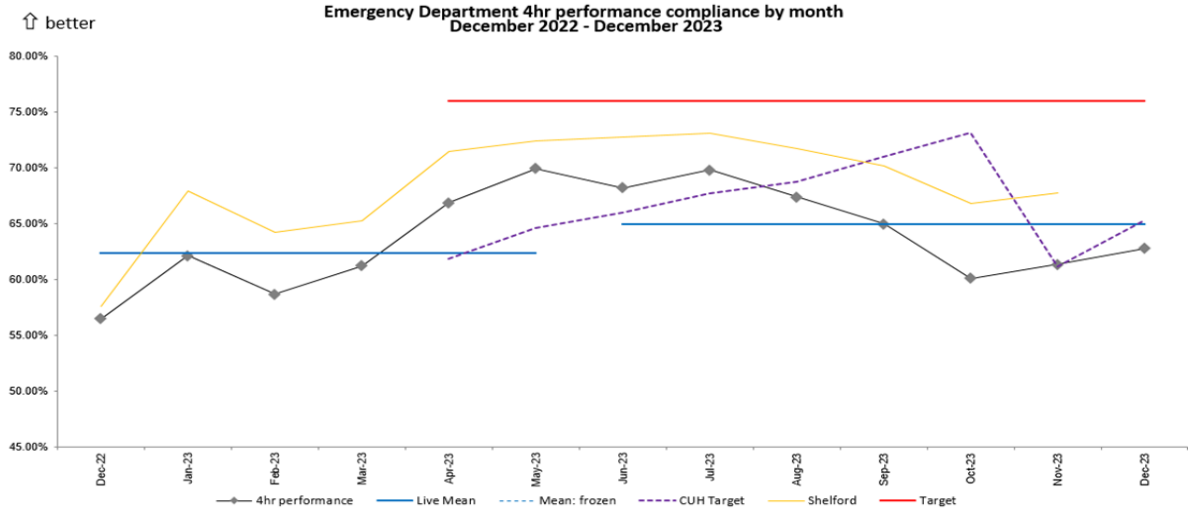
NHS
Cambridge University Hospitals
NHS Foundation Trust

Dec-23	Plan
62.7%	65.3%

SPC Variance
Normal variation

Shelford Group Avg (Dec-23)
66.4%

Three Month Trajectory		
Jan-24	Feb-24	Mar-24
68.4%	72.5%	76.6%



Highest breaches by specialty

Specialty	Performance	4hr Breaches
Emergency	58.6%	1,944
Medicine	24.7%	1,922
Paediatrics	38.1%	411
Surgery	28.2%	247
Orthopaedics	19.8%	215

Updates since previous month

- 4hr performance increased from 61.3% in November to 62.7% in December
- This is below our target of 65.3% but above performance in December 2022 of 56.5%

Current issues

- Outflow due to high in-patient occupancy levels remains a key issue, leading to crowding in the department
- High ambulance conveyances have contributed to demand

Key dependencies

- 4hr performance is dependent on the speed of processing within the department and effective outflow to in-patient beds to release assessment space

Future actions

- We continue to hold performance meetings on a weekly basis to closely monitor progress
- This was supplemented by a recent in-person workshop with the Chief Executive to identify additional actions

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

Ambulance Handovers > 60 minutes

NHS Cambridge University Hospitals NHS Foundation Trust

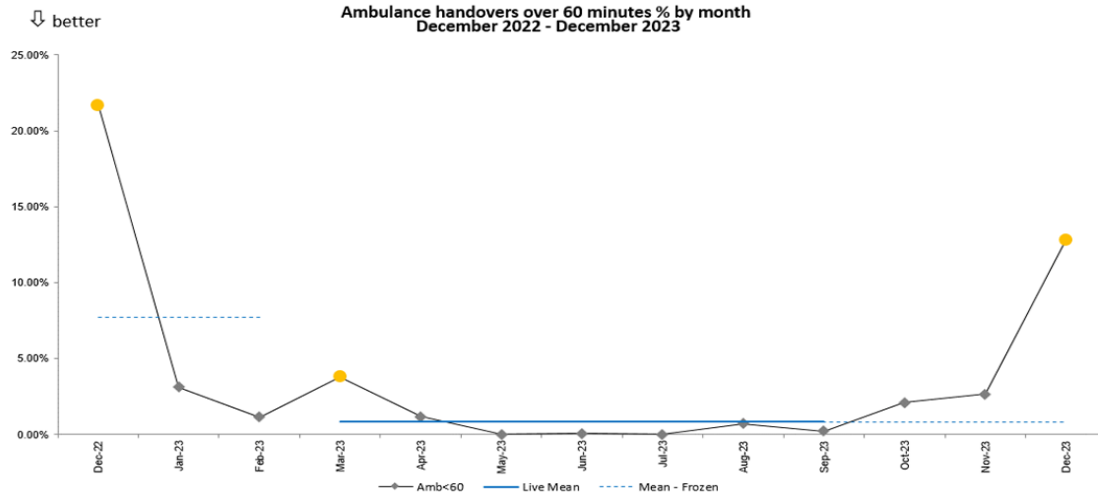
Dec-23	Target
12.8%	0%

SPC Variance

Negative special cause variation

East of England > 60 minutes

Trust	December	November
Bedford	5%	2%
Milton Keynes	5%	5%
Watford General	8%	2%
Norfolk and Norwich	8%	59%
Broomfield	12%	10%
CUH	12.8%	2.6%
Queen Elizabeth	13%	40%
Basildon & Thurrock	14%	8%
West Suffolk	15%	9%
Southend	15%	14%
Colchester General	16%	9%
Papworth	18%	18%
Hinchingbrooke	19%	9%
Luton and Dunstable	19%	15%
Ipswich	25%	21%
Peterborough City	25%	25%
Princess Alexandra	25%	43%
James Paget	26%	34%
Lister	31%	24%



Updates since previous month

- Ambulance handovers >60mins increased significantly from 2.6% in November to 12.8% in December, primarily due to increased numbers of patients in the Emergency Department
- CUH moved from 3rd to 6th best performance in EoE

Current issues

- Crowding in the ED contributed to an increase in the number of handovers >60mins in December
- This was partly due to an increase in ambulance conveyances and higher bed occupancy levels

Key dependencies

- Outflow from the ED remains a key contributor to handover performance. Lower bed availability has increased the time that admitted patients spend in the ED, reduced our capacity to offload patients

Future actions

- Handover delays have become a key area of focus for the Trust and is monitor in real time 24/7 by the site operations team
- Additional rapid handover spaces are being created to support offloads.

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

Overall fit test compliance for substantive staff

NHS
Cambridge University Hospitals
NHS Foundation Trust

Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected
Add Prof Scientific and Technical (Pharmacists only)	-	-	-	1	1	100%	-	-	-	-	-	-	-	-	-	-	-	-	1	1	100%
Additional Clinical Services	1	0	0%	268	158	59%	66	40	61%	151	88	58%	106	48	45%	93	44	47%	685	378	55%
Allied Health Professionals	-	-	-	58	24	41%	17	1	6%	1	1	100%	-	-	-	3	1	33%	79	27	34%
Estates and Ancillary (Porters and Security Personnel only)	120	64	53%	-	-	-	-	-	-	-	-	-	-	-	-	1	0	0%	121	64	53%
Medical and Dental	-	-	-	248	59	24%	-	-	-	188	68	36%	148	13	9%	225	60	27%	809	200	25%
Nursing and Midwifery Registered	-	-	-	691	512	74%	4	2	50%	290	179	62%	138	77	56%	373	207	55%	1496	977	65%
Total	121	64	53%	1266	754	60%	87	43	49%	630	336	53%	392	138	35%	695	312	45%	3191	1647	52%

The data displayed as of 16/01/24. This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirest, student Nurses, AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place on a regular basis. These leads provide assurance on compliance and maintain fit test compliance records. Fit test compliance for Bank and Agency staff working in 'red' areas is checked at the start of each shift and those not tested to a mask in stock are offered fit testing and/or provided with a hood. Security and Access agency staff are not deployed to 'red' areas inline with local policy.

Referral to Treatment > 65 weeks and > 78 weeks

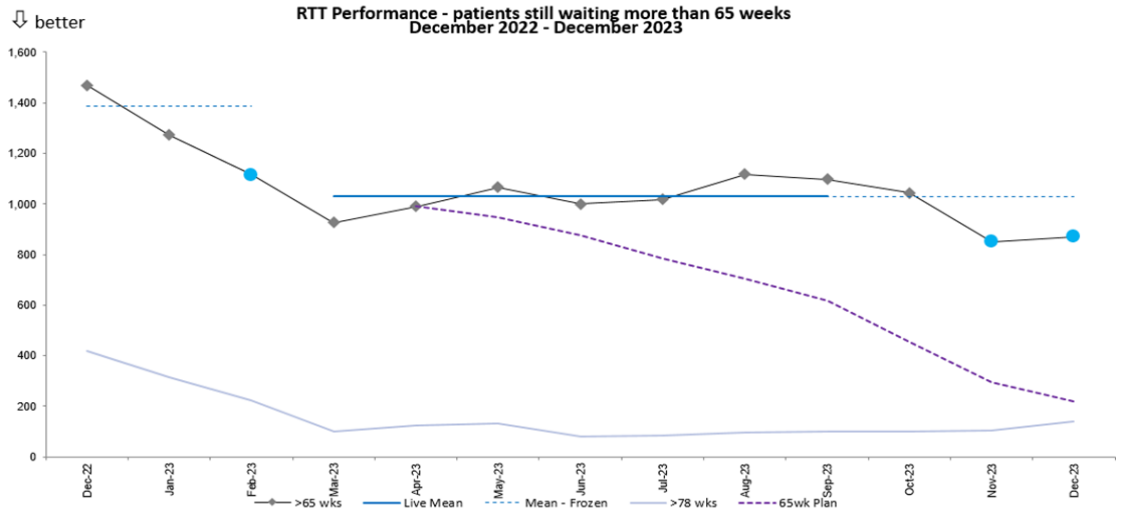
NHS
Cambridge University Hospitals
NHS Foundation Trust

65+ Weeks	
Dec-23	**Plan**
870	220

SPC Variance
Positive special cause variation

% of WL over 65 weeks (Nov-23)	
CUH	1.37%
Shelford Group	1.30%

Three Month Forecast (65+ wks)		
Jan-24	**Feb-24**	**Mar-24**
150	80	0



Divisional Performance

Division	65+ weeks	78+ weeks
A	215	46
B	49	8
C	10	0
D	479	78
E	117	10
Trust	**870**	**142**

Updates since previous month

- Two > 104 week breaches both due to identification of missed referrals. Expedited once detected. One since completed and second delayed at patient request.
- >78 week waits increased by 39 to 142. Highest growth seen in OMFS (15) Colorectal (12) T&O (8) >65 weeks increased by 19 to 870.

Current issues

- Latest National data reflects deterioration in longest waits across 104, 78 and 65 weeks.
- Industrial Action coinciding with the Christmas period impacted on the progress that had been achieved through November when there was no disruption to activity.

Key dependencies

- Cessation of Industrial Action
- Theatre efficiency and surgical bed protection.
- Recruitment to medical workforce vacancies
- Independent Sector in ENT. Still no decision on support for Gynae.
- Continuation of Insourcing OMFS and Gynae.

Future actions

- Despite deterioration in month, the re-submitted year end forecast of ~800 >65 weeks remains on trajectory.
- National focus is now on the > 78 week maximum being delivered by year end. Weekly trajectories are being monitored and are on track. Sunday theatre sessions have commenced to support delivery.

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

Referral to Treatment Total Waiting List

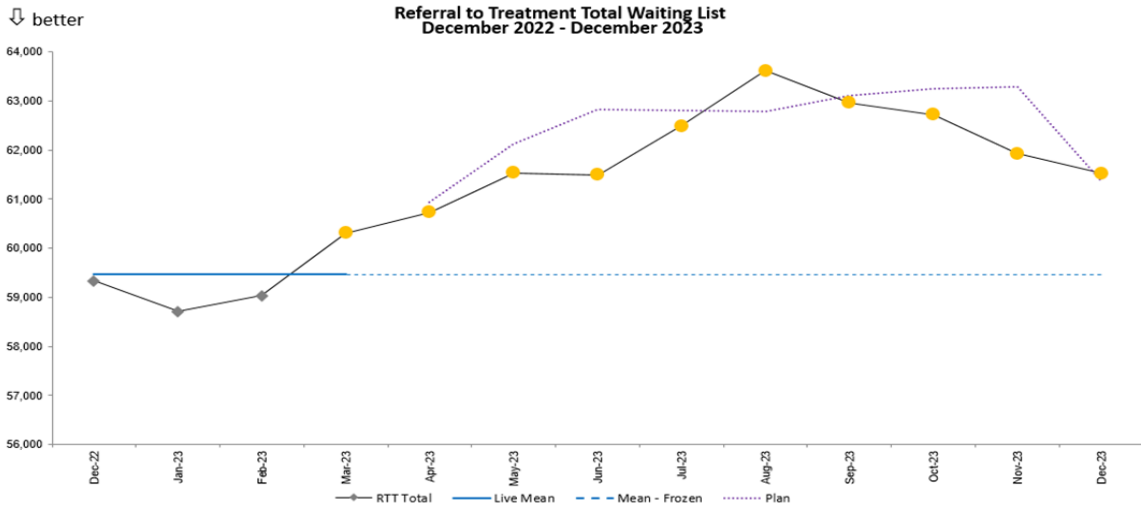
NHS Cambridge University Hospitals NHS Foundation Trust

Dec-23	Plan
61,529	61,358

SPC Variance
Negative special cause variation

Change in WL: Nov-23 vs. Oct-23	
CUH	-1.28%
Shelford Group	+0.71%

Three Month Forecast		
Jan-24	Feb-24	Mar-24
61,186	61,282	61,473



Waiting list by division

Division	Total Waiting List
A	12,099
B	6,375
C	4,726
D	28,987
E	9,334
Other	8
Trust	**61,529**

Updates since previous month

- Total RTT waiting list decreased for the fourth consecutive month, a reduction of 0.6% in December.
- However, the total waiting list size is 171 higher than the planning submission for month 9.
- Clock starts in December were 8% (939) above plan reducing the cumulative variance to -1.5 year to date.

Current issues

- Total stops (treatments) were only 0.4% variance to plan in December despite Industrial Action.
- The Industrial Action impact equated to a reduction of ~370 stops. Even with the higher Clock starts , without this the total waiting list would have continued to reduce ahead of plan.

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.
- Cessation of Industrial Action

Future actions

- Continued emphasis on Outpatient Transformation, releasing capacity for new outpatients. Those awaiting 1st appointments remained 60.7% of total waiting list in December.
- Rolling waiting list validation at 12 weeks is yielding a 6% removal rate.

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

Cancer - 28 day faster diagnosis standard

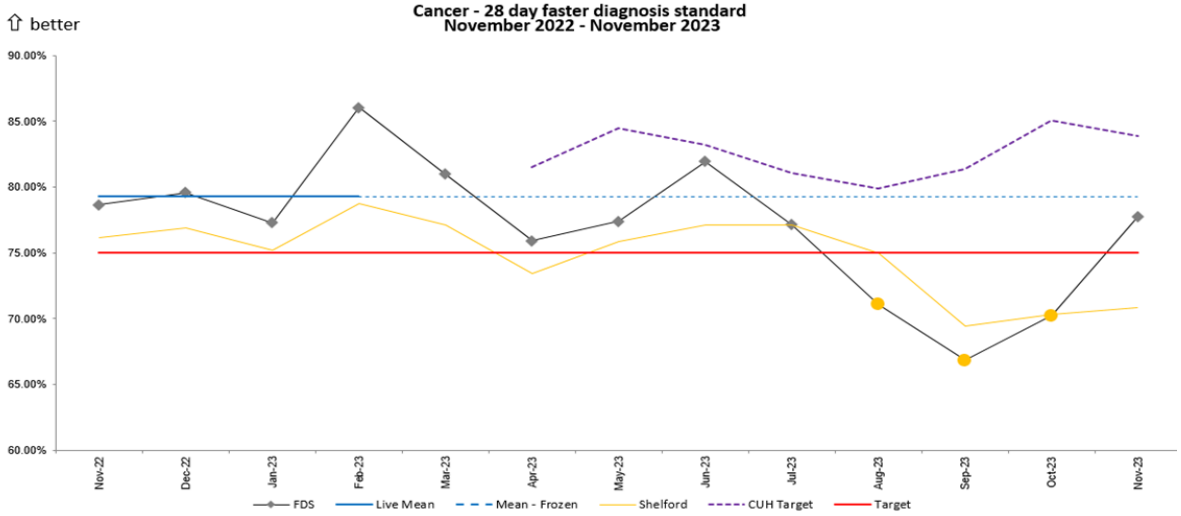
NHS Cambridge University Hospitals NHS Foundation Trust

Nov-23	Target
77.7%	75.0%

SPC Variance
Normal variation

Shelford Group Avg (Nov-23)
70.8%

Three Month Forecast		
Dec-23	Jan-24	Feb-24
82.6%	76.8%	82.6%



Cancer Site Overview

Site	Performance	Breaches
Skin	57.6%	371
Lower GI	81.7%	63
Gynaecological	78.3%	51
Head & Neck	77.9%	51
Urological	76.8%	47
Breast	96.5%	24
Haematological	56.3%	7
Sarcoma	67.7%	10
Upper GI	88.5%	3
Lung	96.2%	4
Childrens	100.0%	0
CNS/Brain	100.0%	0
Testicular	100.0%	0
Total	**77.7%**	**631**

Updates since previous month

CUH has returned to above standard performance for FDS, recovering a month earlier than forecast. Skin remain below target however are making significant improvements month on month. Pathology turn around times also continue to delay diagnosis and impact on this target. Urology achieved the target for the first time, and is one of few urology teams nationally to achieve this standard.

Current issues

Delays to 1st appointment and diagnosis in skin cancer, and pathology turn around times continue to impact performance across all sites. Industrial action and bank holidays in December and January have impacted performance however the national standard has still been achieved.

Key dependencies

- Pathology turn around times recovering to above 25% in 7 days
- Additional ad hoc activity in skin to reduce backlog

Future actions

Actions are in place as part of the Cancer Improvement Plan. Focus continues on skin, gynae, urology and pathology. System meetings continue to share good practice from CUH with the ICB and wider Cancer Alliance - particular focus on Skin, LGI and Urology.

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

Cancer - 31 days decision to treat to treatment

NHS
Cambridge University Hospitals
NHS Foundation Trust

	Nov-23	Target
FDT	87.9%	96.0%
Subs Surgery	79.0%	94.0%

SPC Variance

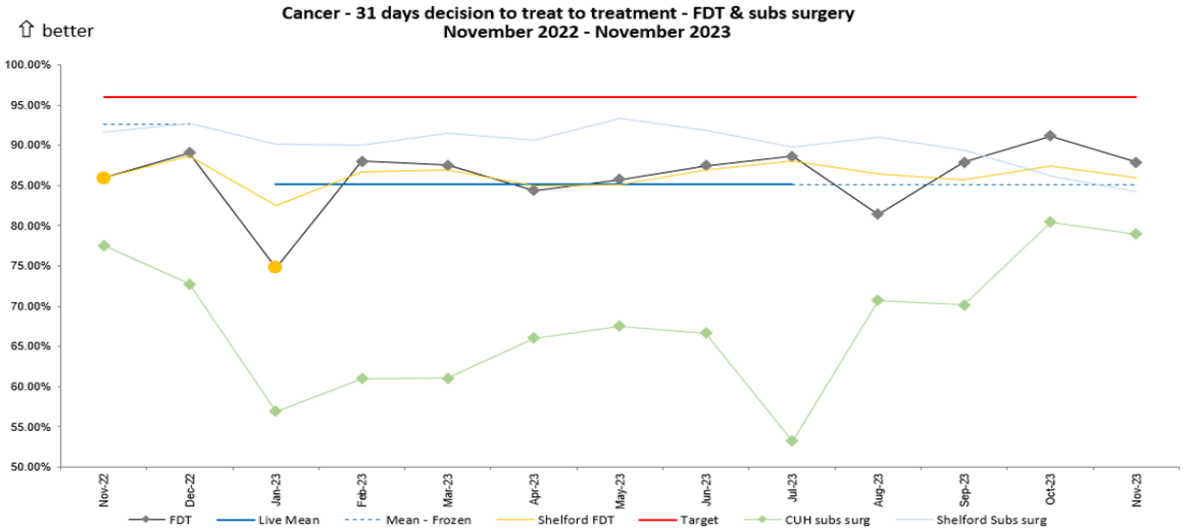
Normal variation

Shelford Group Avg (Nov-23)

FDT	85.9%
Subs Surgery	84.2%

Cancer Site Overview as of 23/01/2024

Site	Backlog
Breast	18
CNS/Brain	0
Gynaecological	11
Head & Neck	1
Haematological	0
HPB	7
Lower GI	4
Lung	1
Childrens	0
Sarcoma	3
Skin	51
Testicular	0
Upper GI	1
Urological	7
All	104



Updates since previous month

CUH continues to fall below target with 96.8% of the breaches in October relating to surgical capacity, the sites with the largest breaches are in Skin (42%), LGI (12.5%), and Breast (12.5%). The average length of a 31 day pathway for surgery is 45 days.

Current issues

Access to sufficient theatre capacity within 31 days remains an issue across multiple cancer sites. Following the Radiotherapy equipment failure in October, along with record referral numbers in October and November has resulted in a number of breaches particularly in breast and urology. The service is working extended days and weekends to recover but due to the Christmas period and ongoing high referral volumes this will not be until February.

Key dependencies

Ongoing prioritisation of theatre allocation to P2/cancer surgery.
Engagement from clinical teams to undertake additional / respond flexbiliy to available capacity.
Ongoing use of Independent sector to support Breast.
Impact of Industrial Action in December/January

Future actions

Continued focus on Gynae, HPB, and skin surgery in Q4
Additional treatment capacity for skin has been agreed from January with additional cancer alliance funding.

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

Cancer - 62 days urgent referral to treatment

NHS
Cambridge University Hospitals
NHS Foundation Trust

Nov-23	Target
69.0%	85.0%

SPC Variance

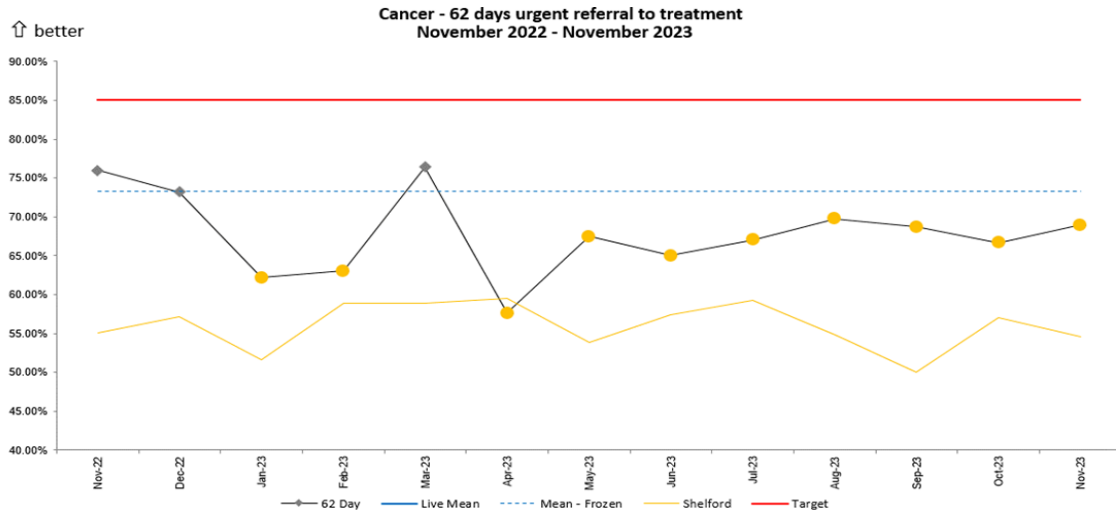
Negative special cause variation

Shelford Group Avg (Nov-23)

54.6%

Cancer Site Overview as of 23/01/2024

Site	Backlog
Breast	7
CNS/Brain	0
Gynaecological	31
Head & Neck	2
Other Haem Malignancies	12
Lower GI	13
Lung	8
NSS	0
Upper GI	2
Urological	28
Sarcoma	3
Skin	52
HPB	13
Childrens	0
Symptomatic Breast	0
All	*171*



Updates since previous month

CUH performance remains below target although continues to be higher than the Shelford Group. 58.3% of breaches are CUH only patients and of that 73% were due to delays within CUH control such as delayed pathology reporting, outpatient and surgical capacity. 45% of referrals to CUH from regional hospitals were treated in the required 24 days.

Current issues

- Delays in pathology turn around times (currently at 27% 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 25% 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. From Q4 a focus on skin, H&N, Gynae and LGI will result in an improvement in performance from Q1 2024/25. Urology have continued to see backlog reductions and are at their lowest backlog ever.

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

Diagnostic Performance

NHS
Cambridge University Hospitals
NHS Foundation Trust

Dec-23	Plan
39.1%	15.5%

SPC Variance

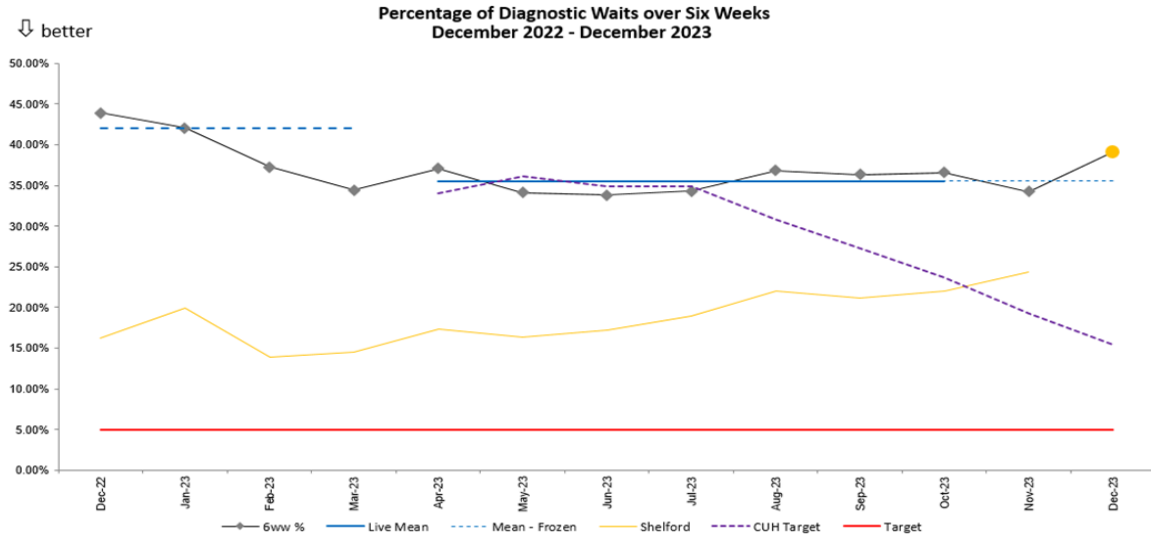
Negative special cause variation

Shelford Group Avg (Nov-23)

24.4%

Three Month Forecast

Jan-24	Feb-24	Mar-24
9.3%	6.7%	4.4%



Modality overview

Modality	% >6wks	Breaches
Echocardiography	75.5%	3016
Non obstetric ultrasound	31.4%	763
Audiology	69.7%	989
Magnetic Resonance Img'	14.1%	327
DEXA Scan	5.4%	37
Computed Tomography	8.6%	87
Urodynamics	64.8%	177
Neurophysiology	4.1%	6
Cystoscopy	14.4%	37
Gastroscopy	3.1%	18
Colonoscopy	2.6%	19
Respiratory physiology	34.6%	18
Barium Enema	8.8%	5
Flexi sigmoidoscopy	0.0%	0
Total		**5499**

Updates since previous month

- December saw a marked deterioration in 6wk performance to 39.1%.
- 4 modalities achieved < 5% over 6 weeks.
- The total waiting list reduced by 42, but the > 6 week cohort increased by 669.
- Echo is now 55% of the Trust >6wk backlog and saw a total waiting list rise of 413 in month and a rise in >

Current issues

- New Insourcing provider for Echo had not commenced leading to a reduction in activity of 13% on a per working day basis in month.
- New provider has delivered limited activity in January due to delays in compliance checks. Progress being evaluated.
- 52% vacancy rate (10.5 wte) continues for Echo.

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.
- Agreement to continue location of CDC MRI at Ely rather than Wisbech during MAG 3 replacement.

Future actions

- 6 candidates interviewed for Band 7 Physiologists and 4.6WTE posts offered. Start dates will not be until March through to August.
- ICB to review the Echo Task and Finish Group. Actions not developing. EoE Regional Diagnostic Lead also requested to support with best practice.
- Deadline given to ICB to support a re-direction of

New Outpatient Attendances - % vs. Baseline

NHS Cambridge University Hospitals NHS Foundation Trust

Dec-23	Plan
116.4%	119.8%

SPC Variance

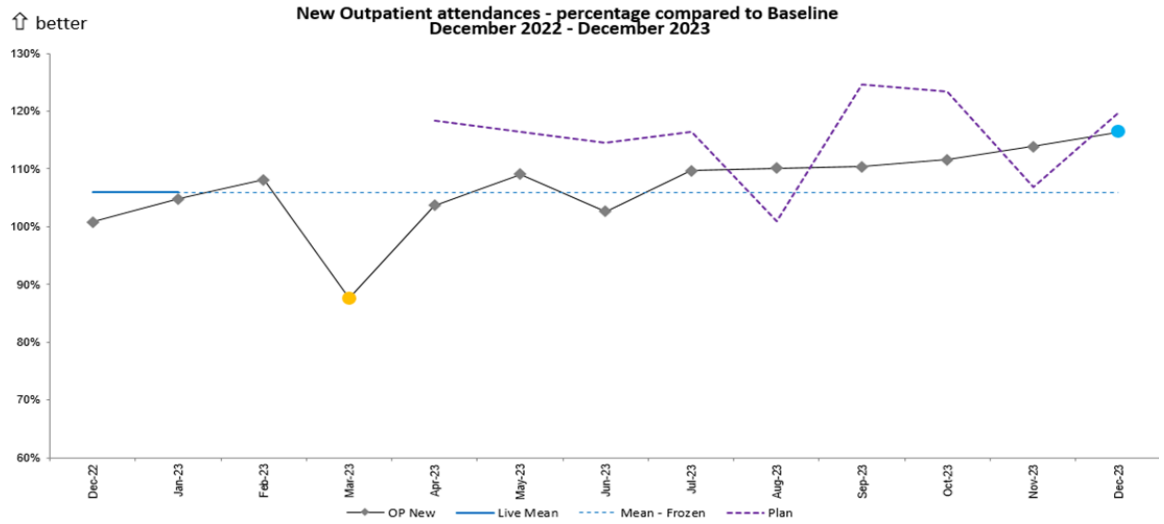
Positive special cause variation

Shelford Group Avg (Nov-23)

N/A

Three Month Forecast

Jan-24	Feb-24	Mar-24
111.3%	119.5%	118.5%



Divisional overview

Division	Performance
A	129.6%
B	115.3%
C	102.5%
D	111.5%
E	129.8%

Updates since previous month

New activity remains below the 115% target for end March 2024, however, the interim target of 110% has been achieved in the last 2 months. There is a significant trend upwards in the last 6 months. Div E's performance remains strong, and Div A has seen recent improvement although not maintained long enough to shift the median.

Current issues

New outpatient appointments on the waiting list remains high at 63,171 in December 2023. However, the rate of rise per month has slowed with a significant trend downwards in the rate of rise for the last 6 months. The rate has been lower than the current median of 0.5% for the past 5 months, reaching -1.3% in December 2023.

Key dependencies

Specialties must use the GIRFT Outpatients guidance and checklist and the Further Faster handbooks published in August / September 2023, to help implement further action, and also use the NHSE data opportunity tool that enables specialties to benchmark with and learn from other Trusts.

Future actions

Further action is needed to increase new activity. This should be reflected in 2024/25 business and activity plans. Divisions need to further test change ideas including clinic template changes, waiting list initiatives, specialist advice, remote appointments, DNAs and PIFU. A greater volume, pace and spread of this action is needed.

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

Follow Up Outpatient Attendances - % vs. Baseline

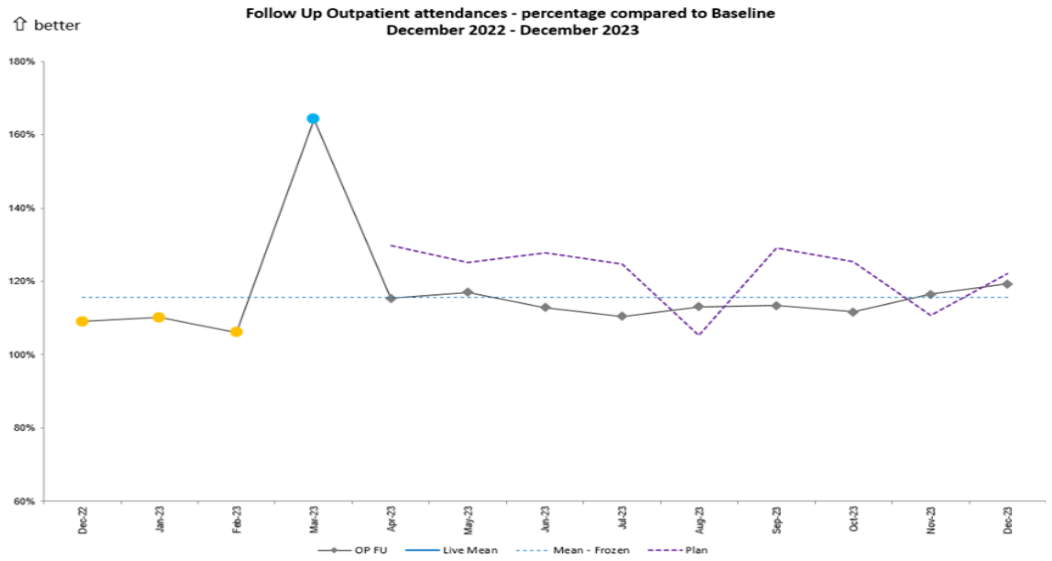
NHS Cambridge University Hospitals NHS Foundation Trust

Dec-23	Plan
119.3%	122.0%

SPC Variance
Normal variation

Shelford Group Avg (Dec-23)
N/A

Three Month Forecast		
Jan-24	Feb-24	Mar-24
116.2%	123.9%	121.7%



Divisional overview

Division	Performance
A	130.7%
B	124.0%
C	108.2%
D	114.0%
E	138.7%

Updates since previous month

F/U activity increased in 2023 and remains above the 100% CUH target for end March 2024. The current median of 114.1% since March 2023 is an increase on 112.7% from April 2022 to February 2023. Analysis suggests some increase is driven by non-consultant F/Us which were not recorded in 19/20, now being recorded.

Current issues

The number of overdue follow-ups remains high, reaching 58,360 in December 2023. All divisions have overdue follow-ups on their risk registers. The rate of rise of overdue follow-ups is stable with natural variation since April 2021, with a 1.6% median rate of rise per month during this two and a half year period.

Key dependencies

This action needs to be encouraged at pace. A new SOP for PNP was signed off in December 2022, and updated in November 2023, to support specialties to test this change idea.

Future actions

Action being taken to address overdue follow ups includes waiting list validation and initiatives, and pathway redesign including PIFU, and early tests of Patient Not Present (PNP) remote monitoring. 5 specialties are currently using PNP, 5 more have PNP clinics built and available in Epic but no activity has yet been recorded on CHEQS.

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

PIFU Outpatient Attendances

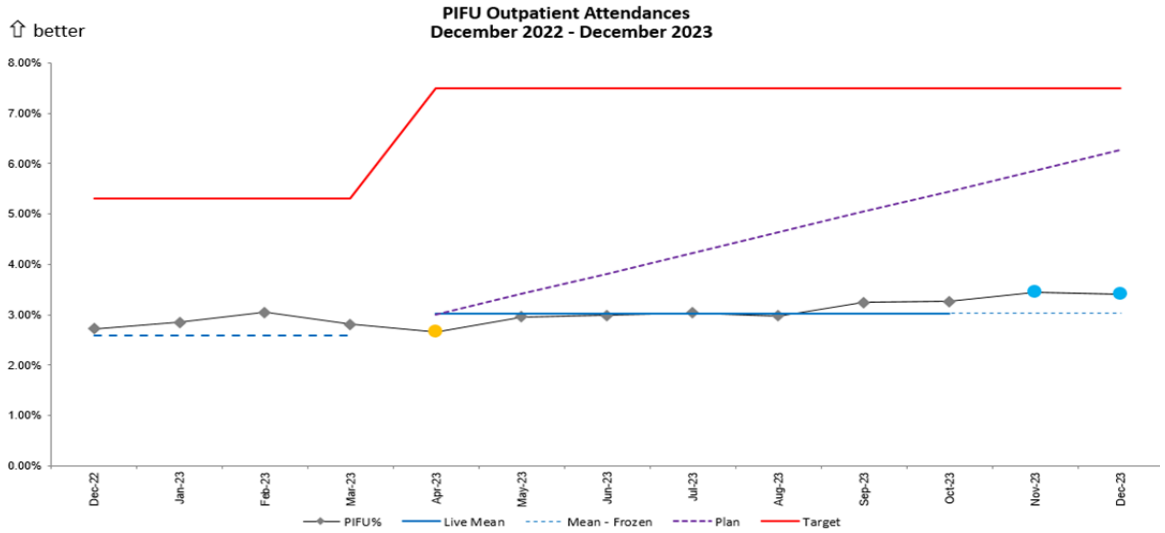
NHS Cambridge University Hospitals NHS Foundation Trust

Dec-23	Plan
3.4%	6.3%

SPC Variance
Positive special cause variation

Shelford Group Avg (Dec-23)
N/A

Three Month Forecast		
Jan-24	Feb-24	Mar-24
6.7%	7.1%	7.5%



Divisional overview	
Division	Performance
A	7.4%
B	3.6%
C	2.0%
D	2.2%
E	3.1%

Updates since previous month

The rate of rise is slow, with the median for the last six months increasing to 3.9% from 3.6% since October 2022. Our position as of December 2023 is 4.4%. Division A is the only Division to meet, and exceed, the 7.5% target.

Current issues

None

Key dependencies

Data shows a correlation between PIFU and reduced F/Us. As of 12 January 2024, of 76,525 PIFU orders placed since 2019 – 47,109 have expired. 91.5% expired with no follow up taking place which equates to 43,114 follow ups saved / avoided due to a PIFU being in place. Specialties need to increase the pace of implementation.

Future actions

There is a consistent overall trend upwards in the use of PIFU but CUH is yet to reach the 7.5% target for end March 2024. Outpatient Clinical Director and Director of Improvement and Transformation are visiting high priority specialists to discuss pace of implementation.

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

Delayed discharges

NHS
Cambridge University Hospitals
NHS Foundation Trust

Dec-23	Target
113	N/A

SPC Variance

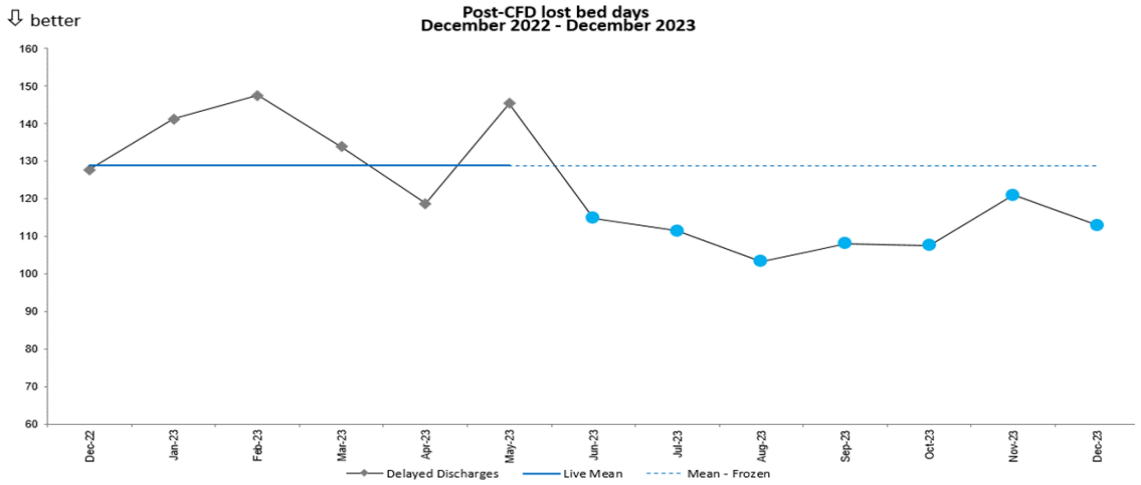
Positive special cause variation

Shelford Group Avg (Dec-23)

N/A

Beds lost to delays - by pathway

Pathway	Beds lost
Pathway 1	48
Pathway 3	23
Pathway 2	18
Pathway 0	19
Internal Assessments	2
External Assessments	1
Triage	2
Unknown	0
Total	**113**



Updates since previous month

- Beds lost to delayed discharges beyond patients' clinically fit dates (CFD) continue to be lower that last year, with 113 beds lost in December compared to an average of 136 in 2022/23

Current issues

- Pathway 1 (care at home) remains the most significant patient group for beds lost
- Of the 113 beds lost in December, approximately 38 were lost due to internal processes

Key dependencies

- Delayed discharges are impacted by the availability of care packages in the community
- There remains an opportunity to optimise internal processes to reduce the number of beds lost

Future actions

- Reducing internal delays are a key part of our plans to improve in-patient length of stay during 2024/25
- Granular analysis of data is being performed to identify root causes, focusing on medical patients

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

Theatre Utilisation - Elective GIRFT Capped

NHS Cambridge University Hospitals NHS Foundation Trust

Dec-23	Plan
77.1%	85.0%

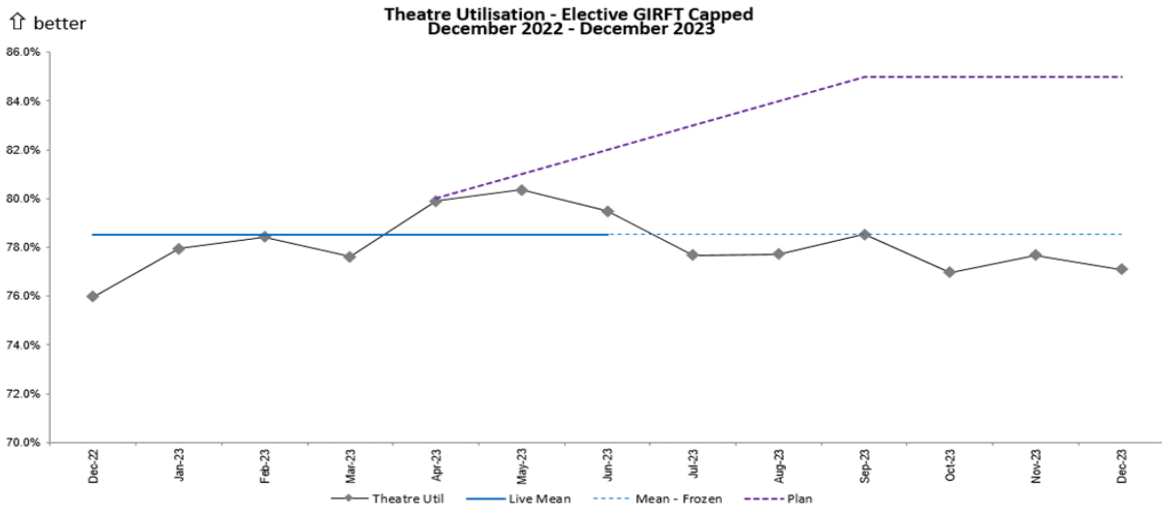
SPC Variance
Normal variation

Performance in the 2 weeks to 03/12/2023	
CUH	78.2%
Shelford Grp Median	76.9%

Three Month Forecast		
Jan-24	Feb-24	Mar-24
85.0%	85.0%	85.0%

Utilisation by department

Department	Utilisation
ATC	78.5%
Main	77.2%
Rosie	78.2%
CMSH	77.7%
CEU	68.6%
Ely	78.8%
All	**77.1%**



Updates since previous month

- Capped Utilisation across December was 77.1%.
- Excluding the Industrial Action period increases performance to 78%. Performance remains in Quartile 3.
- Ely delivered an improved 78.8% this month.
- Sessions used were 88.6% improving to 95.4% with Industrial Action dates excluded.

Current issues

- Two services achieved over 85% utilisation in month. Eight were below 70% including General Ophthalmology with 23 sessions of activity.
- Short notice cancellations were 327 this month and Ophthalmology have the highest volume at 47.
- 34% clinical reasons, 13% patient initiated. 27% were in advance of the day of surgery.

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.
- L2DSU maintaining core function as DOSA and 23hr stay elective facility.

Future actions

- Cancellation data again supports that standby patients should be a targeted initiative in Ophthalmology and Paediatric Surgery where bed capacity is less of a constraint. This has been a requested action from Surgery Programme Board.

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

BADS Daycase Rates

NHS Cambridge University Hospitals NHS Foundation Trust

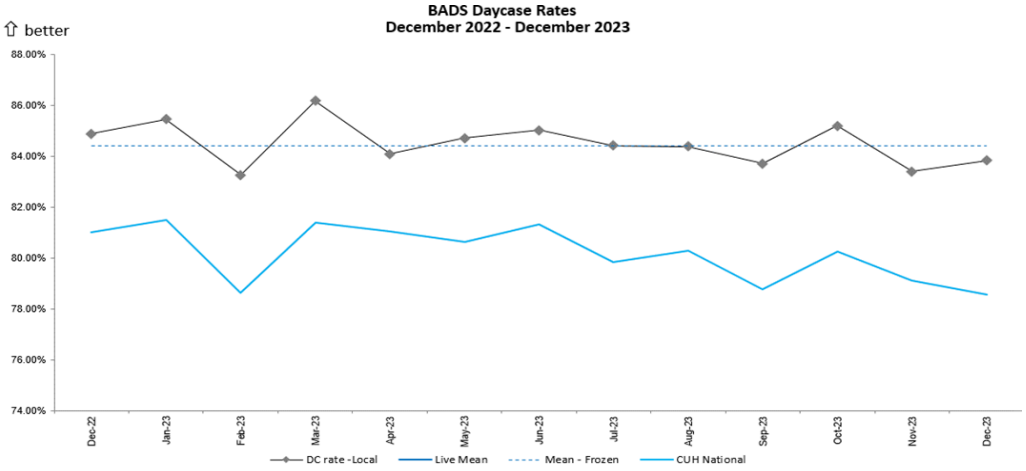
Dec-23	Target
83.8%	N/A

SPC Variance

Normal variation

Shelford Grp Median 3m to end of Sep '23

77.5%



BADS Section Day Case Rate for HVLC focus areas

3 months to end of Sep '23				Dec-23
Specialty	**CUH**	**Shelford**	**Quartile**	**Local**
Orthopaedics	84.8%	83.1%	3	90.6%
ENT	68.4%	80.1%	1	81.4%
General	66.0%	67.0%	2	75.2%
Gynaecology	49.3%	64.6%	1	63.4%
Ophthalmology	98.3%	98.1%	2	99.3%
Urology	65.6%	68.3%	2	61.8%

Updates since previous month

- Model Hospital GIRFT data for 3months to Sep 2023 still shows low performance in quartile 1.
- Local BADS reporting for zero LOS shows performance below 85% at to 83.8% in December.

Current issues

- Inaccurate recording of Intended Management. 55 zero LOS BADS procedures recorded as inpatient.
- 29% of the >0 LOS. were in Urology, with 11% specifically for HOLEP, 5% Lap Chole, 4% Urology bladder tumour resection.
- 58% >0 LOS were 23hr stay on L2 or F3. Did not use Inpatient capacity.

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

- Detail on incorrect intended management being circulated to Specialties each month at SPB.
- Urology deep dive into HOLEP procedures requested. Urology have completed a similar action on Ureteroscopy and findings being taken forward.

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

Discharge Summaries

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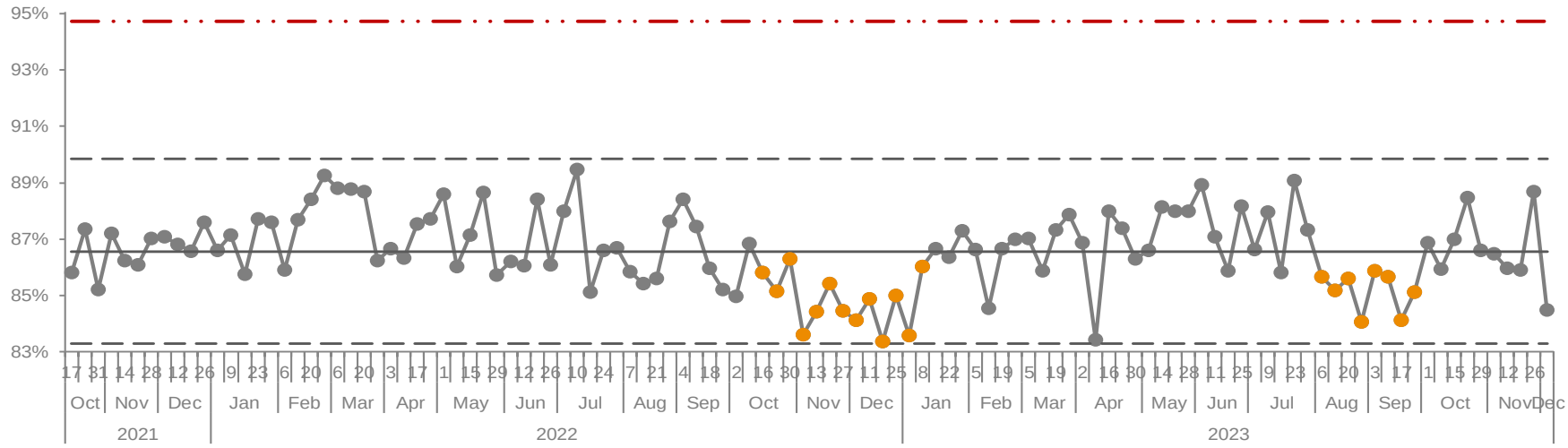
Discharge Summary Letters (Weekly)

Percent of discharge summaries sent in under 2 days



Discharge summaries

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

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

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

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

Patient Experience - Friends & Family Test (FFT)

NHS Cambridge University Hospitals NHS Foundation Trust

The good experience and poor experience indicators omit neutral responses.

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Dec 23	Month	-	93.0%	95.1%		S7	-	For December, both the Good and Poor scores improved. The Good score improved by 1% compared to November and is now 1.5% lower compared to same time last year. The Poor score improved by 2% and is now the same score compared to this time last year. **FOR DEC: there were 322 FFT responses collected from approx. 4,173 patients.**
FFT Inpatient poor experience score	Jul 20 - Dec 23	Month	-	2.2%	1.9%		-	-	
FFT Outpatients good experience score	Apr 20 - Dec 23	Month	-	93.8%	94.8%		S7	-	For December, there was no change in the Good score or the Poor score. Both scores are remaining consistent with less than 1% change. There were only 3 paediatric FFT responses so the FFT scores mainly reflect adult clinics. **FOR DEC: there were 4,546 FFT responses collected from approx. 24,971 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 - Dec 23	Month	-	3.2%	2.5%		SP	-	
FFT Day Case good experience score	Apr 20 - Dec 23	Month	-	95.0%	96.4%		-	-	For December, there was no change in the Good score or the Poor score, compared to November. Although both scores are the lowest/highest for the year, it is not a concern. The Good score remains around 95% and the Poor score below 3%. **FOR DEC: there were 1,166 FFT responses collected from approx. 4,289 patients.**
FFT Day Case poor experience score	Apr 20 - Dec 23	Month	-	3.0%	1.8%		SP	-	
FFT Emergency Department good experience score	Apr 20 - Dec 23	Month	-	80.6%	82.7%		S7	-	For December, both the Good score and the Poor score improved compared to November. The Good score improved by 2% and is now slightly above 80%, the first time in 4 months. The Poor score also improved by 2% and is also the best score in the past 4 months. Both adult and paediatric ED had improved scores, with paeds Good score improving by 9% and Poor score by 7%, compared to Nov. **FOR DEC: there were 1,020 FFT responses collected from approx. 5,776 patients**.
FFT Emergency Department poor experience score	Apr 20 - Dec 23	Month	-	11.3%	10.6%		S7	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Dec 23	Month	-	89.6%	94.4%		-	-	**FOR DEC:** Antenatal had 5 FFT response - 80% Good/0% Poor; Birth had 20 FFT responses out of 436 patients - 95% Good/ 0% Poor; Postnatal had 42 FFT responses: LM had 14 FFT (compared to 72 responses beginning of the year) with 85.7% Good/14.3% Poor, DU had 3 FFT with 66.7% Good/0% Poor, BU had 23 FFT with 91.3% Good/4.3% Poor, and COU 100% Good from 2 responses. 0 FFT responses from Post Community. **DEC MATERNITY OVERALL:** Good score increased by 4% and Poor score decreased by 2% from 67 FFT responses.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Dec 23	Month	-	4.5%	2.1%		-	-	

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 December 15 wards did not collect any FFT data.

December FFT scores either improved or did not change, compared to November. There was no change to the scores for day unit and for outpatients. The outpatients FFT scores have remained steady yet the SPC icon shows a concern, but with the Good score close to 95% and the Poor score 3%, there is no concern. Day case FFT scores are similar to outpatients and there is no concern. Overall ED Good score improved by 2% and the Poor score improved by 2%. Adult ED improved slightly, however the paeds ED Good score improved by 9% and the Poor score improved by 7% compared to November.
Overall maternity FFT scores also improved: Good score improved by 4% and the Poor score improved by 2%. This is mainly from the Birth Good score that increased by 10% and the Poor score decreased by 6% compared to Nov. The Postnatal scores also improved: 2% increased for the Good score and 1% decrease for the Poor score. However the Antenatal Good score declined by 20%, from 100% in Nov to 80%. The very low number of FFT collected in maternity has affected the score. Only 5 FFT responses from antenatal, 3 FFT from the delivery unit (out of 365 patients), 14 FFT from Lady Mary (out of 350 patients).

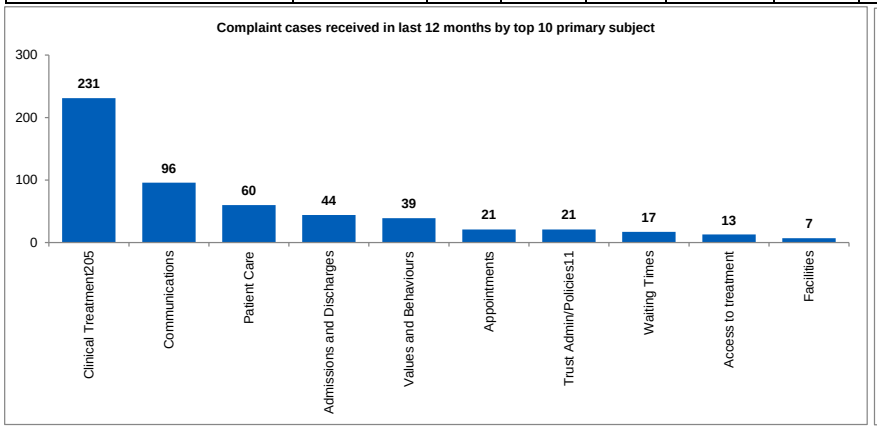
Please note starting in 2022, the Trust reduced the number of SMS being sent to adult patients. Instead of sending a text message to every adult patient that attend an OP/DU appointment, or presented to A&E, the Trust now sends a fixed number of SMS daily.

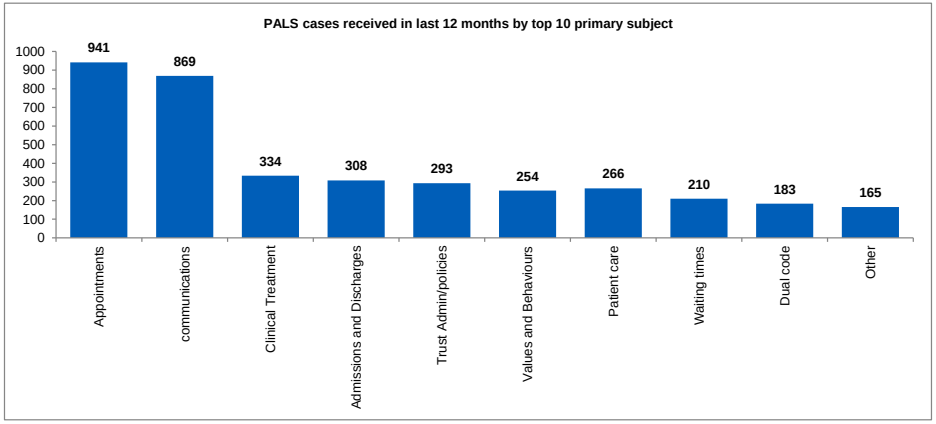
Author(s): Charlotte Smith/Kate Homan Owner(s): Clare Hawkins

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	Dec 19- Dec 23	month	-	51	55	H	SP	-	The number of complaints received between December 2019 - December 2023 is higher than normal variance.
% acknowledged within 3 days	Dec 19-Dec 23	month	95%	94%	73%		-	?	48 out of 51 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	Dec 19-Dec 23	month	50%	37%	30%	L	S7	?	82 complaints were responded to in December, 30 of the 82 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	Dec 19 -Dec 23	month	80%	37%	87%	L	SP	?	30 out of 82 complaints responded to in December were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Dec 19 -Dec 23	month	-	16%	34%		-	-	There were 7 complaints graded 4 severity, and 1 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Dec 19 -Dec 23	month	-	33	32	L	S7	-	33 Compliments were registered during December and sent onto relevant staff for information





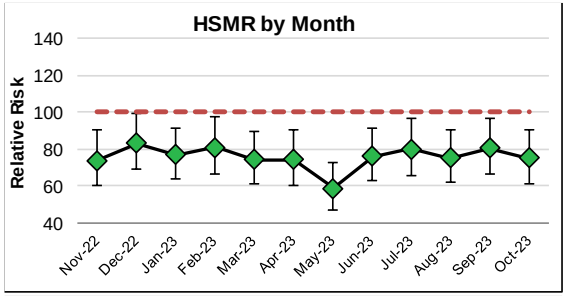
PHSO - There were no cases taken for investigation in December 2023 by the Parliamentary and Health Service Ombudsman.
A backlog of complaint responses (550) declared in May 2023 has now been brought down to less than 20. A new process has been introduced within the complaints team to try to resolve issues raised much quicker by engaging the Divisions at the outset to reduce the number of lengthy responses. Meetings and telephone conversations are being offered to all complainants as an option rather than a written response.

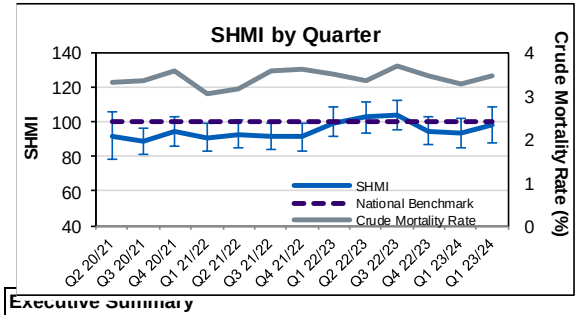
Author(s): Sue Bennison **Owner(s): Clare Hawkins**

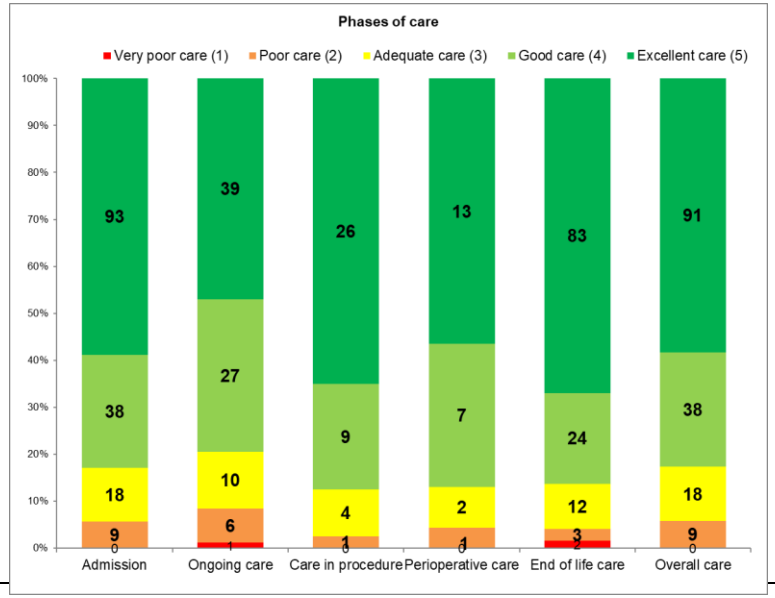
Learning from Deaths

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Dec-23	Mean	Variance	Comments
Total inpatient and Emergency department deaths	January 2019 - December 2023	**154**	*136*		
Total Emergency Department and Inpatient deaths **per 1000 admissions**		**8.9**	*8.6*		
Emergency department deaths per 1,000 attendances		**1**	*0.8*		
Inpatient deaths by 1,000 admissions		**10.1**	*10.3*	L	Statistically significant downward shift in the last 10 months.
NON-elective admission deaths by 1,000 admissions		**41**	*28*	H	December 2023 shows a statistically significant high point.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)		**18%**	*20%*		In December 2023 27 SJRs were commissioned.







Executive Summary

HSMR - The rolling 12 month (November 2022 to October 2023) HSMR for CUH is 75.82, this is 5th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 91.39.

SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, September 2022 to August 2023 is 97.88.

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

There were **no serious incidents categorised as potentially/avoidable death** commissioned in December 2023.

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

Stroke Care

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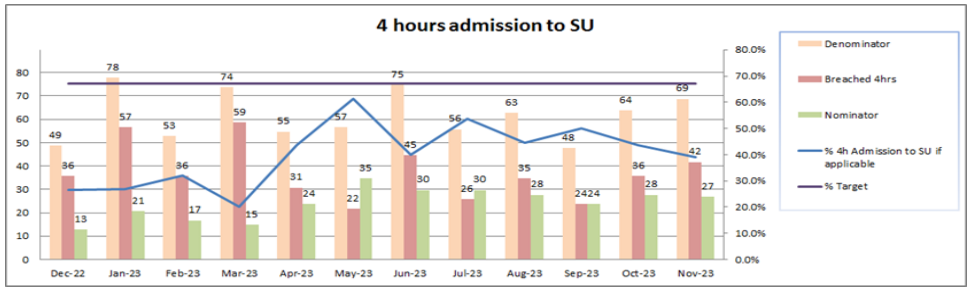

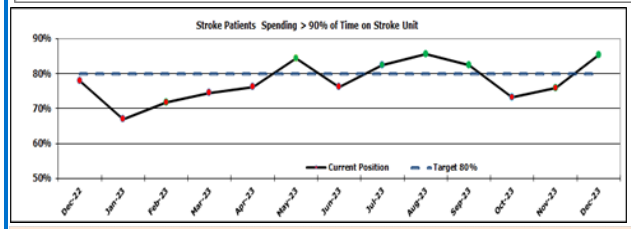

4h Themes	MRN
Awaiting senior review	4
Covid pt	1
Delay to review	2
Inpatient stroke	1
Not referred on arrival	8
Patient had cardiac problems in ED	1
SAT busy with multiple calls , CT busy	1
Trust Bed Capacity	15
Unsure if stroke. MRI confirmed stroke	2
Total	35

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%)
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%
Nov-23		12				4	2				2			20	75.9%
Dec-23		4		1	3	1	1				1			11	85.3%
Summary	10	97	0	5	21	21	4	2	3	0	41	4	1	209	

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for December 2023 = **85.3%**

Trust bed capacity (4) was the main factor contributing to breaches last month, with a total of 11 breaches in December 2023.

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

Key Actions

- Work continues to protect 2 x ring-fenced beds on R2 (one male and one female)
- Ops team met with new head of patient flow in November and she is supportive of helping to increase awareness of R2 pathway and the importance of protecting the stroke bedbase
- 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 interviews to take place mid-February
- National SSNAP data shows Trust performance from July -Sept 2023 at Level A. The team is formulating a plan to try to maintain this progress
- Weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- The stroke bleep team continue to see over 200 referrals in ED a month, many of those are stroke mimics or TIAs. TIA patients are increasingly treated and discharged from ED with clinic follow up. Many stroke mimics are also discharged rapidly by stroke team from ED. For every stroke patient seen, we see three patients who present with stroke mimic.
- Working with acute med team to establish TIA ambulatory service in clinic 5 to help support admission avoidance and reduce presentations in ED. We have worked through pathway with Acute Medicine and the plan is to go live April 2024

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

Clinical Studies

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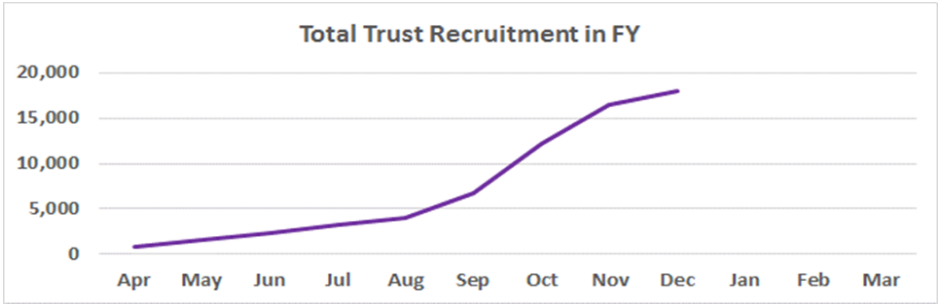
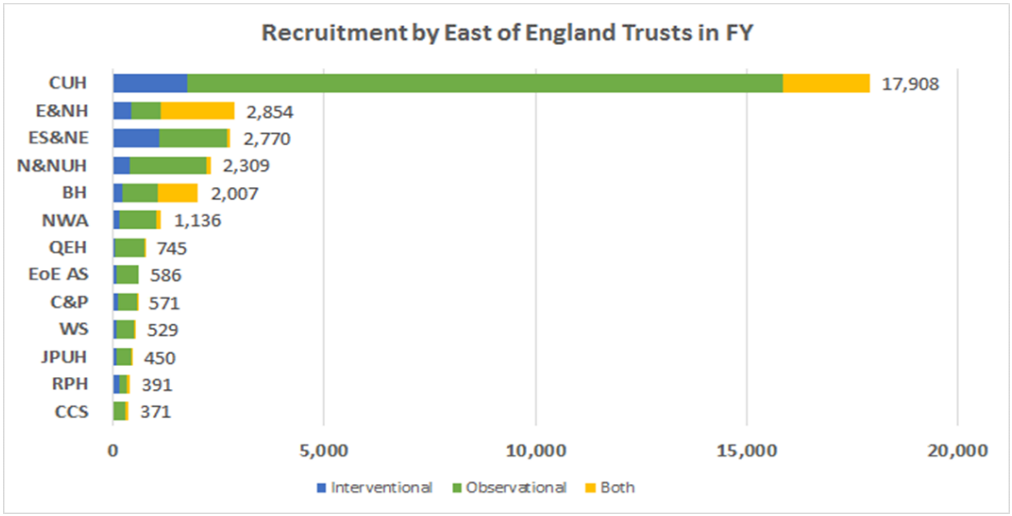


Total Recruitment at end of Dec - FY 2023-24
17,908

Recruiting Studies at end of December for FY 2023-24			
Open	274	Non Commercial	276
Closed	56	Commercial	57
Suspended	3		
Total	**333**		



Situation as at end of Q3 2023/24 (Data cut: 17/01/2024)

* Total recruitment in the financial year to date: 17,908. The significant increase from September was driven by the Bioresource - Genes & cognition Study. This is a questionnaire based study and the Bioresource has a large cohort to recruit participants from (target = 40,000) and accounted for 80% of CUH recruitment from September to Dec.
* CUH accounted for 53% of total recruitment by Eastern Trusts in the financial year to date.
* Recruitment to the Dementias and Neurodegeneration speciality accounted for 63% of all recruitment (driven by the Bioresource - Genes & cognition Study). Reproductive Health and Childbirth accounted for 15%. All of the other individual specialities accounted for less than 6% of the total recruitment.
* There were 333 recruiting studies, of which 57 were Commercial, and 276 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	C
5	Midwifery Workforce planning	C
6	SBLCB V3	C
7	Listening to women, parents & families / co-production with service users	C
8	Core competency framework / Multi-prof training	C
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	C
IEA3:	Staff training & Working Together	C
IEA4	Managing complex pregnancy	W
IEA5:	Risk Assessment Throughout pregnancy	W
IEA6:	Monitoring Fetal wellbeing	C
IEA7:	Informed Consent	W
Fully compliant (self assessment)		N
Fully compliant (regional assessment following insight visits)		

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

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

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Clinical Outcome Measures

KPI (see final slide for detail)	Measurement / Target			Numerator / Denominator		
				Numerator	denominator	%
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth		3.30%	**9**	**246**	**3.66%**
(as per NMPA descriptor, slide 8)	Caesarean		4.50%	7	156	4.49%
3rd & 4th degree tear	SVD (unassisted)		Unassisted 2.5%	1	193	0.52%
(as per NMPA descriptor, slide)	Instrumental (assisted)		Assisted 6.3%	6	53	11.32%
Caesarean section (%age)	(see guidance document)		overall rate not required			
(primip, singleton , ceph, over 37/40, spontaneous labour)	Robson Group 1		N/A	17	83	20.5%
[primip, singleton, over 37/40, who had labour induced (2a) or LSCS prior to labour (2b)]	Robson Group 2	**2**	N/A	31	82	37.8%
		2a		17	17	100.0%
(Multip, at least 1 uterine scar, singleton, ceph, over 37/40)	Robson Group 5		N/A	53	66	80.3%
Smoking at time of delivery			≤ 6%	14	438	3.20%
Preterm birth						
Preterm birth rate	≤36+6 weeks (over 24+0/40) National ambition		≤6% annual rolling rate (Total PTB all babies 24-36+6))	497	5437	9.14%
	16+0 - 23+6 (SBLCBv3)		%age of all singleton births (live & stillborn)	1	429	0.23%
	24+0 - 36+6 (SBLCBv3)		%age of all singleton births (live & stillborn)	26	429	6.06%

KPI (see final slide for detail)	Measurement / Target		Numerator / denominator		
			Numerator	denominator	%
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)		30	469	6.4% (Nov'23)
	%age of total admissions that were avoidable		**0**	**27**	**0%** (Oct'23)
Optimisation (metrics to be determined locally as per SBLBCv3) please see the implementation tool for technical guidance			**Oct'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 care unit (NICU)	local agreement %		4	4	100%
Antenatal corticosteroids					
Percentage of babies born before 34 weeks of gestation who receive a full course of antenatal corticosteroids within 1 week of birth	local agreement 55%		5	13	38%
Magnesium sulphate					
Percentage of babies born before 30 weeks of gestation who receive magnesium sulphate within the 24 hours prior to birth	local agreement 90%		7	7	100%
IV antibiotics					
Percentage of women who give birth following preterm labour below 34 weeks of gestation who receive IV intrapartum antibiotic prophylaxis to prevent early onset neonatal Group B Streptococcal (GBS) infection	local agreement 90%		7	8	88% for up to 34 weeks (61% for up to 37 weeks)
Optimal Cord Clamping					
Percentage of babies born below 34 weeks of gestation who have their umbilical cord clamped at or after one minute after birth.	local agreement 75%		8	13	62% for up to 34 weeks (71% for up to 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	local agreement 75%		9	13	69%
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.	local agreement 50%		2	13	15%

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 births with congenital abnormalites 3.71/1000 births excluding deaths due to congenital abnormalities	2.40/1000	6.49/1000

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

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

KPI	Goal	Target	Measure	Data Source	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Activity												
Births	For information	N/A	Births per month	CHEQs	490	466	443	472	469	446	5456	
Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	In area booking appointments	Epic	89.11%	95.05%	86.75%	99.09%	94.74%	95.86%		
Booking Appointments	For Information	N/A	Booking Appointments	Epic	358	343	400	330	352	290		
Vaginal Birth (Unassisted)	For Information	N/A	SVDs in all birth settings	CHEQs	48.16%	49.79%	49.89%	51.48%	48.83%	45.52%		
Home Birth	For Information	N/A	Planned home births (BBA is excluded)	CHEQs	1.63%	0.86%	1.13%	1.69%	0.85%	1.57%		
Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	CHEQs	13.47%	13.52%	16.93%	15.04%	13.86%	12.78%		
Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	CHEQs	34.41%	42.39%	29.03%	37.96%	43.16%	36.00%		
Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	CHEQs	12.04%	9.87%	9.48%	10.17%	11.94%	12.33%		
CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	CHEQs	39.18%	39.70%	40.18%	37.71%	38.38%	42.15%		
Women in RG*1 having a caesarean section with no previous births: nullip spontaneous labour	For information	10%	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	20.90%	16.10%	18.50%	12.90%	24.30%	20.50%		
Women in RG*2 having a caesarean section with no previous births: nullip induced labour, nullip pre-labour LSCS	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	55.10%	47.90%	51.00%	57.30%	48.10%	48.50%		
Ratio of women in RG1 to RG2	Ratio of >2:1	N/A	Ratio of group 1 to 2 should be 2:1 or higher	CHEQs	1:3.68	1:2.98	1:3.53	1:5	1:2.08	1:2.82		
Women in RG*5. Multips with 1 or 2+ previous C/S	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	83.3%	88.2%	91.5%	77.4%	77.3%	80.3%		
Women in RG1, RG2, RG5 combined contribution to the overall C/S rate.	66%	60-70%,	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	67.2%	62.2%	68.5%	60.1%	61.7%	64.4%		
Induction of Labour rate	For Information	N/A	Percentage of women induced for birth	CHEQs	33.89%	33.48%	34.18%	31.84%	31.66%	30.59%		
Delay in commencement of Induction (IOL)	0%	<10%	Percentage of Inductions where Induction commencement was postponed >2 hours (flag 1)	CHEQs	28.64%	24.87%	34.88%	28.74%	25.95%	22.65%		CQC workstream for IOL improvements, including improvements to report errors. Lowest rate for 2023.
Delay in continuation of Induction (IOL)	0%	<10%	Percentage of Induction continuation when suitable for ARM delayed for more than 6 hours (flag 3)	CHEQs	9.05%	10.05%	15.00%	14.37%	10.81%	11.05%		CQC workstream for IOL improvements, including improvements to report errors.
Indication for IOL (SBLCBV3)	0%	5-10%	Percentage of IOL where reduced fetal movements is the only indication before 39 weeks (denominator = all IOLs <39 weeks).	IOL Team	0%	5%	0%	7%	6%	0%		
Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance (or a consultant plan if outside guidance).	IOL Team	100%	98.70%	100%	97%	99%	100%		
Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	4	2	1	1	2	5		2 diverts due to NICU capacity and staffing only. 3 diverts due to maternity staffing and capacity.
Total number of hours on divert	For information	N/A	Hours:minutes	Rosie Diverts	98.20	27.50	18.08	21.25	30.20	70.00		
Admissions to Rosie during divert status	For information	N/A	Numberof women admitted to the Rosie during divert based on Admissions Report	CHEQs	52	7	12	10	21	32		
Number of women giving birth in another provider organisation due to divert status	For information	N/A	Whole number of pregnant women	CHEQs	4	2	1	1	1	3		
Number of IUTs declined due to maternity services capacity/staffing	0	0	Whole number of pregnant women	EBS data		8	1	0	1			Reported 1 month behind.

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Workforce												
Midwife/birth ratio (actual)**	1:24	<1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:25.3	1:25.2	1:25.1	1:23.1	1:22.4	1:22.5		
Midwife/birth ratio (funded)**	For information	1.24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average based on the BR+	Finance	1:23.4	1:23.4	1:23.2	1:23.1	1:23.1	1:23.1		
Supernumerary Delivery Unit Coordinator	100%	≥95%	Percentage compliance with Delivery Unit coordinator remaining supernumerary (no high risk 1:1 or labour 1:1 care	BR+ RF11	100%	100%	100%	98%	100%	100%	H	
Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	4.19%	4.29%	4.37%	4.49%	4.54%		L	Reports one month behind. Special improving cause noted.
Education & Training - mandatory training - overall compliance (obstetrics and gynaecology)	>92% YTD	>75% YTD	Total Obstetric and Gynaecology Staff (all staff groups) compliant with mandatory training	CHEQs	91.7%	93.0%	92.7%	91.1%	91.4%			Reports one month behind.
Education and Training - Training Compliance for all staff groups: **Prompt**	>90% YTD	>85% YTD	Total multidisciplinary obstetric staff compliant with annual Prompt training	PD	82%	86.80%	82.60%	94.56%	92.41%	89.67%	H	Special improving cause noted.
Education and Training - Training Compliance for all staff groups: **NBLS as per MIS requirements**	>90% YTD	>85% YTD	Total multidisciplinary staff providing "attending births" within maternity services compliant with annual NBLS training	Resus Services	80%	80%	75%	75%	81%	79%		Action plan in place to achieve 90% compliance by 1 March 2024.
Education and Training - Training Compliance for all staff groups: **K2**	>90% YTD	>85% YTD	Total multidisciplinary staff passed K2 competences.	Fetal surveillance MW	81.00%	84.20%	80.60%	88.10%	91.20%	76.60%		Transitioning from K2 to DOT for competency assessment. New DOT module not available until Feb 2024 therefore drop in compliance. Additionally new training week attendance which prioritises fetal monitoring study day compliance does not align with when some people will become non-compliant for the competency assessment. Time given for competency assessment in new training week so compliance will fall before improving again.
Education and Training - Training Compliance for all Staff Groups - **Fetal Surveillance Study Day**	>90% YTD	>85% YTD	Total multidisciplinary staff compliant with annual fetal surveillance study day attendance.	Fetal surveillance MW	82.00%	86.60%	88.00%	84.50%	91.40%	92.40%		CNST MIS year 5 compliance target exceeded for all staff groups and maintained for a further month.
Education & Training - mandatory training - **midwifery compliance**.	>92% YTD	>75% YTD	Proportion of midwifery compliance with mandatory training, inclusive of mandated e-learning and mandated face to face sessions	CHEQs	92.6%	93.5%	93.0%	90.3%	90.2%			Reports one month behind.
Maternal morbidity												
Puerperal Sepsis	For information	N/A	Incidence of puerperal sepsis within 42 days of birth	CHEQs	0.42%	0.43%	0.46%	0.43%	0.44%	0.23%	L	
ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs / QSIS	0	0	2	1	1	0		
Massive Obstetric Haemorrhage ≥ 1500 mls - vaginal birth	≤3.3%	≤3.3%	Percentage of women with a PPH >1500mls (singleton births between 37+0-42+6) having a vaginal birth	Rosie KPIs	5.84%	5.30%	5.58%	4.61%	5.88%	3.66%		CQC workstream for PPH improvements ongoing and reported to MIOB.
Massive Obstetric Haemorrhage ≥ 1500 mls - caesarean birth	≤4.5%	≤4.5%	Percentage of women with a PPH ≥1500mls (singleton births between 37+0-42+6) having a caesarean section	Rosie KPIs	3.73%	6.08%	6.00%	3.97%	4.00%	4.49%		
3rd/ 4th degree tear rate	≤3.5	<5%	Percentage of women with a vaginal birth having a 3rd or 4th degree tear (spontaneous and assisted by instrument) singleton baby in cephalic	Rosie KPIs	1.83%	3.04%	4.84%	4.33%	4.80%	2.85%		
Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.30%	2.56%	2.63%	1.63%	2.38%	2.74%		
Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	CHEQs / QSIS	2	0	0	0	0	0		
Direct Maternal Death	0	<1		QSIS	0	0	0	0	0	0		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Governance												
Total number of Serious Incidents (SIs)	0	<1	Serious Incidents	QSIS	0	0	1	0	0	0		
Never Events	0	<1	DATIX	QSIS	0	0	0	0	0	0		
Neonatal Morbidity												
Still Births per 1000 Births	3.55/1000 (MBRRACE-UK 2024)	rolling rate	Incidence per 1000 births	CHEQs	3.45:1000	3.81:1000	3.65:1000	3.85:1000	3.85:1000	3.85:1000		Dec'23 MBRRACE-UK report England rate = 3.55
Stillbirths - number ≥ 22 weeks	<3	<6	MBBRACE	CHEQs	2	2	1	2	0	1		
Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	1	1	2	0	0	0		
Babies born with an Apgar <7 at 5 minutes of age	For information	N/A	Percentage of babies born who have an Apgar score <7 at 5 minutes of age	Rosie KPIs	1.66%	2.81%	1.59%	2.99%	1.28%	2.48%		
Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	4.07%	4.74%	4.82%	8.26%	4.21%	4.71%		
Term Admission to NICU Rate	<6%	N/A	Rate	ATAIN report	4.9%	4.9%	5.6%	5.7%	6.4%	6.1%		November and December cases to be reviewed at January ATAIN meeting to determine if any avoidable admissions.
Quality												
1-1 Care in Labour	100%	100%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPI's	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%		Sept and Nov previously reported as <100% but on further quality checks for CNST submission confirmed no missed 1:1 care.
Babies with a first feed of breastmilk	≥80%	≥70%	Breastfeeding	Rosie KPI's	83.37%	82.68%	81.41%	78.25%	80.73%	82.84%		
SATOD (Smoking at Time of Delivery)	< 6%	Green = <6%, Amber = 6.1% - 7.9 %, Red = >8	% of women Identified as smoking at the time of delivery	Rosie KPIs	4.78%	4.78%	6.70%	5.98%	2.84%	3.20%		
CO Monitoring at booking	≥95%	Green = ≥95%, amber = <95% and ≥84%, red = <85%	Compliance with recording CO Monitoring reading at booking appointment (excluding out of area)	Smoking Report with manual checks	89%	82%	87%	97%	91%	89%		CO monitoring at every AN appointment introduced in Dec to encourage standardised practice and thereby improve compliance.
CO Monitoring at 36 weeks	≥95%	Green = >95%, amber = <95% and >84%, red = <85%	Compliance with recording CO Monitoring reading at 36 week appointment (excluding out of area)	Smoking Report with manual checks	62%	67%	60%	65%	76%	75%		CO monitoring at every AN appointment introduced in Dec to encourage standardised practice and thereby improve compliance.
VTE Assessment - AN	≥95%	Green = ≥95%, amber = <95% and ≥90%, red = <90%	Percentage of women with a valid VTE risk assessment completed **within 14 hours** of admission to hospital.	CHEQs	52%	72%	76%	78%	90%	81%		
VTE Assessment - PN	≥95%	Green = ≥95%, amber = <95% and ≥90%, red = <90%	Percentage of women with a valid PN VTE risk assessment completed **within 8 hours** of birth.	CHEQs	98%	94%	95%	95%	96%	93%		

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

Finance

NHS Cambridge University Hospitals NHS Foundation Trust

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

(£1.1m)	*Actual (adjusted)**
(£0.6m)	*Plan (adjusted)**
£1.9m	*Actual YTD (adjusted)**
£1.9m	*Plan YTD (adjusted)**

Elective Payment Mechanism (EPM)

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

	In month	YTD
EPM forecast actual	£20.1m	£163.9m
Target adj. block increase	£0.8m	£8.3m
EPM actual + block increase	£20.9m	£172.2m
EPM original plan	£18.1m	£179.7m
EPM original target	£16.2m	£165.3m

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

Net current assets

(£87.5m)	*Actual*
(£46.1m)	*Plan*

Debtor days

39	*This month*
25	*Previous month*

Payables performance (YTD) **

86.8%	*Value*
88.6%	*Quantity*

EBITDA

£33.2m	*Actual YTD*
£30.7m	*Plan YTD*

Capital expenditure

£2.8m	*Capital - actual spend in month*
£30.7m	*Capital - actual spend YTD*
£27.2m	*Capital – plan YTD*

Cash

Cash

£154.2m	*Actual*
£145.1m	*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.

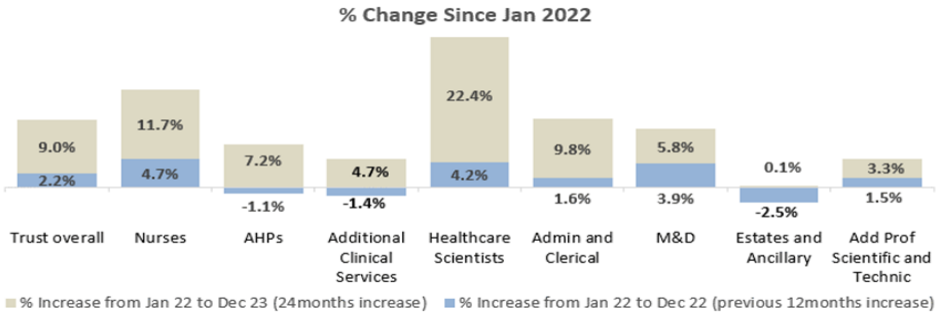
Author(s): Tim Saunders **Owner(s): Mike Keech**

Staff in Post

NHS Cambridge University Hospitals NHS Foundation Trust

12 Month Growth by Staff Group

Staff Group	Headcount Jan-23	Headcount Dec-23	Headcount 12 Month growth	FTE Jan-23	FTE Dec-23	FTE 12 Month growth
Add Prof Scientific and Technic	260	251	-3.5%	234	227	-8 -3.3%
Additional Clinical Services	1,972	2,089	5.9%	1,811	1,903	92 5.1%
Administrative and Clerical	2,457	2,619	6.6%	2,262	2,414	152 6.7%
Allied Health Professionals	737	796	8.0%	655	710	56 8.5%
Estates and Ancillary	367	373	1.6%	354	362	7 2.1%
Healthcare Scientists	658	755	14.7%	621	719	99 15.9%
Medical and Dental	1,733	1,768	2.0%	1,633	1,666	33 2.0%
Nursing and Midwifery Registered	3,884	4,118	6.0%	3,578	3,802	224 6.3%
Total	**12,068**	**12,769**	**5.8%**	**11,149**	**11,803**	**654 5.9%**



Admin & Medical Breakdown

Staff Group	Jan-23	Dec-23	FTE 12 Month growth
Administrative and Clerical	2,262	2,414	152 6.7%
of which staff within Clinical Division	1,106	1,171	66 6.0%
of which Band 4 and below	762	792	30 3.9%
of which Band 5-7	247	265	18 7.2%
of which Band 8A	47	54	7 15.0%
of which Band 8B	7	7	0 0.0%
of which Band 8C and above	42	53	11 26.3%
of which staff within Corporate Areas	910	985	75 8.3%
of which Band 4 and below	252	276	25 9.8%
of which Band 5-7	430	476	46 10.6%
of which Band 8A	88	88	0 0.3%
of which Band 8B	51	51	0 0.1%
of which Band 8C and above	90	95	5 5.3%
of which staff within R&D	246	257	11 4.3%
Medical and Dental	1,633	1,666	33 2.0%
of which Doctors in Training	666	667	1 0.2%
of which Career grade doctors	247	260	13 5.2%
of which Consultants	721	739	19 2.6%

What the information tells us:

Overall the Trust saw a 5.9% growth in its substantive workforce over the past 12 months and 9% over the past 24 months. Growth over the past 12 months is lowest within the Additional Professional, Scientific and Technical staff group, with a decrease of 3.3%, and highest within Healthcare Scientists at 15.9%. 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)

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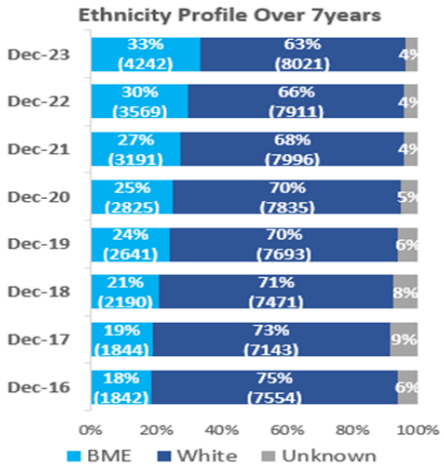
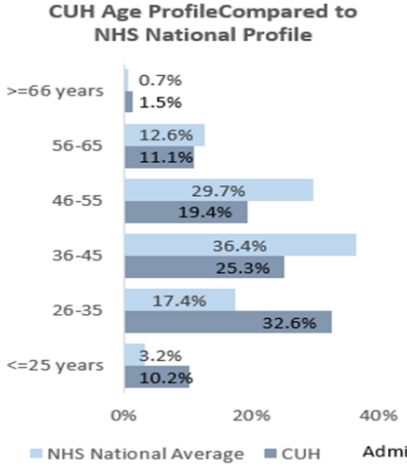
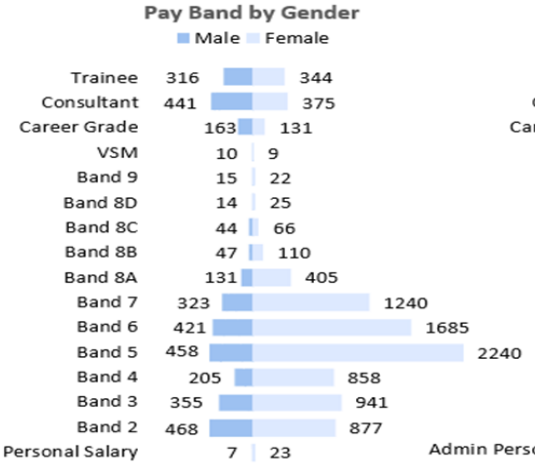
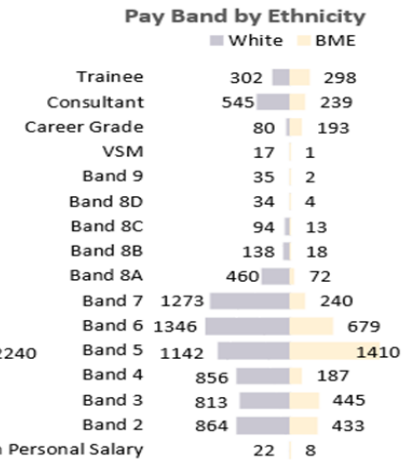
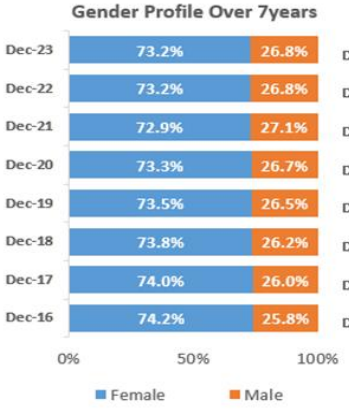
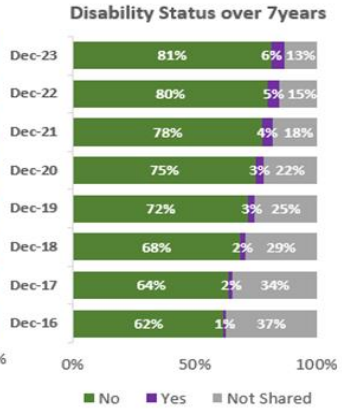


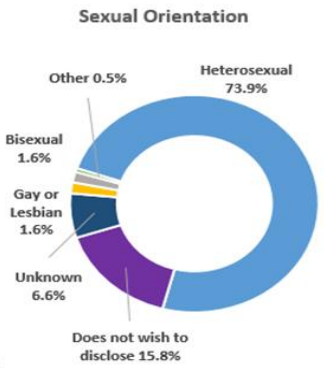












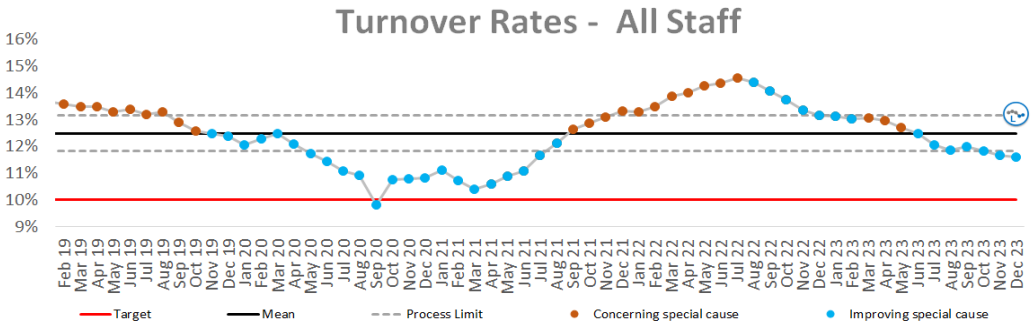
What the information tells us:

- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 58% of our total workforce.
- The percentage of BME workforce increased significantly by 15% over the 7 year period and currently make up 33% 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 4.8% to 5.6% over the seven year period. However, there are still significant gaps between the data recorded about our staff on ESR compared with the information staff share about themselves when completing the National Staff Survey.
- There remains a high proportion of staff who have, for a variety of reasons, not shared their sexual orientation.

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

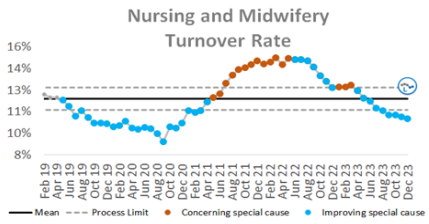
Staff Turnover

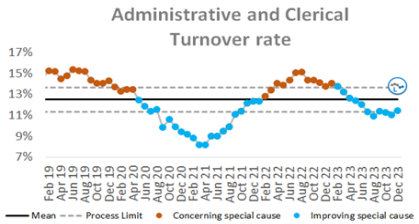
Cambridge University Hospitals NHS Foundation Trust

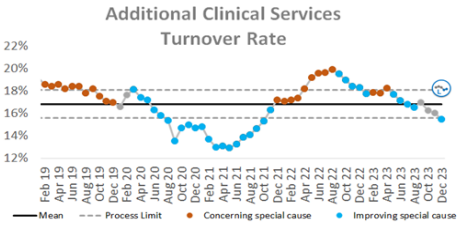


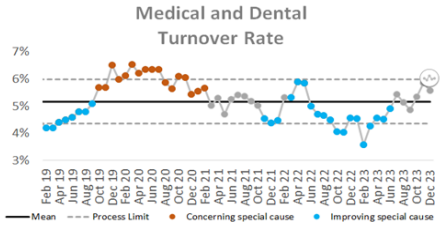
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (excludes all fixed term contracts including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

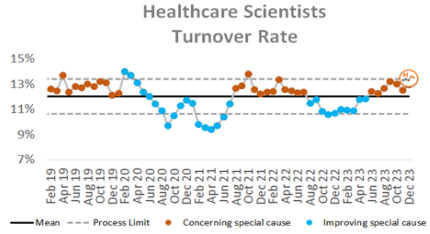
What the information tells us:
After a steady increase from March 2021 the Trust turnover rate has been decreasing since July 2022 - this month at 11.6% (0.1% lower than last month). This is more in line with pre-pandemic rates, and 0.8% lower than 4 years ago. Estates and Ancillary staff group has the highest increase of 3.3% to 14.7% 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 (4.5% and 2.9% reductions respectively). Within the staff groups, Additional Clinical Services have the highest turnover rate at 15.5% followed by Estates and Ancillary staff at 14.7%.

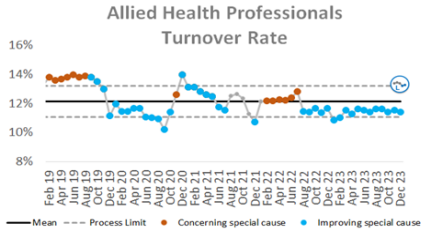


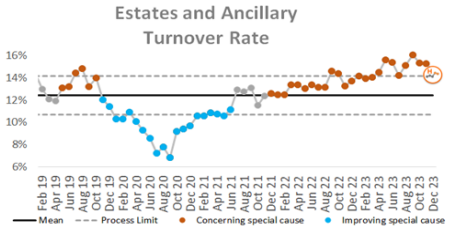


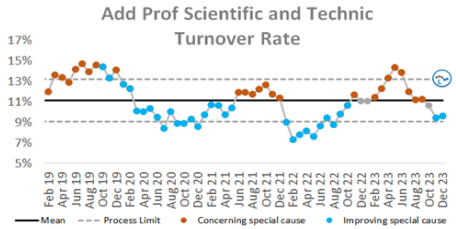










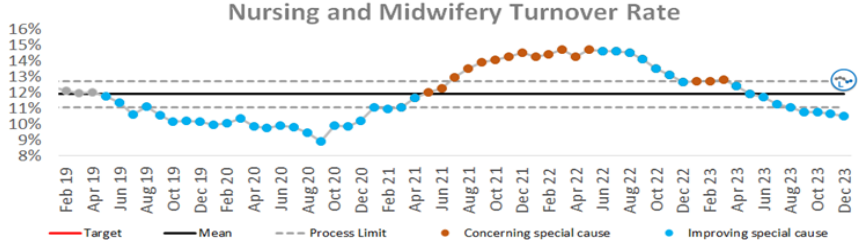


Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

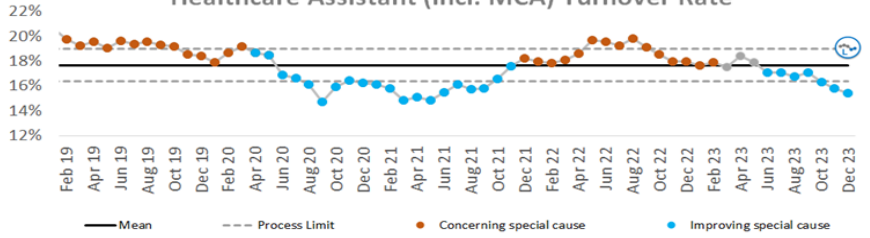
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

NHS
Cambridge University Hospitals
NHS Foundation Trust

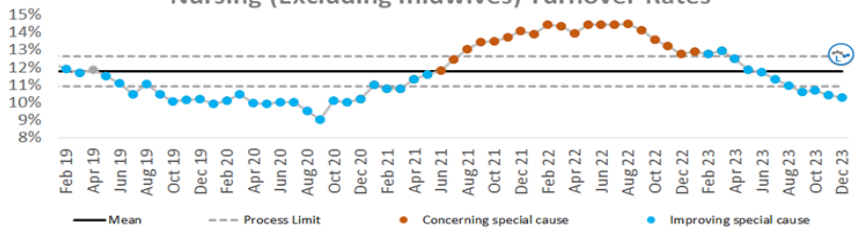
Nursing and Midwifery Turnover Rate



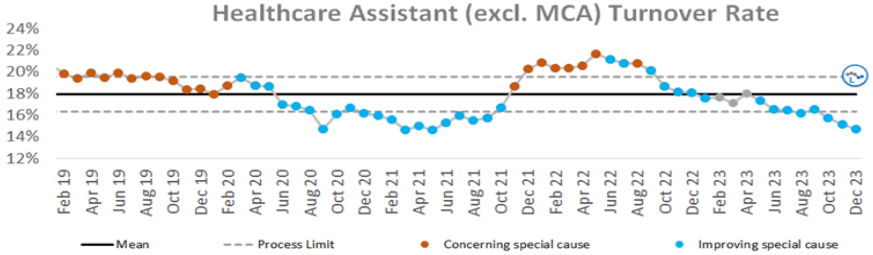
Healthcare Assistant (incl. MCA) Turnover Rate



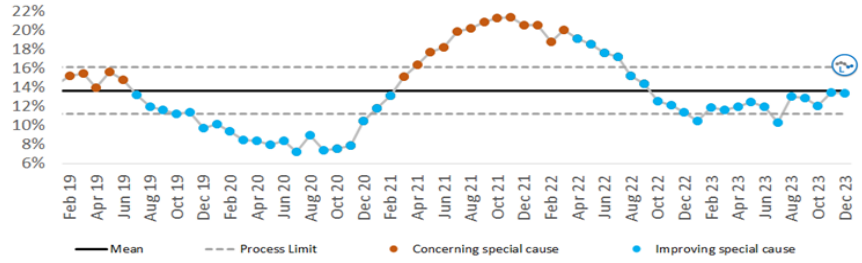
Nursing (Excluding midwives) Turnover Rates



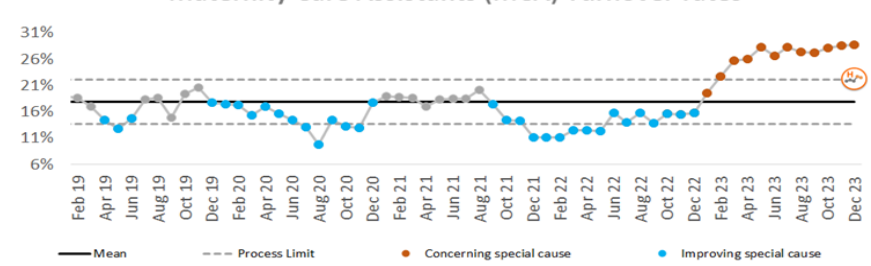
Healthcare Assistant (excl. MCA) Turnover Rate



Midwife Turnover Rates

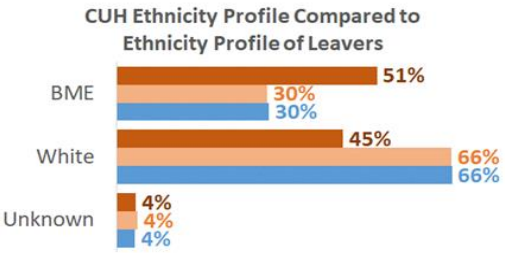


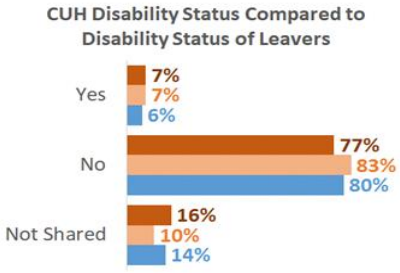
Maternity Care Assistants (MCA) Turnover rates

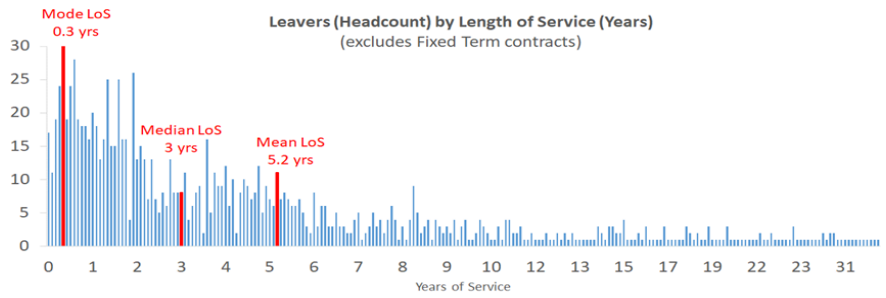


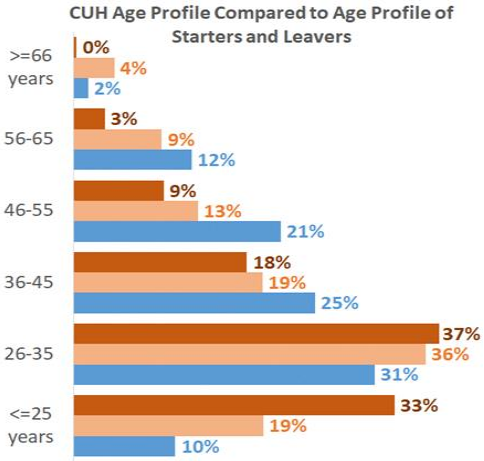
Starters & Leavers - last 12 months

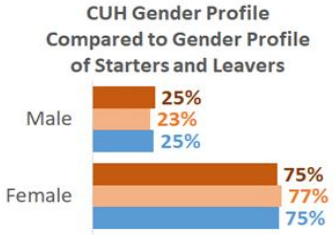
Cambridge University Hospitals NHS Foundation Trust

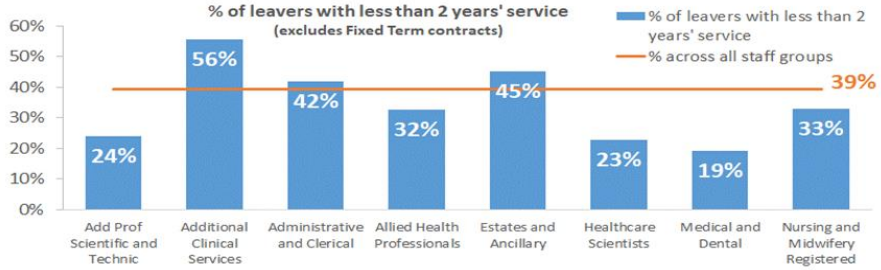












What the information tells us:

The majority of starters to, and leavers from the Trust in the last 12 months were aged 35 yrs. or under (70% and 55% respectively), which are higher than the proportion of staff in post of this age (41%). Gender and disability status are generally equally represented in the starters and leavers data when compared to the Trust profile, however there is a slightly higher proportion of females leaving the Trust, and of staff declaring a disability both starting and leaving the Trust. 51% of our starters in the last 12 months were from black and minority ethnic groups, compared to 30% of the staff profile.

A significant proportion of leavers leave the Trust within 2 years of starting (39%), and within Additional Clinical Services staff group there is a much greater proportion than average - 56%. The most common length of service (mode) upon leaving remains low at just under 4 months (0.3 yrs) – in the last 12 months 31 (headcount) of the 1,154 leavers who were on permanent contracts left at this point. Of these 31, 42% were in Additional Clinical Services staff group and 35% Administrative and Clerical. The average (mean) length of service of all leavers has dropped by 0.2 yrs to 5.2 years.

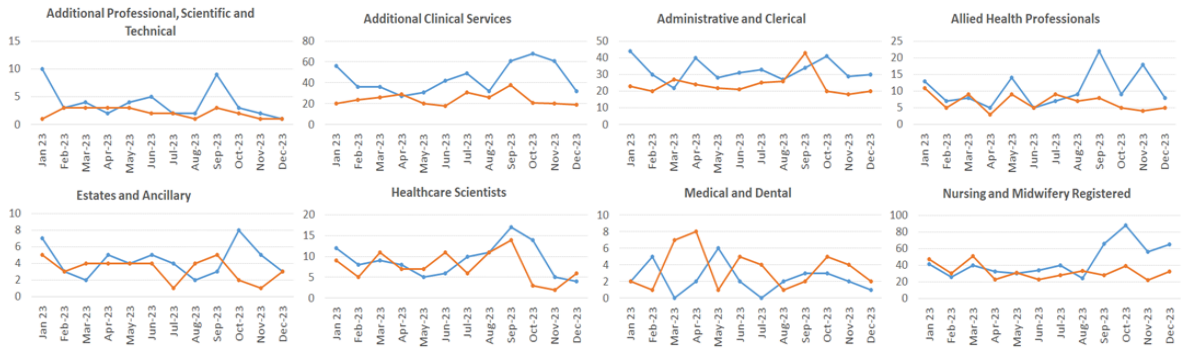
Excludes Fixed Term and Locum Medical and Dental staff, and staff leaving and returning to CUH (as bank only/retire and return etc.)

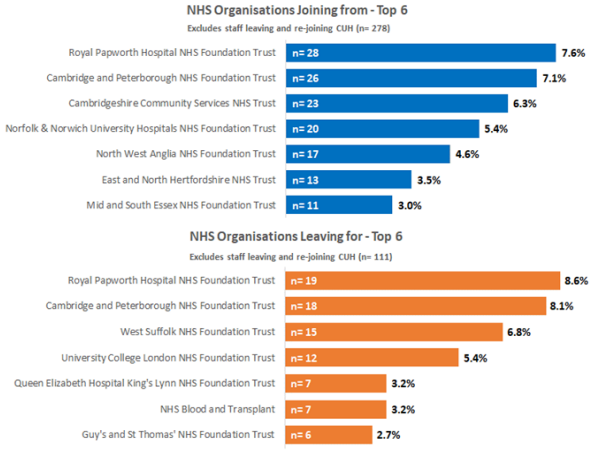
Author(s): Chloe Schafer, Amanda Wood

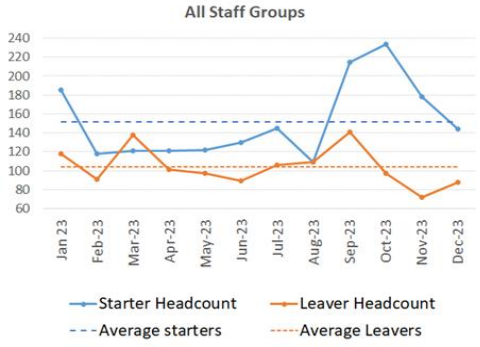
Owner(s): David Wherrett

Starters & Leavers - Last 12 months

Cambridge University Hospitals NHS Foundation Trust







Top 10 Leaving Reasons Excludes staff leaving and re-joining CUH (n= 111)	Number of Leavers (Headcount)	% of all Leavers
Voluntary Resignation - Relocation	375	30%
Voluntary Resignation - Work Life Balance	245	20%
Voluntary Resignation - Promotion	135	11%
Voluntary Resignation - Other/Not Known	97	8%
Voluntary Resignation - Better Reward Package	82	7%
Retirement Age	73	6%
Voluntary Resignation - Health	58	5%
End of Fixed Term Contract	31	2%
Voluntary Resignation - Child Dependants	30	2%
Voluntary Resignation - Lack of Opportunities	25	2%

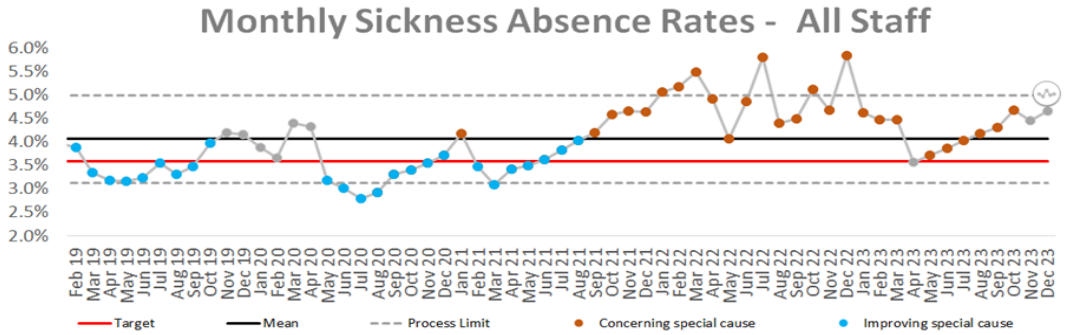
What the information tells us:
The top three reasons for leaving are Voluntary Resignation - due to relocation (30%), for work/life balance (20%) and for promotion (11%). The top destination on leaving (other than unknown) over the last 12 months is to another NHS organisation. The most popular external NHS organisation to leave for, and join from, is Royal Papworth NHS Foundation Trust. 15% of starters to the Trust were from Royal Papworth NHS Foundation Trust or Cambridge and Peterborough NHS Foundation Trust.
In the month of December alone the most popular destinations on leaving (other than unknown) were to no employment (15%), or to another NHS organisation (8%).

Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

Sickness Absence

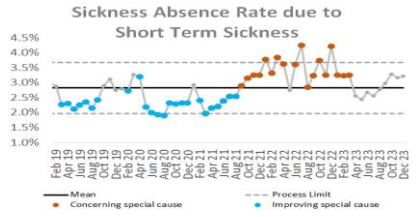
NHS
Cambridge University Hospitals
NHS Foundation Trust

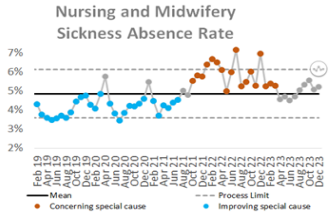


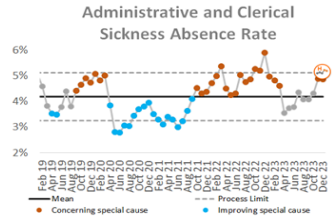
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

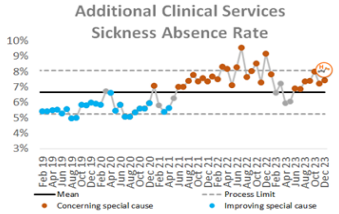
What the information tells us: The overall monthly sickness absence has increased by 0.2% since last month, to 4.7% in December 2023. This is 1.2% lower than the same month last year (5.8%). The sickness absence rate due to short term illness is higher at 3.2% compared to long term sickness at 1.5%.

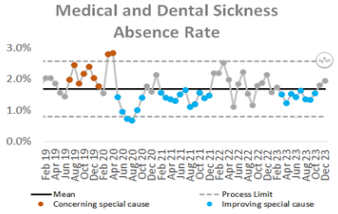
Estates and Ancillary staff group has the highest sickness absence rate at 8.9% (0.2% lower than 12 months ago), followed by Additional Clinical Services at 7.4% in December 2023 (1.7% lower than 12 months ago).

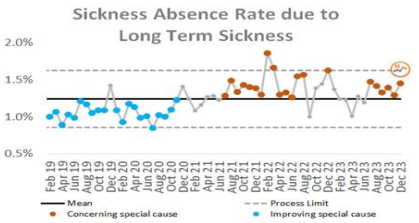


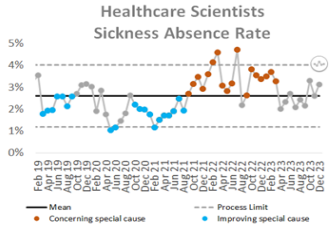


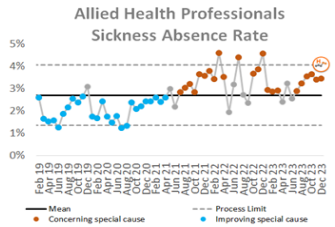


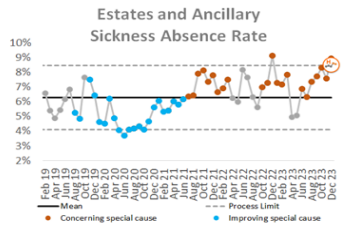


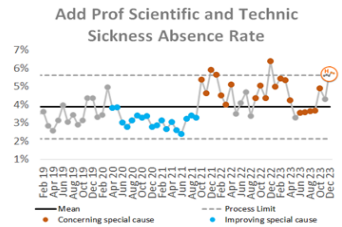










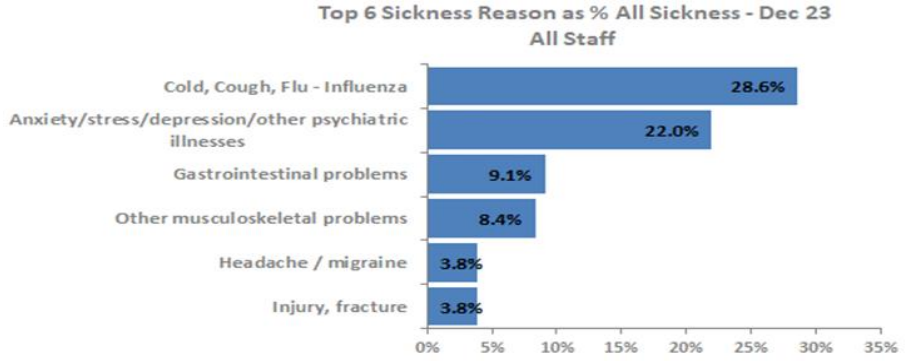


Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

Top Six Sickness Absence Reason

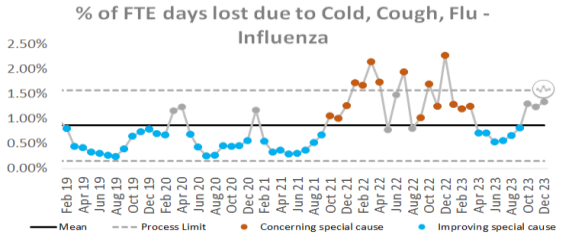
NHS
Cambridge University Hospitals
NHS Foundation Trust

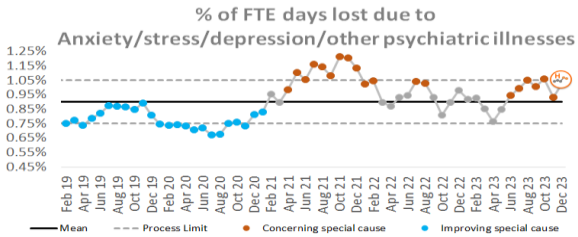


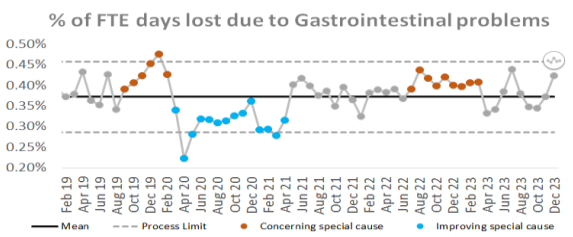
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

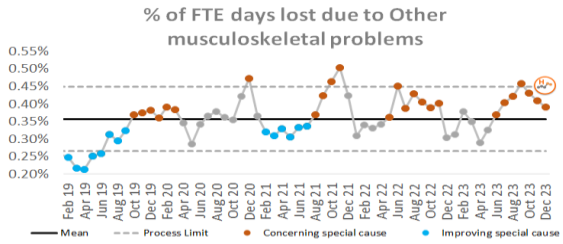
What the information tells us: The top reason for sickness absence in December 2023 is Cold, Cough, Flu - Influenza, with an absence rate of 1.3%. This is 0.1% higher than last month, but 0.9% lower than in December last year. As a percentage of all sickness absence Cold, Cough, Flu - Influenza accounts for 28.6% of the overall figure.

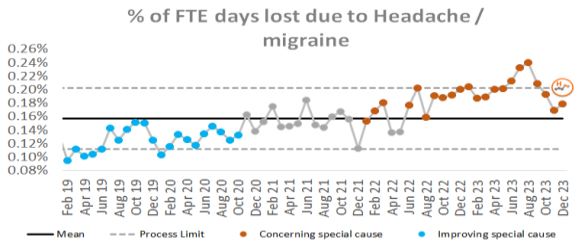
Absence due to Anxiety/stress/depression/other psychiatric illnesses has increased by 0.1% from last month to 1%, and accounts for 22% of all absence in December 2023.

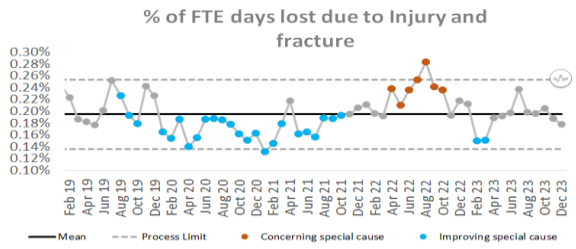








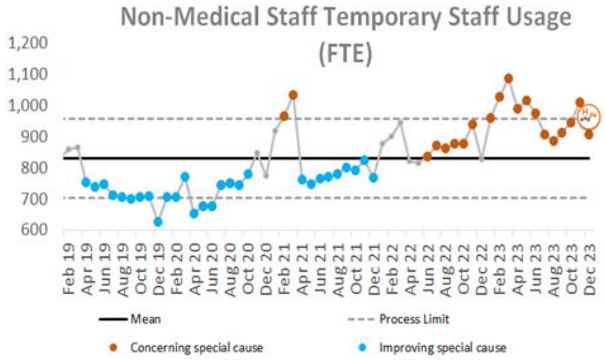


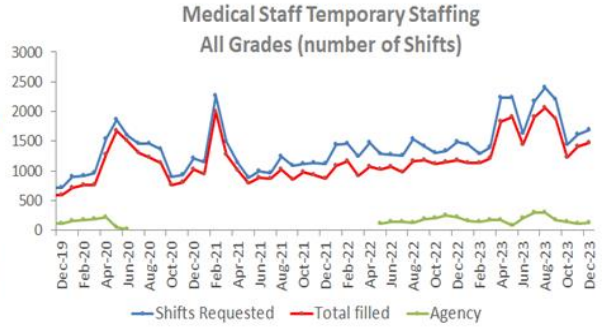


Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

Temporary Staffing

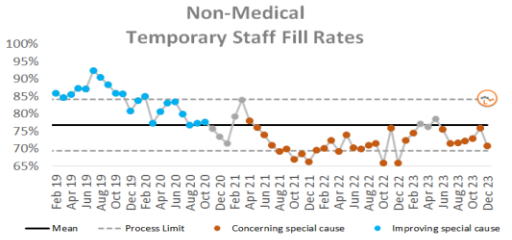
NHS
Cambridge University Hospitals
NHS Foundation Trust

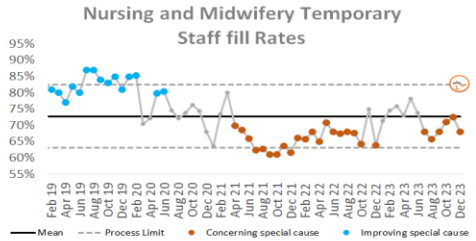


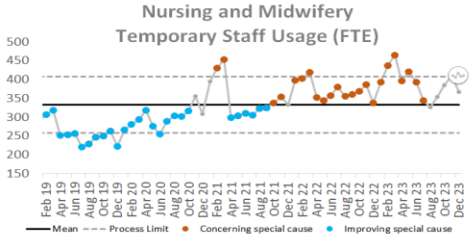


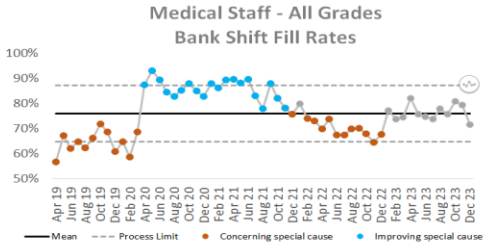
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

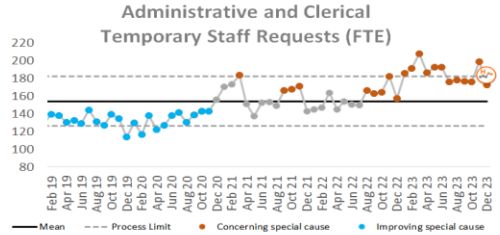
What the information tells us: Overall non-medical fill rates have decreased from last month, with a 3% decrease in requests and a 10% decrease in FTE worked in December 2023. Top three reasons for request are vacancy (44%), increased workload (21%) and sickness requiring cover (15%). Nursing and midwifery agency usage decreased by 0.7 WTE from the previous month to 17.4 WTE. This accounts for 5% of the total nursing filled shifts. Demand for temporary medical staff increased by 12% from November, however this does not yet include Consultant additional shifts as a result of industrial action - updated figures will be provided in the next report.

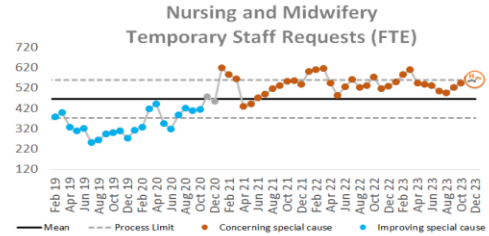


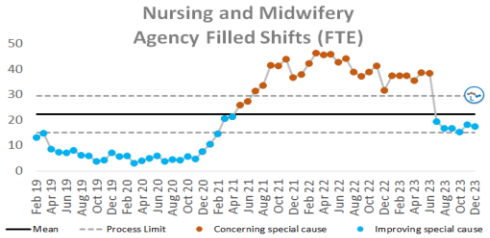


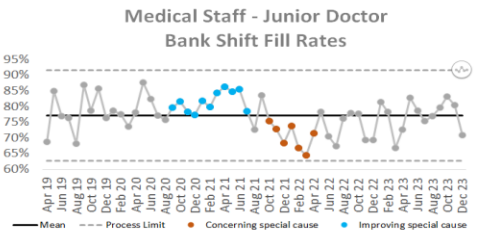








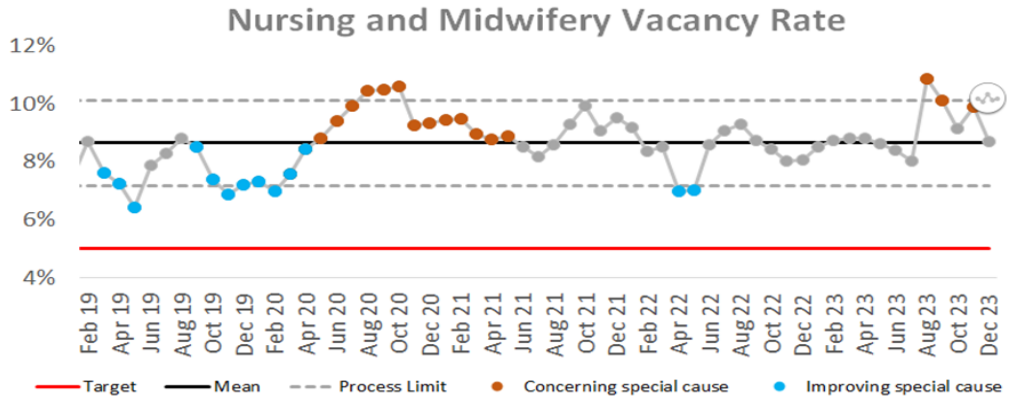


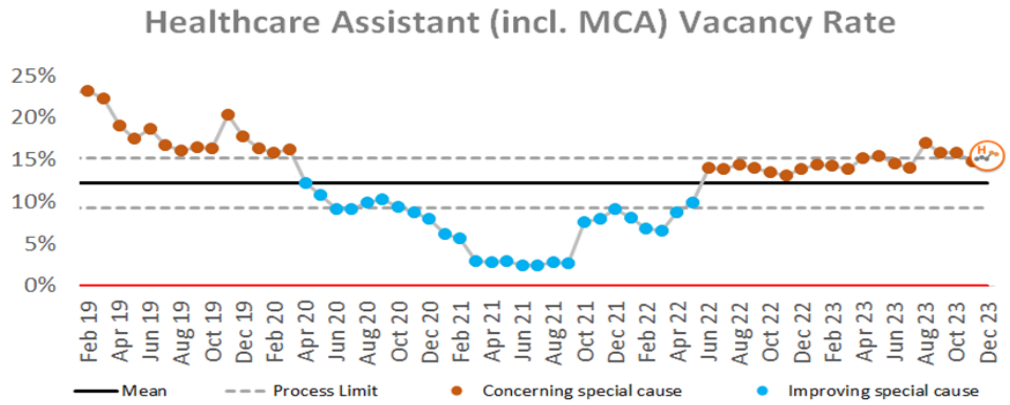


Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

ESR Vacancy Rate

Cambridge University Hospitals NHS Foundation Trust





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

What the information tells us: 2023/24 budgets were loaded to ESR for Clinical and Corporate Divisions from August 2023, which increased the establishment for both Nursing and Midwifery and Healthcare Assistants. The new wards and theatre for the Surgical Movement Hub opened in November, increasing the Nursing and Health Care Support Worker establishments again and therefore vacancies.

In December the vacancy rate for Nursing and Midwifery decreased to 8.7%, which is 1.2% lower than last month, and 0.6% higher than December last year. The vacancy rate for Healthcare Assistants is 15.7% as at end of December - an increase of 0.9% from last month, and 1.7% higher than December last year.

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

Annual Leave Update

NHS Cambridge University Hospitals NHS Foundation Trust

Percentage of Annual Leave (AL) Taken – December 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	48,628	32,181	66.2%	97%
	Additional Clinical Services	373,945	267,143	71.4%	98%
	Administrative and Clerical	512,091	346,119	67.6%	96%
	Allied Health Professionals	154,602	106,992	69.2%	99%
	Estates and Ancillary	77,406	55,719	72.0%	99%
	Healthcare Scientists	156,175	103,547	66.3%	97%
	Medical and Dental	140,375	60,636	43.2%	31%
	Nursing and Midwifery Registered	808,679	577,874	71.5%	98%
	Trust	**2,271,901**	**1,550,211**	68.2%	88%
Annual Leave taken by Division	*Division*				
	Corporate	319,483	193,356	60.5%	96%
	Division A	426,443	261,901	61.4%	87%
	Division B	633,534	379,495	59.9%	93%
	Division C	284,449	172,806	60.8%	81%
	Division D	258,120	162,513	63.0%	84%
	Division E	249,269	164,044	65.8%	84%
	R&D	103,730	59,523	57.4%	95%

* Greater than 60% | Less than 45% | Between 45% and 60%

What the information tells us: The Trust's annual leave usage is at 91% of the expected usage at the end of the ninth month of the financial year. The highest rate of use of annual leave is within the Estates and Ancillary staff group, at 72%, followed by Nursing and Midwifery Registered at 71.5%.

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

Cambridge University Hospitals NHS Foundation Trust

Background Information: Statutory and Mandatory training are essential for the safe and efficient delivery of the organisatio n 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 for **Induction** & Information Governance incl. GDPR & Cyber Security training: Less than 80% | 80% to 94% | 95% or higher

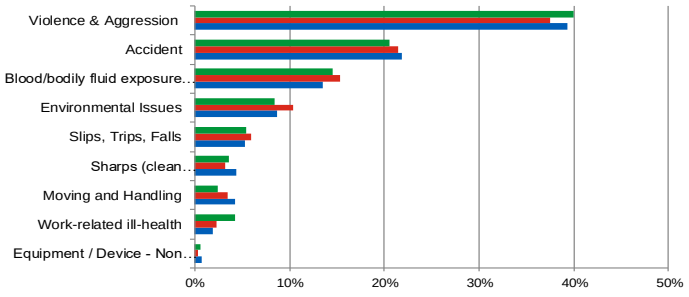
Thresholds for **Core Mandatory** training excl. Information Governance incl. GDPR & Cyber Security training: Less than 75% | 75% to 89% | 90% or higher

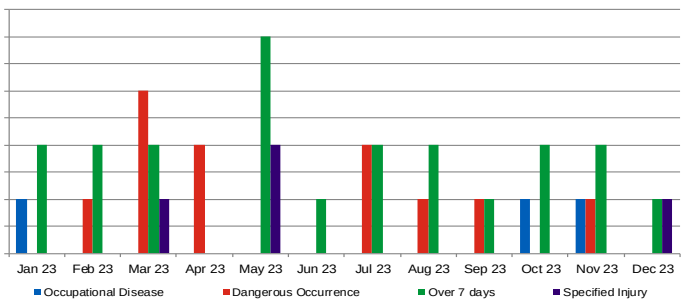
		No. Staff Requiring Competency	Frequency	Delivery Method	Variance from last month (percentage point)	Trust Total	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental		Nursing and Midwifery Registered
													Consultant	Non-Consultant	
Ind'tn	Corporate Induction	1,642	one-off	f2f	-0.3%	(49)95.7%	(1)97.1%	(19)93.9%	(5)98.1%	(2)97.8%	(1)96.9%	(3)96.7%	(6)86.7%	(113)74.8%	(18)94.4%
	Local Induction	1,642	one-off	f2f	-1.6%	(382)76.7%	(3)91.2%	(71)77.0%	(59)78.1%	(12)87.0%	(1)96.9%	(20)78.0%	(13)71.1%	(120)73.3%	(83)74.1%
Other Core Mandatory	Conflict Resolution	11,729	3 yrs	el	0.0%	(240)98.0%	(3)98.7%	(19)99.0%	(26)98.9%	(5)99.3%	(5)98.6%	(6)99.2%	(29)96.3%	(89)89.8%	(58)98.4%
	Equality, Diversity and Human Rights	11,729	3 yrs	el	0.1%	(269)97.7%	(4)98.3%	(21)98.9%	(28)98.9%	(7)99.0%	(5)98.6%	(5)99.3%	(26)96.7%	(100)88.6%	(73)98.0%
	Health, Safety and Welfare	11,729	3 yrs	el	0.1%	(295)97.5%	(2)99.1%	(33)98.2%	(30)98.8%	(5)99.3%	(6)98.3%	(8)98.9%	(25)96.8%	(111)87.3%	(75)98.0%
	Information Governance including GDPR and Cyber Security	11,729	1 yr	el	0.3%	(580)95.1%	(10)95.7%	(98)94.8%	(48)98.0%	(36)95.0%	(15)95.7%	(21)97.1%	(39)95.0%	(139)84.1%	(174)95.3%
	Basic Prevent Awareness	9,828	3 yrs	el	-0.1%	(320)96.7%	(3)98.7%	(28)98.4%	(48)98.0%	(6)99.1%	(6)98.3%	(10)98.6%	(17)97.0%	(139)78.3%	(63)97.5%
	Prevent Level Three (WRAP)	1,895	3 yrs	el	0.1%	(161)91.5%	(1)90.0%	(10)93.5%	(0)100.0%	(3)95.1%		(0)100.0%	(9)95.6%	(60)73.7%	(78)93.6%
Resuscitation	Adult Basic Life Support Practical - 1 Year	411	1 yr	f2f	-1.2%	(85)79.3%		(26)73.5%		(1)75.0%					(58)81.2%
	Adult Basic Life Support Practical - 2 Year	7,301	4 yrs	f2f	0.3%	(821)88.8%	(2)94.4%	(142)89.6%	(3)89.7%	(35)95.1%		(4)96.7%	(115)85.3%	(296)66.2%	(224)93.4%
	Advanced Life Support	27	4 yrs	f2f	10.4%	(7)74.1%				(0)100.0%					(7)73.1%
	Advanced Paediatric Life Support	105	2 yrs	f2f	1.0%	(45)57.1%									(45)57.1%
	Basic Life Support e-learning	7,680	1 yr	el	0.5%	(739)90.4%	(3)91.7%	(109)92.4%	(2)93.1%	(44)93.8%		(7)94.2%	(66)91.5%	(252)71.2%	(256)93.1%
	Immediate Life Support (ILS)	656	1 yr	f2f	-1.5%	(144)78.0%		(2)50.0%				(5)73.7%			(137)78.4%
	Newborn Basic Life Support (NBLS)	560	1 yr	Blended	8.4%	(161)71.3%	(1)0.0%	(32)58.4%					(5)68.8%	(5)84.8%	(118)72.7%
	Paediatric Basic Life Support (PBLS)	2,586	1 yr	Blended	0.8%	(538)79.2%	(0)100.0%	(181)69.6%	(0)100.0%	(51)92.9%		(4)95.7%	(30)75.4%	(50)59.0%	(222)76.1%
	Paediatric Immediate Life Support (PILS)	393	1 yr	f2f	-3.0%	(109)72.3%				(0)100.0%					(109)72.1%
Fire	Fire Evacuation	5,894	1 yr	f2f/el	0.2%	(739)87.5%	(3)83.3%	(205)85.9%	(2)92.9%	(58)89.7%	(10)87.8%	(0)100.0%			(461)87.6%
	Fire Safety Awareness	11,729	2 yrs	el	0.1%	(420)96.4%	(1)99.6%	(38)98.0%	(37)98.5%	(18)97.5%	(5)98.6%	(10)98.6%	(29)96.3%	(151)82.7%	(131)96.5%
Infect Ctrl	Infection Prevention and Control - Level 1 - 2 Years	4,593	2 yrs	el	0.4%	(176)96.2%	(0)100.0%	(8)97.7%	(50)97.9%	(1)98.8%	(8)97.7%	(10)98.4%	(2)91.7%	(70)81.1%	(27)92.6%
	Infection Prevention and Control - Level 2 - 2 Years	7,137	2 yrs	el	0.2%	(240)96.6%	(1)99.5%	(37)97.6%	(0)100.0%	(18)97.2%	(0)100.0%	(1)98.9%	(29)96.2%	(72)85.7%	(82)97.6%
Moving & Handling	Moving and Handling - Level 1	11,729	2 yrs	el	0.2%	(518)95.6%	(2)99.1%	(69)96.3%	(49)98.0%	(21)97.1%	(5)98.6%	(11)98.5%	(37)95.3%	(157)82.1%	(167)95.5%
	Moving and Handling - Level 2	5,934	2 yrs	f2f	0.3%	(829)86.0%	(0)100.0%	(210)85.8%	(3)80.0%	(41)93.5%		(5)94.4%			(570)84.6%
	Patient Moving and Handling - e-learning	5,938	1 yr	el	-0.2%	(316)94.7%	(0)100.0%	(71)95.2%	(1)92.9%	(30)95.2%		(2)97.8%			(212)94.3%
Safeg'dg Adults	Safeguarding Adults - Level 1	7,865	3 yrs	el	-0.2%	(319)95.9%	(3)98.7%	(39)97.9%	(43)98.3%	(1)99.2%	(5)98.6%	(11)98.5%	(14)82.3%	(120)36.8%	(83)95.5%
	Safeguarding Adults - Level 2	4,252	3 yrs	el	-0.2%	(317)92.5%	(4)97.9%	(42)97.2%	(12)91.4%	(2)98.4%		(2)98.8%	(14)82.1%	(144)24.2%	(97)94.8%
	Safeguarding Adults - Level 3	4,030	3 yrs	el	1.5%	(1174)70.9%	(1)90.9%	(1)75.0%		(103)82.7%		(0)100.0%	(171)76.1%	(398)52.2%	(500)73.3%
Safeg'dg Children	Safeguarding Children - Level 1	11,729	3 yrs	el	0.1%	(409)96.5%	(3)98.7%	(37)98.0%	(50)98.0%	(9)98.8%	(5)98.6%	(12)98.3%	(22)97.2%	(157)82.1%	(114)96.9%
	Safeguarding Children - Level 2	8,103	3 yrs	el	0.1%	(448)94.5%	(9)95.5%	(57)96.2%	(12)91.7%	(16)97.7%		(2)98.8%	(24)96.9%	(173)80.2%	(155)95.8%
	Safeguarding Children - Level 3	1,521	3 yrs	f2f/el	0.7%	(225)85.2%	(0)100.0%	(17)83.2%	(3)75.0%	(8)87.5%		(0)100.0%	(12)93.9%	(44)73.8%	(141)85.2%
	Safeguarding Children - Level 3 - 1 Year	355	1 yr	f2f/el	-2.9%	(56)84.2%		(15)72.7%					(3)76.9%	(12)42.9%	(26)90.2%
	Overall Compliance				0.2%	93.7%	98.1%	94.8%	98.2%	95.7%	97.9%	98.3%	93.2%	77.3%	93.1%

Health and Safety Incidents

NHS
Cambridge University Hospitals
NHS Foundation Trust

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:	**2000**	**395**	**310**	**617**	**312**	**213**	**66**	**87**
Accident	**436**	100	93	109	61	36	11	26
Blood/bodily fluid exposure (dirty sharps/splashes)	**269**	86	52	51	31	43	4	2
Environmental Issues	**175**	27	46	26	22	31	10	13
Equipment / Device - Non Medical	**15**	5	1	4	4	1	0	0
Moving and Handling	**86**	23	11	15	22	7	2	6
Sharps (clean sharps/incorrect disposal & use)	**88**	24	11	11	11	19	8	4
Slips, Trips, Falls	**106**	19	23	14	14	11	4	21
Violence & Aggression	**787**	102	71	385	137	57	20	15
Work-related ill-health	**38**	9	2	2	10	8	7	0





A total of 2,000 health and safety incidents were reported in the previous 12 months.

891 (45%) incidents resulted in harm. The highest reporting categories were violence and aggression (39%), accidents (22%) and blood/bodily fluid exposure (13%).

1,326 (66%) of incidents affected staff, 598 (30%) 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 (40%), blood/bodily fluid exposure (19%) and accidents (14%).

The highest reported incident categories for patients were: violence & aggression (40%), accidents (39%) and environmental issues (9%).

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

Staff incident rate is 10.8 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 617 incidents. Of these, 62% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (54%).

In the last 12 months, 64% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

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

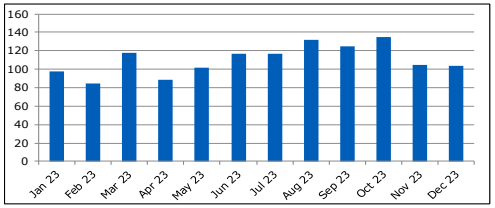
Over 7 day injury:
- The Injured Person (IP) was undertaking gardening duties in the outpatients car park. The IP slipped and fell causing pain to their back. The IP tried to continue working but was unable to complete their shift. The IP has subsequently been unable to carry out their full duties for over 7 days as a result of the fall.

Specified injury:
- The IP was walking down a flight of stairs. On the last step the IP fell and as a result sustained a fracture to the foot. The staircase is currently under refurbishment and the step which the IP fell from did not have a stair nosing. Remedial works have now been completed.

Health and Safety Incidents

NHS
Cambridge University Hospitals
NHS Foundation Trust

No. of health and safety incidents affecting staff:

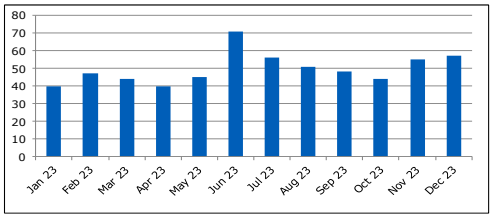


	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Total
Accident	12	14	21	13	13	14	14	24	17	21	13	9	**185**
Blood/bodily fluid exposure (dirty sharps/splashes)	20	12	20	18	22	23	14	22	23	36	16	21	**247**
Environmental Issues	4	2	8	8	10	14	7	17	10	7	13	9	**109**
Moving and Handling	5	8	9	3	5	7	5	3	7	2	7	2	**63**
Sharps (clean sharps/incorrect disposal & use)	5	7	3	10	3	7	7	8	3	5	5	5	**68**
Slips, Trips, Falls	8	7	4	6	8	3	10	5	10	8	9	8	**86**
Violence & Aggression	39	33	50	30	38	45	56	51	52	52	41	43	**530**
Work-related ill-health	5	1	3	1	3	4	4	2	3	4	1	7	**38**
Total	**98**	**84**	**118**	**89**	**102**	**117**	**117**	**132**	**125**	**135**	**105**	**104**	**1326**

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

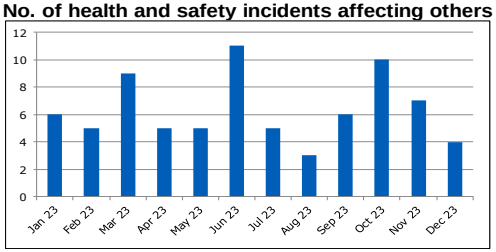
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Total
No. of health & safety incidents	98	84	118	89	102	117	117	132	125	135	105	104	**1326**
Staff incident rate per month/year	0.8	0.7	1.0	0.7	0.8	0.9	0.9	1.1	1.0	1.1	0.9	0.8	**10.8**

No. of health and safety incidents affecting patients:



	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Total
Accident	19	17	21	13	19	29	14	20	18	21	19	23	**233**
Blood/bodily fluid exposure (dirty sharps/splashes)	2	0	1	3	2	2	2	0	2	4	0	3	**21**
Environmental Issues	3	5	1	2	4	6	3	4	2	4	12	5	**51**
Equipment / Device - Non Medical	2	1	0	0	1	2	6	1	0	0	1	1	**15**
Moving and Handling	1	4	2	1	2	3	0	1	2	4	1	2	**23**
Sharps (clean sharps/incorrect disposal & use)	0	2	3	2	0	4	3	0	2	0	1	1	**18**
Violence & Aggression	13	18	16	19	17	25	28	25	22	11	21	22	**237**
Total	**40**	**47**	**44**	**40**	**45**	**71**	**56**	**51**	**48**	**44**	**55**	**57**	**598**

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



	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Total
Accident	2	0	2	2	1	2	1	1	1	1	3	2	**18**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	0	1	0	0	0	0	0	0	0	0	**1**
Environmental Issues	2	1	2	1	2	1	1	0	1	3	1	0	**15**
Sharps (clean sharps/incorrect disposal & use)	2	0	0	0	0	0	0	0	0	0	0	0	**2**
Slips, Trips, Falls	0	2	4	0	0	3	2	2	1	3	2	1	**20**
Violence & Aggression	0	2	1	1	2	5	1	0	3	3	1	1	**20**
Total	**6**	**5**	**9**	**5**	**5**	**11**	**5**	**3**	**6**	**10**	**7**	**4**	**76**