Integrated Report
**Quality, Performance, Finance and Workforce
to end February 24**

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

Report compiled: 31 March 2024

NHS
Cambridge
University Hospitals
NHS Foundation Trust

Key

NHS Cambridge University Hospitals NHS Foundation Trust

Data variation indicators

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

Rule trigger indicators

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

Target status indicators

- **P** Target has been and statistically is consistently likely to be achieved
- **F** Target failed and statistically will consistently not be achieved
- **?** Target falls within control limits and will achieve and fail at random

Together–Safe | Kind | Excellent

Quality Account Measures 2023/24

NHS Cambridge University Hospitals NHS Foundation Trust

2023/24 Quality Account Measures				Dec 23	Jan 24	Feb 24				
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	Feb-24	90%	87.0%	88.0%	87.0%	⇩	86.6%	50.0%	86.6%
	Trust Compliance with Pressue Ulcer risk assessment tool & documentation within 6 hours of admission	Feb-24	90%	81.0%	80.0%	79.0%	⇩	80.5%	13.4%	80.5%
	% Rosie MDT Obstetric staff passed PROMPT emergencies training	Dec-23	90%	89.7%	N/A	N/A	▪	84.7%	71.0%	84.7%
	% Rosie Obstetricians and Midwives passed fetal surveillance training	Dec-23	90%	92.4%	N/A	N/A	▪	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)	Jan-24	7%	7%	6.7%	6.5%	⇩	7.4%	14.0%	7.4%
Effective / Responsive	% of Early Morning Discharges (07:00-12:00)	Feb-24	20%	15.3%	15.0%	15.5%	⇧	15.6%	15.3%	15.5%
	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	Feb-24	80%	84.6%	80.9%	73.9%	⇩	75.7%	74.0%	75.5%
	Same day emergency care (SDEC)	Feb-24	30%	25.3%	25.1%	23.4%	⇩	25.1%	22.0%	24.5%
	Percentage of admissions over 65yo with dementia/delirium or cognitive impairment with a care plan in place	Jan-24	50%	75.6%	71.0%	69.8%	⇩	67.3%		67.3%
	SSNAP Domain 2: % of patients admitted to a stroke unit within 4 hours of clock start time (Team centred)	Feb-24	55%	42.3%	40.4%	37.0%	⇩	42.9%	29.2%	41.3%
Staff Experience / Well-led	Trust Vacancy Rate (Band 5) Nurses	Feb-24	5.0%	6.3%	6.3%	4.4%	⇩		10.3%	
	Annual			**2021**	**2022**	**2023**				
	National Staff Survey - "I feel secure about raising concerns re unsafe clinical practice within the organisation"	2023	78%	75.9%	71.3%	70.4%	⇩		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

NHS Cambridge University Hospitals NHS Foundation Trust

Performance Framework - Quality Indicators				Dec 23	Jan 24	Feb 24				
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)	Feb-24	0	0	1	0	⇩	7	3	7
	E.coli Bacteraemias (Total Cases)	Feb-24	50% over 3 years	39	38	27	⇩	384	401	417
	C. difficile Infection (hospital onset and COHA* avoidable)	Feb-24	TBC	10	8	15	⇧	119	129	128
	Hand Hygiene Compliance	Feb-24	TBC	94.9%	93.9%	93.6%	⇩	94.1%	96.4%	94.1%
Clinical Effectiveness	% of NICE Technology Appraisals where funding was not procured within three months. ('last month')	Feb-24	100%	25.0%	75.0%	0.0%	⇩	56.5%	None recorded	56.5%
	% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 30 days.	Feb-24	80%	25.0%	50.0%	None recorded	⇧	35.0%	51.0%	44.0%
	100% of NCEPOD questionnaires (clinical and operational) relevant to CUH is returned by clinical teams within deadline ('last month').	Feb-24	100%	20.0%	None recorded	None recorded	⇔	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	Feb-24	85%	None recorded	None recorded	None recorded	⇔	90.9%	84.6%	90.9%
Nursing Quality Metrics	Blood Administration Patient Scanning	Feb-24	90%	99.9%	99.6%	99.9%	⇧	99.7%	99.7%	99.7%
	Care Plan Notes	Feb-24	90%	95.9%	96.0%	96.1%	⇧	96.0%	95.7%	95.9%
	Care Plan Presence	Feb-24	90%	98.6%	98.0%	98.6%	⇧	99.2%	99.7%	99.2%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Feb-24	90%	76.2%	76.9%	76.5%	⇩	76.4%	72.0%	76.0%
	Nurse Rounding	Feb-24	90%	99.0%	99.3%	99.4%	⇧	99.1%	99.0%	99.1%
	Nutrition Screening	Feb-24	90%	76.4%	76.2%	76.6%	⇧	76.4%	73.4%	76.1%
	Pain Score	Feb-24	90%	84.2%	84.0%	83.8%	⇩	84.9%	84.3%	84.8%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Feb-24	90%	86.2%	91.4%	90.7%	⇩	86.9%	85.7%	86.8%
	PEWS Score Recording	Feb-24	90%	99.4%	99.4%	99.1%	⇩	99.2%	99.1%	99.2%
	NEWS Score Recording	Feb-24	90%	97.8%	97.8%	97.8%	⇩	97.7%	97.6%	97.7%
	VIP									
	VIP Score Recording (1 per day)	Feb-24	90%	86.7%	86.8%	86.8%	⇧	87.2%	86.8%	87.2%
	PIP Score Recording (1 per day)	Feb-24	90%	85.3%	85.5%	76.2%	⇩	83.9%	89.4%	84.4%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	N/A	N/A	N/A	▪	N/A	N/A	N/A
	Number of overdue complaints	Feb-24	0	46	40	14	⇩	558	172	574
	Re-opened complaints (non PHSO)	Feb-24	N/A	4	12	12	⇔	80	18	82
	Re-opened complaints (PHSO)	Feb-24	N/A	0	0	0	⇔	5	2	5
				Dec 23	Jan 24	Feb 24				
	Number of medium/high level complaints	Feb-24	N/A	8	10	9	⇩	148	257	168

Operational Performance

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	63.5%	72.5%	76.0%	Mar-24	**Page 13**
	12hr waits in ED (% of type 1)	Normal variation	16.9%	-	-	-	
	Ambulance handovers <15mins	Normal variation	50.0%	65.0%	N/A	Immediate	
	Ambulance handovers <30mins	Negative special cause variation	78.0%	95.0%	N/A	Immediate	**Page 14**
	Ambulance handovers > 60mins	Negative special cause variation	11.0%	0.0%	0.0%	Immediate	
Cancer	Cancer patients < 62 days	Normal variation	73.0%	-	85.0%	Immediate	**Page 21**
	28 day faster diagnosis standard	Normal variation	79.9%	76.8%	75.0%	Immediate	**Page 18**
	31 day decision to first treatment	Positive special cause variation	83.5%	-	96.0%	Immediate	**Page 19**
Outpatients	First outpatients (consultant led)	Positive special cause variation	110.3%	121.2%	-	-	**Page 22**
	Follow-up outpatients (consultant led)	Normal variation	113.5%	132.7%	-	-	**Page 23**
	Advice and Guidance Requests	Normal variation	10.5%	-	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	Normal variation	35.2%	6.7%	5.0%	Mar-24	**Page 21**
	Diagnostics - Total WL	Normal variation	14,512	8,302	-	-	
RTT Waiting List	RTT Patients waiting > 65 weeks	Positive special cause variation	748	80	0	Mar-23	**Page 16**
	RTT Patients waiting > 78 weeks	Normal variation	111	-	-	-	
	Total RTT waiting list	Negative special cause variation	62,392	61,282	-	-	**Page 17**
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	209	194	-	-	
	Elective LoS (days, excl 0 LoS)	Normal variation	5.0	-	-	-	
	Discharges before noon	Normal variation	15.5%	-	-	-	
	Theatre sessions used	Positive special cause variation	681	-	-	-	
	In session theatre utilisation	Normal variation	78.0%	85.0%	85.0%	Sep-23	**Page 26**
	Virtual Outpatient Attendances	Negative special cause variation	19.6%	-	-	-	
	BADS Daycase Rate (local)	Normal variation	84.0%	-	-	-	**Page 27**
Surgical prioritisation	P2 (4 weeks) Including planned	Negative special cause variation	3,259	-	-	-	

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

Patient Safety Incidents

Indicator	Data range	Threshold	Feb-24	Mean	Variance	Special causes	Comments
Patient Safety Incidents	March 2021- February 2024	-	1531	1483		-	
Patient Safety Incidents per **1,000** admissions			85	92		–	
Percentage of **moderate harm and above** patient safety incidents		≤ 2%	2.6%	2.4%		-	There were 40 patient safety incidents where moderate harm and above occurred in February 2024; 34 moderate harms, 5 severe and 1 death

Patient safety incidents (PSIs)

All key measures are in normal variance.

38% of moderate harm incidents were from hospital-acquired pressure ulcers (HAPU).

The five severe harm incidents were: fall (3), HAPU (1) and Diagnostics (1).

Death incident was a full term stillbirth - no apparent gaps in care. Case meets criteria for referral for external Maternity and Neonatal Safety Investigation.

It is 16 days since our last Never Event. The last Never Event occurred on 29/02/24 - wrong site surgery in Neurosurgical Theatres (low harm).
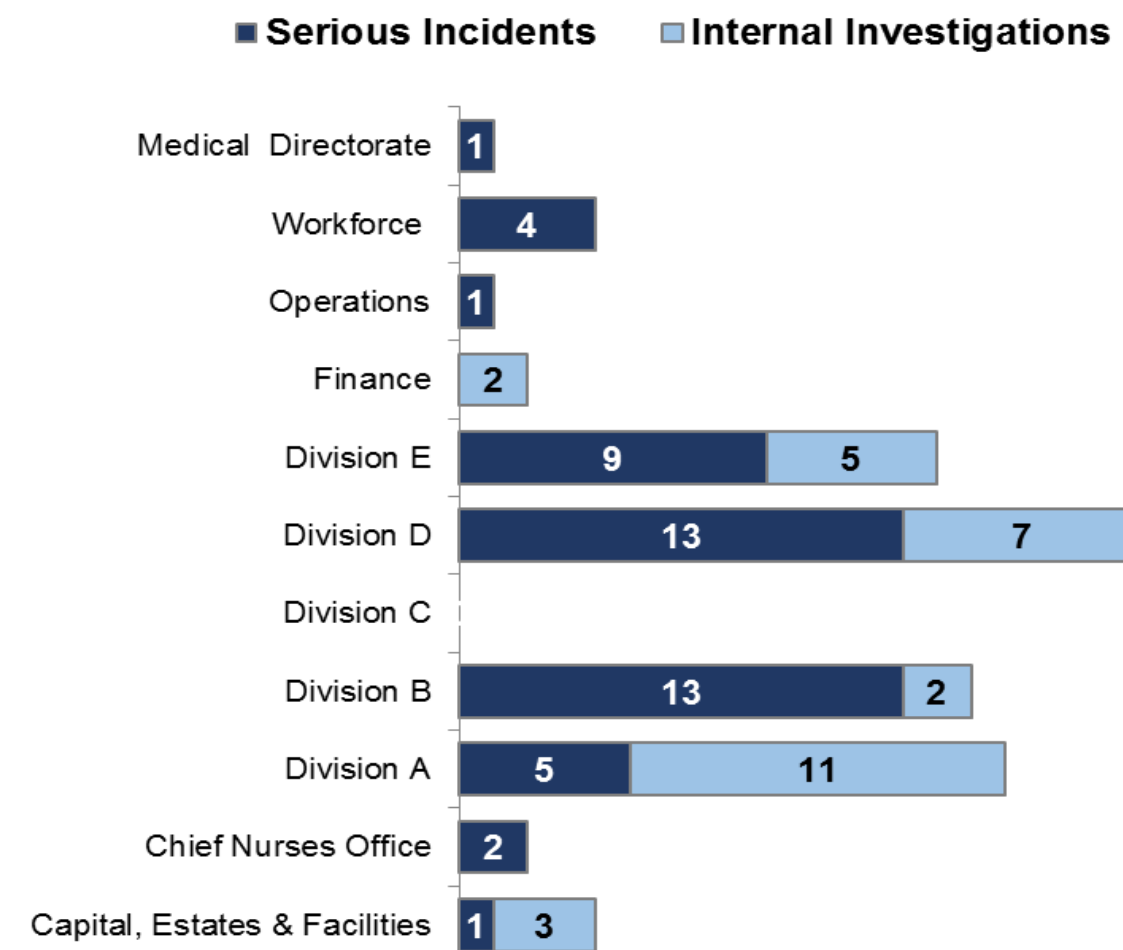
Serious Incidents (SI) and Internal (RCA) Investigations (II)

There remains **one open SI** investigation, the IG breach SI declared in December 2023. There are 115 open **SI actions**, of which 49 are overdue (↓ from 66 last month).

There are **four (↓) open Internal Investigations**, all of which are overdue. There are 37 open Internal Investigation **actions**, of which 30 are overdue (↓ from 49)

The patient safety team are working with divisional teams to support implementation and closure of outstanding SI and II actions. Oversight is also at the new Safety Improvement Group monthly meeting.
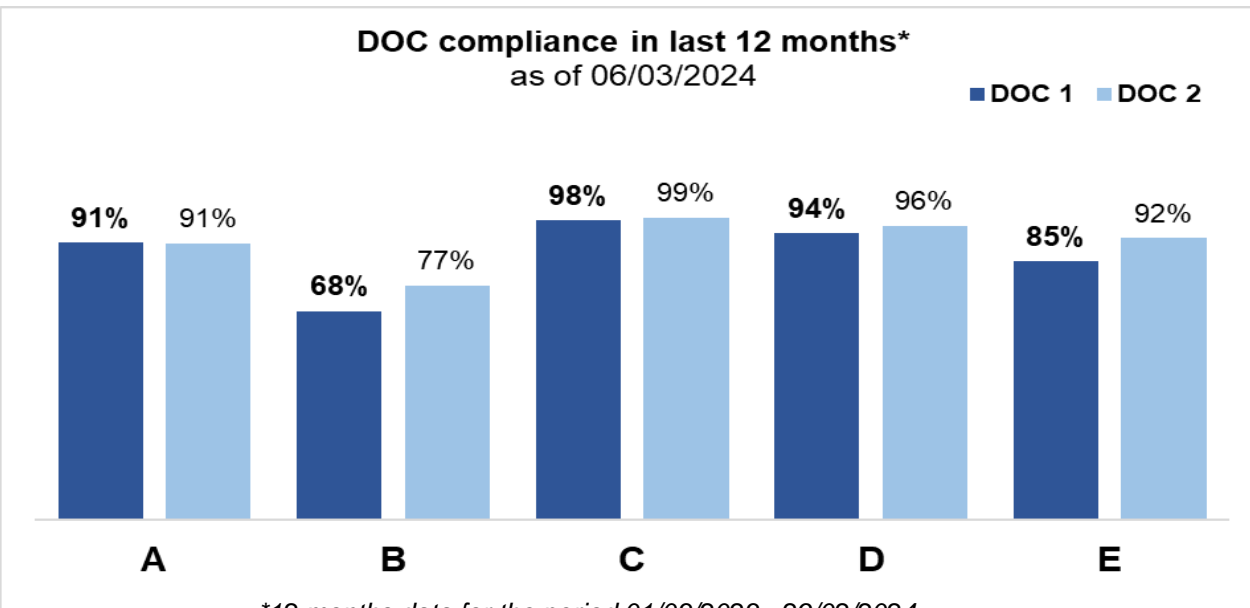
Overdue actions for *as of 16.03.2024*

■ Serious Incidents ■ Internal Investigations

	Serious Incidents	Internal Investigations
Medical Directorate	1	
Workforce	4	
Operations	1	
Finance		2
Division E	9	5
Division D	13	7
Division C		
Division B	13	2
Division A	5	11
Chief Nurses Office	2	
Capital, Estates & Facilities	1	3

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

Duty of Candour (DOC)

In the last 12 months, Trust-wide **stage 1** DOC compliance is **90%** (419/468) and Trust-wide **stage 2** DOC compliance is **93%** (397/428). A breakdown by Divisions can be seen in the graph below.

A number of DOC are overdue, shown in graphs to the right. There are **20** DOC **stage 1** cases outstanding **by more than 1 month** (from date reported) and **eight** DOC **stage 2** cases not yet completed, **more than 1 year after** the incident was closed. *NB our internal standard for both stages is within 10 days*

Aside from DOC stage 2 compliance shown, there are still **93** patient safety incidents of moderate harm and above where the investigation is not yet completed; DOC stage 2 will be required.

DOC compliance in last 12 months*
as of 06/03/2024

■ DOC 1 ■ DOC 2

	A	B	C	D	E
DOC 1	91%	68%	98%	94%	85%
DOC 2	91%	77%	99%	96%	92%

12 months data for the period 01/03/2023 - 29/02/2024

Stage 1 is notifying the patient (or family) of the incident and sending a DOC stage 1 letter.
Stage 2 is sharing of the relevant investigation findings (where the patient has requested this response).

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Number of incidents where DOC stage 1 is overdue
as of 06/03/2024

■ < 1 month   ■ 2 - 3 months   ■ 4 - 6 months   ■ 7 - 12 months

Division	< 1 month	2 - 3 months	4 - 6 months	7 - 12 months
A	7	6	1	
B	10	3	1	
C	2			
D	3	3		1
E	6	1	1	3

Number of incidents where DOC stage 2 is overdue
as of 06/03/2024

■ < 1 month   ■ 2 - 3 months   ■ 4 - 6 months   ■ 7 - 12 months   ■ > 1 year

Division	< 1 month	2 - 3 months	4 - 6 months	7 - 12 months	> 1 year
A	1	3	1	7	4
B	1	2	1		3
C		1			
D		3			1
E			1	4	
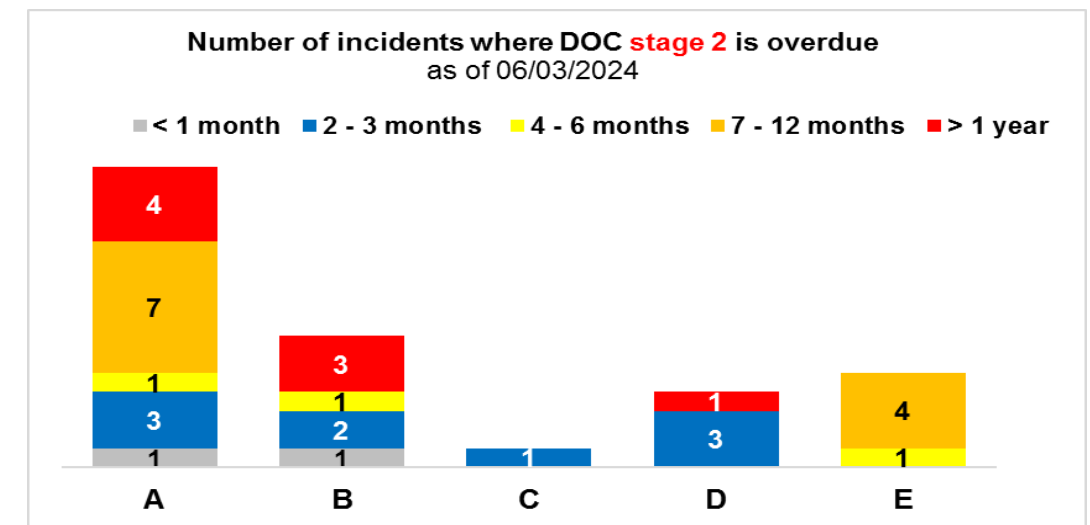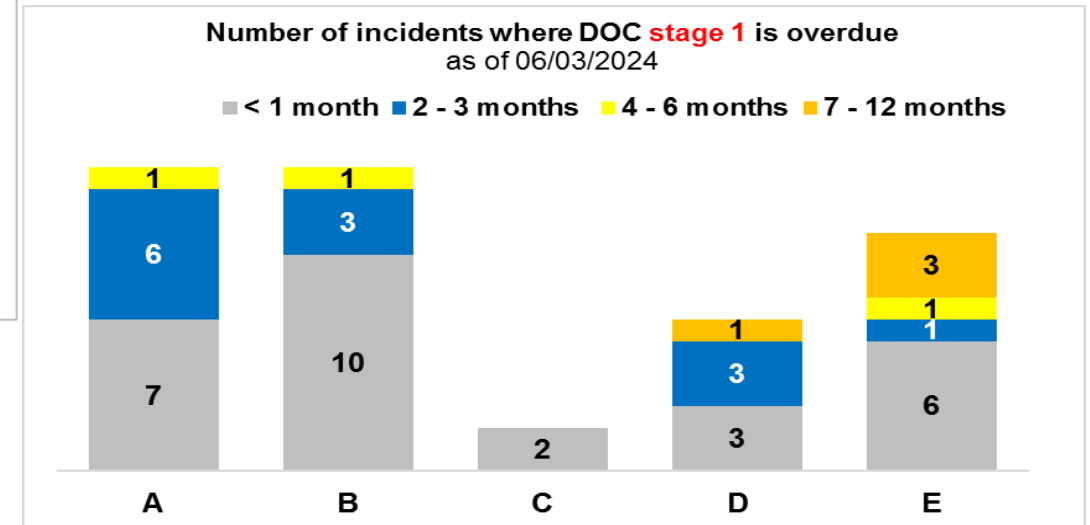
Falls

Indicator	Target	Feb-24	Average (Mar-21 - Feb-24)	Variance	Special causes	Target status	Comments
Number of **patient falls**	–	115	152	(L)	Shift	-	There has been a statistically significant **decrease** since July 2023 (last eight months). Of the 115 falls in February 2024, there were: one day case; 108 inpatient; and six outpatient falls.
Rate of **inpatient falls per 1,000 bed days**	–	3.03	4.32	(L)	Shift	-	There has been a statistically significant **decrease** since July 2023 (last eight months) in the rate of inpatient falls per 1000 bed days.
Rate of **patient falls** resulting in **moderate harm or above**	–	4.3%	2.8%	(•)	-	-	In February 2024, there were five falls resulting in moderate harm or above; three in Division C, and two in Division D.
Falls risk screening compliance within 12 hours of admission	≥90%	87%	85%	(•)	-	(?)	The Trust has not met the target in the last three years.

Summary

'All falls' metrics are showing a statistically significant improvement with a downward shift over the last eight months; this is replicated for inpatient falls by activity.

In February 2024 there were five falls resulting in moderate severe harm.

QI update

Falls alarms supply has been renewed and the falls team are working with clinical engineering to agree a SOP for the management of equipment. There remains no tracking system for this equipment in the organisation.

A new corporate falls improvement plan has been designed and approved at the March Falls quality steering group.

Patient falls across the Trust

■ Feb-24 ■ Last 12 months

Division	Feb-24	Last 12 months
Division A	16	202
Division B	2	120
Division C	67	874
Division D	29	513
Division E	1	18

Author(s): Jane Nicholson   Owner(s): Oyejumoke Okubadejo
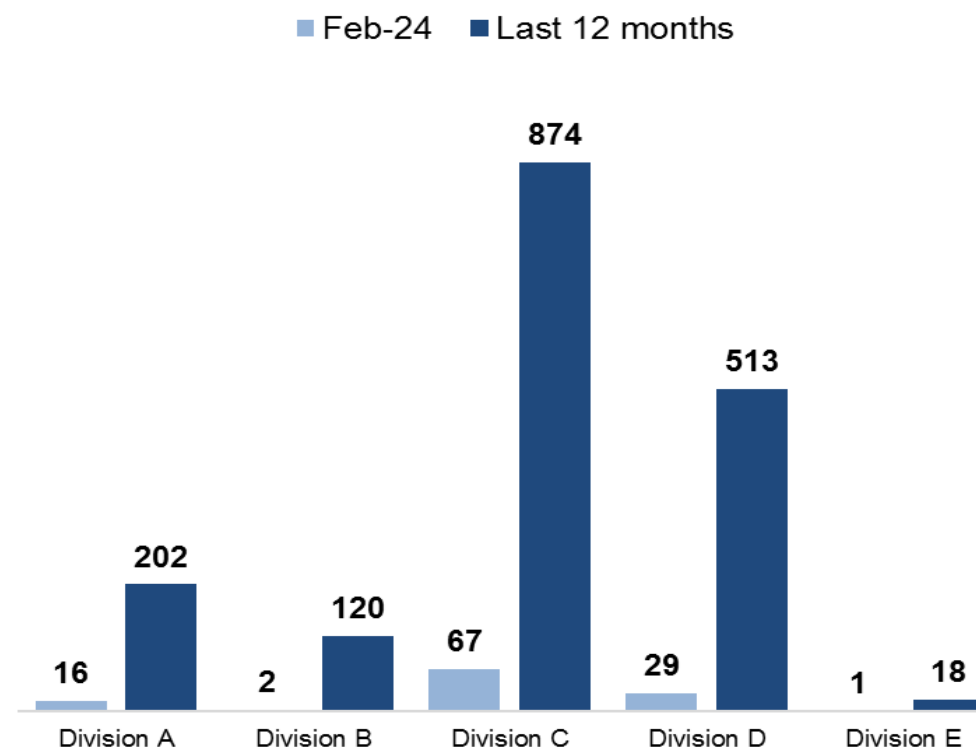
Hospital-acquired tissue damage

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Indicator	Data range	Target	Feb-24	Mean	Variance	Target status	Comments
All hospital-acquired pressure ulcers (HAPUs)	March 2021 - February 2024	-	34	33	(H)	-	There has been a statistically significant increase in the last 20 months.
All HAPUs by date of occurrence per 1,000 bed days		–	0.95	0.96	(•)	-	18 out of the last 20 months have been above the mean. Category 1 HAPUs are in normal variance.
Category 2, 3, 4, Suspected Deep Tissue Injury, and Unstageable HAPUs		–	24	20.7	(H)	-	There has been a statistically significant increase in the last 13 months.
Category 2, 3, 4, Suspected Deep Tissue Injury, and Unstageable HAPUs by 1,000 bed days		–	0.67	0.60	(H)	–	There has been a statistically significant increase in the last 13 months.
Category 2 hospital-acquired pressure ulcers		—	15	13.9	(H)	–	There has been a statistically significant increase in the last 10 months.
Suspected Deep Tissue Injury HAPUs by date of occurrence		-	8	4.9	(•)	-	18 out of the last 21 months have been above the mean.
Medical device related HAPUs		–	8	5.1	(H)	–	Statistically significant upward shift in the last 10 months and single high point in January.
Pressure Ulcer screening **risk assessment** compliance		≥90%	79%	79%	(•)	(F)	We have not been compliant with this metric in the last 3 years.
Hospital-acquired **moisture associated lesions**		–	22	20	(•)	-	7 out of the last 9 months have been above the mean

Summary

Whilst 'All HAPUs' remain statistically significantly increased, in February we see 'All HAPUs by 1,000 bed days' has shifted from statistically significant increase down to normal variance. The ongoing increase in HAPUs is being driven by the categories of Suspected deep tissue injury and Category 2. There were no category 3 or 4 HAPUs in February. There is a statistically significant increase in HAPUs related to medical devices overall and from 'mask/tubing'. The highest HAPUs in the last 12 months are from the sacrum and heels.

Hospital-acquired moisture-associated lesions are in normal variance. In the last 12 months 35% have been in Division A, Division C (27%), and 20% in Division D.

QI update

The work in partnership with the IHI to reduce HAPUs (category 2 and above) continues. Of the pilot wards (M5, ICU/D3, D9, ED), M5 achieved in January their aim of 150 days with no HAPUs. Spread of the program to phase 1 wards commenced in March 2024 - C8O/D8, G6, Lewin, A4, NCCU.

A baseline audit has identified poor use of sliding sheets (used to reposition patients in bed) across clinical areas. The audit also identified universal dislike of the current sliding sheet product amongst our nursing staff; replacement of this product is being prioritised. Poor reposition techniques is associated with sacral and heel pressure ulcers (our highest body location).

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

Sepsis

Indicator	Data range	Target	Feb-24	Mean	Variance
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>) - **Emergency Department (15)**	June 2021- February 2024	≥95%	53%	59%	
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Emergency Department (15)**			73%	71%	
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- **Inpatient wards (8)**			25%	40%	
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Inpatient wards (8)**			75%	79%	

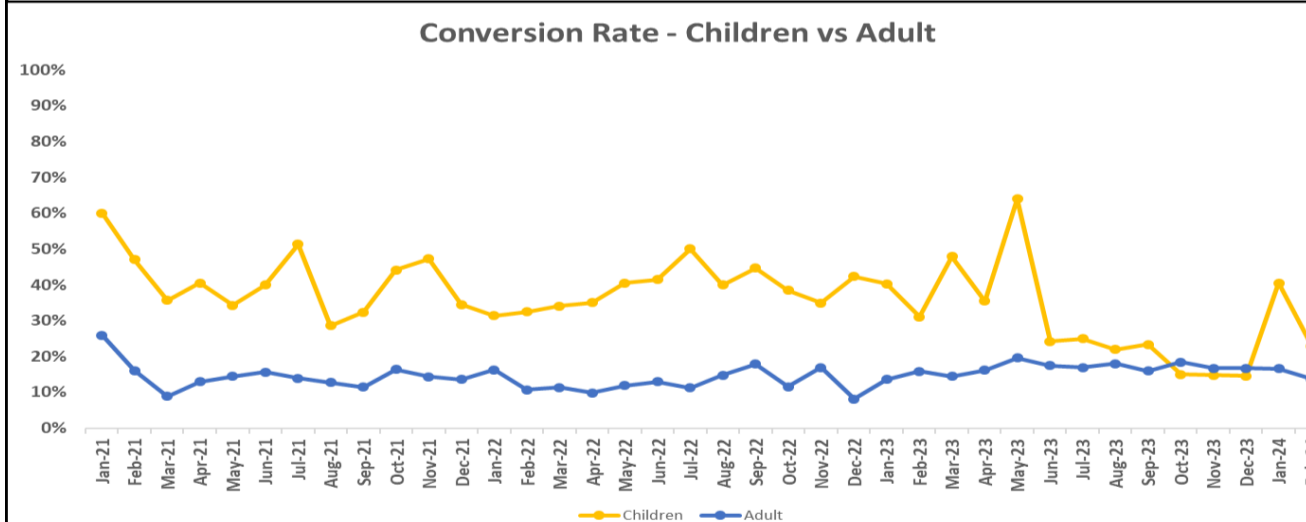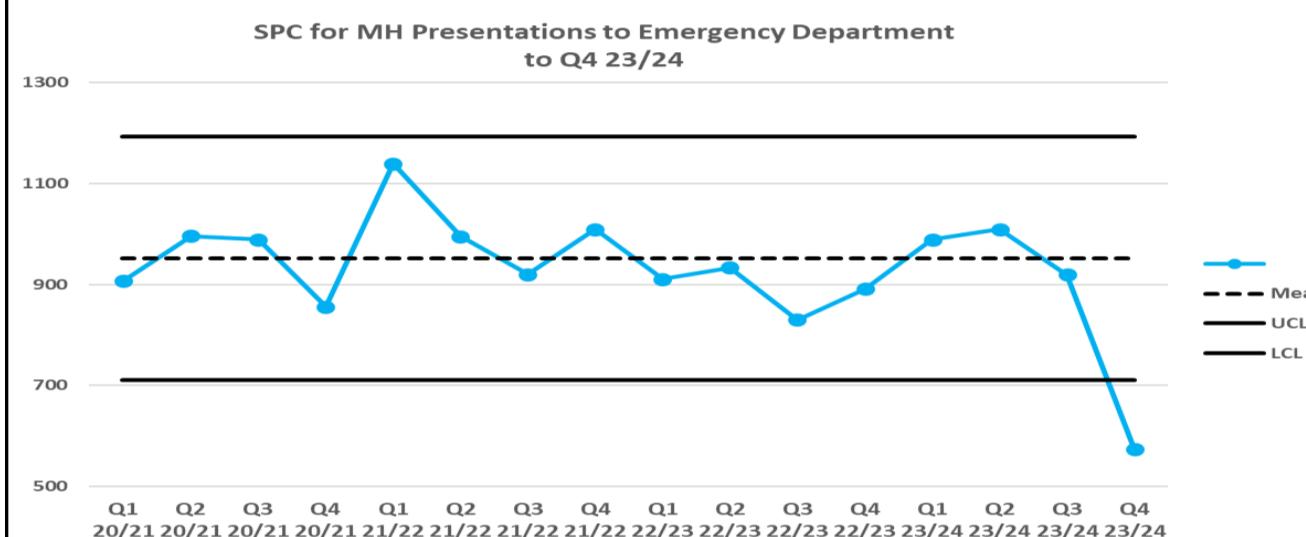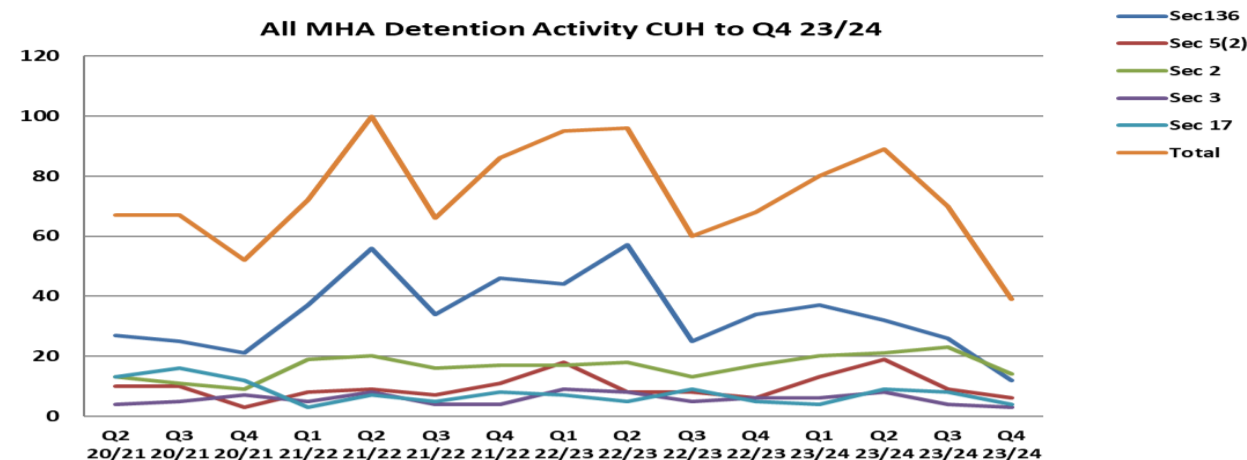**Update**   Key - *Audit size = (n)*

- Projects within the sepsis QI plan have started, this plan will be reviewed based on publication of the reviewed NICE guidance

- Process mapping has started within two specialities in order to establish systems elements that impact on compliance and also celebrating good care

- Update to NICE [NG51] Sepsis guidance has been published Feb 2024- this will inform our CUH improvement plans

- The Epic Sepsis order set has been refined to promote increased usage by clinicians and the newly developed sepsis checklist is being promoted

- Sepsis Education is being reviewed and a new strategy pending from this work

- QI plans for Midwifery and ED are being proposed to the teams and support is being offered to ED to support with this work

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

All MHA Detention Activity CUH to Q4 23/24

SPC for MH Presentations to Emergency Department to Q4 23/24

Conversion Rate - Children vs Adult

Average Length of Stay (Adult/CAMH)
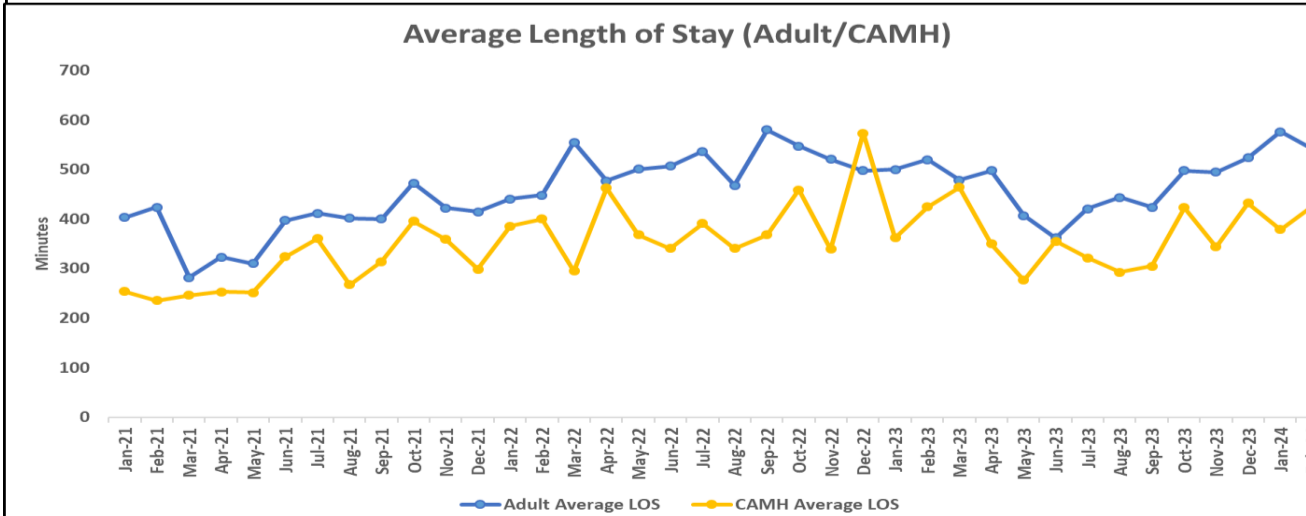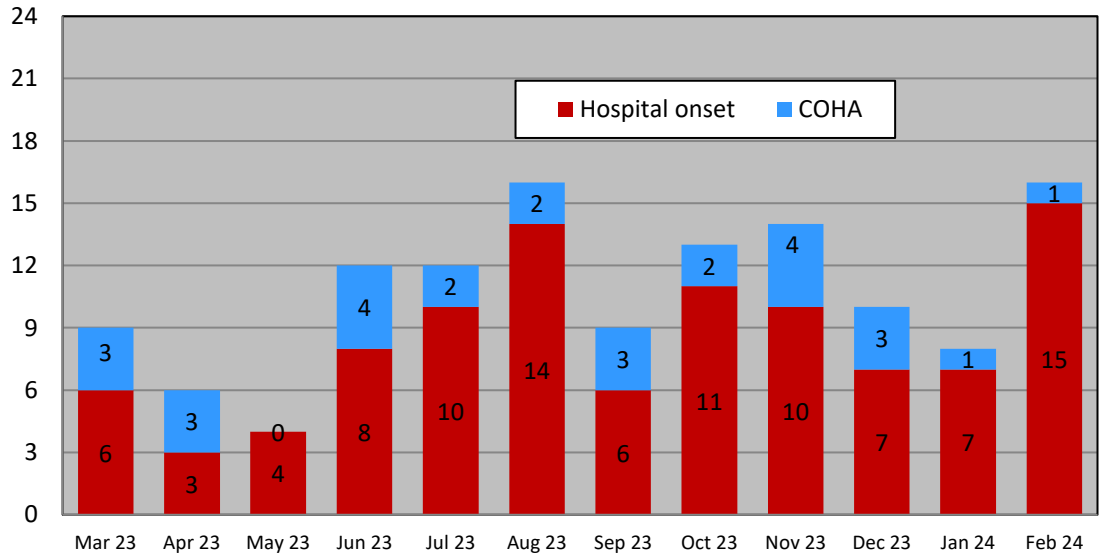

Q4 2023/24 (February)

- During February Q4 23/24, 8 patients presented to the CUH Emergency Department detained under Section 136 of the mental health act (MHA). Following assessment,

  - 7 were discharged from Section 136
  - 1 was transferred to another place of safety

- During February, Q4 23/24, 4 patients were detained under Section 2 and 1 patient was detained under Section 3 to CUH.

- 2 patients were detained under Section 5(2) MHA, both of which were rescinded.

- The number of patients presenting to the Emergency Department (ED) due to a primary mental health concern in February Q4 23/24 was 297. It is projected that the Q4 total of presentations to the CUH ED due to mental health will be below the mean.

- Self harm as a reason for presentation for child and adolescent mental health (CAMH) patients represented 48% of presentations to ED for mental health, with 39% of those requiring admission to CUH.

- 52% of CAMH presentations to ED were self referrals.

- 23% of total CAMH presentations to ED were admitted to CUH in February, which represents a decrease of 18% compared to January 2024.

- 14% of adults presenting to ED for mental health in February 2024 were admitted to CUH, representing the lowest conversion rate in 12 months.

- In February 2024 there were 13 delayed discharges of care to specialised mental health inpatient services, with 70 lost CUH acute bed days as a result.
- Lost acute bed days % by mental health trust,
  - CPFT 47%
  - EUPFT 29%
  - HPFT 7%
  - Others 17%

Ongoing work

- Data around the use of section 136 MHA is being collated to facilitate the Right Care Right Person (RCRP), section 136 MHA phase. There is a high proportion of patients who are discharged from section 136 MHA following their formal assessment in the Emergency Department. This indicates a probable need from the mental health system to support the police in the use of section 136 MHA and alternative approaches and resources available.

- CUH ED department are completing an audit of section 136 MHA 'handovers' from police to ED, to support review of the process as part of RCRP.

- The current phase being 'Missing or AWOL patients from health care settings' 'go live' date has been delayed until the 31st May 2024 to ensure system partners have opportunities to identify gaps in provision and to plan actions and resource in partnership with the Integrated Care Board.

- The CUH Missing Patient Procedure review continues. As part of this review, a CUH staff police missing/AWOL patient reporting template will be created to align with the police contact centre triage criteria.

- Phase 3 of RCRP, Section 136 MHA, is now running concurrently to phase 2.

- The Children and Young Peoples' Inpatient Family Support and Liaison team , working with the CUH Department of Learning will be offering further dates for the CUH staff training and education day around mental health for children and adolescents.

- Estate works in CUH ED to create a low stimulus and reduced risk area specifically for patients presenting with acute mental health, will commence on the 25th March.
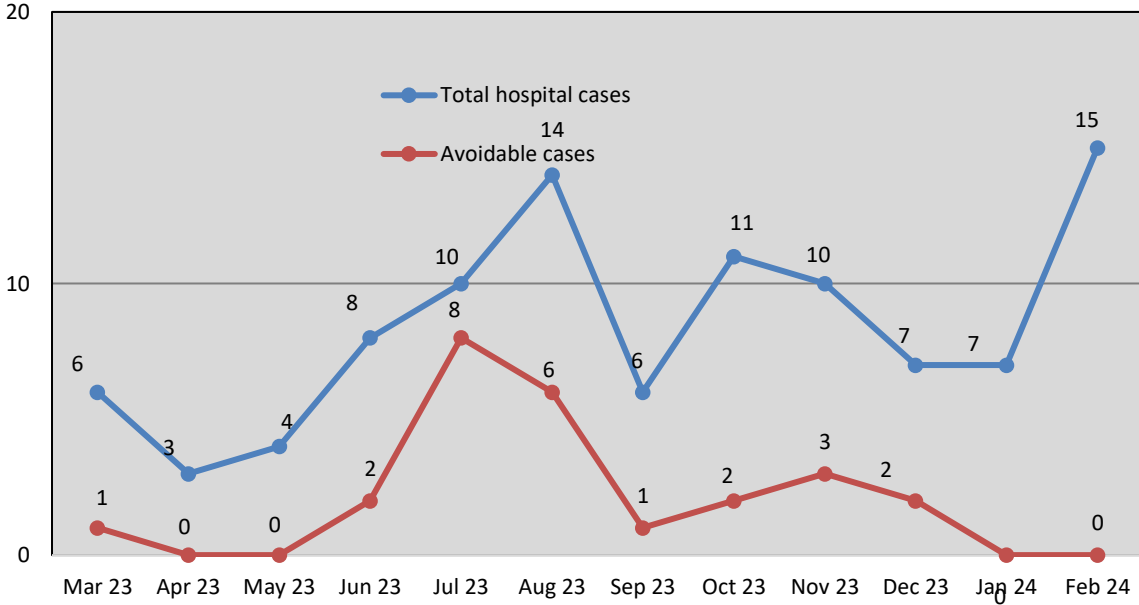
Infection Control

Monthly *Clostridioides difficile* cases in last 12 months

Legend: ■ Hospital onset ■ COHA

Month	Hospital onset	COHA
Mar 23	6	3
Apr 23	3	3
May 23	4	0
Jun 23	8	4
Jul 23	10	2
Aug 23	14	2
Sep 23	6	3
Oct 23	11	2
Nov 23	10	4
Dec 23	7	3
Jan 24	7	1
Feb 24	15	1

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

Monthly hospital acquired Clostridioides difficile cases in last 12 months

Legend: Total hospital cases; Avoidable cases

Month	Total hospital cases	Avoidable cases
Mar 23	6	1
Apr 23	3	0
May 23	4	0
Jun 23	8	2
Jul 23	10	8
Aug 23	14	6
Sep 23	6	1
Oct 23	11	2
Nov 23	10	3
Dec 23	7	2
Jan 24	7	0
Feb 24	15	0

CUH trend analysis

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

• 0 case of hospital onset MRSA bacteraemia in February 2024
• 10 cases (4 community, 4 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*.

▪ 15 cases of hospital onset *C difficile* and 1 case of COHA in February 2024.
• 95 hospital onset cases and 25 COHA cases year to date (57 cases unavoidable, 24 avoidable and 14 cases are pending).

MRSA and C difficile key performance indicators

▪ Compliance with the MRSA care bundle (decolonisation) was 78% in February 2024 (78.3% in January 2024).

▪ The latest MRSA bacteraemia rate comparative data (12 months to January 2024) put the Trust 7th out of 10 in the Shelford Group of teaching hospitals.

▪ Compliance with the *C. difficile* care bundle was 92.85% in January 2024 (80% in January 2024).

▪ The latest C. difficile rate comparative data (12 months to January 2024) put the Trust 8th out of 10 in the Shelford Group of teaching hospitals.
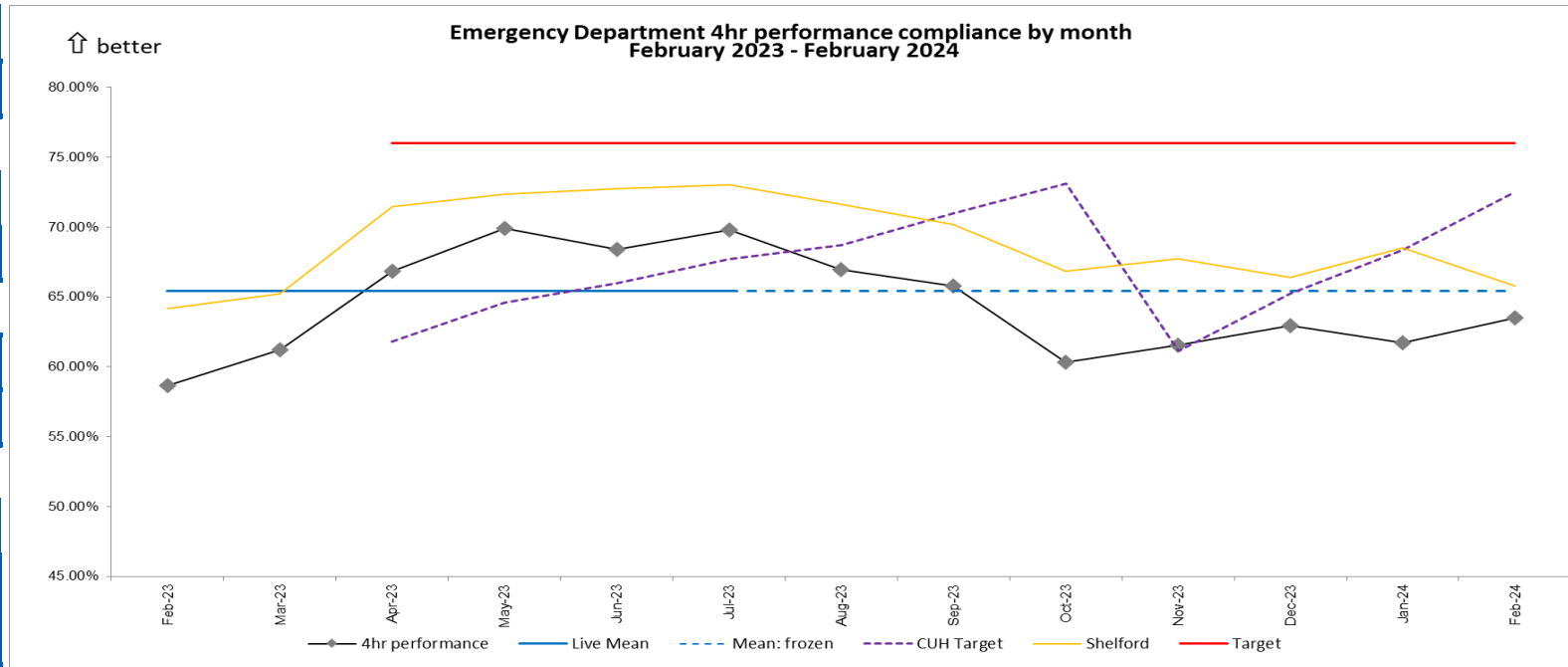
Author(s): Infection Control team   **Owner(s): Ashley Shaw**

4HR Performance

Feb-24	Plan
63.5%	72.5%

SPC Variance
Normal variation

Shelford Group Avg (Feb-24)
65.8%

Three Month Trajectory

Mar-24	Apr-24	May-24
76.6%	-	-

⇧ better

Emergency Department 4hr performance compliance by month February 2023 - February 2024

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

Highest breaches by specialty

Specialty	Performance	4hr Breaches
Emergency	55.8%	2,153
Medicine	21.8%	2,001
Paediatrics	42.1%	314
Surgery	31.5%	237
Orthopaedics	25.0%	201

Updates since previous month
 - Performance improved from 61.7% in January to 63.5% in February. This compares to 58.7% in February 2023
 - CUH ranked 101st out of 124 trusts nationally for 4hr performance compared to 100th position in January

Current issues
 - ED attendances rose by 12% compared to February 2023, equivalent to a year-on-year rise of 46 additional patients per day
 - Outflow from the department continued to be compromised due to high in-patient bed occupancy levels

Key dependencies
 - Demand is a key factor in performance and we have continued to maximise the utilisation of the Urgent Treatment Centre to manage lower acuity patients
 - Timely outflow of admitted patients is crucial to free up assessment space and reduce 4hr breaches

Future actions
 - Focus on 4hr performance increased during March, with performance in the month to date approaching 70%
 - The forecast for 2024/25 is currently being developed. Draft planning guidance suggests a target by March 2025 of 77%
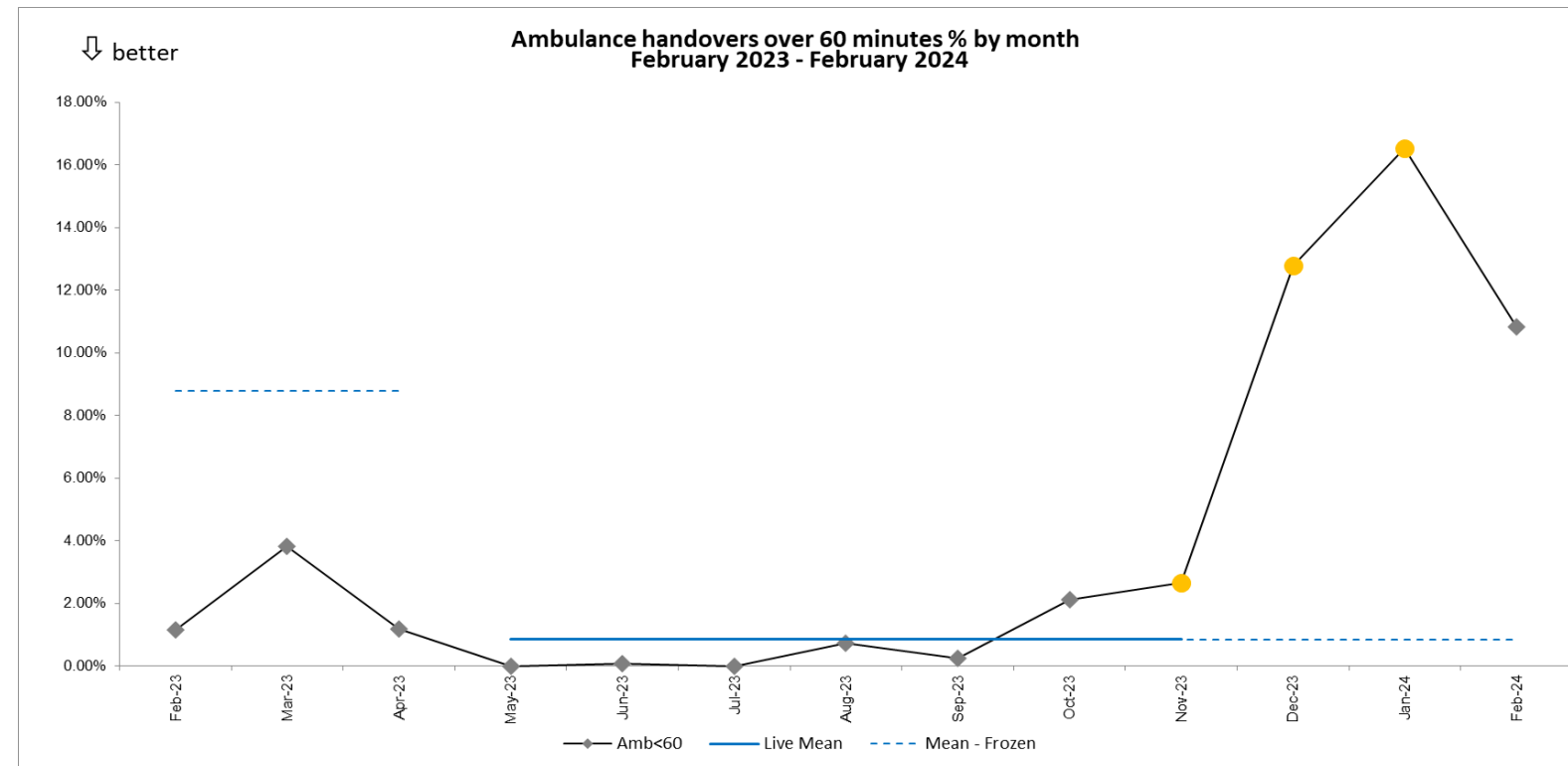
Ambulance Handovers > 60 minutes

Feb-24	Target
11.00%	0

SPC Variance

Negative special cause variation

East of England > 60 minutes

Trust	Performance
Bedford	3%
Basildon & Thurrock	4%
Watford General	5%
Broomfield	5%
Hinchingbrooke	5%
Milton Keynes	6%
West Suffolk	7%
Southend	7%
Queen Elizabeth	10%
CUH	10.8%
Colchester General	13%
Papworth	15%
Luton and Dunstable	17%
Lister	17%
Peterborough City	21%
Princess Alexandra	27%
James Paget	27%
Ipswich	28%
Norfolk and Norwich	30%

⇩ better

Ambulance handovers over 60 minutes % by month
February 2023 - February 2024

Legend: —◆— Amb<60   —— Live Mean   ---- Mean - Frozen

Updates since previous month

- 10.8% of ambulance handovers took place in greater than 60 minutes during February
- This is an improvement compared to 16.5% in January but above our target of 0%

Current issues

- Ambulance offloads were significantly impacted during February by on-going high occupancy levels in the department, reducing the availability of assessment spaces to offload on a timely basis

Key dependencies

- Timely ambulance offloads require the availability of appropriate assessment spaces which are in turn impacted by outflow from the department to in-patient beds
- High in-patient bed occupancy was a factor in reduced outflow during February

Future actions

- In the March month to date, significant focus on ED waits has reduced this to ~9%
- This focus will continue into the new financial year with an ambition to reduce offload delays to the much lower levels seen during the first half of 2023/24

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	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%	276	170	62%	69	38	55%	138	86	62%	110	56	51%	91	44	48%	-	-	-	685	394	58%
Allied Health Professionals	-	-	-	60	25	42%	17	1	6%	1	1	100%	-	-	-	3	1	33%	-	-	-	81	28	35%
Estates and Ancillary (Porters and Security Personnel only)	121	40	33%	-	-	-	-	-	-	-	-	-	-	-	-	1	0	0%	2	0	0%	124	40	32%
Medical and Dental	-	-	-	245	49	20%	-	-	-	197	58	29%	155	10	6%	194	47	24%	-	-	-	791	164	21%
Nursing and Midwifery Registered	-	-	-	700	527	75%	4	2	50%	274	179	65%	140	87	62%	374	224	60%	-	-	-	1492	1019	68%
Total	122	40	33%	1282	772	60%	90	41	46%	610	324	53%	405	153	38%	663	316	48%	2	0	0%	3174	1646	52%

The data displayed as of 12/03/24. 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.
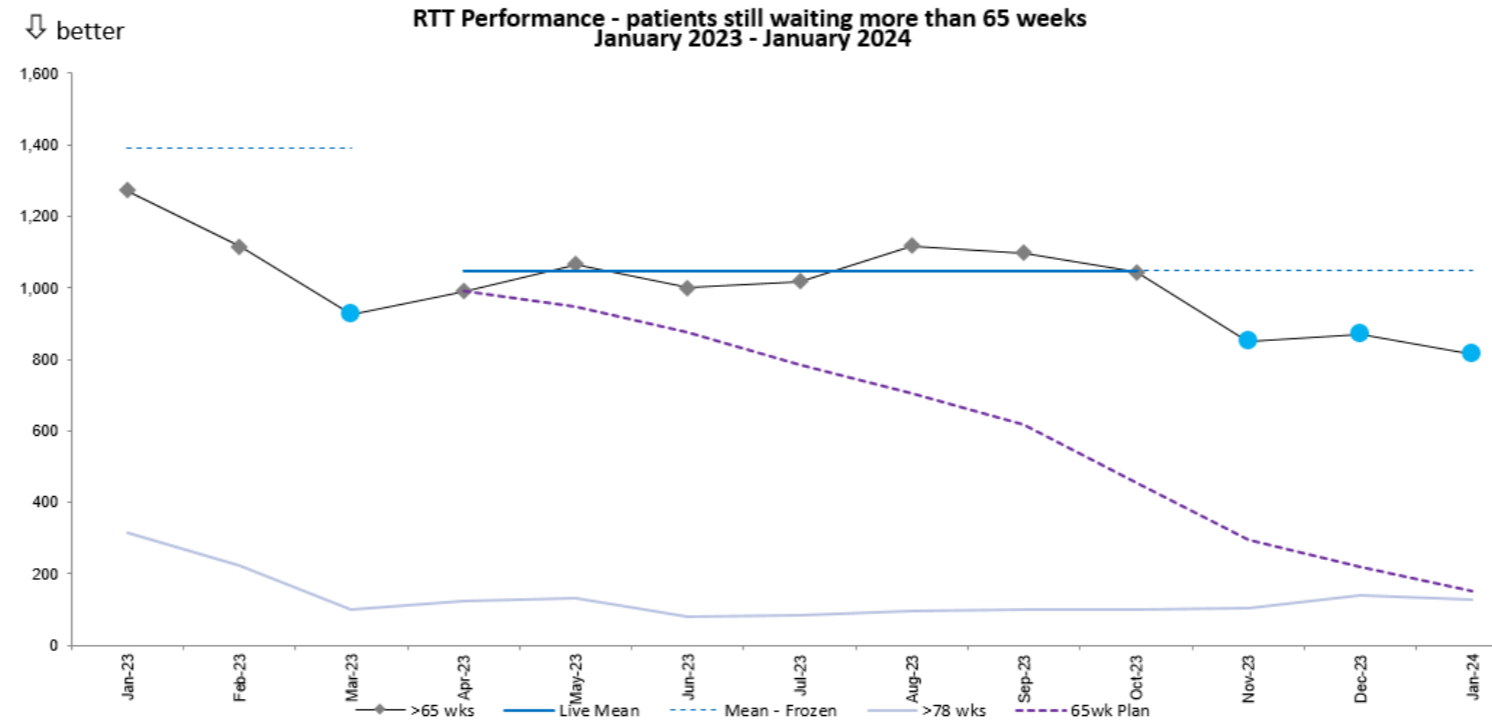
Author(s): Stacey Haynes   **Owner(s): Lorraine Szeremeta**

Referral to Treatment > 65 weeks and > 78 weeks

65+ Weeks

Feb-24	Plan
748	80

SPC Variance

Positive special cause variation

% of WL over 65 weeks (Jan-24)

CUH	1.32%
Shelford Group	1.15%

Three Month Forecast (65+ wks)

Mar-24	Apr-24	May-24
0	#N/A	#N/A

RTT Performance - patients still waiting more than 65 weeks
January 2023 - January 2024

⇩ better

Legend: >65 wks, Live Mean, Mean - Frozen, >78 wks, 65wk Plan

Divisional Performance

Division	65+ weeks	78+ weeks
A	212	38
B	38	6
C	11	0
D	350	56
E	137	11
Trust	**748**	**111**

Updates since previous month

Five > 104 week breaches. Two due to the identification of missed referrals. Two previous incorrect clock stop. One cancelled in January due to illness then a choice delay. All will be completed by end April.
>78 week waits decreased by 19 to 111. Highest volumes remain General Surgery (16), Neurosurgery (12), OMFS (12), T&O (11)
>65 weeks decreased by 67 to 748.

Current issues

Latest National data reflects continued deterioration in longest waits for 104 and 78 weeks .
Despite a week of Industrial Action reductions have been achieved through February at CUH for 65 and 78 weeks.
Reasons for remaining 78 week patients are evenly distributed across Choice, Complex, Unfit, Capacity and Corneal Grafts (national tissue shortage).
Late Inter Trust tertiary referrals continue to add to the long wait March cohort with 11 referred > 62 weeks.

Key dependencies

Cessation of Industrial Action
Theatre efficiency and surgical bed protection.
Recruitment to medical workforce vacancies
Independent Sector in ENT.
Continuation of Insourcing OMFS and Gynae.
Scaling up of teledermatology to reduce demand in Dermatology.

Future actions

National focus is now on the > 78 week maximum being cleared by year end. Weekly KLOEs are being submitted to NHSE and our latest year end forecast is 46 across 17 specialties. EoE Region is aiming to reduce to ~1000.
The re-submitted year end forecast of 821 >65 weeks remains ahead of trajectory with an expectation this will be under 650 at year end and able to be cleared in Q1. This would be ahead of the revised NHSE requirement of end of Q2 2024/25.
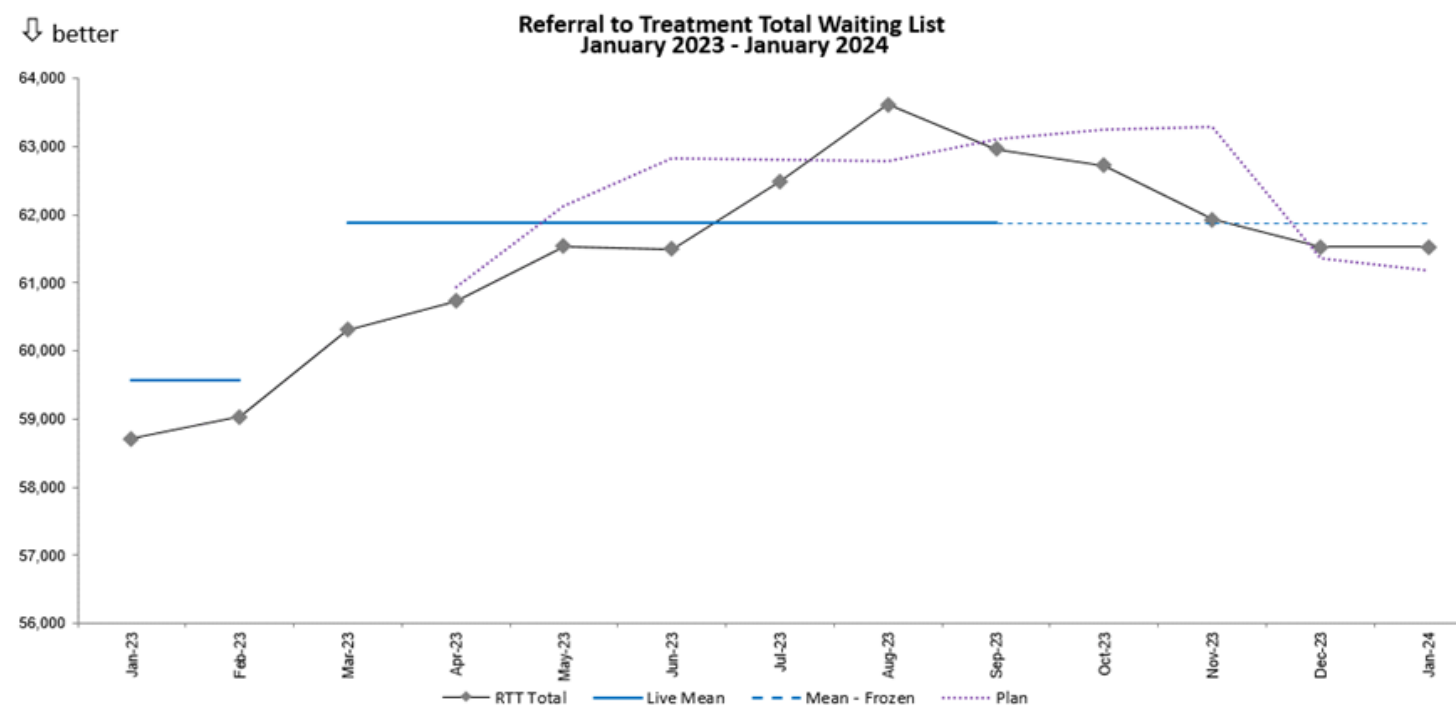
Referral to Treatment Total Waiting List

NHS
Cambridge
University Hospitals
NHS Foundation Trust

Feb-24	Plan
62,392	61,282

SPC Variance
Negative special cause variation

Change in WL: Jan-24 vs. Dec-23
CUH	+0.00%
Shelford Group	-0.52%

Three Month Forecast
Mar-24	Apr-24	May-24
61,473	#N/A	#N/A

⇩ better

**Referral to Treatment Total Waiting List
January 2023 - January 2024**

— RTT Total — Live Mean – – Mean - Frozen ····· Plan

Waiting list by division
Division	Total Waiting List
A	12,272
B	6,629
C	5,014
D	29,202
E	9,275
Other	0
Trust	**62,392**

Updates since previous month
Total RTT waiting list increased in February for the first time since August. The increase was 861.
Clock starts in February were the highest year to date and more than 10% higher than February 2023 and 3.6% higher than plan. Year to date this has reduced the variance to plan to (-0.8%)

Current issues
The Industrial Action impact equated to a reduction of ~338 stops for the month of February.
Total stops (treatments) were still 1.3% above plan in February, across both admitted and non-admitted pathways, and we are 1.2% above plan year to date.
The waiting list variance to plan is explained by a lower rate of validated pathways than 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. Validation variances will be reviewed to identify where resources may not be keeping pace.
Cessation of Industrial Action

Future actions
Continued emphasis on Outpatient Transformation, releasing capacity for new outpatients. Those awaiting 1st appointments remained 60.3% of total waiting list in February, and with the higher demand this volume increased for the first time since August, Specialties are completing self-assessment against the 18 GIRFT Further Faster Programme Handbooks for best practice opportunities. The Outpatient Transformation Programme is being refocused for 2024/25.
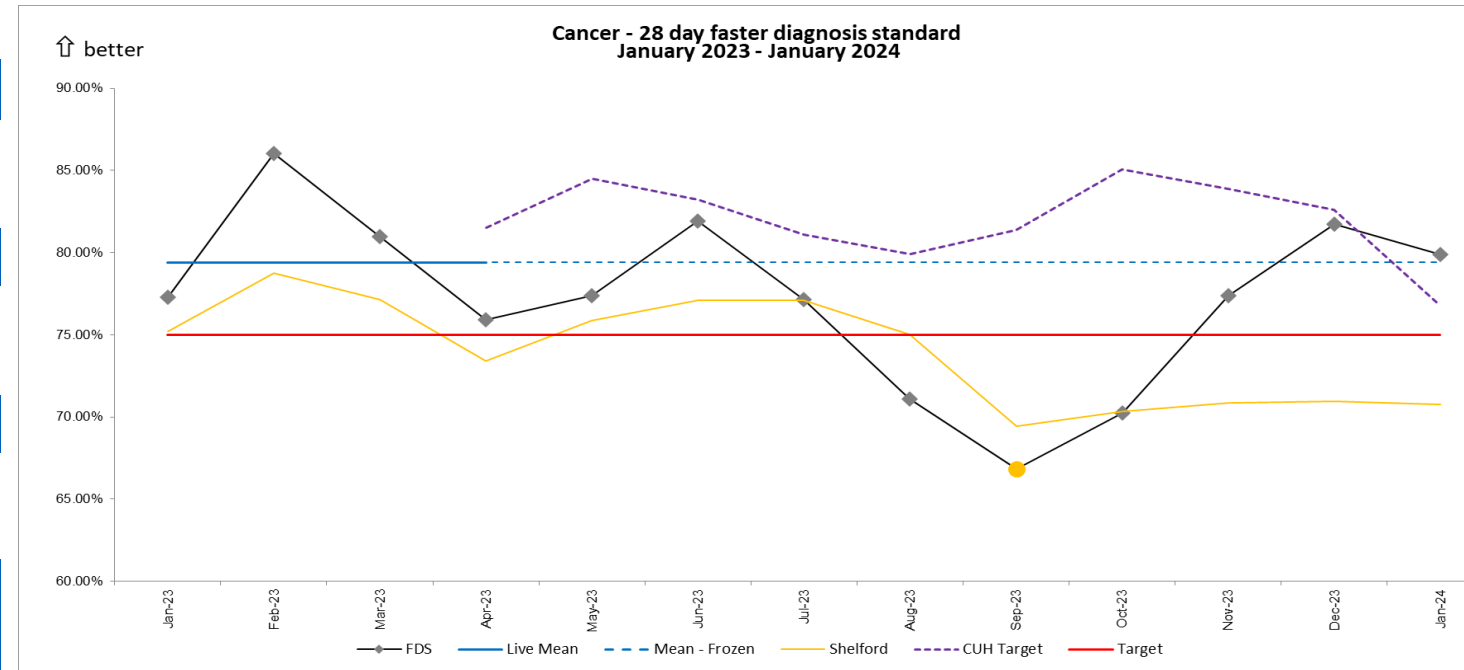
Author(s): Linda Clarke   **Owner(s): Nicola Ayton**

Cancer - 28 day faster diagnosis standard

Jan-24	Target
79.9%	75.0%

SPC Variance
Normal variation

Shelford Group Avg (Jan-24)
70.8%

Three Month Forecast		
Feb-24	Mar-24	Apr-24
82.6%	83.3%	#N/A

⇧ better

Cancer - 28 day faster diagnosis standard
January 2023 - January 2024

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

Cancer Site Overview

Site	Performance	Breaches
Skin	71.2%	215
Lower GI	72.2%	74
Gynaecological	79.2%	47
Head & Neck	70.2%	68
Urological	72.9%	57
Breast	96.3%	25
Haematological	36.4%	7
Sarcoma	63.2%	7
Upper GI	68.8%	5
Lung	97.6%	2
Childrens	100.0%	0
CNS/Brain	91.3%	2
Testicular	100.0%	0
Total	**79.9%**	**509**

Updates since previous month

CUH has sustained above target performance. 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. All sites who are not achieving the target are due to delays in pathology.

Current issues

Pathology turn around times continue to impact performance across all sites.

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. There has been an improvement across the ICB for FDS performance following shared learning.
The draft 2024/25 planning guide is expected to request performance of 77% by March 2025, CUH is already achieving this level of performance.

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

Cancer - 31 days decision to treat to treatment (Combined)

NHS Cambridge University Hospitals NHS Foundation Trust

	Jan-24	Target
Combined	83.5%	96.0%

SPC Variance

Positive special cause variation

Shelford Group Avg (Jan-24)

Combined	82.0%

Cancer Site Overview as of 20/03/2024

Site	Backlog
Breast	22
CNS/Brain	0
Gynaecological	2
Head & Neck	0
Haematological	0
HPB	10
Lower GI	1
Lung	0
Childrens	0
Sarcoma	1
Skin	23
Testicular	0
Upper GI	2
Urological	16
All	**77**

⇧ better

Cancer - 31 days combined standard
January 2023 - January 2024

Legend: 31-day — Live Mean — Mean - Frozen — Shelford 31-day — Target
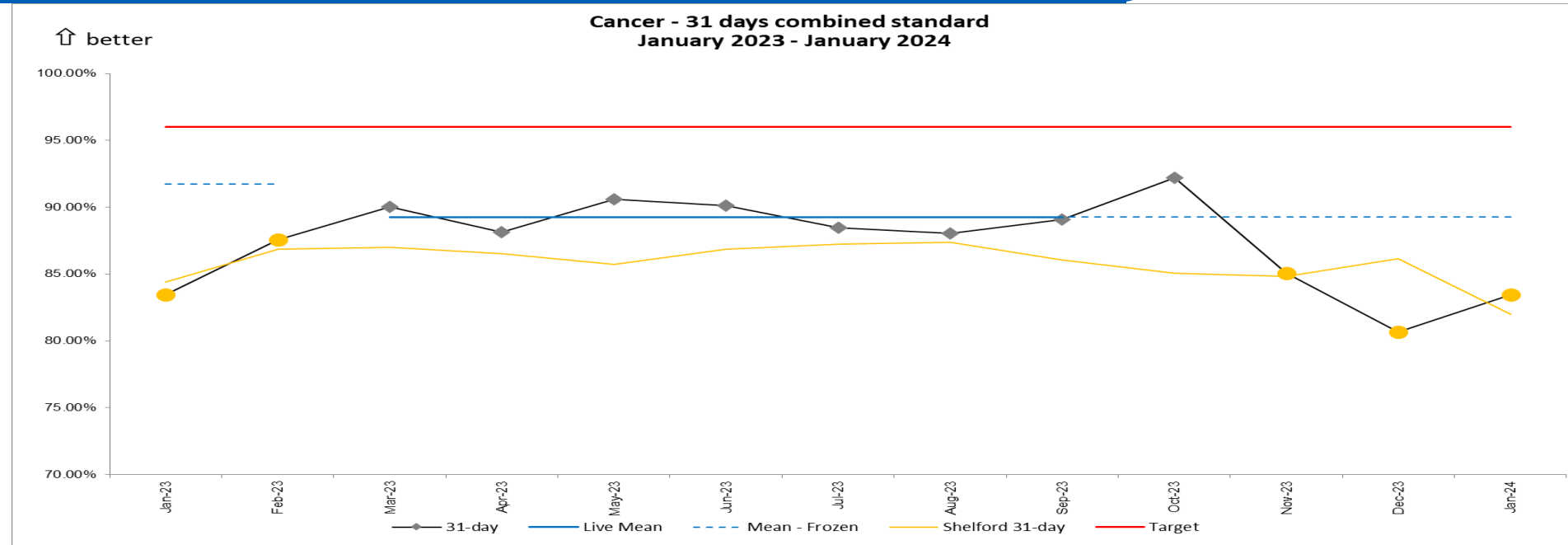
Updates since previous month

CUH continues to fall below target although performance improved slightly to 83.5%. 55.3% of the breaches in January were for surgery; 39.7% of breaches were due to Radiotherapy, 78% of these Radiotherapy breaches are in breast and prostate which are the lowest clinical priority. 56% of surgery breaches are in skin.
The average length of a 31 day pathway for radiotherapy is 38 days and for surgery is 47 days, an increase in length of pathway for surgery.

Current issues

Radiotherapy has experienced a deterioration in performance due to workforce constraints, in line with the national picture there are significant workforce gaps within the Radiographer workforce which would support 2 linac's worth of full time capacity. The team are mitigating as much as possible with additional hours however lower clinical priority patients are waiting on average 5 weeks against the target of 4 weeks for treatment.

Key dependencies

Ongoing prioritisation of theatre allocation to P2/cancer surgery.
Engagement from clinical teams to undertake additional / respond flexibly to available capacity.
Ongoing use of Independent sector to support Breast.
Impact of Industrial Action in February
Workforce constraints in Radiotherapy
Inability to support mutual aid requests from the region for radiotherapy.

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.
Recruitment to vacancies in radiotherapy, and request for agency workforce to support in the short term.

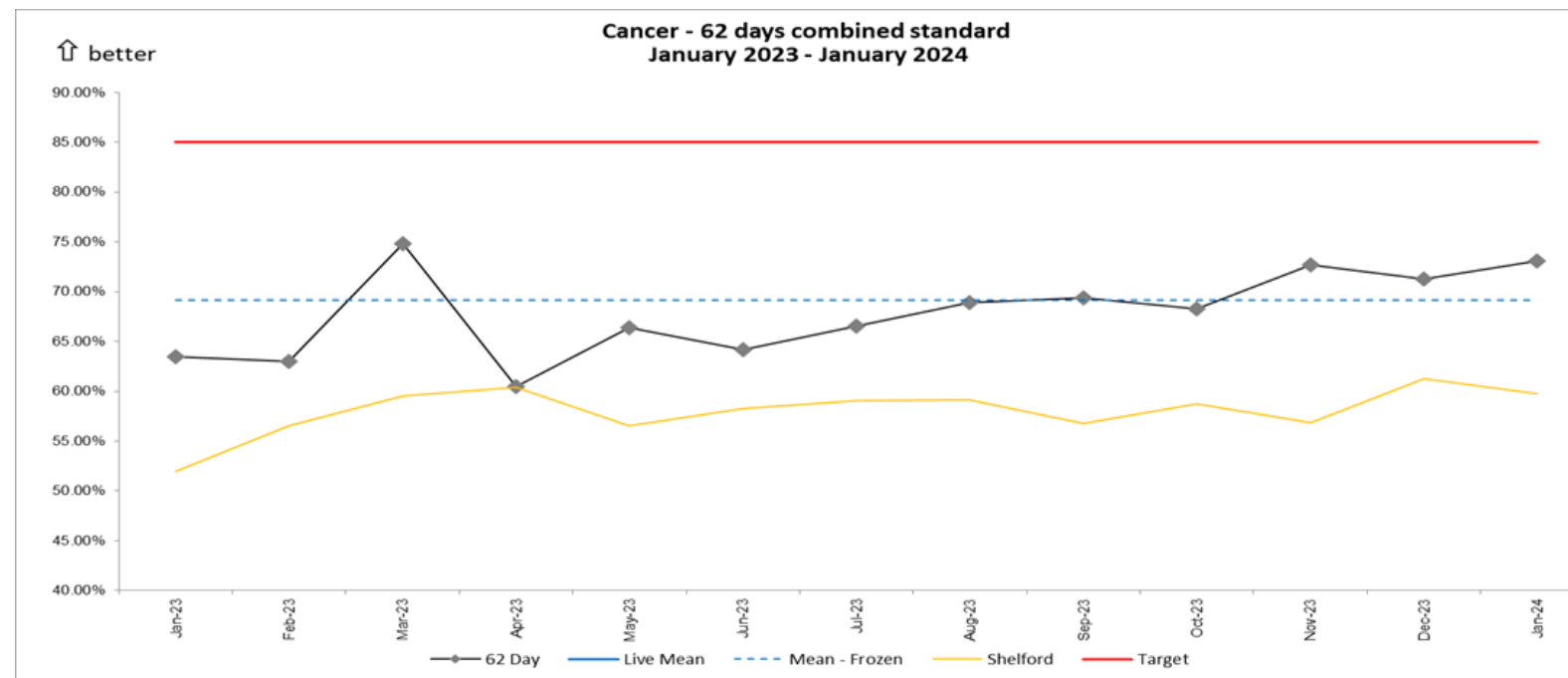# Cancer - 62 days combined referral to treatment

Jan-24	Target
73.0%	85.0%

SPC Variance

Normal variation

Shelford Group Avg (Jan-24)

59.7%

Cancer Site Overview as of 20/03/2024

Site	Backlog
Breast	3
CNS/Brain	1
Gynaecological	7
Head & Neck	10
Other Haem Malignancies	1
Lower GI	11
Lung	1
NSS	0
Upper GI	2
Urological	30
Sarcoma	4
Skin	14
HPB	9
Childrens	0
Symptomatic Breast	0
All	**93**

Cancer - 62 days combined standard
January 2023 - January 2024

⇧ better

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

Updates since previous month

CUH performance remains below target although continues to be higher than the Shelford Group, and is above the national requirement for March 2025 of 70%. 47% of breaches are CUH only patients and of that 79% were due to delays within CUH control such as delayed pathology reporting, outpatient and surgical capacity. 30% of referrals to CUH from regional hospitals were treated in the required 24 days.

Current issues

- Delays in pathology turn around times (currently 32% in 7 days)
- Outpatient and surgical capacity
- Further impact of industrial action
- delays to diagnosis due to capacity (skin) resulting in adverse backlog recovery
- Internal escalation and resolution of internal delays in line with agreed operational policy

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.
- Improved compliance with internal escalation to resolve any delays

Future actions

There is an extensive improvement plan in place which is reviewed monthly; there is a focus on Skin, LGI, Gynae and Head & Neck with specific recovery actions. CUH has a backlog against the 62 standard target of 93 and is required to reduce that further to 87 by 31.03.24, which is on track to be achieved. Urology have continued to see backlog reductions for CUH patients and despite an increase in tertiary referrals performance continues to improve
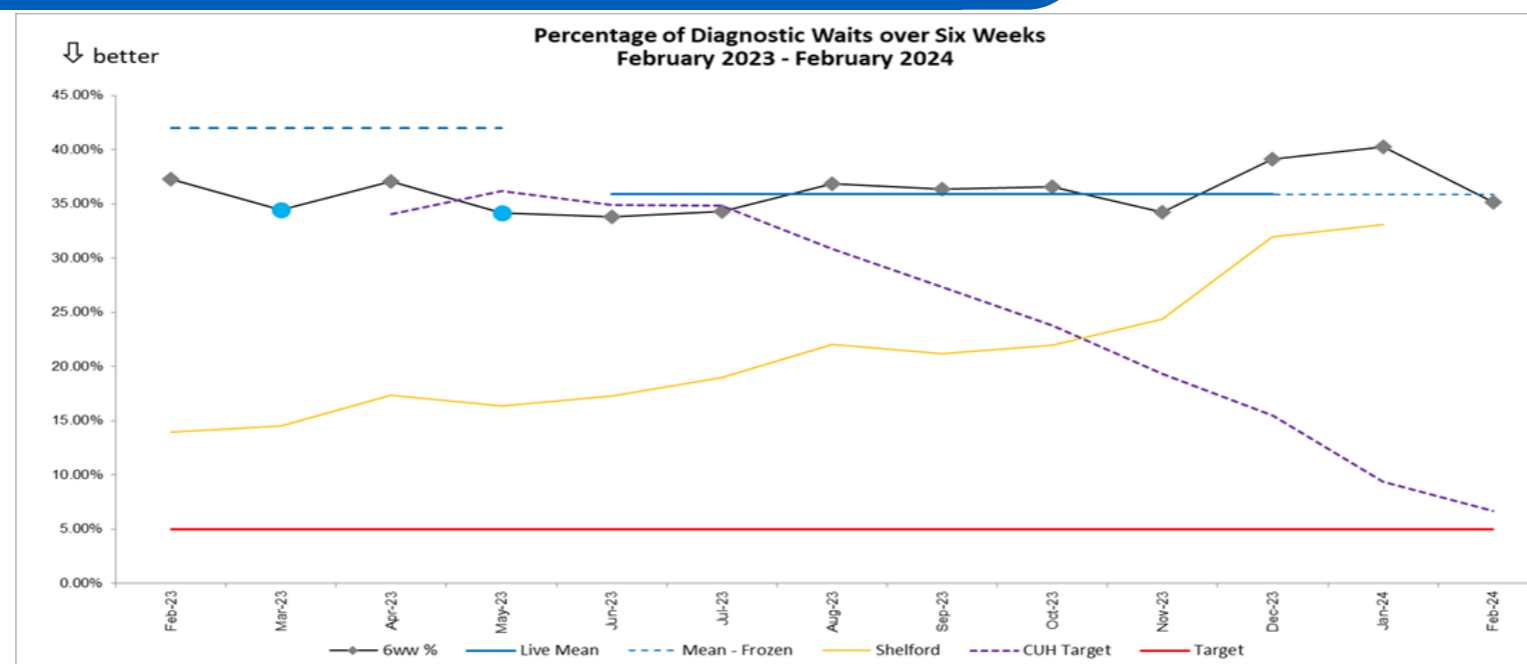
Diagnostic Performance

Feb-24	Plan
35.2%	6.7%

SPC Variance
Normal variation

Shelford Group Avg (Jan-24)
33.1%

Three Month Forecast

Mar-24	Feb-00	#N/A
4.4%	#N/A	#N/A

⇩ better

Percentage of Diagnostic Waits over Six Weeks
February 2023 - February 2024

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

Modality overview

Modality	% >6wks	Breaches
Echocardiography	80.2%	3410
Non obstetric ultrasound	31.0%	739
Audiology	67.8%	10
Magnetic Resonance Img'	20.1%	491
DEXA Scan	1.9%	14
Computed Tomography	6.3%	66
Urodynamics	53.9%	123
Neurophysiology	0.0%	0
Cystoscopy	17.1%	49
Gastroscopy	2.1%	13
Colonoscopy	0.8%	6
Respiratory physiology	43.9%	25
Barium Enema	10.6%	5
Flexi sigmoidoscopy	0.0%	0
Total		**4951**

Updates since previous month

After two months of deterioration, February saw a 5% improvement in 6wk performance to 35.2%.
Seven modalities are now achieving < 5% over 6 weeks, a significant achievement being CT recovering to 1.8%
The total waiting list increased (+127) but the > 6 week cohort reduced (-682).
Ultrasound (-223), Audiology (-199), and MRI (-155) had the greatest reductions in the >6 week cohort.

Current issues

Echo is now 65% of the Trust breaches over 6 weeks.
Activity did increase in February but the Insourcing provider was still >100 below plan in the month. Quality assurance is being undertaken.
43% vacancy rate for cardiac physiologists, but due to 4wte in training posts and unable to practice independently the impact is 64%.
High demand for inpatient echo (25% higher than Feb '23)

Key dependencies

Ongoing use of Insourcing for Echocardiography
Agency/locum staffing and enhanced bank rates whilst recruiting.
Continued delivery of ICB capacity for Direct Access Community Ultrasound to manage demand.
Achieving planned activity levels at the CDCs particularly during MRI MAG 3 replacement and for Echo and Ultrasound.

Future actions

An Invitation to Tender for a longer term contract for Echo for both CUH and the CDC is underway.
Opportunity to redirect some appropriate Audiology activity to Specsavers agreed with ICB. Start date TBC.
CDC Ultrasound operational from end February.
Agreement to continue with mobile MRI at the Ely CDC site and not at Wisbech. Extension for three months until MAG 3 refurb is complete in July.

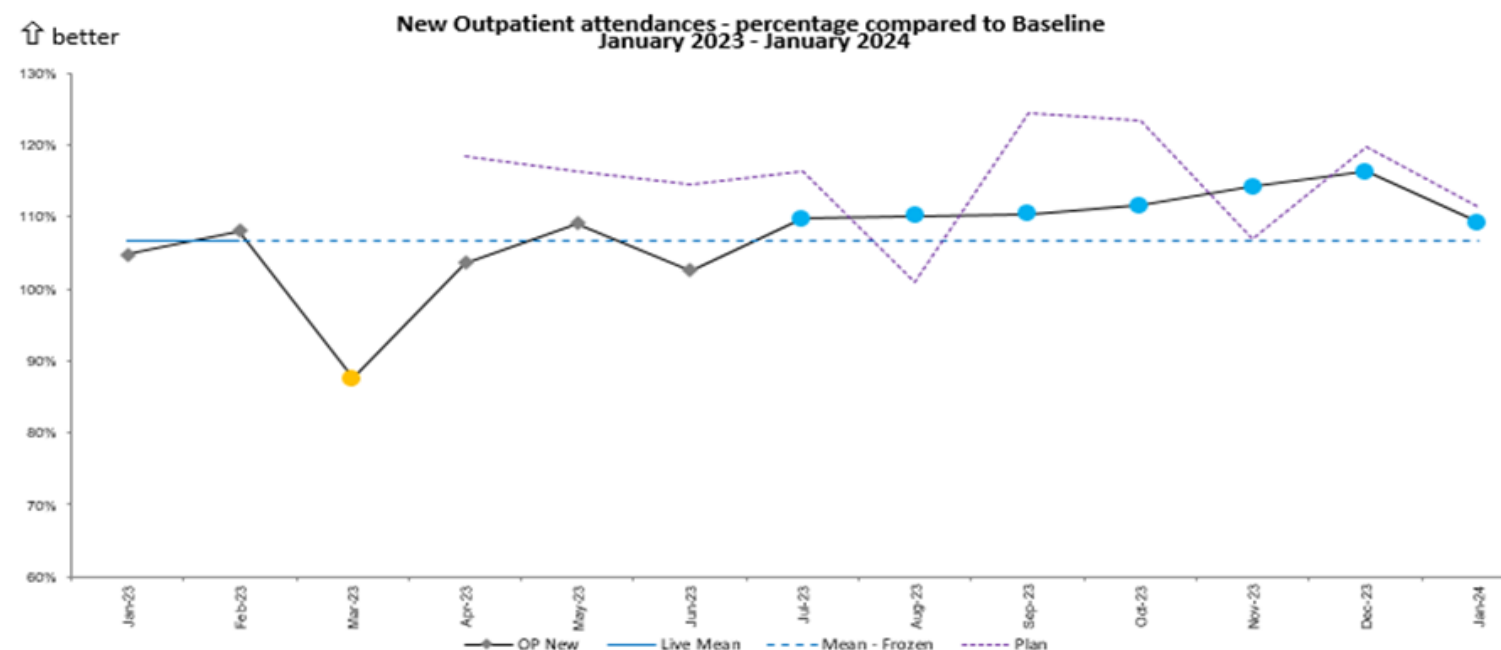# New Outpatient Attendances - % vs. Baseline

Feb-24	Plan
110.3%	119.5%

SPC Variance
Positive special cause variation

Shelford Group Avg (Jan-24)
N/A

Three Month Forecast
Mar-24	Apr-24	May-24
118.5%	#N/A	#N/A

⇧ better

New Outpatient attendances - percentage compared to Baseline January 2023 - January 2024

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

Divisional overview

Division	Performance
A	121.5%
B	109.9%
C	90.4%
D	109.0%
E	104.3%

Updates since previous month
CUH new activity remains adversely below the 115% CUH target for end March 2024. The median rate of new activity has increased to 104.4% since July 2023. The most recent data point for February 2024 sits at 110.3%. Divisions A is the strongest performing currently for new activity against the 19/20 baseline.

Current issues
The number of new outpatient appointments on the waiting list remains high at 63,090 in February 2024. However, the rate of rise per month has slowed with a significant trend downwards in the rate of rise for the last 6 months, reaching a current median of - 0.5%.

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

Future actions
We have asked that specialties use the GIRFT Outpatients guidance and further faster checklist in August / September 2023, to help implement further action, and also use the NHSE data opportunity tool that enables specialties to benchmark with and learn from other Trusts e.g. on new: follow up ratio, virtual, PIFU, DNA and other rates.
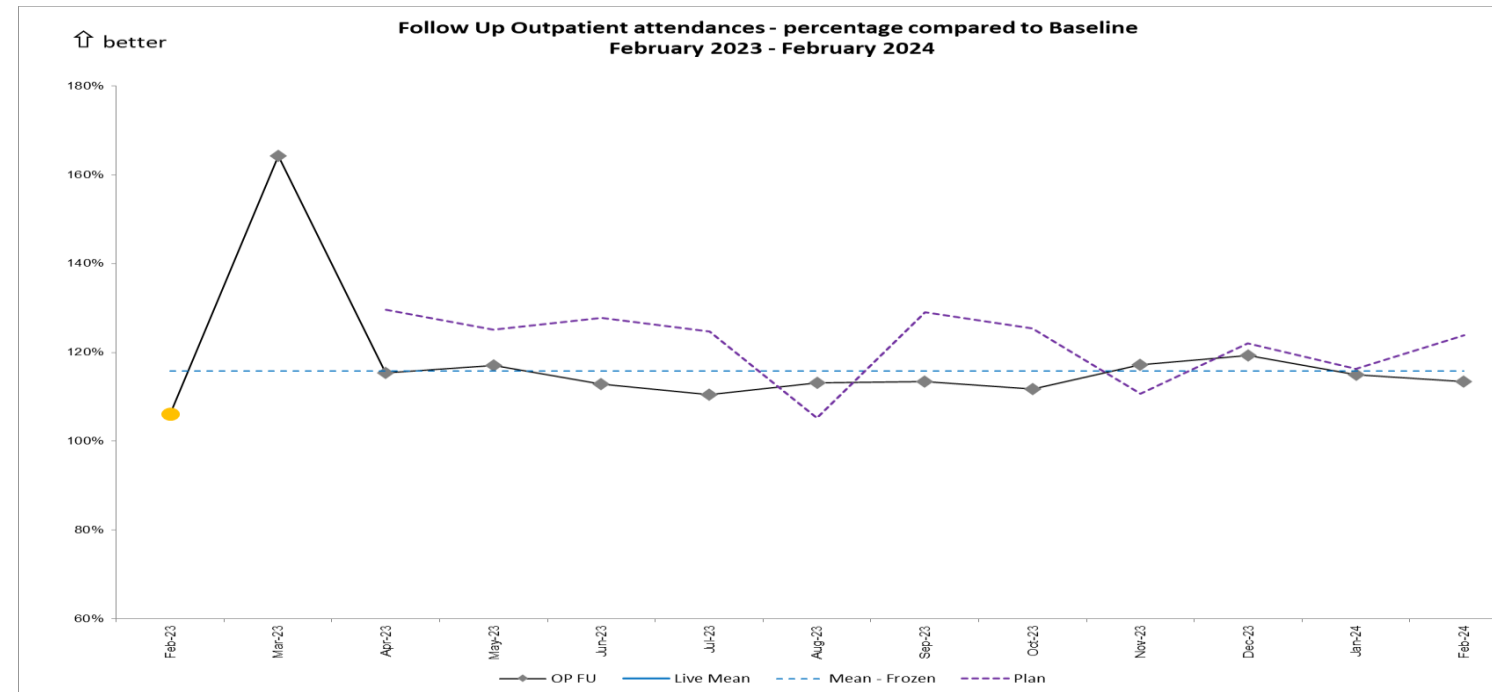
Follow Up Outpatient Attendances - % vs. Baseline

Feb-24	Plan
113.5%	123.9%

SPC Variance

Normal variation

Shelford Group Avg (Feb-24)

N/A

Three Month Forecast

Mar-24	Apr-24	May-24
121.7%	#N/A	#N/A

Follow Up Outpatient attendances - percentage compared to Baseline
February 2023 - February 2024

⇧ better

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

Divisional overview

Division	Performance
A	107.8%
B	128.0%
C	106.2%
D	106.9%
E	127.3%

Updates since previous month

CUH follow up activity increased in 2023 and remains adversely 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 of this increase is driven by non-consultant follow ups which were not recorded in 2019/20, now being recorded. The national target to reach 75% by end 2023/24 will not be met.

Current issues

The number of overdue follow-ups remains high, reaching 57,107 in February 2024. 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 period.

Updates since previous month

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. 6 specialties are currently using PNP, 4 more have PNP clinics built and available
in Epic but completed PNP appointments have not yet been recorded on CHEQS. A further three specialities are in
the eHospital PNP build pipeline, and others are
having planning discussions to introduce PNP.

Updates since previous month

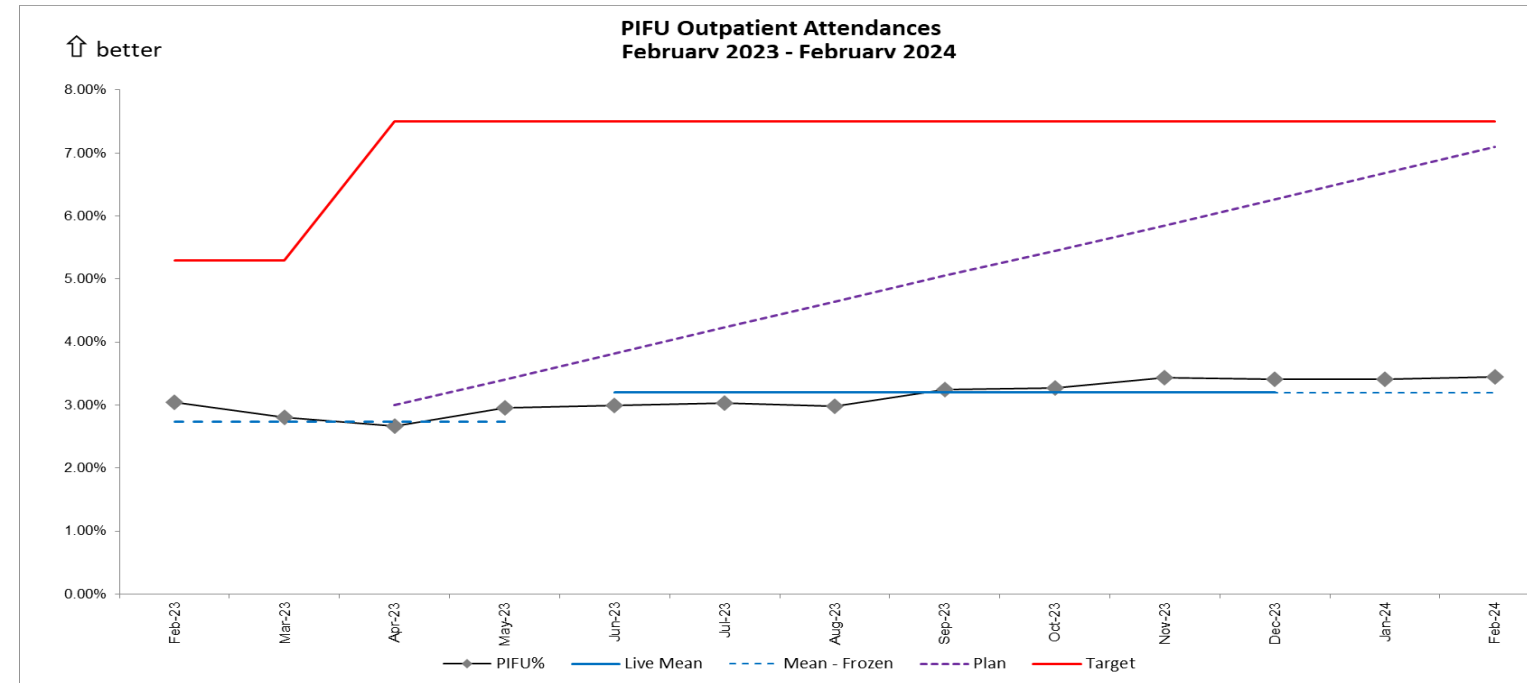eHospital and operational resources need to be prioritized to support increased pace.

PIFU Outpatient Attendances

Jan-24	Plan
3.4%	6.7%

SPC Variance
Positive special cause variation

Shelford Group Avg (Jan-24)
N/A

Three Month Forecast
Feb-24	Mar-24	Apr-24
7.1%	7.5%	#N/A

PIFU Outpatient Attendances
February 2023 - February 2024

⇧ better

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

Divisional overview
Division	Performance
A	7.1%
B	4.2%
C	2.0%
D	2.1%
E	2.8%

Updates since previous month
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. 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 February 2024 is 4.4%. Division A is the only Division to meet, and exceed, the 7.5% target.

Current issues
No technical issues but slow adoption clinically.

Key dependencies
CHEQS data shows the correlation between PIFU and reduced follow ups. As of 18 March 2024, of the 82,988 PIFU orders placed since 2019 – 51,186 have expired. 90.4% expired with no follow up taking place which equates to 46,280 follow ups being saved / avoided due to a PIFU being in place.

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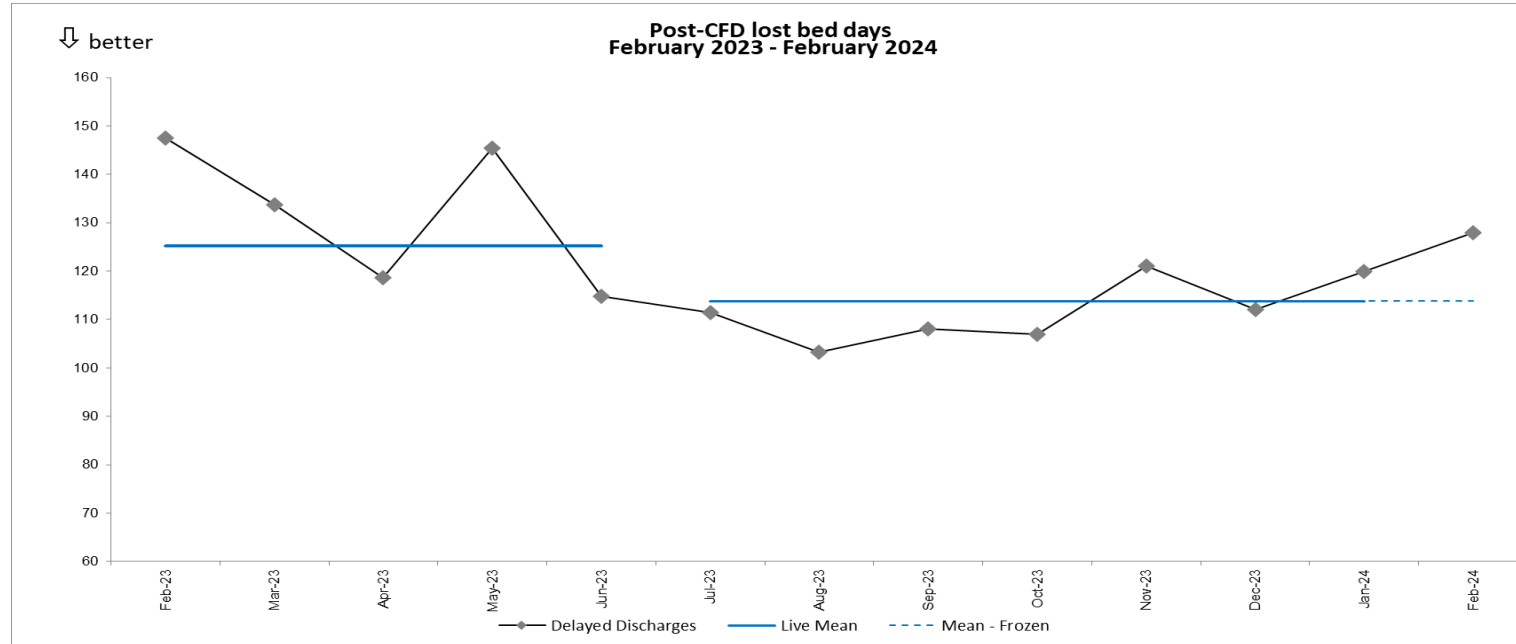
Delayed discharges

Feb-24	Target
128	N/A

SPC Variance
Normal variation

Shelford Group Avg (Feb-24)
N/A

Beds lost to delays - by pathway

Pathway	Beds lost
Pathway 1	46
Pathway 3	23
Pathway 2	30
Pathway 0	26
Internal Assessments	2
External Assessments	0
Triage	1
Unknown	0
Total	**128**

⇩ better

**Post-CFD lost bed days
February 2023 - February 2024**

Legend: —●— Delayed Discharges —— Live Mean - - - - Mean - Frozen

Updates since previous month
- In February the Trust lost 128 beds to patients who remained in the Trust past their final clinically fit date
- This is higher than the 120 beds lost in January but lower than the average of 137 beds lost per month during 2022/23

Current issues
- The largest single cause of lost beds was patients waiting for a package of care on pathway 1 (care at home)
- Of the total beds lost, one third was due to internal processes, including therapy assessments

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 (LoS) during 2024/25
- Work is currently underway to identify improvements to complex discharge pathways as part of the LoS programme for 2024/25.

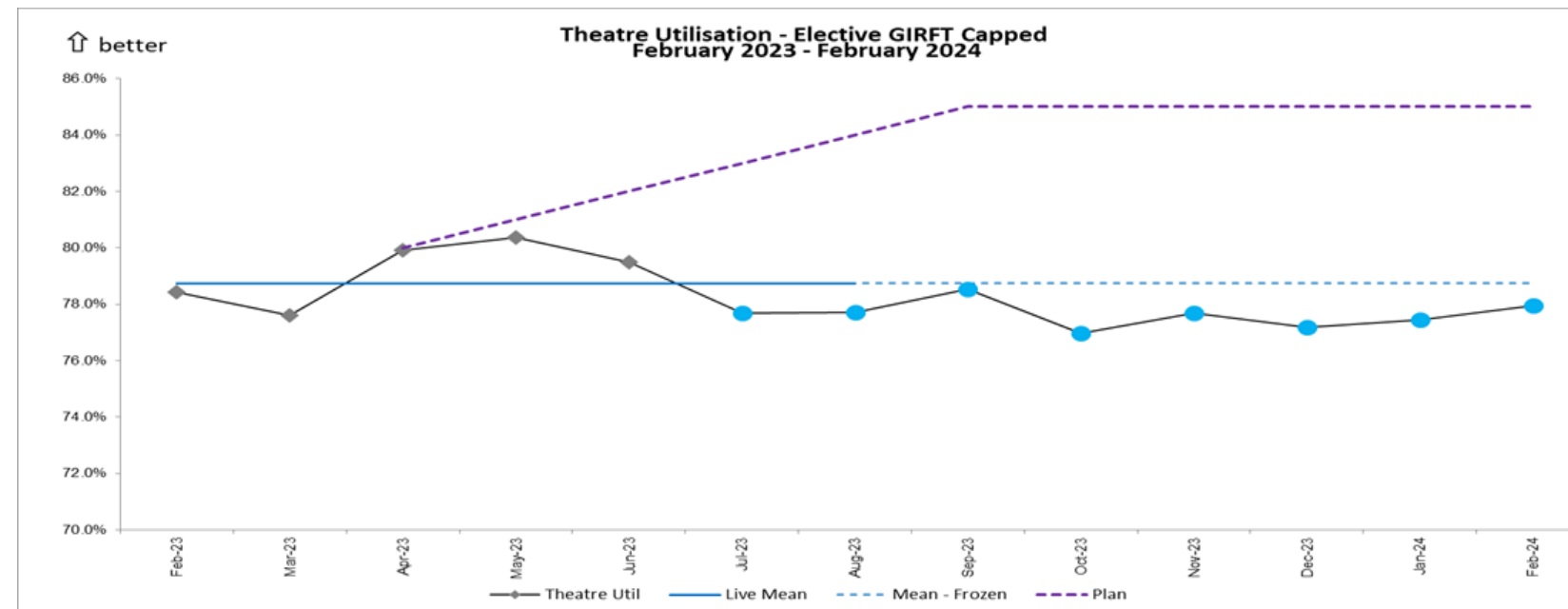# Theatre Utilisation - Elective GIRFT Capped

NHS
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Feb-24	Plan
78.0%	85.0%

SPC Variance
Normal variation

Performance in the 2 weeks to 25/02/2024
CUH	77.4%
Shelford Grp Median	78.5%

Three Month Forecast
Mar-24	Apr-24	May-24
85.0%	#N/A	#N/A

Utilisation by department
Department	Utilisation
ATC	80.1%
Main	77.5%
Rosie	81.6%
CMSH	82.0%
CEU	70.2%
Ely	74.2%
All	**78.0%**

Theatre Utilisation - Elective GIRFT Capped
February 2023 - February 2024

⇧ better

Legend: Theatre Util — Live Mean — Mean - Frozen — Plan

Updates since previous month
Capped Utilisation across February was 78.0%.
Excluding the Industrial Action period increases performance to 78.2%.
Performance remains in Quartile 2, with Sheffield being the only Shelford peer in top quartile in latest data.
Sessions used were 89.6% improving to 94.6% with Industrial Action dates excluded but below our 95% aim.

Current issues
Only Breast services achieved over 85% utilisation in month, with a further eight above 80%. Ten were below 70% but these represent only 5% of used sessions.
Short notice cancellations were 351 this month and again Ophthalmology have the highest volume at 68.
Overall 26% of cancellations were for clinical reasons, 13% patient initiated and up to 23% due to bed pressures. 24% 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 and teams have been presenting their standby patient plans to Surgery Programme Board (SPB)
Ophthalmology has reviewed their pre-assessment resource and identified productivity improvements.
The surgical elements of the GIRFT Further Faster Handbooks are being self-assessed and presented back to SPB for opportunities to adopt practice.
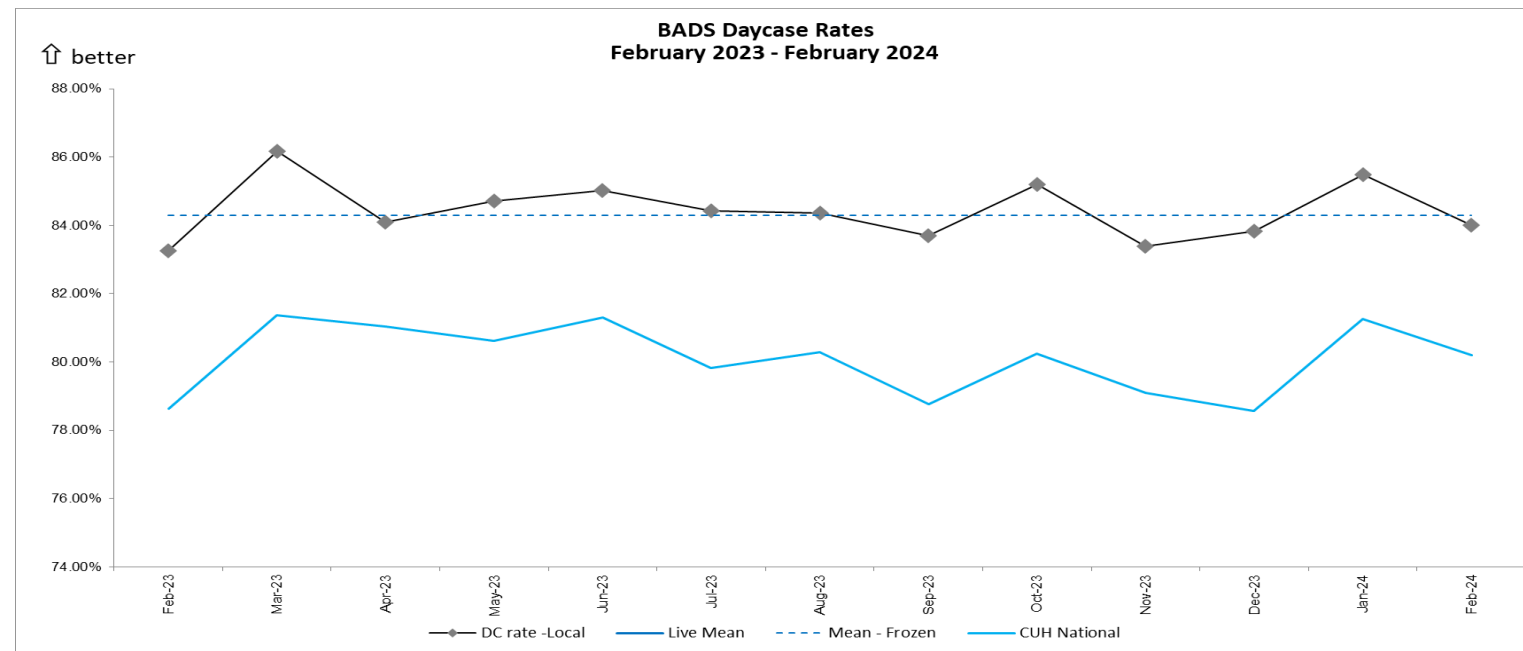
Author(s): Linda Clarke   Owner(s): Nicola Ayton

BADS Daycase Rates

Feb-24	Target
84.0%	N/A

SPC Variance
Normal variation

Performance in the 3 months to end of Nov 23
CUH	76.9%
Shelford Grp Median	78.0%

BADS Section Day Case Rate for HVLC focus areas

	3 months to end of Nov '23			Jan-24
Specialty	CUH	Shelford	Quartile	Local
Orthopaedics	84.8%	82.8%	2	93.7%
ENT	70.9%	81.5%	1	81.1%
General	66.0%	68.0%	1	69.4%
Gynaecology	49.1%	62.6%	1	73.6%
Ophthalmology	97.2%	97.6%	1	99.4%
Urology	66.0%	69.1%	2	67.0%

BADS Daycase Rates February 2023 - February 2024

⇧ better

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

Updates since previous month
Model Hospital GIRFT data has not been updated since last month and we therefore remain in quartile 1. CUH equivalent data would be 77.4% for February.
Local BADS reporting for zero LOS reflects a drop to 84% in month, below the expected 85% GIRFT target. ENT, General, Gynaecology and Urology sections had lower performance.

Current issues
Inaccurate listing of Intended Management. 51 zero LOS BADS procedures listed as inpatients.
25% of the >0 LOS. were in Urology of which 62% were bladder biopsies and lesion resections. 9% were ENT Thyroid procedures and 7% Lap choles.
64% >0 LOS were 23hr stay on L2 or F3, therefore 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.
Guidance on correct listing in EPIC being reprovided for surgical teams.
HPB Surgeons reviewing the use of intraoperative cholangiography in cholecystectomy

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

Discharge Summaries

Discharge Summary Letters (Weekly)

Percent of discharge summaries sent in under 2 days
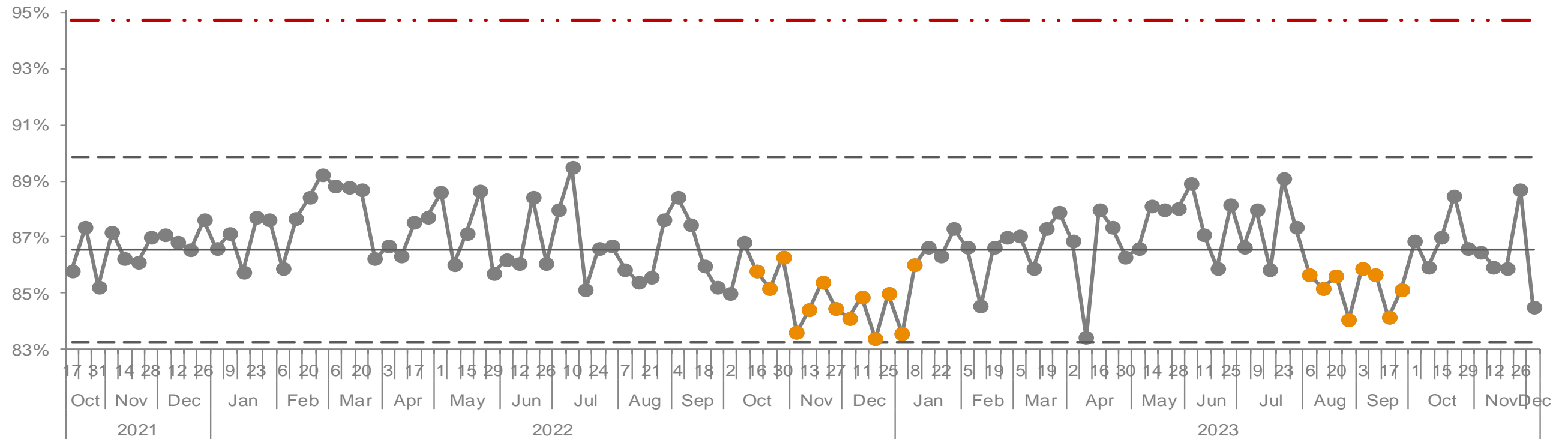
Discharge summaries

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

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

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

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

Patient Experience - Friends & Family Test (FFT)

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 - Feb 24	Month	-	93.0%	95.0%	(L)	S7	-	For February, the Good and the Poor FFT scores remained exactly the same compared to January. The Good score of 93% has not changed since the Nov score of 91.8%. The Poor score of 4.0% is high compared to the previous months of 3% and lower (Dec was 2.2%). **FOR FEB: there were 282 FFT responses collected from approx. 3,896 patients.**
FFT Inpatient poor experience score	Jul 20 - Feb 24	Month	-	4.0%	2.0%	(H)	SP	-	
FFT Outpatients good experience score	Apr 20 - Feb 24	Month	-	94.6%	94.8%	(L)	S7	-	For February, the Good and Poor FFT scores remained the same compared to January. The Good score above 94% is very good and has been fairly consistent for the year. The Poor score of 2.5% is excellent, and the lowest for the year. There are 5 paediatric FFT responses for Feb. **FOR FEB: there were 5,281 FFT responses collected from approx. 28,697 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 - Feb 24	Month	-	2.5%	2.5%	(H)	S7	-	
FFT Day Case good experience score	Apr 20 - Feb 24	Month	-	97.0%	96.4%		-	-	For February, the Good score increased 2% compared to January and is the highest score of the year. The Poor score also improved by 1% compared to Jan and 1.5% is one of the lowest scores for the year. **FOR FEB: there were 1,2389 FFT responses collected from approx. 4,558 patients.**
FFT Day Case poor experience score	Apr 20 - Feb 24	Month	-	1.5%	1.8%		-	-	
FFT Emergency Department good experience score	Apr 20 - Feb 24	Month	-	74.8%	82.4%	(L)	S7	-	For February, the Good score decreased by 3% compared to January and 74.8% is the lowest score for the year. The Poor score did not change compared to January and 13.7% is one of the highest scores for the year. Both adult and paediatric ED Good scores decreased by 3%, and the Poor scores increased by 1%. **FOR FEB: there were 1024 FFT responses collected from approx. 5,726 patients.**
FFT Emergency Department poor experience score	Apr 20 - Feb 24	Month	-	13.7%	10.7%	(H)	S7	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Feb 24	Month	-	92.6%	94.1%	(L)	S7	-	**FOR FEB:** Antenatal had 14 FFT response - 93% Good/0% Poor; Birth had 36 FFT responses out of 439 patients - 91.7% Good/ 0% Poor; Postnatal had 86 FFT responses: LM had 58 FFT with 89.7% Good/7% Poor, DU had 1 FFT with 100% Good, BU had 25 FFT with 100% Good, COU had 2 responses with 100% Good. 0 FFT responses from Post Community. **FEB MATERNITY OVERALL:** Good score increased by 10% and Poor score decreased by 7% from 136 FFT responses.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Feb 24	Month	-	3.0%	2.3%	(H)	S7	-	

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. There is a concern of the very <u>low number of inpatient FFT collected in February = 282 /19 wards did not collect any FFT data.</u>

February FFT scores were very mixed with some not changing, and other scores improving or declining, compared to January. Inpatients and outpatients Good and Poor scores remained the same. Day case FFT Good score improved by 2% and the Poor score also improved by 1%. ED FFT are the only scores that declined, which was from both adult and paediatrics. Overall the ED Good score declined by 3% and the Poor score increased slightly by 0.4%. The ED paediatric Poor score increased by 1% but the adult score only increased by 0.6%.

Overall maternity FFT scores greatly improved compared to January, which was the worst month for the year. While Antenatal Good score declined by 7%, the rest of maternity improved. Birth Good score improved by 7% and Poor score improved 9%. Postnatal Good score improved by 12%, the Poor score improved by 6%. In addition, Lady Mary continued to greatly improve the number FFT collected.

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	Feb 20 - Feb 24	month	-	71	55	H	SP	-	The number of complaints received between Feb 2020 - February 2024 is higher than normal variance.
% acknowledged within 3 days	Feb 20 - Feb 24	month	95%	98%	73%		-	?	70 out of 71 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	Feb 20 - Feb 24	month	50%	52%	30%	L	S7	?	46 complaints were responded to in January, 24 of the 46 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	Feb 20 - Feb 24	month	80%	52%	87%	L	SP	?	24 out of 46 complaints responded to in February were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Feb 20 - Feb 24	month	-	14%	34%		-	-	There were 9 complaints graded 4 severity, and 1 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Feb 20 - Feb 24	month	-	34	32	L	S7	-	34 Compliments were registered during February and sent onto relevant staff for information

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

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

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

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

PHSO - There were no cases taken for investigation in February 2024 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 10. 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	Feb-24	Mean	Variance	Comments
Total inpatient and Emergency department deaths		**124**	*137*	～	
Total Emergency Department and Inpatient deaths **per 1000 admissions**		**7.7**	*8.6*	～	
Emergency department deaths per 1,000 attendances	March 2019 - February 2024	**0.2**	*0.9*	～	
Inpatient deaths by 1,000 admissions		**9.2**	*10.3*	～	
NON-elective admission deaths by 1,000 admissions		**37**	*28.8*	～	
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)		**19%**	*19.8%*	～	In February 2024, 23 SJRs were commissioned.

HSMR by Month

SHMI by Quarter

Phases of care
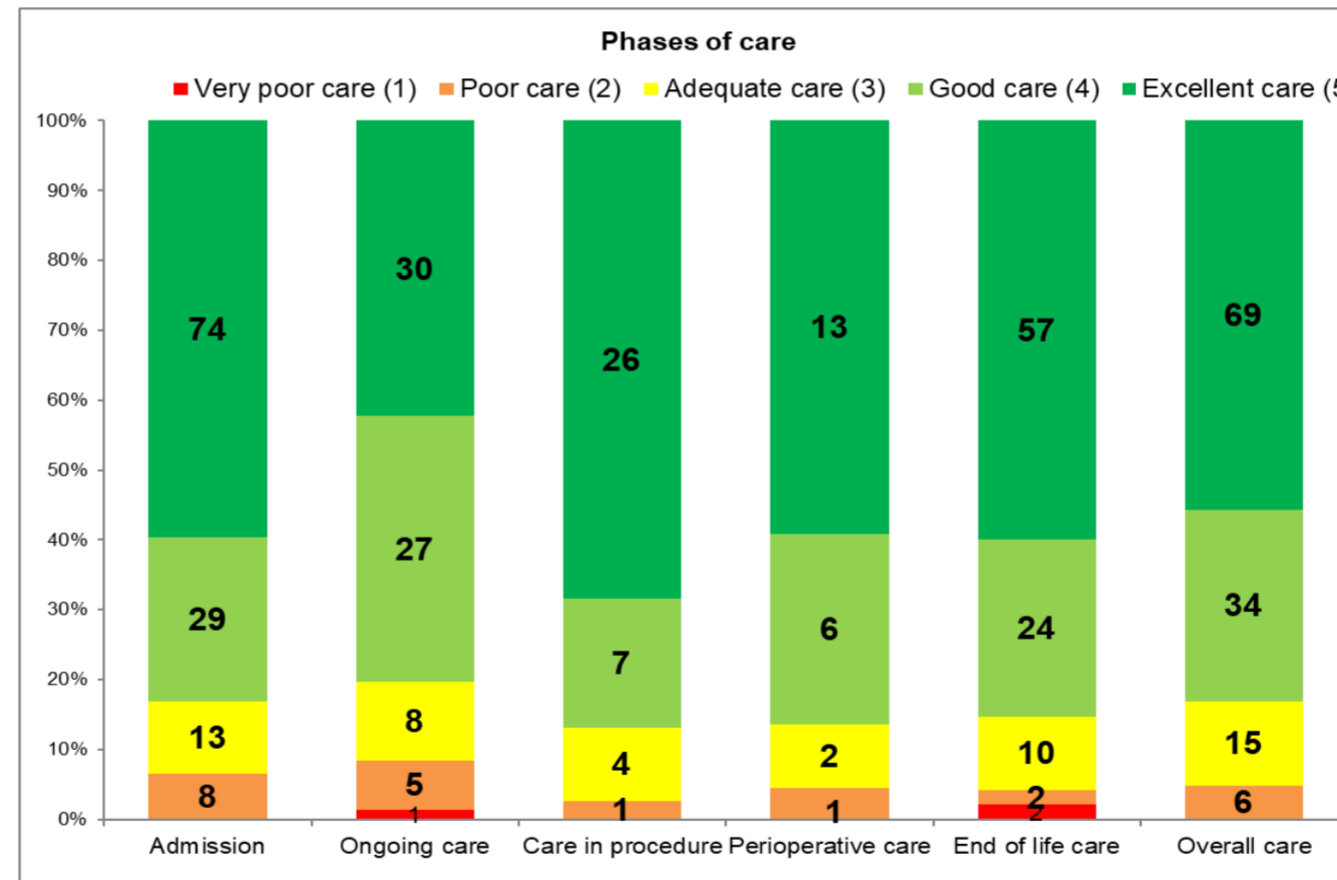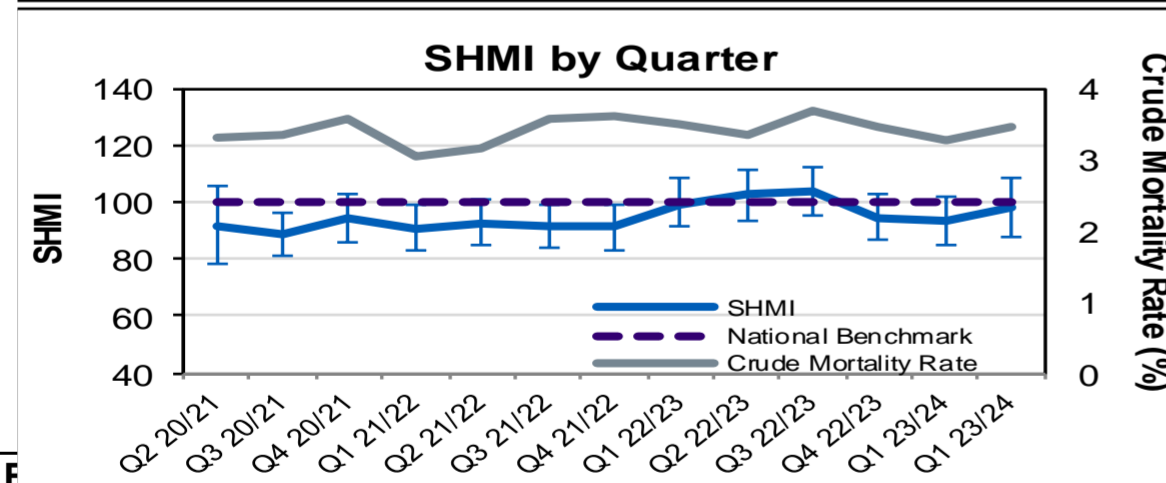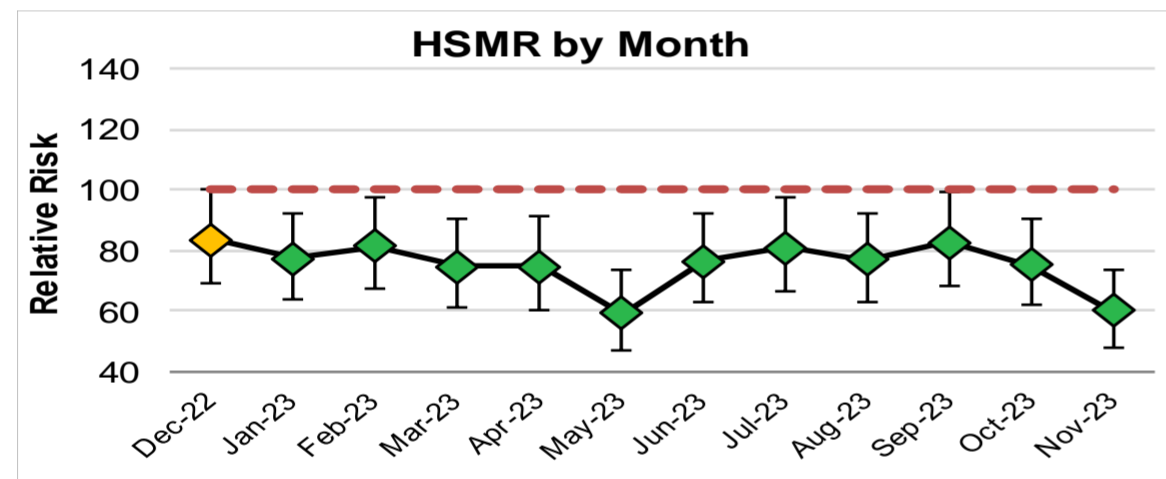
**HSMR -** The rolling 12 month (December 2022 to November 2023) HSMR for CUH is 75.31, this is 3rd lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 89.54.

SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, September 2022 to August 2023 is 97.88.
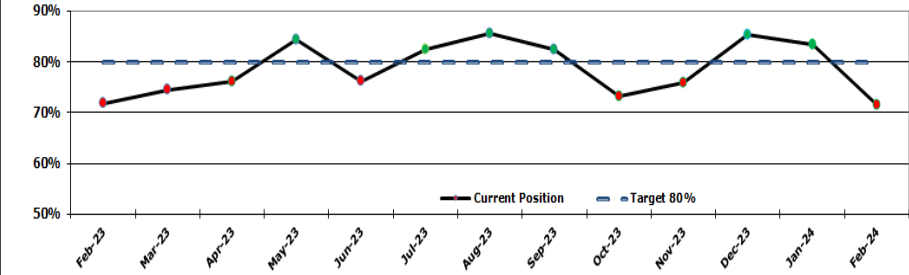
Alert - There are 0 alerts for review within the HSMR and SHMI dataset this month.

Stroke Care

4 hours admission to SU (chart: Denominator, Breached 4hrs, Nominator, % 4h Admission to SU if applicable, % Target)
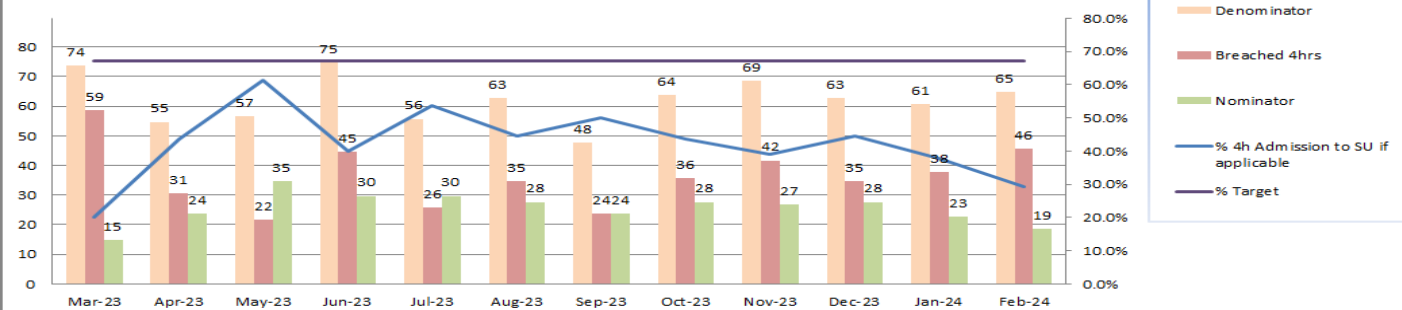
Stroke Patients Spending > 90% of Time on Stroke Unit (Current Position, Target 80%)

4hr admission to SU	Pts
Admitted for other reason, found stroke in CT	1
Awaiting senior Review	11
Complex pt	1
Inpatient stroke. Appropriately placed. Palliative	1
Not referred on arrival	4
Patient unwell	1
Stroke Bed Capacity	5
Trust Bed Capacity	19
Unsure if new stroke. MRI confirmed	2
Unsure if stroke. CT confirmed	1
Grand Total	**46**

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%)
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%
Jan-24	2	6			2						3			13	83.5%
Feb-24	7	8			1	1					4	1		22	71.4%
Summary	**16**	**84**	**0**	**5**	**19**	**16**	**3**	**2**	**3**	**0**	**32**	**5**	**0**	**185**	

90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for February 2024= **71.4%**

Trust and Stroke bed capacity (15) were the main factors contributing to breaches last month, with a total of 22 breaches in February 2024.

4hrs adm to SU (67%) target compliance was not achieved in February 2024= 29.2%

Key Actions

Work continues to protect 2 x ring-fenced beds on R2 (one male and one female)

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 recruited February 2024, start date tbc

National SSNAP data shows Trust performance from Oct - Dec 2023 at Level B.

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.
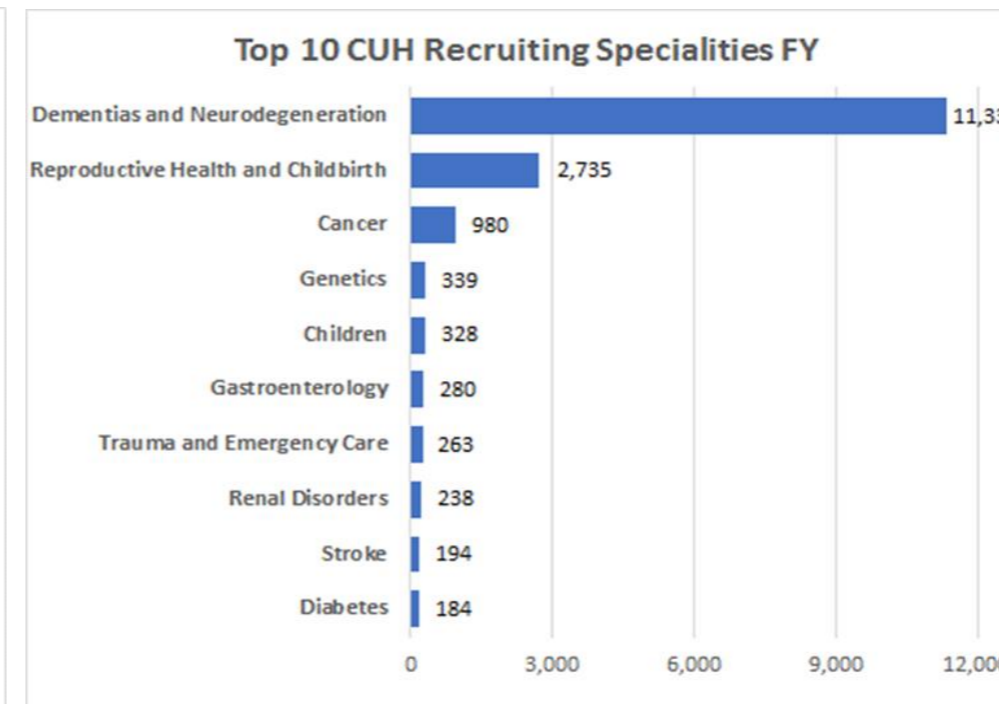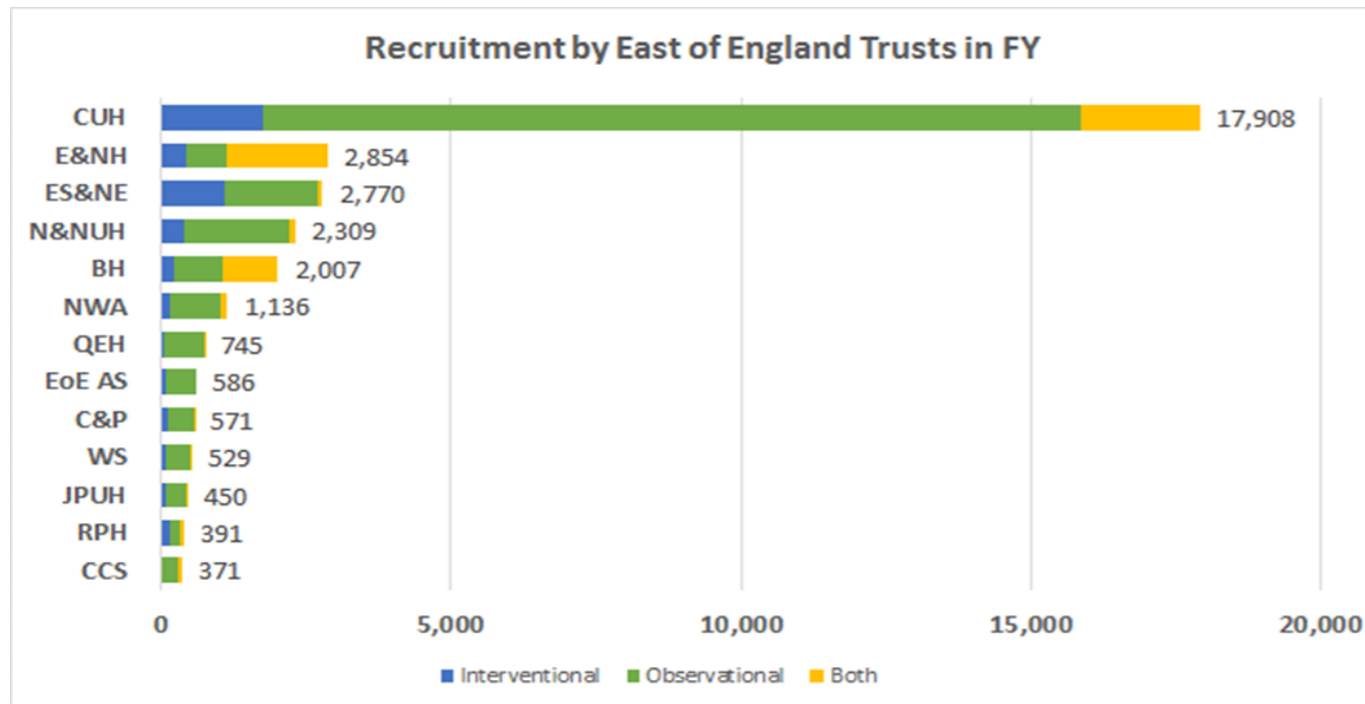
Working with acute med team to establish TIA ambulatory service in clinic 5 to help support admission avoidance and reduce presentations in ED. We have worked through pathway with Acute Medicine and the plan is to go live April 2024

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

Clinical Studies

Total Trust Recruitment in FY

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		

Recruitment by East of England Trusts in FY

Trust	Value
CUH	17,908
E&NH	2,854
ES&NE	2,770
N&NUH	2,309
BH	2,007
NWA	1,136
QEH	745
EoE AS	586
C&P	571
WS	529
JPUH	450
RPH	391
CCS	371

Legend: ■ Interventional ■ Observational ■ Both

Top 10 CUH Recruiting Specialities FY

Speciality	Value
Dementias and Neurodegeneration	11,334
Reproductive Health and Childbirth	2,735
Cancer	980
Genetics	339
Children	328
Gastroenterology	280
Trauma and Emergency Care	263
Renal Disorders	238
Stroke	194
Diabetes	184

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

Maternity Dashboard

NHS
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Compliance

Assessed compliance with CNST MIS 10 Safety Actions Yr 5

	Please identify unit	CUH
1	Perinatal Mortality review tool	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

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

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)		

Maternity Dashboard

Clinical Outcome Measures

KPI (see final slide for detail)	Measurement / Target		Numerator	denominator	%
Massive Obstetric Haemorrhage ≥ 1500 mls	Vaginal birth	3.30%	**9**	**238**	**3.78%**
(as per NMPA descriptor, slide 8)	Caesarean	4.50%	7	165	**4.24%**
3rd & 4th degree tear	SVD (unassisted)	Unassisted 2.5%	2	191	**1.05%**
(as per NMPA descriptor, slide)	Instrumental (assisted)	Assisted 6.3%	2	43	**4.65%**
Caesarean section (%age)	(see guidance document)	overall rate not required			
(primip, singleton , ceph, over 37/40, spontaneous labour)	Robson Group 1	N/A	14	78	**17.95%**
[primip, singleton, over 37/40, who had labour induced (2a) or LSCS prior to labour (2b)]	Robson Group 2 / **2**	N/A	53	99	**53.54%**
	Robson Group 2 / **2a**		36	82	**43.90%**
(Multip, at least 1 uterine scar, singleton, ceph, over 37/40)	Robson Group 5	N/A	53	61	**86.89%**
Smoking at time of delivery			12	438	**2.74%**
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))	502	5446	**9.22%**
	16+0 - 23+6 (SBLCBv3)	%age of all singleton births (live & stillborn)	1	431	**0.23%**
	24+0 - 36+6 (SBLCBv3)	%age of all singleton births (live & stillborn)	30	431	**6.96%**

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

KPI (see final slide for detail)	Measurement / Target		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)				
	%age of total admissions that were avoidable				
Optimisation (metrics to be determined locally as per SBLBCv3) **please see the implementation tool for technical guidance**					
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 %				
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%				
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%				
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%				
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%				
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%				
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%				

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

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

KPI	Goal	Target	Measure	Data Source	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Activity													
Births	For information	N/A	Births per month	CHEQs	443	472	469	446	438	447		5457	
Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	In area booking appointments	Epic	86.75%	99.09%	94.74%	95.86%	97.31%	97.65%			
Booking Appointments	For Information	N/A	Booking Appointments	Epic	400	330	352	290	372	298			
Vaginal Birth (Unassisted)	For Information	N/A	SVDs in all birth settings	CHEQs	49.89%	51.48%	48.83%	45.52%	51.50%	56.60%			
Home Birth	For Information	N/A	Planned home births (BBA is excluded)	CHEQs	1.13%	1.69%	0.85%	1.57%	0.68%	0.22%			
Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	CHEQs	16.93%	15.04%	13.86%	12.78%	18.26%	14.99%			
Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	CHEQs	29.03%	37.96%	43.16%	36.00%	29.16%	45.00%			
Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	CHEQs	9.48%	10.17%	11.94%	12.33%	10.50%	10.07%			
CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	CHEQs	40.18%	37.71%	38.38%	42.15%	37.90%	43.18%			
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	18.50%	12.90%	24.30%	20.50%	20.50%	17.95%			
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	51.00%	57.30%	48.10%	48.50%	55.20%	53.54%			
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	1:3.53	1:5	1:2.08	1:2.82	1:3.31	1:3.79			
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	91.5%	77.4%	77.3%	80.3%	74.1%	86.9%			
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	68.5%	60.1%	61.7%	64.4%	67.4%	63.8%			
Induction of Labour rate	For Information	N/A	Percentage of women induced for birth	CHEQs	34.18%	31.84%	31.66%	30.59%	32.87%	34.23%			
Delay in commencement of Induction (IOL)	0%	<10%	Percentage of Inductions where Induction commencement was postponed >2 hours (flag 1)	CHEQs	34.88%	28.74%	25.95%	22.65%	32.77%	28.28%			Manual review of Feburary's IOL Red Flag data
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	15.00%	14.37%	10.81%	11.05%	32.08%	36.36%			CQC workstream for IOL improvements in place for 'should do'. Large increase in figure this month due to data quality checking to ensure reporting robust. ARMable status is under documented (N=21), underreporting the denominator. True denominator is 53. 17 women waited longer than 6 hours.
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%	7%	6%	0%	1%	3%			
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%	97%	99%	100%	100%	100%			
Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	1	1	2	5	3	2			
Total number of hours on divert	For information	N/A	Hours:minutes	Rosie Diverts	18.08	21.25	30.20	70.00	57:15	61:20			
Admissions to Rosie during divert status	For information	N/A	Number of women admitted to the Rosie during divert based on Admissions Report	CHEQs	12	10	21	32	25	28			
Number of women giving birth in another provider organisation due to divert status	For information	N/A	Whole number of pregnant women	CHEQs	1	1	1	3	2	5			
Number of IUTs declined due to maternity services capacity/staffing	0	0	Whole number of pregnant women	EBS data	1	0	1						Reported 1 month behind.

Maternity Dashboard

Workforce

Metric	Target	Threshold	Description	Source									Trend	Comments
Midwife/birth ratio (actual)**	1:24	<1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:25.1	1:23.1	1:22.4	1:22.5	1:22	1:21				
Midwife/birth ratio (funded)**	For information	1.24.1	Total clinical midwife funded WTE*/Births (rolling 12 month average based on the BR+ methodology)	Finance	1:23.2	1:23.1	1:23.1	1:23.1	1:23.2	1:23.3				
Supernumerary Delivery Unit Coordinator	100%	≥95%	Compliance with Delivery Unit coordinator remaining supernumerary (no high risk 1:1 or labour 1:1 care	BR+ RF11	100%	98%	100%	100%	100%	100%			(H)	
Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	4.37%	4.49%	4.54%	4.64%	4.69%					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	92.7%	91.1%	91.4%	91.3%					(H)	Reports two months 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	82.60%	94.56%	92.41%	89.67%	86.00%	91.00%			(H)	
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	75%	75%	81%	79%	83%	TBC				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	80.60%	88.10%	91.20%	76.60%						Transitioning from K2 to DOT for compentency assessment. New DOT module not available until Feb 2024 therefore drop in compliance.
Education and Training - Training Compliance for all staff groups: **Fetal Surveillance competency**	>90% YTD	>85% YTD	Total multidisciplinary staff attended the study day and passed competency .	Fetal Surveillance MW						100.00%				
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	88.00%	84.50%	91.40%	92.40%	93.50%	92.00%			(~)	
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	93.0%	90.3%	90.2%	91%	86.0%				(~)	Reports one month behind.

Maternal Morbidity

Metric	Target	Threshold	Description	Source									Trend	Comments
Puerperal Sepsis	For information	N/A	Incidence of puerperal sepsis within 42 days of birth	CHEQs	0.46%	0.43%	0.44%	0.23%	0.46%	0.67%			(~)	
ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs / QSIS	2	1	1	0	0	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	5.58%	4.61%	5.88%	3.66%	6.30%	3.82%			(~)	CQC workstream for PPH improvements ongoing and reported to MIOB. Robust campaign launched, assessing impact via QI methodology.
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	6.00%	3.97%	4.00%	4.49%	3.47%	4.24%			(~)	
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	4.84%	4.33%	4.80%	2.85%	2.37%	1.71%			(~)	
Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	2.63%	1.63%	2.38%	2.74%	2.29%	2.73%			(~)	
Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	CHEQs / QSIS	0	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	1	0	0	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	3.65:1000	3.85:1000	3.85:1000	3.85:1000	3.48:1000 (19:5457)	2.93:1000		
Stillbirths - number ≥ 22 weeks	<3	<6	MBBRACE	CHEQs	1	2	0	1	0	0		
Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	2	0	0	0	0	1		laceration sustained at cesearian section after review recognised complication in a complex case where baby was lying transverse and had low amnotic fluid levels
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	1.59%	2.99%	1.28%	2.48%	1.84%	1.57%		
Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth	Rosie KPIs	4.82%	8.26%	4.21%	4.71%	4.79%	4.92%		
Term Admission to NICU Rate	≤6%	N/A	Rate	ATAIN report	5.6%	5.7%	6.4%	6.0%	6.0%	TBC		

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%	99.8%	100.0%	100.0%		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	81.41%	78.25%	80.73%	82.84%	80.87%	85.16%		
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	6.70%	5.98%	2.84%	3.20%	5.75%	2.74%		
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	87%	97%	91%	89%	94%	92%		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	60%	65%	76%	75%	64%	70%		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	76%	78%	90%	81%	85%	88%		Ward Managers asked to investigate non compliance and report back to directorate governance.
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	95%	95%	96%	93%	96%	97%		

Finance

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

(£0.6m)	Actual (adjusted)*
(£0.6m)	Plan (adjusted)*
£0.5m	Actual YTD (adjusted)*
£0.5m	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	£20.2m	£205.1m
Target adj. block increase	£1.0m	£10.3m
EPM actual + block increase	£21.2m	£215.4m
EPM original plan	£21.2m	£222.5m
EPM original target	£19.3m	£204.4m

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

Net current assets

(£96.3m)	Actual
(£50.9m)	Plan

Debtor days

21	This month
23	Previous month

Payables performance (YTD) *

85.2%	Value
85.1%	Quantity

EBITDA

£39.5m	Actual YTD
£35.7m	Plan YTD

Capital expenditure

£7.8m	Capital - actual spend in month
£41.5m	Capital - actual spend YTD
£38.3m	Capital – plan YTD

Cash

Cash

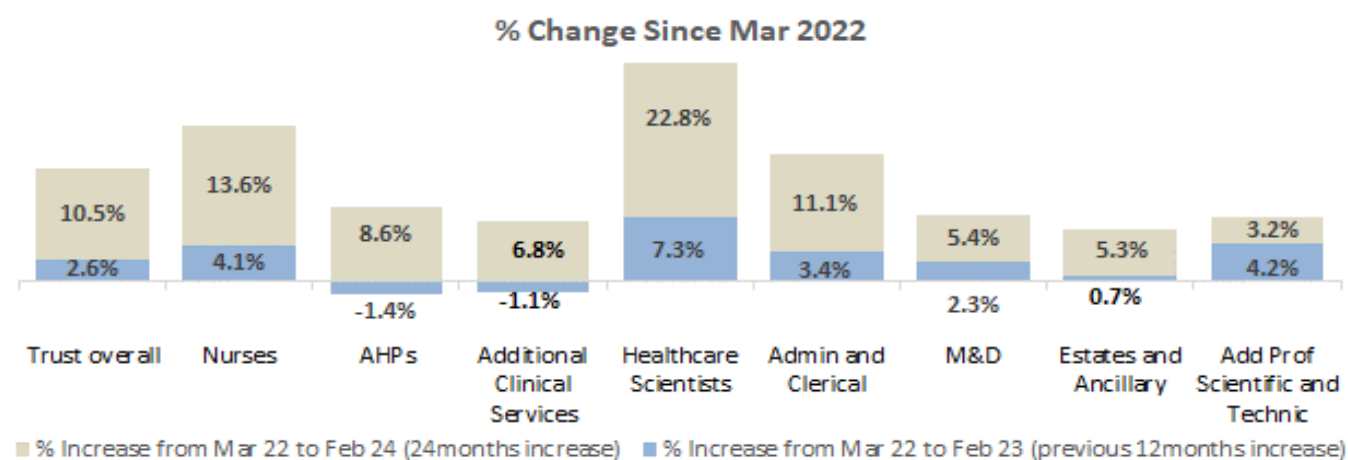|	
£133.6m	Actual
£136.1m	Plan

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

12 Month Growth by Staff Group

Staff Group	Headcount Mar-23	Headcount Feb-24	Headcount 12 Month growth		FTE Mar-23	FTE Feb-24	FTE 12 Month growth	
Add Prof Scientific and Technic	261	257	⬇	-1.5%	236	232	-4 ⬇	-1.7%
Additional Clinical Services	1,989	2,150	⬆	8.1%	1,825	1,960	135 ⬆	7.4%
Administrative and Clerical	2,476	2,652	⬆	7.1%	2,277	2,442	165 ⬆	7.3%
Allied Health Professionals	740	807	⬆	9.1%	656	719	63 ⬆	9.6%
Estates and Ancillary	369	386	⬆	4.6%	356	373	16 ⬆	4.6%
Healthcare Scientists	665	754	⬆	13.4%	631	719	88 ⬆	14.0%
Medical and Dental	1,729	1,785	⬆	3.2%	1,630	1,681	50 ⬆	3.1%
Nursing and Midwifery Registered	3,882	4,216	⬆	8.6%	3,578	3,900	322 ⬆	9.0%
Total	**12,111**	**13,007**	⬆	**7.4%**	**11,190**	**12,027**	**837 ⬆**	**7.5%**

% Change Since Mar 2022

	Trust overall	Nurses	AHPs	Additional Clinical Services	Healthcare Scientists	Admin and Clerical	M&D	Estates and Ancillary	Add Prof Scientific and Technic
24 months increase	10.5%	13.6%	8.6%	6.8%	22.8%	11.1%	5.4%	5.3%	3.2%
previous 12 months	2.6%	4.1%	-1.4%	-1.1%	7.3%	3.4%	2.3%	0.7%	4.2%

■ % Increase from Mar 22 to Feb 24 (24months increase)   ■ % Increase from Mar 22 to Feb 23 (previous 12months increase)

Admin & Medical Breakdown

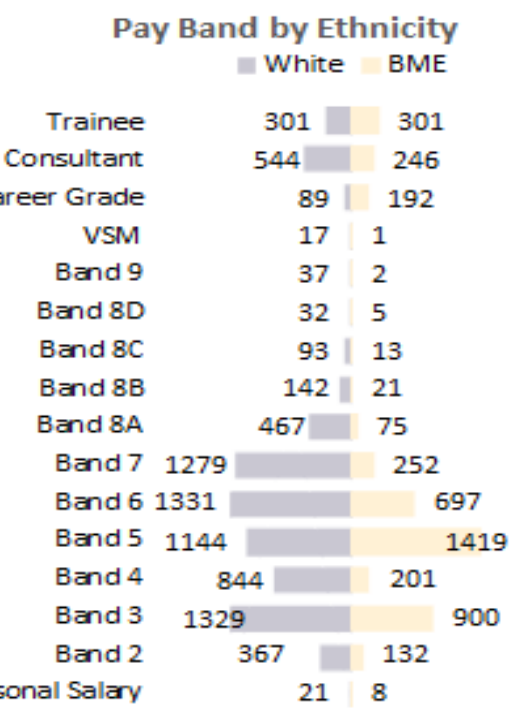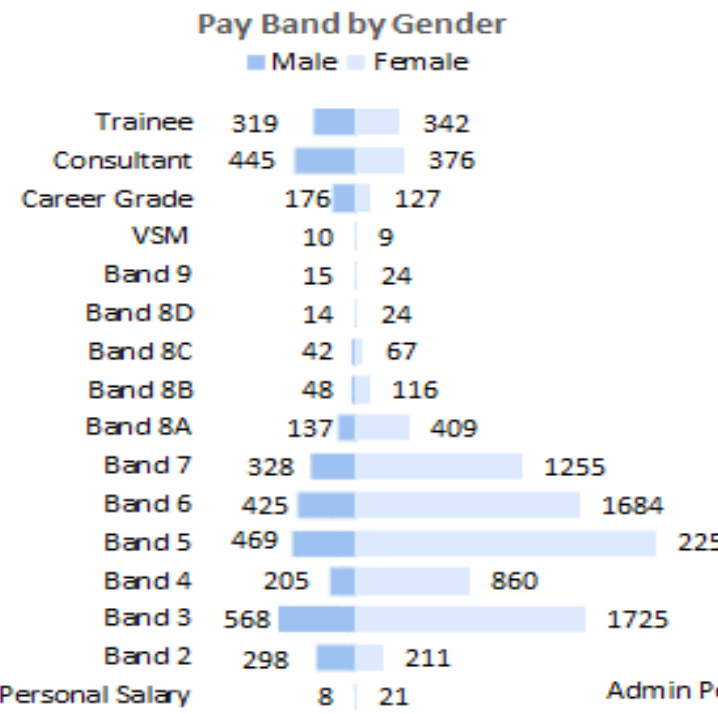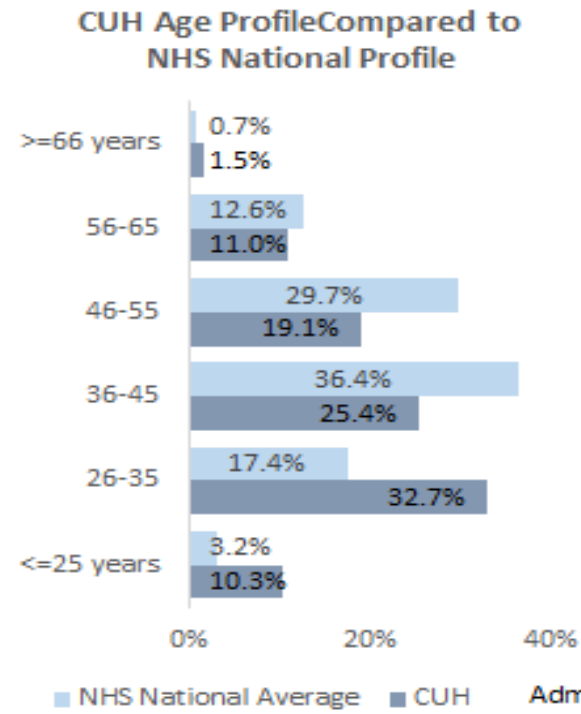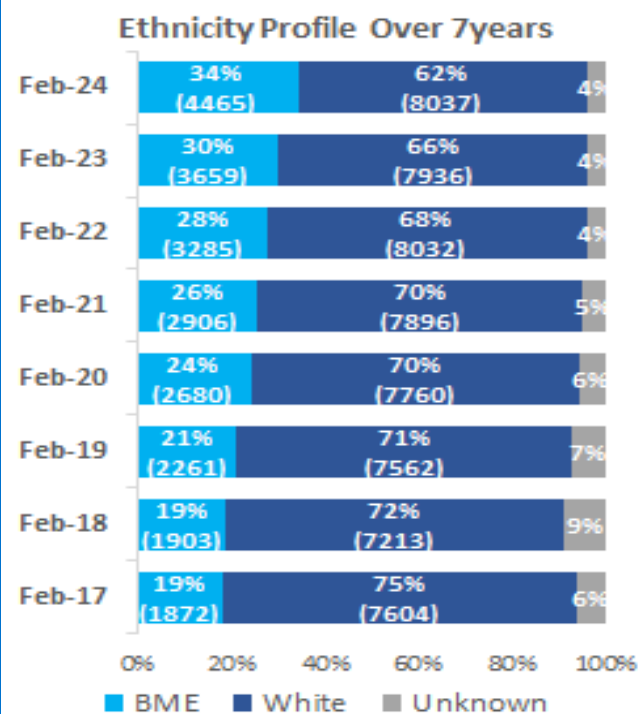| Staff Group	Mar-23	Feb-24	FTE 12 Month growth	
Administrative and Clerical	2,277	2,442	165 ⬆	7.3%
of which staff within Clinical Division	1,119	1,196	77 ⬆	6.9%
of which Band 4 and below	770	818	48 ⬆	6.2%
of which Band 5-7	251	265	14 ⬆	5.6%
of which Band 8A	47	54	6 ⬆	13.1%
of which Band 8B	7	6	-2 ⬇	-24.3%
of which Band 8C and above	43	54	11 ⬆	24.7%
of which staff within Corporate Areas	909	987	78 ⬆	8.6%
of which Band 4 and below	244	276	32 ⬆	13.2%
of which Band 5-7	434	475	41 ⬆	9.5%
of which Band 8A	86	93	7 ⬆	8.1%
of which Band 8B	54	54	1 ⬆	1.7%
of which Band 8C and above	92	89	-4 ⬇	-3.9%
of which staff within R&D	249	259	10 ⬆	4.2%
Medical and Dental	1,630	1,681	50 ⬆	3.1%
of which Doctors in Training	663	668	4 ⬆	0.6%
of which Career grade doctors	245	268	23 ⬆	9.3%
of which Consultants	722	745	23 ⬆	3.2%

What the information tells us:

Overall the Trust saw a 7.5% growth in its substantive workforce over the past 12 months and 10.3% over the past 24 months. New services within the Trust (e.g. Movement Surgical Hub, Virtual Ward, Community Diagnostic Centres and Ward U3) as well as lower turnover and reduced vacancies, have all contributed to this high level of growth. In the past 12 months growth was lowest within the Additional Professional, Scientific and Technical staff group, with a decrease of 1.7%, and highest within Healthcare Scientists at 14%. 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)

Ethnicity Profile Over 7 years

Period	BME	White	Unknown
Feb-24	34% (4465)	62% (8037)	4%
Feb-23	30% (3659)	66% (7936)	4%
Feb-22	28% (3285)	68% (8032)	4%
Feb-21	26% (2906)	70% (7896)	5%
Feb-20	24% (2680)	70% (7760)	6%
Feb-19	21% (2261)	71% (7562)	7%
Feb-18	19% (1903)	72% (7213)	9%
Feb-17	19% (1872)	75% (7604)	6%

Legend: BME, White, Unknown

CUH Age Profile Compared to NHS National Profile

Age	NHS National Average	CUH
>=66 years	0.7%	1.5%
56-65	12.6%	11.0%
46-55	29.7%	19.1%
36-45	36.4%	25.4%
26-35	17.4%	32.7%
<=25 years	3.2%	10.3%

Legend: NHS National Average, CUH

Pay Band by Gender

Legend: Male, Female

Band	Male	Female
Trainee	319	342
Consultant	445	376
Career Grade	176	127
VSM	10	9
Band 9	15	24
Band 8D	14	24
Band 8C	42	67
Band 8B	48	116
Band 8A	137	409
Band 7	328	1255
Band 6	425	1684
Band 5	469	2250
Band 4	205	860
Band 3	568	1725
Band 2	298	211
Admin Personal Salary	8	21

Pay Band by Ethnicity

Legend: White, BME

Band	White	BME
Trainee	301	301
Consultant	544	246
Career Grade	89	192
VSM	17	1
Band 9	37	2
Band 8D	32	5
Band 8C	93	13
Band 8B	142	21
Band 8A	467	75
Band 7	1279	252
Band 6	1331	697
Band 5	1144	1419
Band 4	844	201
Band 3	1329	900
Band 2	367	132
Admin Personal Salary	21	8

Gender Profile Over 7 years

Period	Female	Male
Feb-24	73.0%	27.0%
Feb-23	73.3%	26.7%
Feb-22	72.9%	27.1%
Feb-21	73.3%	26.7%
Feb-20	73.5%	26.5%
Feb-19	73.6%	26.4%
Feb-18	73.9%	26.1%
Feb-17	74.3%	25.7%

Legend: Female, Male

Disability Status over 7 years

Period	No	Yes	Not Shared
Feb-24	82%	6%	13%
Feb-23	80%	5%	15%
Feb-22	78%	4%	18%
Feb-21	76%	3%	21%
Feb-20	73%	3%	24%
Feb-19	69%	2%	29%
Feb-18	65%	2%	33%
Feb-17	63%	1%	37%

Legend: No, Yes, Not Shared

Sexual Orientation

- Heterosexual 74.1%
- Other 0.5%
- Bisexual 1.6%
- Gay or Lesbian 1.7%
- Unknown 6.4%
- Does not wish to disclose 15.7%

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 16% over the 7 year period and currently make up 34% of the CUH substantive workforce.
- The percentage of male staff increased by 1.2% to 27% over the past seven years.
- The percentage of staff recording a disability increased by 4.7% 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.

Staff Turnover

Turnover Rates - All Staff
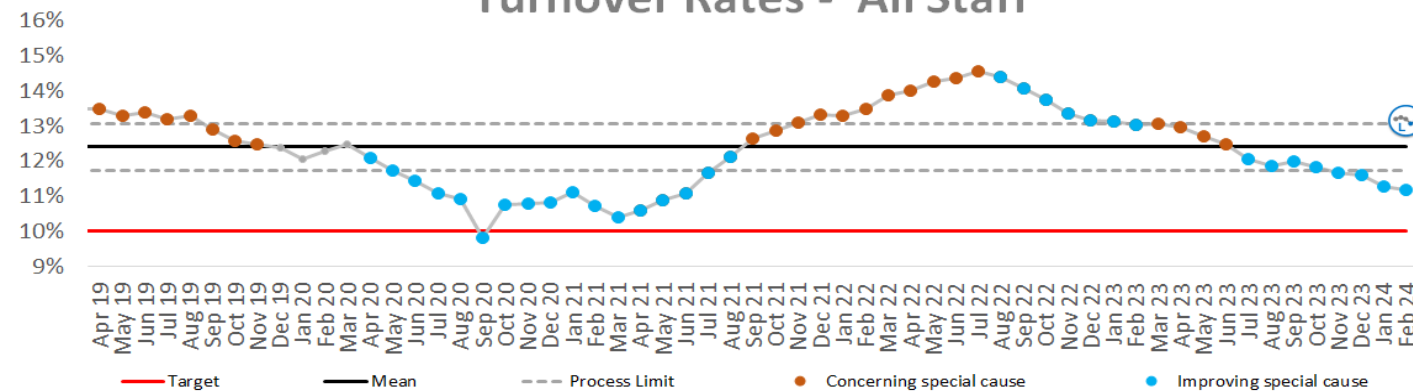
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (excludes all fixed term contracts including 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 11.2% (0.1% lower than last month). This is more in line with pre-pandemic rates, and 1.1% lower than 4 years ago.

Additional Clinical Services have seen the greatest reduction in turnover from four years ago (17.6% in February 2020, down to 15.1% in February 2024), however they still have the highest turnover rate of all the staff groups. Estates and Ancillary staff group has the highest increase of 3% to 13.3% in the last four years, and has the second highest turnover rate.

Nursing and Midwifery Turnover Rate
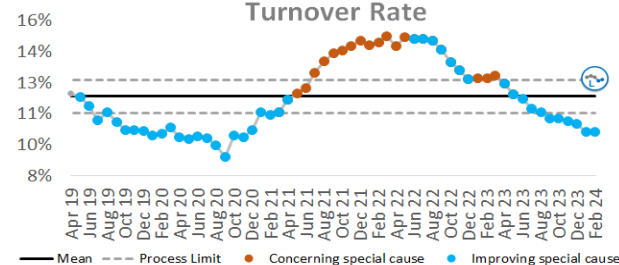
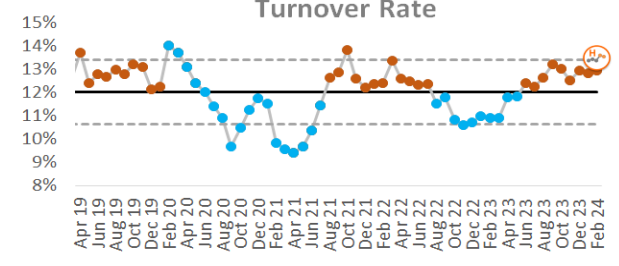### Administrative and Clerical Turnover rate
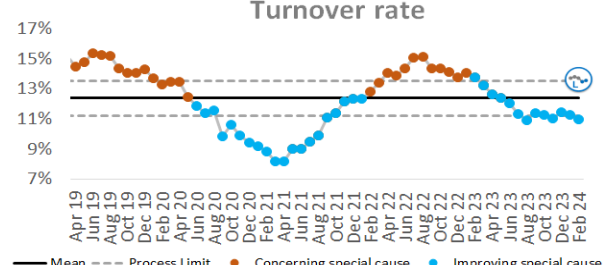
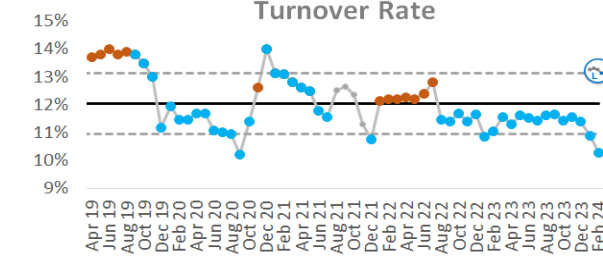### Additional Clinical Services Turnover Rate
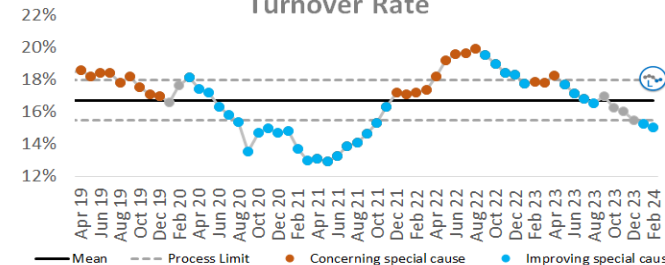
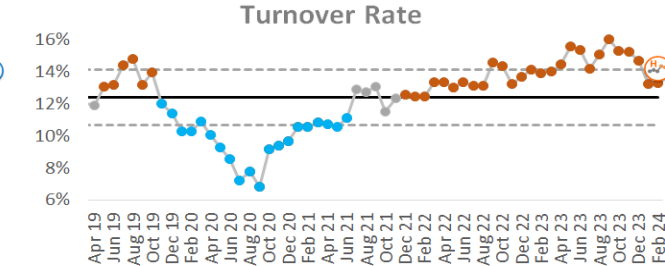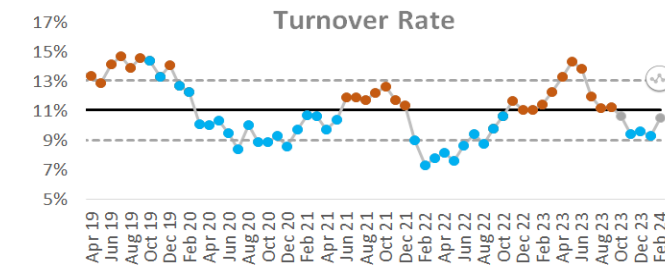### Medical and Dental Turnover Rate
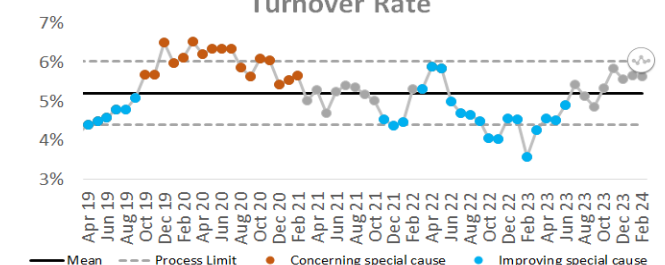
Healthcare Scientists Turnover Rate

Allied Health Professionals Turnover Rate

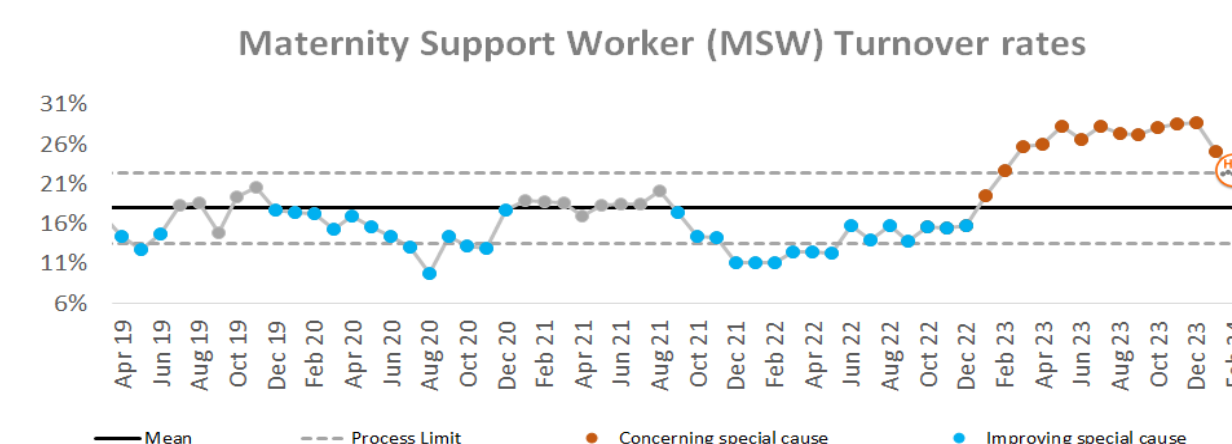### Estates and Ancillary Turnover Rate

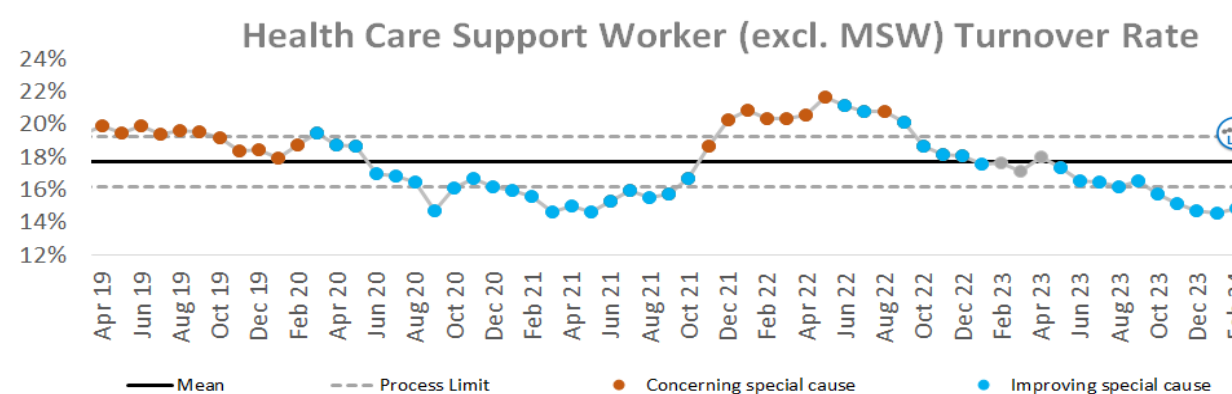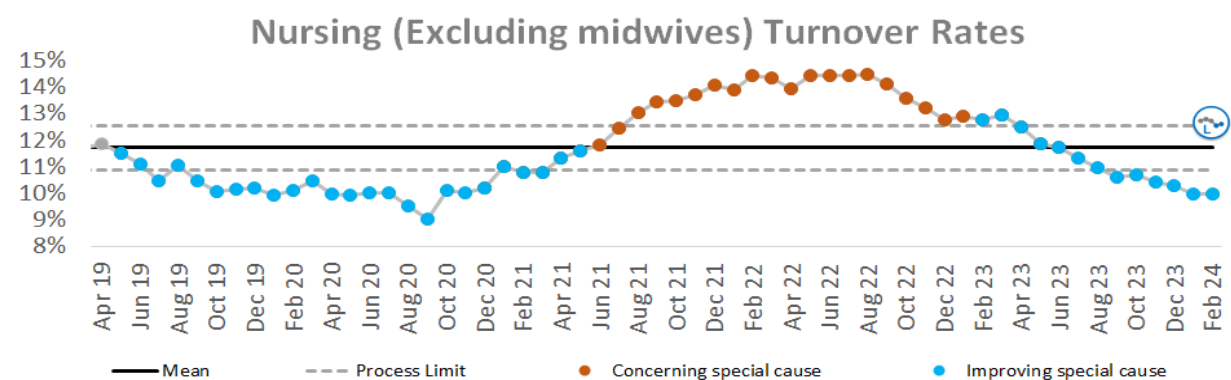### Add Prof Scientific and Technic Turnover Rate

Author(s): Chloe Schafer, Amanda Wood　　　　**Owner(s): David Wherrett**　　　　**Page 41**

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

Nursing and Midwifery Turnover Rate

Health Care Support Worker (incl. MSW) Turnover Rate

Nursing (Excluding midwives) Turnover Rates

Health Care Support Worker (excl. MSW) Turnover Rate

Midwife Turnover Rates

Maternity Support Worker (MSW) Turnover rates
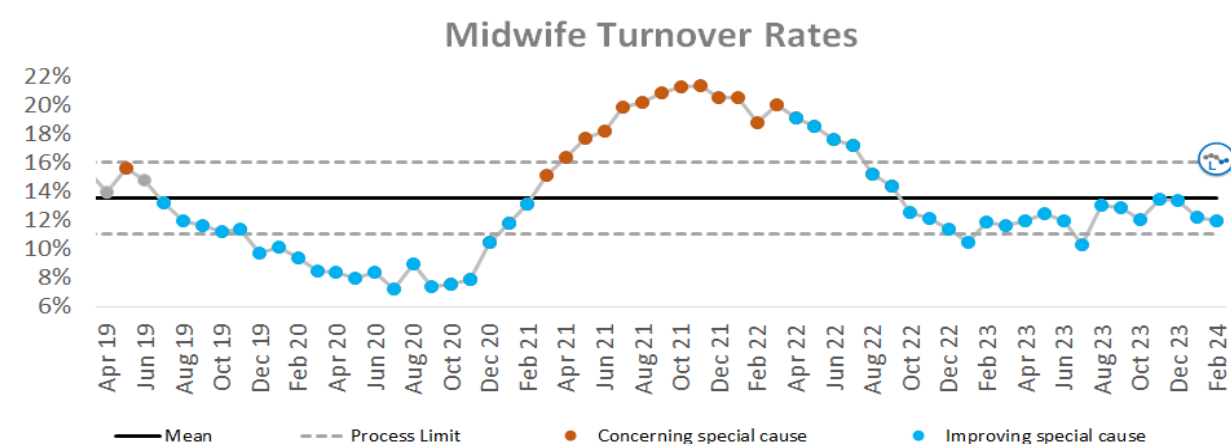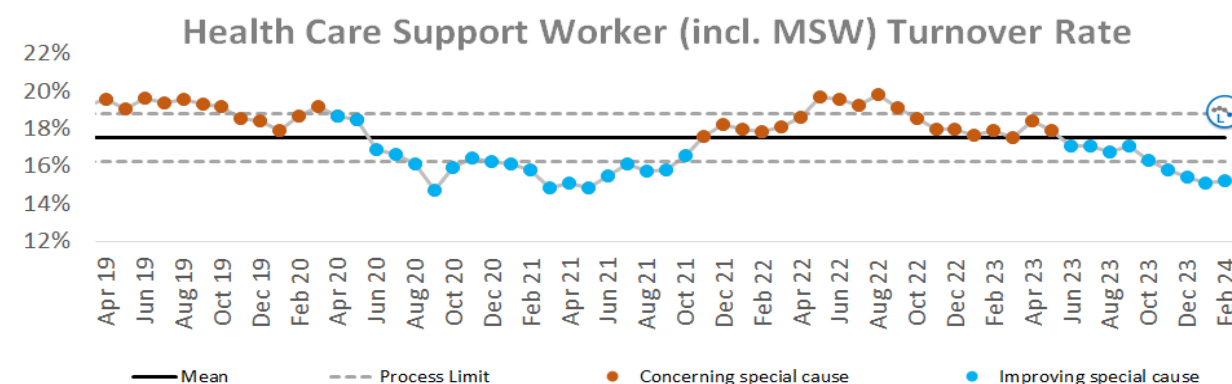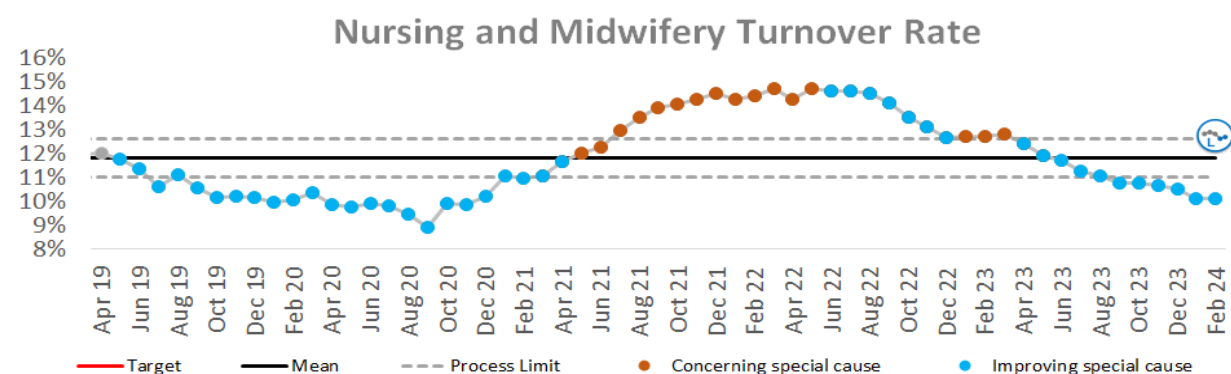
Starters & Leavers - last 12 months

CUH Ethnicity Profile Compared to Ethnicity Profile of Leavers

BME	55% / 29% / 31%
White	41% / 67% / 65%
Unknown	4% / 4% / 4%
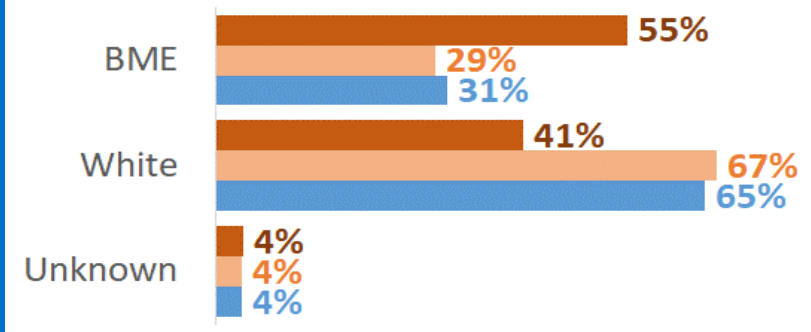
CUH Disability Status Compared to Disability Status of Starters and Leavers

Yes	6% / 7% / 6%
No	78% / 84% / 81%
Not Shared	16% / 9% / 14%
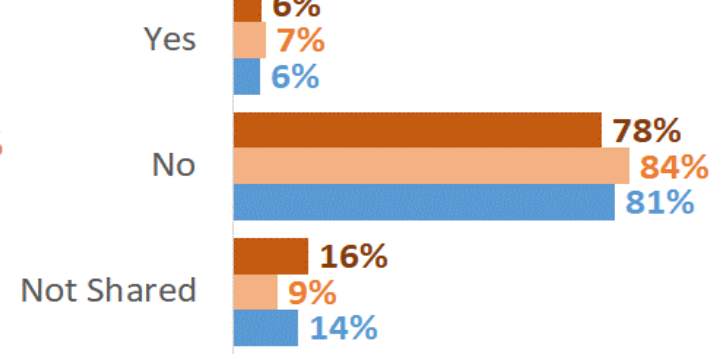
Leavers (Headcount) by Length of Service (Years)
(excludes Fixed Term contracts)

Median LoS 3yrs

Mean LoS 5.2 yrs
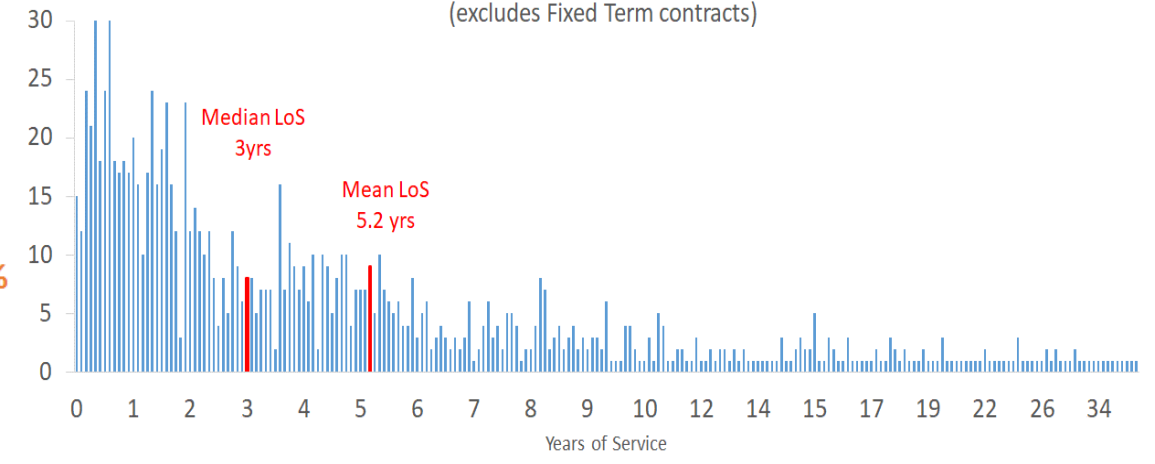
Years of Service

CUH Age Profile Compared to Age Profile of Starters and Leavers

>=66 years	0% / 4% / 2%
56-65	3% / 9% / 12%
46-55	9% / 13% / 21%
36-45	18% / 19% / 25%
26-35	37% / 36% / 31%
<=25 years	33% / 20% / 10%
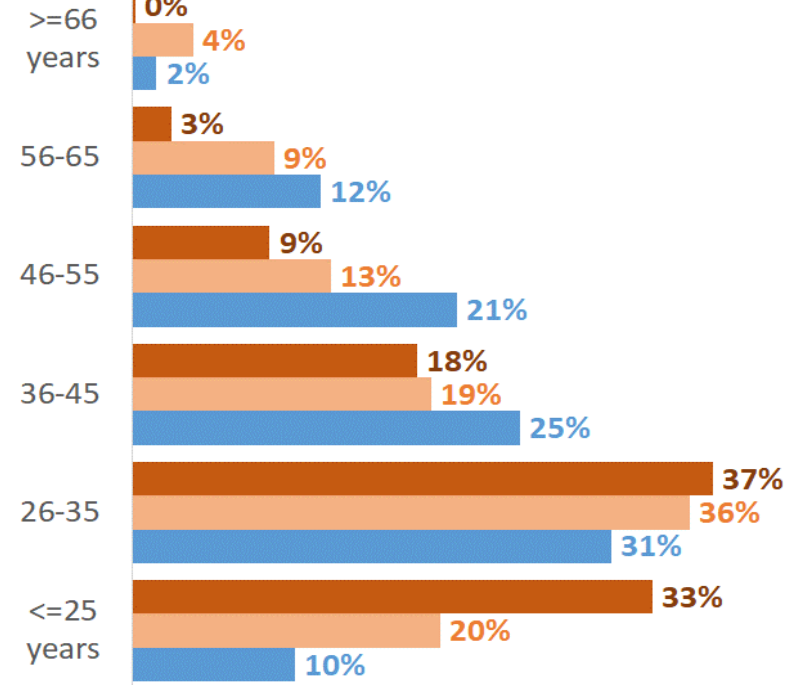
CUH Gender Profile Compared to Gender Profile of Starters and Leavers

Male	26% / 23% / 25%
Female	74% / 77% / 75%
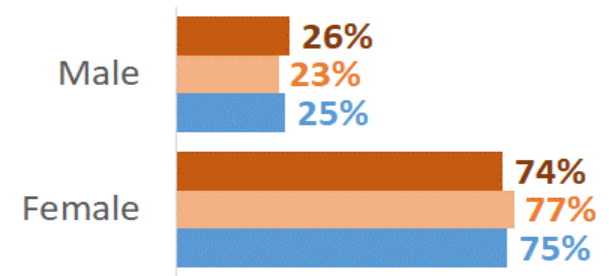
% of leavers with less than 2 years' service
(excludes Fixed Term contracts)

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

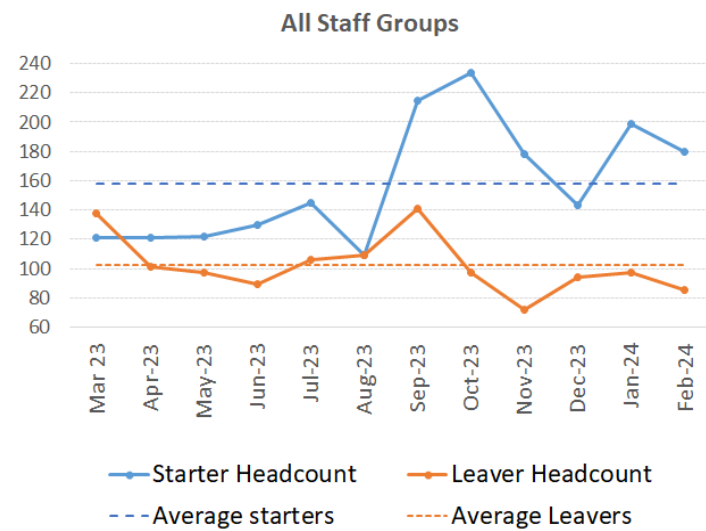| Staff group	%
Add Prof Scientific and Technic	29%
Additional Clinical Services	57%
Administrative and Clerical	43%
Allied Health Professionals	34%
Estates and Ancillary	46%
Healthcare Scientists	24%
Medical and Dental	19%
Nursing and Midwifery Registered	31%

40%
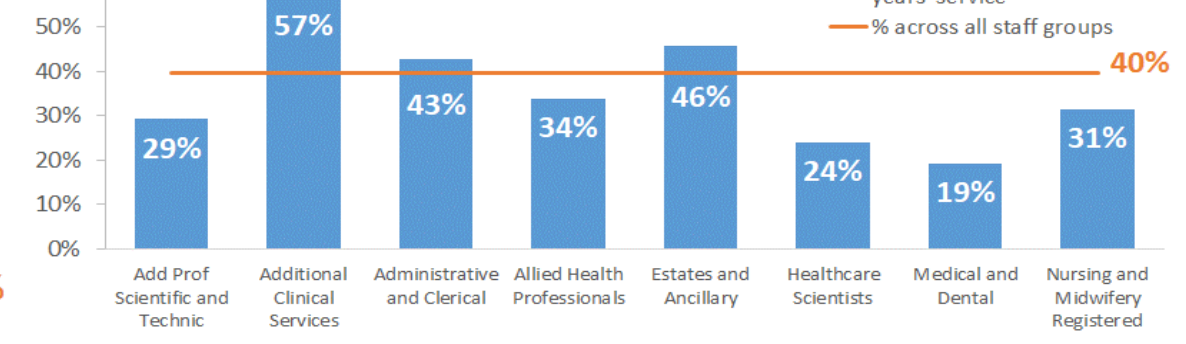
What the information tells us:
The majority of starters to, and leavers from the Trust in the last 12 months were aged 35 yrs. or under (70% and 55% respectively), which is higher than the proportion of staff in post of this age (41%). Gender and disability status are generally equally represented in 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 leaving the Trust. 55% of our starters in the last 12 months were from black and minority ethnic groups, compared to 31% of the staff profile.

A significant proportion of leavers leave the Trust within 2 years of starting (40%), and within Additional Clinical Services staff group there is a much greater proportion than average - 57%. The average (mean) length of service of all leavers is 5.2 years, with a median of 3 years.

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

Starters & Leavers - Last 12 months

Additional Professional, Scientific and Technical

Additional Clinical Services

Administrative and Clerical

Allied Health Professionals

Estates and Ancillary

Healthcare Scientists

Medical and Dental

Nursing and Midwifery Registered

NHS Organisations Joining from - Top 6
Excludes staff leaving and re-joining CUH (n= 309)

Organisation	n	%
Royal Papworth Hospital NHS Foundation Trust	n= 30	8.3%
Cambridge and Peterborough NHS Foundation Trust	n= 29	8.0%
Norfolk & Norwich University Hospitals NHS Foundation Trust	n= 20	5.5%
North West Anglia NHS Foundation Trust	n= 19	5.2%
Cambridgeshire Community Services NHS Trust	n= 17	4.7%
East and North Hertfordshire NHS Trust	n= 12	3.3%
East Suffolk and North Essex NHS Foundation Trust	n= 10	2.8%

NHS Organisations Leaving for - Top 6
Excludes staff leaving and re-joining CUH (n= 110)

Organisation	n	%
Cambridge and Peterborough NHS Foundation Trust	n= 15	6.8%
Royal Papworth Hospital NHS Foundation Trust	n= 11	5.0%
West Suffolk NHS Foundation Trust	n= 11	5.0%
University College London NHS Foundation Trust	n= 9	4.1%
NHS Blood and Transplant	n= 8	3.6%
Imperial College Healthcare NHS Trust	n= 7	3.2%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	n= 7	3.2%

All Staff Groups

- Starter Headcount
- Leaver Headcount
- Average starters
- Average Leavers

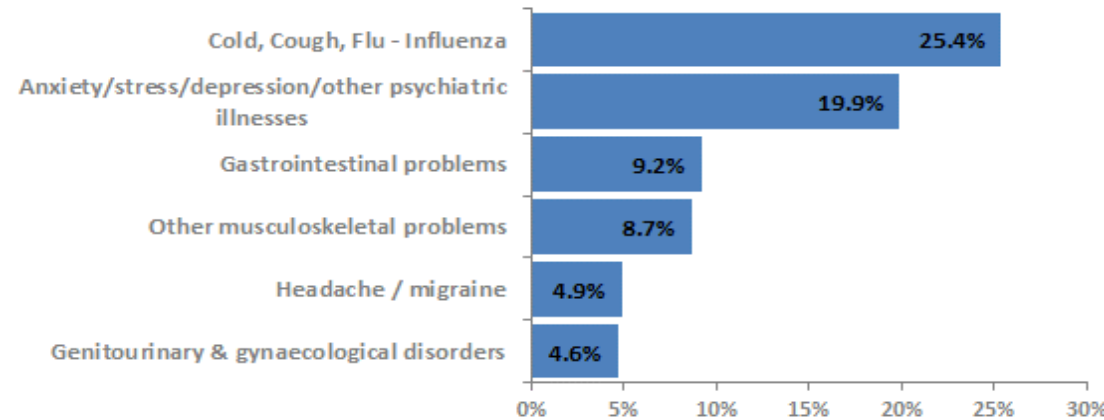| Top 10 Leaving Reasons Excludes staff leaving and re-joining CUH (n= 110)	Number of Leavers (Headcount)	% of all Leavers
Voluntary Resignation - Relocation	384	31%
Voluntary Resignation - Work Life Balance	240	20%
Voluntary Resignation - Promotion	119	10%
Voluntary Resignation - Other/Not Known	103	8%
Voluntary Resignation - Better Reward Package	78	6%
Retirement Age	72	6%
Voluntary Resignation - Health	54	4%
End of Fixed Term Contract	29	2%
Voluntary Resignation - Child Dependants	28	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 (31%), for work/life balance (20%) and for promotion (10%). 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 was Cambridge and Peterborough NHS Foundation Trust and the most popular organisation to join from was Royal Papworth NHS Foundation Trust.

In the month of February 2024 alone the most popular destination on leaving (other than unknown) was to another NHS organisation (20% of the 85 leavers in February).
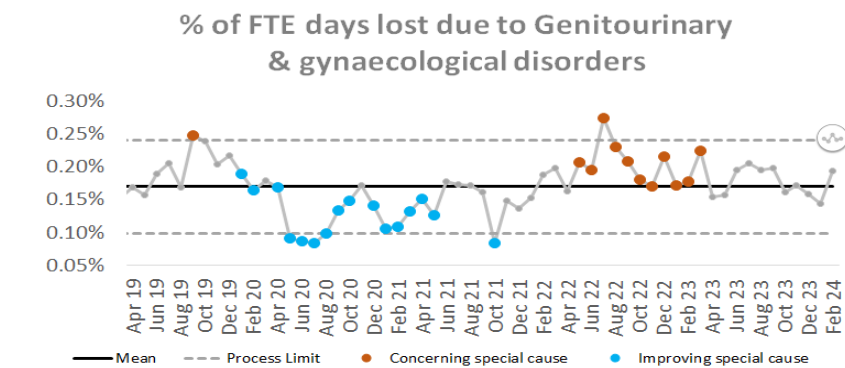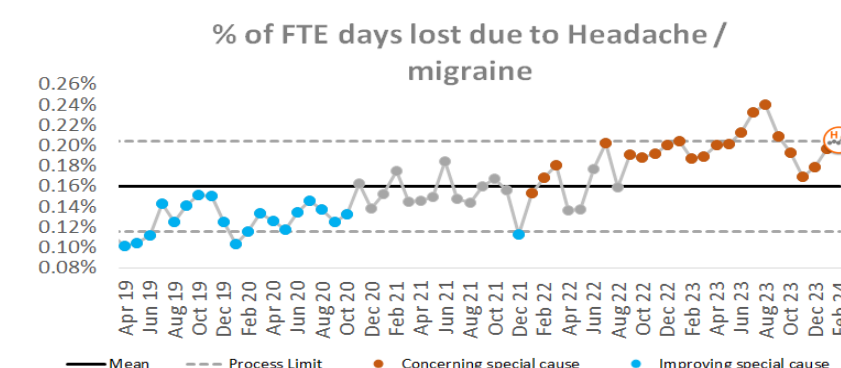
Author(s): Chloe Schafer, Amanda Wood   **Owner(s): David Wherrett**

Sickness Absence

NHS Cambridge University Hospitals NHS Foundation Trust

Monthly Sickness Absence Rates - All Staff

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

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

What the information tells us: The overall monthly sickness absence has decreased by 0.3% since last month, to 4.2% in February 2024. This is 0.3% lower than the same month last year (4.5%). The sickness absence rate due to short term illness is higher at 3% compared to long term sickness at 1.2%.

Additional Clinical Services staff group has the highest sickness absence rate at 6.7% (same as 12 months ago), followed by Estates and Ancillary at 6.6% in February 2024 (0.6% lower than 12 months ago).

Sickness Absence Rate due to Short Term Sickness

Nursing and Midwifery Sickness Absence Rate

Administrative and Clerical Sickness Absence Rate

Additional Clinical Services Sickness Absence Rate

Medical and Dental Sickness Absence Rate

Sickness Absence Rate due to Long Term Sickness

Healthcare Scientists Sickness Absence Rate

Allied Health Professionals Sickness Absence Rate

Estates and Ancillary Sickness Absence Rate

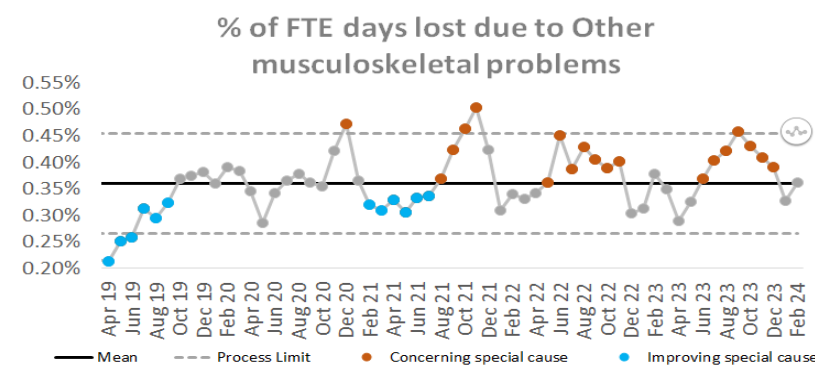### Add Prof Scientific and Technic Sickness Absence Rate

Top Six Sickness Absence Reason

Top 6 Sickness Reason as % All Sickness - Feb 24
All Staff

Reason	%
Cold, Cough, Flu - Influenza	25.4%
Anxiety/stress/depression/other psychiatric illnesses	19.9%
Gastrointestinal problems	9.2%
Other musculoskeletal problems	8.7%
Headache / migraine	4.9%
Genitourinary & gynaecological disorders	4.6%

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 February 2024 is Cold, Cough, Flu - Influenza, with an absence rate of 1.1%. This is 0.3% lower than last month and 0.1% lower than in February last year. As a percentage of all sickness absence Cold, Cough, Flu - Influenza accounts for 25.4% of the overall figure.

Absence due to Anxiety/stress/depression/other psychiatric illnesses has decreased by 0.1% from last month to 0.8%, and accounts for 19.9% of all absence in February 2024.
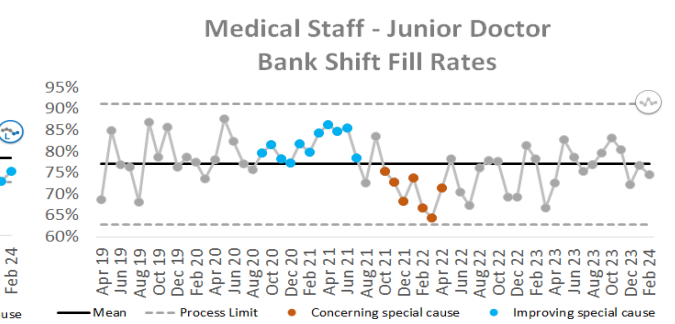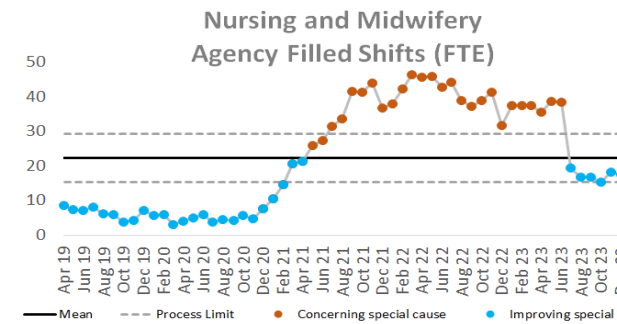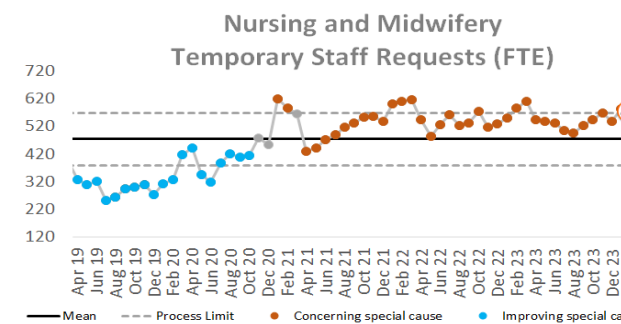

% of FTE days lost due to Cold, Cough, Flu - Influenza

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

% of FTE days lost due to Gastrointestinal problems

% of FTE days lost due to Other musculoskeletal problems

% of FTE days lost due to Headache / migraine

% of FTE days lost due to Genitourinary & gynaecological disorders

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

Temporary Staffing

Non-Medical Staff Temporary Staff Usage (FTE)

Medical Staff Temporary Staffing All Grades (number of Shifts)

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

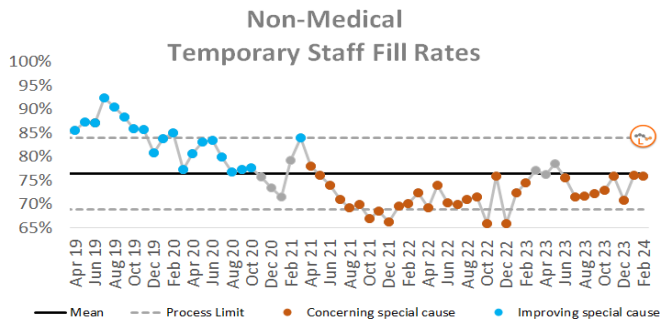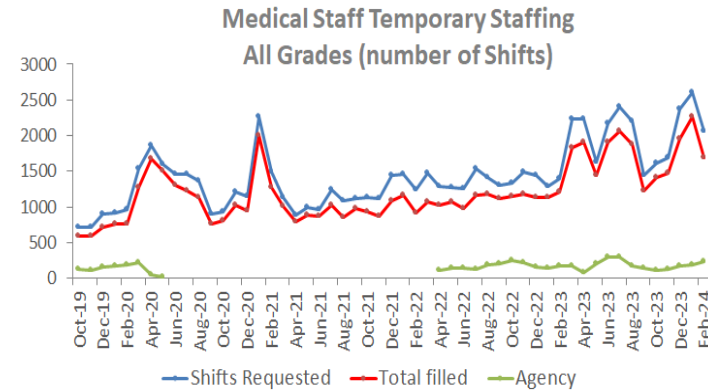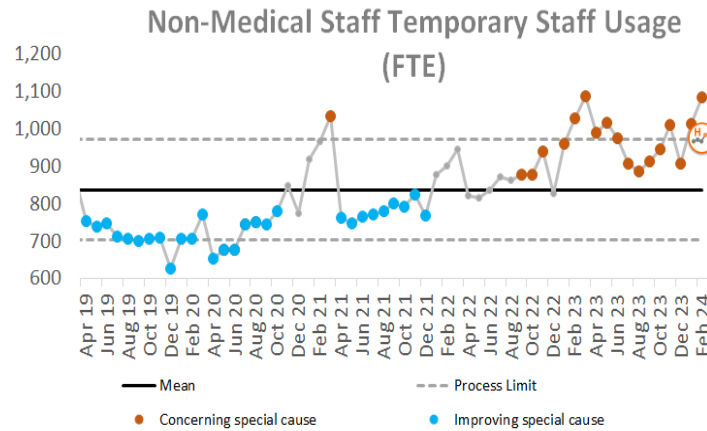**What the information tells us:** Overall non-medical fill rates have decreased slightly from last month to 75.9%, with a 7.3% increase in requests and an 6.9% increase in FTE worked in February 2024. Top three reasons for request are vacancy (45%), increased workload (23%) and sickness requiring cover (13%). Nursing and midwifery agency usage increased by 2.98 WTE from the previous month to 18.5 WTE. This accounts for 4% of the total nursing filled shifts.

Demand for temporary medical staff decreased by 21% from January to February, however this does not yet include Consultant additional shifts as a result of industrial action - updated figures will be provided in the next report.

Non-Medical Temporary Staff Fill Rates

Nursing and Midwifery Temporary Staff fill Rates

Nursing and Midwifery Temporary Staff Usage (FTE)

Medical Staff - All Grades Bank Shift Fill Rates

Administrative and Clerical Temporary Staff Requests (FTE)

Nursing and Midwifery Temporary Staff Requests (FTE)

Nursing and Midwifery Agency Filled Shifts (FTE)

Medical Staff - Junior Doctor Bank Shift Fill Rates

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

ESR Vacancy Rate

Nursing and Midwifery Vacancy Rate

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

Health Care Support Worker (incl. MSW) Vacancy Rate

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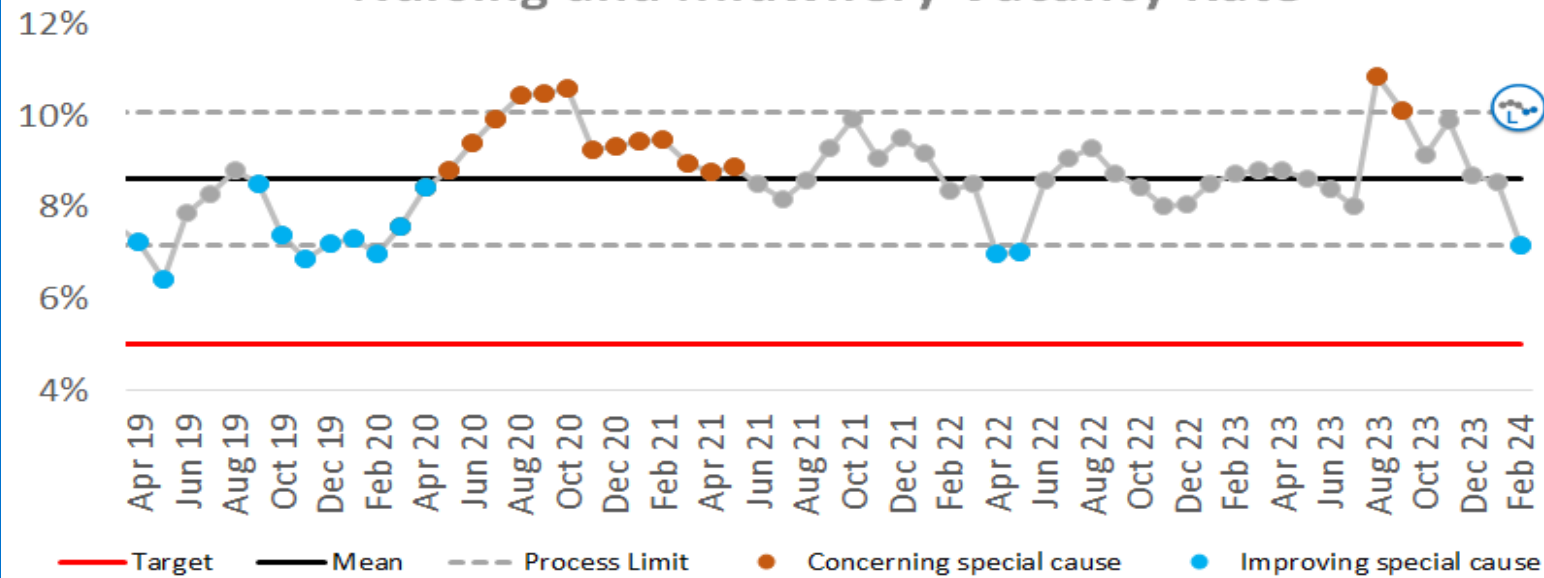
Background Information: Vacancy rate provides vacancy information based on established post within an organisation. The figure below relates to ESR data for clinical areas only and includes pay band 2-4 for HCA and 5-7 for Nurses.

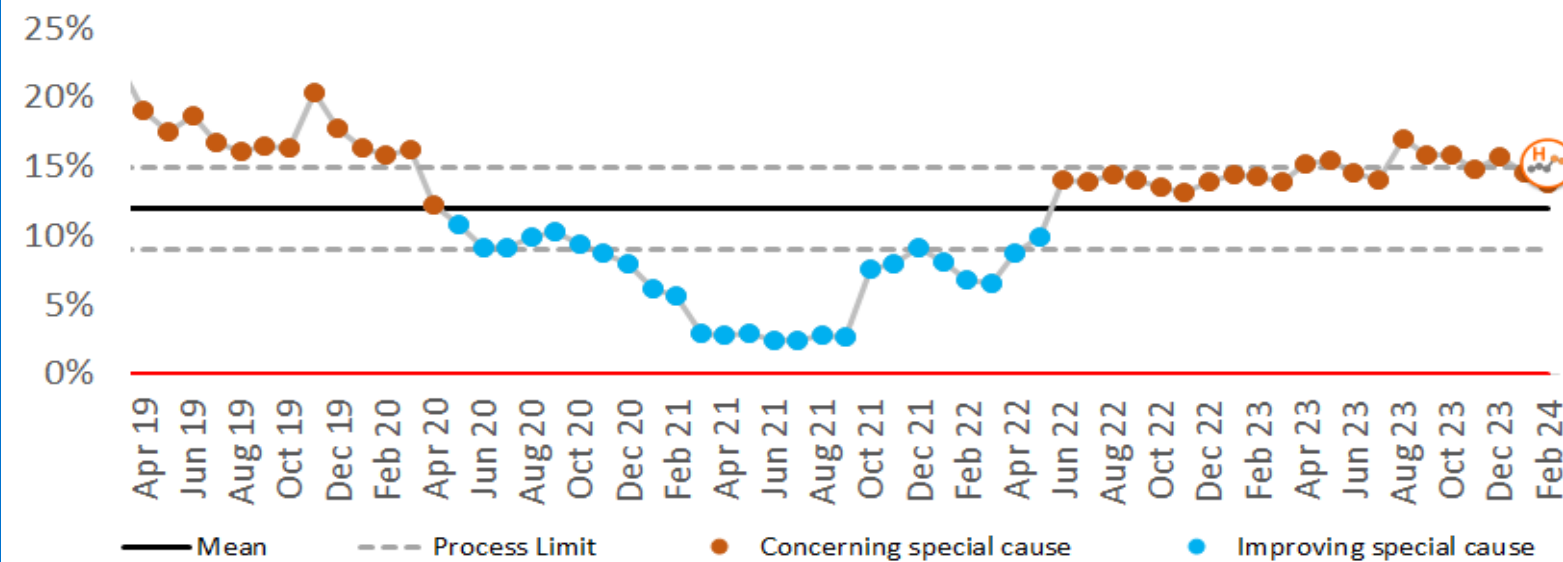**What the information tells us:** 2023/24 budgets were loaded to ESR for Clinical and Corporate Divisions from August 2023, which increased the establishment for both Nursing and Midwifery and Health Care Support Workers (HSCWs). The new wards and theatre for the Movement Surgical Hub opened in November,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

In February the vacancy rate for Nursing and Midwifery decreased to 7.2%, which is 1.4% lower than last month, and 1.6% lower than February last year. The vacancy rate for Health Care Support Workers is 13.8% as at end of February - a decrease of 0.9% from last month, and 0.5% lower than February last year.

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

Annual Leave Update

Percentage of Annual Leave (AL) Taken – February 2024 Breakdown (source: Healthroster)

NHS
Cambridge University Hospitals
NHS Foundation Trust

	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	48,692	39,957	82.1%	96%
	Additional Clinical Services	366,251	314,837	86.0%	97%
	Administrative and Clerical	508,674	417,770	82.1%	96%
	Allied Health Professionals	154,696	130,912	84.6%	99%
	Estates and Ancillary	77,336	66,693	86.2%	97%
	Healthcare Scientists	153,095	125,681	82.1%	96%
	Medical and Dental	140,189	72,042	51.4%	30%
	Nursing and Midwifery Registered	797,945	696,979	87.3%	97%
	Trust	**2,246,879**	**1,864,871**	**83.0%**	**88%**
	Division				
Annual Leave taken by Division	Corporate	318,516	264,865	83.2%	95%
	Division A	420,494	354,154	84.2%	86%
	Division B	629,739	522,508	83.0%	93%
	Division C	275,741	228,098	82.7%	79%
	Division D	257,292	208,137	80.9%	85%
	Division E	242,894	203,202	83.7%	84%
	R&D	102,204	83,907	82.1%	96%

* | Greater than 73% | Less than 55% | Between 55% and 73% |

What the information tells us: The Trust's annual leave usage is at 91% of the expected usage at the end of the eleventh month of the financial year. The highest rate of use of annual leave is within the Nursing and Midwifery staff group, at 87.3%, followed by Estates and Ancillary at 86.2%.

Please note that whilst the final AL sell back scheme has just closed, this is not yet entered into the entitlements for staff.

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

Mandatory Training by Division & Staff Group

Background Information: Statutory and Mandatory training are essential for the safe and efficient delivery of the organisation services They are designed to reduce organisational risks and comply with local or national policies and government guidelines. Training can be undertaken on-line or by attending a class-based session.
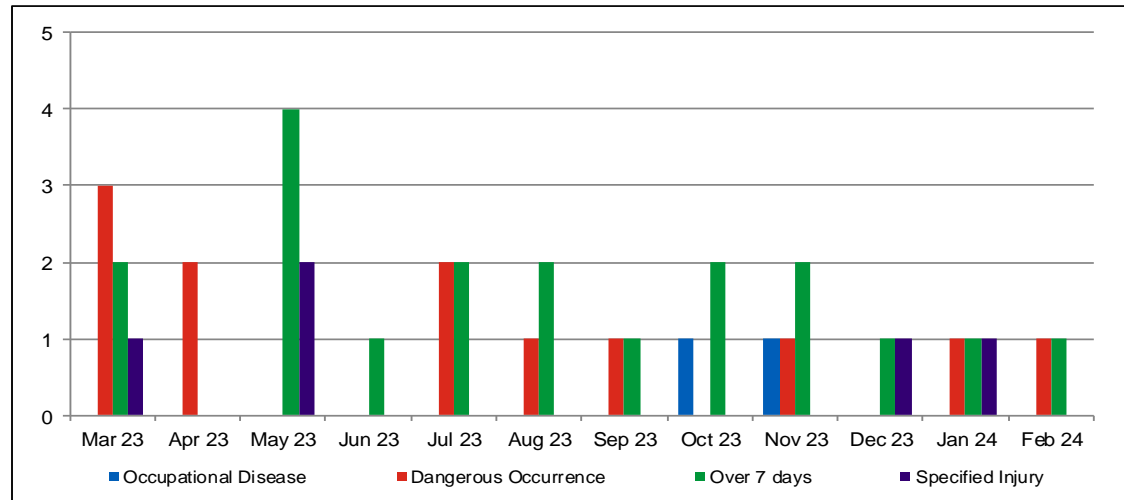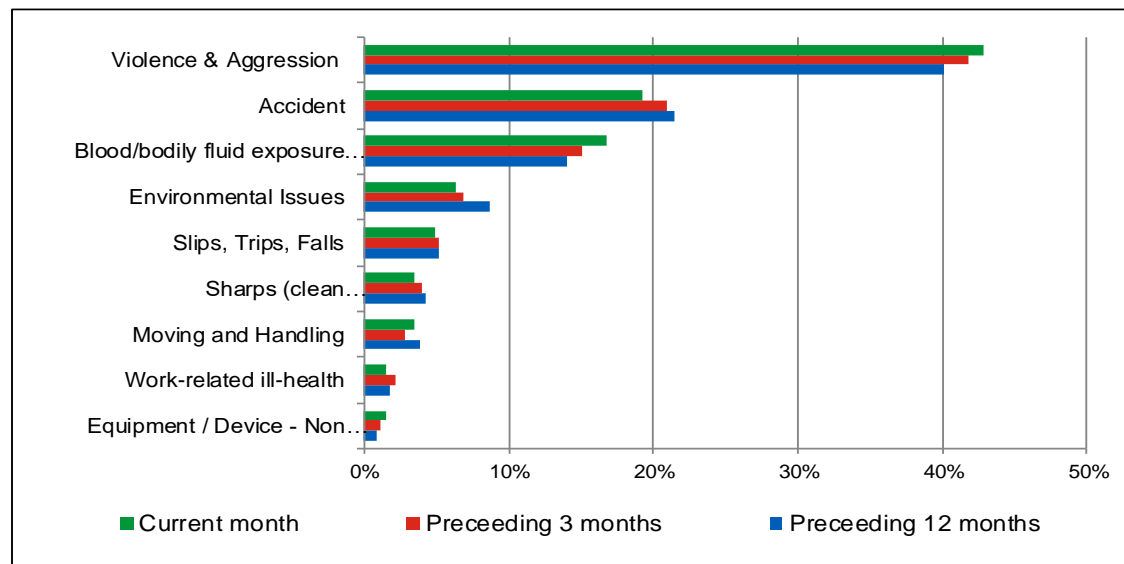
Thresholds for **Induction** & Information Governance incl. GDPR & Cyber Security training — Less than 80% / 80% to 94% / 95% or higher

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

	Training	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 Consultant	Medical and Dental Non-Consultant	Nursing and Midwifery Registered
Ind'tn	Corporate Induction	1,795	one-off	f2f	-0.7%	(63)95.2%	(1)96.7%	(26)92.9%	(7)97.5%	(4)95.9%	(1)97.6%	(2)97.6%	(5)87.8%	(94)79.0%	(22)94.6%
Ind'tn	Local Induction	1,795	one-off	f2f	-2.9%	(441)75.4%	(1)96.7%	(104)71.5%	(61)78.1%	(17)82.5%	(5)87.8%	(24)71.8%	(4)90.5%	(86)80.8%	(139)66.1%
Other Core Mandatory	Conflict Resolution	11,859	3 yrs	el	-0.2%	(271)97.7%	(3)98.7%	(21)98.9%	(28)98.9%	(7)99.1%	(5)98.6%	(7)99.0%	(30)96.2%	(86)89.8%	(84)97.8%
Other Core Mandatory	Equality, Diversity and Human Rights	11,859	3 yrs	el	-0.2%	(315)97.3%	(4)98.3%	(27)98.6%	(29)98.8%	(11)98.5%	(6)98.3%	(7)99.0%	(34)95.7%	(96)88.6%	(101)97.3%
Other Core Mandatory	Health, Safety and Welfare	11,859	3 yrs	el	-0.2%	(345)97.1%	(3)98.7%	(33)98.3%	(31)98.8%	(10)98.7%	(7)98.1%	(10)98.6%	(37)95.3%	(107)87.3%	(107)97.2%
Other Core Mandatory	Information Governance including GDPR and Cyber Security	11,859	1 yr	el	-0.5%	(675)94.3%	(8)96.6%	(100)94.8%	(62)97.5%	(28)96.2%	(13)96.4%	(25)96.4%	(44)94.4%	(141)83.3%	(254)93.3%
Other Core Mandatory	Basic Prevent Awareness	9,983	3 yrs	el	-0.5%	(386)96.1%	(2)99.1%	(33)98.1%	(46)98.1%	(6)99.1%	(9)97.5%	(14)98.0%	(21)96.4%	(141)77.8%	(114)95.6%
Other Core Mandatory	Prevent Level Three (WRAP)	1,871	3 yrs	el	0.1%	(151)91.9%	(1)88.9%	(12)92.7%	(0)100.0%	(3)95.2%		(1)92.3%	(11)94.7%	(47)77.1%	(76)93.7%
Resuscitation	Adult Basic Life Support Practical - 1 Year	420	1 yr	f2f	-0.7%	(100)76.2%		(29)72.4%		(1)75.0%					(70)77.5%
Resuscitation	Adult Basic Life Support Practical - 2 Year	7,383	4 yrs	f2f	-0.1%	(744)89.9%	(3)90.9%	(132)90.6%	(2)94.3%	(28)96.2%		(2)98.3%	(91)88.4%	(273)67.7%	(213)93.8%
Resuscitation	Advanced Life Support	28	4 yrs	f2f	0.0%	(8)71.4%				(0)100.0%					(8)70.4%
Resuscitation	Advanced Paediatric Life Support	107	2 yrs	f2f	0.0%	(52)51.4%									(52)51.4%
Resuscitation	Basic Life Support e-learning	7,766	1 yr	el	-0.6%	(822)89.4%	(2)93.9%	(112)92.3%	(2)94.3%	(47)93.6%		(9)92.4%	(73)90.7%	(238)71.8%	(339)91.0%
Resuscitation	Immediate Life Support (ILS)	650	1 yr	f2f	-0.1%	(147)77.4%		(2)50.0%				(6)70.0%			(139)77.8%
Resuscitation	Newborn Basic Life Support (NBLS)	566	1 yr	Blended	-1.5%	(149)73.7%	(1)0.0%	(35)57.3%					(5)70.6%	(5)84.8%	(103)76.2%
Resuscitation	Paediatric Basic Life Support (PBLS)	2,584	1 yr	Blended	0.4%	(453)82.5%	(1)88.9%	(151)74.7%	(1)80.0%	(42)94.3%		(2)97.7%	(26)78.7%	(31)69.6%	(199)78.5%
Resuscitation	Paediatric Immediate Life Support (PILS)	382	1 yr	f2f	-0.3%	(111)70.9%				(0)100.0%					(111)70.8%
Fire	Fire Evacuation	6,018	1 yr	f2f/el	-0.1%	(733)87.8%	(3)81.3%	(202)86.4%	(3)90.6%	(65)88.7%	(13)85.4%	(3)93.6%			(444)88.2%
Fire	Fire Safety Awareness	11,859	2 yrs	el	-0.3%	(477)96.0%	(4)98.3%	(58)97.0%	(42)98.3%	(16)97.8%	(12)96.7%	(10)98.6%	(32)95.9%	(145)82.8%	(158)95.8%
Infect Ctrl	Infection Prevention and Control - Level 1 - 2 Years	4,822	2 yrs	el	-0.7%	(213)95.6%	(0)100.0%	(11)97.4%	(52)97.8%	(0)100.0%	(11)96.9%	(10)98.4%	(2)92.6%	(71)80.8%	(56)88.3%
Infect Ctrl	Infection Prevention and Control - Level 2 - 2 Years	7,038	2 yrs	el	-0.1%	(278)96.1%	(3)98.4%	(48)96.8%	(1)98.7%	(13)98.0%	(0)100.0%	(0)100.0%	(28)96.3%	(67)85.9%	(118)96.4%
Moving & Handling	Moving and Handling - Level 1	11,859	3 yrs	el	-0.3%	(582)95.1%	(3)98.7%	(75)96.1%	(52)97.9%	(26)96.5%	(5)98.6%	(12)98.3%	(35)95.5%	(151)82.1%	(223)94.1%
Moving & Handling	Moving and Handling - Level 2	6,048	2 yrs	f2f	-0.1%	(695)88.5%	(0)100.0%	(186)87.7%	(2)89.5%	(44)93.2%		(6)93.3%			(457)87.9%
Moving & Handling	Patient Moving and Handling - e-learning	6,052	1 yr	el	-0.8%	(400)93.4%	(0)100.0%	(83)94.5%	(1)94.4%	(26)96.0%		(4)95.6%			(286)92.4%
Safeg'dg Adults	Safeguarding Adults - Level 1	7,993	3 yrs	el	-0.7%	(366)95.4%	(3)98.7%	(38)98.0%	(43)98.3%	(3)97.8%	(8)97.8%	(13)98.1%	(11)86.3%	(111)38.0%	(136)92.9%
Safeg'dg Adults	Safeguarding Adults - Level 2	4,337	3 yrs	el	-1.1%	(359)91.7%	(5)97.4%	(44)97.1%	(12)91.5%	(2)98.5%		(3)98.2%	(11)85.9%	(137)23.5%	(145)92.4%
Safeg'dg Adults	Safeguarding Adults - Level 3	4,026	3 yrs	el	0.0%	(1094)72.8%	(1)90.0%	(2)66.7%		(96)84.2%		(0)100.0%	(148)79.4%	(373)53.7%	(474)74.7%
Safeg'dg Children	Safeguarding Children - Level 1	11,859	3 yrs	el	-0.3%	(462)96.1%	(2)99.2%	(40)97.9%	(50)98.0%	(0)98.8%	(9)97.5%	(13)98.1%	(25)96.8%	(146)82.7%	(168)95.6%
Safeg'dg Children	Safeguarding Children - Level 2	8,189	3 yrs	el	-0.5%	(499)93.9%	(9)95.6%	(59)96.2%	(12)91.8%	(14)98.1%		(3)98.2%	(30)96.2%	(159)81.2%	(213)94.4%
Safeg'dg Children	Safeguarding Children - Level 3	1,493	3 yrs	f2f/el	-0.2%	(218)85.4%	(0)100.0%	(19)82.1%	(3)72.7%	(9)86.2%		(1)93.3%	(8)96.0%	(33)78.0%	(145)84.5%
Safeg'dg Children	Safeguarding Children - Level 3 - 1 Year	361	1 yr	f2f/el	-1.3%	(70)80.6%		(18)69.5%					(3)76.9%	(12)45.5%	(37)86.1%
	Overall Compliance				-0.3%	**93.5%**	**97.9%**	**94.9%**	**98.1%**	**95.9%**	**97.3%**	**98.0%**	**93.4%**	**77.9%**	**92.4%**

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

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:	**2097**	**419**	**351**	**616**	**323**	**218**	**78**	**92**
Accident	**451**	106	98	101	67	36	16	27
Blood/bodily fluid exposure (dirty sharps/splashes)	**293**	87	62	51	37	48	5	3
Environmental Issues	**181**	26	43	26	27	32	13	14
Equipment / Device - Non Medical	**17**	7	1	3	5	1	0	0
Moving and Handling	**80**	20	9	16	24	5	2	4
Sharps (clean sharps/incorrect disposal & use)	**88**	26	12	13	7	18	7	5
Slips, Trips, Falls	**109**	20	23	14	15	9	5	23
Violence & Aggression	**841**	117	99	391	135	60	23	16
Work-related ill-health	**37**	10	4	1	6	9	7	0

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

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

A total of 2,097 health and safety incidents were reported in the previous 12 months.

906 (43%) incidents resulted in harm. The highest reporting categories were violence and aggression (40%), accidents (22%) and blood/bodily fluid exposure (14%).

1,397 (67%) of incidents affected staff, 622 (30%) affected patients and 78 (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 (42%), accidents (37%) and environmental issues (8%).

The highest reported incident categories for others were: slips, trips and falls (28%), violence & aggression (27%) and accidents (23%).

Staff incident rate is 10.9 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 616 incidents. Of these, 63% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (50%).

In the last 12 months, 61% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In February 2024, two incidents were reported to the HSE:

Over 7 day injury:
➤ The Injured Person (IP) was undertaking a lateral transfer of a patient from the operating table to the bed. The IP rolled the patient and transferred them using the PAT slide. The IP experienced pain and aching in their lower back. The IP took analgesia and was unable to undertake any further moving and handling during that shift. The IP was subsequently off work over 7 days as a result of the injury.

Dangerous occurrence:
➤ An autopsy saw was being cleaned after use on a patient with Hep C infection. During cleaning, the staff member sustained a small 1cm scratch on their right forearm. Appropriate first aid was administered and follow up with occupational health.

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

Health and Safety Incidents

No. of health and safety incidents affecting staff:
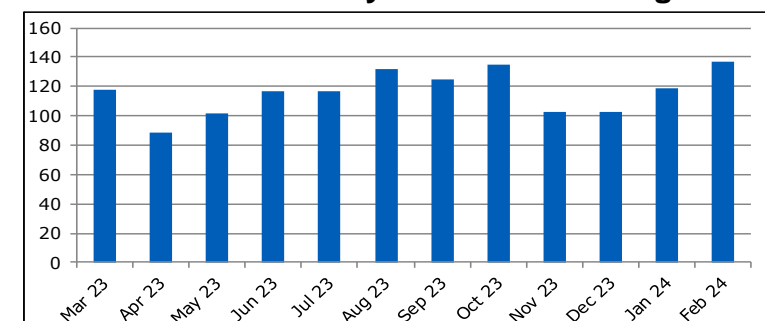
	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Total
Accident	21	13	13	14	14	24	17	21	12	9	23	19	**200**
Blood/bodily fluid exposure (dirty sharps/splashes)	20	18	22	23	14	22	23	36	16	21	23	30	**268**
Environmental Issues	8	8	10	14	7	17	10	7	13	9	7	9	**119**
Moving and Handling	9	3	5	7	5	3	7	2	8	2	3	3	**57**
Sharps (clean sharps/incorrect disposal & use)	3	10	3	7	7	8	3	5	5	5	8	6	**70**
Slips, Trips, Falls	4	6	8	3	10	5	10	8	9	8	6	10	**87**
Violence & Aggression	50	30	38	45	56	51	52	52	39	42	47	57	**559**
Work-related ill-health	3	1	3	4	4	2	3	4	1	7	2	3	**37**
Total	**118**	**89**	**102**	**117**	**117**	**132**	**125**	**135**	**103**	**103**	**119**	**137**	**1397**

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

	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Total
No. of health & safety incidents	118	89	102	117	117	132	125	135	103	103	119	137	**1397**
Staff incident rate per month/year	0.9	0.7	0.8	0.9	0.9	1.0	1.0	1.1	0.8	0.8	0.9	1.1	**10.9**

No. of health and safety incidents affecting patients:
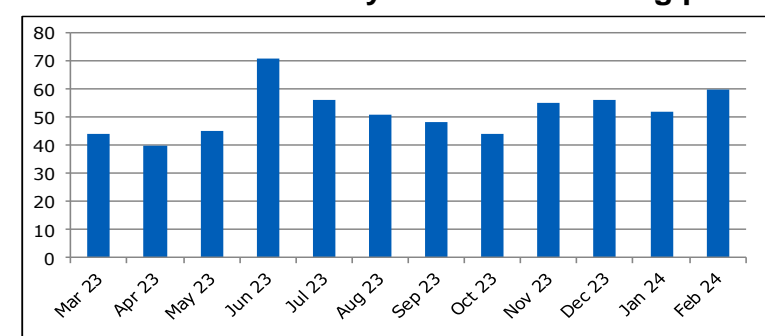
	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Total
Accident	21	13	19	29	14	20	18	21	19	22	19	18	**233**
Blood/bodily fluid exposure (dirty sharps/splashes)	1	3	2	2	2	0	2	4	0	3	0	2	**21**
Environmental Issues	1	2	4	6	3	4	2	4	12	5	3	4	**50**
Equipment / Device - Non Medical	0	0	1	2	6	1	0	0	1	1	2	3	**17**
Moving and Handling	2	1	2	3	0	1	2	4	1	2	1	4	**23**
Sharps (clean sharps/incorrect disposal & use)	3	2	0	4	3	0	2	0	1	1	0	1	**17**
Violence & Aggression	16	19	17	25	28	25	22	11	21	22	27	28	**261**
Total	**44**	**40**	**45**	**71**	**56**	**51**	**48**	**44**	**55**	**56**	**52**	**60**	**622**

No. of health and safety incidents affecting others ie visitors, contractors and members of the public:
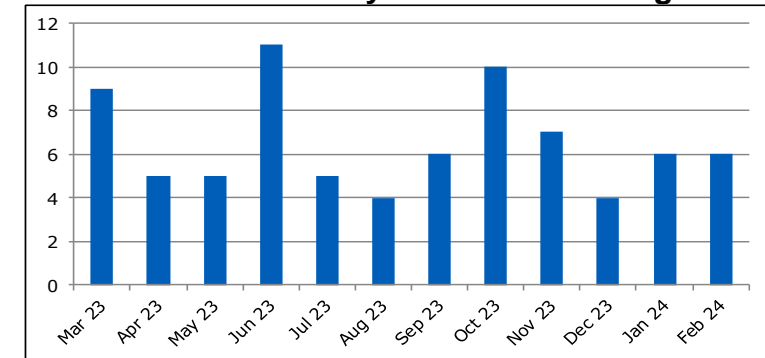
	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Total
Accident	2	2	1	2	1	1	1	1	3	2	0	2	**18**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	1	0	0	0	0	0	0	0	0	1	2	**4**
Environmental Issues	2	1	2	1	1	0	1	3	1	0	0	0	**12**
Sharps (clean sharps/incorrect disposal & use)	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Slips, Trips, Falls	4	0	0	3	2	3	1	3	2	1	3	0	**22**
Violence & Aggression	1	1	2	5	1	0	3	3	1	1	1	2	**21**
Total	**9**	**5**	**5**	**11**	**5**	**4**	**6**	**10**	**7**	**4**	**6**	**6**	**78**