








NHS
Cambridge University Hospitals
NHS Foundation Trust

Integrated Report

Quality, Performance, Finance and Workforce

to end October 2020

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

Report compiled: 30/11/2020

Key

Key

Data variation indicators


Normal variance - all points within control limits

Negative special cause variation above the mean

Negative special cause variation below the mean

Positive special cause variation above the mean

Positive special cause variation below the mean

Rule trigger indicators

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

Target status indicators

Target has been and statistically is consistently likely to be achieved

Target failed and statistically will consistently not be achieved

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

Owner(s): Nicola Ayton, Ashley Shaw, Ed Smith, Lorraine Szeremeta, David Wherrett

Quality Account Measures

NHS Cambridge University Hospitals NHS Foundation Trust

2020/21 Performance Framework

2020/21 Quality Account Measures

Domain	Indicator	Data to	Target	Aug 20 Previous Month-1	Sep 20 Previous Month	Oct 20 Current status	Trend	FYtD	Baseline	LTM
Safe	>80% of patients are escalated in accordance with the NEWS2 escalation policy in order to meet the quality standard of 90%	Aug-20	80%	N/A	N/A	N/A	▪	0%	0.0%	0%
	>90% of agreed areas complete an observational audit within 12 months from April 2020	Apr-20	90%	N/A	N/A	N/A	▪	N/A	25.0%	N/A
	>90% of Serious Incidents actions meet the quality standard of (>90%)	Aug-20	90%	N/A	N/A	N/A	▪	55%	0.0%	55%
Effective / Responsive	% of early discharges **(existing metric)**	Oct-20	30%	38.1%	40.2%	39.4%	⇩	41.6%	15.3%	41.0%
	Percentage of in-patient discharges on a Saturday and Sunday compared to the rest of the week (calculated as the average daily discharges on Sat/Sun divided into the average daily discharges Mon-Fri). Excludes day cases.	Oct-20	80%	N/A	N/A	N/A	▪	67.7%	68.9%	57.8%
	Same day emergency care (SDEC)	Oct-20	92%	N/A	N/A	N/A	▪	N/A	19.6%	N/A
Patient Experience / Caring	>90% of actions are completed within the agreed date (Actions from Complaints graded 3 or above)	Mar-20	90%	N/A	N/A	N/A	▪	N/A	0.0%	73.0%
	>90% of areas (Adult inpatient wards excluding Rosie) access their MES data on a monthly basis	Apr-20	80%	N/A	N/A	N/A	▪	N/A	35%	N/A
				Aug 20	Sep 20	Oct 20				
	Total complaints responded to within initial set timeframe or by agreed extension date **(existing metric)**	Oct-20	90%	100.0%	97.6%	N/A	▪	N/A	80.0%	N/A
				Aug 20	Sep 20	Oct 20				
Staff Experience / Well-led	Nursing and Midwifery vacancy rate for band 5 nurses **(existing metric)**	Oct-20	6.6%	11.7%	13.2%	13.3%	⇩	0.0%	6.5%	7.9%
				2016	2017	2018				
	I feel secure about raising concerns re unsafe clinical practice within the organisation. **(existing metric)**		76.0%	75.0%	73.0%	74.0%	⇧		74.0%	
	People saying ' my appraisal helped me to improve how I do my job' **(existing metric)**		28.0%	22.0%	24.0%	26.0%	⇧		26.0%	

Safe - No audit has been completed in relation to NEWS2 as the audit methodology has been changed. Data collection for the audit was approved at the September Patient Safety Group and will be expected to be reported on during October 2020.

Safe - No SIs were submitted to the CCG in October and therefore there is no associated action plan that required assessment of quality standards

Patient Experience - Due to the PALS/Complaints/Feedback teams supporting the PALS Helpline during Covid other monitoring was suspended. These activities will be coming back on stream and

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

2020/21 Performance Framework

Performance Framework - Quality Indicators				Aug 20	Sep 20	Oct 20				
Domain	**Indicator**	**Data to**	**Target**	**Previous Month-1**	**Previous Month**	**Current status**	**Trend**	**FYtD**	**Previous FYR**	**LTM**
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	Oct-20	0	0	1	0	⇧	1	3	3
	E.Coli Bacteraemias (Total Cases)	Oct-20	50%over 3 years	40	38	37	⇧	218	406	373
	C. difficile Infection (hospital onset and COHA* avoidable)	Oct-20	TBC	9	5	6	⇩	37	N/A	N/A
	Hand Hygiene Compliance	Oct-20	TBC	98.03%	97.81%	97.18%	⇩	97.7%	96.4%	97.3%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Oct-20	100%	80.0%	33.3%	N/A	⇧	40.7%	38.6%	38.1%
	% of relevant NICE recommendations recorded as met in the returned baseline assessment. ('last month')	Oct-20	85%	-	-	0.0%	▪	0.0%	77.3%	14.4%
	% of NICE quality standards where the gap analysis was returned in line with the NICE policy. ('last month')	Oct-20	100%	0.0%	25.0%	0.0%	⇩	11.1%	28.6%	9.1%
	% of data submitted to national clinical audits (rolling YTD) Target is 100% at FYR end	Oct-20	100%	N/A	N/A	N/A	⇔	-	-	-
	% of national clinical audits with an action plan in place at 12 weeks post publication (last month)	Oct-20	100%	N/A	N/A	N/A	⇔	0.0%	24.6%	22.9%
	% of national clinical audits with completed recommendations (last month)	Oct-20	100%	0.0%	100.0%	N/A	⇧	40.0%	75.0%	72.3%
	External Visit/Inspection closed within the required timescale (%).	Oct-20	100%	50.0%	57.1%	42.1%	⇩	49.3%	39.5%	66.2%
Nursing Quality Metrics	Blood Administration Patient Scanning	Oct-20	90%	98.6%	99.0%	99.3%	⇧	99.2%	99.3%	99.3%
	Care Plan Notes	Oct-20	90%	95.3%	95.3%	95.8%	⇧	95.7%	94.7%	95.3%
	Care Plan Presence	Oct-20	90%	98.7%	99.4%	99.5%	⇧	99.3%	98.1%	98.9%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Oct-20	90%	79.7%	78.2%	77.5%	⇩	79.0%	76.4%	77.8%
	Nurse Rounding	Oct-20	90%	99.7%	99.7%	99.7%	⇩	99.7%	99.7%	99.7%
	Nutrition Screening	Oct-20	90%	83.5%	83.9%	82.5%	⇩	83.5%	80.1%	81.6%
	Pain Score	Oct-20	90%	87.3%	88.4%	88.0%	⇩	88.4%	88.1%	88.3%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Oct-20	90%	75.0%	73.1%	72.4%	⇩	73.5%	94.8%	72.1%
	PEWS Score Recording	Oct-20	90%	99.0%	99.2%	98.7%	⇩	98.6%	97.7%	98.1%
	NEWS Score Recording	Oct-20	90%	96.9%	97.0%	97.2%	⇧	96.6%	96.7%	96.7%
	VIP									
	VIP Score Recording (1 per day)	Oct-20	90%	94.6%	94.7%	94.4%	⇩	95.1%	93.3%	94.3%
	PIP Score Recording (1 per day)	Oct-20	90%	90.9%	87.4%	87.9%	⇧	89.0%	86.6%	86.6%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	-	-	-	▪	2	16	15
	Number of overdue complaints	Oct-20	0	0	1	0	⇩	3	109	44
	Re-opened complaints (non PHSO)	Oct-20	N/A	5	7	11	⇩	41	103	79
	Re-opened complaints (PHSO)	Oct-20	N/A	1	1	0	⇩	4	4	8
				Aug 20	Sep 20	Oct 20				
	Number of medium/high level complaints	Oct-20	N/A	19	16	9	⇩	96		167

Author(s): Various

Owner(s): Giles Thorpe

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Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

2019/20 Performance Framework

Taskforce	Indicator	IPC Data range	Oct-20	Baseline (same month 19/20)	Variance to baseline (#)	% var to baseline (activity shown as % delivery of baseline)	Variance	Special causes	Comments
Cohorting and Configuration	Long stay patients (>21 LoS)	Apr 19 - Oct 20	166	170	-4	-2%	L	S7	Long-stay patients have decreased by -4 (-2%) compared to October 2019.
	Discharge lounge usage	Apr 19 - Oct 20	288	430	-142	-	H	R7	142 fewer patients utilised the discharge lounge in October compared to last year. It should be noted that the maximum capacity of the discharge lounge has been reduced to 8 patients from 13 prior to COVID due to social distancing.
	Discharges before noon	Apr 19 - Oct 20	12%	15%	-3%	-	L	S7	Discharges before noon decreased from 15% to 12% compared to last year. This is something we are pushing hard over the next eight weeks.
	Weekend discharge rate (simple)	Apr 19 - Oct 20	78%	74%	4%	-		-	The weekend discharge rate for simple discharges was 4% higher compared to last October, against an overarching target of 80%.
	Weekend discharge rate (complex)	Apr 19 - Oct 20	34%	20%	14%	-		-	The weekend discharge rate for complex discharges was 14% higher compared to last October but still significantly lower than the weekdays.
Urgent and Emergency Care	Non-elective admissions	Apr 19 - Oct 20	3,341	3,990	-649	84%	L	S7	In October there were 649 fewer non-elective admissions to the hospital compared to October 2019, representing 84% of prior year levels.
	Admissions via ED (excluding Rosie)	Apr 19 - Oct 20	2,618	3,308	-690	79%	L	S7	Admissions via the ED reduced by 690, equivalent to 79% of baseline. This is partly attributable to the increase in same day emergency care.
	ED attendances	Apr 19 - Oct 20	9,253	11,149	-1896	83%	L	S7	ED attendances reduced by 1,896 in October compared to October 2019. This is a reduction in daily attendances from 359 to 298.
	12hr waits in ED (type 1)	Apr 19 - Oct 20	546	297	249	84%	H	SP	12hr waits in ED increased significantly (+249, +84%) to 546. The high level of 12hr waits in October was primarily caused by exit block from the department due to reduced capacity as a result of Covid.
	Time to initial medical assessment (mins)	Apr 19 - Oct 20	72	114	-42	-37%	L	S7	Time to initial medical assessment decreased by 42 minutes (-37%).
	Streamed to GP	Apr 19 - Oct 20	1,177	1077	100	9%		-	There were 100 additional patients streamed to primary care compared to last October (+9%).
	ED conversion rate	Apr 19 - Oct 20	28.3%	30.0%	-1.7%	-		-	The ED conversion rate fell from 30.0% in October 2019 to 28.3% in October 2020.
Critical Care and Elective activity	Elective admissions (incl. day case and IP, excl. regular attenders)	Apr 19 - Oct 20	7,074	8,161	-1087	87%		-	Elective admissions were 7,074 in October, 1,087 fewer than last year. This is equivalent to activity at 87% of baseline.
	Average theatre turnaround time (mins)	Apr 19 - Oct 20	28	19	9	47%		-	The average theatre turnaround time was 28 minutes, 9 minutes longer than last October. However, this has been improving week-on-week throughout September and October and benchmarks well with other Trusts.
	Theatre sessions used	Apr 19 - Oct 20	1,135	1,515	-380		L	S7	The Trust used 380 fewer theatre sessions this October, equivalent to 75% of last October's activity as a result primarily.
	Total operations performed (incl. Emergency/Maternity)	Apr 19 - Oct 20	2,575	3,438	-863	75%	H	R7	Total operations performed reduced by 863 compared to last October.
	52 weeks waits on RTT pathway (unvalidated)	Apr 19 - Oct 20	1,836	1	1,835	-	H	SP	An additional 1,835 patients have waited >52 weeks on an RTT pathway compared to last October from a baseline of one.

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

2019/20 Performance Framework

Taskforce	Indicator	IPC Data range	Oct-20	Baseline (same month 19/20)	Variance to baseline (#)	% var to baseline (activity shown as % delivery of baseline)	Variance	Special causes	Comments
Diagnostics	Diagnostic waiting list	Apr 19 - Oct 20	14605	8430	6,175	73%		SP	The diagnostic waiting list has grown from 8,430 to 14,525 last October (+6,095, +72%). This has been decreasing throughout October however as activity has increased.
	Diagnostic activity	Apr 19 - Oct 20	15,317	16,516	-1,199	93%		-	Diagnostic activity has reached 94% of baseline levels.
	Patients waiting >6 weeks for diagnostic	Apr 19 - Oct 20	30,828	1,183	29,645	2506%		SP	Patients waiting >6 weeks for a diagnostic test increased by 29,645 compared to last October.
Outpatients	Attendance levels	Apr 19 - Oct 20	52,270	56,815	-4,545	92%		-	Outpatient attendances reached 85% of baseline levels, driven predominately by follow-up appointments.
	Attendance via phone/video	Apr 19 - Oct 20	16,580	916	15,664	1710%		SP	34% of outpatient appointments were conducted via phone or video in October.
	Referral levels	Apr 19 - Oct 20	18,910	22,321	-3,411	85%		-	Outpatient referral levels reached 85% of baseline levels.

Taskforce	Indicator	IPC Data range	w/e 14th Nov 2020	Baseline (same week 19/20)	Variance to baseline (#)	% var to baseline (activity shown as % delivery of baseline)	Variance	Special causes	Comments
Cross cutting	Cancer 2WW referrals	15/07/19 - 08/11/20	500	457	43	109%		-	2-week wait referrals for cancer increased by 43 compared to October 2019 (+9%).
	Cancer >31 day waits	02/01/20 - 08/11/20	22	21	1	5%		R7	22 patients waited more than 31 days for treatment compared to 21 in October 2019.
	Cancer >62 day waits	03/07/19 - 08/11/20	74	64	10	16%		S7	An additional 10 patients waited more than 62 days for treatment compared to October 2019.
	Cancer >104 day waits	03/07/19 - 08/11/20	23	17	6	35%		SP	Patients waiting more than 104 days for treatment increased from 17 last October to 23 in October 2020.
	Patients waiting 28 day for diagnosis	03/07/19 - 08/11/20	304	214	90	42%		SP	An additional 90 patients (+42%) waited more than 28 days for a diagnosis compared to October 2019.

Phase 3 Performance

NHS Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Area	Metric		PLAN	PHASE 3 AMBITION
		Oct-20	Forecast per Phase 3 return	Required achievement by Sep-20
Elective	Elective in-patients (incl. IS)	83%	-	-
	Elective in-patients (excl. IS)	75%	68%	90%
	Day cases (incl. IS)	87%	-	-
	Day cases (excl. IS)	84%	89%	90%
Diagnostics	MRI	104%	84%	100%
	CT	98%	94%	100%
	Colonoscopy	91%	68%	100%
	Cystoscopy	106%	-	100%
	Flexible sigmoidoscopy	86%	75%	100%
	Gastroscopy	90%	76%	100%
Outpatients	Outpatients (first)	73%	79%	100%
	Virtual OP (% of first) - Actual	18%	21%	-
	Outpatients (follow-up)	95%	95%	100%
	Virtual OP (% of follow-ups) - Actual	44%	59%	60%
	Virtual OP (TOTAL)	34%	44%	25%

Overall:
In October, the Trust met or exceeded the Phase 3 ambition for MRI, Cystoscopy and for virtual outpatient appointments. Against the internal forecast for October, the Trust met or exceeded forecast on all elements with the exception of day cases, first outpatient appointments and virtual OP (% of follow-ups). Activity was higher in all areas in October compared to September, demonstrating continuing improvement.
Looking ahead, the greatest risks to delivery of inpatient elective and day cases remain the number of Covid inpatients and non-Covid non-elective activity levels. Should staff be required for critical care surge or to support ward staffing levels, this will impact on theatre capacity. It should also be noted that it is highly likely that our access to the independent sector will significantly reduce from January. There are currently around 64 procedures taking place each week in the independent sector, equating to c. 12% of all elective operations. This reduction in access will not impact on delivery against the phase 3 recovery metrics but will impact on our overall activity and will lead to increasing waits for patients should we be unable to reprovide this activity.

Elective:
Elective in-patients (excluding independent sector) achieved 75% versus plan of 68%. This is -15% short of the national ambition of 90%. There is significant variation by specialty within this Trust-wide figure. The highest activity levels by volume were achieved by Neurosurgery, which delivered 87.0 % of its activity compared to last year. Urology had the second-highest delivery by volume but achieved a lower level of 69.7% compared to last year. Trauma and Orthopaedics (T&O), the third-highest specialty by volume, saw significantly lower levels of activity compared to last year (41.1%). This is in part due to patients within T&O typically having lower clinical priority scoring. Paediatric specialties saw 92.0% of their activity compared to last October. In-patient beds remain highly constrained during November and therefore the Trust has had to cancel a number of elective operations due to insufficient capacity. Whilst this is likely to have an impact on November's performance, we remain committed to maximising elective activity, including through the use of four theatres in the independent sector. A key risk to the delivery of elective activity in Q4 is that the period of the current contract with the independent sector ends in December. Future use of independent sector capacity is currently being agreed at a national level.
Day cases achieved 84% compared to planned levels of 89%. This is -6% below the national ambition of 90%. These lower activity levels were due to a number of factors, including the prioritising of more complex in-patients for theatre space and specialty-specific constraints including a reduction in neuro theatre availability and staff shortages due to shielding and sickness in the Allergy service. It should be noted that October day case activity of 5,790 was an increase of 942 (+19%) on the 4,848 seen in September 2020, so we are seeing month-on-month improvement. A return to pre-COVID operating timetables from 2nd November, which include higher scheduled levels of day case activity, will support further improvements.

Diagnostics:
All diagnostic procedures met or exceeded planned levels. MRI and Cystoscopy also exceeded national ambitions. Further work is being performed to improve endoscopy activity, including a review of insourcing to help with trained nurse shortages, scoping alternatives to Newmarket swabbing for patients who cannot get there, and identifying patients who wish to defer their procedure due to COVID concerns.

Outpatients:
Outpatient First appointment levels of 73% did not achieve forecast levels of 79% or the national ambition of 100%. This was due in part to lower levels of diagnostic imaging performed this October compared to October 2020. In addition, Ophthalmology saw 383 fewer first outpatients than last year due to the nature of the service requiring face to face appointments and therefore being more constrained by social distancing requirements on site. There are a number of projects underway to increase activity. For example, a range of initiatives in Ophthalmology including: new glaucoma fast track weekend clinics from January; a switch to telephone preassessment clinics; virtual triaging by optometrists and a business case for a mobile eye unit with support from ACT. The taskforce is focusing on high volume specialties with the highest variance to baseline over the previous three months.
Outpatient Follow-up appointments achieved their forecast levels of 95% despite falling short of the 100% national ambition. The Trust also exceeded the target of 25% of outpatient appointments to be made by phone or video; in October we achieved 34%. The Trust's focus is to increase the volume of appointments completed via phone/video across all specialties to improve our rates of activity further.

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

Serious Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

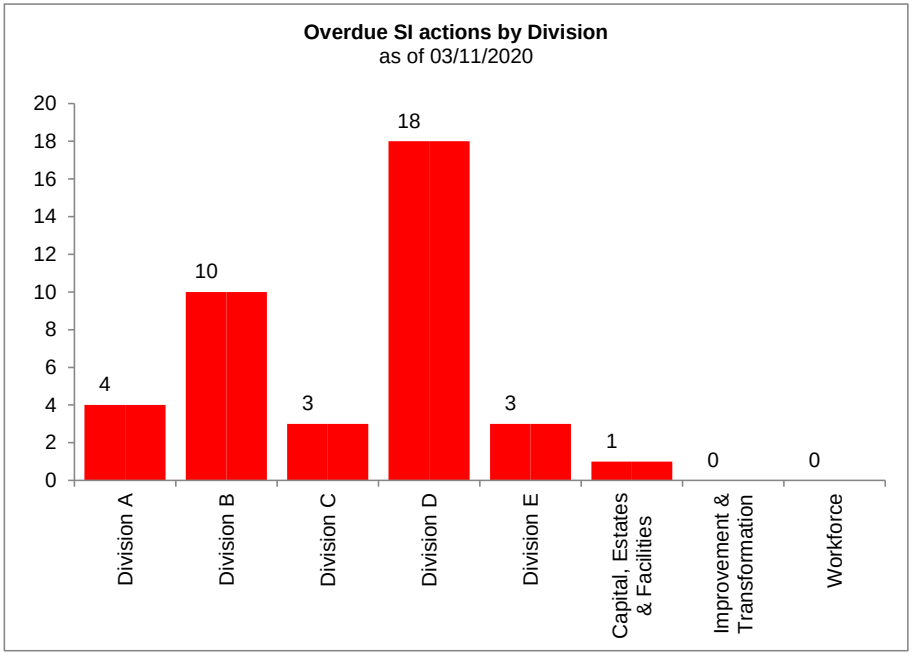
Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Nov 17 - Oct 20	month	-	1547	1378		-	-	There is currently normal variance in the number of incidents affecting patients.
Percentage of moderate and above patient safety incidents	Jan 19 - Oct 20	month	2%	1.4%	1.4%		-		There is currently normal variance in the percentage of moderate and above patient safety incidents and remains within target.
All Serious Incidents	Nov 17 - Oct 20	month	-	7	5		-	-	There is currently normal variance in the number of serious incidents commissioned with the CCG. In October 2020 there were 7 serious incidents commissioned, details of which can be found in the table below.
Serious Incidents submitted to CCG within 60 working days	Nov 17 - Oct 20	month	100%	0%	50%		-		There is currently normal variance in the number of SIs being submitted to the CCG within 60 working days. Out of 5, 0 were submitted in October 2020 within the 60 day target.

Ref	STEIS SI Sub-category	Actual Impact	Div.	Ward / Dept.
SLR100591	Pressure ulcer meeting	Severe / Major	D	C8
SLR100780	Maternity/Obstetric incident	No Harm	E	NICU
SLR100956	Diagnostic incident including delay meeting	Severe / Major	B	Imaging-X-Ray
SLR101438	Apparent/actual/suspected self-inflicted harm	Severe / Major	A	C7
SLR101686	Treatment delay	No Harm	C	G5
SLR101842	Treatment delay	No Harm	C	Emergency department
SLR102268	Pressure ulcer meeting	Severe / Major	C	G3

Executive Summary

The number of patient satefy incidents reported remains within normal variance. The number of incidents leading to moderate harm or above remains within normal variance at 1.4%. There were 7 Serious incidents commissioned in October 2020. This, although an increase from last month, is within normal variance. Compliance with Serious Incident Investigation report submission within the 60 target remains a challenge. The Patient Safety Team are updating the CCG weekly, escalating where submissions may be off track and are seeking solutions with the Divisional teams through the SI Quality Improvement Plan. This is discussed weekly at the Serious Incident Executive Review Panel.



Author(s): Kelly Gibb / Clare Miller Owner(s): Giles Thorpe

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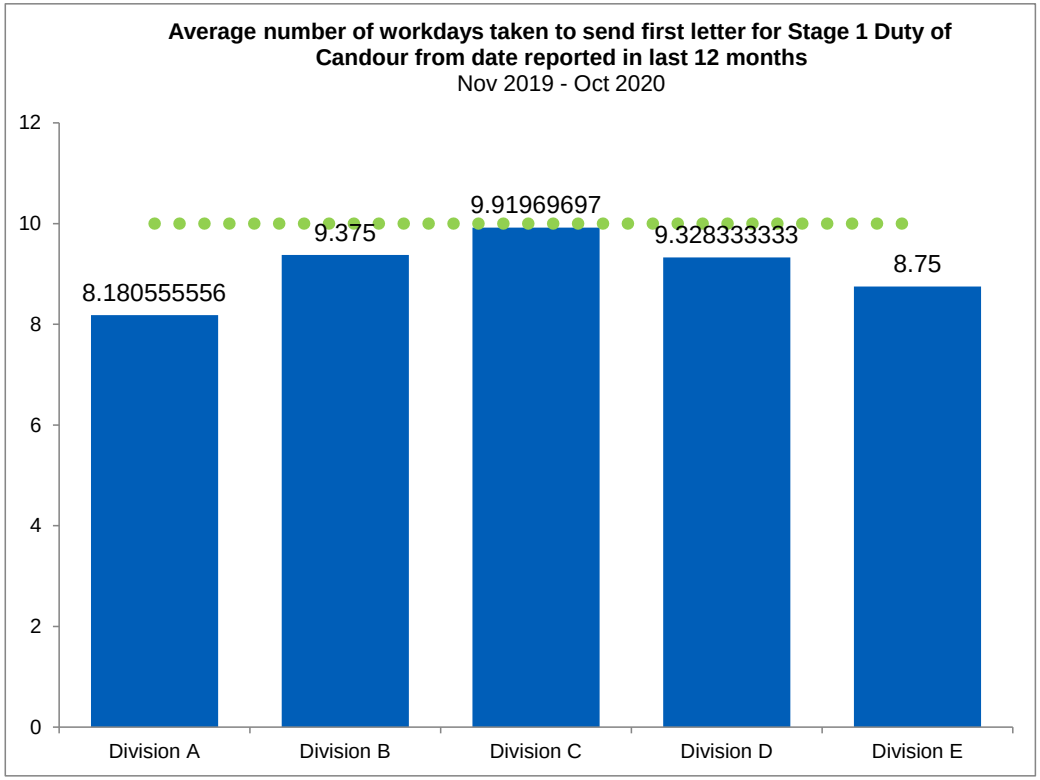
Duty of Candour

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Oct 17 - Oct 20	month	100%	40%	62%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Oct 17 - Oct 20	month	100%	53%	68%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 100% for all confirmed cases of moderate harm or above in Oct 2020. 40% of DOC Stage 1 was completed within 10 working days in Oct 2020. The average number of days taken to send a first letter for stage 1 DOC in Oct 2020 was 15 working days.

Trust wide stage 2** DOC is compliant at 100% for all completed investigations into moderate or above harm in Oct 2020 and 53% DOC Stage 2 were completed within 10 working days,.

During the COVID-19 period and the new incident investigation commissioning process, the statutory principles of DOC remain unchanged. All incidents of moderate harm and above will have DOC undertaken. Revised DOC template letters have been created to support this process.

Indicator definitions

*Stage 1 is notifying the patient (or family) of the incident and sending of stage 1 letter, within 10 working days from date level of harm confirmed at SIERP or HAPU validation.

**Stage 2 is sharing of the relevant investigation findings (where the patient has requested this response), within 10 working days of the completion of the investigation report.

Author(s): Kelly Gibb / Clare Miller

Owner(s): Giles Thorpe

Falls

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	Nov 17 - Oct 20	month	-	148	133		-	-	There were a total of 148falls (inpatient, outpatient and day case) in October 2020. Normal variance has been maintained except for a single point of statistical significance in January 2020
Inpatient falls per 1000 bed days	Nov 17 - Oct 20	month	-	4.32	4.05		-	-	There were 137 inpatient falls in Ooctober 2020. Normal variance has been maintained except for a single point of statistical significance in April 2020
Moderate and above inpatient falls per 1000 bed days	Nov 17 - Oct 20	month	-	0.03	0.06		-	-	There was 1 inpatient fall categorised as moderate harm and above in October 2020.
Falls risk assessment compliance within 12 hours of admission	Nov 17 - Oct 20	month	90%	90%	84%		S7		Statistically, there has been a significant improvement (shift) in the falls risk assessment compliance in the last 12 months. The the goal of ≥90% has been reached for he last 5 months. The system may achieve or fail the target subject to random variation.

Executive Summary

The KPI's for 2020-2021 have been reviewed and ratified at the Trust's Patient Safety Group.
- 95% of patients aged 65 and over have a Lying and Standing Blood Pressure completed within 48hrs of admission
- 95% of patients who require the use of a walking aid have access to one for their sole use within 24hrs of admission
- 95% of patients who have a cognitive impairment have a plan of care in place to help manage their care in relation to this.

Phase 1 and 2 of the the Lying and Standing Blood Presure e-learning pilot hace been completed. Of the 8 wards that participated 5 showed a reduction in their number of falls. Ward and staff moves have been challenges of monitoring compliance with the lying and standing blood pressure guidelines.
The pilot e-learning pack will now be truned into an online version and placed onto DOT. Discussions are due to take place to ascertain if this pack needs to be mandatory.

There has been a further delay in completing the swap out of the current falls alarms to new ones due to further amendments to the proposed contract. The new date for completion is the end of November. The Falls Prevention Co-ordinator has secured 20 extra of the current falls alarms to aid in supply until the contract is signed and the new ones are available.

Further work is underway to strengthen the educational and training resources to support ward staff in following best practice in terms of falls prevention.

The Falls Quality Improvement Programme has been reviewed and high priority projects have been identifed and are currently being actioned.

The Falls Prevention Co-orinator will be trialing awarness/ education and Q+A sessions via Zoom in November and December

Author(s): Debbie Quartermaine Owner(s): Giles Thorpe

Pressure Ulcers

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All HAPUs by date of occurrence	Nov 17 - Oct 20	month	-	18	20		-	-	The total number of HAPUs remains within normal variance
Category 1 HAPUs by date of occurrence	Nov 17 - Oct 20	month	-	10	10		-	-	The number of category 1 HAPUs remains within normal variance
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Nov 17 - Oct 20	month	-	8	10		S7	-	There were 4 x Category 2 HAPUs and 4 x SDTI or unstageable in October 2020. There is a consistant fall with 10 consequetive points below the mean since Jan 2020
Pressure Ulcer screening risk assessment compliance	Nov 17 - Oct 20	month	90%	86%	79%		SP		There has been a statistically significant increase in the PU screening risk assessment compliance in the last 19 months. The upper control limit has been shifted to 86% from November 2018 when a change impacted compliance.
25% reduction threshold of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2020	Apr 19 - Oct 20	month	9	8	6		-		We met our target of a 25% reduction threshold (≤9 HAPUs per month) in 2019/20. A new KPI for 2020/21 of 25% reduction overall and 25% redcuation in heel pressure ulcers has been set. We are on target to meet the overall KPI, we are unlikely to meet the KPI for heels.

Executive Summary

There has been a consistant reduction in category 2 and above HAPUs, with 10 consecutive points below the mean over the last 10 months, we are on track to reach the KPI for 2020-2021 of a 25% reduction overall for HAPUs. Heels continue to be the body area most affected by HAPU and although there is a small reduction, currently we not on track to achieve the KPI of 25% reduction of heel HAPU. The "heels off" campaign has been impacted by the hospital reconfigurations and Covid restrictions affecting the planned changes and education.
Some improvement continues with compliance with risk assessments being completed within 6 hours of admission, a QI plan to update the screeening tool in line with new evidence is underway with change requests to e-hospital team and an education drive to support the changes.
Elderly care, critical care and neurosurgery/ neurology continue to be the specialities with most pressure ulcers with SI investigations underway in Divsion D and Division C

We are continuing to receive referrals for staff with skin care concerns due to PPE masks, though there have been no reported pressure ulcers in the last 2 months. Most concerns currently relate to acne and dermatitis. All staff who report skin concerns through QSIS or through occupational health are supported through the Staff Skincare Service led by the the lead TVN.
The Pressure ulcer steering group has changed to the Tissue Viability Improvement Group to reflect the over-reaching quality improvement workstreams of tissue viability, this will give oversight of pressure ulcers, moisture associated skin damage, leg ulcers and wound care product and equipment management as well as service improvement for the tissue viability team.

Author(s): Carole Young

Owner(s): Giles Thorpe

Sepsis

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Trust internal data									
Sepsis Six Bundle in 1 hour - Emergency Department*	Jul 20 - Sep 20	quarter	95%	32%	48%		-	-	Insufficient data points to determine variance at the current time
Antibiotics within 1 hour - Emergency Department*	Jul 20 - Sep 20	quarter	95%	72%	72%		-	-	Insufficient data points to determine variance at the current time
Sepsis Six Bundle in 1 hour - Inpatient wards**	Apr 20 - Sep 20	quarter	95%	24%	26%		-	-	Insufficient data points to determine variance at the current time
Antibiotics within 1 hour - Inpatient wards**	Apr 20 - Sep 20	quarter	95%	76%	80%		-	-	Insufficient data points to determine variance at the current time
Contractual definition data									
Antibiotics within 1 hour as per contract agreement - Emergency Department***	Sep 20 - Sep 20	quarter	95%	100%	100%		-	-	Insufficient data points to determine variance at the current time
Antibiotics within 1 hour as per contract agreement - Inpatient wards***	Apr 20 - Sep 20	quarter	95%	76%	80%		-	-	Insufficient data points to determine variance at the current time

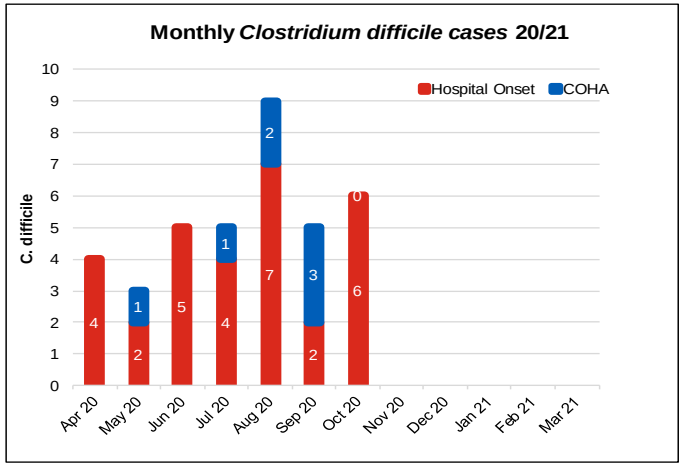
Executive Summary

A decision was made to start the data workbook again after gaps in data affected variance evaluation. For this reason, variance is not calculated due to the presence of only two data points. Above are Vignettes provided by the Consultants in ED as to what some of the causal factors were for compliance, in patients that were audited.

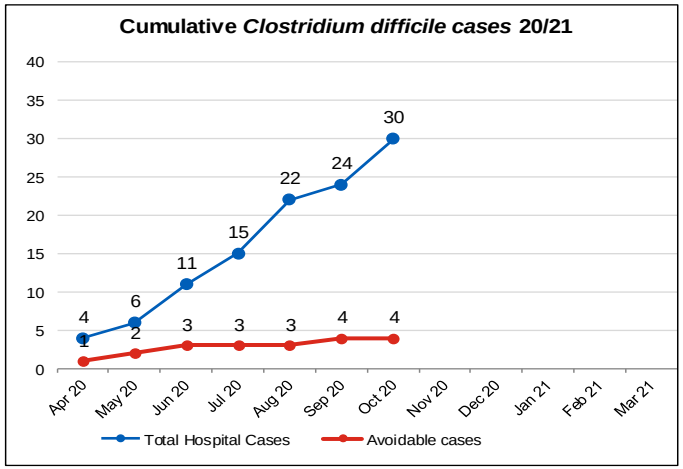
A data meeting is scheduled between the sepsis and deteriorating patient QI Lead, and the consultant sepsis leads for ED and inpatient to discuss how meaning can be brought to the data that is being reported. A review will also be undertaken on how the audits are undertaken to ensure parity with data collection and to provide further assurance that the data collected is valid and reliable.
Reporting of next quater due : Q3 in January 2020

Indicator definitions
* Time taken from attendance in ED
** Time taken from when a patient triggers Sepsis
***Time taken from when a clinician diagnosis sepsis

Infection Control



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



CUH trend analysis

MRSA bacteraemia ceiling for 2020/21 is zero avoidable hospital acquired cases.
- 0 case of hospital onset MRSA bacteraemia in October 2020.
- 0 case of hospital onset MRSA bacteraemia year to date.

C. difficile ceiling for 2019/20 was no more than 95 hospital onset and COHA* avoidable cases. No guidance has been issued for 2020/21.
- 6 cases of hospital onset *C difficile* and 0 cases of COHA in October 2020. 5 cases were unavoidable and 1 case is pending.
- Year to date, 30 cases of hospital onset (26 unavoidable, 3 avoidable and 1 pending) and 7 cases of COHA (6 unavoidable and1 avoidable).

MRSA and C difficile key performance indicators

MRSA bacteraemia ceiling for 2020/21 is zero avoidable hospital acquired cases.
- 0 case of hospital onset MRSA bacteraemia in October 2020.
- 0 case of hospital onset MRSA bacteraemia year to date.

C. difficile ceiling for 2019/20 was no more than 95 hospital onset and COHA* avoidable cases. No guidance has been issued for 2020/21.
- 6 cases of hospital onset *C difficile* and 0 cases of COHA in October 2020. 5 cases were unavoidable and 1 case is pending.
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Infection Control

NHS
Cambridge University Hospitals
NHS Foundation Trust

Hygiene Code

The infection prevention & control code of practice of the Health & Social Care Act 2008

Criterion 1 Have systems to manage and monitor the prevention and control of infection.

Criterion 2 Provide and maintain a clean environment

Criterion 3 Ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance

Criterion 4 Provide accurate information on infections to service users and their visitors in a timely fashion

Criterion 5 Ensure that people with an infection are identified promptly and receive appropriate treatment to reduce the risk of transmission

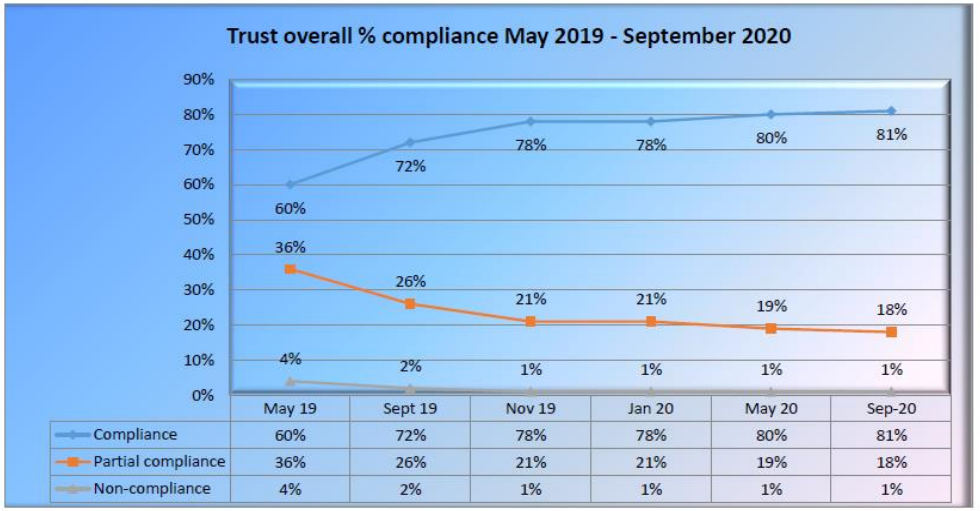
Criterion 6 Ensure that all are fully involved in the process of preventing and controlling infection.

Criterion 7 Provide adequate isolation facilities

Criterion 8 Access to adequate laboratory support

Criterion 9 Have and adhere to infection prevention & control policies

Criterion 10 Ensure that staff are free of and protected from exposure to infections that can be caught at work and that they are educated in the prevention and control of infection associated with the provision of health and social care.



	May 19	Sept 19	Nov 19	Jan 20	May 20	Sep-20
Compliance	60%	72%	78%	78%	80%	81%
Partial compliance	36%	26%	21%	21%	19%	18%
Non-compliance	4%	2%	1%	1%	1%	1%

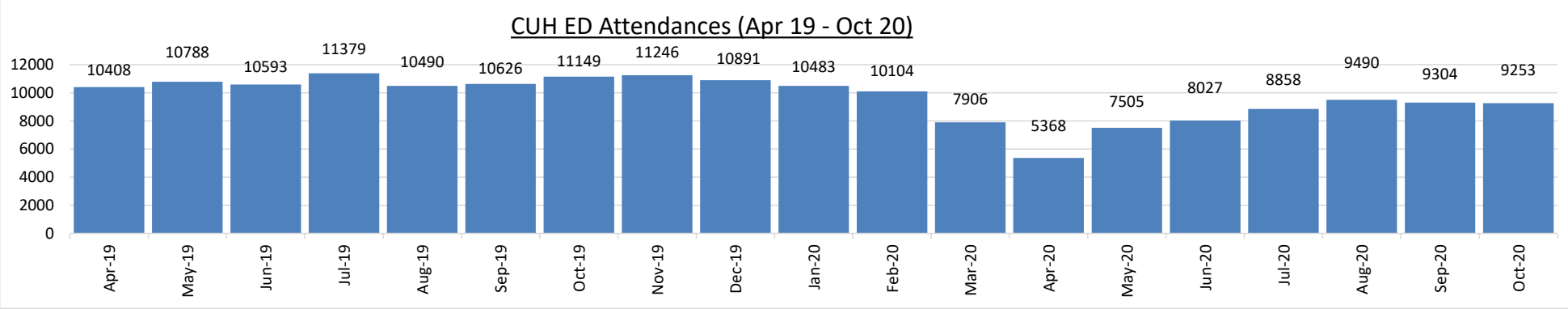
Concerns and actions

All criterions have been reviewed in September 2020 and some documents have been updated..
Criterion 5 and Criterion 8 are fully compliant. The key areas of partial or non-compliance for each criterion are:
Criterion 1 and 2 governance reporting issues, poor condition of estate impacting on cleaning, need to increase knowledge and practice regarding cleaning and tagging of equipment.
Ward/environmental visits walkabouts will continue to monitor and address these issues.
Criterion 3 antimicrobial teaching and dissemination of local data.
Criterion 4 information boards in clinical areas not always compliant with current local data.
Criterion 6 need assurance regarding infection control competencies.
Criterion 7 50% compliance due to lack of adequate isolation facilities.
Criterion 9 non-compliance due to some aspects of infection control not currently covered in specific policies.
Criterion 10 gaps in availability of immunisation records and screening of new starters.

Emergency Department

NHS Cambridge University Hospitals NHS Foundation Trust

National Targets



Emergency Department attendances October 2020

During October - Overall attendances to the CUH Emergency Department were 9,253 compared to 11,149 in October 2019 (-1,896, -17%)

Daily attendances decreased to 298 compared to 360 in October 2019 (-62, -17%)

12hr waits in ED increased significantly (+249, +84%) to 546. The high level of 12hr waits in October was primarily caused by exit block from the department due to reduced capacity as a result of Covid.

There were 111 patients that waited more than 12 hours from their decision to admit compared to 2 in October 2019

The conversion rate decreased to 28% compared to 30% in September 2019.

Additionally 1,481 patients were streamed from ED to the red and green medical assessment units on wards N2 and EAU4, of which 911 were admitted and 570 were discharged. A further 4,019 patients were streamed to the minors area and the primary care service in the urgent treatment centre, compared to 1,077 patients last year, which helped to reduce crowding in the department.

November month to date:

In the November month to date (1st-29th) attendances were 8,122, a decrease of 2,770 (-25.4%) compared to the 10,892 attendances seen by the same point in November 2019. This is equivalent to a fall in daily attendances from 376 to 280 (-96).

During November there have been significant issues with exit block from the department due to limited in-patient bed capacity as a result of Covid ,leading to a number of long waits. In the month to date there have been 634 waits >12hrs from arrival (excluding type 5 activity) compared to 419 at the same point in November 2019. We have reported 172 x 12hr decision to admit breaches in the month to date compared to 5 breaches last November.

Emergency Pathway reconfiguration

Current numbers of patients being assessed on our Red and Green Medical assessment units are averaging 48 patients per day.

The estates works in clinic 5 has begun. This will turn the former outpatient clinic space into an Ambulatory Care/ Same Day Emergency Care area (SDEC).

Phase 2 of the capital investment case, which seeks to construct more negative pressure rooms in our Resus area, is going to tender.

A new taskforce, led by the Chief Operating Officer and the Chief Nurse, was set up in October. This taskforce will review flow and discharges across the wider hospital.

A further estates plan has been agreed to look at building a temporary structure in the ambulance bay to allow 'surge' flexibility and provide clinical space in the event of a major incident under the Civil Contingencies Act.

ED actions - The streaming pilot for the 111 service has been given extended funding until February 2021

A review of the nursing establishment has taken place and the paper is being compiled for consideration at Investment Committee.

The move of ambulatory care in December to clinic 5 will release its current space to become a Children's Observation Unit. Work is underway to develop the staff investment case, estates plan and operating procedure.

Ambulance Handovers - In October 2020 we saw 2,879 conveyances to CUH which was an increase of 24 (+0.9%) compared to 2,701 in October 2019. Of these:

40.2% of handovers were clear within 15mins vs. 55.3% in October 2019

87.2% of handovers were clear within 30mins vs. 93.4% in October 2019

98.0% of handovers were clear within 60mins vs. 98.9% in October 2019.

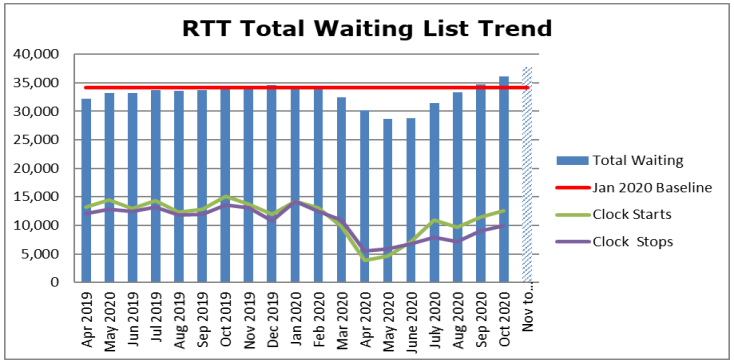
In comparison to the rest of the region, CUH was 7th for ambulance handover performance. Further work has been done in order to reduce delays in handover by extending the HALO (Hospital Ambulance Liaison Officer) contract until April 2021. We have recruited a new team with a fourth staff member to create resilience throughout this time period.

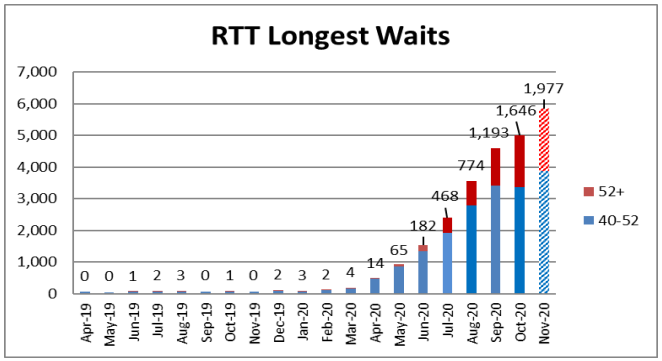
Author(s): James Hennessey

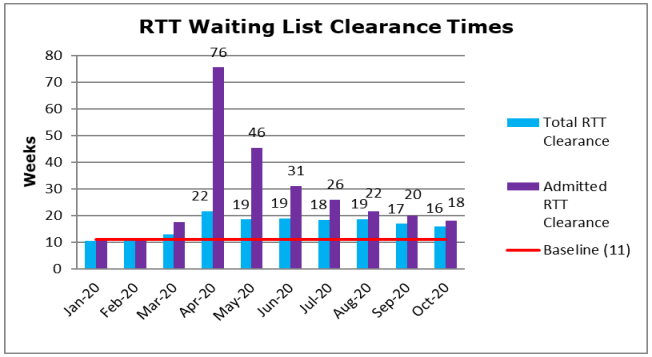
Owner(s): Holly Sutherland

RTT

National Targets







Comments

The Total RTT waiting list size grew by 1,321 in October to 36,090. This takes us 6% above the January 2020 baseline that was the original planning assumption for 2020/21. This growth continues to be driven by the recovering levels of referrals resulting in higher volumes of patients joining the RTT waiting list (clock s tarts). Clock starts represented 35% of the total waiting list size in the month. November to date we have seen GP referrals running at 92% compared to last year. The number of treatments delivered in Octo ber was 73% of the same month last year, October 2019 was the second highest treatment month of the last financail year. Both admitted and non-admitted activity increased this month compared to September by 13% and 9% respectively.

The 92nd percentile waiting time has now increased to 46 weeks from 22 weeks before the pandemic. Admitted patients have ris en to 57 weeks and non-admitted to 39 weeks. The volume of patients waiting over 40 weeks has increased from 107 at the end of February to 5008 as at the end of October. The growth in this coh ort did slow this month. At 411 it was 40% of the growth we have seen over the past 3 months. Looking back over the past 3 months, we have seen that ~50% of patients who reach 40 weeks have gone on t o reach 52 weeks.

There were 1,164 patients still waiting over 52 weeks at the end of ocotober, an increase of 453 in the month. This now re presents 5% of the total waiting list. Twelve patients had waited over 78 weeks, and this threshold is now being reported weekly to NHSE/I across the Region. National data published for September showed an increase in 52 week waits up to 139,545 from 111,026 in August. Regionally 5 other Trusts have higher volumes of patients waiting over 52 weeks than CUH , and for 3 of these it represents 6-7% of their total waiting list. Amongst our Shelford Group peers, 7 of the 10 Trusts have a higher proportion of 52 week waits relative to the Total waiting list size We did treat 291 of the patients f rom this longest waiting cohort in October compared to 143 in September. Over 46% of these longest delays continue to be in Orthopaedics Ophthalmology, and ENT; and of those we did treat, 125 were from these specialties.
The Waiting List Harm Review Group was convened in November to provide Quality oversight and review of potential harm for pat ients waiting over 52 weeks. Potential harm reported to date is being re-reviewed by this group, and going forward more robust processes have been implemented to enable the assessment of harm to be recorded and reported on within EPIC.

National Clincial Validation Programme

An NHSE/I led programme was launched in September requiring Trusts to ensure and evidence that clincial prioritisation of the admitted waiting list had been undetaken in line with the Royal College Guidelines (P1-P4). Initially the requirement was to record prioritisation in a new National e-Review system following clincial review. Following feedback from Trusts, those that had already commenced this within their own systems, such as CUH, were given exemption and instead are required to provide assurance through the co mpletion of minimum data set submissions. Subsequently two new categories (P5 and P6) have been introduced to reflect where patients are choosing to delay treatment due to COVID or for oth er personal reasons. We are therefore undertaking this further step for approxiamtley 3500 patients listed prior to 1st June 2020. e-Hospital have built the functionality to record and report on this. A clinical reveiw will be required for any patient indicating a wish to delay. The first submission deadline will be 11th December. This requirement may be extended to Diagnostic and Outpatient waiting lists .

Cancer

National Targets

Cancer Standards 20/21	Target	19-20 Q3	19-20 Q4	20-21 Q1	Jul-20	Aug-20	Sep-20	20-21 Q2
2Wk Wait (93%)	93%	93.1%	94.9%	96.5%	97.2%	92.7%	93.6%	94.5%
2wk Wait SBR (93%)	93%	93.4%	95.2%	98.3%	97.1%	97.4%	93.0%	95.7%
31 Day FDT (96%)	96%	98.3%	94.5%	89.2%	91.2%	87.9%	84.5%	87.6%
31 Day Subs (Anti Cancer) (98%)	98%	99.7%	99.8%	99.2%	100.0%	100.0%	98.1%	99.4%
31 Day Subs (Radiotherapy) (94%)	94%	98.2%	96.5%	99.5%	98.6%	99.0%	96.8%	98.1%
31 Day Subs (Surgery) (94%)	94%	97.0%	94.2%	79.1%	76.4%	63.2%	77.2%	72.4%
FDS 2WW (70%)	75%			81.5%	82.5%	81.8%	82.0%	82.1%
FDS Breast (70%)	75%			77.0%	100.0%	100.0%	97.7%	99.1%
FDS Screen (70%)	75%			36.2%	45.2%	78.7%	83.8%	73.6%
62 Day from Urgent Referral with reallocations (85%)	85%	**86.2%**	**84.6%**	**78.5%**	**80.2%**	**80.3%**	**76.5%**	**78.8%**
62 Day from Screening Referral with reallocations (90%)	90%	**88.1%**	**70.2%**	**63.8%**	**20.0%**	**100.0%**	**94.1%**	**67.9%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	66.7%	83.8%	83.3%	100.0%	100.0%	50.0%	76.9%

To September 2020 by site

To September 2020	62 Day from Urgent Referral		62 Day from Screening Referral		31 Day FDT		31 Day Subs (Surgery)		2Wk Wait		2WW FDS		>104 day
	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches	%	Breaches
Breast	8.5	68%		100%	13	65%	1	88%	26	95%	1	96%	2
Lung	0.5	93%				100%				100%	1	67%	1
Upper GI	3.5	42%			5	83%	1	92%	1	96%	1	50%	2
Lower GI	6.5	55%	1	80%	2	93%	4	43%	49	83%	3	67%	3
Skin		100%			2	97%	1	94%	21	96%	2	93%	
Gynaecological	7.5	46%			5	81%	1	90%	7	95%	5	29%	
Central Nervous						100%	1	80%	1	86%			
Urological	12	61%			24	59%	12	29%	3	97%	12	14%	7
Head & Neck	0.5	91%			1	92%		100%	7	95%	5	29%	1
Sarcomas						100%		100%		100%	1	0%	
Other Haem Malignancies		100%				100%		100%		100%	6	40%	
Other suspected cancers	1				1								2
FDSUnknown	0		0		0		0		0		251	83%	

The latest Nationally reported Cancer waiting times performance is for September 2020 and Quarter 2 overall.

The 2ww standard was recovered in September at 93.6% which compares to 86.2% Nationally. It was also achieved for Quarter 2.

The 62 day Urgent standard in September deteriorated to 76.5%, ending the Quarter at 78.8%. However, we delivered 38% more treatments against this standard than in September 2019, reflecting the efforts to reduce the number of patients waiting over 62 days.

The 31 day FDT standard deteriorated in September and ended the Quarter at 87.6%. This also reflected a positive trajectory as in total we treated 27% more patients than the equivalent month in 2019. The number of Skin cancer treatments was particularly high.
We also delivered 21% more subsequent surgery treatments in the month compared to last year, with Gynaeoncology and Urology being notable volumes. Urology focused on surgical backlog clearance in September with the support of Robotic surgery in the Independent sector.

24 patients waited >104 days for treatment on a cancer pathway in September.

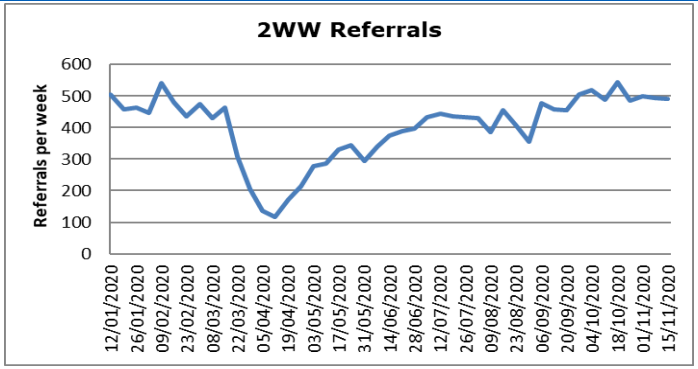
11 of these patients had their entire pathway at CUH, 9 of which were for Urology with surgical capacity being the reason for delay. Surgical cases were prioritised in accordance with Royal College of Surgeons Clinical Guidance whilst capacity was restricted.

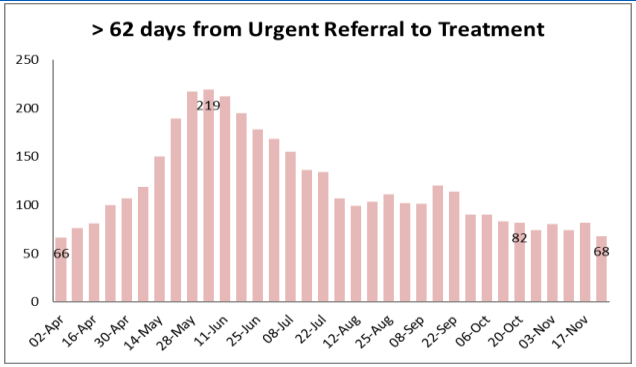
13 of the 24 pathways were shared pathways with other organisations, of which 11 were received between days 61-118. 4 were treated within 24 days. Surgical capacity delayed treatment within 24 days for the others.

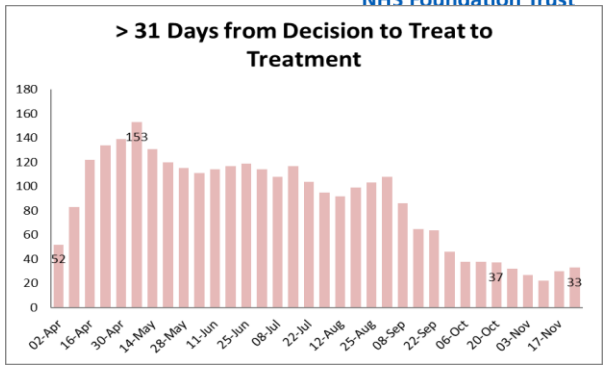
The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust. Harm Reviews have been undertaken and potential harm has been indicated for 2 pathways. These will be taken to the Harm Review group for review.

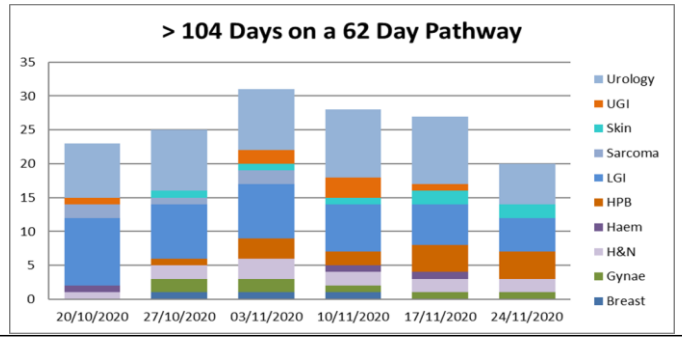
Cancer

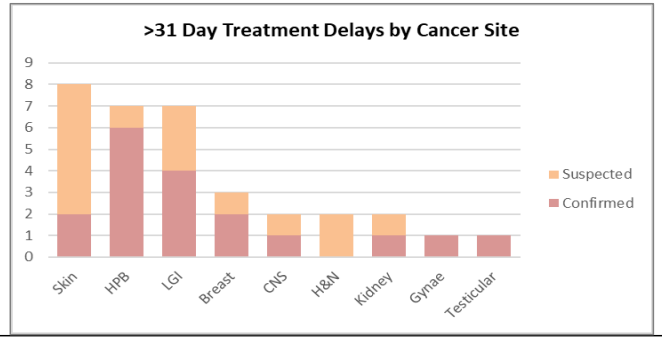
National Targets











Recovery from Impact of COVID - 19

The volume of 2WW suspected cancer referrals started to exceed the pre-covid volumes in October and this has continued into November. Breast is the main cancer site that is driving the high demand which is 13% up on the same months last year. We are seeing higher numbers of 2ww breaches in Breast as a consequence despite the additional activity being put in place. Physical space is a constraint for the Cambridge Breast Unit with the social distancing requirements. Evening and weekend sessions are being undertaken and some follow up activity has been displaced to outpatient capacity in the Independent Sector although this may not continue in Quarter 4.

The number of patients waiting >62 days on an Urgent pathway has reduced again in the last month down to 68 from 82. This is now back to a pre-covid level and we would therefore hope to see the 62 day standard performance start to improve from December. Urology accounts for a third of the backlog and more than 50% are shared with referring Trusts. Lower GI and Head and Neck represent 10% each. The Cancer Taskforce invited a deep dive into Head and Neck, and actions have been initiated to review the diagnostic capacity and constrained outpatient capacity due to social distancing in Clinic 10.

Further progress has been made in reducing delays on the 31 day pathway in the past month. 18 of the 33 are scheduled for treatment. The delays in Skin and Lower GI are due to patient choice or fitness to proceed. HPB have a peak of surgical demand at the moment and are clinically prioritising in accordance with the surgical prioritisation guidance. It is positive to note no patients exceeding 31 days for prostate cancer currently which was one of our largest surgical backlogs 2 months ago.

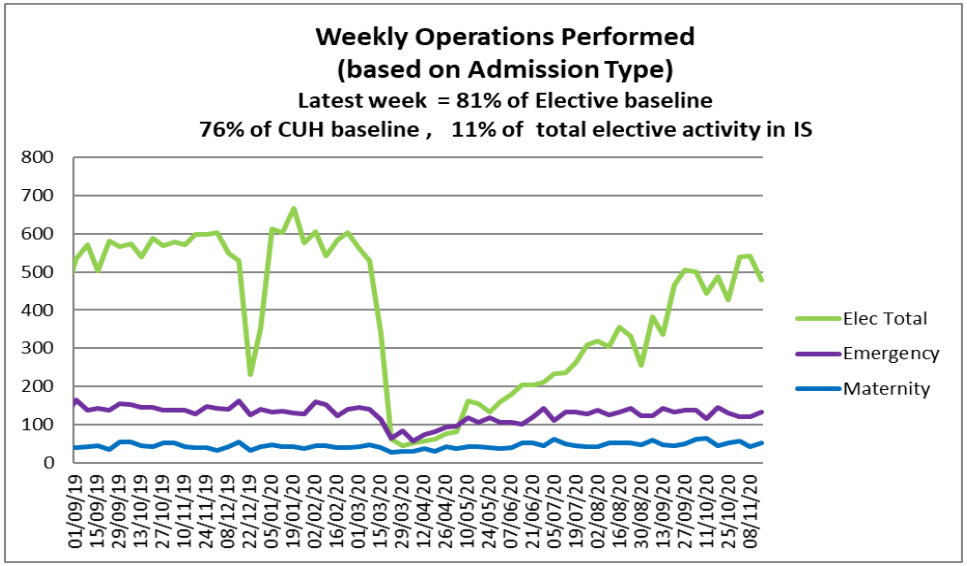
The number of patients waiting over 104 days for treatment increased at the start of November but has now reduced again to 19, nine of which do not have cancer confirmed. Twelve are referrals in from other Trusts. Three are on the screening pathways and these are due to fitness to proceed and patient choice.

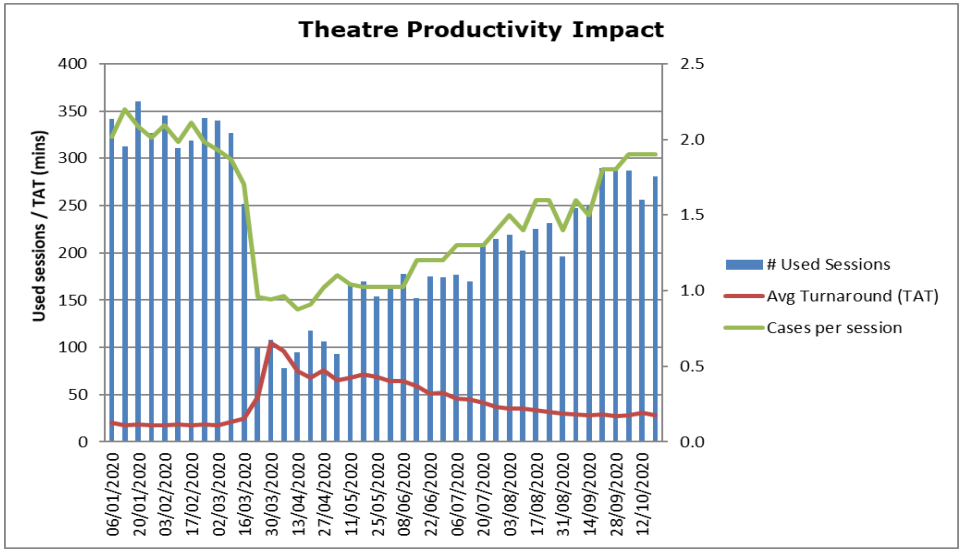
Author(s): Linda Clarke

Owner(s): Linda Clarke

Operations

Operational Performance





Elective theatre activity in October within CUH was at 68% of the October 2019 baseline against a recovery trajectory of 87%. Together with the Independent Sector activity we achieved 81%. The latest week in November (w/e 16/11/20) we are achieving 73% of the elective baseline within CUH, and 81% overall.

The theatre schedule returned to the pre-covid schedule with effect from the start of November. Four CUH theatres remain unavailable for elective activity due to Estates requirements. Whilst these are being compensated for currently with the use of 4 Independent Sector theatres, the CUH elective theatre capacity is at a maximum of 25.5 compared to 29.5 theatre sessions per week (86%).

The Surgery Taskforce is focusing on specialty level in-session theatre utilisation to drive productivity back up to pre-covid utilisation. The day case activity assumed in the recovery plan was high, and in reality due to clinical priority, the casemix is continuing to be more complex so the cases per session have not yet reached pre-covid baseline. Utilisation at Ely is a focus given the extended days and maximising that opportunity. The Communication team have supported with public messages to remind patients it is safe to come to hospital, to encourage patients to accept dates when offered.

With the onset of the second lockdown, staff absence has increased within peri-operative care. Despite the number of staff absent, the theatre department has managed to maintain the full operating schedule and this has been reviewed weekly by the Surgical Prioritisation Panel.

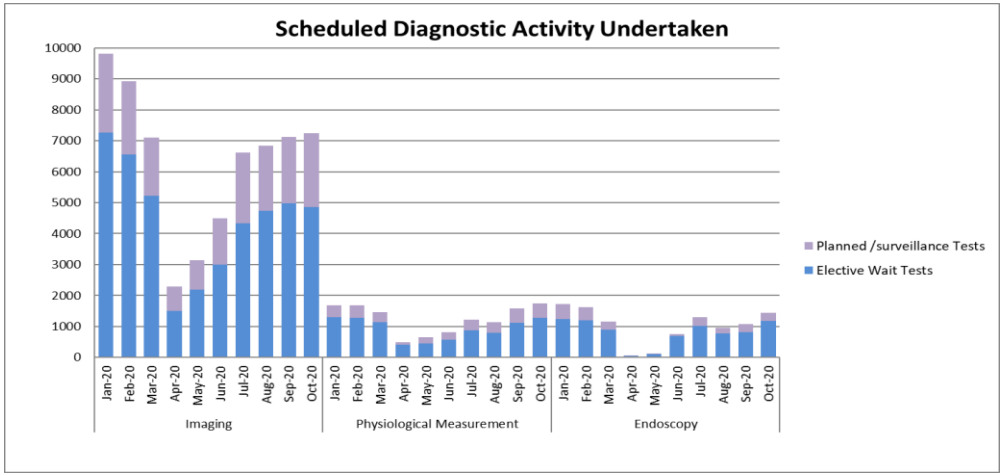
Surgical bed capacity is a risk, but despite the second wave and increasing volumes of COVID admissions, the surgical beds have remained ring-fenced from the medical inpatient demand. The bed related elective cancellations across the Trust in November to 26th were 55 compared to 47 in November 2019.

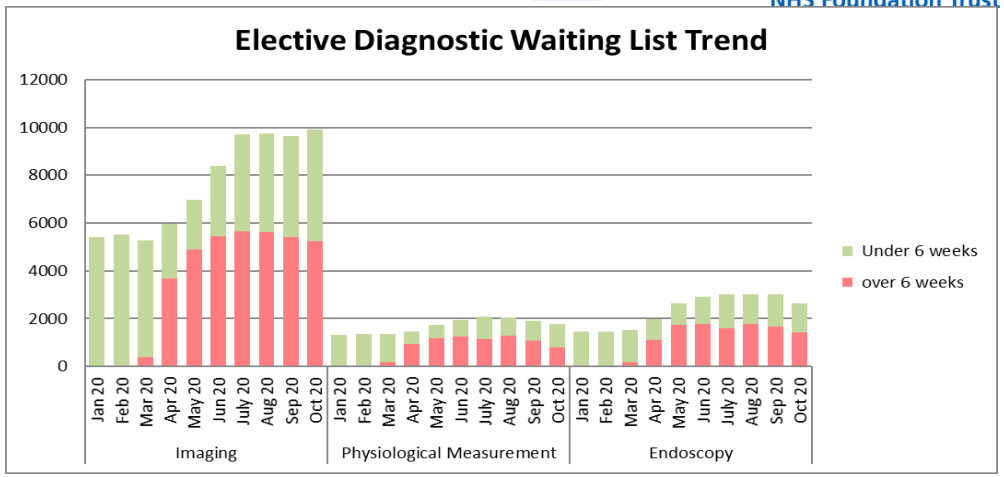
The Independent Sector support will be moving to a new National Framework from January. Notice on the existing contract that allowed us to access 75% of IS capacity was issued in the last week of November and the contract ceases on 23rd December. Detail of the new Framework was only released by NHSE on 26th November. Independent Sector Providers have submitted expressions of interest to tender to deliver NHS activity at national tariff. It is likely this will limit capacity available to 20-30% of the volumes we have been delivering. Due to the delay in the Framework being launched, IS partners are scheduling their backlogs of private patient activity in the first two months of 2021 which will further reduce the access for the NHS.

The total surgical waiting list has reduced slightly since last month and has dipped to 8,900 from 9,300. It was 7,700 at the start of March pre the pandemic.

Diagnostics

Operational Performance





Diagnostic activity is grouped into three cohorts for National Reporting:

- **Imaging** which includes MRI, CT, Ultrasound and Dexa.
- **Physiological measurement** which includes Neurophysiology, Urodynamics, Echocardiography and Respiratory physiology.
- **Endoscopy** which includes Gastroscopy, Colonoscopy, Flexible sigmoidoscopy and Cystoscopy.

Progress with scheduled diagnostic activity in October did show an improving trend across the different diagnostic cohorts. The number of patients waiting over 6 weeks reduced to 7883 from 8627 in September, representing 52.5% now waiting longer than 6 weeks. The median weeks wait remained stable at 13 weeks. .

- Scheduled activity in Imaging in October increased by 136, but as a comparison to last year appears to have gone down to 79% this month. October 2019 was a particularly high month. CT/MRI and Ultrasound are utilising the Independent Sector hospitals for 500-600 scans per month, so the potential loss of this capacity if it is not offered on the new Framework will be a risk to recovery. We continue to support our Imaging capacity with Independent Sector mobile facilities. The new CT mobile facility based in Sawston has been delayed until December due to snagging with facilities. CT staffing is currently down by 25% with vacancies and staff absence due to lockdown. New Ultrasound equipment is due mid December which will enable both newly refurbished rooms to be operational. One will be focused on Paediatric Ultrasound with a new locum Consultant in early December.

- Scheduled Endoscopy activity increased in October by 356 and delivered 88% compared to October 2019. The progress with the capital funding received to support GI Endoscopy and Cystoscopy is on track with equipment now being received and commissioned. A move back to the endoscopy rooms from Theatre 12 has not yet been possible as the work on the air changes unit in ATC Endoscopy have not been completed. The transfer of our respiratory activity to the Royal Papworth bronchoscopy suite is still under discussion, with the optimal workflow yet to be agreed with the support of the IT systems on both sites.

- Physiological measurement increased by a further 160 in October and continues to deliver at 100% of baseline activity. Echo cardiology in particular showed a further improvement in month.

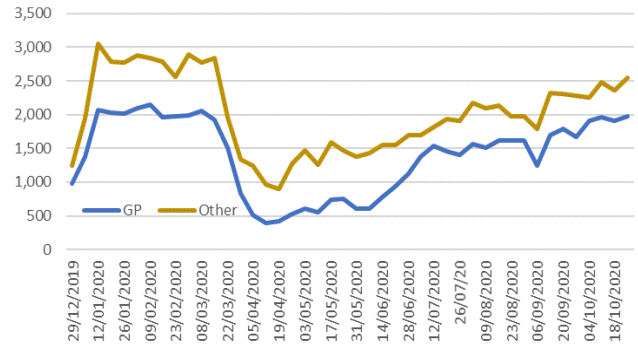
Overall the total number of tests awaited across diagnostics reduced by 199 in October. At 15,024 the total list size is 62% higher than in March 2020.

Outpatients

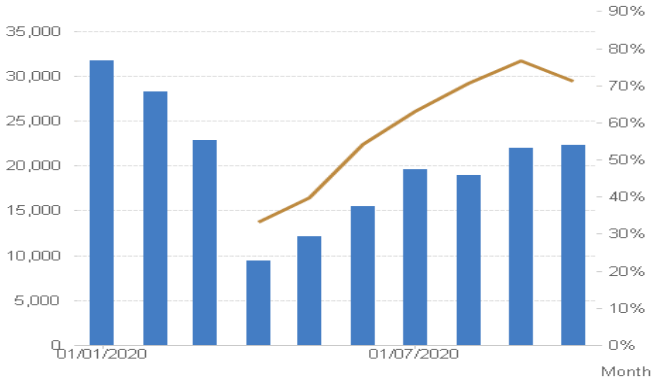
Cambridge University Hospitals NHS Foundation Trust

Operational Performance

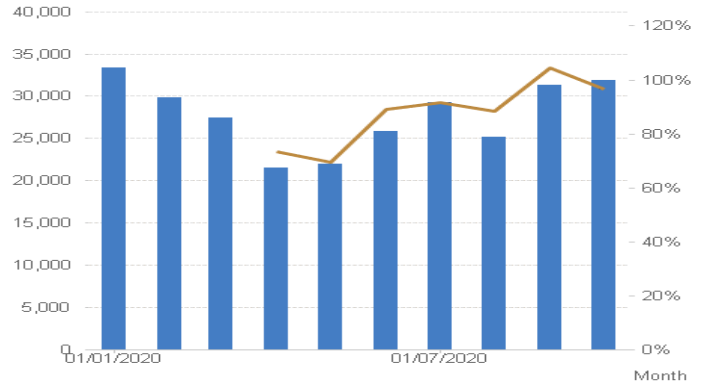
Referrals



Phase 3 Recovery - New Patient Attendances



Phase 3 Recovery - F/U Patient Attendances



The charts above show the current position against last year's baseline which we are being monitored against for the phase 3 recovery targets. Follow-up attendances are now in line with last year, and in some cases, slightly over. However, new patient appointments remain stubbornly below the target. You can see from the line that we are running at approximately 70% of last year's activity, against a CUH plan of 79% and NHS England target of 100%. The table below shows those high attendance areas with the lowest performance against the baseline over the past three months.

The need for social distancing is a contributory factor due to reduced capacity, and there are a number of projects underway to mitigate this. An example would be Ophthalmology, where virtual consultations is difficult. New glaucoma fast track clinics start in January at the weekends, switch to telephone preassessment clinics, virtual triaging by optometrists to ensure appropriate patients are seen and a business case is being developed for a mobile eye unit with support from ACT.

Other projects being developed to increase capacity are tele-dermatology in several locations resulting in 1/3 of patients being discharged, in T&O we are looking at extending the virtual fracture clinic to follow-up appointments as well as pathway changes such as the virtual arthroplasty pathway, as well as continued focus on Adapt and Adopt priorities such as patient initiated follow-ups and increased virtual appts.

Specialty	Month	01/08/20	01/09/20	01/10/20
Colorectal Surgery		43.5%	49.3%	41.4%
Pain Management		14.7%	24.4%	42.0%
Neurology		37.8%	55.5%	49.4%
Neurosurgery		57.9%	60.6%	64.2%
Rheumatology		59.2%	82.7%	64.2%
Gynaecology		55.6%	57.7%	65.9%
Gastroenterology		59.3%	74.9%	66.3%
Ophthalmology		64.8%	72.6%	69.5%
Geriatric Medicine		111.5%	103.2%	69.7%
Ent		46.8%	67.5%	72.5%
Trauma & Orthopaedics		64.7%	75.2%	73.0%

Virtual consultations remain a focus as the NHS England target for follow-up appointments is 60%. Overall we are currently around 43%, but only at 30% when it comes to follow-up appointments.

To the right a table highlights those areas that are below 60% overall. Clearly some areas lend themselves better to virtual than others, and the Improvement Team are working with specialties to review pathways to ensure we maximise virtual use.

There are also a number of projects ongoing that are taking advantage of virtual reviews, so not a consultation, but the patient record being reviewed to determine whether an appointment is necessary. It's hoped that as we progress we can also make better use of MyChart to assist with the management of patients remotely rather than on site.

We must continue to maximise use of virtual consultations, and are exploring areas within the trust where specific workstations can be set up for this purpose, as this releases pressure on on-site capacity.We must continue to maximise use of virtual consultations, and are exploring areas within the trust where specific workstations can be set up for this

Month	Specialty	% Phone or Video
Oct 2020	Ophthalmology	2.9%
Oct 2020	Orthodontics	12.1%
Oct 2020	Trauma & Orthopaedics	21.5%
Oct 2020	Dermatology	26.3%
Oct 2020	Transplantation Surgery	31.7%
Oct 2020	Cardiology	37.0%
Oct 2020	Paediatric Clinical Haematology	37.3%
Oct 2020	General Surgery	41.0%
Oct 2020	Ent	41.3%
Oct 2020	Diabetic Medicine	43.8%
Oct 2020	Neurosurgery	44.4%
Oct 2020	General Medicine	45.7%
Oct 2020	Gynaecology	51.1%
Oct 2020	Paediatric Gastroenterology	51.4%
Oct 2020	Allergy Service	53.5%
Oct 2020	Nephrology	57.0%
Oct 2020	Clinical Haematology	59.1%

Author(s): Andi Thornton

Owner(s): Chief Operating Officer

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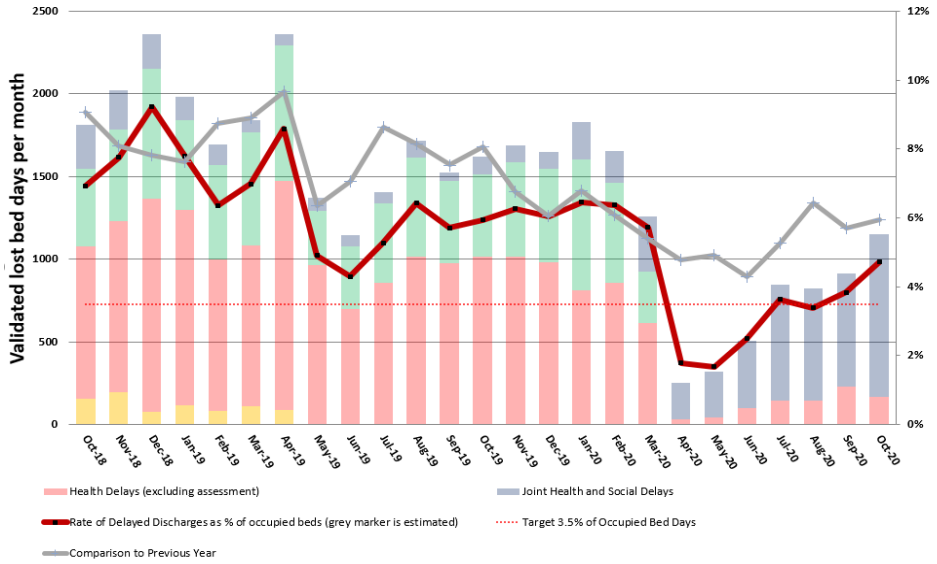
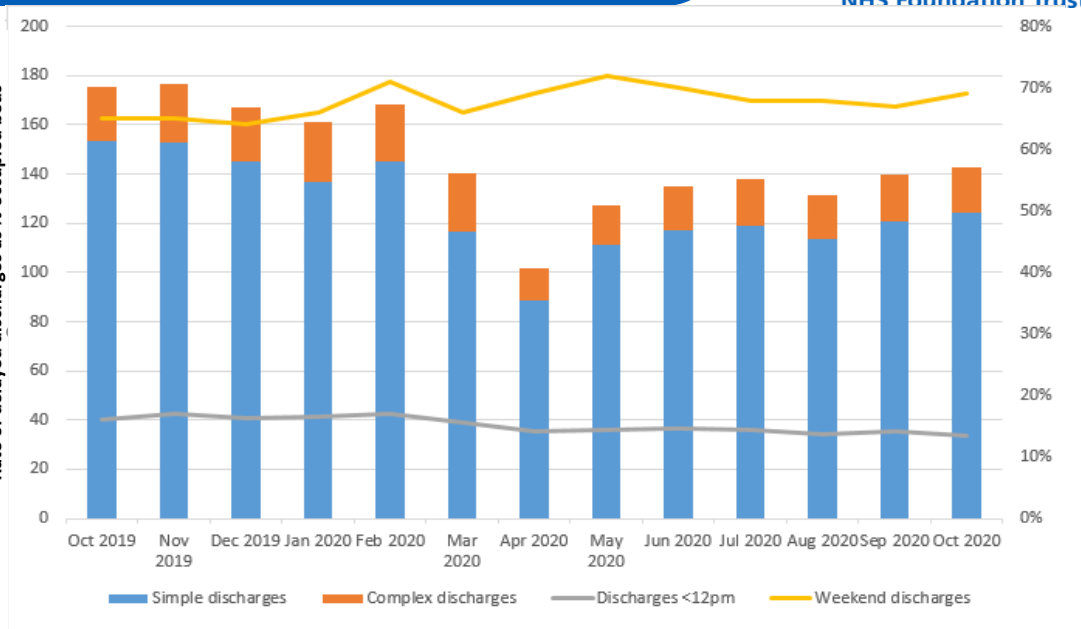
Delayed Discharges

Operational Performance





The Hospital Discharge Service Requirements guidance was updated in August 2020. For this October 2020 data, you will see above 2 graphs.

The graph on the left looks at the overall lost bed days for the month, spanning back over the previous 12 months (similar to the previous intergrated performance reports). The graph on the right looks at average number of complex and simple discharges per day, with average weekend discharges (% from week day discharges) and average discharges before noon (for the month).

For October 2020, we are reporting 4.72%, in comparison to 5.94% in October 2019. Whilst this is an improvement on the position from last year, this does show further deterioration in the position from April/May. In regards to what this looks like in 'lost bed days', this is an increase from 912 (Sept 20) to 1154 (Oct 20).

Within the 4.72%, 78.86% were attributable to Cambridgeshire and Peterborough CCG, and the remainder across a further 8 CCG's. *Please note that we have referred to delays per CCG instead of Local Authority.*
The breakdown for the total delays (local and 'out of area') within October were for Care Homes (46.5%), equating to 537 lost bed beds for this counting period; domicillary care (inclusive of Pathway 1 and Pathway 3) at 37%, 427 lost bed days, this is up from 275 lost bed days in Sept 20 and Community bedded intermediate care (inclusive of waits for national specialist rehabilitation units) at 14.4%, 166 lost bed days, this is an improvement from the September position when there were 229 lost bed days.

Overall discharges in October were less than October 2019 (down average 29 simple discharge/day and 4 complex discharge/day),.
We would anticipate an improvement of weekend discharges and pre noon discharges with the commencement of the Patient Flow taskforce.

As part of a local system, Cambridgeshire and Peterborough CCG, CPFT, Cambridgeshire and Peterborough County Councils, are continuing to work together to look at the longer term plan for discharge pathways, working on the rapid pathway changes that were implemented at the end of March to ensure a continuation of flow from the acute hospitals, whilst ensuring that patients are safely discharged with the emphasis of a 'home first' approach.

Author(s): Emily Hall

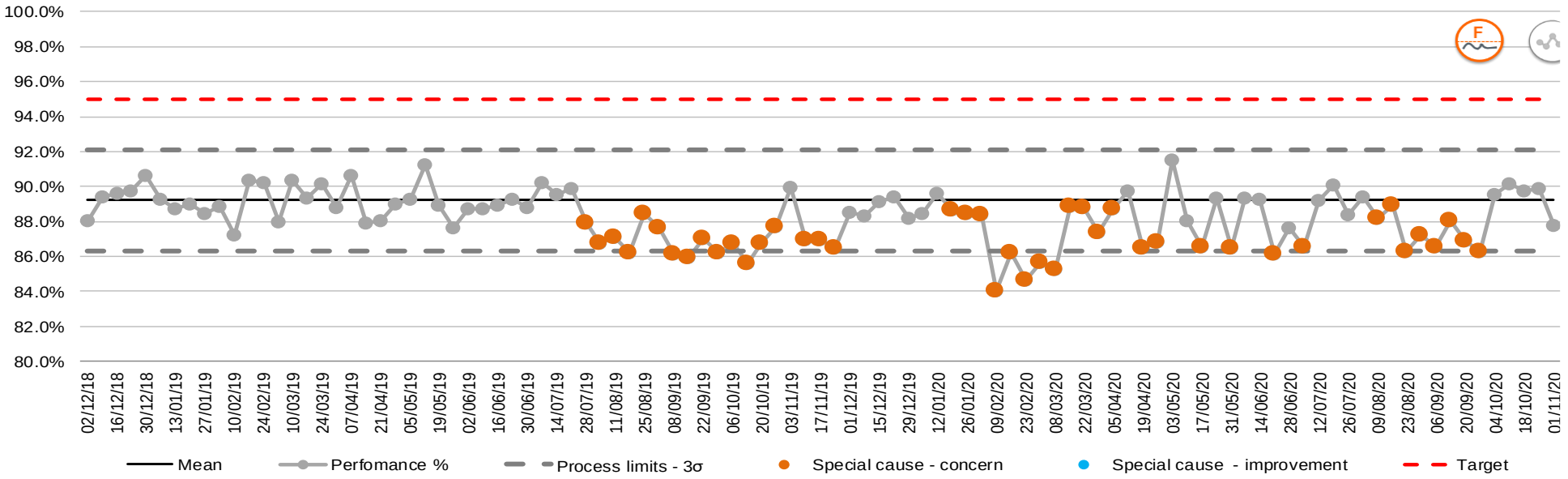
Owner(s): Holly Sutherland

Discharge Summaries

NHS Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Weekly: Letters-discharge summary- starting 01/01/17



Current processes mean that we will not be able to achieve the 95% target for this measure without making an intervention. Statistically our upper achievement limit is 92%. and currently the process is regularly droping below the lower limit.

Discharge summaries

Escalated through Divisional Performance meetings, CD/ DD/ MD meeting and Junior Doctor forum during November 2019

Alerting mechanism within Epic now implemented to notify consultants of patient discharged without a summary.

New development underway to make it more obvious to clinicians when summaries are incomplete was deployed on 18 January 2017.

Additional indicators to highlight if a summary has been sent were deployed on 6 April 2017.

Author(s): Dan Lagadu

Owner(s): Ashley Shaw

Patient Experience

NHS Cambridge University Hospitals NHS Foundation Trust

Patient Experience

The good experience and poor experience indicators omit neutral responses.

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Oct 20	Month	-	96.4%	96.0%	-	-	-	SPC chart/data started in July due to change in FFT question and Covid-19 impact on collecting patient experience data. Some wards are still struggling to collect FFT due to various reasons. In addition, volunteers have not returned to supporting wards. **FOR OCT: there were 537 FFT responses collected from approx 3,524 patients.**
FFT Inpatient poor experience score	Jul 20 - Oct 20	Month	-	0.5%	1.4%	-	-	-	
FFT Outpatients good experience score	Apr 20 - Oct 20	Month	-	94.8%	95.2%	-	-	-	Outpatient data continues to be from clinics that participate in SMS. The Good score remains around 95% with April being the highest score 96.3% The Poor score remains around 2% with Oct score 2.3% and April the lowest score 1.2%. **FOR OCT: there were 9,852 FFT responses collected from approx 37,049 patients.**
FFT Outpatients poor experience score	Apr 20 - Oct 20	Month	-	2.3%	2.0%	-	-	-	
FFT Day Case good experience score	Apr 20 - Oct 20	Month	-	96.8%	97.6%	-	-	-	For October the Good & Poor scores remained consistent with little change. The Good score remains around 97% with July the highest score 98.6%. The Poor score remains around 1.5% with July being the lowest score 0.3%. **FOR OCT: there were 1381 FFT responses collected from approx 4,338 patients.**
FFT Day Case poor experience score	Apr 20 - Oct 20	Month	-	1.3%	1.2%	-	-	-	
FFT Emergency Department good experience score	Apr 20 - Oct 20	Month	-	90.9%	92.2%	-	-	-	Since April the Good score has declined by over 5% and the Poor score has increased by 3.5%. However October there was a 1% improvement in the Good score compared to September. **FOR OCT there were 1,205 FFT responses collected from approx 4,999 patients**.
FFT Emergency Department poor experience score	Apr 20 - Oct 20	Month	-	6.1%	4.4%	-	-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Oct 20	Month	-	94.1%	96.2%	-	-	-	SPC chart/data started in July due to change in FFT question and Covid-19 impact on collecting patient experience data. **FOR OCT:** Antenatal had 12 FFT responses; 83.3% Good/16,7% Poor. Birth had 63 FFT responses from Birth Unit patients with 100% Good score and 3 FFT responses collected from DU patients with 100% Good score. Postnatal had 297 responses (242 from Lady Mary/47 from RBU/5 from DU) and 93.3% Good score and 2.7% Poor score. Post Community collected 0 FFT responses.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Oct 20	Month	-	2.7%	1.8%	-	-	-	

As of April, NHS England no longer calculates response rates and the FFT question changed from a recommender to indicate good/poor performance. New FFT data now starts from April for day case, ED and outpatient FFT as Covid-19 did not impact surveying by SMS. Inpatient and Maternity run charts have now started with July data as FFT collection resumed using iPads, comment card and QR codes.

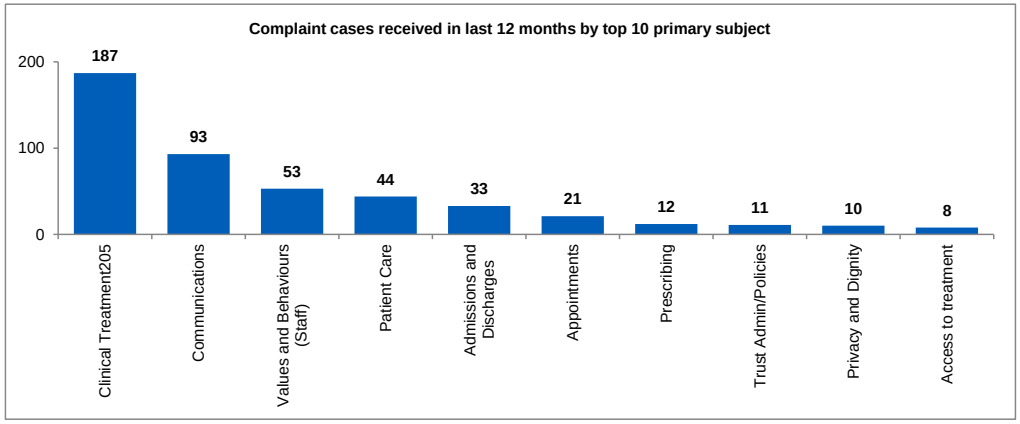
Author(s): Charlotte Smith/Kate Homan Owner(s): Giles Thorpe

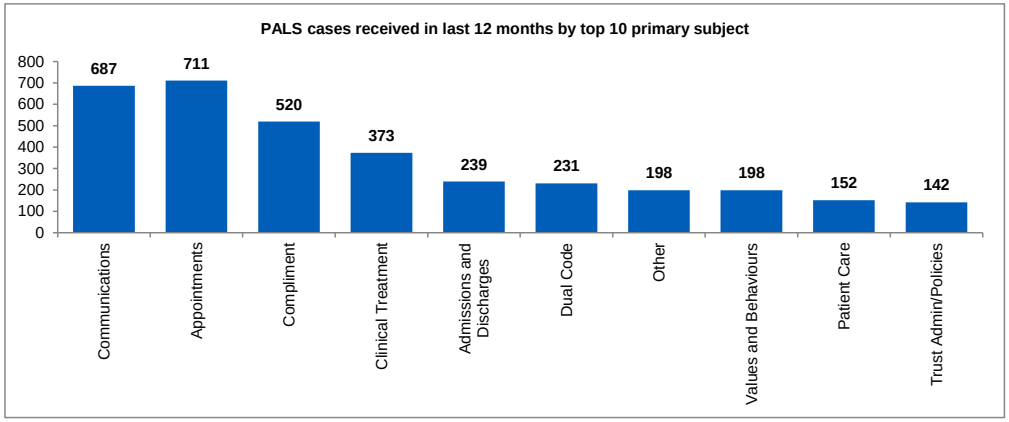
PALS and Complaints Cases

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Nov 17 - Oct 20	month	-	51	54	L	S7	-	The number of complaints received between November 2019 - October 2020 has gradually returned to normal variance.
% acknowledged within 3 days	Nov 17 - Oct 20	month	95%	98%	93%		-	?	This target has been met
% responded to within initial set timeframe (30, 45 or 60 working days)	Nov 17 - Oct 20	month	50%	36%	34%		-	?	The system may achieve or fail the target of ≥50% subject to random variation. The figure in the current period is lower due to the complaints team supporting the helpline and there have also been delays in receiving responses from clinical areas due to the impact of COVID-19
Total complaints responded to within initial set timeframe or by agreed extension date	Nov 17 - Oct 20	month	80%	100%	79%	H	SP	?	In the last 6 months, there has been a statistically significant increase (single points) in the percentage of complaints responsed to within the initial set timeframe or agreed extension. The system may continue to achieve or fail the target of ≥80% subject to random variation.
% complaints received graded 4 to 5	Feb 19 - Oct 20	month	-	20%	31%		-	-	There were 10 complaints graded 4 in October and these cover a number of specialties and will be subject to detailed investigations
Compliments received	Nov 17 - Oct 20	month	-	58	38		-	-	Compliments received by the PALS department are within normal variance





There were no cases accepted by the PHSO in October.
Completed actions: During October 2020, a total of 11 actions were registered and allocated to the appropriate staff members. These actions were as a result of grade 3,4 and 5 complaints closed between 1 and 30 September 2020. A total of 10 actions have already been completed within their allocated timescales. There is still one action yet to be completed, however, this is still within the allocated timeframe. Taking this into consideration, 100% of the actions registered in October 2020, have been completed in time.

Author(s): Sue Bennison

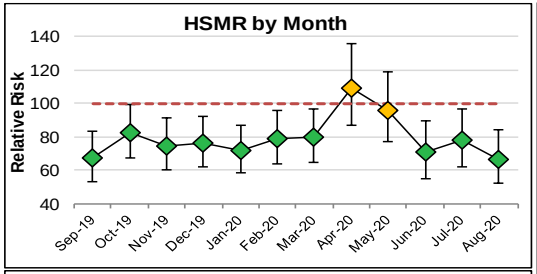
Owner(s): Giles Thorpe

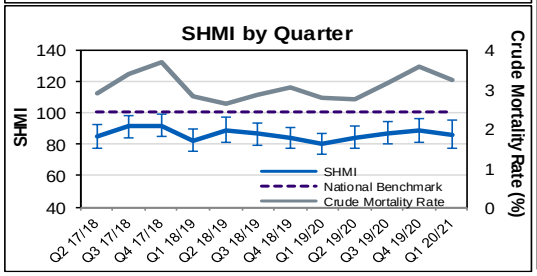
Learning from Deaths

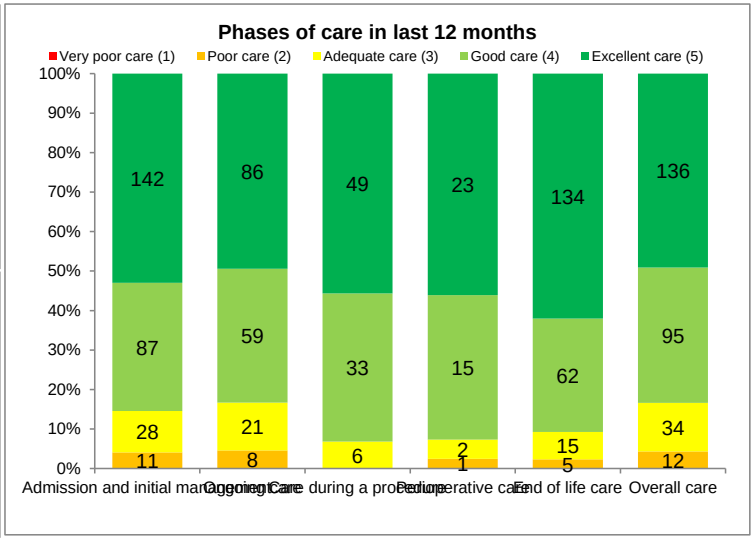
Cambridge University Hospitals NHS Foundation Trust

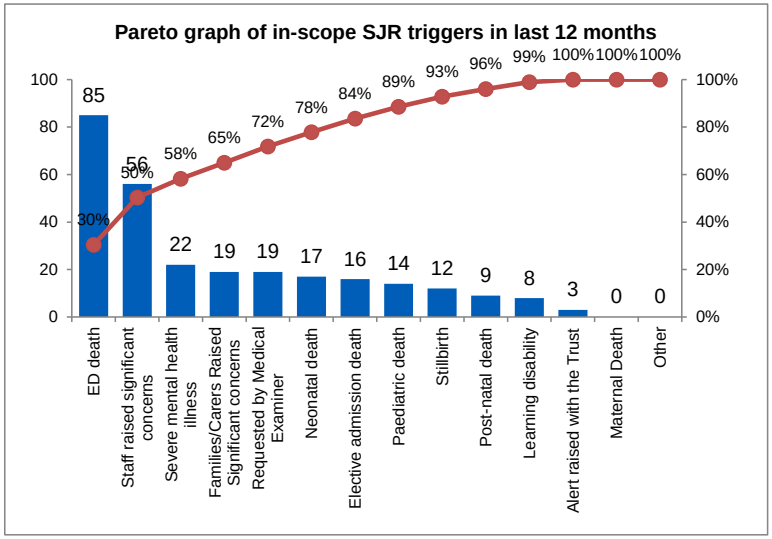
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Oct 20	month	-	7.45	7.91		-	-	There were 107 deaths in October 2020 (Emergency Department (ED) and inpatients), of which 6 were in the ED and 101 were inpatient deaths. There is currently normal variance in the number of deaths per 1000 admissions.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	Oct 17 - Oct 20	month	-	21%	19%		-	-	In October 2020, 23 SJRs were commissioned.
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Oct 17 - Oct 20	month	-	2	0.92		-	-	There were two unexpected/potentially avoidable death serious incident investigations commissioned in October 2020. Further details are on page 7.









Executive Summary

HSMR - The rolling 12 month (September 2019 to August 2020) HSMR for CUH is 78.19 this is 4th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 89.34.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, July 2019 to June 2020 is 86.55.
Alert - There are 3 alerts for review within the HSMR and SHMI dataset this month.

Author(s): Richard Smith

Owner(s): Dr Sue Broster

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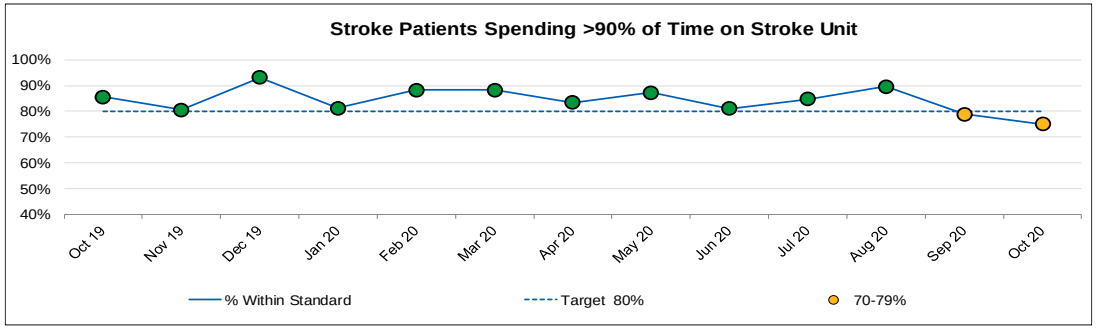
Stroke Care

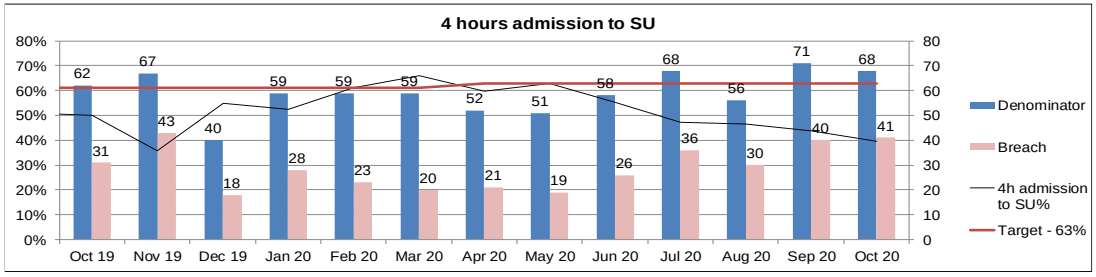
Cambridge University Hospitals NHS Foundation Trust

Stroke Measures

Breach reasons 2020/21 and Monthly Stroke position

Month	Stroke Bed Capacity* No outliers *	Trust Bed Capacity* Outliers *	Suspected COVID-19 patient	Delayed transfer of care (DTOC)	Operational decision - patient moved off to accommodate an acute stroke	Delay in medical review in ED	Clinical - Appropriate pathway for patient	Difficult presentation	Not referred to Stroke Team	Delayed diagnosis	Clinician's decision to place patient on d ward	Unclear presentation	Difficult diagnosis/Complex patient	Failure to request stroke bed	Resource capacity	Number of breaches	Month Position (Target 80%)
Oct 19	1	2					1		2	2			1		1	10	85.3%
Nov 19		7					2						2		2	13	80.6%
Dec 19		2							1							3	93.0%
Jan 20		6				1	1		2			2				12	81.3%
Feb 20		1							3			2	1			7	88.3%
Mar 20		1									1	2	3			7	88.3%
Apr 20			2				1		1	1			4			9	83.3%
May 20		1						1				1	4			7	87.3%
Jun 20	1	2					3			1		2	2			11	81.0%
Jul 20		5					2		2				1		1	11	84.7%
Aug 20		2								2		2	3			9	89.7%
Sep 20		6				1			3			2	3			15	78.9%
Oct 20		6	1				1		1	3		2	3			17	75.0%
Summary	2	41	3	0	0	2	11	1	15	9	1	15	27	0	4	131	





90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for October = 75.0%

4hrs adm to SU (63%) target compliance was not achieved October = 40%
Trust Bed Capacity' (6) was the main factor contributing to breaches last month, with a total of 17 cases in October 2020.

The 90% target and 4hrs admission to SU target were not met in September and October mainly due to high numbers of outliers being placed on the SU. This has been compounded by taking more neurosurgical and neurorehab patients to support the A block enabling them to take admissions and transfers from NCCU as they don't have an adequate bed base. There were on average 2 outliers per day from the rest of the Trust and 0.5 of our own specialty patients contributing to the non compliance with the target. Incident forms regarding inappropriate use of stroke beds have been submitted to Division Ops manager. We are struggling to meet the metrics and without adherence to the ring fenced bed we will continue to fail.

Key Actions

- During the COVID 19 pandemic we created a red, amber and green stroke pathway, For red pathway, HDU level patients e.g.: those who have been thrombolysed undergone thrombectomy or have intravenous labetalol infusions titrated to blood pressure in the acute period will now go to HDU level care bed (IDA / critical care) for 24 – 36 hours. This has been agreed by Holly Sutherland they will then step down to D10. Amber patient at HDU level will follow the same pathway but step down to D6 (now on C8).
- National SSNAP data shows Trust performance from Apr – Jun 20 maintained at Level A.
- On 3rd December 2019 the Stroke team received approval from the interim COO to ring-fence one male and one female bed on R2. This is enabling rapid admission in less than 4 hours. The Acute Stroke unit continues to see and host a high number of outliers.
- Ward improvement work with support from the transformation team has restarted as of June.
- There were increasing number of stroke patients not referred to the stroke bleep on arrival resulting in delay to stroke unit admissions and treatment. This has been escalated to ED Matron and ED medical staff,reminding the need for rapid stroke referral.
- Stroke Taskforce meetings remain in place, plus weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- Restarting work with Hinchingbrooke to reduce Repat LOS to 72hrs (average LOS above 6 – currently on hold due to Covid). Hinchingbrooke have been contacted and Ops are supporting this to see if a new agreement can be put in place.
- Stroke follow up phone clinic at one week post discharge commenced led by bleep / research team to look at unmet need during the present crisis.
- 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 increasing 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.

Reasons for not meeting 4hrs in October 2020	Total
A/W Covid swab results	2
CT capacity	1
Delay/No referral Stroke bleep	9
Difficult diagnosis/Complex patient	4
Not thought to have stroke/MRI confirmed stro	3
Trust Bed Capacity - outliers on SU	22
Grand Total	41

Author(s): Christine Rowland

Owner(s):

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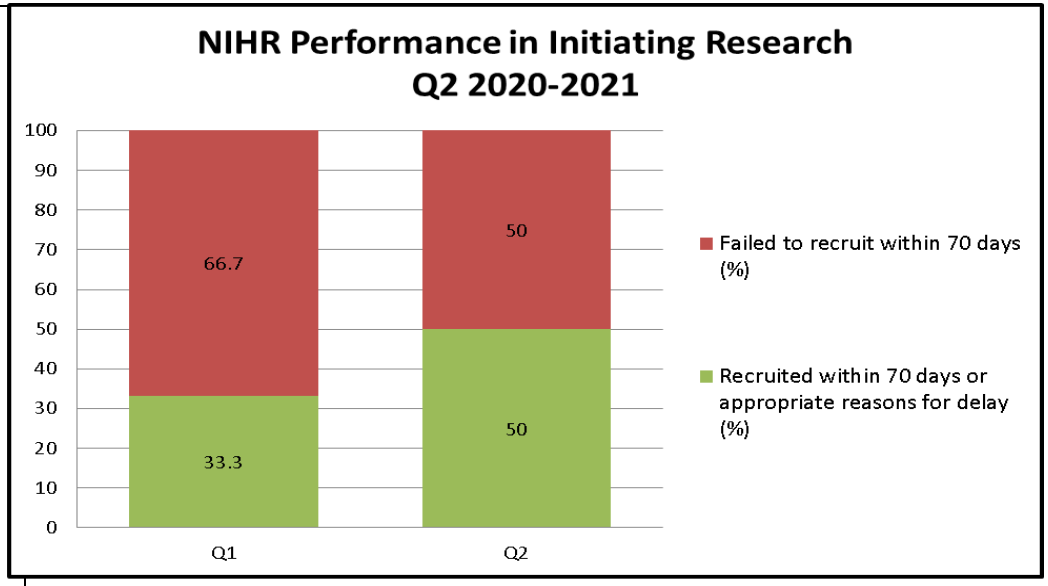
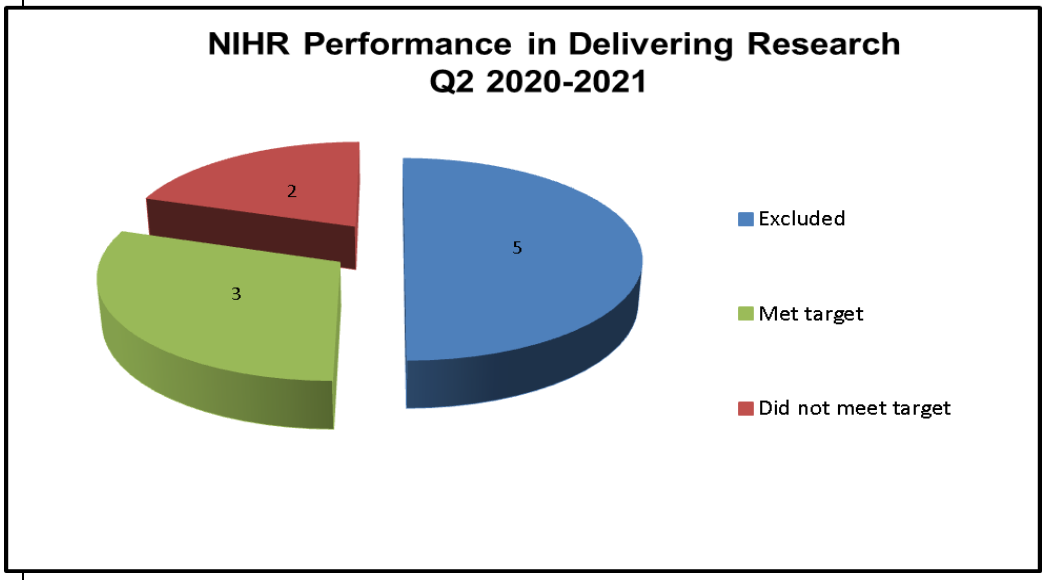
Clinical Studies

Cambridge University Hospitals NHS Foundation Trust

Clinical Studies Measures





Situation as at 30/09/2020 reported to the NIHR

While the National Institute for Health Research (NIHR) has now abolished the time and target initiative (70 days from the date we received the document pack from the Sponsor to the date the 1st patient was recruited), we continue to report on our performance against it for consistency. Only studies which are approved by HRA are included in the report, but it will include studies which are CUH site selected but not yet open.

The performance in delivery target for commercial studies remains unchanged, and is for trials closed to recruitment in the preceding 12 months and whether they met their target recruitment in the agreed timeframe.

70 days (Initiating):

Data on 48 non-commercial and commercial clinical trials was submitted this quarter.

Of all analysed trials, 50% (6/12) met the target, which is an increase in performance from the previous three quarters. We did anticipate this improvement, as we have been working with the governance team to improve targets. In addition, many studies have been postponed due to Covid-19, therefore excluding them from analysis.

42 studies did not meet the target, but appropriate reasons have been given for 36 of them, which will exclude them from the analysis.

There are no studies that are still able to meet the target.

Delivering to target:

Data was submitted on 10 commercial trials this quarter.

With 5 studies not having an agreed target, 5 trials have been analysed, giving a performance of 60% (3/5).

This is down from Q1's performance of 63.6% (7/11).

Of the trials not meeting the recruitment target, 50% (1/2) were withdrawn by the Sponsor before having the opportunity to meet the recruitment number/range agreed.

Actions in progress

While our performance in initiating research studies is no longer matched against the 70-day target, the NIHR are focusing on measurement, reporting and improvement, with an emphasis on transparency. We therefore will continue to supply information on times taken to set up studies and recruit, to aid their high level analysis of recruitment issues and developing trends, while focusing on resolving any issues internally where possible.

There continues to be inherent tension in the system, whereby funders set arbitrary start dates without proper appreciation of the Trust's processes of due diligence. This causes problems with studies being submitted to HRA for review, as fundamental issues need resolving prior to study commencement.

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	30/04/2020	Red Flag	Measure	Data Source	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Actions taken for Red/Amber results
	Activity												
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	402	424	432	432	448	435	483	
Antenatal Care NICE quality standard [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	95%	92%	96%	95%	94%	94.36%	97%	
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	59%	59%	57%	55%	58%	56%	54%	
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	2%	4%	3%	2%	2%	3%	1%	
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	19%	20%	19%	15%	22%	16%	16%	
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	26%	30%	32%	35%	35%	33%	37%	We are currently revewing the data to explore reasons for the increase in our IOL rate and identify
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	14%	13%	12%	13%	15%	11%	11%	
Source - EPIC	National CS rate (planned & unscheduled)	< 25%	> 28%	C/S rate overall	Rosie KPI's	27%	28%	31%	32%	28%	33%	34%	Deep dive requested into the increase noted in Sept/Oct . Our perinatal outcomes are not outlying so potentially this rate is right for our population. We are a tertiary unit. LSCS rate potentaillly reflective of our acuity
Source - EPIC	Smoking at delivery Number of women smoking at the time of delivery	< 10%	> 11%	% of women Identified as smoking at the time of delivery	Rosie KPI's	6%	8%	6%	9%	5%	4%	6%	
	Workforce												
	Midwife/birth ratio (actual)**	01:24	06:43	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	01:23.5	01:24.3	01:24.3	01:24.1	01:24.5	01:24.6	01:23.9	Clinical midwife WTE as per BR+ = clinical midwives, midwife sonographers, post natal B3 and nursery nurses. For actual ratio, calculation includes all permanent WTE plus bank WTE in month.
	Midwife/birth ratio (funded)**	1.24.1	N/A	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	1:23.2	1:24:9	1:24:9	1:24:9	1:22:9	1:23:3	1:23:4	Midwife/birth ratio has been restated from April 19 based on the BR+ methodology and targets updated. Previous ratio was based on total clinical and non-clinical midwife posts excl midwife sonographers.
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQs	4.24%	4.31%	4.26%	4.33%	4.46%	4.45%	3.36%	This is reported 1 month behind from CHEQ's
Source - CHEQS	Education & Training - attendance at mandatory training (midwives)	>92% YTD	<75% YTD	Training database	CHEQs	96%	96%	95%	94%	93%	92%	92%	This is reported 1 month behind from CHEQ's
	Maternity Morbidity												
Source - QSIS	Eclampsia	0	> 1		Risk Report	0	0	1	0	0	0	0	
Source - QSIS	ITU Admissions in Obstetrics	1	> 2		Risk Report	0	0	1	0	1	0	1	
Source - QSIS	PPH≥ 1500 mls	< 3%	> 4%	NMPA	CHEQS	4.73%	4.71%	4.39%	4.86%	4.68%	4.19%	2.74%	PPH working group 3rd stage guideline changed all blood weighed for more accurate measuring
Source - QSIS	3rd/ 4th degree tear rate vaginal birth	< 5%	> 7%		Risk Report	2.38%	3.36%	1.68%	3.07%	3.70%	2.42%	2.54%	2 SVD's rest forceps delvieries
Source - QSIS	Maternal Death	0	>1		Risk Report	0	0	0	0	0	0	0	

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

	Risk												
Source - QSIS	Total number of SI's	0	>1	Serious Incidents	Datix	0	1	0	0	0	0	0	
Source - QSIS	Information Governance	0	>1		Datix	0	0	0	0	0	0	0	
Source - QSIS	Clinical	0	>1		Datix	0	1	0	0	0	0	0	
Source - QSIS	Never Events	0	>1	DATIX	Datix	0	0	0	0	0	0	0	
	Neonatal Morbidality												
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	1.23%	0.99%	2.35%	2.38%	3.70%	1.73%	3.48%	No associated HSIB cases.
Source - EPIC	Still Births per 1000 Births			3.87/1000 (Mbrrace)	Risk report	1.6/1000	0.42/1000	0.43/1000	0.43/1000	1.79/1000	0.43/1000	0.96/1000	
	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	4	1	1	1	3	1	2	If CUH rate is to be lower than 3.8/1000 we need less than 6 per month reporting all losses over 22 weeks now
Source - EPIC	Number of birth injuries	0	> 1	Injuries to neonate during delivery	Risk Report	0	0	0	0	0	0	0	
Source - EPIC	Number of term babies who required therapeutic cooling	0	> 1		Risk Report	0	0	0	0	0	1	1	
Source - EPIC	Baby born with a low cord gas < 7.1	<2%	> 3%		Risk Report	0.49%	0.42%	0.46%	0.60%	0.89%	0.68%	0.82%	
Source - EPIC	Term admissions to NICU	<6.5	>6.5	Percentage of all live births	Risk Report	5.72%	5.91%	5.09%	9.59%	5.35%	3.89%	7.66%	All unavoidable admissions when reviewed by ATAIN working group
	Quality												
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	0	0	0	1	0	0	1	NICU capacity no diverts for maternity
Source - EPIC	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%	100%	100%	100%	100%	100%	100%	
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	87%	83%	87%	81%	80%	80%	85%	Infant feeding lead has identified many fields are left blank on the 'discharge summary' update provide in Rosie report, BFI training now reinstated and doing face-to-face work on the postnatal ward to raise staff awareness, ward managers adding on handover sheets also
Source - EPIC	VTE	>95%	< 95%		CHEQs	100%	100%	100%	100%	100%	100%	100%	

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Maternity Safety Highlight Report

Trust: Cambridge University Hospitals | Date: October 2020

10 Steps-to-safety		
1	Perinatal review tool	
2	MSDS	
3	ATAIN	
4	Medical Workforce	
5	Midwifery Workforce	
6	SBLCB	
7	Patient Feedback	
8	Multi-professional training	
9	Safety Champions	
10	Early notification scheme	

SBLCB V2		
1	Reducing smoking	
2	Fetal Growth Restriction	
3	Reduced Fetal Movements	
4	Fetal monitoring during labour	
5	Reducing pre-term birth	

Outliers – Red flags	National Rate	Trust Rate
Still births	3.87/1000	1.93/1000
Maternal Sepsis NMPA	3.6%	0.5%
PPH >1500mls	4%	2.11%
Term admissions to NICU	6.5%	7.2%

Number of		
On-going HSIB investigations	Serious Incidents	Unactioned DATIX
3	0	4

Continuity of carer

Compliance *(Reporting to commence in September2020)*		8.5% Sept data)
LMS target	35% (March 2021)	
Progress against action plan	• Team 1 (Emerald) Launched 20th July • Team 2 (Luna) Launched October 14th • Team 3 (Nova) launching Feb 2021 • Team 4 and 5 (Scarlett and Willow) planned launch March 2021	

Key	
Complete	The Trust has completed the activity with the specified timeframe – No support is required
On Track	The Trust is currently on track to deliver within specified timeframe – No support is required
At Risk	The Trust is currently at risk of not being deliver within specified timeframe – Some support is required
Will not be met	The Trust will currently not deliver within specified timeframe – Support is required

Colour codes for RAG			
Blue	0	94	184
Green	119	147	60
Amber	228	108	10
Red	149	55	53

Finance

Financial Performance

Trust performance summary - Key indicators

Trust actual and System Covid envelope funding received

0.0	Actual
4.3	System Covid funding in month
0.0	Actual
73.3	Covid funding (and 'True-up' M1-M6) YTD

Net current assets/(liabilities) and debtor days

Net current liabilities

(31.8)	actual
Not Available	plan

Debtor days

32	This month
30	Previous month

Covid-19 spend M7

(3.3)	Revenue actual
(50.5)	Revenue actual
(3.8)	Capital- actual spend

Cash and EBITDA

Cash

120.3	actual
3.3	plan

EBITDA

19.6	actual
21.4	plan

Legend
£ in million
In month
YTD

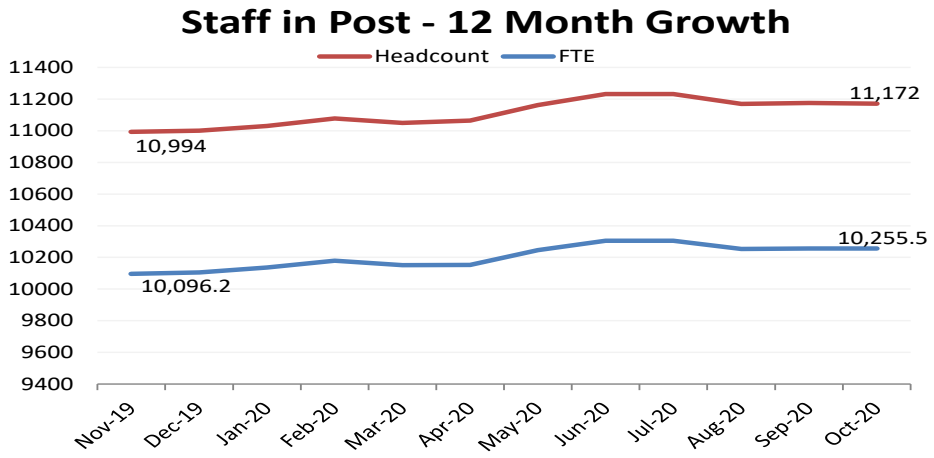
1

Staff in Post

Workforce: Staff as Partners

12 Month Growth by Staff Group

Staff Group	Nov-19	Oct-20	FTE 12 Month growth	
Add Prof Scientific and Technic	262	265	3	1.0%
Additional Clinical Services	1,687	1,740	54	3.2%
Administrative and Clerical	2,017	2,087	70	3.5%
Allied Health Professionals	548	543	-4	-0.8%
Estates and Ancillary	295	322	27	9.2%
Healthcare Scientists	546	562	15	2.8%
Medical and Dental	1,438	1,488	49	3.4%
Nursing and Midwifery Registered	3,302	3,248	-54	-1.6%
Total	**10,096**	**10,255**	**159**	**1.6%**



Admin & Medical Breakdown

Staff Group	Nov-19	Oct-20	FTE 12 Month growth	
Administrative and Clerical	2,017	2,087	70	3.5%
of which staff within Clinical Division	1,010	1,039	29	2.9%
of which Band 4 and below	738	756	18	2.4%
of which Band 5-7	190	201	10	5.4%
of which Band 8A	36	40	4	9.7%
of which Band 8B	3	5	2	52.9%
of which Band 8C and above	43	38	-4	-9.7%
of which staff within Corporate Areas	805	837	32	4.0%
of which Band 4 and below	220	234	13	5.9%
of which Band 5-7	390	400	10	2.6%
of which Band 8A	70	69	-1	-1.2%
of which Band 8B	50	59	9	17.1%
of which Band 8C and above	74	75	1	1.9%
of which staff within R&D	203	211	9	4.2%
Medical and Dental	1,438	1,488	49	3.4%
of which Doctors in Training	600	610	10	1.7%
of which Career grade doctors	214	237	23	10.9%
of which Consultants	625	641	16	2.5%

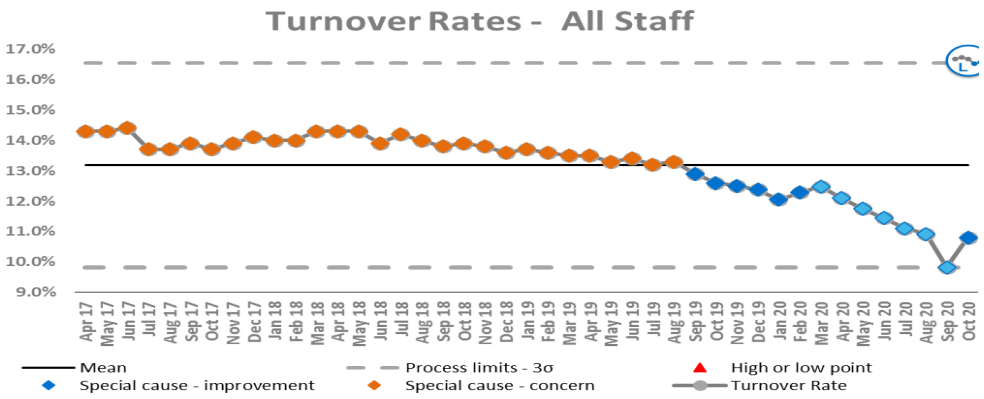
What the information tells us: Overall the Trust saw a 1.6% growth in its substantive workforce over the past 12 months.

Staff Turnover

NHS Cambridge University Hospitals NHS Foundation Trust

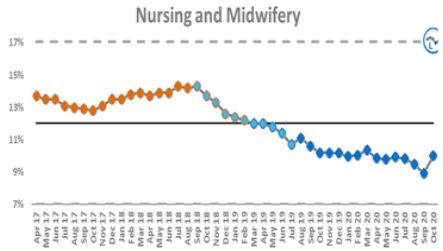
Staff Turnover

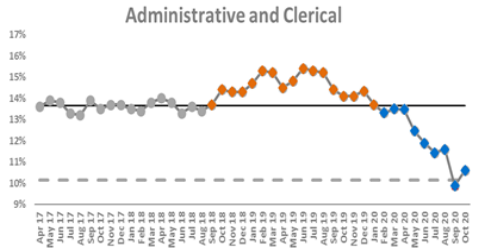
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from an establishment over the previous twelve months as a percentage of the total number of employed staff at a given time.

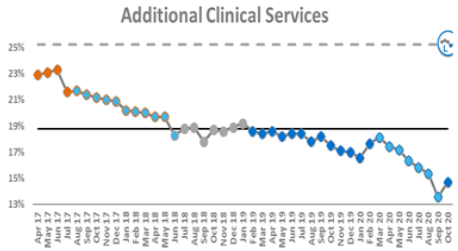


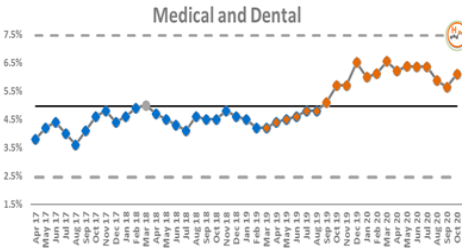
What the information tells us:

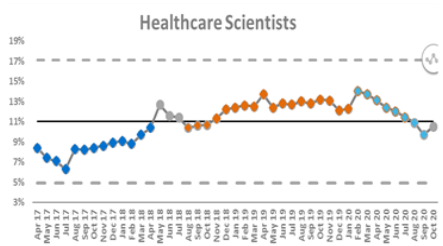
The Trust's turnover rate remains below average at 10.8% resulting in 2.1% drop over the past 12 months. Turnover rate remains below average across all staff group except for Medical & Dental staff which remained above average at 6.1%. However, there has been 0.3% decrease in turnover rate for the medical staff over the past six months.

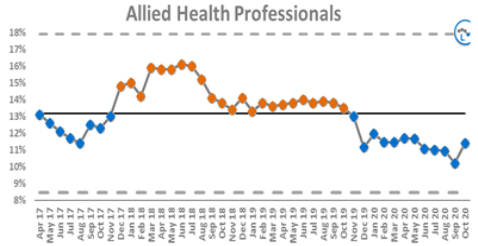


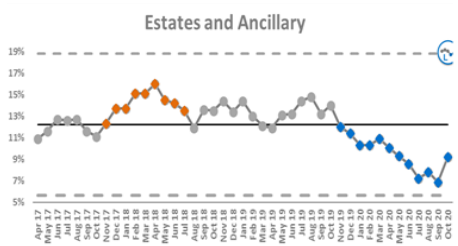


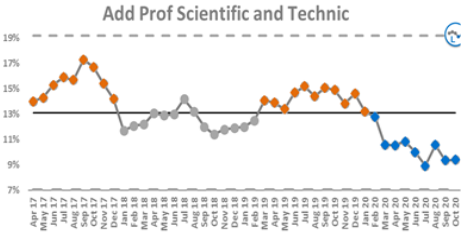










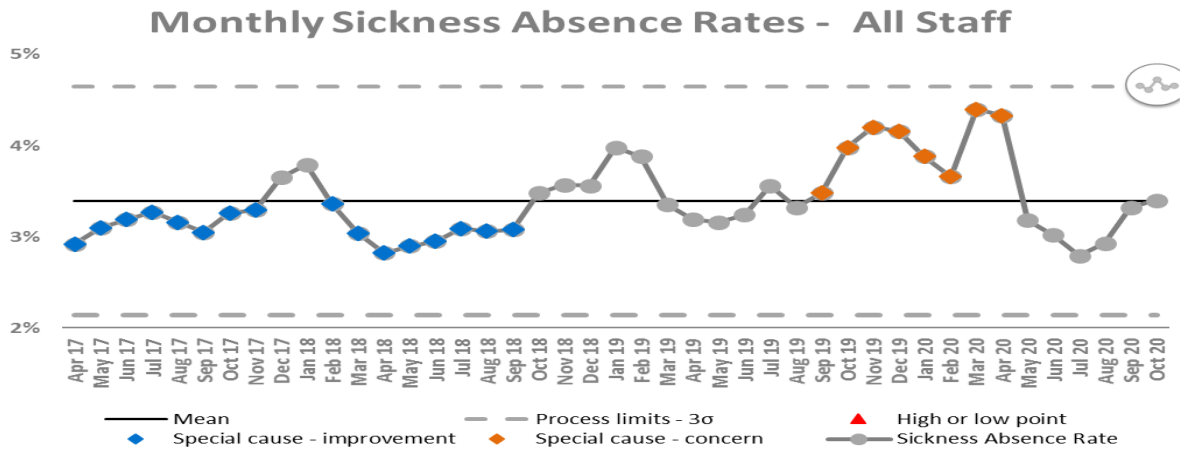


Sickness Absence

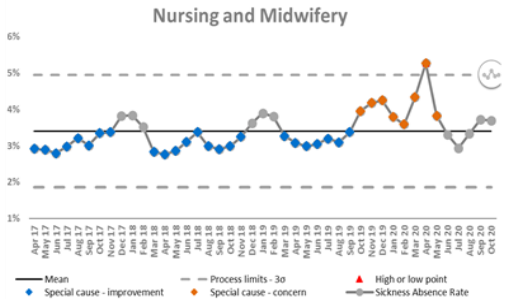
NHS Cambridge University Hospitals NHS Foundation Trust

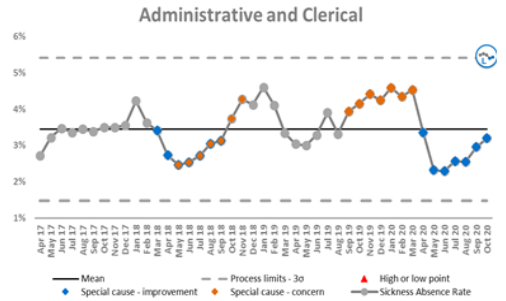
Workforce: Staff as Partners

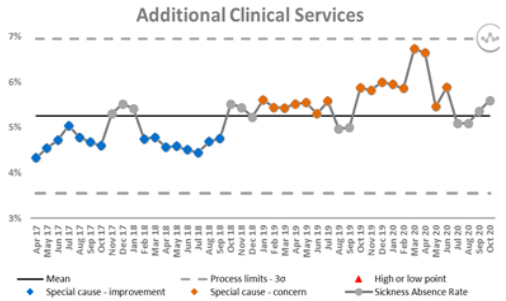
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

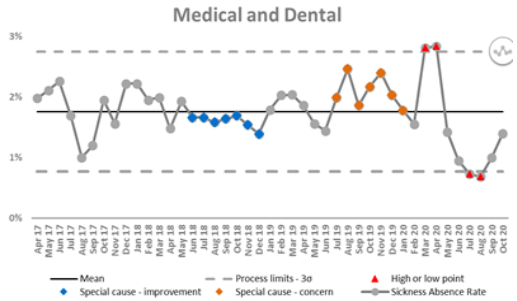


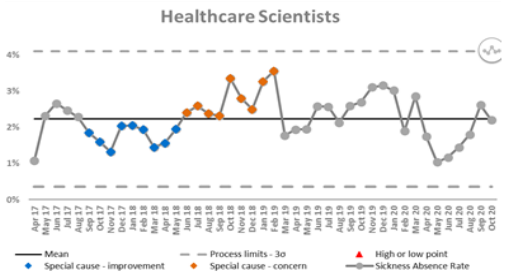
What the information tells us: Monthly Sickness Absence Rate is at 3.4%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 17.6% of all sickness absence in October 2020, compared to 18.2% from the previous month.

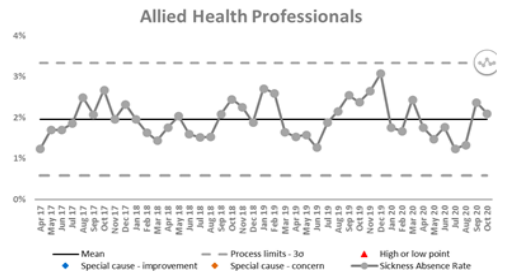


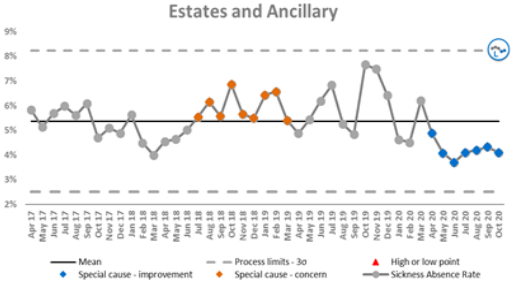


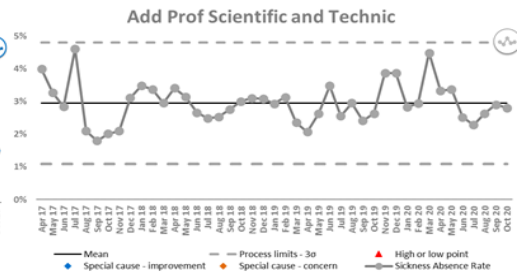












Author(s): Amanda Coulier

Owner(s): David Wherrett

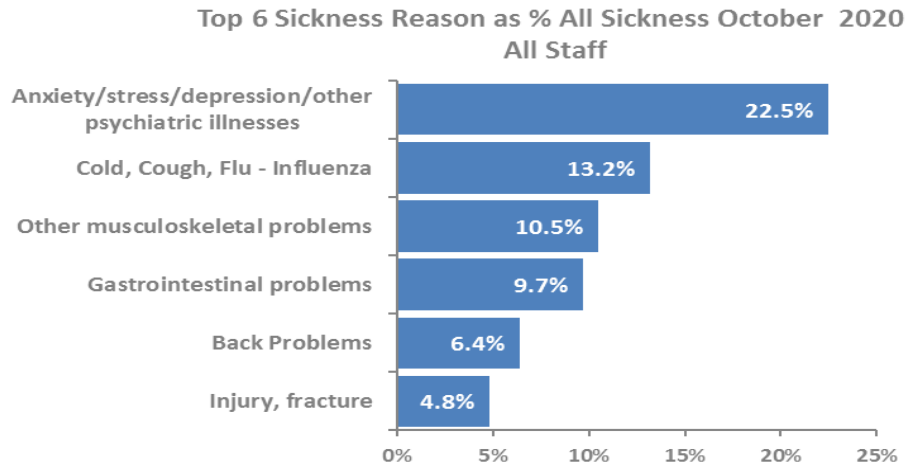
Together-Safe | Kind | Excellent

Top Six Sickness Absence Reason

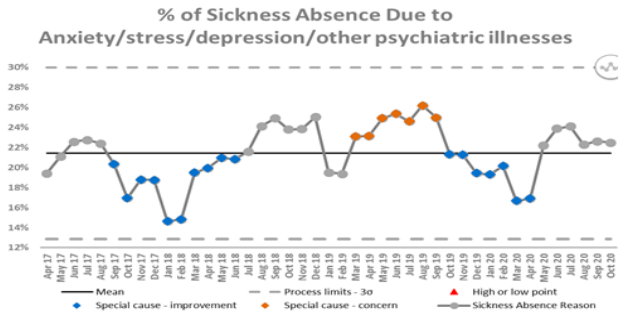
NHS Cambridge University Hospitals NHS Foundation Trust

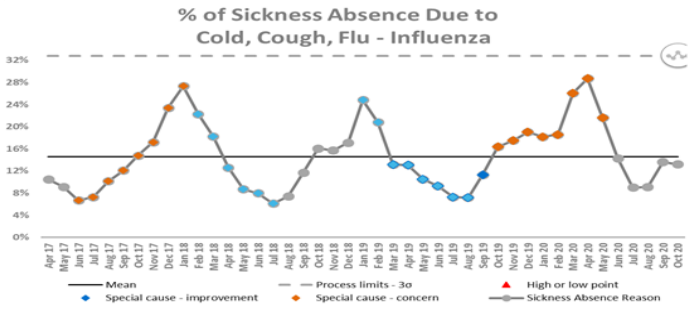
Workforce: Staff as Partners

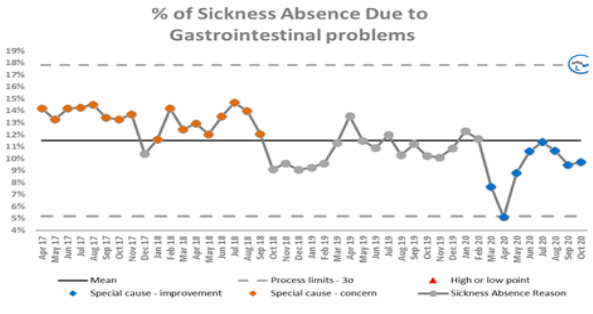
Background Information: Sickness Absence reason is provided as as a percentage of all FTE days missed due to sickness during the reporting month

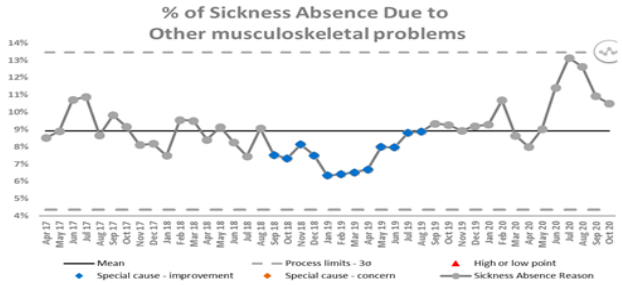


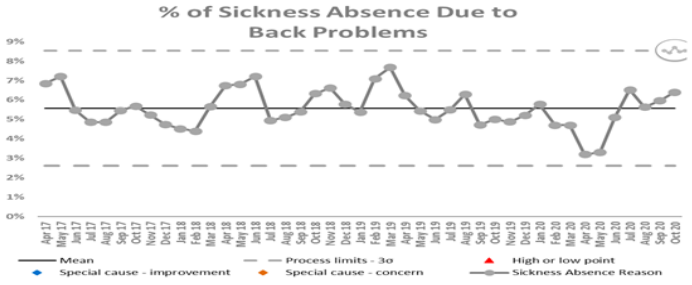
What the information tells us: The highest reason for sickness absence remains to be mental health related reasons at 22.5%, which has decreased slightly from 22.6% the previous month. The percentage of Influenza related sickness decreased by 0.3% from the previous month at 13.2%.

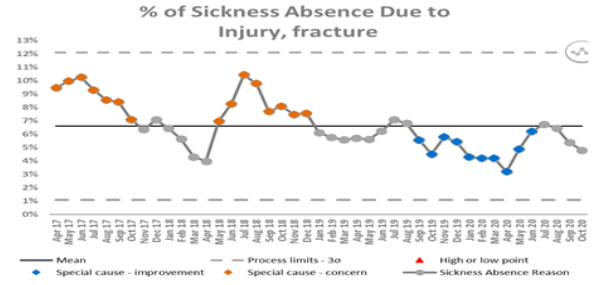










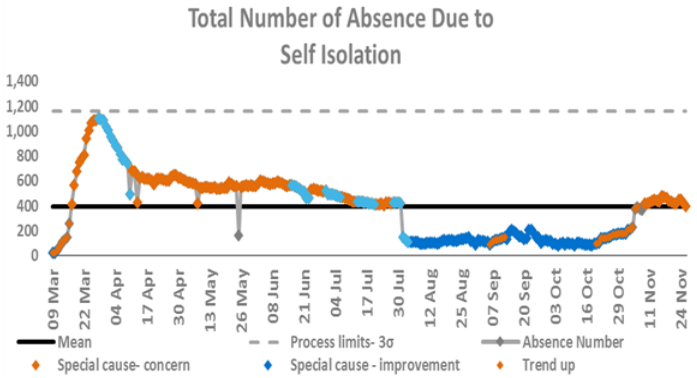


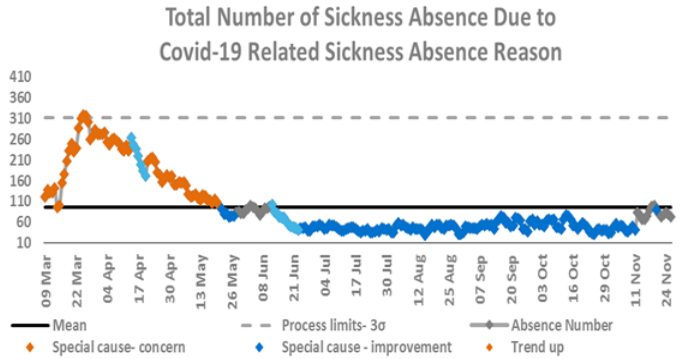
Covid-19 Related Absence

NHS Cambridge University Hospitals NHS Foundation Trust

Covid-19 Related Absence

Background Information: Daily absence figure due to Covid-19 are presented. This only provides daily information relating to the number of staff recorded as being absent from work rather than the equivalent FTE days lost which is used in calculating monthly sickness absence rate.

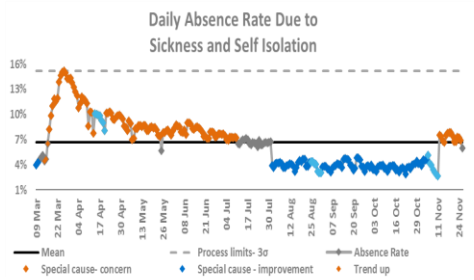


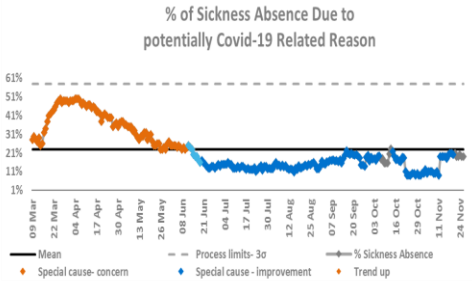


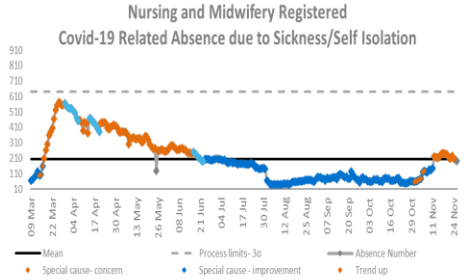
What the information tells us:

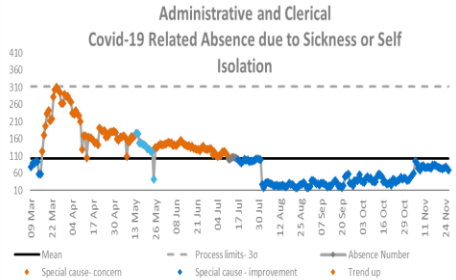
The Trust's monthly average figures for staff that are Self isolating more than quadrupled when compared to the figures reported in October. As of 26th November, an average of 392 staff are self isolating per day compared to 95 in October. Monthly average number for Covid-19 related sickness increased slightly from 58 in October to 66 in November.

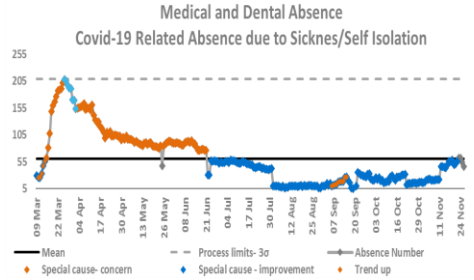
Overall, 3.5% of staff are currently absent from work due to Covid-19 related sickness or self isolation.

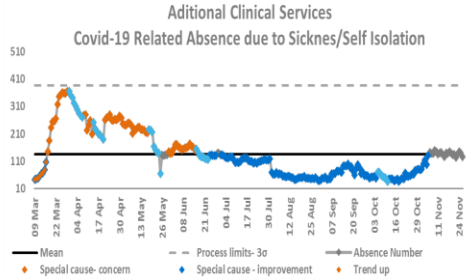


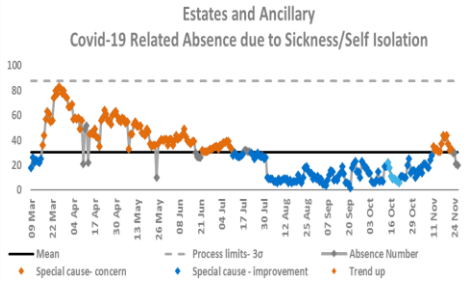


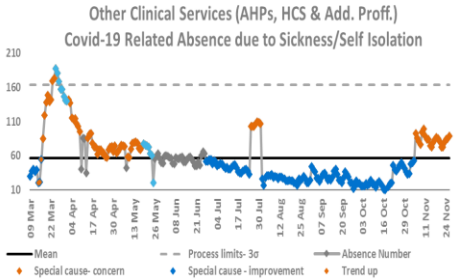










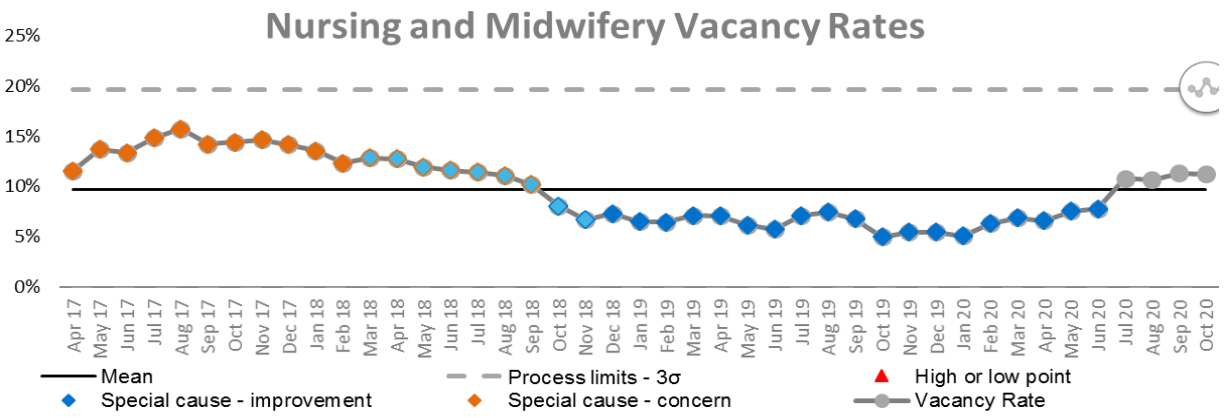


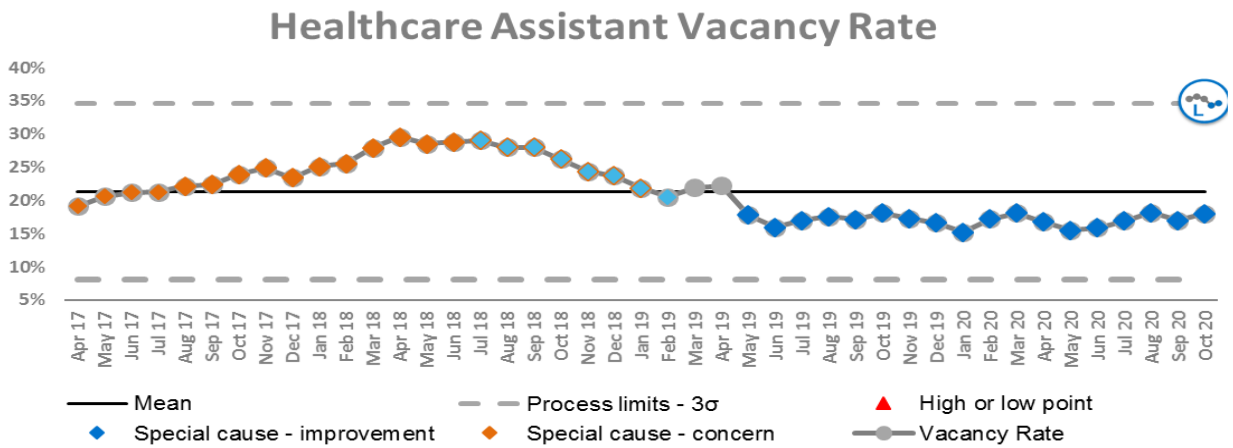
Vacancy Rate

Cambridge University Hospitals NHS Foundation Trust

Vacancy Rate and Appraisal

Background Information: Vacancy rate provides vacancy information based on established post within an organisation. The figure below relates to self reported data for wards and main clinical areas and includes pay band 2 to 7 only.





What the information tells us: Vacancy rate for Healthcare Assistant remained below the average rate at 17.84%. However, vacancy rate for Nurses remained above average for the fourth consecutive month at 11.23%. Resulting is an increase of 4% in nursing vacancy rate over the past six months.

The increase in vacancy rate is related to the increase in establishment and the effect of Covid-19 on overseas recruitment.

C19 - Individual Health Risk Assessment & Annual Leave Update

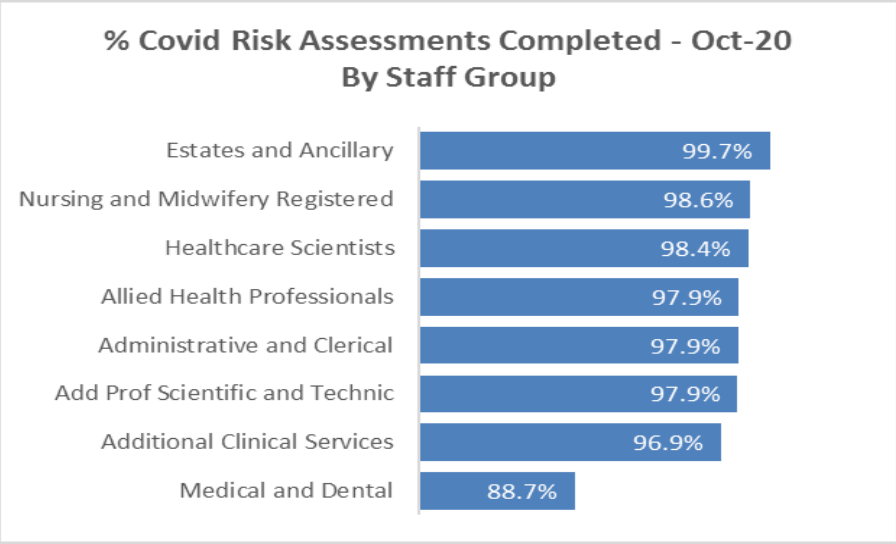
Cambridge University Hospitals NHS Foundation Trust

C19 - Risk Assessment & Annual Leave Update

C19 - Risk Assessment Compliance Breakdown

Risk compliance rate	Oct-20
Overall C19 Risk Assessment Compliance	96.7%
BAME Staff - C19 Risk Assessment Compliance	95.5%
At Risk Staff - C19 Risk Assessment Compliance	95.9%

Risk group	% of Staff within each Risk group
Covid 19 Green Risk Group	79.3%
Covid 19 Orange Risk Group	13.8%
Covid 19 Red Risk Group	2.7%
Covid 19 Shielding Risk Group	1.6%
Covid 19 Yellow Risk Group	2.6%



Percentage of Annual Leave (AL) Taken -Sep 20 Breakdown

	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	59,797	29,716	50%	97%
	Additional Clinical Services	397,550	218,426	55%	97%
	Administrative and Clerical	470,039	222,997	47%	95%
	Allied Health Professionals	127,046	62,211	49%	99%
	Estates and Ancillary	70,187	36,958	53%	98%
	Healthcare Scientists	123,939	54,202	44%	97%
	Medical and Dental	714	219	31%	1%
	Nursing and Midwifery Registered	812,754	441,282	54%	98%
	Trust	**2,062,026**	**1,066,010**	**52%**	**83%**
Annual Leave taken by Division	*Division*				
	Division A	424,563	226816	53%	81%
	Division B	542,683	268390	49%	88%
	Division C	261,883	144905	55%	76%
	Division D	230,361	115792	50%	78%
	Division E	230,055	132550	58%	80%
	Corporate	284,431	137657	48%	94%
	R&D	88,050	39900	45%	87%

* Greater than 50% | Less than 45% | Between 45 and 50%

What the information tells us: The Trust's Covid-19 Risk assessment compliance rate is at 96.7% including 95.5% of BAME staff and 95.9% of At Risk staff. Overall, 13.8% of staff falls under the Orange Risk Group while 2.7% are within the Red Risk Group.
The Trust's annual leave usage is 52% after 7 months of the year (i.e. 58% of the leave year). The highest rates of use of annual leave are within Nursing and Additional Clinical Services at 54% and 55% respectively, but is still below the expected pro rata level.

Mandatory Training by Division and Staff Group

NHS Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff as Partners

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

		Induction				Mandatory Training Competency (as defined by Skills for Health)														
		Non-Medical		Medical																
		Corporate Induction	Local Induction	Corporate Induction	Local Induction	Conflict Resolution	Equality & Diversity	Fire Safety	Health & Safety	Infection Control	Information Governance including GDPR and Cyber Security	Moving & Handling	Resuscitation	Safeguarding Adults	Safeguarding Adult Lvl 2	Safeguarding Children Lvl 1	Safeguarding Children Lvl 2	Safeguarding Children Lvl 3	Prevent Level Three (WRAP)	Total Compliance
	Frequency					3 yrs	3 yrs	2 yrs/1yr	3yrs	2 yrs	1yr	2 yrs/1yrs	2 yrs/1yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs	3 yrs	
	Delivery Method	cl	f2f	cl/	f2f	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/e/	cl/el	cl/e/	cl/el	cl/el	cl/el	cl/el	cl	
	Staff Requiring Competency	758	758	130	130	9,933	9,933	10,012	9,933	9,933	9,933	10,016	6,853	9,933	7,264	9,933	7,263	1,776	1,776	
	Compliance by Division																			
Compliance by Division	Division A	(3)96.4%	(22)73.8%	(6)81.3%	(17)46.9%	(63)96.7%	(69)96.4%	(524)72.8%	(69)96.4%	(100)94.8%	(214)88.8%	(194)89.9%	(286)84.0%	(85)95.5%	(125)93.0%	(69)96.4%	(132)92.6%	(31)82.0%	(18)89.5%	91.2%
	Division B	(13)94.7%	(54)77.8%	(8)71.4%	(13)53.6%	(56)97.9%	(57)97.8%	(309)88.4%	(60)97.7%	(78)97.1%	(163)93.8%	(223)91.6%	(263)80.7%	(70)97.4%	(114)93.2%	(63)97.6%	(117)93.0%	(26)83.0%	(11)92.8%	94.2%
	Division C	(10)89.5%	(25)73.7%	(3)86.4%	(6)72.7%	(36)97.2%	(38)97.1%	(387)70.4%	(41)96.8%	(51)96.1%	(127)90.2%	(125)90.4%	(236)81.4%	(39)97.0%	(63)95.1%	(32)97.5%	(71)94.5%	(34)86.8%	(28)89.1%	91.7%
	Division D	(3)96.5%	(26)69.8%	(9)65.4%	(17)34.6%	(37)96.9%	(42)96.4%	(273)77.0%	(48)95.9%	(66)94.4%	(148)87.4%	(155)87.0%	(228)77.2%	(47)96.0%	(56)94.6%	(53)95.5%	(71)93.2%	(27)79.9%	(18)86.6%	90.7%
	Division E	(4)95.8%	(39)59.4%	(4)81.0%	(11)47.6%	(38)96.9%	(38)96.9%	(389)68.3%	(42)96.5%	(58)95.2%	(127)89.5%	(142)88.4%	(221)80.4%	(55)95.5%	(62)94.6%	(45)96.3%	(57)95.0%	(93)91.1%	(83)92.0%	91.0%
	Corporate	(6)94.5%	(32)70.9%	(0)100.0%	(0)100.0%	(51)96.0%	(55)95.7%	(109)91.5%	(55)95.7%	(70)94.5%	(151)88.2%	(87)93.2%	(24)83.1%	(62)95.1%	(7)95.3%	(58)95.5%	(6)96.0%	(1)80.0%	(1)80.0%	93.6%
	R & D	(1)97.7%	(10)77.3%			(2)99.5%	(2)99.5%	(44)89.5%	(3)99.3%	(16)96.2%	(29)93.1%	(32)92.4%	(13)91.8%	(6)98.6%	(6)96.8%	(4)99.0%	(8)95.7%			96.0%
	Breakdown of Medical staff compliance																			
	Consultant			(13)77.2%	(20)64.9%	(34)94.9%	(41)93.8%	(58)91.2%	(42)93.6%	(56)91.5%	(153)76.9%	(60)90.9%	(176)73.7%	(42)93.6%	(31)95.4%	(59)91.1%	(58)91.3%	(23)88.1%	(31)84.0%	89.4%
	Non Consultant			(22)87.4%	(42)76.0%	(95)82.0%	(101)80.9%	(138)73.9%	(115)78.2%	(132)75.0%	(235)55.5%	(148)72.0%	(249)54.0%	(124)76.5%	(146)72.8%	(111)79.0%	(133)75.2%	(49)61.4%	(47)63.0%	72.9%
	Compliance by Staff group																			
Compliance by Staff Group	Add Prof Scientific and Technic	(0)100.0%	(2)91.7%			(4)98.6%	(8)97.1%	(40)85.6%	(7)97.5%	(5)98.2%	(15)94.6%	(11)96.0%	(14)88.1%	(7)97.5%	(4)98.1%	(3)98.9%	(5)97.7%	(0)100.0%	(0)100.0%	96.0%
	Additional Clinical Services	(5)97.8%	(62)72.4%			(24)98.6%	(24)98.6%	(435)74.9%	(26)98.5%	(43)97.5%	(113)93.4%	(187)89.2%	(210)84.0%	(32)98.1%	(102)93.1%	(27)98.4%	(92)93.8%	(9)94.7%	(12)92.9%	93.1%
	Administrative and Clerical	(15)92.7%	(58)71.7%			(52)97.6%	(55)97.4%	(90)95.8%	(52)97.6%	(95)95.6%	(201)90.6%	(101)95.3%	(3)57.1%	(65)97.0%	(12)90.8%	(64)97.0%	(12)90.9%	(3)62.5%	(1)87.5%	95.6%
	Allied Health Professionals	(3)94.2%	(12)76.9%			(5)99.1%	(7)98.7%	(125)77.6%	(8)98.5%	(13)97.6%	(27)95.1%	(83)85.1%	(95)82.9%	(7)98.7%	(14)97.5%	(9)98.4%	(16)97.1%	(12)82.1%	(4)94.0%	93.6%
	Estates and Ancillary	(5)89.4%	(13)72.3%			(13)95.9%	(13)95.9%	(23)92.8%	(12)96.3%	(15)95.3%	(41)87.2%	(11)96.6%		(14)95.6%		(16)95.0%				94.1%
	Healthcare Scientists	(1)97.6%	(5)87.8%			(10)98.2%	(10)98.2%	(20)96.4%	(11)98.0%	(14)97.5%	(19)96.6%	(23)95.9%	(32)68.6%	(13)97.7%	(32)81.5%	(8)98.6%	(29)83.2%	(0)100.0%	(0)100.0%	95.9%
	Medical and Dental			(30)76.9%	(64)50.8%	(112)89.8%	(120)89.0%	(169)84.6%	(132)87.9%	(167)84.7%	(360)67.1%	(188)82.8%	(562)61.1%	(137)87.5%	(234)83.8%	(137)87.5%	(249)82.7%	(90)75.4%	(81)77.9%	81.3%
	Nursing and Midwifery Registered	(11)93.3%	(56)65.9%			(63)98.1%	(64)98.0%	(1133)65.9%	(70)97.9%	(87)97.3%	(183)94.4%	(354)89.3%	(355)89.3%	(89)97.3%	(35)98.9%	(60)98.2%	(59)98.2%	(100)91.3%	(62)94.6%	93.4%
	Trust Total	(40)94.7%	(208)72.6%	(30)76.9%	(64)50.8%	(283)97.2%	(301)97.0%	(2035)79.7%	(318)96.8%	(439)95.6%	(959)90.3%	(958)90.4%	(1271)81.5%	(364)96.3%	(433)94.0%	(324)96.7%	(462)93.6%	(214)88.0%	(160)91.0%	92.38%

Author(s): Amanda Coulier

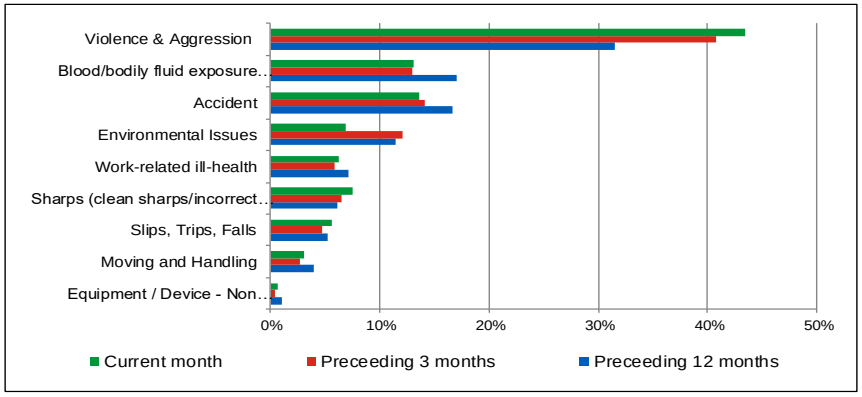
Owner(s): David Wherrett

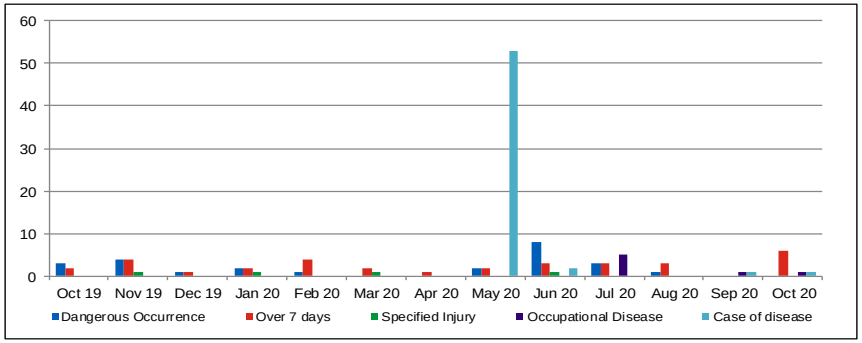
Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Saftey

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:	**1587**	**328**	**277**	**467**	**223**	**175**	**48**	**69**
Accident	**265**	49	58	60	34	28	9	27
Blood/bodily fluid exposure (dirty sharps/splashes)	**270**	70	64	55	25	39	12	5
Environmental Issues	**182**	41	44	23	19	41	8	6
Equipment / Device - Non Medical	**16**	4	0	7	3	1	1	0
Moving and Handling	**62**	19	8	16	10	4	1	4
Sharps (clean sharps/incorrect disposal & use)	**97**	34	20	16	13	10	3	1
Slips, Trips, Falls	**83**	18	11	12	12	10	5	15
Violence & Aggression	**499**	63	39	265	92	26	5	9
Work-related ill-health	**113**	30	33	13	15	16	4	2





A total of 1,587 health and safety incidents were reported in the previous 12 months.

697 (44%) incidents resulted in harm. The highest reporting categories were violence and aggression (31%), accidents (17%) and blood/bodily fluid exposure (17%).

1,168 (74%) of incidents affected staff, 359 (23%) affected patients and 60 (4%) affected others ie visitors, contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (26%), blood/bodily fluid exposure (21%), and accidents (15%).

The highest reported incident categories for patients were: violence and aggression (48%), accidents (20%) and environmental issues (16%).

The highest reported incident categories for others were: violence and aggression (33%), accidents (32%) and slips, trips an d falls (18%).

Staff incident rate is 11.7 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 467 incidents. Of these, 57% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was case of disease (covid -19 non-fatal) (47%). 47% of incidents were reported to the HSE within the appropriate timescale. In October 2020, 8 RIDDORs were reported:

Case of disease (1)
- A member of staff tested positive for Covid-19 and there is reasonable evidence to suggest that a work-related exposure is the likely cause of the disease.

Occupational disease (1)
- The Injured Person (IP) has been diagnosed with occupational dermatitis to the face. The IP is now wearing a hypoallergenic surgical face mask and their symptoms have significantly improved.

Over 7 days (6)
- The IP intervened to prevent a patient from self-harming which resulted in back pain.
- The IP slipped on a patch of mud which resulted in a sprained ankle.
- The IP was kicked by an agitated patient and resulting in a fracture to their finger.
- The IPs arm was grabbed by an agitated patient resulting in ligament and tendon damage.
- The IP was attempting to transfer a patient. The patient pulled against the IP and the IP experienced back pain.
- The IP was attempting to transfer a patient. The patient was not cooperating and the IP experienced back pain.

Author(s):

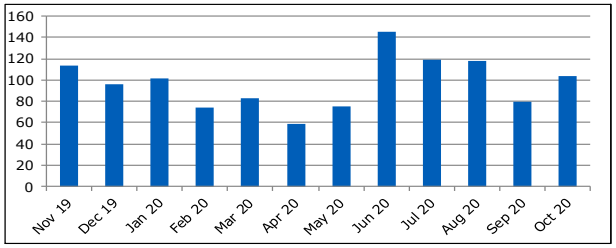
Owner(s):

Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Saftey

No. of health and safety incidents affecting staff:

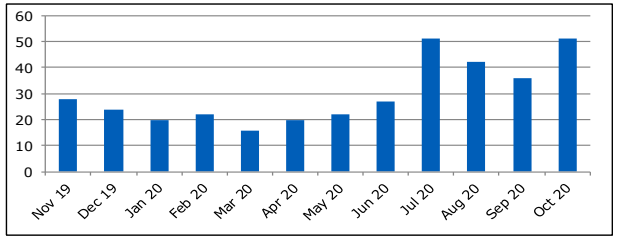


	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Total
Accident	26	17	18	13	12	8	9	17	13	12	14	14	**173**
Blood/bodily fluid exposure (dirty sharps/splashes)	28	30	23	23	26	21	14	15	16	20	13	19	**248**
Environmental Issues	7	6	9	10	12	5	8	22	4	24	5	6	**118**
Moving and Handling	5	5	5	5	2	0	5	6	7	3	4	4	**51**
Sharps (clean sharps/incorrect disposal & use)	6	9	10	2	7	3	6	6	11	10	6	12	**88**
Slips, Trips, Falls	13	3	8	2	4	3	5	11	4	3	8	8	**72**
Violence & Aggression	27	25	27	17	18	19	18	22	41	37	23	31	**305**
Work-related ill-health	2	1	1	2	2	0	10	46	23	9	7	10	**113**
Total	**114**	**96**	**101**	**74**	**83**	**59**	**75**	**145**	**119**	**118**	**80**	**104**	**1168**

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

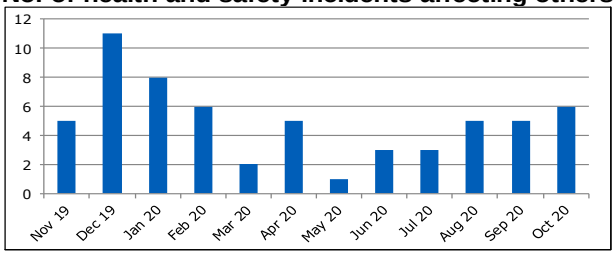
	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Total
No. of health & safety incidents	114	96	101	74	83	59	75	145	119	118	80	104	**1177**
Staff incident rate per month/year	1.1	1.0	1.0	0.7	0.8	0.6	0.8	1.5	1.2	1.2	0.8	1.0	**11.8**

No. of health and safety incidents affecting patients:



	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Total
Accident	13	6	4	5	2	4	8	4	6	5	9	7	**73**
Blood/bodily fluid exposure (dirty sharps/splashes)	1	1	2	1	2	1	2	1	4	0	3	2	**20**
Environmental Issues	1	5	3	6	5	0	2	7	10	7	6	4	**56**
Equipment / Device - Non Medical	1	3		4	1	0	0	1	4	1	0	1	**16**
Moving and Handling	3	2	2	2	0	0	0	0	1	0	0	1	**11**
Sharps (clean sharps/incorrect disposal & use)	2	1	1	1	0	0	0	0	3	1	0	0	**9**
Violence & Aggression	7	6	8	3	6	15	10	14	23	28	18	36	**174**
Total	**28**	**24**	**20**	**22**	**16**	**20**	**22**	**27**	**51**	**42**	**36**	**51**	**359**

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



	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Total
Accident	0	6	3	3	0	4	0	0	1	0	1	1	**19**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	0	1	0	0	0	0	0	1	0	0	**2**
Environmental Issues	0	0	1	0	2	0	1	2	0	0	1	1	**8**
Slips, Trips, Falls	4	2	1	2	0	0	0	0	0	1	0	1	**11**
Violence & Aggression	1	3	3	0	0	1	0	1	2	3	3	3	**20**
Total	**5**	**11**	**8**	**6**	**2**	**5**	**1**	**3**	**3**	**5**	**5**	**6**	**60**