








NHS
Cambridge University Hospitals
NHS Foundation Trust

Integrated Report

Quality, Performance, Finance and Workforce

to end December 2020

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

Report compiled: 31/01/2021

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	Oct 20 Previous Month	Nov 20 Previous Month	Dec 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)**	Dec-20	30%	13.2%	14.9%	17.7%	↑	14.5%	15.3%	14.8%
	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.	Dec-20	80%	N/A	N/A	N/A	-	67.7%	68.9%	60.0%
	Same day emergency care (SDEC)	Dec-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
				Oct 20	Nov 20	Dec 20				
	Total complaints responded to within initial set timeframe or by agreed extension date **(existing metric)**	Dec-20	90%	100.0%	98.2%	N/A	-	N/A	80.0%	N/A
				Oct 20	Nov 20	Dec 20				
Staff Experience / Well-led	Nursing and Midwifery vacancy rate for band 5 nurses **(existing metric)**	Nov-20	6.6%	13.3%	13.3%	N/A	-	0.0%	6.5%	8.3%
				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 - 0% of the retrospective audits into NEWS2 compliance met the quality standard of 90%. The trust is currently trialling Observation Audits to triangulate this data set. Due to the design of the audit, the quality standard is not met if all elements of audit criteria are not satisfied. Focused review of the data suggests documentation of an A-E assessment and review by the Nurse in Charge are common areas for compliance to be dropped.

Safe - The Patient Safety Team are reviewing and monitoring the quality of action plans submitted to the CCG. Where actions relate to centralised clinical themes, this is integrated into the centralised improvement plan.

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 Q3 data will be reported on in the IPR moving forward.

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

2020/21 Performance Framework

Performance Framework - Quality Indicators				Oct 20	Nov 20	Dec 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)	Dec-20	0	0	0	1	⇩	2	3	4
	E.Coli Bacteraemias (Total Cases)	Dec-20	50% over 3 years	37	32	30	⇧	280	406	374
	C. difficile Infection (hospital onset and COHA* avoidable)	Dec-20	TBC	6	5	3	⇧	45	N/A	N/A
	Hand Hygiene Compliance	Dec-20	TBC	97.18%	97.28%	96.44%	⇩	97.5%	96.4%	97.5%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Dec-20	100%	N/A	80.0%	66.7%	⇩	45.2%	38.6%	40.5%
	% of relevant NICE recommendations recorded as met in the returned baseline assessment. ('last month')	Dec-20	85%	0.0%	-	-	▪	0.0%	77.3%	0.0%
	% of NICE quality standards where the gap analysis was returned in line with the NICE policy. ('last month')	Dec-20	100%	0.0%	N/A	50.0%	⇩	23.1%	28.6%	20.0%
	% of data submitted to national clinical audits (rolling YTD) Target is 100% at FYR end	Dec-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)	Dec-20	100%	N/A	N/A	N/A	⇔	0.0%	24.6%	23.4%
	% of national clinical audits with completed recommendations (last month)	Dec-20	100%	N/A	N/A	100.0%	⇩	57.1%	75.0%	60.6%
	External Visit/Inspection closed within the required timescale (%).	Dec-20	100%	42.1%	57.1%	54.5%	⇩	51.7%	39.5%	62.5%
Nursing Quality Metrics	Blood Administration Patient Scanning	Dec-20	90%	99.3%	98.5%	98.4%	⇩	99.1%	99.3%	99.1%
	Care Plan Notes	Dec-20	90%	95.8%	96.1%	96.4%	⇧	95.8%	94.7%	95.6%
	Care Plan Presence	Dec-20	90%	99.5%	99.0%	99.4%	⇧	99.3%	98.1%	99.0%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Dec-20	90%	72.6%	71.3%	72.1%	⇧	73.3%	94.8%	73.3%
	Nurse Rounding	Dec-20	90%	97.2%	97.2%	97.2%	⇧	96.7%	96.7%	96.8%
	Nutrition Screening	Dec-20	90%	99.8%	99.8%	99.7%	⇩	99.7%	99.7%	99.7%
	Pain Score	Dec-20	90%	82.6%	80.1%	80.2%	⇧	82.8%	80.1%	82.0%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Dec-20	90%	66.7%	73.4%	63.3%	⇩	70.3%	80.4%	72.0%
	PEWS Score Recording	Dec-20	90%	88.0%	88.0%	88.0%	⇩	88.3%	88.1%	88.3%
	NEWS Score Recording	Dec-20	90%	77.6%	77.2%	76.8%	⇩	78.5%	76.3%	78.2%
	VIP									
	VIP Score Recording (1 per day)	Dec-20	90%	76.8%	75.7%	73.2%	⇩	78.1%	74.9%	77.5%
	PIP Score Recording (1 per day)	Dec-20	90%	98.7%	99.3%	99.1%	⇩	98.7%	97.7%	98.3%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	-	-	-	▪	2	16	10
	Number of overdue complaints	Dec-20	0	0	0	2	⇩	5	109	10
	Re-opened complaints (non PHSO)	Nov-20	N/A	11	0	-	▪	41	103	64
	Re-opened complaints (PHSO)	Nov-20	N/A	0	0	-	▪	4	4	7
				Oct 20	Nov 20	Dec 20				
	Number of medium/high level complaints	Nov-20	N/A	9	8	-	▪	104		148

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

2020/21 Performance Framework

Taskforce	Indicator	IPC Data range	Dec-20	Baseline (same month 19/20)	Variance to baseline (#)	% var to baseline (activity shown as % delivery of baseline)	Variation indicator	Special causes	Comments
Cohorting and Configuration	Long stay patients (>21 LoS)	Apr 19 - Dec 20	151	167	-16	-10%	L	S7	Long-stay patients have decreased by -16 (-10%) compared to December 2019.
	Discharge lounge usage	Apr 19 - Dec 20	294	385	-91	N/A		-	91 fewer patients utilised the discharge lounge in December compared to last year. Five additional chairs were added to the discharge lounge in mid-December to increase capacity.
	Discharges before noon	Apr 19 - Dec 20	17%	15%	2%	-	H	SP	Discharges before noon increased to 17% from 15% last year. The Patient Flow Group drove this performance higher during December with the support of divisions.
	Weekend discharge rate (simple)	Apr 19 - Dec 20	70%	70%	0%	-		-	The weekend discharge rate for simple discharges was equal to last December at 70%. The Trust's target is 80%.
	Weekend discharge rate (complex)	Apr 19 - Dec 20	25%	32%	-7%	-		-	The weekend discharge rate for complex discharges was 7% lower compared to last December and significantly lower that weekday levels'
Urgent and Emergency Care	Non-elective admissions	Apr 19 - Dec 20	3,008	3,938	-930	76%	L	S7	In December there were -930 fewer non-elective admissions to the hospital compared to December 2019, equivalent to 76% of prior year levels.
	Admissions via ED (excluding Rosie)	Apr 19 - Dec 20	1,846	-	-	N/A	L	SP	Admissions via the ED (types 1 & 3) were 1,846, equivalent to 60 admissions per day.
	ED attendances (type 1 & 3)	Apr 19 - Dec 20	8,221	-	-	N/A		-	Type 1 & 3 ED attendances were 7,268 in December, equivalent to 234 per day.
	ED attendances (type 5)	Sep 20 - Dec 20	953	-	-	N/A		-	Type 5 ED attendances (patients who utilise the emergency medical assessment areas on EAU4 and N2) were 953 in December, equivalent to 31 per day.
	ED attendances (type 1 ,3 & 5)	Apr 19 - Dec 20	8,221	10,891	-2670	75%	L	S7	Overall ED attendances (all types) reduced by 2,670 in December compared to December 2019. This is a reduction in daily attendances from 351 to 265.
	12hr waits in ED (type 1)	Apr 19 - Dec 20	669	278	391	141%	H	SP	12hr waits in ED increased to 669 (+391, +141%). Of these, 166 were also 12hr DTA breaches (trolley waits). The high level of 12hr waits in December was primarily caused by exit block from the department due to on-going pressures with in-patient capacity as a result of COVID.
	Time to initial medical assessment (mins)	Apr 19 - Dec 20	68	110	-42	-38%	L	S7	Time to initial medical assessment improved by 42 minutes to 68 minutes from arrival.
	Streamed to GP	Apr 19 - Dec 20	931	1,118	-187	-17%		-	931 patients (11.3% of attendances) were streamed to a GP in December. This is -187 (-17%) lower than last December, when 10.3% of attendances were streamed to the GP.
	ED conversion rate	Apr 19 - Dec 20	25.4%	30.2%	-4.8%	-	L	SP	The ED conversion rate fell from 30.2% in December 2019 to 25.4% in December 2020 (types 1 & 3 only). If we include type 5 patients this rises to 29.1% for December 2020.
Critical Care and Elective activity	Elective admissions (incl. day case and IP, excl. regular attenders)	Apr 19 - Dec 20	6,937	7,348	-411	94%		-	Elective admissions were 6,937 in December, 411 fewer than last year. This is equivalent to activity at 94% of baseline.
	Average theatre turnaround time (mins)	Apr 19 - Dec 20	25	21	4	19%	L	R7	The average theatre turnaround time was 25 minutes, 4 minutes longer than last December.
	Theatre sessions used	Apr 19 - Dec 20	1,203	1,249	-46	-4%		-	The Trust used 46 (-4%) fewer theatre sessions this December.
	Total operations performed (incl. Emergency/Maternity)	Apr 19 - Dec 20	2,182	2,824	-642	77%		-	Total operations performed reduced by 642 compared to last December.
	52 weeks waits on RTT pathway (unvalidated)	Apr 19 - Dec 20	2,801	1	2,800	-	H	SP	An additional 2,800 patients have waited >52 weeks on an RTT pathway compared to a baseline of 1.

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

2020/21 Performance Framework

Taskforce	Indicator	IPC Data range	Dec-20	Baseline (same month 19/20)	Variance to baseline (#)	% var to baseline (activity shown as % delivery of baseline)	Variation indicator	Special causes	Comments
Diagnostics	Diagnostic waiting list	Apr 19 - Dec 20	14,028	8,603	5,425	63%		SP	The diagnostic waiting list has grown from 8,603 to 14,028 since last December (+5,425, +63%).
	Diagnostic activity	Apr 19 - Dec 20	14,879	15,135	-256	98%		-	Diagnostic activity has reached 98% of baseline levels.
	Patients waiting >6 weeks for diagnostic	Apr 19 - Dec 20	7,766	1,458	6,308	433%		-	Patients waiting >6 weeks for a diagnostic test increased by 6,308 compared to last December
Outpatients	Attendance levels	Apr 19 - Dec 20	45,972	45,964	8	100%		-	Outpatient attendances reached 100% of baseline levels, driven predominately by follow-up appointments.
	Attendance via phone/video	Apr 19 - Dec 20	15,972	792	15,180	1,917%		SP	35% of outpatient appointments were conducted via phone or video in December, a volume increase of 15,180 compared to December 2019 when only 1.7% of appointments were conducted this way.
	Referral levels	Apr 19 - Dec 20	17,110	17,973	-863	95%		-	Outpatient referral levels reached 95% of baseline levels.

Taskforce	Indicator	IPC Data range	w/e 17th Jan 2021	Baseline (same week 19/20)	Variance to baseline (#)	% var to baseline (activity shown as % delivery of baseline)	Variation indicator	Special causes	Comments
Cross cutting	Cancer 2WW referrals	15/07/19 - 17/01/21	393	468	-75	84%		-	2-week wait referrals for cancer decreased by 75 compared to December 2019 (-16%).
	Cancer >31 day waits	02/01/20 - 17/01/21	87	21	66	314%		-	87 patients waited more than 31 days for treatment, an increase (+66, +314%) compared to December 2019.
	Cancer >62 day waits	03/07/19 - 17/01/21	80	66	14	21%		SP	An additional 14 patients waited more than 62 days for treatment compared to December 2019.
	Cancer >104 day waits	03/07/19 - 17/01/21	19	17	2	12%		-	Patients waiting more than 104 days for treatment increased from 17 last December to 19 in December 2020.
	Patients waiting 28 day for diagnosis	03/07/19 - 17/01/21	293	208	85	41%		SP	An additional 85 patients (+41%) waited more than 28 days for a diagnosis compared to December 2019.

Phase 3 Performance

Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Key:

Delivery > National Phase 3 ambition

Delivery > Plan < National Phase 3 ambition

Delivery < Plan < National Phase 3 ambition

		ACTIVITY			ACTUALS vs. DEC-19	PLAN	PHASE 3 AMBITION
Area	Metric	Nov-20	Dec-20	Month-on-month change	Dec-20	Forecast per Phase 3 return	Required achievement by Dec-20
Elective	Elective in-patients (incl. IS)	1,100	951	-149	84%	-	-
	Elective in-patients (excl. IS)	988	851	-137	78%	90%	90%
	Day cases (incl. IS)	6,117	5,986	-131	96%	-	-
	Day cases (excl. IS)	5,946	5,864	-82	95%	94%	90%
Diagnostics	MRI	3,005	2,686	-319	99%	83%	100%
	CT	4,906	5,069	163	99%	151%	100%
	Colonoscopy	410	322	-88	79%	79%	100%
	Cystoscopy	361	345	-16	102%	-	100%
	Flexible sigmoidoscopy	83	76	-7	82%	89%	100%
	Gastroscopy	574	506	-68	79%	91%	100%
Outpatients	Outpatients (first)	19,316	17,417	-1,899	83%	84%	100%
	Virtual OP (% of first) - Actual	19%	18%	-0.6%	18%	21%	-
	Outpatients (follow-up)	32,367	28,555	-3,812	115%	110%	100%
	Virtual OP (% of follow-ups) - Actual	45%	45%	-0.6%	45%	61%	60%
	Virtual OP (TOTAL)	35%	35%	-0.7%	35%	45%	25%

Overall

In December the Trust met or exceeded the Phase 3 ambition for day cases, cystoscopy, outpatient follow-up appointments and outpatient appointments conducted via phone/video. Against the internal forecast for December the Trust met or exceeded forecast for MRI and colonoscopy, but was lower for all other metrics. Activity was lower in all areas in December compared to November, with the exception of CT, mainly due to a reduction in services over the festive season.

The greatest risk to delivery of in-patient elective and day cases remains the number of COVID in-patients and non-COVID emergency activity levels. During January COVID levels increased to their highest levels in the pandemic, leading to cancellation of elective patients with a clinical priority of P3/4, and cessation of non-urgent on-site diagnostic and outpatient activity to reduce footfall at the hospital. Services have also been affected by the redeployment of staff to other areas, including our expanded critical care bed pool, in order to meet the additional demand caused by COVID. These factors will significantly impact our ability to deliver the national ambitions for Phase 3 during January and in future months. Performance in the latest available week in January (w/e 17/1) have been added to the sections below to provide current levels.

Elective

Elective in-patients (excluding the independent sector) achieved 78% short of the forecast and required level of 90%. There is significant variation by specialty within this Trust-wide figure. The highest activity levels by volume were achieved by Urology and Neurosurgery which delivered 97% and 69% respectively of their activity compared to last year. Trauma and Orthopaedics (T&O), the highest-volume specialty in December 2019, saw only 24% of this activity in December 2020. This is in part due to patients within T&O typically having lower clinical priority scoring. By contrast, General Surgery and Gynaecological Oncology both exceeded last year's activity, delivering 135% and 112% respectively. Paediatric specialties saw 83% of their activity compared to last December.

In the first half of January 2021 elective in-patients have achieved only 35% of last year's activity levels due to the significant increase in COVID activity and the impact this had had on staff redeployment and theatres availability.

Day cases achieved 95% compared to planned levels of 94%. This is +5% above the national ambition of 90%. This higher activity level was due to a number of factors, including the scheduling of additional day case activity from November. Clinical Haematology showed the highest year-on-year rise of 140 (+15%), followed by Pain Management which rose by 51 (+86%). Colorectal Surgery fell by the highest volume (-225, -96%) primarily due to a high proportion of its patients receiving a lower clinical priority.

In the January month to date day cases have fallen to 53% of the activity seen by the same point of the month in January 2020.

Diagnostics

Cystoscopy exceeded the national ambition, while MRI and Colonoscopy met or exceeded forecast. CT, Flexi sigmoidoscopy and Gastroscopy did not meet planned levels or the national ambition. CT activity reduced due to staffing vacancies and an increase in the number of staff shielding and maternity leave, resulting in reduced availability for bank shifts. This has been partially mitigated by the redeployment of radiographer staff to support CT activity. In Endoscopy December is typically a month of lower activity due to patients' reluctance to change diet and take bowel preparations over the festive period. This was compounded this year due to the need for swabbing and self-isolation prior to procedure. The redeployment of imaging nursing staff, RNs and HCAs to the main hospital to support the surge on the wards has impacted activity levels in December and will continue to have an impact in January.

In the January month to date, diagnostic activity has been significantly impacted by high COVID levels. Endoscopy has been most affected with Colonoscopy and Gastroscopy both falling to 19% of the levels seen by the same point in January 2020. Cystoscopy and flexible sigmoidoscopy have fallen to 46% and 25% respectively. During January a reduction to 3 Endoscopy rooms, staff redeployment and returning to 2m social distancing in diagnostics areas has all contributed to significant reductions in activity. Within Imaging, successful radiographer recruitment will help mitigate the reduction in bank uptake and a mobile CT scanner on site in February will help maintain capacity during the replacement of one of the Outpatient scanners. There are no planned changes in capacity for Cystoscopy in January but there has been an increase in patients who wish to defer their procedure due to COVID concerns. Endoscopy will continue to prioritise 2-week wait and cancer pathways, bowel cancer screening, urgent therapeutic work (to avoid admission) and in-patients

Outpatients:

Outpatient (first) appointment levels of 83% fell just short of forecast levels of 84% and were below the national ambition of 100%. This was mainly to lower levels of diagnostic imaging performed this December compared to December 2019, which fell by 18%. In addition, Ophthalmology saw 364 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. Outpatient (follow-up) appointments achieved 115% of last December's activity, exceeding their forecast levels of 110% and the national ambition of 100%. The Trust also exceeded the national ambition of 25% of total outpatient appointments to be made by phone or video; in December we achieved 35%. The Trust's focus is to further increase the volume of appointments completed by phone/video across all specialties, particularly as footfall has been limited during January.

In the January month to date first outpatient appointments have fallen to 64% of the levels seen by the same point in January 2020, with follow-up appointments falling to 88%. Appointments via telephone / video have increased for both first and follow-up appointments to mitigate the reduction in on-site appointments, with 54% of all activity conducted via phone/video in the month to date.

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

Serious Incidents

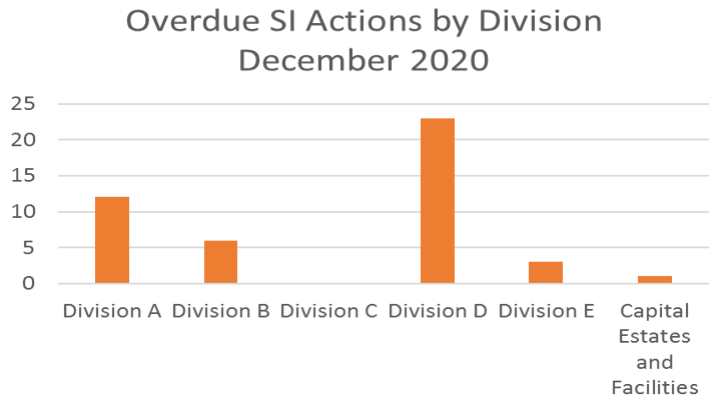
NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Nov 17-Dec 20	month	-	1351	1324		-	-	There is currently normal variance in the number of incidents affecting patients
Percentage of moderate and above patient safety incidents	Mar 19- Dec 20	month	2%	2.8%	1.5%		-		There is currently normal variance in the percentage of moderate and above patient safety incidents but exceeds the agreed range. Narrative below
All Serious Incidents	Jan 18- Dec 20	month	-	1	5		-	-	There is currently normal variance in the number of serious incidents commissioned with the CCG. In December 2020 1 serious incident investigation was commissioned, details of which can be found in the table below.
Serious Incidents submitted to CCG within 60 working days	Jan 18- Dec 20	month	100%	100%	50%		-		There has been an improvement with SI submission with 100% of Serious incident investigation reports being submitted within the agreed time frame. This remains in normal variance.

Ref	STEIS SI Sub-category	Actual Impact	Div.	Ward / Dept.
SLR105965	Unexpected/potentially avoidable death	Death / Catastrophic	A	Digestive Diseases

The number of patient safety incidents reported remains within normal variance. The number of incidents leading to moderate harm or above has increased due to the process in which 52 week breach harm reviews are reported, this exceeds the Trust internal target of 2%. However this remains within normal variance overall. In December, 1 Serious Incident investigation was commissioned. Compliance with Serious Incident Investigation report submission for December within the 60 days is 100%. A remedial Action Plan has been devised to improve compliance with targets. Fortnightly review of progress with CCG is in place. The SI Quality Improvement Plan will continue to focus on mid to long term improvement. There is a focus on overdue actions from Serious Incident investigations to improve compliance and give assurance that the learning has been taken forward to prevent future harm to patients.



Author: Clare Miller

Owner: Clare Hawkins

Together-Safe | Kind | Excellent

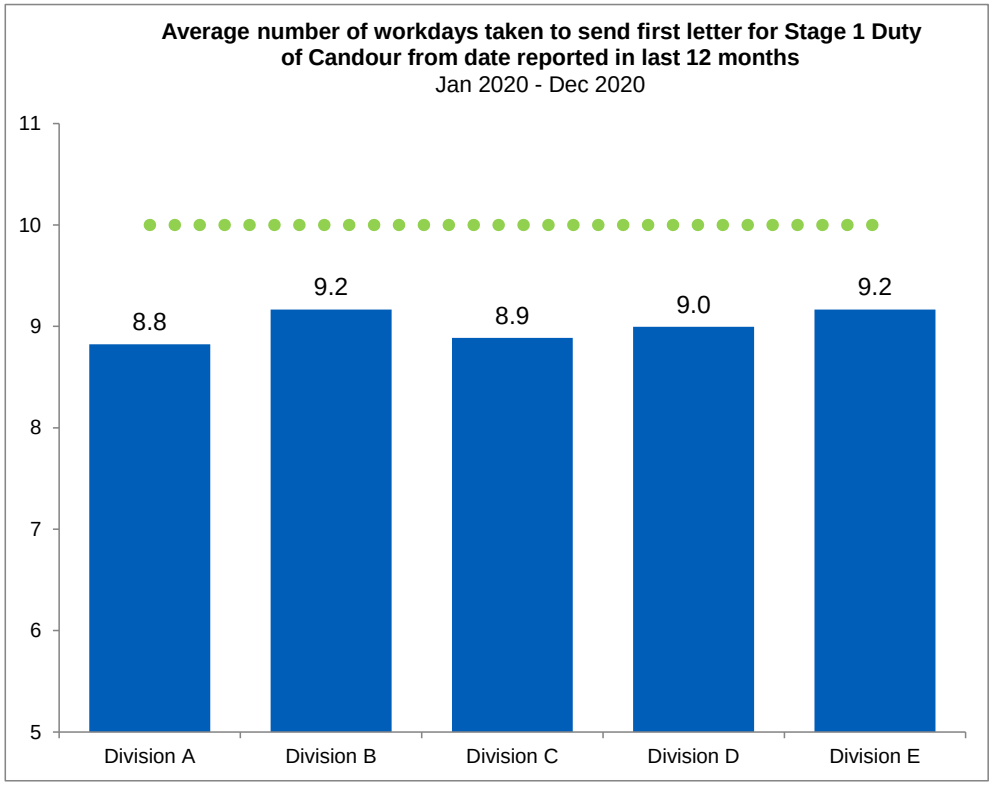
Together-Safe | Kind | Excellent

Duty of Candour

NHS 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*	Dec 17 - Dec 20	month	100%	50%	61%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Dec 17 - Dec 20	month	100%	100%	69%		-		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 Dec 2020. 50% of DOC Stage 1 was completed within the required timeframe of 10 working days in Dec 2020. The average number of days taken to send a first letter for stage 1 DOC in Dec 2020 was 12 working days.

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

Compliance with the relevant timeframes for DoC is monitored and escalated at the SIERP.

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.

During December there were delays with discharging stage 1 Duty of Candour within 10 days of harm being confirmed, this was due delay in identification of relevant next of kin for patients unable to receive information directly because of deterioration in condition and identification of DoC lead within the clinical teams. In these cases the 'being open' conversations had occurred but the letters fell outside of the 10 day window. To improve compliance during the increased challenges of the pandemic the divisional teams are central patient safety team are working closely to identify gaps and give additional support.

Author(s): Kelly Gibb / Clare Miller

Owner(s): Clare Hawkins

Falls

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 - Dec 20	month	-	153	133		-	-	There were a total of 147 falls (inpatient, outpatient and day case) in December 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 - Dec 20	month	-	4.90	4.03		-	-	There were 144 inpatient falls in December 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 - Nov 20	month	-	0.03	0.06		-	-	There were no inpatient falls categorised as moderate harm and above in December 2020.
Falls risk assessment compliance within 12 hours of admission	Nov 17 - Nov 20	month	90%	89%	83%		S7		Statistically, there has been a significant improvement (shift) in the falls risk assessment compliance in the last 12 months. The goal of ≥90% was reached between June and October 2020, however in November and December the target was failed. The system may achieve or fail the target subject to random variation.

Executive Summary

Compliance against the Trusts falls KPI's.
7.3% of patients 65 and over have a Lying and Standing Blood Pressure (LSBP) completed within 48hrs of admission [target is 95%]. Once LSBP e-learning available on DOT. We are currently identifying those areas who require targeted work.
13.5% of patient who have a cognitive impairment have an appropriate care plan in place [target is 95%]. The Falls Prevention Co-ordinator is currently working with the Dementia Specialist Nurse to identify ways of improving this.
90.2% of patients requiring the use of a walking aid have access to one for their sole use [target is 95%]. This is a reduction on the last 12 months [91.5%]. It is too early to say if this is impacting on the number of falls.
The Falls Quality Improvement Dashboard is now live on CHEQs. The data will be added to the bi-monthly falls report and to the Divisional falls data sent out each month.

The lying and standing blood pressure e-learning pack is ready and an application was submitted to MTAG on the 13/11/2020 to have this added to DOT training as essential to role. Still awaiting decision, email sent 22/12/2020 to establish reason for delay, no reply received and now requires escalation.

The new Falls Alarms contract has been agreed and we are currently waiting for the delivery of the new falls alarms. They are very similar to the current ones therefore formal training will not be required, however information on the changes will be sent out to all ward areas and attached to the new alarms. New falls alarms due to be delivered by the 5th February and will be rolled out once Clinical Engineering have checked , asset tagged and entered them onto EQUIP.

The Falls Quality Improvement Programme has been reviewed and high priority projects have been identified and are currently being actioned. The priority areas are the KPI's, and post falls care.

The Falls Prevention Co-ordinator trialled awareness/ education and Q+A sessions via Zoom in November and December. Following feedback and review the plan is to provide weekly 20 minute learning bytes, however due to the current COVID situation these learning bytes are on hold and the need for them and ability of staff to attend will be reviewed weekly.

Due to the limitations of the Falls Prevention Co-ordinator being able to get to all clinical areas they will be holding 3 x weekly Falls Advice clinics via ZOOM commencing on the 26/01/2021. These sessions will be for staff to drop in with specific patient concerns or general falls concerns

In December Division C breached its upper clearance limit for falls. The Divisional Head of Nursing and all Matrons have been informed and are working with the Falls Prevention Coordinator to analysis the data to try and establish the reason for this.

Author(s): Debbie Quartermaine Owner(s): Clare Hawkins

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	Dec 17 - Dec 20	month	-	26	21		-	-	The total number of HAPUs remains within normal variance. There is a KPI target to reduce category 2 and above HAPU, this is reported below.
Category 1 HAPUs by date of occurrence	Dec 17 - Dec 20	month	-	17	10		-	-	The number of category 1 HAPUs remains within normal variance, with 2 consecutive points above the mean since November 2020. There is no fixed target for category 1 HAPU as reporting of these is encouraged to identify early skin changes and prompt preventative actions.
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Dec 17 - Dec 20	month	-	9	10		S7	-	There were 7 x Category 2 HAPUs and 0 x category 3 or 4, or unstageable and 2 x SDTI in December 2020. There is a consistent fall with 12 consequetive points below the mean since Jan 2020
Pressure Ulcer screening risk assessment compliance	Dec 17 - Dec 20	month	90%	83%	79%		S7		PU screening risk assessment compliance has been consistently above 80% in the last 22 months. The upper control limit has been shifted to 86% from November 2018 when a change impacted compliance. Further information about actions is in the Executive Summary below.
25% reduction threshold of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2020	Apr 19 - Dec 20	month	9	9	7		-		We are on target to meet the overall KPI of 25% reduction in all HAPUs category 2 and above, we are unlikely to meet the KPI of 25% reduction for heel HAPU.

Executive Summary

There has been a consistent reduction in category 2 and above HAPUs, with 12 consecutive points below the mean over the last 12 months, we are on track to reach the KPI for 2020-2021 of a 25% reduction overall for HAPUs. There has been a small reduction in device related and heel pressure ulcers in December (7 reported compared to 9 reported in November). The "heels off" campaign has been impacted by current hospital pressures. The TVN leading the "Heels off" workstream has shifted priorities to support ED with patients at high risk for developing pressure ulcers whilst in the department for prolonged periods, by daily monitoring of the ED dashboard to identify high risk patients and liaising directly with the staff caring for them to offer support with provision of pressure relieving equipment. TVNs have worked with the Procurement materials management team to ensure an adequate supply of dressings in ED for the more complex wounds that have been seen. The device related pressure ulcers seen in November and December have been directly related to patients in critical care areas being proned to manage Covid symptoms. Additional support is being given to the critical care areas to review care of this group of patients. These incidents will be monitored via the HAPU monthly database

Compliance with risk assessments being completed within 6 hours of admission is consistently above 80%, though we are unlikely to reach 90% in this period. The current risk screening tool is in the process of being updated in EPIC to accommodate new questions relating to updated evidence. Based on the previous shift in risk assessment compliance being directly aligned with changes made to the risk screening tools and associated education drive, it is anticipated that the new changes and education plan should have the same impact on compliance.

Elderly care, critical care and neurosurgery are currently the specialities with most pressure ulcers, there currently no SI investigations in process. Previously Orthopaedics and Trauma was included in the top three areas, HAPUs in this area reduced by 40% following a successful Heels Off programme. All these areas include patients who are most affected by immobility and tissue perfusion.

There has been a significant reduction of 39.5% from May 2020 (n 43) to November 2020 (n 17) in the number of moisture associated skin damage incidents since the introduction of a secondment TVN focusing on staff education around incontinence skin care. There was a slight increase in December of 22 reported MASD compared to 17 in November, but these remain within normal variance.

Staff PPE related pressure ulcers have started to be reported again with the increase in covid admissions and ward changes to accommodate more red areas. The Lead TVN is working with the Fit test team to ensure staff received the skin care guidance when fitted with masks. The referral process has been re-launched with occupational health and tissue viability.

The tissue viability team are currently supporting in clinical areas where needed, this is assessed on a daily basis with a focus on supporting ED, critical care and elderly care.

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*	Oct 20-Dec 20	Monthly	95%	65%	54%		-	-	This is a 33% increase in comparison with the end of the last quarter. Measuring Urine Output and Prescribing IV fluids in 60 mins are areas for improvement that reduce overall compliance
Antibiotics within 1 hour - Emergency Department*	Oct 20-Dec 20	Monthly	95%	88%	76%		-	-	There has been a positive increase in compliance of 16% in comparison with the end of the last quarter.
Sepsis Six Bundle in 1 hour - Inpatient wards**	Oct 20-Dec 20	quarter	95%	24%	25%		-	-	Overall compliance with the goal of 95% is reduced due to elements of the bundle not being achieved.
Antibiotics within 1 hour - Inpatient wards**	Oct 20-Dec 20	quarter	95%	80%	80%		-	-	This is an improvement from 76% for the previous quarter.
Contractual definition data									
Antibiotics within 1 hour as per contract agreement - Emergency Department***	Oct 20-Dec 20	quarter	95%	80%	93%		-	-	There has been a 20% decrease in compliance in the last quarter
Antibiotics within 1 hour as per contract agreement - Inpatient wards***	Oct 20-Dec 20	quarter	95%	80%	80%		-	-	There has been a 20% decrease in compliance in the last quarter

Executive Summary

The data set is within normal variance this quarter. In response to rising patient acuity and ongoing redeployment, a new service has been created to provide support to clinical areas caring for patients who are at risk of acute deterioration during the pandemic. Staff across the Trust are facing increased workload and patient acuity, our aim has been to help in identifying and escalating those patients who may be beginning to show signs of deterioration/sepsis. This has provided an extra safety net for those patients and staff members.

Specialist clinicians have been using a dashboard on EPIC to remotely review those patients who are showing signs of deterioration/sepsis. The wards have been contacted via telephone where patients have triggered NEWS above 5, in order to ensure patients have a therapeutic plan in place, and that staff are comfortable with this. Advice and in situ training on managing acute deterioration where required has also been provided. The deterioration surveillance support is a standalone service, complimenting the work of teams such as RRT, who have continued to operate as normal. The service is being monitored through process, outcome and balancing measures to monitor effectiveness.

The new sepsis guideline has been released this month ""recognising and managing sepsis in adults"" and has been circulated to directorate matrons. The clinical leads for sepsis will circulate to all medical staff. The Sepsis and deteriorating patient E-Learning has been completed and will be going live this week (25/1/21), this has more sepsis content than the previous version. The Sepsis and deteriorating patient connect page will be completed this week and will provide staff with a pool of information around sepsis. Real time data on management of the deteriorating patient continues to be collected, with a focus on human factors lens and in situ training and education.

Reporting of next quarter due: Q4 in April 2021

Indicator definitions

* Time taken from attendance in ED

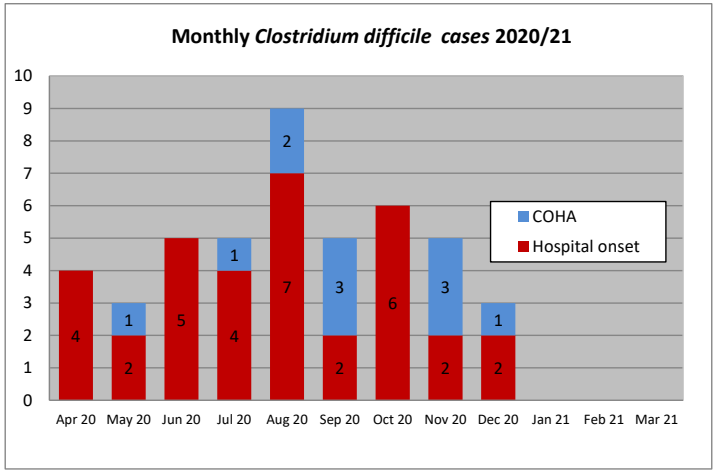
** Time taken from when a patient triggers Sepsis

***Time taken from when a clinician diagnosis sepsis

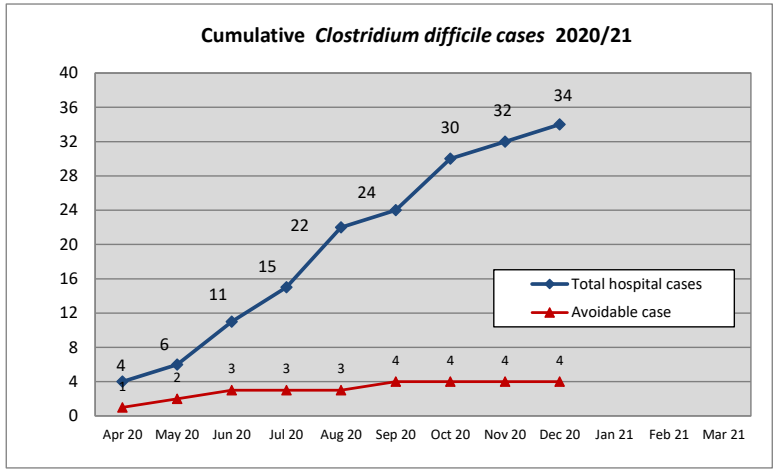
Author(s): Stephanie Fuller Owner(s): Dr Sue Broster

Infection Control

NHS Cambridge University Hospitals NHS Foundation Trust



* 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.

- 1 case of hospital onset MRSA bacteraemia in December 2020.

- 1 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.

- 2 cases of hospital onset *C difficile* and 1 case of COHA in December 2020. All cases were unavoidable.

- Year to date, 34 cases of hospital onset (31 unavoidable and 3 avoidable) and 11 cases of COHA (10 unavoidable and1 avoidable).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 97.6% in December 2020 (92.8% in November).

- The latest MRSA bacteraemia rate comparative data (12 months to November 2020) put the Trust 3rd out of 10 in the Shelford Group of teaching hospitals.
- Compliance with the *C. difficile* care bundle was 82.1% in December 2020 (93.3% in November).

- The latest *C. difficile* rate comparative data (12 months to November 2020) put the Trust 5th out of 10 in the Shelford Group of teaching hospitals.

Infection Control

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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

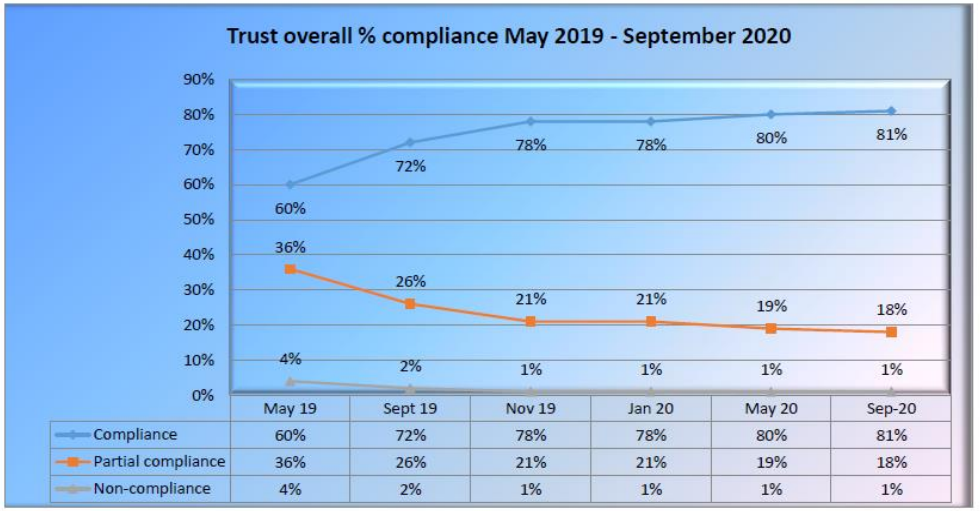
Criterion 6 Ensure that all are fully involved in the process of preventing and controlling infection.

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.

Fit Testing compliance for substantive staff

NHS
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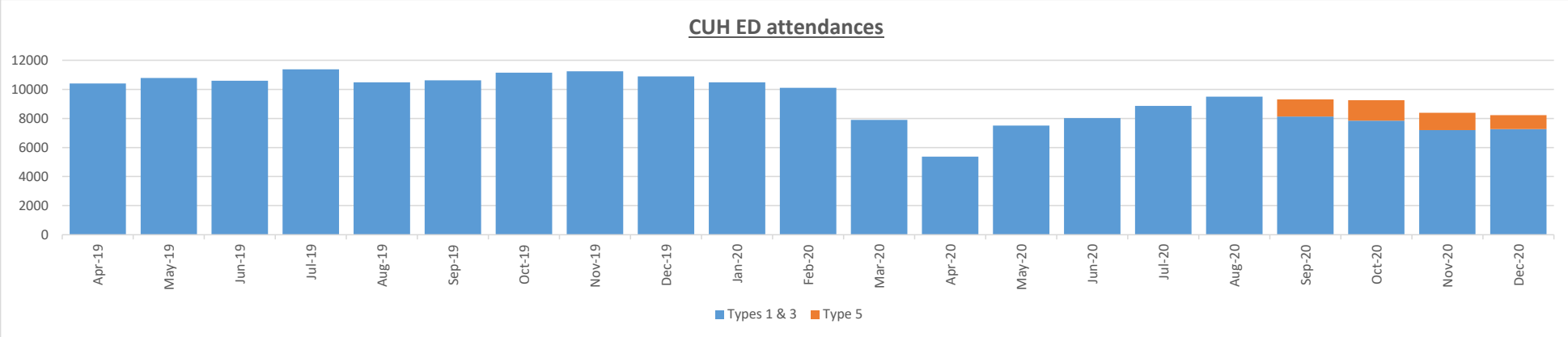
Fit Testing compliance for substantive staff

Fit testing compliance CUH	Division A			Division B			Division C			Division D			Division E			Corporate			Total		
	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected
Nursing and Midwifery Registered	471	416	88%	14	14	100%	389	327	84%	4	3	75%	204	174	85%	-	-	-	1082	934	86%
Additional Clinical Services	143	116	81%	66	46	70%	220	159	72%	17	13	76%	47	36	77%	-	-	-	493	370	75%
Medical and Dental	191	160	84%	84	63	75%	157	131	83%	161	105	65%	112	57	51%	-	-	-	705	516	73%
Add Prof Scientific and Technic	52	50	96%	4	1	25%	1	1	100%	-	-	-	1	0	0%	-	-	-	58	52	90%
Administrative and Clerical	5	3	60%	2	0	0%	12	5	42%	-	-	-	1	0	0%	-	-	-	20	8	40%
Allied Health Professionals	1	1	100%	64	63	98%	1	0	0%	-	-	-	-	-	-	-	-	-	66	64	97%
Estates and Ancillary	11	10	91%	0	0	-	2	1	50%	-	-	-	-	-	-	87	48		100	59	59%
Total	879	760	86%	234	187	80%	782	624	80%	182	121	66%	365	267	73%	87	48	55%	2524	2003	79%

The data displayed is at 20/01/21. This data set does not include Medirest, student Nurses ,AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place on a regular basis. These leads provide assurance on compliance and maintain fit test compliance records. Fit test compliance for Bank and Agency staff working in 'red' areas is checked at the start of each shift and those not tested to a mask in stock are offered fit testing and/or provided with a hood.

Emergency Department

National Targets



CUH Emergency Department attendances December 2020

Overall attendances were 8,221 which is a reduction of 25% (2,670) when compared to December 2019

Paediatric attendances were 1,276 which is a reduction of 46% (1,081) when compared to December 2019

Daily attendances (types 1 & 3) across both adults and children were 265 which is a reduction of 25% (86) when compared to December 2019

Mental Health attendances were 315 which is a reduction of 12.5% (45) when compared to December 2019

669 patients had an ED journey time in excess of 12 hours and 166 patients waited more than 12 hours from their decision to admit, both significantly increased when compared to December 2019

Our conversion rate for types 1 & 3 decreased to 25.4% when compared to 30.2% in December 2019.

Additionally 1,006 patients were streamed from ED to our medical assessment units on wards N2 and EAU4. A further 2,223 patients were streamed to the Urgent Treatment Centre, of these 931 patients were seen by a GP or ECP.

In January to date, there has been an average of 220 attendances per day compared with 334 by the same point in January 2020 (-114, -34%). 233 patients had an ED journey time in excess of 12hrs compared to 349 by the same point in January 2020. We have reported 36 x 12hr DTA breaches in the month to date compared to 42 x 12hr DTA breaches last January.

Emergency Pathway reconfiguration

The Medical Assessment Units continue to support a reduction in crowding in the department, with an average of 32 patients per day being flowed

Estates works in Clinic 5 is nearing completion with a target date of 27th January 2020. Ambulatory care will move to this area on 1st February 2020

The vacated EAU 3 space will be repurposed as a Children's Observation Unit (COU) pending the outcome of the investment case

A tender is out for work to construct more negative pressure rooms in the resuscitation room area, following approval of funding. It is hoped that this work will be complete by the end of March 2021

A virtual waiting room pilot to provide video consultations for patients as an alternative to face to face review has been undertaken as part of the wider UEC collaborative. The results of the pilot should be available next month.

Ambulance Handovers December 2020

There were 2,682 conveyances to CUH. This was a decrease of 10.3% compared to the 2,989 conveyances in December 2019. Of these:

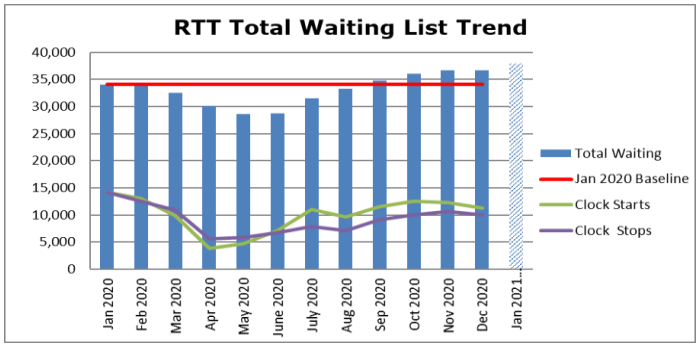
36% of handovers were clear within 15mins vs. 53.2% in December 2019

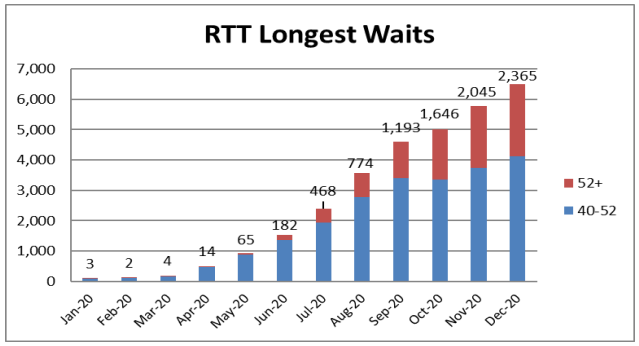
81% of handovers were clear within 30mins vs. 90.3% in December 2019

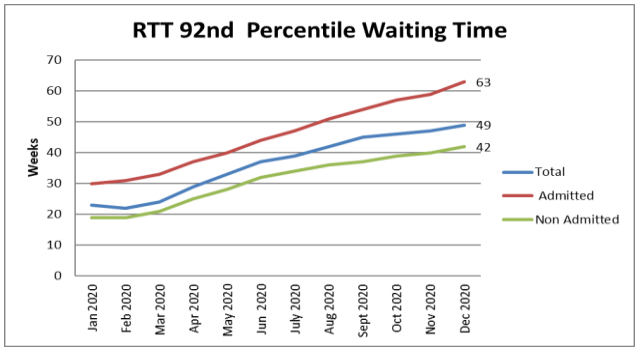
93% of handovers were clear within 60mins vs. 98.9% in December 2019.

In comparison to the rest of the region, CUH is 11th for ambulance handover performance within 15mins of arrival. A temporary structure at the front of the main entrance to the ED is now in place (from w/e 24th Jan) and will allow cohorting of ambulances in extreme pressures and reduce delays in offloading ambulances. Constant engagement with the HALO (Hospital Ambulance Liaison Officer) helps to mitigate offload delays with clinical support and early escalation.

National Targets







The Total RTT waiting list size grew by 109 in December to 36,731. This was the lowest growth for the past 6 months. This takes us 8% above the January 2020 baseline that was the original planning assumption for 2020/21.

The number of patients joining the RTT waiting list (clock starts) were 1,000 lower than last month and clock starts represented 31% of the total waiting list size in the month. December GP referrals were at 90% compared to last year. In January to date with Wave 3 we are seeing referrals drop once again to ~75%.

The number of treatments delivered in December increased to 93% of the same month last year for both admitted and non-admitted activity. This is an improvement upon 81% of the November baseline last month. To clear our RTT waiting list at this rate would take 15 weeks if no further patients were added to the list. We would have to be delivering 110% of the 2019/20 average treatments to achieve a clearance time equivalent to our pre-covid position of 11 weeks.

The 92nd percentile waiting time has now increased to 49 weeks from 22 weeks before the pandemic. Admitted patients have risen to 63 weeks and non-admitted to 42 weeks.

The volume of patients waiting over 40 weeks has increased from 107 at the end of February to 6487 as at the end of December. There were 2,365 patients still waiting over 52 weeks at the end of December, an increase of 320 in the month which is the lowest growth of the past 3 months. This remains at 6% of the total waiting list. We treated 396 patients who had waited over 52 weeks in December. 48% of these longest delays continue to be in Orthopaedics Ophthalmology, and ENT; and we treated 141 from these specialties.
88 patients had waited over 78 weeks, which is an increase from 35 in November, and we forecast this will double again by the end of January. At specialty level the highest of these are 22 for Orthopaedics and 16 for ENT. 20% of the patients currently over 78 weeks have requested to delay their treatment.

National data published for November showed an increase in 52 week waits up to 192,169 from 162,888 in October. Regionally 3 Trusts have higher volumes of patients waiting over 52 weeks than CUH, but 6 Trusts including ourselves have at least 6% of their total waiting list over 52 weeks. Amongst our Shelford Group peers, 3 of the 10 Trusts have a higher proportion of 52 week waits relative to the Total waiting list size.

The impact of Wave 3 of the pandemic will lead to further delays for patients waiting for treatment. In Wave 1 we witnessed a significant fall in patients being referred for treatment, with clock starts down to just 30% in April 2020. This actually led to a reduction in the RTT waiting list size for three months Whilst we have seen referrals decrease in January it is not to the same degree, and we anticipate that the reduced volume of treatment activity, particularly for admitted care, will have the greater impact and the waiting list will continue to rise.

Cancer

National Targets

Cancer Standards 20/21	Target	19-20 Q4	20-21 Q1	20-21 Q2	Oct-20	Nov-20
2Wk Wait (93%)	93%	94.9%	96.5%	94.5%	93.3%	94.4%
2wk Wait SBR (93%)	93%	95.2%	98.3%	95.7%	83.1%	86.9%
31 Day FDT (96%)	96%	94.5%	89.2%	87.6%	93.7%	94.9%
31 Day Subs (Anti Cancer) (98%)	98%	99.8%	99.2%	99.4%	100.0%	100.0%
31 Day Subs (Radiotherapy) (94%)	94%	96.5%	99.5%	98.1%	95.7%	98.2%
31 Day Subs (Surgery) (94%)	94%	94.2%	79.1%	72.4%	87.5%	87.6%
FDS 2WW (75%)	75%		81.5%	82.1%	85.6%	84.9%
FDS Breast (75%)	75%		77.0%	99.1%	100.0%	97.6%
FDS Screen (75%)	75%		36.2%	73.6%	83.4%	65.9%
62 Day from Urgent Referral with reallocations (85%)	85%	84.6%	78.5%	78.8%	75.7%	**80.1%**
62 Day from Screening Referral with reallocations (90%)	90%	70.2%	63.8%	67.9%	78.4%	**80.0%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	83.8%	83.3%	76.9%	100.0%	70.0%

To November 2020 by site

To November 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	6	79%	2	82%	4	91%	1	86%	51	91%	1	96%	1
Children's						100%		100%	1	94%			
Lung	0.5	80%				100%				100%		100%	
Upper GI	1.5	73%			3	89%	5	76%	3	90%	1	67%	2
Lower GI	4.5	74%	1	75%	2	93%		100%	16	95%	3	79%	2
Skin	4.5	86%			2	95%	3	84%	14	97%	4	83%	1
Gynaecological	4	67%			1	96%		100%	10	94%	5	55%	2
Central Nervous					2	80%		100%	4	73%			
Urological	9	74%			1	98%	1	88%	6	95%	22	15%	5
Head & Neck	2.5	58%				100%	1	86%	7	96%	1	75%	1
Sarcomas	3	33%				100%		100%		100%	2	0%	1
Other Haem Malignancies	0.5	91%				100%		100%		100%	6	33%	
Other suspected cancers	2.5												1
FDSUnknown	0		0		0		0		0		247	86%	

The latest nationally reported Cancer waiting times performance is for November 2020.

The 2ww standard was achieved in November at 94.4% which compares to 87.0% nationally. We did not achieve the symptomatic breast 2WW standard at 86.9% but this compared favourably to 67.8% nationally. We saw 8% more patients on a 2ww pathway in November compared to the same month last year.

The 62 day Urgent standard in November improved to 80.1%. This compared to 75.5% nationally. However, with 145.5 we delivered 17% more treatments than November 2019. Of the 38.5 accountable breaches the highest reason was 14.5 due to late referrals, of which we managed to treat 11 within 24 days. 10 delays were due to delays in the diagnostic and outpatient stages of the pathway but with no common theme across the 6 cancer sites. Elective surgical capacity accounted for only 3 breaches this month.

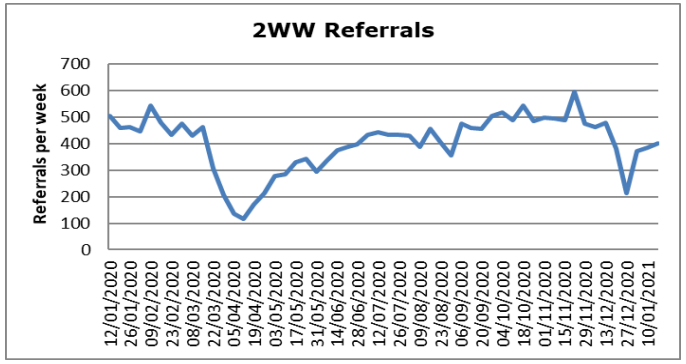
The 31 day FDT standard improved again in November up to 94.9%. This was below the National performance at 95.2%. In total we treated 4% more patients than the equivalent month in 2019. The subsequent surgery standard was also below target at 87.6%, which was equal to the National performance this month. Elective surgical capacity did still account for 17 breaches across these standards. 11 of these waited less than a week beyond 31 days, and those waiting longer were prioritised as P3.

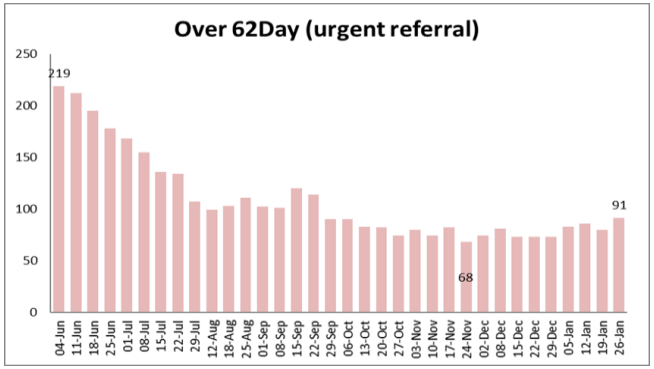
17 patients waited >104 days for treatment on a cancer pathway in November. 12 were shared pathways who were all referred to CUH between day 85-135. 5 patients had their entire pathway at CUH, and were across Breast, Urology, Lower GI and Upper GI.

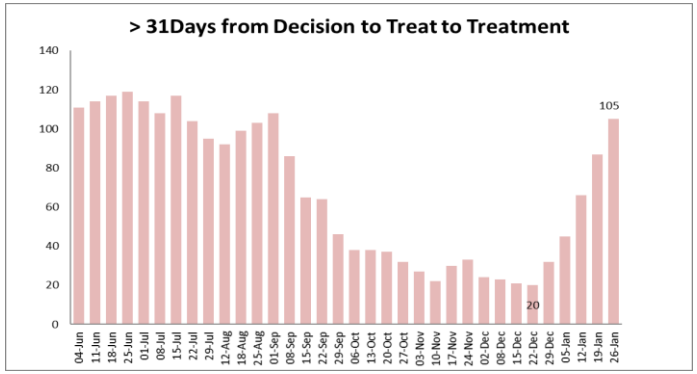
The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust. Harm Reviews have been undertaken. Potential harm has been indicated for 1 of the shared pathways and this is being highlighted to the referring Trust as well as being taken to the Harm Review group for review.

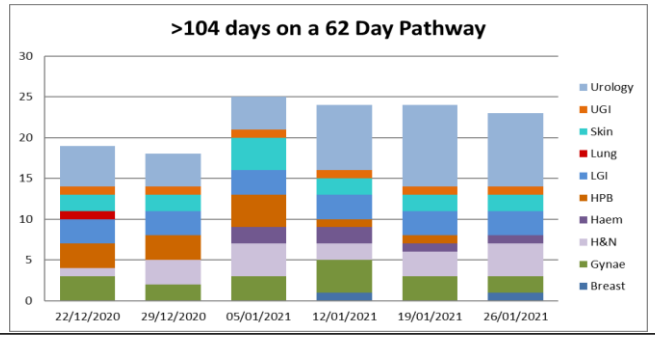
Cancer

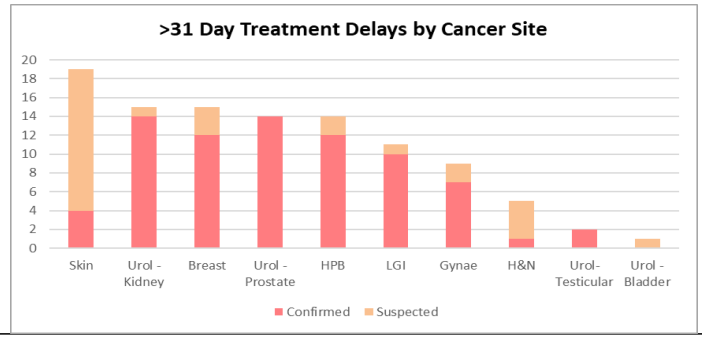
National Targets











Current Impact of COVID - 19

The volume of 2WW suspected cancer referrals always reduces over the Christmas period, but in the most recent 2 weeks we have seen a reduction to 85% of baseline levels. It is encouraging that the significant referral reductions seen in Wave 1 of the pandemic in April do not seem to be repeating. All cancer sites are continuing to provide their 2ww services. The 2ww performance for January will be below standard, but this relates to the significant peak in referrals in the last week of November which took Breast services to the limits of their capacity in December resulting in delays carrying into January bookings. There are now currently no delays for 2ww Breast referrals.

The number of patients waiting >62 days on an Urgent pathway has increased back up to 91 through January. 35 of these were already >62 days on their pathway before January.
43 patients do not yet have a confirmed cancer diagnosis. Of these 10 are awaiting theatre access for diagnostic procedures, 10 are delayed or other medical reasons, 7 are patient initiated delays and 7 have required repeat diagnostics.
Of the 48 patients with a diagnosis, 23 are shared pathways with other hospitals. Urology account for 20 of the 48.

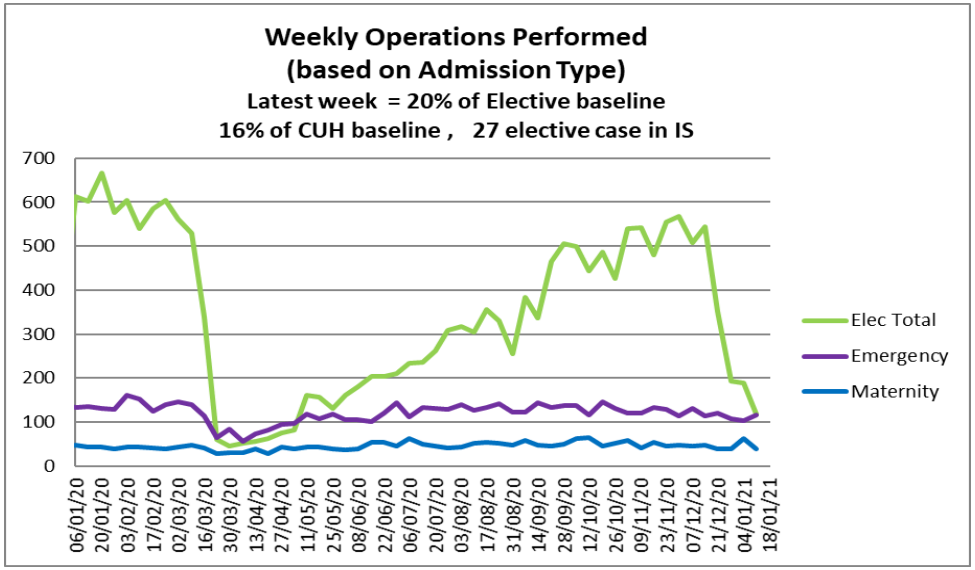
The most obvious impact of the latest Wave of the pandemic is the increase in patients waiting over 31 days for treatment. This has increased to 105, and only 14 of these pathways were > 31 days before January. The highest delays are for Urology cancers , across Kidney and Prostate in the majority. We will have access to Prostate Cancer surgery with the support of the Independent Sector from February. Skin, Breast and Gynaeoncology also have access to Independent Sector operating time for suitable cases. All cancer cases are being prioritised by their clinical teams and the balance of risk of proceeding with surgery is also taken into account. Where appropriate bridging treatments are being considered. Cases are presented to the Surgical Prioritisation Group where they are deemed to be time critical. We are also linking into the support of the Cancer Alliance who are looking to co-ordinate a process to seek mutual aid across the Regions hospitals and potentially into London if capacity can be identified.

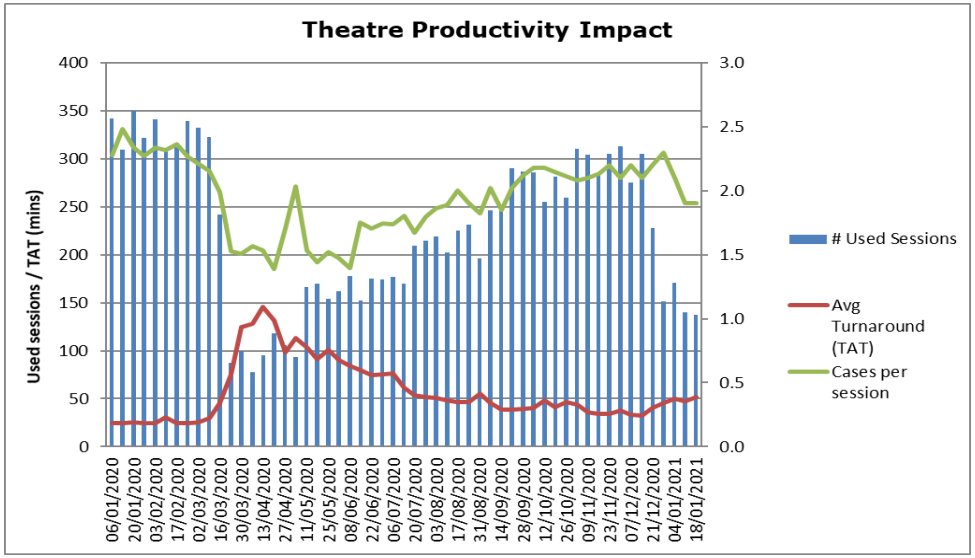
Author(s): Linda Clarke

Owner(s): Linda Clarke

Operations

Operational Performance





Elective theatre activity in December within CUH was at 92% of the December 2019 baseline. Together with the Independent Sector activity we achieved 102%. This was a significant recovery achievement.

Last month we reported that at the end of December CUH had taken the decision to delay all except Priority 1&2 elective surgery in January if they required an inpatient bed or the facilities in the Level 2 Day Surgery Unit. We intended to try to sustain more remote sites at Ely and the Cambridge Eye Unit, . The significant rise in COVID admissions, and in particular the requirement to provide Critical Care Surge expansion to the highest Phase of the critical care surge plan, has meant that more resources have had to be redeployed to support the COVID response. Both the Ely Day Surgery Unit and Cambridge Eye Unit staff have been redeployed, and operating in those locations has ceased. Critical care expansion has been established within the main theatre complex. The theatre capacity available has been reduced to the equivalent of 15 theatres per day. After a necessary expansion in emergency theatre capacity, this means 3 theatres are available for the most urgent of the P2 elective surgical cases . The role of the Surgical Prioritisation Group has been refocused on discussion of individual cases requiring time critical surgery in order to ensure the limited resource is allocated to the most urgent of cases. In the most recent week elective operating at CUH was reduced down to 16%.

The new NHSE arrangement with IS providers for Q4 meant that we had an activity plan to deliver a casemix of activity that IS providers had offered to deliver under the Increasing Capacity Framework. This casemix was therefore predominantly lower priority cases and was to be delivered amongst their core private business through their own staffing arrangements. It was evident that this casemix was no longer going to meet the immediate requirement to support P2 urgent surgery. Both local providers have been very supportive of the need to revise the Q4 plan, and have also facilitated the ring fencing of some of their capacity for NHS sessions in order that we can together be more flexible and responsive to the demands for urgent activity. Some activity was able to be accommodated in the last 2 weeks of January, with more regularity introduced from 1st February. From this point we expect to be able to achieve the plan of 70 cases per week until the end of March.

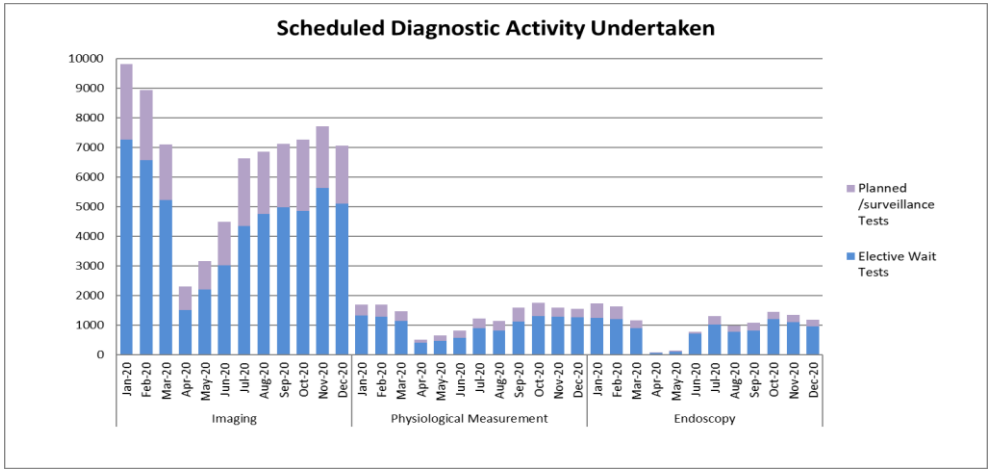
Some complex P2 surgery is not suitable to be undertaken in the Independent Sector. Regionally through both the Cancer Alliance and the Regional Medical Director's office, there is concern to ensure that there is equity of access for the most time critical patients. They are reviewing how to co-ordinate a mutual aid model that would prioritise patients collectively across the Region and help to secure access to appropriate additional capacity.

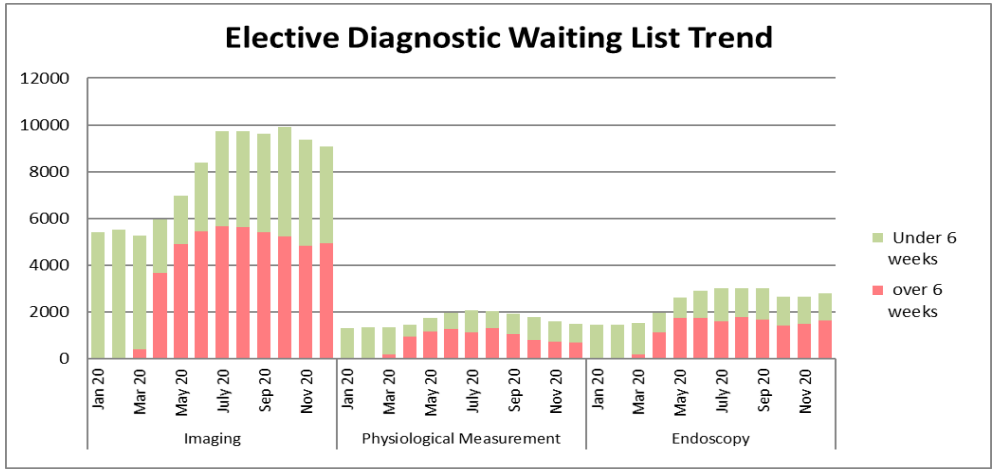
The de-escalation of the Critical Care Surge capacity will be the primary factor that enables the phased re-establishment of elective theatre capacity. 93 theatre staff continue to be redeployed to support critical care, with 90 beds occupied. The first surge area to be de-escalated will be the unit created within main theatres. To support increased surgical activity we also require the de-escalation of ward L5 within the treatment centre (ATC) which has been supporting the Amber patient pathway. This will be needed for a Green surgical environment.

Diagnostics

Cambridge University Hospitals NHS Foundation Trust

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.

Scheduled diagnostic activity in December was down 8% on the prior month, however this is a typical seasonal pattern with December 2019 being 10% below November last year. The total waiting list size did still reduce in month by 202 to 14162, which will be due to lower demand. The number of patients waiting over 6 weeks increased by 238 to 7766, representing 54.8% waiting longer than 6 weeks. The median weeks wait increased back to 13 weeks.

Scheduled activity in **Imaging** reduced by 652, but as a comparison to last December did increase to 87%. With the onset of Wave 3 of the pandemic the activity has dropped again to 65% in January to date. Imaging have reduced their activity in line with Trust's requirement to reduce footfall, release staff for redeployment and to staff the surge in inpatient imaging demands. Remaining activity has been prioritised to sustain P1 and P2 priority requests

Scheduled **Endoscopy** activity decreased in month by 172, predominantly in Colonoscopy and Gastroscopy and the waiting list did rise by 148. The activity represented 86% compared to December 2019. scheduled activity for the first week of January was sustained at 86%, but with the redeployment of staff to support the rapid Critical Care surge this has now dropped to 46% for the month to date. The service is prioritising 2ww and cancer pathway requests, bowel cancer screening, urgent therapeutic work (to avoid admission) and inpatients.

Physiological measurement scheduled activity reduced by a further 30 in December, and delivered 91% of baseline. The waiting list for this cohort reduced overall, but a rise was noted in Audiology of 69. Scheduled activity has been reduced in response to Wave 3, with Echocardiography in particular down to 39% to support the reduced footfall onsite, and secondly to release Cardiac Physiologist time to enhance the inpatient service to minimise in-hospital delays. Requests prioritised as P1 or P2 are being scheduled and seen as normal.

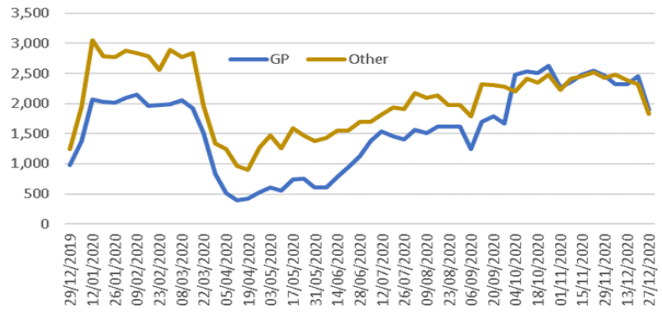
At 14,162 the total diagnostic waiting list size at the end of December was 53% higher than in March 2020.

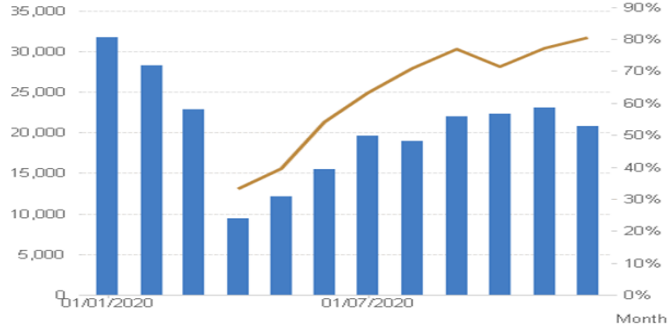
Outpatients

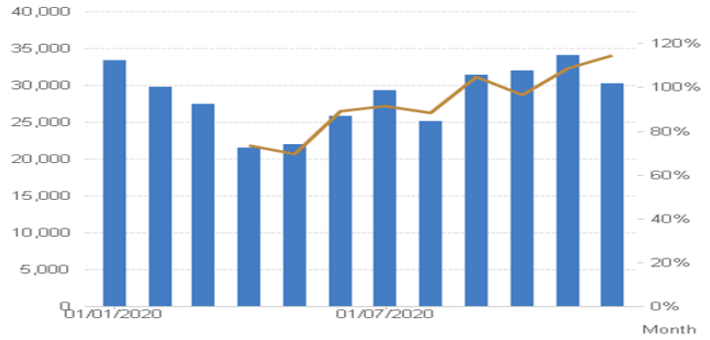
Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Referrals	Phase 3 Recovery - New Patient Attendances	Phase 3 Recovery - F/U Patient Attendances



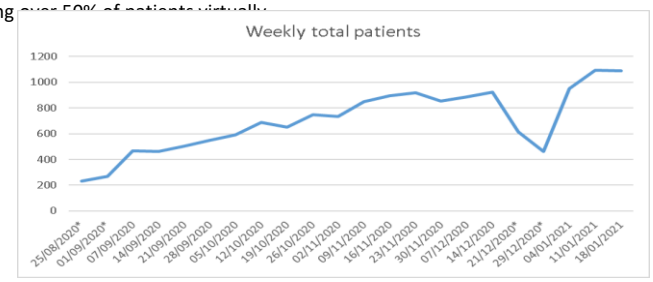




The charts above show the current position against last year's baseline which we are being monitored against for the phase 3 recovery target. We were tracking well above the target for follow-up appointments but this reduced in December as we started to see patients refuse appointments due to the increasing Covid-19 numbers, we saw the same impact on new patient appointments also. We can see the same pattern when it comes to attendances.

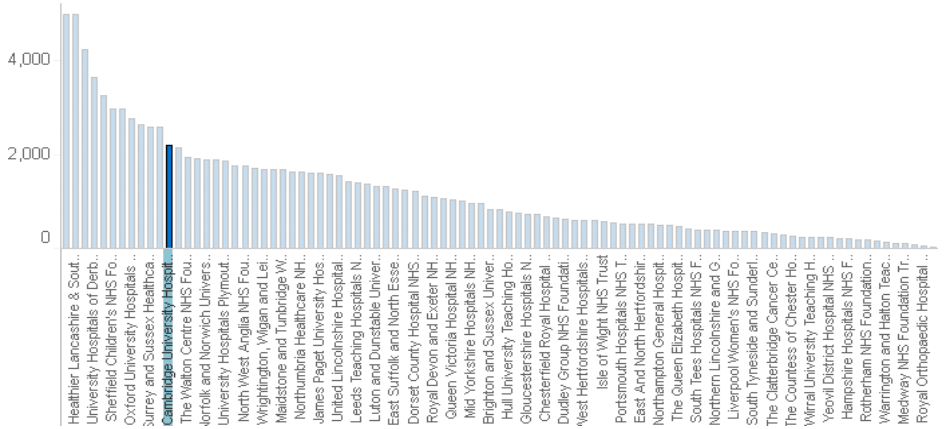
We continue to provide a drive through phlebotomy service at Newmarket Road park-and-ride which is proving extremely successful. We are regularly receiving positive feedback both from primary and secondary care in terms of how easy and smooth the process is, and numbers have increased over recent weeks. You can see from the chart below, apart from the inevitable drop around the Christmas period we continue to see increasing numbers. This model of delivery is being used by NHS England as a case study. We are seeking ways in which we can continue to provide this service going forward.

From the end of December we have been seeking to reduce face-to-face appointments in line with the 3rd wave and national lockdown. This has gone quite smoothly and we are now seeing



In December we carried out a total of 34% of consultations virtually, 19% of new patients and 45% of follow-up patients were managed virtually. While 34% is in line with the NHS Long Term Plan, and this figure has remained stable for some time, it is still below the overall NHS England recovery target.

In December we delivered 2205 video consultations totalling 893 hours. Physiotherapy, gastroenterology and other therapies are the biggest users. We continue to see quite small numbers using the technology in areas such as ENT, Trauma and Orthopaedics and renal, although they do provide telephone consultations on a regular basis. Nationally, excluding London, we are the 12th highest user of Attend Anywhere video consultations (see chart below). We will continue to work alongside the Improvement Team to increase virtual consultations where feasible.



Author(s): Andi Thornton

Owner(s): Chief Operating Officer

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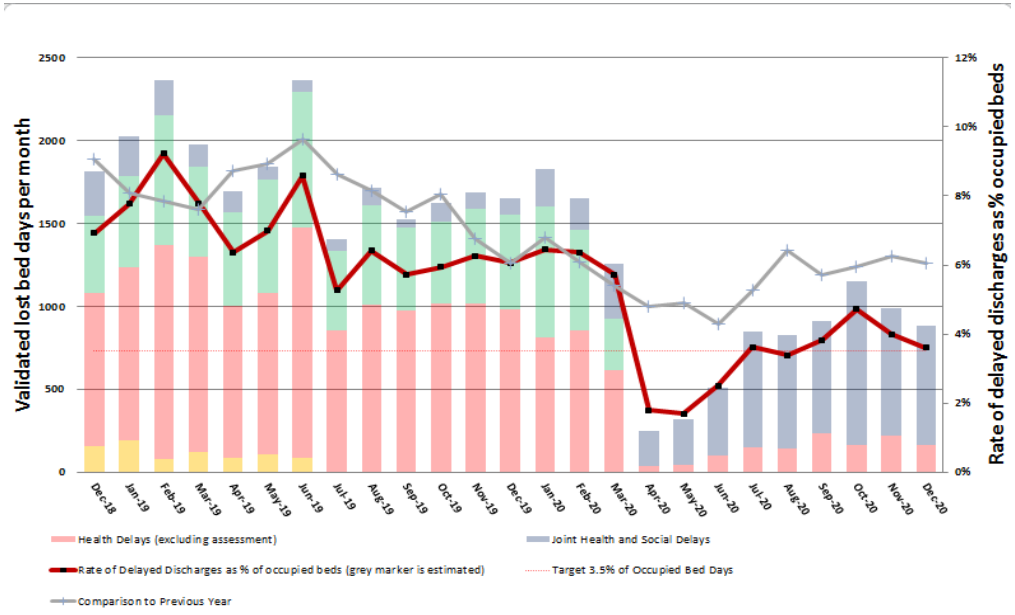
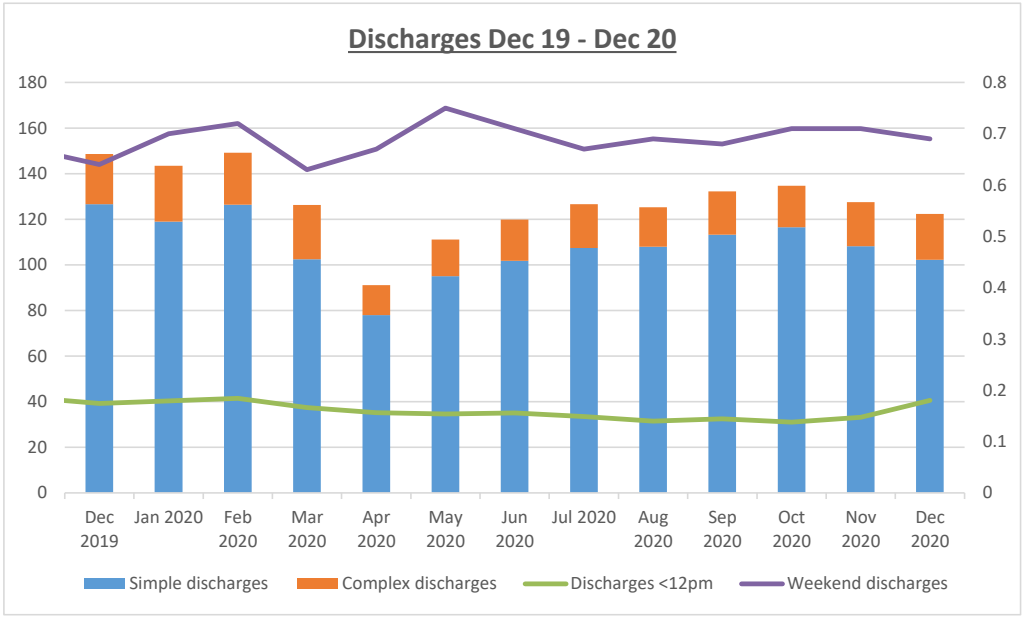
Delayed Discharges

NHS
Cambridge University Hospitals
NHS Foundation Trust

Operational Performance





The Hospital Discharge Service Requirements guidance was updated in August 2020. For this November 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 integrated 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 December 2020, we are reporting 3.6%, in comparison to 6.05% in December 2019. This is an improvement on the position from last year and an improvement from the November position with overall lost bed days reduced from 988 (November) to 884 (December).

Within the 3.6%, 65.8% were attributable to Cambridgeshire and Peterborough CCG, and the remainder across a further 7 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 December for Care Homes were 47.5%, equating to 420 lost bed beds for this counting period; domiciliary care (inclusive of Pathway 1 and Pathway 3) at 33.7%, 298 which is a very slight increase from the position of 274 in November, and Community bedded intermediate care (inclusive of waits for national specialist rehabilitation units) at 17.98%, 159 lost bed days, an improvement from 222 lost bed days in November 2020. Again, similarly within the community bedded lost bed days 60.3% are attributable to Specialist rehabilitation units. These beds are often commissioned on a national level within NHSE specialist commissioning with very few available suitable units across the country.

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.

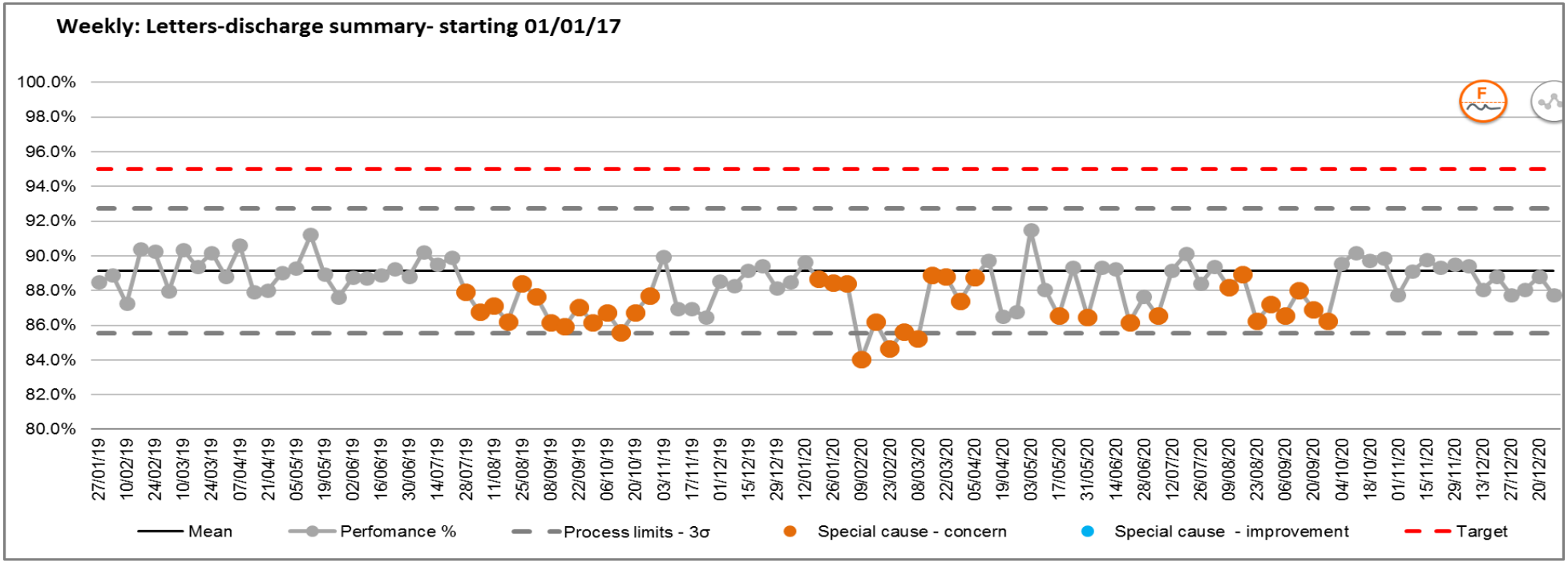
Author(s): Emily Hall

Owner(s): Holly Sutherland

Discharge Summaries

NHS Cambridge University Hospitals NHS Foundation Trust

Operational Performance



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 93%. and currently the process is regularly dropping 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

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 - Dec 20	Month	-	97.8%	96.3%	-	-	-	SPC chart/data started in July due to change in FFT question and Covid-19 impact on collecting patient experience data. Red Covid wards are not collecting FFT, and most wards have staffing challenges. In addition, volunteers have not returned to supporting wards. **FOR DEC: there were 374 FFT responses collected from approx. 3,396 patients.**
FFT Inpatient poor experience score	Jul 20 - Dec 20	Month	-	0.0%	1.2%	-	-	-	
FFT Outpatients good experience score	Apr 20 - Dec 20	Month	-	96.0%	95.3%	-	-	-	Outpatient data continues to be from clinics that participate in SMS. The Good score increased by 0.5% to 96%, with April being the highest score 96.3% The Poor score remains around 2% with Dec score 2.1% and April the lowest score 1.2%. **FOR DEC: there were 7,672 FFT responses collected from approx. 33,763 patients.**
FFT Outpatients poor experience score	Apr 20 - Dec 20	Month	-	2.1%	2.1%	-	-	-	
FFT Day Case good experience score	Apr 20 - Dec 20	Month	-	97.2%	97.4%	-	-	-	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 DEC: there were 1099 FFT responses collected from approx. 4,271 patients.**
FFT Day Case poor experience score	Apr 20 - Dec 20	Month	-	1.6%	1.3%	-	-	-	
FFT Emergency Department good experience score	Apr 20 - Dec 20	Month	-	91.6%	92.0%	-	-	-	Since April the Good score has declined by over 5% and the Poor score has increased by 3.5%. However December has improved: Good score improved 1% and is 91.6% for Dec, the strongest score since July. Poor score improved by 1% and is 4.8%, the lowest score since July. **FOR DEC: there were 1,148 FFT responses collected from approx. 4,430 patients**.
FFT Emergency Department poor experience score	Apr 20 - Dec 20	Month	-	4.8%	4.6%	-	-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Dec 20	Month	-	95.2%	95.9%	-	-	-	SPC chart/data started in July due to change in FFT question and Covid-19 impact on collecting patient experience data. **FOR DEC:** Antenatal had 4 FFT responses; 75.0% Good and /0% Poor. Birth had 34 FFT responses from Birth Unit patients with 97.1% Good score, and Delivery Unit had 2 FFT response collected with 100% Good score. Postnatal had 208 responses (184 from Lady Mary / 22 from Birth Unit) and 95.2% Good score and 1% Poor score. Post Community collected 4 FFT responses: 100% Good score.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Dec 20	Month	-	0.8%	1.7%	-	-	-	

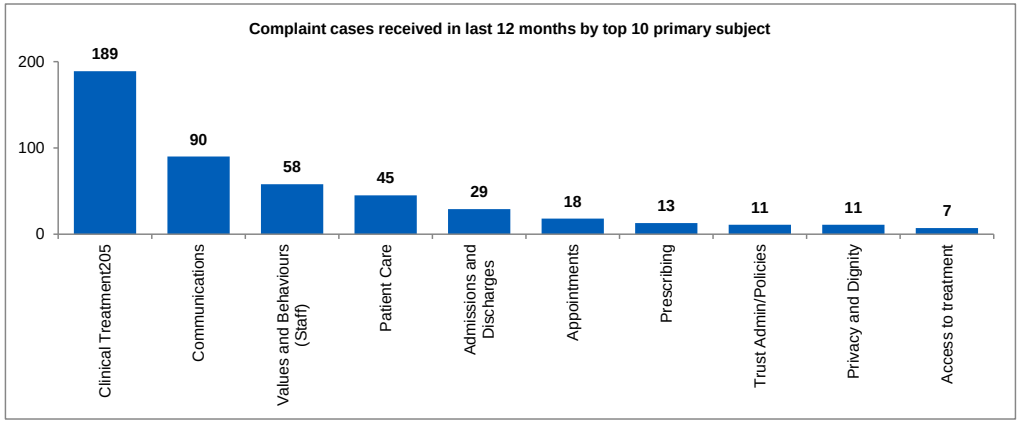
As of April, NHS England no longer calculates response rates and the FFT question changed from a recommender to indicate good/poor performance. New FFT data now starts from April for day case, ED and outpatient FFT as Covid-19 did not impact surveying by SMS. Inpatient and Maternity run charts have now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

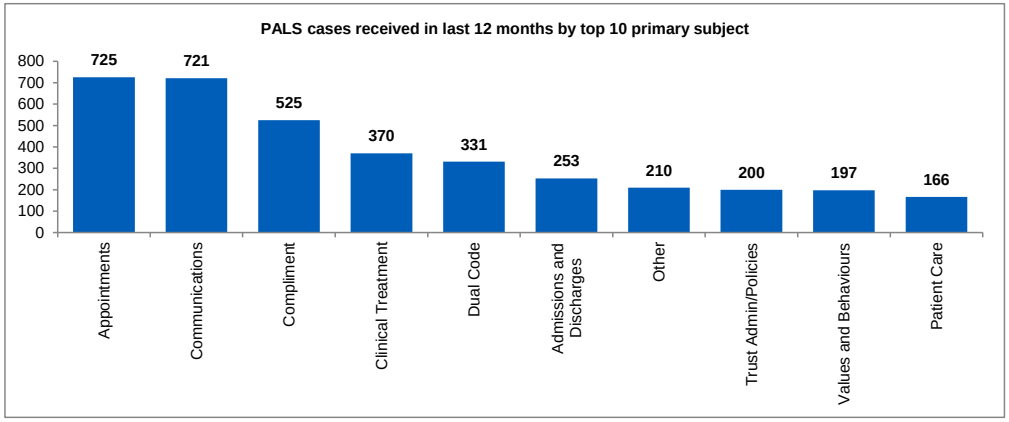
PALS and Complaints Cases

NHS 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	Jan 18 - Dec 20	month	-	32	53	L	S7	-	The number of complaints received between November 2019 - December 20 has gradually returned to normal variance.
% acknowledged within 3 days	Dec 17 - Nov 20	month	95%	100%	93%		-	?	30 out of 32 complaints were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Jan 18 - Dec 20	month	50%	25%	32%		-	F	60 complaints were responded to in December. 15 of the 60 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Jan 18 - Dec 20	month	80%	98%	82%	H	S7	?	59 of the 60 complaints responded to in December were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Feb 19 - Dec 20	month	-	29%	31%		-	-	There were 15 complaints graded 4 in December and these cover a number of specialties and will be subject to detailed investigations. 1 complaint was graded 5 - this is a joint complaint with Papworth Hospital and relates to decisions regarding a medication which the family believes may have led to the patient's death.
Compliments received	Jan 18 - Dec 20	month	-	29	37		-	-	Compliments received by the PALS department are within normal variance





One case was accepted for investigation by the PHSO in December. The case relates to Gynaecological care in 2016.
Completed actions: -During December 2020, a total of 9 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 November 2020. A total of seven of these actions have already been completed within their allocated timescales. There are two actions yet to be completed, however, these are still within the allocated timeframes. Taking this into consideration, 100% of the actions registered in December 2020, have been completed in time.

Author(s): Sue Bennison

Owner(s): Clare Hawkins

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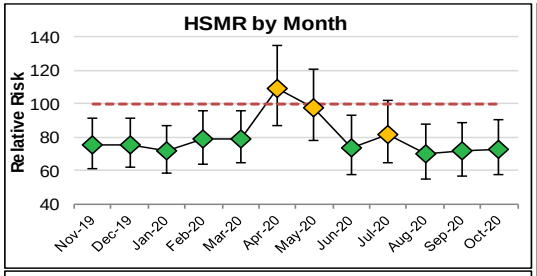
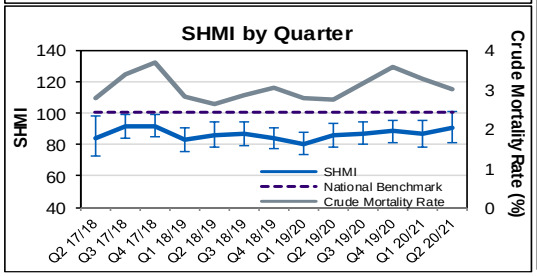
Learning from Deaths

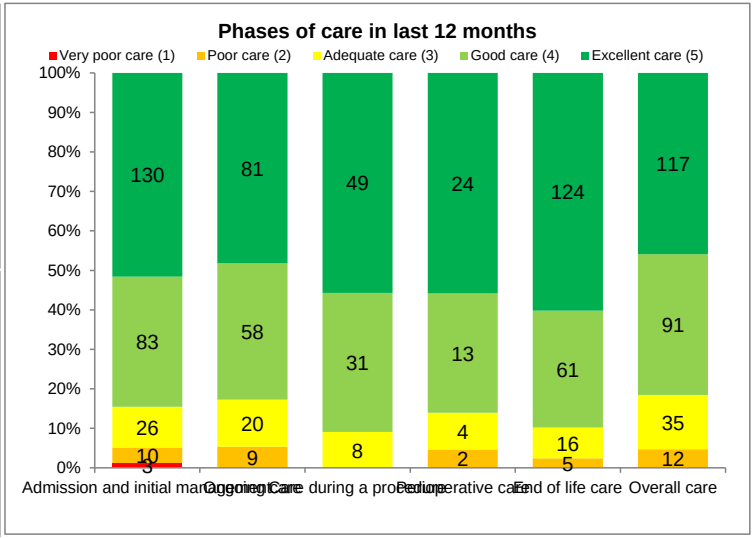
Cambridge University Hospitals NHS Foundation Trust

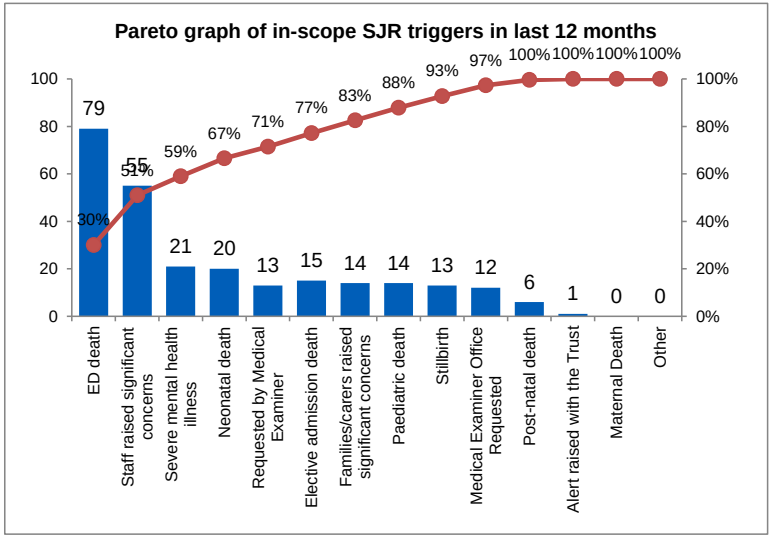
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Dec 20	month	-	14.18	8.17	H	SP	-	There were 154 deaths in December 2020 (Emergency Department (ED) and inpatients), of which 9 were in the ED and 145 were inpatient deaths. There is a statistically significant increase in the number of deaths per 1000 admissions.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	Oct 17 - Dec 20	month	-	19%	19%		-	-	In December 2020 30 SJRs were commissioned.
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Oct 17 - Dec 20	month	-	1	0.92		-	-	There was one unexpected/potentially avoidable death serious incident investigation commissioned in December 2020. Further details are on page 7.









Executive Summary

HSMR - The rolling 12 month (November 2019 to October 2020) HSMR for CUH is 78.48 this is 6th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 89.49.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, September 2019 to August 2020 is 87.50.
Alert - There is 1 alert for review within the HSMR and SHMI dataset this month.

Author(s): Richard Smith

Owner(s): Dr Sue Broster

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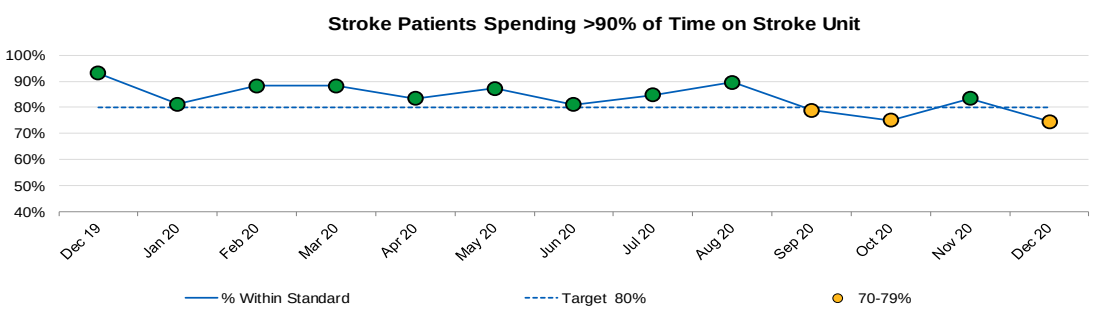
Stroke Care

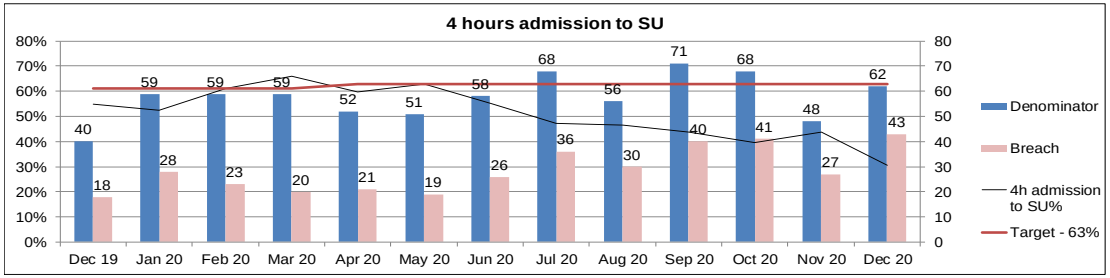
NHS Cambridge University Hospitals NHS Foundation Trust

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 the unit to accommodate an acute stroke	Delay in medical review in ED	Clinical - Appropriate pathway for patien	Difficult presentation	Not referred to Stroke Team	Delayed diagnosis	Clinician's decision to place patient on different ward	Unclear presentation	Difficult diagnosis/Complex patient	Failure to request stroke bed	Resource capacity	Number of breaches	Month Position (Target 80%)
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%
Nov 20		2				1			1	2			2			8	83.3%
Dec 20		10				1				2		1	2			16	74.6%
Summary	1	44	3	0	0	4	8	1	14	11	1	16	28	0	1	132	





90% target (80% Patients spending 90% IP stay on Stroke ward) was not achieved for December = **74.6%**

'Trust Bed Capacity' (10) was the main factors contributing to breaches last month, with a total of 16 cases in December 2020.

4hrs adm to SU (63%) target compliance was not achieved December = **30.6%**

Key Actions

- The most recent surge of COVID patients from Dec 2020 onwards has had an impact on Stroke metrics, as seen above. Given operational pressures on the Hospital's medical bed-base this has been unavoidable. This downward trend in performance will continue to be seen in future metrics while the trust is reconfigured.
- During the week of 04/01/21 there was a COVID outbreak that led to the closure of the Acute Stroke unit and Stroke Rehab ward for several days whilst positive patients and contacts were cohorted elsewhere. During this time, placement of Stroke patient was on a case-by-case basis. R2 has now re-opened whilst the use of Lewin is being split between Rehab/Green medical patients. There is ongoing discussion about this.
- National SSNAP data shows Trust performance from Jul – Sep 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.
- Work with Hinchingbrooke to reduce Repat LOS to 72hrs is currently on hold due to Covid.
- 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 December 2020	Total
A/W Covid sw ab results	1
Complex patient	1
Delay to CT as department busy	5
Delay to SU due to aw OOH med review	2
Delay/No referral Stroke bleep	7
No beds in ED - patient in ambulance for a w hile	1
No Stroke referral on admission	1
Not thought to have stroke/MRI confirmed stroke	5
Stroke team busy w ith other cases in ED	2
Trust Bed Capacity - outliers on SU	18
Grand Total	**43**

Author(s): Christine Rowland

Owner(s):

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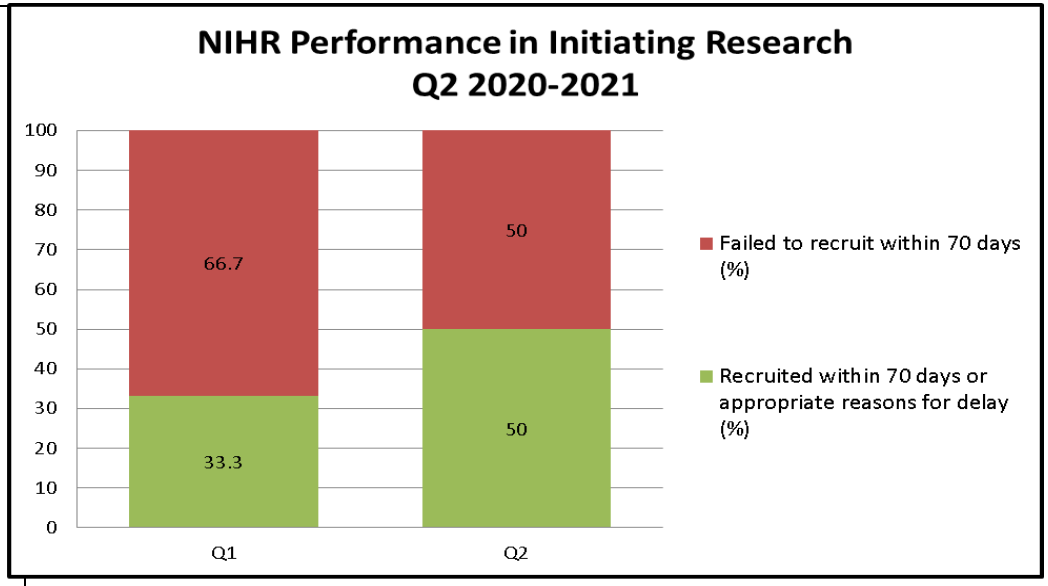
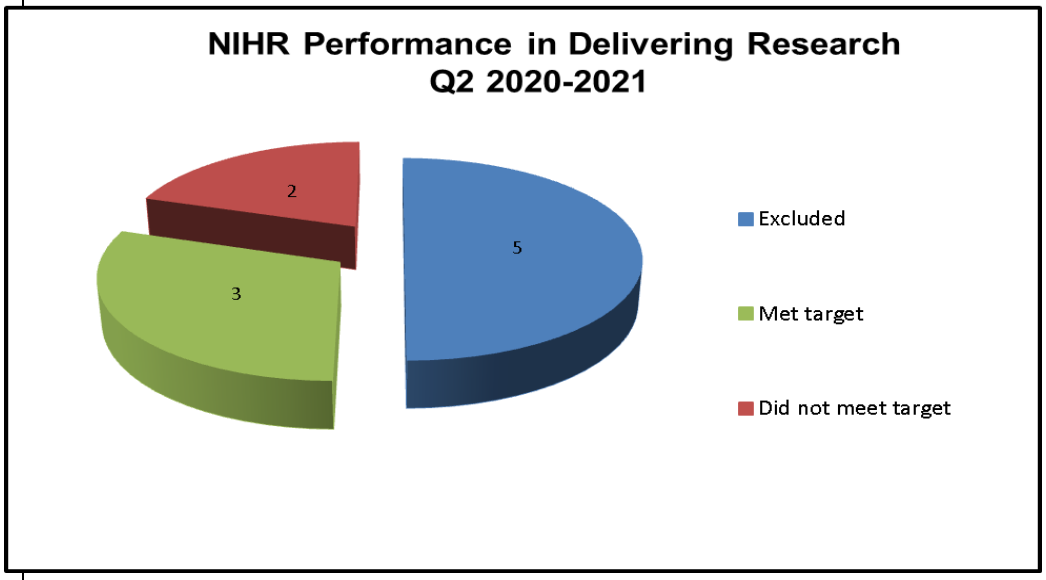
Clinical Studies

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

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Actions taken for Red/Amber results
	Activity											
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	432	448	435	483	430	353	**The births in December are significantly reduced. This has likely impacted the rate of IOL and C/S.**
Antenatal Care NICE quality standard [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	95%	94%	94.36%	96.80%	98.16%	96.44%	
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	55%	58%	55.86%	54.24%	54.19%	50.14%	
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	2%	2%	2.52%	0.82%	1.86%	2.83%	
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	15%	22%	16.09%	15.94%	16.97%	15.29%	Impact of cessation of antenatal education and prepartion for birth acknowledged.
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	35%	35%	32.86%	36.99%	33.41%	37.75%	Number of IOL reduced this month, 169 rather than average of 195. Lower birth numbers has likely impacted the IOL rate. IOL are for valid indications (Reviewed Sep/Oct 2020).
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	13%	15%	11.03%	11.39%	12.79%	11.62%	
Source - EPIC	National CS rate (planned & unscheduled)	< 25%	> 28%	C/S rate overall	Rosie KPI's	32%	28%	33.10%	34.37%	33.02%	38.24%	Our perinatal outcomes are not outlying so potentially this rate is right for our population. We are a tertiary unit. LSCS rate potentailly 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	9%	5%	3.96%	6.34%	8.94%	7.49%	
	Workforce											
	Midwife/birth ratio (actual)**	01:24	1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:24:1	1:24:5	1:24:6	1:23:9	1:23:9	1:24:0	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	1:24:9	1:23:2	1:23:3	1:23:4	1:23:4	1:23:1	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	4.33%	4.46%	4.45%	4.33%	4.25%	4.23%	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	94%	93%	92.30%	92.10%	91.80%	92.50%	This is reported 1 month behind from CHEQ's
	Maternity Morbidity											
Source - QSIS	Eclampsia	0	> 1		Risk Report	0	0	0	0	0	0	
Source - QSIS	ITU Admissions in Obstetrics	1	> 2		Risk Report	0	1	0	1	0	0	
Source - QSIS	PPH≥ 1500 mls	< 3%	> 4%	NMPA	CHEQS	4.86%	4.68%	4.19%	2.74%	3.02%	5.94%	13 >1500mls 8 >2000mls. PPH Working group paused due to COVID-19. Formal QI project change idea to next focus on is standardisation of staff in attendance and care provision for instrumental deliveries in delivery rooms vs theatre based.
Source - QSIS	3rd/ 4th degree tear **rate vaginal birth**	< 5%	> 7%		Risk Report	3.07%	3.70%	2.42%	2.54%	2.82%	4.62%	
Source - QSIS	Maternal Death	0	>1		Risk Report	0	0	0	0	0	0	
	Risk											
Source - QSIS	Total number of SI's	0	>1	Serious Incidents	Datix	0	0	0	0	0	0	
Source - QSIS	Information Governance	0	>1		Datix	*0*	*0*	*0*	*0*	*0*	*0*	
Source - QSIS	Clinical	0	>1		Datix	*0*	*0*	*0*	*0*	*0*	*0*	
Source - QSIS	Never Events	0	>1	DATIX	Datix	0	0	0	0	0	0	

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Goal	Red Flag	Measure	Data Source	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Actions taken for Red/Amber results
	Activity											
Neonatal Morbidity												
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	2.38%	3.70%	1.73%	3.48%	2.82%	2.31%	
Source - EPIC	Still Births per 1000 Births			3.87/1000 (Mbrrace)	Risk report	0.43/1000	1.79/1000	0.43/1000	0.96/1000	0.43/1000	0/1000	
Source - EPIC	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	1.00	3.00	1.00	2.00	1.00	0.00	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	
Source - EPIC	Number of term babies who required therapeutic cooling	0	> 1		Risk Report	0	0	1	1	0	0	
Source - EPIC	Baby born with a low cord gas < 7.1	<2%	> 3%		Risk Report	1%	0.89%	0.68%	0.82%	1.16%	1.13%	
Source - EPIC	Term admissions to NICU	<6.5	>6.5	Percentage of all live births	Risk Report	3.02%	5.35%	3.89%	7.66%	6.00%	7.64%	ATAIN Working Group reviews all term admissions to NICU for avoidable trends and themes. Current work on thermoregulation in place to decrease avoidable admissions with hypothermia.
Quality												
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	1	0	0	1	1	0	
	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%	100%	100%	100%	100%	100%	
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	81%	80%	79.95%	84.56%	85.64%	82.42%	
Source - EPIC	VTE	>95%	< 95%		CHEQs	100%	100%	100%	100%	99.6%	100%	

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Maternity Safety Highlight Report

Trust: Cambridge University Hospitals | Date: December 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	0.0/1000
Maternal Sepsis NMPA	3.6%	1.1%
PPH >1500mls	4%	5.09%
Term admissions to NICU	6.5%	7.6%

Number of		
On-going HSIB investigations	Serious Incidents	Unactioned QSIS
1	0	0

Continuity of carer

Compliance *(Reporting to commence in September2020)*	9.5%	
LMS target	35% (March 2021)	
Progress against action plan	• Team 1 (Emerald) Launched 20th July • Team 2 (Luna) Launched October 14th • Team 3 (Nova) Launch delayed until 1st March 2021 • Teams 4 and 5 (Eden / Scarlett) Launch delayed until 1st May	

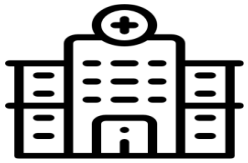
Key	
Complete	The Trust has completed the activity with the specified timeframe – No support is required
On Track	The Trust is currently on track to deliver within specified timeframe – No support is required
At Risk	The Trust is currently at risk of not being deliver within specified timeframe – Some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



Trust actual and System Covid envelope funding received

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

Net current assets/(liabilities) and debtor days

Net current liabilities

(44.3)	actual
Not Available	plan

Debtor days

54	This month
45	Previous month

Covid-19 spend

(4.4)	Revenue actual
(59.5)	Revenue actual YTD
(4.6)	Capital- actual spend

Cash and EBITDA

Cash

145.6	actual
3.3	plan

EBITDA

24.0	actual
27.5	plan

Legend
£ in million
In month
YTD

Author(s): Robin Stephenson Owner(s): Mike Keech

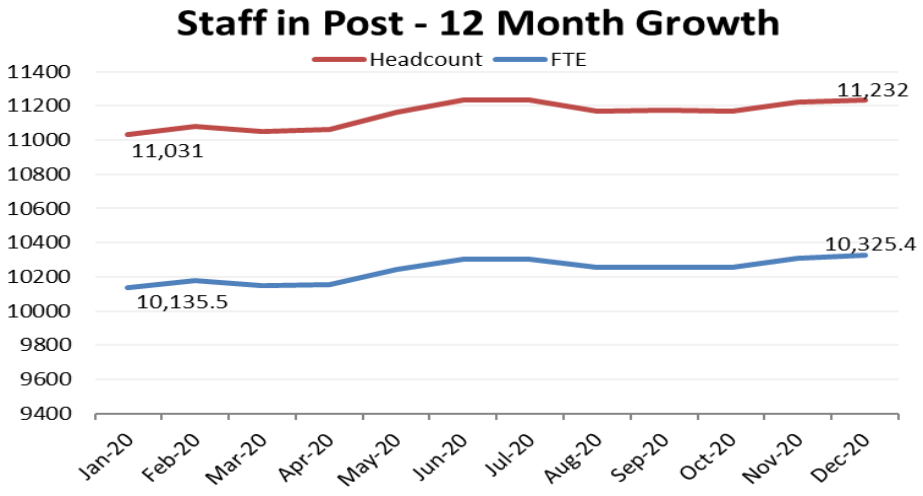
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff as Partners

12 Month Growth by Staff Group

Staff Group	Jan-20	Dec-20	FTE 12 Month growth	
Add Prof Scientific and Technic	266	276	10	3.7%
Additional Clinical Services	1,710	1,747	36	2.1%
Administrative and Clerical	2,032	2,116	84	4.1%
Allied Health Professionals	545	533	-12	-2.2%
Estates and Ancillary	304	325	22	7.2%
Healthcare Scientists	555	564	9	1.6%
Medical and Dental	1,430	1,492	63	4.4%
Nursing and Midwifery Registered	3,294	3,272	-22	-0.7%
Total	**10,136**	**10,325**	**190**	**1.9%**



Admin & Medical Breakdown

Staff Group	Jan-20	Dec-20	FTE 12 Month growth	
Administrative and Clerical	2,032	2,116	84	4.1%
of which staff within Clinical Division	1,028	1,060	32	3.1%
of which Band 4 and below	744	773	29	3.9%
of which Band 5-7	197	205	8	4.0%
of which Band 8A	39	40	1	1.3%
of which Band 8B	3	4	1	26.3%
of which Band 8C and above	44	38	-6	-13.6%
of which staff within Corporate Areas	803	846	44	5.4%
of which Band 4 and below	214	235	21	10.0%
of which Band 5-7	395	401	7	1.7%
of which Band 8A	71	73	2	3.2%
of which Band 8B	49	58	9	17.6%
of which Band 8C and above	74	78	4	6.0%
of which staff within R&D	202	210	8	4.1%
Medical and Dental	1,430	1,492	63	4.4%
of which Doctors in Training	585	613	27	4.7%
of which Career grade doctors	216	237	21	9.5%
of which Consultants	628	643	14	2.3%

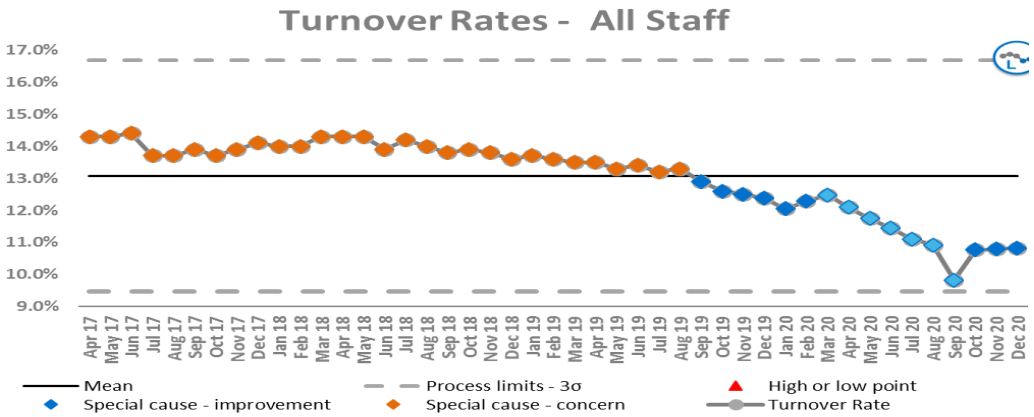
What the information tells us: Overall the Trust saw a 1.9% growth in its substantive workforce over the past 12 months.

Staff Turnover

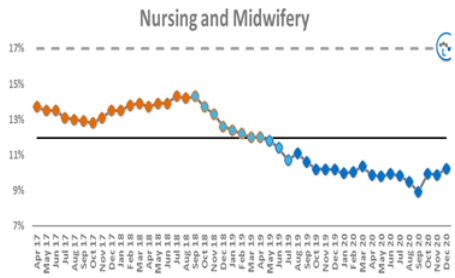
NHS
Cambridge University Hospitals
NHS Foundation Trust

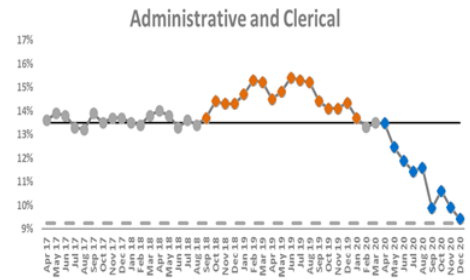
Staff Turnover

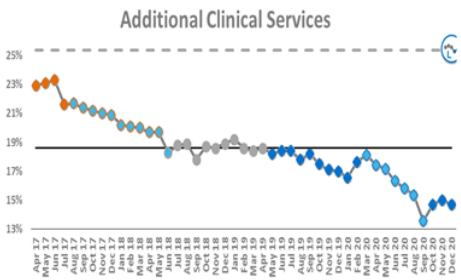
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from an establishment over the previous twelve months as a percentage of the total number of employed staff at a given time.

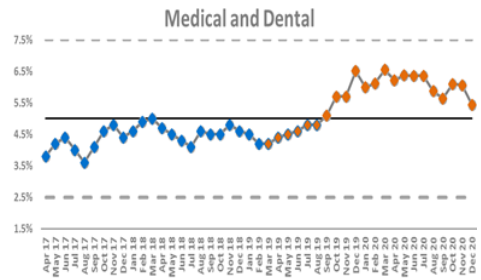


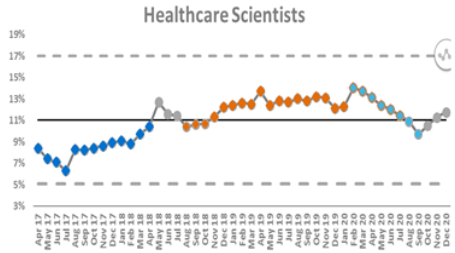
What the information tells us:
The Trust's turnover rate remains below average at 10.8% resulting in 1.9% drop over the past 12 months. Turnover rate remains below average across all staff group except for Medical & Dental staff which remained above average at 6.1%. There has been 0.9% decrease in turnover rate for the medical staff over the past six months.

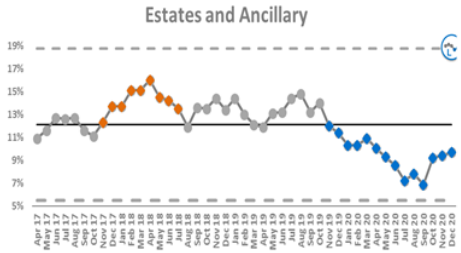


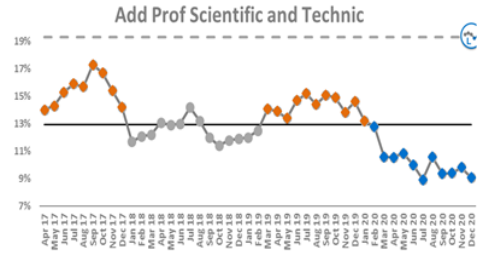












Author(s): Amanda Coulier

Owner(s): David Wherrett

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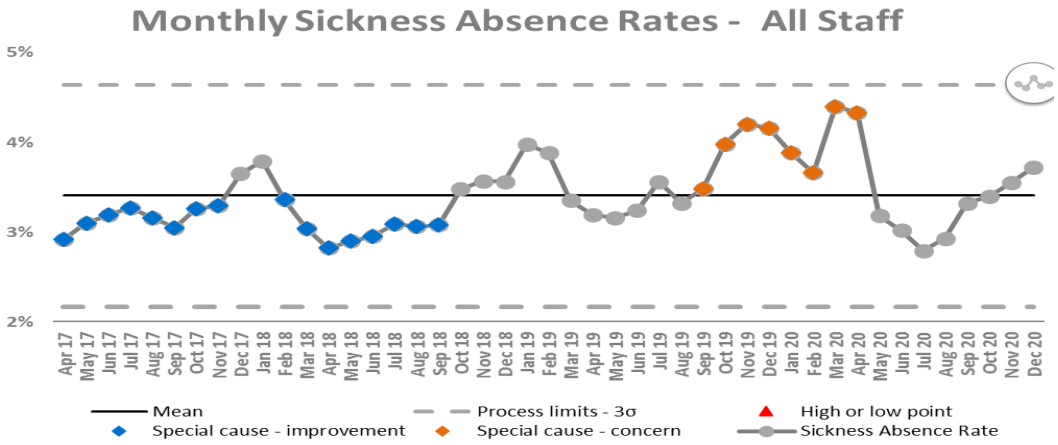
Sickness Absence

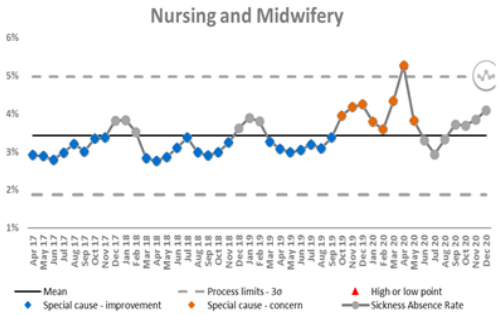
NHS Cambridge University Hospitals NHS Foundation Trust

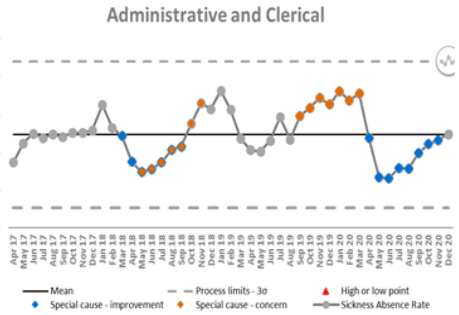
Workforce: Staff as Partners

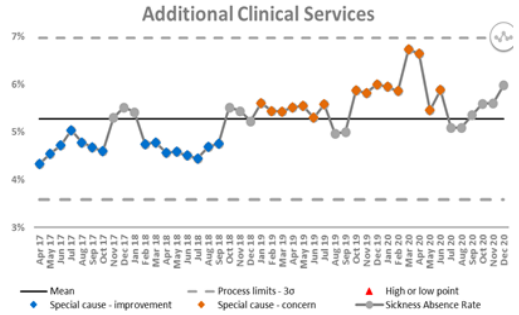
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

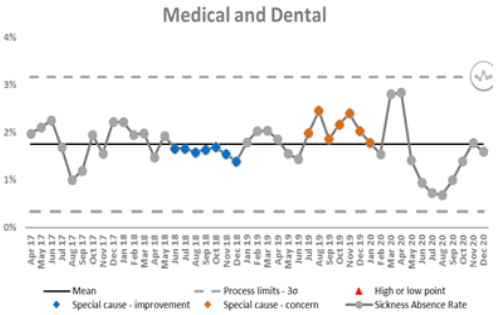


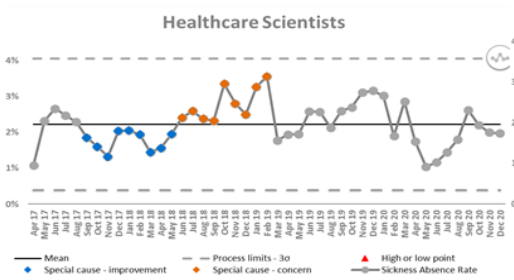
What the information tells us: Monthly Sickness Absence Rate is above average for the second consecutive month at 3.75%. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 20.1% of all sickness absence in December 2020, compared to 17.5% from the previous month.

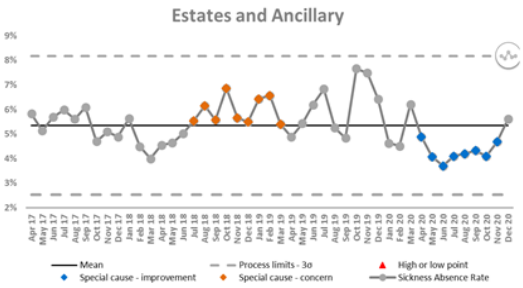


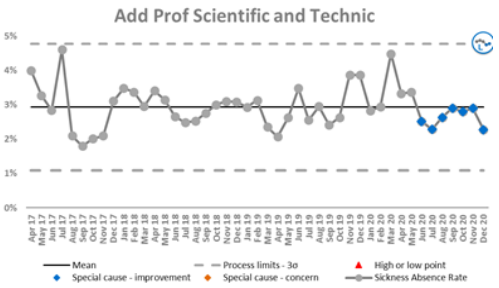










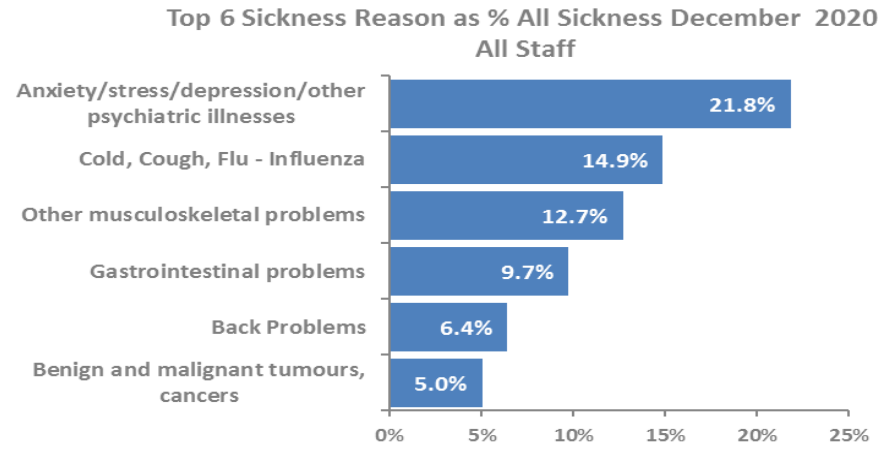


Top Six Sickness Absence Reason

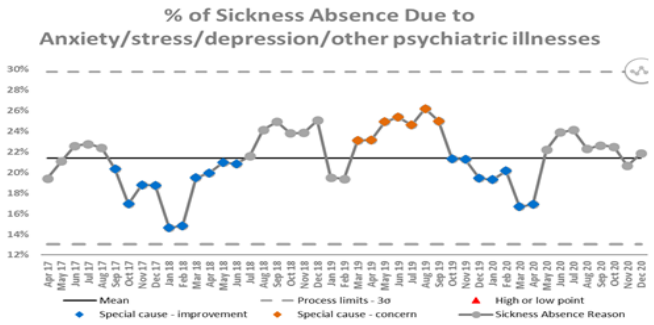
NHS Cambridge University Hospitals NHS Foundation Trust

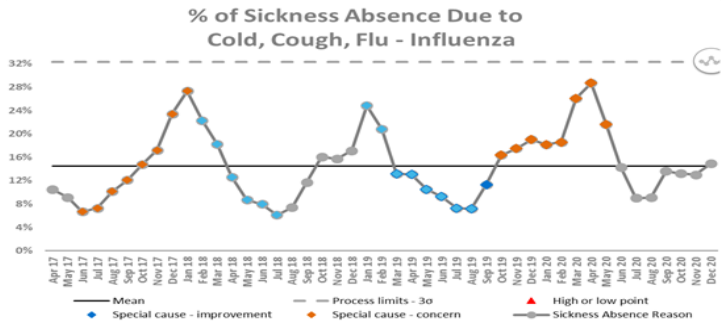
Workforce: Staff as Partners

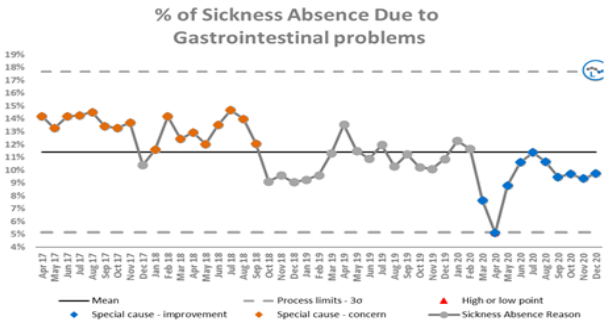
Background Information: Sickness Absence reason is provided as as a percentage of all FTE days missed due to sickness during the reporting month

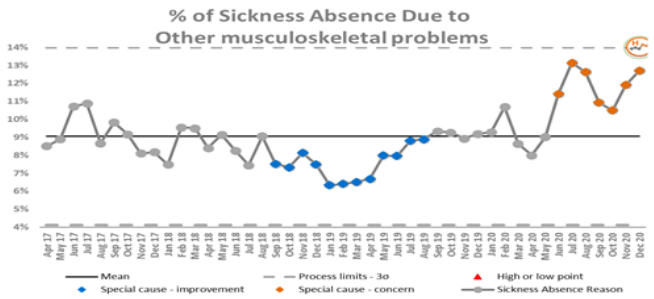


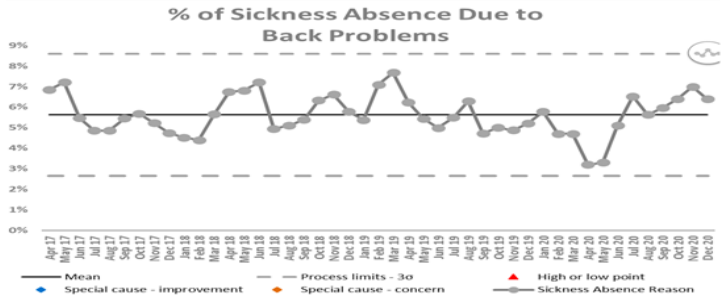
What the information tells us: The highest reason for sickness absence remains to be mental health related reasons at 21.8%, which has decreased by 2% from the previous month. The percentage of influenza related sickness increased by 0.9% from the previous month to 14.9%. The percentage of both tumour and musculoskeletal related sickness absence remains above average at 5% and 12.7% respectively

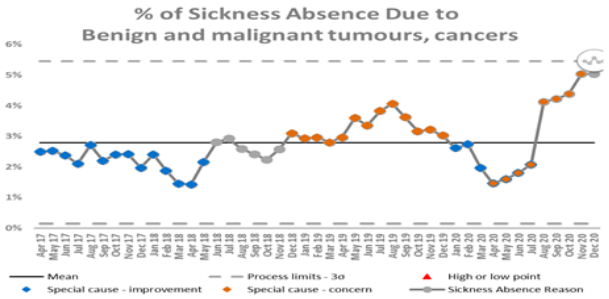








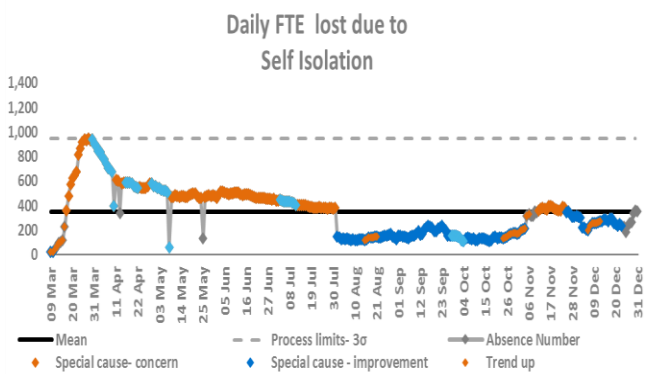


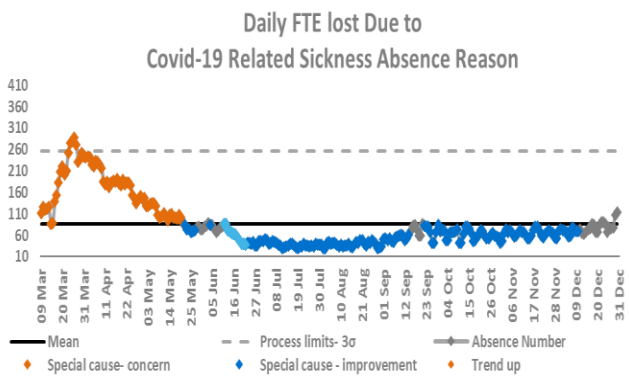


Covid-19 Related Absence

NHS Cambridge University Hospitals NHS Foundation Trust

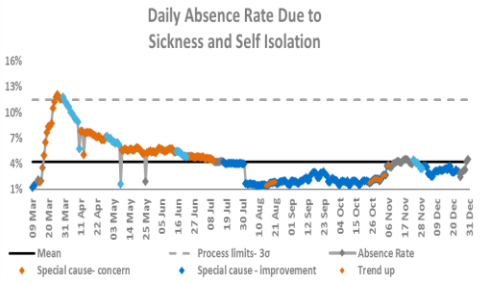
Background Information: Daily absence figure due to Covid-19 are presented. This only provides daily information relating to the number of staff recorded as being absent from work rather than the equivalent FTE days lost which is used in calculating monthly sickness absence rate.

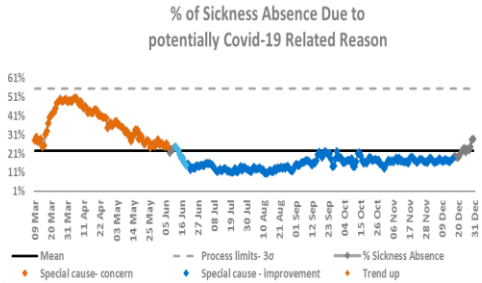


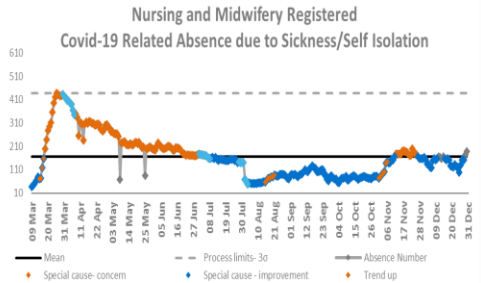


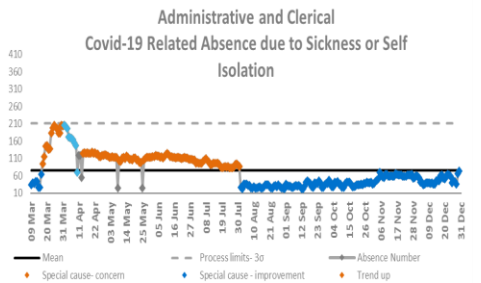
What the information tells us:

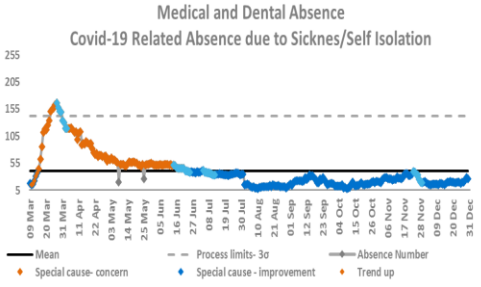
The Trust's monthly average FTE lost due to Self isolation decreased from 333 FTE in November to 256 FTE in December. However, average FTE lost due to potential Covid-19 related sickness increased from 64 FTE in November to 77 FTE in December. Overall, the absence rate due to Covid-19 related sickness and self isolation decreased by 0.6% from November to 3.3% in December.

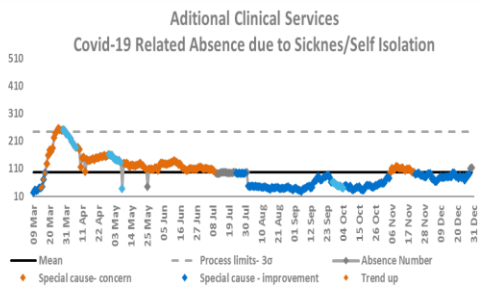


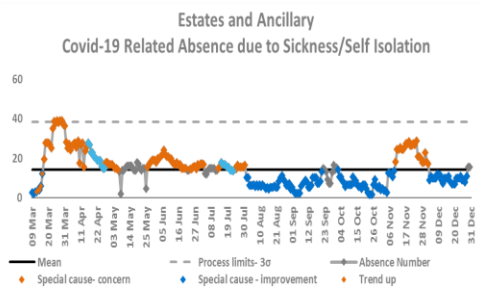


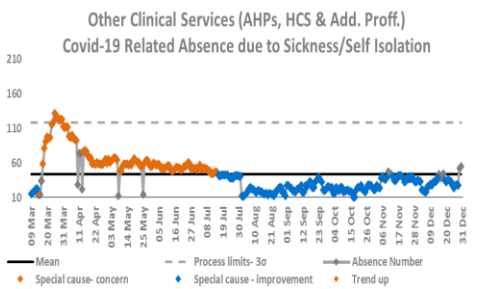










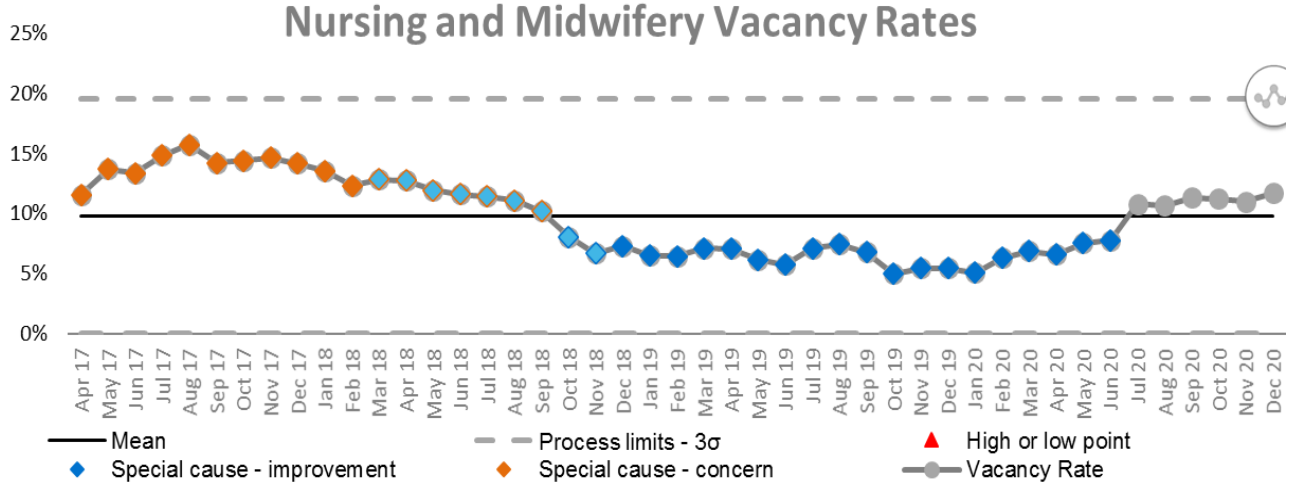


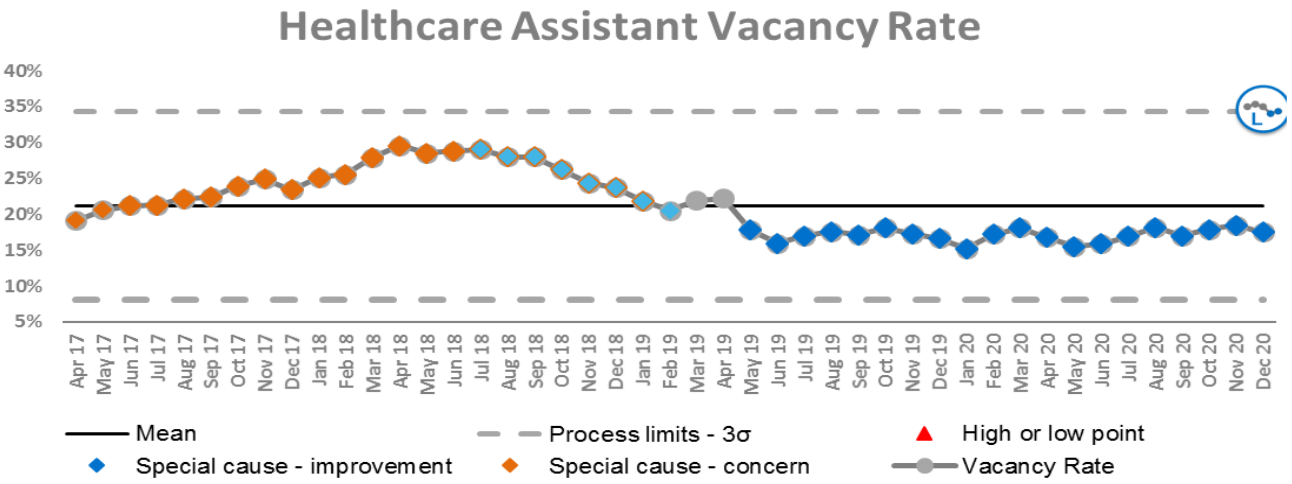
Vacancy Rate

NHS 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 17.49%. However, vacancy rate for Nurses remained above average for the Sixth consecutive month at 11.72%. This is an increase of 3.9% 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

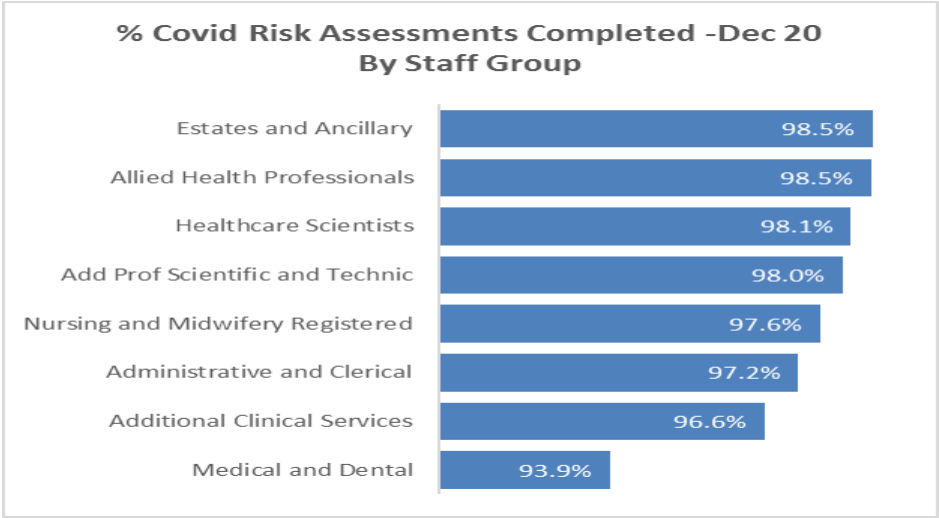
NHS Cambridge University Hospitals NHS Foundation Trust

C19 - Risk Assessment & Annual Leave Update

C19 – Individual Health Risk Assessment Compliance

Risk compliance rate	Dec 20
Overall C19 Risk Assessment Compliance	96.9%
BAME Staff - C19 Risk Assessment Compliance	95.7%
At Risk Staff - C19 Risk Assessment Compliance	96.4%

Risk group	% of Staff within each Risk group
Covid 19 Green Risk Group	78.7%
Covid 19 Orange Risk Group	12.1%
Covid 19 Red Risk Group	2.6%
Covid 19 Shielding Risk Group	0.9%
Covid 19 Yellow Risk Group	2.6%



Percentage of Annual Leave (AL) Taken - Nov 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	61,133	33,448	63%	98%
	Additional Clinical Services	350,278	210,277	69%	98%
	Administrative and Clerical	453,307	236,077	63%	96%
	Allied Health Professionals	120,403	64,485	64%	99%
	Estates and Ancillary	69,844	41,285	68%	98%
	Healthcare Scientists	123,859	60,173	59%	97%
	Medical and Dental	1,242	383	36%	38%
	Nursing and Midwifery Registered	720,351	439,877	70%	98%
	Trust	**1,900,418**	**1,086,005**	**65%**	**89%**
Annual Leave taken by Division	*Division*				
	Division A	355,209	210632	65%	87%
	Division B	520,618	282728	64%	94%
	Division C	231,917	145718	67%	81%
	Division D	213,508	119236	63%	86%
	Division E	215,528	137599	68%	86%
	Corporate	276,412	147067	64%	95%
	R&D	87,227	43024	62%	93%

* Greater than 64% | Less than 60% | Between 60 and 65%

What the information tells us: The Trust's Covid-19 Risk assessment compliance rate is at 96.9% including 95.7% of BAME staff and 96.4% of at risk staff. Overall, 12.1% of staff falls under the Orange Risk Group while 2.6% are within the Red Risk Group.
The Trust's annual leave usage is 65% after 9 months of the year (i.e. 75% of the leave year). The highest rates of use of annual leave are within Nursing and Additional Clinical Services at 70% and 69% respectively, but is still below the expected pro rata level. A trust 'untaken leave' purchase scheme was launched in December.

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	749	749	441	441	10,206	10,206	10,332	10,206	10,206	10,206	10,336	6,863	10,206	7,269	10,206	7,268	1,744	1,744	
Compliance by Division	**Compliance by Division**																			
	Division A	(4)94.9%	(20)74.7%	(23)79.5%	(73)34.8%	(70)96.4%	(73)96.2%	(435)77.7%	(82)95.7%	(100)94.8%	(278)85.5%	(200)89.7%	(301)82.8%	(109)94.3%	(126)92.8%	(97)94.9%	(140)92.0%	(29)81.4%	(12)92.3%	90.7%
	Division B	(17)92.9%	(54)77.6%	(19)68.3%	(24)60.0%	(44)98.4%	(49)98.2%	(267)90.2%	(54)98.0%	(88)96.7%	(203)92.5%	(234)91.4%	(794)42.2%	(67)97.5%	(108)93.6%	(63)97.7%	(112)93.3%	(31)80.3%	(12)92.4%	92.5%
	Division C	(14)85.4%	(26)72.9%	(31)73.0%	(53)53.9%	(43)96.9%	(51)96.3%	(365)74.3%	(58)95.8%	(75)94.6%	(190)86.4%	(153)89.2%	(261)79.8%	(69)95.1%	(84)93.6%	(65)95.3%	(89)93.3%	(20)92.1%	(21)91.7%	90.5%
	Division D	(7)93.0%	(23)77.0%	(15)81.0%	(40)49.4%	(37)97.0%	(46)96.3%	(244)80.7%	(53)95.7%	(76)93.9%	(158)87.2%	(173)86.3%	(357)65.3%	(59)95.2%	(62)94.2%	(63)94.9%	(76)92.9%	(27)80.1%	(17)87.5%	89.8%
	Division E	(4)95.7%	(36)60.9%	(8)88.2%	(21)69.1%	(43)96.5%	(46)96.3%	(342)73.1%	(46)96.3%	(65)94.8%	(133)89.3%	(142)88.8%	(291)73.9%	(71)94.3%	(65)94.3%	(56)95.5%	(56)95.1%	(96)90.6%	(79)92.3%	90.6%
	Corporate	(6)94.2%	(28)72.8%	(3)50.0%	(4)33.3%	(54)95.8%	(63)95.1%	(117)90.9%	(64)95.0%	(81)93.7%	(178)86.1%	(90)93.0%	(30)78.4%	(73)94.3%	(6)95.9%	(61)95.2%	(6)96.0%	(1)80.0%	(1)80.0%	92.9%
	R & D	(2)94.7%	(12)68.4%			(6)98.6%	(6)98.6%	(38)91.0%	(5)98.8%	(19)95.5%	(34)91.9%	(30)92.9%	(17)89.2%	(6)98.6%	(6)96.7%	(7)98.3%	(9)95.1%			95.5%
	Breakdown of Medical staff compliance																			
	Consultant			(14)70.8%	(19)60.4%	(31)95.3%	(35)94.7%	(53)92.0%	(43)93.5%	(56)91.5%	(142)78.5%	(65)90.2%	(205)69.5%	(50)92.4%	(30)95.5%	(56)91.5%	(58)91.4%	(23)88.0%	(24)87.5%	89.3%
	Non Consultant			(85)78.4%	(196)50.1%	(100)86.7%	(112)85.1%	(151)79.9%	(128)82.9%	(150)80.0%	(259)65.5%	(206)72.5%	(412)48.9%	(164)78.1%	(209)73.9%	(145)80.7%	(193)75.9%	(59)66.3%	(53)69.7%	74.5%
Compliance by Staff Group	**Compliance by Staff group**																			
	Add Prof Scientific and Technic	(0)100.0%	(3)84.2%			(4)98.6%	(7)97.6%	(26)91.0%	(6)97.9%	(7)97.6%	(19)93.4%	(12)95.9%	(31)75.4%	(7)97.6%	(5)97.7%	(5)98.3%	(7)96.7%	(0)100.0%	(0)100.0%	95.6%
	Additional Clinical Services	(8)96.4%	(54)75.5%			(27)98.4%	(28)98.3%	(405)76.6%	(28)98.3%	(55)96.7%	(124)92.7%	(163)90.6%	(405)69.0%	(34)98.0%	(109)92.6%	(25)98.5%	(98)93.4%	(11)93.1%	(12)92.5%	92.2%
	Administrative and Clerical	(18)90.7%	(57)70.5%			(56)97.4%	(66)96.9%	(102)95.3%	(64)97.0%	(103)95.2%	(224)89.6%	(108)95.0%	(6)14.3%	(70)96.7%	(111)91.6%	(69)96.8%	(111)91.7%	(3)62.5%	(1)87.5%	95.2%
	Allied Health Professionals	(4)93.1%	(12)79.3%			(5)99.1%	(7)98.7%	(95)82.9%	(7)98.7%	(18)96.7%	(46)91.6%	(95)82.9%	(545)0.5%	(9)98.4%	(16)97.1%	(15)97.3%	(19)96.5%	(11)84.3%	(4)94.3%	86.8%
	Estates and Ancillary	(6)85.7%	(10)76.2%			(12)96.3%	(12)96.3%	(33)89.8%	(12)96.3%	(24)92.5%	(52)83.9%	(12)96.3%		(15)95.3%		(14)95.7%				93.2%
	Healthcare Scientists	(3)92.9%	(8)81.0%			(9)98.4%	(11)98.0%	(13)97.7%	(14)97.5%	(9)98.4%	(26)95.4%	(18)96.8%	(99)0.0%	(14)97.5%	(30)82.2%	(12)97.9%	(28)83.4%	(0)100.0%	(0)100.0%	94.7%
	Medical and Dental			(99)77.6%	(215)51.2%	(131)90.7%	(147)89.6%	(204)85.5%	(171)87.9%	(206)85.4%	(401)71.6%	(271)80.8%	(617)58.3%	(214)84.8%	(239)83.8%	(201)85.7%	(251)83.0%	(82)77.7%	(77)79.0%	81.2%
	Nursing and Midwifery Registered	(15)91.4%	(55)68.6%			(53)98.4%	(56)98.3%	(930)71.9%	(60)98.1%	(82)97.5%	(282)91.3%	(343)89.6%	(348)89.4%	(91)97.2%	(47)98.6%	(71)97.8%	(74)97.7%	(99)91.2%	(49)95.6%	93.6%
	Trust Total	(54)92.8%	(199)73.4%	(99)77.6%	(215)51.2%	(297)97.1%	(334)96.7%	(1808)82.5%	(362)96.5%	(504)95.1%	(1174)88.5%	(1022)90.1%	(2051)70.1%	(454)95.6%	(457)93.7%	(412)96.0%	(488)93.3%	(206)88.2%	(143)91.8%	91.39%

Author(s): Amanda Coulier

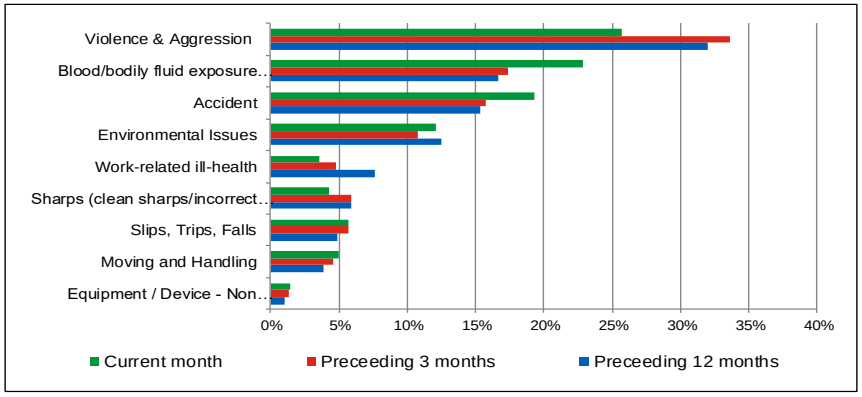
Owner(s): David Wherrett

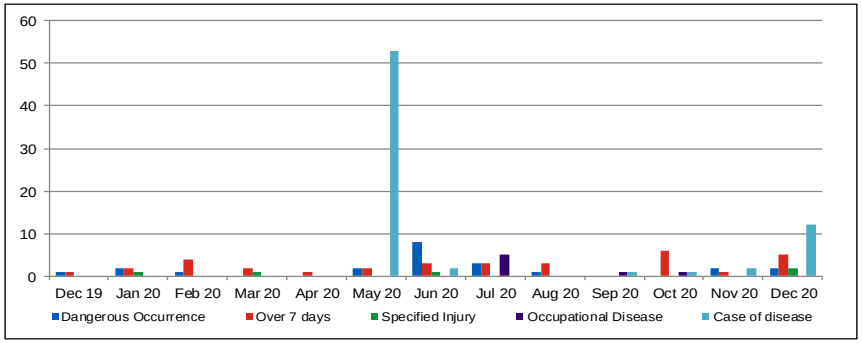
Health and Safety Incidents

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:	**1585**	**322**	**272**	**466**	**236**	**177**	**40**	**72**
Accident	**244**	44	50	60	31	31	7	21
Blood/bodily fluid exposure (dirty sharps/splashes)	**265**	68	65	55	28	36	9	4
Environmental Issues	**198**	43	43	27	24	45	7	9
Equipment / Device - Non Medical	**17**	6	0	7	1	3	0	0
Moving and Handling	**62**	14	9	18	10	5	1	5
Sharps (clean sharps/incorrect disposal & use)	**93**	29	19	16	14	11	3	1
Slips, Trips, Falls	**77**	19	11	10	12	5	6	14
Violence & Aggression	**508**	68	40	256	101	24	3	16
Work-related ill-health	**121**	31	35	17	15	17	4	2





A total of 1,585 health and safety incidents were reported in the previous 12 months.

688 (43%) incidents resulted in harm. The highest reporting categories were violence and aggression (32%), blood/bodily fluid exposure (17%) and accidents (15%).

1,173 (74%) of incidents affected staff, 363 (23%) affected patients and 49 (3%) affected others i.e. visitors, contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (27%), blood/bodily fluid exposure (21%), and accidents (14%).

The highest reported incident categories for patients were: violence and aggression (48%), accidents (18%) and environmental issues (18%).

The highest reported incident categories for others were: violence and aggression (41%), accidents (27%) and slips, trips and slips, trips and 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 466 incidents. Of these, 55% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was case of disease (covid-19 non-fatal) (52%). 40% of incidents were reported to the HSE within the appropriate timescale. In December 2020, 21 RIDDORs were reported:

Case of disease (12)
- 12 members 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.

Dangerous occurrence (2)
- Accumulation of xylene fumes exceeded workplace exposure limit.
- Staff member self-isolating due to close contact with a covid positive patient without wearing the appropriate PPE.

Over 7 day injury (5)
- Staff member sustained injury when pushing beds / Staff member opened a door and hit their toe / Patient clung on to a member of staff whilst their bed was being changed, resulting in back pain for the member of staff / Staff member tripped over a box / Staff member hit by a patient.

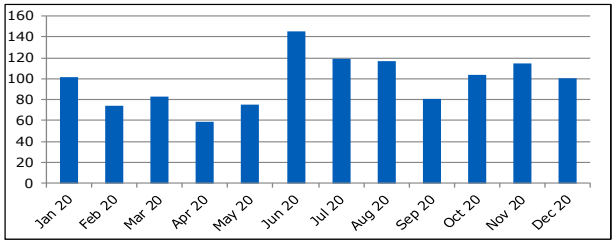
Specified injuries (2)
- Tisseel sealant entered staff member's eyes, causing burns.
- Staff member tripped on level one resulting in fracture.

Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:

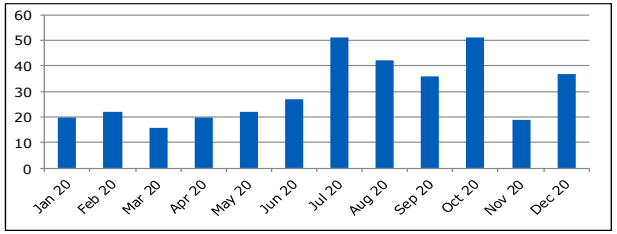


	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Total
Accident	18	13	12	8	9	17	13	12	14	14	19	15	**164**
Blood/bodily fluid exposure (dirty sharps/splashes)	23	23	26	21	14	15	16	20	13	19	22	31	**243**
Environmental Issues	9	10	12	5	8	22	4	23	5	6	12	7	**123**
Moving and Handling	5	5	2	0	5	6	7	3	4	4	6	3	**50**
Sharps (clean sharps/incorrect disposal & use)	10	2	7	3	6	6	11	10	6	12	7	6	**86**
Slips, Trips, Falls	8	2	4	3	5	11	4	3	8	8	9	7	**72**
Violence & Aggression	27	17	18	19	18	22	41	37	24	31	34	26	**314**
Work-related ill-health	1	2	2	0	10	46	23	9	7	10	6	5	**121**
Total	**101**	**74**	**83**	**59**	**75**	**145**	**119**	**117**	**81**	**104**	**115**	**100**	**1173**

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

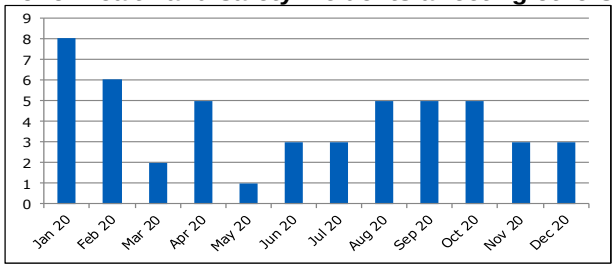
	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Total
No. of health & safety incidents	101	74	83	59	75	145	119	117	81	104	115	100	**1173**
Staff incident rate per month/year	1.0	0.7	0.8	0.6	0.8	1.5	1.2	1.2	0.8	1.0	1.2	1.0	**11.7**

No. of health and safety incidents affecting patients:



	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Total
Accident	4	5	2	4	8	4	6	5	9	7	1	12	**67**
Blood/bodily fluid exposure (dirty sharps/splashes)	2	1	2	1	2	1	4	0	3	2	1	1	**20**
Environmental Issues	3	6	5	0	2	7	10	7	6	4	6	10	**66**
Equipment / Device - Non Medical	0	4	1	0	0	1	4	1	0	1	3	2	**17**
Moving and Handling	2	2	0	0	0	0	1	0	0	1	2	4	**12**
Sharps (clean sharps/incorrect disposal & use)	1	1	0	0	0	0	3	1	0	0	1	0	**7**
Violence & Aggression	8	3	6	15	10	14	23	28	18	36	5	8	**174**
Total	**20**	**22**	**16**	**20**	**22**	**27**	**51**	**42**	**36**	**51**	**19**	**37**	**363**

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



	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Total
Accident	3	3	0	4	0	0	1	0	1	1	0	0	**13**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	1	0	0	0	0	0	1	0	0	0	0	**2**
Environmental Issues	1	0	2	0	1	2	0	0	1	1	1	0	**9**
Slips, Trips, Falls	1	2	0	0	0		0	1	0	0	0	1	**5**
Violence & Aggression	3	0	0	1	0	1	2	3	3	3	2	2	**20**
Total	**8**	**6**	**2**	**5**	**1**	**3**	**3**	**5**	**5**	**5**	**3**	**3**	**49**