








NHS
Cambridge University Hospitals
NHS Foundation Trust

Integrated Report

Quality, Performance, Finance and Workforce

to end February 2021

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

Report compiled: 31/03/2021

Key

Cambridge University Hospitals NHS Foundation Trust

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 achieve and fail at random

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

Quality Account Measures

Cambridge University Hospitals NHS Foundation Trust

2020/21 Performance Framework

2020/21 Quality Account Measures

Domain	Indicator	Data to	Target	Dec 20 Previous Month-1	Jan 21 Previous Month	Feb 21 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%	Feb-21	80%	0%	0%	0%	⇔	3%	0.0%	3%
	>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%)	Feb-21	90%	N/A	90%	N/A	▪	59%	0.0%	59%
Effective / Responsive	% of early discharges **(existing metric)**	Feb-21	30%	17.7%	15.7%	14.5%	⇩	14.6%	15.3%	14.7%
	Percentage of in-patient discharges on a Saturday and Sunday compared to the rest of the week (calculated as the average daily discharges on Sat/Sun divided into the average daily discharges Mon-Fri). Excludes day cases.	Feb-21	80%	N/A	N/A	N/A	▪	67.7%	68.9%	63.2%
	Same day emergency care (SDEC)	Feb-21	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
				Dec 20	Jan 21	Feb 21				
	Total complaints responded to within initial set timeframe or by agreed extension date **(existing metric)**	Feb-21	90%	98.3%	95.7%	97.6%	⇧	98.3%	80.0%	98.2%
				Dec 20	Jan 21	Feb 21				
Staff Experience / Well-led	Nursing and Midwifery vacancy rate for band 5 nurses **(existing metric)**	Jan-21	6.6%	14.3%	14.9%	N/A	▪	0.0%	6.5%	9.9%
				2016	2017	2018				
	I feel secure about raising concerns re unsafe clinical practice within the organisation. **(existing metric)**		76.0%	75.0%	73.0%	74.0%	⇧		74.0%	
	People saying ' my appraisal helped me to improve how I do my job' **(existing metric)**		28.0%	22.0%	24.0%	26.0%	⇧		26.0%	

Safe - 0% of the retrospective audits into NEWS2 compliance met the quality standard of 90%.. 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 - This month no Serious Incident Investigations were submitted to the CCG. The Patient Safety Team continue to review and monitor the quality of action plans submitted to the CCG. Where actions relate to centralised clinical themes, this is integrated into the centralised improvement plan.

Quality Summary Indicators

NHS
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2020/21 Performance Framework

Performance Framework - Quality Indicators				Dec 20	Jan 21	Feb 21				
Domain	Indicator	Data to	Target	Previous Month-1	Previous Month	Current status	Trend	FYtD	Previous FYR	LTM
Infection Control	MRSA Bacteraemia (avoidable hospital onset cases)	Feb-21	0	1	1	2	↓	5	3	6
	E.Coli Bacteraemias (Total Cases)	Feb-21	50% over 3 years	30	25	26	↓	331	406	365
	C. difficile Infection (hospital onset and COHA* avoidable)	Feb-21	TBC	3	9	9	⇔	63	N/A	N/A
	Hand Hygiene Compliance	Feb-21	TBC	96.44%	98.65%	97.32%	↓	97.6%	96.4%	97.6%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Feb-21	100%	66.7%	0.0%	28.6%	↑	41.7%	38.6%	42.0%
	% of relevant NICE recommendations recorded as met in the returned baseline assessment. ('last month')	Feb-21	85%	0.0%	17.4%	0.0%	↓	15.2%	77.3%	11.8%
	% of NICE quality standards where the gap analysis was returned in line with the NICE policy. ('last month')	Feb-21	100%	50.0%	N/A	0.0%	↓	20.0%	28.6%	20.0%
	% of data submitted to national clinical audits (rolling YTD) Target is 100% at FYR end	Feb-21	100%	N/A	N/A	N/A	⇔	–	–	–
	% of national clinical audits with an action plan in place at 12 weeks post publication (last month)	Feb-21	100%	N/A	N/A	N/A	⇔	0.0%	24.6%	36.4%
	% of national clinical audits with completed recommendations (last month)	Feb-21	100%	100.0%	N/A	0.0%	↓	53.3%	75.0%	55.0%
	External Visit/Inspection closed within the required timescale (%).	Feb-21	100%	54.5%	54.2%	53.8%	↓	52.4%	39.5%	56.3%

2019/20 Performance Framework - Quality Indicators Cont.				Dec 20	Jan 21	Feb 21				
Domain	Indicator	Data to	Target	Previous Month-1	Previous Month	Current status	Trend	FYtD	Previous FYR	LTM
Nursing Quality Metrics	Blood Administration Patient Scanning	Feb-21	90%	98.4%	98.3%	98.5%	↑	99.0%	99.3%	99.0%
	Care Plan Notes	Feb-21	90%	96.4%	96.0%	95.5%	↓	95.8%	94.7%	95.8%
	Care Plan Presence	Feb-21	90%	99.4%	99.1%	99.6%	↑	99.3%	98.1%	99.3%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Feb-21	90%	71.8%	75.1%	72.3%	↓	73.4%	94.8%	73.3%
	Nurse Rounding	Feb-21	90%	97.2%	95.4%	96.7%	↑	96.6%	96.7%	96.6%
	Nutrition Screening	Feb-21	90%	99.7%	99.5%	99.7%	↑	99.7%	99.7%	99.7%
	Pain Score	Feb-21	90%	80.2%	71.9%	76.2%	↑	81.2%	80.1%	81.0%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Feb-21	90%	66.5%	66.2%	62.1%	↓	69.4%	80.4%	69.7%
	PEWS Score Recording	Feb-21	90%	88.0%	85.3%	86.1%	↑	87.8%	88.1%	87.9%
	NEWS Score Recording	Feb-21	90%	76.8%	68.7%	71.6%	↑	77.0%	76.3%	77.1%
	VIP									
	VIP Score Recording (1 per day)	Feb-21	90%	73.5%	72.8%	72.2%	↓	77.0%	74.9%	76.9%
	PIP Score Recording (1 per day)	Feb-21	90%	99.1%	99.0%	99.1%	↑	98.8%	97.7%	98.6%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	–	–	–	•	2	16	2
	Number of overdue complaints	Feb-21	0	2	2	1	⇩	9	109	11
	Re-opened complaints (non PHSO)	Feb-21	N/A	0	9	9	⇩	59	103	70
	Re-opened complaints (PHSO)	Feb-21	N/A	1	0	0	⇩	5	4	5
				Dec 20	Jan 21	Feb 21				
	Number of medium/high level complaints	Feb-21	N/A	11	14	13	⇩	149		160

Author(s): Various

Owner(s): Oyejumoke Okubadejo

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

2020/21 Performance Framework

Taskforce	Indicator	IPC Data range	Feb-21	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 - Feb-21	144	202	-58	-29%	L	S7	Long-stay patients have decreased significantly by -58 (-29%) compared to February 2020.
	Discharge lounge usage	Apr 19 - Feb-21	207	N/A	N/A	N/A		-	207 patients utilised the discharge lounge in February, and average of 7 per day. The capacity of the discharge lounge has reduced by five spaces since last year.
	Discharges before noon	Apr 19 - Feb-21	14%	16%	-2%	-		-	Discharges before noon decreased to 14% from 16% last year. The Trust's Patient Flow Group is actively driving improvements to early discharges with the support of divisions.
	Weekend discharge rate (simple)	Apr 19 - Feb-21	84%	80%	4%	-		-	The weekend discharge rate for simple discharges was slightly higher than last February at 84% (+4%). The Trust's overall target for weekend discharges is 80%.
	Weekend discharge rate (complex)	Apr 19 - Feb-21	43%	36%	7%	-		-	The weekend discharge rate for complex discharges was 43%, 7% higher compared to last February but still significantly lower than weekday levels.
Urgent and Emergency Care	Non-elective admissions	Apr 19 - Feb-21	2,803	3,546	-743	79%		-	In February there were -743 fewer non-elective admissions to the hospital compared to February 2020, equivalent to 79% of prior year levels.
	Admissions via ED (excluding Rosie)	Apr 19 - Feb-21	1,612	-	-	N/A	L	SP	Admissions via the ED (types 1 & 3) were 1,612, equivalent to 58 admissions per day.
	ED attendances (type 1 & 3)	Apr 19 - Feb-21	6,990	-	-	N/A		-	Type 1 & 3 ED attendances were 6,990 in February, equivalent to 250 per day. This increased in February when we started to include patients who were transferred to medical assessment areas from ED which were previously counted as type 5.
	ED attendances (type 5)	Apr 19 - Feb-21	106	-	-	N/A		-	Type 5 ED attendances were 106 in February. As noted above, type 5 attendances have been re-classified to exclude patients who are transferred from ED, and therefore their numbers have reduced in February.
	ED attendances (type 1 ,3 & 5)	Apr 19 - Feb-21	7,096	10,104	-3008	70%	L	SP	Overall ED attendances (all types) reduced by 3,008 in February compared to February 2020. This is a reduction in daily attendances from 348 to 253.
	12hr waits in ED (type 1)	Apr 19 - Feb-21	464	306	158	52%	H	S7	12hr waits in ED increased to 464 (+158, +52%). Of these, 32 were also 12hr DTA breaches (trolley waits).
	Time to initial medical assessment (mins)	Apr 19 - Feb-21	77	107	-30	-28%	L	S7	Time to initial medical assessment improved by 30 minutes to 77 minutes from arrival.
	Streamed to GP	Apr 19 - Feb-21	852	1,081	-229	-21%		-	There were -229 fewer patients streamed to primary care compared to last February (-21%).
	ED conversion rate (type 1 & 3)	Apr 19 - Feb-21	23.1%	28.7%	-5.6%	-	L	SP	The ED conversion rate fell significantly from 28.7% in February 2020 to 23.1% in February 2021 (types 1 & 3 only). This fall is primarily due to our reclassification of type 5 patients; where patients are streamed from ED to one of the assessment areas their admission no longer counts in our conversion rate. Were we to include these admissions, the conversion rate for February would rise to 30.9%, 2.2% higher than last February.
Critical Care and Elective activity	Elective admissions (incl. day case and IP, excl. regular attenders)	Apr 19 - Feb-21	4,412	7,607	-3,195	58%		-	Elective admissions were 4,412 in February, 3,195 fewer than last year. This is equivalent to activity at 58% of baseline. Elective performance was significantly impacted by the redeployment of theatre staff to critical care areas to support COVID patients. Additional theatres opened during March will drive improvement in this metric in future months.
	Average theatre turnaround time (mins)	Apr 19 - Feb-21	31	18	13	72%		-	The average theatre turnaround time was 31 minutes, 13 minutes longer than last February.
	Theatre sessions used	Apr 19 - Feb-21	616	1,304	-688	-53%	L	SP	The Trust used 688 (-53%) fewer theatre sessions in February.
	Total operations performed (incl. Emergency/Maternity)	Apr 19 - Feb-21	590	3,042	-2,452	19%	L	SP	Total operations performed reduced by 2,452 compared to last February.
	52 weeks waits on RTT pathway (unvalidated)	Apr 19 - Feb-21	4,283	1	4,282	-	H	SP	An additional 4,282 patients have waited >52 weeks on an RTT pathway by the end of February compared to the pre-COVID baseline of 1. As of 24th March this figure has risen to 5,002.

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

2020/21 Performance Framework

Taskforce	Indicator	IPC Data range	Feb-21	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 - Feb-21	15,271	9,249	6,022	65%	H	SP	The diagnostic waiting list has grown from 9,249 to 15,271 since the baseline in March 2020 (+6,022, +65%).
	Diagnostic activity	Apr 19 - Feb-21	12,139	15,827	-3,688	77%		-	Diagnostic activity was 77% of baseline levels in February.
	Patients waiting >6 weeks for diagnostic	Apr 19 - Feb-21	9,421	336	9,085	2,708%	H	SP	Patients waiting >6 weeks for a diagnostic test increased by 9,085 compared to last February.
Outpatients	Attendance levels	Apr 19 - Feb-21	41,191	50,853	-9,662	81%		-	Outpatient attendances were 81% of baseline levels, driven predominately by follow-up appointments.
	Attendance via phone/video	Apr 19 - Feb-21	20,169	826	19,343	2,342%	H	SP	49% of outpatient appointments were conducted via phone or video in February. This is a significant increase of 19,343 compared to February 2021 and helped to mitigate the impact of reduced face-to-face appointments caused by the third wave of COVID.
	Referral levels	Apr 19 - Feb-21	15,560	18,943	-3,383	82%		-	Outpatient referrals were at 82% of baseline levels in February.

Taskforce	Indicator	IPC Data range	w/e 14th Mar 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 - 14/03/21	552	468	84	118%		S7	The number of Cancer 2WW referrals in w/e 14th March week was 552, higher (118%) than the levels seen in the baseline period.
	Cancer >31 day waits	02/01/20 - 14/03/21	87	21	66	314%		S7	The number of Cancer >31 day waits was 87 in w/e 14th March compared to 21 in the baseline period. We saw cancellations and further delays due to COVID across all specialities which impacted cancer performance metrics.
	Cancer >62 day waits	03/07/19 - 14/03/21	83	66	17	26%		SP	Cancer >62 day waits were 83 compared to 66 in the baseline period (+26%).
	Cancer >104 day waits	03/07/19 - 14/03/21	38	17	21	128%		SP	Cancer >104 day waits were 38. Of these, 15 were tertiary referrals from other trusts.
	Patients waiting 28 day for diagnosis	03/07/19 - 14/03/21	266	176	90	51%		S7	Patients waiting >28 days for diagnosis were 266, 51% higher than the baseline of 176.

* Baseline used is the same month in 2019/20 except where stated otherwise

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			PERFORMANCE vs. FEBRUARY 2020	PLAN	PHASE 3 AMBITION
Area	Metric	Jan-21	Feb-21	Month-on-month change	Feb-21	Forecast per Phase 3 return	Required achievement by Feb-21
Elective	Elective in-patients (incl. IS)	397	540	143	47%	-	-
	Elective in-patients (excl. IS)	362	437	75	39%	52%	90%
	Day cases (incl. IS)	4,029	3,872	-157	60%	-	-
	Day cases (excl. IS)	3,952	3,676	-276	57%	94%	90%
Diagnostics	MRI	2,310	2,343	33	85%	86%	100%
	CT	4,602	4,313	-289	86%	147%	100%
	Colonoscopy	180	167	-13	43%	88%	100%
	Cystoscopy	261	236	-25	65%	-	100%
	Flexible sigmoidoscopy	57	46	-11	41%	88%	100%
	Gastroscopy	304	182	-122	26%	88%	100%
Outpatients	Outpatients (first)	15,167	14,822	-345	66%	93%	100%
	Virtual OP (% of first) - Actual	32%	29%	-3.0%	29%	21%	-
	Outpatients (follow-up)	27,438	26,369	-1,069	93%	113%	100%
	Virtual OP (% of follow-ups) - Actual	64%	60%	-3.9%	60%	73%	60%
	Virtual OP (TOTAL)	53%	49%	-3.9%	49%	52%	25%

Overall

In February the Trust met or exceeded the Phase 3 ambition for outpatient appointments conducted via phone or video (follow-up and overall). Against the internal forecast for February the Trust met or exceeded forecast for virtual first outpatient appointments but was lower for all other measures. Activity was lower in all areas in February compared to January primarily due to the fact that activity remained high in the first week of January as elective capacity, such as the Cambridge Eye Unit, were not closed until the subsequent week as COVID activity increased. Additionally, the half-term week in February saw lower levels of activity in a number of areas.

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 were also 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. Performance during the first half of March continued to be impacted by these pressures, although at a lower, and reducing, level. As of late March COVID levels are negligible. This, combined with the reopening of theatres during March, suggests an improvement in activity levels for the month and going into the first quarter of 2021/22.

Elective

Elective in-patients (excluding the independent sector) achieved 39%, short of the forecast of 52% and the required level of 90%. There is significant variation by specialty within this Trust-wide figure. The largest fall in activity was Urology, which fell from 108 in February 2020 to 19 in February 2021 (-89, -82%), ENT which fell from 74 to 11 (-63, -85%) and Neurosurgery which fell from 127 to 66 (-61 , -48%). Due to the impact of COVID on our elective capacity, only those patients with the highest clinical priority were being treated during February. All patients with clinical priority P3 or P4 were cancelled during February with those patients with a P2 scoring being assessed and prioritised by the Surgical Prioritisation Group.

Day cases achieved 57% compared to planned levels of 94%. This is -33% below the national ambition of 90%. Like in-patients above, day cases have been significantly impacted by COVID activity, and further impacted by the closure of the Cambridge Eye Unit and the Ely Day Surgery unit for the majority of the month. The most significant falls have been in Gastroenterology and Ophthalmology, which saw reduction of -738 (-53%) and -299 (-77%) respectively.

With effect from 22nd February, seven additional elective theatres opened, along with the Cambridge Eye Unit which provides a further two theatres for Ophthalmology. With the move of the Surgical Assessment Unit on 21st February, we also reopened our on-site day surgery unit. Further theatres have been opened during March which will provide additional capacity for both in-patient and day case surgery. The independent sector will continue to support elective activity during March, after which local commissioning arrangements will begin.

Diagnostics

No diagnostic metric met the planned levels or the national ambition. CT activity showed the highest performance at 86%. Endoscopy (which comprises colonoscopy, cystoscopy, flexible sigmoidoscopy and gastroscopy) saw a significant fall in February driven by the lower activity for Gastroenterology. During February the service prioritised 2 week wait and cancer pathway requests, bowel cancer screening, urgent therapeutic work and in-patients.

Outpatients

Outpatient (first) appointment levels of 66% were significantly short of forecast levels of 93% and below the national ambition of 100%. This was mainly due to lower levels of diagnostic imaging performed this February compared to January 2020, which fell by 50%. Trauma and Orthopaedics, as well as Ophthalmology, also saw large falls of -467 (-51%) and -360 (-34%), due to the nature of these services requiring face-to-face appointments and therefore being more constrained by social distancing requirements on site.

Outpatient (follow-up) appointments reached 93% of last January's activity, lower than the forecast of 113% and the national ambition of 100%. However the Trust met the national ambition of 60% of virtual follow-up appointments for the second month in a row, and achieved nearly double the national ambition of 25% for overall virtual appointments (49%). This significant increase in virtual appointments has partially mitigated the fall in face-to-face appointments on site.

Serious Incidents

Cambridge University Hospitals NHS Foundation Trust

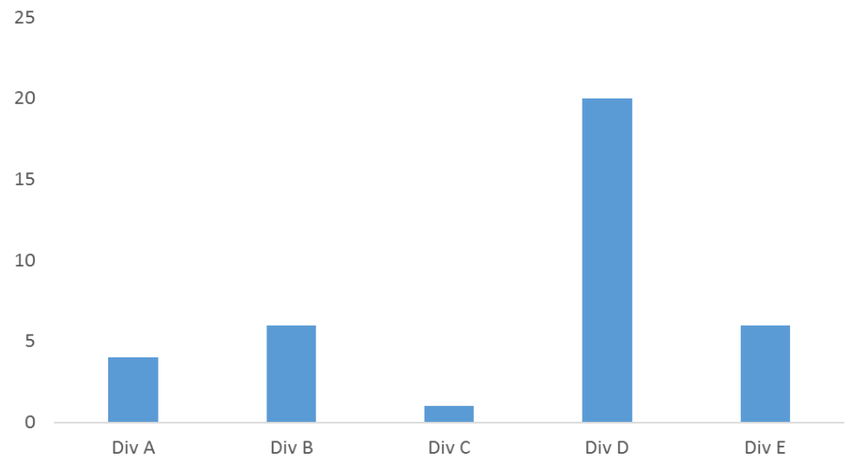
Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Nov 17-Feb 21	month	-	1236	1342		-	-	There is currently normal variance in the number of incidents affecting patients
Percentage of moderate and above patient safety incidents	May 19- Feb 21	month	2%	2.9%	1.8%		-		There is currently normal variance in the percentage of moderate and above patient safety incidents but exceeds the agreed range.
All Serious Incidents	Mar 18- Feb 21	month	-	6	5		-	-	There were 6 Serious Incident Investigations reported to the CCG in February 2021; this is currently normal variance. However this was an increase in number previously seen, details of which can be found in the table below.
Serious Incidents submitted to CCG within 60 working days	Mar 18- Feb 21	month	100%	0%	53%		-		Extensions to the 60 Day submission timeframe have been agreed with the CCG in response to the Covid Pandemic. 1 report was due for submission in February with an extension to the submission date due to the complexity of the actions. The compliance however remains in normal variance.

Ref	STEIS SI Sub-category	Actual Impact	Div.	ard / Dept.
SLR108579	Diagnostic incident including delay meeting (including failure to act on test results)	Severe / Major	B	Histopathology Laboratory
SLR108688	Diagnostic incident including delay meeting (including failure to act on test results)	Death / Catastrophic	C	Emergency Department - Adult
SLR108955	HAPU	Severe / Major	D	Ward A5
SLR109131	Confidential information leak/Information Governance	No Harm	c	Div C Management
SLR110118	Surgical/invasive procedure incident	No Harm	E	Delivery Unit
SLR110329	Diagnostic incident including delay meeting (including failure to act on test results)	Severe / Major	C	NCCU (A3)

The number of patient safety incidents reported remains within normal variance. 6 Serious Incident investigations were commissioned. Compliance with Serious Incident Investigation report submission for February 2021 is outside the 60 timeframe however the CCG have formally written to the Trust to offer an option to 'stop the clock' on SI submission timeframes. Fortnightly review of progress with CCG is in place. Divisions and Patient Safety team are working collaboratively to improve the number of open SI actions and provide assurance to the CCG. Some actions are on hold due to suspension of working groups during the Covid surge. Mitigation is in place for these.

Overdue SI Actions by Division



Author: Clare Miller

Owner(s): Oyejumoke Okubadejo

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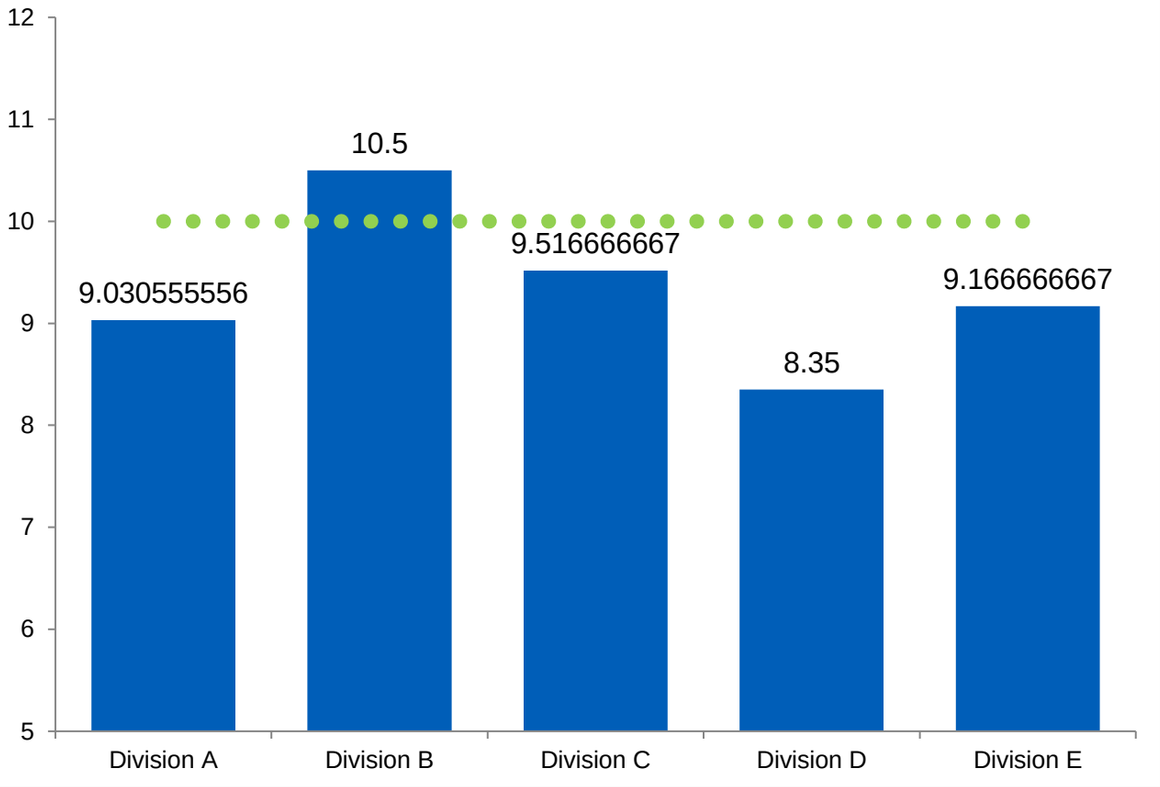
Duty of Candour

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 - Feb 21	month	100%	83%	62%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Dec 17 - Feb 21	month	100%	40%	69%		-		The system may achieve or fail the target subject to random variation.

Average number of workdays taken to send first letter for Stage 1 Duty of Candour from date reported in last 12 months
Mar 2020 - Feb 2021



Executive Summary

Trust wide stage 1* DOC is compliant at 100% for all confirmed cases of moderate harm or above in Feb 2021. 83% of DOC Stage 1 was completed within the required timeframe of 10 working days in Feb 2021. The average number of days taken to send a first letter for stage 1 DOC in Feb 2020 was 6 working days.

Trust wide stage 2** DOC is compliant at 100% for all completed investigations into moderate or above harm in Feb 2021 and 40% 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.

Author: Christopher Edgely

Owner(s): Oyejumoke Okubadejo

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 - Feb 21	month	-	121	132		-	-	There were a total of 121 falls (inpatient, outpatient and day case) in February 2021. Normal variance has been maintained except for a single point of statistical significance in January 2020
Inpatient falls per 1000 bed days	Nov 17 - Feb 21	month	-	4.42	4.03			-	There were 117 inpatient falls in February 2021. 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 - Feb 21	month	-	0.08	0.06		-	-	There was1 inpatient fall categorised as moderate harm and above in February 2021. This was declared as an SI and investigation is underway
Falls risk assessment compliance within 12 hours of admission	Nov 17 - Feb 21	month	90%	86%	83%		-		The goal of ≥90% has not been reached between November 2020 and February 2021. The system may achieve or fail the target subject to random variation.
Falls KPI; patients 65 and over have a Lying and Standing Blood Pressure (LSBP) completed within 48hrs of admission	Apr 19 -Jan 21	month	95%	9%	6%				The goal of > 95% has not been reached since data collection started. A DOT e-learning pack is in progress and the Falls Prevention Co-ordinator is reviewing all falls related incidents and identifying if LSBP not completed and feeding this back to clinical areas
Falls KPI: patients who have a cognitive impairment have an appropriate care plan in place	Apr 19 -Jan 21	month	95%	15%	12%				The goal of > 95% has not been reached since data collection started. The Falls Prevention Co-ordinator and Dementia/ Delirium Specialist Nurse are currently working on CUH specific care plans dementia and delirium
Falls KPI: patients requiring the use of a walking aid have access to one for their sole use	Apr 19 -Jan 21	month	95%	68%	62%				The goal of > 95% has not been reached since data collection started. An issue with the data pull was identified at the beginning of February 2021 and rectified

Executive Summary

The new lying and standing blood pressure e-learning pack is expected to be available on DOT by the end of March. The Falls Prevention Co-ordinator will then ensure that areas that are identified as having poor compliance are supported in completing this.

The Falls Prevention Co-ordinator is working with the Dementia Specialist nurse to produce CUH specific care plans for Dementia and delirium.

All Divisional Heads of Nursing and Matrons are given their status on the KPIs on a monthly basis. The Falls Prevention Co-ordinator will be offering training to all Matrons and Ward Managers on how to utilise the Falls QI Dashboard to monitor their compliance against the Trust falls KPI's on a continuous basis

Division A has breached its upper clearance limit for the rate of falls per 1000 admissions, in February 2021. Division D has breached its upper control limits in January and February 2021 for the rate of falls per 1000 bed days. Both divisions are aware and reviewing actions.

The Falls Prevention Co-ordinator will continue to use patient referrals and reviews to implement facilitated learning on the wards.

The Falls Prevention Co-ordinator has commenced weekly ward walk abouts focusing on areas of concern. These involve an environmental walk about and listening to staffs concerns. A report is then written with the findings and any recommendations and sent to the Divisional Head of nursing, their deputy, the Matron and the Ward Manager for feedback.

The Falls Quality Improvement Programme is continuously reviewed and high priority projects identified. The current priority projects are the Falls KPI's and post falls care

Pressure Ulcers

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	Feb 18 - Feb 21	month	-	28	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	Feb 18 - Feb 21	month	-	11	10		-	-	The number of category 1 HAPUs remains within normal variance. 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	Feb 18 - Feb 21	month	-	17	10	H	SP	-	There were 14 x Category 2 HAPUs and 0 x category 3 or 4, 1 x unstageable and 2 x SDTI in February 2021. There was a single point above the upper control limit in February.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Feb 21	month	90%	80%	80%		-	F	PU screening risk assessment compliance has dropped below 80% for the first time in 23 months in January (75.7%) and February (79.6%) 2021. This may be related to the number of ward reconfigurations during this Covid period. 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 - Feb 21	month	9	17	7	H	SP	P	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 were 12 consecutive points below the mean between Dec 2019- Dec 2020 for category 2 and above HAPUs, there was a small rise above the mean in January 2021 and a single point above the upper control limit in February 2021, the TVN team are aware of some late reporting which has occurred this month following a number of ward reconfigurations and staff moves. A deep dive into HAPU is occurring to identify any additional reasons for the rise. We are on track to reach the KPI for 2020-2021 of a 25% reduction overall for HAPUs. Device related HAPU remain within normal variance with most occurring due to naso-gastric tubes in proned critical care patients, new pressure reducing pillows have been ordered for these patients. Heel pressure ulcers have increased and we are not likely to meet the KPI of 25% reduction in these, a deep dive is planned to investigate any themes. The "heels off" campaign has now relaunched with teaching completed on A5, G6 and G4, in progress on J2 and Orthopaedics is planned.

Compliance with risk assessments being completed within 6 hours of admission appears to have been impacted by the multiple ward moves during this Covid period with a significant drop in compliance in January 2021. The new risk screening tool is now live in EPIC and has been supported with Comms across the trust, there has been a slight improvement in compliance in February 2021 with ward based teaching to embed the new tool.

Elderly care, critical care and neurosurgery remain the specialities with most pressure ulcers, there is currently 2 x SI investigation in process. All these areas include patients who are most affected by immobility and tissue perfusion and are the areas receiving additional training and support.

There has been a significant reduction 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 have been 7 consecutive points below the mean and a consistent drop over 9 months from 43/ month in May 2020 to 18/ month in January 2021.

Staff PPE related pressure ulcers and skin concerns picked up again during the recent Covid surge (29 referrals in October- January, compared to 38 referrals in April- September, of these a total of 37 were pressure ulcers) but are dropping off again with 9 referrals in February 2021. Unfortunately the Dermatology team have again withdrawn from this supporting this service as their clinical work picks up again, dermatology concerns will now be handled by tissue viability or referred on to GP services.

The Band 5 secondment funding is ending for one post in March 2021, this will impact on the TVN service particularly with regard to moisture associated skin damage training and support and the ability to review patients previously seen by the team. A business case has been submitted to Finance to support an increased TVN team to drive forward QI plans in 2021, including a proactive TVN led triage and treat service in ED, expansion of the Heels Off campaign and development of the leg ulcer service and MASD care pathways.

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

Given the reporting schedule for trust internal and contractual data, the next data set for Sepsis is not due presentation until the end of Q1 of 2021/2022. However, the plan is to review the Sepsis data set going forward to ensure that assurance with Sepsis performance across inpatient and Emergency Department settings can be maintained. To support treatment of patients with Sepsis and those who are deteriorating within the organisation, a new Deteriorating Patient Surveillance Service (DSS) has been established since the 12th of January 2021. The service was established in order to increase our organisational oversight of the treatment provided to this group of patients. Given the risk of organisational changes (such as ward moves, formation of new and ad hoc teams, redeployment etc), the service has been established as an additional barrier to preventing harm. A group of specialist nurses review in real time deteriorating patients and provide the required support / intervention for ward areas. This includes patients with Sepsis and this is now being monitored to evaluate the impact of the service. A service impact report has been written and will be presented at the Recognise and Respond committee to inform the future direction of the service. Over 1000 patients have been remotely reviewed by the service since it was established. A percentage of these required intervention to ensure the appropriate care has been given. Additionally, in situ training is provided to the clincial areas as part of this process. 81 members of staff have received this form of training, which has included appropraite management of patients with Sepsis.

Safeguarding

NHS
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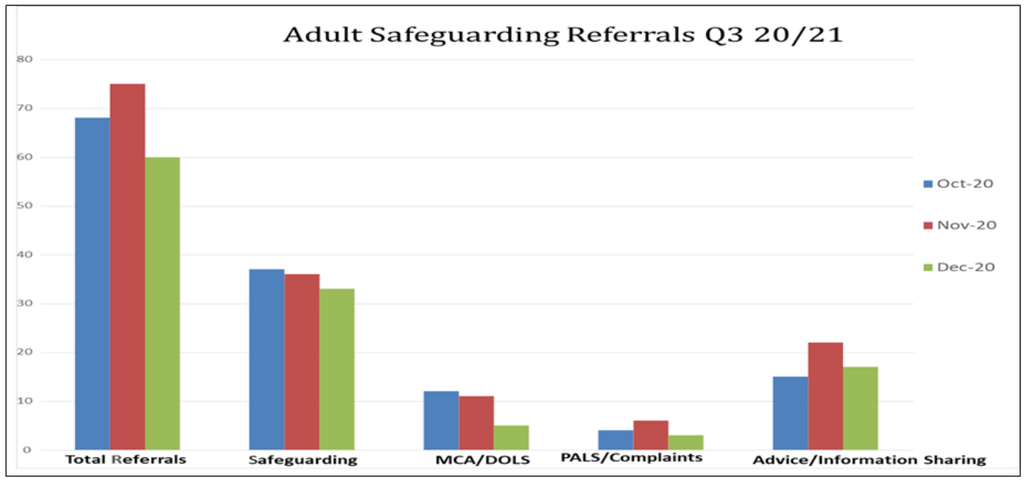
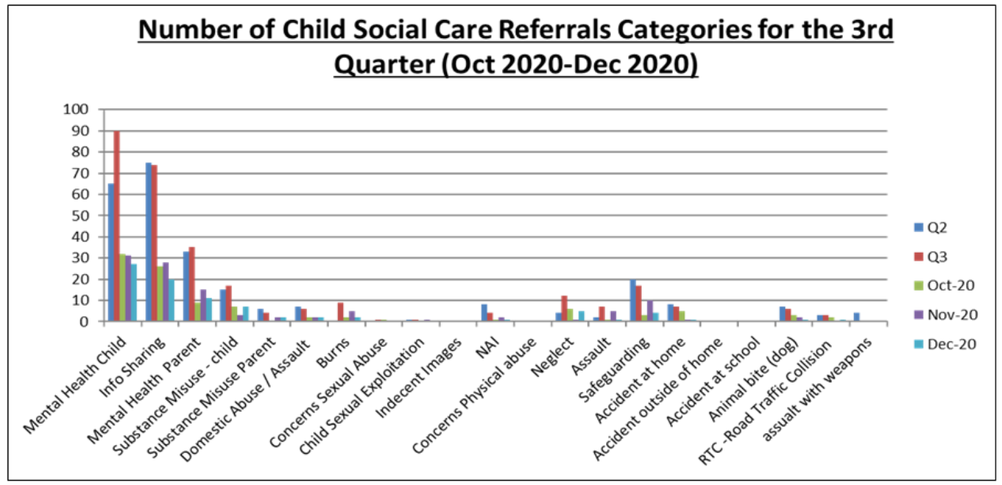
NHS Foundation Trust

Safeguarding

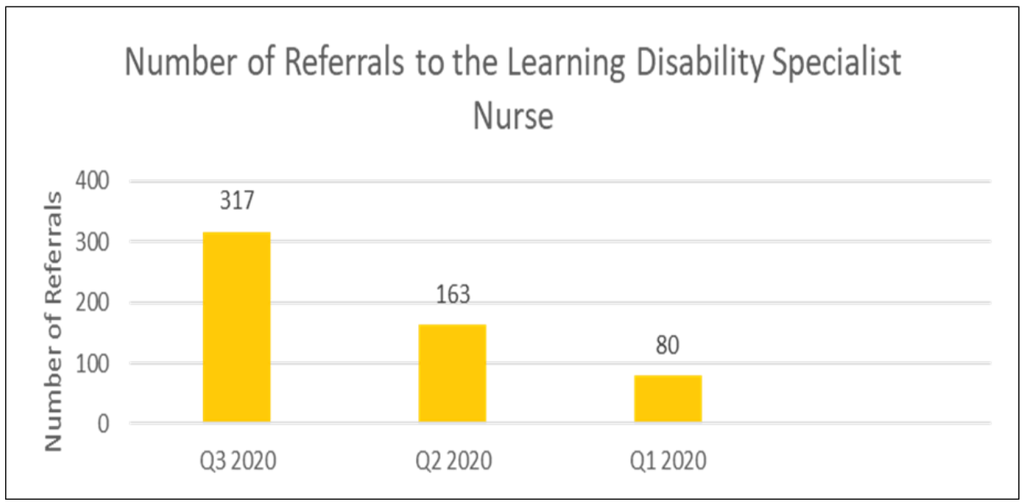
Adult's safeguarding
A total of 205 referrals were made to the Adult Safeguarding Team this quarter. This represents a 7% increase compared to Q2 and a 43% increase compared to Q1.



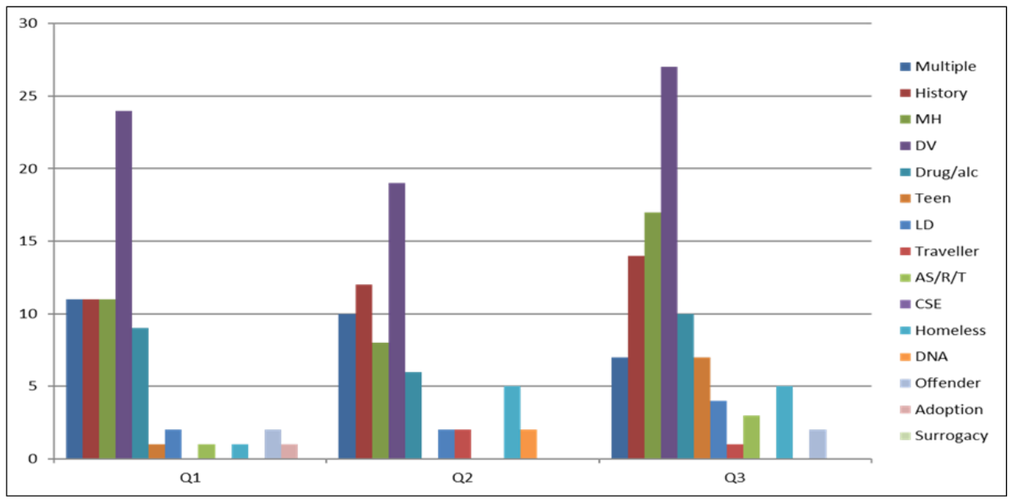
Children's safeguarding
No. of Serious Incidents in Q3 = 0
On-going Serious Case Reviews in Q3 = 2
1 published In November 2020.
Two Local Learning Reviews announced in October 2020 due to take place in 2021.
Total number of QSIS incidents in Q3 = 8 (minor to moderate).



Learning disabilities
During Q3 51%increase in referrals compared to last quarter. Close partnership working with Learning Disability Partnership



Maternity safeguarding
Referrals for DV remains the highest category of abuse referrals.

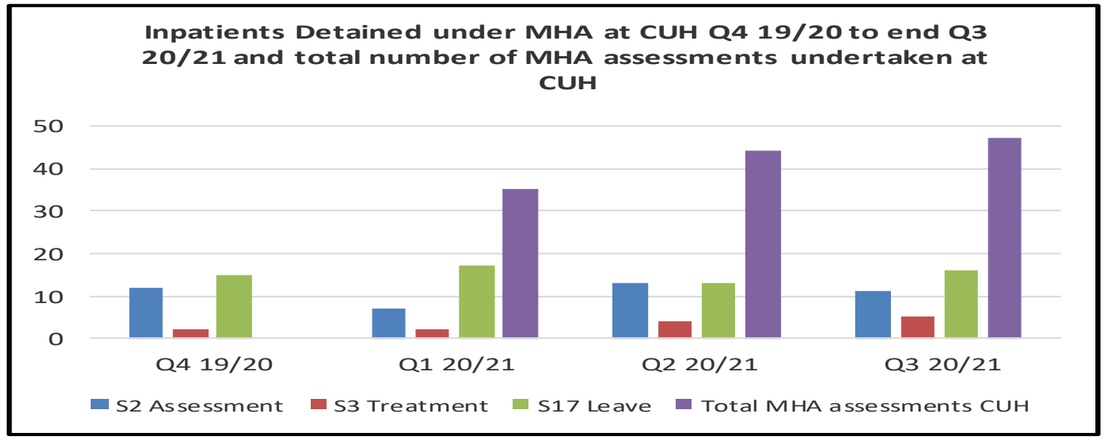


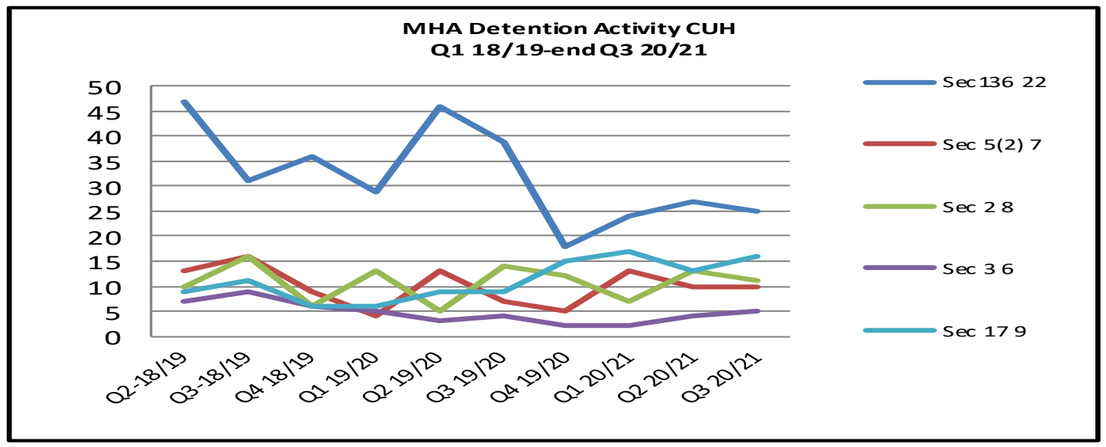
Author(s): Maura Screaton
Owner(s): Lorraine Szeremeta
Together-Safe | Kind | Excellent

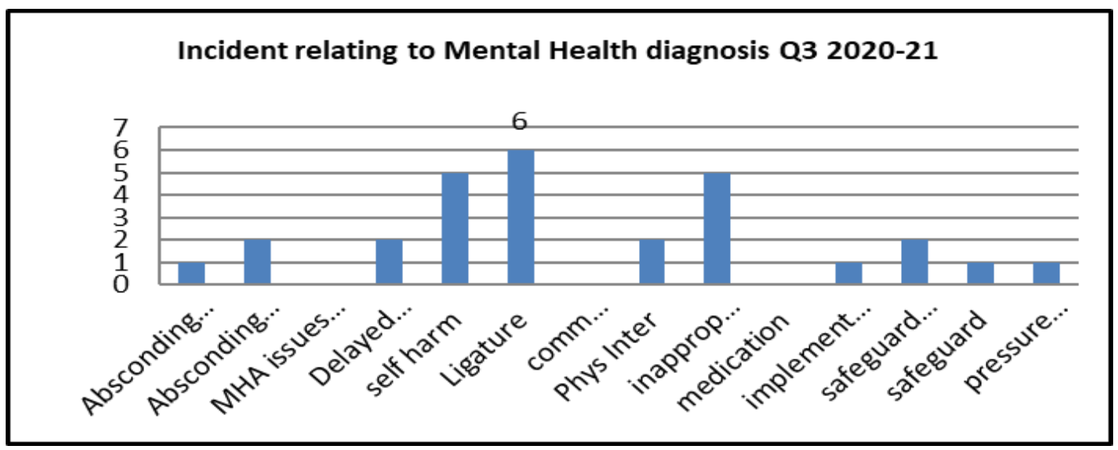
Detention and Mental Health Related Activity Q3 2020/21

Cambridge University Hospitals NHS Foundation Trust

Safeguarding







Analysis: The data for Q3 2020-21 has been presented against that for Q4 2019/20 and the line chart represents MHA activity over previous 2 years.

Narrative:- . The numbers of patients detained under Sections 2 and 3 have remained stable over the last 12 months. There was a small increase in numbers of detained patients transferred in from other hospitals on Section 17 leave during Q4 19/20 and Q1 20/21. This appears to have levelled out in Q3.

The numbers of patients detained to CUH under Section 136 (Police holding power) reduced in Q4 19/20 likely related to the lockdown due to Covid 19. In 20/21 numbers remain lower than would be expected but they appear to be slowly increasing in line with the easing of lockdown
All section papers, were received and scrutinised as per protocol. There were no non-rectifiable errors on paperwork in Q3. We have made significant improvements ensuring we fulfil our statutory duty to read patients their rights having attempted to read rights in 80% of all detentions as opposed to 72% last quarter.

In Q1 20/21 there was a significant decrease in the number of the Section 136 Part B monitoring forms collected. The decrease in compliance was likely related to changes in the way the ED department has operated and the loss of CDU since the start of the pandemic. Over Q2 a renewed emphasis on its importance had increased compliance from 37.5% to 66.7%. However this has again dropped off to 36% in Q3. Target compliance is 100%. The newly appointed MH Lead, the ED department and CPFT Service manager are aware. A task group, which will address this ongoing shortfall and produce an effective protocol for ensuring compliance, will report to the next MH committee
There was 1 MH Review tribunal in the Trust this Q3 20/21 which conducted remotely.

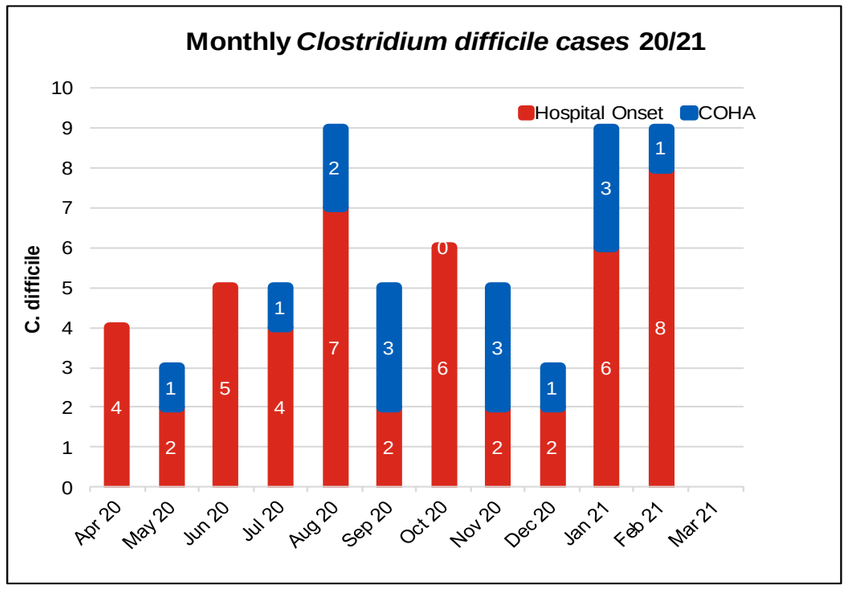
Incidents

An SI from Q1 20/21 relating to the unlawful detention of a patient in ED on Section 5(2) MHA has been investigated jointly with CPFT and actions around education of ED staff, and on-call psychiatry as well as ensuring senior staff in ED are aware of patients requiring detention have been completed. The loss of CDU has been added to the Trust risk register
An SI in which a detained patient absconded and self harmed has been investigated , actions taken and closed
There was a peak in incidents of self harm by ligature in Q3. It should be noted that 4 out of the 6 incidents relate to 1 patient

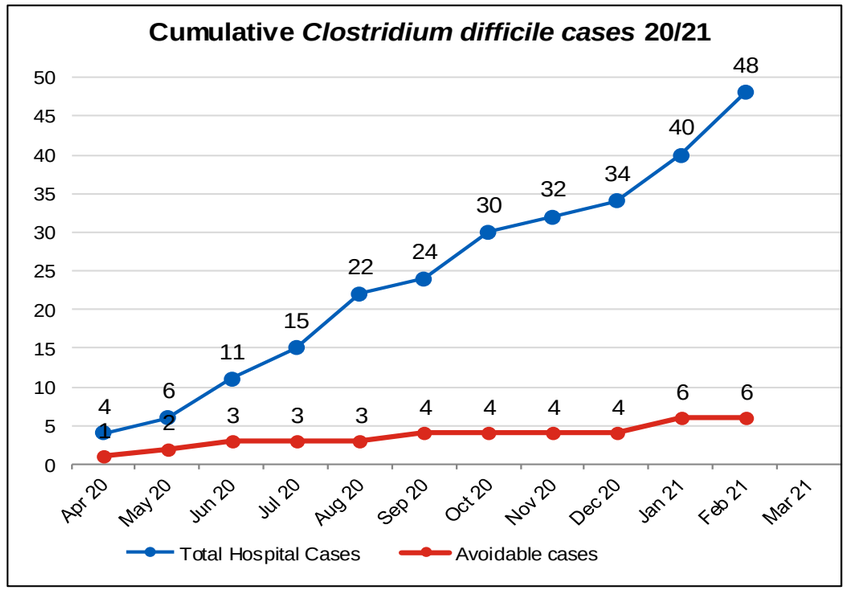
Mental Health taskforce in place overseeing improvement work.
Mental Health Lead took up the position in January 2021.
Changes in the administration processes to allow for detention papers to be received by the Trust electronically are being addressed and protocols updated to ensure receipt and scrutiny continues to be done safely
A Hospital Managers Mental Health Act Manual for The Trust board of Directors produced by the MH Law manager at CPFT is now completed and will be

Infection Control

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.

- 2 cases of hospital onset MRSA bacteraemia in February 2021.
- 4 cases of hospital onset MRSA bacteraemia year to date (3 unavoidable and 1 avoidable).

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
.

- 8 cases of hospital onset *C difficile* and 1 case of COHA in February 2021. 5 case unavoidable, 1 case avoidable and 3 cases are pending.

- Year to date, 48 cases of hospital onset cases and 15 cases of COHA (53 unavoidable, 7 avoidable and 3 pending).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 93.5% in February 2021 (98.8% in January).

- The latest MRSA bacteraemia rate comparative data (12 months to January 2021) put the Trust 5th out of 10 in the Shelford Group of teaching hospitals.

- Compliance with the *C. difficile* care bundle was 90.5% in February 20201 (81.3% in January).

- The latest *C. difficile* rate comparative data (12 months to January 2021) put the Trust 4th out of 10 in the Shelford Group of teaching hospitals.

Infection Control

Cambridge University Hospitals NHS Foundation Trust

Infection Control

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

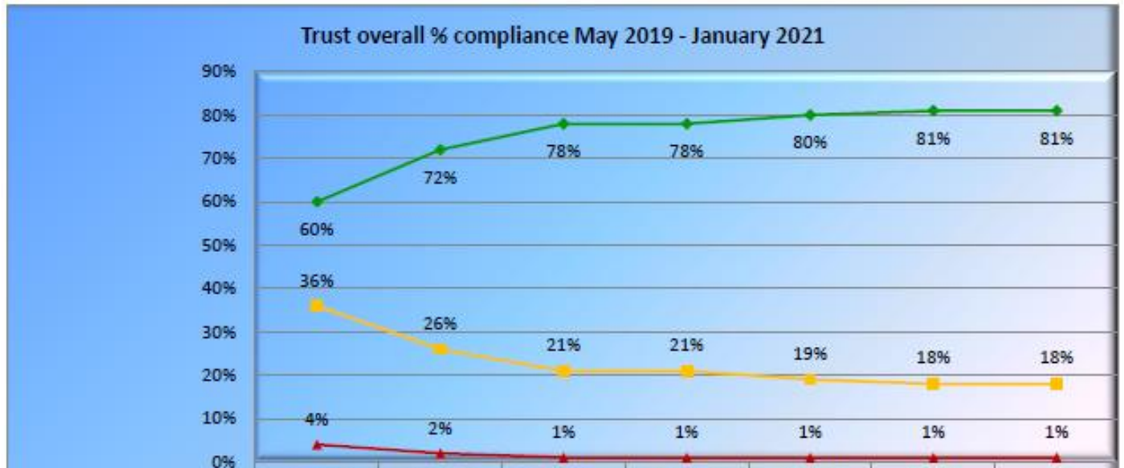
Criterion 6 Ensure that all are fully involved in the process of preventing and controlling infection.

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

Concerns and actions

All criterions have been reviewed in January 2021. Compliance remains the same as September 2020 and a few documents in Criterion 2 and 6 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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NHS Foundation Trust

Fit Testing compliance for substantive staff

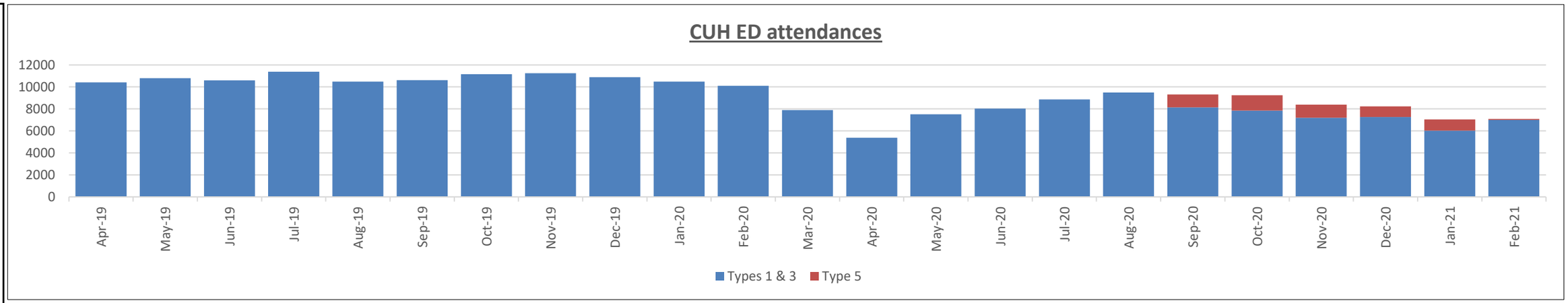
Fit testing compliance CUH	Division A			Division B			Division C			Division D			Division E			Corporate			Total		
	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	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	430	401	93%	17	17	100%	172	152	88%	36	33	92%	222	197	89%	-	-	-	877	800	91%
Additional Clinical Services	84	78	93%	59	55	93%	62	55	89%	14	12	86%	33	30	91%	-	-	-	252	230	91%
Medical and Dental	230	195	85%	88	66	75%	168	132	79%	154	97	63%	137	83	61%	-	-	-	777	573	74%
Add Prof Scientific and Technic	52	49	94%	23	21	91%	8	7	88%	5	5	100%	3	3	100%	-	-	-	91	85	93%
Administrative and Clerical	5	3	60%	-	-	-	4	0	0%	1	1	100%	2	0	0%	-	-	-	12	4	33%
Allied Health Professionals	1	1	100%	48	47	98%	2	2	100%	-	-	-	-	-	-	-	-	-	51	50	98%
Estates and Ancillary	51	38	75%	-	-	-	-	-	-	9	7	78%	8	7	88%	40	34		108	86	80%
Total	853	765	90%	235	206	88%	416	348	84%	219	155	71%	405	320	79%	40	34	85%	2168	1828	84%

The data displayed is at 17/03/21. This data reflects the current escalation areas requiring staff to wear FFP3 protection. This data set does not include Medirest, student Nurses, AHP students or trainee doctors. Conversations on fit testing compliance with the leads for the external entities take place on a regular basis. These leads provide assurance on compliance and maintain fit test compliance records. Fit test compliance for Bank and Agency staff working in 'red' areas is checked at the start of each shift and those not tested to a mask in stock are offered fit testing and/or provided with a hood.

Emergency Department

Cambridge University Hospitals NHS Foundation Trust

National Targets



CUH Emergency Department attendances February 2021

Overall attendances were 7,096 (all types) which is a reduction of 29.8% (3,008) compared to February 2020

Paediatric attendances were 1,042 (age 0-15) which is a reduction of 43% (1,829) compared to February 2020

Average daily attendances (types 1 & 3) across adults and children were 250 in February. This is a reduction of 28.2% (98) compared to February 2020

Mental Health attendances were 266 which is a reduction of 27.7% (-102) compared to February 2020

464 patients had an ED journey time in excess of 12 hours. Of these, 32 patients waited more than 12 hours from their decision to admit (DTA). In February 2020 we had to 306 x 12hr waits, of which 7 were also DTA breaches

Our conversion rate decreased to 23.1% (all types) compared to 28.7% in February 2020. It should be noted that this figure now excludes admissions via our assessment units and therefore uses a different basis from last year

Type 5 attendances decreased month-on-month from 1,016 in January to 106 in February 2021. This is due to the fact that type 5 attendances have now been re-classified to exclude patients who are transferred from ED, and therefore their numbers have reduced in February.

Additionally during February:

910 patients were streamed from ED to our medical assessment units on wards N2 and EAU4, 1,914 patients were streamed to the Urgent Treatment Centre , 155 patients to the Surgical Assessment Unit SAU. 155 patients were streamed to Clinic 5 (Medical Ambulatory Unit).

March to date

In the March month to date there has been an average of 280 attendances per day (all types) compared to 365 by the same point in March 2020 (-85, -23.3%). 37 patients (types 1 and 3) had an ED journey time in excess of 12hrs, a reduction compared to 45 by the same point in March 2020. We have reported 0 x 12hr DTA breaches in the month to date compared to 1 x 12hr DTA breaches last March.

Emergency Pathway reconfiguration

We are reviewing at opportunities to use Red and Green designated areas flexibly by creating additional side rooms and reviewing presentations. There is a work stream currently looking at how to safely decant Resus to enable works to take place

The virtual waiting room pilot continues until the 6th April with plans being drawn up with the CCG and 111 to review options to create a long-term sustainable option.

Ambulance Handovers February 2021

In February 2021 we saw 2,407 conveyances to CUH which was a decrease of 12.2% (-334) compared to February 2020. Of these:

36.3% of handovers were clear within 15mins vs. 54.3% in February 2020.

84.5% of handovers were clear within 30mins vs. 92.3% in February 2020.

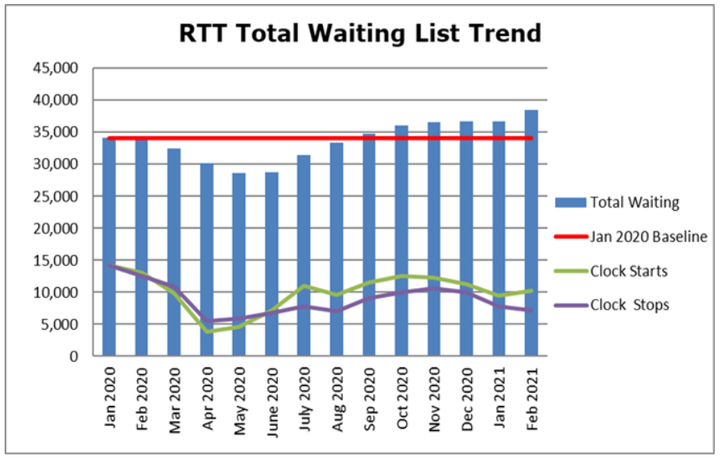
96.5% of handovers were clear within 60mins vs. 98.6% in February 2020.

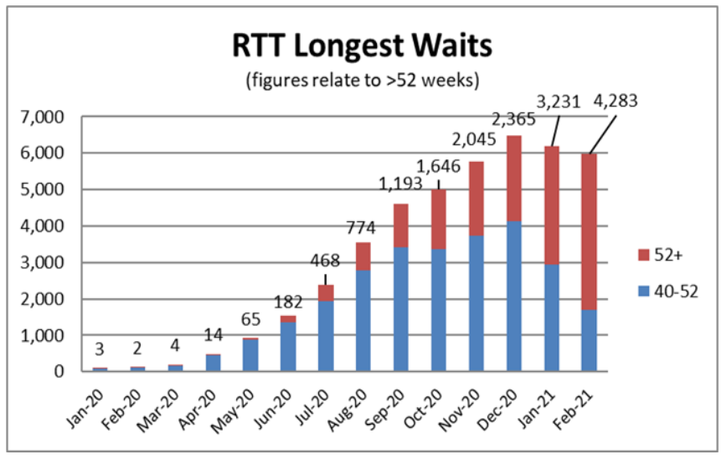
In comparison to the rest of the region, CUH is 8th for ambulance handover performance within 15mins of arrival. This is a drop in performance from 5th in January. The temporary structure which was built to

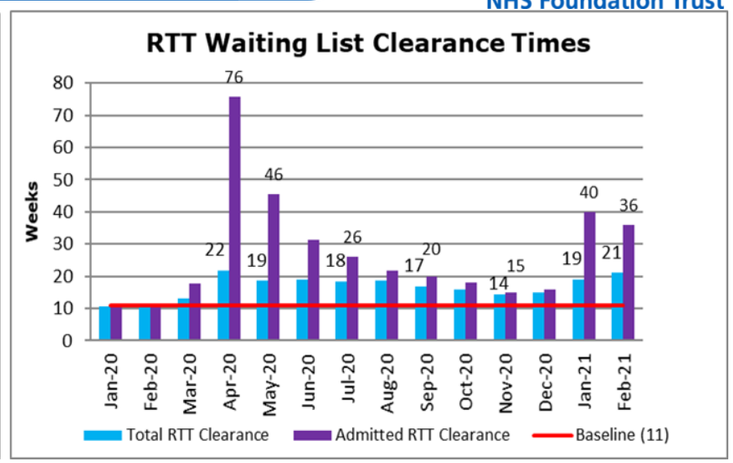
RTT

Cambridge University Hospitals NHS Foundation Trust

National Targets







The Total RTT waiting list size increased by 1821 in February to 38,519. We are now 13% above the January 2020 baseline that was the original planning assumption for 2020/21. The growth represents the differential impact of Wave 3 on the numbers joining the waiting list versus the volumes we have been able to treat.

The number of patients joining the RTT waiting list (clock starts) increased by 738 in February, up to 78% of baseline compared to 67% in January. Whilst this still reflects a drop in demand linked to the Wave 3 COVID prevalence, the impact is much less than in Wave 1. Clock starts represented 26% of the total waiting list size in the month. February GP referrals increased to 81% compared to last year.

In contrast, the number of treatments delivered in February reflected a greater impact on the ability to deliver elective services . Clock stops fell by 576, down to 58% compared to February 2020. Non-admitted activity fell for a second month to 63% compared to last year. Whilst admitted activity was down at 40% of baseline, it did increase compared to January. The clearance time for the RTT waiting list *(how long it would take to clear if no further patients were added)* therefore increased for the total waiting list but shows a decrease for the admitted cohort to 36 weeks.

The 92nd percentile waiting time has now increased to 55 weeks from 22 weeks before the pandemic. Admitted patients have risen to 69 weeks . The non-admitted has dropped to 40 weeks this month due to the higher volume of low waiting patients who were new clock starts.

The volume of patients waiting over 40 weeks has decreased again by 200 to 5,983. This is a consequence of the flow through of the reduced demand seen at the beginning of the pandemic in Q1 2020. The same reduction in demand will reduce the growth in over 52 week waits from end March 2021, but at the moment this growth is significant, with 1000 more patients waiting over 52 weeks in February. 334 patients have now waited over 78 weeks. The number of patients treated who had waited over 52 weeks was 235. 46% of these longest delays for CUH continue to be in Orthopaedics Ophthalmology, and ENT. Nationally these 3 specialties are also the highest, accounting for 45% of over 52 week waits.

National data published for January showed an increase in 52 week waits up to 304,00 from 224,205. Regionally CUH has the third highest proportion of patients waiting over 52 weeks at 8.8% of the total waiting. West Suffolk Hospital and Norfolk and Norwich both sit at 13%. 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; Oxford, Manchester and King's.

Cancer

Cambridge University Hospitals NHS Foundation Trust

National Targets

Cancer Standards 20/21	Target	20-21 Q1	20-21 Q2	Qtr 3 - 20/21	Jan-21
2Wk Wait (93%)	93%	96.5%	94.5%	94.3%	90.3%
2wk Wait SBR (93%)	93%	98.3%	95.7%	87.7%	79.6%
31 Day FDT (96%)	96%	89.2%	87.6%	94.9%	94.9%
31 Day Subs (Anti Cancer) (98%)	98%	99.2%	99.4%	100.0%	99.1%
31 Day Subs (Radiotherapy) (94%)	94%	99.5%	98.1%	97.8%	98.0%
31 Day Subs (Surgery) (94%)	94%	79.1%	72.4%	88.3%	84.7%
FDS 2WW (75%)	75%	81.5%	82.1%	85.8%	80.4%
FDS Breast (75%)	75%	77.0%	99.1%	98.5%	98.1%
FDS Screen (75%)	75%	36.2%	73.6%	74.0%	56.0%
62 Day from Urgent Referral with reallocations (85%)	85%	78.5%	78.8%	**81.7%**	**80.9%**
62 Day from Screening Referral with reallocations (90%)	90%	63.8%	67.9%	**81.8%**	**90.9%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	83.3%	76.9%	64.7%	100.0%

To January 2021 by site

To January 2021	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	7.5	59%		100%	3	89%	1	86%	84	83%	3	91%	1
Lung		100%				100%				100%	1	0%	
Upper GI	1.5	73%			3	86%	2	78%	2	90%	3	57%	1
Lower GI	2.5	75%	1.5	75%		100%	1	80%	26	87%	3	67%	3
Skin	3	92%			2	96%	4	82%	7	98%	8	69%	
Gynaecological	3	40%			2	86%		100%	13	90%	1	67%	3
Central Nervous						100%		100%	1	86%			
Urological	4.5	78%			2	93%		100%	7	94%	12	14%	
Testicular		100%								100%			
Head & Neck	1	86%				100%	1	80%	8	94%	6	33%	1
Other Haem Malignancies	1	67%				100%		100%		100%	1	50%	1
FDSUnknown	0		0		0		0		0		262	82%	

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

The 2ww standard was not achieved in January with performance down to 90.3% which compared to 83.4% nationally. We also underperformed against the symptomatic breast 2WW standard at 79.6%. Outpatient capacity in the Breast service accounted for 53% of the breaches in the month. Nearly all of the breaching referrals were received after mid-December and on average waited 17 days for their appointment. The significant peak in referrals in the last week of November had saturated December capacity, and this together with some capacity lost at Christmas led to delays into January. This has not continued.

The 62 day Urgent standard performance in January was 80.9%. This compared to 71.2% nationally. We delivered 81% of the treatment volumes in January 2020, reflecting the impact of the latest COVID Wave on the end of the pathway. Of the 24 accountable breaches the highest were 6.5 due to elective capacity. There were also 6 complex pathways that had input from multiple MDTs. There were 5.5 late referrals, of which CUH treated 4 within 24 days. Breast had the highest volume by site, and these were predominantly capacity related.

The 31 day FDT standard was down to 94.9% in January, compared to National performance of 94.0%. Treatments were down to 78% of the same month last year. The subsequent surgery standard remained below target, and below National performance of 86.3%. Elective surgical capacity and cancellations were the reasons for breaches.

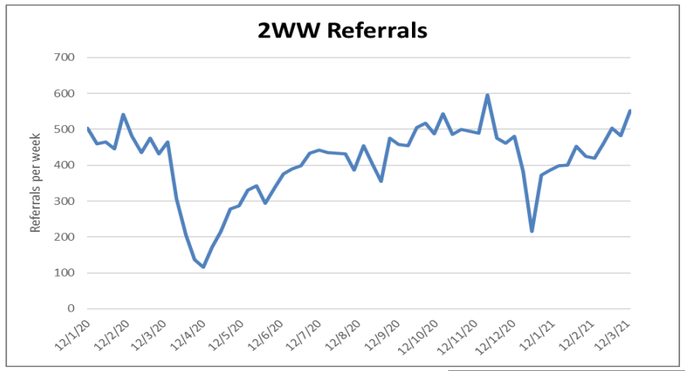
Nine patients waited >104 days for treatment on a cancer pathway in January. Six were shared pathways referred between days 79 and 195. One in time referral was then delayed for medical reasons and surgical capacity. 2 patients had their entire pathway at CUH, and both were complex diagnostic pathways.

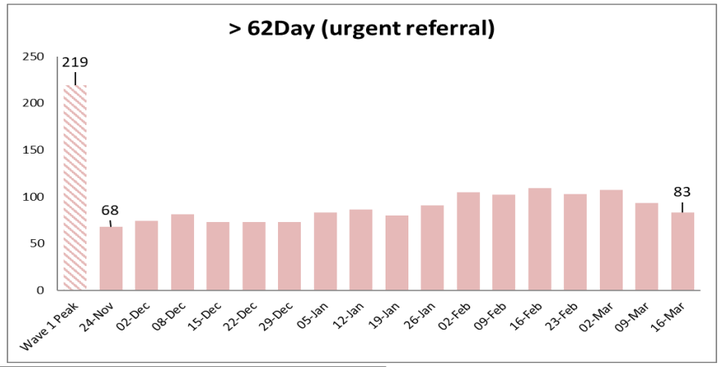
The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust. Harm has been classified as 'no harm' or 'low harm' on all pathways except 1 LGI pathway which has been assessed as 'moderate harm.' This was a shared patient with WSH and the harm is being reviewed across both Trusts before going back to the Trust's Harm Review Group.

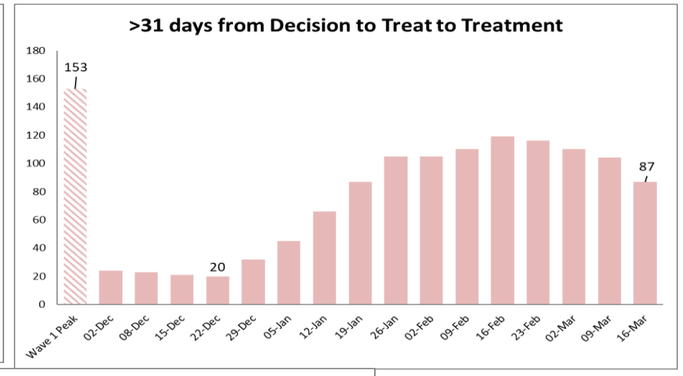
Cancer

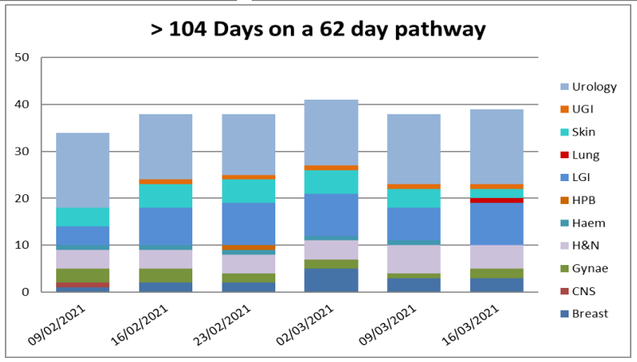
Cambridge University Hospitals NHS Foundation Trust

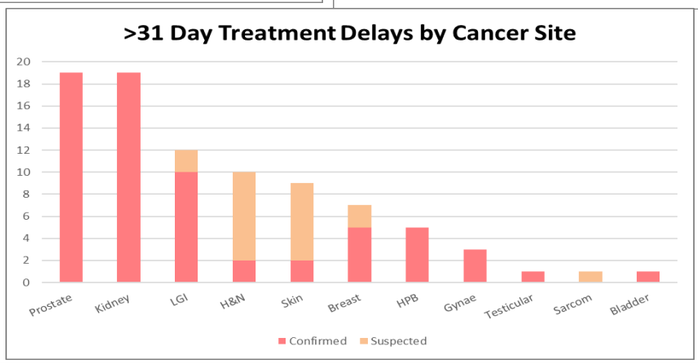
National Targets











Current Impact of COVID - 19

The volume of 2WW suspected cancer referrals increased to above 90% of baseline levels through February, and in March have been running above 100%, peaking with an exceptionally high week the week commencing 8th March. Delays beyond 2 weeks have increased in March for Breast, Gynaeoncology, Lower GI and Skin, but the majority are recorded as patient choice delays and we forecast to remain in tolerance. Gynaeoncology staffing vacancies are a risk. Two new nurse specialists commencing in April will require training for diagnostic procedures.

The number of patients waiting >62 days on an Urgent pathway has decreased to 83 through March to date. This is an encouraging sign and suggests that the Q4 COVID Wave has had significantly less impact on patients referred with suspected cancer that Wave 1, when the backlog of patients peaked at 219. 35% of patients do not yet have a confirmed cancer diagnosis. 29% have treatment booked within March. Of the 35 patients with a diagnosis, 22 are shared pathways with other hospitals. Urology pathways account for 30 of the 83.

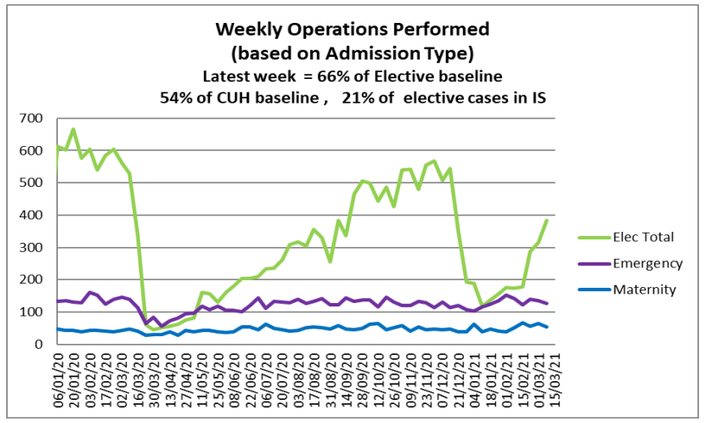
There has also been a good reduction in patients waiting over 31 days for treatment. This had increased to 119 in February but has now reduced to 87, and 42 of those are scheduled for treatment in March. In Wave 1 this backlog reached 153. All cancer cases are being prioritised by their clinical teams and MDTs have confirmed they are managing to date their time critical cases. Mutual Aid has therefore not been requested from the Regional NHSE/I process. The highest delays remain for Urology cancers, across Kidney and Prostate where a lower clinical priority has been assessed of P3 /P4. We have been able to continue Prostate Cancer surgery with the support of the Independent Sector through March but this will cease from April and will be reprovided at CUH. The Surgical Prioritisation Group has allocated increased availability of theatre time through April. This has been assessed against the recurrent demand and backlog for high priority (P2) cancer and non-cancer surgery and the requirement for P3/P4 cancer surgery. Specialty allocations are sufficient to enable them to accommodate this by the end of April.

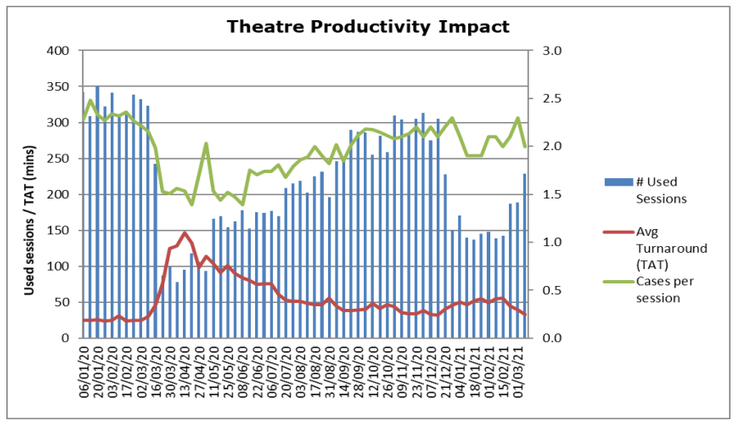
The recovery for cancer performance is intrinsically linked to the recovery of the pathways in referring hospitals, and we may see fluctuations as our surrounding units progress their backlogs.

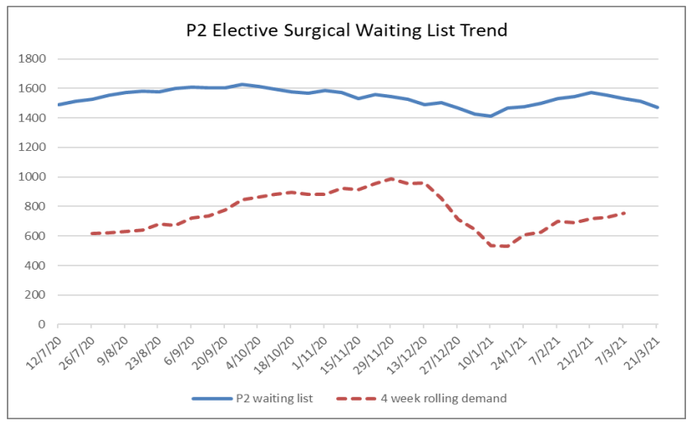
Operations

Cambridge University Hospitals NHS Foundation Trust

Operational Performance







Elective theatre availability in February within CUH continued to be significantly impacted by the need to respond to Wave 3 of the pandemic. Activity reduced to 23% of the February 2020 baseline. This was an increase from January with four elective theatres running up from three, and a further step up to 11 with effect from the 22nd of February. This included the re-opening of the Cambridge Eye Unit and access to L2DSU for the pre-op admission for patients. Independent Sector capacity supported 298 operations in the month taking us up to 36% of baseline in total.

The de-escalation of Critical Care has continued to support the recovery of theatre capacity through March. A further five theatres were available from 8th March, followed by Ely Day Surgery Unit on 15th March. In the most recent week this has delivered 54% of the CUH theatre activity baseline. At each stage of additional capacity, the Surgical Prioritisation Group has allocated sessions to specialties based on their needs to support Priority 2 and other cancer activity. Lower priority work has been approved at Ely and in the Cambridge Eye Unit where the casemix is restricted, and "list fillers" of lower priority have been encouraged if they optimise the use of the available resource.

The next step in recovery will be when theatre staff return to work from shielding in April. This will enable the remaining seven theatres to be opened, and at the same time the emergency theatre provision with reduce back to normal capacity releasing a further 1.5 theatres for elective activity. To support this, Ward L5 has been reallocated to surgical bed capacity with effect from 22nd March, and Ward D8 will establish eleven contained elective Orthopaedic beds from 6th April to enable some inpatient Orthopaedic activity to recommence. We forecast this will deliver a maximum 81% of baseline through Quarter 1. We continue to be three theatres short due to the closure of the A Block theatres. Options to expand weekend elective operating are being considered.

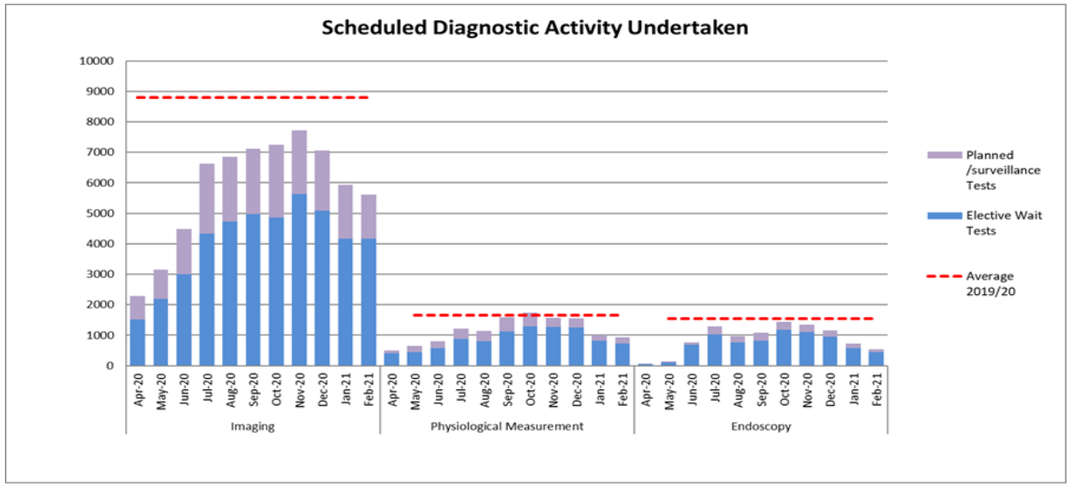
The Surgical Prioritisation Panel continues to allocate future theatre sessions based on need in accordance with clinical priority. We are now able to track the trend of the highest priority (P2) waiting list which has started to reduce from March. We have modelled the theatre requirement to support the recurrent demand and backlog clearance for P2 cases and are confident the allocation by SPG could deliver this by the end of April, with the exception of Orthopaedics who will be limited by the contained bed capacity available. As Orthopaedics are 30% of the P2 backlog, the service is re-reviewing patient's suitability for other locations. An ideal P2 waiting list size would be in line with the 4 week rolling demand so we have a backlog of 800 to recover as at 19th March.

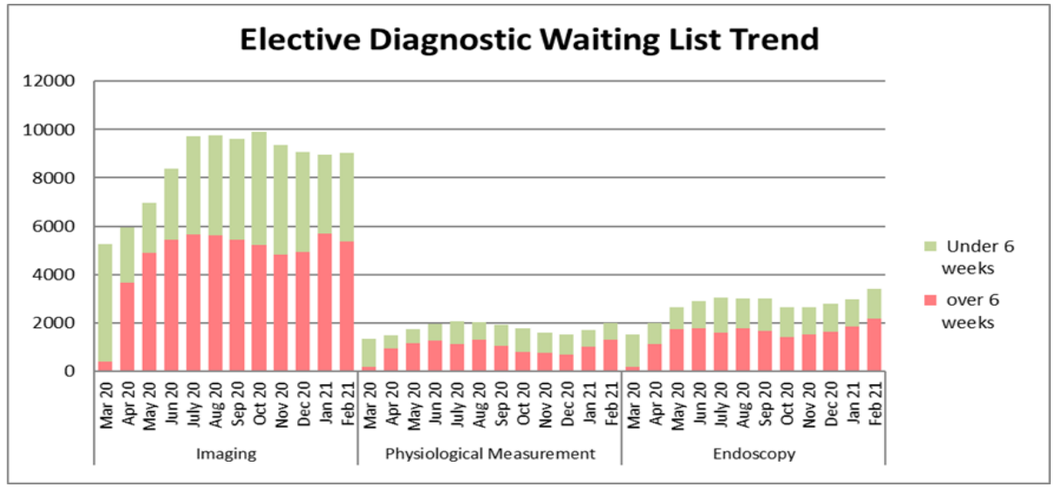
The Independent Sector providers have supported the delivery of nearly 800 procedures in Q4, which equalled the Q3 volumes despite the slow start in January due to the need to revert to a more urgent casemix. The NHSE centrally funded contract ends at the end of March 2021, and the commissioning of Independent Sector capacity from April moves to local procurement from the national Increased Capacity Framework. Under the Framework the providers are offering a significantly reduced range of services and less capacity. The volumes expected for Q1 will be approximately a third of the activity we have been delivering and will be 80%

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 February reduced by a further 565 compared to the prior month, remaining 58% down compared to the same month last year. The total waiting list size increased in month by 833 to 15271. The number of patients waiting over 6 weeks increased by 232 to 9421, representing 61.7% waiting longer than 6 weeks. The total diagnostic waiting list size at the end of February was 65% higher than in March 2020.

Scheduled activity in **Imaging** reduced by 317 in February, and as a comparison to last February was at 63%. The waiting list increased by 86 overall given lower demand. The biggest reductions in activity were in CT. CT waiting list grew by a further 9% in month (231) up to 2711. This means it is now 179% higher than the March 2020 baseline. With the planned surveillance scans, in total we need to address a backlog of ~2600 CTs which is the equivalent of an additional month of scheduled activity at 2019/20 baseline levels. We have seen consistently higher emergency demand for CT since July 2020. A request for an additional staffed mobile CT is going to Investment Committee which could be available from the 2nd week of May onwards. This could support an additional 670 scans per month, and more if social distancing restrictions are eased. Unscheduled downtime on CT3 has continued to be an issue impacting inpatient capacity. A replacement scanner has now been ordered, timing to be confirmed. The local Independent Sector hospitals in Cambridge have not offered any imaging capacity under the Increased Capacity Framework from April, other providers are being explored.

Scheduled **Endoscopy** activity decreased by a further 181 in month, predominantly in Gastroscopy. The activity represented only 33% compared to February 2020. The waiting list rise was therefore 15% (445) taking it to the highest point over the past year at 3427. Endoscopy services have been restoring through March as staff returned from re-deployment. A 4th room re-opened on 8th March, a 5th from 8th March and a 4th room on a Saturday from 13th March. In-sourcing recommenced on Sundays with effect from 14th March. Month to date March has improved to 70% of baseline.

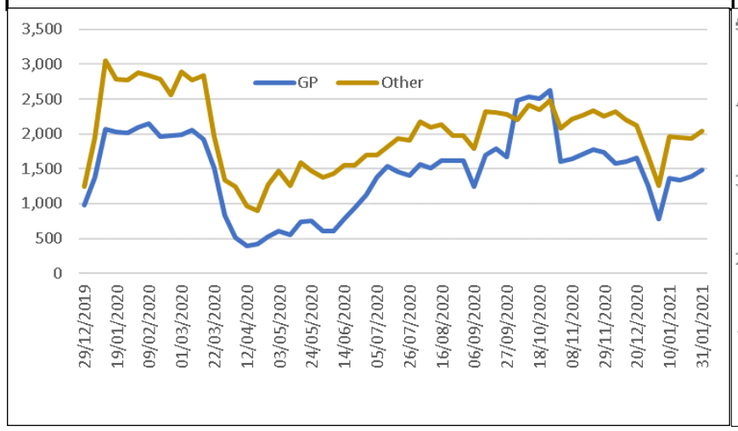
Physiological measurement scheduled activity reduced by 67 in February down to 56% compared to the 2020 baseline. The waiting list for this cohort increased by 300 of which 186 was in Echocardiography. Staffing for Cardiology diagnostics continues to be challenging with 5 gaps in their establishment, with inconsistent locum cover available. Staffing is also reducing the possible activity levels our Independent Sector partner can support. The service is exploring how the rest of the health system is recovering and whether that offers any opportunity for collaboration.

Outpatients

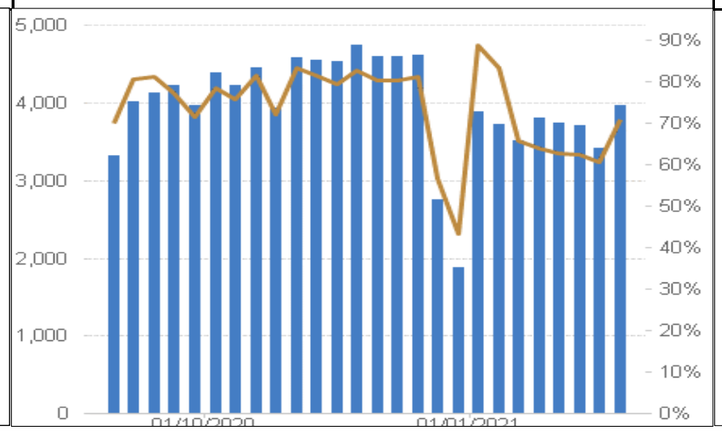
Cambridge University Hospitals NHS Foundation Trust

Operational Performance

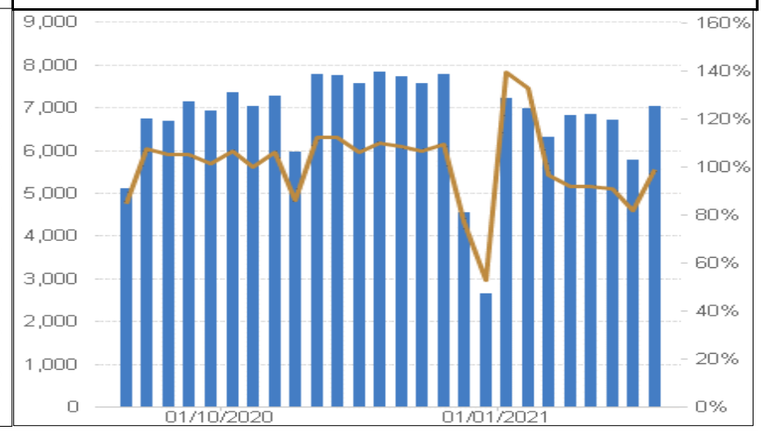
Referrals



Phase 3 Recovery - New Patient Attendances



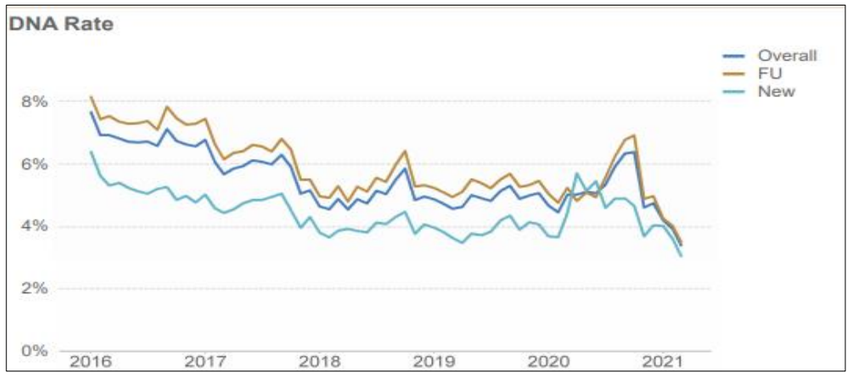
Phase 3 Recovery - F/U Patient Attendances



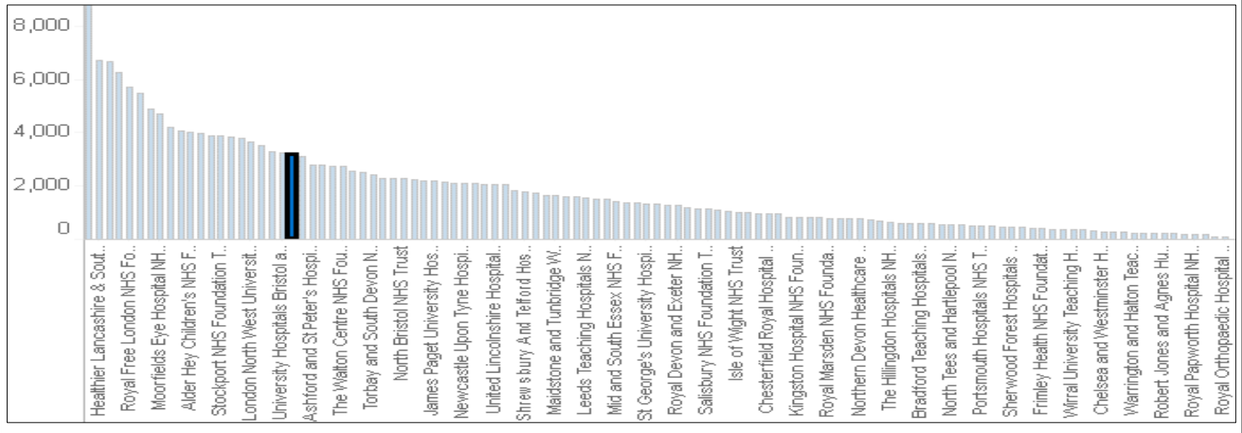
As you can see from the charts above we continue to improve the number of attendances we see, with follow-up appointments far exceeding the comparable time period last year.

The drive through phlebotomy service continues to grow in popularity, now seeing over 300 patients per day. The service has received excellent feedback and we are exploring permanent solutions including locations in central to North Cambridge and other functions suited to a drive through model.

After an increase in our DNA rate due to the pandemic we are now back to seeing extremely low levels.



In February we performed 3143 virtual consultations via Attend Anywhere accounting for 1329 consultation hours. We continue to perform well nationally compared to other NHS trusts using Attend Anywhere (chart below excludes London). NHS England have completed a procurement exercise and have awarded Attend Anywhere another one year contract and are already looking at options for 21/22.
The first chart shows the top five performers within the trust and the second chart shows us compared to other organisations.



Author(s): Andi Thornton

Owner(s): Chief Operating Officer

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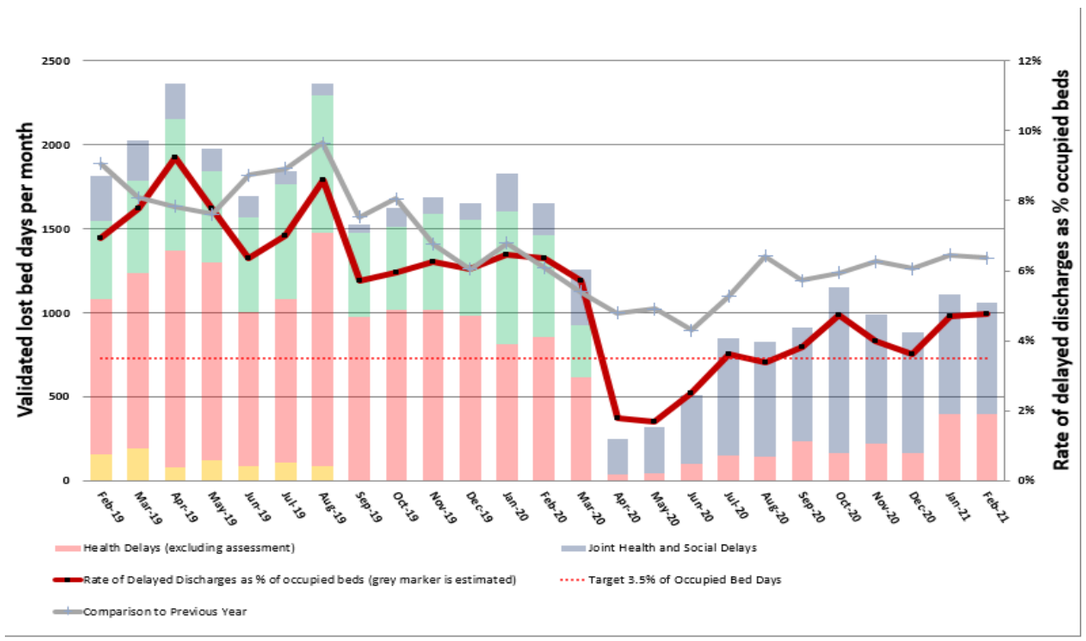
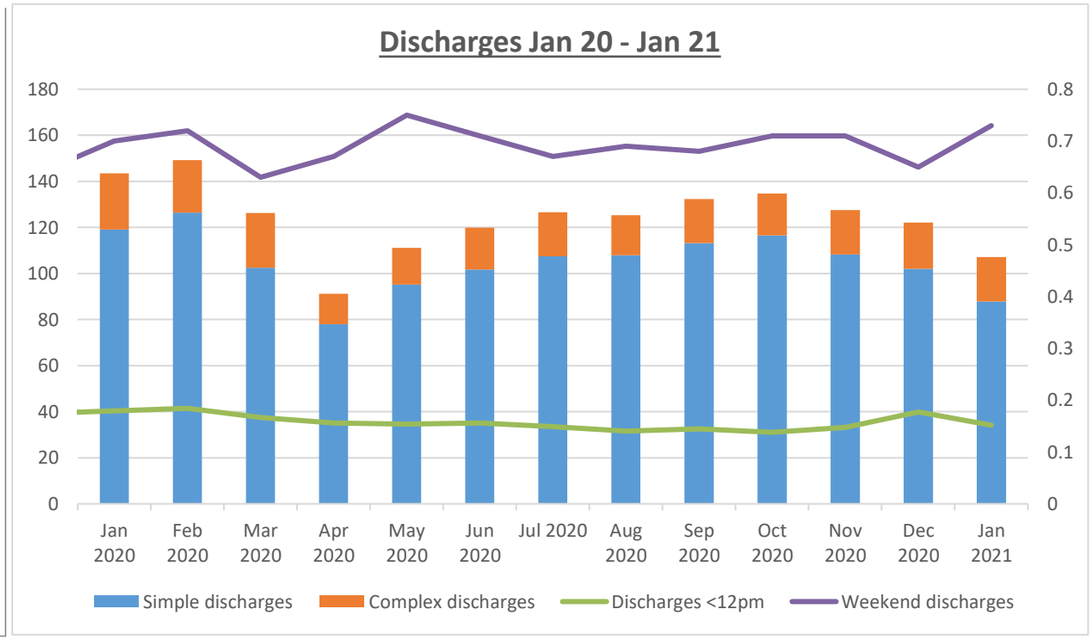
Delayed Discharges

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





The Hospital Discharge Service Requirements guidance was updated in August 2020. For this February 2021 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 February 2021, we are reporting 4.76%, in comparison to 6.37% in February 2020. Whilst this is still in a better position than last year, there has been no significant improvement in the overall numbers of lost bed days over the last couple of months.
Within the 4.71%, 51.79% 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.*

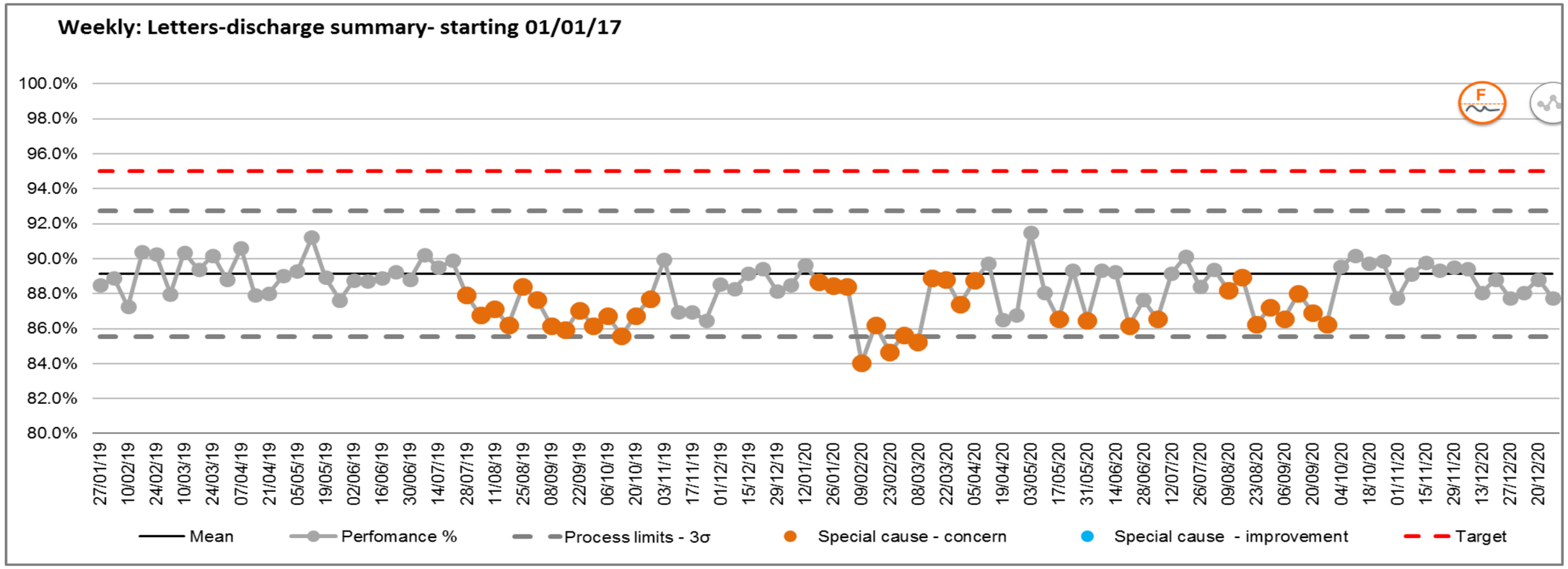
In relation to lost bed days for Cambridgeshire and Peterborough overall for January and February, there was a decrease in lost bed days with 596 bed days for January and 550 for February. The shift and increase in delays seen in January have continued in February, with further increases in lost bed days for Essex (from 177 in Jan to 195 in Feb) Suffolk (130 in Jan to 149 in Feb) and Hertfordshire (from 100 in Jan to 165 in Feb) being the most notable.
The breakdown for the total delays (local and 'out of area') within January for Care Homes were 47.2%, equating to 501 lost bed days for this counting period; domiciliary care (inclusive of Pathway 1 and Pathway 3) at 15.35%, equating to 163 lost bed days, which has improved from 248 in January and 298 in December, and Community bedded intermediate care (inclusive of waits for national specialist rehabilitation units) at 36.35%, 386 lost bed days (a 25% increase from January).

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.

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.

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 - Feb 21	Month	-	96.7%	96.7%	-	-	-	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. The Feb Good score decreased from 99% in Jan (which was the strongest score all year) to 96.7%. **FOR FEB: there were 277 FFT responses collected from approx. 2,981 patients.**
FFT Inpatient poor experience score	Jul 20 - Feb 21	Month	-	2.1%	1.3%	-	-	-	
FFT Outpatients good experience score	Apr 20 - Feb 21	Month	-	95.9%	95.5%	-	-	-	Outpatient data continues to be from clinics that participate in SMS. Comment card collection has stopped due to Covid. The Feb Good score decreased by 0.5% to 95.9%. The Poor remains under 2% . **FOR FEB: there were 7,281 FFT responses collected from approx. 30,312 patients.**
FFT Outpatients poor experience score	Apr 20 - Feb 21	Month	-	1.8%	2.0%	-	-	-	
FFT Day Case good experience score	Apr 20 - Feb 21	Month	-	97.2%	97.4%	-	-	-	Both the Feb Good & Poor scores remained the same compared to January. 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%. Covid continues to impact the number of appointments, matching the spring 2020 numbers. **FOR FEB: there were 550 FFT responses collected from approx. 2,416 patients.**
FFT Day Case poor experience score	Apr 20 - Feb 21	Month	-	1.4%	1.3%	-	-	-	
FFT Emergency Department good experience score	Apr 20 - Feb 21	Month	-	91.2%	92.1%	-	-	-	Since April the Good score has declined by over 5% and the Poor score has increased. In January the Good score and Poor scores were the strongest since May. However Feb Good score has decreased by 2.5% and is 91.2% and the Poor score increased by 1.4% and is 4.4%. **FOR FEB: there were 913 FFT responses collected from approx. 3,639 patients**.
FFT Emergency Department poor experience score	Apr 20 - Feb 21	Month	-	4.4%	4.4%	-	-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Feb 21	Month	-	96.7%	96.0%	-	-	-	SPC chart/data started in July due to change in FFT question and Covid-19 impact on collecting patient experience data. **FOR FEB:** Antenatal had 6 FFT responses; 100% Good. Birth had 27 FFT responses from Birth Unit patients with 96.3% Good score/0% Poor score, and Delivery Unit had 1 FFT response collected with 100% Good score. Postnatal had 179 responses (153 from Lady Mary / 26 from Birth Unit) and 96.6% Good score and 1% Poor score. Post Community collected 1 FFT response: 96% Good score and 1% Poor score.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Feb 21	Month	-	0.5%	1.4%	-	-	-	

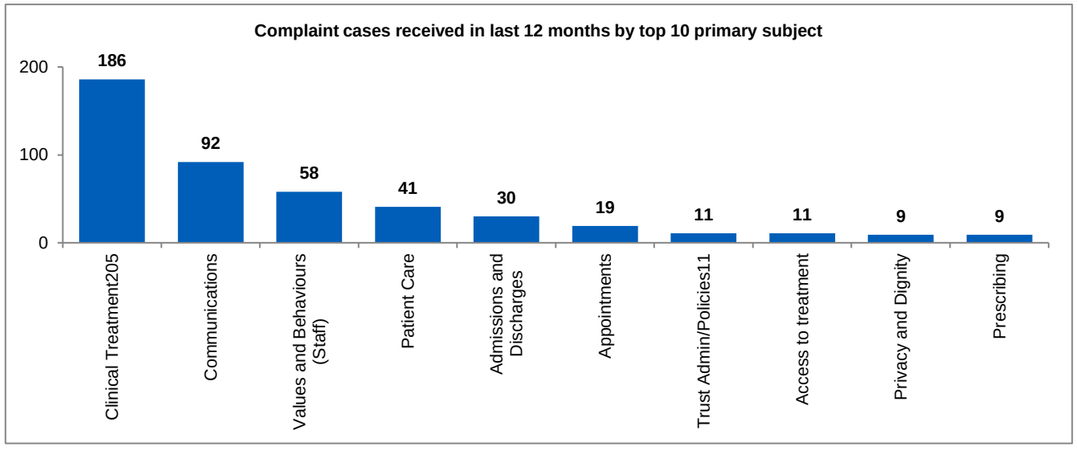
As of April, NHS England no longer calculates response rates and the FFT question changed from a recommender to indicate good/poor performance. New FFT data now starts from April for day case, ED and outpatient FFT as Covid-19 did not impact surveying by SMS. Inpatient and Maternity run charts have now 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.
In February Inpatient and ED Good FFT scores declined the most compared to DC, OP and Maternity. For ED, it is the adult FFT data with a Poor score of 5% that is impacting the overall score, compared to ED paeds Poor score 0.8%

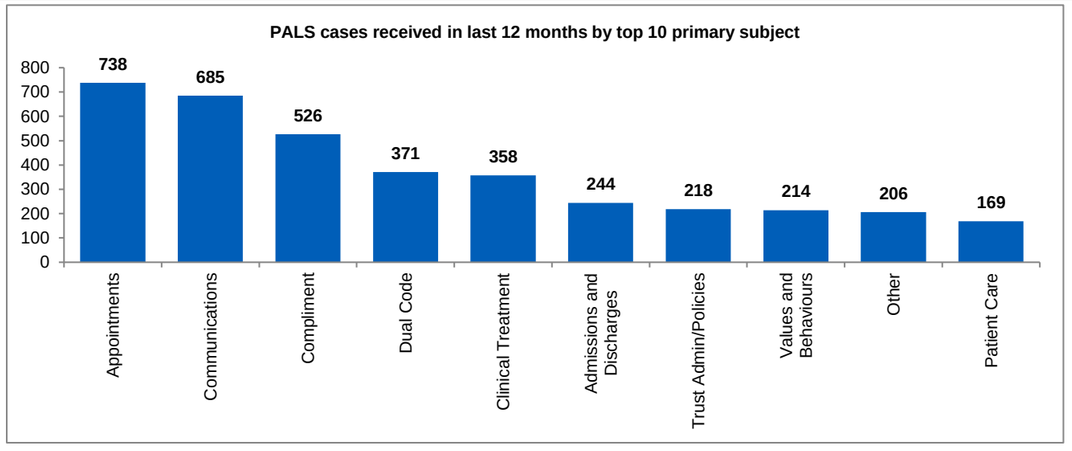
PALS and Complaints Cases

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	Feb 18 - Feb21	month	-	30	53	L	S7	-	The number of complaints received between November 2019 - February 2021 is below the normal variance.
% acknowledged within 3 days	Feb 18 - Feb 21	month	95%	100%	93%		-	?	All complaints received in February were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Feb 18 - Feb 21	month	50%	37%	32%		-	F	41 complaints were responded to in February , 15 of the 41 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Feb 18 - Feb 21	month	80%	98%	82%	H	S7	?	40 of the 41 complaints responded to in February were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Feb 19-Feb-21	month	-	43%	31%		-	-	There were 11 complaints graded 4 severity, and 2 graded 5. These cover a number of specialties and will be subject to detailed investigations. The grade 5 complaints alleged poor care and treatment which affected patient's outcome (patients deceased).
Compliments received	Feb 19 - Feb 21	month	-	61	38		-	-	Compliments received by the PALS department are higher than average.





PHSO - There were no cases accepted by the PHSO in February.
Completed actions: During February a total of 15 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 31 January 2021. A total of 9 of these actions have already been completed within their allocated timescales. There are currently 6 actions yet to be completed, however, these are still within the allocated timeframes. Taking this into consideration, 100% of the actions registered in February 2021, have been completed in time.

Author(s): Sue Bennison

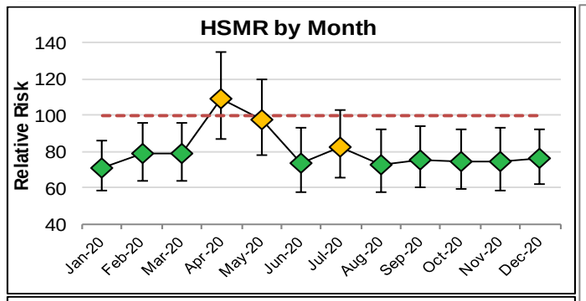
Owner(s): Oyejumoke Okubadejo

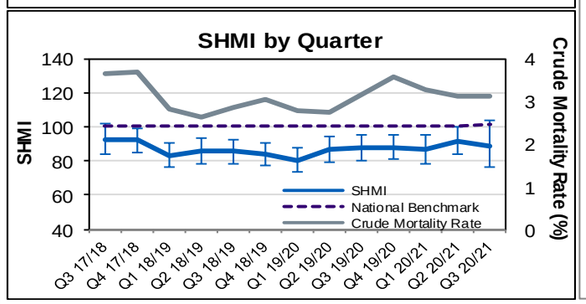
Learning from Deaths

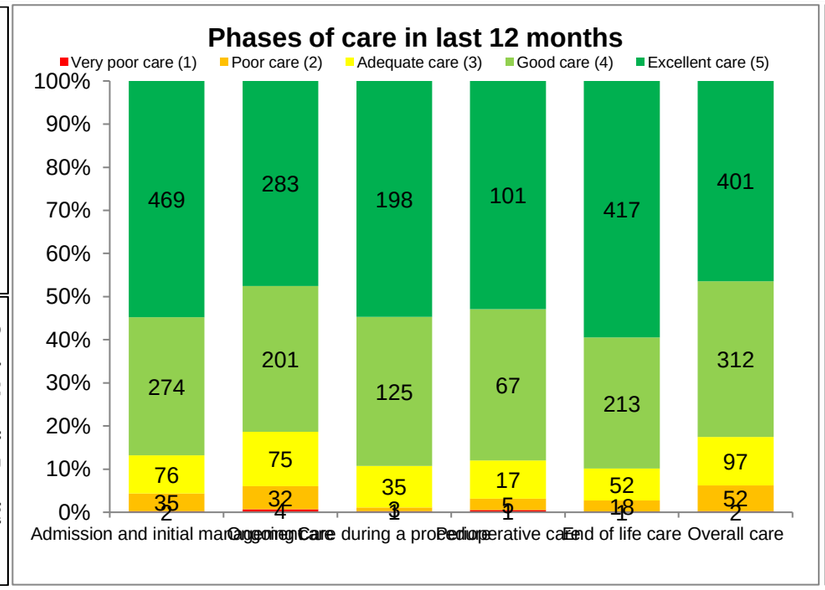
Cambridge University Hospitals NHS Foundation Trust

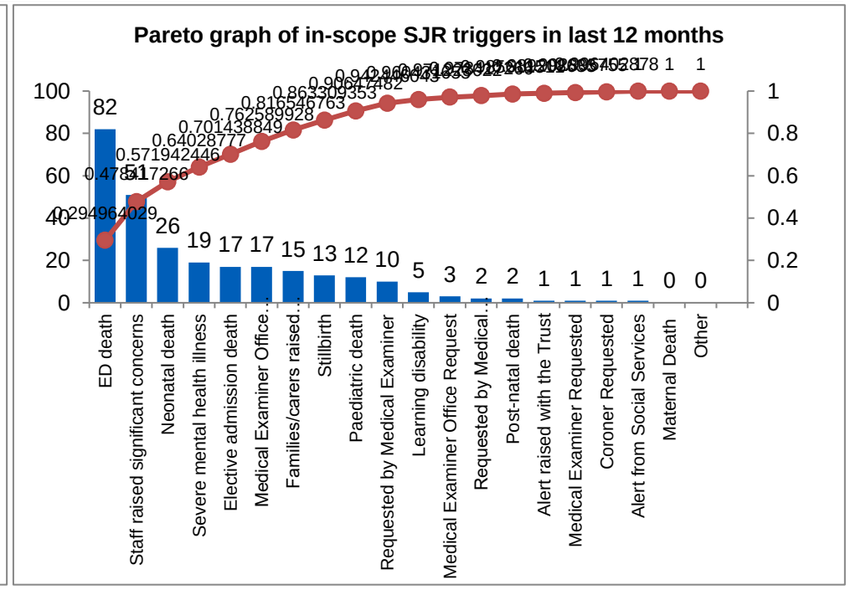
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Feb 21	month	-	25.93	8.77	H	SP	-	There were 151 deaths in February 2021 (Emergency Department (ED) and inpatients), of which 5 were in the ED and 146 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)	Feb 18 - Feb 21	month	-	17%	20%		-	-	In February 2021, 26 SJRs were commissioned.
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - Feb 21	month	-	0	0.84		-	-	There were no unexpected/potentially avoidable death serious incident investigation commissioned in February 2021.









Executive Summary

HSMR - The rolling 12 month (January 2020 to December 2020) HSMR for CUH is 79.30, this is 6th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 91.50.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, November 2019 to October 2020 is 88.42.
Alert - There is 1 alert for review within the HSMR and SHMI dataset this month.

Author(s): Richard Smith

Owner(s): Dr Sue Broster

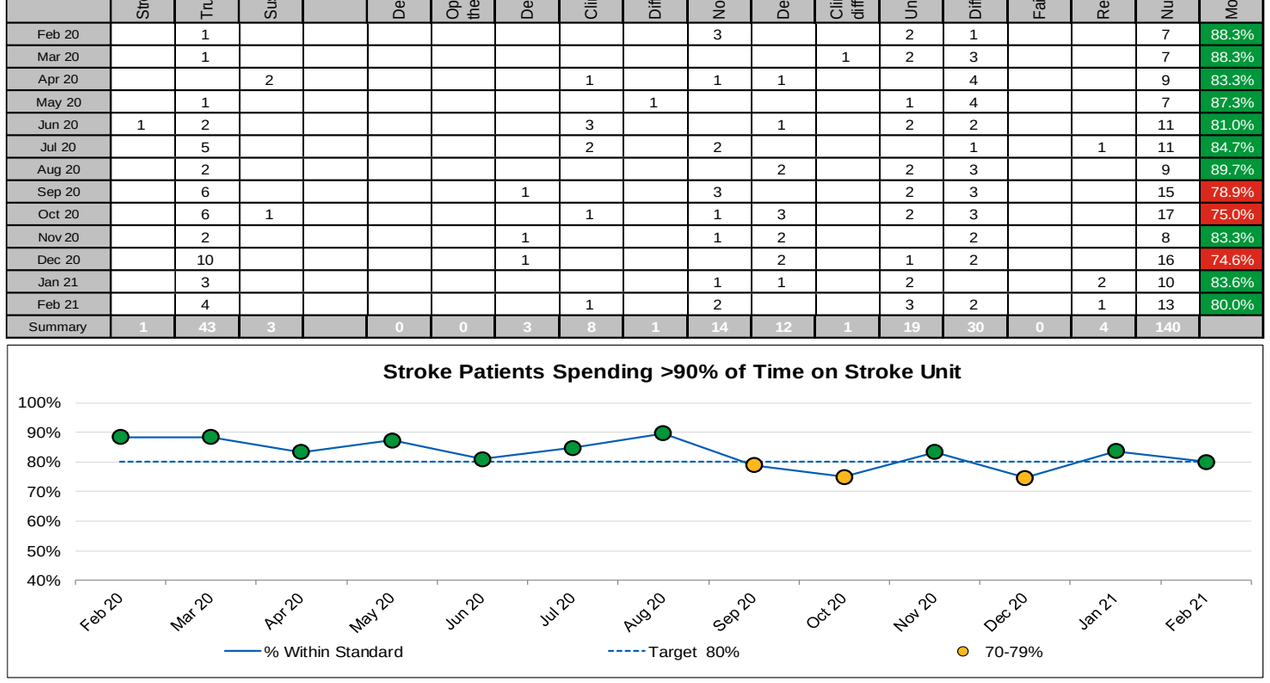
Stroke Care

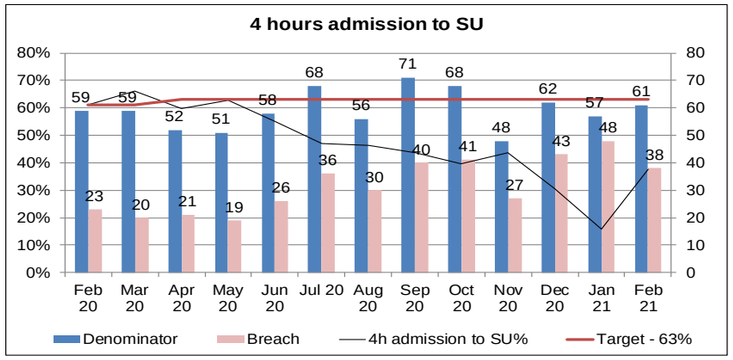
Cambridge University Hospitals NHS Foundation Trust

Stroke Measures

Breach reasons 2020/21 and Monthly Stroke position

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Suspected COVID-19 patient		Delayed transfer of care (DTOC)	Operational decision - patient moved off 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%)
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%
Jan 21		3								1	1		2			2	10	83.6%
Feb 21		4						1		2			3	2		1	13	80.0%
Summary	1	43	3		0	0	3	8	1	14	12	1	19	30	0	4	140	





Reasons for not meeting 4hrs in February 2021	Total
Complex patient	3
Delay referral to the Stroke team	3
Delay to CT due to CT not available	4
Delay to stroke unit due to awaiting COVID swab result	3
Not referred to stroke on arrival	4
Not thought to be stroke on arrival - MRI confirmed strok	4
Stroke team busy with other cases in ED	5
Trust Bed Capacity - outliers on SU	12
Grand Total	**38**

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for February = **80.0%**

'Trust Bed Capacity' (4) was the main factors contributing to breaches last month, with a total of 13 cases in February 2021.

4hrs adm to SU (63%) target compliance was not achieved in February = **37.7%**

Key Actions

- The most recent surge of COVID patients from Dec 2020 onwards had an impact on Stroke metrics. Given operational pressures on the Hospital's medical bed-base this has been unavoidable. It is hoped that the return of the trust to normal configuration and particularly the return of green short-medium stay medical capacity will reduce the burden of outliers on the acute stroke unit.
- During the week of 04/01/2021 there was a COVID outbreak on R2/Lewin. This led to increased breaches and knock on effects on capacity. Placement of patients was on a case-by-case basis. At times the Lewin has also had to accommodate Neurosurgery/Rehab patients from A4 and J2, which further affected flow.
- Stroke are hoping to begin trialling an MRI in Stroke triage process in the coming weeks. This will use existing Stroke/TIA slots that are not currently being utilised.
- The new Red/Amber/Green Stroke SOP has been finalised with agreed pathways for these patients. The operational team are working to ensure optimal Stroke care for patients on all pathways, cohorting of patients where possible and timely step-down/transfer back to Stroke wards when possible.
- National SSNAP data shows Trust performance from Oct - Dec 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. **The service will be working to enforce this ring-fencing again over the coming weeks.**
- Ward improvement work with support from the transformation team restarted in June 2020 but is now on hold again.
- 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 to be restarted.
- 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.

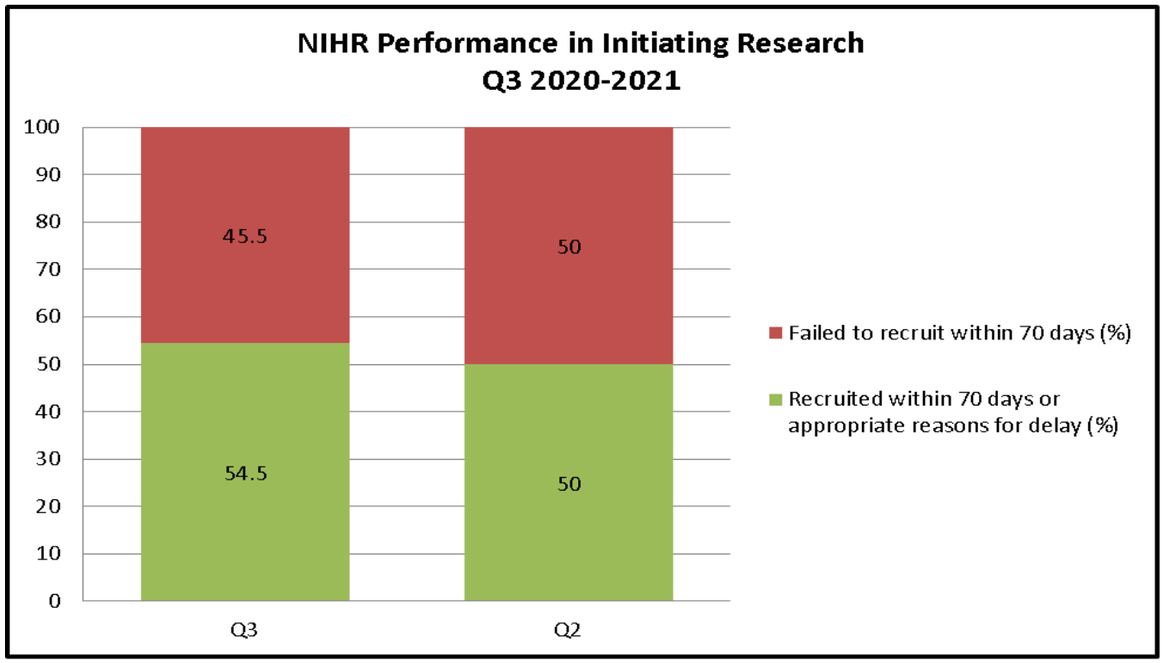
Author(s): Christine Rowland

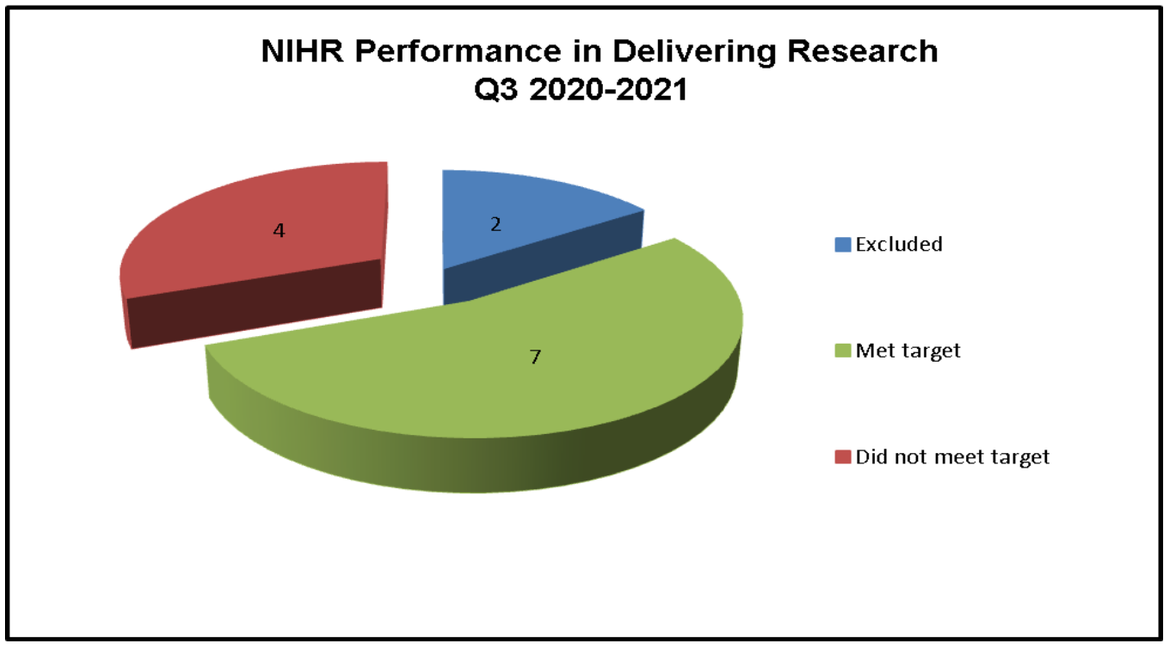
Owner(s):

Clinical Studies

Cambridge University Hospitals NHS Foundation Trust

Clinical Studies Measures





Situation as at 31/12/2020 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 55 non-commercial and commercial clinical trials was submitted this quarter.
Of all analysed trials, 54.5% (6/11) 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.
44 studies did not meet the target, but appropriate reasons have been given for 39 of them, which will exclude them from the analysis.
There are 5 studies that are still able to meet the target.

Delivering to target:
Data was submitted on 13 commercial trials this quarter.
With 2 studies not having an agreed target, 11 trials have been analysed, giving a performance of 63.6% (7/11)
This is up from Q2's performance of 60% (3/5).
Of the trials not meeting the recruitment target, 25% (1/4) were withdrawn by the Sponsor before having the opportunity to meet the recruitment number/range agreed.

Actions in progress
While our performance in initiating research studies is no longer matched against the 70-day target, the NIHR are focusing on measurement, reporting and improvement, with an emphasis on transparency. We therefore will continue to supply information on times taken to set up studies and recruit, to aid their high level analysis of recruitment issues and developing trends, while focusing on resolving any issues internally where possible.
There continues to be inherent tension in the system, whereby funders set arbitrary start dates without proper appreciation of the Trust's processes of due diligence. This causes problems with studies being submitted to HRA for review, as fundamental issues need resolving prior to study commencement.

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Sources / References	KPI	Green Flag	Red Flag	Measure	Data Source	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Actions taken for Red/Amber results
	Activity																
Source - EPIC	Births (Benchmarked to 5716 per annum)	< 476	> 520	Births per month	Rosie KPI's	402	424	432	432	448	435	483	430	353	411	393	
Antenatal Care NICE quality standard [QS22]	Health and social care assessment <GA 12+6/40	> 90%	< 85%	Booking Appointments	EPIC	95%	92%	96%	95%	94%	94.36%	97%	98%	94%	89%	91%	
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	59%	59%	57%	55%	58%	56%	54%	54%	50%	58%	52%	
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	2.0%	4.0%	3.2%	1.9%	2.2%	2.5%	0.8%	1.9%	2.8%	2%	2%	
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	19%	20%	19%	15%	22%	16%	16%	17%	15%	19%	17%	Impact of cessation of antenatal education and prepartion for birth acknow ledged.
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	26%	30%	32%	35%	35%	33%	37%	33%	38%	35%	34%	Low er birth numbers has likely impacted the IOL rate. IOL are for valid indications (Review ed Sep/Oct 2020).
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	14%	13%	12%	13%	15%	11%	11%	13%	12%	13%	14%	
Source - EPIC	National CS rate (planned & unscheduled)	< 25%	> 28%	C/S rate overall	Rosie KPI's	27%	28%	31%	32%	28%	33%	34%	33%	38%	29%	34%	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	6%	8%	6%	9%	5%	4%	6%	9%	7%	6%	7%	
	Workforce																
	Midwife/birth ratio (actual)**	01:24	06:43	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	01:23.5	01:24.3	01:24.3	01:24.1	01:24.5	01:24.6	01:23.9	01:23.1	01:24.0	01:24.0	01:23.0	Clinical midw ife WTE as per BR+ = clinical midw ives, midw ife sonographers, post natal B3 and nursery nurses. For actual ratio, calculation includes all permanent WTE plus bank WTE in month.
	Midwife/birth ratio (funded)**	1.24.1	N/A	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	1:23.2	1:24:9	1:24:9	1:24:9	1:22:9	1:23:3	1:23:4	1:23:4	1:23:1	1:22:9	1:22:9	Midw ife/birth ratio has been restated from April 19 based on the BR+ methodology and targets updated. Previous ratio w as based on total clinical and non-clinical midw ife posts excl midw ife sonographers.
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQs	4.24%	4.31%	4.26%	4.33%	4.46%	4.45%	3.36%	4.25%	4.23%	4.11%	3.68%	This is reported 1 month behind from CHEQ's
Source - CHEQS	Education & Training - attendance at mandatory training (midwives)	>92% YTD	<75% YTD	Training database	CHEQs	96%	96%	95%	94%	93%	92%	92%	92%	93%	91%	91%	This is reported 1 month behind from CHEQ's
	Maternity Morbidity																
Source - QSIS	Eclampsia	0	> 1		Risk Report	0	0	1	0	0	0	0	0	0	0	0	
Source - QSIS	ITU Admissions in Obstetrics	1	> 2		Risk Report	0	0	1	0	1	0	1	0	0	1	0	
Source - QSIS	PPH≥ 1500 mls	< 3%	> 4%	NMPA	CHEQS	4.73%	4.71%	4.39%	4.86%	4.68%	4.19%	2.74%	3.02%	5.94%	5.36%	5.14%	PPH Working group restarted
Source - QSIS	3rd/ 4th degree tear rate vaginal birth	< 5%	> 7%		Risk Report	2.38%	3.36%	1.68%	3.07%	3.70%	2.42%	2.54%	2.82%	4.62%	2.33%	5.00%	13/260 being reveiw ed by specialist
Source - QSIS	Maternal Death	0	>1		Risk Report	0	0	0	0	0	0	0	0	0	0	0	
	Risk																
Source - QSIS	Total number of SI's	0	>1	Serious Incidents	Datix	0	1	0	0	0	0	0	0	0	0	1	Retained Sw ab Never Event
Source - QSIS	Information Governance	0	>1		Datix	0	0	0	0	0	0	0	0	0	0	0	
Source - QSIS	Clinical	0	>1		Datix	0	1	0	0	0	0	0	0	0	0	0	
Source - QSIS	Never Events	0	>1	DATIX	Datix	0	0	0	0	0	0	0	0	0	0	1	

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

	Neonatal Morbidality													
Source - EPIC	Shoulder Dystocia per vaginal births	< 1.5%	> 2.5%		Risk Report	1.23%	0.99%	2.35%	2.38%	3.70%	1.73%	3.48%	2.82%	2.31%	2.43%	3.00%	
Source - EPIC	Still Births per 1000 Births			3.87/1000 (Mbrrace)	Risk report	1.6/1000	0.42/1000	0.43/1000	0.43/1000	1.79/1000	0.43/1000	0.96/1000	0.43/1000	0/1000	0.41/1000	0.78/1000	
	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	4	1	1	1	3	1	2	1	0	1	0	If CUH rate is to be lower than 3.8/1000 we need less than 6 per month. reporting all losses over 22 weeks now
Source - EPIC	Number of birth injuries	0	> 1	Injuries to neonate during delivery	Risk Report	0	0	0	0	0	0	0	0	0	0	0	
Source - EPIC	Number of term babies who required therapeutic cooling	0	> 1		Risk Report	0	0	0	0	0	1	1	0	0	0	1	
Source - EPIC	Baby born with a low cord gas < 7.1	<2%	> 3%		Risk Report	0.49%	0.42%	0.46%	0.60%	0.89%	0.68%	0.82%	1.16%	1.13%	0.97%	0.76%	
Source - EPIC	Term admissions to NICU	<6.5	>6.5	Percentage of all live births	Risk Report	5.72%	5.91%	5.09%	9.59%	5.35%	3.89%	7.66%	6.00%	7.64%	6.50%	6.10%	ATAIN Working Group reviews all term admissions to NICU for avoidable trends and themes. Current on going work on thermoregulation all cases for Jan assessed as unavoidable
	Quality													
	Number of times Rosie Maternity Unit Diverted	0	> 1	All ward diverts included	Rosie Diverts	0	0	0	1	0	0	1	1	0	0	0	
Source - EPIC	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Source - EPIC	Breast feeding Initiated at birth	> 80%	< 70%	Breastfeeding	Rosie KPI's	87%	83%	87%	81%	80%	80%	85%	86%	82%	82%	86.11%	
Source - EPIC	VTE	>95%	< 95%		CHEQs	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	99%	

Maternity Dashboard

Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

Maternity Safety Highlight Report

Trust: Cambridge University Hospitals | February 2021

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	0/1000
Maternal Sepsis NMPA	3.6%	2.5%
PPH ≥ 1500mls	4%	5.1%
Term admissions to NICU	6.5%	6.1%

Number of		
On-going HSIB investigations	Serious Incident never event	Unactioned QSIS .30 days
1 referral	1	11

Continuity of carer

Compliance *(Reporting to commence in September2020)*	9.4%
LMS target	35% (March 2021)
Progress against action plan	• Team 1 (Emerald) Launched 20th July • Team 2 (Luna) Launched October 14th • Team 3 (Nova) launched 4st March 2021 • Teams 4 and 5 (Eden / Scarlett) Launch planned for April/ 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

Cambridge University Hospitals NHS Foundation Trust

Financial Performance

Trust performance summary - Key indicators

Trust actual and System Covid envelope funding received

1.9	*Actual*
4.3	*System Covid funding in month*
0.1	*Actual YTD*
90.5	*Covid funding (and 'True-up' M1-M6) YTD*

Net current assets/(liabilities) and debtor days

Net current liabilities

(12.9)	*actual*
Not Available	*plan*

Debtor days

90	*This month*
71	*Previous month*

Covid-19 spend

(6.7)	*Revenue actual*
(73.0)	*Revenue actual YTD*
3.6	*Capital- actual spend*

Cash and EBITDA

Cash

167.4	*actual*
3.3	*plan*

EBITDA

31.7	*actual*
33.6	*plan*

Legend
£ in million
In month
YTD

1

Author(s): Robin Stephenson

Owner(s): Mike Keech

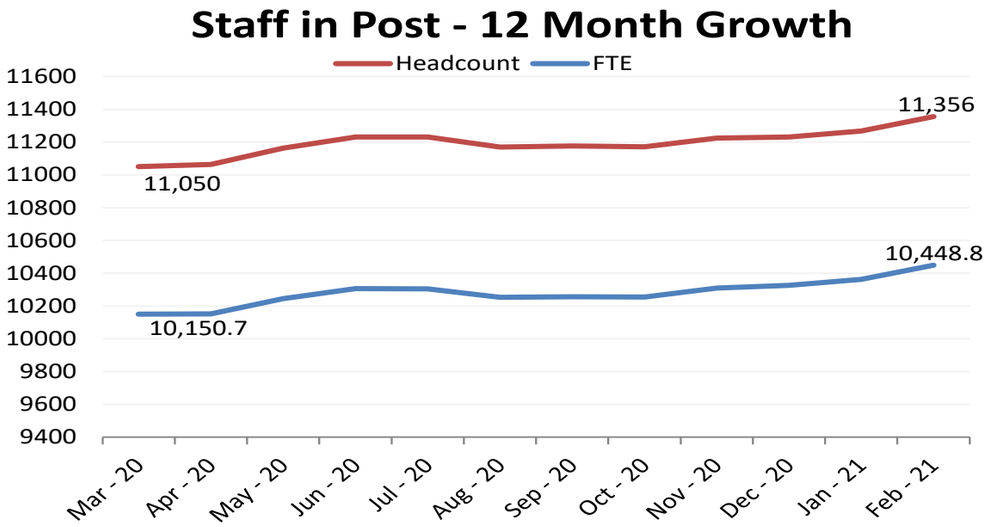
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff as Partners

12 Month Growth by Staff Group

Staff Group	Mar-20	Feb-21	FTE 12 Month growth	
Add Prof Scientific and Technic	273	289	16	5.9%
Additional Clinical Services	1,702	1,799	97	5.7%
Administrative and Clerical	2,060	2,136	75	3.7%
Allied Health Professionals	545	535	-10	-1.8%
Estates and Ancillary	301	326	25	8.5%
Healthcare Scientists	553	567	14	2.5%
Medical and Dental	1,431	1,521	89	6.2%
Nursing and Midwifery Registered	3,285	3,276	-9	-0.3%
Total	**10,151**	**10,449**	**298**	**2.9%**



Admin & Medical Breakdown

Staff Group	Mar-20	Feb-21	FTE 12 Month growth	
Administrative and Clerical	2,060	2,136	75	3.7%
of which staff within Clinical Division	1,028	1,057	29	2.8%
of which Band 4 and below	741	763	22	2.9%
of which Band 5-7	201	212	11	5.4%
of which Band 8A	39	39	0	1.0%
of which Band 8B	3	5	2	62.5%
of which Band 8C and above	44	37	-6	-14.6%
of which staff within Corporate Areas	819	865	46	5.6%
of which Band 4 and below	228	241	12	5.5%
of which Band 5-7	390	413	23	5.9%
of which Band 8A	74	73	-1	-2.0%
of which Band 8B	51	59	8	15.4%
of which Band 8C and above	76	79	4	4.9%
of which staff within R&D	212	213	1	0.5%
Medical and Dental	1,431	1,521	89	6.2%
of which Doctors in Training	574	620	46	8.1%
of which Career grade doctors	216	249	33	15.3%
of which Consultants	641	651	10	1.6%

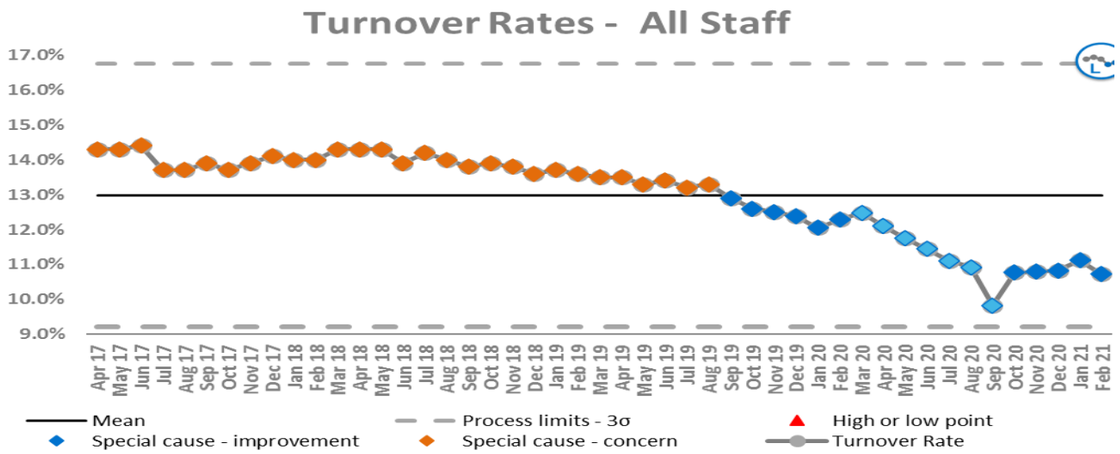
What the information tells us: Overall the Trust saw a 1.6% growth in its substantive workforce over the past 12 months.

Staff Turnover

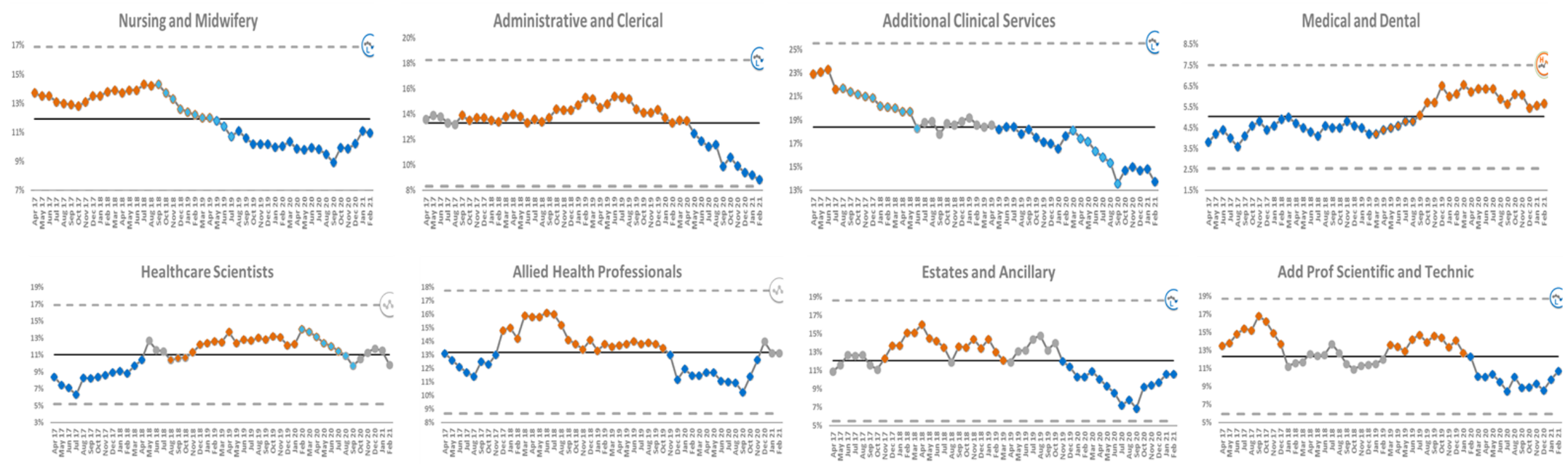
Cambridge University Hospitals NHS Foundation Trust

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 10.7% resulting in 1.3% drop over the past 12 months. Turnover rate remains below average for Nursing staff group at 10.9%. However, there has been an increasing trend in Nurses turnover rate for the most recent months with an increase of 2% over the past six months. The turnover rate remains below average for all the other staff groups except for Medical & Dental staff which is above average at 5.7%.



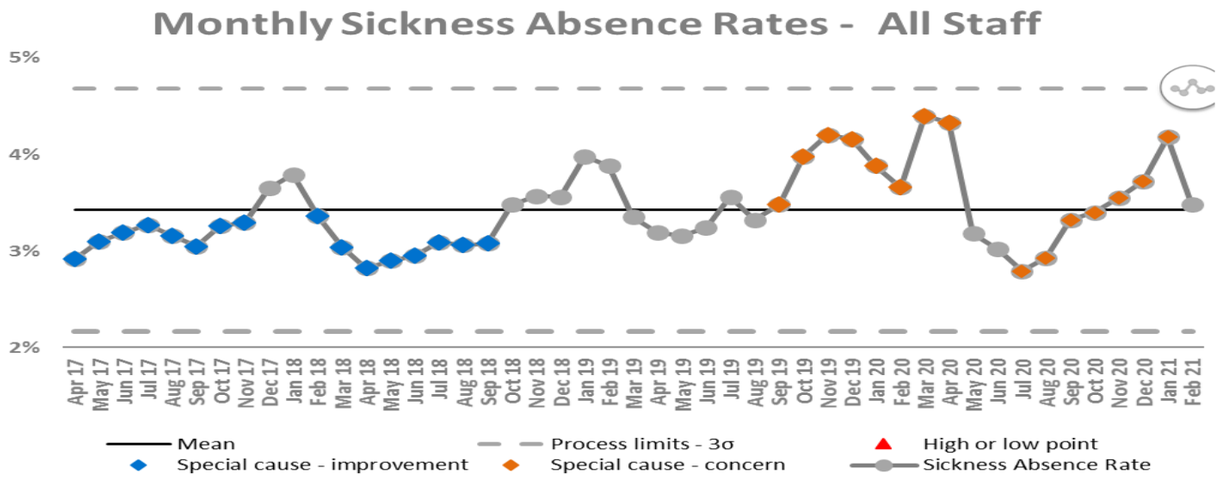
Author(s):Tosin Okufuwa, Amanda Wood
Owner(s): David Wherrett

Sickness Absence

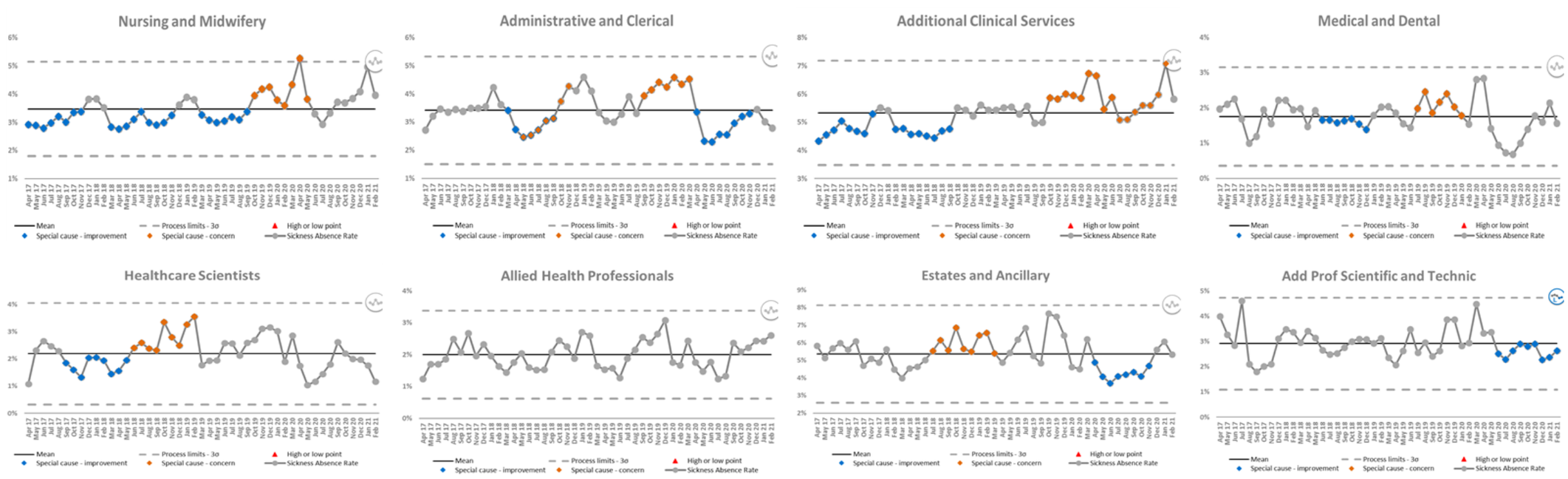
Cambridge University Hospitals NHS Foundation Trust

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 saw a sharp drop of 0.7% from Jan 2021 to 3.59% but remains slightly above average. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 21.9% of all sickness absence in January 2021, compared to 36.5% from the previous month.



Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

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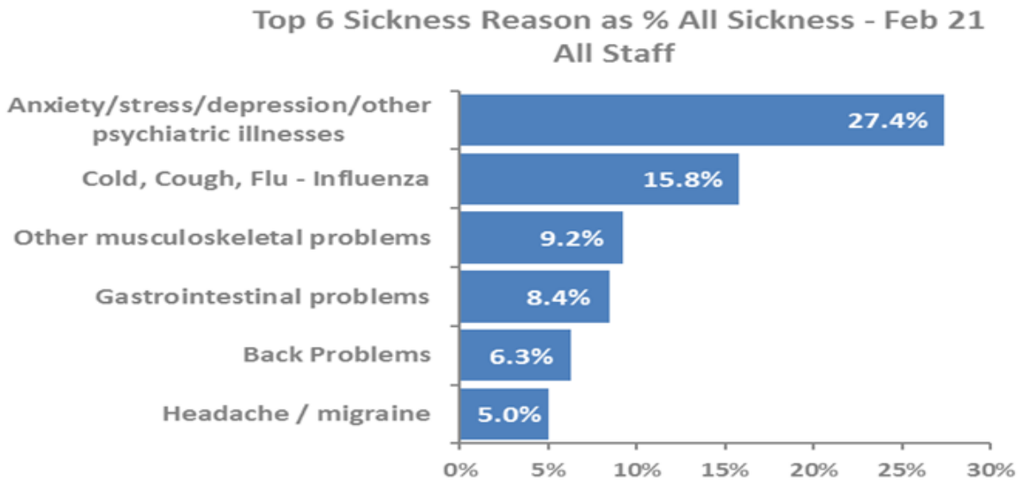
Top Six Sickness Absence Reason

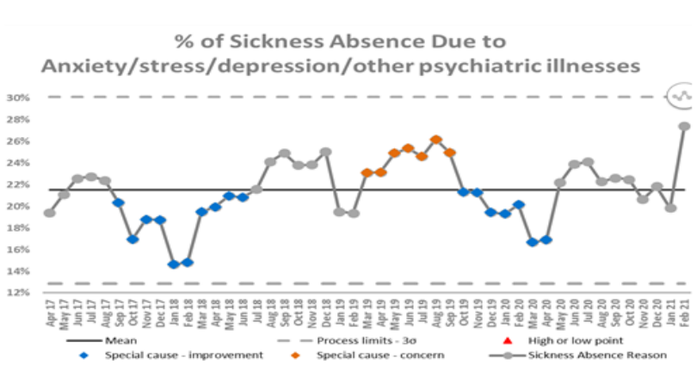
Cambridge University Hospitals NHS Foundation Trust

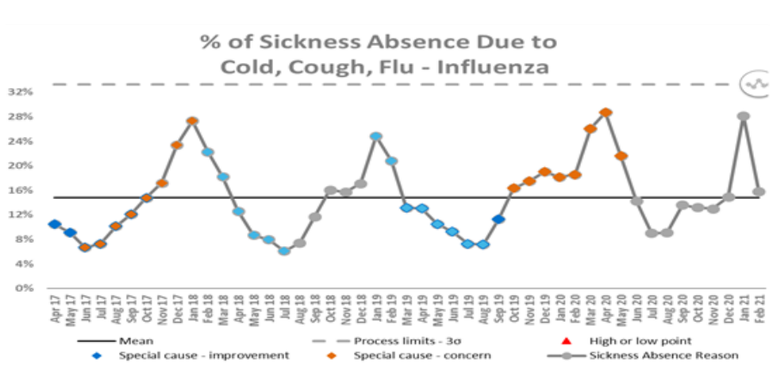
Workforce: Staff as Partners

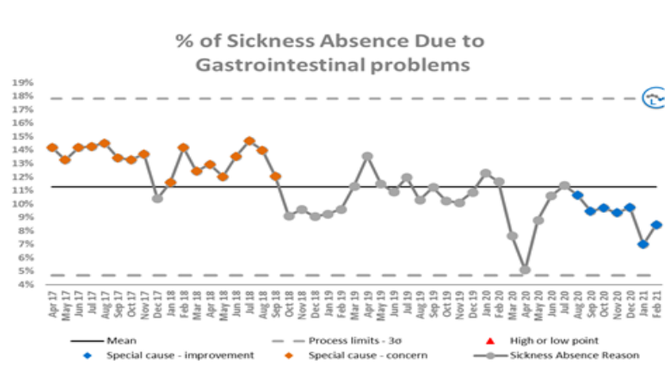
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month

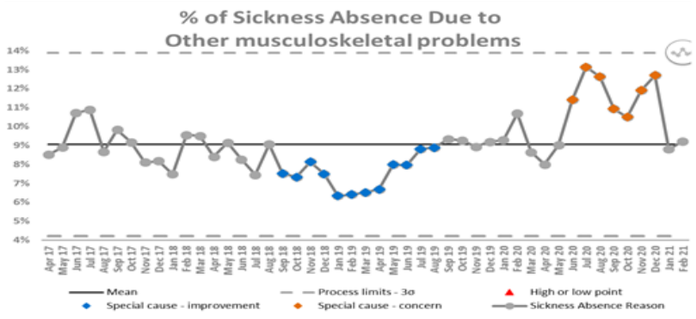


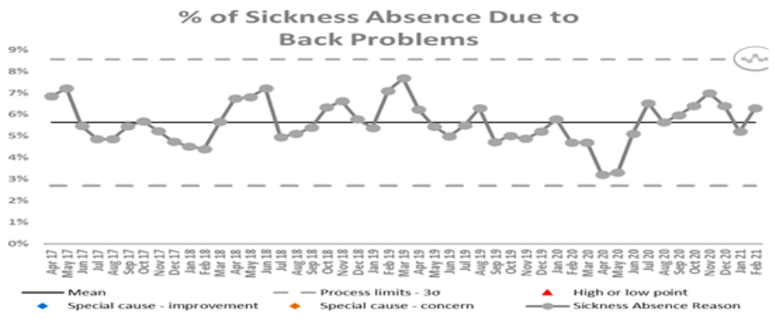
What the information tells us: The highest reason for sickness absence is influenza related sickness which saw a jump of 7.6% from the previous month to 27.4

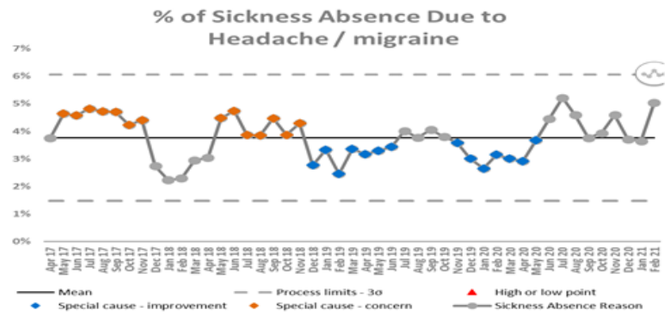












Author(s):Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

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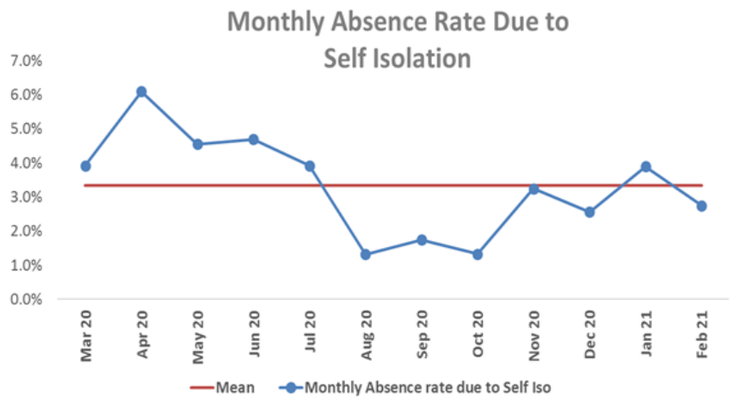
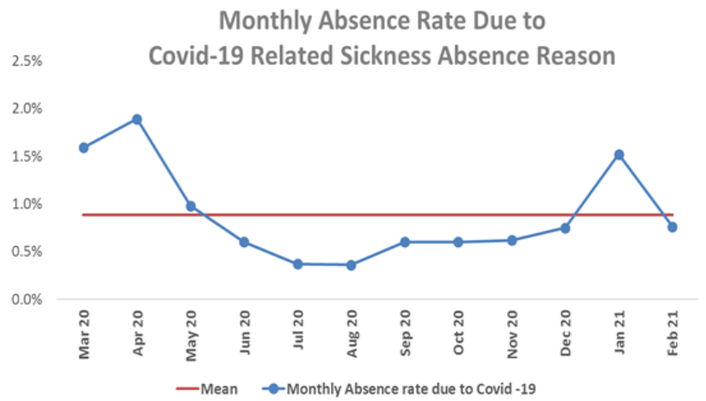
Covid-19 Related Absence

Cambridge University Hospitals NHS Foundation Trust

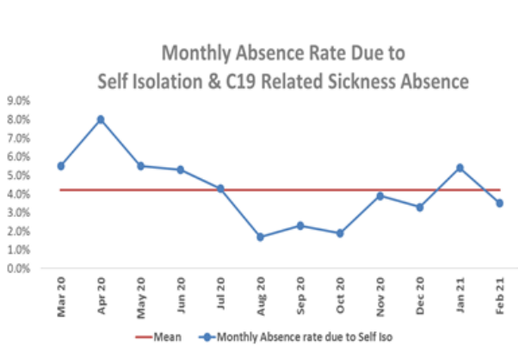
Covid-19 Related Absence

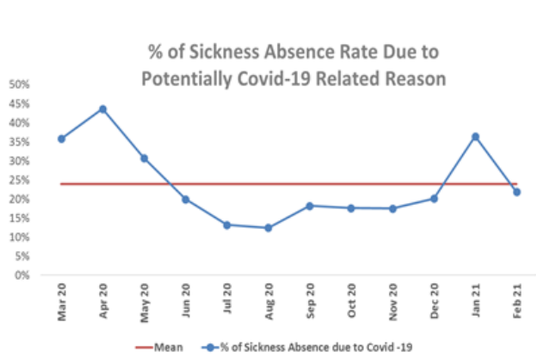
Background Information: Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases).

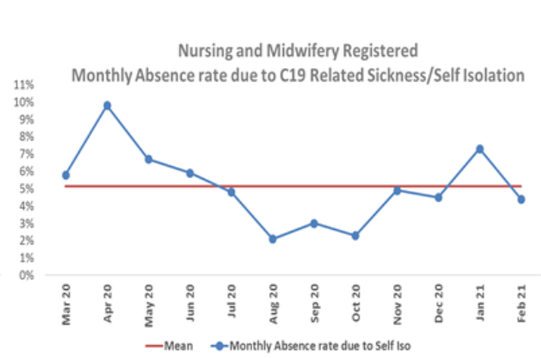


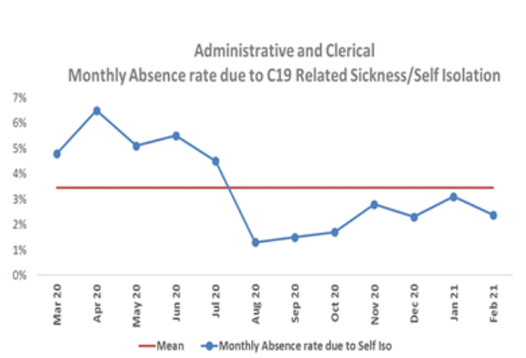


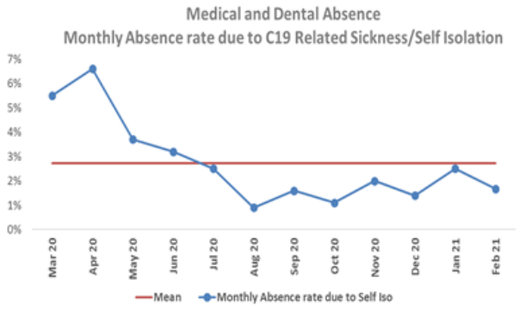
What the information tells us:
The Trust's monthly absence rate due to Self isolation decreased by 1.1% from the previous month to 2.6%. Similarly, monthly absence rates due to potential Covid-19 related sickness decreased by 0.8% from the previous month to 0.8% in February. Overall, absence rates due to Covid-19 related sickness and self isolation decreased by 1.9% from the previous month to 3.5% in February

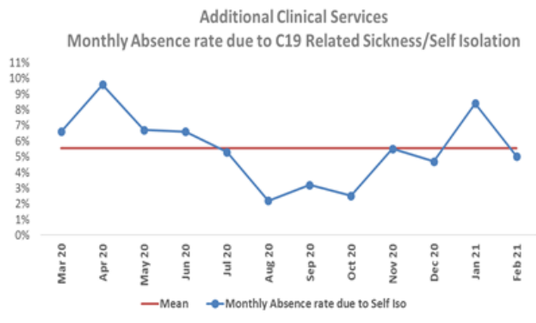


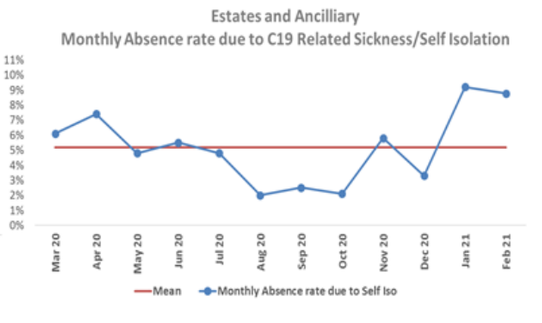


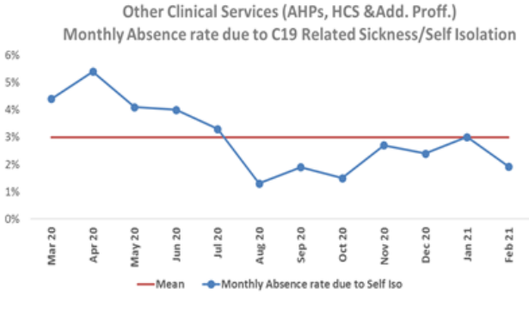












Author(s): Tosin Okufuwa, Amanda Wood

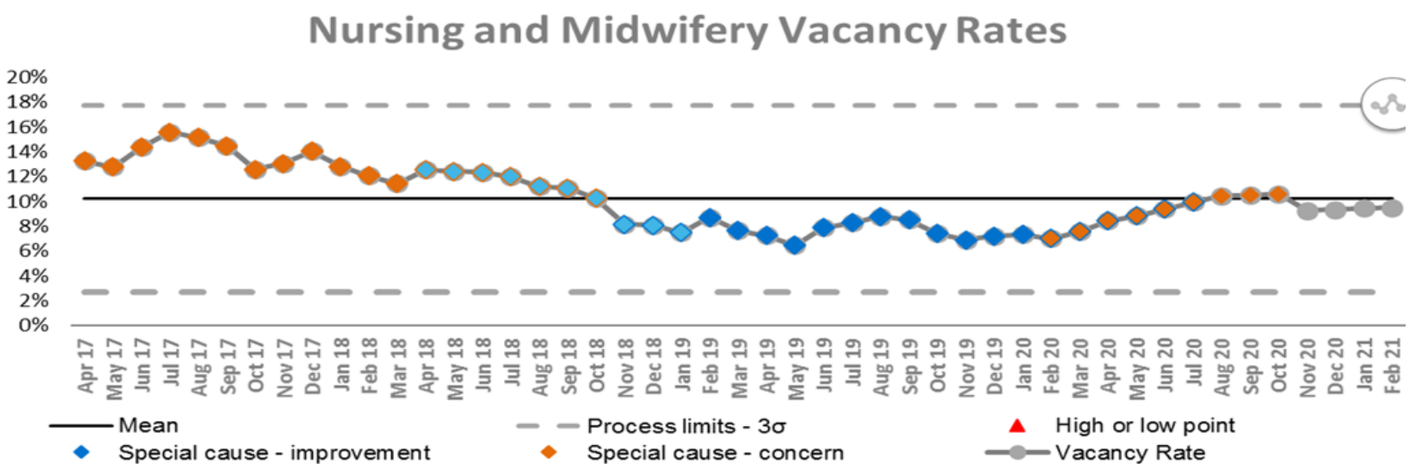
Owner(s): David Wherrett

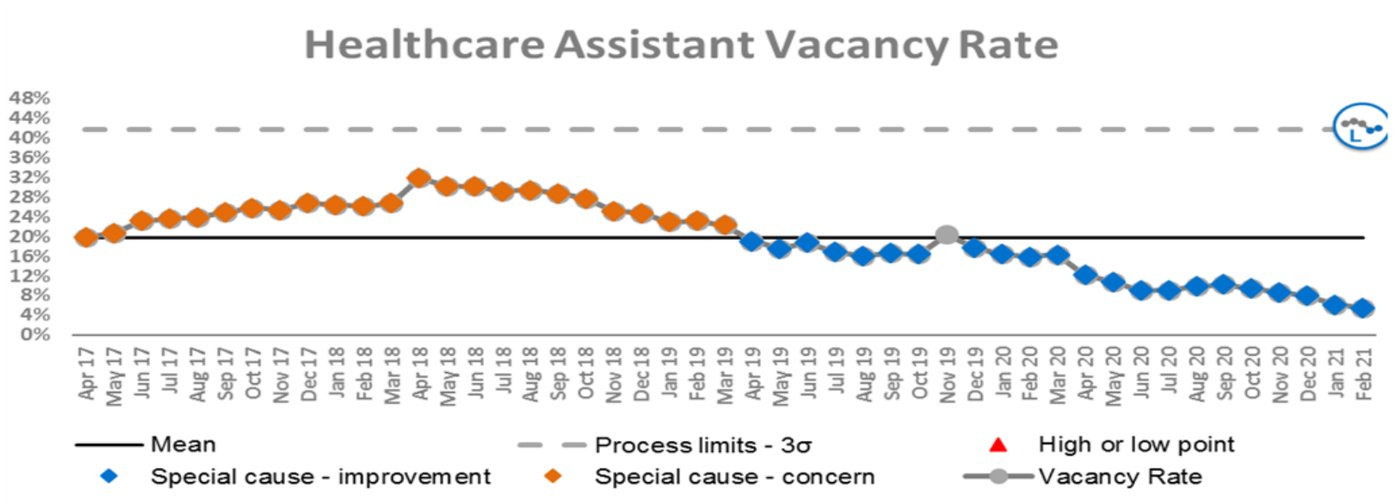
ESR Vacancy Rate

Cambridge University Hospitals NHS Foundation Trust

Vacancy Rate and Appraisal

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





What the information tells us: Vacancy rate for **Healthcare Assistants saw a further drop for the sixth consecutive month and remained below the average rate at 5.5%. The vacancy rate for **Nurses remained below the average rate at 9.5% for the fourth consecutive months. However, there is an increase of 2.2% over the past 12 months. This is related to the increase in establishment and the effect of Covid-19 on overseas recruitment.

*Please note ESR reported data has replaced self reported vacancy data for this report. The establishment is based on the ledger and may not reflect all covid related increases. Work is ongoing to review both reports and further changes to this report will follow.

**Nurses preparing for their OSCE exams were previously included in the data as filled HCA posts but are now included as filled Nursing posts instead.

C19 - Individual Health Risk Assessment & Annual Leave Update

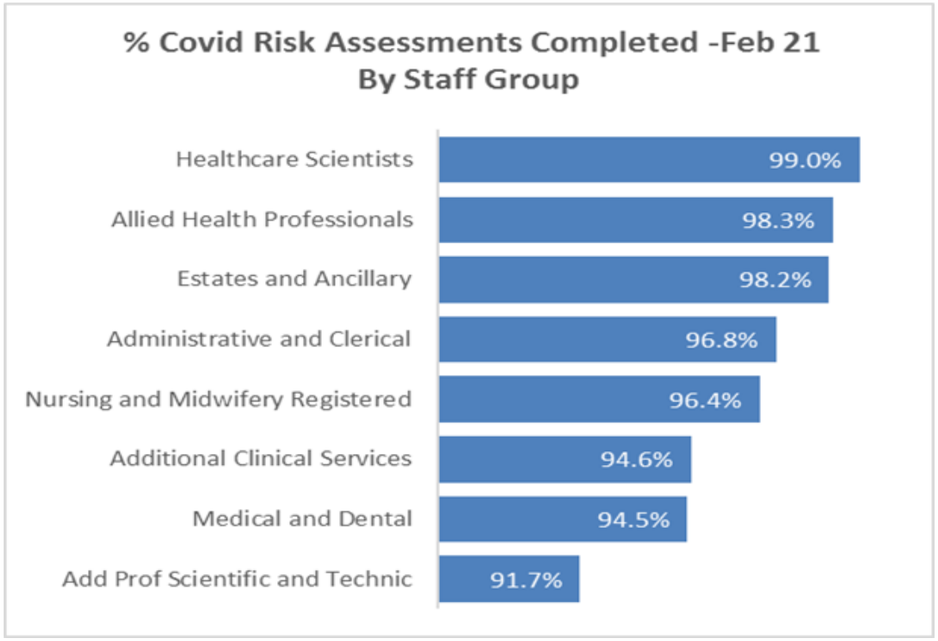
NHS Cambridge University Hospitals NHS Foundation Trust

C19 - Risk Assessment & Annual Leave Update

C19 – Individual Health Risk Assessment Compliance

Risk compliance rate	Feb 21
Overall C19 Risk Assessment Compliance	96.1%
BAME Staff - C19 Risk Assessment Compliance	95.0%
At Risk Staff - C19 Risk Assessment Compliance	95.6%

Risk group	% of Staff within each Risk group
Covid 19 Green Risk Group	80.4%
Covid 19 Orange Risk Group	12.8%
Covid 19 Red Risk Group	2.9%
Covid 19 Shielding Risk Group	1.1%
Covid 19 Yellow Risk Group	2.8%



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	61,062	48,310	79%	96%
	Additional Clinical Services	340,425	283,649	83%	97%
	Administrative and Clerical	446,898	345,300	77%	96%
	Allied Health Professionals	117,745	93,181	79%	99%
	Estates and Ancillary	68,558	55,525	81%	99%
	Healthcare Scientists	124,207	93,110	75%	98%
	Medical and Dental	141,322	61,554	44%	37%
	Nursing and Midwifery Registered	702,675	598,980	85%	98%
	Trust	**2,002,892**	**1,579,608**	79%	**89%**
Annual Leave taken by Division	*Division*				
	Division A	376,425	299273	80%	87%
	Division B	550,123	430687	78%	94%
	Division C	250,992	202980	81%	80%
	Division D	238,004	184018	77%	85%
	Division E	226,294	186211	82%	87%
	Corporate	274,813	211698	77%	95%
	R&D	86,240	64742	75%	94%

* Greater than 82% | Less than 77% | Between 82 and 77%

What the information tells us: The Trust's Covid-19 Risk assessment compliance rate is at 96.1% including 95.0% of BAME staff and 95.6% of At Risk staff. Overall, 12.8% of staff falls under the Orange Risk Group while 2.8% are within the Red Risk Group.
The Trust's annual leave usage is 89% after 11 months of the year (i.e. 92% of the leave year). The highest rates of use of annual leave are within Nursing and Additional Clinical Services at 85% and 83% 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		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
		Corporate Induction	Local Induction	Corporate Induction	Local Induction														
	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	759	759	439	439	10,314	10,314	10,477	10,314	10,314	10,314	10,476	6,970	10,314	7,375	10,314	7,375	1,783	1,783	
Compliance by Division																				
Compliance by Division	Division A	(3)96.6%	(23)73.6%	(29)74.1%	(69)38.4%	(75)98.1%	(84)95.6%	(532)72.7%	(85)95.6%	(112)94.1%	(297)84.5%	(375)80.7%	(433)75.1%	(11)94.2%	(19)93.1%	(100)94.8%	(149)91.4%	(36)77.8%	(14)91.4%	88.6%
	Division B	(17)92.6%	(62)72.9%	(23)66.2%	(31)54.4%	(71)97.4%	(80)97.0%	(318)88.3%	(79)97.1%	(120)95.5%	(288)89.3%	(309)88.7%	(373)72.7%	(93)96.5%	(19)92.9%	(84)96.9%	(134)92.0%	(31)78.8%	(12)91.8%	92.5%
	Division C	(9)90.6%	(33)65.6%	(36)69.5%	(59)50.0%	(52)96.3%	(59)95.8%	(356)75.3%	(68)95.1%	(90)93.5%	(217)84.4%	(235)83.7%	(316)76.1%	(87)93.8%	(50)93.3%	(88)93.7%	(108)92.1%	(25)89.2%	(21)90.9%	88.9%
	Division D	(1)89.2%	(25)75.5%	(10)85.7%	(32)54.3%	(45)96.4%	(54)95.6%	(250)80.3%	(57)95.4%	(78)93.7%	(174)86.0%	(195)84.7%	(325)68.6%	(70)94.4%	(60)94.4%	(69)94.4%	(78)92.7%	(27)80.3%	(14)89.8%	89.5%
	Division E	(5)95.1%	(38)62.7%	(8)88.4%	(22)68.1%	(38)97.0%	(37)97.1%	(260)79.5%	(42)96.7%	(61)95.1%	(141)88.8%	(234)81.6%	(267)76.1%	(68)94.6%	(60)94.7%	(59)95.3%	(58)94.8%	(90)91.1%	(71)93.0%	90.9%
	Corporate	(12)88.9%	(37)65.7%	(0)100.0%	(1)0.0%	(63)95.2%	(72)94.5%	(163)87.5%	(72)94.5%	(103)92.1%	(216)83.4%	(106)91.9%	(28)81.5%	(80)93.9%	(8)95.0%	(69)94.7%	(8)95.0%	(1)80.0%	(1)80.0%	91.6%
	R & D	(2)94.3%	(15)57.1%			(11)97.4%	(11)97.4%	(37)91.4%	(12)97.2%	(17)96.0%	(36)91.6%	(34)92.1%	(17)89.1%	(16)96.3%	(5)97.3%	(16)96.3%	(18)93.0%			94.5%
Breakdown of Medical staff compliance																				
	Consultant			(14)71.4%	(22)55.1%	(48)92.8%	(51)92.3%	(76)88.5%	(55)91.7%	(81)87.8%	(173)73.9%	(94)85.8%	(277)58.7%	(65)90.2%	(28)95.8%	(60)91.0%	(58)91.3%	(30)84.4%	(25)87.0%	86.3%
	Non Consultant			(92)76.4%	(162)50.8%	(103)86.2%	(112)85.0%	(144)80.8%	(129)82.8%	(148)80.2%	(245)67.3%	(201)73.2%	(411)47.4%	(159)78.8%	(188)75.7%	(145)80.6%	(174)77.5%	(42)70.2%	(39)72.3%	75.1%
Compliance by Staff group																				
Compliance by Staff Group	Add Prof Scientific and Technic	(0)100.0%	(3)81.3%			(3)99.0%	(3)99.0%	(44)84.8%	(2)99.3%	(6)97.9%	(9)93.4%	(27)90.7%	(34)73.2%	(4)98.6%	(7)96.8%	(5)98.3%	(9)95.9%	(0)100.0%	(1)50.0%	94.8%
	Additional Clinical Services	(12)94.6%	(67)69.7%			(40)97.7%	(45)97.4%	(427)75.9%	(43)97.5%	(60)96.5%	(166)90.8%	(271)84.7%	(377)72.3%	(52)96.9%	(124)91.9%	(40)97.7%	(130)91.5%	(11)93.3%	(10)93.9%	91.0%
	Administrative and Clerical	(19)89.9%	(63)66.7%			(56)97.4%	(70)96.8%	(113)94.8%	(67)96.9%	(119)94.6%	(264)87.9%	(119)94.6%	(4)20.0%	(77)96.5%	(9)93.0%	(72)96.7%	(9)93.1%	(3)62.5%	(1)87.5%	94.8%
	Allied Health Professionals	(3)94.3%	(15)71.7%			(15)97.2%	(15)97.2%	(113)79.5%	(15)97.2%	(26)95.2%	(71)86.9%	(117)78.7%	(118)79.3%	(22)96.9%	(6)97.1%	(9)96.5%	(23)95.8%	(9)85.9%	(5)92.2%	91.2%
	Estates and Ancillary	(7)82.5%	(11)72.5%			(18)94.2%	(19)93.9%	(54)82.7%	(18)94.2%	(32)89.7%	(59)81.0%	(14)95.5%		(20)93.6%		(20)93.6%				90.6%
	Healthcare Scientists	(2)94.4%	(9)75.0%			(9)98.4%	(11)98.1%	(17)97.0%	(13)97.7%	(17)97.0%	(41)92.7%	(29)94.9%	(62)36.7%	(15)97.3%	(33)81.0%	(16)97.2%	(33)81.0%	(1)93.3%	(1)93.3%	94.5%
	Medical and Dental			(106)75.9%	(214)51.3%	(151)89.3%	(163)88.5%	(220)84.4%	(184)87.0%	(229)83.8%	(418)70.4%	(296)79.1%	(688)52.6%	(224)84.1%	(216)85.0%	(205)85.5%	(232)83.9%	(72)78.4%	(64)80.8%	80.2%
	Nursing and Midwifery Registered	(16)92.2%	(65)68.1%			(63)98.0%	(71)97.8%	(928)72.0%	(73)97.7%	(92)97.1%	(341)89.4%	(616)81.4%	(481)85.4%	(111)96.6%	(56)98.3%	(108)96.7%	(111)96.6%	(116)89.6%	(52)95.3%	92.1%
	Trust Total	(59)92.2%	(233)69.3%	(106)75.9%	(214)51.3%	(355)96.5%	(397)96.1%	(1916)81.6%	(415)95.9%	(581)94.3%	(1369)86.6%	(1488)85.7%	(1759)74.5%	(525)94.9%	(461)93.7%	(485)95.3%	(547)92.5%	(212)87.6%	(134)92.1%	90.60%

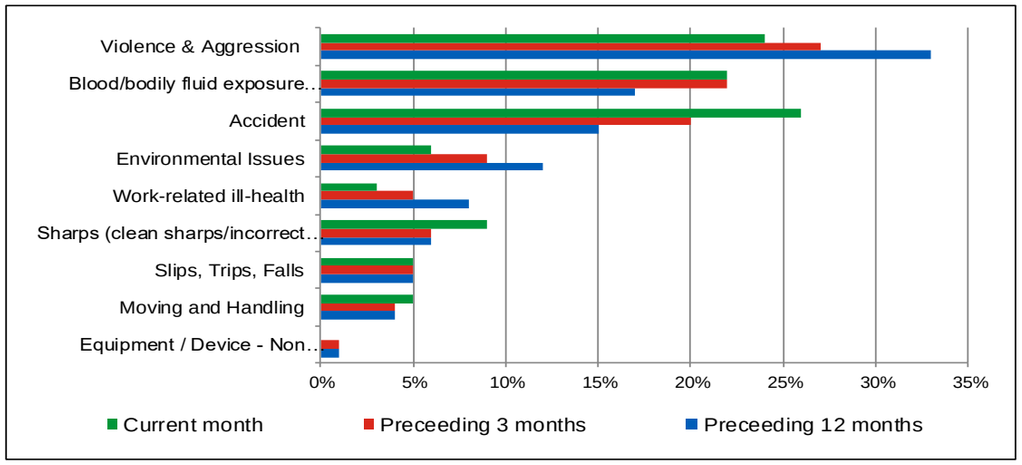
Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

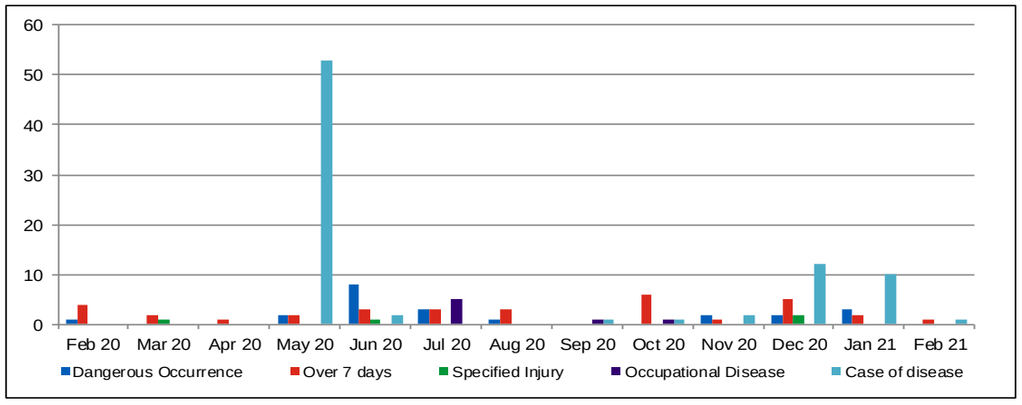
Health and Safety Incidents

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:	**1542**	**316**	**244**	**446**	**252**	**178**	**39**	**67**
Accident	**236**	43	41	53	40	32	5	22
Blood/bodily fluid exposure (dirty sharps/splashes)	**255**	71	55	52	36	29	10	2
Environmental Issues	**184**	40	37	24	26	43	7	7
Equipment / Device - Non Medical	**13**	5	0	5	0	3	0	0
Moving and Handling	**55**	11	7	19	9	5	1	3
Sharps (clean sharps/incorrect disposal & use)	**93**	27	21	15	13	13	3	1
Slips, Trips, Falls	**73**	17	13	8	12	6	6	11
Violence & Aggression	**503**	67	33	254	101	28	3	17
Work-related ill-health	**130**	35	37	16	15	19	4	4





A total of 1,542 health and safety incidents were reported in the previous 12 months.

685 (44%) incidents resulted in harm. The highest reporting categories were violence and aggression (33%), blood/bodily fluid exposure (17%) and accidents (15%).

1,139 (74%) of incidents affected staff, 363 (24%) affected patients and 40 (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 (49%), accidents (20%) and environmental issues (18%).

The highest reported incident categories for others were: violence and aggression (48%), environmental issues (25%) and accidents (18%).

Staff incident rate is 11.4 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 446 incidents. Of these, 57% related to violence & aggression.

In the last 12 months, the highest reported RIDDOR category was over case of disease (57%).

43% of RIDDOR incidents were reported to the HSE within the appropriate timescale. This was due to late reporting to the health and safety team.

In February 2021, 2 RIDDOR incidents were reported to the HSE:

Case of Disease (1)

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

Over 7 Day Injury (1)

- A member of staff was walking from staff car park toward S block when they slipped on ice and jarred their back causing immediate pain to the lower back. The member of staff was over work for over 7 consecutive days as a result of this incident.

Author(s): Helen Murphy

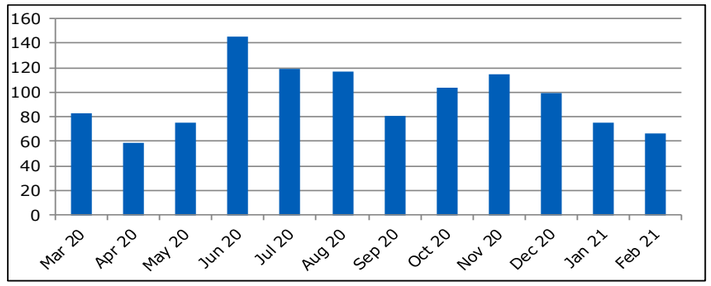
Owner(s):

Health and Safety Incidents

Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:

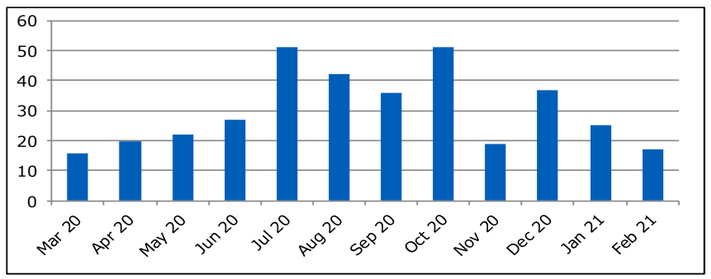


	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Total
Accident	12	8	9	17	13	12	14	14	19	15	10	15	**158**
Blood/bodily fluid exposure (dirty sharps/splashes)	26	21	14	15	16	20	13	19	22	31	19	18	**234**
Environmental Issues	12	5	8	22	4	23	5	6	12	7	4	2	**110**
Moving and Handling	2	0	5	6	7	3	4	4	6	3	2	2	**44**
Sharps (clean sharps/incorrect disposal & use)	7	3	6	6	11	10	6	12	7	6	4	8	**86**
Slips, Trips, Falls	4	3	5	11	4	3	8	8	9	7	5	3	**70**
Violence & Aggression	18	19	18	22	41	37	24	31	34	25	22	16	**307**
Work-related ill-health	2	0	10	46	23	9	7	10	6	5	9	3	**130**
Total	**83**	**59**	**75**	**145**	**119**	**117**	**81**	**104**	**115**	**99**	**75**	**67**	**1139**

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

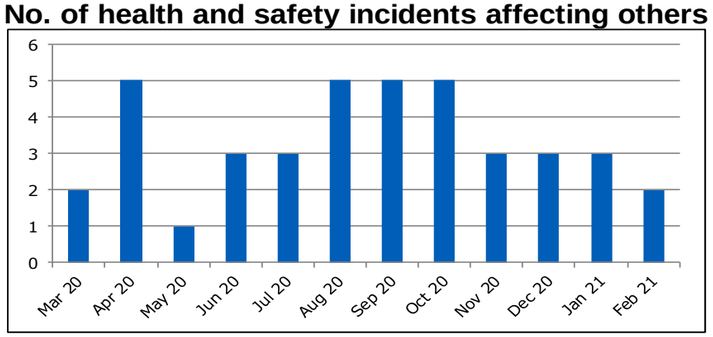
	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Total
No. of health & safety incidents	83	59	75	145	119	117	81	104	115	99	75	67	**1139**
Staff incident rate per month/year	0.8	0.6	0.8	1.5	1.2	1.2	0.8	1.0	1.2	1.0	0.8	0.7	**11.4**

No. of health and safety incidents affecting patients:



	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Total
Accident	2	4	8	4	6	5	9	7		12	7	7	**71**
Blood/bodily fluid exposure (dirty sharps/splashes)	2	1	2	1	4	0	3	2	1	1	2	1	**20**
Environmental Issues	5	0	2	7	10	7	6	4	7	10	3	3	**64**
Equipment / Device - Non Medical	1	0	0	1	4	1	0	1	3	2	0	0	**13**
Moving and Handling	0	0	0	0	1	0	0	1	2	4	1	2	**11**
Sharps (clean sharps/incorrect disposal & use)	0	0	0	0	3	1	0	0	1	0	2	0	**7**
Violence & Aggression	6	15	10	14	23	28	18	36	5	8	10	4	**177**
Total	**16**	**20**	**22**	**27**	**51**	**42**	**36**	**51**	**19**	**37**	**25**	**17**	**363**

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



	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Total
Accident	0	4	0	0	1	0	1	1	0	0	0	0	**7**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	0	0	0	1	0	0	0	0	0	0	**1**
Environmental Issues	2	0	1	2	0	0	1	1	1	0	2	0	**10**
Slips, Trips, Falls	0	0	0	0	0	1	0	0	0	1	0	1	**3**
Violence & Aggression	0	1	0	1	2	3	3	3	2	2	1	1	**19**
Total	**2**	**5**	**1**	**3**	**3**	**5**	**5**	**5**	**3**	**3**	**3**	**2**	**40**