








Integrated Report

Quality, Performance, Finance and Workforce

to end April 2021

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

Report compiled: 31/05/2021

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

NHS
Cambridge University Hospitals
NHS Foundation Trust

2020/21 Performance Framework

2021/22 Quality Account Measures

Domain	Indicator	Data to	Target	Feb 21 Previous Month-1	Mar 21 Previous Month	Apr 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%	N/A	N/A	▪	N/A	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%)	Apr-21	90%	N/A	64%	45%	⇩	45%	0.0%	56%
Effective / Responsive	% of early discharges **(existing metric)**	Apr-21	30%	14.5%	14.6%	13.2%	⇩	13.2%	15.3%	14.4%
	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.	Apr-21	80%	77.6%	72.1%	78.4%	⇧	78.4%	68.9%	71.7%
	Same day emergency care (SDEC)	Apr-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%	N/A
	>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
				Feb 21	Mar 21	Apr 21				
	Total complaints responded to within initial set timeframe or by agreed extension date **(existing metric)**	Apr-21	90%	97.6%	100.0%	95.7%	⇩	95.7%	80.0%	98.3%
				Feb 21	Mar 21	Apr 21				
Staff Experience / Well-led	Nursing and Midwifery vacancy rate for band 5 nurses **(existing metric)**	Jan-21	6.6%	N/A	N/A	N/A	▪	0.0%	6.5%	8.9%
				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 - The average quality mark for NEWS2 audits in April was 84%; this meets the target of 80%.

Safe - This month four Serious Incident Investigations were submitted to the CCG. 45% of Serious Incident Actions passed the quality mark of >90% 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 Cambridge University Hospitals NHS Foundation Trust

2020/21 Performance Framework

Performance Framework - Quality Indicators				Feb 21	Mar 21	Apr 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)	Apr-21	0	2	0	0	⇔	0	5	5
	E.Coli Bacteraemias (Total Cases)	Mar-21	50% over 3 years	26	31	-	▪	0	362	343
	C. difficile Infection (hospital onset and COHA* avoidable)	Apr-21	TBC	9	8	7	⇧	7	N/A	N/A
	Hand Hygiene Compliance	Apr-21	TBC	97.32%	97.50%	97.45%	⇩	97.4%	97.6%	97.5%
Clinical Effectiveness	% of NICE Technology Appraisals on Trust formulary within three months. ('last month')	Apr-21	100%	28.6%	N/A	25.0%	⇩	25.0%	41.7%	40.0%
	80% of NICE guidance relevant to CUH is returned by clinical teams within total deadline of 32 days.	Mar-21	80%	N/A	N/A	N/A	⇔	-	-	-
	No national audit negative outlier alert triggered	Mar-21	0	-	-	0	▪	0	0	0
	85% of national audit's to achieve a status of better, same or met against standards over the audit year	Mar-21	85%	N/A	N/A	N/A	⇔	-	-	-

Rounded score

2019/20 Performance Framework - Quality Indicators Cont.				Feb 21	Mar 21	Apr 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	Apr-21	90%	98.5%	97.9%	98.8%	⇧	98.8%	98.9%	98.9%
	Care Plan Notes	Apr-21	90%	95.5%	96.6%	96.3%	⇩	96.3%	95.9%	95.9%
	Care Plan Presence	Apr-21	90%	99.6%	99.6%	99.5%	⇩	99.5%	99.3%	99.3%
	Falls Risk Assessment	Data reported in slides								
	Moving & Handling	Apr-21	90%	71.2%	65.0%	69.6%	⇧	69.6%	69.6%	69.4%
	Nurse Rounding	Apr-21	90%	96.7%	96.8%	96.9%	⇧	96.9%	96.6%	96.7%
	Nutrition Screening	Apr-21	90%	99.7%	99.7%	99.7%	⇩	99.7%	99.7%	99.7%
	Pain Score	Apr-21	90%	76.2%	82.3%	82.2%	⇩	82.2%	81.3%	81.6%
	Pressure Ulcer Screening	Data reported in slides								
	EWS									
	MEOWS Score Recording	Apr-21	90%	62.4%	68.8%	68.1%	⇩	68.1%	69.4%	69.0%
	PEWS Score Recording	Apr-21	90%	86.1%	87.9%	88.0%	⇧	88.0%	87.8%	87.9%
	NEWS Score Recording	Apr-21	90%	71.6%	77.5%	75.8%	⇩	75.8%	77.1%	77.1%
	VIP									
	VIP Score Recording (1 per day)	Apr-21	90%	72.9%	75.2%	75.0%	⇩	75.0%	76.8%	76.6%
	PIP Score Recording (1 per day)	Apr-21	90%	99.1%	99.4%	99.0%	⇩	99.0%	98.8%	98.9%
Patient Experience	Mixed sex accommodation breaches	Jun-20	0	-	-	-	▪	0	2	2
	Number of overdue complaints	Apr-21	0	1	0	2	⇩	2	9	10
	Re-opened complaints (non PHSO)	Apr-21	N/A	9	9	7	⇩	7	68	71
	Re-opened complaints (PHSO)	Apr-21	N/A	0	0	1	⇩	1	5	6
				Feb 21	Mar 21	Apr 21				
	Number of medium/high level complaints	Apr-21	N/A	13	13	14	⇩	14		164

Author(s): Various

Owner(s): Oyejumoke Okubadejo

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Urgent & Emergency Care

Mean time in ED (non-admitted patients)	Apr: 190	↑7%
Ambulance handovers <15mins	Apr: 41%	↓23% points
ED attendances (types 1 ,3 & 5)	Apr: 10,223	↓13%
Time to initial medical assessment	Apr: 89	↓18%
Mean time in ED (admitted patients)	Apr: 387	↑15%
12hr waits in ED (type 1)	Apr: 181	↓9%
Non-elective admissions	Apr: 3,392	↓15%
Clinically ready to proceed (hrs)[1]		

Productivity / efficiency

Average theatre turnaround time (mins)	Apr: 23	↑28%
Discharges before noon	Apr: 14%	↓1% points
Long stay patients (>21 LoS)	Apr: 142	↓4%
Elective LoS (days, excl 0 LoS)	Apr: 5.1	↓7%
Non-elective LoS (days, excl 0 LoS)	Apr: 7.5	↑2%

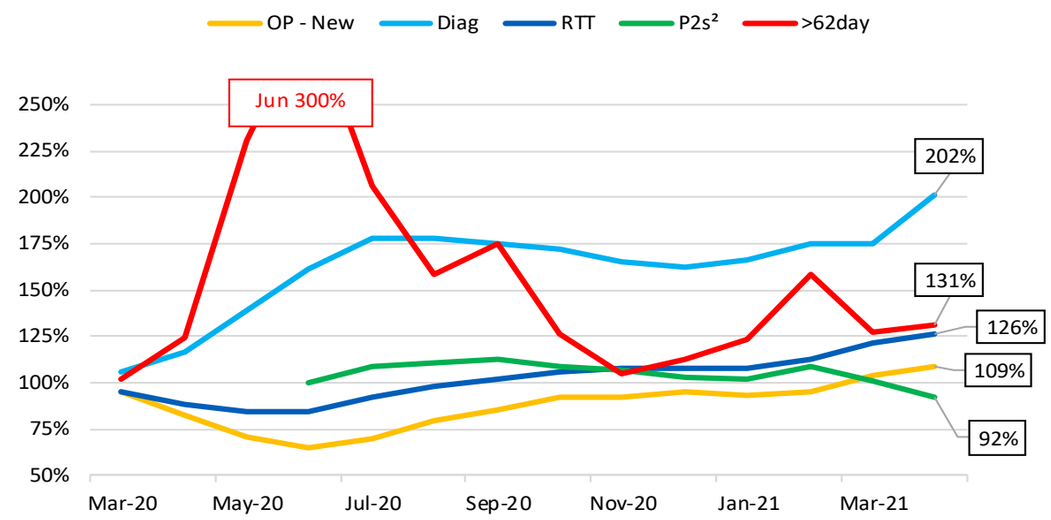
Key / notes

% change shown indicates movement from Apr 2019

Bar charts show data from Apr 20-Apr 21, left to right

SPC variances calculated from Jan 19-Feb 20, Negative variances indicated by shading

Waiting list measures as a proportion of pre-pandemic levels (Feb 2020)



Waiting list (WL) measures

	Apr-21	Mar-21	% change	Feb-20	% change
Outpatients - New	27,589	26,235	↑5%	25,306	↑9%
Diagnostics - Total WL	17,570	15,232	↑15%	8,708	↑102%
RTT pathways - Total WL	42,962	41,315	↑4%	34,097	↑26%
Cancer (62d pathway) >62d	85	79	↑8%	65	↑31%

Surgical Prioritisation - WL	Apr-21	Mar-21	% change
P2 (4 weeks)	1,426	1,563	↓9%
P3 (3 months)	3,688	3,698	↓0%
P4	4,781	4,920	↓3%

[1]Discussions ongoing on the measurement definition of this metric. Once agreed this will be included.

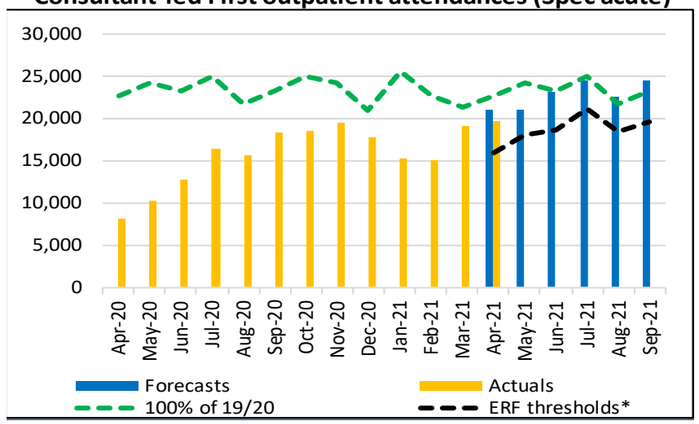
[2]Pscores were introduced in Apr 20 - the baseline used is June 20 to exclude the period of adoption

Phase 4 Measures

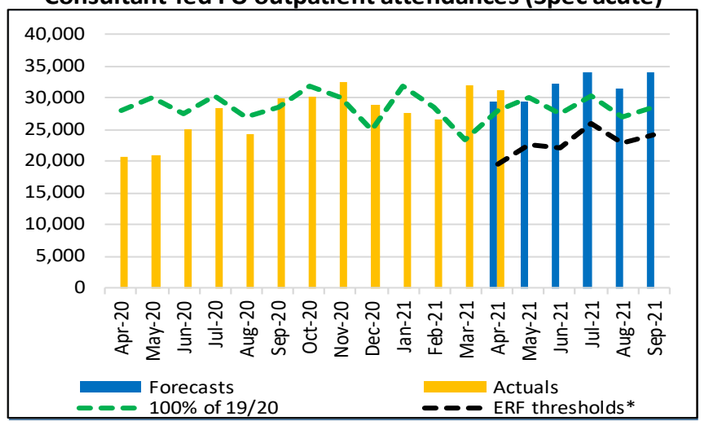
Cambridge University Hospitals NHS Foundation Trust

Operational Performance

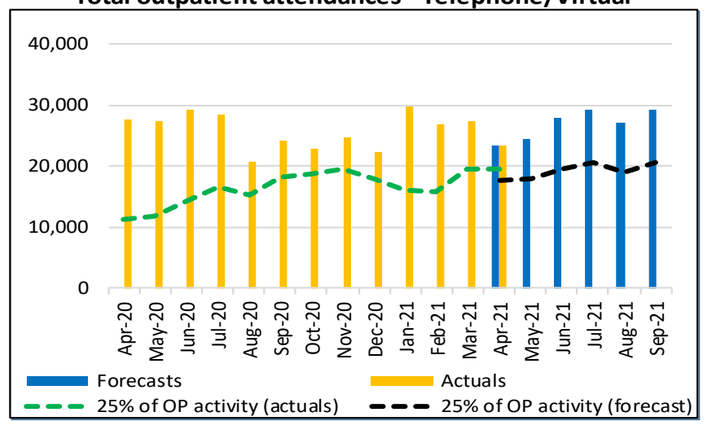
Consultant-led First outpatient attendances (Spec acute)



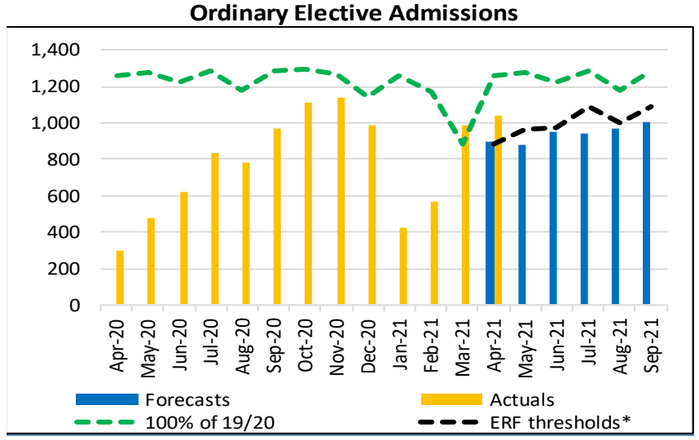
Consultant-led FU outpatient attendances (Spec acute)



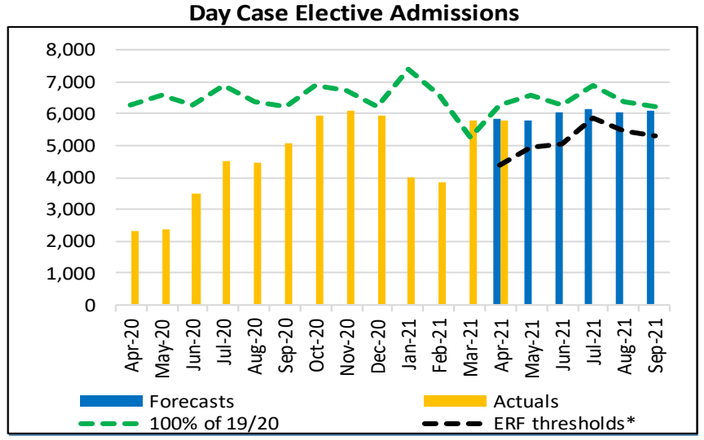
Total outpatient attendances - Telephone/Virtual



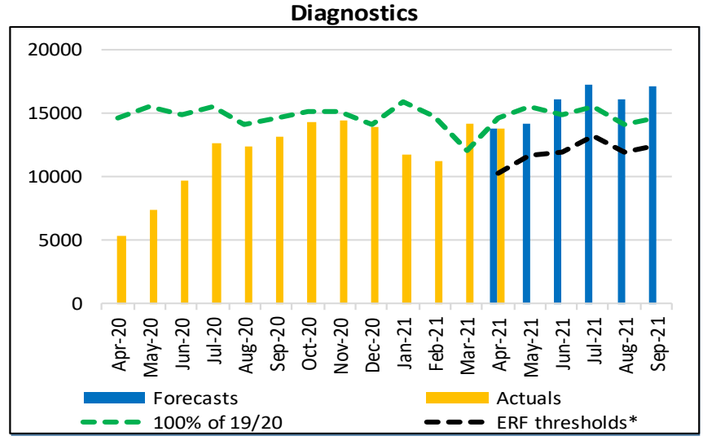
Ordinary Elective Admissions



Day Case Elective Admissions



Diagnostics



All metrics met the national ambition to reach 70% of April 2019 activity.

- The majority also met forecast levels, with the exception of CT, Gastroscopy, OP (first) and total OP virtual.
- No areas are consistently achieving over 100% for planned activity, which means that backlogs are continuing to grow
- There is a significant risk that elective activity will struggle to achieve 100% activity during 2021 due to increasing NEL demand and the overall reduction in theatres compared to 2019 (three neuroscience theatres are currently closed awaiting estates works).
- The Trust is continues to identify opportunities to increase activity including working with system partners and the independent sector to mitigate shortfalls in theatre and diagnostic capacity and is actively prioritising patients for treatment based on clinical acuity.

Notes: *ERF thresholds set by the Operational Planning Guidance are based on the £ value of activity, these thresholds are applied to activity and are included as an approximation

Author(s): James Hennessey

Owner(s): Ewen Cameron

Together-Safe | Kind | Excellent

Serious Incidents

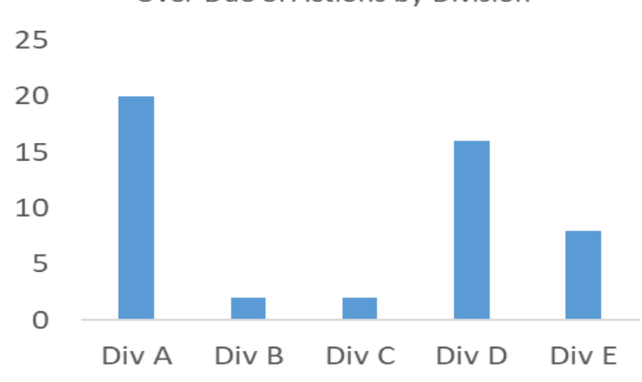
Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Patient Safety Incidents	Jan 18-Apr 21	month	-	1348	1385		-	-	There is currently normal variance in the number of incidents affecting patients
Percentage of moderate and above patient safety incidents	July 19- Apr 21	month	2%	1.7%	2.0%		-		There is currently normal variance in the percentage of moderate and above patient safety incidents but exceeds the agreed range.
All Serious Incidents	Jan 18- Apr 21	month	-	4	5		-	-	There were four Serious Incident Investigations reported to the CCG in April 2021; this is currently within normal variance, details of which can be found in the table below.
Serious Incidents submitted to CCG within 60 working days (or agreed extension)	Jan 18- Apr 21	month	100%	100%	54%		-		Four Serious Incident reports were submitted in April 2021 all within the agreed time frame. One report had an extension applied due to the investigation being undertaken by an external reviewer.

Ref	STEIS SI Sub-category	Actual Impact	Div.	Ward / Dept.
SLR110695	Mental health (Unlawful restraint)	Moderate	C	EAU4
SLR113723	Treatment delay	Severe / Major	E	Clinic 6
SLR112568	Medication incident	Death/Catastrophic	C	Ward G4
SLR113979	Slips/trips/falls	Severe / Major	A	Ward C7

Four Serious Incidents were commissioned in April 2021. Compliance with Serious Incident Investigation report submission for April 2021 met the agreed submission time frame. A fortnightly assurance meeting continue with the CCG. 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.



Author: Clare Miller

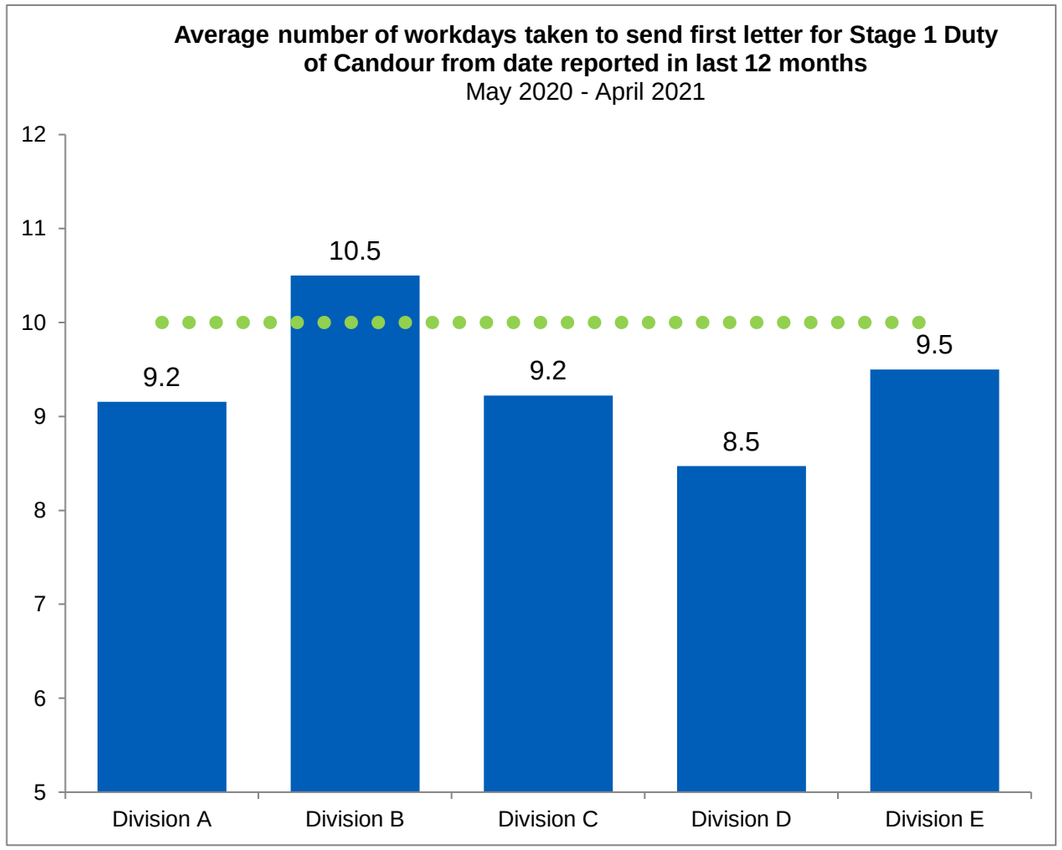
Owner(s): Oyejumoke Okubadejo

Duty of Candour

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Duty of Candour Stage 1 within 10 working days*	Feb 18 - Apr 21	month	100%	67%	63%		-		The system may achieve or fail the target subject to random variation.
Duty of Candour Stage 2 within 10 working days**	Feb 18 - Apr 21	month	100%	20%	67%		-		The system may achieve or fail the target subject to random variation.



Executive Summary

Trust wide stage 1* DOC is compliant at 67% for all confirmed cases of moderate harm or above in April 2021. 67% of DOC Stage 1 was completed within the required timeframe of 10 working days in April 2021. The average number of days taken to send a first letter for stage 1 DOC in April 2020 was 7 working days.

Trust wide stage 2** DOC is compliant at 80% for all completed investigations into moderate or above harm in March 2021 and 20% 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

NHS Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
All patient falls by date of occurrence	Nov 17 - Apr 21	month	-	118	132		-	-	There were a total of113 falls (inpatient, outpatient and day case) in April 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 - Apr 21	month	-	3.78	4.03			-	There were 113 inpatient falls in April 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 - Apr 21	month	-	0.03	0.05			-	Normal variance has been maintained. There was1 inpatient fall categorised as moderate harm and above in April 2021. This was declared as an SI and investigation is underway
Falls risk assessment compliance within 12 hours of admission	Nov 17 - Apr 21	month	90%	88%	84%		-	?	The goal of ≥90% has not been reached between November 2020 and April 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 - April 21	month	95%	13:30%	6%	L			The goal of > 95% has not been reached since data collection started. A DOT e-learning pack has been launched. The KPI is currently under review.
Falls KPI: patients who have a cognitive impairment have an appropriate care plan in place	Apr 19 -April 21	month	95%	11%	12%	L			The goal of > 95% has not been reached since data collection started. An issue with the data pull was identified at the beginning of March 2021 and rectified, that was decreasing the compliance with the KPI. The KPI is currently under review
Falls KPI: patients requiring the use of a walking aid have access to one for their sole use	Apr 19 - April 21	month	95%	68%	62%	L			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. The KPI is currently under review

Executive Summary

The new lying and standing blood pressure e-learning pack is due to launch on the 14th May in response to commonly identiifed themes in incident investigations. Areas identified as having poor compliance will be supported in completing the e-learning pack.

Work is currently underway between the Lead Falls Prevention Specialist and the Dementia Specialist nurse to produce CUH specific care plans for Dementia/Chronic confusion and Delirium/Acute confusion. Draft care plans have been developed and are currently under review, following finalisation of the care plans then a change request wuill be submitted to EPIC, the planned dedline for this is July 2021. While awaing these care plans staff are being encouraged to use the EPIC generic cognitive inpairment care plans.

All Divisional Heads of Nursing and Matrons are given their status on the KPIs on a monthly basis. Training sessions have been undertaken for matrons within Division B and C on how to utilise the Falls QI Dashboard to monitor their compliance against the Trust falls KPI's on a continuous basis. Training has been offered to other divisions and will be cascaded to ward managers.

Division A has 1 SI investigations underway; areas identified within the intial incident review surround falls screening assessment, MCA assessment and post falls care. The ward where the incident happened is being supported by the Falls prevention specialist with bespoke education.

Weekly ward walkabouts have begun in relation to falls where additional support has been identified as being needed or requested. These involve an environmental walk about and listening to staffs concerns and findings and/or recommendations shared with the Divisional Head of Nursing, their deputy, the Matron and the Ward Manager for feedback.

The Falls Quality Improvement Programme is currently under review.

The targer for the the Falls KPIs are currently under review with the suggestion that we aim for an incremental monthly increase to help facilitate reaching the target. There has also been a suggestion that we change the KPI target to 90% to bring it in line with the Falls Risk Screening KPI target.

Author(s): Debbie Quartermaine

Owner(s): Oyejumoke Okubadejo

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 - Apr 21	month	-	27	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 - Apr 21	month	-	19	11		-	-	The number of category 1 HAPUs remains within normal variance. A new KPI has been proposed for 2021-2022, this is explained below.
Category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by date of occurrence	Feb 18 - Apr 21	month	-	6	10		-	-	There were 5 x Category 2 and 1 x STDi HAPUs in April 2021. This is now back within normal variance.
Pressure Ulcer screening risk assessment compliance	Feb 18 - Apr 21	month	90%	83%	80%		-	F	PU screening risk assessment compliance is now above 80% but still below the target of 90%.
25% reduction threshold of category 2, 3, 4, Suspected Deep Tissue Injury and Unstageable HAPUs by March 2020	Apr 19 - Apr 21	month	9	6	8		-	P	A new KPI for 2021-2022 has been proposed and awaiting approval at Patient Safety Group, detail explained below.

Executive Summary

There were 12 consecutive points below the mean between Jan 2020- 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, there have now been 2 points below the mean for March and April 2021.
KPI 2020-2021 for 25% reduction in category 2 and above HAPU was not achieved and a 30% increase occurred during the pandemic year, this is in line with the national picture. However there has been a sustained 25% decrease over two years since 2018. A new KPI for 2021-2022 has been proposed by the Tissue viability Improvement group and is awaiting approval from Patient Safety group Chair.
The group propose a different approach this year, it is recognised that when pressure ulcers are reported early at category 1 stage, preventative measures are more likely to be implemented- a deep dive of January/ February 2021 reported cat 1 HAPU has shown that no reported category 1 HAPU progressed to deeper pressure ulceration. The group propose a KPI to increase reporting of category 1 HAPU to achieve an upward trajectory of 2% increased reporting per month over 10 months to reach a 20% increase overall by year end. It is proposed this will result in a downward trajectory in category 2 and above HAPU over the same period to close the gap.
Heels remain highest number of HAPU by body location, 2020-2021 KPI of 25% reduction in heel HAPU was not achieved, there was a 32% increase. Heels Off campaign was suspended due to staffing reduction due to shielding and sickness. The group propose to relaunch the Heels Off campaign with the aim of reducing Heel HAPU category 2 and above by 5%.
Risk assessments are the most common theme in investigations as CDP, last year's target of 90% compliance with risk assessment within 6 hours of admission was not achieved, and however there was significant improvement in compliance since the introduction of a screening tool in 2018. A new updated screening tool was launched in EPIC in January 2021 with a comms and education drive to raise awareness and use of the tool. The group propose to achieve an upward trajectory of 1% increased compliance per month to reach and sustain the 90% target as a KPI this year.
The use of AAR's have shown to be beneficial in developing a learning culture when incidents occur. The group propose for all category 3 and above (severe harm) HAPUS and wards where a cluster of 5 or more category 2 (moderate harm) HAPUs occur – 100% will have an AAR undertaken within 7 days of the incident happening. Exception to be applied for AL or Sickness.
Elderly care, critical care and neurosurgery remain the specialities with most pressure ulcers. 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 9 consecutive points below the mean and a consistent drop over 11 months from 43/ month in May 2020 to 18/ month in April 2021.
There have been no referrals to tissue viability for staff PPE related pressure ulcers and skin concerns in April 2021

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*	Jan-21-Mar-21	quarter	95%	63%	48%		-	-	Sepsis identified - Patient in ambulance bay unable to offload impacts on the timely treatment of sepsis Delay in recognizing sepsis and antibiotic prescribing is reflecting in this data 56 minute delay in 1st set of observation
Antibiotics within 1 hour - Emergency Department*	Jan-21-Mar-21	quarter	95%	75%	73%		-	-	Patient flow is reflecting in this data set. Delays in transfer to the appropriate areas within ED have delayed antibiotic administration. Delays in administration of antibiotics rather than prescription of antibiotics is reflected in this data.
Sepsis Six Bundle in 1 hour - Inpatient wards**	Jan-21-Mar-21	quarter	95%	20%	24%		-	-	This is specifically around acheivement of the Quality mark for each of the notes audited. The area mostly afftected are omissions in the use of the sepsis order set. Increase use of this could improve compliance.
Antibiotics within 1 hour - Inpatient wards**	Jan-21-Mar-21	quarter	95%	68%	77%		-	-	Antibiotics are recorded as having been ordered and prescribed but rather than them being given as a one off immediate dose and then prescribed regularly they have been added to the regular prescription list and so are not given until the next drug round. which then causes a delay in administration.
Contractual definition data									
Antibiotics within 1 hour as per contract agreement - Emergency Department***	Jan-21-Mar-21	quarter	95%	83%	91%		-	-	
Antibiotics within 1 hour as per contract agreement - Inpatient wards***	Jan-21-Mar-21	quarter	95%	68%	77%		-	-	

Executive Summary

Data collection methodology is currently being reviewed for Sepsis, as there are further ways in which we can present the data, for example the average Sepsis 6 bundle compliance in ED is 90% and In-Patient is 84% for March 2021, which is not currently reported here. A showcase report will be presented to quality committtee on the 7th July 2021. It has been identified in particular with In-patients that the diagnosis of Sepsis is not entered into the problem list in Epic. This is potentialy causing a delay in treatment and management and is impacting on coding. This is currently being explored as documentation of the diagnosis of sepsis could be improved.

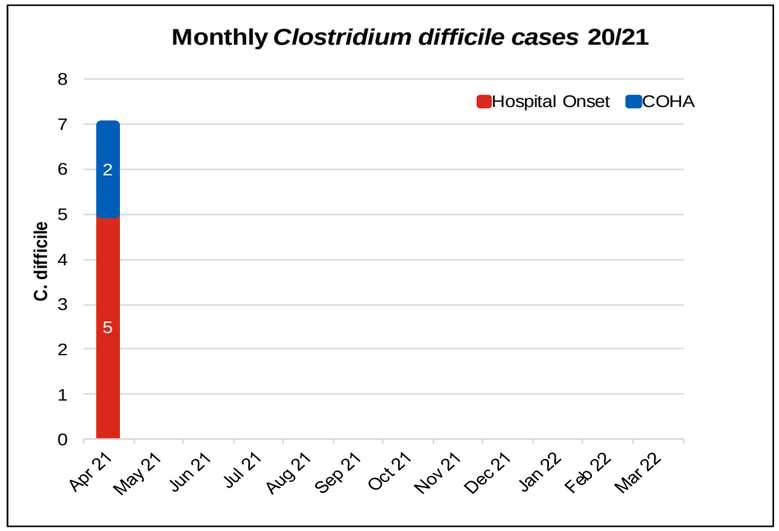
* Time taken from attendance in ED

** Time taken from when a patient triggers Sepsis

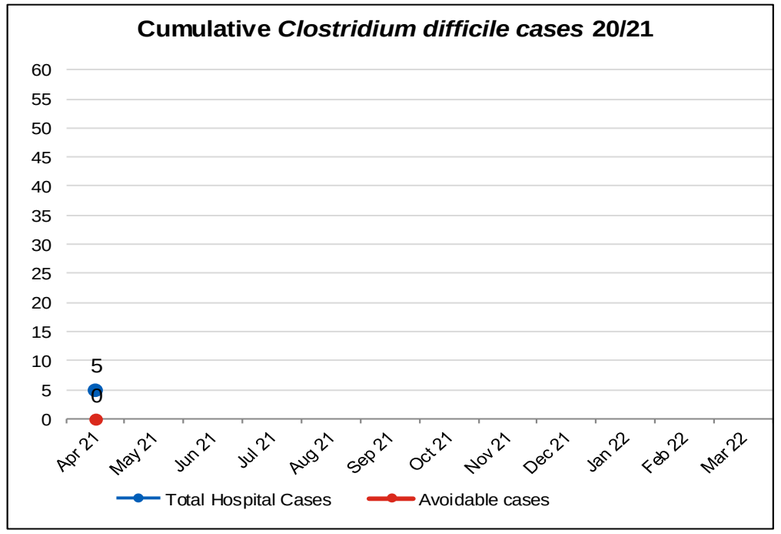
***Time taken from when a clinician diagnosis sepsis

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 2021/22 is zero avoidable hospital acquired cases.

- No cases of hospital onset MRSA bacteraemia in April 2021.
- No cases of hospital onset MRSA bacteraemia year to date.

C. difficile ceiling for 2019/20 was no more than 95 hospital onset and COHA* avoidable cases. No guidance has been issued for 2021/22.

- 5 cases of hospital onset *C difficile* and 2 cases of COHA in April 2021. All cases are pending
- Year to date, 5 cases of hospital onset cases and 2 cases of COHA (all cares are pending).

MRSA and C difficile key performance indicators

- Compliance with the MRSA care bundle (decolonisation) was 95.0% in April 2021 (93.9% in March).
- The latest MRSA bacteraemia rate comparative data (12 months to March 2021) put the Trust 5th out of 10 in the Shelford Group of teaching hospitals.

- Compliance with the *C. difficile* care bundle was 85.2% in April 20201 (84.8% in March).
- The latest *C. difficile* rate comparative data (12 months to March 2021) put the Trust 5th 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

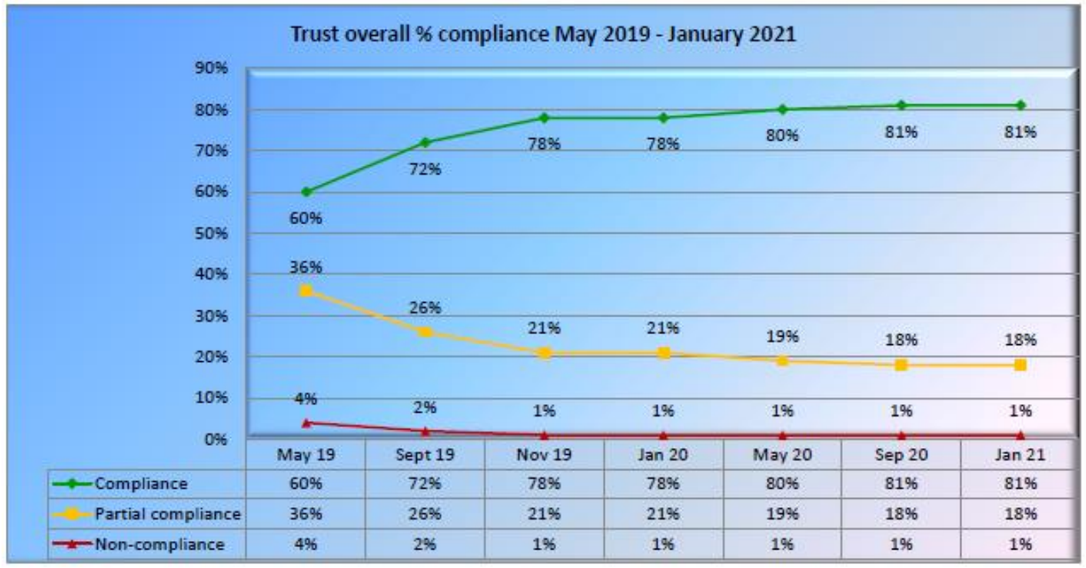
Criterion 6 Ensure that all are fully involved in the process of preventing and controlling infection.

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
Cambridge University Hospitals
NHS Foundation Trust

Fit Testing compliance for substantive staff

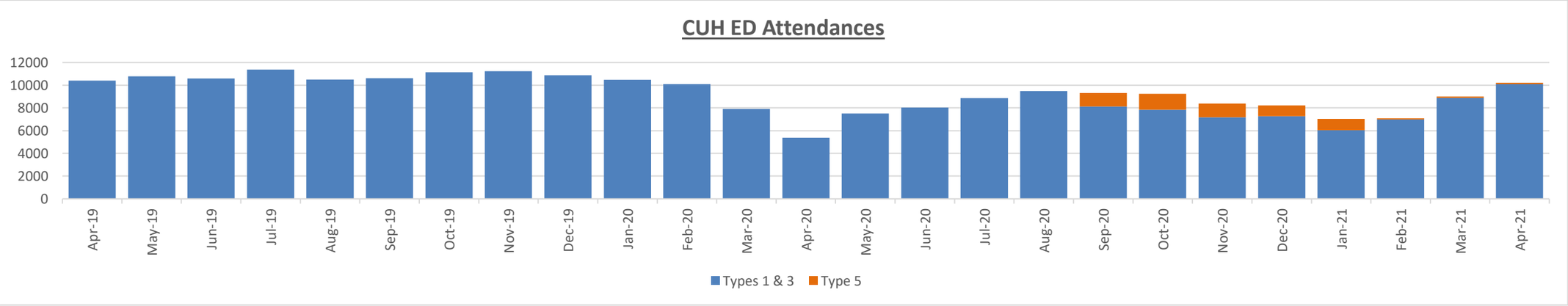
Fit testing compliance CUH	Division A			Division B			Division C			Division D			Division E			Corporate			Total		
	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	Total protected staff	% total staff protected	Number of staff requiring testing	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	395	369	93%	19	19	100%	168	143	85%	50	40	80%	202	169	84%	-	-	-	789	721	91%
Additional Clinical Services	79	71	90%	60	57	95%	55	48	87%	28	22	79%	33	26	79%	-	-	-	240	218	91%
Medical and Dental	228	207	91%	82	70	85%	172	144	84%	148	114	77%	120	83	69%	-	-	-	750	618	82%
Add Prof Scientific and Technic	39	37	95%	27	21	78%	-	-	-	5	5	100%	3	3	100%	-	-	-	74	66	89%
Allied Health Professionals	1	1	100%	52	51	98%	1	1	100%	-	-	-	-		-	-	-	-	54	53	98%
Estates, Ancillary Administrative and Clerical	47	36	77%	-	-	-	1	0	0%	10	8	80%	9	7	78%	40	32	80%	107	83	78%
Total	789	721	91%	240	218	91%	397	336	85%	243	190	80%	367	288	78%	40	32	80%	2036	1753	86%

The data displayed is at 19/05/21. 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 April 2021

Total attendances in April were 10,223. This is 185 (-1.8%) lower than April 2019.

Daily attendances (types 1 & 3) across both adults and children were 341 compared to 347 in April 2019.

Paediatric attendances were 1,825 (age 0-15), a decrease of 5.3% (-102) from April 2019.

Mental Health attendances were 351, a decrease of 3.3% (-12) compared to April 2019.

181 patients had an ED journey time in excess of 12 hours compared to 32 in April 2019. One patient waited more than 12 hours from their decision to admit compared to zero in April 2019.

Our conversion rate for type 1 & 3 attendances decreased to 27.5% compared to 32.9% in April 2019.

Additionally during April:

1,347 patients were streamed from ED to our medical assessment units on wards N2 and EAU4. 3,590 patients were streamed to the Urgent Treatment Centre (UTC), of which 1,538 patients were seen by a GP or ECP. 381 patients were streamed to SAU. 50 patients were streamed to Clinic 5 (Medical Ambulatory Unit).

May month to date

In the May month to date there has been an average of 356 attendances per day (all types) compared to 348 by the same point in May 2019 (+8, +2.3%). 98 patients have had an ED journey time in excess of 12hrs compared to 1 by the same point in May 2019. We have had three 12hr DTA breaches in the month to date, higher than the zero seen by the same point in May 2019.

Ambulance handovers

In April 2021 we saw 2,938 conveyances to CUH which was an increase of 8.7% (+236) compared to April 2019. Of these:

41.0% of handovers were clear within 15mins vs. 64.1% in April 2019.

90.8% of handovers were clear within 30mins vs. 97.2% in April 2019.

98.7% of handovers were clear within 60mins vs. 99.6% in April 2019.

Actions being undertaken by the Emergency Department:

Review of time from ED to Critical Care – This review will identify opportunities to improve the speed of patient assessments/treatments within the department and their transfer to critical care.

Redevelopment of the N2 pathway – This work will enhance the existing pathway to ensure that all medical patients requiring a side room for their assessment are transferred to the N2 assessment unit to minimise risk of nosocomial infection.

Nursing review – This review will identify staffing shortages and update the nurse to patient ratio if required.

Q16 project – A new point of care machine will be installed in the department to decrease turnaround times for identifying patients with COVID.

Streaming project – To robustly manage and expedite streaming of patients to the correct area from the point they arrive in ED.

Direct booking of NHS 1111 patients into timed slots and patient redirection pilots – These projects form part of the NHSE/I directive to minimise attendances to the department and will support the smoothing of patient demand.

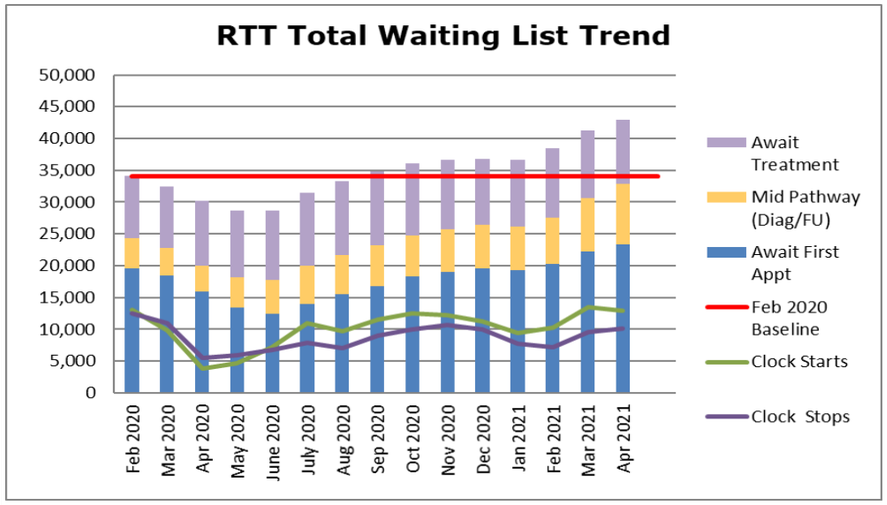
Development of the pathway to Clinic 5 (Ambulatory care) – Collaboratively working with specialties to provide SDEC services and reduce crowding in the department.

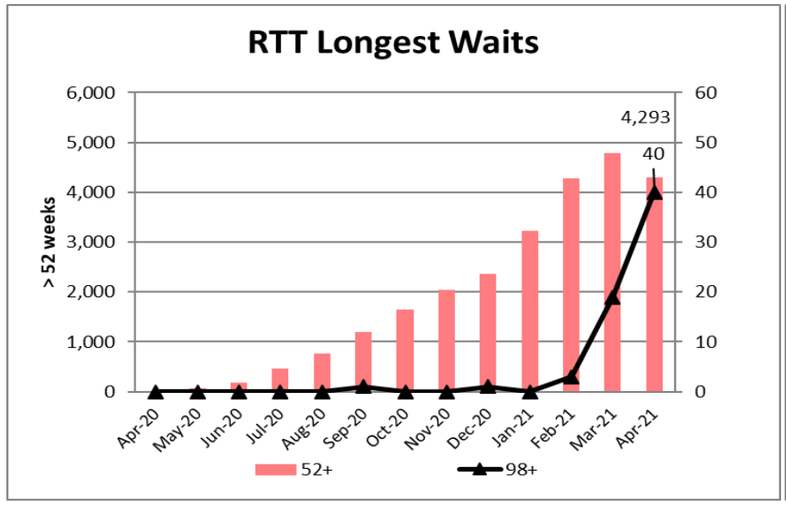
A review of the UTC service – We are reviewing staffing levels and processing power in the UTC to maximise flow of minors/GP/ECP patients.

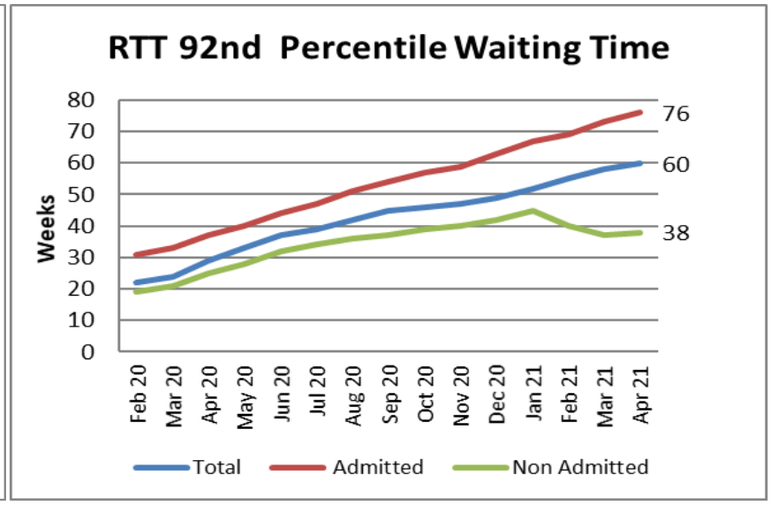
RTT

Cambridge University Hospitals NHS Foundation Trust

National Targets







The Total RTT waiting list size increased by 1,647 in April to 42,962. This represents a growth of 26% compared to the February 2020 pre-covid baseline.

The number of patients joining the RTT waiting list (clock starts) were 603 lower than March, however, on a per working day basis this actually represented a 10% increased trend in month given April had three less working days. This was 97% of the April 2019 volume. Clock starts represented 30% of the total waiting list size in the month, and patients waiting to commence the first appointment along their pathway are 55% of the total volume.. This reflects the importance of outpatients in waiting list recovery.

The number of treatments delivered in April demonstrate a positive improvement up to 85% compared to April 2019. Clock stops increased by 592 in month, with non-admitted activity up by 492, and admitted activity with an increase of 100. Both represented over a 20% increase in month when taking account of the working days. The clearance time for the RTT waiting list *(how long it would take to clear if no further patients were added)* therefore reduced, and for the admitted waiting list the clearance time fell from 22 weeks to 18 weeks. To recover to a clearance time equivalent to our pre-covid performance would require delivery of RTT activity at 126% of 19/20 levels.

The 92nd percentile waiting time has now increased to 60 weeks from 22 weeks before the pandemic. Admitted patients have risen to 76 weeks.
The volume of patients waiting over 52 weeks decreased for the first month by 492 to 4,293. This is associated with the flow through of the reduced demand seen12 months earlier in April 2020 at the beginning of the pandemic. However, the number of patients treated who had waited over 52 weeks did increase to 659 in April. 165 of these were in Ophthalmology, and we also saw increased over 52 week treatments in Orthopaedics and ENT. Collectively they were 44% of the over 52 week treatments this month which is equivalent to the proportion of over 52 week waits overall that they account for..
Regionally the ambition is to recover long waits to below 98 weeks by the end of September (H1). CUH had 40 patients waiting over 98 weeks at the end of April and this is forecast to continue to increase. The main challenge will be delivering this ambition for ENT and Orthopaedics where the highest volumes are forecast, whilst still delivering care across all services in order of clinical priority. We will be working across the Cambridge and Peterborough system to see how the recovery of these services can be supported. NWAFT's greater challenges are in Ophthalmology and Urology.

National data published for March showed an increase in 52 week waits up to 436,127 from 387,885. Regionally CUH has the third highest proportion of patients waiting over 52 weeks at 12% of the total waiting list. Norfolk and Norwich has increased to 18%, and West Suffolk Hospital remains at 16%. Amongst our Shelford Group peers, Birmingham is now most challenged at 13%, with Manchester and CUH at 12%.

Author(s): Linda Clarke

Owner(s): Ewen Cameron

Cancer

National Targets

Cancer Standards 20/21	Target	20-21 Q1	20-21 Q2	Qtr 3 - 20/21	Jan-21	Feb-21	Mar-21	Qtr 4 - 20/21
2Wk Wait (93%)	93%	96.5%	94.5%	94.3%	90.3%	97.5%	96.7%	95.0%
2wk Wait SBR (93%)	93%	98.3%	95.7%	87.7%	79.6%	100.0%	96.2%	91.9%
31 Day FDT (96%)	96%	89.2%	87.6%	94.9%	95.0%	86.9%	85.5%	88.6%
31 Day Subs (Anti Cancer) (98%)	98%	99.2%	99.4%	100.0%	99.1%	99.2%	100.0%	99.4%
31 Day Subs (Radiotherapy) (94%)	94%	99.5%	98.1%	97.8%	98.0%	100.0%	97.7%	98.5%
31 Day Subs (Surgery) (94%)	94%	79.1%	72.4%	88.3%	84.7%	78.3%	78.1%	79.8%
FDS 2WW (75%)	75%	81.5%	82.1%	85.8%	80.3%	86.3%	86.0%	84.2%
FDS Breast (75%)	75%	77.0%	99.1%	98.5%	98.1%	95.2%	100.0%	98.3%
FDS Screen (75%)	75%	36.2%	73.6%	74.0%	55.9%	41.8%	49.2%	49.1%
62 Day from Urgent Referral with reallocations (85%)	85%	78.5%	78.8%	**81.7%**	**80.6%**	**78.5%**	**74.7%**	**77.7%**
62 Day from Screening Referral with reallocations (90%)	90%	63.8%	67.9%	**81.8%**	**90.9%**	**43.8%**	**55.0%**	**57.3%**
62 Day from Consultant Upgrade with reallocations (50% - CCG)	50%	83.3%	76.9%	64.7%	100.0%	33.3%	69.2%	68.4%

To March 2021 by site

To March 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	5	82%	3	40%	9	76%	1	95%	19	97%	2	90%	
Children's						100%		100%	1	90%			
Lung	1	78%				100%				100%	1	50%	
Upper GI	1	87%				100%	2	85%	4	83%		100%	
Lower GI	12.5	38%	7.5	55%	6	88%	6	68%	11	97%	2	83%	12
Skin	2	92%			3	93%	1	96%	10	98%	3	90%	4
Gynaecological	3.5	70%				100%	1	83%	11	94%	3	50%	
Central Nervous						100%		100%	9	25%			
Urological	8	70%			25	58%	11	27%		100%	17	6%	14
Testicular										100%			
Head & Neck	4	53%			4	73%	3	57%	7	97%	1	75%	2
Sarcomas	1				1	67%		100%		100%			
Other Haem Malignancies	2.5	81%				100%				100%	2	75%	2
FDSUnknown	0		0		0		0		0		235	87%	

The latest nationally reported Cancer waiting times performance is for March 2021.

The 2ww standard was achieved in March with performance at 96.7% which compared to 91.2% Nationally. We also achieved the symptomatic breast 2WW standard at 96.2% compared to National performance of 76.9%.

The 62 day Urgent standard performance in March fell to 74.7%. This compared to 73.9% Nationally. Of the 43.5 accountable breaches, 49% were due to capacity delays across outpatient, diagnostics and surgery driven by need to support COVID capacity in the peak of the last wave. There were 12 late referrals, of which CUH treated 7 within 24 days. Lower GI had the highest volume by site at 12.5 followed by Urology with 8.

The 62 day screening standard incurred 10.5 breaches this month with an improvement in performance but only to 55%. Lower GI were 71% of the breaches with the remainder in Breast. Only 2 were not capacity related. During the COVID response Lower GI pathway resources are limited both through the re-deployment of Endoscopy staff as well as the loss of surgical capacity.

The 31 day FDT standard was down to 85.5% in March, compared to National performance of 94.7%. We did increase the number of cancer treatments by 20% compared to February, delivering 337 which are equivalent volumes to September 2020 as we started to recover from the first wave. 34 of the 49 breaches were due to capacity. The subsequent surgery standard remained below target, and below National performance of 86.4%. These were also due to elective surgical capacity.

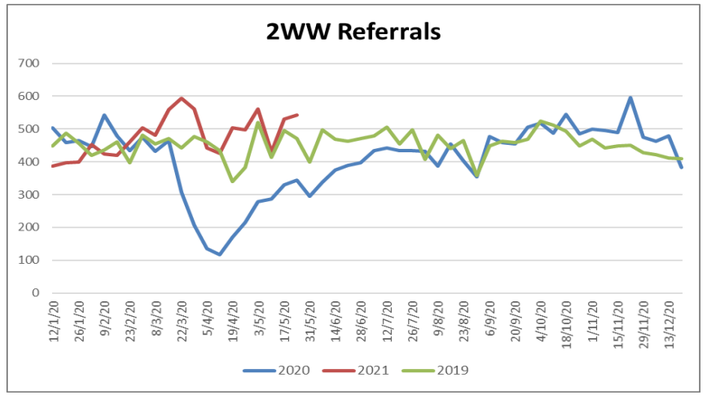
Twenty-three patients waited >104 days for treatment on a cancer pathway in March. Eleven were shared pathways referred between days 53 and 163, four of which CUH treated within 24 days. Capacity delays across all elements of the pathway during the COVID peak were the dominant reason.

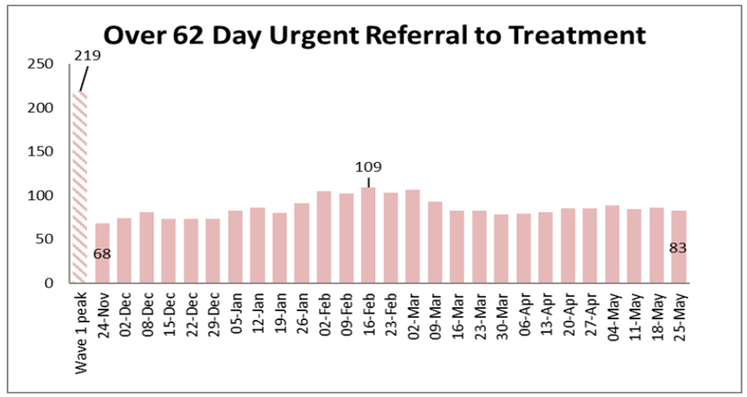
The RCAs have been reviewed by the MDT Lead Clinicians and the Cancer Lead Clinician for the Trust. Two pathways have been assessed as 'moderate harm' and presented to the Trust Harm Review Group.

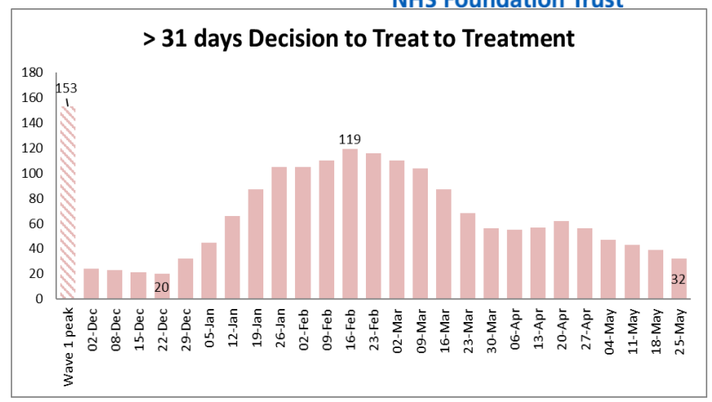
Cancer

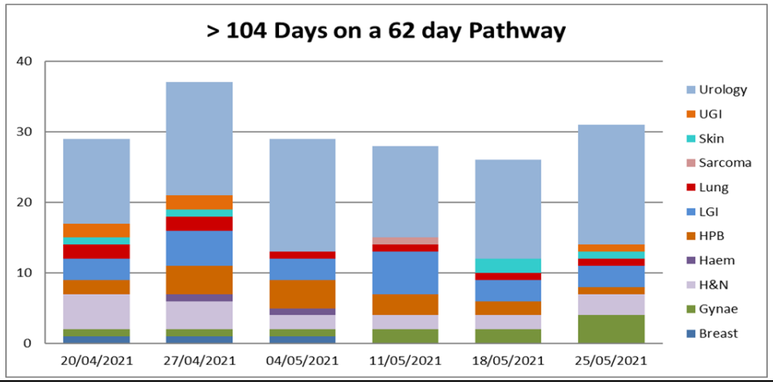
Cambridge University Hospitals NHS Foundation Trust

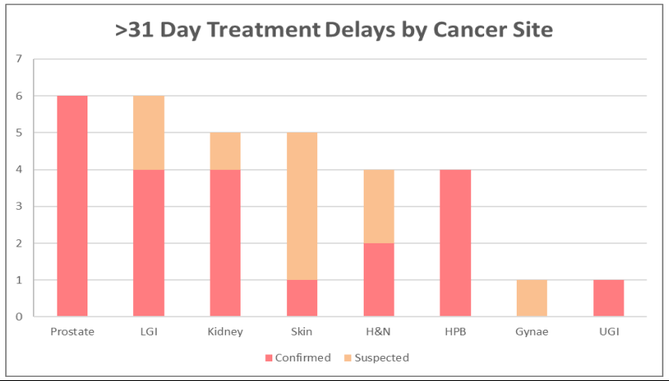
National Targets











Impact of COVID - 19

Throughout April and May to date 2WW suspected cancer referrals have been running at 113% compared to baseline levels pre-covid. We have seen volumes over 500 per week in four of the past six weeks. Breast have recovered well from the impact of the high demand which led to delays in April. The current risk is within Gynaeoncology due to shortage of skilled nursing staff trained in the diagnostic procedures and a case for additional medical staff to mitigate has been put forward.

The number of patients waiting >62 days on an Urgent pathway has continued to be stabilise in May and remains ~20 higher than our recovery plan aim by the end of September. 36% of patients do not yet have a confirmed cancer diagnosis. 28% have treatment booked within the next 3 weeks. 39 are shared pathways with other hospitals. Urology pathways account for 32%. of the backlog but this is representative of the same proportion as pre-covid.

There has also been a further reduction in patients waiting over 31 days for treatment in the month. This has now reduced to 32 from 57 reported last month. 23 of those are scheduled for treatment. The highest delays remain for Urology cancers, across Kidney and Prostate where a lower clinical priority has been assessed of P3 /P4, but these have reduced by over 50% since last month. Equipment failure for Brachytherapy led to further delay for some Prostate cases but this has been addressed. The Surgical Prioritisation Group allocated sufficient availability of theatre time through May and June to support recovering the cancer delays.

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 also progress their backlogs. We will also be monitoring whether the higher referral rate converts into a higher incidence of cancer requiring treatment.

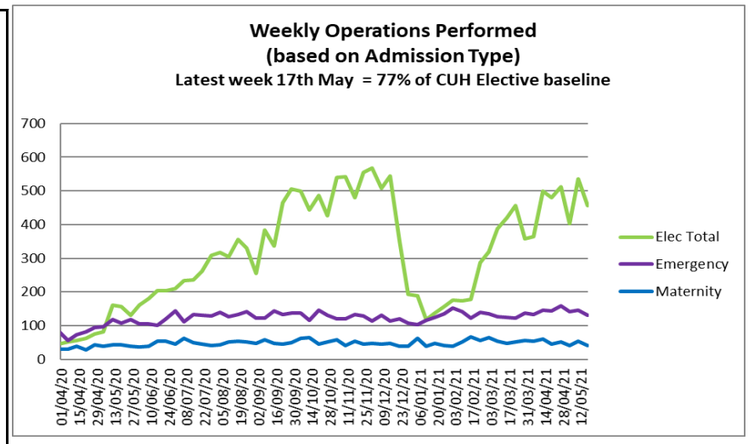
Author(s): Linda Clarke

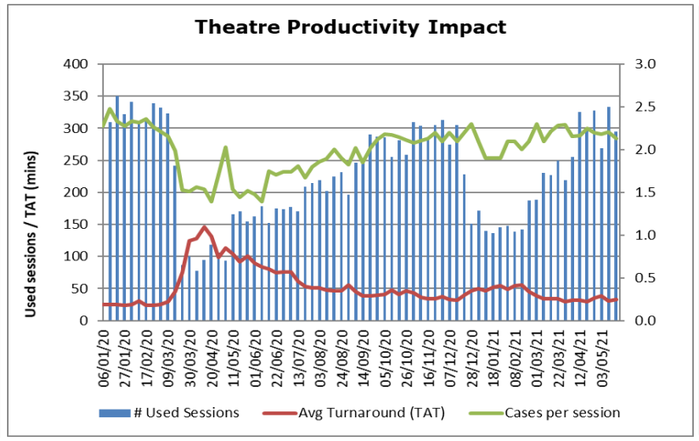
Owner(s): Ewen Cameron

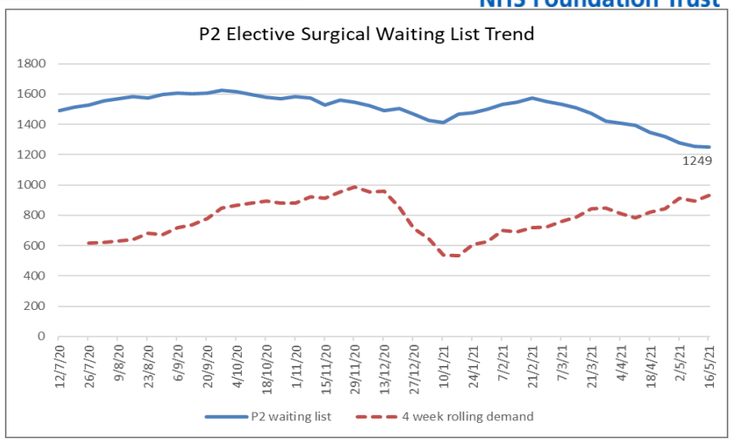
Operations

Cambridge University Hospitals NHS Foundation Trust

Operational Performance







Elective theatre activity in April increased to 83% of the April 2019 baseline, up from 58% compared to baseline in March. From 6th April the remaining seven theatres were opened as staff returned from shielding. This has taken us to our maximum of 34 theatres being operational, and we will continue to be three theatres short due to the closure of the A Block theatres.

The Surgical Prioritisation Panel has now allocated theatre sessions through to the end of August to facilitate advance scheduling of lists. For this period, allocation has been mindful of staff leave which will affect the maximum number of sessions surgical teams can cover. Orthopaedics will continue to have theatre capacity limited due to the availability of inpatient bed capacity. Ward C8 will be vacated as an Amber ward from the start of June, and this will be increasingly re-established as an Orthopaedic ward as nurse staffing allows. Initially this will afford more capacity for Orthopaedic trauma which will release the pressure on surgical beds in the ATC. Surgical teams are expected to continue to ensure they schedule the highest priority P2 and cancer cases within clinically appropriate , before scheduling lower priority long waiting patients.

The highest priority (P2) waiting list has continued to reduce through April and May. The gap between the 4 week rolling P2 demand and the P2 waiting list has reduced by a further 200 since last month. 35% of the P2 backlog remains in Orthopaedics. 47% of the backlog has a date to come in arranged. As clinicians continue to re-review patients waiting we are seeing patients upgraded to P2 priority and the new demand for P2 cases is also rising.

The Surgery Taskforce is taking forward weekend elective operating initially where there is willingness amongst staff to offer additional sessions. We have seen the uptake drop since lock down restrictions have eased. We have undertaken 132 elective surgical procedures at weekends throughout April and May to date, 35% of which have been in the Cambridge Eye Unit. In April in-list theatre utilisation was 83%, with 200 short notice cancellations. The taskforce continues to closely monitor utilisation at specialty level. The Regional theatre forum are discussing the challenge of how to overcome the impact on utilisation of short notice cancellations, now that patients cannot be substituted at short notice due to the requirement for covid testing and isolation before surgery.

The Independent Sector Q1 Indicative Activity Plan for the C&P system was for approximately a third less activity compared to the delivery through Q4, of which 80% is due to be Orthopaedics. With a backlog of private patient demand, even this significantly lower NHS activity has continued to be very slow through April and May and is likely to underperform by 50%. There are no contractual penalties within the NHSE Framework if activity plan volumes are not achieved. The CCG are making enquiries as to available capacity in Independent Sector hospitals in the wider Region.

Diagnostics

Cambridge University Hospitals NHS Foundation Trust

Operational Performance

Change from previous month:

Detriorated Improved

		Apr-21					
		Waiting List				Scheduled Activity	
		Total Waiting List	Variance from Feb 2020	% > 6 weeks	Mean wait in weeks	Scheduled Activity Apr-21	Variance from Apr-19 Baseline
Imaging	Magnetic Resonance Imaging	3045	55%	39.7%	7.6	1890	83.0%
	Computed Tomography	3204	209%	67.7%	18.6	2112	85.4%
	Non-obstetric ultrasound	2888	54%	39.5%	5.9	2974	91.9%
	Barium Enema	48	55%	33.3%	4.2	58	181.3%
	DEXA Scan	2054	217%	63.7%	9.2	388	89.4%
Physiological Measurement	Audiology	626	85%	66.6%	12.3	471	97.9%
	Echocardiography	1868	93%	69.3%	14.2	787	64.3%
	Neurophysiology	125	-54%	5.6%	2.6	178	78.4%
	Respiratory physiology	31	29%	58.1%	13.5	22	137.5%
	Urodynamics	184	98%	75.0%	9.8	62	87.3%
Endoscopy	Colonoscopy	1341	149%	70.0%	15.2	337	84.3%
	Flexi sigmoidoscopy	360	240%	68.6%	14.2	61	69.3%
	Cystoscopy	254	8%	49.2%	11	347	89.9%
	Gastroscopy	1542	165%	65.8%	14.2	520	90.3%
Total Diagnostic Waiting List		**17570**	**102%**	**57.2%**	**11.7**	**10207**	**85.6%**

Scheduled diagnostic activity in April continued to increase and was 18 % up on the prior month. This represents a recovery to 85.6% compared to April 2019.
The total waiting list size however continues to rise and is now 17,570 which is 102% higher than pre-covid in February 2020. The proportion of patients waiting over 6 weeks reduced by just 1% compared to March. The mean waiting time being 11.7 weeks.

Scheduled activity in **Imaging** increased by 18% in April , and as a comparison to April 2019 was up to 88%. The waiting list growth in Imaging was impacted by a data correction of approximately 2000 records where orders in EPIC had not previously generated a waiting list. These orders were always visible for scheduling. CT in particular continue to have very long waits with a mean of 18.6 weeks. An additional Independent Sector staffed mobile CT unit has been sourced from July and this is forecast to support a recovery by the end of September (H1) if run 7 days per week. At system level we have agreement to retain Independent Sector staffed mobile MRI units on the NWAFT site and CUH will have access to this from the beginning of June. Our own mobile MRI unit will also be restored into service from June with a forecast capacity of 400 scans per month. This supports an MRI recovery trajectory of November 2021. Further mitigating actions are being explored to support Ultrasound and Dexa. A community based mobile Dexa unit based in Doddington will be available in mid June and patients will be offered that option.

Scheduled **Endoscopy** activity further increased by 16% in April, delivering 87% compared to April 2019. Flexible sigmoidoscopy will never recover to baseline activity levels as change in bowel scope guidance means the demand will be reduced ongoing. The waiting list increased in all bar cystoscopy where the waiting list size has now come down to just 8% above the pre-covid baseline. Mean waiting time remains high in Endoscopy and there is a robust process in place led by the lead clinician for the re-review of the prioritisation of patients. Weekend working and Insourcing continue.

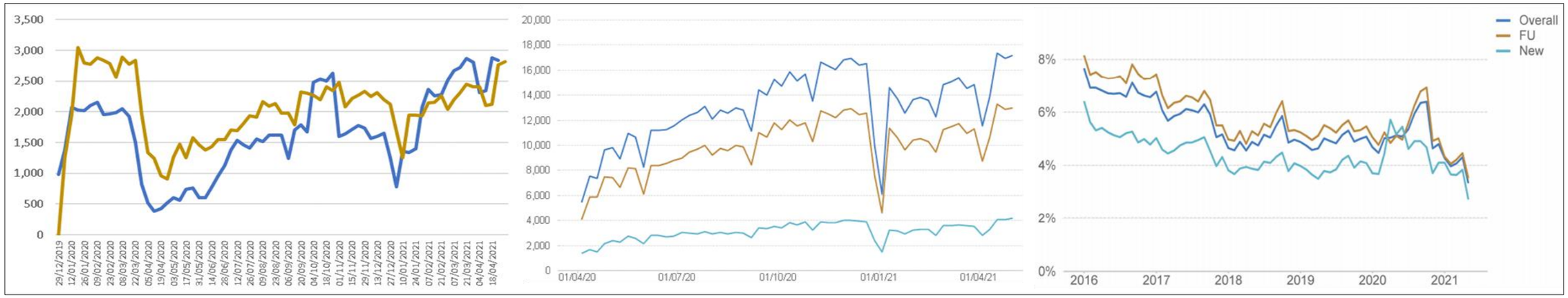
Physiological measurement scheduled activity increased by 22% in April, 75% compared to the April 2019 baseline. Echocardiography is the dominant service in this group and is pulling performance down as has only reached 64% recovery for scheduled activity. Staffing for Cardiology diagnostics continues to be challenging. An investment case for Insourcing and additional hours are awaiting Investment Committee and HR approval. System solutions are also being explored. NWAFT have an even greater to challenge to recover, but RPH have offered assistance. Cardiac physiologists have also been chosen as a workforce development focus for the system given the challenges.

Outpatients

Cambridge University Hospitals NHS Foundation Trust

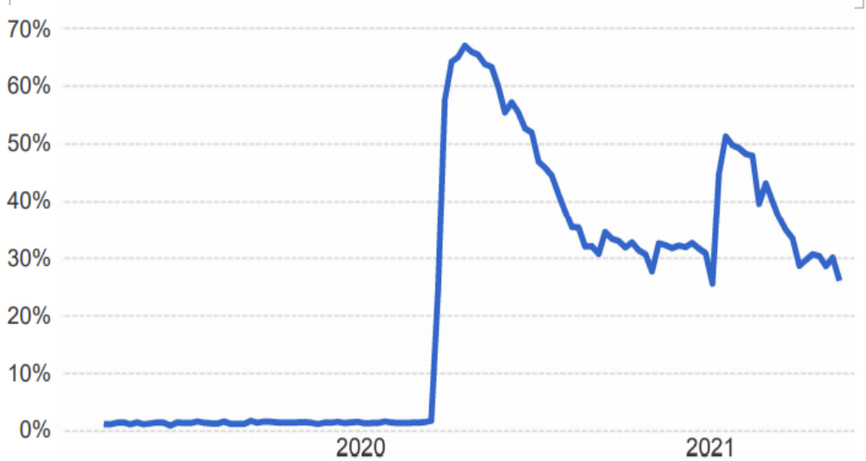
Operational Performance

Referrals	Attendances	DNA Rate



We continue to encourage virtual consultations as the default method of consultation, subject to patient choice. Since the January lockdown our percentage has reduced in a similar way to the previous lockdown. Absolute numbers remain stable at over 4,000, and the reduced percentage may reflect a different mix of consultations.

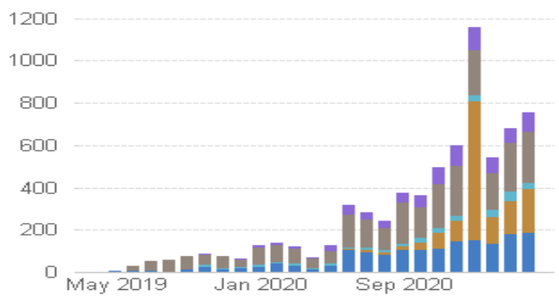
This data is being reviewed to take this into account, which we hope will show an increased percentage like for like. Gastroenterology continue to be the highest users of virtual consultations.



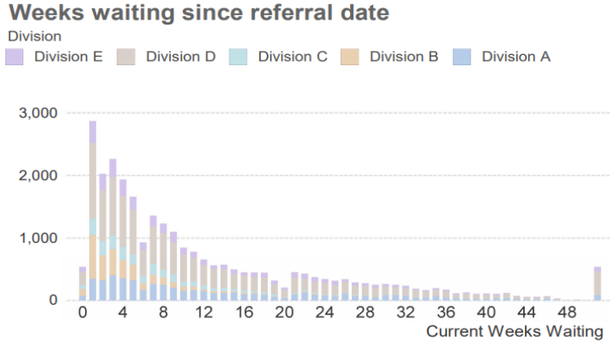
Average wait from referral received to first attended appointment by attendance month / weeks

TFC	Specialty	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
211	Paediatric Urology	20.8	19.7	21.5	12.5	20.5	28.8
216	Paediatric Ophthalmology	18.3	19.6	16.4	11.3	14.4	25.6
140	Oral Surgery	26.9	18.9	20.9	33.9	27.2	24.0
171	Paediatric Surgery	23.4	14.4	19.8	11.9	16.9	23.8
191	Pain Management	40.5	36.3	37.0	30.9	27.0	23.3
662	Optometry	19.3	25.5	29.9	14.7	13.0	22.8
144	Maxillo-Facial Surgery	24.7	17.5	17.2	29.0	27.4	22.0
104	Colorectal Surgery	8.7	8.4	8.5	5.3	4.4	21.9
143	Orthodontics	45.4	27.8	42.4	45.3	44.9	18.6
305	Clinical Pharmacology	10.3	9.8	9.4	10.7	14.4	17.5

PIFU orders placed each month



Weeks waiting since referral date



Author(s): Andi Thornton

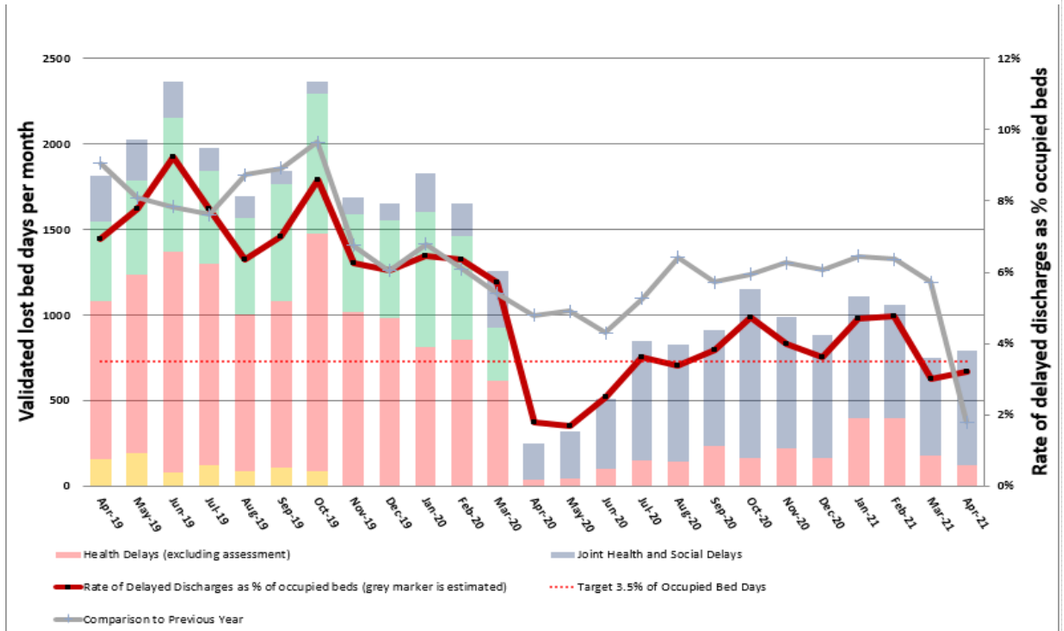
Owner(s): Chief Operating Officer

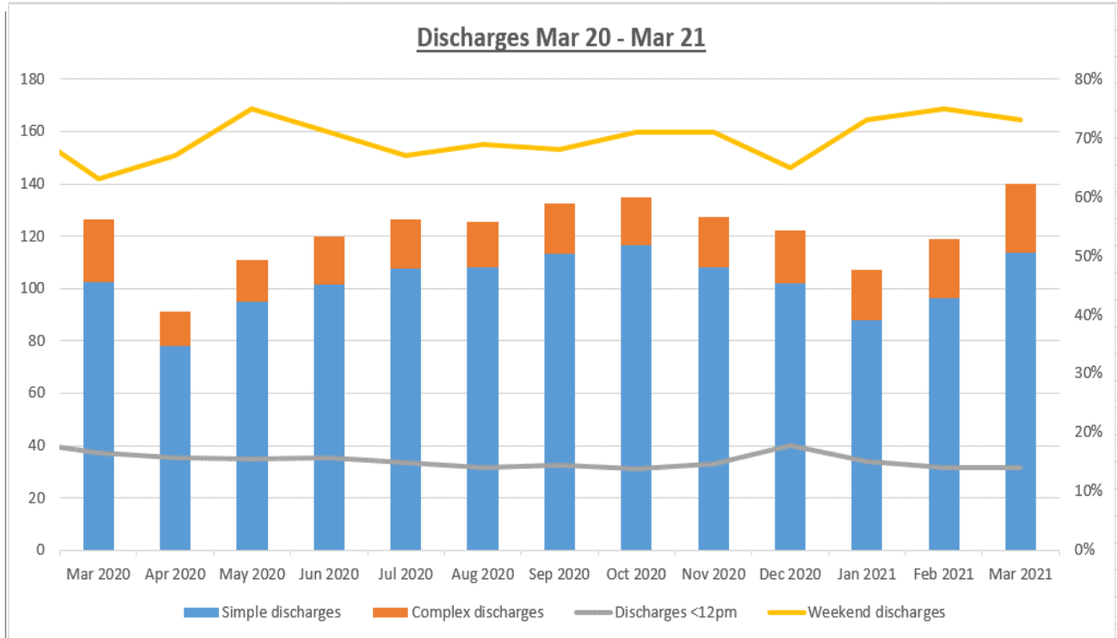
Together-Safe | Kind | Excellent

Delayed Discharges

Cambridge University Hospitals NHS Foundation Trust

Operational Performance





The Hospital Discharge Service Requirements guidance was updated in August 2020. For this April 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).

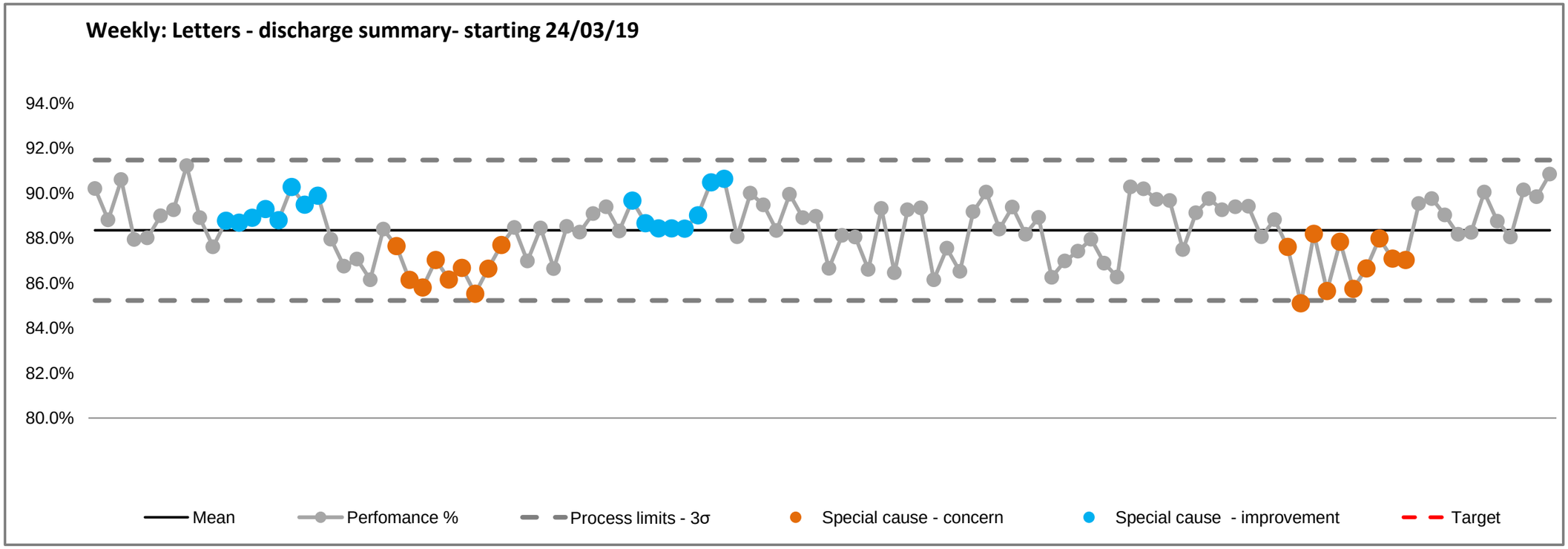
For April 2021, we are reporting 3.2%, a slight increase from 3% in March. In comparison to last year, there is a stark difference, with April 2020 at 1.79% following the immediate response to the Covid pandemic.
Within the 3.2%, 72% were attributable to Cambridgeshire and Peterborough CCG, and the remainder 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 April (570) this is an increase from March, where we reported 508. The increase in delays have been attributable to increase in patients waiting to access intermediate care services. The increase in lost bed days has risen from 144 in March, to 269 in April.
We have continued to see sustained improvement for patients waiting for out of area services. Essex reducing 35% from 98 (March) to 63 in April; Suffolk, 44% decrease, reporting 52 lost bed days and Hertfordshire with a slight increase from 35 lost bed days (March) to 46 in April.
For the total delays (local and 'out of area') within April for Care Homes were 42.8%, equating to 339 lost bed days for this counting period; domiciliary care (inclusive of Pathway 1 and Pathway 3) at 41.97% of the total lost bed days for the month, at 339, this has risen from 216 in March, a 57% increase.
Community bedded intermediate care (inclusive of waits for national specialist rehabilitation units) have improved with waits, reporting 120 lost bed days in April.

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 with support from ECIST to build, shape and design 'discharge to assess' over the coming 6-9 months.

Discharge Summaries

Cambridge University Hospitals NHS Foundation Trust

Operational Performance



The target has been exceeded on two occassions in March 2021; however, the run of data prior to this indicates that the target will not be met without intervention

Discharge summaries

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

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

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

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

Author(s): James Boyd

Owner(s): Ashley Shaw

Patient Experience

Cambridge University Hospitals NHS Foundation Trust

Patient Experience

The good experience and poor experience indicators omit neutral responses.

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Apr 21	Month	-	96.7%	96.2%	-	-	-	SPC chart/data started in July 2020 due to change in FFT question and Covid-19 impact on collecting patient experience data. Both the April Good score and Poor score remained the same, compared to March. Compared to April 2020 and the start of the pandemic, the April 2021 Good score is exactly the same. However the Poor score is 2% higher. The number of responses should be taken into consideration: April 2020 118 responses. **FOR APR: there were 479 FFT responses collected from approx. 4,083 patients.**
FFT Inpatient poor experience score	Jul 20 - Apr 21	Month	-	1.9%	1.4%	-	-	-	
FFT Outpatients good experience score	Apr 20 - Apr 21	Month	-	95.8%	95.5%		-	-	Outpatient data (adult FFT collected by SMS) had no change with the Good and Poor scores compared to March. Comment card collection resumed mid-April . Compared to April 2020, the Good score is about the same and the Poor score is 0.7% higher . **FOR APR: there were 7,062 FFT responses collected from approx. 30,293 patients.**
FFT Outpatients poor experience score	Apr 20 - Apr 21	Month	-	1.9%	2.0%		-	-	
FFT Day Case good experience score	Apr 20 - Mar 21	Month	-	96.7%	97.4%		-	-	Both the April Good & Poor scores remained exactly the same compared to March. Covid continues to impact the number of appointments, but they are increasing. Compared to April 2020, the Good score is 1.3% lower and the Poor score is 1% higher. **FOR APR: there were 883 FFT responses collected from approx. 4,128 patients.**
FFT Day Case poor experience score	Apr 20 - Apr 21	Month	-	1.6%	1.3%		-	-	
FFT Emergency Department good experience score	Apr 20 - Apr 21	Month	-	88.9%	91.8%		-	-	The April Good score decreased by 3% compared to March and the Poor score increase by approx 2%. However, March scores were the strongest for the past 7 months. The Adult ED Good score in April decreased by 4% / Poor score increased by 2%, compared to March. ED Paeds scores also declinced: 1% for the Good Score and 0.5% for the Poor score. Compared to April 2020, the Good score is 5.5% lower and the Poor score 4% higher. **FOR APR: there were 1213 FFT responses collected from approx. 5,055 patients**.
FFT Emergency Department poor experience score	Apr 20 - Apr 21	Month	-	6.2%	4.6%		-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Apr 21	Month	-	97.1%	95.9%		-	-	SPC chart/data started in July due to change in FFT question and Covid-19 impact. **FOR APR:** Antenatal had 4 FFT responses; 100% Good. Birth had 28 FFT responses from Birth Unit patients with 100% Good score, and Delivery Unit had 2 FFT response collected with 100% Good score. Postnatal had 206 responses (189 from Lady Mary / 14 from Birth Unit / 0 from DU, 1 from Sarah, 2 from COU) and 96.6% Good score and 1% Poor score. This is an improvement by 3% Good score and 1.7% Poor score compared to March. Post Community 0 data.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Apr 21	Month	-	0.8%	1.5%		-	-	

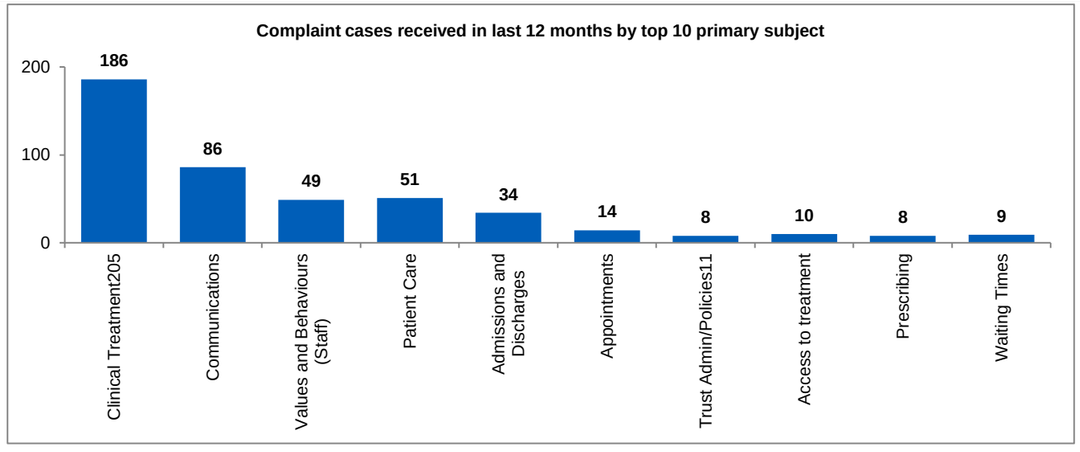
FFT data starts from April 2020 for day case, ED and outpatient FFT as Covid-19 did not impact surveying by SMS. Inpatient and maternity FFT data starts with July 2020 as FFT collection resumed using iPads, comment card and QR codes after FFT was not collected in Q1 due to Covid-19.
NHS England has resumed FFT submission in December. Wards impacted by Covid have not been included in submission.
April Inpatient, Day Case and OP FFT remained consistent with less tha 0.5% change in Good scores and Poor scores. For ED both Adult FFT scores and Paeds FFT scores declined in April, compared to March. The April Maternity overall Good score improved by 3% and the Poor score also improved by 2%, compared to March.

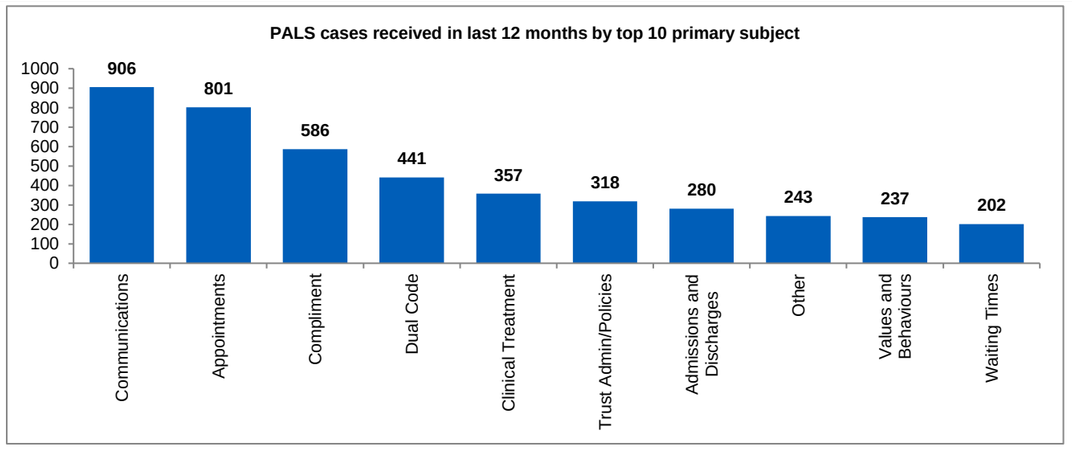
PALS and Complaints Cases

Cambridge University Hospitals NHS Foundation Trust

Safety and Quality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Apr 18-Apr 21	month	-	36	53	L	S7	-	The number of complaints received between Apri 18 - April 2021 is below the normal variance.
% acknowledged within 3 days	Apr 18-Apr 21	month	95%	100%	94%		-	?	All complaints received in April were acknowledged within 3 working days.
% responded to within initial set timeframe (30, 45 or 60 working days)	Apr 18- April 21	month	50%	43%	32%		-	F	46 complaints were responded to in April , 20 of the 46 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Apr 18 - Apr 21	month	80%	96%	82%	H	S7	?	44 out of 46 complaints responded to in April were within the initial set time frame or within an agreed extension date.
% complaints received graded 4 to 5	Mar 19-Apr-21	month	-	20%	31%		-	-	There were 12 complaints graded 4 severity, and 3 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 - Apr 21	month	-	49	38		-	-	Compliments received by the PALS department were higher than average.





PHSO - 1 case has been accepted for investigation in April - relating to Gynaecology care provided in 2015.
Completed actions: During April 2021, a total of 11 actions were registered and allocated to the appropriate staff members. These actions were as a result of grade 3,4 and 5 complaints closed between 1 and 31 March 2021. A total of 7 of these actions have already been completed within their allocated timescales. There are currently 4 actions yet to be completed, however, these are still within the allocated timeframes. Taking this into consideration, 100% of the actions registered in April 2021, have been completed in time.

Author(s): Sue Bennison

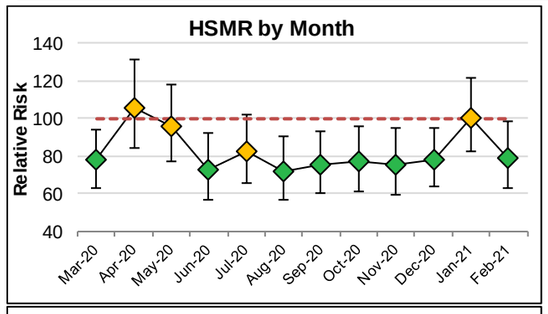
Owner(s): Oyejumoke Okubadejo

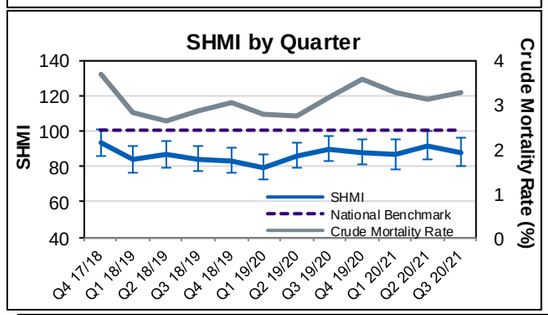
Learning from Deaths

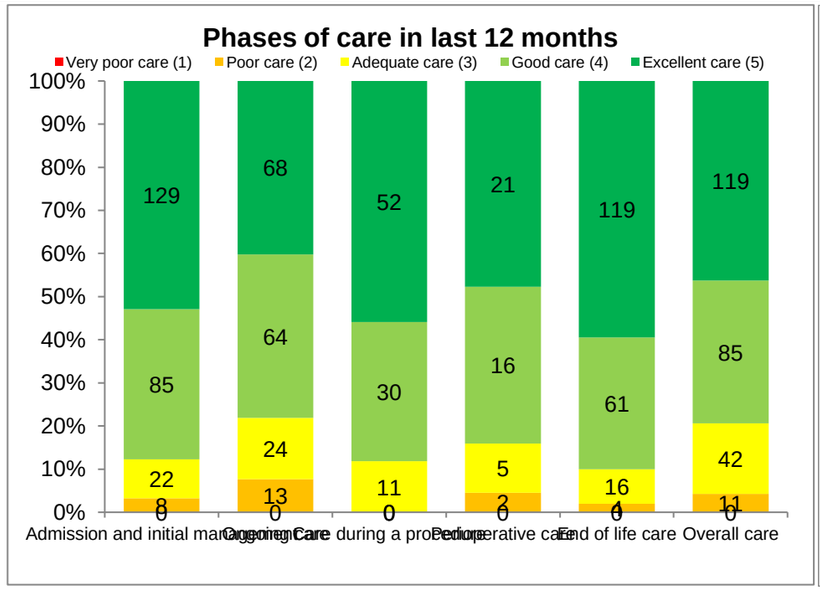
Cambridge University Hospitals NHS Foundation Trust

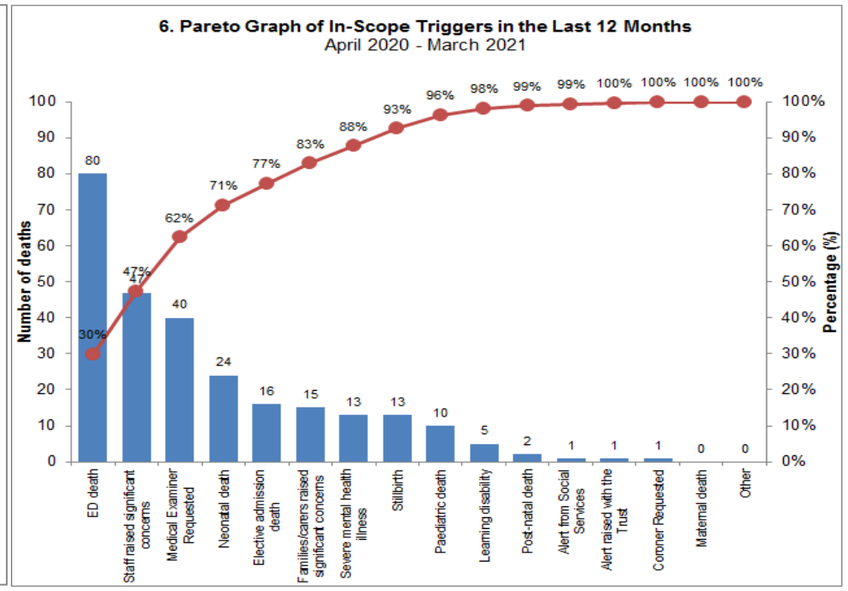
Mortality

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Emergency Department and Inpatient deaths per 1000 admissions	Apr 18 - Apr 21	month	-	7.40	8.34		-	-	There were 116 deaths in April 2021 (Emergency Department (ED) and inpatients), of which 5 were in the ED and 111 were inpatient deaths. There is now normal variance in the number of deaths per 1000 admissions.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	Feb 18 - Apr 21	month	-	22%	20%		-	-	In April 2021, 26 SJRs were commissioned.
Unexpected / potentially avoidable death Serious Incidents commissioned with the CCG	Feb 18 - Apr 21	month	-	0	0.85		-	-	There were no unexpected/potentially avoidable deaths serious incident investigations commissioned in April 2021.









Executive Summary

HSMR - The rolling 12 month March 2020 to February 2021) HSMR for CUH is 82.06, this is 6th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 94.36.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, January 2020 to December 2021 is 88.46.
Alert - There are 4 alerts for review within the HSMR and SHMI dataset this month.

Author(s): Richard Smith

Owner(s): Dr Sue Broster

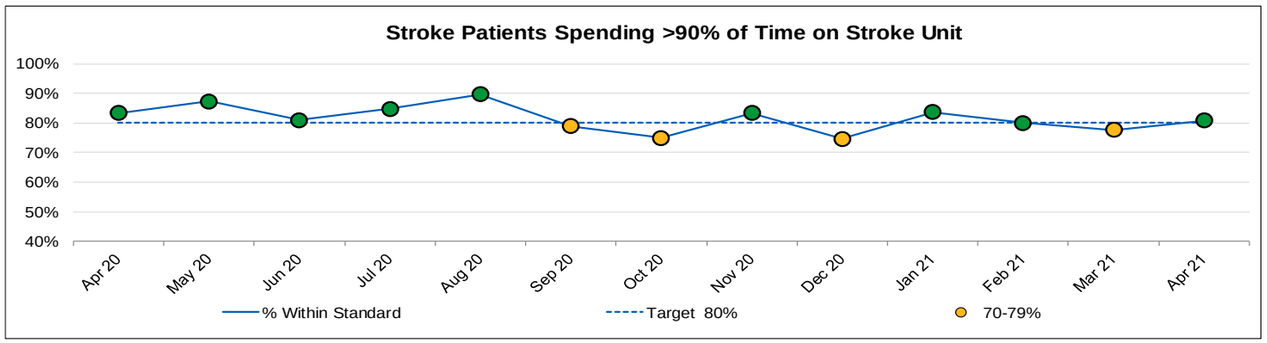
Stroke Care

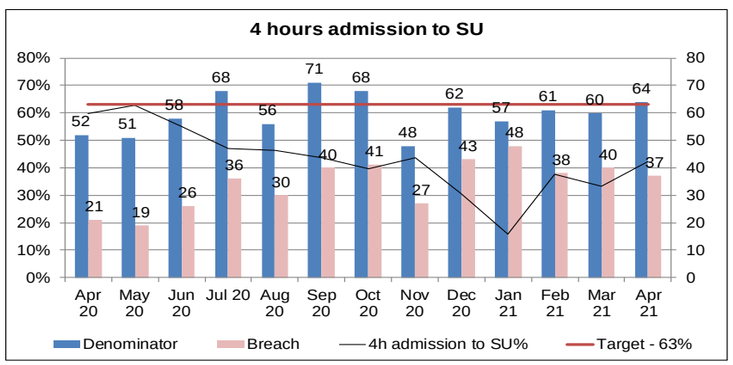
Cambridge University Hospitals NHS Foundation Trust

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%)
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%
Mar 21		4						1					4	4		1	14	77.6%
Apr 21		4	1				1	3		2			2				13	80.9%
Summary	1	49	4		0	0	4	12	1	13	12	0	21	30	0	5	153	





Reasons for not meeting 4hrs in April 2021	Total
Trust Bed Capacity	16
Delayed referral to stroke team	5
Delay to SU/Aw senior medical review	3
Not referred to stroke team	3
Complex patient	2
Stroke Nurse Capacity	2
Aw Covid results before taking the pt to SU	1
CT delay	1
Delay to SU as treated as amber	1
Not referred immediately by w ard staff, initially reported	1
Not thought to be a stroke/MRI later confirmed stroke	1
Palliative patient	1
Grand Total	**37**

'Trust Bed Capacity' (4) and 'Clinical - Appropriate pathway for patient' (3) were the main factors contributing to breaches last month, with a total of 13 cases in April 2021.

4hrs adm to SU (67%) target compliance was not achieved in April = **42.2%**

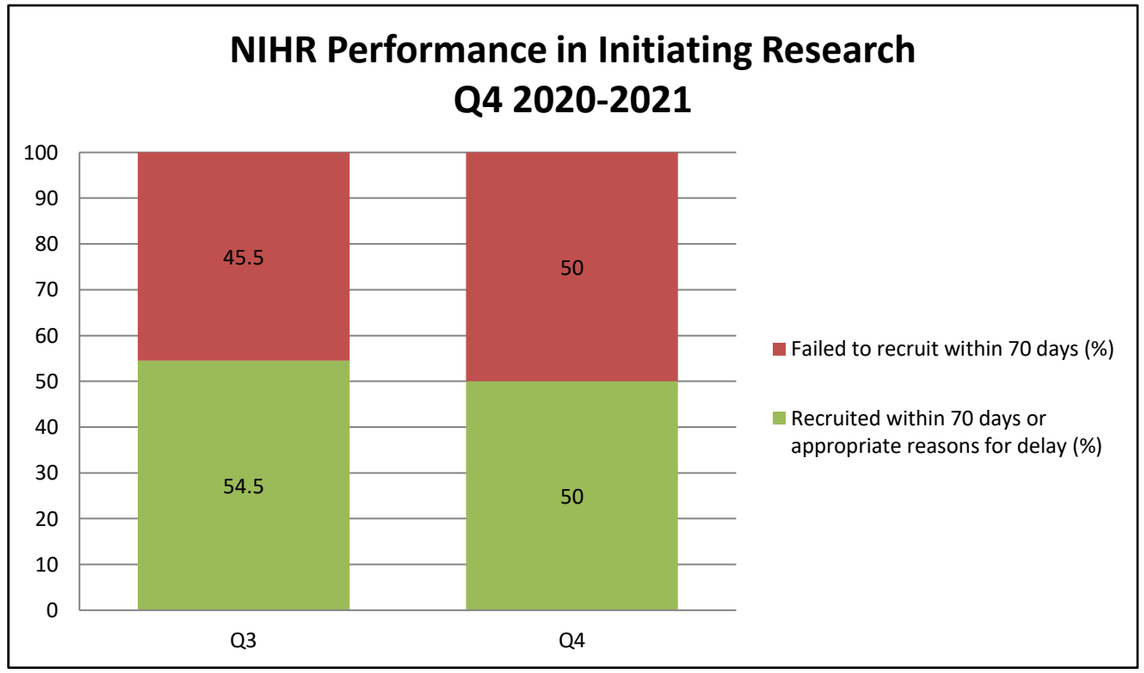
Key Actions

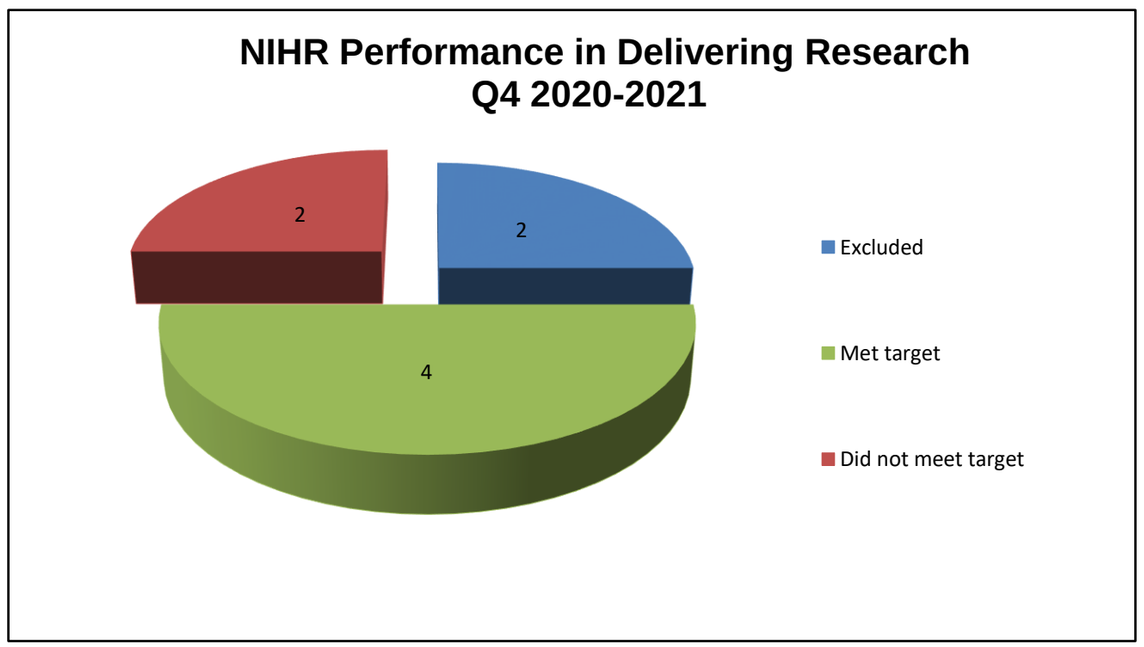
- The most recent surge of COVID patients from Dec 2020 onwards had an impact on Stroke metrics. Given operational pressures on the Hospital's medical bed-base this has been unavoidable. It appears performance is now recovering.
- During the week of 04/01/2021 there was a COVID outbreak on R2/Lewin. 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 is trialling an MRI in Stroke triage process . 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 has now restarted.
- 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 but no meeting have yet been possible.
- 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.

Clinical Studies

Cambridge University Hospitals NHS Foundation Trust

Clinical Studies Measures





Situation as at 31/03/2021 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 ou 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 51 non-commercial and commercial clinical trials was submitted this quarter.
Of all analysed trials, 50% (5/10) met the target, which is a slight decrease in performance from the previous quarter. We have however had an overall improvement over the past three quarters, 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.
40 studies did not meet the target, but appropriate reasons have been given for 35 of them, which will exclude them from the analysis.
There are 6 studies that are still able to meet the target.

Delivering to target:
Data was submitted on 8 commercial trials this quarter.
With 2 studies not having an agreed target, 6 trials have been analysed, giving a performance of 66.7% (4/6)
This is up from Q3's performance of 63.6% (7/11).
Of the trials not meeting the recruitment target, none were withdrawn by the Sponsor before having the opportunity to meet the recruitment number/range agreed.

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

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Maternity Measures

ROSIE MATERNITY DASHBOARD APR 20

Sources / References	KPI	Goal	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	Mar-21	Actions taken for Red/Amber results
	.																	
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	486	
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%	96.80%	98.16%	94.39%	88.85%	90.78%	94.72%	
Source - EPIC	Normal Birth	> 55%	< 55%	SVD's in all birth settings	Rosie KPI's	59%	59%	57%	55%	58%	55.86%	54.24%	54.19%	50.14%	57.91%	52.41%	54.33%	
Source - EPIC	Home Birth	> 2%	< 1%	Planned home births (BBA is excluded)	Rosie KPI's	2%	4%	3%	2%	2%	2.52%	0.82%	1.86%	2.83%	2.43%	2.29%	1.23%	
Source - EPIC	MLBU Birth	> 22%	< 20%	MLBU births	Rosie KPI's	19%	20%	19%	15%	22%	16.09%	15.94%	16.97%	15.29%	19.46%	16.53%	16.26%	Working group established - affected by antenatal education and preparation for labour. Review of cases demonstrates that women are admitted to the RBC according to guidance. Transfers require discussion with a senior RM.
Source - EPIC	Induction of Labour	< 24%	> 29%	Women induced for delivery	Rosie KPI's	26%	30%	32%	35%	35%	32.86%	36.99%	33.41%	37.75%	35.36%	33.67%	33.88%	IOL Case review underway. Cases from Aug/Sep reviewed and comparative case review being undertaken for Jan/Feb/March. In previous review all IOL were according to indication. Informed consent being explored as part of service user survey in line with NICE qualtiy standards.
Source - EPIC	Ventouse & Forceps	<10-15%	<5%>20%	Instrumental Del rate	Rosie KPI's	14%	13%	12%	13%	15%	11.03%	11.39%	12.79%	11.62%	12.65%	13.99%	13.99%	
Source - EPIC	National CS rate (planned & unscheduled)	< 25%	> 28%	C/S rate overall	Rosie KPI's	27%	28%	31%	32%	28%	33.10%	34.37%	33.02%	38.24%	29.44%	33.58%	31.06%	Our perinatal outcomes are not outlying so potentially this rate is right for our population. We are a tertiary unit. LSCS rate potentaillly reflective of our acuity
Source - EPIC	Smoking at delivery Number of women smoking at the time of delivery	< 10%	> 11%	% of women Identified as smoking at the time of delivery	Rosie KPI's	6%	8%	6%	9%	5%	3.96%	6.34%	8.94%	7.49%	6.34%	6.68%	5.19%	
	Workforce																	
	Midwife/birth ratio (actual)**	01:24	1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:23:4	1:24:1	1:24:2	1:24:1	1:24:5	1:24:6	1:23:9	1:23:9	1:24:0	1:24:0	1:23:7	1:24:5	Clinical midwife WTE as per BR+ = clinical midwives, midwife sonographers, post natal B3 and nursery nurses. For actual ratio, calculation includes all permanent WTE plus bank WTE in month.
	Midwife/birth ratio (funded)**	1.24.1	N/A	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	01:25.1	1:25:0	1:25:0	1:24:9	1:23:2	1:23:3	1:23:4	1:23:4	1:23:1	1:22:9	1:22:9	1:23:2	Midwife/birth ratio has been restated from April 19 based on the BR+ methodology and targets updated. Previous ratio was based on total clinical and non-clinical midwife posts excl midwife sonographers.
Source - CHEQS	Staff sickness as a whole	< 3.5%	> 5%	ESR Workforce Data	CHEQs	4.24%	4.31%	4.26%	4.33%	4.46%	4.45%	4.33%	4.25%	4.23%	4.11%	3.68%	3.73%	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%	92.30%	92.10%	91.80%	92.50%	90.60%	90.50%	90.90%	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	0	
Source - QSIS	ITU Admissions in Obstetrics	1	> 2		Risk Report	0	0	1	0	1	0	1	0	0	1	0	2	massive haemorrage both cases
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%	3.49%	updated guideline agreed focused teaching and education
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%	3.30%	
Source - QSIS	Maternal Death	0	>1		Risk Report	0	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	1	ITU admission
Source - QSIS	Information Governance	0	>1		Datix	0	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*	*1*	
Source - QSIS	Never Events	0	>1	DATIX	Datix	0	0	0	0	0	0	0	0	0	0	1	0	

Maternity Dashboard

NHS 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%	3.60%	pulled from EPIC any manovures are reported
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	0.48/1000	
Source - EPIC	Stillbirths - number ≥ 22 weeks	0	6	MBBRACE	Risk report	4.00	1.00	1.00	1.00	3.00	1.00	2.00	1.00	0.00	1.00	0.00	1.00	
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	1	fractured skull during LSCS
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	1	
Source - EPIC	Baby born with a low cord gas < 7.1	<2%	> 3%		Risk Report	0.49%	0.42%	0.46%	1%	0.89%	0.68%	0.82%	1.16%	1.13%	0.97%	0.76%	1.44%	
Source - EPIC	Term admissions to NICU	<6.5	>6.5	Percentage of all live births	Risk Report	5.72%	5.91%	5.09%	3.02%	5.35%	3.89%	7.66%	6.00%	7.64%	6.50%	6.10%	8.40%	3 cases avoidable. Theatre based cases. Thermoregulation now less of a concern and RDS related admissions have increased unrelated to thermoregulation. This will drive future improvements.
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	1	Staffing and capacity on DU 5 hours total, MOTD aware and obstetric consultant
	1-1 Care in Labour	>95%	<90%	Exlcuding BBA's	Rosie KPI's	100%	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%	79.95%	84.56%	85.64%	82.42%	82.19%	86.11%	80.25%	
Source - EPIC	VTE	>95%	< 95%		CHEQs	100%	100%	100%	100%	100%	100%	100%	99.6%	100%	99.3%	99.47%	99.90%	

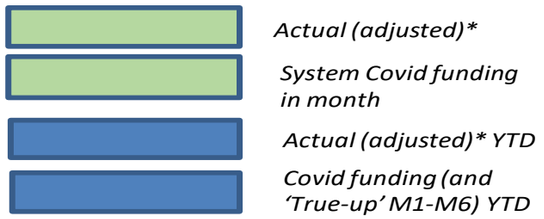
Finance

Cambridge University Hospitals NHS Foundation Trust

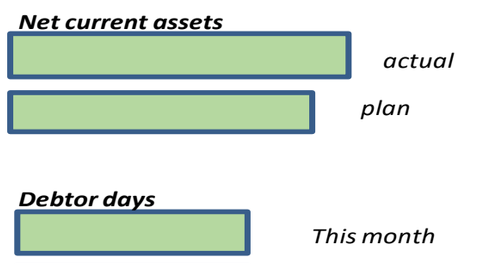
Financial Performance

Trust performance summary - Key indicators (next update M2 21/22)

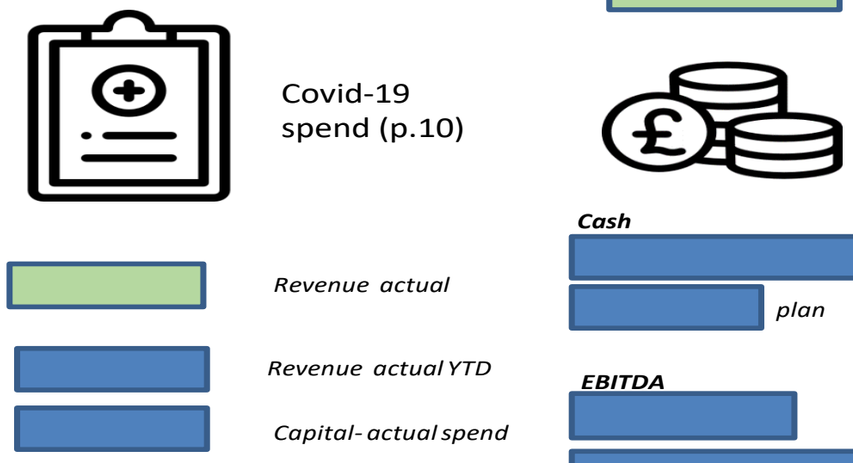
Trust actual and System Covid envelope funding received



Net current assets/(liabilities) (p.25) and debtor days



Covid-19 spend (p.10)

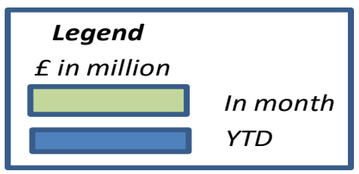


Month 1 and 2 Reporting

The Trust will be reporting a combined M1 and M2 position in line with the national NHSE/I planning and reporting timetable.

In advance of this please note that the Trust's expectations of financial performance in month 1 are as follows:

- Income and expenditure position at break-even
- Covid-19 expenditure is expected to continue at c.£4.3m
- Elective Recovery Fund (ERF) income is forecast at c.£2.6m
- The Trust cash position will remain strong with c.£200m held



* On a control total basis, excluding the effects of impairments and donated assets

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

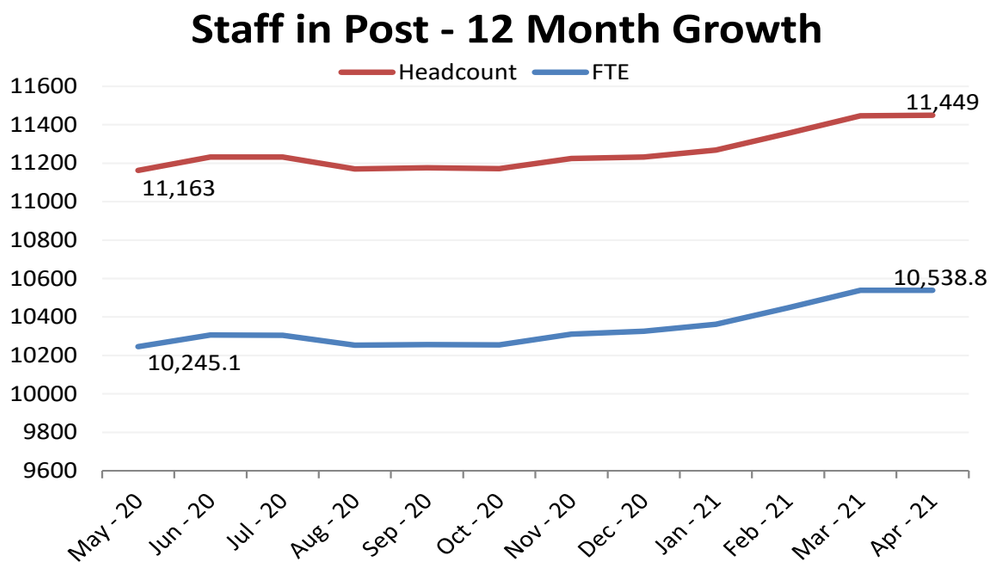
Staff in Post

Cambridge University Hospitals NHS Foundation Trust

Workforce: Staff as Partners

12 Month Growth by Staff Group

Staff Group	May-20	Apr-21	FTE 12 Month growth	
Add Prof Scientific and Technic	271	305	34	12.7%
Additional Clinical Services	1,772	1,811	39	2.2%
Administrative and Clerical	2,059	2,160	100	4.9%
Allied Health Professionals	541	542	0	0.0%
Estates and Ancillary	316	330	14	4.6%
Healthcare Scientists	553	576	23	4.1%
Medical and Dental	1,463	1,508	45	3.1%
Nursing and Midwifery Registered	3,269	3,306	37	1.1%
Total	**10,245**	**10,539**	**294**	**2.9%**



Admin & Medical Breakdown

Staff Group	May-20	Apr-21	FTE 12 Month growth	
Administrative and Clerical	2,059	2,160	100	4.9%
of which staff within Clinical Division	1,026	1,068	42	4.1%
of which Band 4 and below	746	775	29	3.9%
of which Band 5-7	195	213	18	9.2%
of which Band 8A	40	38	-2	-4.5%
of which Band 8B	3	5	2	62.5%
of which Band 8C and above	42	36	-5	-13.0%
of which staff within Corporate Areas	824	870	45	5.5%
of which Band 4 and below	233	246	13	5.7%
of which Band 5-7	389	414	25	6.4%
of which Band 8A	75	71	-4	-4.9%
of which Band 8B	51	58	7	13.5%
of which Band 8C and above	76	80	4	5.3%
of which staff within R&D	209	222	14	6.5%
Medical and Dental	1,463	1,508	45	3.1%
of which Doctors in Training	612	601	-11	-1.8%
of which Career grade doctors	207	249	42	20.2%
of which Consultants	644	658	14	2.2%

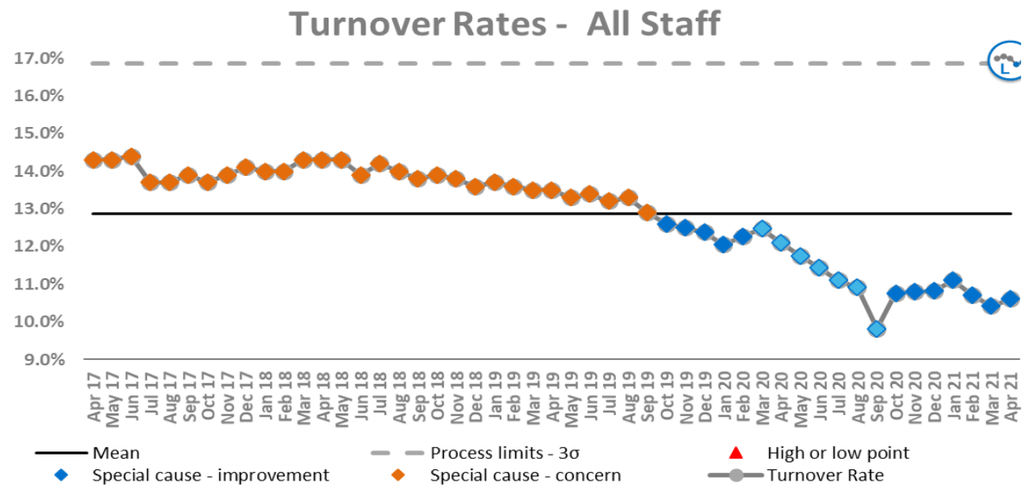
What the information tells us: Overall the Trust saw a 2.9% growth in its substantive workforce over the past 12months.

Staff Turnover

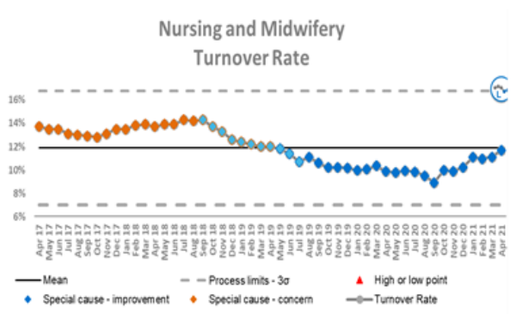
Cambridge University Hospitals NHS Foundation Trust

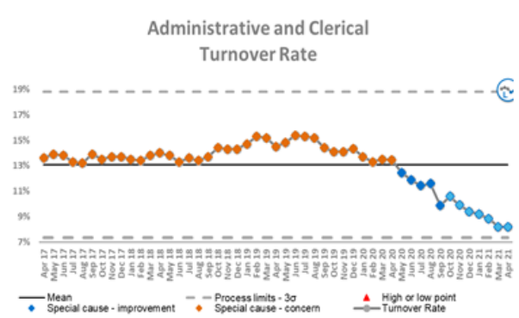
Staff Turnover

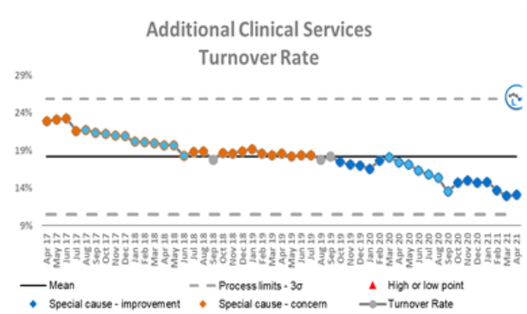
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from an establishment over the previous twelve months as a percentage of the total number of employed staff at a given time.

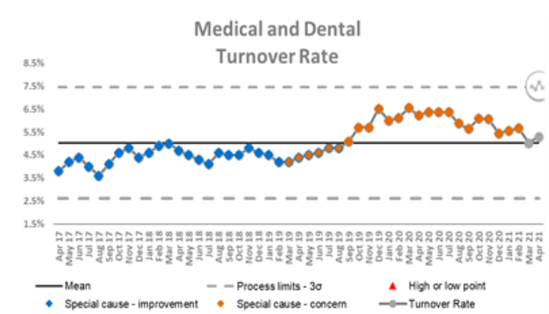


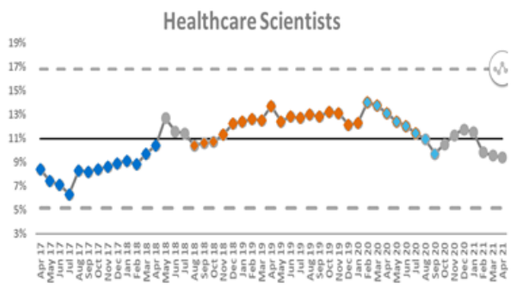
What the information tells us:
The Trust's turnover rate remains below average at 10.6% resulting in 2% drop over the past 12 months. Turnover rate for Nurses saw an increase of 1.8% over the past six months and is at the average rate of 12%

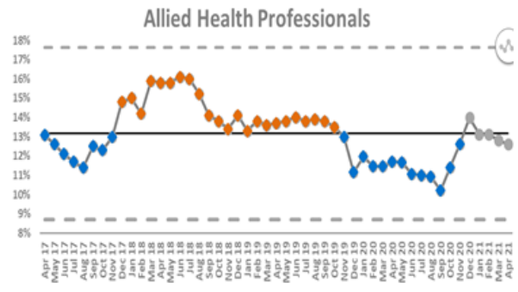


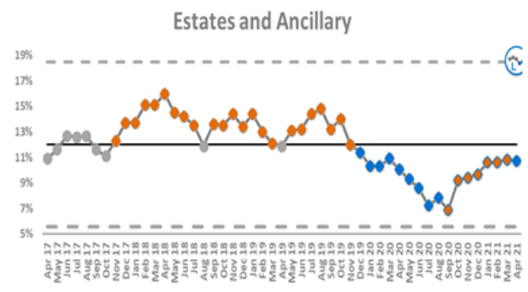


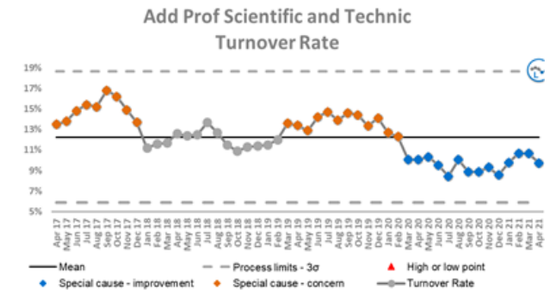












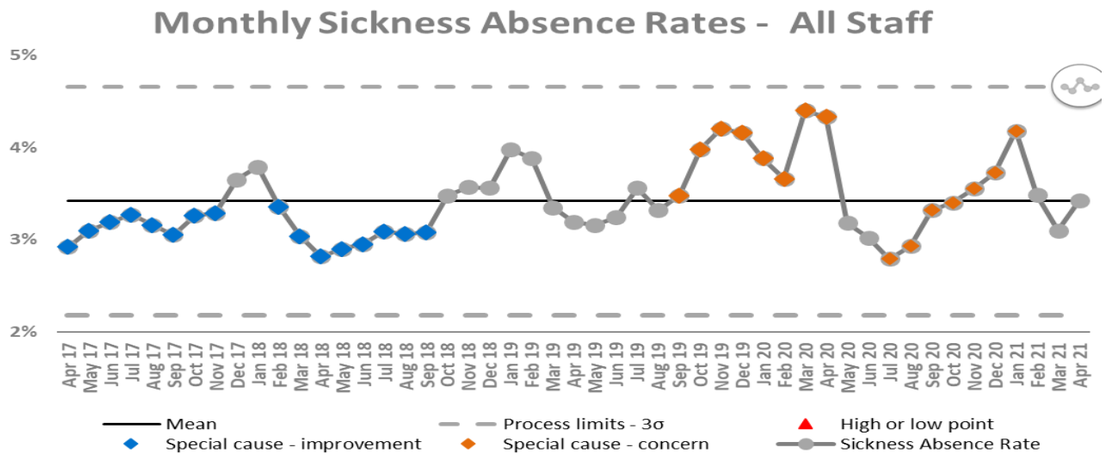
Author(s):Tosin Okufuwa, Amanda Wood
Owner(s): David Wherrett

Sickness Absence

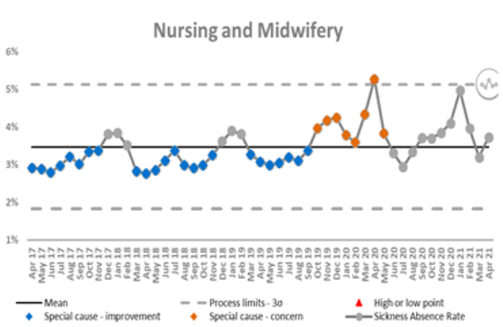
Cambridge University Hospitals NHS Foundation Trust

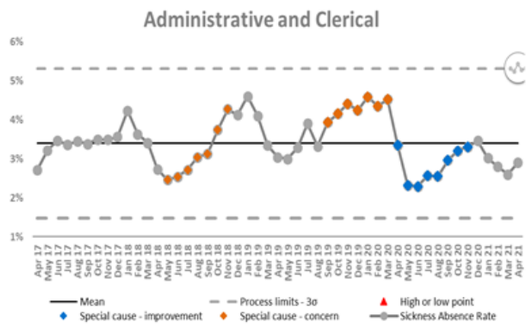
Workforce: Staff as Partners

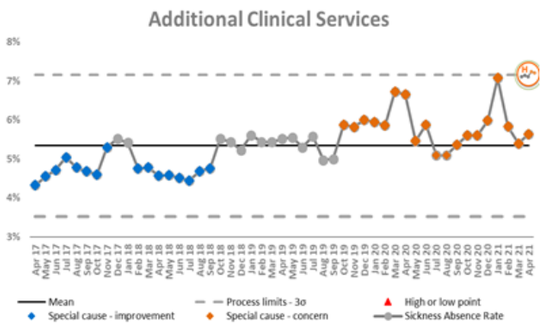
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

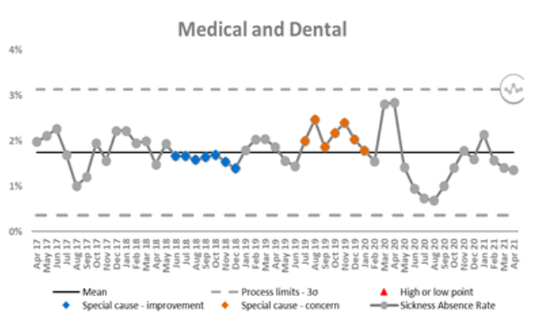


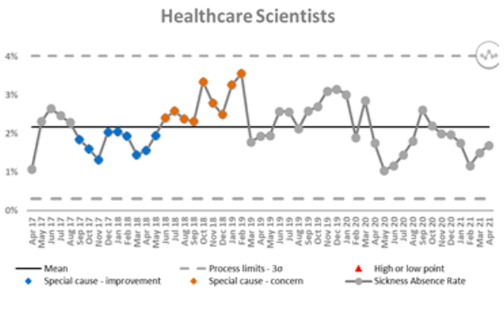
What the information tells us: Monthly Sickness Absence Rate is at the average rate of 3.4%, with an increase of 0.3% from the previous month. Potential Covid-19 related sickness absence (this includes chest & respiratory problems, influenza related sickness and infectious diseases) accounts for 14.5% of all sickness absence in April 2021, compared to 15.3% from the previous month.

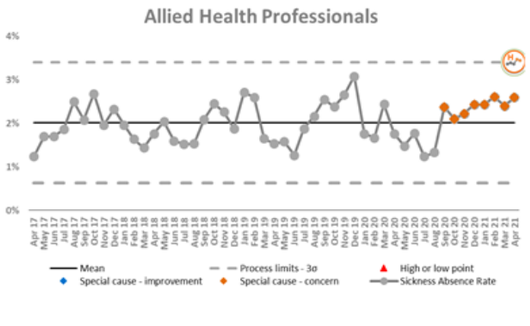


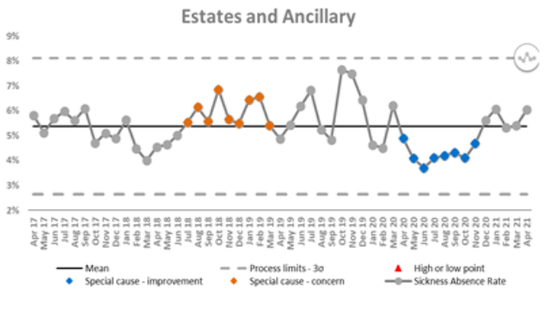


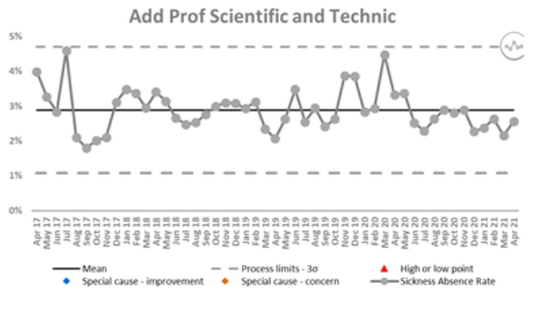












Author(s): Tosin Okufuwa, Amanda Wood

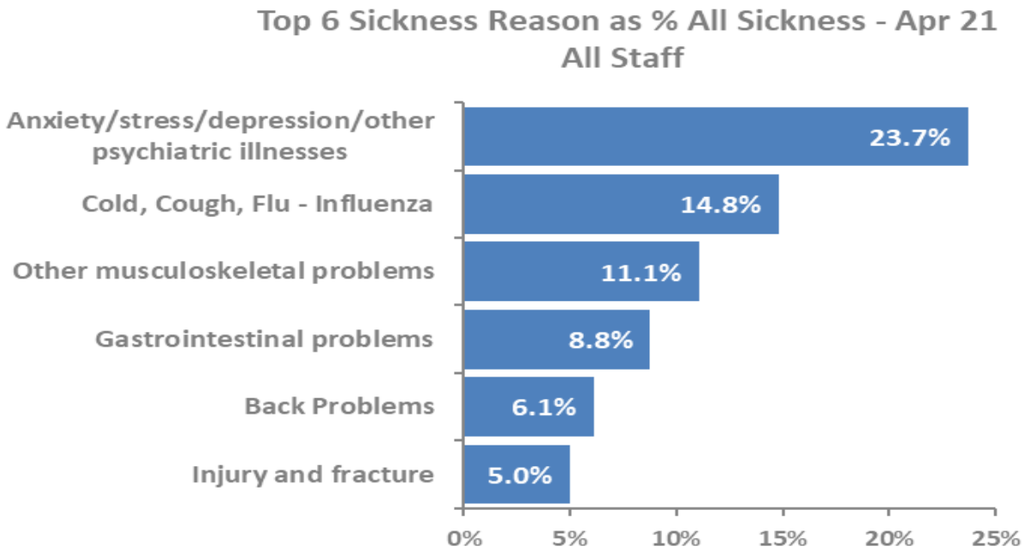
Owner(s): David Wherrett

Top Six Sickness Absence Reason

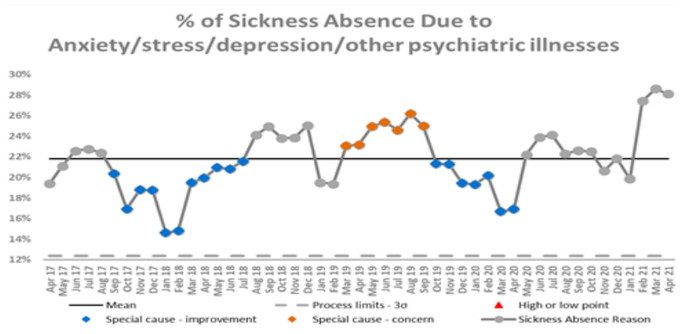
Cambridge University Hospitals NHS Foundation Trust

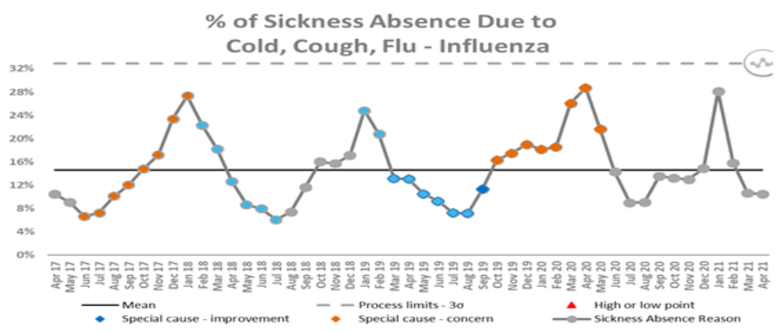
Workforce: Staff as Partners

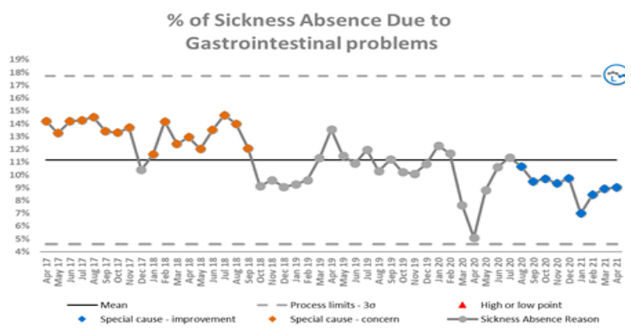
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month

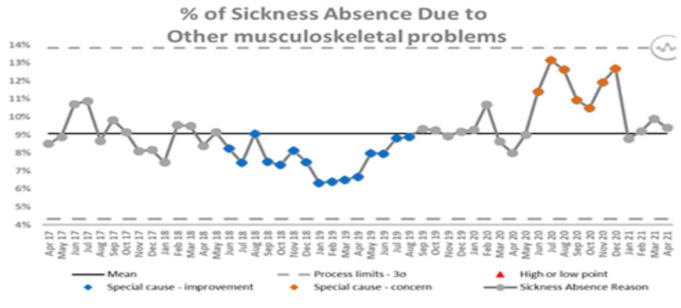


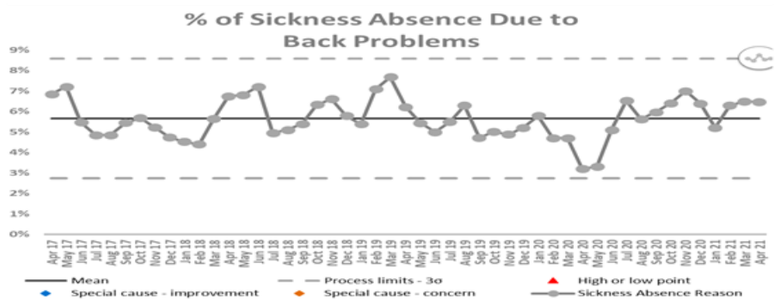
What the information tells us: The highest reason for sickness absence is mental health related sickness which saw a decrease of 4.9% from previous month to 23.7% .

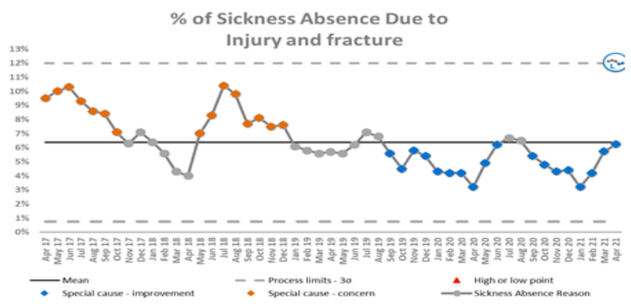












Author(s):Tosin Okufuwa, Amanda Wood

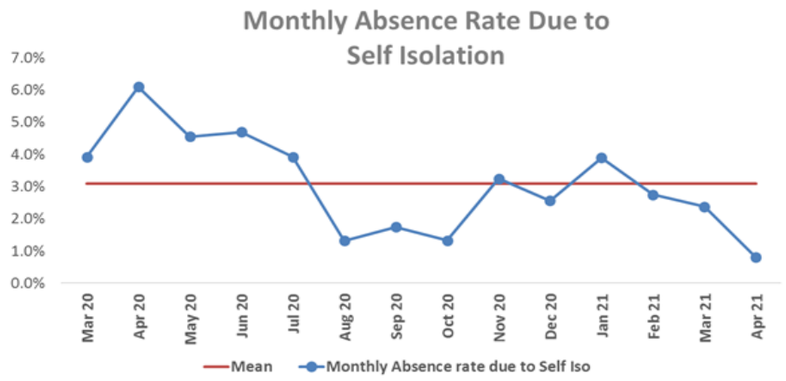
Owner(s): David Wherrett

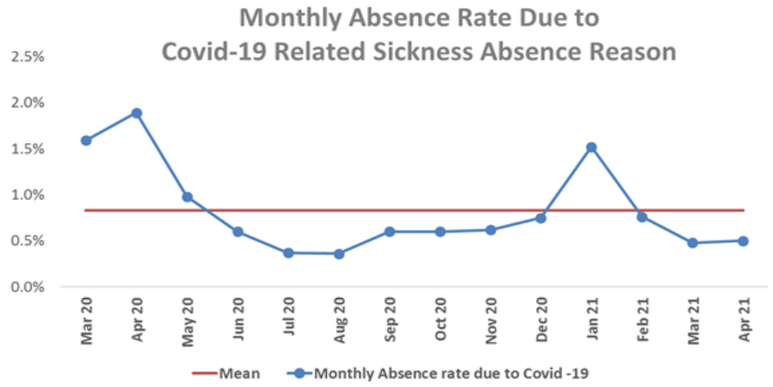
Covid-19 Related Absence

Cambridge University Hospitals NHS Foundation Trust

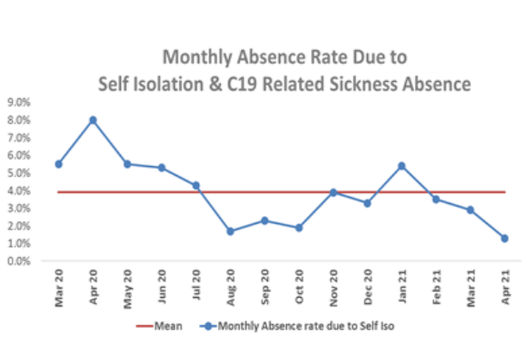
Covid-19 Related Absence

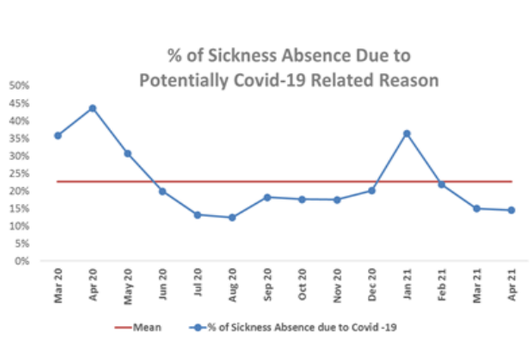
Background Information: Monthly absence figures due to Covid-19 are presented. This provides monthly absence information relating to FTE lost due to Self Isolation and potentially Covid-19 Related Sickness Absence (this includes chest & respiratory problems, influenza related sickness and infectious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

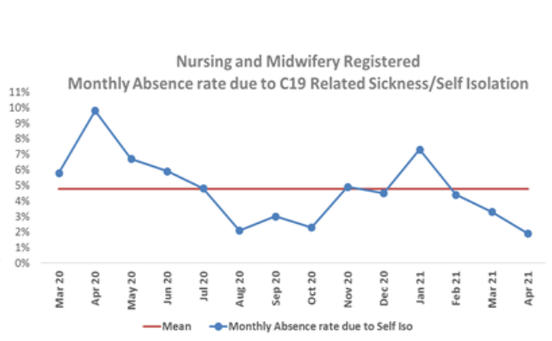


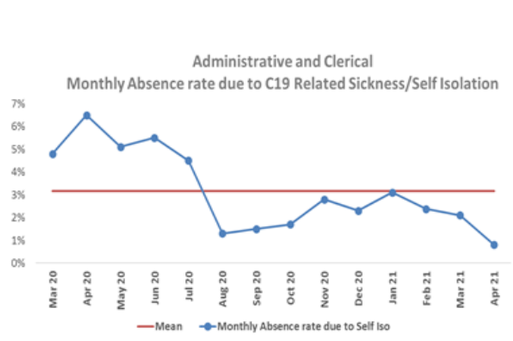


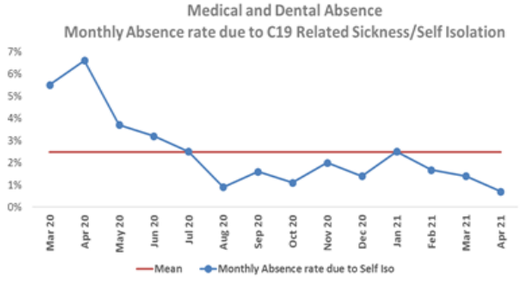
What the information tells us:
The Trust's monthly absence rate due to Self isolation dropped by 1.6% from the previous month to 0.8%. Monthly absence rates due to potential Covid-19 related sickness remains the same from the previous month at 0.5% in April. Overall, absence rates due to Covid-19 related sickness and self isolation decreased by 1.6% from the previous month to 1.3% in April.

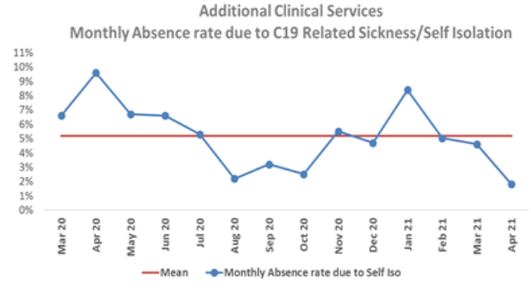


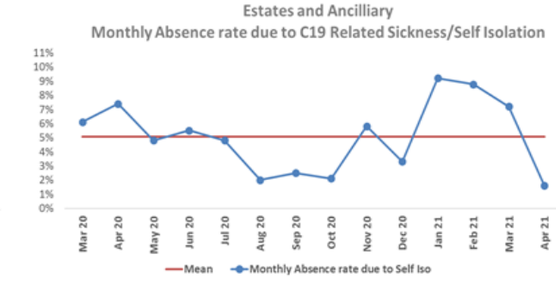


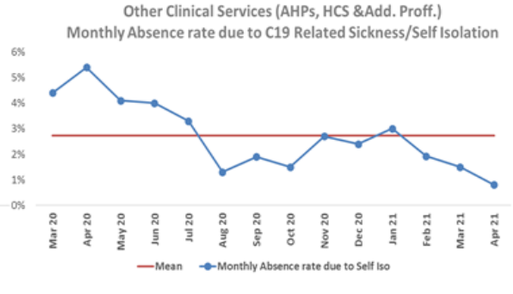












Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

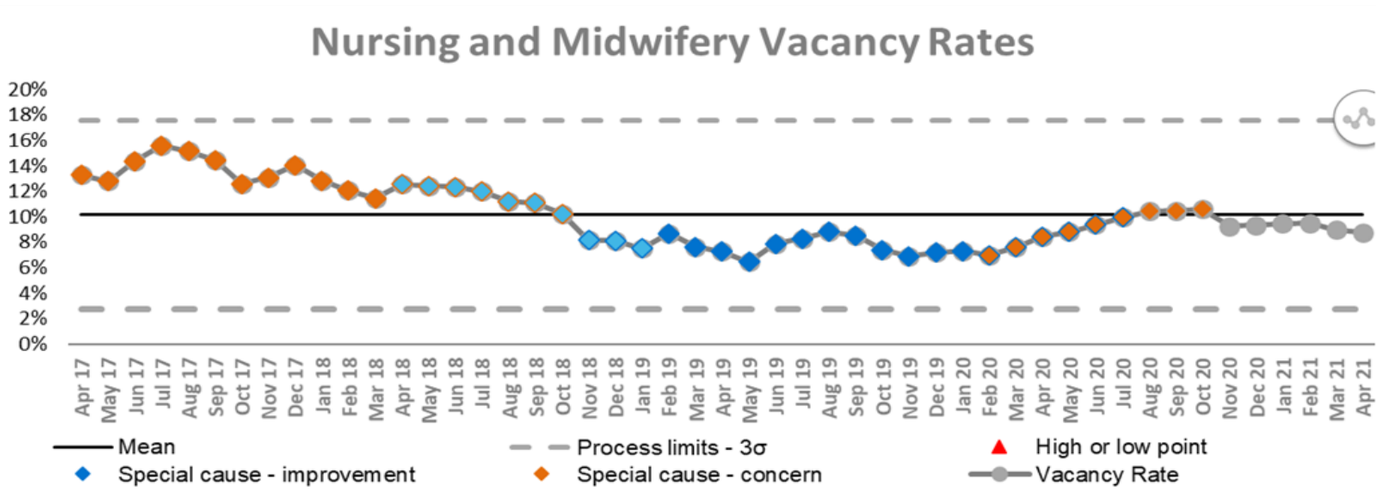
Together-Safe | Kind | Excellent

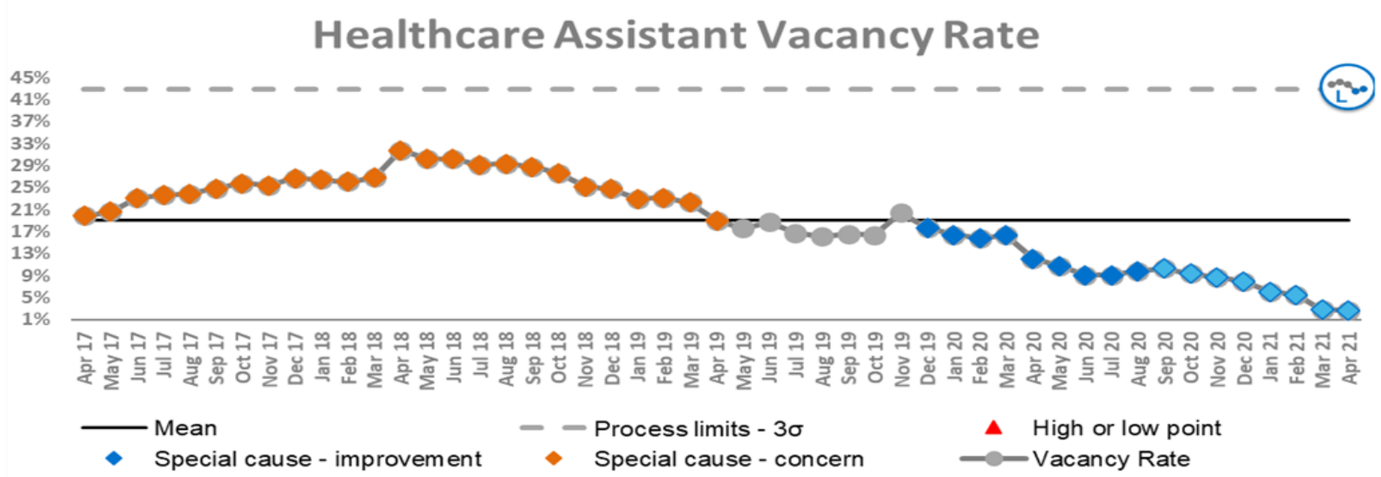
ESR Vacancy Rate

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 slight drop from previous month and remained below the average rate at 2.7%. The vacancy rate for **Nurses remained below the average rate at 8.8% for the sixth consecutive months.

*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.

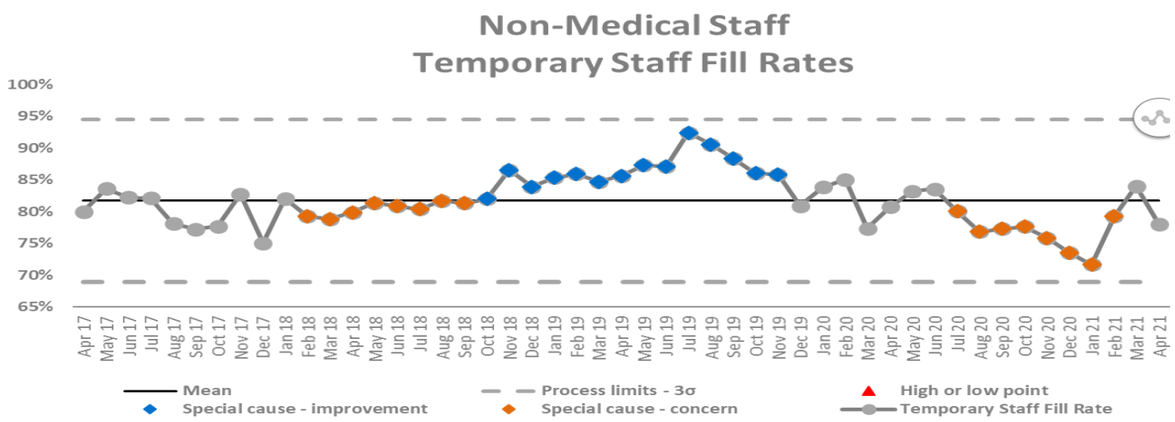
**Nurses preparing for their OSCE exams were previously included in the data as filled HCA posts but are now included as filled Nursing posts.

Non Medical Temporary Staffing

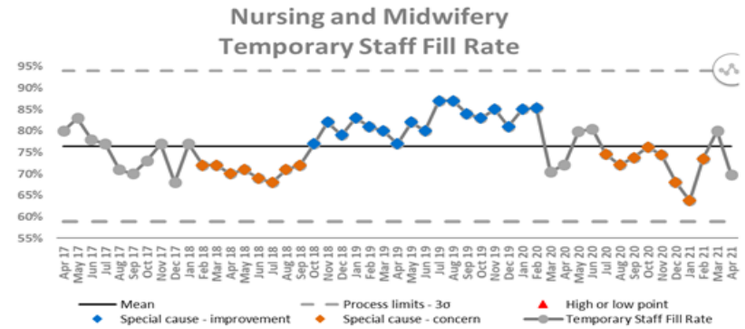
Cambridge University Hospitals NHS Foundation Trust

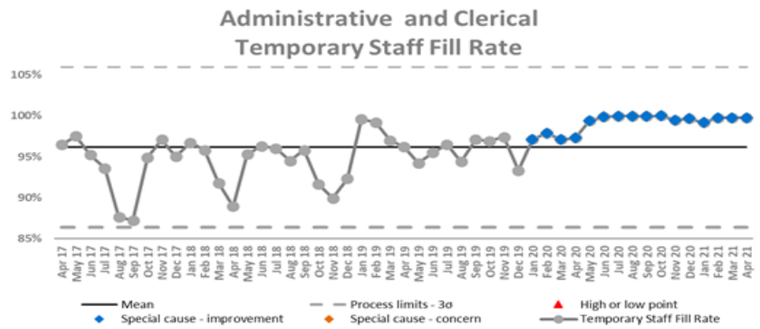
Non Medical Temporary Staffing

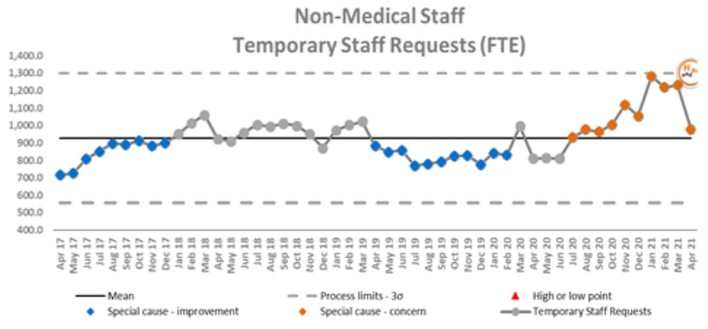
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

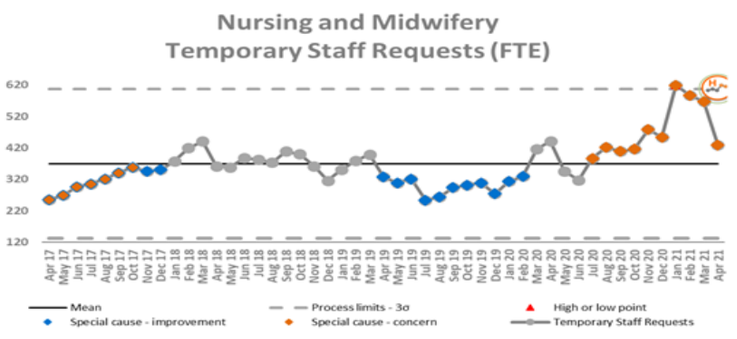


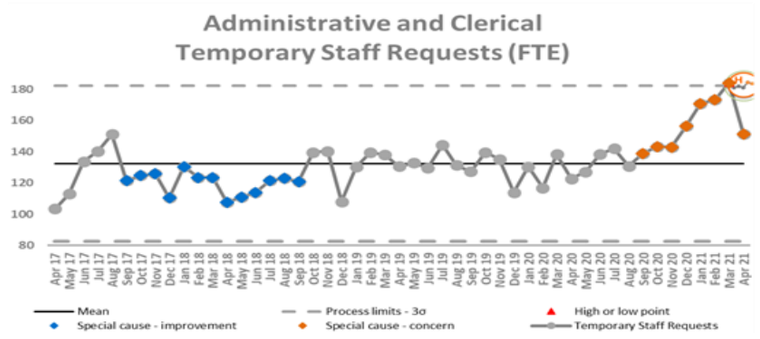
What the information tells us: Demand for non medical temporary shifts requests significantly decreased in April. This is related to the improving Covid-19 pandemic situation within the Trust, together with the end of the winter period. Overall, fill rate decreased by 6% from previous month to 78%, with 95.7% of filled shifts being provided by Bank staff and the remaining 4.3% by Agency staff

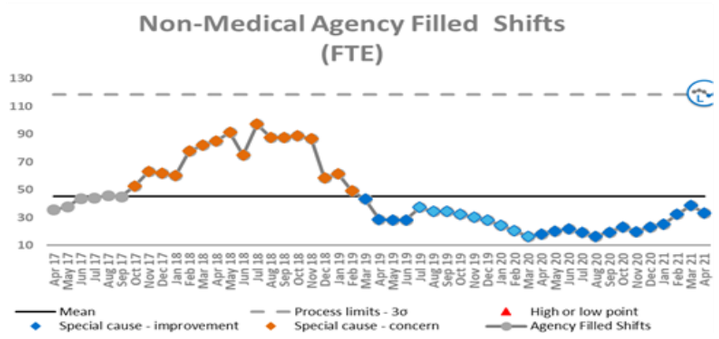












Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

C19 - Individual Health Risk Assessment & Annual Leave Update

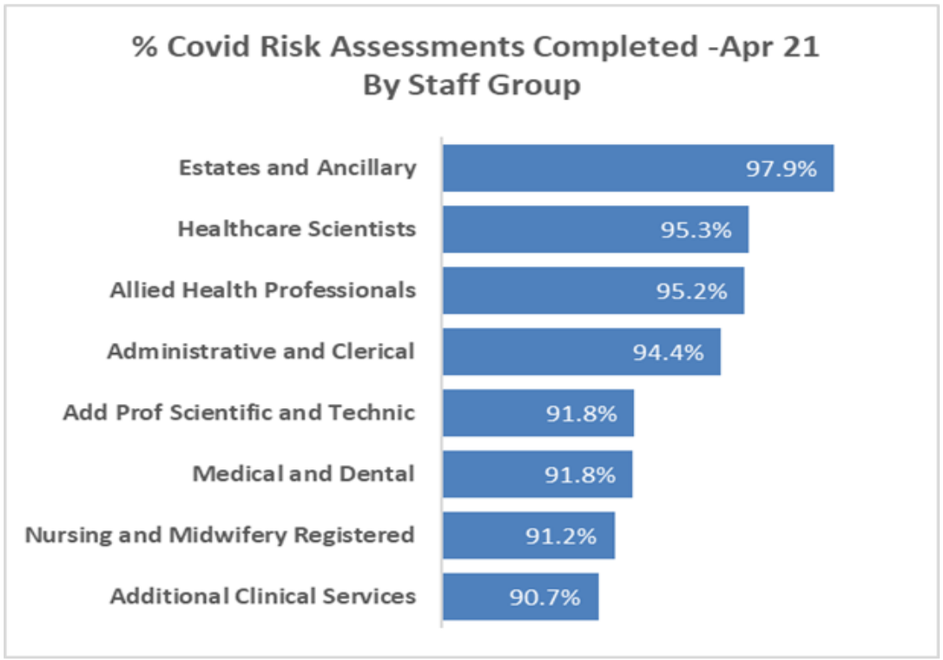
Cambridge University Hospitals NHS Foundation Trust

C19 - Risk Assessment & Annual Leave Update

C19 – Individual Health Risk Assessment Compliance

Risk compliance rate	Apr 21
Overall C19 Risk Assessment Compliance	92.5%
BAME Staff - C19 Risk Assessment Compliance	91.3%
At Risk Staff - C19 Risk Assessment Compliance	92.6%

Risk group	% of Staff within each Risk group
Covid 19 Green Risk Group	75.0%
Covid 19 Orange Risk Group	11.6%
Covid 19 Red Risk Group	2.7%
Covid 19 Shielding Risk Group	0.8%
Covid 19 Yellow Risk Group	2.4%



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	67,549	2,536	4%	97%
	Additional Clinical Services	379,632	41,792	11%	98%
	Administrative and Clerical	475,465	24,652	5%	97%
	Allied Health Professionals	125,373	5,785	5%	100%
	Estates and Ancillary	74,915	4,448	6%	99%
	Healthcare Scientists	131,008	6,253	5%	97%
	Medical and Dental	84,792	6,217	7%	39%
	Nursing and Midwifery Registered	737,711	71,727	10%	98%
	Trust	**2,076,445**	**163,410**	8%	**90%**
Annual Leave taken by Division	*Division*				
	Division A	376,599	30680	8%	88%
	Division B	579,484	31406	5%	94%
	Division C	262,039	47860	18%	82%
	Division D	245,634	16208	7%	86%
	Division E	225,294	19233	9%	87%
	Corporate	295,057	14013	5%	96%
	R&D	86,240	64742	4%	94%

* Greater than 6% | Less than 5% | Between 3% and 4%

What the information tells us: The Trust's Covid-19 Risk assessment compliance rate is at 92.5% including 91.3% of BAME staff and 92.6% of At Risk staff. Overall, 0.8% of staff are shielding while 2.7% are within the Red Risk Group.

The Trust's annual leave usage is 8% after 1 months of the year (i.e. 8.3% of the leave year). The highest rates of use of annual leave are within Nursing and Additional Clinical Services at 10% and 11% respectively.

Author(s): Tosin Okufuwa, Amanda Wood

Owner(s): David Wherrett

Mandatory Training by Division and Staff Group

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 Greater than 94% Less than 80% Between 79% and 94%				Mandatory Training Competency (as defined by Skills for Health) Greater than 89% Less than 75% Between 74% and 89%													
	Non- Medical		Medical															
	Corporate Induction	Local Induction	Corporate Induction	Local Induction	Conflict Resolution	Equality & Diversity	Fire Safety	Health & Safety	Infection Control	Information Governance including GDPR and Cyber Security	Moving & Handling	Resuscitation	Safeguarding Adults	Safeguarding Adult Lvl 2	Safeguarding Children Lvl 1	Safeguarding Children Lvl2	Safeguarding Children Lvl 3	Prevent Level Three (WRAP)	Total Compliance
Frequency					3 yrs	3 yrs	2 yrs/1yr	3yrs	2 yrs	1 yr	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	812	811	415	416	10,307	10,307	10,473	10,307	10,307	10,307	10,475	7,022	10,307	7,419	10,307	7,419	1,733	1,733	
Compliance by Division																			
Division A	(12)88.8%	(26)75.7%	(24)76.7%	(39)62.1%	(84)95.6%	(89)95.4%	(434)77.7%	(98)94.9%	(121)93.7%	(264)86.2%	(502)74.2%	(550)68.7%	(118)93.8%	(135)92.3%	(114)94.1%	(170)90.3%	(39)75.9%	(12)92.6%	87.9%
Division B	(20)91.9%	(53)78.6%	(15)75.8%	(18)71.0%	(68)97.5%	(79)97.1%	(256)90.7%	(84)96.9%	(116)95.7%	(233)91.4%	(317)88.4%	(393)71.5%	(94)96.5%	(126)92.6%	(99)96.4%	(151)91.1%	(19)86.6%	(10)93.0%	92.9%
Division C	(9)92.3%	(35)70.1%	(33)72.0%	(26)78.0%	(49)96.6%	(61)95.8%	(283)81.0%	(66)95.4%	(89)93.8%	(157)89.1%	(312)79.1%	(394)71.6%	(88)93.9%	(86)93.9%	(84)94.2%	(118)91.6%	(36)85.4%	(23)90.7%	89.3%
Division D	(12)89.8%	(20)83.1%	(14)80.0%	(30)57.1%	(47)96.3%	(50)96.0%	(198)84.6%	(54)95.7%	(82)93.5%	(159)87.3%	(208)83.9%	(356)66.3%	(68)94.6%	(66)93.9%	(70)94.4%	(83)92.3%	(22)83.2%	(12)90.8%	89.8%
Division E	(4)96.1%	(27)73.5%	(4)93.0%	(5)91.2%	(42)96.6%	(45)96.3%	(204)83.7%	(49)96.0%	(58)95.3%	(126)89.8%	(301)75.9%	(275)75.5%	(75)93.9%	(69)93.9%	(72)94.2%	(83)92.7%	(126)87.8%	(89)91.4%	90.2%
Corporate	(9)90.5%	(37)60.6%	(2)50.0%	(0)100.0%	(52)96.0%	(68)94.8%	(136)89.7%	(66)95.0%	(100)92.4%	(169)87.2%	(113)91.4%	(38)75.6%	(73)94.5%	(6)96.3%	(70)94.7%	(8)95.1%	(1)80.0%	(1)80.0%	92.4%
R & D	(4)84.0%	(10)60.0%			(12)97.2%	(12)97.2%	(30)93.1%	(13)97.0%	(18)95.8%	(31)92.8%	(47)89.1%	(18)88.9%	(14)96.8%	(7)96.4%	(15)96.5%	(11)94.3%			94.6%
Breakdown of Medical staff compliance																			
Consultant			(11)75.0%	(12)72.7%	(44)93.5%	(45)93.3%	(71)89.5%	(53)92.2%	(76)88.8%	(139)79.4%	(92)86.4%	(360)47.8%	(64)90.5%	(26)96.2%	(50)92.6%	(56)91.9%	(28)86.0%	(22)89.0%	86.7%
Non Consultant			(81)78.2%	(106)71.4%	(90)87.4%	(98)86.3%	(126)82.4%	(113)84.2%	(133)81.5%	(215)70.0%	(177)75.3%	(447)44.7%	(138)80.8%	(186)76.8%	(120)83.3%	(169)78.9%	(63)63.6%	(53)69.4%	76.7%
Compliance by Staff group																			
Add Prof Scientific and Technic	(3)89.3%	(6)78.6%			(8)97.4%	(8)97.4%	(39)87.2%	(10)96.7%	(13)95.7%	(26)91.4%	(47)84.6%	(49)62.9%	(12)96.0%	(11)95.3%	(10)96.7%	(13)94.4%	(0)100.0%	(0)100.0%	92.5%
Additional Clinical Services	(16)93.2%	(53)77.5%			(29)98.3%	(36)97.9%	(342)81.0%	(34)98.0%	(61)96.5%	(136)92.2%	(349)80.7%	(389)72.3%	(51)97.1%	(137)91.3%	(45)97.4%	(144)90.8%	(14)91.8%	(16)90.6%	91.2%
Administrative and Clerical	(17)90.4%	(63)64.6%			(58)97.4%	(75)96.6%	(115)94.8%	(72)96.7%	(121)94.5%	(206)90.7%	(125)94.3%	(10)16.7%	(80)96.4%	(7)94.5%	(84)96.2%	(7)94.6%	(3)62.5%	(1)87.5%	94.9%
Allied Health Professionals	(4)92.5%	(8)84.9%			(13)97.6%	(16)97.0%	(85)84.5%	(17)96.9%	(20)96.3%	(44)91.9%	(124)77.5%	(136)75.0%	(20)96.3%	(19)96.5%	(24)95.6%	(29)94.7%	(7)89.7%	(1)98.5%	91.6%
Estates and Ancillary	(3)91.2%	(6)81.8%			(15)95.3%	(18)94.3%	(41)87.1%	(16)94.9%	(33)89.6%	(50)84.2%	(17)94.6%		(18)94.3%		(18)94.3%				91.9%
Healthcare Scientists	(3)91.9%	(9)75.7%			(14)97.5%	(14)97.5%	(19)96.6%	(17)97.0%	(17)97.0%	(38)93.3%	(29)94.9%	(54)47.6%	(15)97.3%	(34)80.9%	(18)96.8%	(34)80.9%	(0)100.0%	(0)100.0%	94.4%
Medical and Dental			(92)77.8%	(118)71.6%	(134)90.4%	(143)89.7%	(197)85.9%	(166)88.1%	(209)85.0%	(354)74.6%	(269)80.7%	(807)46.1%	(202)85.5%	(212)85.8%	(170)87.8%	(225)84.9%	(91)75.6%	(75)79.9%	81.4%
Nursing and Midwifery Registered	(24)90.2%	(63)74.4%			(83)97.4%	(94)97.1%	(703)78.9%	(98)97.0%	(110)96.6%	(285)91.2%	(840)74.8%	(579)82.6%	(132)95.9%	(75)97.7%	(155)95.2%	(172)94.7%	(130)88.2%	(55)95.0%	91.4%
Trust Total	(70)91.4%	(208)74.4%	(92)77.8%	(118)71.6%	(354)96.6%	(404)96.1%	(1541)85.3%	(430)95.8%	(584)94.3%	(1139)88.9%	(1800)82.8%	(2024)71.2%	(530)94.9%	(495)93.3%	(524)94.9%	(624)91.6%	(245)85.9%	(148)91.5%	90.63%

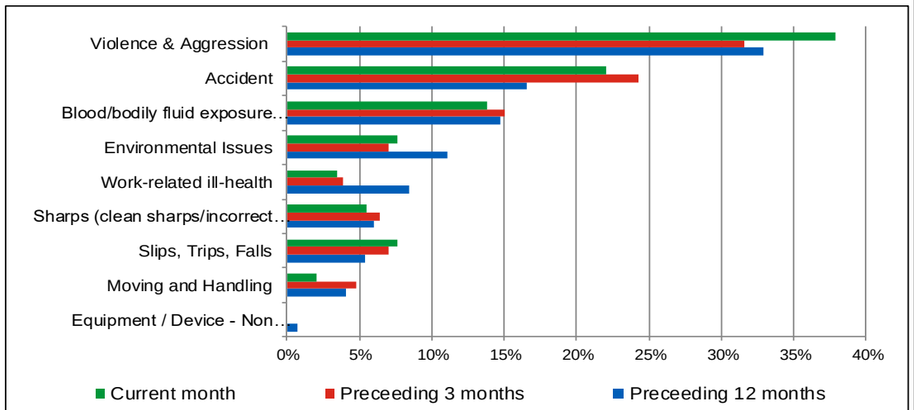
Author(s): Tosin Okufuwa, Amanda Coulier Owner(s): David Wherrett

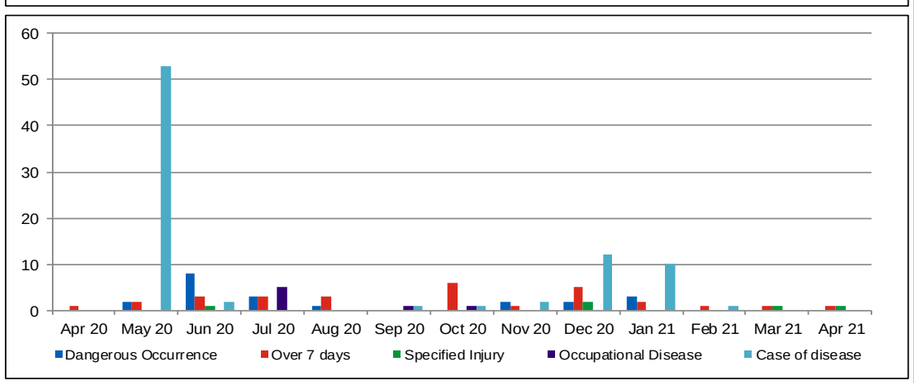
Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Saftey

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	Estates
No. of health and safety incidents reported in a rolling 12 month period:	**1628**	**353**	**255**	**459**	**262**	**182**	**37**	**80**
Accident	**270**	57	53	49	45	36	6	24
Blood/bodily fluid exposure (dirty sharps/splashes)	**240**	73	50	45	34	28	8	2
Environmental Issues	**180**	38	37	23	27	42	4	9
Equipment / Device - Non Medical	**12**	5	0	4	0	3	0	0
Moving and Handling	**66**	17	8	22	10	5	1	3
Sharps (clean sharps/incorrect disposal & use)	**98**	34	19	16	12	12	4	1
Slips, Trips, Falls	**88**	20	15	7	11	11	7	17
Violence & Aggression	**536**	76	33	276	105	25	1	20
Work-related ill-health	**138**	33	40	17	18	20	6	4





A total of 1,628 health and safety incidents were reported in the previous 12 months.

744 (46%) incidents resulted in harm. The highest reporting categories were violence and aggression (33%), accidents (17%) and blood/bodily fluid exposure (15%).

1,193 (73%) of incidents affected staff, 392 (24%) affected patients and 43 (3%) affected others ie visitors, contractors and members of the public.

The highest reported incident categories for staff were: violence and aggression (28%), blood/bodily fluid exposure (18%) and accidents (15%).

The highest reported incident categories for patients were: violence and aggression (47%), accidents (23%) and environmental issues (16%).

The highest reported incident categories for others were: violence and aggression (44%), environmental issues (23%) and accidents (16%).

Staff incident rate is 11.9 per 100 members of staff (by headcount) over a rolling 12 month period.

The highest reporting division was division C with 459 incidents. Of these, 60% 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 April 2021, 2 incidents were reported to the HSE under RIDDOR:

Specified Injury (1)

- The Injured Person (IP) was working on a motor in the theatre plant room. To gain access to the motor the IP removed the guard. The IP caught their hand in the belt/pulley causing injury to the IP's hand. The IP attended A&E. The IP sustained fractures to their middle and index fingers and has amputated 2.5cm of their ring finger.

Over 7 Day Injury (1)

- The IP approached a patient who was getting out of bed. Upon approach, the patient suddenly, and without warning, kicked the IP in the chest. The IP was off work/on light duties for over 7 days as a result of this incident.

Author(s): Helen Murphy

Owner(s):

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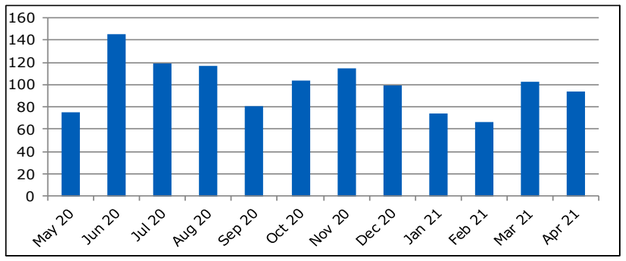
Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

Health and Safety

No. of health and safety incidents affecting staff:

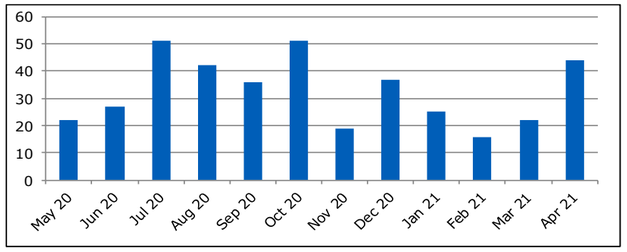


	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	Total
Accident	9	17	13	12	14	14	19	15	9	15	23	14	**174**
Blood/bodily fluid exposure (dirty sharps/splashes)	14	15	16	20	13	19	22	31	19	18	15	17	**219**
Environmental Issues	8	22	4	23	5	6	12	7	4	2	7	9	**109**
Moving and Handling	5	6	7	3	4	4	6	3	2	2	8	1	**51**
Sharps (clean sharps/incorrect disposal & use)	6	6	11	10	6	12	7	6	4	8	5	6	**87**
Slips, Trips, Falls	5	11	4	3	8	8	9	7	6	3	9	9	**82**
Violence & Aggression	18	22	41	37	24	31	34	25	22	16	30	33	**333**
Work-related ill-health	10	46	23	9	7	10	6	5	8	3	6	5	**138**
Total	**75**	**145**	**119**	**117**	**81**	**104**	**115**	**99**	**74**	**67**	**103**	**94**	**1193**

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

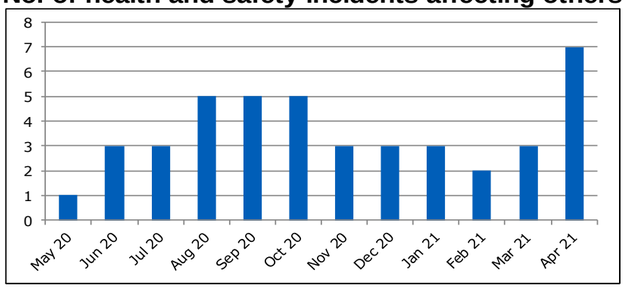
	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	Total
No. of health & safety incidents	75	145	119	117	81	104	115	99	74	67	103	94	**1193**
Staff incident rate per month/year	0.8	1.5	1.2	1.2	0.8	1.0	1.2	1.0	0.7	0.7	1.0	0.9	**11.9**

No. of health and safety incidents affecting patients:



	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	Total
Accident	8	4	6	5	9	7	0	12	7	6	10	15	**89**
Blood/bodily fluid exposure (dirty sharps/splashes)	2	1	4	0	3	2	1	1	2	1	0	3	**20**
Environmental Issues	2	7	10	7	6	4	7	10	3	3	1	1	**61**
Equipment / Device - Non Medical	0	1	4	1	0	1	3	2	0	0	0	0	**12**
Moving and Handling	0	0	1	0	0	1	2	4	1	2	2	2	**15**
Sharps (clean sharps/incorrect disposal & use)	0	0	3	1	0	0	1	0	2	0	2	2	**11**
Violence & Aggression	10	14	23	28	18	36	5	8	10	4	7	21	**184**
Total	**22**	**27**	**51**	**42**	**36**	**51**	**19**	**37**	**25**	**16**	**22**	**44**	**392**

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



	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	Total
Accident	0	0	1	0	1	1	0	0	0	0	1	3	**7**
Blood/bodily fluid exposure (dirty sharps/splashes)	0	0	0	1	0	0	0	0	0	0	0	0	**1**
Environmental Issues	1	2	0	0	1	1	1	0	2	0	1	1	**10**
Slips, Trips, Falls	0	0	0	1	0	0	0	1	0	1	1	2	**6**
Violence & Aggression	0	1	2	3	3	3	2	2	1	1	0	1	**19**
Total	**1**	**3**	**3**	**5**	**5**	**5**	**3**	**3**	**3**	**2**	**3**	**7**	**43**

Author(s): Helen Murphy

Owner(s):