Council of Governors

Cambridge University Hospitals NHS Foundation Trust

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There will be a meeting of the Council of Governors on Wednesday 26 March 2025 at 17.00 in the Committee Room, School of Clinical Medicine, Addenbrooke's Hospital, Cambridge CB2 0QQ (and via videoconference)

(*) = paper enclosed
(+) = to follow

AGENDA

General Business			Purpose
17.00	**1.**	**Welcome and apologies for absence**	For note
	2.	**Declarations of interest** Copies of the Register of Governors' interests are available from the Trust Secretariat	For note
17.05	**3.***	**Minutes of the previous meeting** To approve the minutes of the meeting held on 18 December 2024	For approval
	4.*	**Council of Governors action tracker and matters arising not covered by other items on the agenda**	For review
17.10	**5.**	**Chair's Report** To receive the verbal update of the Trust Chair	For receipt
17.15	**6.***	**Chief Executive's Report (including Integrated Performance Report)** To receive the report of the Chief Executive	For receipt
18.00	**7.***	**National staff survey results (2024)** To receive the report from the Director of Workforce	For receipt

18.20	**8.***	**Governors' Reports** **8.1 Lead Governor** To receive the report of the Lead Governor	For receipt
18.25	**9.**	**Any other business** Items of any other business to be identified to the Secretary in advance of the meeting	For note
	10.	**Date of the next meeting** The next meeting of the Council of Governors will be on Wednesday 25 June 2025 at 17.00.	
18.30	**11.**	**Close of meeting**	

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Minutes of the meeting of the Council of Governors held on Wednesday 18 December 2024 at 17.30 in the Committee Room, Clinical School of Medicine, Addenbrooke's Hospital, Cambridge, CB2 0QQ (and via videoconference)

Member	Position	Present	Apologies
Dr M More	Trust Chair	X	
Mr F Allan	Staff Governor	X	
Dr J Allen	Public Governor		X
Dr J Biddle	Public Governor	X	
Prof J Clarkson	Partnership Governor (University of Cambridge)	X	
Dr R Cubberley	Partnership Governor (Anglia Ruskin University)		X
Mr C Cumberland	Public Governor	X	
Ms S Dixon	Patient Governor	X	
Miss R Greene	Patient Governor	X	
Ms M Haldane	Patient Governor	X	
Cllr C Holloway	Partnership Governor (Cambridgeshire County Council)		X
Ms E Howe	Patient Governor		X
Ms M Lee	Public Governor	X	
Mr S Legood	Partnership Governor (Cambridgeshire and Peterborough NHS Foundation Trust)		X
Mr M Nur	Staff Governor	X	
Dr H Rubinstein	Public Governor	X	
Dr H Sherriff	Patient Governor	X	
Mr R Stevens	Patient Governor		X
Prof P St George Hyslop	Partnership Governor (University of Cambridge)		X
Dr N Stutchbury	Patient Governor and Lead Governor	X	
Mr D Trajkovski	Patient Governor	X	
Dr C Tyrrell	Public Governor		X
Dr S Webb	Partnership Governor (Royal Papworth Hospital NHS Foundation Trust)		X
Mr W Watson	Public Governor	X	
Cllr S van de Ven	Partnership Governor (Cambridgeshire County Council)	X	
Mr C White	Staff Governor	X	

Ms K Woodey	Partnership Governor (Campus Research and Funding Organisations)	X	
In attendance			
Mr D Abrams	Non-Executive Director		
Mr J Clarke	Trust Secretary (Minutes)		
Dr A Doherty	Non-Executive Director		
Mr I Jacobs	Non-Executive Director		
Ms A Layne-Smith	Non-Executive Director		
Mr J Scott	Interim Chief Operating Officer		
Mr R Sinker	Chief Executive		
Ms L Szeremeta	Chief Nurse		
Mr I Walker	Director of Corporate Affairs		

33/24 Apologies for absence

Apologies for absence received from governors are recorded in the table above.

34/24 Declarations of Interest

No additional interests or changes to previously declared interests were reported.

35/24 Minutes of the previous meeting

In the attendance log Mr W Watson was referred to a ‘staff governor’. This should be amended to ‘public governor’.

Subject to this amendment, the minutes of the meeting of the Council of Governors held on 25 September 2024 were approved as a true and accurate record.

36/24 Council of Governors action tracker and matters arising not covered by other items on the agenda

Received and noted: The action tracker.

37/24 Chair’s report

Mike More, Trust Chair, presented the report.

Received and noted: the Chair’s report.

38/24 Chief Executive's Report (including Integrated Performance Report)

Roland Sinker, Chief Executive, presented the report.

Noted:

1. The Trust remained on track to deliver the planned break even financial position for 2024/25.
2. The organisation continued to perform well against national cancer and elective care waiting time targets and relative to peer trusts. However, urgent and emergency care performance (UEC) remained a significant concern. UEC, maternity services and infection control remained key areas of focus and scrutiny from the Quality and Performance Committees.
3. The Trust's response rate to the 2024 national staff survey had increased by around 16% on the previous year, following three years of decline. It was essential to hear from staff to ensure that work to improve staff experience was driven by feedback which was representative of the workforce.
4. The Trust's corporate strategy would be reviewed in the first half of 2025.
5. There was recognition that 2025/26 would be a very challenging year financially, with significant work to do in 2024/25 quarter 4 to exit the year with a breakeven position. Targeted vacancy freezes were likely to be required.
6. Across the Cambridge Biomedical Campus, work on the new Cambridge South railway station was on track, as were the 1000 and 2000 Discovery Drive developments. It was imperative that such developments took place in a way that was sustainable and met the needs of the Campus and the local community.
7. The Council of Governors was informed that recruitment processes were underway for a new Chief Medical Officer and a substantive Chief Operating Officer.

The following points were made in discussion:

1. There remained optimism that an appropriate solution could be found to integration of patient record systems across Campus partners.
2. Progress had been made in aligning some clinical pathways across CUH and Royal Papworth but further work was required to develop other pathways. Effective working between clinical teams was essential to this. Discussions had also taken place about potential mutual aid over the winter period.
3. It remained the intention that the Trust would not look to use reserves in 2025/26 and the business planning round would need to take account of this. Alongside an ongoing focus on reducing costs, further work was required to improve productivity

performance and to exit from contracts which did not demonstrate effective value for money.

4. As part of the 2025/26 financial plan, there would need to be a clear focus on headcount stabilisation and reduction, particularly across support functions.
5. Through the ongoing outpatient transformation work, there would be a continued focus on delivering virtual clinics and remote advice.
6. There was a need to further reduce length of stay, learning from others and supporting community partners to ensure that there were measures in place to manage patients in the most appropriate setting. This included admission avoidance strategies.

The Chair invited the Lead Governor to introduce questions from Governors.

Questions:

1. *The head of GCHQ's National Cyber Security Centre, Richard Horne, recently described cyber risks facing the nation as "widely underestimated". He urged organisations to "boost resilience". A recent assessment by our external auditors, KPMG, found that CUH did not have a cyber security strategy and identified a lack of consistent standards and practices applied across departments. The IT department is currently addressing these risks and reported to the November Audit Committee on progress. In the light of these findings and the changes in the management team, please could NEDs explain how they are assuring themselves that risks to patient care due to cyber security threats are being properly managed and addressed.*

   The following points were made in response.

   Cyber security was widely recognised as a critical issue for CUH.

   There was regular oversight of cyber security issues by Executive and Non-Executive Directors through updates to the Management Executive and reporting to the Performance and Audit Committees. Cyber security was regularly reviewed through the Corporate Risk Register.

   The Trust was awaiting the final draft of an external review of its Cyber Security Posture. This had been Commissioned by the Director of Innovation, Digital and Improvement in light of the increased cyber risks seen within the NHS over the past 12 months.

The Trust's Cyber Security Working Group (CSWG) was established earlier in the year to provide leadership, governance and planning for a programme of work focused on improving protection, detection and response to cyber security threats across all divisions.

CUH had a managed service agreement with Telefonica Tech which included IT security tools and services that delivered high levels of protection, incident management and resilience. This provided protection of the network perimeter, server and end user device estate, with a security operations centre for monitoring and event handling.

The Trust had mitigated a number of potential risks during the past year through extending multi-factor authentication (MFA) to over 95% of remote access into its estate, physical audits of key locations and decommissioning of legacy infrastructure, a review of user and generic accounts and enforcement of complexity of passwords. Less than 0.5% of the Trust's servers/end user devices were now running end-of-life operating systems.

Next steps for the year ahead would include approval of a cyber security strategy and implementation plan, continuing the work of the CSWG, improving central visibility of IT assets across the Trust, improving areas of governance and standardisation to ensure consistency across decentralised IT groups, and continuation of the delivery of upgrades, vulnerability resolution and risk mitigation.

2. *Governors would like an update on the Acute Services project, the initiative funded by the government to develop a strategy to ensure acute services (ED, trauma, neuro) evolve to support a rising population. It is clear that this requires a shift in some services from CUH into the community (e.g. non-life threatening emergencies). Governors are particularly interested in some of the early findings from the project and how community service providers and patients are being involved in developing the strategy.*

The following points were made in response.

The Acute Care Strategy was established to develop a long-term plan for acute healthcare services on the Cambridge Biomedical Campus and surrounding communities. It built on the Addenbrooke's 3 Strategy and Programme Business Case which was approved by the Board in 2021. Through this work the Trust was both seeking to improve services today at CUH and across the local system as well as build a future-focused, sustainable, equitable, and digitally and technologically enhanced acute clinical model for the future in the face of significant future population growth.

The project had so far engaged with well over 170 clinicians and operational staff from both CUH and healthcare partners through workshops, small group and 1-1 conversations. These sessions had included a specific system-focused workshop with over 50 attendees from CUH and partner organisations from health and social care. The Trust was working closely on an ongoing basis with colleagues from Cambridgeshire and Peterborough Integrated Care Board, and the North and South Place, to inform the design of the future clinical model for care delivered both within and outside the hospital.

The Trust held a bespoke listening workshop with patients and the public in October 2024 to understand their experiences and aspirations for future urgent care and this would inform the future clinical model as it developed.

The Trust was planning to hold targeted patient engagement in the new year including with patients with experience of using the neurosciences service, parents of young children, people with mental health conditions and younger adults. This was part of a wider plan for patient engagement which had been developed with the support of the Trust's Head of Patient and Public Involvement, and which set out how the Trust would work to build on relationships with organisations which worked with the communities the Trust wanted to engage with.

As part of this engagement, the project would like to work with Governors.

3. *NHS England warned last week that a "tidal wave" of infections had increased hospital cases by 70% and that this is 3.5 times worse than last year. The main increase is flu cases, but norovirus and RSV are also on the rise. What is the situation currently in CUH and what is the impact on capacity, emergency care and elective care? How assured are NEDs that this intense pressure on the hospital is being well-managed and patient safety is being prioritised? On a specific issue, is the policy on wearing of masks changing in the light of the increased risk of infection?*

The following points were made in response.

The Trust had developed a comprehensive Winter Plan based on previous winter experiences and on modelling of demand including respiratory illnesses and infection outbreaks. The demand indicated a 'bed gap' of 88 beds but actions agreed by the divisions and with system partners closed this gap. The plan had minimal impact on elective activity but assumed a bed occupancy level of 95+% which

posed a daily risk to increased medical patients outlying in surgical capacity. The plan's actions fell mainly into:

- Increased use of the Virtual Wards
- Doubling the Discharge Lounge capacity
- Increasing pre-noon discharging and weekend discharging
- Increasing Same Day Emergency Care capacity
- Utilising the beds in the Cambridge Movement Surgical Hub for medical patients
- Continuing with the trial of the Frailty Assessment Unit
- Speeding up the processing time for medically fit patient assessments

However, there remained a risk that infection outbreaks or emergency demand would outstrip the modelling. In this case the Trust would continue to use contingency capacity and use its escalation system to increase clinical engagement on patient flow.

Monitoring of flu and other respiratory infections indicated that the hospital was following a model with an early spike in flu cases and RSV cases. Norovirus was more concerning as the current strain appeared to be more impactful. External to the main hospital, a significant flu spike at our CDC (dialysis centre) occurred which virologists advised was representative of the overall situation in the community. The Trust continued to work to keep staff and patients as safe as possible and would implement restrictions to hospital access and the wearing of protective equipment such as face masks when needed.

4. *Governors are picking up anecdotal examples of patient who have sent in complaints to the Patient Advice and Liaison Service (PALS) and not receiving a proper response. Last year the Chief Nurse implemented a new protocol to call patients up as soon as a complaint was made in order to nip the problem in the bud, which had the full support of governors. Please could we have an update on the performance of the PALS service and its responsiveness to patient complaints. PALS data is a potentially valuable asset in identifying areas where patient care can be improved. Are NEDs assured that we are making the best use of PALS data to inform areas for improvement?*

The following points were made in response.

The PALS service had dealt with 3,332 concerns since April 2024, 80% of which had been resolved within 10 working days. Concerns were becoming more complex in nature with themes remaining constant – appointments, waiting times and communication. Case

numbers had increased during September and October, mirroring the formal complaints received. Areas of concern remained Trauma and Orthopaedics and Gynaecology. In most cases where an inpatient raised a concern, a member of the PALS team would visit the patient on the ward to ensure early resolution.

The Trust had received 606 formal complaints since April 2024. The number of complaints received had increased by 34% since July/ August and the numbers continued to rise in October/November. The themes remained stable, being clinical treatment, communication, patient care and values and behaviours.

Where appropriate the complaint case managers were making telephone calls to complainants to offer alternative resolution (i.e. telephone/face-to-face meeting) rather than a written response which could bring a faster resolution in many cases. To date 42 meetings had been held and 67 cases had been resolved with telephone calls. The complaint response rate continued to rise, to 59% in November (as measured by cases closed within the initial time frame agreed at the outset).

Divisional engagement had improved markedly and more meaningful data was being provided to identify areas where improvements were being made as a result of feedback/complaints. Data was provided for the Divisional Executive Performance/ Corporate Performance and Patient Experience Group.

Agreed:
1. To note the report.

39/24 Governors' Reports

Lead Governor

Neil Stutchbury, Lead Governor, presented the report.

Agreed:
1. To note the report of the Lead Governor.

Membership Engagement Steering Group

Agreed:
1. To note the report of the Lead Governor.

40/24 Any other business

Noted:

1. On behalf of the Council of Governors, the Lead Governor noted that this would be Mike More's last meeting as Trust Chair and thanked him for his tenure and outstanding contribution as both a Non-Executive Director and as Chair. There was recognition that he had taken on the Chair role in 2016, during an extremely challenging period, and overseen a significant transformation in the leadership and culture of the organisation.

2. All those present joined the Lead Governor in thanking Mike for his service and wishing him the very best for the future.

3. In response, Mike thanked Governors for their continued work in support of the Trust and its patients. Governors played a vital role in the governance of the hospitals and he hoped that the relationship between the Council of Governors and the Board of Directors would continue to be one based on mutual respect and constructive challenge.

41/24 Date of next meeting

The next meeting of the Council of Governors in public will be held on Wednesday 26 March 2025 at 17.00.

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Council of Governors: Action Tracker

Minute	Action	Lead	Target date	Status	RAG rating
There are no outstanding actions					

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Report to the Council of Governors: 26 March 2025

Agenda item	6
Title	Chief Executive's report
Sponsoring executive director	Roland Sinker, Chief Executive Nicola Ayton, Deputy Chief Executive
Author(s)	As above
Purpose	To receive and note the contents of the report.
Previously considered by	n/a

Executive Summary

The Chief Executive's report is divided into two parts. Part A provides a review of the five areas of operational performance. Part B focuses on the Trust strategy and other CUH priorities and objectives.

Related Trust objectives	All Trust objectives
Risk and Assurance	A number of items within the report relate to risk and assurance.
Related Assurance Framework Entries	A number of items covered within the report relate to Board Assurance Framework entries.
Legal/regulatory impact	n/a

Action required by the Council of Governors
The Council of Governors is asked to note the contents of the report.

Cambridge University Hospitals NHS Foundation Trust

26 March 2025

Council of Governors
Chief Executive's Report
Roland Sinker, Chief Executive

1. Introduction/background

1.1 The Chief Executive's report provides an overview of the five areas of operational performance. The report also focuses on the three parts of the Trust strategy: improving patient care, supporting staff and building for the future, and other CUH priorities and objectives. Further detail on the Trust's operational performance can be found within the Integrated Performance Report.

1.2 The NHS and wider care system continues to face significant challenges, some of which have been particularly acute this winter so far; but is also improving across a number of key domains including bringing down long waits for elective care. Planning guidance for the next financial year has now been issued, with a continued focus on four key areas: Urgent and Emergency Care standards; waits for elective care; productivity; and delivering financial balance. Broadly the challenge is to provide more care within the existing financial settlement – 'more with the same'. The national operating framework from NHS England is changing and firming up with greater clarity about the role of ICBs and regional teams; as is CQC oversight - together these comprise the core regulatory framework for CUH. Work is ongoing on a new 10 year plan for the NHS, an innovation and adoption strategy, and a life sciences strategy. Cambridge and CUH are contributing to all these pieces of work.

1.3 CUH continues to focus on the five areas of operational performance, and the three pillars of the strategy. Our current strategy refresh will take account of the current and future context and will help to crystallise the big choices we have available to us. In the meantime, we have focused this year on three cross-cutting themes to drive improvements in quality, value for money and longer term health outcomes: quality, productivity and flow; culture, leadership and inclusion; and new models of care.

1.4 CUH continues to perform well in the five areas of operational performance relative to peers, but with areas of concern. As examples:

Quality - a focus on the Trust response on paediatric orthopedics, core standards, long waits within our emergency pathways, maternity (in particular CQC recommendations and recent feedback from the Council Overview and Scrutiny Committee) and triangulation of 'hot spots'; ongoing strong performance on outcomes relative to peers.

Workforce – A focus on the current four week pause on recruitment as the Trust finalises the financial plan. Noting year-on-year improvement in staff survey response rate and flu vaccination take-up rate which benchmarks well relative to peers; strong position on recruitment and overall staffing levels but with 'hot spot' areas; now considering how we respond to the staff survey and our offer for enabling staff to be at their best when they come to work.

Access - a continued focus on waiting times for emergency care where the Cambridge & Peterborough system, including CUH, has moved into a tier of enhanced regulatory scrutiny. There is good ongoing performance in cancer, diagnostics and elective care relative to peers but with improvement needed to bring down waits for Urgent and Emergency Care, particularly for those patients who require admission. Reducing length of stay to improve patient flow will be key to this.

Finance - maintaining progress with our significant capital plan and making best use of our resources to deliver financial plans for CUH and the integrated care system for the coming years. We are on track to deliver financial balance this year but with a challenging settlement likely for 2025-26. Enhanced controls have been put in place; productivity remains our major area of focus and opportunity. The Trust is currently focused on the business plan for the next financial year, sitting alongside continuing to reduce waits for care. This is requiring acceleration of existing cost saving and productivity programmes.

Improvement, Innovation and Digital - we are balancing support to teams to deliver changes and improve productivity; managing and mitigating risks in relation to our IT infrastructure; and transforming and innovating now and for the future.

1.5 CUH continues to make progress delivering the longer term Trust strategy, with more to do in some areas. Work has started on the ground for both the Cambridge Children's Hospital (Outline Business Case now formally approved) and the Cambridge Cancer Research Hospital (for which planning has been approved and enabling works have started, removing seven Olympic swimming pools of earth). In both cases work is ongoing on the Full Business Cases. As part of this the partners are taking stock of areas including the clinical model, research strategy, fundraising plan and construction capability.

In addition, following the Budget announcement of £3M, work has accelerated on our acute care strategy which seeks to both understand and meet the needs of a growing population as a result of new housing and economic growth, as well as an ageing population. We are clear that meeting the needs of our local populations will require new care models as well as the right investment in vital health infrastructure. The first articulation of this business case was approved by the Trust Performance Committee in March 2025.

1.6 Work to better align CUH, Royal Papworth Hospital and the University of Cambridge is going well. We are making progress on our strategies in relation to EDI, digital, local integration and environmental sustainability with more to do. More will be required in terms of work with partners in the local ICB, in particular to align the acute services business case.

1.7 CUH continues to engage with partners across Cambridge on a wide range of areas from growth to transport and housing - some of this is set out in the March 2024 'The Case for Cambridge' HMG publication. National support for Cambridge continues, as set out in the most recent budget. The Biomedical Campus continues to develop with new industry capacity and the Cambridge South station progressing – all of which needs constructive engagement with local partners.

1.8 In February 2025, the Trust set out to the public the position in relation to paediatric orthopaedic surgery, requiring support to patients, further clinical review and a look back into any missed opportunities to identify concerns earlier. The Trust apologises for any impact on children or their families and will continue to be transparent in communicating the position as it develops.

Part A

2. The five areas of operational performance

2.1 Quality

2.2 CUH retains its overall focus on quality and safety across all areas of the Trust, with three areas of particular update this reporting period.

<u>Emergency care and patient flow</u>

2.3 Further information on urgent and emergency care and patient flow is detailed in Section 3 of this report.

Neonatal Intensive Care Unit (NICU) staffing

2.4 Neonatal nurse staffing remains of concern, with actions to mitigate risk in place with executive oversight. An establishment review is being undertaken to ensure that the establishment set is compliant with The British Association of Perinatal Medicine (BAPM) workforce standards.

Hospital Standard Mortality Rate (HSMR)

2.5 The methodology for collecting HSMR data has been modified and is now live. The rolling 12 month (Nov 2023 to Oct 2024) HSMR for CUH is 86.80, a decrease from the last report. Analysis of data suggests this is an expected change, but monitoring will continue through the Learning from Deaths Committee.

3. Access to Care

3.1 **Emergency Department (ED).** Performance against the 4 hour standard improved from 67.7% in December to 70.5% in January 2025. This compares to 62.2% in January 2024. CUH further improved its ranking listing to 56th out of 119 trusts nationally for 4 hour performance in January compared to 60th in December, 73rd in November and 77th in October.

3.2 **Referral to Treatment (RTT).** The RTT Total waiting list increased by 320 (0.5%) in month, and variance to plan increased to 6,108 (10.4%). Total treatments exceeded plan in month, reducing the variance YTD to 910 (-0.7%). Treatments are 7.9% higher than same period in 2023/24.

3.3 **Delayed discharges**. 202 beds were lost due to delayed discharges in January 2025, a slight increase compared to 198 in December 2024. In January 2024, 195 beds were lost to this group of patients. Additional discharge planning resource has been provided to wards looking after elderly patients to minimise delays associated with their discharge. In those ward areas with this additional resource the number of beds lost to internal delays had reduced by 50% since October 2024.

3.4 **Cancer.** 62 day performance remains above the 70% national requirement for 2024/25, and is forecast to remain above 70% for January 2025. 238 patients were treated in December 2024 of which 51 waited longer than 62 days. 28.5 were shared pathways with referring Trusts, of which 50% we were unable to treat within 24 days.

3.5 **Operations.** Capped utilisation in January 2025 continued to perform well against peers at 80.9%. Top quartile Trusts were performing at 81% and above so CUH was in the third quartile nationally.

Ely utilisation was the highest month year to date, an improvement of 1.9% on the prior best month. Eight specialties delivered >85%, with a further seven >80%. Sessions used were 96.2% in January 2025. CUH remained ahead of plan for elective theatre cases performed year to date by 2.73% (649).

3.6 **Diagnostics.** January 2025 performance showed further improvement to 18.9% but was 5.7% variance to plan. Both the total waiting list and the >6ww cohort increased in month. The increase in total waiting list was driven by imaging modalities and this increase supported the % performance reduction. Seven modalities delivered <5% over 6 weeks, with Ultrasound, Cystoscopy and Respiratory Physiology deteriorating to above the required standard.

3.7 **Outpatients.** Compared to last month the Trust saw a deterioration in outpatient first appointments against plan, down from 91.2% in December 2024 to 84% in January 2025. Divisions E were the best performing division at 94.8% although still below plan.

4. Finance – Month 10

4.1 The Month 10 year to date financial position is a £1.6m deficit for performance management purposes. This position remains adverse to plan, however this has improved by £0.7m in month reducing the gap to £2.2m.

4.2 The forecast outturn performance for CUH currently remains to achieve the break-even planned position at this stage in the financial year.

4.3 The Trust delivered planned improvements in productivity at Month 9 and 10 and will need to continue this delivery through quarter 4 to support the delivery of the break-even forecast. This position will therefore remain under review as forecasts are updated.

4.4 DHSC and Treasury have agreed financial support for the impact of Industrial Action (IA) with a £1m allocation to CUH included in the Month 06 position. This is below the level previously expected by CUH leaving a shortfall against the IA pay expenditure and no support for IA lost income.

4.5 The Trust is working with the regional NHSE team to assess the CUH in year and recurrent impact of the 2024/25 NHS pay award. Initial estimates show a shortfall in funding, but this remains under review.

4.6 The following points should be noted in respect of the Trust's Month 10 financial performance:

- The adverse position is mainly attributable to the unfunded impact of IA on both pay (£0.5m) and lower elective activity (£1.1m) and the estimated unfunded net pay award (£1.0m).
- The Elective Payment Mechanism (EPM) has been revised for the 2024/25 financial year to include a cap on the level of funding providers can earn. The values of the caps for CUH have not yet been agreed but from discussions with our Commissioners to date this could present an additional pressure of c. £2m which the Trust would need to mitigate to maintain the breakeven forecast.
- Elective service performance has been forecast using the 2023/24 baselines and is estimated at £5.7m below planned levels.
- The average daily EPM planned income increased in Month 03 and maintains this level for the remainder of the financial year. Improvements in productivity to achieve this increase in elective service levels will be required in order to maintain the forecast break-even financial performance.

4.7 The Trust has received an initial system capital allocation for the year of £34.9m for its core capital requirements. In addition to this, the Trust expects further funding including; Children's Hospital (£9.5m); Cancer Hospital (£10.8m); Acute Services Business Case (£3.0m grant); Heat Pumps (£3.0m grant). Together with capital contributions from ACT (£1.8m), technical adjustments in respect of PFI, and additional funding announced in June (linked to achievement of key targets and balanced plan submission), the Trust's capital budget for the year now totals £75.5m.

4.8 Capital expenditure to date at Month 10 is £42.1m, which is behind the plan of £48.7m. This underspend relates mainly to the Cancer and Children's Hospital schemes, which have ring-fenced funding that has subsequently been adjusted to match actual spend for the year. We are forecasting achievement of the capital plan and the Capital Advisory Board is actively managing any changes in forecasts as the year progresses.

4.9 Following the recent publication of the NHS planning guidance for the 2025/26 financial year the Trust is now updating its plans at pace. We continue to work closely with our system colleagues to identify a route to delivering a break even financial plan while also maximising opportunities to increase productivity and improve our performance against operational standards.

5. Workforce

5.1 The Trust has set out five workforce ambitions, committing to focus and invest in the following areas: Good work and wellbeing, Resourcing, Ambition, Inclusion and Relationships.

Temporary pause to recruitment activity

5.2 On 27 February 2025 a four week recruitment pause was put in place, pending confirmation of the budget for year 2025/26. Whilst this is a robust pause across all roles, exceptions are being made in accordance with clearly defined and published principles to ensure the safe and effective running of services and longer-term recruitment pipelines.

5.3 The recruitment pause comes at a time where the Trust's commitment to significantly reducing the staff vacancy rate and the reliance on temporary staffing, is being realised with a much-improved picture across both clinical and non-clinical posts. Staff retention rates are also much improved, now at 10.1%, against a Trust target of 10.4%.

Operational plans submission

5.4 The Trust will be submitting the national return on 27 March 2025. Work is underway to provide a workforce plan that is aligned to the activity and finance plans. This year there are nationally mandated targets of 30% reduction in agency spend, 10% reduction in temporary (bank) spend and, for support functions, to return to the April 2022 cost base.

National staff survey update

5.5 The 2024 national staff survey results will be published on 13 March 2025. Division and corporate leaders at CUH have now received the results for their services ahead of publication to enable preparation of action plans to work with their respective teams on priorities.

6. Innovation, Digital and Improvement

Improvement and Transformation

6.1 The team's primary focus over the last ten months has been in scoping, building, supporting and driving the Trust's productivity and efficiency programme. The team is actively supporting divisions to identify and capture productivity and efficiency schemes for 2024/25 to deliver the Trust's ambition of a minimum £53m saving, with a further ambition to ensure an additional £25m of schemes are in delivery by April 2025. Year to date delivery of efficiency, at Month 10, was £44.4m against a target of £44.2m.

6.2 The team continues to work alongside specialty teams on specific transformation projects that will drive productivity and efficiency benefits, including:

- Outpatient transformation - Increasing uptake of PIFU, remote clinical review (formally Patient Not Present), clinic optimisation clinical coding and procedures review, referral and triage optimisation including the use of advice and guidance opportunities to manage outpatient demand and waiting lists.
- Virtual ward and frailty, pathway improvements/redesign (e.g. Pneumonia, Hearing and Tinnitus and Skin). The virtual ward has admitted and cared for 3,353 patients since its inception in November 2022 and saved 13,030 bed days, saving 15.8 beds up to 31st January 2025 with an average length of stay of 11 days

6.3 Alongside this the team are actively engaged in the 2025/26 business planning process and are working alongside the divisions to identify potential areas for further productivity benefits.

6.4 The improvement and transformation team are also undergoing a process to reassess the current work programme and ensure it aligns with the Trust's strategic priorities, innovation programmes and areas of greatest need. Going forward, we expect these priorities to consist of:

- Consolidating support for the business planning process, divisional and corporate PEP and cost out activities including strengthening of the PMO function within the team.
- Strengthening our approach to outpatient transformation and supporting delivery of the Trust-wide outpatient's strategy.
- Helping establish and support the command centre programme of work.
- Supporting Trust priorities around length of stay, patient access and demand management.

- Supporting improvement across divisions, through the establishment of an improvement centre of excellence.

6.5 The team have begun the process of developing a refreshed improvement strategy, with the aim of completing for approval by June. As part of this, the team is intending to refresh the existing IHI improvement methodology to adapt the approach to sustain greater impact. In line with this, and the wider restructure of the improvement and transformation team there has been a pause on the delivery of quality improvement (QI) courses. This has allowed for a refresh of the course content to be undertaken to begin to tailor the offer for staff across the Trust to increase capability and capacity. A revised schedule of courses is being developed, together with self-paced e-learning tools to complement the provision of improvement support with the aim of reaching a wider audience in the upcoming year.

Digital and eHospital

6.6 Audit reports covering cyber security, information governance and freedom of information were presented to Audit Committee on 26 February 2024. The high-level approach for addressing the findings was discussed along with a commitment to the development of a more detailed plan for addressing the findings of the cyber security audit.

6.7 Two key digital contracts are coming to an end of their term, and work has been progressed to plan for and commence procurements.

6.8 The digital team has also been focusing on how we deliver digital capabilities that can support the delivery of care and improved productivity across our health services. This includes progressing development on access to the Cambridge and Peterborough Shared Care Record, developing plans to pilot the use of the Federated Data Platform for complex discharge and leading the development of NHS App integration with Epic for the UK.

6.9 More locally we are prioritising the delivery of digital capabilities required to support the largescale digital transformation initiatives, covering outpatients, ED, inpatient bed management and clinical productivity.

6.10 We also continue to enhance tools that allow patients to securely access parts of their electronic health record through MyChart. We have achieved our 2024/25 MyChart target of securing 275,000 registered and active patients accessing their hospital records through MyChart. This equates to approx. 70% of patients attending an outpatient appointment having a MyChart account.

Innovation

6.11 The team secured capital funding from NHS England at the end of 2024, which has prompted an acceleration in the development of pre-planned initiatives, described below.

6.12 The Digital Front Door for Outpatients programme will focus in 2025/26 on the transformation of all clinic and diagnostic templates across the Trust to enable self-scheduling and fast pass (alerting patients on the waiting list of capacity released by short-notice cancelations) functionality. This will provide efficiencies in outpatient services through increasing utilisation of outpatient appointments, reducing administrative burden and reducing patient DNA rates and provide a foundation for clinical pathway innovation.

6.13 The Digital Front Door for ED programme is exploring the implementation of a digital self-triage solution at the front door of the hospital, directing patients rapidly to the point of appropriate urgent and emergency care.

6.14 The command centre programme is investing in equipment, software and change management to support decision-making, improve flow, and underpin the future application of advanced analytics.

6.15 The clinical co-pilot programme is investing in technological infrastructure that will allow us to develop, evaluate and deploy advanced data-driven solutions, including artificial intelligence, as well as testing generative AI applications, such as ambient voice technology and Epic's own latest solutions, to bring immediate improvements to clinical productivity.

6.16 Alongside the design and establishment of the above programmes, the team continues to work on other developments that will support our efforts to be a more active source for and adopter of innovation. This includes the creation of a clinical data science unit.

PART B

7. Strategy update

7.1 The Trust's current strategy, CUH Together 2025, has run for the past three years and we are now working on a new updated Trust strategy to be launched later this year.

7.2 Progress on most of the 15 commitments outlined in the current CUH Together 2025 strategy are reported elsewhere in this update paper; additional elements are highlighted below.

Improving patient care

Integrated Care

7.3 The Trust is partnering with the ICB and others on the delivery of the WorkWell programme (Cambridgeshire & Peterborough ICB is a Vanguard), which is being delivered by Mind CPSL (Mind Cambridgeshire, Peterborough and South Lincolnshire) in the South Place. The WorkWell pilot programme matches local people with a work and health coach who can establish what they need help with, overcome barriers and help them find the right local support. CUH is exploring how it can support promotion of this programme to patients.

7.4 South Place is working with North Place to co-design community care models for three population groups: children and young people with complex health and care needs; adults with complex health and care needs; and people likely to be in the last two years of their life. A number of workshops have been held through February with partners and stakeholders from across the system to shape the new care models, embedding an Integrated Neighbourhood approach (a key ask within the 2025/26 NHSE national planning guidance). This work complements the work that CUH is leading around the new Acute Care Strategy and the ICB's strategic commissioning plan.

7.5 The Trust is working alongside the ICB, NWAFT, South and North Place and partners to calibrate the operating framework for Place within the ICS. The timing aligns with the release of the new Neighbourhood Health guidance from NHSE. CUH is co-funding support from management consultants PPL who are also involved in developing national strategy for neighbourhood health and Place.

7.6 CUH is using funding allocated to the Trust in the Treasury's March 2024 Budget to develop a strategy and long-term plan for how the Trust can best use the Cambridge Biomedical Campus site to deliver health services to the local population over the next decade and beyond, particularly in the light of significant planned population growth. Through engagement with staff, patients and partners in our health and care system, and inspired by exemplary practice in healthcare delivery in the UK and internationally, we have been developing models of care that are responsive to advances in innovation and research and are sustainable for the future. Our focus is on our acute services, which are those services that patients access when they have an urgent or emergency care need. To support our vision for acute services we are also developing a plan for implementation of improvements that have the potential to transform the way we deliver care for the benefit of our patients.

Supporting our staff

7.7 A Trust-wide programme of work focusing on wellbeing and support of our staff is ongoing.

Building for the future

New hospitals and the estate

7.8 Following the Government's recent review of the New Hospital Programme, the Secretary of State for Health and Social Care confirmed in January 2025 that Cambridge Cancer Research Hospital remains on track to be built by 2029, and that plans can continue for construction to start in 2026. In addition, the project received ministerial approval for the second package of enabling works, allowing the project to progress with site clearance and archaeological work, commencing in the coming months. Significant progress is being made on the project's Full Business Case (FBC) which is planned to be submitted to regulators in summer 2025. In parallel, engaging with the project's stakeholders remains a key priority as the project continues to develop Target Operating Models for services, looking at all associated elements including digital, workforce planning and organisational development.

7.9 The Cambridge Children's Hospital (CCH) has launched its tender process for the procurement of the project's main build contractor following Cabinet Office approval. FBC preparation work continues, including the development of target operating models and an organisational development strategy. We are progressing a series of digital workshops with Microsoft as part of our strategic partnership; the first, in March, will have a focus on user experience. Our engagement and fundraising campaigns continue to build momentum and make positive progress.

Specialised services

7.10 The Trust, alongside the six other acute providers in the East of England Specialised Provider Collaborative (EoE SPC) continues to work with partners to reduce inequalities and improve access for patients by leading the transformation of specialised services across the region.

7.11 The SPC's approach to clinical services is focused on three main areas:

- Clinical strategy development where it makes sense for collaboration at scale with specialised clinical expertise to lead vision on a regional footprint, such as currently underway for neurosciences;
- Supporting sustainable delivery, for example, through working in partnership with commissioners and the Cancer Alliance to help shape future workforce planning for specialised cancer services;

- Addressing inequalities in outcomes, reducing unwarranted variation and improving access. Projects in progress include supporting the development of Tier 3 severe asthma services in the region.

7.12 For 2025/26, the SPC will be setting out its wider programme of work which, in addition to the approach to clinical services, includes working collaboratively across corporate enablers such as workforce, digital and estates. Working at scale to deliver productivity, share innovation and target efforts, has the potential to benefit all partners and ultimately improve services and experience for patients.

7.13 The SPC is leading the development of a regional neuroscience strategy to address inequity of access and outcomes, with a key aim to deliver integrated pathways of care, focusing on prevention, early intervention and improving access. Engagement across ICBs and providers is accelerating, with expert clinical input and patient voices being sought to inform the final recommendations to be presented to the Joint Commissioning Committee later in Q2 2025. The neurosciences strategy will focus recommendations on the sub-specialty areas of general neurology (to include migraine, headache, functional neurological disorder, motor neurone disease), Dementia, Parkinson's disease, Epilepsy and Multiple Sclerosis (MS).

Climate Change

7.14 Good progress is being made on detailed construction designs, planning application and archaeology for the Frank Lee Centre and Residencies Heat Decarbonisation Project (halving carbon emissions), with work due to begin on site in April 2025.

7.15 A suite of equipment-based energy control projects (air-conditioning systems, theatre ventilation and anaesthetic gas scavenging units) are now underway and progressing. Each project will use sensor technologies to ensure that plant is not running when it is not needed.

7.16 All pure nitrous oxide pipe-networks to theatres have now been decommissioned and replaced with a flexible and efficient mobile cylinders system – generating an annual carbon saving in excess of 2,000 tCO2e/annum.

7.17 Planning and development work is progressing well for a full trial of mobile cylinders to replace piped entonox to The Rosie Delivery Unit and Birth Centre; this could generate a potential carbon saving in excess of 1,000 tCO2e/annum.

7.18 Successful grant applications of £140k have been made to the NHS Energy Efficiency Fund for LED lighting and building management system upgrade projects; this should help generate permanent annual energy bill savings of approximately £31k.

8. Recommendation

8.1 The Council of Governors is asked to note the contents of the report.

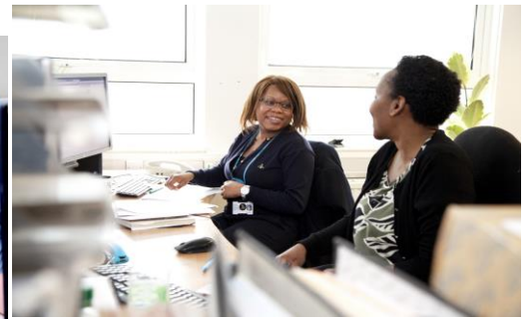





Cambridge University Hospitals
NHS Foundation Trust











Integrated Report

Quality, Performance, Finance and Workforce to end January 25

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

Report compiled: 28 February 2025

Key

NHS
Cambridge
University Hospitals
NHS Foundation Trust

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

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

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

Quality Account Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

Point of delivery	Performance Standards	Previous Month-1	Previous Month	In Month Actual	Target	Target due by	FYtD	Average Performance 23/24	Variance	Target Status
		Nov 24	Dec 24	Jan 25						
Safe	Nutrition screening compliance for admitted patients	90.0%	86.0%	89.5%	≥90%	Mar-25	84.9%	76.5%		
	Compliance with Falls risk assessment and documentation within 12 hours of admission (%)	95.3%	94.5%	96.3%	≥90%	Mar-25	93.3%	86.9%		
	Hospital acquired pressure ulcers (category 2 +) per 1000 bed days	0.875	1.276	0.993	≤0.395 per 1,000 bed days	Mar-25	0.925	0.810		
	Post-Partum Haemorrhage (PPH)	2.4%	4.1%	4.0%	≤3.3%	Mar-25	2.9%	2.8%		
	Patient Safety National Training (PSIRF Level 2)	92.3%	92.7%	92.1%	90.0%	Mar-25	87.8%	N/A		
Patient Experience / Caring	Responses to service user complaints are within agreed time frames	58.6%	66.2%	52.0%	80.0%	Mar-25	57.4%	47.0%		
Effective / Responsive	Percentage of elective operations cancelled at last minute for non-clinical reasons	1.5%	1.4%	1.3%	<1%	Mar-25	1.4%	1.6%		
	Locally reported SDEC (same day emergency care) activity as a % of emergency activity	24.7%	25.0%	27.4%	30.0%	Mar-25	24.9%	22.1%		
	Compliance with 4-Hour A&E standard (Type 1)	50.3%	51.8%	53.8%	66.0%	Mar-25	50.6%	47.0%		
	No. of lists (clinic/theatre) cancelled in maternity services for safe staffing reasons	1	0	0	TBC	Mar-25	8	0		
		2021	Annual 2022	2023						
Staff Experience / Well-led	Morale Indicator: I feel secure about raising concerns about unsafe clinical practice.	75.9%	71.3%	70.4%	78.0%	Mar-25				

Quality Summary Indicators

NHS Cambridge University Hospitals NHS Foundation Trust

Point of delivery	Performance Standards	Previous Month-1	Previous Month	In Month Actual	Target	Target due by	FYtD	Average Performance 23/24	Variance	Target Status
		Nov 24	Dec 24	Jan 25						
Infection Control	MRSA Bacteraemia (hospital onset cases)	0	0	0	0	Mar-25	2	N/A		
	E.coli Bacteraemias (Total Cases)	30	36	33	TBC	Mar-25	366	34		
	C. difficile Infection (hospital onset and COHA cases) or C. difficile Infection (hospital onset)	14	13	11	<=134 cases (HOHA and COHA).	Mar-25	138	12		
	Hand Hygiene Compliance	93.0%	91.6%	93.1%	TBC	Mar-25	93.2%	94.6%		
Nursing Quality Metrics	Blood Administration Patient Scanning	100.0%	100.0%	100.0%	90.0%	Jan-25	99.9%	99.7%	H	?
	Blood Administration Product Scanning	98.6%	99.0%	99.4%	90.0%	Jan-25	97.3%	96.4%	H	F
	Moving & Handling	86.1%	85.6%	86.9%	90.0%	Jan-25	83.1%	76.4%	H	F
	Nurse Rounding	99.4%	99.4%	99.5%	90.0%	Jan-25	99.4%	99.2%	H	P
	Pain score	89.6%	89.4%	90.2%	90.0%	Jan-25	87.5%	84.8%	H	F
	MEOWS Score Recording	90.8%	87.3%	84.9%	90.0%	Jan-25	87.9%	87.2%	H	F
	PEWS Score Recording	99.0%	99.3%	98.2%	90.0%	Jan-25	99.0%	99.2%	L	P
	NEWS Score Recording	98.5%	98.3%	98.4%	90.0%	Jan-25	98.3%	97.7%	H	P
	VIP Score Recording	93.6%	94.1%	95.6%	90.0%	Jan-25	90.5%	87.1%	H	?
	PIP Score Recording	90.5%	92.0%	87.5%	90.0%	Jan-25	87.3%	84.3%		?
Patient Experience	Mixed sex accommodation breaches	47	63	65	0	Jan-25	352	20	H	?

Operational Performance

NHS Cambridge University Hospitals NHS Foundation Trust

Point of delivery	Performance Standards	SPC variance	In Month Actual	In Month plan	Target	Target due by	Page
Urgent & Emergency Care	4hr performance	Positive special cause variation	70.5%	74.9%	78.0%	Mar-24	Page 16
	12hr waits in ED (type 1)	Normal variation	13.4%	-	-	-	
	Ambulance handovers <15mins	Normal variation	42.4%	-	65.0%	Immediate	
	Ambulance handovers <30mins	Normal variation	72.9%	-	95.0%	Immediate	Page 17
	Ambulance handovers > 60mins	Negative special cause variation	18.3%	-	0.0%	Immediate	
Cancer	Cancer patients < 62 days	Positive special cause variation	78.6%	72.2%	70.0%	Immediate	Page 23
	28 day faster diagnosis standard	Positive special cause variation	87.3%	79.2%	77.0%	Immediate	Page 21
	31 day decision to first treatment	Negative special cause variation	77.2%	-	96.0%	Immediate	Page 22
Outpatients	First outpatients vs plan (consultant led)	Negative special cause variation	84.0%	-	-	-	Page 25
	Follow-up outpatients (consultant led)	Positive special cause variation	103.9%	-	-	-	Page 26
	Advice and Guidance Requests	Normal variation	10.8%	-	16.0%	Mar-23	
	Patients moved / discharged to PIFU	Positive special cause variation	4.7%	5.2%	6.8%	Mar-23	Page 27
	Outpatient Capacity Usage	Normal variation	42.3%	49.0%	-	Mar-25	Page 28
Diagnostics	Patients waiting > 6 weeks	Positive special cause variation	18.9%	13.2%	5.0%	Mar-24	Page 24
	Diagnostics - Total WL	Positive special cause variation	N/A	-	-	-	
RTT Waiting List	RTT Patients waiting > 65 weeks	Positive special cause variation	49	0	0	Mar-23	Page 19
	RTT Patients waiting > 78 weeks	Positive special cause variation	2	-	-	-	
	Total RTT waiting list	Negative special cause variation	65,007	58,902	-	-	Page 20
Productivity and efficiency	Non-elective LoS (days, excl 0 LoS)	Positive special cause variation	8.9	-	-	-	
	Long stay patients (>21 LoS)	Normal variation	218.7	10	-	-	
	Elective LoS (days, excl 0 LoS)	Positive special cause variation	5.0	-	-	-	
	Discharges before noon	Positive special cause variation	21.6%	-	-	-	
	Theatre sessions used	Positive special cause variation	95.9%	-	-	-	
	In session theatre utilisation	Positive special cause variation	80.9%	85.0%	85.0%	Sep-23	Page 30
	Virtual Outpatient Attendances	Normal variation	20.6%	-	-	-	
	BADS Daycase + OP Rate (local)	Normal variation	86.6%	85.0%	-	-	Page 31
Surgical prioritisation	P2 (4 weeks) Including planned	Normal variation	2,962	-	-	-	

Patient Safety Incidents (PSIs)

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Threshold	Jan-25	Average (Feb-22-Jan-25)	Variance	Special causes	Comments
Number of **patient safety incidents**	-	**1799**	1638		-	There is currently normal variance. In January 2025, the highest category type was Medication of which there has been a significant increase of in the last 8 months. There were no moderate Medication harms in January 2025.
Rate of patient safety incidents **per 1,000 admissions**	-	**95.3**	94.7		–	There was normal variation in the rate of patient incidents per 1,000 admissions in January. There were 18870 admissions and 1799 incidents affecting patients at time of reporting.
Rate of patient safety incidents resulting in **moderate harm or above**	≤2%	**1.6%**	1.9%	L	Shift	There has been a statistically significant decrease since May 2024. This correlates with the HAPU grading process revision in June 2024. In January 2025 there were 29 PSIs graded moderate harm or above; 22 moderate, 7 severe.
Number of patient safety incidents moderate harm and above where **Learning Response not commissioned within 14 days** of reporting	0%	**5**	11	-	-	There has been a decrease since last report (previously reported 8)
Cumulative number of moderate harm and above patient safety incidents **open after 60 days**	-	**36**	29	-	-	There has been a significant increase in overdue moderate harm and above PSIs (previously reported 29).

Patient safety incidents (PSIs)

In January there were seven severe harm PSIs: 3 were related to falls, 2 Clerical/appointments, 1 was Diagnosis, and 1 Implementation of Care. All incidents are currently under review.

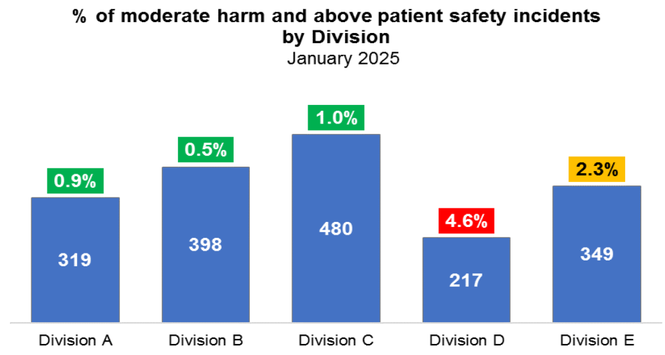
In January, Division B have a statistically significant increase in reporting of PSIs and by rate per 1,000 admissions. all other divisions are in normal variance by number of incidents. By rate per 1,000 admissions division D is statistically significantly reduced in the last 7 months.

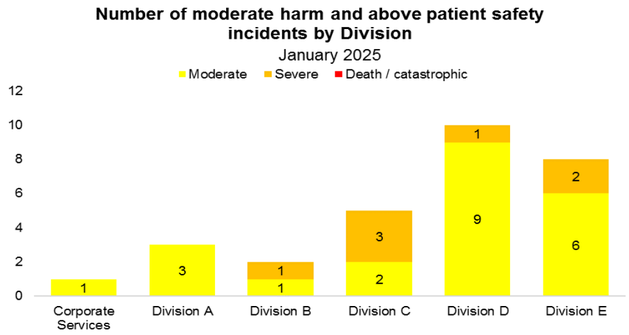
The divisional PSI reporting and harm for January are shown in the graphs to the right.

Patient safety incident investigations (PSIIs)

We currently have six commissioned PSIIs. The latest was commissioned in January 2025 - Omission of critical medicines, focusing on Parkinson's and Anti-epileptic medications. This was commissioned in line with our PSIRF Plan priority of Medication safety.

Three PSIIs have been completed and improvement plans agreed at Safety Improvement Group. The three remaining investigations are still in progress and are on track.





Serious Incidents (SI) and Internal (RCA) Investigations (II)

There are currently **10 (-) open SI actions**, all of which are overdue. Action is required from Division A, Estates, Medical Directorate, and Workforce.

There are **10 (↓) open Internal Investigation actions**, all of which are overdue. Action is required from Division A, and Chief Nurse Office.

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

Author: Jane Nicholson **Owner: Oyejumoke Okubadejo**

Duty of Candour (DOC)

NHS Cambridge University Hospitals NHS Foundation Trust

Summary

At time of reporting, there were 19 (last month 26) overdue cases of Duty of Candour **stage 1:**

- 8 were overdue **by one month or less**
-10 overdue **by 2 - 3 months**
- 1 overdue **by 4 - 6 months** (INC11271)

A breakdown by Divisions can be seen in the graph to the right.

There are 8 (last month 7) overdue cases of Duty of Candour **stage 2**:

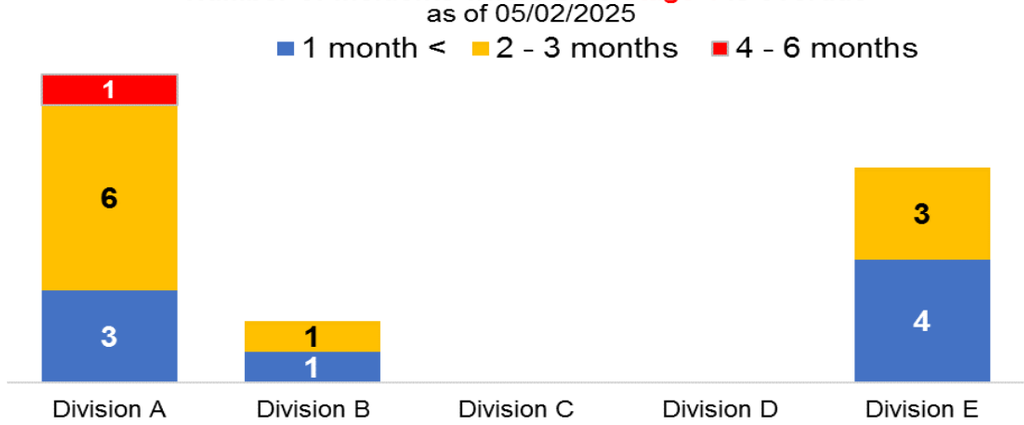
- 3 from incidents closed **less than one month ago**
- 4 from incidents closed **2 - 3 months ago**
- 1 from an incident closed **4 - 6 months ago** (INC9615)

A breakdown by Divisions can be seen in the graph to the right.

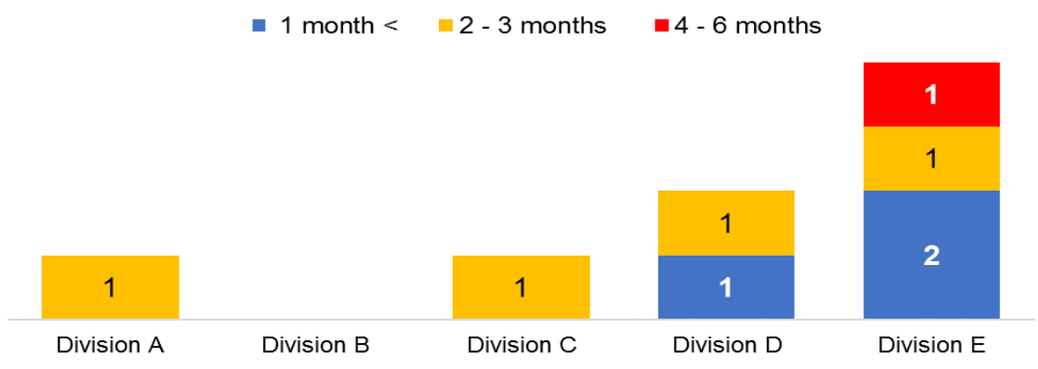
The corporate patient safety team continue to work with divisions to ensure accurate recording of requirements, and addressing outstanding DOC.

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

Number of incidents where DOC stage 1 is overdue
as of 05/02/2025



Number of incidents where DOC stage 2 is overdue
as of 05/02/2025



Falls

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Target	Jan-25	Average (Feb 22- Jan 25)	Variance	Special causes	Target status	Comments
Number of **patient falls**	–	**174**	166		-	-	The Trust is within in normal variance. Whilst division B has low number of falls (average of 13) they have had a statistically significant increase in the last eight months
Rate of patient falls per **1,000 bed days**	3.25	**3.34**	4.24	L	Shift	-	There is a statistically significant decrease in the rate of patient falls per 1,000 bed days, over the last 7 months. Divisions A, C, D, and E are within the normal variance. Division B's rate of falls has decreased.
Rate of patient falls resulting in **moderate harm** or above	–	**2.9%**	2.6%		-	-	Five falls in January 2025 of moderate harm or above; two moderate and three severe. Four incidents occurred in Division C (4.8% of all falls in Division C resulted in moderate harm or above).
Falls risk screening compliance within 12 hours of admission	≥90%	**96%**	89%	H	SP	?	The Trust met the target in January 2025 and for the last eight consecutive months. Only one ward did not meet the target.

Summary

The number of falls has been in normal variance for the last 3 months. There is a statistically significant decrease in the rate of patient falls per 1,000 bed days.

Each division is operating within normal variance, except for Division B, which has shown a statistically significant increase in falls, with eight consecutive months above the mean (however their falls rate per 1,000 bed days is reduced).

Ward D8 has had a continued significant increase in falls within the last eight months (4 falls in January). C7 had the highest number of falls in January (12). Highest areas by ward: C7(12), EAU4 (11), T2 (7) Clinic 9 - (UTC) (7).

Ward L4, Lewin registered a significant improvement in falls within the last eight months.

Highest areas by speciality: DME (22), Neurosurgery (18), Acute Medicine (16), General Medicine (16). The rate of moderate harm and above patient falls is in normal variance, 2.9% in January.

In January the Trust was compliant with the falls risk assessment (96.3%).

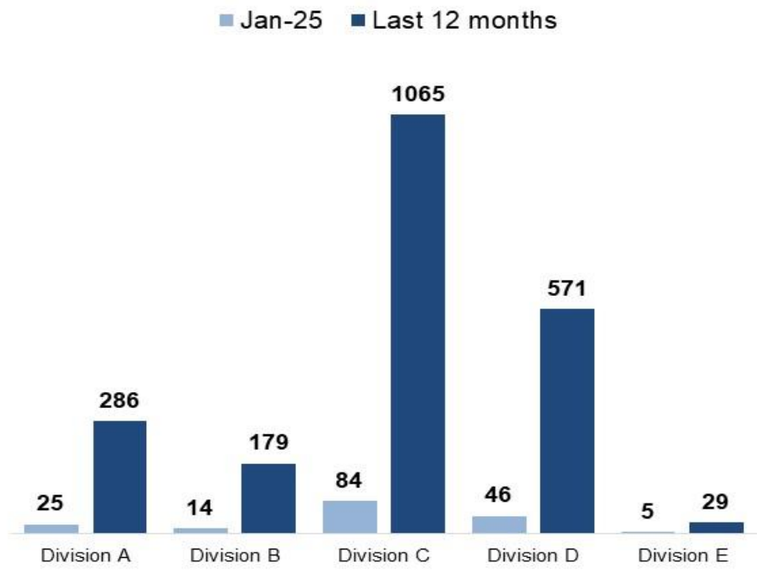
QI update

Ward based QI work has begun on pilot wards F6 (DME) and a findings report is pending. QI work is currently focusing on care of the elderly wards in division C, as this is the area of highest falls.

Education: 1st ever AHP falls prevention masterclass planned for March. Next Falls champions study day arranged for 26.03.25.

Review of current falls learning response completed - proposal with stakeholders.

Patient falls across the Trust



Author(s): Jane Nicholson/Manushi Garnier **Owner(s): Darren Darby**

Hospital-acquired tissue damage

Cambridge University Hospitals NHS Foundation Trust

Indicator	Target	Jan-25	Average (Feb-22 - Jan 25)	Variance	Special causes	Target status	Comments
All hospital-acquired pressure ulcers (HAPUs)	-	**53**	39		-	-	The trust is back within normal variance in January 2025. Whilst has few HAPUs (average 3), in January they had 11 (single high point). All other divisions are within normal variance.
Category 2, 3, 4, mucosal, suspected deep tissue injury, and unstageable HAPUs	-	**36**	28		-	-	The trust remains within normal variance. Whilst Division B have low numbers (average of 1, with 4 in January) they have had a statistical significant increase in last four months. Similarly, Division E had a significant increase in January 2025 (single high point of 5).
Category 2, 3, 4, mucosal, suspected deep tissue injury, and unstageable HAPUs by **1,000 bed days**	≤0.395	**0.99**	0.78		-	-	The trust is back within normal variance, however Division E has had a statistical significant high point in January 2025. All other divisions are within normal variance. Division D had the lowest rate in January.
Medical device related HAPUs	-	**26**	13	H	SP	-	The trust has had a significant increase in the last two months. Division E had a significant increase in January 2025, all other Divisions remain within normal variance. Division in January A (8), B (1), C (3), D (3), E (10)
Pressure Ulcer screening **risk assessment** compliance	≥90%	**91.7%**	81%	H	SP	F	The compliance target was met in January 2025 and there has been a continued significant increase in the last 10 months. Division E did not meet the target.
Hospital-acquired **moisture lesions**	-	**28**	22	H	SP	-	The trust has had a significant increase in November 2024 and January 2025. All Divisions remain within normal variance.

Summary

The number of HAPUs, and rate of HAPUs per 1000 bed days across for the Trust are within normal variance, however Division E had a significant increase in both metrics in January 2025. Of the 53 HAPUs; 16 x category 1, 26 x category 2, 3 x mucosal and 7 x SDTi. Each category is in normal variance.

Body location: sacrum (6) 7/8 months have been below the mean; Heels (11), 6/7 have been above the mean. The body location of 'other' body is high (16) no key themes noted.

The themes of HAPUs in January 2025 are; device-related HAPUs (26); medical device type other (10), body location of other (16), D3/ICU (5), Speciality = Critical Care (6).

The PU risk assessment compliance target was met again in January 2025. Division E was not compliant.

There has been a significant increase of Hospital-acquired **moisture-associated lesions,** all divisions are in normal variance.

QI update

Monthly divisional meetings have been in place since January 2025 to review data, share learning from the project wards and initiate action plans for each division. The Tissue Viability Champion study day on 28 March will also focus on the learning and success of the IHI programme wards to inspire this work to continue across the trust. The sliding sheet and heel protection audits remain in place and will be widened to include all ward areas.

Sepsis

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Indicator	Target	Jan-25	Average (Nov-21 - Oct-24)	Variance	Target status
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- **Inpatient wards (n15)**	≥95%	84.8%	82.3%		
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Inpatient wards (n15)**	≥95%	80.0%	79.7%		
All elements of the Sepsis Six Bundle delivered within 60 mins from time patient triggers Sepsis (NEWS 5>)- **Maternity (n10)**	≥95%	58.6%	63.0%		
Antibiotics administered within 60 mins from time patient **triggers** Sepsis (NEWS 5>) - **Maternity (n10)**	≥95%	30.0%	60.6%		

Update

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

- The sepsis overarching QI plan has been approved and work has started.
- Final stages of algorithm development in EPIC to pull a large data set is still underway. The purpose of this is to improve the quality of the compliance data reported.
- Work is underway with ED to look at process mapping the management of sepsis in the department in order to establish how the system is impacting on sepsis care. Dedicated time from the sepsis QI Lead to support the ED has been assigned every week to ensure that this progresses.
- Work is underway with Maternity to establish a quality improvement plan for 2025
- ED data for January has not been provided, this will be shared next month.

Author: Stephanie Fuller **Owner: Heman Joshi**

VTE

NHS Cambridge University Hospitals NHS Foundation Trust

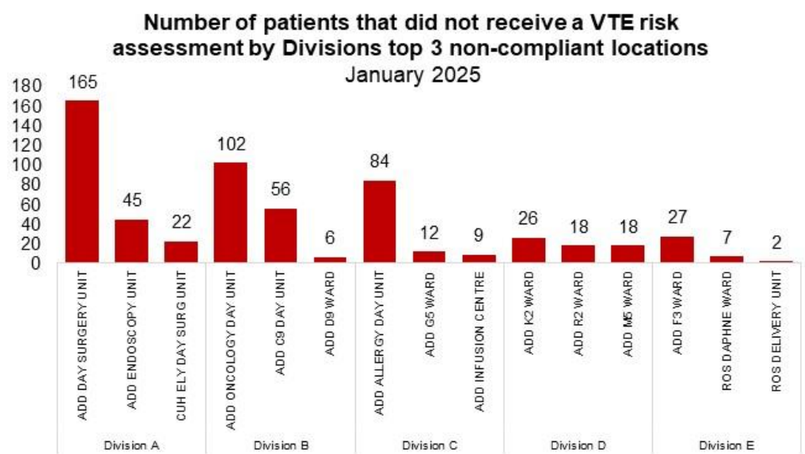
Indicator	Target	Jan-25	Average (Feb 22 - Jan-25)	Variance	Special causes	Target status	Comments
Number of **hospital associated venous thrombosis** (HATS) case reviews at CUH	-	**32**	26		-	-	Currently within normal variance, but two cases were judged avoidable upon review. (INC22215 - Division A (Colorectal) and INC20607 - Division A (T&O)).
VTE % compliance of patients admitted to CUH who have been risk assessed	≥*95%*	**94.9%**	95.1%		-	?	The Trust did not meet the target in January 2025 by 0.1%, although it had successfully met the target for the previous seven consecutive months.
VTE % compliance of patients admitted to **Division A wards** who have been risk assessed	≥*95%*	**91.6%**	91.8%		-	F	Currently within normal variance. However, despite significant improvement from Feb 24 to Nov 24, a result below the mean was recorded in Dec 24 and Jan 25. The location with the highest number of non-compliant cases was Day Surgery Unit. 18% (165/940) of patients who attended day surgery unit were not risk assessed.
VTE % compliance of patients admitted to **Division B wards** who have been risk assessed	≥*95%*	**94.2%**	94.3%		-	?	The compliance target was not met in January, and the Division is currently in normal variance. The location with the highest number of non-compliant cases was Oncology Day Unit (includes CAU).
VTE % compliance of patients admitted to **Division C wards** who have been risk assessed	≥*95%*	**97.8%**	98.0%	L	Shift	P	Whilst Division C is continuingly meeting the target, there has been a significant deteriorating in compliance in the last seven months. The location with the highest number of non-compliant cases was the Allergy Day Unit.
VTE % compliance of patients admitted to **Division D wards** who have been risk assessed	≥*95%*	**90.7%**	91.5%		-	F	Currently within normal variance. The location with the highest number of non-compliant cases was K2 Ward
VTE % compliance of patients admitted to **Division E wards** who have been risk assessed	≥*95%*	**94.5%**	93.4%	H	Shift	?	There has been a statistically significant improvement over the past nine months, but this metric excludes antenatal requirements (1 assessment at any point during admission). In January 2025, compliance for paediatric patients aged 16-17 years was 8.6%.

Summary

The VTE quality improvement group have agreed a series of actions to support compliance with the Trust policy including:

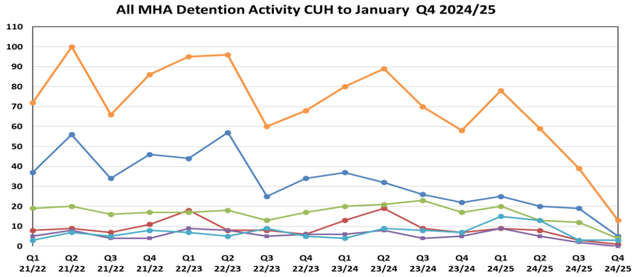
- Policy update (underway)
- a ‘re-set’ of group approved procedures (update now with Epic team)
- support around day surgery and pre-operative VTE assessments.
- improve information patients receive about the risk of blood clots prior to elective admission (via admission letters) and at discharge (via After Visit Summary) (in process).

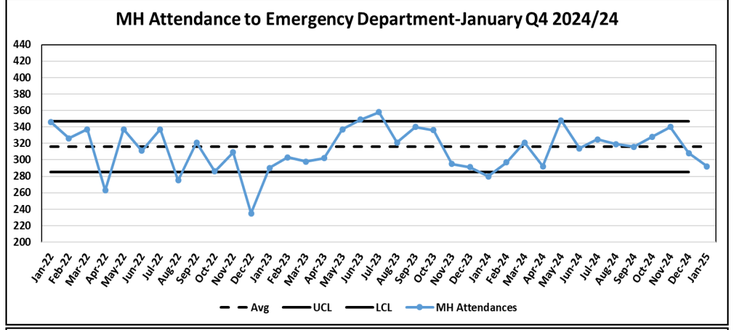
Division	No. admissions	% assessed	No. HATs assessed
A	3818	91.6%	16
B	3211	94.2%	1
C	7764	97.8%	13
D	1713	90.7%	1
E	751	94.5%	1
Trust	17257	94.9%	32

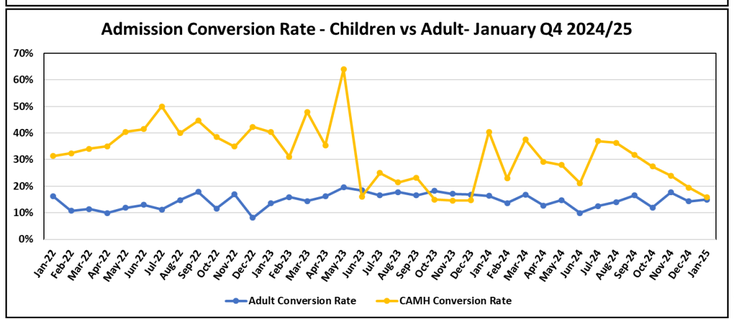


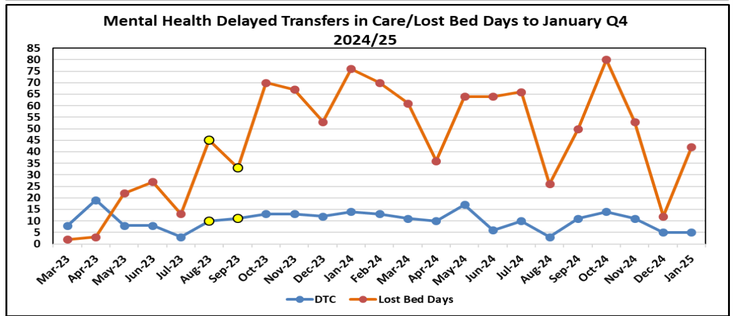
Mental Health - Q3 2024/25 (November)

NHS Cambridge University Hospitals NHS Foundation Trust









Q4 January 2024/25

- The Mental Health Act total activity at CUH in January Q4 24/25 was within expected levels.
- The number patients detained whilst at CUH was low, 5 patients.
- The current trend of patients detained at CUH under the MHA continues to indicate that 2024/25 will see a reduction in the use of the MHA as a detaining authority, compared to 2023/24.

- There were 5 presentations of Section 136 MHA to the ED in January
  - 40% (2) of section 136 MHA were rescinded on assessment.
  - 40% (2) of section 136 MHA were transferred to another place of safety
  - 20% (1) detained under the MHA to another hospital.

- The numbers of patients presenting to the Emergency Department for mental health needs in January Q4 2024/25 has seen a consecutive reduction over two months. Data for January 2025 represents the least attendances to the ED in a 9 month period. This appears in keeping with trends associated with January.
- Q3 24/25 saw an increase of 8% in presentation of CAMH patients to the ED over Q2. The percentage of total presenting CAMH patients admitted decreased to 24% in Q3, from 35% in Q2.
- The conversion from ED attendance to the admission of children presenting with mental health, has seen a 6th consecutive monthly decrease, 16% of those attending were admitted in January.
- Self harm continues to represent the significant majority for CAMH attendance to CUH ED, and reason for admission to CUH.
- The percentage of total presenting adult mental health patients in January who were admitted to a CUH ward, was 15%, in keeping with the historical trend.

Delays in transfer of care (DTC) and lost bed days/ Mental Health Trusts

In January Q4 2024/25, there were 5 new CUH inpatients with a mental health condition who were medically fit and experienced a delayed transfer of care (DTC) to a mental health bed, representing a total of 42 CUH lost acute bed days.
These patients, were waiting for a bed in one of four trusts.

- Cambridge and Peterborough Foundation Trust, 2 patients, 24 days
- Norfolk and Suffolk NHS Trust, 1 patient, 12 days
- East London NHS Foundation Trust, 1 patient, 4 days
- Hertfordshire Partnership NHS Trust, 1 patient, 2 days

New Acceptances	Pre-existing Acceptances	Lost Bed Days Jan 25	Service Provision
5	2	8	Adult MH Beds
3	2	34	Older Adult MH Beds
0	0	0	CAMH MH Beds
0	0	0	Adult Eating Disorder

Ongoing work

- CPFT shall be measuring their input provided, including safety planning, for those CAMHS patients attending CUH ED in order to analyse its effectiveness in regards to mitigating and preventing escalation and presentation.
- County health partners, the ICB and the Cambridgeshire Constabulary continue to work together to develop a shared escalation process for managing Section 136 MHA police handovers to acute Emergency Departments.
- A shared section 136 police handover risk assessment tool has been agreed by system partners. CUH are currently building this into the electronic patient record system. All acute hospitals will utilise this risk assessment tool in partnership with Cambridgeshire Constabulary.
- A CUH working group will be created to review the reporting of incidents directly associated with a mental health diagnosis, led by the Quality, Safety, Improvement Service (QSIS)

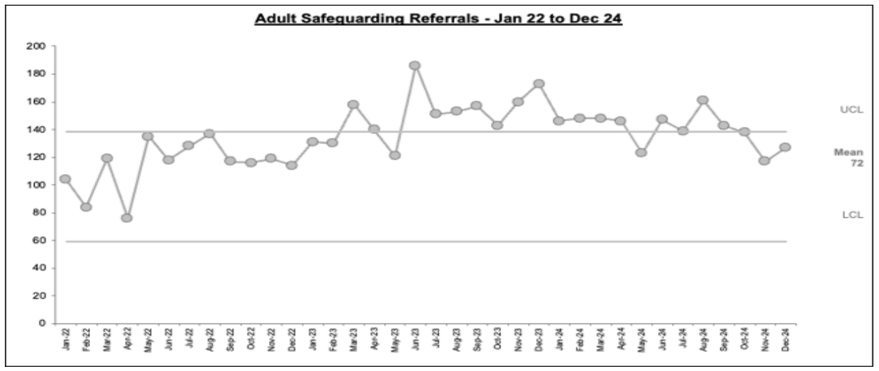
Author(s): Kevin Rowland Owner(s): Lorraine Szeremeta

Safeguarding

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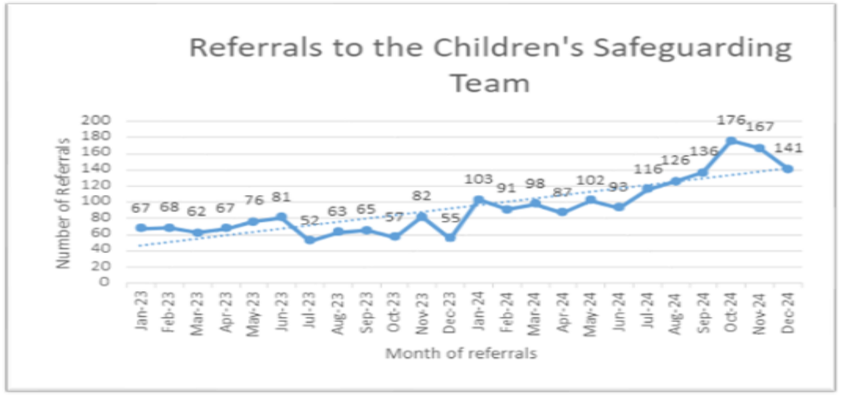
Adult Safeguarding

Referrals to the safeguarding team in Q3 24/25 have seen a 8% decrease on Q2 24/25. In Q3 31% of the safeguarding referrals made to the team have then been reported on to the Local Authority (LA). This has been a further decrease fom the previous quarters. A total of 336 cases were discussed with the Adult Safeguarding Team this quarter compared to 364 in Q2 (this figure does not include Deprivation of liberty (DOLs) requests). The top 3 reporting themes were once again domestic abuse which saw a further 19% rise in reporting compared with Q2 which is an ongoing trend, neglect, and self neglect all of which were in the top 3 in Q2 23/24. There have been 46 DoLS requests for urgent authorisations of which 31 were granted by the Trust in Q3 a 41.8% decrease from Q2. Of the urgent applications granted by the Trust, 6 had to be escalated to the respective LA for escalation as a high priority but none breached the mandated timescales for assessment.



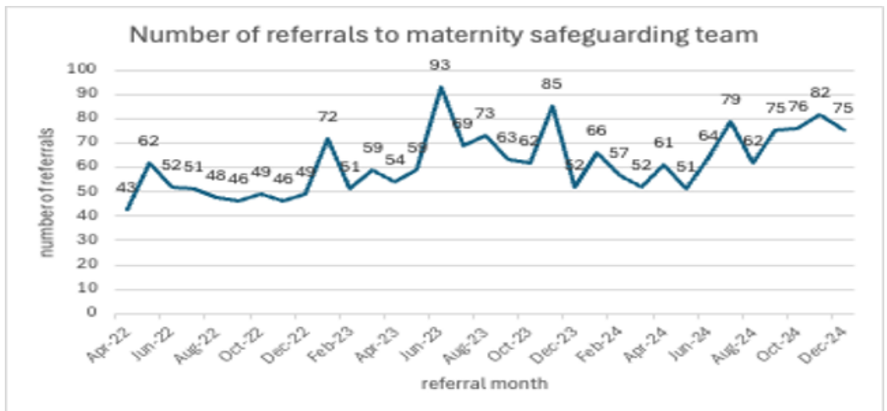
Childrens Safeguarding

"There has been a further significant 28% increase in the number of referrals to the childrens team in Q3 from Q2, which is an overall 72% increase in referrals since the start of the 24/25 reporting period. A total of 484 referrals were recived in Q3 compared to 378 in Q2 and 282 in Q1 and sees an ongoing increase compared to the previous reporting years. Top 3 referral themes for Q3 remain children's mental health, neglect but with a change to general safeguarding concerns compared to previous quarters. There has also been a further increase of 64% to 31 possible cases of non-accidental injuries children compared to Q2. The total number of beds days used to accommodate a child as a place of safety or for social reasons has seen a further decrease from 123 days in Q2 relating to 7 different patients to 45 days for 5 children.



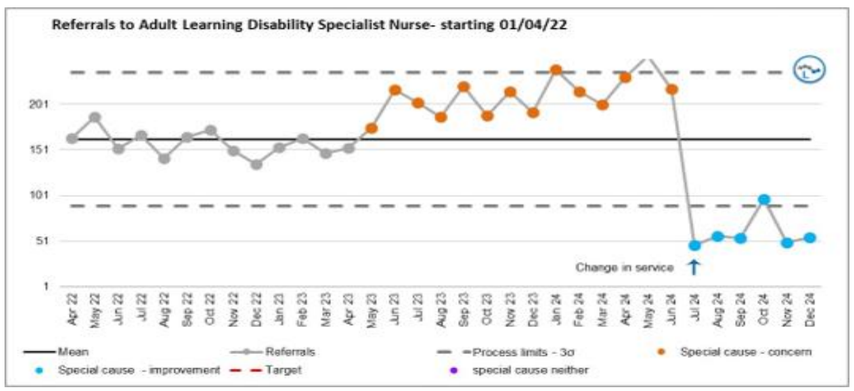
Maternity safeguarding

Referrals to the maternity safeguarding team in Q3 24/25 have seen a 13.1% increase to 232 referrals from Q2 24/25 but a 11% decrease on the same period in the previous reporting year. The number of onward referrals to the Local authority have remained static. Further analysis suggests this is due to the embedding of the antenatal care pathway for out of area women and improved confidence in the community midwives in completing safeguarding assessments. The top 3 referral themes in Q3 24/25 have remained Domestic Abuse, previous involvement with social care and perinatal mental health.



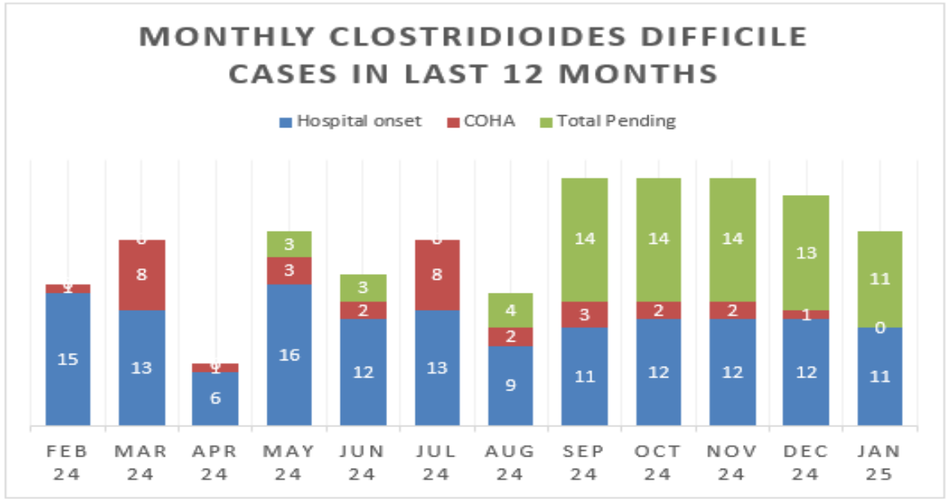
Learning disabilities

During Q3 24/25 there have been a total of 201 referrals to the adult learning disability (LD) specialist nurse and this is a 28.8% increase on the previous quarter. However of these referrals only 157 were appropriate and are shown through the new reporting data on the graph below. Unlike previous quarters this included a number of referrals made to the adult LD service regarding children as the paediatric LD nurse post became vacant at the end of the reporting period and these were shared with Division E as appropriate. There is no overall children's referral data provided for this quarter due to the post vacancy and has been identified as a temporary gap in assurance. For adults the top 3 referral themes were gastro/colorectal, respiratory, and general medical/neurosurgery.

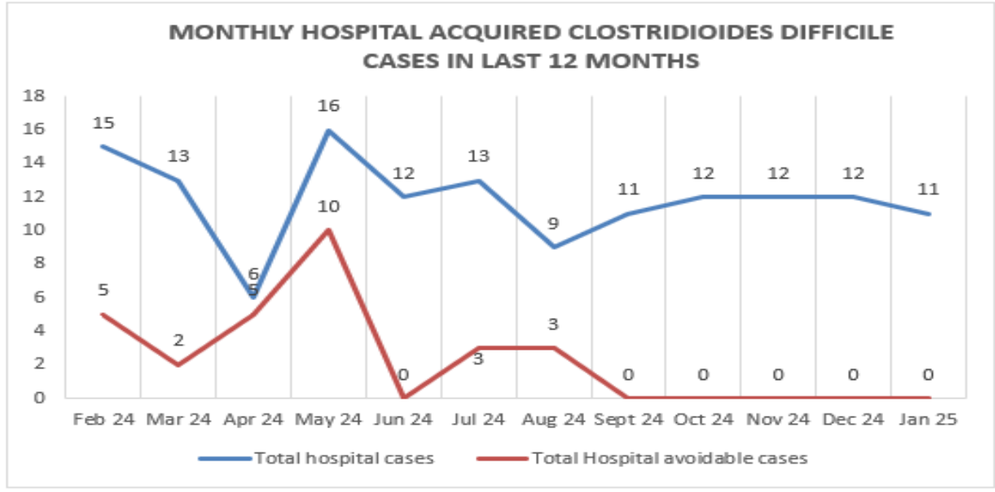


Infection Control

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 2024/2025 is set at no avoidable hospital onset cases.

• 0 cases of hospital onset MRSA bacteraemia in January 2025.
• 7 cases of hospital onset MRSA bacteraemia year to date (5 unavoidable & 0 avoidable, and 1 pending hospital onset MRSA bacteraemia year to date). **1 contaminant case was discussed with the ICB - avoidability cannot be determined for cases such as these, as per ICB.*

C. difficile ceiling for 2024/2025 has been set at 134 HOHA and COHA cases.
▪ 11 cases of hospital onset *C difficile* and 0 COHA cases in January 2025.
•114 hospital onset cases and 24 COHA cases year to date (36 cases unavoidable, 30 avoidable and 72 pending).

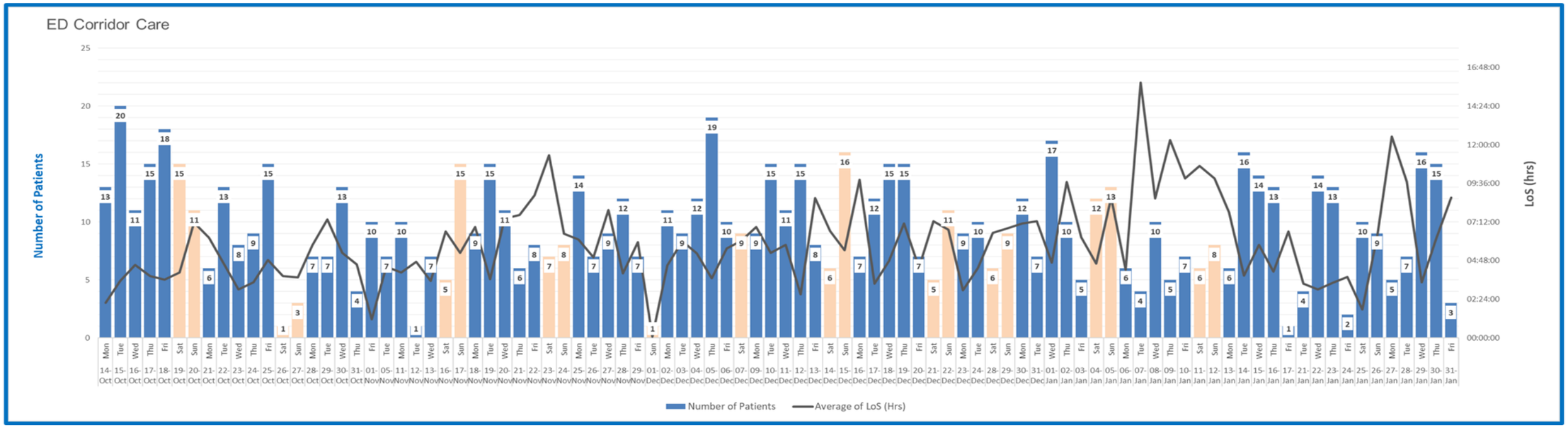
MRSA and C difficile key performance indicators

▪ Compliance with the MRSA care bundle (decolonisation) was 80.6% in January 2025 (74.2% in October 2024).
▪ The latest MRSA bacteraemia rate comparative data (12 months to December 2024) put the Trust 6th out of 10 in the Shelford Group of teaching hospitals
.
▪ Compliance with the *C. difficile* care bundle was not monitored in January 2025. (Previous score was 100% in October 2024)
▪ The latest *C. difficile* rate comparative data (12 months to December 2024) put the Trust 9th out of 10 in the Shelford Group of teaching hospitals.
This is a slight improvement from the last 4 months

ED corridor care data

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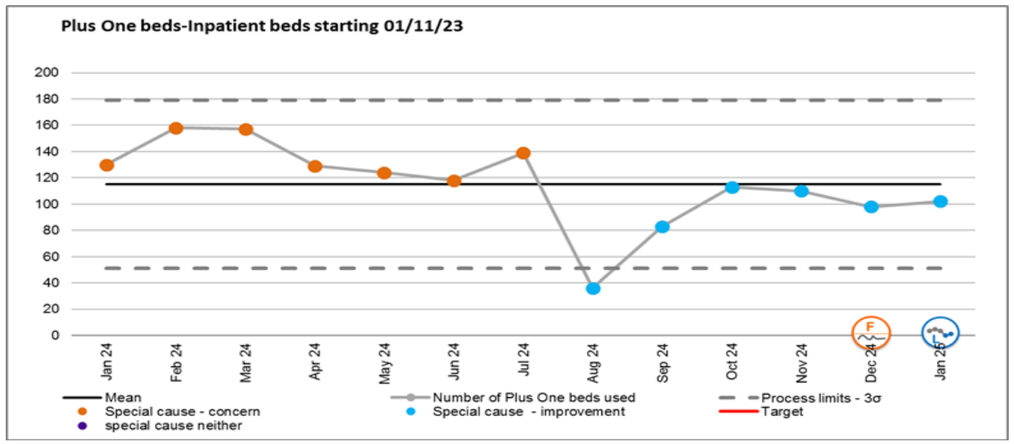
Date	Number of patients (Corridor Care)	LoS (hrs)	Incidents	No Harm	Low Harm
Sep 24	67	06:28:21	0	0	0
Oct 24	282	04:28:41	0	0	0
Nov 24	168	05:40:18	0	0	0
Dec 24	276	05:31:17	0	0	0
Jan 25	251	06:13:13	0	0	0



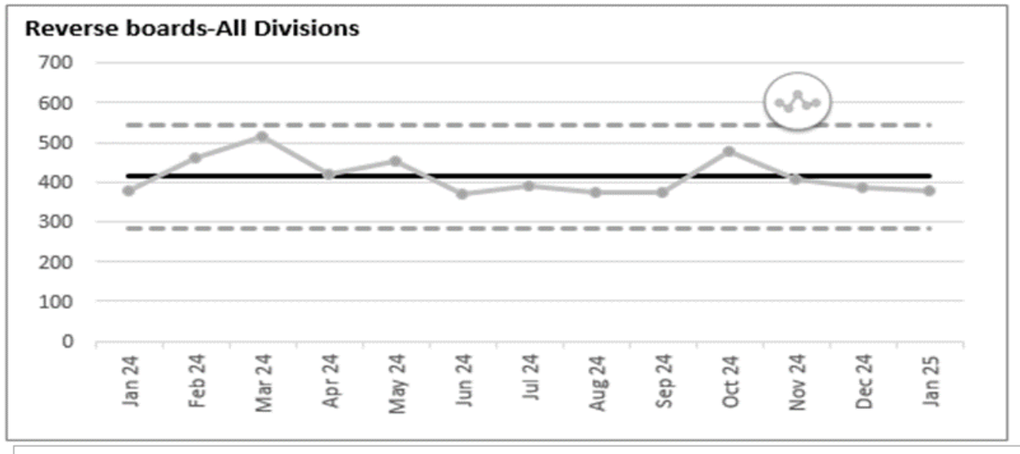
ED Corridor Care – An area within the Emergency Department where clinical care is delivered but is not designed for that purpose

Reverse Boarding / Plus one bed usage

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Date	Number of Plus One beds used	Incidents	No Harm	Low Harm
Jan 24	130	8	6	2
Feb 24	158	13	12	1
Mar 24	157	1	1	0
Apr 24	129	4	4	0
May 24	124	5	4	1
Jun 24	118	9	9	0
Jul 24	139	12	12	0
Aug 24	36	4	4	0
Sep 24	83	9	9	0
Oct 24	113	21	0	0
Nov 24	110	10	0	0
Dec 24	98	28	0	0
Jan 25	102	1	1	0



Date	Number of Plus One beds used	Incidents	No Harm	Low Harm
Jan 24	130	8	6	2
Feb 24	158	13	12	1
Mar 24	157	1	1	0
Apr 24	129	4	4	0
May 24	124	5	4	1
Jun 24	118	9	9	0
Jul 24	139	12	12	0
Aug 24	36	4	4	0
Sep 24	83	9	9	0
Oct 24	113	21	0	0
Nov 24	110	10	0	0
Dec 24	98	28	0	0
Jan 25	102	1	1	0

Plus ones – the placement of one additional bed in a defined clinical area for a patient above the areas normal capacity. It is expected that the patient will remain in this bed overnight
Reverse Boarding – the practice of moving a clinically stable patient from the bed space to a suitable area on the ward. This may be in a bed or chair in a dayroom or corridor to allow for a new patient admission, usually from the Emergency Department/assessment areas.

4HR Performance

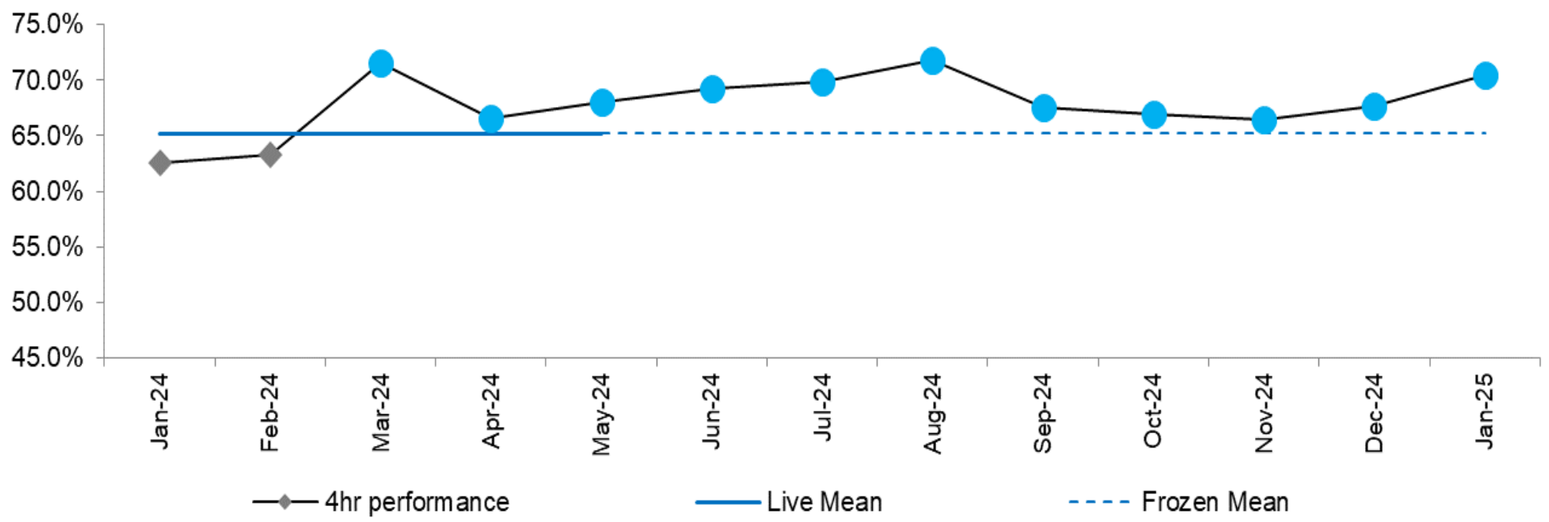
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Jan-25	Plan
70.5%	74.9%

SPC Variance
Positive special cause variation

Shelford Group Median Avg (Jan-25)
71.6%

Three Month Plan	
Feb-25	Mar-25
76.6%	78.1%



Highest breaches by specialty

Specialty	Performance	4hr Breaches
Medicine	26.6%	1,901
Emergency	70.4%	1,327
Paediatrics	25.9%	220
Orthopaedics	55.0%	193
Surgery	61.1%	177

Updates since previous month

1) Performance improved from 67.7% in December to 70.5% in January. This compares to 62.2% in January 2024.
2) CUH ED attendances slightly decreased compared to January 2024
3) CUH further improved its ranking listing 56th out of 119 trusts nationally for 4hr performance in January compared to 60th in December, 73rd in November and 77th in October.

Current issues

1) High levels of occupancy in medical inpatient beds and continued infection control issues have compromised outflow from the department. Correlation between beds closed for infections and ED performance targets have been established.

Key dependencies

1) Demand remains a key factor in performance and we continue to maximise the utilisation of the UTC and other alternatives to ED to manage lower acuity patients
2) Timely outflow of admitted patients is imperative to free up assessment space and reduce 4hr breaches
3) Maximising the use of the assessment and SDEC areas and ensuring good flow through and off these areas is a key factor in delivery of our performance
4) System-wide, consistent IPC policy and standards agreement in discussion (also linked to Winter Plan) via C&P ICB to maintain minimum disruption due to closed/restricted beds

Future actions

1) The Flow Improvement programme & actions set out in the Winter Plan will continue to support a reduction in Exit Block from the ED and the MAU, which will in turn support improvements in 4-hour performance.
2) Ensuring there is good utilisation of the MAU, discharge lounges and virtual ward with clear focus at site meetings around the capacity required for delivery within the next 2 hours are all contributing to supporting better flow
3) ME have agreed a paper to reduce LOS primarily through halving the number of MFFDs. This will provide bed capacity to reduce ED crowding and allow for swifter ambulance offloading.

Author(s): **Owner(s): Jon Scott**

Ambulance Handovers > 60 minutes

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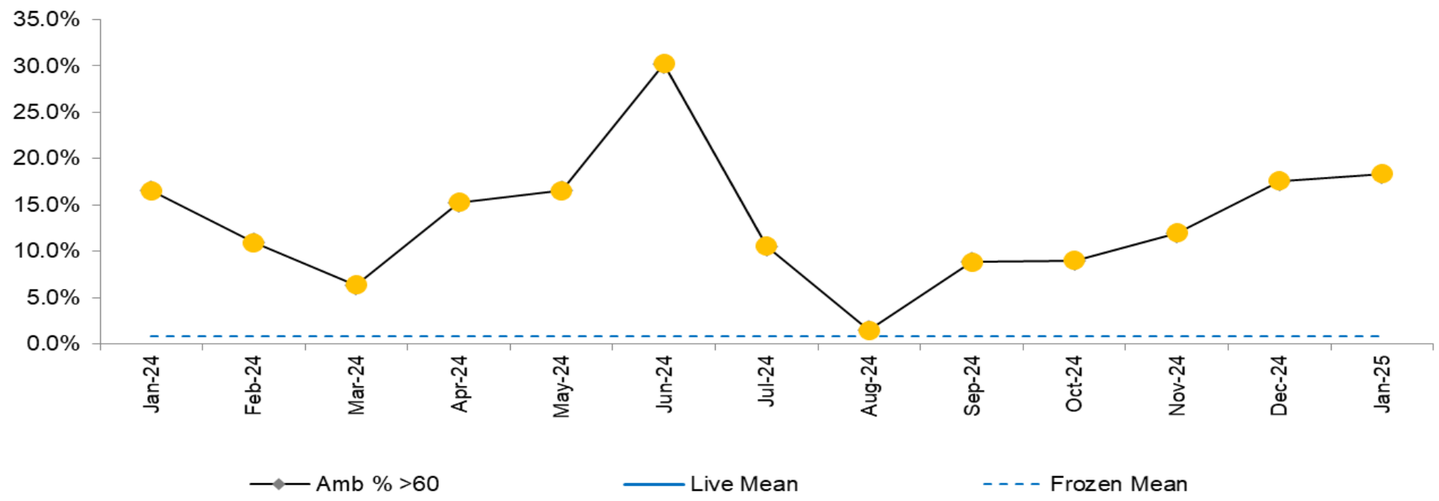
Jan-25	Target
18.33%	0

SPC Variance

Negative special cause variation

East of England > 60 minutes

Trust	Performance
Bedford	2%
Milton Keynes	2%
Watford	9%
L&D	10%
Hinchingbrooke	10%
QEH	13%
Basildon & Thurrock	13%
Southend	14%
CUH	18%
Colchester	21%
Ipswich	22%
West Suffolk	24%
Broomfield	25%
Lister	26%
PAH	28%
Peterborough	32%
RPH	34%
N&N	36%
James Paget	42%



Updates since previous month

1) 18% of ambulance handovers took place in more than 60 minutes during January, a deterioration compared to 17% in December and above our target of 0%. Average ambulance offload time in January was 46 mins compared to 41 mins in December

Current issues

1) Ambulance offload resilience is hindered by an accumulation of bedded patients in the ED and Assessment units as a result of high occupancy levels in medical inpatient beds, and rising levels of infection in the hospital, which constrain flow and restrict space for ambulance handover. These pressures are most significant on Tuesdays, when offload performance is typically at its worst.
2) "Current issues" affecting the 4-hour standard on page 13 all apply to Ambulance Handovers.

Key dependencies

1) Timely ambulance offloads require availability of appropriate assessment spaces which in turn are impacted by outflow from the ED to in-patient beds
2) We have seen that factors affecting patient flow directly impact Ambulance handover performance. The biggest influencers are bed closures due to infection & inconsistent discharge performance across the weekdays & weekends.
3) Access to Rapid Handover Spaces remain constrained by MAU congestion

Future actions

1) The ambition for 2024/25 is to reduce offload delays to the much lower levels seen during the first half of 2023/24 (<1%). Improvements in in-patient flow will support this via the reduction in levels of exit block from the ED
2) Engagement with EEAST to drive up Call Before Convey crew compliance to minimise inappropriate conveyances to ED.
3) ME have agreed a paper to reduce LOS primarily through halving the number of MFFDs. This will provide bed capacity to reduce ED crowding and allow for swifter ambulance offloading.
4) ME have agreed to adopt the EEAST Rapid Release handover 45 minutes programme to support releasing ambulance earlier

Author(s): **Owner(s): Jon Scott**

Overall fit test compliance for substantive staff

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Division	Corporate			Division A			Division B			Division C			Division D			Division E			Total		
Staff Group	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected	Number of Staff requiring testing	Total protected staff	% Total staff protected
Add Prof Scientific and Technical (Pharmacists only)	-	-	-	1	1	100%	92	54	59%	-	-	-	-	-	-	-	-	-	93	55	**59%**
Additional Clinical Services	2	0	%	271	143	53%	74	42	57%	145	93	64%	103	66	64%	91	38	42%	686	382	**56%**
Allied Health Professionals	-	-	-	58	25	43%	15	0	%	-	-	-	-	-	-	1	0	%	74	25	**34%**
Estates and Ancillary (Porters and Security Personnel only)	128	58	45%	-	-	-	-	-	-	-	-	-	-	-	-	1	0	%	129	58	**45%**
Medical and Dental	-	-	-	250	47	19%	-	-	-	198	53	27%	158	16	10%	237	37	16%	843	153	**18%**
Nursing and Midwifery Registered	-	-	-	733	494	67%	5	1	20%	307	167	54%	151	113	75%	399	253	63%	1595	1028	**64%**
Total	130	58	**45%**	1313	710	**54%**	186	97	**52%**	650	313	**48%**	412	195	**47%**	729	328	**45%**	3420	1701	**50%**

The data displayed as of 11/02/2025. This data reflects the areas which would be utilised during a respiratory endemic/ pandemic, 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.

263 fit test appointments were provided by the Mask Fit Test Team in January. 41 staff who had booked an appointment did not attend, and 8 cancelled. 25 appointments were cancelled by the team due to staff sickness

Referral to Treatment > 65 weeks and > 78 weeks

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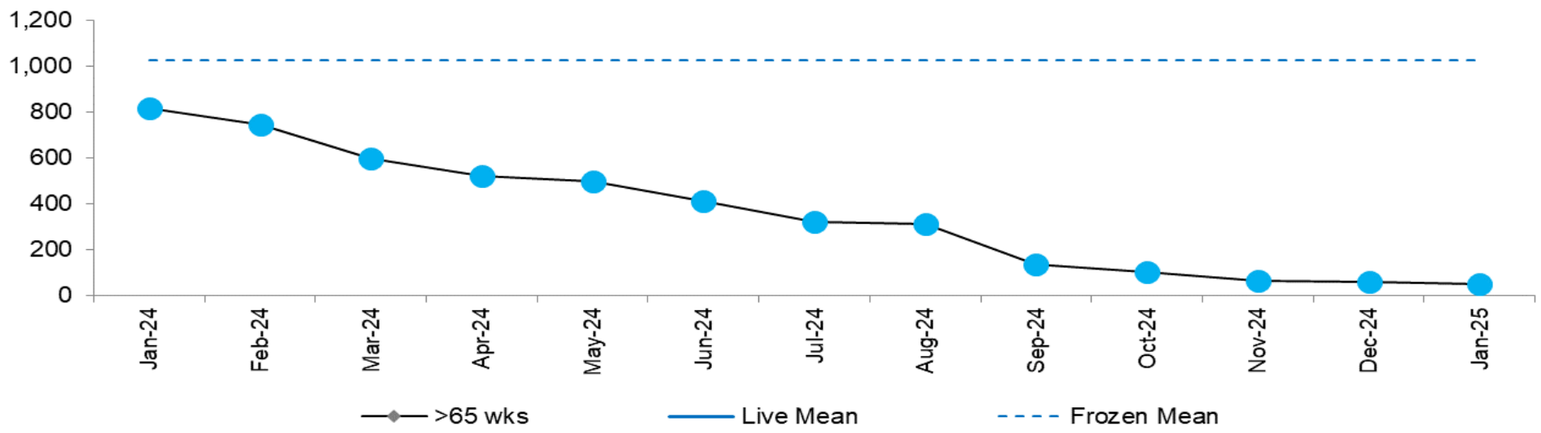
65+ Weeks	
Jan-25	**Plan**
49	0

SPC Variance
Positive special cause variation

% of WL over 65 weeks (Dec-24)	
CUH	0.09%
Shelford Group	0.20%

Three Month Plan (65+ wks)		
Feb-25	**Mar-25**	**Apr-25**
0	0	0

Divisional Performance		
Division	**65+ weeks**	**78+ weeks**
A	3	0
B	7	0
C	1	0
D	31	1
E	7	1
Trust	**49**	**2**



Updates since previous month

Two >78 week waits. One Paediatric case delayed due to respiratory infection. One mishandled referral identified in January, and expedited and treated on 1st February.
> 65 weeks decreased to 49. Dermatology (10) had the highest volume, then Urology (7), ENT (6) and Ophthalmology (6). Ten other specialties < 5.
C&P ICS continue to deliver the best performance for long waits across EoE.
CUH is second best in Shelford Group for % of total waiting < 65 weeks.

Current issues

We are currently forecasting to reduce 65 week waits to 34 by the end of February, across 15 specialties. Six have been tertiary referrals received after week 52.
>52 week waits have reduced by over 40% year to date. However, since December this cohort has increased again by ~250. Urology, OMFS, General Medicine and Ophthalmology have the highest growth in > 52 weeks year to date. Additionally ENT, Gynae and Paediatric

Key dependencies

Financial support for waiting list initiatives for high risk specialties which is becoming increasingly challenging in the financial climate.
Acceleration of Outpatient Transformation
Recruitment to medical workforce vacancies
Theatre efficiency and surgical bed protection.
Independent Sector in ENT
Continuation / alternative to Insourcing Gynaecology.

Future actions

The growth in > 52 week waits is a risk to sustaining the drive for elimination of 65 week waits.
Urology have a number of medium term actions planned, including recruitment to vacant consultant posts, and a new approach to clincial triage to support demand reduction. Shorter terms actions are needed in next 3 months.
OMFS exploring off-site clinic locations to enable expansion of clinic capacity for vacant new Consultant and additional Associate Specialist PAs.

Author(s): Linda Clarke **Owner(s): Jon Scott**

Referral to Treatment Total Waiting List

NHS Cambridge University Hospitals NHS Foundation Trust

Jan-25	Plan
65,007	58,902

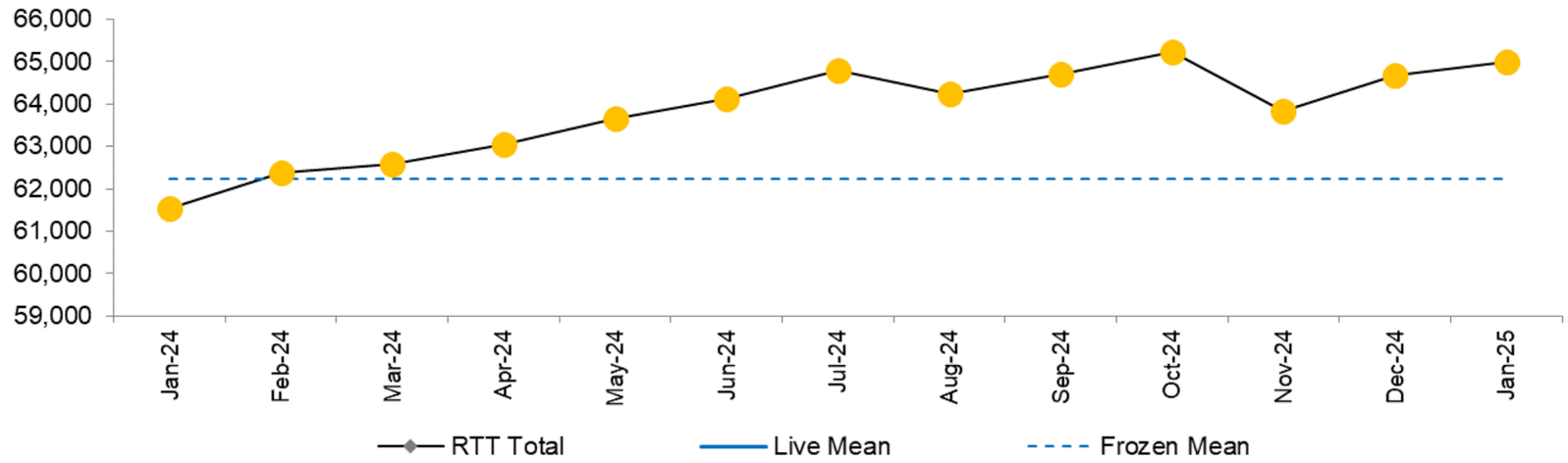
SPC Variance
Negative special cause variation

Change in WL: Dec-24 vs. Nov-24	
CUH	+1.35%
Shelford Group	-0.44%

Three Month Plan	
Feb-25	Mar-25
58,465	58,070

Waiting list by division

Division	Total Waiting List
A	12,470
B	8,116
C	5,193
D	30,760
E	8,468
Other	0
Trust	**65,007**



Updates since previous month

RTT Total waiting list increased by 320 (0.5%) in month.
Variance to plan increased to 6,108 (10.4%)
Clock start demand joining the waiting list is now 5,292 above plan YTD (3.5%), 6.7% higher than Apr-Jan 23/24.
Total treatments exceeded plan in month, reducing the variance YTD to 910 (-0.7%). Treatments are 7.9% higher than same period in 23/24.
The non-admitted cohort of the waiting list remains 83% of the total.

Current issues

Clock start growth this year remains the main driver of the increase in total waiting list, which is now 3.9% higher YTD.
The proportion awaiting first appointment reduced by 109 this month, but at 42,036 it equates to 64.7% of the total waiting list. A growth of 4,379 since the start of the year.
An additional 2025/26 Planning requirement specific to first appointments was published. This requires a minimum 5% improvement in the percentage of patient waiting no longer than 18 weeks for a first appointment. CUH baseline 63.8%.

Key dependencies

Demand (clock starts) reduces to within plan
Outpatient and elective activity plans are met
Productivity and transformation of pathways accelerate with pace. Particularly in Outpatients which is where 83% of the waiting list is waiting.
Resilience in administrative and clinical capacity to support pathway validation.

Future actions

The first appointment priority requires us to reduce the new appointment waiting list by 3,100. In addition, we will need to reverse the growth trend we have seen this year. This is therefore a requirement for an additional ~7,500 new consultant led outpatients / demand reduction.
ENT, OMFS, Ophthalmology, Dermatology, and Urology have the highest reductions to achieve.
Divisional activity planning returns are suggesting an additional 6% Firsts can be delivered through productivity with the financial envelope. This is being verified.
Effective clinical triage is essential to reduce demand.

Author(s): Linda Clarke **Owner(s): Jon Scott**

Cancer - 28 day faster diagnosis standard

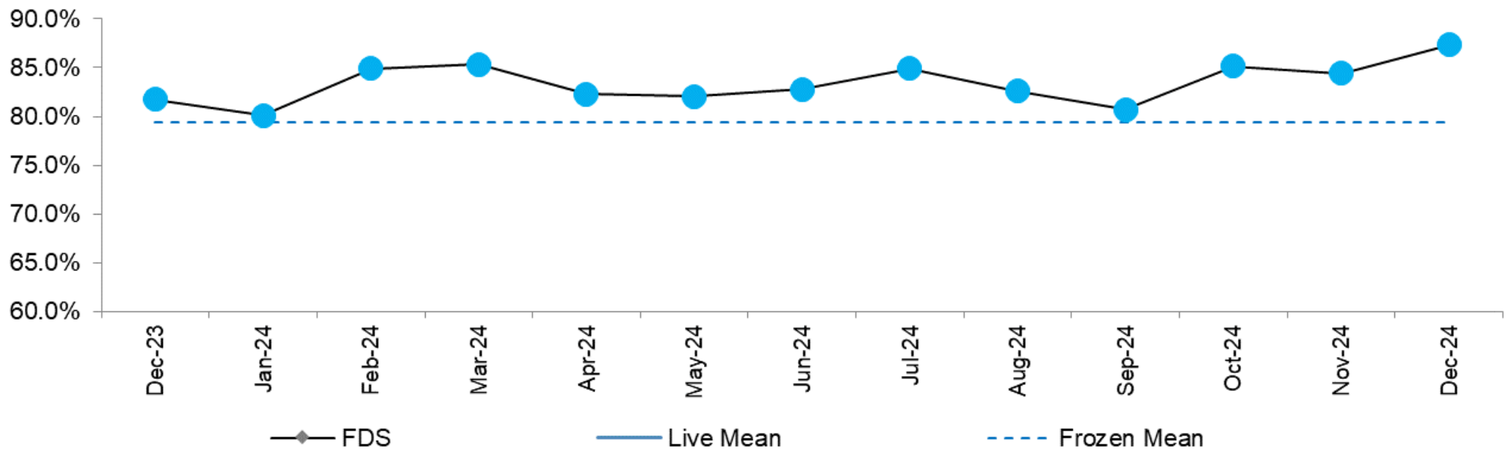
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Dec-24	Target
87.3%	77.0%

SPC Variance
Positive special cause variation

Shelford Group Median Avg (Dec-24)
77.3%

Three Month Plan		
Jan-25	Feb-25	Mar-25
76.8%	81.3%	81.4%



Cancer Site Overview

Site	Performance	Breaches
Skin	84.4%	106
Lower GI	83.8%	49
Gynaecological	91.1%	19
Head & Neck	85.8%	33
Urological	63.2%	68
Breast	97.3%	15
Haematological	100.0%	0
Sarcoma	75.0%	4
Upper GI	95.2%	1
Lung	100.0%	0
Children's	87.0%	3
CNS/Brain	100.0%	0
Testicular	100.0%	0
Total	**87.3%**	**298**

Updates since previous month

In December CUH sustained above forecast FDS performance which is also above the National target for 2024/25 of 77%.
Urology, LowerGI and Gynae are above the 24/25 national requirement which was set below the overall target of 77%. Skin are required to achieve 85% and are improving performance month on month with a trajectory of December to achieve 85%, the team almost achieved this with 0.6% behind plan.
Pathology turn around times have remained in line with target following their recovery in previous months

Current issues

The FDS performance is very dependent on delivering rapid access to first appointment as a one stop diagnostic appointment. Capacity for these appointments has remained a challenge for skin however waiting time for this appointment continues to reduce and has continued below 14 days in February.
Prostate continues to have increased referrals and additional adhoc capacity remains in place, performance is forecast to drop below target for FDS from February due to the sustained high referral levels and impact across imaging, pathology and outpatients
C&P ICB remains in the top 5 performing ICBs in England for this metric.

Key dependencies

Pathology turn around times remaining above 50% in 7 days
Sustained capacity within the skin pathway to meet demand for first appointment.
Improved capacity for one stop diagnostic clinics within the first 7 days following referral (internal target 50%)

Future actions

Continued focus on improving the number of first appointments within 7 days, especially in high volume specialities.
Skin continue to increase Teledermatology capacity to support rapid access and now have the service in the CDC
Continued additional MRI and prostate biopsy capacity until referral levels return to average levels.

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

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	Dec-24	Target
Combined	77.2%	96.0%

SPC Variance

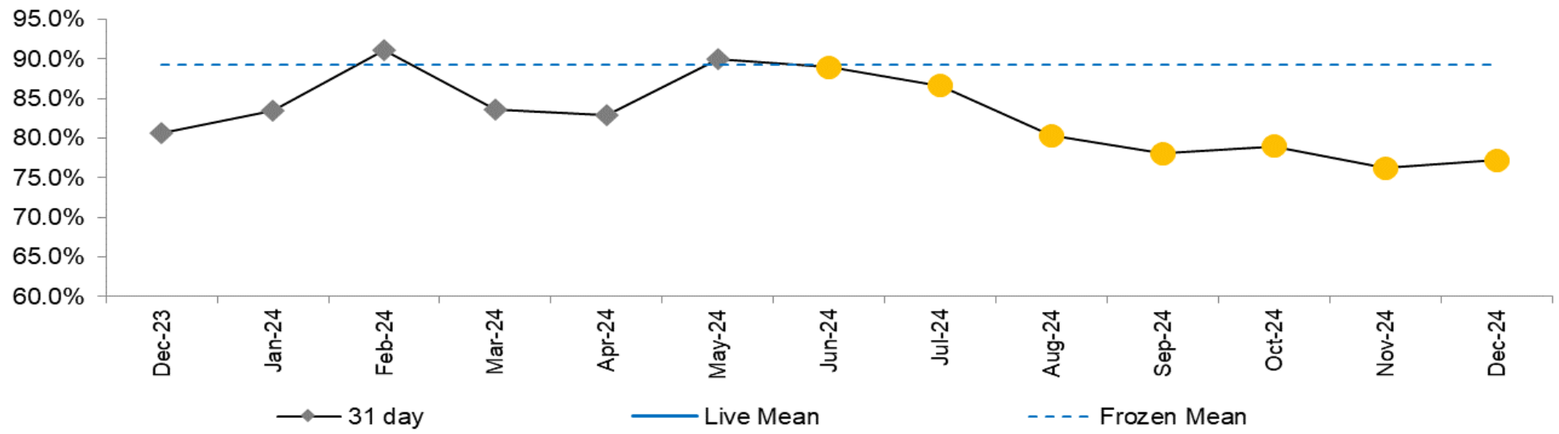
Negative special cause variation

Shelford Group Median Avg (Dec-24)

Combined	86.4%

Cancer Site Overview as of 18/02/2025

Site	Backlog
Breast	46
CNS/Brain	0
Gynaecological	7
Head & Neck	4
Haematological	1
HPB	1
Lower GI	0
Lung	2
Children's	1
Sarcoma	1
Skin	15
Testicular	0
Upper GI	0
Urological	26
All	104



Updates since previous month

Performance improved slightly to 77% with workforce constraints in radiotherapy and capacity for surgery remaining the key issues.
846 patients were treated in December, of which 193 waited >31 days: 142 treated with radiotherapy and 51 surgery.
Surgery breaches averaged a 40 day wait with Skin and Kidney accounting for 24.3% each, Gynae 19.5% and HPB 17%.
Radiotherapy breaches averaged a waiting time of 53 day wait, patients with breast cancer diagnosis accounted for 53% of patients with a delayed treatment. Funding for agency Radiographers in radiotherapy has been received from the Cancer Alliance.

Current issues

Radiotherapy performance further deteriorated as expected, this will continue into January 25. From February 25 breaches reduce following the actions put in place, this is forecast to continue until full recovery from summer 25. The EoE Cancer Alliance requirement for 25/26 is for Radiotherapy performance to recover to 75% within 31 days, for CUH to achieve this fewer than 60 breaches are required. C&P ICB is currently fourth worst performing in England for 31 days largely due to the performance at CUH.
Capacity is the reason for 85% of the surgical breaches, skin has significantly reduced the backlog of patients waiting in the last month, challenges continue in Urology - kidney, and Gynae

Key dependencies

Ongoing prioritisation of theatre scheduling to cancer surgery.
Positive recruitment to Radiotherapy vacancies and approval for agency workforce to support recovery
Engagement from clinical teams to undertake additional activity / respond flexibility to available capacity.
Continued use of Independent sector to support Breast.

Future actions

Radiotherapy recovery trajectory and associated actions in place; further support from workforce to improve retention of existing workforce and support weekend working.
Skin continue to undertake waiting list initatives to reduce backlog for surgery, this will continue for the remainder of the financial year.
Further discussions with the kidney team on refocusing backlog reduction via additional surgical lists.

Cancer - 62 days combined referral to treatment

NHS Cambridge University Hospitals NHS Foundation Trust

Dec-24	Target
78.6%	70.0%

SPC Variance

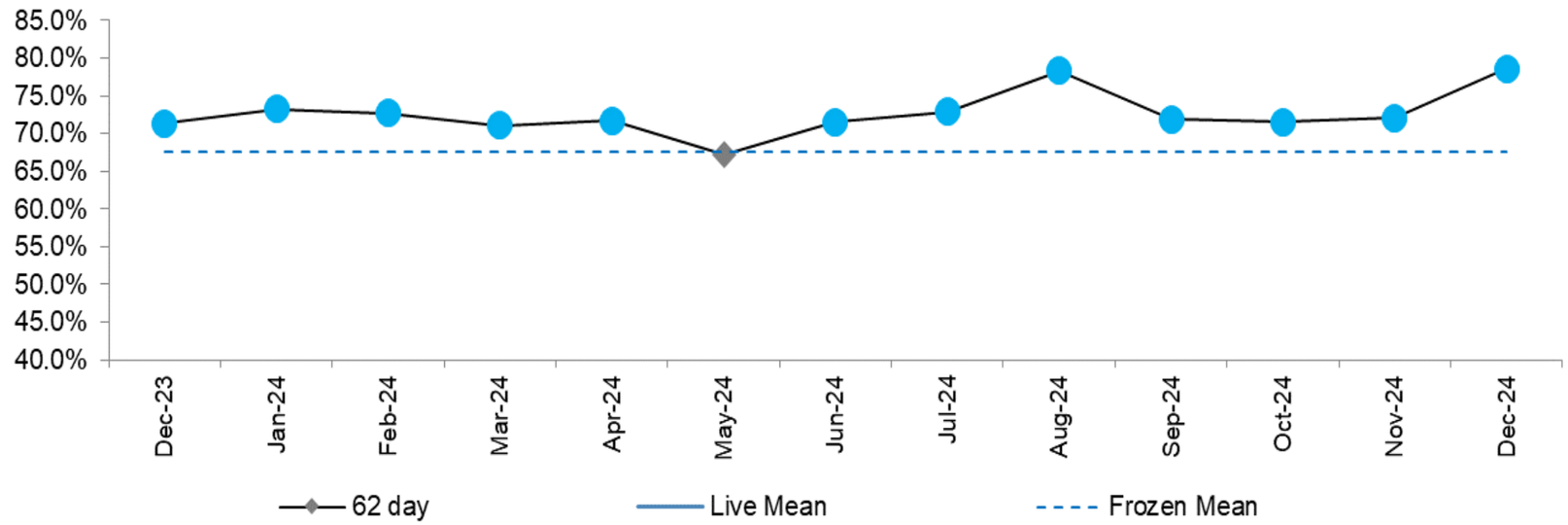
Positive special cause variation

Shelford Group Median Avg (Dec-24)

63.2%

Cancer Site Overview as of 18/02/2025

Site	Backlog
Breast	3
CNS/Brain	0
Gynaecological	13
Head & Neck	11
Other Haem Malignancies	4
Lower GI	12
Lung	12
NSS	0
Upper GI	4
Urological	42
Sarcoma	2
Skin	29
HPB	19
Children's	0
Symptomatic Breast	1
All	*152*



Updates since previous month

Performance remains above the 70% national requirement for 2024/25, and is forecast to remain above 70% for January.
238 patients were treated in December of which 51 waited longer than 62 days. 28.5 were shared pathways with referring Trusts, of which 50% we were unable to treat within 24 days.
Of the CUH only breaches 18% were Lower GI, 15% Skin and Urology - Prostate each.
Of the shared pathways not treated in 24 days 62% of patients required surgery and 29% Radiotherapy

Current issues

Of the 33 CUH only pathways in December, 33% were noted to have complex pathways involving multiple cancer sites/non standard pathways and/or medical delays not related to their cancer pathway or were delayed due to patient choice.
Lower GI have a high number of CUH only breaches which impacts on the overall 62 day performance, this will need to reduce to achieve the 25/26 62 day requirements

Key dependencies

Continuing achievement of 28 day FDS
Pathology turn around times remaining above 50% in 7 days and 90% in 21 days particularly in urology and skin.
Compliance with the Inter provider transfer policy, including all diagnostics being completed prior to tertiary referral, and a reducing rate of late referrals.
Internal escalation in line with agreed operational policy.
Treatment capacity within 24 days

Future actions

Internal escalation in line with agreed operational policy.
Clinical review of all patients waiting 104+ days to understand level of clinical risk and further actions that can be taken to expidite pathways to continue with oversight from Cancer Board.
Work with Cancer Alliance on complex regional pathways such as HPB

Diagnostic Performance

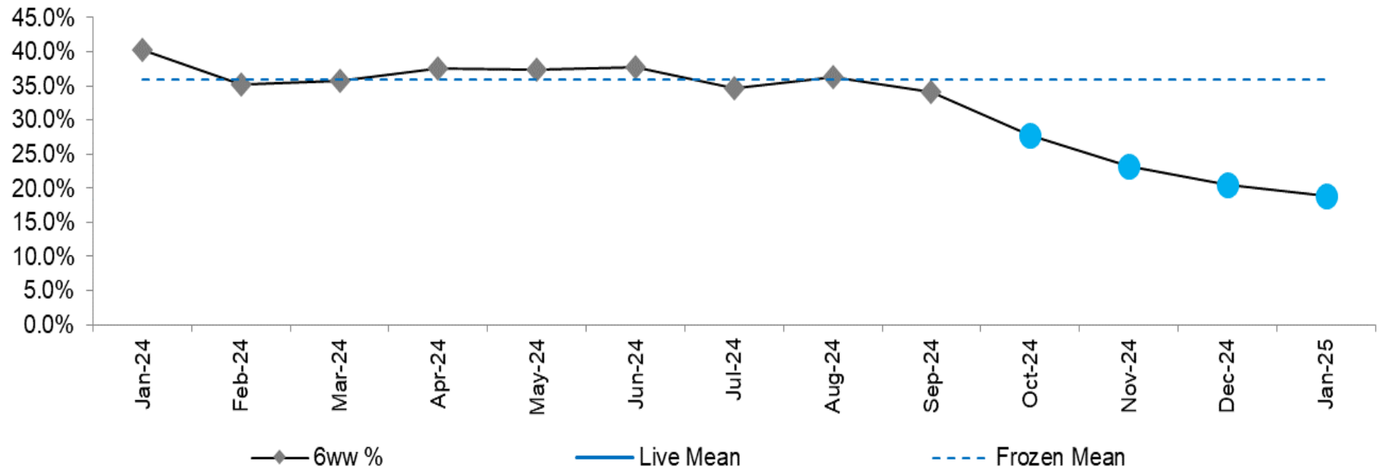
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Jan-25	Plan
18.9%	13.2%

SPC Variance
Positive special cause variation

Shelford Group Median Avg (Dec-24)
24.9%

Three Month Plan	
Feb-25	Mar-25
9.2%	5.3%



Modality overview

Modality	% >6wks	Breaches
Echocardiography	59.3%	1639
Non obstetric ultrasound	8.1%	200
Audiology	20.8%	61
Magnetic Resonance Img'	3.6%	63
DEXA Scan	8.9%	48
Computed Tomography	2.7%	33
Urodynamics	30.9%	54
Neurophysiology	0.5%	1
Cystoscopy	10.7%	23
Gastroscopy	2.5%	18
Colonoscopy	0.9%	7
Respiratory physiology	7.7%	5
Barium Enema	2.0%	1
Flexi sigmoidoscopy	0.0%	0
Total		**2153**

Updates since previous month

January performance shows further improvement to 18.9% but is 5.7% variance to plan.
Both the total waiting list and the >6ww cohort increased in month. The increase in total waiting list was driven by Imaging modalities and this increase supported the % performance reduction.
Seven modalities delivered < 5% over 6 weeks, with Ultrasound, Cystoscopy and Respiratory Physiology deteriorating to above the required standard.

Current issues

Echo remains the highest risk at 81% of total backlog. Improvement trajectory slowed in January with only a 1% improvement. This was due to the impact of loss of bank staff in December and into January, and Insourcing reduction over the festive period.
Ultrasound deterioration in January was due to the combination of a drop in core capacity over Christmas coinciding with the increased Direct Access GP demand. Performance will recover in February.

Key dependencies

Ongoing use of Insourcing for Echocardiography
Agency/locum staffing and enhanced bank rates whilst recruiting
Continued delivery of ICB capacity for Direct Access Community Ultrasound to manage demand.
Achieving planned activity levels at the CDCs .
Clinician commitment to fulfil Endoscopy weekend capacity mitigation plan

Future actions

Echo Insourcing capacity increases are being operationalised to mitigate the impact of staff loss for Feb/March. The February forecast is a 10% performance improvement in response. If this volume is repeated in March the year end Echo position could reduce to 35%.
Audiology will recover to <5% in Feb for their elective patients. The accurate recording of Planned review patients is still being progressed as required in the newly published NHSE guidance for their modality.
Endoscopy have Management Exec approval for a mitigation plan for the loss of Insourcing capacity post March 2025.

Author(s): Linda Clarke **Owner(s): Jon Scott**

New Outpatient Attendances - % vs. Plan (consultant led, specific acute)

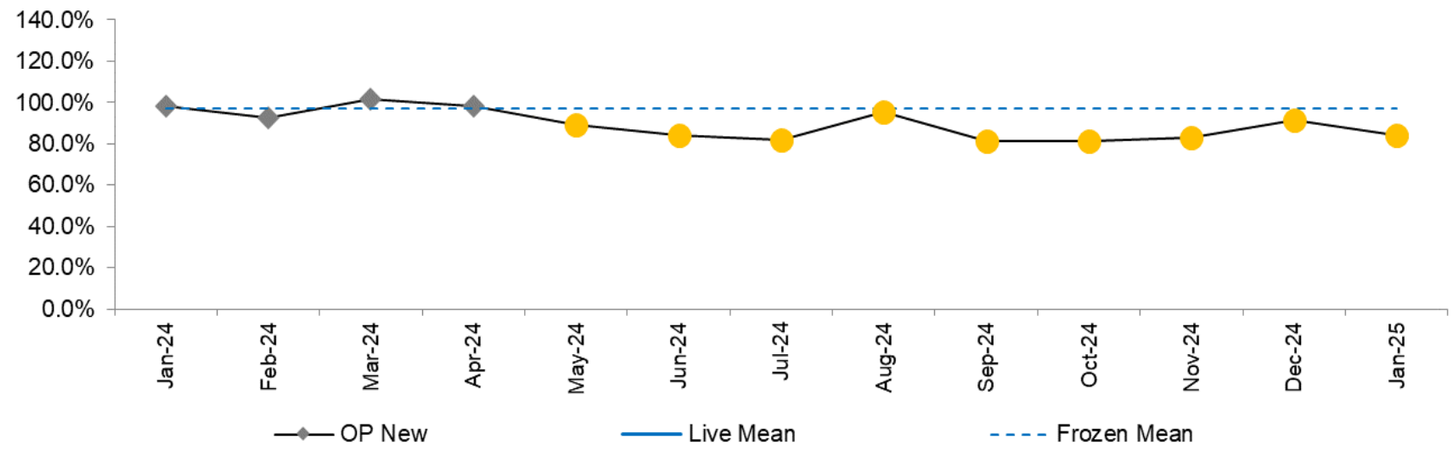
NHS
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Jan-25	Plan
84.0%	N/A

SPC Variance
Negative special cause variation

Shelford Group Median Avg (Dec-24)
N/A

Three Month Plan		
Feb-25	Mar-25	Apr-25
N/A	N/A	N/A



Divisional overview

Division	Performance
A	80.5%
B	86.5%
C	86.8%
D	81.1%
E	94.8%

Updates since previous month

Compared to last month we saw a deterioration in outpatient first appointments against plan, down from 91.2% in December to 84% in January. Divisions E were the best performing division at 94.8% although still below plan. The worst performing, high volume, services in January included Allergy and General Surgery, the latter impacting on division A's overall performance this month.

Current issues

A&G funding to GPs due to change April 2025, it is unknown whether this will have a positive impact on lowering no. of referrals or a negative impact on clinical time to respond to requests. Referral numbers continue to increase with some areas seeing a 16%/17% increase in GP referrals compared to 23/24. Currently outpatients is performing below plan by £5.4 million YTD. The 3 worst performing specialties are Dermatology, Respiratory Medicine and Opthalmology.

Key dependencies

C & P support for referral optimisation to help reduce demand. Increase in or re-prioritisation of eHospital/digital resources to support greater pace of OP transformation projects. Funding from NHS England has been agreed to support the "Digital Front door" project. A steering group and appropriate resources need to be identified.

Future actions

Services urged through OTB to accelerate speed of change. High numbers of internal referrals in some areas being investigated to see how these can be reduced to support increase in new referrals.
Clinic Optimisation project to be expanded. Continue to scope what the "Digital front door" project could deliver. Award tender for management consultancy support and identify internal resources required to support the project.

Author(s): Andi Thornton **Owner(s): Jon Scott**

Follow Up Outpatient Attendances - % vs. Plan (consultant led, specific acute)

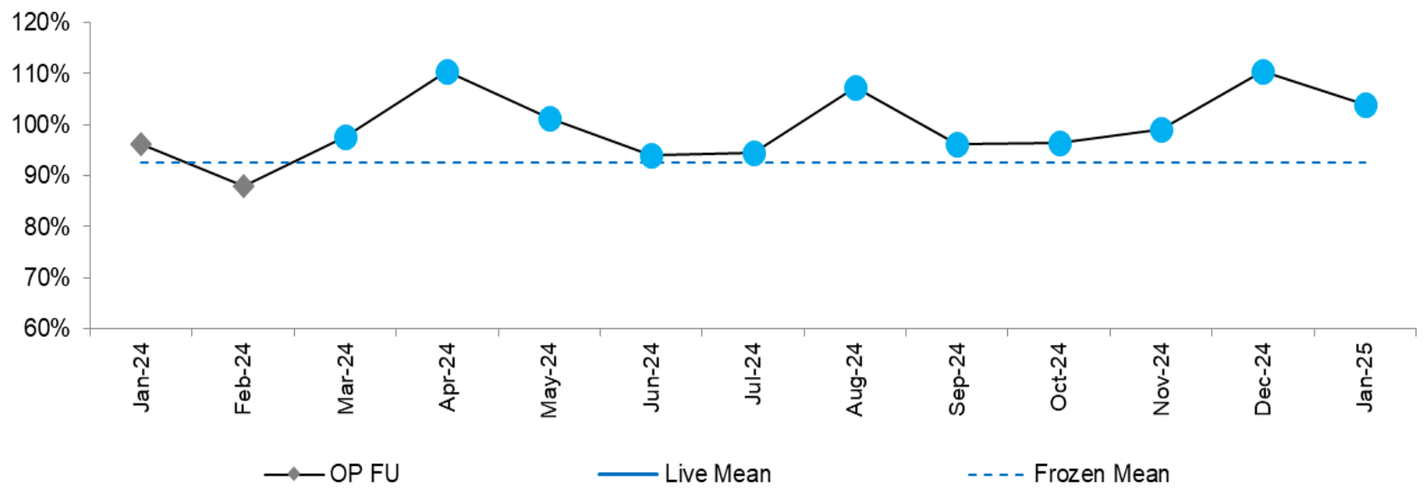
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Jan-25	Plan
103.9%	N/A

SPC Variance
Positive special cause variation

Shelford Group Median Avg (Dec-24)
N/A

Three Month Plan		
Feb-25	Mar-25	Apr-25
N/A	N/A	N/A



Divisional overview	
Division	Performance
A	100.9%
B	101.0%
C	112.8%
D	100.8%
E	114.7%

Updates since previous month

CUH has delivered 615,021 outpatient follow up appointments, which is adversely 32,348 (5.55%) above plan. The number of follow-up appointments against baseline has decreased slightly in January down from 110% in December to 103.9% in December, but is still significantly above target.

Current issues

The three highest over performing specialties are Rheumatology, Gynaecology and Gastroenterology. Overdue follow-ups have decreased to 63,325, which is an improvement of 800 over December's total. This is still a significant problem and does not necessarily indicate that we have a sustained improvement yet. Although we have seen an increase in RCR and PIFU usage it is too early to determine if it is causative.

Key dependencies

Digital resources made available to support RCR (remote monitoring) template builds, change requests for template changes after clinic utilisation and job plan analysis. Pace of adoption of new pathways which contain PNP and PIFUs (with discharge) instead of follow-ups. Reducing the lengthy process for clinical staff recruitment to ensure minimum gaps in clinical capacity.

Future actions

Action being taken to address overdue follow ups includes waiting list validation and initiatives, and pathway redesign including PIFU, and Remote Clinical Review (RCR, formerly known as PNP). As part of the digital front door project self schedulling an dfast pass are in scope which we hope will deliver efficiencies in clinic utilisation to see more patients.

Author(s): Andi Thornton **Owner(s): Jon Scott**

PIFU Outpatient Attendances

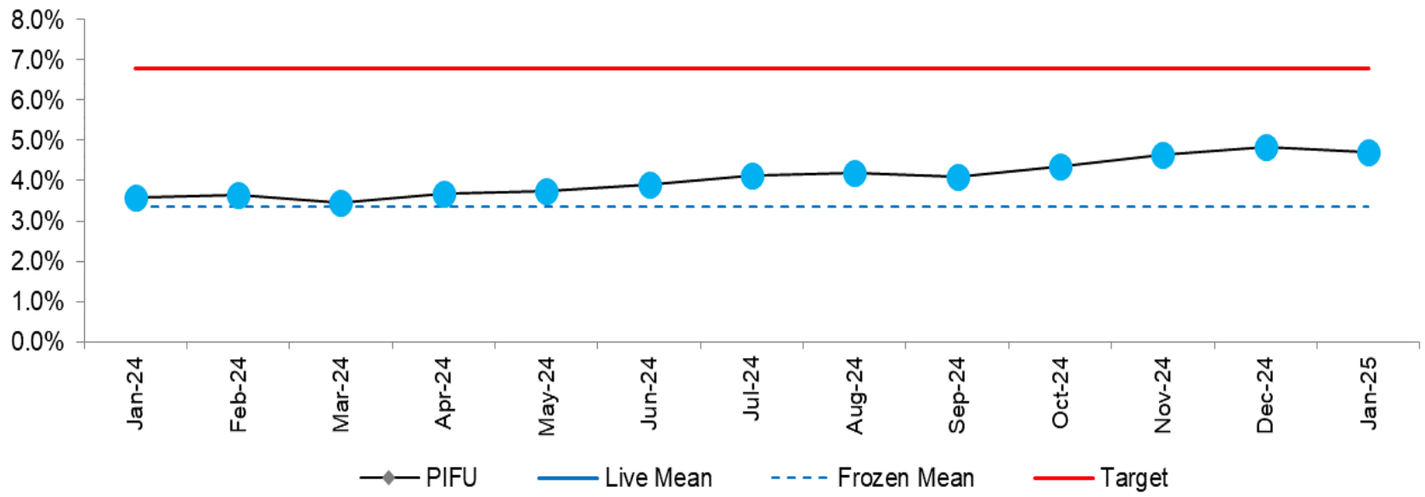
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Jan-25	Plan
4.7%	5.2%

SPC Variance
Positive special cause variation

Shelford Group Median Avg (Dec-24)
N/A

Three Month Plan	
Feb-25	Mar-25
4.8%	5.6%



Division	Performance
A	7.4%
B	6.5%
C	2.9%
D	2.8%
E	5.4%

Updates since previous month

Despite the no. PIFU orders placed per OP attendances has decreased slightly, January saw the highest no. PIFU orders placed yet at an average of 189 PIFU orders placed per working day. Division A continues to lead the way largely through MSK services.

Current issues

It is too early to say if PIFU increase has led to the recent reduction in the overdue follow up waiting list. Pace of services reviewing their pathways in order to utilise PIFU.

Key dependencies

Specialties reviewing pathways to introduce PIFUs Divisions continue to use GIRFT guidance to introduce best practice which includes PIFUs. The conversion rate for PIFU into appointments remains low, currently 4.9%, although this will increase in time when PIFU follow-up orders are converted at the end of their interval period. Urology is a good example of this with their high use of PIFU with follow-up.

Future actions

Further action is needed to accelerate the pace and scale of PIFU with discharge usage where this replaces a standard follow-up in the pathway. Divisions are encouraged to use GIRFT guidance, PIFU data on the Clinic Utilisation dashboard, and the EoE outpatient transformation tool, to review PIFU usage at specialty and consultant level, and target action accordingly.

Author(s): Andi Thornton **Owner(s): Jon Scott**

Outpatient Capacity Usage - First, or Follow Up Attracting Procedure Tariff

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Jan-25	Plan
42.3%	49.0%

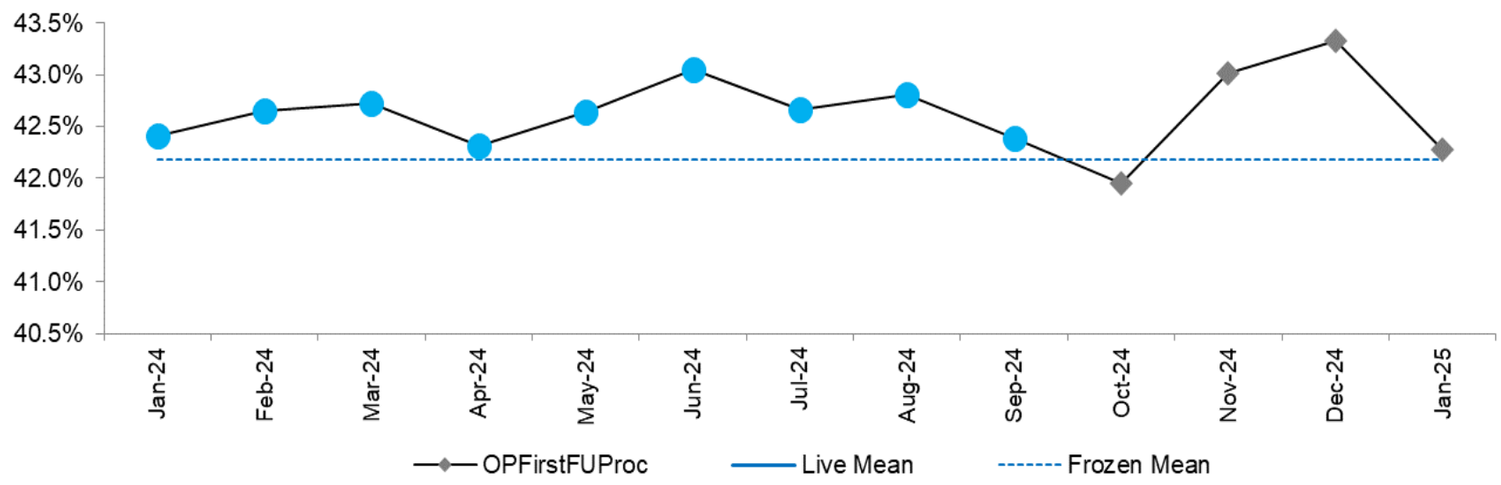
SPC Variance
Normal variation

Shelford Group Median Avg (Nov-24)
41.4%

Three Month Forecast		
Feb-25	Mar-25	Apr-25
NA	NA	NA

Divisional overview

Division	Performance
A	37.2%
B	38.3%
C	36.8%
D	49.1%
E	37.3%



Updates since previous month

The target NHSE has set for our ICB for the proportion of outpatient attendances that are for first (new) appointments, or follow up appointments attracting a procedure tariff is 49%. Performance in January is a decrease 43.3% to 42.3%. Backdating of coding for procedures has begun which has contributed to the improvement. Division D continues better than others.

Current issues

We remain below the target of 49%, with all Divisions except D performing below 40%. We continue to see coding issues and data quality issues which may contributing to our poor performance.

Key dependencies

The main requirement for achieving this metric is to reduce the number of follow-up attendances that do not generate a tariff and replace them with those that do. Wherever possible, non-tariff attendances should be handled through alternative methods such as PIFU or PNP to minimize in-person visits.

Future actions

There is a need to redesign pathways to increase new (first) attendances which are on a payment by results contract as well as improving the recording of attendances that attract a procedure tariff. Divisions have been asked to review their data to look for missed check in/out data with procedures. The coding group has been set up to address the lack of coding procedures, this group is back dating records and will continue this work.

Author(s): Andi Thornton **Owner(s): Jon Scott**

Delayed discharges

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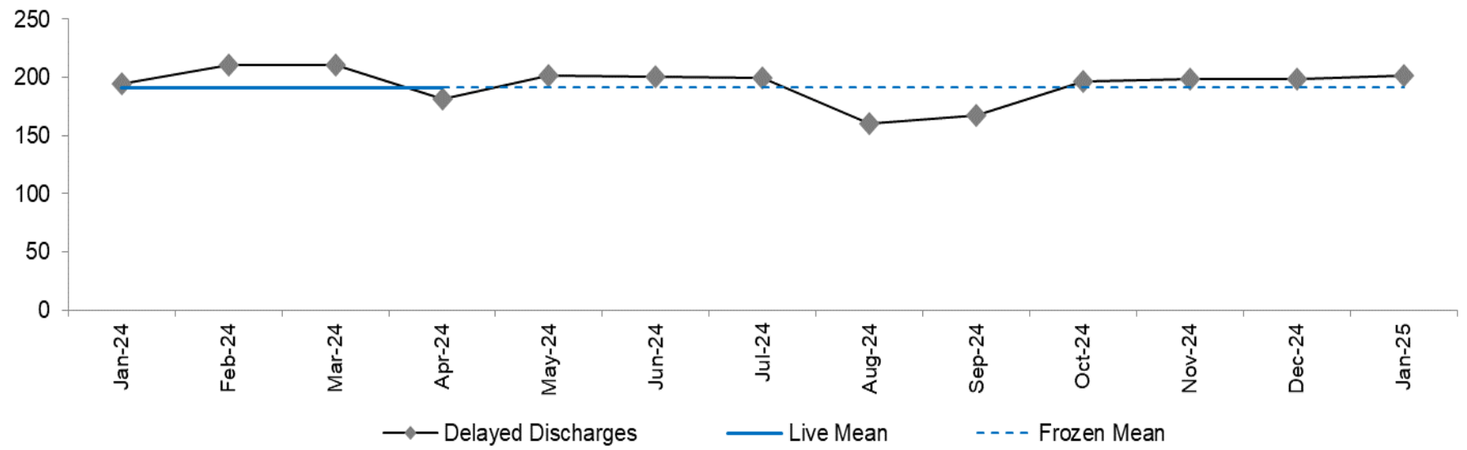
Jan-25	Target
202	N/A

SPC Variance
Normal variation

Shelford Group Median Avg (Jan-25)
N/A

Beds lost to delays - by pathway

Pathway	Beds lost
Pathway 1	45
Pathway 2	23
Pathway 3	21
Internal Assessments	40
Internal Other	69
Other External Reasons	4
Total	**202**



Updates since previous month

- 202 beds were lost due to delayed discharges in January, a small increase compared to 198 in December. In January 2024, 195 beds were lost to this group of patients
- Additional discharge planning resource has been provided to wards looking after elderly patients to minimise delays associated with their discharge. In those ward areas with this additional resource the number of beds lost to internal delays has reduced by 50% since October

Current issues

- In the most recent week in February (w/e 16th Feb) 141 beds were lost due to external causes, mainly those waiting for care packages to be arranged and transfer to take place. This represents two-thirds (69%) of all beds lost to delayed discharges
- One third of beds (31%) were lost due to internal processes, equivalent to 64 beds, including completing referrals for external care and completing therapy reviews. This is a 22% reduction compared to the 83 beds lost to internal processes in the same week last year.

Key dependencies

- Delayed discharges are impacted by the availability of care packages in the community and by the speed at which patients are moved from the acute trust into external beds once packages are available
- There is a significant opportunity to optimise internal processes to reduce the number of beds lost, although the greatest opportunity remains external to the Trust.

Future actions

- Reducing internal delays are a key focus of our plans to improve in-patient length of stay (LoS) during 2024/25 and beyond. ME have agreed a target of 50% reduction (baseline 207)
- Recruitment for additional resources for the Complex Discharge Team and the Early Intervention Team is now complete, with resources being apportioned to areas with the highest delays (primarily medicine for the elderly)
- The Trust is streamlining existing processes to get the most out of existing teams, including a simplified referral form which went live from 4th Feb.

Author(s): James Hennessey **Owner(s): Jon Scott**

Theatre Utilisation - Elective GIRFT Capped

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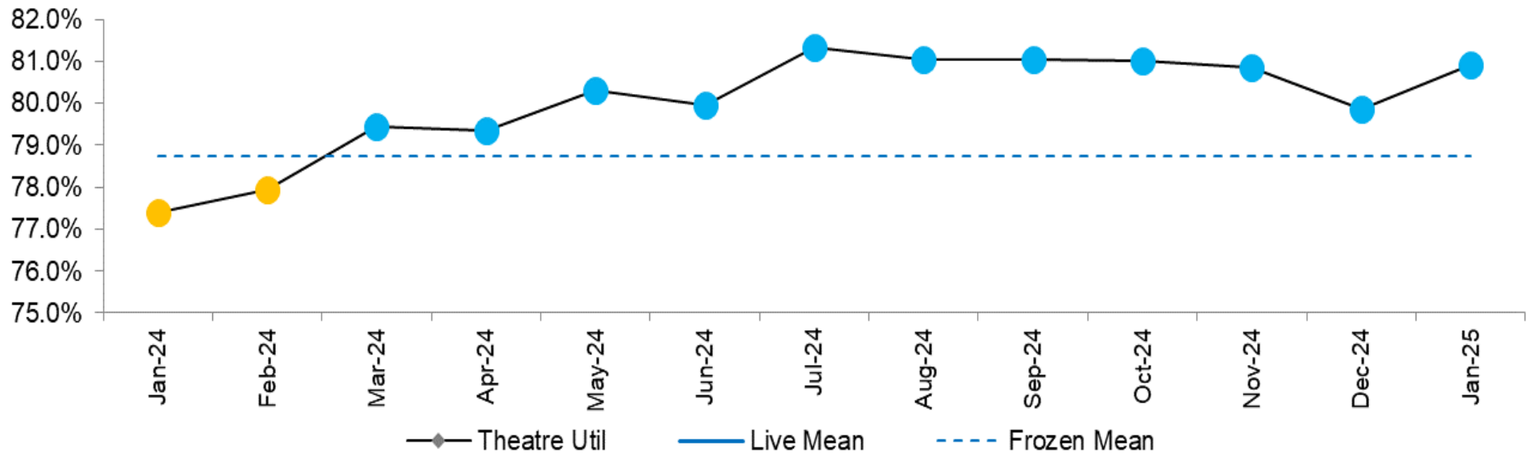
Jan-25	Plan
80.9%	85.0%

SPC Variance
Positive special cause variation

Performance in the 2 weeks to 12/01/2025	
CUH	80.1%
Shelford Grp Median	79.0%

Three Month Plan	
Feb-25	Mar-25
85.0%	85.0%

Utilisation by department	
Department	Utilisation
ATC	83.1%
Main	81.2%
Rosie	81.4%
CMSH	85.6%
CEU	69.2%
Ely	77.9%
All	**80.9%**



Updates since previous month

Capped Utilisation in January continues to perform well against peers at 80.9%. Top quartile Trusts are performing at 81% and above so CUH is in third quartile nationally.
Ely utilisation was the highest month year to date, an improvement of 1.9% on prior best month.
Eight specialties delivered >85% , a further seven > 80%.
Sessions used were 96.2% in January.
We remain ahead of plan for elective theatre cases performed year to date by 2.73% (649).

Current issues

Cambridge Eye Unit performance was again below 70% in January. To support the delivery of the Clinic 9 UEC build programme ahead of Winter 2025/26, a decision to relocate CEU theatres to Main theatres has been taken. This was implemented week commencing 10th February, and the impact on efficiency and flow is being closely monitored.
38% (138) of short notice cancellations were for clinical reasons. The second highest reason was patient initiated cancellations at 16%.

Key dependencies

Low short notice cancellations
Ability to readily back fill cancellations requiring pool of pre-assessed patients
Efficient start times and turnaround times
Optimum scheduling with 6-4-2 oversight.
L2DSU maintaining core function as DOSA and 23hr stay elective facility.
Reliability of plant and equipment.

Future actions

Allocation review for Ely theatre capacity will be undertaken before the end of February. The objective will be to identify opportunity for Right Procedure Right Place, by moving some casemix to the treatment room environment.
Paediatric Utilisation group is still focusing on start times. Theatre Support Worker is attending F3 DOSA earlier. List order changes and surgeon timeliness are next constraint.
Agreement to "send on skin" for next patients reiterated in Neurosurgery to support improved turnaround times.

Author(s): Linda Clarke **Owner(s): Jon Scott**

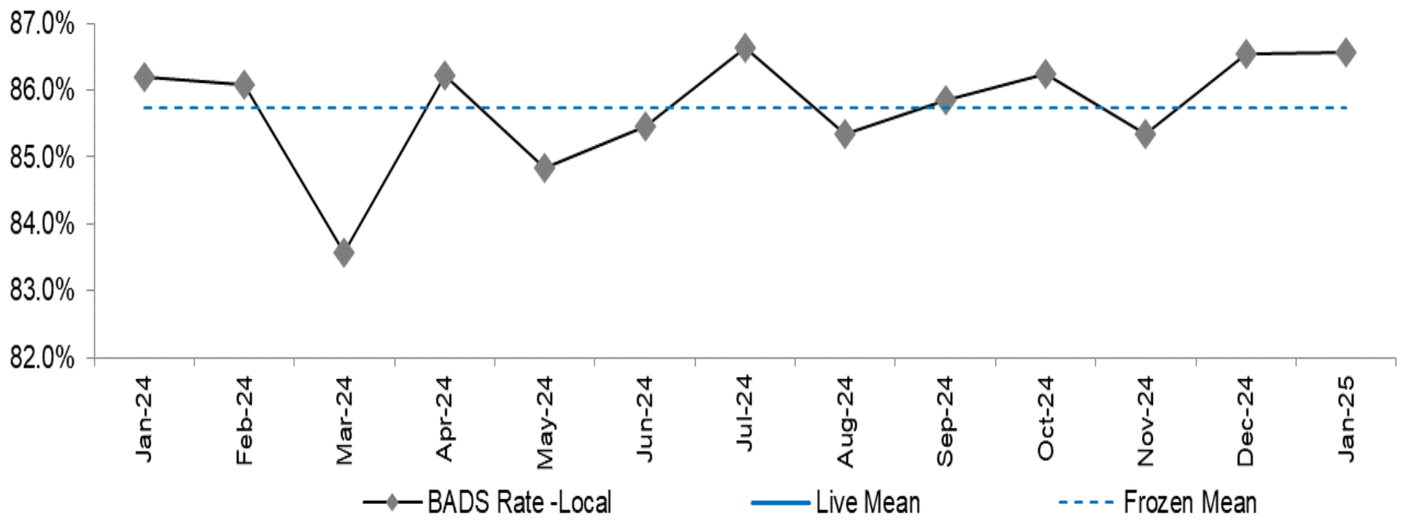
BADS Daycase Rates

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Jan-25	Target
86.6%	85%

SPC Variance
Normal variation

Model Hospital Published Performance in the 3 months to end of Oct	
CUH	72.0%
Shelford Grp Median	81.8%



BADS Section Day Case Rate for HVLC focus areas

3 months to end of Oct '24				Jan-25
Specialty	**CUH**	**Shelford**	**Quartile**	**Local**
Orthopaedics	57.6%	74.3%	1	68.8%
ENT	86.4%	87.8%	1	92.5%
General	72.4%	71.5%	2	80.1%
Gynaecology	62.1%	83.6%	1	90.8%
Ophthalmology	95.7%	96.5%	1	98.5%
Urology	71.1%	85.5%	1	93.0%

Updates since previous month

The inclusion of Outpatient procedures has now been updated within our internal monitoring. We are now evidencing 86.6% daycase and outpatient procedure rate in January.
The three month rolling performance to end Oct compares favourably to our Shelford peer group at 86%, but Model Hospital published data still reflects lower performance due to the data anomaly in our outpatient procedure submission to SUS. A revised submission will be provided by year end.

Current issues

66 0 LOS procedures had Intended Management of Inpatient recorded in January. None of these cases resided in core Inpatient beds so do not reflect a bed saving opportunity.
2635 BADS procedures were undertaken in month of which 1212 (46%) were Op procedures.
To achieve the BADS benchmark for every procedure and deliver a >90% rate , the January opportunity would be a further 134 procedures would need to reduce to 0 LOS.

Key dependencies

Correct data recording of Intended Management through prospective checks
Effective patient flow on L2 daycase / 23 hr stay
Clinically led discharge criteria.
Timing of cases on theatre list
Real time recording of discharges.

Future actions

There were four focus areas in January with a > 10 case opportunity: ENT, Gynaecology, Orthopaedics, General Surgery.
Orthopaedics have now agreed the amendment to the Trust antibiotic prophylaxis policy which will support some appropriate joint replacements to be treated as daycases.
Gynaecology have been asked to review the Anterior Colporrhaphy pathway where we deliver 0% as daycase. Also the timeliness of discharge recording on Daphne ward.

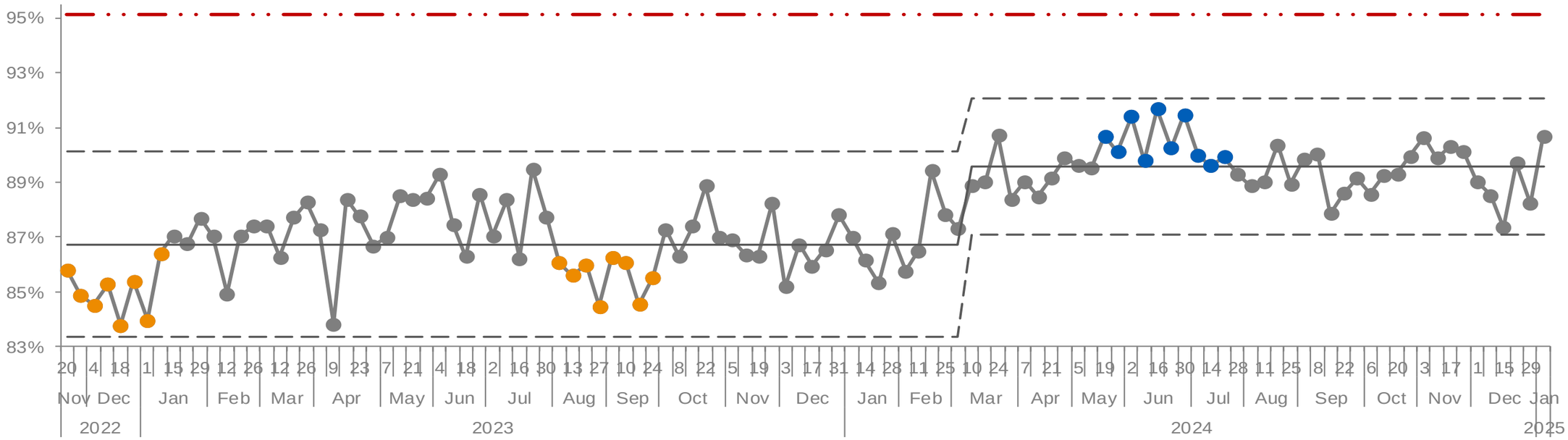
Author(s): Linda Clarke **Owner(s): Jon Scott**

Discharge Summaries

Cambridge University Hospitals NHS Foundation Trust

Discharge Summary Letters (Weekly)

Percent of discharge summaries sent in under 2 days



Discharge summaries

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

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

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

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

Patient Experience - Friends & Family Test (FFT)

NHS Cambridge University Hospitals NHS Foundation Trust

The good experience and poor experience indicators omit neutral responses.

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
FFT Inpatient good experience score	Jul 20 - Jan 25	Month	-	96.0%	94.8%		-	-	The Good FFT score improved by 2% and the Poor score also improved, 1.6% less compared to December and 1% is excellent. Both scores are the strongest in two years. The number of responses improved, 133 responses more than Dec, and only 78 responses less than October (highest number of responses for the year). JAN: there were 741 FFT responses collected from approx. 4,104 patients.
FFT Inpatient poor experience score	Jul 20 - Jan 25	Month	-	1.0%	2.1%		-	-	
FFT Outpatients good experience score	Apr 20 - Jan 25	Month	-	93.6%	94.6%		-	-	There was no change in the Good score, and almost a 1% improvement in the Poor score compared to Dec. The Poor score has returned to under 3% . JAN: there were 4,999 FFT responses collected from approx. 32,585 patients.
FFT Outpatients poor experience score	Apr 20 - Jan 25	Month	-	2.8%	2.6%	H	S7	-	
FFT Day Case good experience score	Apr 20 - Jan 25	Month	-	95.0%	96.3%		-	-	The Good FFT score had a small decline of 1%, following a pattern of a 1% decline monthly since November. There was no change in the Poor score. JAN: there were 1,184 FFT responses collected from approx. 5,278 patients.
FFT Day Case poor experience score	Apr 20 - Jan 25	Month	-	2.4%	1.8%		-	-	
FFT Emergency Department good experience score	Apr 20 - Jan 25	Month	-	86.2%	82.0%		-	-	Both the overall ED Good FFT score and the Poor score improved in January. The Good score increased by 6%, and is now the strongest score in 12 months, and the Poor score decreased by 3% compared to December. JAN: there were 925 FFT responses collected from approx. 5,419 patients.
FFT Emergency Department poor experience score	Apr 20 - Jan 25	Month	-	9.3%	11.0%		-	-	
FFT Maternity (all FFT data from 4 touchpoints) good experience score	Jul 20 - Jan 25	Month	-	91.0%	92.9%	L	S7	-	**FOR JAN:** Antenatal had 9 FFT responses -100% Good; Birth had 35 FFT responses out of 405 patients - 88% Good / 3% Poor; Postnatal had 33 FFT responses: LM had 13 FFT with 84.6% Good / 7.7% Poor, BU had 15 FFT with 100% Good, and COU had 100% Good. **JAN MATERNITY OVERALL:** 77 responses: Good score 4% increase and Poor score 1.7% decrease compared to December.
FFT Maternity (all FFT data from 4 touchpoints) poor experience score	Jul 20 - Jan 25	Month	-	4.0%	3.3%		-	-	

Wards that do not collect FFT are not included in the monthly NHSE FFT submission. Patient Experience Team are in contact with wards which haven't collected any FFT data (4 in Jan which is 4 less compared to Dec) to provide support.

January inpatient number of FFT responses increased by 133 compared to December. Along with more responses in January, the Good and Poor FFT scores both improved and are now the strongest in 24 months. The Good score is 96% and the Poor score is very low at 1% which is excellent. Division B improved their Poor score by 4%. For Outpatients the Good score remained the same and the Poor score decreased by 1% and returned to below 3%. For ED overall, there were good improvements in both the Good and Poor scores. The adult ED Good score improved by 6.5% and the Poor score declined by 3%. Paediatric ED also improved, the Good score by 3% and the Poor score declined 2%.

Overall maternity FFT scores improved compared to December and the number of responses collected is 77 for all maternity areas. This is a good improvememt of 35 responses in Dec and 52 responses in Nov. Out of 405 birth patients, 35 FFT responses collected: 4% decline in the Good score to 88.6% and 3% increase of the Poor score. Out of 296 postnatal patients on Lady Mary, 13 FFT responses were collected: Good score 84.6% and Poor score 7.7%. Both scores are an improvement compared to December.

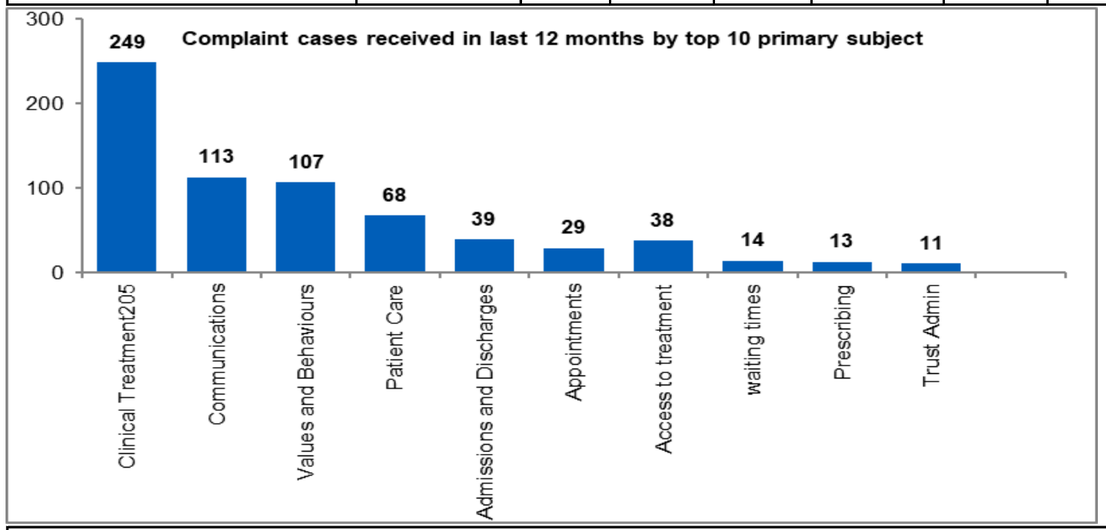
An update of the SMS FFT programme is underway including implementation in inpatients which we anticipate will improve inpatient FFT response rates and to improve specialty feedback in outpatients. To help staff encourage patients to complete the FFT online, all comment card boxes will have new signs with QR codes, and the QR code is also printed on all comment cards.

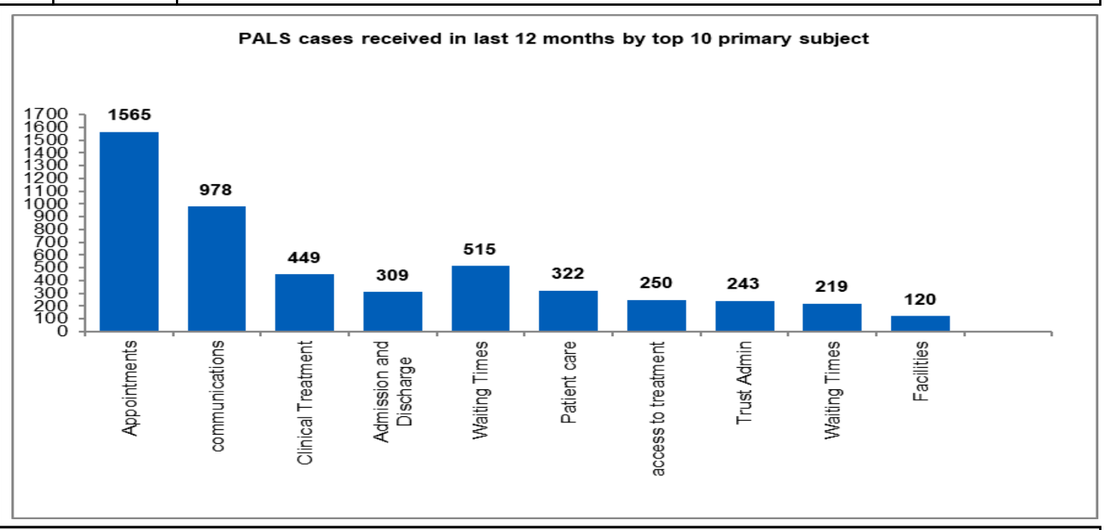
Author(s): Charlotte Smith/Kate Homan Owner(s): Clare Hawkins

PALS and Complaints Cases

Cambridge University Hospitals NHS Foundation Trust

Indicator	Data range	Period	Target	Current period	Mean	Variance	Special causes	Target status	Comments
Complaints received	Jan 20 -Jan 25	month	-	91	55	H	SP	-	The number of complaints received between Oct 2020 - Jan 2025 is higher than normal variance
% acknowledged within 3 days	Jan 20 -Jan25	month	95%	89%	73%		-	?	81 out of 91 complaints were acknowledged within 3 working days
% responded to within initial set timeframe (30, 45 or 60 working days)	Jan 20 - Jan25	month	80%	52%	30%	L	S7	?	82 complaints were responded to in January, 43 of the 82 met the initial time frame of either 30.45 or 60 days.
Total complaints responded to within initial set timeframe or by agreed extension date	Jan 20 - Jan 25	month	80%	52%	87%	L	SP	?	43 complaints responded to in January were within the initial set time frame.
% complaints received graded 4 to 5	Jan 20 - Jan 25	month	-	14%	34%		-	-	There were 13 complaints graded 4 severity, and 0 graded 5. These cover a number of specialties and will be subject to detailed investigations.
Compliments received	Jan 20 - Jan25	month	-	31	32	L	S7	-	31 Compliments were registered during January and sent onto relevant staff for information





PHSO - The PHSO have not taken any new cases for investigation during January 2025.

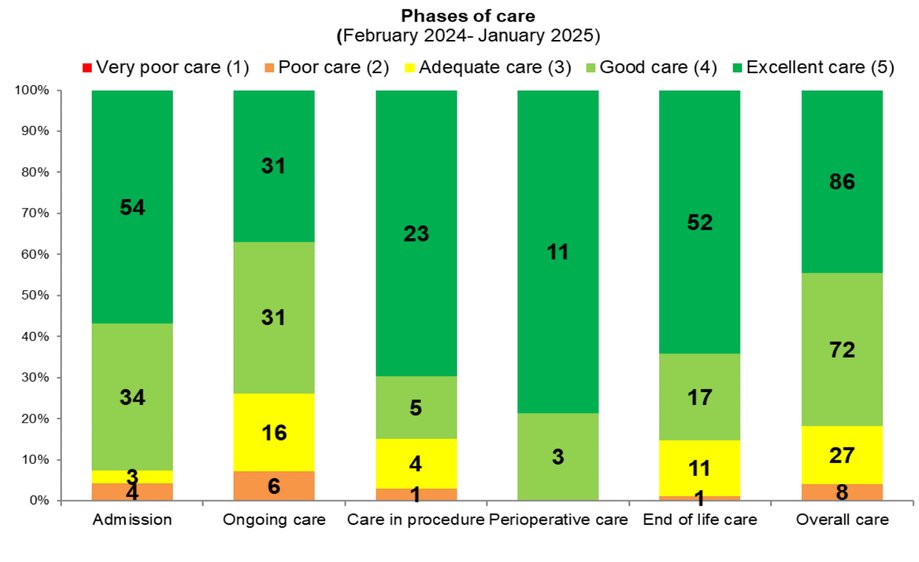
Author(s): Sue Bennison **Owner(s): Clare Hawkins**

Learning from Deaths

NHS Cambridge University Hospitals NHS Foundation Trust

Indicator	Jan-25	Average (Mar 22 - Jan 25)	Variance	Comments
Total inpatient and Emergency department **deaths**	**155**	140		There is normal variance for total deaths. In January 2025 there were 145 inpatient deaths and 10 deaths in the ED.
Total Emergency Department and Inpatient deaths **per 1000 admissions**	**8**	9		Normal variance. In January 2025 there were 18868 admissions recorded at time of analysis.
Emergency department deaths per 1,000 attendances	**0.70**	0.86		Normal variance. In January 2025 there were 14332 ED attendances recorded at time of analysis.
Inpatient deaths by 1,000 admissions	**7.68**	8.10		Normal variance.
Non-elective admission deaths by 1,000 admissions	**35.37**	32.04		Normal variance.
% of Emergency Department and Inpatient deaths in-scope for a Structured Judgement Review (SJR)	**17.4%**	16.8%		In January 2024, 27 Mortality case reviews were commissioned. The highest in-scope trigger for review requests were due to ED deaths.





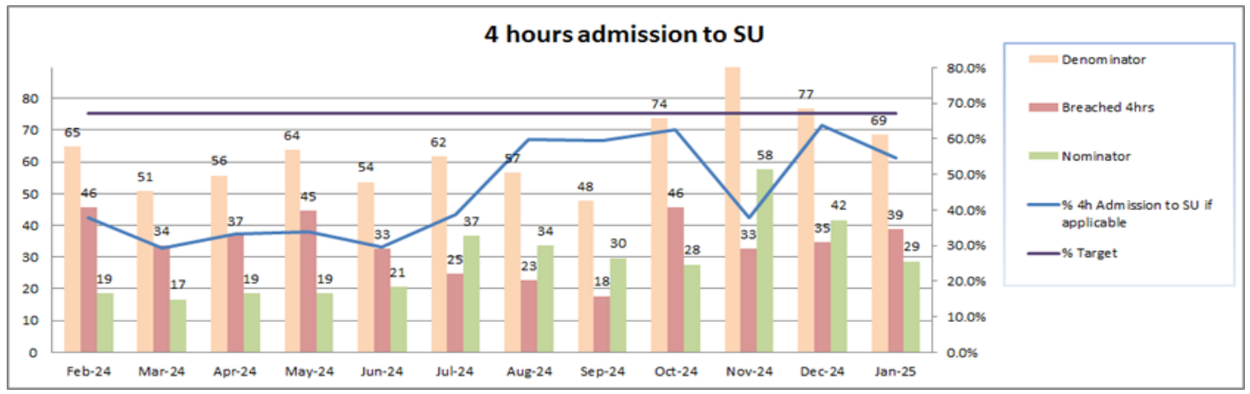
Executive Summary

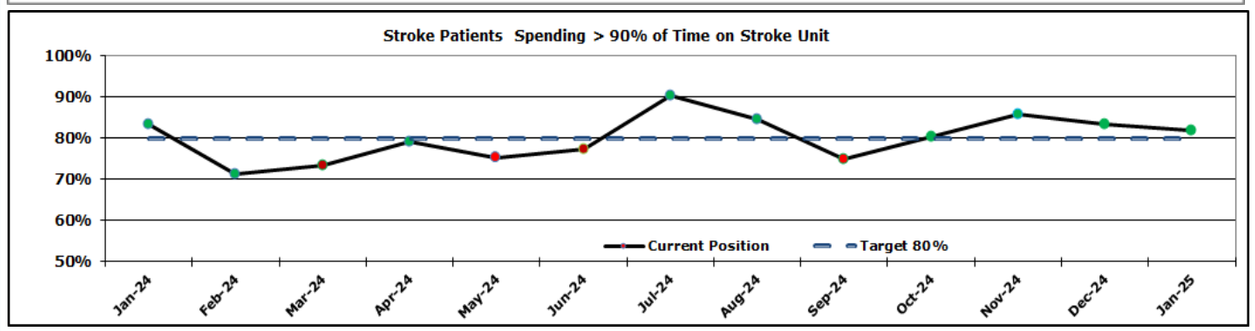
HSMR - The rolling 12 month (December 2023 to November 2024) HSMR for CUH is 86.80, this is 7th lowest within the London and ATHOL peer group. The rolling 12 month HSMR for the Shelford Peer group is 89.85.
SHMI - The Summary Hospital-level Mortality Indicator (SHMI) for CUH in the latest period, October 2023 to September 2024 is 98.22.
Alert - There are 2 alerts for review within the HSMR and SHMI dataset this month.

Author(s): Melissa Wathen **Owner(s): Amanda Cox**

Stroke Care

Cambridge University Hospitals NHS Foundation Trust





Breach reasons for not achieving 90% IP stay on Stroke ward 2024/25 and Monthly Stroke position

Month	Stroke Bed Capacity * No outliers *	Trust Bed Capacity * Outliers *	Operational decision - patient moved off the unit to accommodate an acute stroke	Delay in medical review in ED	Delay in referral to Stroke Team	Clinical - Appropriate pathway for patient	Difficult presentation	Not referred to stroke team	Delayed diagnosis	Clinician's decision to place patient on different ward	Unclear presentation	Difficult diagnosis / Complex patient	Resource capacity	Number of breaches	Month Position (Target 80%)
Jan-24	2	6			2						3			13	83.5%
Feb-24	7	8			1	1					4	1		22	71.4%
Mar-24	8	5				1					3		1	18	73.5%
Apr-24	4	5			2	2					1			14	79.4%
May-24	8	6		1	1						4			20	75.3%
Jun-24		4		2	2	1	2				2	1	2	16	77.5%
Jul-24		1			1						5			7	90.4%
Aug-24	2	3		2							4			11	84.5%
Sep-24	4	5		1		1		1			4			16	75.0%
Oct-24	7	3	1	1	1	1					2			16	80.2%
Nov-24		4		1	1	3					3		1	13	85.7%
Dec-24		5		1	1	1					4		1	13	83.5%
Jan-25	2	2		1		1					7		1	14	82.1%
Summary	42	38	0	5	9	5	2	0	0	0	46	2	3	121	

90% target (80% Patients spending 90% IP stay on Stroke ward) was achieved for January 2025 = **84%**

Unclear presentation (7) was the main factor contributing to breaches last month, with a total of 14 breaches in January 2025.

4hrs adm to SU (67%) target compliance was not achieved in January 2025 = **55%**

Key Actions

- There has been further work on undertaken by the team on the Stroke Full Capacity Protocol. With the support of the senior nursing team a walkaround was undertaken this month and the SOP refined. This will be circulated and the go-live confirmed early March.
- Weekly team meeting with ACP/R2 nurse team/matrons/LW/Ops/SAT team continue. Useful forum to help resolve issues and progress projects
- Monthly Working group for launching the Stroke Video Triage with the ambulance service has been established with the CUH stroke team, EEAST and the ED dept. First meeting 27/2/25
- National SSNAP data shows Trust performance from July-Sept 2024 at Level A.
- Weekly review with root cause analysis undertaken for all breaches, with actions taken forward appropriately.
- TIA ambulatory service in Clinic 5 well embedded now which has increased fast access to stroke consultant for TIA patients and helped reduce presentations in ED

Author(s): Helen Allibone Owner(s): Jon Scott

Clinical Studies

Cambridge University Hospitals NHS Foundation Trust

Total Recruitment at end of Jan - FY 2024-25

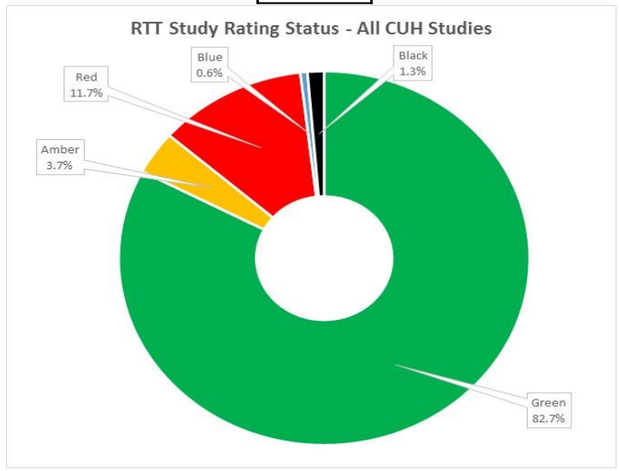
13,781

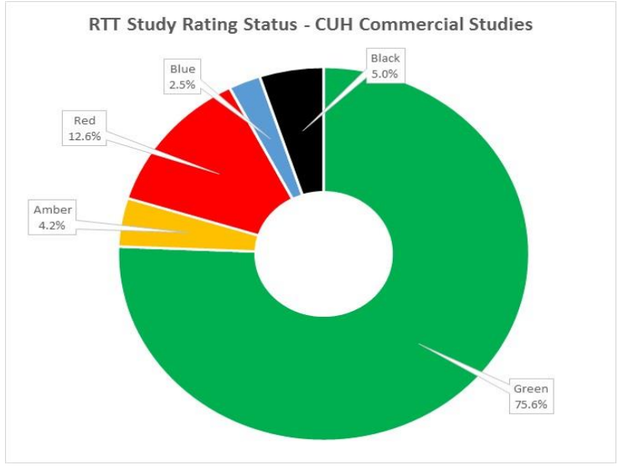
Open Studies at end of January 2025

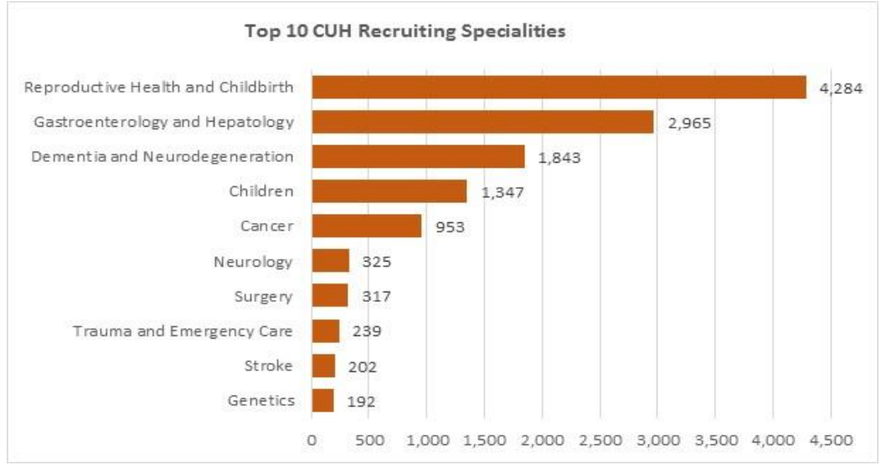
Non Commercial	433
Commercial	147
Total	**580**











* Total recruitment in the financial year to date: 13,781.
* CUH accounted for 25% of total recruitment by Eastern Trusts in the financial year to date. (This reflects the new East of England boundaries, which were recently introduced).
* Recruitment to the Reproductive Health and Childbirth speciality accounted for 31% of all recruitment. Gastroenterology and Hepatology accounted for 22%. All of the other individual specialities accounted for less than 13% of the total recruitment.
* There were 580 recruiting studies, of which 147 were Commercial, and 433 Non-Commercial.

Notes: Figures were compiled by the Clinical Research Network and cover all research studies conducted at CUH that are on the national portfolio. Data cut: 14/02/2025.
Green - Met Target. Amber - Near Miss. Red - Missed Target. Blue - Open study met target, planned closure date elapsed. Grey - Data quality issue. Black - No recruitment upload yet

Author(s): Stephen Kelleher **Owner(s):**

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

KPI	Goal	Target	Measure	Data Source	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	SPC	Narrative and Actions taken for Red/Amber/Special cause concerning trend results
Activity												
Births	For information	N/A	Births per month	CHEQs	477	455	459	425	409	412		
Health and social care assessment <GA 12+6/40	> 90%	>=90% <90% and >=80% <80%	In area booking appointments	Epic	92.79%	95.28%	92.0%	99.70%	96.55%	91.78%		
Booking Appointments	For Information	N/A	Booking Appointments	Epic	333	339	331	299	332	346		
Vaginal Birth (Unassisted)	For Information	N/A	SVDs in all birth settings	CHEQs	58.70%	56.48%	43.57%	43.76%	46.70%	47.33%		
Home Birth	For Information	N/A	Planned home births (BBA is excluded)	CHEQs	0.84%	0.88%	0.87%	0.24%	0.73%	0.97%		
Rosie Birth Centre Birth	For Information	N/A	Births on the Rosie Birth Centre	CHEQs	12.37%	11.43%	14.38%	12.24%	13.94%	13.83%		
Rosie Birth Centre transfers	For information	N/A	Women admitted to RBC and subsequently transferred for birth	CHEQs	38.10%	35.14%	32.18%	42.03%	32.86%	33.33%		
Birth assisted by instrument (forceps or ventouse) (Instrumental)	For Information	N/A	Instrumental birth rate	CHEQs	11.32%	10.11%	9.80%	10.82%	9.05%	8.01%		
CS rate (planned & unplanned)	For Information	N/A	C/S rate overall	CHEQs	41.30%	43.74%	46.41%	44.47%	44.01%	44.66%		
Women in RG*1 having a caesarean section with no previous births: nullip spontaneous labour	For information	10%	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	25.30%	26.40%	22.90%	22.80%	19.70%	20.25%		
Women in RG*2 having a caesarean section with no previous births: nullip induced labour, nullip pre-labour LSCS	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	70.00%	59.60%	64.00%	68.80%	53.10%	58.97%		
Ratio of women in RG1 to RG2	Ratio of >2:1	N/A	Ratio of group 1 to 2 should be 2:1 or higher	CHEQs	1:2.52	1:3.5	1:2.7	1:2.61	1:3.4	1:2.87		
Women in RG*5. Multips with 1 or 2+ previous C/S	For Information	For Information	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	82.8%	80.6%	86.7%	91.8%	89.6%	89.1%		
Women in RG1, RG2, RG5 combined contribution to the overall C/S rate.	66%	60-70%,	Relative contribution of the Robson group to the overall C/S Rate	CHEQs	71.6%	67.8%	59.2%	69.8%	60.6%	64.7%		
Induction of Labour rate	For Information	N/A	Percentage of women induced for birth	CHEQs	33%	33%	29%	25.41%	33.83%	29.80%		
Delay in commencement of Induction (IOL)	0%	<10%	Percentage of Inductions where Induction commencement was postponed >2 hours (flag 1)	CHEQs	48%	47%	44.8%	11.6%	6.0%	5.7%		Jan 25 - For those with a delay over 2 hours the longest delay was 5hrs 40 minues, she was held in clinic 23 awaiting a bed on DU for IOL due to IUGR. Average delay was 3 hours 29 minutes
Delay in continuation of Induction (IOL)	0%	<10%	Percentage of Induction continuation when suitable for ARM delayed for more than 6 hours (flag 3)	CHEQs	48.6%	60.3%	54.2%	48.8%	36.1%	46.8%		Jan 25 - For those with a delay over 6 hours the longest delay was 57 hours and 5 minutes, this was during the time the unit was on divert. Average delay 17 hours 39 minutes

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Indication for IOL (SBLCBV3)	0%	<5-10%	Percentage of IOL where reduced fetal movements is the only indication before 39 weeks (denominator = all IOLs <39 weeks).	IOL Team	5.12%	0.00%	1.6%	4%	0%	0%		
Indication for IOL	100%	≥95%	Percentage of IOL with a valid indication as per guidance (or a consultant plan if outside guidance).	IOL Team	99.00%	100%	99.1%	95.30%	100%	100%		
Divert Status - incidence	0	<1	Incidence of divert for the perinatal service	Rosie Diverts	4	5	0	2	1	2		13.01.2025 DIVERT NICU capacity 23.01.2025 DIVERT Maternity Capacity & Staffing
Total number of hours on divert	For information	N/A	Hours:minutes	Rosie Diverts	84.3	138.6	0	36.70	4.6	71.15		
Admissions to Rosie during divert status	For information	N/A	Numberof women admitted to the Rosie during divert based on Admissions Report	CHEQs	49	80	0	21	4	43		Capacity and staffing OPEL 1 - 2 in maternity, DIVERT in place due to NICU capacity on 6 occasions. therefore individual risk assessments undertaken for service users requiring care.
Number of women giving birth in another provider organisation due to divert status	For information	N/A	Whole number of pregnant women	CHEQs	0	14	0	2	0	5		5 service users birthed in other organisations a total of 9 women were DIVERTED to another unit.
Number of IUTs declined due to capacity/staffing	0 in cluster	0 in cluster	Whole number of pregnant women	EBS data	2	5	5	5	5	8		The refusals were due to - 6 NICU capacity and staffing - 2 for DU capacity & staffing
Workforce												
Midwife/birth ratio (actual)**	1:24	<1.28	Total permanent and bank clinical midwife WTE*/Births (rolling 12 month average)	Finance	1:23.1	1:23.6	1:23.5	1:22.8	1:2.38	1:22		
Midwife/birth ratio (funded)**	1:24	<1.24	Total clinical midwife funded WTE*/Births (rolling 12 month average)	Finance	1:22	1:22.4	1:22.3	1:22.2	1:2.22	1:21.9		
Education and Training - Mandatory Training - overall compliance obstetrics and gynaecology	>95% YTD	>90% YTD	Total obstetric and Gynaecology Staff (all staff groups) compliant with mandatory training	CHEQs	91.60%	92.80%	90.2%	90.90%	91.00%	One month Behind Data		Statistically significant improving trend
Education and Training - Mandatory Training Compliance - Midwives	>95% YTD	>90% YTD	Compliance of midwives with mandatory training	CHEQs	93.50%	92.10%	90.8%	90.20%	90.50%	One month Behind Data		Statistically significant improving trend
Supernumerary Delivery Unit Coordinator	100%	≥95%	Percentage compliance with Delivery Unit coordinator remaining supernumerary (no patient allocation at start of shift as per MIS)	BR+ RF11	100%	100%	100%	100%	100%	100%		Statistically significant improving trend
Staff sickness as a whole	< 3.5%	<5%	ESR Workforce Data	CHEQs	5.82%	5.90%	5.4%	6.70%	5.31%	5.29%		Sickness absence policy being followed for return to work and support. Largely support worker absence and postnatal ward absence. Targeted work to improve in these areas on going.

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Training compliance (maternity incentive scheme) - Goal date 30/11/2024: Please see training predictions tab for trajectories for Goal date.												
CCF Module 1 : Saving babies lives Elements 1-6	90%	95%	Percentage of all relevant staff compliance as per TNA (Average of all relevant training topics as per TNA)	DOT	83.0%	88.5%	90.9%	94.8%				DOT management system not yet set up to provide available data. In discussions with DOT to pull this data, and will look to also put in the back dated percentages.
SFH	90%	95%	Percentage of all relevant staff compliance as per TNA	DOT	86.2%	89.6%	90.9%	91.6%	92.4%	93.1%		
Smoking: MDT staff to be trained at very brief advice	90%	95%	Percentage of all relevant staff compliance as per TNA	DOT	77.9%	87.2%	91.3%	93.5%	92.4%	88.2%		booking staff on for 2025 was delayed and rosters were already written, mitigated by additional training slots later in the year. No effect on trajectory.
CCF module 2: Fetal surveillance training for all Staff Groups - Fetal Surveillance Study Day and competency assessment as pr MIS requirements	90%	95%	Overall percentage of all staff groups compliance (Separated by staff groups below)	DOT	86.2%	88.3%	88.7%	92.7%	93.0%	93.6%		
Fetal Surveillance: Midwives	90%	95%	Percentage of midwives including midwifery amtrons and managers, bank and agency	DOT	86.2%	89.6%%	90.9%	91.6%	92.4%	93.1%		
Fetal Surveillance; Obstetric Consultants	90%	95%	Percentage of Obstetric consultants	DOT	88.2%	87.5%%	94.1%	100.0%	100.0%	100.0%		
Fetal surveillance: All other obstetric Doctors	90%	95%	Percentage of All other obstetric doctors contributing to the obstetric rota (NOT GP trainees)	DOT	81.8%	61.5%%	94.1%	100.0%	95.7%	95.8%		
CCF module 3: maternity emergencies and MDT training inc human factors	90%	95%	Overall percentage of all staff groups compliance (Separated by staff groups below)	DOT	87.5%	90.5%	91.9%	95.3%	93.8%	86.9%		booking staff on for 2025 was delayed and rosters were already written, mitigated by additional training slots later in the year. No effect on trajectory.
PROMPT compliance: Midwives	90%	95%	Percentage of midwives including midwifery amtrons and managers, bank and agency	DOT	89.0%	92.2%	93.1%	94.6%	92.8%	84.4%		
PROMPT compliance: Maternity support workers	90%	95%	Percentage of maternity support workers including bank	DOT	82.7%	84.5%	87.1%	90.3%	91.7%	82.6%		
PROMPT compliance: Obstetric consultants	90%	95%	Percentage of Obstetric consultants	DOT	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%		
PROMPT compliance: all other obsetric Doctors	90%	95%	Percentage of obstetric Drs including obstetric trainees (ST 1-7) sub specialities, locally employed Drs and foundationd year drs and GP trainees	DOT	82.4%	71.4%	88.2%	100.0%	100.0%	96.4%		
PROMPT compliance: Anaesthetic consultants	90%	95%	Percentage of Anaesthetic consultants	DOT	78.6%	85.7%	92.9%	100.0%	92.9%	86.7%		
PROMPT compliance: all other Anaesthetists	90%	95%	Percentage of Anaesthetic Drs (including anaesthetists in training, SAS and LED doctors) who contribute to the obstetric anaesthetic on-call rota in any capacity	DOT	84.8%	92.7%	91.4%	100.0%	96.5%	96.4%		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

CCF module 4; Equality, equity and personalised care.	90%	95%	Percentage of all relevant staff compliance as per TNA (Average of all relevant training topics as per TNA)	DOT	85.0%	88.5%	91.2%	95.0%				DOT management system not yet set up to provide available data. In discussions with DOT to pull this data, and will look to also put in the back dated percentages.
CCF module 5: Care during labour and immediate postnatal period	90%	95%	Percentage of all relevant staff compliance as per TNA (Average of all relevant training topics as per TNA)	DOT	79.4%	87.5%	89.6%	92.9%				DOT management system not yet set up to provide available data. In discussions with DOT to pull this data, and will look to also put in the back dated percentages.
CCF Module 6: Neonatal basic life support (NBLS) : Compliance is establish from DOT compliance dashboard and is represented as a percentage, (subtle ammendments to data may be permitted where certainty around NLS/ARNI provider/instructor status exists whilst awaiting evidence.												
NBLS: Midwives	90%	95%	Percentage of midwives including midwifery matrons and managers, bank and agency	DOT	94.0%	90.00%	93.00%	94.0%		90.0%		
NBLS: MSW (not reportable for MIS 2024)	90%	95%	Percentage of maternity support workers including bank	DOT	85.0%	85.00%	90.00%	91%%		80.0%		MSW not reported for MIS however are required for trust compliance. Hisotrically MSW not included into NBLS at induction however new process in place
NBLS: NICU consultants	90%	95%	Percentage of Neonatal Consultants	DOT	79% %	78.00%	94.00%	100.0%		74.0%		
NBLS: all other NICU Doctors	90%	95%	Percentage of All other NICU Doctors	DOT	88% %	65.00%	97.00%	100.0%		94.0%		
NBLS: NICU Nurses	90%	95%	Percentage of NICU Nurses	DOT	96% %	84.00%	95.00%	94.0%		90.0%		
NBLS: ANNPs	90%	95%	Percentage of ANNPs	DOT	75.0%	100.00%	100.00%	100.0%		100.0%		
All neonatal staff (NICU Medical staff and ANNPS) undertaking responsbilites as an unsupervised first attender/primary resuscitator attending any birth must have reached a minimum of 'basic capacility' as described in the BAPM neoantal Airway Capability Framework. No specific course is mandated. RCUK NLS and ARNI would be suitable.	90%	95%	Percentage of neonatal staff (Medical and ANNP) whom attend births unsupervised holding NLS and/or ARNI certification, or other certification as decided locally	DOT	19.0%	35%	87%	100.0%		89.0%		
Maternal Morbidity												
Puerperal Sepsis	For information	N/A	Incidence of puerperal sepsis within 42 days of birth	CHEQs	0.79%	0.65%	0.49%	0.34%	0.36%	0.53%		
ITU Admissions in Obstetrics	For information	N/A	Total number of pregnant / postnatal women admitted to the intensive care unit	CHEQs / QSIS	0	0	0	1	0	0		
Massive Obstetric Haemorrhage ≥ 1500 mls - vaginal birth	≤3.3%	≤3.3%	Percentage of women with a PPH >1500mls (singleton births between 37+0-42+6) having a vaginal birth	Rosie KPIs	4.56%	4.24%	3.03%	2.74%	5.12%	4.65%		9/215. 6 primigravida, 3 multigravida. All 9 required admission to the obstetric close observation unit. All women had a PPH risk assessment completed, improvement required in administration of first line oxytocin following recognition of PPH.
Massive Obstetric Haemorrhage ≥ 1500 mls - caesarean birth	≤4.5%	≤4.5%	Percentage of women with a PPH ≥1500mls (singleton births between 37+0-42+6) having a caesarean section	Rosie KPIs	2.29%	1.80%	3.39%	2.53%	0.00%	1.94%		
3rd/ 4th degree tear rate	≤3.5	<5%	Percentage of women with a vaginal birth having a 3rd or 4th degree tear (spontaneous and assisted by instrument) singleton baby in cephalic position between 37+0 and 42+6.	Rosie KPIs	4.98%	2.97%	2.16%	5.07%	4.65%	3.26%		
Maternal readmission rate	For information	N/A	Percentage of women readmitted to maternity service within 42 days of birth.	Rosie KPIs	3.17%	2.29%	1.79%	2.16%	1.52%	2.45%		
Peripartum Hysterectomy	For information	N/A	Incidence of peripartum hysterectomy	CHEQs / QSIS	0	0	0	0	0	0		
Direct Maternal Death	0	<1		QSIS	0	0	0	0	0	0		

Maternity Dashboard

NHS Cambridge University Hospitals NHS Foundation Trust

Governance												
Total number of Psii	0	<1	Serious Incidents	QSIS	0	0	0	0	0	0		
Never Events	0	<1	DATIX	QSIS	0	0	0	0	0	0		
Neonatal Morbidity												
Still Births per 1000 Births	3.55/1000 (MBRRACE-UK 2024)	rolling rate	Incidence per 1000 births	CHEQs	2.69:1000	2.40:1000	2.17:1000	2.00:1000	2.01:1000	2.58:1000		
Stillbirths - number ≥ 22 weeks	<3	<6	MBBRACE	CHEQs	6	1	0	2	0	3		
Number of birth injuries	0	<1	Percentage of babies born with a birth related injury	CHEQs	1	0	0	0	0	0		
Babies born with an Apgar <7 at 5 minutes of age	For information	N/A	Percentage of babies born who have an Apgar score <7 at 5 minutes of age	Rosie KPIs	3.82%	1.77%	1.31%	1.18%	2.20%	3.68%		
Incidence of neonatal readmission	For information	N/A	Percentage of babies readmitted within 42 days of birth for any inpatient care	Rosie KPIs	3.61%	4.10%	4.13%	3.66%	4.89%	1.90%		
Term Admission to NICU Rate	≤6%	N/A	Rate inclusive of transfers as an inpatient and neonatal readmissions to a higher level of care from February 2024.	ATAIN report	7.1%	10.5%	8.71%	5.6%	10.3%	8.0%		2 readmissions to a higher level of care, 31 admissions from inpatient care either directly from birth or postnatally. 2 avoidable admissions. High divert hours in January. Disproportionate NICU admissions to out of area women birthing at the Rosie. Review underway.
Quality												
1-1 Care in Labour	100%	100%	Percentage of women receiving 1:1 care in labour (excluding BBAs)	Rosie KPI's	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%		One missed 1:1 care in labour was a Sara ward IOL who the midwife requested to transfer at 01:55 but not possible, transferred to DU at 03:16 then birthed at 04:41, in the time on DU she did have one to one care.
Babies with a first feed of breastmilk	≥80%	≥70%	Breastfeeding	Rosie KPI's	80.68%	86.92%	85.31%	89.81%	84.35%	85.05%		
SATOD (Smoking at Time of Delivery)	< 6%	Green = <6%, Amber = 6.1% - 7.9 %, Red = >8	% of women Identified as smoking at the time of delivery	Rosie KPIs	6.55%	3.60%	3.79%	2.88%	2.72%	4.43%		
CO Monitoring at booking	≥95%	Green = ≥95%, amber = <95% and ≥84%, red = <85%	Compliance with recording CO Monitoring reading at booking appointment (excluding out of area)	Smoking Report with manual checks	97%	96%	97%	96%	100%	100%		
CO Monitoring at 36 weeks	≥95%	Green = >95%, amber = <95% and >84%, red = <85%	Compliance with recording CO Monitoring reading at 36 week appointment (excluding out of area)	Smoking Report with manual checks	81%	85%	85%	79%	84%	85%		Reasons for non-compliance at 36 weeks are midwives not performing the test, and the test not being performed during the 35+0-36+6 time frame. If tests that were performed out of the time frame were included, compliance would be 92%.
VTE Assessment - AN	≥95%	Green = ≥95%, amber = <95% and ≥90%, red = <90%	Percentage of women with a valid VTE risk assessment completed **within 14 hours** of admission to hospital.	CHEQs	73%	78%	80%	82%	75%	77%		Improvement work on going as part of CQC workstream 6. Digital midwife meeting with ward maangers to go through live reporting so spot checks can be completed daily.
VTE Assessment - PN	≥95%	Green = ≥95%, amber = <95% and ≥90%, red = <90%	Percentage of women with a valid PN VTE risk assessment completed **within 8 hours** of birth.	CHEQs	95%	95%	96%	97%	96%	97%		

Finance

NHS
Cambridge University Hospitals
NHS Foundation Trust

Trust performance summary - Key indicators

Trust actual surplus / (deficit)

£1.6m	*Actual (adjusted)**
£0.9m	*Plan (adjusted)**
(£1.6m)	*Actual YTD (adjusted)**
£0.6m	*Plan YTD (adjusted)**

Elective Payment Mechanism (EPM)

EPM replaced ERF in 23/24 for the variable element of elective performance. Pending publication of 24/25 baselines forecast based on 23/24 methodology.

	In month	YTD
EPM forecast actual	£23.1m	£213.2m
Target adj. block increase	n/a	n/a
EPM actual + block increase	n/a	n/a
EPM original plan	£23.1m	£218.9m
EPM original target	£19.5m	£185.2m

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

Net current assets

(£126.2m)	*Actual*
(£104.6m)	*Plan*

Debtor days

29	*This month*
38	*Previous month*

Payables performance (YTD) *

84.0%	*Value*
87.8%	*Quantity*

EBITDA

£35.9m	*Actual YTD*
£34.0m	*Plan YTD*

Capital expenditure

£6.4m	*Capital - actual spend in month*
£42.1m	*Capital - actual spend YTD*
£48.7m	*Capital – plan YTD*

Cash

Cash

£70.7m	*Actual*
£129.1m	*Plan*

Legend *£ in million* — *In month* — *YTD*

* On a control total basis, excluding the effects of impairments and donated assets
** Payables performance YTD relates to the Better Payment Practice Code target to pay suppliers within due date or 30 days of receipt of a valid invoice.

Author(s): Tim Saunders **Owner(s): Mike Keech**

Staff in Post

NHS
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12 Month Growth by Staff Group

Staff Group	Headcount		Headcount 12 Month growth	FTE		FTE 12 Month growth	
	Feb-24	Jan-25		Feb-24	Jan-25		
Add Prof Scientific and Technic	257	263	2.3%	232	238	6	2.6%
Additional Clinical Services	2,150	2,290	6.5%	1,960	2,102	142	7.2%
Administrative and Clerical	2,652	2,794	5.4%	2,442	2,576	134	5.5%
Allied Health Professionals	807	858	6.3%	719	761	41	5.8%
Estates and Ancillary	386	405	4.9%	373	390	18	4.7%
Healthcare Scientists	754	778	3.2%	719	742	23	3.2%
Medical and Dental	1,785	1,893	6.1%	1,681	1,775	95	5.6%
Nursing and Midwifery Registered	4,216	4,430	5.1%	3,900	4,098	198	5.1%
Total	**13,007**	**13,711**	**5.4%**	**12,027**	**12,682**	**656**	**5.5%**

12 Month Growth by Division

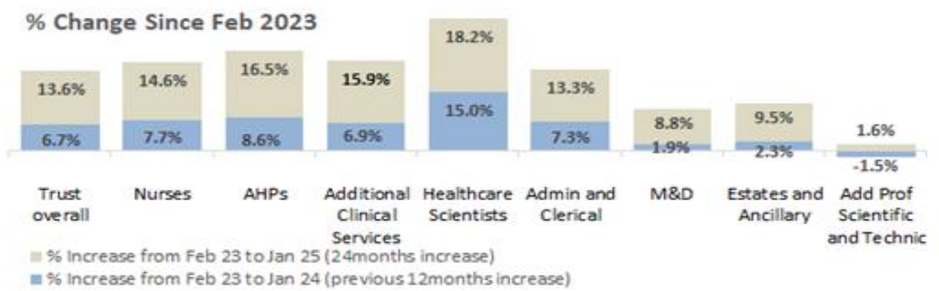
Division	Headcount		Headcount 12 Month growth	FTE		FTE 12 Month growth	
	Feb-24	Jan-25		Feb-24	Jan-25		
Division A	2,485	2,576	3.7%	2,340	2,429	88	3.8%
Division B	3,457	3,652	5.6%	3,201	3,385	185	5.8%
Division C	1,832	1,956	6.8%	1,699	1,816	117	6.9%
Division D	1,573	1,651	5.0%	1,450	1,515	65	4.5%
Division E	1,553	1,648	6.1%	1,350	1,435	85	6.3%
Corporate	1,607	1,687	5.0%	1,523	1,600	77	5.1%
Research & Development	500	541	8.2%	464	502	38	8.3%
Total	**13,007**	**13,711**	**5.4%**	**12,027**	**12,682**	**656**	**5.5%**

Admin & Medical Breakdown

Staff Group	Feb-24	Jan-25	FTE 12 Month growth	
Administrative and Clerical	2,442	2,576	134	5.5%
of which staff within Clinical Division	1,196	1,262	66	5.5%
of which Band 4 and below	818	860	42	5.1%
of which Band 5-7	265	279	14	5.5%
of which Band 8A	54	58	4	7.9%
of which Band 8B	6	13	7	125.0%
of which Band 8C and above	54	52	-1	-2.7%
of which staff within Corporate Areas	987	1,036	49	5.0%
of which Band 4 and below	276	288	12	4.5%
of which Band 5-7	475	489	13	2.8%
of which Band 8A	93	100	7	8.0%
of which Band 8B	54	52	-2	-3.8%
of which Band 8C and above	89	107	18	20.0%
of which staff within R&D	259	278	18	7.1%
Medical and Dental	1,681	1,775	95	5.6%
of which Doctors in Training	668	702	34	5.1%
of which Career grade doctors	268	295	28	10.3%
of which Consultants	745	778	33	4.4%

What the information tells us:

The Trust saw a 5.5% growth in its substantive workforce over the past 12 months and 13.6% over the past 24 months. New services within the Trust (e.g. Movement Surgical Hub, Virtual Ward, Community Diagnostic Centres and Ward U3) as well as lower turnover and reduced vacancies, have all contributed to this high level of growth.
In the past 12 months growth was lowest within the Additional Professional Scientific and Technical staff group, with an increase of 2.6%, and highest within Additional Clinical Services staff group, at 7.2%.
Growth in the past 12 months has been highest in Research & Development, with an 8.3% increase in substantive staff (38 FTE), and lowest in Division A, with an increase of 3.8% (88 FTE).



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

Staff in Post WTE Growth

NHS
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Growth in Administrative and Clerical Staff Group

		12 month growth Apr 2019 to Apr 2024											Latest 1 mth growth			Fin. yr to date growth		Overall growth since Apr 2019	
Executive	Division/Corporate Function	Apr-19 FTE	Apr-20 FTE	Apr-21 FTE	Apr-22 FTE	Apr-23 FTE	Apr-24 FTE	19/20 % growth	20/21 % growth	21/22 % growth	22/23 % growth	23/24 % growth	Jan-25 FTE	Dec 24-Jan 25 FTE growth	Dec 24-Jan 25 % growth	Mar 24-Jan 25 FTE growth	Mar 24-Jan 25 % growth	Apr 19-Jan 25 FTE growth	Apr 19-Jan 25 % growth
Corporate	Chief Executive Officer	45	53	57	55	60	59	17.6%	8.3%	-2.8%	9.3%	-2.1%	90	3	3.5%	29	47.1%	45	100.4%
	Chief Financial Officer	185	187	192	191	195	217	1.4%	2.8%	-0.6%	1.9%	11.5%	224	-3	-1.5%	10	4.7%	40	21.5%
	Director of Innovation, Digital & Improvement	244	245	244	243	241	252	0.2%	-0.2%	-0.6%	-0.7%	4.5%	251	-3	-1.4%	0	0.1%	7	2.8%
	Chief Nurse	53	54	67	64	61	74	2.4%	24.0%	-4.9%	-4.4%	21.8%	81	3	3.9%	7	10.1%	28	52.8%
	Chief Operating Officer	21	27	33	36	42	54	30.8%	21.7%	9.0%	15.4%	29.8%	48	4	7.9%	-6	-10.9%	27	127.7%
	Director of Strategy & Major Projects	8	10	14	11	22	16	15.2%	39.4%	-21.8%	108.8%	-27.2%	19	2	10.7%	1	3.9%	10	121.7%
	Estates & Facilities	92	104	108	118	122	133	12.6%	3.8%	9.1%	3.4%	9.5%	136	-1	-1.0%	4	3.0%	44	47.7%
	Medical Director	22	22	23	20	21	24	0.0%	5.4%	-15.7%	6.8%	12.5%	28	-1	-1.8%	4	18.1%	6	26.1%
	Director of Workforce	117	120	131	138	154	168	2.8%	9.1%	5.1%	11.8%	8.8%	160	1	0.6%	-6	-3.5%	43	37.1%
Corporate Total		**787**	**822**	**870**	**875**	**918**	**997**	**4.4%**	**5.8%**	**0.6%**	**4.9%**	**8.7%**	**1,036**	**4**	**0.4%**	**44**	**4.4%**	**249**	**31.7%**
Clinical	Division A	126	135	144	156	167	168	7.1%	6.0%	9.0%	6.8%	0.5%	180	-4	-2.5%	12	7.0%	53	42.0%
	Division B	425	425	458	462	462	520	0.0%	7.8%	0.7%	0.1%	12.4%	542	4	0.8%	21	4.1%	116	27.4%
	Division C	114	114	114	110	116	121	0.1%	-0.1%	-4.0%	5.8%	4.9%	126	1	0.5%	2	1.9%	12	10.2%
	Division D	214	216	218	221	225	241	0.9%	1.0%	1.2%	2.0%	7.2%	246	3	1.1%	10	4.1%	32	14.8%
	Division E	133	128	134	142	153	154	-3.1%	4.1%	5.9%	8.0%	0.4%	169	7	4.4%	14	8.9%	37	27.7%
Clinical Total		**1,012**	**1,019**	**1,068**	**1,090**	**1,123**	**1,204**	**0.7%**	**4.8%**	**2.1%**	**3.0%**	**7.2%**	**1,262**	**10**	**0.8%**	**59**	**4.9%**	**250**	**24.7%**
R and D	NIHR R & D Operational	167	189	199	207	223	229	13.1%	5.3%	3.9%	8.0%	2.6%	229	0	-0.2%	-5	-2.3%	62	37.3%
	Research Grants Directorate	16	22	23	25	29	44	38.2%	5.9%	7.7%	15.1%	52.4%	48	-1	-2.9%	18	58.2%	32	203.4%
R and D Total		**183**	**211**	**222**	**232**	**252**	**273**	**15.3%**	**5.4%**	**4.3%**	**8.8%**	**8.4%**	**278**	**-2**	**-0.6%**	**12**	**4.7%**	**95**	**51.8%**
Grand Total		**1,982**	**2,052**	**2,160**	**2,197**	**2,293**	**2,474**	**3.5%**	**5.2%**	**1.7%**	**4.4%**	**7.9%**	**2,576**	**13**	**0.5%**	**115**	**4.7%**	**594**	**29.9%**

What the information tells us:
From April 2019 to January 2025 the Administrative and Clerical FTE has grown by 29.9%. The financial year with the highest growth was 2023/24, where staffing increased by 7.9%. Research Grants has seen an increase of 32 FTE from April 2019 to January 2025 (a 203% increase). Division A has had the largest Administrative and Clerical growth of the clinical divisions - increasing by 42% (53 FTE) since April 2019 – mainly within General Surgery, Critical Care and Theatres.
Other areas with high percentage growth since April 2019 include Offices of the Chief Operating Officer, Director of Strategy and Major Projects, Chief Executive Officer and Chief Nurse.
From March 2024 to date the Administrative and Clerical workforce has grown by 4.7% (115 FTE). In the last month the workforce has increased by 13 FTE (0.5%).

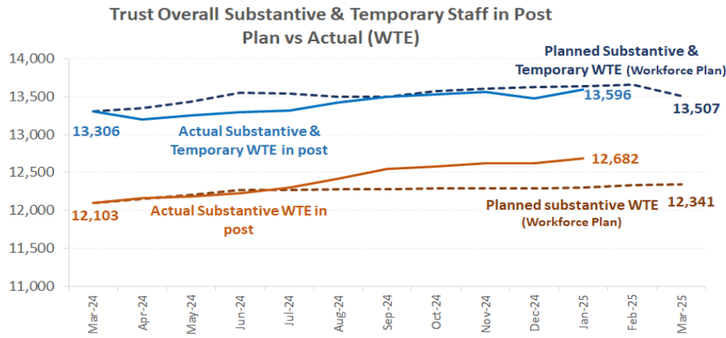
Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

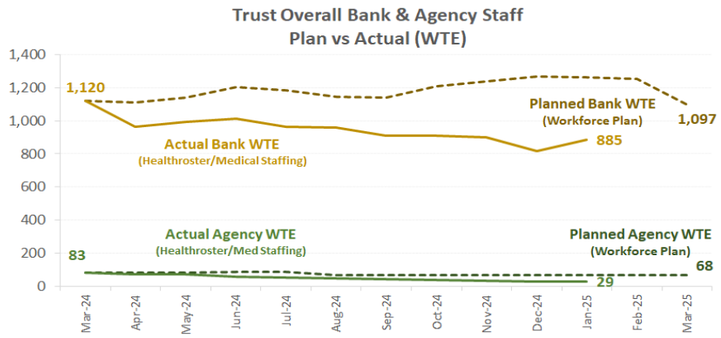
Plan versus actual - Staff in Post WTE

Cambridge University Hospitals NHS Foundation Trust

As at M10 - Workforce Plan vs Actual Staff in post WTE

		Mar 24 baseline (actuals)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Movement Mar-Jan	Feb-25	Mar-25	Planned movement Mar 24-Mar 25
Workforce Plan - planned WTE	Substantive	12,103	12,156	12,210	12,264	12,266	12,283	12,284	12,292	12,293	12,292	12,306	202	12,333	12,341	238
	Bank	1,120	1,113	1,138	1,202	1,183	1,144	1,141	1,210	1,239	1,269	1,260	141	1,251	1,097	-22
	Agency	83	81	84	87	87	68	68	68	68	68	68	-15	68	68	-15
	All Staff	13,306	13,350	13,433	13,553	13,536	13,494	13,492	13,570	13,601	13,630	13,634	328	13,652	13,507	201
Actual WTE in post (ESR/Healthroster/ Medical Staffing)	Substantive	12,103	12,162	12,186	12,224	12,300	12,414	12,541	12,583	12,626	12,624	12,682	579			
	Bank	1,120	965	992	1,014	964	956	910	911	898	819	885	-234			
	Agency	83	70	72	57	54	47	42	37	32	29	29	-54			
	All Staff	13,306	13,197	13,250	13,296	13,318	13,417	13,493	13,532	13,557	13,472	13,596	291			





Note: An additional 23 WTE has been agreed in year. These are not included in the charts or table above, but the list of positions is included in the table below. Charts opposite have been updated to illustrate the planned position submitted to NHSE. Previous charts provided an internal target plan.

What the information tells us:
Overall WTE is below plan in the tenth month of the financial year due to lower levels of bank and agency staff than projected. Substantive staff have increased by 58 WTE from December 2024 to January 2025 (0.5% increase), which is over plan for monthly growth. Bank staff usage increased by 8.1% from last month, and agency usage decreased by 1.2%. Temporary staffing overall remains under the plan for January.

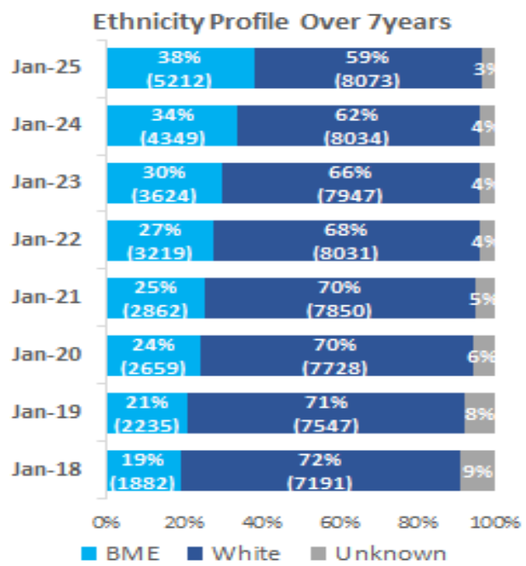
Additional posts agreed since budget setting:

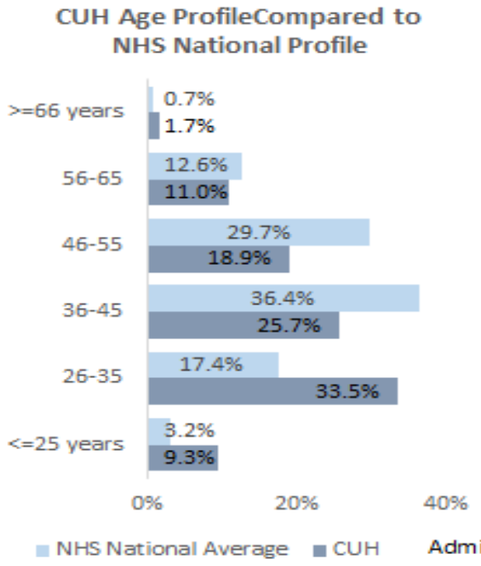
Division	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 9	Grand Total
Corporate	8		3	2	1		2	1	17
Division A				1					1
Division D						1			1
Division E		4							4
Grand Total	8	4	3	3	1	1	2	1	23

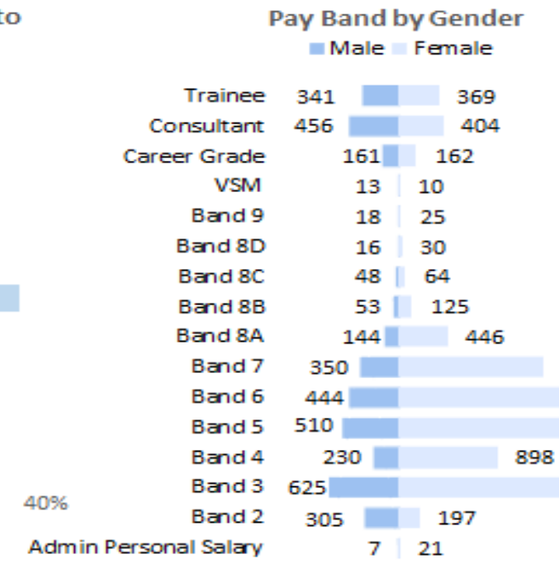
Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

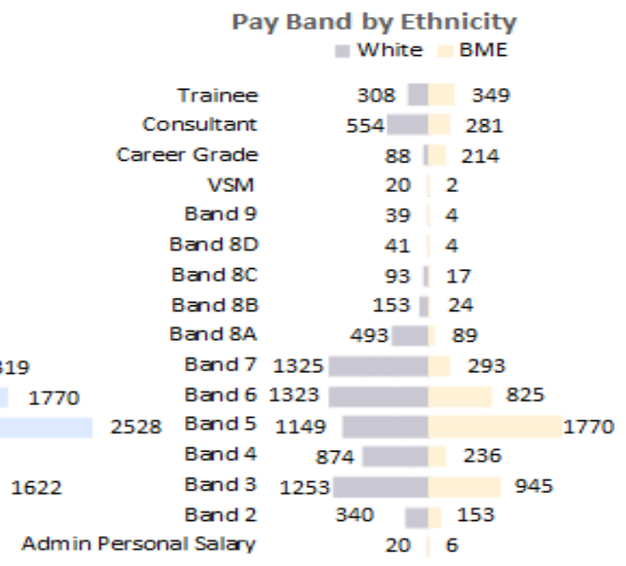
Equality Diversity and Inclusion (EDI)

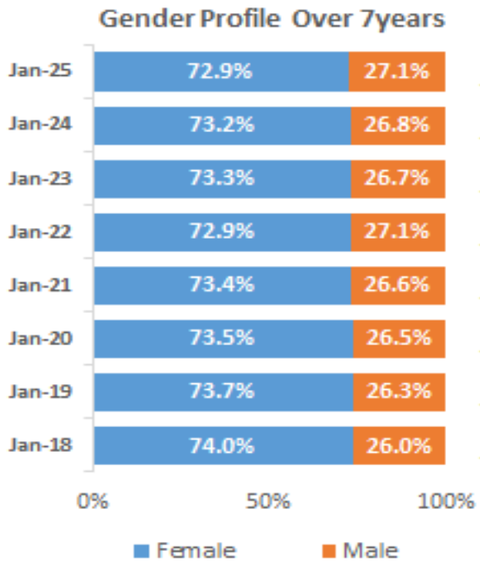
NHS
Cambridge University Hospitals
NHS Foundation Trust

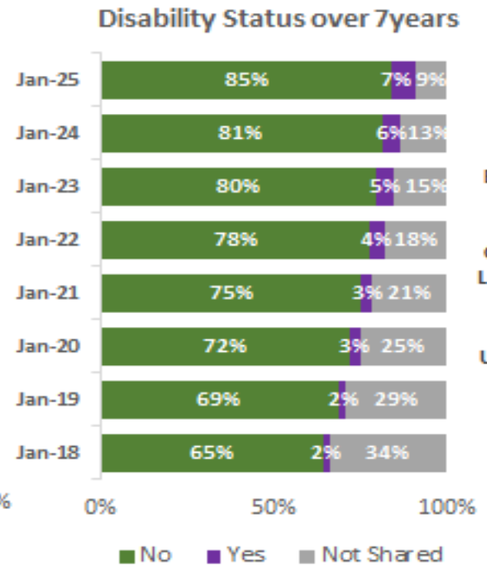


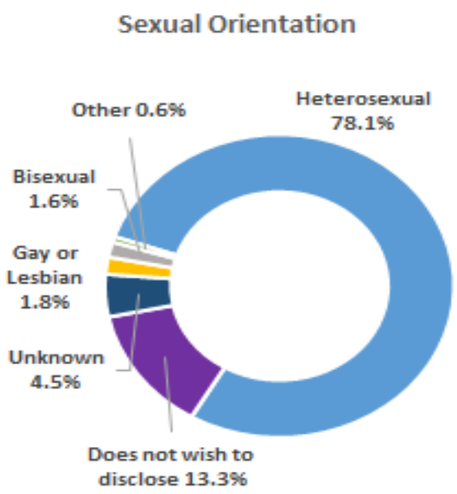












What the information tells us:

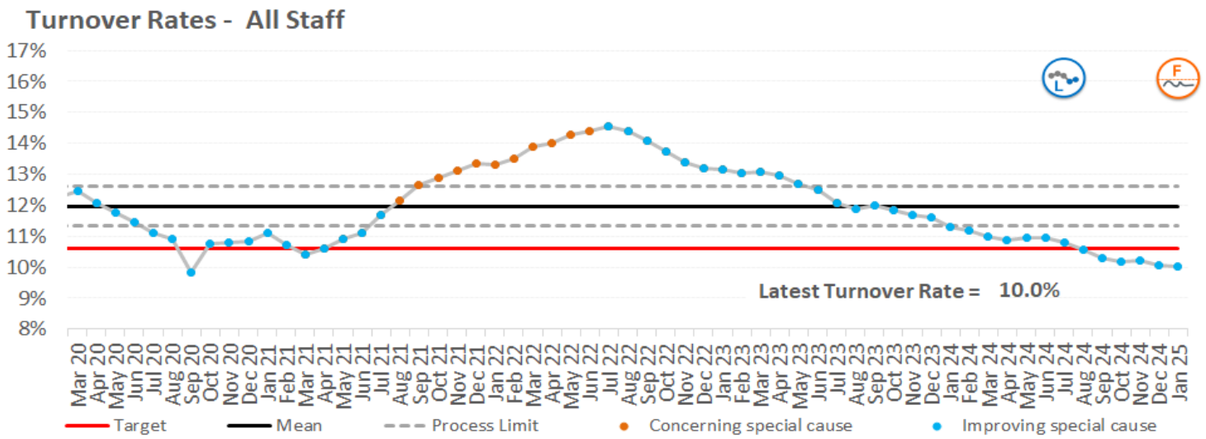
- CUH has a younger workforce compared to NHS national average. The majority of our staff are aged 26-45 which accounts for 59% of our total workforce.
- The percentage of BME workforce increased significantly by 19% over the 7 year period and currently make up 38% of the CUH substantive workforce.
- The percentage of male staff increased by 1.1% to 27.1% over the past seven years.
- The percentage of staff recording a disability increased by 5% to 6.6% over the seven year period. However, there are still significant gaps between the data recorded about our staff on ESR compared with the information staff share about themselves when completing the National Staff Survey.
- There remains a high proportion of staff who have, for a variety of reasons, not shared their sexual orientation.

Author(s): Chloe Schafer, Amanda Wood

Owner(s): David Wherrett

Staff Turnover

Cambridge University Hospitals NHS Foundation Trust



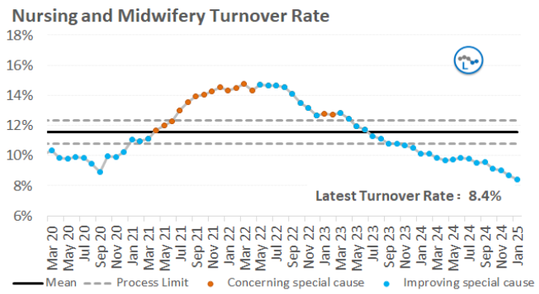
Background Information: Turnover describes the rate that employees leave an establishment. Staff turnover is calculated by the number of leavers from the Trust over the previous twelve months as a percentage of the total number of employed staff at a given time. (Excludes all fixed term contracts including junior doctors).

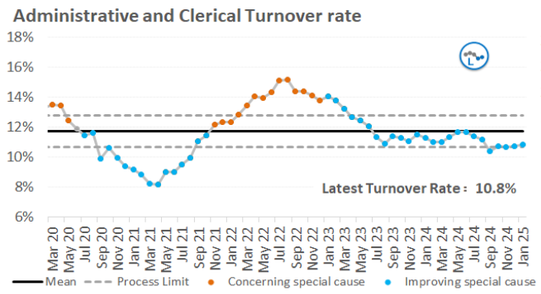
What the information tells us:

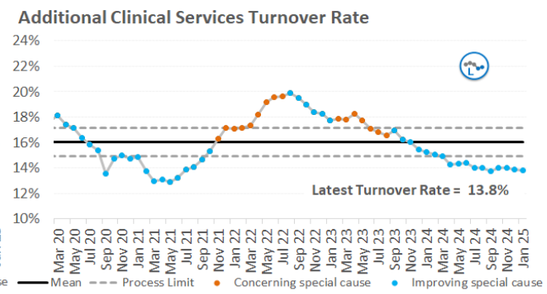
The Trust turnover rate has been decreasing since July 2022. This month saw a slight reduction of 0.1% to 10%, which is 1.3% lower than a year ago and under the Trust target of 10.6%.

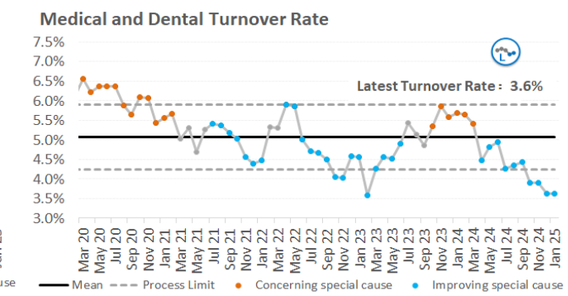
Additional Professional Scientific and Technical staff group had the highest turnover rate at 14.7% in January 2025, which is 5.4% higher than a year ago.

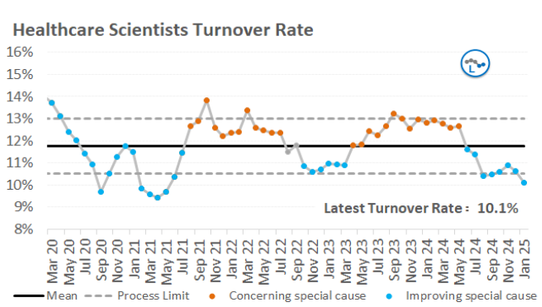
Healthcare Scientists staff group has had the greatest turnover reduction in the last year - reducing by 2.7% to 10.1% in January 2025.

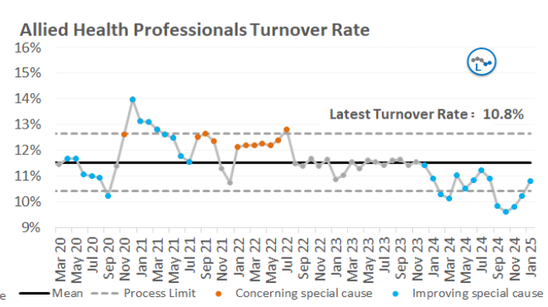


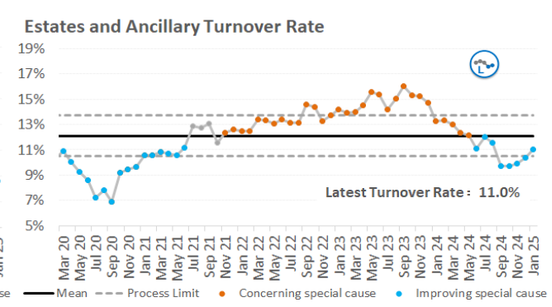


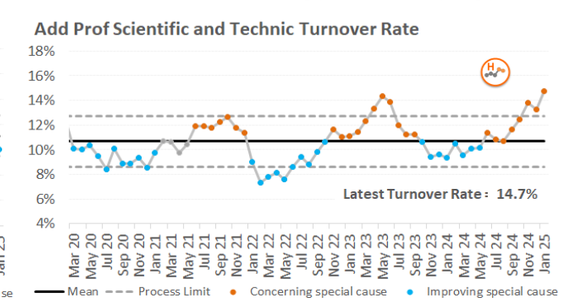








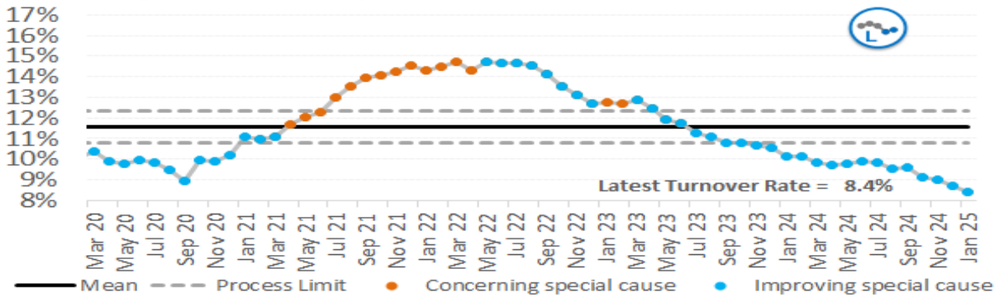




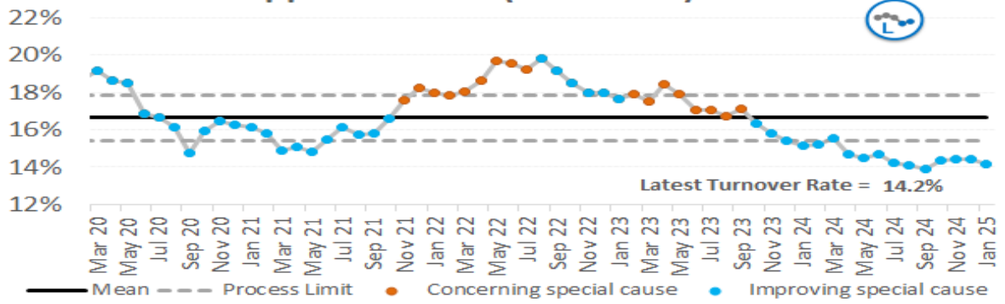
Turnover for Nursing & Midwifery Staff Group (Registered & Non-Registered)

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NHS Foundation Trust

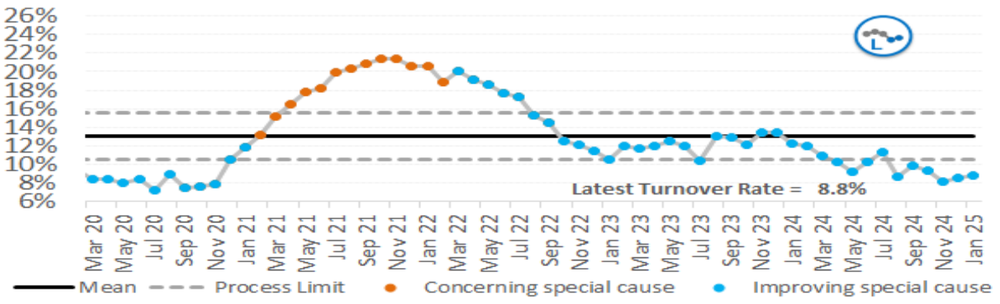
Nursing & Midwifery Turnover Rate



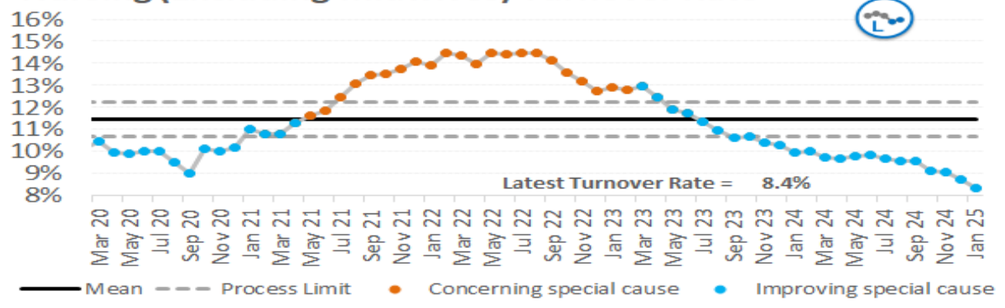
Health Care Support Worker (incl. MSW) Turnover Rate



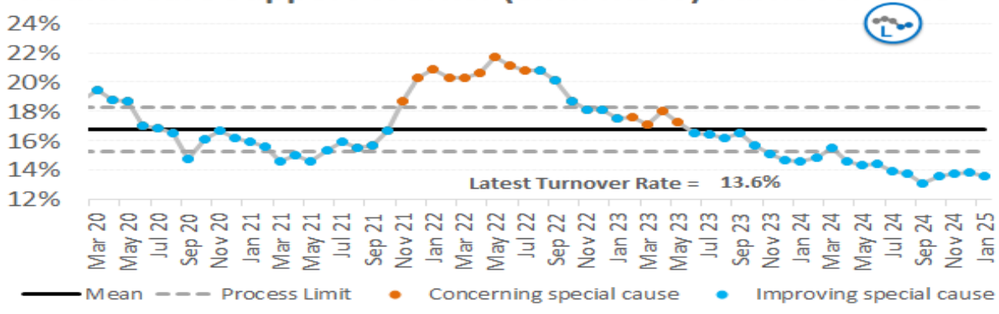
Midwife Turnover Rate



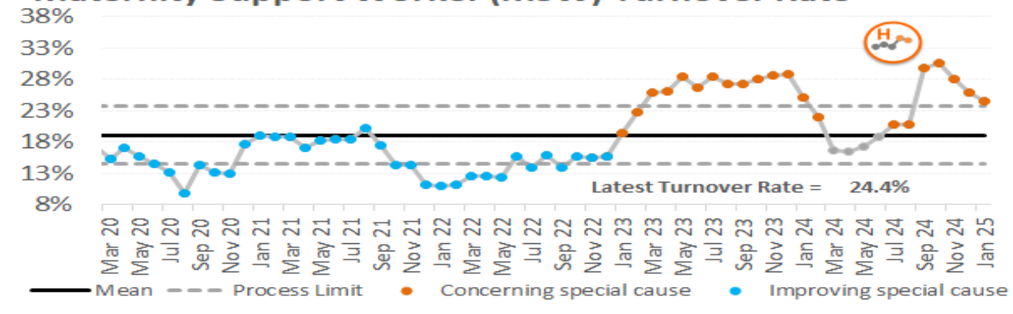
Nursing (Excluding midwives) Turnover Rate



Health Care Support Worker (excl. MSW) Turnover Rate

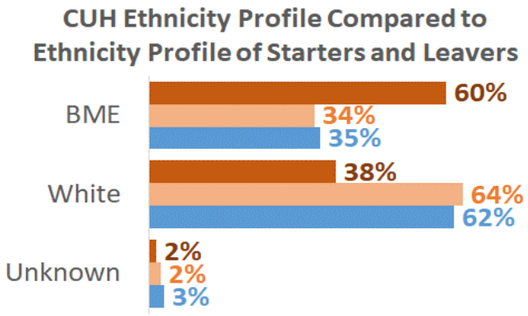


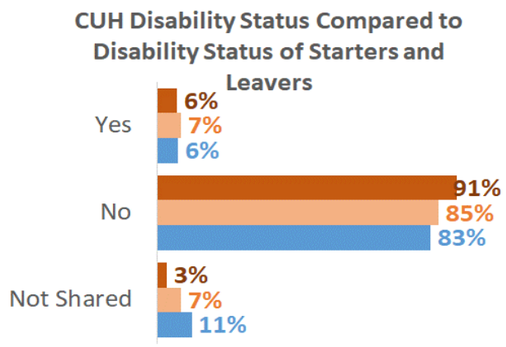
Maternity Support Worker (MSW) Turnover Rate

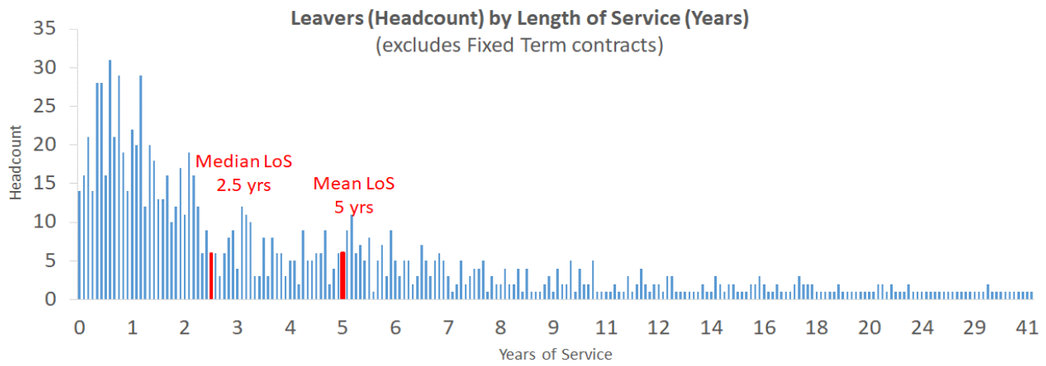


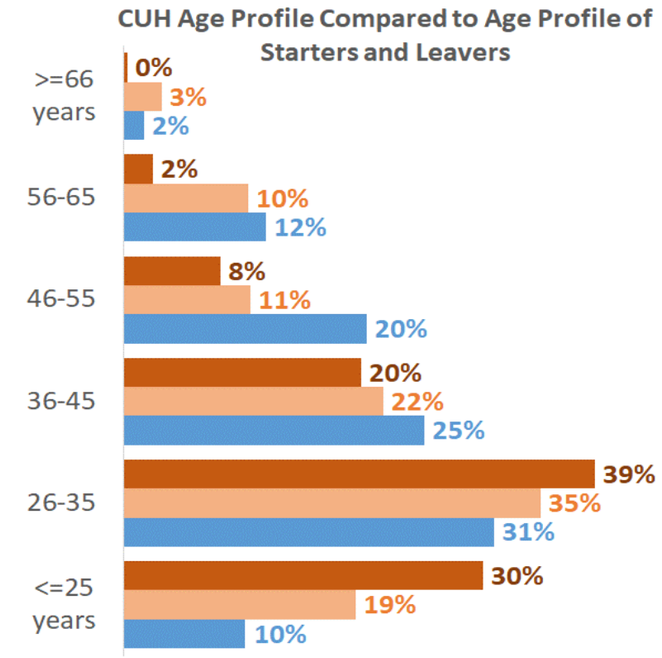
Starters & Leavers - last 12 months

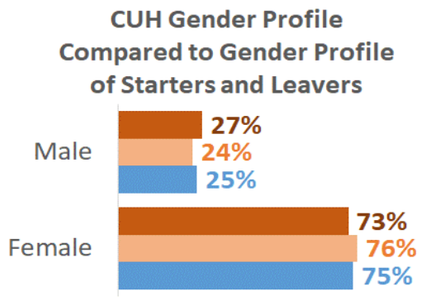
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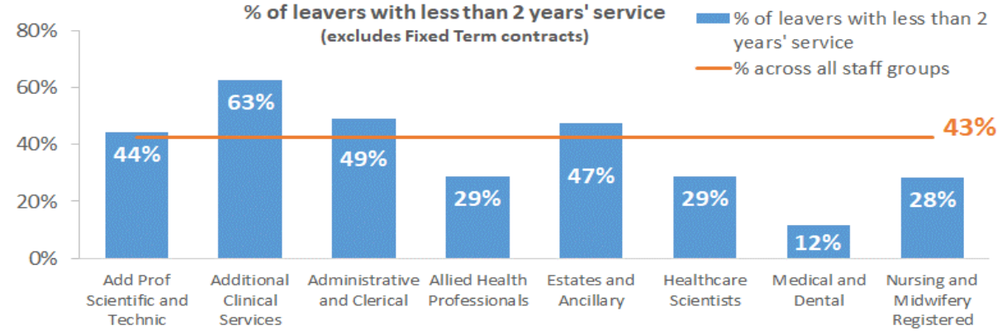












What the information tells us:

In the month of January there were a total of 116 WTE leavers from the Trust, and 187 WTE starters to the Trust (includes fixed term & permanent staff).

The majority of starters to, and leavers from the Trust in the last 12 months were aged 35 yrs. or under (69% and 54% respectively), which is higher than the proportion of staff in post of this age (41%). Gender and disability status are generally equally represented in the starters and leavers data when compared to the Trust profile, however there is a slightly higher proportion of females leaving the Trust. 60% of our starters in the last 12 months were from black and minority ethnic groups, compared to 35% of the staff profile.

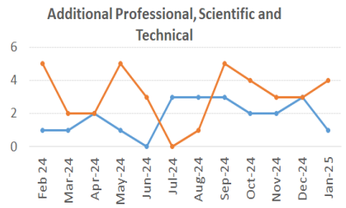
A significant proportion of leavers leave the Trust within 2 years of starting (43%), and within Additional Clinical Services staff group there is a much greater proportion than average - 63%. The average (mean) length of service of all leavers is 5 years, with a median of 2.5 years.

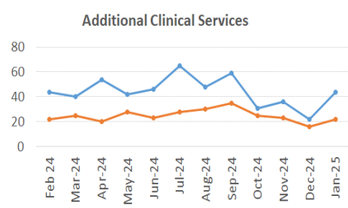
Author(s): Chloe Schafer, Amanda Wood

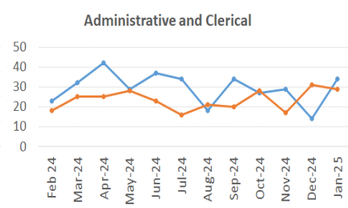
Owner(s): David Wherrett

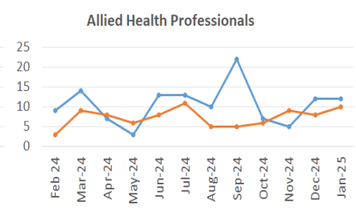
Starters & Leavers - Last 12 months

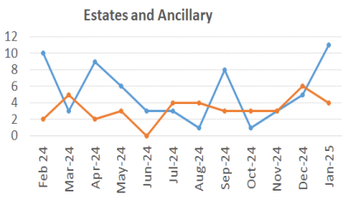
Cambridge University Hospitals NHS Foundation Trust

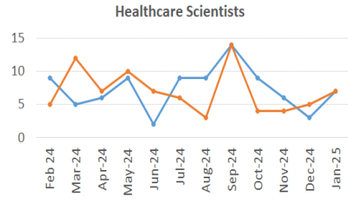


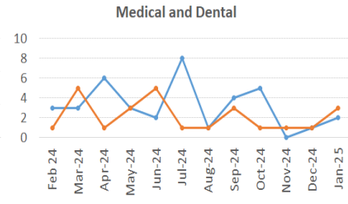


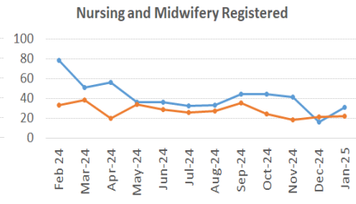




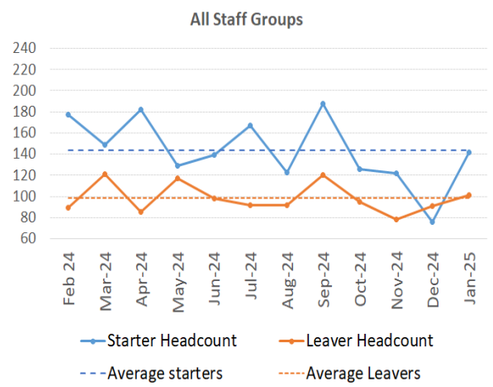




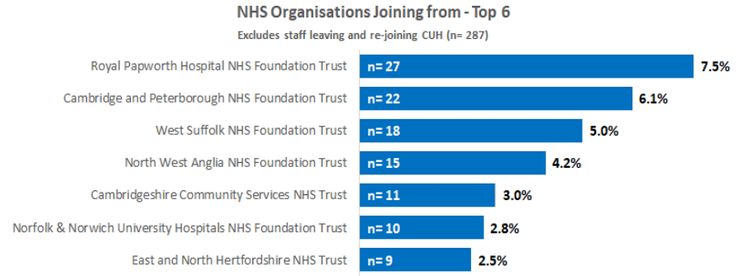


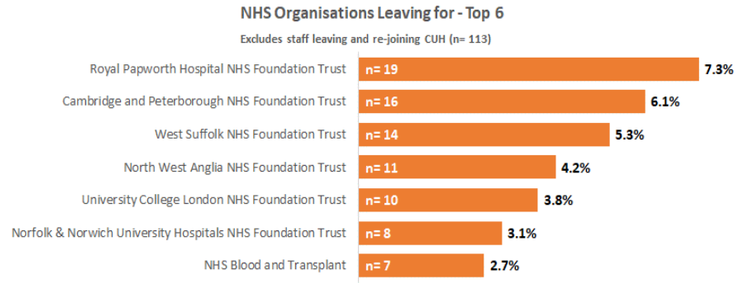


Starter Headcount Leaver Headcount



Top 10 Leaving Reasons Excludes staff leaving and re-joining CUH (n= 113)	Number of Leavers (Headcount)	% of all Leavers
Voluntary Resignation - Relocation	316	27%
Voluntary Resignation - Work Life Balance	225	19%
Voluntary resignation - Pay and Reward Related	103	9%
Voluntary Resignation - Promotion	86	7%
Voluntary Resignation - Other/Not Known	86	7%
Voluntary Resignation - Health	60	5%
Retirement Age	54	5%
End of Fixed Term Contract	51	4%
Voluntary Resignation - To undertake further education or training	30	3%
Voluntary Early Retirement - with Actuarial Reduction	29	2%





What the information tells us:

The top three reasons for leaving are Voluntary Resignation - due to relocation (27%), for work/life balance (19%) and pay and reward related (9%).

The top destination on leaving (other than unknown) over the last 12 months is to another NHS organisation. The most popular external NHS organisation to join from and leave to was Royal Papworth NHS Foundation Trust.

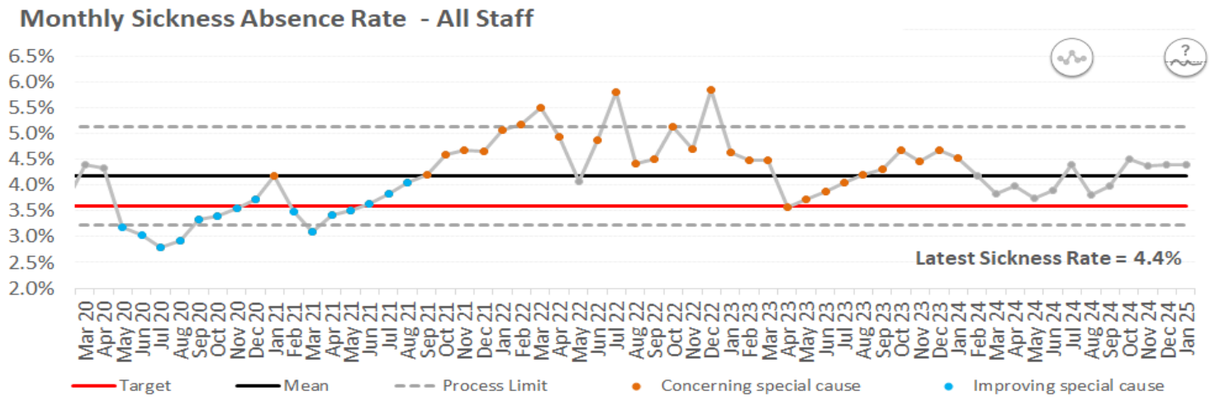
In the month of January 2025 alone the most popular destination on leaving (other than unknown) was to another NHS organisation (37% of leavers).

Excludes Fixed Term and Locum Medical and Dental staff, and staff leaving and returning to CUH (as bank only/retire and return etc.)

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

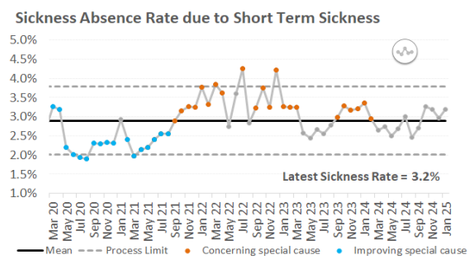
Sickness Absence

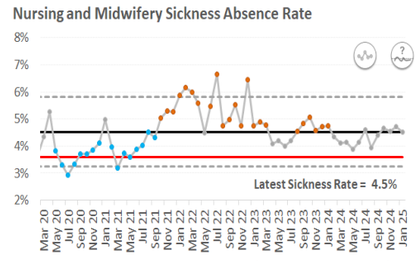
Cambridge University Hospitals NHS Foundation Trust

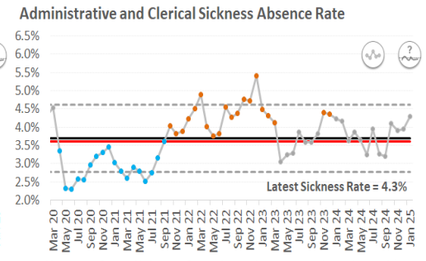


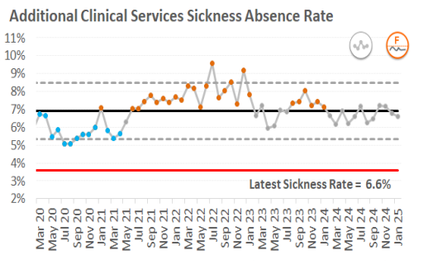
Background Information: Sickness Absence is a monthly metric and is calculated as the percentage of FTE days missed in the organisation due to sickness during the reporting month.

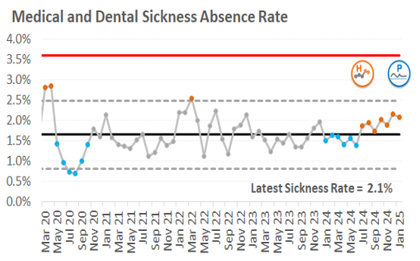
What the information tells us: Overall monthly sickness absence has remained at the same rate for the last three months, at 4.4% in January 2025. This is 0.1% lower than January last year.
The sickness absence rate due to short term illness is 3.2%, with the long term sickness rate at 1.2%.
Additional Clinical Services and Estates and Ancillary staff groups have the highest sickness absence rates at 6.6%, followed by Nursing and Midwifery at 4.5%.

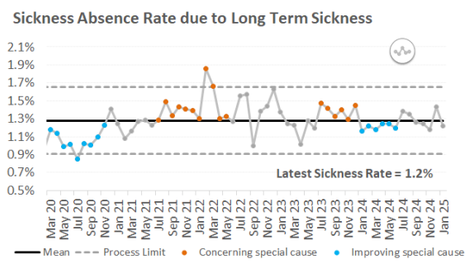


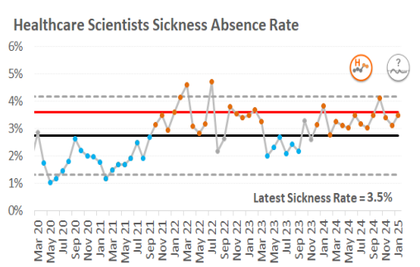


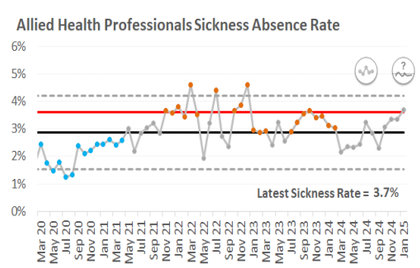


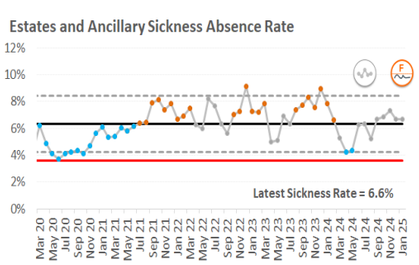


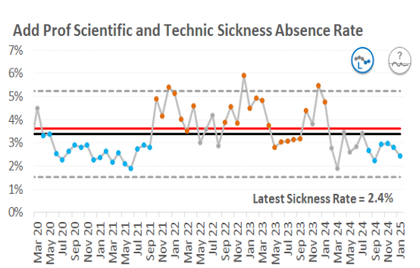








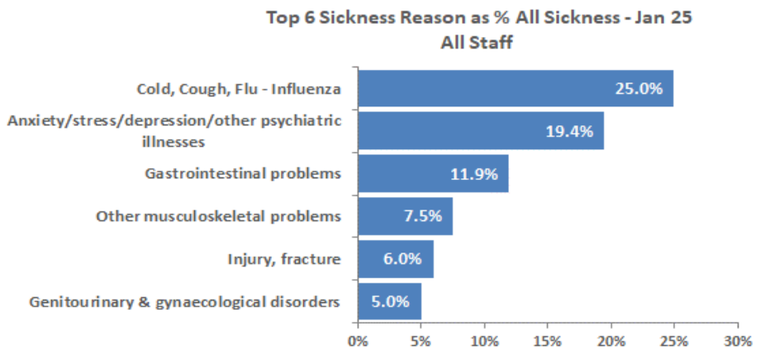




Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

Top Six Sickness Absence Reason

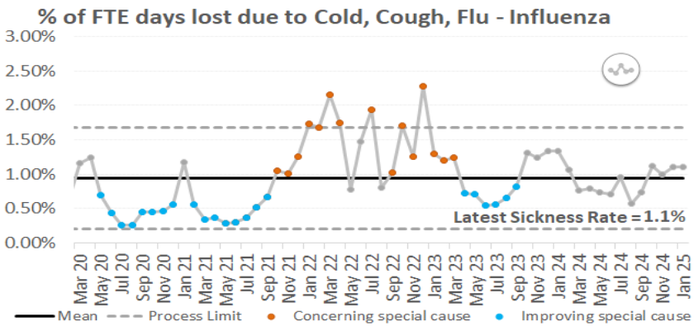
NHS
Cambridge University Hospitals
NHS Foundation Trust

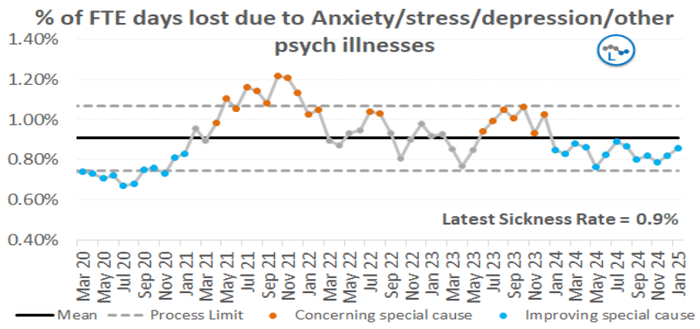


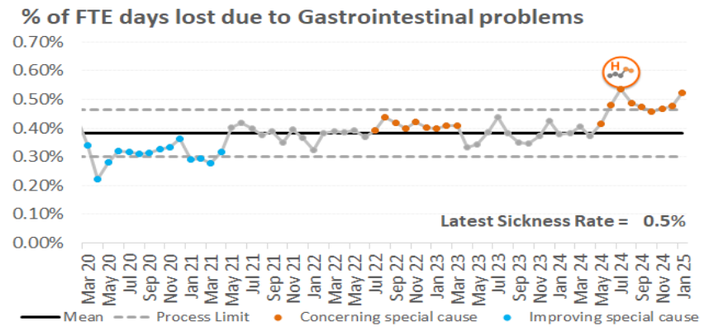
Background Information: Sickness Absence reason is provided as a percentage of all FTE days missed due to sickness during the reporting month.

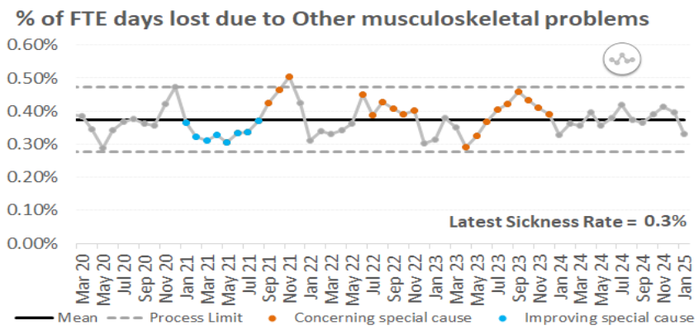
What the information tells us: The top reason for sickness absence in January 2025 was Cold, Cough, Flu - Influenza, with an absence rate of 1.1%. This is the same rate as last month and 0.2% lower than January last year.

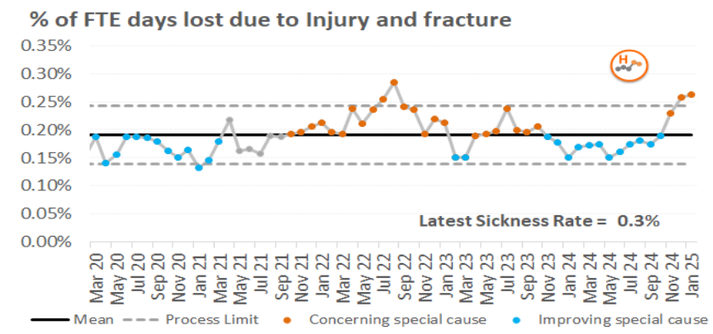
As a percentage of all sickness absence Cold, Cough, Flu - Influenza accounts for 25% of the overall figure.

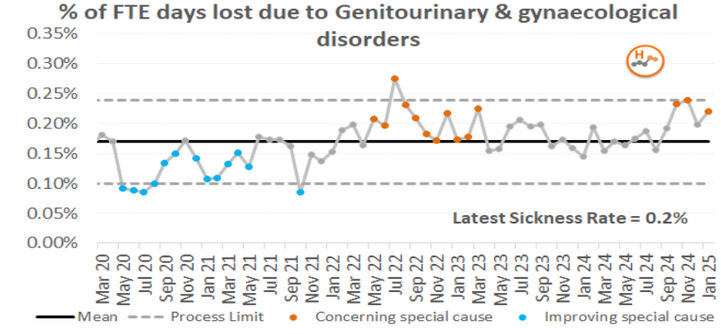








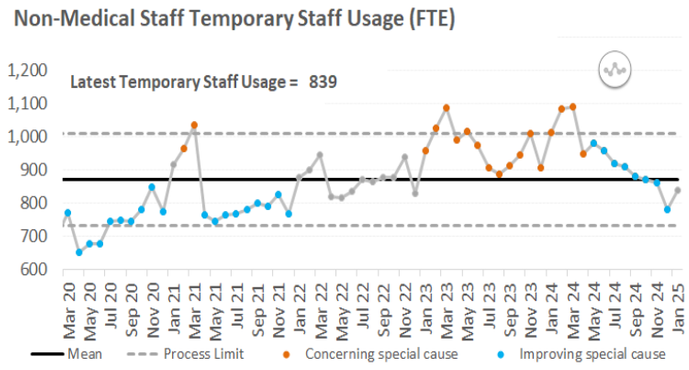


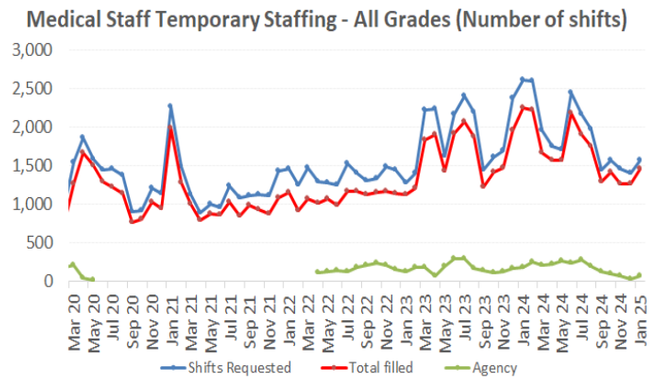


Author(s): Chloe Schafer, Amanda Wood **Owner(s): David Wherrett**

Temporary Staffing

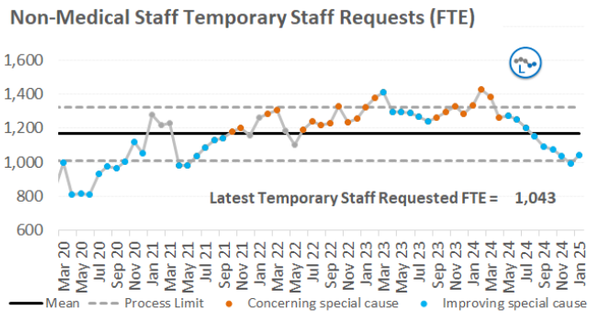
NHS Cambridge University Hospitals NHS Foundation Trust

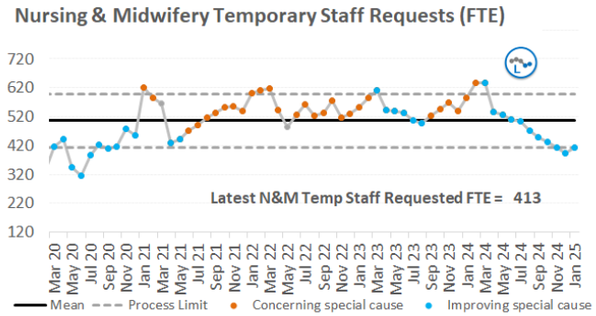


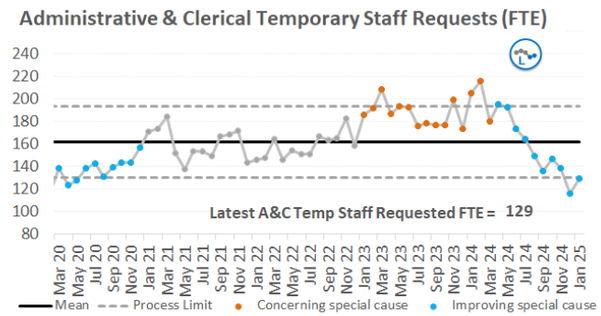


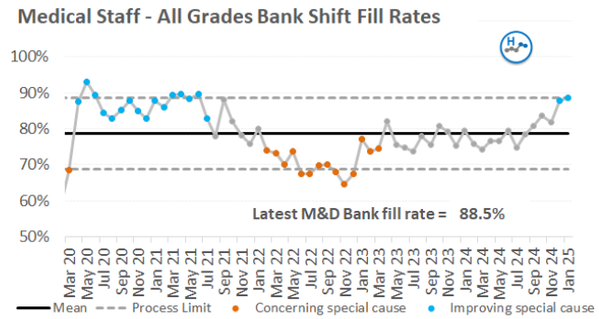
Background Information: The Trust works to ensure that temporary vacancies are filled with workers from staff bank in order to minimise agency usage, ensure value for money and to ensure the expertise and consistency of staffing.

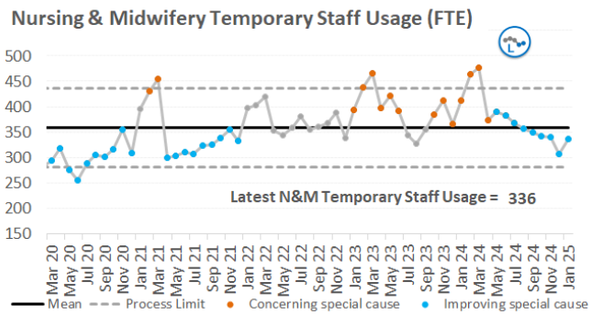
What the information tells us: Non-medical temporary staffing demand increased by 4.9% (48 WTE) from last month, with fill rates increasing by 2.5% to 80%.
Nursing and midwifery agency usage decreased by 1 WTE from last month to 2.8 WTE. This accounts for 0.8% of the total nursing filled shifts.
Top three reasons for request are vacancy (33%), sickness requiring cover (23%) and increased workload (16%).
Medical demand increased by 12% from December to January, with a fill rate of 93% (5% agency, 89% bank).

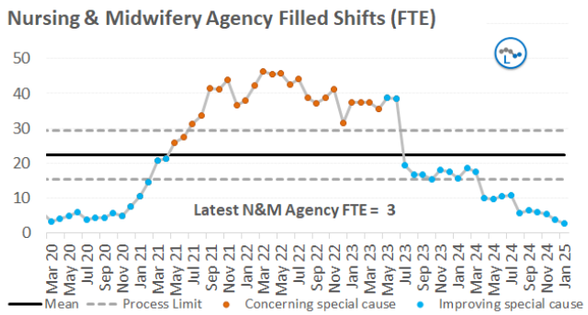


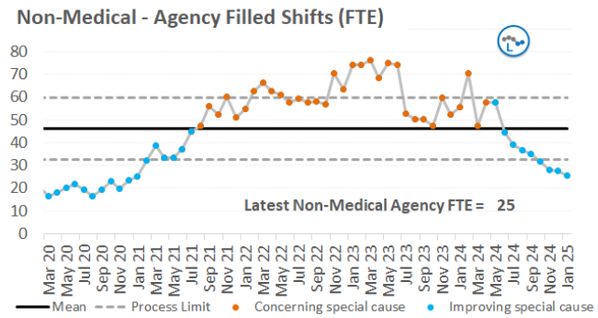


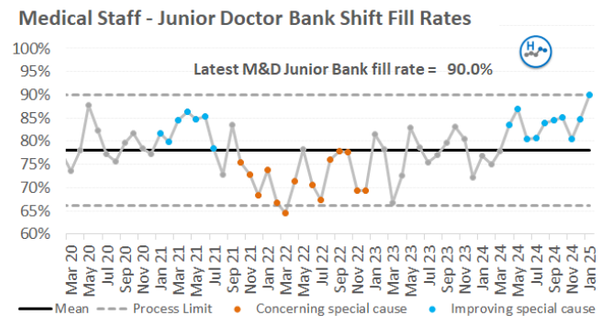






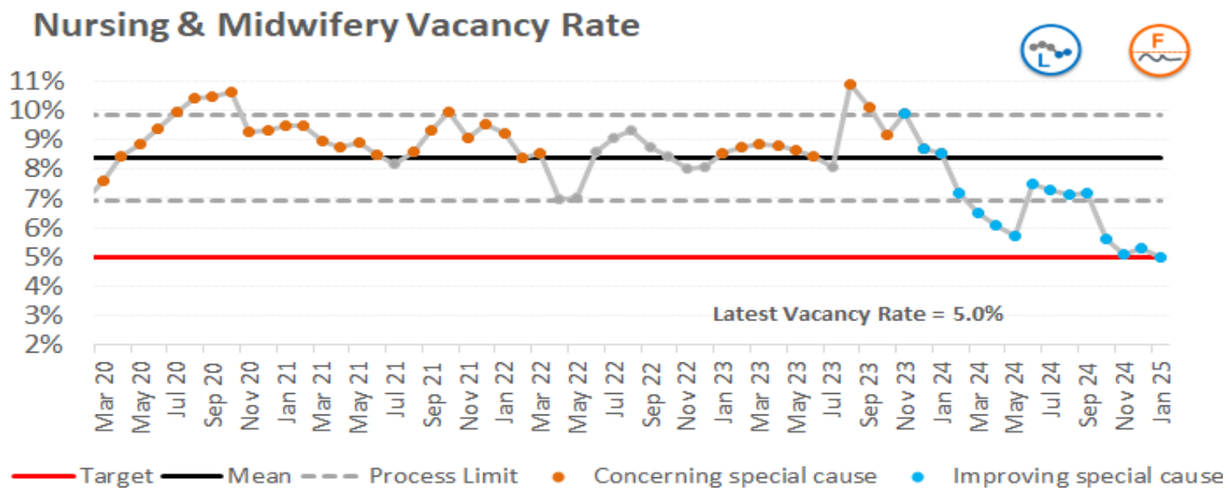






ESR Vacancy Rate

Cambridge University Hospitals NHS Foundation Trust

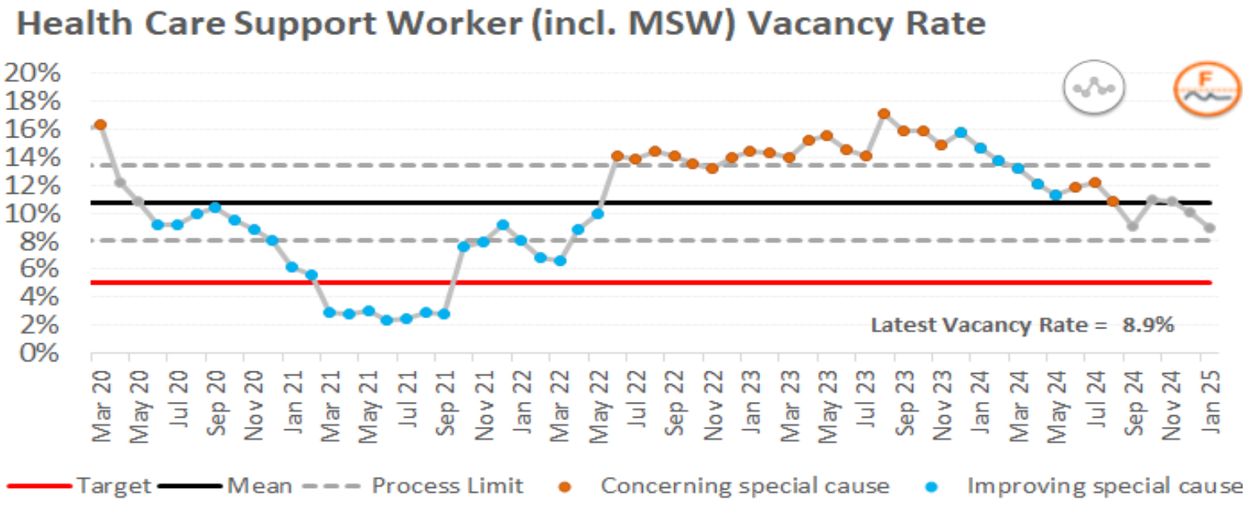


Background Information: Vacancy rate provides vacancy information based on established posts within an organisation. The figures below relate to ESR data for clinical areas only and includes pay bands 2-4 for Health Care Support Workers and 5-7 for Nurses and Midwives.

What the information tells us:
Updated budgeted WTE data was loaded to ESR for Nursing and Midwifery and Health Care Support Workers in Clinical Divisions from June 2024 and is reconciled on a monthly basis to the budgets in the general ledger held by Finance, as set at the start of the financial year.

In January the vacancy rate for Nursing and Midwifery decreased by 0.3% to 5%, meeting the Trust 5% target.

The vacancy rate for Health Care Support Workers decreased by 1.1% to 8.9% in January, and remains above the 5% target rate.



Mandatory Training by Division & Staff Group

NHS Cambridge University Hospitals NHS Foundation Trust

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

Thresholds for **Induction** & Information Governance Incl. GDPR & Cyber Security training: Less than 80% | 80% to 94% | 95% or higher

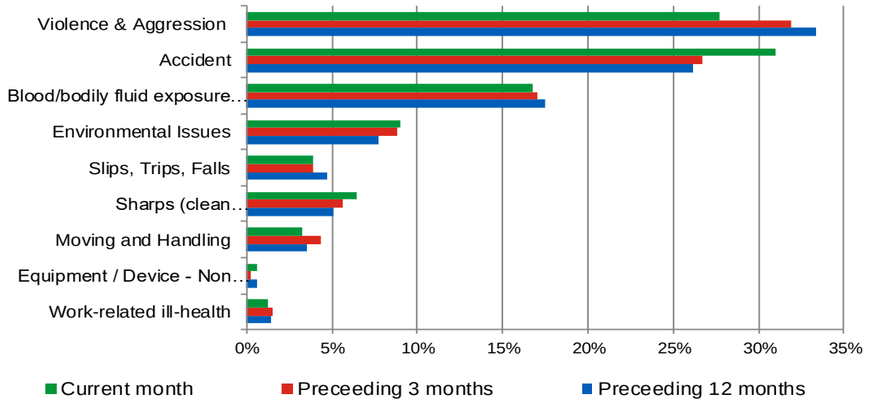
Thresholds for **Core Mandatory** training excl. Information Governance incl. GDPR & Cyber Security training: Less than 75% | 75% to 89% | 90% or higher

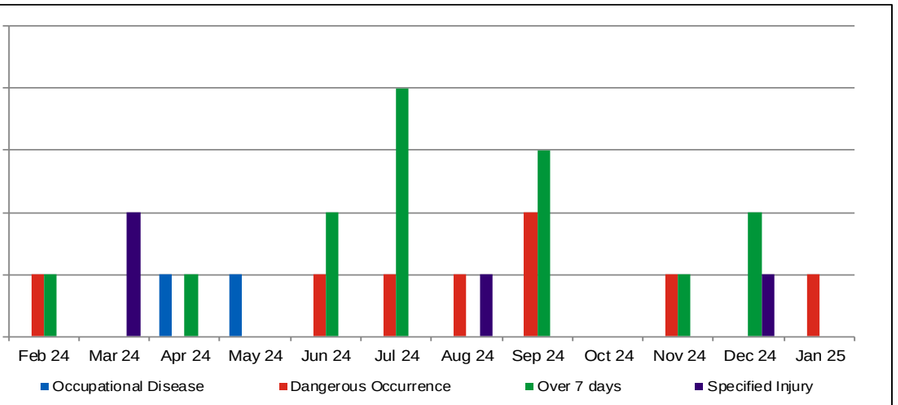
		No. Staff Requiring Competency	Frequency	Delivery Method	Variance from last month (percentage point)	Trust Total	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental		Nursing and Midwifery Registered
													Consultant	Non-Consultant	
Ind'tn	Corporate Induction	1,872	one-off	f2f	0.0%	(33)97.4%	(0)100.0%	(11)97.1%	(2)99.2%	(4)95.9%	(2)94.9%	(0)100.0%	(8)86.7%	(157)71.4%	(14)96.6%
	Local Induction	1,872	one-off	f2f	-1.8%	(346)81.5%	(0)100.0%	(49)86.9%	(34)86.8%	(12)87.8%	(2)94.9%	(7)89.9%	(19)68.3%	(164)70.1%	(59)85.5%
Other Core Mandatory	Conflict Resolution	12,713	3 yrs	el	-0.8%	(412)96.8%	(9)96.4%	(49)97.7%	(65)97.5%	(13)98.3%	(14)96.4%	(21)97.1%	(30)96.4%	(86)90.9%	(125)97.0%
	Equality, Diversity and Human Rights	12,713	3 yrs	el	-0.9%	(467)96.3%	(12)95.1%	(56)97.3%	(74)97.2%	(22)97.1%	(19)95.1%	(19)97.4%	(39)95.3%	(83)91.2%	(143)96.5%
	Health, Safety and Welfare	12,713	3 yrs	el	-0.8%	(484)96.2%	(9)96.4%	(54)97.4%	(84)96.8%	(19)97.5%	(16)95.8%	(25)96.6%	(42)94.9%	(96)89.8%	(139)96.6%
	Information Governance including GDPR and Cyber Security	12,713	1 yr	el	-2.8%	(1345)89.4%	(22)91.1%	(240)88.5%	(231)91.2%	(63)91.8%	(57)85.2%	(71)90.2%	(75)90.9%	(168)82.2%	(418)89.9%
	Basic Prevent Awareness	10,715	3 yrs	el	-1.1%	(533)95.0%	(7)97.1%	(67)96.6%	(85)96.7%	(30)95.7%	(18)95.3%	(21)97.0%	(38)93.7%	(109)83.8%	(158)94.4%
	Prevent Level Three (WRAP)	1,998	3 yrs	el	-0.5%	(142)92.9%	(0)100.0%	(6)95.7%	(0)100.0%	(2)96.8%		(1)93.8%	(5)97.7%	(46)83.2%	(82)93.6%
Resuscitation	Adult Basic Life Support Practical - 1 Year	415	1 yr	f2f	-2.2%	(65)84.3%		(16)82.8%		(1)80.0%					(48)84.9%
	Adult Basic Life Support Practical - 2 Year	8,080	4 yrs	f2f	-0.1%	(742)90.8%	(4)90.5%	(159)89.8%	(8)77.8%	(48)93.7%	(0)100.0%	(5)96.0%	(85)89.7%	(247)73.8%	(186)95.1%
	Advanced Life Support	36	4 yrs	f2f	0.6%	(1)97.2%				(0)100.0%			(0)100.0%	(0)100.0%	(1)96.8%
	Advanced Paediatric Life Support	112	2 yrs	f2f	0.4%	(57)49.1%								(0)100.0%	(57)48.6%
	Basic Life Support e-learning	8,494	1 yr	el	-2.1%	(1118)86.8%	(1)97.6%	(218)86.8%	(7)80.6%	(80)89.5%	(0)100.0%	(17)86.3%	(90)89.1%	(249)73.6%	(456)88.9%
	Immediate Life Support (ILS)	737	1 yr	f2f	-4.2%	(197)73.3%		(4)33.3%				(5)76.2%	(2)0.0%	(0)100.0%	(186)73.7%
	Newborn Basic Life Support (NBLS)	570	1 yr	Blended	-2.5%	(81)85.8%		(11)84.7%	(0)100.0%				(3)83.3%	(1)97.2%	(66)85.1%
	Paediatric Basic Life Support (PBLS)	2,741	1 yr	Blended	0.1%	(300)89.1%	(1)90.0%	(82)86.8%	(1)0.0%	(61)92.0%		(3)96.8%	(18)85.7%	(29)78.2%	(105)89.5%
	Paediatric Immediate Life Support (PILS)	342	1 yr	f2f	-0.7%	(95)72.2%				(0)100.0%				(0)100.0%	(95)72.1%
Fire	Fire Evacuation	6,566	1 yr	f2f/el	-1.7%	(909)86.2%	(0)100.0%	(262)84.1%	(2)93.8%	(51)91.6%	(27)71.9%	(4)93.3%			(563)86.3%
	Fire Safety Awareness	12,713	2 yrs	el	-1.3%	(705)94.5%	(11)95.5%	(94)95.5%	(124)95.3%	(27)96.5%	(25)93.5%	(28)96.1%	(61)92.6%	(153)83.8%	(182)95.6%
Infect Ctrl	Infection Prevention and Control - Level 1 - 2 Years	6,174	2 yrs	el	-1.4%	(301)95.1%	(3)96.2%	(22)97.2%	(112)95.6%	(2)98.9%	(20)94.7%	(29)95.4%	(10)84.4%	(78)86.9%	(25)97.3%
	Infection Prevention and Control - Level 2 - 2 Years	6,539	2 yrs	el	-1.0%	(379)94.2%	(10)94.0%	(82)93.8%	(7)91.4%	(29)95.0%	(0)100.0%	(1)98.9%	(45)94.1%	(59)83.1%	(146)95.4%
Moving & Handling	Moving and Handling - Level 1	12,713	2 yrs	el	-1.1%	(730)94.3%	(13)94.7%	(102)95.1%	(120)95.4%	(31)96.0%	(6)98.4%	(32)95.6%	(65)92.1%	(153)83.8%	(208)95.0%
	Moving and Handling - Level 2	6,526	2 yrs	f2f	0.4%	(615)90.6%	(2)91.3%	(165)89.9%	(4)66.7%	(69)89.7%	(0)100.0%	(14)85.6%			(361)91.2%
	Patient Moving and Handling - e-learning	6,528	1 yr	el	-1.2%	(619)90.5%	(1)95.8%	(165)89.9%	(4)66.7%	(50)92.5%	(0)100.0%	(10)89.7%			(389)90.5%
Safeg'dg Adults	Safeguarding Adults - Level 1	8,505	3 yrs	el	-0.8%	(426)95.0%	(7)97.0%	(71)96.6%	(92)96.5%	(2)98.6%	(18)95.3%	(24)96.7%	(8)88.6%	(106)39.8%	(98)95.3%
	Safeguarding Adults - Level 2	4,666	3 yrs	el	-1.4%	(419)91.0%	(10)94.8%	(93)94.6%	(16)89.9%	(10)93.1%	(0)100.0%	(9)93.6%	(9)87.1%	(115)34.7%	(157)92.4%
	Safeguarding Adults - Level 3	4,352	3 yrs	el	0.3%	(591)86.4%	(0)100.0%	(1)87.5%		(38)93.9%		(0)100.0%	(49)93.6%	(260)71.0%	(243)88.1%
Safeg'dg Children	Safeguarding Children - Level 1	12,713	3 yrs	el	-1.0%	(585)95.4%	(8)96.8%	(62)97.0%	(85)96.7%	(24)96.9%	(18)95.3%	(23)96.8%	(38)95.4%	(124)86.9%	(203)95.1%
	Safeguarding Children - Level 2	8,849	3 yrs	el	-0.8%	(579)93.5%	(12)94.1%	(61)96.4%	(14)90.5%	(32)95.8%	(0)100.0%	(4)97.2%	(46)94.4%	(137)85.5%	(273)93.4%
	Safeguarding Children - Level 3	1,570	3 yrs	f2f/el	0.1%	(174)88.9%	(1)88.9%	(6)92.1%	(1)90.9%	(8)88.7%		(0)100.0%	(16)92.3%	(28)85.1%	(114)88.5%
	Safeguarding Children - Level 3 - 1 Year	376	1 yr	f2f/el	-4.8%	(61)83.8%		(5)91.4%					(2)86.7%	(17)34.6%	(37)86.6%
Overall Compliance					-1.1%	92.9%	95.3%	93.5%	95.7%	94.5%	94.0%	95.5%	93.0%	81.9%	92.7%

Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

No. of health and safety incidents reported by division:	Trustwide	Division A	Division B	Division C	Division D	Division E	Corporate	Estates
No. of health and safety incidents reported in a rolling 12 month period:	**1999**	**473**	**338**	**493**	**291**	**251**	**50**	**103**
Accident	**522**	126	102	119	71	57	12	35
Blood/bodily fluid exposure (dirty sharps/splashes)	**350**	106	58	74	47	55	9	1
Environmental Issues	**154**	19	33	15	30	25	7	25
Equipment / Device - Non Medical	**12**	6	1	4	1	0	0	0
Moving and Handling	**71**	25	15	13	10	5	0	3
Sharps (clean sharps/incorrect disposal & use)	**101**	35	17	8	14	24	2	1
Slips, Trips, Falls	**95**	14	18	19	8	12	4	20
Violence & Aggression	**666**	134	88	239	106	66	15	18
Work-related ill-health	**28**	8	6	2	4	7	1	0





A total of 1,999 health and safety incidents were reported in the previous 12 months.
968 (48%) incidents resulted in harm.
The highest reporting categories were violence and aggression (33%), accident (26%) and blood/bodily fluid exposure (18%).
1,427 (71%) of incidents affected staff, 512 (26%) affected patients and 60 (3%) affected others ie contractors and members of the public.
The highest reported incident categories for staff were: violence and aggression (37%), blood/bodily fluid exposure (23%) and accidents (19%).
The highest reported incident categories for patients were: accidents (50%), violence and aggression (24%) and environmental issues (10%).
The highest reported incident categories for others were: violence and aggression (38%), slips, trips and falls (35%) and environmental issues (20%).
Staff incident rate is 10.5 per 100 members of staff (by headcount) over a rolling 12 month period.
The highest reporting division was division C with 493 incidents. Of these, 48% related to violence & aggression.
In the last 12 months, the highest reported RIDDOR category was over 7 day injuries (50%).
In the last 12 months, 57% of RIDDOR incidents were reported to the HSE within the appropriate timescale.

In January 2025, one incident was reported to the HSE:

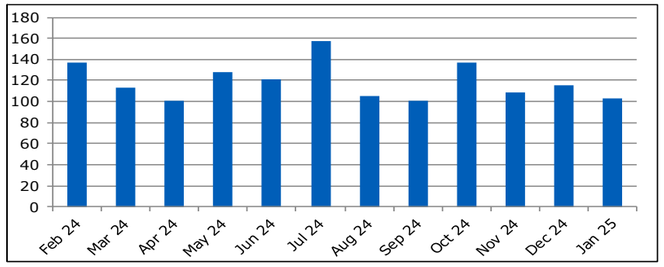
- Dangerous occurrence

  At 09:00 staff reported an alarm going off in the culture lab. The alarm was indicating high CO2 levels on a CO2 incubator. A hand-held CO2 monitor in the room was also alarming, showing a high reading above 1.5%. Three members of laboratory technical staff were affected by the high CO2 concentration and reported feeling dizzy and generally unwell. All users of room were instructed to leave. A notice was posted on the door of the room and staff positioned in front of the door to prevent entry. The suspected incubator was turned off and all fume hoods in the room were turned on to aid extraction. After monitoring, CO2 levels had been found to have decreased and was sitting stably within the acceptable range, and staff were permitted back into the room. Investigation ongoing.

Health and Safety Incidents

NHS Cambridge University Hospitals NHS Foundation Trust

No. of health and safety incidents affecting staff:

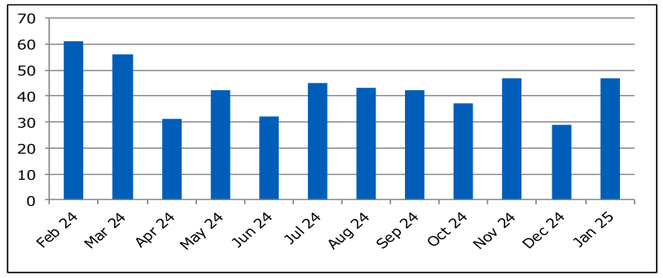


STAFF	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Total
Accident	19	29	18	17	18	27	25	24	27	23	18	19	**264**
Blood / bodily fluid exposure (dirty sharps / splashes)	30	25	22	31	35	33	19	30	27	27	24	25	**328**
Environmental Issues	9	8	2	5	7	15	7	5	12	10	4	7	**91**
Moving and handling	3	4	3	2	4	7	7	1	2	6	3	4	**46**
Sharps (clean sharps / incorrect disposal & use)	6	5	9	5	5	9	3	7	7	5	8	6	**75**
Slips, trips, falls	10	2	5	6	8	9	10	3	7	5	4	5	**74**
Violence & Aggression	57	40	39	61	41	55	32	29	50	31	51	35	**521**
Work-related ill-health	3	0	3	1	3	2	2	2	5	2	3	2	**28**
Total	**137**	**113**	**101**	**128**	**121**	**157**	**105**	**101**	**137**	**109**	**115**	**103**	**1427**

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

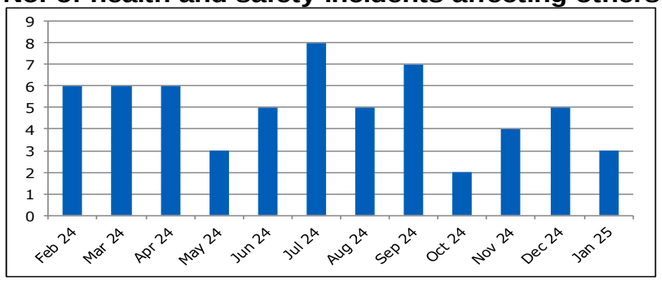
	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Total
No. of health & safety incidents	137	113	101	128	121	157	105	101	137	109	115	103	**1427**
Staff incident rate per month/ year	1.0	0.8	0.7	0.9	0.9	1.2	0.8	0.7	1.0	0.8	0.8	0.8	**10.5**

No. of health and safety incidents affecting patients:



PATIENT	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Total
Accident	19	21	14	21	19	18	31	26	23	21	14	29	**256**
Blood / bodily fluid exposure (dirty sharps / splashes)	2	2	2	0	2	3	2	3	1	2	0	1	**20**
Environmental Issues	4	3	2	7	3	10	2	3	3	7	2	5	**51**
Equipment / Device - Non Medical	3	1	2	1	1	0	1	0	2	0	0	1	**12**
Moving and handling	4	1	2	1	2	2	0	2	4	4	2	1	**25**
Sharps (clean sharps / incorrect disposal & use)	1	4	0	0	3	6	2	1	2	1	2	4	**26**
Violence & Aggression	28	24	9	12	2	6	5	7	2	12	9	6	**122**
Total	**61**	**56**	**31**	**42**	**32**	**45**	**43**	**42**	**37**	**47**	**29**	**47**	**512**

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



OTHER	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Total
Accident	2	0	0	0	0	0	0	0	0	0	0	0	**2**
Blood / bodily fluid exposure (dirty sharps / splashes)	2	0	0	0	0	0	0	0	0	0	0	0	**2**
Environmental Issues	0	0	1	0	1	2	1	0	1	3	1	2	**12**
Slips, trips, falls	0	2	1	3	3	1	3	2	2	1	2	1	**21**
Violence & Aggression	2	4	1	2	4	2	3	0	1	1	1	2	**23**
Total	**6**	**6**	**6**	**3**	**5**	**8**	**5**	**7**	**2**	**4**	**5**	**3**	**60**

Board of Directors

Cambridge University Hospitals
NHS Foundation Trust

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Report to the Council of Governors: 26 March 2025

Agenda item	7
Title	National Staff Survey results 2024
Sponsoring executive director	David Wherrett, Director of Workforce
Author(s)	As above
Purpose	To receive the survey results.
Previously considered by	Workforce and Education Committee, 24 March 2025

Executive Summary

The attached slide pack summarises the findings of the 2024 National Staff survey.

Key points are as follows:

- An increase in response rate from 37% to 54%, with over 7,000 responses.
- Improvements in every area of the People Promise, as well as in Staff Engagement and Morale indicators.
- The highest scoring theme is 'We are always learning', which just fell short of the highest scoring Trust. Whilst great improvements could be seen in appraisal quality from 2023 to 2024, the highlight is that CUH is the top performing acute Trust for 'there are opportunities for me to develop my career in this organisation'.
- Improved feedback relating to the experience of ethnic minority staff groups and those who share they have a disability.
- Improved benchmarking position against Shelford Trusts and ICS providers.

Work to address the findings will be taken forward through the workstreams linked to the mid-term review of the CUH Strategy and reported to the Board.

Related Trust objectives	Supporting our staff
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
Legal/regulatory impact?	n/a

Action required by the Board of Directors
The Council of Governors are asked to note and discuss the findings of the National Staff Survey 2024.

NHS National Staff Survey 2024

Results and Summary

Giles Wright, Associate Director – Culture, Leadership and Learning
Emma Byrom, Senior OD Facilitator
Dulani Liyanage, Senior Workforce Information Analyst

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Title of report	**National Staff Survey**
Date of report	17 March 2025
Introduction to the item / issue:	The report summarises the National Staff Survey results for CUH,
Date of last update to the Committee:	This is an annual report to the COG, with the last report shared in March 2024.
What are the main items to highlight?	More visible approach to increasing take up of the survey than in past 2 years. Highest Staff Engagement Score since 2020. Improvement across all areas of the people promise, benchmarking well and improving against peers.
What actions are in place to address the issue / concerns?	Additional analysis, including with free-text comments and demographic information. Access to reports at team level. Divisions to lead on the commissioning of behaviour change work with hot spot areas. Launch managers toolkit and workshops to enable improvements in the designing of staff experience, through involvement. Engaging and mobilising Corporate teams such as health and wellbeing and Freedom to speak up guardian.
How has the situation changed since the last update?	• An increase in response rate from 37% to 54% • Improvements in every area of the People Promise, as well as in Staff Engagement and Morale indicators • Improved feedback relating to ethnic minority staff groups and those who share they have a disability • Improved benchmarking position against Shelford Trusts and ICS providers
Does this relate to BAF or CRR entry?	BAF008 - There is a risk that the Trust does not reduce inequality of opportunity and discrimination both within its workforce and in the provision of its services, caused by a failure to develop and implement a robust Equality, Diversity and Inclusion Strategy, which leads to poor staff and patient experience and sub-optimal patient outcomes.
Questions for the committee to discuss:	Next steps are provided in the pack. What are the views from the committee on the suitability of these actions in engaging leaders and teams to achieve further improvements in staff engagement?

Staff Engagement

Research finds that staff engagement is a key driver for improved performance, due to reduced sickness and improved retention for staff, better financial performance, better patient experience and most importantly reduced mortality rates. The Sept 24 Darzi Report, illustrates the importance of Staff Engagement.

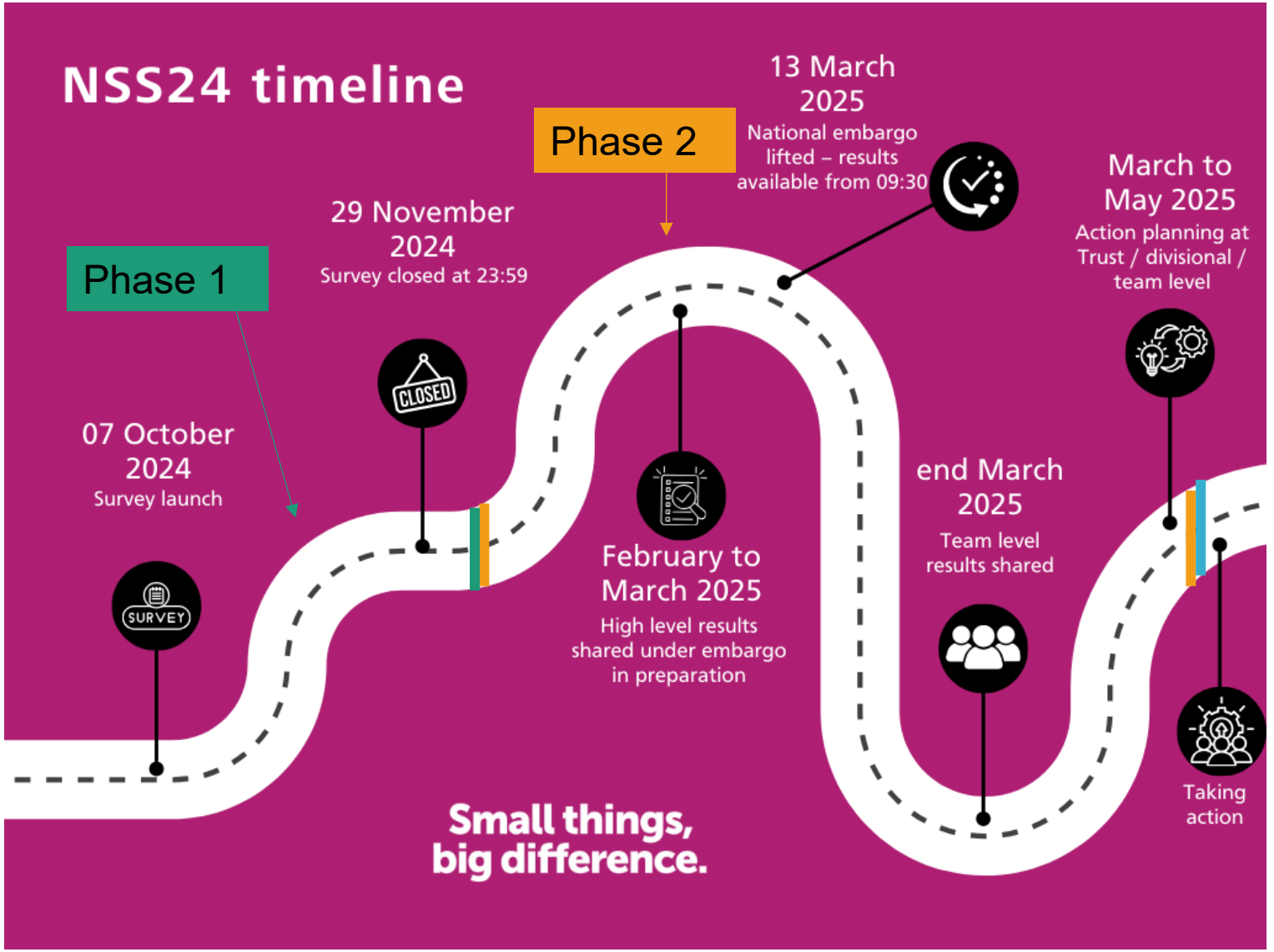
In the NHS, Staff Engagement is measured through motivation, involvement and advocacy. Insights gathered through engaging with colleagues helps leadership to de-risk decisions / navigate ambiguity. In order to drive improvements in staff engagement, leaders need to focus on designing positive staff experiences.

Maintaining an improving position on staff engagement, given the changes we now know are ahead of us (specifically a focus on increasing productivity and reducing costs) will present a different and significant challenge.

Whilst the context is changing, and our ability to use some of the levers we have in recent years to achieve improvement it is important that we maintain a clear focus on staff engagement and take action where we can to build on the progress to date.



NSS24 Timeline



New Approach taken for the 2024 National Staff Survey at CUH

Accessibility:

- Team visits with devices
- Manager's support tools – inc. new CHEQs dashboard for response rates
- Weekly updates to Senior Leaders to enable focused attention
- Comms plan including new collateral and promotional activities
- Paper copies for those where email response mechanism was seen as a barrier

Segmentation/Targeting: The Employee Experience and Engagement Team identified 67 teams and offered additional bespoke support. Not all engaged. Of those that did:

- They were more than twice as likely to meet the target and have improved response by 14.4 percentage points more than those who didn't engage.
- 85% improved their response rate from 2023

Leadership and Team Accountability: Training and comms to support ownership and action. Ongoing updates through governance structures.

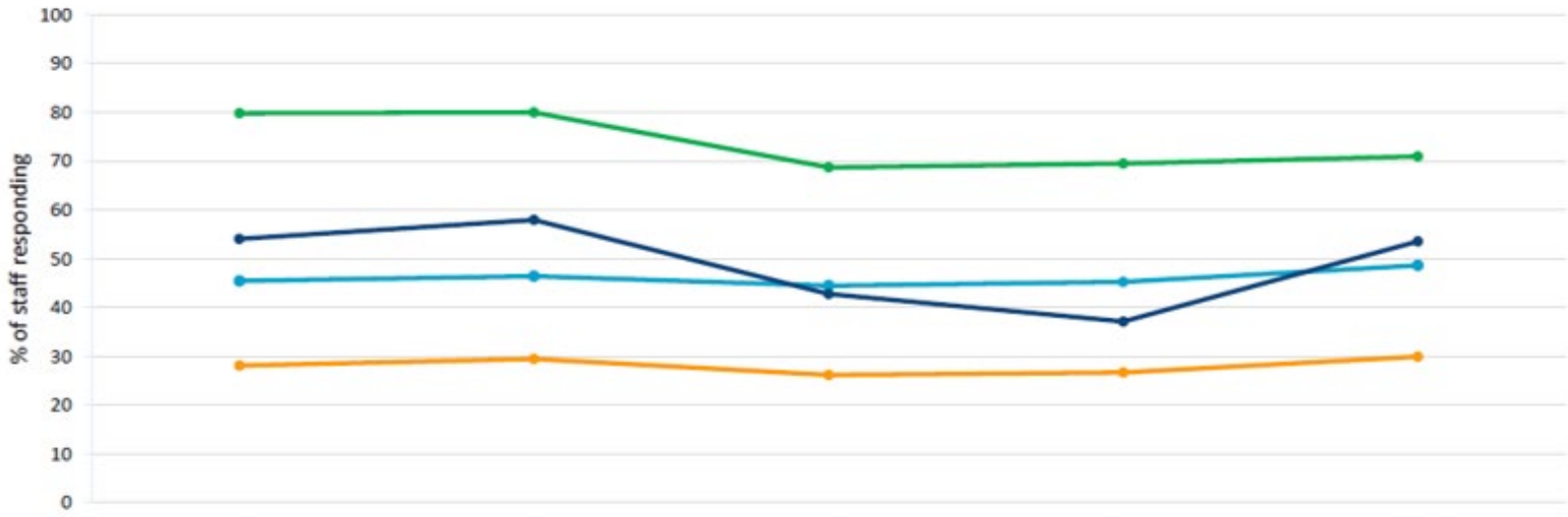
- A key message throughout was the importance of completing the survey to improve experience within teams and the wider Trust.

NSS 2024 response rate

7015 Eligible colleagues took part. Our most EVER!	**2588** More responses than 2023	**16.4%** Increase in response rate from 2023
228 Teams improved on last year's response rate (76% of teams)	**246** Teams will get team level results (cost code level)	**100%** Achieved response rate by 6 teams



CUH Response Rate 2024 – 53.5%



	2020	2021	2022	2023	2024
Your org	54.03%	57.92%	42.74%	37.11%	53.53%
Highest	79.77%	79.95%	68.69%	69.45%	70.92%
Average	45.43%	46.38%	44.46%	45.23%	48.61%
Lowest	28.09%	29.47%	26.17%	26.65%	29.91%
Responses	5882	6492	4895	4427	7013

Split by Division / Staff group

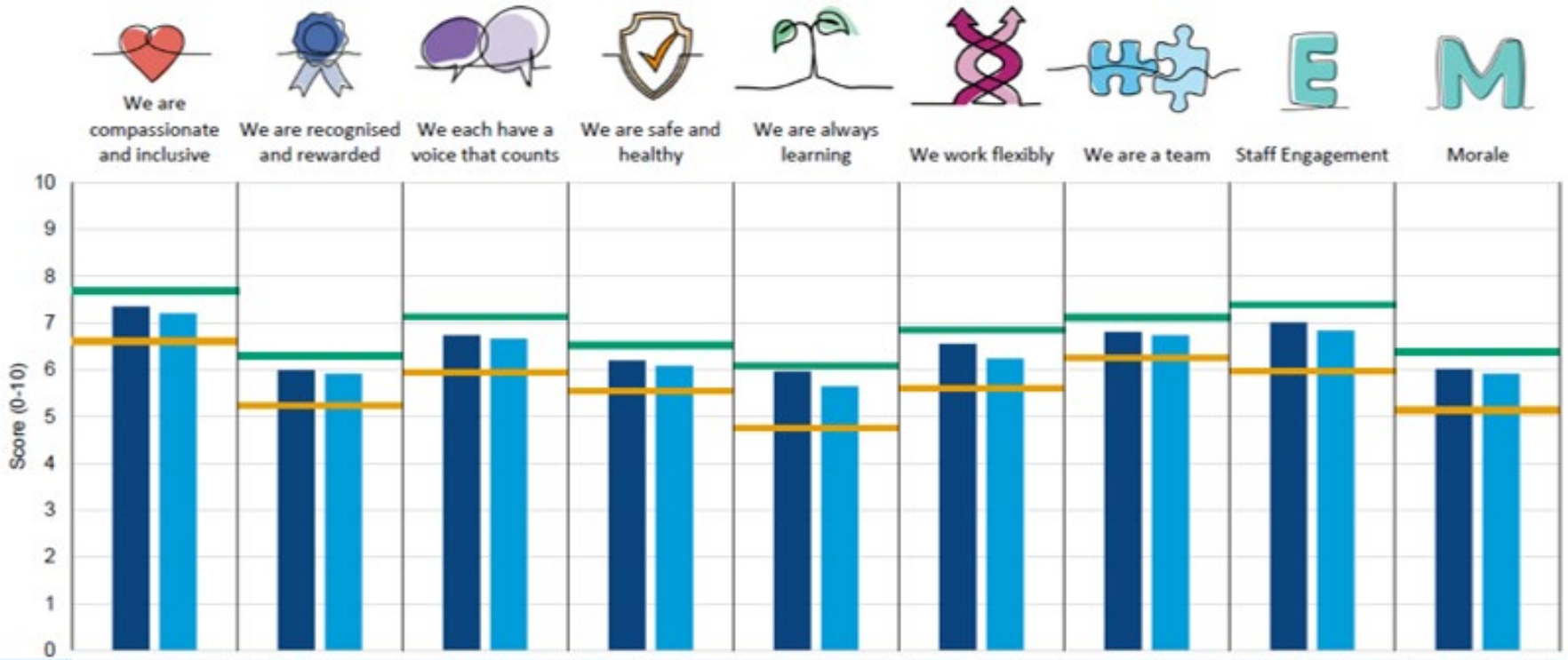
Division	2021 Response Rate	2022 Response Rate	2023 Response Rate	2024 Response Rate	Change on Last Year
Division A	53.0%	37.4%	30.0%	54.5%	24.5% ↑
Division B	59.1%	48.0%	41.8%	53.1%	11.3% ↑
Division C	55.6%	38.1%	30.4%	46.6%	16.2% ↑
Division D	53.0%	40.2%	31.8%	53.5%	21.7% ↑
Division E	51.9%	34.3%	29.5%	48.6%	19.1% ↑
Corporate	72.8%	53.5%	54.0%	65.7%	11.7% ↑
R&D	69.7%	49.2%	51.3%	52.7%	1.4% ↑
Trust	**57.9%**	**42.7%**	**37.1%**	**53.5%**	**16.4% ↑**

Staff Group	2021 Response Rate	2022 Response Rate	2023 Response Rate	2024 Response Rate	Change on Last Year
Add Prof Scientific	61.2%	53.8%	49.1%	46.9%	-2.2% ↓
Additional Clinical Services	54.3%	41.3%	31.2%	51.1%	19.9% ↑
Administrative and Clerical	74.0%	56.0%	54.0%	59.9%	5.9% ↑
Allied Health Professionals	57.3%	45.4%	41.2%	55.0%	13.8% ↑
Estates and Ancillary	52.5%	28.5%	34.6%	48.1%	13.5% ↑
Healthcare Scientists	66.0%	62.3%	48.0%	63.2%	15.2% ↑
Medical and Dental	38.7%	25.5%	23.2%	30.9%	7.7% ↑
Nursing and Midwifery	56.6%	38.9%	31.8%	58.7%	26.9% ↑
Trust	**57.9%**	**42.7%**	**37.1%**	**53.5%**	**16.4% ↑**

NSS 2024 results – by NHS People Promise theme

Overall, we have seen significant improvements in every area of the People Promise, as well as in Staff Engagement and Morale indicators, strengthening our position when compared to other similar Trusts.

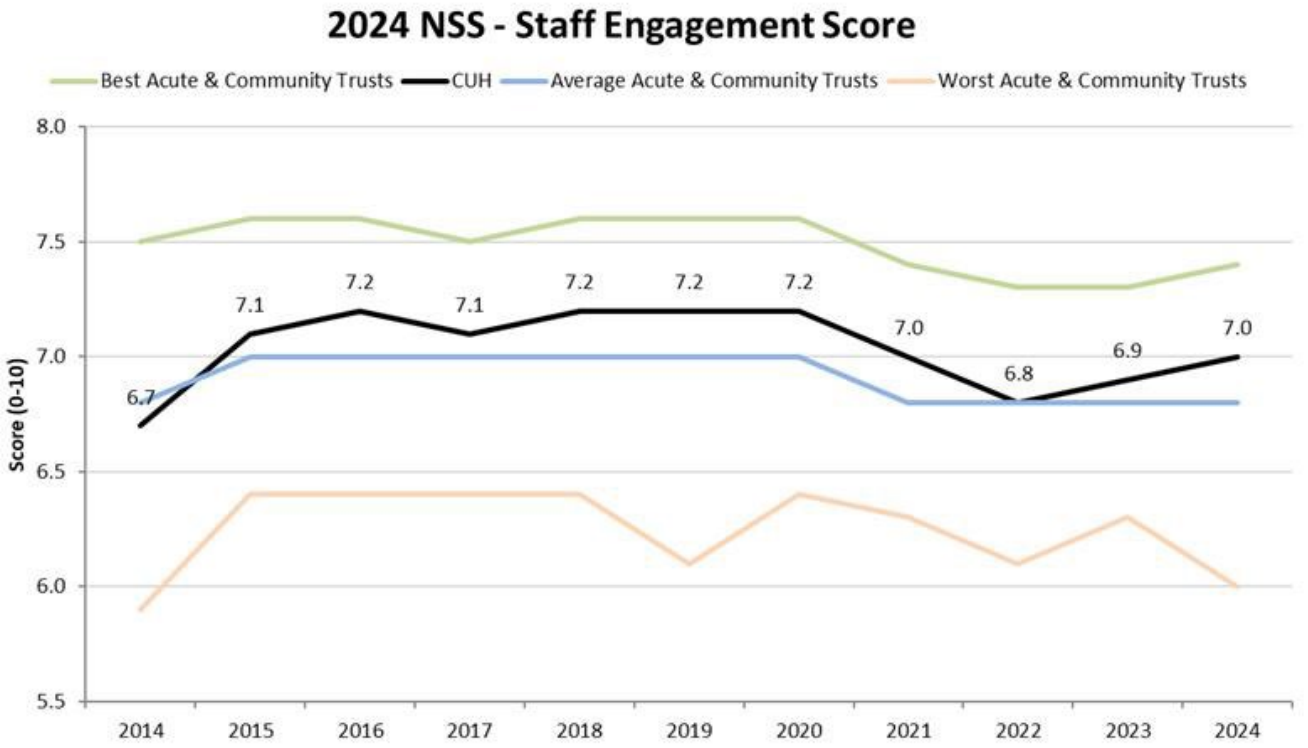
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.36	6.00	6.74	6.20	5.97	6.56	6.81	7.02	6.02
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	6988	6993	6938	6963	6761	6955	6980	7004	6999

Externally Benchmarked (weighted) data provided by Survey Coordination Centre

Engagement Score



Source: Benchmarked data, provided by Staff Survey Coordination Centre

Theme: Staff Engagement	Engagement Score 2020	2021	2022	2023	2024	Change
Motivation sub-score	7.2	7.0	6.9	6.9	7.0	0.1
Involvement sub-score	6.7	6.7	6.6	6.7	6.8	0.1
Advocacy sub-score	7.6	7.3	7.0	7.1	7.3	0.2
Staff Engagement Score	7.2	7.0	6.8	6.9	7.0	0.1

Questions that make up the engagement score are included in the appendix 1.

Staff Engagement Score – Shelford Comparison

Pos	Trust	2015
1	GST	4.04
2	Birmingham	3.90
3	Newcastle	3.89
4	Manchester	3.88
5	UCLH	3.85
6	**CUH**	**3.83**
7	Kings	3.81
8	Oxford	3.76
9	Sheffield	3.74
10	Imperial	3.74

Pos	Trust	2016
1	GST	4.03
2	Newcastle	3.97
3	Birmingham	3.90
4	UCLH	3.89
5	**CUH**	**3.88**
6	Oxford	3.87
7	Manchester	3.84
8	Sheffield	3.82
9	Imperial	3.80
10	Kings	3.74

Pos	Trust	2017
1	GST	3.99
2	Newcastle	3.91
3	Birmingham	3.88
4	UCLH	3.88
5	**CUH**	**3.84**
6	Imperial	3.84
7	Sheffield	3.83
8	Manchester	3.78
9	Oxford	3.78
10	Kings	3.72

Pos	Trust	2018
1	GST	7.4
2	Newcastle	7.3
3	**CUH**	**7.2**
4	UCLH	7.2
5	Manchester	7.1
6	Birmingham	7.0
7	Imperial	7.0
8	Sheffield	7.0
9	Oxford	6.9
10	Kings	6.8

Pos	Trust	2019
1	GST	7.5
2	Newcastle	7.3
3	**CUH**	**7.2**
4	Imperial	7.2
5	UCLH	7.2
6	Oxford	7.1
7	Manchester	7.1
8	Sheffield	7.1
9	Birmingham	6.9
10	Kings	6.8

Pos	Trust	2020
1	GST	7.5
2	UCLH	7.4
3	Newcastle	7.3
4	**CUH**	**7.2**
5	Imperial	7.2
6	Oxford	7.2
7	Manchester	7.0
8	Sheffield	7.0
9	Birmingham	6.8
10	Kings	6.8

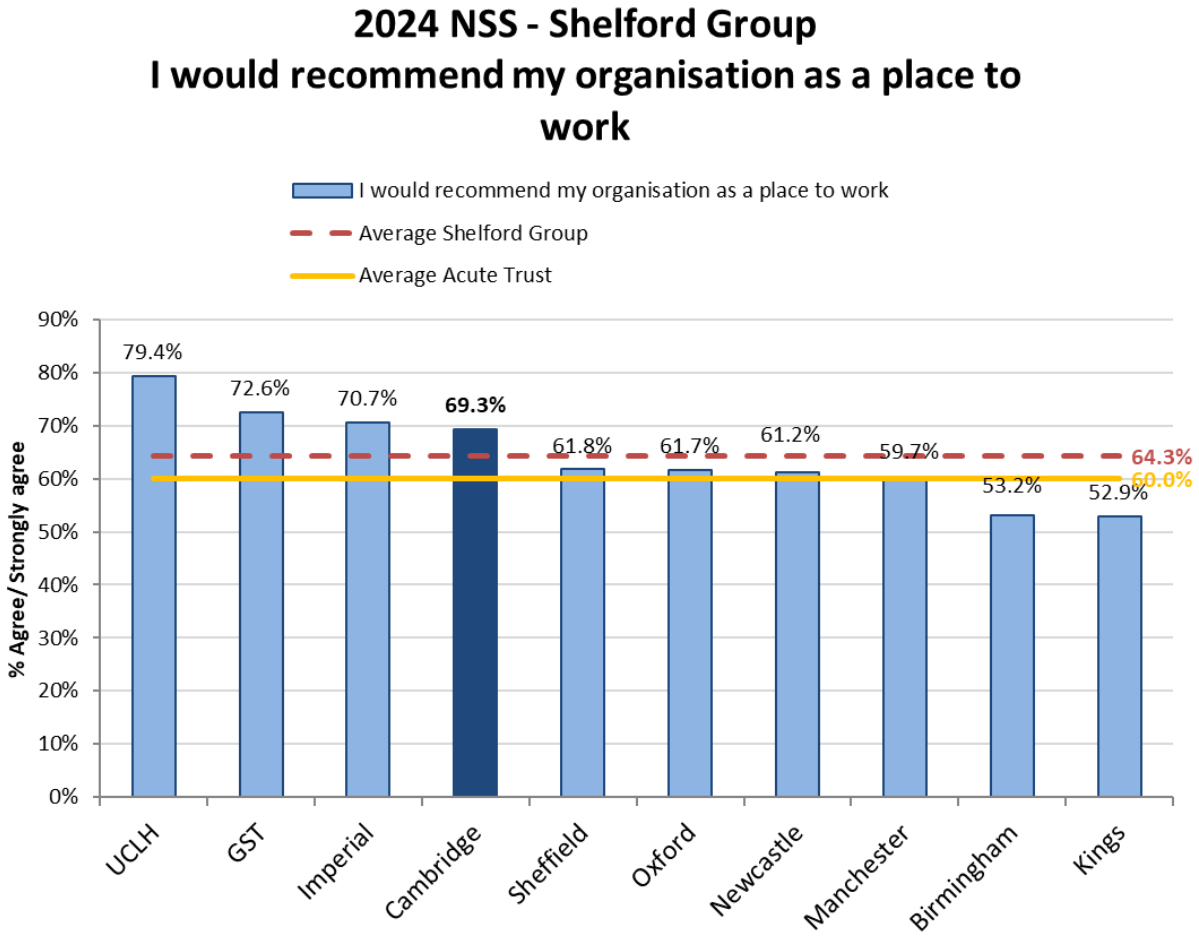
Pos	Trust	2021
1	GST	7.2
2	UCLH	7.2
3	Oxford	7.0
4	**CUH**	**7.0**
5	Imperial	7.0
6	Newcastle	6.9
7	Sheffield	6.7
8	Kings	6.7
9	Manchester	6.7
10	Birmingham	6.5

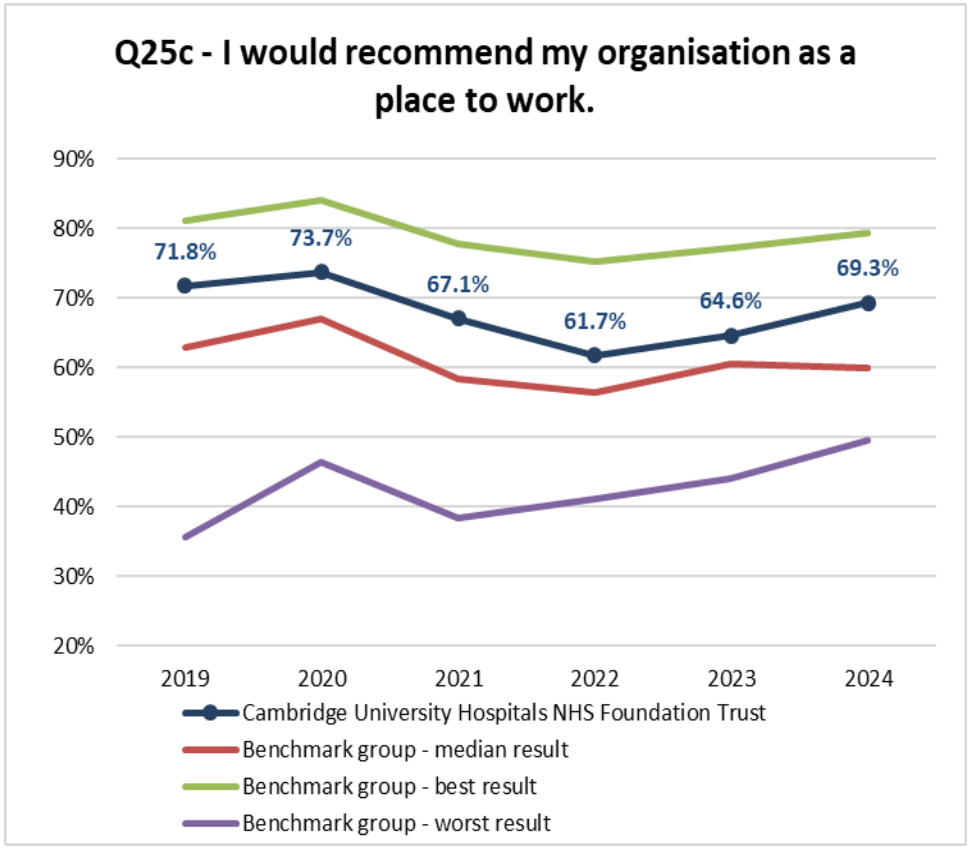
Pos	Trust	2022
1	UCLH	7.3
2	GST	7.1
3	Imperial	7.0
4	Oxford	7.0
5	Newcastle	6.9
6	**CUH**	**6.8**
7	Sheffield	6.7
8	Kings	6.7
9	Manchester	6.5
10	Birmingham	6.5

Pos	Trust	2023
1	UCLH	7.3
2	Oxford	7.1
3	Imperial	7.1
4	GST	7.0
5	**CUH**	**6.9**
6	Sheffield	6.8
7	Newcastle	6.8
8	Manchester	6.8
9	Kings	6.6
10	Birmingham	6.5

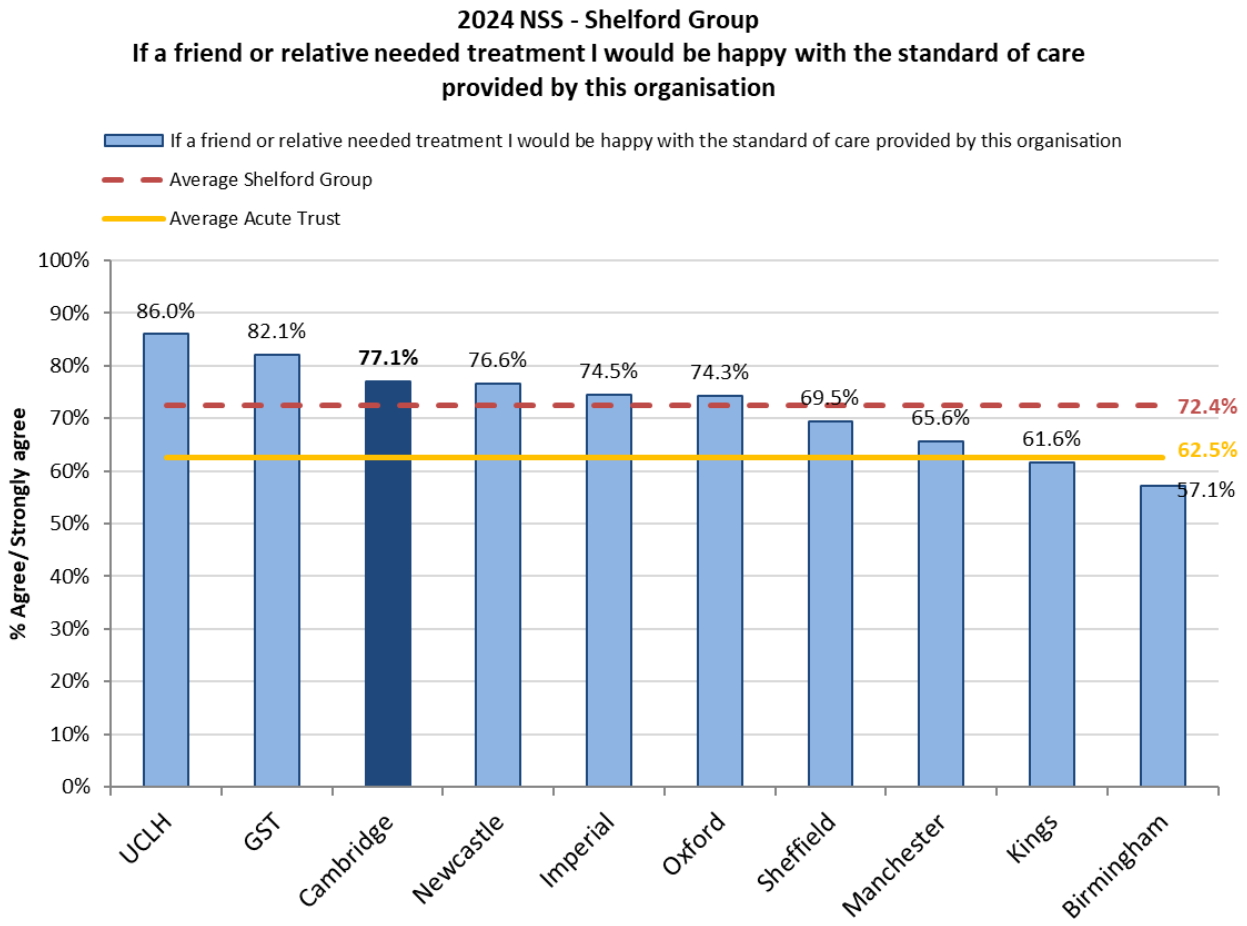
Pos	Trust	2024
1	UCLH	7.3
2	GST	7.1
3	Imperial	7.1
4	**CUH**	**7.0**
5	Oxford	7.0
6	Newcastle	6.8
7	Manchester	6.8
8	Sheffield	6.8
9	Birmingham	6.6
10	Kings	6.6

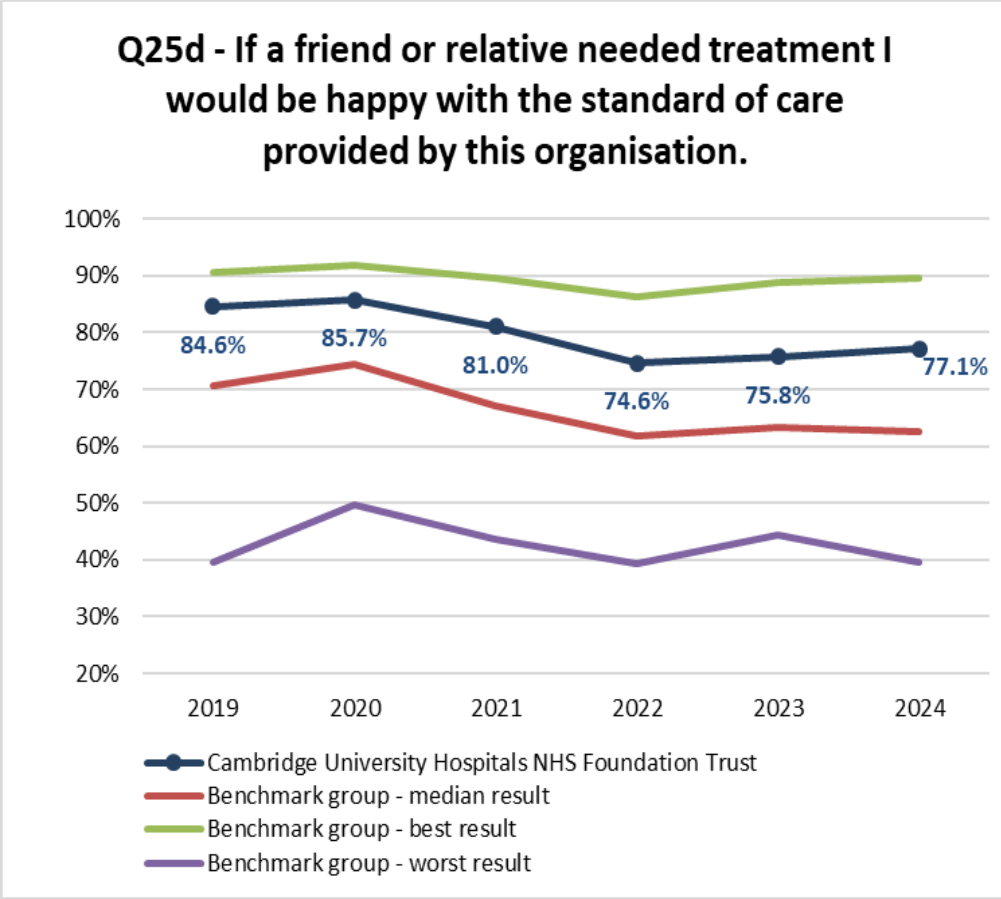
Recommender score - advocacy





Recommender score - advocacy





Stand Out Questions

Top 5 scores vs Organisation Average	Org	Picker Avg
q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	77%	61%
q25c. Would recommend organisation as place to work	70%	59%
q24b. There are opportunities for me to develop my career in this organisation	64%	54%
q23a. Received appraisal in the past 12 months	92%	84%
q19d. Feedback given on changes made following errors/near misses/incidents	67%	60%

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	61%	64%
q22. I can eat nutritious and affordable food at work	53%	56%
q7i. Feel a strong personal attachment to my team	61%	63%
q14d. Last experience of harassment/bullying/abuse reported	50%	53%
q18. Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	63%	66%

Most improved scores	Org 2024	Org 2023
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	52%	45%
q3i. Enough staff at organisation to do my job properly	36%	29%
q13d. Last experience of physical violence reported	71%	65%
q19d. Feedback given on changes made following errors/near misses/incidents	67%	62%
q23b. Appraisal helped me improve how I do my job	29%	24%

Most declined scores	Org 2024	Org 2023
q24a. Organisation offers me challenging work	71%	74%
q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	87%	90%
q2c. Time often/always passes quickly when I am working	71%	73%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	61%	62%
q5b. Have a choice in deciding how to do my work	52%	53%

Picker

Raw data, provided by Picker

The 2024 Results aligned to CUH Workforce Commitments

Please note: Due to the weighting applied for the staff survey coordination centre benchmaking reports, it is possible that there are differences between scores reported at Trustwide level in our Raw Data reports for internal comparison purposes and those in the benchmarked reports used for external comparison. The source of data will be shown on each slide.

Good Work

We strive to ensure that working here is a good experience - *with a positive impact on our health, safety and well-being*

Resourced

We invest to ensure that we are well staffed to deliver safe and high quality care - *with vacancy rates of 5% or less across all staff groups*

Ambition

We enable professional and personal growth - *developing our people is vital to individual and organisational success*

Inclusion

We seek to drive out inequality - *we are stronger as an organisation which values difference and inclusion*

Relationships

We value compassionate appreciative and productive working relationships - *we will listen to each other, reflect and learn*

Good Work

We strive to ensure that working here is a good experience - *with a positive impact on our health, safety and well-being*

Survey Questions	2018	2019	2020	2021	2022	2023	2024	Change
Immediate manager takes a positive interest in my health & well-being	71%	72%	70%	69%	69%	71%	73%	2%
Don't work any additional paid hours per week for this organisation, over and above contracted hours	65%	65%	65%	63%	59%	62%	61%	-1%
Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	42%	44%	44%	43%	43%	45%	52%	7%
Organisation takes positive action on health and well-being	*	*	*	62%	58%	60%	60%	0%
In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	77%	74%	75%	73%	73%	75%	74%	-1%
In last 12 months, have not felt unwell due to work related stress	65%	63%	57%	55%	56%	60%	61%	1%
In last 3 months, have not come to work when not feeling well enough to perform duties	48%	46%	55%	49%	45%	47%	48%	1%
Not felt pressure from manager to come to work when not feeling well enough	79%	79%	77%	78%	76%	78%	81%	3%
Never/rarely find work emotionally exhausting	*	*	*	21%	21%	24%	23%	-1%
Never/rarely feel burnt out because of work	*	*	*	27%	27%	31%	30%	-1%
Never/rarely frustrated by work	*	*	*	21%	20%	22%	24%	2%
Never/rarely exhausted by the thought of another day/shift at work	*	*	*	33%	32%	35%	35%	0%
Never/rarely worn out at the end of work	*	*	*	17%	17%	19%	19%	0%
Never/rarely feel every working hour is tiring	*	*	*	48%	45%	50%	50%	0%
Never/rarely lack energy for family and friends	*	*	*	32%	31%	33%	34%	1%
I can eat nutritious and affordable food at work	*	*	*	*	*	52%	53%	1%

Raw data, provided by Picker

Resourced

We invest to ensure that we are well staffed to deliver safe and high quality care - *with vacancy rates of 5% or less across all staff groups*

Survey Questions	2018	2019	2020	2021	2022	2023	2024	Change
Enough staff at organisation to do my job properly	36%	36%	37%	26%	23%	29%	36%	7%

Retention

Survey Questions	2018	2019	2020	2021	2022	2023	2024	Change
I don't often think about leaving this organisation	47%	47%	49%	43%	40%	43%	45%	2%
I am unlikely to look for a job at a new organisation in the next 12 months	55%	55%	57%	51%	48%	52%	54%	2%
I am not planning on leaving this organisation	60%	62%	64%	58%	55%	56%	59%	3%

Raw data, provided by Picker

Ambition

We enable professional and personal growth - *developing our people is vital to individual and organisational success*

Survey Questions	2018	2019	2020	2021	2022	2023	2024	Change
Received appraisal in the past 12 months	93%	93%	*	79%	83%	90%	92%	2%
Appraisal helped me improve how I do my job	26%	27%	*	20%	20%	24%	29%	5%
Appraisal helped me agree clear objectives for my work	36%	38%	*	30%	31%	33%	37%	4%
Appraisal left me feeling organisation values my work	33%	36%	*	31%	32%	34%	36%	2%
Organisation offers me challenging work	*	*	*	74%	74%	74%	71%	-3%
There are opportunities for me to develop my career in this organisation	*	*	*	60%	60%	60%	64%	4%
Have opportunities to improve my knowledge and skills	*	*	*	72%	72%	73%	76%	3%
Feel supported to develop my potential	*	*	*	56%	56%	58%	62%	4%
Able to access the right learning and development opportunities when I need to	*	*	*	61%	61%	63%	65%	2%

Raw data, provided by Picker

Inclusion

We seek to drive out inequality - *we are stronger as an organisation which values difference and inclusion*

Survey Questions	2018	2019	2020	2021	2022	2023	2024	Change
Organisation acts fairly: career progression	59%	60%	59%	58%	57%	57%	59%	2%
Not experienced discrimination from patients/service users, their relatives or other members of the public	91%	91%	92%	92%	91%	91%	91%	0%
Not experienced discrimination from manager/team leader or other colleagues	90%	92%	91%	90%	89%	89%	90%	1%
Feel organisation respects individual differences	*	*	*	74%	74%	75%	76%	1%

Raw data, provided by Picker

Workforce Race Equality Standards. (WRES)

Workforce Race Equality Standard (WRES)	White(British) : 3,663 responses White(Other) : 727 responses BME: 2,525 responses	2020 CUH	2021 CUH	2022 CUH	2023 CUH	2024 CUH	Change
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White (British)	21%	23%	20%	22%	21%	-1%
	White (Other)	31%	26%	30%	25%	22%	-3%
	BME	26%	24%	24%	28%	23%	-5%
Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months	White (British)	12%	9%	11%	15%	9%	-6%
	White (Other)	13%	11%	18%	18%	8%	-10%
	BME	12%	10%	11%	12%	8%	-4%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	White (British)	19%	16%	19%	27%	18%	-9%
	White (Other)	24%	19%	24%	29%	21%	-8%
	BME	24%	22%	23%	26%	22%	-4%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White (British)	64%	63%	58%	56%	64%	8%
	White (Other)	57%	54%	54%	48%	57%	9%
	BME	50%	48%	47%	49%	55%	6%
Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	White (British)	6%	6%	8%	13%	7%	-6%
	White (Other)	11%	14%	19%	10%	10%	0%
	BME	16%	17%	19%	19%	14%	-5%

Improvements across all questions within WRES, particularly for those within BME group. White respondents are more likely to report feeling harassed bullied or abused by managers. However other questions still show inequity of experience for those from ethnic minority backgrounds, with particularly poorer scores around discrimination by colleagues/ managers and believing there are equal opportunities for career progression.

Interestingly, colleagues within the BME group score more highly around staff engagement. See slide 21.

Raw data, provided by Picker

Workforce Disability Equality Standard (WDES)

Workforce Disability Equality Standard (WDES)	Disabled: 1,613 responses Non Disabled: 5,289 responses	2020	2021	2022	2023	2024	Change 2023/24
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Disabled	26.6%	29.9%	30.5%	30.2%	27.7%	-2.5%
	Non Disabled	23.2%	21.6%	22.0%	22.3%	20.3%	-2.0%
Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months	Disabled	19.8%	15.7%	19.0%	18.3%	15.1%	-3.2%
	Non Disabled	10.2%	8.2%	9.3%	10.1%	7.6%	-2.5%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	Disabled	26.8%	26.0%	28.6%	28.3%	28.2%	-0.1%
	Non Disabled	19.3%	15.9%	18.3%	19.5%	17.5%	-2.0%
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	Disabled	54.4%	48.5%	45.2%	49.8%	53.5%	3.7%
	Non Disabled	44.1%	44.2%	40.5%	47.5%	48.6%	1.1%
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	Disabled	54.0%	52.6%	53.6%	49.6%	54.3%	4.7%
	Non Disabled	60.7%	59.1%	57.8%	60.3%	61.0%	0.7%
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Disabled	28.0%	27.9%	31.0%	29.4%	26.0%	-3.4%
	Non Disabled	20.5%	19.6%	20.9%	17.6%	16.4%	-1.2%
Percentage of staff satisfied with the extent to which their organisation values their work	Disabled	44.3%	35.4%	34.4%	35.1%	36.7%	1.6%
	Non Disabled	52.3%	48.0%	45.9%	49.0%	49.8%	0.8%
Percentage of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	Disabled CUH	77.8%	75.9%	71.1%	74.7%	78.0%	3.3%
Staff engagement score (0-10)	Disabled	6.8	6.6	6.4	6.5	6.6	0.1
	Non Disabled	7.3	7.1	7.0	7.1	7.2	0.1

ESR use the term ‘disability’ to refer to any staff member with a disability, health condition or neurodiversity.
The words non-disabled are used for anyone without a disability, health condition or neurodiversity.

Similarly to WRES metrics, improvements have been seen across all questions and more so for colleagues with a disability. However, the results indicate a much lower score for staff engagement and broader inequity, particularly around harassment, bullying and abuse from colleagues, the pressure felt from manager to come into work when unwell and how valued they feel by the organisation.

Raw data, provided by Picker

FOR HEALTHCARE LEADERS
HSJ

NHS CUH

ACUTE CARE

Revealed: The best and worst trusts to work at

17 March 2025

8 Comments

Which trusts have most staff recommending them as a place to work? *HSJ* has analysed the full results of the 2024 NHS Staff Survey.

Below are the results for general acute and acute/community trusts. *HSJ* has also analysed the results for:

COOKIE SETTINGS

Most popula





All East of England – ranked in order of staff "agreeing" or "strongly agreeing" they would recommend it as a place to work

Organisation	2020	2021	2022	2023	2024	Change 2023-24	Response rate 2024
Cambridge University Hospitals	74%	67%	62%	65%	69%	4.8	54%
Milton Keynes University Hospital	74%	69%	68%	70%	68%	-1.4	51%
East and North Hertfordshire	62%	57%	53%	57%	61%	4.8	50%
James Paget University Hospitals	72%	65%	59%	61%	61%	0.1	40%
Bedfordshire Hospitals	65%	59%	55%	61%	59%	-1.2	37%
West Hertfordshire Teaching Hospitals	59%	55%	51%	56%	58%	1.9	62%
North West Anglia	63%	52%	46%	54%	58%	3.5	49%
East Suffolk and North Essex	61%	54%	51%	59%	58%	-1.1	48%
Norfolk and Norwich University Hospitals	62%	48%	41%	50%	51%	1.3	47%
The Princess Alexandra Hospital	54%	45%	43%	50%	50%	-0.3	49%
West Suffolk	74%	64%	60%	65%	49%	-16.0	44%
The Queen Elizabeth Hospital King's Lynn	57%	46%	44%	52%	41%	-11.0	47%
Mid and South Essex	58%	47%	42%	48%	35%	-12.2	35%

Most improved five in England – 2023 to 2024

Organisation	2020	2021	2022	2023	2024	Change 2023-24	Response rate 2024
Salisbury	70%	56%	50%	60%	67%	6.6	59%
United Lincolnshire Hospitals	46%	38%	44%	46%	52%	5.4	36%
Worcestershire Acute Hospitals	63%	55%	50%	53%	58%	5.1	46%
East and North Hertfordshire	62%	57%	53%	57%	61%	4.8	50%
Cambridge University Hospitals	74%	67%	62%	65%	69%	4.8	54%

Engagement Score – Protected Characteristics

Staff engagement is higher for those in the BME group. The below indicates, this is particularly the case for those in Asian/British Asian group:

Comparator (Organisation Overall)	White	Mixed/ Multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other ethnic groups
n = 7015	n = 4390	n = 179	n = 1738	n = 490	n = 118
7.0	6.8	6.9	7.6	7.3	7.0

Looking at the more detailed ethnicity breakdown, Indian colleagues are the most engaged at 7.83 and those colleagues grouped as 'any other mixed/multiple ethnic background' and 'Any other Black/African/Caribbean background' have the lowest engagement scores at 6.62 and 6.65 respectively.

Colleagues with a disability are less likely to be engaged, scoring 6.6. We also see engagement scores improving with the age brackets, with colleagues aged 16 – 20 scoring 6.79 and those age 66+ scoring 7.16.

Source: Raw data, provided by Picker

Engagement Score – Protected Characteristics

When looking at sexual orientation those preferring not to share their sexual orientation have the lowest engagement score at 6.42 followed by gay/lesbian colleagues who score 6.63 against a Trust average of 7.04.

In terms of gender, those describing themselves as non-binary or would prefer to self-describe as well as those who would prefer not to say have scored lower for staff engagement at 5.92 on average against those describing as Male / Female who both score 7.1

Interestingly, again, those who prefer not to share whether their gender identity has changed since birth also have the lowest staff engagement at 5.97 when compared to cis colleagues at 7.08. Whereas trans colleagues score 6.6.



Source: Raw data, provided by Picker

Improvements in EDI scoring

Possible Drivers behind improvements:

General EDI interventions:

- 4 active staff networks – exec sponsor, honorarium, terms of office, development support, discretionary spend.
- 9 active Cultural ambassadors active and embedded (incl. 3 in medical).
- 90 Diversity Inclusion Panelists (DIPs) embedded – mandated for all 8a and above interviews
- Just and learning culture education work including move embed professionalism pyramid (zero tolerance approach).
- Recognition events, including those that focus on inclusion and / or highlight it - events run by recognition are open to all staff and always include a focus on inclusion. Events run by the Staff Networks may focus more on inclusion, such as time to talk day or Cambridge Pride.
- Move to an active 'zero tolerance' approach, starting with sexual safety, with over 1000 attendees at tool kit launch.
- The Freedom to Speak Up Guardian is a regular attendee of all the staff network meetings.

WRES interventions:

- REACH staff network increased output and uptake – REACH has 890 members. Membership is being logged each quarter through the Staff Network Governance meetings.
- Specific recognition and celebration events – Eid, Diwali and Christmas events held annually since 2023. Allocation of budget provided to Chaplaincy for Easter 2025 recognition event. Staff Networks also lead on their own events such as BHM and DHM. All events overseen by Recognition are inclusive of all staff. e.g. Over 1000 attendees at the 2023 Diwali celebration.
- Race riots response and engagement – event in Frank Lee and acknowledgement of errors
- No more tick boxes recruitment project, focused on language to describe jobs.
- Two career conversations events have been designed and delivered in collaboration with REACH network members.

Improvements in EDI scoring

Possible Drivers behind improvements:

WDES interventions:

- Central reasonable adjustments service – Since its launch in 2023 the service has supported more than 370 individuals with workplace adjustments (equipment, DSE and workplace needs assessments) and invested over £125K to date.
- Increased Open Minds and Purple Networks output – Open Minds has 193 members and Purple has 209. Membership is being logged each quarter through the Staff Network Governance meetings.
- Wellbeing day(s) - Keeping Well Campaigns - To support our staff to take preventative steps to stay well, regular 'keeping well' campaigns take place. These campaigns use a range of experts to share information, resources and tools to improve health & wellbeing. Topics focus on sleep, exercise, nutrition, men's health, menopause, smoking cessation and financial wellbeing.
- Sickness absence management training at volume.
- Delivering good occupational health KPIs.
- Good uptake of neurodiversity in the workplace training – 165 delegates completed. Sessions were delivered between 31 January 2024 until 26th November 2024.

Relationships

We value compassionate appreciative and productive working relationships - *we will listen to each other, reflect and learn*

Survey Questions	2018	2019	2020	2021	2022	2023	2024	Change
Teams within the organisation work well together to achieve objectives	*	*	*	56%	51%	53%	57%	4%
Colleagues are understanding and kind to one another	*	*	*	70%	68%	67%	69%	2%
Colleagues are polite and treat each other with respect	*	*	*	72%	70%	69%	70%	1%
Colleagues show appreciation to one another	*	*	*	67%	64%	65%	66%	1%
Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75%	73%	76%	77%	76%	76%	78%	2%
Not experienced harassment, bullying or abuse from managers	88%	88%	88%	90%	89%	88%	91%	3%
Not experienced harassment, bullying or abuse from other colleagues	80%	78%	79%	82%	79%	78%	80%	2%
Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	*	*	*	*	*	93%	93%	0%
Not experienced unwanted behaviour of a sexual nature from other colleagues	*	*	*	*	*	96%	96%	0%

Raw data, provided by Picker

In summary

The results for CUH indicate significant improvements across all areas of the Workforce Commitments and People Promise themes, with a particular highlight being that CUH are the top performing trust for ‘there are opportunities for me to develop my career in this organization’. With areas for improvement around behavioural changes including the feeling of autonomy and control, team working and aspects of ‘we are safe and healthy’.

This is a strong positive shift from our scores of last year where scores were below average for most elements of the People Promise.

Our change in approach has led to an increase in response rate from 37% to 54%, with anecdotal feedback from senior leaders suggesting managers have felt empowered by the approach and staff feeling excited about seeing and feeling positive change.

Our engagement score has increased to 7.02, this can be attributed to better scores around advocacy in particular for recommending CUH as a place to work.

Not only have we heard from more ethnic minority staff this year, but the feedback highlights improvements across all WRES indicators, as does the indicators for the WDES. Despite this, there are still areas of inequity highlighted in the results, indicating more action is required.

A focus is on ‘team’ required to enable local plans for improvement, that can directly impact challenges felt in different parts of the organisation. Following on from the success and engagement of phase 1 of the staff survey.

Opportunities for development



The results show an opportunity for improvement around autonomy and control; in how trusted colleagues feel in doing their job, in how involved they are in decisions around changes that affect their work and in how they can make improvements happen or even make suggestions of improvement.



Overall, an improvement in ‘We are a Team’, however the score is below average for several questions within the team working subgroup. This is echoed by below average results for the feeling of appreciation from one another and the attachment felt towards their team.



Some really positive improvements in health and safety climate results, one area that stays below average is the reporting of bullying and harassment, however this saw an improvement from 65.81% in 2023 to 71.24% in 2024. The burnout scores also indicate opportunity for improvement and are likely to be impacted positively by designing staff experience at a team level.

Source: Benchmarked data, provided by Staff Survey Coordination Centre

Strongest Performance



The highest scoring theme is ‘We are always learning’, which just fell short of the highest scoring Trust. Whilst great improvements could be seen in appraisal quality from 2023 to 2024, the highlight is that CUH is the top performing acute Trust for ‘there are opportunities for me to develop my career in this organisation’.



Advocacy is something that has seen much improvement in the last 3 years. With all areas above average, the greatest improvement from last year was the % of colleagues that would recommend CUH as a place to work (69.34%), this is the highest it’s been in 4 years.



There have been significant Improvements around having the adequate resources (from 55.26% to 60.15%) and enough staff in the Organisation to do their job properly which is now at 36.76% (from 28.79% in 2023).

Source: Benchmarked data, provided by Staff Survey Coordination Centre

Next Steps

Next steps include supporting the Organisation to make specific plans at all levels. Ensuring at a Trustwide level we become enablers of changes that teams, staff groups and services need to make, in line with the Trust Strategy. Our approach for phase 2 is key to this:

- Additional analysis, including with free-text comments and demographic information
- Access to reports at team level (Plans to enhance this further by scoping out introducing a dashboard from NSS 2025)
- Divisions to lead on the commissioning of behaviour change work with hot spot areas
- Launch managers toolkit and workshops to enable improvements in the designing of staff experience, through involvement
- Engaging and mobilising Corporate teams such as health and wellbeing and Freedom to speak up guardian.



Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Report to the Council of Governors: 26 March 2025

Agenda item	8
Title	Report of the Lead Governor
Sponsoring executive director	n/a
Author(s)	Neil Stutchbury, Lead Governor of the Council of Governors
Purpose	To summarise the activities of the Lead Governor and the Council of Governors, highlight matters of concern and note successes.
Previously considered by	n/a

Executive Summary

The report summarises the activities of the Lead Governor and the Council of Governors.

Related Trust objectives	All
Risk and Assurance	n/a
Related Assurance Framework Entries	n/a
Legal and regulatory implications?	n/a

Action required by the Council of Governors

The Council is asked to note the report of the Lead Governor.

Cambridge University Hospitals NHS Foundation Trust

26 March 2025

Council of Governors
Report of the Lead Governor
Neil Stutchbury

Recent Governor meetings

1.1 Five Council of Governors' **Strategy Group** meetings have now been arranged through 2025. These offer an excellent opportunity for governors to engage with strategic thinking within CUH and to offer a public/patient perspective on new initiatives. Recent meetings had been cancelled due to availability of key individuals from the strategy team. The first meeting was on 11 March and we discussed the process for updating the trust strategy (theme: "sustainable healthcare") and the outpatients strategy. Governors encouraged a co-production approach with patients in the outpatients and acute services projects to ensure full patient involvement.

1.2 The governors met NEDs and the Chair at its **Governor/NED quarterly** meeting on 29 January. This meeting was the first opportunity for Sally Morgan to meet governors. We used the meeting to discuss ways in which governors can engage with NEDs and vice versa more effectively. We are implementing a few changes: moving to two observers (three for Performance) at board assurance meetings from July, rather than the current rota of four; encouraging more engagement between observers and the chair before and after the meeting; introducing breakout sessions in some of our quarterly meetings with NEDs to encourage deeper discussions in smaller groups and inviting executives or management to join in; and we are developing a guide for new governors.

1.3 Ian Walker gave governors an overview of the Trust's risk management framework including the board assurance framework and corporate risk register at the **Governor Seminar** on 6 February. The presentation was well-received and gave governors an excellent insight into how risk is measured and mitigated and then used to guide discussion and action in the board assurance committees.

1.4 Governors met as a **Forum** on 25 February and discussed the changes described in 1.2 above and updated each other on recent board assurance committee meetings.

1.5 The **Governors' Nomination and Remuneration Committee** met on 25 February and were updated on the current recruitment exercise for a NED to replace Ian Jacobs, who has recently left the board to become chair of Barts Health NHS Trust (see below).

1.6 The **Membership Engagement Startegy Implementation Group** meeting on 4 March was cancelled as there had not been any significant developments since the previous meeting in November. However, a survey has recently been sent out to all members asking what motivates them to become a member. The results will be used to target preferences with a view to increase membership of the hospital.

2. Upcoming Governor meetings

2.1 The next three months' meetings are as follows:

- CoG Strategy Group: 11 March 2025
- Council of Governors: 26 March 2025
- Governor Seminar: 22 April 2025 (on the Acute Care and Outpatients Strategy)
- Governor/NED Quarterly: 30 April 2025
- Governor Forum: 20 May 2025

3. Other governor activities

3.1 The Governors' Nomination and Remuneration committee has been working with Saxton Bampfylde to identify candidates to be appointed as a Non-Executive Director to replace Ian Jacobs, who left the board to become Chair of Barts Health NHS Trust. We are looking for an individual with large change/transformation experience to support CUH in delivering its part in the transformation of healthcare in our region and nationally. We have completed long- and short-listing exercises but have defeered interviews until next month to allow time for further search activity to ensure we have an appropriately diverse shortlist of candidates.

3.2 John Crompton has been announced as a new Non-Executive Director, replacing Sharon Peacock. John comes with a wealth of experience in the commercial world; his most recent role has been vice chair of Marshall of Cambridge (Holdings) Ltd. and he lives locally. He starts on 1 April 2025. Governors are looking forward to welcoming John to the Board.

3.3 The Trust has commenced the 2025 election process for new governors. We have vacancies for two patient, one public and one staff governor. The window is no open for members of the trust to nominate themselves. A briefing session was held on 3 March to give members more information about what is involved. The deadline for completed nomination forms is 24 March. Members vote between 23 April and 19 May and the new governors commence their roles on 1 July.

4. Recommendation

4.1 The Council of Governors is asked to note the report of the Lead Governor.