Council of Governors

Cambridge University Hospitals NHS Foundation Trust

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Council of Governors Meeting (held in public)
Wednesday, 24 June 2026 at 5.15pm 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	Lead
5.15pm	**1.**	**Welcome and apologies for absence**	To note	Chair
	2.	**Declarations of interest** Any new interests to declare or any interests to declare in relation to open agenda items (*Copies of the Register of Governors' interests are available from the Trust Secretariat*)	To note	
	3.*	**Minutes of the previous meeting** To approve the minutes of the meeting held on 25 March 2026.	To approve	
	4.*	**Council of Governors Action Tracker and Matters Arising** (*in addition to those included on the agenda*)	For review	
5.20pm	**5.**	**Chair's Report** To receive the verbal update of the Trust Chair	For receipt	Chair

5.25pm	**6.***	**Lead Governor Report** To receive the report of the Lead Governor	For receipt	Lead Governor
5.30pm	**7.**	**Governor Election Report** To note the verbal update on the outcome of the Governor Elections report of the Chief Governance and Performance Officer	To note	Chief Governance and Performance Officer
5.35pm	**8.***	**Board Committees** To receive the verbal reports of the Chairs of the Board Committees • Quality Committee • Performance and Finance Committee • People, Workforce and Culture Committee • Transformation Committee • Audit Committee	For receipt and discussion	Board Committee Chairs or Non-executive Director Committee member
6.05pm	**9.***	**Chief Executive's Report (including Integrated Performance Report)** To receive the report of the Chief Executive	For receipt	Chief Executive
6.15pm	**10***	**Annual Staff Survey Results** To receive an update report of the Chief People Officer	For receipt	Chief People Officer
6.25pm	**11.**	**Any other business** Items of any other business to be identified to the Chief Governance and Performance Officer or Trust Secretary in advance of the meeting	To note	Chair
	12.	**Date of the next meeting** The next meeting of the Council of Governors will be on Wednesday, 7 October 2026.	To note	
6.30pm	**13.**	**Close of meeting**		

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Minutes of the meeting of the Council of Governors held on Wednesday, 17 December 2025 at 17.00 via videoconference

Member	Position	Present	Apologies
Baroness S Morgan	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	
Dr R Hodder	Patient Governor	X	
Ms M Haldane	Patient Governor	X	
Ms E Howe	Patient Governor	X	
Mr V Johnson	Staff Governor		X
Dr K Rush	Public Governor	X	
Ms E Morada	Staff Governor	X	
Dr H Rubinstein	Public Governor	X	
Ms C Dear	Patient Governor	X	
Dr P Hales	Partnership Governor (Royal Papworth Hospital)	X	
Cllr L Navarro	Partnership Governor (Cambridgeshire County Council)	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	
Cllr M Todd-Jones	Partnership Governor (Cambridgeshire City Council)	X	
Dr C Tyrrell	Public Governor		X
Mr W Watson	Public Governor	X	
Mr C White	Staff Governor		X
In attendance			
Ms N Ayton	Chief Executive Officer		
Dr S Broster	Chief Medical Officer		

Mr G Burgess	Chief of Staff
Mr J Clarke	Trust Secretary (Minutes)
Mr J Crompton	Non-Executive Director
Ms B Hughes	Chief Governance and Performance Officer
Ms L Hughes	Interim Head of Governance
Mr M Keech	Chief Finance Officer
Dr J Morrow (Chair)	Non-Executive Director
Mr R Sivanandan	Non-Executive Director
Prof R Smyth	Non-Executive Director

01/26 Apologies for absence

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

02/26 Declarations of Interest

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

03/26 Minutes of the previous meeting

A correction to the minutes was requested regarding the attendance of the meeting held on 17 December 2025. Specifically, the minutes noted that John Crompton, Non-executive director was in attendance when apologies had been received.

Additionally, the minutes list Neil Stutchbury as a Patient Governor and Lead Governor. This should just state 'Patient Governor.'

Subject to those amendments, the minutes of the previous meeting held on 25 June 2025 were approved as a true and accurate record of the meeting.

04/26 Council of Governors action tracker and matters arising not covered by other items on the agenda

Received and noted: The action tracker.

05/26 Report of the Trust Chair

James Morrow, Deputy Trust Chair, presented the verbal update.

Noted:

1. The Council noted that the Board had approved the strategy and emphasised the importance of maximising benefits for the wider community.
2. It was further noted that the Trust continued to operate in a challenging environment, with increasing regulatory scrutiny and a constrained financial position.
3. The Council also received an update on the impact of the Verita report and progress against the three-month commitments, including the ongoing focus on avoidable harm.

Agreed:

1. To note the update of the Trust Chair.

06/26 Senior Independent Director

Beth Hughes, Chief Governance and Performance Officer, presented the report.

Noted:

1. The Council heard that Philippa Hird had been appointed as the new Senior Independent Director, succeeding Annette Doherty who stood down from the Board in December 2025.
2. It was noted that this was an existing role rather than a new appointment, and the importance of local knowledge and proximity was emphasised.

Agreed:

1. To note the appointment of Philippa Hird as Senior Independent Director.

07/26 Lead Governor report

Helena Rubinstein, Lead Governor, presented the report.

Noted:

1. The Council noted ongoing work to streamline the number of meetings and improve ways of working for governors. An update was also provided on the appointment of a new partnership governor and on governor training activity.
2. In addition, a new volunteering initiative was highlighted, with discussion focusing on how the Trust might make greater use of volunteers.

3. The Council also received an update from the Membership Engagement Group on support for the patient and public involvement framework with wider community engagement, and matters relating to the Rest of England constitution.

In discussion the following points were raised:

1. The Council noted that Rest of England is a new constituency, and reaching 200 members is the trigger point for initiating an election.
2. It was reported that governor training, delivered by NHS Provider, was well attended. The training proved valuable in supporting governors to better understand how to engage with and hold Non-Executive Directors to account, particularly within the context of the NHS.
3. The Council discussed approaches adopted by other Trusts in preparing and presenting Governor dashboards, with a view to identifying best practice and potential improvements.
4. Members were informed that the Governor guide remains in development and is expected to be published soon.
5. The Council acknowledged ongoing challenges regarding staff governor attendance and considered ways to support access for those who are unable to attend meetings.

Agreed:

1. To note the report.

08/26 Constitutional update

Beth Hughes, Chief Governance and Performance Officer, presented.

Noted:

1. The Council noted that the Constitution had been updated to incorporate the agreed changes for 2025, including amendments to staff membership.
2. Members discussed strategies for engaging students and younger individuals, with particular emphasis on supporting their progression from volunteers to full members.
3. It was highlighted that this approach aligns with practices adopted by other organisations, and benchmarking indicates that the Council compares favourably with its peers in this regard.

In the discussion the following points were raised:

1. The Council discussed recognition of the proposed Rest of England constituency, noting that most comparable organisations do not have a dedicated governor representative for these groups.
2. It was acknowledged that there are opportunities through the Cambridge Cancer Research Hospital and Cambridge Children's Hospital to maintain engagement and connection with members who may fall outside of the boundaries of our public constituency.

The Council of Governors agreed that the issue of membership itself was not contentious; however, the number required for election was identified as an area requiring further clarification.
3. It was emphasised that, without the proposed amendments, some volunteers would not be eligible for membership and therefore would be unable to stand for election.
4. Members considered the justification and benefits of appointing governor representatives, agreeing that this is a key membership benefit and suggesting that the current arrangements should remain in place, with acceptance of the proposed approach.
5. It was further noted that these changes would not impact the current round of elections.

Agreed:
1. To note the update provided.
2. To approve the additional Rest of England constituent area, noting that this will also require Board of Director approval; and
3. To note that subject to Council of Governor and Board of Directors approval changes will be made in advance of the 2026 Elections.

09/26 Governor elections

Beth Hughes, Chief Governance and Performance Officer, presented the report.

Noted:
1. The paper outlined the proposed timeline for the governor elections, with notice of election scheduled to open on 21 April 2026. A data cleanse of the membership database was planned to ensure the accuracy of member information.
2. The use of email communications was discussed as a means of facilitating the election process and maintaining contact with members.
3. The importance of wider engagement with volunteers was recognised, particularly in light of the impact that constitutional changes would have on the membership and eligibility.
4. It was agreed that new governors should attend an induction prior to their first Council of Governors meeting. The committee reviewed how onboarding processes could be improved, including enhancements to the induction programme and governors' guide.

In the discussion the following points were raised:
1. The committee discussed the upcoming data cleanse of the membership database. Concerns were raised regarding the risk of digital exclusion, particularly if contact with members is limited to digital methods only. Members agreed to review the use of both postal addresses and email to ensure accessibility for all.

2. It was suggested that a gradual, phased approach be adopted when transitioning to digital communications, allowing members to indicate their preferred method of contact, including options for SMS, text or email.
3. The committee noted that several organisations are postponing their elections and considered whether this option should be explored. Assurance was provided that discussions with other Shelford Trusts had informed the decision-making process. The rationale for proceeding, as well as the challenges faced, were clearly documented for reference and transparency.
4. Members acknowledged ongoing challenges related to digital exclusion and agreed to avoid stating that non-digital contact would be removed at this stage. National recommendations currently advise continuing with elections, despite some uncertainty regarding forthcoming changes.
5. The timings for the Council of Governors and the election process were reviewed, with a commitment to update the calendar invites in a timelier manner.

Agreed:

1. The Council of Governors is asked to note plans in place to undertaken the Governor Elections in 2026 to meet the requirements of the Trust's Constitution, aligning to the NHS legal framework.

10/26 Membership Engagement Group

Received and noted: the report of the Membership Engagement Group.

11/26 Updates from Board committee Chairs

James Morrow, Non-Executive Director, opened the discussion.

Nicola Ayton delivered the CEO report, highlighting the synthesis of information and the move towards a more integrated and combined approach. The committee noted the comprehensive nature of the presentation and received assurance regarding the effectiveness of the ongoing integration efforts.

11.1/26 Quality Committee update presented by Ros Smyth, Non-Executive Director, and James Morrow, Non-Executive Director, presented the update:

Noted:

1. The Committee received an update on the review of Paediatric Orthopaedics and Quality Governance. In January, PLACE assessments were undertaken, with standards for cleanliness and

privacy showing improvement, although it was noted that the estate had declined. An update was provided by the Director of Midwifery regarding perinatal and maternity services, which was considered reassuring, confirming compliance as part of the MIS year 7 assessment.

2. Rosie reported on both short and long-term actions arising from recent reviews. The Committee also discussed ongoing work relating to Never Events, with particular attention to the need for robust processes. The Quality Governance review highlighted good practice but identified several areas requiring attention; recommendations were accepted and an implementation plan is in place.
3. The Committee acknowledged the use of Alert, Advise and Assure (Triple A) reporting to strengthen assurance. There has been an increase in the number of meetings, reflecting the commitment to continuous improvement. A clinical review of paediatric orthopaedics identified areas of concern, specifically regarding the high level of harm noted. A three-month progress update was received, demonstrating improvements in the quality of care.

In the discussion the following points were made:

1. There was a discussion regarding the recent increase in Patient Safety events, noting the importance of understanding whether this rise is linked to improved reporting. Members agreed that organisations with a positive culture are better equipped to distinguish between incidents resulting in actual harm and near misses.
2. It was acknowledged that data collection is now commonplace and that a healthy organisational culture supports effective feedback mechanisms. The Council of Governors considered how best to ensure that lessons learned are communicated throughout the organisation.
3. Members reflected on previous shortcomings in processes and welcomed the clarity now provided, confirming that actions have been completed and embedded within practice. The progress made was noted, recognising that further improvement is possible. There was consensus that objectivity in reviewing past actions is critical, and that the approach should remain supportive rather than punitive. The Council of Governors considered it reasonable to revisit previous actions to ensure their effectiveness.
4. The Council of Governors paid tribute to the Chief Medical Officer's office for its methodical, measured, and forensic response to the paediatric orthopaedic incident. Members highlighted the importance of being self-critical and maintaining robust systems to address issues, facilitate learning, reduce risk, and drive continuous improvement.

11.2/26 John Crompton, Non-Executive Director, presented the update regarding the Performance Committee.

Noted:

1. Since the last Council of Governors meeting, there have been three full meetings and two ad hoc sessions.
2. Each meeting has concentrated on operational performance, financial matters, and capital planning.
3. The Committee maintained a strong focus on the recovery plan for operational performance, with particular attention to the management of 52-week and 65-week waits. Good visibility has been achieved on these targets, and there is now a shift towards the national 18-week standard.
4. Cancer services were discussed, with the Committee recognising diagnostic capacity issues arising from increased demand.
5. The importance of addressing these challenges was highlighted, and it was acknowledged that further work is required to ensure timely access to diagnostics.
6. The Committee agreed that urgent and emergency care, as well as winter assurance and readiness, will be reviewed at forthcoming Performance Committee meetings over the coming months.
7. Cancer services were discussed, with recognition given to the diagnostic capacity issues resulting from increased demand. The Committee highlighted the importance of addressing these challenges and acknowledged that further work is required to ensure timely access to diagnostics. It was agreed that urgent and emergency care, as well as winter assurance and readiness, will be reviewed at forthcoming Performance Committee meetings over the coming months.
8. Discussions with commissioners remain ongoing. The Committee noted the delivery of £112 million in capital, which is back-end loaded. There was also a focus on digital enablement. The Committee is expecting a new Integrated Performance Report (IPR) in due course.

In the discussion the following points were made:

1. The Council commended the Board on its achievements, noting that the Trust has advanced into the top ten acute trusts nationally. Members acknowledged genuine improvement in the fundamental areas of operation, reflecting positively on overall performance. There was broad support for driving change and maintaining sustained improvement.
2. Concerns were raised regarding diagnostic wait times, recognising that any deterioration in diagnostic services presents a significant risk. It was noted, however, that rigorous processes are in place to facilitate faster diagnoses, with particular emphasis on prioritising cancer pathways. Members encouraged colleagues to make direct contact if further clarification or support is required.
3. The Council of Governors sought assurance that the rationale and logic proposed by the executive team are robust and requested regular updates on outputs to maintain oversight. Members reported feeling better informed about the challenges faced and the

interventions implemented and observed clear progress across key areas.

4. Diagnostic issues were discussed in detail, with questions raised and good visibility achieved. Notable progress in histopathology was highlighted, particularly regarding improvements in turnaround times and operational flow. Staff feedback was described as transformative, and the Council suggested that a seminar on these developments could be delivered at a future meeting to further demonstrate the benefits and share best practice.
5. Members also discussed assurance around cross-campus performance, specifically addressing patient delays between sites. It was agreed that these matters could be explored offline or at a subsequent meeting, as progress continues to be made.
6. Work at the executive level was noted, with a shared ambition and ongoing efforts to review specific care pathways. The Council requested that updates and communications on these initiatives be brought back to governors at future meetings.

11.3/26 Rohan Sivanandan, Non Executive Director, presented the update on the Workforce

1. The update noted the importance of Non-Executive Directors having a clear understanding of the Trust's people ambition.
2. The update highlighted workforce-related issues in orthopaedic and outpatient clinics, particularly around administration and reception support. Members noted the potential to improve productivity and patient experience by enabling more patients to self-book appointments.

11.4/26 James Morrow, Non-Executive Director, presented the update regarding Addenbrooke's Futures Committee.

Noted:

1. The Board noted an increase in the frequency of meetings and discussed the ongoing rebranding transformation. Members acknowledged that these developments are contributing positively to organisational clarity and engagement.
2. During the session, attention was drawn to efforts aimed at improving planned care, with particular focus on strategies to support high intensity users.
3. The Board recognised the progress made in this area and encouraged further exploration of best practice approaches. It was reported that 77% of stakeholders have now signed up for data sharing, demonstrating strong commitment to collaborative working and the enhancement of patient outcomes. The Board welcomed this level of engagement and agreed that continued monitoring of participation rates would be beneficial for future planning.

4. The Committee received an update on the Board Assurance Framework and Risk Register, noting ongoing monitoring and review. Members acknowledged the funding gap affecting Cambridge Children's Hospital but recognised the positive progress being made to address this challenge.
5. The Committee commended the hospital's achievement as the first and only institution to truly integrate physical and mental health services, highlighting this as a significant milestone in patient care.
6. Assurance was provided regarding the hospital's active participation in research, including the delivery of clinical trials within a 150-day timeframe, which was considered a positive indicator of operational efficiency and research capability. The Committee discussed prevailing constraints and agreed to continue monitoring these areas, ensuring that risks and opportunities are managed appropriately.

In the discussion the following points were made:

1. The Board received an update on the ongoing staff consultation and engagement activities at the new hospital developments, including Cambridge Children's Hospital (CCH) and the Cambridge Centre for Reproductive Health (CCRH). Members noted the importance of both patient and staff engagement in shaping these projects and acknowledged the positive response from stakeholders involved.
2. The Committee discussed challenges associated with ambient voice technology, with particular attention paid to its suitability for current operational needs. The Board agreed to continue evaluating where the technology could deliver the most value, recognising that further assessment and refinement are required before wider adoption.
3. The Board was briefed on developments at Arthur Rank Hospice, with reference to palliative care provision in the T2 clinical area. It was highlighted that this area is considered the most modern and aesthetically pleasing within the organisation. Members were informed about a recent patient engagement event held at Arbury Community Centre, which provided an opportunity to explore co-design options for future service delivery. The transition to the new facility was completed by mid-April, with Arthur Rank retaining beds and continuing to accept referrals. The Board noted that further options are being considered as part of ongoing service improvement.
4. The Committee sought clarification regarding research metrics, specifically the 150-day target for clinical trials. Members questioned whether this metric applies solely to drug trials or encompasses all patient-facing studies. Assurance was provided that the recruitment of the first patient includes both commercial and non-commercial research activities, reflecting the hospital's commitment to broad-based research engagement and operational efficiency.

11.5/26 Mike Keech, Chief Financial Officer, presented the update on the Audit Committee:

Noted:

1. The Committee discussed key risk areas, including oversight of the BAF update and refresh.
2. Members emphasised the importance of ensuring these activities remain aligned with the organisation's strategic direction and welcomed the progress reported in this regard.
3. Regular updates were received from both KPMG and Mazars, with particular focus on pharmacy and recruitment as significant NHS risk areas.
4. The Committee also reviewed risk management processes and data quality, noting substantial assurance and identifying minor improvements. These discussions provided confirmation that appropriate steps are being taken to address and mitigate risks, supporting ongoing assurance across the Board's remit.

In the discussion, the following points were raised:

1. Governors acknowledged recent concerns raised regarding the committee's ability to achieve quorum. Assurance was provided that the matter is under active review, with steps being taken to strengthen governance arrangements.
2. The committee is considering increasing the number of non-executive directors on each committee from three to four, as this would enhance resilience and ensure the robustness of governance processes.
3. It was noted that the current arrangement, which requires a quorum of two NEDs, presents limitations. Members agreed that adding an additional NED is a positive measure, and there are no concerns regarding NED commitment.
4. The proposed changes aim to safeguard governance standards and mitigate any risks arising from unforeseen circumstances.

Agreed:

1. To note the updates from the Chairs of the Board Committees.

12/26 Chief Executive's Report (including Integrated Performance Report)

Received and noted: the report of the Chief Executive (including the Integrated Performance Report)

13/26 Any other business

No additional items of business were raised.

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Council of Governors: Action Tracker

Minute	Action	Lead	Target date	Status	RAG rating
39/25	1. To agree that the Chief Operating Officer will arrange a visit for governor representatives to T2 once the area is fully operational, subject to the necessary arrangements being in place.	Chief Operating Officer	June 2026	The unit is expected to commence admitting patients in mid-April 2026. In view of this, it is proposed that a governors' visit be arranged for June 2026, allowing time for the ward to be fully established prior to hosting visitors. A formal process for visits will be developed and, due to the nature of the unit, numbers will be controlled appropriately	**AMBER**

Cambridge University Hospitals NHS Foundation Trust

Council of Governors meeting
(held in Public)
Wednesday, 24 June 2026

Agenda item:	06			
Title	Report from the Lead Governor			
Report Sponsor	N/A			
Author	Helena Rubinstein			
Status	**Decision**	**Assurance**	**Information** ☑	**Discussion** ☐

RECOMMENDATION

The Council of Governors is asked to:

- note the content of the paper, which aims to provide details of the Governor activities that have taken place since last Council of Governors meeting.

KEY MESSAGES

The Council of Governors is asked to note the update report, which aims to highlight continued engagement between the Council of Governors, the Board and the wider organisation.

During the quarter, governors received updates through the Governor Seminar on the Trust's Patient and Public Involvement plans, the revised Trust strategy, and divisional activity. This has helped to support governors in developing a broader understanding of key Trust priorities and the wider context for formal Council of Governors business.

The Council of Governors met in its revised format for the second time at its last meeting, feedback received from governors has been positive noting that the agenda had enabled to continue to support governors to gain a greater visibility of Board business, open discussion and constructive debate. Governors received updates from Non-executive Directors on Board Committee activity and from the interim Chief Executive on Trust performance. The Council also approved the proposed amendment to the Trust's Constitution to include a 'Rest of England' constituency, which was then also approved by the Board.

Governors have also contributed to wider governance and engagement activity, including providing feedback as part of the Chair's appraisal process, participating in forthcoming Non-executive Director appointment processes, supporting work to develop volunteering opportunities at the Trust, and implementing a Governor Issues Tracker to capture feedback from patients and the public.

Cambridge University Hospitals NHS Foundation Trust

BACKGROUND, INCLUDING PURPOSE OF THE REPORT

This report summarises recent governor seminars, formal Council of Governors business, and additional governor activities undertaken during the reporting period. It also provides assurance that governors continue to receive information and opportunities for discussion that support their role in representing the interests of members and the public, holding the Non-executive Directors to account, and contributing to the wider governance of the Trust.

ALIGNMENT TO TRUST STRATEGIC PRIORITIES

Our strategy: a healthier life for everyone through care, learning and research 2026-2031		**Indicate all that apply**
	Deliver Excellent and Timely Care	☐
	Transform How and Where We Deliver Care	☑
	Harness Research and Innovation to Improve Patient Outcomes	☐

ALIGNMENT TO MOST RELEVANT STRATEGIC RISK

Not applicable

PAPER REVIEW AND GOVERNANCE PATHWAY

Name of group or committee that has previously considered this report	**Date**
Not applicable	
Name of group or committee that the report will be presented to in the future	
Not applicable	

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24 June 2026

Council of Governors
Report from the Council of Governors
By Helena Rubinstein, Lead Governor

The aim of this paper is to provide the Board with an update on the Council of Governor activities undertaken since the last Council of Governors meeting.

Provided below are a number of meetings that have taken place:

1. Recent Governor meetings

1.1 At the **Governor Seminar** presentations were delivered by Executive Directors and their supporting teams. The first presentation informed governors on the work taking place with the Trust's Patient and Public Involvement plans, which is led by the Chief Nurses team; a second presentation provided an update to governors on the Trust's revised strategy, which had been approved by the Board following engagement with a number of stakeholders including governor involvement at a number of forums. Governors also received an update on the work taking place across Divisions. The Seminar enabled governors to gain a greater understanding on key topics in support of the formal business covered at the Council of Governor meetings.

1.2 Following the Seminar, the formal **Council of Governor meeting** was held continuing in its revised format for the second time. The agenda once again helped governors gain a greater understanding of the Board's business and for open discussion and debate. The Non-executive Directors provided updates on the Board Committee's business with the interim Chief Executive providing an update on the performance of the Trust, supported by executive colleagues with governor's queries and interaction welcomed. At the meeting the recommendation to amend the Trust's Constitution was approved to include 'the Rest of England' constituency, which was planned to be presented to the Board to seek their dual approval.

2.0 Other Governor activities

2.1 Governors had the opportunity to participate in the **Chair's appraisal** with their feedback provided to the Senior Independent Director who was leading on the Chair's appraisal.

2.2 Members of the **Council of Governors' Nomination and Remuneration Committee** have been invited to participate in the two Non-executive Director interviews scheduled to take place in the summer.

2.3 Work has continued on the **Volunteer Initiative** at Addenbrookes, with the engagement of a number of Governors to look at how the volunteer role can be expanded at the Trust. A number of Governors met with fellow Volunteer representatives at the Royal Marsden NHS Foundation Trust, which enabled good practice and experience to be shared with the Volunteer services at CUH. Governors are working with the management team responsible for volunteers to canvas opinion about potential future new roles.

2.4 A **Governor Issues Tracker** has been developed to capture governor's feedback to help support them in fulfilling their statutory duties. This covers issues raised by patients and the public concerning the Trust that can then be used to escalate to the Board and as appropriate.

3.0 Governors Leaving

Thank you to all governors who have supported CUH during their terms of office, I would like to wish those governors with terms of office that have come to an end and for those governors who have chosen to not stand for re-election in this election round.

4.0 Upcoming Governor meetings

4.1 The next three months of governor meetings include the following:

- July 2026: Governor Nomination and Remuneration Committee involvement in Non-executive Director Interviews

4.2 The Governors Forum: Wednesday, 5 August 2026.

5.0 Recommendation

5.1 The Council of Governors is asked to note the content of this report.

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Audit Committee
Escalation and Assurance report to Council of Governors

Committee Meeting date:	**29 April 2026**
Chair's Name and designation:	**Mr D Abrams**

KEY ESCALATION AND DISCUSSION

Alert *(items to be escalated)*

The Committee were provided with an update on the status of contract negotiations with commissioners, with the current offers around £16m below planned levels for 2026/27.

Advise *(areas of ongoing monitoring and/or any new developments that need to be communicated)*

The management action tracker highlighted two actions where the original due dates had been September 2025 and had subsequently been revised to April 2026. Revised timescales were noted, and assurance was sought that appropriate oversight remained in place to support delivery of the outstanding actions.

The PFI matter remains ongoing, although there is increased confidence that an agreement will be reached. It was noted that the associated documentation will not be completed ahead of audit completion and accounts sign-off in June 2026.

An update was received following the recent Counter Fraud Authority visit, where concerns had been raised regarding the reporting of referrals through the CLUE system. Following discussion with the Committee Chair, Chief Finance Officer and auditors, a revised process has been implemented. The annual submission has been updated to reflect the revised arrangements, with 10 green and 3 amber ratings reported.

The internal audit report on the Patient Safety Incident Response Framework was considered, which provided partial assurance with improvements required. The findings were noted, together with the actions being progressed.

Assure *(assurance that has been received)*

The draft Head of Internal Audit conclusion for 2025/26 was received. This provided amber-green opinions in respect of governance, risk management, and financial reporting and management. These opinions reflected that controls were broadly operating effectively, while recognising some exceptions in control design and opportunities for more consistent application in some areas.

As part of the Head of Internal Audit conclusion for 2025/26, an amber-red opinion was provided in respect of data captured and used by the organisation. This reflected weaknesses in the design and/or implementation of some controls and inconsistency in their operation. The findings were noted, together with the actions being taken to strengthen controls in this area.

Assurance was received from the internal audit report on the Data Security and Protection Toolkit, which provided a rating of significant assurance with minor improvement opportunities.

The internal audit report on Key Financial Controls provided a mixed assurance outcome. Significant assurance with minor improvement opportunities was provided in respect of the Cost Improvement Programme, while the process controls objective received partial assurance with improvements required. The findings were noted, together with the actions being taken to address the identified control improvements.

A positive update was received on progress against the IT, digital and cyber action plan. The improvements reported were noted, alongside the continued focus on strengthening the Trust's digital and cyber resilience arrangements.

Decisions *(made during the meeting)*

The Committee approved or endorsed the following items for onward reporting:

1. The Internal Audit Plan for 2026/27.
2. The Local Counter Fraud Annual Plan for 2025/26
3. The Local Counter Fraud Plan for 2026/27.
4. The CUH Cyber Security Strategy
5. The report supporting endorsement of the Going Concern Statement.
6. The report on assurances from those charged with governance.
7. The Annual Modern Slavery Act Statement.
8. The revised Audit Committee Terms of Reference.

New risks identified

No new risks were formally agreed for inclusion on the risk register or Board Assurance Framework at this meeting.

Escalation to other committees

There were no concerns for escalation to other committees.

Attendance Record				
Name of members	**29 Apr 2026**	**17 Jun 2026**	**16 Sept 2026**	**18 Nov 2026**
Mr D Abrams				
Mr J Crompton				
Ms P Hird				
Dr J Morrow				
Mr M Keech				

Key:

Attended	
Deputy on behalf but not part of quoracy	
Apologies	
Not a formal committee member at this point	

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Quality Committee
Escalation and Assurance report to Council of Governors

Committee Meeting date:	**06 May 2026**
Chair's Name and designation:	**Ros Smyth**

KEY ESCALATION AND DISCUSSION

Alert *(items to be escalated)*

The transition from Cambridgeshire and Peterborough Integrated Care Board to the Central East Integrated Care Board (CEICB) from 01 April 2026 represents a significant change in commissioning and quality oversight arrangements. The transition period presents a risk of reduced commissioner capacity and continuity, with potential gaps in quality oversight, reporting and escalation as responsibilities transfer and new governance arrangements mature, including increased regional involvement.

There are ongoing challenges in supporting the timely completion of PSII improvement actions, with 77 of 79 actions currently overdue. This poses a risk to assurance, organisational learning and demonstrable improvement following serious incidents.

The Trust continues to be an outlier in antimicrobial usage across several antibiotic stewardship measures when benchmarked against the Shelford Group. Despite the identification of modifiable factors, performance remains poor relative to peer organisations. Further targeted action is required, and where staffing or resource gaps are identified, associated investment cases will need to be developed and progressed.

The Mental Health Annual Report highlighted the sustained impact of a high volume of complex adult and paediatric mental health patients on the delivery of care, particularly within the Emergency Department and on inpatient wards when patients are admitted. This continues to present operational and quality risks across urgent and inpatient pathways.

Advise *(areas of ongoing monitoring and/or any new developments that need to be communicated)*

The Board is asked to note longstanding non-compliance with Major Trauma Centre (MTC) standards, which remains a point of concern. This will return to Quality Committee for further assurance.

The Committee was previously sighted on dialysis capacity pressures, and noted the escalation of a candidate risk via the Risk Oversight Committee relating to potential patient harm from reduced dialysis capacity linked to the planned closure and rebuild of off-site dialysis centres affected by RAAC. Rising demand for dialysis services presents a further risk that insufficient capacity may be commissioned across the region, irrespective of RAAC remediation timelines.

Infection Control estate constraints and monitoring arrangements remain under review, with dependency on estates solutions.

The Maternity Incentive Scheme (MIS) Year 8 introduces increased reporting requirements, with enhanced assurance reporting to be provided to both Quality Committee and the Board of Directors.

Theatre capacity constraints in the Rosie Hospital were discussed. Mitigations are in place; however, this remains a risk requiring ongoing oversight.

Assure *(assurance that has been received)*

The Infection Control BAF provided assurance that, following the transmission of a blood‑borne infection in the Emergency Department, an appropriate incident management response was undertaken in conjunction with UKHSA. This work identified a number of actions requiring completion at both Trust‑wide and divisional level, which are being addressed through established governance arrangements.

The six-month update on the implementation of the Learning, Accountability and Change action plan was provided to the Committee. Good progress has been made across the action plan, with a number of key changes now implemented.

The Committee received assurance on the management of the paediatric orthopaedic incident response, the ongoing external reviews and maintaining high professional standards cases.

Decisions *(made during the meeting)*

The Committee approved the finalised improvement plan in response to the findings from NHS England's quality governance review. The Committee also approved the proposal of the plan as the Trust's quality priority for 2026/27 and therefore, inclusion in the Quality Account 2025/26.

The Committee supported the recommendations of green spaces in the Cambridge Cancer Research Hospital design.

New risks identified

No new risks were formally agreed for inclusion on the risk register or Board Assurance Framework at this meeting.

Escalation to other committees

There were no concerns for escalation to other committees.

Attendance Record				
Name of members	**06 May 2026**	**[Meeting date]**	**[Meeting date]**	**[Meeting date]**
Dr S Broster				
Dr J Morrow				
Mr R Sivanandan				
Prof R Smyth				
Ms L Szeremeta				

Key:

Attended	
Deputy on behalf but not part of quoracy	
Apologies	

NHS
Cambridge University Hospitals
NHS Foundation Trust

People, Education and Culture Committee Escalation and Assurance report to Council of Governors

Committee Meeting date:	**3 June 2026**
Chair's Name and designation:	**Mr Rohan Sivanandan**

KEY ESCALATION AND DISCUSSION

Alert *(items to be escalated)*

Not applicable.

Advise *(areas of ongoing monitoring and/or any new developments that need to be communicated)*

The Committee received an update on Freedom to Speak Up and was advised of changes in the national and local context, alongside a full-service review currently underway. The Committee noted that 303 cases were raised during 2025/26, an increase from 295 in 2024/25, with the main themes relating to worker safety and wellbeing and inappropriate behaviours.

The Committee was also advised that staff survey results showed a decline in staff feeling safe to speak up and in confidence that the organisation would take action. Work is underway to strengthen data, reporting and triangulation of concerns raised across the organisation, to support improved oversight and a more coordinated organisational response.

The Committee received a staff story on the support for staff experiencing menta ill health, anxiety, stress, depression remaining the largest cause of sickness absence at CUH, accounting for nearly 22% of all Trust absence as of February 2026. This position mirrors the wider NHS picture, where mental health conditions account for nearly a quarter of all absence. The Committee was also advised that CPFT had ceased provision of the system procured fast-track Staff Mental Health Service in February 2026. This has caused distress to a number of CUH colleagues who had accessed and valued the service. CUH is working to explore future commissioning options for a replacement service.

Assure *(assurance that has been received)*

Through the report of the Chief People Officer, the Committee was advised that CUH remains in segment 2 under the National Oversight Framework overall, and in segment 1 within the People and Workforce domain, reflecting a high-performing position. The Committee noted that the performance indicators are expected to be expanded later in the year.

The Committee also noted the work underway on addressing emerging themes from the 2025 National Staff Survey and the progress being made to move from insight into coordinated action, aligned to the cultural ambitions being developed through the Board-led Task and Finish Group. An update was also provided on implementation of the Equality, Diversity and Inclusion Strategy.

The Committee was advised that, at Month 1, the Trust was marginally within its workforce plan overall, with agency use also within plan; however, bank usage was above plan. The Committee noted that industrial action and the later closure of a winter ward had contributed to additional temporary staffing usage.

Given the Trust has published a new strategy, it is timely to revise its people strategy (previously these have been described as CUH Workforce Commitments, that appear in the former Trust Strategy). A meeting of the Committee has therefore been planned for the 12 June 2026 for its members to discuss a draft people strategy, aligned with the Trust Strategy and national and regional priorities, prior to wider engagement.

At the last Committee meeting the Terms of Reference were approved subject to any further changes being approved by the Committee Chair and Executive lead in readiness for submission to the Board at its meeting on 13 May 2026 to seek final approval. The Board approved the Terms of Reference for the Committee to take forward.

The Committee received assurance that CUH had submitted a compliant workforce plan as part of the Medium-Term Planning framework and noted that the Month 1 position was within the overall limits of the plan. The Committee noted, however, that CUH had exceeded the bank temporary staffing limit and that Divisions had been asked to identify opportunities to reduce bank spend, with continued oversight through Quality and Performance meetings.

The Committee was also assured that, alongside the management of in-year performance, work is being taken forward to consider the longer-term workforce position across years 2 and 3 and beyond. This will support planning for future transformation, new ways of working and opportunities to deliver services differently.

Decisions *(made during the meeting)*

The Committee noted the update on the Board Assurance Framework and noted that the Committee's Terms of Reference had been approved by the Board in May 2026.

Through the Chief People Officer's Director's Report, the Committee also noted that a development session would be held on 12 June 2026 regarding the People Strategy.

The Committee also noted the Freedom to Speak Up report, the six-month update on the Verita action plan, and the Month 1 workforce update.

New risks identified

No new risks were formally agreed for inclusion on the risk register or Board Assurance Framework at this meeting.

Escalation to other committees

There were no concerns for escalation to other committees.

Attendance Record				
Name of members	**3 June 2026**	**23 Sept 2026**	**6 Nov 2026**	**18 Dec 2026**
Mr R Sivanandan				
Ms P Hird				
Ms A Layne-Smith				
Prof P Maxwell				
Dr S Broster				
Ms L Szeremeta				
Mr D Wherrett				

Key:

Attended	
Deputy on behalf but not part of quoracy	
Apologies	
Not a formal committee member at this point	

NHS
Cambridge University Hospitals
NHS Foundation Trust

Performance and Finance Committee Escalation and Assurance report to Council of Governors

Committee Meeting date:	**6 May 2026**
Chair's Name and designation:	**John Crompton – Non-executive Director**

KEY ESCALATION AND DISCUSSION

Alert *(items to be escalated)*

- The Chief Operating Officer escalated sustained pressure across Urgent and Emergency Care (UEC), including incomplete recovery against 4□hour and 12□hour standards, persistent discharge delays, and increasing system fragility despite targeted mitigations.
- Rosie maternity theatres were escalated as a capacity and quality risk, with facilities not compliant with modern standards and teams operating under sustained pressure, increasing risk despite no recorded harm to date.

Support requested from the Board includes:

  - endorsement of escalation to arbitration where contract resolution cannot be secured;
  - support for a whole-system approach to UEC recovery, including discharge, flow and community diversion; and
  - continued capital prioritisation for safety-critical infrastructure.

Advise *(areas of ongoing monitoring and/or any new developments that need to be communicated)*

- The Integrated Improvement Plan (IIP) is being submitted monthly to NHS England Regional Team following Tier 1 elective oversight and the Verita review, providing assurance on delivery of access and recovery actions.
- Elective performance has improved materially over the year, including reductions in total waiting list size and progress toward clearing 65-week waits, with residual risk concentrated in gynaecology.
- Cancer performance remains strong on 28-day Faster Diagnosis, with 62-day under-performance driven primarily by breast, renal and radiotherapy capacity constraints which continue into 2026/27
- Diagnostics performance has deteriorated due to rising demand, particularly in cardiology imaging, with mitigations underway including mobile MRI, weekend CT, outsourcing of reporting and additional ultrasound and echocardiography capacity.
- UEC improvement activity includes workforce redesign to better match peaks in demand, enhanced ambulatory emergency care capacity, strengthened specialty response tracking and appointment of a dedicated programme manager.
- Winter performance was broadly stable compared to the previous year despite higher demand, with fewer IPC-related bed closures and strong flu vaccination uptake; a full after-action review is underway to inform winter planning.

- Capital delivery improved overall, with contract extensions approved to maintain service continuity while full re-procurement and longer-term planning progress.

Assure *(assurance that has been received)*

The Committee received assurance from the Executive Team that:

- the scale, drivers and concentration of the 2026/27 contractual income risk are clearly understood and actively managed;
- arbitration options and associated reputational and system risks have been explicitly identified and are subject to appropriate governance;
- productivity and transformation delivery is being accelerated and is not contingent on success in contractual negotiations;
- appropriate governance and due diligence had been applied to the proposed extension of the catering and domestic services contract to March 2027, providing continuity of service while full re-procurement and longer-term planning are progressed. The Committee was assured that risks to service quality, workforce stability and operational delivery were being appropriately managed during the interim period.
- the extension of the Telefónica Tech contract has been agreed within Board-approved budget parameters, securing continuity of core IT infrastructure and support services until November 2028
- clear arrangements are in place for phased decision-making, market testing and ongoing Committee oversight to ensure investment remains aligned to Trust priorities and capital affordability.
- workforce growth in Q4 reflected a time-limited elective recovery sprint, with plans in place to revert to sustainable run-rates;

Decisions *(made during the meeting)*

- The Committee noted the updated position on 2026/27 contract negotiations with Central East ICB.
- The Committee endorsed acceleration of productivity and transformation activity as a priority for 2026/27.
- The Committee noted the Integrated Improvement Plan and its use as an assurance mechanism with NHS England.
- The Committee approved the proposed contract extensions for catering, domestic services and IT managed services.
- The Committee approved the Trust budget allocations as presented.

New risks identified

n/a

Escalation to other committees

n/a

Attendance Record							
Name of members	**6.5.26**	**[Meeting date]**	**[Meeting date]**	**[Meeting date]**	**[Meeting date]**	**[Meeting date]**	**[Meeting date]**
J Crompton							
D Abrams							
R Smith							
A Layne-Smith							
M Keech							
N Kirby							
B Hughes							

Key:

Attended	
Deputy on behalf but not part of quoracy	
Apologies	

NHS
Cambridge University Hospitals
NHS Foundation Trust

Performance & Finance Committee Escalation and Assurance report to Council of Governors

Committee Meeting date:	**4 June 2026**
Chair's Name and designation:	**John Crompton – Non-executive Director**

KEY ESCALATION AND DISCUSSION

Alert *(items to be escalated)*

- **Patient flow and discharge delays**
  The Committee noted a sustained and material increase in patients medically fit for discharge, driven by system capacity constraints in social care and intermediate care. This is resulting in prolonged lengths of stay, increased operational inefficiency, and direct impact on urgent and emergency care performance. The Committee considered this a significant strategic risk, requiring continued Board oversight and system-level engagement.
- **Diagnostics recovery trajectory**
  Performance against diagnostic waiting time standards remains off trajectory, with recovery dependent on sustained additional capacity and improved demand management. Full recovery is not expected until end of Q3 2026/27 and remains sensitive to demand growth.
- **Estate fire safety investment**
  The Committee noted that the current fire safety provision is expected to be fully utilised within the financial year, with further investment likely required. There is a need to consider future provision within the 3-year capital plan.

Advise *(areas of ongoing monitoring and/or any new developments that need to be communicated)*

Board Assurance Framework (BAF) and Corporate Risk Register (CRR)

- The refreshed BAF is being finalised for Board approval in July.
- The Committee reviewed three principal risks:
  - Access to care (BAF 003)
  - Estates compliance and resilience (BAF 005)
  - Financial sustainability (BAF 009)
- Further development is required to strengthen risk trajectories, milestones and KPIs, particularly for access to care.
- The financial sustainability risk (rated 20) reflects both planning and delivery risk, with a need to distinguish between these elements.

Operational performance

- Elective performance has improved and is close to plan.
- Diagnostics performance is showing early improvement following increased capacity.
- Cancer performance remains strong in key areas, with ongoing capacity constraints in radiotherapy affecting delivery.
- Urgent and emergency care continues to face system-wide pressures, with demand exceeding capacity and constraints in patient flow.

Secure Data Environment (SDE)

- The Trust continues to lead a regional SDE programme with increasing national interest.

- The platform is operational, with multiple live and pipeline research projects.
- Ongoing monitoring is required in relation to future commercial and contractual arrangements.

National Oversight Framework

- National performance metrics and regulatory approach for 2026/27 remain unconfirmed. This creates uncertainty in forward planning and reporting, although preparatory work is underway.

Financial position (Month 01)

- Month 01 position is adverse to plan, primarily due to industrial action.
- Underlying performance remains aligned with plan.
- Delivery of PEP remains a key risk, including an unidentified cost out element.
- Industrial action costs are not expected to be funded nationally and will require internal mitigation.

Premises Assurance Model (PAM)

- A new compliance-based, binary scoring framework has been introduced.
- The Trust has demonstrated improvement across domains, with evidence-based assessment.
- The Committee supported a phased implementation approach focusing initially on the main hospital site.

Assure *(assurance that has been received)*

The Committee received assurance from the Executive team that:

- financial controls are robust and that the new financial ledger has been successfully implemented. Underlying financial performance is stable.
- key controls and mitigating actions are in place across the principal BAF risks reviewed.
- structured oversight arrangements are in place, including taskforces and performance monitoring, to manage elective recovery, diagnostics and UEC pressures.
- funding for the SDE is ringfenced, governance arrangements are robust, and delivery is progressing as planned.
- regarding the PAM, compliance is evidence-based and improving, with a structured programme of action planning to address identified gaps.

Decisions *(made during the meeting)*

- The Committee approved the drawdown of Secure Data Environment (SDE) funding.
- The Committee supported progression of the BAF refresh, with further development of trajectories and metrics.
- The Committee endorsed the phased approach to PAM implementation, prioritising the main hospital estate.
- The Committee noted and approved the financial, operational and capital reports.

New risks identified

N/A

Escalation to other committees
N/A

Name of members	6.5.26	4.6.26				
Mr J Crompton						
Mr D Abrams						
Prof R Smith						
Ms A Layne-Smith						
Mr M Keech						
Mr N Kirby						
Ms B Hughes						
Ms S Jensen	n/a					

Key:

Attended	
Deputy on behalf but not part of quoracy	
Apologies	

Cambridge University Hospitals NHS Foundation Trust

Council of Governors meeting
(held in Public)

Wednesday, 24 June 2026

Agenda item	09			
Title	CEO and Executive Team update			
Report Sponsor	Nicola Ayton, Chief Executive			
Author	Executive Team Jessica Kenny, Director of Governance and Performance Glenn Burgess, Chief of Staff			
Public/private	Public			
Status	**Decision** ☐	**Assurance** X	**Information** X	**Discussion** ☐

RECOMMENDATIONS

The Council of Governors is asked to:

- **NOTE** the updates provided by the Executive Team.

KEY MESSAGES

- Since the last meeting, our biggest areas of focus have been:
    a) responding to challenges in our Urgent and Emergency Care pathways including tackling long waits for patients and managing the pressures associated with delayed discharges;
    b) delivery of the Verita investigation action plan with strong progress against all six-month commitments;
    c) conversations with colleagues across the Trust and wider system about delivering our new five-year strategy and implementing the first two months of our 2025-26 delivery plan; and
    d) taking steps to improve the way the Trust functions for patients and staff through changes to our operating model and ways of working.

<u>Performance headlines</u>

- The Trust's rate of patient safety incidents of moderate harm and above remains below the 2% threshold across all divisions.
- There have been no new hospital-onset MRSA bacteraemia cases reported during the reporting period, with one case recorded year to date.
- The Trust's CQC preparedness plan is being refreshed to align with the current framework. External mock Well-Led interviews will be commissioned to test and support preparedness so that we can learn and make changes to improve care for patients.
- UEC performance has been poor over April and May and we are taking a range of short and longer term actions to reduce waits and improve quality
- Initiatives to expand capacity in MRI, CT, echocardiography and non-obstetric ultrasound have reduced the diagnostics waiting list. Sustaining this is a priority for the organisation.

Cambridge University Hospitals NHS Foundation Trust

BACKGROUND, INCLUDING PURPOSE OF THE REPORT

This paper provides a concise overview for the Council of Governors from the Executive Team covering our collective areas of accountability: safe and effective care; access and operational performance; people; finance, productivity and planning; major projects and digital.

There has been no update to the NHS Oversight Framework (NOF) segmentation tables since the last Board of Directors meeting, and the Trust remains in segment 2, with no financial override applied to our position. We continue to await publication of the 2026/27 NOF and confirmation of the metrics included in every domain.

ALIGNMENT TO TRUST STRATEGIC PRIORITIES

Our strategy: a healthier life for everyone through care, learning and research 2026-2031		**Indicate all that apply**
	Deliver Excellent and Timely Care	☑
	Transform How and Where We Deliver Care	☑
	Harness Research and Innovation to Improve Patient Outcomes	☑

ALIGNMENT TO MOST RELEVANT STRATEGIC RISK

N/A

PAPER REVIEW AND GOVERNANCE PATHWAY

Name of group or committee that has previously considered this report	**Date**
N/A	
Name of group or committee that the report will be presented to in the future	
N/A	

Cambridge University Hospitals NHS Foundation Trust

24 June 2026

Council of Governors

1. Executive Team update

1.1 Strategic context

1.1.1 On 2 June the government formally announced the establishment of the Greater Cambridge Development Corporation. The announcement builds on the work of the Cambridge Growth Company and Cambridge Ahead to support continued development of the city and its surrounding area as a national economic hub for science and innovation. The Trust is considering further how to engage with these partners to ensure health infrastructure remains included in development conversations.

1.2 Safe and effective care

1.2.1 Patient safety

- The Trust's rate of patient safety incidents of moderate harm and above remains below the 2% threshold across all divisions, with sustained improvement in Duty of Candour Stage 1 compliance. Falls per 1,000 bed days remain above the internal improvement trajectory, although performance continues to meet agreed quality requirements with the Integrated Care Board. The Trust remains compliant with venous thromboembolism risk assessment standards.

1.2.2 Accountability and oversight

- The Trust has strengthened its oversight of external reviews and is restructuring quality governance through strengthened processes, clearer accountability and increased assurance of delivery. Challenges remain in the timeliness of patient safety incident investigations and action completion, alongside a continued increase in discharge-related incidents linked to hospital transport delays. While there has been a slight reduction in overdue incidents, the overall volume remains high and continues to be closely monitored at Patient Safety Oversight Group.

1.2.3 Infection control

- There have been no new hospital-onset MRSA bacteraemia cases reported during the reporting period, with one case recorded year to date. The Trust remains compliant with National Safety Syllabus training. One formal Risk Oversight Group relating to the use of enriched culture medium in Group B streptococcus screening has been closed following completion of required actions, with a closure report approved by the Patient Safety Oversight Group, confirming that risks have been appropriately addressed and governance requirements met. Whilst the Trust has confidence in its infection control policies and procedures, work is underway to improve the overarching approach to Infection Control

1.2.4 CQC preparedness

- The Trust's CQC preparedness plan is being refreshed to align with the current CQC framework, with a focus on clear expectations for Core Service Boards, strengthened risk oversight, and systematic learning from previous inspections and peer reviews. A staff engagement and communications approach is being developed to support delivery. A dedicated session was held with Trust Board on 13 May 2026, and external mock Well-Led interviews will be commissioned to test and support preparedness.

1.3 Access and operational performance

1.3.1 Urgent and Emergency Care (UEC)

- Performance in April 2026 against both the 4-hour and 12-hour standards has been significantly below plan, at 68.5% and 10.0% respectively. This pressure continued through May. Over the summer, a range of developments are progressing to drive significant improvements in waiting times for patients at CUH. These plans have been informed by the national GIRFT programme, visits to high performing providers and evidence based national guidance. Priorities include implementation of an Extended Emergency Medicine Ambulatory Care unit, a new Children's Observation Unit, reconfiguration of the emergency receiving units to optimise patient flow, and workforce changes to address shortfalls in capacity during times of peak demand. These are being geared to deliver a step change and sustained improvement to UEC access standards as part of a programme overseen by the UEC Taskforce. Delivering the programme of work is being supported by a new UEC Programme Manager, following their appointment in May.

1.3.2 Planned care

- CUH have delivered significant improvements in shortening waits for planned care over the last year. This is reflected in our ranking relative to other NHS hospitals, with the latest data indicating CUH is out of the bottom quartile for waits over a year and into the second highest quartile for the proportion of patients under 18 weeks. In April 2026, the number of patients waiting over 65 weeks fell to its lowest level since the pandemic at 25 patients, including six late referrals from other hospitals and three patients who had their treatment cancelled due to industrial action from resident doctors, down from 128 patients in June 2025. A small number of specialties continue to have higher numbers of patients waiting over a year for treatment, including Gynaecology and Cardiology. Additional activity is planned for these specialties in the first half of the year through both additional capacity and productivity initiatives.

1.3.3 Cancer care

- High levels of performance against the 28-day Faster Diagnosis Standard have been sustained, with CUH regularly in the top 10 NHS providers nationally. Performance against the 62-day referral to treatment standard has demonstrated improvements, although remains below plan. Delivery against the 31-day cancer treatment standard has been recognised as a particular challenge with recovery not forecast until after the commissioning on two new linear accelerators is complete in the Autumn, bringing capacity in radiotherapy to the level required to satisfy demand.

1.3.4 Diagnostics

- The combination of increased demand (driven by the elective recovery programme) and reduced capacity led to an increase in the number of patients waiting for diagnostics, with performance deteriorating since November 2025. Performance for April 2026 demonstrates a reduction in the diagnostic waiting list, the result of initiatives to expand capacity in MRI, CT, echocardiography and non-obstetric ultrasound. Sustaining this improvement is a priority for the organisation and is the focus of the Diagnostic Taskforce. In addition to workstreams focused on expanding capacity, the organisation is engaging in a national programme of work targeting reductions in demand across a spectrum of diagnostics, driven by evidence concerning their clinical utility.

1.3.5 Patient discharge

- There has been a significant deterioration in the number of patients remaining in hospital after the point where they are considered fit for discharge. In May 2026, the number of beds lost for external delays to discharge for patients who were medically fit was 169.3 compared to 116.8 during the same month last year. The primary drivers of this deterioration concern access to assessments for care, domiciliary care, intermediate care and re-ablement packages. There has been executive level escalation to both the Integrated Care Board and to the Local Authority to seek action in finding a rapid resolution. The number of internal delays in May 2026 was 66.3 compared to 61.5 in May 2025. A programme of work led by the Flow Improvement Board is geared to address these delays, which include waits for medical review and input from the complex discharge team.

1.4 People

1.4.1 In Month 1 of 2026/27 the workforce is 7 WTE below plan overall. In the past 12 months the workforce has reduced by 324 WTE (2.55%). Bank staff usage has reduced by 127 WTE in the past month but remains above plan. This is due to continued winter plans in place and the Trust response to industrial action.

1.4.2 Sickness absence remains at 4.2% (over 12 months) however, in month absence has decreased from 4.2% in March to 3.9% in April. This is the same as this time last year.

1.4.3 Work continues to strengthen the Trust's approach to leadership and culture. A Board-led Leadership and Culture Task and Finish Group has been established to support development of a new leadership and cultural ambition aligned to the Trust Strategy.

1.5 Finance, productivity and planning

1.5.1 Finance – Month 1

- The Month 1 financial position is a £3.0m deficit for performance management purposes – this is £2.0m adverse to plan due to the estimated £2.0m adverse impact of the Resident Doctor Industrial Action that took place in April 2026. Underlying Trust performance at Month 1 is therefore on plan.
- Points to note in respect of the reported Month 1 financial position:

- The inflationary pay award funding is assumed to cover the cost of the pay awards. Further clarity on pay awards for medical staffing and updated inflation funding is expected from NHSE during Quarter 1.
- Clinical income at Month 1 is based on estimates as billing is issued one month in arrears.
- There are open disputes with Central East ICB and Norfolk and Suffolk ICB regarding the 26/27 contract values which could result in further changes to reported income.

- Other notes in respect of Month 1 financial performance:

  - Whilst on plan at Month 1 the Trust Productivity and Efficiency Programme (PEP) delivery requirements increase significantly in future months. Work continues to ensure all required PEP is identified and plans are in place to deliver it.
  - Assurance over PEP development and delivery is improving but at Month 1 the Trust is still reporting a gap in identified values of £3.7m for cost reduction. Productivity scheme development and delivery will be reviewed by the Productivity Board.
  - Additional reduction in bank and agency expenditure is required to ensure delivery of the Pay PEP target for 26/27. Overall expenditure, however, remains within the NHS England expenditure limits for 26/27.
  - Approval of specific in year Quality and Safety investments may require additional PEP delivery in year to support them.

- The Trust has been allocated operational capital funding for the year of £38.0m for its core capital requirements (£7m lower than 2025/26). In addition to this we expect to receive further NHS capital funding including Children's Hospital (£11.3m); Cancer Hospital (£18.4m); Estates Safety Fund (7.3m); Return to Constitutional Standards (£3.1m). Together with capital contributions from ACT, technical adjustments in respect of PFI, and other miscellaneous DHSC awards, the Trust's capital budget for the year now totals £85.6m.
- Capital expenditure at Month 1 was £2.6m compared to plan of £4.6m but at this early stage of the year this is not a concern, and we remain on target to invest the capital plan in full.

1.6 Major projects and digital

1.6.1 Strategy

- Staff briefings have commenced to introduce the new Trust Strategy across the organisation and a range of communications and engagement material, including practical guidelines and toolkits for teams to explore and develop their own local strategies, is due to be launched shortly. Initial strategic delivery plans for years 1-3 have now been presented to the Board and work is continuing developing appropriate strategic performance metrics across the three strategic priorities and nine focus areas to enable ongoing monitoring of medium and long-term delivery.

1.6.2 Neighbourhood Health

- The South Place partnership held a workshop with all key partners on 19 May 2026 to co-develop its Neighbourhood Health Plan for 2026/27. The partnership agreed a set of deliverables under four key priorities: Improve access to prevention, early diagnosis & healthy environments; transform access to routine healthcare and social support (including GP access and outpatient redesign); embed proactive Neighbourhood teams (with an initial focus on older people with frailty); and, transform access to urgent healthcare and social support. The plan will be finalised in June before being accepted by the Health and Wellbeing Board in July.

- The CUH neighbourhood health programme is continuing to develop our strategy on UEC hubs and to explore short-term opportunities to test the model. The next step is to complete a business case for investment in the Princess of Wales (Ely) urgent care facilities.
- We have also launched our Neighbourhood Planned Care Group, which will drive forward new models of neighbourhood-based outpatient care, jointly led between primary care and CUH clinicians, and reporting into both CUH and South Place governance structures. Initial projects include testing an enhanced advice and guidance model with additional digital tools; developing shared care models for long term condition follow up (for respiratory and heart failure) and creating a single access point into planned care for frail patients with multimorbidity.

1.6.3 Cambridge Cancer Research Hospital (CCRH)

- The CCRH programme remains on track to submit its Full Business Case (FBC) in December 2026 - a submission point which has been agreed with both NHS England and the New Hospitals Programme. The Stage 2 gateway review by the National Infrastructure and Service Transformation Authority (NISTA) will be undertaken in June 2026, with the Building Safety Act gateway 2 application submitted in March 2027. Construction is planned to commence in September 2027. The programme monitors the impact of the challenging global economic conditions, with dialogue already taking place with national stakeholders.
- The CCRH transformation team continues to work closely on clinical pathways with our clinicians, patients, and staff from the University, as well as with patients. As the FBC is close to completion, focus switches to ensure that the services evolve to meet the requirements of the NHS Plan, National Cancer Plan, and the expectations of our wider stakeholders.

1.6.4 Cambridge Children's Hospital (CCH)

- Progress continues across all aspects of the Full Business Case (FBC) and engagement remains a key focus, with ongoing consultation involving regional clinical partners, children and young people, parents and carers, our 'young adult' and 'youth' forums giving time to discuss our digital strategy and what is important to them. Our regional clinical advisory board has also met to discuss our digital plans for making the CCH a hospital without walls for the region.
- Fundraising for the new hospital has passed halfway towards its £100m target, attracting strong support from philanthropists both in the UK and internationally.

1.6.5 Genomics

- CUH has commenced delivery of the East Genomic Medicine Service (GMS) contract under an interim extension arrangement, while NHSE finalises budgets and contracts across all seven GMS providers. Transformation work continues across organisational redesign, automation, and the management of short-term estates and IT priorities.

1.6.6 Research

- Preparation continues for the next National Institute for Health and Care Research Biomedical Research Centre bid, with key submissions in September 2026 and March 2027. Final outcomes are expected in September 2026 ahead of contract commencement in April 2028.
- Research delivery performance is improving, with the 60-day metric increasing from 25% to 55% (64% last month) and the 30-day metric rising from 15% to 31%.

1.6.7 Digital

- We have expanded our use of Epic's transfer centre module to streamline and standardise management of inter-hospital transfers. This was launched for our Major Trauma Service in October 2025 and recently expanded to nephrology, hepatology, gastroenterology, and intestinal rehabilitation. It provides digital transfer coordination and proactive care for high-risk patients, improving patient flow and reducing bed-days.
- The digital check-in technology at the ED front door has now been used by more than 36,000 patients since launching on 1 December 2025 up until the end of April 2026 - helping patients access the right services first time and reducing avoidable ED attendances.
- We have piloted the use of some of Epic's AI capabilities including:
    - Saving clinician time (up to 30 minutes per day) through a pilot of Inpatient Insights with 20 doctors to produce AI-generated summaries of a patient's hospital stay to date and of recent events, which is being rolled out more widely to doctors and specialist nurses very soon.
    - Boosting productivity through a pilot of AI-assisted note summarisation in Epic, resulting in a time reduction of 40% when generating a discharge summary.
    - Saving clinical time in maternity by using AI-assisted patient message drafting to speed up the time it takes to respond to questions from mothers.
- We have gone live with the use of Epic in our outpatient pharmacy provided by Rowlands. This Integrates outpatient dispensing processes (Rowlands) into the Epic system, eliminating transcription errors and redundant workflows.

2. Board Assurance Framework

2.1 Work to refresh the Board Assurance Framework following the publication of the new Trust strategy continues in line with planned timescales, with many risks presented in May and June to their oversight sub-committees for review. Collective approval of the whole document will be brought to the Board of Directors private meeting in July.

3. NHS Oversight Framework

3.1 Segmentation

3.1.1 There has been no update to the NHS Oversight Framework segmentation tables since the last Board of Directors meeting. The Trust's remains in segment 2, with no financial override applied to our position. Across England, 58% of providers were in financial override. This was to the benefit of CUH, such that we were ranked 22 of 134 providers in England.

3.2 Next NOF publication

3.2.1 We continue to await publication of the 2026/27 NOF and confirmation of the metrics included in every domain. The Trust anticipates that oversight including tiering arrangements for operational performance are likely to be scaled in accordance with whether segmentation is changing alongside deterioration in metrics. Improvements could signal reduced oversight response.

CUH Integrated Performance Report

April 2026

NHS CUH

Together
Safe
Kind
Excellent

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CUH at a glance

Access to Services – Apr-25 to Mar-26	
Number of operations	39,457
Number of day cases	97,491
Number of inpatients	56,615
Number of dialysis sessions	61,092
Number of OP appointments	1,150,318
Number of diagnostic tests (DM01)	270,059
Number of cancer patients	10,989
Number of referrals (electives and cancer)	322,993
Number of ED attendances	202,735
Number of ambulances attending CUH	30,079
Number of births	5,538

Workforce – as of 31st Jan 26	
Number of staff members	13,405
Number of staff from a minority ethnic group	5,278
Number of staff who are female	9,739

Patients	
The population CUH serves – DGH	600,000
– C&P	900,000
– Major Trauma	4.0 million
– East of England	4.6 million
Patient experience (good on Friends & Family Test)	91.5%
Number of complaints (Feb-25 to Jan-26)	796

Estate	
Number of beds	1,098
Number of theatres	39

Research	
Number of clinical studies (open in Dec-25)	576

Performance Summary

In April 2026, access to services performance has the largest proportion of metrics with performance risk. In total, 11 out of 45 metrics are showing the highest escalation risk

Domain	NOF score Q3 2025/26	Tracking against target or plan (in month)	Monthly performance position			Metric without statistical process control
			Deteriorating	Sustained	Improving	
Access to services	3 rank 78	4 on track:		1	3	
		7 off track:	**2**	**4**	**1**	
Effectiveness & experience	3 rank 104	3 on track:			2	1
		1 off track:	**1**			
Patient safety	2 rank 39	8 on track:		3		5
		6 off track:		**4**		2
Finance & productivity	1 rank 6	6 on track:				6
		1 off track:				**1**
People & workforce	1 rank 21	8 on track:		1	2	5
		1 off track:				**1**

Performance outside of the expected variance of that data labelled as either an improved position (blue colour: positive special cause variation), or a deteriorated position (orange colour: negative special cause variation).

Executive summary

The purpose of this document is to escalate areas with the highest performance risk and provide Board with assurance against these performance risks.

The Trust is currently in segment 2 of the NHS Oversight Framework (rank 22, latest position March 2026). This is a significant improvement on the previous NOF; sustained inclusion in segment 2 will require consistent improvements to UEC and Elective metrics, alongside continued stronger performance in other domains.

Access to services

- Deterioration in 4- and 12-hour UEC metrics in April although monthly average ambulance handovers improved from 30 mins to 26 mins. More detail on slide 7.
- Continued improvement across elective metrics in April. Cancer metrics for 62-days and FDS have seen a sustained improvement. There has been a deterioration in the number of patients waiting over 6 weeks for their diagnostics despite a reduction in the diagnostic waiting list. More detail on slides 8 to 10.

Effectiveness and experience

- Patient flow remained under sustained pressure in April, driven by delays in complex discharge pathways where external system constraints impact timely discharge. This has reduced bed availability and increased the number of medically-optimised patients in acute beds, with consequent pressure on ED flow and elective activity. Internal discharge processes remain stable; however, overall performance requires continued partnership working to support improvement. More detail on slide 12.
- Inpatient satisfaction with care in 2025 was just below the national standard of 95%. SHMI experienced a small increase from March but remains within expected levels. We continue to monitor closely.

Patient safety

- No increase in *C. difficile* and a slight increase in *E. coli* cases for healthcare-associated infection metrics compared to March. There was one MRSA hospital-onset case in April. *C. difficile* infections stay same as March (10 cases; 6 hospital-onset, 4 COHA). *E. coli* bacteremia also increased from 10 to 14 cases, reflecting an upward trend heading into May. More detail on slide 14.
- We remain off track with our Local Quality Requirements (LQRs) for hospital acquired pressure ulcers and are meeting 2 out of 3 LQR metrics for Falls. We are not meeting our internal targets for Falls and HAPUs per 1000 bed days. More detail on slides 15 and 16.
- There is a sustained trend of maternity postpartum haemorrhage rates for vaginal birth and delays in induction of labour rates, which are a performance risk and off track against target. More detail on slide 17.

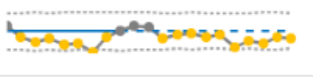
Finance and productivity

- The Month 01 position is £3.0m deficit for performance management purposes and the position is therefore £2.0m worse than planned. The adverse variance is fully attributable to the forecast £2.0m impact of the Industrial Action undertaken by the Resident Doctors in April. More detail on slide 18.

People and workforce

- The CUH workforce has reduced by 2.55% (324 WTE) over the past 12 months. In April CUH is within plan overall for Whole Time Equivalents (WTE), however bank usage is high. Agency usage continues to be low, and CUH benchmarks strongly both regionally and nationally. The 12-month rolling sickness absence is 0.1% above the NHSE target of 4.1% and there was one Health and Safety Incident per headcount. More detail on slides 19.

Link to return to the performance summary

Trust level - to end Apr 2026	Access to services			
Metric	Target	In month actual	SPC variation	24 month trend
Electives				Apr 2026
RTT - Total waiting list size	59,716	59,754	L	
RTT - Percentage of patients waiting less than 18 weeks	63.53%	63.43%	H	
Patients waiting <=18 weeks for treatment		37,901		
RTT - Percentage of patients waiting 18 weeks or less for first appointment	67.07%	70.47%	H	
Patients waiting <=18 weeks for first appointment		22,458		
RTT - Percentage of patients waiting over 52 weeks	0.80%	1.57%	L	
Patients waiting over 52 weeks		940		
Urgent and Emergency Care				Apr 2026
Percentage of emergency department attendances admitted, transferred or discharged within 4 hours	73.11%	68.58%		
Percentage of emergency department attendances spending over 12 hours in the department	6.73%	11.57%		
Ambulance handover <45mins	100.00%	86.34%		
Diagnostics				Apr 2026
Percentage of people waiting over 6 weeks for a diagnostic procedure or test	22.00%	37.86%	H	
Patients waiting >6 weeks		6,995		
Cancer				Mar 2026
Percentage of urgent referrals to receive a definitive diagnosis within 4 weeks (FDS)	84.4%	86.77%		
Percentage of patients treated for cancer within 31 days of referral	96.3%	79.92%	L	
Percentage of patients treated for cancer within 62 days of referral	79.7%	72.82%		

Performance narrative

- 4 hour performance in April 2026 was 69.1%, a decline from 71.5% in March 2026. CUH's national ranking for 4-hour performance declining to 103 in April.
- 18 week performance has seen a 0.5 percentage point in month improvement achieving 63.4%, despite the impact of Industrial Action and cessation of Q4 sprint funding.
- The RTT Total Waiting list is 58,754 is marginally behind plan by 38 patients, however we have seen a sustained reduction since August 2025.
- 940 patients were waiting over 52 weeks which is significantly behind the plan position and the of patients waiting more than 65 weeks has reduced to 25 from 40 patients.
- There has been a further decline in performance for patients waiting over 6 weeks for their diagnostics moving from 29.9% to 37.86% which is significantly behind the plan of 22.0%
- The cancer Faster Diagnostic standard has improved further to 86.77% against a plan of 84.4%. Cancer 62 days has seen an improvement but remains behind plan at 72.3%.
- Cancer 31 day is significantly behind the plan of 96.3% achieving 79.92%.

Key risks

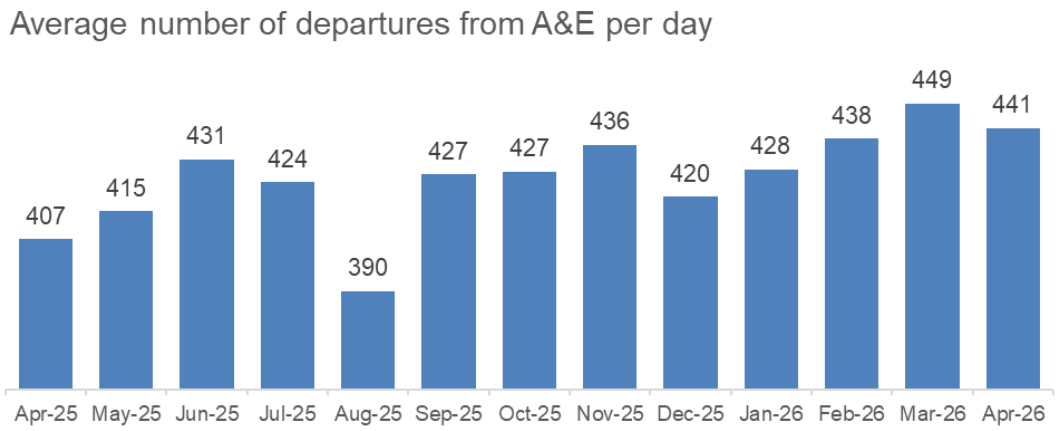
- Cancer 31-day risk regarding radiotherapy capacity due to linac replacement and staffing levels of radiographers.
- Diagnostics risk due to continued increase in demand for MRI, NOUS, Cardiac CT and Echo.
- Long wait risks remain in Gynaecology, ENT, Cardiology and OMFS with recovery actions.
- Managing the demand and capacity in UEC pathways, and workforce shortages.

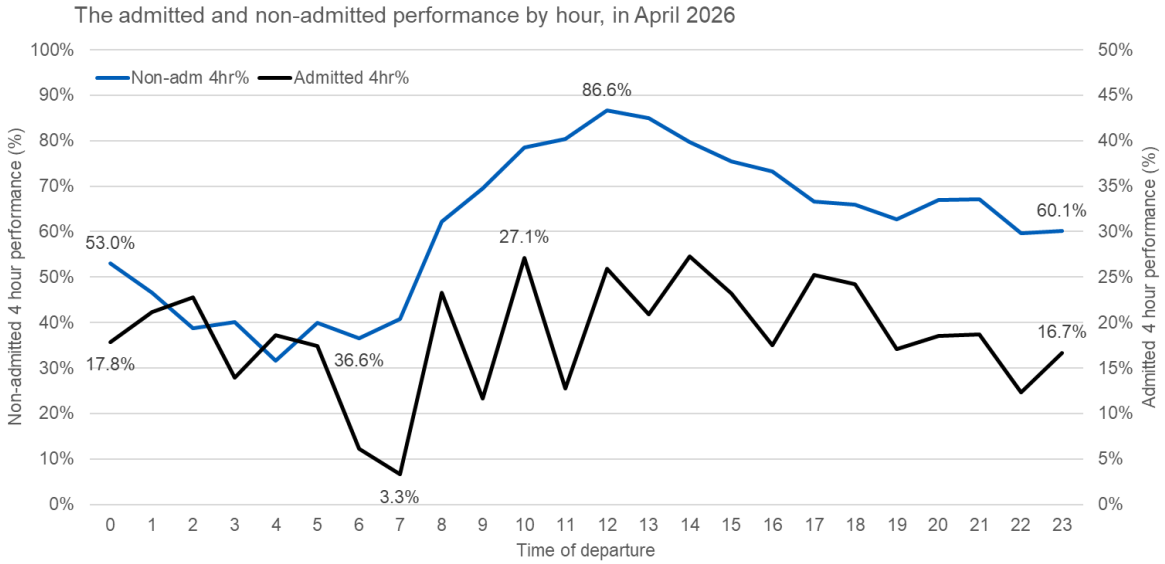
Actions and mitigations

- To support elective recovery, a continuation of outsourcing in challenged services, with additional capacity available from sustainable recovery actions including opening of theatre 39, cardiology registrar clinics.
- Mutual aid is being sought for radiotherapy capacity and recovery plans in place for surgical procedures
- Additional diagnostic capacity includes additional weekend and evening working, additional MRI scanner, agency staff and sourcing of alternative capacity.
- A staffing case to fill workforce gaps, and acute receiving unit proposal to better manage care.

Source: A&E Monthly Sitrep, RTT, DM01, Cancer Waiting Times

Deep dive UEC: escalation rule 1 – highest performance risk





Source: Operational Management Dashboard

Performance narrative

- 4 hour performance in April 2026 was 69.1%, a decline from 71.5% in March 2026 and 74.4% in April 2025. Average daily Emergency Department (ED) departures remained broadly stable, decreasing by 7 to 441 this month.

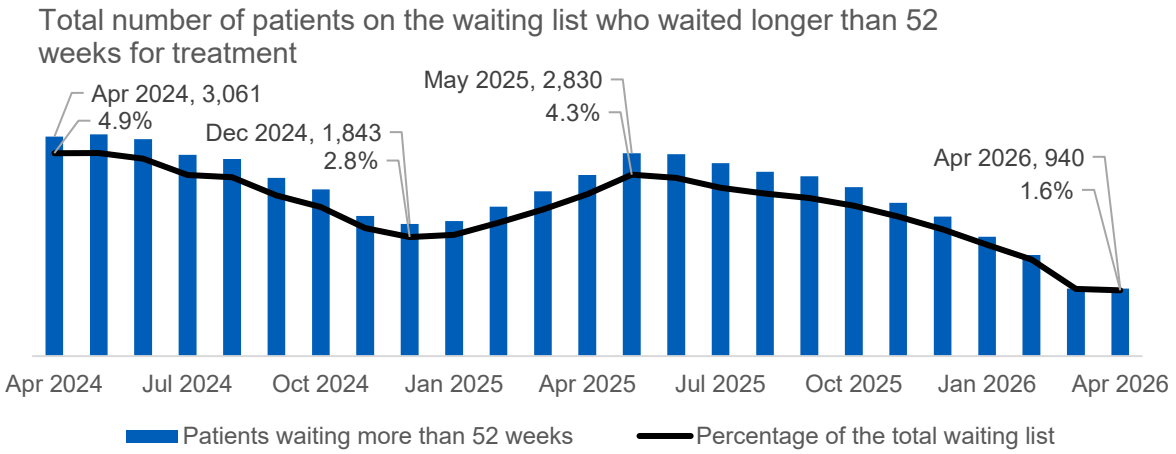
Key risks

- Demand is often overwhelming capacity later in the day when resourcing is reduced and improvement in waiting times cannot be mitigated. This then impacts on the next day performance and ability to recover.
- Increased levels of sickness and vacancies in key areas such as the UCC is reducing capability to sustain the required throughput of patients consistently.
- Poor flow out of the department is leading to overcrowding and lack of space to review patients with reliance on patients being seen within the ED rather than in assessment units and lack of adherence to the IPS. Consistent diagnostic delays with bloods and imaging are extending pathways and delaying decision making.

Actions and mitigations

- Capacity and demand modelling has been completed for UCC and Paediatrics to review attendance profiles and modify workforce patterns as required. A wider Emergency Medicine (EM) staffing case is being written to address the known gaps in processing power available out of hours and at weekends as well as address the Major Trauma Centre and EEMAC requirements. This will be ready for June 2026.
- In the interim, cover is being sourced to support the vacancies in the UCC although this can be inconsistent until the longer term solution is in place. A UCC working group is now in place to address the inconsistent daily performance and is reporting to the Divisional performance meeting.
- Planning is underway within the Acute Medicine team for the implementation of appropriately sized Acute receiving units, to release pressure within ED, and maximising opportunities for alternatives to admission, to launch late summer 2026.
- The Flow Improvement Board is embedding the IPS and improving discharges.
- The EM operational team are working with colleagues in Division B to review improvements for the diagnostic pathways, reported to UEC Taskforce.

Deep dive elective 52+ week wait performance: escalation rule 3 – lowest performance risk



Specialty	Patients waiting more than 52 weeks (April 2026)
Trust	**940**
Gynaecology	213
Cardiology	154
Oral and Maxillofacial	114
General Medicine (Lipids)	73

Performance narrative

- Overall, the number of patients waiting longer than 52 weeks for treatment has remained at 1.6% of the total waiting list with a slowing of the overall reduction in long waits. This has been impacted by industrial action and the cessation of insourcing and outsourcing in some specialties.
- CUH relative performance has improved and is now ranked in the third quartile of NHS providers for 52ww.
- Gynaecology and General Medicine (Lipids) remain key risks for long waits with 4.8% and 9.8%, respectively, of their waiting list waiting over 52 weeks.

Key risks

- Within gynaecology the key risk remains limited capacity within the specialised sub specialties of mesh, urogynae and endometriosis with complex conditions requiring specialised clinicians, limiting options to expand capacity.
- In the General Medicine Lipids service the risk is due to increasing demand in a small, specialised service. A locum has now been recruited to and is supporting the recovery of 52 weeks.

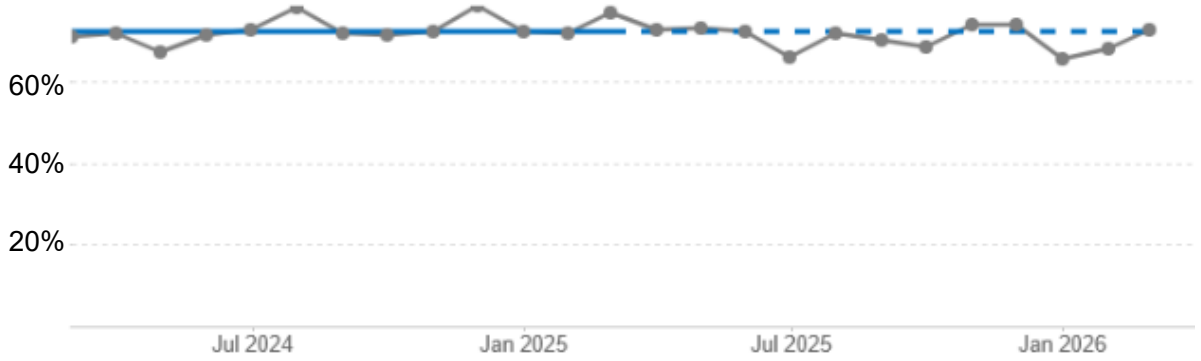
Actions and mitigations

- Continued liaison with clinical team to look at options to increase capacity.
- Additional clinics and theatres being run at weekends through WLIs
- Increased theatre capacity through the opening of theatre 39
- Pathway improvement where possible
- Continuing to explore capacity with other providers.

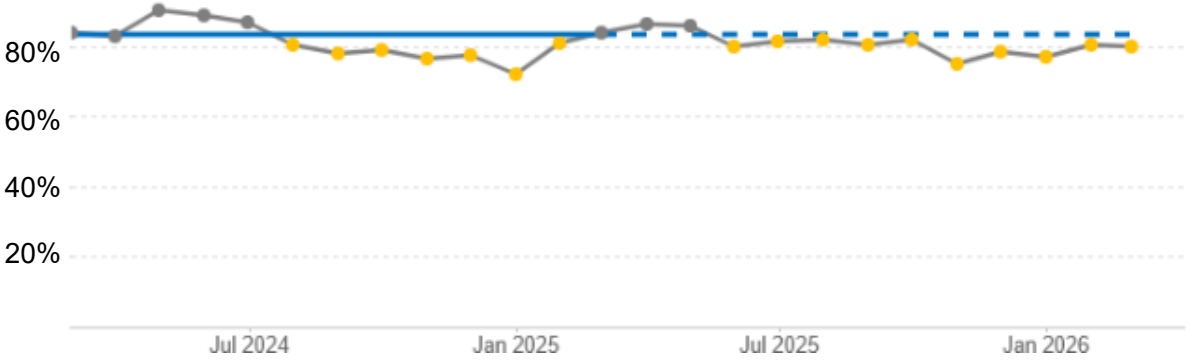
Source: Operational Management Dashboard

Deep dive Cancer 62-day & 31-day performance: escalation rule 1 – highest performance risk

Trust 62-day performance, national standard of 70%



Trust 31-day performance, national standard of 95%



Source: Cancer Waiting Times

Performance narrative

- Cancer 62-day has seen further improvement in March moving from 67.9% to 72.8%. This is behind the year end position of 75% but above the national standard.
- Cancer 31-day remains below plan at 79.9%. There has been a marginal deterioration in month from 80.8% in February

Key risks

62-day - key risks are due to delays at the start of pathways predominately in skin and breast. Key reasons are:

1. Plastics - wait time for first outpatient appointment (OPA), biopsy and excisions remain delayed.
2. Breast - wait time for first OPA exceeding 14 days is resulting in sustained 62-day breaches, due to workforce gaps for Consultant Radiologists that will continue until June and performance is not forecast to recover until August.

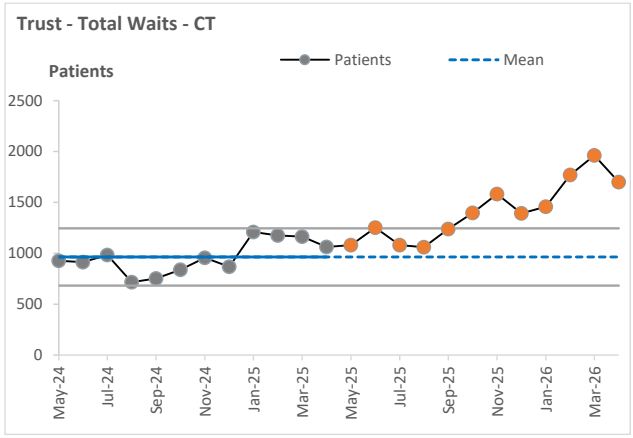
31-day - key risks remain in Radiotherapy and surgery capacity:

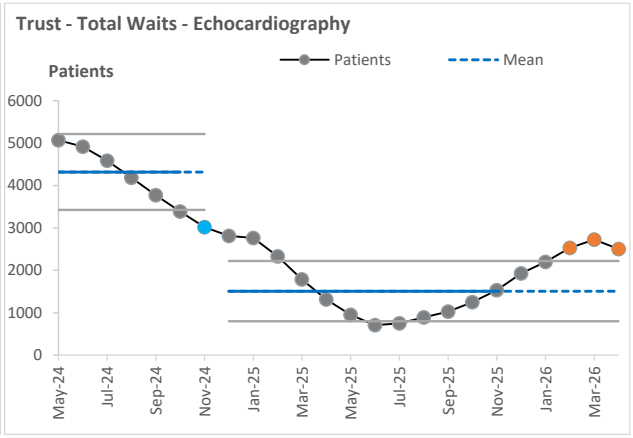
- Radiotherapy - Workforce gaps and replacement of linacs has reduced capacity
- Surgery - capacity remains challenged in breast, skin and kidney. On the day cancellations due to non-elective pressures has impacted in Q1.

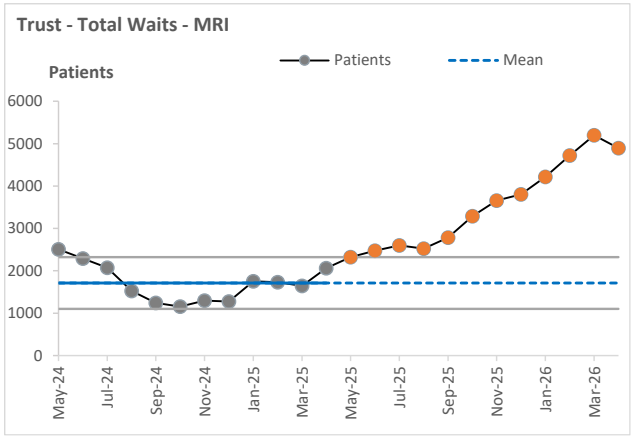
Actions and mitigations

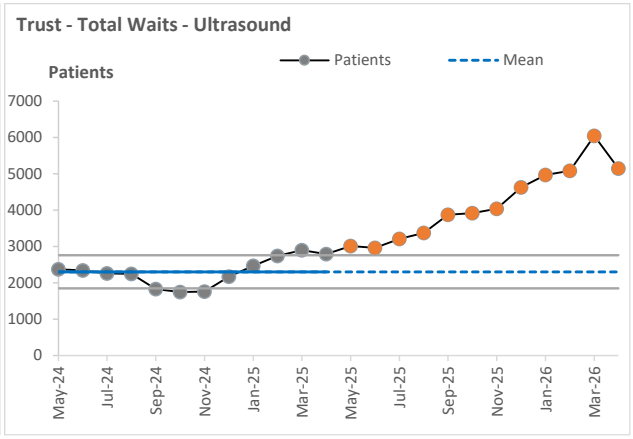
- 62-day - Plastics has a full recovery plan in place with additional capacity being established to reduce the wait times, including additional clinic capacity through WLIs, and changes to templates. Breast consultant due to start in June to resolve current capacity challenges.
- 31-day - Radiotherapy workforce plan in place with an improving position. 3 vacancies remain, of which 2 have been recruited to and are awaiting start dates. Linac replacement has been delayed by 2 months and will be operational by the end of October with recovery by December 2026.
- Capacity and demand completed for surgical capacity and additional capacity within new day allocated in Theatre 39 for Urology.
- Continued review of action plans and delivery is through the COO-led Cancer Taskforce meetings.

Deep dive Diagnostics: escalation rule 1 – highest performance risk









Source: DM01

Performance narrative

- April saw a deterioration in the DM01 performance moving from 29.9% to 37.86%. However, the overall waiting list has decreased by 1,675 to 18,474 patients waiting, indicating early signs of recovery.

Key risks

The largest contributors to the Diagnostics waiting list continue to be NOUS, MRI, Echocardiography, and CT of a waiting list of 18,474, impacted by:

- Impact from elective recovery driving quick turnaround capacity across imaging, echo and audiology.
- Reduced MRI capacity due to loss of mobile scanner
- Reduction in the waiting list through insourcing in 24/25 in Endoscopy and Echo with insourcing discontinued from April 2025. Endoscopy partially mitigated through model change including 7 day working
- Increase in external demand for Non-Obstetric Ultrasound (15%- 20% increase compared to 2024-25)
- Capacity constraints within paediatric audiology plus continuation of mutual aid
- Increased demand for cardiac imaging

Actions and mitigations

- Additional weekend capacity in place across Audiology, Ultrasound, Echo, MRI and CT.
- Sustainable business cases being developed in MRI, and Ultrasound to move to 7 day working.
- Use of bank and agency staff where vacancies are being held, and recruitment of substantive staff.
- Cardiac reporting outsourcing being procured.
- Utilisation of insourcing, outsourcing and mutual aid capacity.
- Mobile MRI scanner in place from April 2026.
- Use of community service provision for Ultrasound during April.
- Oversight of delivery of recovery plans through COO-led Diagnostic Taskforce. Additional oversight through entry into NHSE Tiering process.

Link to return to the performance summary

Trust level - to end Apr 2026	Effectiveness & experience			
Metric	**Target**	**In month actual**	**SPC variation**	**24 month trend**
Patient Flow				**Apr 2026**
Average number of days from discharge ready date and actual discharge date (incl 0)	0.00	1.50		
Bed occupancy rate (G&A)	92.80%	89.35%		
Patient experience 2025)				**2024 (published Sep**
CQC adult inpatient satisfaction survey		8		
Mortality Nov 2025				**Dec 2024 -**
Summary Hospital Level Mortality Indicator	1	0.99		

Performance narrative

- In April 2026, the average number of days a patient is delayed between their discharge ready date to actually discharge was 1.5 days.
- Inpatient satisfaction in 2025 was just below the national standard of 95% satisfied with their care
- SHMI rate was below the expected level for the Trust, and so is not a performance risk

Key risks

- Discharge delays are predominantly attributable to external system constraints, including community capacity and social care availability, and continue to impact overall bed occupancy and flow through the hospital. This has resulted in a sustained number of medically optimised patients remaining in acute beds, contributing to ongoing pressure on urgent and elective pathways.
- Internal discharge processes remain relatively stable, indicating that current operational controls within the Trust are functioning as intended, although overall performance continues to be challenged by factors largely outside of direct organisational control.

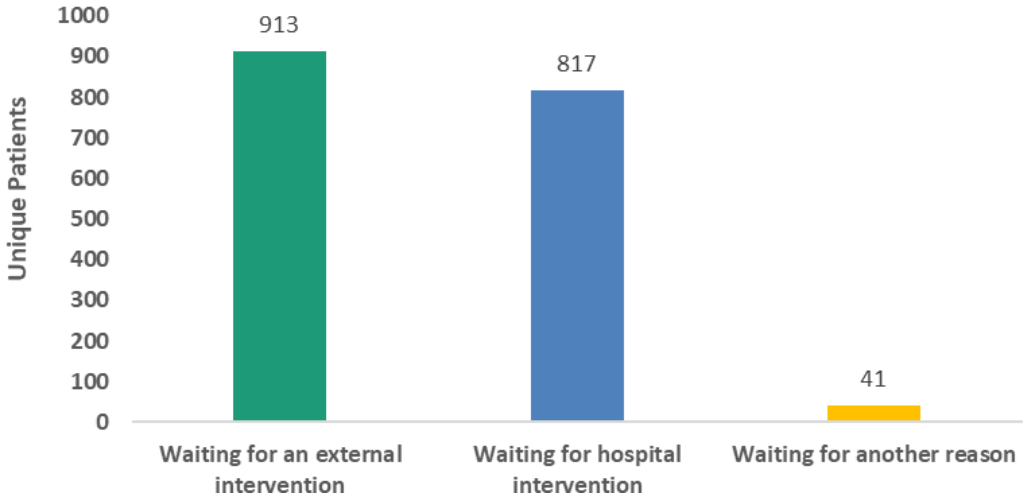
Actions and mitigations

- Focus remains on strengthening both processes and process adherence through standardising processes and improving system coordination to stabilise flow.

Source: Operational Management Dashboard

Deep dive delays from discharge ready date: escalation rule 1 – highest performance risk

Number of patients who have no criteria to reside and have a delayed discharge, April 2026



Top 5 reasons for waiting for an external intervention	
Pathway 3: availability of residential or nursing home	171
Repatriation/transfer to another acute trust	172
Awaiting transport	222
Awaiting confirmation from community (Transfer of Care Hub)	239
Pathway 1: awaiting availability of care at home	525

Top 5 reasons for waiting for hospital intervention	
Awaiting referral to community (Transfer of Care Hub)	27
Awaiting diagnostic test	28
Awaiting medicines to take home	72
Awaiting therapy decision to discharge	298
Awaiting a medical decision/intervention	474

Performance narrative

- Patient flow metrics for April 2026 indicate continued pressure across discharge performance, with delays in complex pathways—particularly Pathway 1—remaining the principal driver of lost bed days.

Key risks

- Key risks to compliance and improvement of patient flow metrics are driven by the sustained deterioration in post-MRD length of stay for the longest-stay cohort (≥21 days). Despite a marginal improvement in April 2026 to 52.5 days (from 55.9 days in March), performance remains significantly above 2025 levels, indicating ongoing systemic delays affecting a small but high-impact group of patients.
- This cohort presents a continuing risk of:
  - Reduced bed availability, with patients remaining too long in acute beds
  - Impaired flow across urgent and elective pathways, due to occupancy by medically optimised patients
  - Limited impact of improvements in shorter delay cohorts
- The persistence of prolonged delays suggests that existing mitigations are insufficient to address complexity at the highest end of the pathway, with performance heavily dependent on external system capacity and timely access to community and discharge support services.

Actions and mitigations

- Actions and mitigations focus on addressing internal flow efficiencies and system wide discharge constraints, particularly for the ≥21 day cohort.
- Earlier identification of complex patients and timely completion of assessments to ensure earlier discharge, supported by the Complex Discharge Team.
- Improving coordination with partners through OPTICA – a joint view of discharge pathways. Improved access to community capacity with Home First partners.
- Enhanced discharge dashboards improve operational grip, and target engagement with social care, and commissioning. Also, ongoing Divisional focus on reducing therapy and medical assessment delays. RAG rated ward discharge intervention approach

Source: Operational Management Dashboard and Regional Pathway data

Link to return to the performance summary

Trust level - to end Apr 2026		Patient safety		
Metric	**Target**	**In month actual**	**SPC variation**	**24 month trend**
HCAI measure				**Apr 2026**
MRSA bacteraemia cases (12month rolling)	0	6		
C. difficile infections (12month rolling)	134	129		
E.coli bacteraemia cases (12month rolling)	171	188		
CQC inspection				**May 2023**
CQC safe inspection (last two years)	Good	Good		
Staff survey				**Mar 2025**
NHS Staff Survey – raising concerns sub-score		6.55		
Patient safety				**Apr 2026**
Never events		0		
Pressure ulcers per 1,000 bed days (Cat 2, 3, 4, mucosal, suspected deep tissue injury, and unstageable HAPUs)	0.40	0.95		
VTE % compliance of patients admitted to CUH who have been risk assessed	95.00%	96.88%		
Patient falls per 1,000 bed days	3.25	3.85		
Rate of reported patient safety incidents of moderate or severe harm or fatal	2.00%	1.43%		
Learning from deaths - % of deaths in scope with a problem in care (1-3 score)	0	0.00		
Maternity Outcomes Signal System (MOSS) Alert	No alert	No alert		
Postpartum Haemorrhage rates (PPH) for vaginal births	3.20%	4.59%		
Induction of Labour rates	24.00%	29.93%		

Performance narrative

- The ceiling for 2026/2027 has been set at no avoidable hospital onset cases. There was 1 cases of hospital onset MRSA bacteraemia in April 2026.
- There were 6 cases of hospital onset *C. difficile* and 4 COHA case in April 2026
- *E. coli* bacteraemia cases: 14 MTD (9 hospital cases and 5 COHA cases)
- The Trust met two Local Quality Requirements (LQR) for Falls per 1,000 bed days, and risk assessments completed within 12 hours. We are not meeting our LQR for Lying and Standing blood pressure completion.
- The Trust is not meeting its Local Quality Requirements for Hospital Acquired Pressure Ulcers (HAPUs) and risk assessments.
- Challenged performance continues for continuation of induction of labour which is off-track against plan.

Key risks

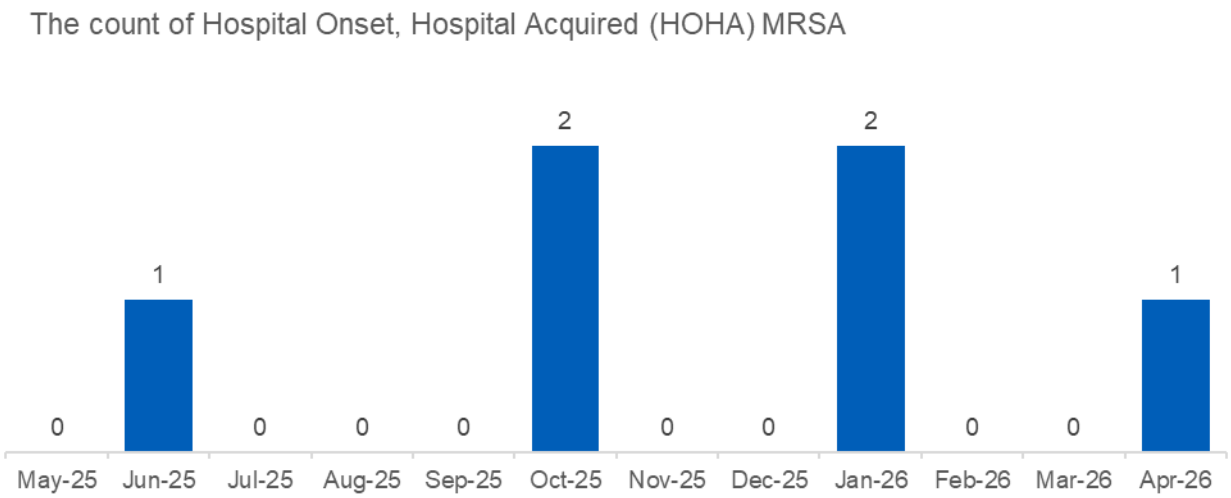
- *Clostridioides difficile* - We had 6 cases for April. The ICB attends our Clostridium safety learning and has input. All 6 cases have been discussed at this forum. There is ad hoc representation from the medical team to make these learning events pertinent.
- *E. coli* – We had 9 hospital cases which are with divisions for deep dive analysis. These are currently being reviewed by divisions.
- Key to improving compliance is correct risk assessment and individualised care plan to ensure timely mitigation. As well as learning from incidents and near misses.

Actions and mitigations

- *Clostridioides difficile* - Ongoing work with Harm free care, Tissue Viability and Genome regarding rolling out Mattress Audits and checking of mattresses. Rolling Clean programme was disrupted in March due to operational flow.
- *E. coli* - Ongoing AMS stewardship.
- Review of all Risk Assessments and Admission documentation is currently underway, a significant and comprehensive piece of work.
- The enhanced recovery pathway is launched to reduce length of stay in maternity.

Source: Quality Account, note data are live so can historic data may change

Deep dive IPC: escalation rule 1 – highest performance risk



Performance narrative

- MRSA Bacteremia - the ceiling for 2026/2027 has been set at no avoidable hospital onset cases.
    - There was 1 case of hospital onset MRSA bacteremia in April 2026, and 0 COHA case this reporting year.

Key risks

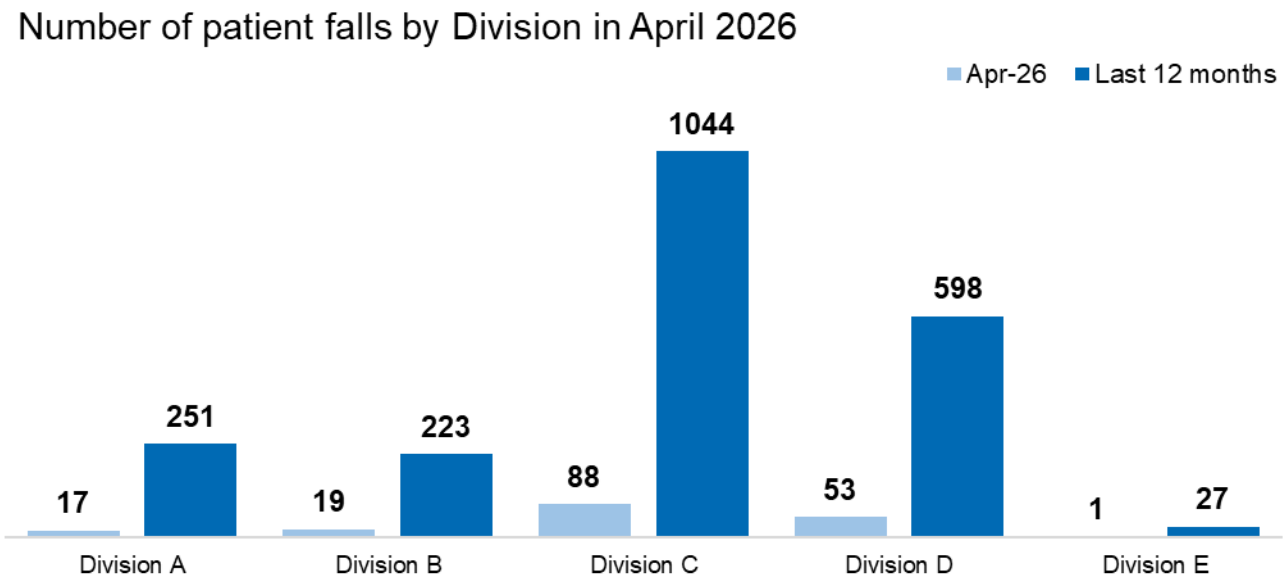
- POC MRSA testing is undertaken and used in Emergency Department to help with orthopedic patient flow and placement. The bacteriemia patient had POC test undertaken which showed to be positive. Noted by a doctor, documented in notes yet no action was taken either in isolating the patient or prescribing decolonization therapy. Bank holiday weekend so picked up by ICNS on return to work.
- Following the patient safety incident, more could have been done by medical staffing to participate in the safety learning event.

Actions and mitigations

- As part of the learning actions, Division A have looked at pre-surgery decolonization for orthopedics where IPC have reached out to pharmacy about increasing MRSA decolonization post op for all patients with implants. Work in progress.
- An EPIC change request for more visible MRSA screen for PCR was submitted in early May, which will increase awareness. Ward manger and Matron to educate ward staff about correct MRSA decolonization method.

Source: Infection Control data

Deep dive Patient safety falls: escalation rule 1 – highest performance risk



Performance narrative

- There were 180 falls in April - 3 of which resulted in moderate harm and 4 resulting in severe harm. Division B saw a statistically significant increase in falls, though saw no moderate+ harm. We are meeting the LQR of <6.6 falls per 1000 bed days, though not achieving our internal threshold of <3.25 falls per 1000 bed days- for April there were 3.84. Only Division A and E met this internal threshold. We met the LQR for Falls risk assessment of >90% (97%) but we continue to not meet the target for Lying and Standing blood pressure recording of >90% (25.7%).

Key risks

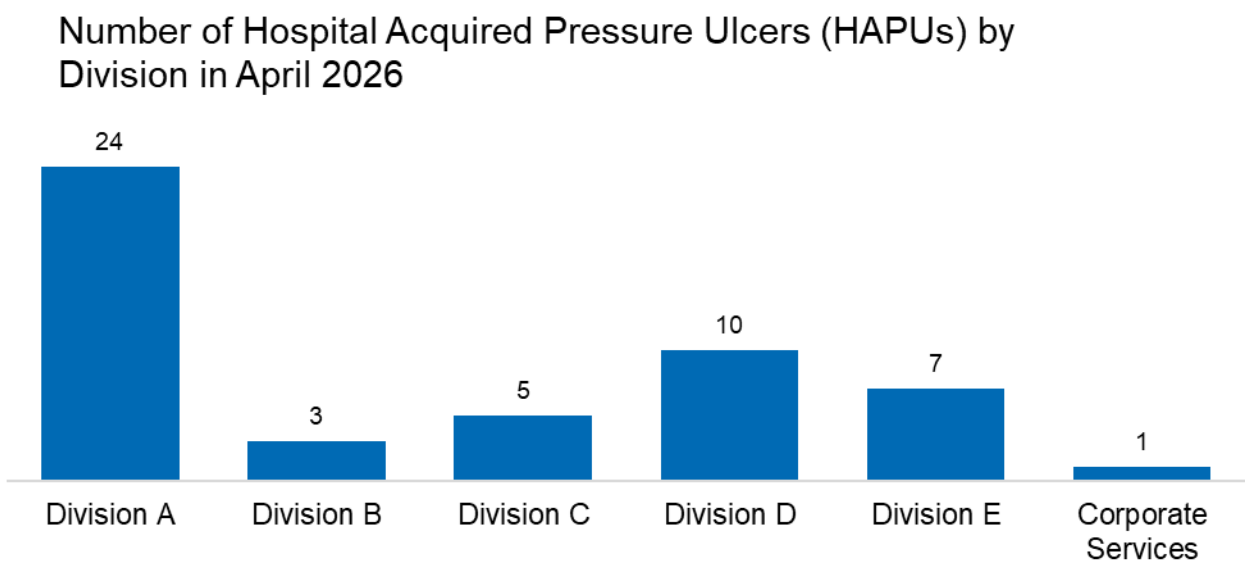
- Falls in bathrooms/toilets remain the highest location for falls. Bathroom falls alarms were trialed at the start of 2026 and will be presented to the Clinical Review Group in May 2026 and if approved these will be purchased to support Falls prevention.
- Updates to all admission risk assessment and to care plans are underway with the Epic team. This is required to ensure they are utilised correctly and the information can meaningfully support care delivery and mitigation.

Actions and mitigations

- The team are exploring how to increase the visibility of LSBP recordings on EPIC to improve compliance. Development of the Quality Improvement Plan for Falls for 2026-2028 is underway, aligning to National and Trust priorities.
- Improvement work is coordinated through a monthly Falls Harm Free Care Meeting.
- Oversight and monitoring is through the Quality and Performance meeting and Patient Safety Oversight Meeting. Significant incidents (Falls resulting in moderate+ harm) are brought to the weekly Patient Safety Executive Huddle.

Source: Quality Account

Deep dive Patient safety pressure ulcers: escalation rule 1 – highest performance risk



Performance narrative

- There were 50 Hospital Acquired Pressure Ulcers (HAPUs) reported in month and represents a statical in crease for the last 7 months. There were no Category 3 or 4 HAPUs reported though 24 category 2s, 3 SDTI and 1 unstageable HAPUs were. We are off track against our internal target of <0.395 Category 2+ HAPUs per 1,000 bed days- for April we measured 0.981 bed days. Only Division C has met this target this month.

Key risks

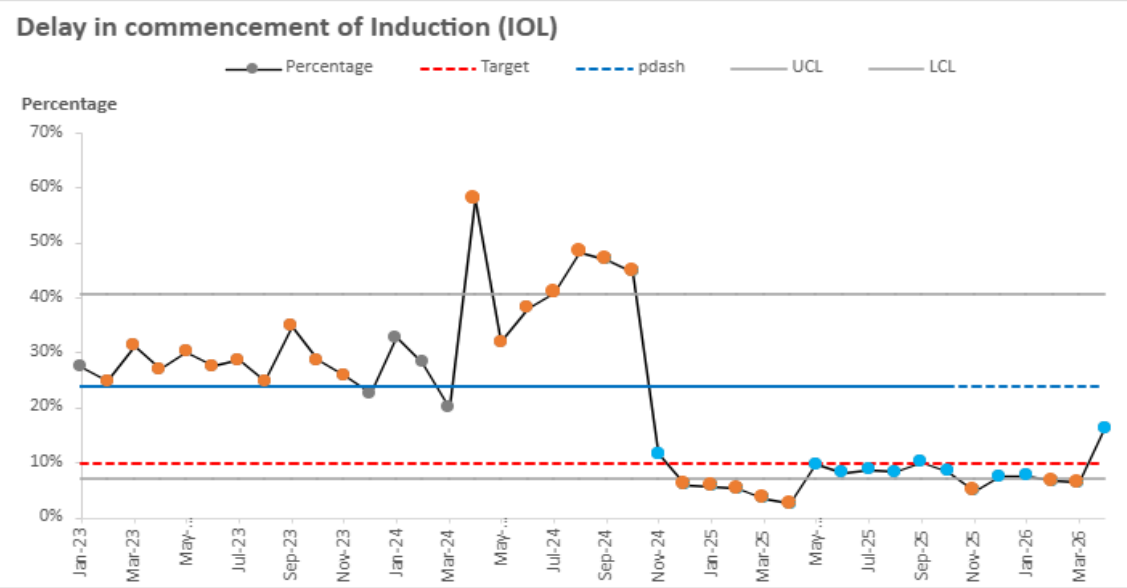
- We have met our Local Quality Requirement (LQR) of zero category 3 and 4 HAPUs. We have not met the target of 0 category 2 and unstageable HAPUs and risk assessment completion target (100% April compliance 93.8%).

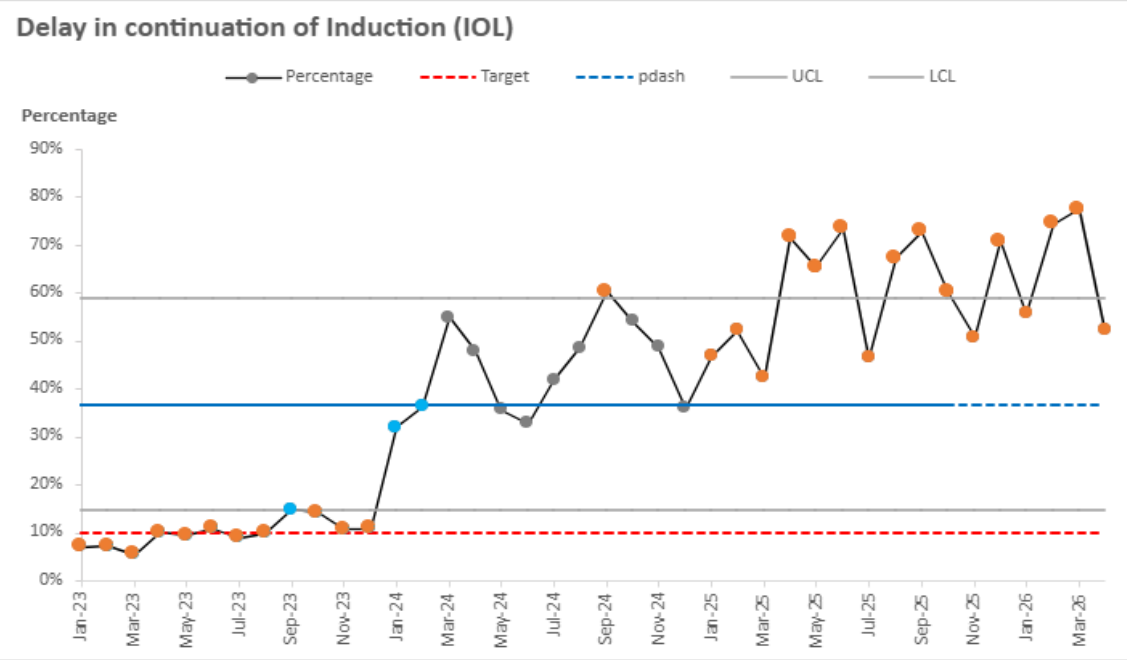
Actions and mitigations

- Development of the Quality Improvement Plan for HAPUs for 2026-2028 is underway, aligning to National and Trust priorities.
- Improvement work is coordinated through a monthly HAPU Harm Free Care Meeting.
- Oversight and monitoring is through the Quality and Performance meeting and Patient Safety Oversight Meeting. Significant incidents (Category 3 and 4 HAPUs) are brought to the weekly Patient Safety Executive Huddle.

Source: Quality Account

Deep dive Maternity: escalation rule 1 – highest performance risk





Performance narrative

- Induction of Labour (IOL) performance risk centres on Continuation of IOL, which has deteriorated performance position.
- Commencement of IOL showing improved performance.

Key risks

- Risk in IOL pathway moved from commencement to continuation.

Actions and mitigations

- Ensure risk assessment process is being adhered to and strengthen safety netting around continuation of IOL ensuring robustness (particularly during delays over 24 hours).
- Documentation of risk stratification to be reviewed. Workstreams on flow and capacity (including IOL pathway) to be refreshed, with new Director of Maternity.
- Currently reviewing Outpatient IOL through RBC (launched Feb 26).
- Establishment of Neonatal Transitional Care is pending decision from Investment Committee.

Source: Quality Account

Link to return to the performance summary

Trust	Finance & Productivity		April 26
Metric	**Target**	**In Month Actual**	**24 Month Trend**
Surplus/Deficit			**Apr-26**
Trust actual surplus/deficit (in month)	(£1.0m)	(£3.0m)	
Trust actual surplus/deficit (YTD)	(£1.0m)	(£3.0m)	
Performance against plan surplus/deficit	£0.0m	(£2.0m)	
Financial Position			**Apr-26**
Capital Expenditure (YTD)	£4.6m	£2.6m	
Cash position (YTD)	£54.8m	£75.9m	
Elective Payment Mechanusm (EPM) income (YTD)	£23.7m	£27.0m	YTD plan vs YTD actual
Productivity			**M9 25/26 v M9 24/25**
Implied rate of productivity growth		5.4%	

Source: Finance data

Performance narrative

- The Trust is reporting a £2.0m adverse variance driven by the forecast non-recurrent financial impact of the seven day period of Industrial Action undertaken by Resident Doctors. Pay impacts are estimated at £1.2m and lost income forecast at £0.8m. As in previous years the Trust will seek additional funding from NHS E to cover the expenditure impacts of the IA.
- Investment in Capital schemes totalled £2.6m in Month 01 - lower than plan by £2.0m. It is expected that expenditure will increase in future months and the Trust is therefore forecasting to deliver the planned level of Capital investments.
- Cash balance at the end of Month 01 was £75.9m - ahead of plan £21.1m. This is due to favourable working capital movements, mainly relating to receipt of commissioner income.
- The most recent NHS E published data for Month 09 shows the Trust delivered an Implied Rate of Productivity Growth of 5.4% and includes 2.9% cost weighted activity growth and 2.4% reduction in relative costs.

Key risks

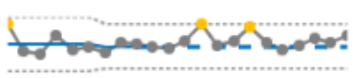
- Trust SLAs are not yet signed with formal disputes regarding the local pricing of activity meaning the Trust could receive less income that was planned for.
- Further periods of Industrial Action present a significant financial risk due to premium pay costs required to ensure safe staffing combined with lower activity driving reduced levels of income.
- The Trust needs to deliver an efficiency programme (PEP) of £59.2m in 26/27 including increased productivity alongside cost reductions. Failure to deliver the programme as planned could impact planned monthly and full-year financial performance.
- The need to incur ongoing Premium pay expenditure including WLI and outsourcing costs to support in year operational performance could threaten the planned breakeven financial performance in 26/27.
- National funding does not fully cover the cost of pay awards for Medical staff.

Actions and mitigations

To maintain a financially sustainable position in 26/27 the Trust is required to:

- Obtain a good outcome from the national arbitration for the Trust SLAs
- Improve output productivity through increased elective service delivery above current service levels to maintain RTT performance
- Deliver cost out PEP programme and manage/mitigate in year cost pressures
- Exit premium bank and WLI payments and reduce outsourcing payments
- Seek national funding to cover non-recurrent expenditure driven by periods of Industrial Action
- Identify if there is a shortfall in Medical staff pay award funding and identify alternative methods to cover the cost pressure

Link to return to the performance summary

Trust level - to end Apr 2026	People & workforce			
Metric	**Target**	**In month actual**	**SPC variation**	**24 month trend**
Staff survey				**Sep 2025**
NHS staff survey - engagement sub-score		6.90		
Workforce growth				**Apr 2026**
Total change in substantive WTE (12 months)		-2.55%		
Substantive WTE performance - distance from plan	0	-152.09		
Bank WTE performance - distance from plan	0	147.23		
Agency WTE performance - distance from plan	0	-1.93		
Staffing				**Apr 2026**
Mandatory Training Compliance	90.0%	93.48%		
Turnover rate	10.6%	9.86%		
Sickness absence rate (12 months)	4.1%	4.22%		
Health and Safety Incidents rate per headcount		1		

Performance narrative

- In month 1 of 2026/27 the workforce is 7 WTE below plan overall. Substantive is 152 WTE below plan. In the past 12 months the workforce has reduced by 324 WTE (2.55%).
- Bank reduced by 127 WTE in the past month however is 147 above plan and agency is 2 WTE below plan. Winter plans continued into the first 2 weeks of April and there was industrial action, which has contributed to high bank usage.
- Sickness absence remains at 4.2% (over 12 months) however, in month absence has decreased from 4.2% in March to 3.9% in April. This is the same as this time last year.

Key risks

- The trust is above plan on temporary staffing and given the challenging target is likely to remain above target all year, although is likely to reduce again in May. There is potential to adversely affect activity delivery though temporary restrictions.
- There is a risk that the sickness absence trend over 12 months increases, and the trust does not meet the NHSE target of 4.1% in year.

Actions and mitigations

- The temporary staffing targets have been cascaded to divisions and monitoring will take place through quality and Performance meetings. Pay controls remain in place and are being reviewed to consider whether any adjustments are required.
- The new programme on sickness absence has made progress and actions will be continued in divisions and corporate teams to support the continuation of this improvement. Monitoring remains in place through Divisional Quality and Performance meetings.

Source: NHS National Staff Survey, Electronic Staff Record, Health Roster

NHS Oversight Framework – Q3 2025/26

	Q3 2025/26			Q2 2025/26			Q1 2025/26		
NOF Domain	Metric	Rank	Segment	Metric	Rank	Segment	Metric	Rank	Segment
Summary			2		71	3		70	3
Access to services		78	3		107	4		94	3
Difference between planned and actual 18 week performance	-2ppt	72		-0.1 ppt	70		-0.5 ppt	96	
Percentage of cases where a patient is waiting 18 weeks or less for elective treatment	59.5%	79		58.7%	91		58.1%	85	
Percentage of cases where a patient is waiting more than 52 weeks for elective treatment	3.0%	114		3.8%	114		4.3%	116	
Percentage of emergency department attendances admitted, transferred or discharged within four hours	71.3%	80		73.5%	78		73.5%	70	
Percentage of emergency department attendances spending over 12 hours in the department	7.5%	51		10.1%	69		7.6%	54	
Percentage of patients treated for cancer within 62 days of referral	72.2%	55		69.3%	59		72.8%	42	
Percentage of patients with cancer diagnosed or ruled out within 28 days of an urgent referral	84.0%	10		72.4%	91		77.4%	57	
Effectiveness and experience		104	3		101	3		94	3
Average number of days from discharge ready date to actual discharge date (including zero days)	1.38 days	106		1.23 days	100		1 days	91	
CQC inpatient survey satisfaction rate			2			2			2
Summary Hospital-level Mortality Indicator			2			2			2
Finance and productivity		6	1		9	1		48	2
Implied productivity level	7.20%	13		4.77%	31		0.43%	100	
Planned surplus/deficit	0%	6		0%	12		0%	12	
Variance year-to-date to financial plan	0.37%	12		0.48%	5		1.21%	6	
Patient safety		39	2		32	2		55	2
NHS Staff survey - raising concerns sub-score	no change			no change			6.55 / 10	41	1
Number of MRSA bacteraemia cases	5 cases			3 cases	54		7 cases	114	
Proportion of C. difficile infections	1.02 (rate)			1.12 (rate)	57		1.20 (rate)	63	
Proportion of E. coli bacteraemia	1.06 (rate)			1.07 (rate)	37		1.11 (rate)	55	
People and workforce		21	1		20	1		22	1
NHS staff survey engagement theme sub-score	no change			no change			7.02 / 10	40	2
Sickness absence rate	4.10%	17		3.85	15		4.21	14	
Summary									
Financial override	No			No			No		
Is the organisation in the Recovery Support Programme?	No			No			No		

Source: published March 2026 by NHS England

Appendix: defining performance risk

The CUH IPR uses two measures for performance, which define the escalation rules or performance risk:

i. Performance against plan or target

Performance position at or above plan will be demonstrated with a green colour. Any metric below plan but within 5% of the target will be beige. Finally, any metric more than 5% worse than target will be pink and this will be defined as off-track against target

ii. SPC defined change in performance

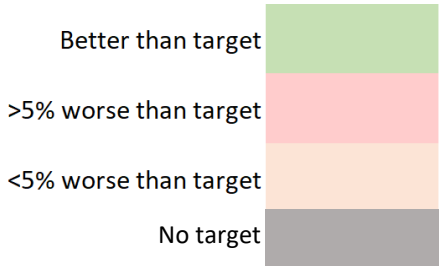
24 months of data is used to measure the SPC, with any performance outside of the expected variance of that data (control limits) labelled as either an improved position (blue colour: positive special cause variation), or a deteriorated position (orange colour: negative special cause variation).

Any metric that displays a change whose magnitude is greater than expected variation will be labelled as improving or deteriorating in the performance summary.

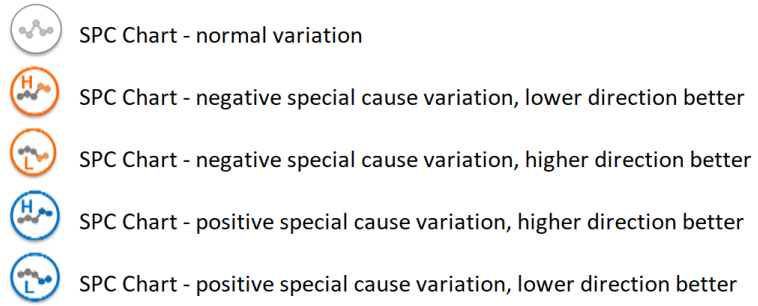
Escalation and de-escalation rules

An escalation rule occurs when a metric is off-track against plan/target, or on-track but with deteriorating performance. There are three levels of performance risk.

i. Performance against plan or target

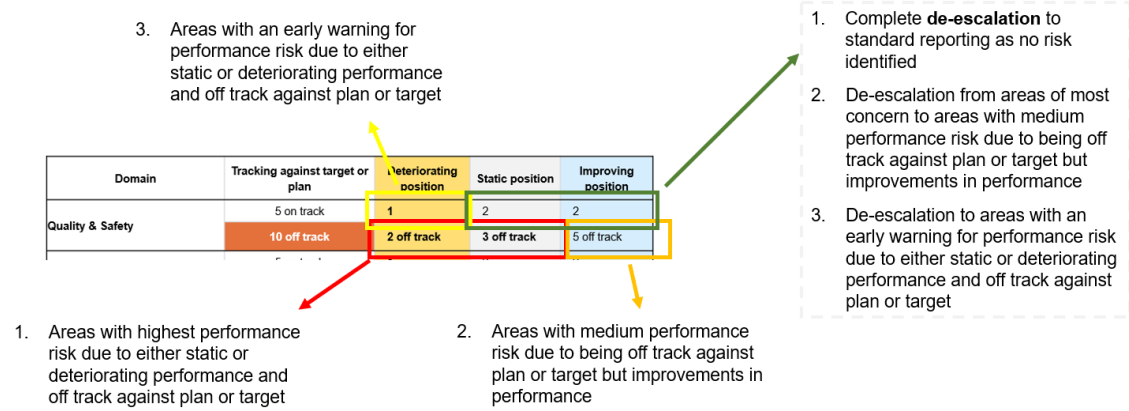


ii. SPC defined changes in performance



Escalation rules:

i) off-track and sustained or deteriorating performance;
ii) off-track and improved position,
iii) on-track and deteriorating performance



Cambridge University Hospitals NHS Foundation Trust

Council of Governors meeting (held in Public)

Wednesday, 24 June 2026

Agenda Item	10			
Title	NHS National Staff Survey 2025 Update – June			
Report Sponsor	David Wherrett, Chief People Officer			
Author	Emma Byrom, People Experience and Engagement Lead, Dulani Liyanage, Senior Workforce Information Analyst Michael Walsh, Interim Director of Culture, Leadership and Learning			
Public/private	Public			
Status	**Decision** ☐	**Assurance** ☐	**Information** ☑	**Discussion** ☑

RECOMMENDATIONS

The Council of Governors is asked to:

- **NOTE** the findings and emerging themes from the 2025 NHS Staff Survey.
- **NOTE** the progress made during Phase 2: 'Sense-making and Insight', including strengthened governance, hotspot identification and targeted support arrangements.
- **NOTE** the proposed approach for Phase 3: 'Action and Improvement', focused on delivering measurable, locally owned improvement activity across the organisation.

KEY MESSAGES

Whilst overall the intelligence from the 2025 NHS Staff Survey broadly indicates a stable staff experience, and a relatively strong position (compared to comparable organisations) it also highlights some areas of risk particularly relating to advocacy, wellbeing, inclusion, leadership, psychological safety and confidence that concerns lead to action.

Phase 2 (Sense making and insight) is now focused on sharing and interpreting findings, strengthening insights and governance, and supporting leaders and teams to identify priorities for improvement.

Improved reporting, hotspot identification and targeted support arrangements are now in place as the programme moves into Phase 3: Action and Improvement, focused on delivering locally owned impact.

BACKGROUND, INCLUDING PURPOSE OF THE REPORT

This report provides the Council of Governors with an update on the feedback received from the Trust's 2025 NHS Staff Survey, and progress being made during Phase 2: 'Sense-making and Insight', emerging organisational themes and risks, and the actions underway to strengthen leadership accountability, and oversight at a trust and at locality levels. It also outlines the next steps for Phase 3: 'Action and Improvement', including the development of divisional and Trust-wide improvement plans, hotspot interventions, and arrangements for monitoring impact and delivery.

ALIGNMENT TO TRUST STRATEGIC PRIORITIES

Our strategy: a healthier life for everyone through care, learning and research 2026-2031		Indicate all that apply
	Deliver Excellent and Timely Care	☑
	Transform How and Where We Deliver Care	
	Harness Research and Innovation to Improve Patient Outcomes	

ALIGNMENT TO MOST RELEVANT STRATEGIC RISK

BAF 006 – Culture and high performance
Failure to foster and embed a high performing inclusive culture and associated behaviours that are consistent with our Trust values.

The National Staff Survey (NSS) provides strong intelligence on this organisational risk, offering insight into whether staff experience the Trust as inclusive, safe, supportive and aligned to its stated values.

Variability and some deterioration across some of the NHS People Promise themes may indicate increased risk to culture, workforce stability, quality of care and organisational performance.

The qualitative feedback included in this report further strengthens this line of sight, highlighting where and how staff experience falls short of the Trust's behavioural and cultural expectations.

PAPER REVIEW AND GOVERNANCE PATHWAY

Name of group or committee that has previously considered this report	**Date**
Workforce Education Committee had a full discussion on the initial findings and first report.	07/04/2026
Board led, Culture Task and Finish Group	12/05/2026
Board of Directors – Private	13/05/2026
Name of group or committee that the report will be presented to in the future	
Workforce Education Committee is the primary board assurance committee for this work, alongside the Board Led, Culture Task and Finish Group.	N/A

Cambridge University Hospitals NHS Foundation Trust

24 June 2026

Council of Governors

NHS National Staff Survey 2025 Update – June 2026

Appendix 1: NSS25 – Council of Governors is attached as presentation.

NHS National Staff Survey 2025

Council of Governors
24/6/26

Emma Byrom, People Experience and Engagement Lead
Dulani Liyanage, Senior Workforce Information Analyst
Michael Walsh, Interim Director – Culture, Leadership & Learning

NHS
Cambridge University Hospitals
NHS Foundation Trust

Together
Safe
Kind
Excellent

Executive Summary

CUH has sustained staff engagement through significant organisational pressure, including organisational change and the release of the Verita report during fieldwork. Results indicate that declining organisational trust now represents a material delivery risk unless visibly addressed.

- **Participation remains strong:** 53.7% response rate (2024: 53.5%), well above the national average (48%), indicating sustained engagement with the survey despite a challenging context.
- **Overall experience is stable,** suggesting resilience in core people processes such as line management and appraisals**.**
- **Trust-related indicators are deteriorating,** including advocacy, confidence in raising concerns, perceptions of responsiveness, and work pressure.
- **Engagement remains comparatively strong,** driven by motivation and involvement; however, declining advocacy reflects reduced confidence in the organisation rather than disengagement from work itself.
- **Variation by staff group and team remains significant,** reinforcing the need for differentiated leadership action rather than a single Trust-wide response.

Key strengths identified in the 2025 NSS**:**

We are Always Learning: Particularly around appraisals, suggesting continuity in performance management and development conversations.

Line Management: The most improved question scores largely relate to how people are managed.

Key areas for development identified in the 2025 NSS**:**

Advocacy: particularly staff confidence in patient safety and believing that patients are the Trust's top priority.

Raising Concerns: indicating fragility in psychological safety and freedom to speak up culture.

Work Pressure: reflecting sustained operational and workforce strain.

The survey points to a clear requirement for visible leadership action, credible prioritisation and sustained follow-through to rebuild confidence and support delivery of CUH's strategic priorities.



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Our approach

Our approach: The NSS 2025 roadmap

Leadership ownership across the full survey-to-action cycle is essential to sustaining trust in the NSS.



Our approach: Phase 1; engaging teams, building trust and maximising participation

Phase 1 (response collection, 1st October – 28th November 2025) **focused on maximising credible participation while maintaining trust and consistency**, building on the 2024 approach and **recognising the organisational context and pressures,** including Organisation Change and Verita report being released during this phase. The emphasis was on making the survey meaningful & purposeful, supporting managers to engage teams, and targeting support where participation risk was highest.

Phase 1 utilised 3 key levers to drive engagement:



Leadership ownership and accountability

- Clear expectations for leadership involvement in promoting participation
- Focus on manager understanding of the survey's purpose and how it supports improvement in staff experience and trust



Targeted support where risk was highest

- Expansion of targeted support following the 2024 approach
- 137 teams identified for Tier 1 targeted intervention
- A further 81 teams supported through divisional Tier 2 focus
- Targeted activity focused on briefing, guidance and practical support for managers



Accessibility and visibility

- Multiple engagement routes including communications, networks, floorwalking, pop ups, briefings.
- Practical toolkits and guidance to support consistent messaging and local conversations

Lessons learnt from our Phase 1 approach:

- **Targeted support was associated with stronger participation outcomes**, with 70% of Tier 1 teams maintaining or improving response rates compared to 2024
- **Engagement was variable**, with reduced uptake of targeted communications, briefings and training compared to 2024
- **Leadership engagement remained a key differentiator** in whether teams participated fully

Outcome:

- **Target:** sustain the 53.5% response rate achieved in 2024 (ambition of 55%)
- **Outcome achieved:** 53.7%, maintaining participation despite organisational pressures.



Response rate

Response rate

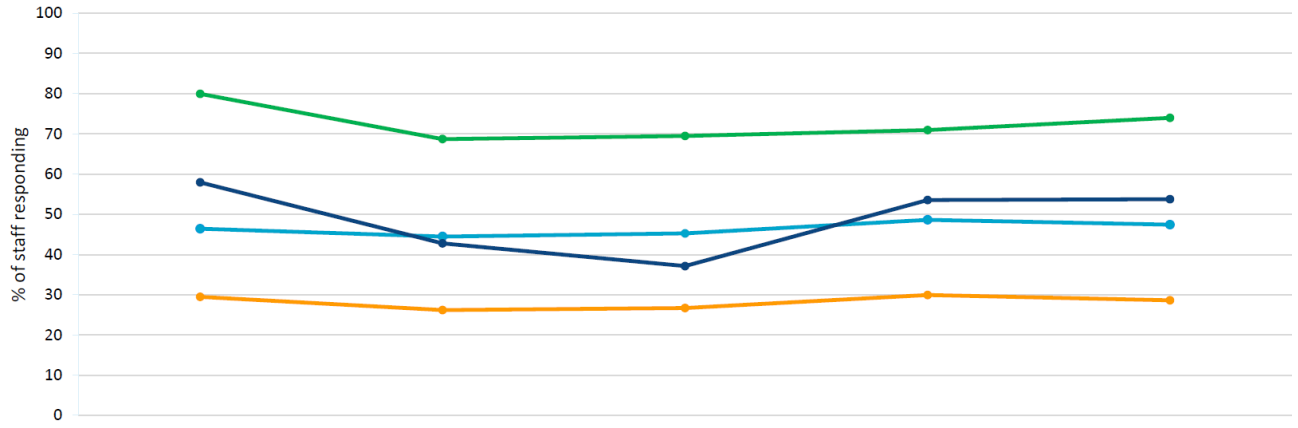
CUH sustained participation despite significant organisational pressure.

- 53.7% overall response rate (2024: 53.5%)
- Remains well above the national average (47.4%)
- Achieved against a backdrop of sustained operational and workforce strain

Participation outcomes - stronger impact was achieved where targeted support was applied:

- 50% of teams met or exceeded their 2024 response rate
- This increased to **70% for Tier 1 targeted teams**
- **253 teams** achieved sufficient responses to receive team-level feedback, up by 7 from 2024.
- **8 teams** achieved a 100% response rate, an increase of 2 from 2024.

CUH NSS response rate compared to historical data & comparator organisations



	2021	2022	2023	2024	2025
Your org	57.92%	42.74%	37.11%	53.53%	53.74%
Highest	79.95%	68.69%	69.45%	70.92%	73.97%
Average	46.38%	44.46%	45.23%	48.61%	47.42%
Lowest	29.47%	26.17%	26.65%	29.91%	28.60%
Responses	6492	4895	4427	7013	7009

Overall, the response rate provides a robust and credible evidence base for analysis, while variation between teams and staff groups reinforces the need for differentiated leadership focus and action in subsequent phases.

A breakdown of response rate by division and professional group is available in Appendix 1.



Results



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Key strengths and pressure points	15
Our Strategic Priorities	16
Hotspot Teams	24

Results: Overview

Overall performance this year has remained broadly stable, with CUH still scoring comparatively well with peers. Yet declining results are statistically significant and indicate emerging risks around organisational trust, belief in responsiveness, workload and equity of experience.

What the data shows

- **CUH scores comparatively well to peers**, with all areas of the People Promise & Themes being above average.
- In the last year results were stable, indicating that core people processes are holding. but **scores suggest team inclusion, staff voice and workload pressures are weakening**.
- A **decline in advocacy** indicates that whilst the engagement score remains stable, this is **due to motivation and involvement** and **results indicate a declining confidence in the organisation.**
- **Experience varies significantly** by staff group, demographic and team.
- **Equity data shows mixed progress**, with worsening experience for some protected groups.

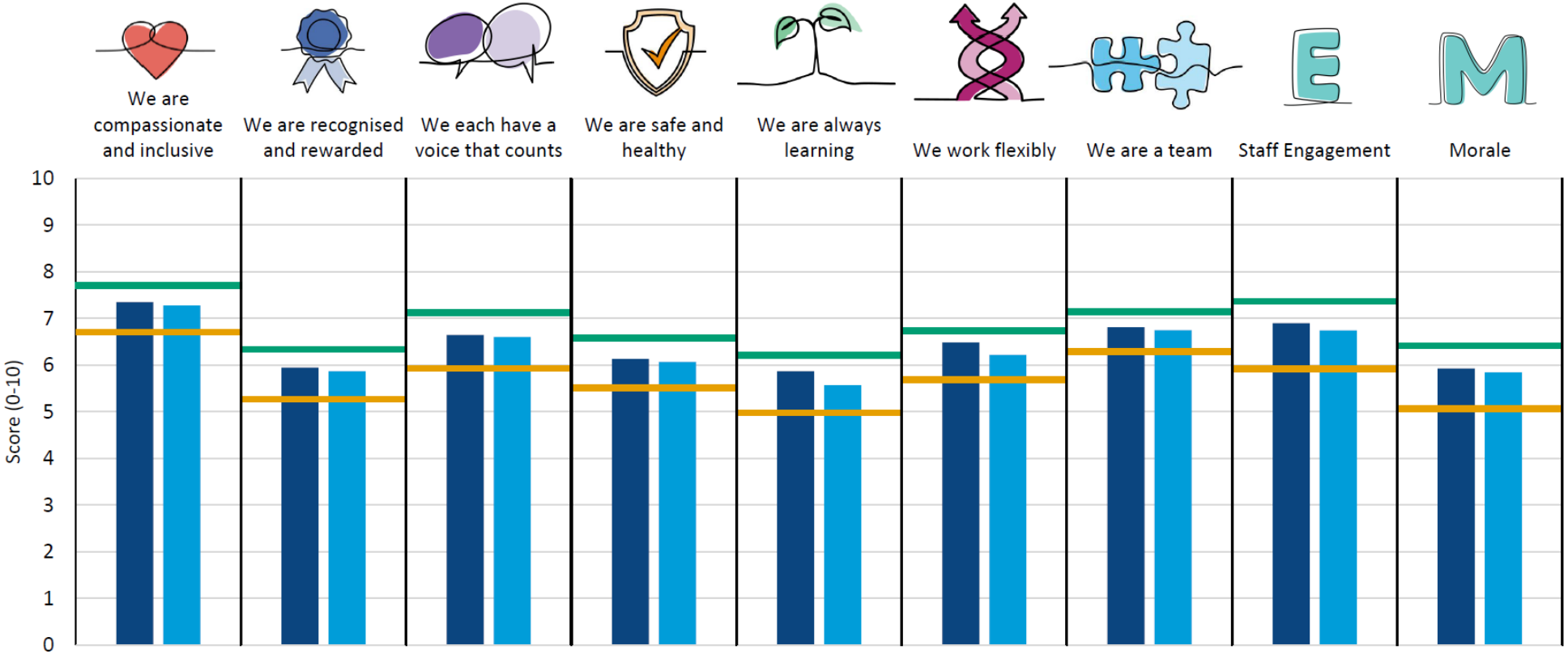
What this means

- **Maintaining stability is positive in a challenging context, but current trends present material risks if left unaddressed.**
- **These findings reinforce the need for visible leadership action, credible prioritisation and sustained follow-through**. Leaders at all levels are needed to play an active role in responding to what we have heard and translating this into action.
- **Visibility of strategy and patient/staff voice in practice will support establishment of trust** where it has been lost

Results by People Promise & Themes: External comparison

Overall performance levels are broadly similar to NSS24 and remains comparatively strong. But statistical analysis indicates small but statistically significant declines in some areas. In particular, themes relating to trust show early signs of weakening.

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	7.35	5.94	6.65	6.13	5.87	6.49	6.81	6.90	5.93
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	6983	6991	6926	6963	6737	6952	6982	6998	6999

Further analysis in this presentation uses the unweighted internal results, provided by Picker.

Additional Analysis, including with free-text comments and demographic information is in progress.

Externally Benchmarked (weighted) data provided by Survey Coordination Centre

Historical Picture: Results by ‘People Promise’ theme

Overall performance has been maintained, with CUH demonstrating resilience. However, trust-related themes show early signs of weakening.

What the data shows:

- Overall performance across People Promise themes has been broadly maintained.
- Scores remain stable across most themes, indicating continuity in core people processes during a period of significant organisational pressure.
- Small declines are concentrated in trust-related areas, including advocacy, compassionate culture and confidence.
- Appraisals, flexible working and recognition remain relative strengths, performing at or above comparator benchmarks.

What this means:

- The organisation is demonstrating resilience, with no widespread deterioration in staff experience.
- Following improvement last year, trust-related measures have resumed a longer term decline, indicating weakening confidence, advocacy and perceived support.
- Without timely, visible action, incremental declines are likely to compound over time.
- Maintaining strengths alone will be insufficient if pressure on trust, voice and workload capacity is not addressed.
- The data supports targeted preventative action now to stabilise trust and avoid future deterioration.

Comparator Information			Picker Average 2025	Organisation 2025	Organisation 2024	Organisation 2023	Organisation 2022	Organisation 2021	Change from 2024	Change from 2021
Section	Q	Description	n = 195227	n = 7009	n = 7015	n = 4427	n = 4895	n = 6493		
People Promise element 1: We are compassionate and inclusive	PP1_1	Compassionate culture sub-score	6.9	7.2	7.4	7.2	7.2	7.4	-0.2	-0.2
	PP1_2	Compassionate leadership sub-score	7.0	7.2	7.1	6.9	6.8	6.9	0.0	0.2
	PP1_3	Diversity and equality sub-score	8.4	8.3	8.4	8.4	8.4	8.4	-0.1	-0.1
	PP1_4	Inclusion sub-score	6.8	6.7	6.8	6.7	6.7	6.8	0.0	-0.1
	PP1	**Overall 'We are compassionate and inclusive' score**	**7.3**	**7.4**	**7.4**	**7.3**	**7.3**	**7.4**	-0.1	0.0
People Promise element 2: We are recognised and rewarded	**PP2**	**Overall 'We are recognised and rewarded' score**	**5.9**	**5.9**	**6.0**	**5.9**	**5.7**	**5.9**	-0.1	0.0
People Promise element 3: We each have a voice that counts	PP3_1	Autonomy and control sub-score	6.9	6.9	7.0	6.9	6.8	6.9	0.0	0.1
	PP3_2	Raising concerns sub-score	6.3	6.4	6.6	6.4	6.4	6.7	-0.2	-0.3
	PP3	**Overall 'We each have a voice that counts' score**	**6.6**	**6.7**	**6.8**	**6.7**	**6.6**	**6.8**	-0.1	-0.1
People Promise element 4: We are safe and healthy	PP4_1	Health and safety climate sub-score	5.4	5.4	5.6	5.3	5.0	5.3	-0.1	0.1
	PP4_2	Burnout sub-score	4.9	4.9	5.0	4.9	4.7	4.8	-0.1	0.1
	PP4_3	Negative experiences sub-score	7.9	8.0	8.0	7.8	7.9	8.0	0.0	0.1
	PP4	**Overall 'We are safe and healthy' score**	**6.1**	**6.1**	**6.2**	**6.0**	**5.9**	**6.0**	-0.1	0.1
People Promise element 5: We are always learning	PP5_1	Development sub-score	6.3	6.6	6.7	6.6	6.5	6.6	-0.1	0.0
	PP5_2	Appraisals sub-score	4.8	5.3	5.3	4.9	4.3	4.2	0.0	1.1
	PP5	**Overall 'We are always learning' score**	**5.6**	**5.9**	**6.0**	**5.8**	**5.4**	**5.4**	-0.1	0.5
People Promise element 6: We work flexibly	PP6_1	Support for work-life balance sub-score	6.3	6.4	6.5	6.4	6.1	6.1	-0.1	0.3
	PP6_2	Flexible working sub-score	6.1	6.5	6.6	6.5	6.3	6.4	-0.1	0.1
	PP6	**Overall 'We work flexibly' score**	**6.2**	**6.5**	**6.6**	**6.4**	**6.2**	**6.3**	-0.1	0.2
People Promise element 7: We are a team	PP7_1	Team working sub-score	6.6	6.6	6.6	6.5	6.4	6.6	0.0	0.1
	PP7_2	Line management sub-score	6.8	7.0	7.0	6.8	6.7	6.8	0.0	0.3
	PP7	**Overall 'We are a team' score**	**6.7**	**6.8**	**6.8**	**6.7**	**6.6**	**6.7**	0.0	0.2
Theme: Staff Engagement	E_1	Motivation sub-score	6.9	7.0	7.0	6.9	6.9	7.0	-0.1	0.0
	E_2	Involvement sub-score	6.7	6.8	6.8	6.7	6.6	6.7	0.0	0.1
	E_3	Advocacy sub-score	6.5	7.0	7.3	7.1	7.0	7.3	-0.2	-0.3
	E_4	**Overall 'Staff Engagement' Score**	**6.7**	**6.9**	**7.0**	**6.9**	**6.8**	**7.0**	-0.1	-0.1
Theme: Morale	M_1	Thinking about leaving sub-score	5.9	6.1	6.1	6.0	5.7	6.0	0.0	0.1
	M_2	Work pressure sub-score	5.2	5.3	5.5	5.1	4.8	5.1	-0.2	0.2
	M_3	Stressors sub-score	6.3	6.4	6.4	6.3	6.2	6.3	0.0	0.1
	M_4	**Overall 'Morale' score**	**5.8**	**5.9**	**6.0**	**5.8**	**5.6**	**5.8**	-0.1	0.2

A question comparator summary is available in appendix 2.

Results: Staff engagement

Overall staff engagement remains broadly stable, but declining advocacy signals reduced confidence in the organisation.

What the data shows:

- The overall staff engagement score has reduced slightly **from 7.0 to 6.9**, indicating relative stability during a challenging period.
- **Motivation and involvement remain stable**, suggesting sustained commitment to work and teams. The reduction is driven primarily by **a decline in advocacy**, reflecting reduced confidence in the organisation rather than disengagement from work itself.
- Although advocacy has declined year-on-year, **CUH continues to perform comparatively well against national benchmarks**.
- A detailed view of advocacy is shown within **'Compassionate Culture'** (slide 22).

What this means:

- **Staff remain motivated**, but **confidence in organisational responsiveness has softened.**
- **Advocacy remains a relative strength**, but the **direction of travel presents a clear risk if not addressed.**
- **Visible leadership action, credible prioritisation and consistent follow-through are required** to rebuild confidence and sustain engagement.

Staff engagement sub scores

Theme: Staff Engagement	Engagement Score						
	2020	2021	2022	2023	2024	2025	Change
Motivation sub-score	7.2	7.0	6.9	6.9	7.0	7.0	0.0
Involvement sub-score	6.7	6.7	6.6	6.7	6.8	6.8	0.0
Advocacy sub-score	7.6	7.3	7.0	7.1	7.3	7.0	-0.3
Staff Engagement Score	7.2	7.0	6.8	6.9	7.0	6.9	-0.1

Shelford comparison available in appendix 3.

Provisional results: Key strengths and pressure points

Advocacy remains comparatively strong, but downward trends indicate growing pressure on trust and organisational responsiveness.

Comparative strength:

- Advocacy, including pride in work and belief in patient care
- Opportunities for development
- Reasonable adjustments, indicating some resilience in core people practices

These strengths suggest continued commitment to CUH's values and frontline delivery.

What's improving

The most improved scores largely relate to how people are being managed, with colleagues reporting they are:

- More likely to report abuse
- More likely to receive reasonable adjustments
- Less likely to work additional unpaid overtime

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	75%	60%
q25c. Would recommend organisation as place to work	65%	56%
q24b. There are opportunities for me to develop my career in this organisation	58%	50%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	80%	73%
q24c. Have opportunities to improve my knowledge and skills	74%	67%

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	64%	67%
q22. I can eat nutritious and affordable food at work	52%	56%
q18. Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	62%	66%
q13d. Last experience of physical violence reported	70%	73%
q7e. Enjoy working with colleagues in team	78%	79%

Most improved scores	Org 2025	Org 2024
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	64%	61%
q14d. Last experience of harassment/bullying/abuse reported	53%	50%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	80%	78%
q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	49%	48%
q23d. Appraisal left me feeling organisation values my work	37%	36%

Most declined scores	Org 2025	Org 2024
q3i. Enough staff at organisation to do my job properly	30%	36%
q24b. There are opportunities for me to develop my career in this organisation	58%	64%
q25a. Care of patients/service users is organisation's top priority	75%	80%
q20b. Would feel confident that organisation would address concerns about unsafe clinical practice	54%	60%
q25b. Organisation acts on concerns raised by patients/service users	69%	74%

Picker

Where pressure is most felt

- **Advocacy scores have declined**, despite remaining above comparator averages
- Colleagues report **higher numbers of incidents and near misses** than the Picker average
- At the same time, **confidence in organisational responsiveness is falling**
- Other pressure points include **workload, capacity, career development and access to nutritious food**

Unweighted internal Picker data

Results: Our strategic priorities

The Staff Survey highlights people-related risks and enablers that directly affect delivery of CUH's strategic priorities.

The CUH Strategy 2026–2031 sets three priorities:

- Deliver excellent and timely care
- Transform how and where care is delivered
- Harness research and innovation.

Delivering these priorities depends on an engaged, motivated workforce operating in a high-performing, inclusive culture.

By focusing on our 'Deliver excellent and timely care' priority and the five underpinning people dimensions, the Staff Survey enables us to:

- **Identify and monitor areas of organisational risk**, including trust, safety and workload.
- **Inform evidence-based decision-making** at Trust, divisional and team levels.
- **Assess readiness for change,** including leadership capability, inclusion and capacity to deliver transformation



The five NSS people dimensions that underpin our 'Deliver excellent and timely care' strategic priority

1. Culture of Safety and Learning

CUH remain comparatively strong, yet scores around safety and trust have deteriorated. Confidence that concerns will be heard and addressed has declined since 2021 whereas improvements in line manager support have been sustained.

Section	Q	Description	Picker Average 2025	Organisation 2025	Organisation 2024	Organisation 2023	Organisation 2022	Organisation 2021	Long term change
Culture of Safety and Learning	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	53.8%	54.5%	59.6%	56.2%	56.7%	62.3%	-7.8%
	q25f	Feel organisation would address any concerns I raised	46.1%	49.0%	53.3%	51.0%	50.3%	55.6%	-6.6%
	q20a	Would feel secure raising concerns about unsafe clinical practice	69.6%	71.2%	73.6%	70.4%	71.3%	75.9%	-4.7%
	q25e	Feel safe to speak up about anything that concerns me in this organisation	59.0%	63.1%	65.9%	63.6%	63.2%	67.4%	-4.3%
	q19c	Organisation ensure errors/near misses/incidents do not repeat	65.7%	69.2%	72.7%	68.8%	70.1%	*	-0.9%
	q19b	Encouraged to report errors/near misses/incidents	85.7%	88.2%	90.0%	88.4%	88.7%	*	-0.5%
	q19d	Feedback given on changes made following errors/near misses/incidents	59.3%	64.2%	67.4%	62.4%	63.1%	*	1.1%
	q19a	Staff involved in an error/near miss/incident treated fairly	57.9%	63.4%	65.3%	62.7%	62.1%	*	1.4%
	q9h	Immediate manager cares about my concerns	69.8%	73.3%	73.1%	69.7%	68.4%	69.4%	3.9%

What the data shows:

- **Improvements in 2024 have not been sustained,** with scores indicating downward trends in questions relating to safety, speaking up and confidence that concerns will be addressed.
- Progress in **learning from incidents** is evident for Nursing & Midwifery, Additional Clinical Services and Scientific & Technical staff.
- **Improvements in immediate line manager support** (e.g. feeling cared about) **have not translated into organisational trust**.

Who's most affected:

- Admin & Clerical, AHPs, and Medical & Dental staff (particularly consultants) show the largest deterioration.
- **Confidence that the organisation will act on concerns raised has declined across most staff groups** since 2021, with Nursing & Midwifery the main exception.

What this means:

- Whilst comparatively CUH score well, **declines around raising concerns create a meaningful risk**.
- Continued erosion of trust and psychological safety will **undermine engagement, learning and improvement**.
- **Consistent leadership behaviours and visible follow-through** are critical to prevent disengagement and strategic stagnation.

Unweighted internal Picker data

2. Inclusive Workplaces

Whilst colleagues feel more valued by their team, treatment of each other has deteriorated since 2021, creating misalignment from Organisational Values. Discrimination from patients and the public is increasing, this impact is felt disproportionately for some groups.

Section	Q	Description	Picker Average 2025	Organisation 2025	Organisation 2024	Organisation 2023	Organisation 2022	Organisation 2021	Long term change
Inclusive workplaces	q8c	Colleagues are polite and treat each other with respect	69.6%	68.4%	69.9%	69.2%	69.9%	72.1%	-3.7%
	q8b	Colleagues are understanding and kind to one another	68.5%	67.0%	69.1%	67.4%	68.3%	70.2%	-3.2%
	q7i	Feel a strong personal attachment to my team	62.8%	61.5%	60.6%	61.7%	60.3%	61.8%	-0.3%
	q7h	Feel valued by my team	68.7%	69.4%	69.4%	67.5%	66.5%	67.8%	1.6%
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	90.7%	89.3%	90.6%	91.1%	91.3%	91.5%	-2.2%
	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.2%	90.6%	89.8%	89.4%	89.2%	90.2%	0.4%
	q21	Feel organisation respects individual differences	69.5%	72.1%	75.8%	74.6%	73.9%	74.0%	-1.9%

What the data shows:

- Colleagues are **treating each other more poorly** than 2021.
- **More are feeling valued by their team**, particularly within Medical & Dental, Add Professional, Scientific and Technical, Estates and Ancillary and Additional Clinical Services.
- **Discrimination from patients/public is rising**.
- Improvements **from 2021 for** experiencing **discrimination from colleagues/managers,** with Additional Clinical Services and Admin and Clerical being the exception.

Who's most affected:

- **Experience of AHPs, Additional Clinical Services, Resident and Career Grade Doctors has deteriorated the most.**
- Additional Clinical Services, Nursing and Midwifery, Estates and Ancillary and Career Grade Doctors are **most likely to face discrimination.**
- Significant deterioration from 2021 in Admin and Clerical and Healthcare Scientists feeling CUH respects individual differences.
- The WRES and WDES reports highlight inequality of experience for minority groups, with harassment from the public increasing.

What this means:

- **Behaviours aren't aligning with the CUH Value of 'Kind'**. Poor behaviours create a risk to culture, performance and safety.
- **Further analysis** is required to understand which departments and demographic groups are most negatively impacted. Visible action is required to address inequality.
- When inclusive behaviours are not consistently demonstrated, **psychological safety is compromised**

Unweighted internal Picker data

2. Inclusive Workplaces: WRES - Historical comparison

Overall, mixed progress: whilst inequalities in experience persist and are widening in some areas, in others they have improved, however partly due to a decline in reported experience among white staff.

What the data shows:

- **Staff engagement remains higher among BME colleagues** than White colleagues, though White staff engagement has declined slightly.
- **Inequalities in experience persist and, in some areas, are widening** despite some overall improvement.
- **Fewer colleagues report discrimination from managers** in 2025; however, inequalities in experience remain evident.
- **Reports of harassment from patients and the public have increased**, particularly for BME colleagues.
- **Experiences of harassment from colleagues and managers show little change** year-on-year.
- **Perceptions of equal opportunities for career progression have declined**, particularly among White colleagues.

What this means:

- **Disabled and ethnic minority colleagues continue to experience poorer and unequal workplace experiences**.
- **Improvements appear uneven** and are **not yet translating into consistently fair outcomes** across groups.
- **Rising patient-related harassment presents a growing risk**, especially for BME staff.
- **Declining perceptions of career progression** signal a **potential retention and morale risk**.
- **The data indicates a sustained and systemic equality risk** requiring targeted, group-specific action.

CUH historical WRES comparison

Workforce Race Equality Questions	White: 4,342 responses / BME: 2,568 responses	2020 CUH	2021 CUH	2022 CUH	2023 CUH	2024 CUH	2025 CUH	Change 2024/25
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	23%	23%	24%	23%	21%	22%	1%
	BME	26%	24%	24%	28%	23%	27%	4%
Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months	White	12%	10%	11%	12%	10%	9%	-1%
	BME	12%	10%	11%	12%	8%	8%	0%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	White	19%	17%	19%	20%	19%	18%	-1%
	BME	24%	22%	23%	26%	22%	22%	0%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	62%	61%	61%	61%	62%	57%	-5%
	BME	50%	48%	47%	49%	55%	53%	-2%
In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	7%	7%	8%	8%	8%	7%	-1%
	BME	16%	17%	19%	19%	14%	13%	-1%
Staff engagement score (0-10)	White	7.1	6.9	6.7	6.8	6.8	6.7	-0.1
	BME	7.5	7.3	7.1	7.3	7.4	7.4	0.0

2. Inclusive Workplaces: WDES - Historical comparison

Disabled colleagues continue to report a poorer overall experience, with some indicators deteriorating further in 2025.

CUH historical WDES comparison

Workforce Disability Equality Standard (WDES)	Disabled: 1,613 responses / Non Disabled: 5,289 responses	2020	2021	2022	2023	2024	2025	Change 2024/25
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%	30.7%	3.0%
	Non Disabled	23.2%	21.6%	22.0%	22.3%	20.3%	21.8%	1.5%
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%	13.8%	-1.3%
	Non Disabled	10.2%	8.2%	9.3%	10.1%	7.6%	7.0%	-0.6%
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%	25.7%	-2.5%
	Non Disabled	19.3%	15.9%	18.3%	19.5%	17.5%	17.4%	-0.1%
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%	54.1%	0.6%
	Non Disabled	44.1%	44.2%	40.5%	47.5%	48.6%	52.9%	4.3%
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%	48.5%	-5.8%
	Non Disabled	60.7%	59.1%	57.8%	60.3%	61.0%	57.1%	-3.9%
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%	24.3%	-1.7%
	Non Disabled	20.5%	19.6%	20.9%	17.6%	16.4%	17.1%	0.7%
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%	36.6%	-0.1%
	Non Disabled	52.3%	48.0%	45.9%	49.0%	49.8%	46.8%	-3.0%
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%	80.2%	2.2%
Staff engagement score (0-10)	Disabled	6.8	6.6	6.4	6.5	6.6	6.4	-0.2
	Non Disabled	7.3	7.1	7.0	7.1	7.2	7.1	-0.1

What the data shows:

- Harassment from patients and the public has increased for disabled staff.
- Fewer disabled colleagues being harassed by colleagues
- Confidence in equal opportunities for career progression has declined.
- Positive scores for reasonable adjustments remain, but do not offset wider experience gaps across other measures.

What this means:

- Disabled colleagues continue to experience **systematically poorer outcomes**.
- This represents a **clear and persistent equality risk** that requires **focused, sustained action**, beyond compliance or individual adjustments.

Unweighted internal Picker data

3. Compassionate Culture

CUH scores comparatively high, particularly for recommending place to work or receive treatment. However, there is weakening in the compassionate culture, with perception of how patients are prioritised and cared for declining, this is despite individuals finding meaning in their work.

Section	Q	Description	Picker Average 2025	Organisation 2025	Organisation 2024	Organisation 2023	Organisation 2022	Organisation 2021	Long term change
Compassionate Culture	q25a	Care of patients/service users is organisation's top priority	70.0%	74.8%	79.9%	78.4%	78.4%	82.0%	-7.2%
	q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	60.0%	74.9%	77.3%	76.1%	74.9%	80.9%	-6.0%
	q25b	Organisation acts on concerns raised by patients/service users	67.0%	68.8%	73.8%	69.7%	70.2%	74.1%	-5.3%
	q25c	Would recommend organisation as place to work	56.3%	65.3%	69.7%	65.0%	61.9%	66.9%	-1.6%
	q6a	Feel my role makes a difference to patients/service users	87.8%	89.3%	88.5%	86.7%	85.3%	87.0%	2.2%

What the data shows:

- **CUH continues to score highly compared to Picker average.**
- **Significant deterioration in questions relating to care/patients** since 2021.
- **Improvement** since 2022 in **colleagues feeling their role makes a difference to patients.**
- **Differing experiences in recommending as a place to work,** with Nursing & Midwifery, Add Professional, Scientific & Technical and Estates & Ancillary all significantly improving since 2021.

Who's most affected:

- Confidence deterioration is most prominent in Admin & Clerical, AHPs and Medical & Dental.
- Consultants score the lowest for **believing the organisation acts on concerns raised by patients and that care of patients is the organisation's top priority**.

What this means:

- Deterioration in advocacy indicates **reduced confidence in the Organisation.**
- Improvements in 2024 were not sustained, increasing risk.
- **Visibility of strategy and patient/staff voice in practice will support establishment of trust** where it has been lost.

Unweighted internal Picker data

4. Developing Our People

Developing our People remains high scoring comparatively. Results indicate significant improvements in appraisal experience since 2021, yet development opportunities remain stable.

Section	Q	Description	Picker Average 2025	Organisation 2025	Organisation 2024	Organisation 2023	Organisation 2022	Organisation 2021	Long term change
4. Developing our people	q23b	Appraisal helped me improve how I do my job	26.2%	29.4%	28.6%	23.7%	20.2%	19.6%	9.9%
	q23c	Appraisal helped me agree clear objectives for my work	35.1%	38.6%	37.4%	32.7%	30.6%	29.8%	8.8%
	q23d	Appraisal left me feeling organisation values my work	32.8%	36.8%	35.5%	33.8%	31.9%	31.3%	5.4%
	q24a	Organisation offers me challenging work	67.2%	70.9%	70.8%	73.9%	73.8%	73.7%	-2.8%
	q24b	There are opportunities for me to develop my career in this organisation	49.7%	58.1%	63.8%	60.3%	59.6%	60.0%	-1.8%
	q24c	Have opportunities to improve my knowledge and skills	67.2%	73.5%	75.5%	72.5%	71.9%	72.0%	1.6%
	q24d	Feel supported to develop my potential	54.3%	59.9%	61.7%	58.3%	55.9%	56.0%	3.8%
	q24e	Able to access the right learning and development opportunities when I need to	57.8%	63.6%	65.4%	63.1%	61.1%	61.1%	2.5%

What the data shows:

- There has been **significant improvements for appraisal** experience since 2021, for all but Medical and Dental.
- Scores around development are mixed.
- Whilst people feel supported to develop their potential, scores **have deteriorated around feeling they could develop their career in CUH.**
- A **steady decline in Nursing and Midwifery feeling challenged by their work.**

Who's most affected:

- Those **areas with most improved appraisals** are Additional Clinical Services, Add. Scientific & Technical and Nursing & Midwifery.
- **Consultants have significantly poorer experience of appraisals**, and Resident Doctors score lowest for feeling organisation values their work post appraisal.
- **Groups scoring lowest for development opportunities** are Admin & Clerical and Estates and Facilities. Consultants and Career Grade Doctors are less likely to feel supported to develop their potential.

What this means:

- There is **appetite for development**, which can be aligned to strategy.
- Potential scope to broaden level of challenge for the Nursing and Midwifery workforce.
- Colleagues believing there is no future in CUH could present a risk for talent management.

Unweighted internal Picker data

5. Enabled to Drive Change

While improvement is evident, greater and more consistent progress across all areas is required to realise the ambitions of the strategy.

Section	Q	Description	Picker Average 2025	Organisation 2025	Organisation 2024	Organisation 2023	Organisation 2022	Organisation 2021	Long term change
5. Enabled to drive change	q3d	Able to make suggestions to improve the work of my team/dept	69.9%	70.6%	70.5%	70.8%	67.8%	69.3%	1.3%
	q3c	Opportunities to show initiative frequently in my role	72.2%	73.6%	74.3%	72.4%	71.2%	72.2%	1.4%
	q3f	Able to make improvements happen in my area of work	53.7%	55.9%	55.9%	54.7%	51.5%	51.5%	4.5%

What the data shows

- **CUH score well compared to Picker average.**
- **Significant progress in colleagues feeling able to make improvements**, representing just over half of the workforce.
- Nursing & Midwifery, Additional Clinical Services and Add. Prof Scientific and Technical have seen the **biggest improvements**

Who's most affected

- Both Admin & Clerical and AHPs indicate declining levels of showing initiative and making suggestions.
- Experience for Resident Doctors is the poorest in this area with Admin and Clerical showing the largest deterioration since 2021.

What this means

- With risks already identified around psychological safety, it's positive that many colleagues feel able to make improvements.
- Targeted readiness for change activities could help translate growing improvement into wider participation.
- Those impacted most by Organisational change feel less enabled.

. **Unweighted internal Picker data**



Our progress & next steps

Our progress and next steps: Actions from Phase 2, moving to Phase 3

Phase 2 has translated staff survey insight into clearer organisational priorities, targeted local action and strengthened governance oversight in preparation for Phase 3: Action and Improvement.

Key Phase 2 action	Impact	Next step for Phase 3
Supported leaders and managers to engage teams in local results and priority setting	Increased local ownership of improvement priorities and actions	Support divisions and teams to translate insight into targeted local improvement plans
Launched a CUH NSS dashboard to increase transparency and accessibility to survey data	Improved organisational visibility of staff experience themes, variation and risk	Continue triangulation of staff survey findings with wider workforce and quality intelligence
Identified hotspot teams through triangulation of survey findings, speaking up themes and workforce intelligence	Established foundations for targeted organisational and divisional improvement activity	Begin measuring impact of action through staff experience, engagement and workforce indicators
A structured support offer for managers, including toolkits, guidance and facilitated conversations	Greater alignment between workforce intelligence and action	Monitor emerging themes and hotspots through established governance routes
Engaged stakeholder groups including MSF, Staff Networks, FTSU, Occupational Health & Wellbeing, ME and WEC	Enhanced ability to target support and intervention where risk is greatest	Embed collective learning and leadership development through existing leadership infrastructure

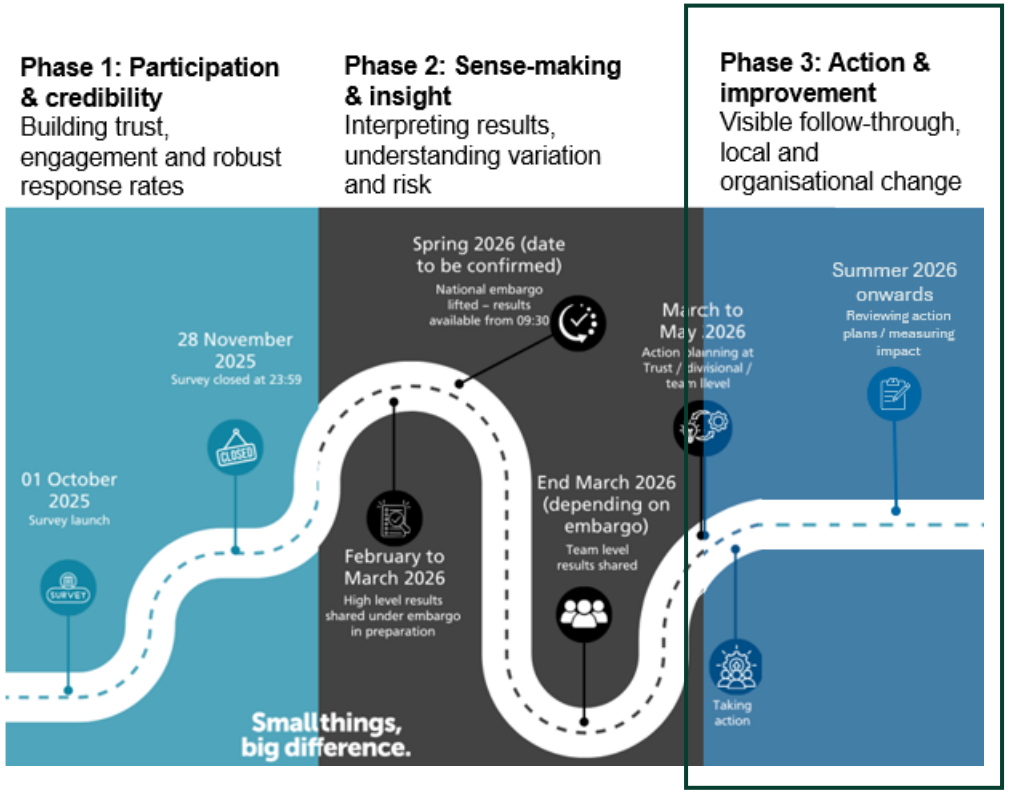
Our progress and next steps: Phase 3: Action and Improvement

The programme is now in phase 3, strengthening structures to improve visibility and direction in action planning. This will enable leaders and teams to deliver measurable, locally led change and define key enablers for the Trust-wide improvement plan. With results indicating declining organisational trust, this phase is key in mitigating this risk and restoring confidence.

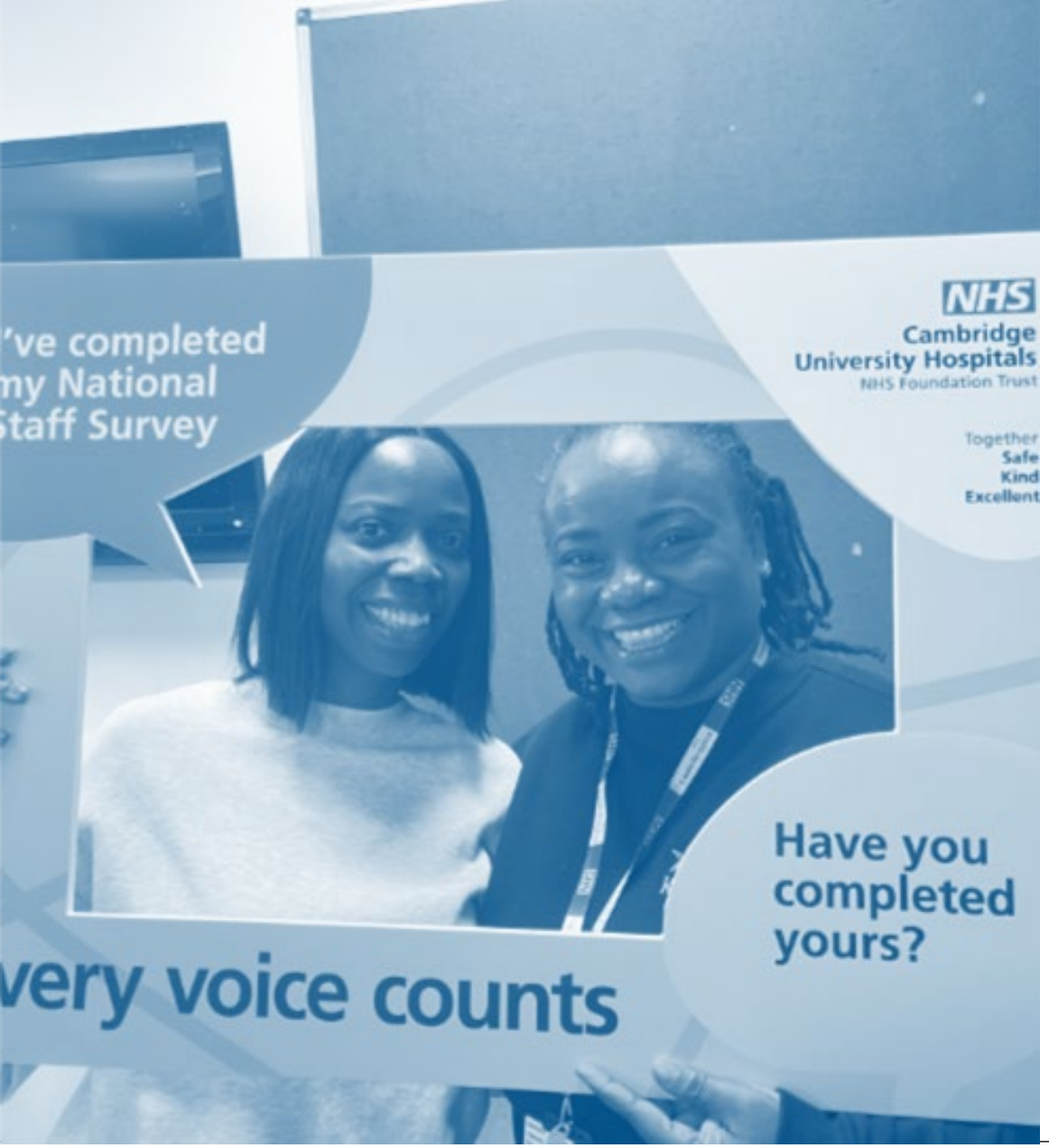
Shaping a Trust-wide Improvement plan
An enabling framework derived from divisional and professional plans. Aligning priorities, strengthening infrastructure, ensuring locally driven action plans are supported, visible and able to deliver sustainable impact.

Strengthened governance and oversight arrangements through reporting to Divisional Quality and Performance Meetings, Management Executive, Workforce Education Committee and Board-led culture forums.

Established mechanisms for collective learning and shared practice, including the EMLE Community of Practice.



CUH 2025 NSS Roadmap


've completed
my National
Staff Survey
NHS
Cambridge
University Hospitals
NHS Foundation Trust
Together
Safe
Kind
Excellent
Have you
completed
yours?
very voice counts

Appendices

Appendix 1: Response rate by division and professional group

Detailed breakdown of NHS Staff Survey response rates by division and professional group, supporting transparency and local interpretation of participation levels

What the data shows

- **Overall Trust response rate was 53.7%**, consistent with 2024 and above the national average.
- **Response rates vary by division**, with stronger participation in Corporate and R&D areas and lower rates in some clinical divisions.
- **Variation is also evident by professional group**, with higher engagement among administrative and clinical support groups and lower participation in some clinical professions.
- Year-on-year changes highlight **areas of improvement and decline**, supporting targeted engagement and follow-up where participation remains low.

What this means

- This data underpins the credibility of team-level results.
- It informs **where further engagement and support may be required** in subsequent phases.

Division	2021 Response Rate	2022 Response Rate	2023 Response Rate	2024 Response Rate	2025 Response Rate	Change on Last Year
Division A	53.0%	37.4%	30.0%	54.5%	53.4%	-1.1% ↓
Division B	59.1%	48.0%	41.8%	53.1%	51.3%	-1.8% ↓
Division C	55.6%	38.1%	30.4%	46.6%	47.2%	0.6% ↑
Division D	53.0%	40.2%	31.8%	53.5%	54.0%	0.5% ↑
Division E	51.9%	34.3%	29.5%	48.6%	51.3%	2.7% ↑
Corporate	72.8%	53.5%	54.0%	65.7%	68.5%	2.8% ↑
R&D	69.7%	49.2%	51.3%	52.7%	59.4%	6.7% ↑
Trust	**57.9%**	**42.7%**	**37.1%**	**53.5%**	**53.7%**	**0.2% ↑**

Staff Group	2021 Response Rate	2022 Response Rate	2023 Response Rate	2024 Response Rate	2025 Response Rate	Change on Last Year
Add Prof Scientific	61.2%	53.8%	49.1%	46.9%	50.4%	3.5% ↑
Additional Clinical Services	54.3%	41.3%	31.2%	51.1%	48.3%	-2.8% ↓
Administrative and Clerical	74.0%	56.0%	54.0%	59.9%	64.5%	4.6% ↑
Allied Health Professionals	57.3%	45.4%	41.2%	55.0%	53.2%	-1.8% ↓
Estates and Ancillary	52.5%	28.5%	34.6%	48.1%	50.4%	2.3% ↑
Healthcare Scientists	66.0%	62.3%	48.0%	63.2%	62.2%	-1.0% ↓
Medical and Dental	38.7%	25.5%	23.2%	30.9%	34.4%	3.5% ↑
Nursing and Midwifery	56.6%	38.9%	31.8%	58.7%	57.5%	-1.2% ↓
Trust	**57.9%**	**42.7%**	**37.1%**	**53.5%**	**53.7%**	**0.2% ↑**

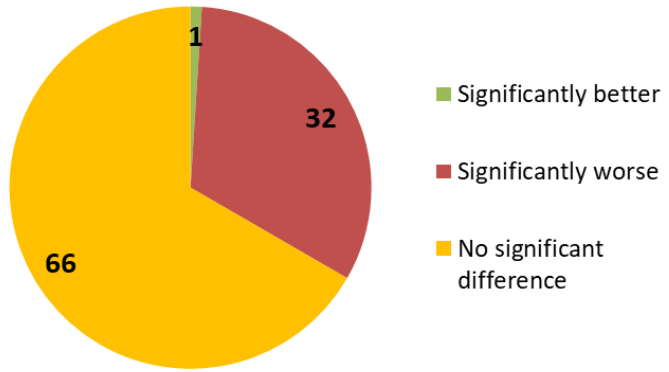
Unweighted internal Picker data

Appendix 2: Historical and organisational comparison

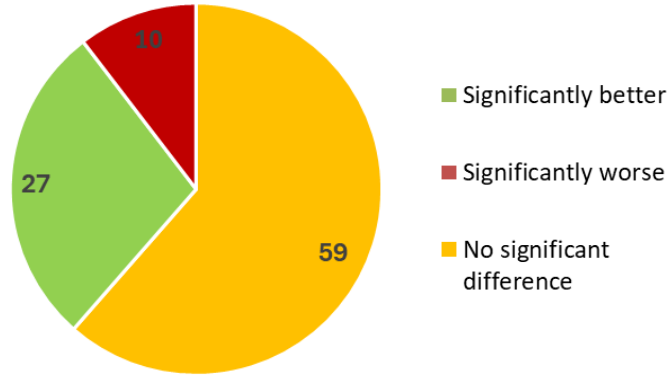
Overall, CUH's results are largely stable year-on-year and compare favourably with peer organisations, with limited areas of deterioration concentrated around workload and trust.

- **Across survey questions, the majority show no statistically significant change** compared with 2024. Since 2021, 27 questions have improved significantly.
- **When compared with the Picker acute and community average, more questions perform significantly better than worse**, reinforcing CUH's relative position against peers.
- **A small subset of questions has deteriorated, primarily linked to capacity, workload and confidence in organisational responsiveness**, rather than core people processes.
- One question shows a statistically significant improvement relating to **reduced paid overtime**. While positive overall, this may have **uneven impacts across staff groups** and particularly younger staff who traditionally rely more on overtime income (Nuffield Trust, 2024).

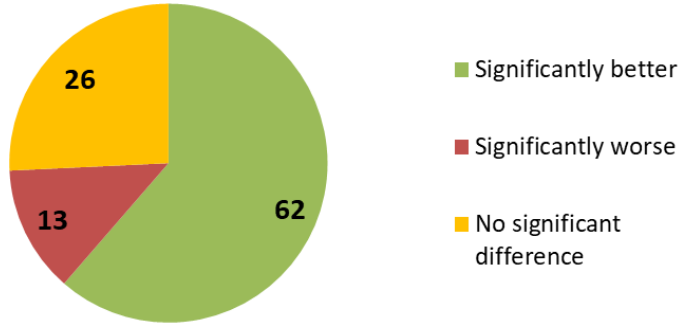
CUH historical comparison 2025 v 2024



CUH historical comparison 2025 v 2021



2025 comparison with Picker Acute & Community average



Unweighted internal Picker data

Appendix 3: Shelford group comparison – Staff engagement score

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	7.26
2	GST	7.11
3	Imperial	7.01
4	Oxford	7.01
5	Newcastle	6.94
6	**CUH**	**6.82**
7	Sheffield	6.70
8	Kings	6.70
9	Manchester	6.47
10	Birmingham	6.47

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	7.35
2	GST	7.15
3	Imperial	7.11
4	**CUH**	**7.02**
5	Oxford	6.98
6	Newcastle	6.83
7	Manchester	6.79
8	Sheffield	6.79
9	Birmingham	6.62
10	Kings	6.58

Pos	Trust	2025
1	UCLH	7.36
2	GST	7.28
3	Imperial	7.08
4	**CUH**	**6.90**
5	Oxford	6.85
6	Manchester	6.73
7	Newcastle	6.72
8	Kings	6.68
9	Sheffield	6.66
10	Birmingham	6.62

Externally Benchmarked (weighted) data provided by Survey Coordination Centre