



QUALITY ACCOUNTS 2024- 2025

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Part One

Introduction from Chief Nurse, Chief Executive and Chair

We are delighted to present Cambridge and Peterborough NHS Foundation Trust (CPFT) quality account for 2024/25. Over the last 12 months, the organisation has worked exceptionally hard to prioritise the quality of care for our local population because the care we provide and the quality of our services will always be top of the agenda for our Trust and the whole of the NHS.

This year has not been without its challenges as we have seen changes within our executive leadership team, and we have been working hard to improve the organisation's financial position. However, each and every day we are struck by the dedication, professionalism and humanity of our teams.

During this year, the Integrated Care Board established a Rapid Quality Review Meeting which transitioned into an Improvement Board following concerns highlighted by the Care Quality Commission (CQC). The Trust has worked closely with both organisations and other system partners to share updates on key improvement plans, making positive progress over the last twelve months.

During this financial year, the CQC has conducted three unannounced visits to working age adult mental health services, followed by a well-led inspection in February 2025. The Trust is awaiting the draft report following the well led inspection, with all other reports having been published. The Trust has established a monthly Compliance Executive meeting that tracks progress against the CQC actions from these visits, with a number of quality improvement programmes in place.

In October 2024 the Trust welcomed Steve Grange as our new Chief Executive Officer. We have taken this opportunity to review and refresh our Trust strategy, holding all staff engagement events to ensure that

everybody has the opportunity to shape the strategy and direction of travel for the organisation moving forwards. A staff survey has been conducted by our communications team to seek views on how staff want to receive Trust updates and which methods they find most effective, demonstrating our commitment to improving communication across the organisation.

The Trust has recently established a High Performing Organisation Programme which will drive sustained improvements into the new financial year. Phase one has been completed, and we are now moving into phase two which is focused on investing in Board and Sub-Committee training and development as well as strengthening our risk management frameworks.

Despite a number of challenges, the Trust has a lot of achievements to celebrate, some of which you can read about in the following pages in the Year in Review. We would like to highlight the significant improvement in inpatient flow and the reduction in out of area placements. The reopening of Mulberry 3 has improved the Trust's internal bed capacity, alongside progress in reducing delayed discharge of care, working closely with local authority partners around housing provision.

We are incredibly proud of the support we provide to our staff through so many different avenues. Our Heart & Soul chaplaincy team is a spiritual and pastoral touchstone for our colleagues as well as our patients and carers, while our charity Head to Toe continues to grow and fund projects that go beyond core services.

This annual quality account presents a progress report against our quality priorities for 2024/25; many of which are significant and are two -year projects that will continue to be implemented in 2025/26. We have made further progress on embedding the Patient Safety Incident Response Framework (PSIRF) by transitioning to an Incident Safety Panel where incidents with potential learning are identified and agreeing the level of investigation required. We successfully launched our Patient Safety Champions in September 2024 on world patient safety day, the staff

volunteers who fulfil these roles advocate for patient safety within their own work areas.

We have identified clinical learning pathways as a two-year quality priority, this is focused on supporting training efficiency across the organisation. The aim is to evolve from episodic training to reviewing interdependencies which may reduce the time staff are taken out of practice.

We are delighted that the Trust has continued to increase the number of community nursing staff awarded 'Queens Nursing' status. This prestigious title is awarded to nurses who have worked in the community for five years or more. We had nine nursing colleagues awarded the title during 2024, bringing the total number to 35. We will continue to encourage other community colleagues to put themselves forward for the award in 2025 in recognition of their commitment to improving patient care.

We recognise that the Trust has more work to do to continue to improve quality and safety and we are committed to working with our service users, families and carers to support us on this journey. We continue to be an active partner within our local system, maintaining open, transparent and positive relationships to support achievement of shared goals. We are pleased with the progress we have made during 2024/25 and remain optimistic about accelerating the great work we have underway in the new financial year.

Finally, we give thanks to our Executive and Non-Executive colleagues, our Council of Governors, and senior leadership team for their support. Most importantly however, we must again thank our staff for their tireless work and the care and compassion they show to all those who require our services.

Our Quality Accounts

Each year, NHS Trusts produce an accessible report called the Quality Accounts. This document, available to the public, provides information on

the performance and quality of services delivered by the Trust, as well as plans for future improvement.

Our Quality Account by law includes several mandatory statements; these provide the reader with an opportunity to compare outcomes alongside those from other NHS Trusts where these are published.

Prior to publication, the Quality Accounts is shared with local partners (stakeholders) for comment and feedback. This report has been shared with the Integrated Care Board (ICB), Healthwatch Cambridgeshire and the Adults and Health Committee of the Cambridgeshire County Council. Stakeholder statements can be viewed at the end of this document.

We hope you find our Quality Account informative. If you would like to provide feedback, please contact Jim Leadbetter, Head of Quality and Regulatory Compliance jim.leadbetter@cpft.nhs.uk.

About us

The Trust serves a population of around 1.025m across both urban and rural areas in the East of England county of Cambridgeshire.

CPFT delivers a wide range of physical health, mental health, and specialist services in more than 50 locations both in the community and across a number of hospital locations including our main sites at the Cavell Centre, Peterborough, and Fulbourn Hospital, Cambridge.

We work in partnership across the Cambridgeshire and Peterborough Integrated Care System to deliver joined-up care with the aim of improving health outcomes for local people.

The 2023-2026 Trust strategy outlines four key priorities aimed at delivering high-quality integrated care and enhancing staff wellbeing. CPFT staff are actively involved in shaping the future direction of the organisation as the Trust seeks to refresh its current strategy.

- Working in partnership to deliver the best care
- People at the heart of everything we do
- A system leader in innovation and research

- Making the best use of resources

Our Trust is highly active in research and serves as the home of the National Institute for Health and Care Research Applied Research Collaboration East of England. CPFT is a key partner in the Cambridge Biomedical Research Centre (BRC).

Culturally, the Trust **Shaping our Future Together (SoFT) Programme** has continued throughout 2024-25.

All the recommendations following the 2022 Cavell Culture Review have now been completed, with monitoring reports being submitted to the People Strategy Delivery Group.

Other developments include:

Staff Engagement

- *SoFT and Pulse Surveys are now shared back in a you said / we did style.*

Leadership, Development and Culture

- The new Behaviours Framework Workbook has been launched (with input from staff, patient participation and the volunteer service) with over 1000 staff *touch points* for the framework since September 2024.
- Updated review of Trust Leadership Programmes.
- Launch of new Talent Management Strategy - aligned with the Scope for Growth national framework, additionally, specific interventions will support two staff groups: Support Workers and BAME colleagues.
- Behaviours framework embedded into the new staff appraisal form and supervision training.

Equality, Diversity and Inclusion (EDI)

- The draft EDI strategy for the Trust has been socialised with colleagues, with launch in April 2025.

- Reverse mentoring is gathering momentum as a programme of work.

Delivering care and treatment to the people of Cambridgeshire and Peterborough

Very high-level summary of activity over the past year:

- Mental health referrals received (excludes Psychological Wellbeing Service and Staff Mental Health Service)

24-25 113634

23-24 111646

22-23 103952

- Mental health contacts attended

24-25 390684

23-24 378133

22-23 391679

- Physical health referrals

24-25 194488

23-24 186034

22-23 179045

- Physical health contacts attended

24-25 961863

23-24 924413

22-23 890724

- Mental health admissions

24-25 940

23-24 848

22-23 958

- Physical health admissions

| | |
|--------------|------|
| 24-25 | 1260 |
| 23-24 | 1166 |
| 22-23 | 1038 |

Year in review

April

Administrative colleagues were thanked for their vital work within CPFT services as part of National Administrative Professionals Day.

May

Trust Staff were at Westminster Abbey for the Florence Nightingale Commemoration Service.

Hon Nurse Consultant in Palliative Care Dr Ben Bowers received the Primary Care Scientist award for his contribution to primary care research and advancing clinical practice.

June

The Estates Team were amongst those recognised on National Healthcare and Estates Facilities Day.

A series of events were held to allow colleagues and stakeholders to share their views about the values and qualities the next CEO of the Trust should have.

July

Nicola Zolnhofer, Head of Nursing and Quality for the OPAC directorate, talked openly about overcoming her post-traumatic stress disorder as part of Birth Trauma Awareness Week to encourage others to seek help.

Steve Grange was appointed as the new Chief Executive

CPFT successfully renewed its Mindful Employer status in its ongoing commitment to support mental health at work.

August

The Trust has highlighted its commitment to equalities by signing UNISON's Anti-Racism Charter.

AHP Practice Education Leads and music therapists were named as finalists at the National Chief Allied Health Professions Officer Awards.

Plans for Cambridge Children's Hospital were given the green light following the news an Outline Business Case had been signed off.

September

Darwin Nurseries got the news they would be honoured at the International Green Apple Environment Awards.

The Trust's Pulmonary Rehabilitation Team became passed a national accreditation scheme first time with no actions.

The CAMHS Community eating disorder team won the Chair's Award for Outstanding Performance and the JET team won Team of the Year at the CPFT Staff Awards 2024.

October

New Chief Executive Steve Grange joined the Trust.

"Throughout my career, I have been driven by a deep commitment to the patients, service users and families that we serve," he said. "As well as creating a positive, supportive environment for staff. I feel truly honoured to have the opportunity to lead such a dedicated and talented team here at CPFT."

November

The Beacon, a new specialist eating disorders day treatment centre for young people was opened to provide care in Fulbourn.

The new Perinatal Trauma and Loss Service was launched –mental health support to women who have experienced the death of a baby.

CEO Steve Grange and Deputy Chair Karen Daber praised the work of staff at the first Pride Awards. Nominations were made by patients, relatives, and fellow colleagues.

December

Ruth Beacon, former patient treated for an eating disorder at the Trust, returned to S3 ward to present a donation of more than £2,000 after completing a half- marathon.

CPFT's Head to Toe charity held its annual festive celebration. Presents were wrapped for the Trust's community nurses to give to patients, while the Arts Therapy team provided musical entertainment.

January

Research involving CPFT and the universities of Cambridge and Exeter identified several common drugs already in use that could be repurposed to help treat dementia.

Newly appointed Rebecca Gray—director of the NHS Confederation's Mental Health Network met with CEO Steve Grange and Amanda Barrett, Associate Director of Nursing & Quality from the Trust's Children, Young People & Families Directorate.

Nine colleagues were awarded the prestigious title of Queen's Nurse in 2024, taking the number at the Trust to 35.

February

The first volunteers were recruited for the Community Butterfly Volunteer Service to support patients receiving end of life care.

Ninja Theory, the Cambridge-based BAFTA award-winning video game developer has welcomed Alex King, its fourth and newest Peer Support Worker on to its Senua Scholarship program.

Erin Sales and Deborah Watts were invited to talk about the work of the Cardiac and Respiratory Service on BBC Radio Cambridgeshire.

March

International rugby coach Justin Fitzpatrick was the final speaker at the Trust's Leading Together Festival.

Working in partnership to deliver the best care

Collaborating with the local system to improve services - Rapid Quality Review meeting and the Improvement Board

In March 2024, the ICB hosted a rapid quality review meeting to review areas of service delivery concern including out-of-area mental health placements and waiting list harm review processes.

Throughout 2024-25, the Trust has met with the ICB and system partners (including NHS England and the CQC) adopting a system-wide approach to addressing these joint concerns and to monitor improvements.

Progress has been made during this period, with the improved position against out-of-area placement use being one notable example (please see section three for the supporting quality improvement narrative).

System working to manage winter pressures

CPFT contributes to the local system and its management of winter pressures. In the winter of 2024-25, we:

- Provided extended opening hours within the Ely Minor Injury Unit (MIU) to relieve pressures experienced within Emergency Departments and Primary Care by providing minor injury and minor illness treatments extending into the evenings.
- Whilst consideration is being given by the Cambridgeshire and Peterborough system for a sustainable Home First Intermediate Care Service offer, CPFT have commissioned up to 19 provider cars which have supported delivery of rehabilitation to patients in their own home. In addition, wraparound therapy has also been provided. Geography of the cars was fluid to meet the needs of patients across Cambridgeshire and Peterborough during the winter. This offer provided additional capacity to the CPFT Home First Intermediate Care Team which ensures that patients being discharged from acute hospitals or people living at home who had complex frailty needs are being provided with rehabilitation and home care to optimise their health and wellbeing. The impact on reducing acute bed days is significant.

- The Cambridgeshire and Peterborough system has established an Urgent and Emergency Care (UEC) Hub so that referrals for unplanned care, including admission avoidance can be directed to a single point of contact moving forward. CPFT has collaborated in the design of the UEC Hub and the JET service (made up of Paramedics, Nurses, and Therapists) along with system partners has been providing triage support whilst this new model is being embedded.

Right Care Right Person (RCRP)

RCRP is a partnership approach which aims to ensure that people with health or social care needs are responded to by the right person with the right skills, training, and experience. Supported by effective working relationships, RCRP implementation has continued locally through 24-25 with all initial objectives successfully delivered. Further work continues with system partners to fully implement new ways of working.

Part Two

Statements of Assurance from the Board

This Quality Accounts must include a series of prescribed statements of assurance, these are embedded within the following section which provides a series of quality performance updates for 2024-25.

Priorities for Improvement

Review of performance against the 2024- 25 Quality Priorities

Quality priorities enable NHS Trusts to concentrate on quality improvement (QI) in focussed areas of patient care. Establishing priorities is a requirement of the Quality Accounts process.

This section reviews the progress made against CPFT's improvement goals over the past year. Mandatory performance information will then follow, leading into the rationale and details of quality priorities plans for 2025-26.

Given the scope and scale of planned QI activity, several of the following quality priorities span the 2024-26 period. In this context, it is important for relevant QI improvements to be co-produced, well supported and effectively embedded.

Quality domain: **Safety**

1

Quality Goal [1]

PSIRF Implementation

PSIRF outlines the NHS's approach to developing and maintaining effective systems for responding to patient safety incidents, with the aim of learning and improving patient safety.

Aim

To fully implement and embed the Patient Safety Incident Response Framework (PSIRF) across the Trust, fostering a culture of continuous learning and improvement in patient safety.

Successes

- Patient Safety Champions have been embedded in clinical teams
- Successful implementation of the new Patient Safety Incident Panel.
- The Learning Response Tool Toolkit is in use and a quality assurance review has been completed by the Patient Safety Investigators.
- Learning from response tools are recorded on Datix (Incident reporting system).
- Patient Safety Incident Investigation sign off process has been agreed.
- Level 4 Patient Safety Training has been completed by the Patient Safety Specialists (PSS's) and Patient Safety Incident Investigators.

Ongoing work

- To establish a Trust-wide learning panel to triangulate learning across all areas of the Trust.

2

Enhancing inpatient therapeutic environments

Quality Goal [2A]

Safewards

The Safewards initiative aims to enhance the safety and therapeutic environment of mental health wards by implementing ten evidence-based interventions. These interventions focus on reducing conflict and containment, improving relationships between staff and patients, and fostering a positive and supportive ward culture.

The formal implementation of Safewards was delayed in 2024-25 due to capacity and demand issues, this project commenced in March 2024 following reaffirmed commitment. Individual wards have implemented

elements of the model however the Qi collaborative will enable a consistent approach across the Trust.

Aim

To support the implementation of the Safewards model across all mental health inpatient wards by 30 November 2026.

Successes

- A Trust-wide QI collaborative has been formed and is meeting, supported by the Deputy Chief Nurse and the Trust Quality, Service Improvement and Redesign (QSIR) Lead.
- Lived experience co-production support is provided by the local Sun Network.

Ongoing work

- The Safewards Core Group have a formal launch event on the 1st of May 2025.
- The group aim to complete the project within 18 months, meeting every six weeks. The core implementation work will take place day to day on all relevant mental health wards.

Quality Goal [2B]

SWAN end of life care model

The SWAN end of life care model is a values-based approach to providing personalised care during the last days of life and the first days of bereavement. It focuses on **Signs, Words, Actions** and **Needs** to ensure that patients and their families receive compassionate and respectful care.

Aim

To implement the SWAN model (end of life care) on CPFT Inpatient physical rehabilitation wards.

Successes

- All elements of the model have been successfully implemented.

Ongoing work

- The Trust is currently progressing through the formal SWAN Accreditation process.

Quality Goal [3]

Dialog+

Dialog+ is a clinical intervention which supports the communication between patients and clinicians by using a structured approach to assess and improve subjective quality of life across a number of domains. The outcomes are then used to identify care planning goals to support patient improvement and recovery.

Aim

The introduction of Dialog+ as the standard assessment and care planning tool for adults with mental health problems by January 2027.

Successes

The comprehensive Trust wide scoping phase is now complete, this includes:

- Clear identification of all clinical service areas in which DIALOG+ will be implemented (and order of priority).
- Completion of a training needs analysis and the identification of a preferred training approach.
- Scoping of changes required to the patient electronic record system.
- Clinical teams to 'pilot' DIALOG+ have been identified.

Ongoing work

- To commence implementation phase.

Care Quality Commission (CQC) Compliance

As the independent regulator for NHS Trusts, the role of the Care Quality Commission (CQC) is to ensure that services delivered by health and social care providers, meet legal requirements.

The CQC have updated the process by which they assess providers and in the later stages of 2023 launched the Single Assessment Framework. The framework is made up of five key questions:

Safe: do services protect patients from abuse and avoidable harm?

Effective: do services support patients to achieve good outcomes and maintain quality of life?

Caring: are patients involved in their treatment and treated with compassion, kindness, dignity and respect?

Responsive: are services responsive to the patients it serves, do they address individual needs?

Well led: do services have effective leadership, management and governance that encourages learning and innovation with an open and fair culture?

CPFT is required to register with the Care Quality Commission and its current registration status is 'Registered without Conditions'.

The Care Quality Commission has not taken enforcement action against CPFT during 2024-25.

CQC assessment activities at CPFT during this reporting period

The Trust received the following unannounced and planned assessments alongside the routine Mental Health Act visits.

- Community Based Mental Health Services for Adults of Working Age 12-13 June 2024 – overall rating requires improvement
- Mental Health Crisis Services and Health Based Places of Safety 7-8 August – overall rating requires improvement
- Trust's Well-Led Inspection 10-12 March 2025 – report pending

There were six Mental Health Act visits during the reporting period.

- Adults and Specialist Mental Health directorate: Oak 4, Mulberry 1, Poplar, Mulberry 3 and Treatment ward.
- Older People and Community directorate: Maple 2.
- Children Young People and Families directorate: Darwin ward.

At the time of publication, with exception of the Well-Led inspection, the CQC has published all final reports.

All reports have highlighted areas of good practice as well as areas for improvement.

Detailed below are some of the key highlights and themes identified.

All reports have an action plan to address the areas of concern highlighted, where applicable quality improvement is applied across all clinical directorates.

Good Practice highlighted

- Least restrictive practice modelled.
- Carers felt involved in care and treatment decisions.
- Kind, caring and compassionate staff.
- Patients feel safe & privacy respected.
- Effective multidisciplinary working.

Areas for Improvement

- Mandatory training, supervision and appraisal compliance rates.
- Personalised and holistic care planning.
- Consistent handover documentation.
- Ensuring effective sharing of lessons from patient safety incidents.

CPFT has not participated in any special reviews or investigations by the CQC during the reporting period.

Clinical Effectiveness Performance

Participation in clinical audit

During 2024-25, 16 national clinical audits and 4 national confidential enquiries covered relevant health services that CPFT provides.

During that period CPFT participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that CPFT was **eligible** to participate in during 2024-25 are as follows:

The national clinical audits and national confidential enquiries that CPFT **participated** in during 2024-25 are as follows:

- National Diabetes Audit Type 1 diabetes data reporting – Hybrid Closed Loop implementation.
- National Respiratory Audit Programme - Organisational Audit 2024.
- NRAP Pulmonary Rehabilitation Clinical Audit 2024 (State of the Nation).
- Sentinel Stroke National Audit Programme (SSNAP) 24-25.
- National Audit of Care at the End of Life (NACEL) 2024-25.
- National Diabetes Education and Self-Management for Ongoing and Newly Diagnosed Audit (DESMOND) 2024.
- National Diabetes Footcare Audit (NDFA) 2024-25.
- National Audit of Cardiac Rehabilitation 24-25.
- POMH 21b The Use of Melatonin 2024-25.
- POMH16C Rapid Tranquilisation.
- POMH 24a: The use of Opioids in mental health services.
- POMH 18C The Use of Clozapine.
- National Clinical Audit of Psychosis: EIP service delivery and care
- National Clinical Audit of Psychosis (NCAP): Routine MHSDS data audit.
- National Audit of Inpatient Falls (NAIF).

- Learning from lives and deaths – people with a learning disability and autistic people (LeDER).
- National Audit of Eating Disorders (NAED) 2024-2025.
- Children's Death and Overview Panel (CDOP).
- NCEPOD End of life: Planning for the end.
- NCISH - Real-time surveillance of patient suicide 2024.
- NCISH -Suicide & homicide by people under mental health care 2024.

The national clinical audits and national confidential enquiries that CPFT participated in, and for which data collection was completed during 2024-25 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Please note that there are several audits which are continuous data collection and therefore for the period which is noted below case ascertainment is not yet published.

National audit POMH 16C Rapid Tranquilisation

Number of submissions 23
% of cases required 100%

National audit National Diabetes Audit Type 1 diabetes data reporting – Hybrid Closed Loop implementation

Number of submissions Ongoing
% of cases required -

National audit NRAP Pulmonary Rehabilitation Clinical Audit 2024

Number of submissions 208
% of cases required 75.6%

National audit Sentinel Stroke National Audit Programme (SSNAP) 24-25

Number of submissions Ongoing
% of cases required -

National audit National Audit of Care at the End of Life (NACEL) 2024-25

Number of submissions 13
% of cases required 100%

National audit National Diabetes Education and Self-Management for Ongoing and Newly Diagnosed Audit (DESMOND) 2024

Number of submissions Ongoing
% of cases required -

National audit National Diabetes Footcare Audit (NDFA)

Number of submissions Ongoing
% of cases required -

National audit National Audit of Cardiac Rehabilitation 24-25

Number of submissions Ongoing
% of cases required -

National audit National Respiratory Audit Programme - Organisational Audit 2024

Number of submissions Ongoing
% of cases required -

National audit NCEPOD End of life: Planning for the end

Number of submissions N/A
% of cases required N/A

National audit POMH21b The use of Melatonin

Number of submissions 48
% of cases required 100%

National audit POMH22a Anticholinergic

Number of submissions 105
% of cases required 100%

National audit NCISH - Real-time surveillance of patient suicide 2024

Number of submissions 93
% of cases required 100%

National audit NCISH -Suicide & homicide by people under mental health care 2024

Number of submissions 6 (2 cases allocated to identified leads awaiting response)
% of cases required 75%

National audit National Audit of Eating Disorders (NAED) 2024-2027

Number of submissions Submissions not due until 2025

% of cases required Submissions not due until 2025

National audit Children's Death and Overview Panel (CDOP)

Number of submissions 25

% of cases required 100%

National audit POMH 24a: The use of Opioids in mental health services

Number of submissions 17

% of cases required 100%

National audit POMH 18C The use of Clozapine

Number of submissions Ongoing

% of cases required -

National audit National Clinical Audit of Psychosis: Early Intervention in Psychosis (EIP) service delivery and care

Number of submissions Ongoing

% of cases required -

National audit National Clinical Audit of Psychosis: Routine Mental Health Services Data Set data audit

Number of submissions Ongoing

% of cases required -

National audit National Audit of Inpatient Falls (NAIF)

Number of submissions 4

% of cases required 100%

National audit Learning from lives and deaths – people with a learning disability and autistic people (LeDER)

Number of submissions 26

% of cases required 100%

The reports of 21 national clinical audits were reviewed by the provider in 2024-25. A sample of reports are listed below. CPFT intends to take the following actions to improve the quality of healthcare provided:

National Audit of Care at the End of Life (published 2024)

This audit was re-designed during 2023 with a goal to provide more frequent and timely data to organisations. The audit aim is to improve the quality of care of adults (18+) at the end of life in NHS-funded hospital inpatient settings.

The report published in 2024 was reviewed with the findings highlighting areas of improvement and the following actions have since been taken:

- **Training:** Recognising End of Life Training available for all staff so that they can support the family and each other.
- **Documentation:** The Red Star Template used for all patients in their last year of life. Improved MDT discussions using the Red Star Template.
- **Support Model:** SWAN Model implemented, which is to help support families and is currently awaiting accreditation.
- **Data management:** There is now a stronger documentation process for the wards by sending all death data to the Clinical Effectiveness Team.
- **Staff Surveys:** The wards at CPFT were also recognised for a high rate of submissions for staff surveys and were asked to share how this was managed.

NCEPOD End of Life Care

To reduce data burden, and improve efficiency, organisational data collected for NACEL in 2022 was provided. NACEL review the end-of-life care in hospital for any cause of death. The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) dataset included four conditions and reviewed previous hospital contact in addition to the final admission.

Approximately 70% of people die from long-term health conditions that often follow a predictable course, with death anticipated well in advance of the event. The annual number of deaths in the United Kingdom is predicted to rise to 736,000 by mid-2035. Therefore, the provision of care at the end of life must meet the needs of the population. The aim was to identify and explore areas for improvement in the end-of-life care of adults with advanced illness, focussing on the last six-months of life.

The report linked with the Trusts End of Life improvement plan & the NACEL audit improvements. These included the following improvements:

- **Butterfly project:** Provides company and companionship for patients in the last year of life, in Cambridgeshire & Peterborough.
- **New Trust policy for End of Life**
- **Leaflets for patients/carers and families:** Including anticipatory medicines and services available to families.
- **Improved care plans and documentation:** Red star template.
- **Improved training packages**

National Audit of Cardiac Rehabilitation

The NACR aims to increase the availability and uptake of cardiovascular prevention and rehabilitation, promote best practice and improve service quality in cardiovascular prevention and rehabilitation services.

The NACR Quality and Outcomes Report for quarter three was reviewed by the clinical teams split into a community service based in Peterborough, and a hospital-based exercise programme located primarily in Doddington, with exercise classes in Doddington and Wisbech.

The following improvements include:

- Rehab offered to the priority groups: Myocardial Infarction, Myocardial Infarction & Percutaneous Coronary Intervention, Coronary Artery Bypass Graft, Heart Failure. Patients from all the priority groups have been included in the programme.
- National Average for Assessment 1 (NACR1) England 80%. CPFT have reached 99%
- National Average for Assessment 2 (NACR2) England 57%. CPFT reached 91%.
- National Average for Coronary Artery Bypass Graft Wait time (referral to start wait for P3/Core Rehab): England, national target is a median less than or equal to 46 days. CPFT are achieving 8 days.

National Respiratory Audit: Breathing Well

Improvements made by the Pulmonary Rehabilitation team include the following:

- In September 2024 the service was increased from offering 3 courses to 9 courses across the county.
- Practice walk tests were rolled out in November 2024.
- Since service development, the team have increased this to 95.5% with national benchmark of 87.8% for course completion rate.
- Team have continued to work above national benchmark. 65.2% have met Minimal Clinically Important Difference (MICD) for walking test with national benchmark 60%.

National Audit of Inpatient Falls (NAIF) Don't stop Moving

The National Audit of Inpatient Falls (NAIF) is a continuous audit of all inpatients who have a fall that results in a femoral fracture. Data is collected from health records to evaluate the fall prevention activities that occurred before the fall that caused the fracture, as well as immediate post-fall management.

CPFT have limited falls resulting in a femoral fracture, during 2024-25 two entries were submitted.

The following improvements have been identified:

- Trust wide Falls dashboard including multifactorial falls risk assessment completion.
- Local falls audit implemented and rolled out trust wide.
- Trust wide Falls Steering Group implemented.
- Recruitment to Enhanced moving and handling and falls prevention Facilitator.
- Development of Falls training trust wide.
- Improved useability of falls documentation.
- Focus on Adult and Specialist Mental Health wards.
- Part of Consultation for new falls NICE guidance.
- Falls Champions and expansion of network.

The National Confidential Inquiry into Suicide and Safety in Mental Health

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) has developed a “real-time” data collection of suspected suicide deaths by people under the recent care of mental health services via reporting of an anonymised minimum dataset. This is designed to collect real-time data on suspected suicide deaths by patients whose deaths occurred in closest proximity to services: in-patients and those recently discharged (within 14 days) from in-patient care.

Reducing Suicide Quality Improvement Programme:

CPFT commenced a two-year programme of work, supporting and enabling quality improvement work based on identified gaps, risk factors, and trends from suicide case reviews and national audits, including the NCISH: 10 Ways to Improve Safety, Safer Services toolkit.

10 Ways to improve safety:

- Safer wards
- Early follow-up on discharge
- No out-of-area admissions
- 24-hour crisis teams
- Family involvement in “learning lessons”
- Guidance on depression
- Personalised risk management
- Outreach teams
- Low staff turnover
- Services for dual diagnosis

National Early Intervention in Psychosis (EIP) Audit

An EIP service is a multidisciplinary community mental health service that provides treatment and support to people experiencing or at high risk of developing a first episode of psychosis.

CPFT have been performing in the top performing trusts, improvements have been seen in the following areas:

- Introduction of coding to allow ease for identification of patients.
- Uptake of Cognitive Behaviour Therapy – top performing.
- Uptake of support programmes (both patient and carers) – top performing.
- Uptake of family interventions – top performing.
- Improvement with 94% of patients receiving physical health review.

Further developments include:

- Co-production to adapt interventions to improve suitability - youth focus.
- Visualisation work – data accessible to clients / carers and staff.
- Accurate stratification of interventions to individuals who will benefit most – diabetes markers types.
- Shared access of records.
- Digital interventions – Epicare, data driven clinical decision tools, use of apps in healthcare, cardiometabolic prediction tool.

22a: The use of medicines with anticholinergic properties in older people's mental health services

To audit the prescribing practice of the medications with anticholinergic (antimuscarinic) properties within Older People Mental Health Services.

To build a representative picture of anticholinergic (antimuscarinic) prescribing practice in Older People MH Services within CPFT.

To measure quality within CPFT benchmarked against other healthcare organisations in the UK.

To conduct a discussion with EPMA (Electronic Prescribing and Medicines Administration) CMM (Clinical Medication Management) Prescriber's Teams on potential IT solutions aimed at:

- Highlighting medications with high individual scores and/or regimens with high cumulative score during assessment or prescribing processes.
- Implementing a recognised/formal anticholinergic burden assessment tool specifically tailored for inpatients.

- Implementing a recognised/formal anticholinergic burden assessment tool specifically tailored for inpatients.

Explore possible IT solutions for Older People and Adult Community (OPAC) outpatient services by conducting a discussion with SystmOne System Support Team with an aim to:

Highlight medications with high individual scores and/or regimens with high cumulative score during assessment or prescribing processes.

Implement a recognised/formal anticholinergic burden assessment tool specifically tailored for outpatients under OPAC care.

21b: The use of melatonin

To complete a re-audit against the baseline data on the prescribing of melatonin for children and adolescent services and learning disability services within the trust. Where melatonin is prescribed, other interventions should be tried prior to melatonin prescription, and efficacy and safety/tolerability reviewed within three months of starting. A licensed melatonin preparation should be prescribed where possible, and where unlicensed preparations are prescribed an explanation should be given. The efficacy and safety/tolerability of melatonin should be reviewed within three months of starting, and the need for continuing treatment should be reviewed annually.

The results showed improvements in 6/8 standards compared to previous audit.

The main focus for improvements includes:

- A licensed melatonin preparation should be prescribed where possible.
- Where melatonin is prescribed off-label, an explanation should be given to the patient and/or parent and/or guardian and/or carer, as appropriate.
- The need for continuing melatonin treatment should be reviewed annually, based on efficacy and side effects.

National Audit of Dementia

The NAD measure the performance of general hospitals and memory assessment services in England and Wales against standards relating to care delivery which are known to impact people with dementia while in hospital.

- New triage process in place to support improved timeliness of assessing patients.
- 100% of patients were offered post diagnostic follow up.
- 62% were offered Cognitive stimulation therapy, greater than the national average.
- Explore the use of physical health assessments and SystemOne templates to support documentation.

The reports of 69 local clinical audits and service evaluations were reviewed by CPFT in 2024-25 and CPFT intends to take the following actions to improve the quality of healthcare provided.

Sample of actions intended to be taken forward:

OPAC/33/23-24

Nail surgery documentation audit

This audit measured compliance against completion of the World Health Organisation (WHO) checklist used prior to all local invasive procedures of nail surgery for a one-month period. Results showed high compliance for the sign-in section and time-out section of the WHO checklist. Lower compliance was recorded for the sign-out section. Results were shared with the Podiatry team to raise awareness of the importance of fully completing the WHO checklist. A re-audit is scheduled for February 2025.

ASMH/18/23-24

Evaluation of risk assessment forms at community eating disorder service

This re-audit reassessed the impact of the modifications made since the original audit on comprehensiveness and content accuracy of the risk assessment forms within the patient record system (SystemOne) for all

Norfolk Community Eating Disorder Service patients. Among completed forms, significant improvements were observed across all domains of risk factors. Psychological risks remained the most consistently fully documented category.

OPAC/43/23-24

The EASE Performa - promotion of patient autonomy and engagement as well as improvement of distressing behaviour in mental health admission

Modifications were made to the original EASE form to make it more versatile and accessible to complete. A weekly clinician led group was trialled to improve engagement with patients and positive feedback was received from patients and relatives with both dementia and functional patient cohorts. Recommendations following the evaluation included:

- The EASE group should be incorporated to patient's timetable, especially for Maple 2.
- Education meetings for ward staff to improve completion and use of EASE form.

Cooperating with community in the next stage of the project to better continuity of care.

Compliance target for future audit cycle to be set at 60% completion rate and 80% offer rate.

CYPF/01/24-25

Audit of assessment and management of saliva control in children and young people with cerebral palsy

This audit found there was a lower percentage of reports where drooling history was documented. If asked, the score used to assess (Modified Teacher's Drooling Scale) was not clear.

Secondary finding of the Gross Motor Function Classification System (GMFCS) not being as well documented. Singular pathway needed to standardise the care for patients.

Actions for improvement will see the:

- Development of a local guideline
Provision of teaching sessions and the revision of Paediatric assessment report proforma
Provision of laminated posters in clinic rooms for the Modified Teacher's Drooling Scale

ASMH/11/24-25

The use of outcome measures for the psychological work

The audit revealed varying usage of outcome measures across Adult Locality Team (ALT) services, with 37.5% of cases in Fenland ALT, 26% in Huntingdon ALT, and 50% in Peterborough ALT using outcome measures more than twice. Data showed that 62.5% of FALT cases, 73.91% of HALT cases, and 50% of PALT cases had outcome measures used once or not at all, indicating room for improvement in consistent outcome measure usage across sessions. Informal documentation practices were noted, with references to outcome measures in notes without clear formal recording, suggesting the need for a structured system to facilitate regular and reliable outcome measure documentation.

Actions for improvement include:

- Facilitating discussions among professionals to understand current challenges and gathering suggestions on overcoming barriers to regular outcome measure use.
- New implementation of outcome measures to SystemOne.

ASMH/44/23-24

A service evaluation to investigate the accessibility of specialist perinatal mental health services (SPMHTs) for people from ethnic minoritised backgrounds

There was a noticeable paucity in patient ethnicity data, which made it difficult to address the project's aims; this was ultimately a limitation of the service evaluation.

There were 1,166 referrals into the SPMHTs between the period of December 2021 and December 2022. However, 73.24% (n= 854) of the

referrals did not have their ethnicity recorded, suggesting that the service was not routinely collecting this information from their referrals.

Actions include:

- Developing an audit tool that aims to have at least 75% of referrals' ethnicity data recorded across a 12-month period.
- Service management to attend the Equality Diversity and Inclusion meeting at least quarterly so that EDI issues are evaluated extensively.
- Staff to attend skills practice: how to approach the topic of ethnicity with patients.

ASMH/29/24-25

Evaluation of Mindfulness Group on a Specialist Adult Personality Disorder Unit

The average Kentucky Inventory of Mindfulness Skills (KIMS) score increased by 7.32 between the admission and discharge timepoints, 6.37% improvement. The average rate of patient attendance to the weekly mindfulness group across the time period, was 40.05%, Comparison with other therapeutic groups: Patients' attendance to other therapeutic groups on the ward was an average of 36.34%. Results were higher than anticipated – therefore no actions required.

ASMH/19/22-23

An audit of healthcare services accessing Cambridge North Adult Locality Team (CALT) for patients requiring support for their mental health needs

The initial project aim was to examine how many referrals meet CALT service criteria. It was envisaged that this may identify referrer education and potential new processes for CALT referral meetings.

South CALT

Top three referral sources

- GP 29.7%
- Primary Care Mental Health (PCMH) Team 29.2%

- Psychological Well Being (PWS) Service 9.3%

TAP model used: 213/397 TAP model not used.

Ranking – not used: PCMH, GP, PWS

North CALT

Top three referral sources

- GP 36.8%
- Primary Care Mental Health Team 21.7%
- Psychological Well Being Service 11.3%

TAP model used: 445/662 TAP model not used

Ranking – not used: GP, PCMH, PWS

Actions:

- To further explore the nature of inputs for patients coming from these referral streams.
- To further understand which inputs could have been managed by other services.

ASMH/22/24-25

Audit of Huntingdon Learning Disability Partnership's review of antipsychotic prescriptions in patients with learning disability, in line with NICE Guidelines QS101 and the NHS programme 'STOMP' (Stopping over medication of people with intellectual disability, autism or both)

Audit standards:

- NICE Quality Standard 101 - Learning disability: behaviour that challenges.
- Implementation of stopping over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP) principles.
- NICE Quality Standard 101 - Learning disability: behaviour that challenges.

The first audit cycle showed low adherence, however following a course of actions including moving patient appointments, team discussions/training, improved communications, the second cycle showed significantly improved results against the required standards. All areas 100% or acceptable, with only allocated worker being an area for improvement, despite significant improvement from 33% to 73%.

ASMH/26/24-25

Audit on the Transition Process from General Adult to Older Adult Psychiatric Care (OPMH)

The referral process to OPMH varied resulting in delays for some patients. A clearer, structured pathway for transitioning patients from adult mental health services to OPMH is needed to prevent delays and address unmet needs.

The findings from this audit will contribute to a quality improvement project.

ASMH/16/24-25

Sodium valproate and topiramate prescribing in Fenland community learning disability team

CPFT findings are in line with two other audit projects published in the Royal College of Psychiatrists: Newsletter of the Intellectual Disability Psychiatry Faculty May 2023 and December 2023 editions.

The audit showed that 43% of women of childbearing potential were on contraception and only 1/3rd these women had a completed Annual Risk Acknowledgment Form (ARAF).

The audit identifies the need to increase awareness and education regarding ARAF completion which can be achieved by MDT meetings.

The following actions have been put in place:

- Adding the risk assessment date to the spreadsheet of caseload and reviewing patients who are outstanding with their annual risk acknowledgement form.
- Re-audit within 12 months.

Evaluation of Inpatient Clinical Risk Assessments

The audit identified inconsistencies in documenting risk, with some risks not being reflected in the risk assessments. Issues include missing details, disorganised content, and outdated information.

The audit also noted positive feedback on thorough and up-to-date risk assessments, and where inadequate documentation was identified this was reported back to the primary nurse and updated at the time of data collection.

- All risks to be documented in the risk assessment – 75%.
- There were several places to document risk – Review and refine clinical risk tools.
- Following a change in risk there is evidence of a review of the risk assessment – 70%.
- Implementation of risk assessment audit as part of a new documentation audit.
- Subsequent risk incidents related to known risks should be indicated by an entry into the Risk Information tab on SystemOne 83%.
- Targeting training on common risks which may be missed & risk formulation training.

Inpatient Therapeutic Observations Audit

Therapeutic observations are a critical aspect of patient care, ensuring that individuals under treatment or therapy are closely monitored to optimise their health outcomes.

The findings of this audit reveal generally high levels of adherence to documentation standards for the therapeutic observation policy, but there are areas for improvement, particularly in terms of participation to the audit itself.

- A review of ward participation is recommended and where wards are eligible to submit data they complete this on a routine weekly basis.

- Embedding the therapeutic observation policy in areas where this is not routinely common practice to ensure staff remain aware of the process. Consideration for training huddles and reminders for staff.

Delivery of NICE approved care and treatment

NICE provide guidance on the most effective and efficient ways to provide treatment and care to NHS patients. CPFT use NICE guidance to review our services against best current evidence-based standards. The outcomes of NICE reviews are then used to improve services and/or inform healthcare commissioning discussions. This process of review supports the Trust to provide consistent and high quality of care to all patients. New guidelines are reviewed each month by Clinical Directorate Quality and Safety Groups to determine relevance and allocate scoping leads.

149 published guidance within 2024/25.

73 guidelines allocated for review, 6 of which were shared for information only.

67 baseline assessments returned (67 requested in total)

Fully compliant with the following guidelines:

| Nice Reference | Guidance Name |
|----------------|--|
| CG97 | Lower urinary tract symptoms in men (over 18) |
| QS102 | Bipolar disorder, psychosis and schizophrenia in children and young people |
| QS112 | Gastro-oesophageal reflux in children and young people |
| QS107 | Preventing unintentional injury in under 15s |
| NG42 | Motor neurone disease: assessment and management |
| CG155 | Psychosis and schizophrenia in children and young people: recognition and management |
| QS144 | Care of dying adults in the last days of life |
| NG84 | Sore throat (acute): antimicrobial prescribing |

| | |
|-------|---|
| QS163 | Mental health of adults in contact with the criminal justice system |
| NG106 | Chronic heart failure in adults: diagnosis and management |
| QS9 | Chronic heart failure in adults |
| NG114 | Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing |
| NG130 | Ulcerative Colitis: management |
| NG123 | Urinary incontinence and pelvic organ prolapse in women: management |
| QS101 | Learning disability: behaviour that challenges |
| QS185 | Hearing loss in adults |
| NG115 | Chronic obstructive pulmonary disease in over 16s: diagnosis and management |
| QS14 | Service user experience in adult mental health services |
| CG184 | Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management |
| NG125 | Surgical site infections: prevention and treatment |
| NG184 | Human and animal bites: antimicrobial prescribing |
| NG185 | Acute coronary syndromes |
| NG203 | Chronic kidney disease: assessment and management |
| NG208 | Heart valve disease presenting in adults: investigation and management |
| NG220 | Multiple sclerosis in adults: management |
| QS209 | Type 2 diabetes in adults |
| NG232 | Head injury: assessment and early management |

The Trust is partially compliant with 33 guidelines.

18 require an agreed CPFT specific action plan.

15 require no Trust specific action plan.

11 have an agreed action plan in place.

3 guidelines have been identified for further review with system partners.

This means that care is delivered across providers or requires further discussion due to current commissioning arrangements. There is a collective push around transitions and assertive outreach.

| NICE Ref | Guidance Name | Plan agreed for CPFT specific actions? |
|-----------------|---|---|
| CG178 | Psychosis and schizophrenia in adults: prevention and management | Yes |
| QS99 | Secondary prevention after a myocardial infarction | Yes |
| NG43 | Transition from children to adult services for young people using health or social care services | Yes |
| QS118 | Food allergy | Yes |
| NG71 | Parkinson's disease in adults | Pending |
| PH56 | Vitamin D: supplement use in specific population groups | Yes |
| NG193 | Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain | Pending |
| NG194 | Postnatal care | Pending |
| CG142 | Autism spectrum disorder in adults: diagnosis and management | Pending |
| NG216 | Social work with adults experiencing complex needs | Yes |
| NG222 | Depression in adults: treatment and management | Yes |
| QS8 | Depression in adults | Yes NG222 |
| QS11 | Alcohol-use disorders: diagnosis and management | Yes |
| CG185 | Bipolar disorder: assessment and management | Yes |
| QS140 | Transition from children to adults' services | Yes |
| NG246 | Overweight and obesity management | Pending |

Participation in Clinical Research

CPFT's research mission is to be a world-leading organisation for mental health and community physical healthcare studies. Our research team aim to embed high quality research in every aspect of clinical care and offer everyone using our services the opportunity to take part in research to improve care and treatment.

This year, CPFT's Research and Development team have set up 118 studies.

Across each clinical directorate at CPFT, there are a total of 75 studies running in adult and specialist mental health services, 12 in children, young people and family services and 39 in older people and adult community services, with 3 studies in other corporate areas.

The number of patients receiving relevant health services provided or subcontracted by Cambridge and Peterborough NHS Foundation Trust in 2024-25 that were recruited during that period to participate in research approved by a research ethics committee exceeds 814*

* Many CPFT research studies do not exclusively accrue CPFT patients, but also CPFT professionals, formal/informal carers, healthy controls and other NHS patients who belong to 3rd party databases (such as Alzheimer's UK)

So far, 784 people have taken part in our 66 NIHR portfolio, including 512 in dementia research, 225 in mental health research and 58 in physical health research and Children.

Participant feedback: What people say about research at CPFT

143 participants (including 140 adults and 3 children) took the time to respond to the annual NIHR Participant Research Experience Survey to share their feedback about taking part in our research. Their experiences across all studies are overwhelmingly positive.

Strengthening patient and public involvement and engagement (PPIE) in research

CPFT's Research and Development team aims to enable more people to engage in public, patient and carer involvement and co-production of research across all our services to ensure our research meets the needs of the population. The team has recently recruited a lead for patient and public involvement and engagement (PPIE) in research. They will be developing approaches to support patient and public involvement and inclusion in research at all levels as supporting the development of staff research champions at the Trust.

Ensuring equal research opportunities for all people accessing our services

One of CPFT's clinical research nurses (Binnie Barnes) is working on a secondment with the National Institute for Health and Care Research (NIHR) Cambridge Biomedical Research Unit (BRC) to investigate unequal research access in our health system. Engagement with diverse community groups and third sector support organisations identifying barriers to dementia research participation in under-served groups in Peterborough and Fenland, is reviewing how carers and patients can find help to be involved in dementia research and navigate the health system with practical support. It also connects research with our dementia delivery services.

Empowering all staff to be part of our research

Working with research and academic partners, we continue to grow a rolling programme of accessible and appropriate training, support and opportunities for CPFT.

One of CPFT's international recruits working with the Intermediate Care Team, physiotherapist Emmanuel Nenna, won a place on the prestigious NIHR Research Internship scheme in 2024.

Maximising the potential of digital solutions and new technologies

In October 2024, CPFT joined a three-year collaboration with local health partners and the Advanced Research and Invention Agency (ARIA), to

boost technologies to innovate brain healthcare. CPFT will help to support and develop projects and people funded by ARIA's awards and grants, particularly through staff and patient engagement, linking to other NHS organisations in the region and across the UK.

CPFT's expertise in neurodegenerative diseases and dementia has also secured a collaboration with biotechnology company Altos Labs. This has boosted our dementia research and efforts to find treatments that can prevent or reverse the disease.

CPFT was selected as one of eight NHS Trusts joining a national innovation support scheme in 2024 to ensure that local healthcare staff and patients can benefit from new technology. The [NHS InSites programme](#) focuses on testing new and innovative approaches to patient care, evaluating them in real-world settings, and preparing healthcare organisations and staff to quickly adopt these solutions, participating organisations are collaborating to reduce waiting times for patients, create more capacity in the system and support the NHS workforce.

CPFT continues to pioneer the use of collected clinical data in research for the benefit of patients. Our sophisticated database and systems are expanding with links to physical health and social care data. The CPFT Research Database has led to an increasing number of scientific papers which have informed the development of clinical tools to identify people with major mental illness who are at risk of developing cardiovascular disease; predict which patients with schizophrenia will respond to particular treatments; and identify which patients with dementia might need the most support.

A few research highlights

Research with CPFT finds medications linked to reduced dementia risk

CPFT's Research and Development Director Dr Ben Underwood (pictured) co-led a study with the universities of Cambridge and Exeter, which identified several types of drugs already licensed and in use that have the potential to be repurposed to treat dementia. This research looked at health data from over 130 million individuals.

Nurse consultant honoured by Queen's Nursing Institute Fellowship

CPFT's first honorary nurse consultant in palliative care, Dr Ben Bowers has been awarded a Fellowship of the Queen's Nursing Institute. This honour recognises his exceptional leadership and impact in advancing end-of-life care research and community nursing practice.

Innovative mental health research partnership launches to study new therapies

Cambridge Psychedelic Research group for mental health studies

People across Cambridgeshire and Peterborough with severe mental health conditions can now participate in clinical trials, to assess if empathogens and psychedelics can help people with treatment-resistant conditions.

Rehabilitation therapists present their research at international conference

Two allied health professionals, who joined CPFT's Cambridge Rehabilitation Unit this year, shared their research on spinal cord injury at the [International Spinal Cord Society](#) Annual Meeting last month.

Research with CPFT finds AI can improve diagnosis of Alzheimer's disease

Researchers at CPFT and the University of Cambridge have developed an artificial intelligence (AI) tool which outperforms clinical tests in predicting the progress of Alzheimer's disease. The tool is able to identify whether people with early signs of dementia will remain stable or develop this condition in four out of five cases, using routinely collected data. This new approach can reduce the need for invasive and costly diagnostic tests like lumbar punctures, while improving treatment outcomes by indicating when early interventions like lifestyle changes or new medicines will work best.

Learning from Deaths

During 2024-25 8,551 of CPFT patients died. This comprised the following number of deaths which occurred in each quarter of the reporting period:

Q1 2123

Q2 2008

Q3 2271

Q4 2141

Total 8551

(Data reported as of 01/04/2025)

The total number of reported deaths (8,551) includes all individuals that have had historic contact with any CPFT Service.

By 31/03/2025, 89 Structured Judgement Reviews (SJR) had been carried out in relation to the 3,663 of the total deaths who had contact with CPFT Mental Health services within 6 months prior to death/CPFT Physical Health service 1 month prior to death.

In no case was a death subjected to both a Structured Judgement Review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was (please refer to table below).

| | Number of Structured Judgement Reviews undertaken* | Investigation * | Reviews undertaken represented as a % of number of in scope** deaths in the quarter | Judged to be more likely than not to have been due to problems in the care provided to the patient (Poor care) |
|--------------|---|------------------------|--|---|
| Q1 | 6 | 0 | 0.7% | 0 |
| Q2 | 7 | 0 | 0.8% | 0 |
| Q3 | 34 | 0 | 3.5% | 0 |
| Q4 | 42 | 0 | 4.2% | 0 |
| Total | 89 | 0 | 2.4% | 0 |

* The introduction of the Patient Safety Incident Review Framework (PSIRF) which replaced the Serious Incident Framework (SIF) has generated changes in the way we report and review incidents.

** Contact with CPFT Mental Health services within 6 months prior to death/CPFT Physical Health service 1 month prior to death

No patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

Incident Safety Panel & Learning from Deaths

The revised Incident Safety Panel (ISP) plays a key role in reviewing deaths as part of the Trust's commitment to learning and improving patient safety. In alignment with the Patient Safety Incident Response Framework (PSIRF), the panel ensures that deaths meeting nationally and locally determined priorities, emerging risks, or those identified through initial reviews are thoroughly examined.

Responsibility for addressing improvement opportunities and actioning learning sits within the clinical directorates and their localised teams. These teams are accountable for identifying areas for enhancement, implementing necessary actions, and ensuring continuous improvement in alignment with organisational objectives.

By using the outcomes identified through assessments, reviews, and feedback, directorates and teams make informed decisions and take targeted actions to drive meaningful improvements. Embedding learning into daily operations enables a proactive approach to quality management, ensuring timely responses to challenges and fostering a culture of continuous development. This structured approach ensures that improvement initiatives are effectively managed within each team, driving sustainable progress and operational excellence.

Deaths Presented & Discussed at Incident Safety Panel

Q1: 24

Q2: 19

Q3: 7

Q4: 16

Total 66

PSIRF Response Tool

| After Action Review | PSIRF MDT Meeting | SJR* |
|---------------------|-------------------|-----------|
| 2 | 1 | 4 |
| 1 | 1 | 7 |
| 0 | 0 | 2 |
| 2 | 1 | 0 |
| 5 | 3 | 13 |

*SJR completed at request Incident Safety Panel.

During 2024-25, there were no findings from Structured Judgement Reviews where care was judged to be more likely than not to have been due to problems in care. However, valuable learning, areas for improvement, and opportunities to enhance patient care were identified. These insights are used to drive continuous improvement.

Examples of learning and areas for improvement from Structured Judgement Reviews (SJRs):

Incomplete Documentation:

Documentation gaps, in one instance resulted in delayed patient referral for Try Without Catheter (TWOC) procedures and continence assessments.

- Incomplete or missing referral information may lead to delays in care and treatment, highlighting the critical role accurate and timely documentation plays in ensuring efficient patient management.
- Lack of detailed referral information not only causes delays in necessary assessments and procedures but also reflects a broader issue in communication between clinical teams.

This learning was shared with the relevant clinical teams and has been linked to the clinical direction learning action plan.

Accurate and timely patient risk assessment

Reviews have demonstrated the need to ensure that consistent, comprehensive and timely risk assessments are accessible within the patient record system including documents related to the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and falls risk assessment.

These findings were shared with teams, and directorates continue to reinforce best practices and offer targeted training.

Additionally, trust-wide learning has been facilitated by Learning from Deaths Group to further disseminate knowledge and raise awareness of the Red Star (end of life) Template.

Red Star Template completion (where relevant) is now monitored by the Learning from Deaths Team as part of the mortality screening process and shared with clinical subject experts.

Examples of good quality care provided by CPFT staff and services:

A broader theme identified across many SJRs completed in 2024-25 highlighted an emphasis on **person-centred care**. There was a strong focus on delivering care that is respectful and tailored to the individual patient's needs and preferences. Many reviews reflected a commitment to placing patients at the heart of care planning and delivery.

Good engagement with patients and families was noted in three SJRs completed in Quarter 3, demonstrating a responsive and compassionate approach to care. In these cases, district nurses and the Joint Emergency Team (JET) played an essential role in adjusting care plans based on evolving patient needs, providing timely and appropriate care.

Working Together: Going Above and Beyond

The Peterborough Adult Locality Team were praised for their dedicated efforts in managing a complex patient case. The team worked tirelessly to locate and engage with the patient, demonstrating persistence and commitment to their care. Their approach was further strengthened by proactive participation in multiple multidisciplinary and professional meetings, both before admission and after discharge.

In collaboration with various services and support networks, including homeless drop-ins and the Dual Diagnosis Street Project, the team ensured a coordinated and holistic approach to care. Additionally, they engaged with the judicial system to advocate for and support the patient's needs, exemplifying a person-centred and multi-agency approach to care delivery.

Additional case specific examples:

Synopsis of the patient's presentation

Last few months of patient life, with respiratory issues and general deterioration in health.

Good practice

Excellent care provided by the Community Nursing team: Collaborative, compassionate and empathic care, good communication with family, detailed assessments of patient needs, appropriate equipment ordered to support patient and family. Detailed explanation shared with patient and family regarding medications, supporting informed decision making.

Synopsis of the patient's presentation

Patient discharged from hospital for palliative care. End of Life care was implemented by the community nurses, anticipatory medications and syringe pump discharged with patient from hospital.

Good practice

Community nurse service called by Care Agency as syringe pump bleeping and not delivering medication, nurse visited patients' home, replenishes syringe pump within 40 minutes. The teams efficient prompt actions supported the patients wish of achieving peaceful, respectful death at home, surrounded by their family.

Synopsis of the patient's presentation

60-year-old with long history of chronic psychotic illness; diagnosis had changed over the years between schizoaffective disorder and paranoid schizophrenia. Treated for many years with clozapine. Lived independently.

Good practice

The individual was supported well in the community by staff from Cambridge Adult Locality Team and the Clozapine Clinic. Care went above and beyond what would be expected by a CMHT (e.g. assisting the patient to order/purchase groceries). Throughout their care both mental and physical state was monitored and documented well, and risks were constantly assessed and recorded.

Synopsis of the patient's presentation

Patient in receipt of palliative care post discharge from hospital for treatment of metastatic lung cancer.

Good practice

The case highlighted comprehensive community nursing support, including palliative care management, medication administration, skin care management, and emotional support for the patient's spouse. The patient's care was transitioned to home as the preferred place of death, with ongoing multi-disciplinary team involvement.

Synopsis of the patient's presentation

Patient under the care of multiple professional including the Occupational Therapist, Physiotherapist, Wheelchair Services, and District Nurses. Safeguarding raised relating to wound care. Datix completed due to aggressive behaviour towards District Nursing Staff.

Good practice

Highlights good community nursing, including wound and skin care management under challenging conditions. The patient also received comprehensive therapy and agency support to them to remain in their home whilst medically stable. Good inter-departmental communication and MDT working to deliver care demonstrated: Nursing team followed and documented wound/sepsis/pressure area management protocols. The therapy team supported, where possible the provision of equipment to ensure the patient had reduced risk of secondary health complications.

The Safeguarding Team documented they had identified from the notes the wound was improving with community care prior to the patient's death.

Improving Care Commissioning for Quality and Innovation

CPFT income in 2024-25 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the mandatory CQUIN scheme was paused in 2024-25. Non-mandatory quality indicators were not applied by the ICB during this period.

The monetary total for income in 2024/25 conditional on achieving quality improvement and innovation goals £0.

NHS Doctors & Dentists in training consolidated annual report

During 2024-25, 155 rota gaps were identified, representing a significant reduction from 519 in 2023-24 due to a decrease in industrial action over the corresponding period.

Reasons for Rota Gaps March 2024 – March 2025

Consultants

| | |
|---------------------------------------|----|
| Vacancy: | 44 |
| Sickness: | 12 |
| Other leave (parental/compassionate): | 21 |

Training Grade

| | |
|---------------------------------------|----|
| Vacancy: | 0 |
| Sickness: | 69 |
| Other leave (parental/compassionate): | 9 |

Plans to Reduce Rota Gaps

Vacancies

The Trust are looking at agencies to support the recruitment of hard to fill posts. There is work underway towards GMC sponsorship for CESAR pathways as well as the commitment to an international recruitment drive.

Other Leave / Sickness

The Trust utilise staff on the internal Bank, use of agencies is also supported if an area requires cover for clinical safety.

Payment framework

During 2024-25 the CPFT provided and/or subcontracted 133 relevant health services.

CPFT has reviewed all the data available to them on the quality of care in 100% of these relevant health services.

The income generated by the relevant health services reviewed in 2024-25 represents 100% of the total income generated from the provision of relevant health services by the CPFT for 2024-25.

Data Quality and Information Governance (IG)

CPFT will be taking the following actions to improve data quality
As the Trust continues its digital journey, CPFT remains focussed on managing and improving the quality of its data. At a Trust level, CPFT utilises the national Data Quality Maturity Index (DQMI) measure for mandated NHS data returns. Latest published data for the three main mandated minimum data sets (Talking Therapies, Community Services and Mental Health Services) are shown below.

CPFT Data Quality Maturity Index scores compared with national position.

| | IAPT DQMI | CSDS DQMI | MHSDS DQMI | Overall Score |
|--------------------|------------------|------------------|-------------------|----------------------|
| Overall NHS | 96.2% | 73.3% | 46.3% | 71.1% |
| CPFT | 98.7% | 100% | 98.5% | 98.9% |

(Latest published data, January 2025)

To monitor and maintain this strong performance and expanding data quality to a range of other measures, the Trust has accelerated the deployment of service-level full business intelligence via our investment in PowerBi. These interactive dashboards show service managers and clinical leads a range of indicators. These indicators cover performance, efficiencies, capacity, demand and overall data quality. As these dashboards become embedded, it is envisaged that the data quality across the Trust will continue to rise.

Due to the nature of our services, CPFT did not submit records during 2024-25 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics

CPFT was not subject to the Payment by Results clinical coding audit during 2024-25 by the Audit Commission.

The Trust continues to build on previous positive results relating to information governance to ensure the confidentiality and security of personal data, the Data Security and Protection Toolkit v6 for 2023/2024 resulted in “Standards Met” for the sixth consecutive submission, and following audit received an overall assurance rating of moderate assurance with some minor improvement opportunities which were accepted and acted on. The submission process and audit cycle for 24-25 is in progress and an interim assessment was published on December 31st 2024 for version 7. It should be noted that in September 2024 the Data Security & Protection Toolkit changed to adopt the National Cyber Security Centre’s Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance. The Trust is continuing to work towards Standards met final submission and publication is due by June 30th, 2025

Quality Priorities for 2025-26

Therapeutic Environments - Safewards Qi Collaborative

Rationale

To ensure our mental health wards are safe and highly therapeutic for both patients and staff. The work aligns with Culture of Care (shared SRO and Project Lead).

Aim

To reduce the rate of conflict and containment events through the introduction of the ten Safewards interventions (staff modifiers) across all relevant mental health wards by November 2026.

Methods

Trust wide Qi collaborative, ward level ownership, expert by experience input.

Success measures

- Reduced conflict events
- Reduced containment events
- Model fidelity reviews (peer wards)

Therapeutic Environments - Physical Health Rehabilitation Model

Rationale

To ensure inpatient rehabilitation aligns with best practice for older adults with frailty and complex health needs.

Aim

To develop and deliver a standardised physical health rehabilitation model that provides personalised, strengths-based care.

Methods

- To map current process and rehabilitation offer
- Benchmark against best practice
- Implement standardised model

Success measures

- Northwick Park Dependency Score (NPDS) – carer needs and time to complete support

- Objective assessment of functional strength-based abilities using the Barthel Index - ability to perform activities of daily living

Improving Personalised Care

Implementation of Dialog+ in ASMH and OPAC

Rationale

The National Community Mental Health Survey and CQC assessments indicate ongoing challenges. This plan is in line with the draft Personalised Care Framework (NHSE) due June 2025.

Aim

To incrementally introduce Dialog+ as the standard assessment/formulation tool and patient rated outcome measure for all relevant community mental health teams by Dec 2026

Process

Incorporates training staff across multiple teams.

Success measures

- Paired scores patient rated outcome measure (Dialog+)
- Community Mental Health Survey results

CYPF Care Planning Project

Aim

By 31 March 2026, the majority of young people (core mental health service) will have a plan of care which is produced with them, goal focused and strengths-based

Success measures

- Improved survey results from baseline (Community Mental Health Survey and existing co-produced Young Persons survey)
- Care planning compliance significant increase from a baseline of 54% (Jan 2025).

Effective Treatments – Clinical Outcome Measures

Clinical Outcome Measures

Rationale

To demonstrate the effectiveness of treatment delivered by CPFT

Year one aim (process focus)

- CYPF - young people will have a paired measure for the Children's Global Assessment Scale (CGAS) by 31 March 2026 (some services excluded)
- OPAC
 1. Mental health - Dialog+
 2. Physical health - all services will have selected and implemented a relevant outcome measure by 31 March 2026
- ASMH - Dialog+

Tobacco Dependency Service

Aim

Increase the number of patients who set a quit date as an inpatient and who have still not smoked on their date of discharge

Improved Shared Organisational Learning

Rationale

2024 CQC Inspections identify an issue with clinicians' ability to describe relevant learning and associated impact on practice.

Enhanced staff awareness and engagement (Qi testing)

Aim

To ensure staff across clinical directorates are aware of relevant Trust-wide learning from incidents and service improvements. From baseline, higher survey scores will reflect improved dissemination and understanding of shared learning across the Trust.

Methods

Patient Safety Champions to establish the best methods and approaches for shared learning from a clinician's perspective (Qi – PDSA testing)

Reduction in recurring Incidents

A decrease in recurring incidents identified by triangulation group/learning panel will demonstrate effective learning and implementation of relevant measures

Method

- Map board to floor learning forums
- Quarterly triangulation meetings - agree trends and themes. Set incident targets
- Lessons in practice sessions (informed by triangulation meeting outcomes)
- Learning panel to consider and recommend patient safety clinical outcome measures to determine level of success

Patient and Family Involvement in Learning from Incidents

Rationale: Involving patients and carers in the PSIRF process will enhance understanding, communication, and outcomes by incorporating individual insights and perspectives.

Patients and families are currently offered the opportunity to participate in Patient Safety Incident Investigations, this project will support patients and families to participate in reviews undertaken using the PSIRF Learning Response Tools e.g. After Action Reviews.

Aim: patients and families (as appropriate) will be offered the opportunity to participate in reviews identified by the weekly Trust Incident Safety Panel. Benefits will be demonstrated through Family Liaison Survey outcomes. (Exclusion examples: child safeguarding, likely to increase psychological harm).

Method

The Family Liaison Officer will engage with patients and families to discuss participation options, provide support throughout the process, and invite feedback to improve Trust engagement

Clinical Learning Pathways

Collaboration between L&OD, Directorates and Nursing, AHP and Quality

Rationale

Clinical staff will be equipped with essential skills through structured Clinical Learning Pathways (as opposed to episodic delivery), ensuring they receive all necessary training in a tailored, sequential manner specific to each Directorate.

Pathways will align to the Trusts Training Needs Analysis, Mandatory and Statutory Policy and the national scheme of work to rationalise mandatory training across the NHS.

Aim

Publication of clinical learning pathways on CPFT Academy.

Process

- Completion of TNA for Essential Skills for role/directorate
- Mandatory and statutory training TNA
- CLP working group

Part Three

Quality Performance

Quality Accounts mandatory Indicators

The Trust Quality Accounts must report against all relevant prescribed core indicators. There are six relevant indicators for CPFT as a provider of both mental health and community physical health services. Five are reported next, the remaining indicator (patient safety incidents) is covered within the detailed patient safety performance section. Where available Trust performance is provided alongside national comparison data.

Early Intervention in Psychosis

CAMEO provides early intervention in psychosis services which aim to ensure that people experiencing their first episode of psychosis start treatment within 2 weeks of referral, the service has consistently exceeded the national target during 2024-25. Rapid intervention is crucial for treating psychosis and enhancing long-term patient outcomes.

The service offers a variety of interventions, including input from medical and psychological specialists, assistance with housing, finances, education, and employment, as well as physical health assessment and support.

| | |
|------------|--------|
| Apr | 71.43% |
| May | 70.59% |
| Jun | 83.33% |
| Jul | 85.00% |
| Aug | 85.71% |
| Sep | 100% |
| Oct | 86.67% |
| Nov | 84.21% |
| Dec | 84.62% |

Jan 71.43%
Feb 100%
Mar 71%

Proportion of referrals into a service with suspected First Episode Psychosis who received their first appointment within 2 weeks.

Target: 60%

Trust: 83%

Peer median MHSDS (to Jan 2025): 57% (checked 15/04/25)

CPFT considers that this data is as described for the following reasons:

- The service maintains internal processes to manage waiting lists and is able to identify when breaches occur.
- The directorate undertakes activities to monitor and manage waiting lists through the use of digital dashboards to identify breaches and data errors.

CPFT has taken the following actions to improve this percentage, and so the quality of its services:

Undertaking regular waiting list monitoring activities through regular reporting structures, and digital tools to enable interactive management of waiting lists (through a patient tracker list tool).

Aftercare for patients following discharge from a mental health ward – 3 day follow-up

Timely follow-up within three days after discharge from a mental health ward is an important intervention that helps reduce the risk of suicide, provides an opportunity to address immediate concerns, and is linked to improved outcomes for service users.

The Trust consistently meets the national target and performs on average to a similar level to that of other providers.

Apr 79
May 80

| | |
|------|----|
| June | 80 |
| July | 88 |
| Aug | 86 |
| Sept | 86 |
| Oct | 90 |
| Nov | 89 |
| Dec | 90 |
| Jan | 93 |
| Feb | 90 |
| Mar | 87 |

Target: 80%

CPFT: 87%

Peer median MHSDS (to Jan 2025): 88%

CPFT considers that this data is as described.

CPFT will review within the data quality meetings as the method of reviewing accuracy.

Note:

Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period – This mandatory indicator has been replaced by the 3 day follow up standard.

The percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period - This metric has been retired

Hospital Readmissions 28 days (by age)

The Trust continually monitors and reviews this data for any emerging themes and trends.

Mandatory reporting requirement (all Trusts): *The percentage of patients aged: 0 to 15 and 16 or over readmitted to a hospital which forms part of*

the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period 2024-25.

| | |
|----------------|--|
| April 2024 | 13 service users 16 years old and over |
| May 2024 | 6 service users 16 years old and over |
| June 2024 | 10 service users 16 years old and over |
| July 2024 | 10 service users 16 years old and over |
| August 2024 | 13 service users 16 years old and over |
| September 2024 | 9 service users 16 years old and over |
| October 2024 | 22 service users 16 years old and over |
| November 2024 | 12 service users 16 years old and over |
| December 2024 | 13 service users 16 years old and over |
| January 2025 | 15 service users 16 years old and over |
| February 2025 | 10 service users 16 years old and over |
| March 2025 | 4 service users 16 years old and over |
| | 1 service user 1-15 years old |

Mental health admissions to adult facilities of patients under 16 years old

There were 0 admissions for 2024/25.

Out of area mental health placements

Out of area placements may be required to support patients where there is a lack of specialist provision within Cambridgeshire and Peterborough (**appropriate** placements). This would include female psychiatric intensive care unit (PICU) beds and specialist beds including rehabilitation.

Enhanced oversight, gatekeeping and local capacity management has resulted in significant improvement to the use of **inappropriate** out of area placements during the past 12 months. These admissions would occur when there is insufficient capacity within Cambridgeshire and

Peterborough. These placements disrupt clinical service continuity and impact patient experience with service users admitted further from home.

| | Apr | May | June | July | Aug | Sept |
|------------------------|-----|-----|------|------|-----|------|
| Appropriate bed days | 74 | 79 | 99 | 93 | 120 | 121 |
| Inappropriate bed days | 605 | 827 | 876 | 499 | 308 | 439 |

| | Oct | Nov | Dec | Jan | Feb | Mar |
|------------------------|-----|-----|-----|-----|-----|-----|
| Appropriate bed days | 112 | 49 | 19 | 27 | 52 | 122 |
| Inappropriate bed days | 529 | 349 | 167 | 59 | 63 | 189 |

CPFT considers that this data is as described because Trust patients in an out of area placement are monitored by clinicians with the support of a “virtual ward” dashboard on SystemOne.

CPFT is taking the following actions to improve/maintain improved performance in use of inappropriate out of area placements:

- Twice daily admission huddles to review admission requests and bed state.
- Twice weekly escalation meetings if the number of inappropriate admissions at any one time exceeds 5.

NHS Talking Therapies (formerly Improving Access to Psychological Therapies IAPT)

The provision of NHS talking therapies can improve patient outcomes such as significant symptom improvement, enhanced coping skills and recovery from mental ill health.

Overall, the Trust performs well against national targets and the national averages in the following indicators.

Reliable Recovery - Measured as % of patients discharged having received at least 2 treatment appointments in the reporting period, that meet caseness at the start of treatment.

Our expected target is >48%. Table below showing monthly performance from April 24 to March 25

| | Apr | May | June | July | Aug | Sept |
|--------|--------|--------|--------|--------|--------|--------|
| Plan | 778 | 770 | 774 | 820 | 736 | 797 |
| Actual | 379 | 378 | 392 | 402 | 366 | 389 |
| % | 48.71% | 49.09% | 50.65% | 49.02% | 49.73% | 48.81% |

| | Oct | Nov | Dec | Jan | Feb | Mar |
|--------|--------|--------|--------|--------|--------|--------|
| Plan | 798 | 777 | 672 | 883 | 654 | 616 |
| Actual | 383 | 358 | 322 | 416 | 293 | 288 |
| % | 47.99% | 46.07% | 47.92% | 47.11% | 44.80% | 46.75% |

Trust average: 48.05

National average: 47.7 – to Feb 2025

CPFT is taking the following actions to improve/maintain improved performance:

- Opportunities for continued development for all our staff grades.
- By providing a variety of treatment modalities to suit patients' presentations.
- Actively and continuously optimising referral pathways.

Waiting measured as 75% of people accessing treatment within 6 weeks

Table below showing monthly performance from April 24 to March 25:

| | Apr | May | June | July | Aug | Sept |
|-----------------|--------|--------|--------|--------|--------|--------|
| Planned target | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% |
| Plan (Number) | 875 | 863 | 868 | 936 | 840 | 918 |
| Actual (Number) | 848 | 836 | 844 | 914 | 812 | 895 |
| Actual | 96.91% | 96.87% | 97.24% | 97.65% | 96.67% | 97.49% |

| | Oct | Nov | Dec | Jan | Feb | Mar |
|----------------|--------|--------|--------|--------|--------|-----|
| Planned target | 75.00% | 75.00% | 75.00% | 75.00% | 75.00% | 75% |

| | | | | | | |
|-----------------|--------|--------|--------|--------|--------|--------|
| Plan (Number) | 881 | 885 | 759 | 991 | 743 | 703 |
| Actual (Number) | 867 | 856 | 734 | 970 | 724 | 682 |
| Actual | 98.41% | 96.72% | 96.71% | 97.88% | 97.44% | 97.01% |

Trust average: 97%

National: 91% (NHS Digital) – year to Feb 2025

Waiting measured as 95% of people accessing treatment within 18 weeks

Table below showing monthly performance from April 24 to March 25

| | Apr | May | June | July | Aug | Sept |
|-----------------|--------|--------|--------|--------|--------|--------|
| Planned target | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Plan (Number) | 875 | 863 | 868 | 936 | 840 | 918 |
| Actual (Number) | 868 | 855 | 863 | 932 | 834 | 913 |
| Actual | 99.20% | 99.07% | 99.42% | 99.57% | 99.29% | 99.46% |

| | Oct | Nov | Dec | Jan | Feb | Mar |
|-----------------|--------|--------|--------|--------|--------|--------|
| Planned target | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% | 95% |
| Plan (Number) | 881 | 885 | 759 | 991 | 743 | 703 |
| Actual (Number) | 879 | 877 | 748 | 986 | 739 | 699 |
| Actual | 99.77% | 99.10% | 98.55% | 99.50% | 99.46% | 99.43% |

Trust average: 99.25%

National: 98.6% (NHS Digital) – year to Feb 2025

CPFT considers that this data is as described for the following reasons

CPFT is taking the following actions to improve/maintain improved performance:

- In order to maintain expected waiting the service is considering expansion of group therapy programmes across the service.

Infection Prevention & Control

*No specific mandated statements for non-acute Trusts

This annual Infection Prevention and Control (IPC) summary highlights the progress the Trust has made in 2024-25, ensuring compliance with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections.

- There were low and reducing numbers of infection outbreaks reported in the Trust inpatient units through 2024-25.
- Whilst CPFT have experienced *C.diff* infection cases during every quarter of the year, nil cases were judged to be lapses in clinical care. There has been a national resurgence of *C.diff* infections over the past few years with a renewed national focus on reducing cases. At a regional level, co-produced interventions will commence from 2025-26.
- There were no other mandatory reportable infections identified during 2024-25.

The community invasive Group A streptococcus (iGAS) outbreak reported in 2023-24 was formally closed in July 2024.

- An after-action review (AAR) was held in November 2024. The final AAR report has been reviewed at the Infection Control Committee and Trust Board. It was subsequently referred to the ICB through the Patient Safety Team for case closure.
- Lessons learnt have been shared and applied in relevant teams to educate and maintain best practices in patient wound care and outbreak management.
- The IPC team has expanded its focus on improving IPC practices in community care by engaging with community services, particularly community nursing teams. From January to February 2025, car boot/self-care roadshows were held across ten bases in collaboration with other corporate teams (Quality Improvement, FTSU, and EDI teams). These events supported staff with car boot

audits, hand hygiene assessments, environmental checks, and IPC guidance to minimise infection risks specifically in patients' homes.

The IPC service provided flu immunisation access for all staff during the 2024-25 winter season, with an uptake of over 40%. Routine IPC work and governance activities continued throughout the year, adhering to the Care Quality Commission IPC Quality Statement, the Health and Social Care Act 2008, and other related guidelines and policies supporting best practice and safe care delivery.

| HCAI / Number of cases per quarter | Q1 | Q2 | Q3 | Q4 |
|---|-----------|-----------|-----------|-----------|
| MRSA & MSSA Bacteraemia | 0 | 0 | 0 | 0 |
| C. difficile infection | 0 | 1 | 1 | 2 |
| Gram Negative Bacteraemia | 0 | 0 | 0 | 0 |

| Period 2024-25 | Infection outbreaks- Covid'19 | Periods of Increased Incidence (PII) |
|-----------------------|--------------------------------------|---|
| Q1 | 2 (Trafford, Denbigh) | 0 |
| Q2 | 1 (CRU East & West) | 1 (Recovery ward - vomiting) |
| Q3 | 0 | 1 (Trafford – Covid) |
| Q4 | 0 | 1 (CRU ward – Norovirus) |
| Total 2024-25 | 3 | 3 |

Patient Safety Performance

The Trust implemented the Patient Safety Incident Response Framework (PSIRF) in January 2024 and continued to embed it throughout 2024-2025.

The implementation of PSIRF has significantly changed how the NHS addresses patient safety incidents. In line with national requirements, CPFT has developed an incident response plan and policy, outlining the

Trusts response to national and local priorities and detailing our approach to investigations.

As part of PSIRF, the Trust is committed to a flexible, evolving approach prioritising the safety and experience of those using our services. We are currently developing the second version of our Patient Safety Incident Response Plan (PSIRP), which will outline how CPFT will respond to and learn from patient safety incidents over the next 18 to 24 months.

In 2024-25, we ensured that our quality improvement projects have aligned with the areas highlighted in our PSIRP. We also participated in several system-wide investigations and projects with our partners and will continue to do so in the future.

As we progress on our PSIRF journey, we remain committed to learning, evolving, and improving our practices through system-based learning. Our Patient Safety Team will also continue to engage with and support staff, patients, and families during ward and team visits.

Learn from Patient Safety Events (LFPSE)

We have transitioned to the national LFPSE platform, enabling us to capture valuable insights from patient safety events across the NHS, fostering a culture of learning and continuous improvement. Integration with the LFPSE platform ensures that we remain aligned with national best practices and can implement lessons learned from incidents to improve care quality and safety. Significant progress is being made to enhance the Datix system by incorporating additional reporting features for 'risks' and 'good practice,' which are crucial for LFPSE reporting.

Patient Safety Champions

To celebrate World Patient Safety Day in September 2024, CPFT launched its Patient Safety Champions initiative. The role of the Champions is to actively nurture relationships between their relevant specialist team and those working in the local clinical environment to promote all areas of patient safety.

Recognised by colleagues for their unique function and contribution, and with support from their managers and Patient Safety Team colleagues, the Champion role has the potential to support patient safety strategies through the dissemination of knowledge and best practice in healthcare settings.

CPFT currently has over 30 Patient Safety Champions across our Directorates who work in many different roles and settings, and we are continuously recruiting to strengthen this incredible group of employees. This will ensure a broader reach and impact, further enhancing patient safety practices across all areas of care and fostering a culture of safety within the organisation.

Incident Reporting

Total Reported Patient Incidents

The Trust is committed to fostering a restorative and just patient safety culture across all services and teams. The volume of reported patient incidents reflects our success in promoting and sustaining this culture.

The total incidents reported in 2024-25 has decreased by 15% compared to 2023-24.

Total incidents reported 2024-25

| Quarter | Clinical Incidents (Patient Principally Affected) | Clinical and Non-Clinical Incidents |
|---------|---|-------------------------------------|
| Q1 | 2,876 | 3,702 |
| Q2 | 2,598 | 3,290 |
| Q3 | 2,824 | 3,504 |
| Q4 | 2,741 | 3,429 |

Most frequent incident reporting categories (including clinical and non-clinical incidents)

- Pressure ulcer
- Patient self-harm
- Physical and verbally disruptive and aggressive behaviour
- Slip/Trip/Falls (all falls)

- Medication administration

Harm gradings of clinical incidents – no omissions in CPFT care/service delivery**

| Quarter | Number of incidents with no omissions in CPFT care/service delivery |
|---------|---|
| Q1 | 450 |
| Q2 | 424 |
| Q3 | 390 |
| Q4 | 436 |

Breakdown of harm gradings of clinical incidents – no omissions in CPFT care/service delivery by quarter**

| Degree of Harm | Q1 | Q2 | Q3 | Q4 |
|---|-----|-----|-----|-----|
| Moderate Harm | 284 | 278 | 252 | 281 |
| Severe Harm | 21 | 13 | 10 | 18 |
| Death UNRELATED to a patient safety incident | 145 | 133 | 128 | 137 |
| Death which IS related to a patient safety incident | 0 | 0 | 0 | 0 |

Harm gradings of clinical incidents – omissions in CPFT care/service delivery

| Degree of Harm | Q1 | Q2 | Q3 | Q4 |
|---|----|----|----|----|
| Moderate Harm | 8 | 10 | 11 | 9 |
| Severe Harm | 1 | 1 | 1 | 0 |
| Death UNRELATED to a patient safety incident | 0 | 0 | 0 | 0 |
| Death which IS related to a patient safety incident | 0 | 0 | 0 | 0 |
| Total | 9 | 11 | 12 | 9 |

*The Trust definition of a clinical incident is one where a service user/patient is principally affected.

**Only incidents graded as moderate harm or above would be recorded as having omissions in CPFT care/service delivery.

Learning Response Tools (LRTs)

With the introduction of PSIRF in January 2024, the Trust transitioned from conducting Serious Incident Investigations to using a select range of Learning Response Tools (LRTs). The LRTs employed by the Trust include:

- Local Incident Reviews
- After Action Reviews
- Multi-Disciplinary Team Meetings
- Safety Huddles

These LRT-based investigations employ team-oriented review methods, typically involving the clinical teams or other staff who have been directly engaged in the patient's care.

Patient Safety Incident Investigations (PSII)

PSIIs are structured, systems-based investigations designed to examine events where patient safety has been compromised, such as errors or adverse events. These investigations are conducted by a trained PSII investigator.

In accordance with the PSIRF approach, the selection of the appropriate Local Response Team (LRT) for each incident is determined by the need to ensure the most effective and meaningful learning outcomes within the learning response.

Since transitioning to PSIRF on January 1, 2024, we have declared four PSIIs:

- One completed investigation
- Two under investigations
- One was stepped down to an “enhanced” Structured Judgement Review (SJR) after careful review and consideration by the Incident Safety Panel (ISP).

In 2024/25 the Trust commissioned 3 Patient Safety Incident Investigations (PSIIs). Two PSIIs were aligned with local priorities defined within the Trust Patient Safety Incident Plan, whilst a third was

linked to serious outcomes following episodes of self-harm, early findings suggested that further learning could be gained through a full PSII process, supporting wider service improvement.

The Trust completed one PSII, and learning has been incorporated into a safety Improvement plan. The PSII identified several important areas where therapeutic observation practices within inpatient mental health settings can be improved to enhance safety and care quality. A key learning point was the need to implement structured, face-to-face training for staff involved in therapeutic observation and risk formulation. This training should be supported by a clear competency framework to ensure staff are confident, capable, and appropriately signed off before taking on these responsibilities. Effective handover processes were also highlighted as essential, with staff needing detailed information before commencing observations, and the importance of ensuring that patients and their families are given clear explanations about therapeutic observation during admission, helping to build understanding and support collaborative care.

Learning Response Tools Used

In 2024-25 the following learning response tools were used:

| | Q1 | Q2 | Q3 | Q4 |
|-----------------------|----|----|----|----|
| After Action Review | 5 | 1 | 4 | 0 |
| MDT Review | 2 | 2 | 0 | 0 |
| Local Incident Review | 28 | 21 | 25 | 0 |
| Post Falls Huddle | 1 | 2 | 0 | 0 |

Prior to the introduction of PSIRF in 2024, the Trust conducted Serious Incident Investigations (SIs), 72-Hour Reports, and Structured Judgement Reviews (SJR). Comparing the Learning Response Tools (LRTs) used in 2024-25 with reviews from 2023-24 is challenging due to change in methodology, However to provide some year-on-year comparison the following data is provided.

Note: Q4 includes the LRTs under PSIRF, which was implemented in January 2024.

Reviews/Investigations undertaken 1 April 2023 to 31 December 2023

| | Q1 | Q2 | Q3 | Q4 |
|----------------|----|----|----|----|
| SJR | 7 | 10 | 18 | 0 |
| 72 Hour Report | 10 | 18 | 6 | 0 |
| SI | 7 | 5 | 1 | 0 |

Learning Response Tools 1 January 2024 to 31 March 2024

Local Incident Review: 22

SJR: 10

MDT Review: 6

After Action Review: 4

Post Event Reflection: 3

72 Hour Report: 3

SWARM Huddle: 1

SME Review: 1

Learning leading to change

Throughout the year, the Trust has continued to drive quality and safety improvements by embedding learning from incidents, reviews, audits, and feedback. Learning is shared through various routes which include Monday Mission, Monthly Patient Safety Updates, Newsletters, Directorate Quality, Safety and Governance meetings and locally within teams. Here are a few examples of how learning led to change:

Deteriorating physical Health

- Audit of sepsis identification and management prompted targeted clinical skills training across mental health and older adult services.
- Learning fed into the Deteriorating Patient Standard Operating Procedure to clarify escalation pathways and monitoring requirements.

- We have enhanced training in Medical Emergency Response and Basic Life Support, with a strong emphasis on sepsis recognition.

Ward environment & self-harm

- Ligature risk assessments reviewed and updated following a series of incidents in acute wards; triggered the Safe Wards Environment QI Project.
- A new Dynamic Risk Assessment Template was introduced Trust-wide with staff training rolled out to inpatient units.
- Greater visibility of incident patterns shared through monthly ward safety huddles.

Sexual safety

- Piloted use of “Sexual Safety Incident Leaflets” for patients and staff. Development of easy-read sexual safety leaflets for patients with learning needs and autism, as well as leaflets in other languages.
- Launch of Sexual Safety Awareness training in high-risk wards, especially in CAMHS and adult acute.
- The Trust's incident reporting system was improved to make sexual safety its own reporting category, with detailed location descriptions.
- New Standard Operating Procedures (SOPs) developed for staff who are potential victims or perpetrators of sexual safety incidents. These SOPs provide clear guidelines on how to handle such incidents and are part of the Trust's Sexual Safety Policy.

Communication between services

- Introduced structured hand-off tools between perinatal and CMHTs.
- Strengthened MDT documentation guidance to include mandatory safeguarding updates.

Incident Safety Panel

In 2024-25, the Rapid Review process, initially introduced in November 2022 underwent significant changes. The purpose of Rapid Review was to examine all incidents graded as moderate harm or above (including death) where omissions in care were reported.

In December 2024, Rapid Review was replaced by the Incident Safety Panel (ISP) to align with PSIRF. In collaboration with our clinical directorates, and subject matter experts, the ISP reviews incidents that:

- Are a nationally or locally determined PSIRF priority.
- Have potential for organisational or multi-system learning, identified through an initial review or LRT.
- Present a new emerging risk or theme that would benefit from a PSII.
- Are flagged as a patient safety concern or risk by the Patient Safety Team or another area of the Trust.
- Involve patient safety incidents linked to Integrated Care System (ICS) gaps or issues associated with CPFT.

A senior member of the Trust's Executive management team or nominated deputy chairs the ISP. The main goal of this meeting is to determine the appropriate level of investigation and identify any necessary actions and learning. The Trust acknowledges the importance of this meeting in facilitating timely decision-making.

Duty of Candour

CPFT remains committed to fulfilling its statutory Duty of Candour (DoC) for all notifiable patient safety incidents, in line with the Trust's Being Open and Duty of Candour policy.

The Trust's Patient and Family Liaison Officer supports communication with service users, families, and carers, as well as assisting staff, to ensure CPFT meets its obligations under DoC.

During 2024-25, DoC compliance has been consistent with a 100% completion rate for both written and verbal DoC contact within the required timeframes. The Trust will continue to work towards maintaining 100% compliance with DoC.

Duty of Candour performance 2024-25

Total number of incidents requiring DoC

Q1: 7

Q2: 13

Q3: 12

Q4: 8

Verbal Duty of Candour completed within 10 working days

Q1: 6

Q2: 12

Q3: 12

Q4: 7

Written Duty of Candour completed within 10 working days

Q1: 6

Q2: 12

Q3: 12

Q4: 7

Compliance percentage

| | Verbal DOC Compliance | Written DOC Compliance |
|----|------------------------------|-------------------------------|
| Q1 | 100%* | 100%* |
| Q2 | 100%** | 100%** |
| Q3 | 100% | 100% |
| Q4 | 100%*** | 100%*** |

* Please note that there was one incident that met the DoC Regulation 20 exemption guidelines in quarter 1.

** Please note that two linked incidents were acknowledged under one Duty of Candour.

*** Please note that there was one incident that met the DoC Regulation 20 exemption guidelines in quarter 4.

Patient Experience

Positive patient experience is fundamental to building trust, improving patient outcomes and promoting patient satisfaction.

Improved co-produced Trust surveys

Following a review of patient feedback data collection processes, we have introduced a new set of questionnaires for the three clinical directorates. The changes to the IQVIA (electronic) questionnaire were co-designed with the involvement of service users, carers, and directorate representatives. The surveys have been shortened to make them easier to complete. Previously, some surveys had up to 30 questions, which made it unlikely to motivate respondents to complete them. There is now a maximum of 15 questions. Additionally, the number of questionnaires has been reduced. There were over 150 separate questionnaires, and the aim is to reduce these to a set of core questionnaires to make the data produced more relevant.

To make reporting more focused and practically useful, the questions have been linked to the CQC key questions (Safe, Effective, Caring, Responsive), as well as overall experience.

The changes have been made to:

- Collect more surveys from a more representative sample of our patients.
- Embed a measurable "you said, we did" approach to our response.

Friends and Family Test (FFT)

The nationally mandated Patient Friends and Family Test question, "Overall, how was your experience of our service?" shows that 90.57% of CPFT patients who completed the survey rate the Trust as good or very good. Last year's figure was 89.33%.

Completed FFT surveys by year:

| | | |
|-------|-------|-------|
| 22/23 | 23/24 | 24/25 |
|-------|-------|-------|

| | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| 7774 – 90.47 (good/very good) | 7870 – 89.33% (good/very good) | 8707 – 90.57% (good/very good) |
|----------------------------------|-----------------------------------|-----------------------------------|

In previous years, data reflecting FFT national rankings was available, however Trust’s need to pay for a licence to access this, and this year CPFT has not been renewed the licence, so national comparison is not available.

CPFT Patient Experience Survey

Alongside the Friends and Family Test, CPFT also invites patients to complete a more comprehensive survey with specific questions. the FFT question is part of these surveys.

In 2024 a piece of codesign work involving service users/patients, families and the clinical directorates reviewed the large number of surveys in use across the Trust. The review found that, in general, questionnaires were too long with some having 35 or more questions. It was thought acted as a barrier to questionnaires being completed.

There was also a high degree of similarity of questions across questionnaire within directorates.

And perhaps more importantly, the questionnaire response scores remained generally static, often not hitting the required target. There was a sense that the effort going into trying to hit a particular questionnaire completion target, time would be better spent making the questionnaires fit for purpose by making the questions more focused and relevant (through codesign) and supporting staff to access and make better use of the data that was provided via the IQVIA dashboard. And again importantly, strengthen the feedback of responses and actions using a “you said we did” approach—having a robust methodology for communicating what the Trust is doing in response to feedback.

The redesigned questionnaire was introduced late 2024 and early 2025, the main features of the new approach was:

- Questionnaire with no more than 15 questions (the recommended limit).
- One patient questionnaire for each of the clinical directorates.
- One carer/family questionnaire for each of the clinical directorates.
- The questionnaire responses linked to the CQC ‘key lines of enquires’ Safe, Effective, Caring, Responsive, with the Friends and Family score.
- Improving the accessibility of the questionnaires via QR codes, survey links and paper version and developing SMS messaging of survey links.
- Encouraging the use of the compliment forms.

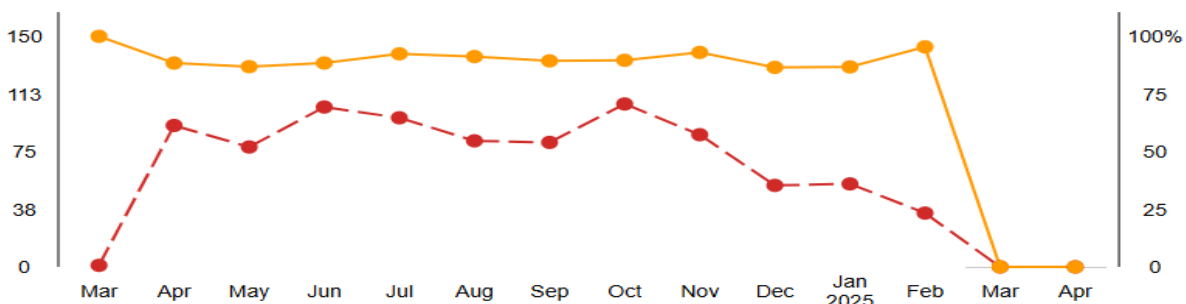
The table below is for the period December 2024 – March 2025, the period following the introduction of the new survey system. It is important to say that the data is still stabilising, with amendments made to some of the questionnaires to improve data collection, and also close working with the directorates to make sure best use is made of IQVIA.

All surveys in the Patient Experience module

| Trust | Surveys | 1-Overall Experience (FFT) | 2-Safe | 3-Effective | 4-Caring | 5-Responsive |
|--------------|-------------|----------------------------|--------------|--------------|--------------|--------------|
| Trust | 9956 | 92.35 | 93.85 | 93.60 | 89.82 | 86.70 |
| Total | 9956 | 92.35 | 93.85 | 93.60 | 89.82 | 86.70 |

CPFT Carers Experience Survey

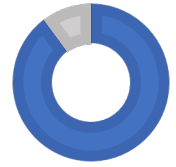
The Trust offers carers the opportunity to answer questions about the level of support they receive from CPFT. This year's overall rating was 89.75%, a slight increase from last year's score of 88%.



Carers data

Overall score (31 March 2024 to 1 April 2025): 89.75%

Surveys completed (31 March 2024 to 1 April 2025): 869



Compliments

We value both positive feedback and feedback raising concerns from the people who use our services, as this information helps the Trust see services through their eyes, providing the opportunity to reflect on everything we do to improve the lives of our patients and their carers.

Compliments and positive feedback received through the patient experience surveys are routinely included in our compliments data to provide a comprehensive picture of positive feedback about services. In addition, verbal compliments, thank you letters and other forms of feedback are collated on the patient experience system for access by relevant clinical teams.

In 2024/25 so far there have been 750 compliments recorded. These will have been provided via either online completion of the complement forms, or paper version of the form or letters/cards/emails etc.

A small selection of comments across the directorates.

- *felt so supported*, the team are wonderful - relating to an Adult Crisis resolution team.
- I was extremely pleased with the ooh (out of hours) service at Doddington hospital. The paramedic that treated me was thorough and kind. The receptionist was polite and helpful and the x-ray dept was great as well.
- [Staff name] Thank you for the incredible support you have given me. Thanks to you, my son has his mum back & I can enjoy life again! – relating to Talking Therapies.
- email received from parent – [staff name] You helped massively, you were the only one he talked to, he felt you were on his side and that really made a difference. CASUS team.

CQC Community Mental Health Survey 2024 (published 4 April 2025)

The CQC Community Mental Health Survey 2024 survey ([Community mental health survey 2024 - Care Quality Commission](#)) explores the experiences of people who use community mental health services.

Overall, CPFT results are “about the same” as other Trusts as reported by the CQC for all 12 areas of focus:

- support while waiting
- mental health team
- planning care
- involvement in care
- medication
- psychological therapies
- crisis care support
- crisis care access
- support with other areas of life
- support in accessing care
- respect, dignity and compassion
- overall experience
- feedback

Our overall ratings for each section are about the same compared with other Trusts in the survey and this is in line with previous surveys.

The Trust response rate was 22% (20% average response rate for all trusts)

The report provides our top and bottom five scores within the Trust:

| Top 5 scoring questions (comparative to national average) | Trust | National average |
|--|-------|------------------|
| Q29: Crisis Care Support - Thinking about the last time you contacted this person or team; did you get the help you needed | 6.3 | 5.9 |

| | | |
|---|-----|-----|
| Q22-4: Medication - Have any of the following been discussed with you about your medication? What will happen if I stop taking my medication | 5.8 | 5.5 |
| Q27: Crisis Care Access – Would you know who to contact out of office hours within the NHS if you had a crisis? | 8.2 | 7.9 |
| Q30: Crisis Care Access – Thinking about the last time you contacted this person or team; how do you feel about the length of time it took you to get through to them? | 6.0 | 5.9 |
| Q33-4: Support with other areas of life – In the last 12 months, did your NHS mental health team give you any help or advice with finding support for...Cost of living? | 1.8 | 1.7 |

| Bottom 5 scoring questions (comparative to national average) | Trust | National average |
|--|-------|------------------|
| Q14: Planning Care – Do you have a care plan? | 4.9 | 6.2 |
| Q17: Planning Care – In the last 12 months, have you had a care review meeting with your NHS mental health team to discuss how your care is working? | 5.0 | 5.8 |
| Q33-1: Support with other areas of life – In the last 12 months, did your NHS mental health team give you any advice with finding support for...joining a groups or taking part in an activity (e.g. art, sport etc) | 3.5 | 4.4 |
| Q10: Mental Health Team – Did you get the help you needed | 5.1 | 5.9 |
| Q6: Support While Waiting – While waiting, between your assessment with the NHS mental health team and your first appointment for treatment, were you offered support with your mental health? | 5.4 | 6.1 |

The Trust made a decision to focus on implementing dialogue+ to address the issues related to care planning. The implementation of

dialogue plus would also address the low scores around Questions 33. While this work is planned its implementation is still in progress.

The clinical directorates will use all data from the survey to address the issues relating to their areas, producing action plans to track progress and provide assurance.

Patient Advice and Liaison Service (PALS) and Complaints

The PALS and Complaints Team is a conduit for people who use our services to raise concerns about their or their families' experience of care and treatment. Complaints are often about people sharing a deeply personal experience at a point of great vulnerability. While the emotions and feelings attached to the complaint may be uncomfortable for individuals and for the organisation, it is crucial that empathy, integrity, transparency and honesty be central to the culture within the organisation around the management of complaints. This is equally important for the complainant and for staff, and for ensuring that we as individuals, as a service or team and as an organisation, are able to identify and implement the learning opportunities to improve services.

Over the last year

The Trust has continued to make progress in reducing the average response time for complaints despite an uplift in the number of complaints received, while the undertaking of quarterly thematic reviews of complaints has allowed us to identify and address key issues across services. The PALS and Complaints Team have also introduced a new public facing web form to improve the accessibility of the service, and complaint outcomes and learning are now reported on a quarterly basis on the Trust's public website.

Number of complaints and PALS enquiries received

The Trust received 266 formal complaints between 1 April 2024 and 31 March 2025 and 210 formal complaints between 1st April 2023 and 31st March 2024. This represents a further 27% increase in the number of formal complaints compared to 23/24, following on from a 63% increase in 23/24 compared to 22/23.

The PALS and Complaints Team have undertaken a review of patient contacts and complaint volumes to understand if there has been an uplift in the percentage of complaints raised compared to total contacts. The graph below shows that there was a notable drop in the percentage of complaints during the COVID-19 pandemic. The percentage has now returned to pre-pandemic numbers but still remains lower than in 2018/19. This shows that the increased volume of complaints is proportionate to the increased demand placed upon services.

| | Mental Health | Physical Health | Complaints | Percentage |
|----------------|----------------------|------------------------|-------------------|-------------------|
| 2015-16 | 191,200 | 832,352 | 185 | 0.018% |
| 2016-17 | 211,432 | 807,927 | 174 | 0.017% |
| 2017-18 | 207,730 | 802,943 | 216 | 0.021% |
| 2018-19 | 225,237 | 858,486 | 207 | 0.019% |
| 2019-20 | 209,092 | 890,487 | 172 | 0.016% |
| 2020-21 | 213,415 | 798,571 | 145 | 0.014% |
| 2021-22 | 339,837 | 884,721 | 165 | 0.013% |
| 2022-23 | 392,008 | 891,293 | 149 | 0.012% |
| 2023-24 | 378,324 | 925,084 | 210 | 0.016% |
| 2024-25 | 390,756 | 961,748 | 266 | 0.020% |

Despite the fact that the percentage of contacts resulting in complaints has remained within expected variance, the 0.004% increase translates to

an additional 50 complaints in 24/25. This is compared to the number of complaints, had the percentage remained at 0.016%.

The PALS Team recorded 1200 cases between 1 April 2024 and 31 March 2025, of which 281 were informal complaints. This represents a 13% increase on the 1064 received in 23/24 and the average of 1066 across the previous three years.

Top Five Complaints Subjects:

The complaints received during 2024/25 spanned 55 different sub-subjects. The top five subjects are:

1. Quality of Care
2. Access to Services
3. Communication
4. Staff Attitude
5. Medication

Quarterly thematic reviews of complaints have taken place throughout 2024/25 and this has allowed the Trust to identify key themes and address them. One example is the CYPF Neurodevelopmental Service, where we identified seven complaints around accessing the service in Q4 2023/24. The service listened to the feedback and undertook proactive work to address the issues raised. This resulted in a drop in complaints, and in Q1 and Q2 2024/25 we received three complaints for each quarter. Further work was undertaken by the service and this figure dropped once again to one complaint in Q3 2024/25.

CYPF Neurodevelopmental Service – Complaints regarding access to service:

2023-24 Q4: 7

2024-25 Q1: 3

2024-25 Q2: 2

2024-25 Q3: 1

Complaint Outcomes:

Every complaint we investigate, we identify whether the complaint can be upheld (agree with the complaint on all aspects of concern), partially upheld (agree on some aspects of concern), not upheld (where we can find no failings and cannot agree with the complainant). Where we are unable to definitively reach a conclusion, the outcome is recorded as undetermined.

Complaint outcomes 2024-25:

Upheld: 10

Partially upheld: 110

Not upheld: 85

Undetermined: 7

Complaint withdrawn: 14

Complaints Closed

In 2024/25 the Trust closed 228 complaints, which is a modest 5% increase on the 217 complaints closed in 2023/24 and maintains the large increase in throughput compared to 2022/23 where the Trust closed only 109 complaints. Work continues on reducing the response time to complaints and the Trust has achieved an average response time of 60 working days, an improvement on the 63 working day average achieved in 2023/24.

PALS resolved 232 informal complaints across 2024/25 with an average response time of 7 working days, which is below their KPI of 10 working days. The informal complaint process provides a quicker resolution for complainants raising issues which do not require a formal investigation.

Oversight and assurance for the management of PALS and Complaints

We continue to hold a daily PALS and Complaints meetings to review new complaints and PALS queries, identify potential concerns, monitor

processes and escalate any issues. This meeting is attended by the Complaints Team, with the opportunity to engage with senior members of the Nursing and Quality Team if required.

Other actions taken include:

- The introduction of a new web form to the Trust website for submitting complaints and PALS queries.
- The addition of complaint outcomes and learning to the Trust website on a quarterly basis.
- Complaint investigation training continues to be provided across the Trust to ensure Investigating Managers are adequately prepared to undertake investigations.
- Weekly/fortnightly meetings attended by the PALS and Complaints Team along with relevant members of the Directorate's Senior Leadership Teams. We hold a separate meeting for each Directorate.
- Bespoke Datix dashboards for each Directorate to monitor their complaints, PALS and healthcare professional feedback data.
- The Patient Experience Executive group to which PALS and Complaints reports to monthly. - Information from the Patient Experience Executive group is highlighted at the Patient Safety and Quality Group.
- The People, Safety and Quality Committee receives a thematic review on complaints which provides information about complaints management, learning and themes.
- Quarterly reports to the board.
- Quarterly thematic reviews of complaints.

Looking Forward

For 2025/26 the PALS and Complaints service has key objectives that they would like to achieve. These include:

- Ongoing training delivered for investigating managers.

- To look at how we can better capture EDI data with a view to producing meaningful reports on this subject.
- To review all processes and trial new ways of working to understand where we can streamline in order to provide more prompt responses to complainants.
- To consider our target response times in light of the increased demand on all Trust services.
- To consider how best to triangulate information received from PALS and Complaints, with Patient Experience.

Participation and partnership activity

Young People's Forum

The Young People's Forum has 30 active members registered to the group. The group is representative and inclusive of the different communities across Cambridgeshire and Peterborough. Membership has currently been paused as the group is at full capacity. However, as some members turn 19, more spaces will become available, and membership will reopen.

The Carers and Young People's Involvement Lead will be working closely with local partners to improve representation of young people from Traveller communities, rural Cambridgeshire and young people with SEND as the Forum currently has reduced representation from these groups.

The Forum is continuously reviewed and adapted based on the feedback from young people. The Forum meets monthly online and quarterly in person, with an average attendance of 25 young people at every meeting. In addition, other future projects currently in discussed include:

- Development of a social media platform to support the wider engagement of young people.

- The development of a Young Adults Forum for people aged between 19 and 25. Members of the Youth forum who are now turning 18 will be invited to join the Young Adults Forum.

The Young People's Forum have worked on the following projects:

- Creation of a young person's feedback survey
- Updating patient information for CAMHS HTT
- Working with CAMHS Core Team to create a patient leaflet
- Offering feedback and suggestions on assessment letters for the South Cambridgeshire Neurodevelopmental Team
- Creating a recruitment poster for the new CEO
- Organising their workplan for 2025/26
- Supporting the ICS with the review of redesign of the Mental Health Crisis Pathway for Cambridgeshire and Peterborough

The Forum is continuously reviewed and adapted based on the feedback from young people. The Forum meets monthly online and quarterly in person, with an average attendance of 25 young people at every meeting. In addition, other future projects currently in discussed include:

- Development of a social media platform to support the wider engagement of young people.
- The development of a Young Adults Forum for people aged between 19 and 25. Members of the Youth forum who are now turning 18 will be invited to join the Young Adults Forum.

Following from a workshop delivered on health inequalities and Patient and Carer Race Equality Framework (PCREF), the Forum are keen to lead on their own project aimed at improving cultural awareness across the trust which will aid the Trust's anti-racist framework.

The Forum is also keen to design and deliver a training programme which can be delivered to clinical staff which aims to enlighten participants on the importance of embedding young people's voices in healthcare. Forum members will be designing their own presentation and training materials.

The first session will be piloted in May 2025 and delivered to Child and Adolescent psychiatric trainees, improving their knowledge of youth voice and participation.

Other areas of development include:

- Development of a social media platform to support the wider engagement of young people.
- The development of a Young Adults Forum for people aged between 19 and 25. Members of the Youth forum who are now turning 18 will be invited to join the Young Adults Forum.

Adult Participation

The Participation and Partnership forum is composed of adults who have used Cambridgeshire and Peterborough NHS Foundation Trust services and family members who have or are supporting their loved ones to access services.

The group meets once a month online to work on a range of projects. These can include anything from reviewing leaflets created by staff for patients to the development of the Involvement strategy. Key pieces of work this year (some of which are on-going) have been involvement in the Culture of Care work, Tobacco Dependency, Patient and Carer Race Equality Framework, development of a self-harm policy.

Focus for 2025 and 2026 will be the development of outcome measures to evaluate the impact of the Participation and Partnership Forum.

Volunteering

The Trust currently has 231 volunteers working in a variety of roles across all clinical directorates.

The focus and achievements for this year has been on

- Raising the profile of the voluntary services and its volunteers. We have seen an increase in activity and inclusion across the Trust. Allowing space for enhancing innovative roles, which have a direct impact on projects within the organisation, such as Culture of Care.

- Strengthened and more collaborative working with organisations such as SUNnetwork, Sue Ryder, NWAFT, PCVS, CPSL Mind for example.
- Governance, processes and policy implementation, including the separate governance arrangement for the Community Butterfly Volunteer Service.
- Securing two separate funding streams, one for the Community Butterfly Volunteer Service and the second for focused volunteer coordinator and engagement work at the Cavell Centre.
- Increased connectivity, engagement, reward and recognition with and for volunteers using the volunteer management system 'Assemble'.

Plans for the coming year:

- Celebrate Volunteers Week – event booked for 6th June 2-6pm. In the Sports Hall at the Cavell Centre. We will be inviting volunteers, and staff to come along to the event. The focus will be to create a mosaic or mural with the aim to promote hope through art. The pieces created will be donated to wards/ teams yet to be identified.
- Development of MoUs with other NHS organisations, locally and VCSE organisations. This will be for the purposes of collaborative working and to ensure that governance arrangements and policy protocols are safe, and risk mitigated.
- Corporate Volunteering, raising the profile CSR opportunities within the organisation for corporate businesses to access.
- Develop a “welcome buddy” programme at Cavell Centre. This role will focus not just for welcoming patients one first arrival, and when back from section 17, but also support for carers & families who may like to learn more or have a walk around the Cavell when their loved one has been admitted to hospital.
- Growth/ sustainability of the Butterfly service. Further funding streams identified and bid for, identifying Fenland and Huntingdon. Immediate growth to other PCNs within Peterborough.
- Sustainability for coordination roles across the organisation.

NHS Staff Survey and Quality of Care

The 2024 Staff Survey questions continue to be linked to the NHS People Promise and Elements. The trust saw a slight decrease in our response rate of 3.01% and we remain below the national average of response rate of 54.12%.

The results concentrate on the period of October and November 2024 looking at what we are doing well and where we need to improve. Some of the scores link into the Quarterly Pulse Survey where we can track trends between surveys.

Improved scores

The Trust has seen an increase in the number of people having appraisals, helping agree clear objectives and people feeling valued by the organisation. There has also been an increase in commitment and support for work life balance.

The Trust has continued to see reductions in physical violence and an increase in staff feeling care is our organisations top priority.

Areas of Focus

Results in several areas, however, were not so positive. These included a decline in the support for flexible working, a decline in staff having the required supplies and equipment and an increase in people thinking of leaving CPFT.

It is clear from the results that staff feel able to make improvements happen in their work area, but don't feel able to make suggestions to improve the work of their team.

Freedom to Speak Up and Whistleblowing

All NHS Trusts in England are mandated to have Freedom to Speak Up Guardians appointed as a part of the NHS contract. Their role is to help embed an open and learning-based Trust culture by ensuring policies and

procedures are in place to support staff to speak up, raise concerns or share feedback on matters that can adversely affect the care that is delivered or the wellbeing or experience of staff. This might include patient safety concerns, poor practice, bullying and harassment.

The Freedom to Speak Up service is a confidential route for all staff who provide a service in the Trust to raise concerns. Staff can do this in different ways such as via the confidential inbox, confidential voicemail, by post, or via the on-line contact portal and these can be done anonymously. Staff can also contact the Guardians in person. Additionally, staff can directly contact the Executive Lead or Non-Executive Lead for Freedom to Speak Up.

Details of the Freedom to Speak Up service, including the Freedom to Speak Up Policy, service leaflet and how staff can contact external prescribed bodies to raise concerns are clearly set up within these documents on the Trust intranet page. Details of the Freedom to Speak Up Ambassadors and their role are also readily available on the intranet page.

There are 2.00 WTE Freedom to Speak Up Guardians in the Trust. The Lead Freedom to Speak Up Guardian reports directly to the Chief Executive (Executive Lead for FTSU) and the team is also supported by a Non-Executive Director Lead for FTSU. The numbers of Freedom to Speak Up Ambassadors have increased in 2024-25. These colleagues are from a diverse range of roles and protected characteristics. Their varied geographical bases will increase the reach and promotion of the service across the Trust.

The Non-Executive Director Lead for Freedom to Speak Up continues to chair the FTSU steering group, ensuring strategic oversight of the on-going and proactive development of the FTSU agenda in the Trust.

193 referrals were received by the Freedom to Speak Up Guardians between 1 April 2024 to 31 March 2025.

In 2024-25, the team has continued to strengthen the collaboration with other Trust services to triangulate data for service improvements and

have maintained a high level of visibility with teams and colleagues at different levels.

The engagement with the International Recruitment Team and the Temporary Staffing Service have been embedded to help amplify the voices of staff from these areas.

The reporting governance is well established including the quarterly data returns to the National Guardian Office. The Trust's Freedom to Speak Up policy and procedures are aligned with national requirements.

The Lead Freedom to Speak Up Guardian continues to be the Chair of the Eastern Regional FTSUG network and lead the programme of community of practice for the regional colleagues to ensure continued professional development and learning. They have continued to actively contribute to the workstream of the National Guardian's Office.

Examples of improvements include:

- **Ward staff raised concerns about their exposure to second-hand smoke in outdoor areas.**
- All ward gardens and entrances are now smoke free.

- **Awareness of the Maintaining High Professional Standards Policy for medical staff.**
- A training session was delivered by the Senior HR Medical Workforce Lead at a Board Development Day and Trust Medical staff conference.

- **Reasonable adjustment equipment requests for staff taking too long.**
- Procurement process for key items has been simplified.

- **Negative experiences of social media use at work were reported.**
- Guidance on the use of social media and messaging at work has been updated and communicated across the Trust.

ANNEX

Annex 1 - Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees



Healthwatch Cambridgeshire and Peterborough Cambridgeshire and Peterborough NHS Foundation Trust Quality Account 2024/2025

Healthwatch Cambridgeshire and Peterborough welcomes the opportunity to comment on the Cambridge and Peterborough NHS Foundation Trust (CPFT) Quality Accounts for 2024–2025.

We acknowledge the progress the Trust has made over the past year, particularly in addressing concerns raised by the Care Quality Commission and in working collaboratively with the Integrated Care Board and system partners to deliver service improvements. We also welcome the Trust’s ongoing work to improve transparency, patient safety, and patient and carer involvement.

We note CPFT’s continuing commitment to delivering a wide range of services – not only mental health, but also community and specialist physical health services. We commend the Trust’s efforts to improve inpatient flow, reduce out-of-area placements, and

embed learning through the Patient Safety Incident Response Framework (PSIRF).

Healthwatch particularly welcomes CPFT's open approach to stakeholder engagement. In line with our statutory duty to listen to and represent the views of people who use health and care services.

Our 2025 Strategy and Mental Health Focus

In April 2025, Healthwatch Cambridgeshire and Peterborough launched our new strategy, with a strong focus this year on mental health. This includes prioritising mental health in our annual summit and amplifying the voices of people with lived experience of mental health conditions. Steve Grange, CPFT's CEO, will be our local keynote speaker at our Annual Summit on the 8th October 2025.

As part of this work, we have been leading a youth mental health transitions survey to better understand the experiences of young people moving from child to adult services. We are very grateful for the support CPFT staff have given to this project, and we particularly appreciate the time given by directorates to meet with our non-executive directors to provide an overview of mental health services.

These kinds of open, collaborative relationships help ensure that service users' voices are heard and reflected in strategic and operational improvements.

We recognise that CPFT continues to face significant pressures, but we are encouraged by the Trust's commitment to continuous improvement, innovation, and engagement with patients, carers, and partners.

We look forward to continuing our close working relationship with CPFT in the year ahead and will support the Trust in listening and responding to people's experiences to ensure high-quality care across all service.

To strengthen collaboration, we have introduced a new system of providing the Trust with periodic feedback reports based on patient experiences starting April 2025.

These reports focus on all feedback received. Additionally, we invite CPFT to share our Referral to Treatment feedback form with patients currently on waiting lists or have been through the process. This will enable us to gather independent feedback into patient experiences. We will regularly report this feedback to the Trust to help inform decision-making and drive improvements in patient care. [Share your experience of referrals from Adult Social Care, GP, Community Clinic, Hospital to any other service providing your treatment | Healthwatch Cambridgeshire.](#)

Cambridgeshire County Council

Due to the timing of the local elections this year the Adults and Health Committee will not be submitting comments on the 2024/25 Quality Account.

The newly appointed committee's first meeting is on 19 June.

Cambridgeshire & Peterborough Integrated Care Board

Stakeholder Feedback – CPFT Quality Account 2024/25

Cambridgeshire and Peterborough Integrated Care Board (the ICB) has reviewed the Quality Account produced by Cambridgeshire & Peterborough Foundation Trust (CPFT) for 2024/25.

In early 2024, the ICB held a Rapid Quality Review Meeting following concerns highlighted by Regulators, NHS England and the ICB. This resulted in the escalation to an improvement board chaired by the ICB.

The Trust was and is committed to making improvements and has openly shared improvement plans. A system wide approach including system partners was adopted to address these joint concerns and to monitor improvements. Progress has been significant with all partners recently agreeing the Improvement Board can be concluded and existing monitoring processes reinstated.

The Trust priorities for improvement remain the same whilst continuing to embed patient safety champions in all clinical areas as part of the continued implementation of the Patient Safety Incident Response Framework (PSIRF).

Following transfer to PSIRF the Trust has started to embed the new processes, using a variety of patient safety investigating tools to identify learning. Further training has been provided to support staff across the whole organisation to understand and support the new way of working. The Trust PSIRF plan for the coming year has been agreed by the ICB and the ICB are looking forward to supporting the Trust along this journey.

The total incidents reported in 2024-25 has decreased by 15% compared to 2023-24, although this may be linked with the principles of PSIRF. The Trust has also identified that the Incident safety Panel does not align with PSIRF in practical terms and these could be an area of focus for the coming year. It is noted that there was an increase in the number of

subject judgment reviews (SJRs) done in Q3 and Q4 of 2024/25, following implementation and use of learning tools used in PSIRF.

The CQC assessments conducted within the last year resulted in ratings of requires improvement for mental health and crisis services, which have been identified as areas requiring improvement for the coming year. The Trust is awaiting the rating for the well led assessment undertaken in Feb 2025.

The Trust is commended for commencing the implementation of Right Care, Right Person. CPFT have been an integral partner in this system programme of work that has enabled all agreed stages to be implemented, while they continue to support on-going delivery and learning.

The ICB acknowledge that the Reducing Suicide Quality Improvement Programme is important and beneficial for our wider system work. The ICB will work with the Trust to strengthen the governance of the programme.

The Account highlights further achievements throughout 2024/25. The NHS Talking Therapies service are congratulated in terms of positive delivery against their 24/25 operational plan. The National Early Intervention in Psychosis (EIP) Audit has highlighted the good work of the Trust. The work that CPFT have undertaken in relation to Out of area mental health placements significantly reduced inappropriate out of area placements, which is a great achievement.

The Account highlights the activity achieved in the national Dementia audit, however there will be ongoing development work required to address waiting times for assessment and on-going post diagnostic support in 2025/26.

The Infection, Prevention and Control (IPC) team has worked with system partners collaboratively to deliver the IPC agenda.

There is limited information in respect to safeguarding within the Quality Account. There is no mention of the challenges that CPFT have

continued to experience during the year with the responsiveness of health queries within the children's Multiagency Safeguarding Hub (MASH). However, CPFT actively participated in a redesign of the MASH in conjunction with all stakeholders. It is expected that improvements to this service will be realised in 2025/26.

The Trust also continued to experience capacity issues with Initial and review Health Assessments (IHA's) due to workforce issues. This resulted in a significantly reduced service that did not meet the Key Performance Indicators for timeliness of both interventions. Work continues to try and resolve these issues and support children accessing these assessments in a timely manner.

The Trust has been involved in some excellent research and innovation partnerships, including new collaborations with the Advanced Research and Invention Agency (ARIA) and with biotechnology company Altos Labs, as well as important studies in dementia, severe mental health conditions and spinal cord injuries.

During the year, the Trust achieved 100% participation in all national clinical audits (16) and national confidential enquiries (4) for which they were eligible. Good participation in audits like Child Death Overview Panel and Learning from the Lives and Deaths of people with a learning disability and Autism has further informed learning from deaths in specific groups like children and vulnerable people.

The completion of 143 Participant Research Experience Surveys is a drop from the previous year but still a great achievement, especially including a few from children, with feedback said to be 'overwhelmingly positive'. They have also recruited a lead for patient and public involvement and engagement (PPIE) in research and have been working to address the barriers to the involvement of underserved groups in dementia research.

Over 814 patients were recruited (a rise from of over 5% from the previous year) to a total of over 66 NIHR research studies; the report also refers to 118 studies overall having been set up by the R&D department, which is commended. The report highlights all the

improvement that CPFT are intending to undertake as well as learning from national clinical and local audits that will support improvements in the future.

The Trust is commended for a 90.57% patient experience response of good/very good for the last year. The introduction of the Children's forum is a positive move to get the voice of the child to support service improvements, recognition of a requirement to increase diversity within this group.

Congratulations are extended for a staff member awarded a Fellowship of the Queen's Nursing Institute in recognition of exceptional leadership and impact in advancing end-of-life care research and community nursing practice. This is an outstanding achievement.

The ICB would like to thank all staff working for Cambridgeshire & Peterborough Foundation Trust for their dedication, professionalism, hard work and commitment to patient care throughout the year and looks forward to continuing to work with CPFT as part of the Cambridgeshire & Peterborough Integrated Care System.

Overall Cambridgeshire and Peterborough ICB agree the CPFT Quality Account is a true representation of quality during 2024/25.



Carol Anderson
Chief Nursing Officer
Cambridgeshire & Peterborough ICB

Annex 2 - Statement of Directors' responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

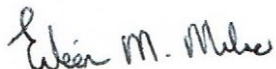
In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019-20 and supporting guidance.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period 1 April 2024 to 31 March 2025
 - Papers relating to quality reported to the Board over the period 1 April 2024 to 31 March 2025
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009: "Complaints Annual Report 2024-25"
 - The national patient survey '2024 National NHS Community Mental Health Service User Survey Management Report for Cambridgeshire and Peterborough NHS Foundation Trust'
 - The national staff survey "2024 National NHS Staff Survey - Cambridgeshire and Peterborough NHS Foundation Trust"
 - Feedback from the commissioners dated June 2025
 - Feedback from the local Healthwatch dated June 2025
- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;

- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the Quality Report (available at <https://www.england.nhs.uk/financial-accounting-and-reporting/quality-accounts-requirements/>).

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board



Chair

Date: 30/06/2025



Chief Executive Officer

Date: 30/06/2025