

## REGISTER OF DIRECTOR INTERESTS – 2024/25 FROM FEBRUARY 2025

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
BAIRD, STEWART	Acting Chairman	Stone Venture Partners Ltd (started 23 September 2010) <b>(1)</b> Stone VP (No 1) Ltd (started 15 August 2017) <b>(1)</b> Stone VP (No 2) Ltd (started 1 December 2015) <b>(1)</b> Hidden Travel Holdings Ltd (started 16 May 2014) <b>(1)</b> Hidden Travel Group Ltd (started 15 October 2015) <b>(1)</b> Trustee of Kent Search and Rescue (Lowland) (started 2013) <b>(4)</b> Director of SJB Securities Limited (started 30 October 2013) <b>(1)</b> Non-Executive Director of Continuity of Care Services Ltd (started 1 October 2022) <b>(1)</b> Director of Cleo Systems 24 Limited (started 1 January 2025) <b>(1)</b> HotelShop UK Limited (started 1 January 2025) <b>(1)</b> Rapid Relocate Limited (started 1 January 2025) <b>(1)</b>	1 June 2021 (First term)
BLISSETT, NORMAN	Chief People Officer	Director and sole shareholder of Gallanach Enterprises Ltd <b>(1) (3)</b>	20 January 2025
CATTO, ANDREW	Non-Executive Director	Group Chief Executive Officer, Integrated Care 24 (IC24) <b>(1)</b> (including Director of Cleo Systems 24 Ltd, Brightdoc 24 Limited, Idental Care 24 Ltd.) Board Member of east Kent Health and Care Partnership (HCP) <b>(1)</b> Director of Transforming Primary Care <b>(1)</b>	1 November 2022 (First term)
DESAI, KHALEEL	Director of Corporate Governance	Non-Executive Director/Trustee of The Mines Advisory Group (MAG) Charity <b>(4)</b>	29 April 2024
FLETCHER, TRACEY	Chief Executive	None	4 April 2022
GIBBS, DAN	Chief Operating Officer	Equity holder in Ignite Data Ltd. <b>(2)</b>	7 February 2025
HAYES, SARAH	Chief Nursing and Midwifery Officer	Charity Trustee, The 1930 Fund for Nurses (Charity) <b>(4)</b>	18 September 2023

## REGISTER OF DIRECTOR INTERESTS – 2024/25 FROM FEBRUARY 2025

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
HOLDEN, DES	Chief Medical Officer	International Advisor, Public Intelligence (Denmark) <b>(5)</b> (2018) Advisor/Non-Executive Director, South East Health Technology Alliance <b>(4)</b> (2017) Visiting Professor, Clinical and Experimental Medicine, University of Surrey <b>(5)</b> (2023 to 2026)	2 January 2024
HOLLAND, CHRISTOPHER	Associate Non-Executive Director	Director of South London Critical Care Ltd <b>(1)</b> Shareholder in South London Critical Care Ltd <b>(2)</b> Dean of Kent and Medway Medical School, a collaboration between Canterbury Christ Church University and the University of Kent <b>(4)</b> South London Critical Care solely contracts with BMI The Blackheath Hospital for Critical Care services <b>(5)</b>	13 December 2019 (Second term)
OIRSCHOT, RICHARD	Non-Executive Director	Non-Executive Director, Puma Alpha VCT plc (July 2019) <b>(1)</b> Director, R Oirschot Limited (August 2010) <b>(3)</b> Trustee, Camber Memorial Hall (June 2016) <b>(4)</b>	1 March 2023 (First term)
OLASODE, OLU	Senior Independent Director (SID)/Non-Executive Director	Executive Chairman, TL First Group (started 9 May 2020) <b>(3)</b> Chairman, Governance and Leadership Academy UK (started 11 September 2018) <b>(1)</b> Non-Executive Director, Priory Care Group (started 1 June 2022) <b>(1)</b> Independent Chair of Audit and Governance, London Borough of Croydon (started 1 October 2021) <b>(4)</b>	1 April 2021 (Second term)
STEVENS, BEN	Chief Strategy and Partnerships Officer	None	1 June 2023 (substantive) (20 March 2023 interim)

## REGISTER OF DIRECTOR INTERESTS – 2024/25 FROM FEBRUARY 2025

NAME	POSITION HELD	INTERESTS DECLARED	FIRST APPOINTED
SYKES, CLAUDIA	Non-Executive Director	Director, Cloudier Skies Ltd <b>(1)</b> (started 21 December 2022) Chair, East Kent Health and Care Partnership (HCP) <b>(1)</b> (1 January 2024) Chair, Kent and Medway VCSE Alliance <b>(5)</b> (September 2022)	1 March 2023 (First term)
van der LEM, ANGELA	Chief Finance Officer	None	6 November 2024
WALKER, CATHERINE	Non-Executive Director	Chair of Advisory Appointments Committee, Kings College NHS Foundation Trust <b>(1)</b> Tribunal Member, Ministry of Justice <b>(1)</b> Panel Member/Chair, High Speed 2 <b>(1)</b> Panel Member/Chair, East West Rail <b>(1)</b>	25 October 2024 (First term)
YOST, NATALIE	Executive Director of Communications and Engagement	None	31 May 2016

**Footnote:** All members of the Board of Directors are Trustees of East Kent Hospitals Charity

The Trust has a number of subsidiaries and has nominated individuals as their 'Directors' in line with the subsidiary and associated companies articles of association and shareholder agreements

### Categories:

- 1 Directorships**
- 2 Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS**
- 3 Majority or controlling shareholding**
- 4 Position(s) of authority in a charity or voluntary body**
- 5 Any connection with a voluntary or other body contracting for NHS services**
- 6 Membership of a political party**

**UNCONFIRMED MINUTES OF THE ONE HUNDRED AND FOURTY SECOND  
MEETING OF THE BOARD OF DIRECTORS (BoD)  
THURSDAY 6 FEBRUARY 2025 1.15 PM  
HELD IN THE LECTURE THEATRE, EDUCATION CENTRE,  
QUEEN ELIZABETH THE QUEEN MOTHER HOSPITAL,  
RAMSGATE ROAD, MARGATE, CT9 4BG  
AND WEBINAR TELECONFERENCE**

**PRESENT:**

Mr S Baird	Acting Chairman (Chair)	SB
Mr N Blissett	Chief People Officer (CPO)	NB
Dr A Catto	NED/Quality and Safety Committee (Q&SC) Chair/Nominations and Remuneration Committee (NRC) Chair	AC
Ms T Fletcher	Chief Executive (CE)	TF
Ms S Hayes	Chief Nursing and Midwifery Officer (CNMO)	SH
Dr D Holden	Chief Medical Officer (CMO)	DH
Mr R Oirschot	NED/Finance and Performance Committee (FPC) Chair	RO
Mr B Stevens	Chief Strategy and Partnerships Officer (CSPO)	BS
Ms C Sykes	NED/Charitable Funds Committee (CFC) Chair/People & Culture Committee (P&CC) Chair/ <i>Reading the Signals Oversight Group</i> Chair	CS
Ms A van der Lem	Chief Finance Officer (CFO)	AvdL

**ATTENDEES:**

Mr M Blakeman	Improvement Director NHS England (NHSE)	MB
Ms M Cudjoe	Director of Midwifery (DoM) ( <i>minute number 24/111</i> )	MC
Mr K Desai	Director of Corporate Governance (DCG)	KD
Ms K Edmunds	Associate Director of Patient Experience and Involvement ( <i>webinar</i> ) ( <i>minute number 24/103</i> )	KE
Dr J Evans	Director of Research and Innovation (R&I) and EKHUFT Clinical Trials Unit/Consultant Colorectal Surgeon ( <i>minute number 24/104</i> )	JE
Ms A Gowers	Quality Lead, Nursing and System Workforce Division, NHS Kent and Medway ( <i>webinar</i> )	AG
Prof C Holland	Associate NED (non-voting Board member)	CH
Ms V Jerram	Patient Involvement Officer ( <i>minute number 24/103</i> )	VJ
Mr A Littlefield	Lead Patient Experience and Involvement ( <i>minute number 24/103</i> )	AL
Representatives and Companions from Emmaus		

**IN ATTENDANCE:**

Mr B Doble	Business Manager to the CE	BD
Miss S Robson	Board Support Secretary (Minutes)	SR

**MEMBERS OF THE PUBLIC AND STAFF OBSERVING (BY WEBINAR):**

Ms M Bonney	Governor
Ms C Heggie	Member of the Public
Ms B Mayall	Lead Governor
Ms A Moore	Member of the Public

MINUTE NO.		ACTION
24/098	<p><b>CHAIRMAN'S WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Acting Chairman opened the meeting, welcomed everyone present, and noted apologies received from Dr O Olasode (OO), NED/Senior Independent Director (SID)/Integrated Audit and Governance Committee (IAGC) Chair; Ms C Walker (CW), NED; and Mrs N Yost (NY), Executive Director of Communications and Engagement (EDC&amp;E) (non-voting Board member).</p>	

CHAIR'S INITIALS .....

24/099 **CONFIRMATION OF QUORACY**

The Acting Chairman **NOTED** and confirmed the meeting was quorate.

24/100 **DECLARATION OF INTERESTS**

There were no new interests declared.

24/101 **MINUTES OF THE PREVIOUS MEETING HELD ON 5 DECEMBER 2024**

**DECISION:** The Board of Directors **APPROVED** the minutes of the previous meeting held on 5 December 2024 as an accurate record.

24/102 **MATTERS ARISING FROM THE MINUTES ON 5 DECEMBER 2024**

**B/33/23 – Freedom to Speak Up (FTSU) Service**

The BoD noted the progress update on the decision to outsource this service to an independent external provider, enabling a 24/7 365 days a year confidential service, ensuring long term service sustainability and reducing associated risks. The BoD **APPROVED** the closure of this action.

**B/19/24 – Website digital accessibility (translation information/text into users preferred language choice) guidance**

The BoD noted the progress update, the Communications team were working with IT on a simple guide and **APPROVED** the closure of this action. The Acting Chairman would liaise with the EDC&E outside this meeting to ensure easy access for those whose English was not their first language.

**B/20/24 – Explore possibility of extending/promoting opportunities available with Apprenticeship roles to migrant women in the community**

The CPO commented he had picked up this action following commencing with the Trust and would take this forward through the P&CC. The BoD **APPROVED** the closure of this action.

**B/22/24 – Online NED site visit feedback template**

The BoD noted an online template had been developed to be used for the next round of site visits, and **APPROVED** the closure of this action.

**B/25/24 – Comparison against peers of neonatal nursing workforce percentage data**

The BoD noted a summary of comparison data was being worked on to be reported to the Maternity and Neonatal Assurance Group (MNAG), and to be reported to BoD as part of regular MNAG report. The BoD **APPROVED** the closure of this action.

**B/28/24 – Local system-wide risk register**

The BoD noted the issue around whether a system-wide risk register had been raised with the Integrated Care Board, it was noted this would feature as part of the workstreams for implementing the Kent & Medway NHS Strategy. The BoD **APPROVED** the closure of this action.

**B/29/24 – Bed gap in 2024 (whether an increase or decrease from 2023)**

The BoD noted the bed gap numbers would be picked up as part of the operational performance and winter discussions. The BoD **APPROVED** the closure of this action.

The Board of Directors **NOTED** the action log, **NOTED** the updates on the actions, **NOTED** the actions for future Board meetings, **APPROVED** the three actions recommended for closure, and the seven actions noted above **APPROVED** for closure.

24/103 **PATIENT STORY**

A video of Emmaus Companions sharing their stories was shown on screen, for the BoD to understand some of the key issues experienced by the homeless population in East Kent.

The BoD noted the following key points:

- Trust's Patient Voice and Involvement team co-produced with Emmaus development of staff training ('Seeing the Person', tailored for the audience and delivered by the team). This raised awareness of the experiences of homeless patients in respect of their care and treatment:
  - Main key element was talking, listening, and being treated with respect and dignity, and how spoken to (stigma was a key detrimental impact), being compassionate and asking how they could be helped;
  - Risks and impact of prescribing certain medications (in respect of having conversations about their history and vulnerabilities) being able to pay for prescriptions and to access repeat prescriptions;
  - Treating to individual's needs;
  - Safe and appropriate discharges (taking into consideration time of day, whether been in contact with Homeless team, Charities, access to GP services, aware of local pharmacies and funds for onward travel etc.).
- Communicated and treated differently when made aware were homeless;
- Difficult and challenging for homeless people;
- Lack of after care and support, with focus on support from Charities, Churches, and food banks;
- Need for improved communication and multi-agency working between health and social care;
- Trust would continue to work with Emmaus, and the framework developed would support how the team would work with other similar organisations.

The NEDs enquired about the numbers supported by Emmaus. It was reported currently support with provision of 27 rooms (accommodation available for as long as needed, in comparison with others that was up to two years). All services provided on one site, structured days providing routine and sense of belonging, community based social enterprise work opportunities, with a shop and café on site. Strict rules in place to ensure everyone was kept safe and protected. Experience of everyone supported by Emmaus enabled them to be able to support each other.

The CMO asked whether Emmaus worked with other providers or if were stand-alone. It was reported they were stand-alone and highlighted the challenges with limited funding available. Emmaus worked closely with the Police.

The Acting Chairman suggested it would be beneficial for the team to present the staff training at a future BoD Development Strategy Session.

**ACTION:** Consider for a future BoD Development Strategy Session to receive the staff training (Seeing the Person) from the Trust's Patient Voice and Involvement team.

DCG

The CSPO enquired whether the team were working with other NHS organisations in respect of the staff training. It was reported the team was not currently, highlighting the limited resources within the team, their workload and focus on Trust staff training, noting sharing best practice with local partners and contact details.

The BoD **NOTED** the Patient Story report and commitment to ensure services:

- Demonstrated compassion to those we look after;
- Model compassionate leadership;
- Work to improve the experience of vulnerable people, including those with pre-existing conditions, mental health, homeless people and substance abuse, when they received care with the Trust.

24/104

## RESEARCH AND INNOVATION (R&I)

The Director of R&I highlighted the following key points:

- Reviewed and amended the Trust's R&I strategy, focussing on commercial interventional opportunities around better patient health outcomes, putting R&I at the heart of all the Trust did. Embedding R&I in areas across the Trust;
- Increased collaboration across the local area and external organisations;
- Increased grant applications;
- Review of roles and responsibilities improving efficiency and workforce planning;
- Merger of oncology and haemoncology teams ensuring closer working of the cancer research team supporting R&I and patients;
- Finances reviewed;
- 2023/24 pledge was to recruit 1,067 patients (exceeded with 1,987) on track to exceed the 2024/25 1,014 pledge;
- 55 new studies opened in 2023/24 (84% were commercial/interventional), looking at this being 80% for 2024/25;
- Main trial areas included emergency and trauma, cardiovascular, surgery, renal and critical care;
- R&I team working hard to ensure were sustainable, received no income from the Trust, staff externally funded from commercial studies funding. Cost savings during 2023/24 of £143,670, with an estimated drug cost savings in excess of £1.3m in 18 months (potentially almost £1.8m). Increase year by year of generated income, £566,095 in 2022/23, and £840,490 in 2023/24, with a projected above £1m in 2024/25. Trust to consider redistributing the allocated percentage of R&I income provided for additional R&I staff resources;
- 35 Grey Area Projects (GAPs);
- 133 papers with Trust authors;
- Awarded academic clinical fellows;
- Clinical Trials Unit (CTU) continuing to grow, opened eight studies (11 currently being developed), five successful grants totalling £1.165m, and four grant applications submitted;
- Board event September 2023, local Collaboration event in March 2024, and Principal Investigator Research Forum in February 2025 to share ideas;
- Patients treated in research active institutes had better health outcomes;
- Clinical research was the single most important way to improve healthcare, in identifying the best means to prevent, diagnose and treat conditions;
- Future challenges included, ongoing increased interventional and commercial studies, space and staff, embedding R&I, and Care Group adoption as part of everyday practice.

**ACTION:** Liaise with the Director of R&I to look at and explore opportunities utilising R&I income to support increasing R&I staff resources.

CFO

The NEDs enquired about future academic collaboration with universities. The Director of R&I reported this was within the future plan, and already linked with the Discovery Park, with some R&I staff currently working with universities.

The Associate NED (Dean of the Kent and Medway Medical School (KMMS)) would be working closer with the Director of R&I to utilise R&I opportunities to further grow and increase the Trust's R&I and its team, and maximising the benefits from having a Medical School in K&M.



The NEDs commented on the Trust's Strategy and how R&I factored within this. The CSPO confirmed R&I formed part of the Trust's Strategic Themes and the need for ongoing future commitment and support, and included within the draft Strategy developed, with updates to be provided to the BoD as the Strategy continued to be progressed.

The CMO highlighted the importance of continuing to develop collaborative relationships. The Associate NED acknowledged the great R&I work being undertaken and continuing to be developed within K&M, and the recognition of this in London, and partnership working with the universities.

The BoD **NOTED** the verbal presentation on R&I.

24/105 **CHAIRMAN'S REPORT**

The Acting Chairman reported on the following key issues:

- Mid-winter pressures continued, Emergency Departments (EDs) with half of patients seen within 4 hours and increase in 12 hour waits in January;
- Performance impacted by Norovirus at Queen Elizabeth the Queen Mother Hospital (QEQM) that was effectively being managed;
- Thanks to all staff for their continued hard work and support in managing patient demand during the pressured busy winter period and delivering the best service we could.

The BoD **NOTED** the contents of the Chairman's report.

24/106 **CHIEF EXECUTIVE'S (CE's) REPORT**

The CE highlighted the following key issues:

- Reiterated continued pressures during winter across all hospital sites;
- Awaiting report from the recent Care Quality Commission (CQC) inspection of Maternity services on 4 and 5 December 2024, nothing significant had been informally reported, noting feedback from the CQC team that Trust staff were welcoming and had the opportunity to talk to staff during the visit;
- Work continued to develop the Trust Strategy with engagement sessions across the organisation with staff, as well as a positive recent senior leader (including clinical leaders) discussion session on progress. The final strategy would be presented to the BoD for approval;
- Welcome to the Chief Operating Officer (COO) who would be commencing the following day (7 February).

The BoD **NOTED** the Chief Executive's report.

24/107 **INTEGRATED PERFORMANCE REPORT (IPR)**

The BoD noted the following key performance against metrics:

**Patients**

- Continued improvements in performance for 4 hour waits in ED, and 12 hour waits remained a risk. More work needed to further improve this, address poor patient experience, with mitigating actions in place around patient safety;
- Continued reductions in 78 and 65 week breaches, on target to deliver zero;

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- Sustained improvement against the 62 day cancer standard, as well as improved diagnostic performance.

### Quality & Safety

- Improved safeguarding training compliance (both Adults and Children) now above 90% target threshold, with Care Groups challenged at Performance Review Meetings to manage the variances;
- Significantly improved performance at 85% compliance in respect of complaint responses, the timeliness of these as well as the quality resulting in reduced number of returning complaints. Introduction of telephone calls with complainants from Senior Clinical staff providing assurance their issues would be looked at to support reducing formal complaints being submitted. Still more work needed to further improve and ensure these were sustained.

### People

- Sickness absence rates remained above alerting threshold (to 5.6%) for second month running, predominantly short term, key areas raised with individual Care Groups at Performance Review Meetings (PRMs);
- Appraisal compliance remained at Trust-level threshold (80%), highest level since Covid, recognising importance of discussions with staff were meaningful and a positive contribution to their working life.

The NEDs highlighted the number of patients not fitting the criteria to reside remained exceptionally high and an area of concern. It was noted the Trust continued to work with system partners to manage and address this to reduce the numbers and impact on Trust's operational performance.

The Trust was looking at reducing the number of patient Did Not Attends (DNAs) around digital notifications of appointments and reducing issuing letters that were not always timely received. As well as introducing additional telephone calls to patients about upcoming appointments that had successfully seen a reduction in DNA rates (unsustainable in the long term).

The CFO stated work commenced on producing the 2025/26 business planning following planning guidance issued that clearly required efficiency and productivity improvements to be delivered. The Trust was looking at theatre improvement programme, and all specialties were looking at their delivery plans. Work already started to develop the 2025/26 Cost Improvement Programme (CIP) efficiency and productivity schemes.

The Board of Directors **NOTED** the metrics reported in the IPR.

## 24/107.1 MONTH 9 FINANCE REPORT

The CFO reported on the following key issues:

- Until month eight, year to date (YTD) position achieved monthly deficit plan;
- In month nine an overspend of £2.1m against planned deficit;
- Profile of plan in final three months of the year, the Trust's reducing run rate suggested would recover the overspend and meet the plan for the full year. Noting challenges in respect of winter pressures and impact in January of the norovirus;
- In-year CIP target delivery of £35.1m against the £34.9m plan, on plan to deliver just under the full year £49m target (£48.6m forecast);

- Risks around operational pressures continued, closely managed in respect of risks and any impact on elective activity (elective recovery funding income capped at level of forecast in month eight);
- Closely managing expenditure in final quarter of financial year (FY) supporting the Trust to deliver its agreed deficit whilst maintaining patient care and services;
- Total capital expenditure at end of December 2024 of £9.7m against plan of £18.2m, FPC approved list of high priority schemes to mitigate the slippage, expected to recover and meet the capital plan at YE (including works in Maternity). Weekly Capital Review meetings to monitor progress of schemes and ensuring expenditure by YE;
- Expected to present draft 2025/26 business plan in March/April, continuing to work hard towards meeting stretching performance targets, further improve patient care, planning activity, CIP and achieving improved productivity and efficiencies.

The Acting Chairman enquired about the impact for the annual plan in respect of in month increased costs and reduced income. The CFO stated confidence in the trajectory for the full year plan, the run rate reduction against that of the last three months had reduced by £1.2m. The profile of the plan was noted in respect of learning, as in M9 there was a large drop in the deficit figure, that increased slightly in M10, due to the phasing of the annual plan for consideration in producing the 2025/26 plan.

The CFO commented was confident of the trajectory with mitigations in place to reduce any potential detrimental impact in the last quarter, monitoring expenditure and the YE forecast would be achieved. It was highlighted the challenges in respect of winter pressures and potential negative impact on the YE plan. The FPC Chair confirmed this had been discussed at FPC and assurance received would be back on track against the plan.

The Board of Directors **NOTED** the financial performance of Month 9.

24/108

## REPORT ON JOURNEY TO EXIT NHS OVERSIGHT FRAMEWORK 4 (NOF4) AND INTEGRATED IMPROVEMENT PLAN (IIP)

The CSPO reported on the following key issues:

- Internal review of progress and assessment against quarter three milestones in preparation for ICB review, working towards a meeting to discuss exiting;
- Leadership, Governance & Culture programme remained amber, with slippage in respect of recruitment, development plans and evidence of active and effective FTSU service, plans in place to deliver in quarter four;
- Urgent Emergency Care (UEC) remained amber, 12 hours remained a focus that was a risk along with patients being delayed in EDs, the reduction of harm levels, remaining outstanding from Q2. Good progress being made, processes embedding and evidence of learning;
- Planned Care remained amber with zero 78ww's outstanding from quarter one metrics, plan to clear remaining seven through insourcing. Four of the quarter three metrics delivered and the three Cancer metrics narrowly missed at end of December;
- Finance programme moved to amber;
- Key area was producing Trust Strategy.

NHSE's Improvement Director commented the Trust needed to confirm when it would be ready to present to NHSE for consideration of exiting NOF4. He agreed to liaise with the CE and CSPO to schedule a meeting with the Trust to review and discuss current position, progress made (focus against current criteria), assessment against any new guidance, and confirm when would be in a position to be considered to exit NOF4.

**ACTION:** Schedule meeting with Trust to review and discuss current position, progress made (focus against current criteria), assessment against any new guidance, and confirm when would be in a position to be considered for exiting NOF4 and make a presentation to NHSE (potentially end of April/May 2025).

NHSE's  
Improvement  
Director/  
CSPO

The NEDs enquired about the Trust's forward 2025/26 CIP and whether this would require any capital investment. The CPO commented not all schemes were contingent on capital investment, with an assumption of a £49m CIP, around different ways of working and more efficiently and looking at productivity benefits.

The BoD discussed and **NOTED** the report on journey to exit NOF4 and IIP.

24/109

## SIGNIFICANT RISK REGISTER (SRR) REPORT

The CNMO reported on the following key issues:

- Currently total of 32 risks on SRR (risks rated as high and above (15>)), up from 29 in the December report;
- Continued close monitoring and challenging Care Groups against the target risk scores and progress against mitigations in place;
- Nine risks with associated overdue actions, all had been followed up on and were in progress;
- Each risk overseen by the Board Committees.

The Acting Chairman acknowledged the positive progress made in respect of managing, monitoring, and oversight of risk management process, triangulation and the improved SRR working live document.

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The DCG highlighted each of the significant risks also linked to the Board Assurance Framework (BAF).

The BoD **NOTED** the Significant Risk Report for **ASSURANCE** purposes and for visibility of key risks facing the organisation.

24/110 **BOARD COMMITTEE – CHAIR ASSURANCE REPORTS:**

24/110.1 **QUALITY AND SAFETY COMMITTEE (Q&SC) – CHAIR ASSURANCE REPORT**

The Q&SC Chair reported on the following key issues:

- Two never events in September. Two-year look back review of never events completed identifying themes, Local Safety Standards for Invasive Procedures (LocSSIPs) a key area that was being addressed, with good quality improvements. Discussed at recent January 2025 Q&SC, findings to be reported to the Board at its next meeting in the Q&SC Chair Assurance report from this meeting;
- Significant improvement in respect of Duty of Candour (DoC) compliance, achieving 100% in September 2024;
- Improved position for complaint response, a significant amount of work still required to meet the trajectory seeing an upward trajectory;
- Assurance received around continued focus on antimicrobial stewardship (AMS) and compliance with antimicrobial guidelines;
- Continued focus on patients waiting over 12 hours in the EDs. Feedback from NHSE's regional visit noting improvements in safety and patient experience. Continued focussed work in managing demand, not seeing increase in escalation areas;
- Sustained improvement in respect of reducing the endoscopy waiting list, noting there had been patient harm from the process delays;
- Escalation to IAGC around the risk register, risks were moving towards closure but not as promptly as would like and there needed to be focus on progressing actions to mitigate and reduce risks;
- Assurance of the Care Group CQC improved internal processes to improve CQC responses.

The NEDs raised risks in respect of increased pressure ulcers (PUs) associated with long waits in ED. The CNMO stated continued close monitoring and review of PUs in ED against nurse staffing levels and any trends, with no increase in escalation areas.

The BoD **NOTED** the 26 November 2024 Q&SC Chair Assurance Report.

24/110.2 **FINANCE AND PERFORMANCE COMMITTEE (FPC) – CHAIR ASSURANCE REPORT**

The FPC Chair reported on the following key issues:

- Verbal report on key points from the recent 30 January 2025 FPC meeting:
  - CIP delivery YTD of £35.2m, £300k ahead of plan, assurance current projection of delivering £48.7 would be achieved against the £49m plan. Risks against achieving this were any adverse impact from winter pressures;

- 2025/26 CIP, with £16m projects approved, continued challenges around developing saving ideas and putting these into deliverable actions;
- Good continued progress improving performance, 78 weeks breaches reduced to seven, 65 weeks breaches reduced to 216, and cancer 62 days continued to be ahead of target at 74.7% against 70%;
- Continued reduction of the endoscopy backlog currently down to 1,119 from 7,238;
- Patients no longer fitting the criteria to reside continue to be a significant pressure, assurance Trust working with system partners to improve this;
- Capital funding requirements over a phased next six year plan, assessed against Trust's critical infrastructure risks, with a total capital investment required of £151.5m to address the significant risks.

The BoD **NOTED** the 26 November 2024 and 7 January 2025 FPC Chair Assurance Reports, and verbal report from the 30 January 2025 FPC meeting.

24/110.3 **PEOPLE AND CULTURE COMMITTEE (P&CC) – CHAIR ASSURANCE REPORT**  
• **EQUALITY DELIVERY SYSTEM (EDS) REPORT 2024**

The P&CC Chair reported on the following key issues:

- Great achievement of 63% response rate to 2024 Staff Survey against 48% national average, thanks to all staff for taking the time to complete and share their views. Significant work ahead to review and analyse the data and findings. Report with action plan to be presented to March 2025 P&CC meeting;
- Assurance on appraisal completion rates at the 80% target for November and December, substantial improvement achievement. Important to ensure documentation and discussions were high quality, reflected staff training needs and staff had access to everything needed to undertake their roles;
- Outsourcing FTSU Guardian service to commence in March 2025, not assured this service was currently working effectively, with assurance expected in the next six months following implementation;
- Extensive discussion about Equality, Diversity and Inclusion (EDI) and the EDS, a key priority area for focus to improve the experience of Trust staff. EDS presented for Board approval, still required a lot of improvement work across the Trust and to ensure fully embedded.

The Acting Chairman noted a progress update on the Culture and Leadership Programme (CLP) had been requested to be presented at a future BoD meeting.

The Acting Chairman enquired about the timeline for publication of the staff survey results, addressing the issues raised and actions being taken forward. The CPO stated the embargo on sharing widely the results and that an initial summary was in the process of being shared across the Trust. This would enable work to be taken forward early and ahead of the April publication.

**DECISION:** The BoD **NOTED** the 29 January 2025 P&CC Chair Assurance Report, verbal report from the 29 January 2025 P&CC meeting, and **APPROVED** the EDS Report 2024.

24/110.4 **INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC) – CHAIR ASSURANCE REPORT**

The P&CC Chair (on behalf of IAGC Chair) highlighted the following key points:

CHAIR'S INITIALS .....

- Update from External Auditors on 2024/25 annual audit plan, interim work completed, concern the submission timetable would be met;
- Update from Internal Auditors on audit work for the next year. Increase in number of overdue management actions in some audit review areas, working closely with Executive Directors ensuring these were addressed and resolved promptly. Asked for an audit review of FTSU once outsourced service up and running to review its effectiveness;
- Report on the re-review of the governance improvement work following the Good Governance Institute (GGI) governance review, with good improved processes in place.

The BoD **NOTED** verbal report from the 31 January 2025 IAGC meeting.

24/111

**WOMEN'S CARE GROUP MATERNITY AND NEONATAL ASSURANCE GROUP (MNAG) CHAIR'S REPORT**

The DoM highlighted the following key points:

- Maternity and Neonatal Improvement Programme (MNIP): Assurance against the three year programme, achievements and significant progress made to date with 67% completed. Presented progress of work shared with National team during a visit a couple of weeks ago. CQC outstanding action with the relocation of Twinkling Stars (bereavement suite) work currently underway, and progressing with the second obstetric theatre. Focused work on improving the Friends and Family Test (FFT) response rate;
- Clinical Negligence Scheme for Trusts (CNST) on track to be compliant for Year 6, and compliance in respect of the following:
  - Training Needs Analysis (TNA): Assurance of delivering the local education programme alignment with the core competency framework (authorised by Local Maternity and Neonatal System (LMNS)). Trust successful with research project (one of five trusts nationally) that also supported learning;
  - Perinatal Quality Surveillance Tool (PQST): Assurance of Level 3 safeguarding compliance remained above 90% threshold (at 93.4%), compliance against reporting supernumerary status 100% at WHH, 100% at QEQM, and compliance of 1:1 labour at 100% on both sites.
  - Perinatal Mortality Review Tool (PMRT) Q3: Assurance of compliance and reporting against national tool for all stillbirths and neonatal deaths, with 100% compliance with external reviewers at PMRT meetings. Parents perspectives sought with any learning shared with the team;
  - Saving Babies Lives Q3: Interventions and significant progress across the six elements, with overall total compliance at 94% (validated by the LMNS against that of 23% two years ago. Continuing to work on the action plan and aligned quality improvement projects to achieve 100% compliance across all elements in the next year;
  - Safety Champions Feedback: Regular walkabouts and listening events across the service continued, with issues raised being addressed;
  - Serious Incidents (SI)/DoC/Early Notification Scheme (ENS): Assurance around key learning points to continue to support delivery of safer maternity care and reviews discussed. 100% of qualifying cases were reported to Maternity and Newborn Safety Investigations (MNSI) and NHS Resolutions (NHSR) ENS.

The Acting Chairman enquired about the Trust's midwives vacancy projection and ensuring newly qualified midwives were supported and robustly supervised. The DoM reported 35 newly qualified midwives coming onboard in the future, in January, some in April and July (with all midwifery vacancies filled by the end of September). Continued to successfully recruit to midwife vacancies. A lot of work undertaken around supporting these newly qualified staff and managing intake of staff during the different periods, with focus around onboarding to support staff workforce retention. Support and supervision provided by specialist staff, Clinical Skills Facilitators, Education team, and Professional Delivery Advocates.

The CMO asked about the triage and feedback telephone calls with women, these being recorded, effective triage, listening to women, and that these were being reviewed and monitored to ensure appropriate advice was given. The DoM reported a proforma had been produced to review these calls (a number reviewed monthly) in respect of advice given, ensuring women were listened to with compassion and kindness. Evidence of good practice feedback to staff, as well as any concerns in relation to decision making.

The CNMO raised the recent CQC inspection on 4 and 5 December 2024, noting the report was awaited. The DoM confirmed no formal feedback had been received, noting all requests for information had been submitted.

The Acting Chairman on behalf of the Board acknowledged the significant improvements achieved by the team, thanks to all staff in responding promptly to the CQC inspection requests, and their continued hard work and support in providing improved services.

The BoD:

- **NOTED** the MNAG Chair Assurance Report from the meetings held on 4 December 2024 and 14 January 2025;
- **APPROVED** the neonatal workforce report and contents of the action plan in compliance with CNST Safety Action 4 required standard;
- Received **ASSURANCE** from the Quarterly PMRT Q3 2024/25 paper demonstrating compliance in line with CNST standard requirements;
- Received **ASSURANCE** and **NOTED** a full maternity dashboard and safety review completed and continued to be monitored by the senior maternity team, demonstrating compliance in line with CNST Safety Action 6 standard requirements.

## 24/112 ANY OTHER BUSINESS

### 2025/26 Business Planning

The CFO reported the 2025/26 business planning guidance had been published the previous week (30 January), which would be reviewed in respect of the full implications for the Trust around the financial components and process of producing a final plan for approval. A draft plan had been produced late the previous year with set assumptions (faster diagnosis standard for cancer, 62 days, nationally set 65% target delivery for number of patients waiting longer than 18 weeks for treatment, and delivering a minimum of 5% of Trust's Referral to Treatment (RTT) standard) and working towards achieving a future breakeven position, that were broadly contained within the guidance.

## 24/113 QUESTIONS FROM THE PUBLIC



The Acting Chairman reported the questions received in advance of the meeting and summarised these as noted below:

- Question from Ms H Yeo - Two years ago had been told Trust would look at how it could better treat Ehlers Danlos Syndrome (EDS) patients, raised again at a previous Board meeting, enquiring how far the Trust had got?
  - The CMO responded, he had spoken with the Rheumatology service, the Trust accepted referrals but in general in line with the national standard EDS patients were managed in primary care. There were referral guidelines provided by the British Society for Rheumatology and diagnosis of Hypermobile EDS using the EDS Society's EDS checklist. He would be happy to meet with Ms Yeo to discuss any specific concerns and whether any further support could be provided.
- Question from Mr S Cooper - How the Employee Relations team dealt with enquiries?
  - The CPO responded, this team were part of the wider People team and their core role was to advise and support people in the Trust on the application of employment policies or other responsibilities. This was around issues such as disciplinary, grievances, bullying and harassment. Dealing with enquiries liaising with managers and staff, and agreeing any appropriate action in compliance with the employment policies. Wherever possible avoiding formal processes if appropriate to resolve issues. If people were not satisfied or had concerns about how a case was being dealt with by the team this should be raised with him.
- Questions from Mr J Newington related to a specific patient complaint.
  - The Acting Chairman commented as previously explained cannot answer questions on individual complaints or discuss specific cases relating to patients in these Board meetings as it this meeting was held in public and not confidential. Mr Newington had escalated his complaint and this was being investigated.

The Chair closed the meeting at 3.30 pm.

**Date of next meeting:** 3 April 2025

## REPORT TO BOARD OF DIRECTORS (BoD)

**Report title:** Matters Arising from the Minutes on 6 February 2025

**Meeting date:** 3 April 2025

**Board sponsor:** Acting Chairman

**Paper Author:** Board Support Secretary

### Appendices:

None

### Executive summary:

<b>Action required:</b>	<b>Approval</b>
<b>Purpose of the Report:</b>	The Board is required to be updated on progress of open actions and to approve the closing of implemented actions.
<b>Summary of key issues:</b>	An open action log is maintained of all actions arising or pending from each of the previous meetings of the BoDs. This is to ensure actions are followed through and implemented within the agreed timescales.  The Board is asked to note the updates on the action log.
<b>Key recommendations:</b>	The Board of Directors is asked to <b>NOTE</b> the action log, <b>NOTE</b> the updates on actions, <b>NOTE</b> the actions for future Board meetings, and <b>APPROVE</b> the two actions recommended for closure.

### Implications:

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Quality and Safety</li> <li>• Patients</li> <li>• People</li> <li>• Partnerships</li> <li>• Sustainability</li> </ul>
<b>Link to the Trust Risk Register:</b>	None
<b>Resource:</b>	N
<b>Legal and regulatory:</b>	N
<b>Subsidiary:</b>	N

### Assurance route:

Previously considered by: None

**MATTERS ARISING FROM THE MINUTES ON 6 FEBRUARY 2025**
**1. Purpose of the report**

- 1.1. The Board is required to be updated on progress of open actions and to approve the closing of implemented actions.

**2. Background**

- 2.1. An open action log is maintained of all actions arising or pending from each of the previous meetings of the BoDs. This is to ensure actions are followed through and implemented within the agreed timescales.

- 2.2. The Board is asked to note the updates on the action log as noted below:

Action No.	Action summary	Target date	Action owner	Status	Latest Progress Note (to include the date of the meeting the action was closed)
B/09/24	Next PV&I Annual Report for 2024-25 to include statistics and data on how feedback from patients was being provided shown as a pie chart.	Jun-25	Chief Nursing & Midwifery Officer (CNMO)	Open	Item for future Board meeting.
B/30/24	Consider for a future BoD Development Strategy Session to receive the staff training (Seeing the Person) from the Trust's Patient Voice and Involvement team.	Jul-25	Director of Corporate Governance (DCG)	To Close	Noted on annual work planner for consideration for future BoD Development Strategy Session. <b>Action for agreement for closure at 03.04.25 Board meeting.</b>
B/31/24	Liaise with the Director of R&I to look at and explore opportunities utilising R&I income to support increasing R&I staff resources.	Apr-25	Chief Finance Officer (CFO)	Open	Meeting being arranged in May between CFO and Director of R&I, including the Chief Medical Officer (CMO). <b>Action for agreement for closure at 03.04.25 Board meeting.</b>
B/32/24	Schedule meeting with Trust to review and discuss current position, progress made (focus against current criteria), assessment against any new guidance, and confirm when	Jun-25	NHS England's (NHSE's) Improvement Director/ Chief Strategy & Partnerships Officer (CSPO)	Open	Q4 evidence review meeting scheduled, meeting with National team to be scheduled.

	would be in a position to be considered for exiting NOF4 and make a presentation to NHSE (potentially end of April/May 2025).				
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**REPORT TO BOARD OF DIRECTORS (BoD)**

**Report title:** 2024 NHS Staff Survey  
**Meeting date:** 3 April 2025  
**Board sponsor:** Chief People Officer (CPO)  
**Paper Author:** Head of Staff Experience

**Appendices:**

Appendix 1: 2024 NHS Staff Survey Results (Summary)  
 Appendix 2: Staff Survey Insights

**Executive summary:**

Action required:	Discussion
<b>Purpose of the Report:</b>	This report provides an overview of the key findings from the 2024 NHS Staff Survey and a summary of proposed actions. The report highlights three focal areas for 2025/26 and outlines the agreed (operational excellence) approach for driving continuous improvement.
<b>Summary of key issues:</b>	<p>A total of 9856 eligible colleagues were invited to complete the 2024 NHS Staff Survey and 6224 returned a completed survey. This is the highest response rate (63%) in the Trust's history, ahead of the national average (48%) and 22% higher than in 2023 (41%). This high response rate significantly enhances the credibility of the results, and is complemented by a majority response (50%+) across every Care Group and Staff Group.</p> <p>The 2024 NHS Staff Survey presentation (<b>Appendix 1</b>) summarises the results; providing an overview of year-on-year progress and highlighting how we compare against national Acute counterparts. Headlines are as follows:</p> <ul style="list-style-type: none"> <li>▪ Results indicate that feelings are consistent with those from last year, with no change in 87% of results.</li> <li>▪ Results suggest staff continue to remain less likely to choose East Kent as a place to work or be treated than many other Acute Trusts – and that staff feel that other priorities compete with care.</li> <li>▪ East Kent benchmarks 54<sup>th</sup> out of 58 Acute and Acute &amp; Community Trusts. This is an improvement on 2023 (62<sup>nd</sup> out of 62 Trusts).</li> <li>▪ East Kent ranks 23<sup>rd</sup> out of 58 Trusts for overall positive score change, indicating a challenging national climate (with 35 Acute Trusts deteriorating year-on-year).</li> <li>▪ Staff engagement levels (6.35) are equivalent to 2023 (6.34), but the average masks a high-degree of variance across the Trust.</li> </ul>



A multi-disciplinary team has extensively reviewed the staff survey data and identified three key focus areas:

**Making East Kent a place staff choose**

A minority of staff would recommend the organisation as a place to work (44%) or be treated (46%) – and less than two-thirds (62%) feel that care is the organisations top priority.

**Raising and resolving concerns**

A minority of staff feel able to make improvements happen in their area of work (48%). A smaller number feel we would act on any concerns they raise (37%).

**Compassionate leadership**

Leadership is fundamental to culture and responsible for ~70% of the variance in team engagement (Gallup 2024). Results indicate that not all staff experience kind, compassionate leaders who trust and inspire.

Additional identified themes include:

- Respecting individual differences
- Responding to errors & near misses
- Reward and recognition
- Burnout

A quality improvement (QI) approach has been taken to drive continuous improvement against each of these, an overview of which is provided. This approach is taking place at a Trust, Care Group and Corporate level across parallel staggered workflows.

Steps 1-3 of the A3 process are complete at a Trust level, with root cause analysis work currently taking place. Whilst countermeasure development is planned throughout April, a number of Trust-level actions aligned to each of the three key themes are already underway, details of which are included in the summary (**see Appendix 1**).

All six Care Group Business Units have also met and each have presented their initial findings at February PRM's. Follow-up support sessions are planned with the Associate Director of Culture, Learning and OD, along with the CPO in order to ensure comprehensive action and robust accountability.

More granular analysis of the staff survey results has taken place, providing insights around areas that would benefit from targeted, intensive support. This involved triangulating findings across multiple domains and prioritising accordingly (**see Appendix 2**). This can be cross-referenced with clinical adjacencies and operational performance metrics to optimise use of available (OD) resource as part of a 2-year strategic plan.



	Last year, as part of the drive to engage more staff with the NHS Staff Survey than ever before, there was a commitment to share staff survey results earlier and act quicker. Results have been shared, under embargo with a number of committees, key stakeholders and Care Groups. Staff survey workshops have also been conducted, sharing key themes and involving staff in decision-making about the actions we should take across the Trust. This is continuing throughout March and April.
<b>Key recommendations:</b>	It is recommended that the Board review the survey results summary and associated insights and engage in discussion around next steps.

### Implications:

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Quality and Safety</li> <li>• People</li> </ul>
<b>Link to the Trust Risk Register:</b>	N/A
<b>Resource:</b>	Yes - Improving the overall staff experience as determined by the NSS will take considerable resource and is a responsibility of everyone.
<b>Legal and regulatory:</b>	No
<b>Subsidiary:</b>	No.

### Assurance route:

Previously considered by: *Staff Survey results have been reported to the Executive Management Team (15/01/25, 19/02/25 and 05/03/25), Clinical Executive Management Group (19/02/25), Board (06/03/25) and People and Culture Committee (26/03/25)*



# 2024 NHS Staff Survey Results

- Results summary
- Key themes (x3)
- Next steps



# Results summary

- Response rate overview
- Results summary
- National benchmarking
- Staff engagement
- Key themes
- Taking action
- Appendices



East Kent  
Hospitals University  
NHS Foundation Trust

## NHS Staff Survey 2024

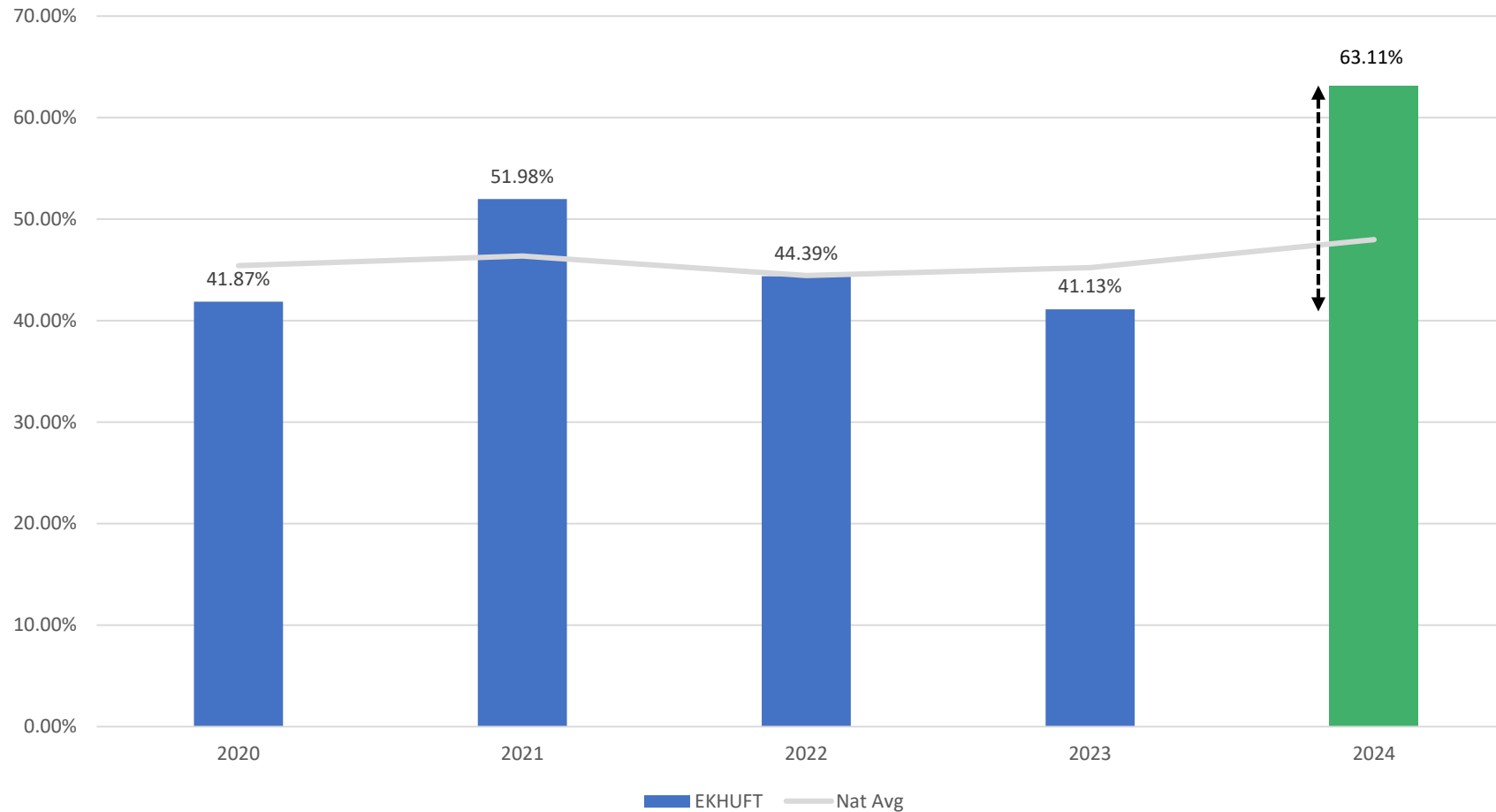
Management report

East Kent Hospitals University  
NHS Foundation Trust

December 2024



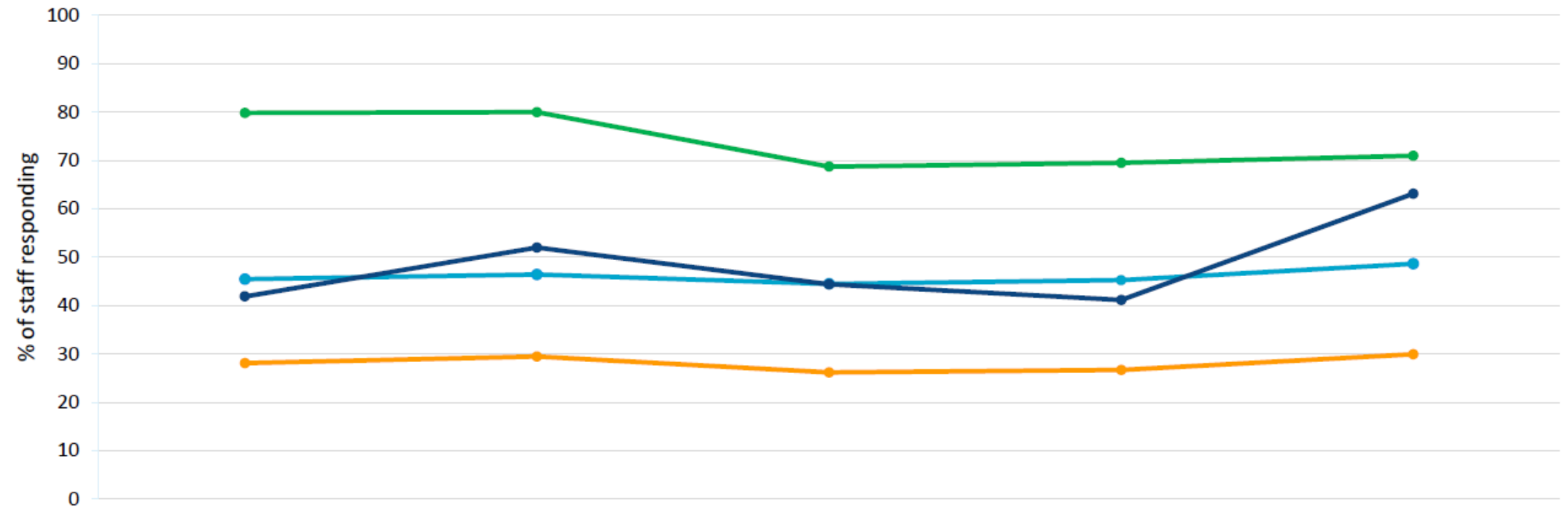
# Response rate 5-year trend



- Highest RR% in Trust's history (63%)
- 22% increase YoY (from 41% to 63%)
- 2,213 more responses than 2023 staff survey
- Response rate 15% ahead of national average (48%)
- Representative across all Care Groups & Staff Groups

\*Further detail available in Appendix 1-3: Response Rate detail

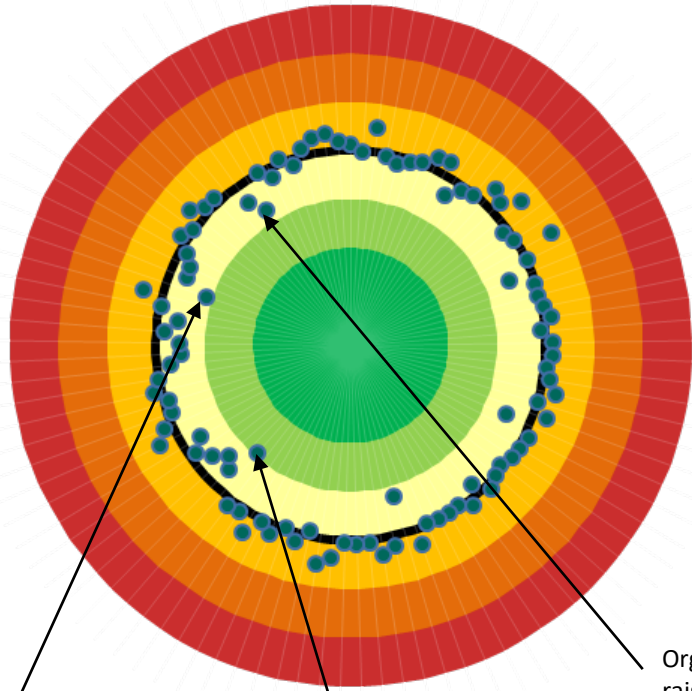
# Response rate 5-year trend



	2020	2021	2022	2023	2024
<b>Your org</b>	41.87%	51.98%	44.39%	41.13%	63.11%
<b>Highest</b>	79.77%	79.95%	68.69%	69.45%	70.92%
<b>Average</b>	45.43%	46.38%	44.46%	45.23%	48.61%
<b>Lowest</b>	28.09%	29.47%	26.17%	26.65%	29.91%
Responses	3539	4587	4023	4011	6220

# Summary (dartboard) view

### All scores vs. 2023



Received appraisal in last 12 months

Last experience of physical violence reported

Organisation acts on concerns raised by service users

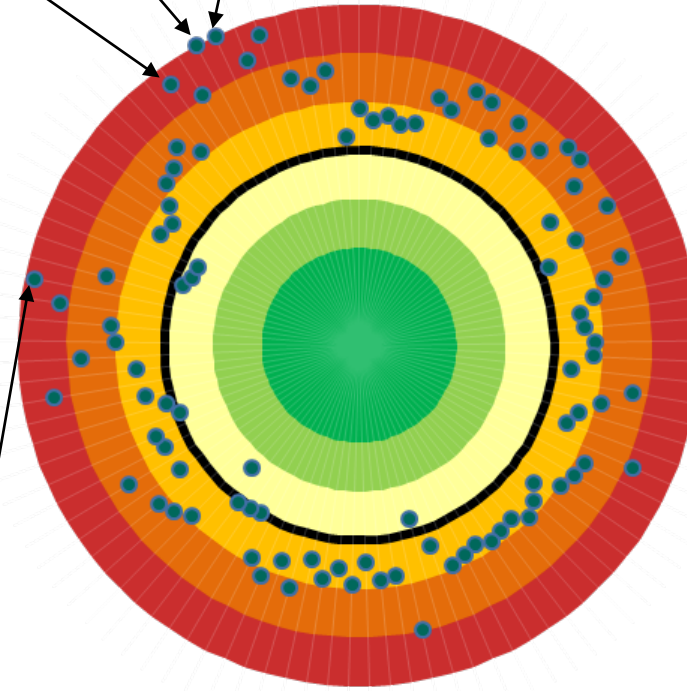
The results indicate that feelings are consistent with those from last year. (87% unchanged)

Would recommend as a place to work  
Care is organisation's top priority

Feel organisation respects individual differences

Would recommend as a place to be treated

### All scores vs. National Average



The results suggests staff are less likely to choose East Kent as a place to work or be treated than many other Acute Trusts in the country – and feel there are other priorities.

\*Further detail available in Appendix 4: YoY overview

# Organisational overview (YoY)



Select Year:

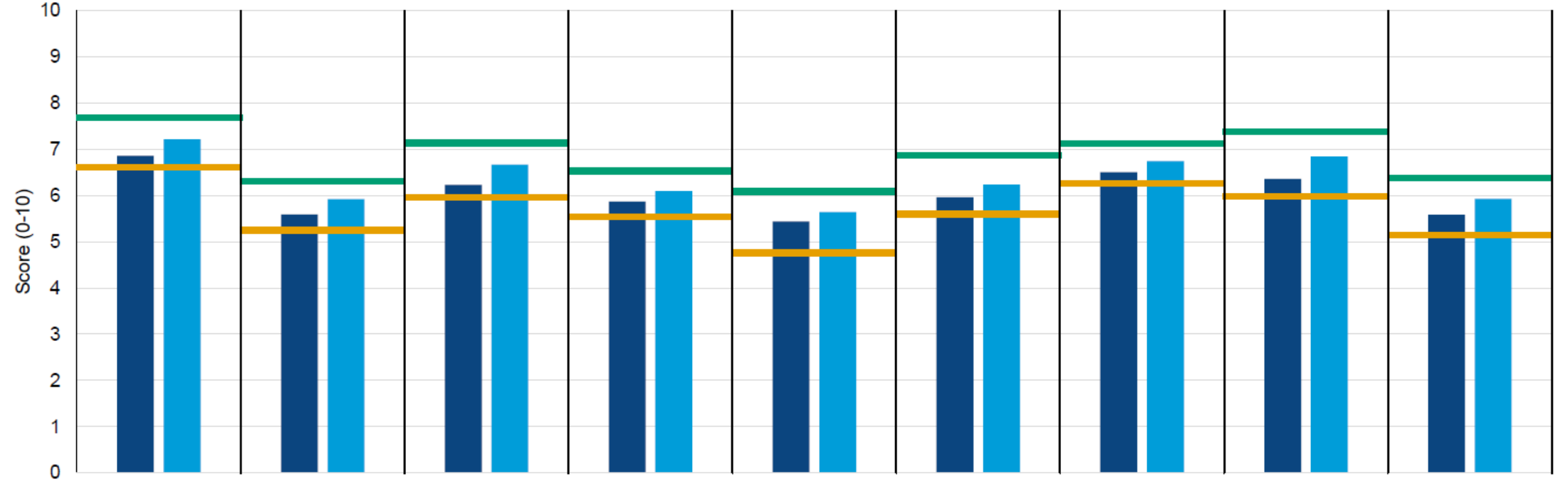
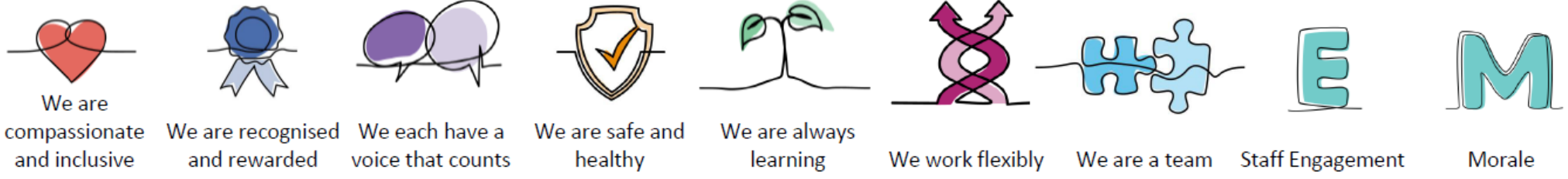
Theme/Sub Theme	Score Change
Appraisals	0.26 ▲
P5 - We are always learning	0.10 ▲
Compassionate culture	0.09 ▲
Negative experiences	0.08 ▲
Advocacy	0.06 ▲
Raising concerns	0.06 ▲
Health and safety climate	0.03 ▢
Work pressure	0.03 ▢
Support for work-life balance	0.02 ▢
P4 - We are safe and healthy	0.02 ▢

Theme/Sub Theme	Score Change
P6 - We work flexibly	0.02 ▢
P3 - We each have a voice that counts	0.01 ▢
E1 - Staff Engagement	0.01 ▢
Flexible working	0.01 ▢
P1 - We are compassionate and inclusive	0.00 ▢
Team working	0.00 ▢
Compassionate leadership	-0.01 ▢
Involvement	-0.01 ▢
M1 - Morale	-0.02 ▢
P7 - We are a team	-0.02 ▢

Theme/Sub Theme	Score Change
Thinking about leaving	-0.03 ▢
Line management	-0.03 ▢
Inclusion	-0.03 ▢
Autonomy and control	-0.03 ▢
Motivation	-0.03 ▢
Diversity and equality	-0.04 ▢
P2 - We are recognised and rewarded	-0.05 ▢
Development	-0.05 ▼
Burnout	-0.05 ▼
Stressors	-0.05 ▼

# People Promise elements and themes: Overview

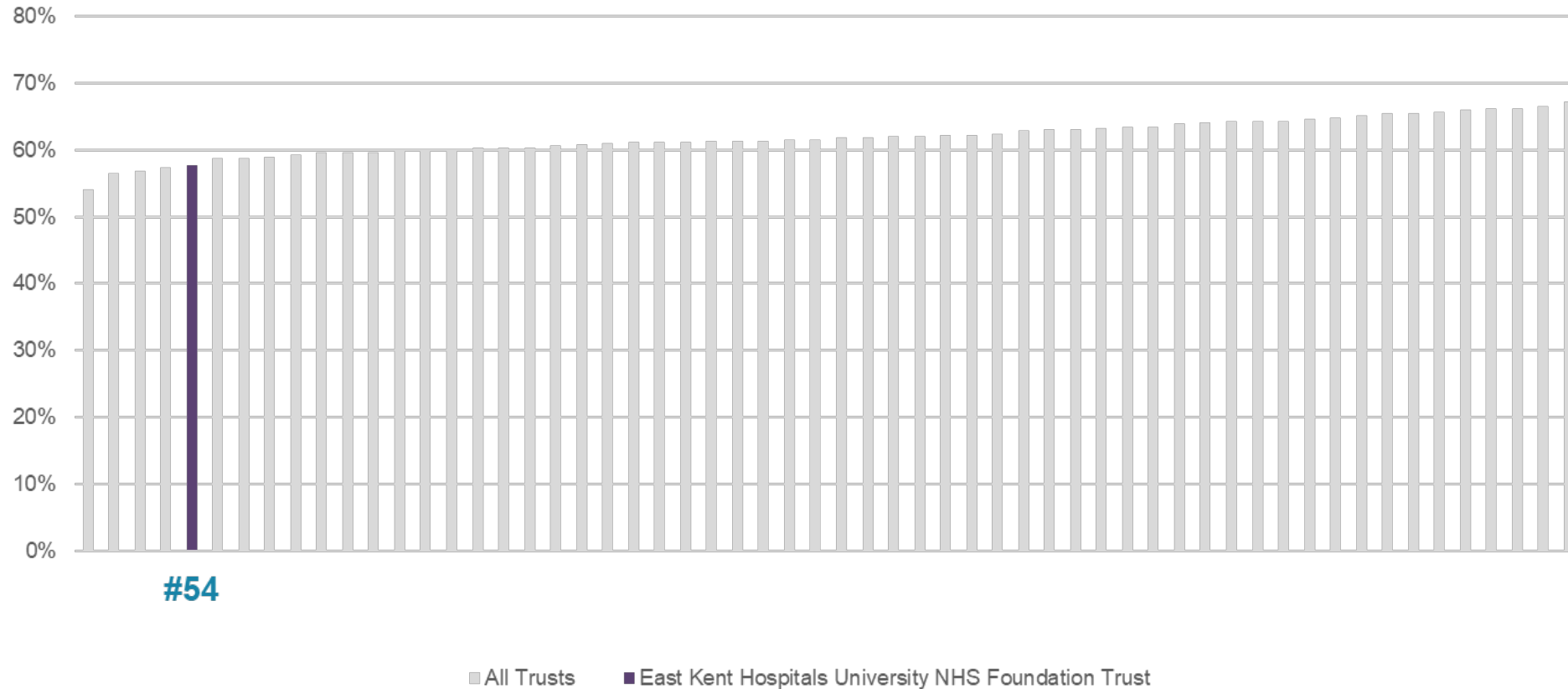
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Responses	6207	6209	6150	6167	5894	6177	6203	6205	6211
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# National Benchmarking

NHS Staff Survey 2024: Overall Positive Score

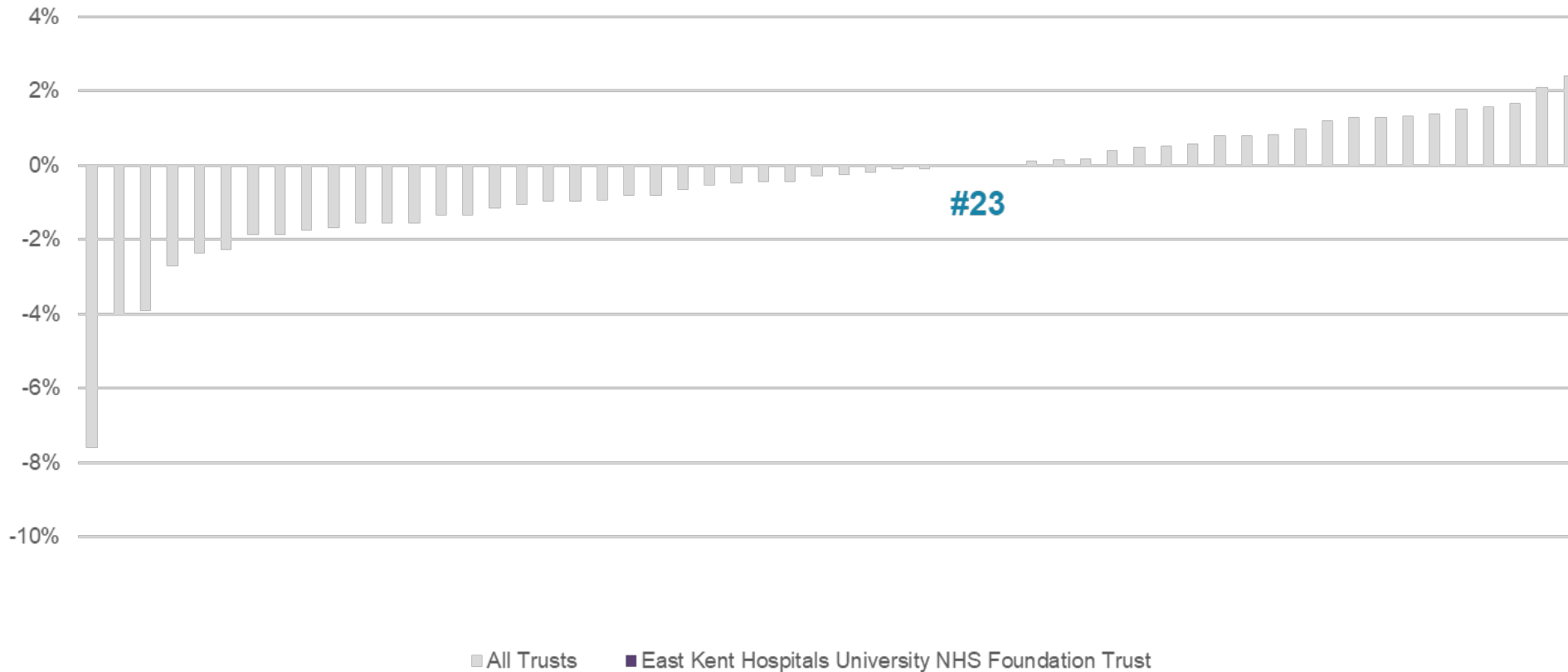


The Trust ranks **54<sup>th</sup>** overall out of 58 Acute and Acute & Community Trusts working with the Picker Institute.

NB: Last year the Trust ranked **62<sup>nd</sup>** of 62 Trusts.

# National Benchmarking

NHS Staff Survey 2024: Overall Positive Score Change

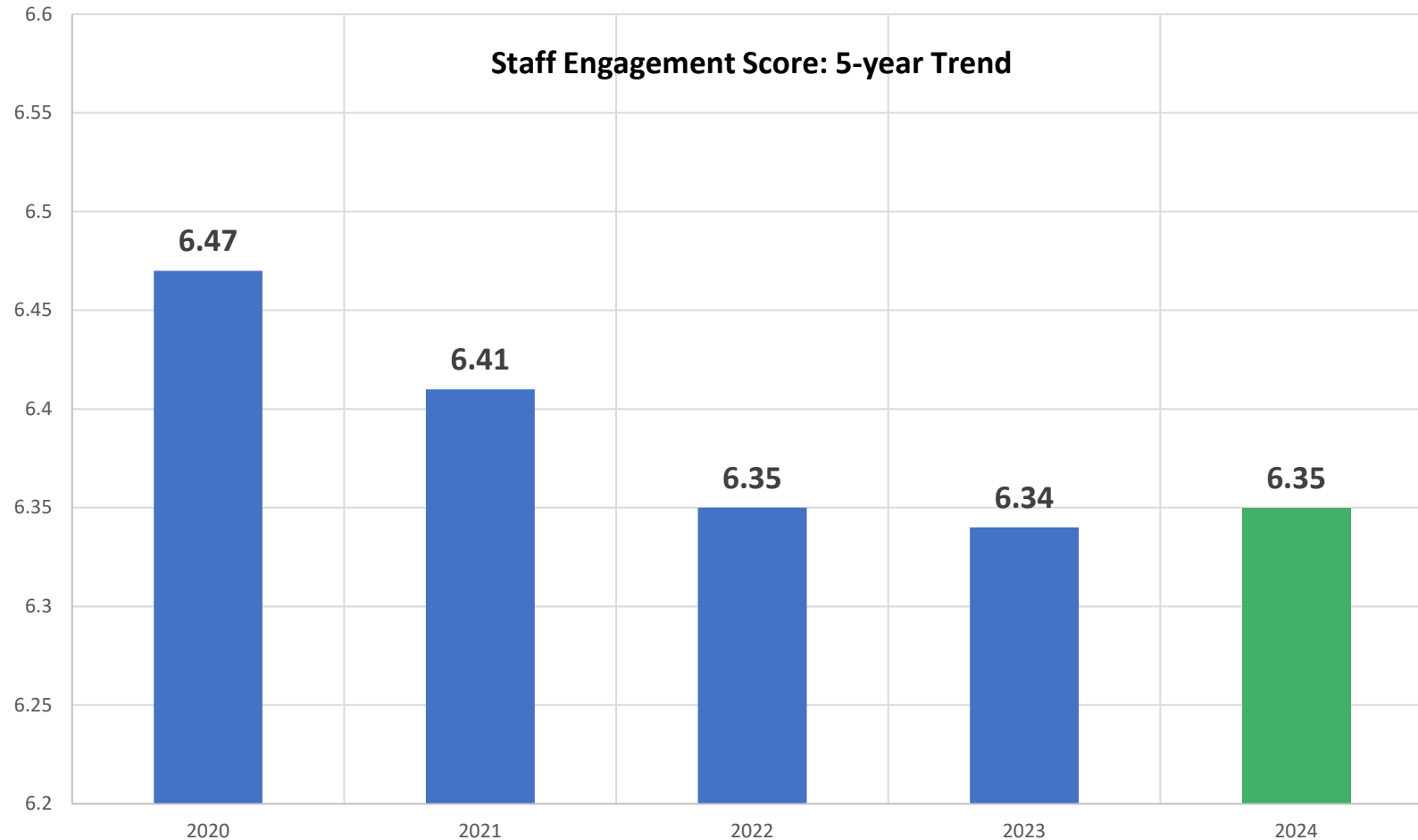


The Trust ranks **23<sup>rd</sup>** out of 58 Acute and Acute & Community Trusts for positive score change.

East Kent benchmarks better by virtue of others worsening rather than EKHUFT improving.



# Staff Engagement levels



## Staff engagement

↑ 1 point (6.34 to 6.35)

## Motivation

↓ 3 points (6.83 to 6.80)

## Involvement

↓ 1 point (6.45 to 6.44)

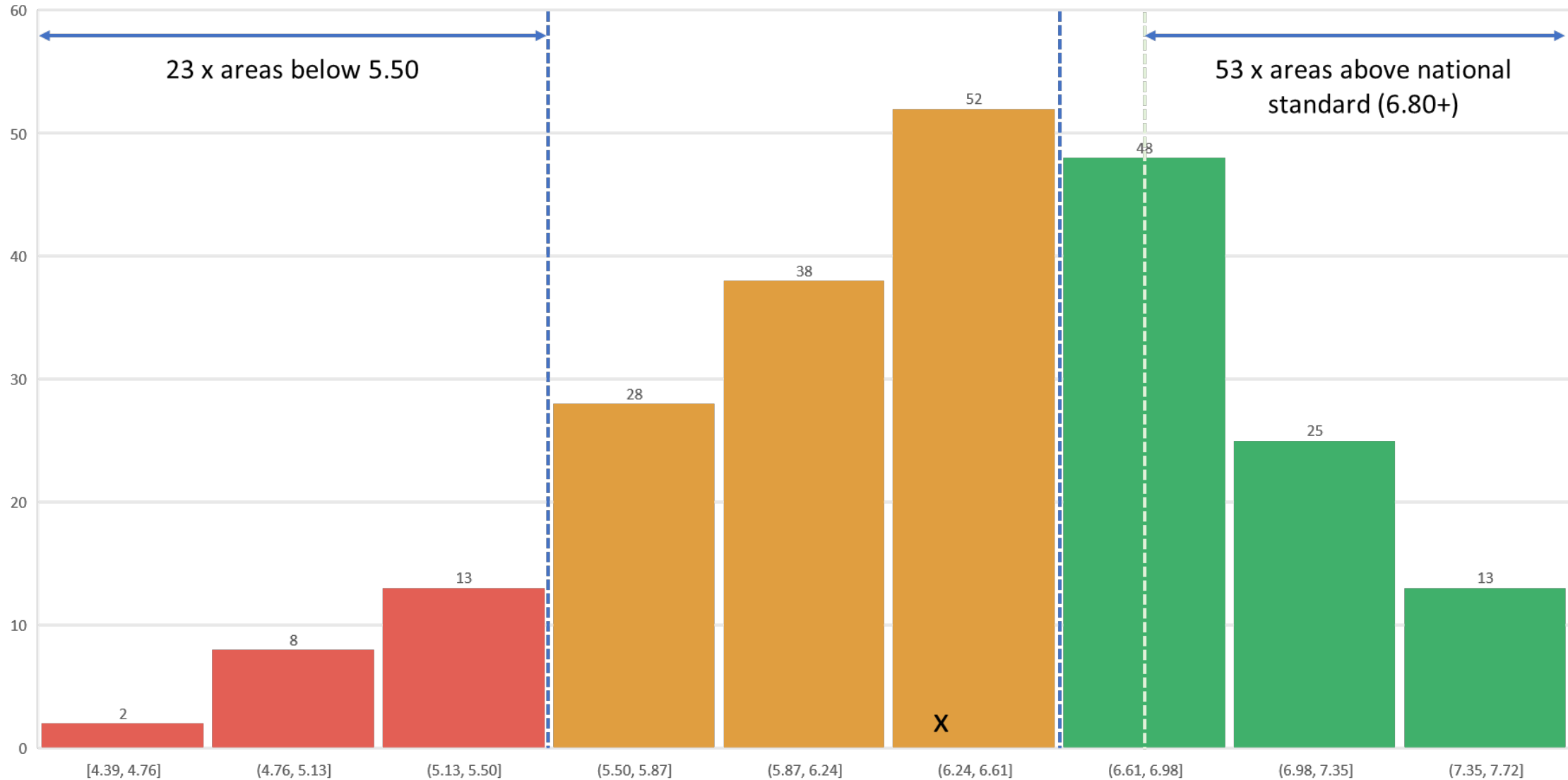
## Advocacy

↑ 6 points (5.73 to 5.80)

# Staff Engagement Variance (by Ward/ Dept)

7.70	7.36	7.14	6.98	6.84	6.74	6.67	6.59	6.53	6.44	6.35	6.34	6.34	6.31	6.31	6.30	6.30	6.29	6.28	6.27	6.25
7.69	7.28	7.11	6.96	6.82	6.74	6.67	6.59	6.53	6.43	6.23	6.08	6.08	6.06	6.06	6.05	6.04	6.04	6.02	6.02	6.01
7.67	7.25	7.11	6.94	6.81	6.73	6.66	6.58	6.52	6.42	6.22	5.99	5.92	5.91	5.89	5.88	5.88	5.86	5.82	5.82	5.82
7.65	7.25	7.07	6.94	6.79	6.71	6.65	6.57	6.50	6.41	6.20	5.98	5.98	5.81	5.76	5.75	5.73	5.71	5.68	5.66	5.64
7.63	7.24	7.05	6.93	6.77	6.70	6.64	6.57	6.49	6.41	6.18	5.96	5.81	5.81	5.61	5.56	5.55	5.51	5.50	5.48	5.48
7.63	7.20	7.04	6.92	6.77	6.70	6.63	6.57	6.48	6.37	6.18	5.96	5.81	5.81	5.61	5.56	5.55	5.51	5.50	5.48	5.48
7.61	7.20	7.02	6.91	6.76	6.70	6.63	6.56	6.48	6.37	6.17	5.96	5.81	5.81	5.61	5.56	5.55	5.51	5.50	5.48	5.48
7.52	7.20	7.02	6.91	6.75	6.69	6.62	6.56	6.47	6.35	6.17	5.95	5.81	5.81	5.61	5.56	5.55	5.51	5.50	5.48	5.48
7.44	7.20	7.01	6.87	6.75	6.68	6.62	6.56	6.46	6.35	6.11	5.95	5.80	5.80	5.59	5.45	5.42	5.39	5.37	5.29	5.28
7.44	7.19	7.00	6.85	6.75	6.68	6.62	6.55	6.46	6.35	6.11	5.94	5.79	5.79	5.59	5.25	5.11	5.08	5.00	4.89	4.89
7.38	7.19	7.00	6.85	6.74	6.67	6.62	6.54	6.46	6.35	6.09	5.94	5.79	5.79	5.57	5.21	5.08	5.08	4.84	4.81	4.81
7.36	7.17	7.00	6.84	6.74	6.67	6.62	6.53	6.44	6.35	6.08	5.92	5.76	5.76	5.56	5.16	5.01	4.71	4.39	4.39	4.39

# Staff Engagement Spread (by Ward/ Dept)



# Staff Engagement Framework

Staff Engagement is the annual objective under 'our people' with a target of 6.80.

Root cause analysis has been undertaken which identifies six key drivers of engagement.

These key drivers have been triangulated with gaps to national standards and YoY changes to identify our key themes for 2025.



# Key Theme: Making East Kent a place staff choose

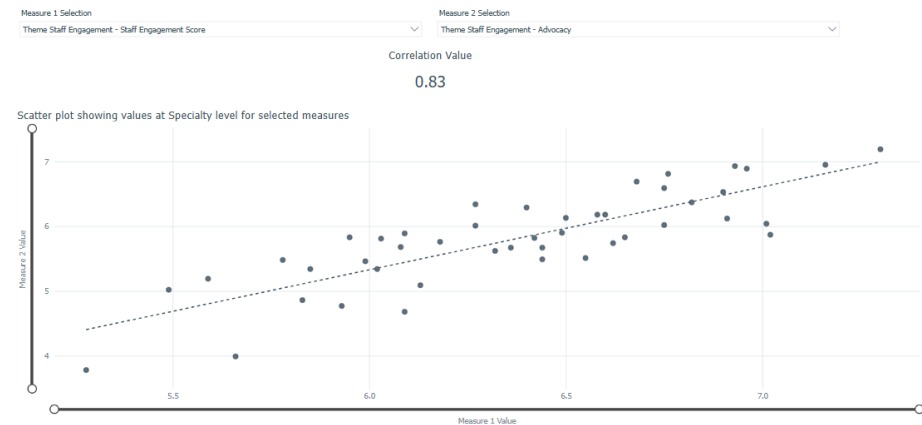
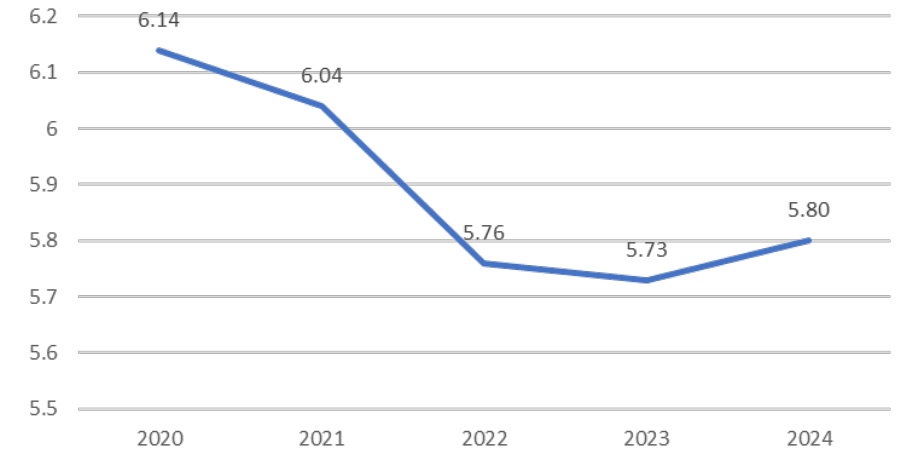
## Problem statement

A minority of staff would recommend the organisation as a place to work (44%) or be treated (46%) – and less than two-thirds (62%) feel that care is the organisations top priority.

These questions are critical as they form the ‘advocacy’ domain, one of three components of staff engagement.

Advocacy anchors staff engagement as the lowest of the three sub-themes (5.80) and has been consistently below the national average for the last 5 years.

Among the five questions where the Trust shows the largest deviation from the national standard, three pertain to advocacy, with gaps ranging from 10-15%.



# Key Theme: Raising & resolving concerns

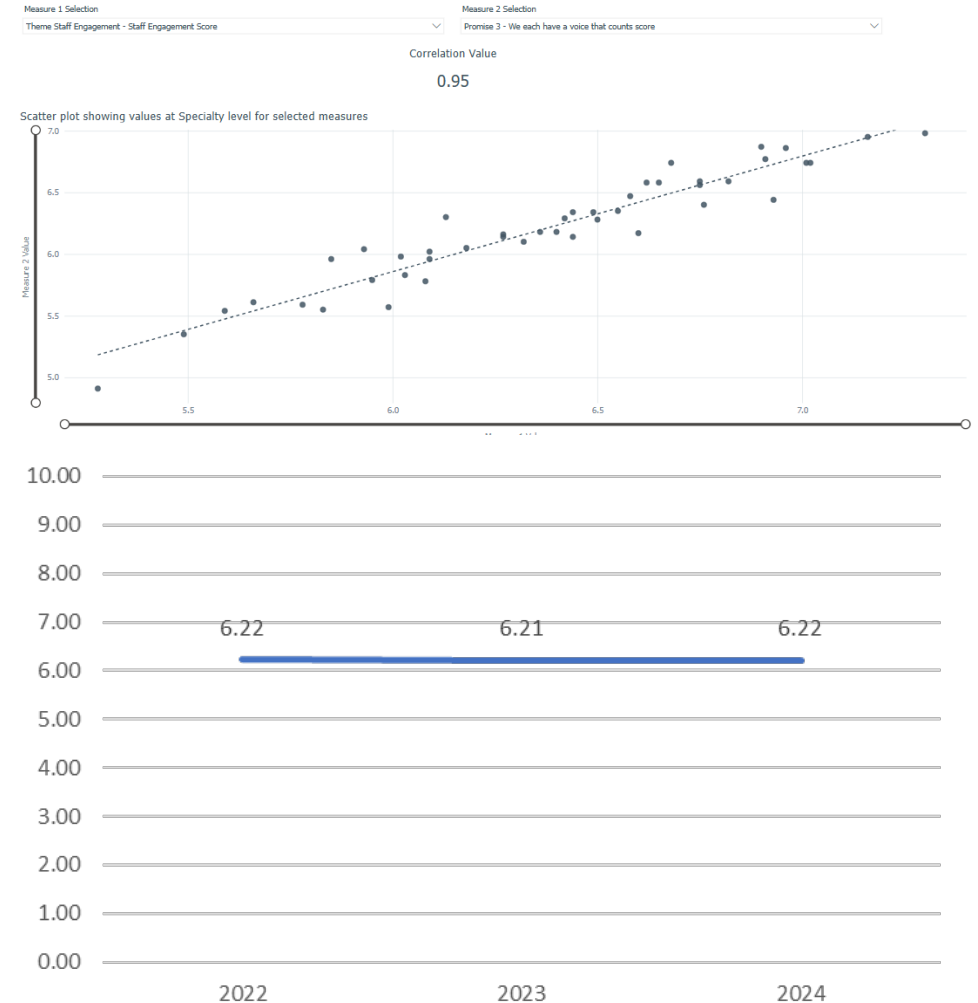
## Problem statement

Many staff do not feel listened to, involved, nor confident the Trust will act on concerns.

A minority of staff feel able to make improvements happen in their area of work (48%). A smaller number feel we would act on any concerns they raise (37%). This is 11% below the national average – the fourth biggest gap after advocacy-related questions.

Staff don't feel listened to, with a minority of staff (46%) feeling the organisation would act on concerns around unsafe clinical practice. There is also a low level of psychological safety, with only 51% of staff feeling safe to speak up, 9% below the national average.

The overall theme 'we each have a voice that counts' is 44 points below the national standard, second only to staff engagement – and has remained static for 3 years (6.21 - 6.22).



# Key theme: Compassionate Leadership

## Problem statement

Leadership is fundamental to our culture and is responsible for ~70% of the variance in team engagement (Gallup 2024). Results suggest that not all staff experience kindness, compassion and high-quality leaders who trust and inspire.

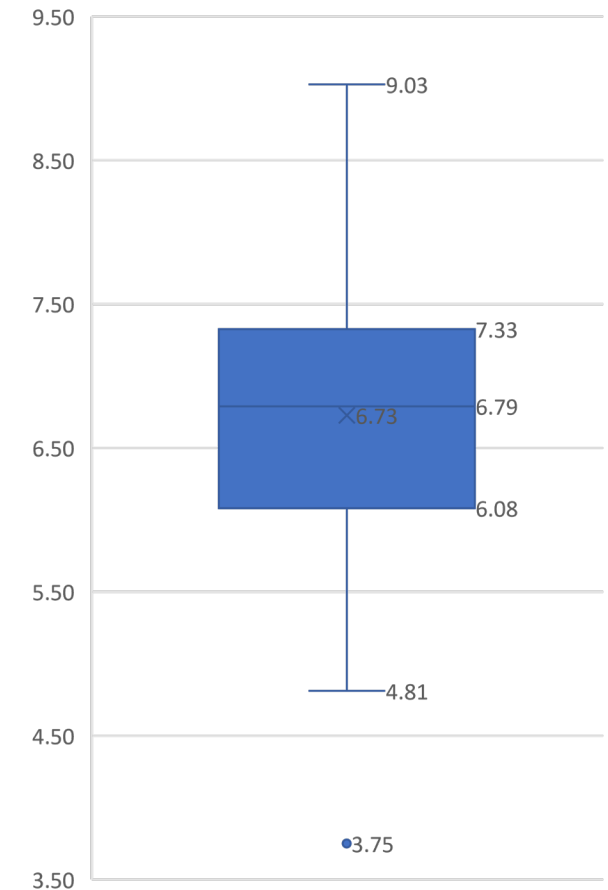
There are a significant number of areas ( $n=99$ ) that score lower than the Trust average when it comes to Compassionate Leadership, and extreme variation in scores (from 3.3 – 9.1).

Many line managers are performing at/around the national standards, but there are pockets of challenge (outliers) driving very negative outcomes.

Progress against compassionate leadership has stalled year-on-year and a combination of line management, team working and leadership questions indicate that not all teams are well-led.

227	3.3
226	5.1
225	4.3
224	4.4
223	4.0
222	4.6
221	4.8
220	3.5
219	4.7
218	4.0
217	4.7
216	5.6
215	5.0
214	5.3
212	4.6
212	5.3
211	5.4
210	4.9
209	6.2
208	5.8

Compassionate Leadership



# Additional (YoY) Headlines

## Respecting individual differences

12% more of our staff feel that our respect for individual differences falls short when compared to national standards. This gap grows to 34% for some minority ethnicities!

## Responding to errors & near misses

Less than half of staff (49%) feel they are treated fairly when involved in errors/ near misses and the gap to the national standard stands at 10%.

## Reward and recognition

A minority of staff feel sufficiently recognised and valued for their work – with scores 6-7% below national standards.

## Burnout

Levels of burnout are at an all-time high, with scores across 227 Wards/ Departments as low as 2.0 (out of 10).



# Taking Action – Trust-wide

## 2024 Results Analysis & review

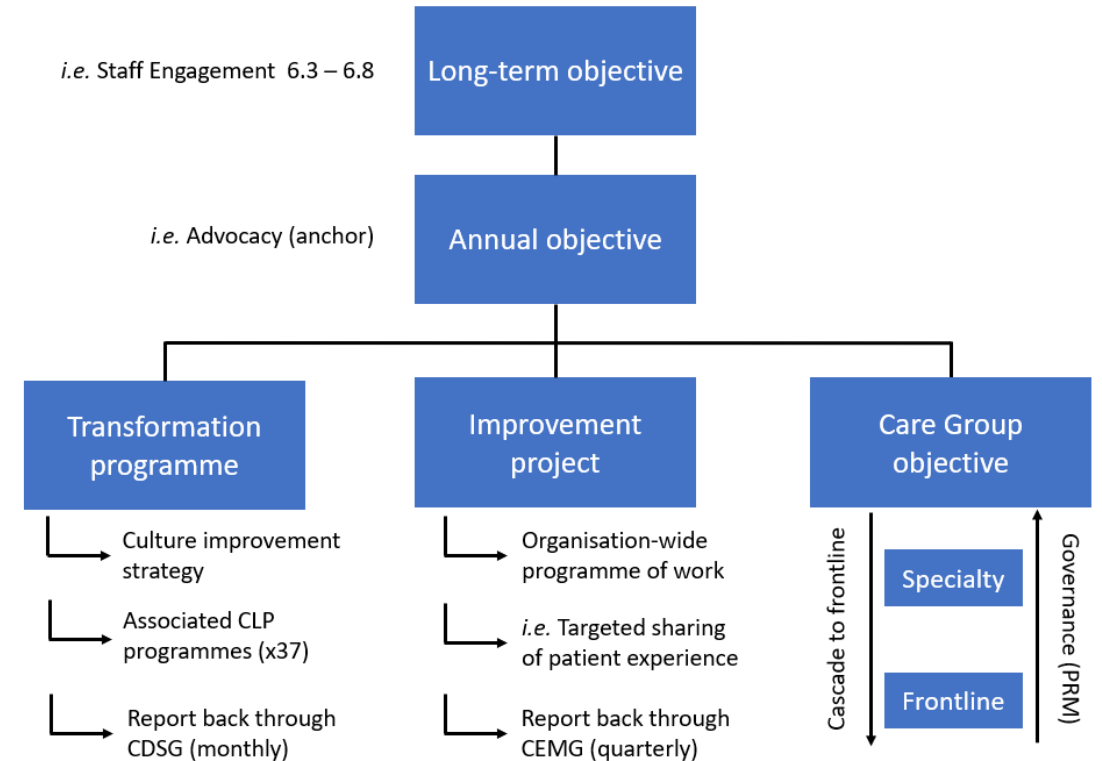
A comprehensive review of the 2024 results has taken place across a multi-disciplinary team. Three key themes were identified; advocacy, voice and leadership.

## Operational Excellence

A continuous improvement (A3) approach, agreed at CEMG, has been taken to drive positive action against each of these.

This began with defining the problem statement and articulating the current state for each. This was followed by describing the vision or desired future state – and subsequently completing a root cause analysis (RCA).

The RCA was drafted by a multi-disciplinary team has continued across 12 site-based workshops open to all staff throughout February. Countermeasures will be developed, tested and agreed in March.



Operational Excellence model QI approach

# Taking Action – Trust-wide

## Making East Kent a Place Staff Choose

- Input to and continued development of the Trust Strategy and Vision ('trusted, chosen, valued')
- Refresh of Trust values
- Identification of areas where the experience gap is most pronounced and initiating appropriate action

## Raising and Resolving Concerns

- Launch of the Resolution Framework & Toolkit: Stop, talk, change campaign
- Establishment of resolution project group, working with expert external partner (TCM)
- Introduction of The Guardian Service (TGO) – Independent freedom to speak up service

## Compassionate Leadership

- Extensive review of suite of leadership programmes taking place through compassionate leadership (CiC) lens
- Identification of 21 areas requiring intensive support to feed into (2-year) OD strategic plan.

# Taking Action – Care Group & Corporate

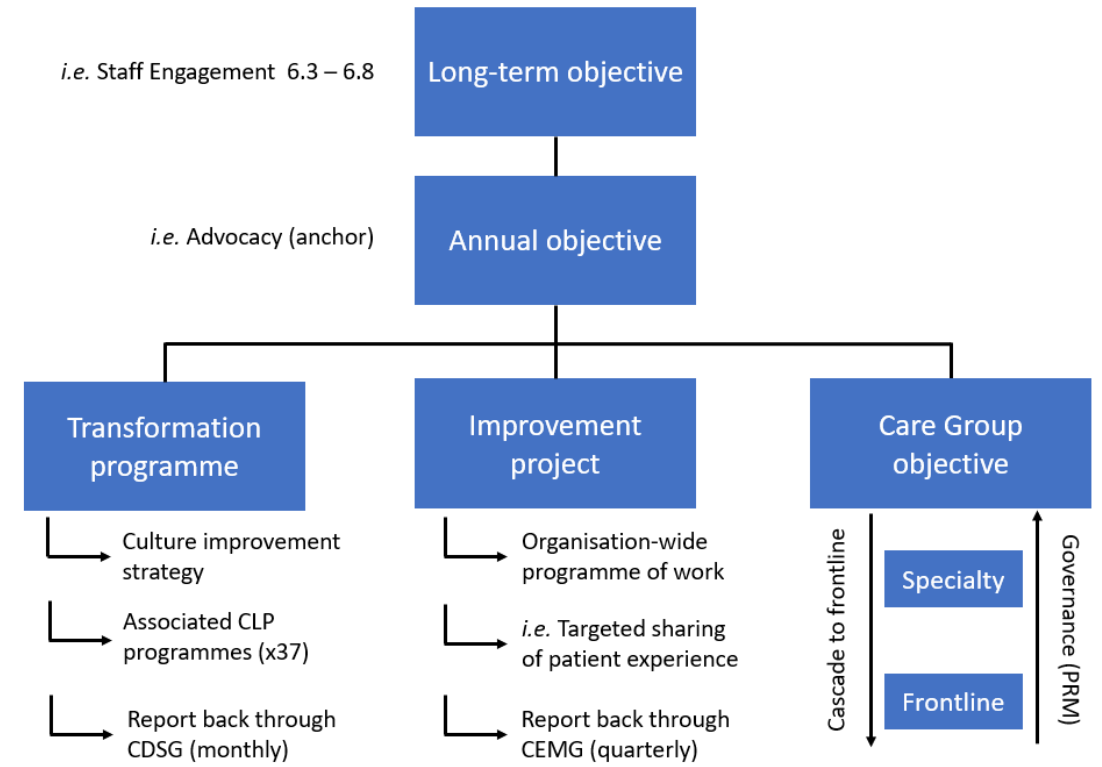
## Care Group Business Units

Business Units have been established to provide wrap-around support for Care Groups; to help analyse, interpret and act on their local staff survey results.

Care Group Business Unit sessions have taken place across February to complete the same QI (A3) process in parallel to the Trust. These are complete.

It was agreed at CEMG that existing governance will be used to avoid duplication – with activity reported at PRM’s. February PRM’s are to share steps 1-3 of Care Group A3’s. March will focus on root cause analysis and April on countermeasures.

Board are encouraged to openly discuss some of the challenges in driving positive change around the people agenda, including the level of prioritisation this is given alongside finance & performance.



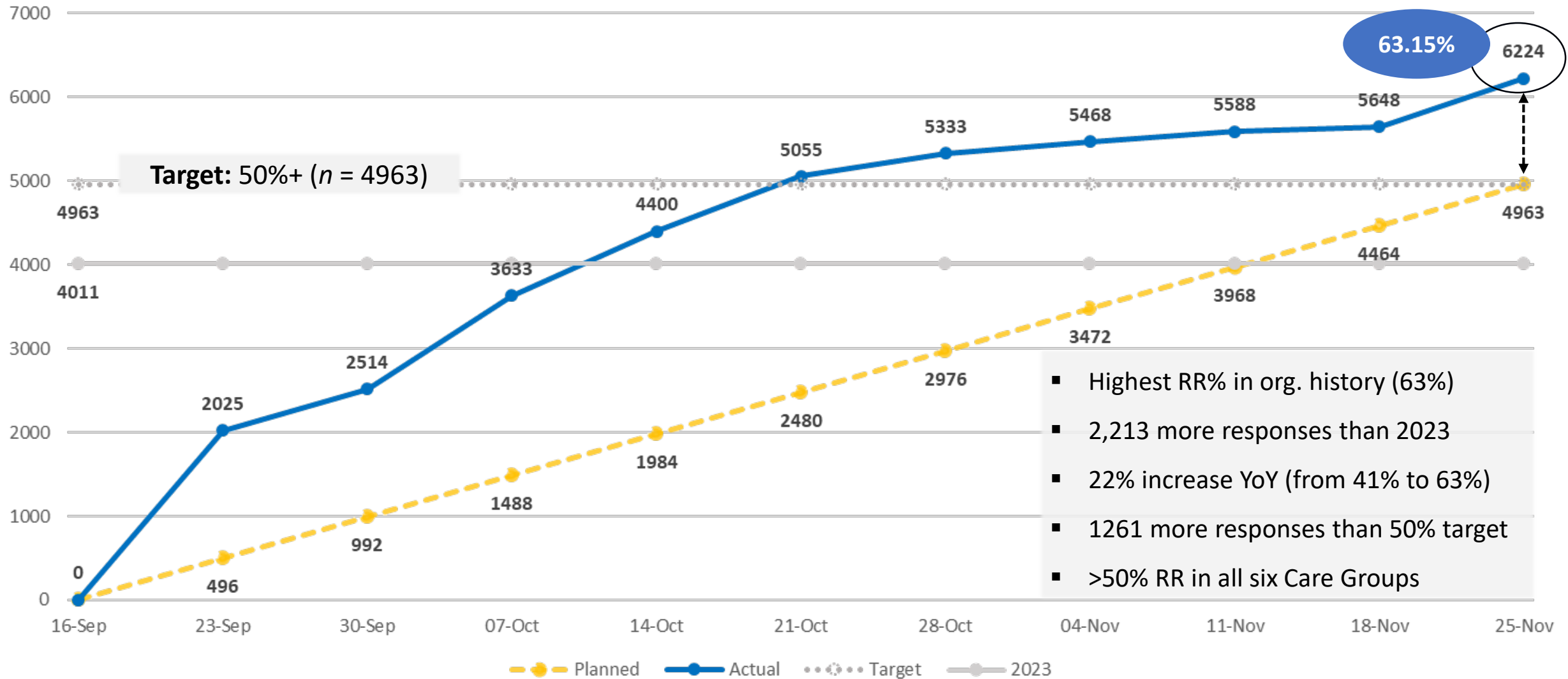
Operational Excellence model QI approach

## Summary & next steps

- A multi-disciplinary Staff Engagement Working Group (SEWG) has been established
- Key themes to drive staff engagement (x3) were identified through this forum
- A3s have been drafted for each – with workshops taking place Trust-wide to involve staff in RCA
- Results have been shared with EMT (15/01 & 19/02), CEMG (19/02) & Board (06/03)
- Results have been shared under embargo as part of Strategy development
- Work has taken place to identify (21) areas that require either targeted or more intensive support
- Areas of best-practice have also been identified across multiple domains
- A dashboard has been published under embargo to help analyse and interpret the results
- An adapted version available post-embargo, catering to varying levels of data fluency
- The national embargo lifted on 13<sup>th</sup> March (09:30am).

# Appendix 1: Final response rate

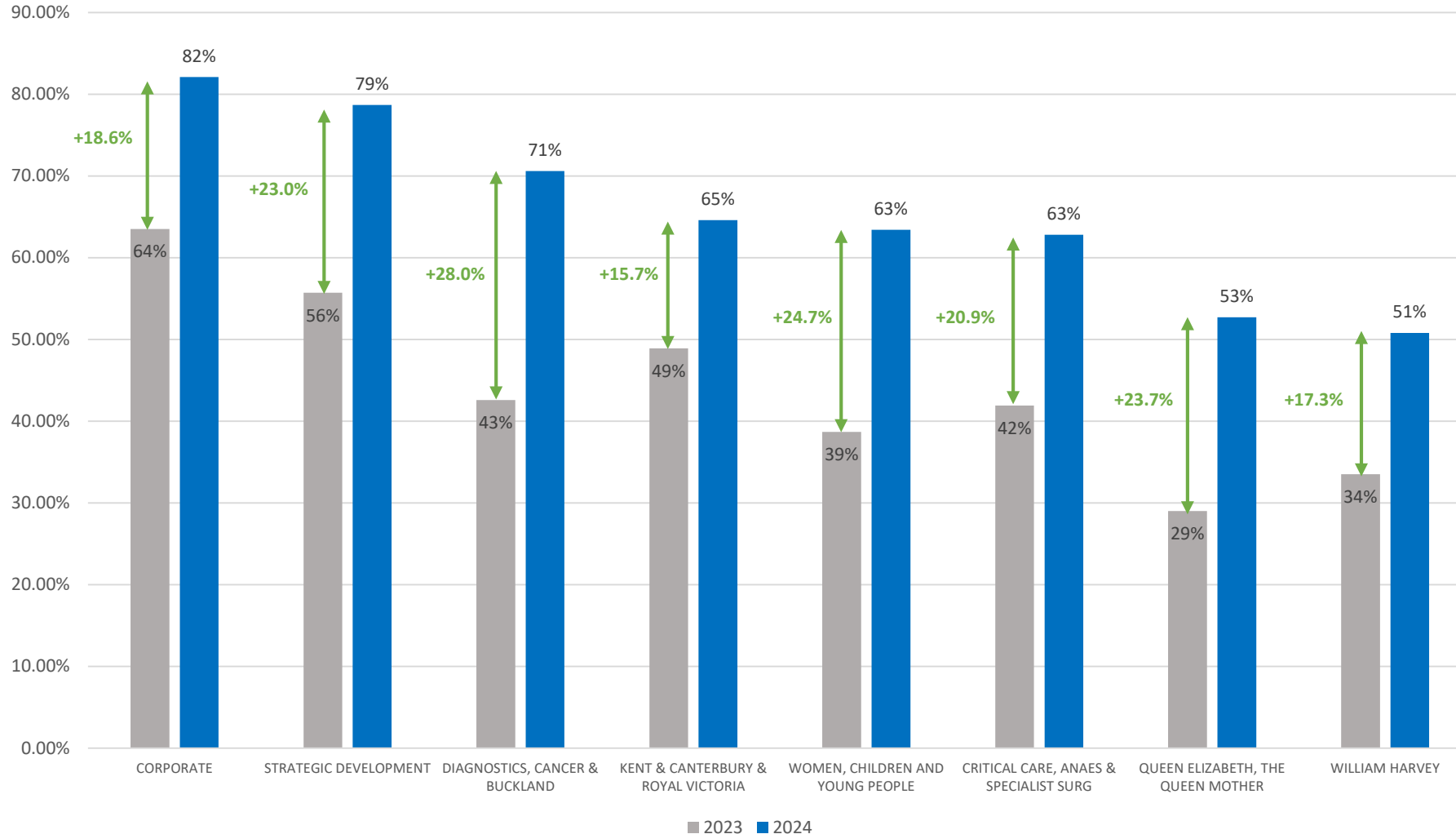
2024 National NHS Staff Survey Response Rate



Target: 50%+ (n = 4963)

- Highest RR% in org. history (63%)
- 2,213 more responses than 2023
- 22% increase YoY (from 41% to 63%)
- 1261 more responses than 50% target
- >50% RR in all six Care Groups

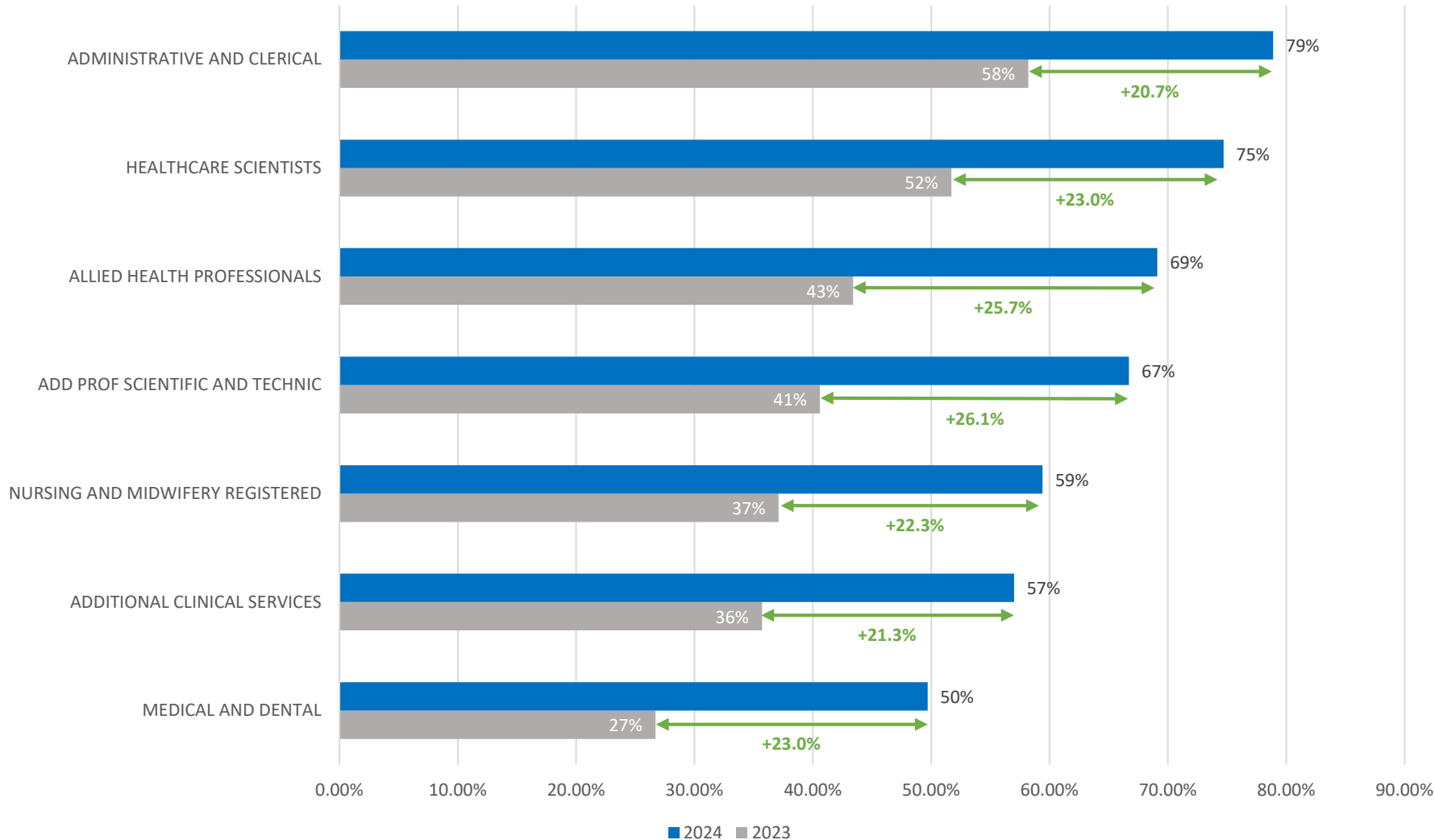
# Appendix 2: Care Group response rates



## Care Group RR (%)

- Improvements in all Care Groups (15% - 28%)
- DCB = greatest improvement (28%)
- Corporate = highest response rate (82%)
- DCB = highest number of respondents (1574)

# Appendix 3: Staff Group response rates



## Staff Group RR (%)

- Improvements in all Staff Groups (20% - 26%)
- Add Prof Scientific & Technical = greatest improvement (26%)
- Admin & Clerical = highest response rate (79%)
- Nursing & Midwifery = highest no. of respondents (2005)

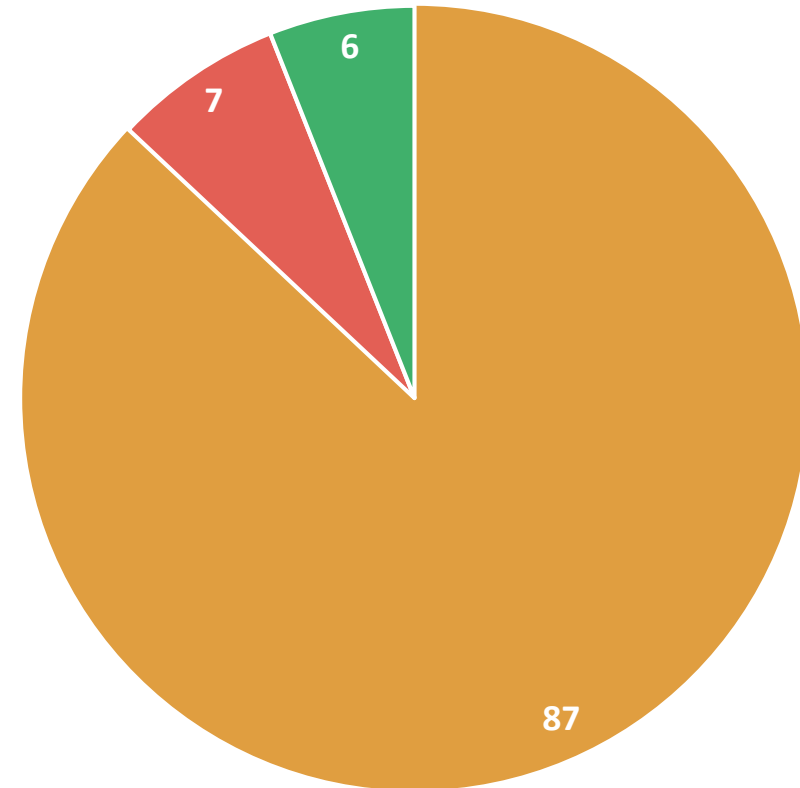
# Appendix 4: Year-on-year comparison

## Notable improvements

- 4% more staff had their appraisal in last 12 months
- 3% more staff feel the org. acts on concerns raised by service users
- 3% fewer staff experience bullying & harassment from managers
- 3% fewer staff are working unpaid additional hours
- 2% more staff feel their teams work well together
- 2% more staff feel their role makes a difference to service users

## Notable deterioration

- 3% fewer staff feel they have choice in deciding how to do their work
- 2% more staff feel burnt out at work
- 2% more staff experience discrimination from patients/ the public
- 2% fewer staff feel time passes quickly (motivation)



■ No significant difference   ■ Significantly worse   ■ Significantly better



# Appendix 5: Quality Improvement (A3) Approach

A3: Name

Ver / Date:

Owner:

East Kent  
Hospitals University  
NHS Foundation Trust

<div style="background-color: #92d050; padding: 2px;">Step 1 - Problem Statement</div> <div style="height: 150px;"></div>	<div style="background-color: #c00040; color: white; padding: 2px;">Step 4 - Root Cause Analysis</div> <div style="height: 150px;"></div>	<div style="background-color: #0056b3; color: white; padding: 2px;">Step 6 - Actions / PDSA Cycles</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th>Action / PDSA</th> <th>Lead</th> <th>Start Date</th> <th>Completion Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Action / PDSA	Lead	Start Date	Completion Date																																
Action / PDSA	Lead	Start Date	Completion Date																																			
<div style="background-color: #c00040; color: white; padding: 2px;">Step 2 - Current Situation</div> <div style="height: 150px;"></div>	<div style="background-color: #e69a00; color: white; padding: 2px;">Step 5 - Countermeasures</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th>Concern</th> <th>Cause</th> <th>Countermeasure</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Concern	Cause	Countermeasure																									<div style="background-color: #0056b3; color: white; padding: 2px;">Step 7 - Progress &amp; Benefits</div> <div style="height: 150px;"></div>									
Concern	Cause	Countermeasure																																				
<div style="background-color: #c00040; color: white; padding: 2px;">Step 3 - Vision / Goals</div> <div style="height: 150px;"></div>	<div style="background-color: #0056b3; color: white; padding: 2px;">Step 8 - Insights</div> <div style="height: 150px;"></div>																																					

## Steps 1-3: February

- Problem statement
- Current state
- Vision/ goals

Complete

## Step 4: March

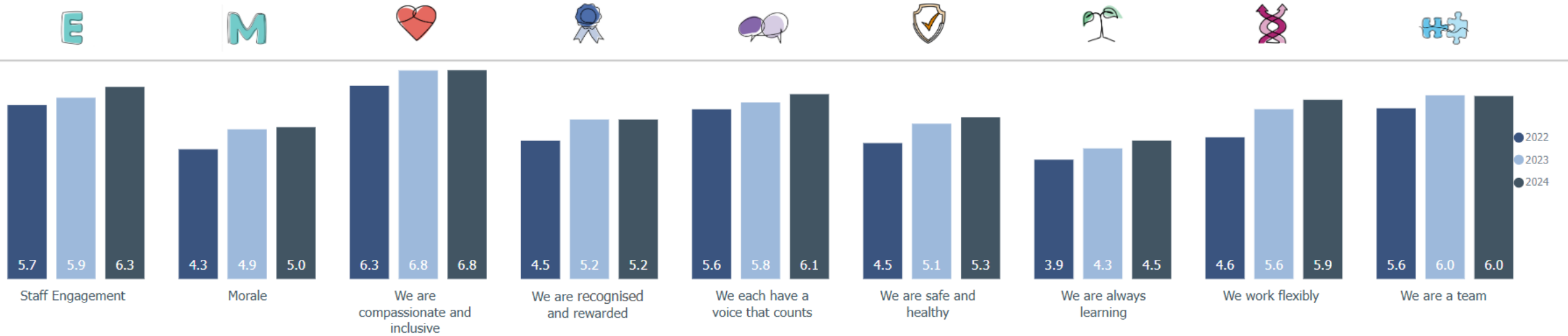
- Root cause analysis

Underway – NSS Workshops

# Maternity (sub-specialty) results

Key: ↑ 20 | ~ 6 | ↓ 4

\*out of 30 themes/ sub-themes



Select Year:

Theme/Sub Theme	Score	YOY Change	VS National Average
Appraisals	3.38	0.55 ▲	-1.43 ▼
Flexible working	6.08	0.46 ▲	-0.08 ▼
Involvement	5.99	0.43 ▲	-0.83 ▼
Advocacy	6.21	0.38 ▲	-0.43 ▼
E1 - Staff Engagement	6.30	0.36 ▲	-0.51 ▼
P6 - We work flexibly	5.88	0.31 ▲	-0.35 ▼
Raising concerns	5.91	0.28 ▲	-0.46 ▼
Autonomy and control	6.22	0.27 ▲	-0.73 ▼
P3 - We each have a voice that counts	6.06	0.27 ▲	-0.59 ▼
Compassionate culture	6.71	0.27 ▲	-0.26 ▼

Theme/Sub Theme	Score	YOY Change	VS National Average
P5 - We are always learning	4.55	0.26 ▲	-1.07 ▼
Motivation	6.71	0.26 ▲	-0.28 ▼
Negative experiences	7.46	0.26 ▲	-0.36 ▼
Burnout	4.15	0.23 ▲	-0.86 ▼
P4 - We are safe and healthy	5.30	0.21 ▲	-0.80 ▼
Support for work-life balance	5.68	0.17 ▲	-0.61 ▼
Thinking about leaving	5.49	0.15 ▲	-0.52 ▼
Health and safety climate	4.30	0.15 ▲	-1.18 ▼
Work pressure	3.73	0.13 ▲	-1.62 ▼
M1 - Morale	4.98	0.08 ▲	-0.93 ▼
P1 - We are compassionate and inclusive	6.85	0.01 ▬	-0.38 ▼

Theme/Sub Theme	Score	YOY Change	VS National Average
P2 - We are recognised and rewarded	5.23	0.00 ▬	-0.70 ▼
Line management	5.96	-0.01 ▬	-0.88 ▼
Compassionate leadership	6.31	-0.02 ▬	-0.69 ▼
P7 - We are a team	6.00	-0.02 ▬	-0.74 ▼
Team working	6.05	-0.04 ▬	-0.60 ▼
Development	5.69	-0.05 ▼	-0.71 ▼
Stressors	5.72	-0.07 ▼	-0.66 ▼
Diversity and equality	7.85	-0.09 ▼	-0.27 ▼
Inclusion	6.52	-0.13 ▼	-0.31 ▼

# Urgent & Emergency Medicine - QEQM

Key: ↑ 17 | ~ 4 | ↓ 9

\*out of 30 themes/ sub-themes

E

M



Staff Engagement



Morale



We are compassionate and inclusive



We are recognised and rewarded



We each have a voice that counts



We are safe and healthy



We are always learning



We work flexibly



We are a team

● 2022  
● 2023  
● 2024

Select Year:

	Theme/Sub Theme	Score	YOY Change	VS National Average
	Appraisals	5.54	1.66 ▲	0.74 ▲
	P5 - We are always learning	5.89	0.82 ▲	0.28 ▲
	Support for work-life balance	6.07	0.46 ▲	-0.23 ▼
	Involvement	6.50	0.43 ▲	-0.32 ▼
	Line management	6.44	0.37 ▲	-0.40 ▼
	P6 - We work flexibly	6.12	0.36 ▲	-0.11 ▼
	Autonomy and control	6.67	0.35 ▲	-0.27 ▼
	P7 - We are a team	6.47	0.33 ▲	-0.27 ▼
	Team working	6.50	0.30 ▲	-0.15 ▼
	Flexible working	6.17	0.27 ▲	0.01 =

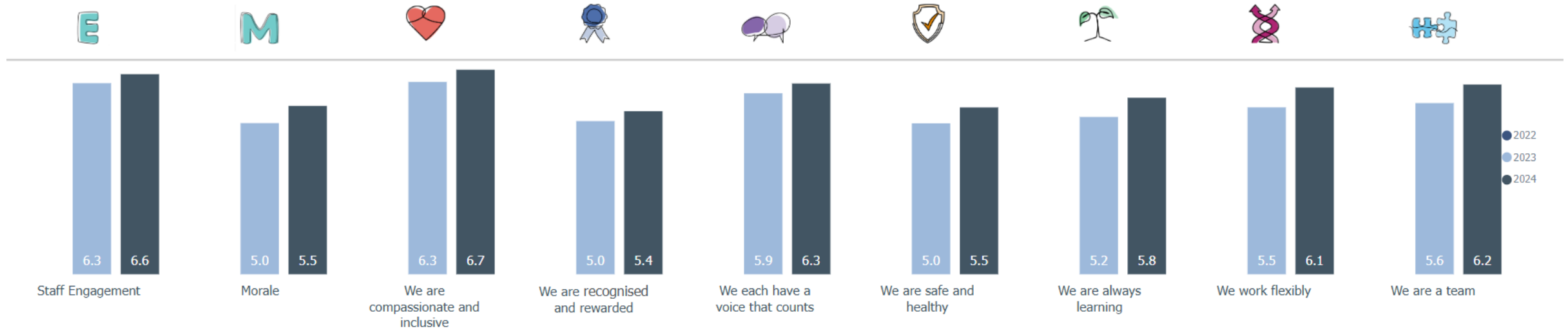
	Theme/Sub Theme	Score	YOY Change	VS National Average
	Compassionate leadership	6.57	0.26 ▲	-0.43 ▼
	Inclusion	6.52	0.21 ▲	-0.31 ▼
	P2 - We are recognised and rewarded	5.39	0.18 ▲	-0.54 ▼
	E1 - Staff Engagement	6.51	0.14 ▲	-0.30 ▼
	P1 - We are compassionate and inclusive	6.79	0.14 ▲	-0.44 ▼
	Stressors	5.97	0.12 ▲	-0.41 ▼
	Diversity and equality	7.42	0.06 ▲	-0.70 ▼
	Motivation	6.87	0.02 =	-0.11 ▼
	Compassionate culture	6.68	0.01 =	-0.29 ▼
	Advocacy	6.13	-0.01 =	-0.50 ▼

	Theme/Sub Theme	Score	YOY Change	VS National Average
	Health and safety climate	5.17	-0.04 =	-0.31 ▼
	Development	6.24	-0.06 ▼	-0.16 ▼
	P3 - We each have a voice that cou...	6.33	-0.06 ▼	-0.33 ▼
	M1 - Morale	5.29	-0.08 ▼	-0.62 ▼
	Work pressure	4.62	-0.15 ▼	-0.73 ▼
	Thinking about leaving	5.26	-0.18 ▼	-0.75 ▼
	P4 - We are safe and healthy	5.31	-0.20 ▼	-0.80 ▼
	Burnout	4.21	-0.23 ▼	-0.80 ▼
	Negative experiences	6.53	-0.37 ▼	-1.29 ▼
	Raising concerns	6.00	-0.50 ▼	-0.37 ▼

# Urgent & Emergency Medicine - WHH

Key: ↑ 30 | ~ 0 | ↓ 0

\*out of 30 themes/ sub-themes



Select Year:

Theme/Sub Theme	Score	YOY Change	VS National Average
Appraisals	5.08	0.92 ▲	0.28 ▲
Flexible working	6.23	0.82 ▲	0.08 ▲
Line management	6.20	0.80 ▲	-0.64 ▼
Negative experiences	6.76	0.75 ▲	-1.06 ▼
Thinking about leaving	5.66	0.75 ▲	-0.35 ▼
Compassionate leadership	6.49	0.69 ▲	-0.52 ▼
P6 - We work flexibly	6.14	0.65 ▲	-0.09 ▼
P5 - We are always learning	5.80	0.63 ▲	0.19 ▲
P7 - We are a team	6.24	0.61 ▲	-0.50 ▼
Work pressure	5.07	0.57 ▲	-0.28 ▼

Theme/Sub Theme	Score	YOY Change	VS National Average
M1 - Morale	5.53	0.56 ▲	-0.38 ▼
Health and safety climate	5.24	0.54 ▲	-0.25 ▼
P4 - We are safe and healthy	5.48	0.53 ▲	-0.62 ▼
Advocacy	6.21	0.50 ▲	-0.43 ▼
Support for work-life balance	6.05	0.49 ▲	-0.25 ▼
Raising concerns	6.02	0.46 ▲	-0.35 ▼
Compassionate culture	6.61	0.45 ▲	-0.36 ▼
Team working	6.28	0.43 ▲	-0.36 ▼
Inclusion	6.42	0.39 ▲	-0.42 ▼
P1 - We are compassionate and inclusive	6.71	0.39 ▲	-0.51 ▼
Stressors	5.88	0.38 ▲	-0.50 ▼

Theme/Sub Theme	Score	YOY Change	VS National Average
Development	6.53	0.34 ▲	0.12 ▲
P3 - We each have a voice that cou...	6.28	0.33 ▲	-0.38 ▼
P2 - We are recognised and rewarded	5.36	0.32 ▲	-0.57 ▼
E1 - Staff Engagement	6.58	0.30 ▲	-0.24 ▼
Burnout	4.47	0.27 ▲	-0.54 ▼
Motivation	7.12	0.22 ▲	0.14 ▲
Autonomy and control	6.53	0.19 ▲	-0.42 ▼
Involvement	6.41	0.17 ▲	-0.41 ▼
Diversity and equality	7.40	0.08 ▲	-0.71 ▼



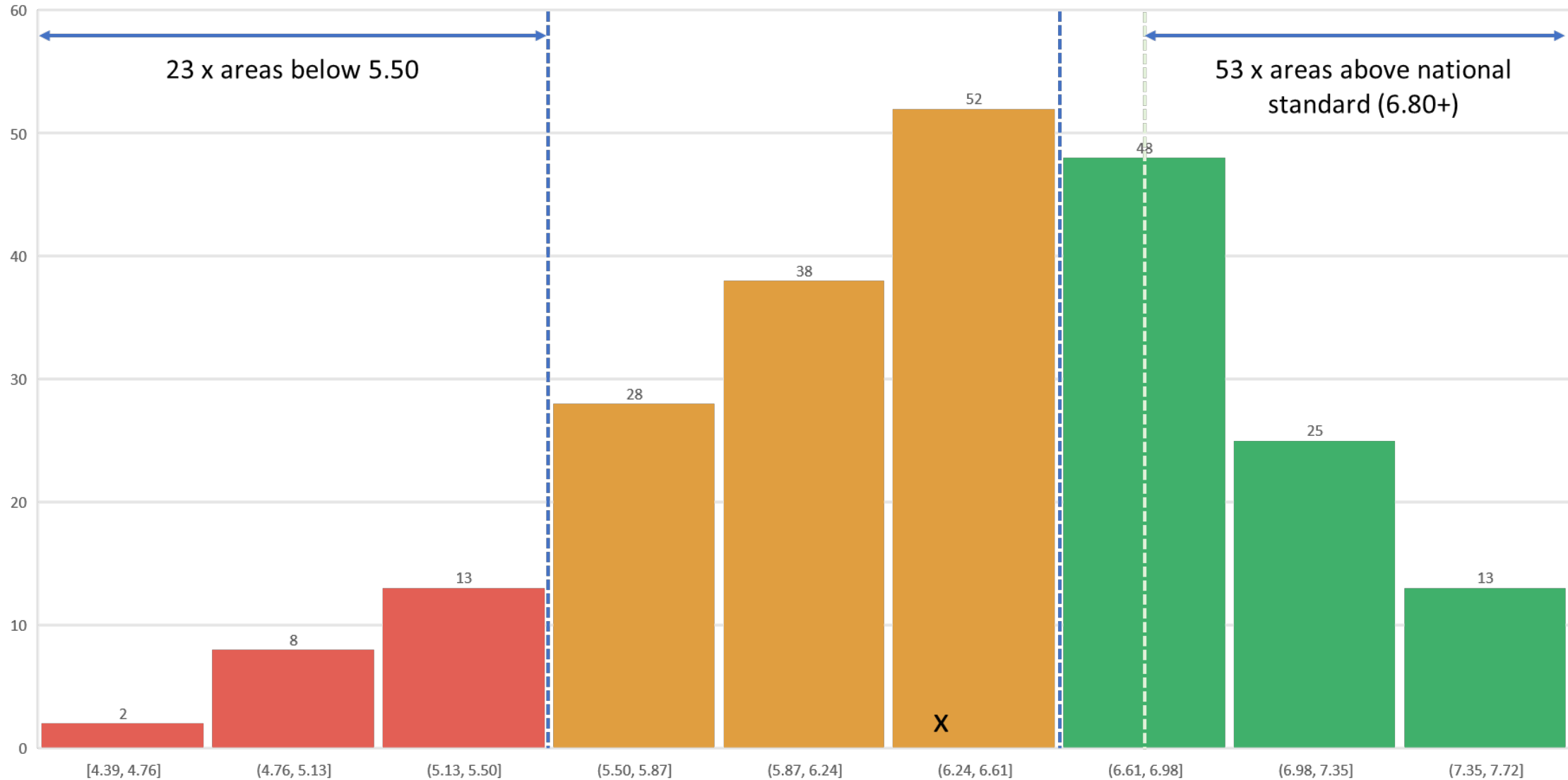
**East Kent  
Hospitals University**  
NHS Foundation Trust

# Staff Survey Insights

Areas for Intensive Support & Monthly Recognition



# Staff Engagement Spread (by Ward/ Dept)



# Staff Engagement Spread (by Ward/ Dept)

7.70	7.36	7.14	6.98	6.84	6.74	6.67	6.59	6.53	6.44	6.35	6.34	6.34	6.31	6.31	6.30	6.30	6.29	6.28	6.27	6.25
7.69	7.28	7.11	6.96	6.82	6.74	6.67	6.59	6.53	6.43	6.23	6.08	6.08	6.06	6.06	6.05	6.04	6.04	6.02	6.02	6.01
7.67	7.25	7.11	6.94	6.81	6.73	6.66	6.58	6.52	6.42	6.22	5.99	5.92	5.91	5.89	5.88	5.88	5.86	5.82	5.82	5.82
7.65	7.25	7.07	6.94	6.79	6.71	6.65	6.57	6.50	6.41	6.20	5.98	5.98	5.91	5.89	5.88	5.88	5.86	5.82	5.82	5.82
7.63	7.24	7.05	6.93	6.77	6.70	6.64	6.57	6.49	6.41	6.18	5.96	5.81	5.81	5.76	5.75	5.73	5.71	5.68	5.66	5.64
7.63	7.20	7.04	6.92	6.77	6.70	6.63	6.57	6.48	6.37	6.18	5.96	5.81	5.81	5.76	5.75	5.73	5.71	5.68	5.66	5.64
7.61	7.20	7.02	6.91	6.76	6.70	6.63	6.56	6.48	6.37	6.17	5.96	5.81	5.81	5.61	5.56	5.55	5.51	5.50	5.48	5.48
7.52	7.20	7.02	6.91	6.75	6.69	6.62	6.56	6.47	6.35	6.17	5.95	5.81	5.81	5.61	5.56	5.55	5.51	5.50	5.48	5.48
7.44	7.20	7.01	6.87	6.75	6.68	6.62	6.56	6.46	6.35	6.11	5.95	5.80	5.80	5.59	5.45	5.42	5.39	5.37	5.29	5.28
7.44	7.19	7.00	6.85	6.75	6.68	6.62	6.55	6.46	6.35	6.11	5.94	5.79	5.79	5.59	5.25	5.11	5.11	5.00	4.89	4.89
7.38	7.19	7.00	6.85	6.74	6.67	6.62	6.54	6.46	6.35	6.09	5.94	5.79	5.79	5.57	5.21	5.08	5.08	4.84	4.81	4.81
7.36	7.17	7.00	6.84	6.74	6.67	6.62	6.53	6.44	6.35	6.08	5.92	5.76	5.76	5.56	5.16	5.01	5.01	4.71	4.39	4.39



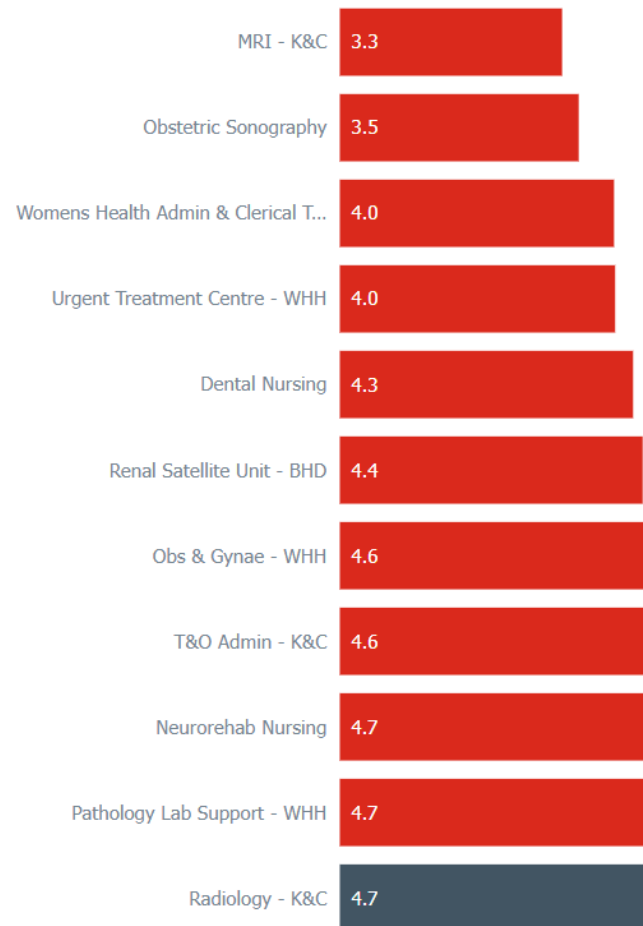


# Bright-spots & hotspots (by Ward/ Dept)

All areas descending by Compassionate leadership



All areas ascending by Compassionate leadership



# Blended ranking (by Ward/ Dept)

Renal Satellite Unit – BHD ( $n = 10$ )

Dental Nursing ( $n = 24$ )

Radiology - K&C ( $n = 43$ )

Anaesthetics - K&C ( $n = 23$ )

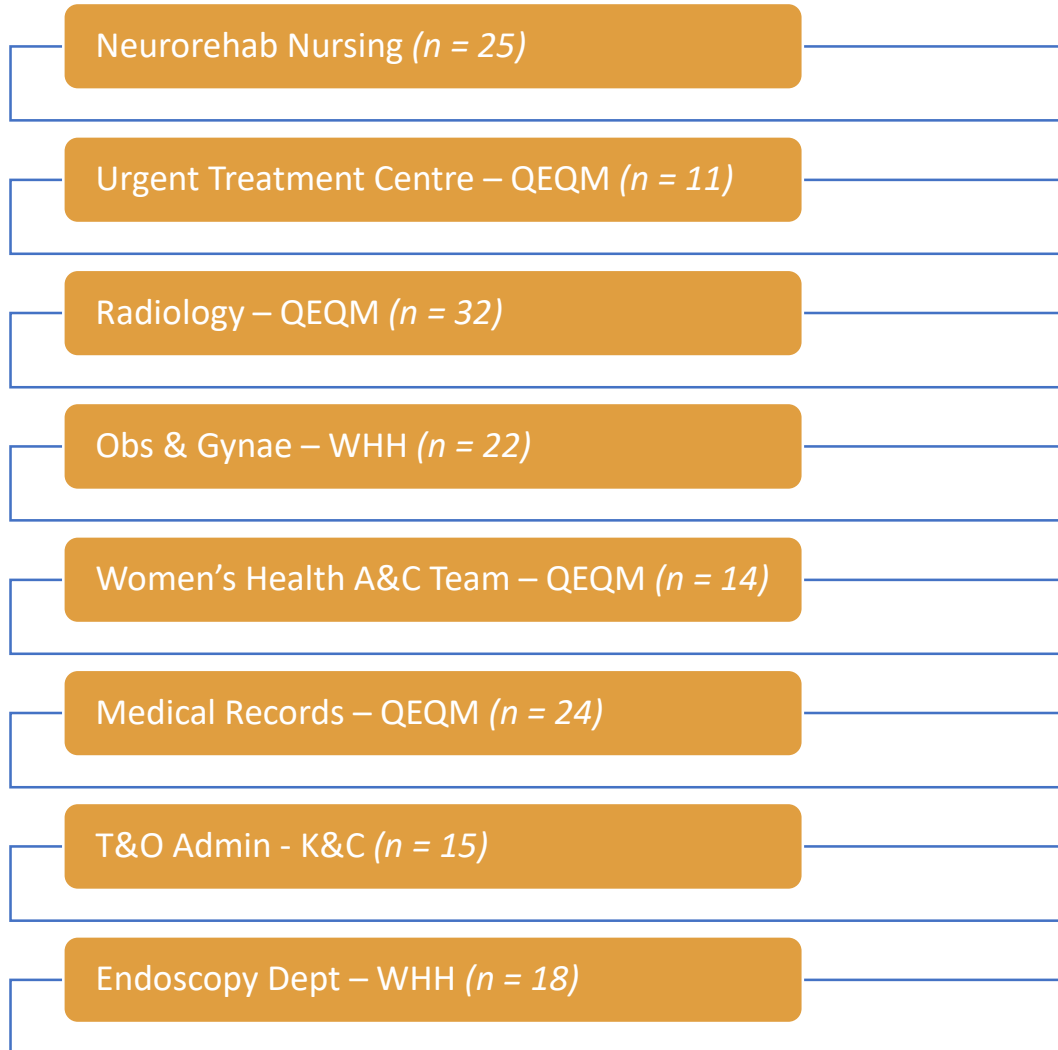
Obstetric Sonography ( $n = 10$ )

Cardiology – WHH ( $n = 14$ )

Each of these areas score in the **lowest 20** against **all** of the following:

- Blended rank of 100 questions
- Staff Engagement score
- Blended rank of manager questions
- Compassionate leadership score

# Blended ranking (by Ward/ Dept)



Each of these areas score in the **lowest 20** against **three** of the following:

- Blended rank of 100 questions
- Staff Engagement score
- Blended rank of manager questions
- Compassionate leadership score

# Blended ranking (by Ward/ Dept)

Neurology - K&C (*n* = 11)

Outpatient Services Nursing – QEQM (*n* = 22)

Women’s Health A&C Team – WHH (*n* = 24)

MRI - K&C (*n* = 19)

Urgent Treatment Centre – WHH (*n* = 12)

Trauma & Ortho – QEQM (*n* = 13)

AAA Screening Programme (*n* = 10)

Each of these areas score in the **lowest 20** against **two** of the following:

- Blended rank of 100 questions
- Staff Engagement score
- Blended rank of manager questions
- Compassionate leadership score

# Intensive support recommendations

- 21 Wards/ Departments identified
- 6 prioritised as they score in the bottom 20 against all four areas
- 8 further areas of focus as they score in the bottom 20 in three (of four) areas
- 7 final areas (if capacity permits) as they score in the bottom 20 in two (of four) areas

*These represent our recommended areas for intensive support.*

The areas/ level of intensive support can also be triangulated with the number of clinical adjacencies and operational performance metrics to optimise use of available resource.

# Monthly recognition recommendations

These are the top 3 Wards/ Departments for each of the following:

- Staff Engagement

1. Renal Satellite Unit – Medway (7.70)
2. Coronary Care Unit – QEQM (7.69)
3. St. Augustine’s Ward – QEQM (7.67)

- Advocacy (recommend)

1. Paediatrics – WHH (7.73)
2. East Kent Audiology Service (7.65)
3. St. Augustine’s Ward – QEQM (7.58)

# Monthly recognition recommendations

These are the top 3 Wards/ Departments for each of the following:

- Raising Concerns (psychological safety)

1. Coronary Care Unit – QEQM (7.67)
2. Medical Day Unit (7.38)
3. Communications (7.25)

- Compassionate Leadership

1. Kennington Frailty Ward - WHH (9.12)
2. Acute Medical Unit C - QEQM (9.09)
3. Organisational Development (8.86)