Council of Governors Public Meeting

Thu 11 April 2024, 09:30 - 12:00

Webex

09:30 - 09:40
10 min

24/1
Chairman’s introductions

To Note *Stewart Baird - Acting Chairman*

09:40 - 09:40
0 min

24/2
Confirmation of Quoracy

To Note *Stewart Baird - Acting Chairman*

09:40 - 09:40
0 min

24/3
Apologies for absence and Declaration of Interests

To Note *Stewart Baird - Acting Chairman*

09:40 - 09:40
0 min

24/4
Minutes of Previous Meeting held on 06 February 2024

Approval *Stewart Baird - Acting Chairman*

24.004 - UNCONFIRMED CoG Public Meeting Minutes 06.02.24 v1.pdf (7 pages)

09:40 - 09:40
0 min

24/5
Matters Arising from the Minutes

Approval *Stewart Baird - Acting Chairman*

24.005 - Outstanding Actions Public.pdf (1 pages)

09:40 - 09:40
0 min

24/6
Ratification of Virtual Votes since the last meeting

Approval *Stewart Baird - Acting Chairman*

09:40 - 09:50
10 min

24/7
Chairman’s Report

Discussion *Stewart Baird - Acting Chairman*

24.007 - FINAL Acting Chairman CoG Report April 2024 v2.pdf (5 pages)

09:50 - 10:00
10 min

24/8
Chief Executive Officer's Report

Discussion *Tracey Fletcher - Chief Executive Officer*

24.008 - CEO Report to Council of Governors April 2024.pdf (7 pages)

10:00 - 10:05
5 min

24/9
Lead Governor Report

Discussion *Bernie Mayall - Public Governor Dover/Lead Governor*

Verbal Update

10:05 - 11:00
55 min

24/10
NEDs overview report - Board Committee Chair Reports to Public Board

Discussion *Non-Executive Directors*

24/10.1
Quality & Safety Committee

Discussion *Andrew Catto - Non-Executive Director*

24.010.1 - QSC Chair's Report 26.03.24.pdf (3 pages)

24/10.2
People & Culture Committee

Discussion *Claudia Sykes - Non-Executive Director*

Verbal Update

24/10.3
Finance & Performance Committee

Discussion *Richard Oirschot - Non-Executive Director*

24.010.3 - FPC Board Chair Assurance Report 26.03.24 FINAL.pdf (5 pages)

24/10.4
Charitable Funds Committee

Discussion *Claudia Sykes - Non-Executive Director*

24.010.4 - CFC Board report 14.3.24.pdf (2 pages)

24/10.5
Integrated Audit and Governance Committee

Discussion *Olu Olasode - Non-Executive Director*

24.010.5.1 - IAGC Board Chair Assurance Report 26.01.24 FINAL.pdf (5 pages)
24.010.5.2 - Appendix 1 EPRR Compliance 26.01.24.pdf (1 pages)
24.010.5.3 - Appendix 1.1 2023 EPRR Assurance Outcome letter.pdf (2 pages)

11:00 - 11:10
10 min

24/11
Operational Update to include Diagnostics

Discussion *Rob Hodgkiss - Chief Operating Officer*

- 24.011.1 - Operational update Front Sheet April 24.pdf (2 pages)
- 24.011.2 - Appendix 1 Tier One Pack - 030424_v3.pdf (16 pages)

11:10 - 11:20
10 min

24/12
Update on ED and findings from WHH visit to AMU

Discussion *Sarah Hayes - Chief Nursing and Midwifery Officer*

Verbal Update

11:20 - 11:30
10 min

24/13
People Safety Incident Report Framework

Discussion *Sammy Gradwell - Deputy Director Quality Governance*

- 24.013.1 - PSIR Policy and Plan Front Sheet.pdf (2 pages)
- 24.013.2 - Appendix 1 PSIR POLICY v2 22.03.24.pdf (24 pages)
- 24.013.3 - Appendix 2 EKHUFT PSIR Plan.pdf (22 pages)

11:30 - 11:45
15 min

24/14
Update on Staff Survey and Appraisals

Discussion *Andrea Ashman - Chief People Officer*

- 24.014.1 - 2023 NHS Staff Survey_CoG.pdf (3 pages)
- 24.014.2 - Appendix 1 NSS23 Benchmark Reports_RV1.pdf (146 pages)
- 24.014.3 - Appendix 2 Responding to the 2023 NHS Staff Survey_v2.pdf (15 pages)

11:45 - 11:55
10 min

24/15
HASU Centralised move to WHH Update

Discussion *Ben Stevens - Chief Strategy and Partnerships Officer*

Verbal Update

11:55 - 12:00
5 min

24/16
Any other questions

Discussion *Stewart Baird - Acting Chairman*

24/17 - Next Council Meeting to be held on Thursday 11 July 2024

UNCONFIRMED MINUTES OF THE COUNCIL OF GOVERNORS PUBLIC MEETING TO BE HELD ON TUESDAY 6th FEBRUARY 2024 AT 09:30AM – 12:00PM LECTURE THEATRE, EDUCATION CENTRE, QUEEN ELIZABETH QUEEN MOTHER HOSPITAL, ST PETERS ROAD, MARGATE, CT9 4AN

PRESENT:

Stewart Baird	Acting Chairman	Chair
Tracey Fletcher	Chief Executive Officer	TF
Saba Mahmood	Elected Governor - Staff	SM
John Fletcher	Elected Governor - Ashford	JF
Sarah Barton	Elected Governor - Ashford	SBa
Carl Shorter	Deputy Lead Governor/ Elected Governor - Folkestone & Hythe (online)	CSh
Bernie Mayall	Lead Governor/Elected Governor - Dover	BM
Paul Schofield	Elected Governor - Thanet	PS
Monique Bonney	Elected Governor - Swale	MB
Russell Wyles	Elected Governor - Canterbury	RW
Kieran Leigh	Elected Governor - Folkestone & Hythe	KL
David Wimble	Partnership Governor	DW
Linda Judd	Partnership Governor	LJ
Rob Hodgkiss	Interim Chief Operating Officer	RH
Ben Stevens	Chief Strategy and Partnerships Officer	BS
Claudia Sykes	Non-Executive Director	CS
Richard Oirschot	Non-Executive Director	RO
Chris Holland	Non-Executive Director	CH
Shane Weller	Non-Executive Director (online)	SW
Olu Olasode	Non-Executive Director (online)	OO
Dr Andrew Catto	Non-Executive Director	AC

IN ATTENDANCE:

Jamie O'Callaghan	Interim Group Company Secretary	MW
Neville Daw	Governor and Membership Lead	GML
Lucy Coglan	Council of Governors Support Secretary	LC
Tonino Cook	Special Advisor to the Chairman & Deputy Group Company Secretary	TC

MINUTE NO. Conf.CoG/23		ACTION
23/055	**CHAIRMAN'S INTRODUCTIONS** The Chairman welcomed all to the meeting.	
23/056	**CONFIRMATION OF QUORACY** The Chairman confirmed the meeting was quorate.	
23/057	**APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS** Apologies were received from; Alex Ricketts - Elected Governor, Canterbury and Janine Thomas - Elected Governor, Staff. There were no new Declarations of Interest.	

23/058	**MINUTES OF PREVIOUS MEETING HELD ON 13TH JULY 2023** The minutes from the previous meeting were APPROVED.	
23/059	**MATTERS ARISING FROM THE MINUTES** There were no matters arising.	
23/060	**RATIFICATION OF VIRTUAL VOTES SINCE THE LAST MEETING** There were no virtual votes since the last meeting.	
23/061	**ACTING CHAIRMAN'S REPORT** The following was highlighted from the Chair's report: • Thanks' were given to the previous Chair - Niall Dickson for his hard work and wished him the best for the future. • The trust had seen a very busy winter - the numbers were yet to be shared, however January 2024 was approximately 12% busier than January 2023. • Ambulance handovers had been good. • There had been a lot of industrial action, including a doctors' strike and 2gether strikes. • The Chair encouraged Board colleagues to be out on the ground to meet the patients and staff. • The national team had agreed a figure and a significant cost saving programme, and efficiency saving programme underway. • A full executive team was now in place. • Pathways needed to be sped up as patients were waiting too long for treatment. • Huge successes had been seen within maternity. The trust was 100% compliance with the CNST actions.	
23/062	**CHIEF EXECUTIVE OFFICER'S REPORT** The report was taken as read. TF highlighted the following comments: • The teams had worked extremely hard during the recent 2gether and doctors strike action. • The re-opening of the Singleton – a midwifery led unit at the WHH, which has given staff a boost and was a welcomed resource. • Des Holden had joined the Trust as the new Chief Medical Officer JF shared a personal, recent visit to ED which was not positive from a process point of view, however, the staff were doing the best they could. SM commented diagnostic was most challenging and asked if there was investment involved to help with this. RH responded there was 3 areas of priority moving forward; 1 - Five hour waits, 2 - Long waits for cancer patients and 3 - Diagnostics. SM commented re-assurance was needed that scans could be done quicker.	

	That Chair commented a plan needed to be presented back to the national team before April 2024. The plan needed to include a trajectory on improvements in things such as ED, patient flow and elective etc. Once this had been reviewed by the national team, it would be circulated to the governors. CSh commented the people of his constituency were losing confidence in the trust, especially in ED, which lacked compassion and basic care and when things went wrong an apology was not given. CSh asked what the timescale was to turn ED around. The Chair responded this was being worked on and as stated above a report was being done for the national team to review. CSh asked what would happen, if what was expected to happen did not materialise and asked what he could tell his constituents when they expressed concerns to reassure them. TF suggested the following was used: *'The trust and Corporate Team were being held to account by the National Team to establish a plan that will deliver progress throughout the forthcoming financial year. At the end of the financial year, the trust will have to demonstrate progress has been made with the Emergency Department flow as well as the elective care and financial positions'* RH encouraged the governors, to encourage their constituencies, where something positive has happened within the trust to send compliments which would boost staff morale and positive thinking. KL asked how would the trust would ensure the recommendations that would come out of the review would help staff feel involved. TF commented the intention was that work with be done hand-in-hand with the teams so they were involved.	
23/063	**LEAD GOVERNOR REPORT** The paper was taken as read. No questions were asked.	
23/064	**ESTATES UPDATE** SC updated the Council and the following was highlighted: • The trust was slightly behind on capital expenditure in 2023-2024. A review had been undertaken by the team and it was forecast the total spend allocation would be spent in 2023-2024. • In addition to the capital allocation, the trust had been awarded an additional £1m to support further works on fire safety. • Two new ED departments were complete and had been well received from both staff and patients. • Forward look - Capital remained an issue. Discussions were being had with the ICB, regional and national colleagues about how capital could be increased and supported. • There had been significant disruption within 2gether through strike action. This had now been concluded and a conclusion has been reached. • There had been significant plant failure - power had recently been lost at the WHH. • There had been a recent inspection from the fire service, which	

	highlighted the need for improvements at WHH. Funding had been made available for this and work was progressing. • In 2024-2025 there would be a focus on food provision for staff and patients and the team expect to see a significant improvement around this. • Governance between 2gether and the trust was a concern, however, work was being done around this to ensure this was being addressed. MB asked for a better understanding around the Fire Safety Programme. BS commented it was an extensive programme that would take some time, however, the trust needed to ensure that staff's everyday practice was cognisant of fire safety and work was needed with the fire safety teams around this. MB asked what the timescale was around this. BS responded it would take around 3-6 months for the programme to be embedded. Update on Fire Safety to be provided at the next meeting - **ACTION**	
23/065	**NEDS OVERVIEW REPORT - BOARD COMMITTEE CHAIR REPORTS TO PUBLIC BOARD:** **065.1 QUALITY & SAFETY COMMITTEE (Q&SC)** Dr Andrew Catto updated the Council and the following was highlighted: • There had been representation from the ICB at a meeting of the committee. • In relation to the integrated performance report (IPR), the Q&SC had focused on things that were Board priorities, such as 12-hour waits and cancer performance. • There had been a slight reduction in the complaint response rate - this was being looked at within the committee. • Communications from the CQC was tracked monthly, and there had been a reduction in CQC contact over the last few months. • The assurance around health inequalities had been disappointing, with a low score in the trust's EDS submission. • There had been a focus around renal provision. • The organisation was improving its response to the management of risk. As a result of this, a relatively large number of high scoring risks in the organisation had been identified. Reassurance had been received that system processes were in place to deal with this. • The effectiveness of the Call for Concern campaign was being monitored by the committee. • The effectiveness of the Dementia strategy was also being monitored by the committee. • CNST within maternity was a big achievement. • Access to a second theatre at QEQM was a risk that had been escalated twice to the committee and there had been some re-assurance about the mitigations that were in place to keep patients' safe and what the plans were going forward. • The needs of mental health patients within ED was discussed and an update was brought to the last committee. MB asked what was being done to help mental health patients have a safer environment, not only for themselves, but for other patients in ED. AC responded this was a complex piece of work and the committee was trying	

to understand the pathways and relative contribution from providers and ensure mental health and non-mental health patients were not adversely impacted by some of the challenges. RH commented it was for our partner community mental health colleagues to look into this and this would be discussed at a meeting that was being held in February 2024.

PEOPLE & CULTURE COMMITTEE

CS commented she had only chaired one meeting which took place on the 29th March 2024. Assurance was needed around changes in culture. Deep dives were also needed in certain areas such as; Statutory training. More information would be provided at the next Council of Governors meeting. The results of the staff survey were not yet known; however, the response rate was around 41-42%.

FINANCE & PERFORMANCE COMMITTEE

The report was taken as read and the following points were highlighted:

- Focus remained on driving the cost improvement programme for 2023/2024 and formulating the programme for 2024/2025. The central PMO team was being supported in this work by PWC. 17 themes had been identified across the programme, each with an executive lead. A new reporting dashboard had been developed and a full paper on the CIP plan would be seen at the next FPC meeting.
- Length of stay and flow update - The trust had been supported by KPMG at the WHH and PRISM at QEQM. The report provided an analysis of the current and original length of stay of patients across the trust, which stood at 11.49 days. Work was underway to plan and deliver the opportunities identified to achieve the length of stay at site level.
- Month 9 - The revised forecast deficit for 2023/2024 stood at £117.4m - this had been discussed and acknowledged by NHS England on the 19th January 2024. This was in line with the independent forecast by PWC. The CIP requirement for this financial year of £13.1m.
- The committee noted, with concern, the performance in respect of the number of cancer patients waiting longer than 42 days of 597 and 104 days of 100, had remained very high. This was along with the increases in breaches of referral for treatment waiting times 52 weeks increasing to 6459 and 65 weeks to 2360. Action plans in respect of these numbers were discussed and a detailed action plan in respect of cancer patients was due to be seen at the next FPC.

CHARITABLE FUNDS COMMITTEE

The paper was taken read and no questions were presented.

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

OO apologised for not attending the meeting in person, and explained a full report would be presented at the next Council of Governors meeting. The following was highlighted:

- Year end audit and accounts process - Last year the trust had submitted its accounts late, and an independent report around lessons

	learnt was expected. The committee therefore had reflected on the risk around this years' account and there had been concern around the trust submitting on time. Work was being done with the auditors to ensure they had the support needed and the accounts to be submitted on time. • Internal auditors - Reflections were made around effectiveness of the governance arrangement. The focus was to test the assurances to ensure the reports being seen by the Council of Governors in terms of the narrative and accuracy, provided controlled and effective assurance. • The committee was looking to re-map the assurance framework to ensure the right level of assurance was received. • The committee had received the revised template for the Board Assurance Framework (BAF) and had been approved by the individual committees of the Board of Directors.	
23/066	**READING THE SIGNALS UPDATE** CS thanked the families who had been engaging with the group over the last 12 months. There were 6 regular family representatives who were in attendance and providing feedback. The meetings were working well in demonstrating the progress the trust was making in maternity services. The CEO, along with other execs were also in attendance at these meetings, which showed the change in the culture and transparency. Restorative work had started with the families involved in the Dr Kirkup report. Focus was still around the role the internal and external legal advisors for the trust played in the cover-up and culture. The Board of Directors and the Council of Governors needed to ensure assurance was given that the trust was doing everything possible to ensure the legal advisors were not hindering any processes or tribunals.	
23/067	**FINANCIAL UPDATE 2023/24** TG updated the Council and the following was noted: • The trust needed to benchmark themselves against best practice financial controls - This exercise had been completed and a number of controls had been put in place. • The trust was forecasting a £117.4m deficit for 2023-2024. This had been acknowledged and discussed with the national team. • A SIP plan needed to be built urgently and there was work being done around this. MB asked where the business support was for departments to deliver the savings. TG responded engagement had been done and the next stage was to look at the detail. There was a comms plan, however, more work was needed to be done.	
23/068	**OPERATIONAL UPDATE** RH offered a detailed session with the governors around the trajectories.	
23/069	**ELECTION UPDATE** The GML informed the elections were in process and elections were due to close on the 21st February 2024. There were currently 3 positions within the	

	council, and it was hoped after the 21st February there would only be one position to be filled.	
23/070	**PATIENT TRANSPORT (G4S) UPDATE** BS informed the provider of transport for Kent and Medway was G4S and the contract was held and managed by the ICB. There were challenges for the trust around how this could be influenced and managed. A meeting was due to be held on the 19th February 2024 with the director of the ICB to understand how work could be done together to ensure a better service. BS thanked BM and other governors for highlighting some examples patients' and their families had faced.	
23/071	**ANY OTHER QUESTIONS** No AOB.	
23/072	**DATE OF NEXT MEETING** Thursday 11th April 2024.	

Signed _____

Date _____

Chair's initials ……..

CoG 24/005							
Action No.	**Date of Meeting**	**Min No.**	**Item**	**Action**	**Target date**	**Action owner**	**Progress Note (to include the date of the meeting the action was closed)**
23/064	06.02.24		Estates Update	Update on Fire Safety to be provided at the next meeting		GML	11.04.24 - Full report will be presented to Council in the July meeting, when internal report has been completed. Recommend to remain open

East Kent Hospitals University NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: **Acting Chairman's Report**

Meeting date: **11 April 2024**

Board sponsor: **Acting Chairman**

Paper Author: **Acting Chairman**

Appendices:

None

Executive summary:

Action required:	Information
Purpose of the Report:	The purpose of this report is to: • Report any decisions taken by the CoG outside of its meeting cycle; • Update the Council on the activities of the Board of Directors (BoD); and • Bring any other significant items of note to the Council's attention.
Summary of key issues:	Update the Council on: • Current Updates/Introduction.
Key recommendations:	The Council of Governors is requested to **NOTE** the contents of this Chairman's report.

Implications:

Links to Strategic Theme:	• Quality and Safety • Patients • People • Partnerships • Sustainability
Link to the Trust Risk Register:	N/A
Resource:	No
Legal and regulatory:	No

East Kent Hospitals University NHS Foundation Trust

Subsidiary:	No

Assurance route:

Previously considered by: N/A

East Kent Hospitals University NHS Foundation Trust

ACTING CHAIRMAN'S REPORT

1. Purpose of the report

To report any decisions taken by the Council outside of its meeting cycle. Update the Council on the activities of the BoD and to bring any other significant items of note to the Council's attention.

2. Chairman's Report

As we move forward into the next financial year, the Trust continues to face considerable pressures. I am pleased, however, to announce that our Trust financial position has sustained positive improvement. As of Month 11, our agency and bank expenditure has continued to fall, alongside our substantive staffing expenditure back to the forecasted amount. As a result, the Trust has delivered on our forecast position, in line with the £117.4m year-end deficit position. This work would not have been possible without the considerable work happening Trust-wide to deliver on our Cost Improvement Programmes (CIPs) which has resulted in £13.1m worth of savings across the Trust. Our target for next year is to deliver a minimum of £49m CIPs and I am pleased to report the Trust is making good progress planning these initiatives.

All of the Board, not least myself, are aware that although this position is a positive improvement, and shows a large enhancement in our grip and control processes, the work ahead of us as we move into 2024/25 continues to be a challenge. A pivotal part of the Trust's work will require close working with partners across the system to deliver a significantly improved financial position in 2024/25. Based on the recent three-month performance, there is cause for optimism that a significant decrease in the trust's deficit could be accomplished in the next financial year.

Alongside our improved financial position, we also have seen a positive improvement in operational performance across the Trust. Firstly, the three-year £30 million expansion project for the emergency departments in Margate and Ashford has successfully finished. I would personally like to thank all of our teams who have worked tirelessly on the works, and our clinical teams who have continued to provide the best care for our patients whilst work was underway. The new expansion provides additional patient bays to both sites, alongside additional features to ensure dignity, privacy and the best environment to receive care for patients.

Although our services continue to receive high utilisation, the length of time patients are waiting to be seen has seen an improvement, although we still have significant progress to make. Our Accident & Emergency (A&E) and Urgent Treatment Centres attended to 24,515 patients in February alone, with 70.8% receiving care within four hours. This is an improved position from 68.5% in January. In March, we are aiming to achieve the national standard of 76%.

Alongside our emergency services, our planned cancer treatment has also seen reductions in waiting times. The Trust had 554 patients awaiting cancer treatment for over 62 days in February. At the time of writing, that number has reduced to 187. Additionally, the number of patients waiting over 104 days has dropped from 105 to 47, which is a significant achievement. Once again, this has not been possible without huge efforts from our onsite clinical teams.

Although there is still work to be done, this improvement clearly shows a positive direction for the Trust.

For our wider elective waiting lists, we again are making progress, with a clear focus to clear our 78 week breaches.

Furthermore, I have been fortunate to visit both of our maternity sites at Ashford and Margate this month, which provided me an opportunity to meet the teams on site. The improvements within our maternity services are substantial, with higher patient satisfaction, and the Trust on target to meet all targets as part of the National Maternity and Neonatal Improvement Programme. As a result, we are keen that the hard work into our maternity services does not go unrecognised, and we will be utilising this area of success as a way to show learning across the Trust.

As a clear showcase of the work taking place, I would like to congratulate the Trust's Maternity Bereavement team who received national recognition for the incredibly hard work they undertake across the organisation. Specifically, Dr Jen Essex, who received 'Outstanding Contribution' accolade in the OBGYN of the Year category. Furthermore, Emma Barritt and Amy Barnes, who both work for the Small Steps bereavement team, picked up a 'Special Recognition' and 'Outstanding Contribution' in the Bereavement Midwife of the Year at the at the fifth National Mariposa Bereavement Awards. This is a clear example of how far our maternity services have transformed, and I am glad the team has received recognition for their unbelievably hard work.

Finally, as many would have seen, the national NHS Staff Survey results were published which showed that the Trust still requires a considerable improvement to engage and support our staff. As we all know, staff which are happy at work result in better patient outcomes, and safer care. We know that the number of staff who responded to the survey only accounted for 41% of our workforce, which is a concerning number and one we must actively address to ensure our staff feel that their views should be heard, and importantly, that we are acting on what is said. Unfortunately, the Trust scored below the national average in most of the questions, including staff engagement and advocacy for patients to be treated at the Trust, or recommending somebody to work at East Kent.

In response to the staff survey results, the Executive Team have already begun to undertake a series of regular open-forum listening events across all of our acute sites. There will also be targeted interventions for areas which had specific low uptake. It is clear that change is required for us to improve our staff wellbeing, and the Board is committed to do this.

In addition, a key feature of the Staff Survey results were how our leaders supported staff across the organisation. As a result, we have focused on providing dedicated support and intervention to our managers, which has included the delivery of an externally led full-day masterclass to 250 leaders across all divisions which aimed to understand how a kinder culture leads to safer care, and better outcomes, for our patients. Further in-house leadership development programmes have begun to roll out to all leaders.

Furthermore, we understand that it is important for our staff to feel listened to, and have multiple avenues to speak up should they wish. Our internal Freedom to Speak Up Team (FTSU) have continued to provide additional opportunities for staff to reach out, with additional outreach work

including in-person visits to all teams and listening events, with an ever-growing list of connectors across the Trust to support staff in speaking up.

We understand that this is just the first step to support our work force, and there is a significant further way to go to support our staff.

East Kent Hospitals University NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS (COG)

Report title: Chief Executive's Report

Meeting date: 11 April 2024

Board sponsor: Chief Executive

Paper Author: Chief Executive

Appendices:

N/A

Executive summary:

Action required:	**Discussion**
Purpose of the Report:	The Chief Executive provides a monthly report to the Council of Governors providing key updates from within the organisation, NHS England (NHSE), Department of Health and other key stakeholders.
Summary of key issues:	This report will include a summary of the Clinical Executive Management Group (CEMG) as well as other key activities.
Key recommendations:	The Council of Governors are requested to **DISCUSS** and **NOTE** the Chief Executive's report.

Implications:

Links to Strategic Theme:	• Quality and Safety • Patients • People • Partnerships • Sustainability
Link to the Board Assurance Framework (BAF):	The report links to the corporate and strategic risk registers.
Link to the Corporate Risk Register (CRR):	The report links to the corporate and strategic risk registers.
Resource:	N
Legal and regulatory:	N
Subsidiary:	N

Assurance route:

Previously considered by: Board of Directors – 04 April 2024

East Kent Hospitals University NHS Foundation Trust

CHIEF EXECUTIVE'S REPORT

1. Purpose of the Report

The Chief Executive provides a monthly report to the Board of Directors providing key updates from within the organisation, NHS England (NHSE), Department of Health and other key stakeholders.

2. Background

This report will include a summary of the Clinical Executive Management Group (CEMG) as well as other key activities.

3. Clinical Executive Management Group

At meetings of the Clinical Executive Management Group (CEMG) in February and March 2024, the group approved a cost neutral Business Case to re-configure ward arrangements at the QEQM hospital, co-locating specialty services (specifically Gastroenterology, Colorectal and General Surgery), whilst delivering a dedicated discharge lounge, therapy gym and creating an enhanced frailty assessment unit.

The group also approved a proposal to review the Trust's on-call accommodation arrangements and supported the continued role out of Palliative and End of Life Care (PEoLC) beds at the William Harvey Hospital, whilst approving a Social Finance project that would support the long-term sustainability of the PEoLC beds project and the development of ambulatory care to meet unscheduled care needs and reduce ED attendance.

4. Operations update

4.1. Reduced Waiting Times

The length of time patients are waiting to be seen is reducing. As a Trust we have a long way to go, but there has been significant progress.

In February, the Trust had 554 patients awaiting cancer treatment for over 62 days. At the time of writing, that number has reduced to 187. Additionally, the number of patients waiting over 104 days has dropped from 105 to 47, marking a significant achievement.

Since the beginning of January, a huge effort has been made to address the number of patients waiting for an endoscopy across our surveillance, urgent and routine waiting lists. During the last three months the waiting list has reduced by over 2,000 patients with clear plans in place to further reduce the remaining backlog in the coming months. A special thank you is extended to the team for managing additional appointments, including weekends, resulting in the highest patient throughput for the month of March compared to any other month in this financial year. Further improvements are also acknowledged for our patients on the routine colonoscopy pathway; by the end of March 2024, all 2,037 patients will have undergone a Q-fit test for cancer.

Efforts to mitigate long waiting times for planned treatments have also seen marked improvements. In January, over 2,000 patients were at risk of exceeding the 78-week wait threshold by the end of March 2024; however collective efforts have substantially reduced this number. The Trust now estimates that by year-end, the number of patients waiting over 78 weeks for planned treatment will be 468. Whilst recognising the progress that has been made, the Trust acknowledges that these long waits for planned treatment fall below the standard of care expected by our patients. Detailed capacity planning and efficiency improvements are underway to ensure that these advancements continue throughout 2024/25 and into future years.

In February, our A&E and Urgent Treatment Centres attended to 24,515 patients, with 70.8% receiving care within four hours. In March, we are aiming to achieve the national standard of 76%.

As we continue striving for excellence, we remain committed to providing timely, high-quality care to our community. A huge thank you to the teams across the Trust for their ongoing support and dedication.

4.2. Emergency pathway reset - Right patient, right bed, first time

As we approach spring and the new operating year, the Trust has the opportunity to review what we are currently doing and how we work together to manage patient flow throughout our hospitals. At this time, we need a particular focus on reducing the length of time patients need to wait in ED for admission and on reducing corridor care within ED.

To address these challenges, a Trust wide ‘re-set’ of our emergency pathways will commence in late March, working differently to ensure the right patient is in the right bed first time. This will build on the work done so far, and also allow us to start making the most of the opportunities our newly-configured emergency departments can give us.

The re-set will start at QEQM between Monday 25 March and Friday 05 April, and then will roll-out to WHH and K&C throughout April.

As part of the re-set, we will re-launch and embed our professional standards and adopt an agreed approach to board rounds across the Trust, to ensure there is a consistent approach to decision-making for every patient.

4.3. Emergency departments builds complete

The three-year, £30m expansion of the emergency departments at Margate and Ashford has been completed with the final area, two new resuscitation bays at QEQM, handed over to clinical teams. These additions bring the number of resus bays at QEQM to seven, each equipped with sliding doors to ensure privacy, dignity, and to reduce the risk of infections spreading. Additionally, there is a new rapid assessment and treatment unit, dedicated mental health facilities, a new children’s emergency department, a new entrance and waiting area, a treatment area for adults, and a relatives’ room.

At the William Harvey Hospital, there is a large new ambulance entrance, nine resuscitation bays, dedicated areas for patients with mental health needs, and 12 rapid assessment and treatment bays. The expansion has also led to the creation of a new children's area and a new treatment area for adults.

5. Financial performance and 2024/ 2025 Business Planning/ outlook

Further improvement of the Trust's financial position was seen in Month 11, with agency expenditure continuing to fall, whilst substantive staffing spend also fell back in month (following the non-recurrent impact of January's industrial action falling away). As a result, we have delivered our forecast position, in line with the £117.4m year-end deficit agreed with the national team at the meeting on 19 January 2024.

Income continues to be ahead of forecast, reflecting improved operational performance and allowing more patients to receive care at our hospitals. Inevitably this additional activity has incurred more cost, and so the non-pay position compared to forecast is overspent.

The in-month position also saw the recognition at a group level of the back-pay agreement 2gether Support Solutions has reached with its staff. Whilst this was recognised in the month 11 financial position, our forecast expected this cost to be incurred in March (month 12). The fact that the group remained on track despite the earlier recognition, talks to the underlying improvement that has been seen across the Trust.

Looking forward and into 2024/25, we continue to work with partners across the system to deliver a significantly improved financial position. Given the performance over the last three months, there is reason to be hopeful that a material reduction in the size of the Trust's deficit can be realised in the new financial year.

6. Workforce Savings Scheme consultation – Admin and Clerical Review

A 30-day collective consultation process to review the Trust's Administration and Clerical Support Structure was launched on 22 February 2024 and ended on 22 March 2024, with the aim to redeploy as many staff into suitable alternative roles as possible and avoid any potential for compulsory redundancy.

This review follows the consultation held last year to realign and reorganise services into six new Care Groups and will provide uniformity in structure, consistency in roles, a holistic view across teams of the Trust's administrative functions and will support the work that is being done to improve the Trust's financial position by ensuing the best use of our people and resources.

7. Annual Staff Survey

The 2023 NHS Staff Survey took place between 18 September - 24 November 2023. A total of 9,751 eligible employees were invited to complete this and over 4,000 people responded, which represents a response rate of 41% which has fallen for a second consecutive year, from 44% in 2022 and 51% in 2021. This is indicative of a level of staff engagement.

A summary of the headlines emerging from the 2023 NHS Staff Survey are provided below:

- The Trust currently scores below the national average in 87% of questions
- The Trust scores the lowest of all 122 Acute Trusts in three of the nine key domains, this includes staff engagement, where the Trust scored 6.34 / 10
- The three questions with the biggest gap from the national standard all relate to advocacy (i.e. recommend as a place to work/ be treated & care being our top priority)
- Challenges centre around; advocacy, risk and culture with fewer staff who would recommend the organisation as a place to work/ be treated than at any other Acute Trust.

These results will be taken alongside the findings from the discovery phase of the Culture and Leadership Programme (CLP) and our wider people metrics (i.e. turnover, sickness absence) allowing us to identify our greatest challenges and where we need to act.

It is necessary for a materially different approach to be taken to that of previous years given the stark reality of these results and the current experience of our staff. This has begun with the launch of a series of Executive led listening events that have been held across the Trust.

This must however be a year-round focus at every level of the organisation to improve the experience and wellbeing of staff across the Trust and to start intensively immediately.

8. Asceptic Unit for pharmacy

On 12 March 2024 an inspection of the Trust's sterile unit for chemotherapy synthesis, within Pharmacy, was undertaken by the London and South East regional Quality Assurance for Specialist Pharmacy services team.

The inspection found three critical and eight major concerns and made a number of recommendations in relation to these. As a consequence, work has been undertaken on the roof of the unit, and internal work to make good the damage that was highlights by the inspection has also been complete, however the unit itself is old and increasingly unfit for purpose.

Refurbishment of the fabric, and air processing unit would require significant downtime (12 - 18 months) and come at significant cost with estimates between £2m - 3m and would only convey an extension of function for two – three years. Outsourcing

chemotherapy during that time, or as a long-term solution is costly and the medications have short use by times, meaning many preparations are wasted. A new build would be more expensive, but would support delivery to the revised national standards.

Audit has suggested that the increase in demand for chemotherapy is being met by the unit at EKHUFT regularly working above maximum capacity.

A detailed response to the London and South East Regional Quality Assurance for Specialist Pharmacy services inspectors and an options paper for the Board are being produced by the Care Group and the Chief Medical Officer to meet the inspector's timelines.

9. Association for Perioperative Practice (AfPP) Peer Review

Following the identification of an increased incidence of Surgical Site Infections (SSI) within the Orthopaedic Services and the occurrence of four Never Events between quarter 2 and quarter 3 of 2023, the Trust commissioned the Association for Perioperative Practice (AfPP) to undertake a peer review of the Operating Departments at the QEQM, William Harvey and Kent and Canterbury Hospitals.

These reviews were held between 09 – 26 January 2024 to provide the team with a framework to examine service performance and to identify potential improvements in line with AfPP standards and recommendations.

A detailed report of this review, including immediate recommendations was received on 16 February 2024, with good practice including excellent leadership, the use of five steps and a clear/ concise team brief noted.

The relevant Care Groups have begun to develop their improvement plans which will include the identification of surgical safety checklist champions and the development of an operational policy reflective of theatre practices and processes.

10. National Clinical Impact Award - Consultant Gastroenterologist Dr Zach Tsiamoulos

Congratulations to consultant gastroenterologist Dr Zach Tsiamoulos, who has been granted one of only 600 National Clinical Impact Awards across England and Wales, that are designed to recognise clinicians who lead the way in the provision and improvement of patient care, demonstrating national impact by going above and beyond their roles.

11. Recovery Support Programme (RSP) and support from NHS E

Mark Blakeman has joined the Trust as part of the national RSP team from NHS England and will continue the work started by Moira Durbridge and support the delivery of the Integrated Improvement Plan (IIP).

12. Executive Team update

I am delighted to announce the appointment of Rob Hodgkiss as the Trust's substantive Chief Operating Officer; Rob has more than 30 years' experience in the NHS, starting his career working as a healthcare assistant before moving on to various junior, middle and senior management roles across London and the Midlands, before taking up his most recent role as Chief Operating Officer and Deputy Chief Executive at the Chelsea and Westminster Hospital in 2016.

I would also like to take this opportunity to advise the Council of Governors of the appointment of Khaleel Desai as the Trust's Director of Corporate Governance. Khaleel will join the Trust on Monday 29 April 2024.

13. Conclusion

The Council of Governors are requested to **DISCUSS** and **NOTE** the Chief Executive's report.

East Kent Hospitals University NHS Foundation Trust

BOARD COMMITTEE ASSURANCE REPORT TO COUNCIL OF GOVERNORS (CoG)

Committee: Quality and Safety Committee (Q&SC)

Meeting date: 26 March 2024

Chair: Dr Andrew Catto, Non-Executive Director (NED)

Paper Author: Executive Assistant

Quorate: No

Appendices:

None

Declarations of interest made:

No declaration of interest was made outside the current Board Register of Interest.

Assurances received at the Committee meeting:

Agenda item	Summary
Focussed Review of Serious Incidents (SIs) pre-Patient Safety Incident Response Framework (PSIRF) Implementation	The Committee received the report and **NOTED** that the number of SIs had reduced over the past 12 months as the Trust is moving towards PSIRF. The Committee was made aware that the SIs closure rate by the Integrated Care Board (ICB) Panel and the 72-hour report compliance had improved.
Care Quality Commission (CQC) Update Report	The Committee received the report and **NOTED** the acceleration of closures of the outstanding CQC must-do and should-do actions. The Committee expressed concern that following the recent CQC restructure it had become challenging for the Trust to communicate with the CQC colleagues promptly and effectively. The Committee received assurance that with collaboration with the ICB team appropriate levels of communication would be restored.
Significant Risk Register Update	The Committee received the report and **NOTED** that out of 47 risks on the Significant Risk Register 33 risks were quality related risks. The Committee were assured that all significant risks had been assigned Executive Director and would be updated monthly and reported through Clinical Executive Management Group (CEMG) and appropriate Board subcommittees to the Trust Board.

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Patient Safety Committee Chair's Report	The Committee received the report on the activities of the Patient Safety Committee and had a focussed discussion around radiation safety and the use of controlled drugs.
Maternity & Neonatal Assurance Group (MNAG) Chair's Report	The Committee received the report on the activities of the Maternity and Neonatal Assurance Group and agreed that significant assurance continued to be provided. The Committee **NOTED** that whilst there had been significant improvements in the estates' facilities, some larger projects were awaiting decisions on funding including the second theatre at Queen Elizabeth the Queen Mother Hospital (QEQM). The Committee received an update on the National Patient Safety Alert around the Maternity Information System used by EKHUFT and all other Maternity Services in the Local Maternity and Neonatal System (LMNS) and the risks in relation to the accuracy of clinical information. The Committee was assured that the team was working with the LMNS on a system-wide procurement of an alternative system.
Safeguarding Committee Assurance Report	The Committee received the report and **NOTED** that the Safeguarding Assurance Committee was now chaired by the Chief Nursing & Midwifery Officer (CNMO). The Committee acknowledged the significant amount of work the Safeguarding team was continuing to undertake.
Infection Prevention and Control Report	The Committee were provided with an update and **NOTED** that in February 2024 the Trust had reported the lowest number of C-difficile cases in 14 months. The Committee had a robust discussion around effectiveness of the antimicrobial stewardship processes and surgical site infections surveillance.
Clinical Audit and Effectiveness Committee (CAEC) Chair's report	The Committee received the report and **NOTED** good compliance with the national audits. The Committee sought clarity as to the reasons for poor compliance with implementing the National Institute for Health and Care Excellence (NICE) Guidelines and asked to receive an improvement trajectory.
Patient Safety Incident Response (PSIR) Policy and Plan	The Committee were made aware that preparations for Patient Safety Incident Response Framework (PSIRF) implementation were on schedule and the Trust Board were required to approve the PSIR Plan and Policy (attached Appendix 1 for Board approval).

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Fundamentals of Care Chair's report	The Committee were provided with an update and **NOTED** that the Ward Accreditation Programme had been revised to ensure enhanced quality standards were met before wards were accredited.
Patient Experience Committee Assurance Report	The Committee received and **NOTED** the report on the activities of the newly established Patient Experience Committee.

Referrals from other Board Committees

No referrals from other Board Committees were considered at this meeting.

The Committee asks the CoG to discuss and **NOTE** this Q&SC Chair Assurance Report.	Assurance	11 April 2024

East Kent Hospitals University NHS Foundation Trust

BOARD COMMITTEE ASSURANCE REPORT TO COUNCIL OF GOVERNORS (CoG)

Committee: Finance and Performance Committee (FPC)

Meeting date: 26 March 2024

Chair: Richard Oirschot, Non-Executive Director (NED)

Paper Author: Deputy Group Company Secretary

Quorate: Yes

Appendices:

None

Declarations of interest made:

None

Assurances received at the Committee meeting:

Agenda item	Summary
Board Assurance Framework (BAF) and Significant Risk Register (SRR)	The Committee received a report to provide a regular update on the current Board Assurance Framework (BAF) and risks associated with Performance and Finance metrics. The Committee received an update from the Interim Chief Finance Officer (CFO) on each of the key risks associated to the FPC and noted that this was the first meeting in which the new BAF shaped the agenda of the meeting. A further deep dive item on the principal risks associated to FPC will come to a future meeting. The Committee noted that a final review of all significant risks was due to be completed shortly, by the end of the week, with final review underway by Executives. A final version of the SRR will be coming to the next meeting. The Committee noted the current position and received **ASSURANCE** on the Board Assurance Framework (BAF) and principal mitigated finance and performance risks.
Annual Plan 2024/25	A report was provided to review the draft annual plan for 2024/25. The Committee noted that at the time of the meeting, NHS planning guidance for the financial year had not been published, however, some unconfirmed planning assumptions have been shared in advance of publication.

	The Interim CFO noted that there were key risks which had been factored in which primarily were associated with: • Plans for delivery of the £49m for Cost Improvement Programme (CIP) in 2024/25, which were currently in progress. • The Trust will be required to manage its cost base in a more robust way than it has done previously over the last three years. This business planning is the first step to ensure delivery, however, it is a high-risk area to ensure the Trust sticks to plan across all care groups. • The Trust must work with the Kent & Medway (K&M) System to support the release of beds which are as a result of patients who meet No Longer Fit to Reside (NLFT) criteria and ensuring there is appropriate support in place with the Trust's commissioners across the financial domain. The Committee noted current draft modelling for the Trust's deficit for 2024/25, which detailed an interim draft deficit at £85.8m. This deficit represents a balanced plan, taking into account the risks above which must be managed to set the deficit as planned, and is subject to planning guidance and therefore is subject to change. The current draft deficit has been shared with NHS England (NHSE), and the Integrated Care Board (ICB), and they are currently supportive of the business planning. However, further work is required to ensure mitigation are in place for the key risks highlighted previously. The Committee **RECOMENDED** to the Board of Directors that this plan is used as the Trust's interim budget, pending the publication of planning guidance. The Committee noted the draft Annual Planning for 2024/25 and received **ASSURANCE** on the plan for next financial year. A further report will come to the next meeting, once guidance was formally published.
2024/25 Cost Improvement Programme (CIP) Update	The Interim CFO, in collaboration with PricewaterhouseCoopers (PWC), provided an update to the Committee on CIPs across the Trust. As reported previously, the Committee noted that the CIP Value for 2023/24 was finalised in January 2023 at the RAG-adjusted FOT of £13.1m and, for February M11, that cumulative Forecast Outturn (FOT) has held. The focus for the team will now be on CIP values for 2024/25. The Committee noted at the time of the meeting, the pipeline of CIPs, was risk adjusted to £36.0m, reflective of CIP schemes being worked up in detail (including financial input, quality sign-off, and ultimately Executive sponsor sign-off). The sizeable challenge remains both in increasing the pipeline and

	developing the ideas into deliverable action plans which total a minimum of £49m fully RAG- adjusted for the end of March 2024. There was clear progress towards a plan in place for hitting this target, in line with a clear quality risk process with the Chief Medical Officer (CMO) & Chief Nursing & Midwifery Officer (CNMO). Following identification for the pipeline of CIPs, work is underway to ensure additional programmes were underway in case of slippage, with relevant documentation and accountability for delivery across the Trust, including at Care Group level. The Committee noted the CIP update and received **ASSURANCE** on the 2023/24 CIP delivery, and pipeline for CIPs across 2024/25.
2024/25 Capital Plan & Medium-Term Development	The Committee received an update on the short, medium, and long term, capital plan from the Chief Strategy and Partnerships Officer (CSPO). The Trust's overall capital allocation for 2024/25 is £22.1m, factoring in specific streams of money dedicated for programmes of work. The capital plan has been reviewed, and refreshed, based on highest-risk items as approved at Board. The Committee noted that next year's capital plan will require a large focus to ensure delivery, and will be a much more significant plan then previous years. The capital plan will need to focus around the Trust's focus on mitigating some of the significant critical infrastructure risks that the organisation is currently carrying. Within the coming year, the Trust will refresh its organisational strategies, along with the necessary enabling strategies, including clinical and estates strategies. The current draft 5-year plan shows that for the Trust to cover all high-risk projects it would result in a cost circa. £438m, and this is not accounting for any in-year ad-hoc projects which may occur, given the current estate risk across the Trust. As a result, work is underway to prioritise projects across the Trust, with final review with the executive team to ensure all potential projects are described. A draft timetable for the medium-term capital plan to be created was shared with the Committee, which resulted in a final plan being ready by end of Financial Year (FY) 2024/25. The Committee noted the 2024/25 Capital Plan and received **LIMITED ASSURANCE,** given the current lack a medium/long-term capital plan and current unforeseen risks which may arise in-year.

Integrated Performance Report (IPR) – National Standards for Emergency Access, Referral to Treatment (RTT), Cancer and Diagnostics	The Committee received an update on the current performance metrics across the Trust. The Committee noted a significant reduction in the 78-week waiting list for elective care, with a plan to support all care groups to deliver on the Trust planned target of 651 patients waiting. As of March 2024, the Trust has already hit this target, with 595 currently on the waiting list. There are however still specific areas to target for further reductions, specifically within Otology and Functional Endoscopic Sinus Surgery (FESS) with Endoscopy & Cardiology having made further reductions then planned which has resulted in the current position. For Cancer treatment, the Trust had 554 patients awaiting cancer treatment for over 62 days in February, that number has reduced to 196. Additionally, the number of patients waiting over 104 days has dropped from 105 to 55. This, again, shows a significant reduction in the waiting list for cancer services. The Committee noted that there is still a significant amount of work to fully reduce waiting lists across the Trust, however, it is a positive step which shows significant work which has been undertaken across the entire Trust. The Committee specifically highlighted the need to look forward into 2024/25, and requested a trajectory is shown for the next year, understanding what is possible and what are the lessons learnt from this process to ensure delivery. The Committee noted **ASSURANCE** on the levels of operational performance across the Trust.
Month 11 Finance Report	The Committee received a report on the current Month 11 position of the Trust. The Director of Finance (DoF) updated that the Trust have delivered the forecast position for month 11, in line with the £117.4m year-end deficit agreed with the national team. The Committee noted Month 11 shows further improvement in the group's financial position. Agency employee expenditure continues to fall, and substantive staffing spend also fell back in month (following the non-recurrent impact of January's industrial action). The Committee requested an update on a previous risk highlighted to the group regarding substantive staffing for the internal finance team, given recent planned departures. The DoF updated the committee on the current recruitment process for the finance team, which noted that all roles were substantively filled with final checks underway. The Committee received **ASSURANCE** on the Month 11 Finance Report

East Kent Hospitals University NHS Foundation Trust

Meeting Assurance Reports	The Committee noted the assurance report from the Capital Investment Group (CIG) and Business Case Scrutiny Group (BSCG) and received **ASSURANCE** on the work they had untaken since the last reporting period.

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
The CoG is asked to receive and **NOTE** this assurance report.	Information	11 April 2024
The CoG is asked to **NOTE** the Month 11 Financial Position.	Information	11 April 2024

East Kent Hospitals University NHS Foundation Trust

BOARD COMMITTEE ASSURANCE REPORT TO COUNCIL OF GOVERNORS (CoG)

Committee: Charitable Funds Committee (CFC)

Meeting date: 14 March 2024

Chair: Claudia Sykes, Non-Executive Director (NED)

Paper Author: Committee Chair

Quorate: Yes

Appendices:

No

Declarations of interest made:

None received

Assurances received at the Committee meeting:

Agenda item	Summary
Charitable activities	The Committee noted the very successful work of the Charity team over the festive season.
Investment fund	The Committee received a presentation from Cazenove on the Charity's £2.1m investment portfolio, which noted ongoing uncertainty in the financial markets. The Committee approved moving more of the portfolio into equities to have more likelihood of obtaining a financial return of Consumer Price Index (CPI) +3%, the agreed target.
Charity finance report	The Committee received assurance over the Charity's financial position at 31 January 2024, noting net assets of £2.1m. £673k of this has been committed from previous grant approvals. Income of £453k Year to Date (YTD) was below plan of £529k due to legacies in the pipeline.
Grant applications	The Committee approved three applications under £100k. The Committee recommended for approval to the Board an application for the relocation and refurbishment of the **William Harvey Hospital (WHH) Bereavement Suite for £169k**. The proposal will enable significantly improved facilities for families with separate access. It will enable parents to have time together in early labour and following delivery. Facilities will include a double bed, bathroom and kitchenette - a private and quiet space to spend time as a family, with the

	opportunity to have baby by the bedside in a cold cot, according to the parents' wishes. The relocation of the suite was highlighted by the Care Quality Commission (CQC) as a "must do" for the Trust. The Committee noted that the Charity had limited funds available within maternity and WHH. The Committee therefore agreed: - A fundraising campaign should be launched to raise funds for this worthwhile cause, and also discuss with the Friends of WHH. - Review the Charity's funds to assess if there is an opportunity to utilise dormant restricted funds. **Should the Charity be unsuccessful in securing full funding, the Charity requests that the Trust underwrites any remaining cost of the application**.

Actions taken by the Committee within its Terms of Reference:

The Committee approved grant applications for:

- Reminiscence Interactive Therapy and Activities (RITA) machines to support patients living with dementia £60k.
- Cold Cap machines WHH and Queen Elizabeth the Queen Mother Hospital (QEQM) £76k.
- Chief Nurse Fellowship Programme £39k.

Items to come back to the Committee outside its routine business cycle:

None

Items referred to the BoD or another Committee for approval, decision or action:

The Charitable Funds Committee asked the Board of Directors to **APPROVE** the £169k Maternity Bereavement Suite grant application agreeing to underwrite any remaining cost of the application should the Charity be unsuccessful in securing the full cost via fundraising.

East Kent Hospitals University NHS Foundation Trust

BOARD COMMITTEE ASSURANCE REPORT TO COUNCIL OF GOVERNORS (CoG)

Committee: Integrated Audit and Governance Committee (IAGC)

Meeting date: 26 January 2024

Chair: Dr Olu Olasode, Non-Executive Director

Paper Author: Board Support Secretary

Quorate: Yes

Appendices:

Appendix 1: Confirmation of Final Emergency Preparedness Resilience and Response (EPRR) Assurance Outcome and letter of confirmation from NHS Kent & Medway Integrated Care Board (ICB)

Declarations of interest made:

No additional declarations of interest made

Assurances received at the Committee meeting:

Agenda item	Summary

Internal Audit Progress Report	• The Committee received **Partial Assurance** from the Internal Audit progress report:
	• Four audit reports issued since last meeting:
	  • Serious Incidents (SIs) (Reasonable Assurance): Improvements in the governance and management of SIs, with issues raised and actions to be addressed to further improve timely management. There have been improved processes around lessons learnt and themes, and these being shared throughout the Trust;
	  • Locum Recruitment (Partial Assurance): great deal of work undertaken to improve processes, there remained gaps in compliance, with issues raised and actions to be addressed to ensure compliance was consistent. Additional work agreed in the 2024/25 audit plan to look at the financial implications and costs. The Committee highlighted this was a key risk impacting patient safety, actions needed to be addressed and embedded promptly to provide assurance of consistent compliance;
	  • Legal Services (Partial Assurance): review of obtaining external legal advice and associated costs, with issues raised and actions to be addressed for improvements;
	  • Staff Wellbeing (Reasonable Assurance): Review of risk of impact of staff sickness and turnover, noting the Trust has taken significant action with provision of support for staff. Issues raised and actions to be addressed relating to Medical Sickness to ensure processes in place to accurately record this

	information. The Committee noted it was important to see outcomes from initiatives implemented and impact whether improvements have been achieved. • Good progress on follow up of actions, with reduction in overdue actions since the previous Committee meeting, and no high priority actions overdue. • Final Internal Audit Reports to be presented to Executive Management Team (EMT) to ensure monitoring of progress of actions, that these were being implemented by the relevant teams, and oversight from the responsible Executive Director.
Local Counter Fraud Specialist (LCFS) RSM Risk Assurance Services LLP – Progress Report	• The Committee received **Assurance** and noted the LCFS progress report and detailed activity. • The Committee noted conflicts of interest testing had been finalised and the report outcome will be presented to the next Committee meeting. • The Committee noted twelve ongoing cases, four referrals closed, and since the report presented there had been two further referrals received.
External Audit Grant Thornton (GT): External Audit Progress Report and Sector Update	• The Committee received **Partial Assurance** from the External Audit progress report, the timeframe for the 2023/24 annual external audit, and the sector update. • The Committee noted strengthened support from the external audit team assisting the annual external audit, emphasising the required submission deadline must be met. Detailed planning, asset testing and audit work will progress in February 2024, and from this date regularly bi-weekly meetings would be held with the Interim CFO to monitor progress, plan being robustly project managed and any risks impacting delay in delivering against the deadline will be escalated. • The Committee requested a briefing be produced and circulated to IAGC members on the programme management, escalation and raising of any issues on the annual external audit, to provide the required assurance that the 2023/24 annual accounts will be submitted by the deadline.
Review and Lessons Learnt – Annual Audit 2022/23	• The Committee received **Partial Assurance** from a verbal report noting an initial draft report shared with IAGC members, this will be circulated to External Auditors and management for review. • The final report will be presented to the next Committee meeting, will include identified recommended actions, is forward looking addressing previous issues and assisting with the smooth running and submission of this year's 2023/24 annual audit.
Risk Register Review Update and Risk Review Group Chair Report	• The Committee received **Assurance** from improved Risk Register Report and activity taken by the Risk Review Group.

	• The Committee noted review and validation work continued, expected to be completed at the end of March 2024. • Now one overarching risk register in place, with a separate Significant Risk Register highlighting risks scored 15 or above. • Positive progress in closing a number of risks, re-wording of risks to accurately describe the risks, as well as clarification around mitigating actions. • The Committee noted detailed discussions, review, monitoring and challenge of actions to mitigate risks at the Risk Review Group that included Executive Director and senior leadership representation, with escalation to the Clinical Executive Management Group (CEMG). Group meetings will include a rolling programme of deep dive reviews of risks. It was agreed the approved Group Terms of Reference (ToR) to be circulated to Committee members and attendees for information. • Internal Audit will be undertaking an annual review of the risk register, and the Committee noted the need for this to focus on risk definition and scores, and that the control actions were effective in mitigating and reducing the risk scores.
Board Assurance Framework (BAF) January 2024	• The Committee received **Assurance** from the improved new BAF format that reflected the corporate strategic risks, and clearly identified leads, provided concise heat map for risk scores along with monthly progress updates. The BAF had been presented, reviewed and discussed at the individual Board Committees. • Executive Director leads will continue to regularly review the BAF. • The Committee suggested an amendment incorporating details of the expected outcome from actions. • The Committee discussed the Trust's Cost Improvement Programme (CIP) and IAGC monitoring assurance against the governance process. It was agreed a report will be presented to the July 2024 Committee meeting on progress and assessment of the CIP year-end target, achieving efficiency savings against the 17 workstreams and themes, any identified gaps and risks, and actions being embedded. • The Committee emphasised staff culture was a vital component in ensuring the Trust's future financial sustainability, improving this, engaging and involving staff to affect change, and robust staff communications.
Good Governance Institute (GGI) Governance Review	• The Committee received **Partial Assurance** from the verbal update noting the finalised report will be presented to the April 2024 Committee meeting for discussion. • The Committee requested the finalised report be circulated to IAGC members for review, feedback and comments to the Chief Executive prior to its presentation in April.

Risk Management and Governance: The New Governance Framework	• The Committee received **Assurance** from the further progress update report, noting implementation of the governance structure in the new Care Groups. • The Committee noted the GGI governance review also included looking at and testing this structure and feedback will be provide in the GGI finalised report.
PricewaterhouseCoopers (PwC) Financial Controls Report	• The Committee received **Assurance** and from the report, also presented and discussed at the Finance and Performance Committee and Board of Directors. • The Committee received assurance around robust monitoring, this will be through progress against recommendations that will be discussed bi-monthly at meetings of the Finance Improvement and Oversight Group (FIOG) and CEMG; • The Committee will receive a progress report at its July 2024 meeting following PwC's re-assessment of progress against the financial controls recommendations and future financial sustainability providing independent assurance of progress. • The Committee emphasised it was important to receive assurance around embedding financial control improvements, staff culture around robust financial management and responsibilities, and these being sustained.
2gether Support Solutions (2gether) Annual Report and Financial Statements for the year ended 31 March 2023	• The Committee received **Assurance** from the Annual Report and Financial Statements for the year ended 31 March 2023 for 2gether. • The Auditor confirmed unqualified opinion. • 2gether's Audit and Risk Committee had reviewed and discussed the Annual Accounts and Audit Report in detail.
Update on the Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD)	• The Committee received **Partial Assurance** from the update report on SFIs and SoD, noting the ongoing review work, and the revised document expected to be presented for approval at the April 2024 Committee meeting. • The Committee noted proposed changes to approval of requisitions and invoices for payment that would ensure correct and effective levels of budget holder authorisation.

Single Tender Waiver (STW) Report and Benchmarking Report	• The Committee received **Assurance** from the STW report for quarter three 2023/24.
	• The Committee noted:
	  • Trust approved 16 STWs with a total value of £864k;
	  • 20 STWs with a combined value of £1.97m had been rejected during Financial Year (FY) 2023/24 Year to Date (YTD);
	  • No Declarations of Interest;
	  • Four No Retrospective Approvals of STWs.
	• The Committee received **Assurance** from the STW benchmarking report noting:

East Kent Hospitals University NHS Foundation Trust

	• Reduction of 20% in STWs since 2021/22 (from 286 to 207); • Reduction in total value from £18m to £12m; • STWs will continued to be monitored by LCFS.
Confirmation of Final Emergency Preparedness Resilience and Response (EPRR) Assurance Outcome	• The Committee received and noted **Assurance** from the EPRR Assurance Outcome report, appended to this report (Appendix 1) for noting by the Board of Directors. • Report provided assurance of agreement by NHS Kent & Medway Integrated Care Board (ICB) of the Trust's self-assurance position of fully compliant in the annual assessment against the NHS England Core Standards for EPRR.

Other items of business
The Committee noted the 2024/25 IAGC Annual Work Programme, and following completion of the governance review and assurance of the governance structure map, there will be a review of the Committee annual work programme.

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
The Committee asks the CoG to discuss and **NOTE** this assurance report from IAGC.	Assurance	To Board on 11 April 2024.

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East Kent Hospitals University NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: **Confirmation of final Emergency Preparedness Resilience and Response (EPRR) Assurance Outcome**

Board sponsor: **Interim Chief Operating Officer (COO)**

Paper Author: **Head of Emergency Planning & Resilience**

Appendices:

Appendix 1: Letter of confirmation from NHS Kent & Medway Integrated Care Board (ICB)

Executive summary:

Action required:	Information
Purpose of the Report:	To provide assurance to the IAGC and subsequent Trust Board that NHS Kent & Medway ICB have agreed the Trust's self-assurance position of fully compliant in the annual assessment against the NHS England Core Standards for EPRR.
Summary of key issues:	A report was submitted to the IAGC on 7 November 2023 outlining that the Emergency Planning team had self assessed the Trust as fully complaint against the NHS England Core Standards for EPRR. This assessment was submitted, with evidence, to NHS Kent & Medway ICB, who have agreed with the position. NHS England define Fully Compliant as: The organisation if fully compliant against 100% of the relevant NHS EPRR Core Standards.
Key recommendations:	The Board of Directors is asked to **NOTE** this report for information.

Implications:

Links to Strategic Theme:	• Quality and Safety
Link to the Trust Risk Register:	N/A
Resource:	No
Legal and regulatory:	NHS England Core Standards for EPRR are aligned to the Trusts duties, as a Category 1 Responder, under the Civil Contingencies Act (2004). The Trust has met these duties.
Subsidiary:	No

Assurance route:

Previously considered by: Integrated Audit and Governance Committee (IAGC) – 26 January 2024

We care

NHS Kent and Medway ICB
Gail House
Lower Stone Street
Maidstone
Kent
ME15 6NB

Jane Dickson
Accountable Emergency Officer
East Kent Hospitals University Foundation Trust

Sent via email

Monday, 18th December 2023

Dear Jane,

RE: NHS England EPRR Assurance 2023 – East Kent Hospitals University Foundation Trust

Firstly, can I thank East Kent Hospitals University Foundation Trust EPRR Lead, Hayley Lingham, for her work with Kent and Medway ICB's EPRR team during this year's assurance process.

As discussed at the LHRP Executive Group meeting on 20th November 2023, East Kent Hospitals University Foundation Trust have been assessed as **Fully compliant** against this year's NHS England EPRR core standards.

NHS England define Fully Compliant as: The organisation if fully compliant against 100% of the relevant NHS EPRR Core Standards. Congratulations on this well-deserved achievement.

As outlined at the LHRP Executive Group meeting, Kent and Medway ICB and LHRP partners are looking to continue to build on the EPRR assurance process with an agreed ambitions for the coming year:

- For every LHRP member to either maintain their current level of compliance or for those requiring it – to move up at least 1 compliance level in the coming year.
- This will be delivered with support from the wider Local Health Resilience Partnership working collaboratively together

On behalf of the Kent and Medway Local Health Resilience Partnership and NHS Kent and Medway ICB, our sincere thanks for your help and assistance in completing this year's annual EPRR assurance process, and once again, well done.

Yours sincerely

Mike Gilbert
Executive Director of Corporate Governance
NHS Kent and Medway
Co-Chair of the Kent and Medway LHRP

Dr Anjan Ghosh
Director of Public Health

Kent County Council
Co-Chair of the Kent and Medway LHRP

Dr James Williams
Director of Public Health

Medway Council
Co-Chair of the Kent and Medway LHRP

Chair | Cedi Frederick
Chief Executive | Paul Bentley

East Kent Hospitals University NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS

Report title: Operational Update

Meeting date: 11th April 2024

Board sponsor: Chief Operating Officer

Paper Author: Deputy Chief Operating Officer for Planned Care, Programme Manager to the COO

Appendices:

Appendix 1: *Tier One Pack - 030424_v2*

Executive summary:

Action required:	State Decision, Approval, **Information**, Assurance or Discussion *(one only)*
Purpose of the Report:	To provide the Council of Governors with an operational update including diagnostics. To this end the East Kent Hospitals Tier One Meeting Pack for 03rd April 2024 is provided as Appendix 1 summarising the year end 23/24 position for planned care.
Summary of key issues:	The length of time patients are waiting to be seen is reducing. As a Trust we have a long way to go but there has been significant progress. At the start of February, the Trust had 554 patients awaiting cancer treatment for over 62 days. At year-end, that number has reduced to 187. Additionally, the number of patients waiting over 104 days has dropped from 105 at the start of February to 43 at year-end, marking a significant achievement. Since the beginning of January, huge efforts have been made to address the number of patients waiting for an endoscopy across our surveillance, urgent and routine waiting lists. During the last three months, the waiting list has decreased by over 2000 patients with clear plans in place to further reduce the remaining backlog in the coming months. A special thank you is extended to the team for managing additional appointments, including weekends, resulting in the highest patient throughput for the month of March compared to any other month in this financial year. Further improvements are also acknowledged for our patients on the routine colonoscopy pathway; by the end of March 2024, all 2,037 patients will have been sent a Q-fit test for cancer. Efforts to mitigate long waiting times for planned treatments have also seen marked improvements. In January, over 2000 patients were at risk of

East Kent Hospitals University NHS Foundation Trust

	exceeding the 78-week wait threshold by the end of March; collective efforts have substantially reduced this number. At year-end, the number of patients waiting over 78 weeks for planned treatment was 495, of which, 97 patients had chosen to receive their treatment after the end of March. While recognising the progress made, the Trust acknowledges that these long waits for planned treatment fall below the standard of care expected by our patients. Detailed capacity planning and efficiency improvements are underway to ensure that these advancements continue throughout 2024/25 and into future years.
Key recommendations:	For the Council of Governors to be briefed to the current operational position of the Trust for planned care. For the Council of Governors to ask any questions or outline any further points of clarification related to the operational position of the Trust.

Implications:

Links to Strategic Theme:	*(State which Strategic Theme(s) this report aims to support:* • *Quality and Safety* • *Patients* • *People* • *Partnerships* • *Sustainability*
Link to the Trust Risk Register:	2038 - Misalignment between Demand and Capacity across the Trust's RTT, non-RTT and Cancer pathways 3528 - Patients are at risk of breaching the national cancer standards. This could result in patients waiting longer for treatment with associated poor patient outcomes and patient experience. 3536 - Delayed diagnostics for patients awaiting endoscopy
Resource:	N
Legal and regulatory:	N
Subsidiary:	N

Assurance route:

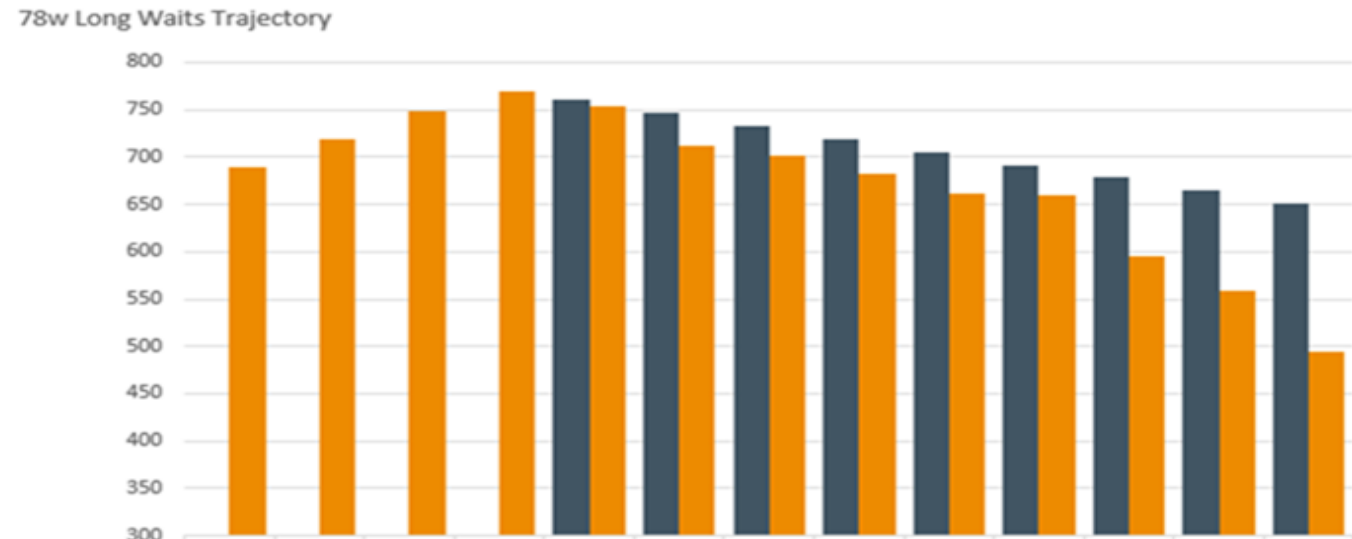
An operational update was provided to the Governors in February 2024.

East Kent Hospitals
Tier One Meeting Pack 03rd April 2024




Elective Recovery

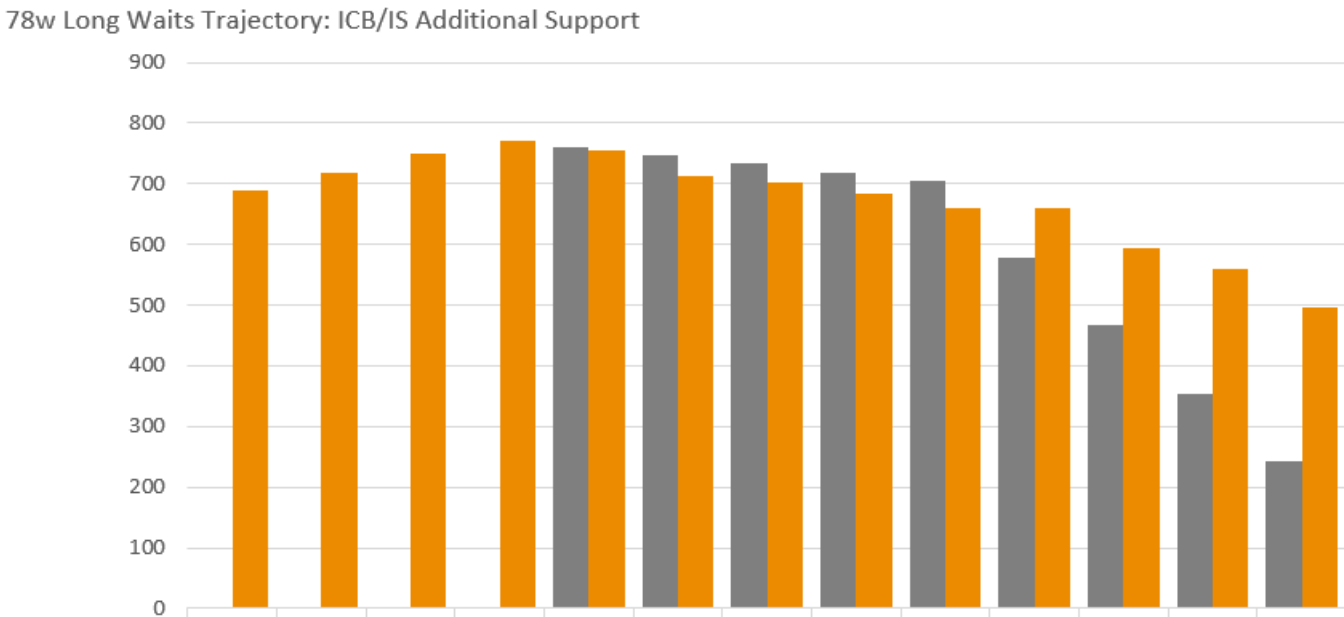
78ww: Performance Against Trajectory



	01-Jan	08-Jan	15-Jan	22-Jan	29-Jan	05-Feb	12-Feb	19-Feb	26-Feb	04-Mar	11-Mar	18-Mar	25-Mar
78w Trajectory					760	746	733	719	706	692	678	665	651
78w Actual	689	719	749	770	754	712	702	683	661	660	595	559	495

- **Final position ended at 495 minus 97 Patient Choice breaches i.e. 398**.
- A strong finish to the year with the remaining breaches sitting within ENT (164), Gastro/Colo/Gen Surg (293), Cardiology (18) and a small balance within other specialities.

78ww: Revised Trajectory – ICB/IS Support



	01-Jan	08-Jan	15-Jan	22-Jan	29-Jan	05-Feb	12-Feb	19-Feb	26-Feb	04-Mar	11-Mar	18-Mar	25-Mar
Revised Traj					760	746	733	719	706	579	467	354	242
78w Actual	689	719	749	770	754	712	702	683	661	660	595	559	495

- **Final position ended at 495 minus 97 Patient Choice breaches i.e. 398**.
- A strong finish to the year with the remaining breaches sitting within ENT (164), Gastro/Colo/Gen Surg (293), Cardiology (18) and a small balance within other specialities.

Summary of Forecast & Actions – 27/03/24

78 Recovery Plan

		78 Weeks					
Provider	Care Group	Intervention Description	Original Forecast (21/03)	Movement (27/03)	Total Reduction Required to Meet Latest Forecast	Latest Forecast (27/03)	Final Comments & Actions
EKHUFT			698	566		698	
		Treated on day + additional clock stops	20	4	10	54	10 still to be treated so built into forecast + additional clock stops
Intervention 1	QEQM/WHH	qFIT patients with score < 4 awaiting conclusion of their 10 day letter	10	8	2	10	Sara Lawson to review 2 additional on weekend.
Intervention 2	ALL	Specific patient TCI's booked > 31/03 to be brought forward.	13	0	2	2	1 at CCAS and 1 for QEQM planned
Intervention 3	QEQM/WHH	20% of OPA's anticipated as clock stops as long waiters	9	8	0	15	Achieved & Over Forecast
Intervention 4	QEQM/WHH	30% of Non admitted pathway booked < 31/03 assumed will require onward treatment (98	-29	-2	0	-29	Achieved & Over Forecast
Intervention 5	CCAS	FESS Patients to be booked next week + impact from elective team validation calls	15	0	6	9	6 FESS/Otol potential clock stops to come off - awaiting speciality feedback.
Intervention 6	ALL	Specific patients outside of ENT currently undated to be booked	8	2	0	4	Achieved revised forecast.
Intervention 7	IS Team	40% stop clock rate for 47 Patients booked for scope in IS	19	0	0	4	Achieved revised forecast.
Intervention 8	QEQM/WHH	50% removal of ADTT within Gastro/Colo/Gen Surg as patients awaiting consultant review	67	1	14	67	Achieved. Plus likely removals from WHH/QEQM
Intervention 9	WHH	20% challenge to remove Cardiology ADTT	5	2	0	7	Target met and over achieved.
Intervention 10	QEQM/WHH	57 of Endoscopy Backlog @ 40% stop clock rate to be treated	23	3	8	30	Sandra to ensure teams communicate 8 non-contact letters to remove on 29/3 to Sara Lawson
Intervention 11	DCB	100% first definitive treatment rate post diagnostics	14	2	3	4	2 booked for 28th, 1 for 31st. Achieved revised forecast
Intervention 12	ALL	Choice delays within cohorts **(awaiting confirmation from NHSEI regarding Endo - 59, 28 TCI's, 8 DATED FU as Choice)**	77	0	95	95	Choice confirmed by ICB/NHSEI. Number - confirmed 27/03
		Overall Reduction	250	28	140	272	
		Forecast	448	0		426	

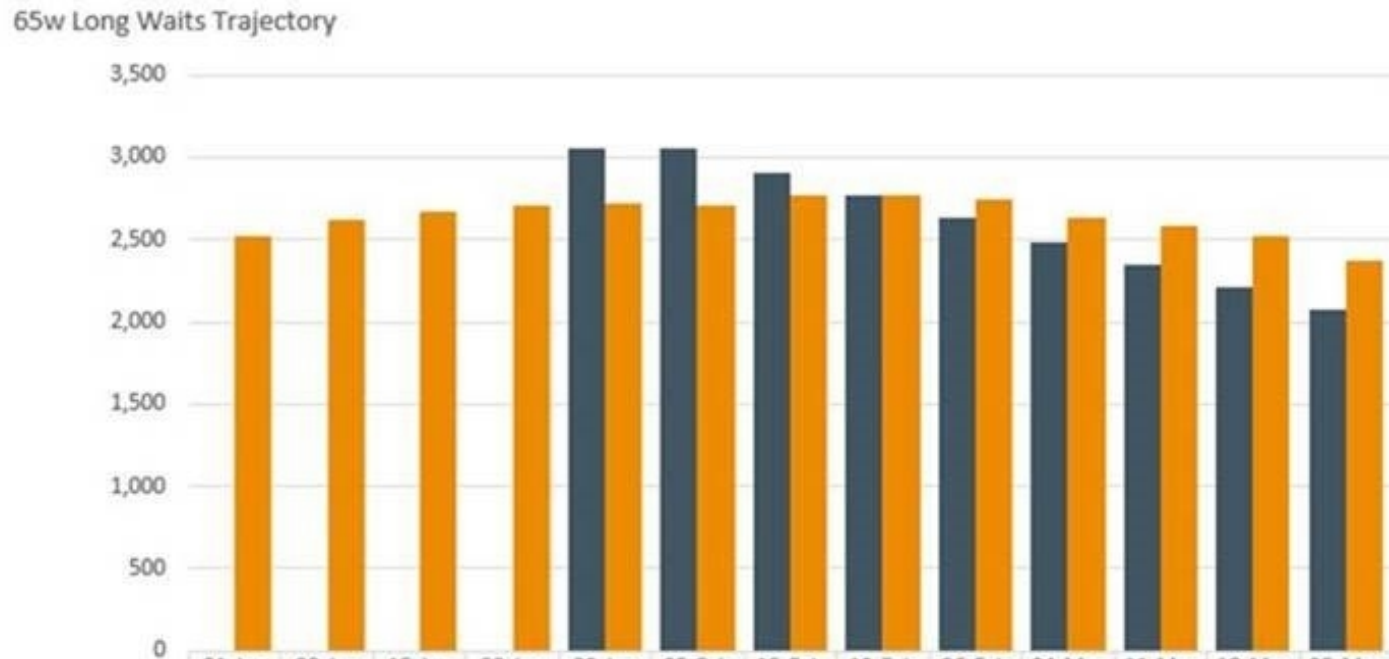
- Final position ended at 398 but above was the forecast completed daily with the teams and demonstrates the final actions agreed on 27th March ahead of the bank holiday weekend.

78ww: April '24 Cohort

SPECIALTY	RTT TYPE	2024-04-01	2024-04-08	2024-04-15	2024-04-22	2024-04-29	Booked Beyond	Undated	Grand Total
100 - GENERAL SURGERY	ADMITTED	1	3	1	2	1	2	8	18
	NON ADMITTED	1	4	3	1		2	34	45
101 - UROLOGY	ADMITTED	2					1		3
	NON ADMITTED	1		1				1	3
104 - COLORECTAL SURGERY	ADMITTED	1	1	3	5		1	9	20
	NON ADMITTED	6	11	14	4	2	3	135	175
107 - VASCULAR SURGERY	ADMITTED				1			1	2
	NON ADMITTED					1		2	3
110 - ORTHOPAEDICS	ADMITTED			2					2
	NON ADMITTED				1				1
120 - EAR NOSE AND THROAT	ADMITTED	2	9	11	2	6	3	200	233
	NON ADMITTED							2	2
130 - OPHTHALMOLOGY	ADMITTED	4	2	6			3	10	25
143 - ORTHODONTICS	ADMITTED		2						2
145 - ORAL AND MAXILLOFACI	ADMITTED			1			1		2
	NON ADMITTED		1	1		1			3
191 - PAIN MANAGEMENT	ADMITTED	1							1
211 - PAEDIATRIC UROLOGY	ADMITTED						1	1	2
215 - PAEDIATRIC EAR NOSE A	ADMITTED	9	4	3	1	1	1	20	39
301 - GASTROENTEROLOGY	ADMITTED							1	1
	NON ADMITTED	23	25	33	26	6	50	149	312
320 - CARDIOLOGY	ADMITTED							1	1
	NON ADMITTED	1	1	2	2	1	2	34	43
330 - DERMATOLOGY	ADMITTED	1							1
	NON ADMITTED			1					1
340 - RESPIRATORY MEDICINE	NON ADMITTED						1		1
502 - GYNAECOLOGY	ADMITTED	1			1				2
	NON ADMITTED							1	1
171 - PAEDIATRIC SURGERY	NON ADMITTED							2	2
650 - PHYSIOTHERAPY	NON ADMITTED							1	1
141 - RESTORATIVE DENTISTRY	NON ADMITTED							1	1
Grand Total		54	63	82	46	19	71	613	948

- Overall Cohort for April – 948.
- Admitted 354 & Non-Admitted 594.
- Core risks within ENT relate to FESS and Otology backlogs. Recovery Plan being created this week.
- Ongoing focus on reduction of ADTT within Gastro/Colo/Gen Surg and Cardiology.
- 71 - Booked beyond needs to brought into April.

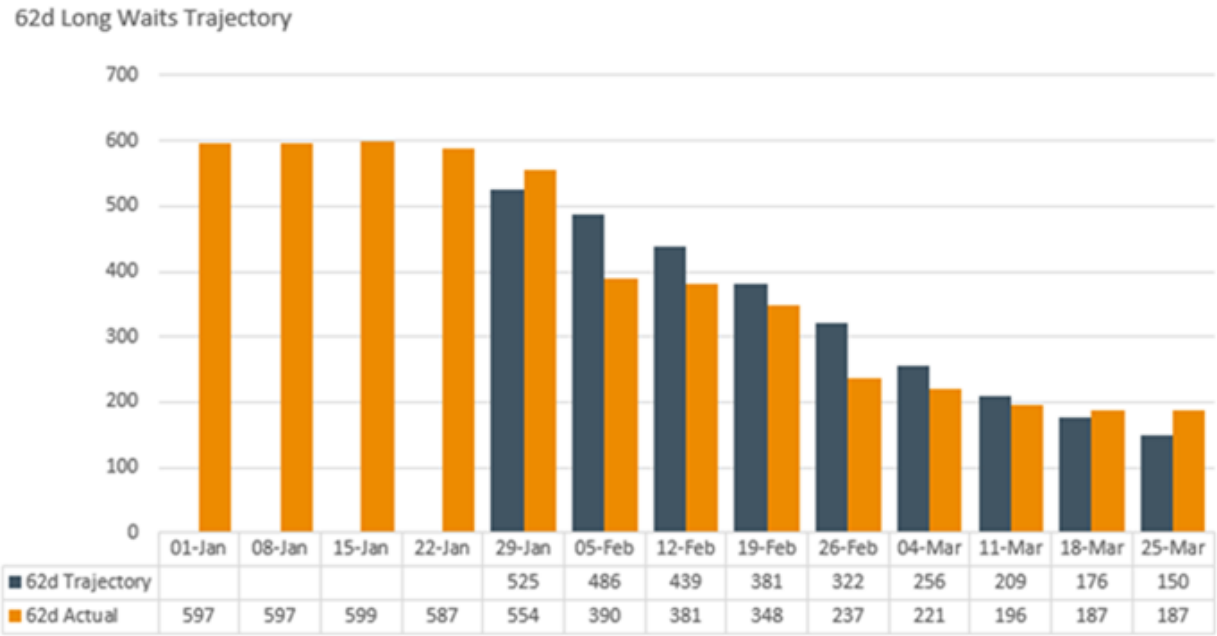
65ww: Performance Against Trajectory



	01-Jan	08-Jan	15-Jan	22-Jan	29-Jan	05-Feb	12-Feb	19-Feb	26-Feb	04-Mar	11-Mar	18-Mar	25-Mar
65w Trajectory					3,050	3,050	2,909	2,769	2,629	2,489	2,349	2,209	2,069
65w Actual	2,527	2,615	2,672	2,704	2,717	2,708	2,766	2,772	2,742	2,639	2,583	2,522	2,371

Cancer

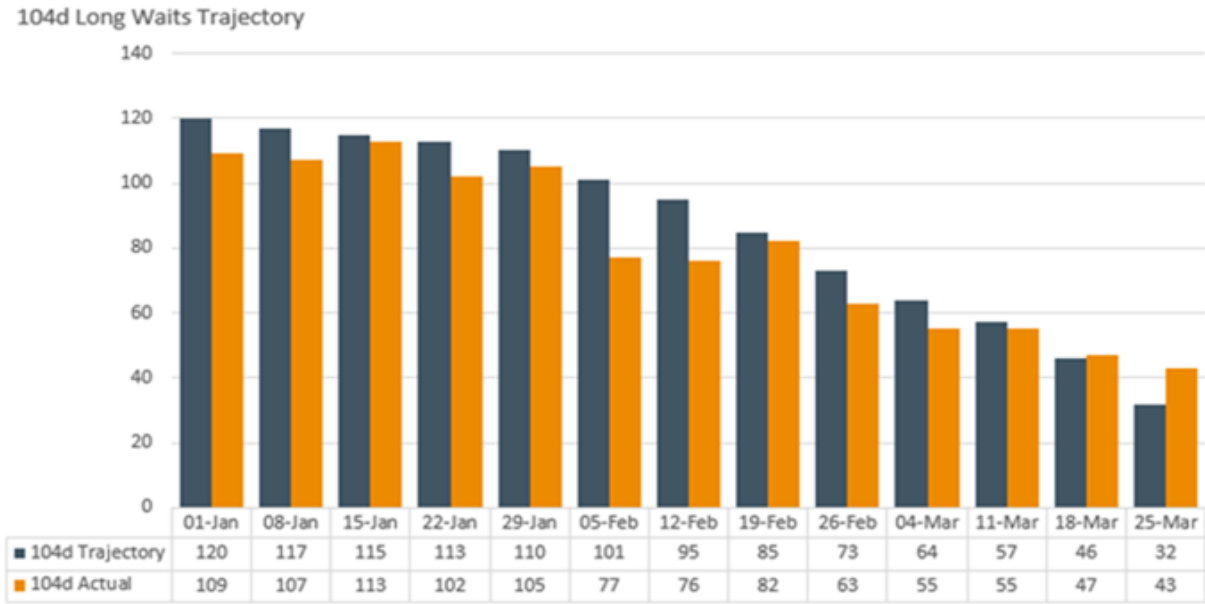
Cancer: Performance Against 62d Trajectory



Tumour Site	Num
Urological	73
Lower GI	45
Head & Neck	19
Upper GI	16
Skin	8
Breast	11
Lung	8
Haematological	2
Gynae	3
Brain & Central Nervous System	1
Other	1

- Overall year-end finish at 187, well below our fair share allocation of 304.
- Shortfall against trajectory primarily due to 24 Urology Histopathology samples which were unable to be processed ahead of year-end due to ongoing shortages within this particular tumour site.

Cancer: Performance Against 104d Trajectory



Tumour Site	Num
Urological	21
Lower GI	10
Head & Neck	6
Upper GI	2
Skin	1
Breast	1
Lung	1
Other	1

- Urology and Lower GI patients still account for the majority of the 104 longer waiters, a senior project manager has been allocated to support the Urology improvement work.
- Some patients within here are still awaiting histological reports which are being prioritised along with those within 62 day delay cohort, however the number of vacant posts within both teams is having a significant impact on this.

Cancer: Faster Diagnosis Standard

UNVALIDATED POSITION – VALIDATION TO COMPLETE BY WORKING DAY 10 IN APRIL

Faster Diagnosis 28days

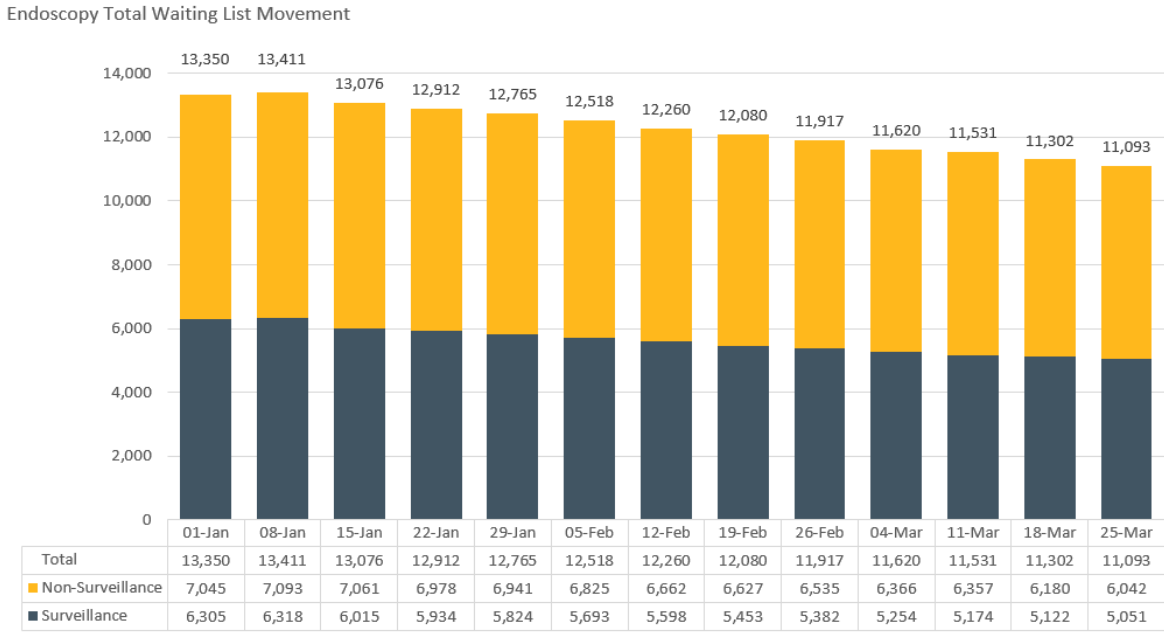
Tumour Site	Jan-24	Feb-24	Mar-24	Actual Breaches
01 - Breast	83.2%	89.9%	86.6%	86
02 - Childrens	100.0%	100.0%	40.0%	3
03 - Lung	70.6%	60.5%	68.4%	12
04 - Haematological	44.4%	50.0%	66.7%	2
06 - Upper GI	60.3%	62.5%	66.1%	93
07 - Lower GI	40.8%	45.5%	47.8%	339
08 - Skin	73.0%	85.4%	90.5%	73
09 - Gynaecological	38.6%	55.4%	62.6%	170
10 - Brain & CNS	75.0%	100.0%	50.0%	1
11 - Urological	20.9%	28.0%	39.5%	262
12 - Testicular	n/a	50.0%	92.9%	1
13 - Head & Neck	65.1%	71.1%	72.1%	105
14 - Sarcoma	100.0%	100.0%	100.0%	-
15 - Symptomatic Breast	89.3%	93.0%	86.2%	16
Totals	**57.7%**	**66.8%**	**69.2%**	**1,163**

- Green highlights improvement on prior month.
- Core challenges to Urology FDS linked to Imaging access. Pilot blocked capacity to commence in April.

Endoscopy Recovery




Endoscopy Total Waiting List Position: as at 24/03/2024



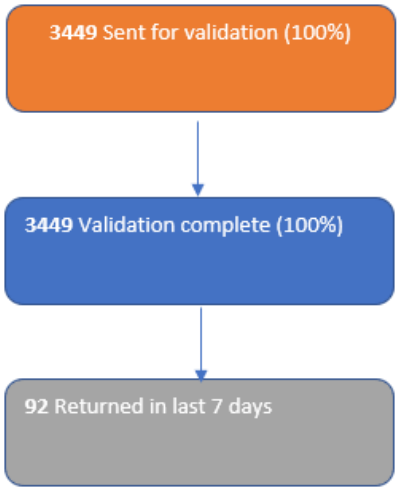
	01-Jan	08-Jan	15-Jan	22-Jan	29-Jan	05-Feb	12-Feb	19-Feb	26-Feb	04-Mar	11-Mar	18-Mar	25-Mar
Total	13,350	13,411	13,076	12,912	12,765	12,518	12,260	12,080	11,917	11,620	11,531	11,302	11,093
Non-Surveillance	7,045	7,093	7,061	6,978	6,941	6,825	6,662	6,627	6,535	6,366	6,357	6,180	6,042
Surveillance	6,305	6,318	6,015	5,934	5,824	5,693	5,598	5,453	5,382	5,254	5,174	5,122	5,051

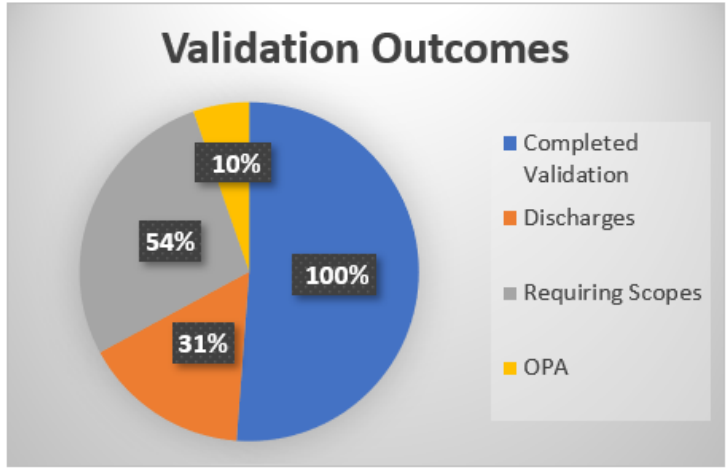
The endoscopy total waiting list reduced by **209** to 11,093; -71 Surveillance, -138 Routine/Cancer

- 401 patients were admitted and treated
- 391 patients were added to the waiting list
- 199 patients were removed from the waiting list via validation/transfer to the IS

Total Units of Activity Delivered

Date (w/c)	15/01	22/01	29/01	05/02	12/02	19/02	26/02	04/03	11/03	18/03	25/03
Total Units Performed	941	944	897	895	1,043	1,143	959 (IA)	1,107	1,082	1,068	1,104





Key Headlines:

Validation status

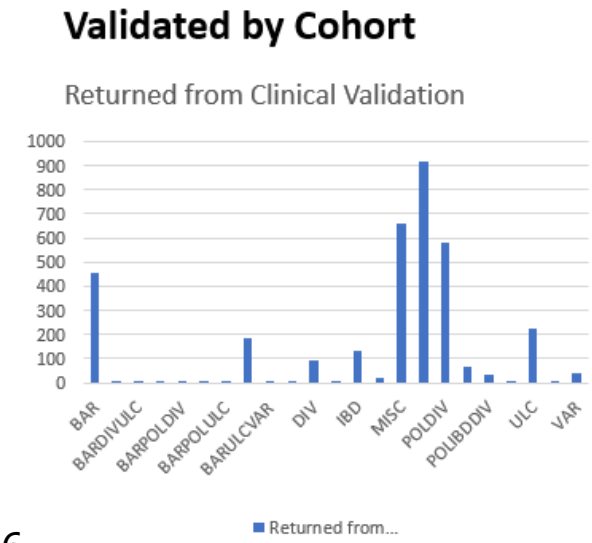
Of 3,449 backlog (as at 31st October 2023):

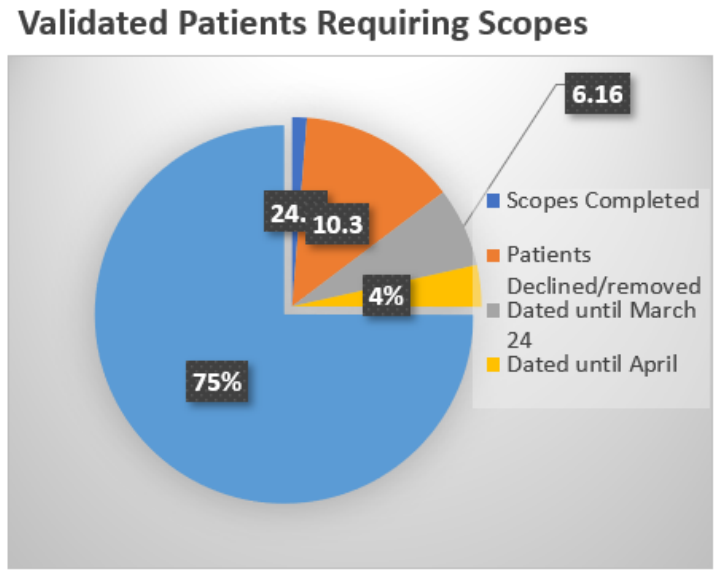
- 3,449 sent out for validation
- 3,449 returned from validation (100%)

Validation outcomes

Of 3,449 completed validations:

- 1,072 patients to be discharged to GP (31.1%)
- 1,857 pts required a scope (54%)
- 359 pts require OPA (10%)





Patients requiring a scope:

- 1,857 patients required a scope
- 484 (26.1%) completed
- 265 pts (14.3%) have declined and been removed from WL
- 77 pts (4.1%) TCI before end of April
- **913 pts (49.2%) to be booked.**

Key Action – to agree trajectory for booking of above remaining 913 down by 88 on last week.

DM01




Performance Data

Diagnostic Performance

Compliance Breakdown by Modality and Sub-Modality

Select the [+] icon for more detailed breakdown

Modality	Breaches	Patients	Compliance	Pareto (Breaches)
MRI	3,588	9,395	61.81%	34.1%
OGD	2,188	2,676	18.24%	54.9%
Colon	1,306	1,750	25.37%	67.3%
Flexi	752	961	21.75%	74.4%
Dexa	667	1,419	53.00%	80.7%
Echocardiography	605	870	30.46%	86.5%
Non Obstetric Ultrasound	603	3,782	84.06%	92.2%
CT	469	4,217	88.88%	96.7%
Paed Audiology	163	282	42.20%	98.2%
Cardiac MRI	149	160	6.88%	99.6%
Total	**10,530**	**27,078**	**61.11%**	

- **Weekly DM01 position at 61.1% (10,530 breaches). Improvement from 53.9% on 26th February.**
- Recovery plan for Endoscopy beginning to positively impact overall position but particularly relates to
  - MRI – breaches increased by 124 in week – recovery plan requested.
  - CT vetting backlog reduced and now at lowest levels for sometime with performance up to 90.7%.

East Kent Hospitals University NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS

Report title: Patient Safety Incident Response Policy and Plan for 2024/2025

Meeting date: 26 March 2024

Board sponsor: Chief Nursing and Midwifery Officer

Paper Author: Deputy Director of Quality Governance

Appendices:

MAXIMUM OF TWO APPENDICES
Appendix 1 – Patient Safety Incident Response Policy April 2024
Appendix 2 – Patient Safety Incident Response Plan for 2024/2025

Executive summary:

Action required:	To note
Summary of key issues:	1. The plan and the policy should be read together. They will be updated after the first 6 months and then every year thereafter. 2. The policy explains how we will respond to incidents and the plan details what we will be responding to over the next year. 3. We are planning to go live in April 2024 however we will also need ICB approval as well. 4. There are significant changes in relation to how the Trust will respond to our incidents in particular serious incidents from April 2024. 5. Serious Incidents will no longer be a part of our response, instead the Trust will be required to undertake Patient Safety Incident Investigations (PSIIs) using a different methodology. 6. The Trust experienced 240 serious incidents last year. There will be an expectation that we will try and keep our PSII figures to less than 20 over the coming year. The aim is to use the time to focus on improvement rather than repeat investigations. 7. The Trust is in a fortuitous position as we are also in the process of transferring the Care Group Governance teams to the Corporate Governance team. This has provided the Trust with an opportunity to rethink how we will deliver PSIRF by creating one team, aligned to be able to deliver on PSIRF over the coming year.
Key recommendations:	The PSIRF Policy and Plan are essential documents that need to be signed off by the ICB so that we are able to go live in April 2024. The committee is asked to consider the new approach as detailed in both documents, which is required by the new PSIRF guidance, and approve.

Implications:

East Kent Hospitals University NHS Foundation Trust

Links to Strategic Theme:	*(State which Strategic Theme(s) this report aims to support:* • *Quality and Safety* • *Our Patients*
Link to the Board Assurance Framework (BAF):	BAF 32: There is a risk of harm to patients if high standards of care and improvement workstreams are not delivered. BAF 33: There is a risk of failure to adequately resource, implement and embed effective governance processes throughout the Trust.
Link to the Corporate Risk Register (CRR):	CRR 107: Inability to embed learning from incidents, complaints and claims across the Trust. CRR 118: There is a risk that the underlying organisational culture impacts on the improvements that are necessary to patient and staff experience which will prevent the Trust moving forward at the required pace CRR 139: Trust fails to adequately investigate clinical incident in a timely manner and I identify themes in order to action change and avoid future repetition.
Resource:	Yes • The Trust is required to have an independent investigation team that is highly trained. This has been created within the transfer of the Care Group Governance Teams to the corporate team. • There is a significant level of training and development required for the Governance Teams across the Trust in order to adopt the new approaches to patient safety. A training plan is now in place. Much of this training is on line and free. • The Band 6 PSIRF project support manager post was created however this was declined at the VCP. We have now created a deputy role for the Head of Clinical Safety and Improvement which will release the Head of Clinical Safety and Improvement to lead on PSIRF over the coming year.
Legal and regulatory:	No
Subsidiary:	No

Assurance route:

Previously considered by: No

NHS
East Kent Hospitals University NHS Foundation Trust

Awaiting Comms input

Patient safety incident response policy

Effective date: April 2024

Interim Review and Update: October 2024

Estimated refresh date: March 2024

	NAME	TITLE	SIGNATURE	DATE
Author	**Samantha Gradwell**	**Deputy Director of Quality Governance**		
Reviewer	**Melinda Brewer**	**Head of Clinical Safety & Improvement**		
Authoriser	**Sarah Hayes**	**Chief Nursing Officer**		
Authoriser	**Des Holden**	**Chief Medical Officer**		

Contents

Foreword

I am delighted to introduce our new Patient Safety Incident Response Plan (PSIRP) for East Kent Hospitals Foundation Trust (EKHUFT).

I am very thankful for the input from all staff, for their dedication and commitment to the new Patient Safety Incident Framework planning and implementation in our Trust. Particularly our clinical staff and their commitment to delivering high quality patient safety for our patients, their families, and carers.

We aspire to deliver compassionate, safe, effective and high-quality care to all our patient's families and carers, this will remain our highest priority. We strive to provide excellent care to ensure that any harm to patients is minimised, we aim to achieve this in all areas of our Trust.

This plan aligns with the National Patient Safety Incident Response Framework and will continue to develop as we work together to provide the best outcome and experience for every patient.

It is our hope that as the implementation progresses and becomes embedded over the coming years, the value of this transformation will be visible not only to our staff but all our stakeholders.

Signature

Sarah Hayes

Chief Nursing and Midwifery Officer

Purpose

This policy supports the requirements of the Patient Safety Incident Response Framework (PSIRF) and sets out East Kent Hospitals Foundation Trusts approach to developing and maintaining effective systems and processes for responding to patient safety incidents. The purpose of which is to ensure learning and improving patient safety.

The PSIRF advocates a co-ordinated and data-driven response to patient safety incidents. It embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

This policy supports development and maintenance of an effective patient safety incident response system that integrates the four key aims of the PSIRF:

- compassionate engagement and involvement of those affected by patient safety incidents
- application of a range of system-based approaches to learning from patient safety incidents
- considered and proportionate responses to patient safety incidents and safety issues
- supportive oversight focused on strengthening response system functioning and improvement.

Scope

This policy is specific to patient safety incident responses conducted solely for the purpose of learning and improvement across all areas of this organisation.

Responses under this policy follow a systems-based approach. This recognises that patient safety is an emergent property of the healthcare system: that is, safety is provided by interactions between components and not from a single component. Learning responses do not take a ‘person-focused’ approach where the actions or inactions of people, or ‘human error,’ are stated as the cause of an incident.

There is no remit to apportion blame or determine liability, preventability, or cause of death in a response conducted for the purpose of learning and improvement. Other processes, such as claims handling, human resources investigations into employment concerns, professional standards investigations, coronial inquests, and criminal investigations, exist for that purpose. The principle aims of each of these responses differ from those of a patient safety response and are outside the scope of this policy.

Information from a patient safety response process can be shared with those leading other types of responses, but other processes should not influence the remit of a patient safety incident response.

Our patient safety culture

The Trust has implemented a Trust wide workstream focused on improving the culture, including safety culture, which spans two years. This workstream will identify key areas of focus as well as the most appropriate range of responses with measured improvement. The first six months included data collection and analysis to identify the underlying contributory factors.

Within our People and Culture team the principles of the Just culture guide has been applied to both clinical and non-clinical cases that are considered by them. The aim of this work has been to drive down the number of disciplinary investigations for clinical staff who have made a mistake as well as reducing fear for staff and the sense of blame when they make a mistake.

Further work is planned to review the current approach and build upon the work already completed to fully embed the use of the Just Culture Guide across the organisation. This will be achieved by raising awareness of the tool to all staff, ensuring that it is accessible and providing on line training on how and when to apply it. The training will be monitored centrally as well as data from both the Culture Workstream and the Staff Survey results to demonstrate progress.

The implementation of the systems approach using a range of tools include the SEIP model, which will also encourage a different approach to understanding how to move away from focusing on individuals who have made an error, to understanding the system within which they work.

During transition the Trust will move away from simple action plans, as a result of investigations, to Trust wide improvement plans to drive up quality and safety for our staff and patients. This will further embed our Improvement methodology to include the PSIRF and support this transition. The Trust will also cease to request statements for learning responses as this does not provide the information that will be required for a system learning response.

Patient safety partners

It is recognised that both patients and carers can provide valuable insights based on their experience, in the development and improvement of safety responses.

The recruitment of six Patient Safety Partners (PSPs) across the Trust will support this work. There will be two PSPs based at each of the main hospital sites: Queen Elizabeth the Queen Mother Hospital (QEQM), William Harvey Hospital (WHH) and Kent and Canterbury Hospital (K&CH).

The aim is to appoint one PSP who will lead on working within our Maternity Services and up to two that will be attending the Quality and Safety Committee as well as the Patient Safety Committee. A key aspect of their work will be to support the implementation of compassionate engagement with our patients and families.

These staff will be managed by the Patient Safety Leads or the Deputy Head of Clinical Safety & Improvement, within the Corporate Patient Safety Team. Our PSP will be appointed by June 2024.

Addressing health inequalities

There is a requirement under PSIRF to evidence the that health inequalities have been taken into consideration when responding to incident reviews. The identification of those patients who may be at a disadvantage in accessing the care they need must be identified as part of our responses as well as consideration in the development of solutions.

The Trust will apply a more flexible approach and intelligent use of data to help identify any disproportionate risk to patients with specific characteristics and this information will inform our patient safety incident responses.

Further work is needed to address the lack of data within our Incident Management System to identify such cases which will enable the Trust to analyse the data to a meaningful depth.

The Trust will develop a small working group which will explore how we will respond to issues related to health inequalities as part of the development and maintenance of the Trusts patient safety incident response policy and plan. As part of the review of our incident responses and the development of our associated templates consideration of health inequalities, including when developing safety actions will be included and appropriate fields and prompts will be included on the revised templates.

As part of our response to incidents the way in which we engage our patients is important to us. Appropriate consideration must be given to the needs of each patient, members of staff or carer when planning to communicate with them.

The Trust will be providing training to all staff who will be responsible for undertaking an investigation to ensure that the system-based approach is consistently applied across the Trust. In addition to this the Patient Safety Incident Investigation (PSII) leads will also be provided with coaching and direct support until they have been signed off as competent.

Having fully trained investigators will ensure that not only will the focus be appropriately on the systems within which our staff work rather than their behaviour, it will further promote the development of a Just Culture and reduce the ethnicity disparity in rates of disciplinary action across the NHS.

Engaging and involving patients, families and staff following a patient safety incident

The PSIRF recognises that learning and improvement following a patient safety incident can only be achieved if supportive systems and processes are in place. It supports the development of an effective patient safety incident response system that prioritises compassionate engagement and involvement of those affected by patient safety incidents this includes patients, families, and staff.

This involves working with those affected by patient safety incidents to understand and answer any questions they have in relation to the incident and signpost them to support as required.

The principles of Engagement

- The Trust requires all staff, who are leading an investigation, to apply compassionate engagement with all those affected by the patient safety incident unless they decline contact. This must include staff involved or otherwise affected by the incident.
- Our approach should be open, kind and sensitive to the needs of those individuals.
- Engagement should be focused on their needs as a priority not the Trust.
- The Trust supports openness and transparency in sharing information throughout the investigation with staff, patients and families. This includes sharing information from the investigation at an early stage. This may be both written or verbal.
- Staff should be confident that by sharing information they will be supported by the Trust.
- The investigative process should be collaborative; with the patient, staff and investigators working together to achieve learning that will ensure improvements are made.
- The approach towards our staff who have been involved in an incident must be without judgement or blame. After each contact with the investigation team they should leave feeling that they have been treated fairly and not blamed or punished.
- Statements should **NEVER** be requested following the initiation of a patient safety Incident response. Statements are unhelpful and will not promote the new ways of thinking within the principles of PSIRF.

- There is an informal agreement between the investigator and staff involved. This agreement is based on the principle that staff share information openly with the investigator and they will not be blamed or punished for making an honest mistake. *(An Honest Mistake is where there was no intention to cause harm and the individual came to work and did their best).*
- Identification of specific communication needs or other needs in relation to Health Inequalities should be considered early in the process.
- The Duty of Candour (Professional and Statutory) is a requirement by professional bodies as well as a legal requirement and therefore must always be applied for those incidents where there is moderate and above harm. This requirement is not changed by the principles of compassionate engagement.
- There will be training for all staff who will be engaging with our patients and staff in response to a patient safety incident. The Training will cover: Duty of Candour, how to engage with our patients, families and staff, understanding the process of compassionate engagement, recommended points of contact, how to share information and sign posting.

Patient safety incident response planning

PSIRF supports organisations to respond to incidents and safety issues in a way that maximises learning and improvement, rather than basing responses on arbitrary and subjective definitions of harm. Beyond nationally set requirements, organisations can explore patient safety incidents relevant to their context and the populations they serve rather than only those that meet a certain defined threshold.

Resources and training to support patient safety incident response

The Trust has recently agreed to transfer all Care Group Governance staff to the Corporate Quality Governance Team. This has provided the Trust with an opportunity to create and tailored workforce that, with the appropriate training and support, will be able to deliver on the PSIRF requirements as well as the wider quality governance agenda.

Resource

Within the new structure which includes the resource from the care group governance teams, there will be six full time Band 8a posts which will become the business partners for each of the six Care Groups. These posts will be known as the Quality Governance Business Partners (QGBP). Their roles will be 60% working on Patient Safety and 40% supporting the embedding of Quality Governance within their Care Group. As part of the role they will also be the main resource for undertaking the PSIIs. It is estimated that they will not need to complete more than three investigations each in a year.

In addition to the business partner roles the existing corporate team include two Band 7, Patient Safety Leads and 1.4 WTE Band 8a roles, Deputy Head of Clinical Safety and Improvement. The corporate staff will manage the day to day running of the corporate team and provide the coaching for the QGBP as well as undertaking PSIIs themselves that relate to the key themes that we are leading on this year. The Band 8b role, Head of Clinical Safety and Improvement will lead on PSIRF alongside the Deputy Director of Quality Governance. The Head of Clinical Safety and Improvement role will also manage the 8a QGBP as well as the remaining care group staff who will provide the business-as-usual function for patient safety and governance.

An important aspect of the corporate teams' role is also to support the development of robust solutions as well as supporting the dissemination and embedding the learning across the Trust for the PSIIs undertaken by the QGBPs.

Table 1: shows the numbers of investigations the Trust has completed in the previous five years as well as the resource demand.

	18/19	19/20	20/21	21/22	22/23	Total
Total SIs declared	**139**	**210**	**232**	**307**	**240**	**1128**
Total Never Events (sub set of total SIs)	7	4	4	3	7	25
HSIB maternity investigations (sub set of total SIs)	4	4	4	10	6	28
RCAs and AARs (not SI's)	**80**	**134**	**140**	**124**	**129**	**607**
Total RCA/AAR investigations	**215**	**340**	**368**	**421**	**363**	**1707**
RCA/AAR Investigation hours (55 hrs each)	11825	18700	20240	23155	19965	93885
Total SJRs completed	**16**	**54**	**52**	**29**	**39**	**190**
SJR Investigation hours (1 hour each)	16	54	52	29	39	190
Total Investigation hours (all types)	11841	18754	20292	23184	20004	94075
Investigation time spent in weeks per annum.	**316**	**500**	**541**	**618**	**533**	**2509**

The table above shows the increasing number of serious incidents the Trust has undertaken over the past five years as well as the sustained number of other types of investigations responses over the same period. The Trust has calculated the number of hours spent on each investigation, irrespective of the staff members grade or profession, and estimated that there is an average of approximately 55 hours spent per investigation. This figure is averaged out between SI investigations and After-Action Reviews (AAR). There are approximately 553 weeks spent on completing investigations over the previous year and this equates to 12.7 WTE staff.

Table 2. Shows the high-level training requirement for key staff across the Trust.

Role	Training Required
Chief Nursing and Midwifery Officer: (Executive Director Responsible for PSIRF)	Level 1 Essentials of Patient Safety Syllabus. (Online) Level 2 Access to Practice of the Patient Safety Syllabus (Patient Engagement) (Online) Level 1 Essentials of PS for Boards and Senior Leadership Teams. (Online) CPD in Incident Response Skills and Knowledge.
Chief Medical Director	Level 1 Essentials of Patient Safety Syllabus. Level 2 Access to Practice of the Patient Safety Syllabus (Patient Engagement) (Online) Level 1 Essentials of PS for Boards and Senior Leadership Teams. CPD in Incident Response Skills and Knowledge.
Patient Safety Specialists (5 individuals)	Level 1, 2, 3 & 4. Specific Investigation Training either HISB or other relevant training
The Trust Board	Level 1 Essentials of PS for Boards and Senior Leadership Teams. (Online) Level 2 Patient Safety Syllabus
Investigators (All)	Level 1, 2 Patient Safety Syllabus (Online) 2 days learning from Patient Safety Incident Training. (Online) Undertake a minimum of two investigations per year. Be provided with in house coaching and support when completing PSIIs or other responses.
All Staff	Level 1 (Mandatory Training) Level 2 Essential but not mandatory.
The Trust has developed a comprehensive training plan which is available separately.	

All staff that undertake PSIIs will have an identified coach from the corporate patient safety team. The role of the coach is to support their development and expertise in undertaking a high-level investigation. Although they may have completed many serious incident investigations previously, the new approach is completely different to Root Cause Analysis as are the tools and templates.

The coach will provide intensive support initially and gradually withdraw as the investigator gains confidence. The coach will need to sign the investigator off as competent to undertake an investigation on their own. A competency assessment tool is being developed.

In addition to the coaching provided the investigator will present the investigation to date, to a small audience, so that there can be gentle challenge as a critical friend. This ensures that investigation is robust and addresses the Terms of Reference.

These sessions are invaluable at ensuring that all relevant investigation lines have been identified. With training and coaching provision, the Trust will develop a robust and expert investigation team over the first year. This knowledge and understanding are essential for leaders in patient safety as the skills and knowledge gained in this process can be used in all other aspects of safety.

Regular peer review sessions will also take place once the Trust has transitioned. This is to ensure consistency in approach with the lead investigators and the central team.

Our patient safety incident response plan

Our plan sets out how East Kent Hospitals Foundation Trust intends to respond to patient safety incidents over a period of 12 to 18 months. The plan is not a permanent set of rules that cannot be changed. We will remain flexible and consider the specific circumstances in which each patient safety incident occurred and the needs of those affected, as well as the plan.

Add link to the PSIR Plan here

Reviewing our patient safety incident response policy and plan

Our patient safety incident response plan is a ‘living document’ that will be appropriately amended and updated as we use it to respond to patient safety incidents. We will review the plan after the initial 6 months and thereafter every 12 months to ensure our focus remains up to date; with ongoing improvement work our patient safety incident

profile is likely to change. This will also provide an opportunity to re-engage with stakeholders to discuss and agree any changes made in the previous 12 months.

Updated plans will be published on our website, replacing the previous version.

A rigorous planning exercise will be undertaken every four years and more frequently if appropriate (as agreed with our integrated care board (ICB)) to ensure efforts continue to be balanced between learning and improvement. This more in-depth review will include reviewing our response capacity, mapping our services, a wide review of organisational data (for example, patient safety incident investigation (PSII) reports, improvement plans, complaints, claims, staff survey results, inequalities data, and reporting data) and wider stakeholder engagement

Responding to patient safety incidents

Patient safety incident reporting arrangements

All incidents will be reported onto the incident management system, Datix. Where there is a requirement to report externally this will be completed by the appropriate speciality with oversight from QGBP and the corporate patient safety team.

For extremely serious incidents the Trust will continue to verbally report to both the ICB and the CQC in line with current practice. This will be completed by the Director of Quality Governance or the Chief Nursing and Midwifery Officer.

Where there is a system issue identified the ICB should be informed and the Trust would be required to respond appropriately.

Patient safety incident response decision-making

One of the requirements of PSIRF is to ensure that we stop undertaking large quantities of investigations when the contributory factors are known and focus on making the necessary improvements. It is recognised that for the Trust to move away from reporting 240 serious incidents last year, there will need to be a clearly defined and structured approach to incident response decision making, particularly in the first year of transition.

The aim of the Trusts plan has been to provide as much guidance on the potential response, in relation to specific incident types and themes, which we hope will remove the need and desire to respond with an investigation. The Trust will transition to the Incident Response Panel from the Serious Incident Declaration Panel where all appropriate incidents will be discussed and responses agreed. There is an expectation that the incidents would have been reviewed and the appropriate response will be recommended to the Chair by the local team supported by the QGBP and corporate patient safety team. This decision-making process is supported by a flow chart found in Appendix 2.

Four Key Themes

The Trust will identify four key themes each year that the corporate patient safety team will focus on. As per the guidance, they will apply the systems methodology to the PSII and identify the contributory factors. These will then have an improvement plan developed and the focus of the work will then move away from the investigation to improvement work. It may be necessary to undertake between 1 – 3 investigations to identify the main contributory factors for each theme.

Continuous Improvement Approach using the Safety Improvement Plans.

As part of the PSIRF preparation and data review, the Trust identified large numbers of repeat incidents for seven areas that would benefit from the implementation of Safety Improvement Plans. Across these seven areas there is an opportunity to significantly increase the level of improvement over the coming year. Having identified the seven areas, once the contributory factors have been identified with support from the Improvement team, a Trust wide improvement plan will be created. For each new case that occurs there will be a desk top review completed and providing there are no new issues identified, the incident will be closed, the review template saved on the system and the time that would have been spend on the investigation will now be spent working on the improvements to be made.

If there are areas that are new and not identified on the improvement plan, then the investigation would focus on only those issues and the improvement plan would be updated with the contributory factors and associated improvements to be made. The levels of improvement will be monitored and for those areas that have met the targets the plan would move to business as usual and those that continue to require improvement will be considered to remain part of the PSIR Plan the following year. There will also be consideration for new themes that have arisen during the previous year to be included in this approach. All improvement plans will be shared with the ICB as well as the Trusts progress against them.

Individual specialty response table

There are two areas across the Trust this year 2024/2025, that we are in the process of creating a table for responses; this includes Maternity Services and Infection Prevention and Control. These will be added to the plan when they have been completed. Each year the Trust will review each of these response plans and update them accordingly. There will also be consideration for the development of new response table for other specialties which high reporting rates.

Responding to cross-system incidents/issues

Should the Trust be involved in a patient safety incident which has been identified by a system partner or the agency, the Trust will ensure that this is also recorded on the local incident management system indicating clearly the lead organisation for the investigation. The Trust will contribute to the response which is led by the partner organisation and ensure that recommendations for the Trust are clearly defined and communicated across the organisation.

Similarly, should the Trust become aware of an incident that involves a system partner the Patient Safety Lead, in the partner organisation, would be contacted via their generic email and asked for their collaboration with the learning response. Many of these relationships have been forged over several years and are known to the Trust. Should there be a significant incident, one which either affects many patients or is a very serious nature, the ICB should be notified as well as the CQC.

Timeframes for learning responses

The response timescales will start on the day the incident has been reported.

Table 3. Shows the learning response selected with approximate timescales as guidance.

Learning Response	Timescales
PSII	3 - 6 months

After Action Review	1 – 5 weeks
Multidisciplinary Team Meeting	4 weeks
SWARM	To be agreed at the time with the inclusion of QGBP. It should take no longer than 4 weeks.
All other responses for significant incidents will be agreed at the time depending on the communication with the patient and/or family.	

1. These timescales are not rigid and will be determined in collaboration with the patient, family and staff.
2. Proposed timescales will be discussed and agreed at the Incident Response Panel (IRP) should the incident be reviewed at this meeting.
3. Guidance and support can be obtained by the Care Groups from the QGBP in relation to timescales.
4. Consideration also needs to be given to the staff who may also be affected by the incident. It can be extremely stressful for staff as well as patients when investigations are prolonged.
5. The time needed to conduct the response must be balanced between the impact of long timescales on those affected and the risk that the opportunity for optimum learning and improvement may diminish.
6. Where there is delay because of external organisations providing information within a reasonable timescale, the Trust will complete the investigation with the information they have.

Safety action development and monitoring improvement

Safety actions will be monitored using the electronic incident management system actions module. All actions will be entered onto the system which will allow monitoring of those that are due and those that have been completed. This data will be reported monthly as part of the Quality Governance Report to the Corporate Executive Management Group (CEMG) and the Quality and Safety Committee.

For PSIIs the corporate patient safety team will take the lead and support the QGBP in the development of local actions in collaboration with the relevant local teams. The QGBP will be responsible for monitoring the completion of actions for their care group.

The patient safety team will be working with the quality improvement team in relation to improvement work. There will now be a unified register of all improvement plans that will sit with the improvement team. For the seven themes that will be using an overarching improvement plan rather than reinvestigating, it has been agreed that the improvement team will work with patient safety and key leads to support this work.

During the first year of PSIRF we will be scoping how patient safety and the improvement team will work more closely as the improvement work starts to increase through the implementation of PSIRF.

Oversight roles and responsibilities

Quality Review

During the transition of both the care group quality governance teams merging with the corporate quality governance team as well as the transition to PSIRF, there will be a peer review process implemented at all levels to ensure consistency in approach and style in relation to undertaking and reviewing all incident learning responses.

Responsibilities and Oversight.

The Board has a responsibility to assure themselves that the PSIR Policy and Plan is being implemented, that lessons have been learnt and areas of weakness are being addressed. Part of this responsibility includes the assurance regarding the Trusts safety culture relating to blame and openness so that learning can be achieved and patient engagement is meaningful. Once a quarter the board should have the opportunity to review an investigation report as part of the assurance process and monitor the improvements.

The Chief Executive is responsible for the provision of appropriate policies and procedures to ensure the safety of patients, staff and visitors. They are ultimately responsible for ensuring that all investigations are dealt with effectively and appropriately.

The Chief Nursing and Midwifery Officer (CNMO) has delegated responsibly by the Board for the implementation of PSIRF. The CNMO will be supported by the Director and Deputy Director of Quality Governance as well as the Patient Safety Specialists in the strategic oversight of the implementation of PSIRF. The CNMO is responsible for the approval of all PSIIs. If the CNMO is not available the Chief Medical Officer (CMO) will provide temporary oversight and approval of PSIIs supported by the Director of Quality Governance.

The oversight of PSIRF transition will currently be monitored and reviewed at the CEMG, Patient Safety Committee as well as the Quality and Safety Committee and the Board.

Complaints and appeals

PSIRF provides a very different approach to how we will manage patient safety incidents in the future. If you would like more information or to offer suggestions or feedback on this policy, please email the Patient Safety Team at ekhuft.serious-incidents@nhs.net

If you have a concern and you would like to make a complaint, please can you use the Trusts complaints process.

To make a complaint you can:

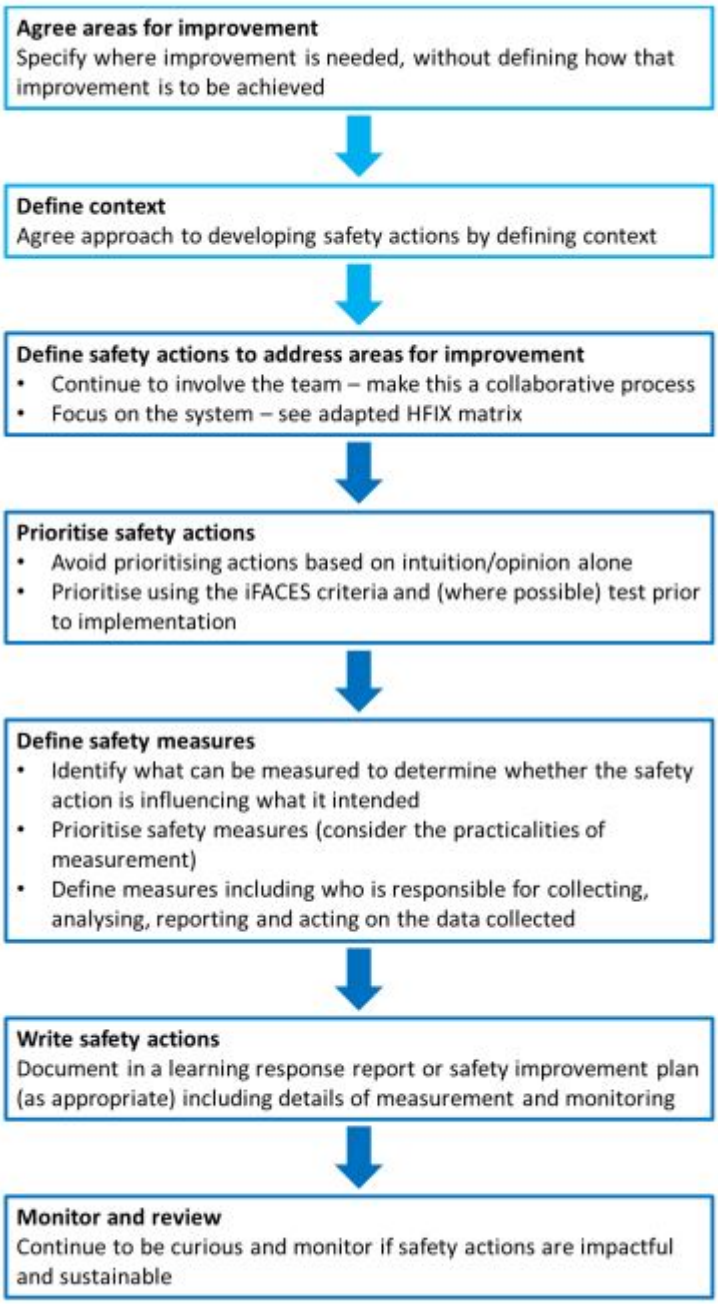
- Call us: 01227 783145
- Email us: ekh-tr.pals@nhs.net
- Write to us at:

The Complaints Team
East Kent Hospitals University NHS Foundation Trust
Trust Offices
Kent and Canterbury Hospital
Ethelbert Road
Canterbury
CT1 3NG

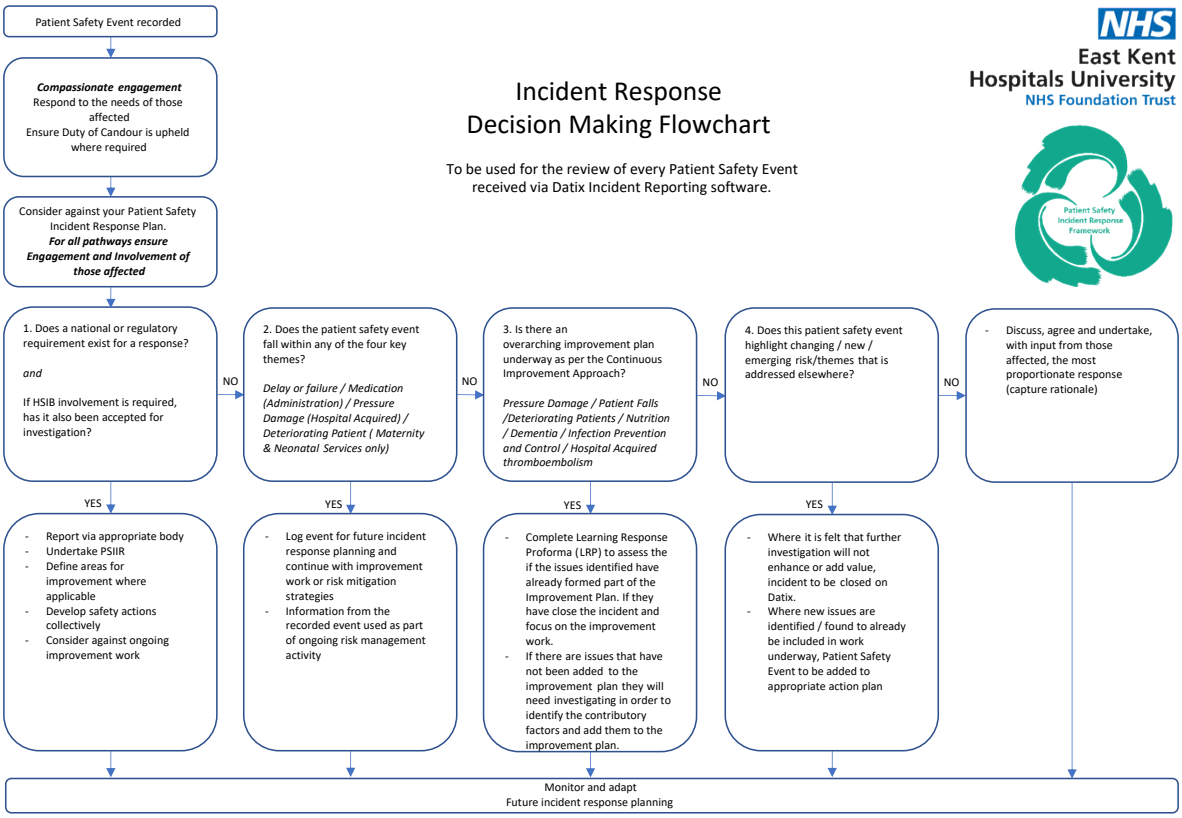
(appropriate links to be added here to complaints policy & PSIR Plan)

Appendix 1 Safety Action Development Process. (Safety Action Development Guide. *NHSE August 2022*)

Figure 1: Overview of safety action development process



Appendix 2. Incident Response Decision Making Flowchart.



This needs to be changed to landscape

East Kent Hospitals University NHS Foundation Trust

Patient safety incident response plan

Effective date: April 2024

Interim Review and Update: October 2024

Estimated refresh date: March 2025

	NAME	TITLE	SIGNATURE	DATE
Author	**Samantha Gradwell**	**Deputy Director of Quality Governance**		
Reviewer	**Melinda Brewer**	**Head of Clinical Safety & Improvement**		
Authoriser	**Sarah Hayes**	**Chief Nursing Officer**		
Authoriser	**Des Holden**	**Chief Medical Officer**		

Contents

Forward

I am delighted to introduce our new Patient Safety Incident Response Plan (PSIRP) for East Kent Hospitals Foundation Trust (EKHUFT).

I am very thankful for the input from all staff, for their dedication and commitment to the new Patient Safety Incident Framework planning and implementation in our Trust. Particularly our clinical staff and their commitment to delivering high quality patient safety for our patients, their families and carers.

We aspire to deliver compassionate, safe, effective and high-quality care to all our patient's families and carers, this will remain our highest priority. We strive to provide excellent care to ensure that any harm to patients is minimised, we aim to achieve this in all areas of our Trust.

This plan aligns with the National Patient Safety Incident Response Framework and will continue to develop as we work together to provide the best outcome and experience for every patient.

It is our hope that as the implementation progresses and becomes embedded over the coming years, the value of this transformation will be visible not only to our staff but all of our stakeholders.

Signature

Sarah Hayes

Chief Nursing and Midwifery Officer

Photo to be added

Introduction

This Patient Safety Incident Response Plan (PSIRP) sets out how East Kent Hospitals NHS Foundation Trust (EKHUFT) intends to respond to patient safety incidents over a period of 12 to 18 months. The plan is not a permanent rule and we can adapt the PSIRP accordingly with any learning during this period. We will remain flexible and consider the specific circumstances in which patient safety issues and incidents occurred and the needs of those affected. Prior to further updates to this plan, we will conduct staff and Patient forums/surveys to seek views and assurance on those updates and on the effectiveness of our proposed plan. We will also use patient feedback and data sources, to inform those updates.

With the inception of the Serious Incident Framework from 2007 NHS Trusts were required to report to their commissioners and investigate many more serious incidents that met the threshold. Over the past seventeen years the NHS has matured and developed its understanding and the application of patient safety and risk in the delivery of patient care and minimising harm. During this time the types of incidents that have been investigated has also evolved with a significant increase in numbers of serious incident investigations. This has resulted in the NHS creating the need for a significant resource required to complete these investigations rather than focusing on continuous improvement. This emphasis is about to undergo a dramatic change with the introduction of the PSIRF. The new framework will transform how patient safety is understood and practiced across the NHS at all levels.

The aim of our plan is to minimise the resource dependency for investigations and redirect it to undertaking continuous improvement work, as a result of fewer, higher quality investigations that delve deeper into the contributory factors. The aim is that we develop specific and targeted solutions which result in demonstrable improvements in care. We now have the opportunity and freedom to respond in a proportionate way to all of our incidents by utilising both current and new responses in order to establish and implement learning. EKHUFT is in a unique position as we are also in the process of centralising our Care Group governance support, which will allow us the opportunity to re-design whilst standardising and ensuring consistency of approach to all aspects of the new framework.

Defining our Patient Safety Incident Profile

Our Approach

Two complete years, 2021/2022 and 2022/2023, of patient safety incidents were reviewed. This included all incidents including near misses and low and no harm. As our Trust experiences high reporting numbers we were assured that there would be an adequate number of incidents to review for the purposes of identifying our main themes. The Trust reports approximately 20 - 25 thousand incidents per year.

An analysis of our incident data within our Datix incident management system revealed where our highest number were reported. The table below shows the incident types in relation to our higher reporting rates.

Table 1. Shows the Incident Type with greater reporting rates over the previous two years.

Patient Safety Incident Type	2021/2022	2022/2023	Total
Delay / Failure	7699	4109	11808
Tissue viability (including Pressure Damage)	4624	5184	9808
Care and Treatment	2556	2496	5052
Medication	1897	2115	4012
Patient Falls	1818	2066	3884
Infection Control	1387	596	1983

Our Four Key Quality and Safety Themes for Improvement

These four themes will be the focus of the patient safety workstreams over the coming year. All four themes will also include our Maternity Services however the fourth theme ‘Deteriorating Patient (Maternal and Neonatal)’ is specifically for our Maternity Services.

Delay/Failure

One of our highest reported incident types was Delay/Failure. Further analysis showed that within this incident type a variety of issues were identified. These included the deteriorating patient, delays in diagnosis, delays in treatment, delays or failure in follow up (all of these included cancer patients), inappropriate or delayed transfer. Also work that had been scoped earlier in 2023 showed that there were issues within our electronic patient systems which created risks in terms of follow up, test results (including radiology results) going to the appropriate doctor and many more issues. These all feed into the

category of Delay/Failure. As this affects almost every specialty across the organisation the potential improvement in patient safety is significant. Complaints and the Patient Advice and Liaison Services (PALS) data confirmed this is a common theme across the Trust. Legal data showed that there have been claims that have included allegations around delays.

Further scoping is being undertaken to identify the specific areas to be selected for focus prior to undertaken the Patient Safety Incident Investigations (PSII).

Medication Safety

The data shows that there have been a total of 1679 administering incidents over the two years as well as1135 prescribing incidents. Medication incidents remain within the top 5 highest reported incidents over the previous two years. Although the levels of harm are mostly low or no harm the Trust has experienced 23 incidents where our patients have experienced moderate harm and above including 3 deaths. In April 2023 a new electronic prescribing software programme was introduced which was hoped to have an impact on incident rates for both prescribing and administering errors however the data does not demonstrate this.

Medication Safety, in particular medication administration, has been selected as our second key theme where there is a need for focused work, informed by PSII to identify what the Trust needs to achieve in order to improve patient safety in relation to medication administration.

Pressure Damage (Internal & External)

With 9808 Tissue Viability incidents reported over a two-year period this theme features consistently in the top 5 categories. Within this theme there are other tissue viability issues. Focusing solely on both ‘hospital acquired’ and ‘admitted with’ pressure damage the figures are as follows:

Table 2. Shows Hospital Acquired Pressure Damage rates for the previous two years.

Pressure Damage	2021-2022	2022-2023	Totals
Category 1	122	187	309
Category 2	305	323	628
Category 3	7	10	17
Category 4	4	2	6
Unstageable	80	104	184
Total category 3 and above	91	116	207
Total	518	626	1144

Table 3. Shows Admitted With Pressure Damage rates for the previous two years.

Pressure Damage	2021-2022	2022-2023	Totals
Category 1	326	359	685
Category 2	1538	1687	3225
Category 3	224	222	446
Category 4	116	74	190
Unstageable	254	327	581
Total category 3 and above	1365	623	1988
Total	3229	2669	5898

It is clear from the data that the hospital acquired pressure damage is significantly lower in numbers compared to the number of patients who are admitted with this condition. The level of care and nursing time with additional days in hospital to manage and treat the more serious cases has been shown to impact on patient's experience, often incurring extra treatment and requiring a higher level of dependency. There is an improvement programme that has been underway over the previous few years, addressing the issues in relation to hospital acquired case. This workstream has had some impact however with this new approach it is hoped that the level of improvement will be greater. This programme identified that if they were to address/prevent all cases of hospital acquired pressure damage this would save 16 extra bed days per days across the Trust.

For the first year it has been agreed that hospital acquired pressure damage cases will be the focus of our third theme whilst also working with the Integrated Care Board (ICB) and Primary Care GP practices to look at initiating a project to launch in our second year of PSIRF. This will focus on the 'admitted with' cases with a view to reducing these numbers as they are significantly greater and therefore the solutions may have a greater impact on improvement within the Trust. This is a system wide project and will need the support of the ICB however it will provide a potential for learning across the region and potentially impact on improving the safety for many of our patients both in hospital and in the community.

Maternity Services – Deteriorating Patient

The deteriorating patient within the maternity services has been noted as a theme. Further improvement work is required specifically in Maternity Services to address this issue. Further scoping is required for this theme. This work will include both maternal and neonatal deterioration.

Stakeholder Engagement

The following stakeholders were included in the development and/or agreement of these the safety incident profile:

- Our Corporate Patient Safety Team including the Trust Patient Safety Specialists.
- Care Group Governance Business Partners
- Head of Risk
- Legal Services
- Complaints and PALS Services
- Governors
- Trust Board
- ICB Lead for PSIRF
- Head of Transformation (leads on Corporate Improvement Team)

Data Sources

Data sources for this work has included:

- Datix Incident Management System
- Complaints and PALS data
- Legal services data
- Themes from Freedom to Speak Up
- Discussions with key speciality leads for each of the key themes selected.

24/13.3 – APPENDIX 1

Defining our patient safety improvement profile

Improvement Projects Underway Across the Trust.	
These projects are led by local staff with the support and oversight of the Corporate Improvement Team.	
Project Name	**Details**
Reducing Hospital Acquired Pressure Damage	These projects are in a number of areas across the Trust and tailored to individual wards.
Improving the documentation of Fluid Balance charts for patients	These projects are in a number of areas across the Trust and tailored to individual wards.
Reducing Surgical Site Infection rates.	
Improving IPC compliance.	There is currently a campaign 'CLEAN' that is being implemented Trustwide promoting essential standards of infection control for all staff.
Improving Cannula Care	This is focusing on Visual Infusion Phlebitis tool across specific areas of the Trust.
Releasing time to Care	Focusing on the reduction in sourcing equipment.
Improving VTE Assessments	Focusing on the completion of the risk assessment tool.
Releasing time to Care	Focusing on the reduction of waste on drug rounds.
Catheter Care	Including fluid balance and reduction of dehydration.
Improving the Nutrition scores and plans	Focusing on prevention of the deterioration of our patients.
Quality Improvement Projects led by Junior Doctors	
Improvements in advanced care plans for patients who are approaching the end of life.	This links in with the Quality Priority for this year and the coming year for the Deteriorating patient workstream.
Improvements in the administration of time critical medication e.g. insulin, anti-epileptics and Parkinson's medications.	Reducing iatrogenic harm to our patients.
A reduction in the number of inpatient falls by having a walking aid within easy reach for those that had an aid prior to admission.	Reducing Harm to patients.
Improvement in the skills of doctors with regards to the Pleural Ultrasound Scan Procedure.	This will offer safer care to these patients in the acute medical departments, Same Day Emergency Care (SDEC) and respiratory wards during the on-call hours at the WHH site.
Improvement in timely administration of a nerve block for patients presenting in the emergency department with multiple rib fractures.	This will offer safer care to these patients in the acute medical departments and emergency departments.

Use of qFIT (test for blood in the stool) in the Colorectal Cancer Pathway.	This has increased by 250% whilst also reducing the rejection rates from 8.4% to 2.4%. This approach is supporting the endoscopy service and enables them capacity to meet their 62-day Cancer targets.
Evaluation of the physiotherapy treatment for complex spinal patients across the Trust.	Ensuring patients received the most effective care for their needs.
Improve accessibility to secondary care therapy services for newly diagnosed patients with early onset Parkinsons disease.	Ensuring patients received the most effective care for their needs.

Quality Priorities for 2023/2024

There are workstreams / improvement programmes for each of the patient safety areas below.

- Deteriorating Patient Improvement Work
- Embedding Governance Processes within the Care Groups.
- Implementation of the National Patient Safety Strategy
- Maternity Services
- Timely Access to Services

The Quality Priorities for 2024/2025

Work will continue with these priorities, some of which were also a focus for the previous year, however there will be a different emphasis.

- Implementation of the Patient Safety Incident Response Framework.
- Maternity Services
- Timely Access to Services
- Deteriorating Patient
- NICE Guidance

24/13.3 – APPENDIX 1

Our Patient Safety Incident Response Plan: National Requirements

Introduction

The areas below have either a national or a statutory requirement to be reported and therefore there is little flexibility in the Trusts response. Where we do not investigate will be ensure that the Trust captures the learning and uses the current continuous improvement process to demonstrate improvement.

Patient Safety Incident Type	Required Investigation Response	Anticipate Improvement Route
Never Events	Patient Safety Incident Investigation. (PSII)	• EKHUFT have taking a proactive approach to Never Events by way of an annual audit programme that has been created for each relevant Never Event. • The audit will identify where actions arising from the Alerts and previous Safety Incidents have identified learning to ensure that they are both in place and effective. • Targeted work will be undertaken proactively to ensure that areas of improvement are addressed. This work commenced with the aim of reducing the number of reported Never Events in the coming years. There has also been focused work in Main Theatres to address any areas for improvement within our standards of practice. We aim to significantly reduce the rate of Never Events over the next two years. *It is noted that NHSE are currently reviewing the Never Events List. When this is published the work that is underway may be adapted to meet the requirements from this review.*
Deaths of persons living with a learning disability.	Refer for Learning Disability Mortality Review (LeDeR). Consideration for additional learning response at the Incident Response Panel.	• Develop safety actions or improvement plans to address new insight and/or emerging safety issues identified. • Where improvements plans are already in place incorporate the learning.
Deaths where a Structured Judgement Review has determined that the care likely	Consideration for additional learning response at the Incident Response Panel.	• Develop safety actions or improvement plans to address new insight and/or emerging safety issues identified.

contributed to the patient's death.	Patient Safety Incident Investigation (PSII)	• Where improvements plans are already in place incorporate the learning.
Safeguarding Incidents	Refer to Local Authority Safeguarding leads. Where appropriate the Trust will collaborate with the Local Authority to promote system learning. *Also detailed in our local plan.*	• Develop safety actions or improvement plans to address new insight and/or emerging safety issues identified. • Where improvements plans are already in place incorporate the learning.
Child Deaths	Refer for Child Death Overview Panel review. A local response may also be required which will be determined at the Incident Response Panel.	• Develop safety actions or improvement plans to address new insight and/or emerging safety issues identified. • Where improvements plans are already in place incorporate the learning.
Maternity and Neonatal incidents meeting Maternity and Newborn Safety Investigations (MNSI) reporting criteria. (Including Maternal Deaths)	• Refer to MNSI for independent Patient Safety Incident Investigation. • Provide required information to Mothers and Babies Reducing Risk through Audit and Confidential Enquiries (MBRACE). • Undertake local investigation if the Maternal Death is not accepted by MNSI. AAR or PSII depending on the circumstances of the incident.	• Develop safety actions or improvement to address new insight and/or emerging safety issues identified. • Where improvements plans are already in place incorporate the learning.
Incidents in NHS Screening Programmes	Refer to local screening quality assurance service for consideration of locally-led learning response.	• Develop safety actions or improvement to address new insight and/or emerging safety issues identified. • Where improvements plans are already in place incorporate the learning.
Deaths of patients detained under the Mental Health Act (1983), or where the Mental Capacity Act (2005) applies,	Referred to the NHS England and NHS Improvement Regional Independent Investigation Team for consideration of an independent PSII.	• Relevant learning from these investigations will be identified for the Trust and implemented appropriately through either entry onto an existing Improvement plan or as a result of safety actions.

where this is reason to think that the death may be linked to problems in care.		
Deaths in Custody, where health provision is provided by the NHS.	In prison and Police custody, any death will be referred (by the relevant organisation) to the Prison and Probation Ombudsman (PPO) or the independent Office for Police Conduct (IOPC) to carry out the relevant investigations. The Trust will support these investigations as required.	• Relevant learning from these investigations will be identified for the Trust and implemented appropriately through either the continuous improvement or as a result of actions arising out of investigations.
Accidental or unintended exposure to Ionising Radiation	Refer to Ionising Radiation (Medical Exposure) Regulation. Review at the Incident Response Panel for consideration for the most appropriate local response.	• Develop safety actions or improvement to address new insight and/or emerging safety issues identified. • Where improvements plans are already in place incorporate the learning.
Hemovigilance	Relevant incidents should be reported to Serious Hazards of Transfusion (SHOT). A local response will be considered at the Incident Response Panel.	• Develop safety actions or improvement to address new insight and/or emerging safety issues identified. • Where improvements plans are already in place incorporate the learning.

Our Patient Safety Incident Response Plan: Local Focus

Introduction

As this is such a significant change in approach, we have considered three main categories;

1. the themes that have come out of the patient safety incident profiling, of which there are four.
2. those incidents where there are clear incident types together with high numbers of repeat incidents.
3. those incidents that do not fit into the national requirements or category 1 or 2 above. As the Trust progresses through the first six months of the Plan, it is anticipated that further learning will emerge on areas within the plan which will then be updated.

There may be occasions when the Trust must undertake investigative work with other organisations that have not developed the Systems approach outlined within PSIRF.

In these circumstances the Trust needs to either offer to support the investigation using the new approach or to provide the required information to the relevant organisation using the Systems Engineering Initiative for Patient Safety (SEIPS) methodology. This is to ensure that the learning specific to the Trust is maximised.

Any of the outputs (including thematic reviews) from this process may be shared with our commissioners to provide assurance that the Trust is able to identify our themes accurately, understand the associated contributory factors and develop the learning solutions required to demonstrate improvements. This will be undertaken upon discussion with our commissioners using a collaborative approach.

Patient safety incident type or issue	**Planned response**	**Anticipated improvement route**
Four Key Themes as a focus for Improvement over the next 12 months.		
Delay / Failure	1 – 2 PSII (These may or may not have multiple incidents) is suggested, to ensure that the Contributory Factors have been fully identified/validated. When sufficient system learning has been identified and or the improvement work is effectively focused/measurably improving and this has been agreed by stakeholders the investigative response will cease and improvement will become the focus.	Within six months demonstration that the improvements have started to impact on the safety of our patients. Specific measures will be developed.

	Develop the Improvement Plan with associated Metrics for assessing progress.	
Medication (Administration)	1 – 2 PSII to ensure that the Contributory Factors have been fully identified/validated. Develop the Improvement Plan with associated Metrics for assessing progress.	Within six months demonstration that the improvements have started to impact on the safety of our patients. Specific measures will be developed
Pressure Damage (Hospital Acquired)	1 – 2 PSII to ensure that the Contributory Factors have been fully identified/validated. Develop the Improvement Plan with associated Metrics for assessing progress. After six months work will be initiated to start to consider the programme for the next year in collaboration with the ICB.	Within six months demonstration that the improvements have started to impact on the safety of our patients. Specific measures will be developed
Deteriorating Patient to include both Maternal and Neonatal Deterioration. (Maternity Services only)	1 – 2 PSII to ensure that the Contributory Factors have been fully identified/validated. Develop the Improvement Plan with associated Metrics for assessing progress.	Within six months demonstration that the improvements have started to impact on the safety of our patients. Specific measures will be developed
Repeated Patient Safety Incident themes managed by an overarching improvement plan. (see Appendix 1). These will be overseen by the ICB as well as through the Trust governance processes. Pressure Damage and Inpatient Falls will be progressing initially prior to the 1st April 2024. This is owing to there already being an improvement plan in place. IPC will be transitioning in the second quarter and Nutrition and Dementia in the third quarter.		

For those themes that will not be transitioning until after the transition date the learning responses to their incidents will be aligned with PSIRF. Serious Incident Investigations will cease for all incidents on the date of Transition to this plan.		
Pressure Damage (PD) Transitioning prior to the 1st April 2024.	Validation of the Contributory Factors via PSII or learning response tools depending on the current level of knowledge. Review and update the improvement plan and redirect resource to focus on the implementation of the plan. Appendix 1 This is a 'defined process which moves away from investigating high numbers of similar incidents and focuses on the improvement work. As this is one of our key four key themes work will start immediately however following further PSIIs the Improvement plan will be updated with further learning.	• An improvement plan is already in place once validated add additional learning from PSIIs or other learning responses. • Agree improvement targets and ensure accurate data collection to demonstrate improvement. • Where there is poor progress consider further review and learning responses.
Patient Falls Transitioning prior to the 1st April 2024.	Validation of the Contributory Factors via PSII or SEIPS tools depending on the current level of knowledge. Review and update their improvement plan and redirect resource to focus on the implementation of the plan. Appendix 1 Defined Process for not investigating high numbers of similar incidents.	• An improvement plan is already in place once validated add additional learning from the PSII or other learning responses. • Agree improvement targets and ensure accurate data collection to demonstrate improvement. Where there is poor progress consider further review and/or learning responses.
Deteriorating Patients Transitioning during Quarter two. July – September 2024	Validation of the Contributory Factors via PSII or learning response tools depending on the	• An improvement plan is already in place once validated add additional learning from the PSII

	current level of knowledge. Create an improvement plan and redirect resource to focus on the implementation of the plan. Appendix 1 Defined Process for not investigating high numbers of similar incidents.	or learning response tools. • Agree improvement targets and ensure accurate data collection to demonstrate improvement. Where there is poor progress consider further review and learning responses.
Nutrition Transitioning from the third quarter. October 2024.	Validation of the Contributory Factors via PSII or learning response tools depending on the current level of knowledge. Create an improvement plan and redirect resource to focus on the implementation of the plan. Appendix 1 Defined Process for not investigating high numbers of similar incidents.	• An improvement plan is already in place once validated add additional learning from the PSII or learning response tools. • Agree improvement targets and ensure accurate data collection to demonstrate improvement. Where there is poor progress consider further review and learning responses.
Dementia Transitioning from the third quarter. October 2024.	Validation of the Contributory Factors via PSII or learning response tools depending on the current level of knowledge. Create an improvement plan and redirect resource to focus on the implementation of the plan. Appendix 1 Defined Process for not investigating high numbers of similar incidents.	• An improvement plan is already in place once validated add additional learning from the PSII (Approx 1 -2 will be required) • Agree improvement targets and ensure accurate data collection to demonstrate improvement. Where there is poor progress consider further review and learning responses.
Infection Prevention and Control (IPC) Transitioning by the end of the second quarter.	Validation of the Contributory Factors via PSII or learning response tools depending on the current level of knowledge. Create an improvement	• An improvement plan is already in place once validated add additional learning from the PSII (Approx 1 -2 will be required)

1st September 2024.	plan and redirect resource to focus on the implementation of the plan. Appendix 1 Defined Process for not investigating high numbers of similar incidents.	• Agree improvement targets and ensure accurate data collection to demonstrate improvement. Where there is poor progress consider further review and learning responses.
Hospital Acquired Venothromboembolism	There is a plan towards the end of the year to use the defined process for repeat incidents using an Improvement Plan approach. See Appendix 1. Until this has been completed each case will be assessed and a proportionate response will be undertaken. There may be targeted reviews which may include Multidisciplinary Review (MDR) and AAR. For low and no harm incidents there will be a Case Note review undertaken which will be benchmarked again best practice standards.	• Agree improvement targets and ensure accurate data collection to demonstrate improvement. Where there is poor progress consider further review and learning responses.
Incidents that have not been investigated at a national level and are not contained within either the three key themes or have an Trustwide improvement plan.		
Safeguarding Incidents	During the previous year the Trust undertook two thematic reviews. As a result of these reviews Trustwide improvement plans are now in place to drive up the quality of care for our patients.	Sustained progress within Safeguarding against the key themes that were identified during the 2023/2024.

	For all new incidents that are not addressed by the thematic review a proportionate response using either an After Action Review (AAR) or a PSII should be undertaken.	
Maternal and Neonatal incidents that do not meet the threshold for national reporting/investigation.	These will be assessed on a case by case basis to ensure that a proportionate response has been agreed that ensures that the learning has been gained. The response can include, After Action Review, SWARM, Multidisciplinary Team Review, PSII.	Actions arising from the incident response will be added to relevant Maternity local Improvement plans.
Incidents that are not included either within our four key themes or our improvement plan approach, where there is concern, should be reviewed at the Incident Response Panel and a proportionate response agreed that will maximise the learning potential. All moderate and above harm incidents will be assessed and consideration given to the appropriateness of bringing it to the Incident Response Panel for discussion.	For a list of possible responses please see Appendix 2.	

Appendix 1

Process for managing repeat incidents using an Continuous Improvement Approach

Phase 1

1. Identify those incidents where there are a high number of repeated incidents every month.
2. Identify key staff/teams that lead on the subject matter areas of focus.
3. Identify if there are already learning/Quality Improvement projects in place to address these issues.
4. Evaluate if further learning is needed or if assurance evidence can be taken with the current improvement process in place.

Phase 2

1. If assurance has not been gained regarding the identification of contributory factors, investigate up to 3 further incidents using the PSII or learning response methodology. Statutory Duty of Candour will be completed for applicable incidents.
2. Add the learning to the overarching Trustwide improvement plan.
3. Every subsequent incident that occurs will have a desk top exercise (Work Systems Scan) undertaken looking to identify if there were any new contributory factors / issues identified. If this is confirmed then those issues will be investigated, not the entire incident, and added to the overarching improvement plan.
4. If no new contributory factors have been identified no further review or investigation is necessary. The resource that would have been spent on the investigation will now be redirected to spend time on developing and implementing the improvement plan. A response will still be required to the patient for the purposes of the Statutory Duty of Candour. This can be in the form of a letter with an attached summary of the project being undertaken together with achievements and areas of continued work.

Phase 3

1. The desk top review (work systems scan) process will be documented on a short template to provide evidence of a review and assurance that the issues are being addressed.
2. A detailed summary of the improvement plan and progress will be developed to use this as a response to incidents that require the Duty of Candour and therefore a response to specific incidents.
3. Close monitoring of the pre-determined areas for improvement will be completed monthly.
4. Where progress is slow further review and/or learning responses will be undertaken to understand why and the learning will be added to the current improvement plan.

Appendix 2

Types of Incident Responses open to the Trust. (This list is not exhaustive)

- Patient Safety Incident Investigation
- After Action Review
- Multidisciplinary Team Review
- Structured Judgement Review
- Audit
- Risk Assessment/New Risk on the Risk Register
- Observation Guide
- Walkthrough Guide
- Link Analysis Guide
- Interview Guide
- Timeline Mapping
- Work System Scan
- Thematic Reviews
- Audit
- Research
- Medical / Nursing Opinion

East Kent Hospitals University NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS

Report title: **2023 NHS Staff Survey**

Meeting date: **11 April 2024**

Board sponsor: **Chief People Officer**

Paper Author: **Head of Staff Experience**

Appendices:

Appendix 1: NHS Staff Survey Benchmark report
Appendix 2: Responding to the NHS Staff Survey presentation

Executive summary:

Action required:	Discussion
Purpose of the Report:	This paper describes the proposed response to the 2023 NHS Staff Survey results and findings from the discovery phase of the Culture & Leadership Programme. A three-level approach is described; trust-wide, targeted and year-round at every level.
Summary of key issues:	The 2023 NHS Staff Survey was completed by 4011 colleagues with 1121 free text comments. Whilst over 4000 people responding lends credibility to the results, it is important to note that this represents a minority response rate. 41% of colleagues responded, but 5740 people chose not to. In fact, our response rate has fallen for the second successive year and now sits below the national average (46%). This is in itself indicative of engagement levels. A detailed overview of the 2023 results is provided for reference (**see Appendix 1**). A summary of the headlines is provided below: ▪ Less staff completed the survey than in previous years (41%) ▪ The Trust scores below the national average in most questions ▪ The Trust scores the lowest of 122 Acute Trusts in 3 of 9 key domains ▪ This includes staff engagement, where East Kent scores 6.34 / 10 ▪ The three questions with the biggest gap from the national standard all relate to advocacy (*i.e.* recommend as a place to work/ be treated & care being our top priority) ▪ Fewer staff would recommend the organisation as a place to work than at any other Acute Trust ▪ Challenges centre around; advocacy, risk and culture ▪ Compared to the 2022 survey, there were no scores that went down and 26% of questions were marginally higher. However, any progress is offset by our overall national position, with the Trust scoring below the national average in 87% of questions.

	These results are not viewed in isolation. Taken alongside the output from the discovery phase of the Culture and Leadership Programme (CLP) and our wider people metrics (*i.e.* turnover, sickness absence), they combine to identify our greatest challenges and where we need to act. This paper sets out the actions needed to respond to these challenges (**see Appendix 2**). Our principal challenges relate to advocacy, risk and culture. Using a robust evidence base, we have identified three key priorities; **values, voice and leadership**. Action associated with these will take place across three levels: 1) A trust-wide, large-scale engagement programme around living our values and behaviours 2) Focussed, intensive support in specific areas where most staff report being 'neither engaged nor disengaged' 3) A year-round focus at every level, through organisation & Care Group Plans, with monthly metrics to assess progress Feedback from the NHS Staff Survey, Culture & Leadership Programme diagnostic and local listening events indicates that many staff do not feel we are living our values. They are less likely to recommend the organisation, either as a place to work or be treated, and do not feel care represents our top priority. The Trust is embarking on a considerably different approach to how it engages and involves all staff around what good would look and feel like, that demonstrates greater accountability when behaviours fall below expected standards, and closes the loop around actions taken. This will lay the foundations for wider improvements in the staff experience. It is also recognised that there is considerable variation in experience across Wards, Departments, Specialties and Care Groups. With that in mind, support will be focussed on areas where we need to make the biggest difference with a combination of leadership training and support from our People & Culture and Transformation teams to drive meaningful and measurable improvement. Finally, it is proposed that there is a year-round people focus at every level. This will take the form of organisation and Care Group 'People Plans', supported by a new People Dashboard which displays performance against 12 key metrics, each of which relate to staff engagement – and allows for real-time (monthly) measurement of progress so that progress can be clearly monitored, with clear lines of accountability. It is clear that a materially different approach to previous years is essential given the nature of our current staff experience, keeping our actions clear, simple and evidence-based, with three unambiguous priorities: values, voice and leadership.

East Kent Hospitals University NHS Foundation Trust

	Monitoring (people) progress in real-time (previously only possible quarterly/ annually) allows us to create the conditions needed for a culture of continuous improvement and initiate timely corrective action. When coupled with broader collective action (People Plans), our approach is significantly different to previous years and offers multiple routes through which to drive improvement in staff experience.
Key recommendations:	It is recommended that the Council of Governors review the proposed response to the NHS Staff Survey results and **DISCUSS** the programme of work.

Implications:

Links to Strategic Theme:	• Quality and Safety • People
Link to the Trust Risk Register:	
Resource:	Y - *Improving the overall staff experience as determined by the NSS will take considerable resource and is a responsibility of everyone.*
Legal and regulatory:	N
Subsidiary:	N

Assurance route:

Previously considered by: *Staff survey results have previously been reported to EMT (24/01/24), CEMG (21/02/24), Board (07/03/2024), People & Culture Committee (02/04/24) and public Board (04/04/24).*

Survey Coordination Centre

NHS

East Kent Hospitals University NHS Foundation Trust

NHS Staff Survey Benchmark report 2023

Contents

Survey Coordination Centre NHS

Survey Coordination Centre

NHS

Introduction

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre NHS

About this report

This benchmark report for East Kent Hospitals University NHS Foundation Trust contains results for the 2023 NHS Staff Survey, and historical results back to 2019 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations*.

Please note: Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34a-b and Q35 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from the Staff Survey website.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and subscores are related and mapped to individual survey questions.

* The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor. Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

People Promise elements, themes and sub-scores

Survey Coordination Centre NHS

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q21
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
	Other questions [Not scored]	Q17a*, Q17b*, Q22* *Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a*, Q23b, Q23c, Q23d *Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	**Sub-scores**	**Questions**
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q26d, Q31b		

Report structure

Survey Coordination Centre NHS

Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, themes and sub-scores, as well as features of the charts used throughout.

Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

People Promise elements, themes and sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

People Promise elements, themes and sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All of the 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. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

Note where there are fewer than 10 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes. Not all questions reported within the section for a People Promise element or theme feed into the score and sub-scores for that element or theme. The first slide in the section for each People Promise element or theme lists which of the questions that are included in the section feed into the score and sub-scores, and which do not.

Questions not linked to People Promise

Results for the questions that are not related to any People Promise element or theme and do not contribute to the scores and sub-scores are included in this section.

Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES)**.

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and theme results for 2022 vs 2023.
- Guidance on data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.

Using the report

Survey Coordination Centre

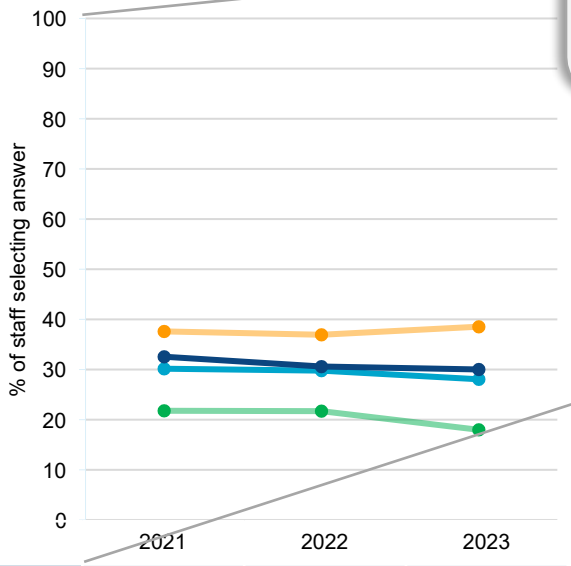
NHS

Note this is example data

Key features

Question number and text (or summary measure) specified at the top of each slide.

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.

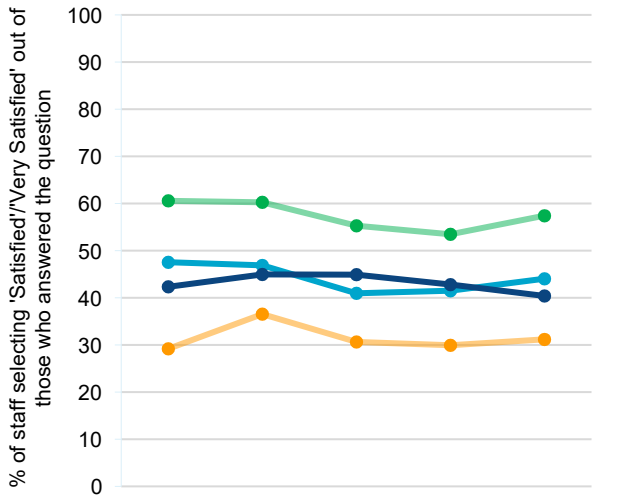


	2021	2022	2023
Your org	32.6%	30.6%	30.0%
Best result	21.8%	21.7%	18.0%
Average result	30.2%	29.8%	28.1%
Worst result	37.6%	36.9%	38.5%
Responses	480	500	515

Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is a better or worse result.

'Best result', 'Average result', and 'Worst result' refer to the **benchmarking group's** best, average and worst **results.**

Q4b How satisfied are you with each of the following aspects of your job?



	2019	2020	2021	2022	2023
Your org	42.3%	45.0%	44.9%	42.8%	40.4%
Best result	60.6%	60.3%	55.3%	53.5%	57.4%
Average result	47.5%	46.9%	41.0%	41.5%	44.0%
Worst result	29.2%	36.5%	30.6%	29.9%	31.2%
Responses	835	1255	1491	1325	517

Number of responses for the organisation for the given question.

Tips on how to read, interpret and use the data are included in the Appendices

Note charts will only display data for the years where an organisation has data. For example, an organisation with three years of trend data will see charts such as q4b with data only in the 2021, 2022 and 2023 portions of the chart and table.

Survey Coordination Centre

NHS

Organisation details

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre NHS

East Kent Hospitals University NHS Foundation Trust

2023 NHS Staff Surve

Organisation details

Completed questionnaires	4011
2023 response rate	41%

Survey details

Survey mode	Online

This organisation is benchmarked

Acute and Acute & Community Trusts

2023 benchmarking group details

Organisations in group: 122

Median response rate: 45%

No. of completed questionnaires: 477643

For more information on benchmarking group definitions please see the Technical document.

Survey Coordination Centre

NHS

People Promise elements, themes and sub-score results

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

NHS

People Promise elements, themes and sub-scores: Overview

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and themes: Overview

Survey Coordination Centre NHS

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

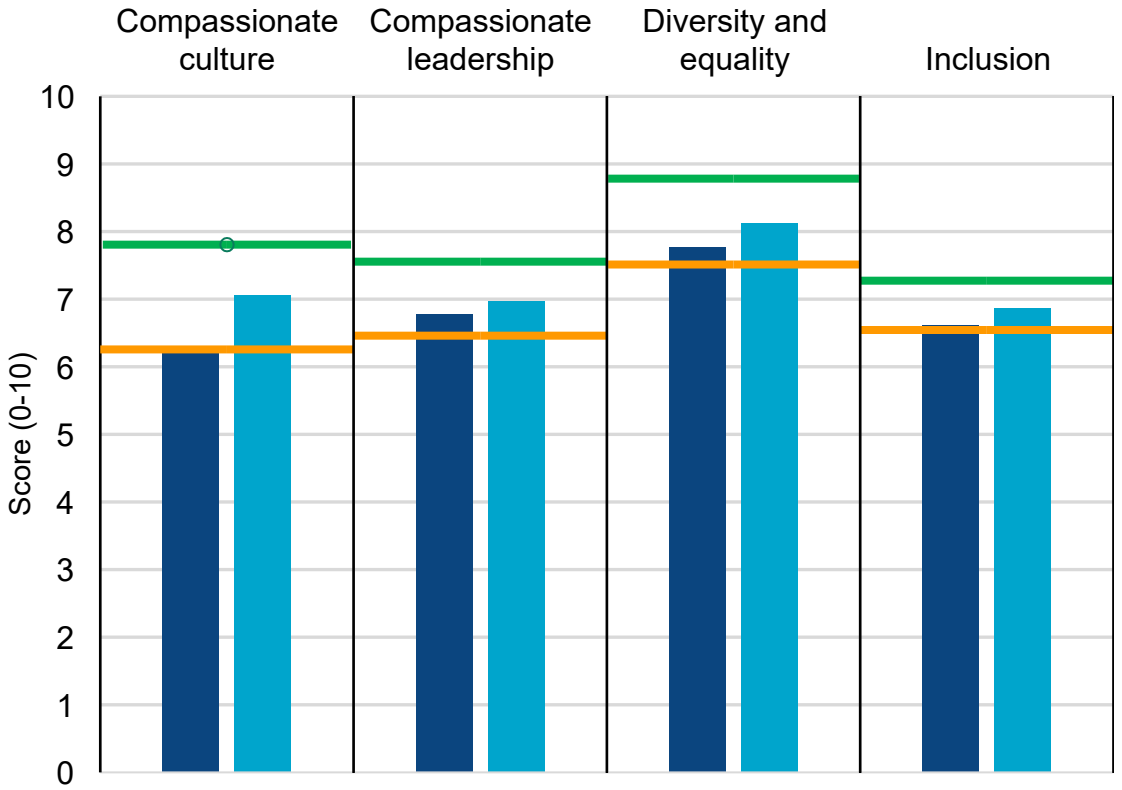
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	6.85	5.62	6.21	5.83	5.36	5.88	6.51	6.34	5.59
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	4003	4000	3972	3974	3756	3983	4002	4006	4007

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre NHS

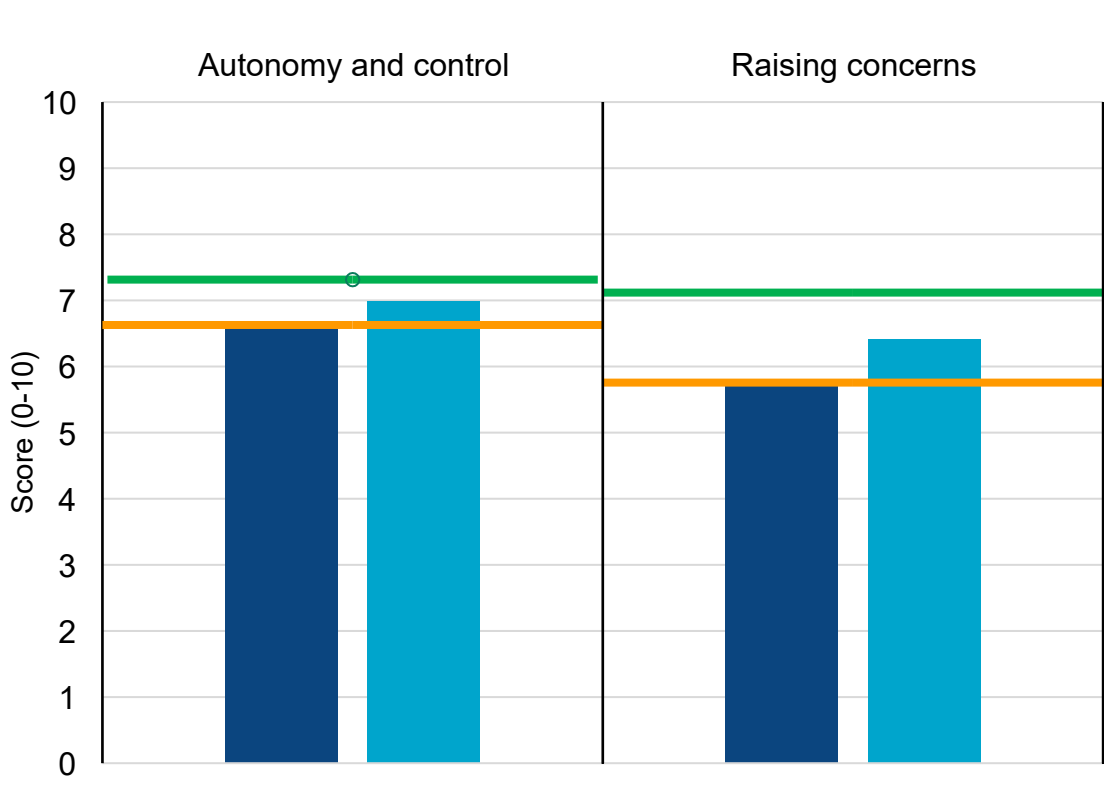
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	6.26	6.77	7.78	6.61
Best result	7.81	7.55	8.78	7.27
Average result	7.06	6.96	8.12	6.86
Worst result	6.26	6.46	7.51	6.54
Responses	3988	3997	4000	3998

Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Your org	6.63	5.79
Best result	7.31	7.12
Average result	6.99	6.41
Worst result	6.63	5.76
Responses	4003	3978

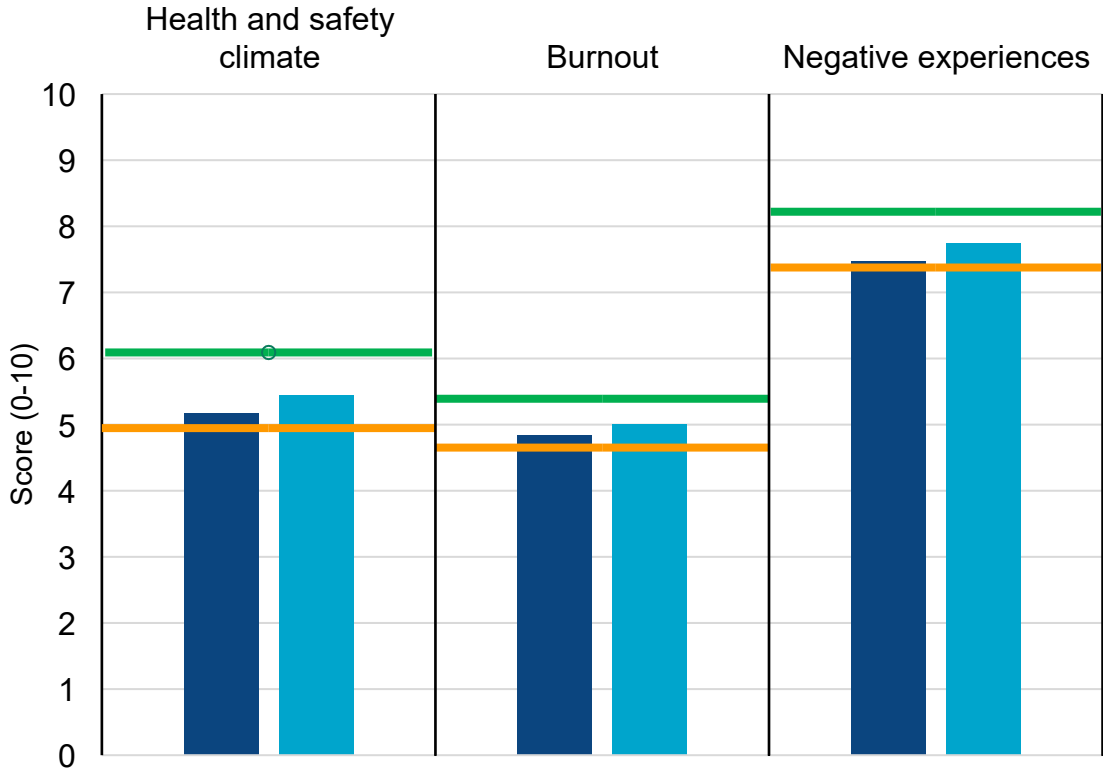
Note. People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre NHS

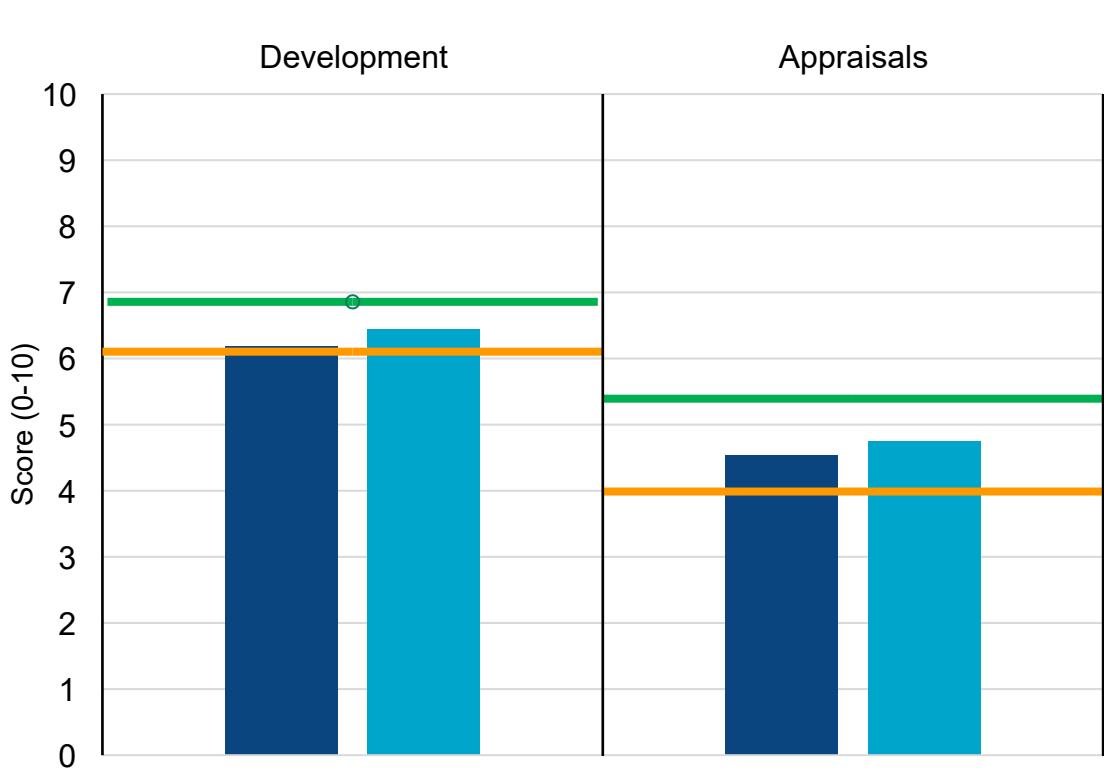
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	Health and safety climate	Burnout	Negative experiences
Your org	5.17	4.84	7.48
Best result	6.09	5.39	8.22
Average result	5.45	5.00	7.75
Worst result	4.95	4.65	7.38
Responses	4002	4005	3984

Promise element 5: We are always learning



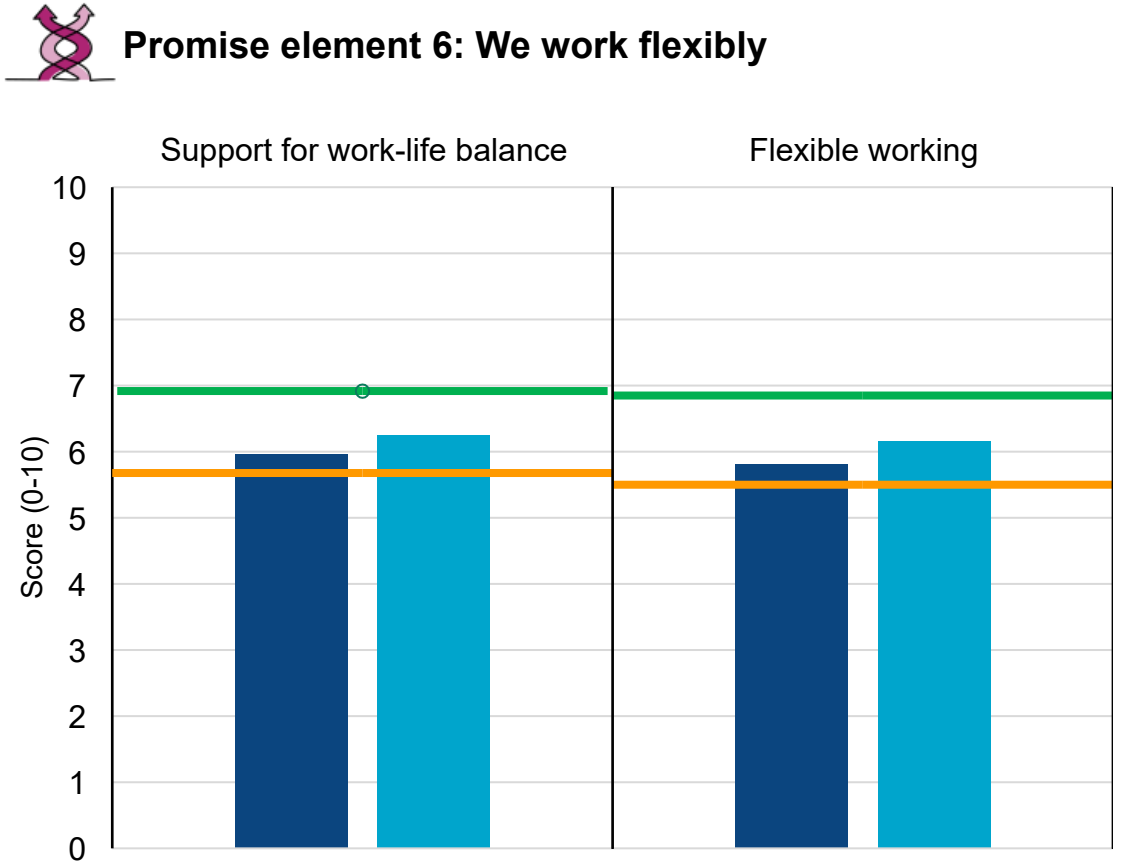
	Development	Appraisals
Your org	6.18	4.54
Best result	6.86	5.39
Average result	6.44	4.74
Worst result	6.10	3.99
Responses	3995	3759

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre NHS

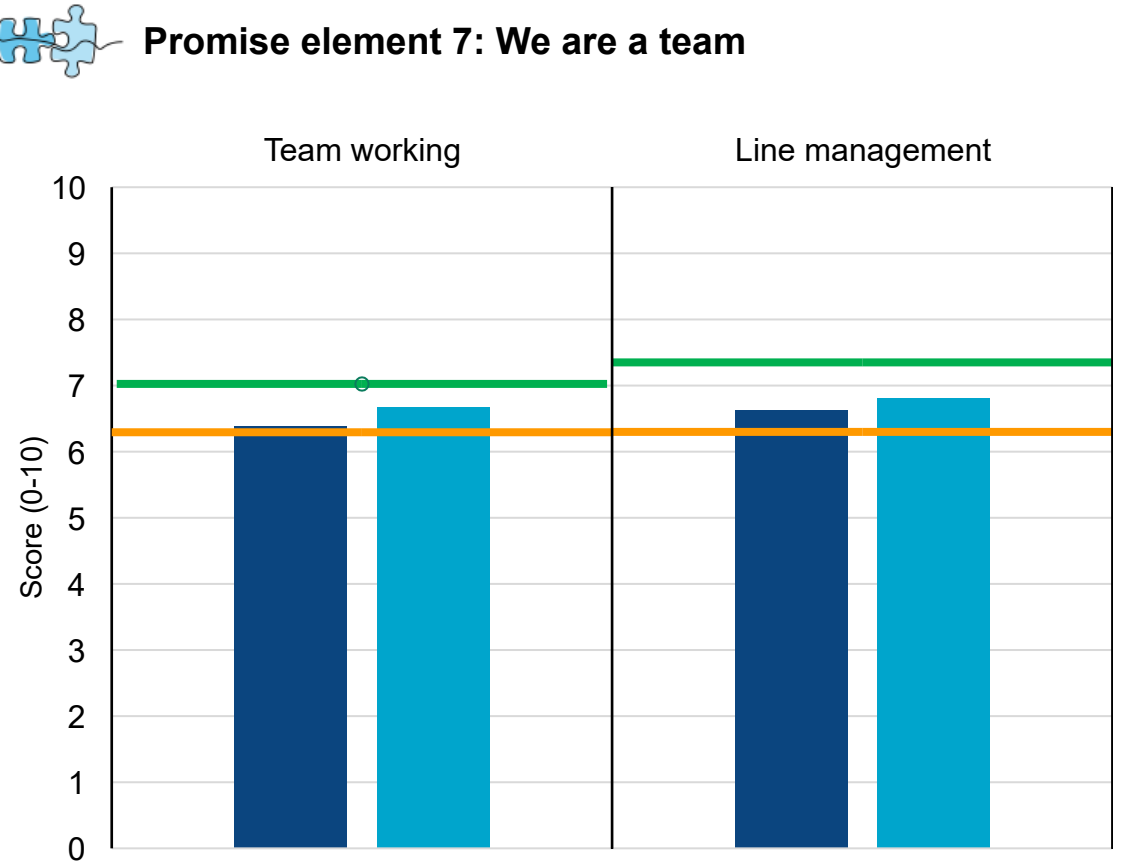
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	Support for work-life balance	Flexible working
Your org	5.96	5.80
Best result	6.92	6.85
Average result	6.25	6.15
Worst result	5.68	5.50
Responses	4003	3985

Promise element 7: We are a team



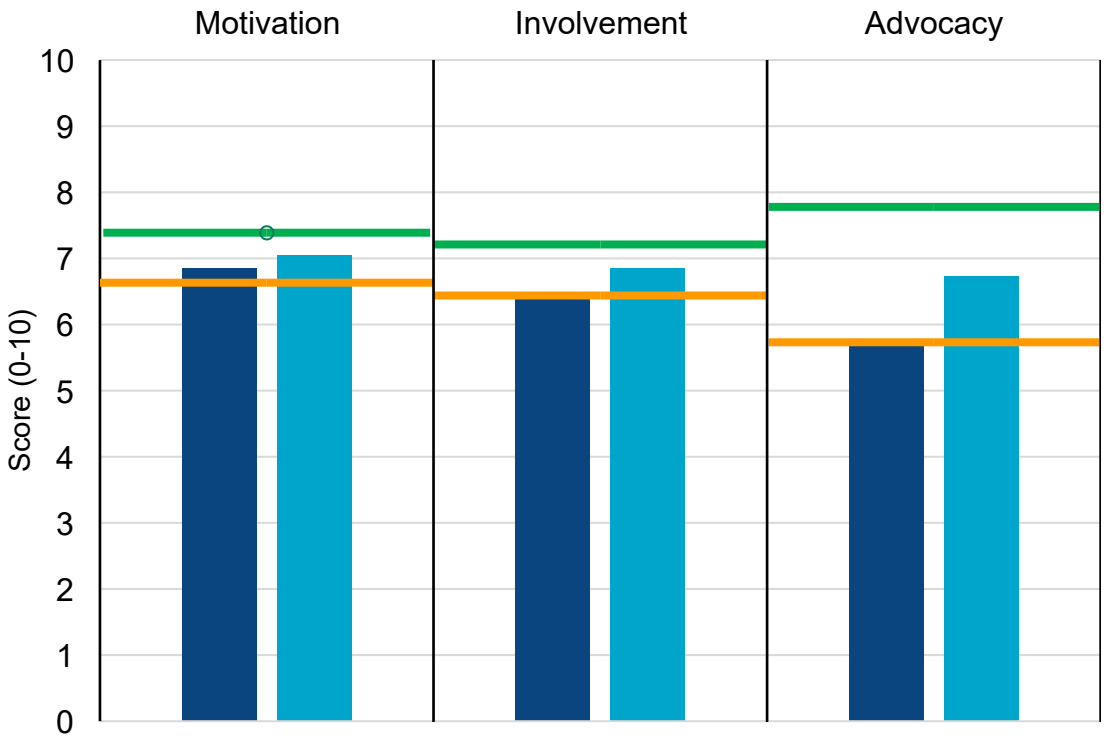
	Team working	Line management
Your org	6.39	6.63
Best result	7.03	7.35
Average result	6.68	6.80
Worst result	6.29	6.30
Responses	4005	4005

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre NHS

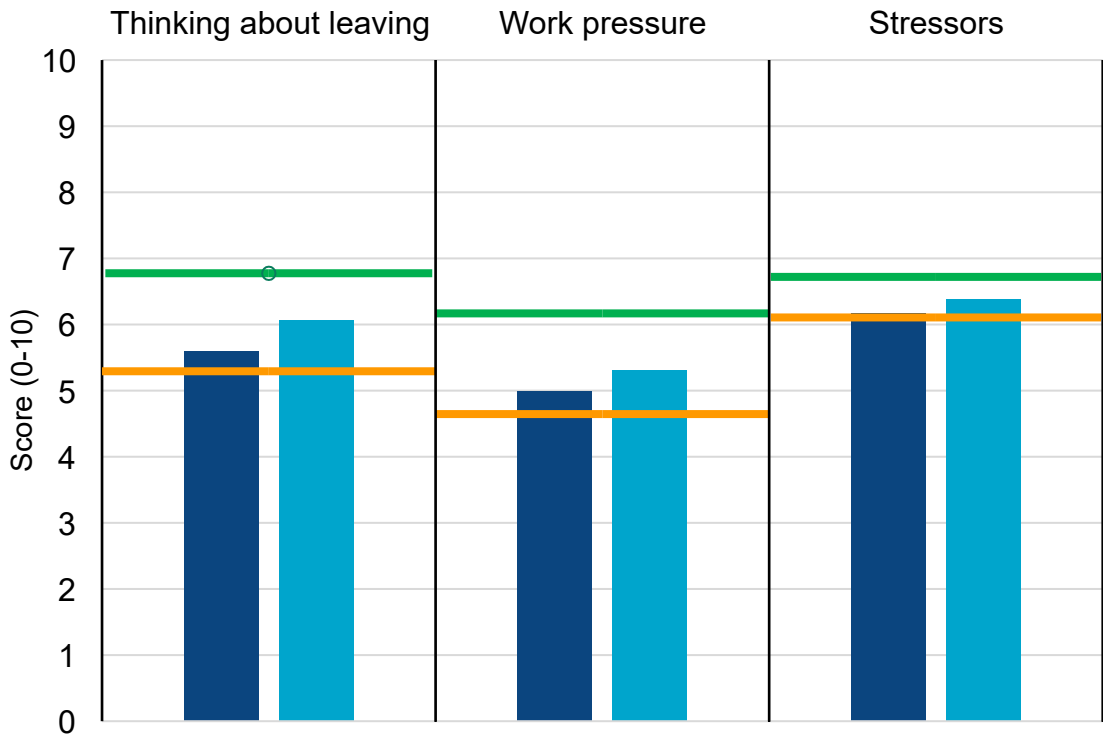
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	6.84	6.46	5.73
Best result	7.39	7.21	7.78
Average result	7.04	6.86	6.74
Worst result	6.63	6.44	5.73
Responses	3961	4002	3988

Theme: Morale



	Thinking about leaving	Work pressure	Stressors
Your org	5.59	4.99	6.18
Best result	6.78	6.17	6.72
Average result	6.06	5.31	6.38
Worst result	5.29	4.65	6.11
Responses	3997	4001	4002

Survey Coordination Centre

NHS

People Promise elements, themes and sub-scores: Trends

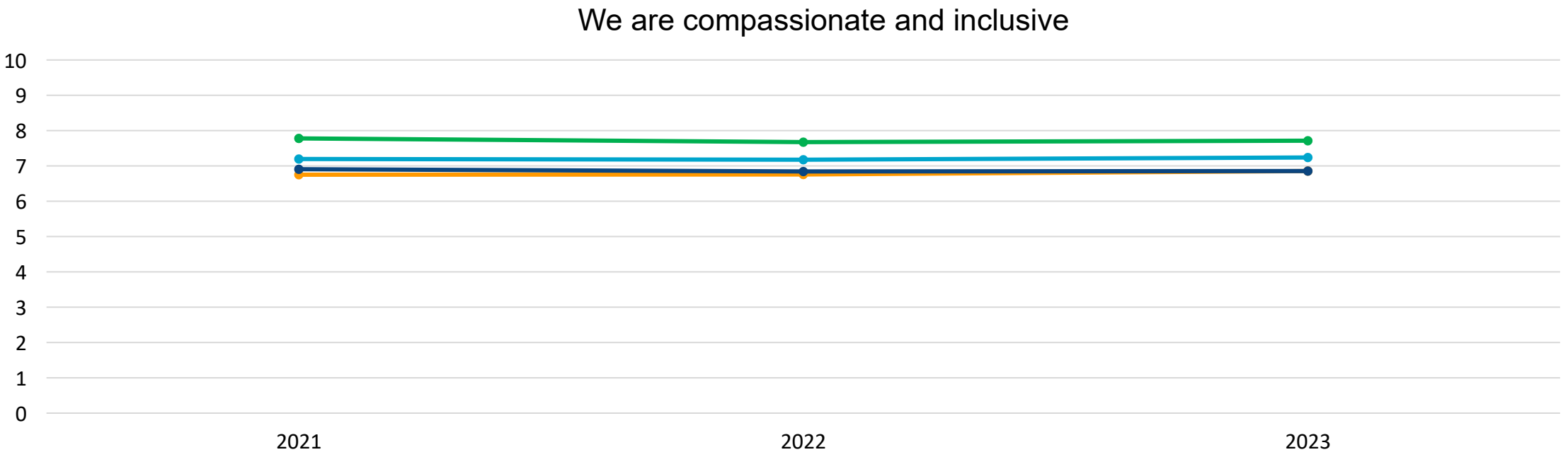
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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**.

Promise element 1: We are compassionate and inclusive



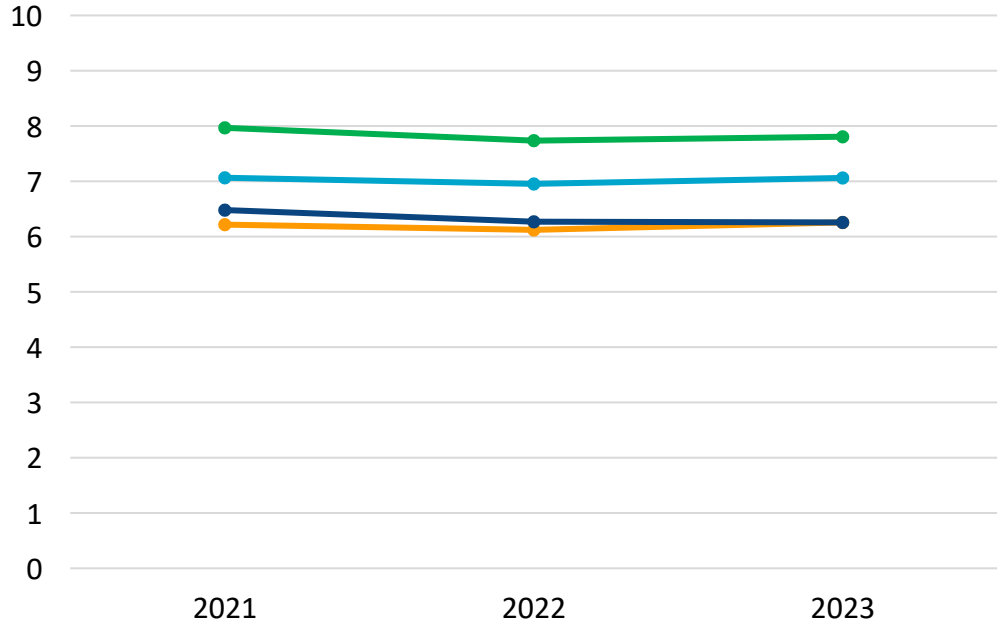
	2021	2022	2023
Your org	6.91	6.84	6.85
Best result	7.78	7.67	7.71
Average result	7.20	7.18	7.24
Worst result	6.75	6.76	6.85
Responses	4407	4012	4003

People Promise elements, themes and sub-scores: Sub-score trends

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**.

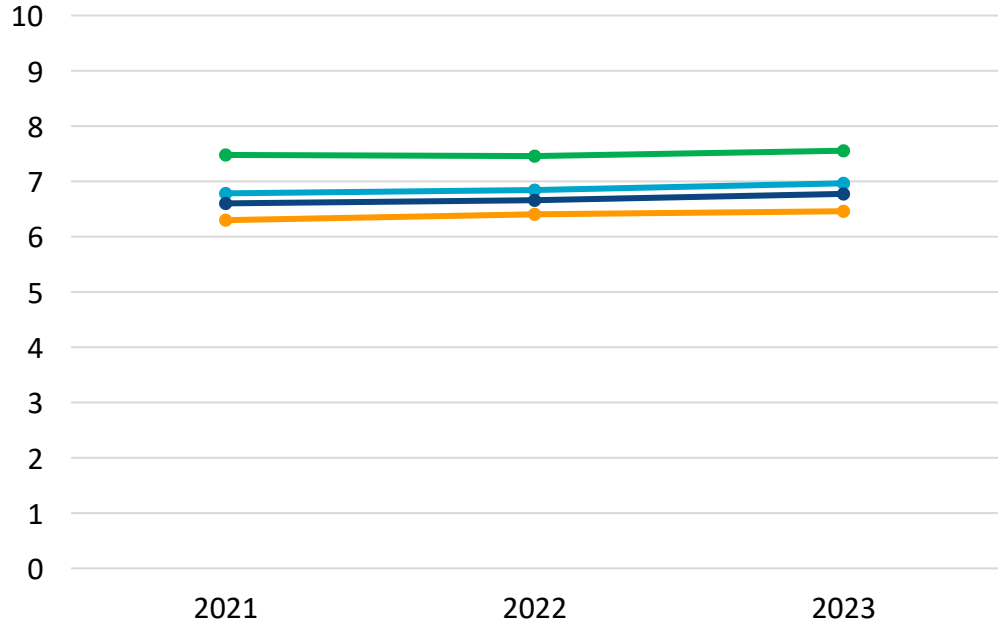
Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



	2021	2022	2023
Your org	6.48	6.27	6.26
Best result	7.97	7.74	7.81
Average result	7.06	6.95	7.06
Worst result	6.22	6.12	6.26
Responses	4334	4001	3988

Compassionate leadership



	2021	2022	2023
Your org	6.60	6.66	6.77
Best result	7.48	7.46	7.55
Average result	6.78	6.84	6.96
Worst result	6.30	6.40	6.46
Responses	4429	4008	3997

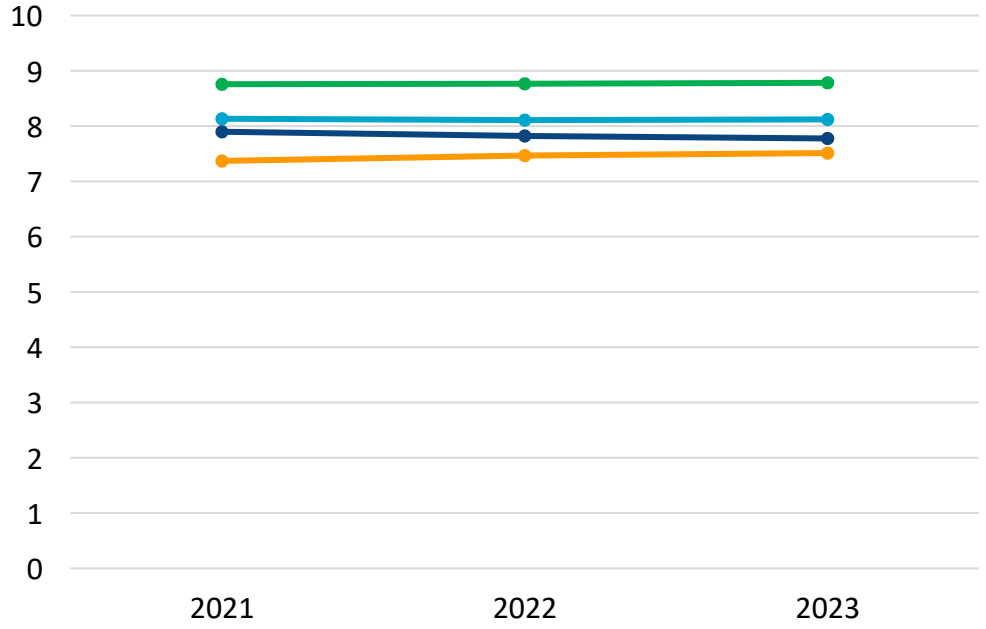
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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**.

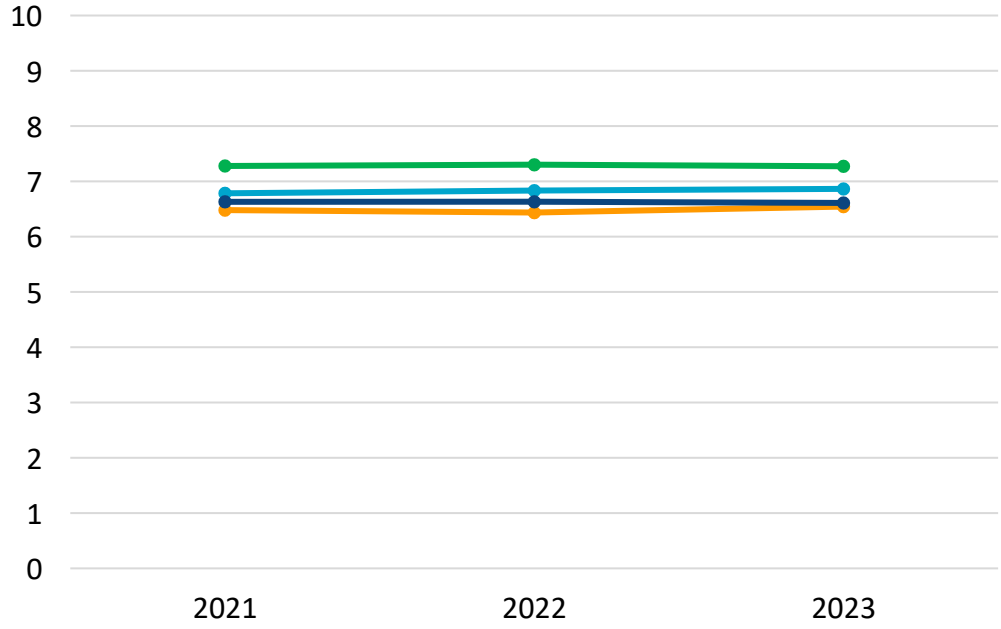
Promise element 1: We are compassionate and inclusive (2)

Diversity and equality



	2021	2022	2023
Your org	7.90	7.82	7.78
Best result	8.76	8.77	8.78
Average result	8.13	8.11	8.12
Worst result	7.37	7.47	7.51
Responses	4404	4001	4000

Inclusion



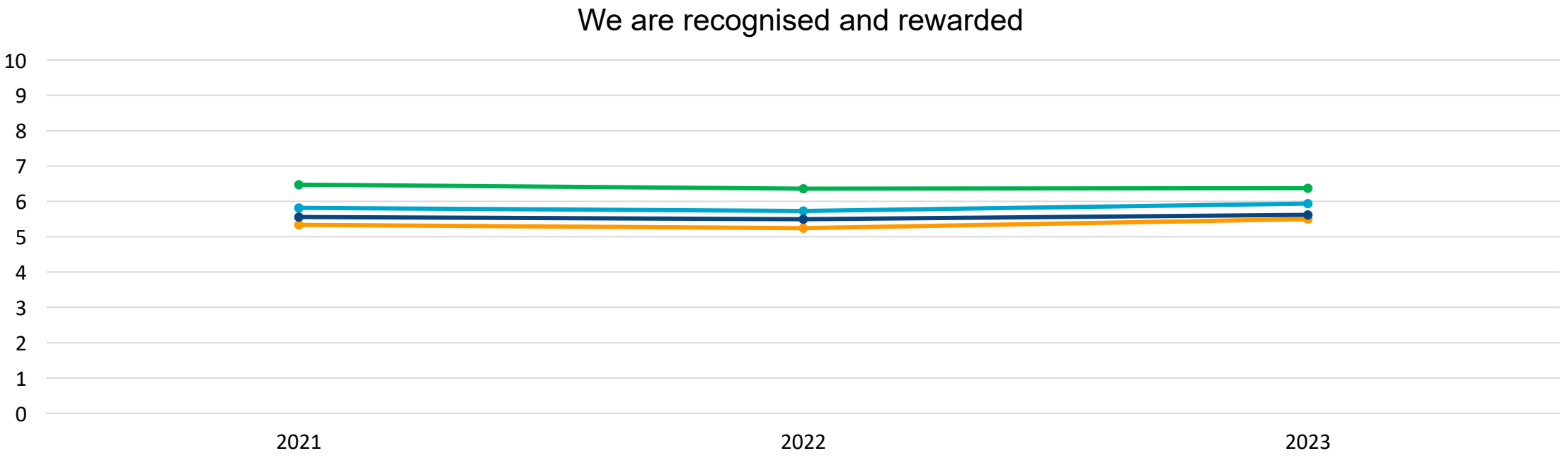
	2021	2022	2023
Your org	6.63	6.63	6.61
Best result	7.28	7.30	7.27
Average result	6.78	6.83	6.86
Worst result	6.48	6.44	6.54
Responses	4457	4012	3998

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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**.

Promise element 2: We are recognised and rewarded



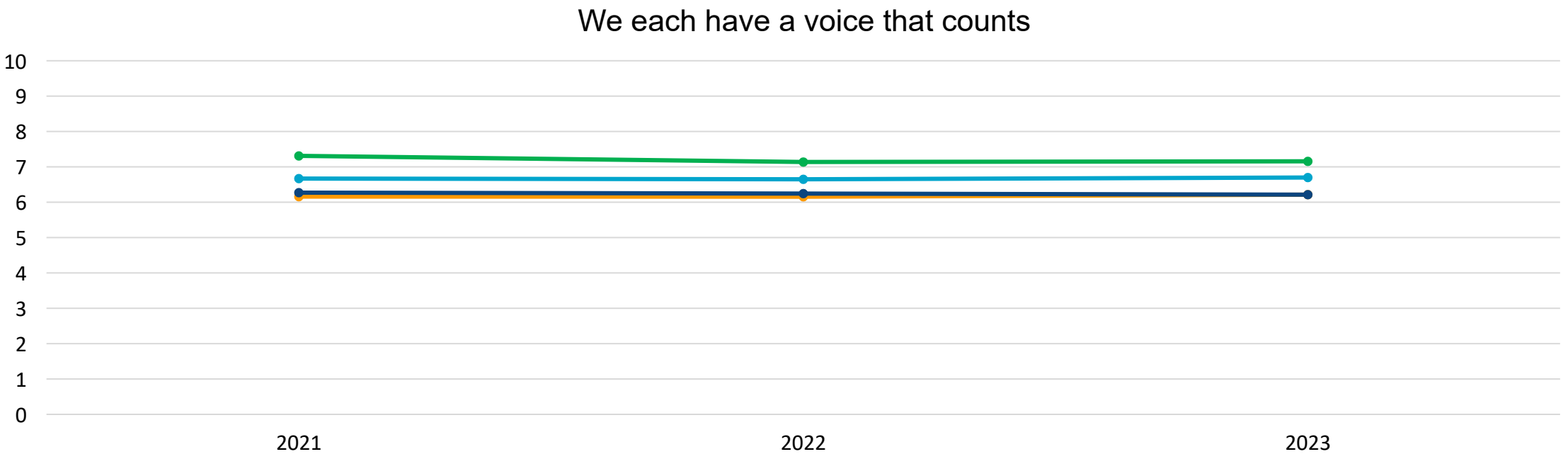
	2021	2022	2023
Your org	5.56	5.50	5.62
Best result	6.47	6.36	6.37
Average result	5.82	5.73	5.94
Worst result	5.34	5.24	5.50
Responses	4515	4015	4000

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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**.

Promise element 3: We each have a voice that counts



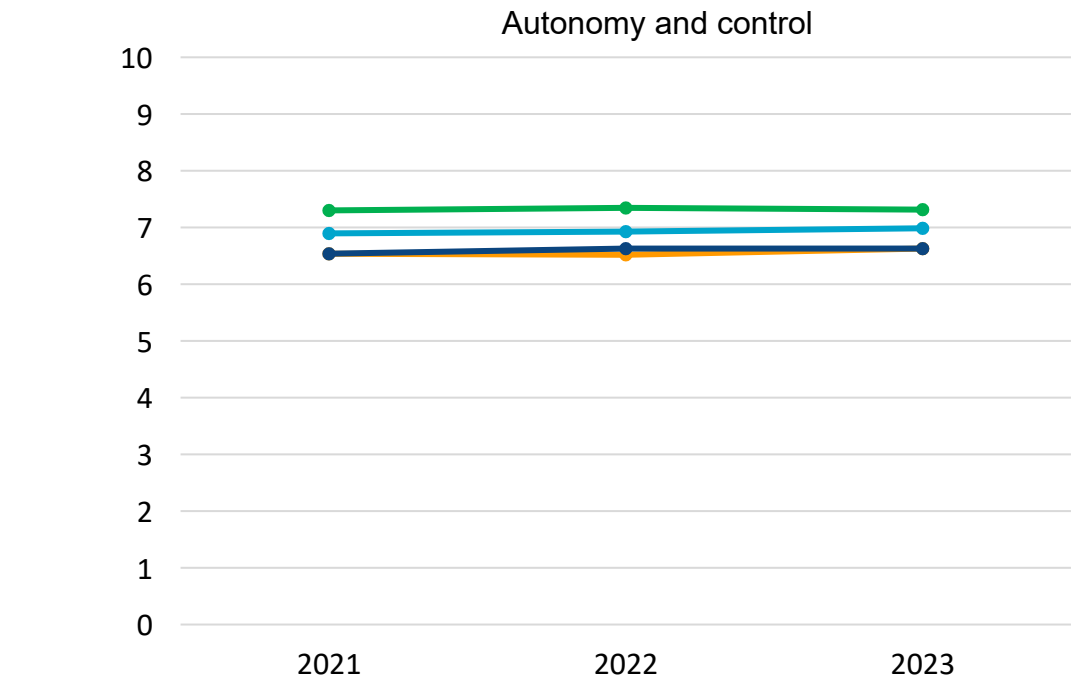
	2021	2022	2023
Your org	6.27	6.24	6.21
Best result	7.31	7.14	7.16
Average result	6.67	6.65	6.70
Worst result	6.16	6.16	6.21
Responses	4319	3988	3972

People Promise elements, themes and sub-scores: Sub-score trends

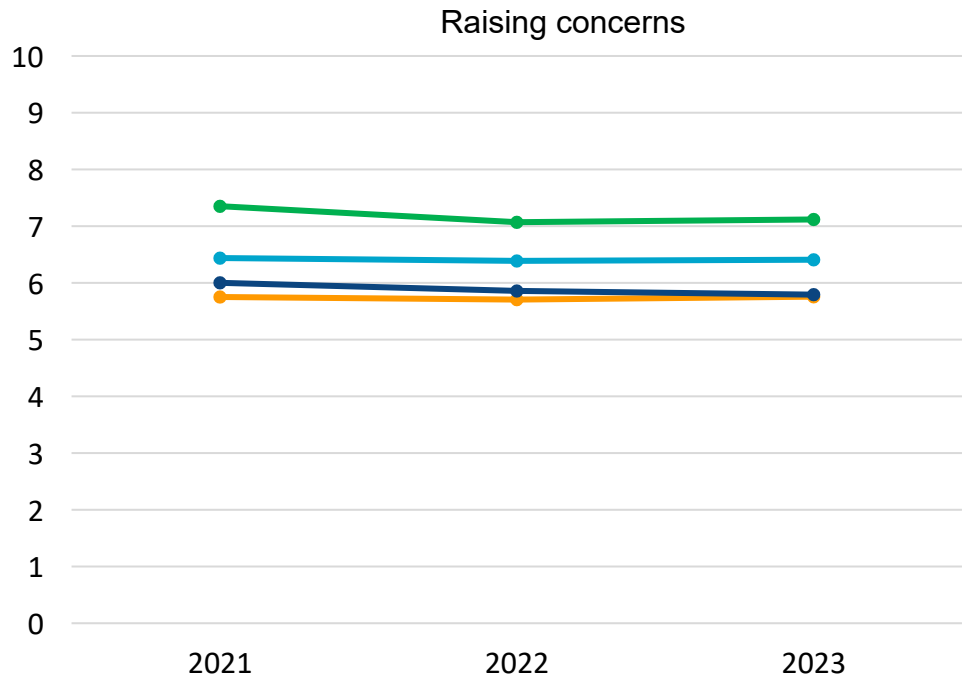
Survey Coordination Centre NHS

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**.

Promise element 3: We each have a voice that counts



	2021	2022	2023
Your org	6.54	6.63	6.63
Best result	7.30	7.35	7.31
Average result	6.90	6.93	6.99
Worst result	6.54	6.52	6.63
Responses	4523	4014	4003



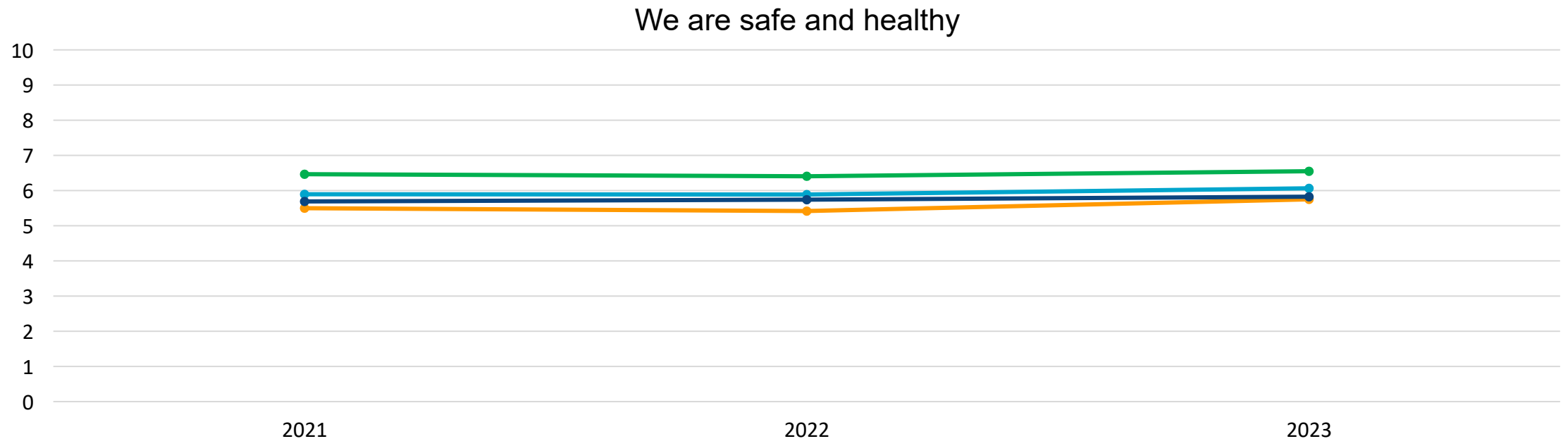
	2021	2022	2023
Your org	6.00	5.86	5.79
Best result	7.35	7.07	7.12
Average result	6.44	6.39	6.41
Worst result	5.75	5.71	5.76
Responses	4322	3993	3978

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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**.

Promise element 4: We are safe and healthy



	2021	2022	2023
Your org	5.69	5.74	5.83
Best result	6.47	6.41	6.55
Average result	5.90	5.89	6.06
Worst result	5.50	5.42	5.75
Responses	4398	3998	3974

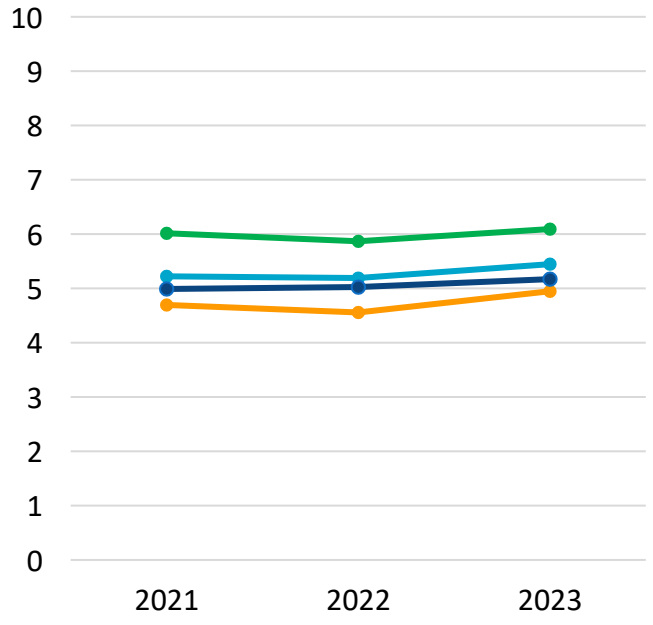
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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**.

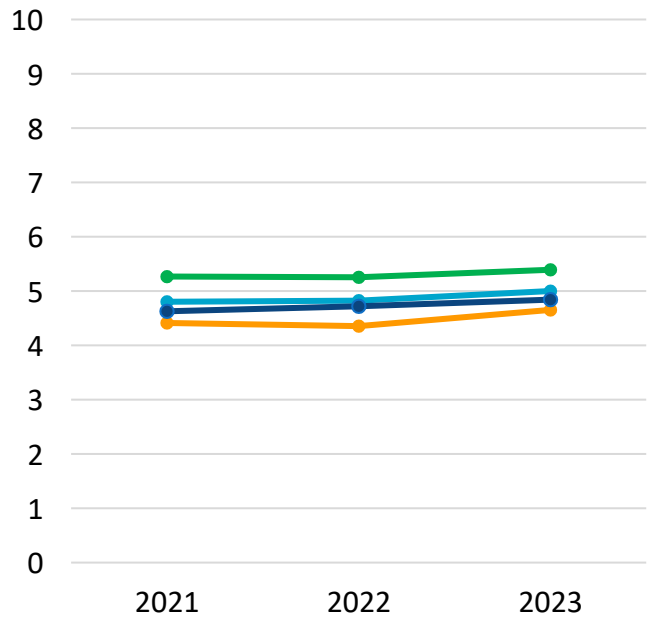
Promise element 4: We are safe and healthy

Health and safety climate



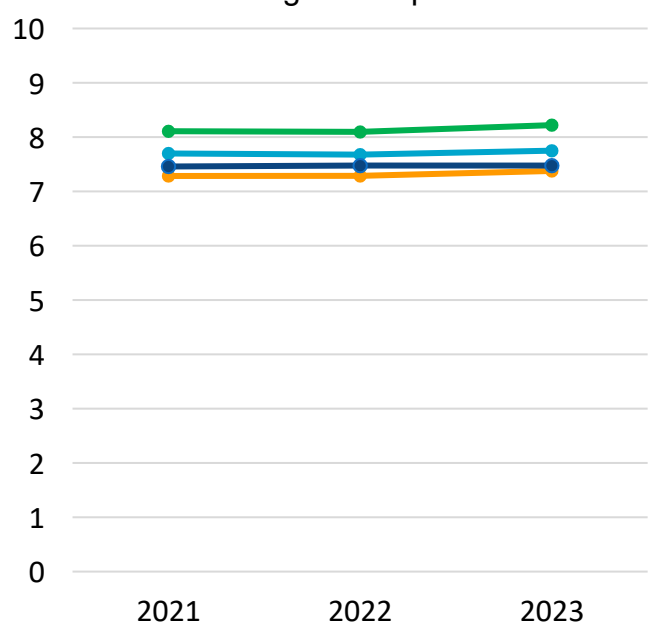
	2021	2022	2023
Your org	4.99	5.02	5.17
Best result	6.01	5.87	6.09
Average result	5.22	5.19	5.45
Worst result	4.69	4.56	4.95
Responses	4524	4016	4002

Burnout



	2021	2022	2023
Your org	4.63	4.72	4.84
Best result	5.27	5.25	5.39
Average result	4.80	4.82	5.00
Worst result	4.41	4.35	4.65
Responses	4412	4011	4005

Negative experiences



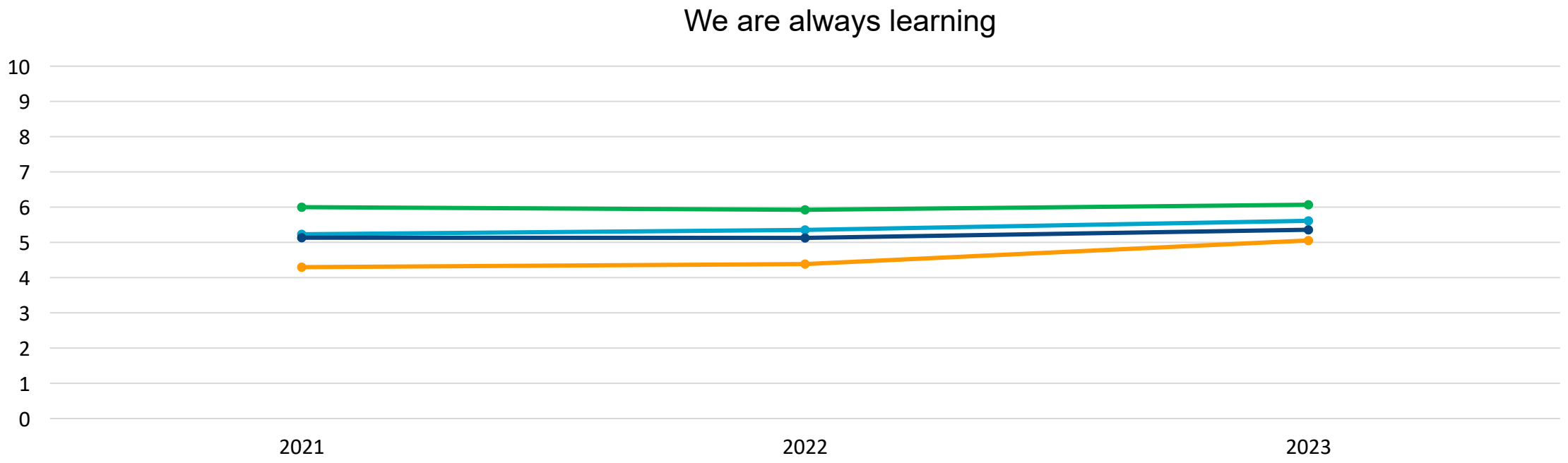
	2021	2022	2023
Your org	7.46	7.48	7.48
Best result	8.11	8.10	8.22
Average result	7.70	7.68	7.75
Worst result	7.28	7.29	7.38
Responses	4408	4006	3984

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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**.

Promise element 5: We are always learning



	2021	2022	2023
Your org	5.13	5.13	5.36
Best result	6.00	5.92	6.07
Average result	5.23	5.35	5.61
Worst result	4.30	4.38	5.05
Responses	4183	3813	3756

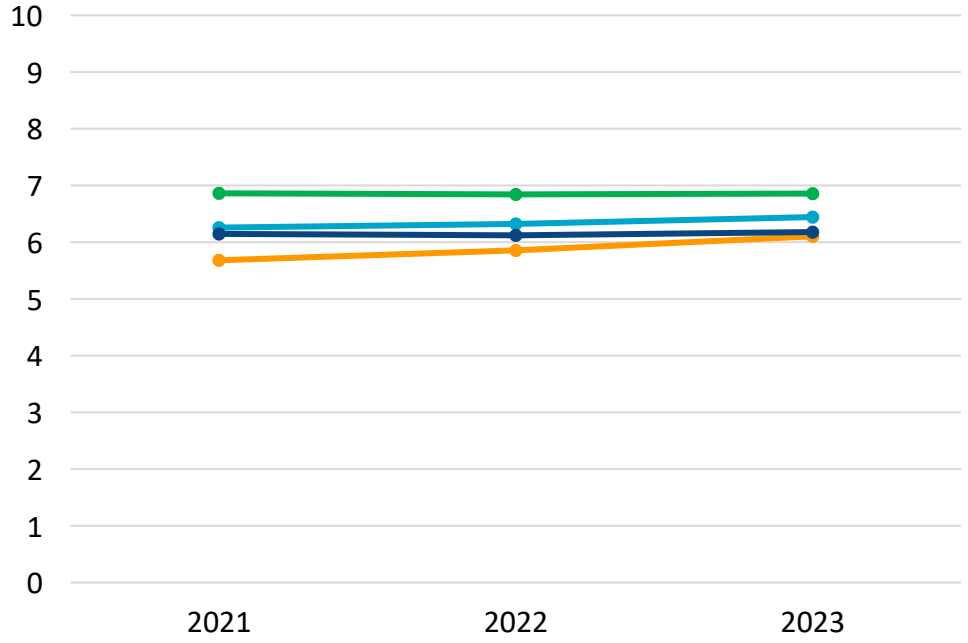
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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**.

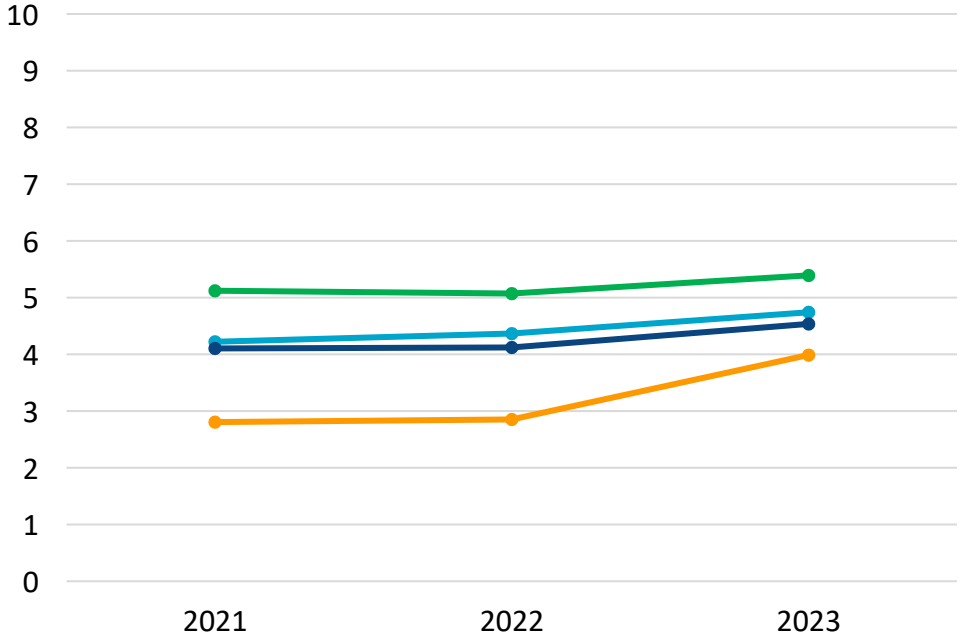
Promise element 5: We are always learning

Development



	2021	2022	2023
Your org	6.15	6.12	6.18
Best result	6.86	6.84	6.86
Average result	6.26	6.32	6.44
Worst result	5.68	5.86	6.10
Responses	4367	3998	3995

Appraisals



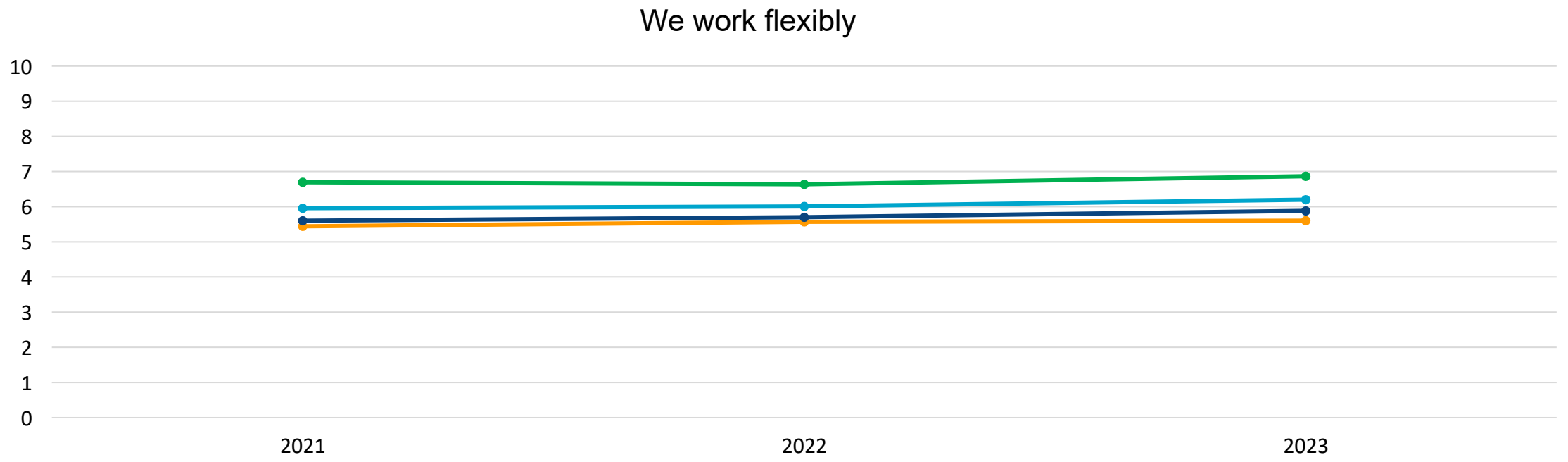
	2021	2022	2023
Your org	4.10	4.12	4.54
Best result	5.12	5.07	5.39
Average result	4.22	4.37	4.74
Worst result	2.81	2.85	3.99
Responses	4213	3829	3759

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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**.

Promise element 6: We work flexibly



	2021	2022	2023
Your org	5.60	5.70	5.88
Best result	6.70	6.64	6.87
Average result	5.96	6.01	6.20
Worst result	5.44	5.57	5.60
Responses	4486	4009	3983

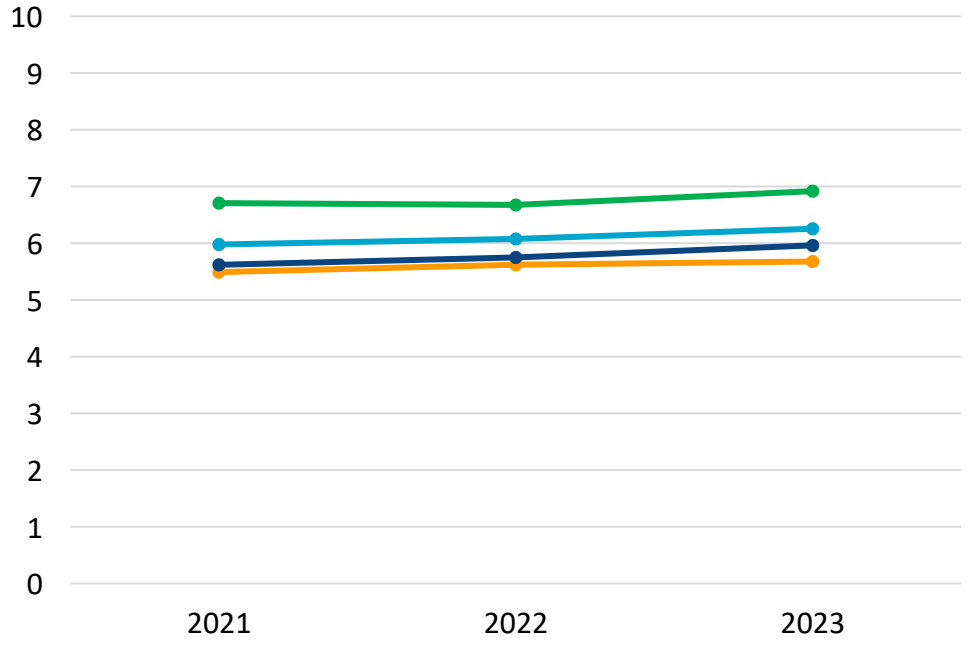
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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**.

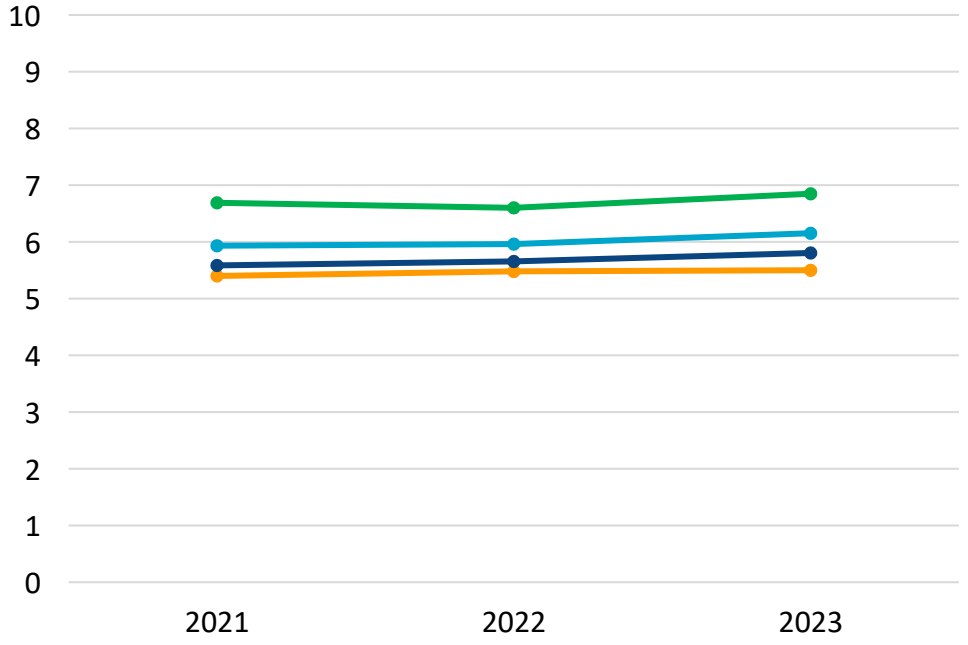
Promise element 6: We work flexibly

Support for work-life balance



	2021	2022	2023
Your org	5.62	5.75	5.96
Best result	6.71	6.68	6.92
Average result	5.98	6.08	6.25
Worst result	5.49	5.62	5.68
Responses	4494	4017	4003

Flexible working



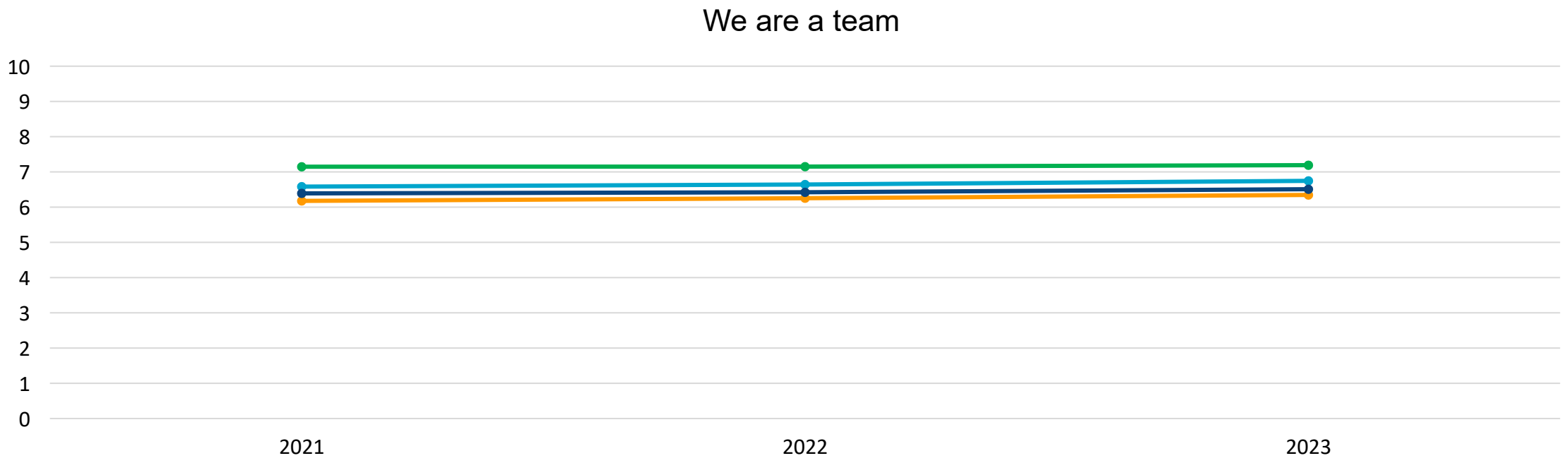
	2021	2022	2023
Your org	5.59	5.66	5.80
Best result	6.69	6.60	6.85
Average result	5.93	5.96	6.15
Worst result	5.40	5.48	5.50
Responses	4509	4012	3985

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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**.

Promise element 7: We are a team



	2021	2022	2023
Your org	6.39	6.42	6.51
Best result	7.15	7.15	7.19
Average result	6.58	6.64	6.75
Worst result	6.18	6.25	6.35
Responses	4435	4008	4002

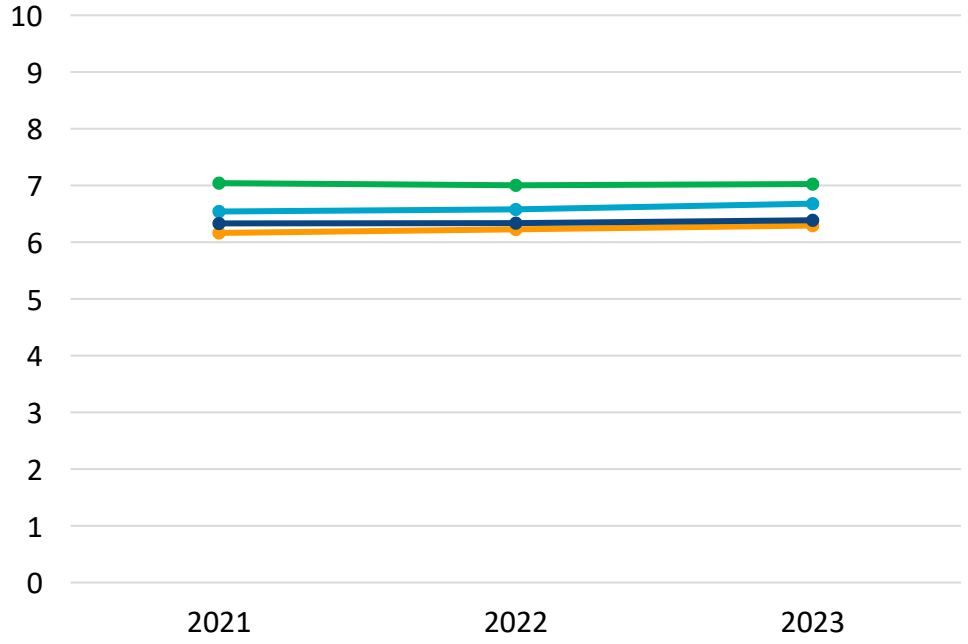
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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**.

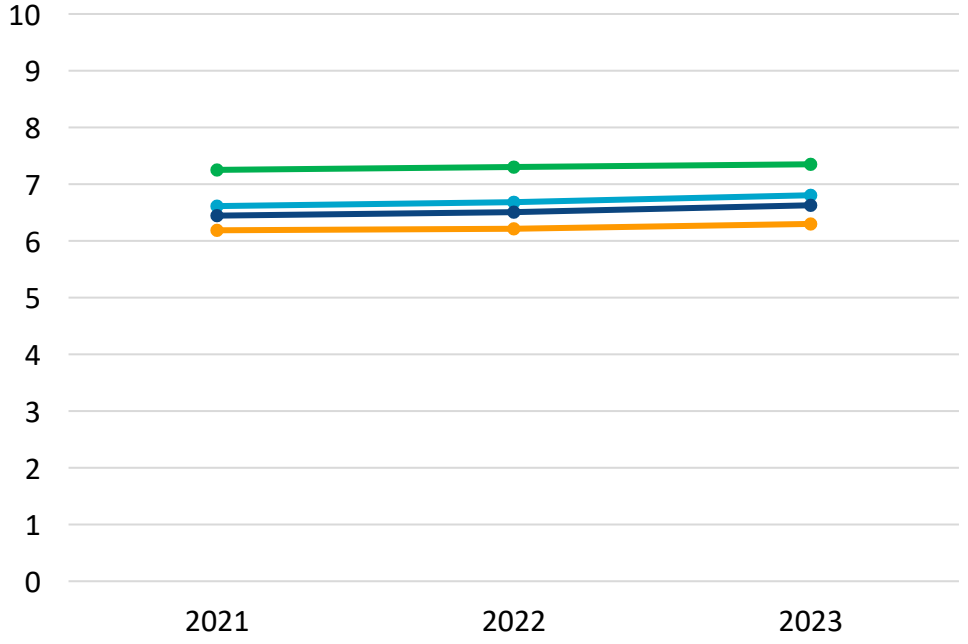
Promise element 7: We are a team

Team working



	2021	2022	2023
Your org	6.33	6.34	6.39
Best result	7.04	7.00	7.03
Average result	6.54	6.58	6.68
Worst result	6.16	6.23	6.29
Responses	4474	4016	4005

Line management



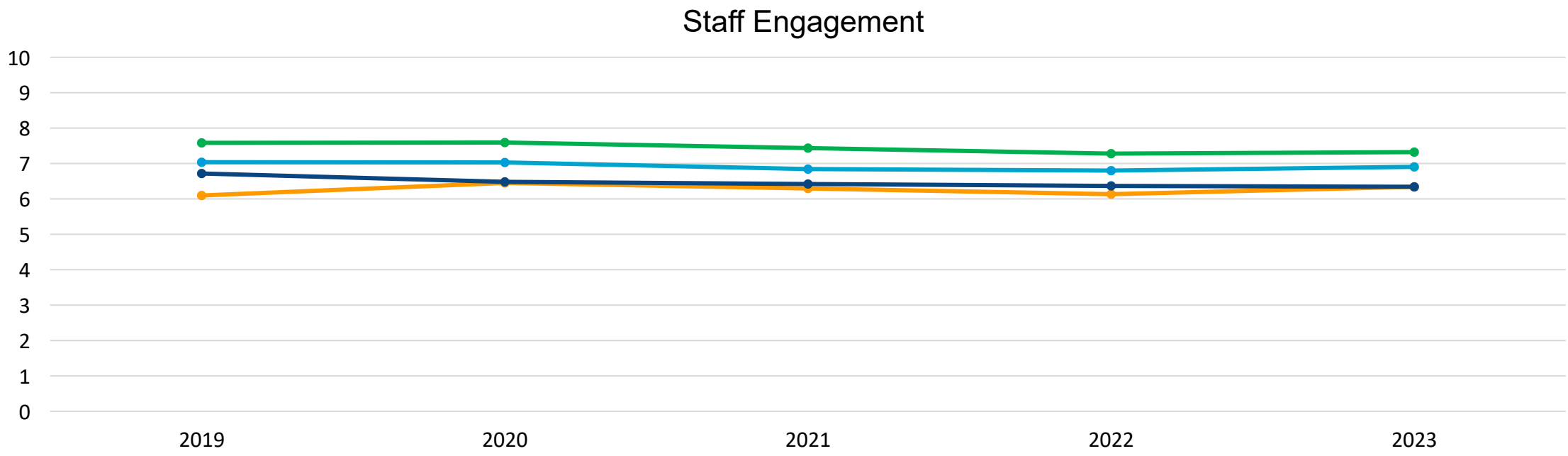
	2021	2022	2023
Your org	6.45	6.51	6.63
Best result	7.25	7.30	7.35
Average result	6.61	6.68	6.80
Worst result	6.19	6.21	6.30
Responses	4436	4010	4005

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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**.

Theme: Staff Engagement



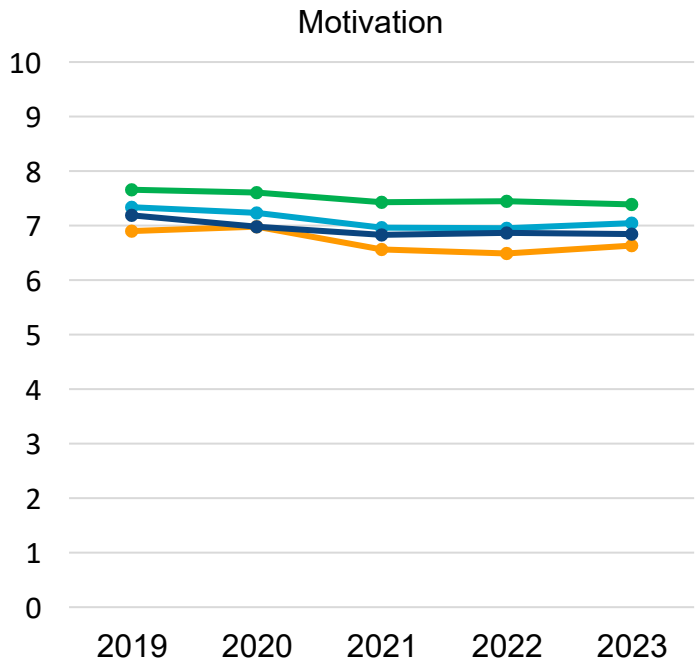
	2019	2020	2021	2022	2023
Your org	6.72	6.48	6.42	6.37	6.34
Best result	7.58	7.59	7.44	7.28	7.32
Average result	7.04	7.03	6.84	6.80	6.91
Worst result	6.10	6.45	6.30	6.13	6.34
Responses	4267	3465	4520	4018	4006

People Promise elements, themes and sub-scores: Sub-score trends

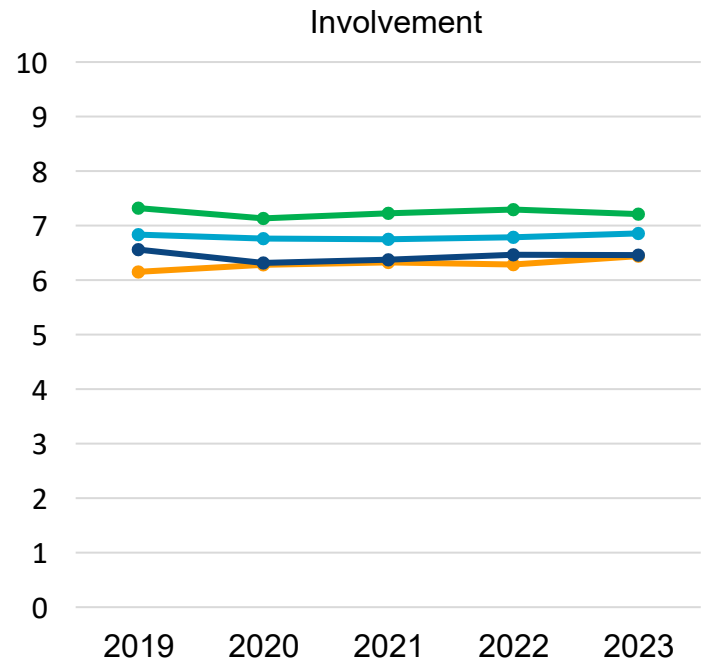
Survey Coordination Centre NHS

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**.

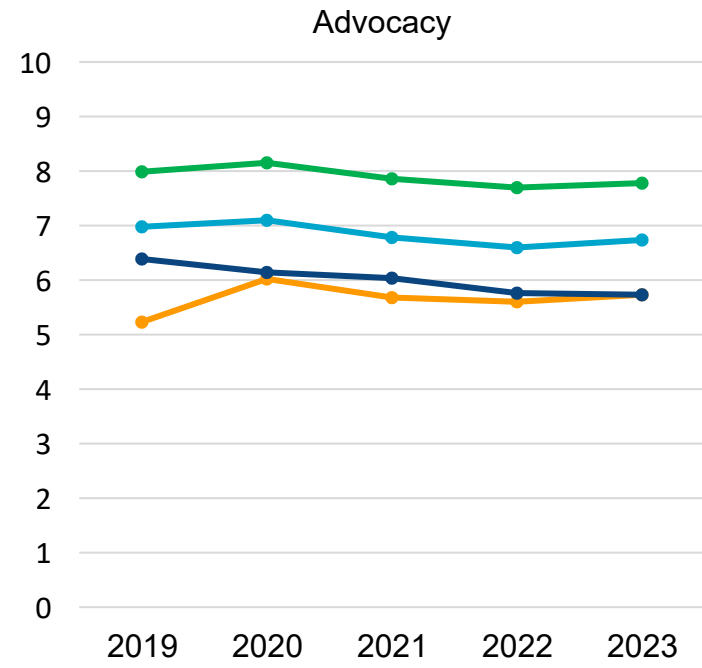
Theme: Staff Engagement



	2019	2020	2021	2022	2023
Your org	7.19	6.98	6.83	6.87	6.84
Best result	7.66	7.61	7.43	7.45	7.39
Average result	7.34	7.23	6.96	6.95	7.04
Worst result	6.90	6.98	6.56	6.49	6.63
Responses	4241	3508	4531	3995	3961



	2019	2020	2021	2022	2023
Your org	6.56	6.31	6.37	6.46	6.46
Best result	7.32	7.13	7.22	7.29	7.21
Average result	6.83	6.76	6.75	6.79	6.86
Worst result	6.15	6.28	6.32	6.29	6.44
Responses	4269	3464	4524	4014	4002



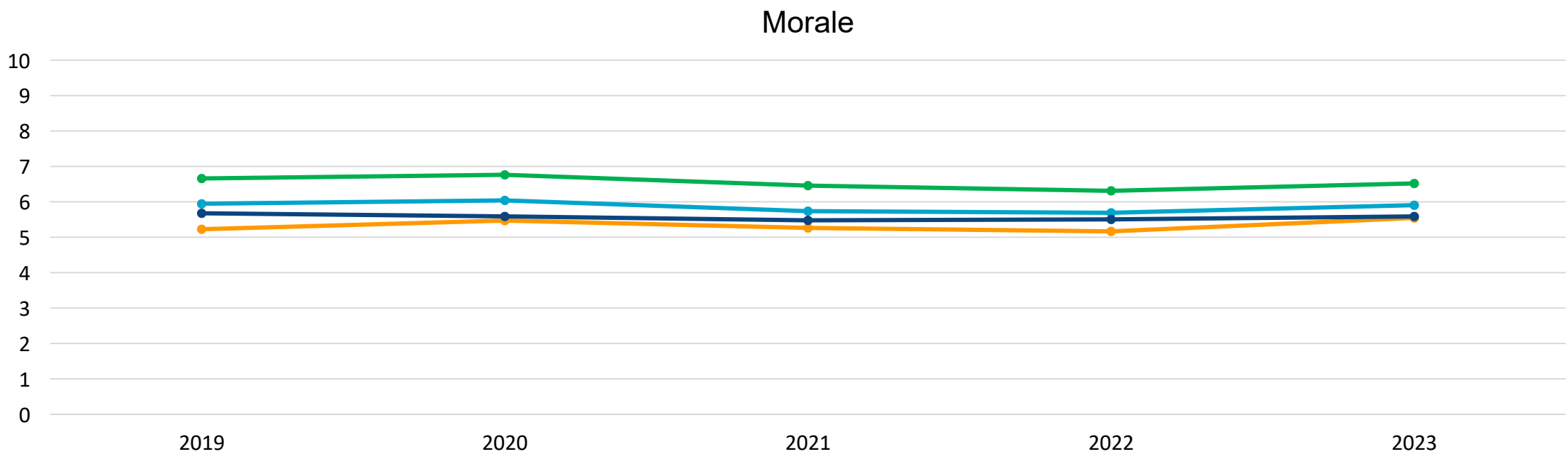
	2019	2020	2021	2022	2023
Your org	6.39	6.14	6.04	5.76	5.73
Best result	7.99	8.15	7.86	7.70	7.78
Average result	6.98	7.10	6.78	6.60	6.74
Worst result	5.23	6.02	5.68	5.60	5.73
Responses	4071	3335	4334	4000	3988

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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**.

Theme: Morale



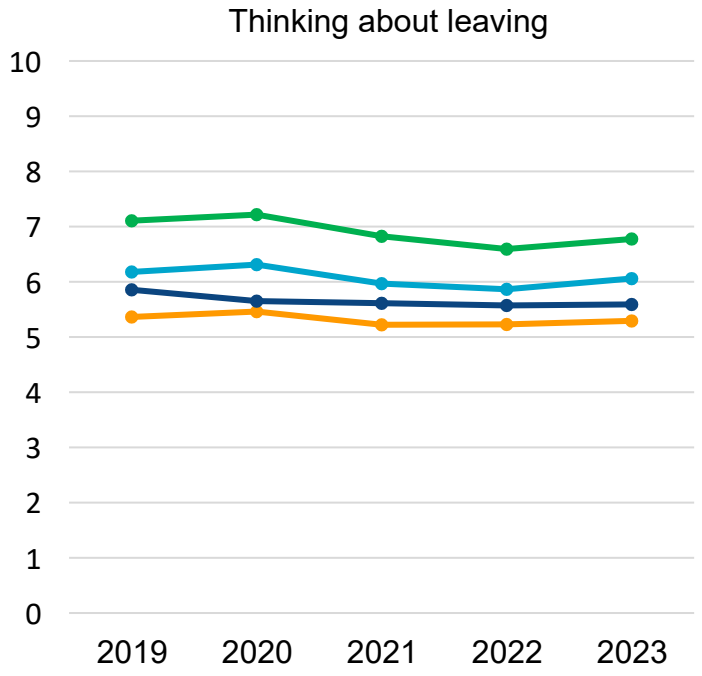
	2019	2020	2021	2022	2023
Your org	5.68	5.59	5.48	5.50	5.59
Best result	6.66	6.76	6.46	6.31	6.52
Average result	5.95	6.04	5.74	5.69	5.91
Worst result	5.23	5.47	5.26	5.17	5.54
Responses	4215	3442	4512	4017	4007

People Promise elements, themes and sub-scores: Sub-score trends

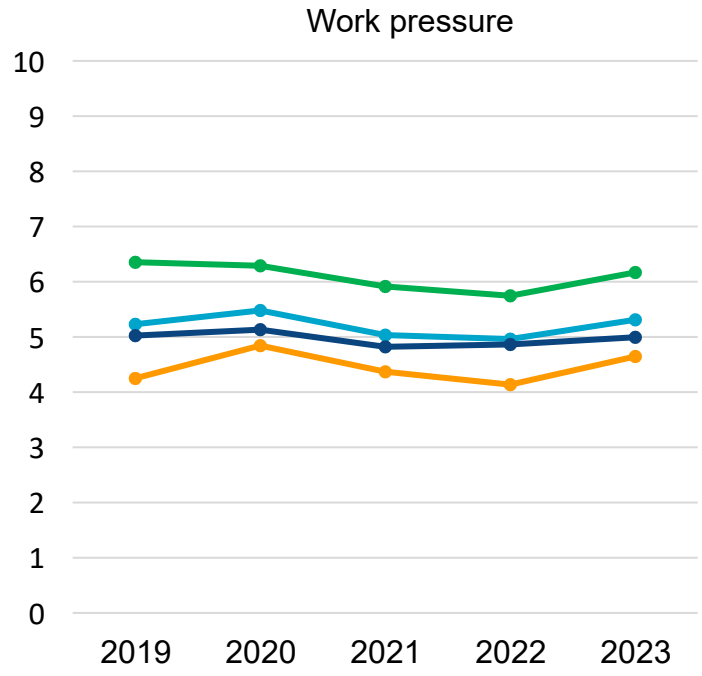
Survey Coordination Centre NHS

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**.

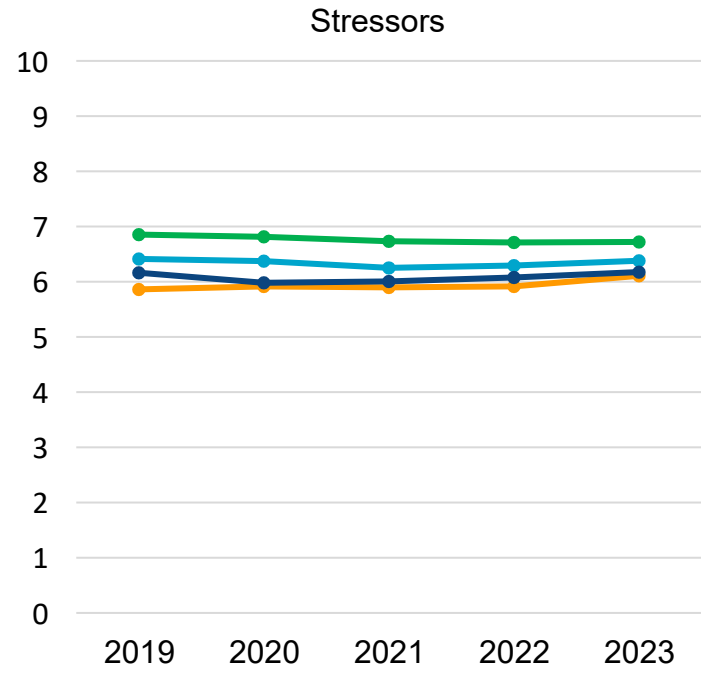
Theme: Morale



	2019	2020	2021	2022	2023
Your org	5.86	5.65	5.61	5.57	5.59
Best result	7.11	7.22	6.83	6.59	6.78
Average result	6.18	6.31	5.97	5.86	6.06
Worst result	5.36	5.46	5.22	5.23	5.29
Responses	4063	3335	4310	3980	3997



	2019	2020	2021	2022	2023
Your org	5.02	5.13	4.82	4.86	4.99
Best result	6.35	6.29	5.91	5.75	6.17
Average result	5.23	5.48	5.03	4.96	5.31
Worst result	4.25	4.84	4.37	4.14	4.65
Responses	4269	3461	4525	4015	4001

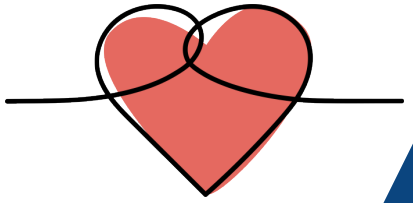


	2019	2020	2021	2022	2023
Your org	6.16	5.98	6.01	6.08	6.18
Best result	6.85	6.81	6.73	6.71	6.72
Average result	6.41	6.37	6.25	6.29	6.38
Worst result	5.86	5.91	5.90	5.92	6.11
Responses	4202	3440	4497	4010	4002

Survey Coordination Centre

NHS

People Promise element – We are compassionate and inclusive



Questions included:

Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d

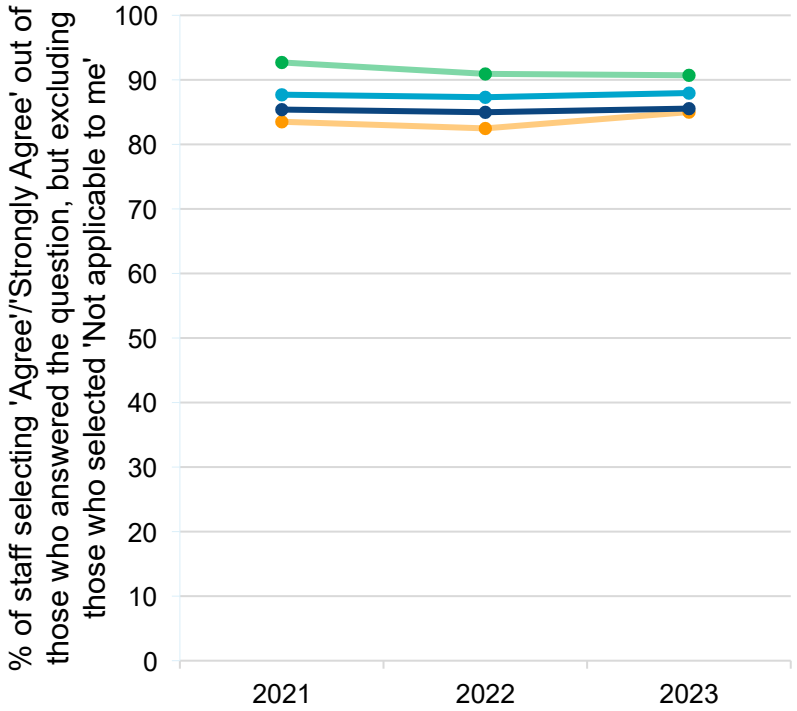
Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

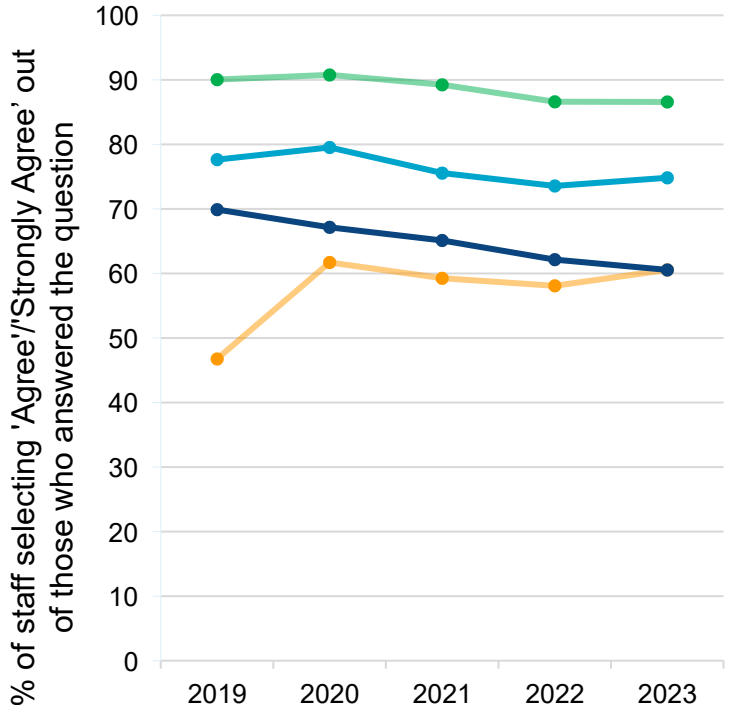
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q6a I feel that my role makes a difference to patients / service users.



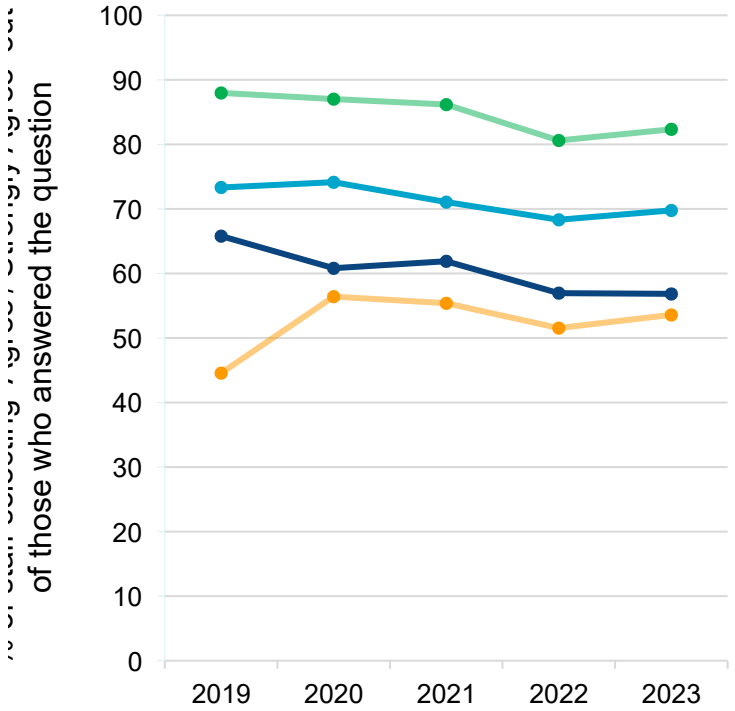
	2021	2022	2023
Your org	85.40%	84.98%	85.55%
Best result	92.70%	90.93%	90.71%
Average result	87.70%	87.31%	87.96%
Worst result	83.51%	82.48%	85.01%
Responses	4364	3916	3900

Q25a Care of patients / service users is my organisation's top priority.



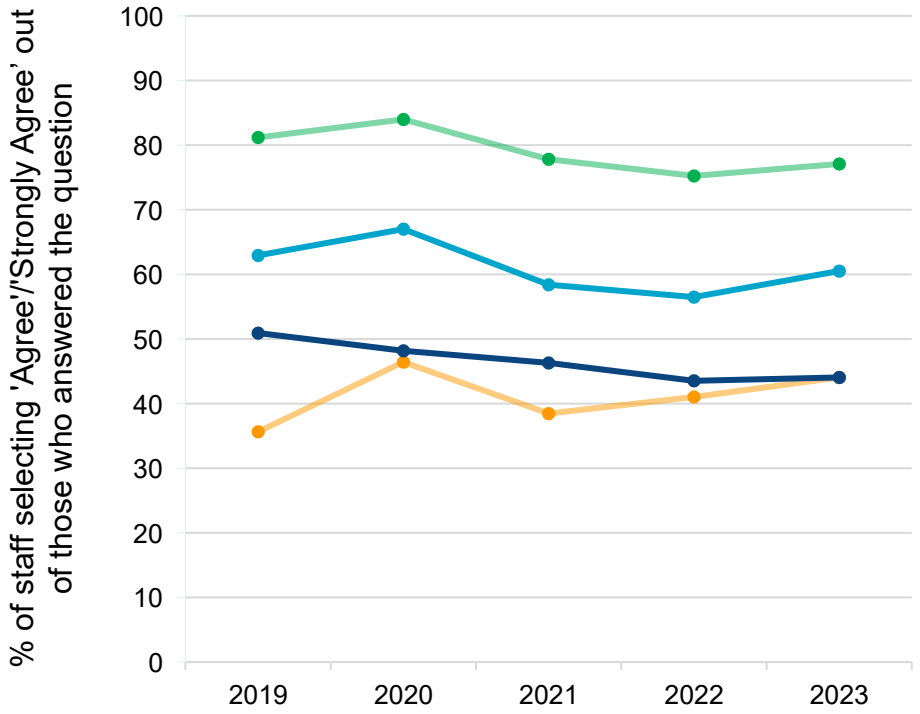
	2019	2020	2021	2022	2023
Your org	69.91%	67.15%	65.11%	62.15%	60.55%
Best result	90.05%	90.77%	89.25%	86.61%	86.57%
Average result	77.64%	79.53%	75.57%	73.56%	74.83%
Worst result	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	4070	3330	4329	3995	3988

Q25b My organisation acts on concerns raised by patients / service users.



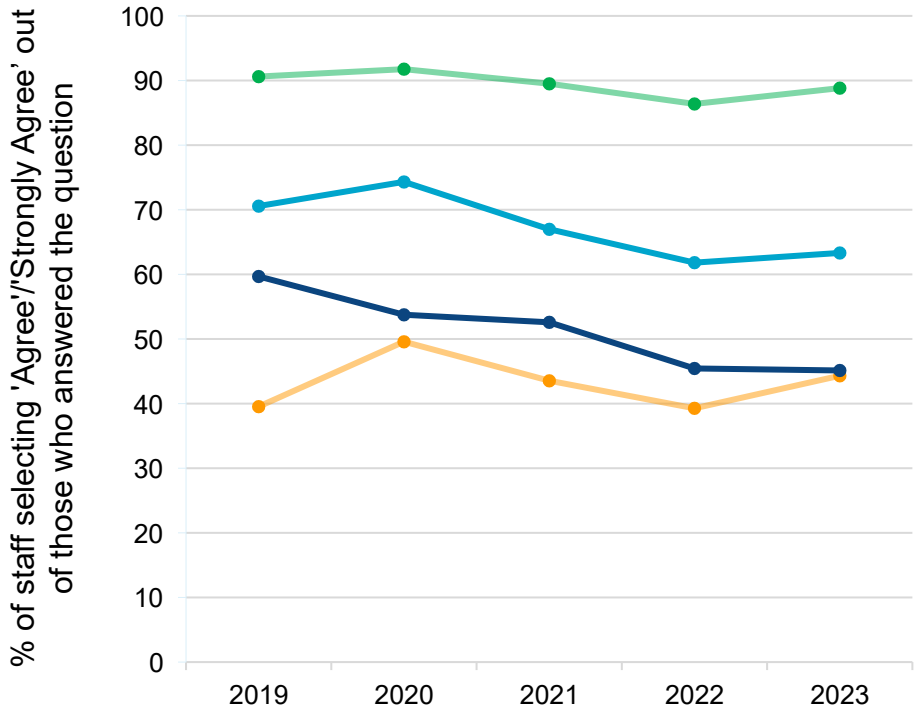
	2019	2020	2021	2022	2023
Your org	65.80%	60.82%	61.89%	56.95%	56.84%
Best result	87.98%	87.02%	86.18%	80.61%	82.34%
Average result	73.32%	74.14%	71.07%	68.32%	69.78%
Worst result	44.56%	56.41%	55.39%	51.54%	53.59%
Responses	4069	3328	4326	3994	3984

Q25c I would recommend my organisation as a place to work.



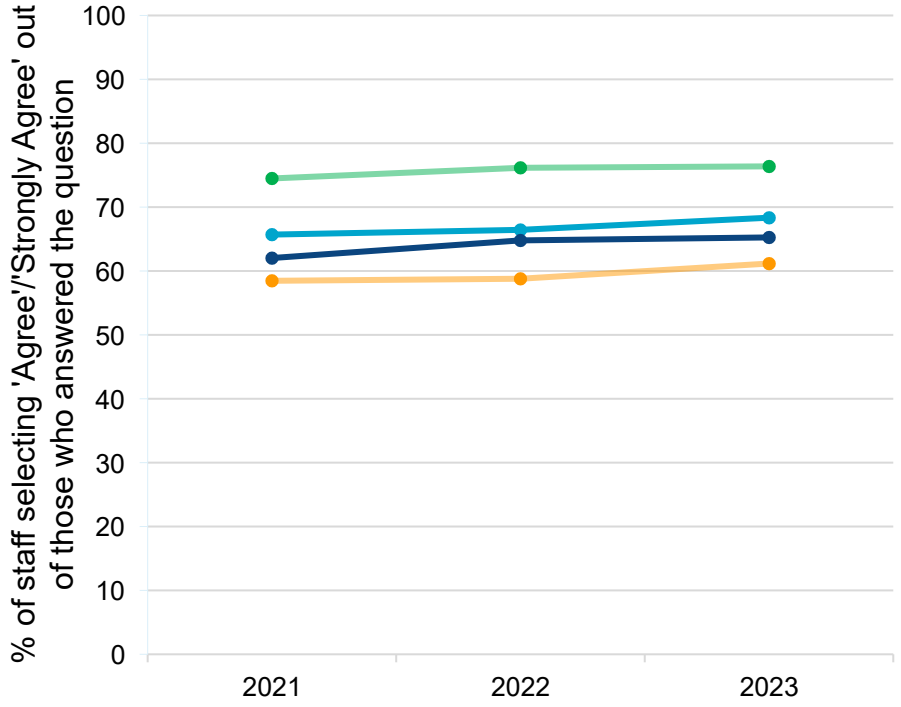
	2019	2020	2021	2022	2023
Your org	50.92%	48.17%	46.30%	43.53%	44.05%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	4069	3333	4332	3994	3983

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



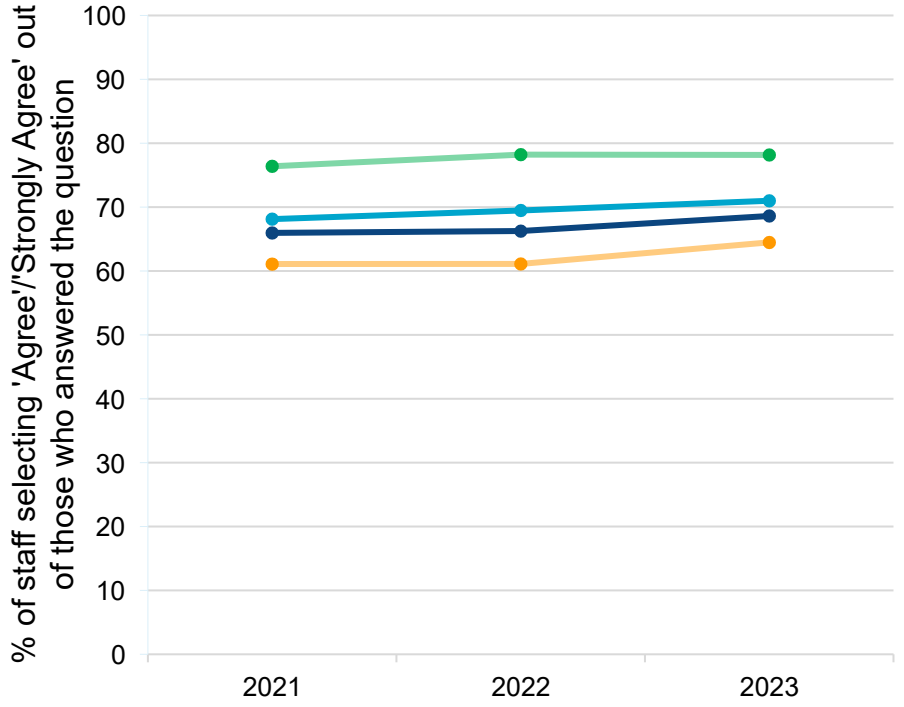
	2019	2020	2021	2022	2023
Your org	59.68%	53.75%	52.58%	45.44%	45.13%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	4069	3331	4330	3996	3985

Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022	2023
Your org	62.03%	64.79%	65.26%
Best result	74.49%	76.16%	76.38%
Average result	65.70%	66.44%	68.35%
Worst result	58.47%	58.79%	61.17%
Responses	4421	4006	3992

Q9g My immediate manager is interested in listening to me when I describe challenges I face.

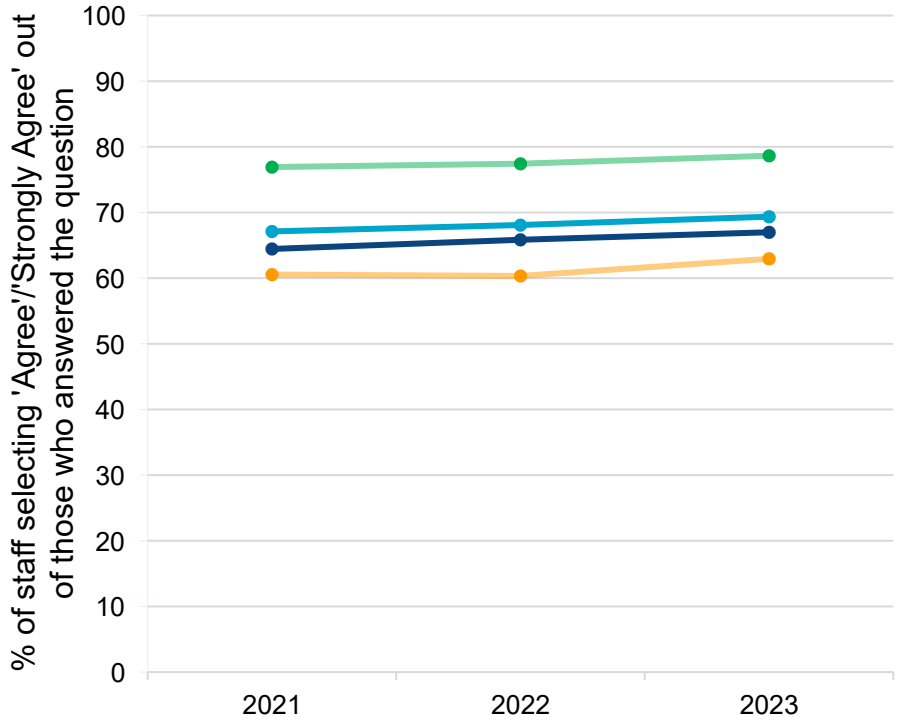


	2021	2022	2023
Your org	65.97%	66.26%	68.61%
Best result	76.39%	78.22%	78.17%
Average result	68.12%	69.47%	70.99%
Worst result	61.09%	61.11%	64.48%
Responses	4429	4004	3992

Survey Coordination Centre

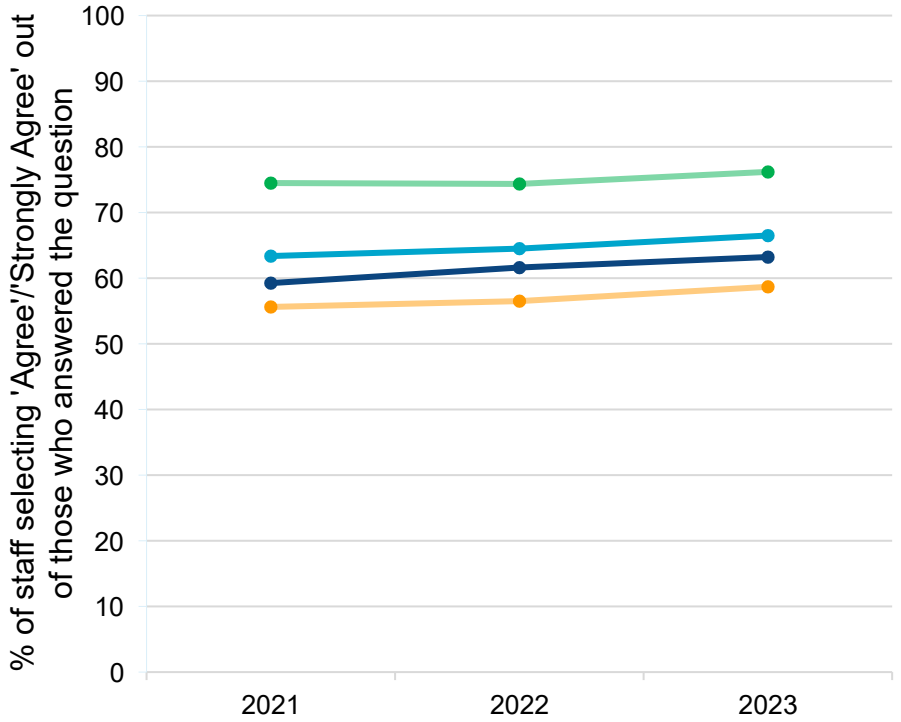
NHS

Q9h My immediate manager cares about my concerns.



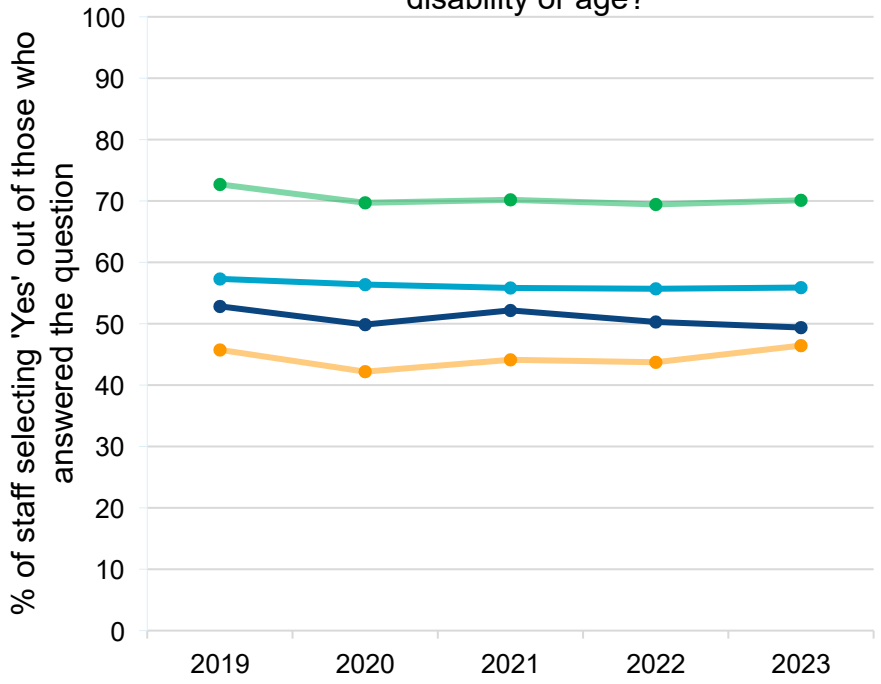
	2021	2022	2023
Your org	64.45%	65.85%	66.99%
Best result	76.92%	77.43%	78.65%
Average result	67.12%	68.10%	69.37%
Worst result	60.55%	60.34%	62.95%
Responses	4427	4006	3995

Q9i My immediate manager takes effective action to help me with any problems I face.



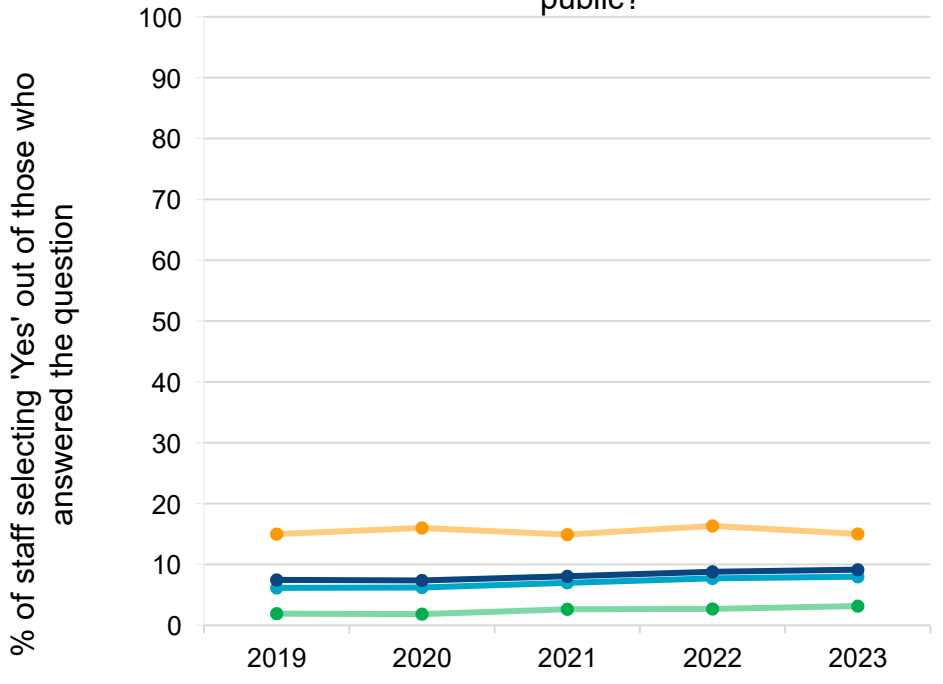
	2021	2022	2023
Your org	59.25%	61.62%	63.22%
Best result	74.49%	74.35%	76.19%
Average result	63.37%	64.50%	66.50%
Worst result	55.62%	56.50%	58.68%
Responses	4428	4001	3992

Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



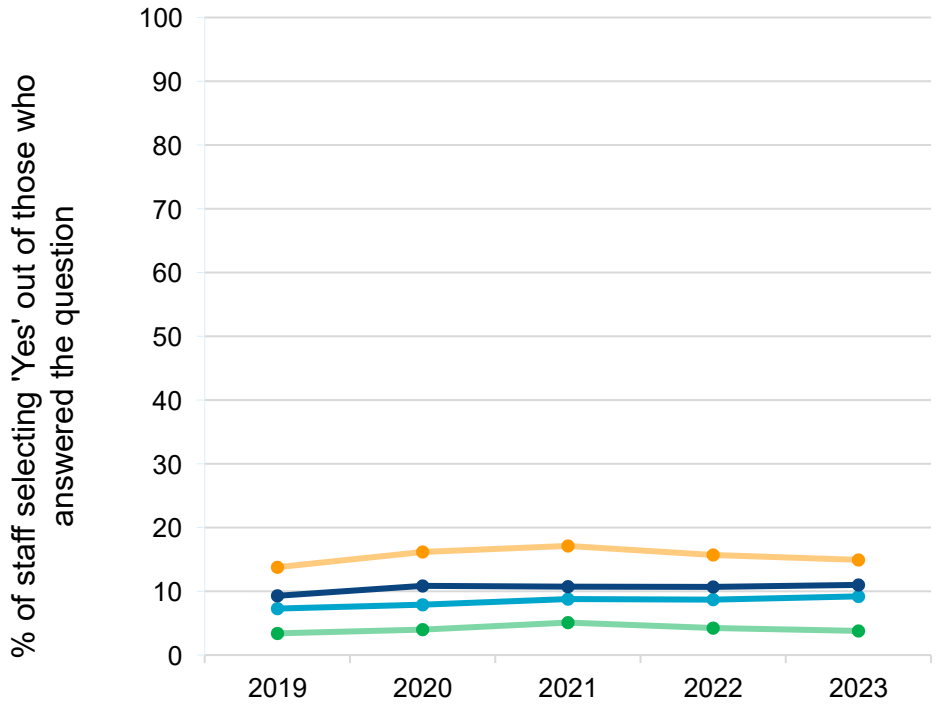
	2019	2020	2021	2022	2023
Your org	52.83%	49.86%	52.17%	50.29%	49.38%
Best result	72.70%	69.70%	70.19%	69.43%	70.11%
Average result	57.31%	56.38%	55.83%	55.69%	55.89%
Worst result	45.74%	42.19%	44.12%	43.72%	46.44%
Responses	4132	3358	4376	3968	3963

Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



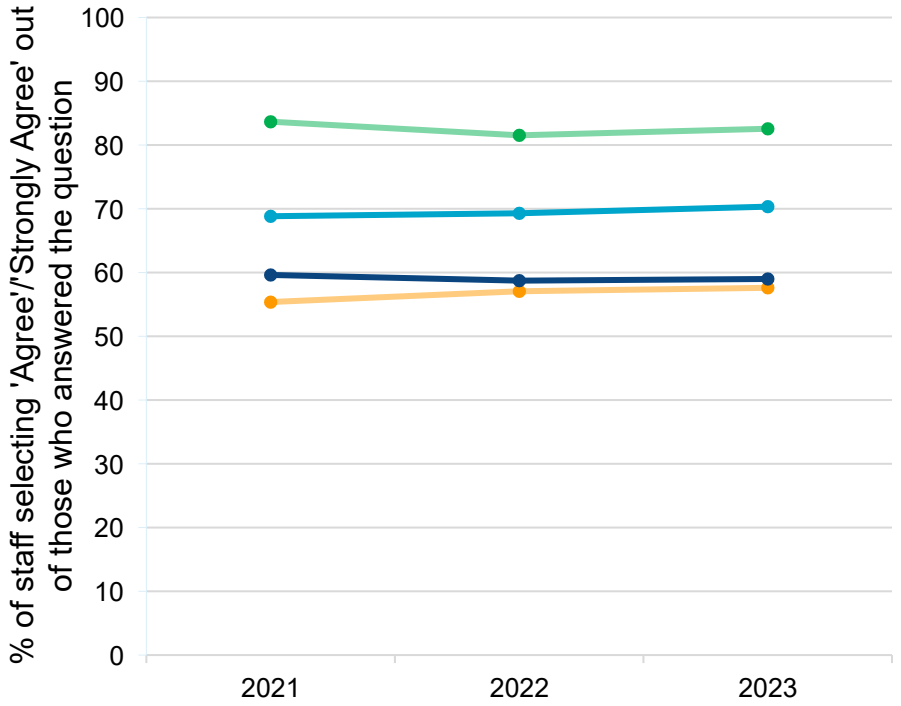
	2019	2020	2021	2022	2023
Your org	7.46%	7.37%	8.06%	8.79%	9.14%
Best result	1.91%	1.83%	2.64%	2.69%	3.17%
Average result	6.15%	6.21%	6.98%	7.71%	7.99%
Worst result	14.99%	15.99%	14.91%	16.33%	15.02%
Responses	4142	3387	4401	3977	3986

Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



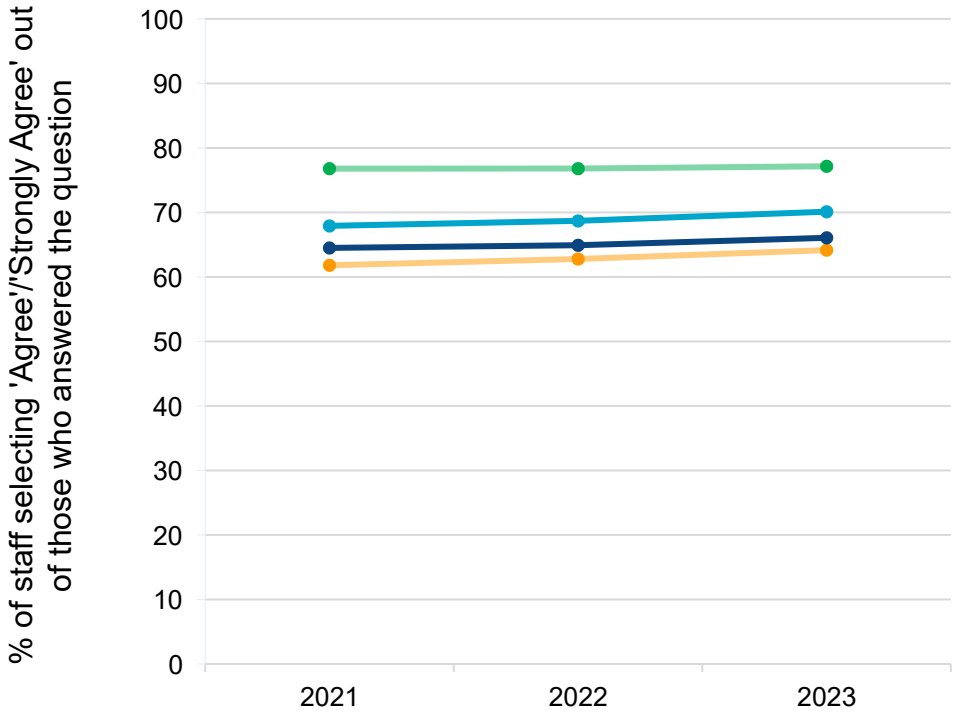
	2019	2020	2021	2022	2023
Your org	9.30%	10.85%	10.73%	10.69%	11.00%
Best result	3.41%	3.99%	5.09%	4.24%	3.79%
Average result	7.29%	7.90%	8.78%	8.69%	9.20%
Worst result	13.78%	16.17%	17.12%	15.70%	14.93%
Responses	4131	3377	4389	3985	3974

Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



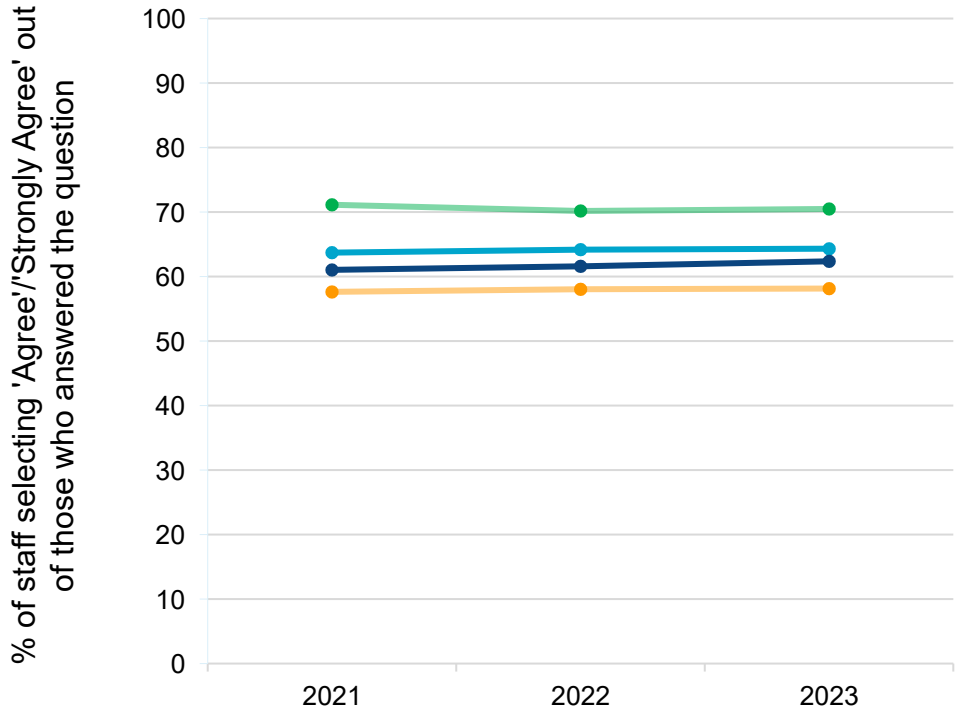
	2021	2022	2023
Your org	59.62%	58.73%	58.99%
Best result	83.66%	81.52%	82.55%
Average result	68.83%	69.29%	70.33%
Worst result	55.37%	57.06%	57.60%
Responses	4376	4002	3998

Q7h I feel valued by my team.



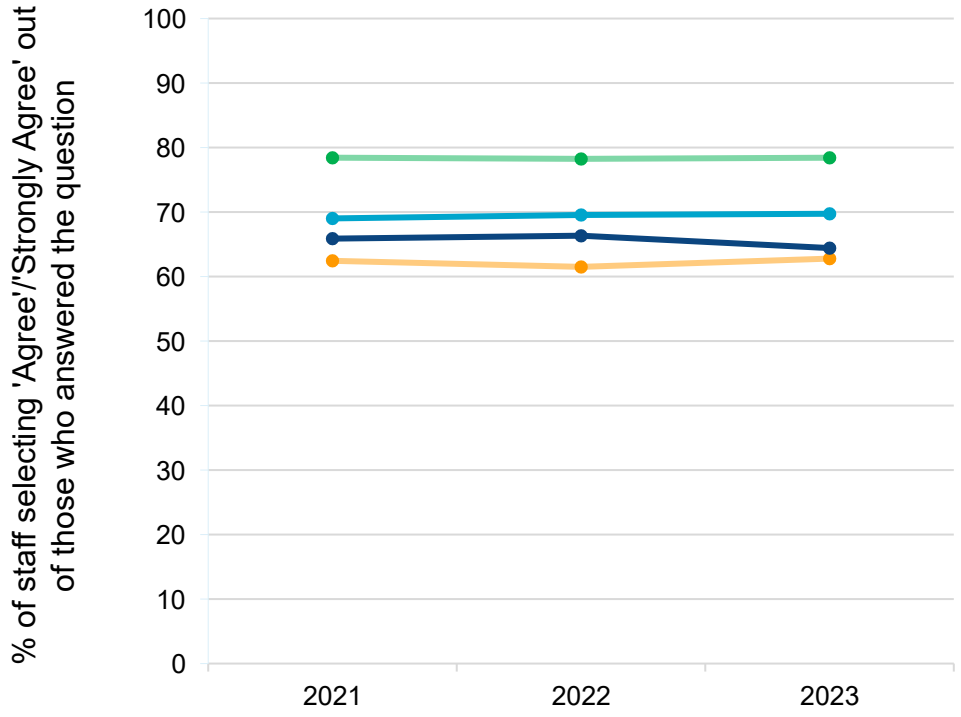
	2021	2022	2023
Your org	64.50%	64.92%	66.07%
Best result	76.79%	76.81%	77.16%
Average result	67.92%	68.70%	70.12%
Worst result	61.81%	62.78%	64.16%
Responses	4462	4014	4001

Q7i I feel a strong personal attachment to my team.



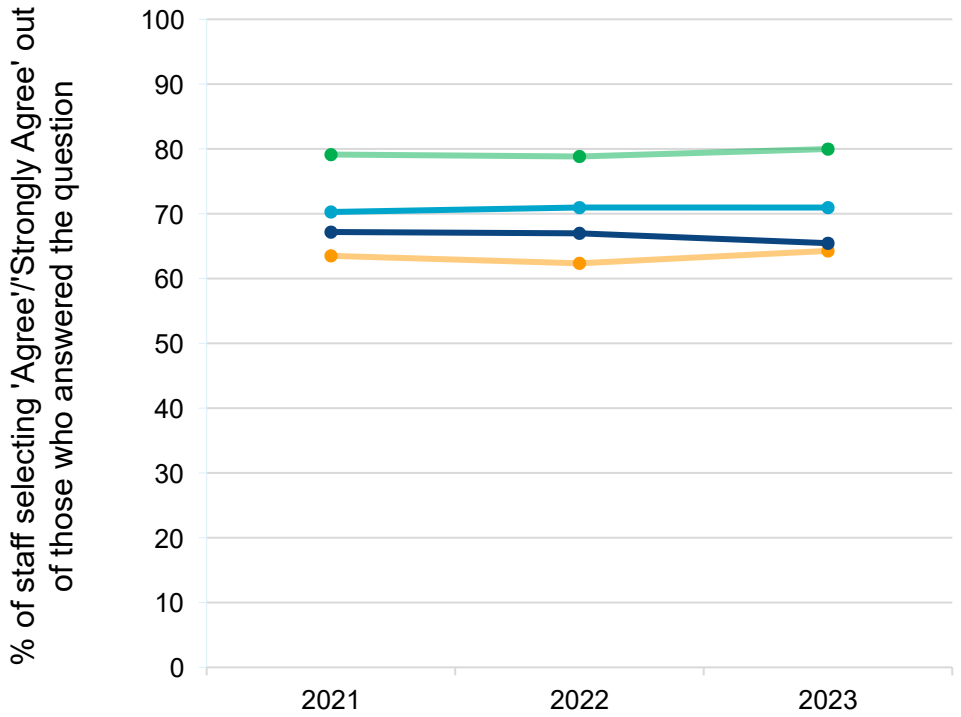
	2021	2022	2023
Your org	61.04%	61.58%	62.36%
Best result	71.13%	70.17%	70.48%
Average result	63.71%	64.17%	64.32%
Worst result	57.63%	58.03%	58.14%
Responses	4466	4011	4001

Q8b The people I work with are understanding and kind to one another.



	2021	2022	2023
Your org	65.88%	66.33%	64.42%
Best result	78.43%	78.25%	78.42%
Average result	69.01%	69.54%	69.73%
Worst result	62.44%	61.50%	62.78%
Responses	4457	4011	3996

Q8c The people I work with are polite and treat each other with respect.



	2021	2022	2023
Your org	67.18%	66.97%	65.45%
Best result	79.13%	78.83%	79.99%
Average result	70.27%	70.96%	70.95%
Worst result	63.50%	62.35%	64.27%
Responses	4459	4010	3999

Survey Coordination Centre

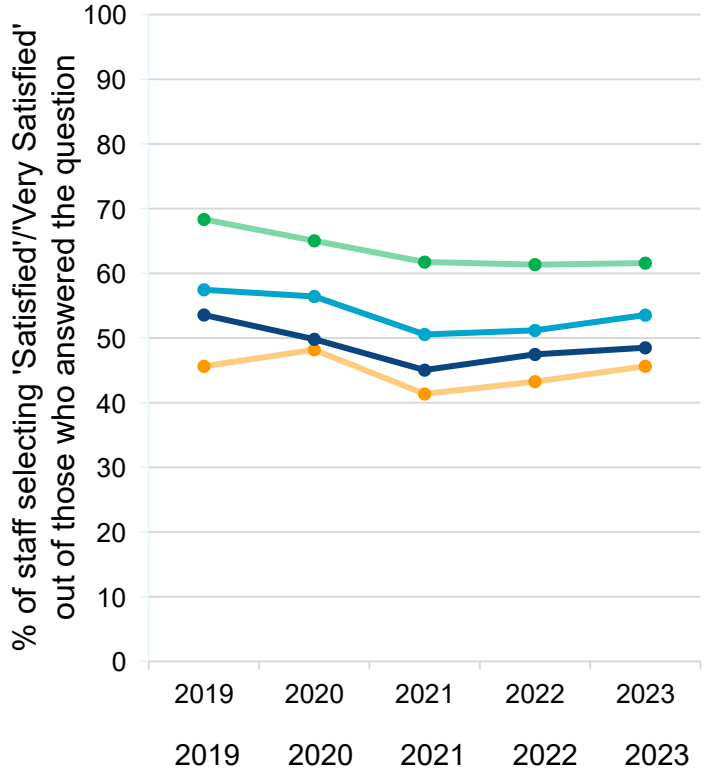
NHS

People Promise element – We are recognised and rewarded

Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

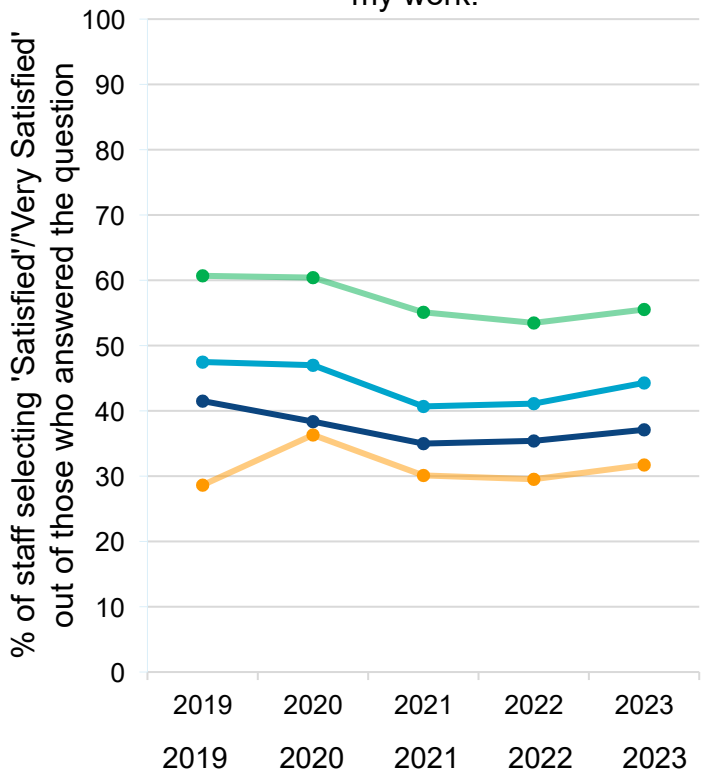
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



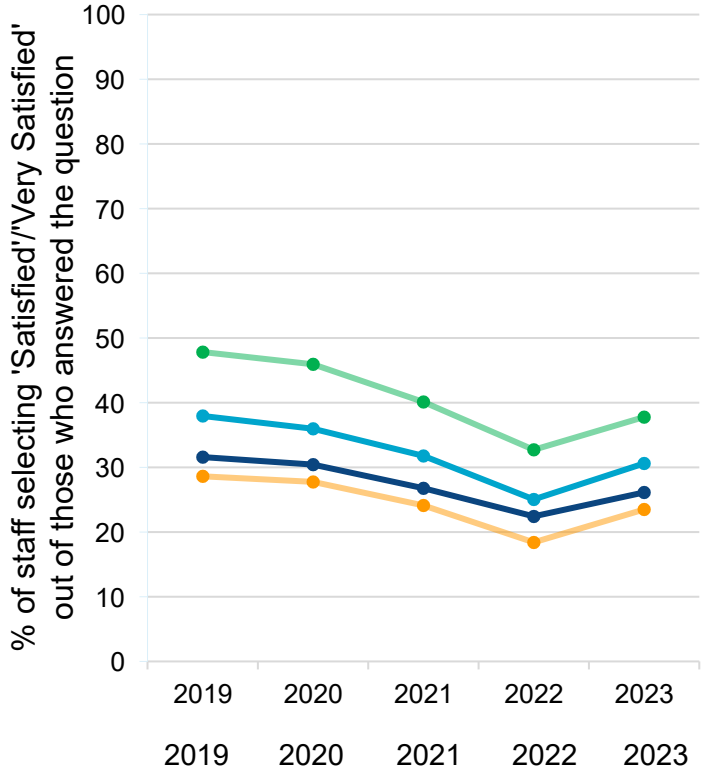
	2019	2020	2021	2022	2023
Your org	53.56%	49.81%	45.05%	47.47%	48.50%
Best result	68.34%	65.04%	61.75%	61.35%	61.58%
Average result	57.46%	56.42%	50.55%	51.18%	53.55%
Worst result	45.63%	48.18%	41.36%	43.25%	45.64%
Responses	4215	3437	4510	4009	3993

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



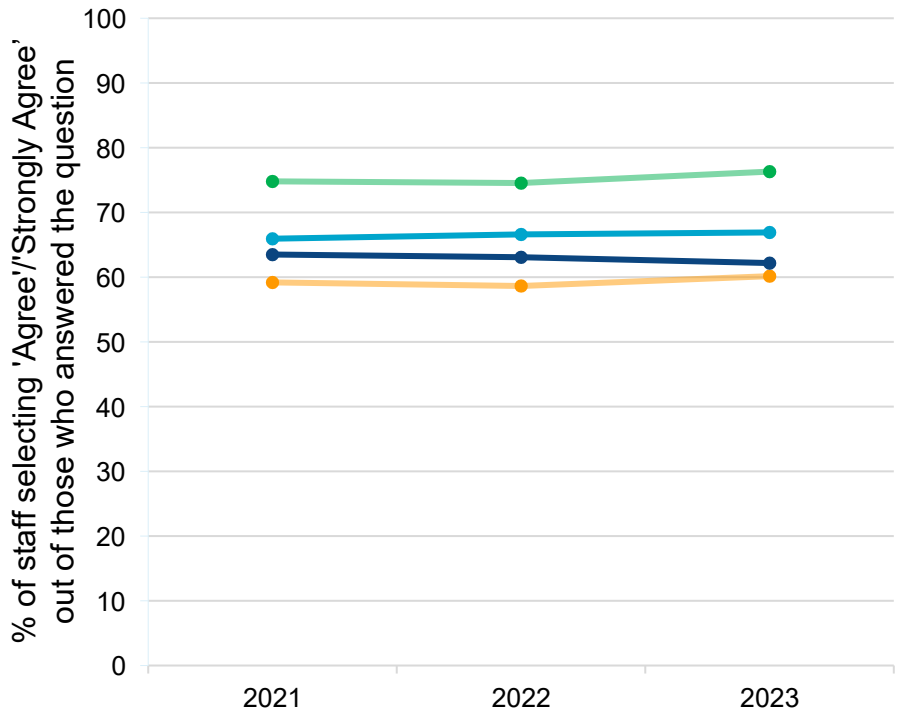
	2019	2020	2021	2022	2023
Your org	41.50%	38.36%	34.99%	35.41%	37.10%
Best result	60.68%	60.41%	55.10%	53.47%	55.53%
Average result	47.48%	47.00%	40.68%	41.11%	44.28%
Worst result	28.63%	36.32%	30.11%	29.53%	31.72%
Responses	4211	3440	4512	4012	3989

Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



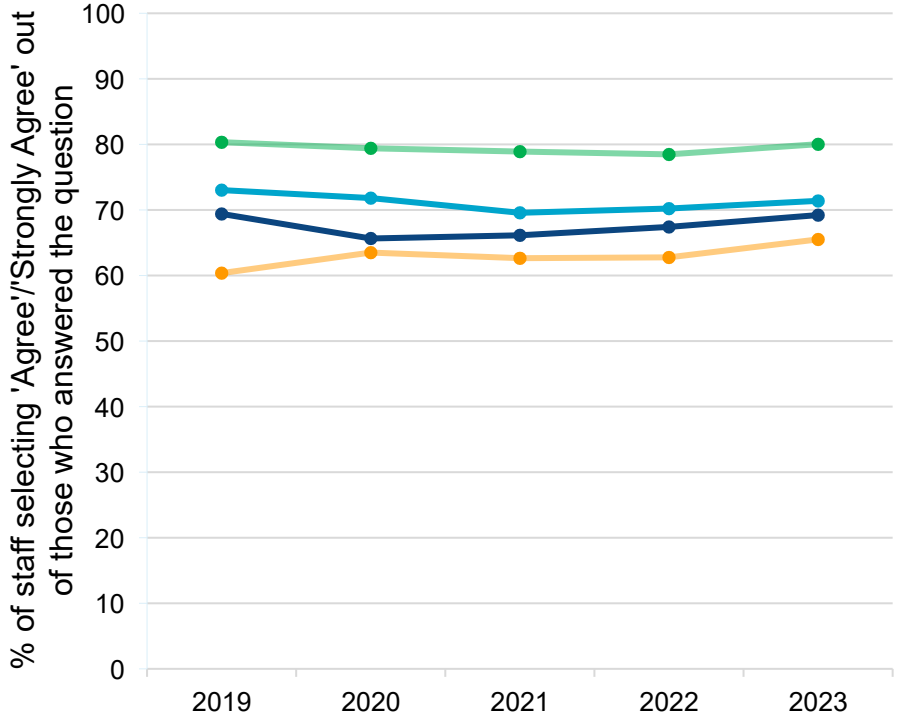
	2019	2020	2021	2022	2023
Your org	31.59%	30.43%	26.78%	22.43%	26.13%
Best result	47.83%	45.94%	40.11%	32.72%	37.78%
Average result	37.95%	35.97%	31.78%	25.05%	30.61%
Worst result	28.62%	27.76%	24.12%	18.41%	23.49%
Responses	4213	3439	4506	4013	3993

Q8d The people I work with show appreciation to one another.



	2021	2022	2023
Your org	63.50%	63.08%	62.18%
Best result	74.80%	74.54%	76.31%
Average result	65.94%	66.61%	66.91%
Worst result	59.19%	58.63%	60.16%
Responses	4454	4008	3990

Q9e My immediate manager values my work.



	2019	2020	2021	2022	2023
Your org	69.40%	65.65%	66.13%	67.42%	69.22%
Best result	80.34%	79.41%	78.91%	78.48%	80.03%
Average result	73.03%	71.81%	69.57%	70.22%	71.39%
Worst result	60.37%	63.50%	62.64%	62.77%	65.51%
Responses	4161	3410	4423	4006	3994

Survey Coordination Centre

NHS

People Promise element – We each have a voice that counts

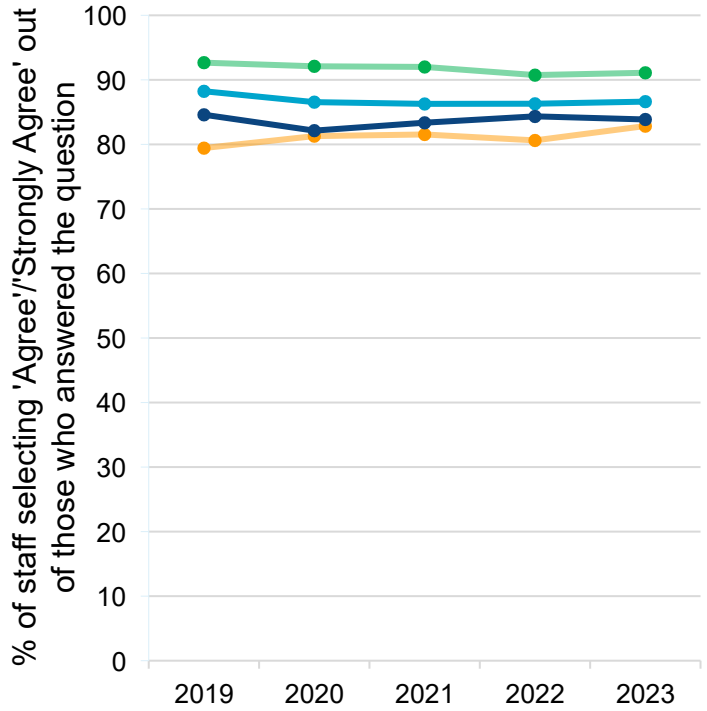
Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q20a, Q20b, Q25e, Q25f

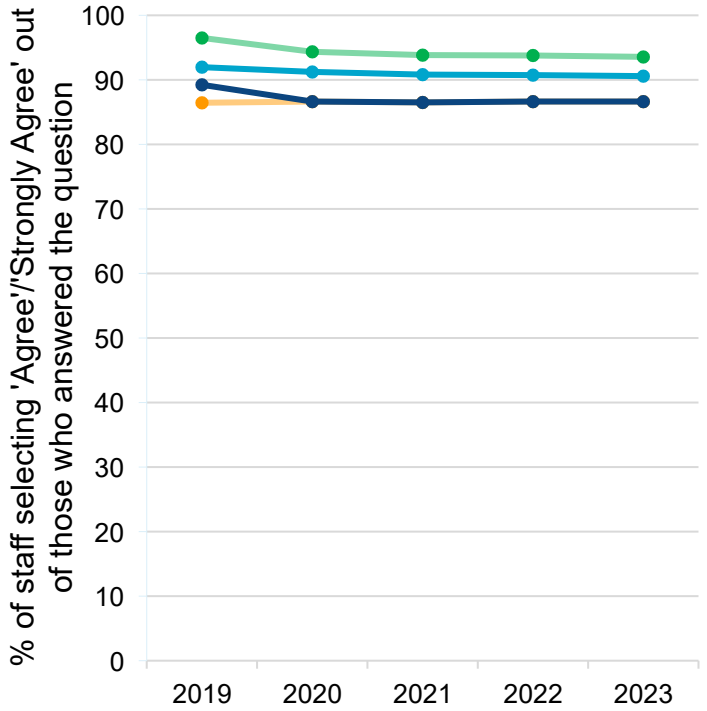
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3a I always know what my work responsibilities are.



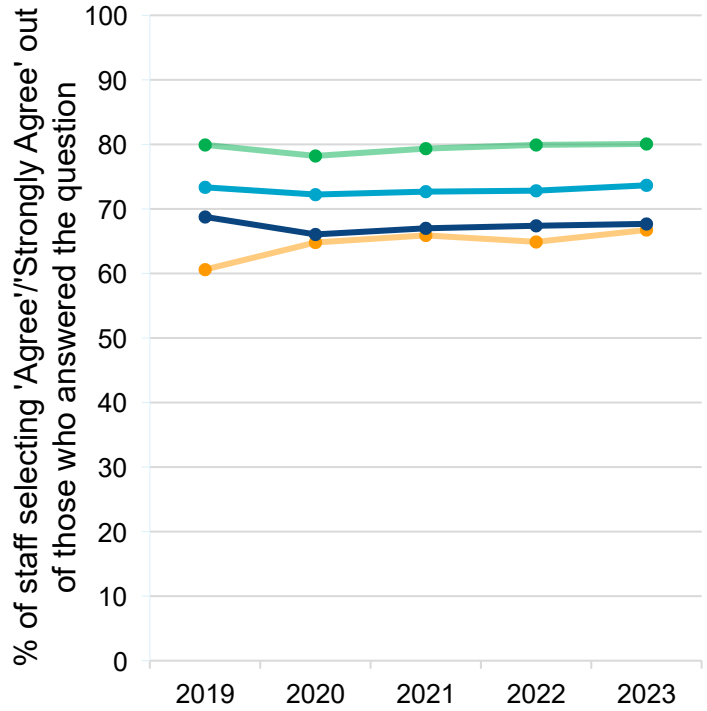
	2019	2020	2021	2022	2023
Your org	84.60%	82.13%	83.36%	84.35%	83.86%
Best result	92.66%	92.10%	92.01%	90.74%	91.10%
Average result	88.24%	86.55%	86.28%	86.30%	86.63%
Worst result	79.44%	81.28%	81.54%	80.62%	82.84%
Responses	4266	3500	4501	3994	4000

Q3b I am trusted to do my job.



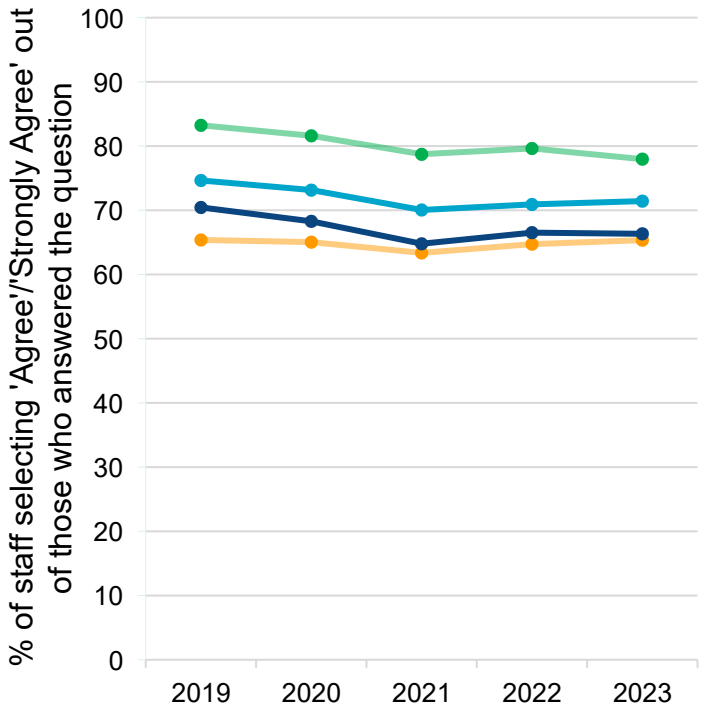
	2019	2020	2021	2022	2023
Your org	89.23%	86.64%	86.51%	86.64%	86.64%
Best result	96.50%	94.35%	93.84%	93.78%	93.56%
Average result	91.97%	91.23%	90.82%	90.74%	90.58%
Worst result	86.45%	86.64%	86.51%	86.64%	86.64%
Responses	4255	3498	4512	4013	3992

Q3c There are frequent opportunities for me to show initiative in my role.



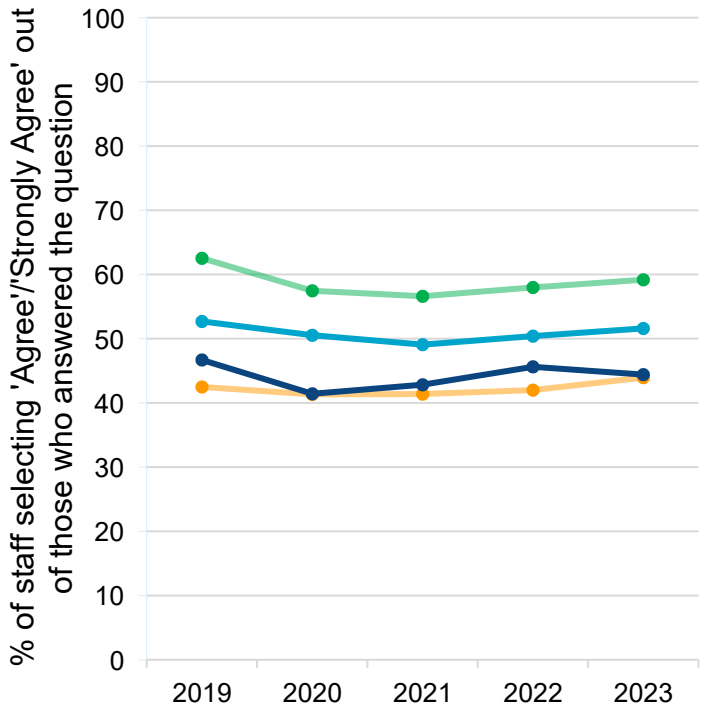
	2019	2020	2021	2022	2023
Your org	68.77%	66.05%	67.00%	67.39%	67.68%
Best result	79.93%	78.22%	79.35%	79.92%	80.07%
Average result	73.35%	72.23%	72.68%	72.83%	73.66%
Worst result	60.61%	64.80%	65.90%	64.90%	66.74%
Responses	4267	3459	4520	4010	3998

Q3d I am able to make suggestions to improve the work of my team / department.



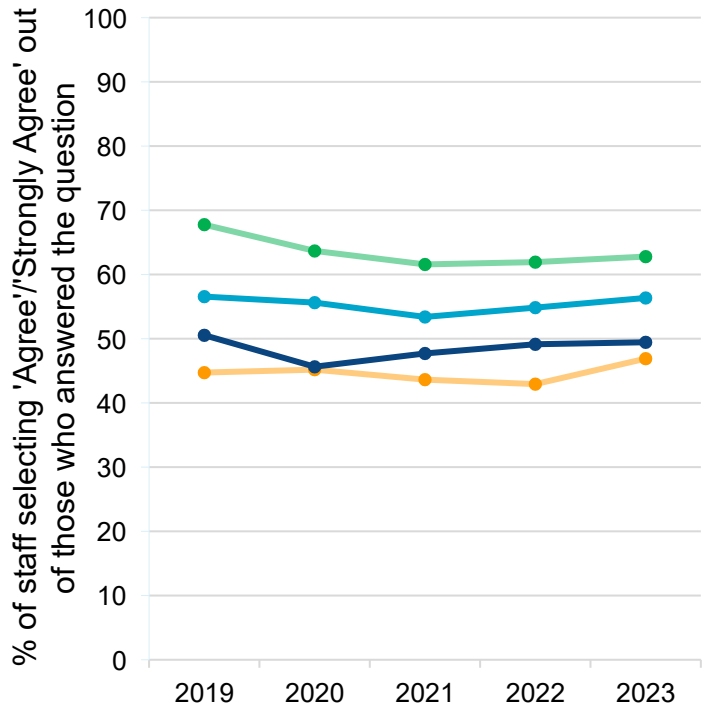
	2019	2020	2021	2022	2023
Your org	70.45%	68.28%	64.79%	66.51%	66.34%
Best result	83.24%	81.60%	78.73%	79.63%	77.96%
Average result	74.65%	73.16%	70.05%	70.92%	71.43%
Worst result	65.38%	65.04%	63.37%	64.73%	65.35%
Responses	4265	3461	4519	4008	3998

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2019	2020	2021	2022	2023
Your org	46.69%	41.42%	42.84%	45.62%	44.41%
Best result	62.53%	57.46%	56.61%	57.98%	59.18%
Average result	52.69%	50.55%	49.07%	50.41%	51.60%
Worst result	42.49%	41.33%	41.38%	41.99%	43.95%
Responses	4266	3460	4521	4009	3995

Q3f I am able to make improvements happen in my area of work.

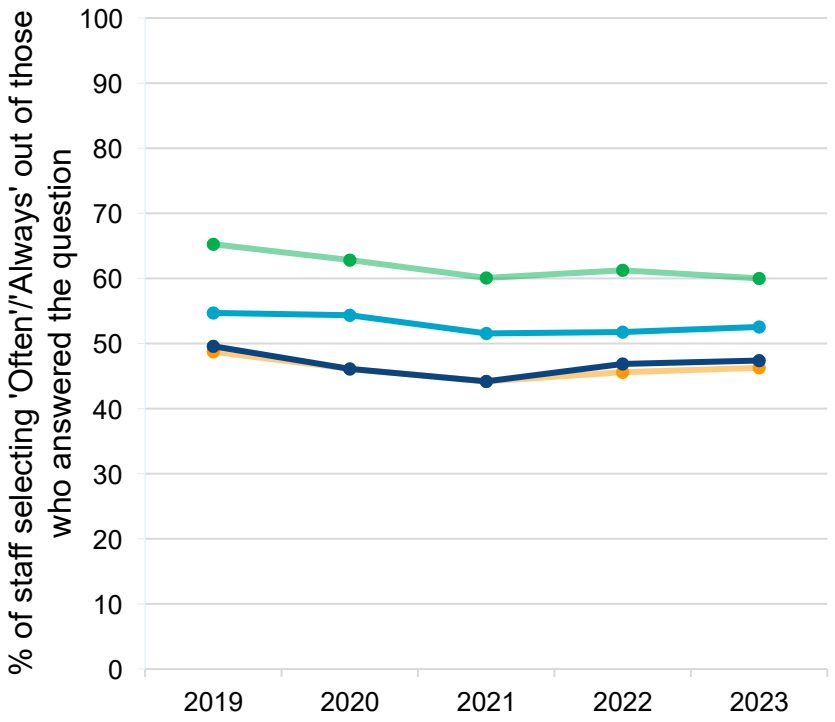


	2019	2020	2021	2022	2023
Your org	50.55%	45.64%	47.70%	49.14%	49.45%
Best result	67.76%	63.68%	61.57%	61.93%	62.79%
Average result	56.56%	55.62%	53.39%	54.84%	56.35%
Worst result	44.73%	45.18%	43.63%	42.93%	46.89%
Responses	4264	3459	4523	4007	3996

Survey Coordination Centre

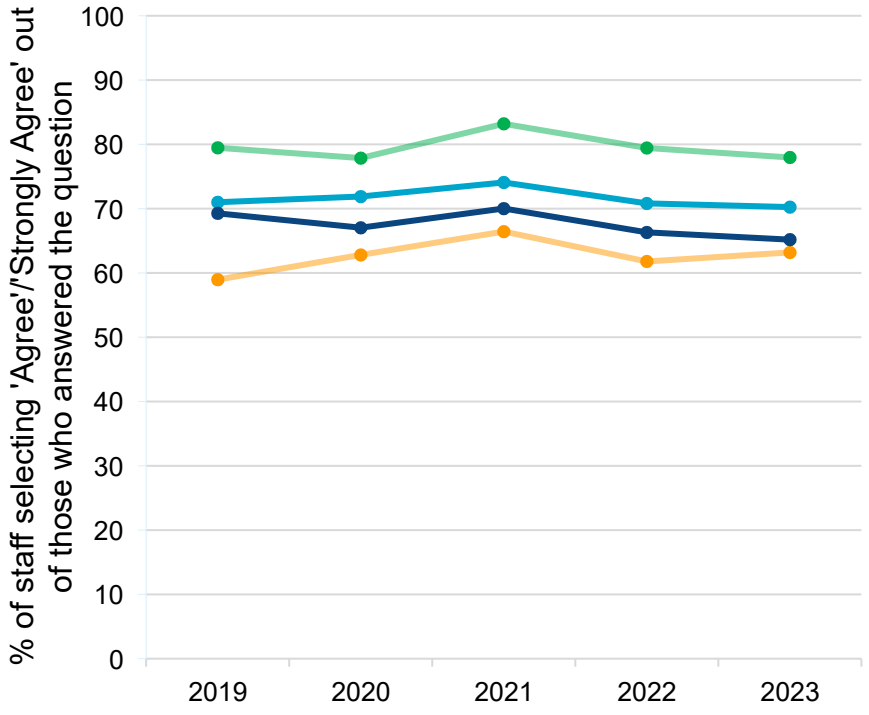
NHS

Q5b I have a choice in deciding how to do my work.



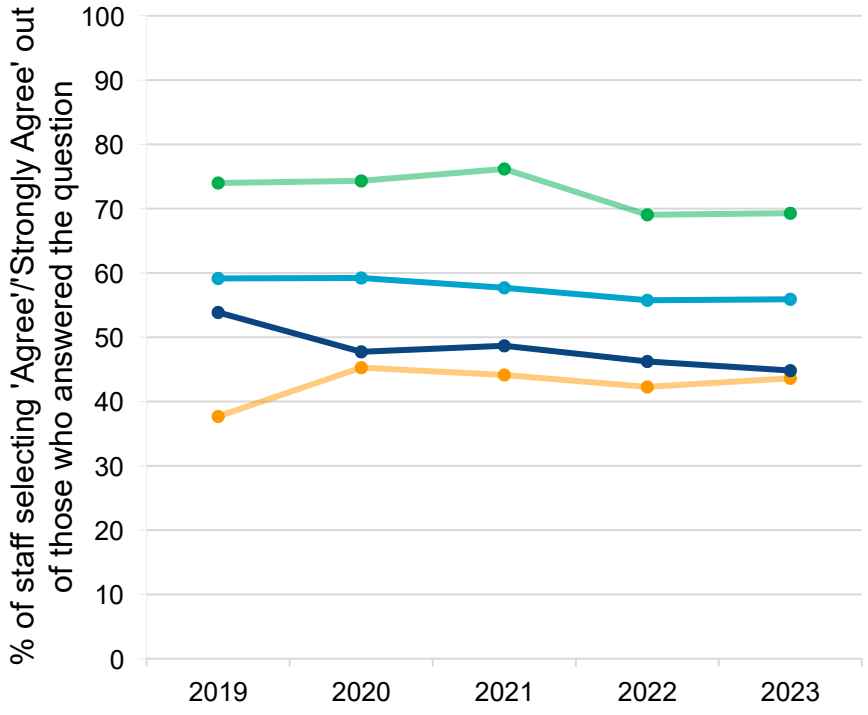
	2019	2020	2021	2022	2023
Your org	49.58%	46.10%	44.18%	46.86%	47.38%
Best result	65.25%	62.83%	60.08%	61.24%	60.00%
Average result	54.70%	54.35%	51.55%	51.76%	52.55%
Worst result	48.73%	46.10%	44.18%	45.59%	46.27%
Responses	4199	3439	4487	4004	3993

Q20a I would feel secure raising concerns about unsafe clinical practice.



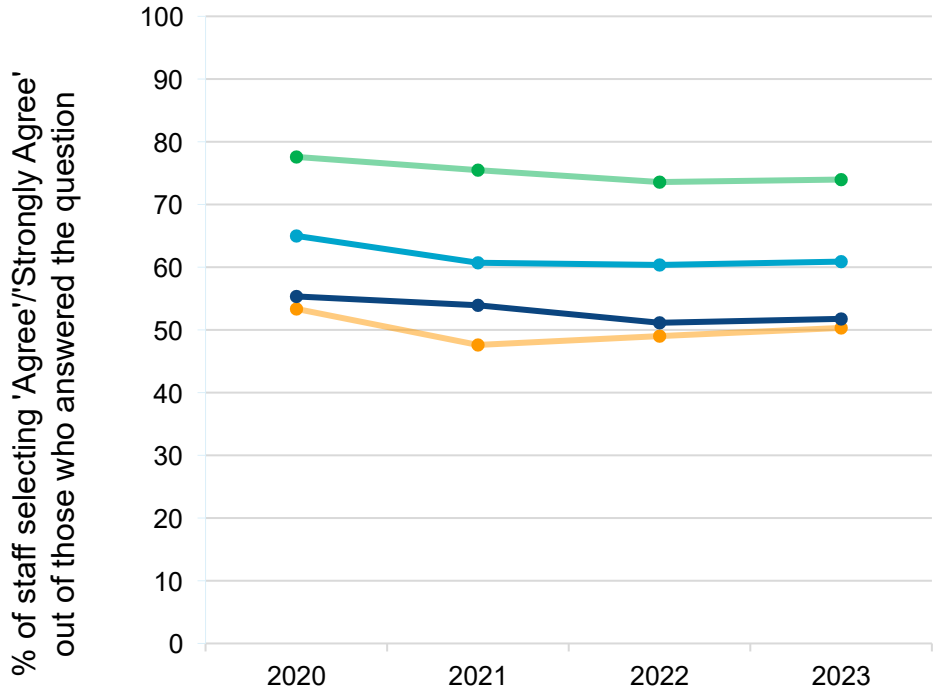
	2019	2020	2021	2022	2023
Your org	69.27%	67.04%	70.02%	66.31%	65.18%
Best result	79.47%	77.87%	83.19%	79.44%	77.96%
Average result	71.00%	71.89%	74.07%	70.82%	70.24%
Worst result	58.96%	62.81%	66.44%	61.78%	63.19%
Responses	4121	3354	4386	4006	3991

Q20b I am confident that my organisation would address my concern.



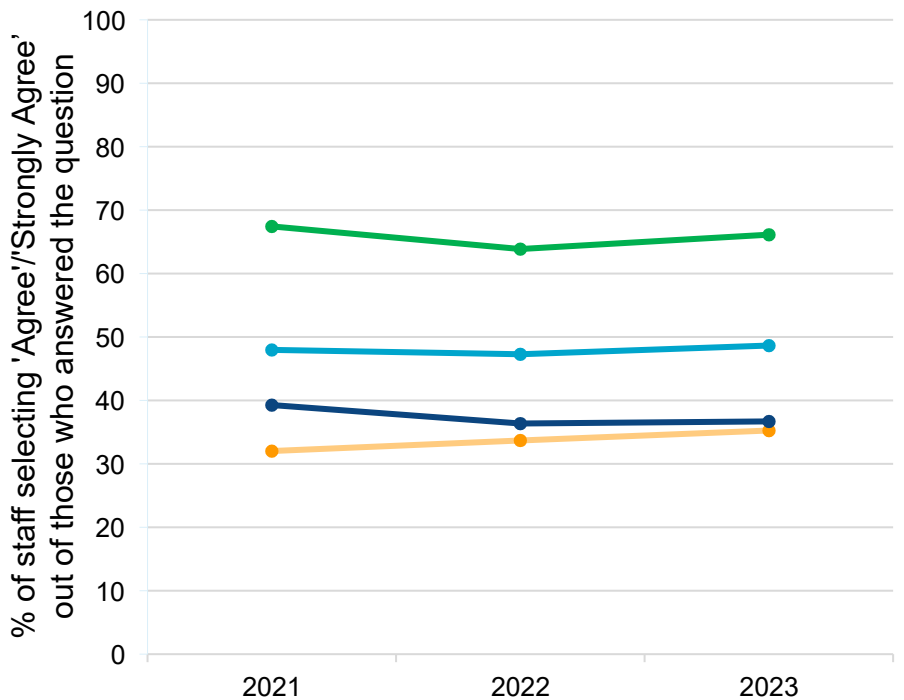
	2019	2020	2021	2022	2023
Your org	53.87%	47.73%	48.67%	46.23%	44.82%
Best result	73.99%	74.33%	76.17%	69.05%	69.29%
Average result	59.15%	59.22%	57.69%	55.75%	55.90%
Worst result	37.69%	45.27%	44.13%	42.27%	43.62%
Responses	4120	3350	4388	4001	3986

Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	55.34%	53.93%	51.14%	51.76%
Best result	77.58%	75.47%	73.58%	73.98%
Average result	64.99%	60.71%	60.36%	60.89%
Worst result	53.35%	47.60%	49.01%	50.32%
Responses	3334	4329	3996	3984

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022	2023
Your org	39.27%	36.36%	36.69%
Best result	67.43%	63.87%	66.13%
Average result	47.97%	47.28%	48.65%
Worst result	32.02%	33.68%	35.26%
Responses	4327	3993	3985

Survey Coordination Centre

NHS

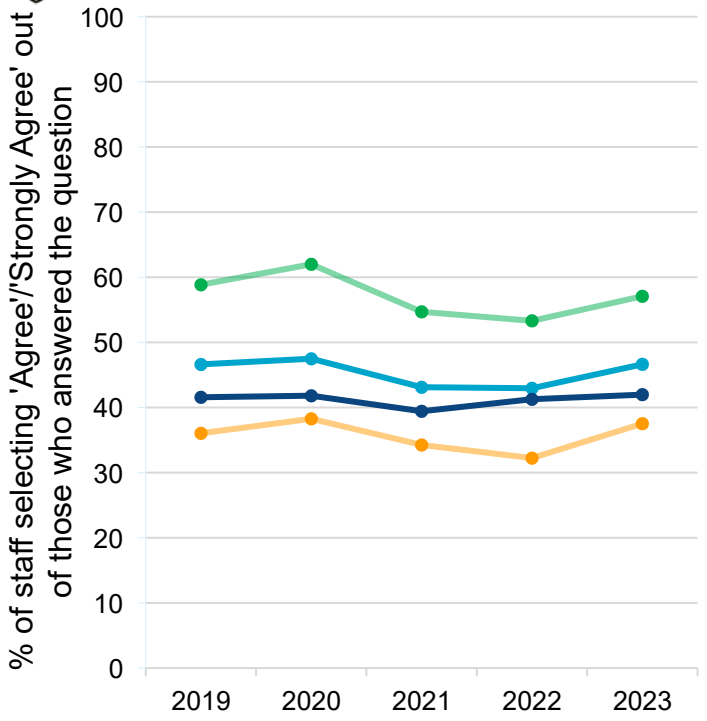
People Promise element – We are safe and healthy

Questions included:
Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
Other questions:* Q17a, Q17b, Q22

*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.

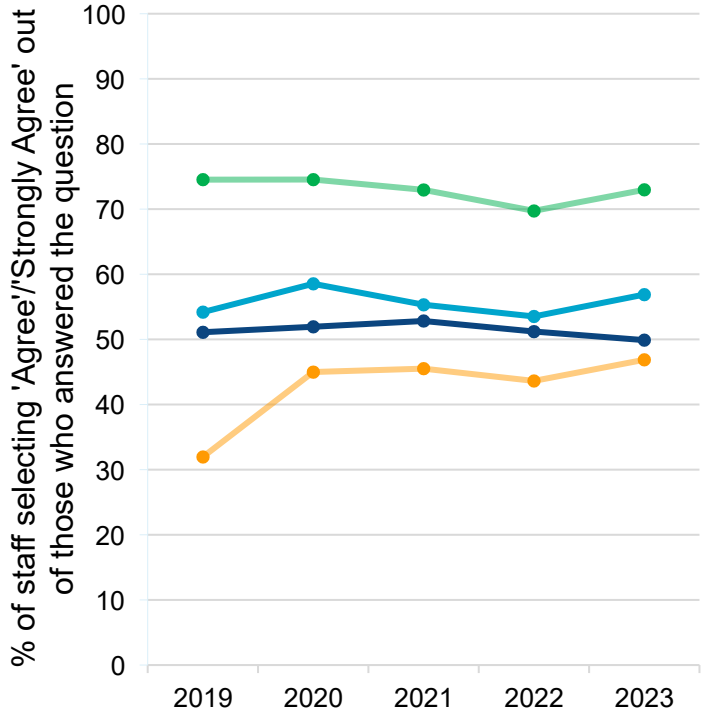
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3g I am able to meet all the conflicting demands on my time at work.



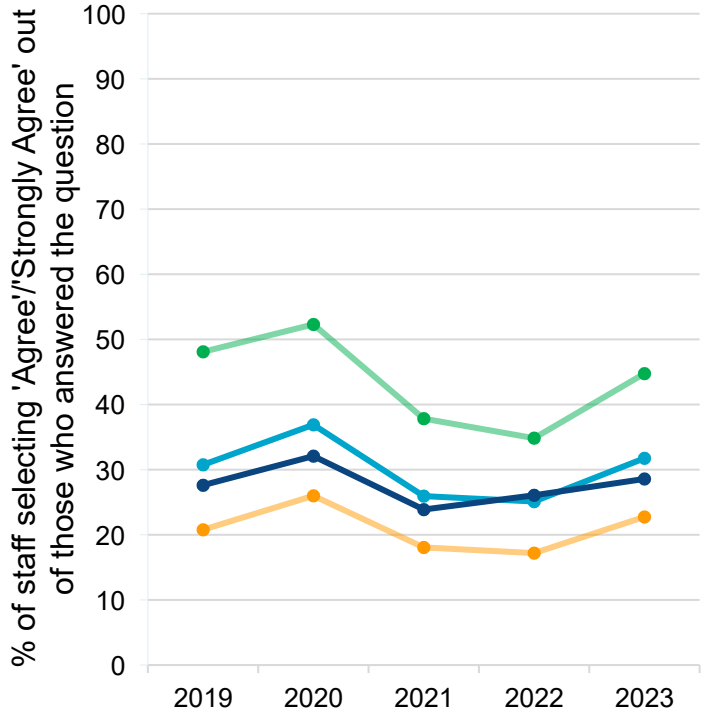
	2019	2020	2021	2022	2023
Your org	41.58%	41.81%	39.43%	41.28%	41.98%
Best result	58.86%	61.99%	54.69%	53.31%	57.08%
Average result	46.63%	47.50%	43.12%	42.96%	46.63%
Worst result	36.05%	38.27%	34.26%	32.24%	37.52%
Responses	4247	3454	4520	4011	3990

Q3h I have adequate materials, supplies and equipment to do my work.



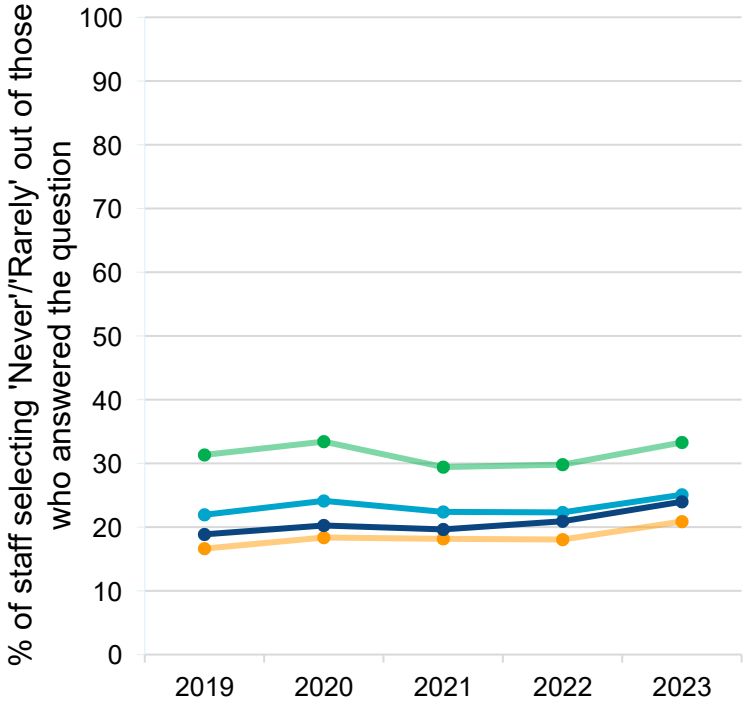
	2019	2020	2021	2022	2023
Your org	51.10%	51.94%	52.82%	51.21%	49.89%
Best result	74.53%	74.54%	72.96%	69.73%	72.97%
Average result	54.19%	58.54%	55.33%	53.52%	56.88%
Worst result	31.96%	44.99%	45.51%	43.63%	46.87%
Responses	4255	3454	4519	4008	3995

Q3i There are enough staff at this organisation for me to do my job properly.



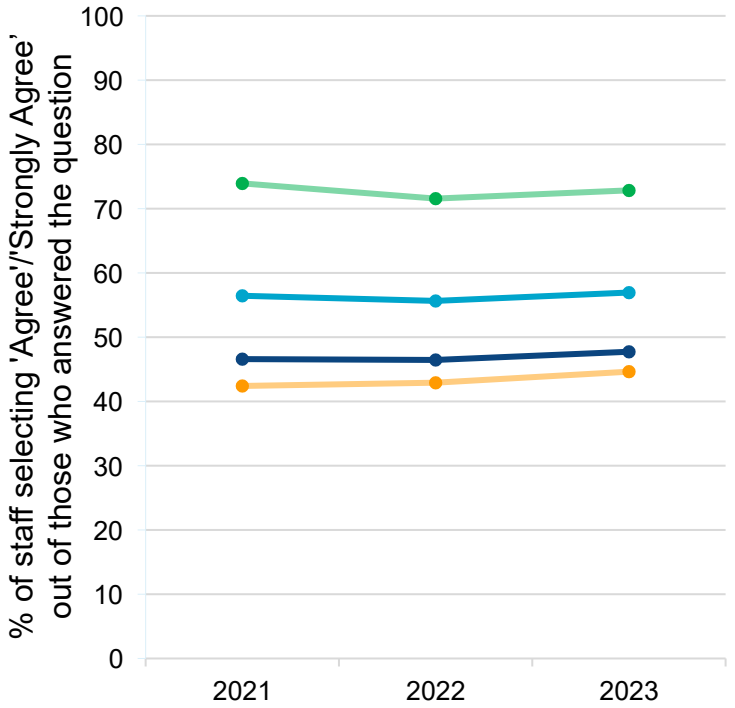
	2019	2020	2021	2022	2023
Your org	27.62%	32.08%	23.88%	26.07%	28.57%
Best result	48.09%	52.30%	37.83%	34.84%	44.76%
Average result	30.74%	36.89%	25.94%	25.11%	31.75%
Worst result	20.78%	25.99%	18.06%	17.19%	22.75%
Responses	4257	3454	4516	4012	3999

Q5a I have unrealistic time pressures.



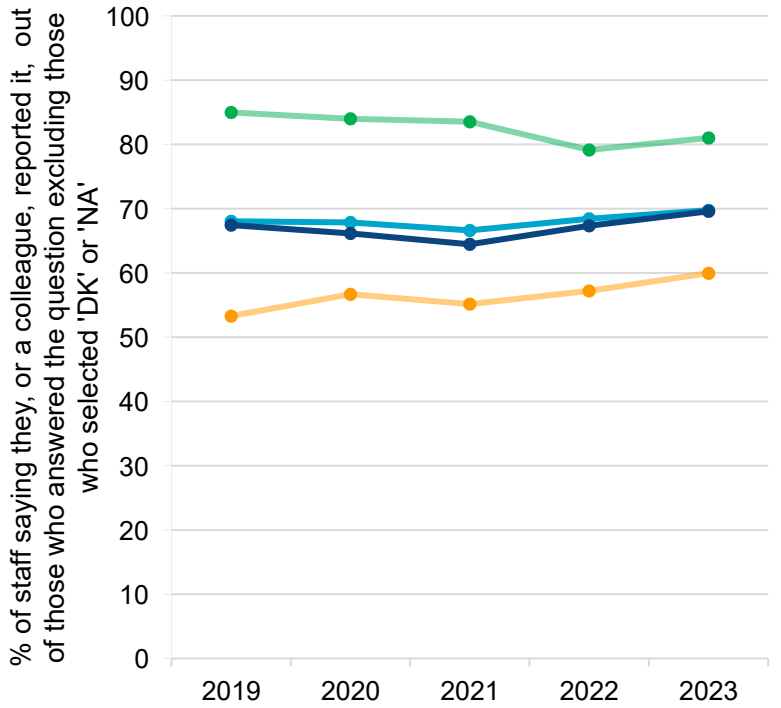
	2019	2020	2021	2022	2023
Your org	18.86%	20.25%	19.64%	20.92%	23.99%
Best result	31.33%	33.42%	29.43%	29.80%	33.29%
Average result	21.94%	24.12%	22.39%	22.31%	25.08%
Worst result	16.62%	18.37%	18.16%	18.05%	20.88%
Responses	4201	3439	4484	4002	3997

Q11a My organisation takes positive action on health and well-being.



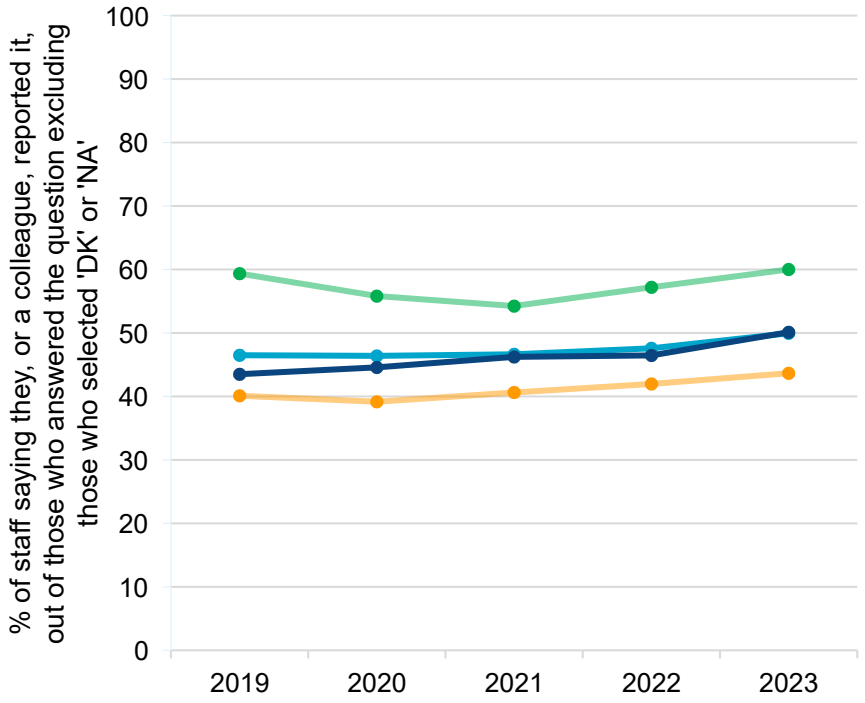
	2021	2022	2023
Your org	46.59%	46.46%	47.73%
Best result	73.93%	71.57%	72.85%
Average result	56.44%	55.65%	56.95%
Worst result	42.41%	42.92%	44.63%
Responses	4353	3937	4001

Q13d The last time you experienced physical violence at work, did you or a colleague report it?



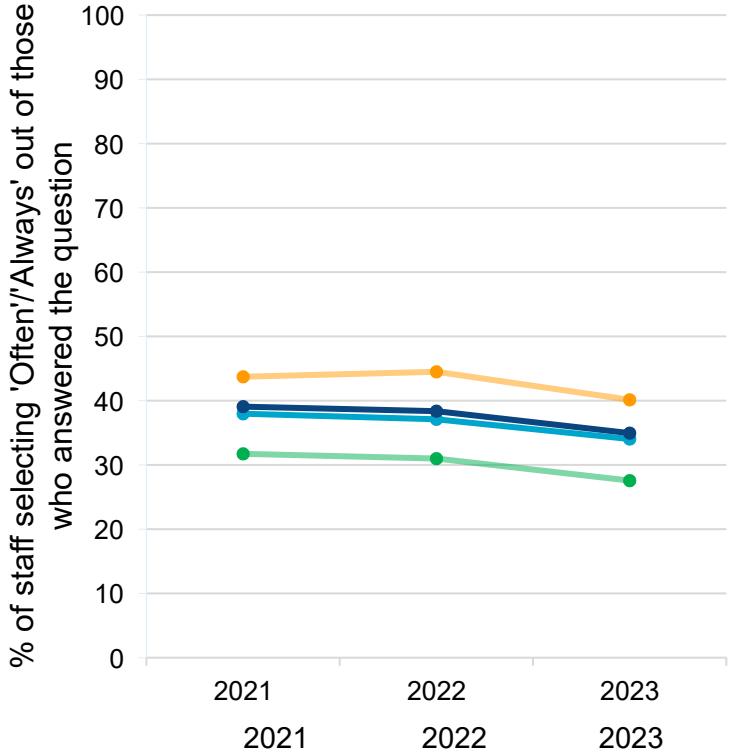
	2019	2020	2021	2022	2023
Your org	67.44%	66.15%	64.45%	67.34%	69.59%
Best result	84.97%	83.98%	83.53%	79.14%	81.01%
Average result	68.03%	67.86%	66.62%	68.43%	69.76%
Worst result	53.29%	56.69%	55.14%	57.21%	59.96%
Responses	503	395	516	470	422

Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



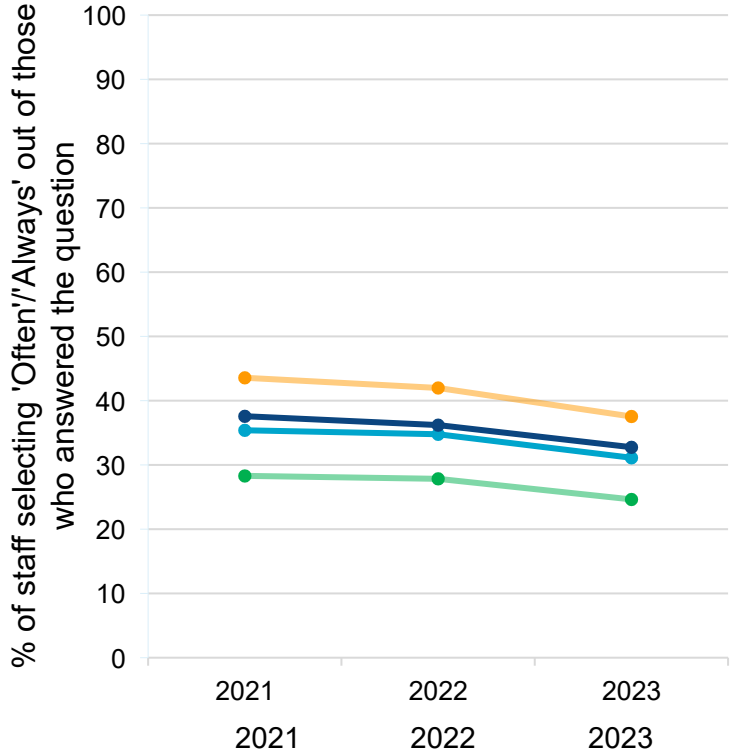
	2019	2020	2021	2022	2023
Your org	43.50%	44.58%	46.23%	46.46%	50.12%
Best result	59.36%	55.82%	54.24%	57.20%	60.00%
Average result	46.49%	46.39%	46.64%	47.58%	49.96%
Worst result	40.11%	39.16%	40.62%	41.97%	43.66%
Responses	1794	1424	1686	1611	1594

Q12a How often, if at all, do you find your work emotionally exhausting?



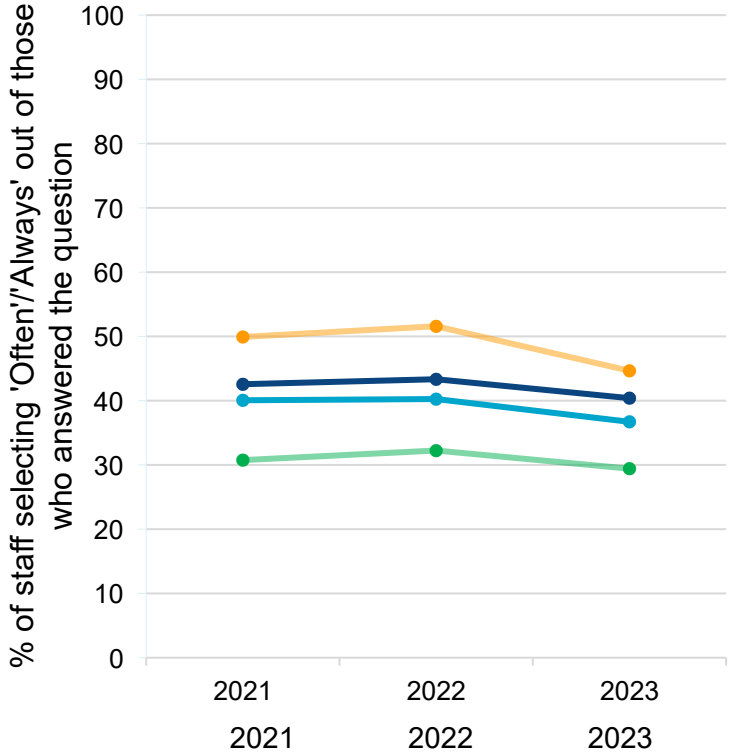
	2021	2022	2023
Your org	39.07%	38.37%	34.95%
Best result	31.73%	30.99%	27.56%
Average result	37.97%	37.10%	34.03%
Worst result	43.72%	44.49%	40.14%
Responses	4410	4005	4003

Q12b How often, if at all, do you feel burnt out because of your work?



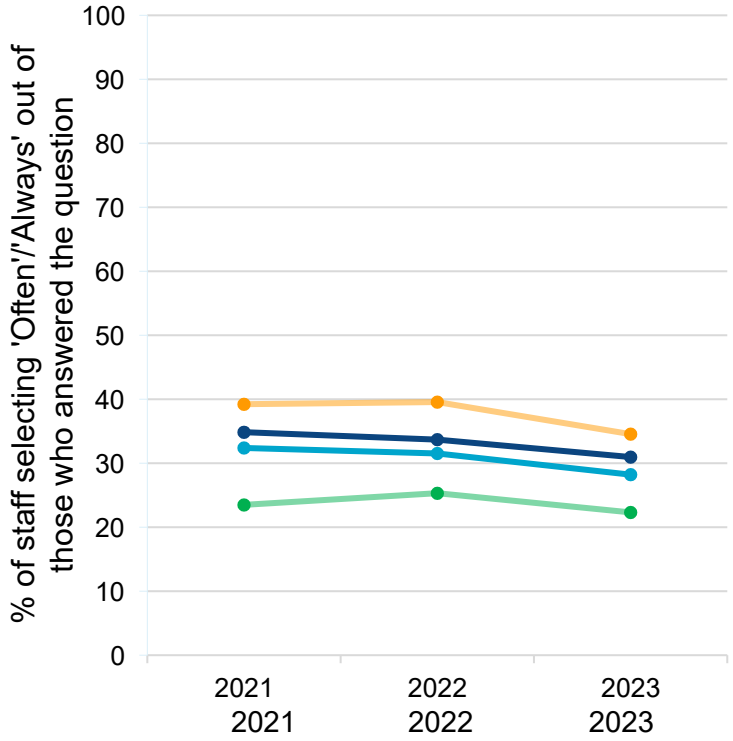
	2021	2022	2023
Your org	37.58%	36.20%	32.76%
Best result	28.30%	27.84%	24.64%
Average result	35.39%	34.77%	31.12%
Worst result	43.56%	41.98%	37.54%
Responses	4413	4009	3998

Q12c How often, if at all, does your work frustrate you?



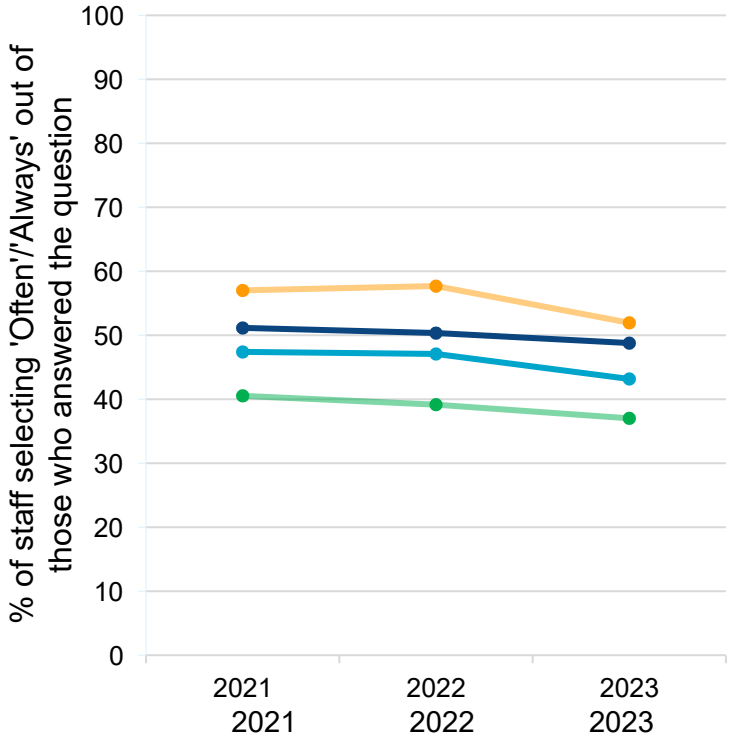
	2021	2022	2023
Your org	42.56%	43.33%	40.39%
Best result	30.75%	32.24%	29.42%
Average result	40.06%	40.25%	36.71%
Worst result	49.91%	51.58%	44.65%
Responses	4406	4009	4004

Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



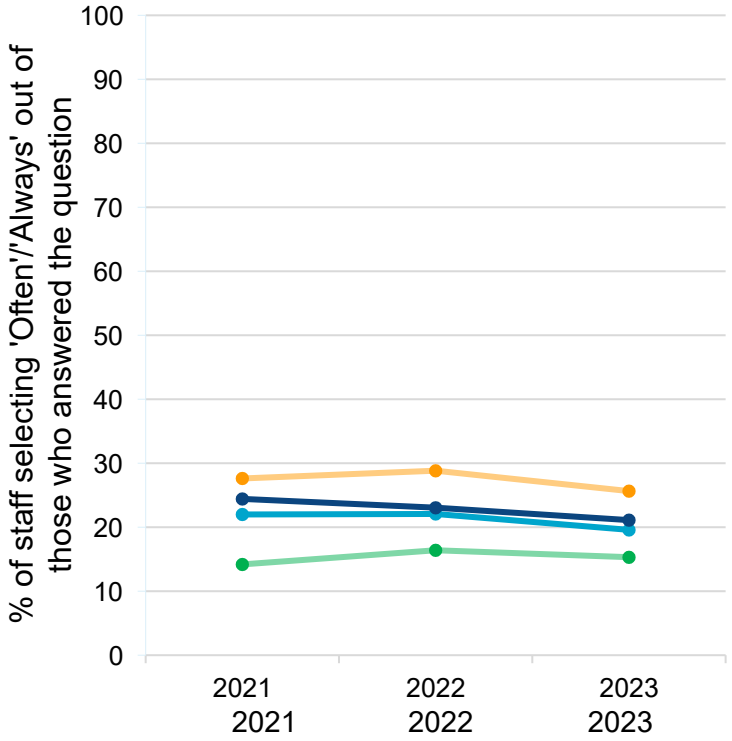
	2021	2022	2023
Your org	34.85%	33.69%	30.97%
Best result	23.50%	25.32%	22.32%
Average result	32.39%	31.53%	28.22%
Worst result	39.23%	39.56%	34.55%
Responses	4405	4007	3998

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



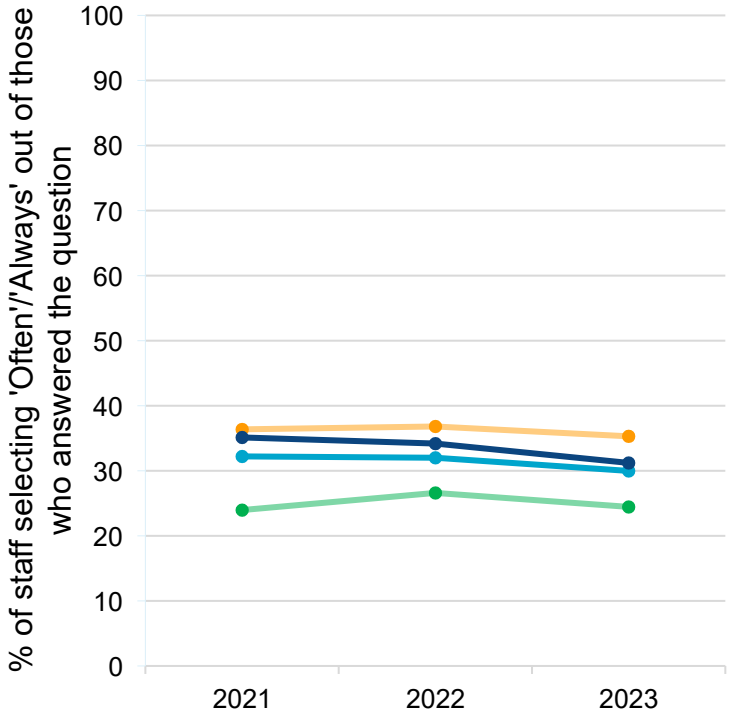
	2021	2022	2023
Your org	51.15%	50.35%	48.78%
Best result	40.53%	39.15%	37.02%
Average result	47.40%	47.08%	43.17%
Worst result	57.02%	57.69%	51.94%
Responses	4407	4004	3997

Q12f How often, if at all, do you feel that every working hour is tiring for you?



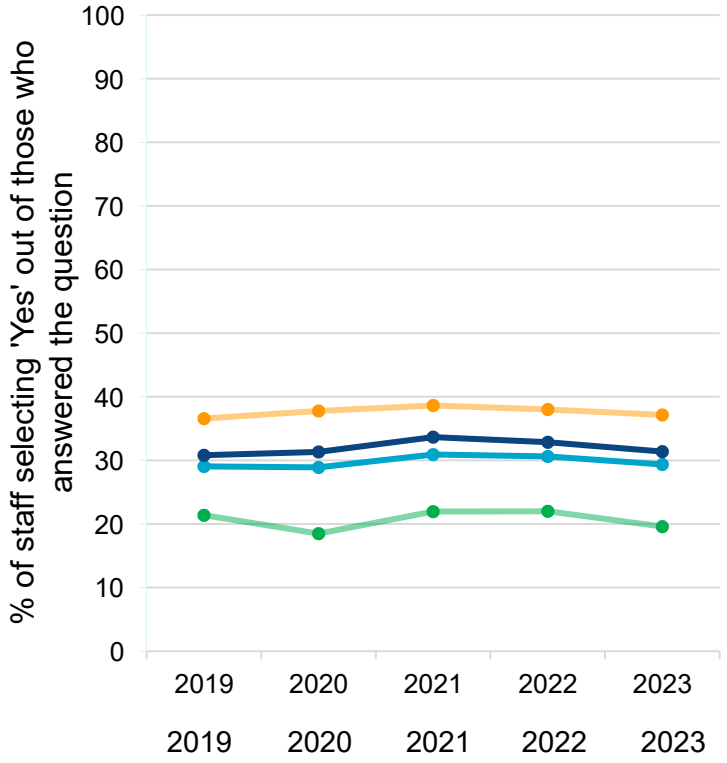
	2021	2022	2023
Your org	24.43%	23.06%	21.11%
Best result	14.19%	16.40%	15.32%
Average result	21.99%	22.07%	19.59%
Worst result	27.62%	28.83%	25.65%
Responses	4406	4004	4000

Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



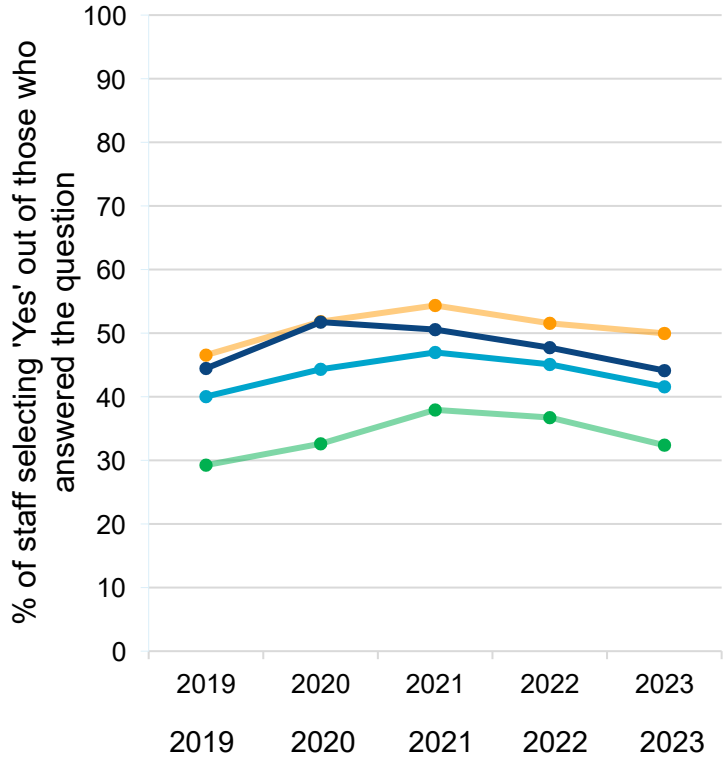
	2021	2022	2023
Your org	35.13%	34.19%	31.21%
Best result	23.96%	26.60%	24.45%
Average result	32.21%	32.01%	29.98%
Worst result	36.37%	36.81%	35.30%
Responses	4405	4005	3994

Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



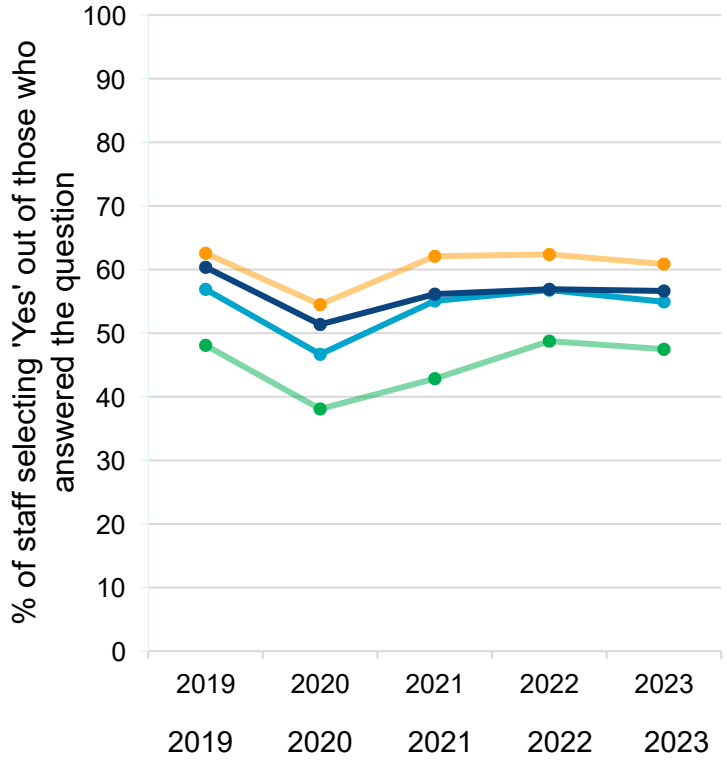
	2019	2020	2021	2022	2023
Your org	30.81%	31.32%	33.65%	32.86%	31.38%
Best result	21.38%	18.49%	21.95%	22.00%	19.59%
Average result	29.05%	28.90%	30.92%	30.62%	29.36%
Worst result	36.57%	37.76%	38.62%	38.01%	37.13%
Responses	4171	3404	4424	4010	4003

Q11c During the last 12 months have you felt unwell as a result of work related stress?



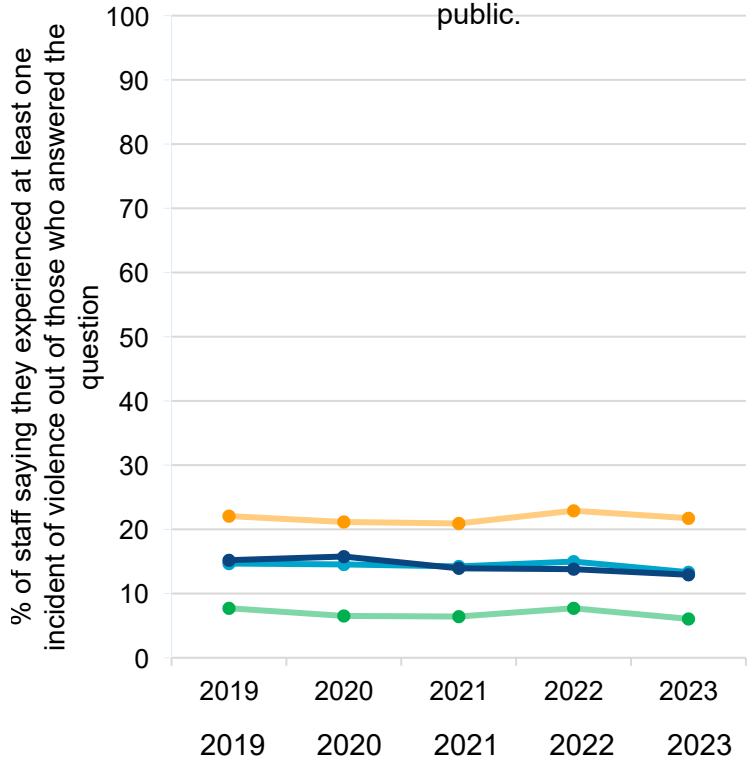
	2019	2020	2021	2022	2023
Your org	44.45%	51.73%	50.56%	47.72%	44.12%
Best result	29.25%	32.61%	37.94%	36.73%	32.39%
Average result	40.03%	44.31%	46.97%	45.09%	41.57%
Worst result	46.55%	51.81%	54.35%	51.55%	49.97%
Responses	4164	3401	4427	4011	3997

Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



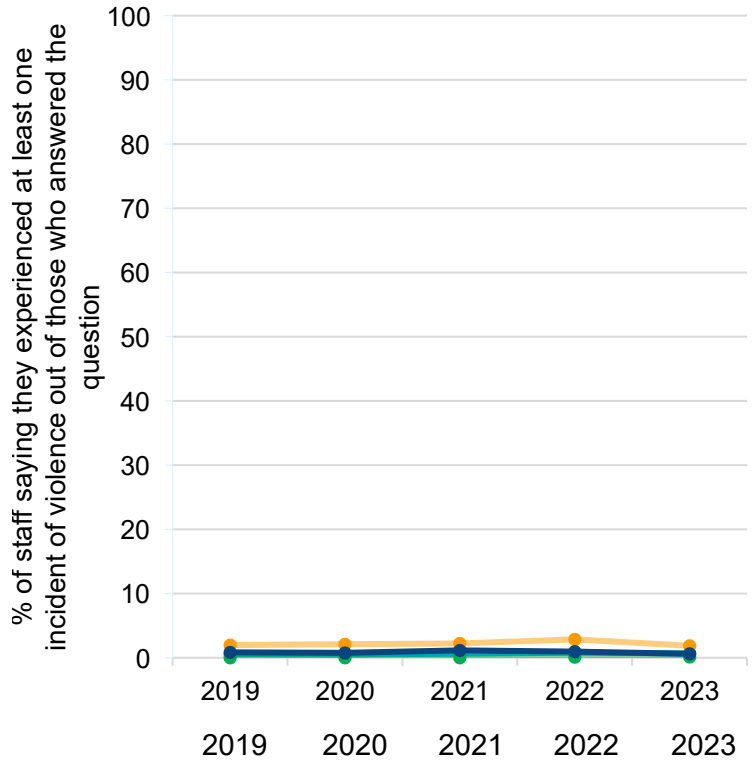
	2019	2020	2021	2022	2023
Your org	60.37%	51.36%	56.13%	56.90%	56.63%
Best result	48.09%	38.07%	42.84%	48.74%	47.48%
Average result	56.90%	46.68%	55.07%	56.76%	54.92%
Worst result	62.56%	54.49%	62.09%	62.37%	60.87%
Responses	4173	3404	4424	4013	4003

Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



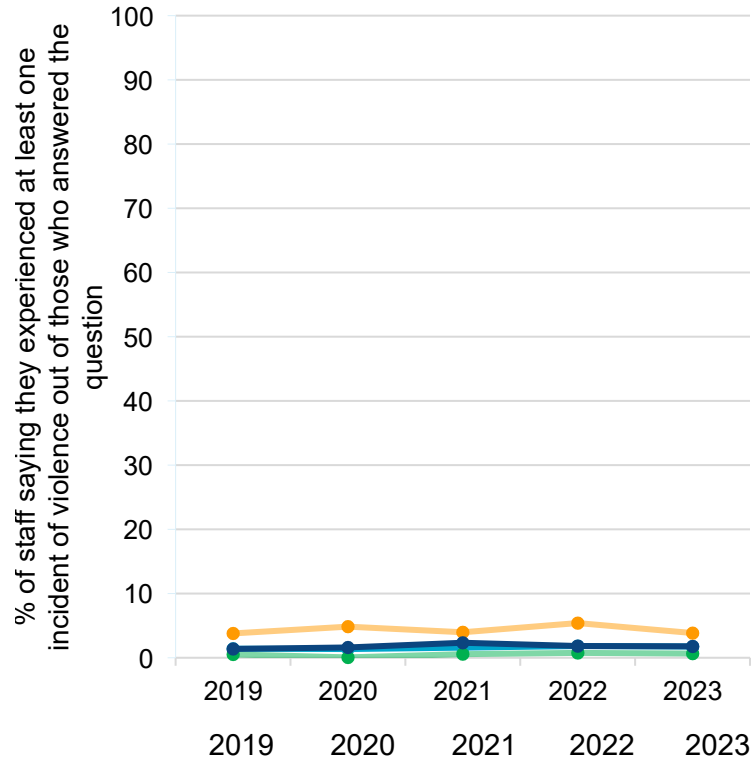
	2019	2020	2021	2022	2023
Your org	15.19%	15.77%	13.93%	13.80%	12.93%
Best result	7.71%	6.51%	6.42%	7.71%	6.06%
Average result	14.67%	14.54%	14.22%	14.98%	13.32%
Worst result	22.06%	21.14%	20.92%	22.90%	21.74%
Responses	4158	3407	4413	3999	3749

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



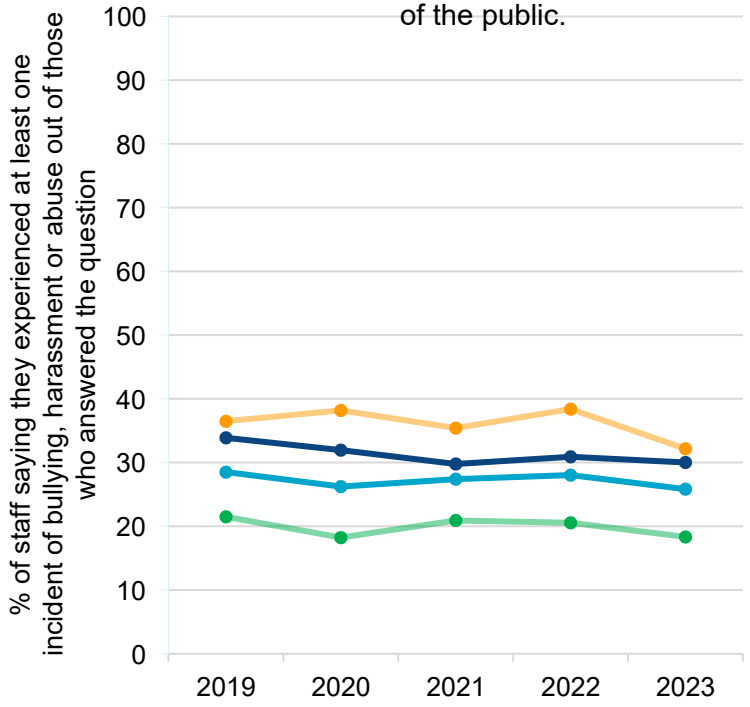
	2019	2020	2021	2022	2023
Your org	0.84%	0.77%	1.15%	0.96%	0.61%
Best result	0.00%	0.00%	0.00%	0.11%	0.14%
Average result	0.54%	0.51%	0.63%	0.79%	0.67%
Worst result	1.98%	2.11%	2.23%	2.87%	1.87%
Responses	4130	3396	4387	3979	3703

Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



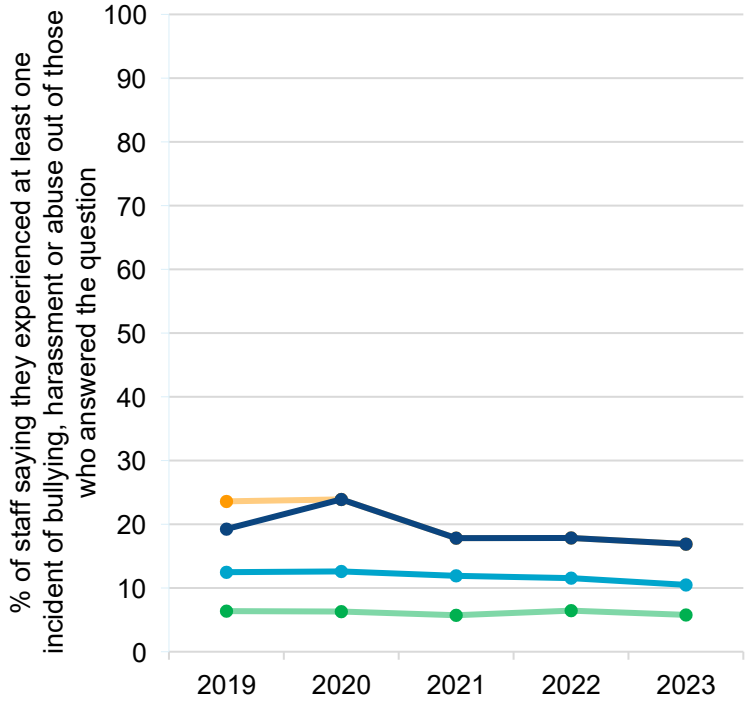
	2019	2020	2021	2022	2023
Your org	1.38%	1.60%	2.34%	1.83%	1.78%
Best result	0.52%	0.06%	0.56%	0.76%	0.66%
Average result	1.41%	1.36%	1.58%	1.82%	1.75%
Worst result	3.79%	4.85%	3.97%	5.40%	3.85%
Responses	4129	3397	4379	3959	3656

Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



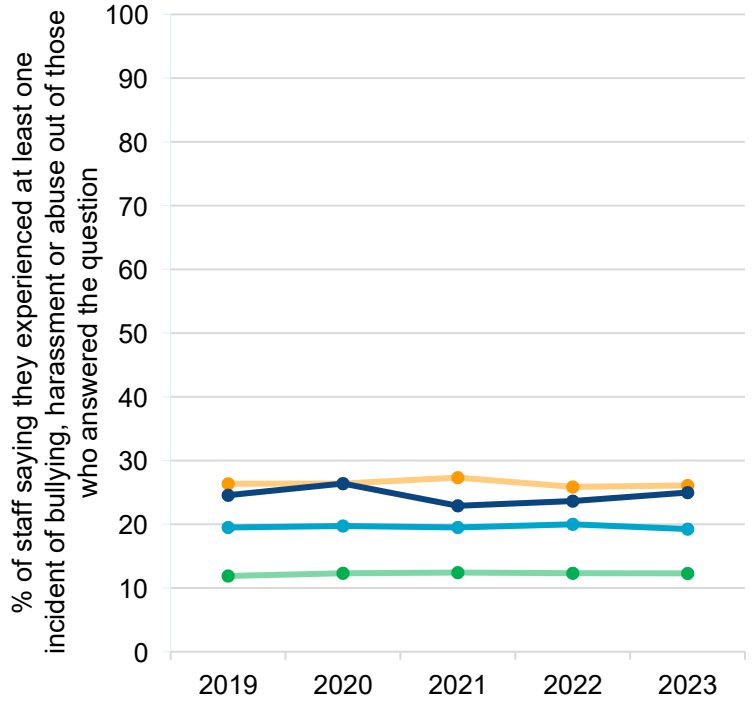
	2019	2020	2021	2022	2023
Your org	33.88%	31.95%	29.77%	30.90%	30.01%
Best result	21.48%	18.24%	20.91%	20.55%	18.33%
Average result	28.51%	26.23%	27.39%	28.03%	25.82%
Worst result	36.49%	38.19%	35.40%	38.39%	32.15%
Responses	4131	3284	4253	3994	3984

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



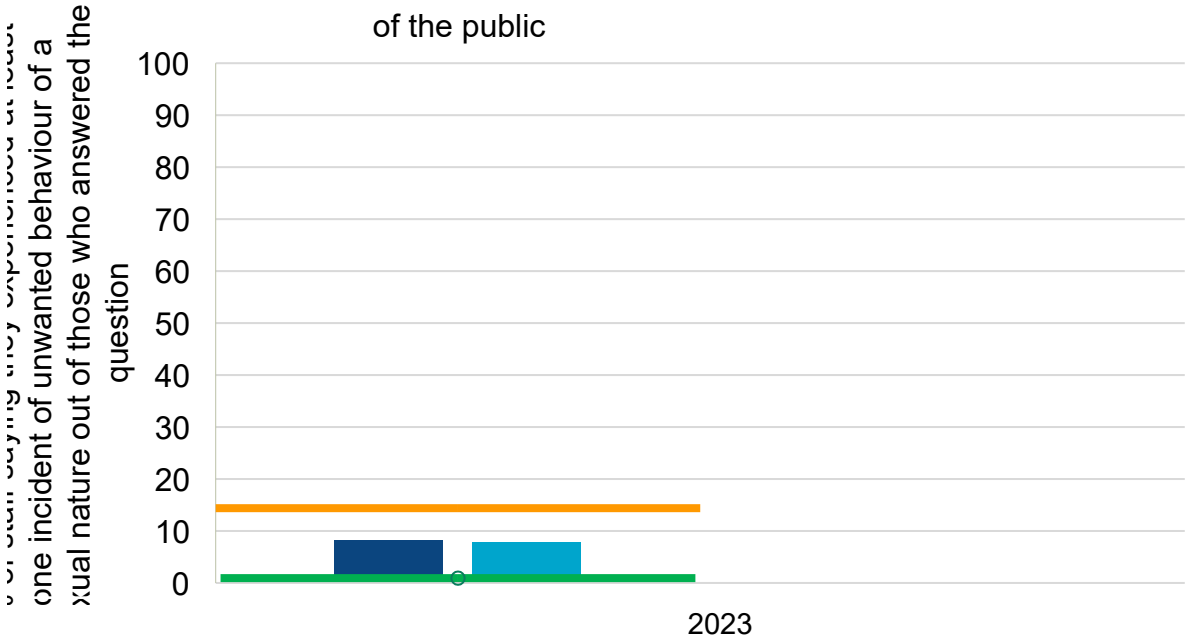
	2019	2020	2021	2022	2023
Your org	19.25%	23.90%	17.82%	17.85%	16.90%
Best result	6.37%	6.31%	5.73%	6.45%	5.78%
Average result	12.48%	12.60%	11.91%	11.55%	10.49%
Worst result	23.60%	23.90%	17.82%	17.85%	16.90%
Responses	4109	3276	4242	3976	3946

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



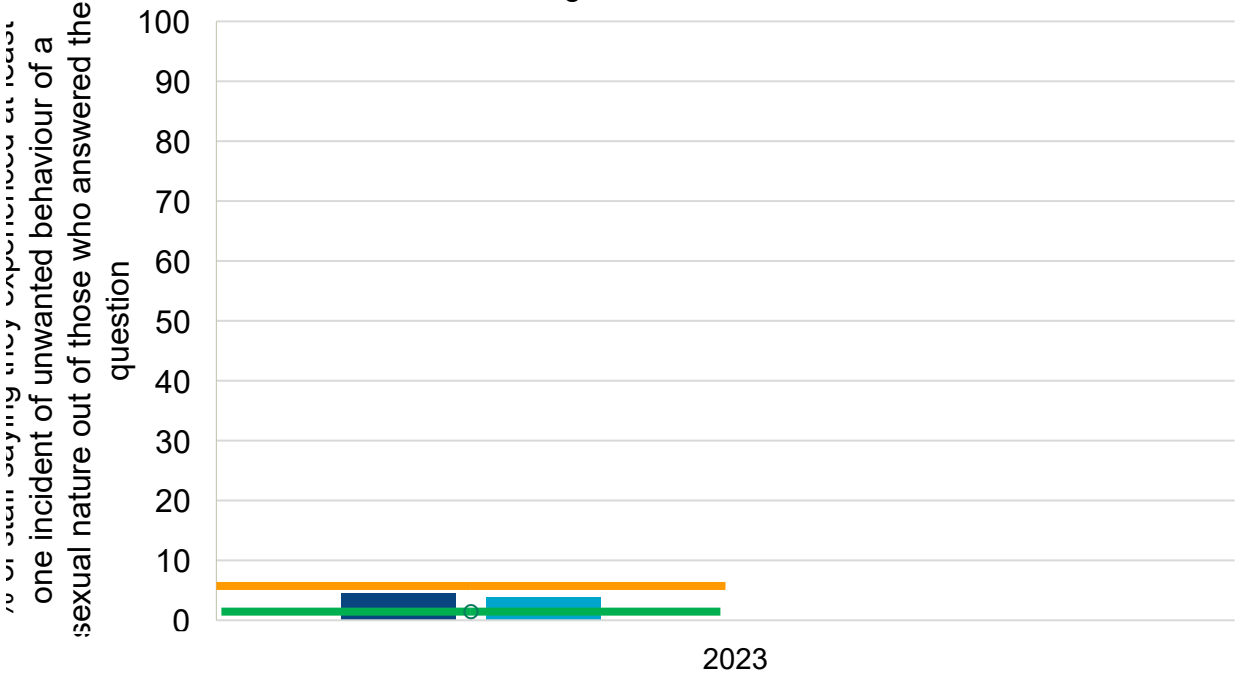
	2019	2020	2021	2022	2023
Your org	24.56%	26.39%	22.90%	23.64%	24.98%
Best result	11.88%	12.31%	12.42%	12.32%	12.30%
Average result	19.50%	19.73%	19.50%	19.99%	19.25%
Worst result	26.36%	26.39%	27.32%	25.87%	26.09%
Responses	4121	3284	4222	3977	3909

Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



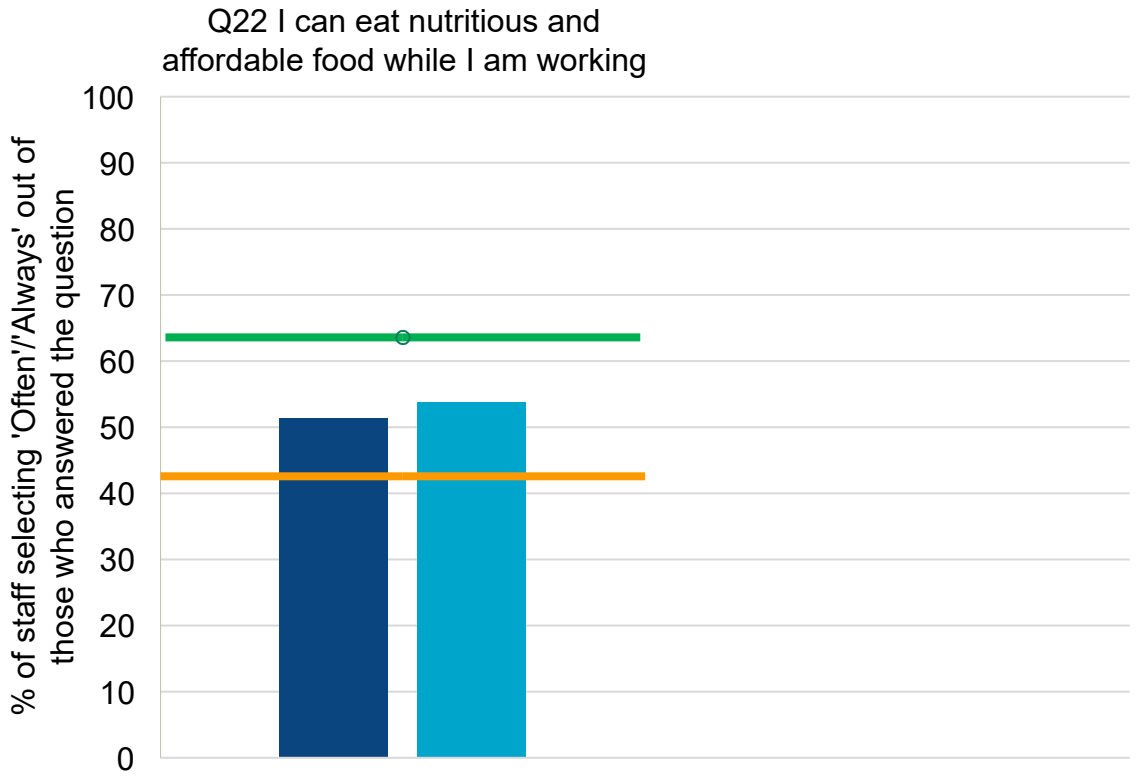
Your org	8.21%
Best result	0.93%
Average result	7.73%
Worst result	14.39%
Responses	3996

Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



Your org	4.45%
Best result	1.44%
Average result	3.82%
Worst result	5.73%
Responses	3985

*These questions do not contribute towards any People Promise element score, theme score or sub-score



	2023
Your org	51.42%
Best result	63.59%
Average result	53.77%
Worst result	42.58%
Responses	3997

*These questions do not contribute towards any People Promise element score, theme score or sub-score

Survey Coordination Centre

NHS

People Promise element – We are always learning

Questions included:

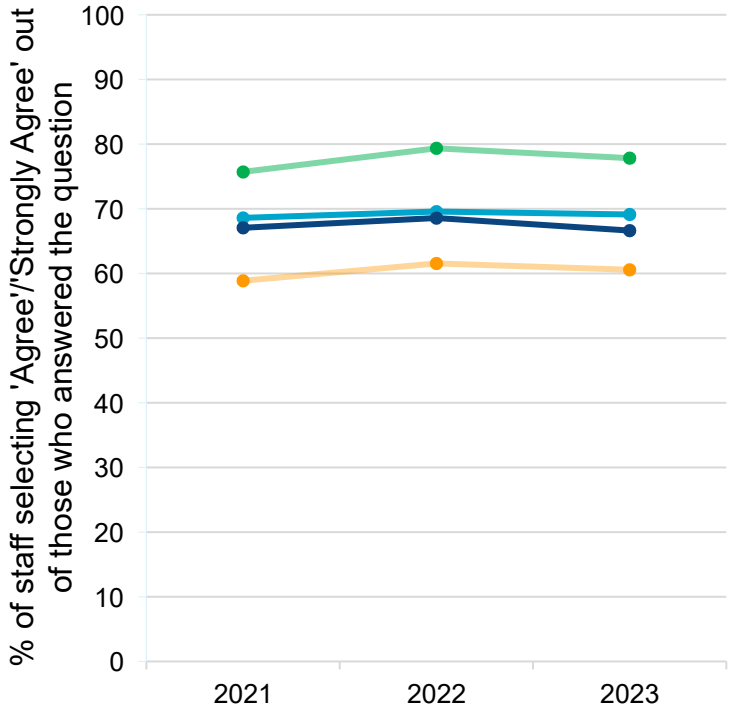
Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

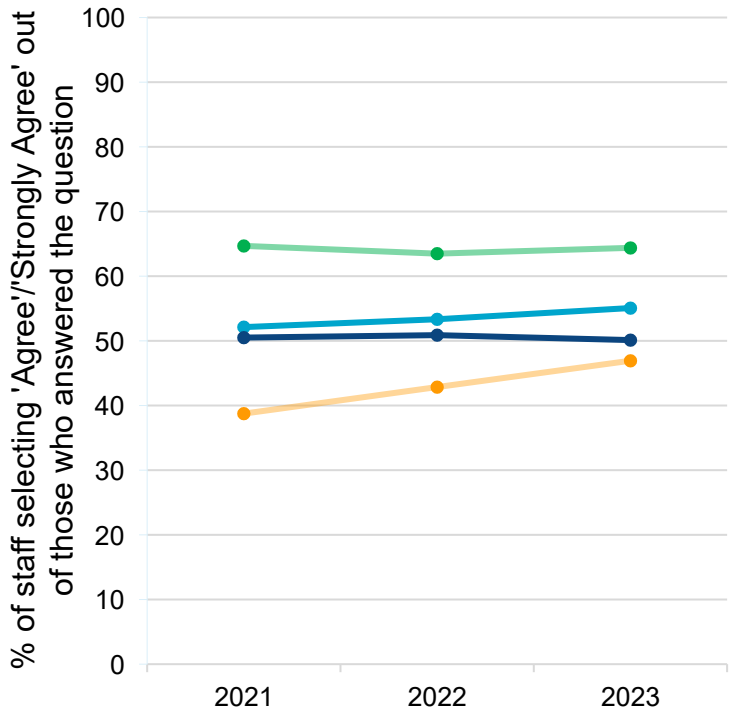
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q24a This organisation offers me challenging work.



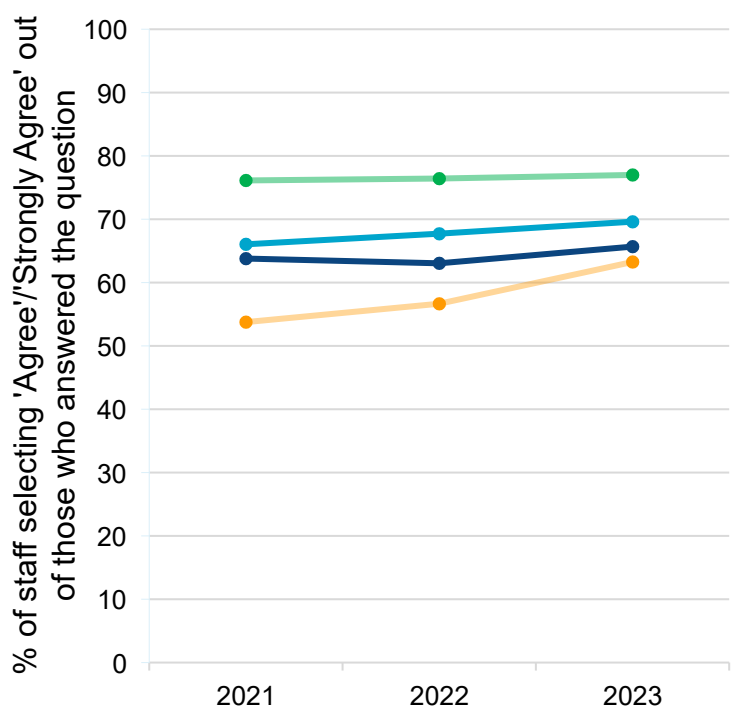
	2021	2022	2023
Your org	67.06%	68.57%	66.63%
Best result	75.71%	79.35%	77.83%
Average result	68.60%	69.57%	69.12%
Worst result	58.88%	61.55%	60.58%
Responses	4356	3992	3984

Q24b There are opportunities for me to develop my career in this organisation.



	2021	2022	2023
Your org	50.50%	50.88%	50.12%
Best result	64.69%	63.48%	64.38%
Average result	52.12%	53.34%	55.07%
Worst result	38.74%	42.85%	46.92%
Responses	4367	3998	3990

Q24c I have opportunities to improve my knowledge and skills.

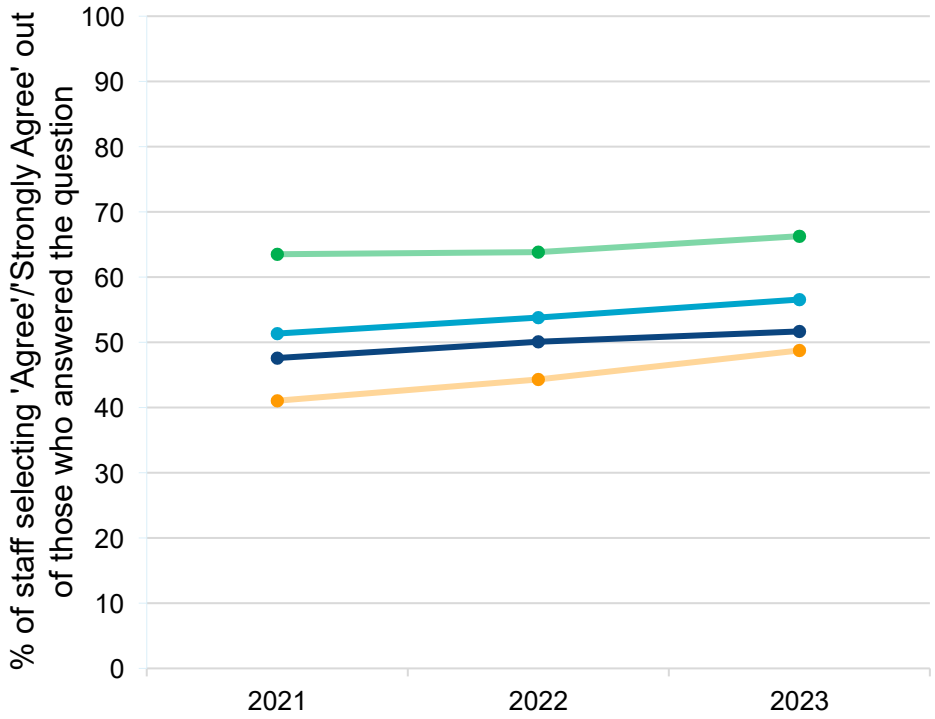


	2021	2022	2023
Your org	63.79%	63.04%	65.68%
Best result	76.13%	76.43%	76.99%
Average result	66.04%	67.72%	69.61%
Worst result	53.76%	56.66%	63.25%
Responses	4364	3995	3993

Survey Coordination Centre

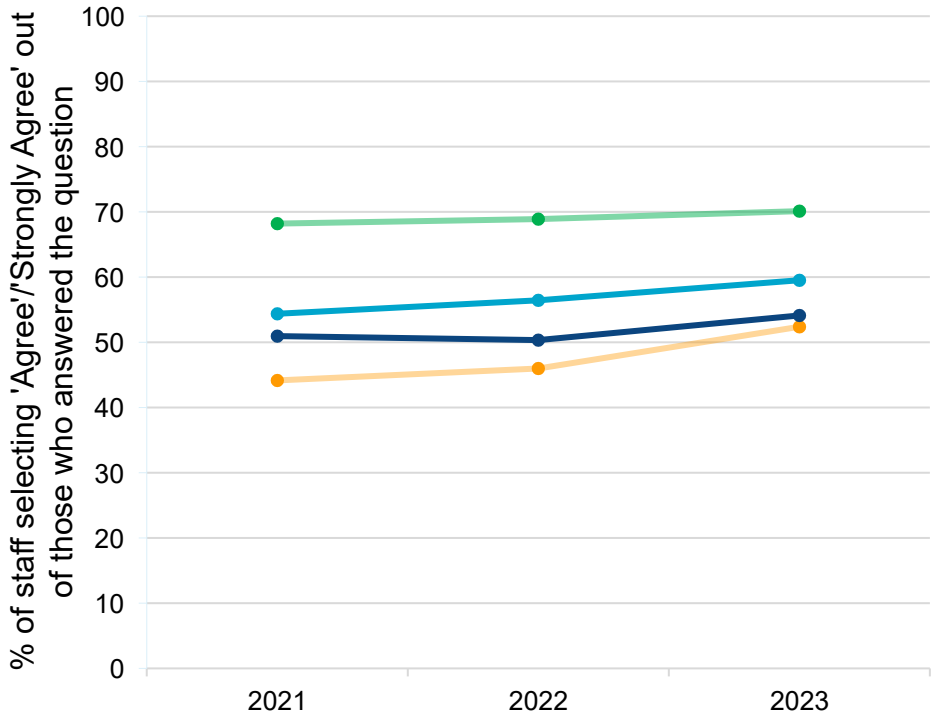
NHS

Q24d I feel supported to develop my potential.



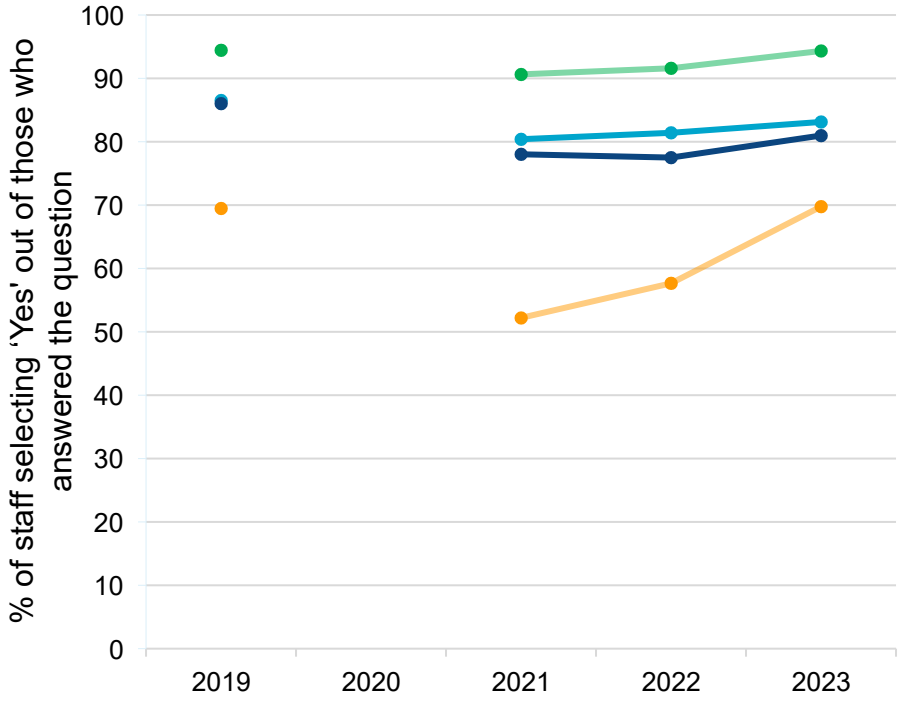
	2021	2022	2023
Your org	47.59%	50.08%	51.67%
Best result	63.51%	63.83%	66.27%
Average result	51.34%	53.79%	56.56%
Worst result	41.04%	44.30%	48.75%
Responses	4361	3995	3983

Q24e I am able to access the right learning and development opportunities when I need to.



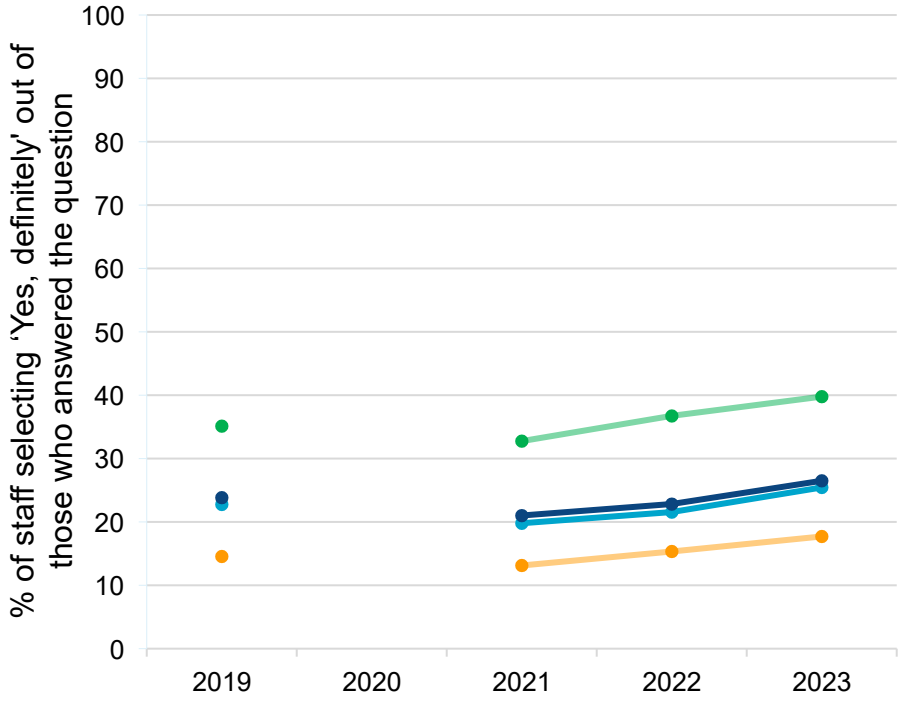
	2021	2022	2023
Your org	50.95%	50.34%	54.12%
Best result	68.20%	68.89%	70.11%
Average result	54.38%	56.44%	59.52%
Worst result	44.16%	45.98%	52.38%
Responses	4359	3995	3987

Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2019	2020	2021	2022	2023
Your org	86.02%	-	78.02%	77.50%	80.98%
Best result	94.45%	-	90.63%	91.59%	94.32%
Average result	86.53%	-	80.40%	81.41%	83.12%
Worst result	69.48%	-	52.20%	57.65%	69.76%
Responses	4084	-	4387	3995	3897

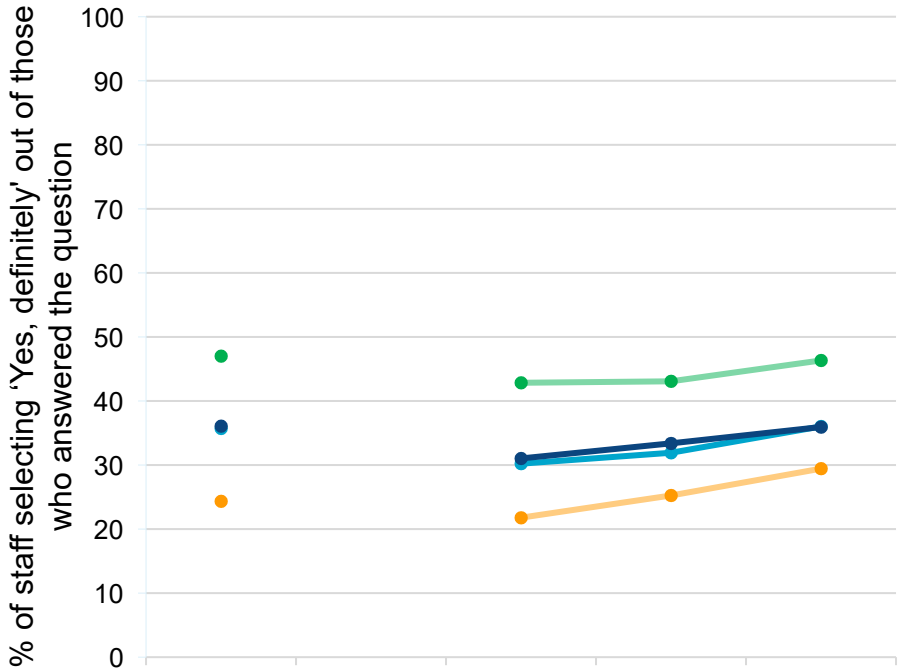
Q23b It helped me to improve how I do my job.



	2019	2020	2021	2022	2023
Your org	23.83%	-	21.01%	22.83%	26.49%
Best result	35.12%	-	32.75%	36.74%	39.78%
Average result	22.76%	-	19.79%	21.56%	25.44%
Worst result	14.56%	-	13.13%	15.33%	17.71%
Responses	3510	-	3408	3103	3152

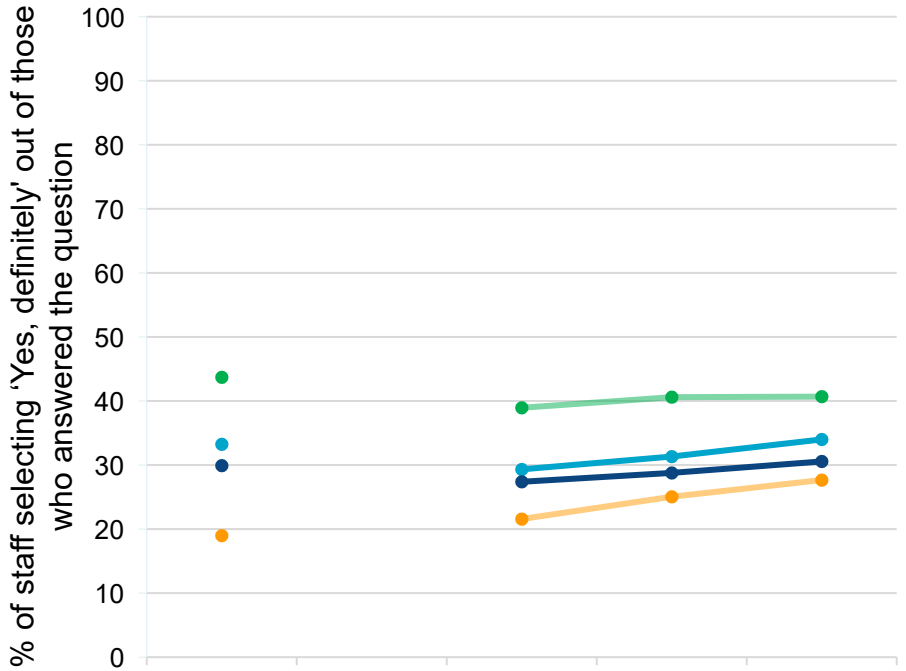
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Q23c It helped me agree clear objectives for my work.



	2019	2020	2021	2022	2023
Your org	36.07%	-	31.03%	33.39%	35.94%
Best result	47.00%	-	42.85%	43.07%	46.33%
Average result	35.71%	-	30.21%	31.92%	36.02%
Worst result	24.35%	-	21.78%	25.24%	29.43%
Responses	3507	-	3411	3105	3149

Q23d It left me feeling that my work is valued by my organisation.



	2019	2020	2021	2022	2023
Your org	29.92%	-	27.39%	28.77%	30.56%
Best result	43.71%	-	38.94%	40.60%	40.68%
Average result	33.25%	-	29.33%	31.33%	34.00%
Worst result	18.99%	-	21.57%	25.05%	27.66%
Responses	3504	-	3406	3104	3146

Survey Coordination Centre

NHS

People Promise element – We work flexibly

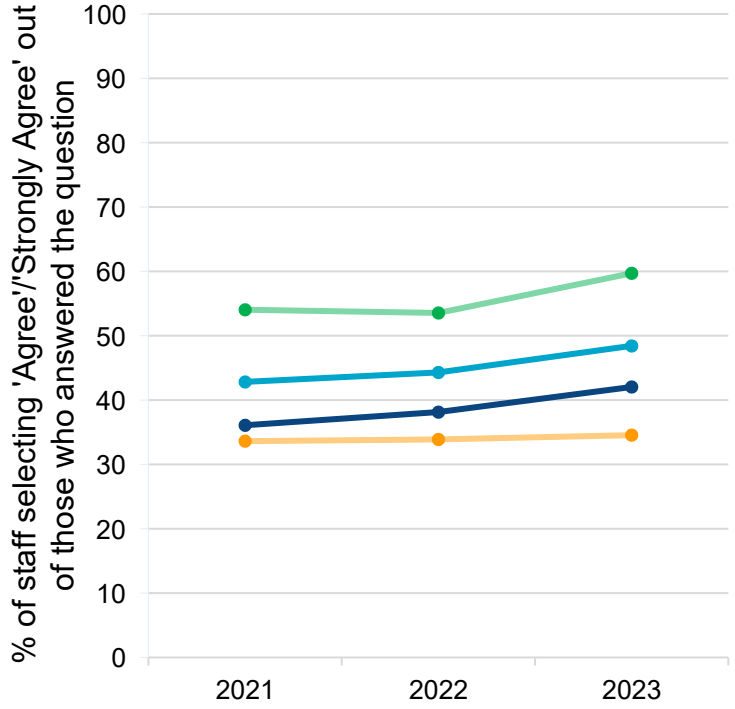
Questions included:

Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

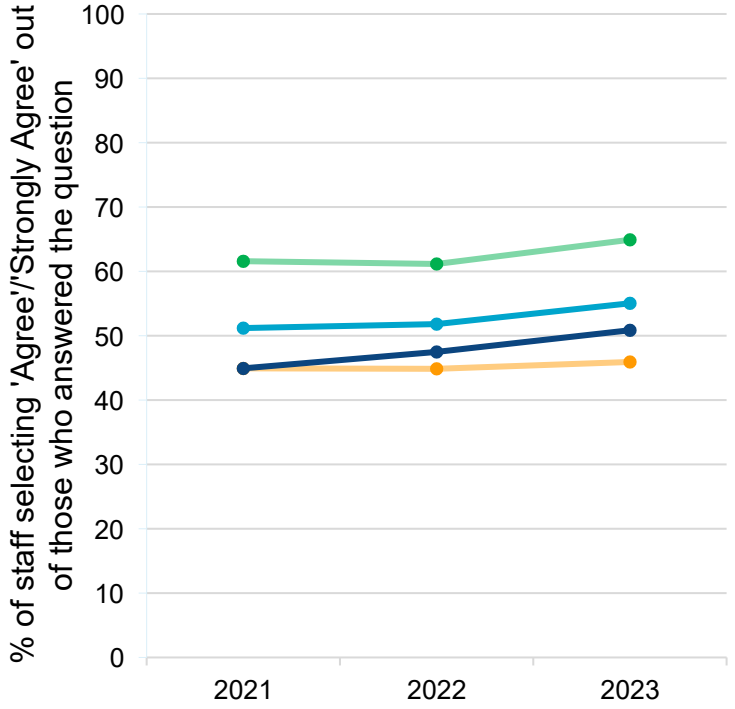
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q6b My organisation is committed to helping me balance my work and home life.



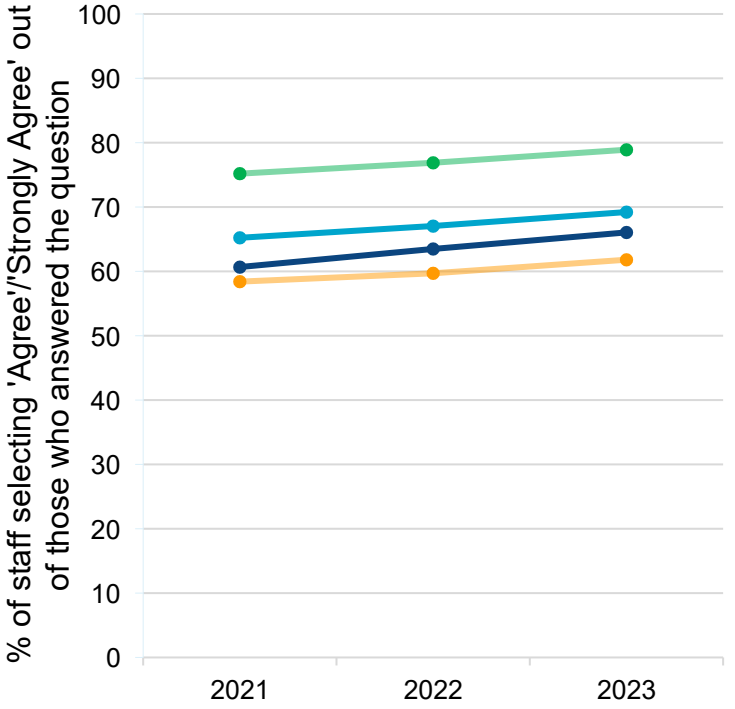
	2021	2022	2023
Your org	36.08%	38.14%	42.04%
Best result	54.04%	53.54%	59.70%
Average result	42.83%	44.29%	48.43%
Worst result	33.62%	33.88%	34.55%
Responses	4491	4015	4001

Q6c I achieve a good balance between my work life and my home life.



	2021	2022	2023
Your org	44.93%	47.49%	50.85%
Best result	61.58%	61.15%	64.91%
Average result	51.19%	51.81%	55.04%
Worst result	44.93%	44.86%	45.92%
Responses	4490	4016	4001

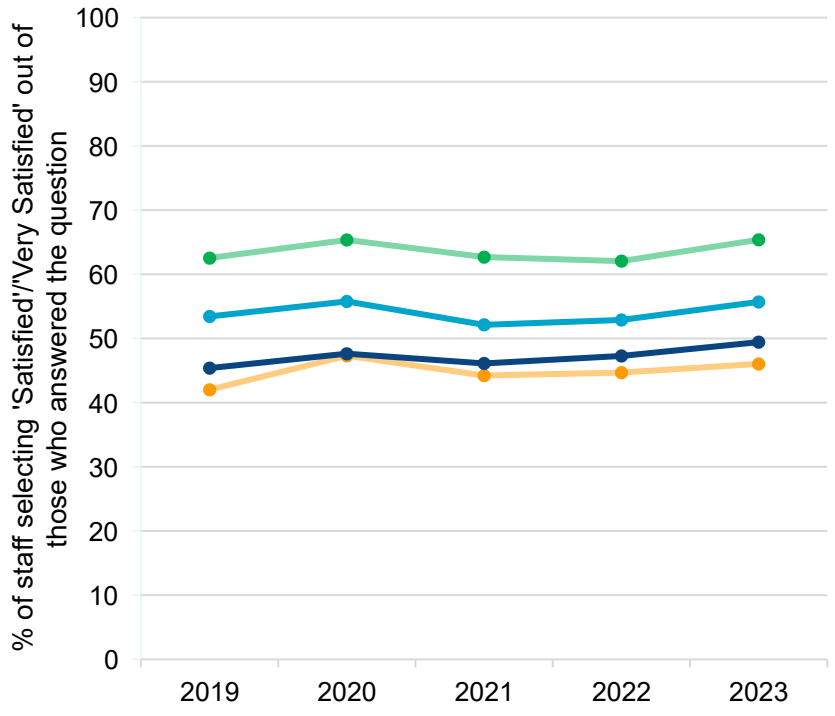
Q6d I can approach my immediate manager to talk openly about flexible working.



	2021	2022	2023
Your org	60.68%	63.48%	66.06%
Best result	75.18%	76.88%	78.91%
Average result	65.22%	67.05%	69.22%
Worst result	58.41%	59.70%	61.81%
Responses	4492	4016	4001

Survey Coordination Centre NHS

Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.

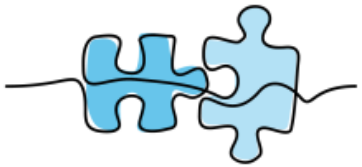


	2019	2020	2021	2022	2023
Your org	45.38%	47.63%	46.11%	47.28%	49.43%
Best result	62.54%	65.35%	62.69%	62.05%	65.39%
Average result	53.43%	55.77%	52.13%	52.89%	55.70%
Worst result	42.02%	47.31%	44.22%	44.69%	46.05%
Responses	4204	3438	4509	4012	3985

Survey Coordination Centre

NHS

People Promise element – We are a team



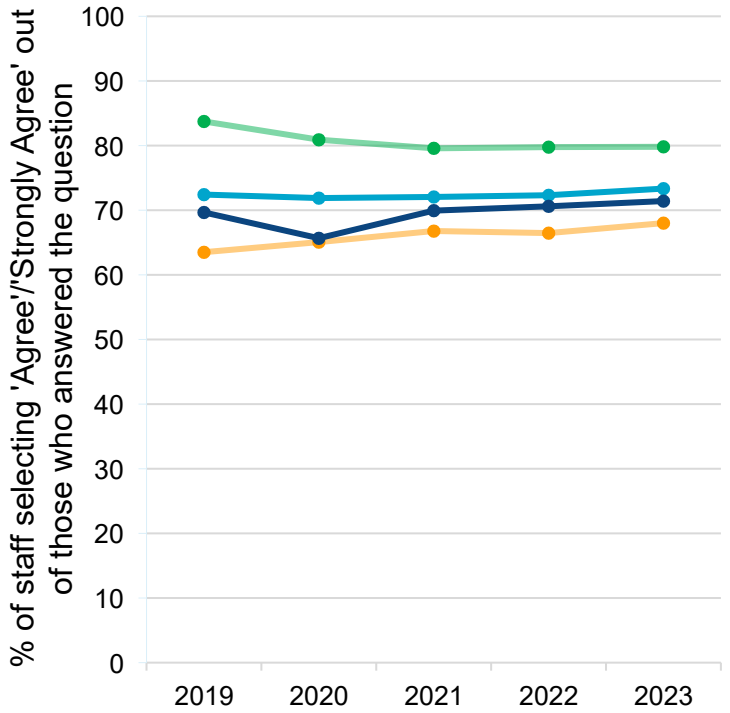
Questions included:

Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

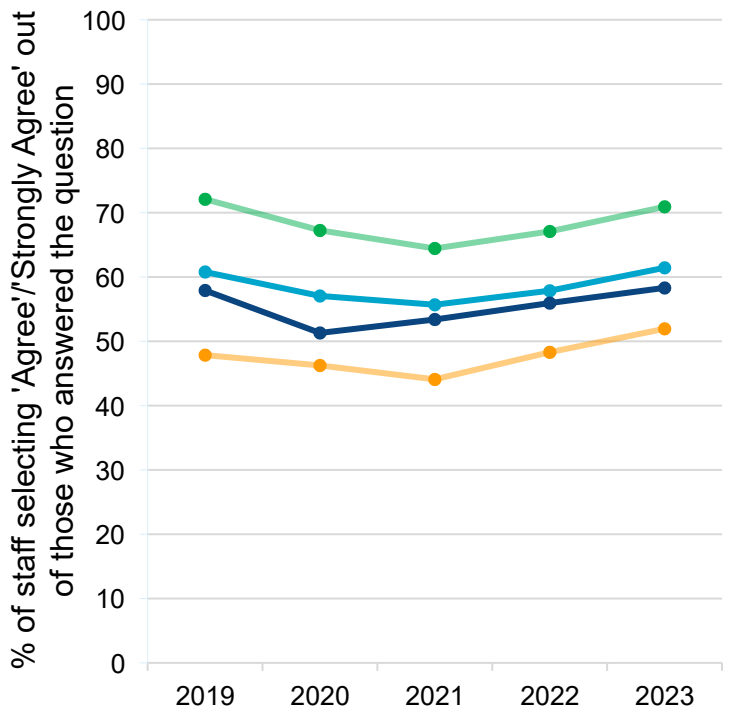
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q7a The team I work in has a set of shared objectives.



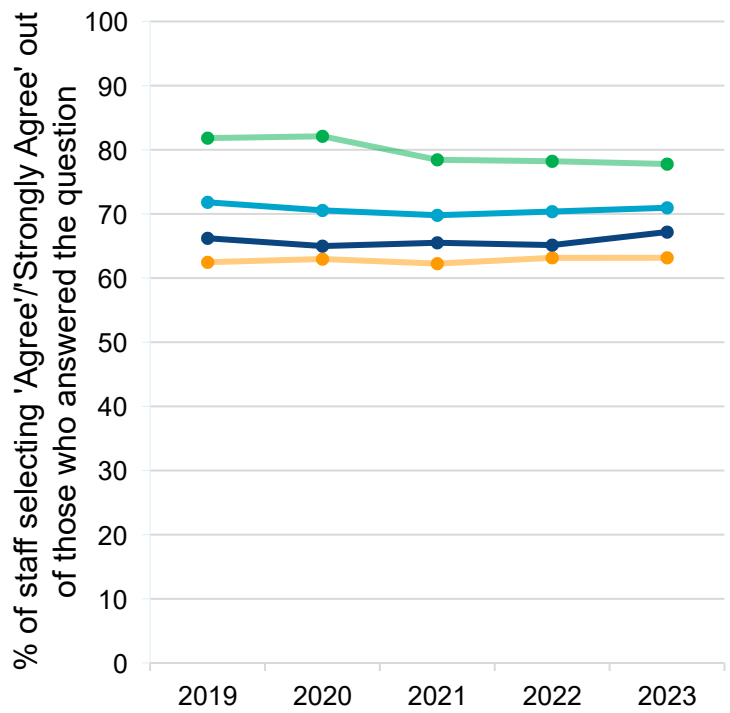
	2019	2020	2021	2022	2023
Your org	69.66%	65.67%	69.94%	70.60%	71.41%
Best result	83.74%	80.91%	79.58%	79.76%	79.81%
Average result	72.42%	71.88%	72.05%	72.32%	73.34%
Worst result	63.51%	65.07%	66.78%	66.46%	68.00%
Responses	4227	3442	4461	4008	3997

Q7b The team I work in often meets to discuss the team's effectiveness.



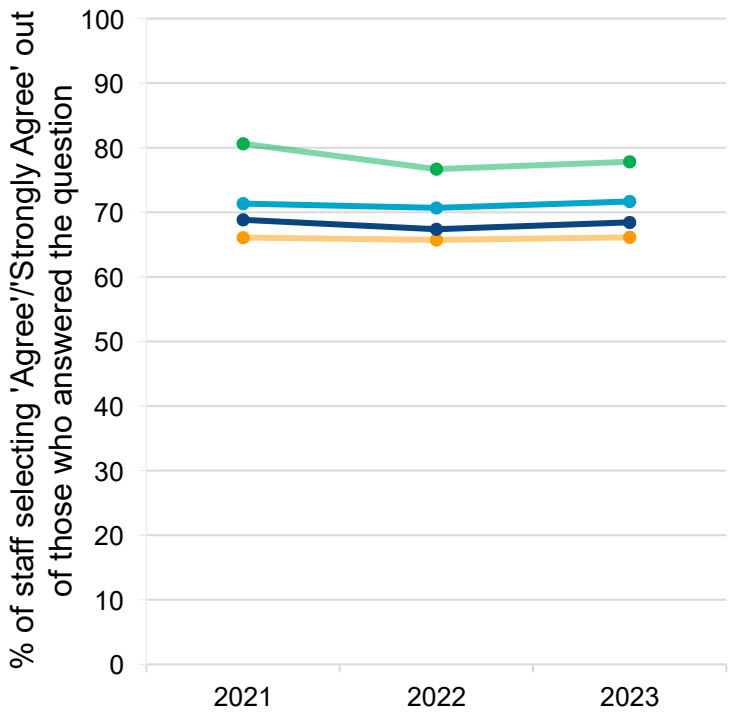
	2019	2020	2021	2022	2023
Your org	57.91%	51.30%	53.39%	55.95%	58.31%
Best result	72.10%	67.26%	64.44%	67.09%	70.92%
Average result	60.78%	57.06%	55.69%	57.87%	61.43%
Worst result	47.86%	46.25%	44.09%	48.30%	51.95%
Responses	4258	3457	4471	4013	3999

Q7c I receive the respect I deserve from my colleagues at work.



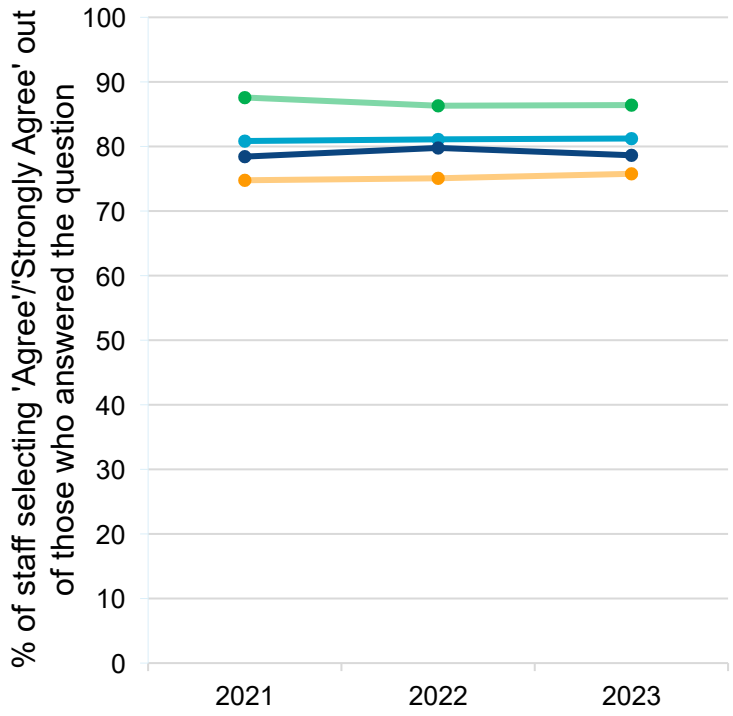
	2019	2020	2021	2022	2023
Your org	66.21%	64.99%	65.50%	65.14%	67.18%
Best result	81.82%	82.10%	78.44%	78.22%	77.78%
Average result	71.82%	70.56%	69.80%	70.37%	70.96%
Worst result	62.48%	62.97%	62.26%	63.16%	63.16%
Responses	4265	3465	4473	4012	4001

Q7d Team members understand each other's roles.



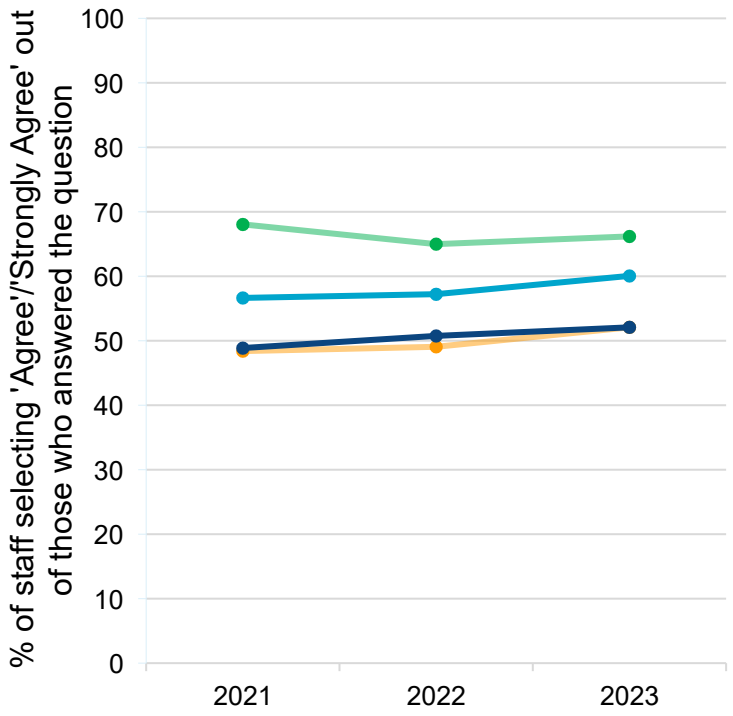
	2021	2022	2023
Your org	68.84%	67.38%	68.44%
Best result	80.62%	76.69%	77.83%
Average result	71.35%	70.69%	71.68%
Worst result	66.09%	65.73%	66.13%
Responses	4473	4014	4001

Q7e I enjoy working with the colleagues in my team.



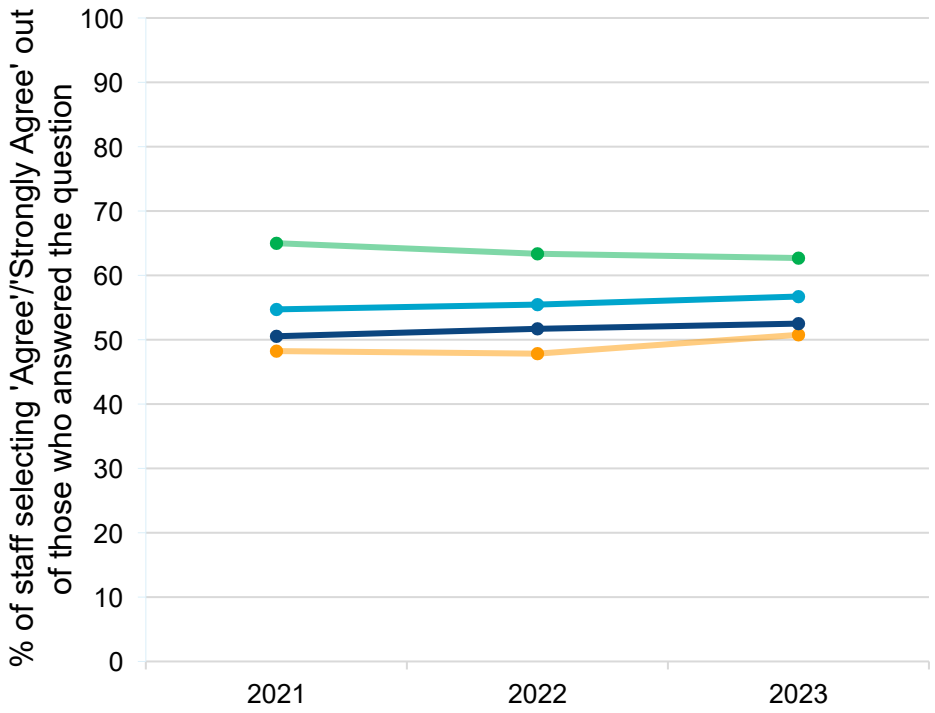
	2021	2022	2023
Your org	78.43%	79.78%	78.64%
Best result	87.58%	86.31%	86.41%
Average result	80.85%	81.10%	81.23%
Worst result	74.77%	75.07%	75.77%
Responses	4469	4011	3995

Q7f My team has enough freedom in how to do its work.



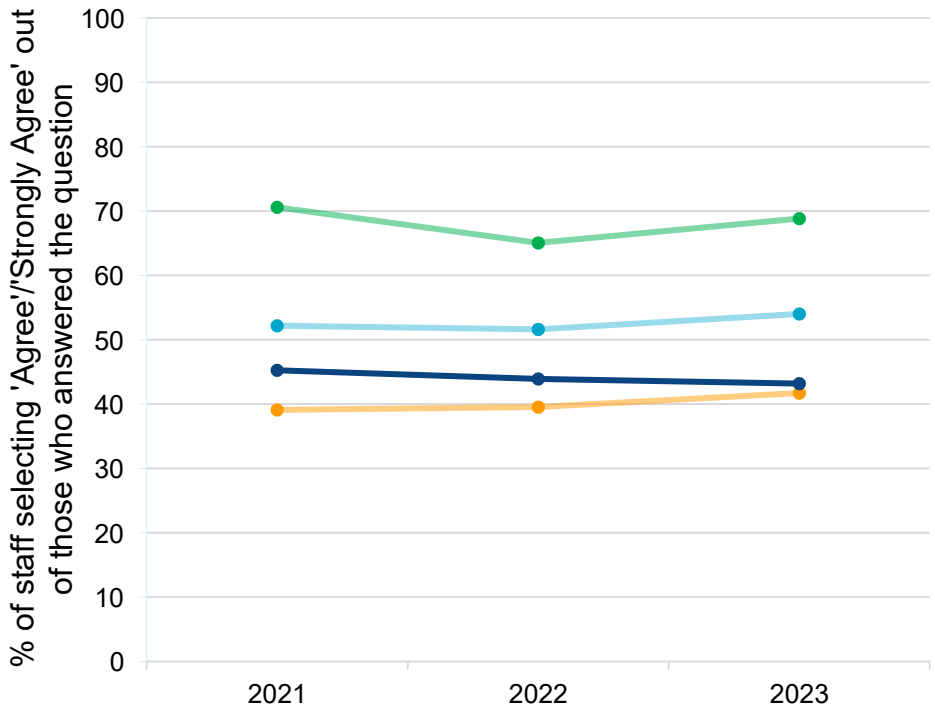
	2021	2022	2023
Your org	48.87%	50.75%	52.08%
Best result	68.05%	64.98%	66.18%
Average result	56.64%	57.22%	60.06%
Worst result	48.40%	49.06%	52.08%
Responses	4470	4009	4002

Q7g In my team disagreements are dealt with constructively.



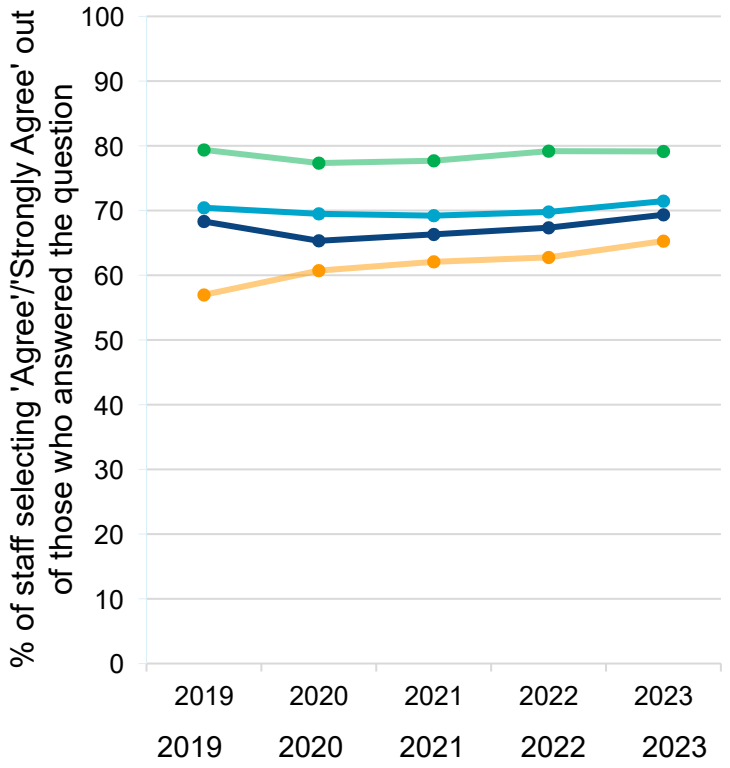
	2021	2022	2023
Your org	50.54%	51.69%	52.50%
Best result	65.00%	63.36%	62.70%
Average result	54.72%	55.46%	56.71%
Worst result	48.24%	47.83%	50.76%
Responses	4460	4010	3997

Q8a Teams within this organisation work well together to achieve their objectives.



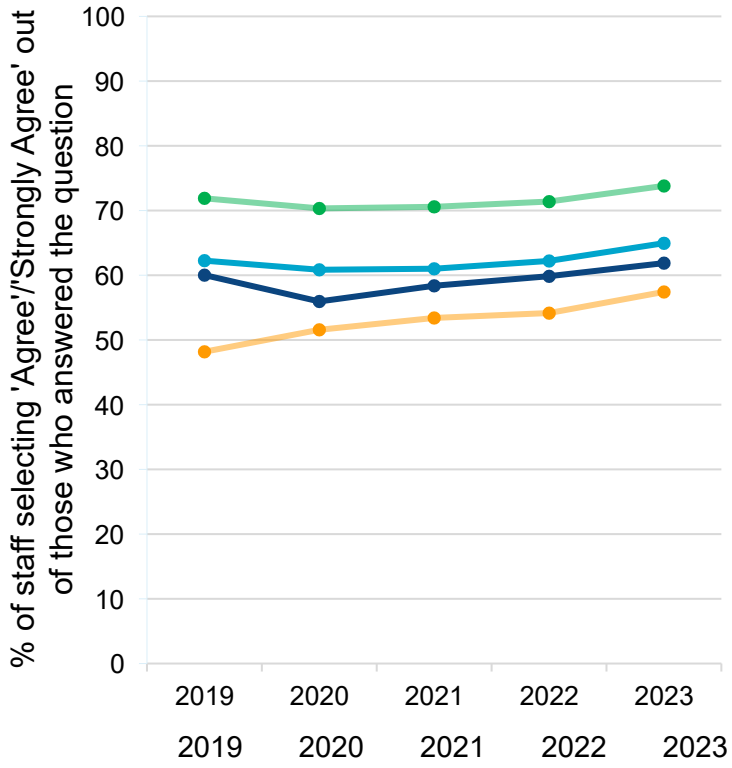
	2021	2022	2023
Your org	45.25%	43.91%	43.18%
Best result	70.58%	65.06%	68.83%
Average result	52.17%	51.61%	54.00%
Worst result	39.09%	39.54%	41.71%
Responses	4451	4009	3998

Q9a My immediate manager encourages me at work.



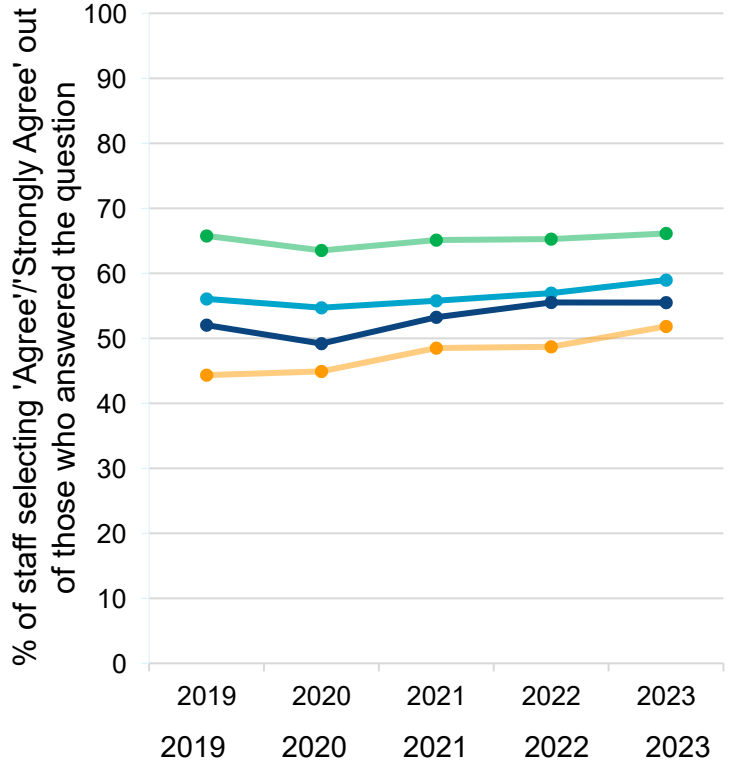
	2019	2020	2021	2022	2023
Your org	68.31%	65.32%	66.32%	67.35%	69.35%
Best result	79.38%	77.33%	77.69%	79.17%	79.13%
Average result	70.43%	69.49%	69.21%	69.78%	71.45%
Worst result	56.97%	60.71%	62.07%	62.76%	65.29%
Responses	4169	3412	4433	4012	4002

Q9b My immediate manager gives me clear feedback on my work.



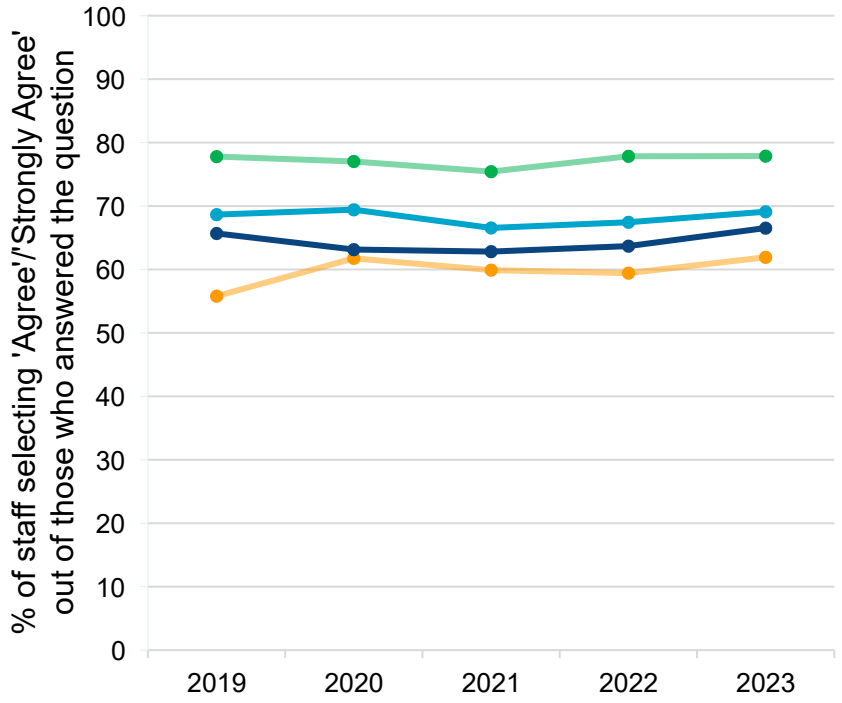
	2019	2020	2021	2022	2023
Your org	60.03%	55.95%	58.37%	59.85%	61.87%
Best result	71.89%	70.33%	70.57%	71.39%	73.81%
Average result	62.26%	60.85%	61.01%	62.21%	64.96%
Worst result	48.18%	51.57%	53.40%	54.16%	57.43%
Responses	4163	3408	4433	4003	3997

Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2019	2020	2021	2022	2023
Your org	52.03%	49.19%	53.24%	55.52%	55.50%
Best result	65.77%	63.52%	65.12%	65.27%	66.13%
Average result	56.07%	54.71%	55.78%	56.95%	58.97%
Worst result	44.34%	44.91%	48.51%	48.70%	51.84%
Responses	4169	3408	4430	4008	3999

Q9d My immediate manager takes a positive interest in my health and well-being.



	2019	2020	2021	2022	2023
Your org	65.69%	63.14%	62.82%	63.68%	66.53%
Best result	77.80%	77.02%	75.43%	77.84%	77.87%
Average result	68.65%	69.43%	66.55%	67.45%	69.10%
Worst result	55.79%	61.76%	59.90%	59.42%	61.93%
Responses	4167	3412	4432	4011	3998

Survey Coordination Centre

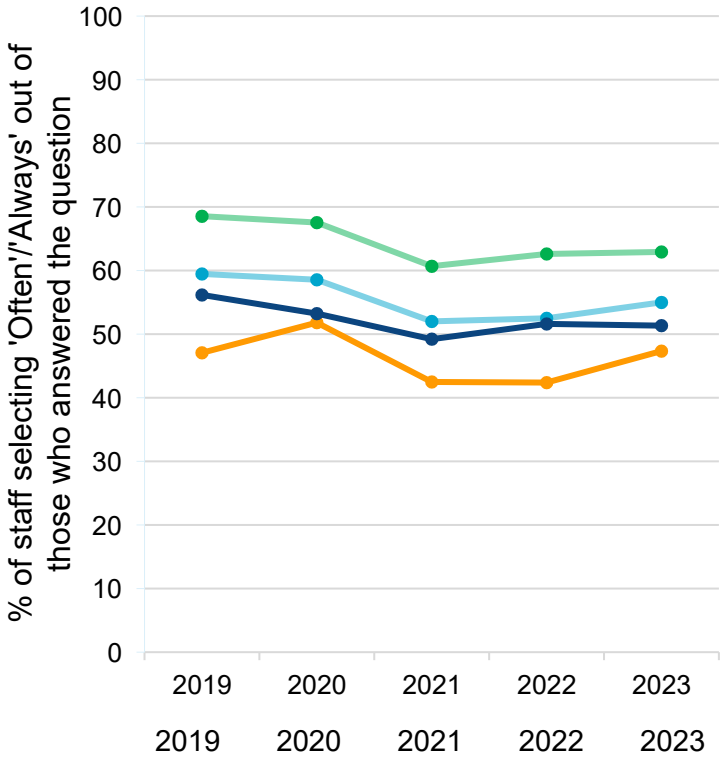
NHS

Theme – Staff engagement

Questions included:
Motivation – Q2a, Q2b, Q2c
Involvement – Q3c, Q3d, Q3f
Advocacy – Q25a, Q25c, Q25d

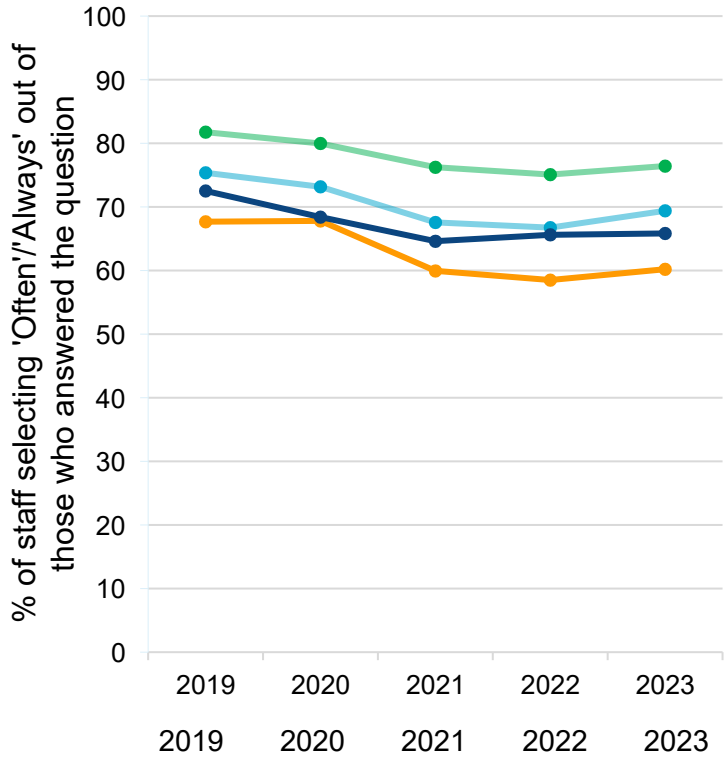
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q2a I look forward to going to work.



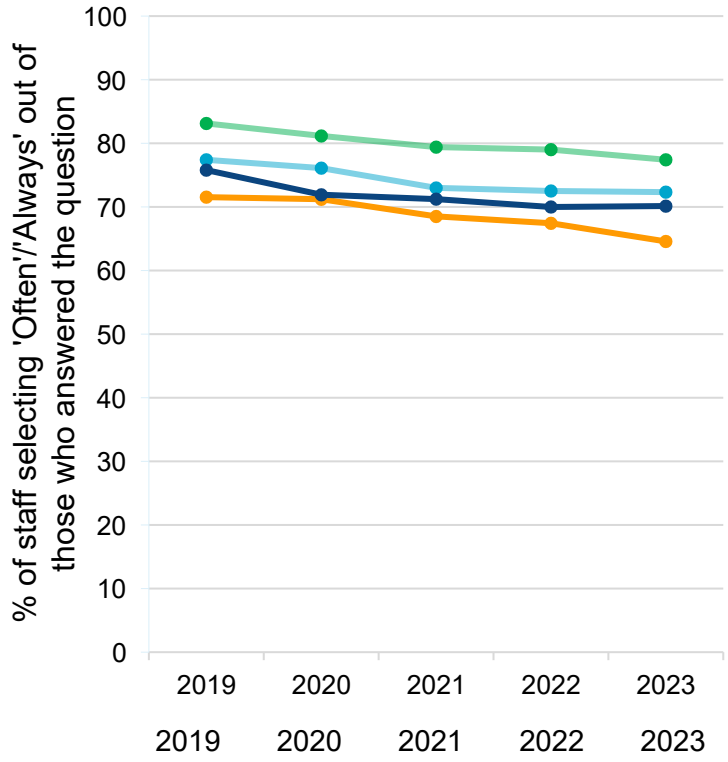
	2019	2020	2021	2022	2023
Your org	56.17%	53.23%	49.21%	51.61%	51.33%
Best result	68.55%	67.55%	60.68%	62.60%	62.92%
Average result	59.47%	58.55%	52.01%	52.49%	55.00%
Worst result	47.07%	51.81%	42.48%	42.39%	47.34%
Responses	4249	3524	4549	4005	3988

Q2b I am enthusiastic about my job.



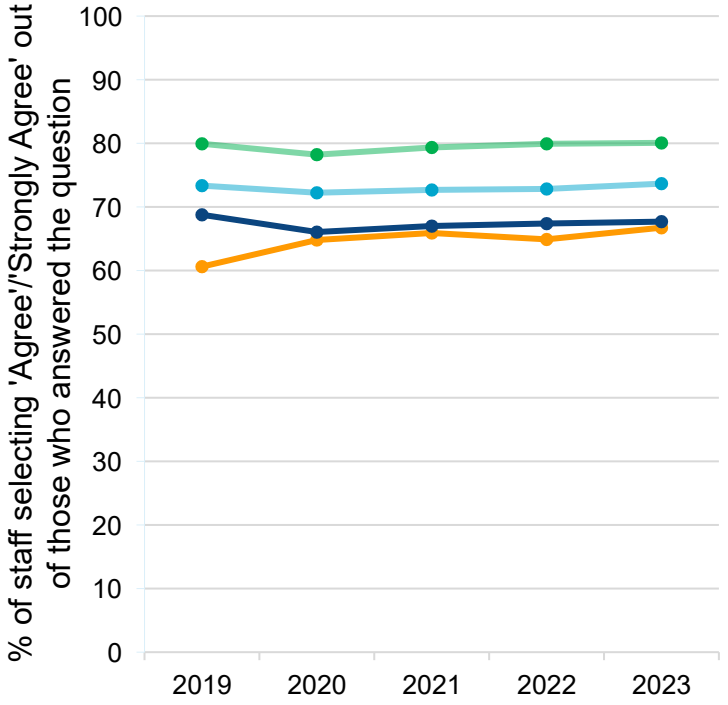
	2019	2020	2021	2022	2023
Your org	72.52%	68.40%	64.62%	65.61%	65.83%
Best result	81.75%	79.97%	76.25%	75.09%	76.43%
Average result	75.37%	73.16%	67.57%	66.74%	69.39%
Worst result	67.68%	67.81%	59.95%	58.50%	60.20%
Responses	4245	3504	4535	3992	3963

Q2c Time passes quickly when I am working.



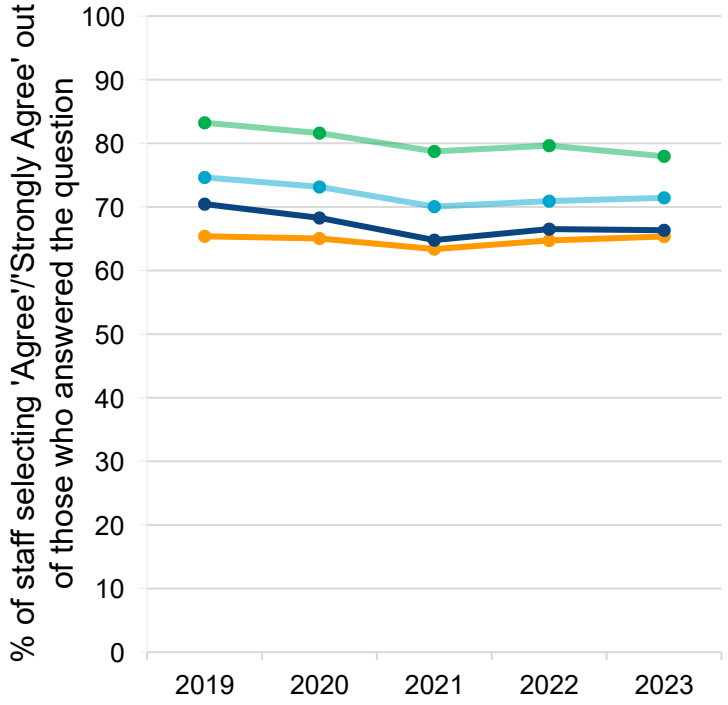
	2019	2020	2021	2022	2023
Your org	75.79%	71.92%	71.23%	69.99%	70.14%
Best result	83.13%	81.17%	79.41%	79.01%	77.42%
Average result	77.41%	76.10%	73.00%	72.50%	72.33%
Worst result	71.54%	71.21%	68.52%	67.44%	64.58%
Responses	4247	3513	4544	3997	3966

Q3c There are frequent opportunities for me to show initiative in my role.



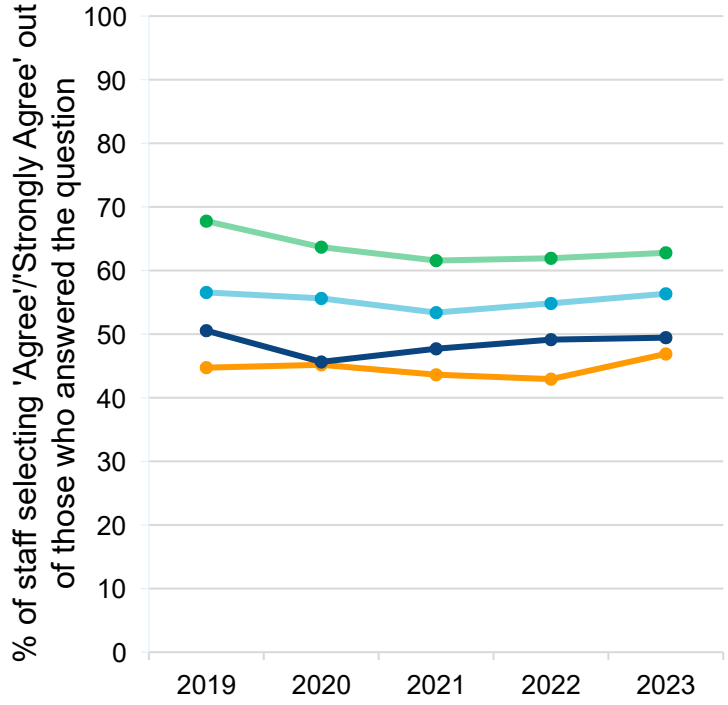
	2019	2020	2021	2022	2023
Your org	68.77%	66.05%	67.00%	67.39%	67.68%
Best result	79.93%	78.22%	79.35%	79.92%	80.07%
Average result	73.35%	72.23%	72.68%	72.83%	73.66%
Worst result	60.61%	64.80%	65.90%	64.90%	66.74%
Responses	4267	3459	4520	4010	3998

Q3d I am able to make suggestions to improve the work of my team / department.



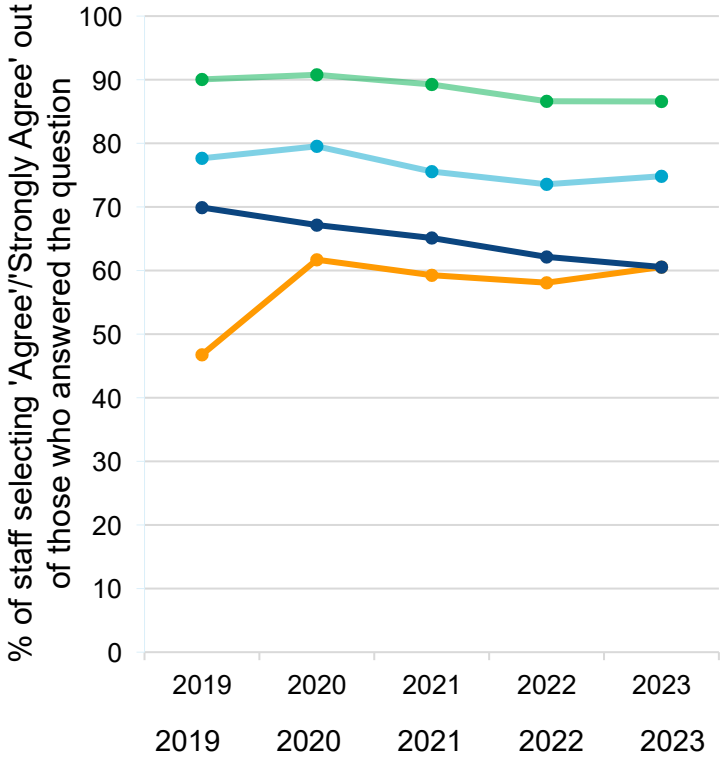
	2019	2020	2021	2022	2023
Your org	70.45%	68.28%	64.79%	66.51%	66.34%
Best result	83.24%	81.60%	78.73%	79.63%	77.96%
Average result	74.65%	73.16%	70.05%	70.92%	71.43%
Worst result	65.38%	65.04%	63.37%	64.73%	65.35%
Responses	4265	3461	4519	4008	3998

Q3f I am able to make improvements happen in my area of work.



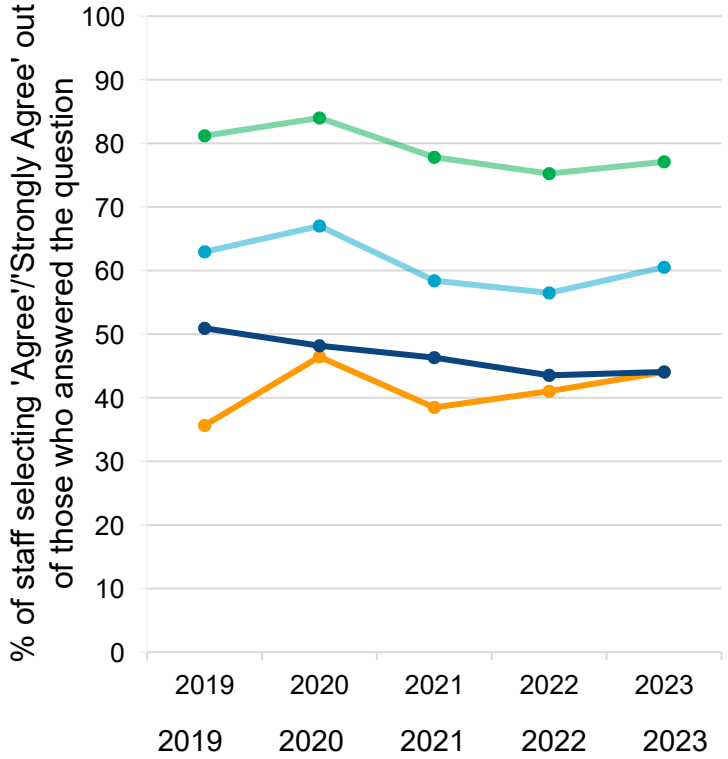
	2019	2020	2021	2022	2023
Your org	50.55%	45.64%	47.70%	49.14%	49.45%
Best result	67.76%	63.68%	61.57%	61.93%	62.79%
Average result	56.56%	55.62%	53.39%	54.84%	56.35%
Worst result	44.73%	45.18%	43.63%	42.93%	46.89%
Responses	4264	3459	4523	4007	3996

Q25a Care of patients / service users is my organisation's top priority.



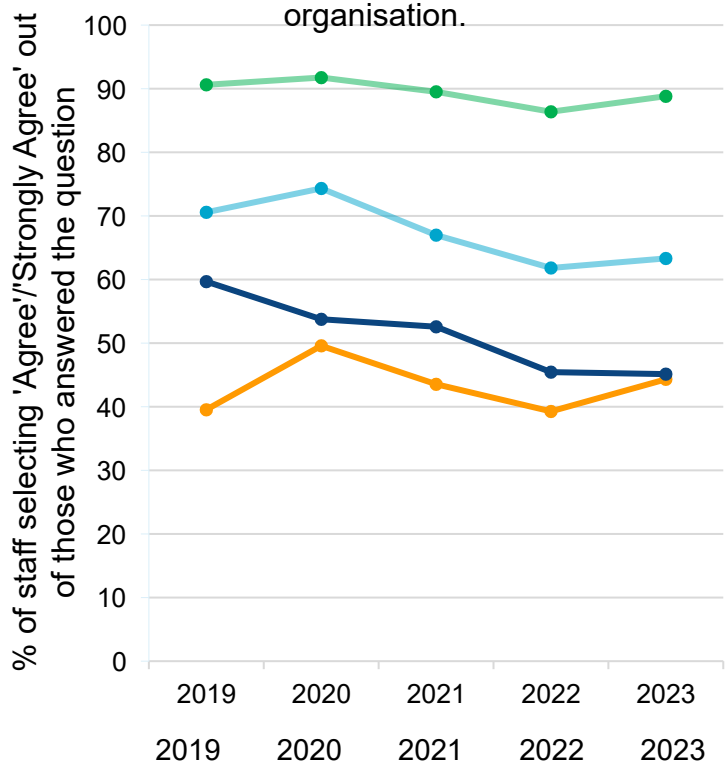
	2019	2020	2021	2022	2023
Your org	69.91%	67.15%	65.11%	62.15%	60.55%
Best result	90.05%	90.77%	89.25%	86.61%	86.57%
Average result	77.64%	79.53%	75.57%	73.56%	74.83%
Worst result	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	4070	3330	4329	3995	3988

Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
Your org	50.92%	48.17%	46.30%	43.53%	44.05%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	4069	3333	4332	3994	3983

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
Your org	59.68%	53.75%	52.58%	45.44%	45.13%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	4069	3331	4330	3996	3985

Survey Coordination Centre

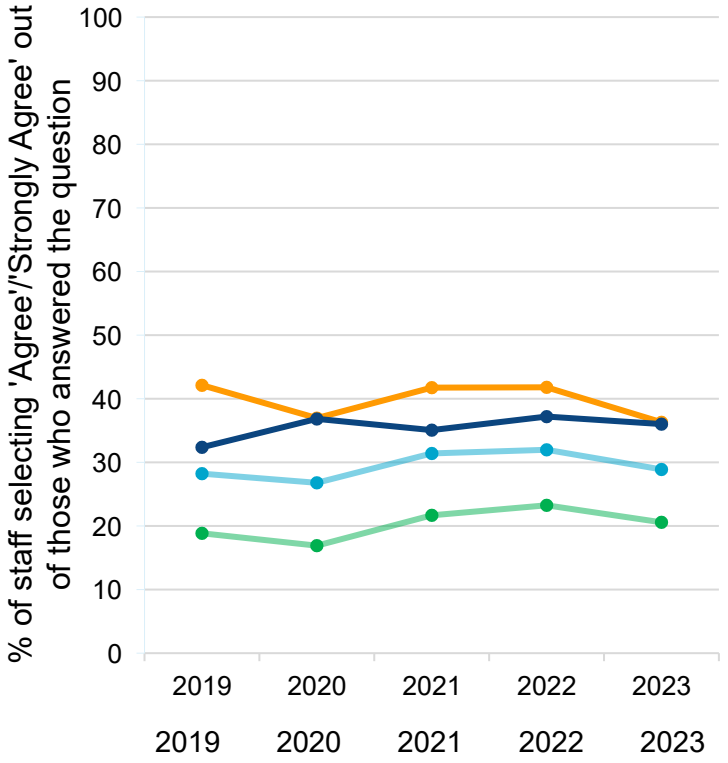
NHS

Theme - Morale

Questions included:
Thinking about leaving – Q26a, Q26b, Q26c
Work pressure – Q3g, Q3h, Q3i
Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

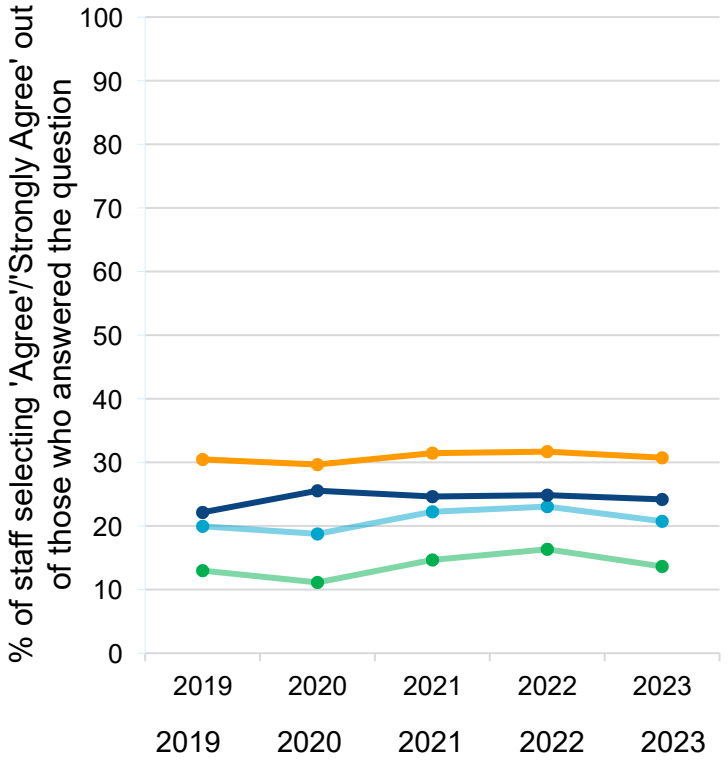
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q26a I often think about leaving this organisation.



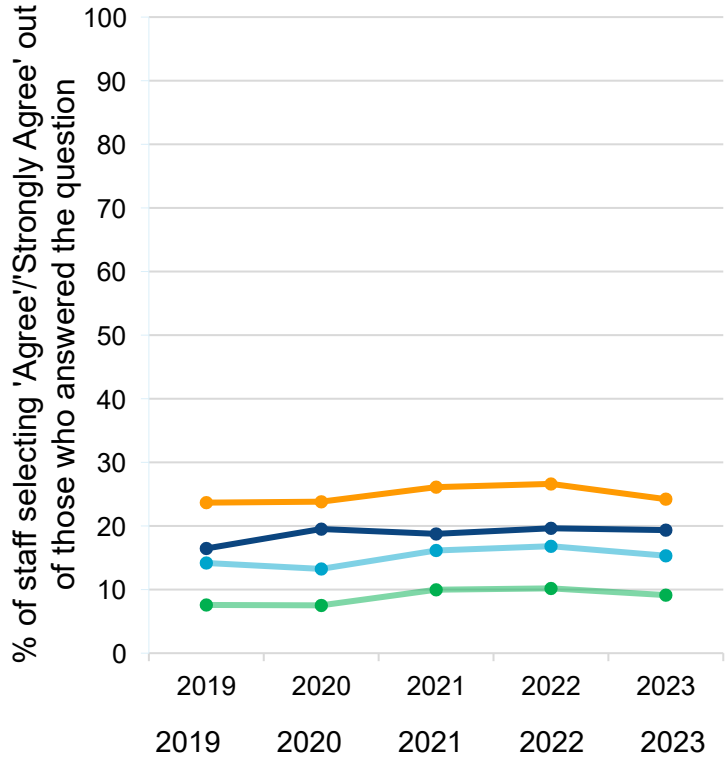
	2019	2020	2021	2022	2023
Your org	32.37%	36.84%	35.07%	37.20%	36.02%
Best result	18.85%	16.90%	21.67%	23.25%	20.57%
Average result	28.22%	26.78%	31.40%	31.98%	28.89%
Worst result	42.13%	36.96%	41.75%	41.80%	36.31%
Responses	4070	3331	4309	3978	3997

Q26b I will probably look for a job at a new organisation in the next 12 months.



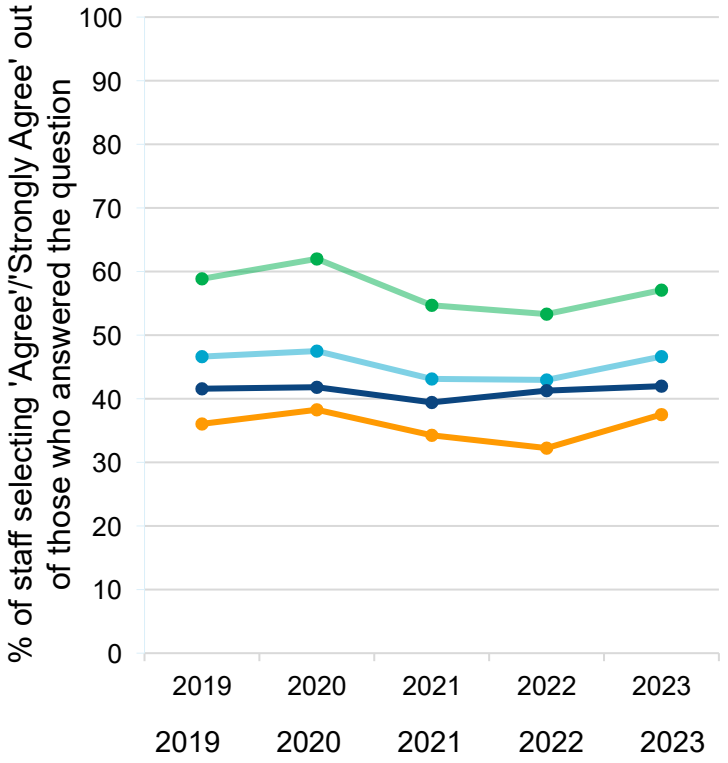
	2019	2020	2021	2022	2023
Your org	22.14%	25.54%	24.63%	24.84%	24.18%
Best result	12.98%	11.12%	14.66%	16.34%	13.63%
Average result	19.95%	18.76%	22.23%	23.05%	20.74%
Worst result	30.46%	29.66%	31.44%	31.68%	30.73%
Responses	4063	3335	4304	3978	3996

Q26c As soon as I can find another job, I will leave this organisation.



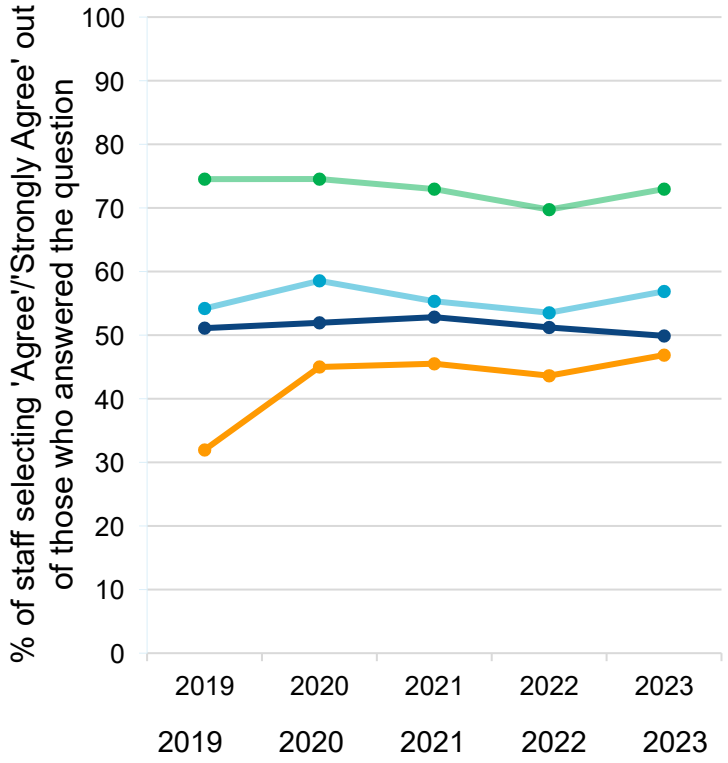
	2019	2020	2021	2022	2023
Your org	16.46%	19.52%	18.76%	19.63%	19.35%
Best result	7.58%	7.52%	9.98%	10.19%	9.13%
Average result	14.18%	13.25%	16.14%	16.82%	15.32%
Worst result	23.67%	23.82%	26.10%	26.61%	24.21%
Responses	4060	3333	4305	3973	3991

Q3g I am able to meet all the conflicting demands on my time at work.



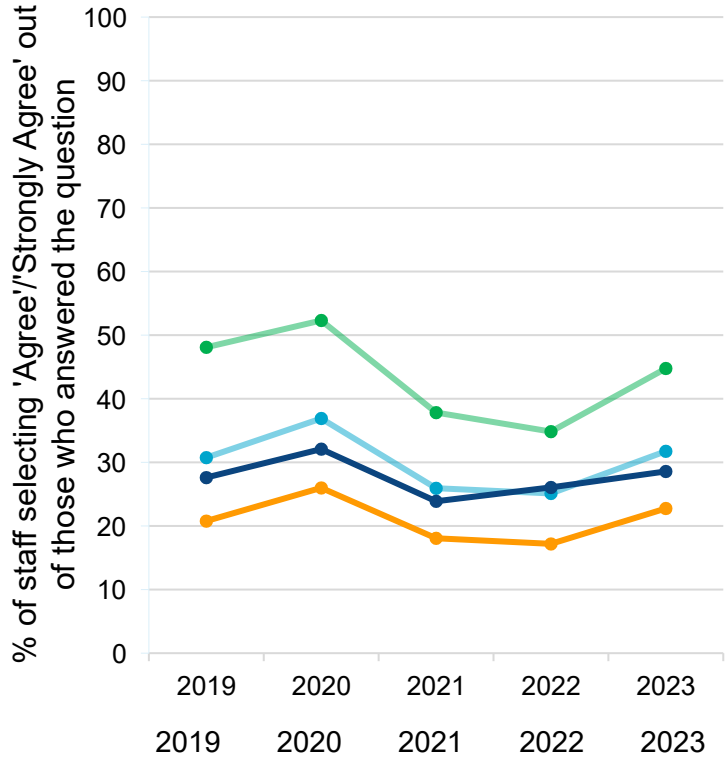
	2019	2020	2021	2022	2023
Your org	41.58%	41.81%	39.43%	41.28%	41.98%
Best result	58.86%	61.99%	54.69%	53.31%	57.08%
Average result	46.63%	47.50%	43.12%	42.96%	46.63%
Worst result	36.05%	38.27%	34.26%	32.24%	37.52%
Responses	4247	3454	4520	4011	3990

Q3h I have adequate materials, supplies and equipment to do my work.



	2019	2020	2021	2022	2023
Your org	51.10%	51.94%	52.82%	51.21%	49.89%
Best result	74.53%	74.54%	72.96%	69.73%	72.97%
Average result	54.19%	58.54%	55.33%	53.52%	56.88%
Worst result	31.96%	44.99%	45.51%	43.63%	46.87%
Responses	4255	3454	4519	4008	3995

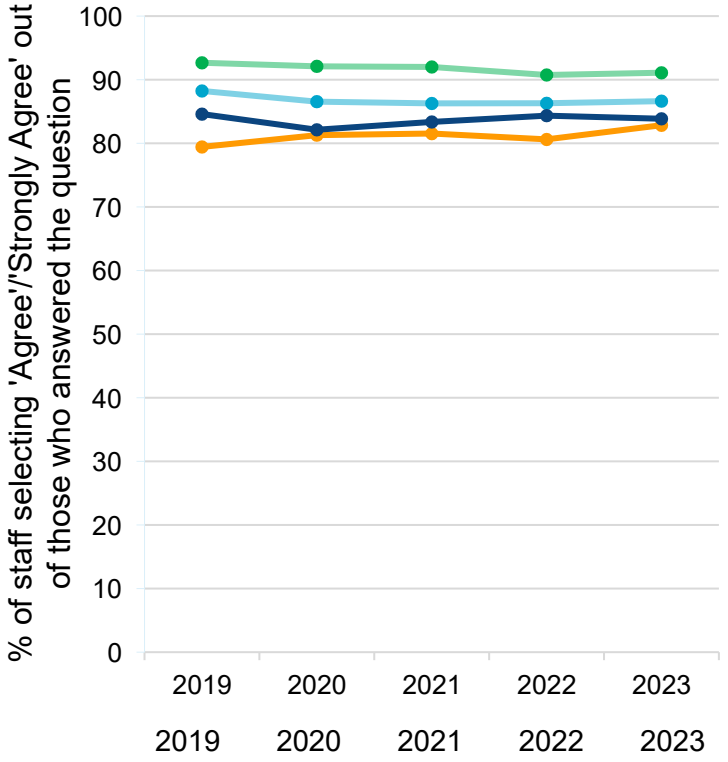
Q3i There are enough staff at this organisation for me to do my job properly.



	2019	2020	2021	2022	2023
Your org	27.62%	32.08%	23.88%	26.07%	28.57%
Best result	48.09%	52.30%	37.83%	34.84%	44.76%
Average result	30.74%	36.89%	25.94%	25.11%	31.75%
Worst result	20.78%	25.99%	18.06%	17.19%	22.75%
Responses	4257	3454	4516	4012	3999

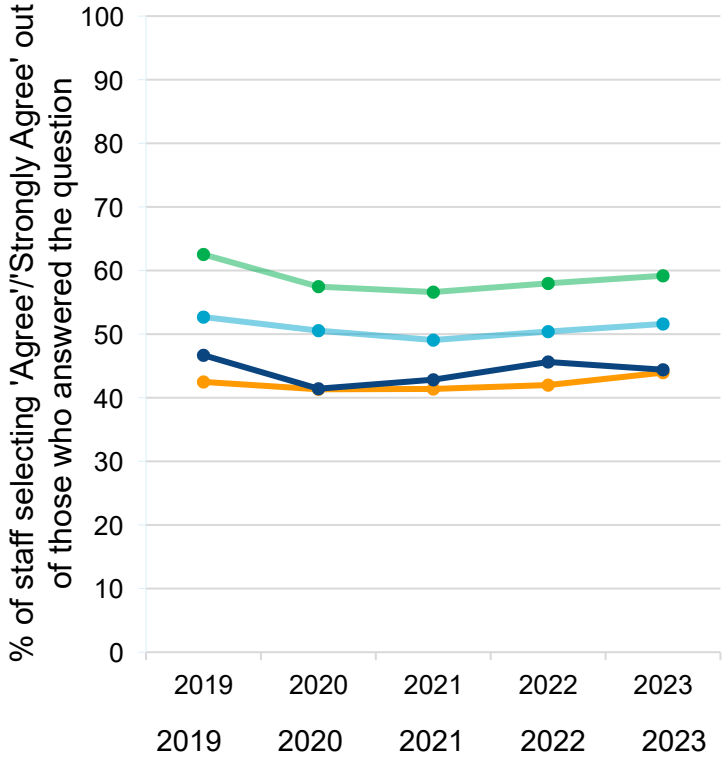
Survey Coordination Centre NHS

Q3a I always know what my work responsibilities are.



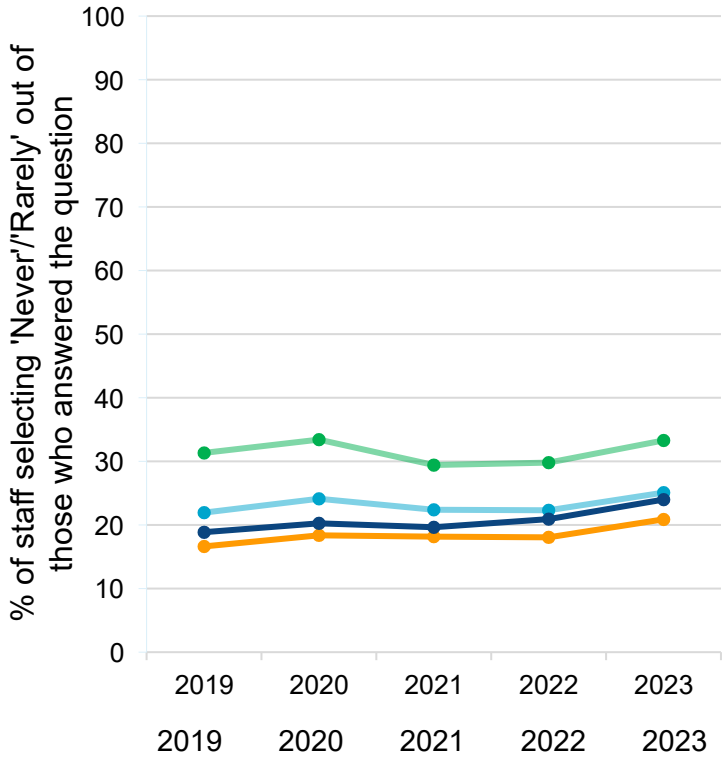
	2019	2020	2021	2022	2023
Your org	84.60%	82.13%	83.36%	84.35%	83.86%
Best result	92.66%	92.10%	92.01%	90.74%	91.10%
Average result	88.24%	86.55%	86.28%	86.30%	86.63%
Worst result	79.44%	81.28%	81.54%	80.62%	82.84%
Responses	4266	3500	4501	3994	4000

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



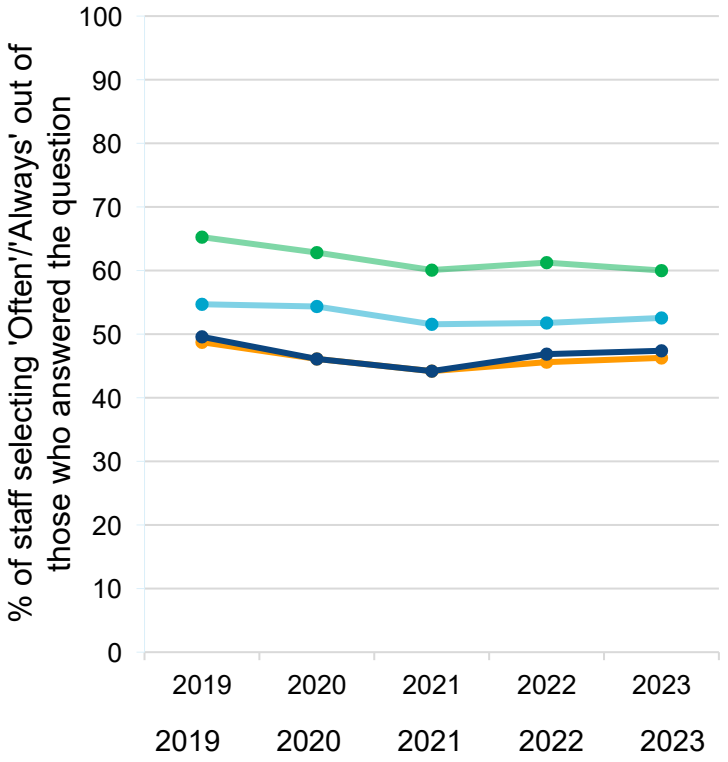
	2019	2020	2021	2022	2023
Your org	46.69%	41.42%	42.84%	45.62%	44.41%
Best result	62.53%	57.46%	56.61%	57.98%	59.18%
Average result	52.69%	50.55%	49.07%	50.41%	51.60%
Worst result	42.49%	41.33%	41.38%	41.99%	43.95%
Responses	4266	3460	4521	4009	3995

Q5a I have unrealistic time pressures.



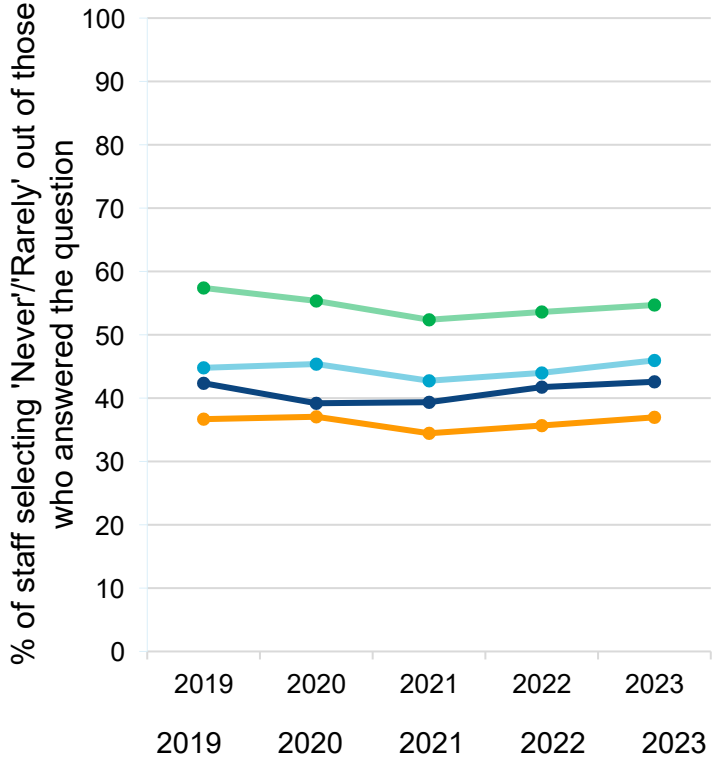
	2019	2020	2021	2022	2023
Your org	18.86%	20.25%	19.64%	20.92%	23.99%
Best result	31.33%	33.42%	29.43%	29.80%	33.29%
Average result	21.94%	24.12%	22.39%	22.31%	25.08%
Worst result	16.62%	18.37%	18.16%	18.05%	20.88%
Responses	4201	3439	4484	4002	3997

Q5b I have a choice in deciding how to do my work.



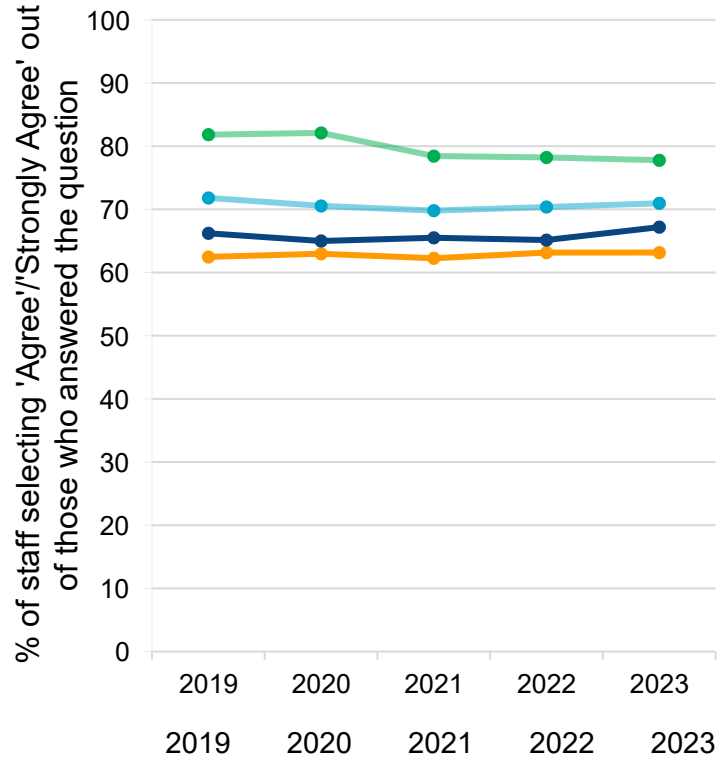
	2019	2020	2021	2022	2023
Your org	49.58%	46.10%	44.18%	46.86%	47.38%
Best result	65.25%	62.83%	60.08%	61.24%	60.00%
Average result	54.70%	54.35%	51.55%	51.76%	52.55%
Worst result	48.73%	46.10%	44.18%	45.59%	46.27%
Responses	4199	3439	4487	4004	3993

Q5c Relationships at work are strained.



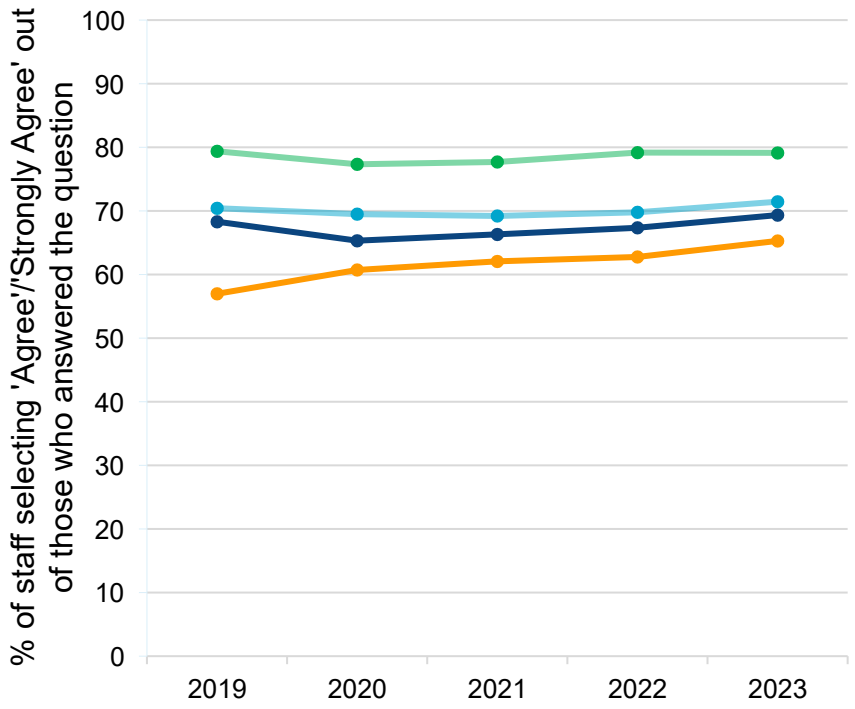
	2019	2020	2021	2022	2023
Your org	42.35%	39.19%	39.36%	41.74%	42.58%
Best result	57.40%	55.35%	52.37%	53.60%	54.70%
Average result	44.78%	45.38%	42.74%	43.99%	45.96%
Worst result	36.68%	37.06%	34.45%	35.67%	36.97%
Responses	4196	3437	4490	4004	3987

Q7c I receive the respect I deserve from my colleagues at work.



	2019	2020	2021	2022	2023
Your org	66.21%	64.99%	65.50%	65.14%	67.18%
Best result	81.82%	82.10%	78.44%	78.22%	77.78%
Average result	71.82%	70.56%	69.80%	70.37%	70.96%
Worst result	62.48%	62.97%	62.26%	63.16%	63.16%
Responses	4265	3465	4473	4012	4001

Q9a My immediate manager encourages me at work.



	2019	2020	2021	2022	2023
Your org	68.31%	65.32%	66.32%	67.35%	69.35%
Best result	79.38%	77.33%	77.69%	79.17%	79.13%
Average result	70.43%	69.49%	69.21%	69.78%	71.45%
Worst result	56.97%	60.71%	62.07%	62.76%	65.29%
Responses	4169	3412	4433	4012	4002

Question not linked to People Promise elements or themes

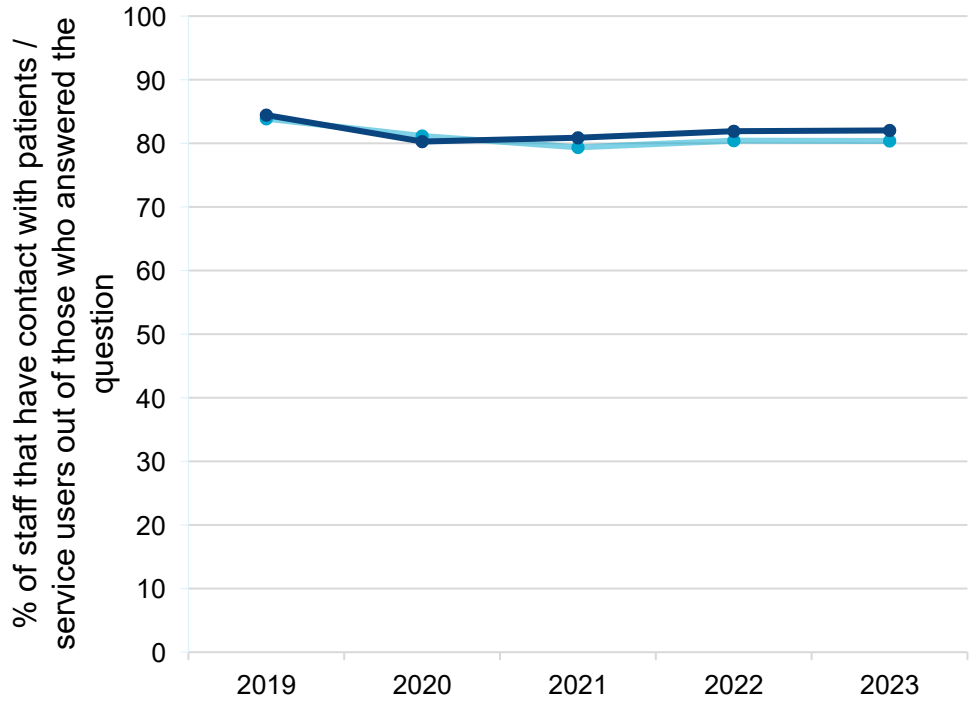
Questions included:*

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. These questions do not contribute to any score or sub-score calculations.

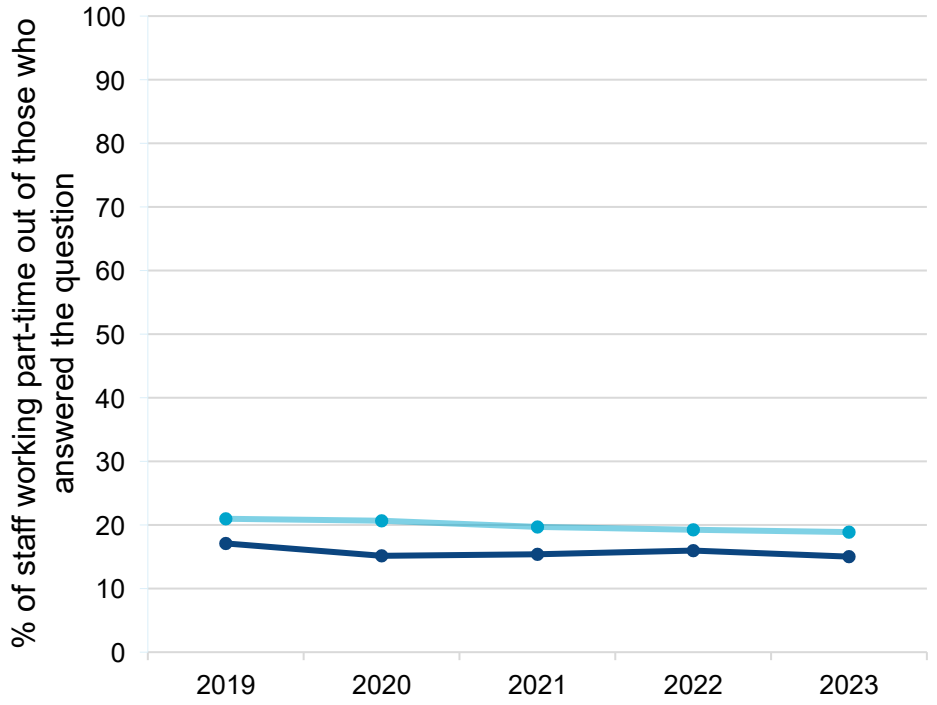
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



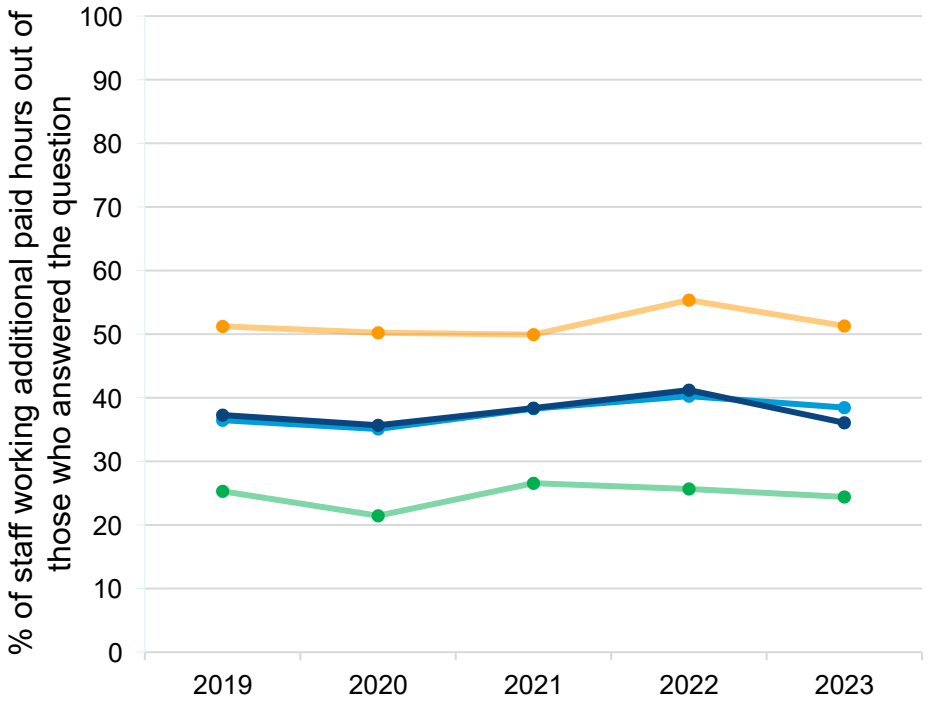
	2019	2020	2021	2022	2023
Your org	84.44%	80.28%	80.88%	81.91%	82.02%
Average	83.86%	81.16%	79.36%	80.42%	80.37%
Responses	4267	3534	4560	3996	3994

Q10a How many hours a week are you contracted to work?



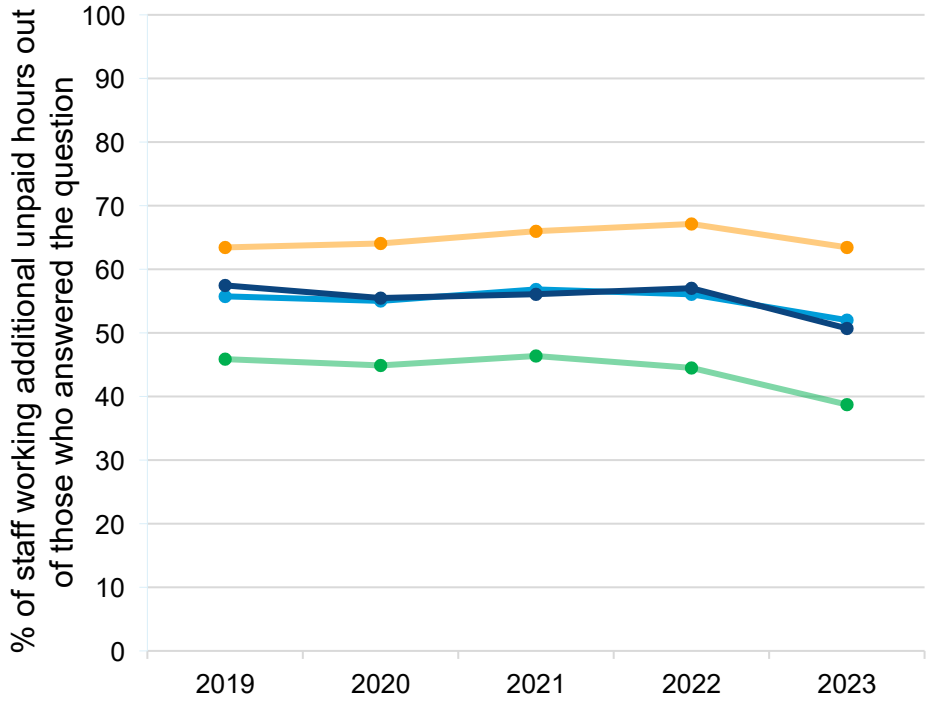
	2019	2020	2021	2022	2023
Your org	17.10%	15.15%	15.39%	15.97%	15.02%
Average	20.97%	20.66%	19.69%	19.24%	18.88%
Responses	4147	3380	4334	3938	3908

Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



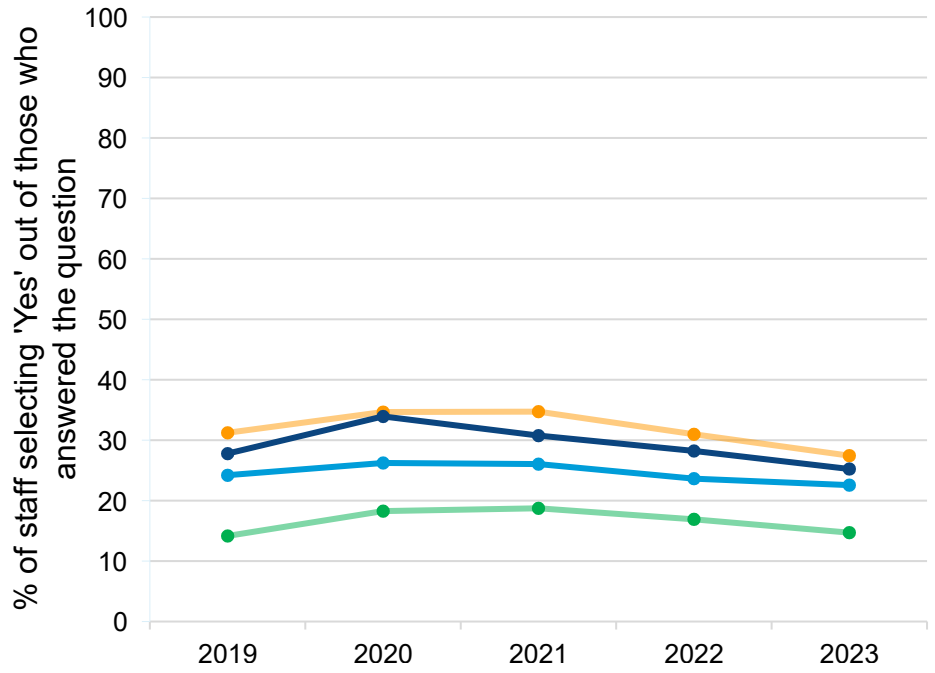
	2019	2020	2021	2022	2023
Your org	37.28%	35.67%	38.37%	41.20%	36.06%
Lowest	25.29%	21.45%	26.56%	25.66%	24.41%
Average	36.47%	35.09%	38.29%	40.25%	38.45%
Highest	51.23%	50.22%	49.92%	55.35%	51.29%
Responses	4150	3406	4406	3992	3975

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



	2019	2020	2021	2022	2023
Your org	57.46%	55.48%	56.08%	57.02%	50.71%
Lowest	45.87%	44.88%	46.37%	44.50%	38.73%
Average	55.74%	55.02%	56.83%	56.06%	52.00%
Highest	63.43%	64.06%	65.99%	67.12%	63.45%
Responses	4140	3402	4404	3998	3971

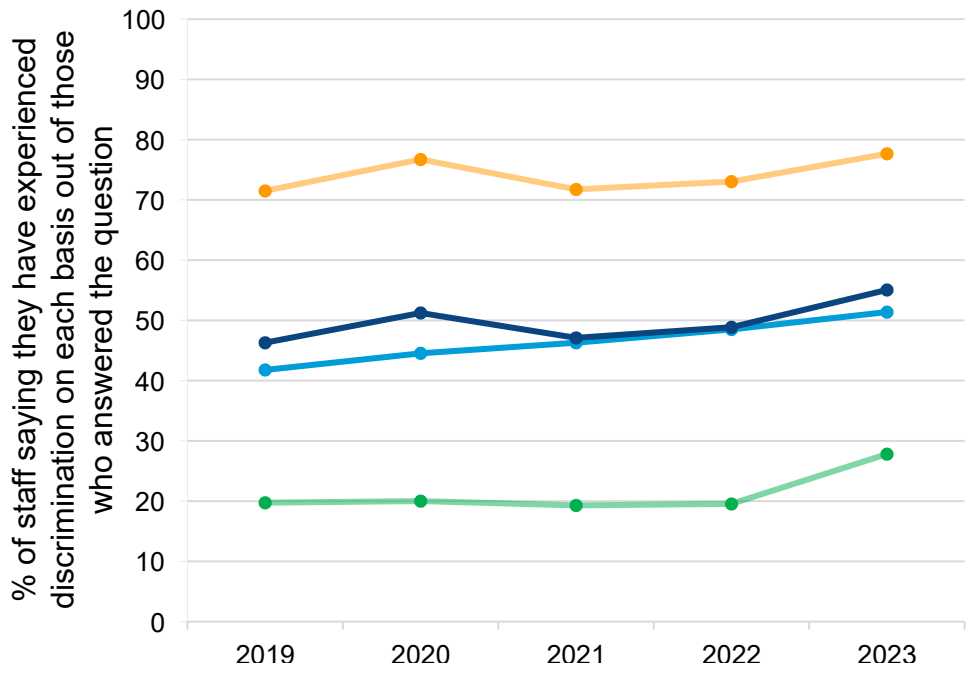
Q11e* Have you felt pressure from your manager to come to work?



	2019	2020	2021	2022	2023
Your org	27.79%	33.93%	30.77%	28.22%	25.23%
Best result	14.16%	18.27%	18.73%	16.91%	14.70%
Average result	24.21%	26.23%	26.05%	23.64%	22.57%
Worst result	31.23%	34.66%	34.72%	30.98%	27.44%
Responses	2501	1728	2458	2274	2214

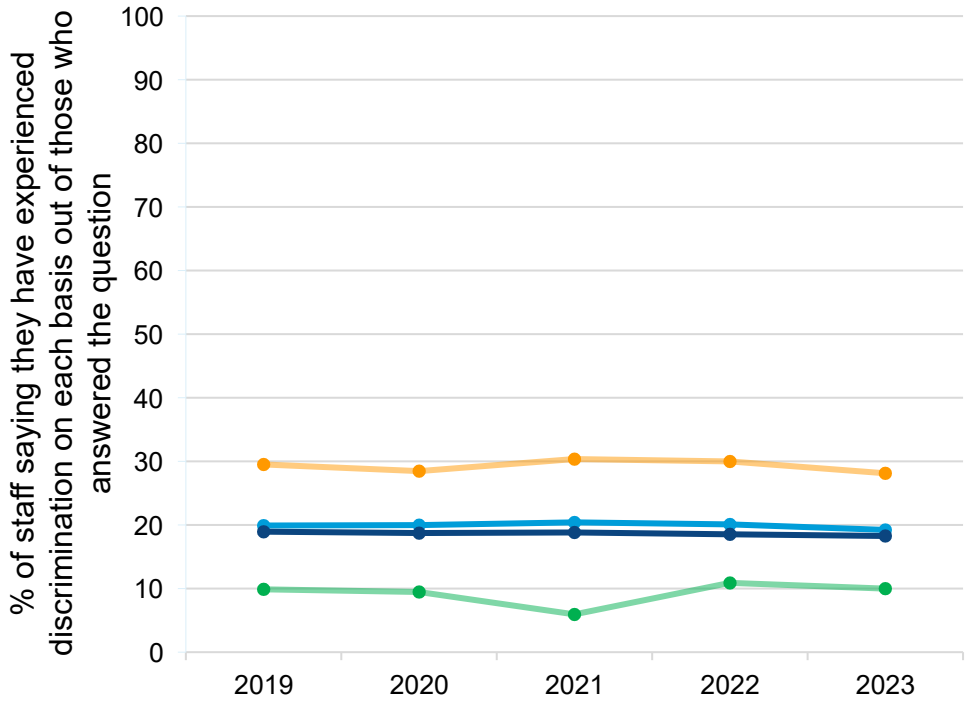
*Q11e is only answered by staff who responded 'Yes' to Q11d.

Q16c.1 On what grounds have you experienced discrimination? - Ethnic background.



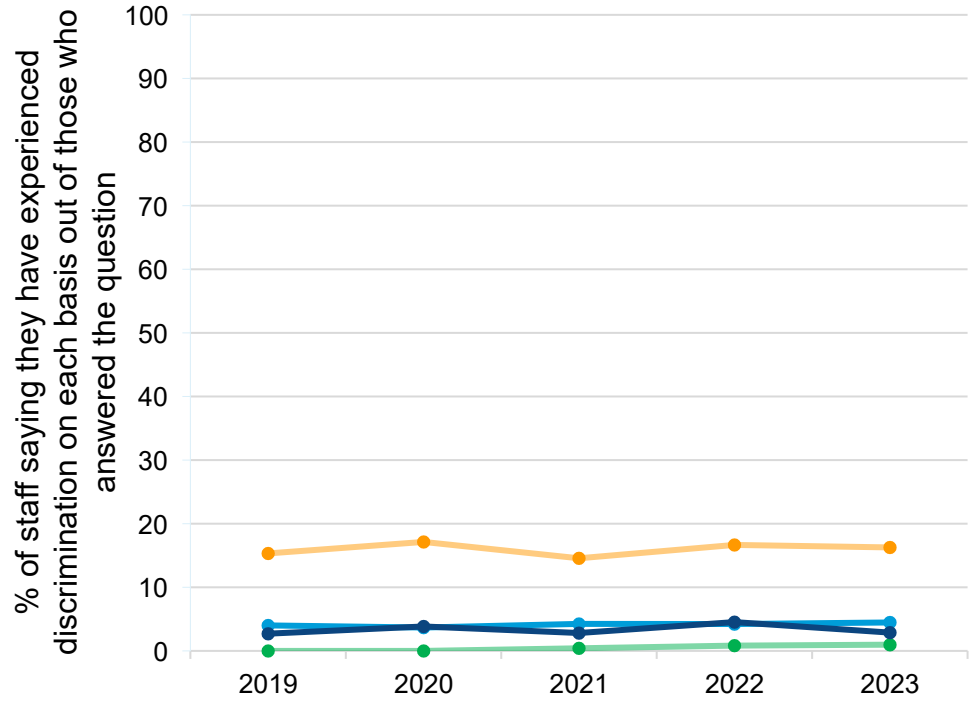
	2019	2020	2021	2022	2023
Your org	46.30%	51.23%	47.10%	48.87%	55.05%
Best result	19.75%	20.01%	19.29%	19.55%	27.81%
Average result	41.77%	44.53%	46.29%	48.50%	51.38%
Worst result	71.50%	76.72%	71.74%	73.03%	77.66%
Responses	552	480	642	642	631

Q16c.2 On what grounds have you experienced discrimination? – Gender.



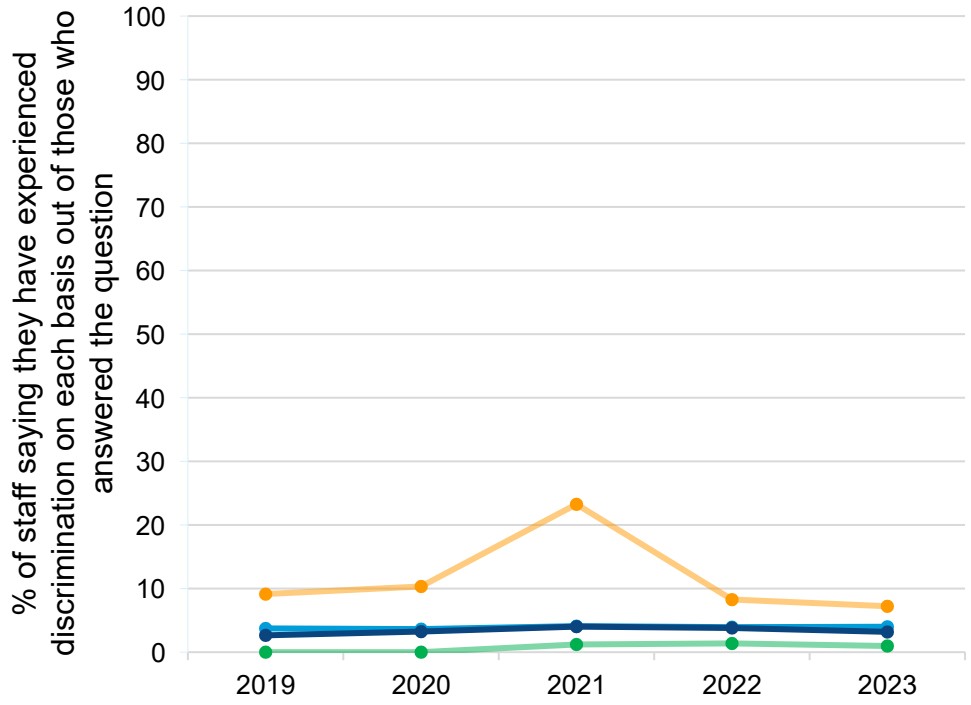
	2019	2020	2021	2022	2023
Your org	18.94%	18.73%	18.82%	18.53%	18.27%
Best result	9.88%	9.46%	5.94%	10.90%	9.99%
Average result	19.91%	19.98%	20.41%	20.09%	19.22%
Worst result	29.51%	28.46%	30.36%	29.99%	28.12%
Responses	552	480	642	642	631

Q16c.3 On what grounds have you experienced discrimination? – Religion.



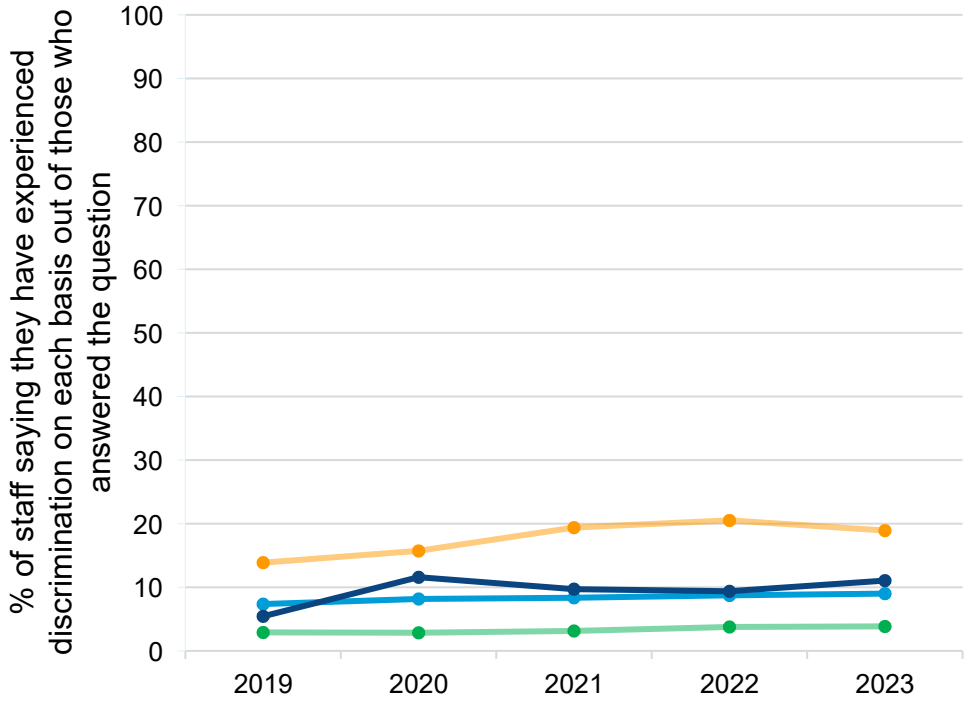
	2019	2020	2021	2022	2023
Your org	2.71%	3.84%	2.81%	4.53%	2.88%
Best result	0.00%	0.00%	0.41%	0.83%	0.98%
Average result	4.01%	3.68%	4.25%	4.23%	4.47%
Worst result	15.33%	17.13%	14.56%	16.66%	16.27%
Responses	552	480	642	642	631

Q16c.4 On what grounds have you experienced discrimination? – Sexual orientation.



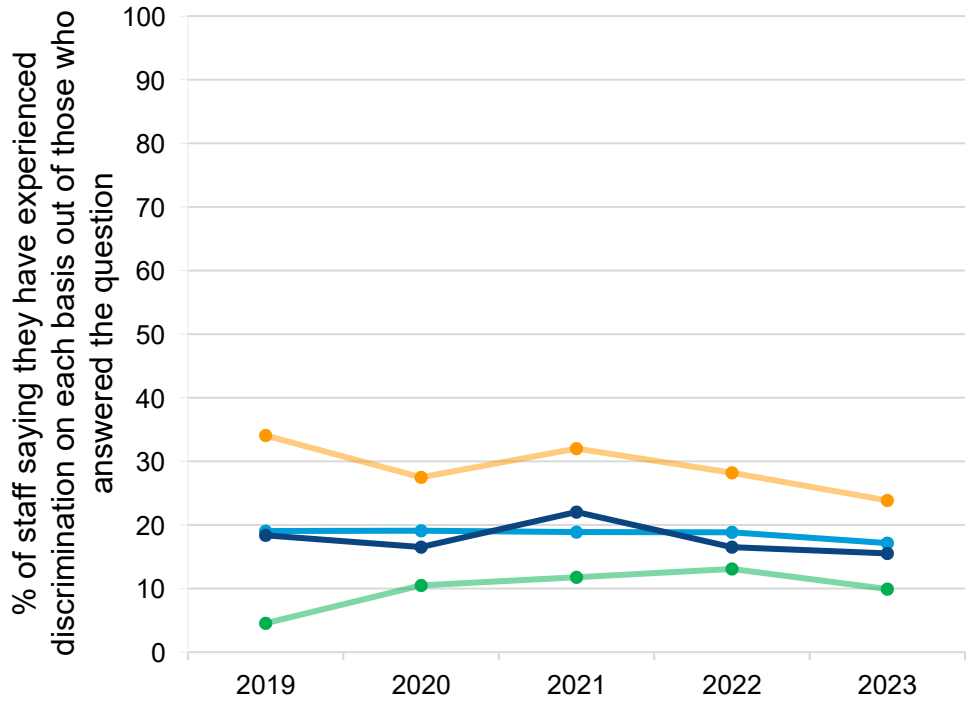
	2019	2020	2021	2022	2023
Your org	2.65%	3.24%	4.02%	3.80%	3.19%
Best result	0.00%	0.00%	1.21%	1.38%	0.97%
Average result	3.74%	3.63%	4.09%	3.93%	4.00%
Worst result	9.14%	10.33%	23.26%	8.28%	7.22%
Responses	552	480	642	642	631

Q16c.5 On what grounds have you experienced discrimination? – Disability.



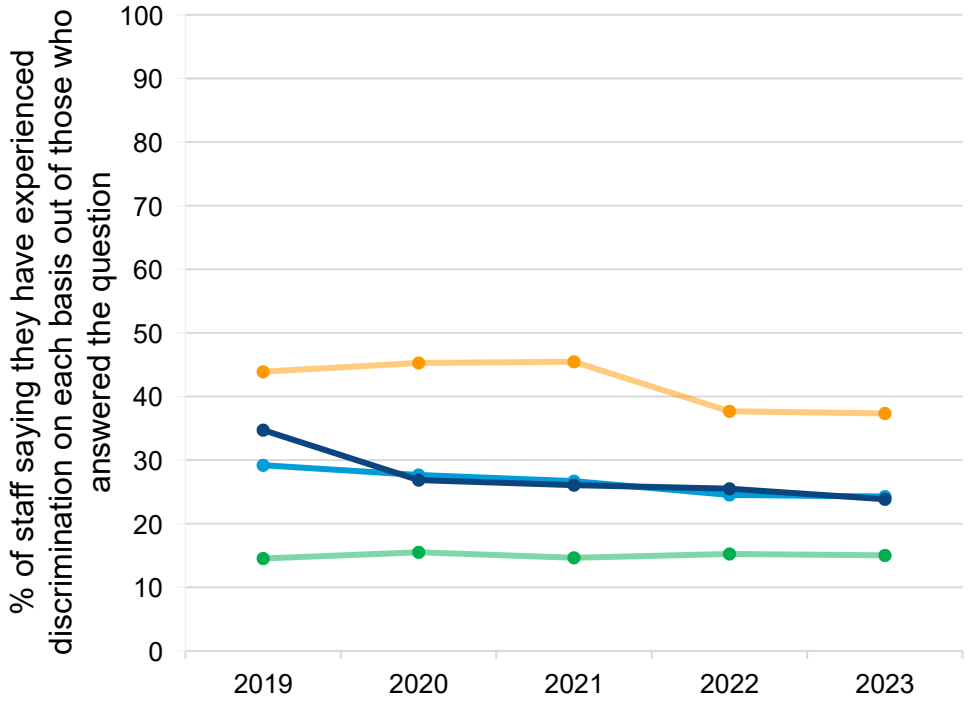
	2019	2020	2021	2022	2023
Your org	5.44%	11.59%	9.71%	9.38%	11.05%
Best result	2.91%	2.86%	3.14%	3.77%	3.86%
Average result	7.37%	8.17%	8.36%	8.74%	9.01%
Worst result	13.87%	15.73%	19.39%	20.53%	18.93%
Responses	552	480	642	642	631

Q16c.6 On what grounds have you experienced discrimination? – Age.



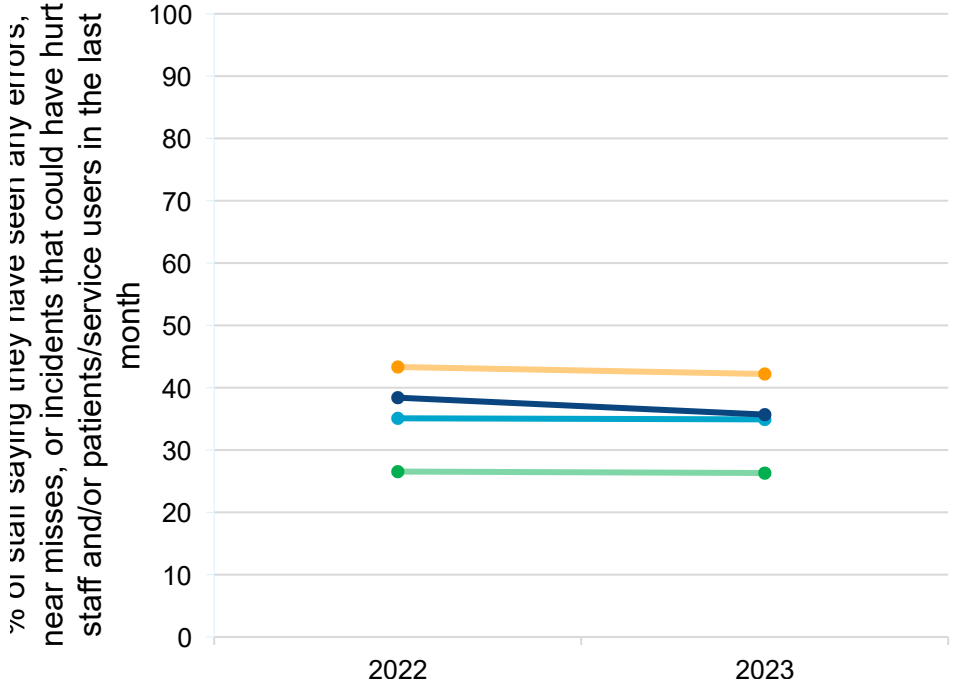
	2019	2020	2021	2022	2023
Your org	18.37%	16.53%	22.04%	16.51%	15.53%
Best result	4.55%	10.50%	11.78%	13.08%	9.92%
Average result	19.05%	19.09%	18.89%	18.84%	17.15%
Worst result	34.06%	27.49%	32.01%	28.20%	23.85%
Responses	552	480	642	642	631

Q16c.7 On what grounds have you experienced discrimination? – Other.



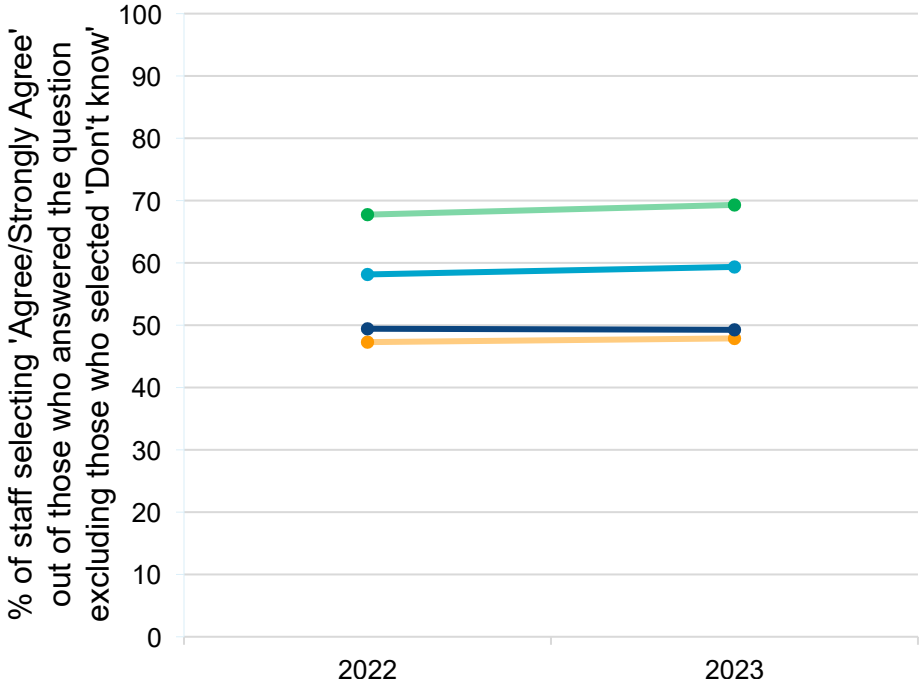
	2019	2020	2021	2022	2023
Your org	34.72%	26.86%	26.06%	25.50%	23.85%
Best result	14.53%	15.51%	14.64%	15.24%	15.03%
Average result	29.20%	27.66%	26.69%	24.52%	24.27%
Worst result	43.90%	45.27%	45.46%	37.68%	37.34%
Responses	552	480	642	642	631

Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



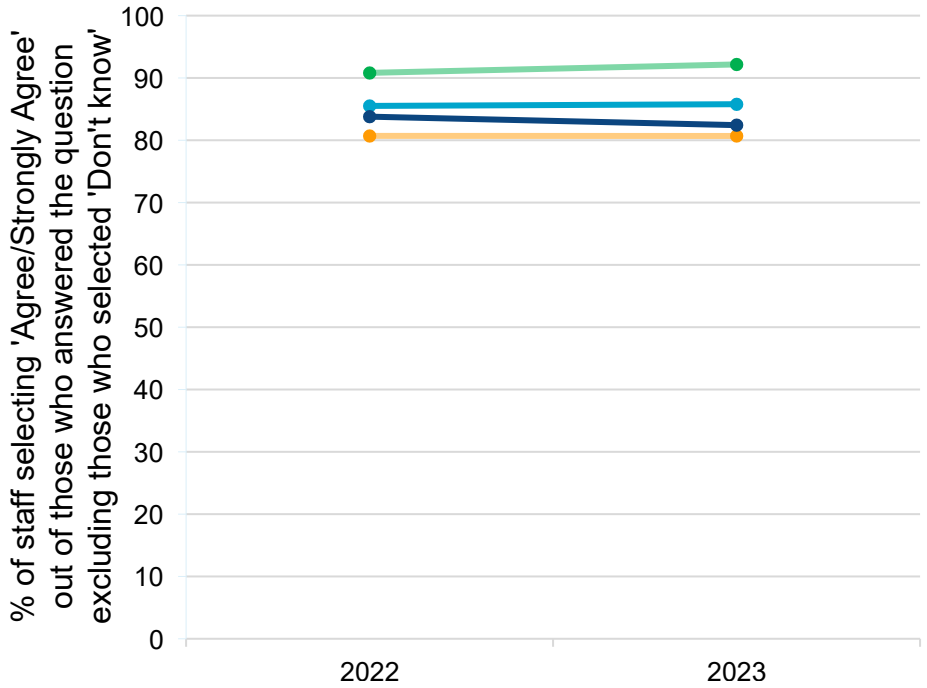
	2022	2023
Your org	38.40%	35.68%
Best result	26.54%	26.31%
Average result	35.09%	34.92%
Worst result	43.33%	42.20%
Responses	3922	3922

Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.



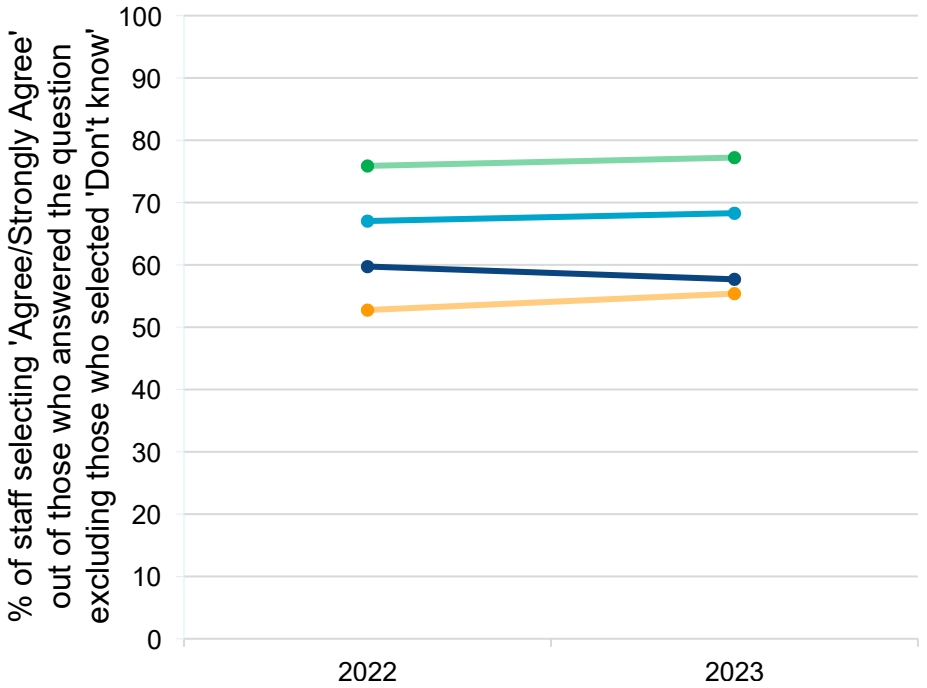
	2022	2023
Your org	49.43%	49.26%
Best result	67.74%	69.31%
Average result	58.15%	59.36%
Worst result	47.28%	47.88%
Responses	3035	2964

Q19b My organisation encourages us to report errors, near misses or incidents.



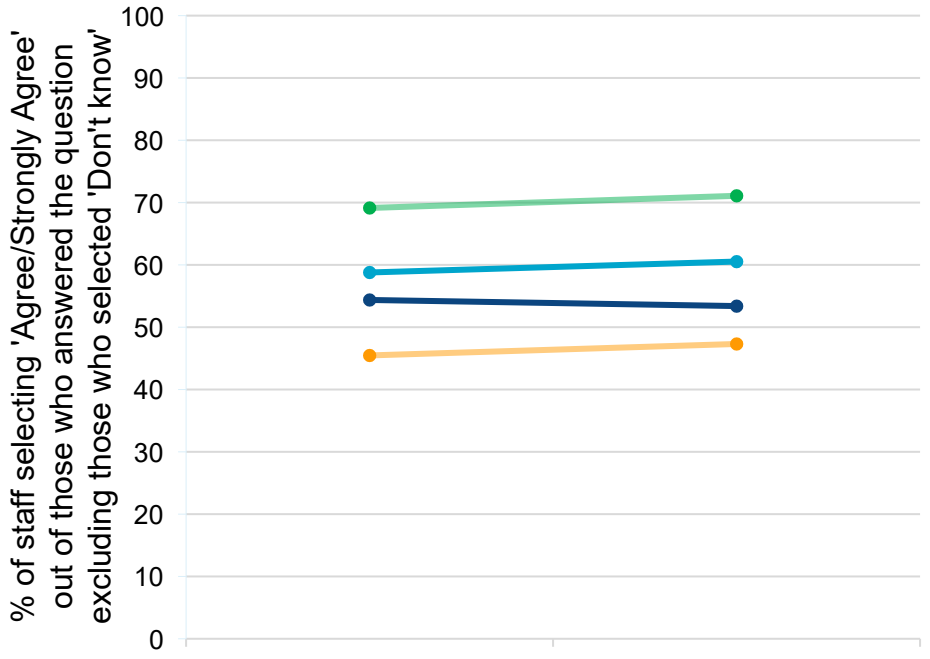
	2022	2023
Your org	83.79%	82.43%
Best result	90.82%	92.17%
Average result	85.51%	85.79%
Worst result	80.70%	80.69%
Responses	3837	3825

Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



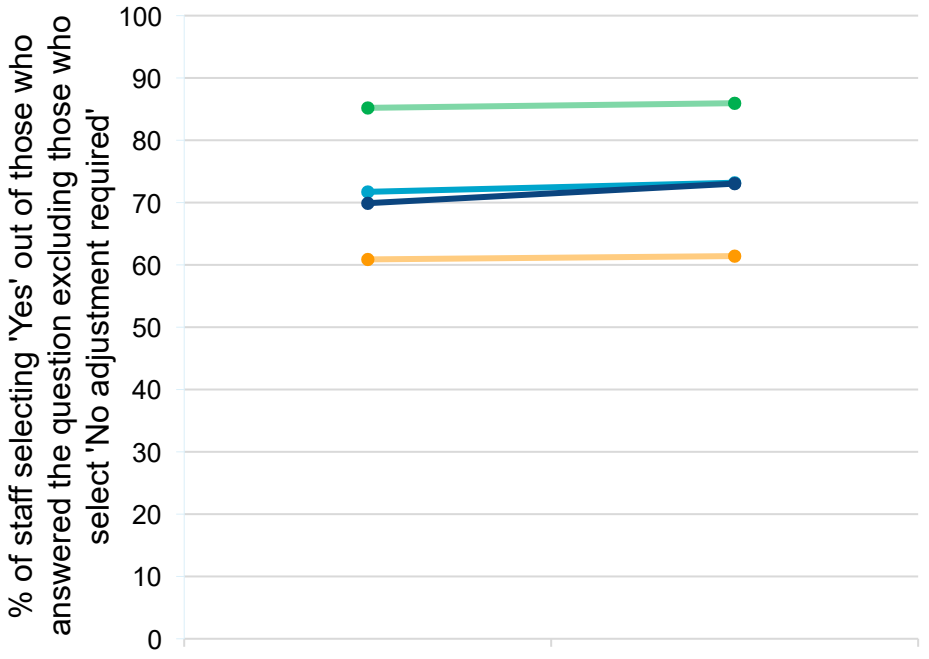
	2022	2023
Your org	59.74%	57.69%
Best result	75.89%	77.22%
Average result	67.04%	68.30%
Worst result	52.76%	55.39%
Responses	3487	3491

Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.



	2022	2023
Your org	54.37%	53.39%
Best result	69.13%	71.09%
Average result	58.78%	60.53%
Worst result	45.47%	47.31%
Responses	3518	3534

Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?

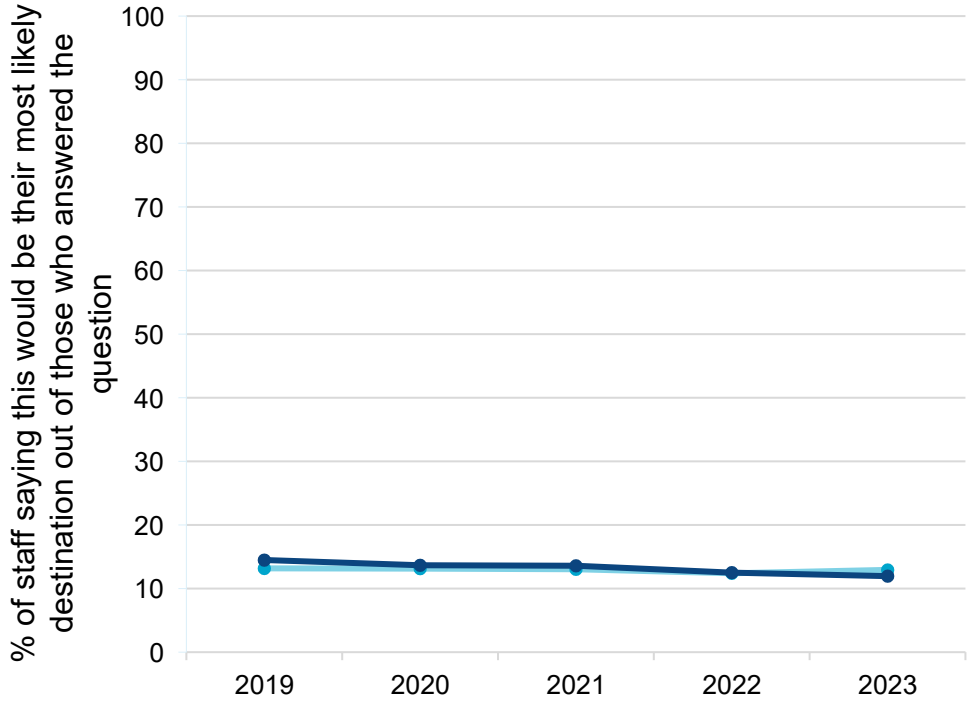


	2022	2023
Your org	69.90%	73.04%
Best result	85.20%	85.95%
Average result	71.72%	73.19%
Worst result	60.88%	61.41%
Responses	513	593

Survey Coordination Centre

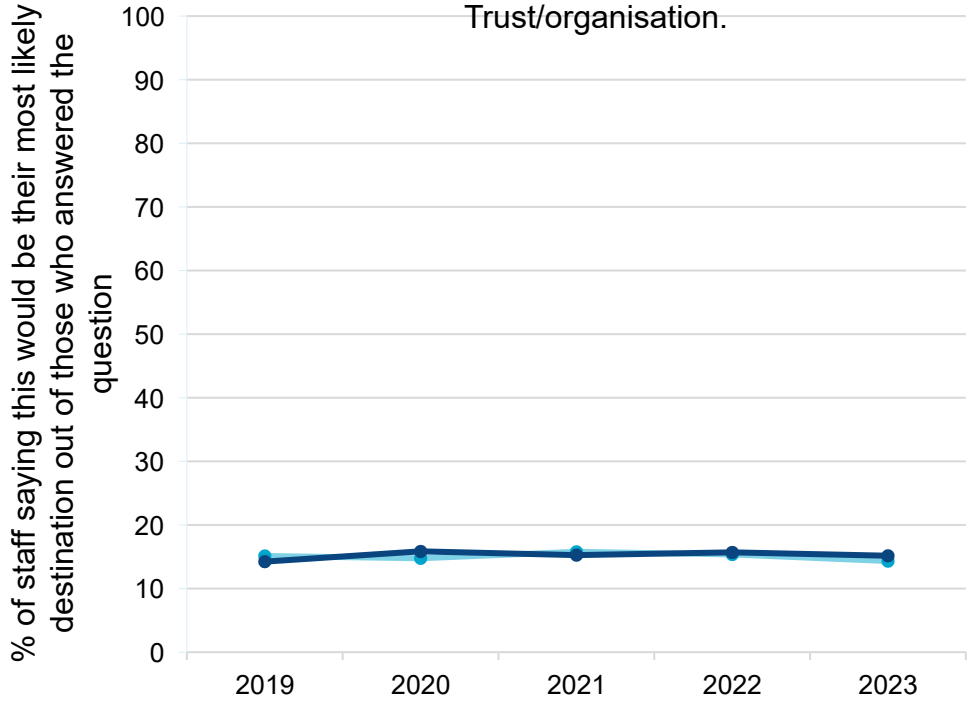
NHS

Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



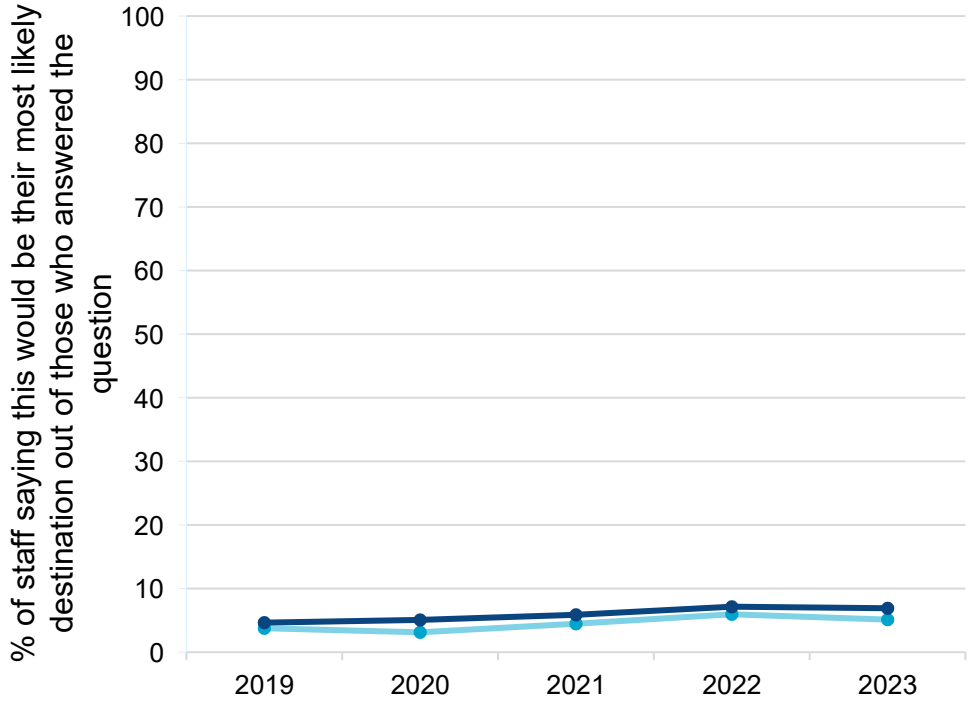
	2019	2020	2021	2022	2023
Your org	14.49%	13.67%	13.59%	12.50%	11.95%
Average	13.18%	13.13%	13.04%	12.40%	12.94%
Responses	3941	3293	4136	3791	3865

Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



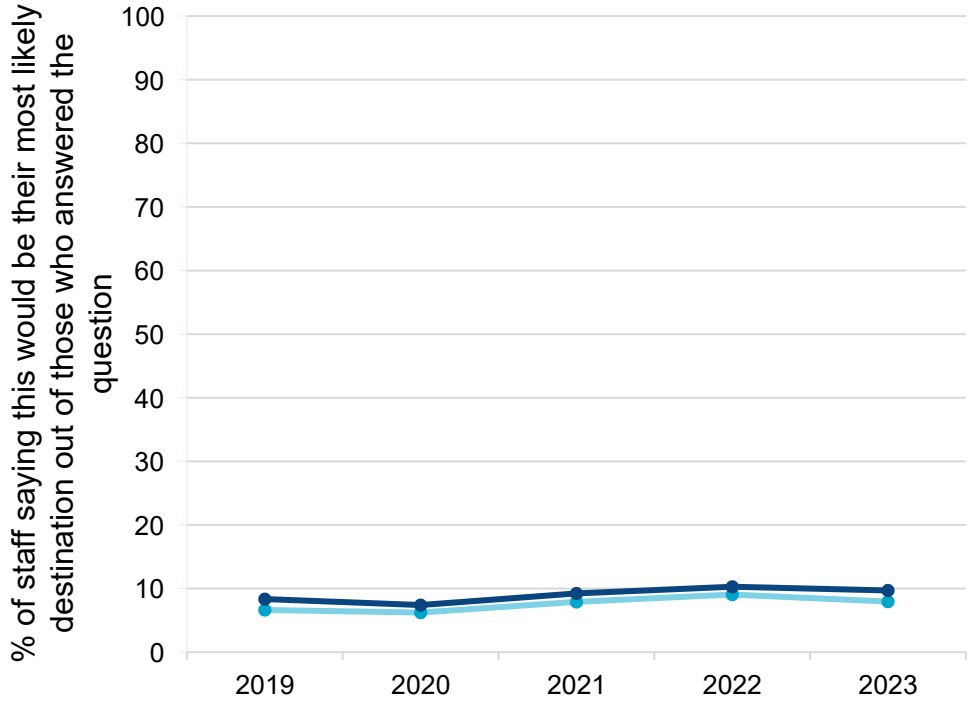
	2019	2020	2021	2022	2023
Your org	14.23%	15.85%	15.26%	15.70%	15.16%
Average	15.12%	14.76%	15.78%	15.37%	14.32%
Responses	3941	3293	4136	3791	3865

Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



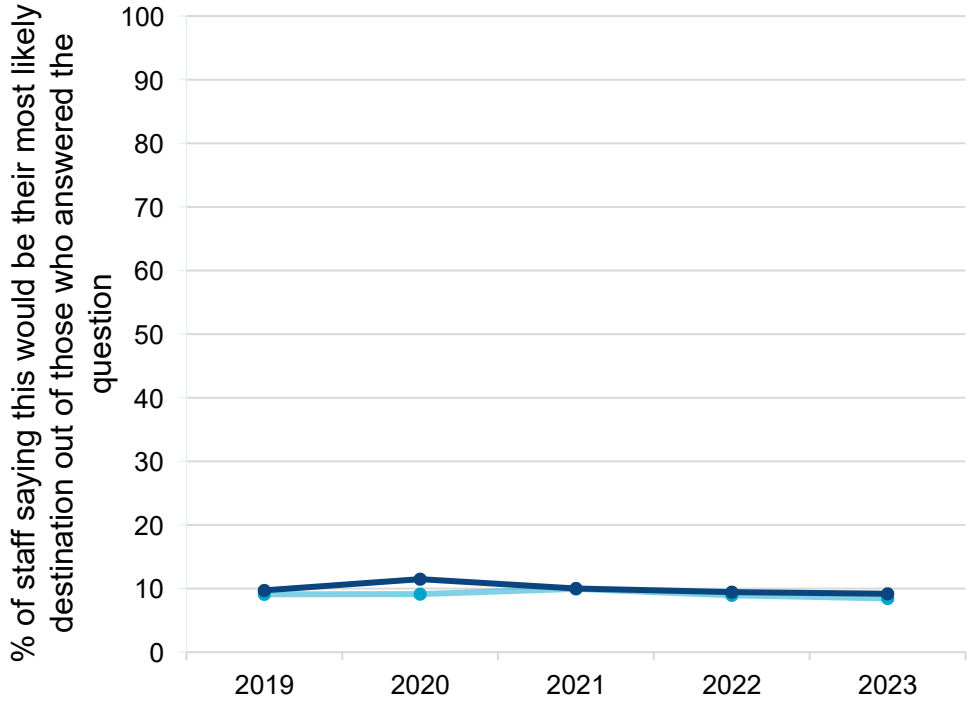
	2019	2020	2021	2022	2023
Your org	4.64%	5.07%	5.88%	7.15%	6.91%
Average	3.76%	3.12%	4.47%	5.95%	5.12%
Responses	3941	3293	4136	3791	3865

Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



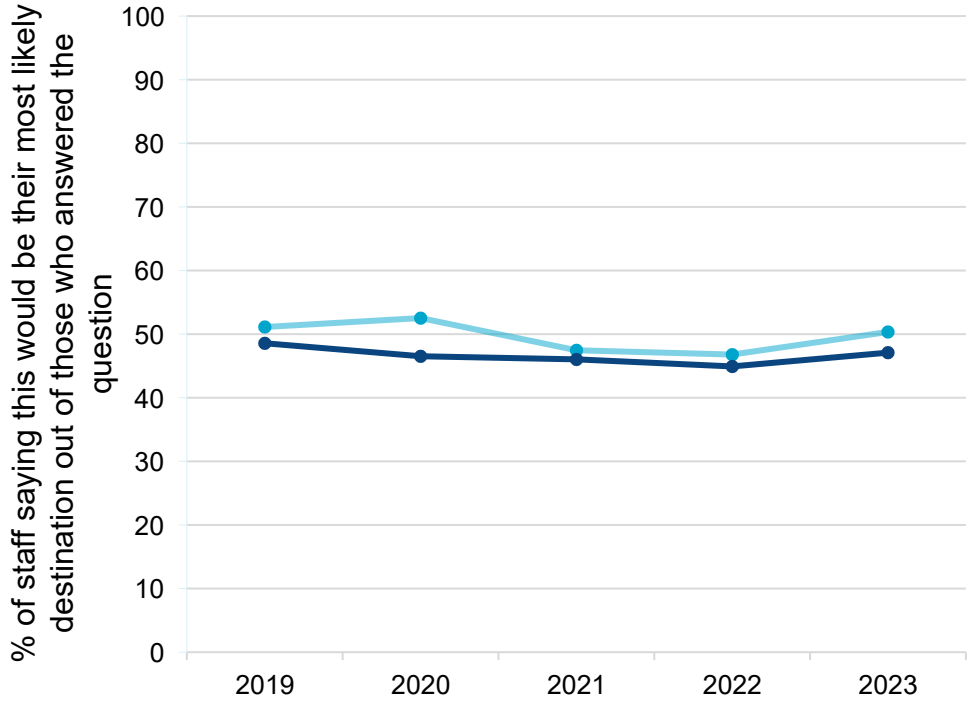
	2019	2020	2021	2022	2023
Your org	8.35%	7.41%	9.24%	10.29%	9.70%
Average	6.63%	6.23%	7.91%	9.06%	7.96%
Responses	3941	3293	4136	3791	3865

Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



	2019	2020	2021	2022	2023
Your org	9.72%	11.48%	10.01%	9.44%	9.18%
Average	9.09%	9.13%	9.95%	8.94%	8.45%
Responses	3941	3293	4136	3791	3865

Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



	2019	2020	2021	2022	2023
Your org	48.57%	46.52%	46.03%	44.92%	47.09%
Average	51.12%	52.53%	47.46%	46.79%	50.34%
Responses	3941	3293	4136	3791	3865

Survey Coordination Centre

NHS

Workforce Equality Standards

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2019-2023 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2019-2023 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word ‘adequate’ was updated to ‘reasonable’.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Workforce Equality Standards

Survey Coordination Centre NHS

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
		For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other

Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
		For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

Survey Coordination Centre

NHS

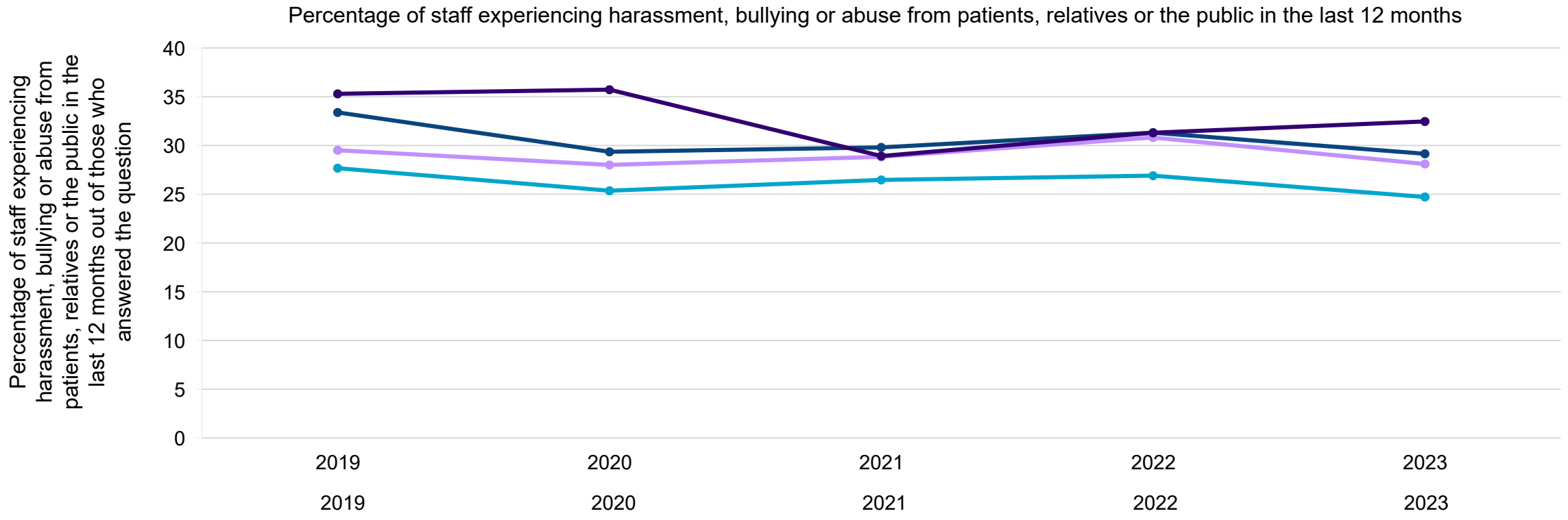
Workforce Race Equality Standards (WRES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WRES charts are unweighted.
Averages are calculated as the median for the benchmark group.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

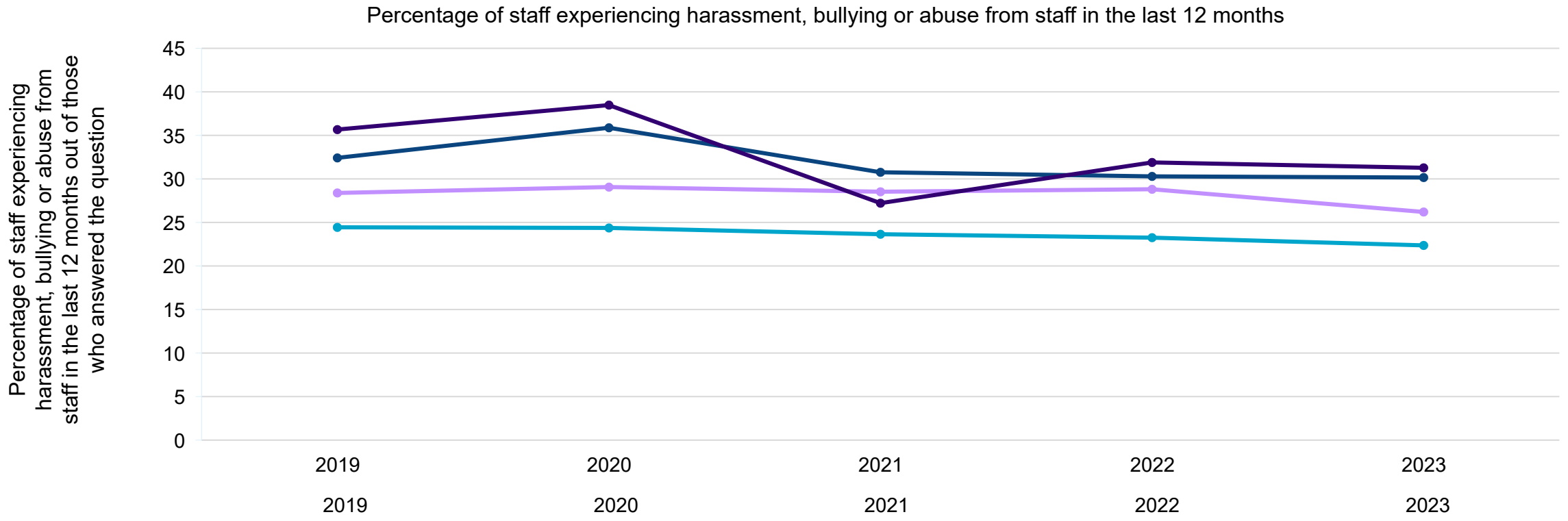


	2019	2020	2021	2022	2023
White staff: Your org	33.39%	29.36%	29.80%	31.31%	29.15%
All other ethnic groups*: Your org	35.30%	35.73%	28.92%	31.31%	32.47%
White staff: Average	27.67%	25.36%	26.47%	26.91%	24.72%
All other ethnic groups*: Average	29.51%	28.01%	28.84%	30.82%	28.11%
White staff: Responses	3306	2606	3258	3088	2974
All other ethnic groups*: Responses	643	473	823	856	961

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS



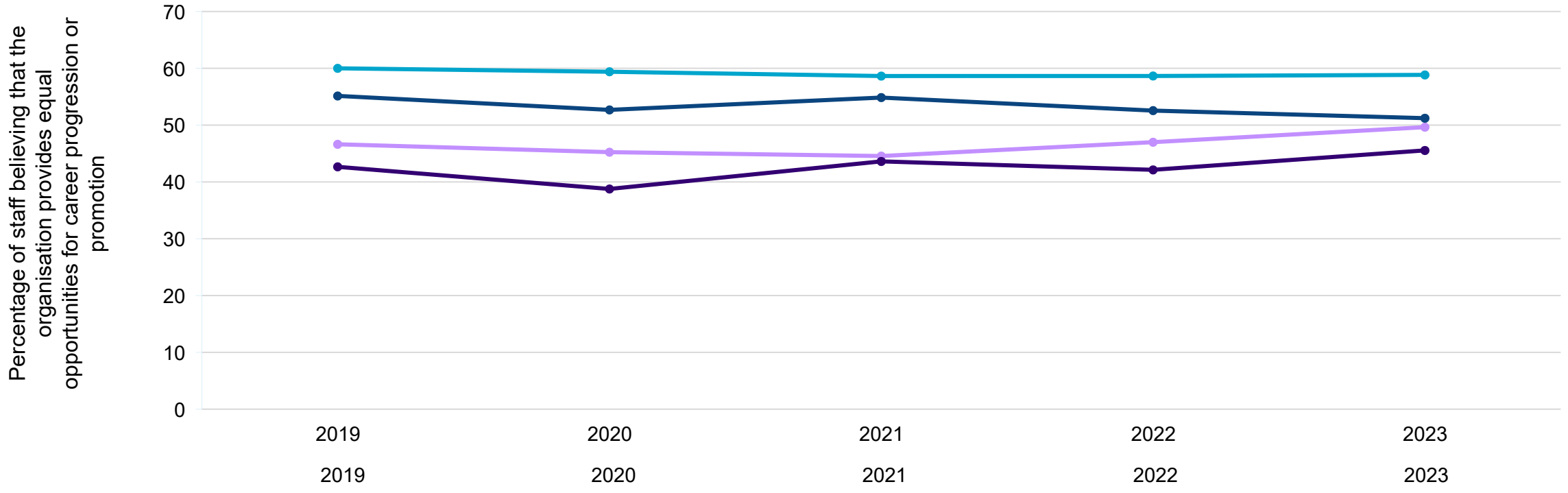
	2019	2020	2021	2022	2023
White staff: Your org	32.42%	35.88%	30.76%	30.29%	30.16%
All other ethnic groups*: Your org	35.67%	38.48%	27.22%	31.89%	31.28%
White staff: Average	24.44%	24.37%	23.65%	23.25%	22.37%
All other ethnic groups*: Average	28.39%	29.07%	28.53%	28.81%	26.20%
White staff: Responses	3310	2609	3267	3090	2971
All other ethnic groups*: Responses	642	473	823	856	956

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



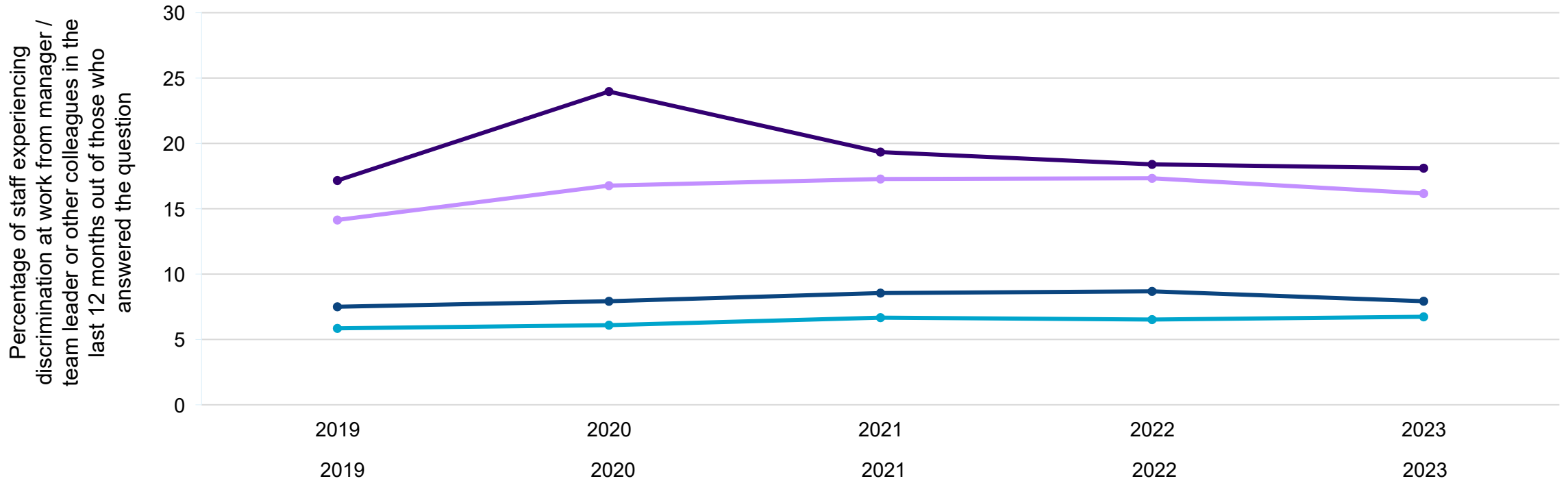
	2019	2020	2021	2022	2023
White staff: Your org	55.14%	52.68%	54.85%	52.55%	51.22%
All other ethnic groups*: Your org	42.66%	38.76%	43.62%	42.13%	45.55%
White staff: Average	60.00%	59.39%	58.64%	58.65%	58.84%
All other ethnic groups*: Average	46.62%	45.24%	44.56%	47.00%	49.64%
White staff: Responses	3306	2667	3353	3073	2948
All other ethnic groups*: Responses	640	485	846	845	966

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2019	2020	2021	2022	2023
White staff: Your org	7.50%	7.92%	8.55%	8.68%	7.93%
All other ethnic groups*: Your org	17.16%	23.97%	19.34%	18.40%	18.11%
White staff: Average	5.85%	6.09%	6.67%	6.52%	6.73%
All other ethnic groups*: Average	14.14%	16.77%	17.28%	17.33%	16.17%
White staff: Responses	3306	2688	3369	3087	2965
All other ethnic groups*: Responses	641	484	843	848	961

*Staff from all other ethnic groups combined

Survey Coordination Centre

NHS

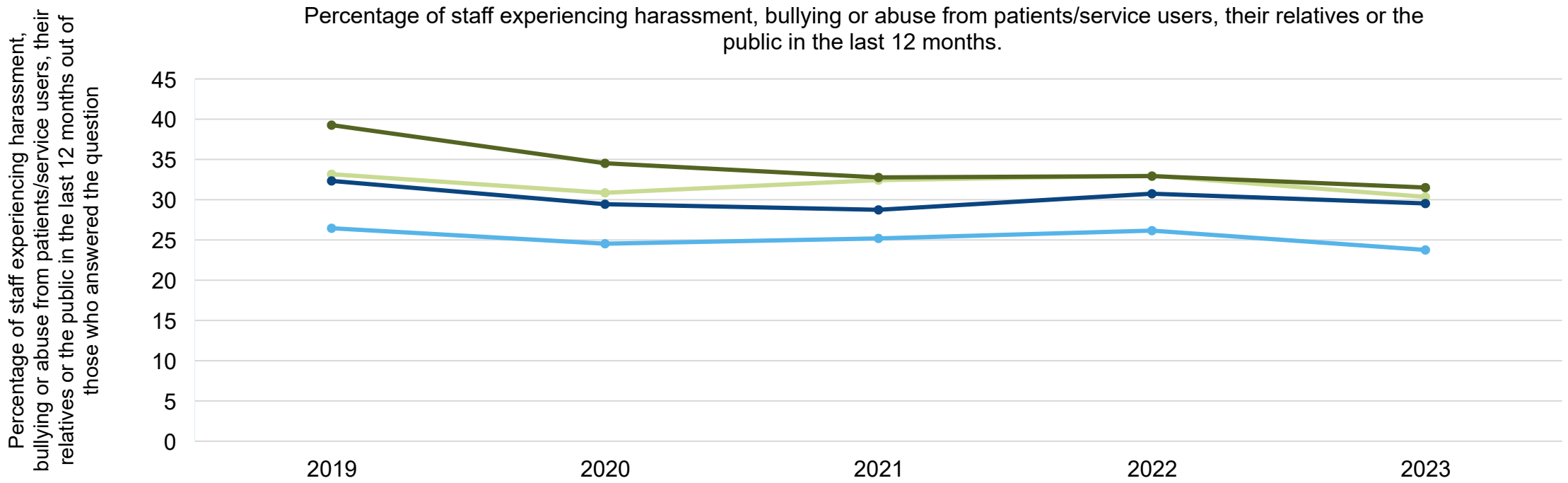
Workforce Disability Equality Standards (WDES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WDES charts are unweighted.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Disability Equality Standards

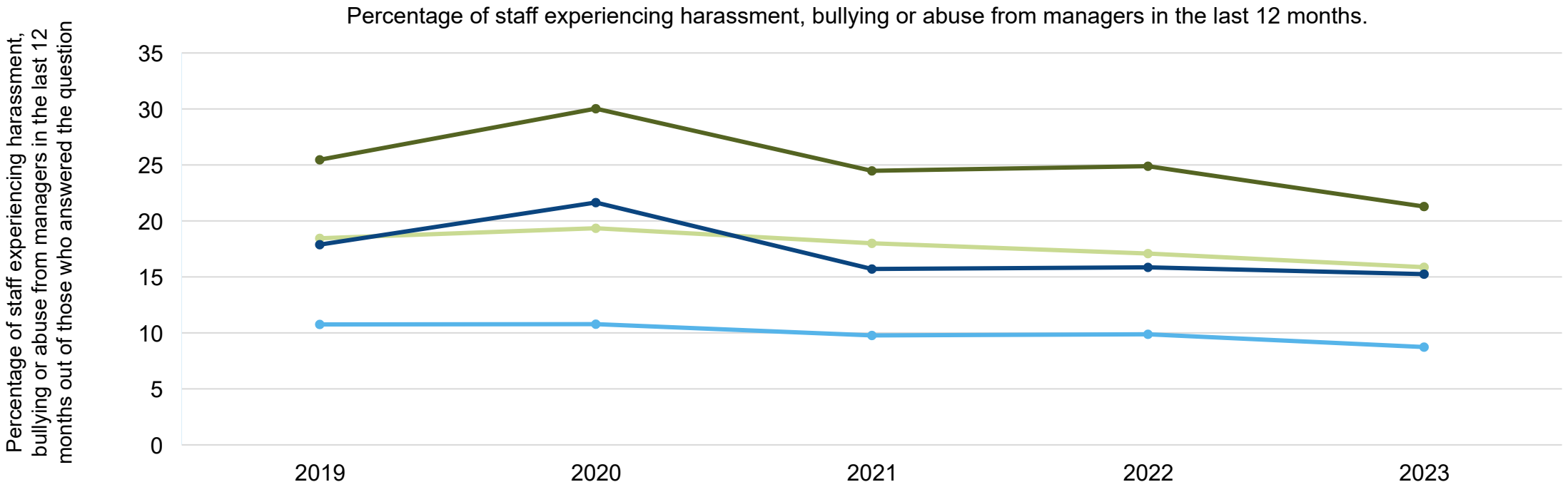
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	39.27%	34.53%	32.77%	32.93%	31.51%
Staff without a LTC or illness: Your org	32.33%	29.44%	28.74%	30.74%	29.54%
Staff with a LTC or illness: Average	33.17%	30.86%	32.43%	32.98%	30.35%
Staff without a LTC or illness: Average	26.45%	24.53%	25.19%	26.16%	23.76%
Staff with a LTC or illness: Responses	764	698	1007	911	1006
Staff without a LTC or illness: Responses	3266	2449	3138	3051	2861

Workforce Disability Equality Standards

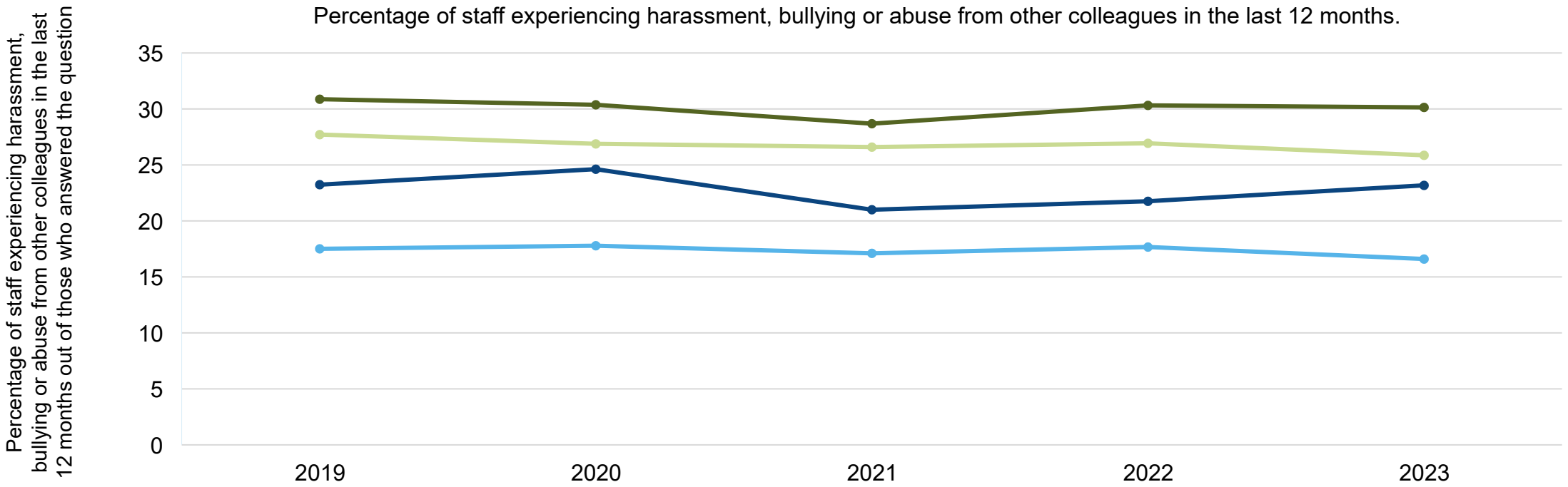
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	25.46%	30.03%	24.48%	24.89%	21.29%
Staff without a LTC or illness: Your org	17.88%	21.64%	15.71%	15.86%	15.25%
Staff with a LTC or illness: Average	18.45%	19.35%	18.00%	17.09%	15.87%
Staff without a LTC or illness: Average	10.76%	10.78%	9.77%	9.88%	8.74%
Staff with a LTC or illness: Responses	758	696	1001	904	996
Staff without a LTC or illness: Responses	3249	2444	3132	3040	2833

Workforce Disability Equality Standards

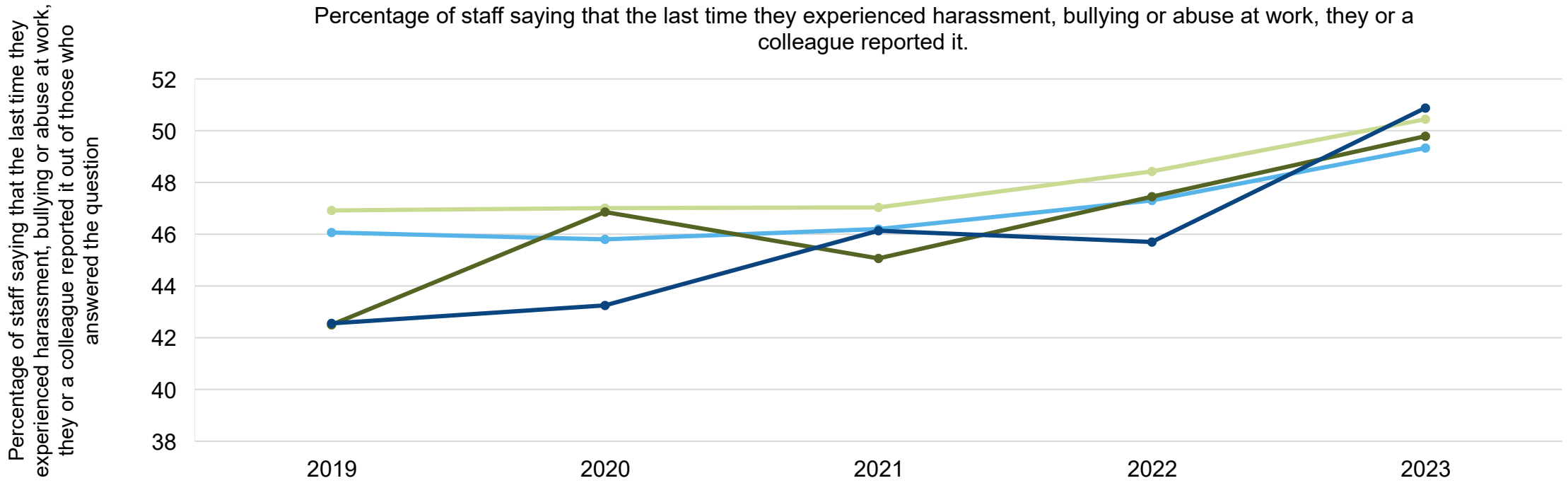
Survey Coordination Centre NHS



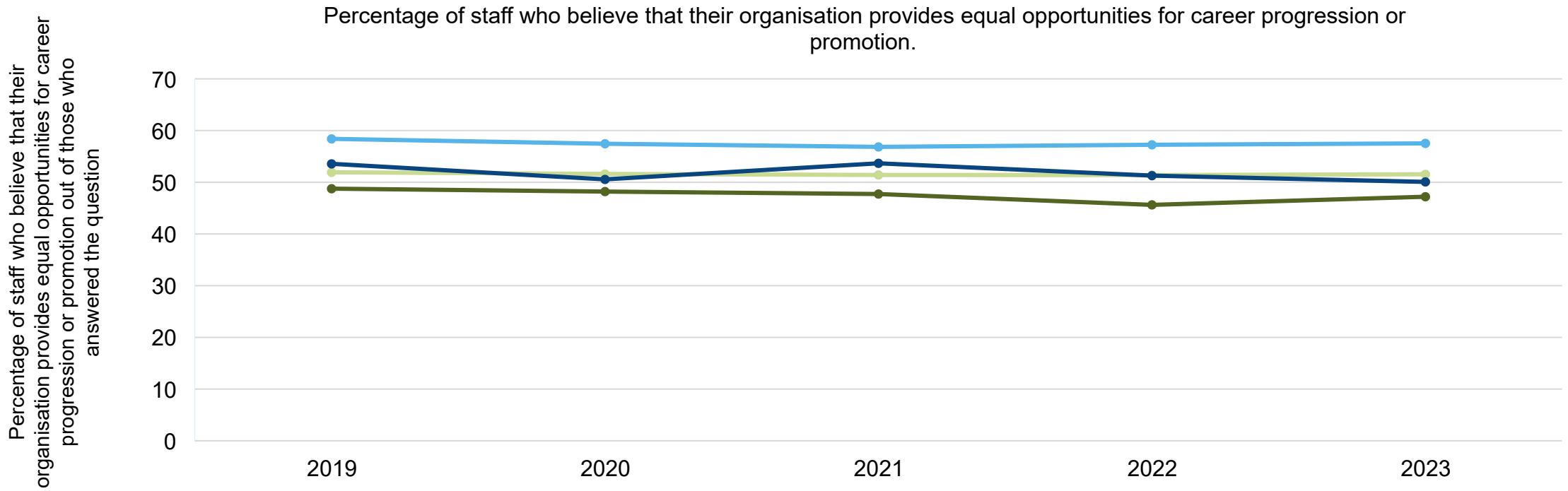
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	30.87%	30.37%	28.69%	30.32%	30.14%
Staff without a LTC or illness: Your org	23.24%	24.62%	21.00%	21.76%	23.18%
Staff with a LTC or illness: Average	27.71%	26.89%	26.60%	26.93%	25.86%
Staff without a LTC or illness: Average	17.51%	17.79%	17.11%	17.67%	16.60%
Staff with a LTC or illness: Responses	758	698	997	907	992
Staff without a LTC or illness: Responses	3262	2449	3119	3038	2800

Workforce Disability Equality Standards

Survey Coordination Centre NHS



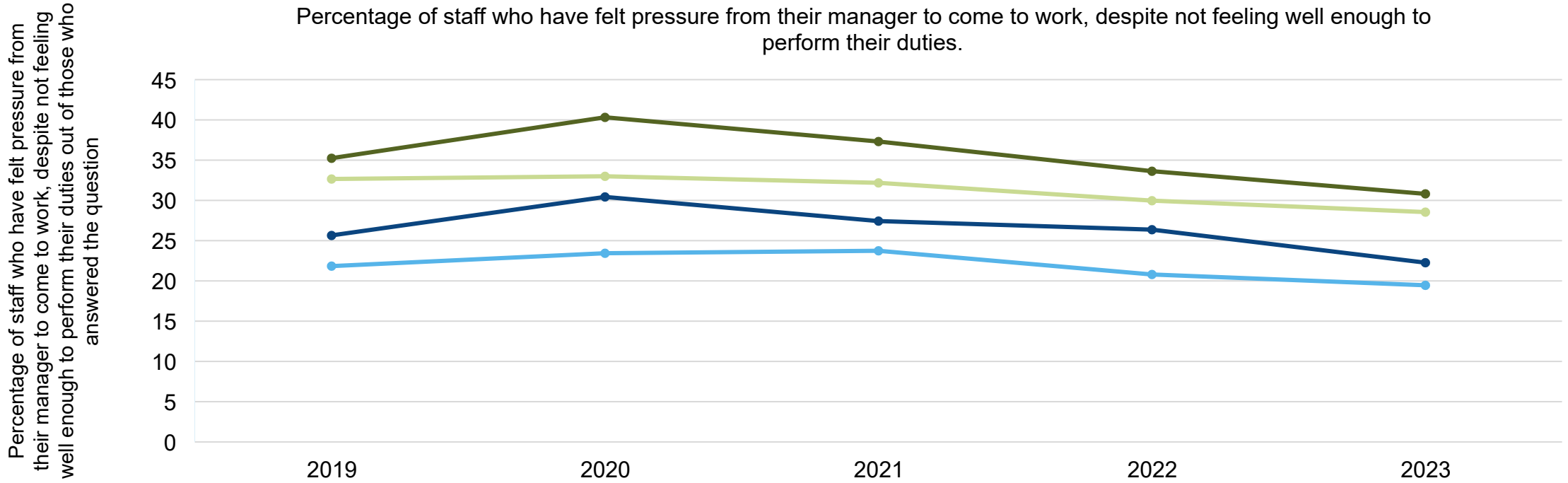
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	42.50%	46.86%	45.06%	47.45%	49.79%
Staff without a LTC or illness: Your org	42.55%	43.25%	46.13%	45.70%	50.88%
Staff with a LTC or illness: Average	46.92%	47.01%	47.03%	48.43%	50.44%
Staff without a LTC or illness: Average	46.07%	45.80%	46.20%	47.30%	49.33%
Staff with a LTC or illness: Responses	400	350	466	451	470
Staff without a LTC or illness: Responses	1363	1022	1177	1151	1083



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	48.76%	48.20%	47.73%	45.63%	47.20%
Staff without a LTC or illness: Your org	53.57%	50.56%	53.67%	51.29%	50.07%
Staff with a LTC or illness: Average	51.93%	51.61%	51.41%	51.39%	51.54%
Staff without a LTC or illness: Average	58.39%	57.45%	56.84%	57.25%	57.52%
Staff with a LTC or illness: Responses	767	722	1033	903	1000
Staff without a LTC or illness: Responses	3261	2504	3233	3034	2850

Workforce Disability Equality Standards

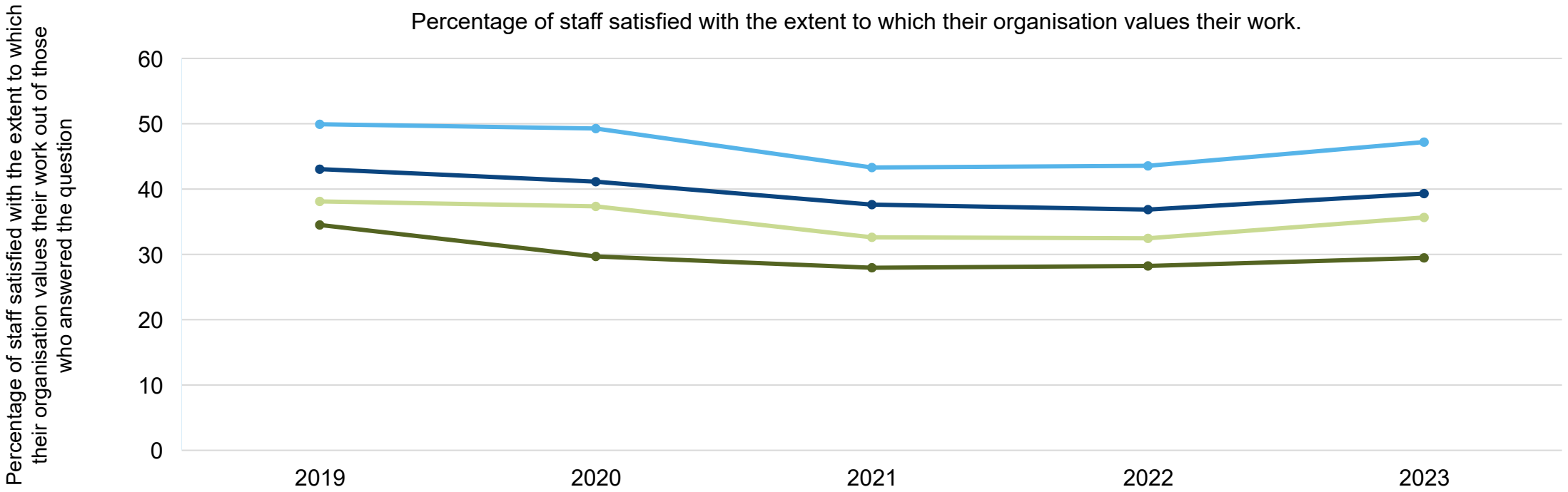
Survey Coordination Centre NHS



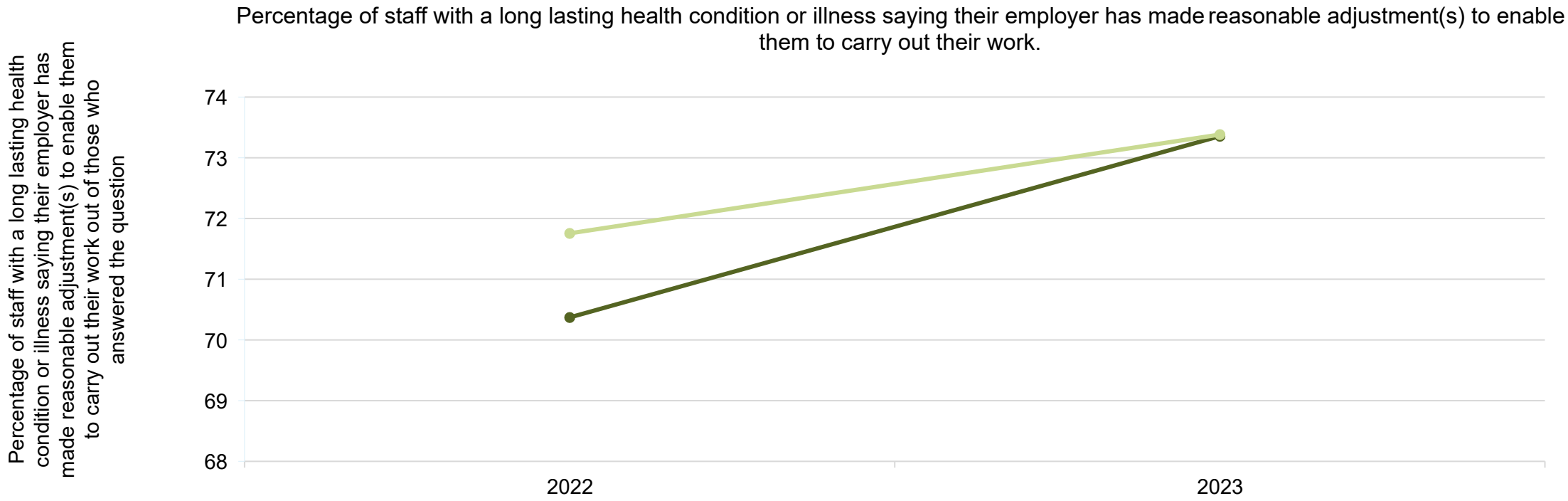
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	35.24%	40.32%	37.32%	33.63%	30.81%
Staff without a LTC or illness: Your org	25.65%	30.43%	27.43%	26.37%	22.27%
Staff with a LTC or illness: Average	32.66%	33.00%	32.18%	29.97%	28.55%
Staff without a LTC or illness: Average	21.84%	23.44%	23.74%	20.80%	19.46%
Staff with a LTC or illness: Responses	593	496	745	669	727
Staff without a LTC or illness: Responses	1836	1160	1644	1589	1428

Workforce Disability Equality Standards

Survey Coordination Centre NHS



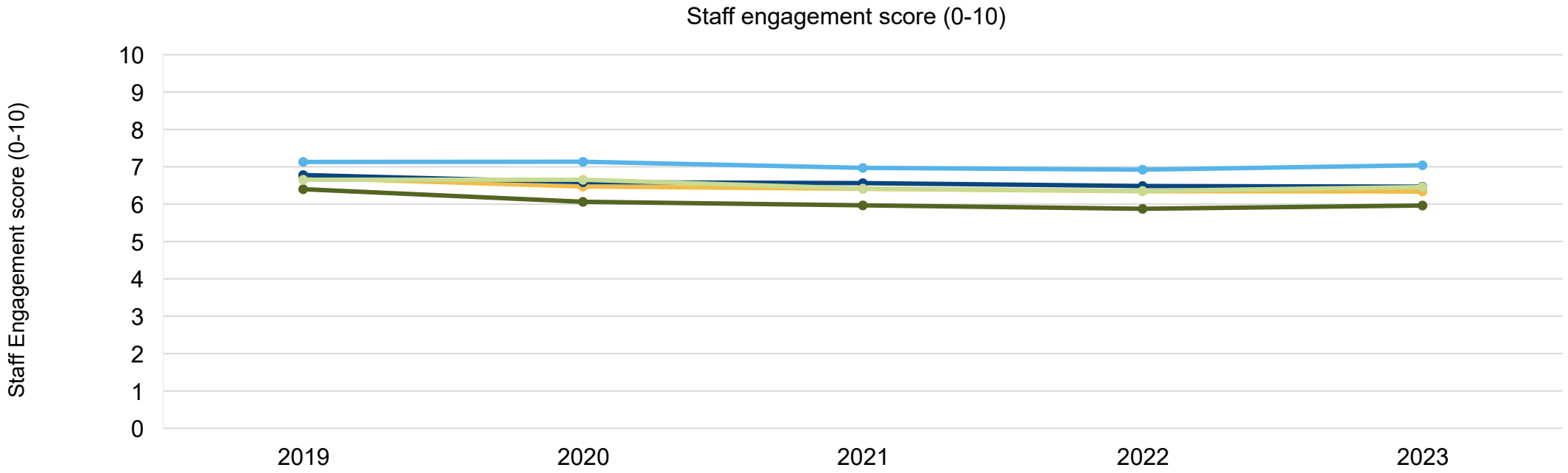
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	34.51%	29.69%	27.95%	28.23%	29.46%
Staff without a LTC or illness: Your org	43.05%	41.13%	37.62%	36.86%	39.31%
Staff with a LTC or illness: Average	38.11%	37.36%	32.62%	32.46%	35.66%
Staff without a LTC or illness: Average	49.92%	49.27%	43.30%	43.56%	47.19%
Staff with a LTC or illness: Responses	768	731	1041	914	1008
Staff without a LTC or illness: Responses	3282	2521	3251	3063	2862



	2022	2023
Staff with a LTC or illness: Your org	70.37%	73.36%
Staff with a LTC or illness: Average	71.76%	73.38%
Staff with a LTC or illness: Responses	513	593

Workforce Disability Equality Standards

Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Organisation average	6.71	6.47	6.41	6.35	6.34
Staff with a LTC or illness: Your org	6.40	6.06	5.97	5.88	5.96
Staff without a LTC or illness: Your org	6.78	6.59	6.56	6.49	6.47
Staff with a LTC or illness: Average	6.65	6.65	6.42	6.35	6.46
Staff without a LTC or illness: Average	7.13	7.14	6.97	6.92	7.04
Staff with a LTC or illness: Responses	771	731	1041	913	1011
Staff without a LTC or illness: Responses	3284	2525	3255	3070	2876

Note: Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

Survey Coordination Centre

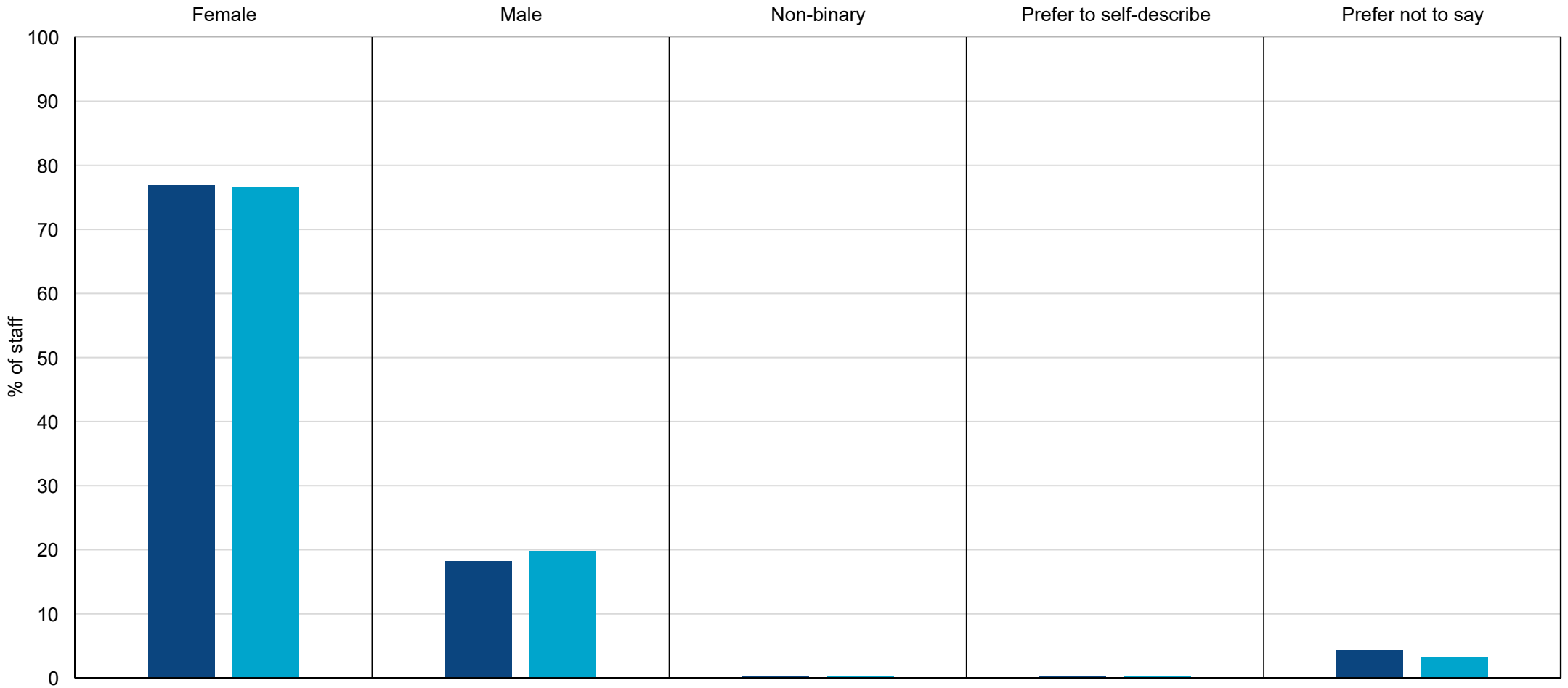
NHS

About your respondents

This section shows demographic and other background information for 2023.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

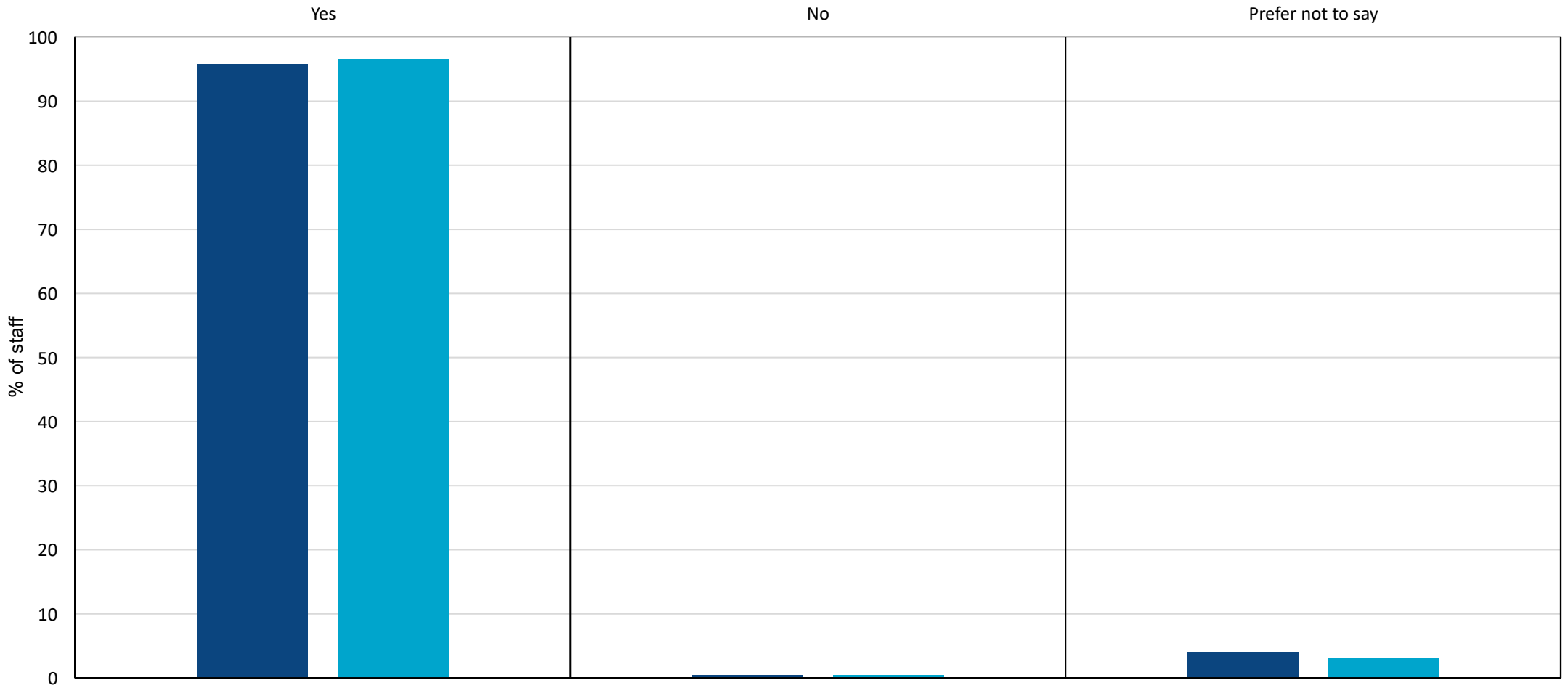
Background details - Gender



	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	76.91%	18.24%	0.23%	0.23%	4.40%
Average	76.60%	19.78%	0.24%	0.18%	3.22%
Responses	3959	3959	3959	3959	3959

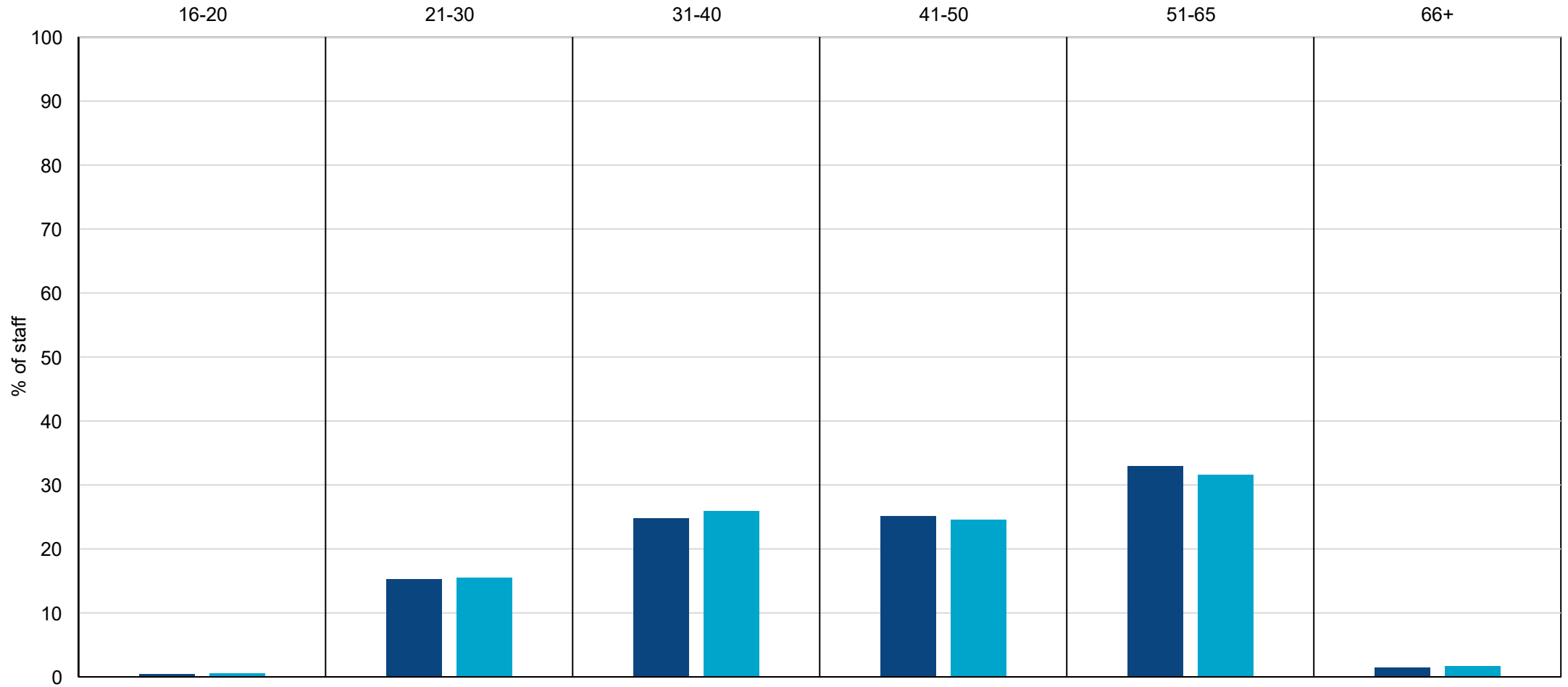
Background details – Is your gender identity the same as the sex you were registered at birth?

Survey Coordination Centre



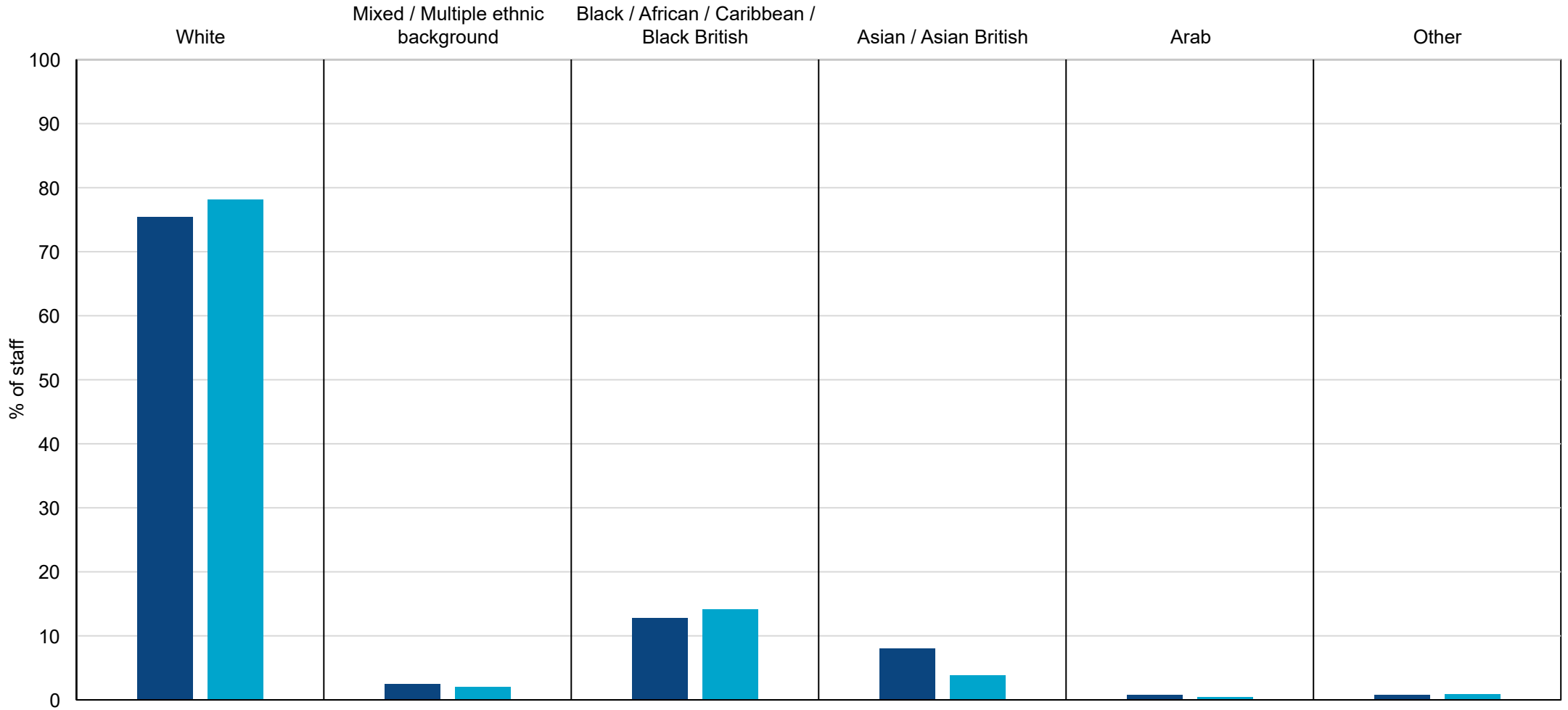
	Yes	No	Prefer not to say
Your org	95.76%	0.36%	3.88%
Average	96.62%	0.37%	3.08%
Responses	3943	3943	3943

Background details - Age



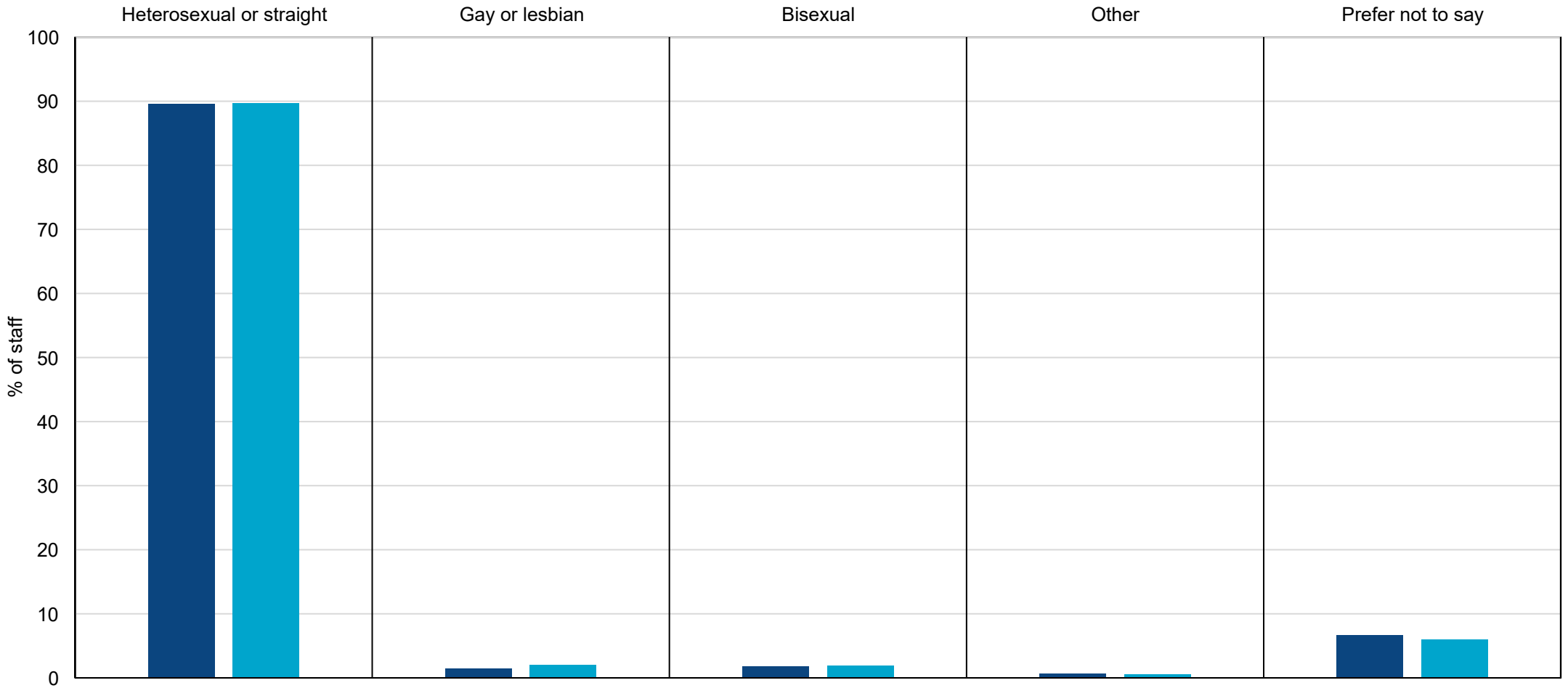
	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.43%	15.24%	24.80%	25.10%	32.96%	1.48%
Average	0.55%	15.42%	25.91%	24.51%	31.50%	1.70%
Responses	3984	3984	3984	3984	3984	3984

Background details - Ethnicity



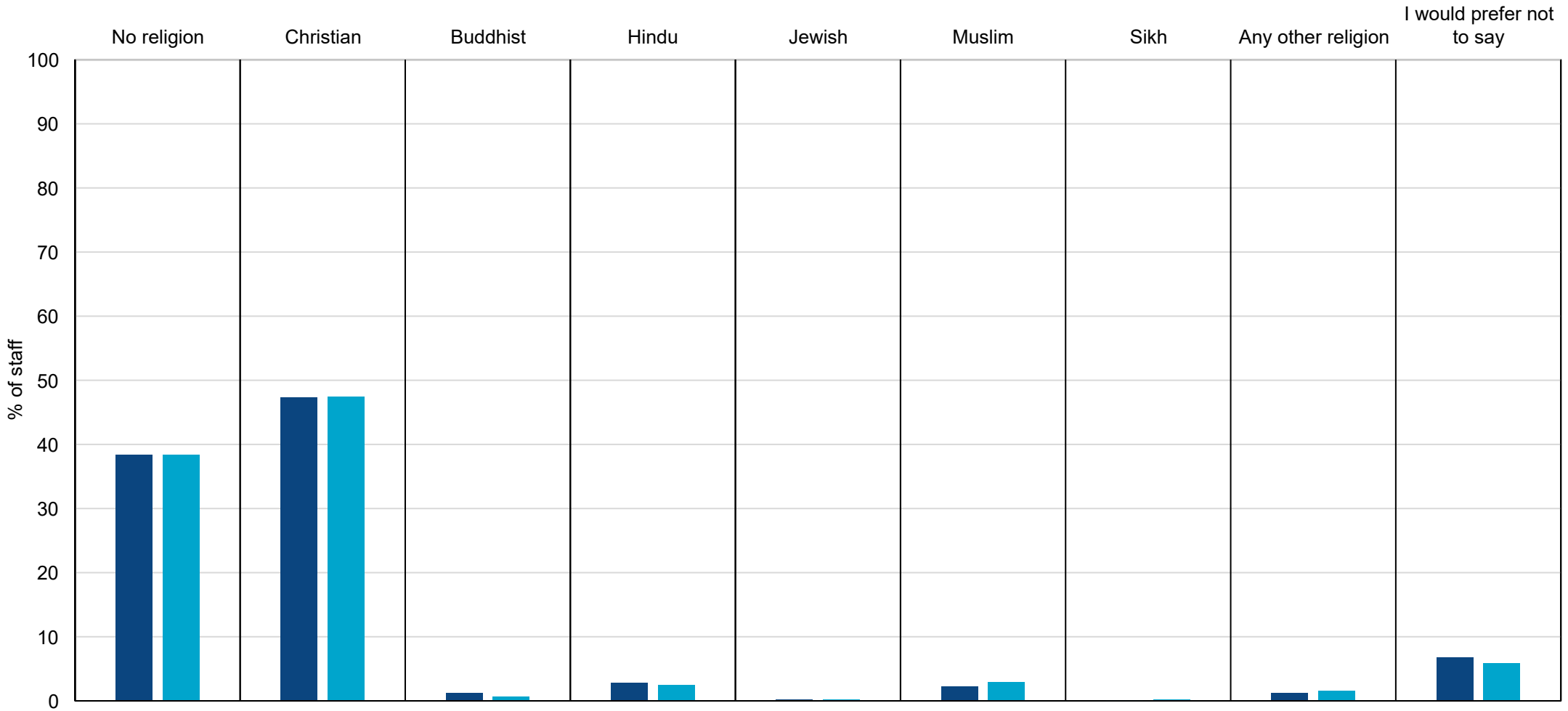
	White	Mixed / Multiple ethnic background	Black / African / Caribbean / Black British	Asian / Asian British	Arab	Other
Your org	75.44%	2.42%	12.72%	7.95%	0.73%	0.73%
Average	78.07%	1.97%	14.15%	3.83%	0.44%	0.84%
Responses	3961	3961	3961	3961	3961	3961

Background details – Sexual orientation



	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	89.59%	1.43%	1.79%	0.58%	6.61%
Average	89.71%	2.00%	1.84%	0.52%	5.94%
Responses	3976	3976	3976	3976	3976

Background details - Religion



	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
Your org	38.35%	47.29%	1.23%	2.83%	0.13%	2.23%	0.03%	1.20%	6.72%
Average	38.30%	47.38%	0.65%	2.43%	0.15%	2.93%	0.23%	1.51%	5.80%
Responses	3990	3990	3990	3990	3990	3990	3990	3990	3990

Background details – Long lasting health condition or illness

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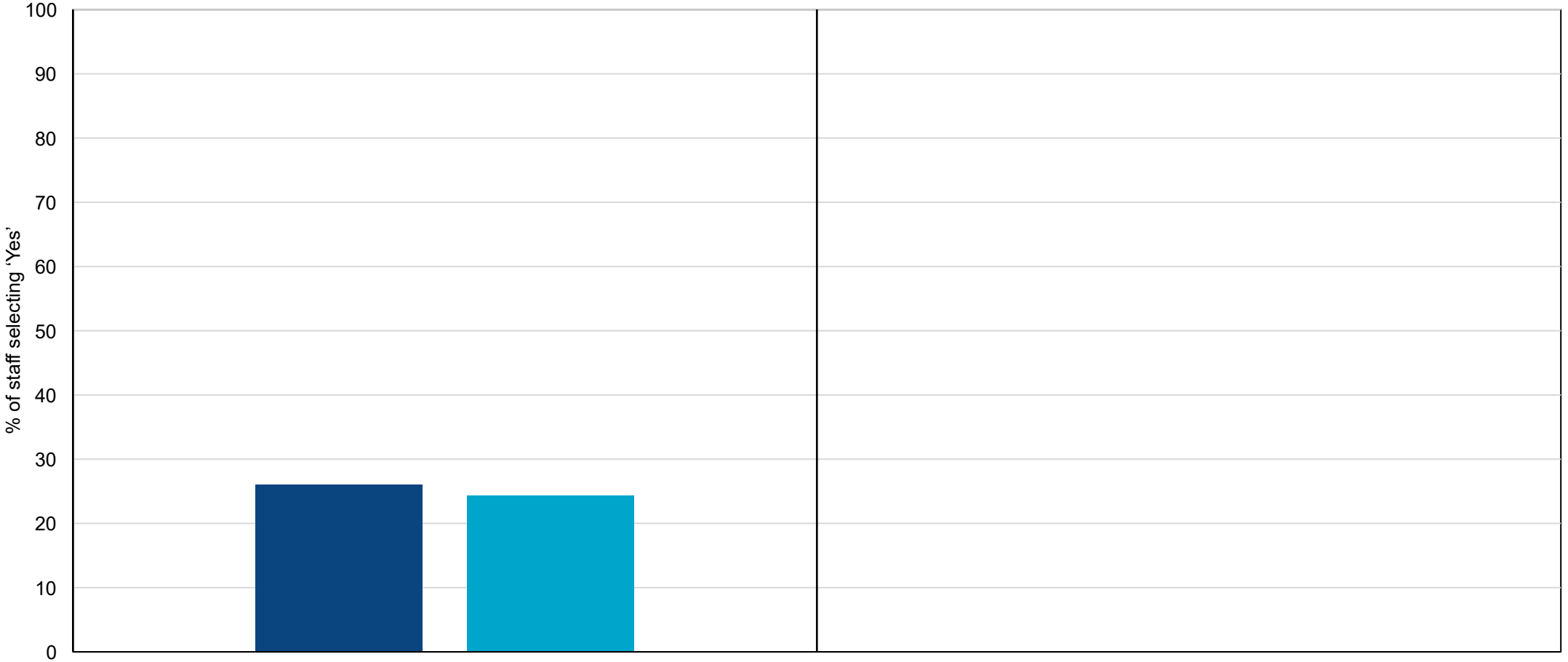
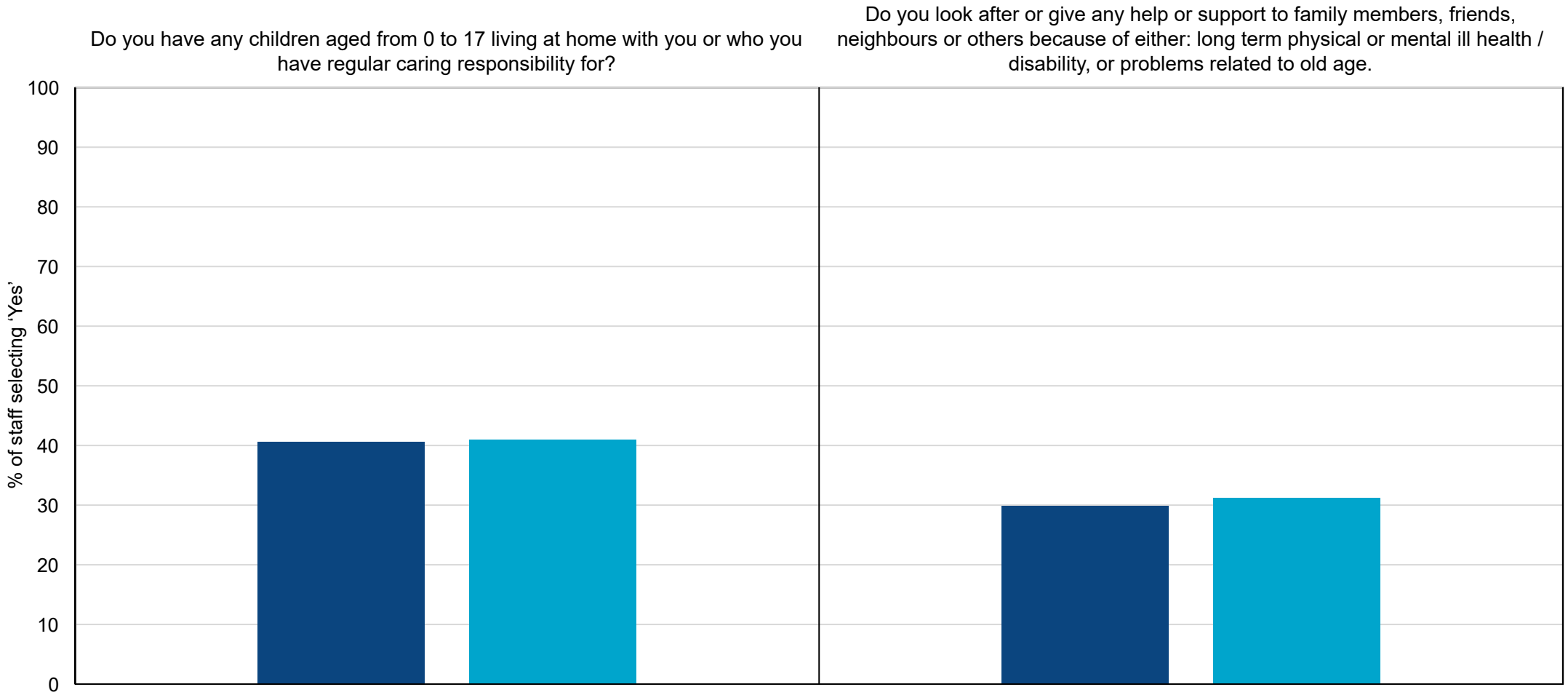
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



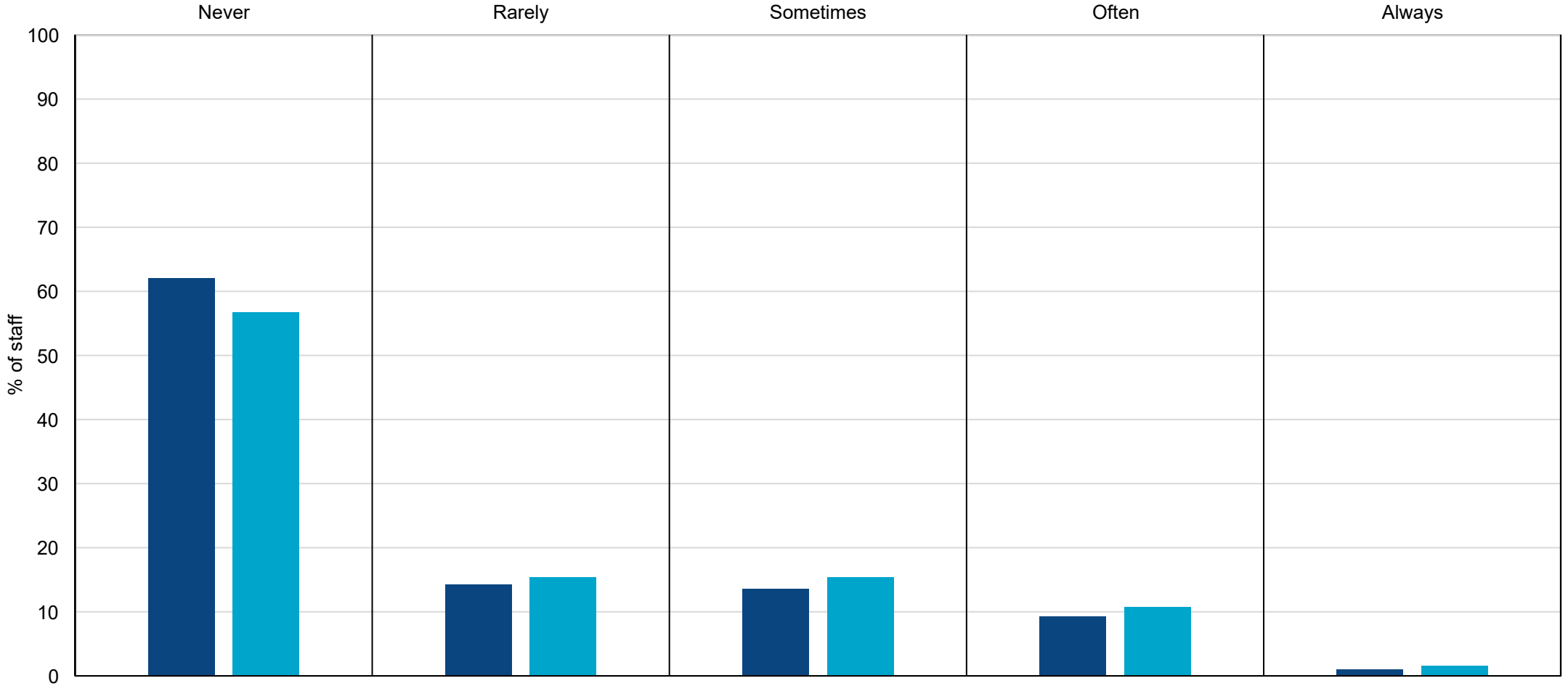
Your org	25.98%
Average	24.33%
Responses	3892

Background details – Parental / caring responsibilities



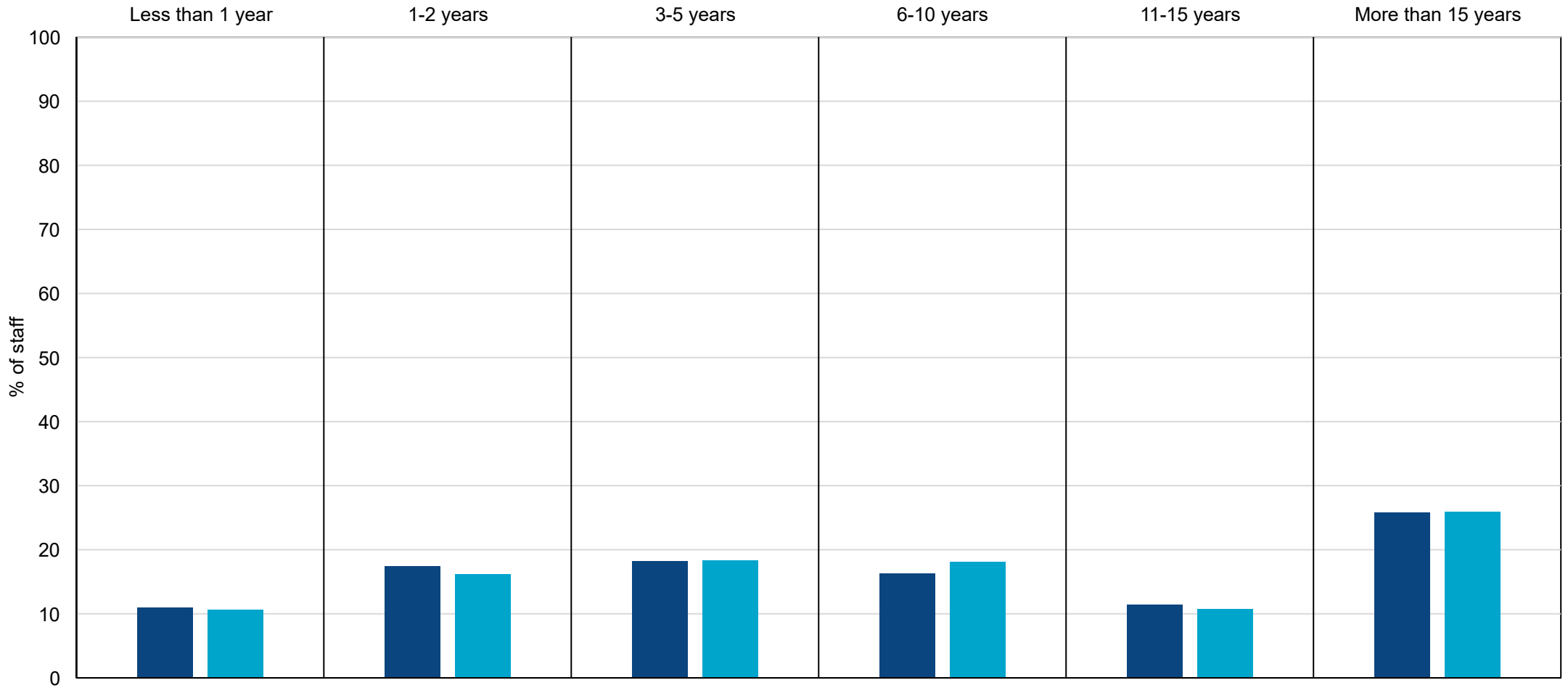
Your org	40.60%	29.88%
Average	40.90%	31.16%
Responses	3980	3973

Background details – How often do you work at/from home?



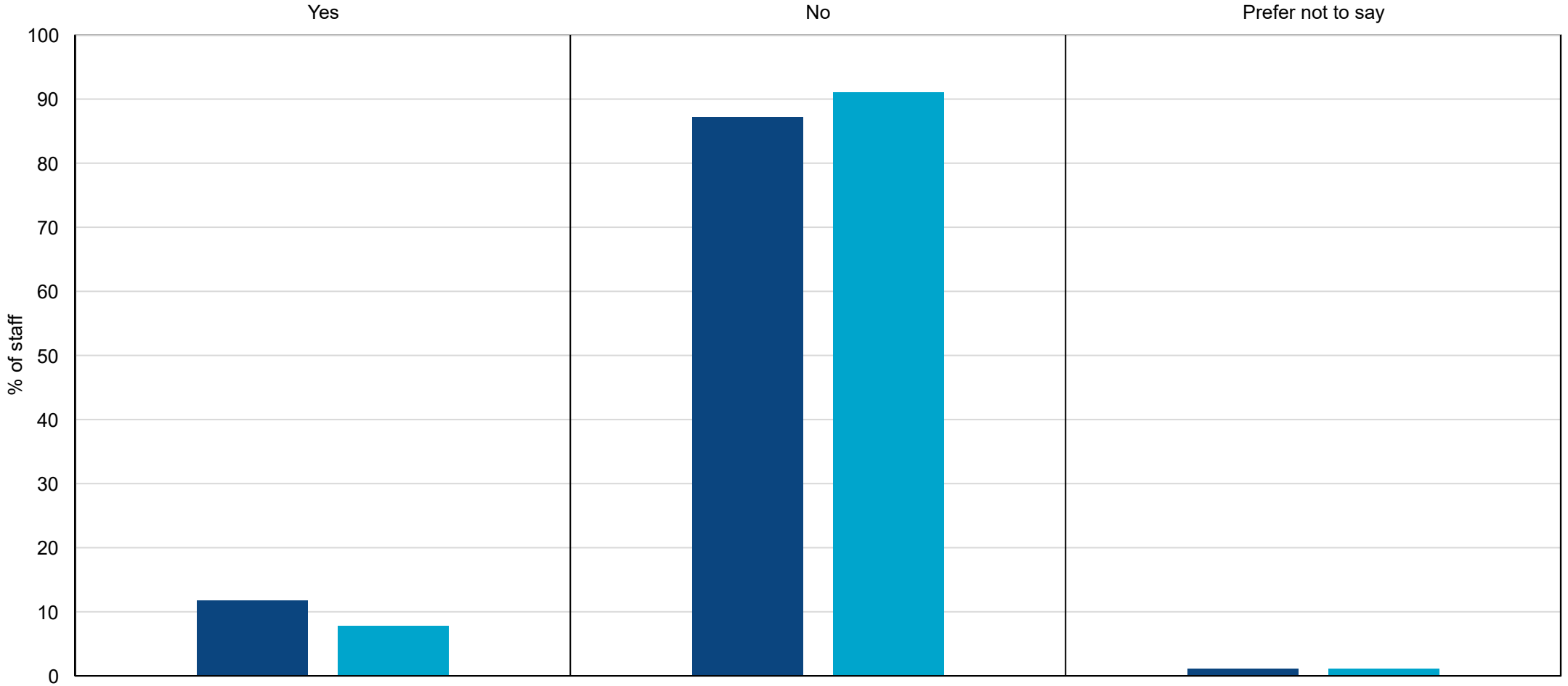
	Never	Rarely	Sometimes	Often	Always
Your org	62.01%	14.19%	13.57%	9.23%	1.00%
Average	56.75%	15.34%	15.41%	10.73%	1.52%
Responses	3988	3988	3988	3988	3988

Background details – Length of service



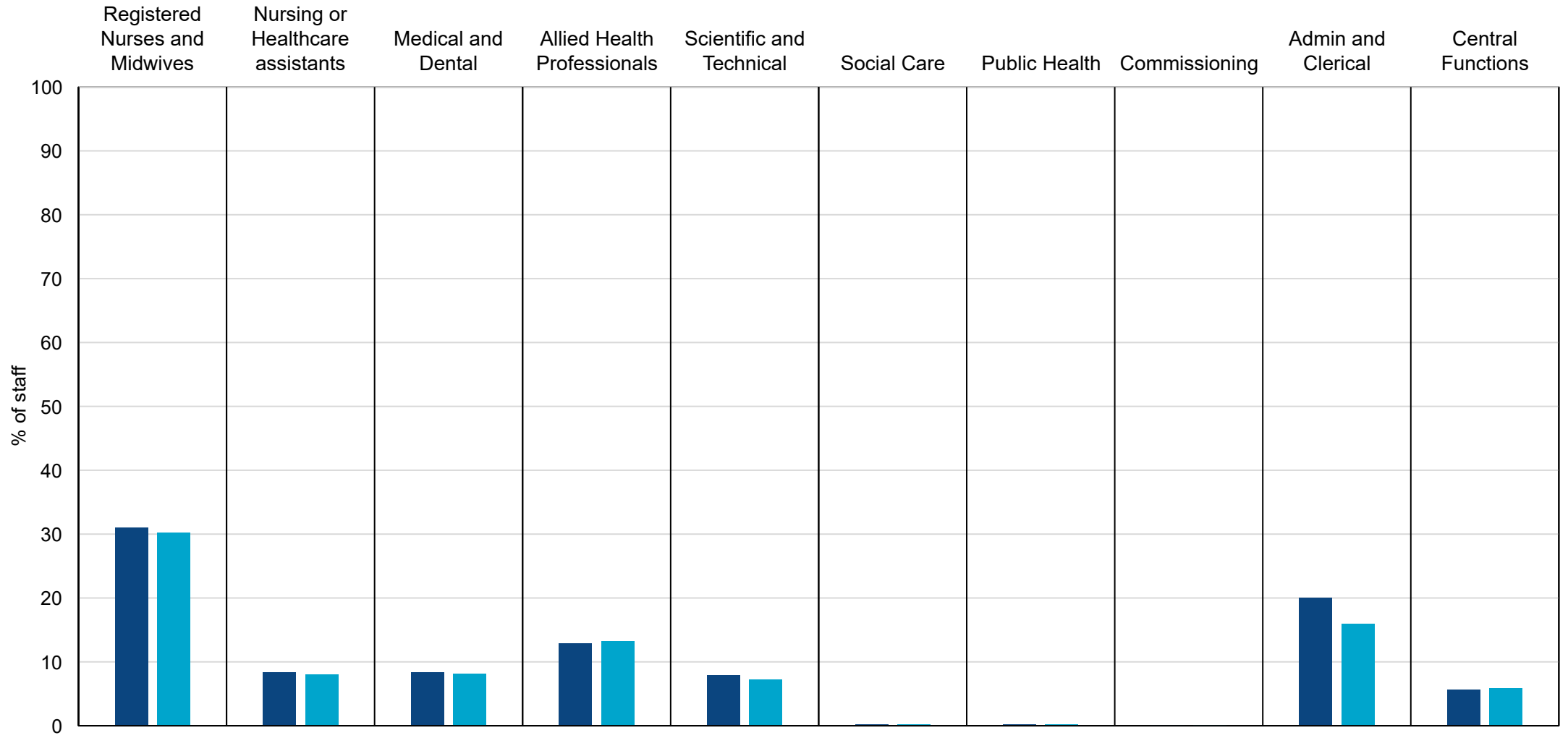
	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	10.95%	17.42%	18.17%	16.32%	11.38%	25.76%
Average	10.57%	16.18%	18.32%	18.03%	10.71%	25.95%
Responses	3990	3990	3990	3990	3990	3990

Background details – When you joined this organisation were you recruited from outside of the UK?



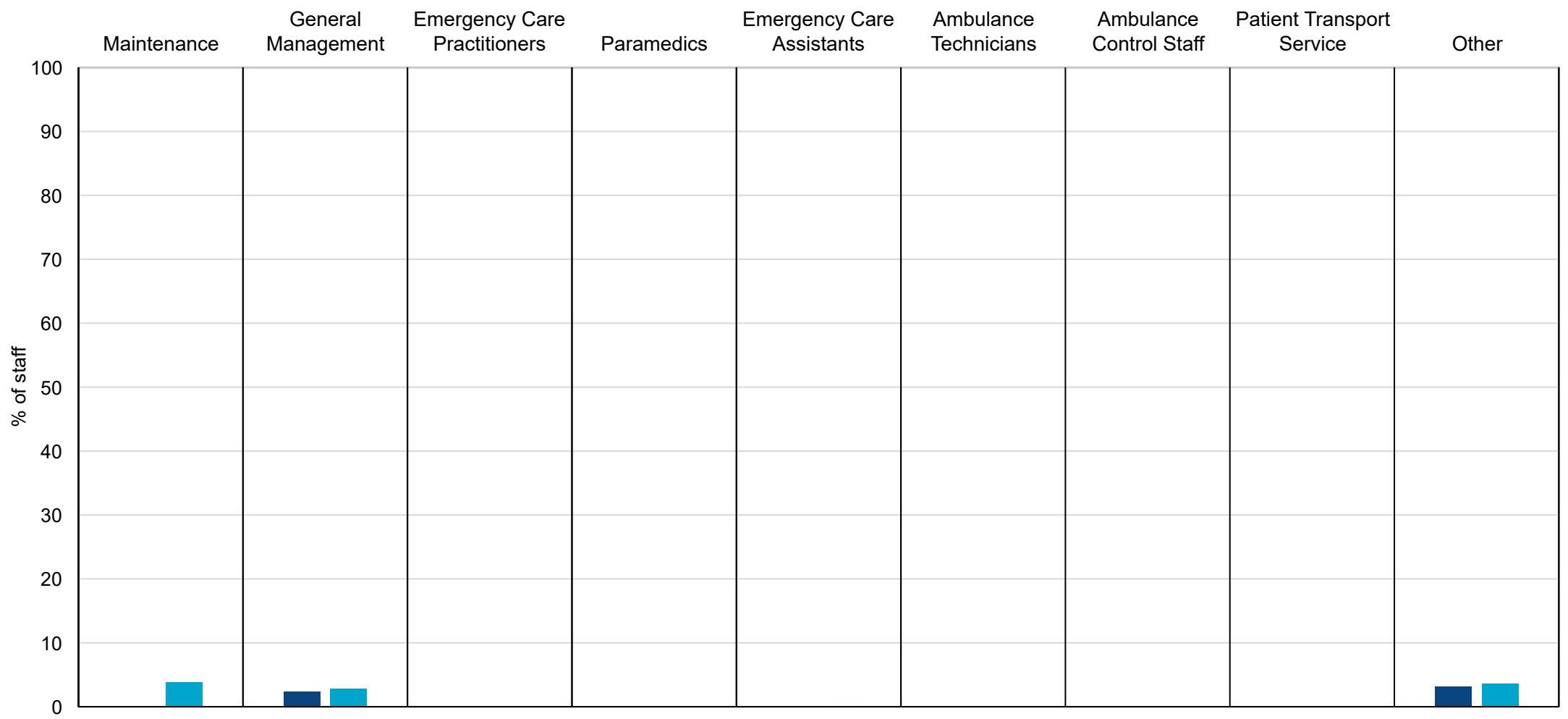
	Yes	No	Prefer not to say
Your org	11.79%	87.18%	1.03%
Average	7.79%	90.98%	1.04%
Responses	3970	3970	3970

Background details – Occupational group



	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical	Social Care	Public Health	Commissioning	Admin and Clerical	Central Functions
Your org	30.97%	8.29%	8.39%	12.87%	7.86%	0.20%	0.15%	0.08%	20.02%	5.64%
Average	30.16%	8.01%	8.16%	13.19%	7.17%	0.15%	0.19%	0.07%	15.88%	5.86%
Responses	3956	3956	3956	3956	3956	3956	3956	3956	3956	3956

Background details – Occupational group



	Maintenance	General Management	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Technicians	Ambulance Control Staff	Patient Transport Service	Other
Your org	0.05%	2.33%	0.03%	0.03%	0.00%	0.00%	0.00%	0.00%	3.11%
Average	3.76%	2.74%	0.02%	0.00%	0.03%	0.00%	0.00%	0.00%	3.63%
Responses	3956	3956	3956	3956	3956	3956	3956	3956	3956

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Appendices

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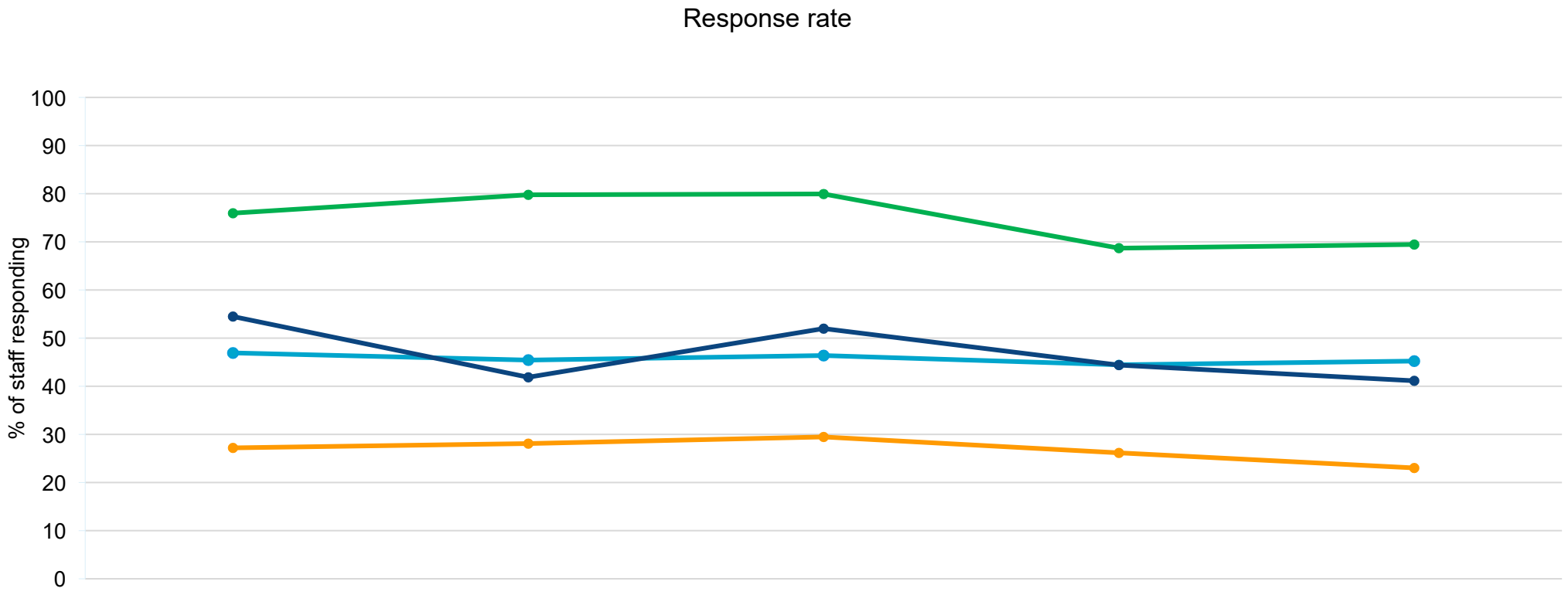
Appendix A: Response rate

Appendix A: Response rate

Survey Coordination Centre



	2019	2020	2021	2022	2023
Your org	54.49%	41.87%	51.98%	44.39%	41.13%
Highest	75.96%	79.77%	79.95%	68.69%	69.45%
Average	46.93%	45.43%	46.38%	44.46%	45.23%
Lowest	27.20%	28.09%	29.47%	26.17%	23.03%
Responses	4278	3539	4587	4023	4011

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NHS

Appendix B: Significance testing 2022 vs 2023

Appendix B: Significance testing – 2022 vs 2023

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Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023*. For more details please see the technical document.

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	6.84	4012	6.85	4003	Not significant
We are recognised and rewarded	5.50	4015	5.62	4000	Significantly higher
We each have a voice that counts	6.24	3988	6.21	3972	Not significant
We are safe and healthy	5.74	3998	5.83	3974	Significantly higher
We are always learning	5.13	3813	5.36	3756	Significantly higher
We work flexibly	5.70	4009	5.88	3983	Significantly higher
We are a team	6.42	4008	6.51	4002	Not significant
Themes					
Staff Engagement	6.37	4018	6.34	4006	Not significant
Morale	5.50	4017	5.59	4007	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

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Appendix C: Tips on using your benchmark report

Appendix C: Data in the benchmark reports

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The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but [illegible]ers.

Key points to note

The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher result is more positive than a lower result. These results are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the results are calculated can be found in the technical document available on the Staff Survey website.

A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.

People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single chart.

Note. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing historical results released in 2023.

Appendix C: 1. Reviewing People Promise and theme results

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When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas of interest which can then be compared to the best, average, and worst result in the benchmarking group.

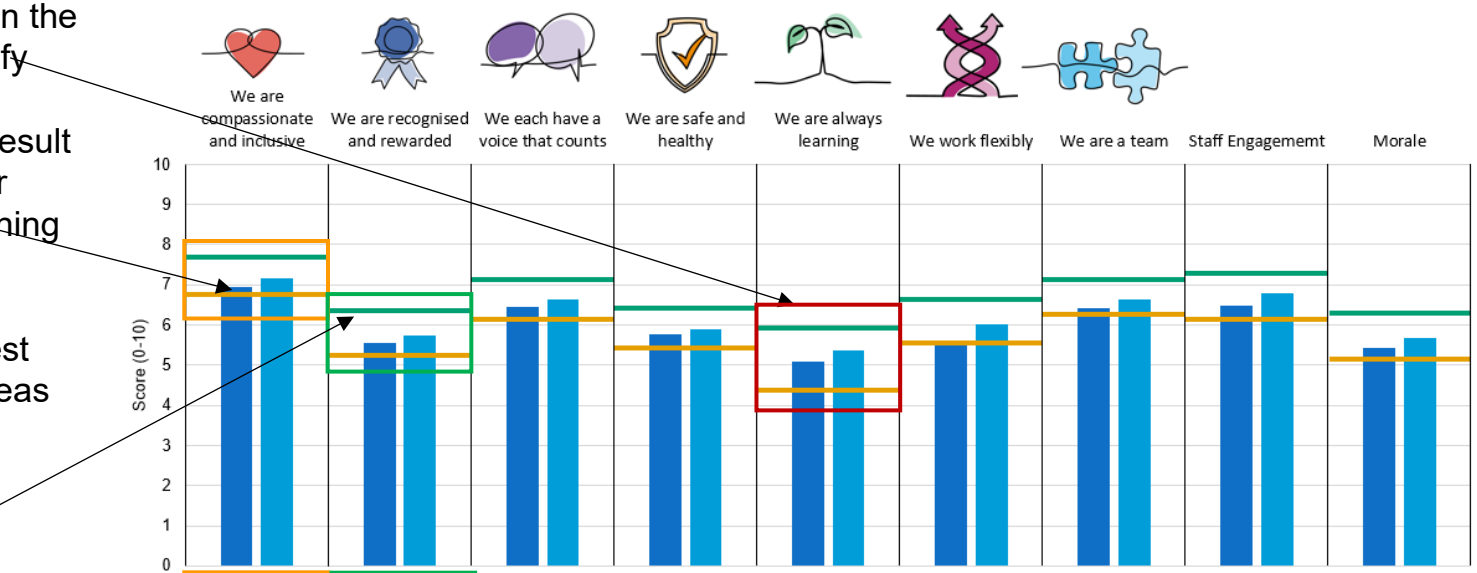
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average result' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst result'. The closer your organisation's result is to the worst result, the more concerning the result.
- Results where your organisation's result is only marginally better than the 'Average result', but still lags behind the 'Best result' by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best result'.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.0	5.5	6.4	5.8	5.1	5.6	6.4	6.5	5.4
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	8284	8225	8175	8244	7877	8187	8264	8288	8294

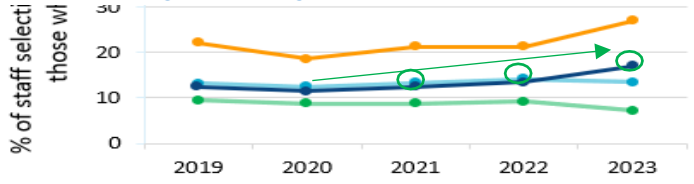
Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Survey Coordination Centre NHS

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

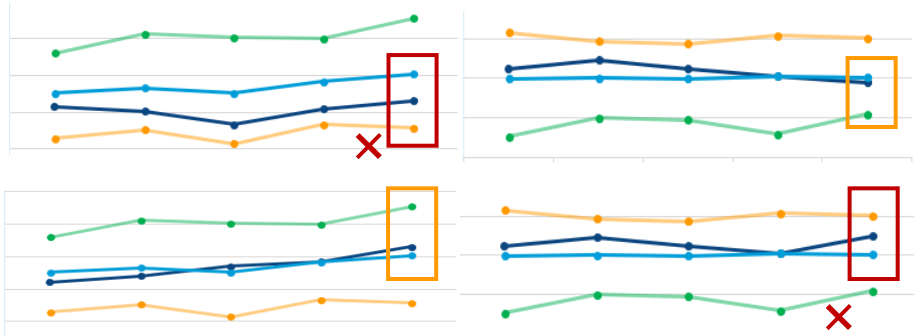


	2019	2020	2021	2022	2023
Your org	12.4%	11.5%	12.5%	13.4%	17.0%
Best result	9.5%	8.7%	8.7%	9.1%	7.3%
Average result	13.2%	12.5%	13.4%	14.1%	13.5%
Worst result	22.2%	18.6%	21.3%	21.4%	27.0%
Responses	1200	1115	1200	1200	592

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the '**Question results**' section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.
For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results.** Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



✕ = Negative driver, org result falls between average and worst benchmarking group result for question

Appendix C: 3. Reviewing question results

Survey Coordination Centre NHS

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

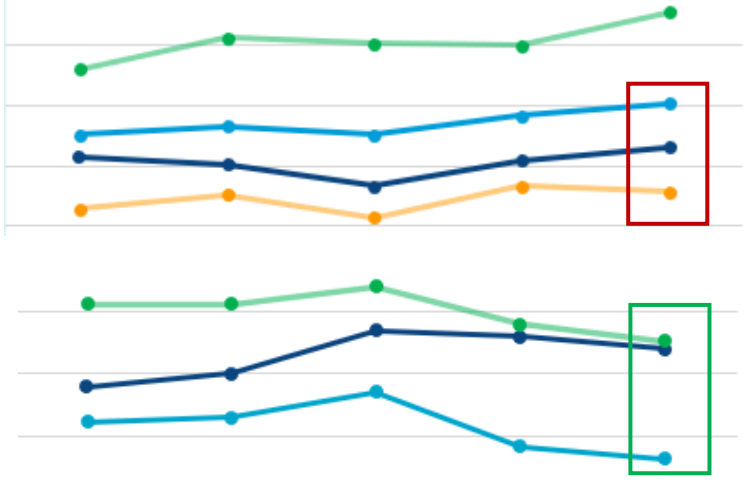
Identifying questions of interest

- **Pre-defined questions of interest – key questions for your organisation**

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

- **Identifying questions of interest based on the results in this report**

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher result always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the



- **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst result, particularly questions where your organisation result is very close to the worst result. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the organisation has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.

- **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

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NHS

Appendix D: Additional reporting outputs

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Appendix D: Additional reporting outputs

Survey Coordination Centre NHS

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other reporting outputs

Online Dashboards: Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.

Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for East Kent Hospitals University NHS Foundation Trust.

National Briefing Document: Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.

Detailed spreadsheets Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

East Kent Hospitals University NHS Foundation Trust

Responding to the NHS Staff Survey

Public Board

4th April 2024

We care

Responding to the NHS Staff Survey

East Kent Hospitals University NHS Foundation Trust

Values, voice & leadership

- Summarising our results & providing overall context
- How we have identified our priorities
- Focusing on values, voice & leadership
- Addressing our challenges at every level of the organisation
- How will this be different, and improvement made & sustained
- Measuring improvement every month.

We care

Summary of 2023 Results

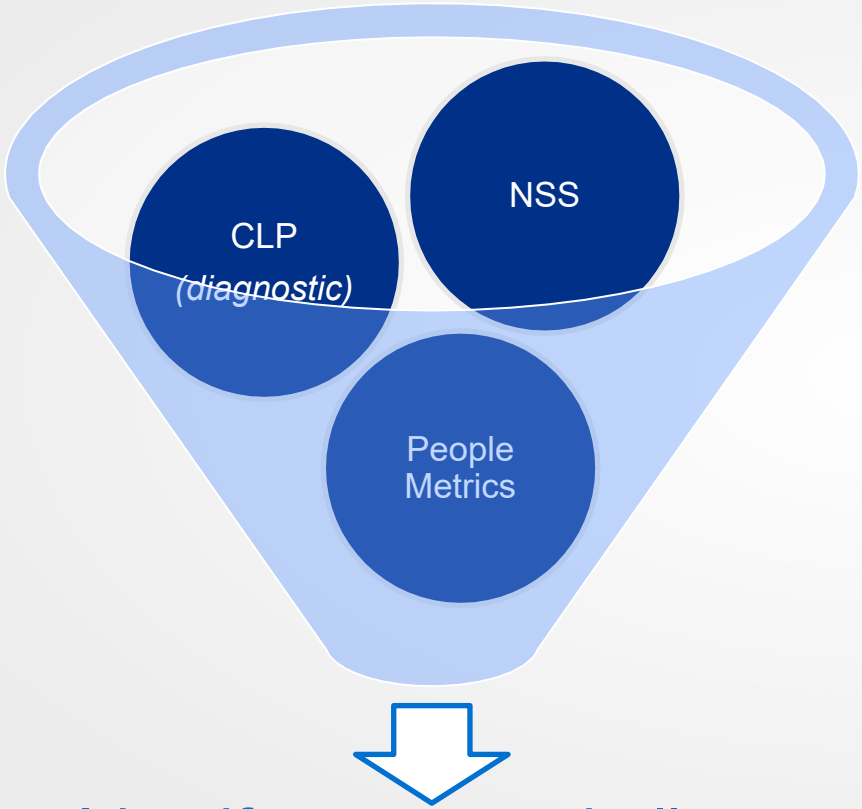
East Kent Hospitals University NHS Foundation Trust

- A minority response rate (41%), below the national average (46%)
- Score significantly **below** the national* average for most questions
- Three of the nine key themes score the lowest of 122 Acute Trusts
- The 3 questions with the biggest gap from the national standards all relate to advocacy (*i.e.* Recommend as a place to work/ be treated & care being our top priority)
- Fewer staff would recommend the Trust as a place to work than at any other Acute Trust
- Our challenges centre around; advocacy, risk and culture
- Compared to the 2022 survey, there were no scores that went down and 26% of scores were marginally higher. However, our scores remain very low compared to other Trusts.

We care

Combining sources of feedback

East Kent Hospitals University NHS Foundation Trust



Identify greatest challenges & action needed

We are using the feedback from the NHS Staff Survey, the Culture and Leadership Programme diagnostic, and other measures such as turnover and sickness absence to understand our greatest challenges and where we need to take action.

We care

Evidence-based priorities

NHS
East Kent Hospitals University
NHS Foundation Trust

Values, voice & leadership

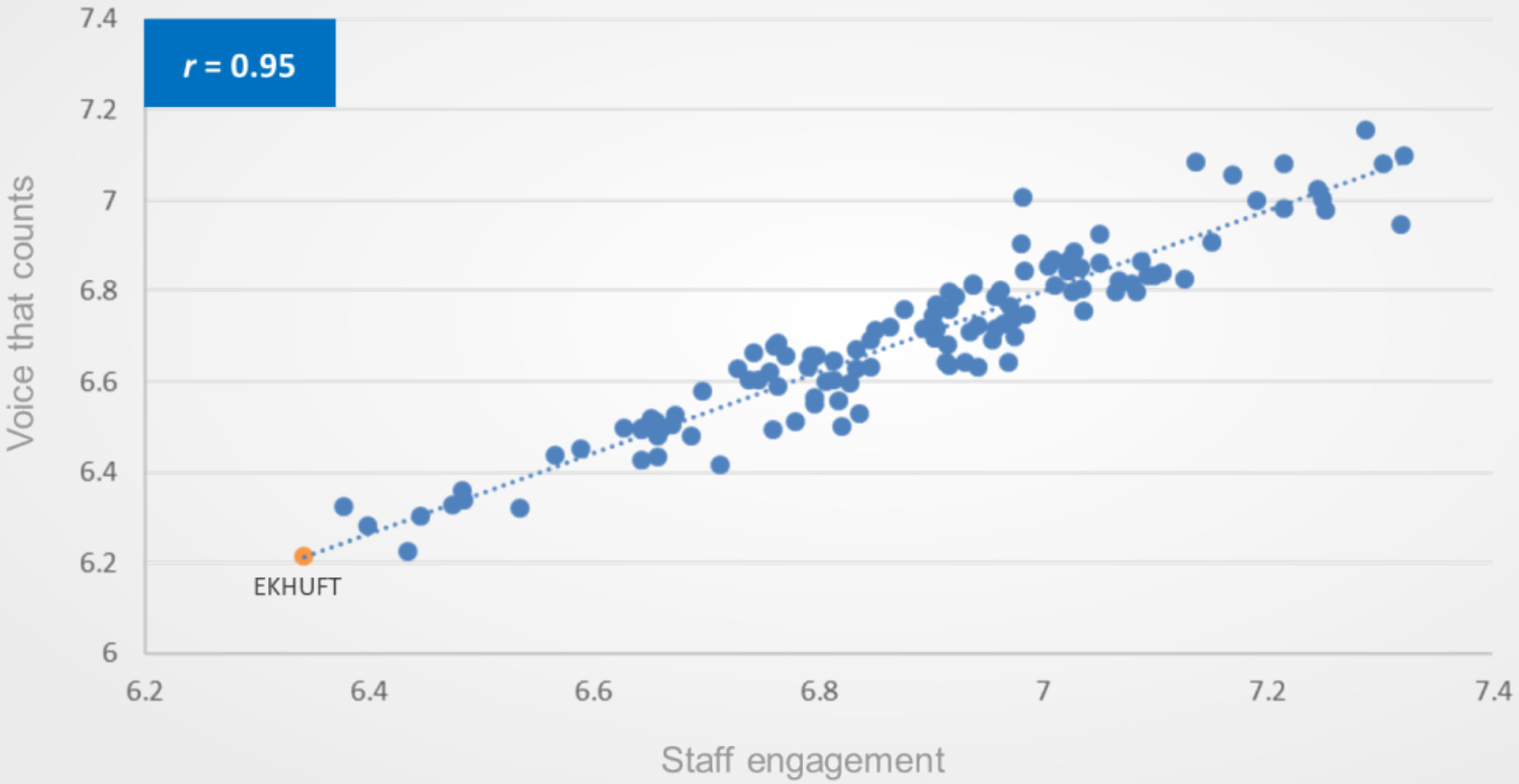
- Feedback from the NHS Staff Survey, Culture & Leadership Programme diagnostic and listening events is that many staff do not feel we are living our values – feeling cared for, safe, respected and making a difference.
- Staff do not feel that care represents our top priority and that the way we behave towards each other does not reflect our values
- Findings from Culture & Leadership Programme diagnostic also reflect that their experience of our values & behaviours varies considerably across teams.

We care

Evidence-based priorities

NHS
East Kent Hospitals University
NHS Foundation Trust

Values, **voice** & leadership



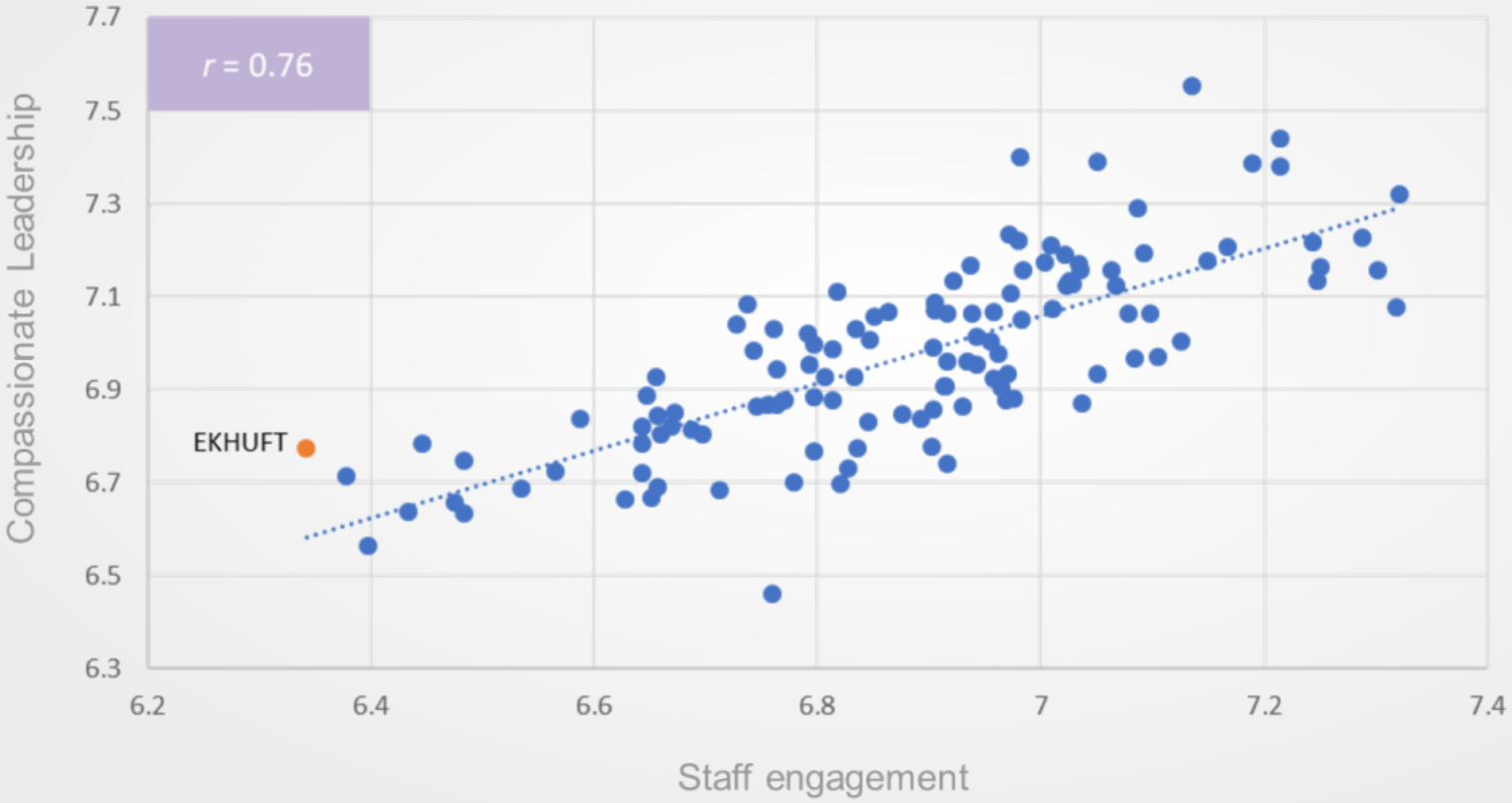
Giving staff a voice and showing that it counts is the single greatest thing we could do to improve staff engagement.

We care

Evidence-based priorities

East Kent Hospitals University NHS Foundation Trust

Values, voice & **leadership**

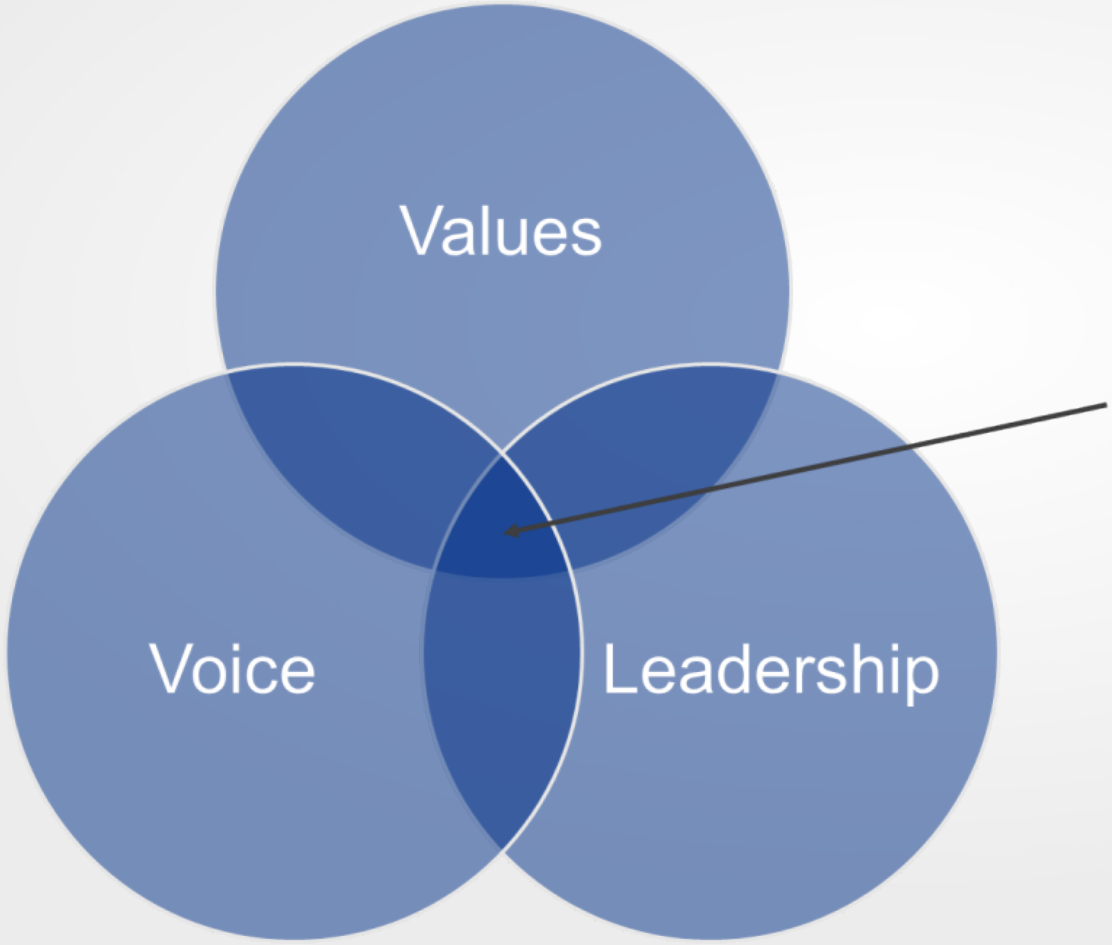


Managers are the single greatest driver of engagement & account for 70% of the variance in team engagement levels

We care

Taking Action: Trust-wide

Programme One: Engagement Programme



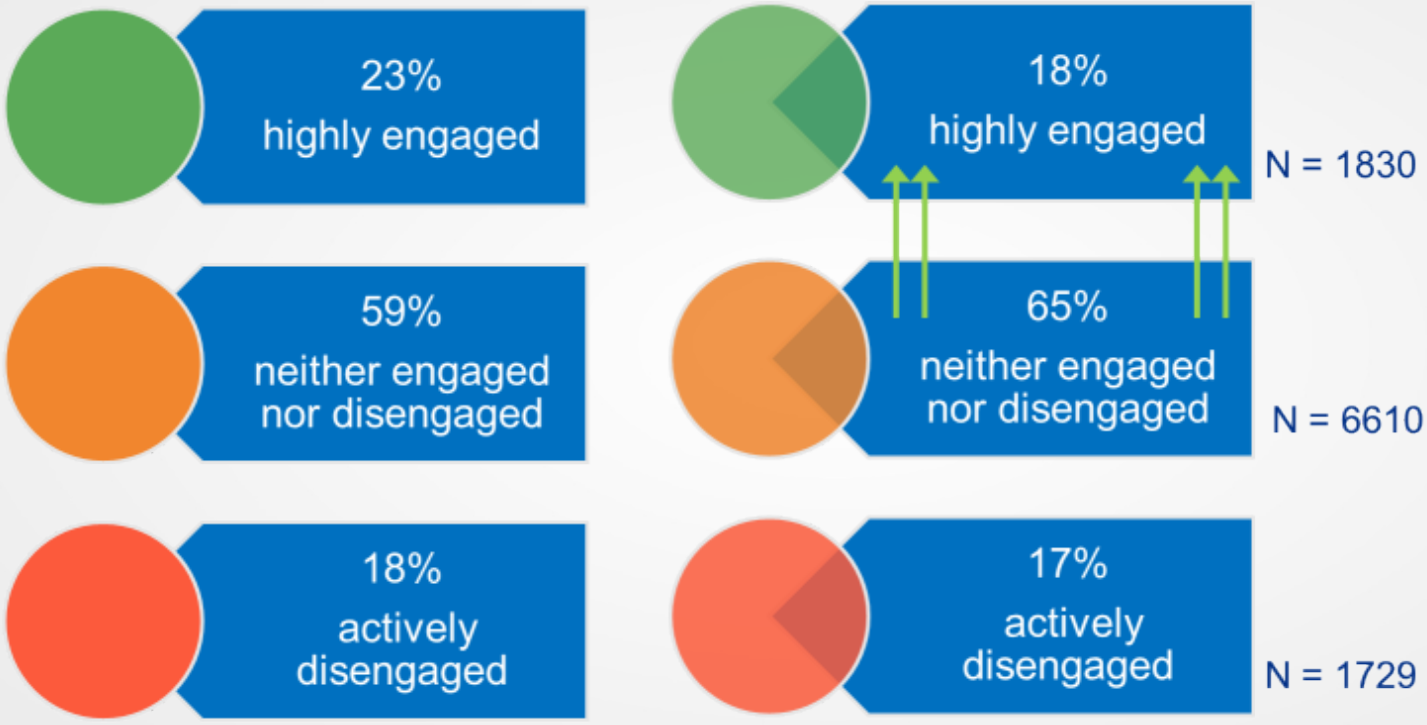
Large-scale engagement programme around living our values and behaviours.

Giving people a **voice**, living our **values** and being compassionate as **leaders** will improve how it feels to work in East Kent.

Taking Action: Targeted Work

NHS East Kent Hospitals University NHS Foundation Trust

Programme Two: Intensive Support



International engagement levels (Gallup*)

EKHUFT engagement levels

- The number of staff (*n*) has been scaled to represent the whole organisation (Headcount: 10,169)

We want to support people to remain highly engaged, to improve engagement in the middle group and understand and address the concerns of those who are actively disengaged.

We care

Taking Action: Reviewing progress

East Kent Hospitals University NHS Foundation Trust

Programme Three: Introducing our People Dashboard

- 12 people metrics
- Updated monthly
- All correlated w/ Staff Eng.
- Allow progress tracking
- Feedback – action
- Year-round focus
- Closes loop

People Plans developed at an Organisation & Care Group level will allow for collective focus and action. Critical to their success is them being tracked, monitored and held to **account** against in various forums.

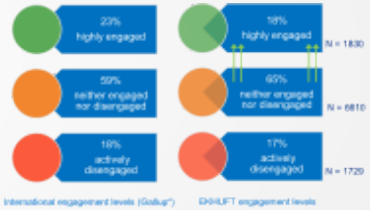
We care

How will this be different?

East Kent Hospitals University NHS Foundation Trust

How will this be different?

- Year-round focus at every level
- Intensive support in specific areas
- Whole organisation approach



We care

What will be different

East Kent Hospitals University NHS Foundation Trust

- Three clear and simple priorities – values, voice and leadership
- A new, stable leadership team is now in place
- Real-time (monthly) measurement of progress (previously annual)
- Intensive focus / support in specific areas
- Action from Board to Ward – everyone talking about it, all of the time
- Supported by local plans
- Monthly review of progress at Performance Review Meetings, Clinical Executive Management Group and People & Culture Committee
- Regular communication of changes made – 'You said, we did'.

We care

Improving our Response Rate

East Kent Hospitals University NHS Foundation Trust

- Show what we've done as a result of the feedback
- Continually reinforce anonymity & confidentiality
- Encourage take-up with different professional groups
- Highly visible leadership, especially in low-responding areas
- Using a range of communication methods (eg. face-to-face, video)
- Encourage healthy competition.

We care

Improving Staff Engagement

NHS
East Kent Hospitals University
NHS Foundation Trust

Values, voice & leadership

- Large-scale engagement approach to living our values & behaviours
- Delivered with the support of our Change Ambassadors and Connectors
- Leadership and engagement at every level of the organisation
- Supported by new and existing leadership development programmes and the team engagement and development (TED) tool
- Completing the loop through regular communication of a ‘you said, we did’ feedback loop

We care

Summary

NHS
East Kent
Hospitals University
NHS Foundation Trust

Values, voice & leadership

- The Board recognise the challenges described by our staff
- They can expect to see clear, visible change and compassionate leadership
- We are ambitious for our staff and patients. We need to make quick progress but recognise significant and sustained improvement takes time
- Our first steps centre around listening and improving how it feels to work here
- We want our staff to be proud and confident to recommend the Trust as a place to be treated.

We care