

Council of Governors Public Meeting

Thu 27 April 2023, 09:30 - 11:35

The Garden Suite-Ashford International Hotel, Simone Weil
Avenue, Ashford TN24 8UX

Agenda

09:30 - 09:40
10 min

23/1

Chairs Introduction

Information

Niall Dickson/Chair

09:40 - 09:40
0 min

23/2

Confirmation of Quoracy

Information

Niall Dickson - Chair

09:40 - 09:40
0 min

23/3

Apologies for Absence and Declaration of Interests

Information

Niall Dickson - Chair


09:40 - 09:40
0 min

23/4

Minutes from the last Council of Governors Meeting held on the 14 February 2023

Approval

Niall Dickson - Chair

 23-04 - Public Minutes 14th February 2023.pdf (19 pages)

09:40 - 09:40
0 min

23/5

Matters Arising from the Minutes

Approval

Niall Dickson - Chair

 23.05 Outstanding Actions Public.pdf (1 pages)

09:40 - 09:40
0 min

23/6

Ratification of Virtual Votes since the last meeting

Approval

Niall Dickson - Chair

 23-06 Ratification of Virtual Votes.pdf (2 pages)

09:40 - 09:50
10 min

23/7

Chair's Report

Discussion *Niall Dickson - Chair*

 23-07 FINAL Chairman's Report CoG - April 2023 v2.pdf (5 pages)

09:50 - 09:55
5 min

23/8

Lead Governor Report

Discussion *Bernie Mayall - Lead Governor*

Verbal

09:55 - 10:00
5 min

23/9

Update on Harmonia

Discussion *Stewart Baird - None-Executive Director*

Verbal

10:00 - 10:10
10 min

23/10

Chief Executive Officer's Report

Discussion *Tracey Fletcher - Chief Executive Officer*

Verbal

10:10 - 10:35
25 min

23/11

Reading the Signals (IIEKMS Actions Update)

Discussion *Tracey Fletcher - Chief Executive Officer / Fiona Wise - Strategic Programme Director*

 23-11 Reading the Signals Update.pdf (4 pages)

10:35 - 11:15
40 min

23/12

NED's Overview Report - Board Committee Chair Reports to Public Board

23/12.1

Quality & Safety Committee

Discussion *Andrew Catto - Non-Executive Director*

 23-12.1 - QSC Assurance Report 30.03.2023 v2.pdf (8 pages)

23/12.2

People & Culture Committee

Discussion *Stewart Baird - Non-Executive Director*

 23-12.2 - PCC Chair Assurance Report BoD 28.02.23 V2.pdf (3 pages)

23/12.3

Finance & Performance Committee


Discussion Simon Corben - Non-Executive Director

 23-12.3 - FPC Chair Assurance Report BoD 28.03.23 Final v MS.pdf (5 pages)

23/12.4

Charitable Funds Committee

Discussion Claudia Sykes - Non-Executive Director

 23-12.4 - CFC Chair Board Assurance Report (29.03.23).pdf (3 pages)

11:15 - 11:25
10 min

23/13


National Staff Survey Summary

Discussion Andrea Ashman - Chief People Officer

 23-13 NSS 2022_Council of Governors Front Sheet.pdf (3 pages)

 23-13.1 Appendix 1_NSS_22 for COG.pdf (22 pages)


 23-13.2 Appendix 2_NSS22 Benchmark Reports_RVV (1).pdf (154 pages)

 23-13.3 Appendix 3_RVV NSS22 Picker Management Report (1).pdf (186 pages)

11:25 - 11:30
5 min

23/14

Meeting dates for Council 2023/2024

 23-14 Front sheet - Meeting dates 2023-24.pdf (1 pages)

11:30 - 11:35
5 min

23/15

Any Other Business

Discussion Niall Dickson - Chair

11:35 - 11:35
0 min

23/16

Date of Next Meeting

Information Niall Dickson - Chair

**UNCONFIRMED MINUTES OF THE COUNCIL OF GOVERNORS PUBLIC MEETING
HARRIS ROOM, SPITFIRE CRICKET GROUND, OLD DOVER ROAD, CANTERBURY, KENT
CT1 3NZ
TUESDAY 14 FEBRUARY 2023 09:00AM - 12:15PM**

PRESENT:

Niall Dickson	Chairman	Chair
Tracey Fletcher	Chief Executive Officer	TF
Bernie Mayall	Lead Governor	BM
Nick Hulme	Elected Governor – Ashford	NHu
Alex Ricketts	Elected Governor – Canterbury	ARi
Marcella Warburton	Elected Governor – Thanet	MWa
Linda Judd	Partnership Governor	LJ
Sarah Shingler	Chief Nursing and Midwifery Officer	SSh
Jane Ollis	Non-Executive Director	JO
Shane Weller	Partnership Governors	SW
Olu Olasode	Non-Executive Director	OO
Simon Corben	Non-Executive Director	SC
Luisa Fulci	Non-Executive Director	LF
Andrew Catto	Non-Executive Director	AC
Fiona Wise	Strategic Programme Director	FW
Stewart Baird	Non-Executive Director	SB
John Fletcher	Elected Governor - Ashford	JF

IN ATTENDANCE:

Neville Daw	Governor and Membership Lead	GML
Lucy Coglan	Council of Governors Support Secretary	LC

ONLINE VIA TEAMS

Carl Plummer	Elected Governor - Folkestone & Hythe	CPI
Sarah Hayward-Browne	Senior Advisor to the Chairman	SHB
Paul Verrill	Elected Governor - Dover	PV

MINUTE NO. CoG/22/		ACTION
22/060	<p>CHAIRMAN’S INTRODUCTIONS AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all to this meeting and introduced two new Non-Executive Directors who were due to start on the 1st March 2023 - Claudia Sykes who would chair the Charitable Funds Committee and Richard Oirschot would be chairing Finance and Performance Committee. The Chair thanked Jane Ollis and Nigel Mansley for their help and support - they would both be leaving their positions on the 28th February 2023.</p> <p>The Chair informed he would ask JO and NM to endorse the appointment of SB as deputy Chairman from 28th February 2023 until the end of March 2024. SB had agreed to serve in this role and would also Chair the Nomination and Remuneration Committee - The chair paid tribute to JO for her help and support with this current role.</p> <p>Sadly, the Council of Governors said goodbye to two governors Marcella Warburton, who had served 9 years as a governor and Nick Hulme who had been a really active and effective governor during his 3 years. The Chair thanked them both for their hard work and support.</p>	

Chair's initials

	The papers were taken as read and the Chair asked presenters to highlight the key issues for the Council's consideration. Questions were welcomed for clarification and understanding.	
22/061	CONFIRMATION OF QUORACY The Chair confirmed the meeting was quorate.	
22/062	APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST Apologies had been received from Governors Monique Bonney and Janine Thomas. There were no new Declarations of Interest.	
22/063	MINUTES FROM THE LAST COUNCIL OF GOVERNORS' MEETING HELD ON 01 NOVEMBER 2022 The minutes from the previous meeting were APPROVED as accurate.	
22/064	MATTERS ARISING FROM THE MINUTES The following updates were received and agreed: 21-02 – Constitution review group report - Maximum term of office rule for Governors. Agreed this would remain open because it was being taken over by the Task and Finish group which would bring it back to Council - To remain open. 14/02/2023 – Recommended to Close 21-07 – Process for responding to email enquiries - GML had investigated and was not aware of any Trust that allowed Governors individually available to the public through publicly advertising their nhs.net emails. GML would email the legal notes previously circulated to Council about this - To remain open - 14/02/2023 - This would now be taken through the Membership, Engagement and Communications Committee - Recommended to CLOSE. 22-01 – Harmonia Village - Contracts were now signed. Meeting to be arranged for a visit to Harmonia Village at the end of July - To remain open. 22-02 – Governor site visit process - Using surveys. GML to investigate and develop a questionnaire for discussion with SPEC. To remain Open - 14/02/2023 - Recommended to CLOSE	
22/065	RATIFICATION OF VIRTUAL VOTES SINCE THE LAST MEETING The Council were asked to ratify the outcomes of the virtual votes since the last meeting. To clarify, these were votes on using schedule 3 for the current and future vacant seats, the re-appointment of Dr Chris Holland, the appointment of Dr Andrew Catto and Non-Executive Directors Richard Oirshcot and Claudia Sykes – Votes ratified	

Chair's initials

<p>22/066</p>	<p>CHAIR’S REPORT</p> <p>The Chair informed the organisation was under significant pressure. The Chair had visited the ED Department at William Harvey Hospital on Friday 10th February 2023 along with Damien Green, MP. The foyer was extremely busy with ambulances patients having been unloaded but there being nowhere for them to go in the department or in the hospital. The report which had gone to the February Board meeting stated there were nearly 400 patients that should no longer be within the hospital, but could not be discharged due to there being no availability in the community.</p> <p>The Council of Governors NOTED the Chairman’s report.</p>	
<p>22/067</p>	<p>CHIEF EXECUTIVE OFFICER’S (CEO’S) REPORT</p> <p>TF informed she usually gave a verbal update, but was happy to provide a written report going forward to support the Chair’s report.</p> <p>Over the Christmas period the Trust, in particular ED, departments were busier than TF had ever experienced in her career. Patients’ were still awaiting beds on Christmas day. Staff had worked really hard and the activity had been relentless. There were things that needed to be done within the organisation to expediate the discharge of patients, however, equally work needed to be done with colleague across the Health and Care partnership - TF had been in contact with them and they were committed to working with the Trust to do what was needed for patients.</p> <p>The CQC visited Maternity services and a number of concerns were highlighted - SS would update more in her report.</p> <p>There had been industrial action across some areas of the health service, however, none of the Trust staff had been on strike, but this was not to say it would not happen in the future. The Trust had been impacted by industrial action within the local ambulance service and local community trusts - Both of which had done their upmost to have the minimal impact on patients across the district.</p> <p>There were a number of Executive Directors due to leave the Trust, the first being Tina Ivanov - Director of Quality Governance, who would be taking up a new role within a local Trust, which had been announced. Phil Cave - Director of Finance would be leaving at the beginning of April to take up a new role in Hertfordshire. TF thanked them both for their support.</p>	
<p>22/068</p>	<p>LEAD GOVERNOR REPORT</p> <ul style="list-style-type: none"> • ELECTIONS UPDATE <p>BM informed she would provide a verbal update at this meeting, however, going forward she would produce a written report to be circulated. The following highlights were noted:</p> <ul style="list-style-type: none"> • The Trust had received, scrutinised and responded to the Kirkup report in various ways including public meetings and statements. • There had been appointments of new Non-Executive Directors (NED) and assisting the current impressive NED’s, which BM commented it had been a pleasure to work with. 	

Chair’s initials

	<ul style="list-style-type: none"> • The new NED's and governors were welcomed and BM commented they would be supported and challenged in equal measure • Site visits had commenced successfully with some sharp and insightful reports coming from these • On behalf of the Council BM was disappointed with the unhelpful/lack of communications in regards to Harmonia. BM was expecting a site visit there along with SB, who had been consistent with his commitment. Clear updates with details and milestones would be welcomed • Newsletters and governor communications has been improving, although there was still some work to do - BM thanked CP and NY for their work on this • BM and CP were part of the national governor group, with CP taking the lead on a number of matters with the intention of contributing to the group and raising the profile of the governors and the impact of East Kent • The Entonox issue was a concern and the council looked forward to hearing the report regarding the causes and accountability for the risks that were incurred and the mitigations going forward • The council had recently learnt about OPEL levels 1-4 and looked forward to understanding more about these in the most basic levels during this meeting • There were deep concerns about the recruitment processes as the result of Kirkup and several high-risk appointments, one of which who had recently been arrested over alleged child sex offences who had a prior history indicating this • There were plans to align specific governors to specific care groups to enable a better relationship between those groups and the NED's and the governors and this would be reviewed over time • Governor recruitment was underway. The Trust had lost and would soon lose other members of the council - BM thanked those who would soon be leaving and commented on their outstanding contributions • Given that maternity was still at the front of centre, BM thanked NH, who had made such a profound impact on the maternity services and should be remembered for the changed he had driven through and championed in partnership with the clinical teams. There was still a lot of work to do post-Kirkup, however, NH had helped make the best possible and enduring start • A tribute was made to the late, well-loved governor Sophie Pettifer, who sadly passed away just before Christmas. BM commented her warmth and sense of duty would be remembered and valued with sincere affection • There was considerable work still to be done, despite the achievements. Culture change would always be a challenge. There was a toxic culture within the Trust that had been inherited from previous regimes which needed to be moved to a more wholesome culture - This needed to be urgently moved forward <p>The Council of Governors would continue to hold to account those in positions to make the difference and to support and challenge in equal measure. There was now a chance to profoundly impact, not only in maternity but all other areas of East Kent Hospital University Foundation Trust.</p>	
--	---	--

Chair's initials

	<p>The Chair expressed his sadness on behalf of the Board and the Council, at the loss of Sophie Pettifer, who was a respected and loved senior nurse within the Trust, and she was also a staff and then a public governor.</p> <p>The Chair also welcomed CP and PV, both public governors who were in attendance online. The new governors were also welcomed to the Council - Tom Morris - Canterbury, Sarah Barton - Ashford and Mike Trevethick - Thanet. Paul Schofield was re-elected for a second term, and Richard Brittain - Swale and Saba Mahmood - Staff governor, were also elected</p>	
22/069	<p>READING THE SIGNALS</p> <ul style="list-style-type: none"> • (IIEKMS ACTIONS UPDATE) <p>The Chair informed the Trust were considering the Reading the Signals report, and the document needed to be used as a catalyst for change, not only for maternity but for the wider Trust. This was discussed at the Board meeting which took place on the 9th February 2023 and there was a real determination to ensure it did not fade away.</p> <p>FW was welcomed to provide an interim response to this item, which was aimed at maternity and neonatal services, however, the trust had made the decision that this would impact how the Trust would take its whole journey of improvement. The following highlights were noted:</p> <ul style="list-style-type: none"> • It was the Trust’s intention to publish an open letter of apology. This would go to the local newspapers on the 15th and 16th February 2023. Families that had been in touch with the Trust would be written to at the same time. There would also be a letter sent to all staff, which would follow shortly after the release of the above letter • There was a copy of the open letter in the report provided by FW to this meeting as it would appear • The Pillars of Change had been introduced which would set out a number of on-going initiatives and improvements that the Trust would be seeking to achieve, but it also set a plan for the next 2-3 years - A narrative was also attached to the papers which explained what the pillars were seeking to achieve and one of the key things within this narrative was the development on what the Trust would measure its success. These pillars were in the first stage of drafting and work was being done with TF and exec colleagues to think about the measurements to be put in and this was expected to form part of the Board report in March 2023 • It was important to ensure the changes were having the impact needed • The pillars reflected the key themes that came out of the report and some of them were Trust wide initiatives • The Culture and Leadership programme - The Trust embarked on a pilot and had introduced an NHSE recognised Culture and Leadership programme in maternity and children’s services, with the intention to introduce this to the wider Trust. This first stage of this would be a discussion at the April Board meeting, with Professor Michael West who was a leading external expert in changing culture and improving leadership - Dr Kirkup had asked within his report that the Trust sought external support 	

Chair’s initials

- A Trust wide transition team would be set-up - FW and AA were to have a discussion with the national lead to seek guidance on how to take this forward
- The Reading the Signals Oversight Group needed to be established, to which the governors would play a key part. There would be a delay in setting this up due to fifteen families wishing to join the group, however, the ToR stated only four families required. This was good and it showed families wanted to work with the Trust to help
- FW was in the process of setting up a one-off family voices group to encourage enthusiasm to join the Trust. It was hoped this would be in place by the end of this month
- Independent case review process had been worked on by FW and SS. This process was now in place and the Trust were actively engaged with families who had come forward who wished for an initial or further review
- The NHS England response to next steps had been set-out. One particular detail to highlight was the plan for NHS England to publish a delivery plan for maternity, which could bring new challenges or objectives for the Trust to achieve. This was likely to be published in March or April 2023
- There was an intention for the minister to meet with families that participated in the IIEKMS investigation
- There had been a major update to the communications strategy, which was being continued to be worked on

It needed to be thought about how to bring regular updates on these initiatives, which would be worked on with the Chair and TF.

The Chair asked, had the review process been agreed based on what information was received from the investigation and the families. FW responded the disclosure process with families was yet to be concluded by Dr Kirkup. There were 203 families who were invited to have a personal conversation with him and some had taken the opportunity. These meetings have been organised and the letters had been issued, however, this was likely to change in the next 2-3 days. FW had met with the secretariat to discuss this process and another meeting had been arranged for in a couple of weeks.

PV wanted to know what monitoring would continue to be done within the maternity services - SS would address this in her CQC update.

NH thanked MW, as well as TF, FW and the Chair for speaking to him separately throughout this process. NH felt there was a lot of good things beyond maternity around pre-conditions and the facilitators of what was needed. NH went on to say he had a WhatsApp group with midwives, who were ambitious, determined, caring and the overall wording that was being used in response to Kirkup were 'un-inspiring, flat, late' - NH agreed with these thoughts. Although there was a lot in regards to the pillars, there was nothing inspiring those on the front line to think the Trust was moving on and forward. A renewed sense of urgency was needed to go further and faster than the Trust were currently going. There was a lot of positive things in place in terms of transparency, the sense of apologising, of learning and of perspective. The strategy and operational grip needed to be tightened. Foetal monitoring was a basic thing that the Trust could not get right. Midwives

Chair's initials

	<p>needed to be inspired and a plan was needed that would go further and faster. SS commented the pillars were around the strategy and how the Trust would deliver change across the whole organisation, and a large part of this was around culture and how the Trust changed the culture of the whole organisation. SS acknowledged the foetal monitoring issue was disappointing and the auditing and monitoring of this had been tightened daily with staff being spoken to daily of those checks had not been done. This would not however change the culture, and this would need to come from within. Clinicians had a professional responsibility to follow guidelines, and delivering the best practice. The pillar would support this, and until this was right, everything else would not make a difference. The Board was clear that transparency and openness was needed and there was recognition about where things were going wrong and getting it right. Getting staff in the right place was the biggest challenge.</p> <p>TF thanked NH for his comments, which were challenging and thought-provoking. TF felt it was frustrating the Trust hadn't yet achieved the level of consistency on both units on a number of aspects - This would also be disappointing to staff. There was a need to continue the work that had already been started in regards to how the teams work and challenge themselves, and the pride every single person had was equal and improving across the board - This level of consistency had not yet been achieved. TF commented the environments within maternity were not how the Trust wanted them to be. The organisation would like this to be changed, however, the Trust was totally dependable on capital funding being made available. Approaches had been made from the Trust, and local MP's had been supportive of making approaches. A response was awaited on a bid that had gone through for developments across all of the sites, and maternity was associated with this.</p> <p>The Chair felt the way the Trust handled the Kirkup report needed to be different to the way organisations generally treated a report. This would become more apparent. The Trust was determined to make sure that every member of staff had read the report and talked about it within their teams. Behaviours that were not right needed to be called out and the right environment needed to be created.</p> <p>MW highlighted one of the things that were discussed approximately 3 years ago, was the introduction of band 7 members of staff to monitor and work with the midwives. The band 7's should have been monitoring all bandings below on a daily basis. The expectation of the new band 7's were they would be leadership efficient to manage the shift, which would ensure patients had the correct checks, reports would be written and ensure everything was proficient. The band 7's that were brought in did not have the level of skills that the expectation required. The right leadership and culture was needed across all levels. The governors were determined and working hard. The re-assurance was in place that when things were discussed the Trust acted immediately. MW could see transparency and embedding progressing, although not enough. SS responded the band 7's was super-numerary, and there were operational band 7's to deal with operational concerns on shift. It was the responsibility of individual clinicians to have oversight, which was important.</p> <p>The Chair asked if there was more confidence, post the CQC report, around fetal monitoring. SS informed the matrons and heads of midwifery, were</p>	
--	---	--

Chair's initials

	<p>reviewing five sets of case notes from the day before on each site. There were five different components to the Fresh Eyes and fetal heart monitoring and WHH were not achieving 100% that all check had been completed, however, QEQM were achieving this. SS believed this came down to the stability of the leadership team at WHH. There was a new Head of Midwifery and Matron in place at WHH. Band 7 leadership had also changed, with some leaving the organisation. The Trust was beginning to build on leadership at WHH, however, there was still work to do.</p> <p>ARi commented there was a huge task in replacing SS when she leaves in the coming year, along with the two governors MW and NH where a good relationship had been built. It appeared the wrong things were happening and had been happening, which needed to be sorted. How were the Trust still in the position where these things were happening? Progression needed to be made and quickly. ARi felt the Trust were not on top of this, and change needed to be accelerated. TF agreed things needed to improve quickly. The Trust were instigating a number of increased levels of checking, however work with the staff team needed to be done to ensure the staff were doing this for themselves. Shifting and turning around the leadership in both units was needed which would have an impact on a large staff group was difficult to do over a short period of time. The challenge of the organisation was to bring in individuals who were working within the values and encouraging their managers to have the same grip. ARi acknowledged the work that was being done and he supported the journey, however, standards and basics were not being met. The public wanted to hear that things were being dealt with and actions were being taken immediately. TF informed changes and checks had been implemented. The CQC had highlighted fetal monitoring, which at the time daily checks hadn't being implemented in the units. TF would like to get to a position where daily checks were not being run on every single item daily, however, everything had been put in place since the CQC report. ARi felt the sense of urgency was not being communicated. TF did not want to lose the emphasis on how the work group felt. The Trust had a responsibility to act immediately on the response to the issues highlighted, which had been done.</p> <p>SS informed the fetal monitoring and equipment checks were a known issue, the issue being this was being worked through with the teams and daily checks should have been put in sooner. Daily checks were being carried out on everything - This would continue until it happened consistently. Part of the issue was instilling the professional responsibility and pride which clinicians should already have.</p> <p>The Chair asked how the staff had reacted over the Entonox issue and the issues highlighted from the CQC. There were individual members of staff who were not doing what was expected, and there was a team who allowed this to happen and the Trust did not have all the checks in place. The Chair asked how this had been played out to the teams. SS responded honestly it was very difficult working with the staff on the ground, after the issues with the students at WHH, the CQC and the reporting at the Board meeting last week. Staff had found this difficult because their professional executive leaders had 'held the mirror up' which had been difficult to hear. Work was being done with the teams to get them to understand the seriousness of where the Trust was and the fundamentals of care had to be met and for safety checks to be met consistently every time. SS had written to every single midwife outlining her expectations and also reflecting there was an</p>	
--	---	--

Chair's initials

	<p>exhausted workforce and the staffing challenges remained. Staff morale needed to be built.</p> <p>NH commented there should be three parts of the strategy, operations, and staff - these should work hand-in-hand with each other so they acted when one of the others were weak. NH agreed with MW and ARi around progression but not enough, which is where the Trust stood on each of the three elements of the strategy. Basic checks such as fetal monitoring should not have been picked up by the CQC before controls were put in place. There wasn't enough progress and more was needed to be done quickly.</p>	
22/070	<p>OPERATIONAL UPDATE</p> <ul style="list-style-type: none"> • MANAGING OF OPEL ALERTS <p>The Chair welcomed MP to this meeting and informed a new Chief Operating Officer had been recruited. MP introduced this and the following was noted:</p> <ul style="list-style-type: none"> • There were 4 OPEL levels from 1-4 with 4 being the most challenged and being an indicator in terms operational pressure the Trust was under and acted as a framework of actions that should be taken. • The trigger for OPEL 4 could be lack of capacity, lack of flow and lack of specialist beds - this could be ITU beds, which could be a trigger for level 4 and with this comes associated actions, which could be taking down elective activity, putting doctors on the front door or diverting ambulances to other Trusts • The Trusts' OPEL level go as far as Kent and Medway, with them also having their own OPEL levels • Currently Kent and Medway were on OPEL 2 with WHH being on OPEL 4 and QEQM level 3 • The OPELS were a framework to which the Trust directs its operations and actions <p>ARi asked if individual departments were graded - MP confirmed the top level grading was for each site, not departments.</p> <p>The Chair informed there was another set of levels, which was the recovery and support programme. Work was being done with NHS England and the ICB to move the Trust from level 4 into level 3. The update from MP above was operational and should not be confused with each other.</p>	
22/071	<p>UPDATE FROM CHIEF NURSING AND MIDWIFERY OFFICER</p> <p>071.1 ENTONOX SITUATION</p> <p>SS informed an independent review had been commissioned to understand how the situation arose - This had been across different parts of the hospital and directorates. The Trust needed to understand the issue with Entonox, but also around the governance and processes within the medical devices committee, health and safety committee and how information fed up through the organisation. It was hopeful this would be done within eight weeks, the results of which would be shared. Scavenger units had been installed at WHH and in the rooms in QEQM that did not have them, and all staff had been trained how to use the equipment. There was progression with the air exchange unit for the WHH which would make the building regulation compliant for delivering medical gases, and it was hoped this would be in place by May 2023. All mitigating factors had been put in place to protect</p>	

Chair's initials

staff. Advice had been sought by HSE and they were satisfied with the mitigations the Trust had put in place. Staff had been followed-up by Occupational Health, and any requiring treatment, had received it, and were being followed-up. ARi asked if nobody knew this was an issue, had it not been flagged, and had staff not noticed. It was a concern it was happening in an area of the Trust that was under scrutiny. ARi was also concerned that there may be other technical issues like this in other areas of the Trust that may be being flagged and not being looked at, or that things were going unnoticed. It needed to be looked at how this occurred and if there were other instances like this happening - What was being done to look at things across the whole Trust before it got to this point.
TF responded the estates team were involved in the process of checking both the WHH and QEQM sites for any similar issues.

The Chair commented the report would be published and there would be an opportunity for Council to discuss. The report would look back over time and to date in terms of how it happened and advice.

SC commented there was full compliance audits of the Trust being done by 2gether. There had been huge change in the Trust and with execs and there would be a new approach to this. This scenario had been brought about by clinical services using rooms that were not built for such services. The audit was due to be done by the end of March 2023. SC had asked the 2gether team to create simple stickers or leaflets to be put into areas to help users to understand the risks of over-saturation in terms of Entonox and the importance of transferring monitors to staff.

071.2 CQC UPDATE

SS made the members aware, the letter of intent had been issued and focused on four areas; fetal monitoring, fire safety, equipment checking and triage. An action plan had been done by the Trust with evidence being produced in the first week following the CQC inspection of the checks that had been put in place - these included; daily fetal monitoring checks, environmental checks and IPC checks. An urgent safety concern by the CQC had been raised in regards to resuscitaires not being available in both WHH and QEQM labour rooms. The Trust had 12 hours to respond and work was being done with the clinical teams, with resuscitaires being put in some of the labour rooms at WHH. It was possible that one resuscitaire could be placed in all but one of the labour rooms at WHH. In QEQM the rooms were not big enough, so resuscitaires would need to be more central around the labour suite - this was in hand. The CQC were fully assured by the immediate actions that were took, however, a more sustainable solution would be looked at. The Trust had national support advisors within the organisation that were working with the Trust. Section 31 notices had been received for WHH and QEQM. QEQM was very disappointing because from a cleanliness and environmental point of view, this should not have happened. There had been significant improvements at QEQM, due to leadership and the pride the teams had. Triage was complex at the WHH and the Trust was working towards implementing the QEQM model, however medical and midwifery staffing was preventing this from happening at this time. SS re-iterated checks were in place; however, compliance had deteriorated since November 2022 and work was being done with the clinical teams to improve this. SS had written to all midwifery staff with her expectations and also to inform them of the Section 31 notices and explain the seriousness that they

Chair's initials

	<p>needed to work together to rectify the concerns. The action plan would be updated and monitored through the Maternity and Neonatal Assurance Group (MNAG) and Board meetings. SS had asked for an independent review on why the fire safety, environment and cleanliness issue was not thread through the governance frame-work so the Trust could act sooner.</p> <p>SC felt these were issues that should not be happening, and focus needed to be on this. Most discussions were around maternity and no other issues/services around the Trust were being discussed. If the Trust did not get a grip of this they were in danger of always having maternity as a discussion, when other issues were not being discussed, which was a concern. SC felt a team of individuals needed to be dealing with these issues 24/7 to ensure there was solid response back to staff, patients and public.</p> <p>PV shared a personal experience whereby his daughter-in-law was having to call the Trust a few times in one morning to establish where her maternity appointment was taking place. PV felt the public needed to see the Trust were in control of this and it needed to be sorted once and for all. The Chair agreed there had been set-backs which clearly showed the Trust had not yet got the basics right.</p> <p>CP asked if after all this time the change was not happening, shouldn't there be a call for new leadership. The Chair responded the majority of the Board was entirely new. The basics needed to be put right a real sense of urgency was needed.</p> <p>ARi felt the Trust were not getting ahead of the issues, and what was being done needed to continue but at a faster rate.</p> <p>TF commented the band 7, band 8a staff, Head of Midwifery and Director of Midwifery responsibilities needed to be clear and the Trust needed to support them. There were a vast majority of midwives who were doing their utmost, however, there were a number of midwives that were not and this needed to be challenged. Leadership within those areas needed to be challenging within their areas.</p> <p>SS commented there had not been a substantive Director of Midwifery for some time. The Board had invested in a £1.6m business case for a deputy Director of Midwifery in 2021 to have oversight on the operational side, however due to the position the Trust was in, it was difficult to attract high calibre, quality individuals. A director of Midwifery and a Deputy Director of Midwifery had now been recruited. Both individuals were from an outstanding organisation and maternity unit (same unit) and had taken their unit from 'requiring improvement' to 'outstanding' and had maintained that position. The Director of Midwifery was also a specialist advisor with the CQC around maternity. The deputy director would start around the beginning of May 2023, with the director starting on the 15th May 2023. Leadership was crucial at this level. The Director of Midwifery would report into the Chief Nursing and Midwifery officer so they could be fully supported and had access to the Board. The issues picked up by the CQC around fire safety, cleanliness, environmental audits sat outside of maternity, but was picked up in a maternity CQC inspection.</p>	
--	--	--

Chair's initials

	<p>The Chair was clear the execs and non-exec's were taking seriously the points made, particularly around speed and pace and was encouraged by the new appointments that had been made.</p> <p>NH asked if the Trust was planning to do anything different to what had already been planned in maternity. SS responded the structural work needed to be looked at - the rooms and the environmental space needed to be bigger. Civility Saves Lives was being implemented in maternity throughout March, which had fantastic results, and would help the team work.</p> <p>The Chair felt the Board would monitor how getting the basics right was put into place. False assurance had previously been given that checks were in place, that were not, and this would be monitored. The Chair was concerned in regards to the staff response and that people would think this had faded away. NH suggested all staff, irrespective of their role, to be listened to by an independent person from their manager for just 20 minutes, which would be powerful. The Chair responded this was being considered. TF felt conversations were needed with the new Director of Midwifery to think about this and how she would do things.</p>	
22/072	<p>NEDS OVERVIEW REPORT - BOARD COMMITTEE CHAIR REPORTS TO PUBLIC BOARD:</p> <p>072.2 QUALITY & SAFETY COMMITTEE - AC was struck at the volume of work this committee processed. The following was noted:</p> <ul style="list-style-type: none"> • The IPR report was questioned in the committee if it was focusing on the right things and should it be more focused around national targets. The format had been looked at, with some of the reporting metrics being recently changed to reflect NHS England best practice - this meant using a statistical process chart. Where the IPR was discussed had also been raised, therefore the report would be refined and where it was received • The effectiveness of the Trusts CQC compliance processes had been questioned both at the Quality and Safety Committee and at the Board meeting • Systems and processes could be in place for compliance, but the associated attitudes and behaviours from staff was needed for things to be consistently done and owned by colleagues • The corporate risk register and board assurance framework was also discussed. There was a lot of risks, with the figure sitting around 15-20 and not much movement had been done with them over the last 12 months. Whilst maternity was a significant risk, there were multiple other risks within the organisation. A lot of effort was being concentrated on maternity. The challenge was for the Board to look at the CRR to ensure things were managed in the right way • The significantly high backlog in Ophthalmology was a concern and had been discussed in this committee. The committee obtained a reasonable level of assurance that processes were place to manage the backlog. Incidents of harm had risen as result of the backlog. It should be a matter of serious concern should a patient suffer with sight loss or any other visual impairment • The committee was currently 3.5 hours long and discussions had been had with RM and SS to establish if any items could be looked at elsewhere without detriment 	

Chair's initials

ARi asked AC what his views were on how many issues had been highlighted across the rest of the Trust and how could the Trust ensure actions were being dealt with differently when flagged. AC responded some actions were identified and known about, and steps were in place, but the question sat around the adequacy of controls and how staff on the ground responded. Systems of control could be put in place, however, fundamentally it was the staff who needed to exhibit the right attitudes and behaviours and were supported by the leadership. SS commented herself and RM had recognised that there needed to be more escalation oversight of incidents that sat in certain categories or themes at the point when they happened. The governance process was being reviewed and would be put into place so there would be agreed categories where SS and RM would be informed immediately to ensure appropriate and immediate actions were taken and the incident was managed appropriately.

The Chairman felt a governor was needed on the Patient and Safety Committee. JCa suggested three Governors should set-up a rota so there was always a Governor to attend every Patient and Safety Committee as part of engagement.

MW asked if patients did not want to travel, would this impact on them receiving their treatment if they couldn't attend. MP commented the Trust wanted to do the right thing by their patients' and they should not be disadvantaged because of this - MP would pick this up and discuss with MW.

AC commented himself and CP had been on a recent site visit to RVHF and the staff from the Planned Care Team were working hard to get patients to the place what suited them best to received the car they needed. The staff were capable and enthusiastic leadership, who were patient and were community focused and they wanted the patients there and the space being used to its capacity. CP agreed with AC.

072.3 INTEGRATED AUDIT & GOVERNANCE COMMITTEE

The report was taken as read and the following highlights were noted;

- The most recent meeting focused more on the effectiveness of the assurance framework and management of risk. The question was raised around if there was an appropriate strategy and effective plans to mitigate the risks around the Trust.
- There had been discussions around governance and risk around the Trust. Conversations had been had between OO and each of the executives that were leading on this work. This was not just Board governance but was Trust governance overall. Identifying risk and ensuring the right reports with the right indicators were going through the right Committee's and picking up issues before they were picked up externally
- The only recommendation that affected this Council, was the one in regards to the Chair of Finance and Performance Committee. As the Audit and Assurance Committee sat as a high-level Committee of the Board with Chair's of all the other Committee's represented, except the chair of finance and OO asked why this was. NM responded, it was deemed to be best practice for the Chair of Finance Committee not to be present in the Audit Committee as it was a conflict of

Chair's initials

	<p>interest and can be seen as ‘marking your own homework’. This was a national issue and not just local. NM felt it could be effective to have close working between both the Committee’s and this was something for the Board to look at going forward. The Chair commented a discussion would be had with the new chair of Finance and Performance Committee and OO outside of this meeting. The Chair asked how much worked was needed to be done by the executive team and the Board in trying to provide assurance to governance to Council and themselves. OO responded a lot of work was needed and one of the recommendations by the Committee a year ago was a need to understand assurance environment - assurance mapping and governance effectiveness was set up. It was clear things were not working as it should and have failed more over the last few months. The Committees of the Board and executive Committees had not been cited in the right way with escalation not working as it should. The reports the Board received and reports going through the organisation were not necessarily targeting the right indicators. TF agreed and discussions were due to be had with OO.</p> <p>JCa asked if regular minutes from the Audit and Governance Committee could be sent up to the members of the Audit and Governance sub-committee of the Council of Governors for advanced reading - The Chair approved the sharing of minutes. The Chair wanted to clarify that the agreed Governors in attendance at these meetings was not to monitor the Committee, but to monitor the Non-Executive Directors and to see how they performed. OO informed he had been invited to present at the Audit and Governance Committee of the Council of Governance.</p> <p>072.4 PEOPLE & CULTURE COMMITTEE</p> <p>SB presented and the following was noted:</p> <ul style="list-style-type: none"> • There was full meeting every other month, with January being a shorter meeting • In December it was reported to Board that the Trust had never had so many nurses on the workforce and some of the metrics were continuing to look positive - the turnover was low, and was below the threshold. Staff were being retained. In the last quarter the Trust had lost 40% less than the quarter before, and this was across Healthcare Assistants and nursing staff • Sickness had impacted workforce, with sickness increasing slightly in December but this was due to seasonal chest infections, Covid etc. The number of staff on long-term sick due to stress and anxiety had significantly fallen - in 2021 a third of sickness was stress and anxiety driven with the figures being down to about 6%, which was a good indicator to the improvements being seen in staffing • SB was concerned new staff were getting the right on-boarding and a new starter experience survey initiative had started on the 30th January 2023 • Appraisals were still an issue, which were not building above the threshold. There were system challenges particularly around medical doctor colleagues and the system was no fit for purpose 	
--	--	--

Chair's initials

	<ul style="list-style-type: none"> • The national staff survey results were due to be seen in early March 2023. The committee was focused on getting these results communicated quickly in a timely manner out to staff • A new agenda structure had been agreed, and would be split into two parts; one looking at performance, and one starting to look at a more forward position • At the next meeting there was a lot of programmes going on in the Trust and the Committee wanted to umbrella these to understand what was going on, which programmes were and were not working and how they inter-linked <p>LF commented there was a new lead for Diversity and Inclusion and this was an exceptional appointment and the programme was taking shape. The number of activities that were taking place in EDI were making a difference. LF asked if there was any governors or NEDS that had any disabilities that they would like to share, this would be welcome.</p> <p>ARi asked if the appraisal compliance drop was an operational issue. SB responded appraisers not having enough time in their day to complete appraisals and there not being enough appraisee’s was an issue that had been highlighted to the Chief People Officer. The nursing staff appraisals were being embedded into the objectives of their line managers. The system failings were linked to doctors - the system the Trust had was not fit for purpose and was not easy to report on. A new system had been identified, and all the foundations were in place. It was hopeful as winter pressures eased an improvement would be seen.</p> <p>The Chair commented the quality of the appraisals was also important. In relation to doctors, their re-validation was linked to the appraisal process. It was therefore important the quality of the appraisals was good so the assurance given by the Trust to the GMC regarding the practice of those doctors was an accurate reflection on how good they were.</p> <p>072.5 FINANCE & PERFORMANCE COMMITTEE</p> <p>The report was taken as read and the following was highlighted:</p> <ul style="list-style-type: none"> • It was looking likely of a financial deficit of £80m for the current financial year. Re-forecasting had been done, work with the region on this, but it was proving to be a little tough - looking into next year this would be even tougher • Developing the budget and forecast for 2023/2024 would be very challenging. The re-introduction to the Payment by Results (PBR) for elective work would be challenging. There had been problems in the past with market forces factor - which was one element of the PBR formula, not being consistent with neighbouring Trusts and therefore this Trust received less income per procedure - This needed to be negotiated to ensure this didn’t happen again. The Trust would have been in a much better financial position over the last 8 years had good market forces factors been involved • The development of the SIP programme and the cost improvement programme. There was slippage this year due to the late start • Activity - The Trust was expected get around 130% of covid era activity - this would also be challenging 	
--	---	--

Chair’s initials

	<ul style="list-style-type: none"> • The capital plan for next year was showing a demand well in excess of what had been allocated • Capital spend for current year was on target, which was good news • One of the consequences of the deficit for this current year was a joined down loan from the Department of Health • Theatre capacity still needed to be worked on • Continued pressure from the Emergency Departments, some of which was coming from community care with GP's not being able to provide all of the demand • The risk register and Board assurance framework was looked at and concern was expressed that there needed to be more rigour in looking after the risk register • Phase 1 of a Maternity estates business case had been approved which will allow for small tweaks around the maternity area, which would help but was not the radical solution that was needed <p>NM also commented one of the biggest things needed was a couple of years' stability in both the executive team and non-executive team.</p> <p>NH asked, in regards to Capix, what percentage did maternity receive, and for the plan ahead, was this expected to increase. NM responded he did not have the figures in front of him, however, the capital was so unlimited, the big spends would have been on the Emergency departments, and also fire safety. Backlog maintenance was over £100m. 2hr 30 mins</p> <p>LF commented it would be valuable to bring to Board to ask to split the capital planning, to see how much was spent on Maternity across all the different areas to get a view on how much was spent and benchmark against other Trusts. The Chair commented work was being done with the ICB and with the Region to try and get capital within maternity.</p> <p>ARi asked what lead to the Trust doing badly with Payment by Results and was there confidence that it wouldn't happen again. NM explained it went back to 2014. The Market Forces Factor (MFF) was designed to compensate for higher the more in towards Central London. The Trusts location and it not being so close to London was what gave the Trust a disadvantage. TF agreed, and this started before 2014. The view of the differential between the MFF value in this Trust compared to other organisations. This would not be remedied until the MFF values was calibrated across organisations.</p> <p>072.6 CHARITABLE FUNDS COMMITTEE</p> <p>JO informed this would be a verbal report as the Committee had not met since 6th December 2022. The following was noted:</p> <ul style="list-style-type: none"> • The annual report for the charity had been finalised and published. It had been a good year with over £500k raised in charitable funds. Some of which was spent on medical equipment to support patients and extra services the Trust provided • JO encouraged attendees to share and follow the social medial activities for the Charity • There were signature blocks for the charity which could be used on signatures • This year a major appeal would be launched, and it would be great to have the governors on board on the Committee which would be set-up in relation to this 	
--	--	--

Chair's initials

	<ul style="list-style-type: none"> If there were friends or family looking to do fundraising this year, please encourage them to consider the hospital charity. Members of the charity team were present, should anyone wish to speak to them about how to get involved and support the charity. <p>The Chair thanks both JO and NM for their hard work and contributions to this meeting and to the Board of Directors.</p>	
22/073	<p>PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK</p> <p>SG outlined the extent of the changes this would bring to the entire NHS relation to patient safety. The policy was based on openness and transparency and was trying to nurture a just culture throughout the organisations and focus on continuous learning and improvement. The trust had one-year from September 2022 to design a response to the Patient Safety Incident Response Framework and then 6 months to implement it. This was significant change. At national level things would change in regards to patient safety that was done currently - demonstrating improvements rather than counting numbers. The concept of serious incidents would be gone, ICB's would not review reports, this would be the responsibility of the Board of Directors and would be supported with training.</p> <p>Key differences in the guidance - The scope was broader and the Trust needed to determine its own plan for the next year. Investigations needed to be focused in terms of those things to demonstrate, improve upon or eliminate completely. There was no guidance in terms of what type of investigations to what types of incidents. The ICB and the Trust would have more of a partnership relationship in regards to patients' safety. Root Cause Analysis methodology would be changing to the recommended SEEPS methodology which is the same the HISB used. The Trust were being asked to consider quality over quantity. It was anticipated that less than 20 per-year significant investigations which were detailed, robust and good quality investigations would be done - currently the Trust were currently doing approximately 150-200 serious investigations per year. The Trust would determine the length of the investigation - currently this was 9 months. The ICB would monitor the improvements. The Trust needed to consider how this would be achieved and would need a designated independent investigation team that would be highly trained and staff already within the care groups would not be able to be used. Datix was being looked at to refine and update it so good quality data could be used. There was a national change in regards of terms of the national reporting of incidents. There would be one system named LFPOC which would determine a number of categories on Datix. The way harm was measured would also change.</p> <p>These changes would affect most staff, especially those who were involved in Datix, as well as HR for culture and significant comms plans would be needed around this work. One other element around this work was Patient Safety Partners who were individuals, similar to volunteers and have specific focus on developing and supporting the Trusts' leadership, oversight and governance of patient safety. The plan was to have 6 individuals (2 per site). There needed to be 2 on the Quality and Governance and Patient Safety Committee's by April 2023 - These individuals would be members of public.</p> <p>MW asked what was the advantage of changing the Methodology. SG responded Root Cause Analysis was designed to apply to staff to be able to investigate an incident with little training. This way of investigating required a</p>	

Chair's initials

	<p>lot of information from individuals and focused on individuals. SEEPS reversed this process and would look at the system and the process, its weaknesses and how it functioned, and less on the individuals. NH asked a question which was illegible 2:53 mins</p> <p>SG responded on average 45-50 hours were spent on investigating a serious incident.</p> <p>The Chair commented there were sometimes patients who requested an investigation to be done. SG responded the engagement of patients need to be done more and there would be a response to the incident by an audit, observational study or an after-action review.</p> <p>MW commented this would impact the internal policies and procedures once the investigations were completed. SG responded the systems may need to be changed and the staff supported to change behaviours.</p>	
22/074	<p>COUNCIL OF GOVERNORS COMMITTEES UPDATES</p> <p>074.1 NOMINATIONS AND REMUNERATIONS COMMITTEE</p> <p>The paper was taken as read. CP commented two Non-Executive Directors were appointed - Richard Oirshcot and Claudia Sykes.</p> <p>074.2 MEMBERSHIP ENGAGEMENT AND COMMUNICATION COMMITTEE</p> <p>CP commented work was being done with the local councils, the Governors newsletter had been expanded. The hospital magazine featured an article about one of the governors PS - CP thanked PS for his work and commitment, as well as the other Governors. Good work had been done engaging members.</p> <p>MW commented work needed to be done with Governors meeting the public within the hospitals. CP responded the 'Meet the Governor' sessions would begin from April 2023 on acute sites to start with.</p>	
22/075	<p>QUESTIONS FOR GOVERNORS</p> <p>No questions raised</p>	
22/076	<p>ANY OTHER BUSINESS</p> <p>None raised.</p>	
22/077	<p>DATE OF NEXT PUBLIC MEETING</p> <p>The next meeting will be 27 April 2023</p>	

Signed _____

Chair's initials

Date _____

Chair's initials

CoG 23/005 EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST - OUTSTANDING ACTIONS, COUNCIL OF GOVERNORS, PUBLIC							
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)
22.01	28.04.22	10	Harmonia Village	Stewart and Bernie to visit Harmonia in late summer once contracts have been signed		GML	21.06.22 Contracts are now signed. Meeting to be arranged per request at the end of July. Recommendation to remain open. 14.02.23: This issue is still ongoing with Stuart giving regular updates. 27.04.23 This is being discussed at Council on 27/04/23. Recommendation to Close

REPORT TO:	COUNCIL OF GOVERNORS (CoG)				
REPORT TITLE:	RATIFICATION OF VIRTUAL VOTES				
MEETING DATE:	27 APRIL 2023				
BOARD SPONSOR:	TRUST CHAIRMAN				
PAPER AUTHOR:	GOVERNOR AND MEMBERSHIP LEAD				
APPENDICES:	NONE				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	This paper provides a report on the virtual voting carried out since the last Council meeting for ratification of the decisions taken. In all cases, the criteria applied was that the vote would be passed by a simple majority of the number of Governors on Council.				
Summary of Key Issues:	Details of the virtual votes and the outcomes are provided on page 2 of the report.				
Key Recommendation(s):	The Council of Governors is asked to RATIFY the outcomes of the virtual voting carried out since the last meeting.				
Implications:					
Links to 'We Care' Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	
Governor Statutory Duties:					
All					
Previously Considered by:					
None					

VIRTUAL VOTING RECORD SUMMARY						
DATE REQUESTED	DESCRIPTION	FOR	AGAINST	ABSTAIN	NUMBER OF GOVERNORS IN COUNCIL	OUTCOME
21/02/2023	To Approve a proposal from Chair to amend the NED Appraisal process	12	1	3	16	Passed

REPORT TO:	COUNCIL OF GOVERNORS				
REPORT TITLE:	CHAIRMAN'S REPORT				
MEETING DATE:	27 APRIL 2023				
BOARD SPONSOR:	CHAIRMAN				
PAPER AUTHOR:	CHAIRMAN				
APPENDICES:	NONE				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • Update the Council of Governors on the activities of the Board; and • Bring any other significant items of note to the Council of Governors attention. 				
Summary of Key Issues:	<p>Update the Board on:</p> <ul style="list-style-type: none"> • Current Updates/Introduction; • Integrated Improvement Plan; • CQC Inspection; • Financial Position; • Transformation Programme; • East Kent Health and Care Partnership (HCP) Board; • Board Changes; • Non-Executive Director (NED) Appraisals; • Visits/Meetings. 				
Key Recommendation(s):	The Council of Governors is requested to NOTE the contents of this Chairman's report.				
Implications:					
Links to 'We Care' Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	
Link to the Board Assurance Framework (BAF):	N/A				
Link to the Corporate Risk Register (CRR):	N/A				
Resource:	Y/N	N			
Legal and regulatory:	Y/N	N			
Subsidiary:	Y/N	N			
Assurance Route:					
Previously Considered by:	N/A				

CHAIRMAN'S REPORT

1. Purpose of the report

To report any decisions taken by the Board. Update the Council of Governors on the activities of the Board and to bring any other significant items of note to the Board's attention.

2. Introduction

As we emerge from a difficult winter, our teams have had to contend with the considerable impact of industrial action which inevitably has had an impact on immediate patient experience as well as the enormous backlog of treatment we are faced with. Tracey, our Chief Executive Officer, will give an update at Council on the latest position. We recognise the right of our staff to take this action, but like everyone else, very much hope that these disputes can be resolved as quickly as possible and of course we pay tribute to everyone who has helped us maintain our critical services.

We also have to recognise that these disputes are about more than pay – they are also about staff not feeling valued and that is a particular challenge for us in the light of the latest national staff survey where once again we scored badly. Given all the pressures upon us, including external scrutiny, making significant improvements in how our staff feel will not be easy, but it must be a key priority for the year ahead

3. Integrated Improvement Plan

At our Board meeting earlier this month, we approved the draft Integrated Improvement Plan for the Trust. This document, which we will discuss at Council, will help us navigate the next year to eighteen months focussing on our key priorities amidst the many challenges we face. It will now go to the Integrated Care Board and to NHS England, and if approved, will also be the route by which we seek move to the next level of the National Oversight Framework. This will require improvements in our performance in emergency care, reducing our elective backlog, cutting the huge number of patients who should not be in our care and tackling our significant underlying deficit.

None of this will be easy but we do have clear view of what needs to be achieved and we know we cannot do everything at once – we need to focus on a few priorities and see they are delivered. Some of this is in our own hands, some will require the support and collaboration of our partners in East Kent and across Kent and Medway. We will have to monitor closely the progress we are making. It will be critical that we are able to increase the flow of patients through our hospitals – as I have reported a number of times before, the fact that more than a third of our beds are occupied by patients who should be elsewhere cripples our operation and is damaging in so many ways for the patients affected.

4. CQC Inspection

Since we last met we have had a CQC inspection of our maternity services, the results of which will be published shortly. However, the inspectors have already made clear serious deficiencies in our services and issued immediate requirements for us to address failings. We must accept that the full report will underline how much we still have to do to achieve the quality and consistency of service to which we all aspire.

Following the Reading the Signals report, we accepted that in spite of a lot of activity there was still so much we had to do to improve our services. We did believe, and we still believe, that we have made progress in some areas, but we need to be clear about how much more

there is to do, and we need to bring our staff with us if we are to achieve this. As in the rest of the Trust, we have great people with talent and commitment in our maternity services; we have shown what we can do in areas such as listening to women and families; and we know how much our service is valued and appreciated by local families. But we must use the CQC report as another opportunity to learn and to drive improvement.

I am delighted to report that we will be joined in mid-May by our new Director of Midwifery and her Deputy who come to us from Surrey and Sussex Healthcare NHS Trust which is rated as an outstanding Trust and has one of the very few outstanding maternity services in the country.

5. Financial Position

Governors will be aware that after two years of relative calm on the financial front, last year we incurred a significant deficit albeit one we had predicted during the year. For 2023/24 we are able to see the size and scale of our underlying deficit which is likely to be in the region of more than £70 million. We cannot hope to eliminate that in the year ahead but we are determined and will be expected to bear down on our cost base, identify and drive efficiencies so that over a longer period we move to financial balance. And we must do this without damaging services to patients.

6. Transformation Programme

Alongside this and as part of the Integrated Improvement Plan, we are making progress in laying the foundations for our transformation programme to change the way we all work and fundamentally change attitudes and behaviours throughout the Trust. Key to this will be engaging with our staff in new and more effective ways – we need to be better at communicating and better at listening.

At the Board Development day two weeks ago, we heard from two leaders who have had a huge influence in this area of work. Dame Eileen Sills, now the chief nurse at our Integrated Care Board explained how she had used *Barbara's Story* to change attitudes and behaviours at Guys and St Thomas's in London, and Professor Michael West a highly influential exponent of compassionate leadership, set out very clearly what we can do to turn this organisation around. As agreed, we are also establishing the oversight group involving families who we failed as well as governors and others from the community to monitor and reflect on our response to the Reading the Signals Report. The group is chaired by Claudia Sykes one of our newly appointed non-executive directors and a leading figure in the community and voluntary sector in East Kent.

7. East Kent Health and Care Partnership (HCP) Board

The East Kent partnership Board meeting on 16 March was significant in being the last in its developmental phase. From now on the Board will move to become a sub-committee of the Integrated Care Board with funding and devolved responsibilities. The Board reviewed a draft operating model that will form the basis of the delegation of responsibility from the Integrated Care Board.

This agreement sets out how the East Kent Partnership Board will operate from May 2023 when it will be responsible for:

- Developing and overseeing an east Kent Population health strategy.
- Delivery of the agreed local *system* NHS targets.
- Overseeing the delivery of the relevant delegated functions.

- Overseeing aspects of quality assurance and fulfilling functions of a quality forum for east Kent.

The Board noted the significant demand pressures on all partners during the winter period. Delivery included:

- attendance within primary care (an average attendance rate of 518 per 1000 of population).
- Urgent Treatment Centres (UTCs) have experienced up to 40% additional activity against seasonal expectations.
- A new Home and Well scheme supporting discharge from hospital provided through our Voluntary and Community Sector.
- Community events, attended by hundreds of people offering support for cost-of-living pressures.
- A new hospital discharge programme enabling an additional 67 people to leave our hospitals who had a combined length of stay of over 4500 days.

7.1 Meeting Updates - The Board received reports outlining the following:

- Co-design of services with patients and carers - A critical part of how the partnership will move forward will be its approach to engagement with people and communities. This was evident at an event held in February which examined the expansion and roll-out of virtual wards involving carers, patient groups, the voluntary sector, NHS providers and local authorities.
- The Clinical Cabinet which brings clinicians together from across the partnership reported on discussions to agree a system approach to Risk Stratification and Case finding, and an opportunity for Diabetes Research Funding opportunities based on the roll-out of a new model of care.
- The Wellbeing and Health Improvement Partnership together with a Population Health Management Group have developed a submission for £1.9 million of health inequalities funding. This includes seven new programmes focussed on developing anticipatory care delivered through neighbourhood teams using General Practice lists to offer care to patients at risk of needing to attend Emergency Departments or unplanned hospital admission.
- The Voluntary Sector reported funding cuts of up to 40% from Kent County Council (KCC) – they are preparing a report on the impact on community support, with a follow up meeting with KCC Directors to see how to mitigate the risks and what could be done to keep services going.
- There is a planned East Kent workshop between voluntary sector and the NHS which will focus on commissioning, procurement, grants, and contracts.
- The Urgent Care Delivery Board reflected the high-pressure across the system during winter with a particular focus on the demand in primary care and Urgent Treatment Centres as well as Emergency Departments. The Board noted how data was increasingly helpful in driving improvement.

8. Board Changes

We continue to see changes in our Executive team – our Chief Nursing and Midwifery Officer (CNMO) Sarah Shingler who was moving on in June will now be starting with Worcestershire on 1 May due to family commitments. Sarah is currently on leave and Catherine Pelley who has been working in the Trust supporting governance and risk management is acting into the role of CNMO until Jane Dickson joins us on 15 May as Interim Chief Nurse. Both Catherine and Jane are experienced chief nurses. We are currently recruiting to the role of substantive CNMO.

At the beginning of this month we welcomed our new substantive Chief Operating Officer (COO) Dylan Jones and Michelle Stevens took over as Interim Chief Finance Officer (CFO).

9. Non-Executive Director (NED) Appraisals

As mentioned previously, Non-Executive Director (NED) appraisals continue to take place over the upcoming weeks. A report will be provided to the next Council of Governors meeting to share the objectives agreed, and any comments raised.

10. Chairman's Visits/Meetings/Talks

In addition to routine internal and external meetings:

- Addressed Trust welcome day for new starters in Canterbury
- Spoke at Trust Maternity Bereavement Day event in Hythe
- Visited clinical staff and toured facilities in:
 - o Gastroenterology and Nutrition at William Harvey Hospital
 - o Clarke Ward at Kent and Canterbury Hospital
 - o Kent Ward at Kent and Canterbury Hospital
 - o Maternity Services at Queen Elizabeth The Queen Mother Hospital
- Chaired non-executive directors and the full Board to discuss the draft Integrated Improvement Plan
- Chaired the East Kent Health and Care Partnership Board
- Addressed doctors in training taking part in the Medilead programme
- Meetings with individual NEDs
- Meeting with all NEDs
- Meetings with Executive Directors
- Introductory meeting with Interim Executive Director of Strategy Development and Partnerships
- Introductory meetings with new Governors
- Meeting with 2gether Support Solutions (2gether) Chair
- Meeting with Spencer Private Hospitals (SPH) Chair
- Nominations and Remuneration Committee (NRC) meeting

REPORT TO:	COUNCIL OF GOVERNORS				
REPORT TITLE:	TRANSFORMING OUR TRUST: OUR RESPONSE TO READING THE SIGNALS – UPDATE				
MEETING DATE:	27 APRIL 2023				
BOARD SPONSOR:	CHIEF EXECUTIVE OFFICER				
PAPER AUTHOR:	STRATEGIC PROGRAMME DIRECTOR				
APPENDICES:	NONE				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	To update the Council of Governors on progress on Transforming our Trust - the Trust's Interim response to <i>Reading the Signals</i> , the independent report into maternity and neonatal services in east Kent.				
Summary of Key Issues:	This Report provides an update on the approach to responding to Reading the Signals Report to provide safer care and improved staff engagement.				
Key Recommendation(s):	The Council of Governors is asked to note and discuss progress to date and key next steps.				
Implications:					
Links to 'We Care' Strategic Objectives:					
Our patients	Our people	Our future	Our sustainability	Our quality and safety	
Governor Statutory Duties:	<i>To be completed by the Governor & Membership Team</i>				
Previously Considered by:	This paper has been discussed/Approved? at Board of Directors meeting on the 6 th April 2023				

TRANSFORMING OUR TRUST: OUR RESPONSE TO “READING THE SIGNALS: MATERNITY AND NEONATAL SERVICES IN EAST KENT – UPDATE REPORT

1. Background

On 19 October 2022, the Independent Investigation published its report into our maternity and new-born services, [Reading the signals](#). The Trust Board has accepted the report in full and apologised unreservedly for the Trust’s unacceptable failings which led to the harm and suffering experienced by women, babies and their families, in our care. This report provides an update on the key elements of the Trust’s response.

2. The Pillars of Change and Assurance Framework

2.1 The Pillars of Change cover the key areas for action included in [Reading the signals](#). Deliverables are both specifically focused on Maternity and Neonatal services but some are applicable to the whole Trust. They cover the practical steps the Trust has begun to put into place and include details of further work to be delivered over the next three years.

The Pillars link to the areas in the Independent Investigation report and to the Trust’s values that people should feel cared for, safe and respected.

2.2 The work programme set out in the Pillars of Change details the Trust’s transformation ambition over the next three years and for year one will predominantly be managed through a Trust wide Integrated Improvement Plan (IIP).

2.3 The NHS E Oversight framework provides an overview of the level and nature of support required across organisations and to enable support to be targeted appropriately. The Trust has been placed in Segment 4 (NOF4) and has therefore been placed in the new Recovery Support Programme.

2.4 The Trust is required to produce an IIP with the clear intention of exiting NOF4 in 12 months’ time. Whilst the IIP programme portfolio is wider than that of the Pillars of Change, the areas of focus: Leadership & Governance, Maternity, Operational Performance, Quality & Safety, People & Culture and Financial Sustainability, many of the actions over the next 0-12 months fit within and align to the Pillars of Change framework.

2.5 The IIP is to be discussed at today’s Board meeting and will be subject to final signoff by the Kent and Medway ICB and NHS E South East Region. Once the IIP is formally agreed, monthly progress reports on the Pillars of Change actions, responding to the Reading of the Signals Report, including outcome measures, will be included in this report to Board of Directors and to Reading the Signals Oversight Group which includes family representation.

3. Culture and Leadership Programme (CLP)

- 3.1. In 2021 the Trust began to pilot the NHS England's Culture and Leadership Programme, which was developed by Professor Michael West and colleagues, as part of the national Maternity Improvement Programme, in our Women's Health and Children's Health Care Groups. It is planned to roll out this programme throughout the organisation and an implementation plan will be included in the IIP.
- 3.2. Key aspects of the rollout plan include:
 - a. A Board Development Session with Professor Michael West on 06 April 2023
 - b. Evaluation of the existing pilot in Maternity and Children's Health Care Groups
 - c. An introductory workshop to the CLP for the Clinical Executive Management Group (CEMG) led by the Chief Executive and supported by colleagues from the Culture Transformation, People Directorate at NHS E on 26 April 2023
 - d. A resourcing plan which will be developed to support the Trust wide rollout including establishing a Steering Group and identification of Change leaders to support the diagnostic work across the Trust and to attend NHS E sponsored development sessions.

4. The Reading the Signals Oversight Group

- 4.1. The [Reading the signals](#) Oversight Group will meet in public and is responsible and directly accountable to the Board of Directors. It provides oversight of the programme, ensuring there is engagement with those who use our services and that steps are taken to address the issues identified in the Reading the Signals report.
- 4.2. The group includes representatives from patients and families as well as our Council of Governors.
- 4.3. An initial meeting was held with three family representatives and the Maternity Voices Partnership (MVP) on 13 March 2023, where there was a wide-ranging discussion on the 'how' of involving families in the Trust's response to Reading the Signals. It was concluded that the Trust should not solely rely on the Oversight Group to do this and plan to develop a programme of more informal family voices meetings going forward.
- 4.4. The first meeting of the Group is to be held on 03 April 2023 and will include a discussion on the Terms of Reference and membership. It is intended that the Terms of Reference will be presented to the Board of Director's in due course.

5. The Independent Case Review Process

- 5.1. The Trust has established an Independent Case Review process. Families who have concerns about the maternity or neonatal care they received from the Trust will be offered the opportunity to meet with or speak to experts independent of the Trust, regardless of whether their care had previously been reviewed or investigated.
- 5.2. The Independent Panel members have been identified and to date 27 families have requested reviews. The Key Lines of Enquiry (KLOES) have at the time of writing been agreed with six families and two reviews are underway.

- 5.3. A protocol for retention of a number of investigation records has been agreed with the Independent Investigation Secretariat, including the process following disclosure meetings in respect of families who have asked for further reviews and signed off by the Chief Executive.

6. NHS England Response

It is understood that NHS E will publish a National Delivery Plan for Maternity and Neonatal services in the Spring. This is expected to consolidate the improvement actions committed to in Better Births, the NHS Long term Plan and the Independent Investigations into East Kent Hospital University NHS Foundation Trust and Shrewsbury and Telford NHS Trust

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Quality and Safety Committee (Q&SC)	30 March 2023	Dr Andrew Catto, Non-Executive Director (NED)	Committee Chair	Yes	
Appendices:	None				
Declarations of Interest made:					
No declaration of interest was made outside the current Board Register of Interest.					
In attendance: Sir David Dalton, NHS England (NHSE) Improvement Director, and Diane Fuller, NHSE Improvement Director.					
Assurances received at the Committee meeting:					
Integrated Performance Report (IPR) – We Care Breakthrough Objectives & Watch Metrics	<p><i>Partial assurance</i> was received by the Committee of the True North metrics and Breakthrough Objectives for February 2023. There was <i>limited assurance</i> on the number of not fit to reside patients which is are the highest reported levels.</p> <p>The Committee had a robust discussion and noted the following key highlights/assurances:</p> <ul style="list-style-type: none"> – Mortality (Hospital Standardised Mortality Ratio (HSMR)) remains lower than expected for the Trust as a whole and the Kent & Canterbury Hospital (K&C) site, with William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother Hospital (QEQM) both “as expected”. Palliative care rate remains above national average at 2.95%. Current 12 months rolling HSMR for fractured neck of femur patients is 94.2 and remains “as expected”. – The Committee expressed concern that there were ongoing issues with the reporting of Venous thromboembolism (VTE) Assessments. This is due to ongoing issues with the software system. The Chief Medical Officer (CMO) informed Q&SC that this is being actively addressed. – The CMO informed the Q&SC that there was an increased focus on incidents involving high risk medicines such as anticoagulants and insulin. This would be kept under review. – The Chair questioned the discrepancy in data concerning the incidents review backlog (5716 vs. 4439): clarity was sought for the next meeting. – Incidents with harm: 46 incidents were reported in February 2023 which continues to be above threshold but is a decrease from January 2023. The highest contributors to harm in February 2023 were operations/procedures with 10, which is an increase from January 2023, delay/failure was the second highest with 6 incidents followed by care/treatment with 5 incidents both of which were a decrease from January 2023. – A deep dive as requested by the Chief Nursing and Midwifery Officer (CNMO) into the 7 deaths and 3 serious incidents (SIs) in January 2023 was undertaken. There was one incident that may have led to an omission of care which is still being investigated. However, there were no other obvious themes or specific site-based issues. – Deteriorating patients: <i>the Committee was informed that management of deteriorating patients was one of the highest priorities for the Trust.</i> 				

	<p>However, the development of a deteriorating patient dashboard remains challenging due to the complexity of data retrieval required.</p> <ul style="list-style-type: none"> – Falls: there was no increase in falls for February 2023 despite the high number of patients and overcrowding in the Emergency Departments (EDs). – Theatre session opportunity: there was improvement of 4.3% in theatre utilisation in February 2023 showing booked utilisation at 89.4%. – ED 12h total time in the Department: the Committee noted that the position remained challenging. The EDs escalation areas are in consistent use to manage the overcrowding, with the use of corridors and non-designated escalation areas. – Cancer 62-day target: the Committee noted a slight improvement in performance in February 2023. The Trust remains in the top 3 performers nationally for 2-week wait access. – 18 weeks Referral to Treatment (RTT) Standard: there were significant reductions in 78 and 52-week breaches in February 2023. The Committee sought clarity on communication with long waiting patients and requested to receive this information at the Committee meeting in April 2023. The Chair asked for the process for communicating with waiting list (WL) patients and it was commented that a growing number of Trusts who now have 'waiting well' arrangements for communicating with patients. – The Committee noted challenges in treating the longest waiting complex Otology patients due to unexpected absence of one Consultant. The Chair clarified with the Chief Operating Officer (COO) that the only speciality currently breaching the 78-week target was otology, although Q&SC members recorded their concern about the impact on of long waits on patients being simply unacceptable. – Not Fit to Reside (NFR): the Trust has the highest ever number of Not Fit To Reside patients at 437. It is of very <i>significant</i> concern that despite work with our system partners the position is not yet improving. Whilst Q&SC members noted the engagement, this must result in falling numbers of NFRs.
Infection Prevention and Control (IPC) Report	<p>The Committee noted a largely stable position and received <i>partial assurance</i> of the current performance about nationally reportable infections and the on-going Covid-19 pandemic, noting the following:</p> <ul style="list-style-type: none"> – Cases of <i>Pseudomonas aeruginosa</i> and <i>Klebsiella</i> bacteraemia are below trajectory. Numbers of cases of <i>Meticillin-Sensitive Staphylococcus aureus</i> (MSSA) are stable compared with the previous year. The Trust has had only a single <i>Methicillin-resistant Staphylococcus aureus</i> (MRSA) bacteraemia year to date. – Both <i>C. difficile</i> and <i>E. coli</i> have exceeded the external trajectory; however, there was slight improvement in the <i>C. difficile</i> rate. – Numbers of Covid-19 cases are stable, with minimal Influenza and Norovirus activity. – An outbreak of Respiratory Syncytial Virus (RSV) on the Special Care Baby Unit did not result in harm to babies. Full debrief to be done in the near future. The Committee sought clarity on the nature of harm SRV can cause. – The Consultant Antimicrobial Pharmacist has joined the Trust and will update a future Q&SC on progress against the internal audit report (presented at the last Q&SC).

Care Quality Commission (CQC) Update Report	<p>The Committee received <i>partial assurance</i> of the following:</p> <ul style="list-style-type: none"> – Care Groups have made considerable progress since January 2022 in closing must do and should do actions in addition to several areas that the Care Groups are working hard to improve but there is insufficient evidence for closure. – There has been an increase in CQC queries in February 2023 (24 received in comparison to 9 in January 2023). – The next Section 31 submission is due by midday on 31 March 2023, and on the last Friday of every month thereafter. The CQC have provided some feedback to enhance the Trust’s response in March 2023 and this is being taken forward by the Women’s Health Leadership team. – The Committee were made aware that there were 34 policies past their review date but of these, 9 have been authorised by Policy Authorisation Group (PAG) and are pending final changes by author prior to upload, and 2 have been authorised subject to approval by another group/committee.
Corporate Principal Mitigated Quality Risks	<p>The Committee noted that Corporate Risk Register (CRR) had moved into the CNMO portfolio and the CRR review was currently underway.</p> <p>The Committee re-iterated their commitment to manage the risks within the Trust. The Chair made it clear that the Q&SC and Board remained committed to understanding and effectively managing risk but that requires the CRR and Board Assurance Framework (BAF) to be revised, as proposed by the Executive Team.</p>
Patient Safety Committee (PSC) Chair’s Report	<p>The Committee received an assurance report on activities of the Patient Safety Committee on 1 February 2023 and 1 March 2023.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> – Radiation safety - the management of staff/public radiation safety is in place with necessary monitoring and has now been agreed to report into Health and Safety Committee for oversight. Assurance provided that incidents are correctly reported externally to CQC. – Zoll defibrillators roll out at K&C had taken place, but roll out at QEQM and WHH was awaiting capital allocation. As the defibrillator replacement rollout remained ongoing, there was a risk of different equipment being used across sites. – Resuscitation training needs cannot currently be met in full due to the size of the present team, a Business Case has been developed for additional recruitment and current capacity prioritised. – A deep dive into the care of deceased patients was undertaken following escalations from Care Group. Data demonstrated an increase in the number incidents being reported and to date there had been 99 incidents during 2022/23. A review of these incidents had revealed that incidents were closed without meaningful learning that resulted in improvements. A task and finish group is being set up to address the issues identified by the review. – There are two open Central Alerting System (CAS) alerts both of which are overdue and are both being worked on by Director of Pharmacy. One new CAS alert was received and subsequently closed.

Fundamentals of Care (FoC) Chair's Report	<p>The Committee noted the assurance report on the activities of the Fundamentals of Care Committee on 16 February 2023. The Committee concluded that <i>partial assurance</i> was provided in the report. The following key points were highlighted:</p> <ul style="list-style-type: none"> – Community engagement with Deaf Community resulted in reviewing administration systems to understand how the Trust records, flags, shares and meets the communication needs of deaf people who use British Sign Language (BSL). – Mixed sex accommodation: unjustified breaches increased in February 2023 due to Increasing numbers of patients being stepped down from level 2 or level 3 care and waiting for over 4 hours for a ward bed. Reporting of mixed sex accommodation within the Children and Young People Care Group will commence in March 2023. – Nutrition related incidents: 34 incidents, 12 of which resulted in low harm and 22 were without harm, were reported in January 2023. – Pressure ulcers: two incidents with moderate harm were reported in January 2023. – Homelessness and rough sleeping: Safeguarding team is supporting the Urgent and Emergency Care (UEC) Care Group in implementing a new NHSE guidance and toolkit in response to themes emerging from Safeguarding Adults Reviews, serious incidents and section 42 enquiries.
Children Diabetes Audit – Outlier Alert Update	<p>The Committee noted the content of the EKHUFT National Paediatric Diabetes Audit (NPDA) Outlier Status for 2021-2022 report and the Action Plan.</p> <p>Whilst commending the work undertaken by the Children's Diabetes Team (CDT), the Committee sought assurance that the progress is sustained and shared learning would take place.</p> <p>The Chair complimented the Clinical Lead for Paediatric Diabetes on the high levels of clinical engagement and use of quality improvement to drive change in the service.</p>
Maternity and Neonatal Assurance Group (MNAG) Chair's Report	<p>The Committee noted the <i>partial assurance</i> report on the activities of the Maternity and Neonatal Assurance Group on 17 March 2023, noting the following:</p> <ul style="list-style-type: none"> – All maternity specific training is compliant for midwives and obstetricians for February 2023. – Ongoing challenges for anaesthetic colleagues continue to impact on their ability to complete PRactical Obstetric Multi-Professional Training (PROMPT) training. Work, supported by the CNMO and CMO has commenced to review the workforce structure for Anaesthetics. – There were 12 complaints and 4 SIs in February 2023. – The response to Your Voice is Heard was 70.1%. The feedback continues to represent the demography of the local community served by maternity services. – A staff listening event was held with the Chief Executive Officer (CEO), the CNMO and the Director of Midwifery. The event was attended by 135 staff members, who raised their concerns over the ongoing staffing challenges, especially at the WHH.

	<ul style="list-style-type: none"> – The backlog of Healthcare Safety Investigation Branch (HSIB) action plans are now complete and the backlog of overdue SIs has now been submitted to the Integrated Care Board (ICB) for approval. – The Chair reminded the Q&SC that he was keen to raise the profile of clinical outcomes at the Board and Q&SC and with this in mind requested that the Maternity Dashboard is included in future Q&SC reports.
Safety of Medical Devices	<p>The Committee noted the content of the Medical Devices Safety report noting the following:</p> <ul style="list-style-type: none"> – The majority of reported incidents related to medical devices are of no or low harm. Radiology equipment categories jointly accounted for a high proportion of incidents, largely cancellations due to device breakdowns. – There is limited assurance that staff can demonstrate competence to operate medical devices safely. The e-Quip training database is being rolled out in pilot areas. – The lack of standardisation and sign off of configurations of medical devices across the Trust is being addressed and a new process being put in place. – The Medical Devices Governance Team (MDGT) is currently reviewing governance arrangements of medical devices which are not managed by Electronics and Medical Engineering (EME). – There is a resource implication in terms of capital funding available to invest in replacement of medical devices. – The Committee sought clarity on how the suppliers are being selected and managed, and also on allocation of funds.
Deep dive into reasons for increase in moderate and above avoidable harm events in January 2023	<p>The Committee discussed the presented paper and whilst welcomed, concluded that it did not contain proposals to resolve the issue.</p> <p>The Committee recommended that the Trust held <i>urgent</i> discussions with its system partners on establishing safe patient flow. It is of <i>significant</i> concern that the flow issues appear to be associated with patient harm.</p> <p>It was noted that hospital congestion had been escalated to the regional quality board for discussion.</p> <p>Although Q&SC members felt this was a helpful paper, the next step was to clearly articulate the ‘way out’ of a congested system.</p>
Safe Staffing Review Update	<p>The Committee noted the <i>partial</i> assurance in the Safe Staffing Review.</p> <p>The Q&SC noted following key points:</p> <ul style="list-style-type: none"> – The additional escalation areas plus additional unfunded beds on most wards continues to put pressure on the current nursing establishment as well as the significant corridor care in our EDs has resulted in substantive nursing staff being moved to support. – The unfunded bed base has also resulted in increasing temporary staff usage. – The number of wards raising red flags is increasing but is still not embedded practice. Further communication is being sent out to ward managers as a reminder.

	<ul style="list-style-type: none"> – The majority of wards have above allowance sickness which will result in increased use of bank and agency. – The Committee was informed that the wards are as safe as they can be under highly pressured circumstances and the plans are in place, such as funding the unfunded escalation areas and developing the internationally educated nurses to increase the safety of our wards while reducing the cost of agency spend. 	
Cost Improvement Scheme Quality Impact Assessments (QIAs)	The Committee noted the content of the Cost Improvement Scheme QIAs Assessment report and agreed to receive an update in six months' time.	
Matters of concern raised by Kent and Medway Integrated Care Board (ICB)	<p>The Committee received this report (Paper 22/242) outlining matters of serious concern relating to the quality and safety of care provided at the Trust, recently raised by the Chief Nurse at the ICB to the CNMO and CMO and the actions the Trust is taking in response.</p> <p>The areas of particular concern are around the Trust not learning from incidents, Safeguarding, the Deteriorating Patient Pathway, Maternity Services and rapid tranquilisation.</p> <p>The Committee expressed concern that these matters had not apparently been raised sooner. CNMO assured the Committee that including Quality Governance into the CNMO portfolio would improve the communication and accountability.</p>	
Any other business	There was no other business to discuss.	
Referrals from other Board Committees	There were no referrals from other Board Committees.	
Items to come back to the Committee outside its routine business cycle:		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
Engagement with the system partners to improve patient flow	<p>There was a long discussion at Q&SC on the importance of improving flow through the hospital sites.</p> <p>Points for the Board to note are:</p> <ul style="list-style-type: none"> - Harm arises from poor flow, and this is a priority for the Executive Team. - There have been no unexpected corridor deaths, although corridor care is not acceptable patient care. - The Executive focus is on the practical steps to 	To be discussed at the BoD on 6 th April 2023.

	<p>increase the pace of discharge (weekend discharge rate is relatively low) – through seven day working for example.</p> <ul style="list-style-type: none"> - The Q&SC view is that is a shared risk with system partners and that Kent Community Health NHS Foundation Trust (KCHFT)/EKUHFT/Kent County Council (KCC) leaders have joint accountability for patient flow. - Q&SC members sought clarity on the ICB process for oversight of system flow. - Q&SC members stated that the need for joint system accountability does not equate with externalisation or apportioning blame to others, although Q&SC members were yet to be assured that engagement with system partners was ‘turning the dial’ on patient flow metrics. - Prehospital and front door care are also key to addressing flow. Q&SC noted that UEC would be a priority in the Trust Integrated Improvement Plan. - Q&SC members encouraged Executive members to look at good practice and innovation in other providers and the Maidstone and Tunbridge Wells NHS Trust (MTW) system mentioned in discussions. Clearly, adoption at pace would be beneficial. 	
<p>Matters of concern raised by Kent & Medway ICB.</p> <p>The effective management of the deteriorating patient is an important quality</p>	<p>The paper refers to several quality issues requiring improvement; however, the BoD should note two areas of concern:</p> <ul style="list-style-type: none"> a) Management of the deteriorating patient and 	<p>The CMO and CNMO will bring 2 assurance papers to the April 2023 Q&SC which explore the management of</p>

	<p>the recognition / response / escalation. Whilst there <i>are</i> systems and processes in place, the ongoing focus is to ensure that embedded learning is in place, that management of the deteriorating patient is consistent, and scrutiny on higher risk areas.</p> <p>b) Serious incident reporting process and a focus on timeliness of reporting, assuring the quality of the 72-hour reports and assurance that the actions are sufficiently robust.</p>	<p>the deteriorating patient and SI management in appropriate detail.</p> <p>The papers must evidence the effectiveness of management controls.</p>
Maternity and Neonatal Assurance – presenting the maternity dashboard	Q&SC scrutiny will extend beyond process assurance to a focus on maternity clinical outcomes.	Dashboard to appear in Q&SC from April 23 onwards.

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)				
Committee:	Meeting Date	Chair	Paper Author	Quorate
People & Culture	28 February 203	Stewart Baird Non-Executive Director	Executive Assistant	Yes
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:				
People & Culture Committee Report January 2023	<p>Partial Assurance was received of the 'People' True North metrics for January 2023.</p> <p>The Committee members noted the National Staff Survey was still currently under embargo until Mid-March 2023. Detailed data will be provided on Staff Engagement and Staff Involvement once the embargo is lifted.</p> <p>Premium pay spend has increased by £0.6m in January 2023. This reverses the previous three months reduction in spend reflecting the increased staffing requirements of escalation beds which is outweighing the positive impact of reducing vacancies in nursing. The Finance & Performance Committee are tracking this workstream.</p> <p>Sickness absence decreased to 5.0% in January, mainly due to a fall in long term sickness. There are some promising improvements across sickness levels which is encouraging.</p> <p>Overall appraisal compliance had been on an upward trend from June 2022 to November 2022. However, compliance dropped to 68.9% in December, and returned to 69.9% in January. The metric remains below the reviewed alerting threshold of 80%. As has previously been reported, activity levels are preventing improvement in this metric.</p> <p>Staff turnover has improved for the fourth month in succession and now stands below the nationally desired standard (10%) at 9.99%. In-month staff turnover has remained below the 10% threshold for the fourth consecutive month and, at 9.12%, demonstrates an improved position.</p> <p>The Committee noted that the overall vacancy rate has improved to 9.7% in November with a slight increase to 9.8% in December, and a further drop to 9.1% in January. The Trust crossed the 9,000 Whole Time Equivalent (WTE) staff in post or the first time in January 2023.</p> <p>Committee members noted that a 'New Starter Experience Survey' launched on 30 January 2023 which will give greater intelligence into the experience of new colleagues.</p>			

	<p><i>NB:</i> Measures of Doctor/ Consultant turnover and metrics from the New Starter Experience survey will be introduced from February.</p>
Culture Development & HR Programme	<p>Partial Assurance was received. The Committee noted the overview and update of the People & Culture Strategy Programme, the key pieces of work and ongoing actions. There was also a paper on the proposed rollout of the Culture & Leadership Programme (CLP). The Committee was pleased to welcome the new Culture and Leadership Programme Director.</p>
Chief Nursing and Midwifery Officer (CNMO) Quarterly Nursing & AHP Workforce Update	<p>Assurance was received. This report provides the Committee with an update on the initiatives and work being undertaken to recruit and develop the nursing and midwifery workforce in East Kent. The Committee noted the contents of the report and the progress made in recruiting and developing our nursing and midwifery workforce.</p> <p>Assurance was not received with regards to Midwifery staffing levels, particularly at the William Harvey Hospital (WHH). It was noted that there has been an increase in resignations of Midwives recently which is likely to impact staffing from April. The CNMO is developing a plan to mitigate this risk which will be shared shortly.</p>
Hot Items	<p>The Committee members noted a number of verbal updates on 'hot topics' within the Trust affecting the workforce.</p> <ul style="list-style-type: none"> • The Trust is preparing proposals to reorganise the management structure – proposal will be presented to the Board once the necessary consultations with staff are complete. • The Committee received an update on potential future industrial action and interim workforce plans to minimise the impact to patients. • Development of national people policies and how these might be incorporated into the Trust.
Board Assurance Framework (BAF) & Corporate Risk Register (CRR)	<p>Assurance was received and the BAF and People Risks were Approved. The risks relating to 'Our People' and 'Our Sustainability' are being appropriately mitigated with no new risks added to the BAF or CRR in the reporting period.</p> <p>The Committee will undertake a detailed review of the BAF and CRR later in the year.</p>
Biannual Safe Staffing Review	<p>Partial Assurance was received.</p> <p>The full impact of current activity levels and 'fit to reside' challenges came into focus. Despite having a record number of nursing colleagues, activity levels have grown to the extent that safe staffing is becoming increasingly challenging to achieve due to the increasing requirement for ward nurses to staff unfunded escalation areas and support Emergency Department (ED) when high numbers of patients are being placed in corridors. The Trust has 184 escalation beds, in addition to around 1,000 funded beds. Patients treated in corridors in December amounted to 1,069 at Queen Elizabeth the Queen Mother Hospital (QEQM) and 1,149 at WHH. It was noted that 392 patients were better suited to be treated outside of an acute hospital and that</p>

	<p>the combination of this and the significant activity levels at the front door was stretching staffing levels.</p> <p>Partial Assurance received with regards to Midwifery staffing levels, particularly at the WHH. It was noted that there has been an increase in resignations and sickness of Midwives recently which is likely to impact staffing from April. The CNMO is developing a plan to mitigate this risk which will be shared shortly.</p>	
Apprenticeship Scheme Report	Assurance was received that the Trust is engaging with more apprentices and sees these roles increasing as part of its strategic workforce plans.	
Feedback from Local Negotiating Committee	<ul style="list-style-type: none"> The Committee received an assurance report on the activities of the Local Negotiating Committee on 14 October 2022. 	
Feedback from Equality Diversity and Inclusion Steering Group	<ul style="list-style-type: none"> The Committee received an assurance report on the activities of the Equality Diversity and Inclusion Steering Group on 1 November 2022 	
Feedback from Staff Committee	<ul style="list-style-type: none"> The Committee received an assurance report on the activities of Staff Committee on 20 January 2023. 	
Feedback from Integrated Education Group (IEG)	<ul style="list-style-type: none"> The Committee received an assurance report on the activities of the IEG on 6 February 2023. 	
Items to come back to the Committee outside its routine business cycle:		
N/A		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
Board of Directors (CLOSED):		
– National Staff Survey 2022 results (embargoed)	TBC	TBC

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD) PUBLIC					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Finance & Performance Committee (FPC)	28 March 2023	Richard Oirschot Non-Executive Director (NED)	Sarah Farrell, EA/Chief Finance Officer	Yes	
Appendices:	N/A				
Declarations of Interest made:					
No declaration of interest was made outside the current Board Register of Interest.					
Assurances received at the Committee meeting:					
Month 11 Finance Report Forecast Cash Position	<p>Reasonable assurance received of the Trust's financial performance and actions being taken to address issues of concern including delivery of the re-forecasted year-end deficit position of £19.3m.</p> <p>The Group achieved a £5.4m surplus in February, which brought the year-to-date (YTD) position to a £23.6m deficit which is £22.5m adverse to the plan. The surplus is due to the two additional non-recurrent allocations that the Trust received in month from the Integrated Care Board (ICB) and Kent & Medway NHS and Social Care Partnership Trust (KMPT).</p> <p>The Trust worked with Kent & Medway NHS system partners to resubmit a financial plan for 2022/23 at the end of June following a national announcement confirming additional funding to mitigate inflationary pressures. In the resubmitted plan the Trust receives £22m of additional funding, consisting of £6m inflationary funding and £16m of non-recurrent income, bringing our overall plan to a breakeven position.</p> <p>The Trust has now formally agreed a revised deficit of £19.3m for year-end. The deficit is driven by many drivers the main drivers are increased escalation bedded areas across the Acute sites, non-delivery of efficiencies, increased need to additional staffing and premium pay costs. The forecast of £19.3m is reliant on a significant level of non-recurrent items which will not be able to support the financial position in subsequent years</p>				
Month 11 Savings and Efficiencies Update	<p>Limited assurance received of the Trust's progress of the programme against a £30m target.</p> <ul style="list-style-type: none"> The reported savings achieved in February were £1.6m vs a plan of £3.9m. All major areas underperformed in the month. YTD the reported savings are £17.2m vs a YTD plan of £26m, with Agency reductions (£1.1m), Theatres (£2.3m), Procurement (£1.2m), and Care Groups (£5.1m) being the main areas of underperformance Non-recurrent efficiencies totalled £1.3m in the month, or 78% of the total achieved in month (up from 44% last month, and now standing at 54% on a YTD basis). The forecast value for non-recurrent is c£11m full year. This therefore will need to be addressed in the financial plan for 2023/24. 				

	<ul style="list-style-type: none"> • The full year forecast for all efficiencies is approximately £21m, with some risk still attached. • The focus over the next three months will be on 2023/24 and helping Care Groups identify what is possible, and to kickstart Trust-wide schemes. • As well as the Programme Management Office (PMO) having regular meetings and workshops with Care Groups and corporate areas, a revamped Financial Improvement Oversight Group (FIOG) commenced in January, as well as the new Clinical Leaders Efficiency Group, which meets monthly. • Additionally, we are working through business planning in all areas to scope opportunities from Model Hospital, Service Line Reporting (SLR), Getting it Right First Time (GIRFT) and internal ideas. • Currently, approximately £5m of ideas has been identified, but with no schemes as yet green and substantially off the £40m cash releasing target.
2023/24 Business Planning Update and Guidance	<p>Members of the Committee discussed the draft plan, including risks, the agreed trajectory on performance and activity, with a requirement there was a regular update brought to this Committee on the finalisation of the plan.</p> <p>With these criteria met, members were supportive of the outline plan being submitted to the Board, recognising further discussion was needed with the national team for Board approval. Currently the plan shows a deficit of some £72m, key areas still requiring detailed plans are:</p> <ul style="list-style-type: none"> • Build a deliverable efficiency plan (over next two months) - target £40m to date only some £5m identified. • Not fit the criteria to reside - currently stands at some 400, detailed action plan is required to reduce this. • Build a workforce plan consistent with latest changes in financial and activity plans (next month). • Engagement plan with all staff / staff groups (ongoing). • Finalise detailed plans -activity (demand and capacity), workforce, money. <p>The Committee recommends to the Board approval of the current plan.</p>
We Care Integrated Performance Report (IPR)	<p>Partial assurance received of the performance against key metrics for 2022/23 including the Breakthrough objectives: Improving theatre capacity, Actual utilisation, Elective Orthopaedic Centre (EOC) utilisation, Same Day Emergency Care admissions, Emergency Care Delivery Programme, Direct Access Pathways, Phase 3 William Harvey Hospital (WHH) Emergency Department (ED) build, Use of Hot Slots, Hot Clinics, Staff involvement, National Staff Survey, Team Engagement and Development (TE) pilot, We Care Rollout and Premium Pay Costs.</p> <p>The Trust has been engaged with a quality improvement programme called "We Care". The premise is that the Trust will focus on fewer metrics but in return will expect to see a greater improvement (inch wide, mile deep). This report is updated for the key metrics that the Trust will focus on in 2022/23.</p>

Board Assurance Framework (BAF) and Principal Mitigated Risks	<p>Partial Assurance received and the Committee approved the 11 risks relating to 'Our Future' and 'Our Sustainability' are being appropriately mitigated with two new risks added to the Corporate Risk Register (CRR). There have been two risks closed in relation to 'Our Sustainability' and one risk approved for de-escalation.</p> <ul style="list-style-type: none"> • Headlines: There are 3 BAF risks and 8 risks on the CRR relating to 'Our Future' and 'Our Sustainability'. • BAF: There have been no changes to the risks on the BAF since the last report. • CRR: There have been two risks approved for addition by the Clinical Executive Management (CEMG) in relation to 'Our Sustainability'. Failure to secure planned income for 2023/24 due to underperformance against the Elective Recovery Fund baseline and risk that the Trust will not be able to meet its 2023/24 efficiencies target. There have been two risks closed in relation to 'Our Sustainability'. CRR 136 – Failure to secure planned income due to underperformance against the Elective Recovery Fund baseline and CRR 137 – There is a risk that the Trust will not be able to meet its 2022/23 efficiencies target equating to £30million. There has been one risk approved for de-escalation CRR 126 – There is a risk of failure to provide adequate accommodation (residential, training and officer). • Other key changes: Other changes to the risk records are included in the risk register summaries on Pages 6-14. • Tracker report: The tracker report is presented to the Committee on Page 5 to enable the Committee to have oversight of risk movement over the past year.
Dietetics Business Case	<p>The Committee Approved the Dietetics Business Case.</p> <p>The current Dietetic Service within EKHUFT is complex. The majority of the service is provided by Kent Community Health NHS Foundation Trust (KCHFT) managed through a Service Level Agreement. There are two small, departmental groups of dietitians that are employed by EKHUFT (renal and diabetes).</p> <p>Advantages of Transfer of Service into EKHUFT:</p> <ul style="list-style-type: none"> • One leadership team and management structure for Dietetics across EKHUFT. • Transparency of performance, structure and financial accountability for the service. • Opportunity for service development in line with existing acute therapy services, Nutrition and Hydration Team and strategic priorities. • Efficient shared care with Therapy services and Clinical Nutrition and Hydration team. • Integration and visibility within acute Multi-disciplinary Teams (MDTs) and Services. • Improved patient outcomes, quality and safety driven by consistent and relevant data collection. <p>The Committee sought assurance from the governance process had been followed and approved this business case.</p>

Strategic Capital Planning and Performance	The Committee discussed and noted the Strategic Capital Planning and Performance report.
Year End Papers – Going Concern/Year end Timetable	<p>The Committee approved the Year End Papers – Going Concern/Year End Timetable.</p> <p>Key areas of Groups budget and cash flows or equivalents, Capital, Cost improvement plans, Commissioning intentions, Competition from the independent sector and Contingent liabilities are considered and evidence provided to support a Group Going Concern basis.</p>
Deep Dive Report – Pay Base between Substantive on premium pay	<p>The Committee reviewed and noted the Deep Dive Report on Activity, Income, Expenditure and Whole Time Equivalent (WTE).</p> <p>This report provides a high-level view of the on-going work at Trust and Care Groups on the changes and variance analysis from the pre-pandemic year 2019/20.</p> <p>The high-level report shows the activity for inpatients and day cases at a Trust level, workforce analysis by staff group and Care Group and a high-level summary of the Trusts financial position pre-technical adjustments.</p> <p>Further analysis into Care Group is being completed for full review. This is an on-going piece of work and further updates will be presented to the Committee.</p>
Commissioning for Quality and Innovation Programme (CQUIN) – Quarterly Update	<p>The Committee discussed and noted the Commissioning for Quality and Innovation Programme (CQUIN).</p> <p>2022/23 CQUIN programme update This is the Q3 report for the 2022/23 CQUINs Programme for the Finance and Performance Committee. Q3 performance was submitted to the Integrated Care Board (ICB) on 21 February 23 and submitted via the National CQUINs Portal on 27 February 23. Q3 evidence related to the Specialist CQUINs was submitted 3 March 2023.</p> <p>The funding arrangements for 2022/23 will be for no financial penalty for failure to meet the CQUIN targets but that evidence of improvement is expected and has to be demonstrated.</p>
Transfer Pricing Policy and Contract Change – 2023/24	<p>The Committee discussed and Approved the Transfer Pricing Policy and Contract Change 2023/24.</p> <p>The East Kent Hospitals University Foundation Trust Group (EKHUFT) has 2 wholly owned subsidiaries, 2gether Support Solutions and the Spencer Private Hospitals. Therefore, the Group is required to comply with Transfer Pricing Rules (TPRs), to demonstrate to HM Revenue and Customs (HMRC) that the subsidiaries are operating as an “arm’s length” subsidiary of the Trust.</p> <p>A Transfer Pricing Strategy was developed and agreed by the Finance Committee at the March 2021 meeting. This specified that the strategy be reviewed every 24 months, i.e. March 2023.</p>

	The purpose of this report is to formally review the Transfer Pricing Strategy and propose any changes for approval by the Finance and Performance Committee. Following approval, the strategy will come into effect from the 1 April 2023.	
Strategic Investment Group (SIG) Assurance Report	The Committee received an assurance report on the activities of SIG on 19 January 2023.	
Finance and Performance Committee Annual Work Programme 2022/23	The Committee received an assurance report on the activities of the FIOG on 21 February 2023.	
Other items of business	None	
Referrals from other Board Committees	There were no referrals from other Board Committees at this meeting.	
Items to come back to the Committee outside its routine business cycle:		
N/A		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
2023/24 Business Planning Update and Guidance The Committee recommends to the Board APPROVAL of the current plan.	Approval	6 April 2023

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)					
Committee:	Meeting Date	Chair	Paper Author	Quorate	
Charitable Funds Committee (CFC)	29 March 2023	Claudia Sykes, Non-Executive Director (NED)	Committee Chair	Yes	
Appendices:	None				
Declarations of Interest made:					
None					
Assurances received at the Committee meeting:					
Agenda item 1 (Charitable Funds – Cazenove)	<ul style="list-style-type: none"> A presentation was received from the external Charity Fund manager, Cazenove. This reflected the long-term (10 year) investment objectives set and achieved by the Charity, to receive 3% above inflation returns over that whole period. The Cazenove manager stated he was confident the fund would obtain income of £67-£70k in the next year if no changes are made to the current investment strategy and fund. See finance item 4. The Committee discussed and noted the Cazenove presentation. There had been considerable market instability in the last financial year, resulting in the unexpected loss on investments for the Charity. 				
Agenda item 2 (Charity Governance Manual)	<ul style="list-style-type: none"> Minor updates made to Governance Manual. The Committee reviewed and approved the updates to the Manual. 				
Agenda item 3 (Application for Grants)	<ul style="list-style-type: none"> The Committee discussed and approved the application for the cold cap equipment (£45k) – Cathedral Unit, Kent and Canterbury Hospital. The Committee discussed the time it was taking on some previous grants, for the money to be spent on the approved projects, and how it could have greater oversight of the approved project expenditure. 				
Agenda item 4 (Finance Report)	<ul style="list-style-type: none"> The Committee received a report on the Charity's finances for the Year to Date (YTD) (February 2023), noting: <ul style="list-style-type: none"> Income of £0.8m, expenditure £1.14m; investment loss £110k; net loss of £450k; Investment balances £2.5m; Net assets £2.1m. <p>The Committee discussed the purpose of the Charity and the funds it receives. Whilst the Charity needed to be a going concern and safeguard charitable funds, people did not donate for the money to be invested long-term, especially when there was an urgent need to help achieve the Trust's transformation strategy. It was agreed that an expenditure plan should be produced for the next Committee meeting in June, looking at how charitable funds could be spent in accordance with donor requests and the charity's legal requirements. Approval of this spending plan would then be required by the Trust Board in July.</p> <p>Devereux Trust – the Fundraising Manager updated the Committee on the Margate property owned by the Charity. As the 2 current signatories for this (Elizabeth Shutler and Philip Cave) had left or were about to leave the</p>				

	Trust, 2 new signatories were needed – preferably people who would be in post for a while. Claudia Sykes agreed to be a signatory if needed, but at least 1 should be an Executive Director of the Trust.
Agenda item 5 (Fundraising Update)	<ul style="list-style-type: none"> • New website for the Charity about to be launched. • Several fundraising events being organised including: <ul style="list-style-type: none"> • Colour obstacle run 20 May; • NHS is 75! 5 July. • Wingwalking 15 July.
Agenda item 6 (Review of the Auditors - Including the audit fee and service provided)	<ul style="list-style-type: none"> • The January Board had queried the Charity audit fee. This will be £40k for 2023. • The Committee was informed that the Trust procurement team were reviewing potential new audit firms, with the aim of putting the Charity audit out for tender. It was noted that a local audit firm might be cheaper and better resourced than the current audit firm.
Agenda item 7 (Auditor Management letter on the March 2022 accounts - actions needed from the Charity team and update on these)	<ul style="list-style-type: none"> • A report on the financial controls over the Charity is to be presented to the next Committee meeting in June 2023. This is to cover the specific points raised by the auditor management letter for the March 2022 accounts, and assure the Committee that these points have been addressed for the March 2023 accounts. The report is also to cover the internal controls over Charity expenditure under £25k, which currently are not visible to the Committee as below the threshold for Committee approval.
Agenda item 8 (Charity Strategy - Update on progress on the 3-year strategy agreed in 2022)	<ul style="list-style-type: none"> • The Board had requested a benchmarking review of the Charity's income against similar sized NHS charities be carried out. The Charity Fundraising Manager notified the Committee that this review was undertaken by the NHS Charities Together group, and information for 2022/23 was currently being collated. It was, however, difficult to make direct comparisons between NHS charities. • The Committee discussed the current Charity fundraising strategy and requested that an updated strategy be brought to the next Committee meeting in June, with specific proposals to increase income for the Charity, and identifying any additional resources needed to achieve this over a 3 year period.
Agenda item 9 (Annual Self-Assessment of Committee's Effectiveness - Review Terms of Reference (ToR) and Committee Annual Work Programme 2023/24)	<ul style="list-style-type: none"> • The Committee reviewed and noted the Annual Self-assessment and ToR. There had been few responses to the survey, but no concerns highlighted. • The Committee will review this again in December 2023, given the changes in Committee membership this year
Other items of business	The Charity Fundraising Manager advised the Committee that he was stepping down from the Charity on 2 May. He advised that plans were in place to provide replacement support. The Chair will discuss this further with the Charity team, alongside the updated strategy being prepared.

Items to come back to the Committee outside its routine business cycle:		
There was no specific item over those planned within its cycle that it asked to return.		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
The Committee asks the BoD to NOTE this assurance report from the CFC.	Assurance	29 March 2023

REPORT TO:	COUNCIL OF GOVERNORS				
REPORT TITLE:	NHS NATIONAL STAFF SURVEY 2022 REPORT				
MEETING DATE:	APRIL 2023				
BOARD SPONSOR:	CHIEF PEOPLE OFFICER				
PAPER AUTHOR:	HEAD OF STAFF EXPERIENCE				
APPENDICES:	APPENDIX 1: NATIONAL STAFF SURVEY PRESENTATION APPENDIX 2: NATIONAL BENCHMARK REPORT APPENDIX 3: PICKER MANAGEMENT REPORT				
Executive Summary:					
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion
Purpose of the Report:	<p>To review progress against a number of key national staff experience markers. The report offers the opportunity to benchmark nationally and against other Acute & Community organisations. It should enable the Trust to reflect on; where to direct attention, the most significant challenges, and where it is moving in the right direction. The report is intended to help facilitate discussion around prioritising action, and to address relevant next steps toward improvement.</p>				
Summary of Key Issues:	<p>A total of 9062 eligible colleagues were invited to complete the National Staff Survey and 4023 returned a completed survey. This volume of respondents give legitimacy to the results, although it should be noted the response rate has fallen from a majority (52%) to a minority (44.4%). The response rate is however on-par with the national Acute and Acute & Community Trust response rate (44%) which has also fallen year-on-year.</p> <p>The National Staff Survey presentation (Appendix 1) gives a summary of the survey results, highlighting the most significant changes year-on-year along and providing local insight and reflections. This is complemented by the National Benchmark Report (Appendix 2) and Picker Management Report (Appendix 3), each of which provide further insights.</p> <p>Headlines from the 2022 NSS are as follows:</p> <ul style="list-style-type: none"> ▪ A pronounced and significant fall in advocacy for the Trust ▪ Fewer people would feel secure raising concerns ▪ Less confidence the Trust would act on these concerns ▪ A marked reduction in satisfaction with pay ▪ We rank 63rd (out of 65) Acute Trusts overall ▪ We rank 28th (out of 65) for year-on-year change ▪ Three quarters of the results showed no sig. difference ▪ Nationally, we compare less favourably against 86% of questions 				

	<ul style="list-style-type: none"> ▪ There have been <i>improvements</i> in autonomy & control and staff involvement ▪ There has been a marked improvement in work-life balance and improved satisfaction with opportunities for flexible working ▪ There has been an improvement in the perception there are enough staff (on-par with national average) ▪ However, less than half of colleagues would recommend the organisation as a place to work ▪ Recommending the Trust as a place to work or be treated (advocacy) fell by 3% and 8% respectively year on year ▪ Recommending the Trust as a place to work or receive treatment are 13% and 16% below the national average ▪ Care representing our top priority is 11% below the national average and has now declined for the third successive year <p>Following the success of the General & Specialist Medicine (GSM) care group, where locally-led interventions were piloted; staff survey data is being provided at a team-level through an accessible NSS dashboard.</p> <p>Teams are being asked to identify and ‘change three things’. This approach is being rolled out across the organisation, giving agency and empowerment to staff, encouraging local ownership of improvement and action.</p> <p>These actions will be recorded by respective Business Partners and updated monthly using a project management system. They will be monitored and reported on regularly to provide assurance throughout the year.</p> <p>NB: At the time of writing, the analysis of National Staff Survey results by We Care wave was not possible as the data will only be available available in this manner at the end of April. This will be reviewed and reported on as soon as this becomes available.</p>
<p>Key Recommendation(s):</p>	<p>These results highlight how the Trust is performing against key markers of staff experience. The reports highlight the most pressing challenges, along with progress being made following dedicated focus.</p> <p>It is recommended that this survey and the attached reports be used as an opportunity to identify those areas the Trust needs to attend to most closely throughout 2023/24 in order to deliver the improvements needed.</p>

Implications:				
Links to 'We Care' Strategic Objectives:				
Our patients	Our people	Our future	Our sustainability	Our quality and safety
Governor Statutory Duties:				
Previously Considered by:	<i>A previous iteration of this presentation and the attached reports have been shared with EMT and PCC.</i>			

National Staff Survey 2022

Council of Governors

April 2023



People Promise

Executive Summary

2022 National NHS Staff Survey

- Fieldwork & Engagement with the National Staff Survey 2022
- Historic & National Comparisons
- Benchmarking (National League Tables)
- Headlines: Key Challenges & Positive Changes
- People Analytics & enhanced National Staff Survey Dashboard
- Taking Action: Trust-wide & Locally
- Proposals for The Board



EKHUFT Engagement with the NSS

Response rates & comparators

44.4%

of staff responded to the survey

4,023

Total respondents vs. 4,587 (2021)

↓8%

against 2021 (52%)
564 less than last year

↓8%

National RR fallen from 52% to 44%

~44%

on-par with national response rate (44%)

49%

improved scores in 45/92 comparable questions

29%

scores declined in 27/92 comparable questions

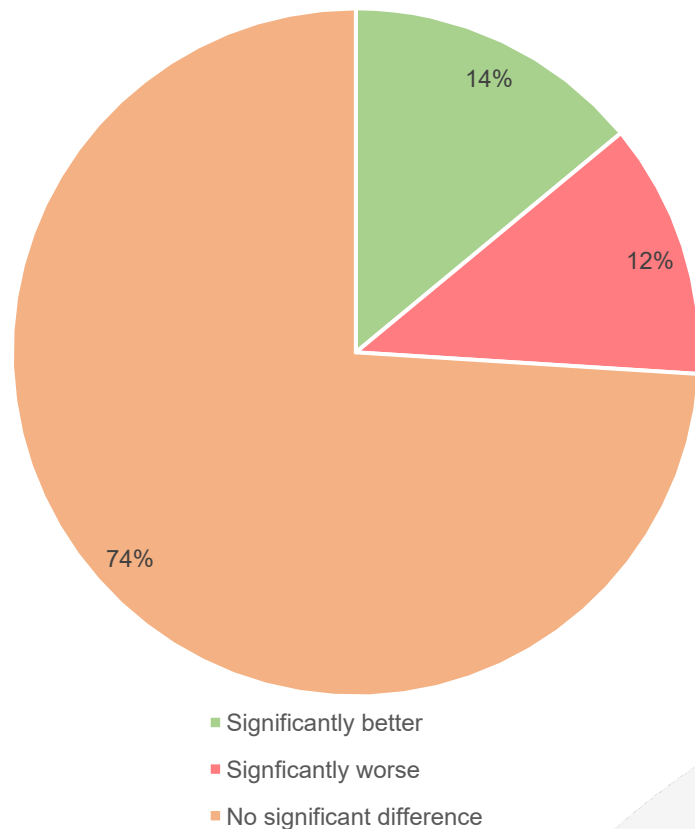
28th

most improved Trust year-on-year out of 65 organisations

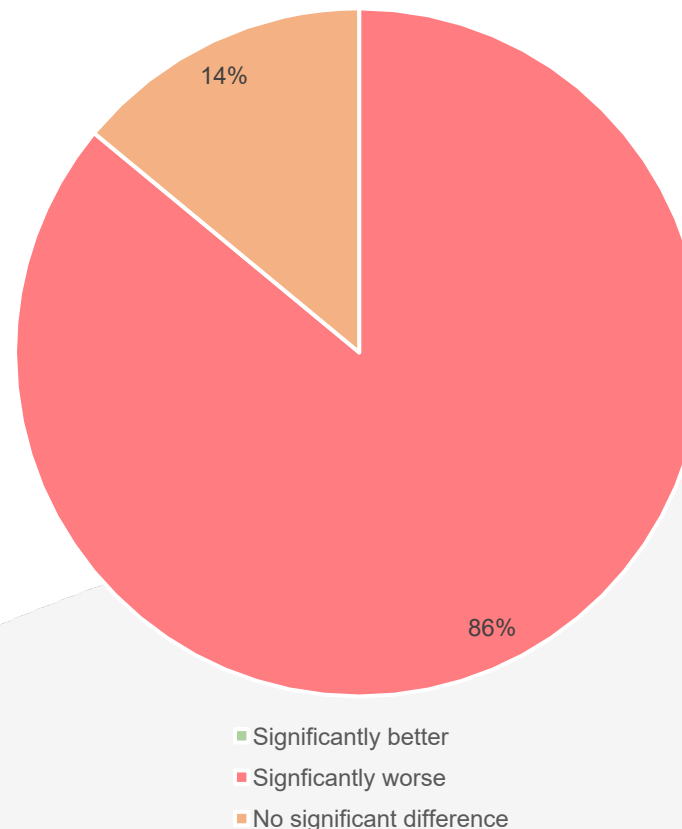
Benchmarking

Historic & National comparisons / significance testing

Historical Comparison



National Comparison



Summary

- Improved in 45/92 (49%)
- Declined in 27/92 (29%)
- No change in 20/92 (22%)

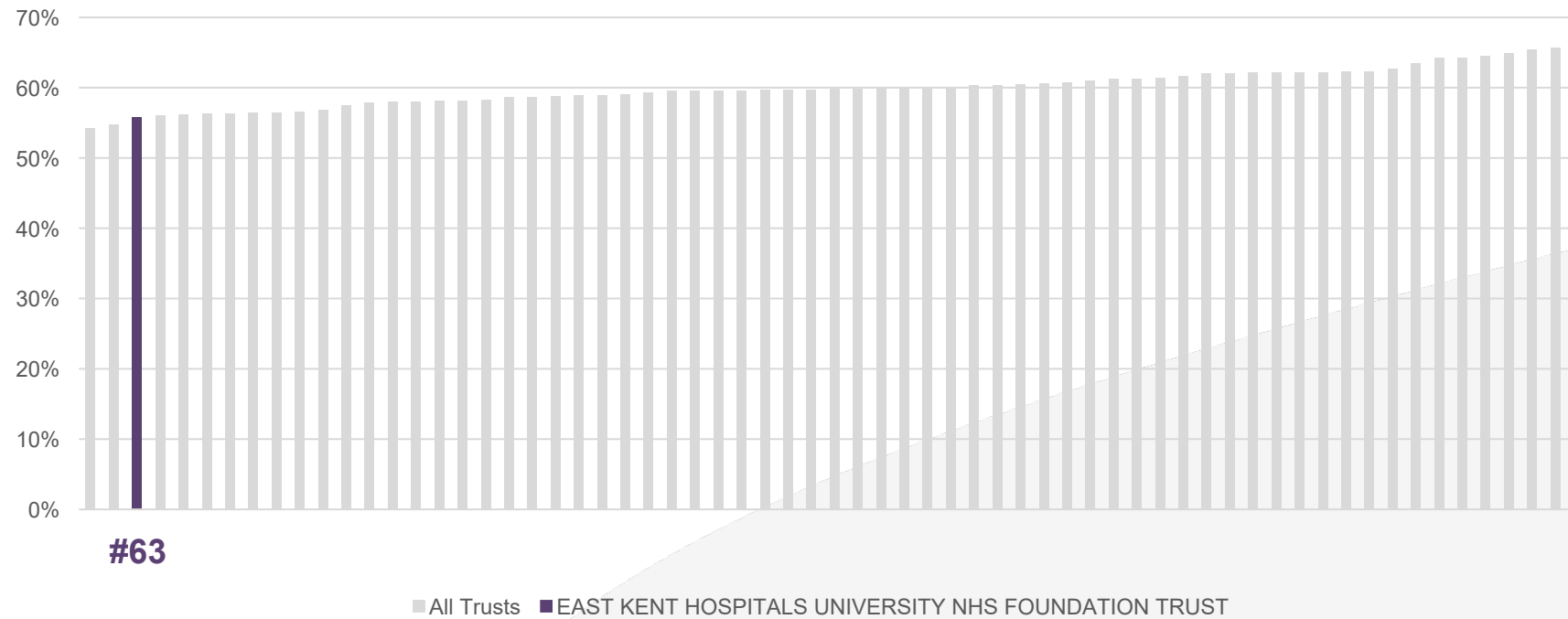


The National Picture

League table: overall positive score

The league table shows how your overall positive score is ranked in comparison to the overall positive score of every other [Acute and Acute Community Trusts](#) organisation that ran the [NHS Staff Survey 2022](#) with Picker. The overall positive score is the average positive score for all positively scored questions in the survey.

NHS Staff Survey 2022: Overall Positive Score



Overall
63rd out of
65 Trusts

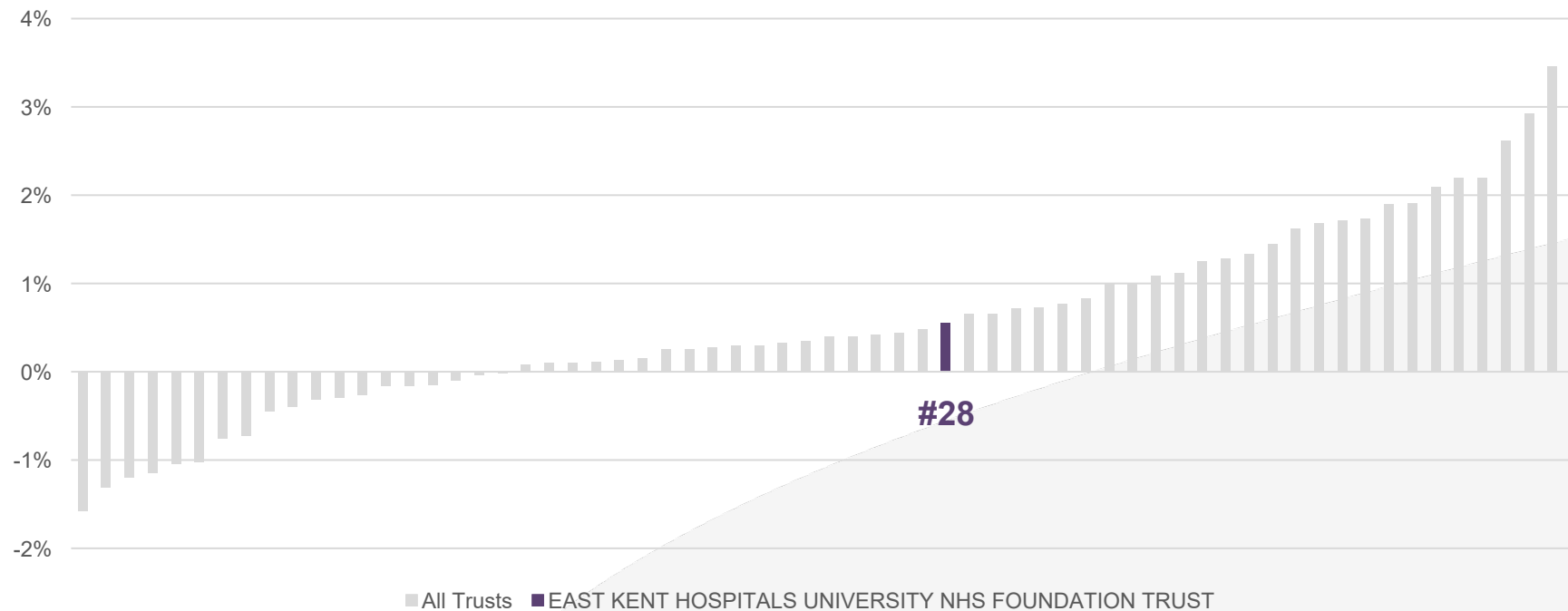


The National Picture

League table: historic positive score

The historical league table shows how your overall positive score changed from the previous survey, and how this change compares to other organisations [Acute and Acute Community Trusts](#) who ran the [NHS Staff Survey 2022](#) with Picker.

NHS Staff Survey 2022: Overall Positive Score Change



Historic
28th out of
65 Trusts



Headlines & Key Findings

National NHS Staff Survey Results 2022

Challenges

- 1) A pronounced and significant deterioration in **advocacy** for the Trust
- 2) Fewer people feel secure **raising concerns**; a reduction in confidence that the Trust will act on **concerns**
- 3) A marked reduction in satisfaction with **pay**

Improvements

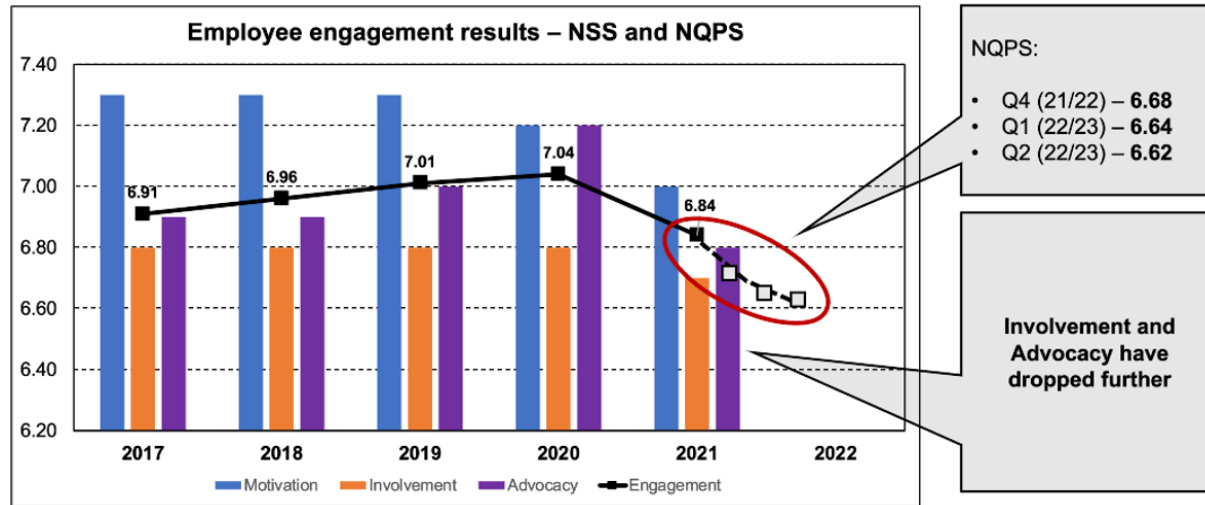
- 1) An improvement in the perception there are enough **staff** in the Trust (on-par with national average)
- 2) There are greater levels of **autonomy & control** and **staff involvement**
- 3) A marked improvement in **work-life balance** and satisfaction with opportunities for **flexible working**



Headlines & Key Findings

Staff Engagement	Q2	Q3	Δ
▪ Motivation	6.76	6.85	↑ 9 points
▪ Involvement	6.28	6.43	↑ 15 points
▪ Advocacy	5.95	5.76	↓ 19 points
▪ Overall Engagement	6.33	6.35	↑ 2 points

National Context



Advocacy

National NHS Staff Survey Results 2022

- Overall staff advocacy has **fallen 28 points**, from 6.04 (2021) to 5.76 (2022)
- The sharpest fall in advocacy is the reduction in colleagues recommending the Trust **as a place for treatment**
- This is **down 8%** year-on-year and **16% below** the national average
- Recommending as a place to work is **down 3%** and 14% below the national average
- The perception that care represents our top priority is also **down 3%** and 11% below the national average

q23a	Care of patients/service users is organisation's top priority
q23c	Would recommend organisation as place to work
q23d	If friend/relative needed treatment would be happy with standard of care provided by organisation

Historical		External	
2021	2022	Average	Organisation
65%	62%	73%	62%
46%	43%	57%	43%
53%	45%	61%	45%

Raising Concerns

National NHS Staff Survey Results 2022

- Overall raising concerns has **fallen 15 points**, from 5.99 (2021) to 5.84 (2022)
- Fewer people feel the organisation **acts on** the concerns patients raise, down 5% from 62% (2021) to 57% (2022)
- Less colleagues feel safe to **speak up** about anything that concerns them, down 3% from 54% (2021) to 51% (2022)
- Fewer people would feel secure **raising concerns**, down 4% from 70% (2021) to 66% (2022)
- All of these questions are ~5-12% below the national average

Question ID	Description
q19a	Would feel secure raising concerns about unsafe clinical practice
q19b	Would feel confident that organisation would address concerns about unsafe clinical practice
q23e	Feel safe to speak up about anything that concerns me in this organisation
q23f	Feel organisation would address any concerns I raised

Historical		External	
2021	2022	Average	Organisation
70%	66%	71%	66%
48%	46%	56%	46%
54%	51%	61%	51%
39%	36%	48%	36%

Pay

National NHS Staff Survey Results 2022

- Overall satisfaction with the level of pay has **fallen 5%**, from 27% (2021) to 22% (2022)
- Over the last 5 years this has **dropped by 10%** (31% and 32% in 2018 and 2019 respectively)
- This is **4% below** the national average
- Overall reward and recognition has fallen 8 points, from 5.55 to 5.47

q4a	Satisfied with recognition for good work
q4b	Satisfied with extent organisation values my work
q4c	Satisfied with level of pay
q8d	Colleagues show appreciation to one another
q9e	Immediate manager values my work

Historical		External	
2021	2022	Average	Organisation
45%	47%	52%	47%
35%	35%	42%	35%
27%	22%	26%	22%
63%	63%	67%	63%
66%	67%	71%	67%

Improvements

National NHS Staff Survey Results 2022

There have been subtle improvements across each of the following eight sub-themes:

- Autonomy and control
- Appraisals
- Burnout
- Compassionate leadership
- Flexible working
- Line management
- Stressors
- Support for work-life balance



Staff Involvement

National NHS Staff Survey Results 2022

- Overall staff involvement has **increased by 8 points**, from 6.35 (2021) to 6.43 (2022)
- There have also been improvements in autonomy and control, **up 7 points** from 6.53 (2021) to 6.60 (2022)
- Involvement has **improved by 1-2% in two areas** and remained the same overall in a third (see below)
- Key measures of autonomy and control have also improved by 1-2%
- These are still below the national average but moving in the right direction

q3c	Opportunities to show initiative frequently in my role
q3d	Able to make suggestions to improve the work of my team/dept
q3f	Able to make improvements happen in my area of work

2019 2020 2021 2022

Historical

External

2021	2022
67%	67%
64%	66%
47%	48%

Average	Organisation
73%	67%
72%	66%
54%	48%

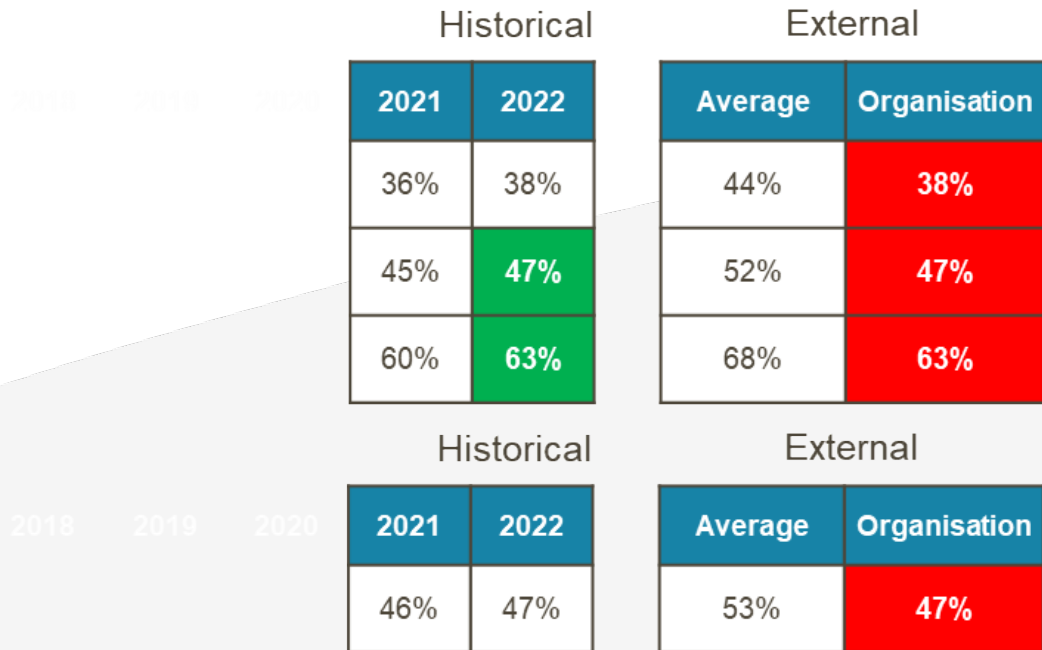
Work-life balance / flexible working

National NHS Staff Survey Results 2022

- Overall work life balance markers have **improved by 12 points**, from 5.60 (2021) to 5.72 (2022)
- Satisfaction with opportunities for flexible working has improved by 6 points, from 5.56 (2021) to 5.62 (2022)
- In general, there have been **2-3% improvements** across the board against this

Question ID	Description
q6b	Organisation is committed to helping balance work and home life
q6c	Achieve a good balance between work and home life
q6d	Can approach immediate manager to talk openly about flexible working

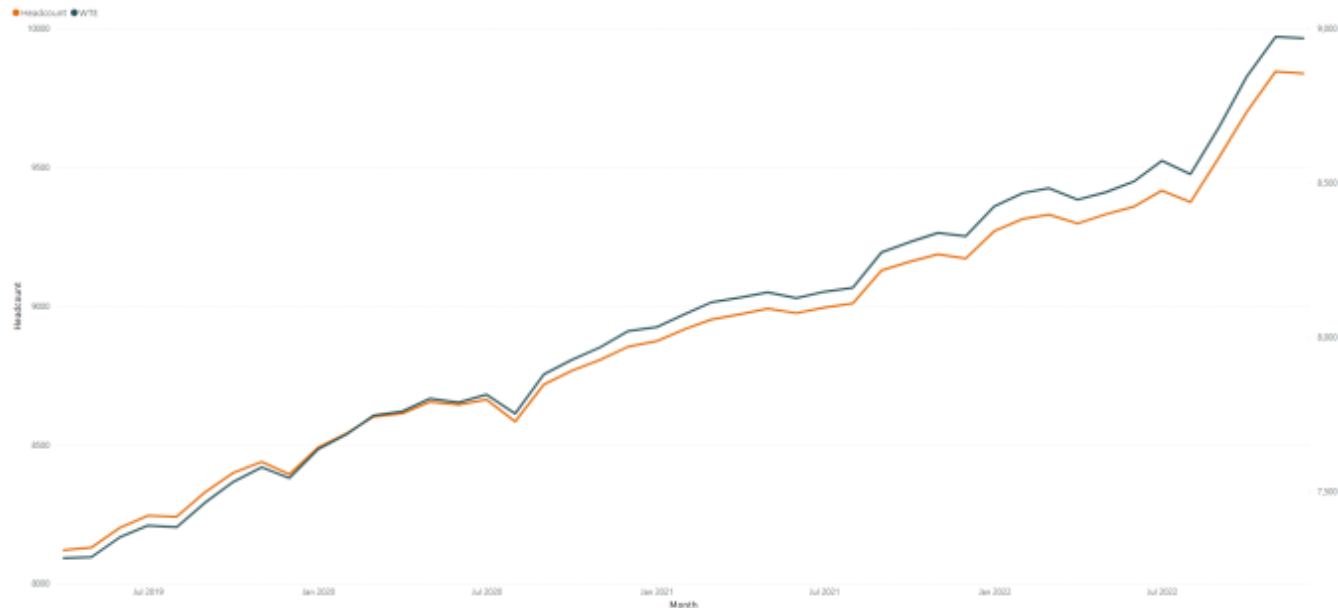
Question ID	Description
q4d	Satisfied with opportunities for flexible working patterns



Staffing Levels

National NHS Staff Survey Results 2022

- The perception there are enough staff in the Trust has improved (by 2%)
- It is now on-par with the national average (albeit 26%)
- Headcount has grown by 667 (from 9,172 to 9,839) and WTE by 643 (from 8,969 to 8,326)



View results for:

T: Trust - EKHUFT

Promise

Promise 1: We are compassionate and inclusive

RAG results against:

Previous Year Selected Grouping

RAG grouping:

T: Trust - EKHUFT

Promise 1: We are compassionate and inclusive

6.8

Promise 2: We are recognised and rewarded

5.5

Promise 3: We each have a voice that counts

6.2

Promise 4: We are safe and healthy

5.7

Promise 5: We are always learning

5.1

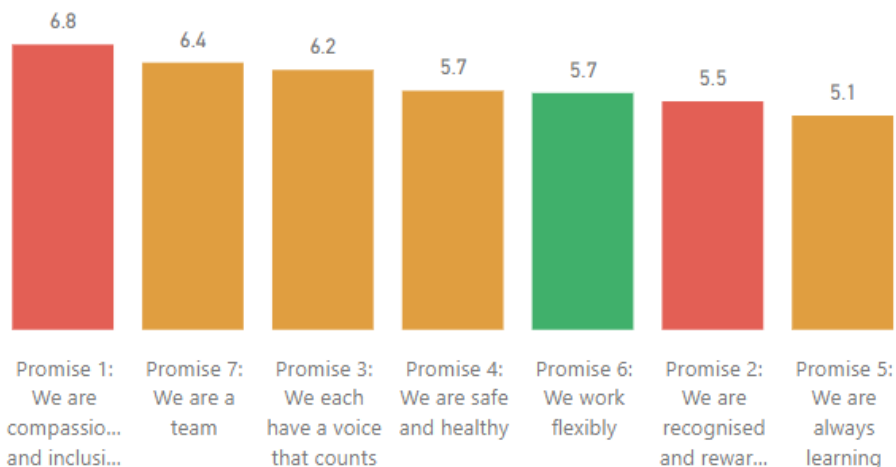
Promise 6: We work flexibly

5.7

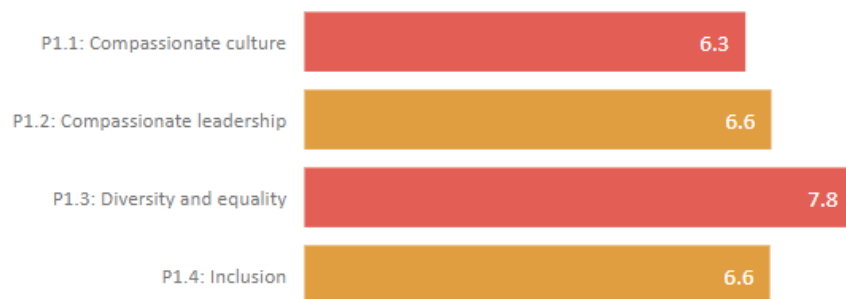
Promise 7: We are a team

6.4

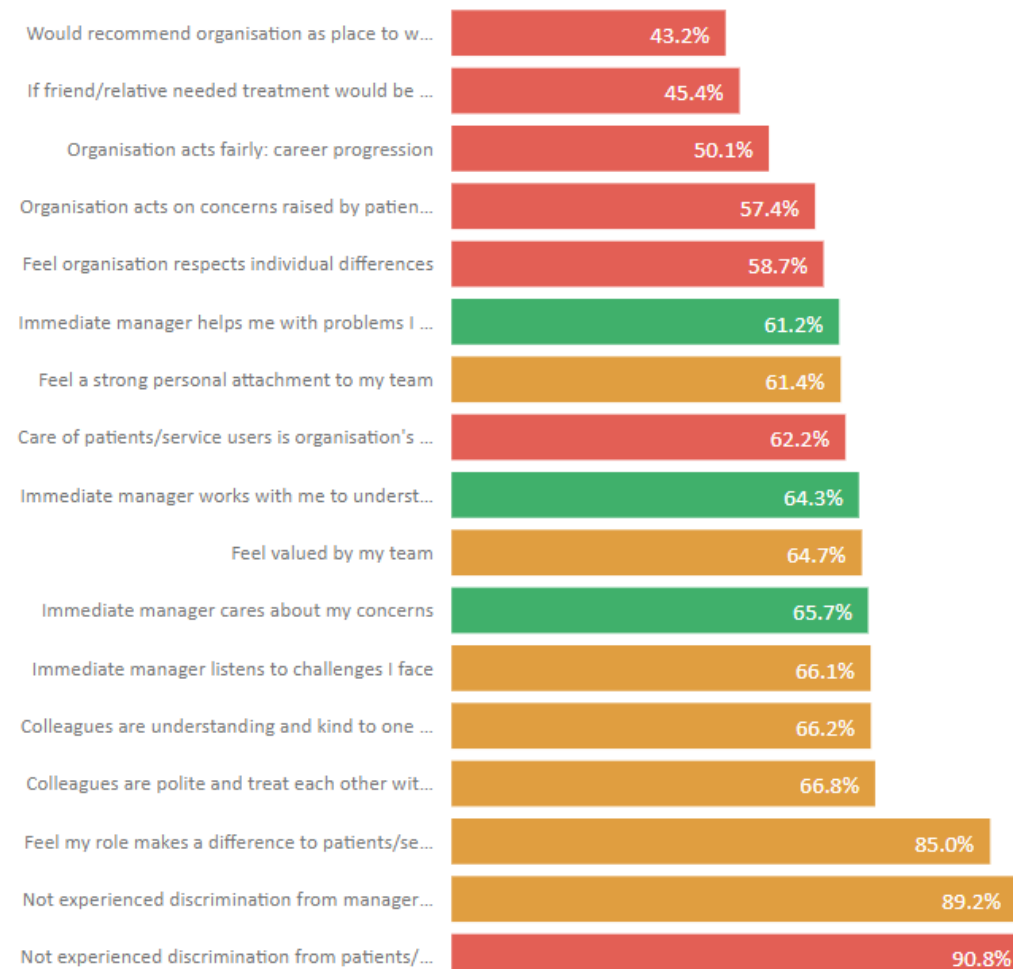
Promises - score and relative performance



Sub-Promises - scores and relative performance



Questions - scores and relative performance



Specialty-level Approach

GSM & Rheumatology examples



Q		PP1		PP2		PP3		PP4		PP5		PP6		PP7		E_1		E_2		E_3		E_4		M_1		M_2		M_3		M_4	
Description		We are compassionate and inclusive score		We are recognised and rewarded score		We each have a voice that counts score		We are safe and healthy score		We are always learning score		We work flexibly score		We are a team score		Motivation sub-score		Involvement sub-score		Advocacy sub-score		Staff Engagement Score		Thinking about leaving sub-score		Work pressure sub-score		Stressors (HSE index) sub-score		Morale score	
		2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022		
n = 4023	Comparator (Organisation Overall)	6.9	6.8	5.6	5.5	6.3	6.2	5.7	5.7	5.1	5.1	5.6	5.7	6.4	6.4	6.8	6.8	6.4	6.4	6.0	5.8	6.4	6.3	5.6	5.6	4.8	4.8	6.0	6.1	5.5	5.5
n = 142	Cancer Care Group	7.2	7.0	6.1	5.6	6.7	6.4	5.8	5.6	5.4	5.1	5.9	5.6	6.9	6.8	7.3	7.3	7.1	6.8	6.2	5.8	6.9	6.6	6.1	5.5	5.2	4.5	6.4	6.3	5.9	5.4
n = 251	Child Health Care Group	7.3	7.2	5.9	5.9	6.7	6.6	6.1	6.2	5.6	5.5	5.9	5.9	6.6	6.6	7.1	7.1	6.5	6.5	6.6	6.5	6.7	6.7	6.1	6.3	5.1	5.3	6.2	6.3	5.8	5.9
n = 816	Clinical Support Services Care Group	7.0	6.8	5.6	5.3	6.2	6.0	5.8	5.7	5.2	5.0	5.3	5.3	6.5	6.3	6.5	6.5	6.2	6.2	5.9	5.4	6.2	6.0	5.6	5.4	4.7	4.6	6.0	6.0	5.4	5.3
n = 408	Corporate Care Group	7.3	7.1	6.4	6.3	6.7	6.4	6.6	6.5	5.6	5.2	6.6	6.5	7.0	7.0	7.0	6.8	7.1	6.9	6.4	5.8	6.8	6.5	6.0	5.8	5.7	5.5	6.7	6.6	6.1	6.0
n = 803	General and Specialist Medicine Care Group	6.8	6.9	5.5	5.5	6.3	6.4	5.5	5.7	5.3	5.3	5.6	6.0	6.3	6.5	7.0	7.1	6.5	6.7	6.0	5.9	6.5	6.6	5.5	5.6	4.8	5.0	6.0	6.2	5.4	5.6
n = 77	Strategic Development and Capital Planning Care Group	7.5	7.5	6.5	6.7	6.9	6.9	6.8	7.0	5.2	5.5	7.1	7.1	7.1	7.4	6.8	7.0	7.1	7.7	6.8	6.4	6.9	7.0	5.9	6.3	6.1	6.5	6.7	7.1	6.2	6.6
n = 799	Surgery and Anaesthetics Care Group	6.7	6.7	5.2	5.2	6.1	6.2	5.6	5.6	4.8	5.1	5.3	5.4	6.2	6.2	6.9	6.9	6.2	6.3	5.9	5.8	6.4	6.4	5.6	5.6	4.9	4.9	5.8	5.9	5.4	5.5
n = 174	Surgery, Head & Neck, Breast Surgery and Dermatology Care Group	7.1	7.1	5.6	5.7	6.5	6.6	6.1	6.0	5.1	5.3	5.6	5.7	6.5	6.6	6.9	7.0	6.4	6.5	6.6	6.4	6.6	6.6	6.0	6.0	5.6	5.5	6.1	6.2	5.9	5.9
n = 315	Urgent and Emergency Care Group	6.5	6.4	5.1	4.9	5.8	5.9	4.9	4.9	4.9	4.9	5.3	5.5	5.9	5.7	6.6	6.7	6.0	5.8	5.7	5.6	6.1	6.0	5.0	5.1	4.0	3.9	5.5	5.4	4.9	4.8
n = 238	Women's Health Care Group	6.5	6.4	4.9	4.8	5.6	5.7	4.8	4.8	4.2	4.2	4.9	4.9	5.8	5.8	6.4	6.5	5.4	5.8	5.4	5.3	5.7	5.9	5.1	4.9	3.5	3.3	5.5	5.4	4.7	4.5

		PP1		PP2		PP3		PP4		PP5		PP6		PP7		E_1		E_2		E_3		E_4		M_1		M_2		M_3		M_4	
		We are compassionate and inclusive score		We are recognised and rewarded score		We each have a voice that counts score		We are safe and healthy score		We are always learning score		We work flexibly score		We are a team score		Motivation sub-score		Involvement sub-score		Advocacy sub-score		Staff Engagement Score		Thinking about leaving sub-score		Work pressure sub-score		Stressors (HSE index) sub-score		Morale score	
		2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022		
Rheumatology	n = 22	6.3	7.2	4.5	5.8	5.5	6.5	5.0	6.2	5.3	6.0	4.6	6.2	5.4	6.9	6.1	7.7	5.8	6.7	4.9	6.1	5.6	6.8	4.1	6.2	4.2	5.1	5.2	6.4	4.5	5.9

National Staff Survey Results 2022

Hierarchy

1:Care Group - General and Specialist Medicine ▾

Results Quadrant - Promises



View results for:

Promise

RAG results against:

RAG grouping:

1:Care Group - General and Specialist Medici...

Promise 1: We are compassionate and inclusive

Previous Year

Selected Grouping

T: Trust - EKHUFT

Promise 1: We are compassionate and inclusive

6.9

Promise 2: We are recognised and rewarded

5.5

Promise 3: We each have a voice that counts

6.4

Promise 4: We are safe and healthy

5.7

Promise 5: We are always learning

5.3

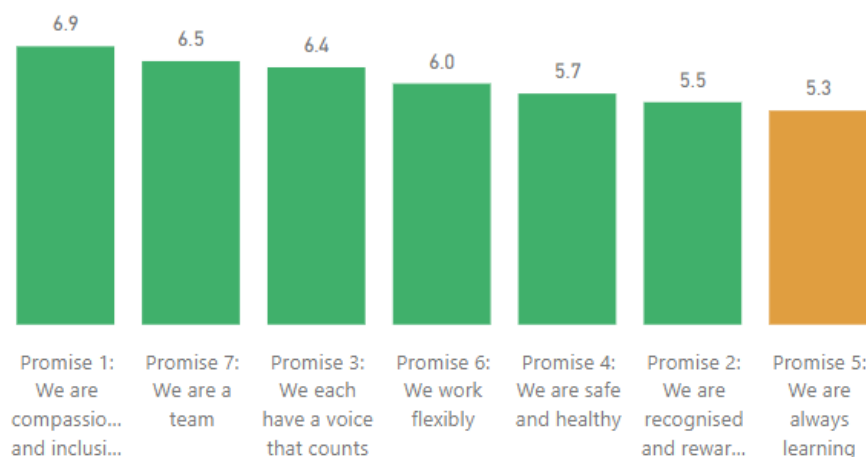
Promise 6: We work flexibly

6.0

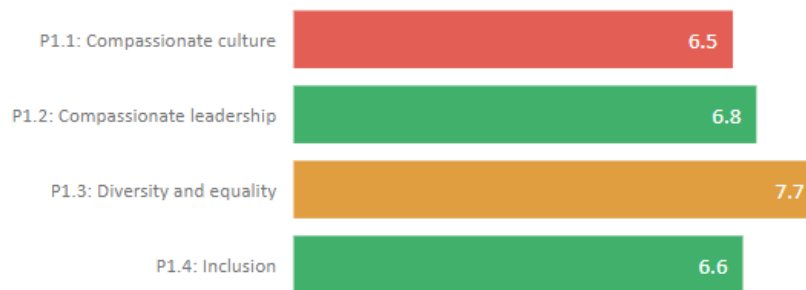
Promise 7: We are a team

6.5

Promises - score and relative performance



Sub-Promises - scores and relative performance



Questions - scores and relative performance



Hotspots & Bright spots

National NHS Staff Survey Results 2022

The most **challenged** five Specialty areas in the Trust are:

- Obstetrics & Gynaecology
- Radiology
- PGME
- Urgent Treatment Centre
- Maternity

The top five **bright spots** include:

- Child Health (and Community Child Health)
- Stroke Services
- Vascular Services



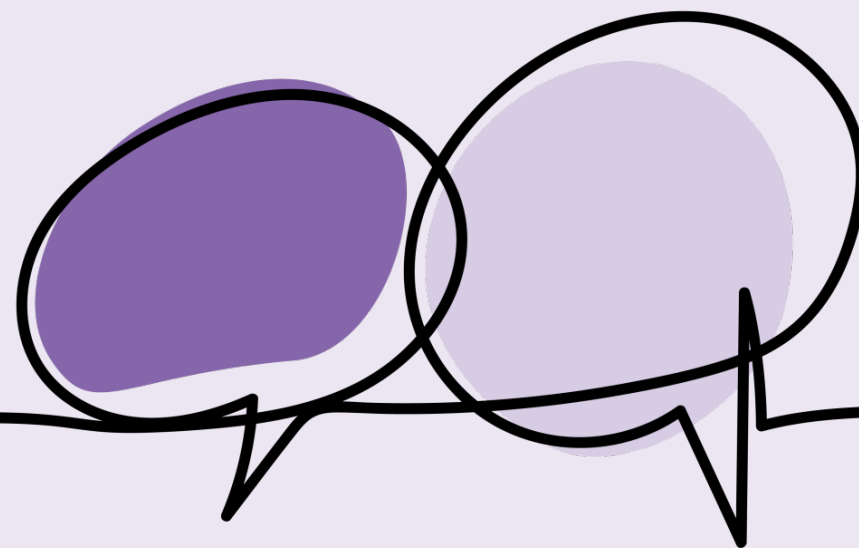
Summary & Discussion

National Staff Survey 2022

- There has been a pronounced and significant fall in Staff Advocacy
- Fewer colleagues feel confident raising concerns or have confidence the Trust will act on them
- There has been a significant reduction in satisfaction with pay
-
- There have been improvements in each of the 2021 headline areas focussed on (staffing, autonomy, involvement and FW)*
- A specialty-level approach to action appears to have delivered the greatest outcomes (*i.e.* GSM/ Rheumatology)
-
- Special consideration needs to be given to; repairing reputational damage, changing the narrative around raising concerns and better showcasing our non-pay benefits
- NSS results are currently being socialised internally at-pace, most recently at 'Team Brief' and an 'All-staff webinar'
- A **change 3 things** approach has been initiated to empower locally-led action.



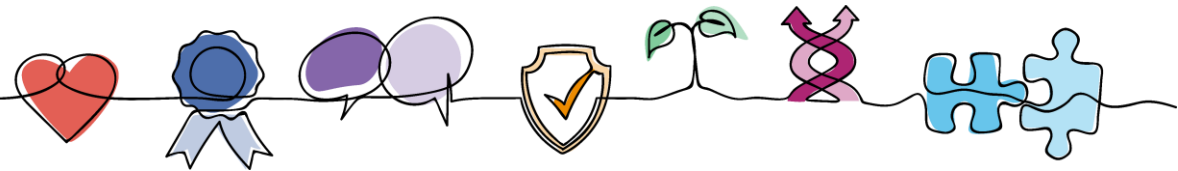
Thank you



People Promise

East Kent Hospitals University NHS Foundation Trust

NHS Staff Survey Benchmark report 2022



Introduction	3
Organisation details	8
People Promise element, theme and sub-score results	10
Overview	11
Sub-score overview	13
Trends	17
We are compassionate and inclusive	18
We are recognised and rewarded	20
We each have a voice that counts	21
We are safe and healthy	23
We are always learning	25
We work flexibly	27
We are a team	29
Staff Engagement	31
Morale	33
Covid-19 Classification breakdowns	35
Your experience	37
We are compassionate and inclusive	38
We are recognised and rewarded	39
We each have a voice that counts	40
We are safe and healthy	41
We are always learning	42
We work flexibly	43
We are a team	44
Staff Engagement	45
Morale	46

People Promise element, theme and sub-score results – detailed information	47
We are compassionate and inclusive	47
We are recognised and rewarded	56
We each have a voice that counts	59
We are safe and healthy	65
We are always learning	75
We work flexibly	80
We are a team	83
Staff Engagement	89
Morale	93

Questions not linked to the People Promise elements or themes	99
--	-----------

Workforce Equality Standards	112
-------------------------------------	------------

Workforce Race Equality Standards (WRES)	115
Workforce Disability Equality Standards (WDES)	120

About your respondents	130
-------------------------------	------------

Appendices	131
-------------------	------------

A – Response rate	144
B – Significance testing (2021 v 2022 People Promise and theme results)	146
C – Tips on using your benchmark report	148
D – Additional reporting outputs	153

Introduction

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

About this report

This benchmark report for East Kent Hospitals University NHS Foundation Trust contains results for the 2022 NHS Staff Survey, and historical results back to 2018 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, Q24d, Q25a-c, Q26a-c, Q27, Q28, Q29, Q30a, Q31a-b, Q32a-b and Q33 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 our results 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 &

People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q23a, Q23b, Q23c, Q23d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q20
	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	Q19a, Q19b, Q23e, Q23f
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
We are always learning	Development	Q22a, Q22b, Q22c, Q22d, Q22e
	Appraisals	Q21a*, Q21b, Q21c, Q21d *Q21a 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	Q23a, Q23c, Q23d
Morale	Thinking about leaving	Q24a, Q24b, Q24c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

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 graphs 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 graphs 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.

The Covid-19 pandemic

This section contains results for the People Promise elements and themes split by staff experience related to the Covid-19 pandemic.

Questions not linked to People Promise

Results for the questions that do not contribute to the result for any People Promise element or theme 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 2021 vs 2022.
- Data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.



Please note, where there are less than 11 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

Please note this is example data

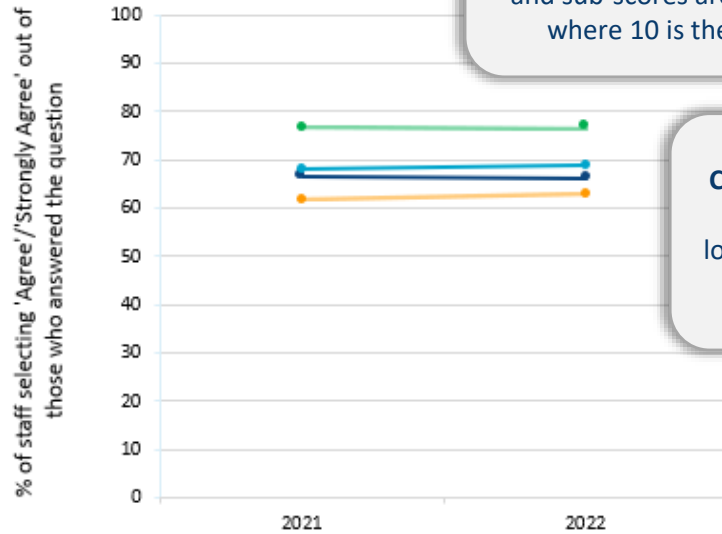
Key features

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.

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

The home icon on each slide is **hyperlinked** and takes you back to the contents page (which is also hyperlinked to each section).

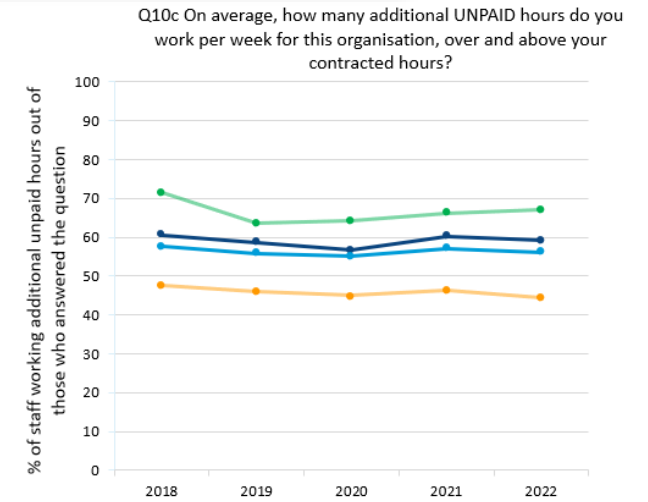
Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table.



Number of responses for the organisation for the given question.

	2021	2022
Your org	66.5%	66.3%
Best	76.8%	76.8%
Average	68.0%	68.7%
Worst	61.9%	62.8%

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



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

	2018	2019	2020	2021	2022
Your org	60.5%	58.7%	56.8%	60.2%	59.2%
Best	71.4%	63.6%	64.2%	66.1%	67.3%
Average	57.7%	55.9%	55.1%	57.0%	56.3%
Worst	47.7%	46.0%	45.0%	46.5%	44.6%

Organisation details

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

East Kent Hospitals University NHS Foundation Trust

2022 NHS Staff Survey



Organisation details

Completed questionnaires **4023**

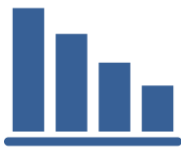
2022 response rate **44%**

Survey details

Survey mode **Online**

This organisation is benchmarked against:

Acute and Acute & Community Trusts



2022 benchmarking group details

Organisations in group: 124

Median response rate: 44%

No. of completed questionnaires: 431292

For more information on benchmarking group definitions please see the [Technical document](#).



People Promise Elements, Themes and sub-score results

Please note, where there are less than 11 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, Themes and Sub-scores: Overview

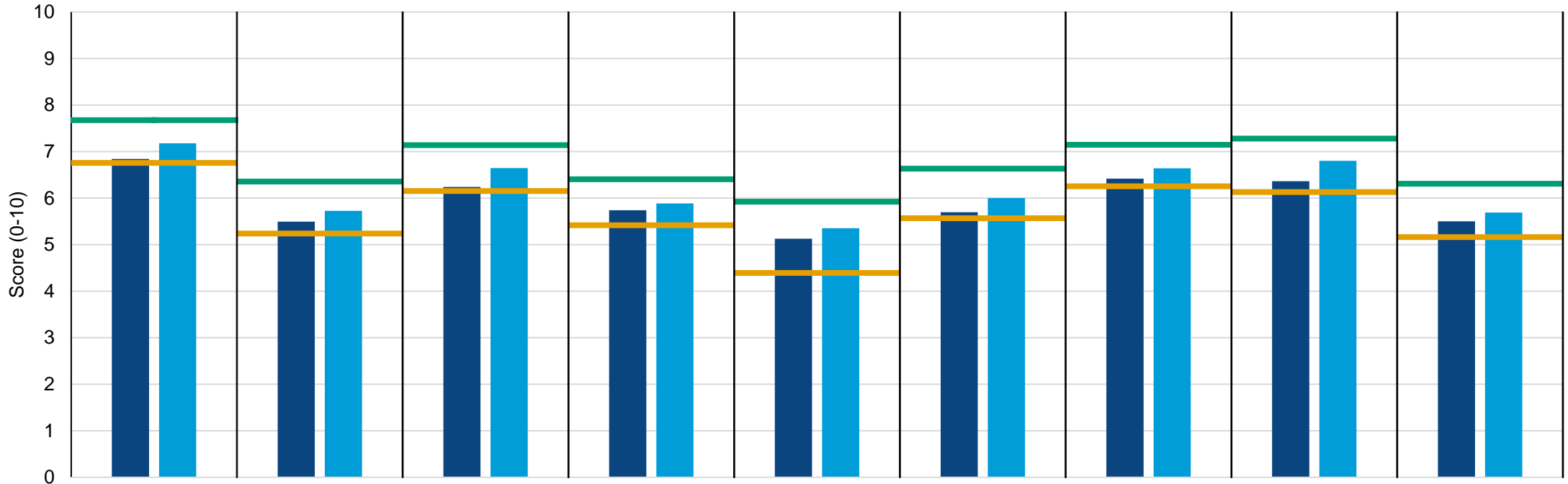
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise Elements and Themes: Overview

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.



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	6.8	5.5	6.2	5.7	5.1	5.7	6.4	6.4	5.5
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	4012	4015	3988	3998	3813	4009	4008	4018	4017

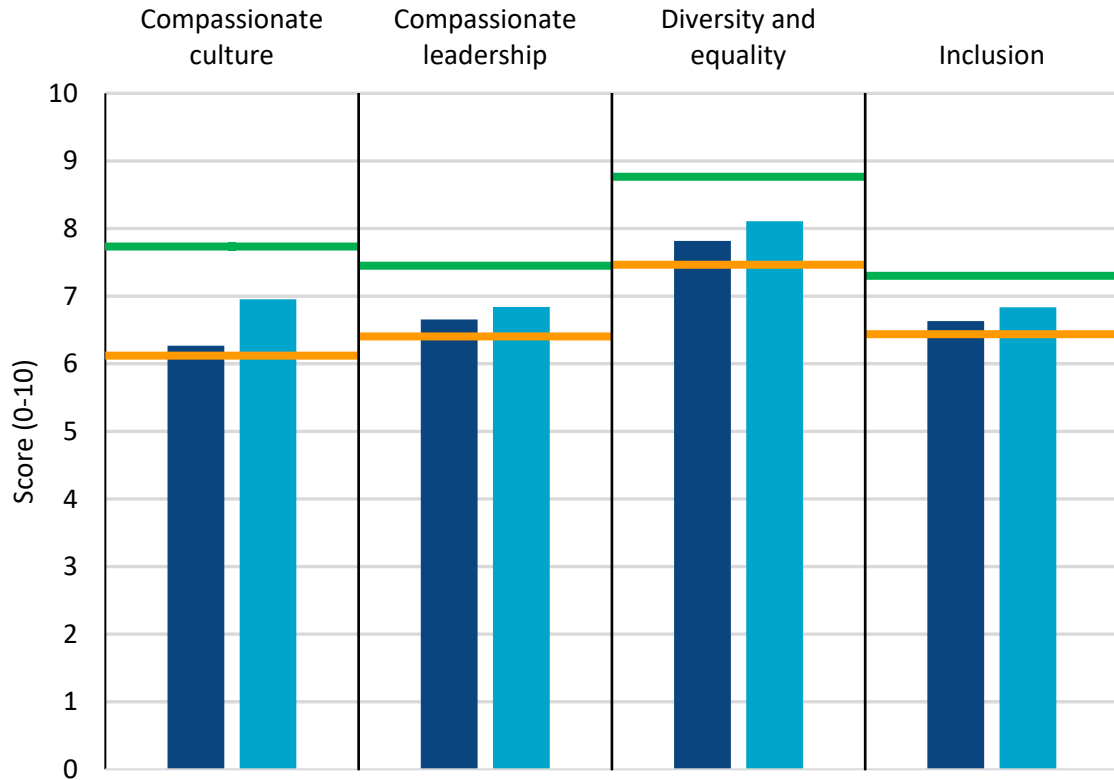


People Promise Elements, Themes and Sub-scores: Sub-score Overview

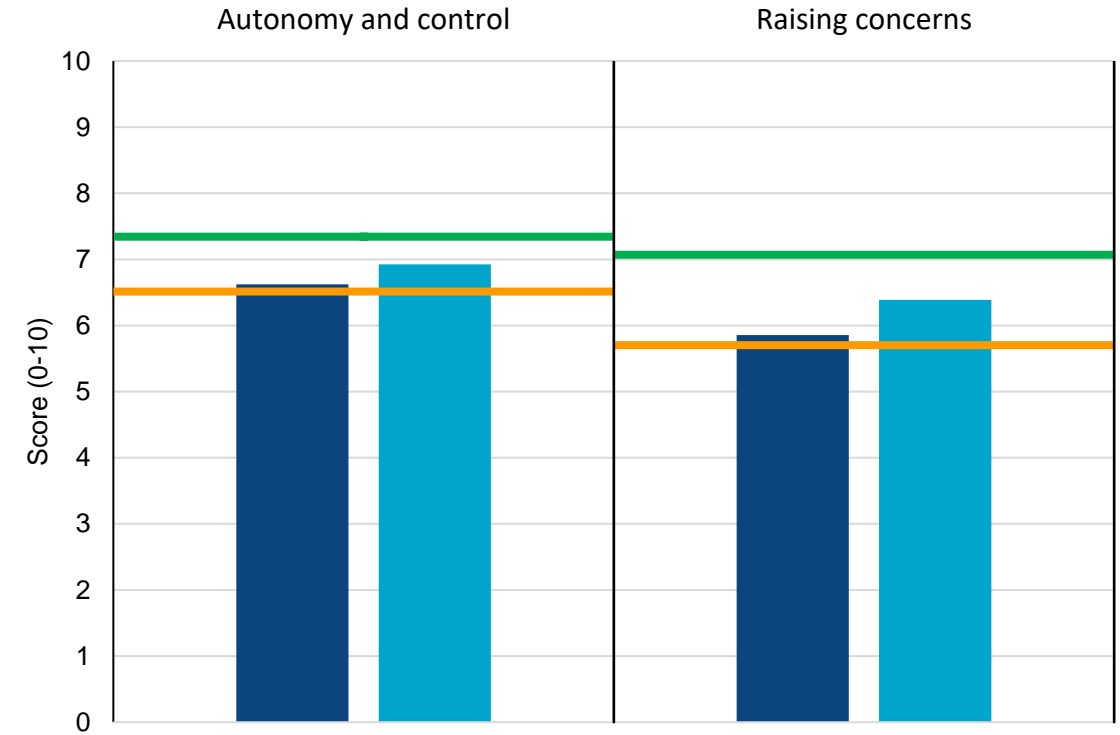
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Promise element 3: We each have a voice that counts



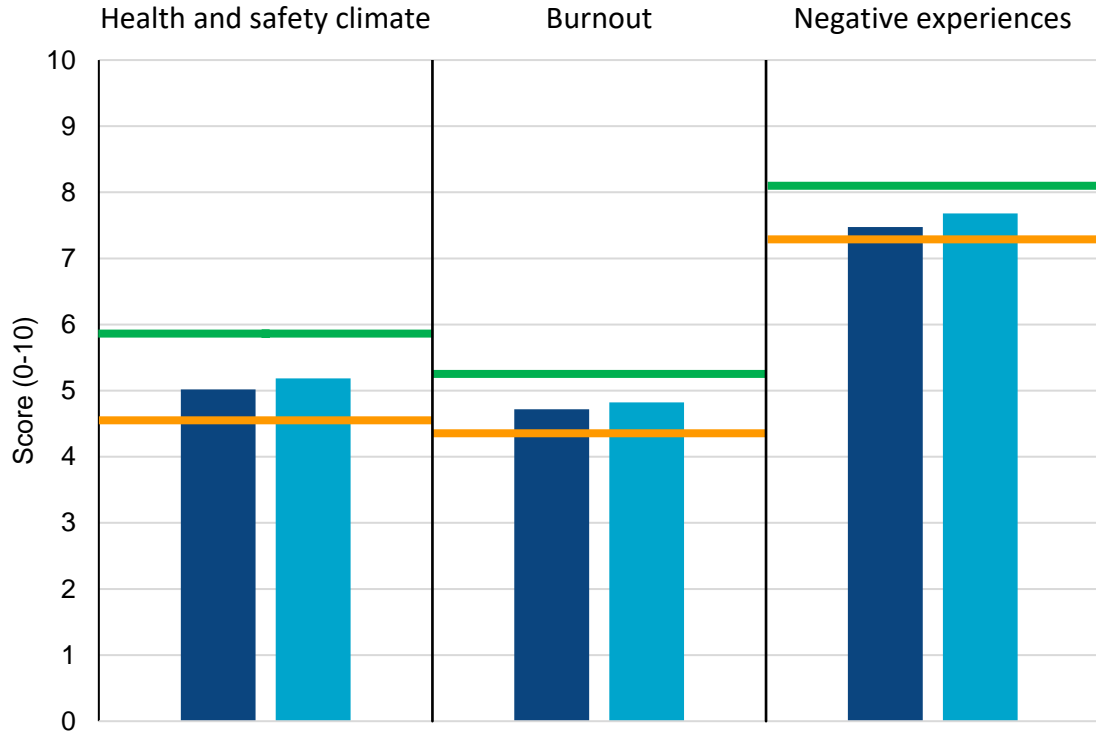
Your org	6.3	6.7	7.8	6.6
Best	7.7	7.4	8.8	7.3
Average	7.0	6.8	8.1	6.8
Worst	6.1	6.4	7.5	6.4
Responses	4001	4008	4001	4012

Your org	6.6	5.9
Best	7.3	7.1
Average	6.9	6.4
Worst	6.5	5.7
Responses	4014	3993

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.



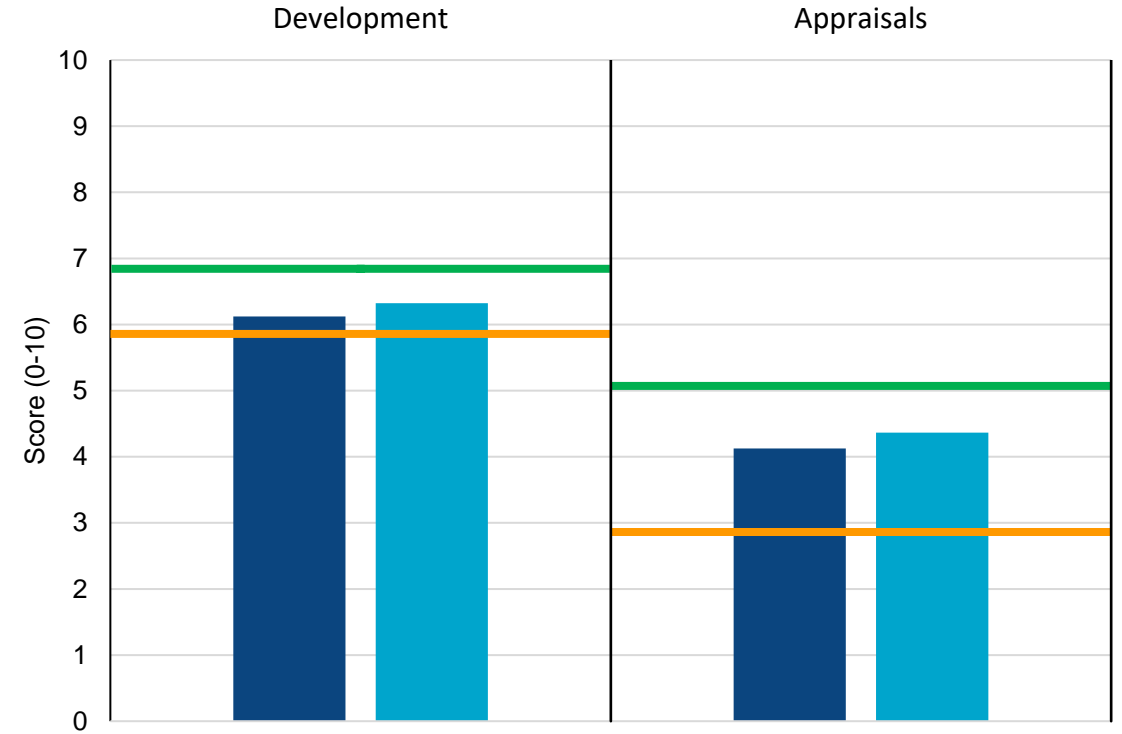
Promise element 4: We are safe and healthy



Your org	5.0	4.7	7.5
Best	5.9	5.3	8.1
Average	5.2	4.8	7.7
Worst	4.6	4.4	7.3
Responses	4016	4011	4006



Promise element 5: We are always learning

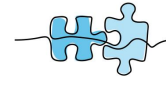


Your org	6.1	4.1
Best	6.8	5.1
Average	6.3	4.4
Worst	5.9	2.9
Responses	3998	3829

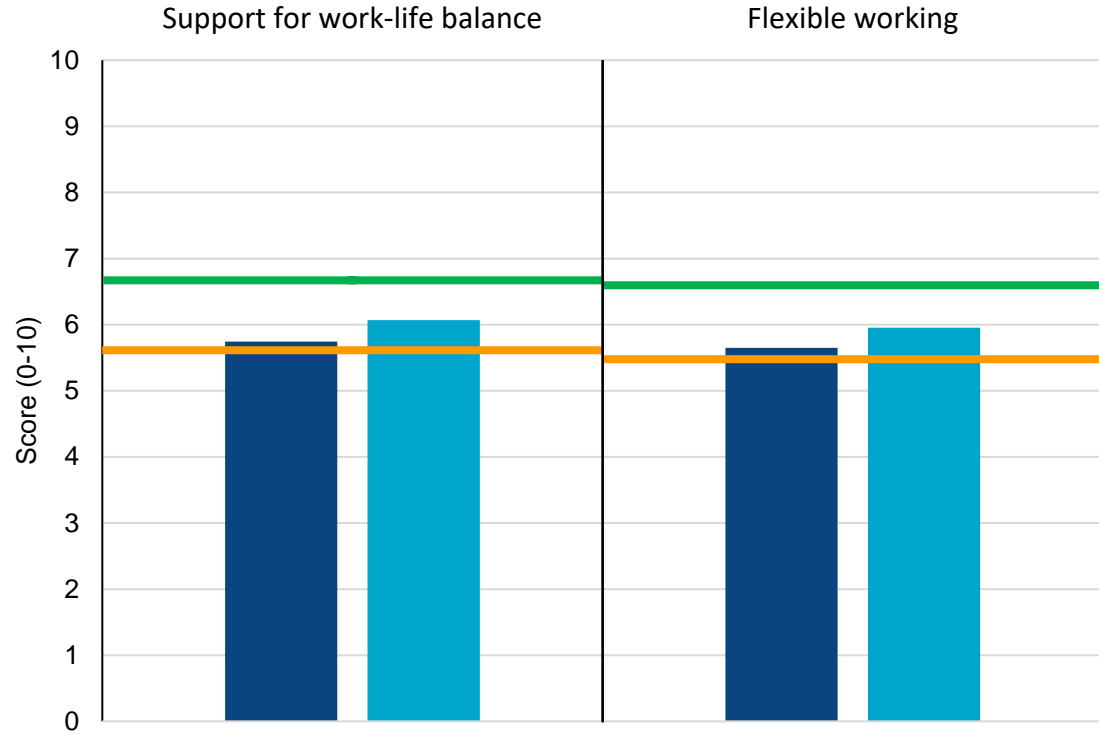
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



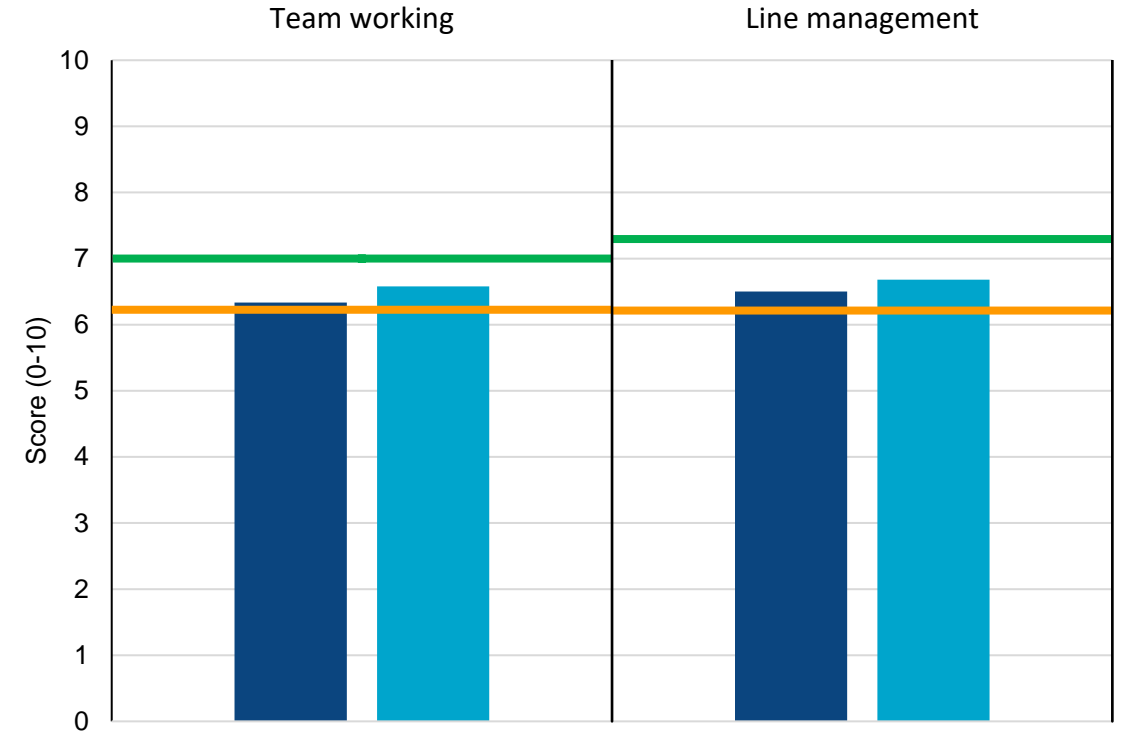
Promise element 6: We work flexibly



Promise element 7: We are a team



	Support for work-life balance	Flexible working
Your org	5.7	5.7
Best	6.7	6.6
Average	6.1	6.0
Worst	5.6	5.5
Responses	4017	4012



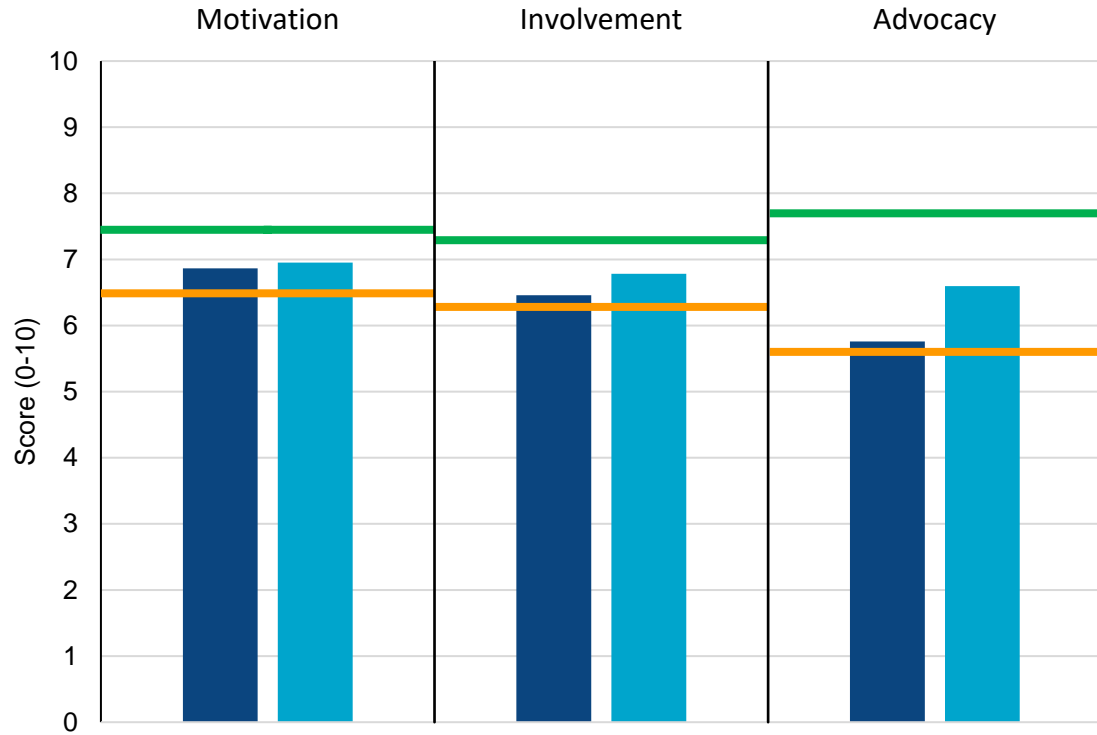
	Team working	Line management
Your org	6.3	6.5
Best	7.0	7.3
Average	6.6	6.7
Worst	6.2	6.2
Responses	4016	4010



People Promise Elements, Themes and Sub-scores: Sub-score Overview

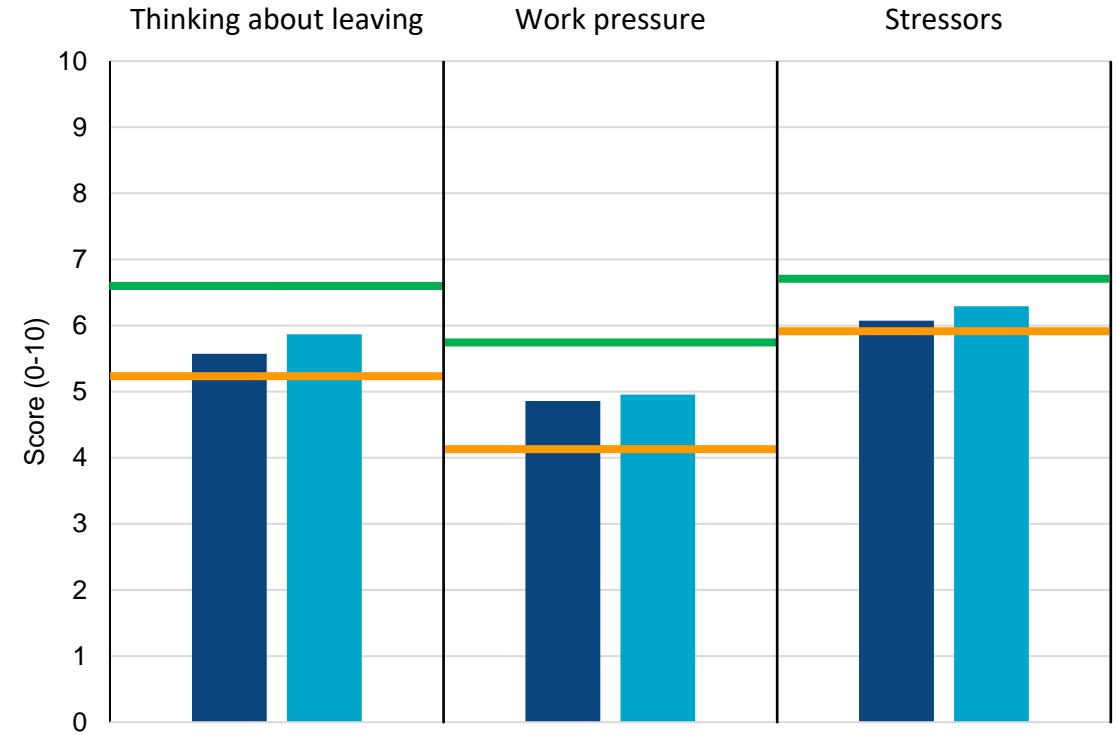
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff engagement



Your org	6.9	6.5	5.8
Best	7.4	7.3	7.7
Average	7.0	6.8	6.6
Worst	6.5	6.3	5.6
Responses	3995	4014	4000

Theme: Morale




Your org	5.6	4.9	6.1
Best	6.6	5.7	6.7
Average	5.9	5.0	6.3
Worst	5.2	4.1	5.9
Responses	3980	4015	4010

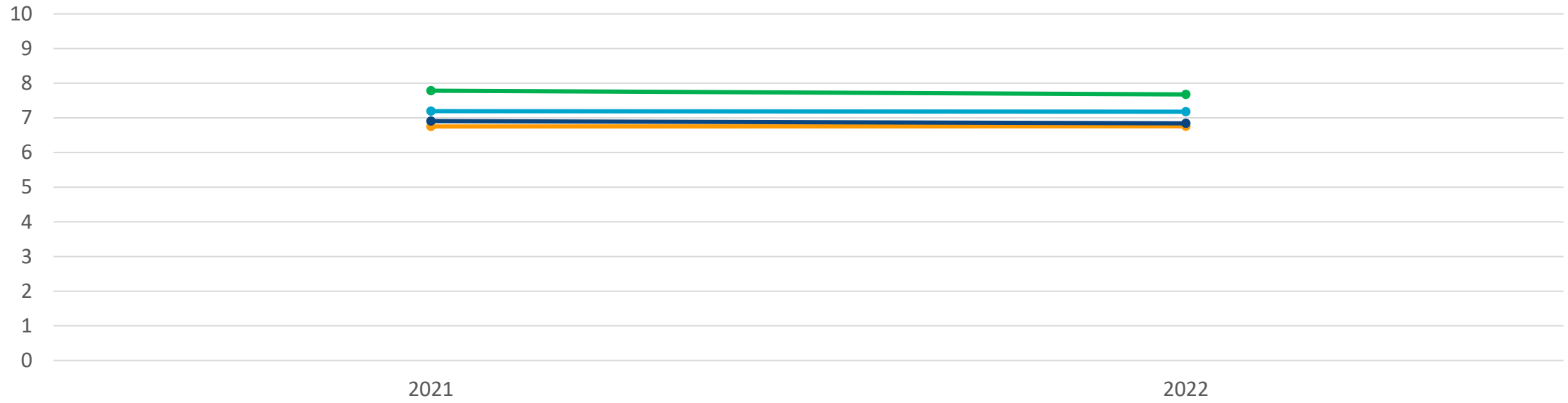
People Promise Elements, Themes and Sub-scores: Trends

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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.


 **Promise element 1: We are compassionate and inclusive**

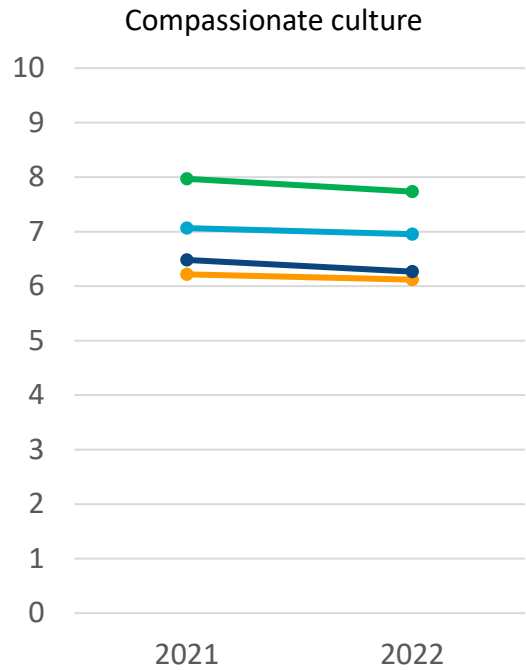
We are compassionate and inclusive



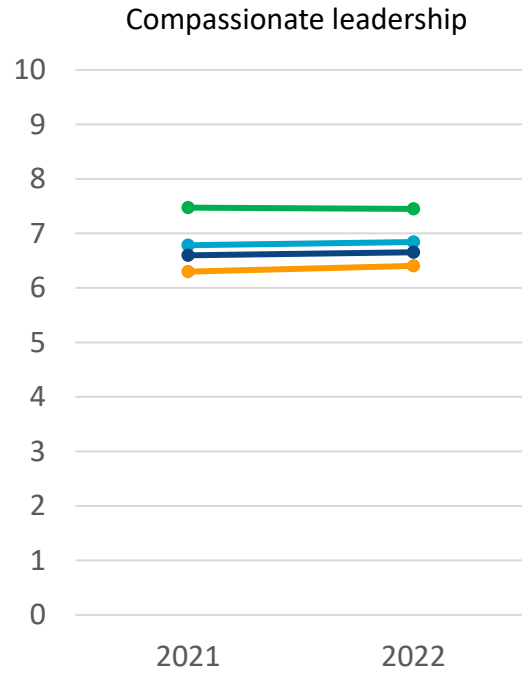
	2021	2022
Your org	6.9	6.8
Best	7.8	7.7
Average	7.2	7.2
Worst	6.7	6.8
Responses	4407	4012

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.

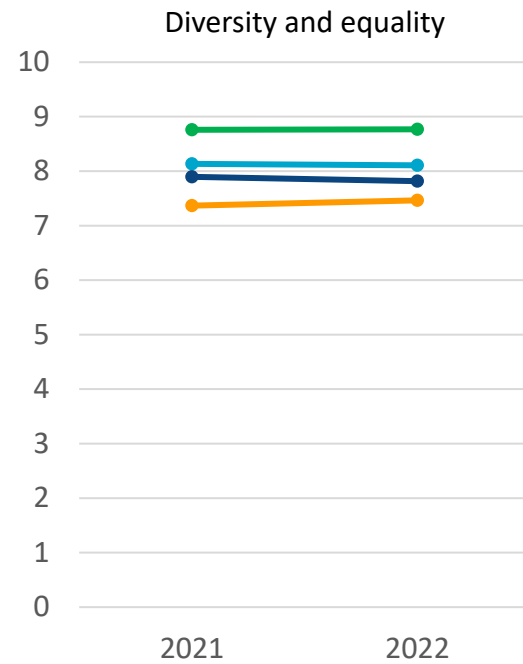
 **Promise element 1: We are compassionate and inclusive**



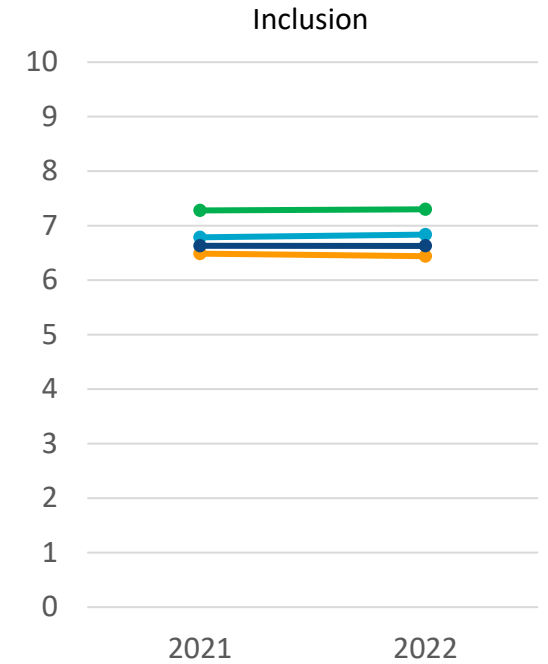
	2021	2022
Your org	6.5	6.3
Best	8.0	7.7
Average	7.1	7.0
Worst	6.2	6.1
Responses	4334	4001



	2021	2022
Your org	6.6	6.7
Best	7.5	7.4
Average	6.8	6.8
Worst	6.3	6.4
Responses	4429	4008



	2021	2022
Your org	7.9	7.8
Best	8.8	8.8
Average	8.1	8.1
Worst	7.4	7.5
Responses	4404	4001



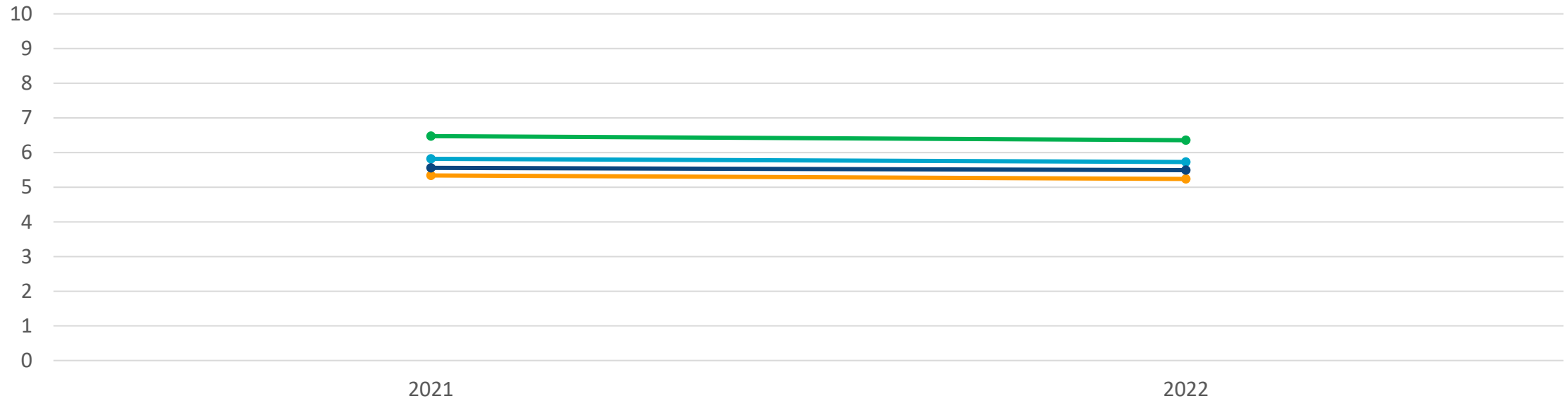
	2021	2022
Your org	6.6	6.6
Best	7.3	7.3
Average	6.8	6.8
Worst	6.5	6.4
Responses	4457	4012

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.



Promise element 2: We are recognised and rewarded

We are recognised and rewarded



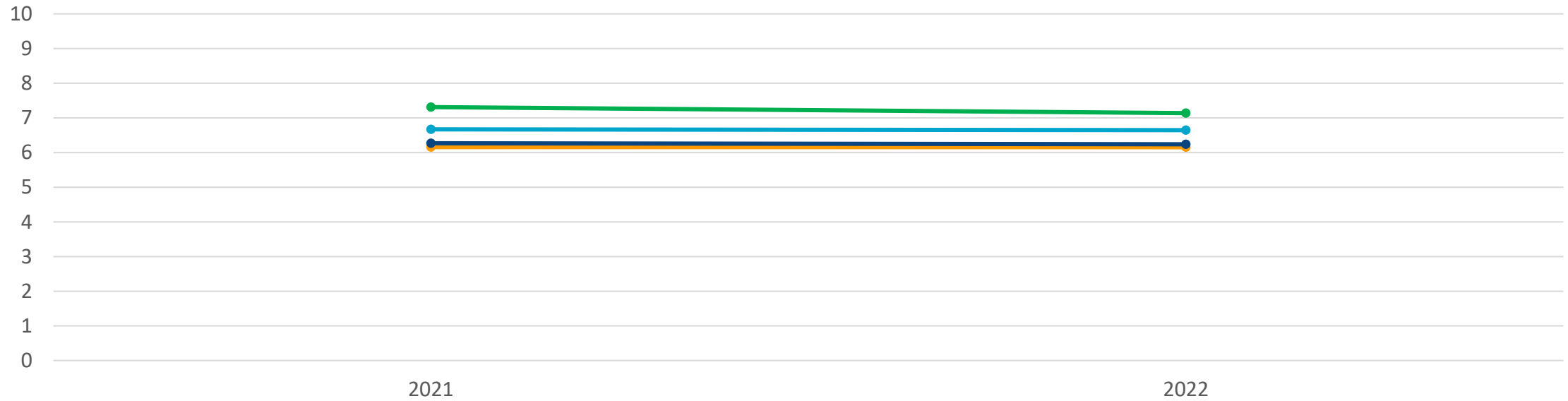
	2021	2022
Your org	5.6	5.5
Best	6.5	6.4
Average	5.8	5.7
Worst	5.3	5.2
Responses	4515	4015

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.



Promise element 3: We each have a voice that counts

We each have a voice that counts



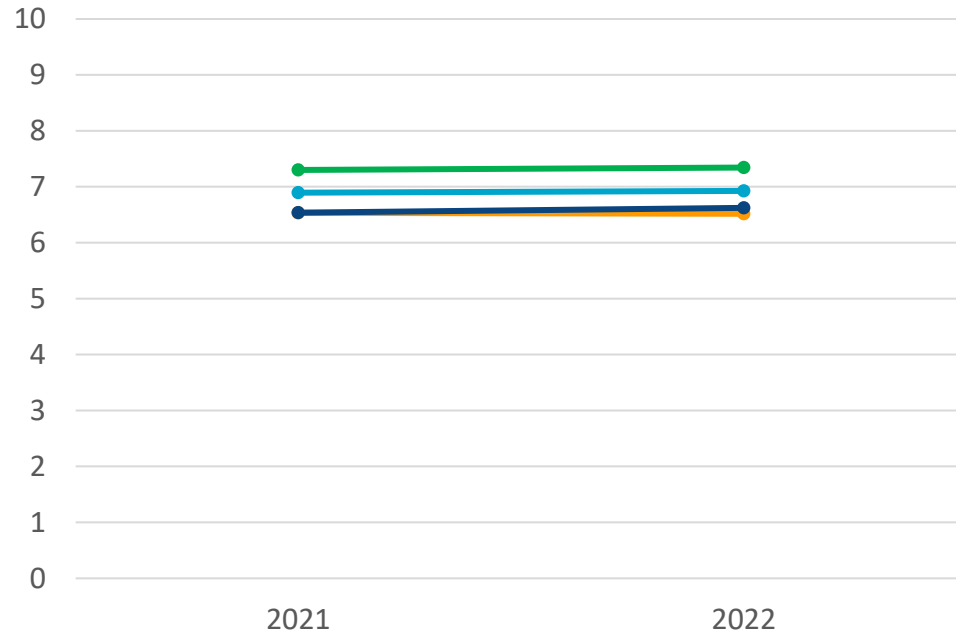
	2021	2022
Your org	6.3	6.2
Best	7.3	7.1
Average	6.7	6.6
Worst	6.2	6.2
Responses	4319	3988

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.

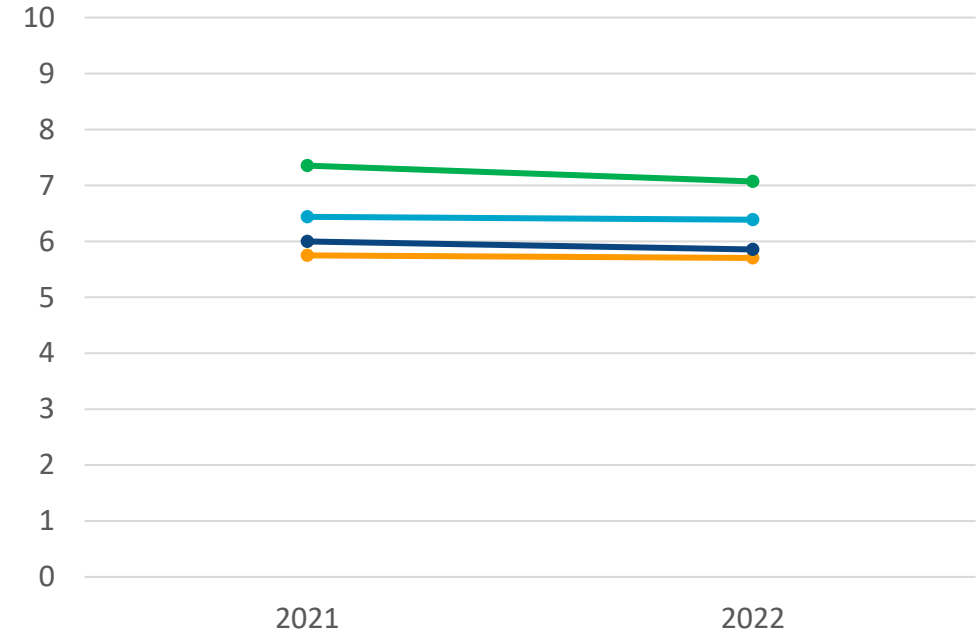


Promise element 3: We each have a voice that counts

Autonomy and control



Raising concerns



	2021	2022
Your org	6.5	6.6
Best	7.3	7.3
Average	6.9	6.9
Worst	6.5	6.5
Responses	4523	4014

	2021	2022
Your org	6.0	5.9
Best	7.4	7.1
Average	6.4	6.4
Worst	5.7	5.7
Responses	4322	3993

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.



Promise element 4: We are safe and healthy

We are safe and healthy



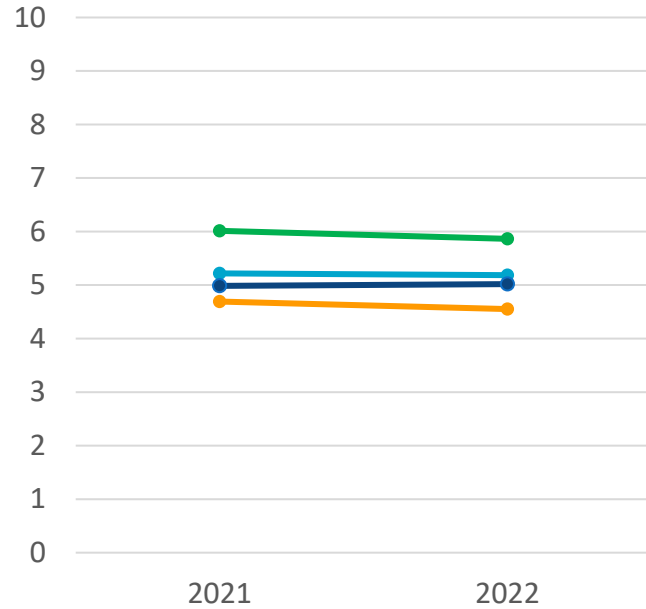
	2021	2022
Your org	5.7	5.7
Best	6.5	6.4
Average	5.9	5.9
Worst	5.5	5.4
Responses	4398	3998

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.



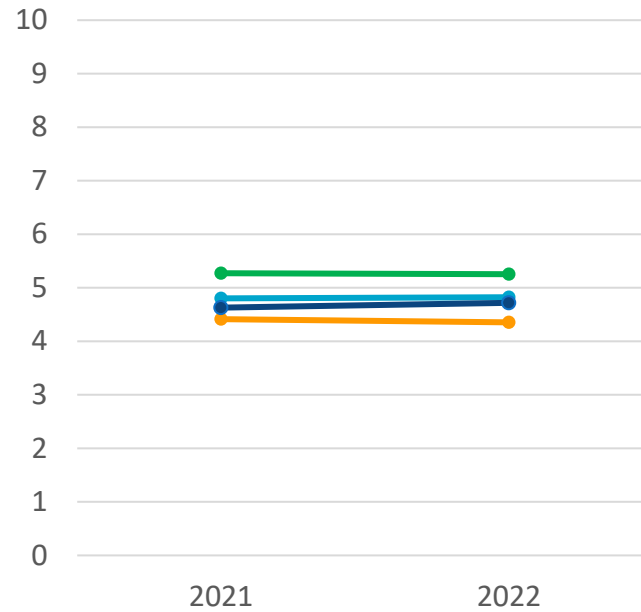
Promise element 4: We are safe and healthy

Health and safety climate



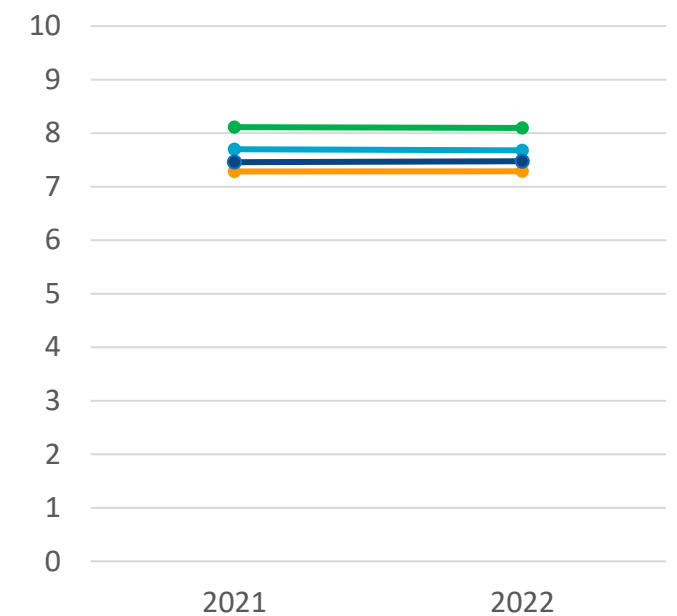
	2021	2022
Your org	5.0	5.0
Best	6.0	5.9
Average	5.2	5.2
Worst	4.7	4.6
Responses	4524	4016

Burnout



	2021	2022
Your org	4.6	4.7
Best	5.3	5.3
Average	4.8	4.8
Worst	4.4	4.4
Responses	4412	4011

Negative experiences



	2021	2022
Your org	7.5	7.5
Best	8.1	8.1
Average	7.7	7.7
Worst	7.3	7.3
Responses	4408	4006

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.



Promise element 5: We are always learning

We are always learning



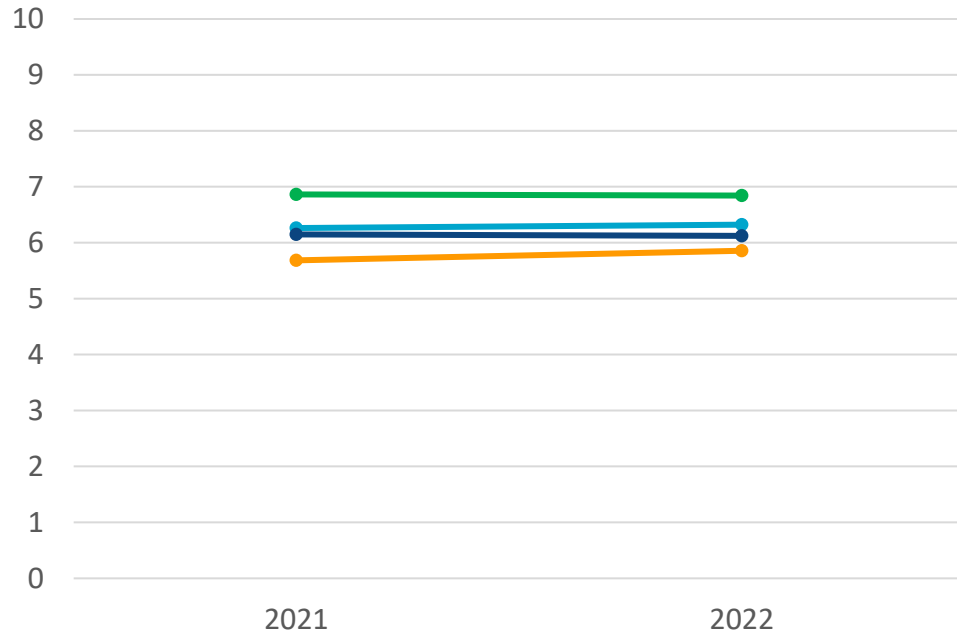
	2021	2022
Your org	5.1	5.1
Best	6.0	5.9
Average	5.2	5.4
Worst	4.3	4.4
Responses	4183	3813

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.



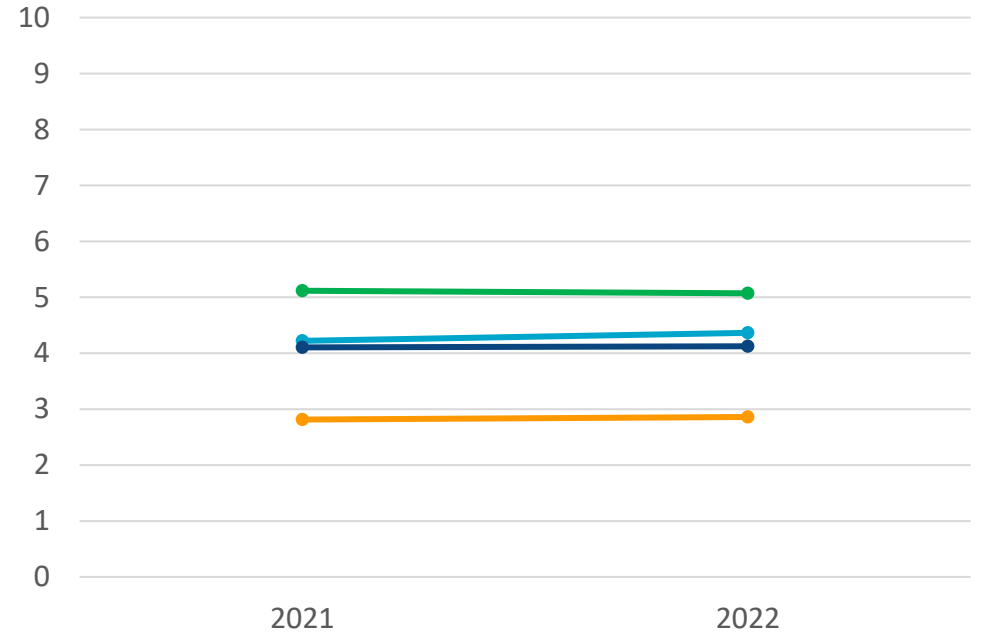
Promise element 5: We are always learning

Development



	2021	2022
Your org	6.1	6.1
Best	6.9	6.8
Average	6.3	6.3
Worst	5.7	5.9
Responses	4367	3998

Appraisals



	2021	2022
Your org	4.1	4.1
Best	5.1	5.1
Average	4.2	4.4
Worst	2.8	2.9
Responses	4213	3829

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.



Promise element 6: We work flexibly

We work flexibly



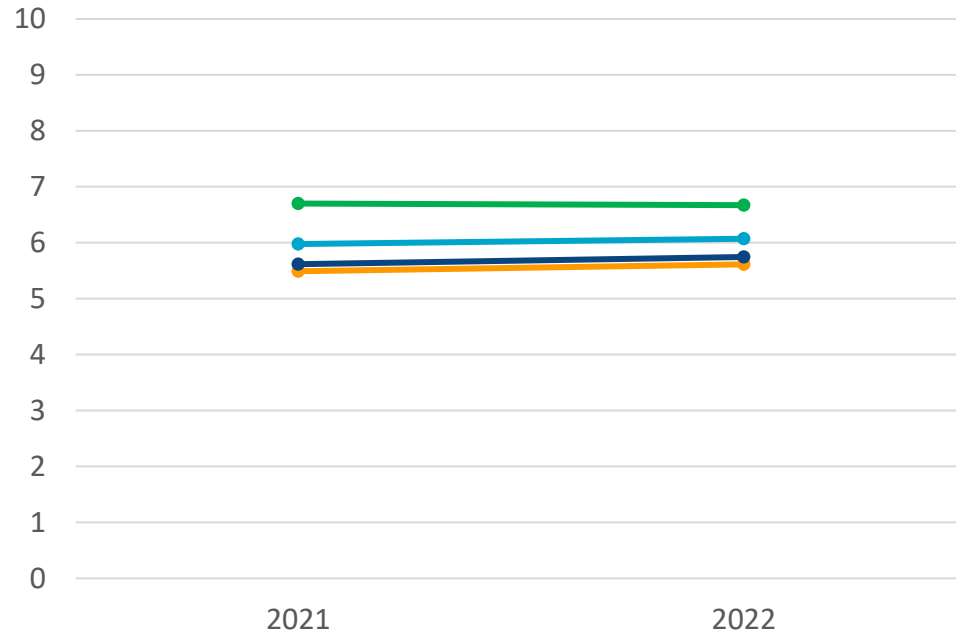
	2021	2022
Your org	5.6	5.7
Best	6.7	6.6
Average	6.0	6.0
Worst	5.4	5.6
Responses	4486	4009

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.

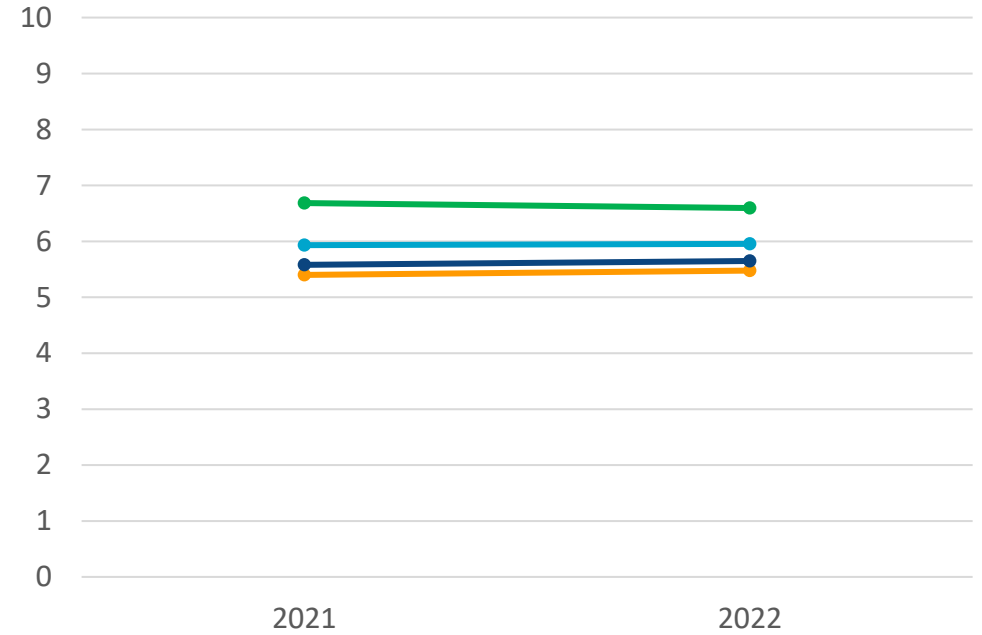


Promise element 6: We work flexibly

Support for work-life balance



Flexible working



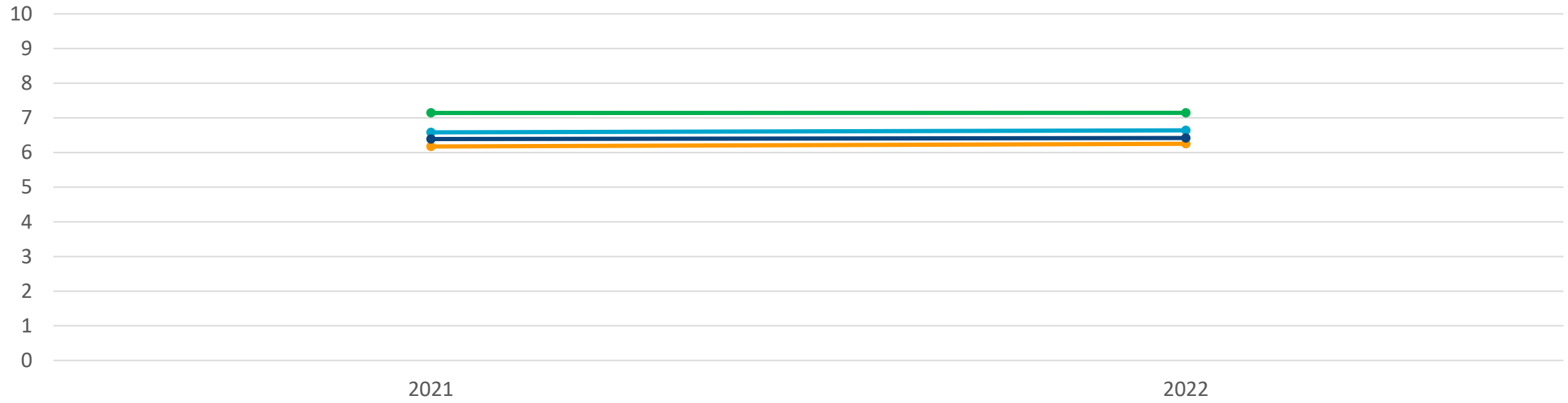
	2021	2022
Your org	5.6	5.7
Best	6.7	6.7
Average	6.0	6.1
Worst	5.5	5.6
Responses	4494	4017

	2021	2022
Your org	5.6	5.7
Best	6.7	6.6
Average	5.9	6.0
Worst	5.4	5.5
Responses	4509	4012

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.

 **Promise element 7: We are a team**

We are a team



	2021	2022
Your org	6.4	6.4
Best	7.1	7.1
Average	6.6	6.6
Worst	6.2	6.3
Responses	4435	4008

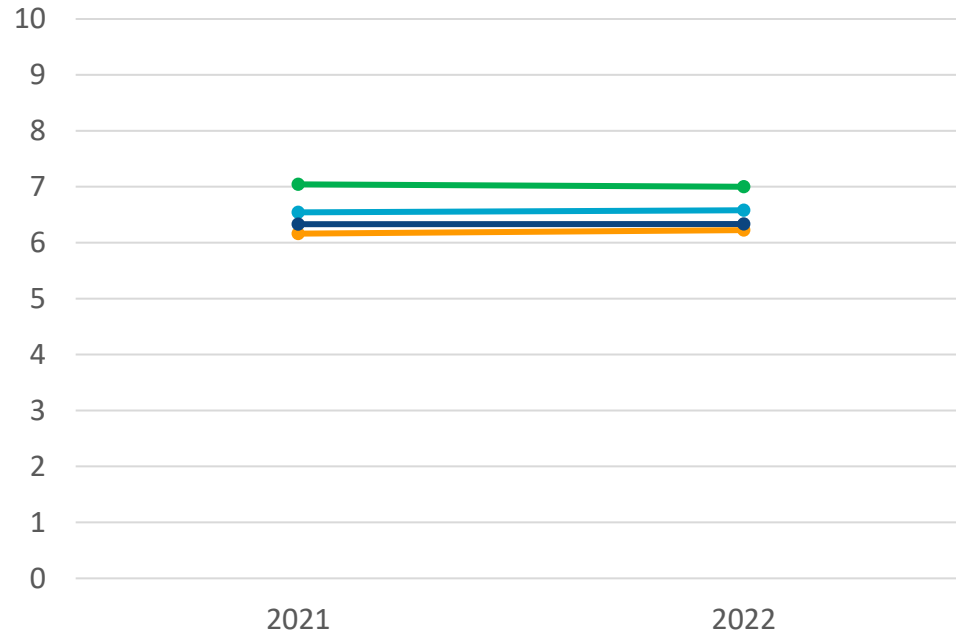


All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



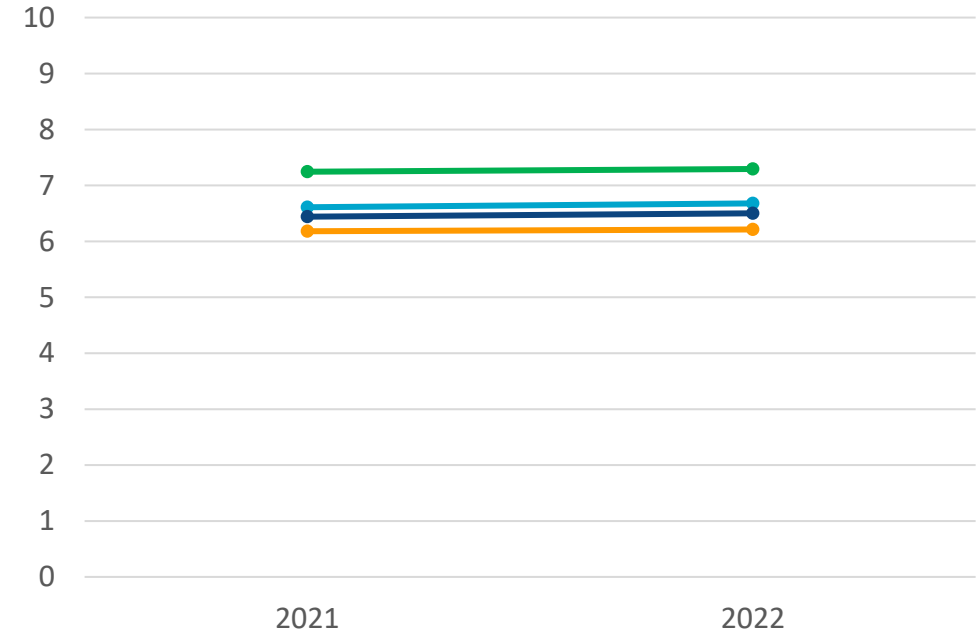
Promise element 7: We are a team

Team working



	2021	2022
Your org	6.3	6.3
Best	7.0	7.0
Average	6.5	6.6
Worst	6.2	6.2
Responses	4474	4016

Line management

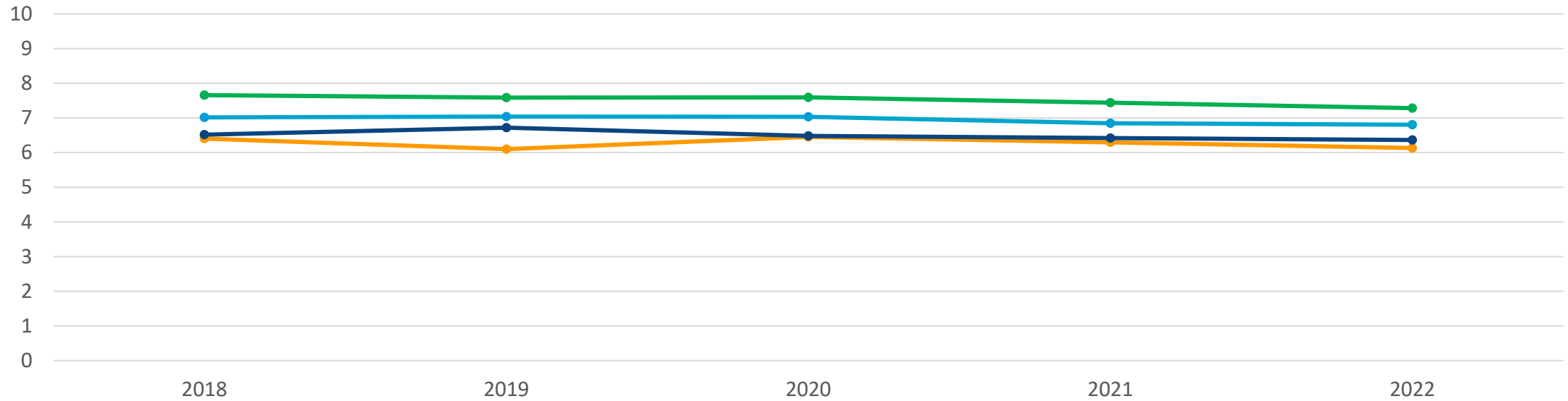


	2021	2022
Your org	6.4	6.5
Best	7.2	7.3
Average	6.6	6.7
Worst	6.2	6.2
Responses	4436	4010

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.

Theme: Staff Engagement

Staff Engagement



	2018	2019	2020	2021	2022
Your org	6.5	6.7	6.5	6.4	6.4
Best	7.7	7.6	7.6	7.4	7.3
Average	7.0	7.0	7.0	6.8	6.8
Worst	6.4	6.1	6.5	6.3	6.1
Responses	3498	4267	3465	4520	4018

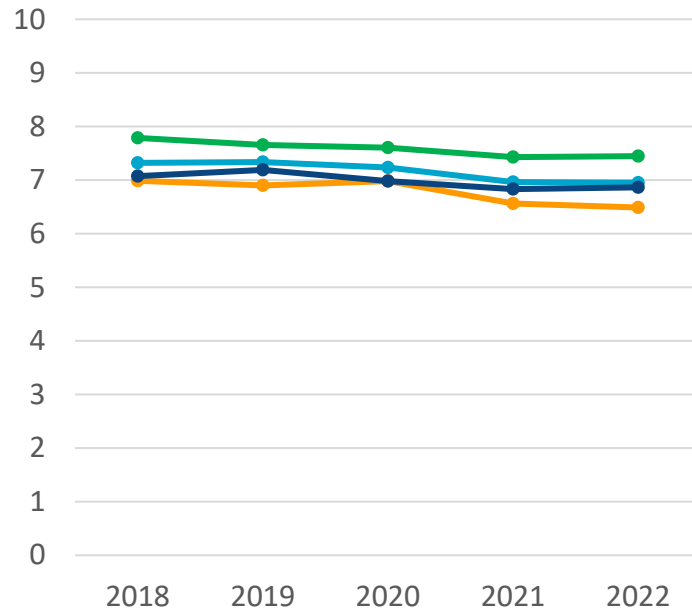


People Promise Elements, Themes and Sub-scores: Sub-score trends

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.

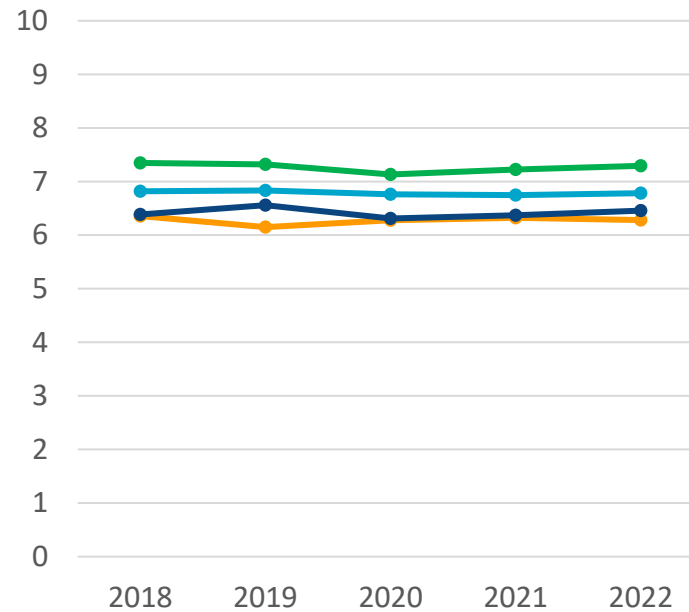
Theme: Staff Engagement

Motivation



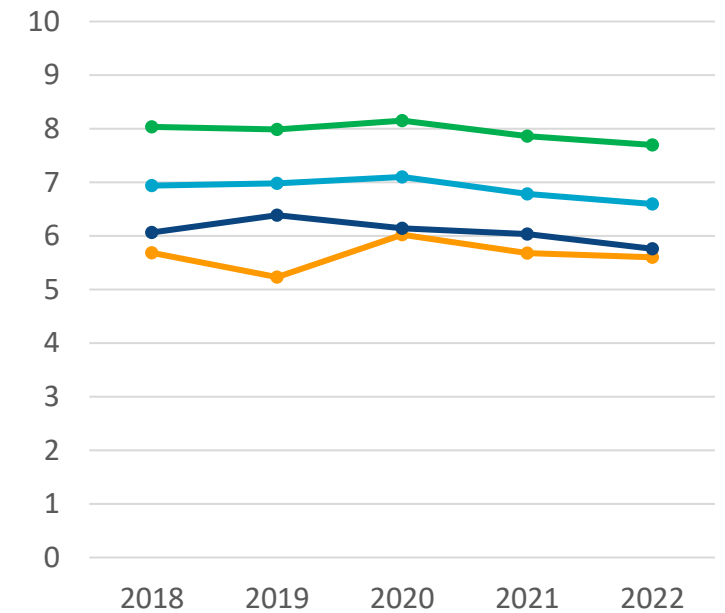
	2018	2019	2020	2021	2022
Your org	7.1	7.2	7.0	6.8	6.9
Best	7.8	7.7	7.6	7.4	7.4
Average	7.3	7.3	7.2	7.0	7.0
Worst	7.0	6.9	7.0	6.6	6.5
Responses	3461	4241	3508	4531	3995

Involvement



	2018	2019	2020	2021	2022
Your org	6.4	6.6	6.3	6.4	6.5
Best	7.3	7.3	7.1	7.2	7.3
Average	6.8	6.8	6.8	6.7	6.8
Worst	6.4	6.2	6.3	6.3	6.3
Responses	3504	4269	3464	4524	4014

Advocacy

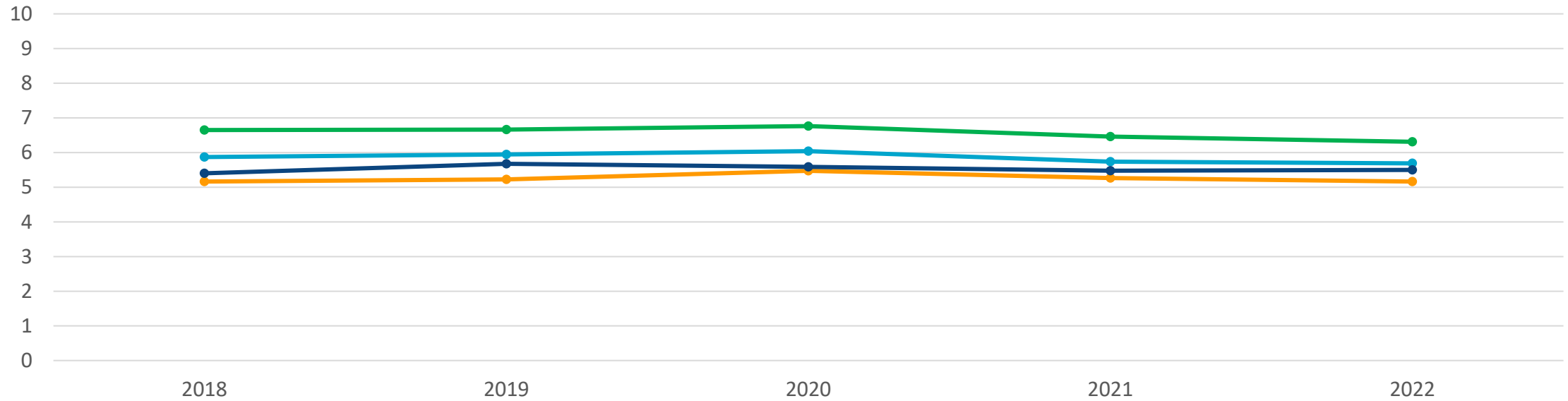


	2018	2019	2020	2021	2022
Your org	6.1	6.4	6.1	6.0	5.8
Best	8.0	8.0	8.2	7.9	7.7
Average	6.9	7.0	7.1	6.8	6.6
Worst	5.7	5.2	6.0	5.7	5.6
Responses	3303	4071	3335	4334	4000

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.

Theme: Morale

Morale



	2018	2019	2020	2021	2022
Your org	5.4	5.7	5.6	5.5	5.5
Best	6.6	6.7	6.8	6.5	6.3
Average	5.9	5.9	6.0	5.7	5.7
Worst	5.2	5.2	5.5	5.3	5.2
Responses	3454	4215	3442	4512	4017

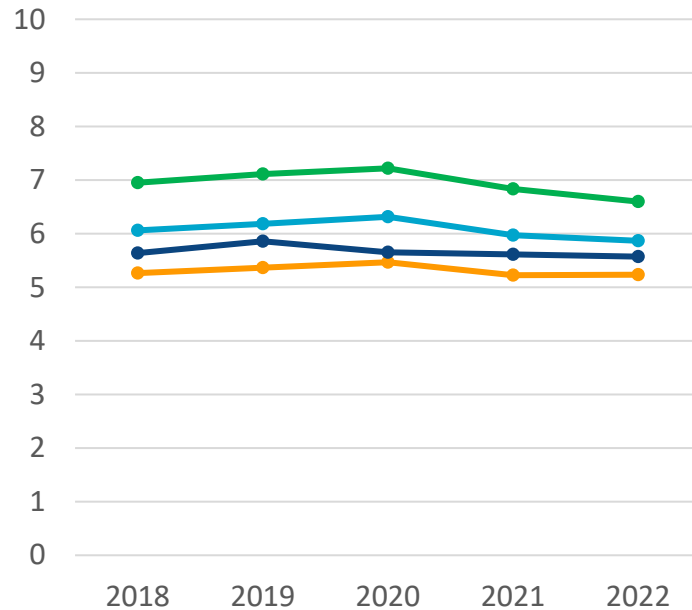


People Promise Elements, Themes and Sub-scores: Sub-score trends

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.

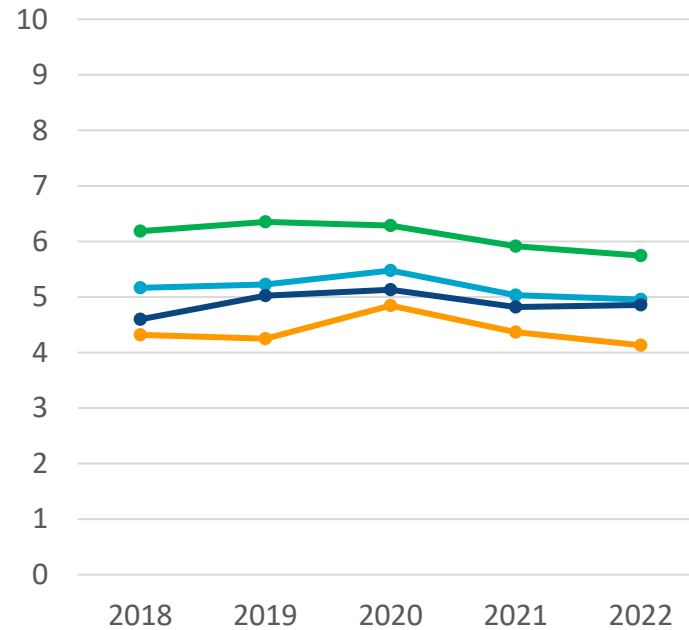
Theme: Morale

Thinking about leaving



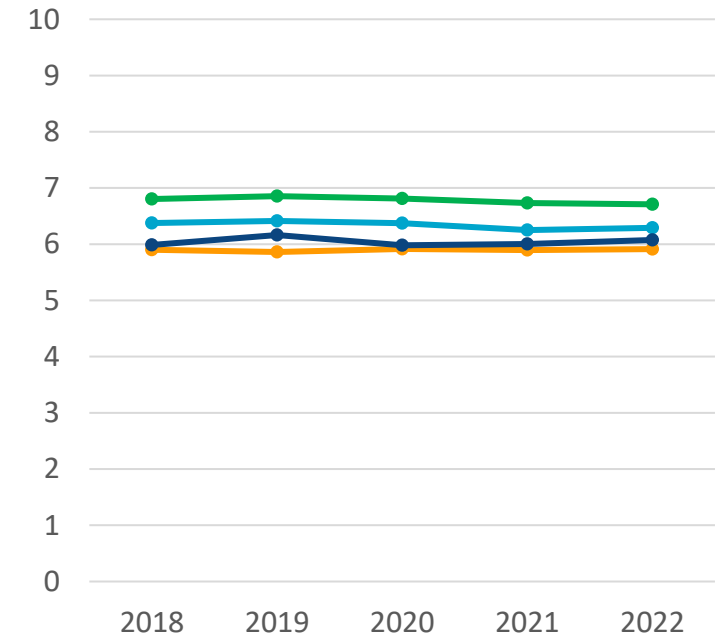
	2018	2019	2020	2021	2022
Your org	5.6	5.9	5.7	5.6	5.6
Best	6.9	7.1	7.2	6.8	6.6
Average	6.1	6.2	6.3	6.0	5.9
Worst	5.3	5.4	5.5	5.2	5.2
Responses	3304	4063	3335	4310	3980

Work pressure



	2018	2019	2020	2021	2022
Your org	4.6	5.0	5.1	4.8	4.9
Best	6.2	6.4	6.3	5.9	5.7
Average	5.2	5.2	5.5	5.0	5.0
Worst	4.3	4.2	4.8	4.4	4.1
Responses	3500	4269	3461	4525	4015

Stressors



	2018	2019	2020	2021	2022
Your org	6.0	6.2	6.0	6.0	6.1
Best	6.8	6.9	6.8	6.7	6.7
Average	6.4	6.4	6.4	6.3	6.3
Worst	5.9	5.9	5.9	5.9	5.9
Responses	3443	4202	3440	4497	4010

Covid-19 Classification breakdowns

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Covid-19 questions

In the 2022 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

- | | | |
|---|------------------------------|-----------------------------|
| a. In the past 12 months, have you worked on a Covid-19 specific ward or area at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The charts on the following pages show the breakdown of People Promise elements scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of highest, average and lowest scores for similar organisations.

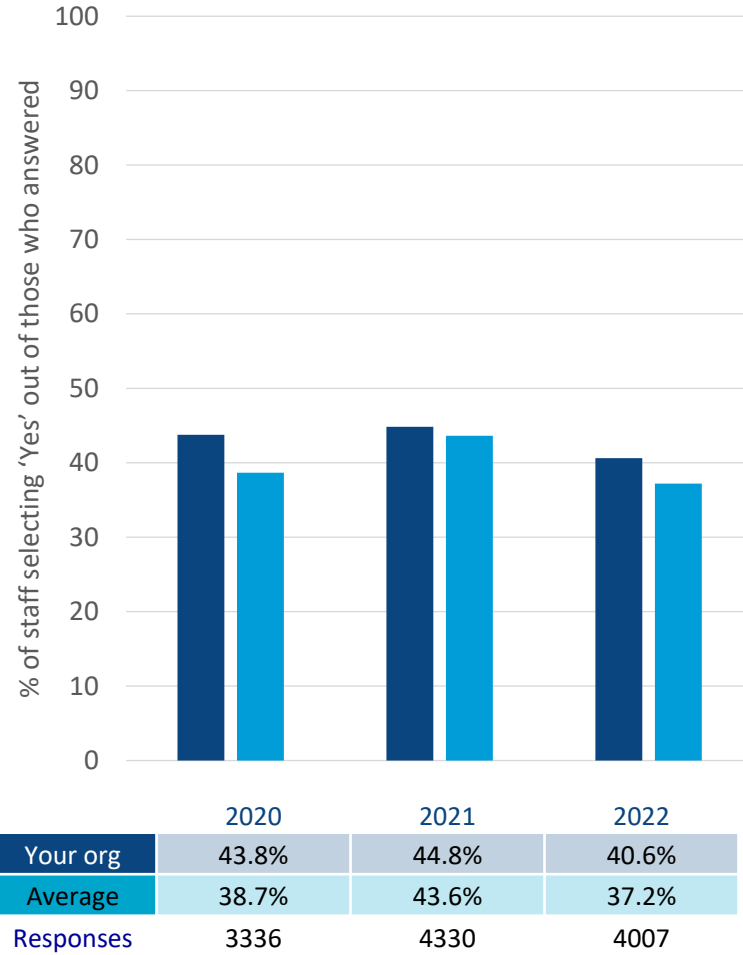
Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of trend results. As such, a degree of caution is advised when interpreting your results.

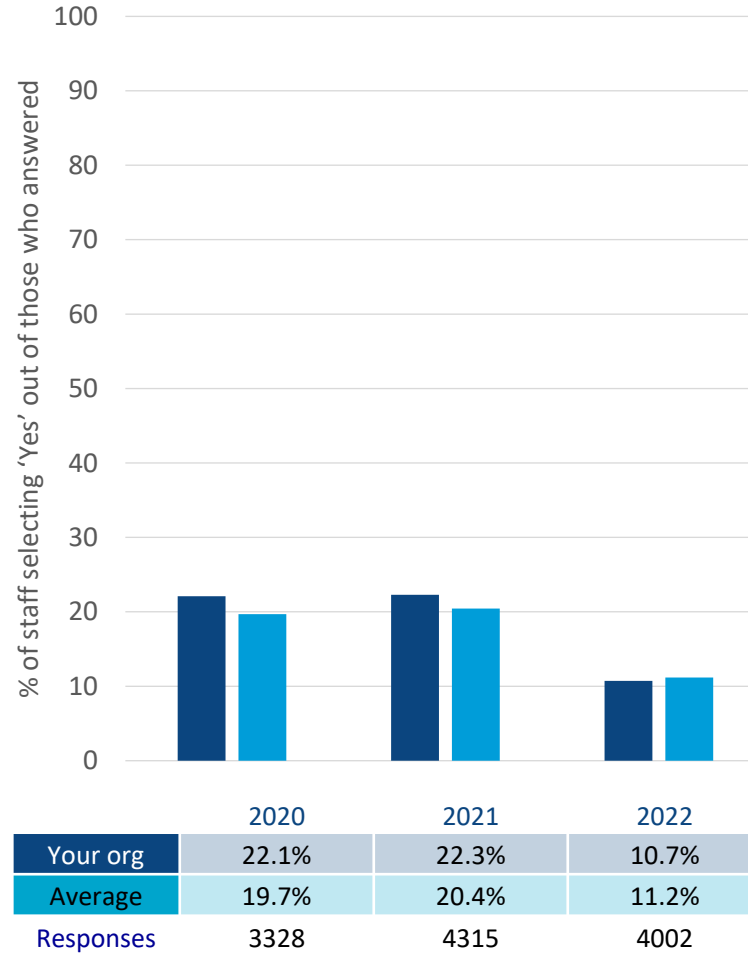
Further information

Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

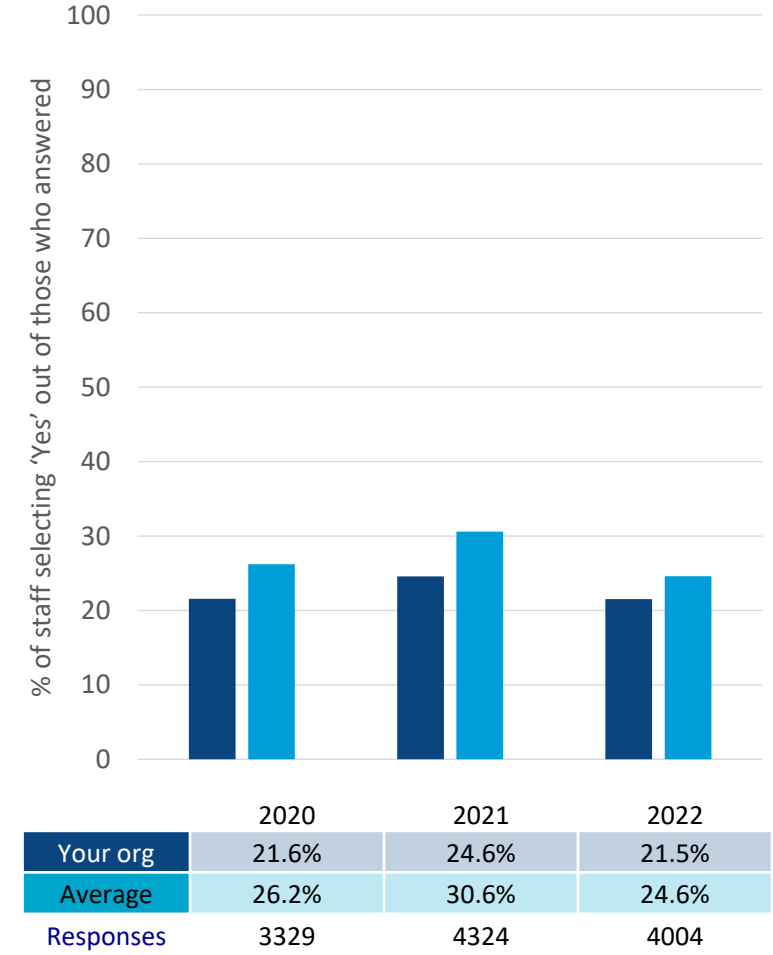
Q25a In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?



Q25b In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?



Q25c In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?



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.



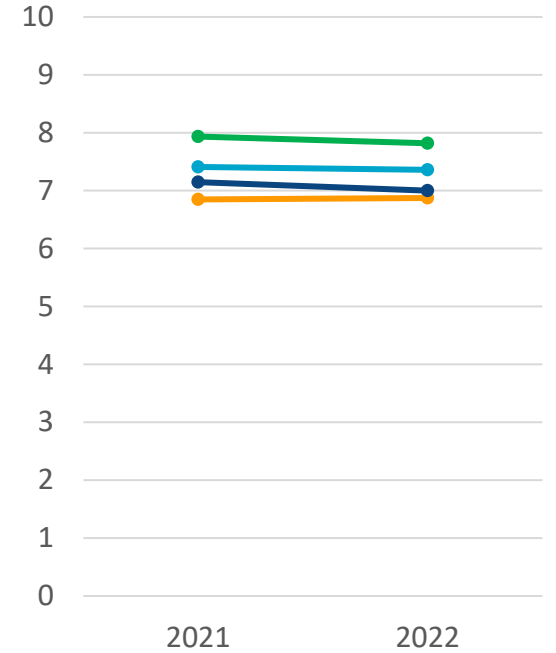
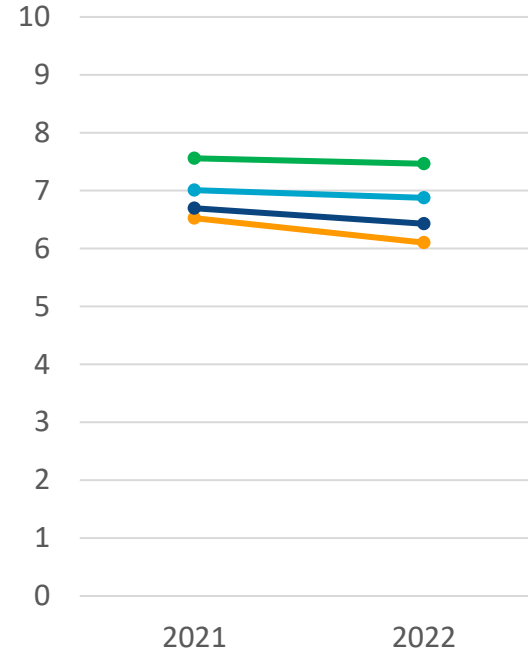
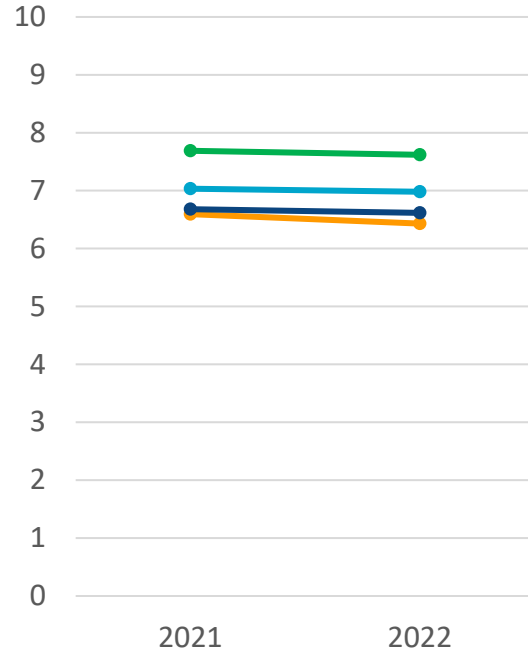
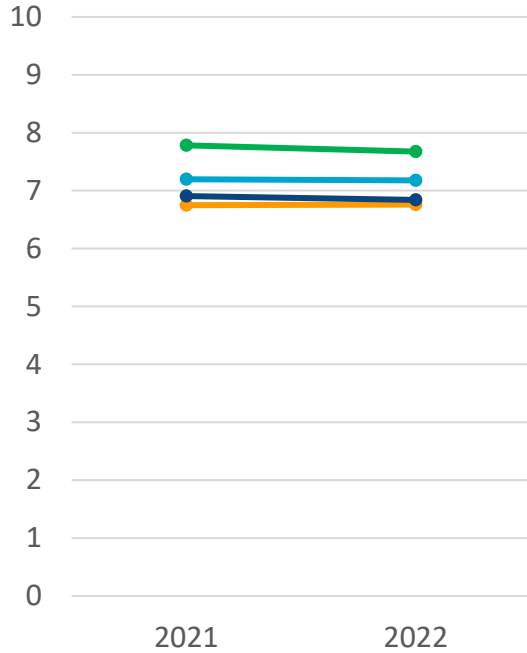
Promise element 1: We are compassionate and inclusive

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	6.9	6.8
Highest	7.8	7.7
Average	7.2	7.2
Lowest	6.7	6.8
Responses	4407	4012

	2021	2022
Your org	6.7	6.6
Highest	7.7	7.6
Average	7.0	7.0
Lowest	6.6	6.4
Responses	1939	1625

	2021	2022
Your org	6.7	6.4
Highest	7.6	7.5
Average	7.0	6.9
Lowest	6.5	6.1
Responses	961	428

	2021	2022
Your org	7.1	7.0
Highest	7.9	7.8
Average	7.4	7.4
Lowest	6.8	6.9
Responses	1062	861

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.



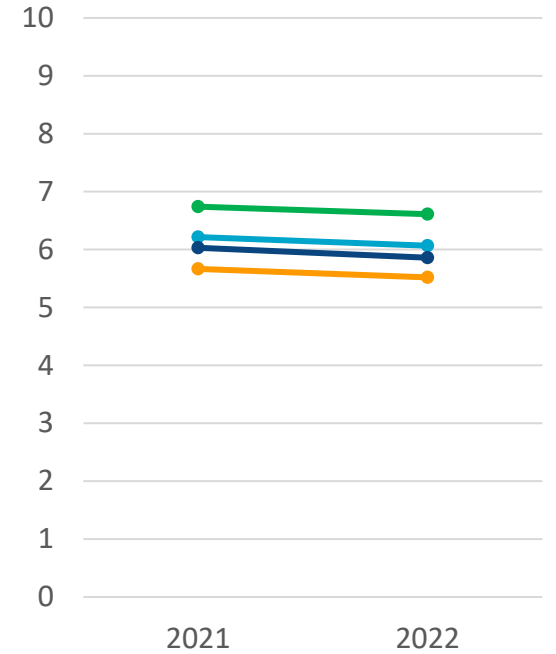
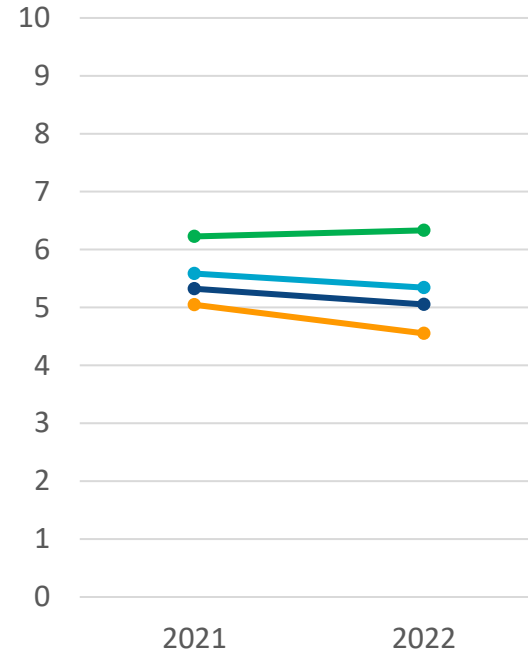
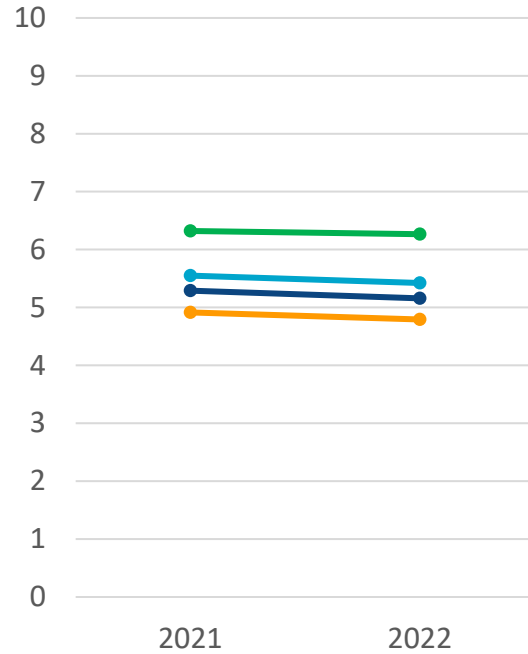
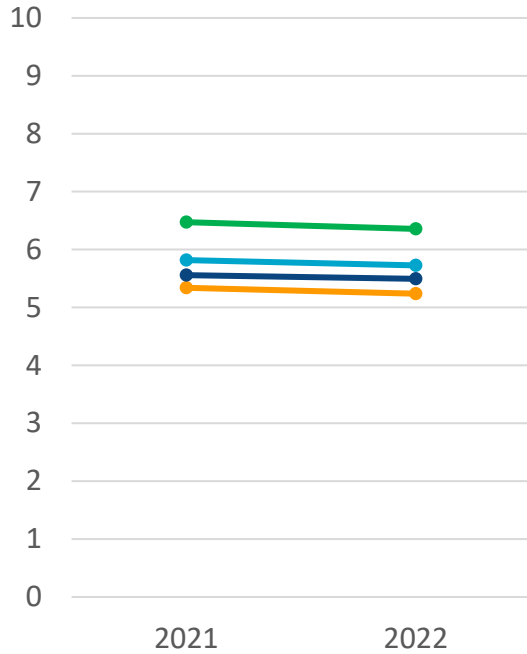
Promise element 2: We are recognised and rewarded

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	5.6	5.5
Highest	6.5	6.4
Average	5.8	5.7
Lowest	5.3	5.2
Responses	4515	4015

	2021	2022
Your org	5.3	5.2
Highest	6.3	6.3
Average	5.6	5.4
Lowest	4.9	4.8
Responses	1938	1623

	2021	2022
Your org	5.3	5.1
Highest	6.2	6.3
Average	5.6	5.3
Lowest	5.0	4.6
Responses	961	429

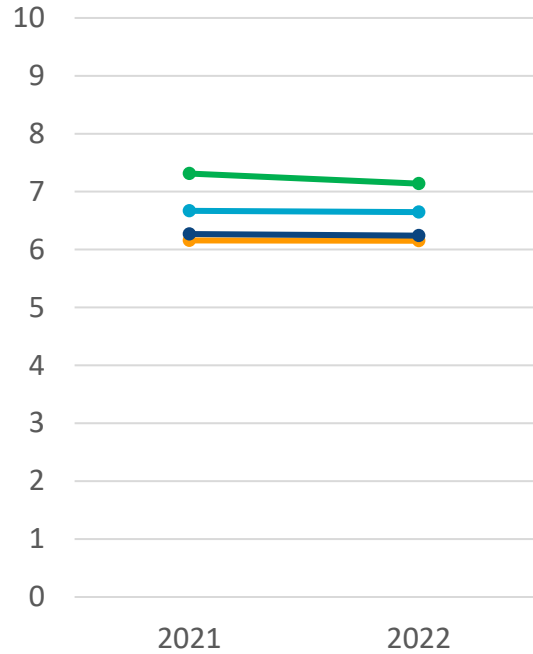
	2021	2022
Your org	6.0	5.9
Highest	6.7	6.6
Average	6.2	6.1
Lowest	5.7	5.5
Responses	1062	862

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.

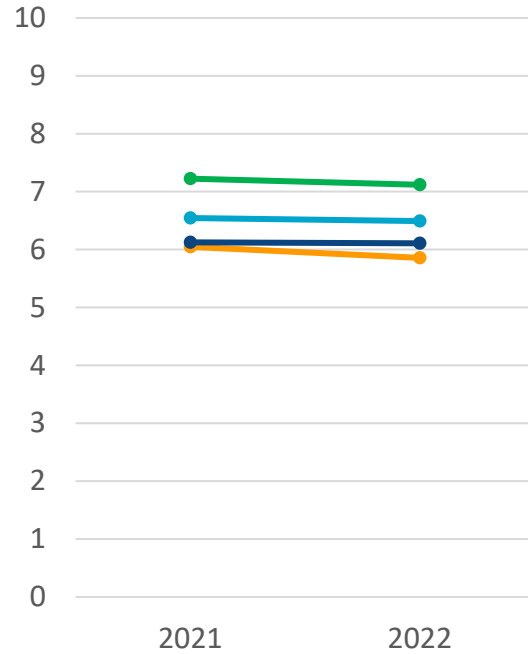


Promise element 3: We each have a voice that counts

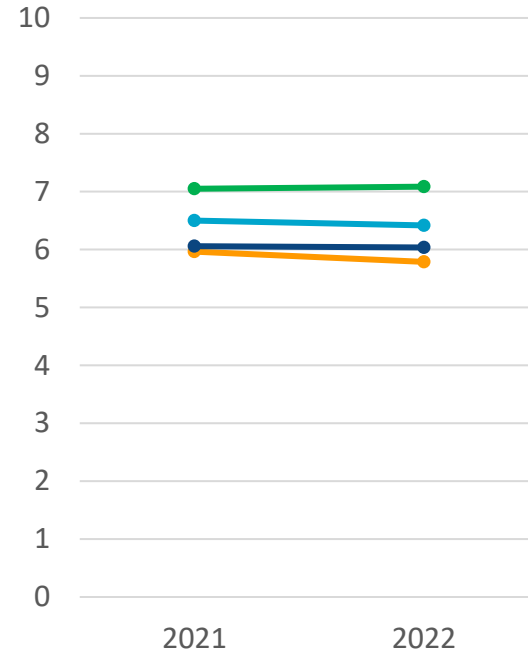
All staff



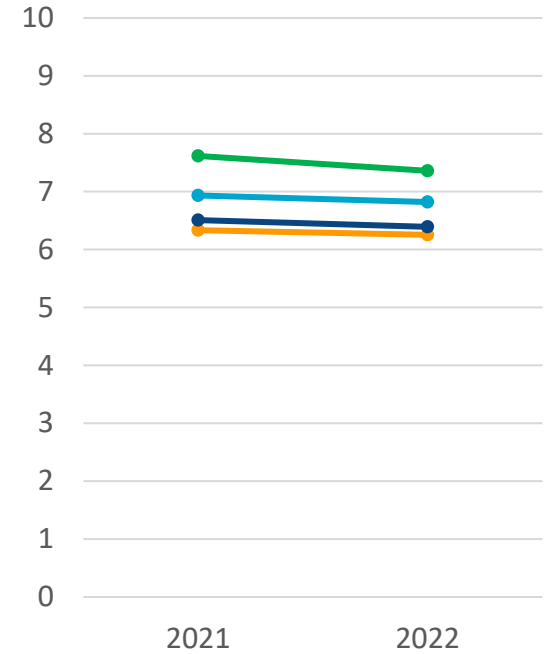
Worked on a Covid-19 ward or specific area



Redeployed



Required to work remotely / from home



	2021	2022
Your org	6.3	6.2
Highest	7.3	7.1
Average	6.7	6.6
Lowest	6.2	6.2
Responses	4319	3988

	2021	2022
Your org	6.1	6.1
Highest	7.2	7.1
Average	6.5	6.5
Lowest	6.0	5.9
Responses	1934	1613

	2021	2022
Your org	6.1	6.0
Highest	7.1	7.1
Average	6.5	6.4
Lowest	6.0	5.8
Responses	958	428

	2021	2022
Your org	6.5	6.4
Highest	7.6	7.4
Average	6.9	6.8
Lowest	6.3	6.3
Responses	1058	860

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.



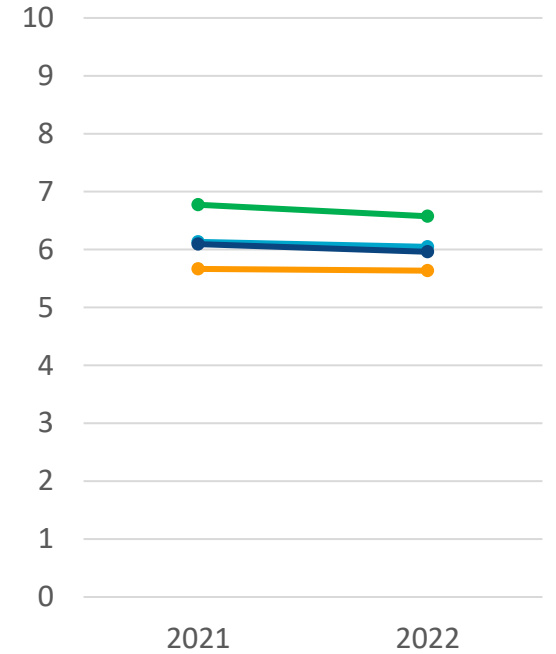
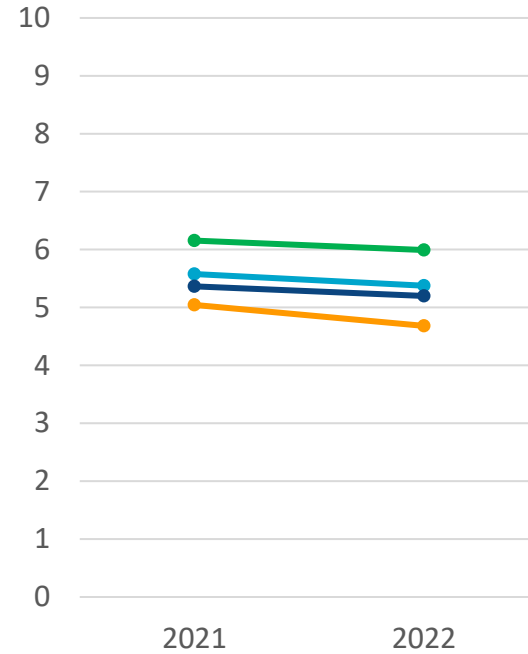
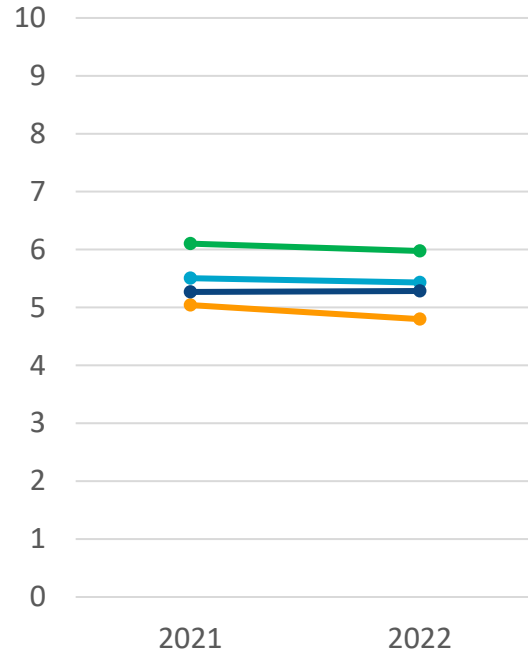
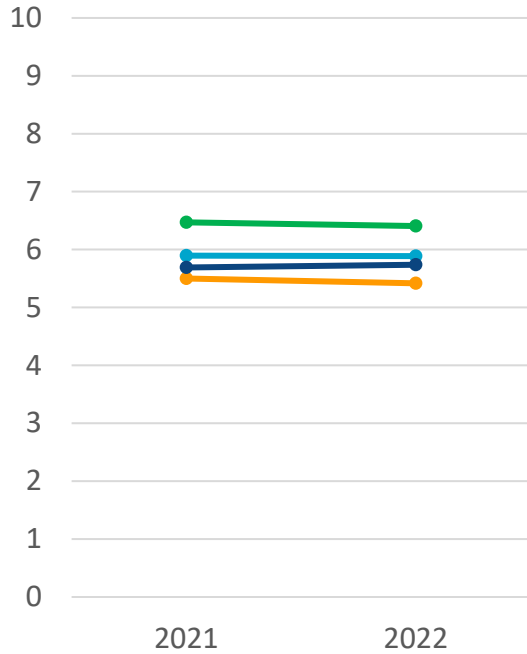
Promise element 4: We are safe and healthy

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	5.7	5.7
Highest	6.5	6.4
Average	5.9	5.9
Lowest	5.5	5.4
Responses	4398	3998

	2021	2022
Your org	5.3	5.3
Highest	6.1	6.0
Average	5.5	5.4
Lowest	5.0	4.8
Responses	1930	1617

	2021	2022
Your org	5.4	5.2
Highest	6.2	6.0
Average	5.6	5.4
Lowest	5.0	4.7
Responses	959	425

	2021	2022
Your org	6.1	6.0
Highest	6.8	6.6
Average	6.1	6.0
Lowest	5.7	5.6
Responses	1061	860

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.



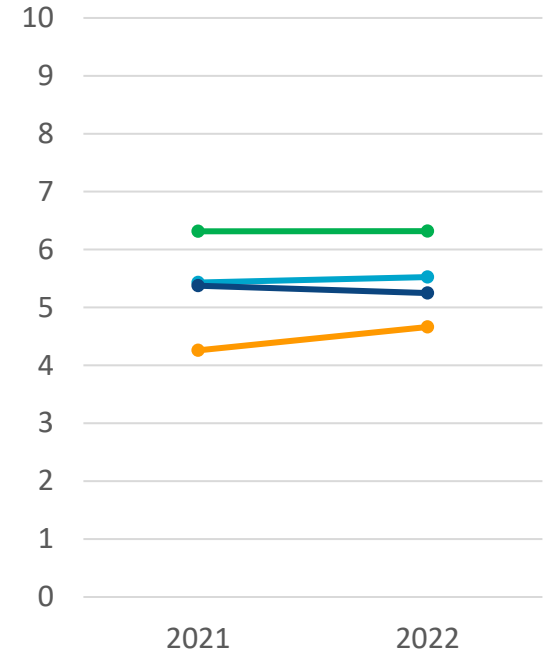
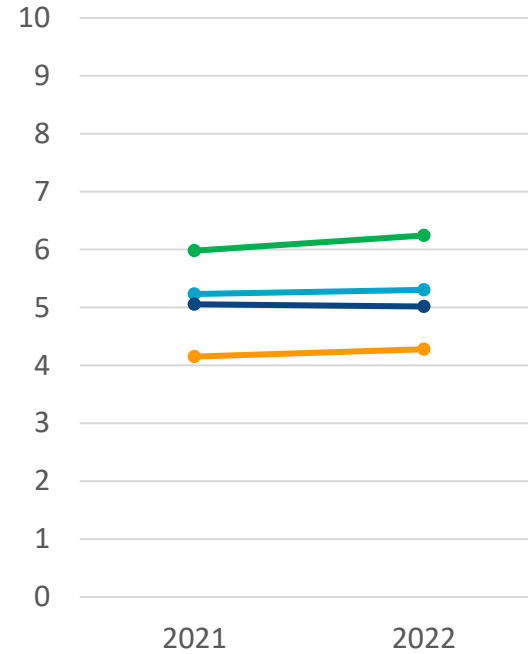
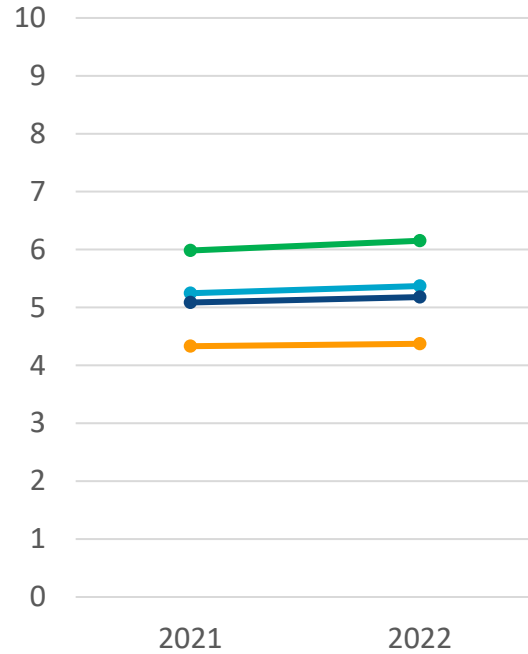
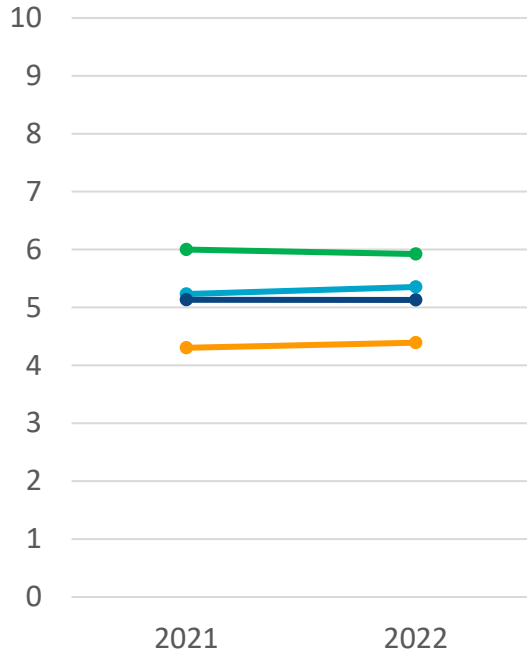
Promise element 5: We are always learning

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	5.1	5.1
Highest	6.0	5.9
Average	5.2	5.4
Lowest	4.3	4.4
Responses	4183	3813

	2021	2022
Your org	5.1	5.2
Highest	6.0	6.2
Average	5.2	5.4
Lowest	4.3	4.4
Responses	1857	1544

	2021	2022
Your org	5.1	5.0
Highest	6.0	6.2
Average	5.2	5.3
Lowest	4.2	4.3
Responses	928	409

	2021	2022
Your org	5.4	5.2
Highest	6.3	6.3
Average	5.4	5.5
Lowest	4.3	4.7
Responses	1020	829

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.



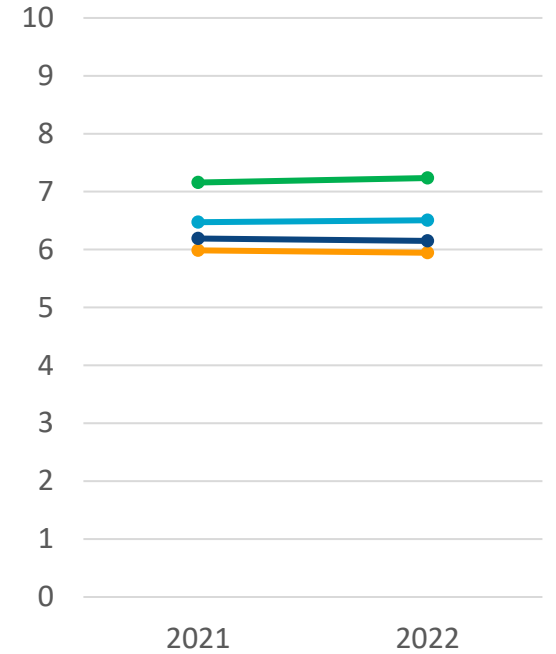
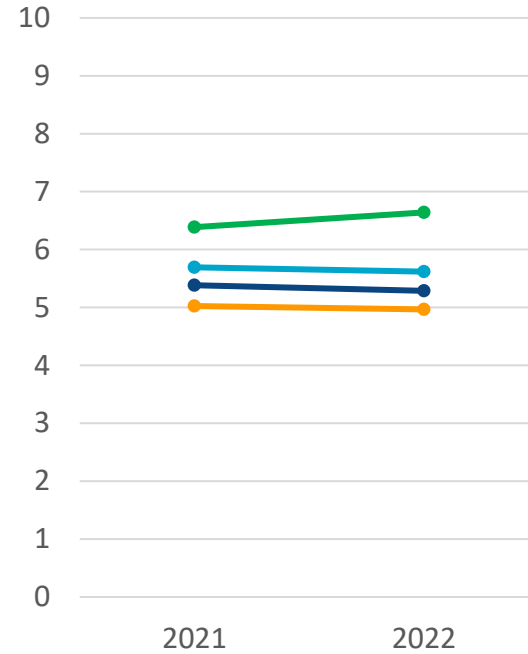
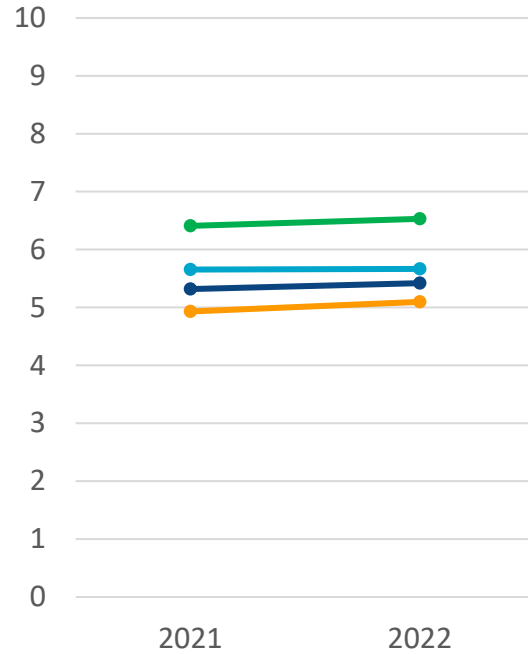
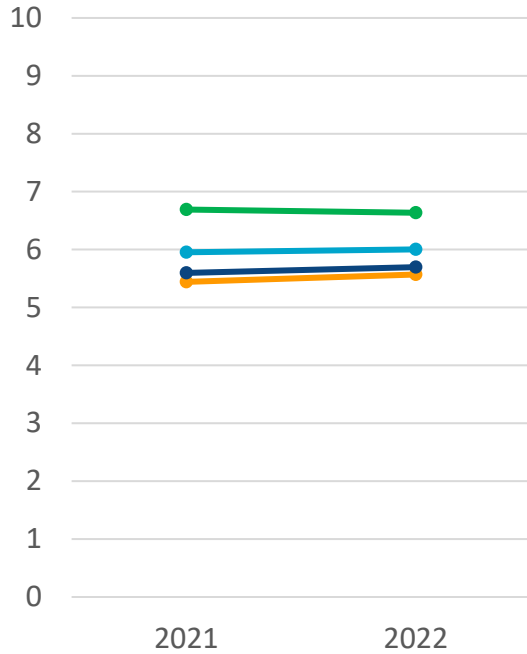
Promise element 6: We work flexibly

All staff

Worked on a Covid-19 ward or specific area

Redeployed

Required to work remotely / from home



	2021	2022
Your org	5.6	5.7
Highest	6.7	6.6
Average	6.0	6.0
Lowest	5.4	5.6
Responses	4486	4009

	2021	2022
Your org	5.3	5.4
Highest	6.4	6.5
Average	5.7	5.7
Lowest	4.9	5.1
Responses	1932	1623

	2021	2022
Your org	5.4	5.3
Highest	6.4	6.6
Average	5.7	5.6
Lowest	5.0	5.0
Responses	959	429

	2021	2022
Your org	6.2	6.1
Highest	7.2	7.2
Average	6.5	6.5
Lowest	6.0	5.9
Responses	1062	861

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.

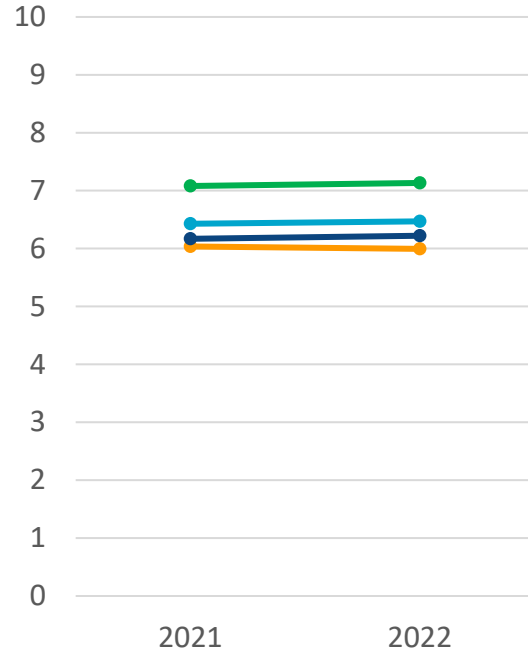
Promise element 7: We are a team

All staff



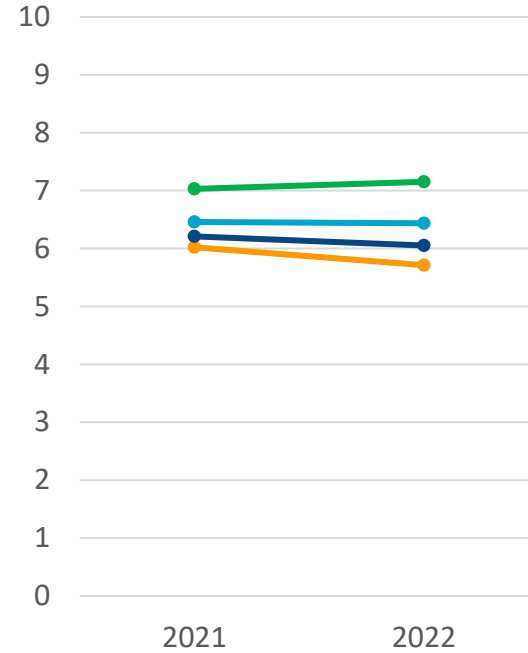
	2021	2022
Your org	6.4	6.4
Highest	7.1	7.1
Average	6.6	6.6
Lowest	6.2	6.3
Responses	4435	4008

Worked on a Covid-19 ward or specific area



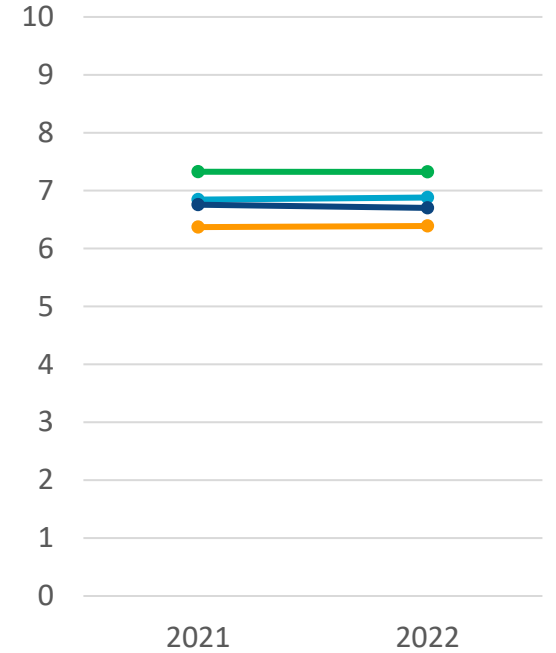
	2021	2022
Your org	6.2	6.2
Highest	7.1	7.1
Average	6.4	6.5
Lowest	6.0	6.0
Responses	1936	1622

Redeployed



	2021	2022
Your org	6.2	6.1
Highest	7.0	7.2
Average	6.5	6.4
Lowest	6.0	5.7
Responses	959	428

Required to work remotely / from home



	2021	2022
Your org	6.8	6.7
Highest	7.3	7.3
Average	6.8	6.9
Lowest	6.4	6.4
Responses	1062	859

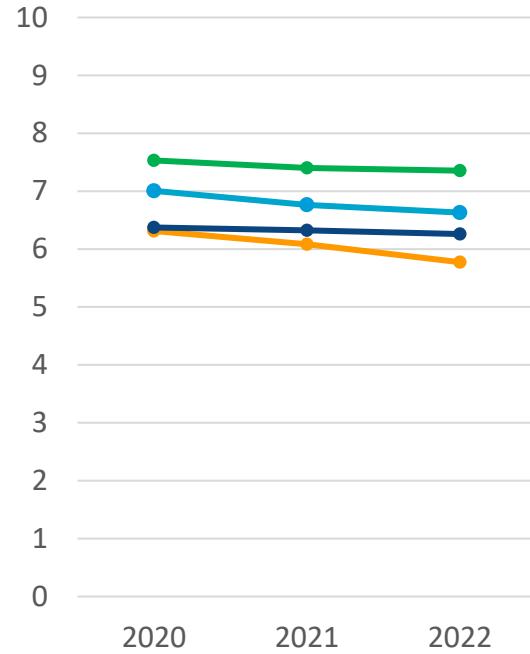
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff Engagement

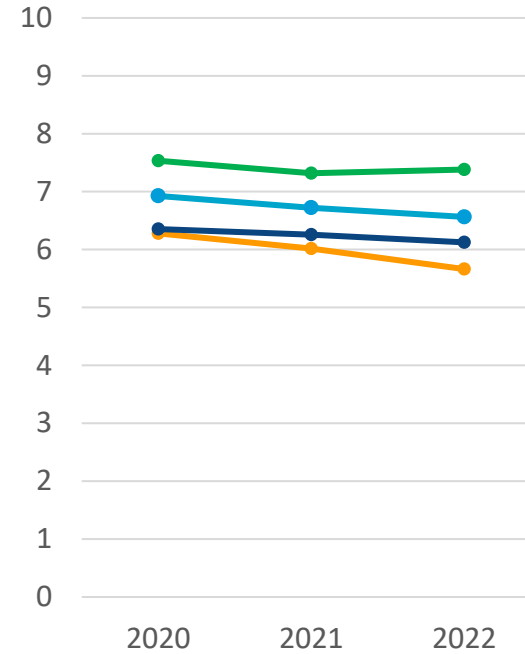
All staff



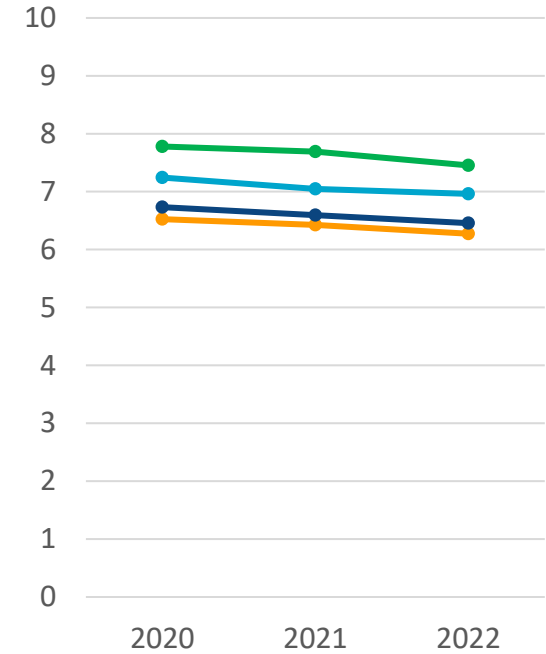
Worked on Covid-19 specific ward or area



Redeployed



Required to work remotely / from home



	2020	2021	2022
Your org	6.5	6.4	6.4
Highest	7.6	7.4	7.3
Average	7.0	6.8	6.8
Lowest	6.5	6.3	6.1
Responses	3465	4520	4018

	2020	2021	2022
Your org	6.4	6.3	6.3
Highest	7.5	7.4	7.4
Average	7.0	6.8	6.6
Lowest	6.3	6.1	5.8
Responses	1458	1939	1626

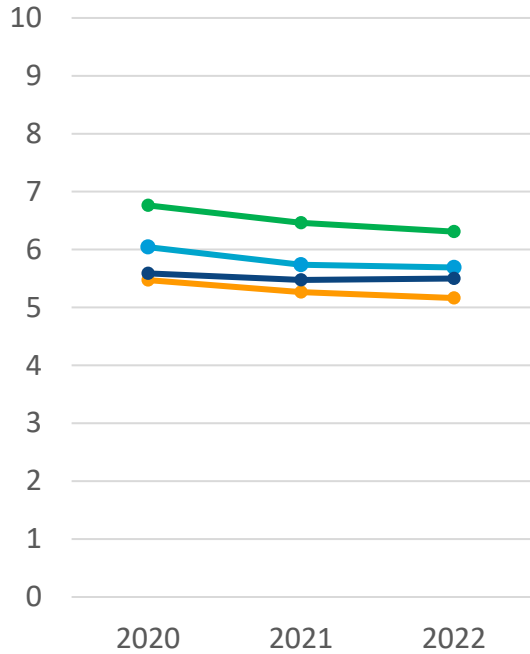
	2020	2021	2022
Your org	6.4	6.3	6.1
Highest	7.5	7.3	7.4
Average	6.9	6.7	6.6
Lowest	6.3	6.0	5.7
Responses	735	961	429

	2020	2021	2022
Your org	6.7	6.6	6.5
Highest	7.8	7.7	7.5
Average	7.2	7.0	7.0
Lowest	6.5	6.4	6.3
Responses	717	1063	862

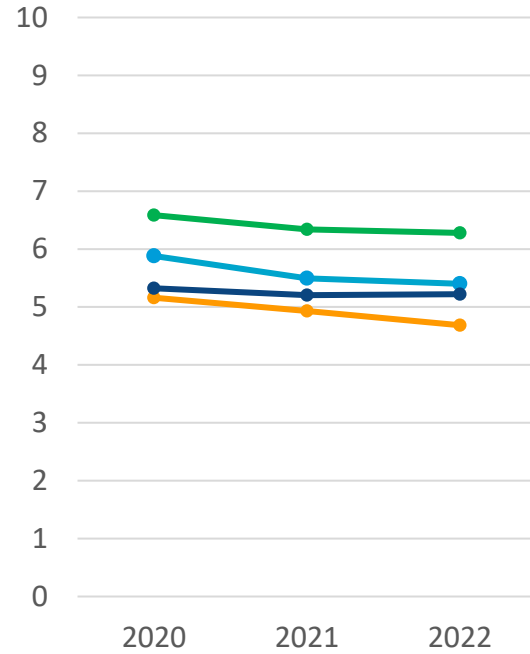
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Morale

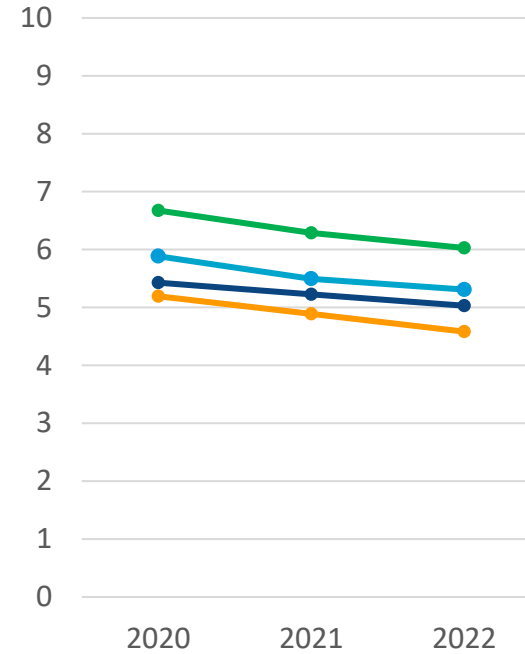
All staff



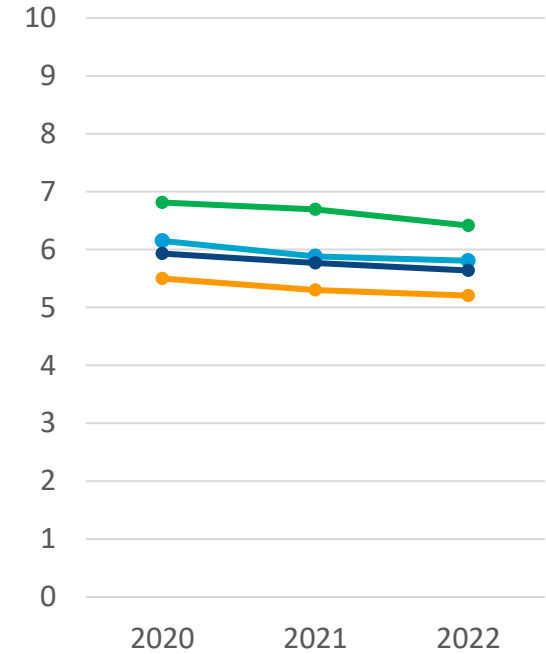
Worked on Covid-19 specific ward or area



Redeployed



Required to work remotely / from home



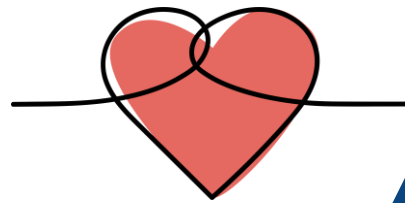
	2020	2021	2022
Your org	5.6	5.5	5.5
Highest	6.8	6.5	6.3
Average	6.0	5.7	5.7
Lowest	5.5	5.3	5.2
Responses	3442	4512	4017

	2020	2021	2022
Your org	5.3	5.2	5.2
Highest	6.6	6.3	6.3
Average	5.9	5.5	5.4
Lowest	5.2	4.9	4.7
Responses	1458	1940	1627

	2020	2021	2022
Your org	5.4	5.2	5.0
Highest	6.7	6.3	6.0
Average	5.9	5.5	5.3
Lowest	5.2	4.9	4.6
Responses	734	962	429

	2020	2021	2022
Your org	5.9	5.8	5.6
Highest	6.8	6.7	6.4
Average	6.1	5.9	5.8
Lowest	5.5	5.3	5.2
Responses	717	1062	862

People Promise element – We are compassionate and inclusive



Questions included:

Compassionate culture – Q6a, Q23a, Q23b, Q23c, Q23d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

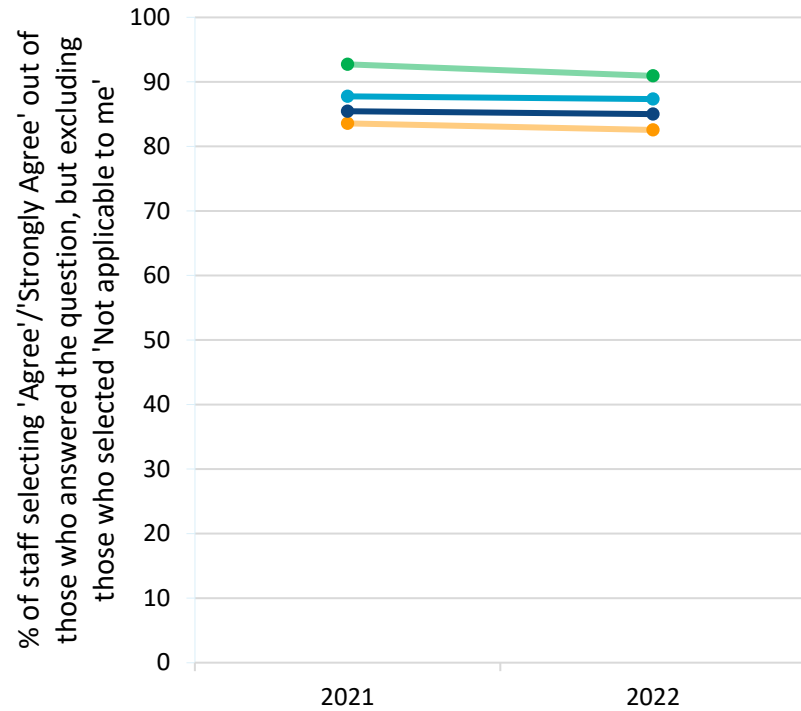
Diversity and equality – Q15, Q16a, Q16b, Q20

Inclusion – Q7h, Q7i, Q8b, Q8c

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



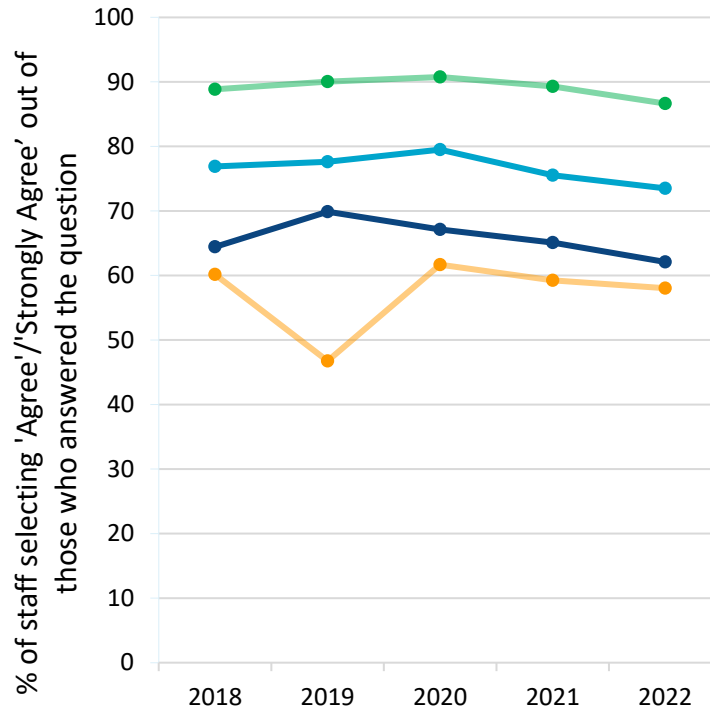
Q6a I feel that my role makes a difference to patients / service users.



	2021	2022
Your org	85.4%	85.0%
Best	92.7%	90.9%
Average	87.7%	87.3%
Worst	83.6%	82.5%

Responses 4364 3916

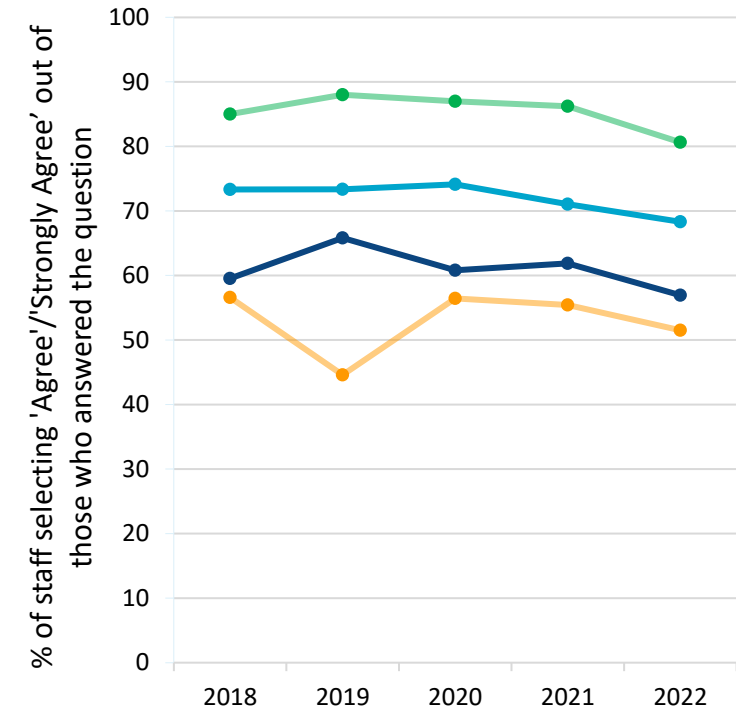
Q23a Care of patients / service users is my organisation's top priority.



	2018	2019	2020	2021	2022
Your org	64.4%	69.9%	67.1%	65.1%	62.1%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%

Responses 3303 4070 3330 4329 3995

Q23b My organisation acts on concerns raised by patients / service users.

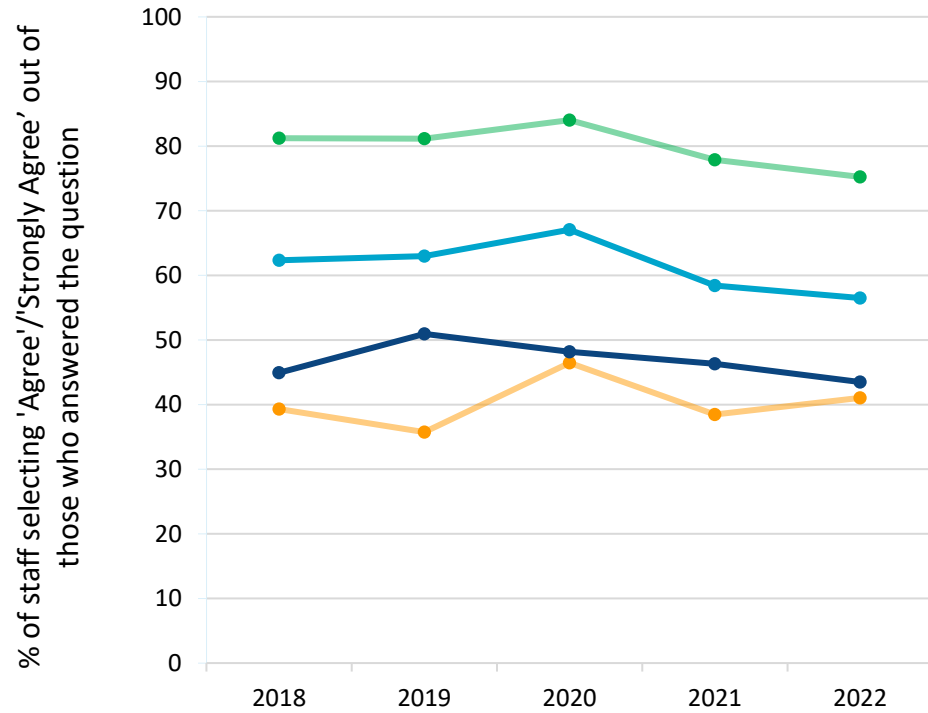


	2018	2019	2020	2021	2022
Your org	59.5%	65.8%	60.8%	61.9%	56.9%
Best	85.0%	88.0%	87.0%	86.2%	80.6%
Average	73.3%	73.3%	74.1%	71.0%	68.3%
Worst	56.6%	44.6%	56.4%	55.4%	51.5%

Responses 3298 4069 3328 4326 3994

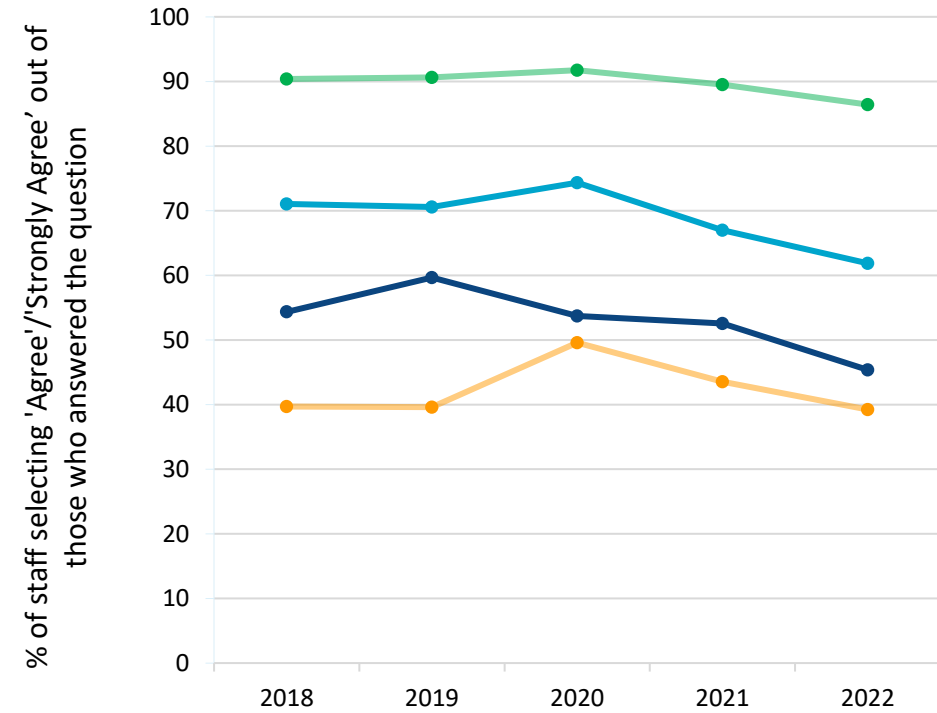


Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	44.9%	51.0%	48.2%	46.3%	43.5%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%
Responses	3298	4069	3333	4332	3994

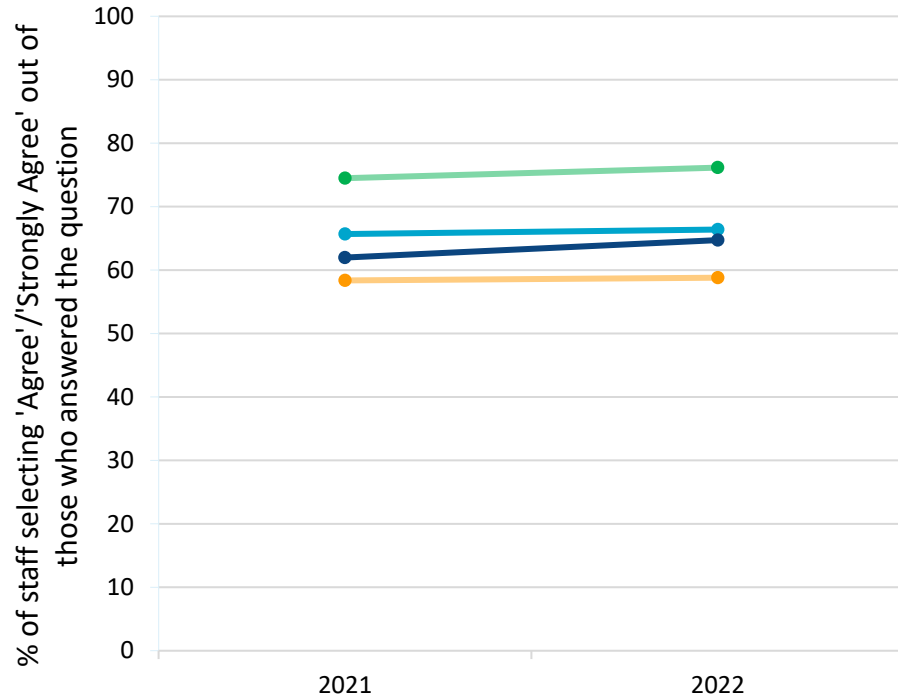
Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2018	2019	2020	2021	2022
Your org	54.3%	59.7%	53.7%	52.5%	45.4%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	3290	4069	3331	4330	3996

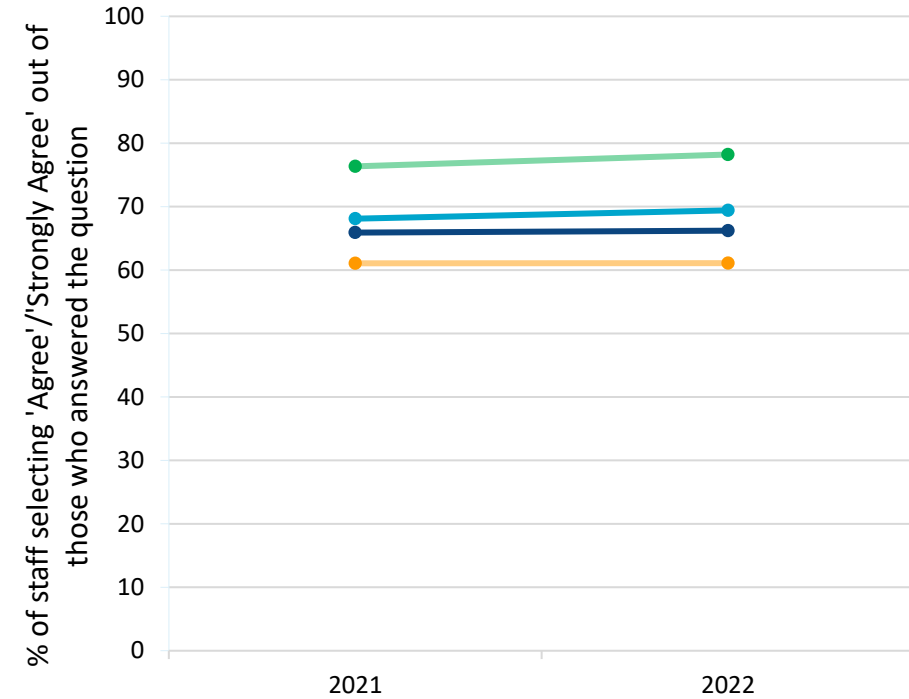


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022
Your org	62.0%	64.7%
Best	74.5%	76.2%
Average	65.7%	66.4%
Worst	58.4%	58.8%
Responses	4421	4006

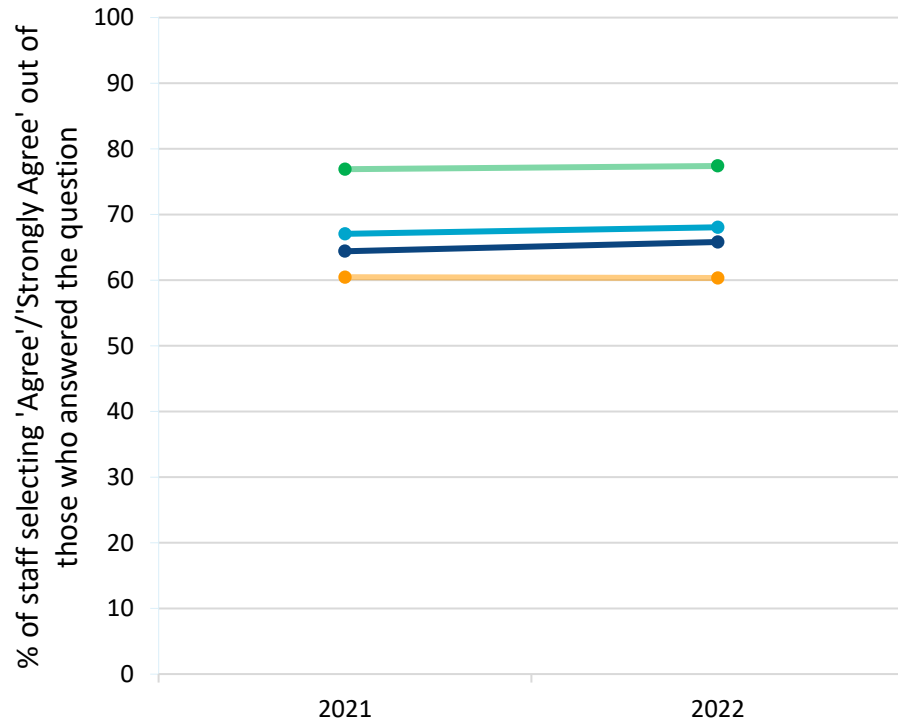
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022
Your org	65.9%	66.2%
Best	76.4%	78.2%
Average	68.1%	69.4%
Worst	61.1%	61.1%
Responses	4429	4004

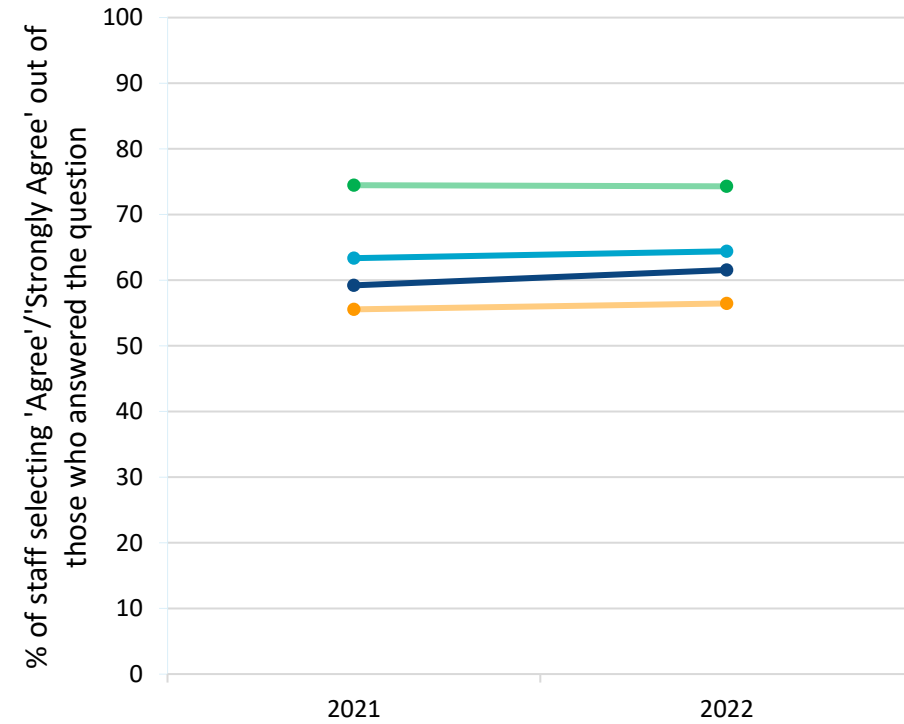


Q9h My immediate manager cares about my concerns.



	2021	2022
Your org	64.4%	65.8%
Best	76.9%	77.4%
Average	67.1%	68.1%
Worst	60.5%	60.3%
Responses	4427	4006

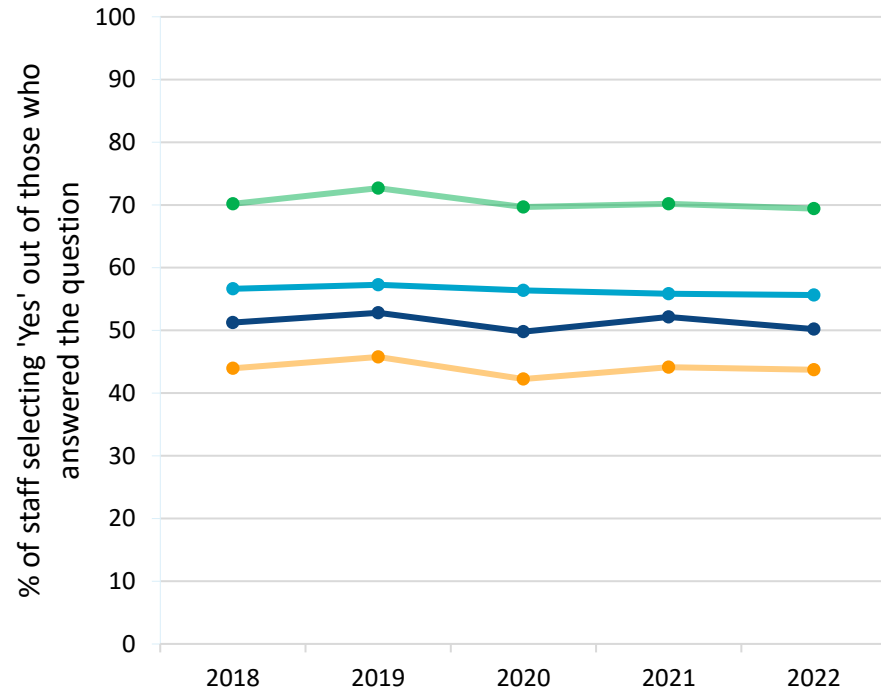
Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022
Your org	59.2%	61.5%
Best	74.5%	74.3%
Average	63.4%	64.4%
Worst	55.6%	56.4%
Responses	4428	4001

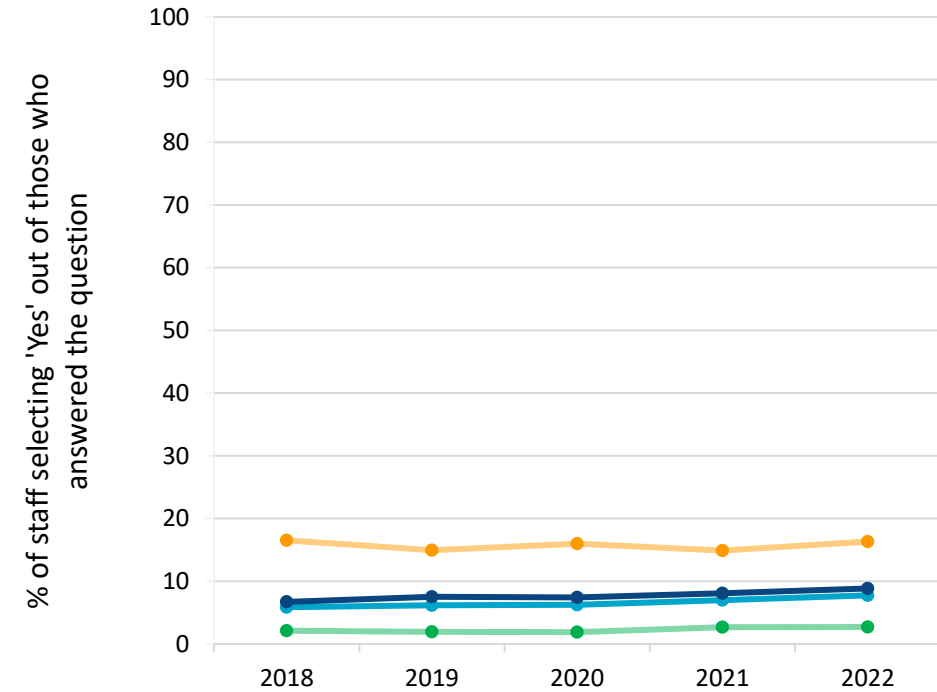


Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2018	2019	2020	2021	2022
Your org	51.2%	52.8%	49.8%	52.1%	50.2%
Best	70.2%	72.7%	69.7%	70.2%	69.4%
Average	56.6%	57.3%	56.4%	55.8%	55.6%
Worst	44.0%	45.8%	42.2%	44.1%	43.7%
Responses	3333	4132	3358	4376	3968

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?

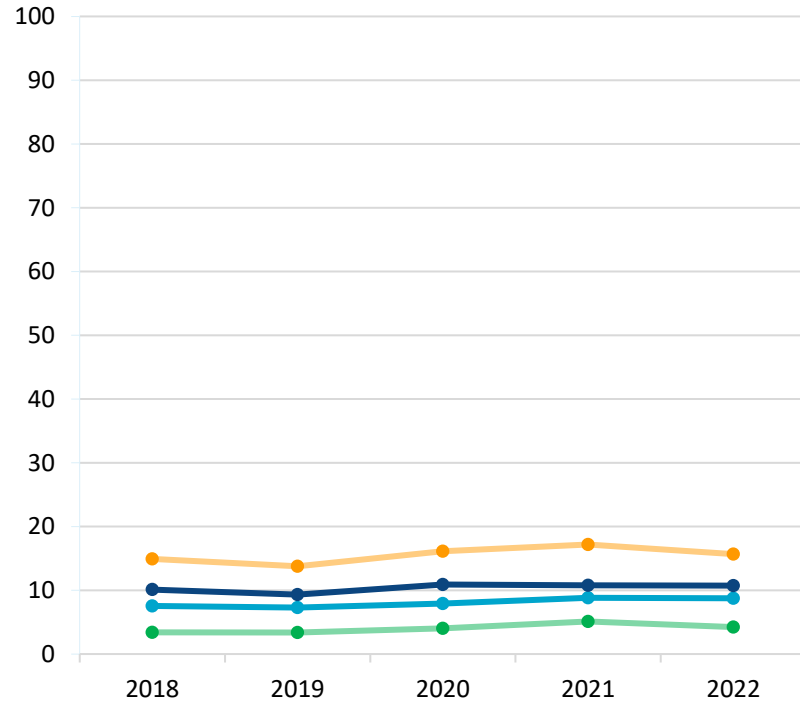


	2018	2019	2020	2021	2022
Your org	6.7%	7.5%	7.4%	8.1%	8.8%
Best	2.1%	1.9%	1.9%	2.7%	2.7%
Average	5.9%	6.2%	6.3%	7.0%	7.8%
Worst	16.5%	14.9%	16.0%	14.9%	16.3%
Responses	3333	4142	3387	4401	3977



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

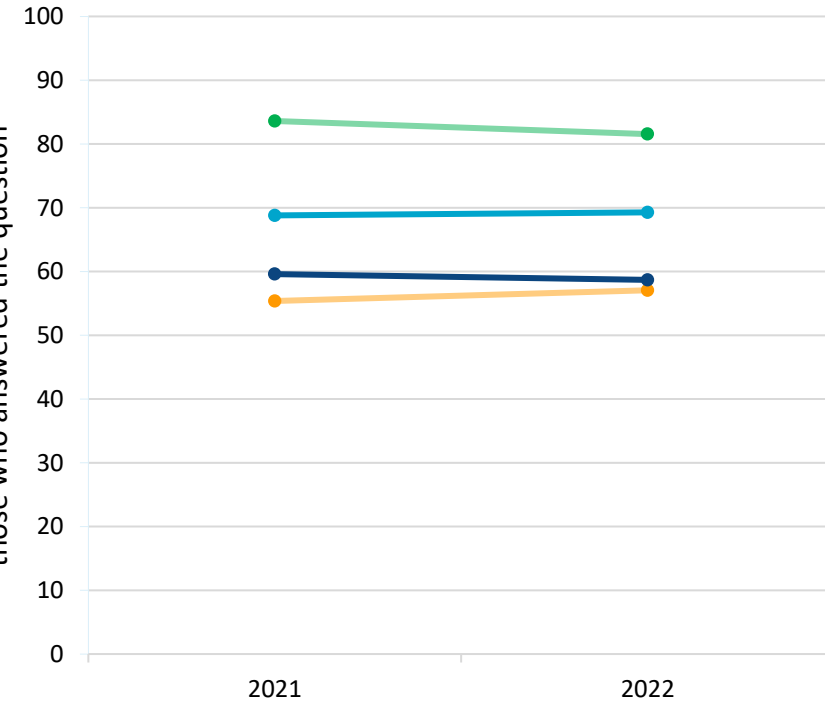
% of staff selecting 'Yes' out of those who answered the question



	2018	2019	2020	2021	2022
Your org	10.1%	9.3%	10.9%	10.8%	10.7%
Best	3.4%	3.4%	4.0%	5.1%	4.2%
Average	7.5%	7.3%	7.9%	8.8%	8.7%
Worst	14.9%	13.8%	16.1%	17.2%	15.7%
Responses	3340	4131	3377	4389	3985

Q20 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

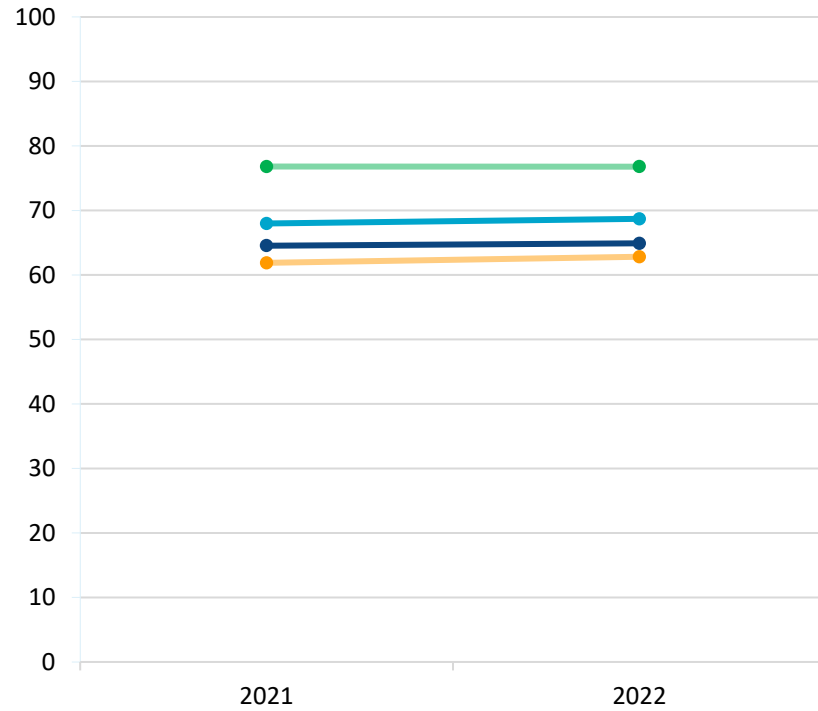


	2021	2022
Your org	59.6%	58.7%
Best	83.6%	81.6%
Average	68.8%	69.3%
Worst	55.4%	57.1%
Responses	4376	4002



Q7h I feel valued by my team.

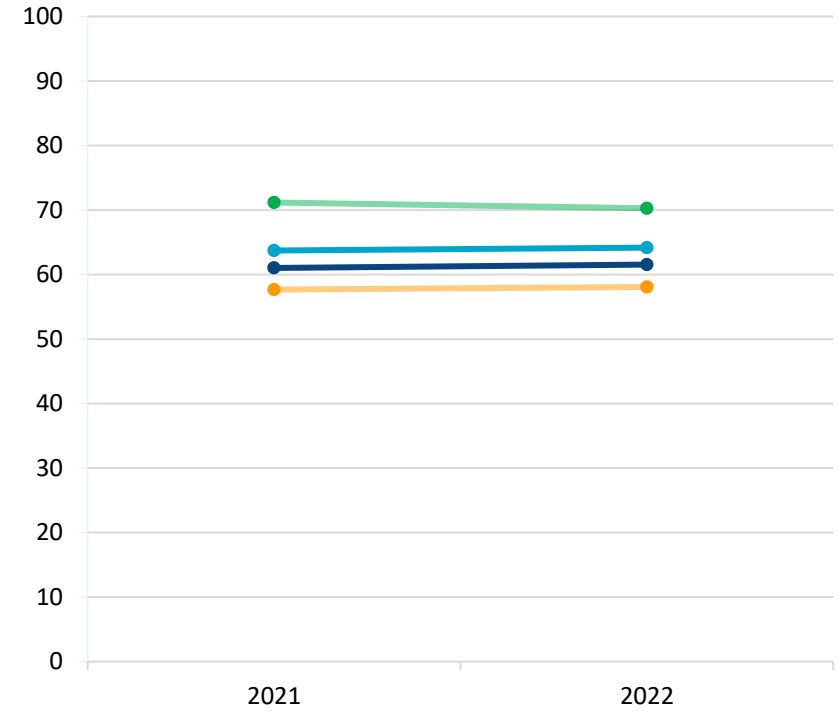
% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	64.5%	64.9%
Best	76.8%	76.8%
Average	68.0%	68.7%
Worst	61.9%	62.8%
Responses	4462	4014

Q7i I feel a strong personal attachment to my team.

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question

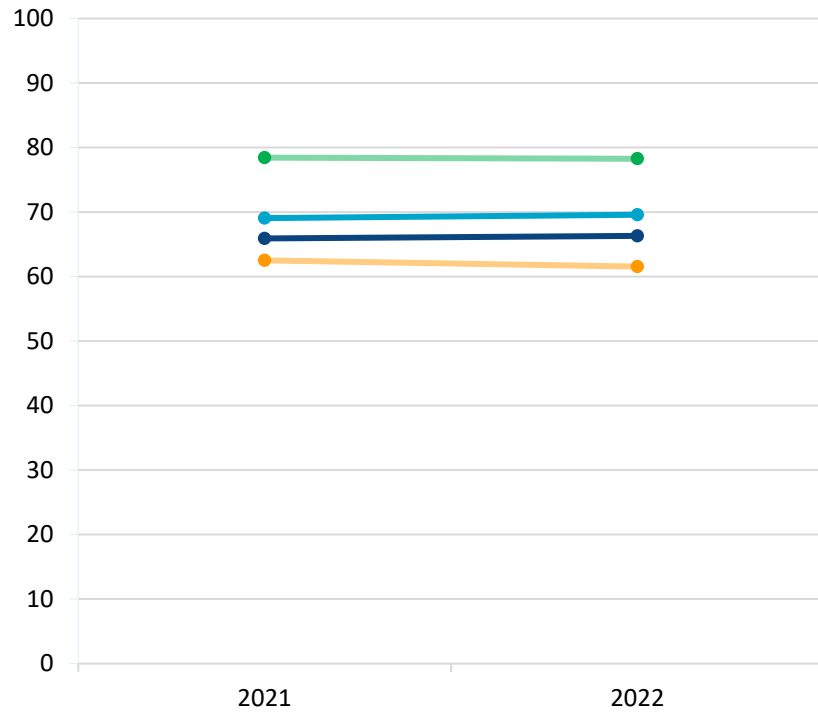


	2021	2022
Your org	61.0%	61.5%
Best	71.2%	70.3%
Average	63.7%	64.2%
Worst	57.7%	58.1%
Responses	4466	4011



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

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	65.9%	66.3%
Best	78.4%	78.3%
Average	69.0%	69.6%
Worst	62.5%	61.6%

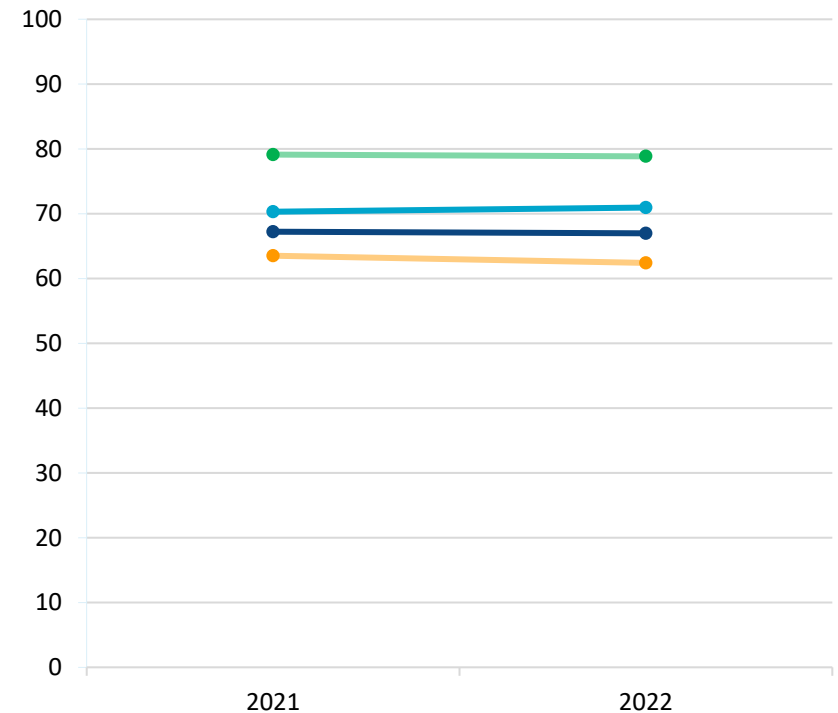
Responses

4457

4011

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

% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question



	2021	2022
Your org	67.2%	67.0%
Best	79.1%	78.9%
Average	70.3%	71.0%
Worst	63.5%	62.4%

Responses

4459

4010

People Promise element – We are recognised and rewarded

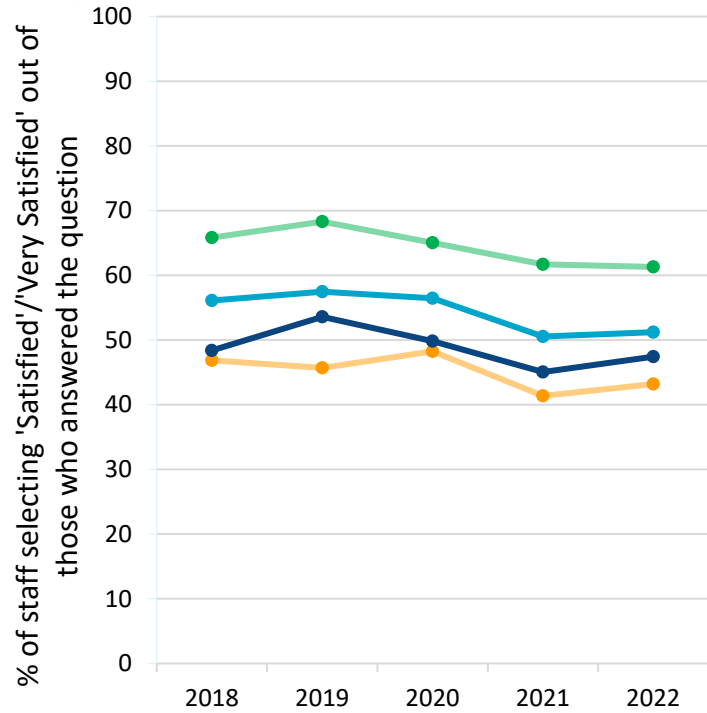


Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

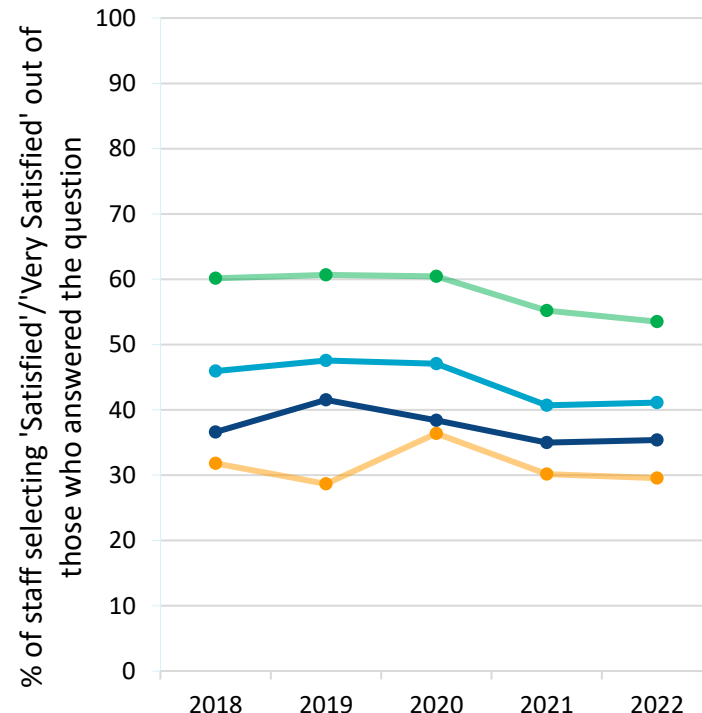


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



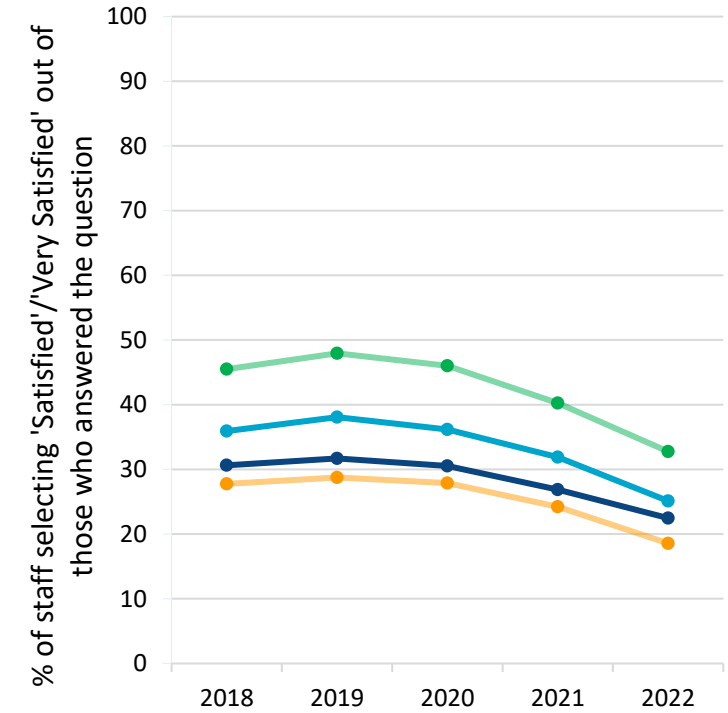
	2018	2019	2020	2021	2022
Your org	48.4%	53.6%	49.8%	45.0%	47.4%
Best	65.8%	68.3%	65.0%	61.7%	61.3%
Average	56.1%	57.5%	56.4%	50.5%	51.2%
Worst	46.8%	45.7%	48.2%	41.4%	43.2%
Responses	3442	4215	3437	4510	4009

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



	2018	2019	2020	2021	2022
Your org	36.6%	41.5%	38.4%	35.0%	35.4%
Best	60.1%	60.7%	60.4%	55.2%	53.5%
Average	45.9%	47.5%	47.1%	40.7%	41.1%
Worst	31.8%	28.7%	36.4%	30.1%	29.5%
Responses	3425	4211	3440	4512	4012

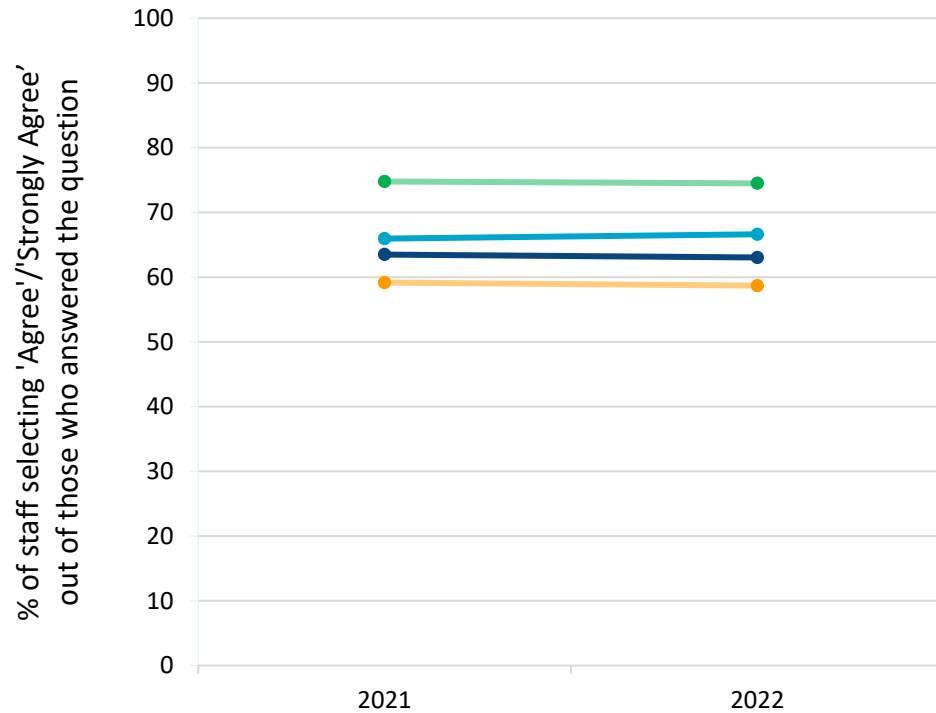
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



	2018	2019	2020	2021	2022
Your org	30.6%	31.7%	30.5%	26.9%	22.5%
Best	45.5%	47.9%	46.0%	40.3%	32.8%
Average	35.9%	38.1%	36.2%	31.9%	25.1%
Worst	27.7%	28.7%	27.9%	24.2%	18.5%
Responses	3437	4213	3439	4506	4013



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



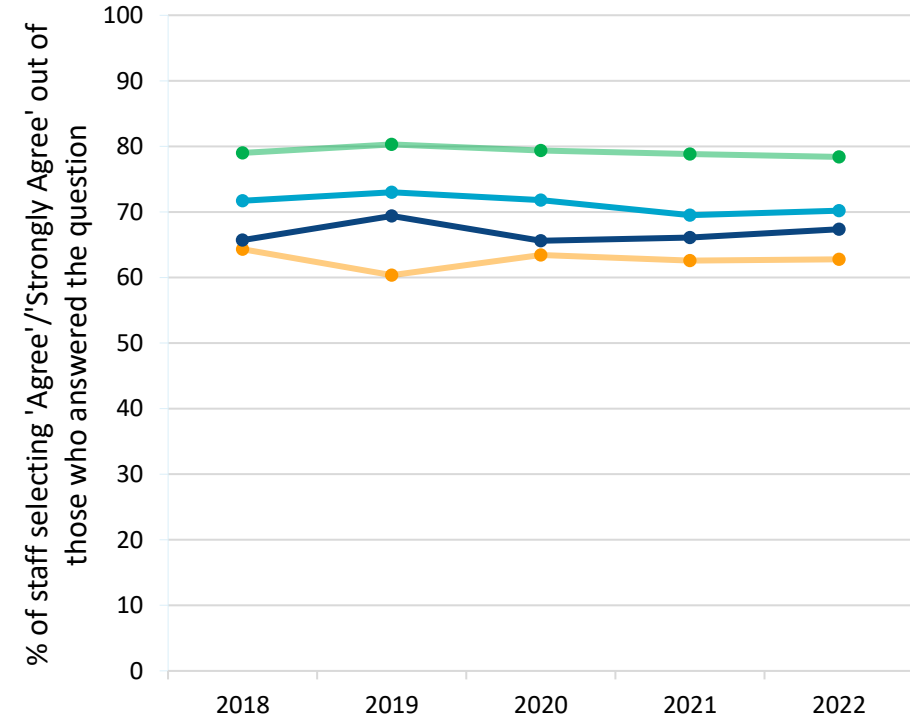
	2021	2022
Your org	63.5%	63.0%
Best	74.8%	74.5%
Average	66.0%	66.6%
Worst	59.2%	58.7%

Responses

4454

4008

Q9e My immediate manager values my work.



	2018	2019	2020	2021	2022
Your org	65.7%	69.4%	65.6%	66.1%	67.4%
Best	79.0%	80.3%	79.4%	78.8%	78.4%
Average	71.7%	73.0%	71.8%	69.5%	70.2%
Worst	64.3%	60.4%	63.4%	62.6%	62.8%

Responses

3398

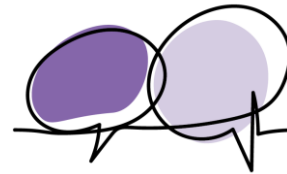
4161

3410

4423

4006

People Promise element – We each have a voice that counts



Questions included:

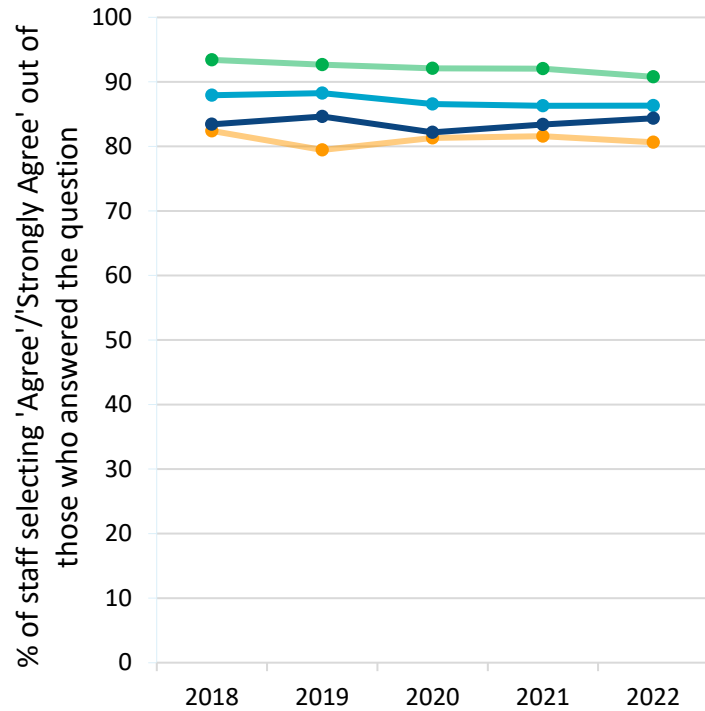
Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q19a, Q19b, Q23e, Q23f

Please note, where there are less than 11 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.

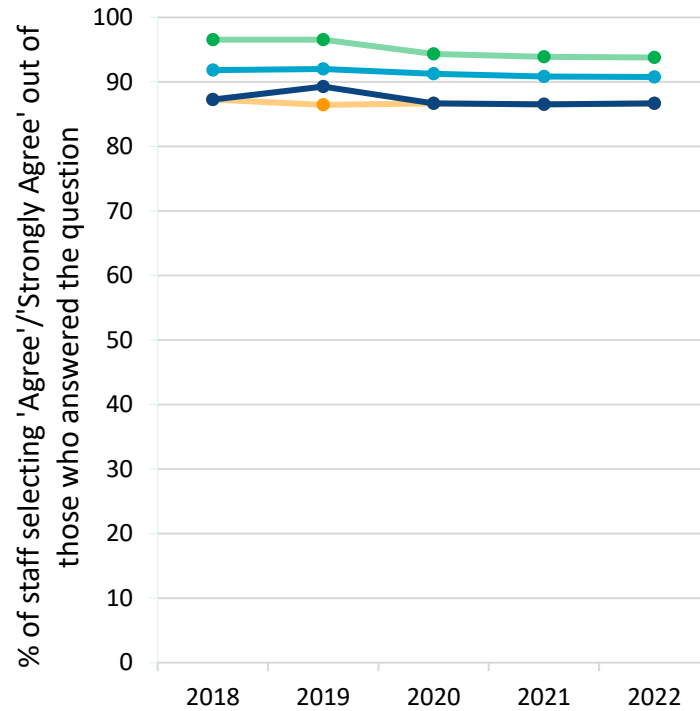


2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Your org	83.4%	84.6%	82.2%	83.4%	84.3%
Best	93.4%	92.7%	92.1%	92.0%	90.8%
Average	87.9%	88.2%	86.6%	86.3%	86.3%
Worst	82.4%	79.5%	81.3%	81.6%	80.6%

Responses 3505 4266 3500 4501 3994

Q3b I am trusted to do my job.

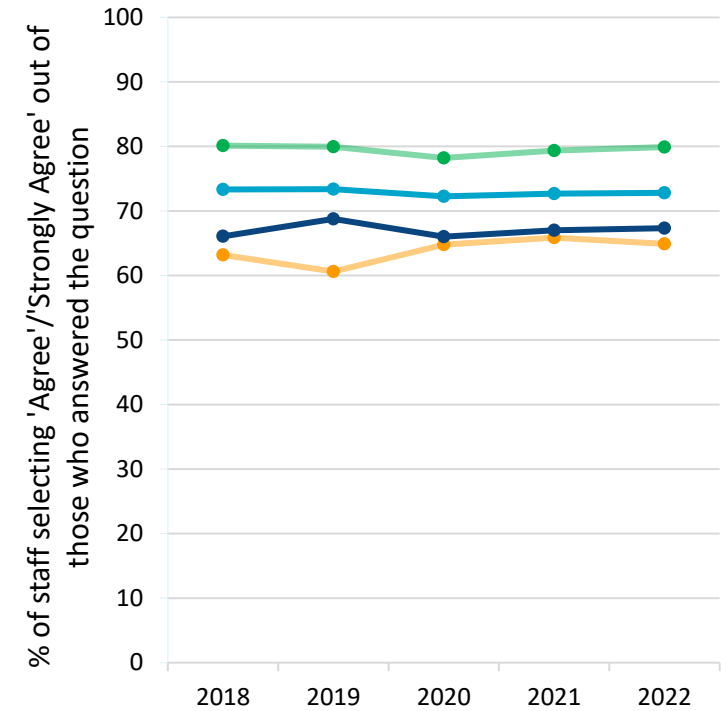


2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Your org	87.3%	89.3%	86.7%	86.5%	86.7%
Best	96.5%	96.5%	94.3%	93.9%	93.8%
Average	91.8%	92.0%	91.2%	90.8%	90.7%
Worst	87.3%	86.5%	86.7%	86.5%	86.7%

Responses 3482 4255 3498 4512 4013

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



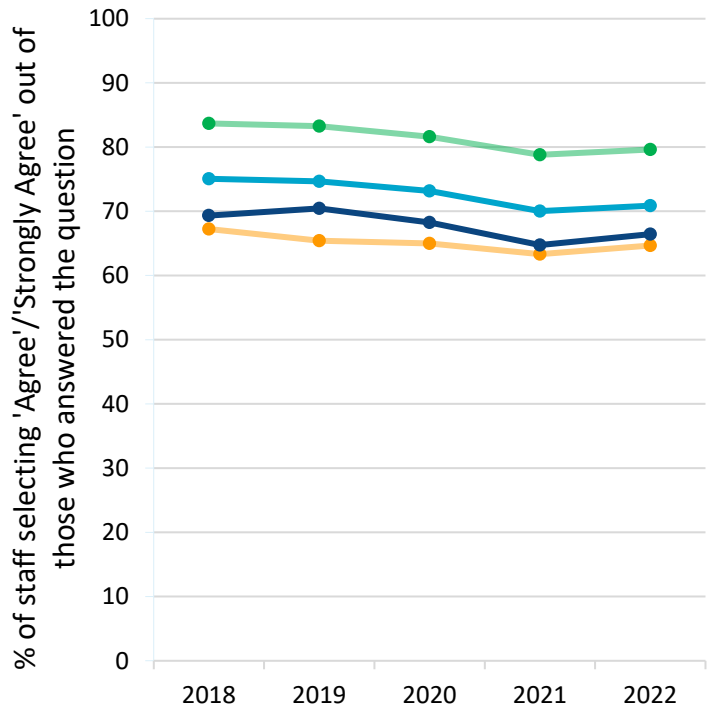
2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Your org	66.1%	68.8%	66.0%	67.0%	67.3%
Best	80.1%	79.9%	78.2%	79.3%	79.9%
Average	73.3%	73.4%	72.3%	72.7%	72.8%
Worst	63.2%	60.6%	64.8%	65.9%	64.9%

Responses 3505 4267 3459 4520 4010

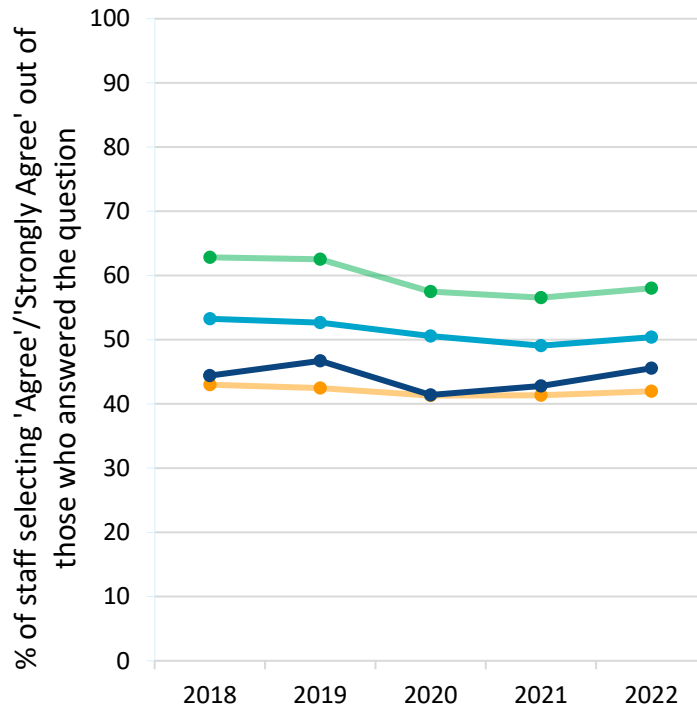


Q3d I am able to make suggestions to improve the work of my team / department.



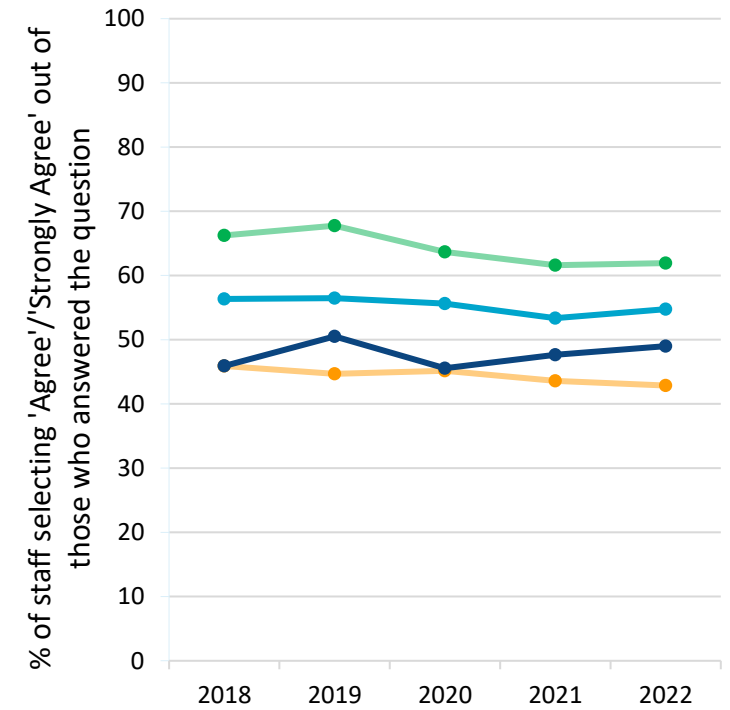
	2018	2019	2020	2021	2022
Your org	69.3%	70.4%	68.3%	64.7%	66.4%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%
Responses	3502	4265	3461	4519	4008

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



	2018	2019	2020	2021	2022
Your org	44.4%	46.7%	41.4%	42.8%	45.6%
Best	62.8%	62.5%	57.5%	56.5%	58.0%
Average	53.3%	52.7%	50.6%	49.1%	50.4%
Worst	43.0%	42.5%	41.3%	41.3%	42.0%
Responses	3494	4266	3460	4521	4009

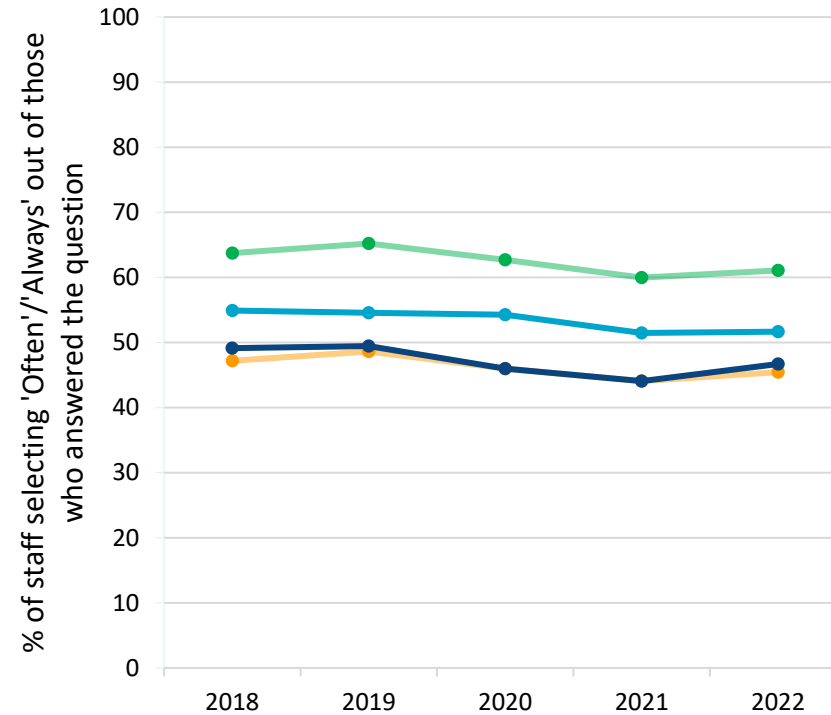
Q3f I am able to make improvements happen in my area of work.



	2018	2019	2020	2021	2022
Your org	45.9%	50.5%	45.6%	47.6%	49.0%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%
Responses	3481	4264	3459	4523	4007



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

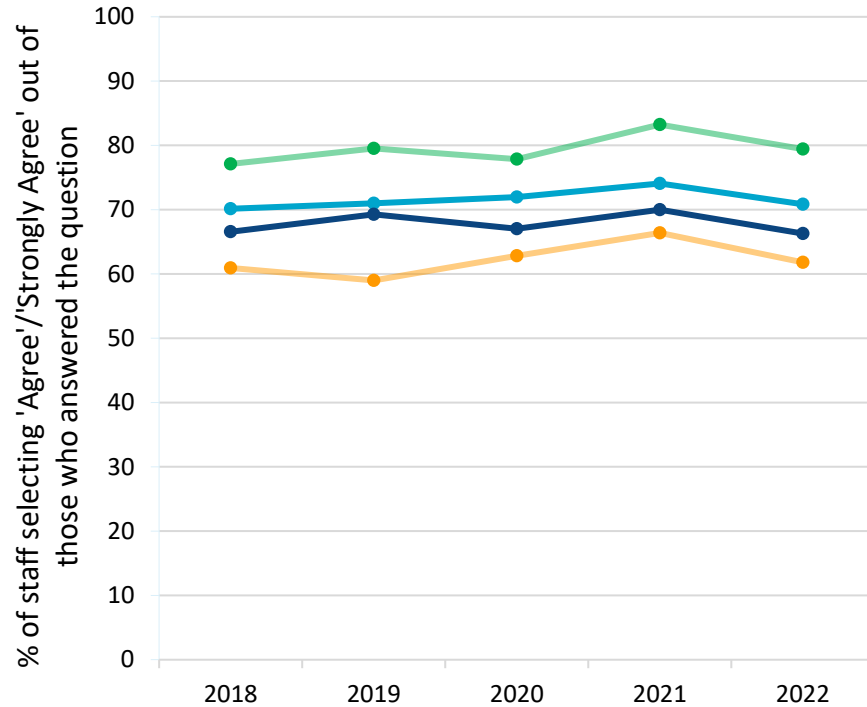


	2018	2019	2020	2021	2022
Your org	49.1%	49.5%	46.0%	44.1%	46.7%
Best	63.7%	65.2%	62.7%	60.0%	61.1%
Average	54.9%	54.6%	54.3%	51.5%	51.7%
Worst	47.2%	48.6%	46.0%	44.1%	45.4%

Responses 3438 4199 3439 4487 4004



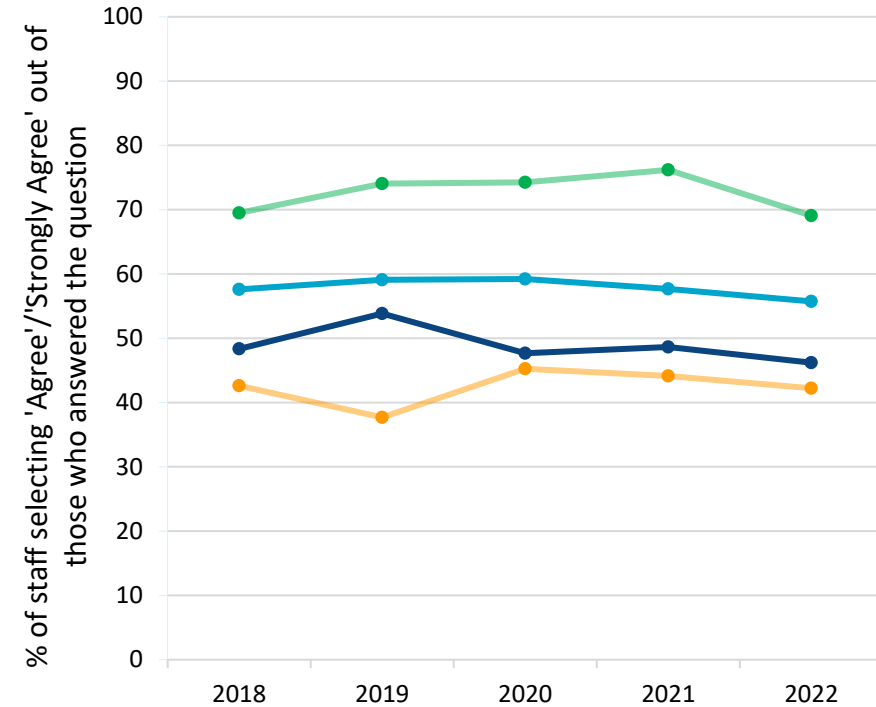
Q19a I would feel secure raising concerns about unsafe clinical practice.



	2018	2019	2020	2021	2022
Your org	66.6%	69.3%	67.0%	70.0%	66.3%
Best	77.1%	79.5%	77.9%	83.2%	79.4%
Average	70.1%	71.0%	71.9%	74.1%	70.8%
Worst	60.9%	59.0%	62.8%	66.4%	61.8%

Responses 3336 4121 3354 4386 4006

Q19b I am confident that my organisation would address my concern.

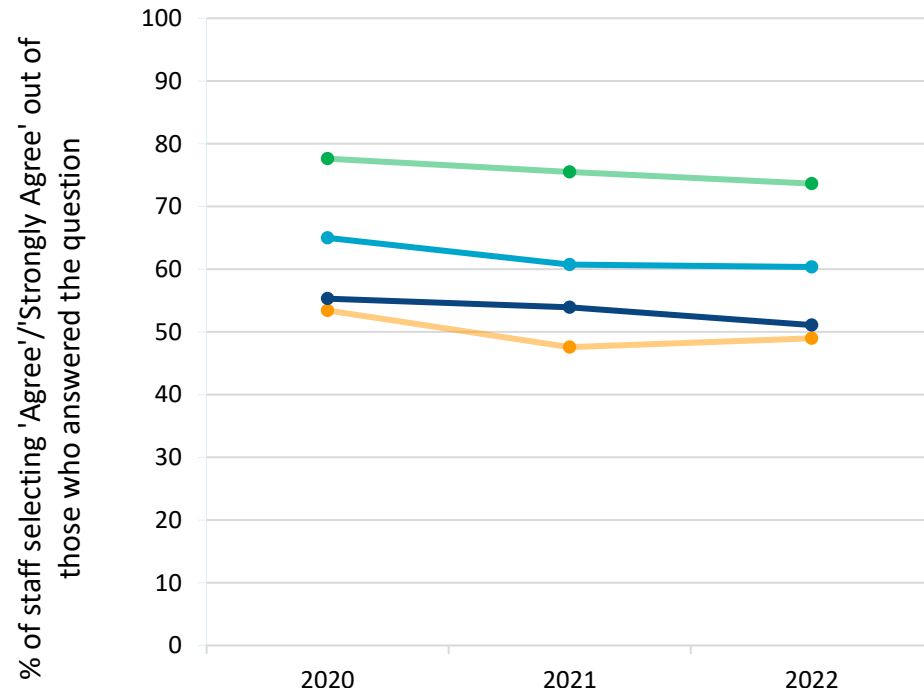


	2018	2019	2020	2021	2022
Your org	48.3%	53.8%	47.7%	48.6%	46.2%
Best	69.5%	74.0%	74.2%	76.2%	69.1%
Average	57.6%	59.1%	59.2%	57.7%	55.7%
Worst	42.6%	37.7%	45.3%	44.1%	42.2%

Responses 3328 4120 3350 4388 4001

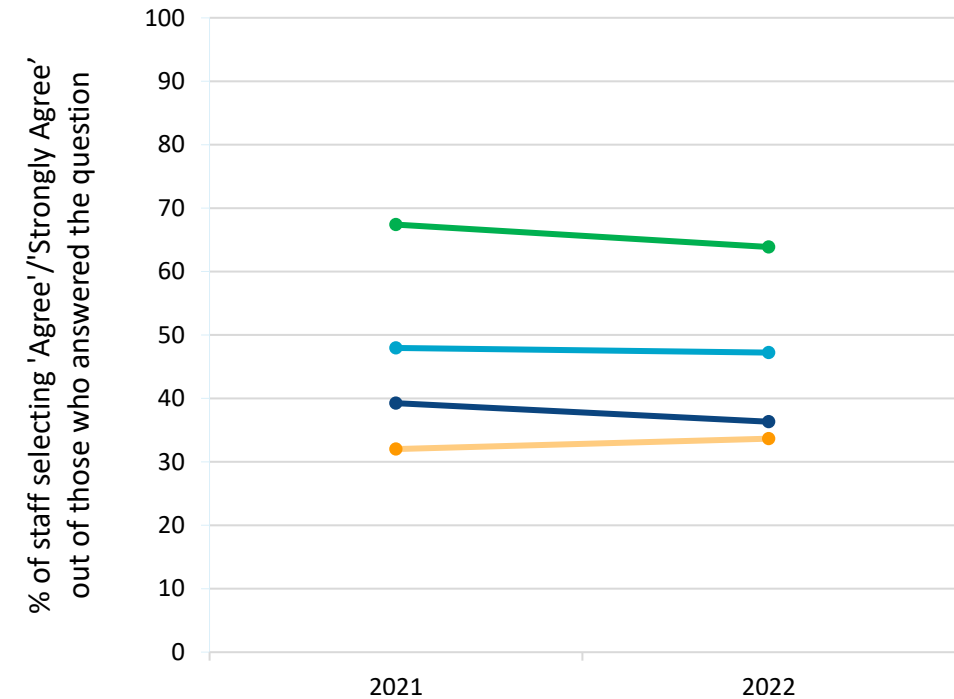


Q23e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022
Your org	55.3%	53.9%	51.1%
Best	77.6%	75.5%	73.6%
Average	65.0%	60.7%	60.3%
Worst	53.4%	47.6%	49.0%
Responses	3334	4329	3996

Q23f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022
Your org	39.2%	36.3%
Best	67.4%	63.9%
Average	48.0%	47.2%
Worst	32.0%	33.7%
Responses	4327	3993

People Promise element – We are safe and healthy



Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

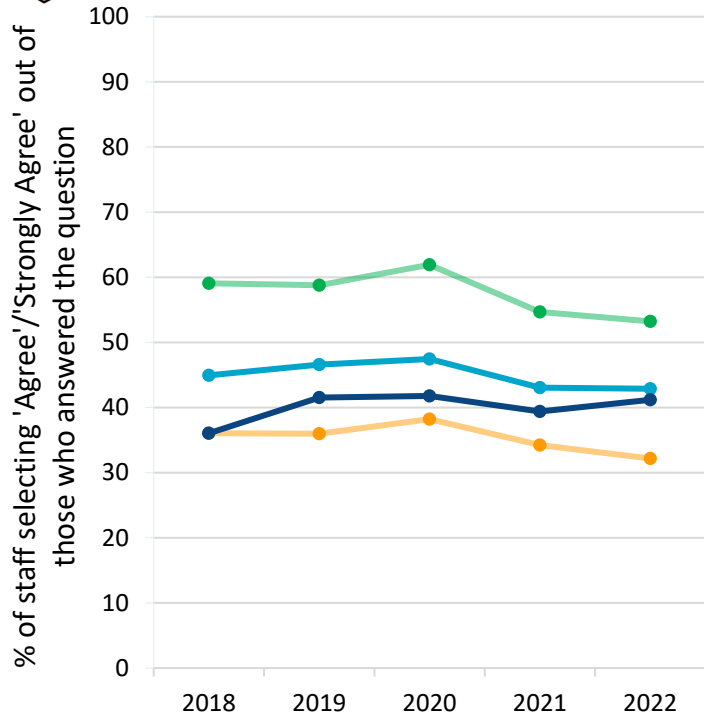
Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

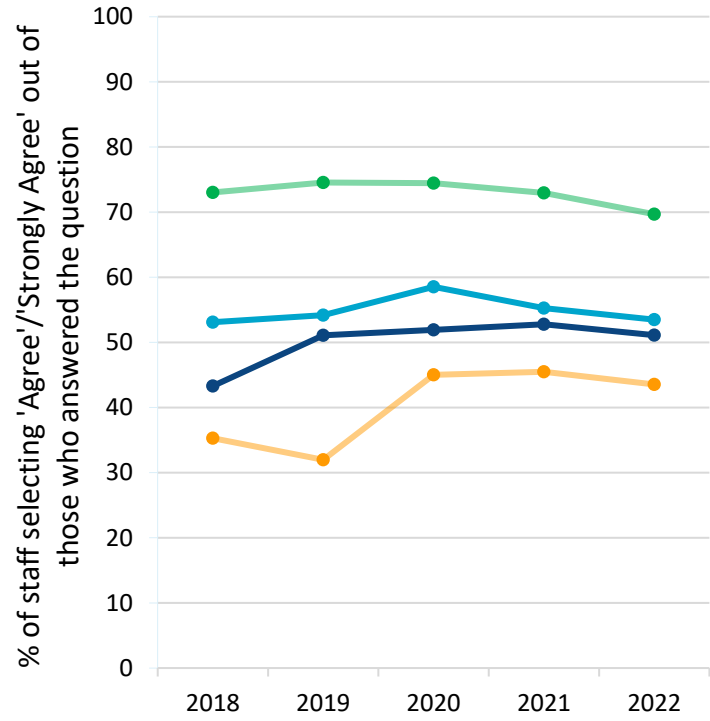


Q3g I am able to meet all the conflicting demands on my time at work.



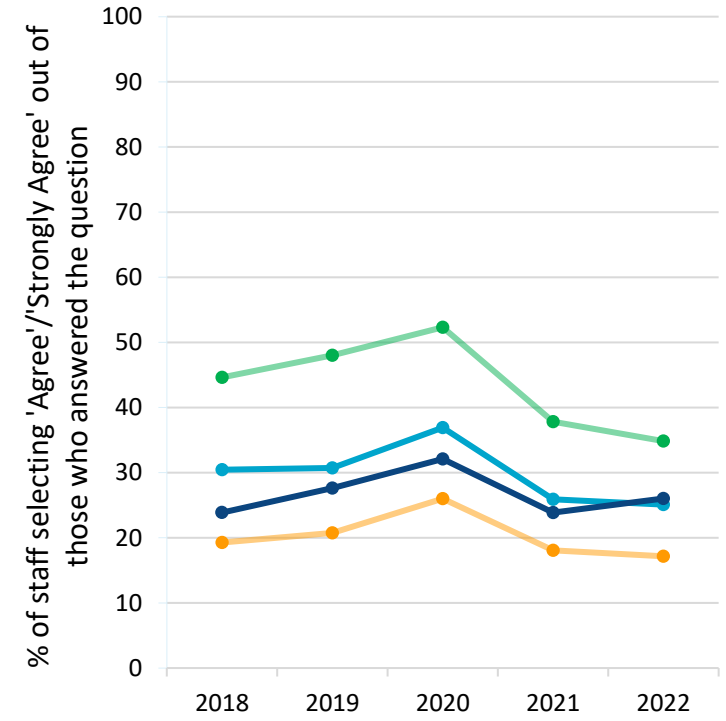
	2018	2019	2020	2021	2022
Your org	36.0%	41.5%	41.8%	39.4%	41.2%
Best	59.1%	58.8%	61.9%	54.7%	53.2%
Average	44.9%	46.6%	47.4%	43.1%	42.9%
Worst	36.0%	36.0%	38.2%	34.2%	32.2%
Responses	3482	4247	3454	4520	4011

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



	2018	2019	2020	2021	2022
Your org	43.3%	51.1%	51.9%	52.8%	51.1%
Best	73.0%	74.6%	74.5%	72.9%	69.7%
Average	53.1%	54.2%	58.5%	55.3%	53.5%
Worst	35.3%	32.0%	45.0%	45.5%	43.6%
Responses	3482	4255	3454	4519	4008

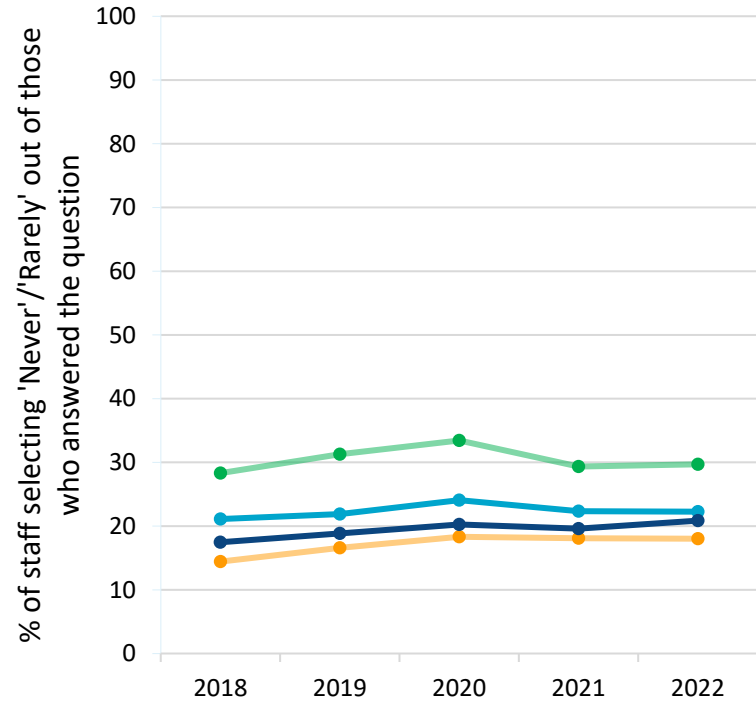
Q3i There are enough staff at this organisation for me to do my job properly.



	2018	2019	2020	2021	2022
Your org	23.9%	27.6%	32.1%	23.9%	26.0%
Best	44.6%	48.0%	52.3%	37.8%	34.8%
Average	30.5%	30.7%	36.9%	25.9%	25.1%
Worst	19.3%	20.8%	26.0%	18.1%	17.2%
Responses	3493	4257	3454	4516	4012

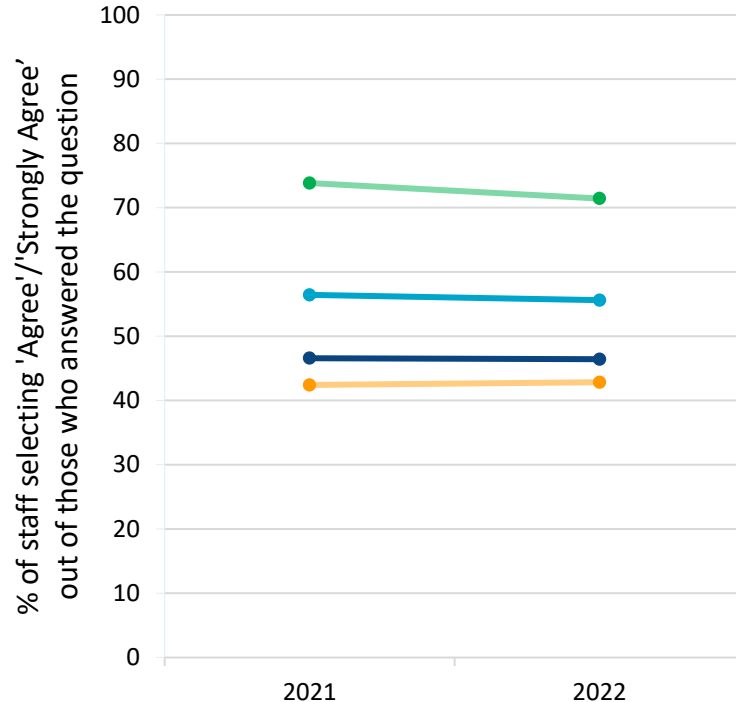


Q5a I have unrealistic time pressures.



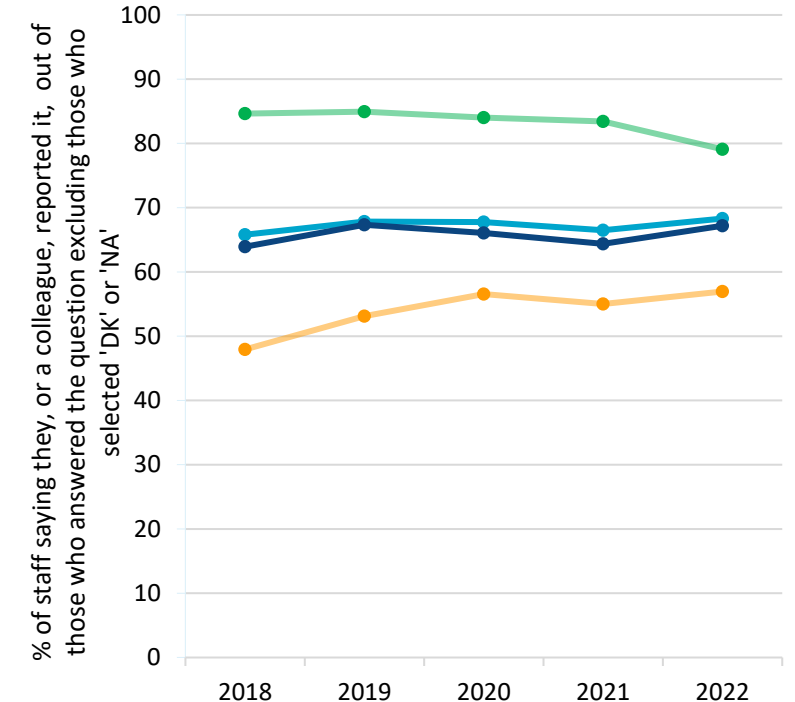
	2018	2019	2020	2021	2022
Your org	17.5%	18.8%	20.2%	19.6%	20.9%
Best	28.3%	31.3%	33.4%	29.3%	29.7%
Average	21.1%	21.9%	24.1%	22.4%	22.3%
Worst	14.4%	16.6%	18.3%	18.1%	18.0%
Responses	3442	4201	3439	4484	4002

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



	2021	2022
Your org	46.6%	46.4%
Best	73.8%	71.4%
Average	56.4%	55.6%
Worst	42.4%	42.8%
Responses	4353	3937

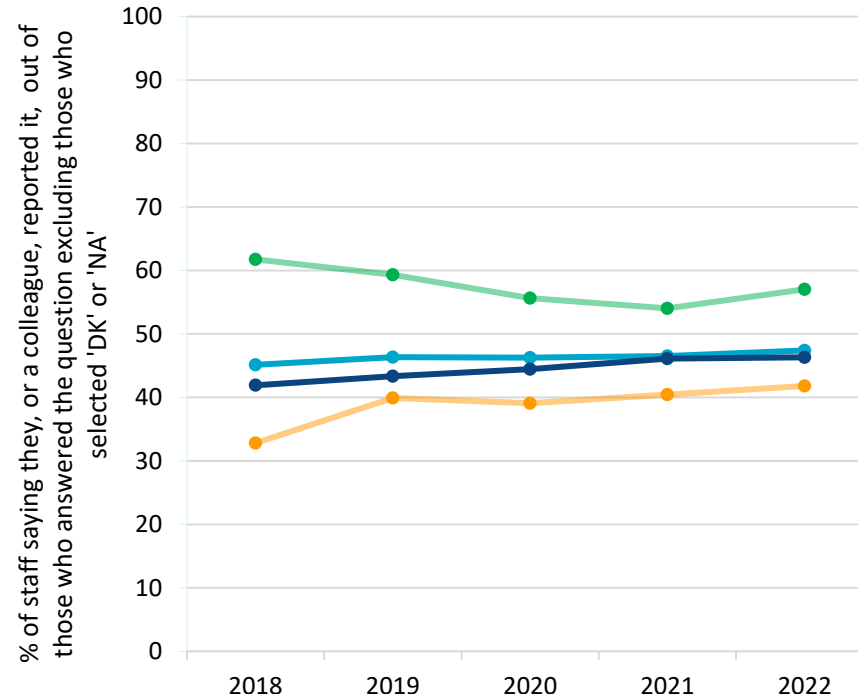
Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2018	2019	2020	2021	2022
Your org	63.9%	67.3%	66.1%	64.4%	67.2%
Best	84.6%	84.9%	84.0%	83.4%	79.1%
Average	65.8%	67.8%	67.8%	66.5%	68.3%
Worst	47.9%	53.1%	56.6%	55.0%	57.0%
Responses	373	503	395	516	470



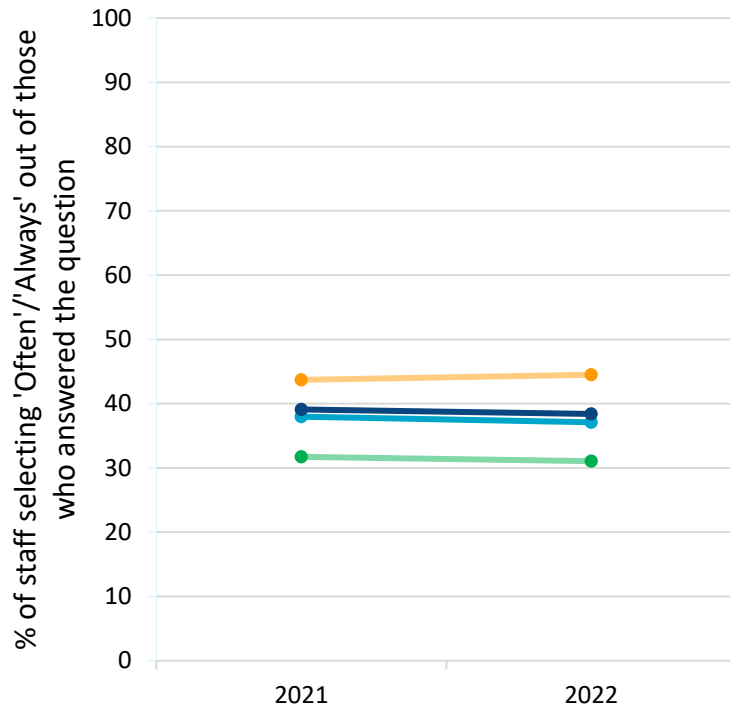
Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



	2018	2019	2020	2021	2022
Your org	41.9%	43.3%	44.5%	46.1%	46.3%
Best	61.7%	59.3%	55.6%	54.0%	57.0%
Average	45.1%	46.4%	46.3%	46.5%	47.4%
Worst	32.8%	39.9%	39.1%	40.5%	41.8%
Responses	1447	1794	1424	1686	1611

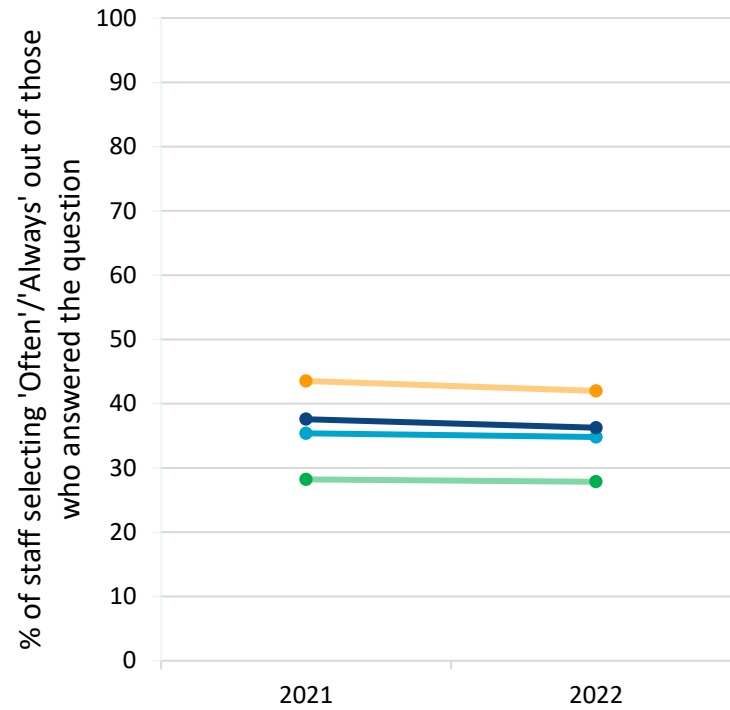


Q12a How often, if at all, do you find your work emotionally exhausting?



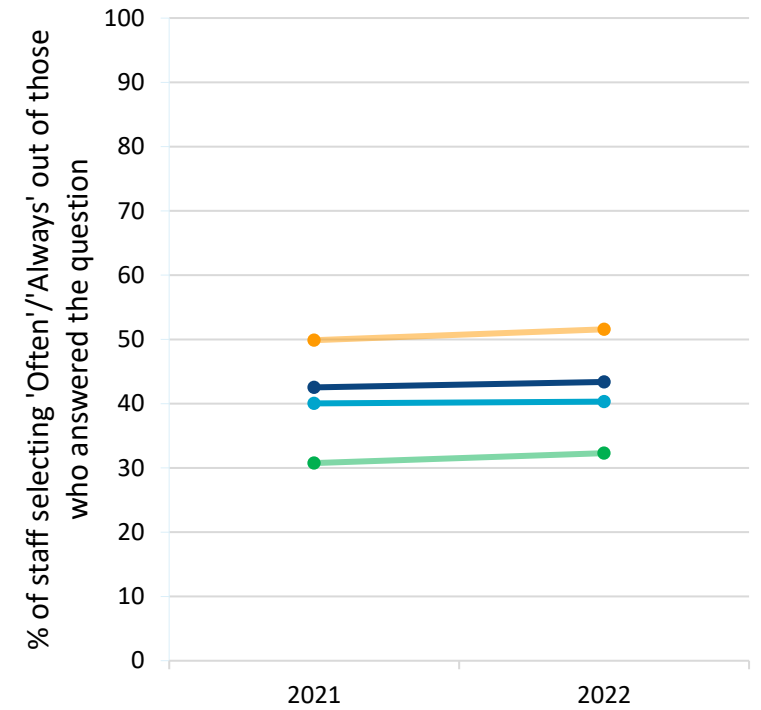
	2021	2022
Your org	39.1%	38.4%
Best	31.7%	31.0%
Average	38.0%	37.1%
Worst	43.7%	44.5%
Responses	4410	4005

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



	2021	2022
Your org	37.6%	36.2%
Best	28.2%	27.9%
Average	35.4%	34.8%
Worst	43.5%	42.0%
Responses	4413	4009

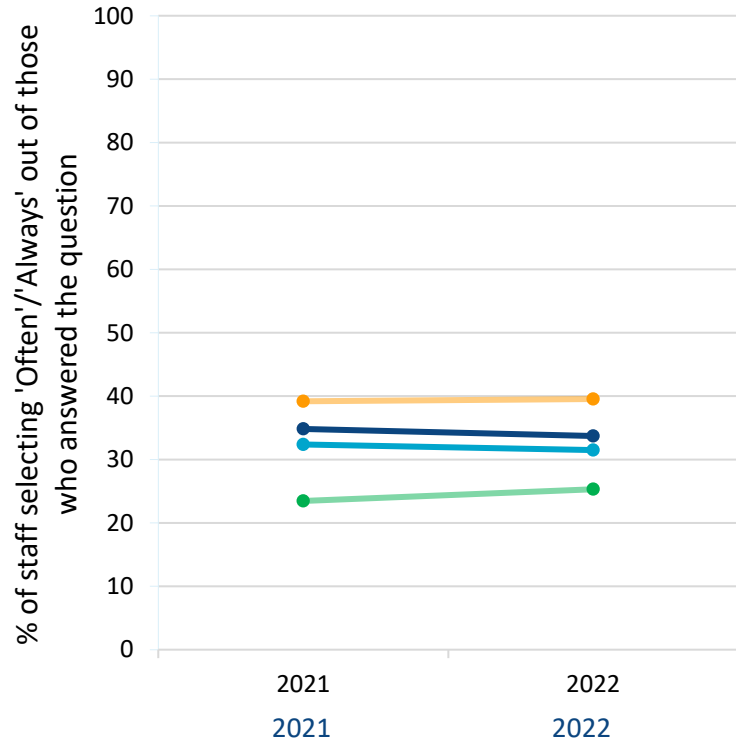
Q12c How often, if at all, does your work frustrate you?



	2021	2022
Your org	42.5%	43.4%
Best	30.8%	32.3%
Average	40.1%	40.3%
Worst	49.9%	51.6%
Responses	4406	4009



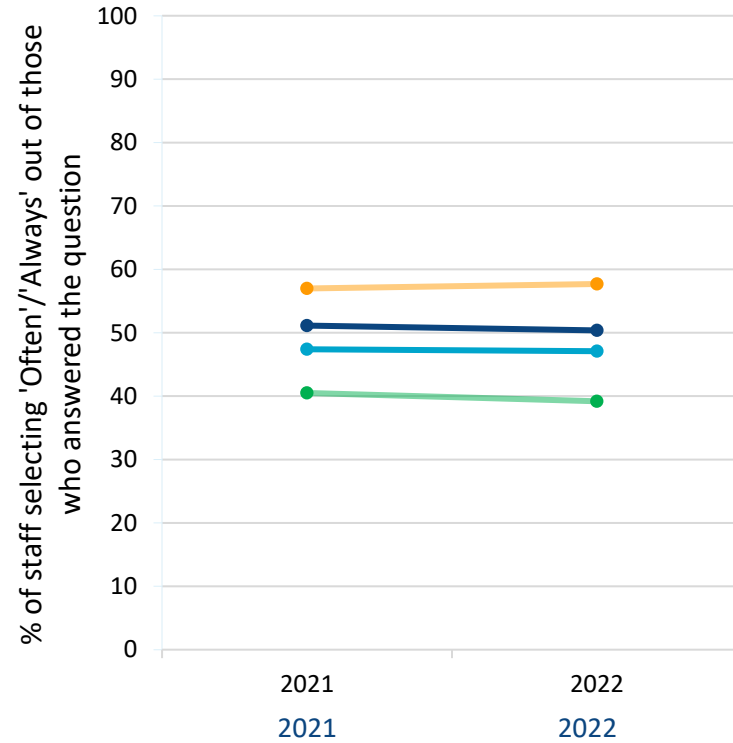
Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



	2021	2022
Your org	34.8%	33.7%
Best	23.5%	25.3%
Average	32.4%	31.5%
Worst	39.2%	39.5%

Responses 4405 4007

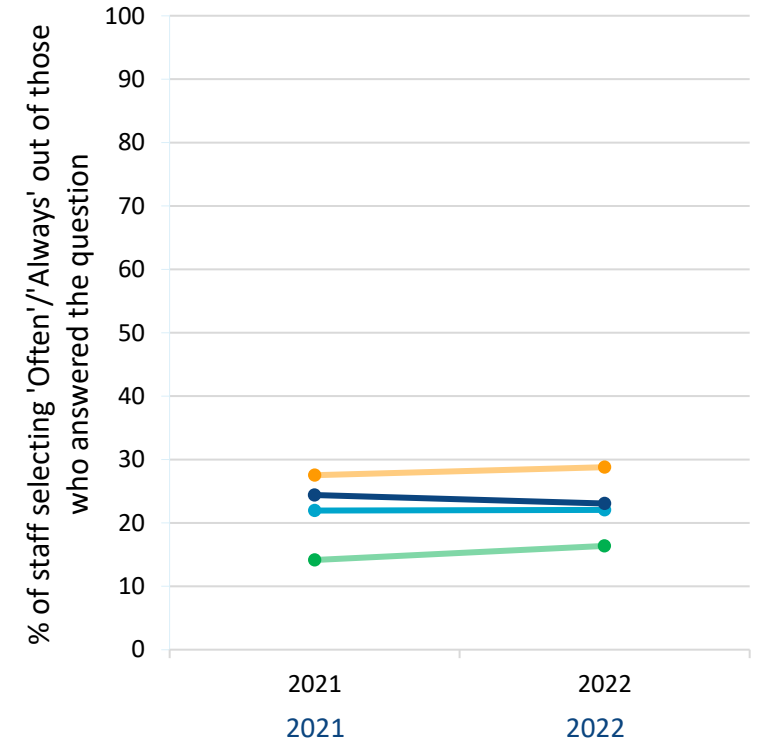
Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



	2021	2022
Your org	51.1%	50.4%
Best	40.5%	39.2%
Average	47.4%	47.1%
Worst	57.0%	57.7%

Responses 4407 4004

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

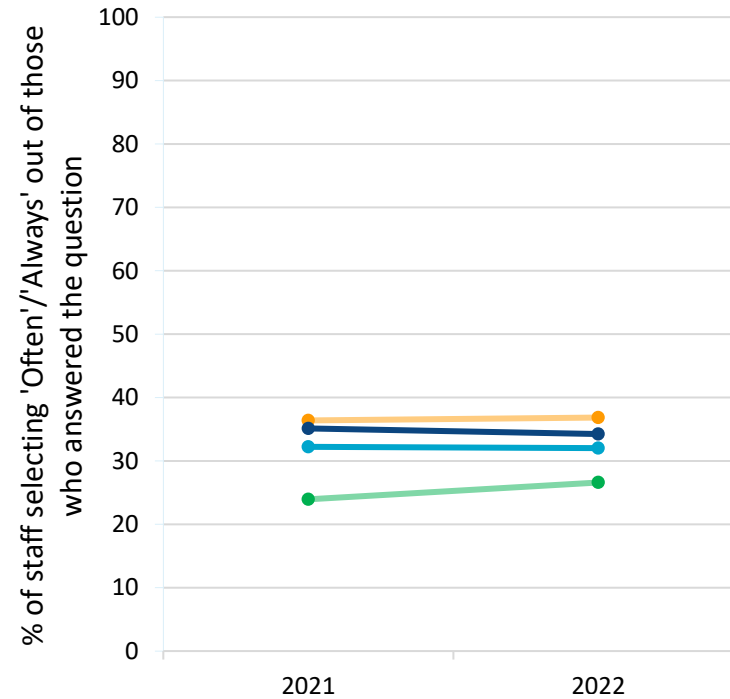


	2021	2022
Your org	24.4%	23.1%
Best	14.2%	16.4%
Average	21.9%	22.0%
Worst	27.5%	28.8%

Responses 4406 4004



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

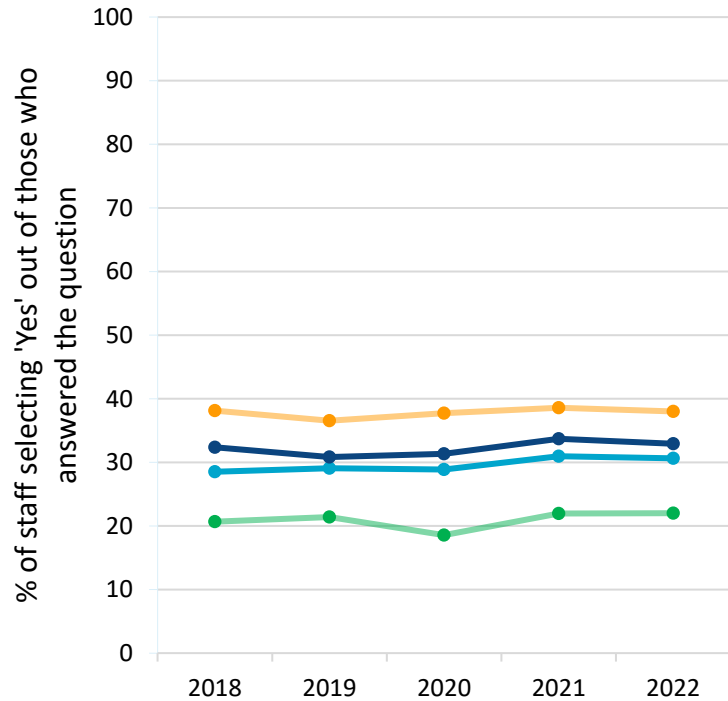


	2021	2022
Your org	35.1%	34.2%
Best	23.9%	26.6%
Average	32.2%	32.0%
Worst	36.4%	36.8%

Responses 4405 4005

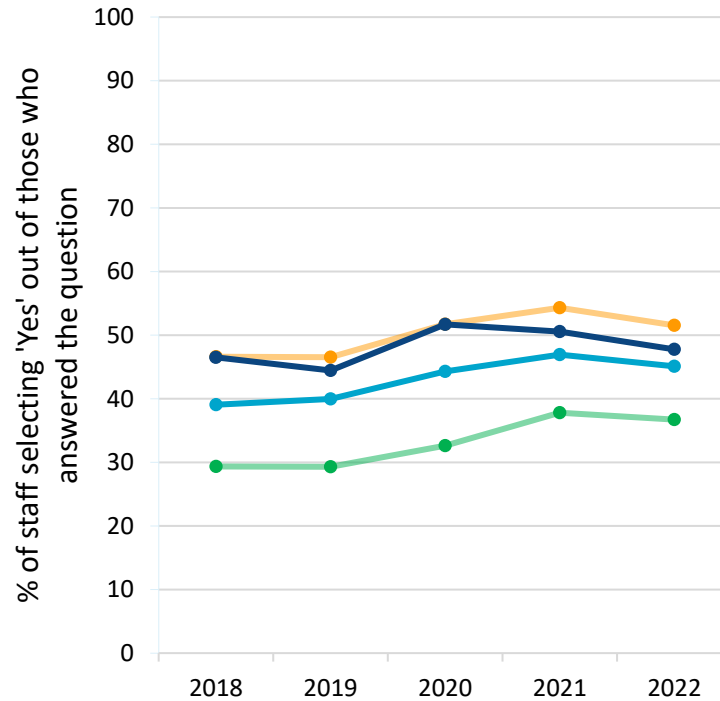


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



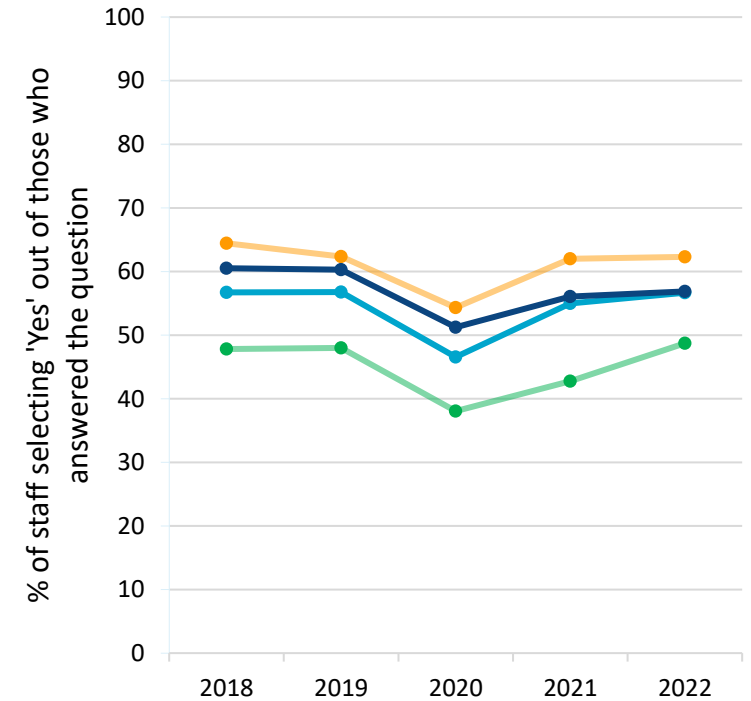
	2018	2019	2020	2021	2022
Your org	32.4%	30.8%	31.3%	33.7%	32.9%
Best	20.7%	21.4%	18.6%	21.9%	22.0%
Average	28.5%	29.1%	28.9%	31.0%	30.6%
Worst	38.1%	36.5%	37.7%	38.6%	38.0%
Responses	3373	4171	3404	4424	4010

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



	2018	2019	2020	2021	2022
Your org	46.5%	44.4%	51.7%	50.6%	47.8%
Best	29.3%	29.3%	32.6%	37.8%	36.7%
Average	39.1%	40.0%	44.3%	46.9%	45.1%
Worst	46.6%	46.5%	51.7%	54.3%	51.5%
Responses	3386	4164	3401	4427	4011

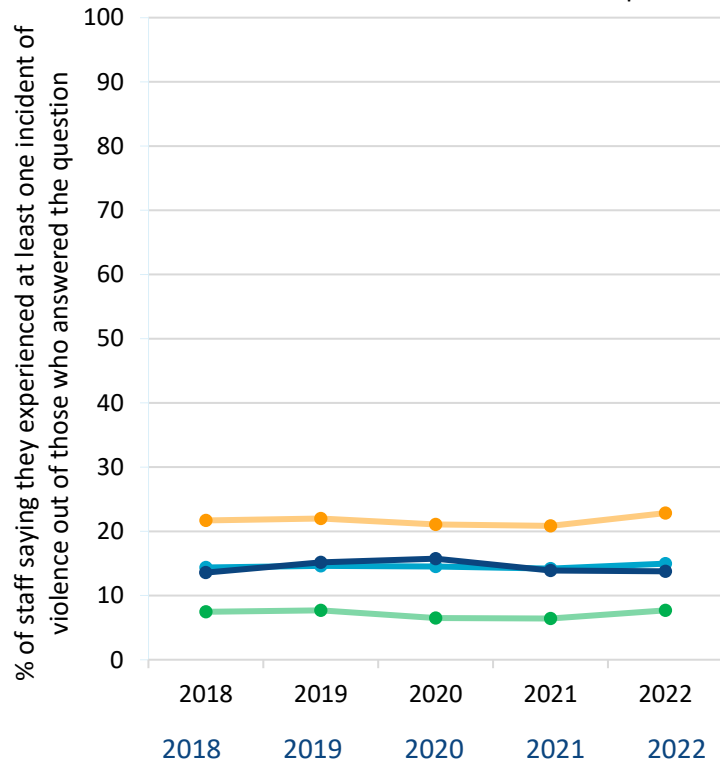
Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



	2018	2019	2020	2021	2022
Your org	60.5%	60.3%	51.2%	56.1%	56.9%
Best	47.8%	48.0%	38.0%	42.8%	48.7%
Average	56.7%	56.8%	46.6%	55.0%	56.7%
Worst	64.5%	62.4%	54.3%	62.0%	62.3%
Responses	3387	4173	3404	4424	4013

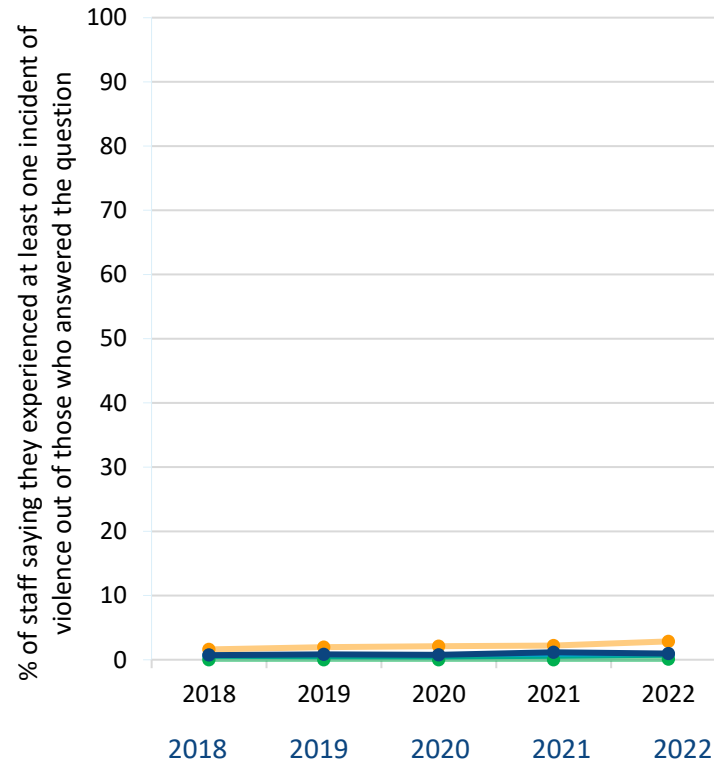


Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



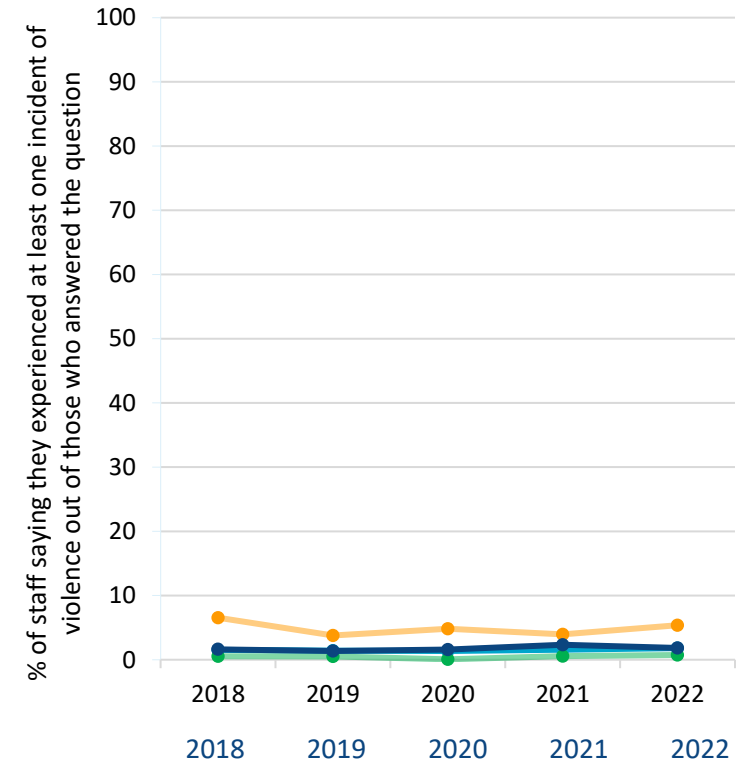
	2018	2019	2020	2021	2022
Your org	13.6%	15.2%	15.7%	13.9%	13.8%
Best	7.5%	7.7%	6.5%	6.4%	7.7%
Average	14.4%	14.6%	14.5%	14.2%	15.0%
Worst	21.7%	22.0%	21.1%	20.8%	22.8%
Responses	3371	4158	3407	4413	3999

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



	2018	2019	2020	2021	2022
Your org	0.7%	0.8%	0.8%	1.2%	1.0%
Best	0.0%	0.0%	0.0%	0.0%	0.1%
Average	0.6%	0.5%	0.5%	0.6%	0.8%
Worst	1.6%	2.0%	2.1%	2.2%	2.9%
Responses	3294	4130	3396	4387	3979

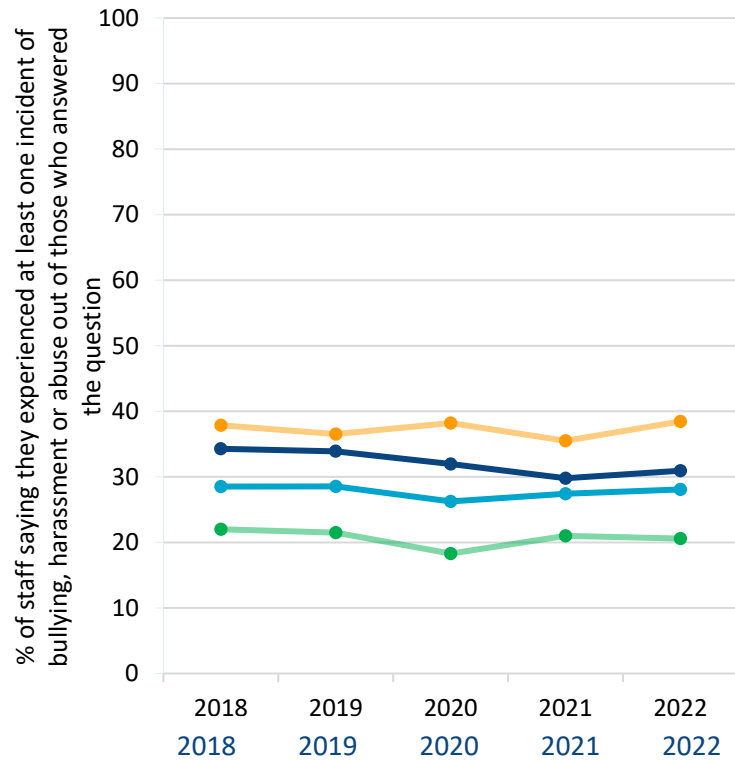
Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.



	2018	2019	2020	2021	2022
Your org	1.6%	1.4%	1.6%	2.3%	1.8%
Best	0.6%	0.5%	0.1%	0.6%	0.7%
Average	1.5%	1.4%	1.4%	1.6%	1.8%
Worst	6.6%	3.8%	4.8%	4.0%	5.4%
Responses	3296	4129	3397	4379	3959

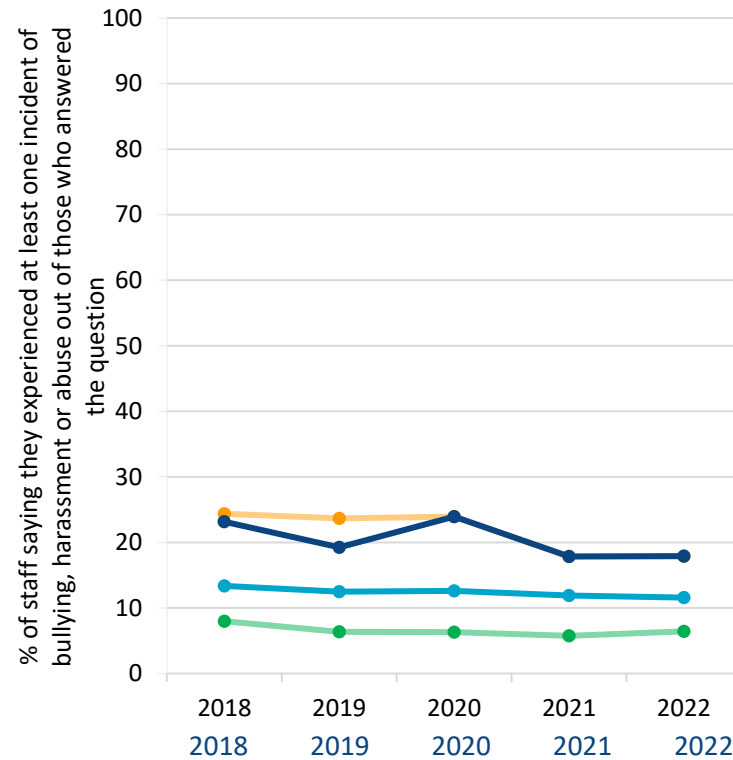


Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



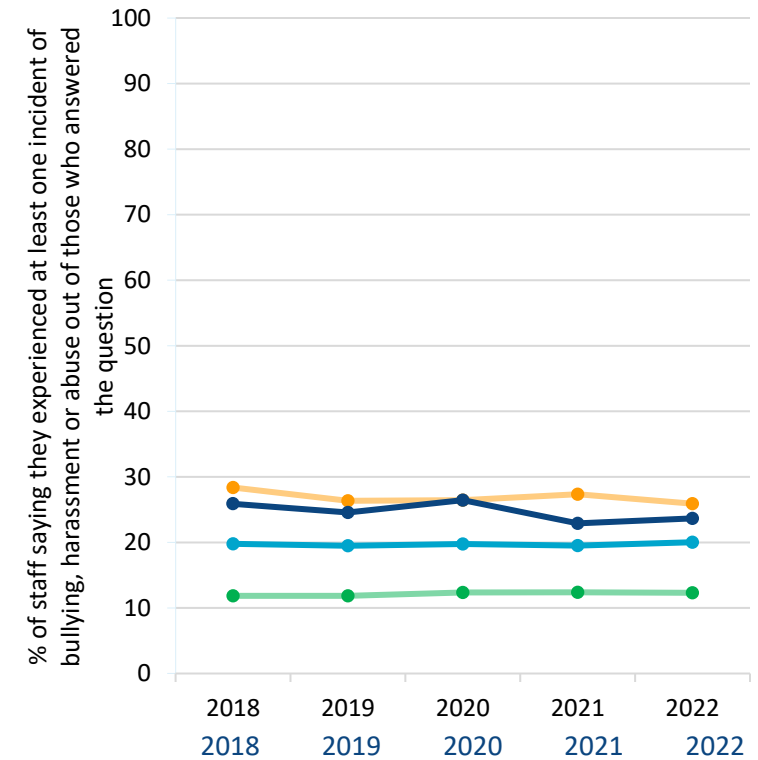
	2018	2019	2020	2021	2022
Your org	34.3%	33.9%	32.0%	29.8%	30.9%
Best	22.0%	21.5%	18.3%	21.0%	20.6%
Average	28.5%	28.5%	26.3%	27.4%	28.1%
Worst	37.9%	36.5%	38.2%	35.5%	38.5%
Responses	3361	4131	3284	4253	3994

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



	2018	2019	2020	2021	2022
Your org	23.1%	19.2%	23.9%	17.8%	17.9%
Best	8.0%	6.4%	6.3%	5.7%	6.4%
Average	13.3%	12.5%	12.6%	11.9%	11.6%
Worst	24.4%	23.7%	23.9%	17.8%	17.9%
Responses	3315	4109	3276	4242	3976

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



	2018	2019	2020	2021	2022
Your org	25.9%	24.6%	26.5%	22.9%	23.7%
Best	11.8%	11.9%	12.4%	12.4%	12.3%
Average	19.8%	19.5%	19.8%	19.5%	20.0%
Worst	28.4%	26.3%	26.5%	27.3%	25.9%
Responses	3299	4121	3284	4222	3977

People Promise element – We are always learning



Questions included:

Development – Q22a, Q22b, Q22c, Q22d, Q22e

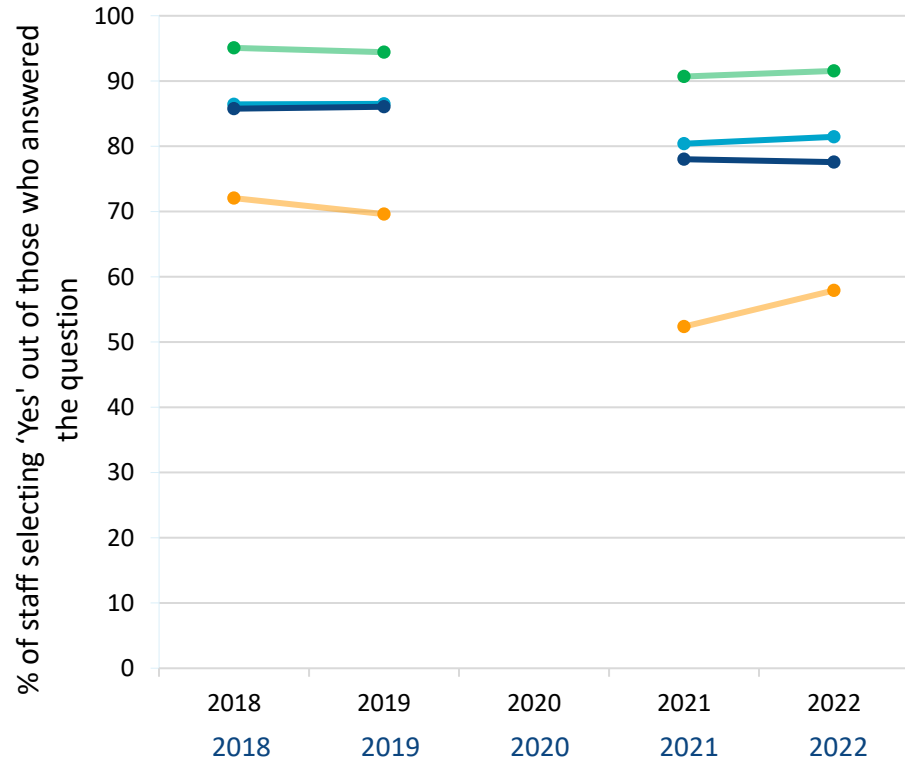
Appraisals – Q21b, Q21c, Q21d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

*Q21a is a filter question and therefore influences the sub-score without being a directly scored question.



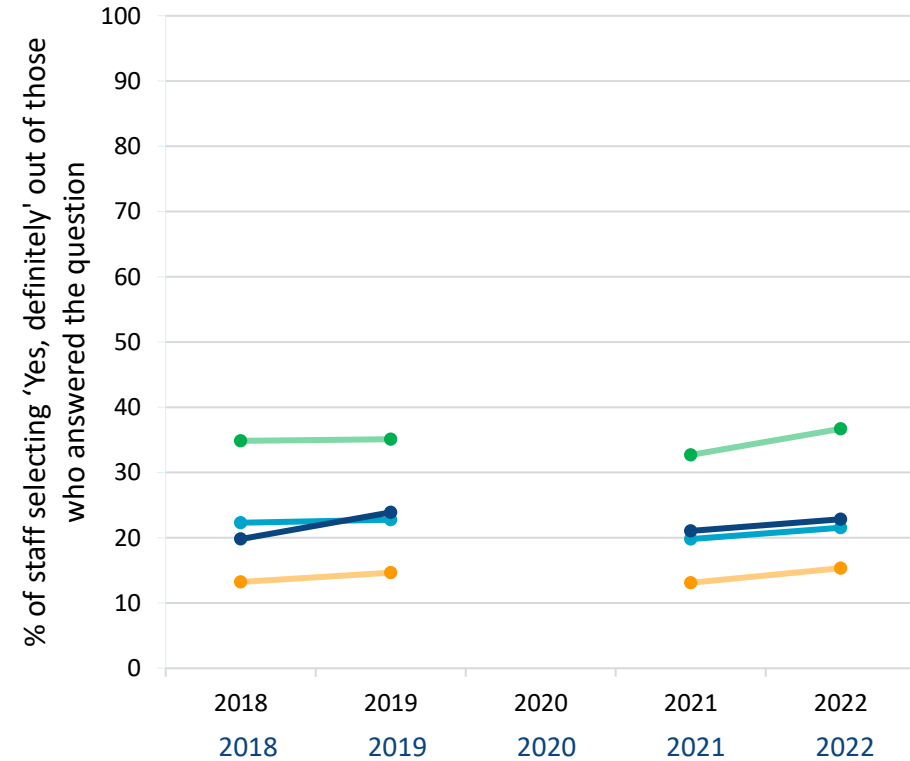
Q21a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



Your org	85.8%	86.0%	-	78.0%	77.6%
Best	95.1%	94.4%	-	90.7%	91.5%
Average	86.4%	86.5%	-	80.4%	81.4%
Worst	72.1%	69.6%	-	52.4%	57.9%

Responses 3328 4084 - 4387 3995

Q21b It helped me to improve how I do my job.

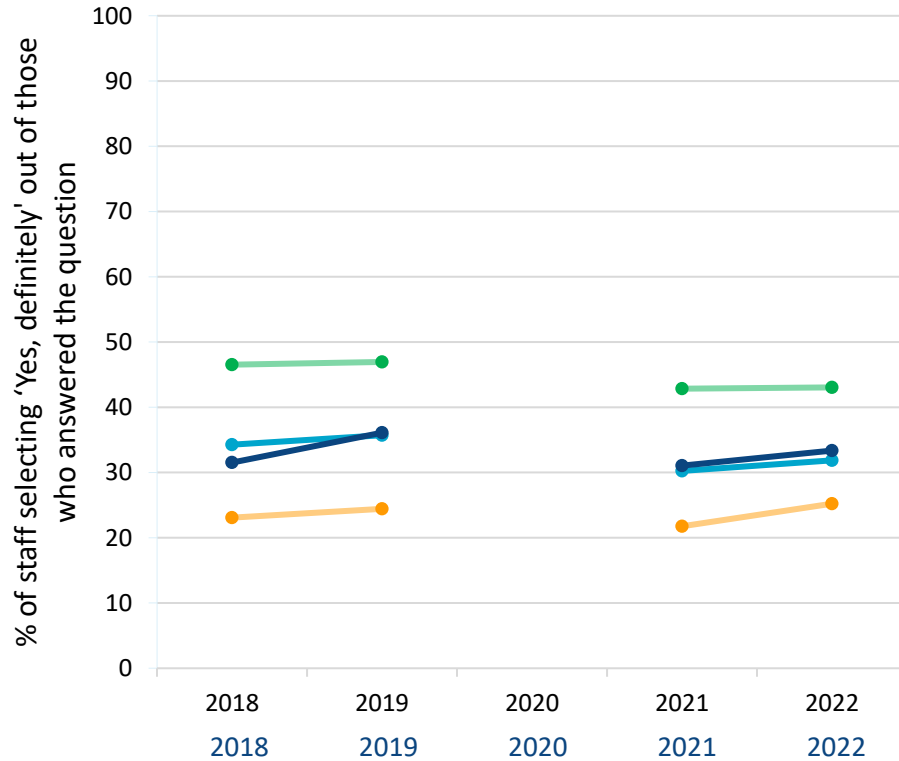


Your org	19.8%	23.9%	-	21.1%	22.8%
Best	34.8%	35.1%	-	32.7%	36.7%
Average	22.3%	22.8%	-	19.8%	21.5%
Worst	13.2%	14.7%	-	13.1%	15.3%

Responses 2817 3510 - 3408 3103



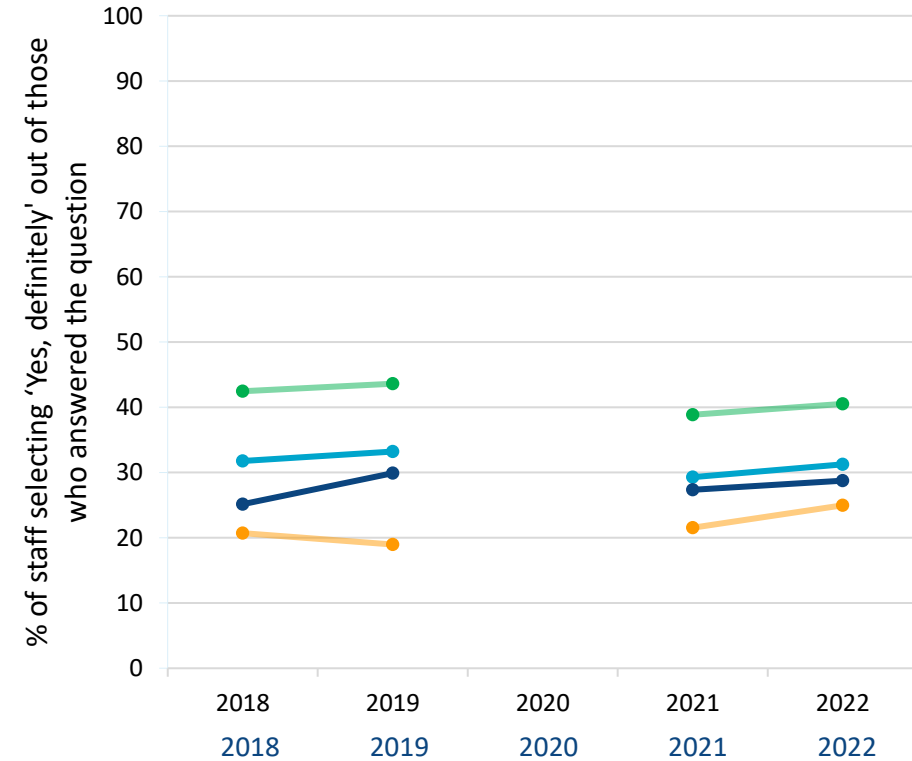
Q21c It helped me agree clear objectives for my work.



Your org	31.5%	36.1%	-	31.0%	33.4%
Best	46.5%	46.9%	-	42.8%	43.0%
Average	34.3%	35.7%	-	30.2%	31.9%
Worst	23.1%	24.4%	-	21.8%	25.2%

Responses 2820 3507 - 3411 3105

Q21d It left me feeling that my work is valued by my organisation.

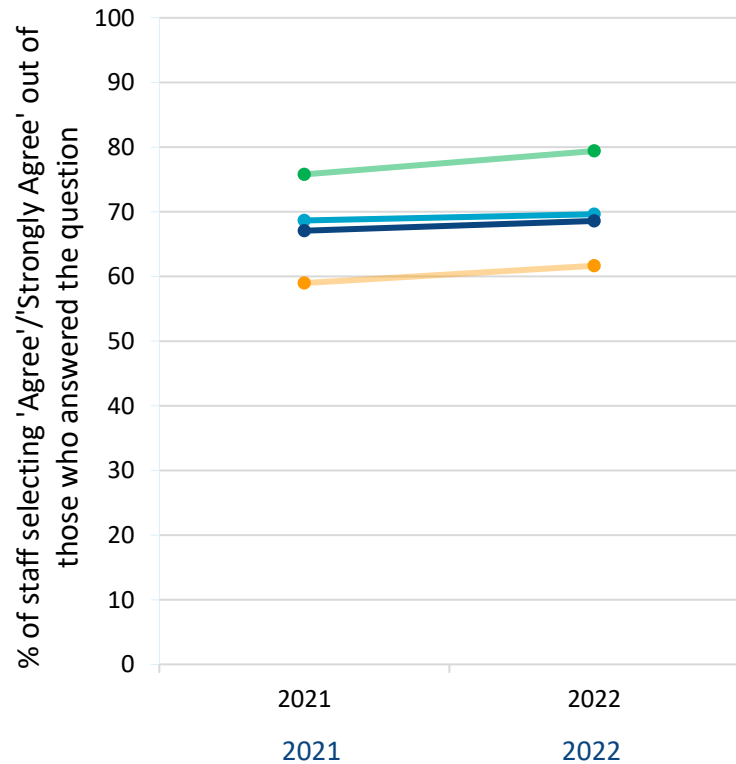


Your org	25.1%	29.9%	-	27.4%	28.7%
Best	42.4%	43.6%	-	38.9%	40.5%
Average	31.8%	33.2%	-	29.3%	31.3%
Worst	20.7%	19.0%	-	21.5%	25.0%

Responses 2815 3504 - 3406 3104



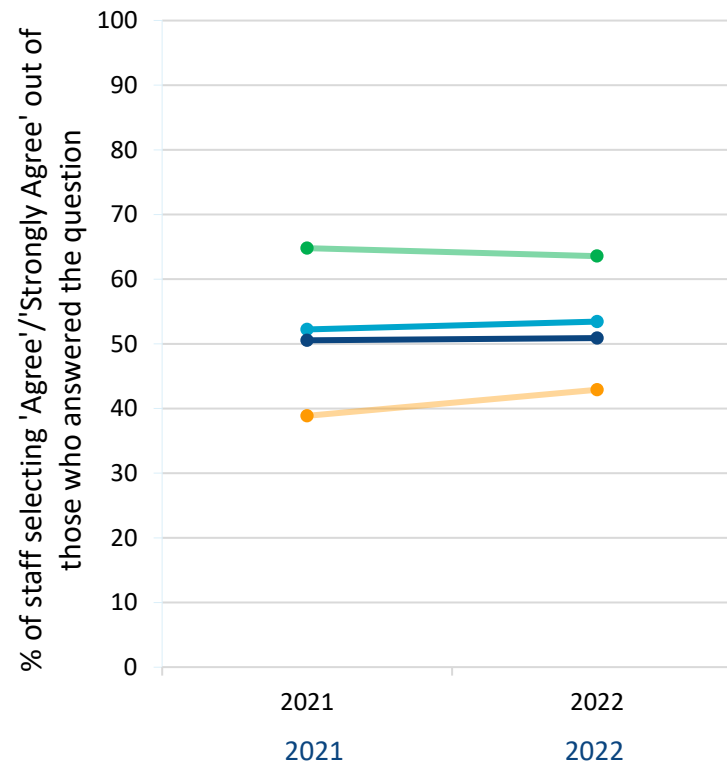
Q22a This organisation offers me challenging work.



Your org	67.1%	68.6%
Best	75.8%	79.4%
Average	68.7%	69.6%
Worst	59.0%	61.7%

Responses 4356 3992

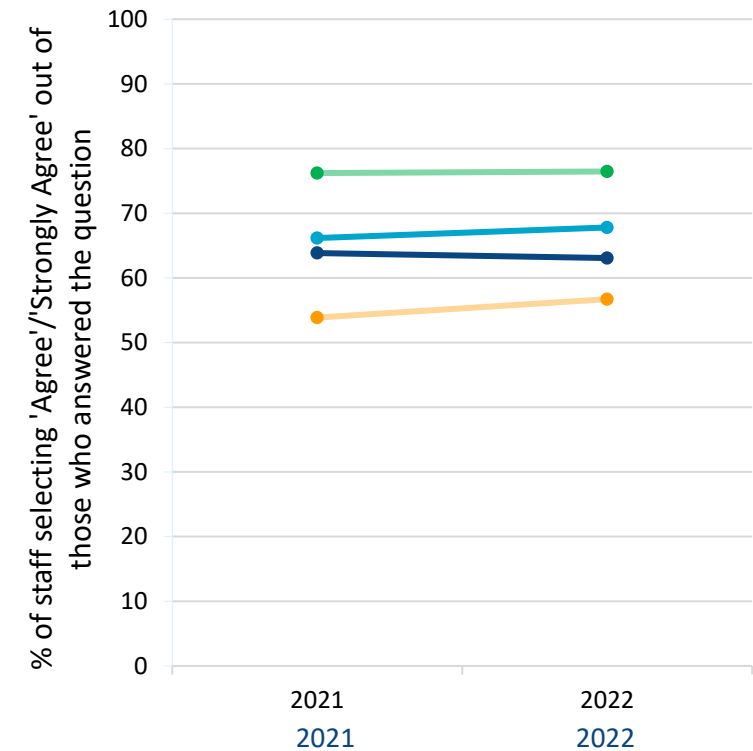
Q22b There are opportunities for me to develop my career in this organisation.



Your org	50.5%	50.9%
Best	64.8%	63.6%
Average	52.2%	53.4%
Worst	38.9%	42.9%

Responses 4367 3998

Q22c I have opportunities to improve my knowledge and skills.

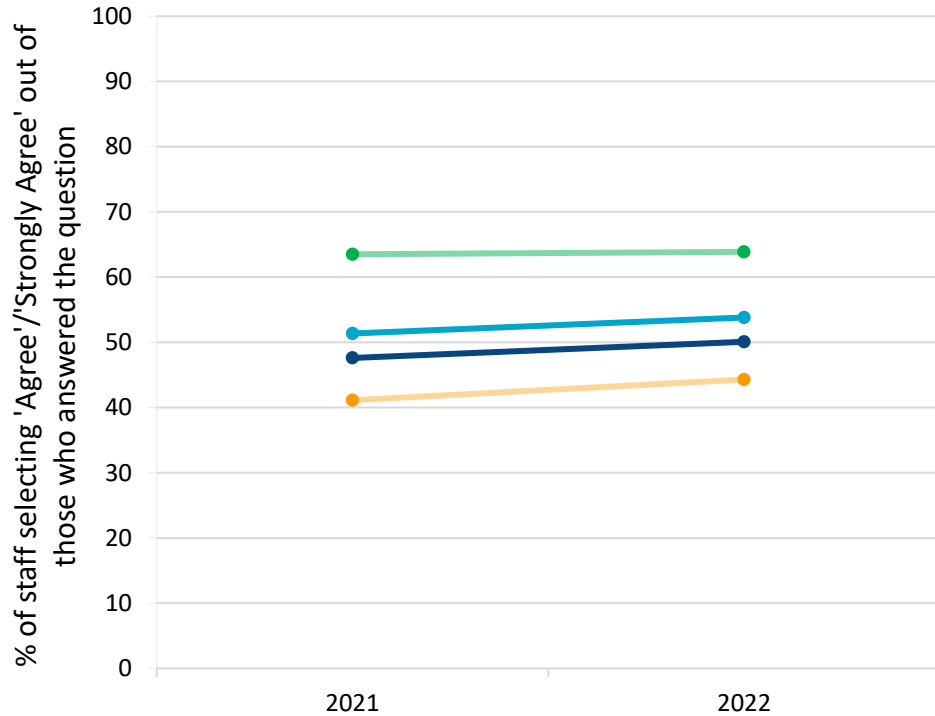


Your org	63.8%	63.1%
Best	76.2%	76.5%
Average	66.2%	67.8%
Worst	53.9%	56.7%

Responses 4364 3995



Q22d I feel supported to develop my potential.



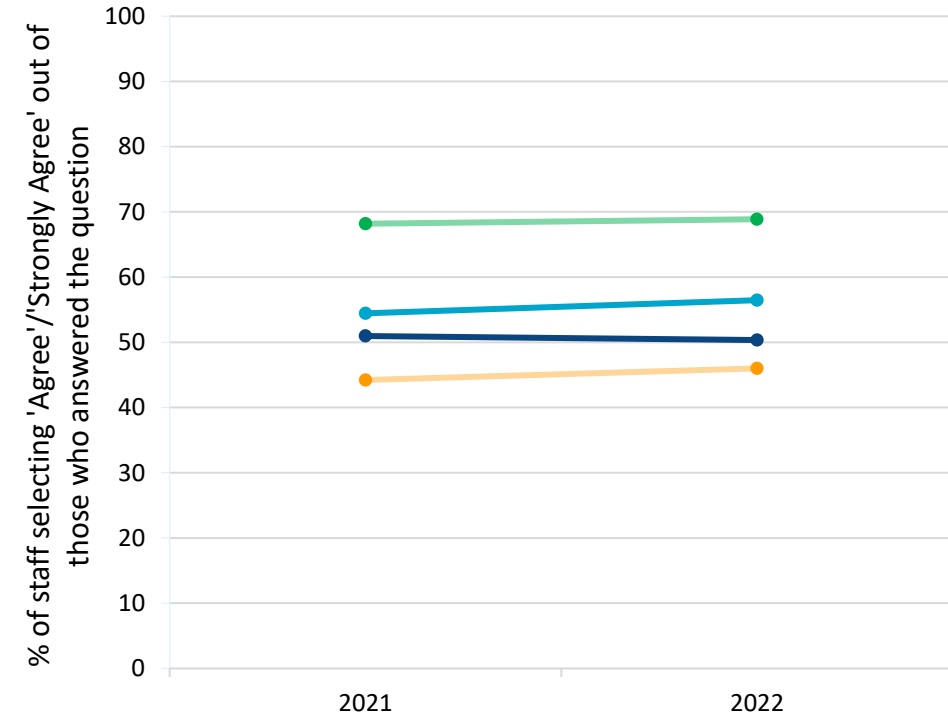
	2021	2022
Your org	47.6%	50.1%
Best	63.5%	63.9%
Average	51.4%	53.8%
Worst	41.1%	44.3%

Responses

4361

3995

Q22e I am able to access the right learning and development opportunities when I need to.



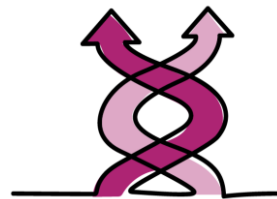
	2021	2022
Your org	51.0%	50.3%
Best	68.2%	68.9%
Average	54.4%	56.4%
Worst	44.2%	46.0%

Responses

4359

3995

People Promise element – We work flexibly



Questions included:

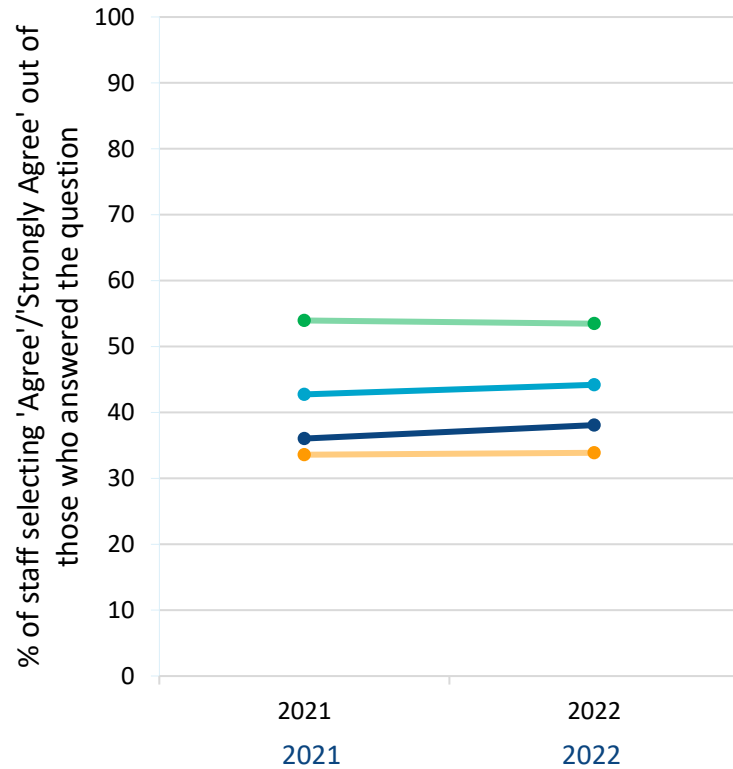
Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



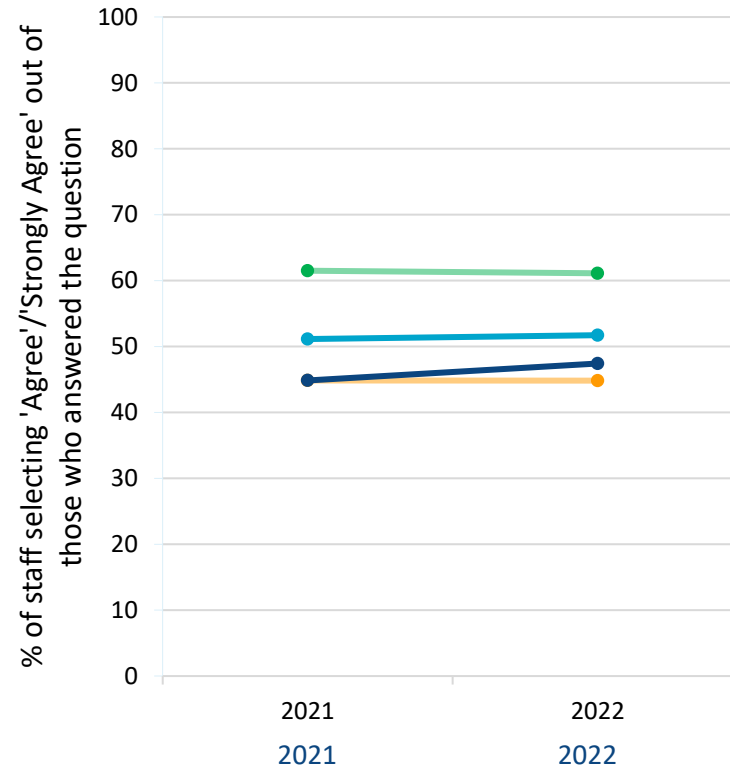
Q6b My organisation is committed to helping me balance my work and home life.



Your org	36.0%	38.1%
Best	54.0%	53.5%
Average	42.7%	44.2%
Worst	33.6%	33.9%

Responses 4491 4015

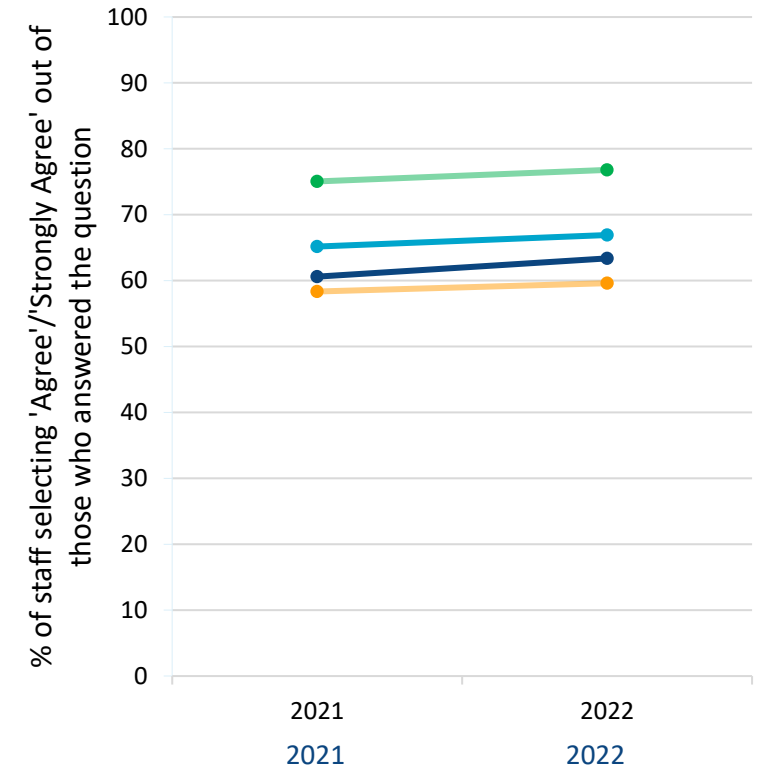
Q6c I achieve a good balance between my work life and my home life.



Your org	44.9%	47.4%
Best	61.5%	61.1%
Average	51.1%	51.7%
Worst	44.9%	44.8%

Responses 4490 4016

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

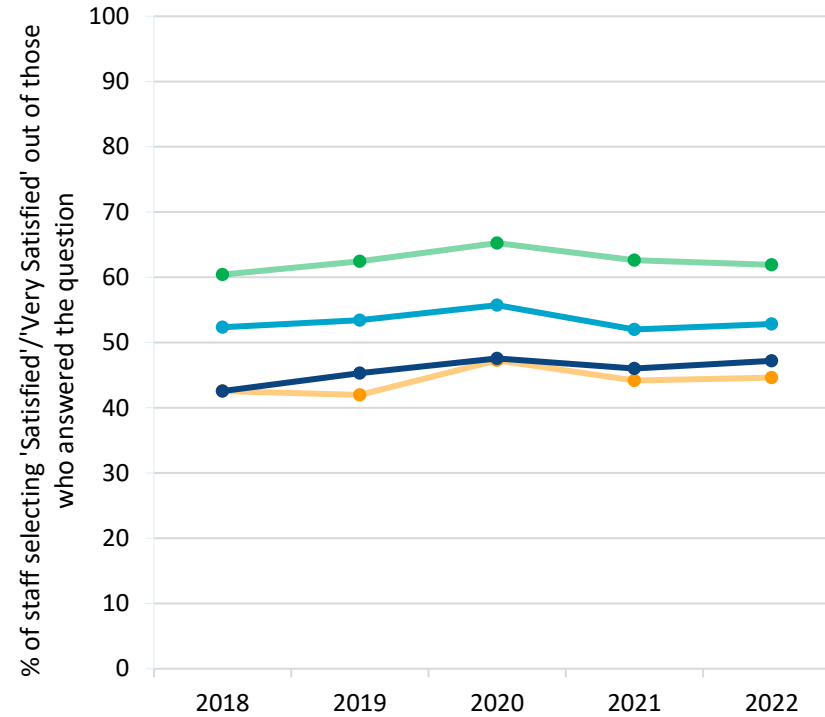


Your org	60.6%	63.4%
Best	75.0%	76.8%
Average	65.2%	66.9%
Worst	58.4%	59.6%

Responses 4492 4016

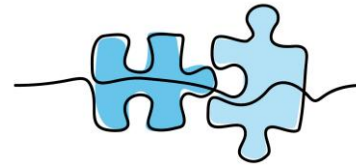


Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2018	2019	2020	2021	2022
Your org	42.5%	45.3%	47.6%	46.0%	47.2%
Best	60.4%	62.4%	65.2%	62.6%	61.9%
Average	52.3%	53.4%	55.7%	52.0%	52.8%
Worst	42.5%	42.0%	47.3%	44.2%	44.6%
Responses	3433	4204	3438	4509	4012

People Promise element – We are a team

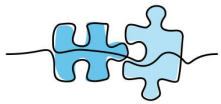


Questions included:

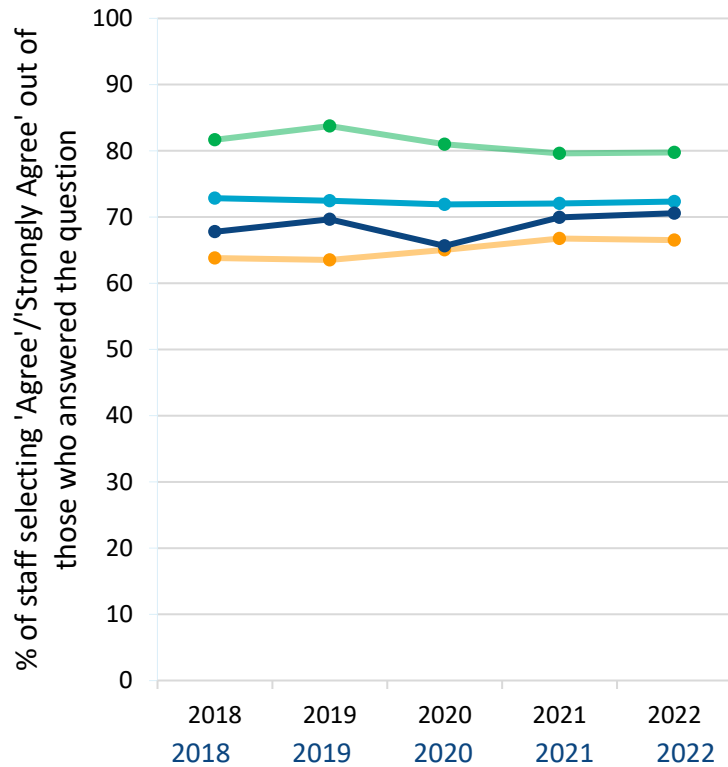
Teamworking – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

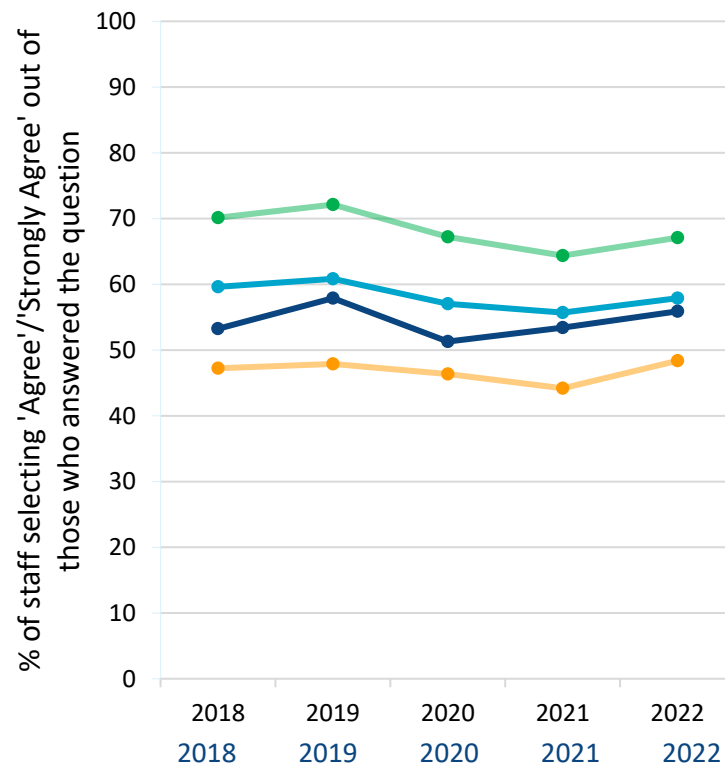


Q7a The team I work in has a set of shared objectives.



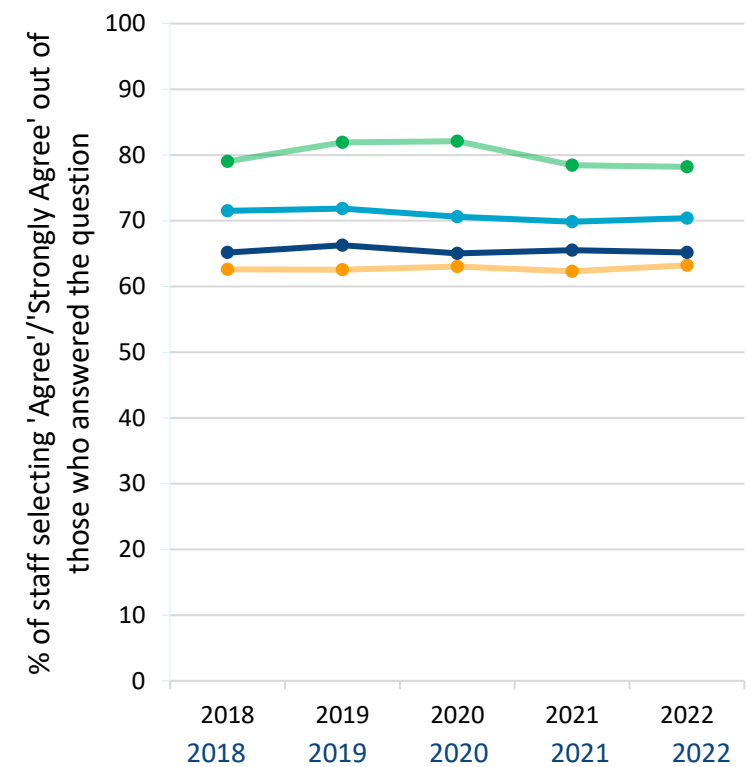
Your org	67.8%	69.7%	65.7%	69.9%	70.6%
Best	81.7%	83.8%	81.0%	79.6%	79.8%
Average	72.8%	72.5%	71.9%	72.1%	72.3%
Worst	63.8%	63.5%	65.0%	66.8%	66.5%
Responses	3478	4227	3442	4461	4008

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

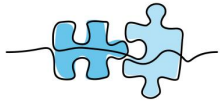


Your org	53.2%	57.9%	51.3%	53.4%	55.9%
Best	70.1%	72.1%	67.2%	64.4%	67.1%
Average	59.6%	60.8%	57.0%	55.7%	57.9%
Worst	47.2%	47.9%	46.4%	44.2%	48.4%
Responses	3484	4258	3457	4471	4013

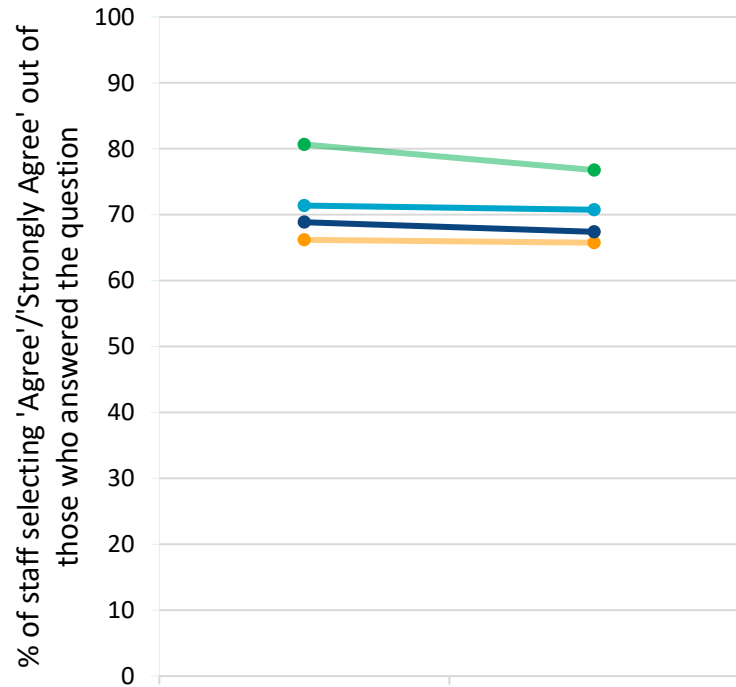
Q7c I receive the respect I deserve from my colleagues at work.



Your org	65.2%	66.3%	65.0%	65.5%	65.2%
Best	79.0%	81.9%	82.1%	78.4%	78.2%
Average	71.5%	71.8%	70.6%	69.9%	70.4%
Worst	62.6%	62.5%	63.0%	62.3%	63.2%
Responses	3489	4265	3465	4473	4012

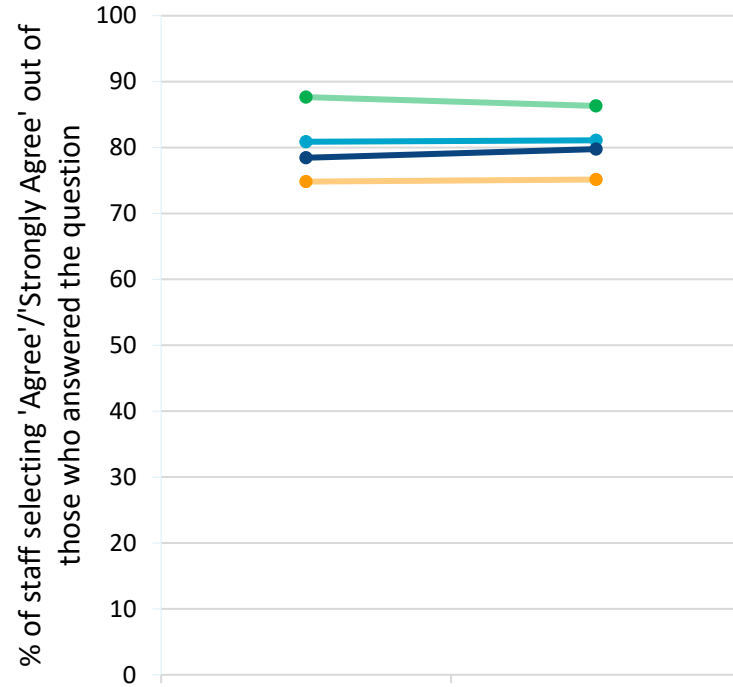


Q7d Team members understand each other's roles.



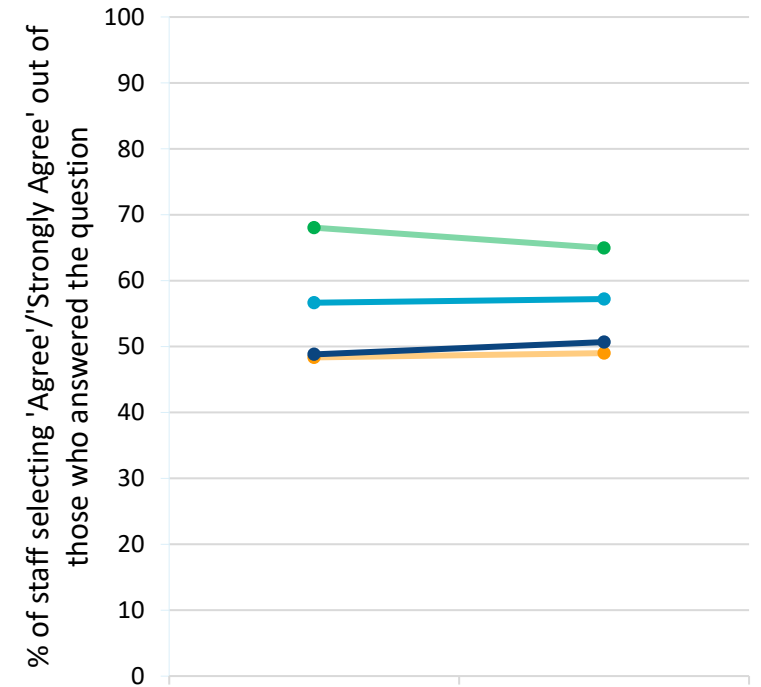
	2021	2022
Your org	68.9%	67.4%
Best	80.6%	76.8%
Average	71.4%	70.7%
Worst	66.2%	65.8%
Responses	4473	4014

Q7e I enjoy working with the colleagues in my team.

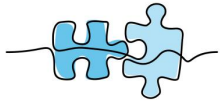


	2021	2022
Your org	78.4%	79.8%
Best	87.6%	86.3%
Average	80.9%	81.1%
Worst	74.8%	75.1%
Responses	4469	4011

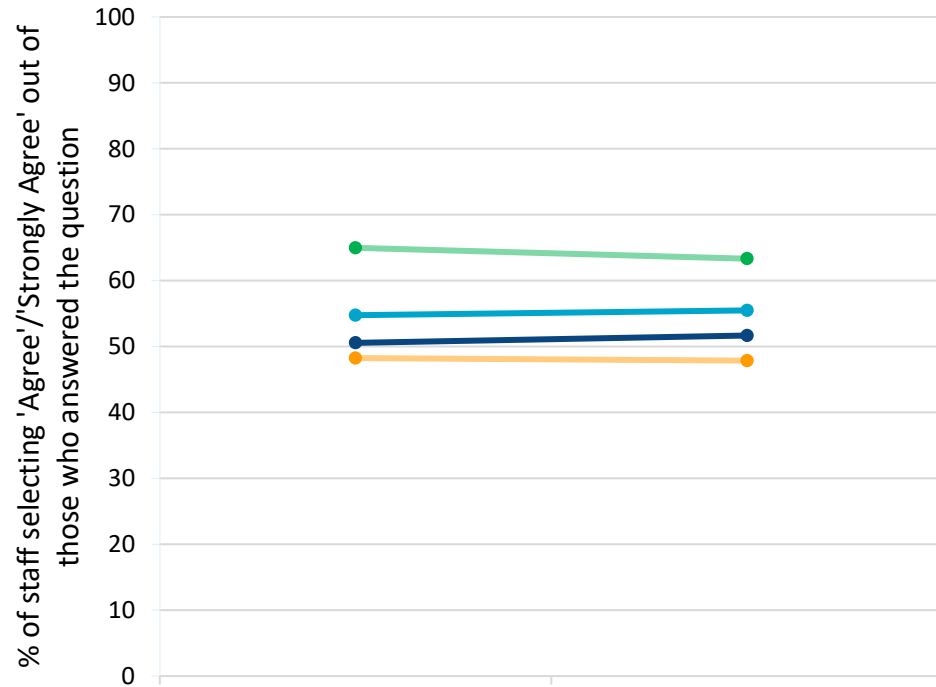
Q7f My team has enough freedom in how to do its work.



	2021	2022
Your org	48.8%	50.7%
Best	68.0%	64.9%
Average	56.6%	57.2%
Worst	48.3%	49.0%
Responses	4470	4009



Q7g In my team disagreements are dealt with constructively.



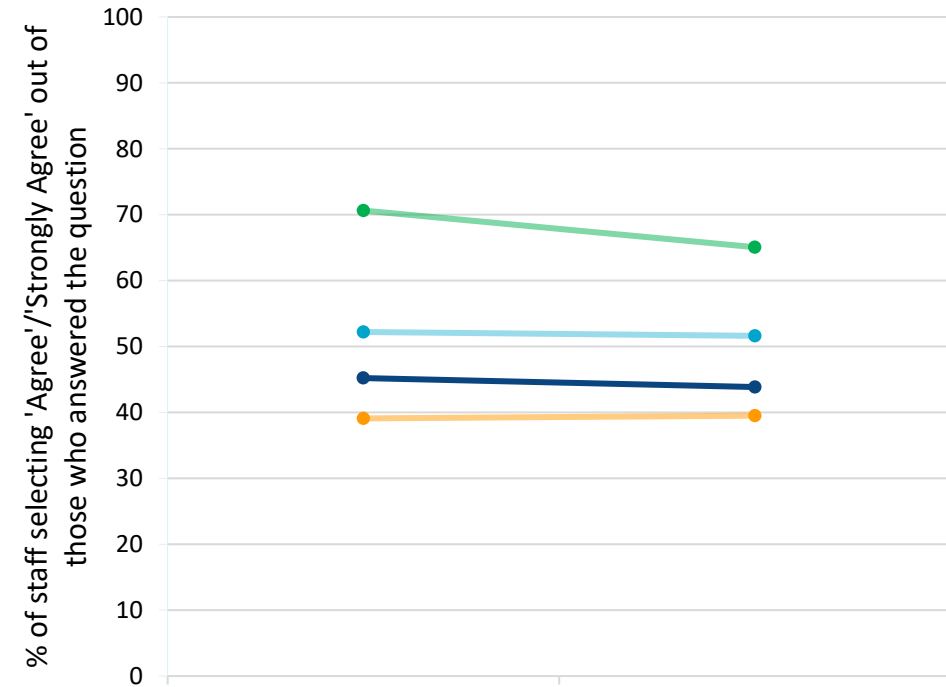
	2021	2022
Your org	50.6%	51.7%
Best	65.0%	63.3%
Average	54.8%	55.5%
Worst	48.2%	47.9%

Responses

4460

4010

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

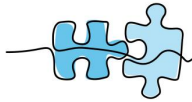


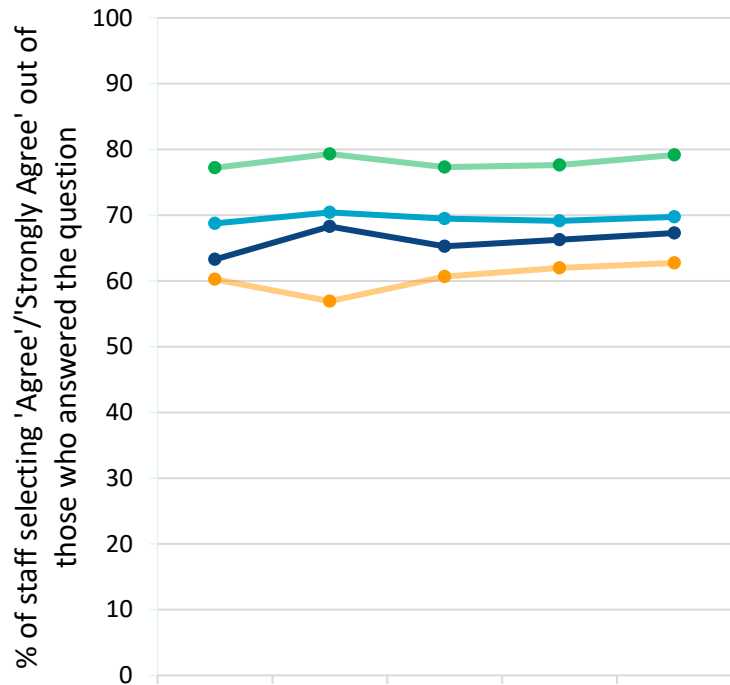
	2021	2022
Your org	45.2%	43.9%
Best	70.6%	65.1%
Average	52.2%	51.6%
Worst	39.1%	39.5%

Responses

4451

4009

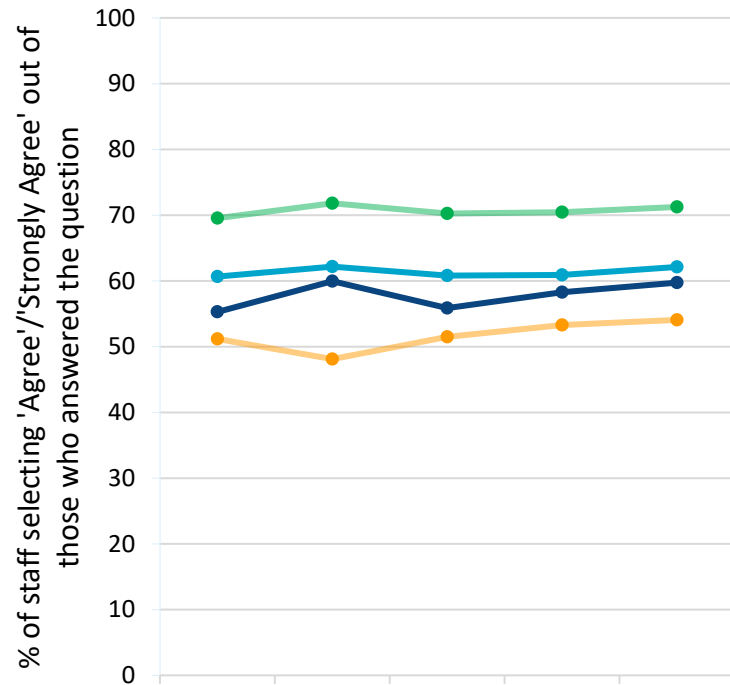
 Q9a My immediate manager encourages me at work.



	2018	2019	2020	2021	2022
Your org	63.3%	68.3%	65.3%	66.3%	67.3%
Best	77.2%	79.3%	77.3%	77.6%	79.2%
Average	68.7%	70.4%	69.5%	69.1%	69.7%
Worst	60.3%	56.9%	60.7%	62.0%	62.7%

Responses 3406 4169 3412 4433 4012

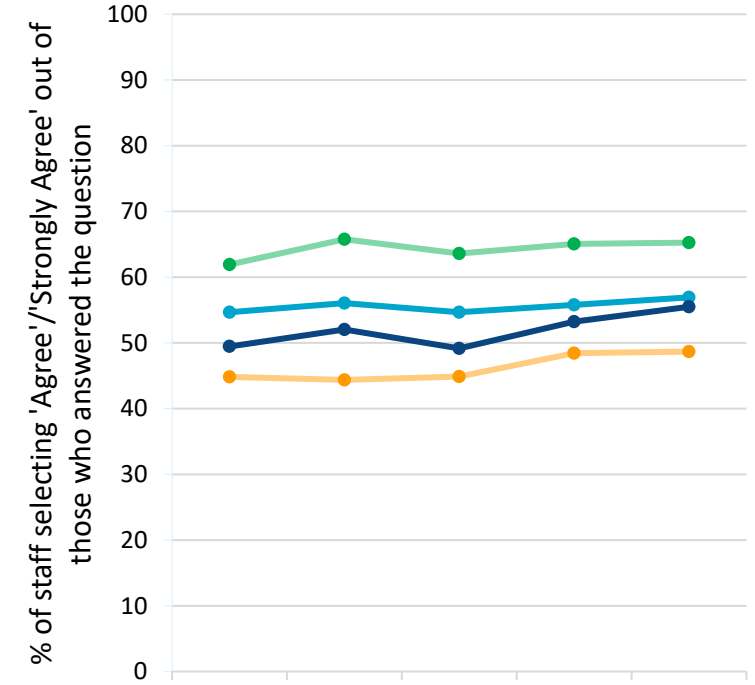
Q9b My immediate manager gives me clear feedback on my work.



	2018	2019	2020	2021	2022
Your org	55.3%	60.0%	55.9%	58.3%	59.8%
Best	69.5%	71.8%	70.3%	70.4%	71.3%
Average	60.7%	62.2%	60.8%	60.9%	62.1%
Worst	51.2%	48.1%	51.5%	53.3%	54.1%

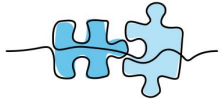
Responses 3397 4163 3408 4433 4003

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

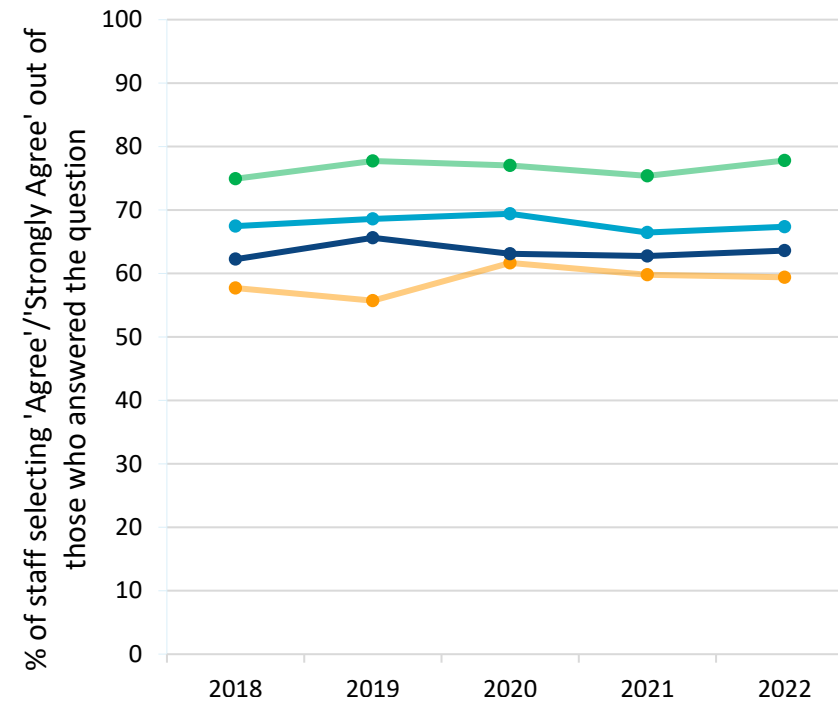


	2018	2019	2020	2021	2022
Your org	49.5%	52.0%	49.2%	53.2%	55.5%
Best	61.9%	65.8%	63.6%	65.1%	65.3%
Average	54.7%	56.0%	54.7%	55.8%	56.9%
Worst	44.8%	44.4%	44.9%	48.4%	48.7%

Responses 3397 4169 3408 4430 4008



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



	2018	2019	2020	2021	2022
Your org	62.3%	65.6%	63.1%	62.7%	63.6%
Best	74.9%	77.7%	77.0%	75.4%	77.8%
Average	67.5%	68.6%	69.4%	66.4%	67.4%
Worst	57.7%	55.7%	61.7%	59.8%	59.4%
Responses	3400	4167	3412	4432	4011

East Kent Hospitals University NHS Foundation Trust Benchmark report

Theme – Staff engagement

Questions included:

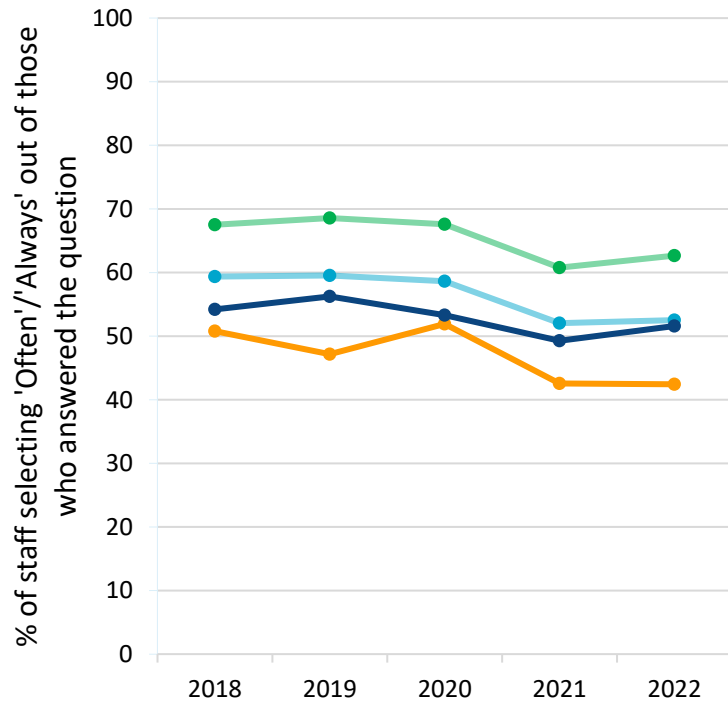
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q23a, Q23c, Q23d

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

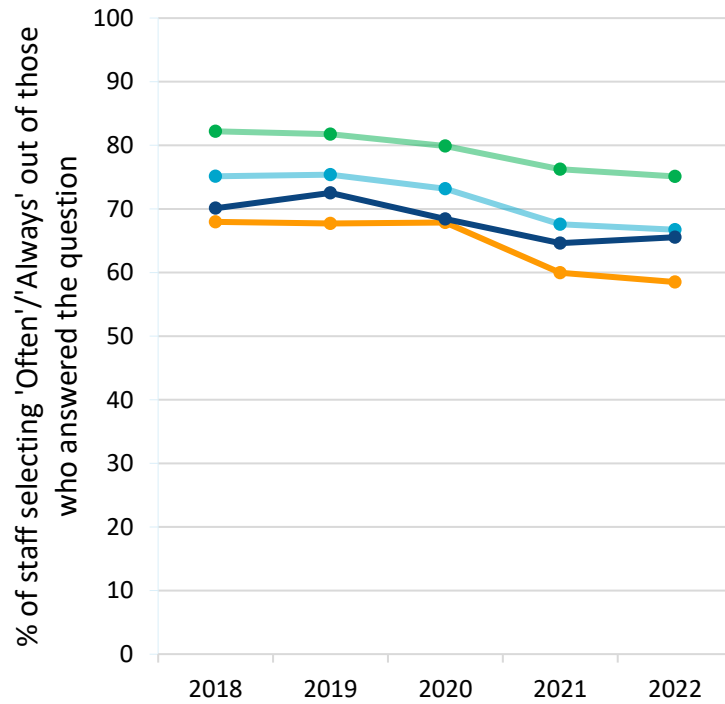
Q2a I look forward to going to work.



	2018	2019	2020	2021	2022
Your org	54.2%	56.2%	53.3%	49.3%	51.6%
Best	67.5%	68.6%	67.6%	60.8%	62.7%
Average	59.4%	59.5%	58.6%	52.0%	52.5%
Worst	50.8%	47.2%	51.9%	42.5%	42.4%

Responses 3501 4249 3524 4549 4005

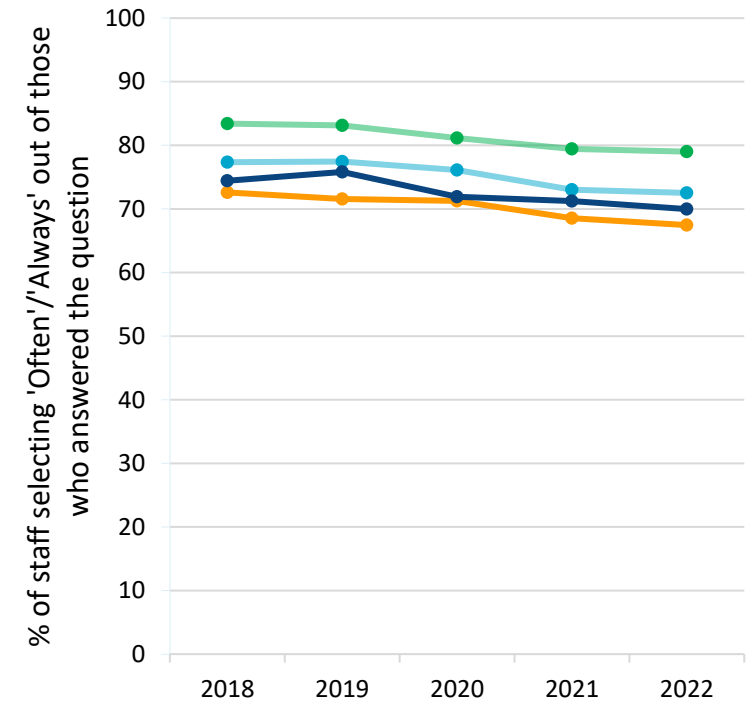
Q2b I am enthusiastic about my job.



	2018	2019	2020	2021	2022
Your org	70.1%	72.5%	68.4%	64.6%	65.6%
Best	82.2%	81.7%	79.9%	76.2%	75.1%
Average	75.1%	75.4%	73.2%	67.6%	66.7%
Worst	68.0%	67.7%	67.9%	60.0%	58.5%

Responses 3467 4245 3504 4535 3992

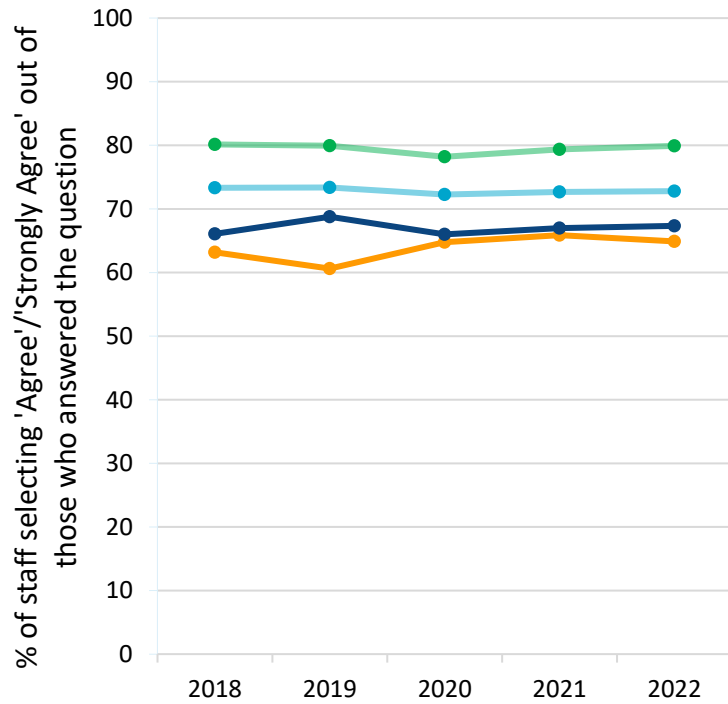
Q2c Time passes quickly when I am working.



	2018	2019	2020	2021	2022
Your org	74.4%	75.8%	71.9%	71.2%	70.0%
Best	83.4%	83.1%	81.1%	79.4%	79.0%
Average	77.3%	77.4%	76.1%	73.0%	72.5%
Worst	72.6%	71.6%	71.3%	68.5%	67.5%

Responses 3460 4247 3513 4544 3997

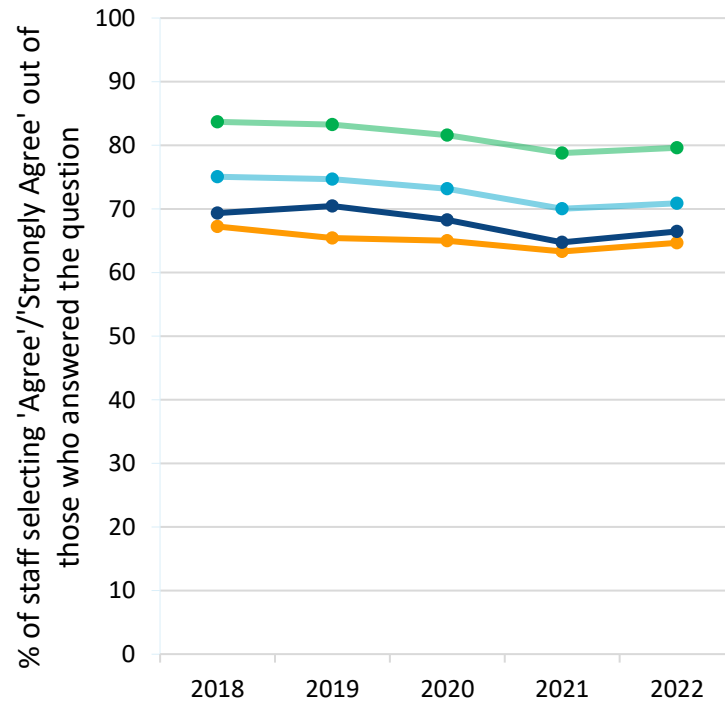
Q3c There are frequent opportunities for me to show initiative in my role.



	2018	2019	2020	2021	2022
Your org	66.1%	68.8%	66.0%	67.0%	67.3%
Best	80.1%	79.9%	78.2%	79.3%	79.9%
Average	73.3%	73.4%	72.3%	72.7%	72.8%
Worst	63.2%	60.6%	64.8%	65.9%	64.9%

Responses 3505 4267 3459 4520 4010

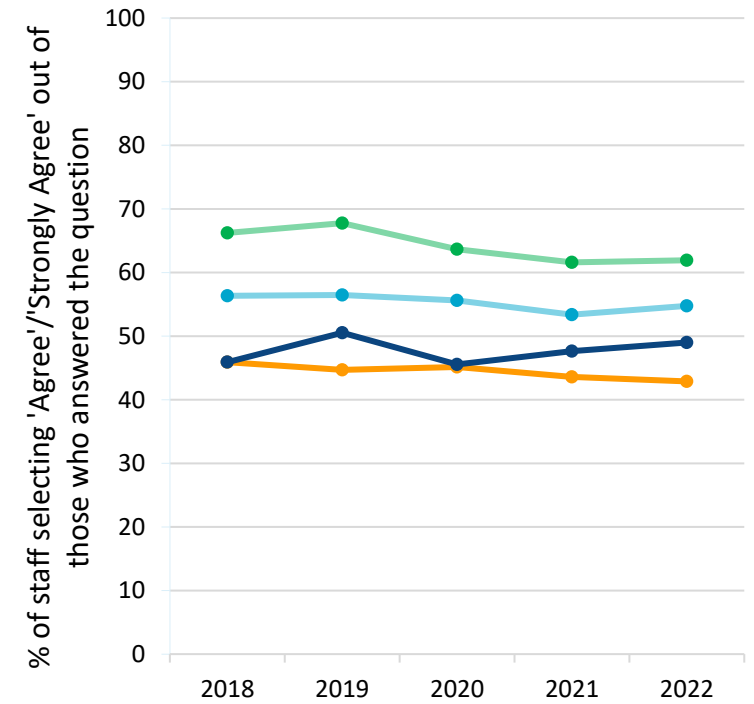
Q3d I am able to make suggestions to improve the work of my team / department.



	2018	2019	2020	2021	2022
Your org	69.3%	70.4%	68.3%	64.7%	66.4%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%

Responses 3502 4265 3461 4519 4008

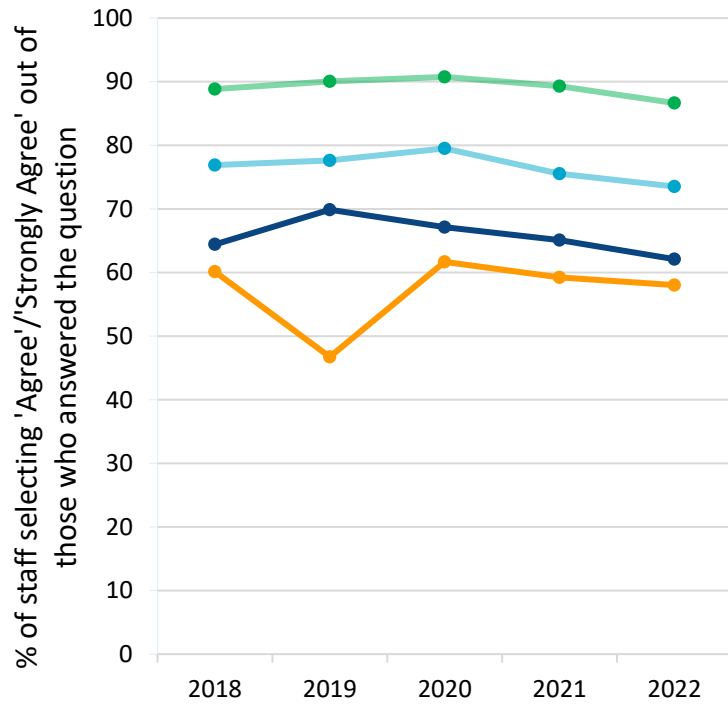
Q3f I am able to make improvements happen in my area of work.



	2018	2019	2020	2021	2022
Your org	45.9%	50.5%	45.6%	47.6%	49.0%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%

Responses 3481 4264 3459 4523 4007

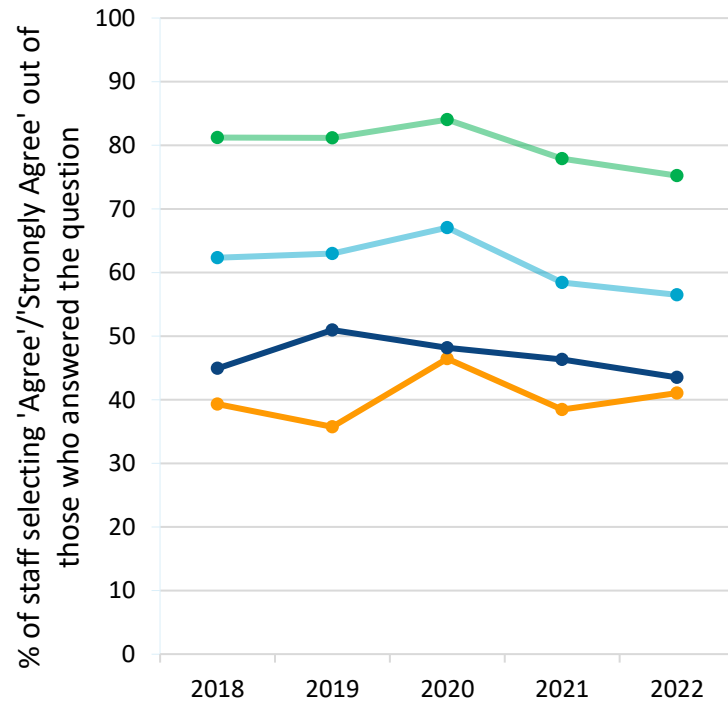
Q23a Care of patients / service users is my organisation's top priority.



	2018	2019	2020	2021	2022
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Your org	64.4%	69.9%	67.1%	65.1%	62.1%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%

Responses 3303 4070 3330 4329 3995

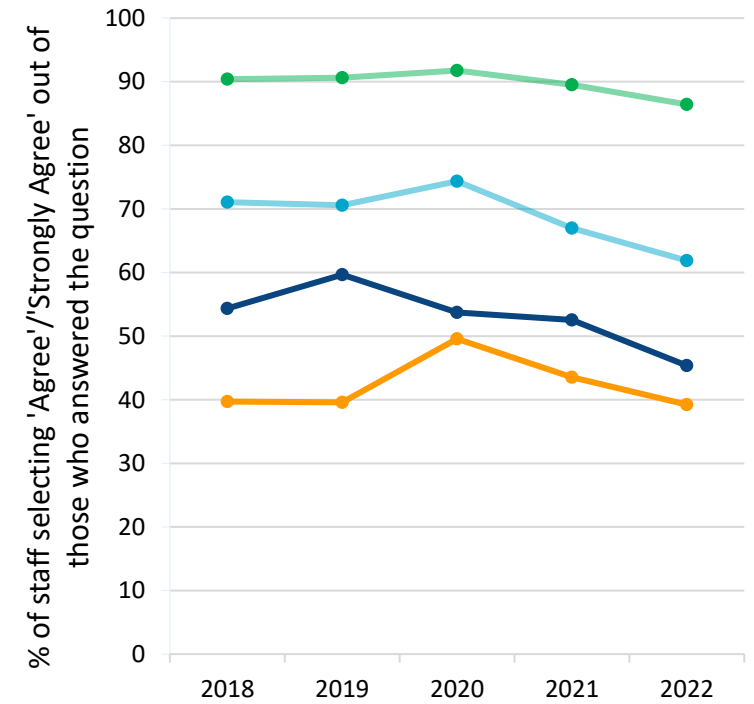
Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Your org	44.9%	51.0%	48.2%	46.3%	43.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%

Responses 3298 4069 3333 4332 3994

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2018	2019	2020	2021	2022
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Your org	54.3%	59.7%	53.7%	52.5%	45.4%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%

Responses 3290 4069 3331 4330 3996

Theme - Morale

Questions included:

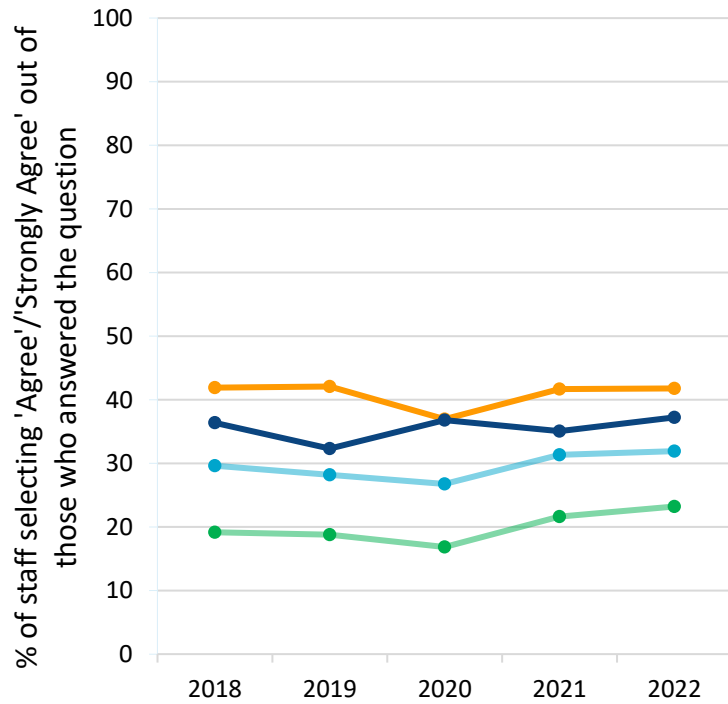
Thinking about leaving – Q24a, Q24b, Q24c

Work pressure – Q3g, Q3h, Q3i

Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

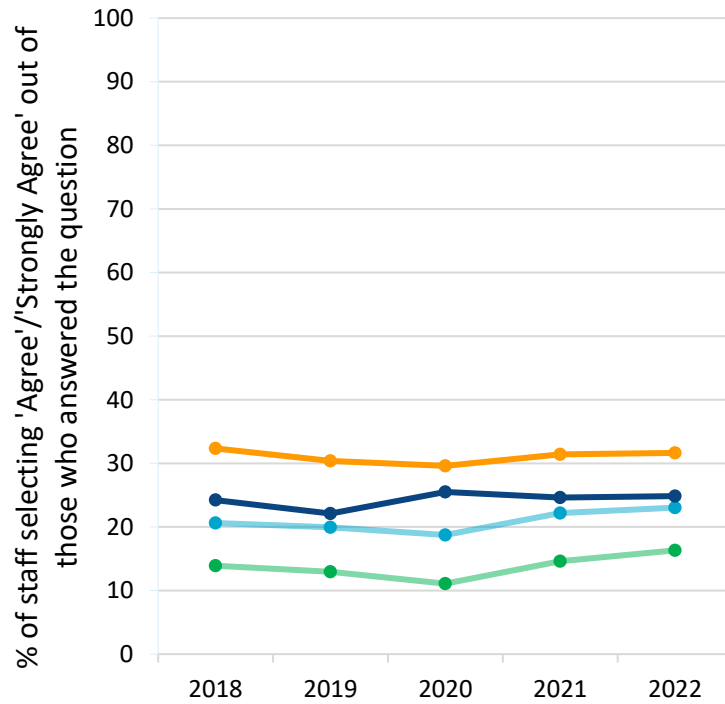
Q24a I often think about leaving this organisation.



	2018	2019	2020	2021	2022
Your org	36.4%	32.3%	36.8%	35.1%	37.2%
Best	19.2%	18.8%	16.9%	21.6%	23.2%
Average	29.6%	28.2%	26.8%	31.3%	31.9%
Worst	41.9%	42.1%	36.9%	41.7%	41.8%

Responses 3307 4070 3331 4309 3978

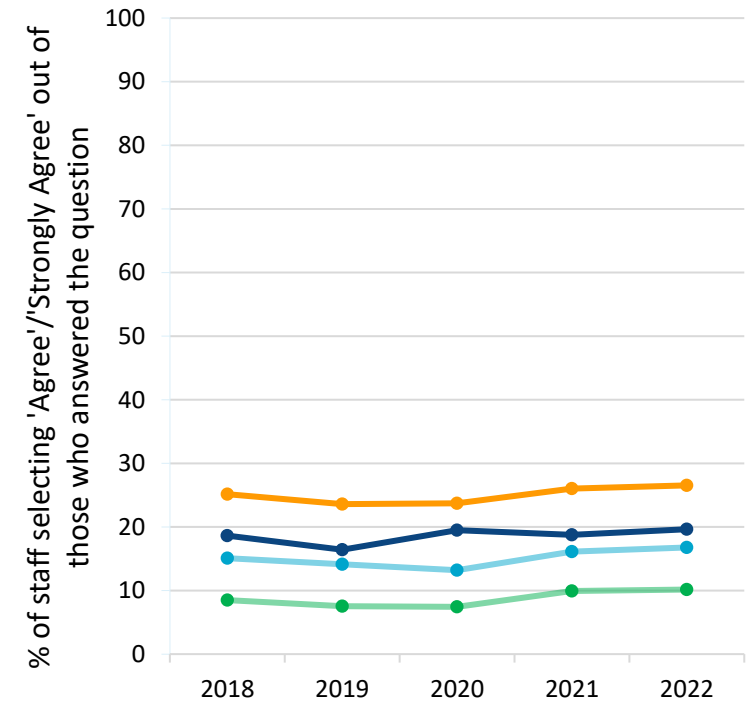
Q24b I will probably look for a job at a new organisation in the next 12 months.



	2018	2019	2020	2021	2022
Your org	24.2%	22.1%	25.5%	24.6%	24.8%
Best	13.9%	12.9%	11.1%	14.6%	16.3%
Average	20.6%	19.9%	18.7%	22.2%	23.0%
Worst	32.3%	30.4%	29.6%	31.4%	31.6%

Responses 3303 4063 3335 4304 3978

Q24c As soon as I can find another job, I will leave this organisation.

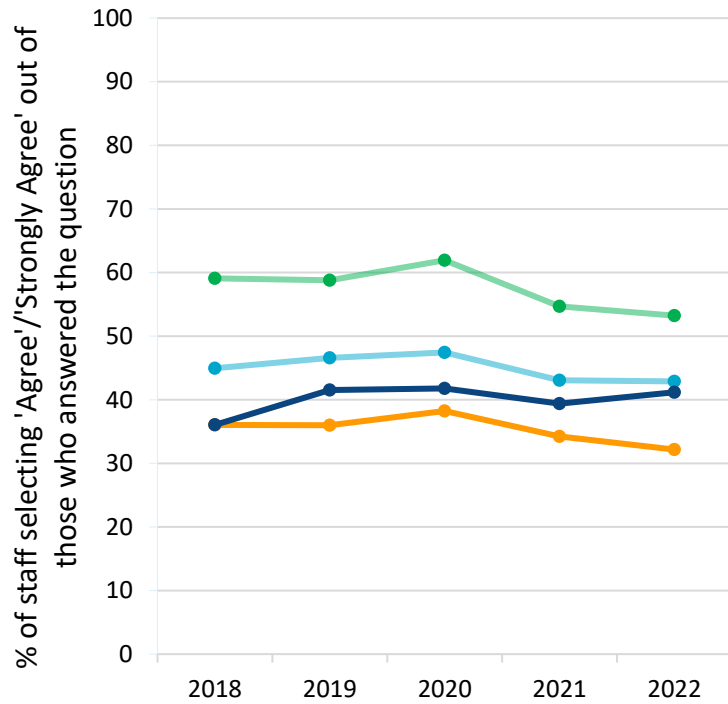


	2018	2019	2020	2021	2022
Your org	18.6%	16.4%	19.5%	18.8%	19.6%
Best	8.5%	7.5%	7.5%	9.9%	10.2%
Average	15.1%	14.1%	13.2%	16.1%	16.8%
Worst	25.2%	23.6%	23.7%	26.0%	26.5%

Responses 3155 4060 3333 4305 3973



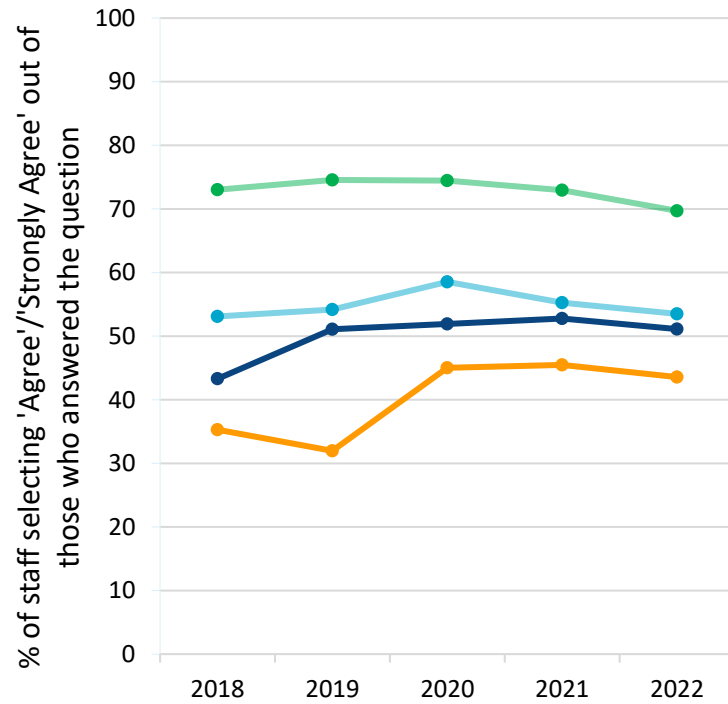
Q3g I am able to meet all the conflicting demands on my time at work.



	2018	2019	2020	2021	2022
Best	59.1%	58.8%	61.9%	54.7%	53.2%
Average	44.9%	46.6%	47.4%	43.1%	42.9%
Your org	36.0%	41.5%	41.8%	39.4%	41.2%
Worst	36.0%	36.0%	38.2%	34.2%	32.2%

Responses 3482 4247 3454 4520 4011

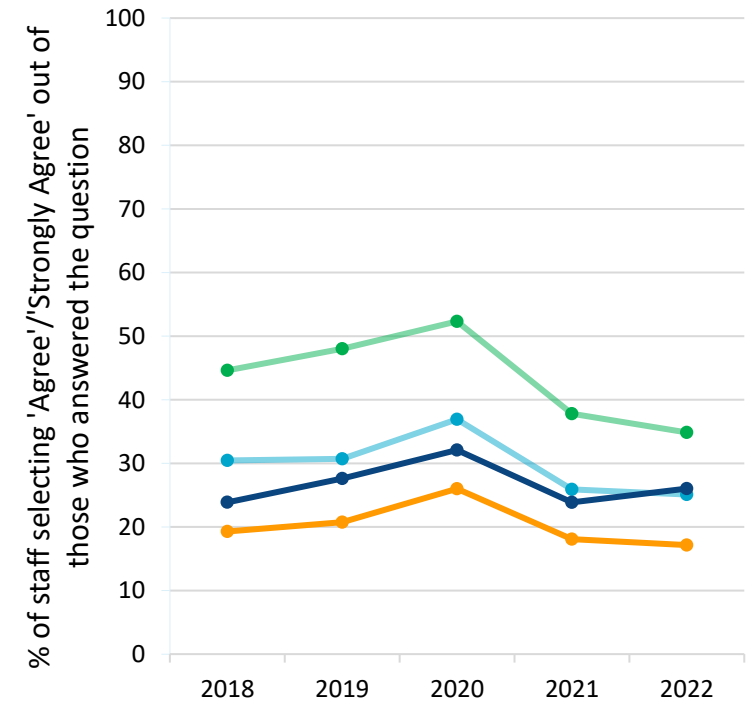
Q3h I have adequate materials, supplies and equipment to do my work.



	2018	2019	2020	2021	2022
Best	73.0%	74.6%	74.5%	72.9%	69.7%
Average	53.1%	54.2%	58.5%	55.3%	53.5%
Your org	43.3%	51.1%	51.9%	52.8%	51.1%
Worst	35.3%	32.0%	45.0%	45.5%	43.6%

Responses 3482 4255 3454 4519 4008

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

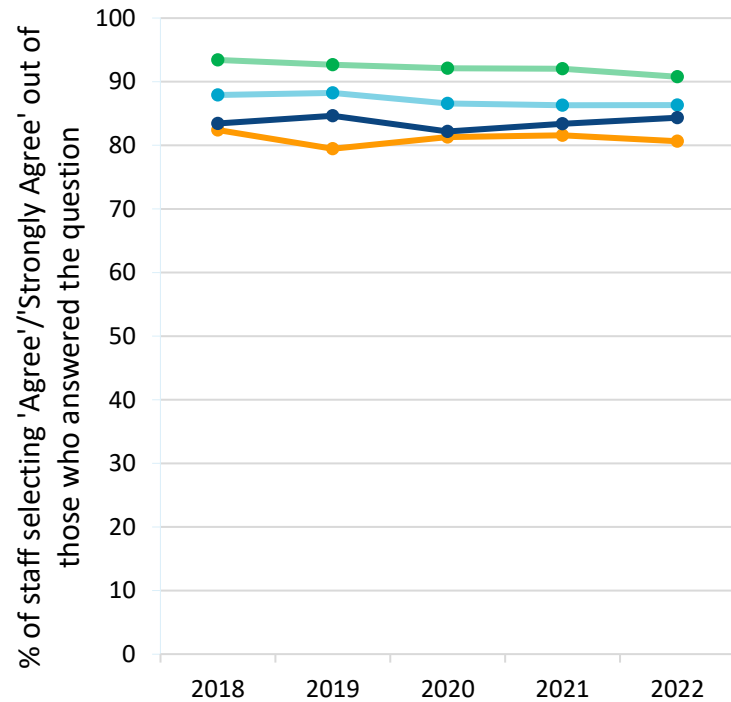


	2018	2019	2020	2021	2022
Best	44.6%	48.0%	52.3%	37.8%	34.8%
Average	30.5%	30.7%	36.9%	25.9%	25.1%
Your org	23.9%	27.6%	32.1%	23.9%	26.0%
Worst	19.3%	20.8%	26.0%	18.1%	17.2%

Responses 3493 4257 3454 4516 4012

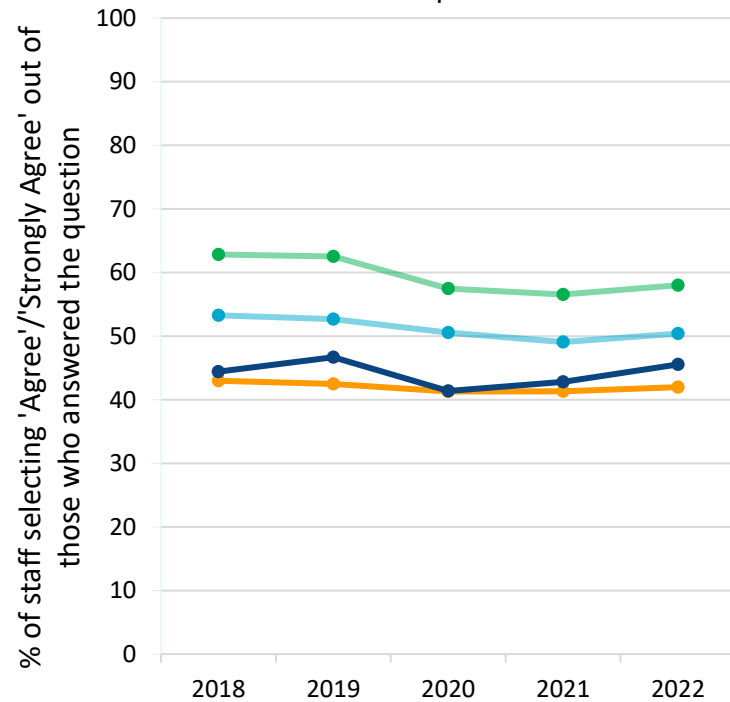


Q3a I always know what my work responsibilities are.



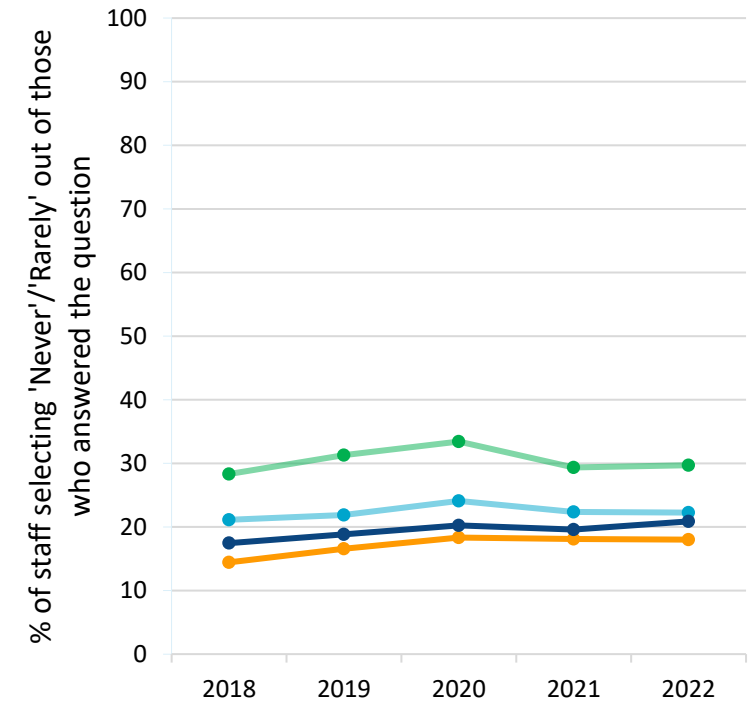
	2018	2019	2020	2021	2022
Your org	83.4%	84.6%	82.2%	83.4%	84.3%
Best	93.4%	92.7%	92.1%	92.0%	90.8%
Average	87.9%	88.2%	86.6%	86.3%	86.3%
Worst	82.4%	79.5%	81.3%	81.6%	80.6%
Responses	3505	4266	3500	4501	3994

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



	2018	2019	2020	2021	2022
Your org	44.4%	46.7%	41.4%	42.8%	45.6%
Best	62.8%	62.5%	57.5%	56.5%	58.0%
Average	53.3%	52.7%	50.6%	49.1%	50.4%
Worst	43.0%	42.5%	41.3%	41.3%	42.0%
Responses	3494	4266	3460	4521	4009

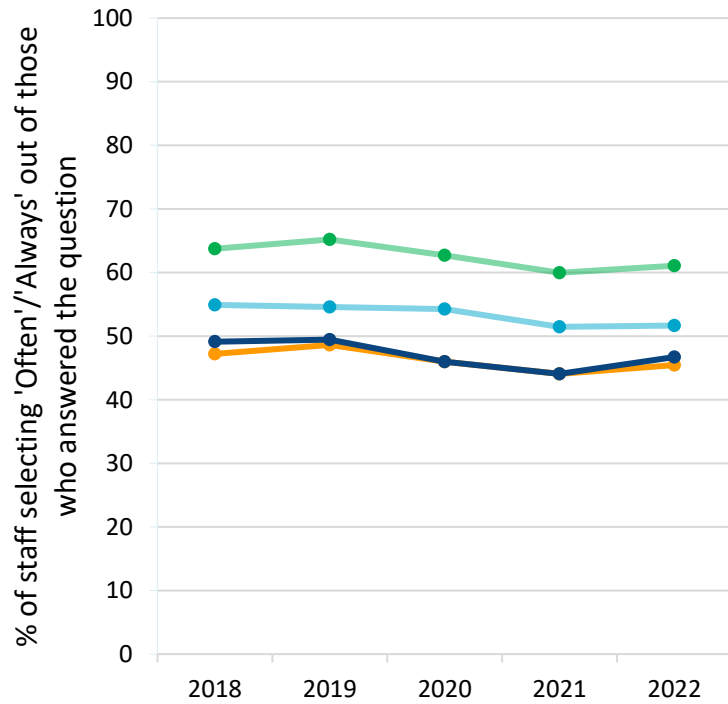
Q5a I have unrealistic time pressures.



	2018	2019	2020	2021	2022
Your org	17.5%	18.8%	20.2%	19.6%	20.9%
Best	28.3%	31.3%	33.4%	29.3%	29.7%
Average	21.1%	21.9%	24.1%	22.4%	22.3%
Worst	14.4%	16.6%	18.3%	18.1%	18.0%
Responses	3442	4201	3439	4484	4002

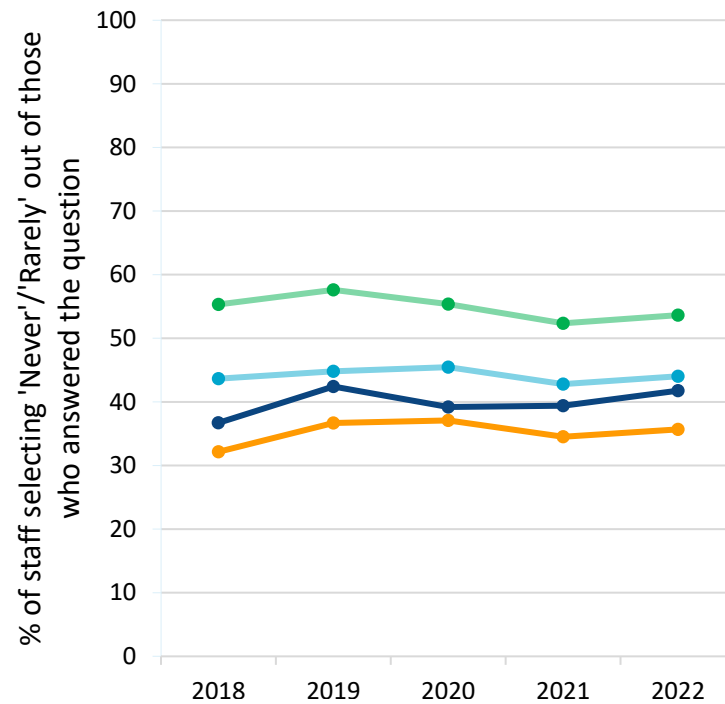


Q5b I have a choice in deciding how to do my work.



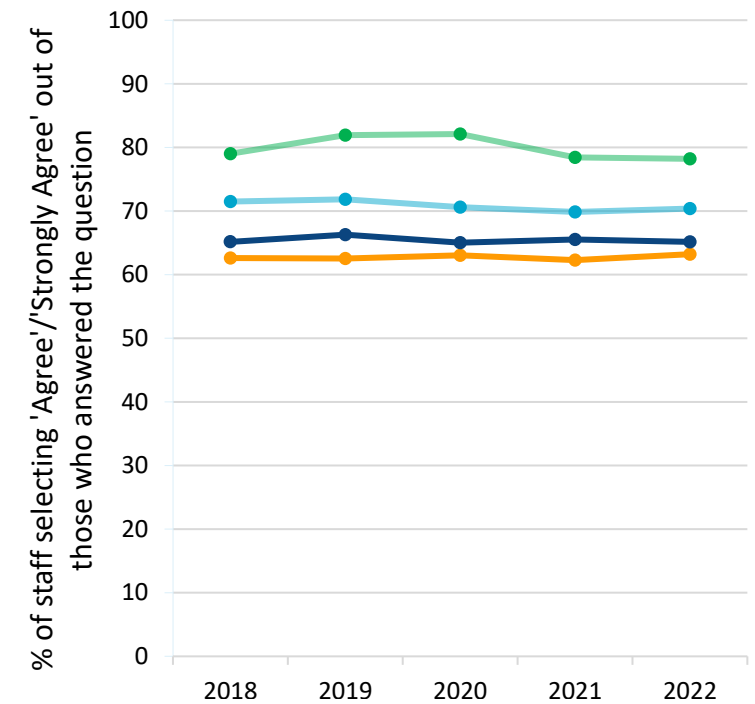
	2018	2019	2020	2021	2022
Your org	49.1%	49.5%	46.0%	44.1%	46.7%
Best	63.7%	65.2%	62.7%	60.0%	61.1%
Average	54.9%	54.6%	54.3%	51.5%	51.7%
Worst	47.2%	48.6%	46.0%	44.1%	45.4%
Responses	3438	4199	3439	4487	4004

Q5c Relationships at work are strained.



	2018	2019	2020	2021	2022
Your org	36.7%	42.4%	39.2%	39.4%	41.8%
Best	55.3%	57.6%	55.4%	52.4%	53.6%
Average	43.6%	44.8%	45.4%	42.8%	44.0%
Worst	32.2%	36.7%	37.1%	34.5%	35.7%
Responses	3434	4196	3437	4490	4004

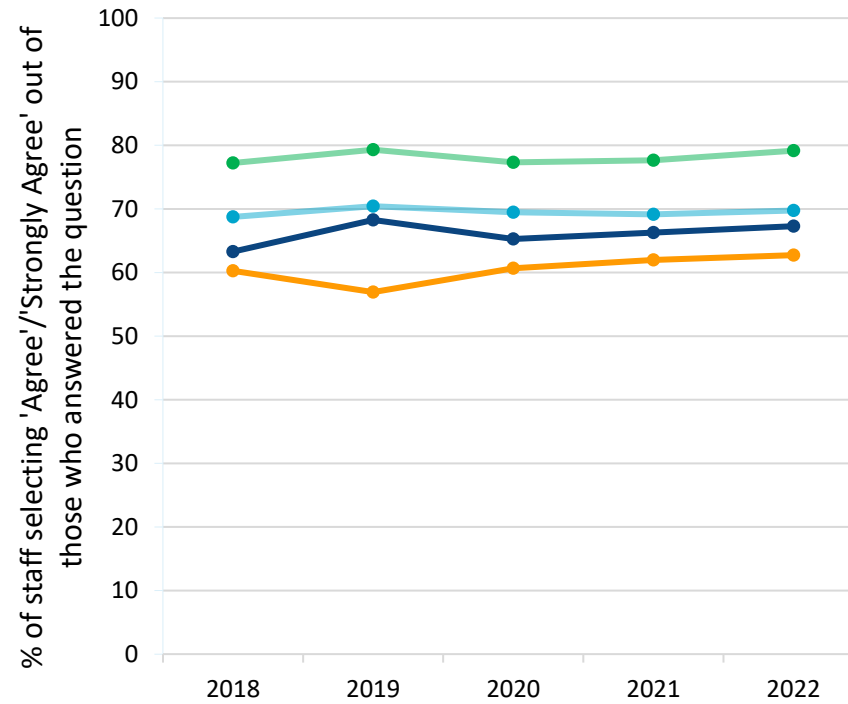
Q7c I receive the respect I deserve from my colleagues at work.



	2018	2019	2020	2021	2022
Your org	65.2%	66.3%	65.0%	65.5%	65.2%
Best	79.0%	81.9%	82.1%	78.4%	78.2%
Average	71.5%	71.8%	70.6%	69.9%	70.4%
Worst	62.6%	62.5%	63.0%	62.3%	63.2%
Responses	3489	4265	3465	4473	4012



Q9a My immediate manager encourages me at work.



	2018	2019	2020	2021	2022
Your org	63.3%	68.3%	65.3%	66.3%	67.3%
Best	77.2%	79.3%	77.3%	77.6%	79.2%
Average	68.7%	70.4%	69.5%	69.1%	69.7%
Worst	60.3%	56.9%	60.7%	62.0%	62.7%
Responses	3406	4169	3412	4433	4012

Question not linked to People Promise elements or themes

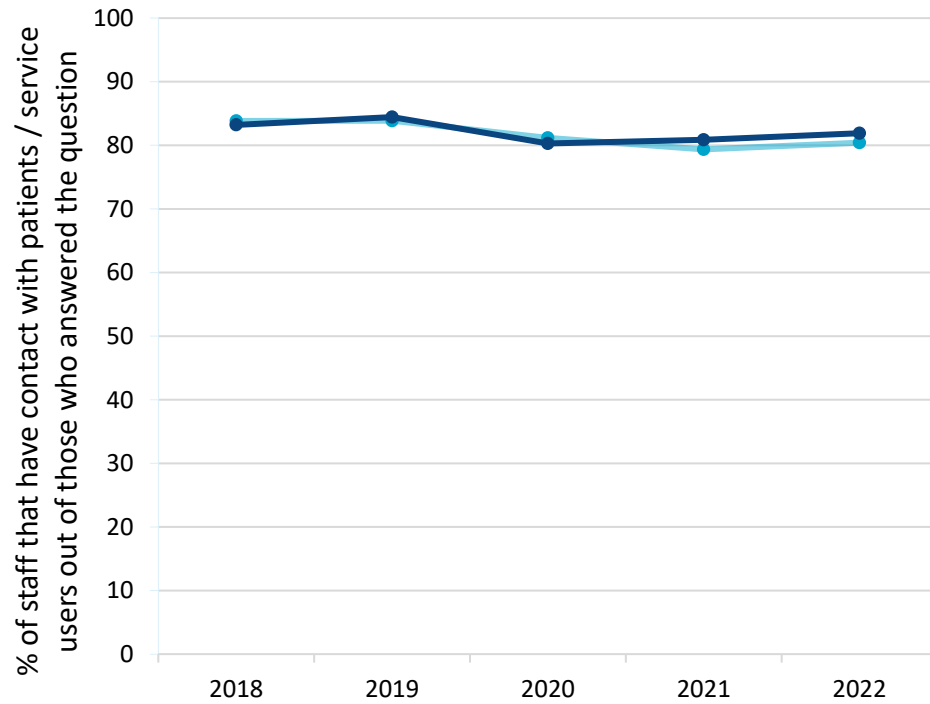
Questions included:

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q17, Q18a, Q18b, Q18c, Q18d, Q24d, Q30b

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

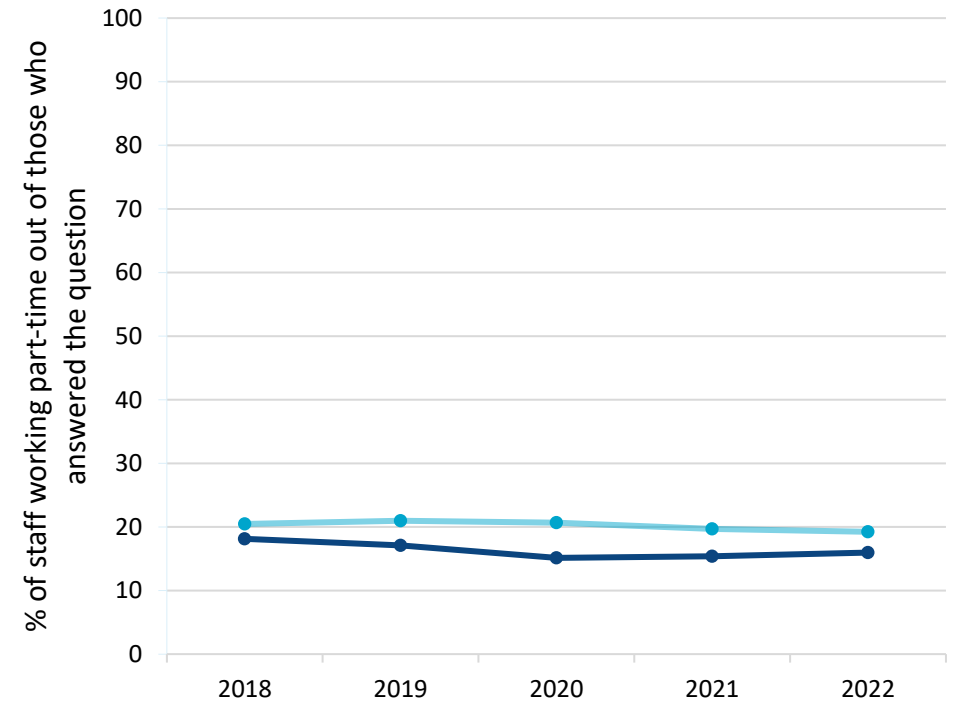


Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



	2018	2019	2020	2021	2022
Your org	83.2%	84.4%	80.3%	80.9%	81.9%
Average	83.8%	83.9%	81.2%	79.4%	80.4%
Responses	3342	4267	3534	4560	3996

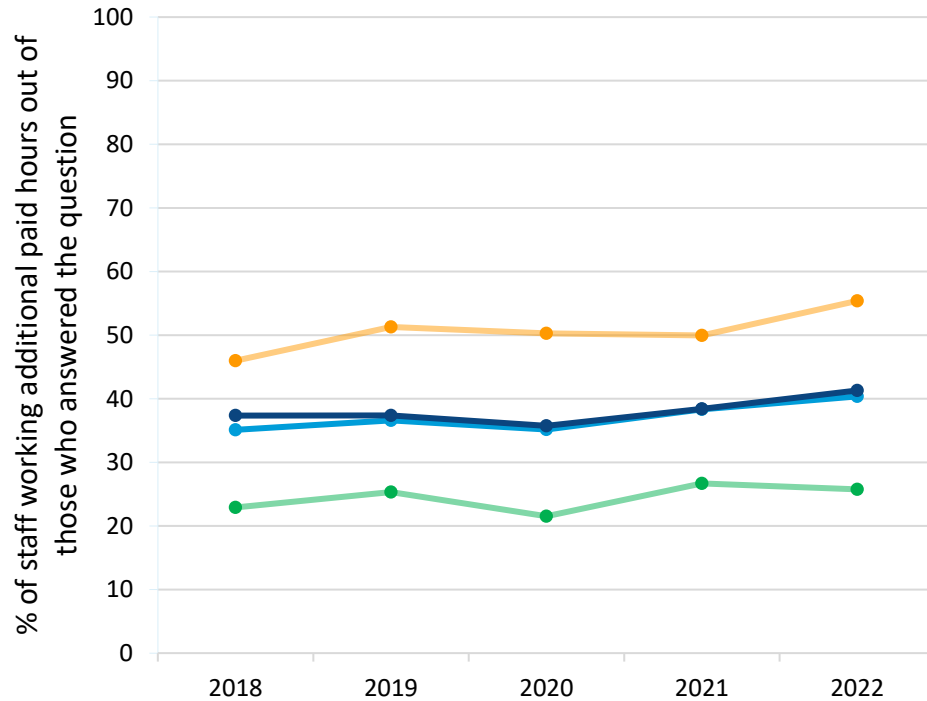
Q10a How many hours a week are you contracted to work?



	2018	2019	2020	2021	2022
Your org	18.1%	17.1%	15.1%	15.4%	16.0%
Average	20.5%	21.0%	20.7%	19.7%	19.2%
Responses	3359	4147	3380	4334	3938

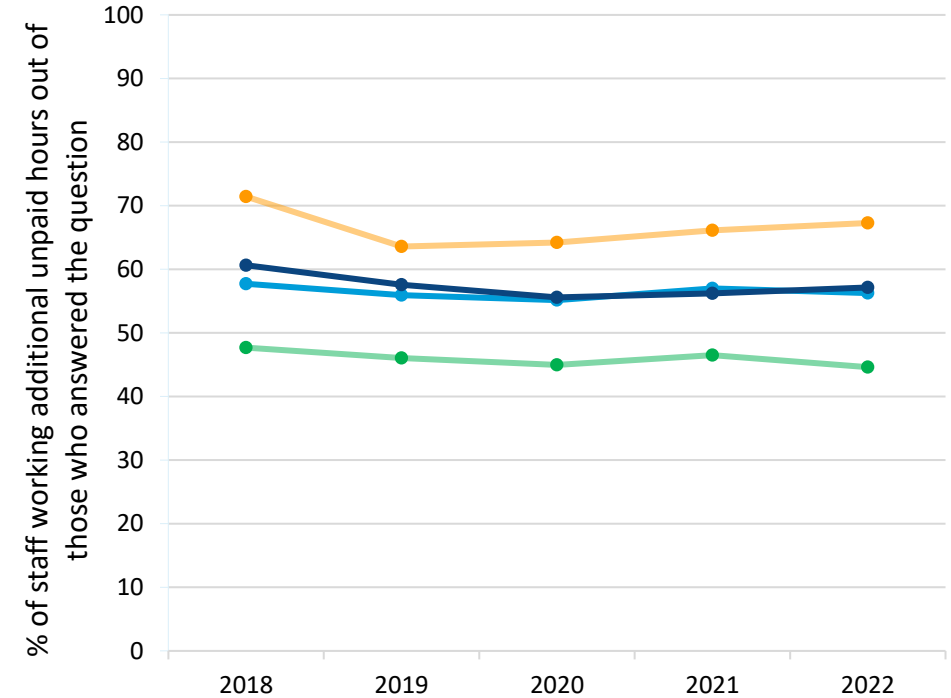


Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



	2018	2019	2020	2021	2022
Your org	37.4%	37.4%	35.8%	38.4%	41.3%
Lowest	22.9%	25.3%	21.5%	26.7%	25.8%
Average	35.1%	36.6%	35.2%	38.3%	40.4%
Highest	46.0%	51.3%	50.3%	50.0%	55.4%
Responses	3260	4150	3406	4406	3992

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

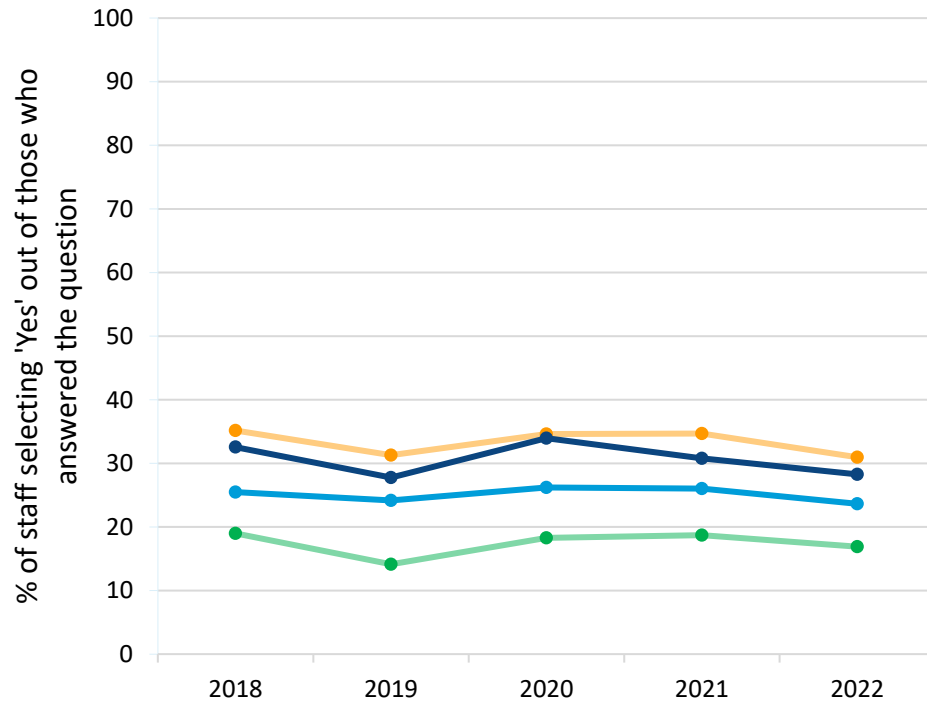


	2018	2019	2020	2021	2022
Your org	60.6%	57.6%	55.6%	56.2%	57.1%
Lowest	47.7%	46.0%	45.0%	46.5%	44.6%
Average	57.7%	55.9%	55.1%	57.0%	56.3%
Highest	71.4%	63.6%	64.2%	66.1%	67.3%
Responses	3278	4140	3402	4404	3998



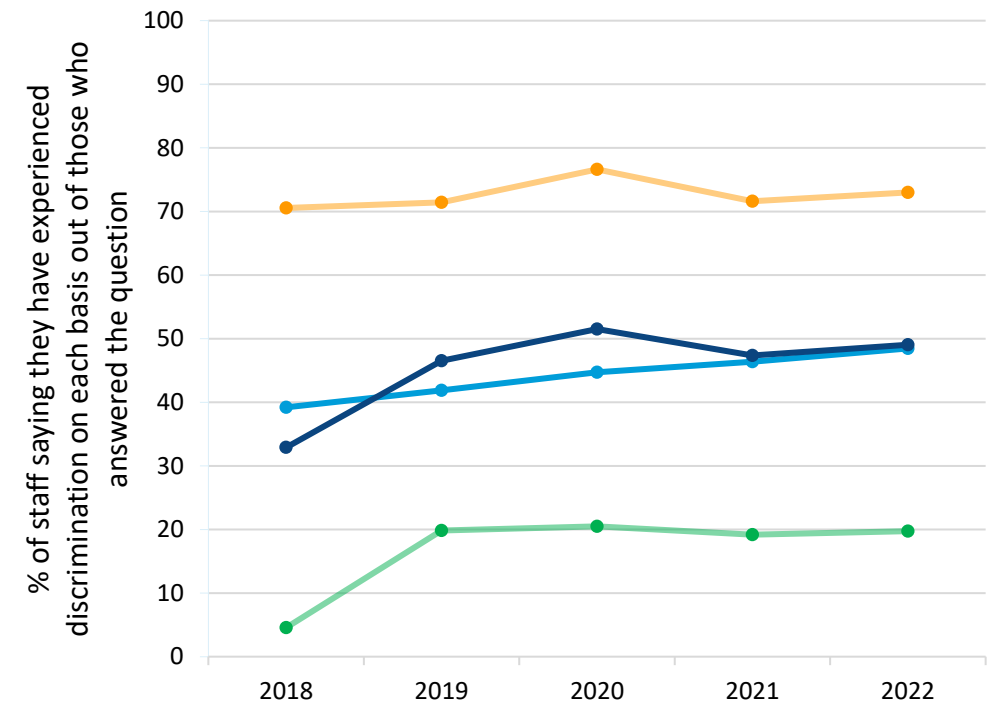
*Q11e is only answered by staff who responded 'Yes' to Q11d.

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



	2018	2019	2020	2021	2022
Your org	32.6%	27.8%	33.9%	30.8%	28.3%
Best	19.0%	14.1%	18.3%	18.7%	16.9%
Average	25.5%	24.2%	26.2%	26.0%	23.6%
Worst	35.2%	31.3%	34.6%	34.7%	30.9%
Responses	1998	2501	1728	2458	2274

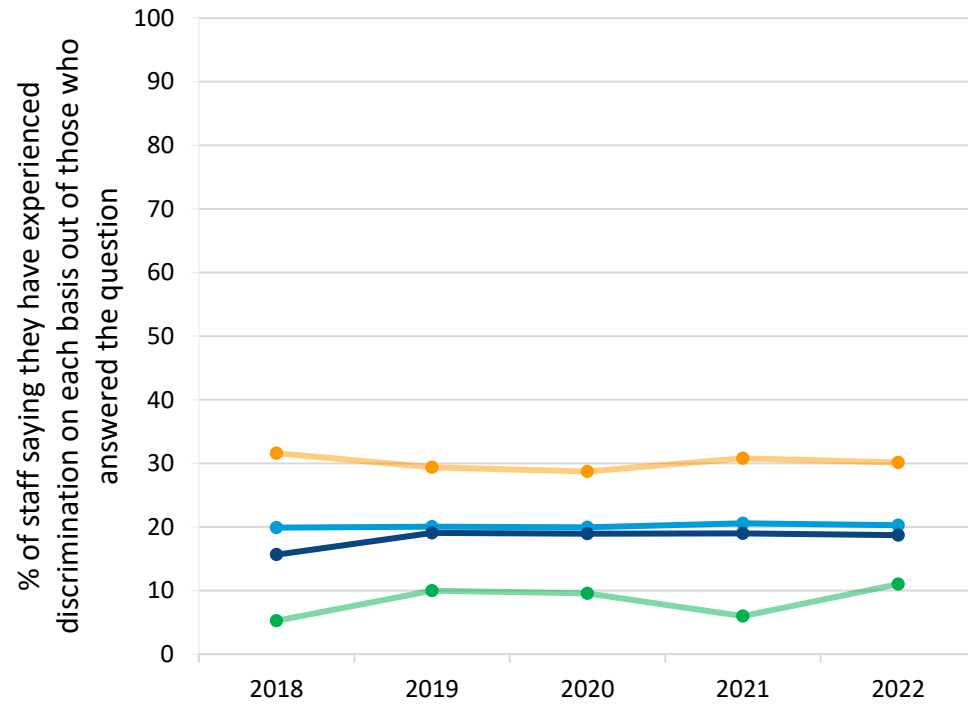
Q16c.1 On what grounds have you experienced discrimination?
- Ethnic background.



	2018	2019	2020	2021	2022
Your org	32.9%	46.5%	51.5%	47.4%	49.1%
Best	4.6%	19.8%	20.5%	19.2%	19.7%
Average	39.2%	41.9%	44.7%	46.4%	48.5%
Worst	70.5%	71.4%	76.6%	71.6%	73.0%
Responses	460	552	480	642	642

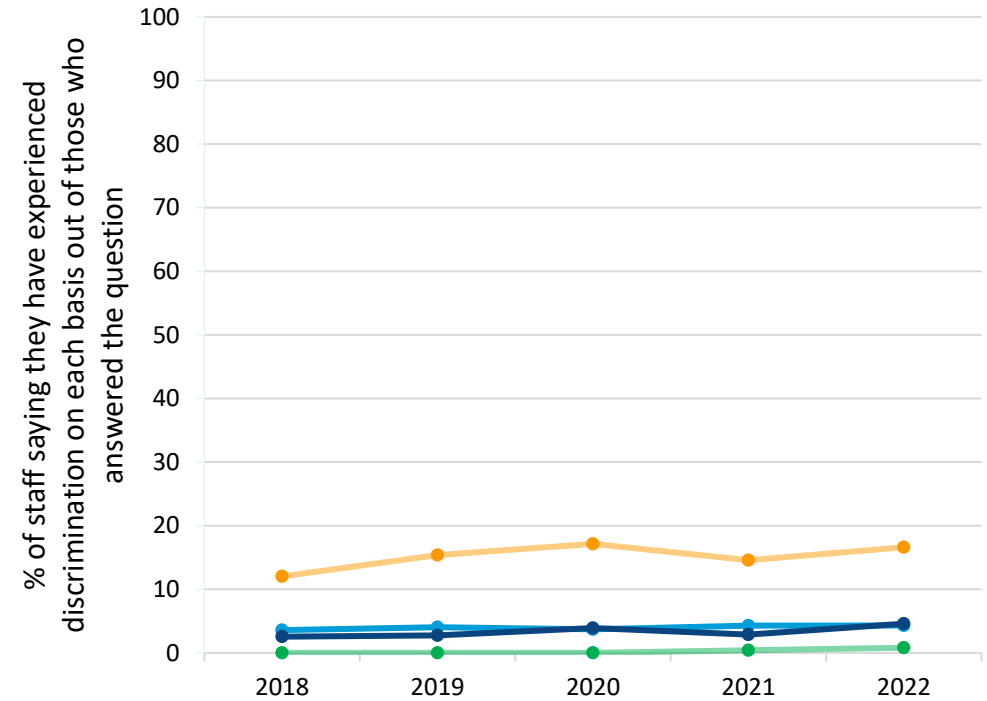


Q16c.2 On what grounds have you experienced discrimination? – Gender.



	2018	2019	2020	2021	2022
Your org	15.6%	19.1%	18.9%	19.0%	18.7%
Best	5.2%	10.0%	9.6%	6.0%	11.0%
Average	19.9%	20.1%	20.0%	20.6%	20.3%
Worst	31.6%	29.4%	28.7%	30.8%	30.1%
Responses	460	552	480	642	642

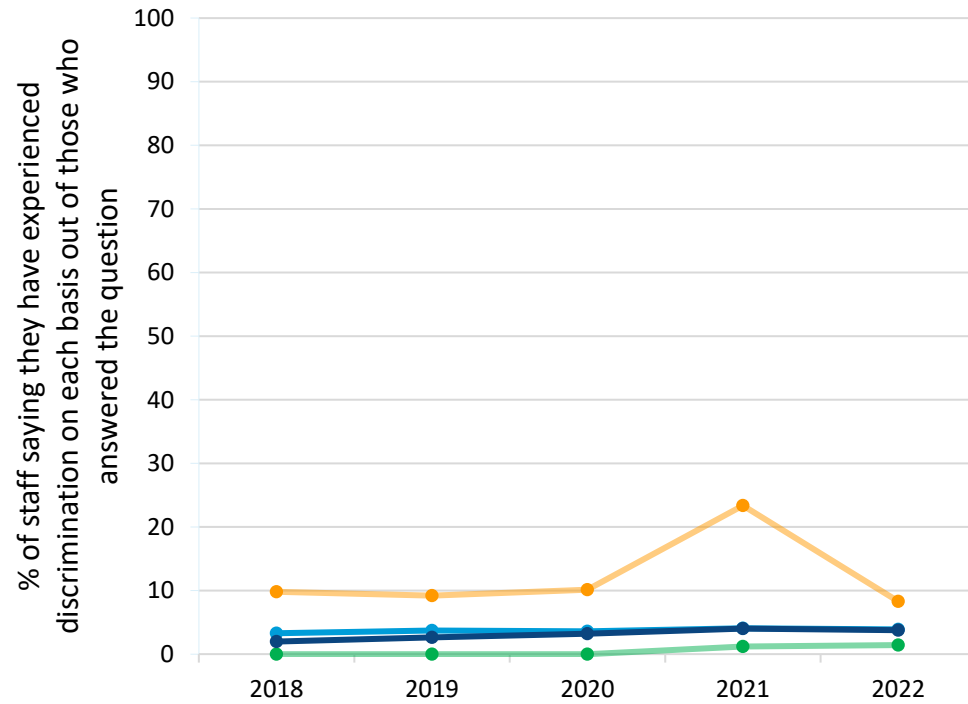
Q16c.3 On what grounds have you experienced discrimination? – Religion.



	2018	2019	2020	2021	2022
Your org	2.6%	2.8%	3.9%	2.9%	4.6%
Best	0.0%	0.0%	0.0%	0.4%	0.8%
Average	3.6%	4.0%	3.7%	4.3%	4.3%
Worst	12.0%	15.4%	17.1%	14.6%	16.6%
Responses	460	552	480	642	642



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

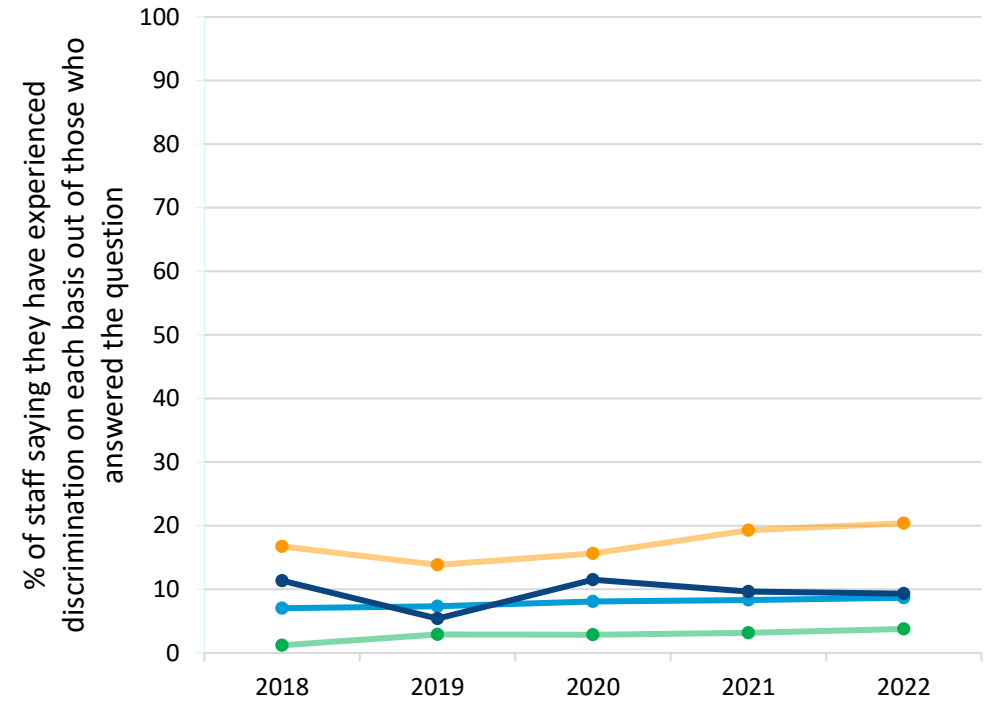


2018 2019 2020 2021 2022

Your org	2.0%	2.6%	3.2%	4.0%	3.8%
Best	0.0%	0.0%	0.0%	1.2%	1.4%
Average	3.3%	3.7%	3.6%	4.1%	3.9%
Worst	9.8%	9.2%	10.1%	23.4%	8.3%

Responses 460 552 480 642 642

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



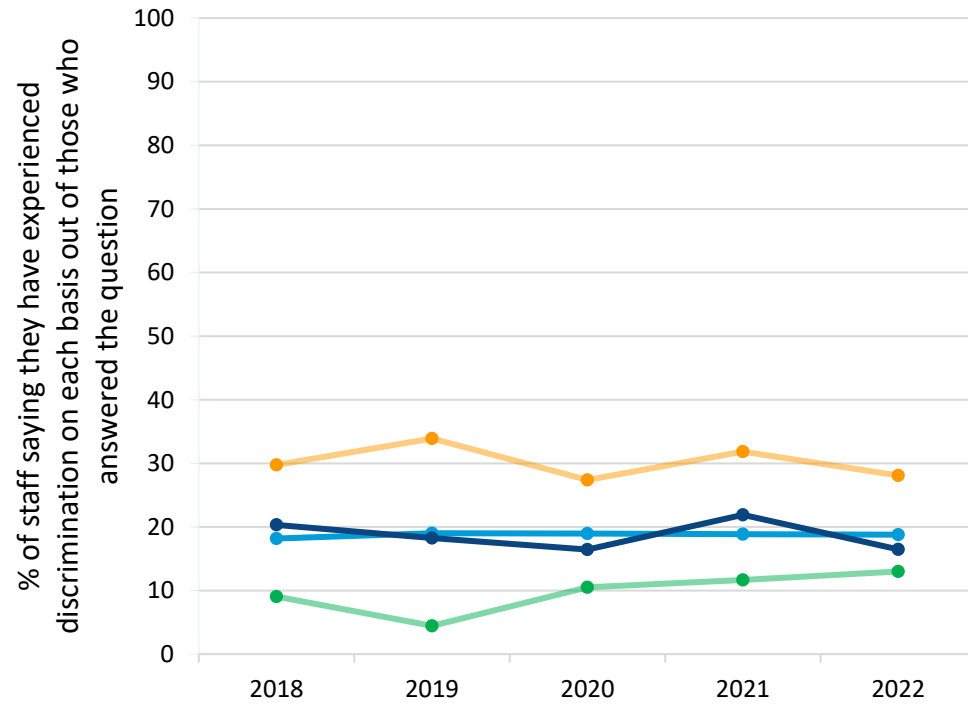
2018 2019 2020 2021 2022

Your org	11.3%	5.4%	11.5%	9.7%	9.3%
Best	1.2%	2.9%	2.8%	3.2%	3.8%
Average	7.0%	7.3%	8.1%	8.3%	8.7%
Worst	16.7%	13.8%	15.6%	19.3%	20.4%

Responses 460 552 480 642 642

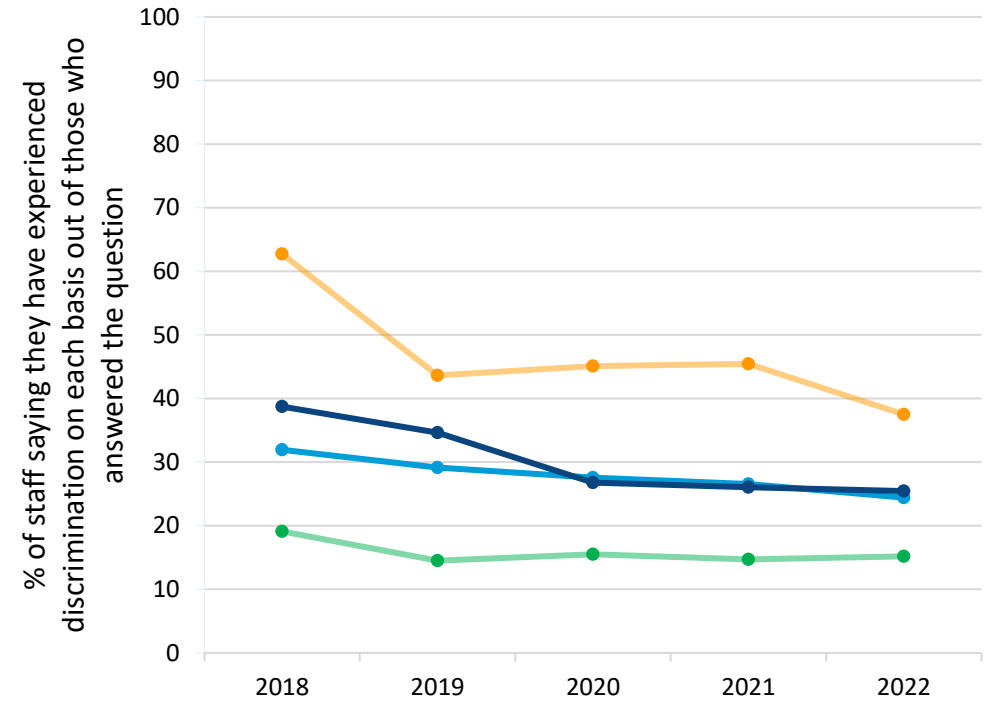


Q16c.6 On what grounds have you experienced discrimination?
– Age.



	2018	2019	2020	2021	2022
Your org	20.3%	18.3%	16.4%	21.9%	16.5%
Best	9.0%	4.5%	10.5%	11.7%	13.0%
Average	18.2%	19.0%	19.0%	18.9%	18.8%
Worst	29.8%	33.9%	27.4%	31.8%	28.1%
Responses	460	552	480	642	642

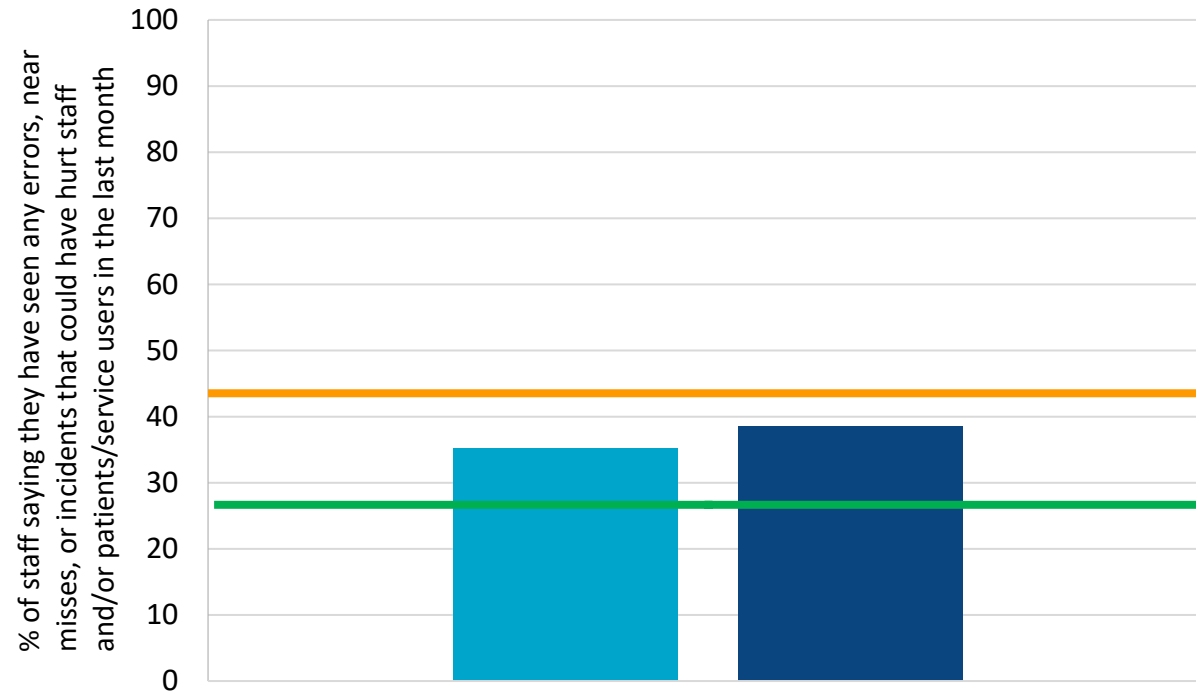
Q16c.7 On what grounds have you experienced discrimination?
– Other.



	2018	2019	2020	2021	2022
Your org	38.7%	34.6%	26.8%	26.0%	25.4%
Best	19.1%	14.5%	15.5%	14.7%	15.2%
Average	31.9%	29.1%	27.6%	26.6%	24.4%
Worst	62.7%	43.6%	45.1%	45.4%	37.5%
Responses	460	552	480	642	642



Q17 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



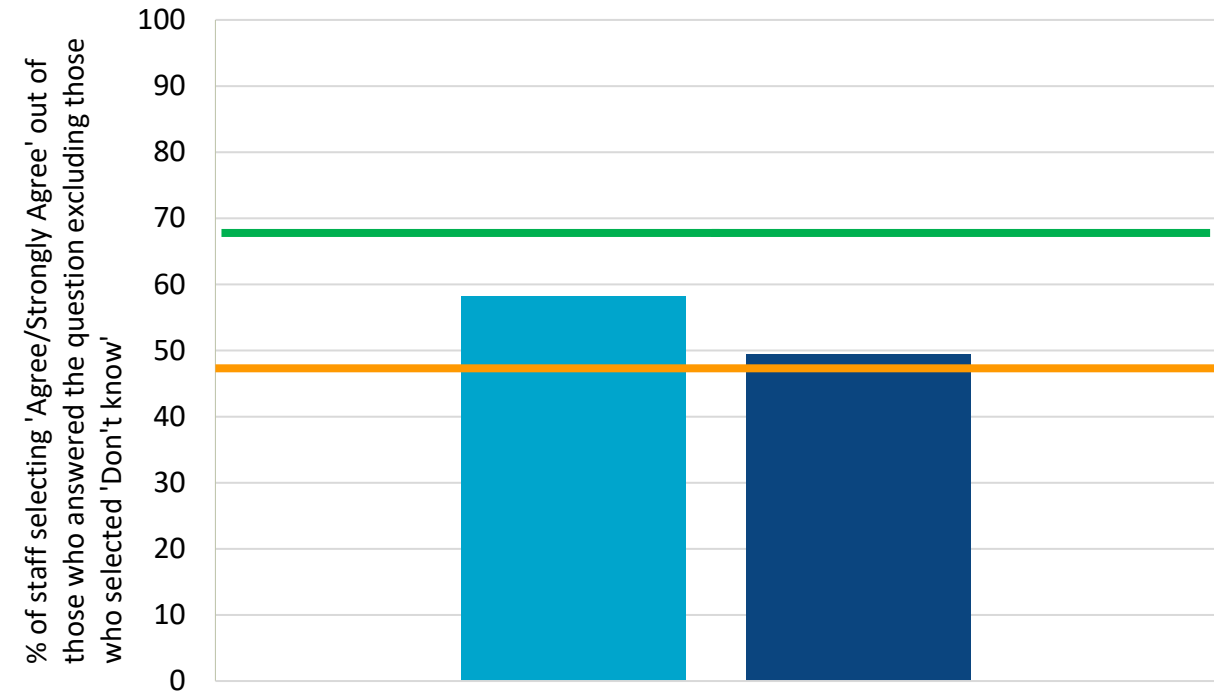
2022

Your org	38.5%
Best	26.7%
Average	35.2%
Worst	43.5%

Responses

3922

Q18a My organisation treats staff who are involved in an error, near miss or incident fairly.



2022

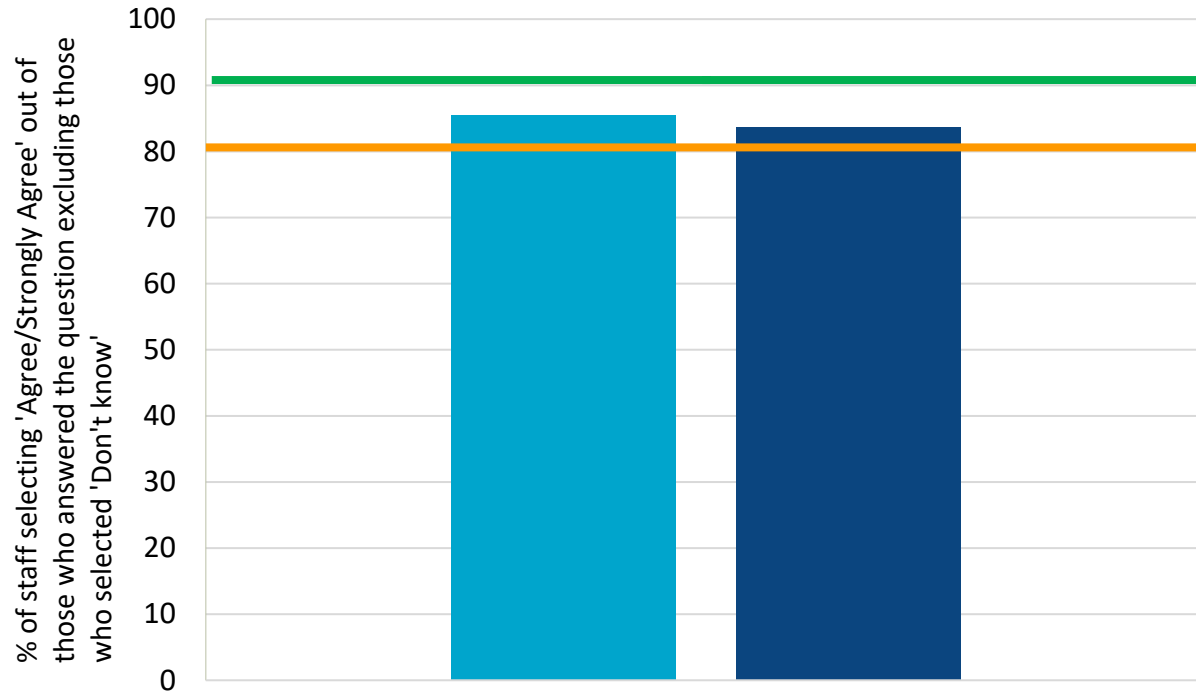
Your org	49.4%
Best	67.8%
Average	58.2%
Worst	47.3%

Responses

3035



Q18b My organisation encourages us to report errors, near misses or incidents.



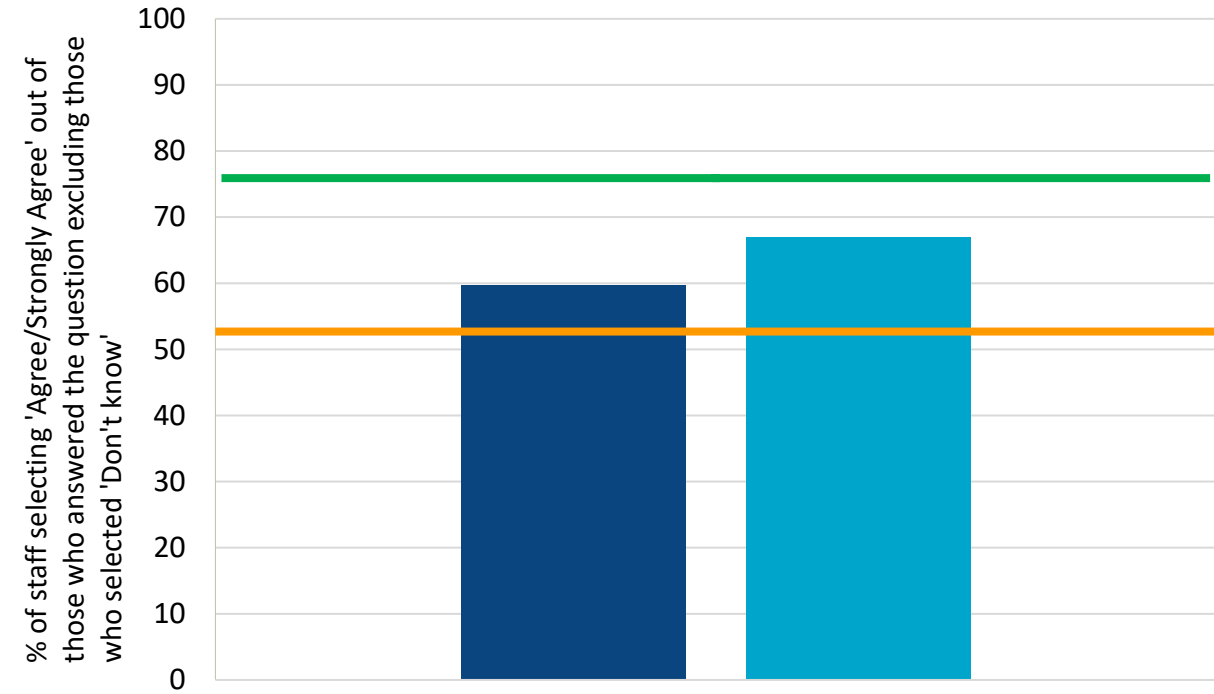
2022

Your org	83.7%
Best	90.8%
Average	85.5%
Worst	80.6%

Responses

3837

Q18c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



2022

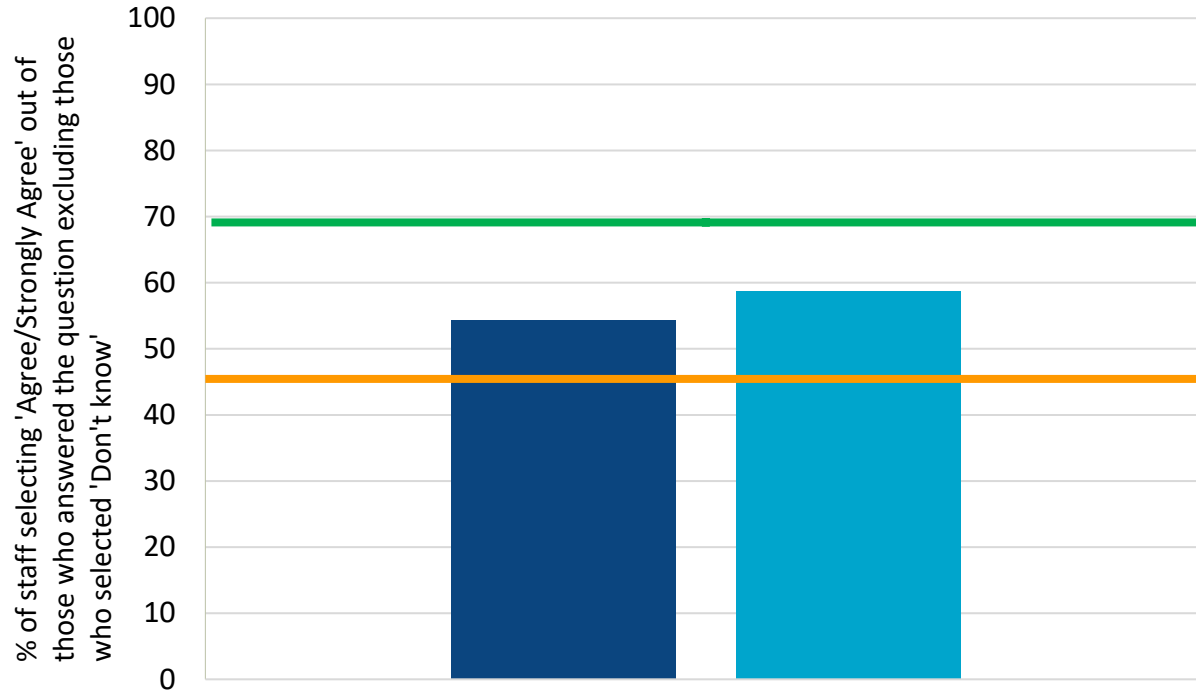
Your org	59.7%
Best	75.9%
Average	67.0%
Worst	52.7%

Responses

3487



Q18d We are given feedback about changes made in response to reported errors, near misses and incidents.



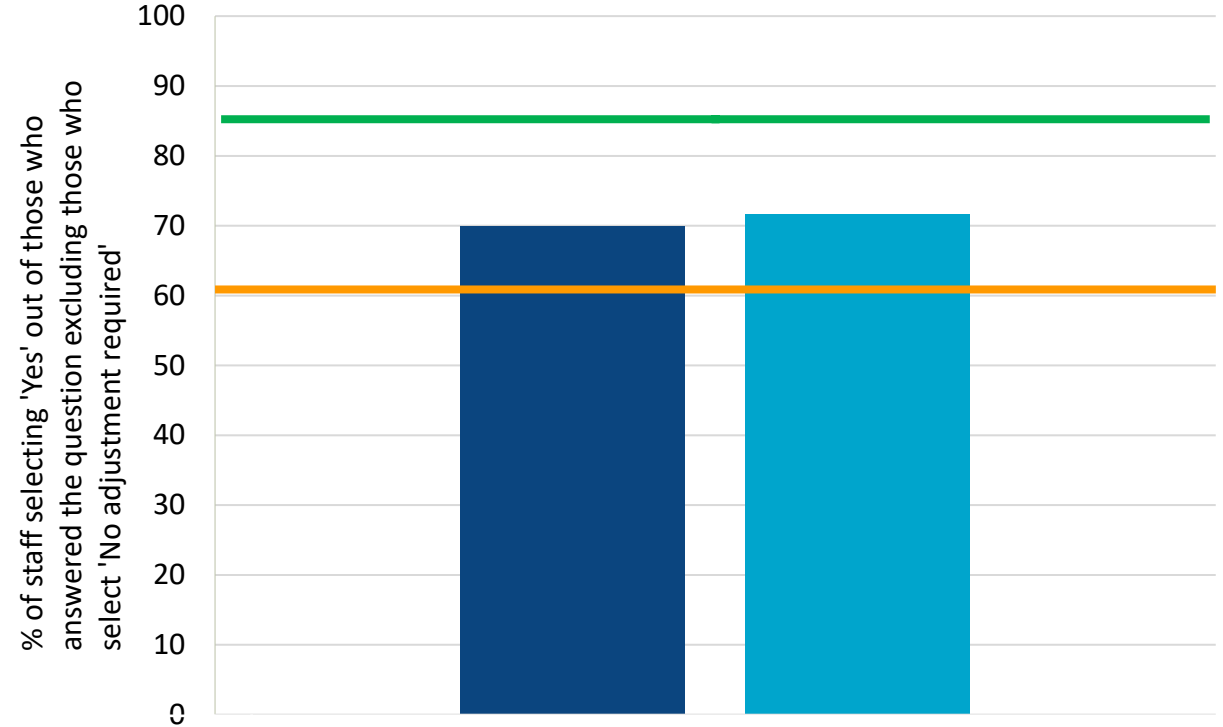
2022

Your org	54.3%
Best	69.1%
Average	58.8%
Worst	45.4%

Responses

3518

Q30b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



2022

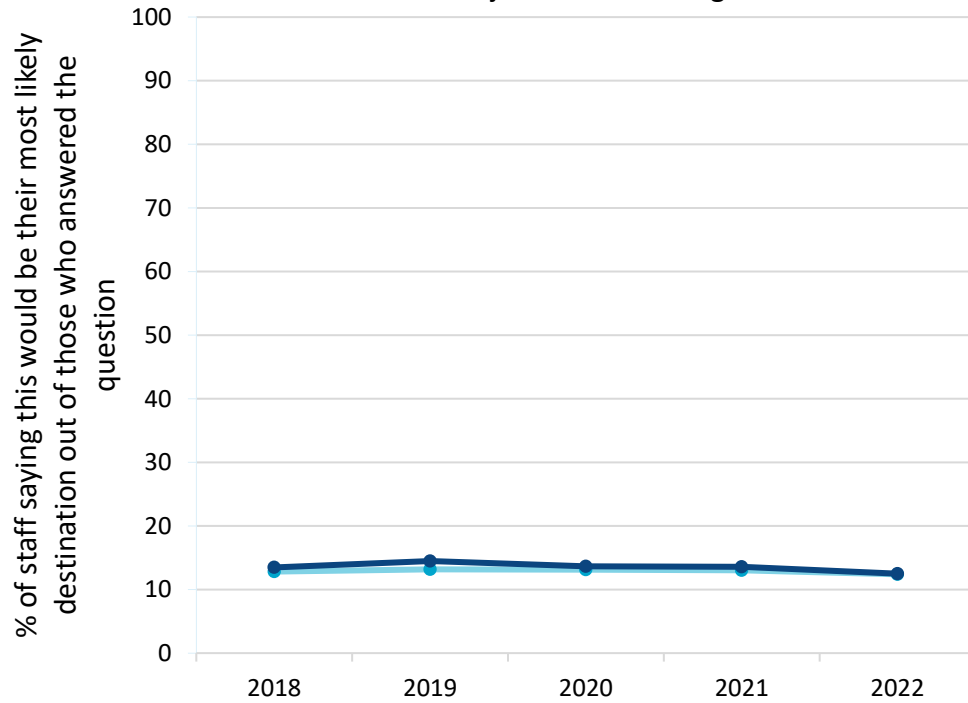
Your org	69.9%
Best	85.3%
Average	71.7%
Worst	60.9%

Responses

513

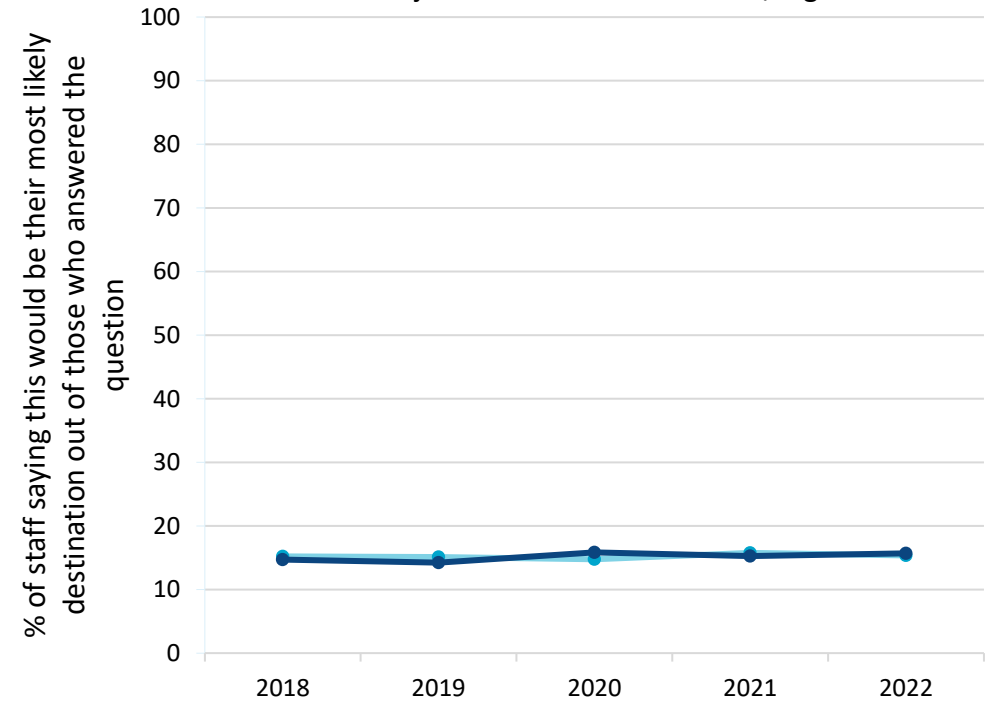


Q24d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



	2018	2019	2020	2021	2022
Your org	13.5%	14.5%	13.7%	13.6%	12.5%
Average	12.8%	13.2%	13.1%	13.0%	12.4%
Responses	3115	3941	3293	4136	3791

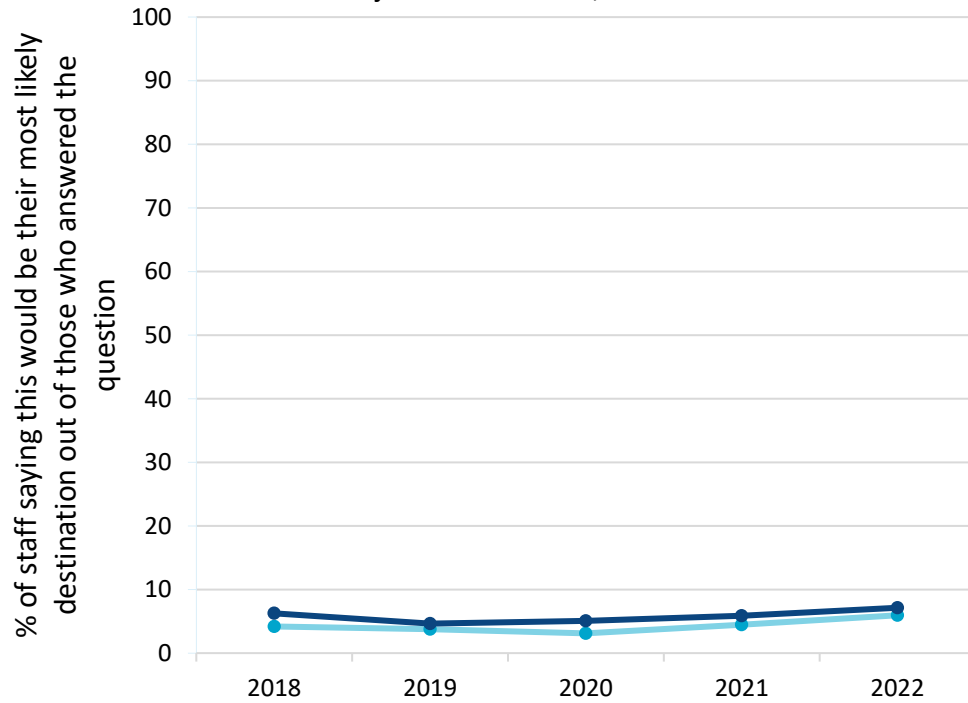
Q24d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



	2018	2019	2020	2021	2022
Your org	14.7%	14.2%	15.9%	15.3%	15.7%
Average	15.2%	15.1%	14.8%	15.8%	15.4%
Responses	3115	3941	3293	4136	3791



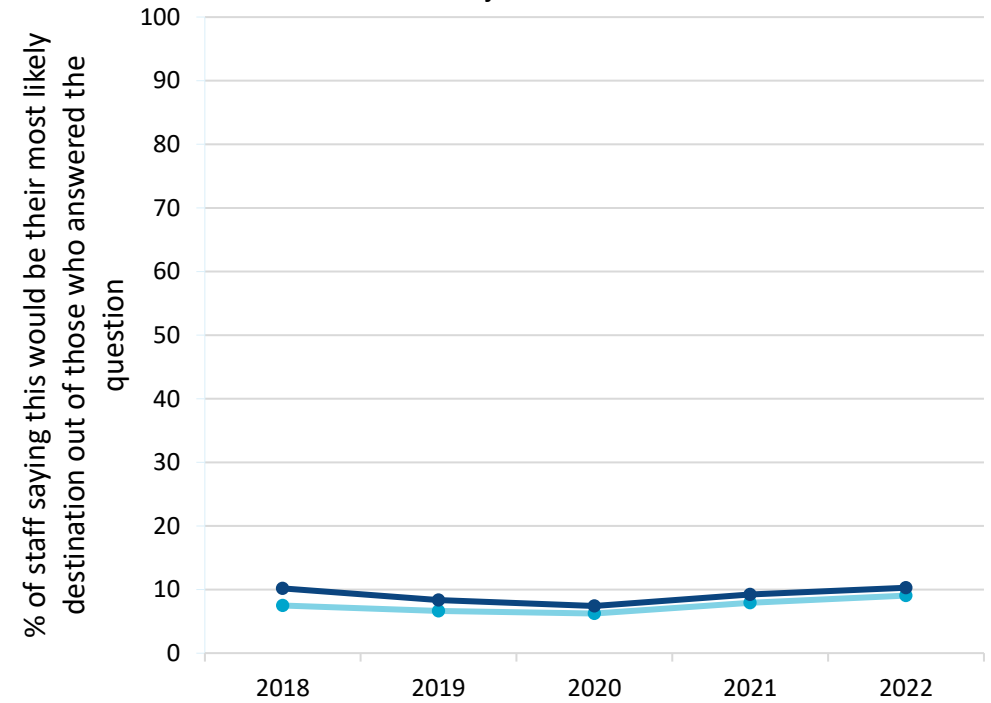
Q24d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Your org	6.3%	4.6%	5.1%	5.9%	7.1%
Average	4.2%	3.8%	3.1%	4.5%	6.0%
Responses	3115	3941	3293	4136	3791

Q24d.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.

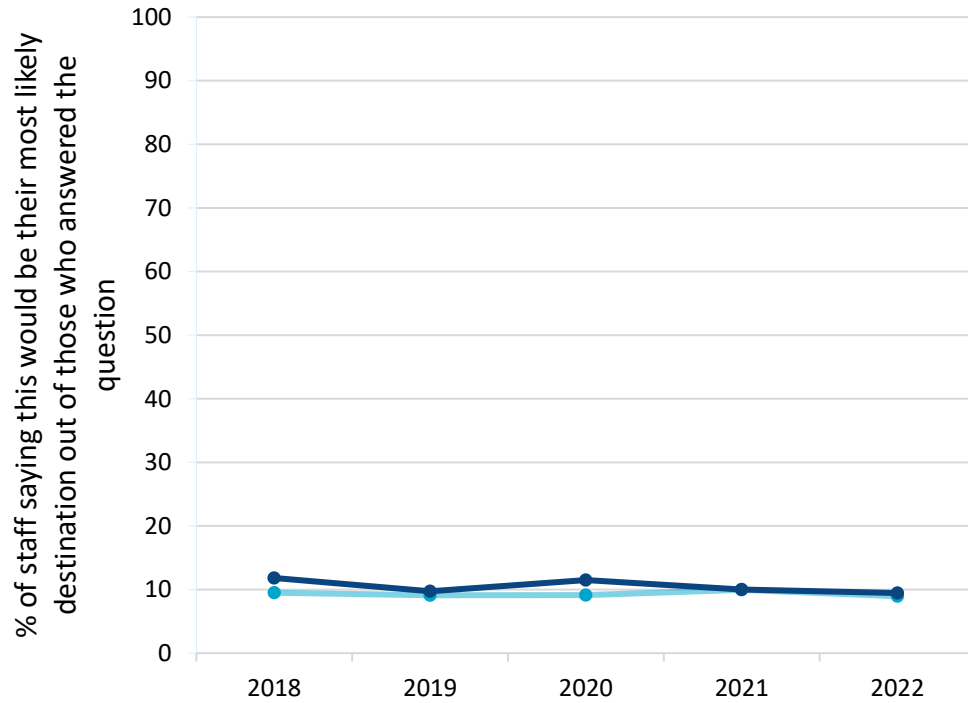


2018 2019 2020 2021 2022

	2018	2019	2020	2021	2022
Your org	10.2%	8.3%	7.4%	9.2%	10.3%
Average	7.5%	6.6%	6.2%	7.9%	9.1%
Responses	3115	3941	3293	4136	3791

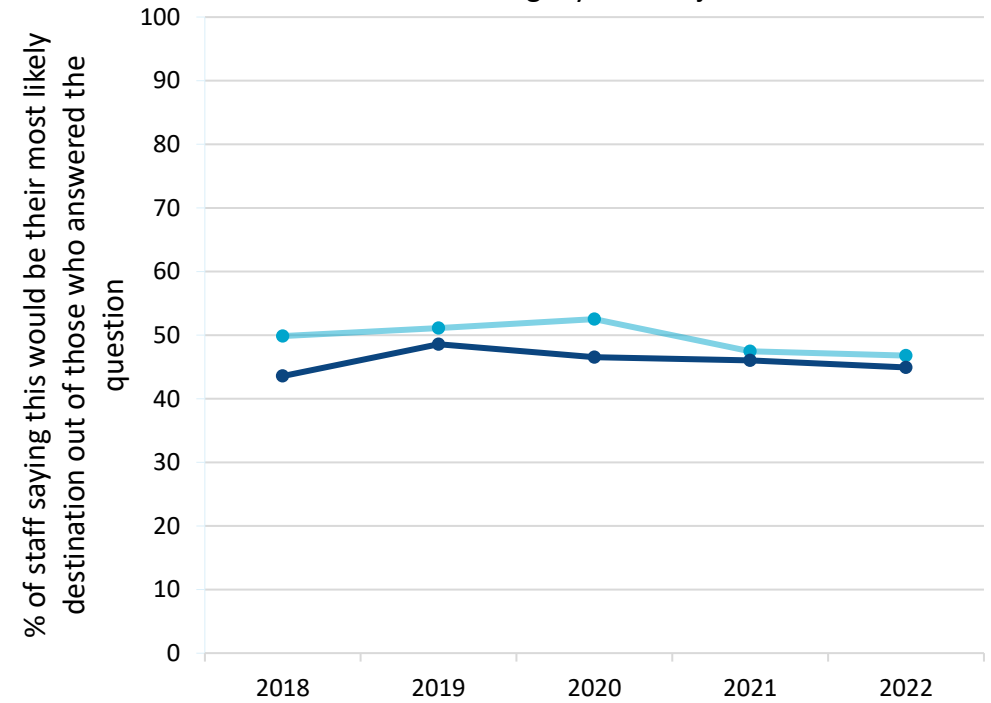


Q24d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



	2018	2019	2020	2021	2022
Your org	11.8%	9.7%	11.5%	10.0%	9.4%
Average	9.5%	9.1%	9.1%	10.0%	8.9%
Responses	3115	3941	3293	4136	3791

Q24d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



	2018	2019	2020	2021	2022
Your org	43.6%	48.6%	46.5%	46.0%	44.9%
Average	49.9%	51.1%	52.5%	47.5%	46.8%
Responses	3115	3941	3293	4136	3791

Workforce Equality Standards

Please note, when there are less than 11 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 2018-2022 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 2018-2022 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 q30b (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.

This year, the text for q30b was updated and the word 'adequate' was updated to 'reasonable'.

The WDES breakdowns are based on the responses to q30a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

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	14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	14b & 14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
8	16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

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		
4ai	14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4aii	14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4aiii	14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4b	14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
6	9e	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	4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	30b	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

Workforce Race Equality Standards (WRES)

N.B.

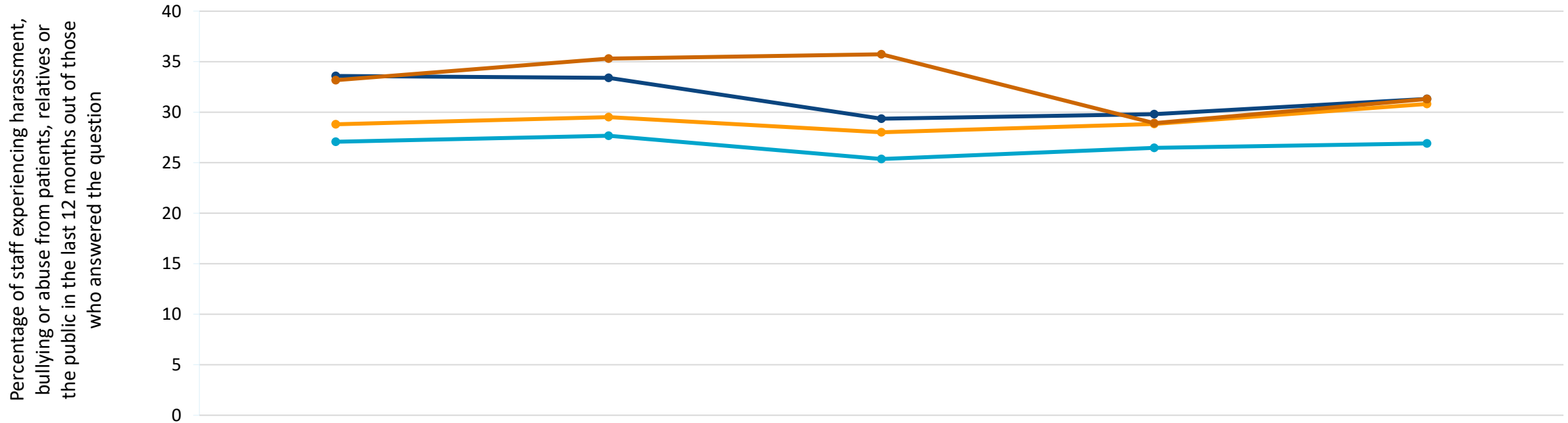
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.
Data shown in the WRES charts are unweighted.

Please note, where there are less than 11 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)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months



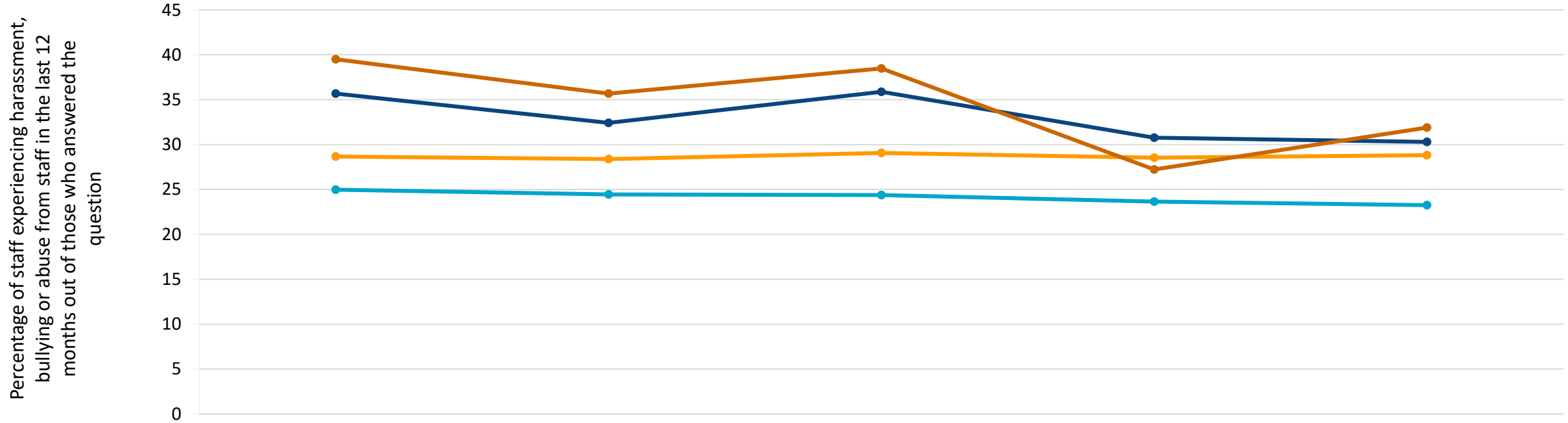
	2018	2019	2020	2021	2022
White staff: Your org	33.6%	33.4%	29.4%	29.8%	31.3%
All other ethnic groups*: Your org	33.2%	35.3%	35.7%	28.9%	31.3%
White staff: Average	27.1%	27.7%	25.4%	26.5%	26.9%
All other ethnic groups*: Average	28.8%	29.5%	28.0%	28.8%	30.8%
White staff: Responses	2849	3306	2606	3258	3088
All other ethnic groups*: Responses	401	643	473	823	856

*Staff from all other ethnic groups combined
 Average calculated as the median for the benchmark group



Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



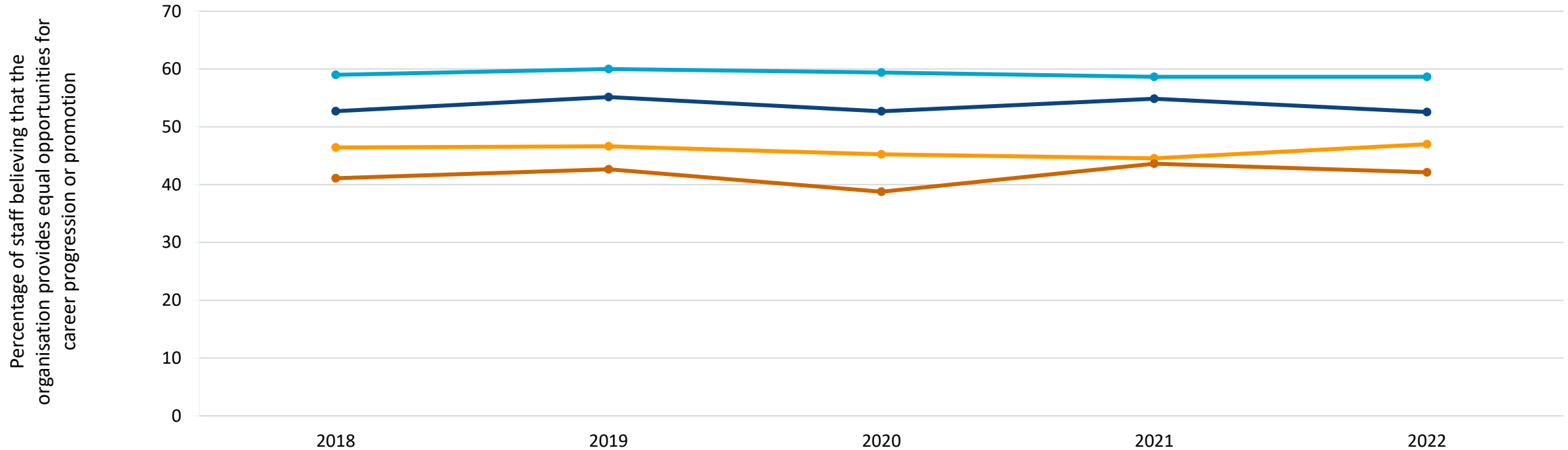
	2018	2019	2020	2021	2022
White staff: Your org	35.7%	32.4%	35.9%	30.8%	30.3%
All other ethnic groups*: Your org	39.5%	35.7%	38.5%	27.2%	31.9%
White staff: Average	25.0%	24.4%	24.4%	23.6%	23.3%
All other ethnic groups*: Average	28.7%	28.4%	29.1%	28.5%	28.8%
White staff: Responses	2826	3310	2609	3267	3090
All other ethnic groups*: Responses	400	642	473	823	856

*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group



Workforce Race Equality Standard (WRES)

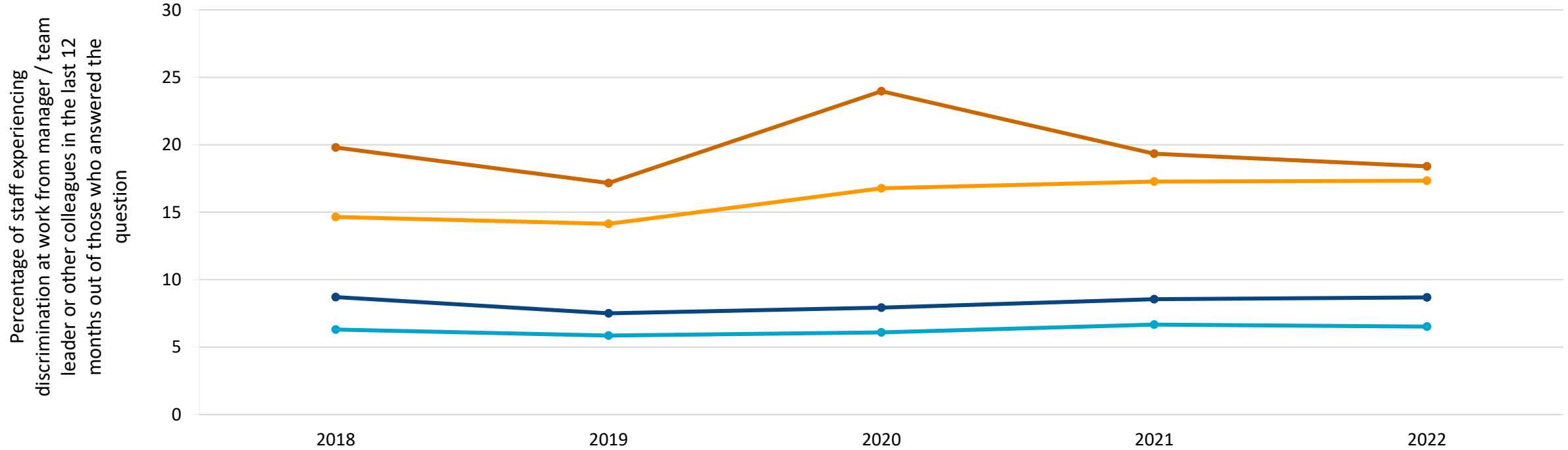
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



	2018	2019	2020	2021	2022
White staff: Your org	52.7%	55.1%	52.7%	54.8%	52.6%
All other ethnic groups*: Your org	41.1%	42.7%	38.8%	43.6%	42.1%
White staff: Average	59.0%	60.0%	59.4%	58.6%	58.6%
All other ethnic groups*: Average	46.4%	46.6%	45.2%	44.6%	47.0%
White staff: Responses	2823	3306	2667	3353	3073
All other ethnic groups*: Responses	399	640	485	846	845

*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group

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



	2018	2019	2020	2021	2022
White staff: Your org	8.7%	7.5%	7.9%	8.5%	8.7%
All other ethnic groups*: Your org	19.8%	17.2%	24.0%	19.3%	18.4%
White staff: Average	6.3%	5.9%	6.1%	6.7%	6.5%
All other ethnic groups*: Average	14.6%	14.1%	16.8%	17.3%	17.3%
White staff: Responses	2836	3306	2688	3369	3087
All other ethnic groups*: Responses	394	641	484	843	848

*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group

Workforce Disability Equality Standards (WDES)

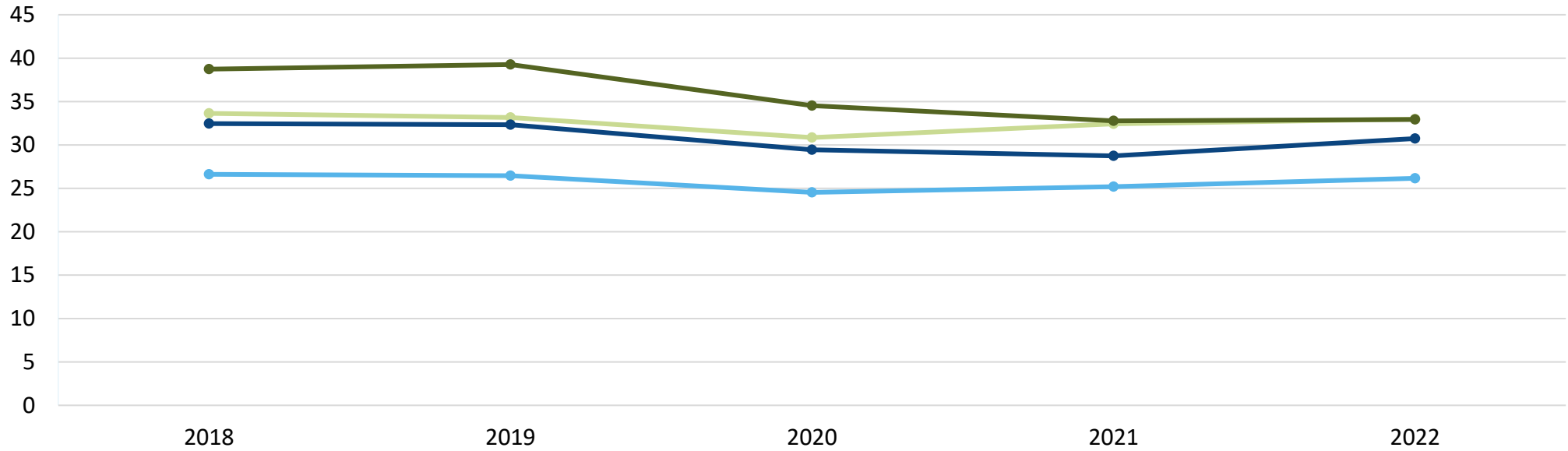
N.B.

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed.
Data shown in the WDES charts are unweighted.

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

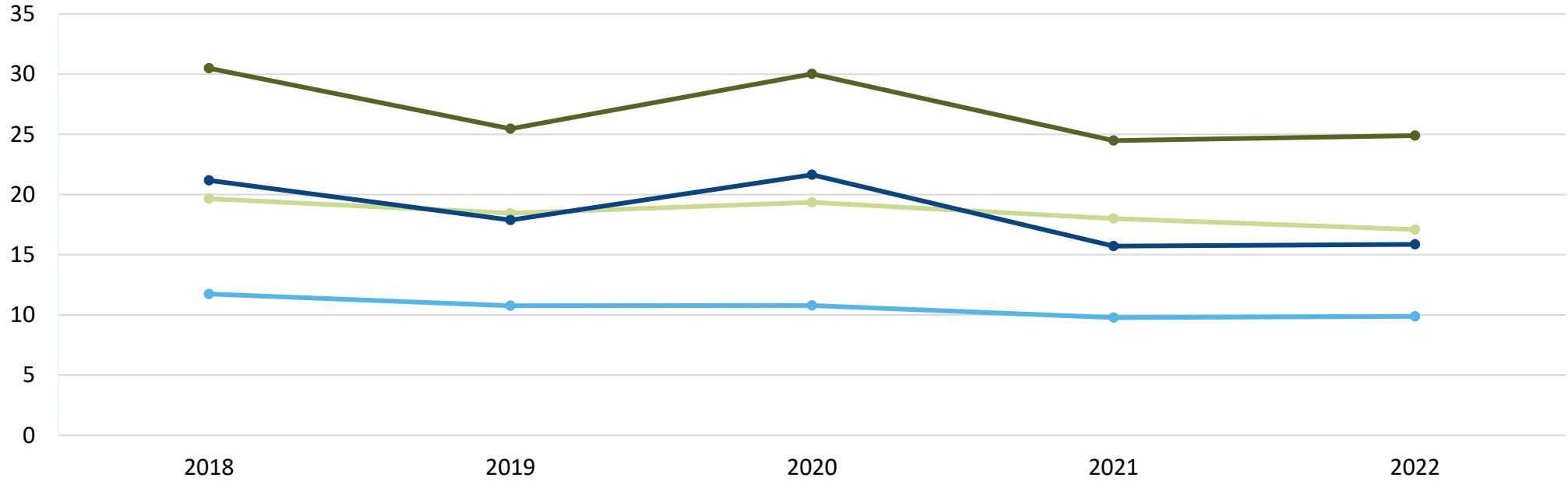
Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	38.7%	39.3%	34.5%	32.8%	32.9%
Staff without a LTC or illness: Your org	32.5%	32.3%	29.4%	28.7%	30.7%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%	33.0%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%	26.2%
Staff with a LTC or illness: Responses	617	764	698	1007	911
Staff without a LTC or illness: Responses	2563	3266	2449	3138	3051

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

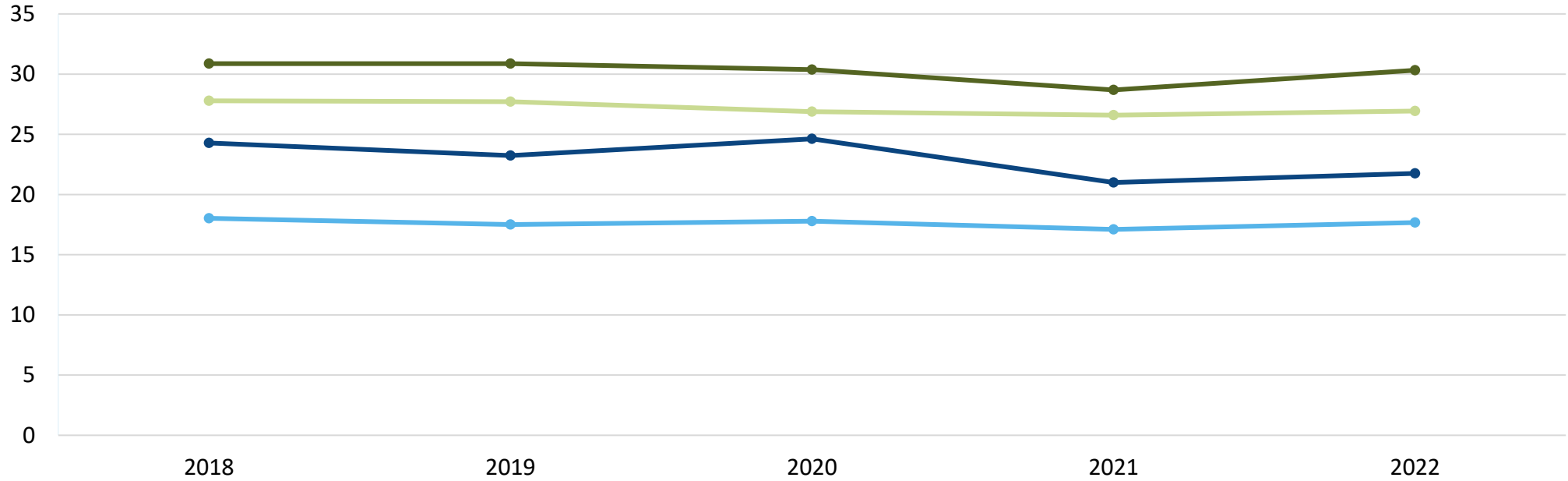
Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	30.5%	25.5%	30.0%	24.5%	24.9%
Staff without a LTC or illness: Your org	21.2%	17.9%	21.6%	15.7%	15.9%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%	17.1%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%	9.9%
Staff with a LTC or illness: Responses	610	758	696	1001	904
Staff without a LTC or illness: Responses	2532	3249	2444	3132	3040

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

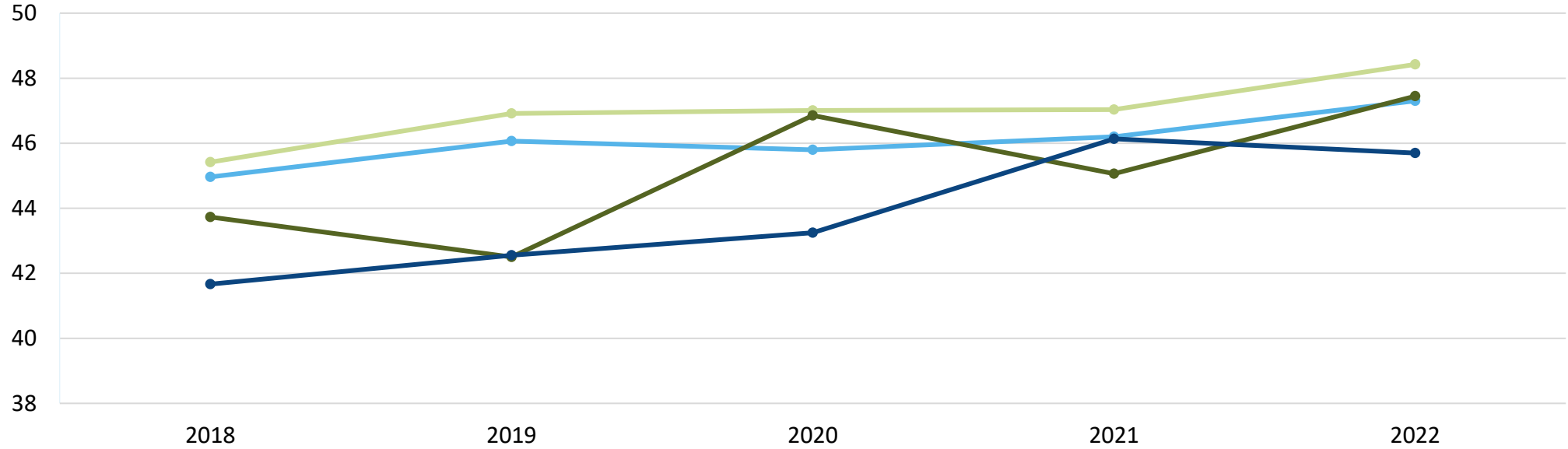
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	30.9%	30.9%	30.4%	28.7%	30.3%
Staff without a LTC or illness: Your org	24.3%	23.2%	24.6%	21.0%	21.8%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%	17.7%
Staff with a LTC or illness: Responses	609	758	698	997	907
Staff without a LTC or illness: Responses	2516	3262	2449	3119	3038

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it out of those who answered the question

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

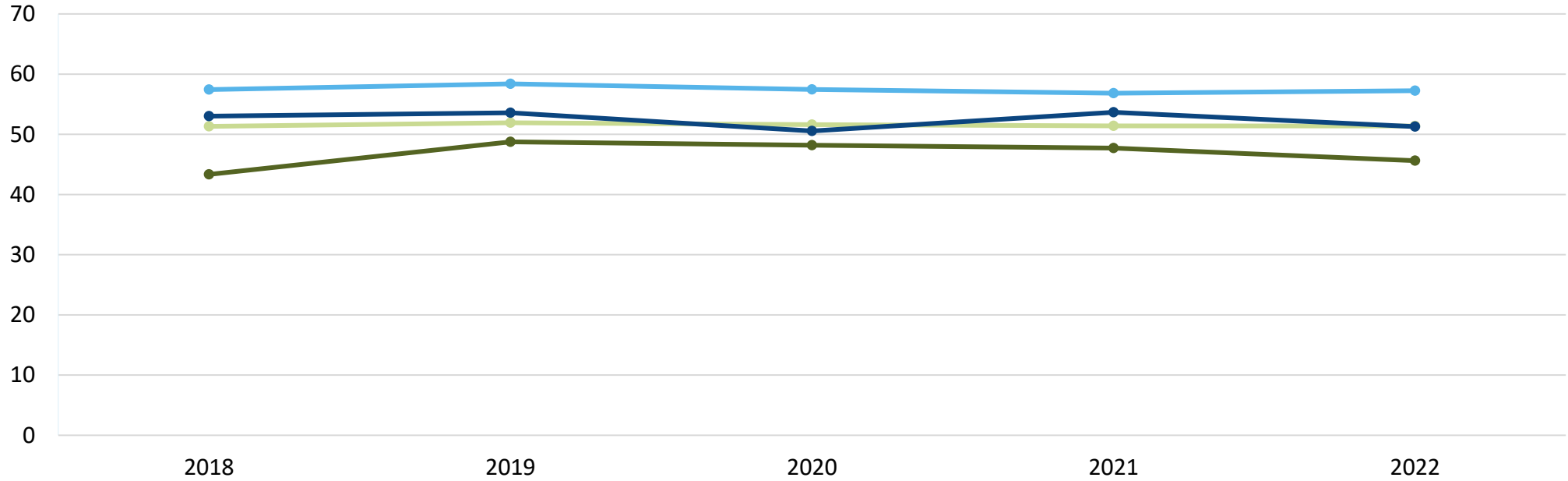


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	43.7%	42.5%	46.9%	45.1%	47.5%
Staff without a LTC or illness: Your org	41.7%	42.6%	43.2%	46.1%	45.7%
Staff with a LTC or illness: Average	45.4%	46.9%	47.0%	47.0%	48.4%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%	46.2%	47.3%
Staff with a LTC or illness: Responses	327	400	350	466	451
Staff without a LTC or illness: Responses	1044	1363	1022	1177	1151



Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion out of those who answered the question

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

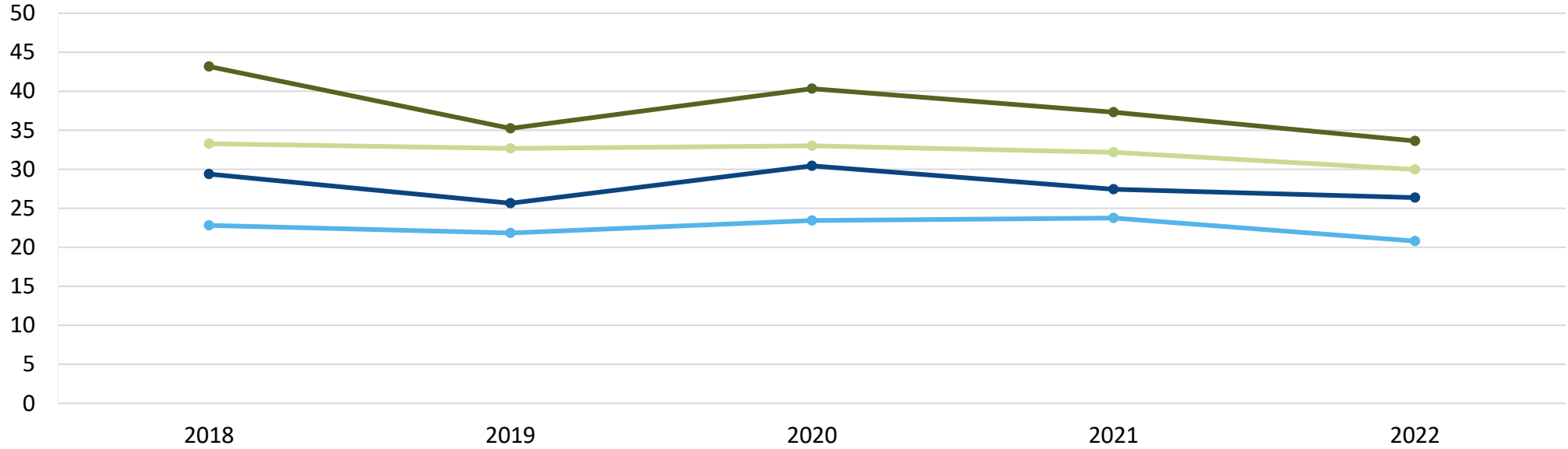


	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	43.3%	48.8%	48.2%	47.7%	45.6%
Staff without a LTC or illness: Your org	53.0%	53.6%	50.6%	53.7%	51.3%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%	57.3%
Staff with a LTC or illness: Responses	616	767	722	1033	903
Staff without a LTC or illness: Responses	2542	3261	2504	3233	3034



Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties out of those who answered the question

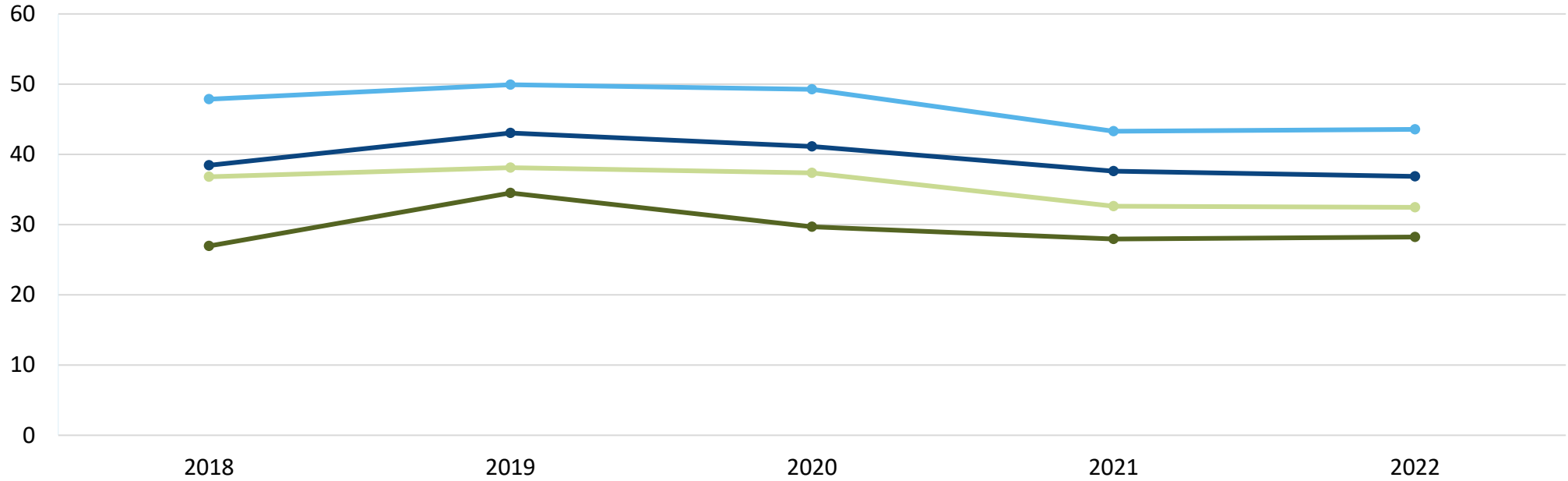
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	43.2%	35.2%	40.3%	37.3%	33.6%
Staff without a LTC or illness: Your org	29.4%	25.7%	30.4%	27.4%	26.4%
Staff with a LTC or illness: Average	33.3%	32.7%	33.0%	32.2%	30.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%	23.7%	20.8%
Staff with a LTC or illness: Responses	454	593	496	745	669
Staff without a LTC or illness: Responses	1423	1836	1160	1644	1589

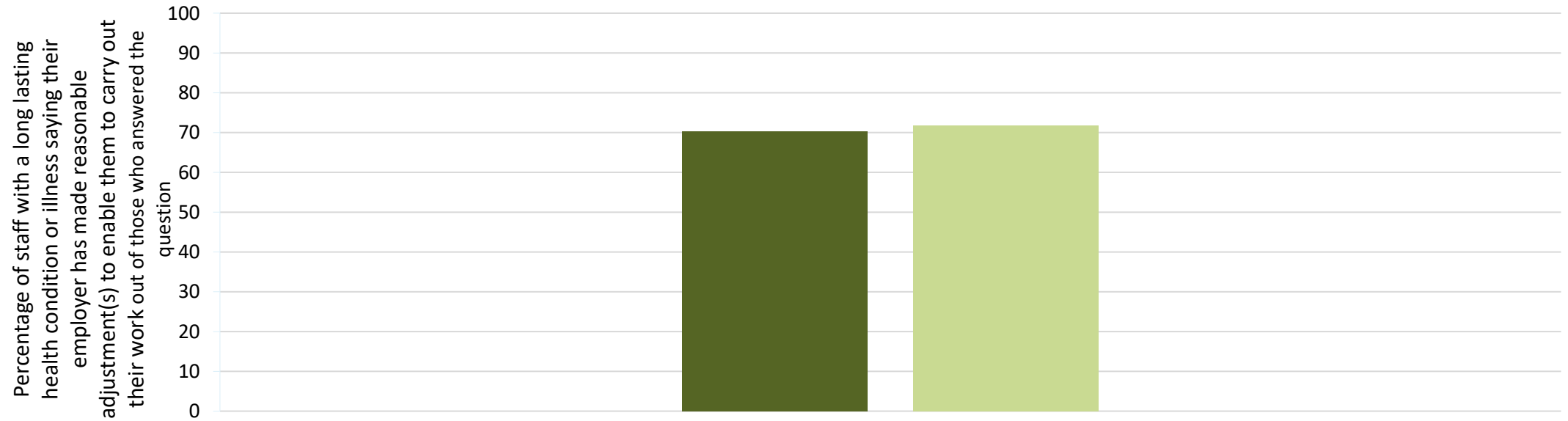
Percentage of staff satisfied with the extent to which their organisation values their work out of those who answered the question

Percentage of staff satisfied with the extent to which their organisation values their work.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	27.0%	34.5%	29.7%	28.0%	28.2%
Staff without a LTC or illness: Your org	38.4%	43.1%	41.1%	37.6%	36.9%
Staff with a LTC or illness: Average	36.8%	38.1%	37.4%	32.6%	32.5%
Staff without a LTC or illness: Average	47.9%	49.9%	49.3%	43.3%	43.6%
Staff with a LTC or illness: Responses	612	768	731	1041	914
Staff without a LTC or illness: Responses	2557	3282	2521	3251	3063

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.



2022

Staff with a LTC or illness: Your org

70.4%

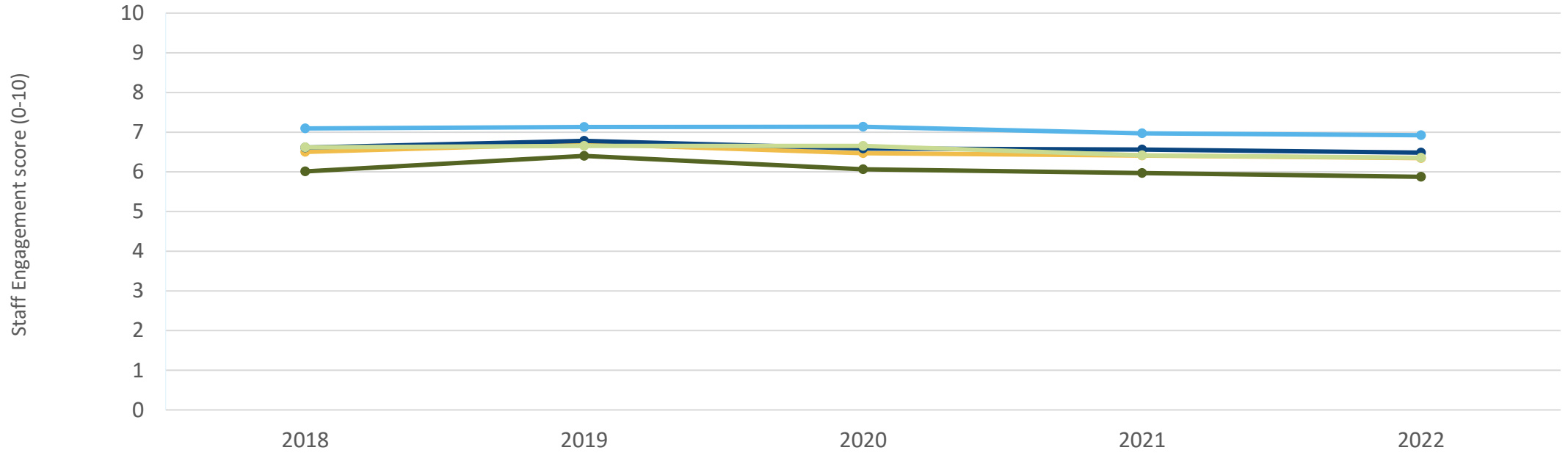
Staff with a LTC or illness: Average

71.8%

Staff with a LTC or illness: Responses

513

Staff engagement score (0-10)

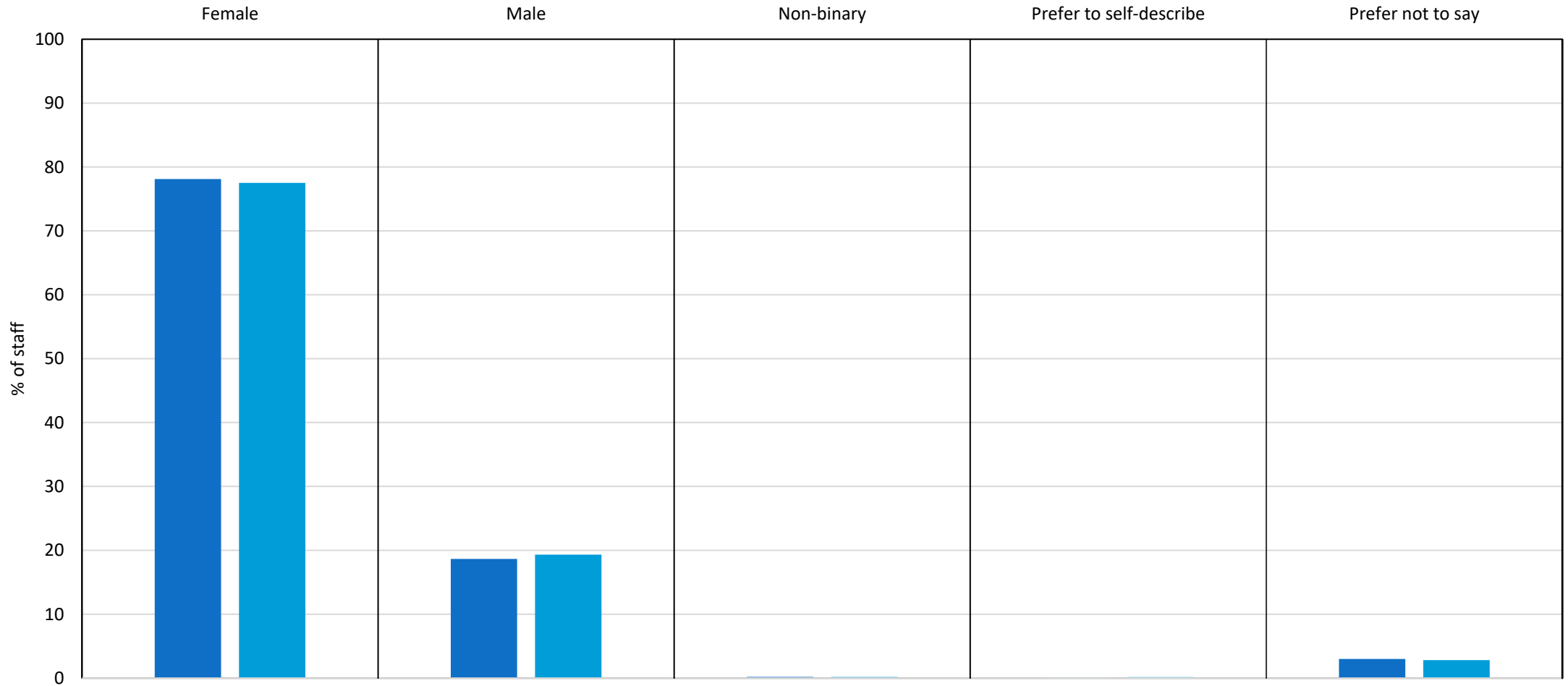


	2018	2019	2020	2021	2022
Organisation average	6.5	6.7	6.5	6.4	6.3
Staff with a LTC or illness: Your org	6.0	6.4	6.1	6.0	5.9
Staff without a LTC or illness: Your org	6.6	6.8	6.6	6.6	6.5
Staff with a LTC or illness: Average	6.6	6.7	6.7	6.4	6.4
Staff without a LTC or illness: Average	7.1	7.1	7.1	7.0	6.9
Staff with a LTC or illness: Responses	618	771	731	1041	913
Staff without a LTC or illness: Responses	2575	3284	2525	3255	3070

About your respondents

This section will show demographic information for 2022.

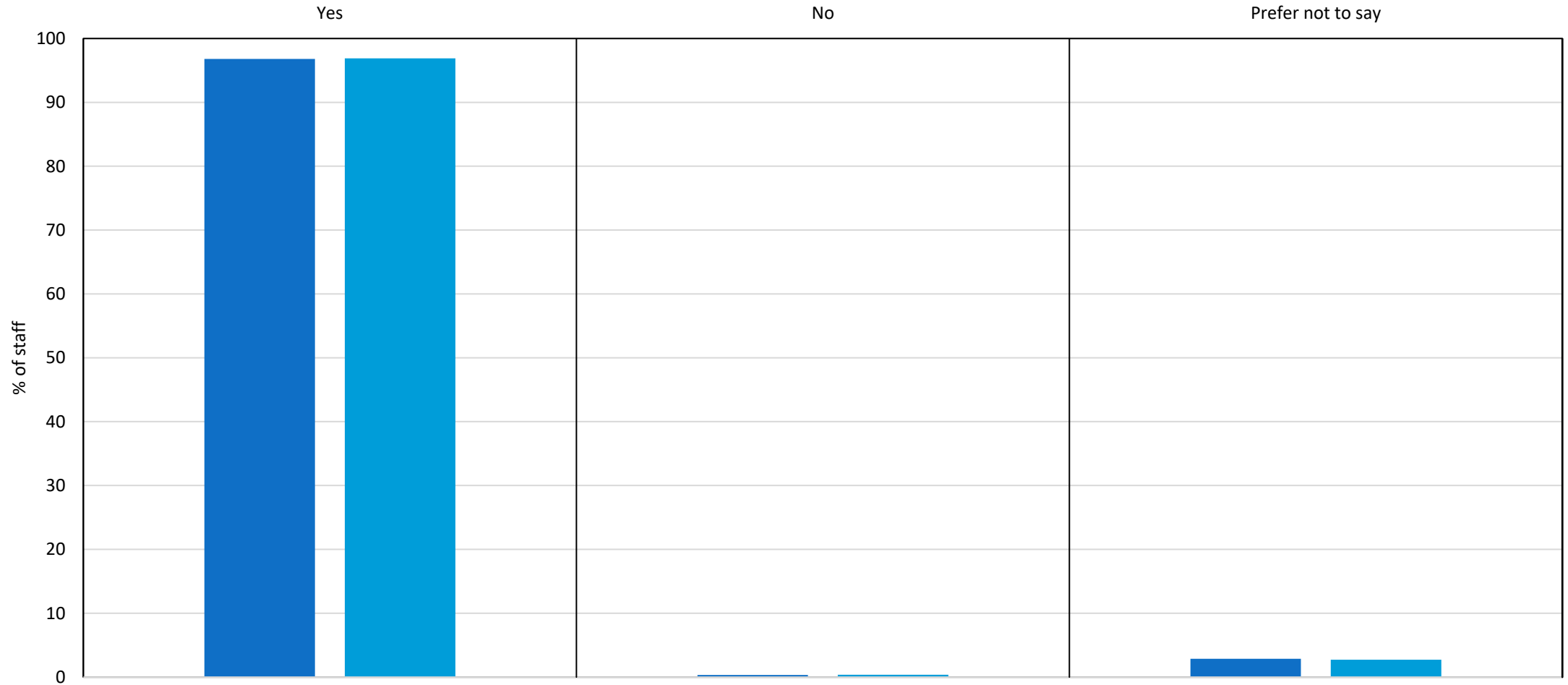
Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.



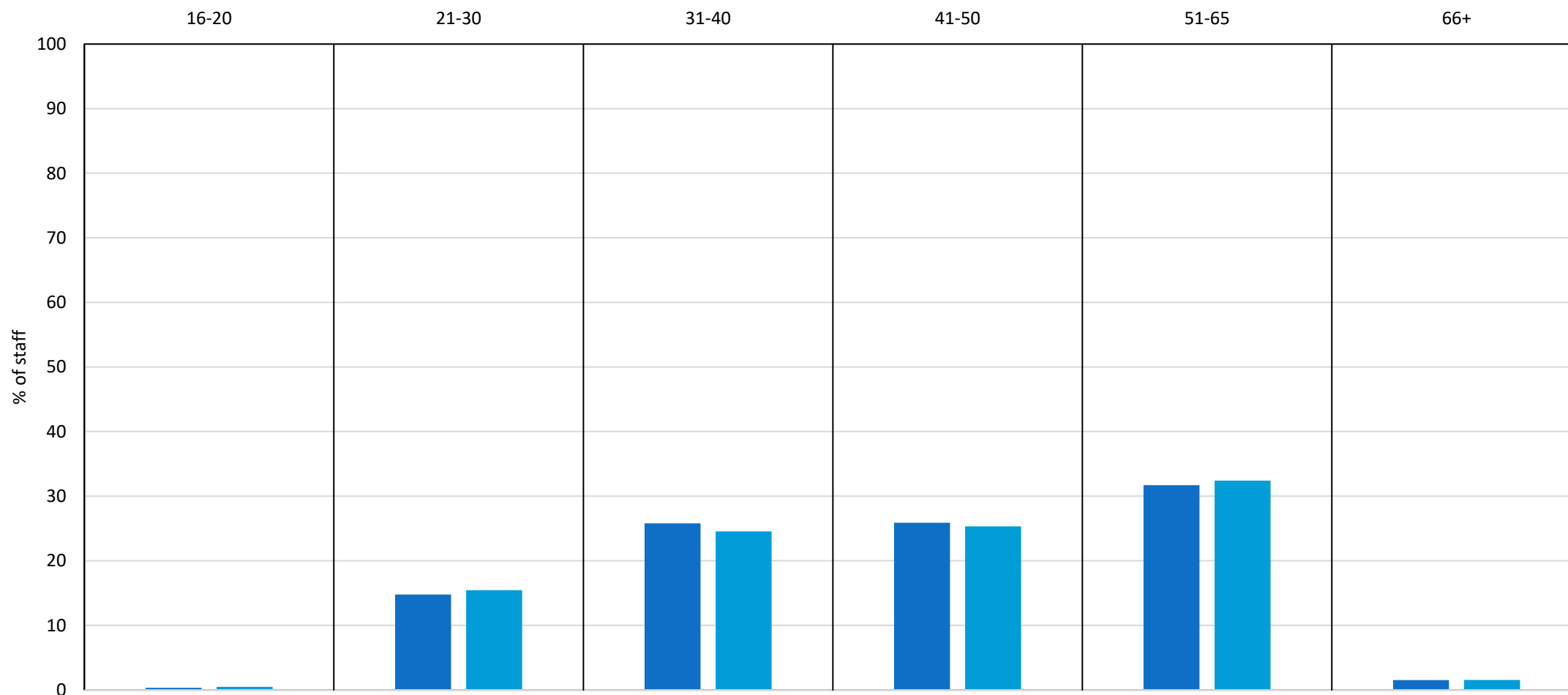
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	78.1%	18.6%	0.2%	0.1%	3.0%
Average	77.5%	19.3%	0.2%	0.1%	2.8%
Responses	3979	3979	3979	3979	3979



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



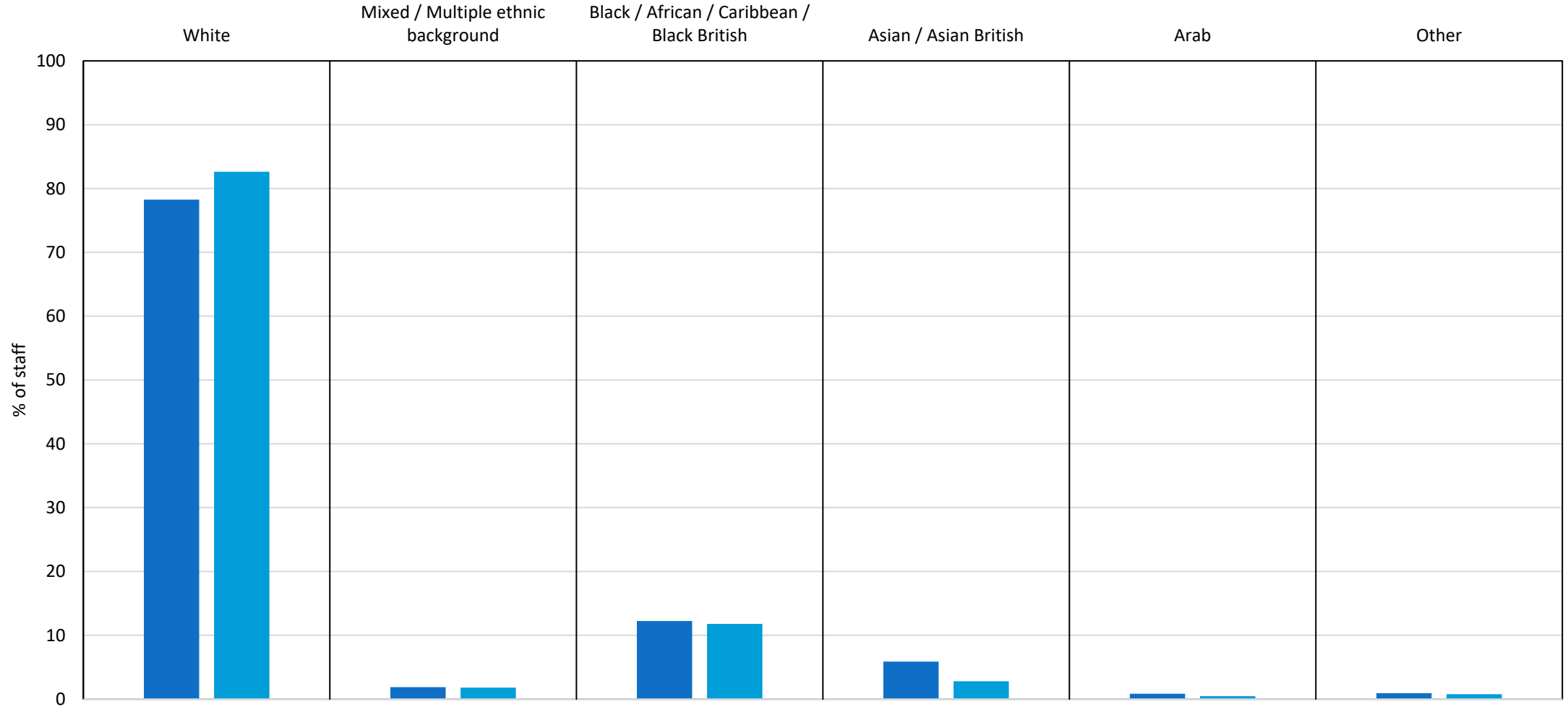
Responses	Yes	No	Prefer not to say
Your org	96.8%	0.3%	2.9%
Average	96.9%	0.4%	2.7%
Responses	3939	3939	3939



Your org	0.3%	14.8%	25.8%	25.9%	31.7%	1.5%
Average	0.5%	15.4%	24.5%	25.3%	32.4%	1.5%
Responses	3994	3994	3994	3994	3994	3994

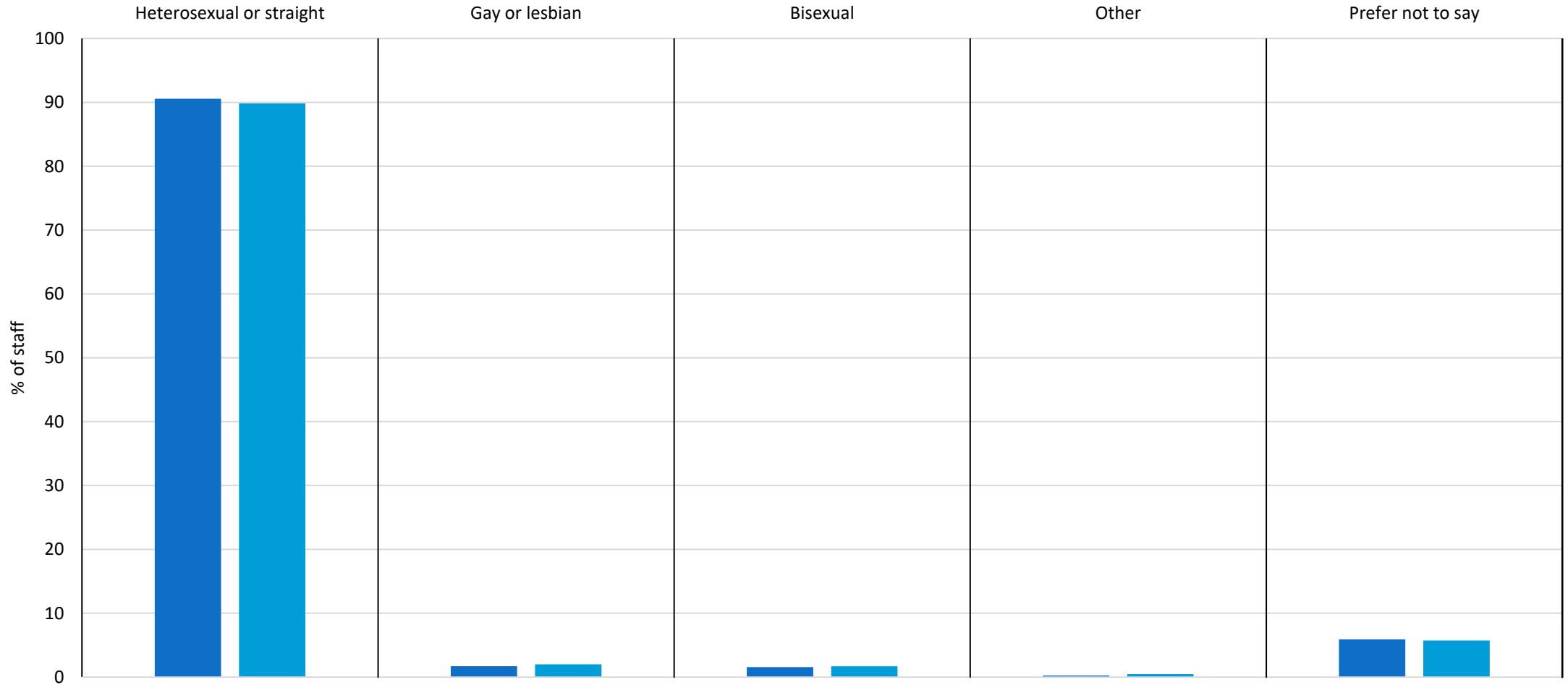


Background details - Ethnicity



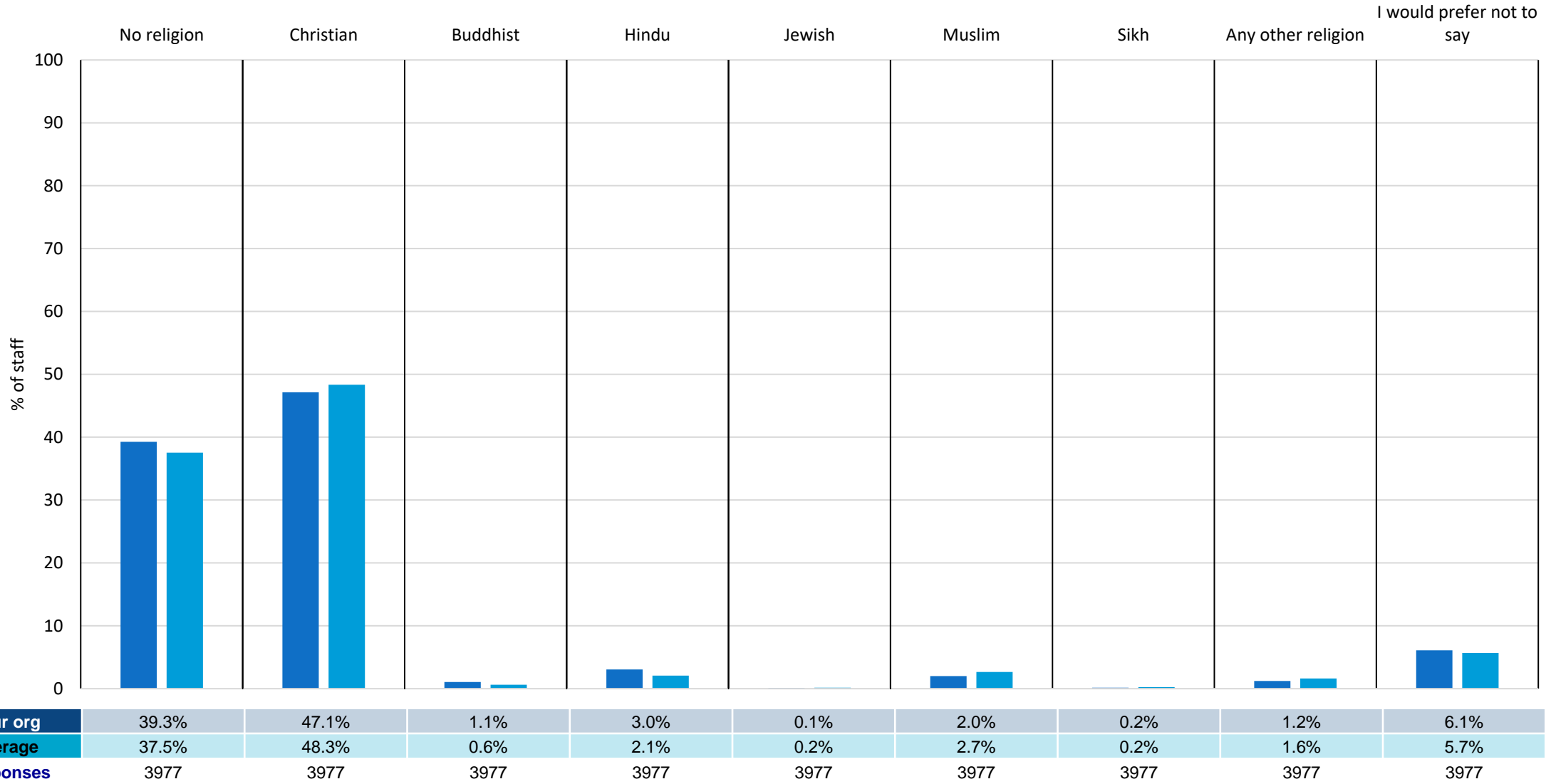
Your org	78.3%	1.9%	12.2%	5.9%	0.8%	0.9%
Average	82.6%	1.8%	11.8%	2.8%	0.5%	0.8%
Responses	3966	3966	3966	3966	3966	3966

Background details – Sexual orientation

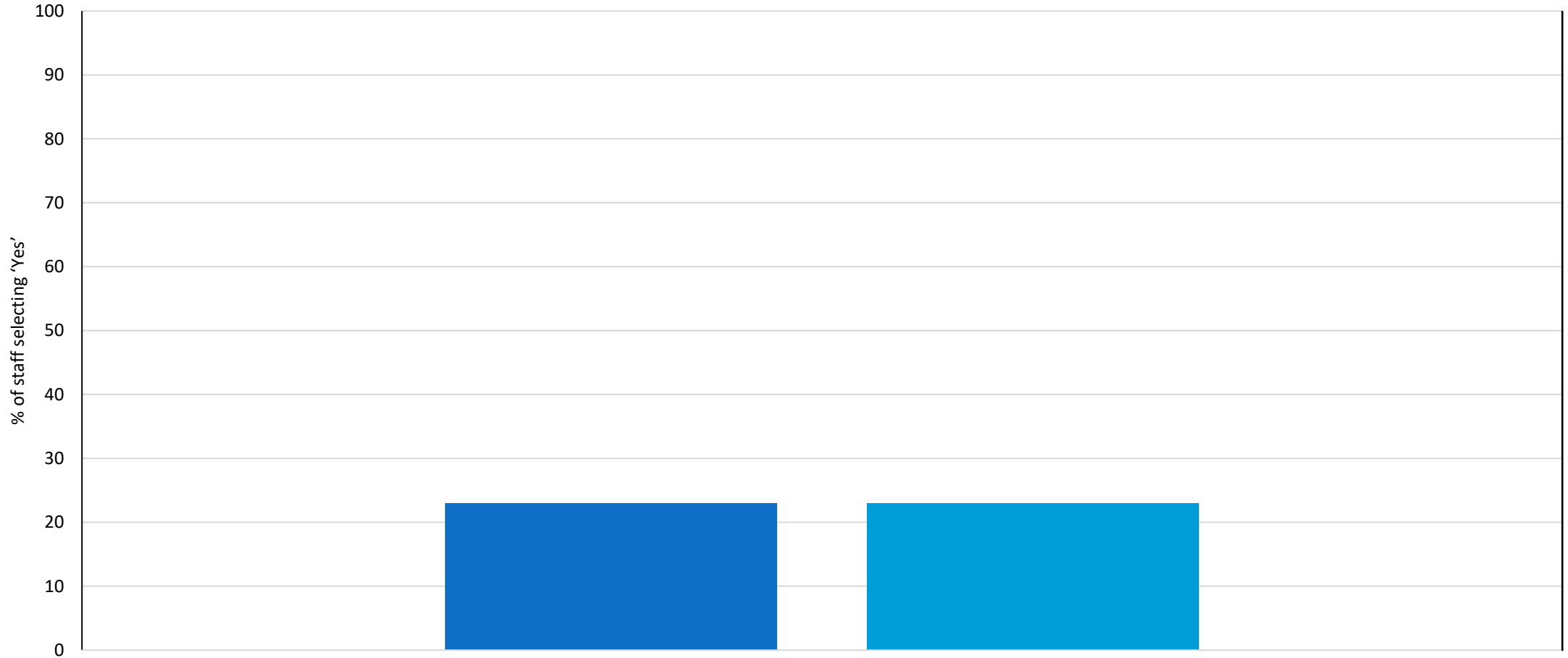


Responses	3972	3972	3972	3972	3972
Your org	90.6%	1.7%	1.6%	0.3%	5.9%
Average	89.8%	2.0%	1.7%	0.5%	5.7%

Background details - Religion



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



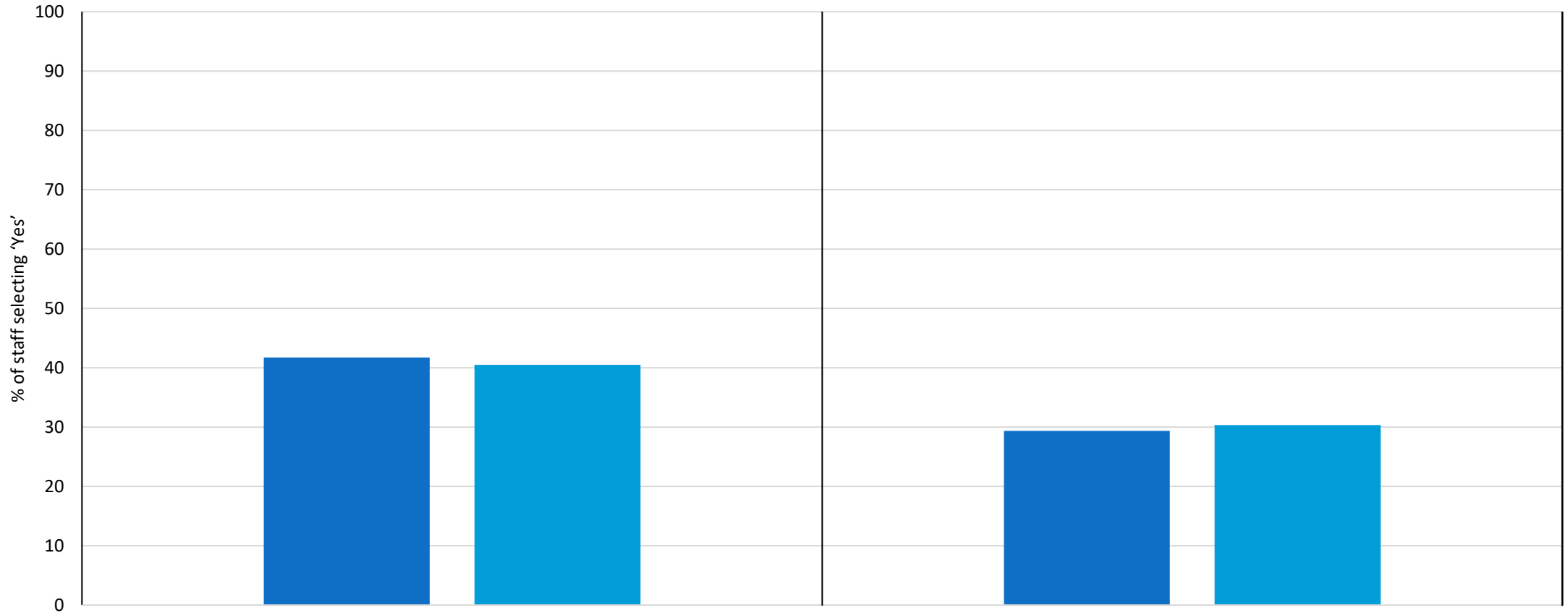
Your org	23.0%
Average	22.9%
Responses	3985



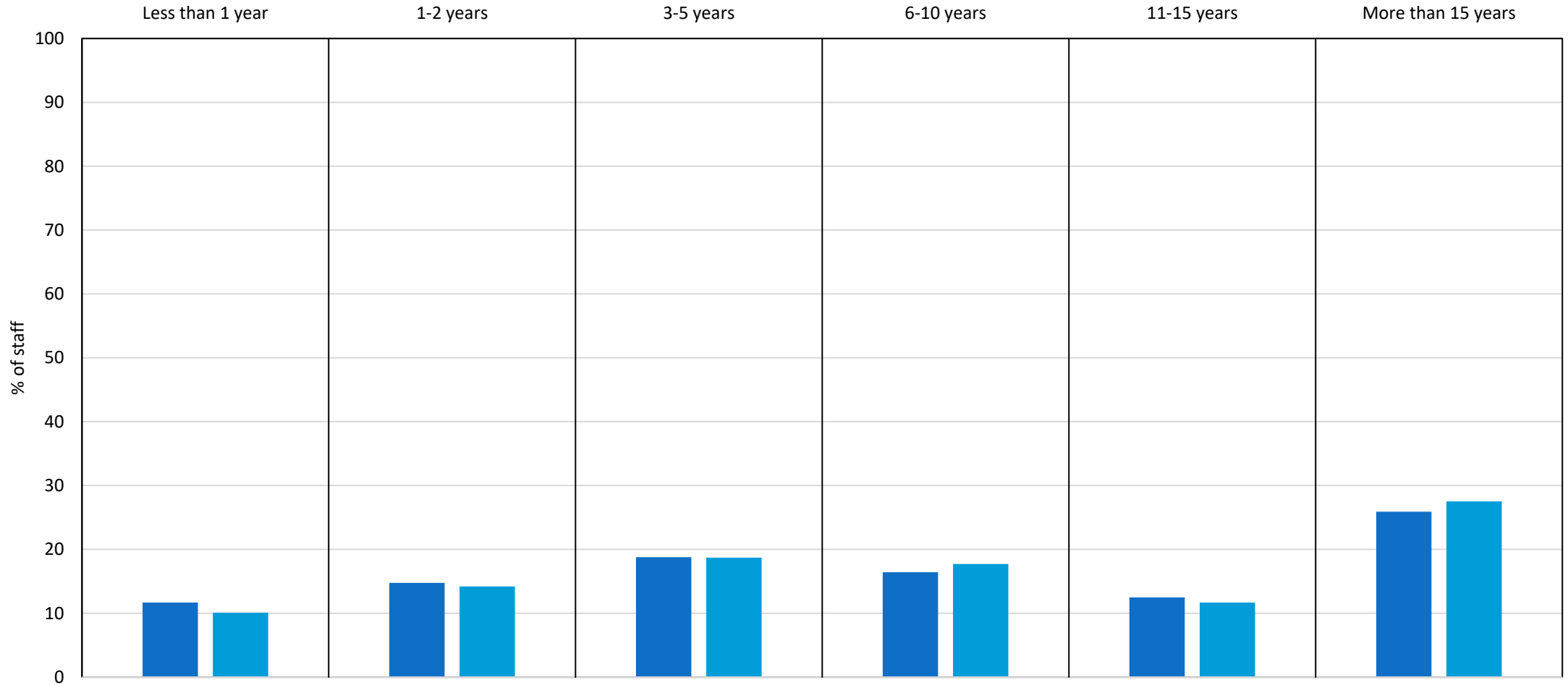
Background details – Parental / caring responsibilities

Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.



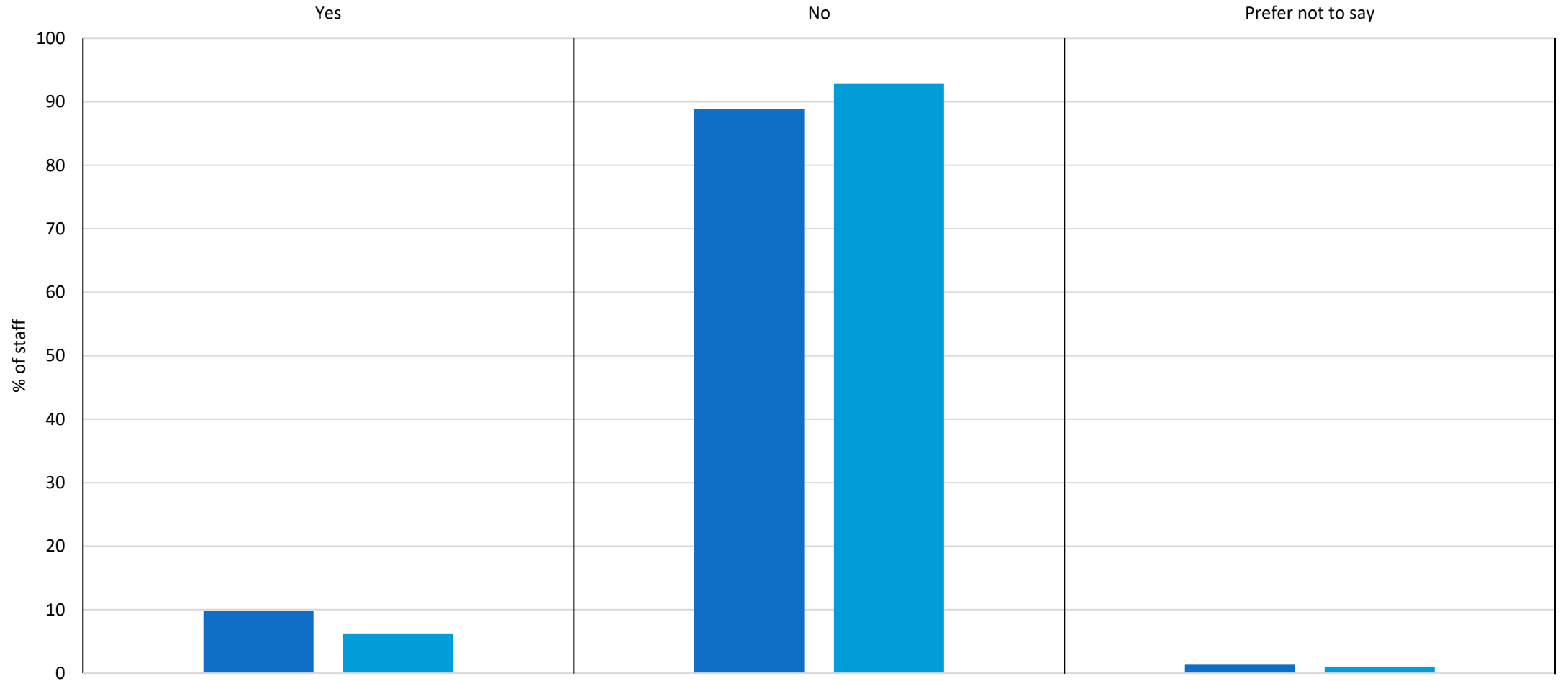
Your org	41.7%	29.4%
Average	40.5%	30.3%
Responses	3996	3989



Your org	11.7%	14.8%	18.8%	16.4%	12.5%	25.9%
Average	10.1%	14.2%	18.7%	17.7%	11.7%	27.5%
Responses	3984	3984	3984	3984	3984	3984

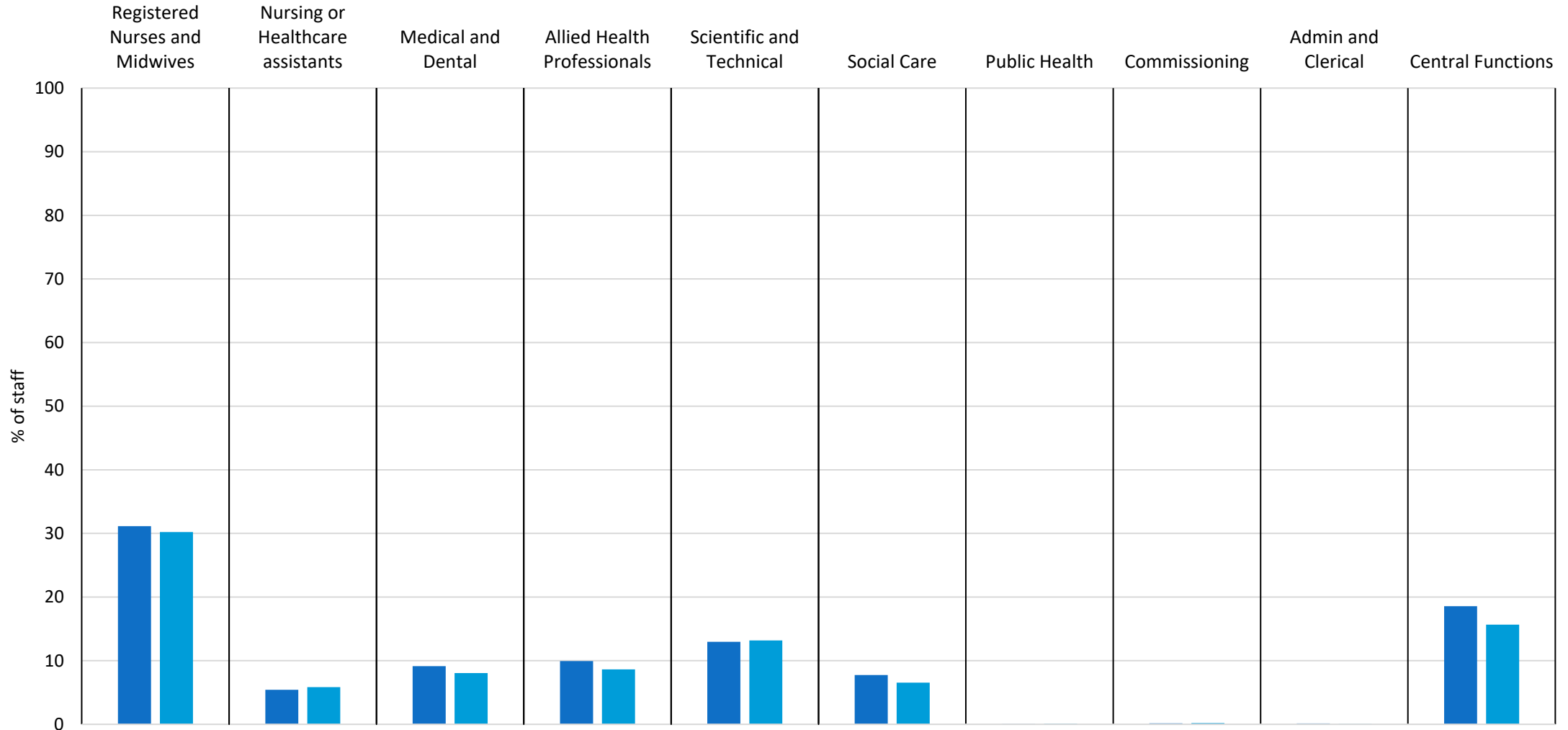


Background details – When you joined this organisation were you recruited from outside of the UK?



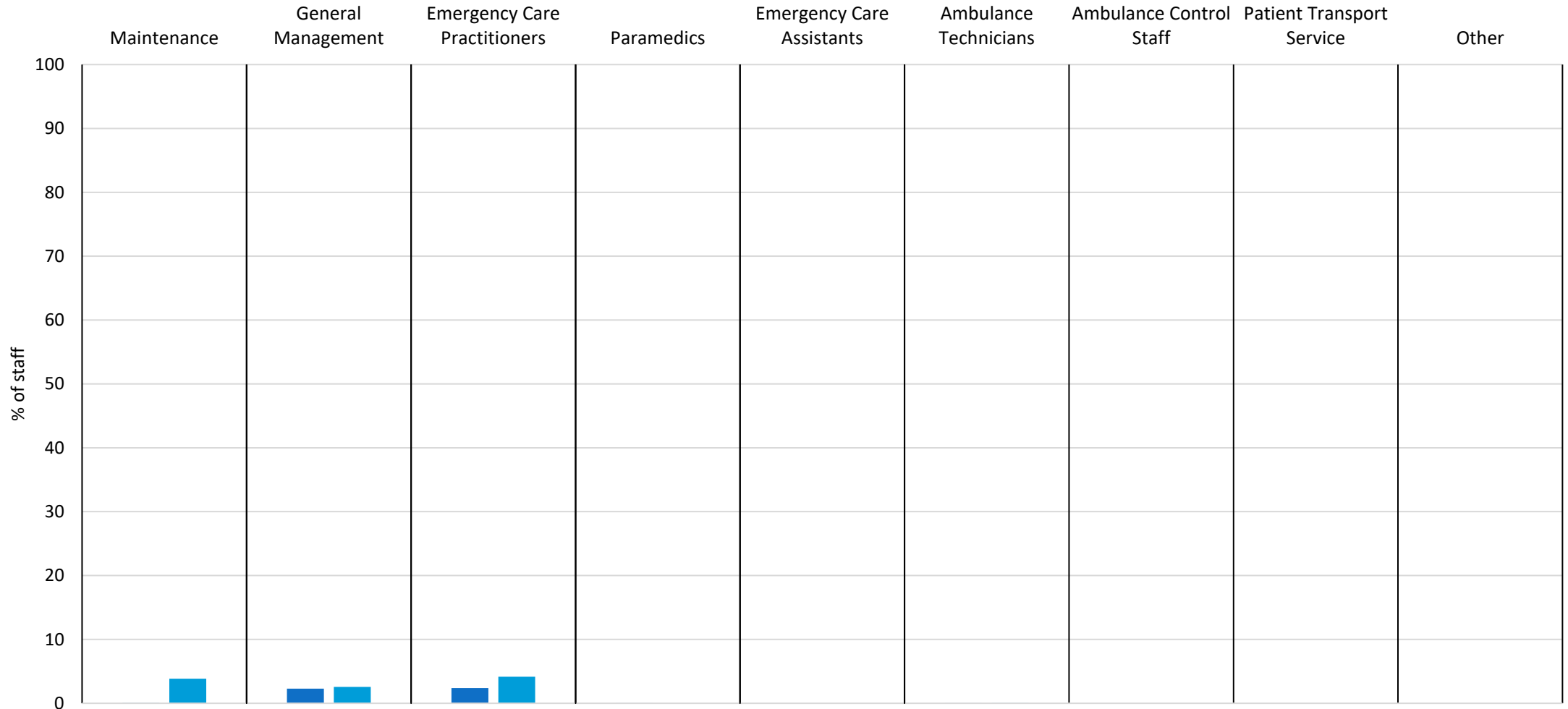
	Yes	No	Prefer not to say
Your org	9.8%	88.8%	1.3%
Average	6.2%	92.8%	1.0%
Responses	3978	3978	3978

Background details – Occupational group



Your org	31.1%	5.4%	9.1%	9.9%	13.0%	7.7%	0.1%	0.2%	0.1%	18.6%
Average	30.2%	5.8%	8.0%	8.6%	13.2%	6.5%	0.1%	0.2%	0.1%	15.7%
Responses	3949	3949	3949	3949	3949	3949	3949	3949	3949	3949

Background details – Occupational group

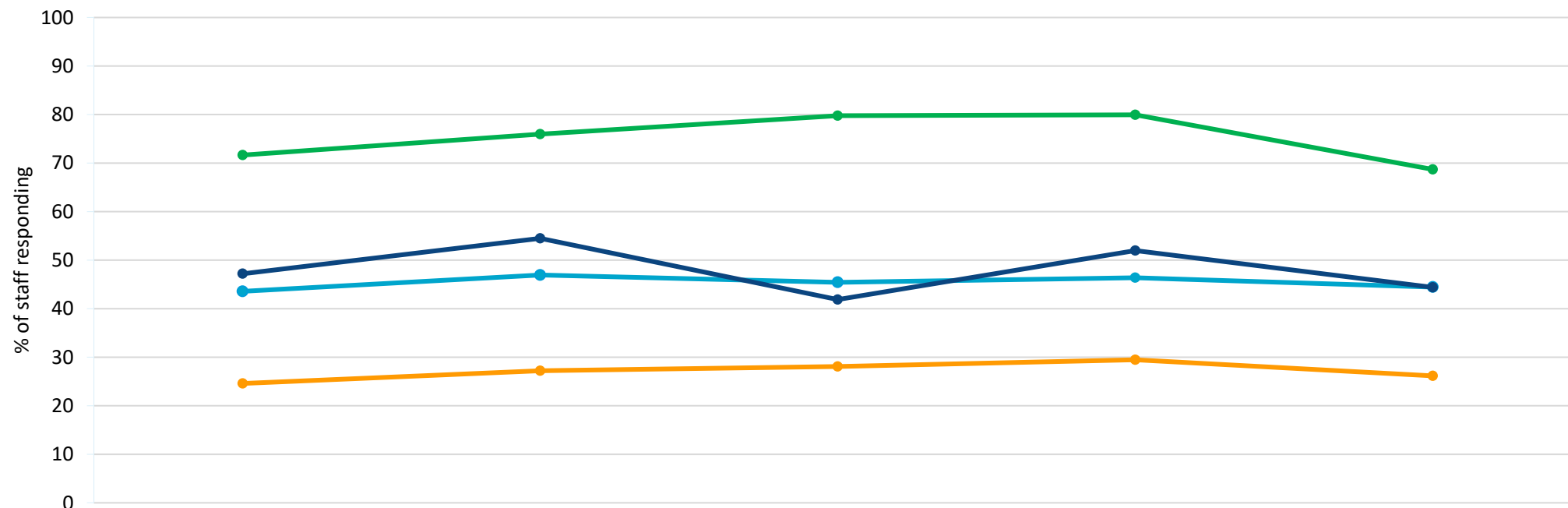


Your org	0.1%	2.3%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Average	3.8%	2.6%	4.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	3949	3949	3949	3949	3949	3949	3949	3949	3949

Appendices

Appendix A: Response rate

Response rate



	2018	2019	2020	2021	2022
Your org	47.2%	54.5%	41.9%	52.0%	44.4%
Highest	71.6%	76.0%	79.8%	79.9%	68.7%
Average	43.6%	46.9%	45.4%	46.4%	44.5%
Lowest	24.6%	27.2%	28.1%	29.5%	26.2%
Responses	3529	4278	3539	4587	4023

Appendix B: Significance testing 2021 vs 2022

The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	6.9	4407	6.8	4012	Not significant
We are recognised and rewarded	5.6	4515	5.5	4015	Not significant
We each have a voice that counts	6.3	4319	6.2	3988	Not significant
We are safe and healthy	5.7	4398	5.7	3998	Not significant
We are always learning	5.1	4183	5.1	3813	Not significant
We work flexibly	5.6	4486	5.7	4009	Not significant
We are a team	6.4	4435	6.4	4008	Not significant
Themes					
Staff Engagement	6.4	4520	6.4	4018	Not significant
Morale	5.5	4512	5.5	4017	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence. For more details please see the [technical document](#).

Appendix C: Tips on using your benchmark report

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 have been included to aid users.

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 score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores 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 graph.

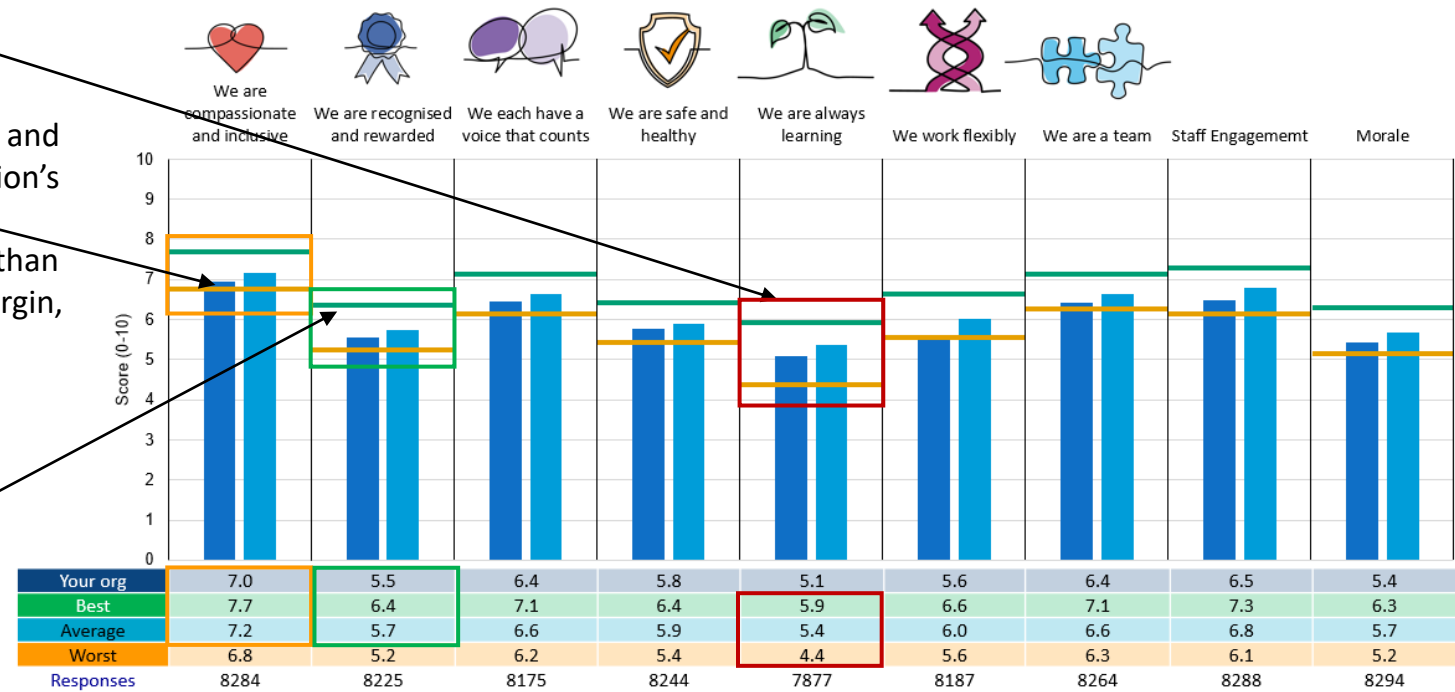
N.B. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking 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 2022.

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores 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' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.



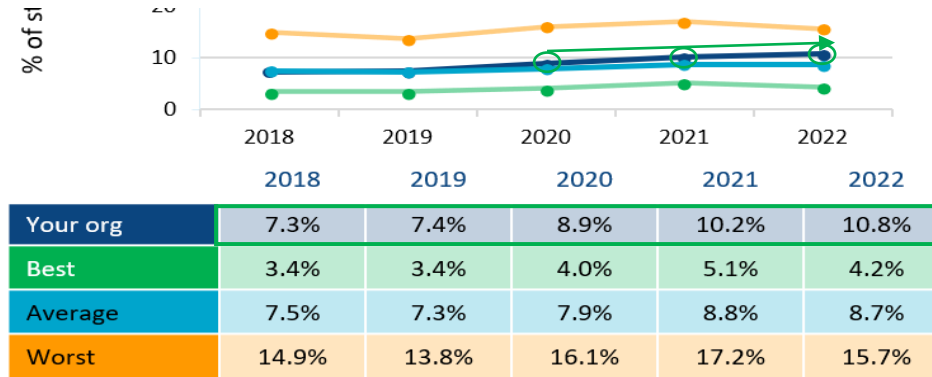
Only one example is highlighted for each point

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' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.

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.

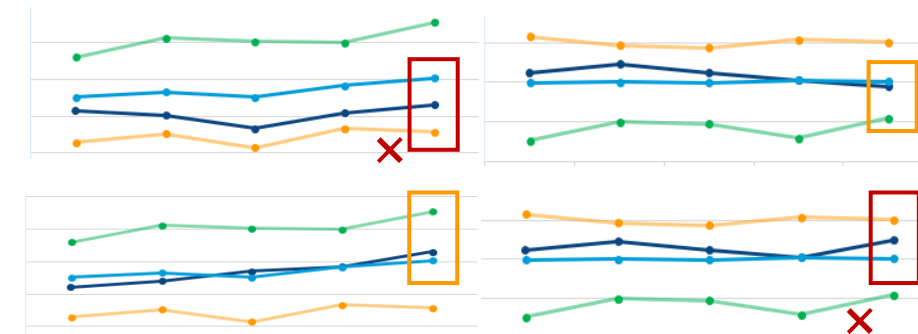


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

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 scores, you should review the sub-scores and questions feeding into these scores. 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' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores 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.



X = Negative driver, org result falls between average & worst benchmarking group result for question

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.

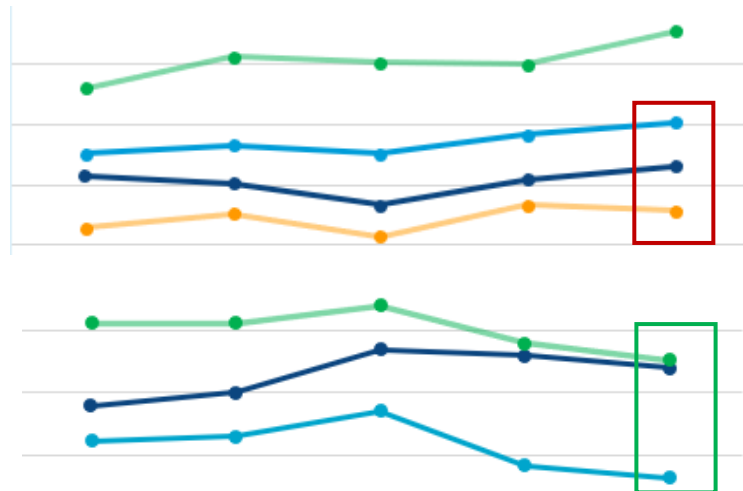
Identifying questions of interest

➤ 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 score 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 'Introduction' section).



- **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. 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 trust 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.

Appendix D: Additional reporting outputs

Please note, where there are less than 11 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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 local results



Local Dashboards: Online dashboards containing results for each participating organisation, similar those provided in this report, with trend data and benchmark results for up to five years where possible. These dashboards additionally 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 results



National Dashboards: Online dashboards containing national results for NHS trusts with trend data for up to five years where possible. These dashboards show the results for different trust types and include the full breakdown or response options for each question.



Regional / System overview and Regional / System breakdown Dashboards containing results for each region and each ICS.



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

NHS Staff Survey 2022

Management report

EAST KENT HOSPITALS
UNIVERSITY NHS FOUNDATION
TRUST

December 2022



Contents

1. [Executive summary](#)
2. [Introduction](#)
3. [Overview of results](#)
4. [Positive score summary](#)
5. [People Promise summary](#)
6. [External benchmarks](#)
7. [Internal benchmarks](#)
8. [Dartboard charts](#)

[Appendix 1: Results poster](#)

[Appendix 2: How your scores are calculated](#)

Executive summary

Section 1



Executive summary (part 1 of 2)

This report summarises the findings from the core [NHS Staff Survey 2022*](#) carried out by Picker, on behalf of [EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST](#). Picker was commissioned by [65 Acute and Acute Community Trusts](#) organisations to run their survey – this report presents your results in comparison to those organisations.

A total of 117 questions were asked in the 2022 survey, of these, [112](#) can be compared to 2021 and [97](#) can be positively scored. Your results include every question where your organisation received at least 11 responses (the minimum required).

<p>9062 Invited to complete the survey</p>	<p>9062 Eligible at the end of survey</p>	<p>44% Completed the survey (4023)</p>	<p>46% Average response rate for similar organisations</p>	<p>52% Your previous response rate</p>
---	--	---	---	---

<p>43% q23c. Would recommend organisation as place to work</p> <p>45% q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation</p> <p>62% q23a. Care of patients/service users is organisation's top priority</p>	<p>Comparison to 2021**</p> <ul style="list-style-type: none"> ■ Significantly better ■ Significantly worse ■ No significant difference 	<p>Comparison with average**</p> <ul style="list-style-type: none"> ■ Significantly better ■ Significantly worse ■ No significant difference
---	--	---

*Bank worker survey results are presented via separate reports for those organisations who took part

**Chart shows the number of questions that are better, worse, or show no significant difference

Executive summary (part 2 of 2)

Top 5 scores vs Organisation Average	Org	Picker Avg
q21c. Appraisal helped me agree clear objectives for my work	33%	32%
q21b. Appraisal helped me improve how I do my job	23%	22%
q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	86%	85%
q13c. Not experienced physical violence from other colleagues	98%	98%

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation	45%	61%
q23c. Would recommend organisation as place to work	43%	57%
q23f. Feel organisation would address any concerns I raised	36%	48%
q20. Feel organisation respects individual differences	59%	70%
q23a. Care of patients/service users is organisation's top priority	62%	73%

Most improved scores	Org 2022	Org 2021
q30b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	70%	66%
q6d. Can approach immediate manager to talk openly about flexible working	63%	60%
q11c. In last 12 months, have not felt unwell due to work related stress	52%	50%
q3e. Involved in deciding changes that affect work	45%	43%
q21c. Appraisal helped me agree clear objectives for my work	33%	31%

Most declined scores	Org 2022	Org 2021
q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation	45%	53%
q4c. Satisfied with level of pay	22%	27%
q23b. Organisation acts on concerns raised by patients/service users	57%	62%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	58%	62%
q19a. Would feel secure raising concerns about unsafe clinical practice	66%	70%

Introduction

Section 2



NHS Staff Survey 2022

Survey background

The [NHS Staff Survey](#) runs every year. All eligible NHS organisations in England are required to conduct the survey. As a survey contractor, we worked with [65 Acute and Acute Community Trusts](#) organisations on the NHS Staff Survey 2022. This report shows your results in comparison to the average of those organisations (the “Picker Average”).

In 2022, an additional survey specifically for bank workers was developed and run alongside the core NHS Staff Survey. These results are not comparable to the core NHS Staff Survey and are presented in separate reports (for those organisations who took part in the optional bank workers survey).

Methodology

The questionnaire used for the core [NHS Staff Survey 2022](#) was developed by the NHS Staff Survey Coordination Centre together with the NHS Advisory Board. NHS England and NHS Improvement have comprehensive guidelines on which staff must be included in the survey, available here:

<https://www.nhsstaffsurveys.com/static/2bb053cc1cd23d75d227529d1f464d8c/Guidance-for-participating-organisations-2022.docx>

The mandated core survey can be found here:

<https://www.nhsstaffsurveys.com/static/16b3c5040ef100531faf4350071257d9/NSS22-Core-Questionnaire-FINAL.pdf>

Reporting

This report uses “positive score” as its primary unit of measurement. This allows you to compare your results historically, and to other similar organisations on a question-by-question basis, for all questions that can be positively scored.

For detailed information about positive scores, significant differences and sample sizes, please see Appendix 2.

How to use this report

When deciding which areas to act upon, a useful approach is to look at a particular section and follow these steps:

- **Identify any key questions where you wish to highlight the results.** The positive score summary is the first step to pick out any questions where the results are significantly different to the Picker Average. This allows you to feed back on where your organisation performs better than the average as well as where you may wish to focus improvement activities.
- **Review your organisation's performance over time.** Our report highlights significant changes from your previous survey and longer term trends over the last several years. Are there particular areas which have been improving or declining over time?
- **Consider how your organisation compares to others.** Look at the External Benchmark charts to see the range of scores and see how you compare with the other organisations that took part in the survey. This will give you an indication as to how you compare and what is a realistic ambition for areas where you may wish to improve.
- **Compare areas within your organisation.** Good practice could be shared and you can also see areas that may need attention. Go to the Internal Benchmark section to see where this is the case.

Overview of results

Section 3



Survey activity

44% Overall response rate (total returned as a % of total eligible)

46% Average response rate for similar organisations

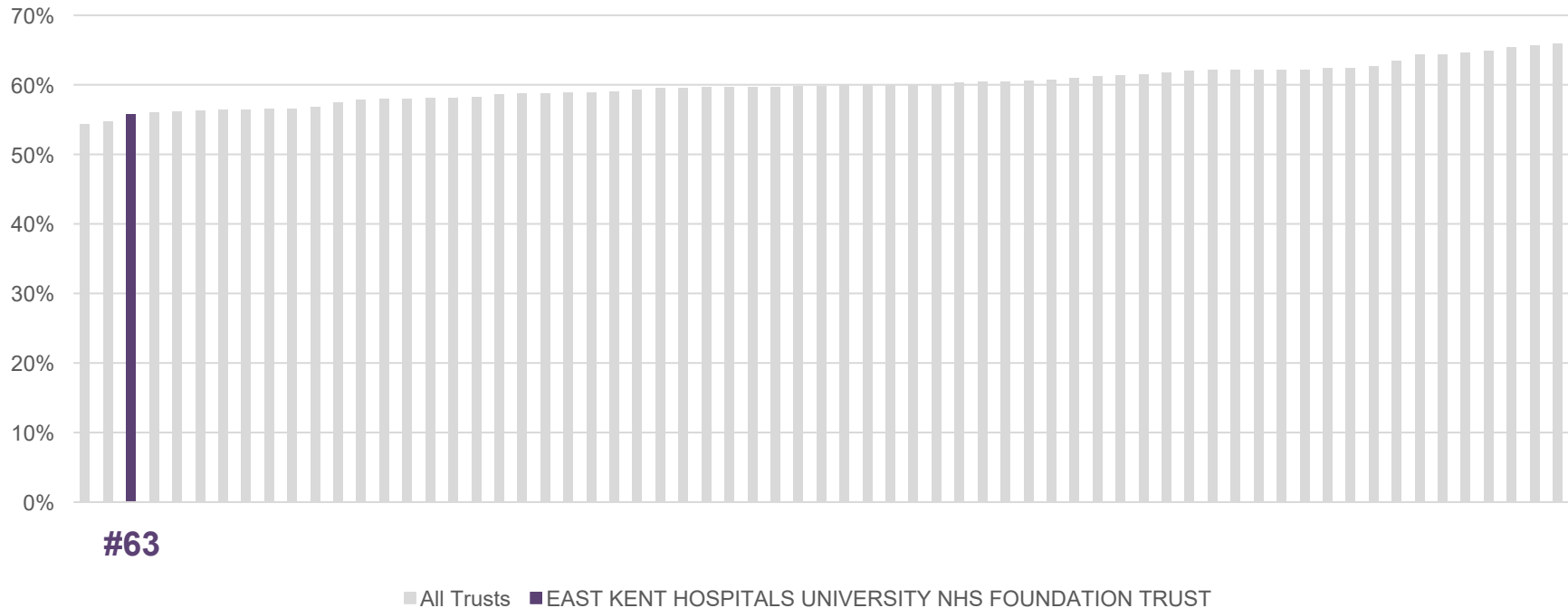
Response totals:

Outcome	Paper	Online	Total
Invited	0	9062	9062
Blank	0	0	0
Completed	0	4023	4023
Excluded	0	0	0
Ineligible	0	0	0
Left organisation	0	0	0
Not returned	0	3634	3634
No further mailings	0	0	0
Opted out	0	0	0
Undelivered	0	1405	1405

League table: overall positive score

The league table shows how your overall positive score is ranked in comparison to the overall positive score of every other [Acute and Acute Community Trusts](#) organisation that ran the [NHS Staff Survey 2022](#) with Picker. The overall positive score is the average positive score for all positively scored questions in the survey.

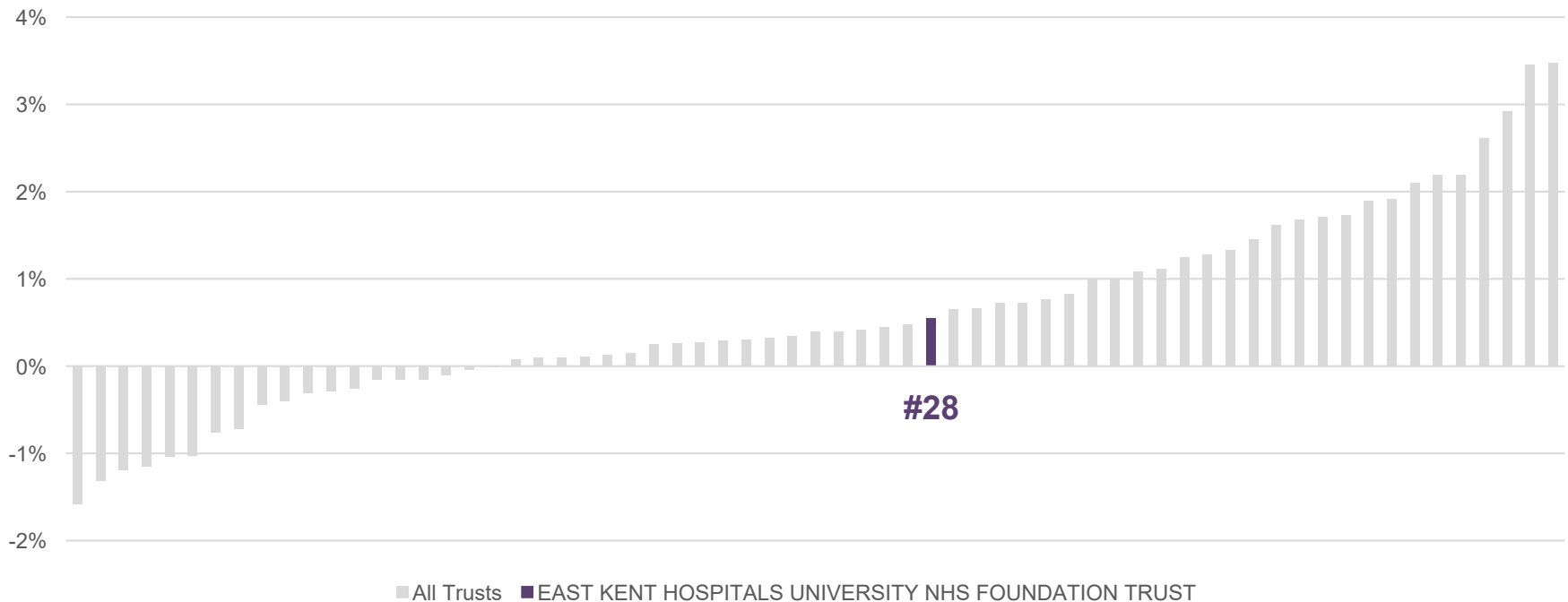
NHS Staff Survey 2022: Overall Positive Score



League table: historic positive score

The historical league table shows how your overall positive score changed from the previous survey, and how this change compares to other organisations [Acute and Acute Community Trusts](#) who ran the [NHS Staff Survey 2022](#) with Picker.

NHS Staff Survey 2022: Overall Positive Score Change



Positive score summary

Section 4: Historical and organisation type comparison



Historical comparisons

This section compares your latest results to your historical scores, as well as to the Picker Average, across a 5 survey period. The average scores have been calculated from all organisations that commissioned Picker to conduct their survey.

How to read the tables

- These tables contain *positive scores*: **higher scores indicate better performance**. For an in-depth explanation of positive scoring, see Appendix 2.
- Coloured cells show where this year's score is *significantly different* to the score in the column to its left (e.g. last year's score, or the organisational average). **Green cells indicate a significantly improved score**, and **red cells show a significantly worse score**. For an in-depth explanation of significance testing, see Appendix 2.
- The left hand section of the table contains historical scores, which show all your positive scores for previous years.
- The right hand side of the table shows your score for this year vs. the average for similar organisations.

Example Table:

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
Q2a	Often/always look forward to going to work	59%	61%	67%	62%	62%	58%	64%
Q2b	Often/always enthusiastic about my job	70%	72%	73%	75%	69%	74%	75%

YOUR JOB (part 1 of 3)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q2a	Often/always look forward to going to work	54%	56%	53%	49%	51%	53%	51%
q2b	Often/always enthusiastic about my job	70%	72%	68%	64%	65%	67%	65%
q2c	Time often/always passes quickly when I am working	74%	76%	72%	71%	70%	73%	70%
q3a	Always know what work responsibilities are	83%	85%	82%	83%	84%	86%	84%
q3b	Feel trusted to do my job	87%	89%	87%	87%	87%	91%	87%
q3c	Opportunities to show initiative frequently in my role	66%	69%	66%	67%	67%	73%	67%
q3d	Able to make suggestions to improve the work of my team/dept	69%	70%	68%	64%	66%	72%	66%
q3e	Involved in deciding changes that affect work	44%	47%	41%	43%	45%	51%	45%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR JOB (part 2 of 3)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q3f	Able to make improvements happen in my area of work	46%	50%	46%	47%	48%	54%	48%
q3g	Able to meet conflicting demands on my time at work	36%	41%	42%	40%	41%	43%	41%
q3h	Have adequate materials, supplies and equipment to do my work	43%	51%	52%	53%	51%	54%	51%
q3i	Enough staff at organisation to do my job properly	24%	28%	33%	24%	26%	26%	26%
q4a	Satisfied with recognition for good work	48%	54%	50%	45%	47%	52%	47%
q4b	Satisfied with extent organisation values my work	36%	42%	38%	35%	35%	42%	35%
q4c	Satisfied with level of pay	31%	32%	31%	27%	22%	26%	22%
q4d	Satisfied with opportunities for flexible working patterns	42%	45%	47%	46%	47%	53%	47%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR JOB (part 3 of 3)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q5a	Have realistic time pressures	18%	19%	21%	20%	21%	22%	21%
q5b	Have a choice in deciding how to do my work	49%	49%	47%	44%	46%	52%	46%
q5c	Relationships at work are unstrained	37%	43%	40%	40%	42%	44%	42%
q6a	Feel my role makes a difference to patients/service users	86%	87%	86%	85%	85%	87%	85%
q6b	Organisation is committed to helping balance work and home life	-	-	-	36%	38%	44%	38%
q6c	Achieve a good balance between work and home life	-	-	-	45%	47%	52%	47%
q6d	Can approach immediate manager to talk openly about flexible working	-	-	-	60%	63%	68%	63%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 1 of 2)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q7a	Team members have a set of shared objectives	68%	70%	66%	70%	70%	72%	70%
q7b	Team members often meet to discuss the team's effectiveness	53%	58%	51%	53%	56%	58%	56%
q7c	Receive the respect I deserve from my colleagues at work	65%	66%	65%	66%	65%	70%	65%
q7d	Team members understand each other's roles	-	-	-	69%	67%	71%	67%
q7e	Enjoy working with colleagues in team	-	-	-	78%	80%	81%	80%
q7f	Team has enough freedom in how to do its work	-	-	-	49%	50%	57%	50%
q7g	Team deals with disagreements constructively	-	-	-	50%	51%	55%	51%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 2 of 2)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q7h	Feel valued by my team	-	-	-	65%	65%	69%	65%
q7i	Feel a strong personal attachment to my team	-	-	-	61%	61%	64%	61%
q8a	Teams within the organisation work well together to achieve objectives	-	-	-	45%	44%	51%	44%
q8b	Colleagues are understanding and kind to one another	-	-	-	66%	66%	70%	66%
q8c	Colleagues are polite and treat each other with respect	-	-	-	67%	67%	71%	67%
q8d	Colleagues show appreciation to one another	-	-	-	63%	63%	67%	63%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR MANAGERS

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q9a	Immediate manager encourages me at work	63%	68%	65%	66%	67%	70%	67%
q9b	Immediate manager gives clear feedback on my work	55%	60%	56%	58%	59%	63%	59%
q9c	Immediate manager asks for my opinion before making decisions that affect my work	50%	52%	49%	53%	55%	58%	55%
q9d	Immediate manager takes a positive interest in my health & well-being	62%	65%	63%	63%	64%	68%	64%
q9e	Immediate manager values my work	66%	69%	66%	66%	67%	71%	67%
q9f	Immediate manager works with me to understand problems	-	-	-	62%	64%	67%	64%
q9g	Immediate manager listens to challenges I face	-	-	-	66%	66%	70%	66%
q9h	Immediate manager cares about my concerns	-	-	-	64%	66%	69%	66%
q9i	Immediate manager helps me with problems I face	-	-	-	59%	61%	65%	61%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 1 of 4)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	63%	63%	66%	62%	58%	60%	58%
q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	40%	42%	45%	44%	43%	44%	43%
q11a	Organisation takes positive action on health and well-being	-	-	-	47%	46%	56%	46%
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	68%	69%	69%	66%	67%	70%	67%
q11c	In last 12 months, have not felt unwell due to work related stress	53%	56%	49%	50%	52%	56%	52%
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	39%	40%	49%	44%	43%	44%	43%
q11e	Not felt pressure from manager to come to work when not feeling well enough	68%	72%	66%	69%	72%	76%	72%
q12a	Never/rarely find work emotionally exhausting	-	-	-	18%	20%	21%	20%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 2 of 4)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q12b	Never/rarely feel burnt out because of work	-	-	-	25%	27%	28%	27%
q12c	Never/rarely frustrated by work	-	-	-	18%	18%	19%	18%
q12d	Never/rarely exhausted by the thought of another day/shift at work	-	-	-	30%	32%	34%	32%
q12e	Never/rarely worn out at the end of work	-	-	-	15%	16%	17%	16%
q12f	Never/rarely feel every working hour is tiring	-	-	-	44%	46%	48%	46%
q12g	Never/rarely lack energy for family and friends	-	-	-	31%	32%	33%	32%
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	87%	85%	86%	87%	86%	85%	86%
q13b	Not experienced physical violence from managers	99%	99%	99%	99%	99%	99%	99%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 3 of 4)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q13c	Not experienced physical violence from other colleagues	98%	99%	98%	98%	98%	98%	98%
q13d	Last experience of physical violence reported	63%	65%	64%	62%	65%	67%	65%
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	66%	66%	69%	70%	69%	73%	69%
q14b	Not experienced harassment, bullying or abuse from managers	77%	81%	77%	82%	82%	89%	82%
q14c	Not experienced harassment, bullying or abuse from other colleagues	74%	75%	74%	77%	76%	81%	76%
q14d	Last experience of harassment/bullying/abuse reported	41%	42%	43%	45%	45%	47%	45%
q15	Organisation acts fairly: career progression	51%	53%	50%	52%	50%	57%	50%
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	93%	93%	93%	92%	91%	92%	91%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 4 of 4)

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q16b	Not experienced discrimination from manager/team leader or other colleagues	90%	91%	89%	89%	89%	91%	89%
q17	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	-	-	-	-	61%	64%	61%
q18a	Staff involved in an error/near miss/incident treated fairly	-	-	-	-	49%	58%	49%
q18b	Encouraged to report errors/near misses/incidents	-	-	-	-	84%	86%	84%
q18c	Organisation ensure errors/near misses/incidents do not repeat	-	-	-	-	60%	67%	60%
q18d	Feedback given on changes made following errors/near misses/incidents	-	-	-	-	55%	59%	55%
q19a	Would feel secure raising concerns about unsafe clinical practice	66%	69%	66%	70%	66%	71%	66%
q19b	Would feel confident that organisation would address concerns about unsafe clinical practice	48%	54%	47%	48%	46%	56%	46%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR PERSONAL DEVELOPMENT

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q20	Feel organisation respects individual differences	-	-	-	60%	59%	70%	59%
q21a	Received appraisal in the past 12 months	86%	86%	-	78%	78%	80%	78%
q21b	Appraisal helped me improve how I do my job	20%	24%	-	21%	23%	22%	23%
q21c	Appraisal helped me agree clear objectives for my work	31%	36%	-	31%	33%	32%	33%
q21d	Appraisal left me feeling organisation values my work	25%	30%	-	27%	29%	31%	29%
q22a	Organisation offers me challenging work	-	-	-	67%	69%	70%	69%
q22b	There are opportunities for me to develop my career in this organisation	-	-	-	50%	51%	54%	51%
q22c	Have opportunities to improve my knowledge and skills	-	-	-	64%	63%	68%	63%
q22d	Feel supported to develop my potential	-	-	-	47%	50%	55%	50%
q22e	Able to access the right learning and development opportunities when I need to	-	-	-	51%	50%	57%	50%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR ORGANISATION & BACKGROUND INFORMATION

		Historical					External	
		2018	2019	2020	2021	2022	Average	Organisation
q23a	Care of patients/service users is organisation's top priority	64%	70%	67%	65%	62%	73%	62%
q23b	Organisation acts on concerns raised by patients/service users	59%	66%	60%	62%	57%	68%	57%
q23c	Would recommend organisation as place to work	45%	51%	48%	46%	43%	57%	43%
q23d	If friend/relative needed treatment would be happy with standard of care provided by organisation	54%	60%	54%	53%	45%	61%	45%
q23e	Feel safe to speak up about anything that concerns me in this organisation	-	-	55%	54%	51%	61%	51%
q23f	Feel organisation would address any concerns I raised	-	-	-	39%	36%	48%	36%
q24a	I don't often think about leaving this organisation	37%	41%	38%	37%	36%	42%	36%
q24b	I am unlikely to look for a job at a new organisation in the next 12 months	48%	49%	47%	46%	46%	50%	46%
q24c	I am not planning on leaving this organisation	52%	55%	53%	52%	51%	56%	51%
q30b	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	-	-	70%	66%	70%	72%	70%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

People Promise summary

Section 5: People Promise - Historical and organisation type comparison



People Promise - Historical comparisons

This section includes your latest results arranged by their association to each People Promise element and Theme.

This is alongside the comparison to your historical scores from 2021 (when the People Promise elements were introduced), as well as to the organisational average.

The average scores have been calculated from all localities within your organisation that took part in the survey.

How to read the tables

- These tables contain *positive scores*: **higher scores indicate better performance**. For an in-depth explanation of positive scoring, see Appendix 2.
- Coloured cells show where this year's score is *significantly different* to the score in the column to its left (e.g. last year's score, or the organisational average). **Green cells indicate a significantly improved score**, and **red cells show a significantly worse score**. For an in-depth explanation of significance testing, see Appendix 2.
- The left hand section of the table contains historical scores, which show all your positive scores for previous years.
- The right hand side of the table shows your score for this year vs. the average for similar organisations.

Example Table:

Q2a	Often/always look forward to going to work
Q2b	Often/always enthusiastic about my job

Historical

2021	2022
62%	62%
75%	69%

External

Average	Organisation
58%	64%
74%	75%

PP1_1. Compassionate culture

q6a	Feel my role makes a difference to patients/service users
q23a	Care of patients/service users is organisation's top priority
q23b	Organisation acts on concerns raised by patients/service users
q23c	Would recommend organisation as place to work
q23d	If friend/relative needed treatment would be happy with standard of care provided by organisation

Historical		External	
2021	2022	Average	Organisation
85%	85%	87%	85%
65%	62%	73%	62%
62%	57%	68%	57%
46%	43%	57%	43%
53%	45%	61%	45%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP1_2. Compassionate leadership

q9f	Immediate manager works with me to understand problems
q9g	Immediate manager listens to challenges I face
q9h	Immediate manager cares about my concerns
q9i	Immediate manager helps me with problems I face

Historical		External	
2021	2022	Average	Organisation
62%	64%	67%	64%
66%	66%	70%	66%
64%	66%	69%	66%
59%	61%	65%	61%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP1_3. Diversity and equality

q15	Organisation acts fairly: career progression
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public
q16b	Not experienced discrimination from manager/team leader or other colleagues
q20	Feel organisation respects individual differences

Historical		External	
2021	2022	Average	Organisation
52%	50%	57%	50%
92%	91%	92%	91%
89%	89%	91%	89%
60%	59%	70%	59%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP1_4. Inclusion

q7h	Feel valued by my team
q7i	Feel a strong personal attachment to my team
q8b	Colleagues are understanding and kind to one another
q8c	Colleagues are polite and treat each other with respect

Historical		External	
2021	2022	Average	Organisation
65%	65%	69%	65%
61%	61%	64%	61%
66%	66%	70%	66%
67%	67%	71%	67%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP2. We are recognised and rewarded

q4a	Satisfied with recognition for good work
q4b	Satisfied with extent organisation values my work
q4c	Satisfied with level of pay
q8d	Colleagues show appreciation to one another
q9e	Immediate manager values my work

Historical		External	
2021	2022	Average	Organisation
45%	47%	52%	47%
35%	35%	42%	35%
27%	22%	26%	22%
63%	63%	67%	63%
66%	67%	71%	67%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP3_1. Autonomy and control

q3a	Always know what work responsibilities are
q3b	Feel trusted to do my job
q3c	Opportunities to show initiative frequently in my role
q3d	Able to make suggestions to improve the work of my team/dept
q3e	Involved in deciding changes that affect work
q3f	Able to make improvements happen in my area of work
q5b	Have a choice in deciding how to do my work

Historical		External	
2021	2022	Average	Organisation
83%	84%	86%	84%
87%	87%	91%	87%
67%	67%	73%	67%
64%	66%	72%	66%
43%	45%	51%	45%
47%	48%	54%	48%
44%	46%	52%	46%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP3_2. Raising concerns

q19a	Would feel secure raising concerns about unsafe clinical practice
q19b	Would feel confident that organisation would address concerns about unsafe clinical practice
q23e	Feel safe to speak up about anything that concerns me in this organisation
q23f	Feel organisation would address any concerns I raised

Historical		External	
2021	2022	Average	Organisation
70%	66%	71%	66%
48%	46%	56%	46%
54%	51%	61%	51%
39%	36%	48%	36%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP4_1. Health and safety climate

q3g	Able to meet conflicting demands on my time at work
q3h	Have adequate materials, supplies and equipment to do my work
q3i	Enough staff at organisation to do my job properly
q5a	Have realistic time pressures
q11a	Organisation takes positive action on health and well-being
q13d	Last experience of physical violence reported
q14d	Last experience of harassment/bullying/abuse reported

Historical		External	
2021	2022	Average	Organisation
40%	41%	43%	41%
53%	51%	54%	51%
24%	26%	26%	26%
20%	21%	22%	21%
47%	46%	56%	46%
62%	65%	67%	65%
45%	45%	47%	45%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP4_2. Burnout

q12a	Never/rarely find work emotionally exhausting
q12b	Never/rarely feel burnt out because of work
q12c	Never/rarely frustrated by work
q12d	Never/rarely exhausted by the thought of another day/shift at work
q12e	Never/rarely worn out at the end of work
q12f	Never/rarely feel every working hour is tiring
q12g	Never/rarely lack energy for family and friends

Historical		External	
2021	2022	Average	Organisation
18%	20%	21%	20%
25%	27%	28%	27%
18%	18%	19%	18%
30%	32%	34%	32%
15%	16%	17%	16%
44%	46%	48%	46%
31%	32%	33%	32%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP4_3. Negative experiences

q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities
q11c	In last 12 months, have not felt unwell due to work related stress
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public
q13b	Not experienced physical violence from managers
q13c	Not experienced physical violence from other colleagues
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
q14b	Not experienced harassment, bullying or abuse from managers
q14c	Not experienced harassment, bullying or abuse from other colleagues

Historical		External	
2021	2022	Average	Organisation
66%	67%	70%	67%
50%	52%	56%	52%
44%	43%	44%	43%
87%	86%	85%	86%
99%	99%	99%	99%
98%	98%	98%	98%
70%	69%	73%	69%
82%	82%	89%	82%
77%	76%	81%	76%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP5_1. Development

q22a	Organisation offers me challenging work
q22b	There are opportunities for me to develop my career in this organisation
q22c	Have opportunities to improve my knowledge and skills
q22d	Feel supported to develop my potential
q22e	Able to access the right learning and development opportunities when I need to

Historical		External	
2021	2022	Average	Organisation
67%	69%	70%	69%
50%	51%	54%	51%
64%	63%	68%	63%
47%	50%	55%	50%
51%	50%	57%	50%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP5_2. Appraisals

q21b	Appraisal helped me improve how I do my job
q21c	Appraisal helped me agree clear objectives for my work
q21d	Appraisal left me feeling organisation values my work

Historical		External	
2021	2022	Average	Organisation
21%	23%	22%	23%
31%	33%	32%	33%
27%	29%	31%	29%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP6_1. Support for work-life balance

q6b	Organisation is committed to helping balance work and home life
q6c	Achieve a good balance between work and home life
q6d	Can approach immediate manager to talk openly about flexible working

Historical		External	
2021	2022	Average	Organisation
36%	38%	44%	38%
45%	47%	52%	47%
60%	63%	68%	63%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP6_2. Flexible working

q4d	Satisfied with opportunities for flexible working patterns

Historical		External	
2021	2022	Average	Organisation
46%	47%	53%	47%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP7_1. Team working

q7a	Team members have a set of shared objectives
q7b	Team members often meet to discuss the team's effectiveness
q7c	Receive the respect I deserve from my colleagues at work
q7d	Team members understand each other's roles
q7e	Enjoy working with colleagues in team
q7f	Team has enough freedom in how to do its work
q7g	Team deals with disagreements constructively
q8a	Teams within the organisation work well together to achieve objectives

Historical		External	
2021	2022	Average	Organisation
70%	70%	72%	70%
53%	56%	58%	56%
66%	65%	70%	65%
69%	67%	71%	67%
78%	80%	81%	80%
49%	50%	57%	50%
50%	51%	55%	51%
45%	44%	51%	44%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

PP7_2. Line management

q9a	Immediate manager encourages me at work
q9b	Immediate manager gives clear feedback on my work
q9c	Immediate manager asks for my opinion before making decisions that affect my work
q9d	Immediate manager takes a positive interest in my health & well-being

Historical		External	
2021	2022	Average	Organisation
66%	67%	70%	67%
58%	59%	63%	59%
53%	55%	58%	55%
63%	64%	68%	64%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

E_1. Motivation

q2a	Often/always look forward to going to work
q2b	Often/always enthusiastic about my job
q2c	Time often/always passes quickly when I am working

Historical		External	
2021	2022	Average	Organisation
49%	51%	53%	51%
64%	65%	67%	65%
71%	70%	73%	70%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

E_2. Involvement

q3c	Opportunities to show initiative frequently in my role
q3d	Able to make suggestions to improve the work of my team/dept
q3f	Able to make improvements happen in my area of work

Historical		External	
2021	2022	Average	Organisation
67%	67%	73%	67%
64%	66%	72%	66%
47%	48%	54%	48%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

E_3. Advocacy

q23a	Care of patients/service users is organisation's top priority
q23c	Would recommend organisation as place to work
q23d	If friend/relative needed treatment would be happy with standard of care provided by organisation

Historical		External	
2021	2022	Average	Organisation
65%	62%	73%	62%
46%	43%	57%	43%
53%	45%	61%	45%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

M_1. Thinking about leaving

q24a	I don't often think about leaving this organisation
q24b	I am unlikely to look for a job at a new organisation in the next 12 months
q24c	I am not planning on leaving this organisation

Historical		External	
2021	2022	Average	Organisation
37%	36%	42%	36%
46%	46%	50%	46%
52%	51%	56%	51%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

M_2. Work pressure

q3g	Able to meet conflicting demands on my time at work
q3h	Have adequate materials, supplies and equipment to do my work
q3i	Enough staff at organisation to do my job properly

Historical		External	
2021	2022	Average	Organisation
40%	41%	43%	41%
53%	51%	54%	51%
24%	26%	26%	26%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

M_3. Stressors

q3a	Always know what work responsibilities are
q3e	Involved in deciding changes that affect work
q5a	Have realistic time pressures
q5b	Have a choice in deciding how to do my work
q5c	Relationships at work are unstrained
q7c	Receive the respect I deserve from my colleagues at work
q9a	Immediate manager encourages me at work

Historical		External	
2021	2022	Average	Organisation
83%	84%	86%	84%
43%	45%	51%	45%
20%	21%	22%	21%
44%	46%	52%	46%
40%	42%	44%	42%
66%	65%	70%	65%
66%	67%	70%	67%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

External benchmarks

Section 6: Comparison of your results against other organisations



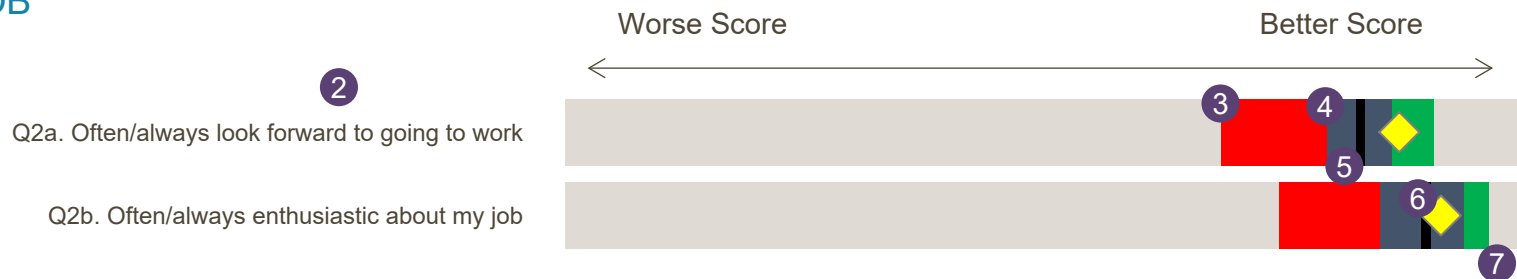
External benchmarks

External benchmarking compares experiences in your organisation with those of other organisations who commissioned Picker to conduct their survey. This allows you to understand where your performance sits in relation to the overall trend (i.e. the “Picker Average”).

Each blue bar shows the range of performance for a specific question, which helps to highlight where improvements are possible or resources could valuably be concentrated.

How to read the tables

1 YOUR JOB



KEY

1. Section of the questionnaire
2. Question number and positive score text (derived from survey question)
3. Red bar: range of significantly negative scores
4. Grey bar: range of neither significantly negative nor significantly positive scores
5. Black line: average score
6. Yellow diamond: your organisation's score
7. Green bar: range of significantly positive scores

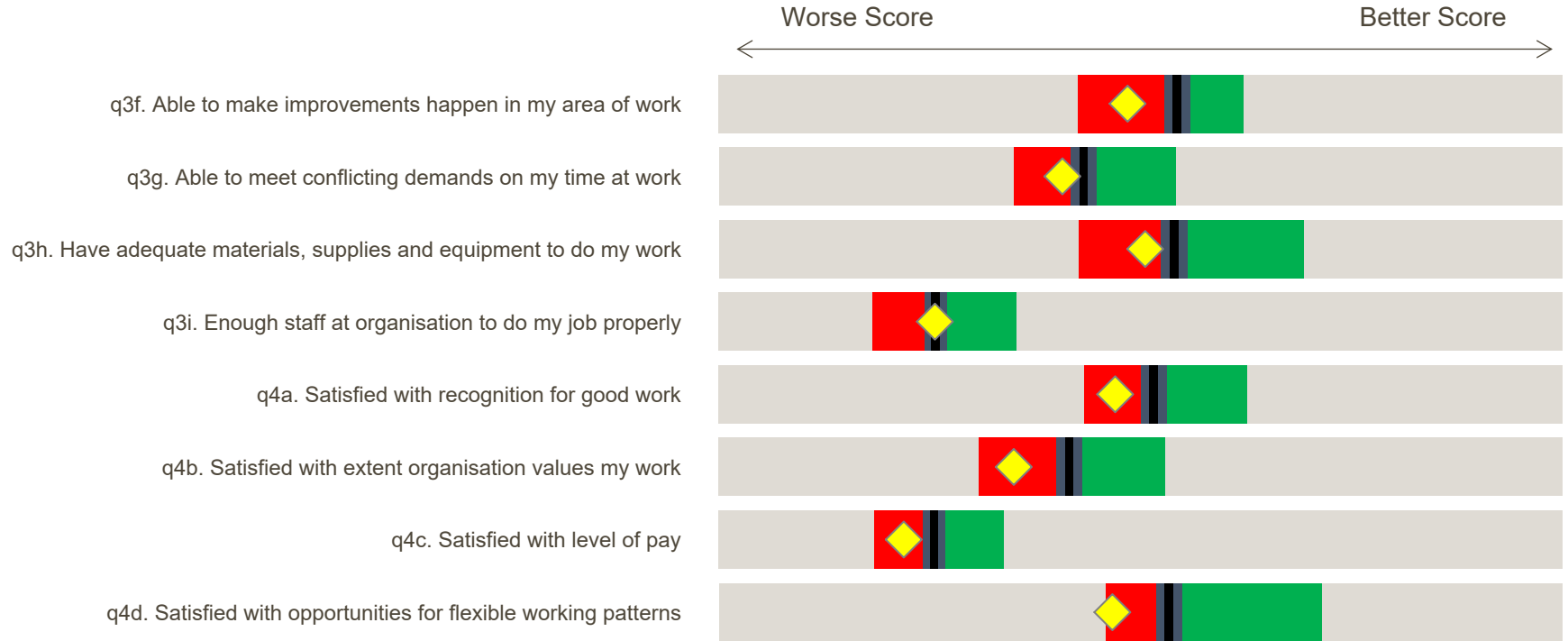
YOUR JOB (part 1 of 3)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

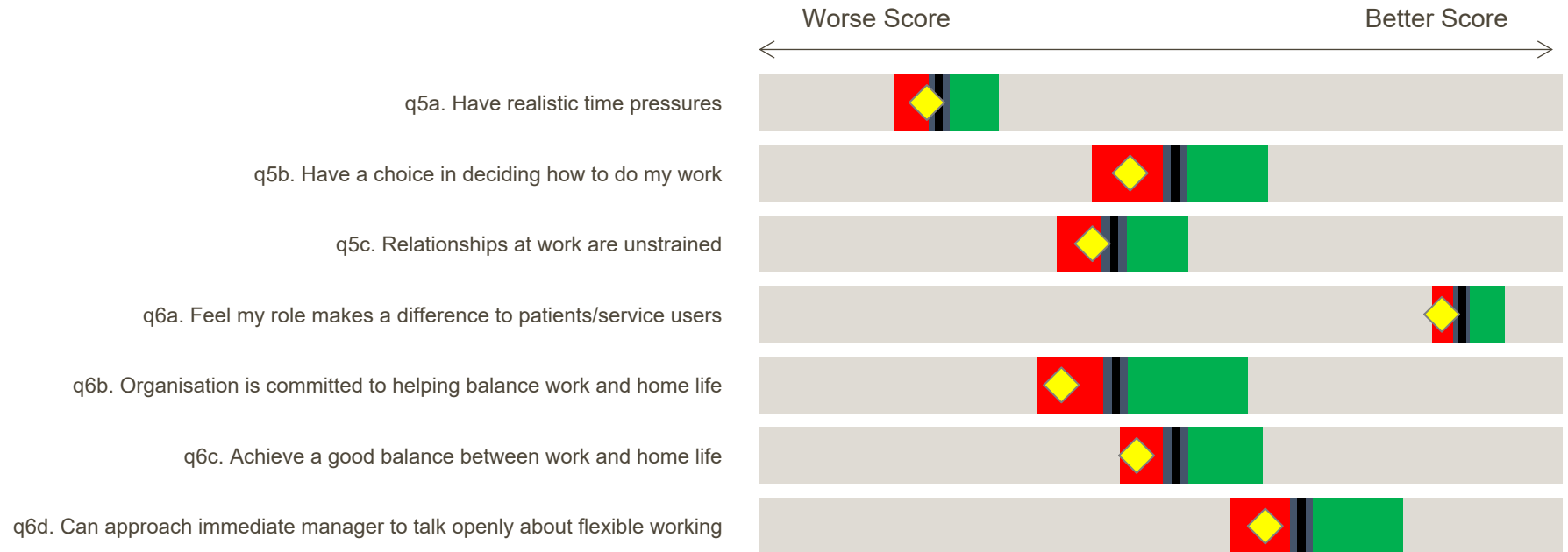
YOUR JOB (part 2 of 3)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

YOUR JOB (part 3 of 3)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 1 of 2)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 2 of 2)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

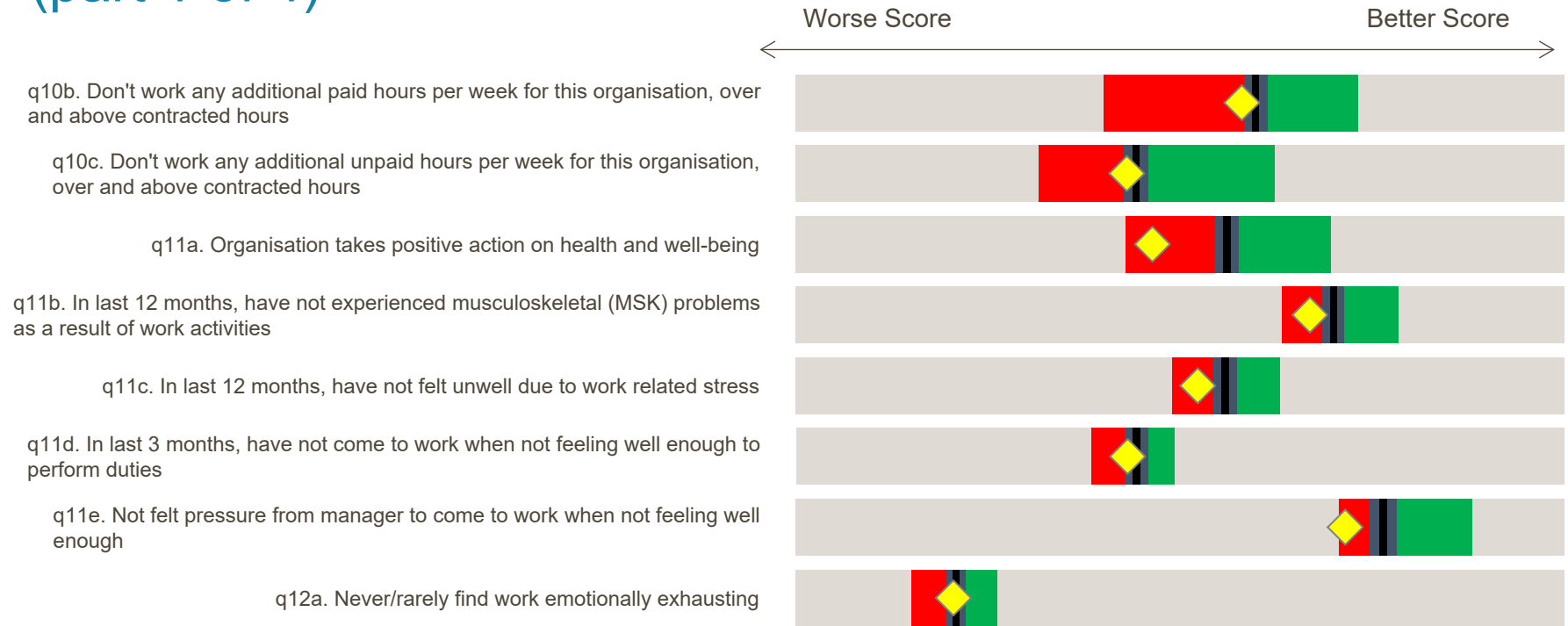
YOUR MANAGERS



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

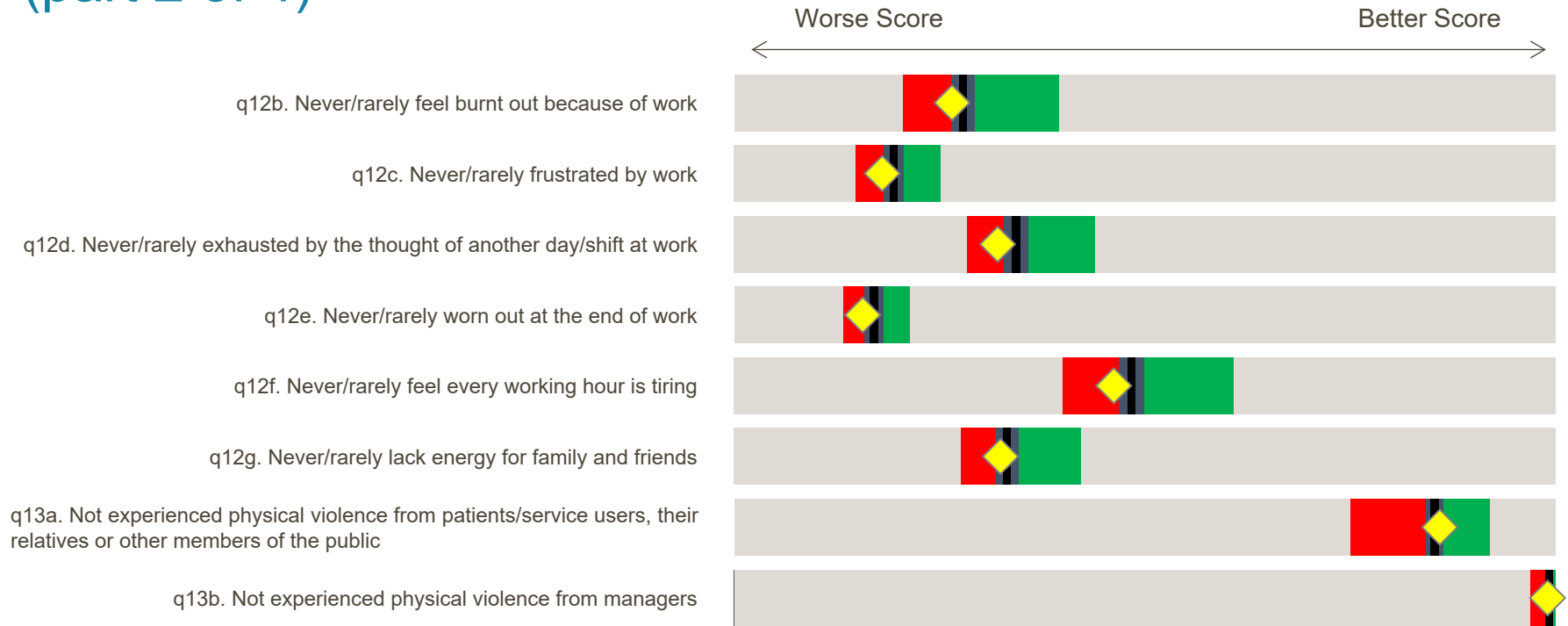
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK (part 1 of 4)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK (part 2 of 4)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

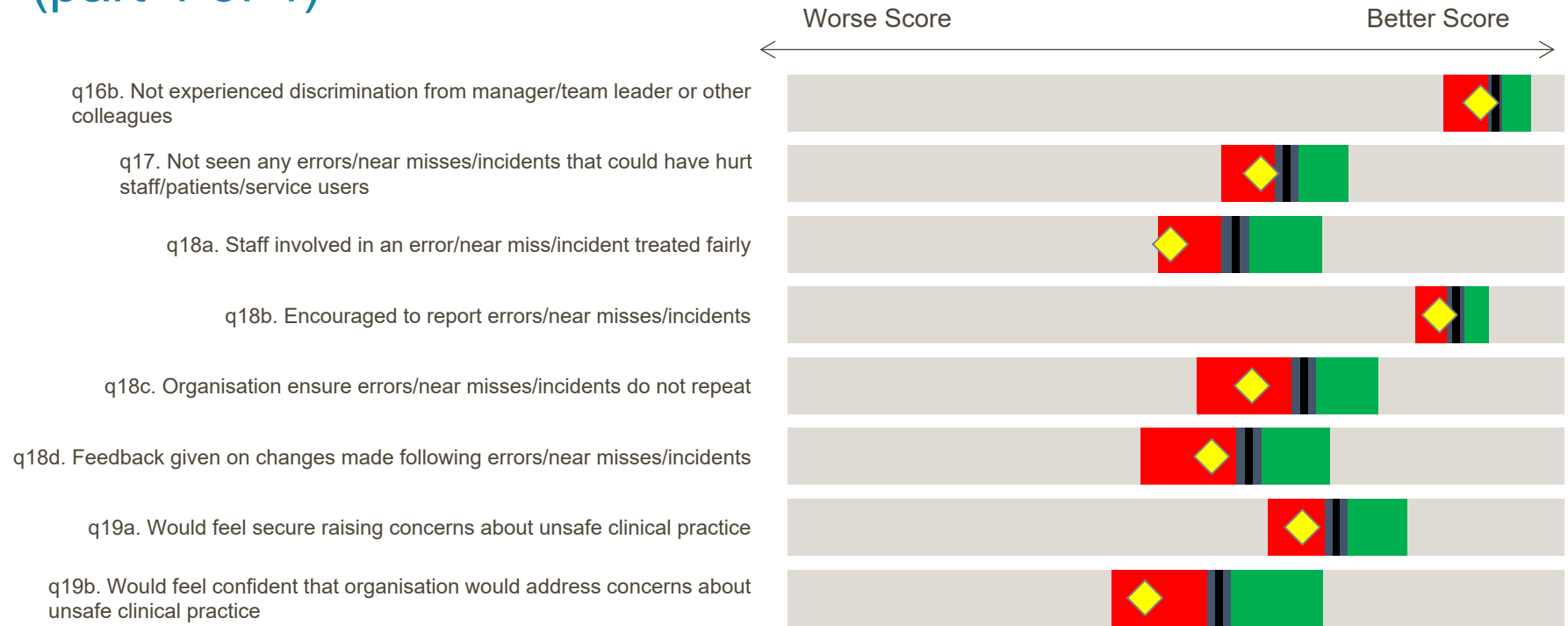
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK (part 3 of 4)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

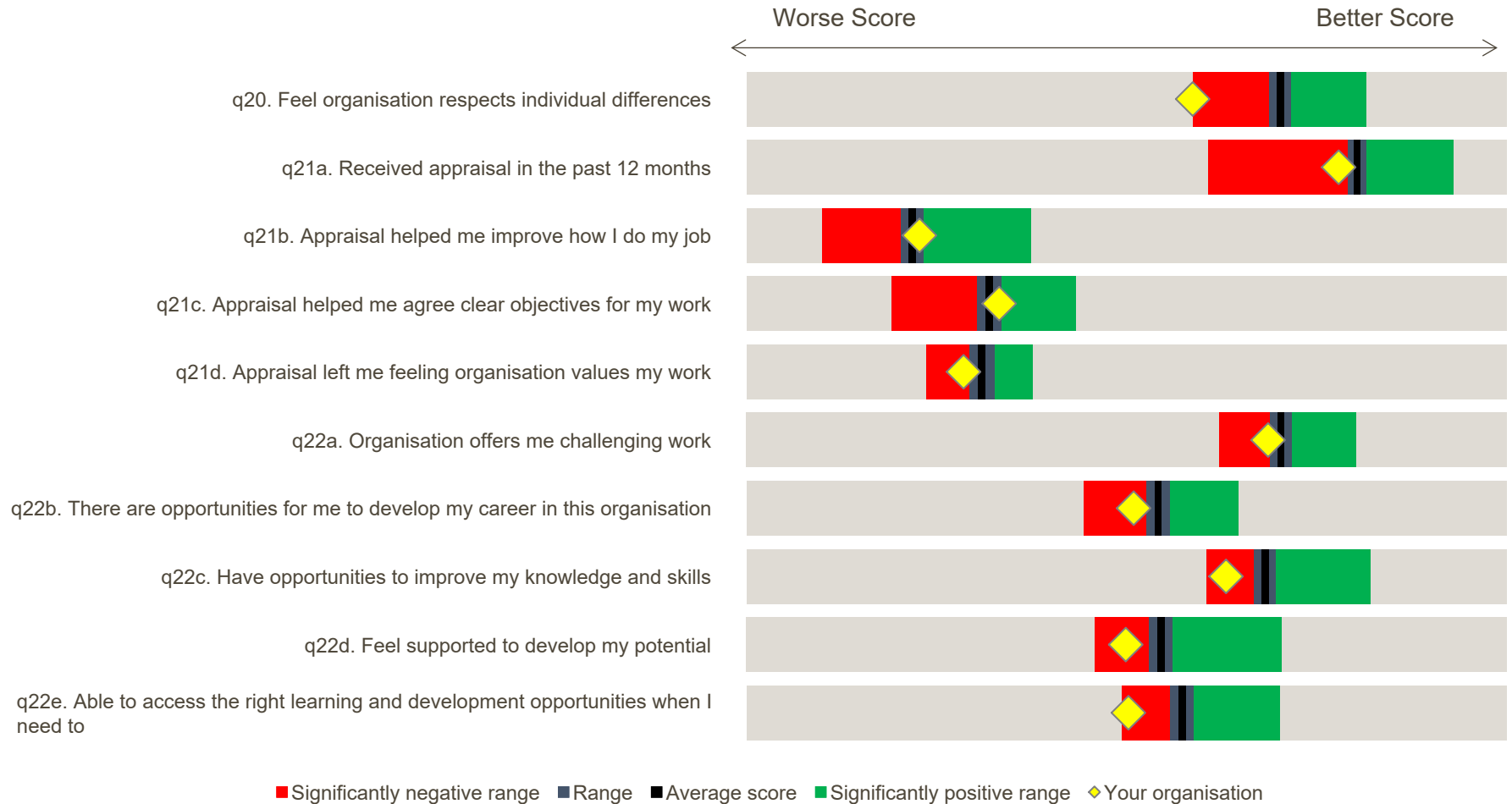
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK (part 4 of 4)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

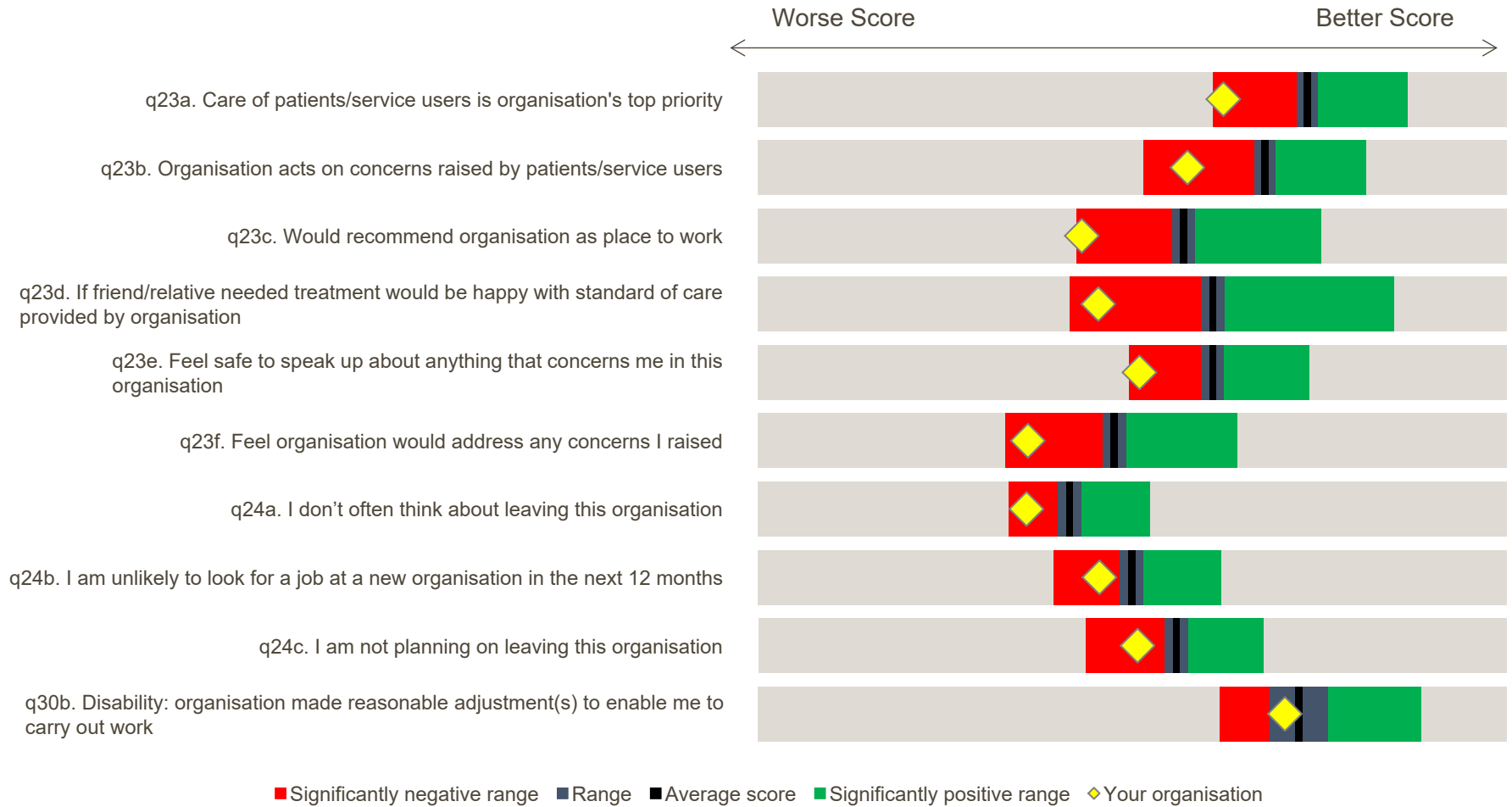
The yellow diamond will display when there are sufficient responses for each question

YOUR PERSONAL DEVELOPMENT



The yellow diamond will display when there are sufficient responses for each question

YOUR ORGANISATION & BACKGROUND INFORMATION



The yellow diamond will display when there are sufficient responses for each question

Internal benchmarks

Section 7: Comparison of results
within your organisation



Internal benchmarks

Internal benchmarking charts allow you to easily compare experiences within your organisation. It shows the problem areas and top performers across every positively scored question.

How to read the tables

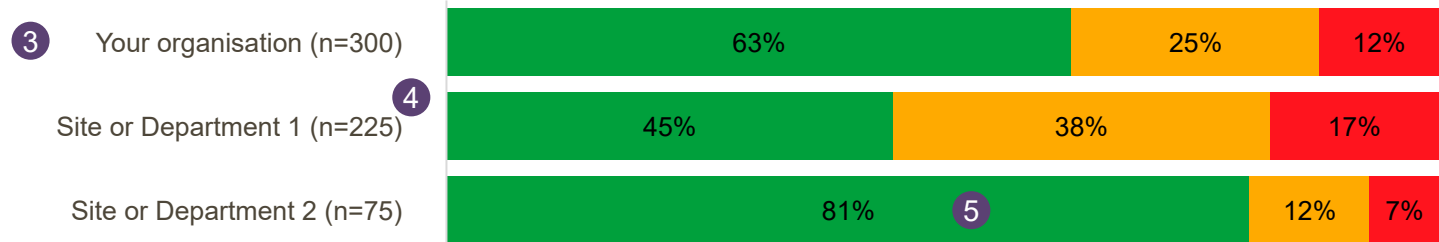
This chart shows how people across your organisation responded to a particular question. Each coloured bar represents a different aspect of performance: **positive responses (green)**, **neutral responses (amber)**, and **negative responses (red)**.

1

Your Job

Q2a. Often/always look forward to going to work

2



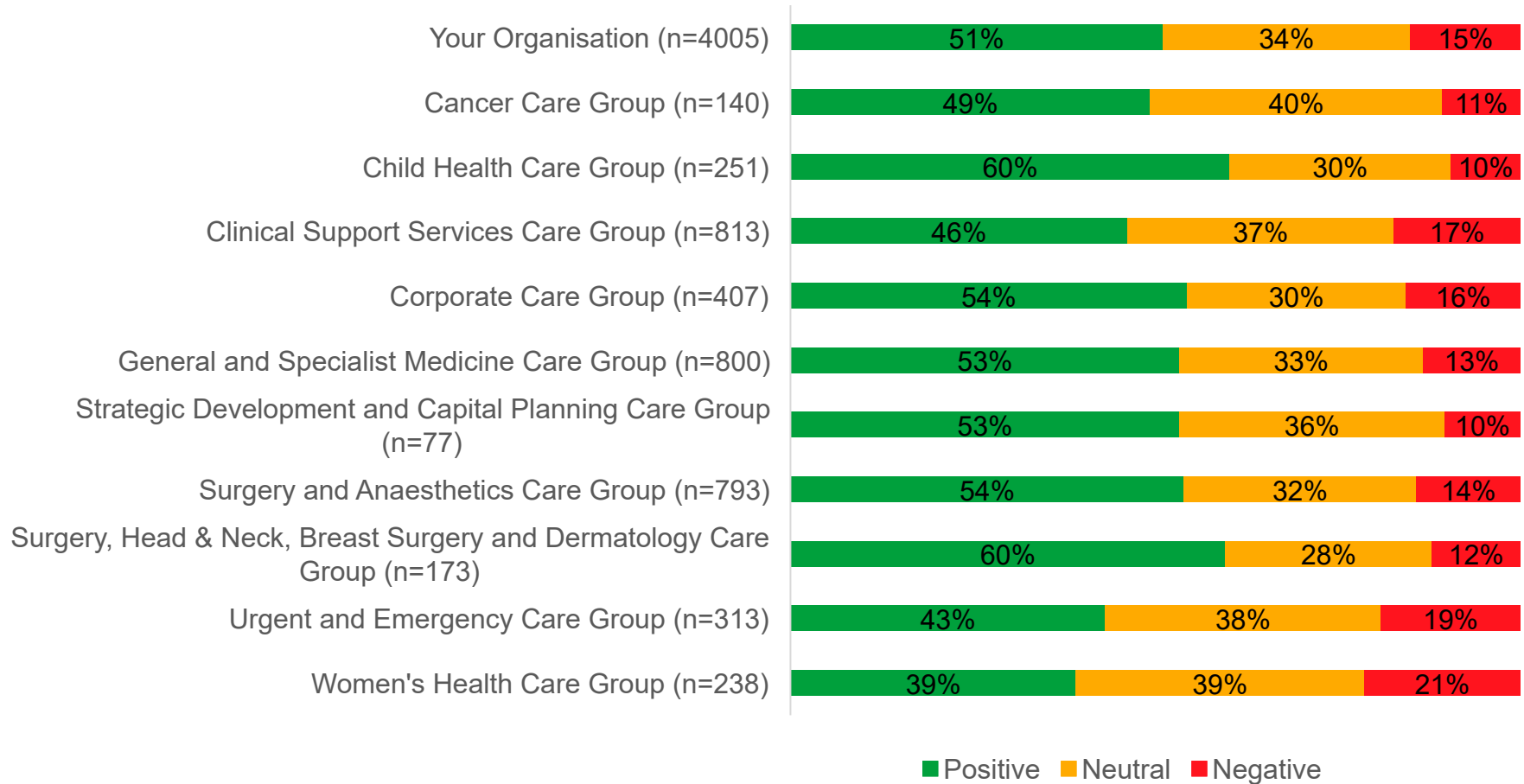
KEY

- 1. Section of the questionnaire
- 2. Question number and positive score text (derived from survey question)

- 3. Results for your organisation, or site / department
- 4. Number of respondents (n=...)
- 5. Proportion of positive, neutral and negative responses for this question

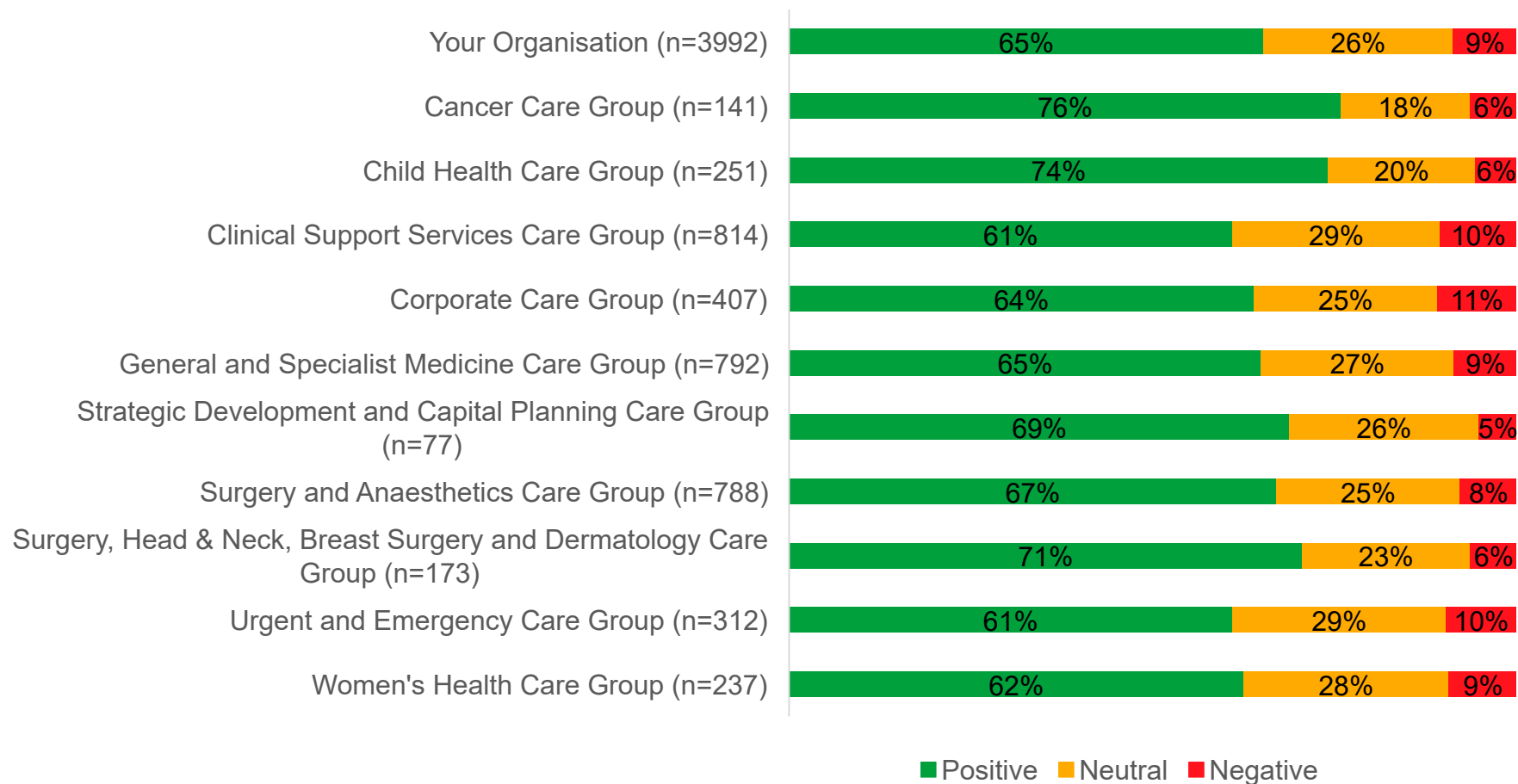
YOUR JOB

q2a Often/always look forward to going to work



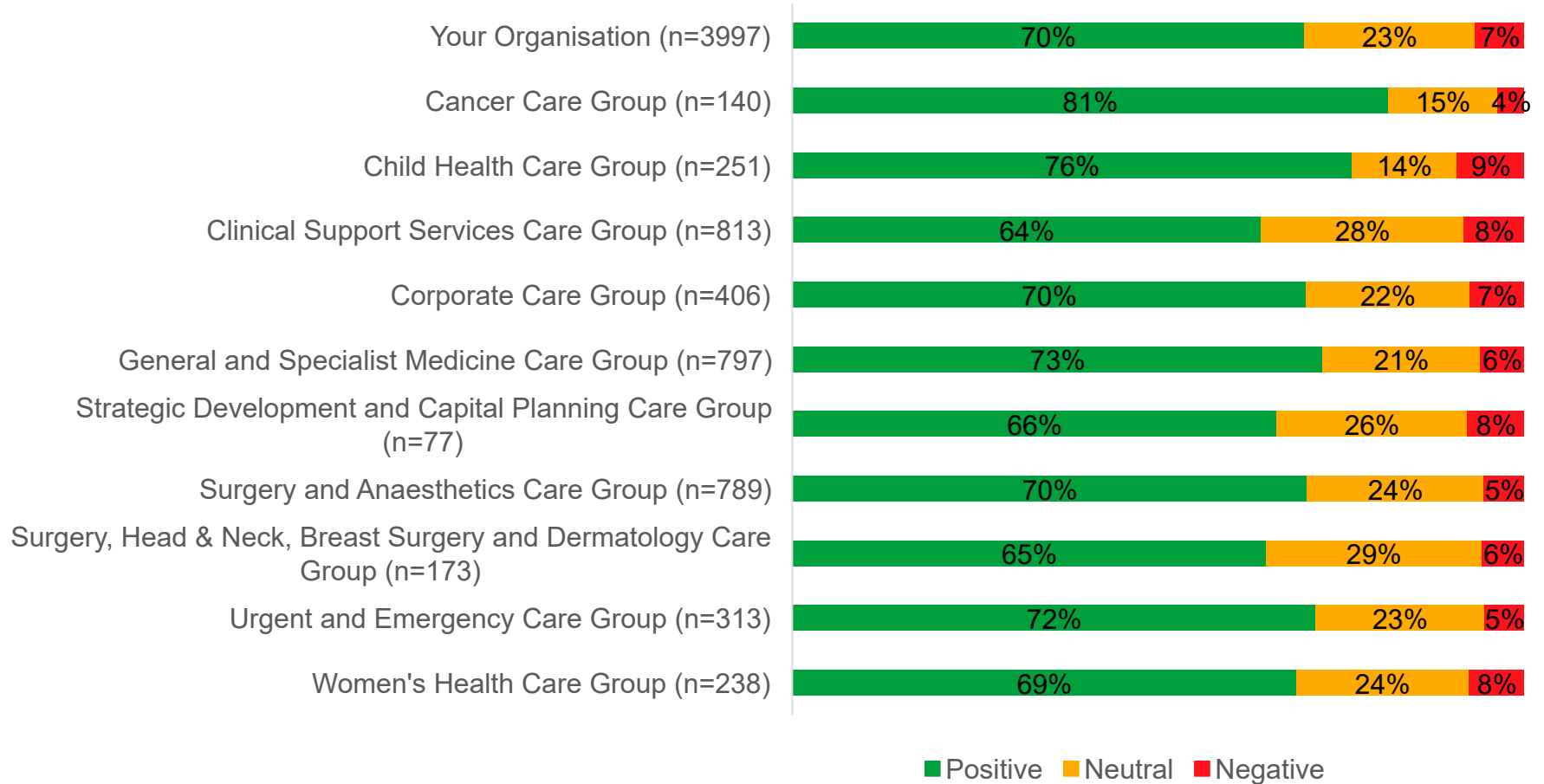
YOUR JOB

q2b Often/always enthusiastic about my job



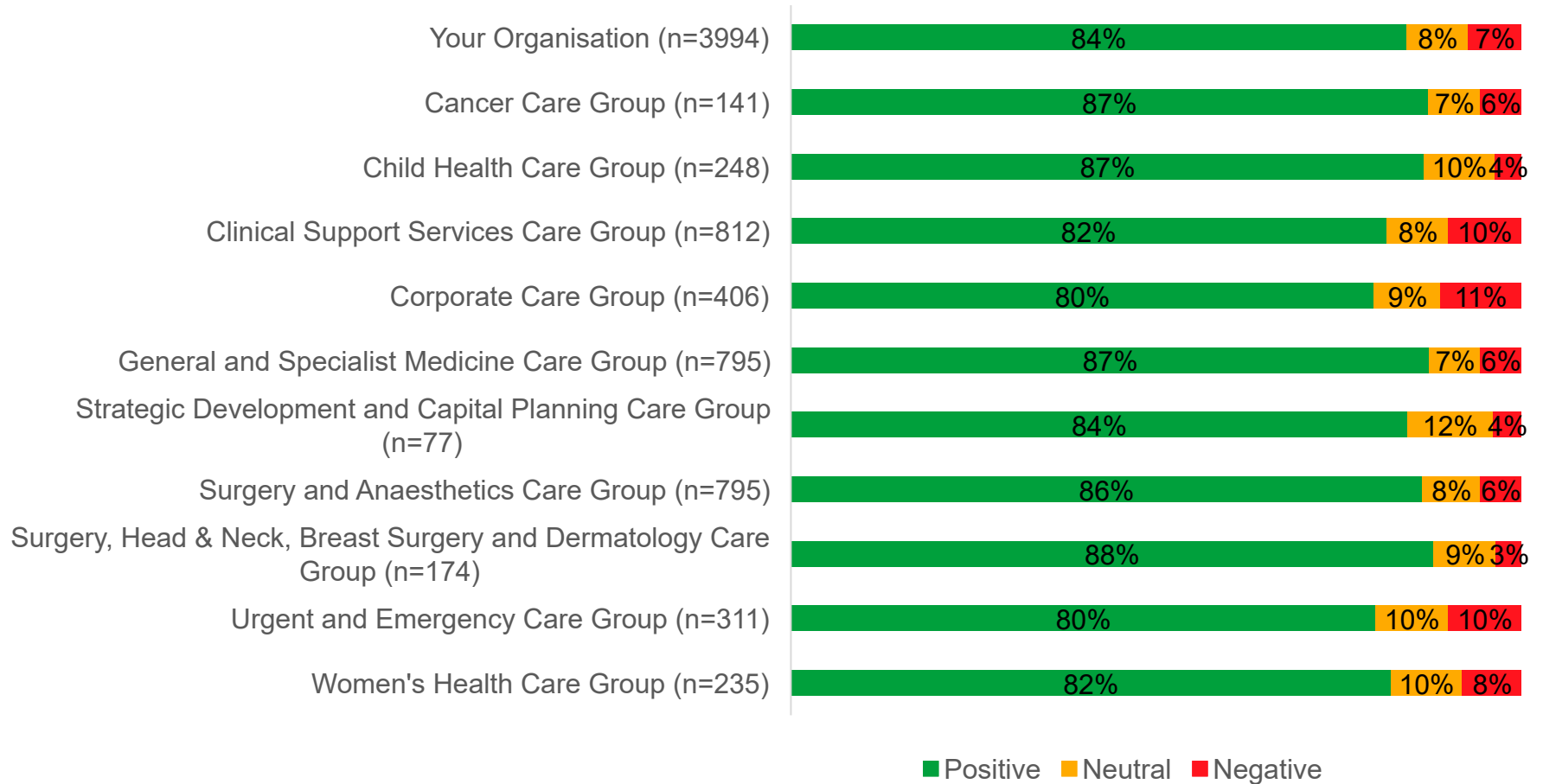
YOUR JOB

q2c Time often/always passes quickly when I am working



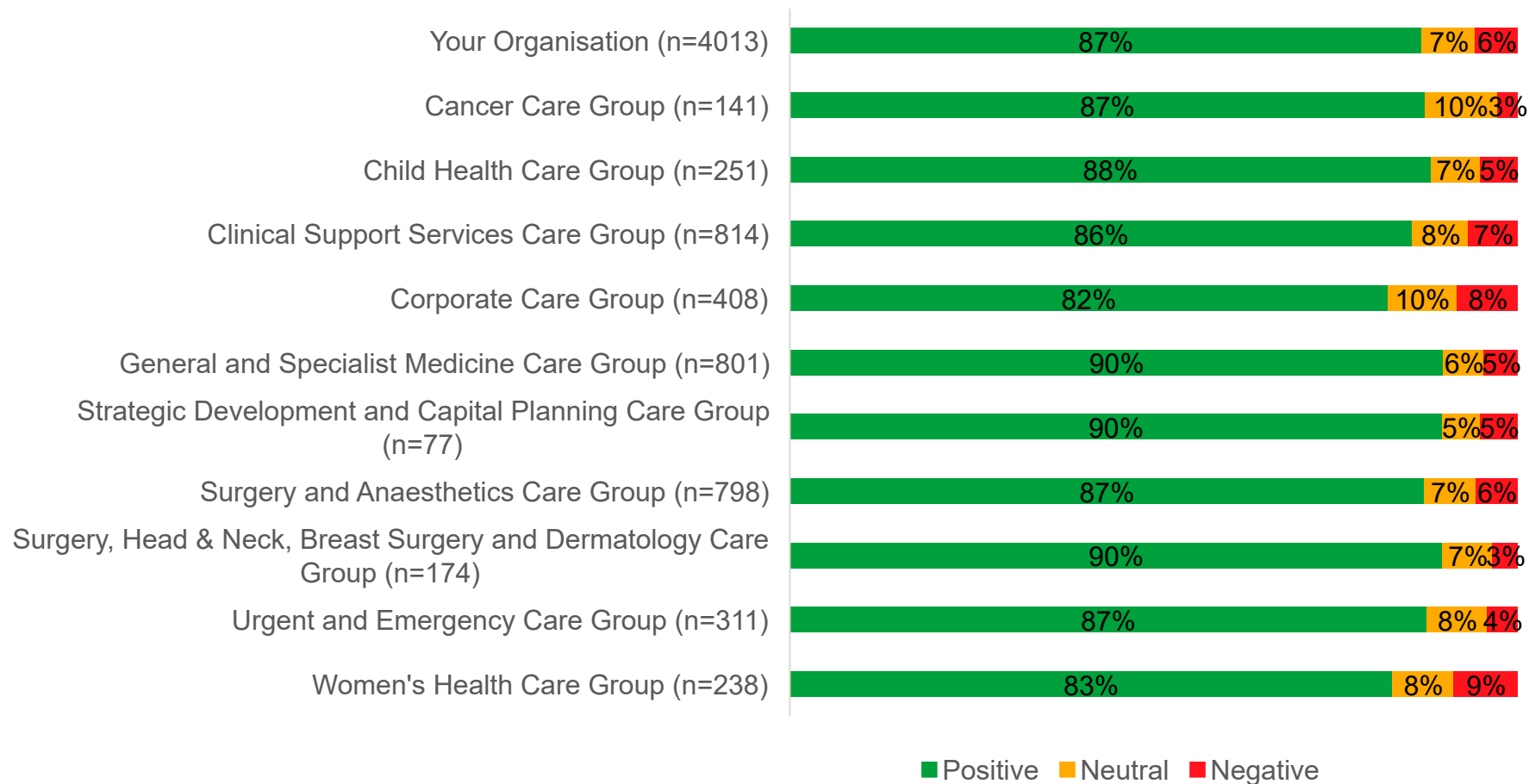
YOUR JOB

q3a Always know what work responsibilities are



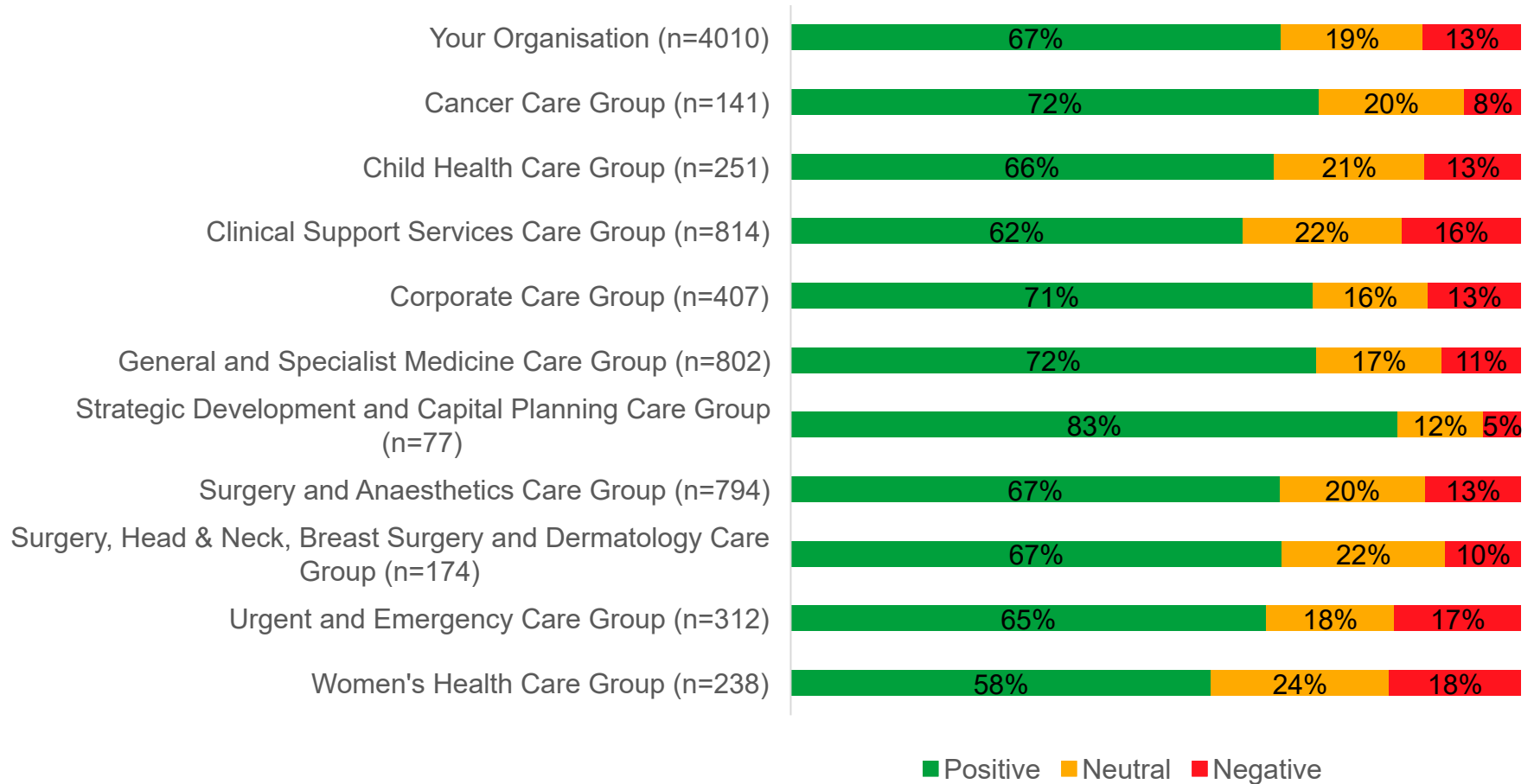
YOUR JOB

q3b Feel trusted to do my job



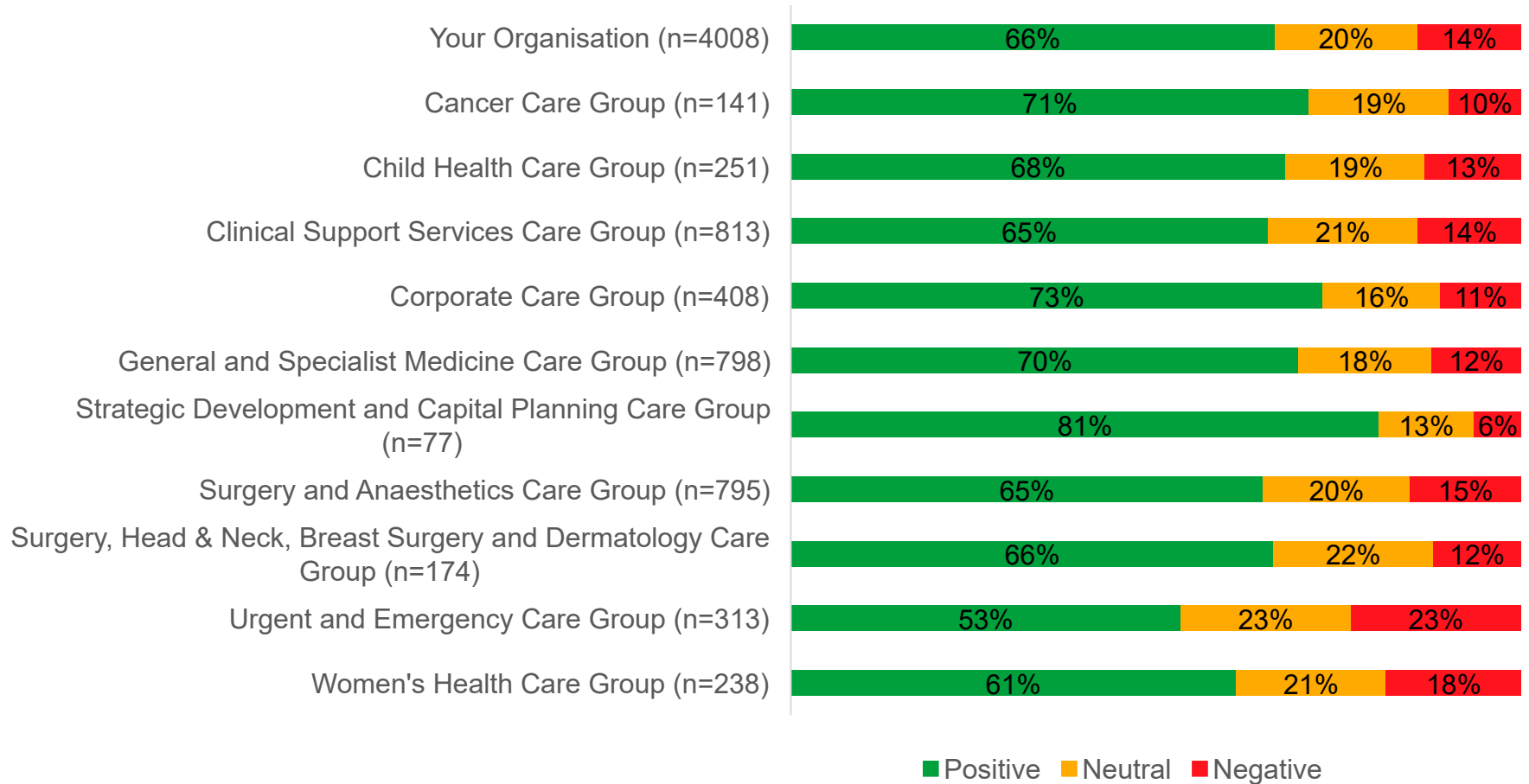
YOUR JOB

q3c Opportunities to show initiative frequently in my role



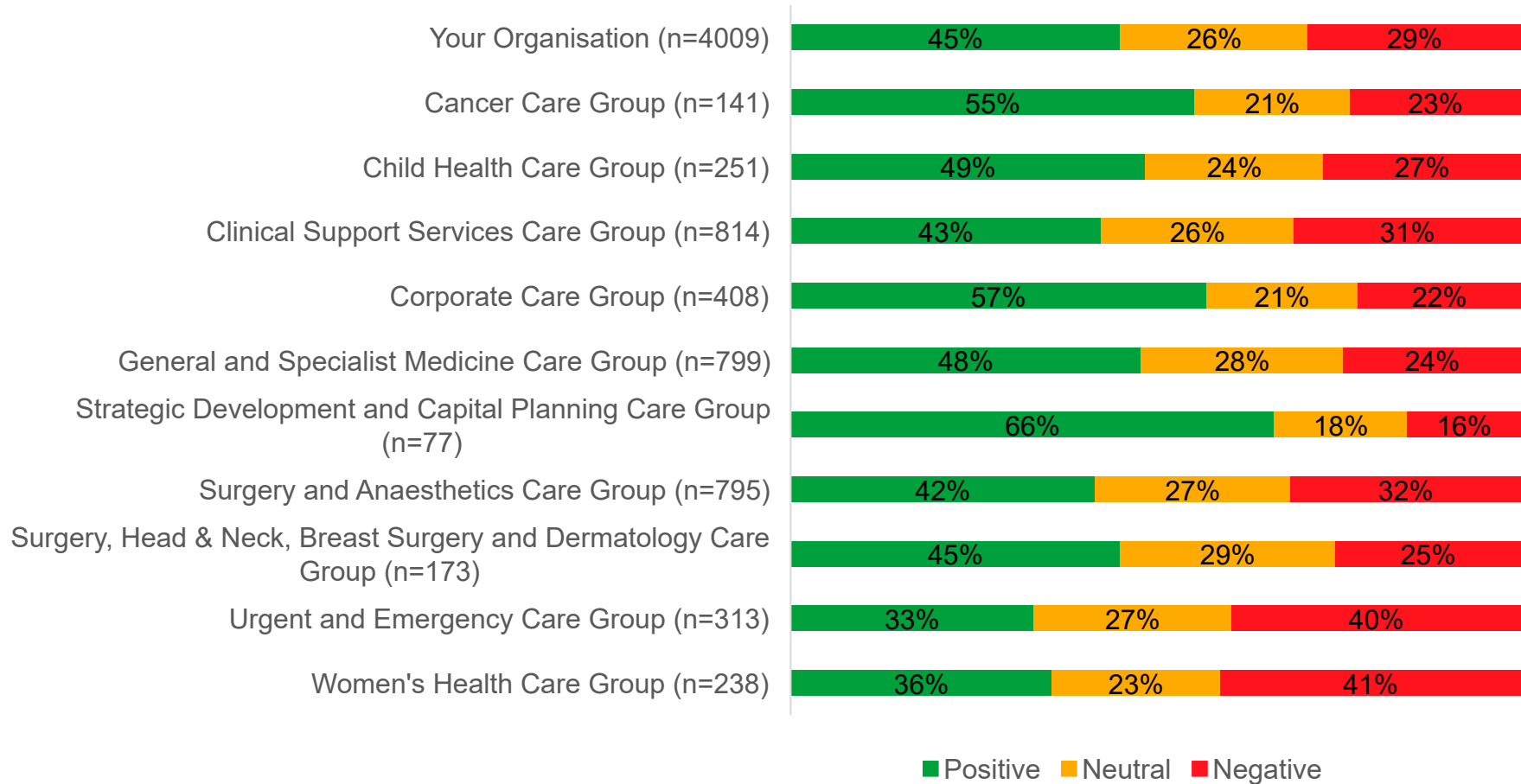
YOUR JOB

q3d Able to make suggestions to improve the work of my team/dept



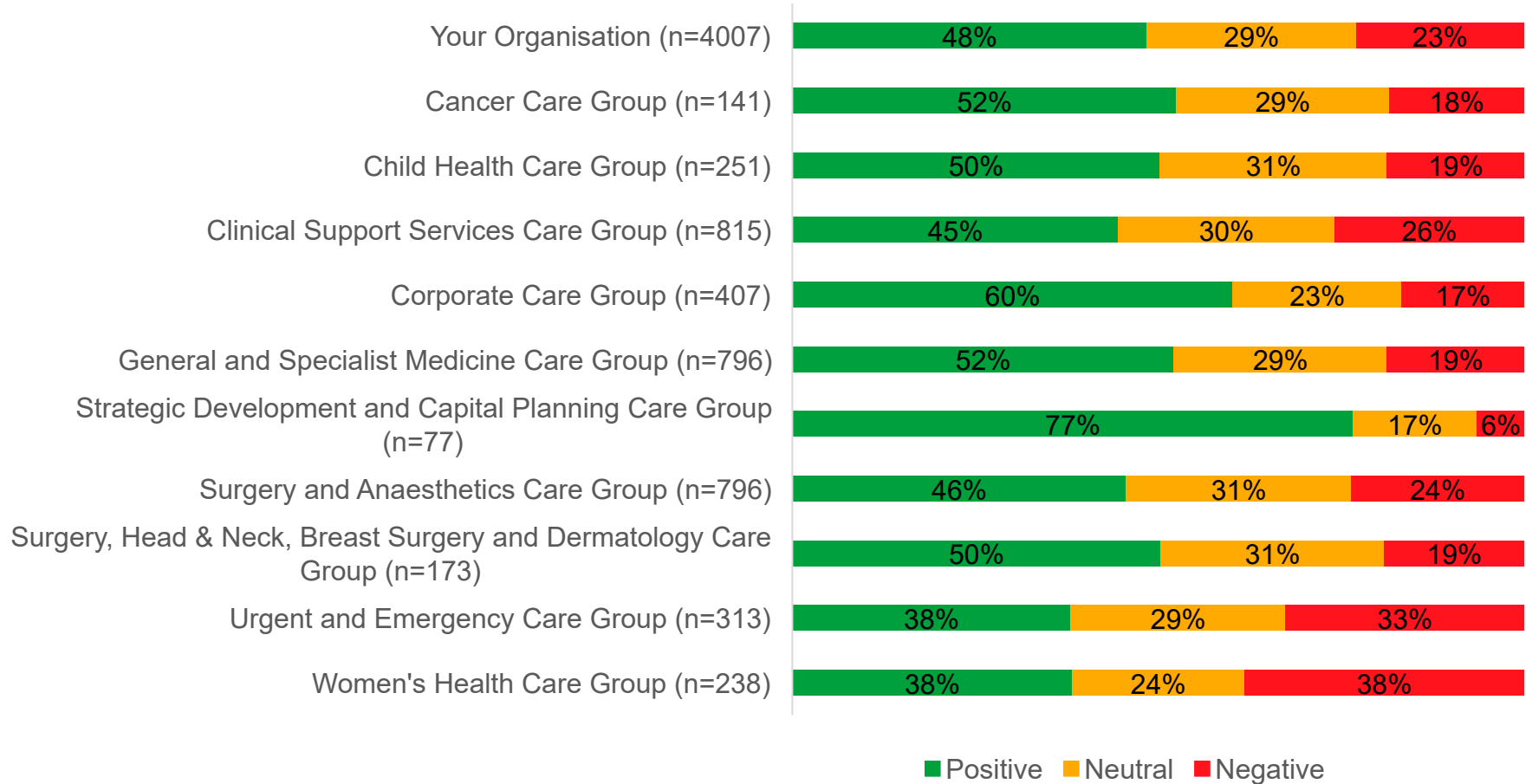
YOUR JOB

q3e Involved in deciding changes that affect work



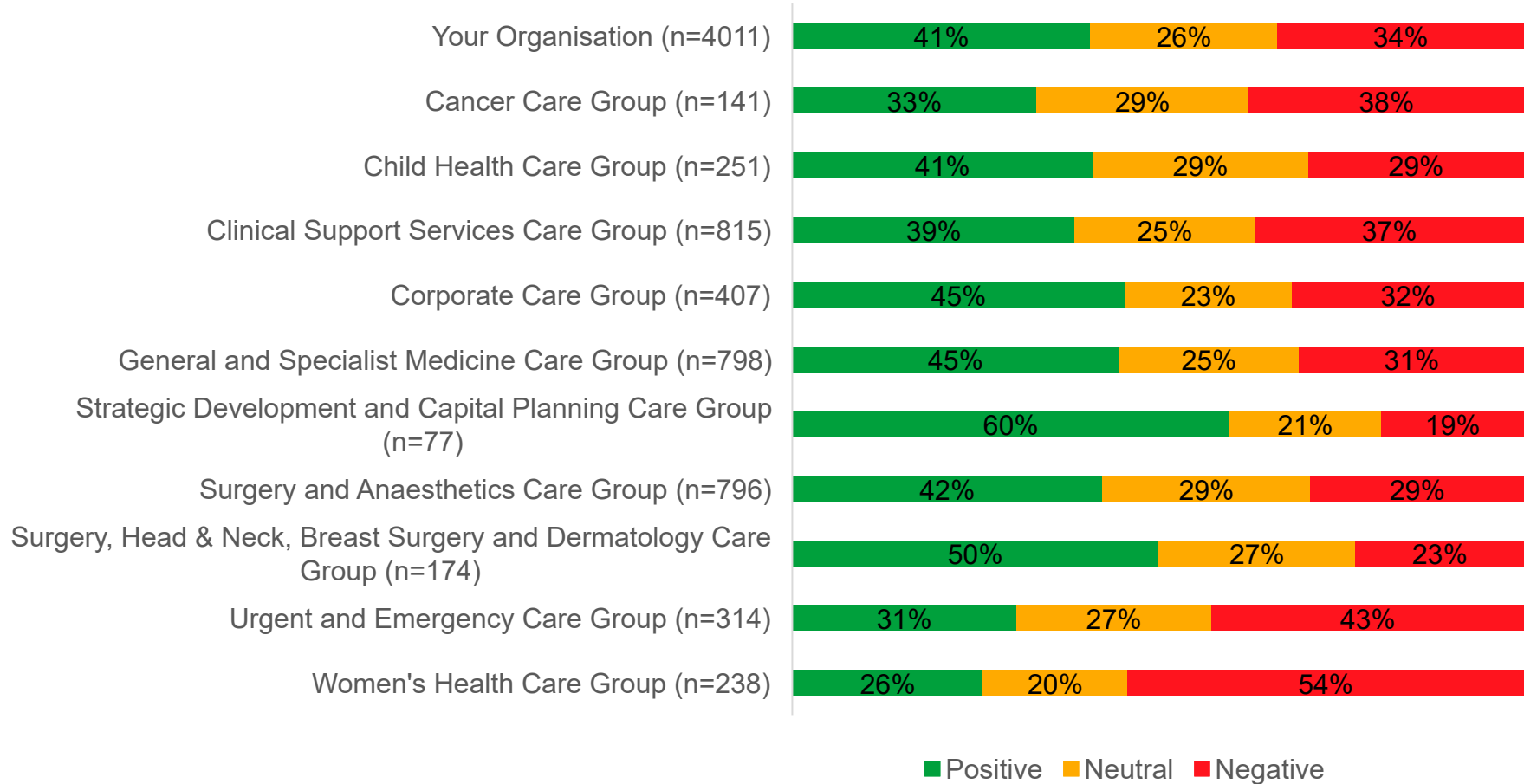
YOUR JOB

q3f Able to make improvements happen in my area of work



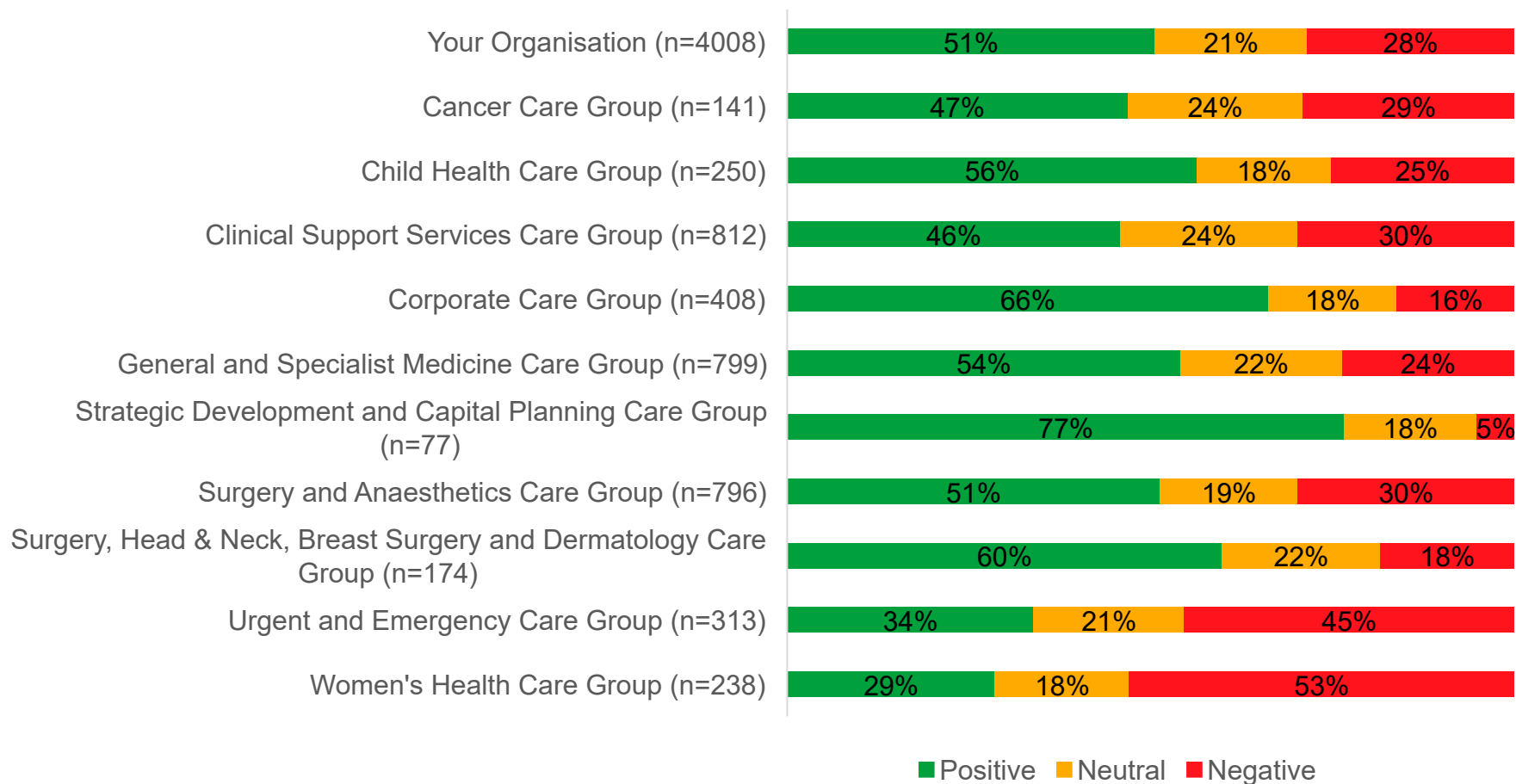
YOUR JOB

q3g Able to meet conflicting demands on my time at work



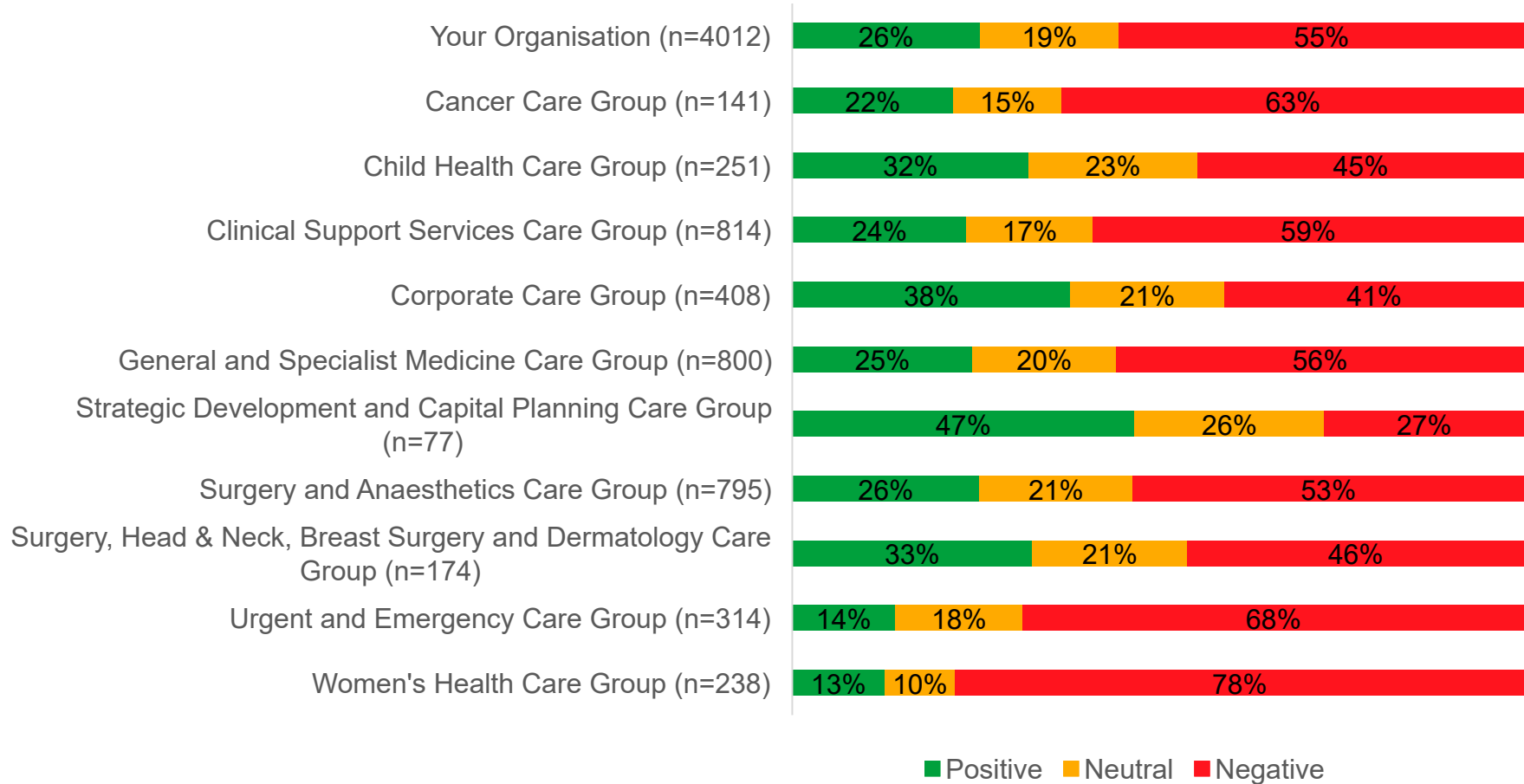
YOUR JOB

q3h Have adequate materials, supplies and equipment to do my work



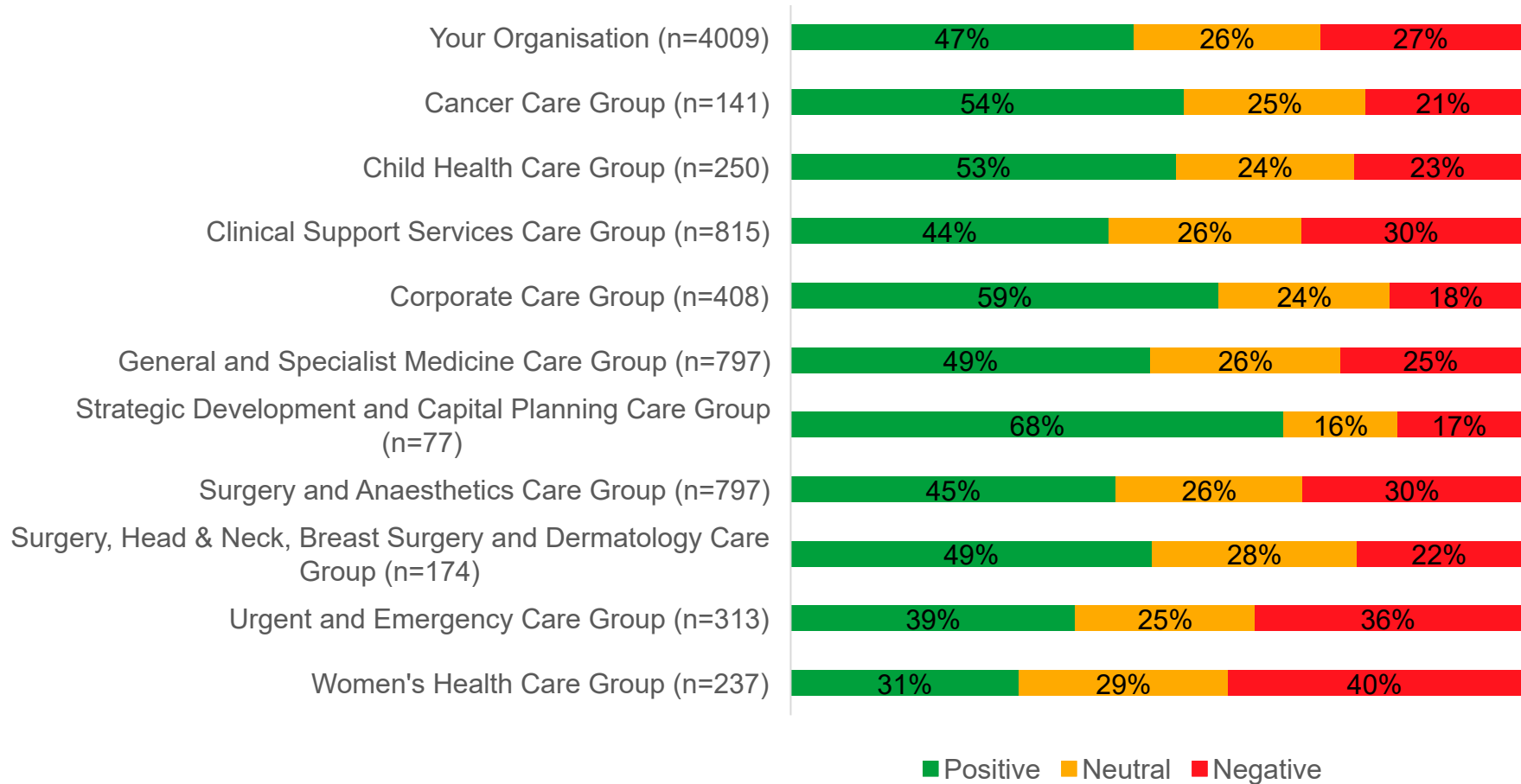
YOUR JOB

q3i Enough staff at organisation to do my job properly



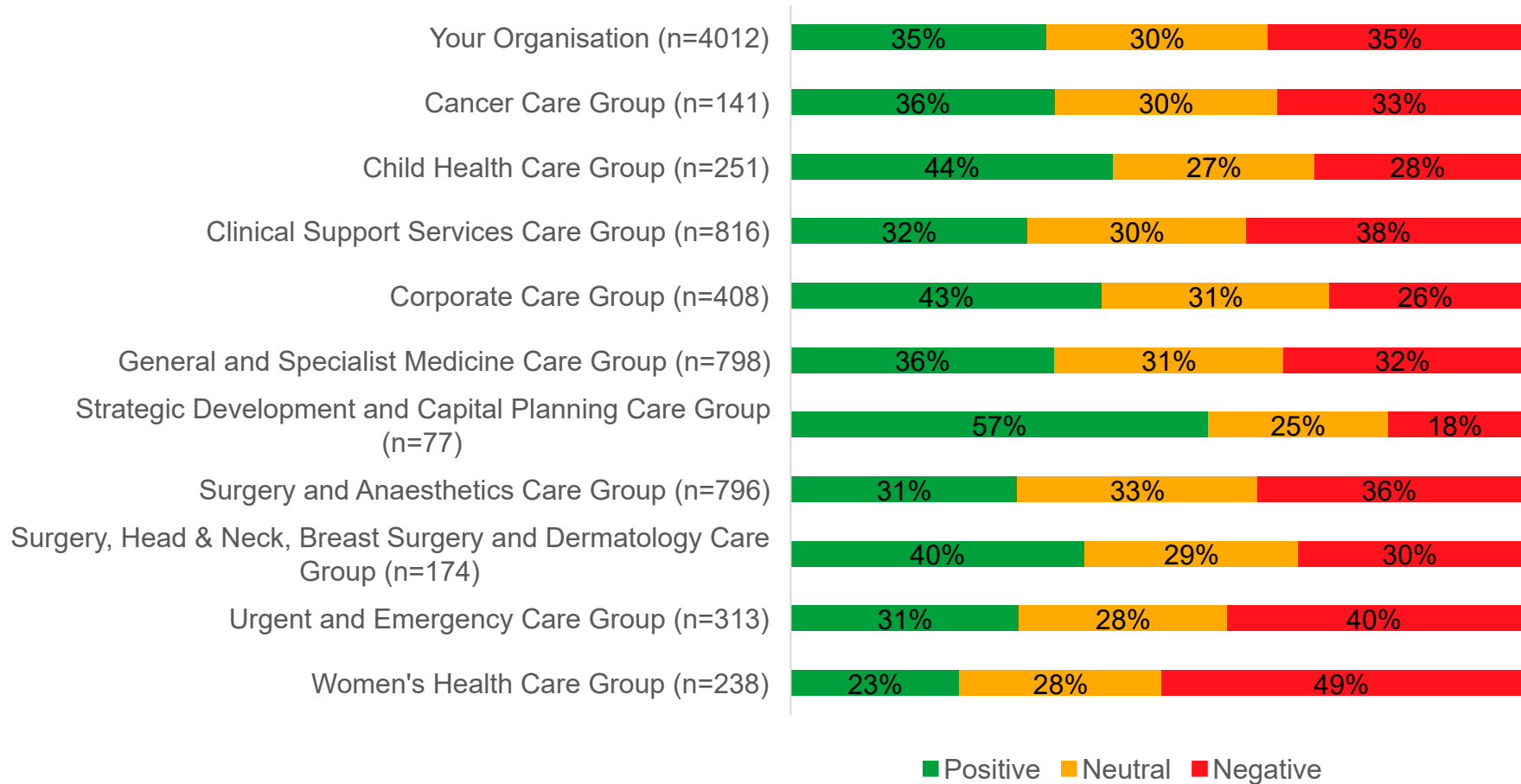
YOUR JOB

q4a Satisfied with recognition for good work



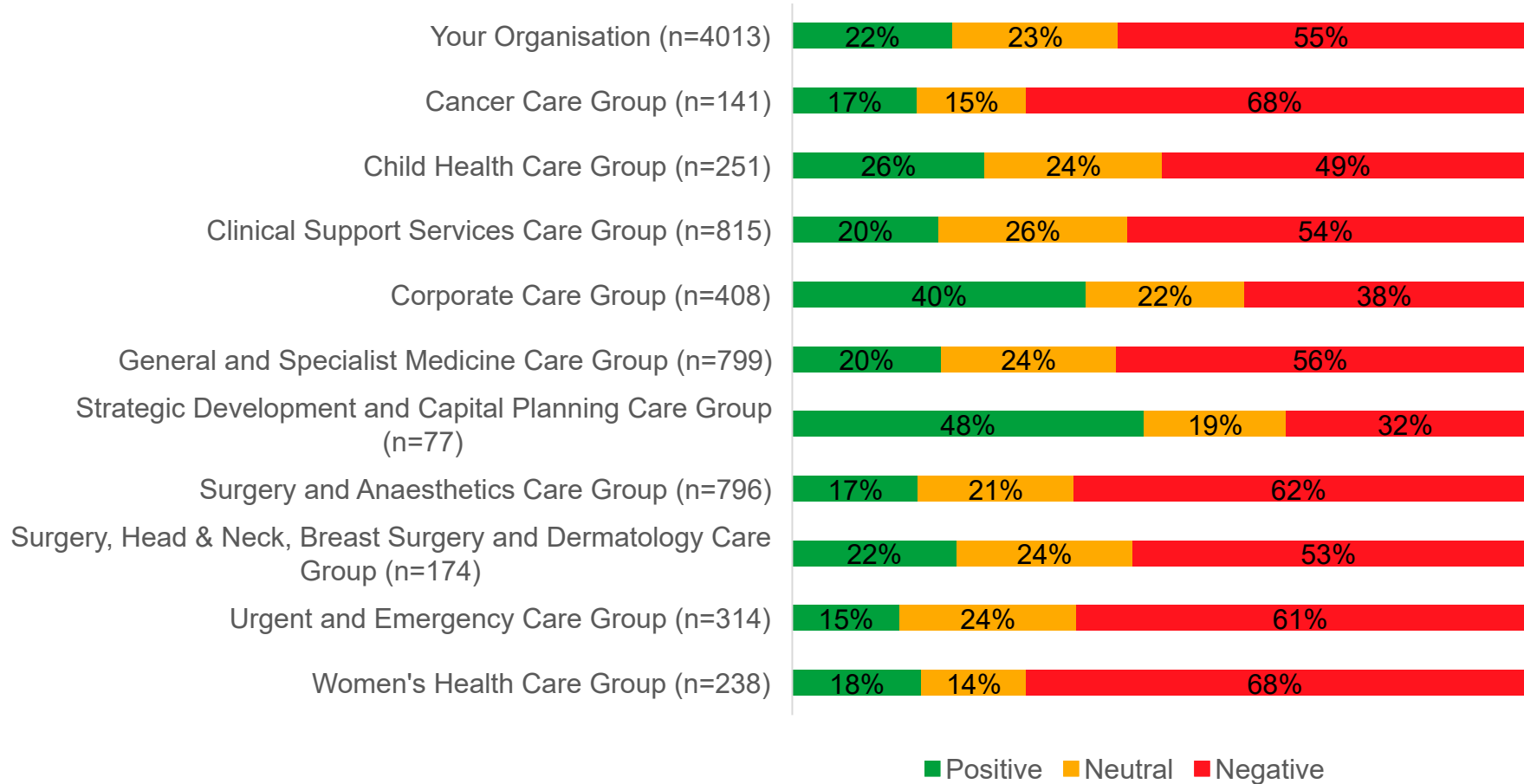
YOUR JOB

q4b Satisfied with extent organisation values my work



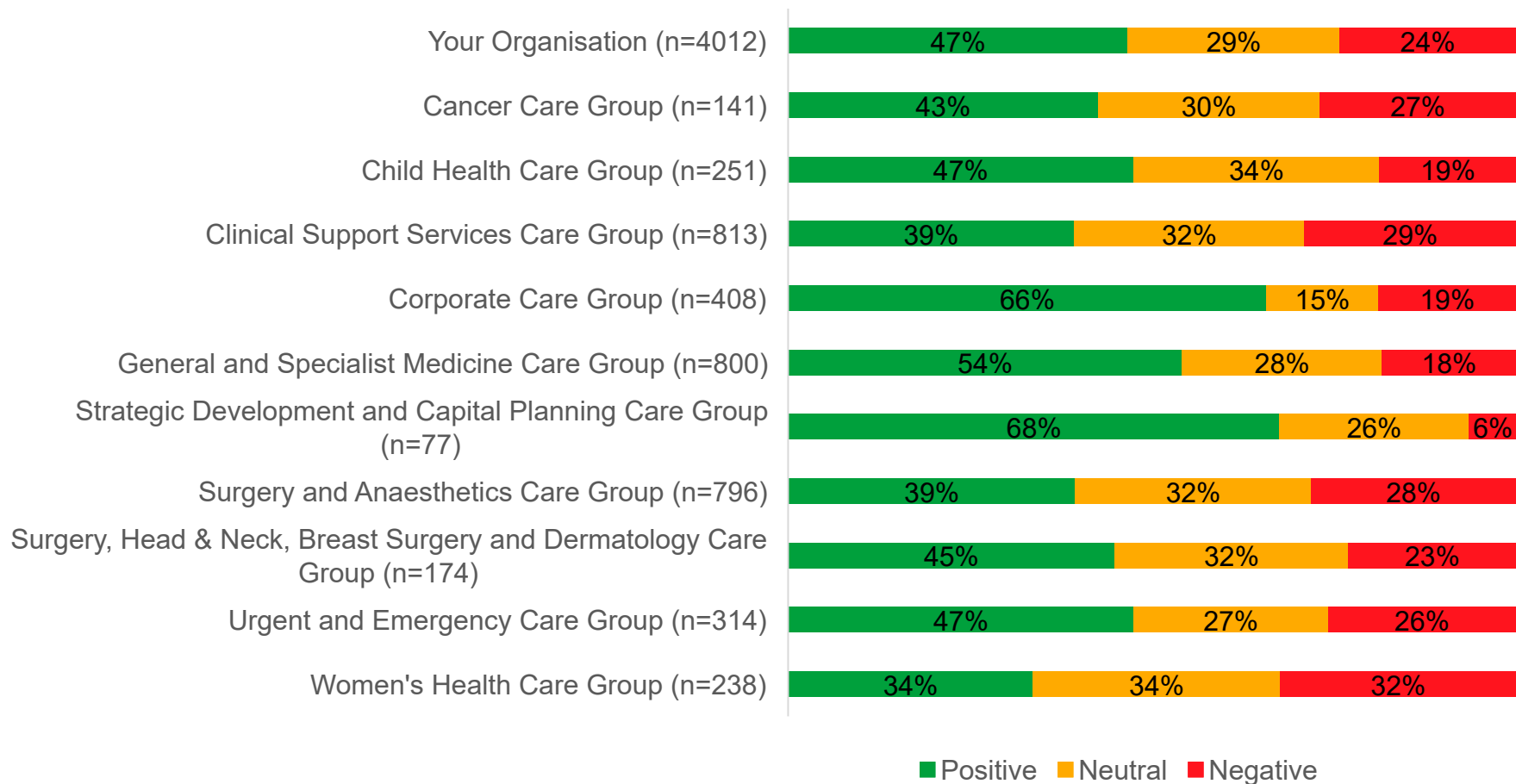
YOUR JOB

q4c Satisfied with level of pay



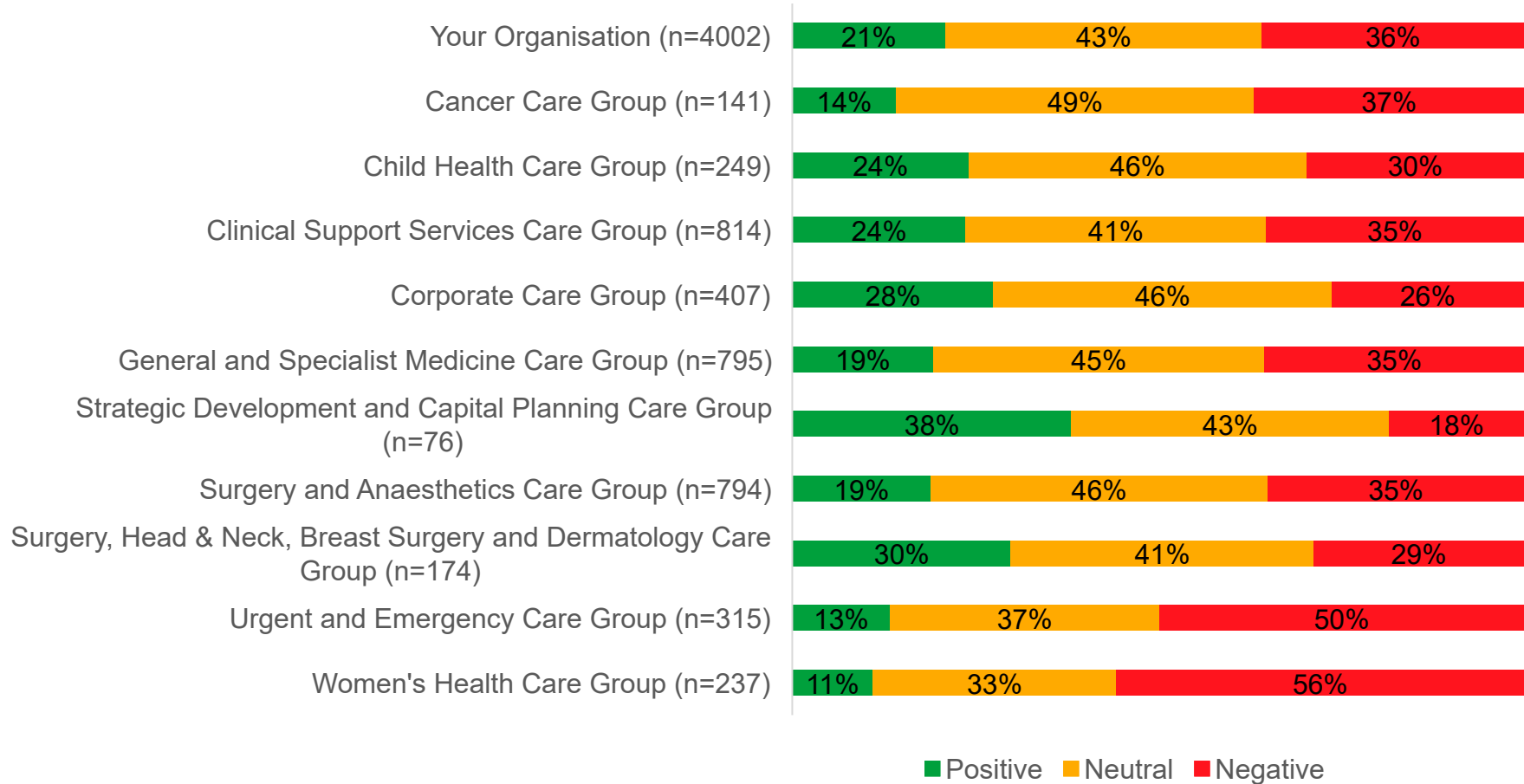
YOUR JOB

q4d Satisfied with opportunities for flexible working patterns



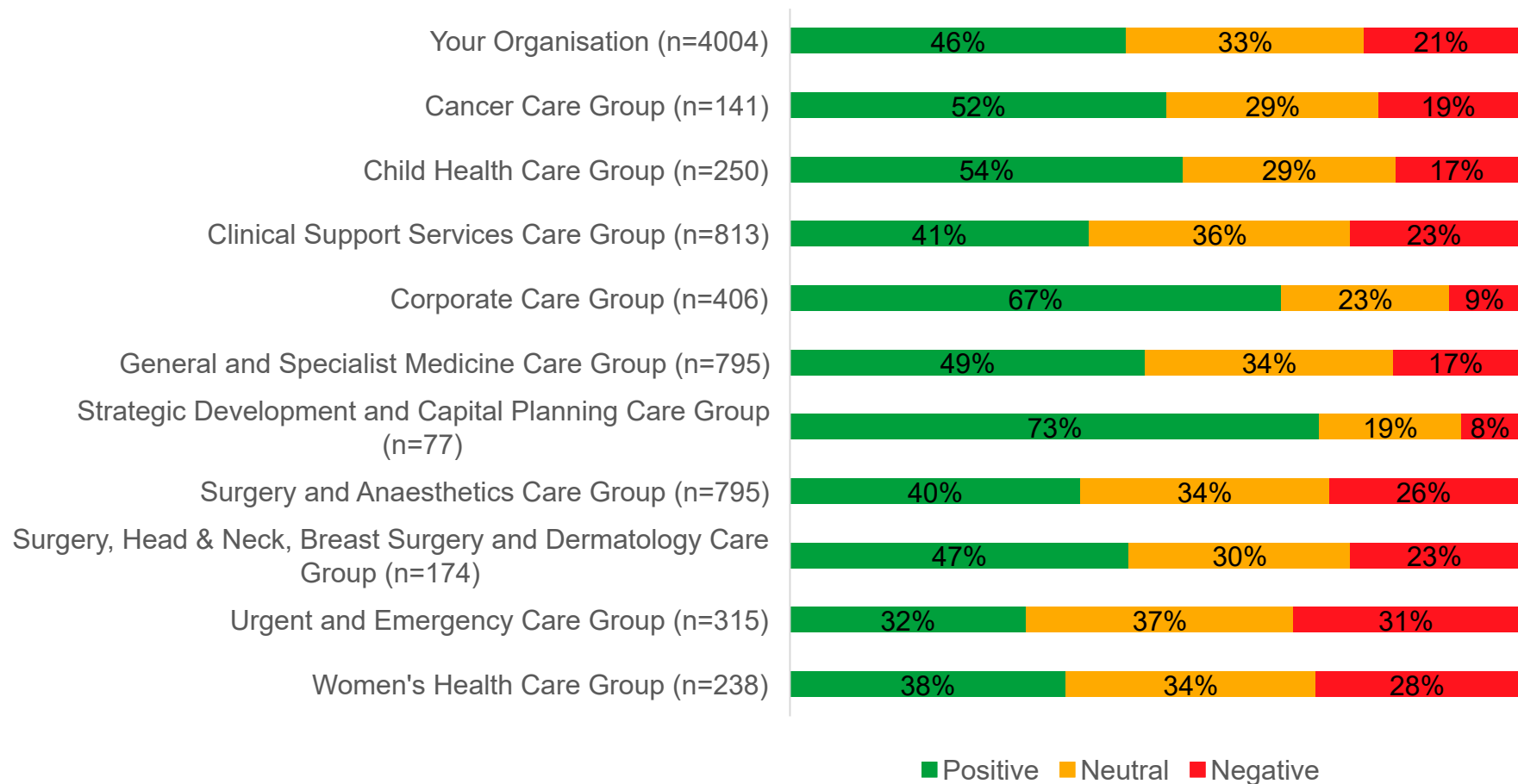
YOUR JOB

q5a Have realistic time pressures



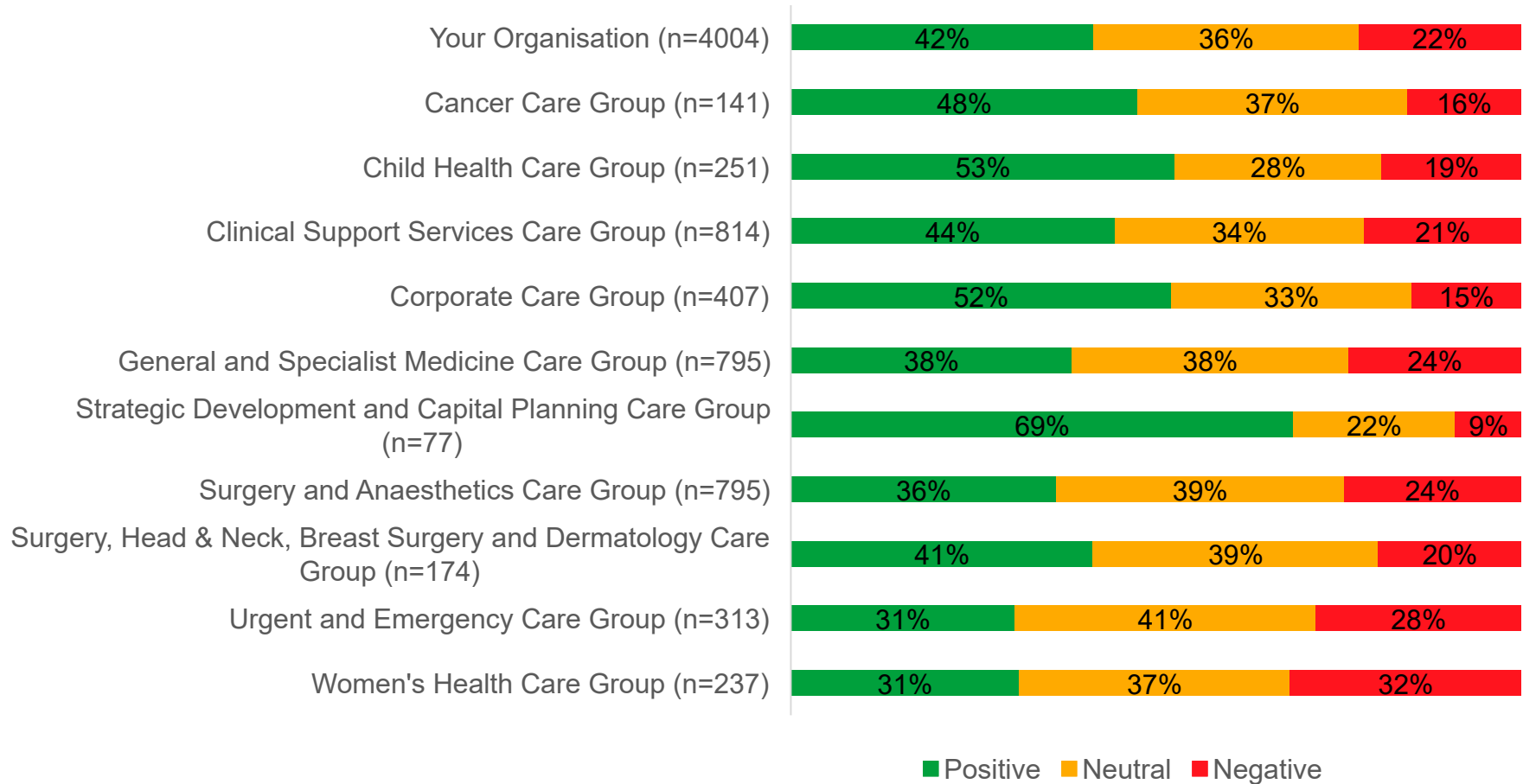
YOUR JOB

q5b Have a choice in deciding how to do my work



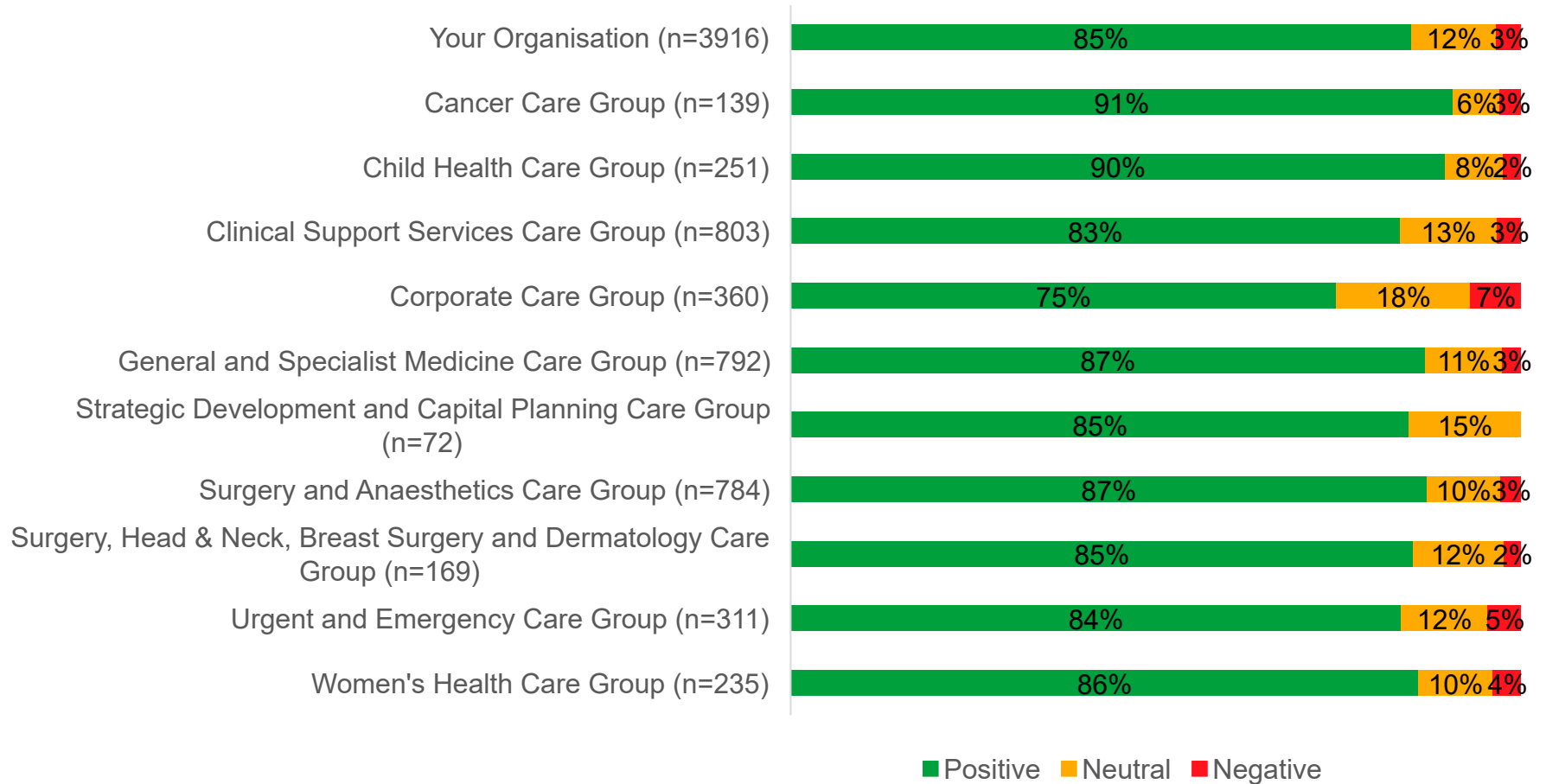
YOUR JOB

q5c Relationships at work are unstrained



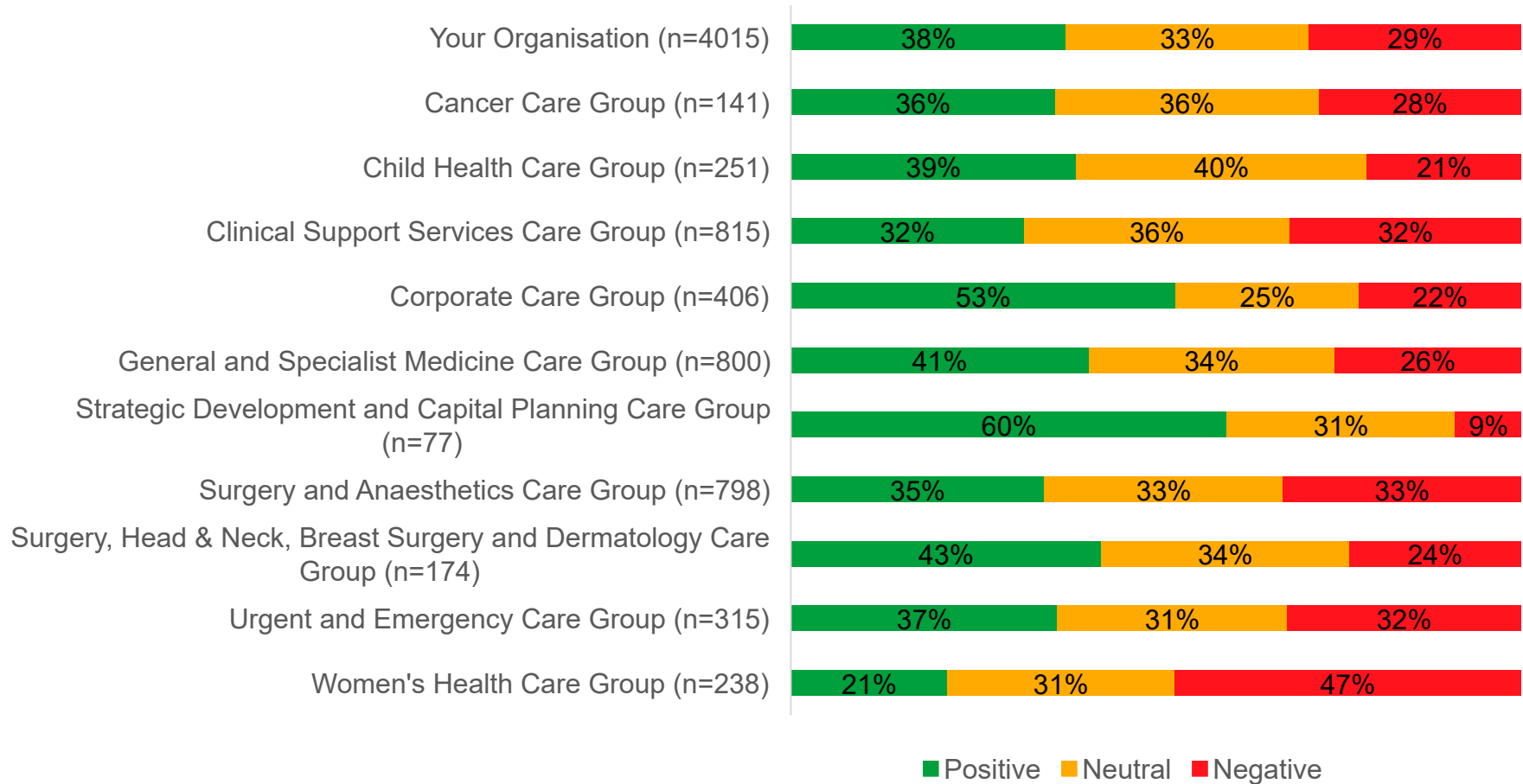
YOUR JOB

q6a Feel my role makes a difference to patients/service users



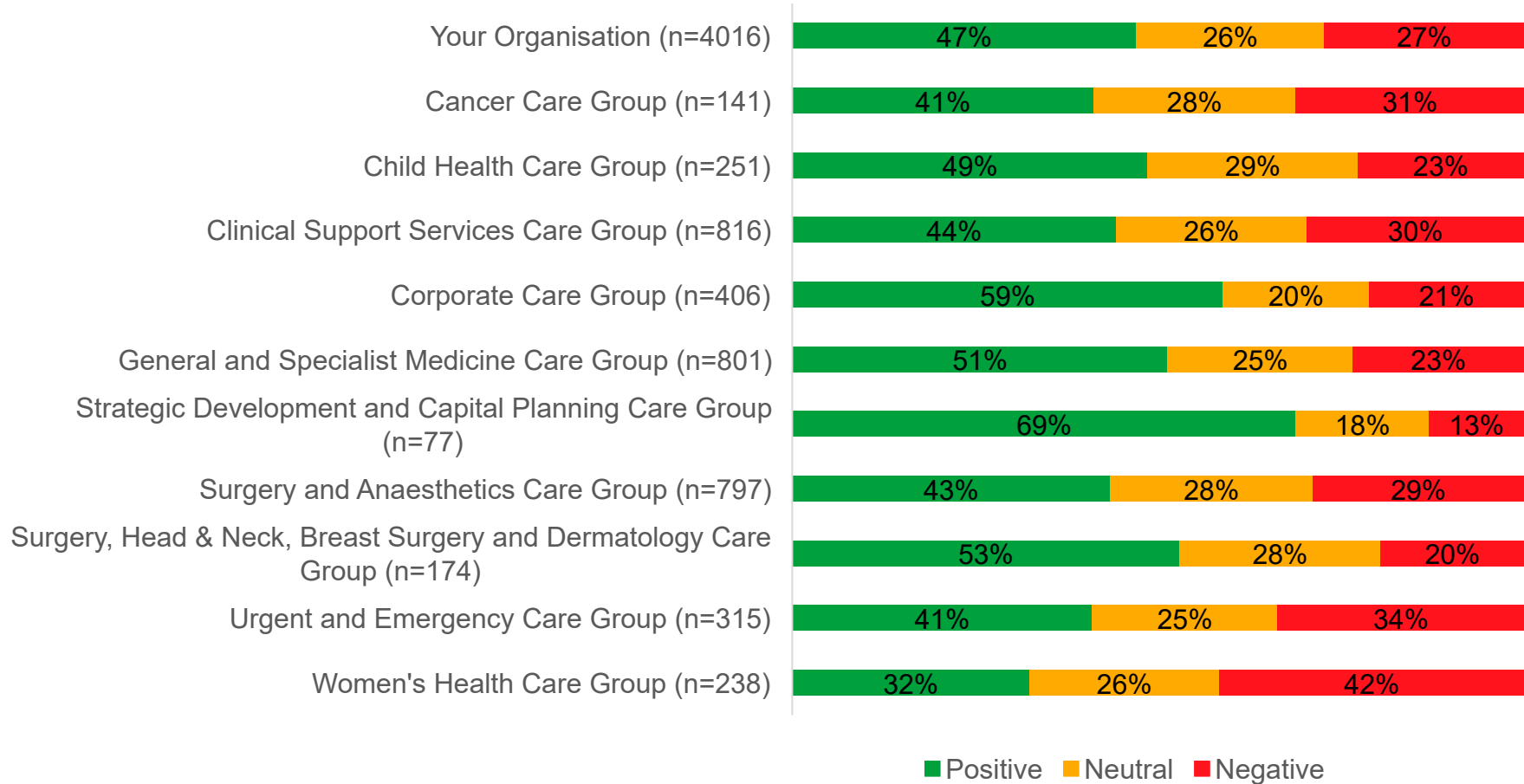
YOUR JOB

q6b Organisation is committed to helping balance work and home life



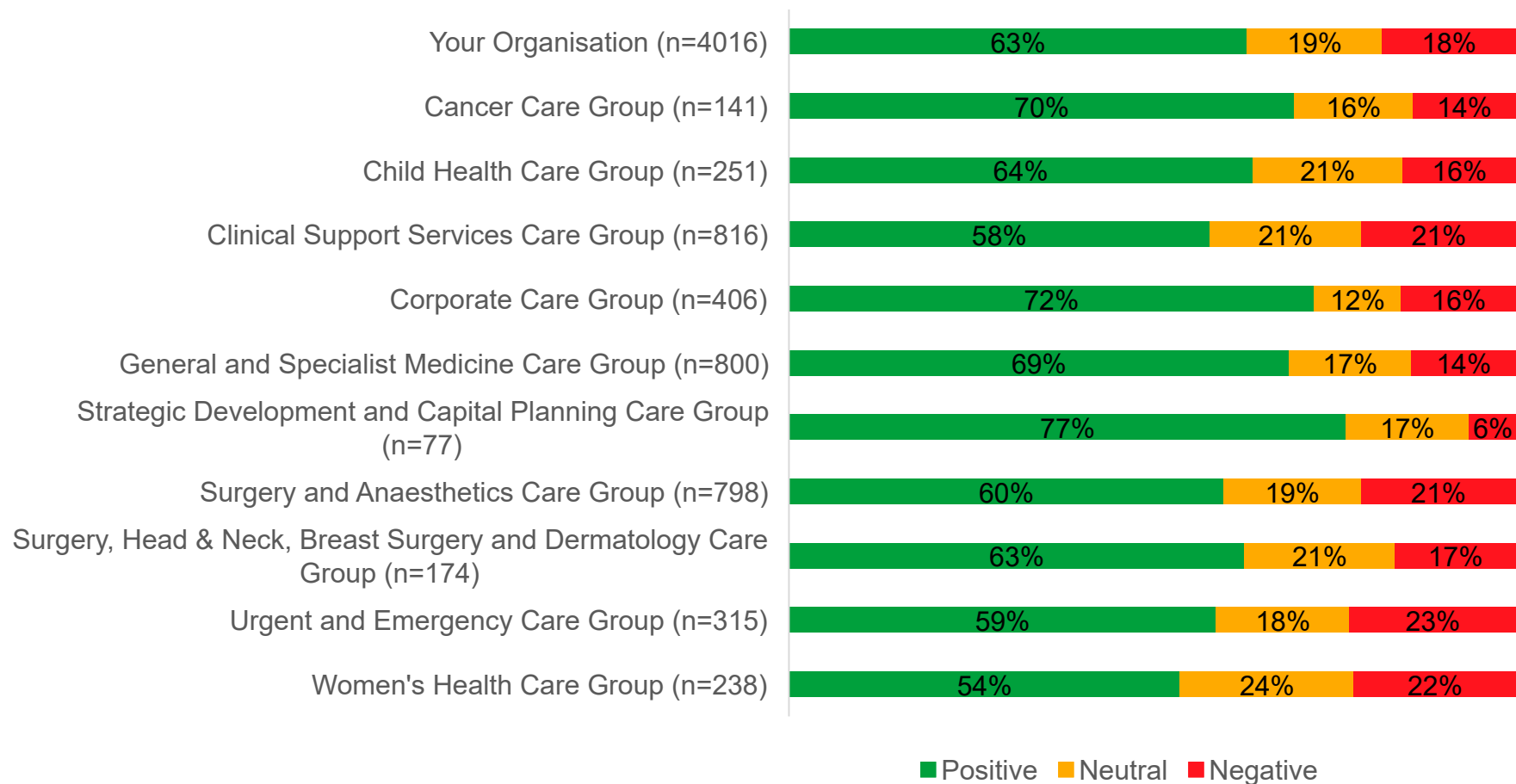
YOUR JOB

q6c Achieve a good balance between work and home life



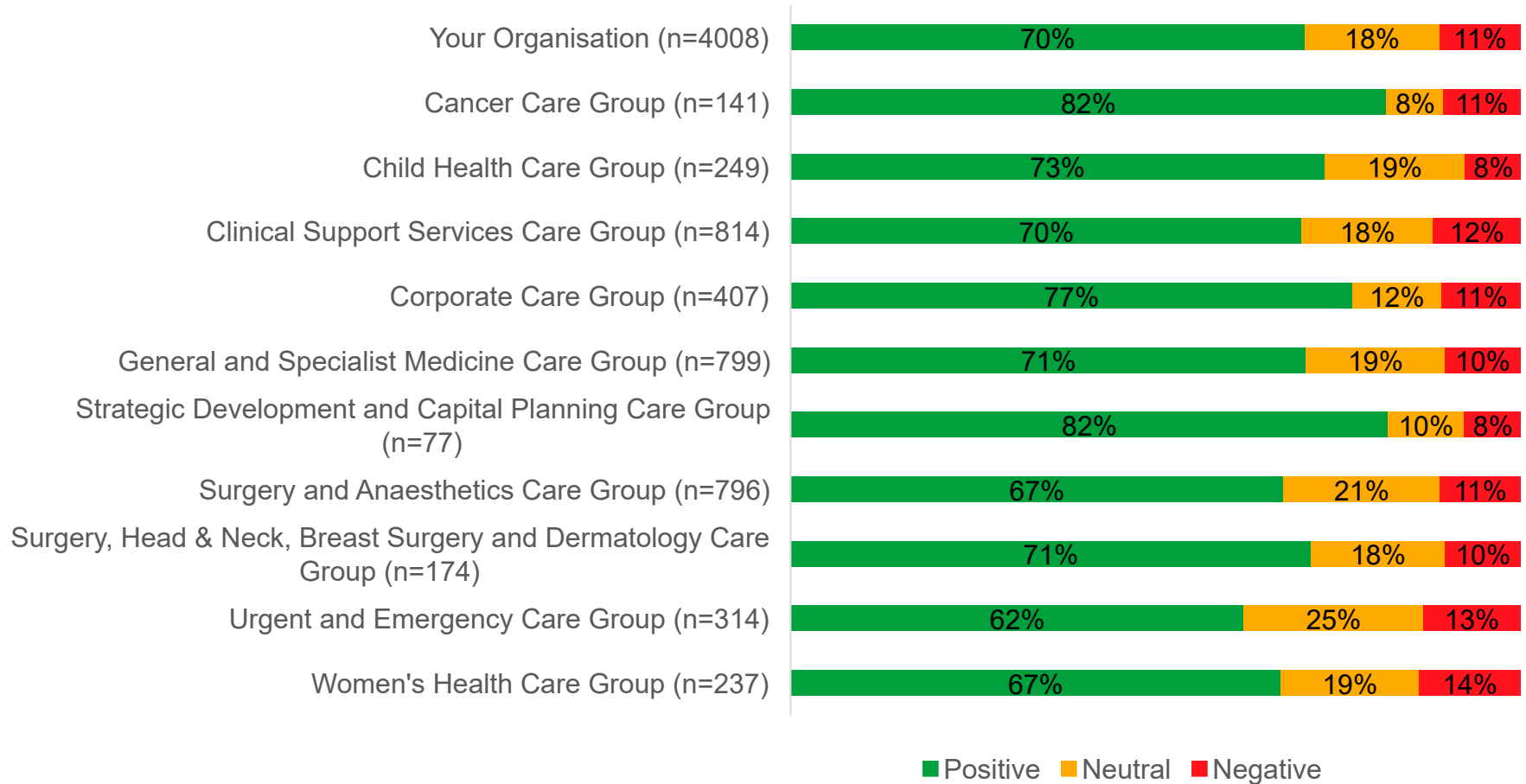
YOUR JOB

q6d Can approach immediate manager to talk openly about flexible working



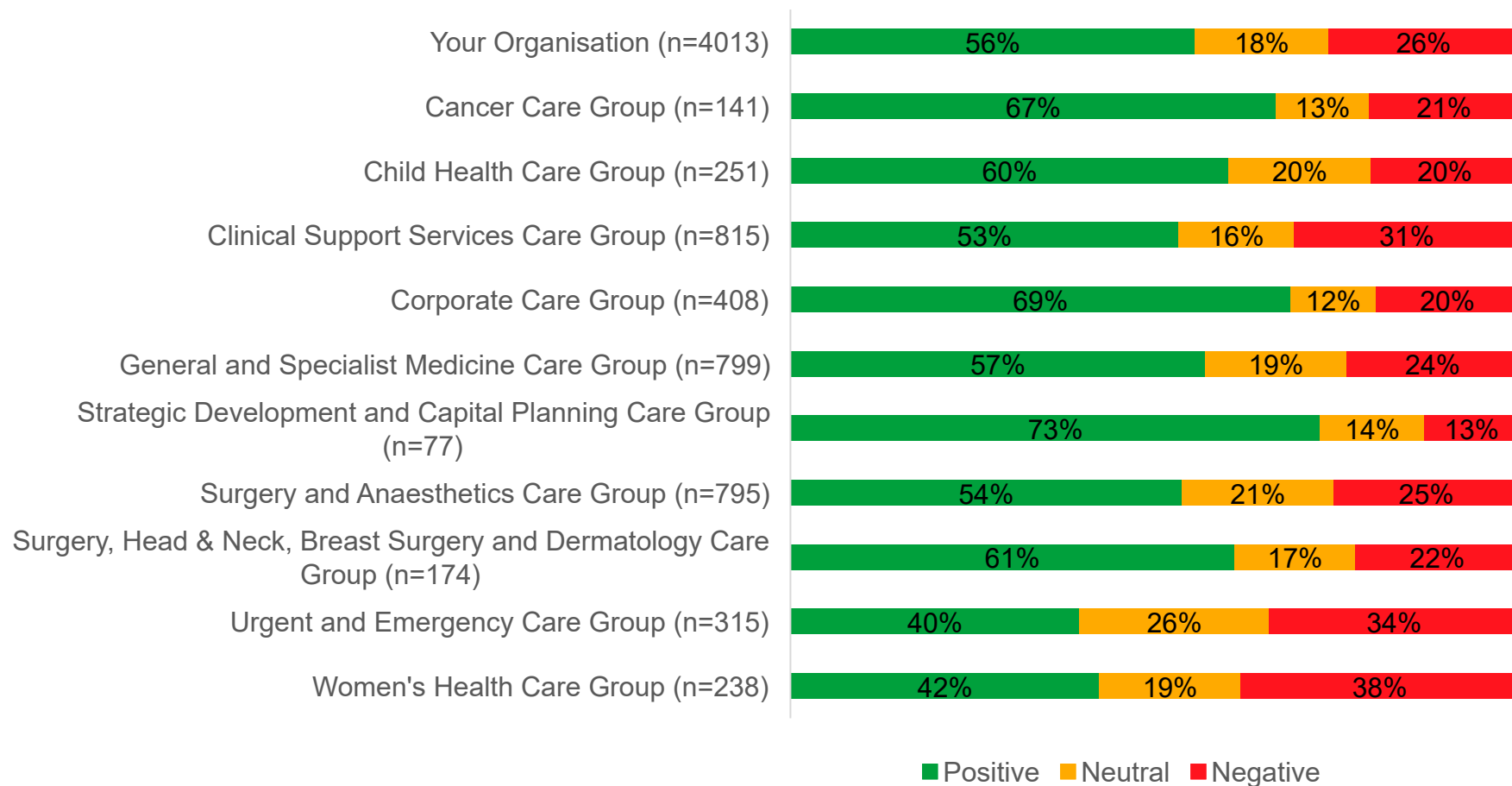
YOUR TEAM

q7a Team members have a set of shared objectives



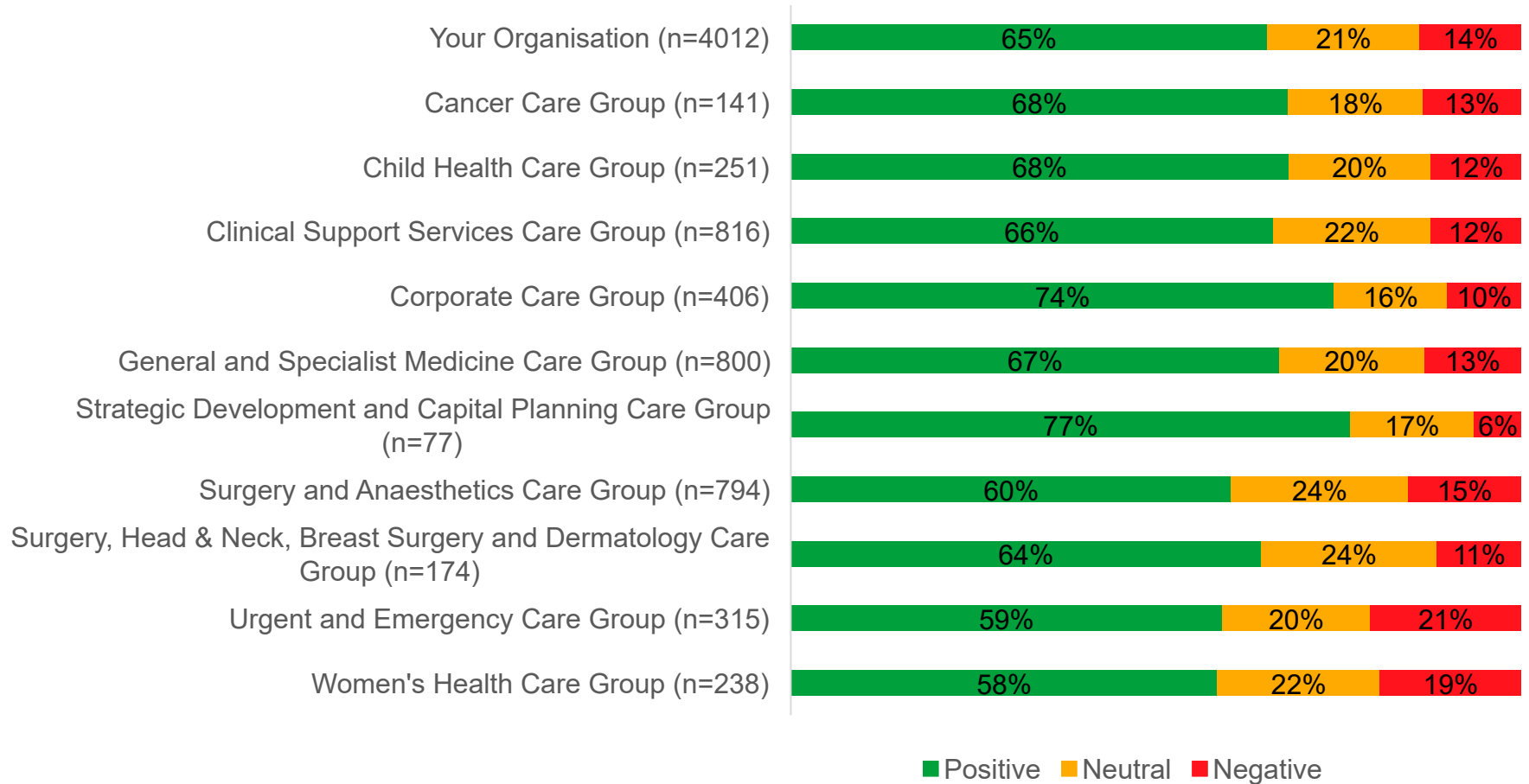
YOUR TEAM

q7b Team members often meet to discuss the team's effectiveness



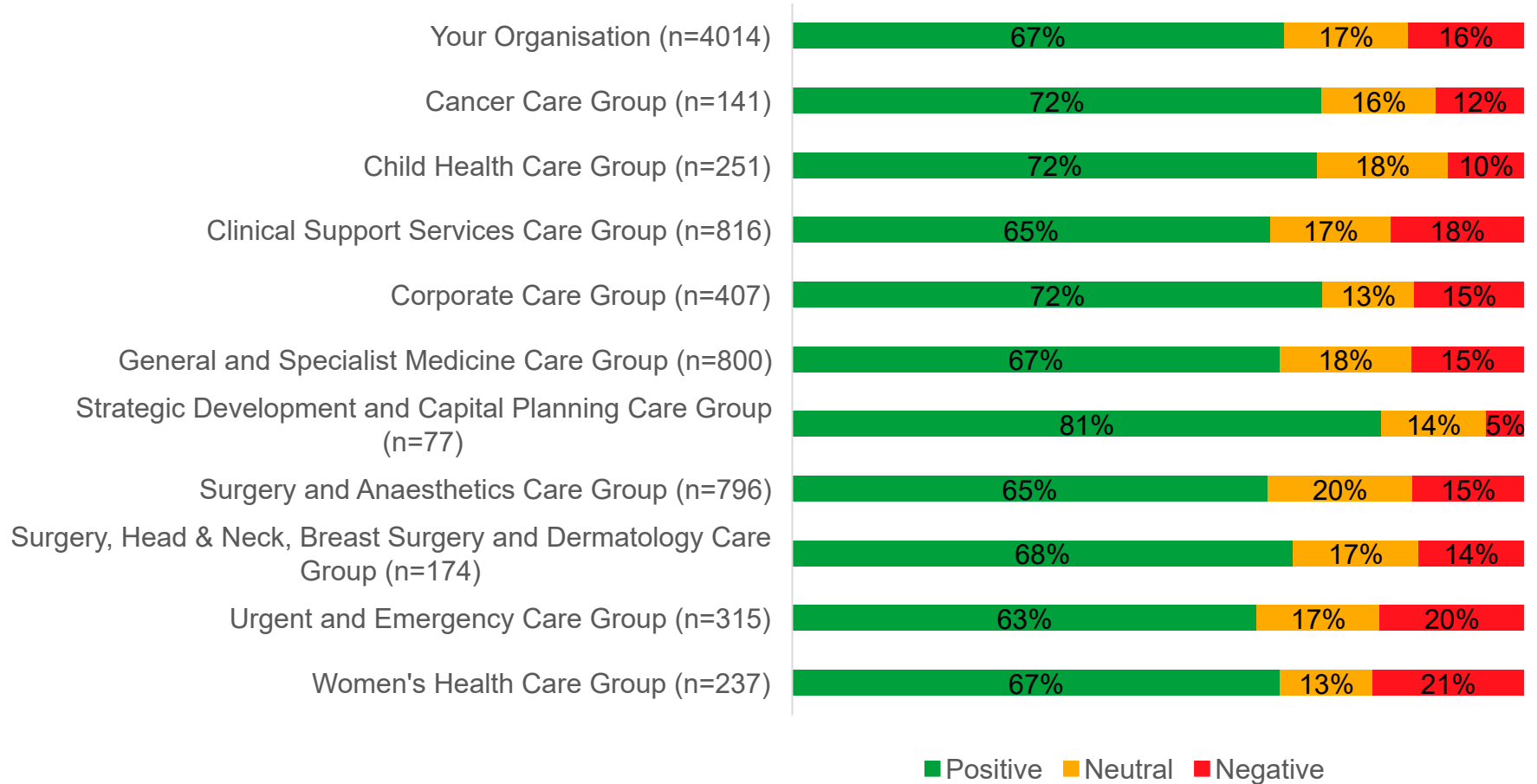
YOUR TEAM

q7c Receive the respect I deserve from my colleagues at work



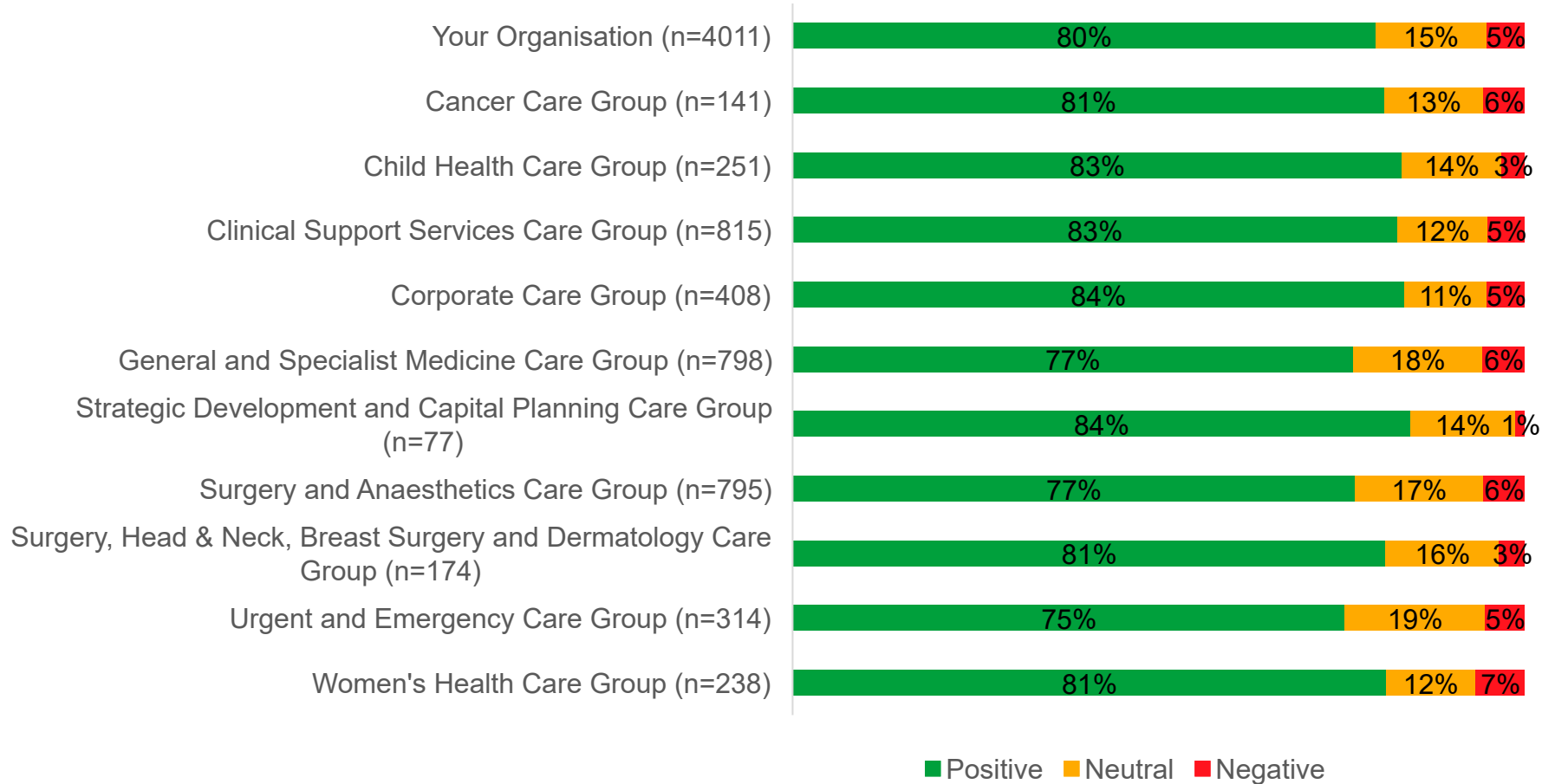
YOUR TEAM

q7d Team members understand each other's roles



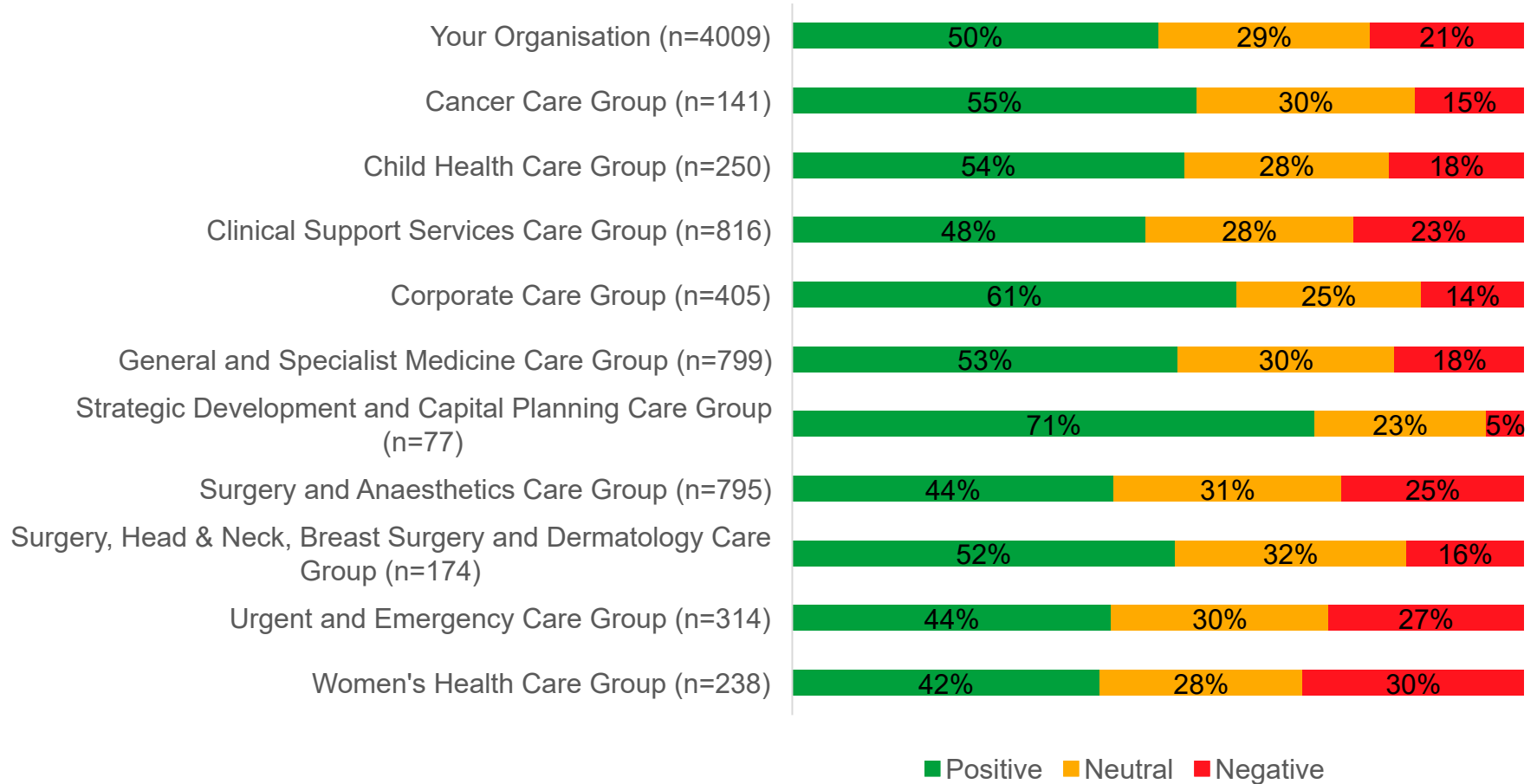
YOUR TEAM

q7e Enjoy working with colleagues in team



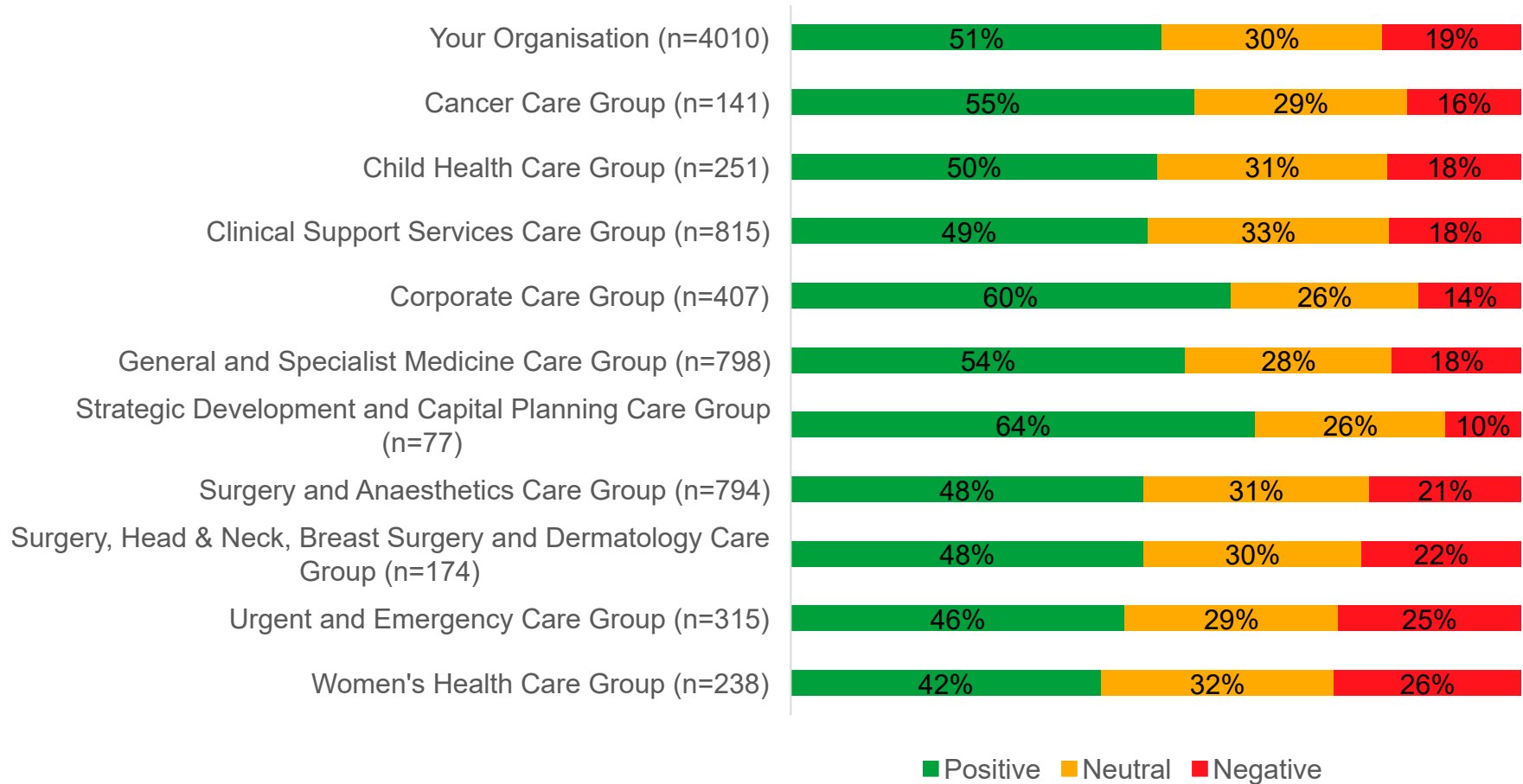
YOUR TEAM

q7f Team has enough freedom in how to do its work



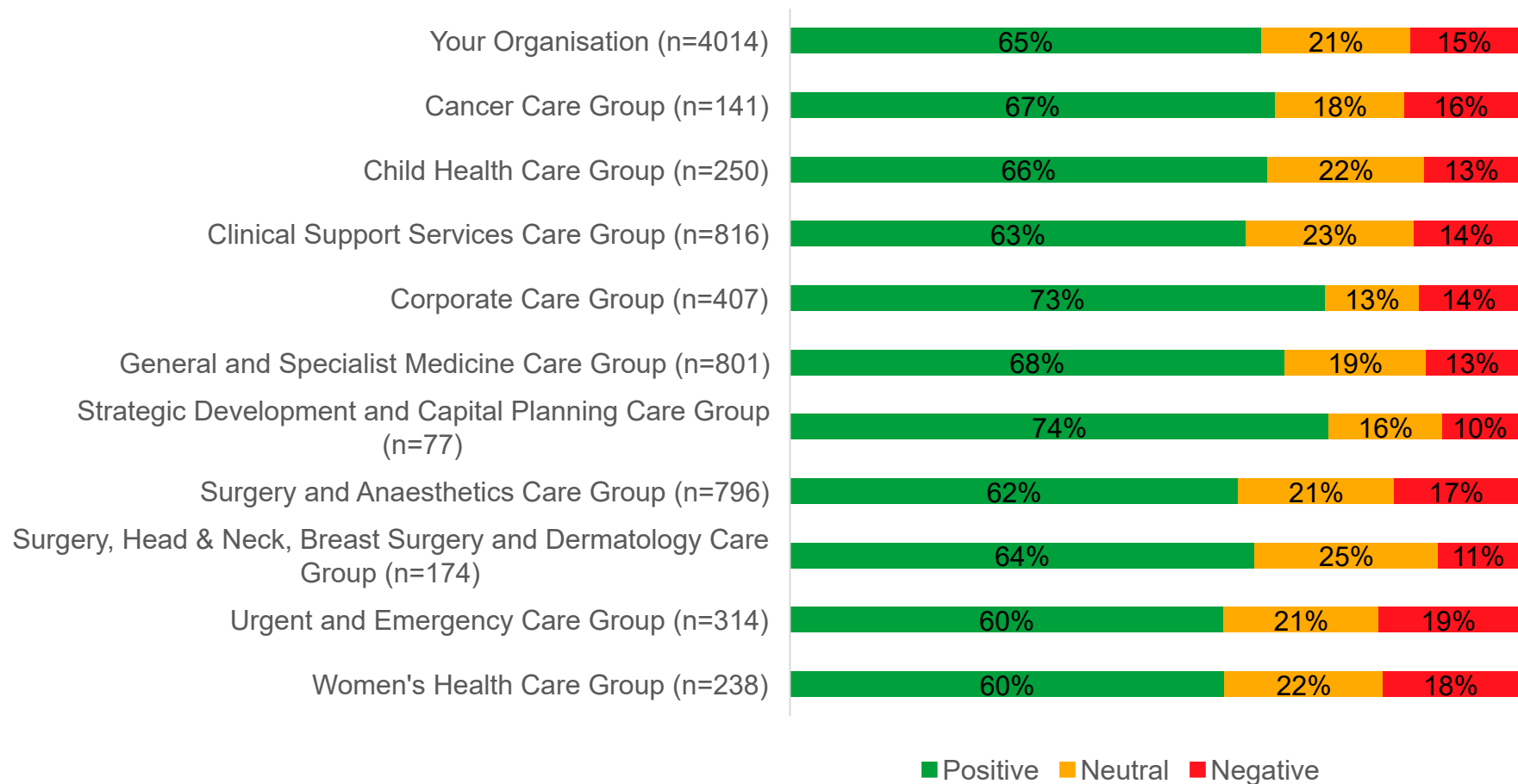
YOUR TEAM

q7g Team deals with disagreements constructively



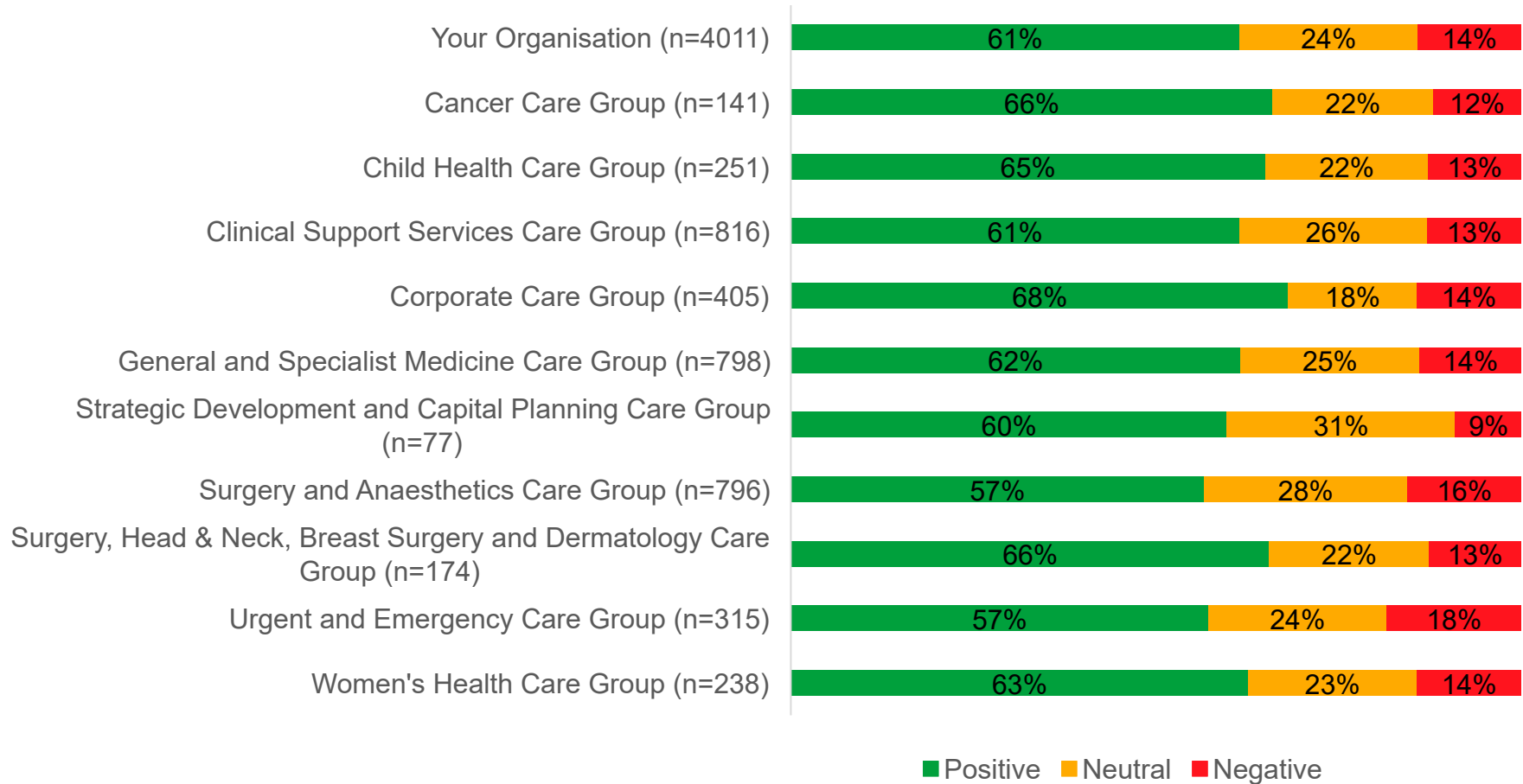
YOUR TEAM

q7h Feel valued by my team



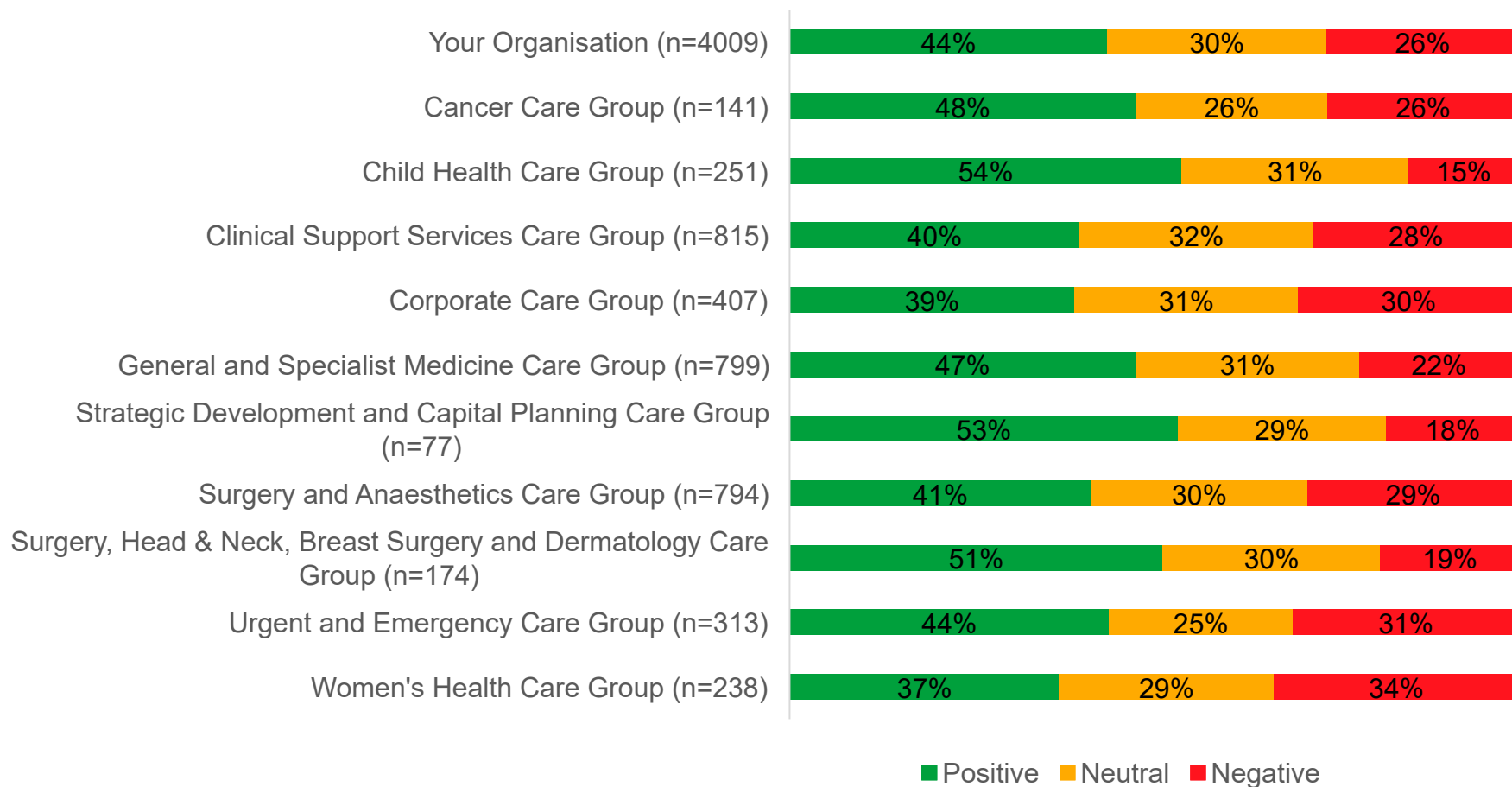
YOUR TEAM

q7i Feel a strong personal attachment to my team



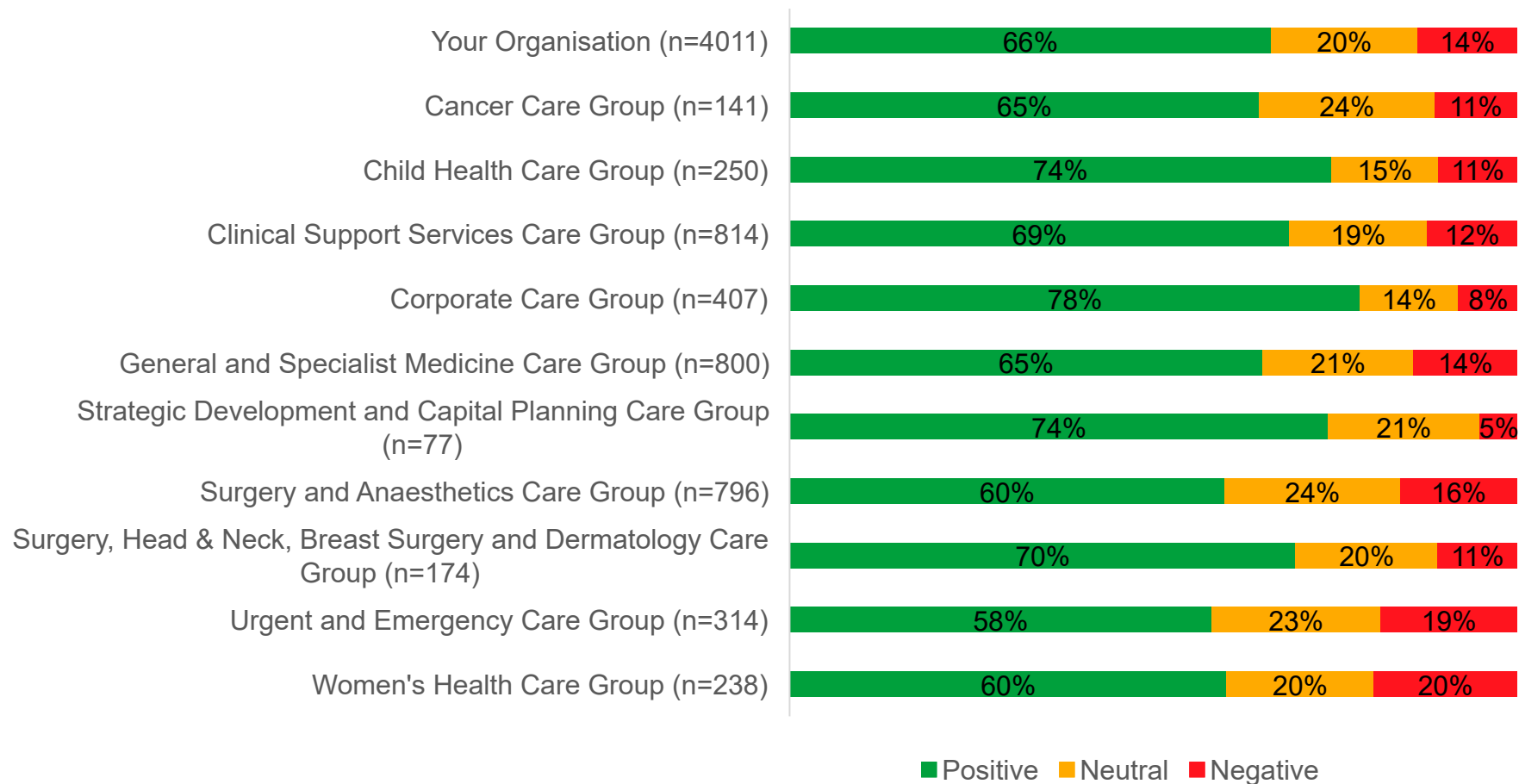
PEOPLE IN YOUR ORGANISATION

q8a Teams within the organisation work well together to achieve objectives



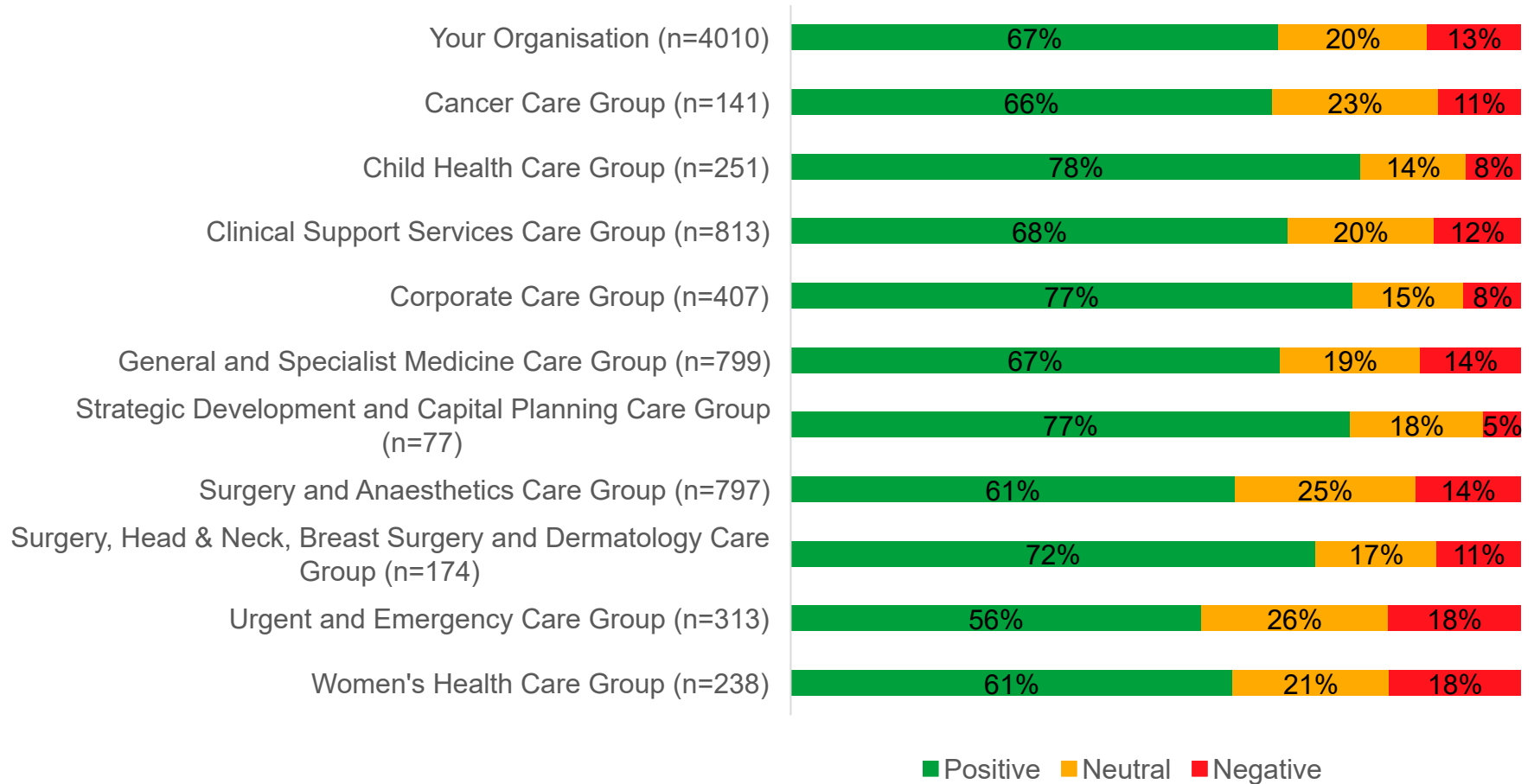
PEOPLE IN YOUR ORGANISATION

q8b Colleagues are understanding and kind to one another



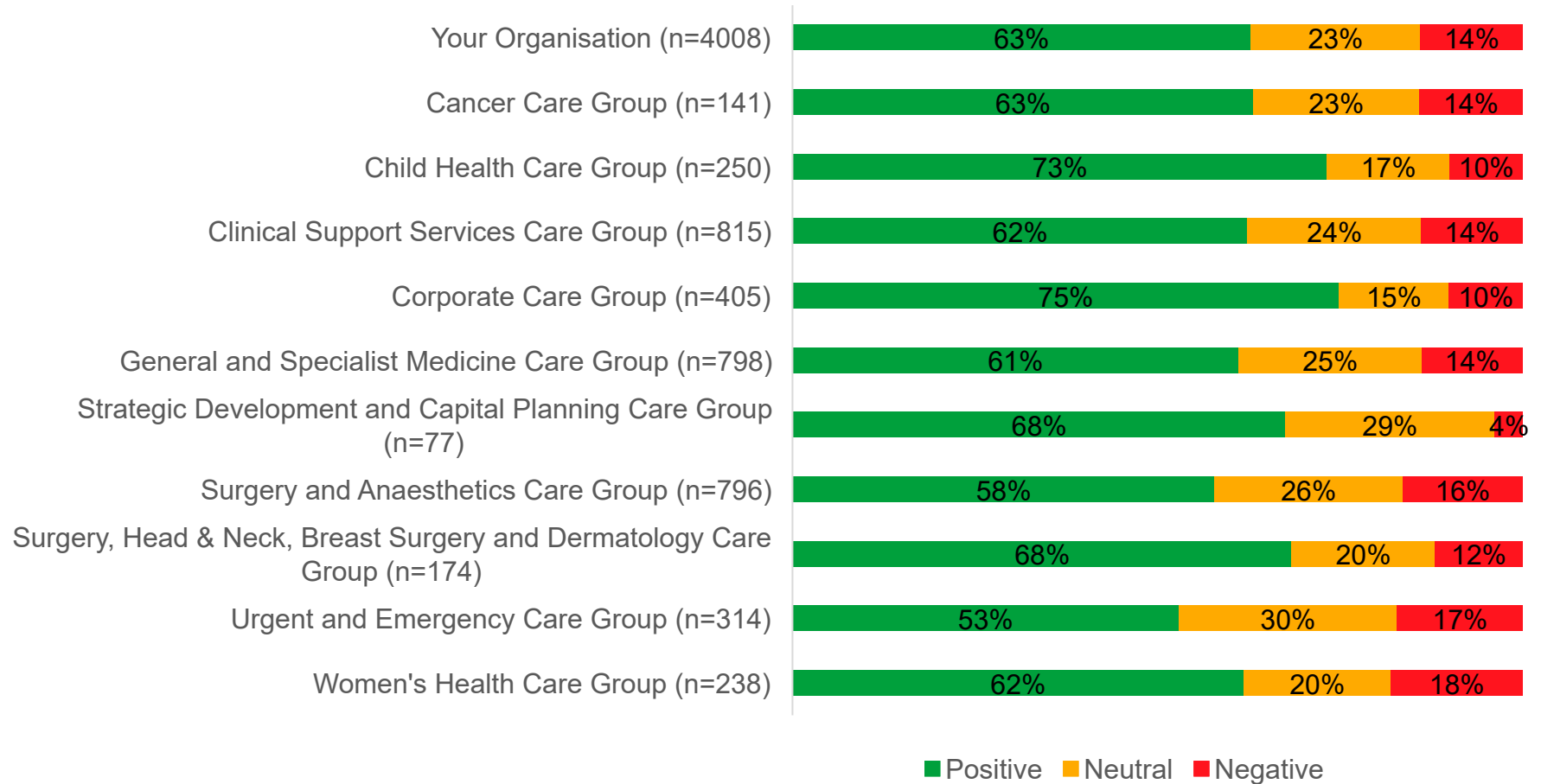
PEOPLE IN YOUR ORGANISATION

q8c Colleagues are polite and treat each other with respect



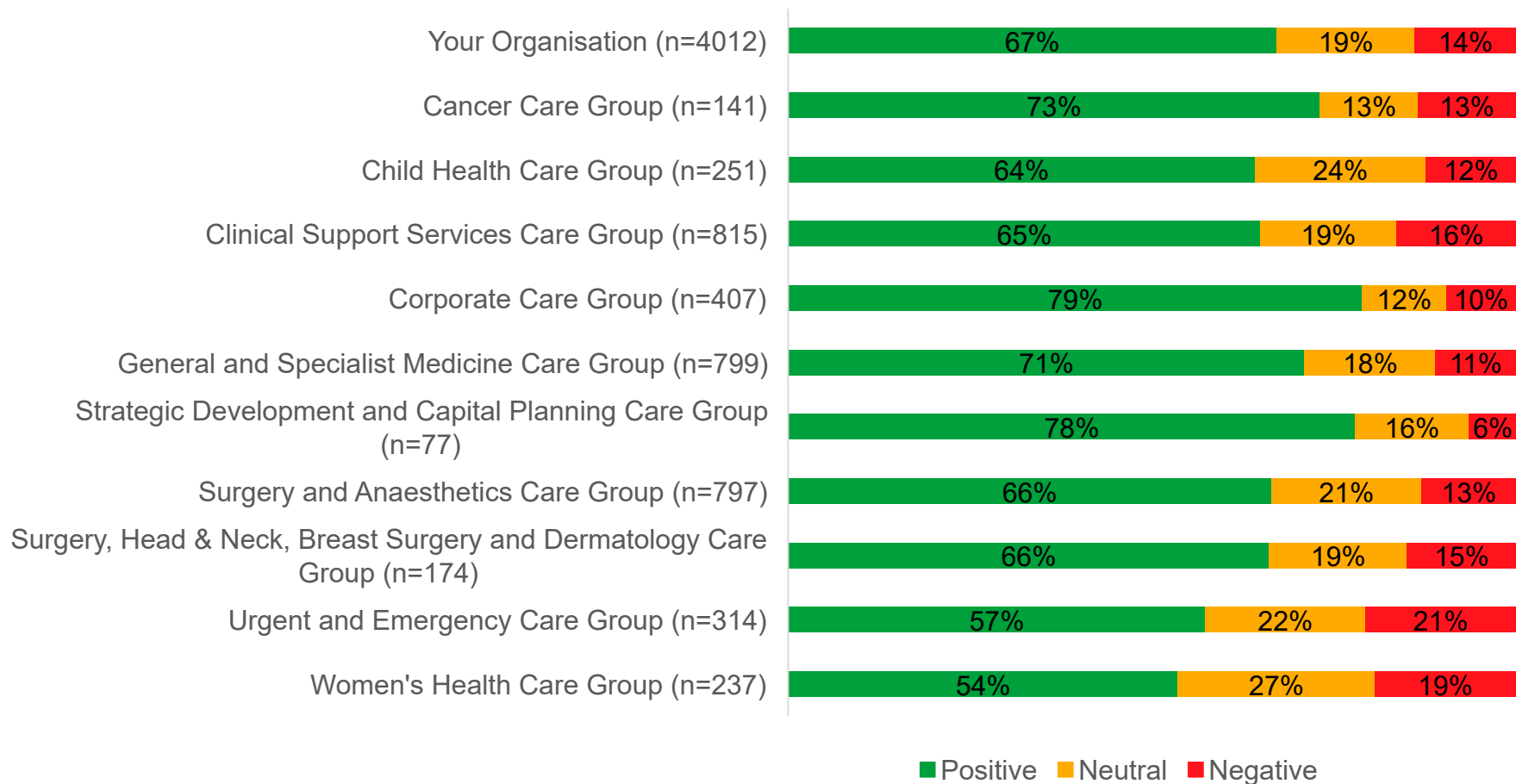
PEOPLE IN YOUR ORGANISATION

q8d Colleagues show appreciation to one another



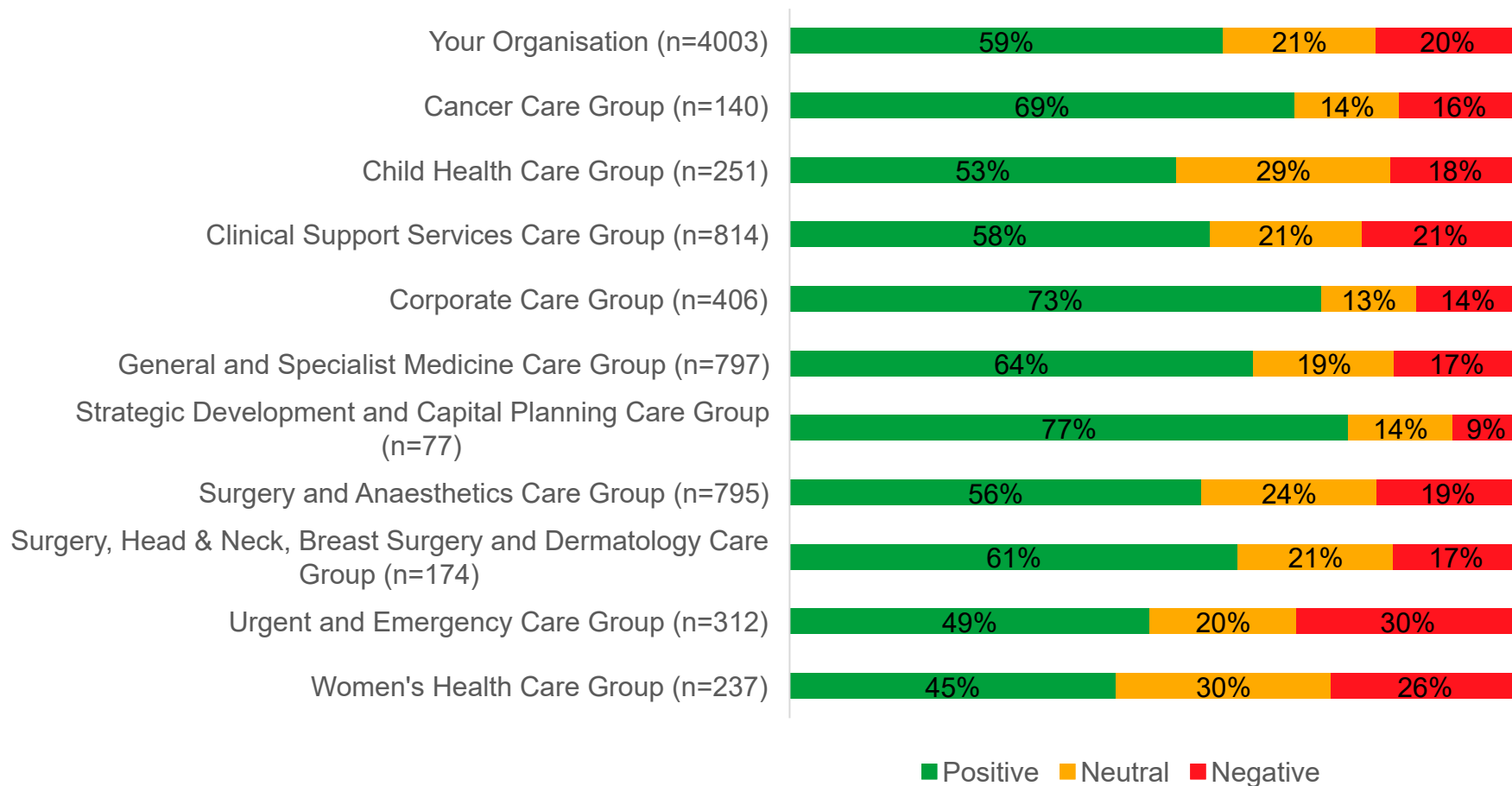
YOUR MANAGERS

q9a Immediate manager encourages me at work



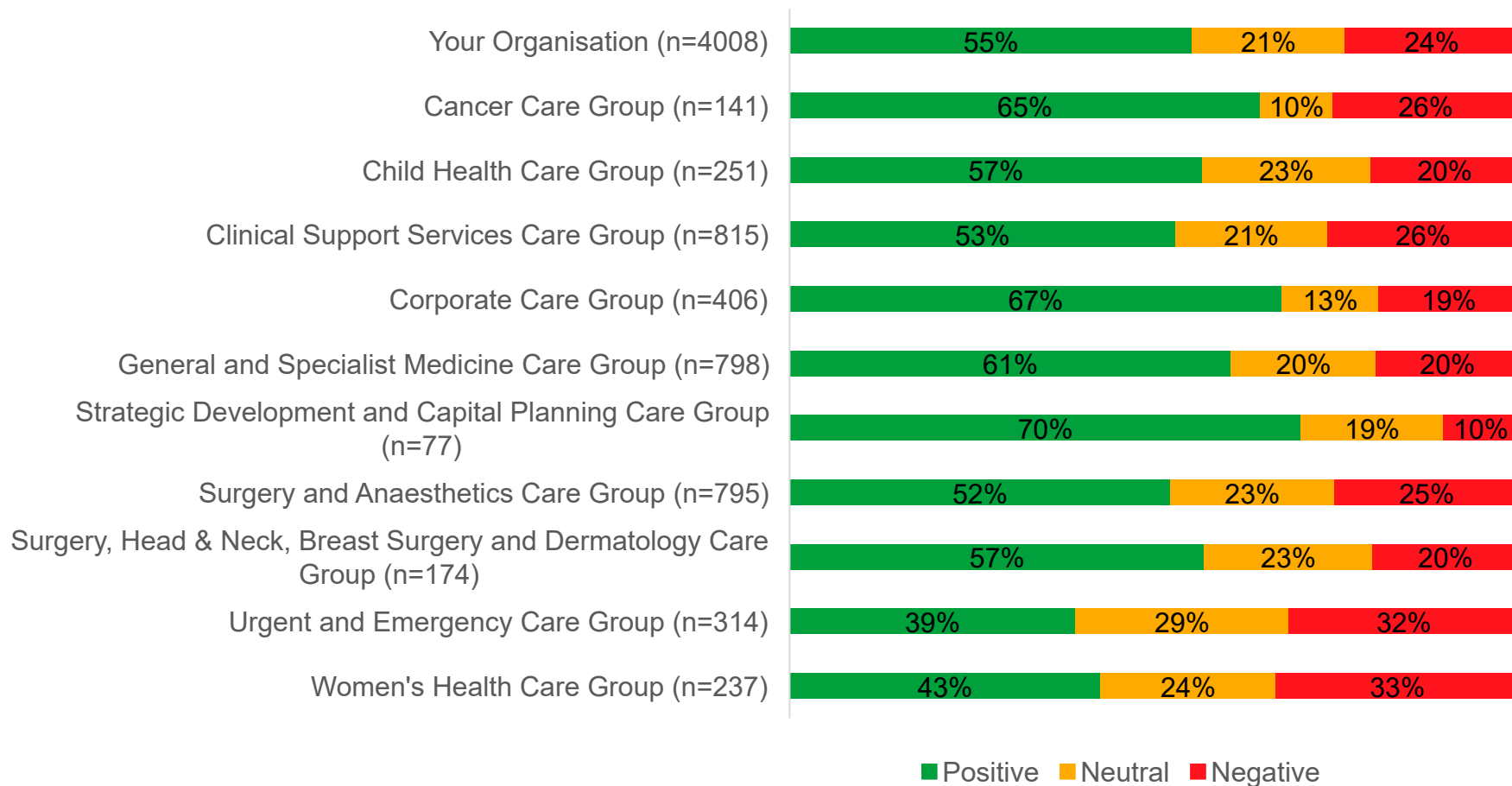
YOUR MANAGERS

q9b Immediate manager gives clear feedback on my work



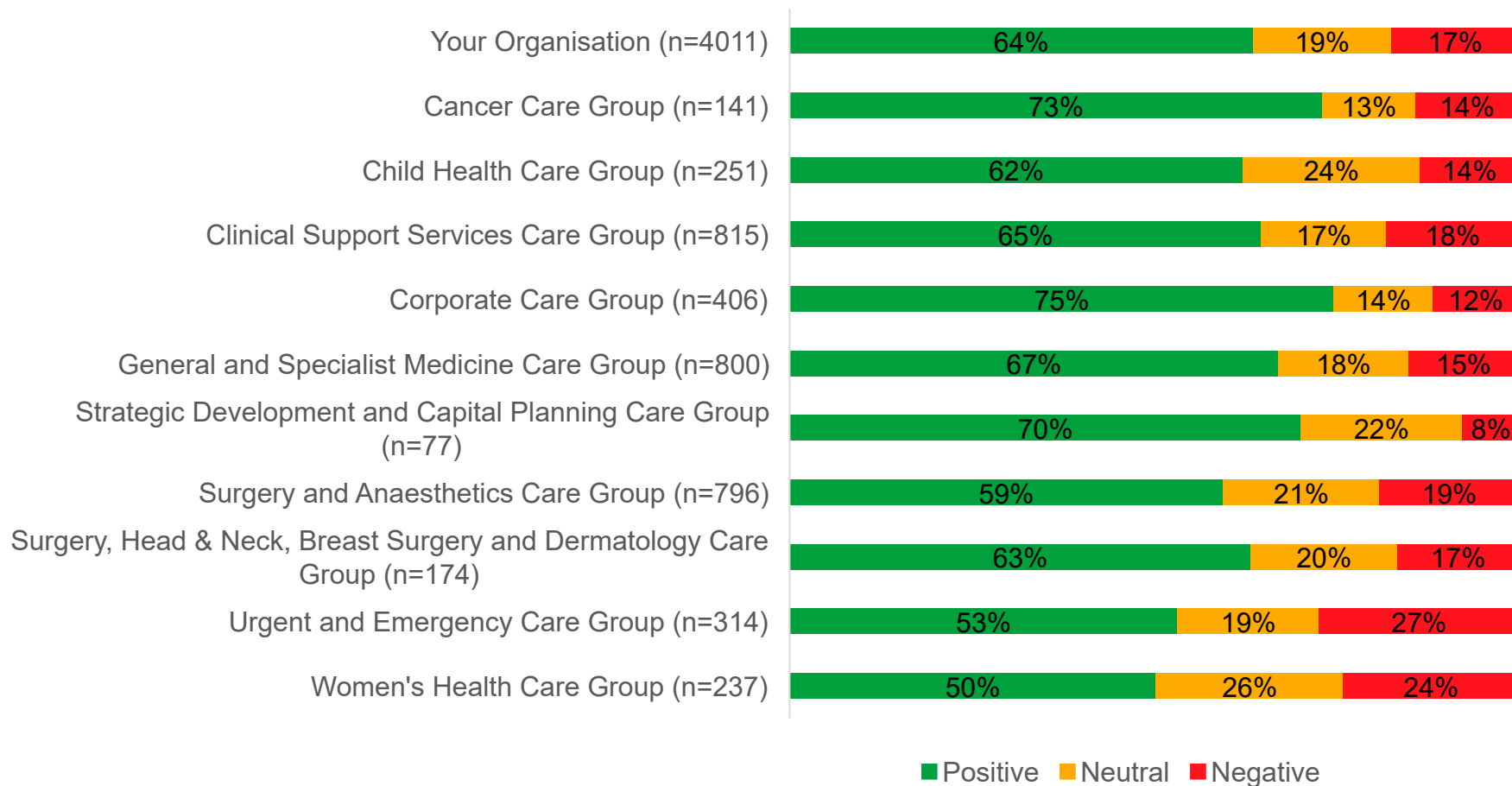
YOUR MANAGERS

q9c Immediate manager asks for my opinion before making decisions that affect my work



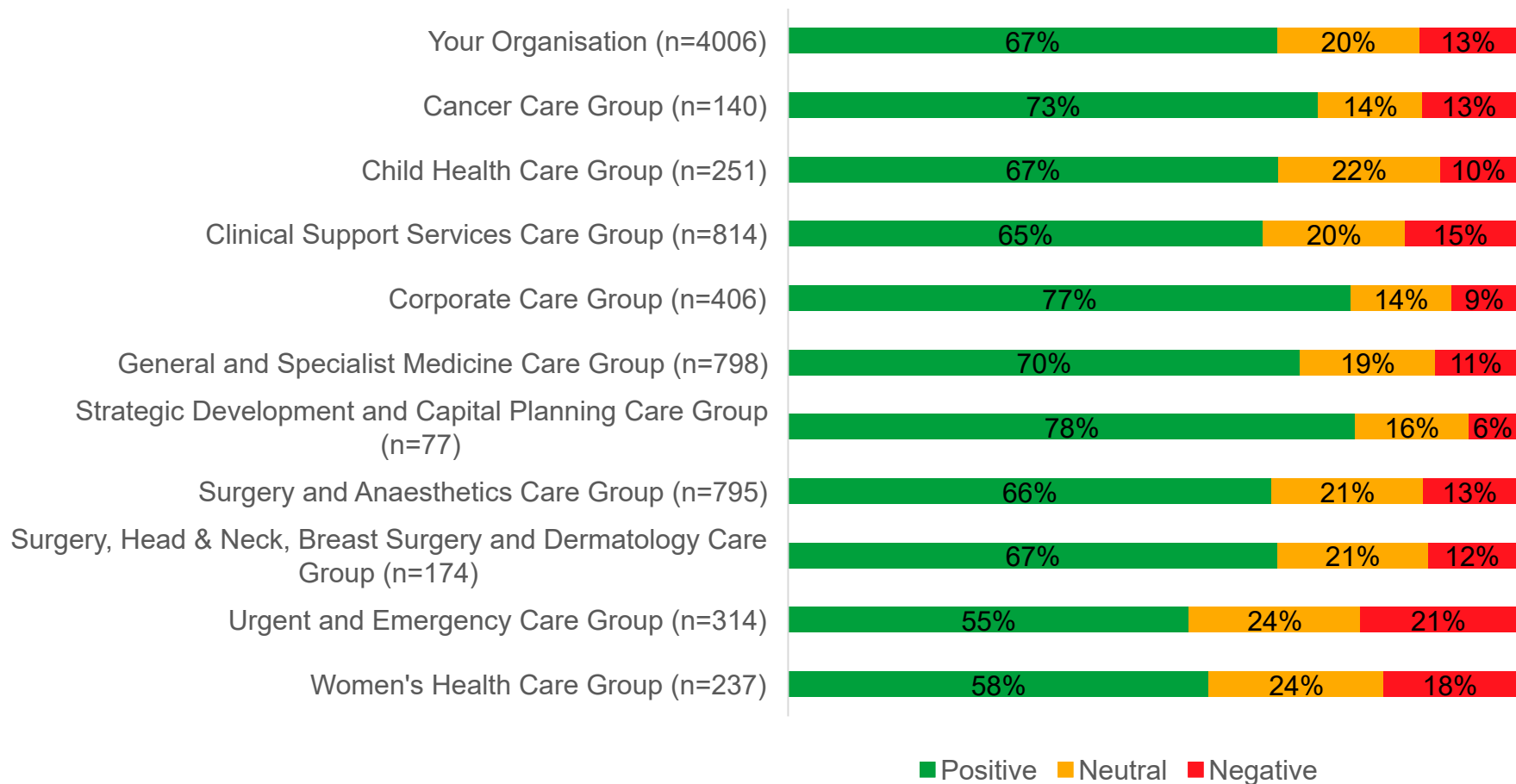
YOUR MANAGERS

q9d Immediate manager takes a positive interest in my health & well-being



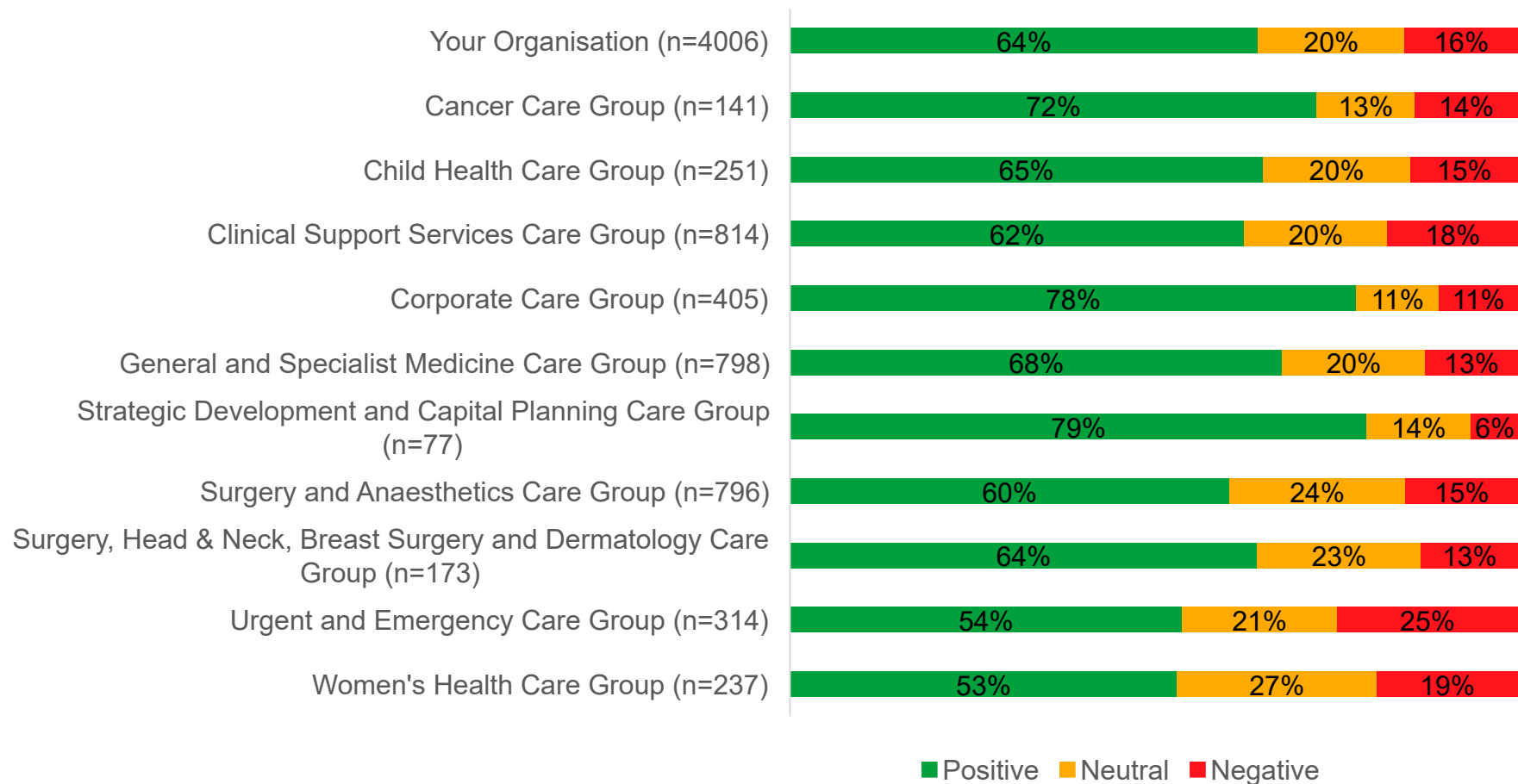
YOUR MANAGERS

q9e Immediate manager values my work



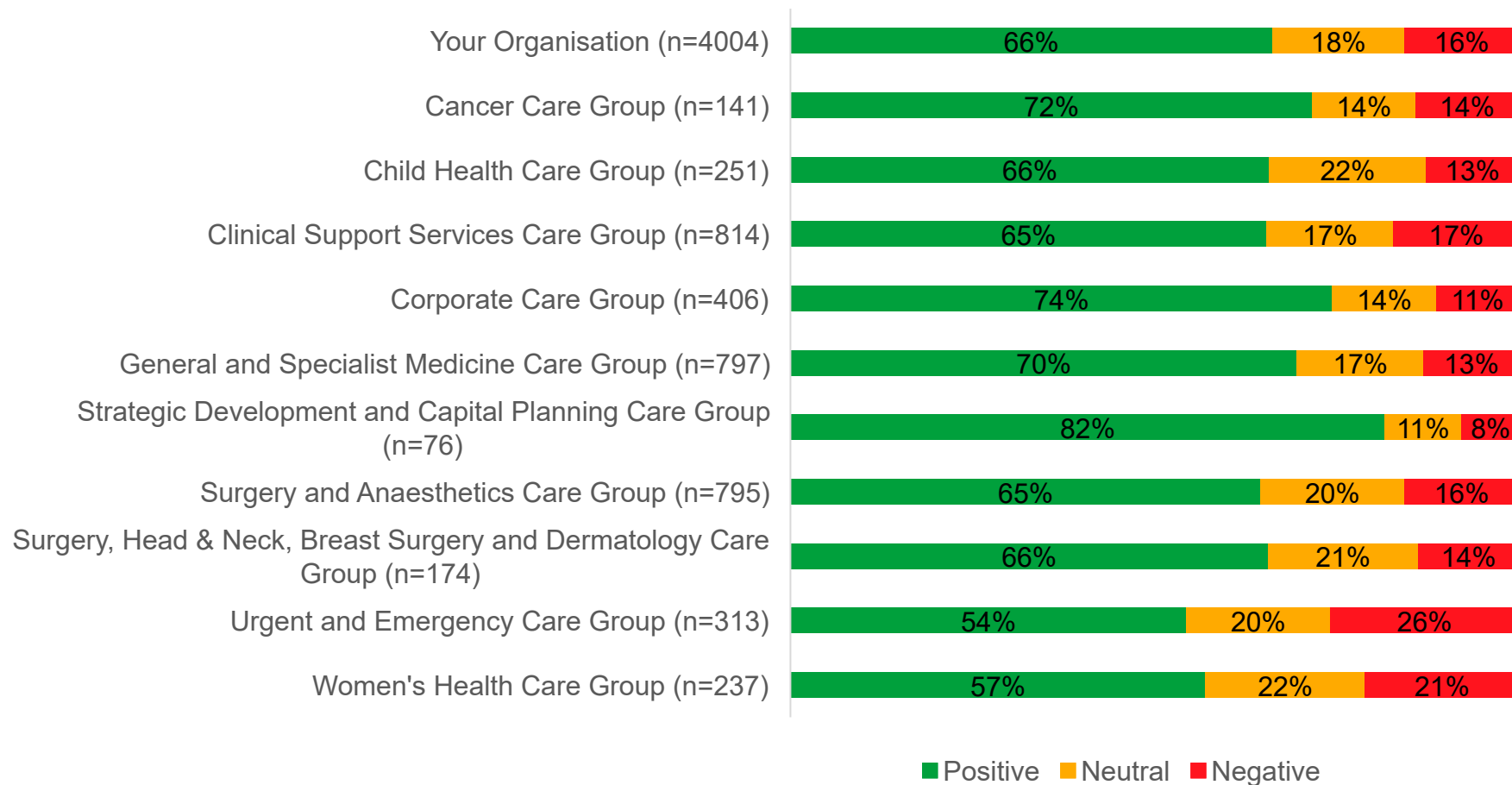
YOUR MANAGERS

q9f Immediate manager works with me to understand problems



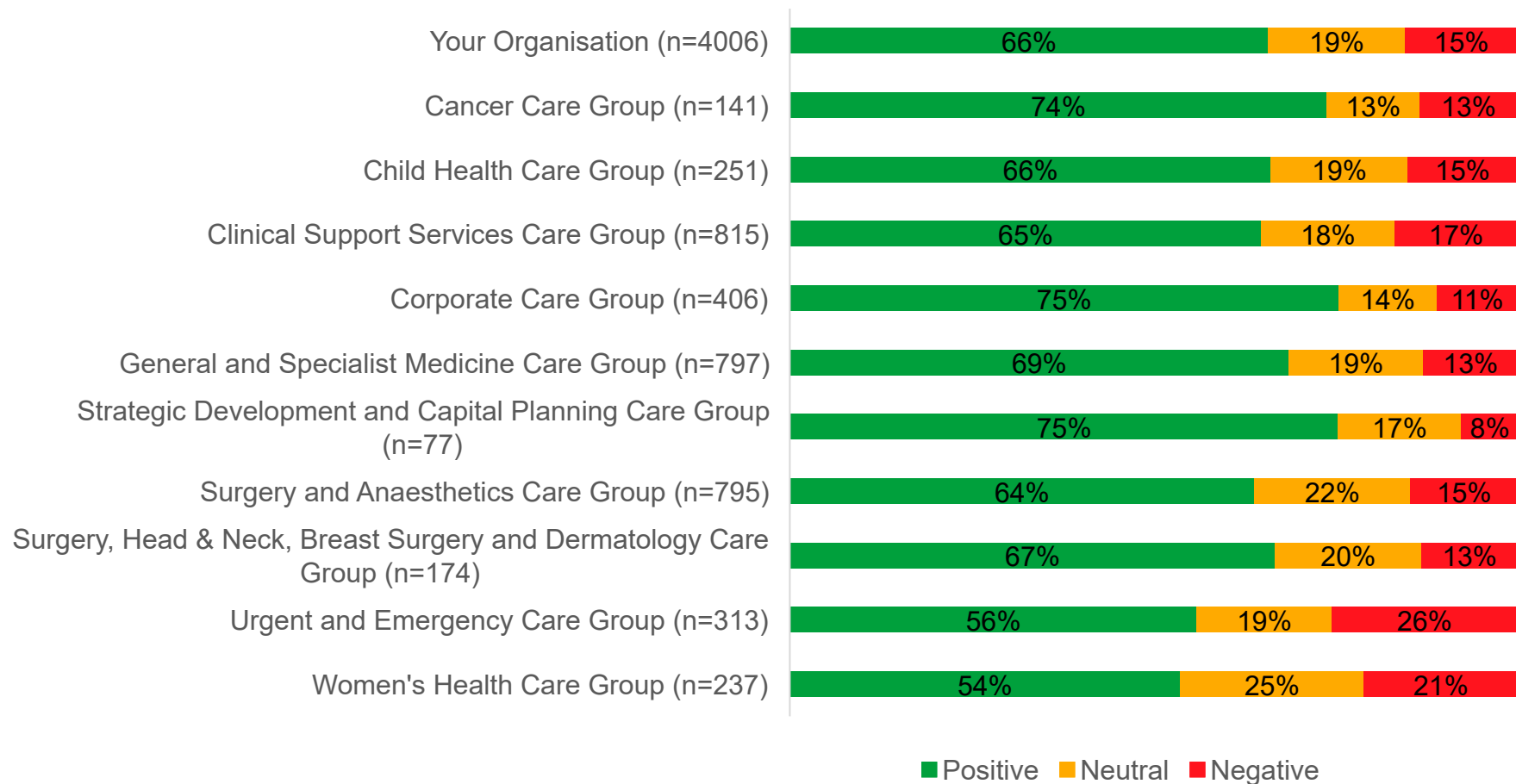
YOUR MANAGERS

q9g Immediate manager listens to challenges I face



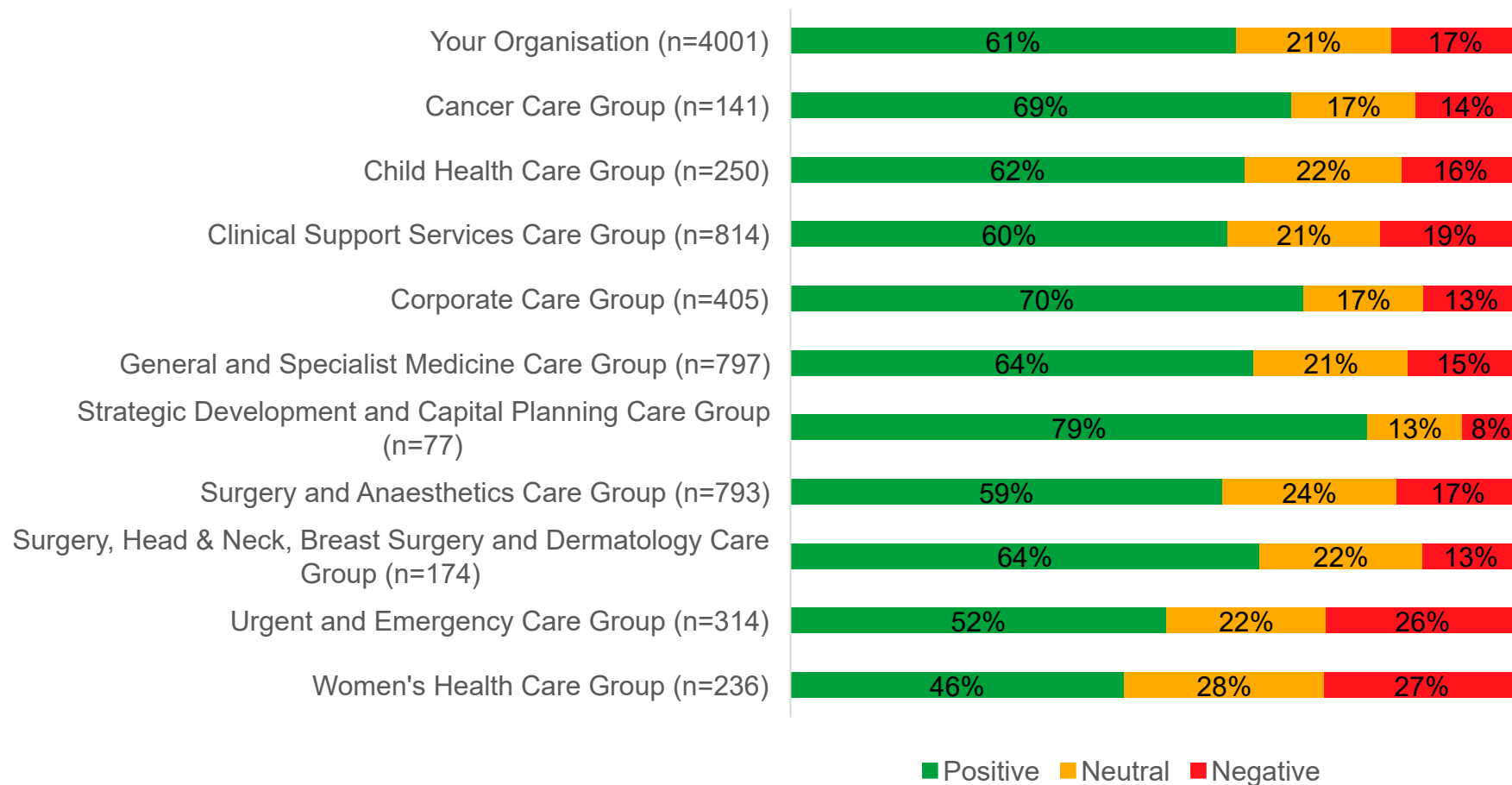
YOUR MANAGERS

q9h Immediate manager cares about my concerns



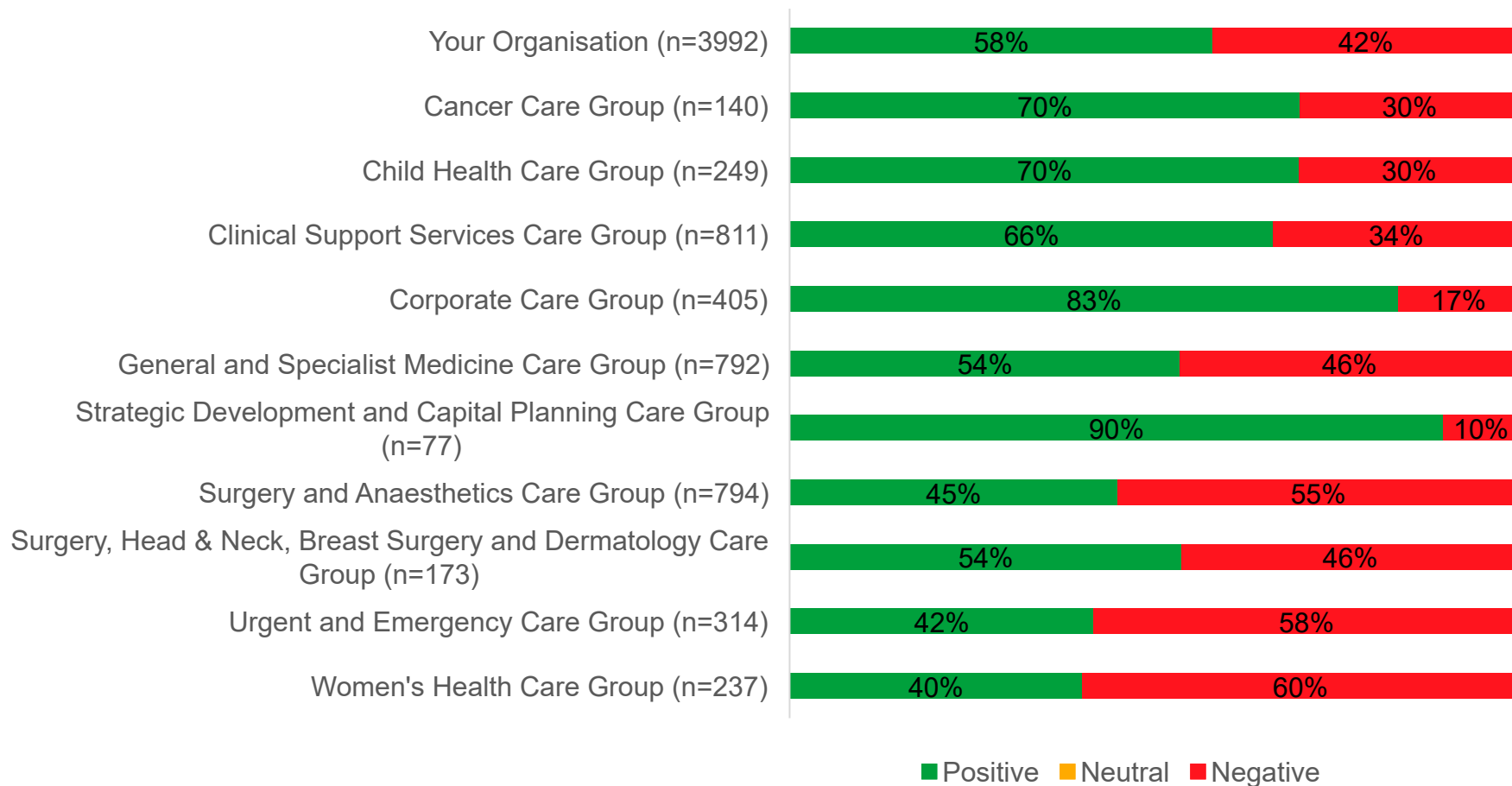
YOUR MANAGERS

q9i Immediate manager helps me with problems I face



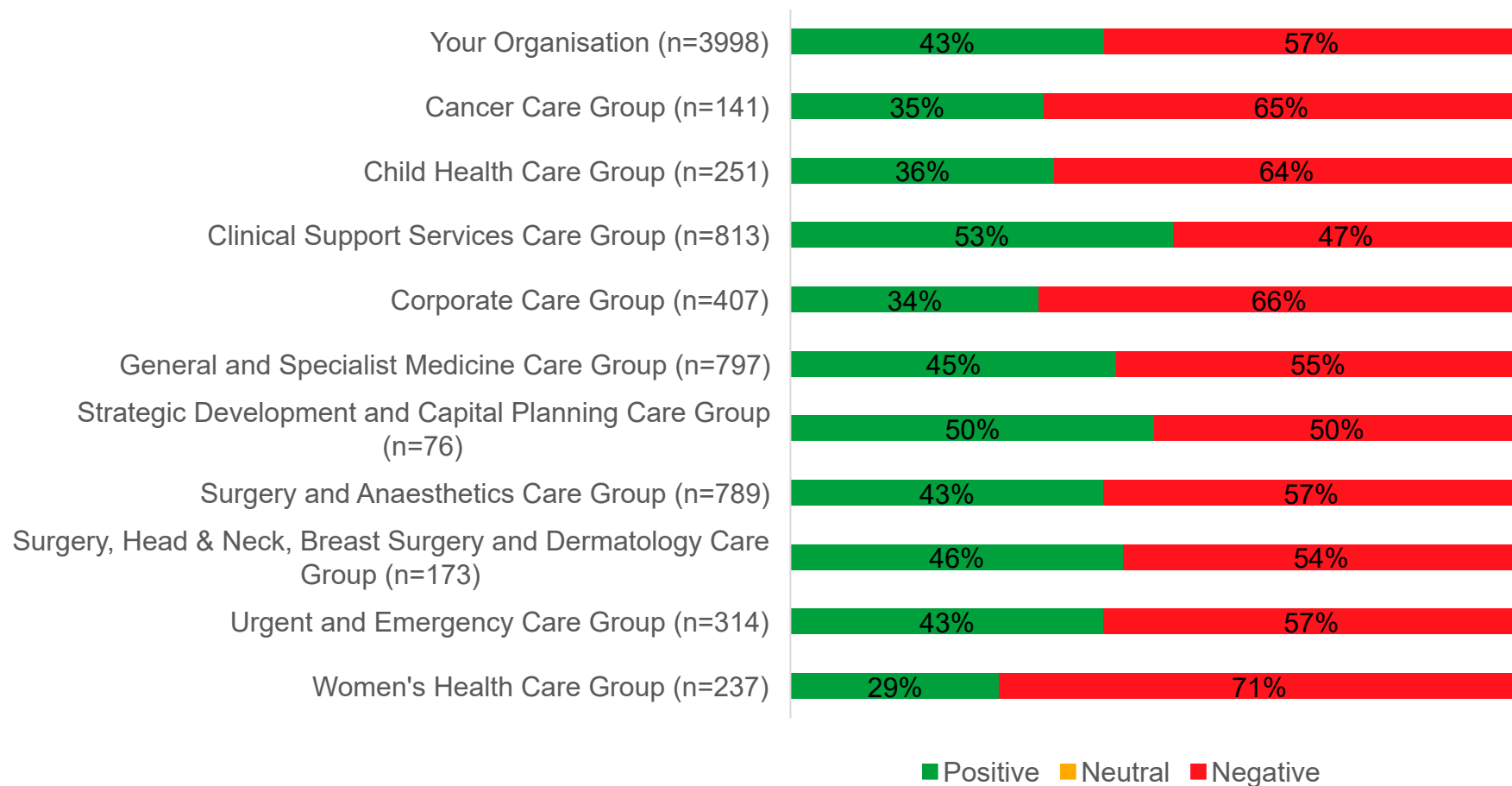
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q10b Don't work any additional paid hours per week for this organisation, over and above contracted hours



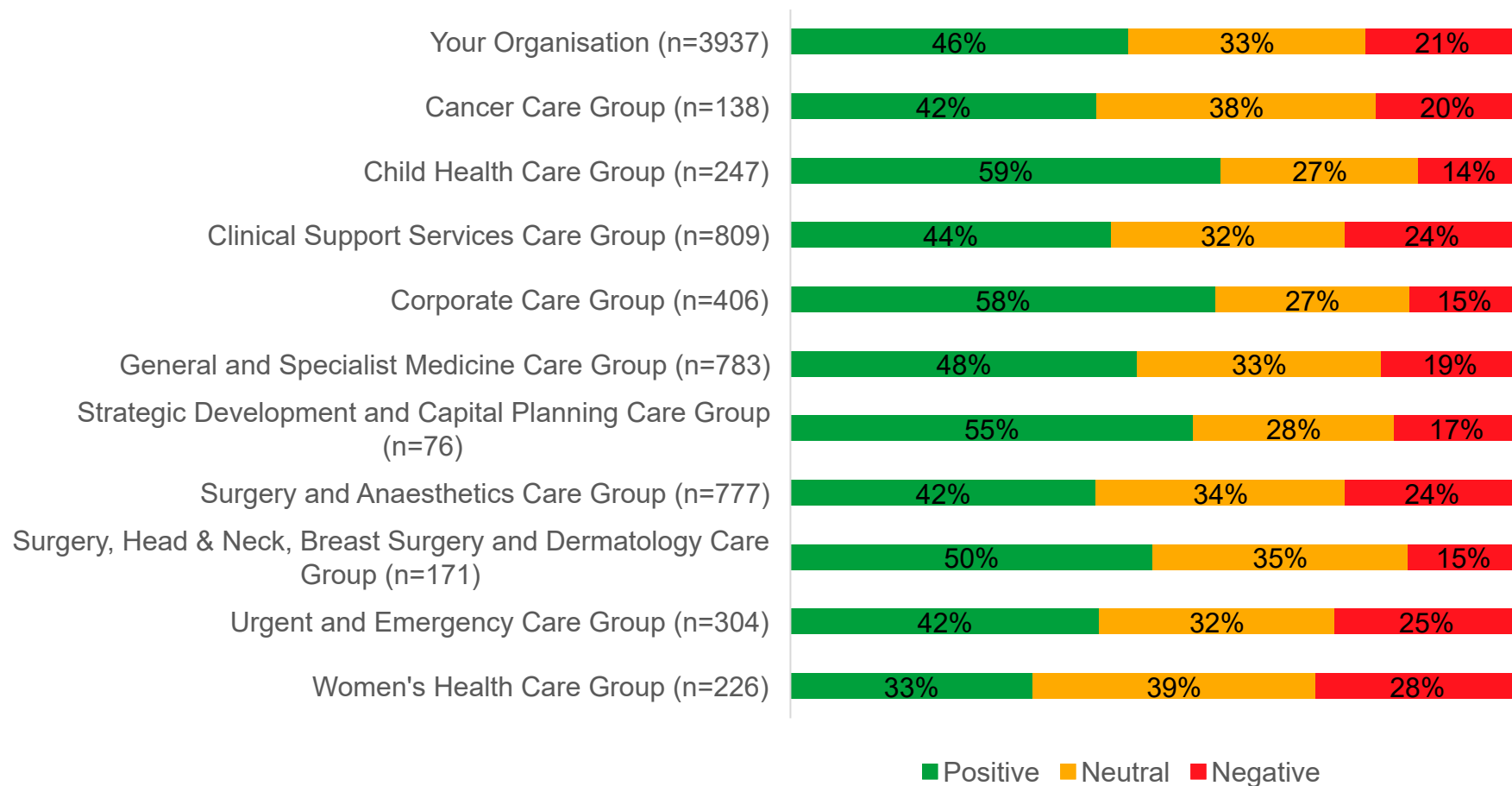
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q10c Don't work any additional unpaid hours per week for this organisation, over and above contracted hours



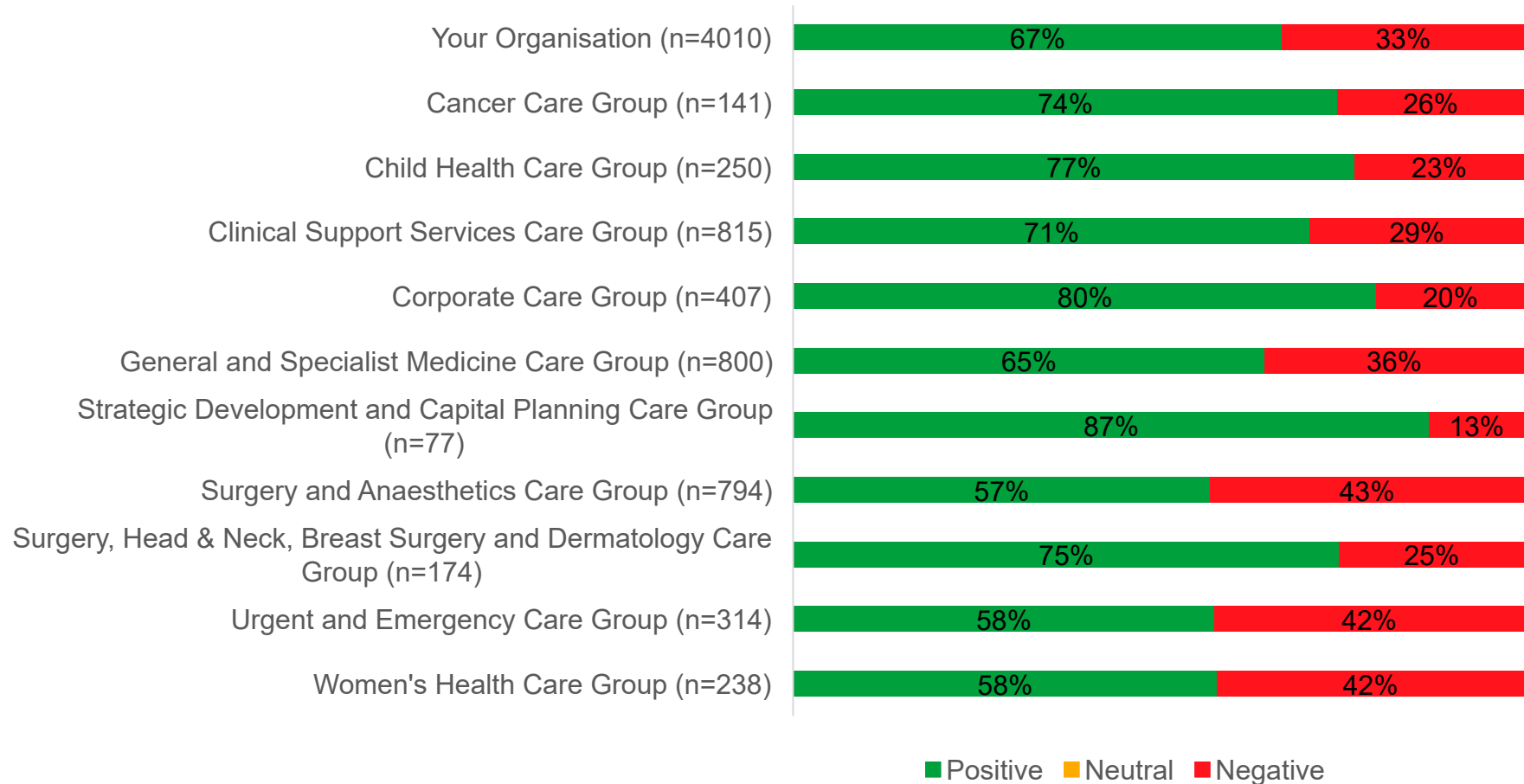
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q11a Organisation takes positive action on health and well-being



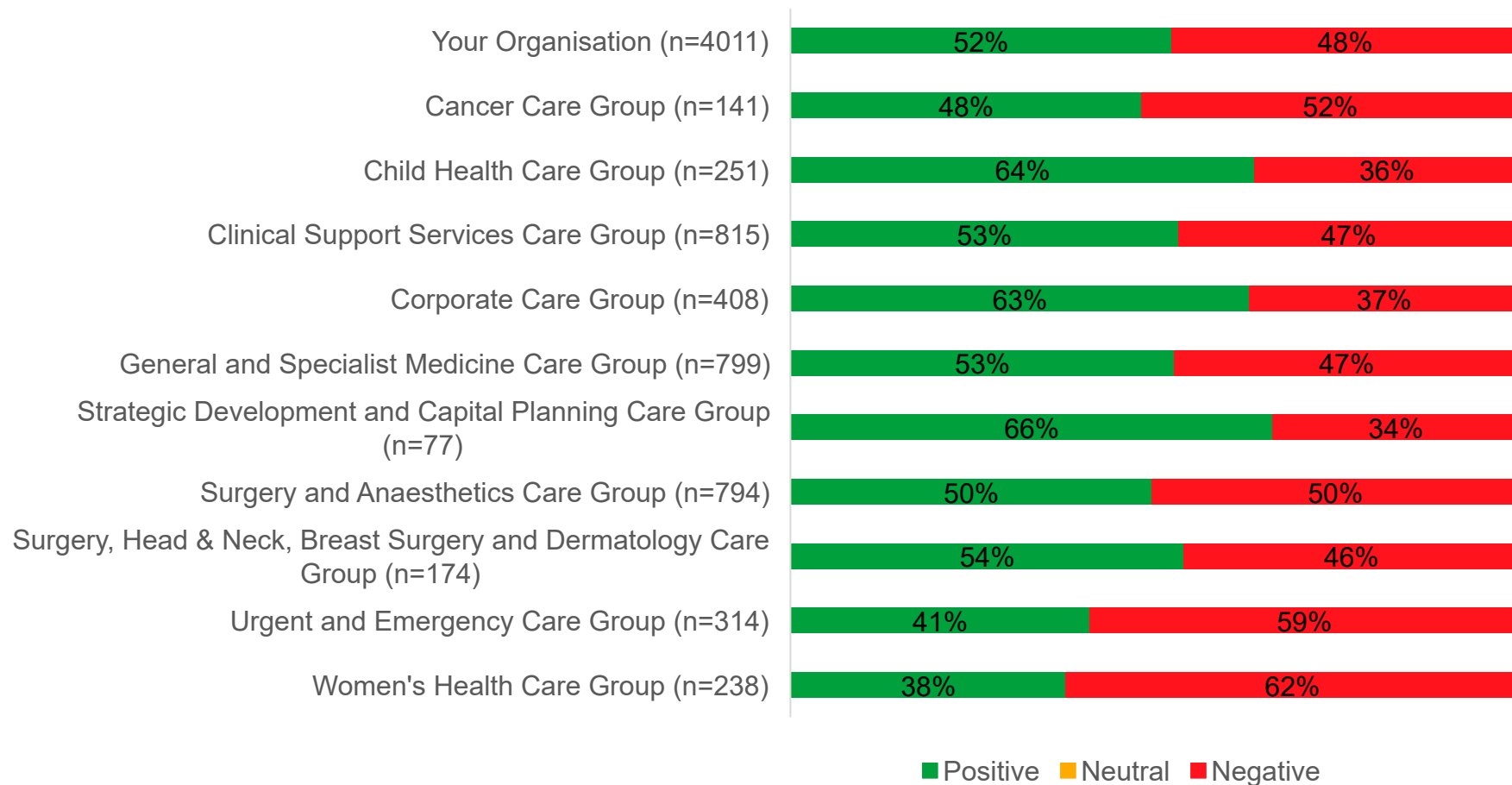
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q11b In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities



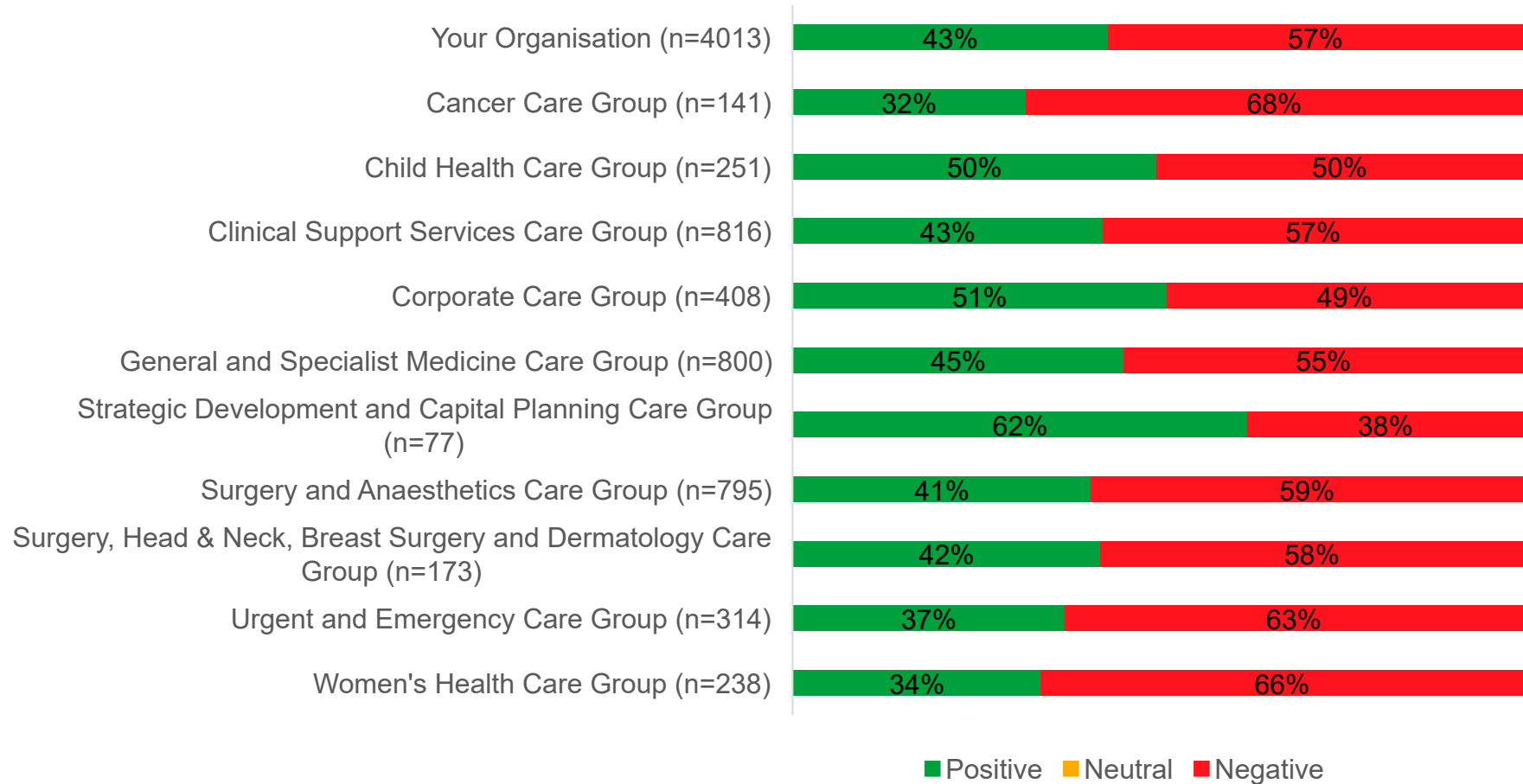
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q11c In last 12 months, have not felt unwell due to work related stress



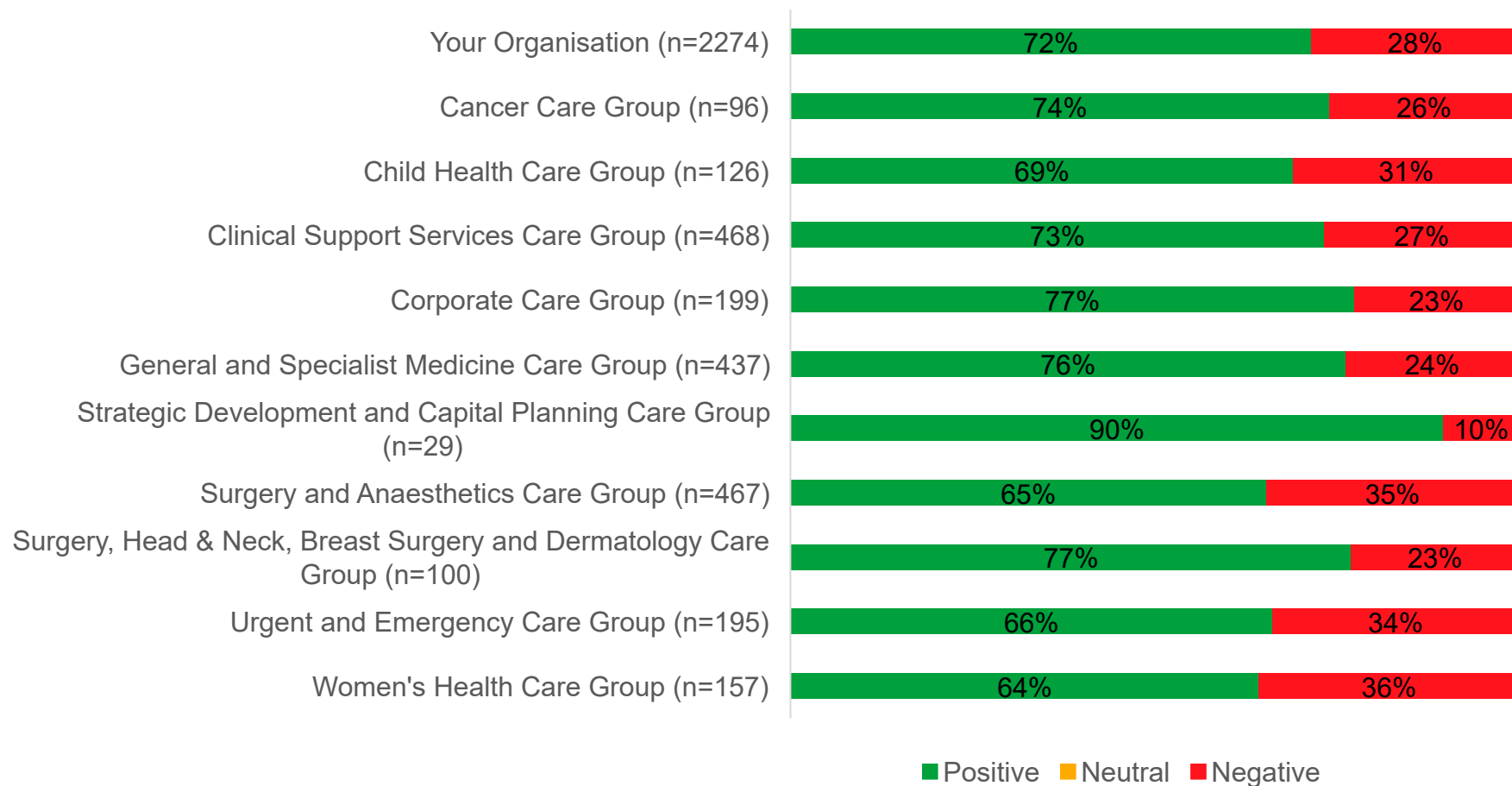
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q11d In last 3 months, have not come to work when not feeling well enough to perform duties



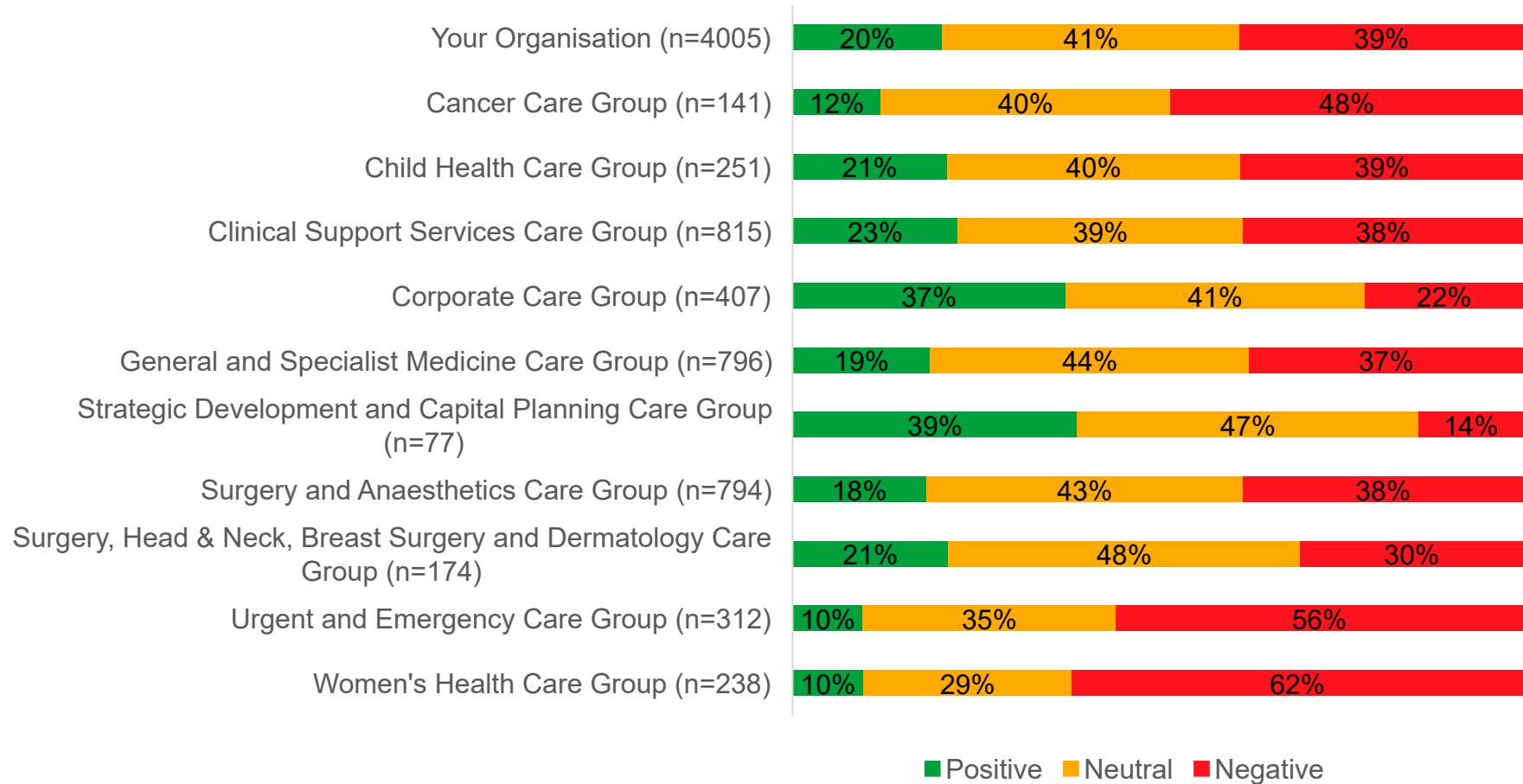
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q11e Not felt pressure from manager to come to work when not feeling well enough



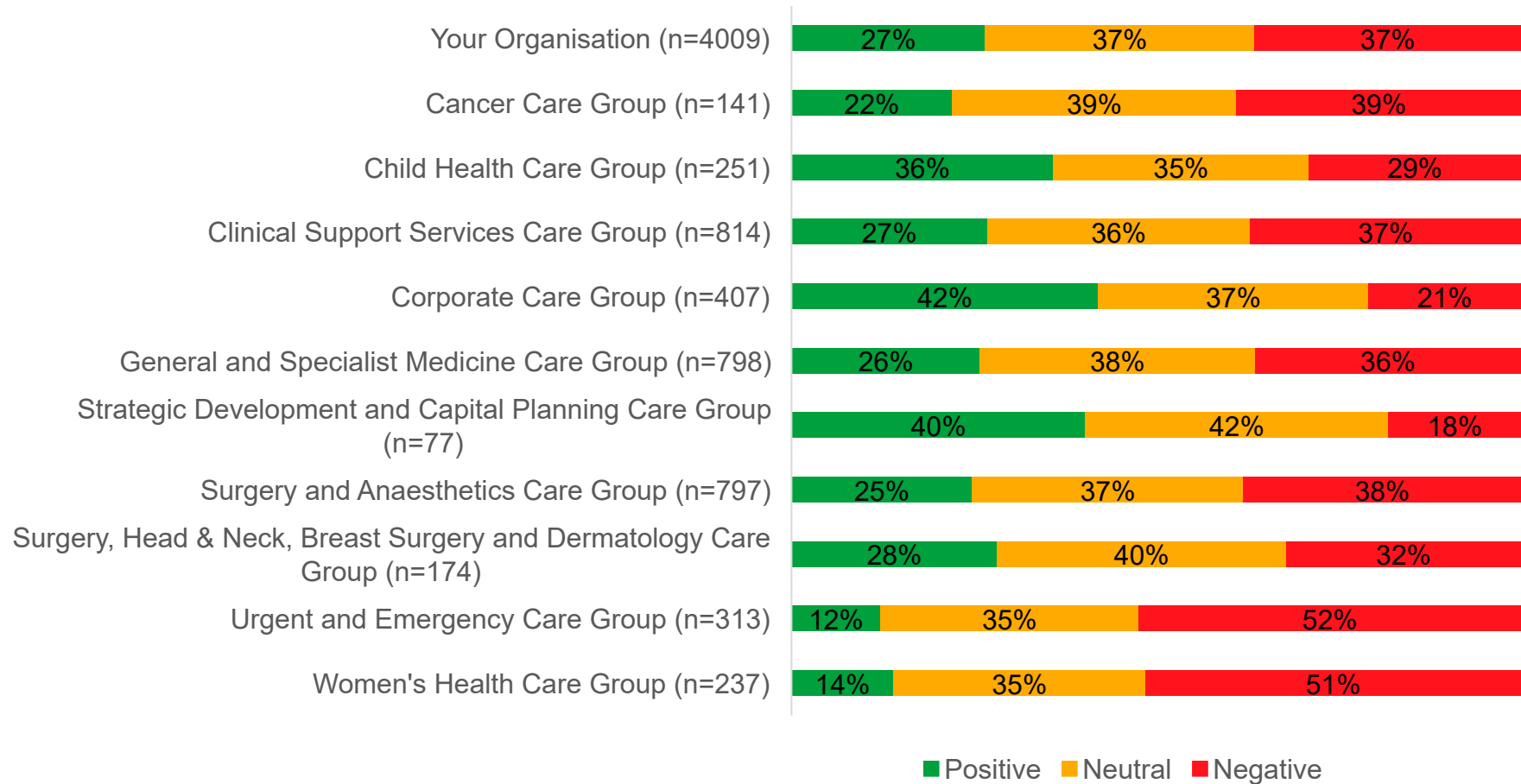
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q12a Never/rarely find work emotionally exhausting



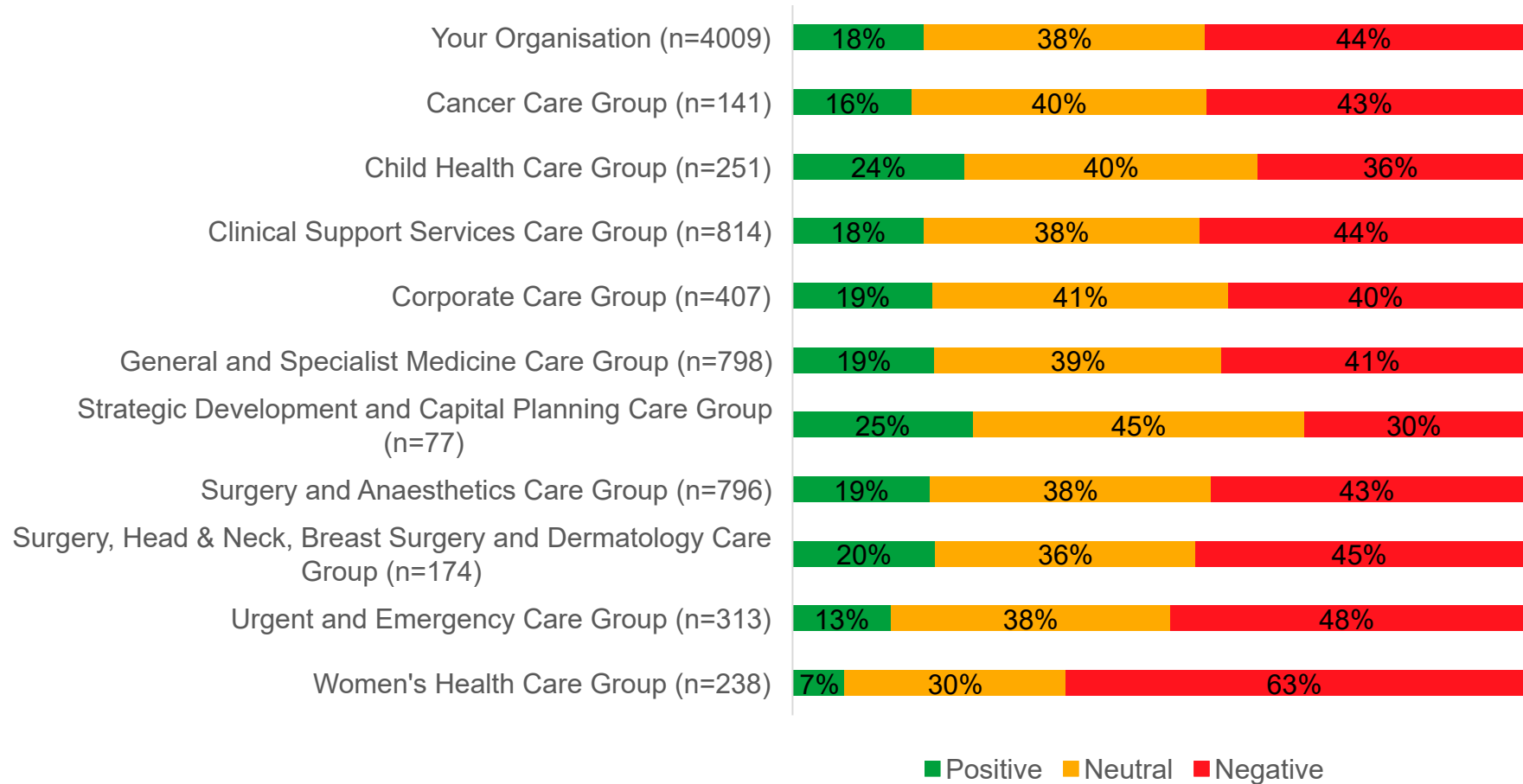
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q12b Never/rarely feel burnt out because of work



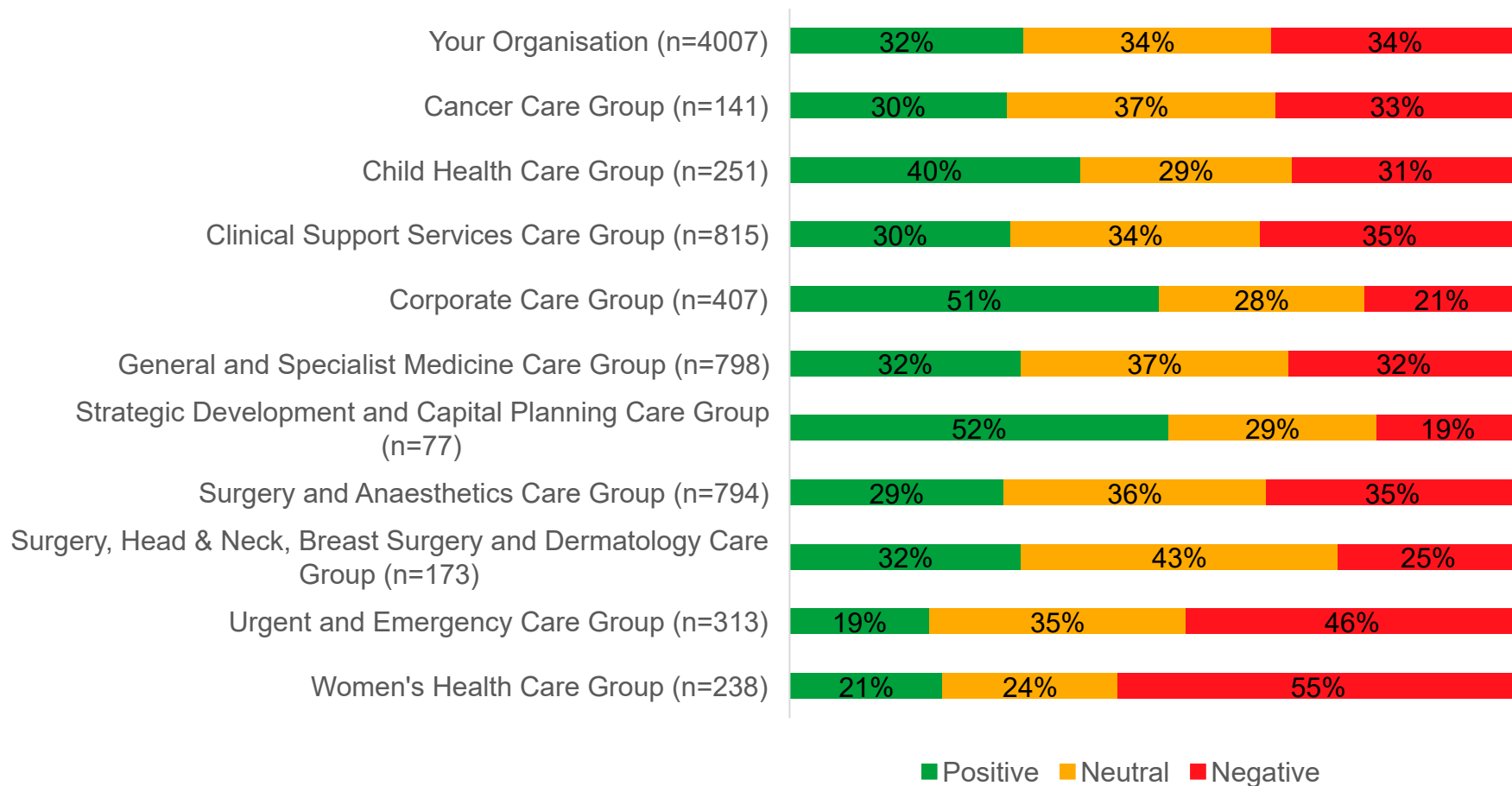
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q12c Never/rarely frustrated by work



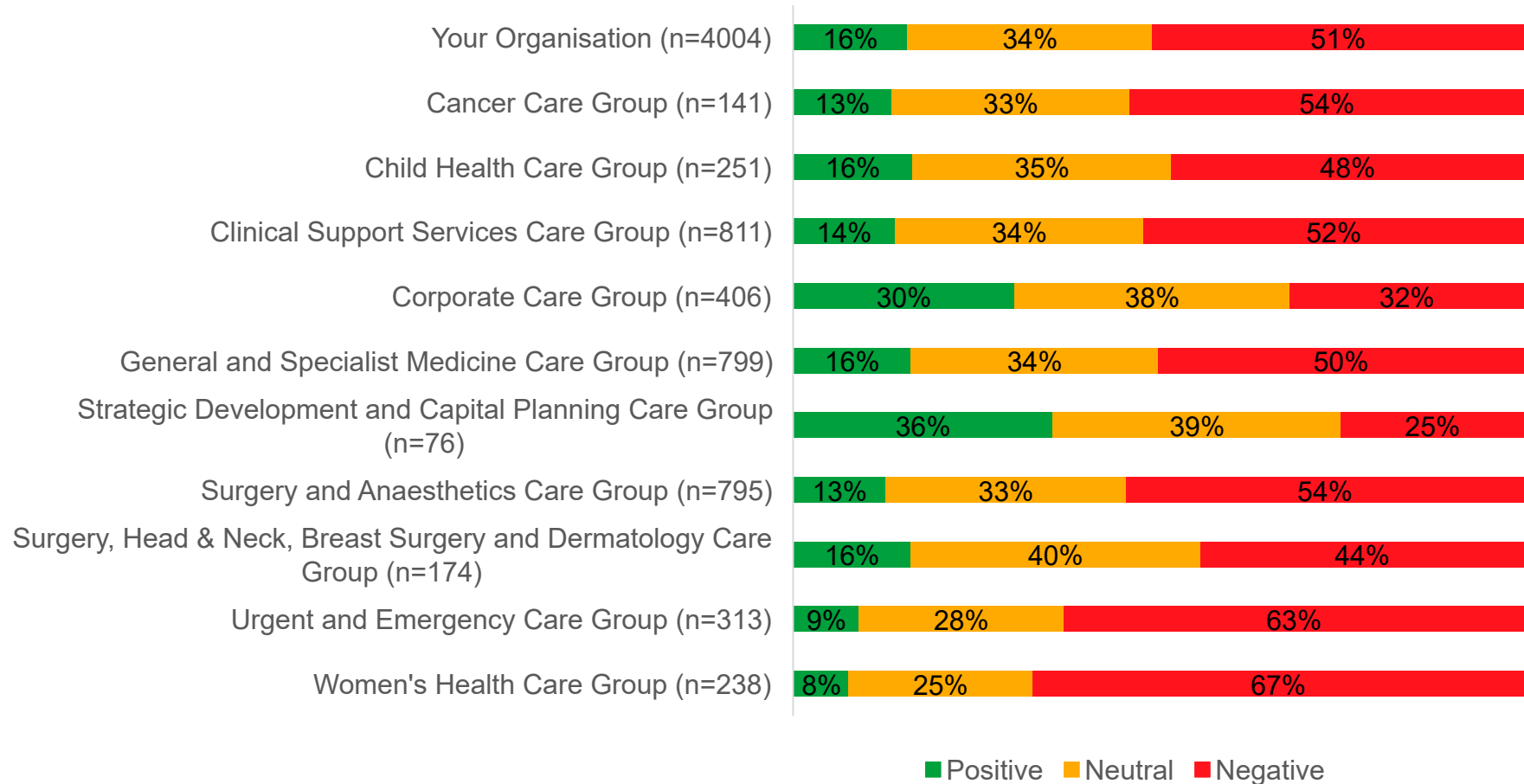
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q12d Never/rarely exhausted by the thought of another day/shift at work



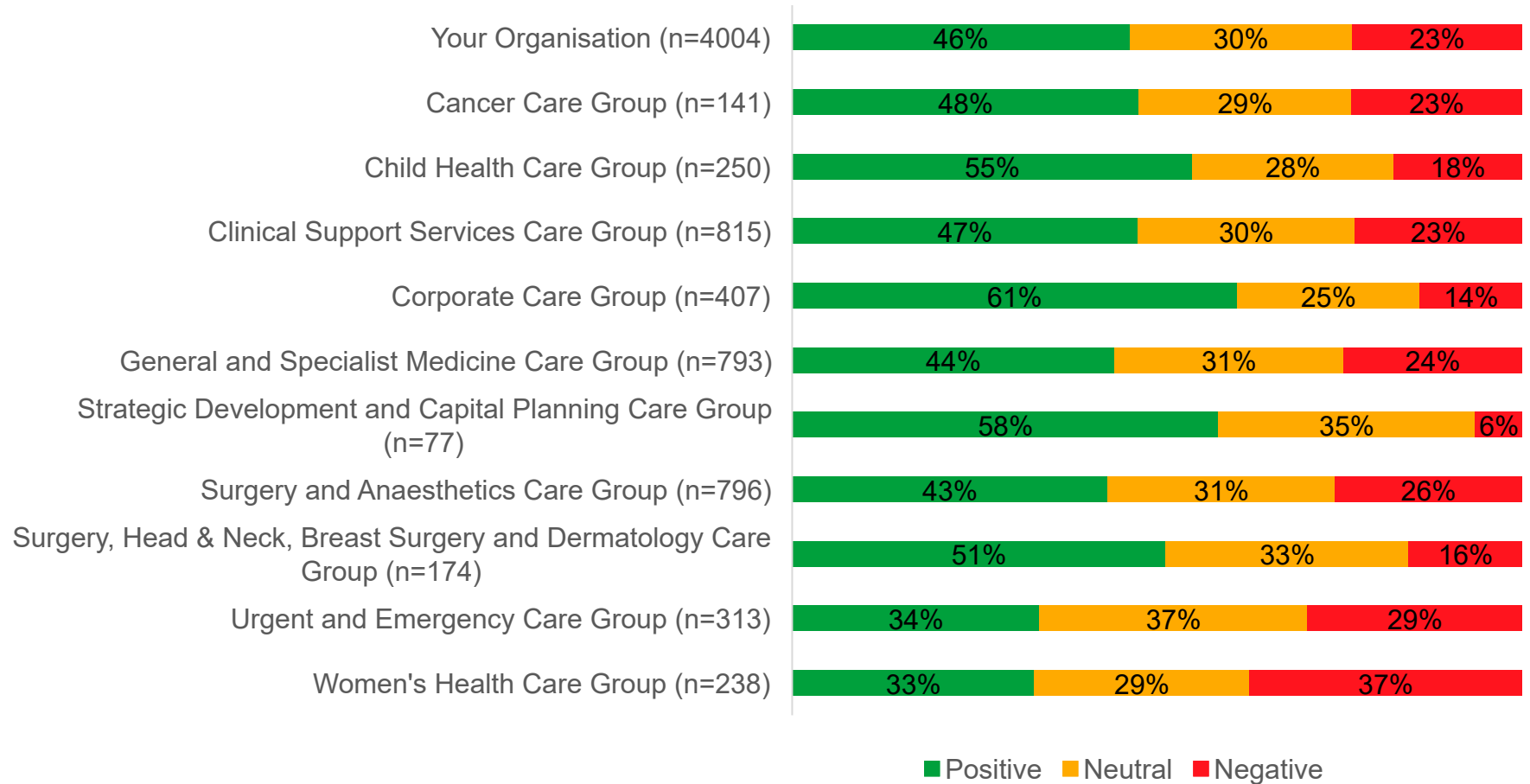
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q12e Never/rarely worn out at the end of work



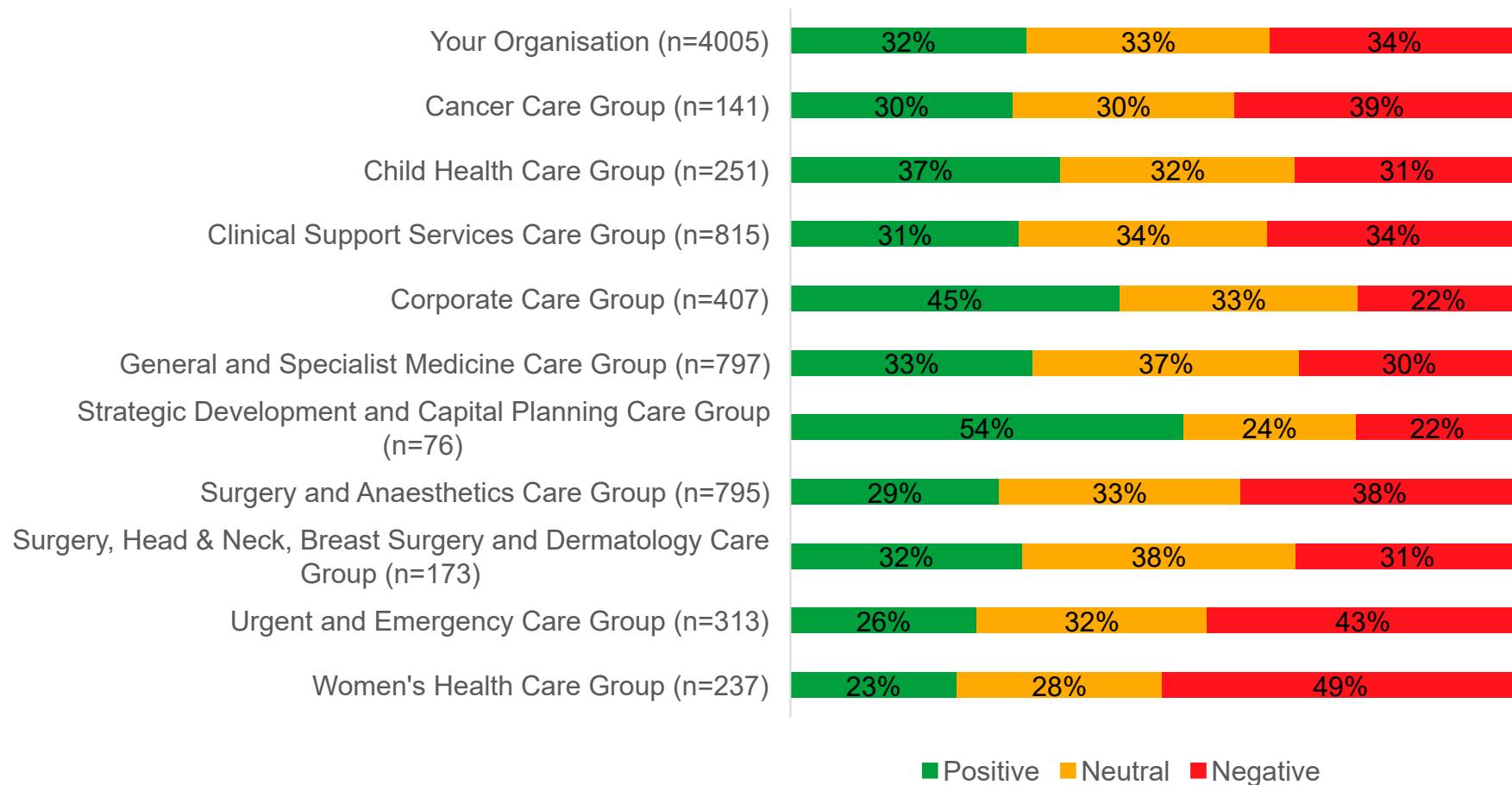
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q12f Never/rarely feel every working hour is tiring



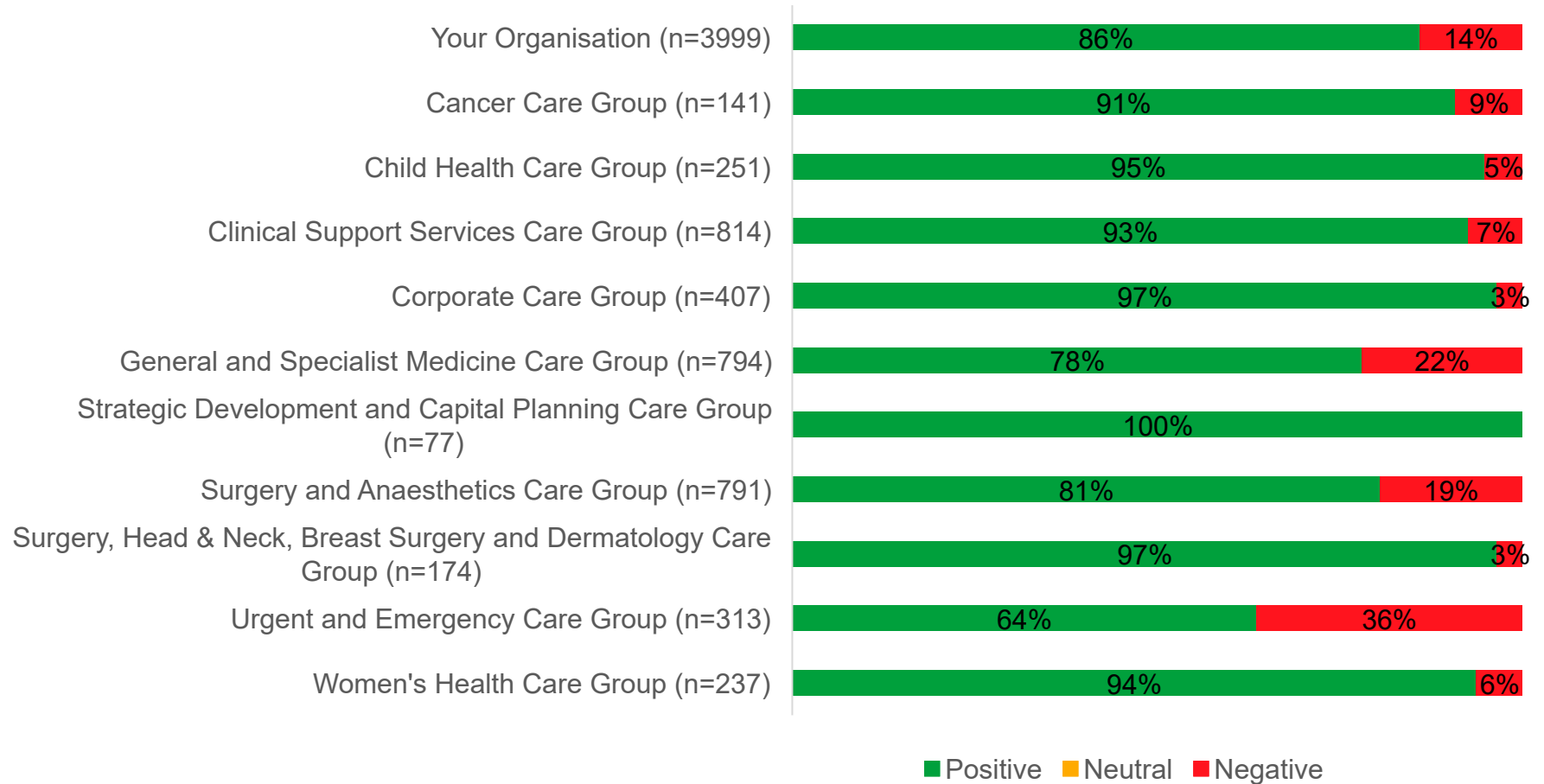
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q12g Never/rarely lack energy for family and friends



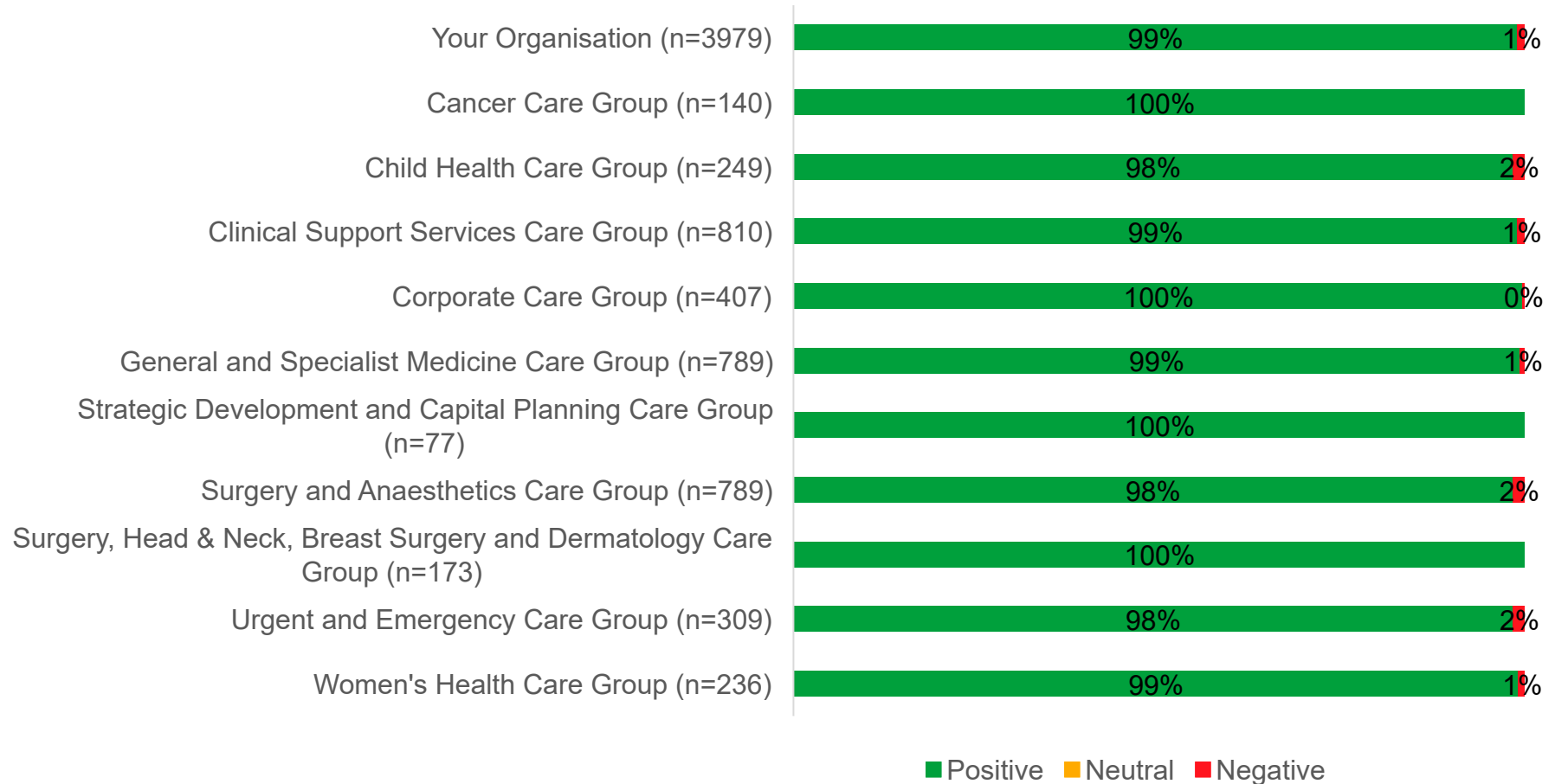
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q13a Not experienced physical violence from patients/service users, their relatives or other members of the public



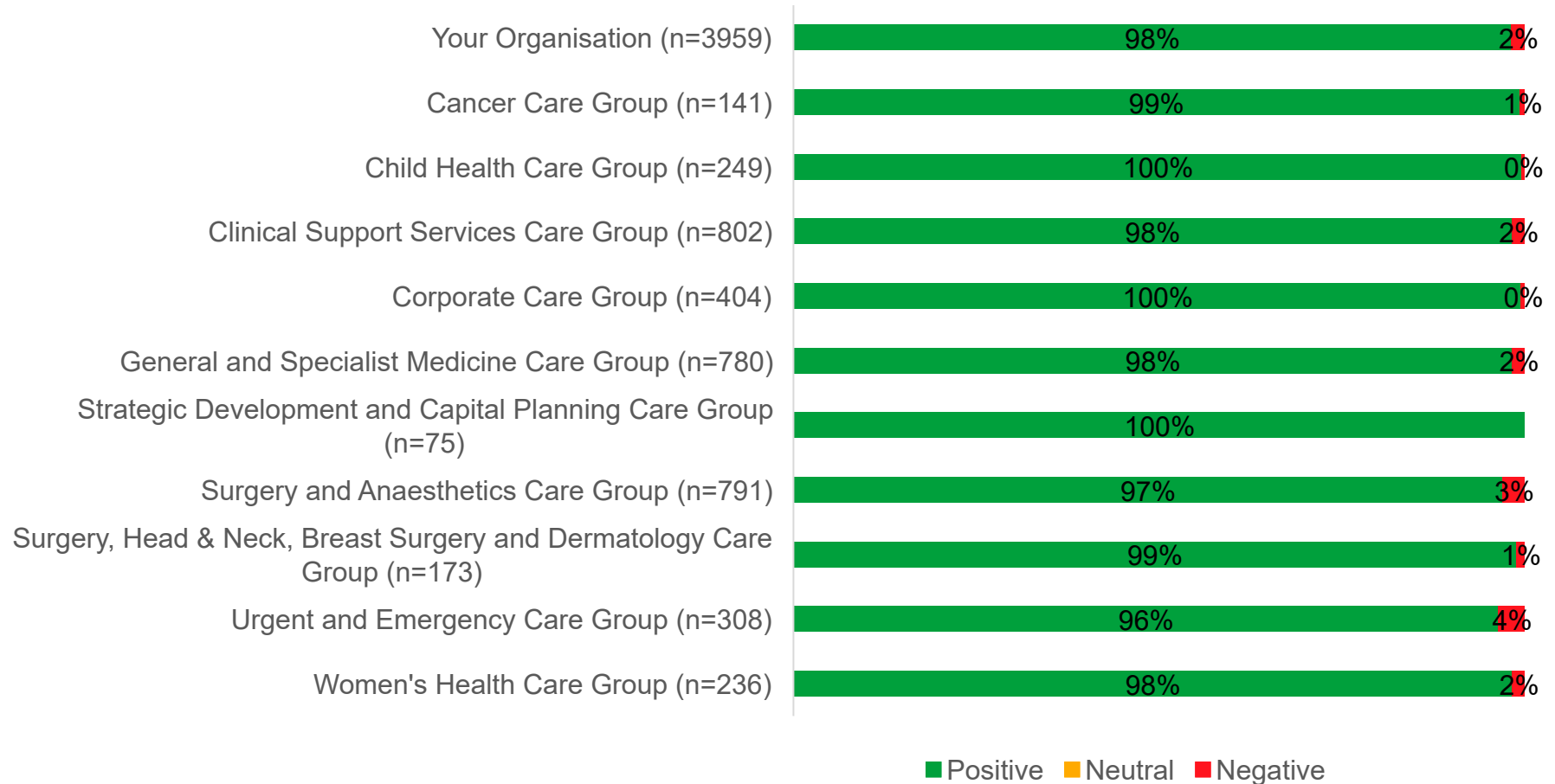
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q13b Not experienced physical violence from managers



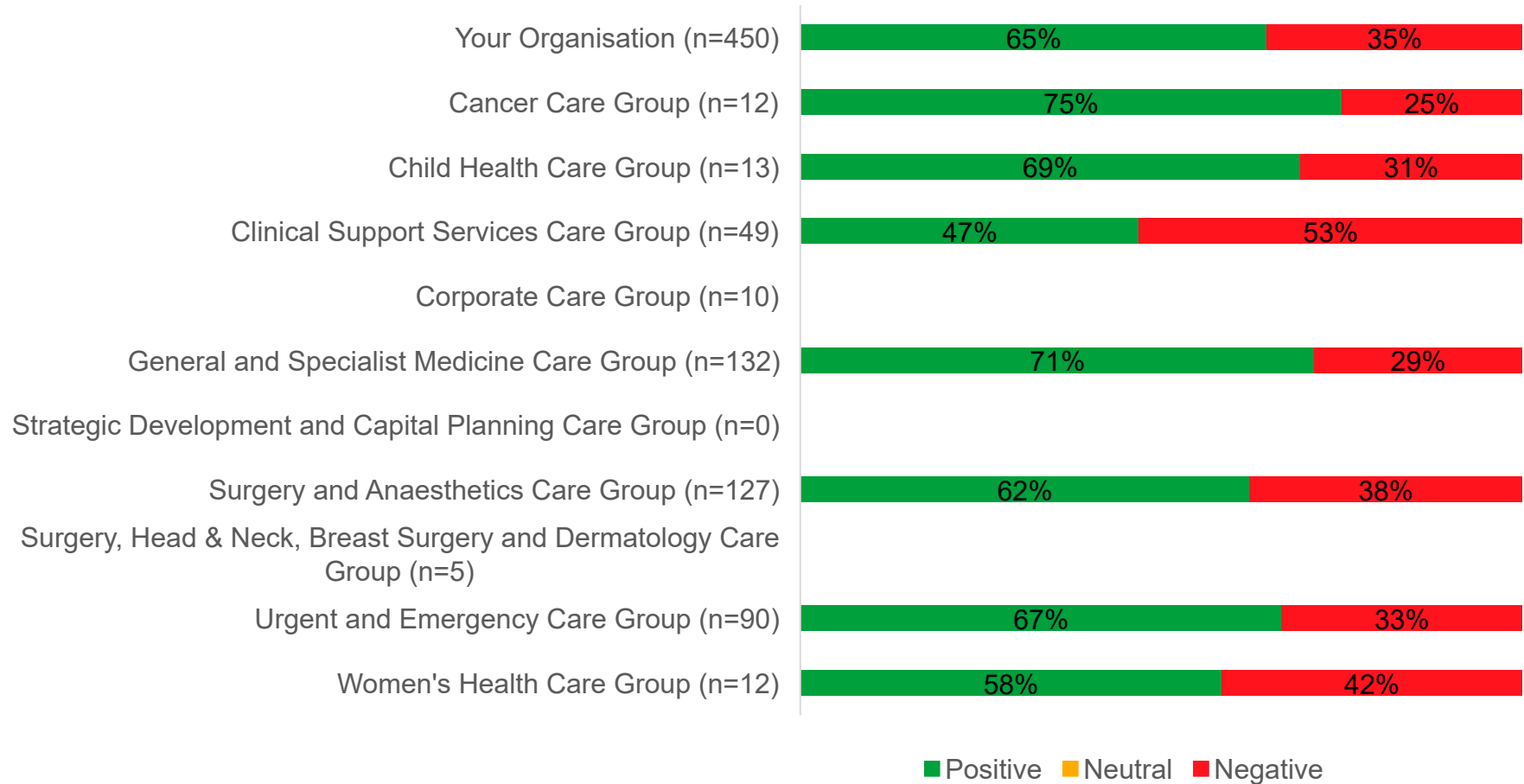
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q13c Not experienced physical violence from other colleagues



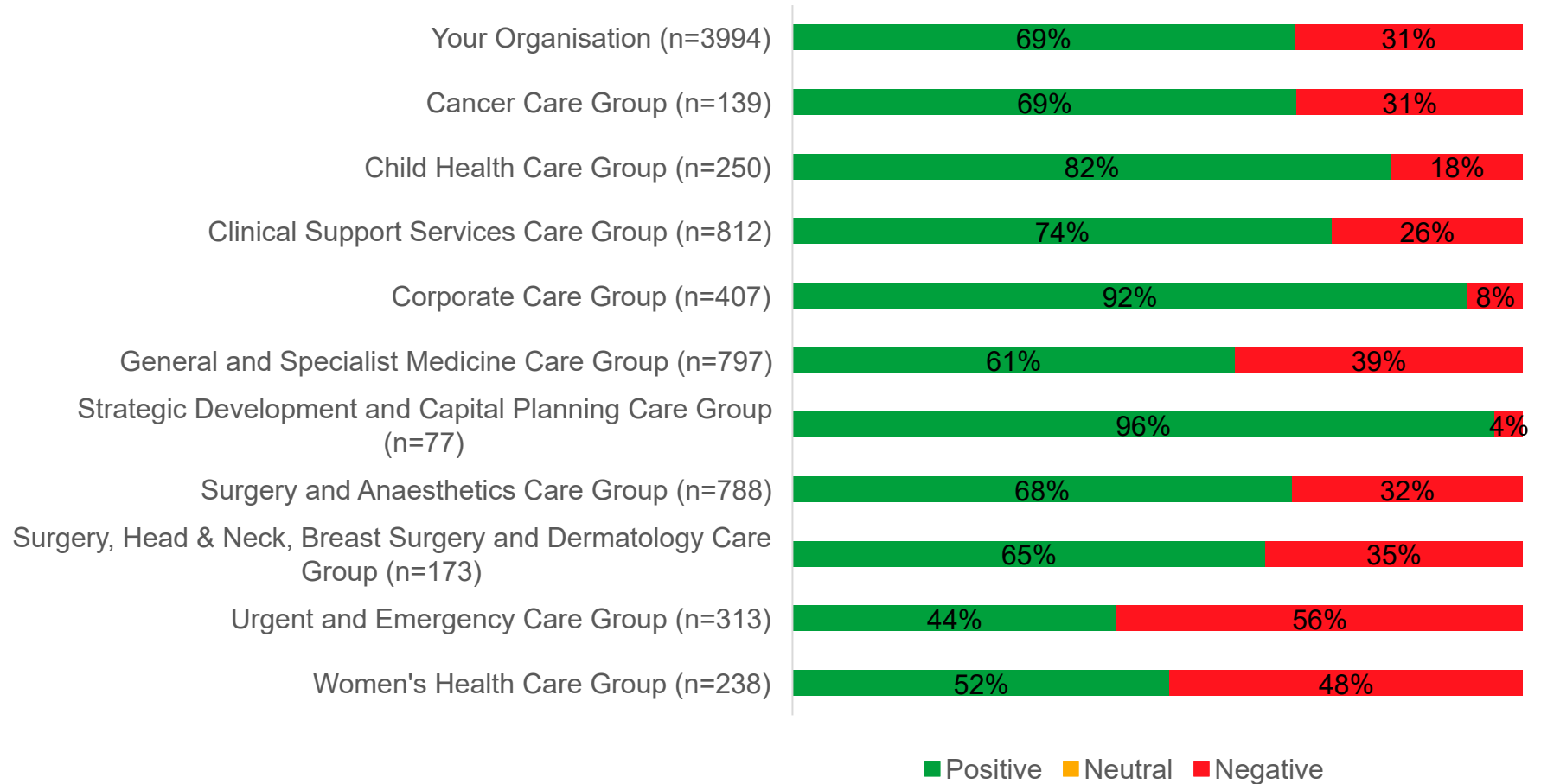
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q13d Last experience of physical violence reported



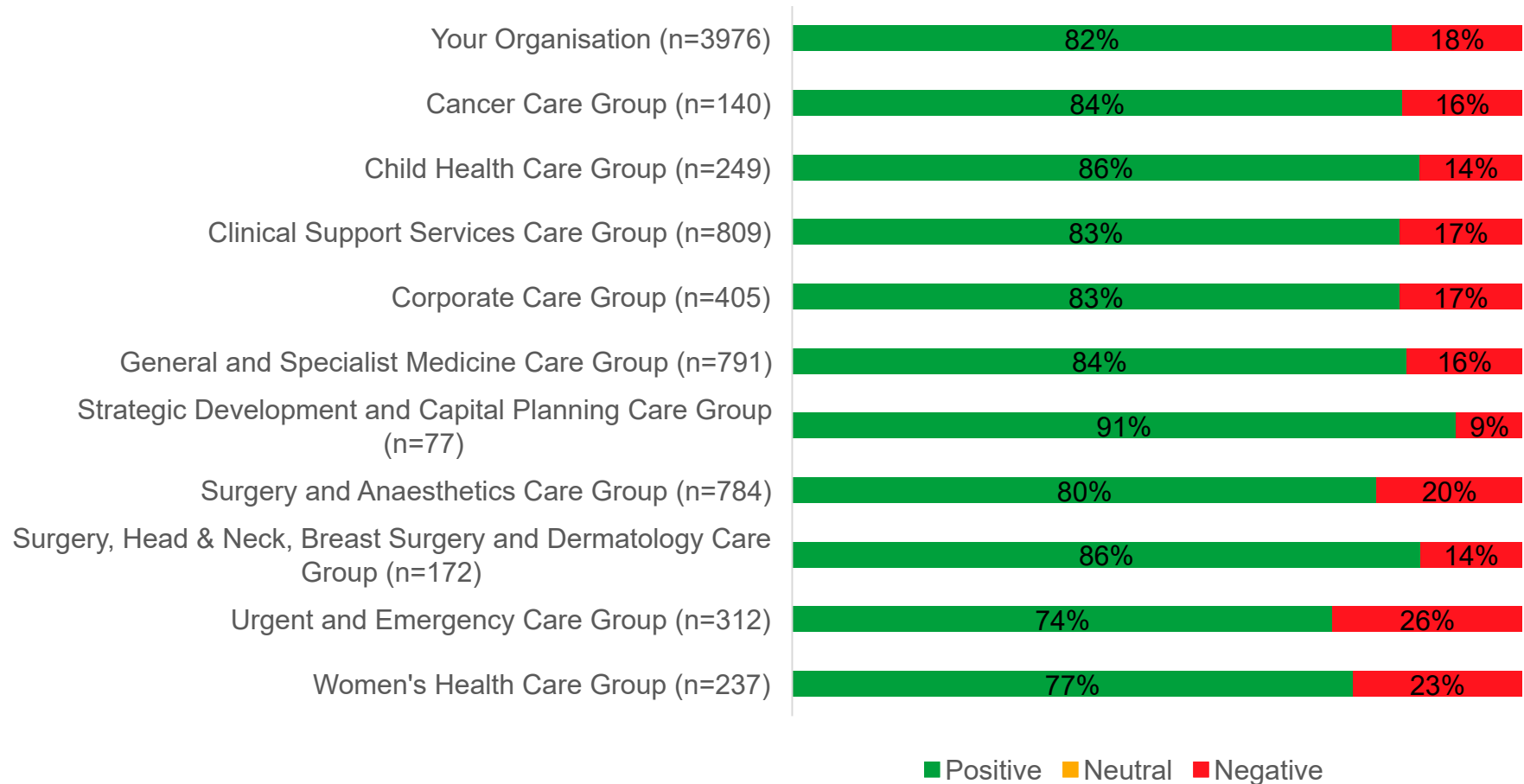
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q14a Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public



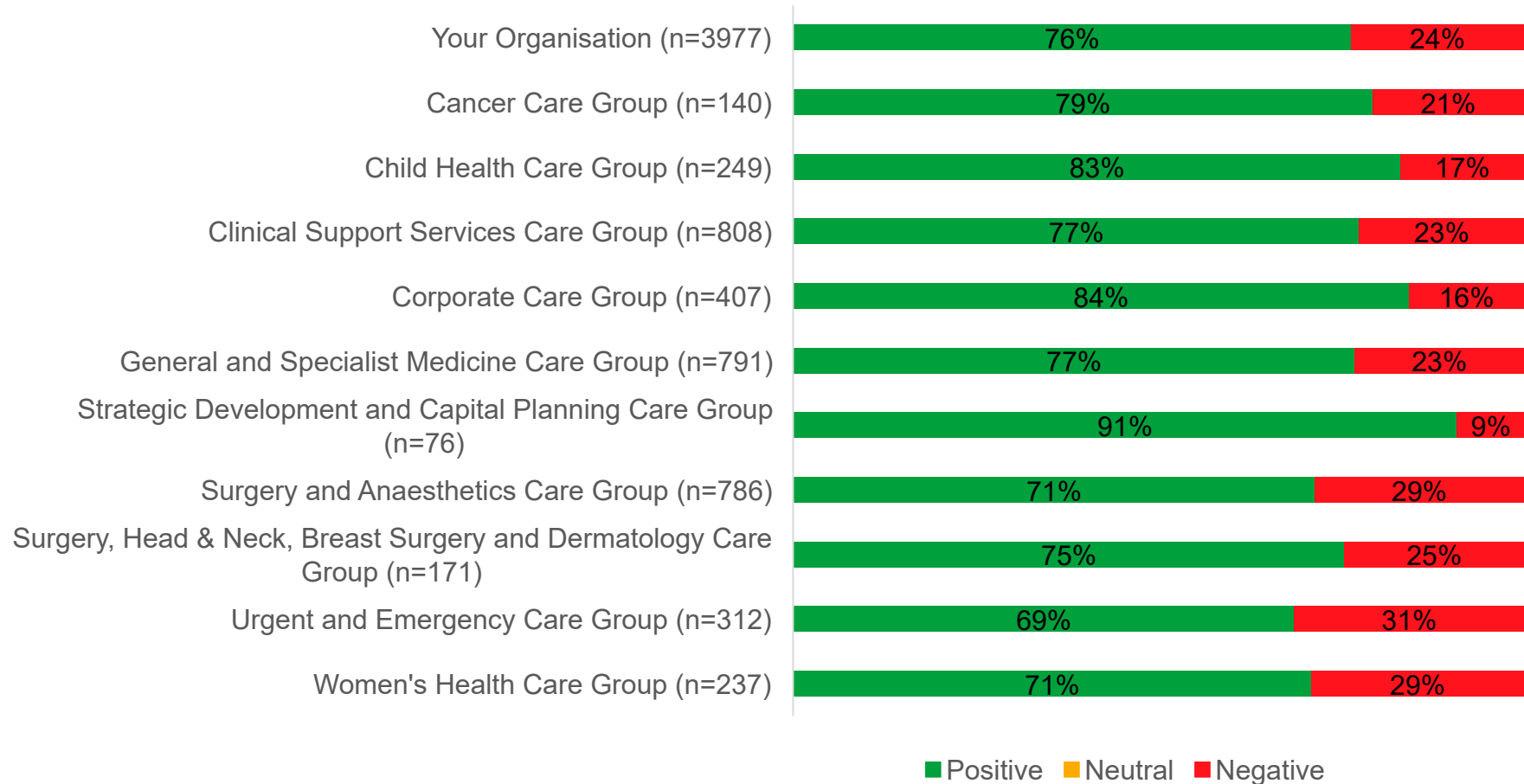
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q14b Not experienced harassment, bullying or abuse from managers



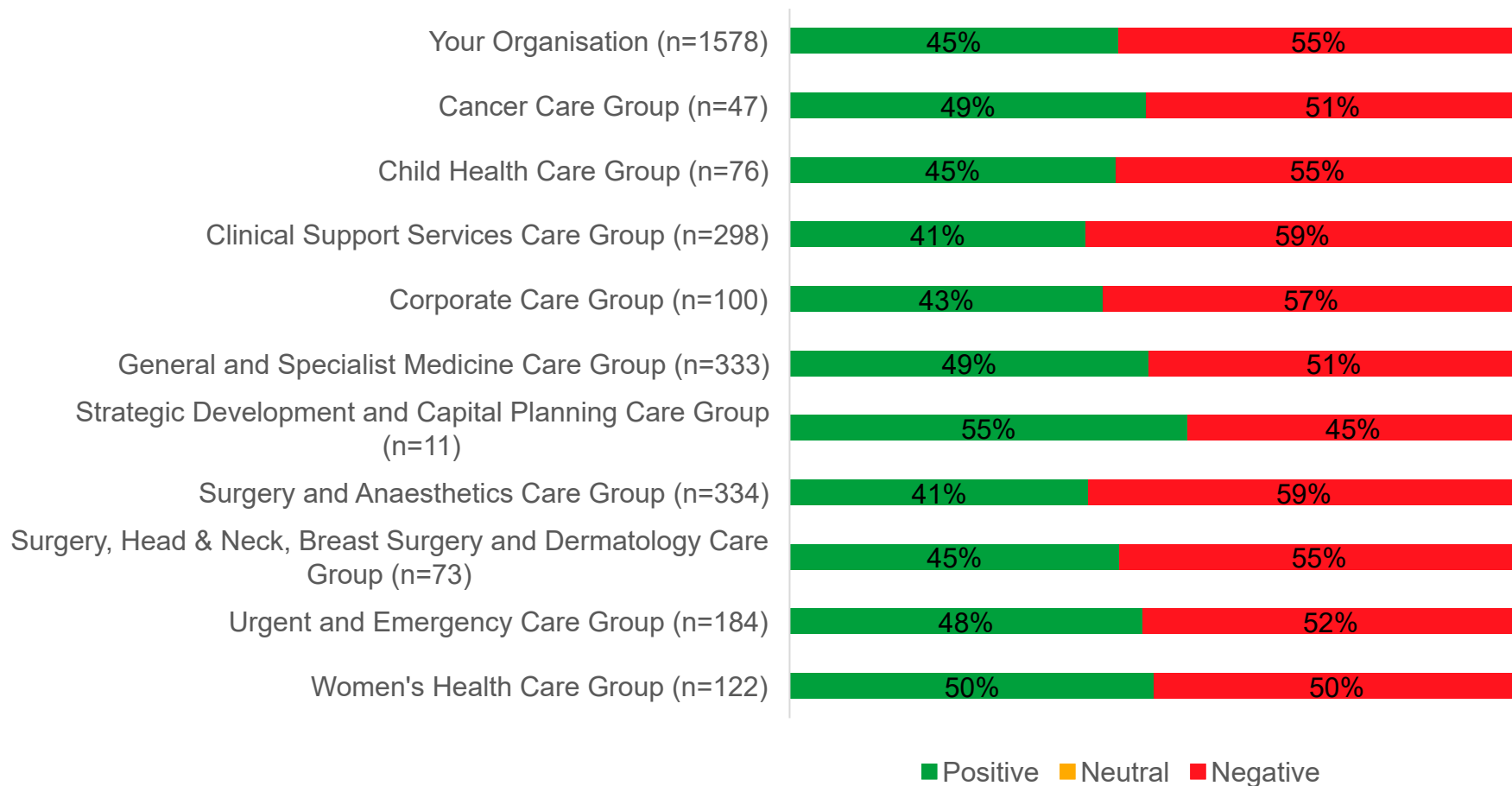
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q14c Not experienced harassment, bullying or abuse from other colleagues



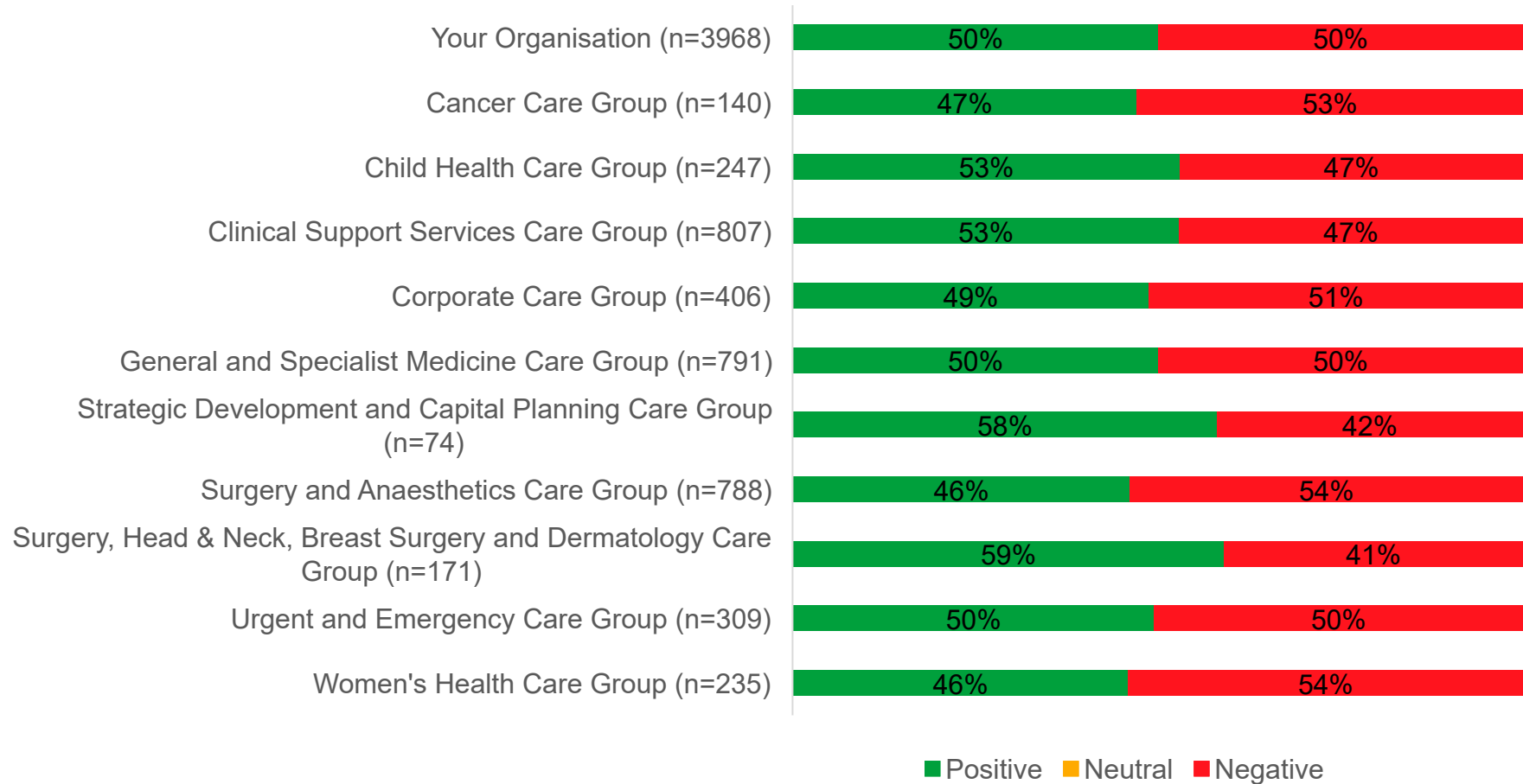
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q14d Last experience of harassment/bullying/abuse reported



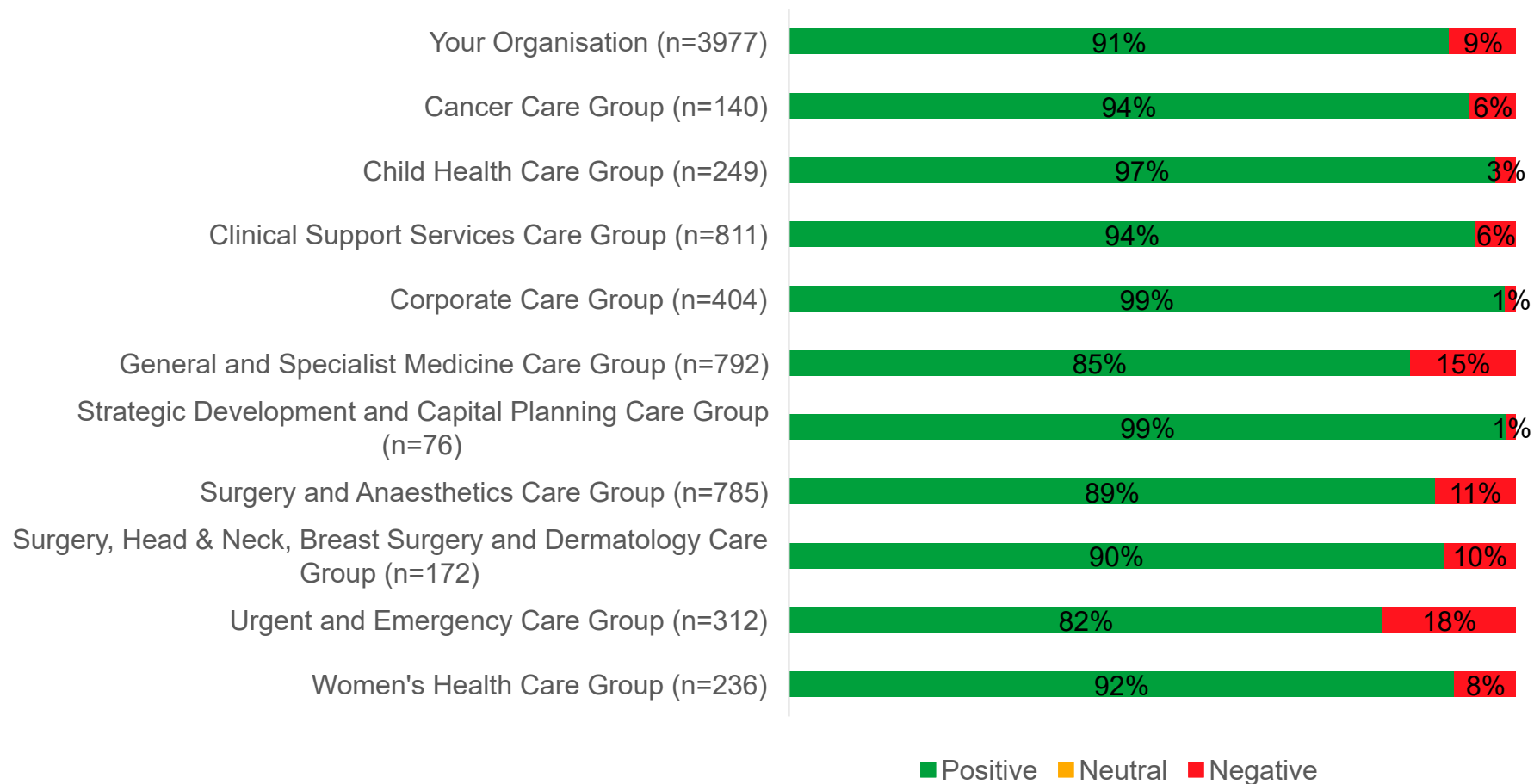
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q15 Organisation acts fairly: career progression



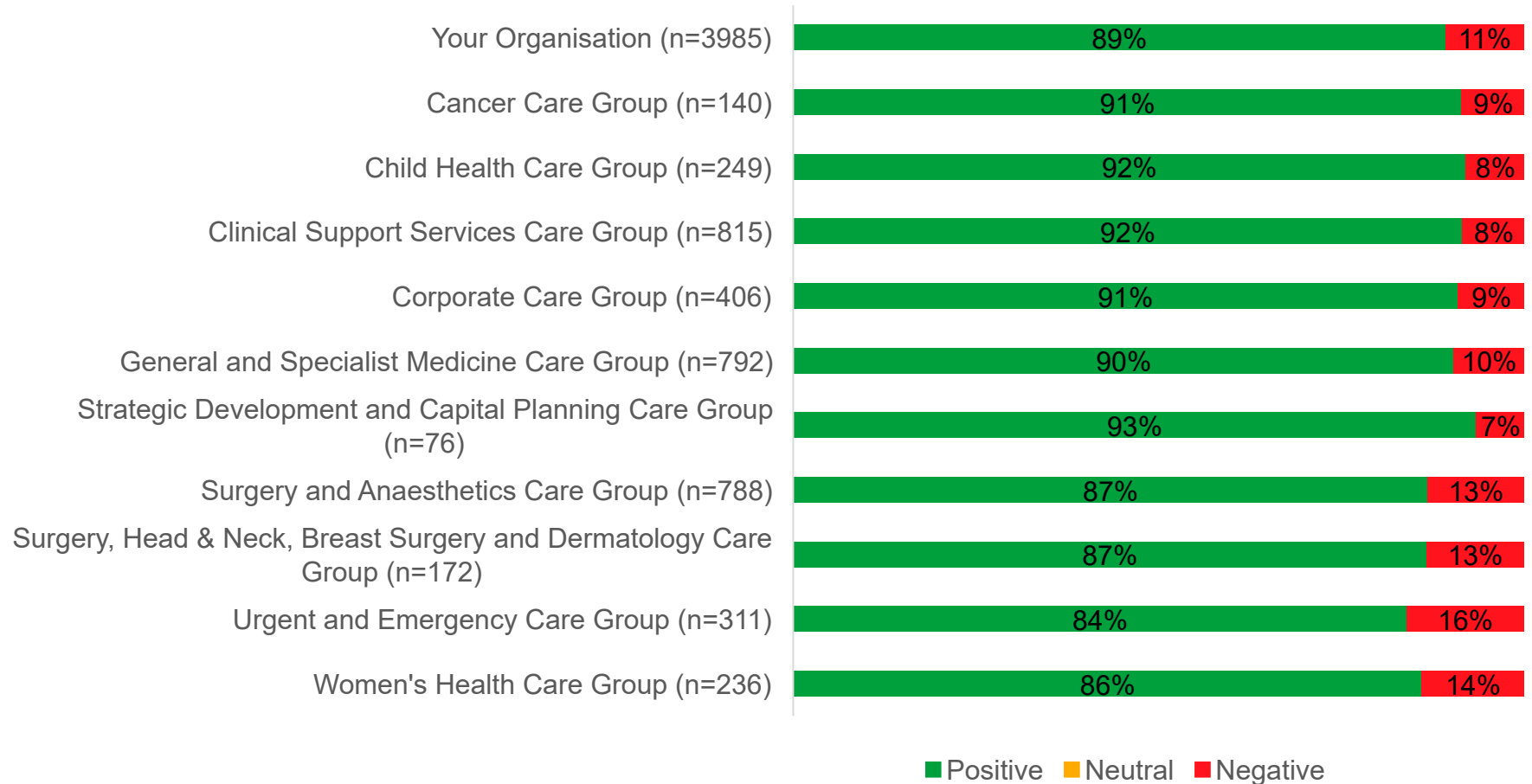
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q16a Not experienced discrimination from patients/service users, their relatives or other members of the public



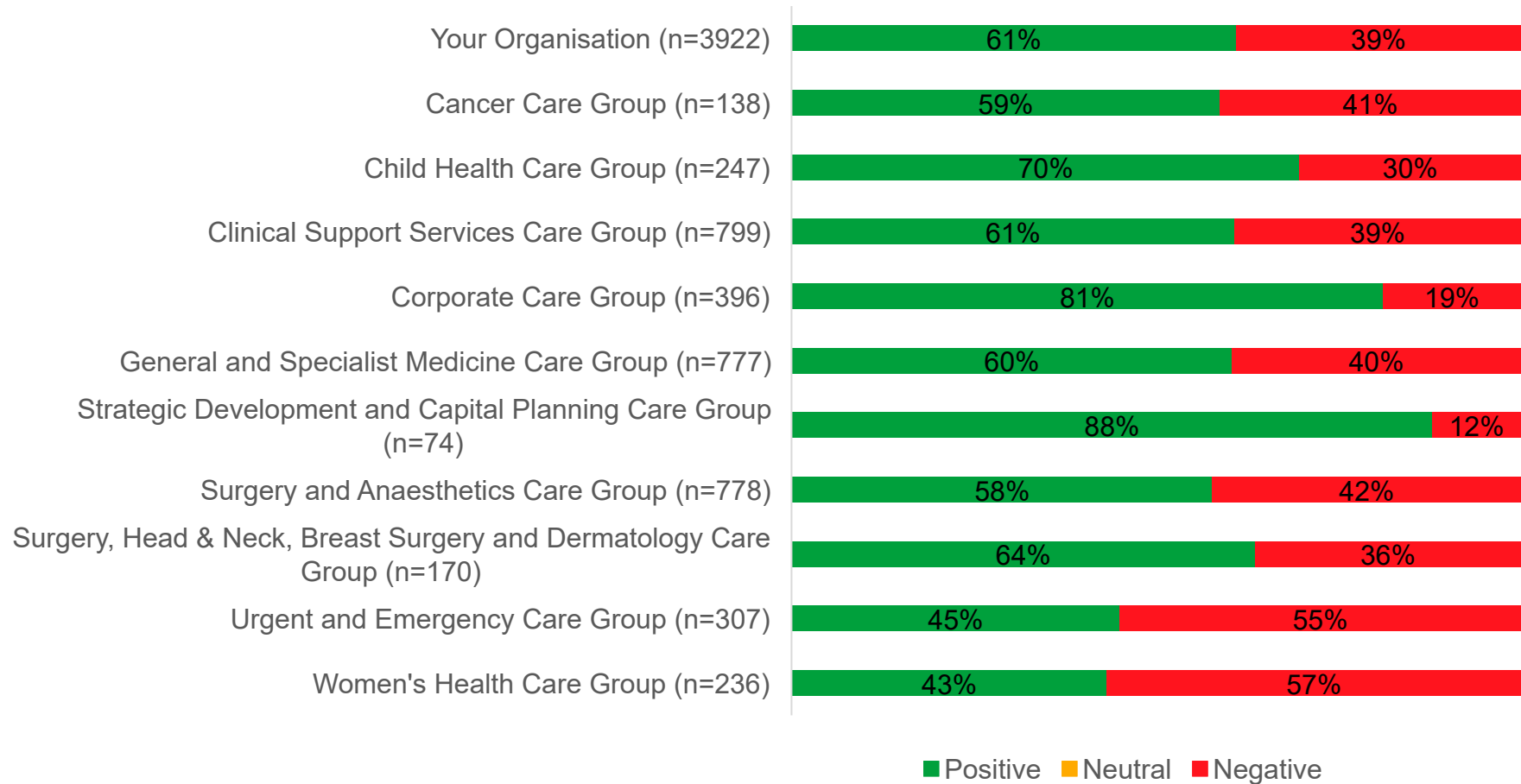
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q16b Not experienced discrimination from manager/team leader or other colleagues



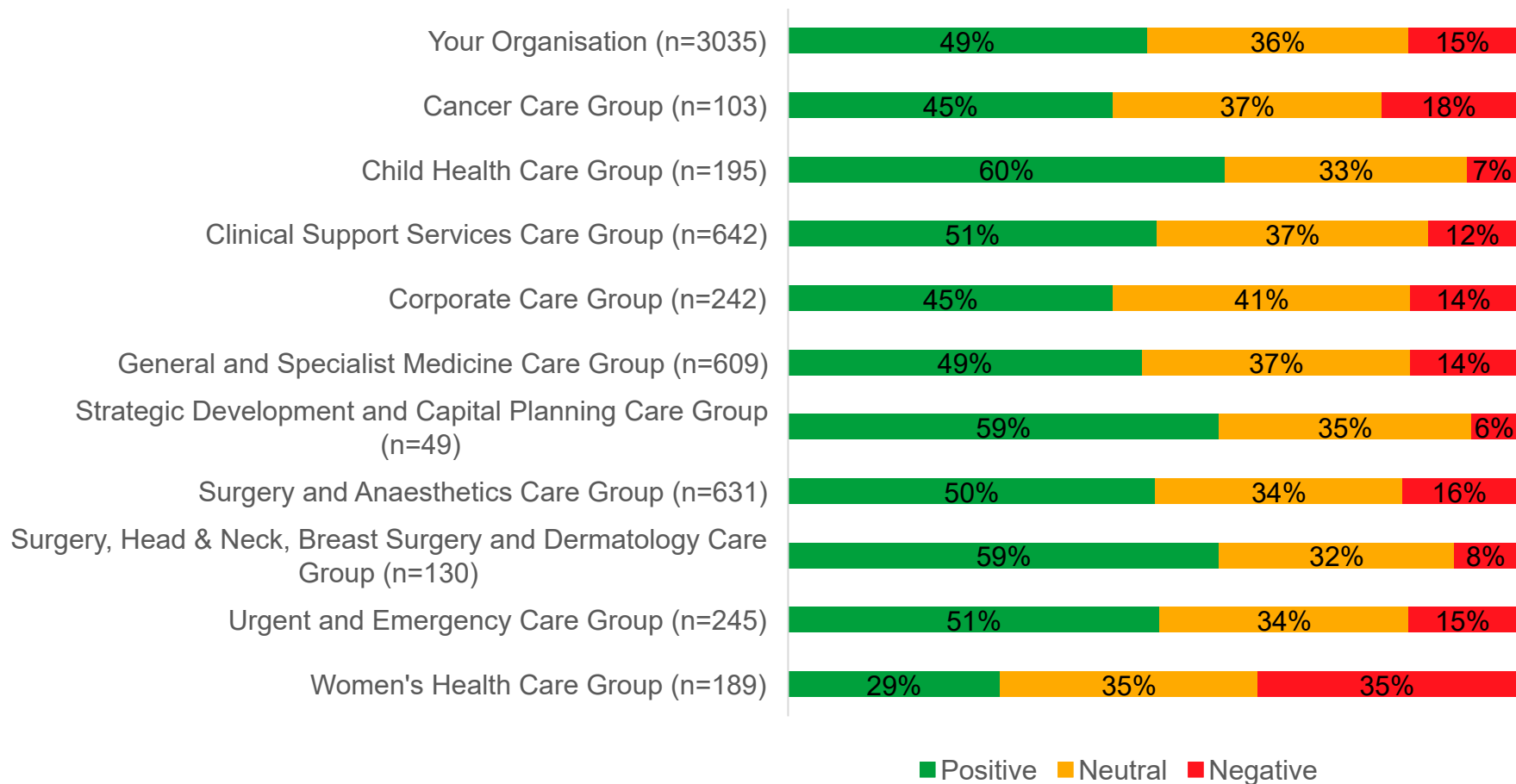
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q17 Not seen any errors/near misses/incidents that could have hurt staff/patients/service users



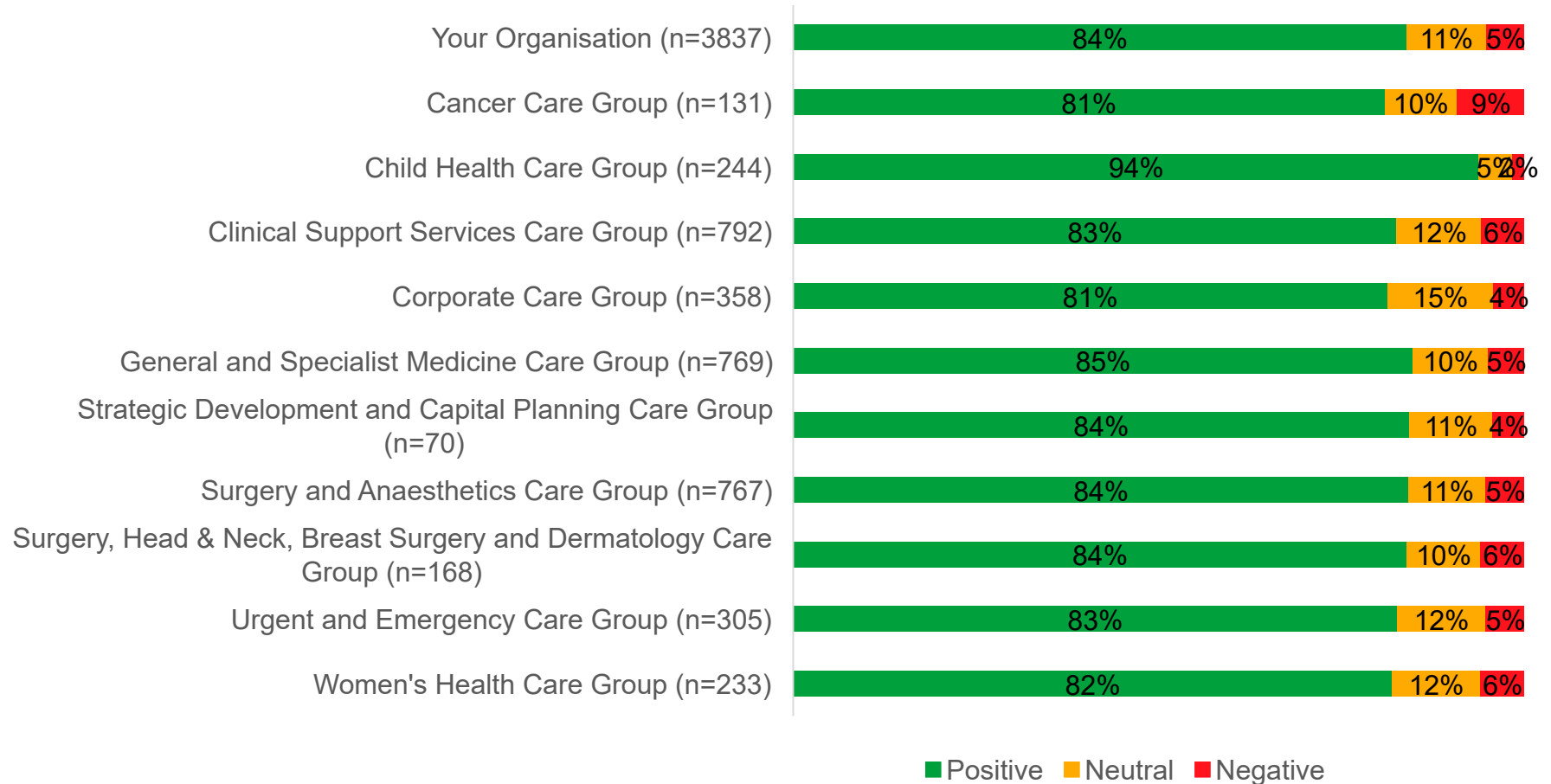
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q18a Staff involved in an error/near miss/incident treated fairly



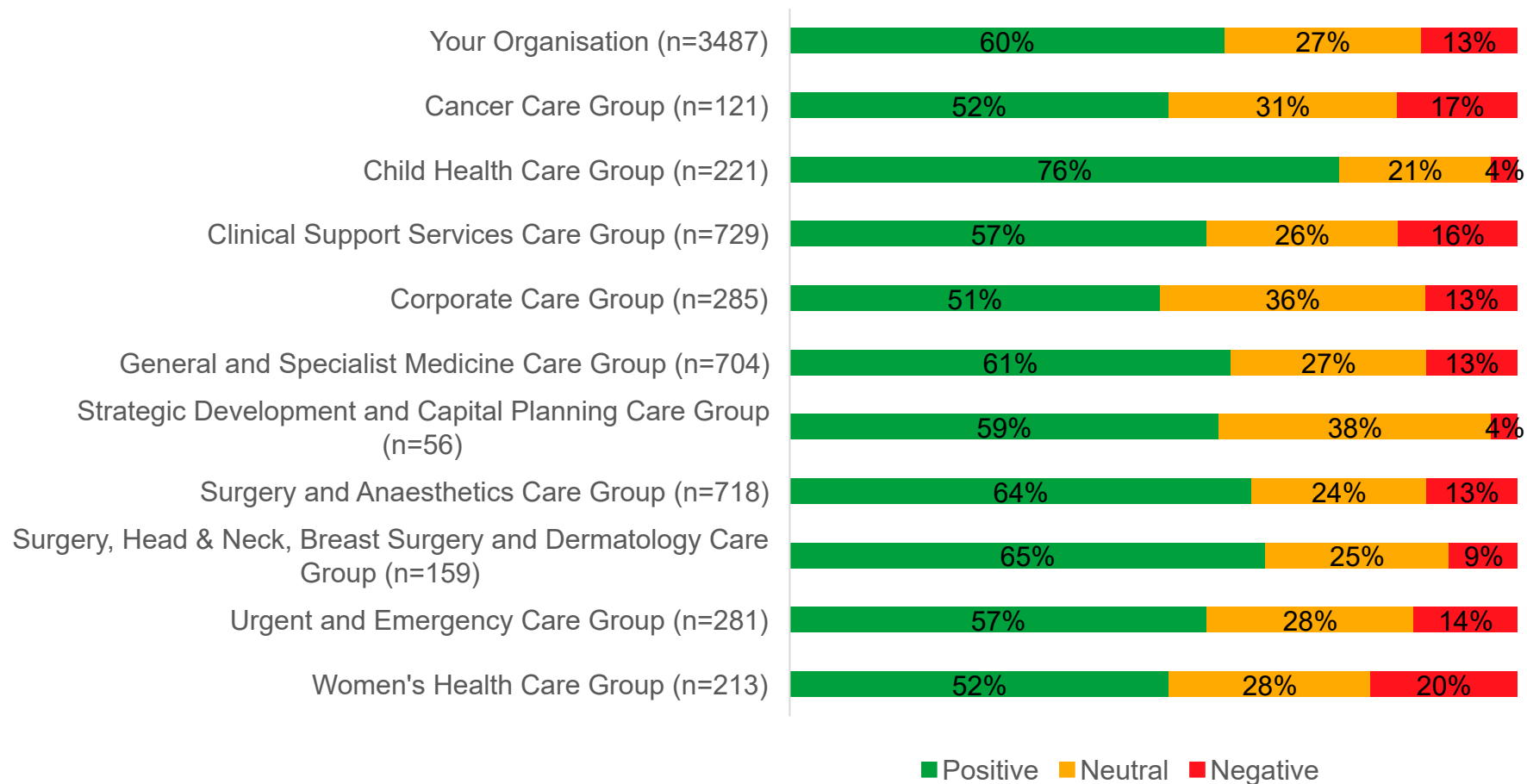
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q18b Encouraged to report errors/near misses/incidents



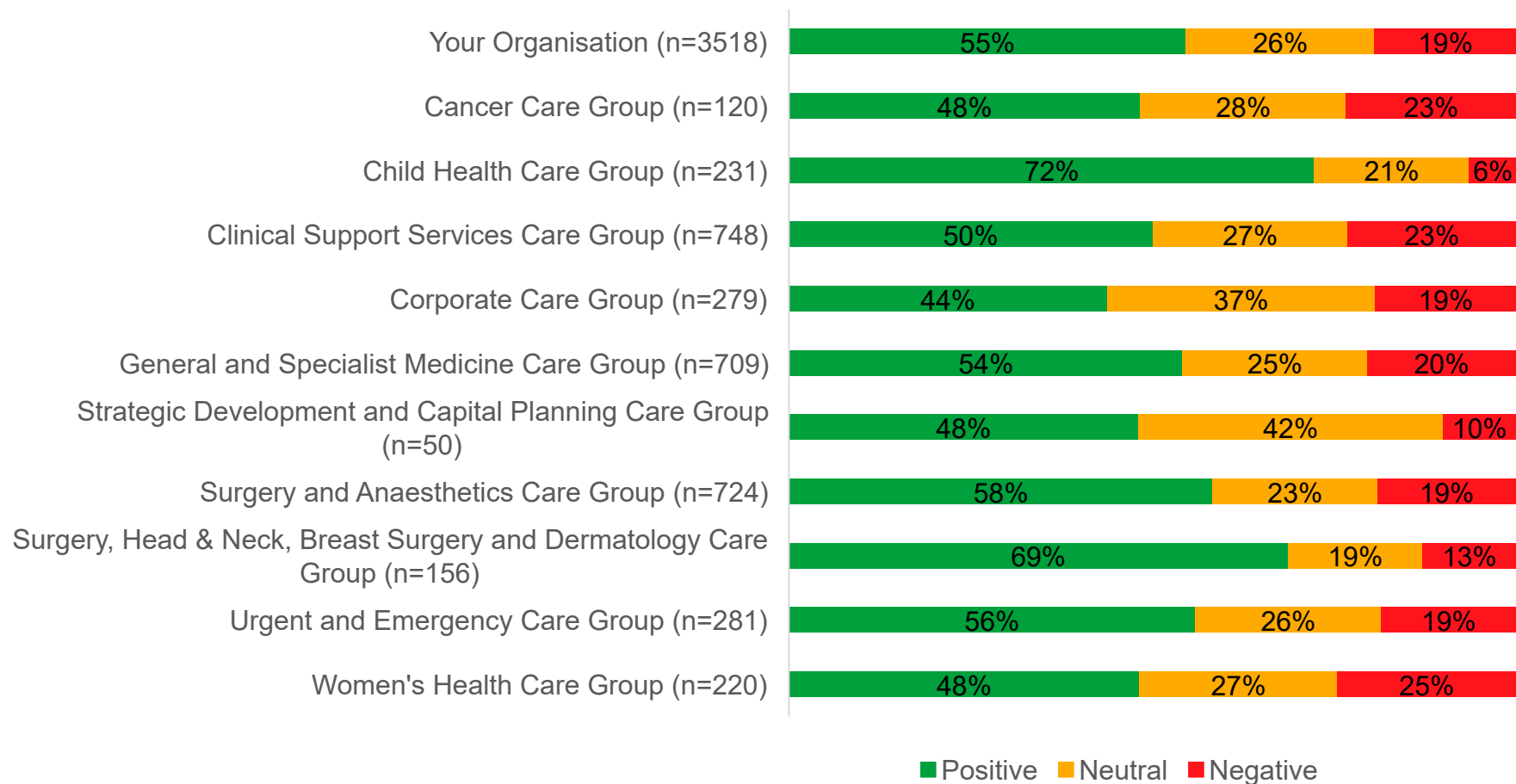
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q18c Organisation ensure errors/near misses/incidents do not repeat



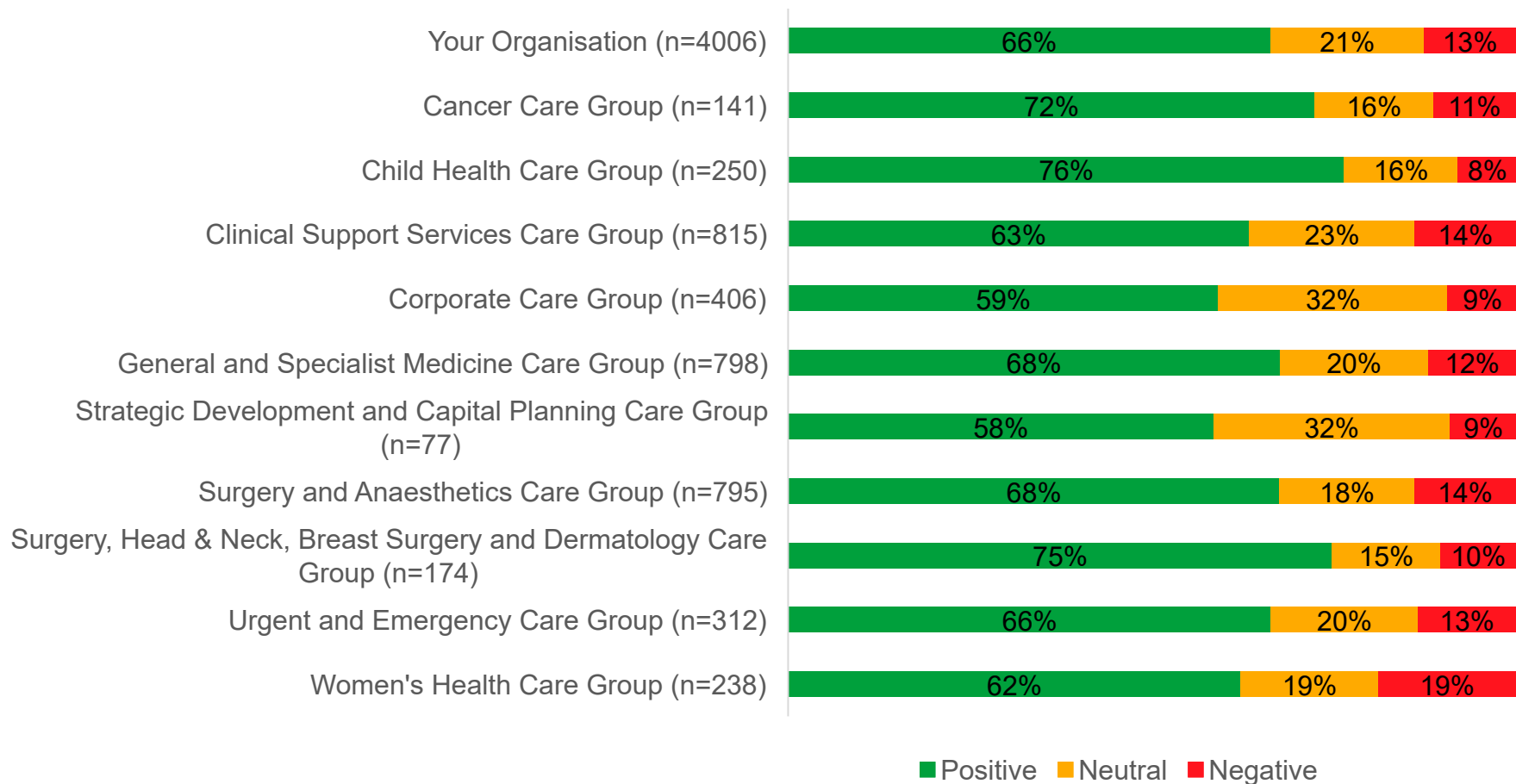
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q18d Feedback given on changes made following errors/near misses/incidents



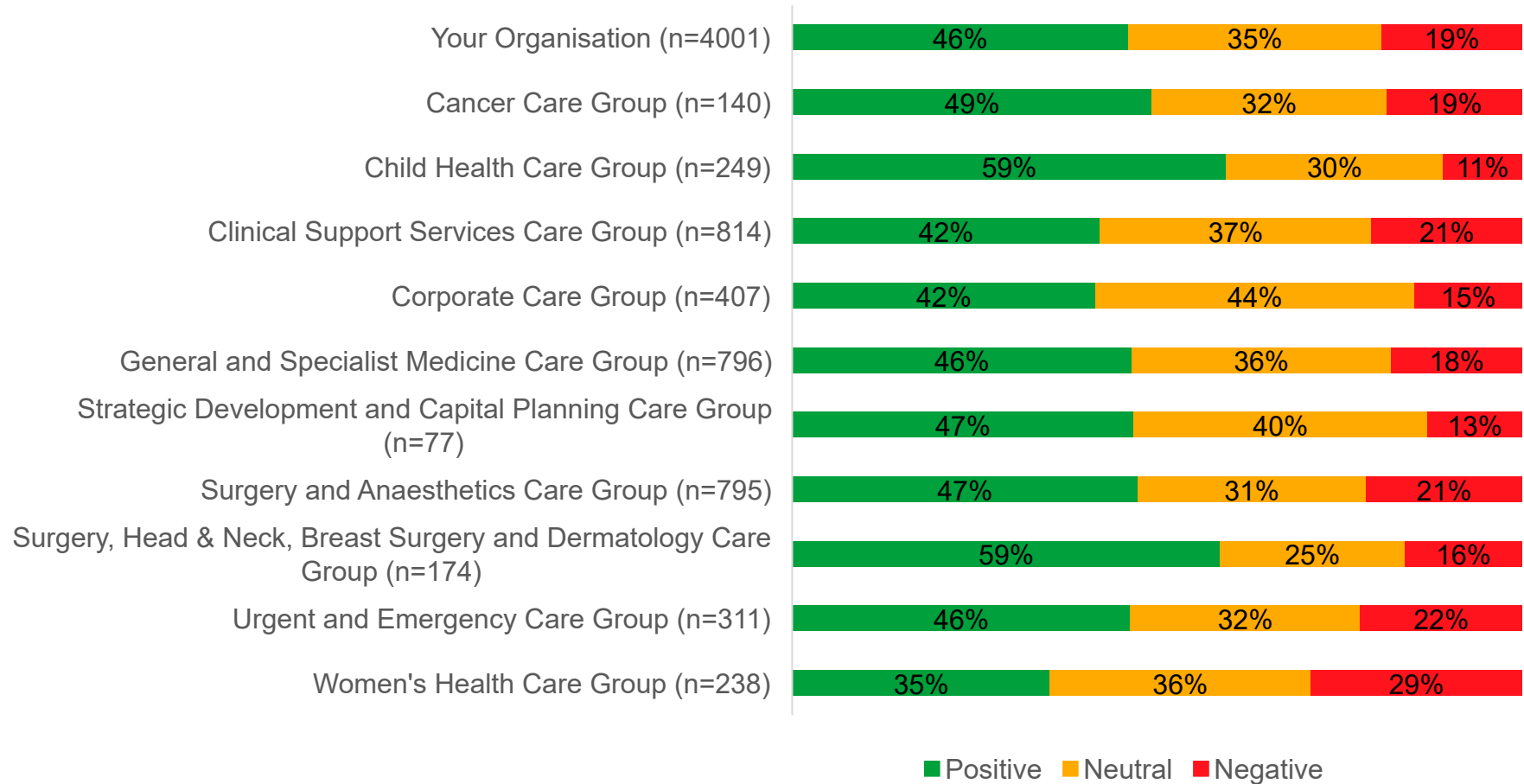
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q19a Would feel secure raising concerns about unsafe clinical practice



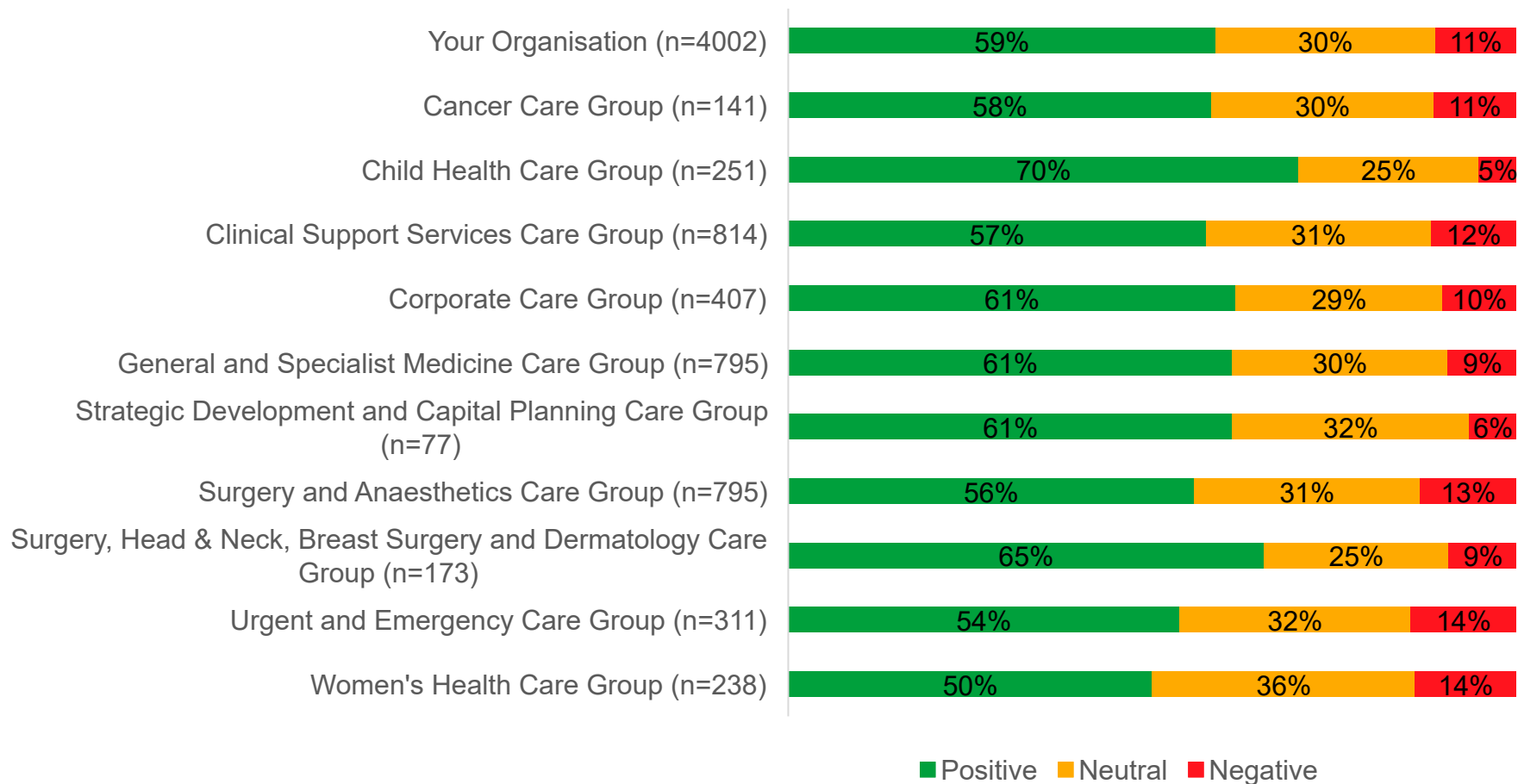
YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK

q19b Would feel confident that organisation would address concerns about unsafe clinical practice



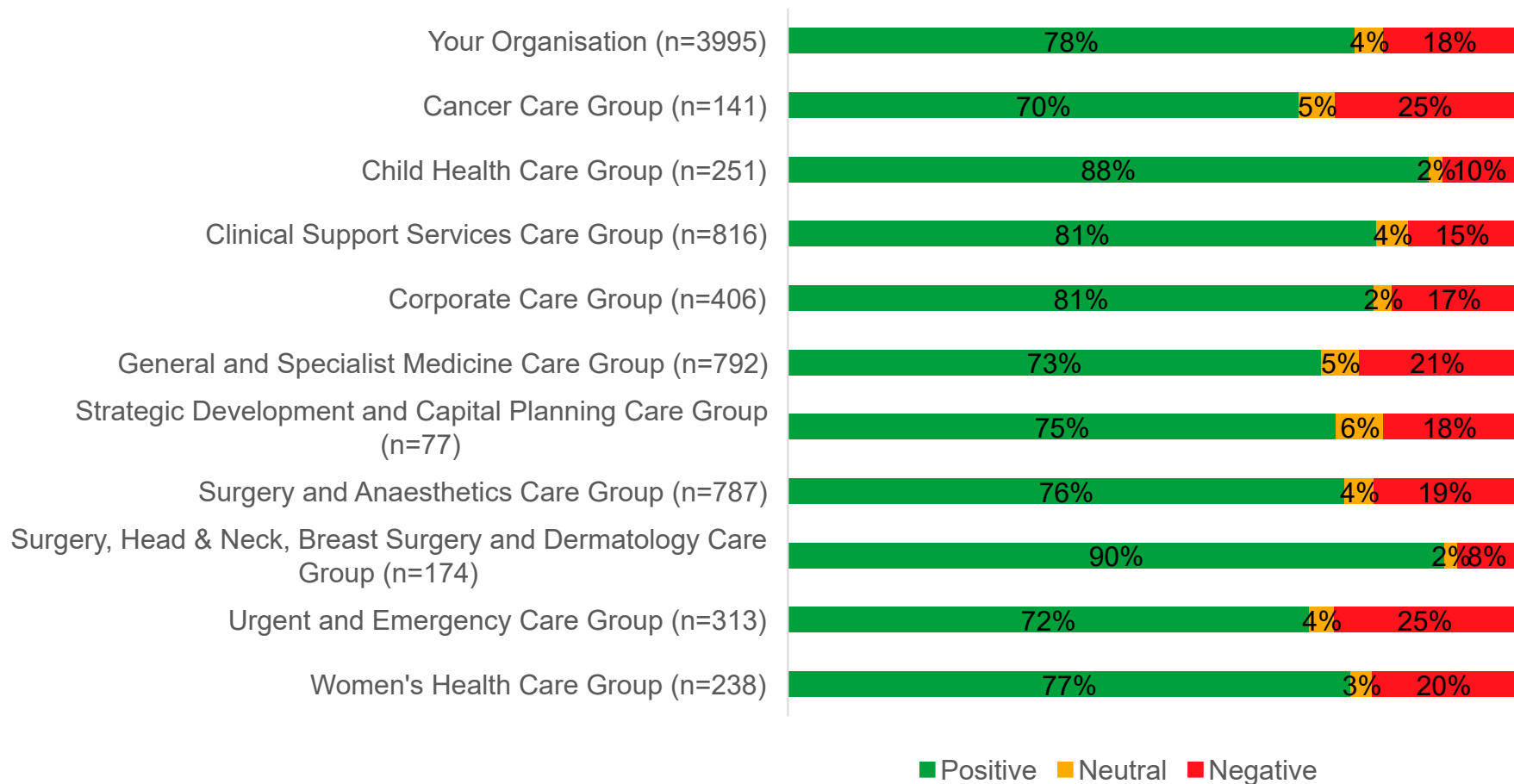
YOUR PERSONAL DEVELOPMENT

q20 Feel organisation respects individual differences



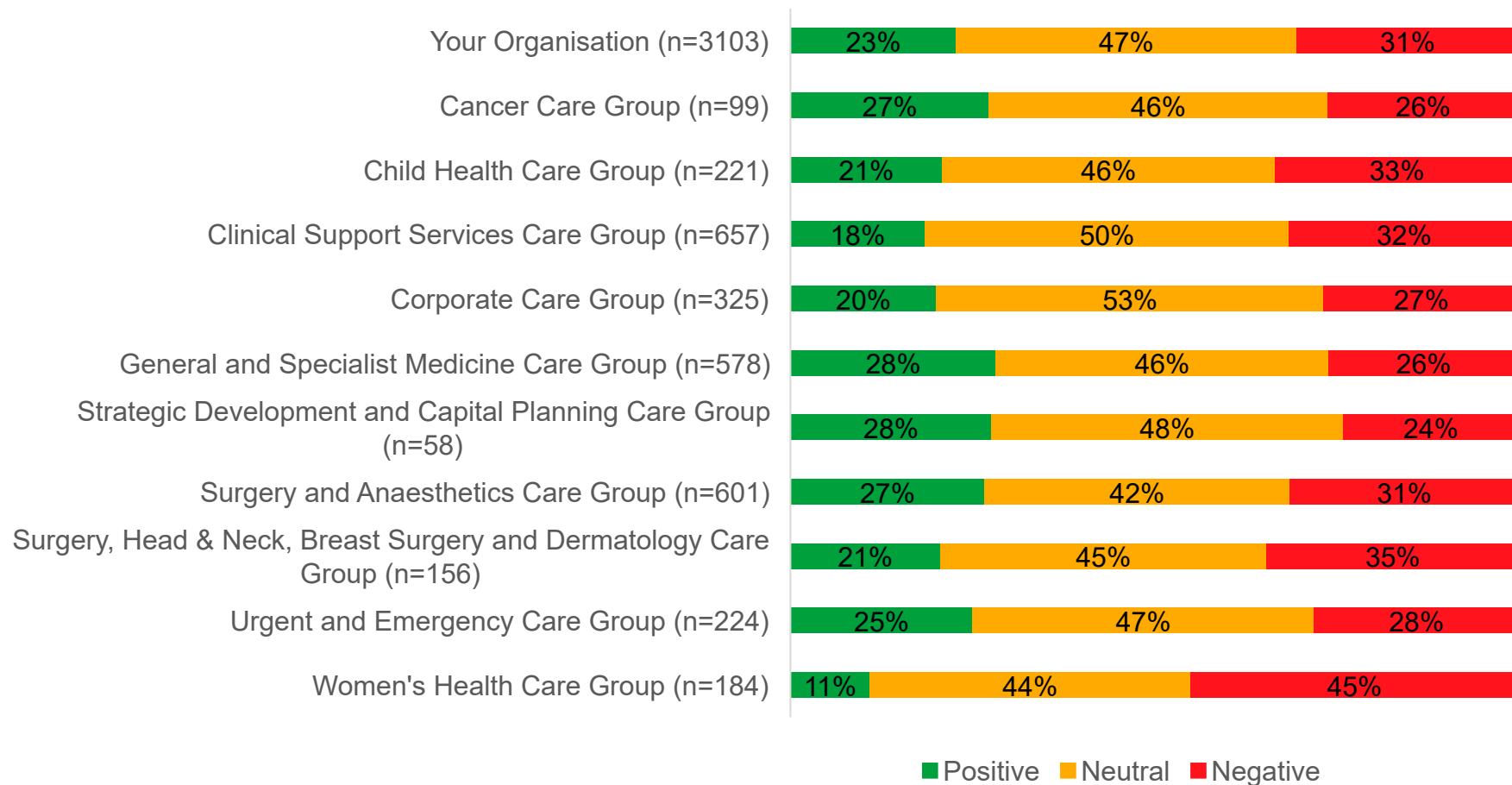
YOUR PERSONAL DEVELOPMENT

q21a Received appraisal in the past 12 months



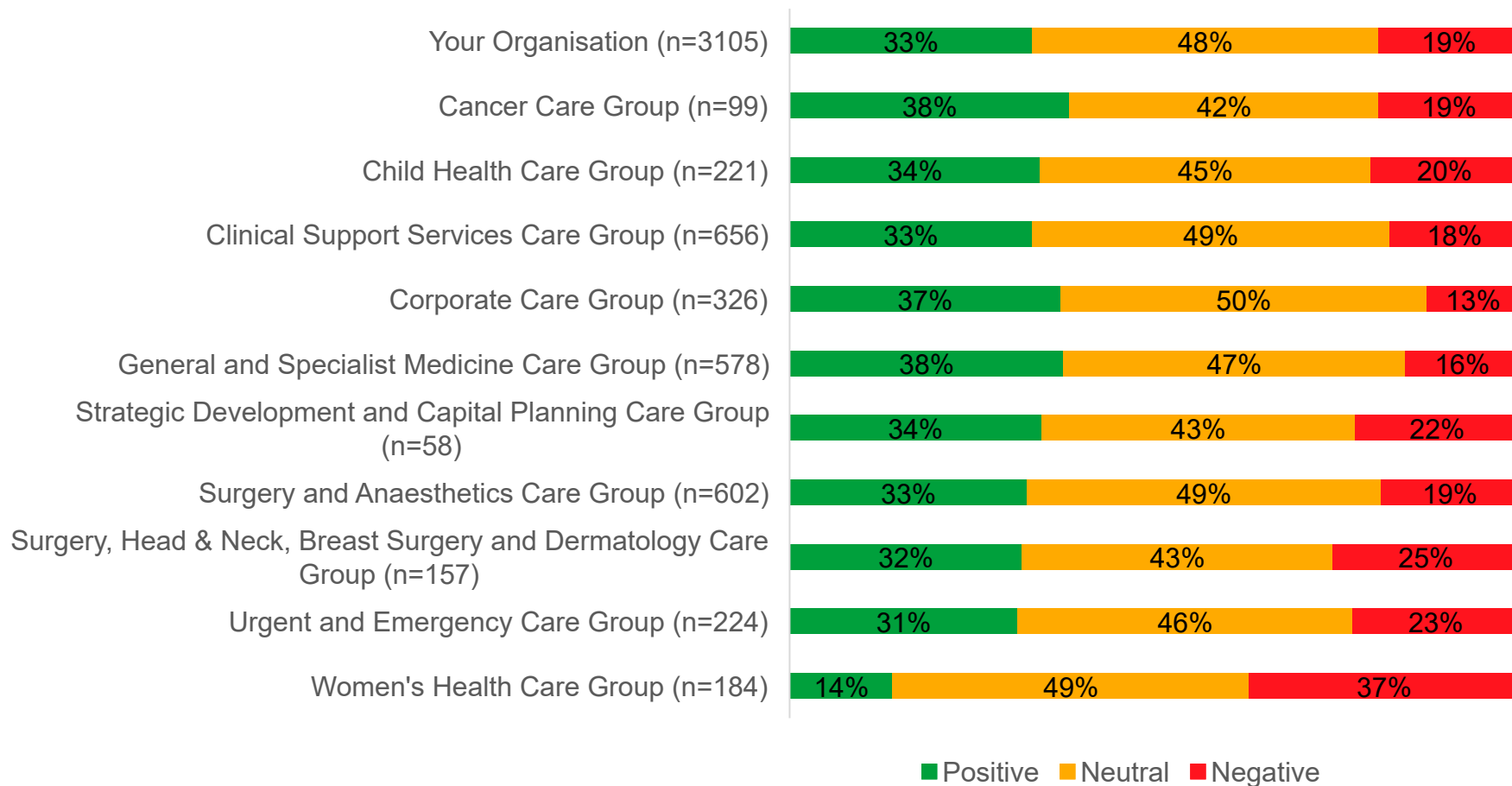
YOUR PERSONAL DEVELOPMENT

q21b Appraisal helped me improve how I do my job



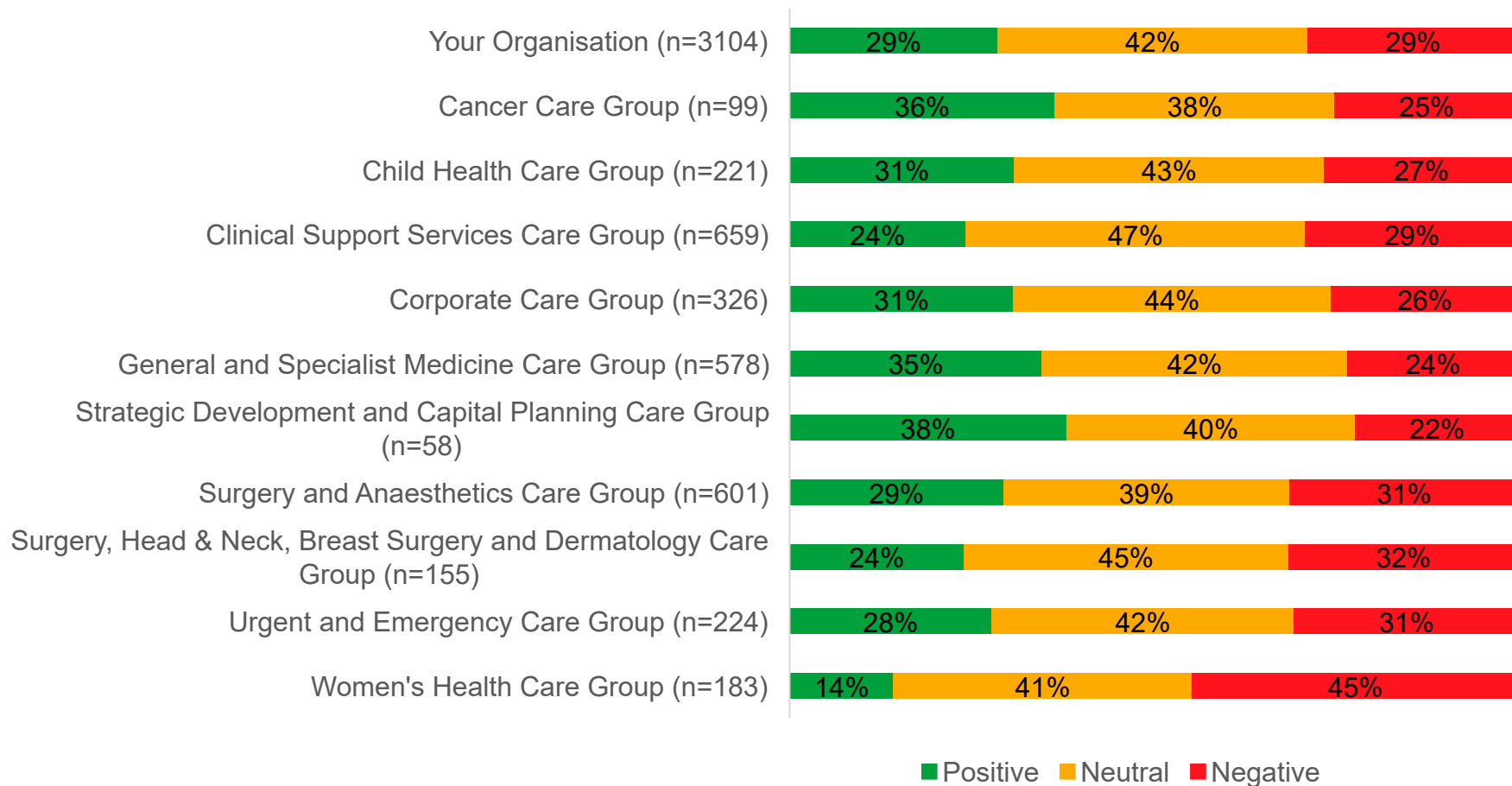
YOUR PERSONAL DEVELOPMENT

q21c Appraisal helped me agree clear objectives for my work



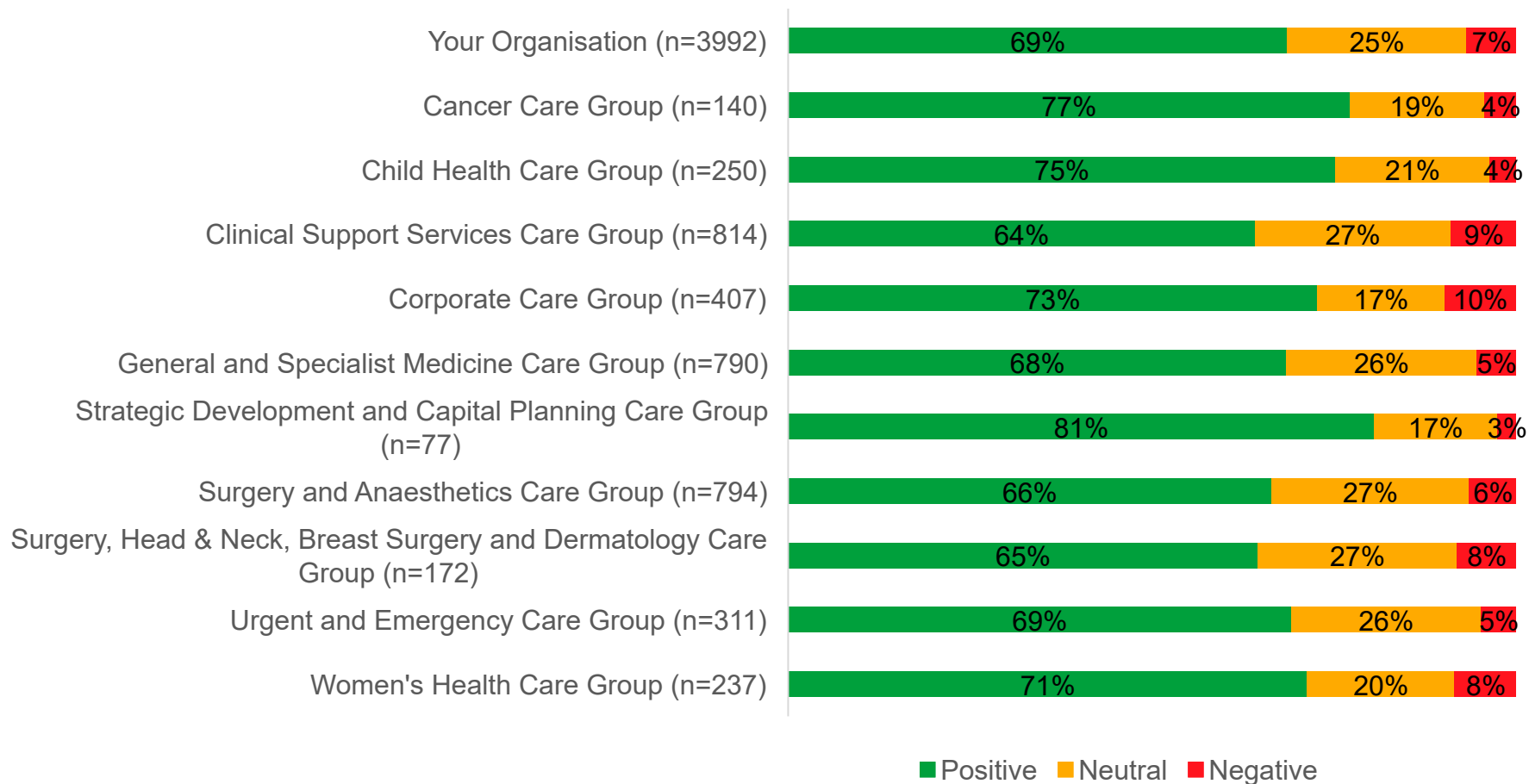
YOUR PERSONAL DEVELOPMENT

q21d Appraisal left me feeling organisation values my work



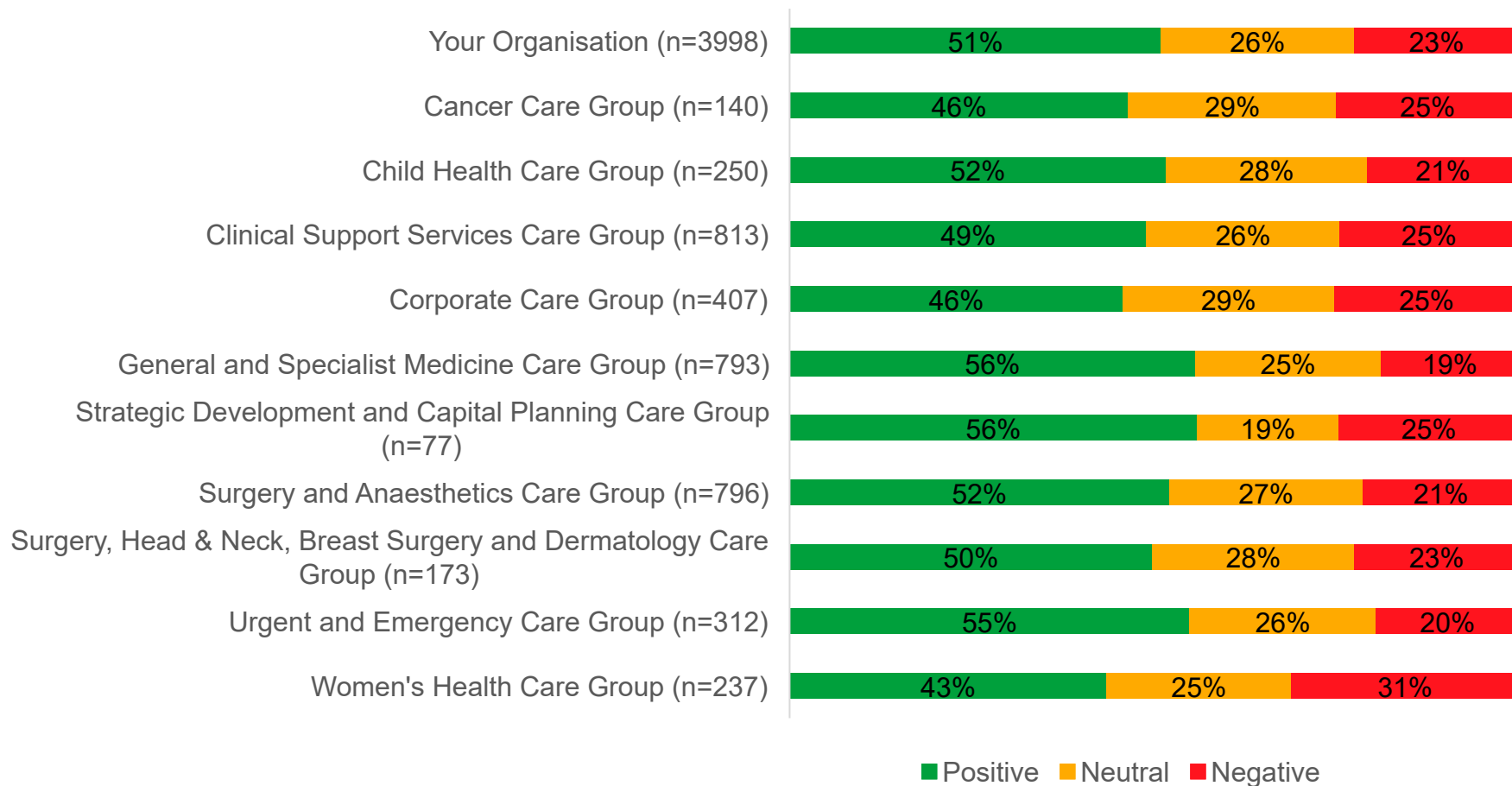
YOUR PERSONAL DEVELOPMENT

q22a Organisation offers me challenging work



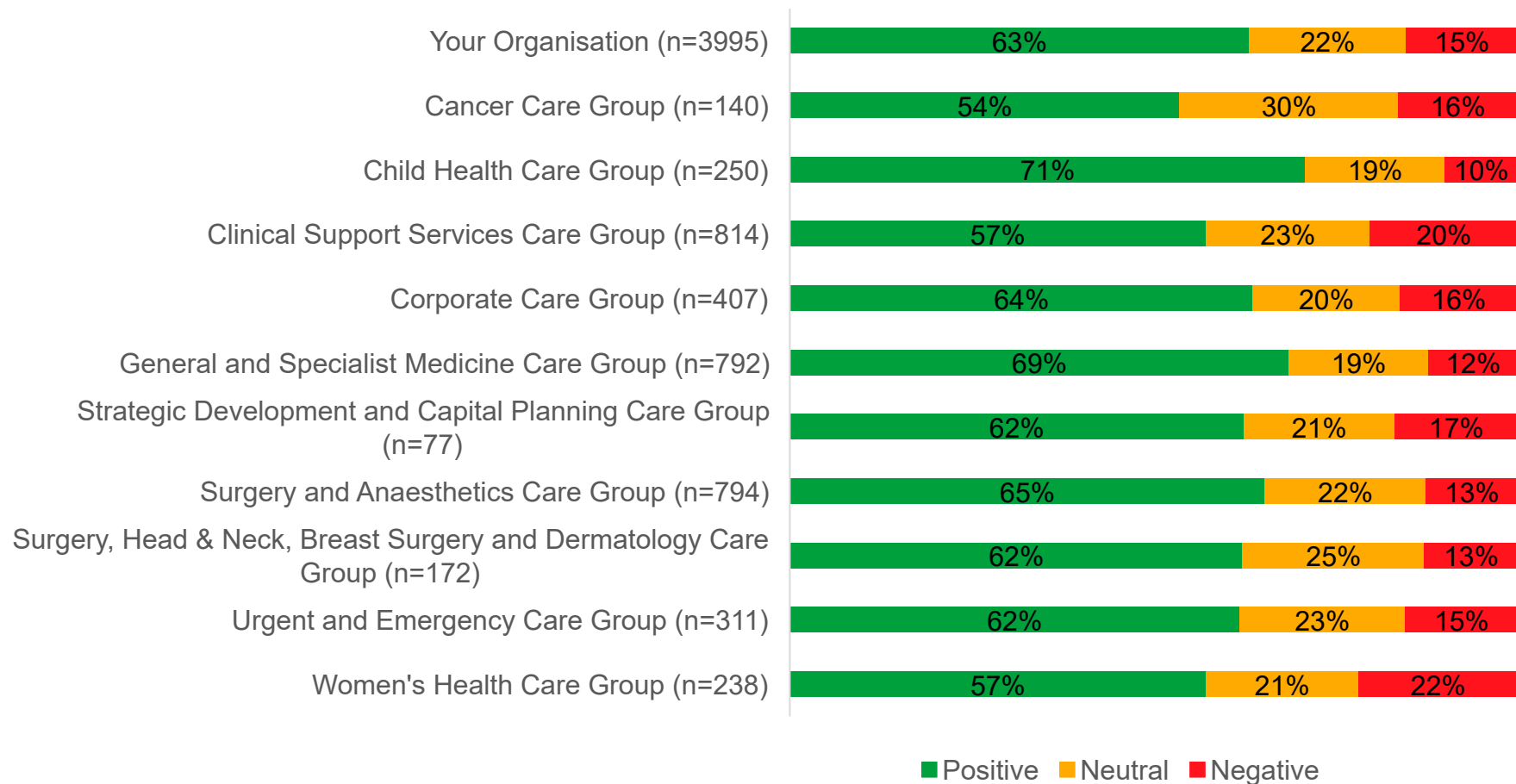
YOUR PERSONAL DEVELOPMENT

q22b There are opportunities for me to develop my career in this organisation



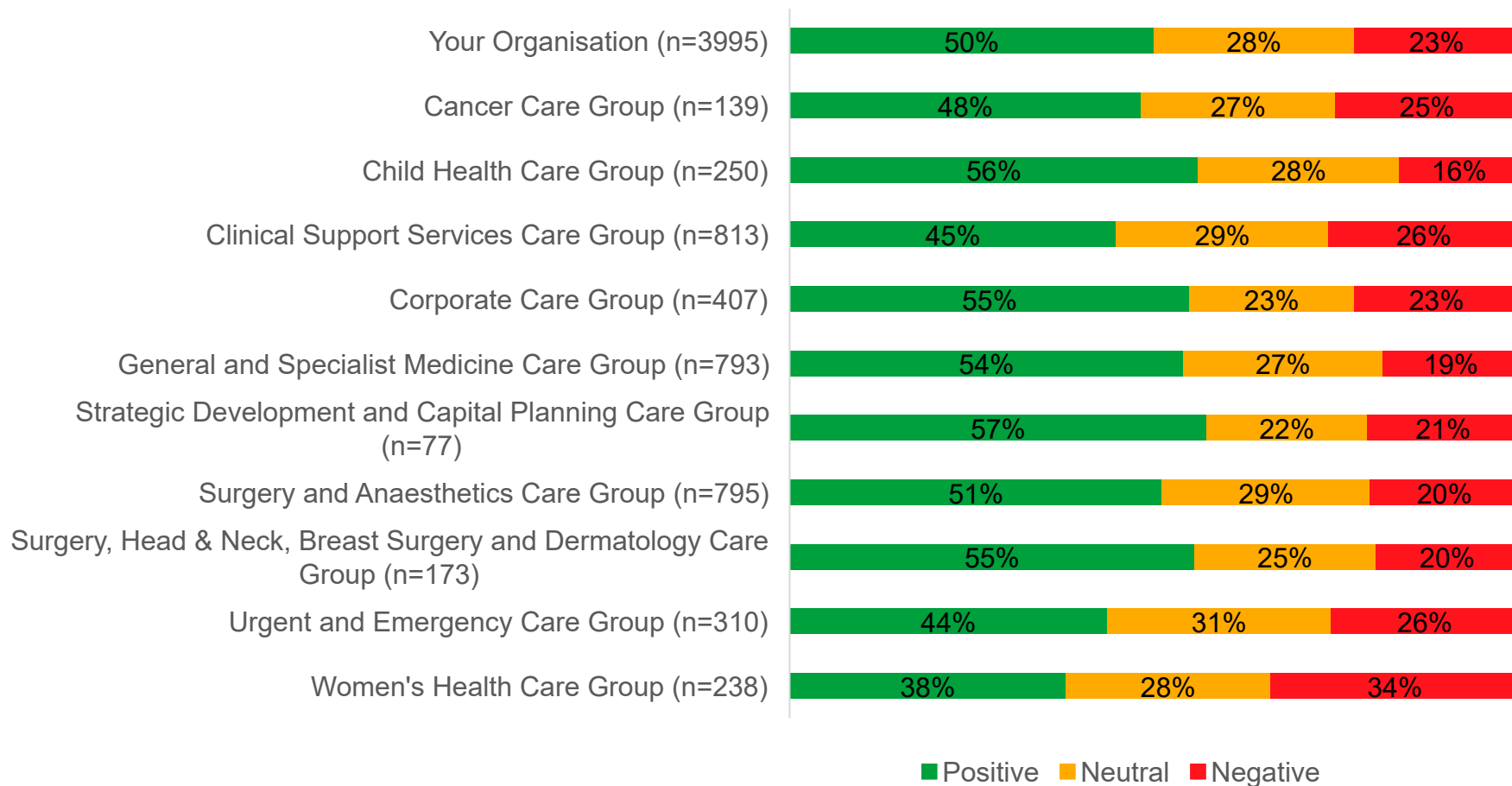
YOUR PERSONAL DEVELOPMENT

q22c Have opportunities to improve my knowledge and skills



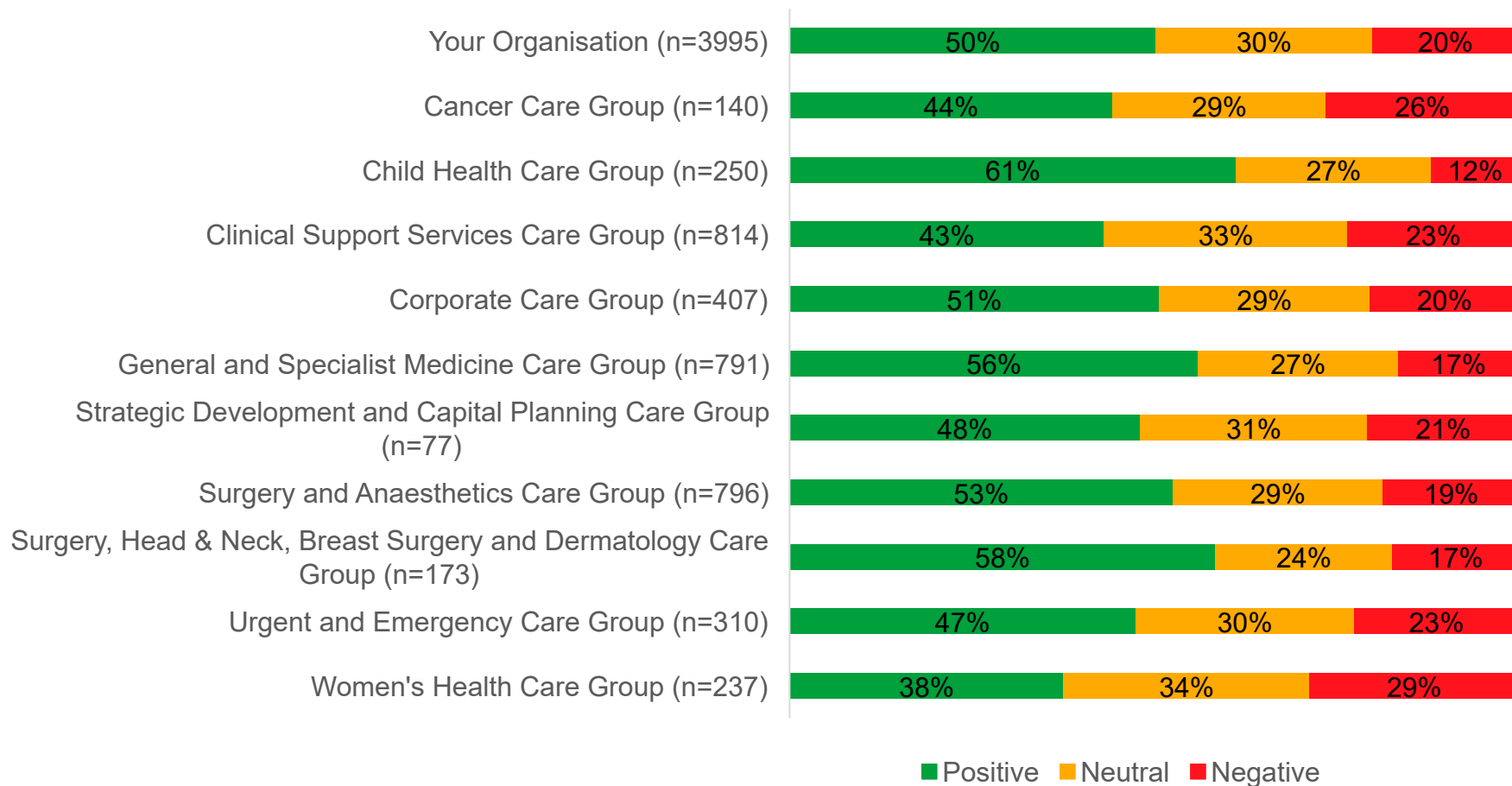
YOUR PERSONAL DEVELOPMENT

q22d Feel supported to develop my potential



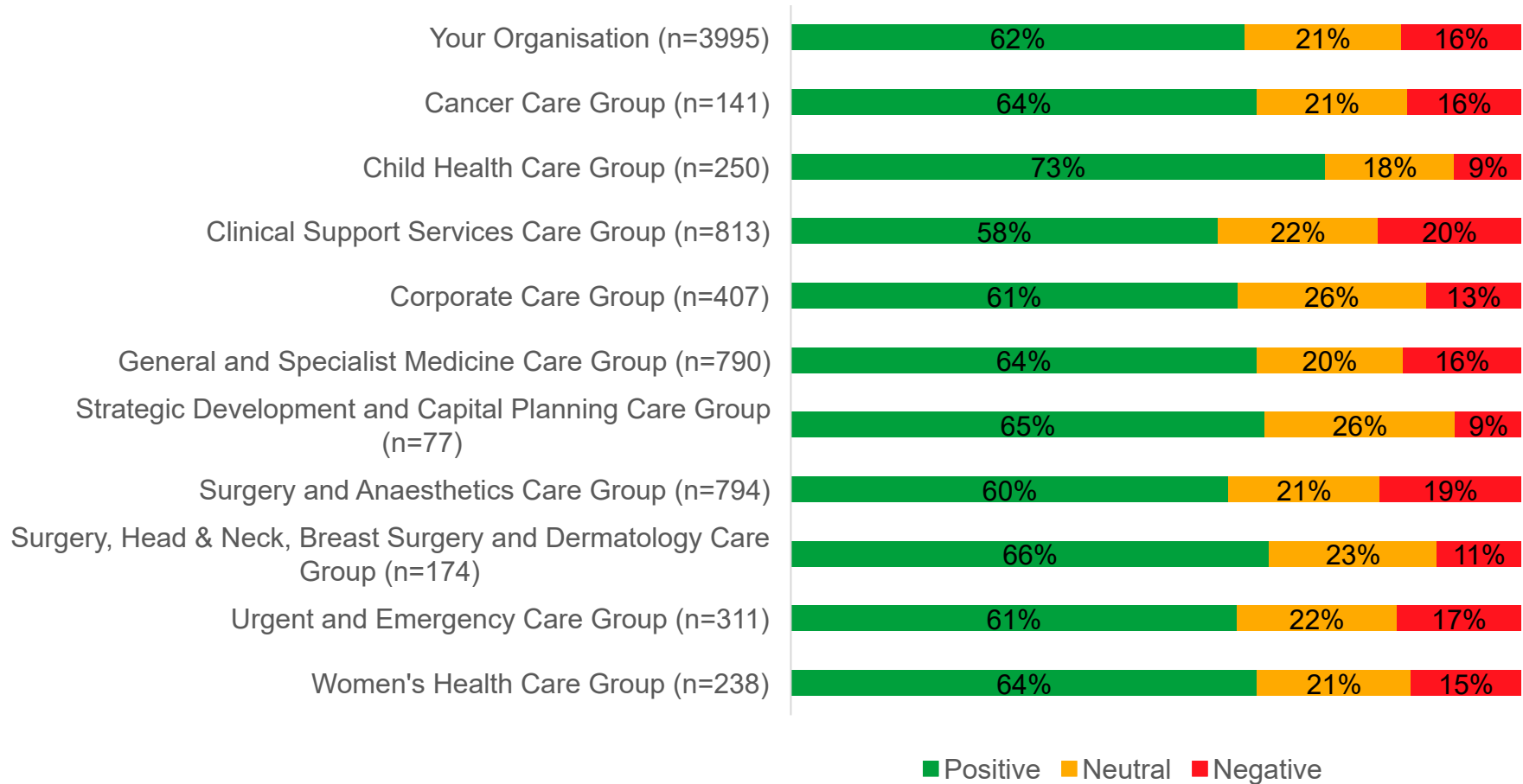
YOUR PERSONAL DEVELOPMENT

q22e Able to access the right learning and development opportunities when I need to



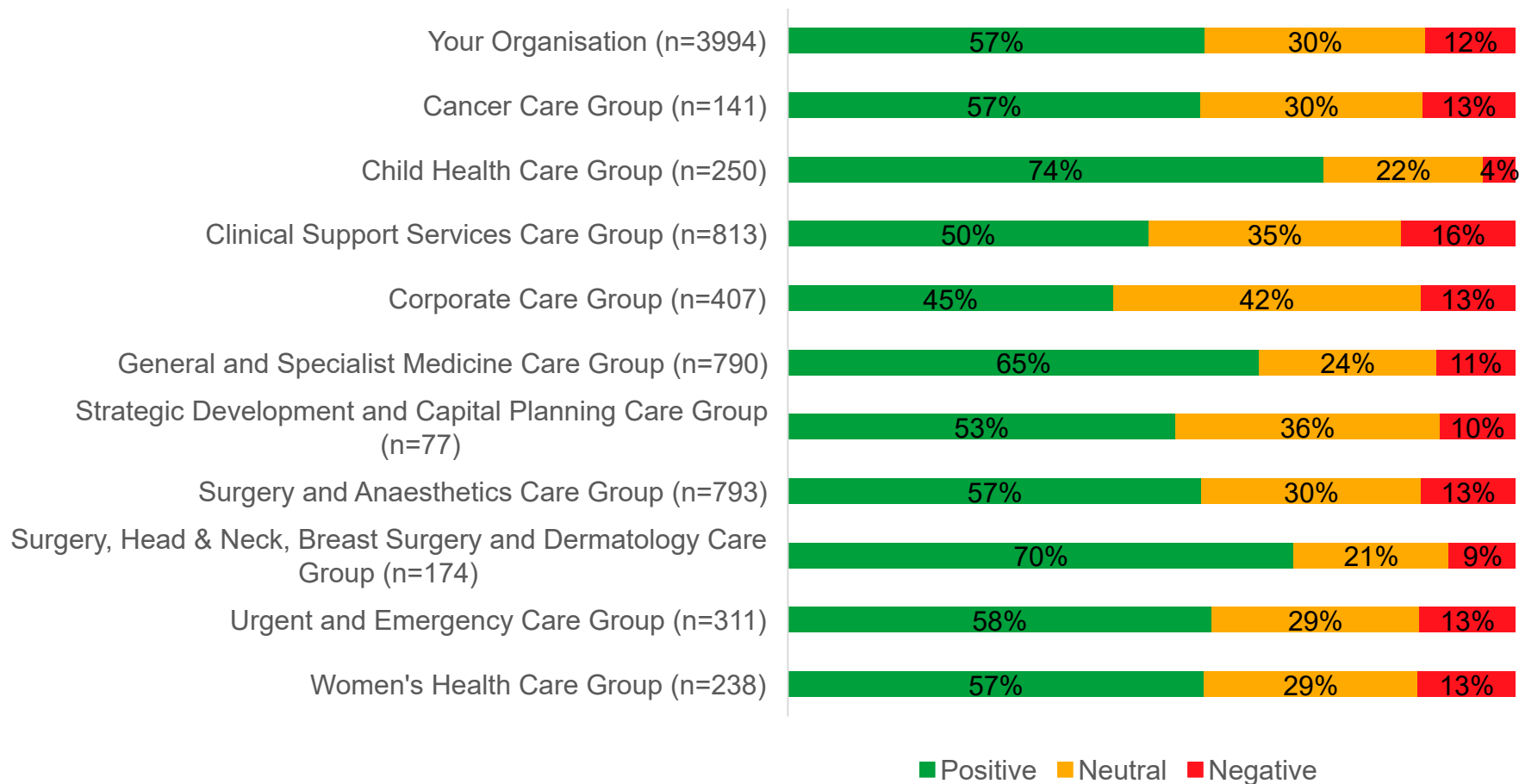
YOUR ORGANISATION

q23a Care of patients/service users is organisation's top priority



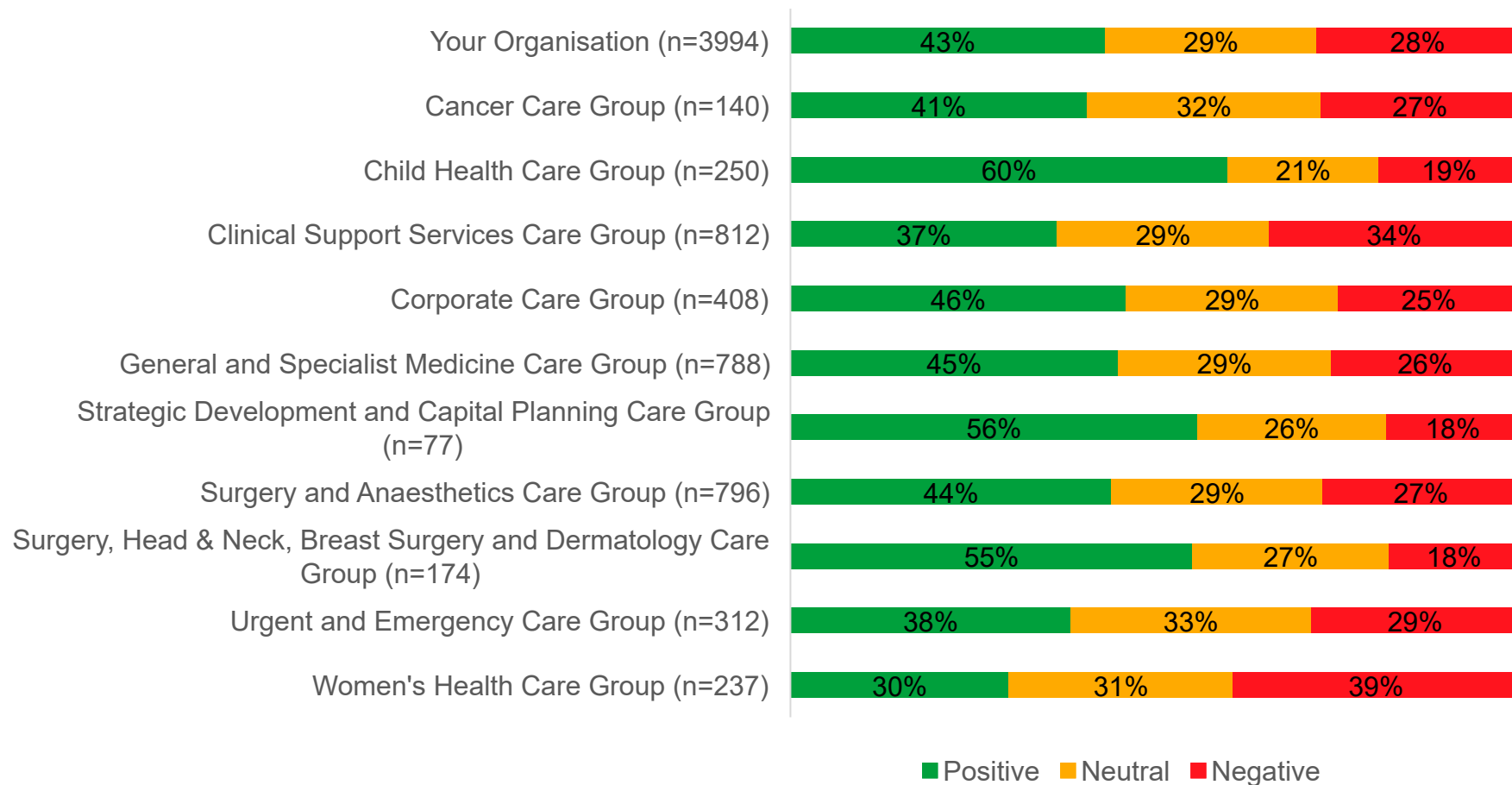
YOUR ORGANISATION

q23b Organisation acts on concerns raised by patients/service users



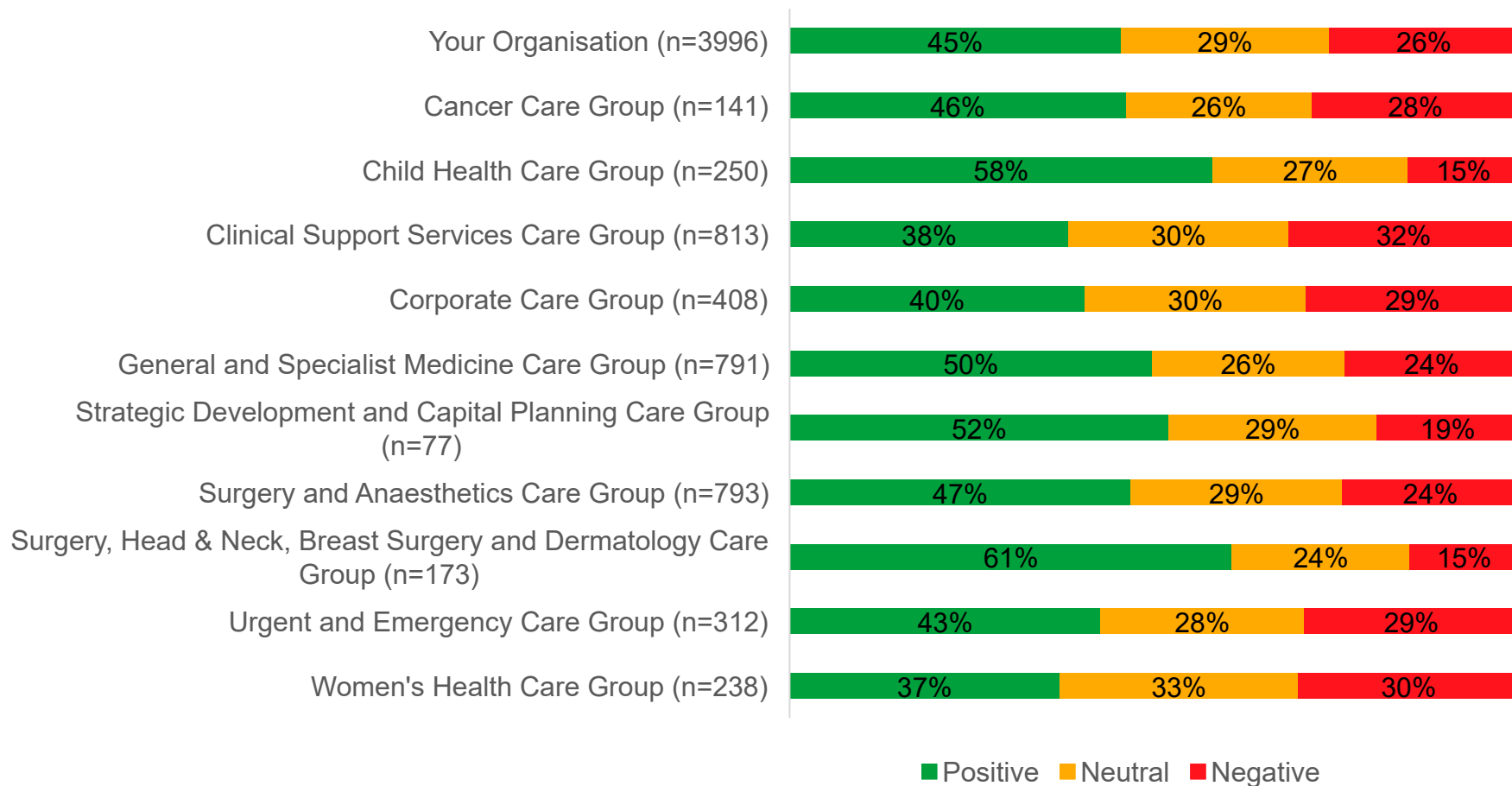
YOUR ORGANISATION

q23c Would recommend organisation as place to work



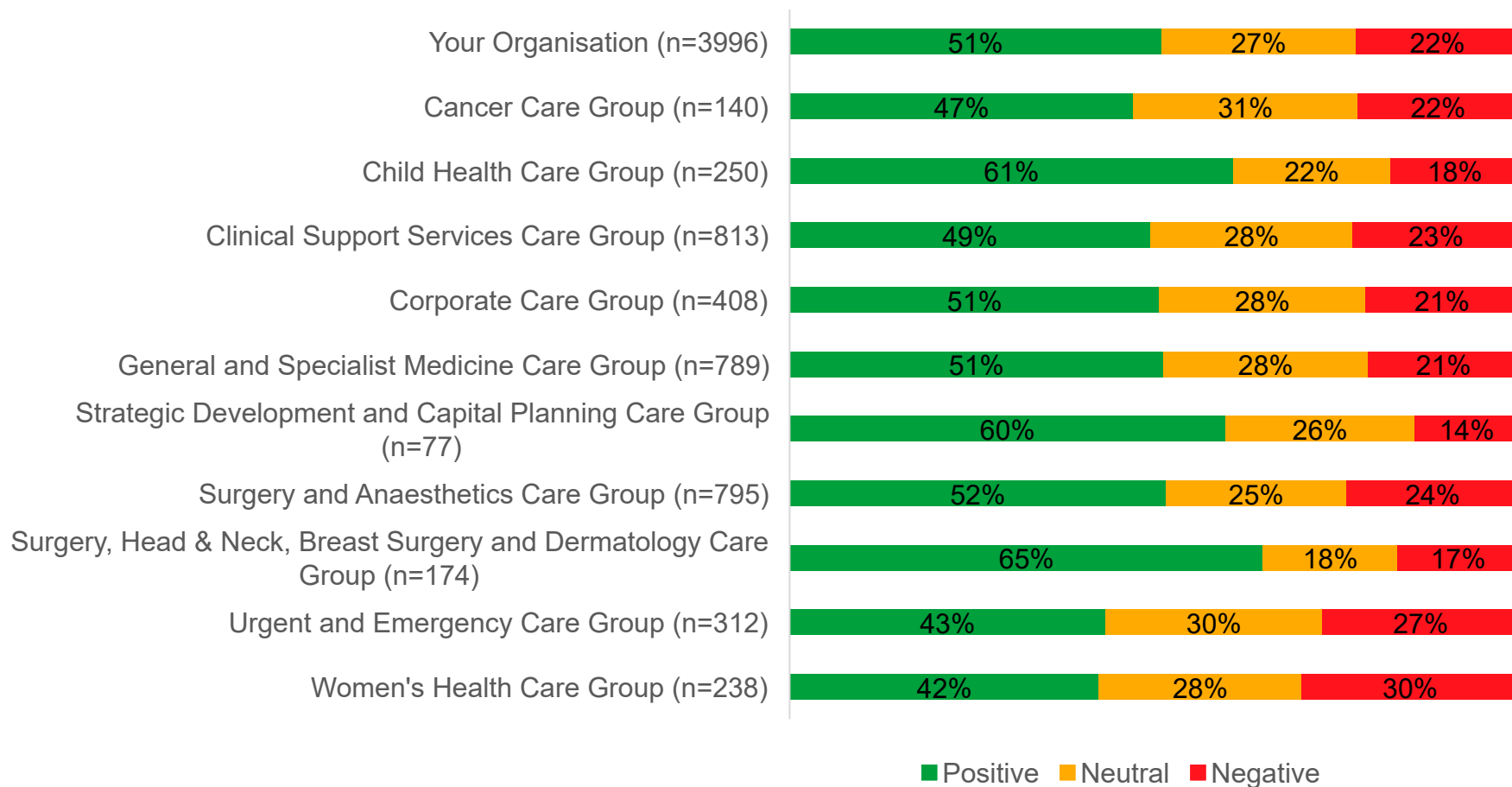
YOUR ORGANISATION

q23d If friend/relative needed treatment would be happy with standard of care provided by organisation



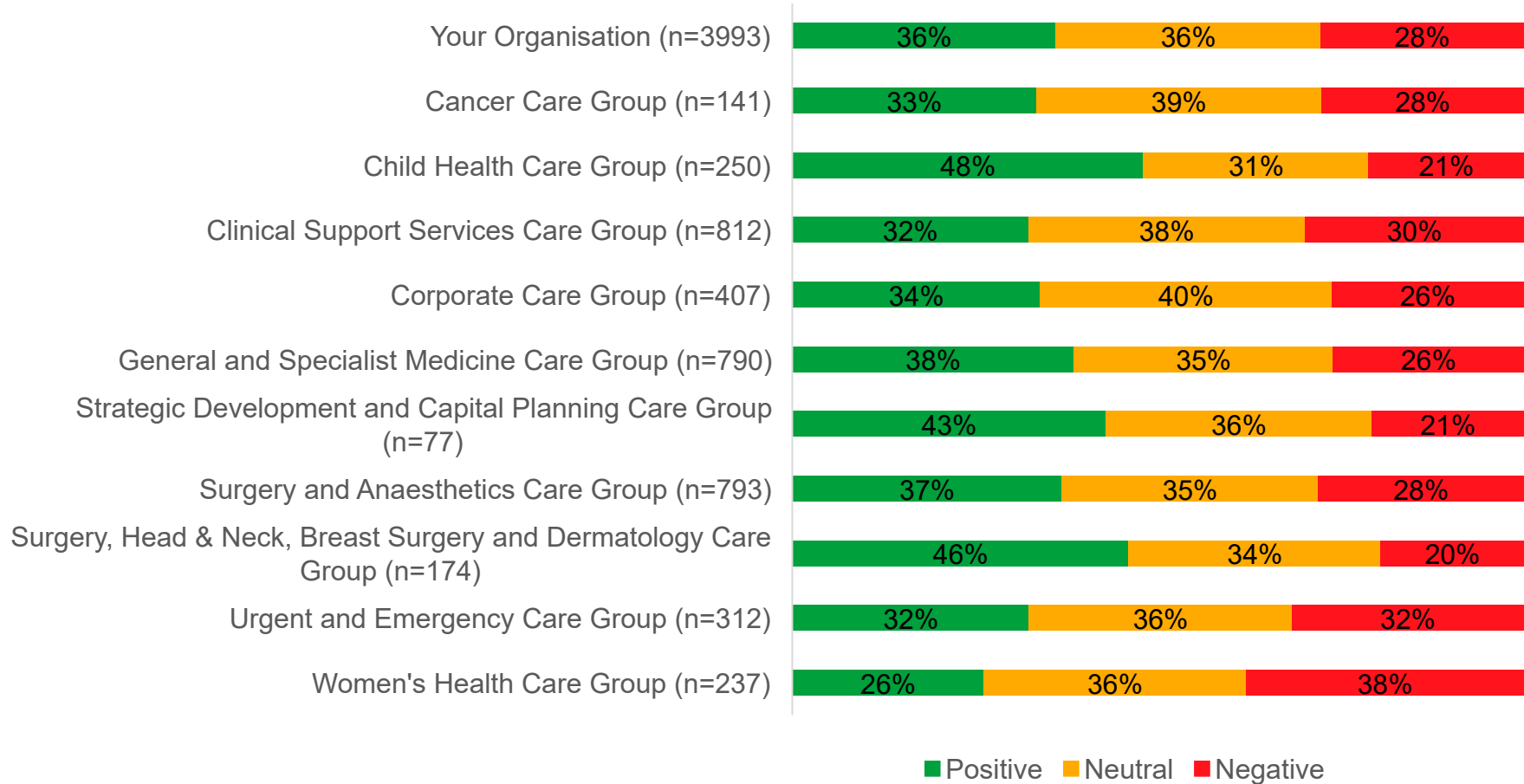
YOUR ORGANISATION

q23e Feel safe to speak up about anything that concerns me in this organisation



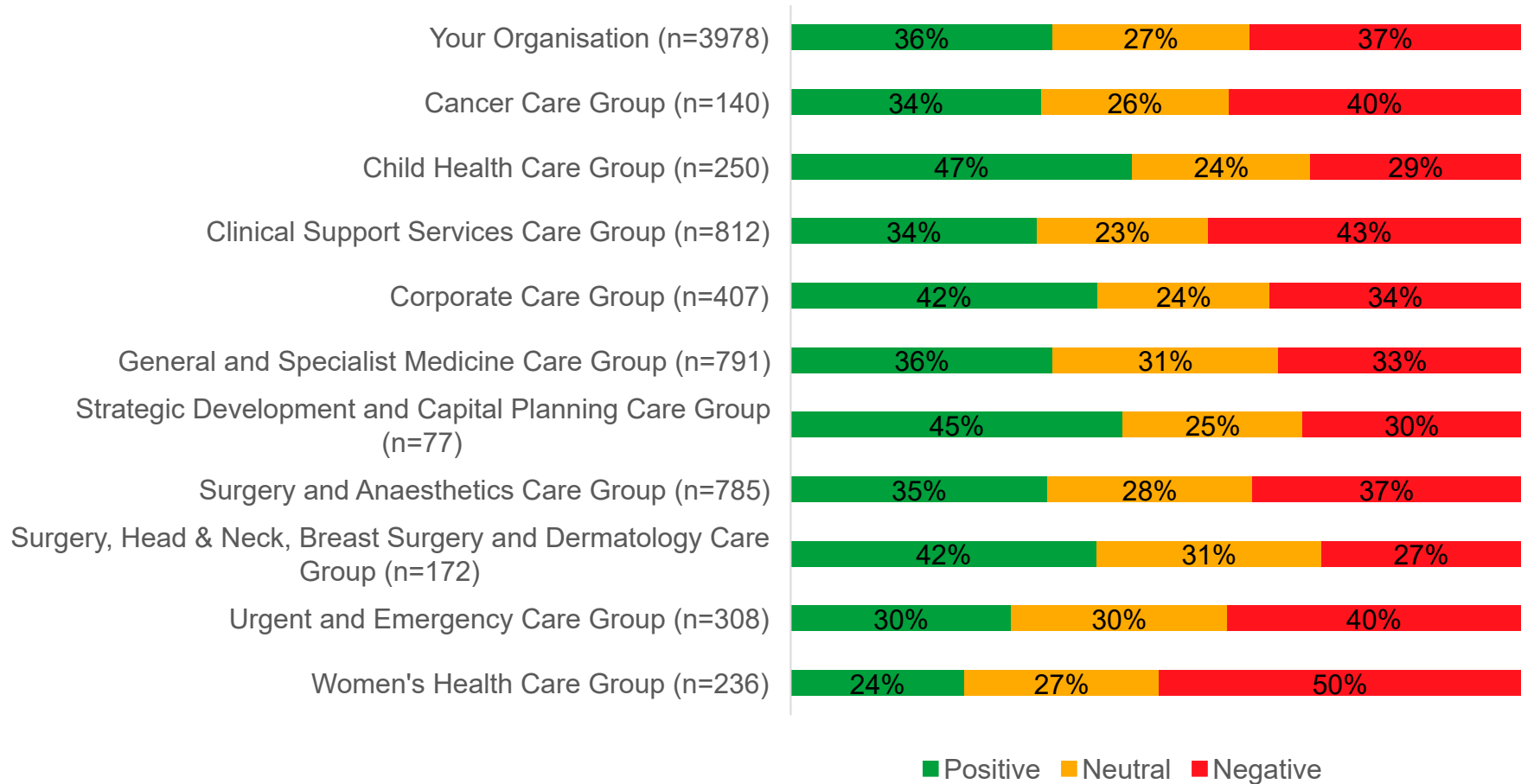
YOUR ORGANISATION

q23f Feel organisation would address any concerns I raised



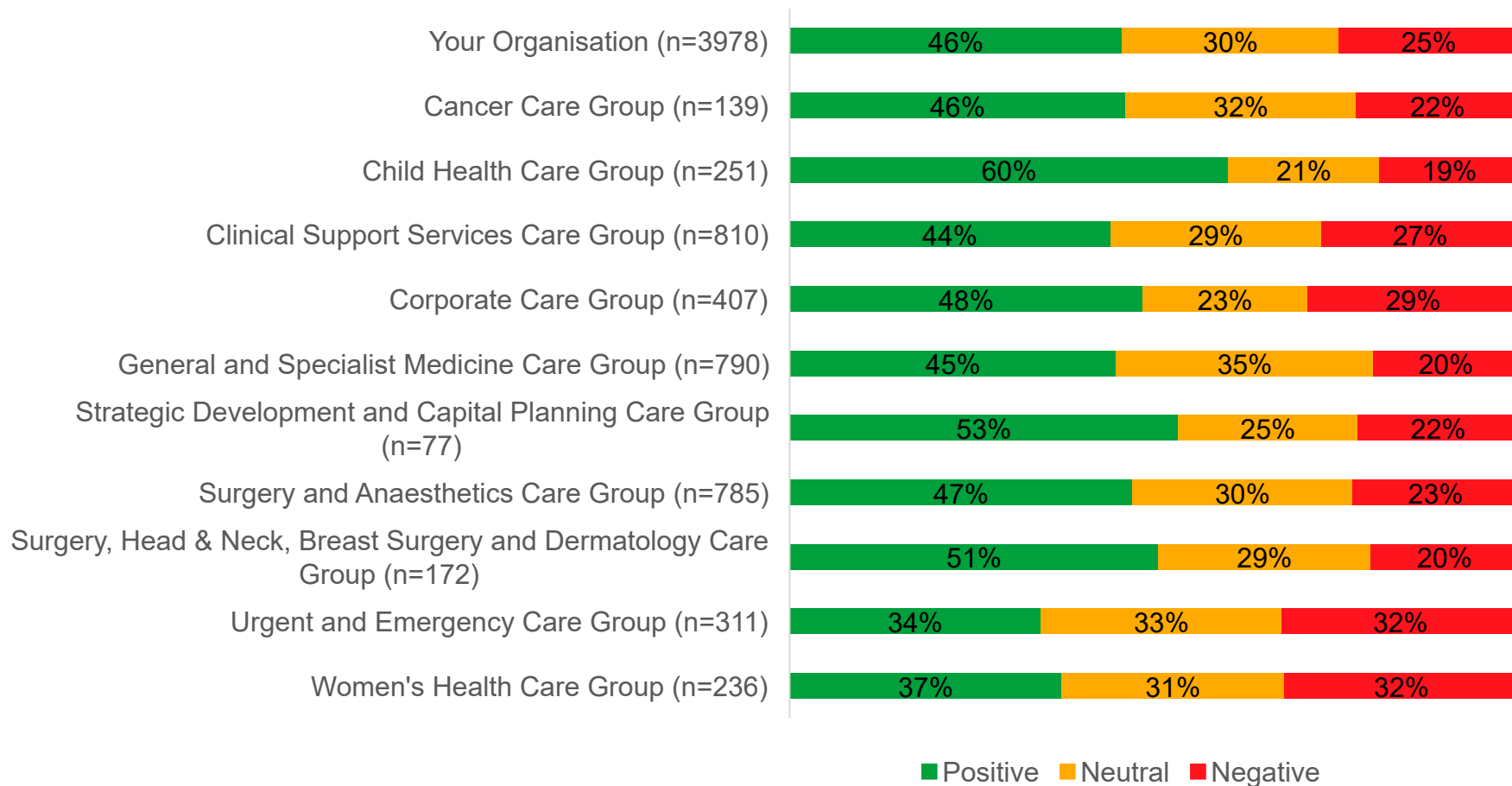
YOUR ORGANISATION

q24a I don't often think about leaving this organisation



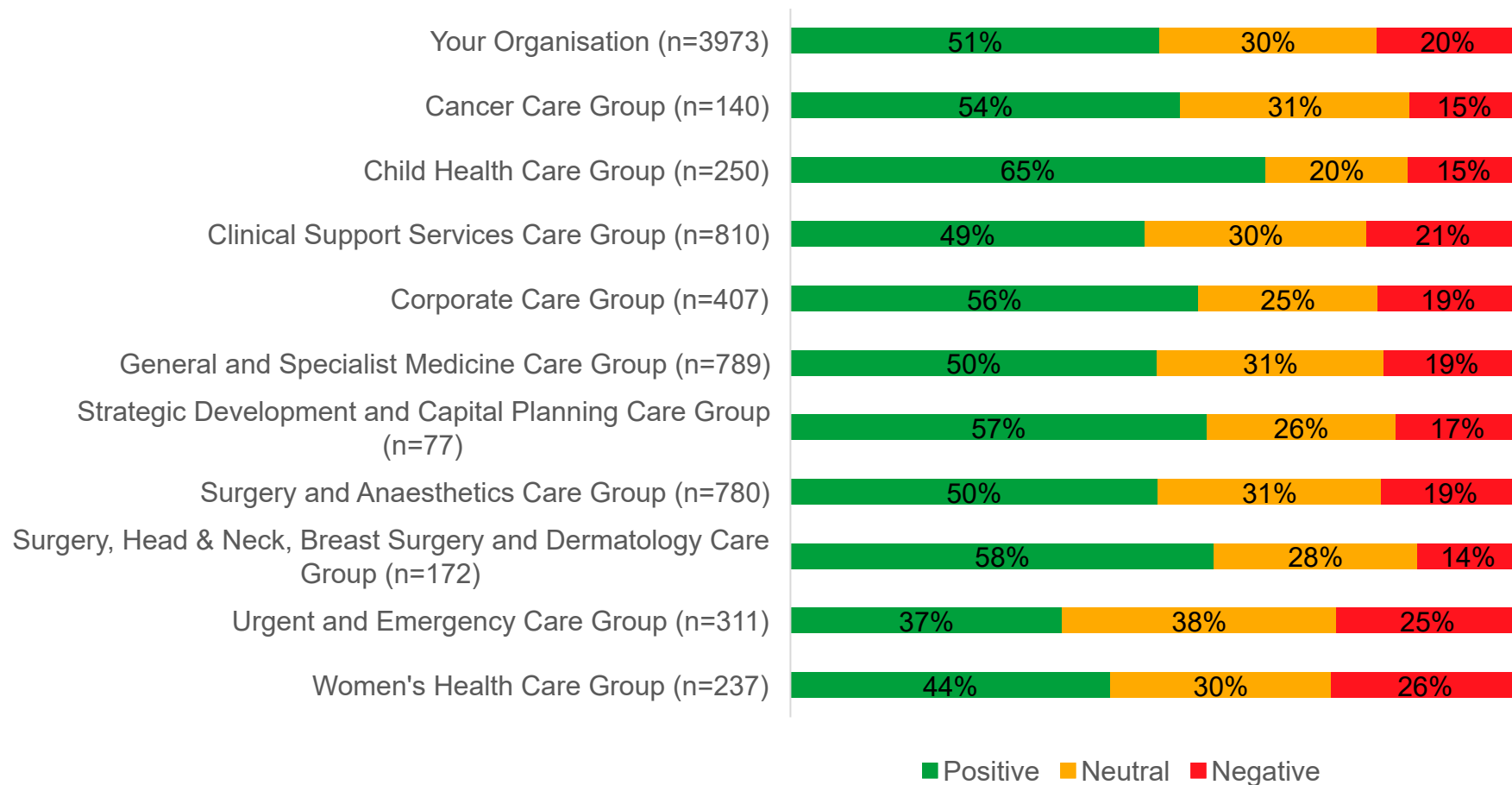
YOUR ORGANISATION

q24b I am unlikely to look for a job at a new organisation in the next 12 months



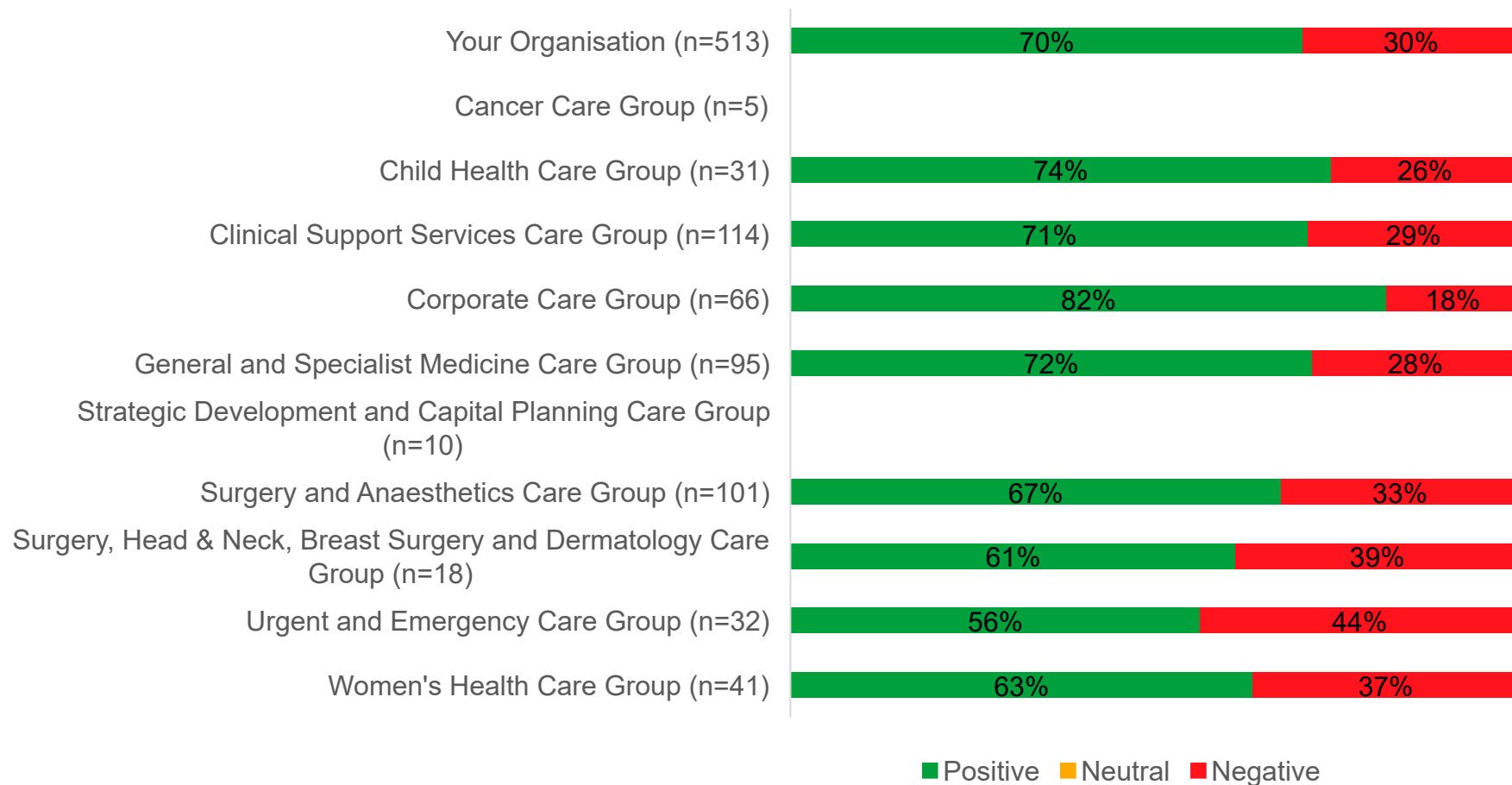
YOUR ORGANISATION

q24c I am not planning on leaving this organisation



BACKGROUND INFORMATION

q30b Disability: organisation made reasonable adjustment(s) to enable me to carry out work



Dartboard charts

Section 8: Score overview, historical comparison and organisation type comparison



Dartboard charts: overall scores (part 1 of 2)

Dartboard charts work by showing you the difference between your score and a comparison score – this could be the Picker Average for each question, or your scores from a previous survey.

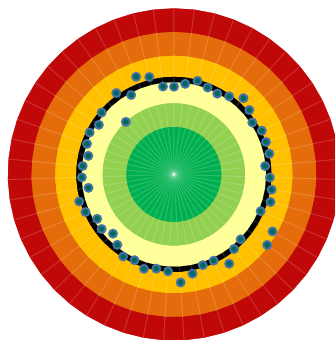
Each dot on the chart represents a question. The closer a dot is to the centre (the “bullseye”) of the chart, the better you did on that question. There are two types of dartboard chart:

- Overall score dartboards
- Survey section dartboards

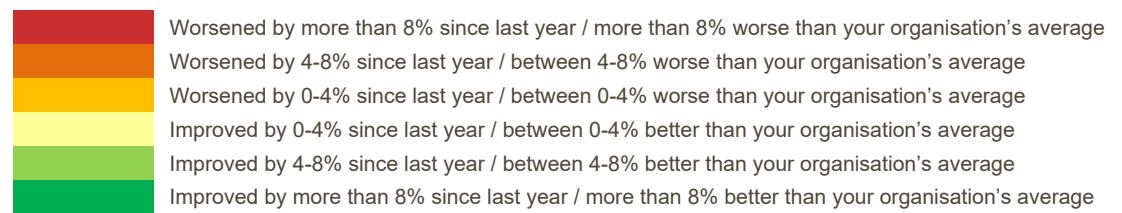
How to read the tables

The first type of dartboard is the “overall score dartboard”. It shows all your scores at once, so you can see the *distribution of change* in your results – i.e. whether your scores generally got better, stayed mostly the same, or got worse. The black line represents “no change”, while the coloured rings are score bands.

Example chart:

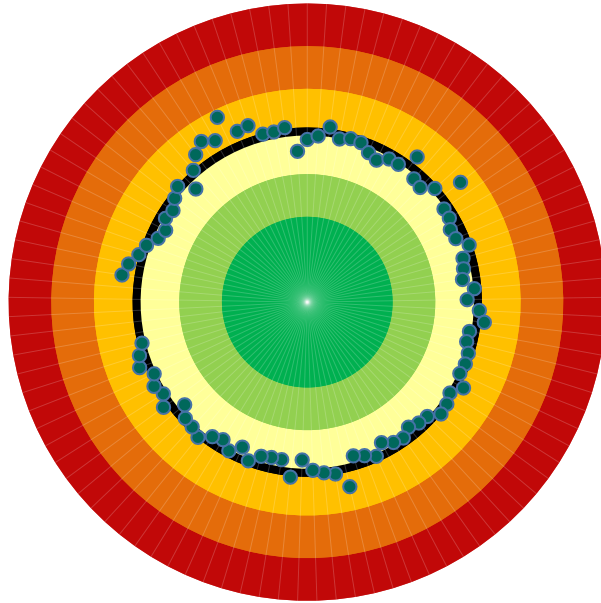


In this example, dots are generally clustered near the black line. This means that in general, scores only changed a little bit from the comparison score. The majority of the dots are in the cream-coloured band, which means on the whole scores got slightly better.

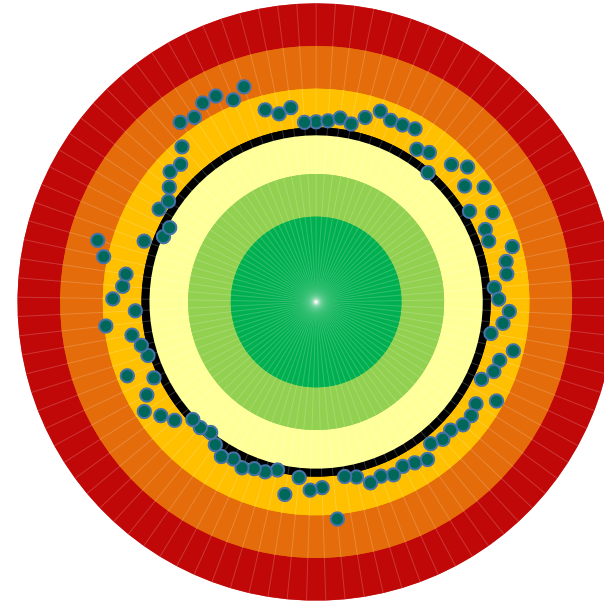


Overall development across all questions

Current scores vs. historical scores



Current scores vs. similar organisations



KEY



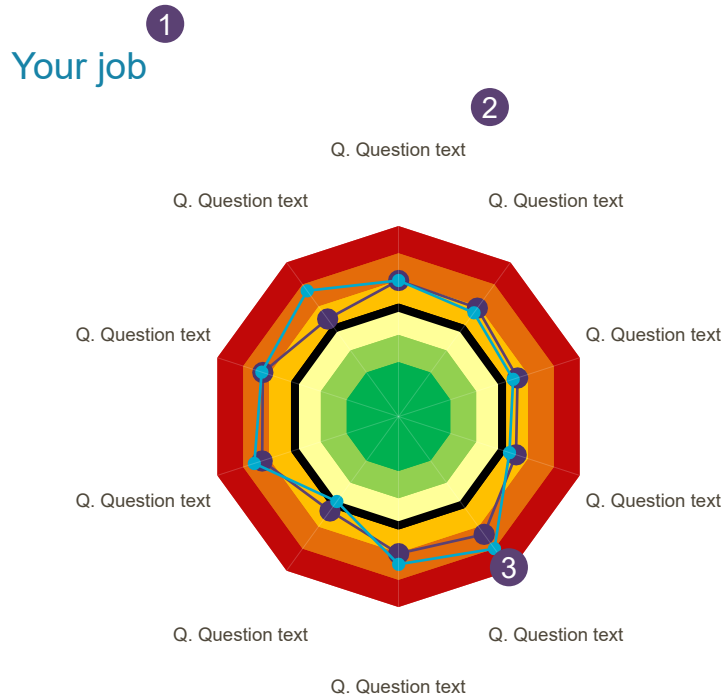
This score is considerably better than the comparison score

This score is considerably worse than the comparison score

Dartboard charts: survey sections (part 2 of 2)

How to read the tables

The second type of dartboard is the “survey section dartboard”. This chart shows how your scores changed for each section of the survey. The blue line shows the difference between your current score and the Picker Average, while the purple line shows how your scores have changed since the previous survey.

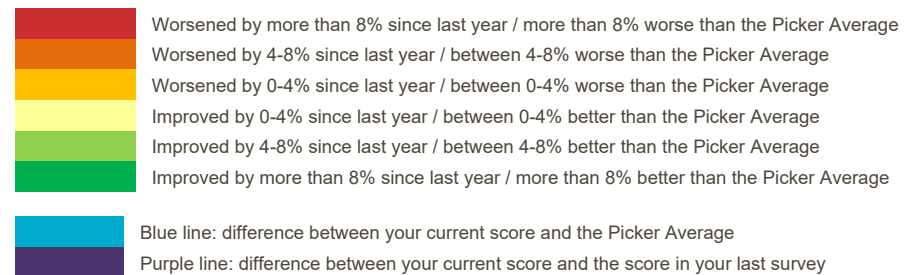


Example chart

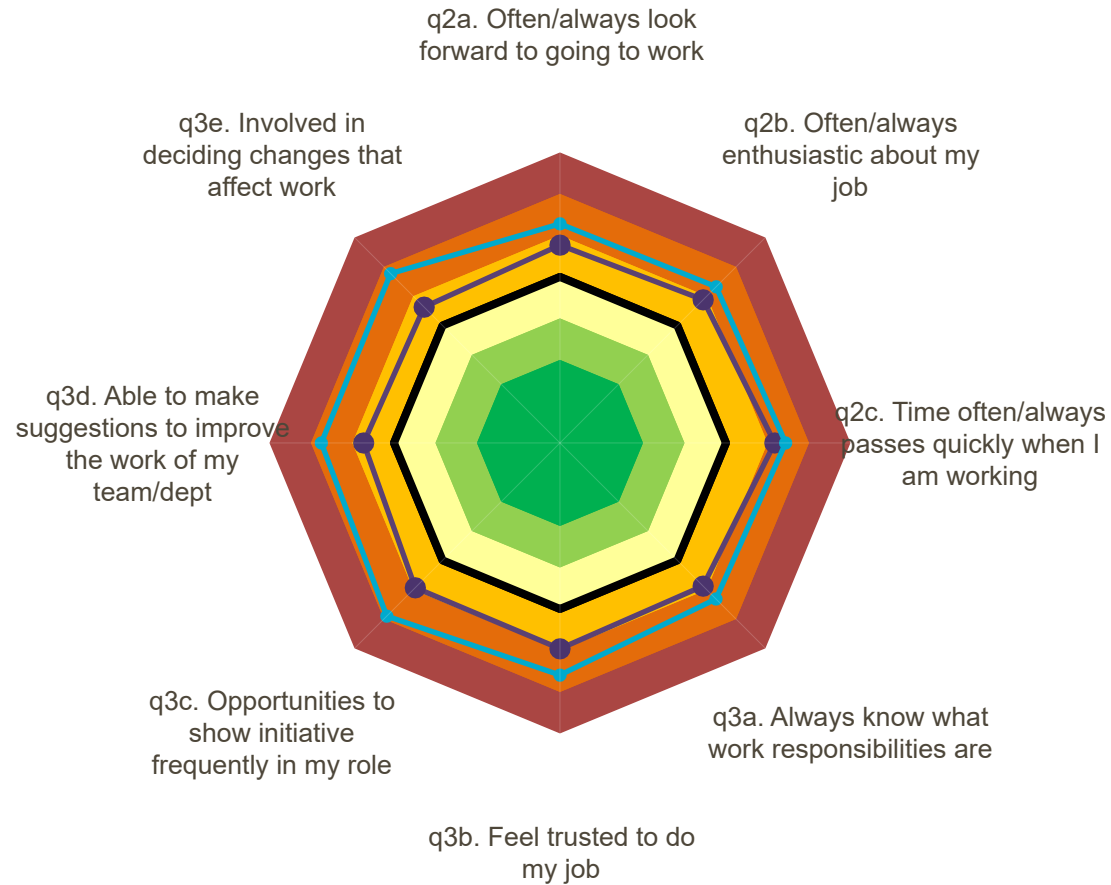
In this example, the blue line shows that several questions were worse than the Picker Average, while the purple line shows that a number of questions improved from the last survey.

Key

1. Section of the questionnaire
2. Question number and positive score text
3. Difference between your score and the comparison score



YOUR JOB (part 1 of 3)



KEY



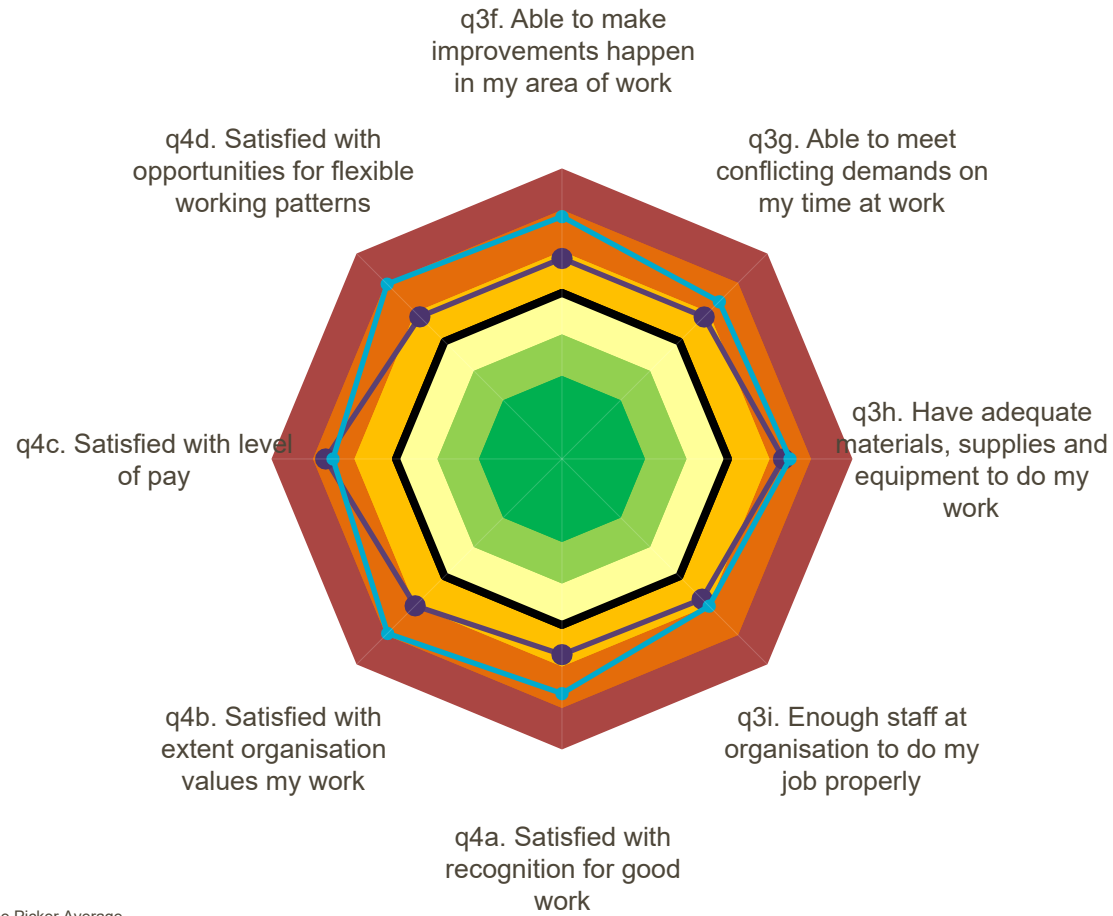
This score is considerably better than the comparison score

This score is considerably worse than the comparison score

Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR JOB (part 2 of 3)



KEY



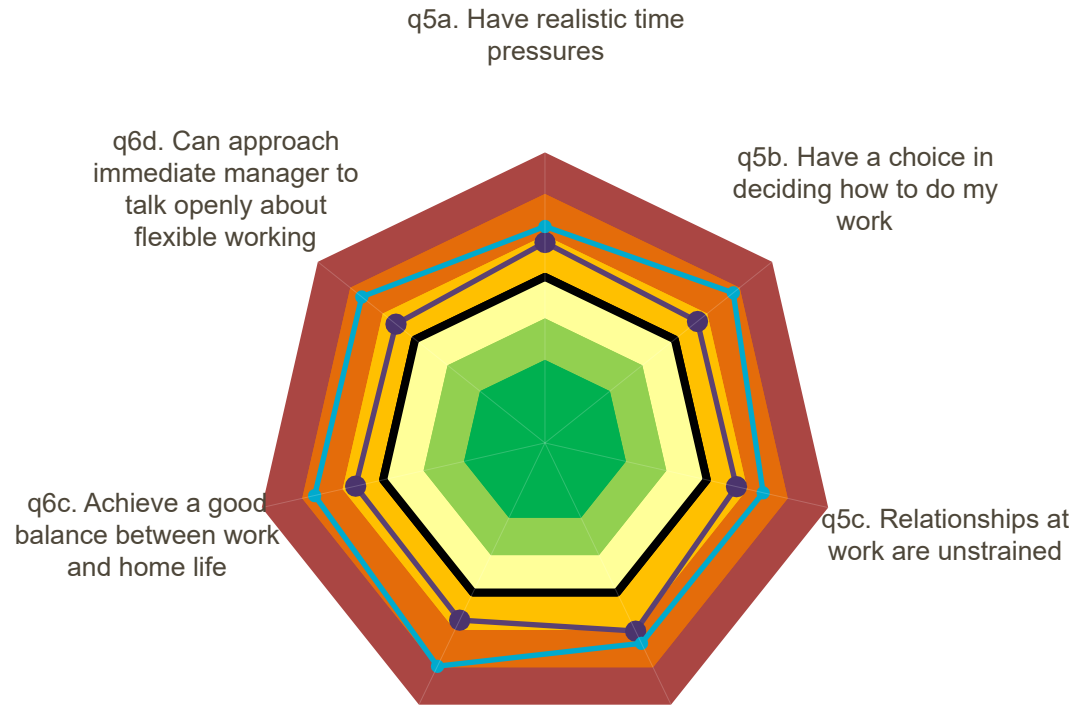
This score is considerably better than the comparison score

This score is considerably worse than the comparison score

Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR JOB (part 3 of 3)



KEY



This score is considerably better than the comparison score



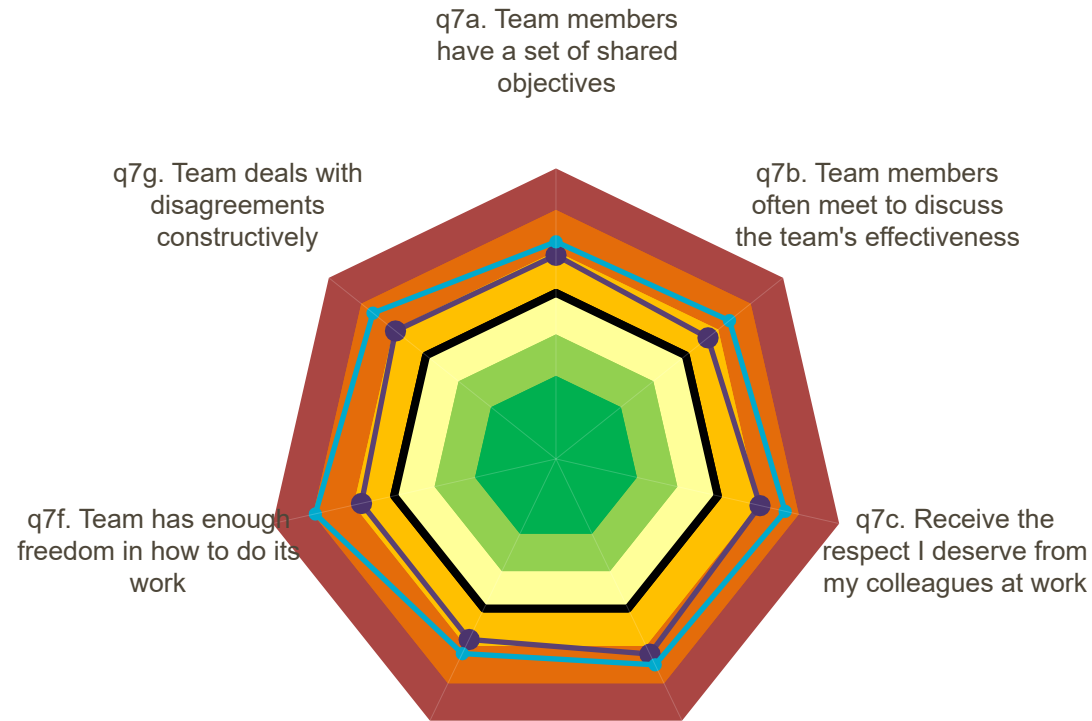
This score is considerably worse than the comparison score



Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 1 of 2)



KEY



This score is considerably better than the comparison score



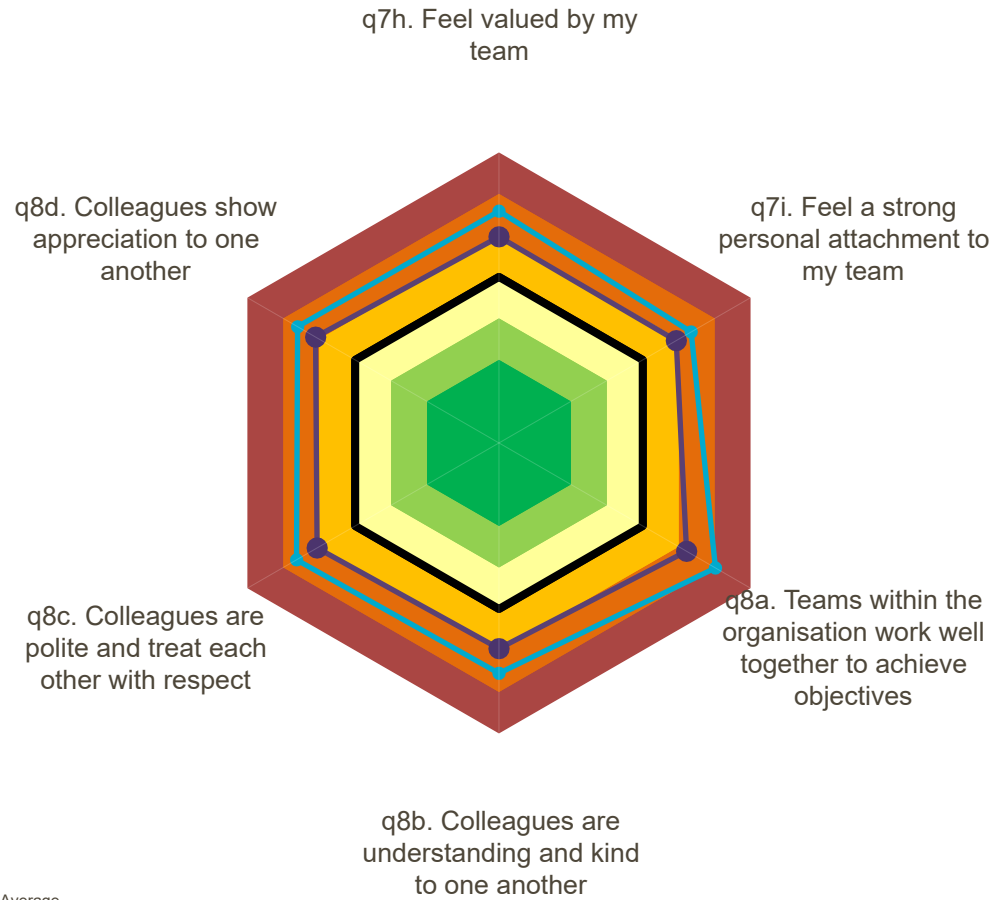
This score is considerably worse than the comparison score



Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 2 of 2)



KEY



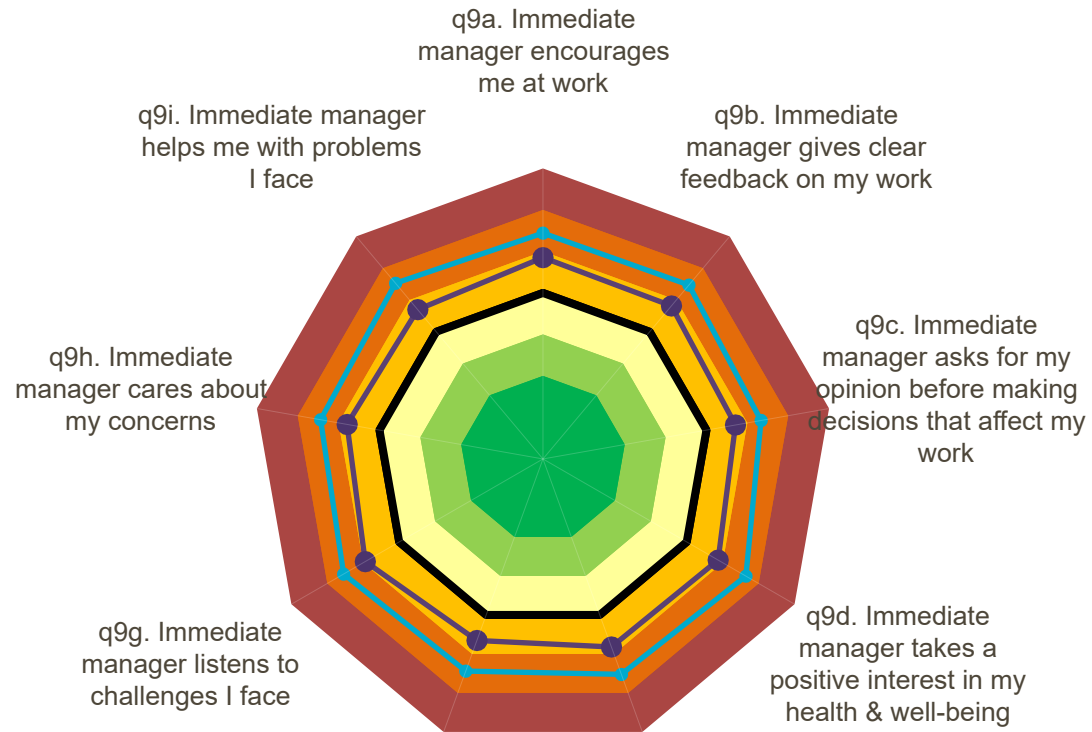
This score is considerably better than the comparison score

This score is considerably worse than the comparison score

Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR MANAGERS



KEY



This score is considerably better than the comparison score



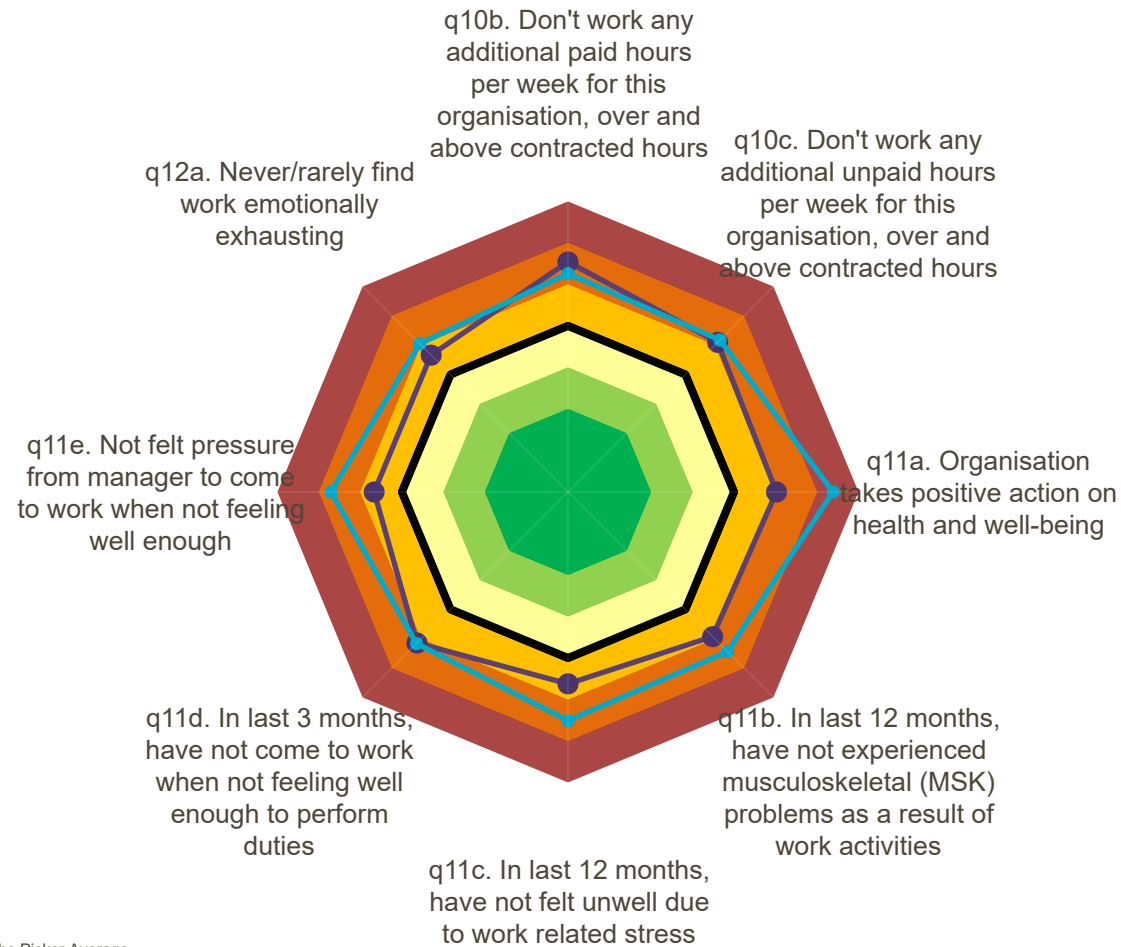
This score is considerably worse than the comparison score



Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK (part 1 of 4)



KEY



This score is considerably better than the comparison score



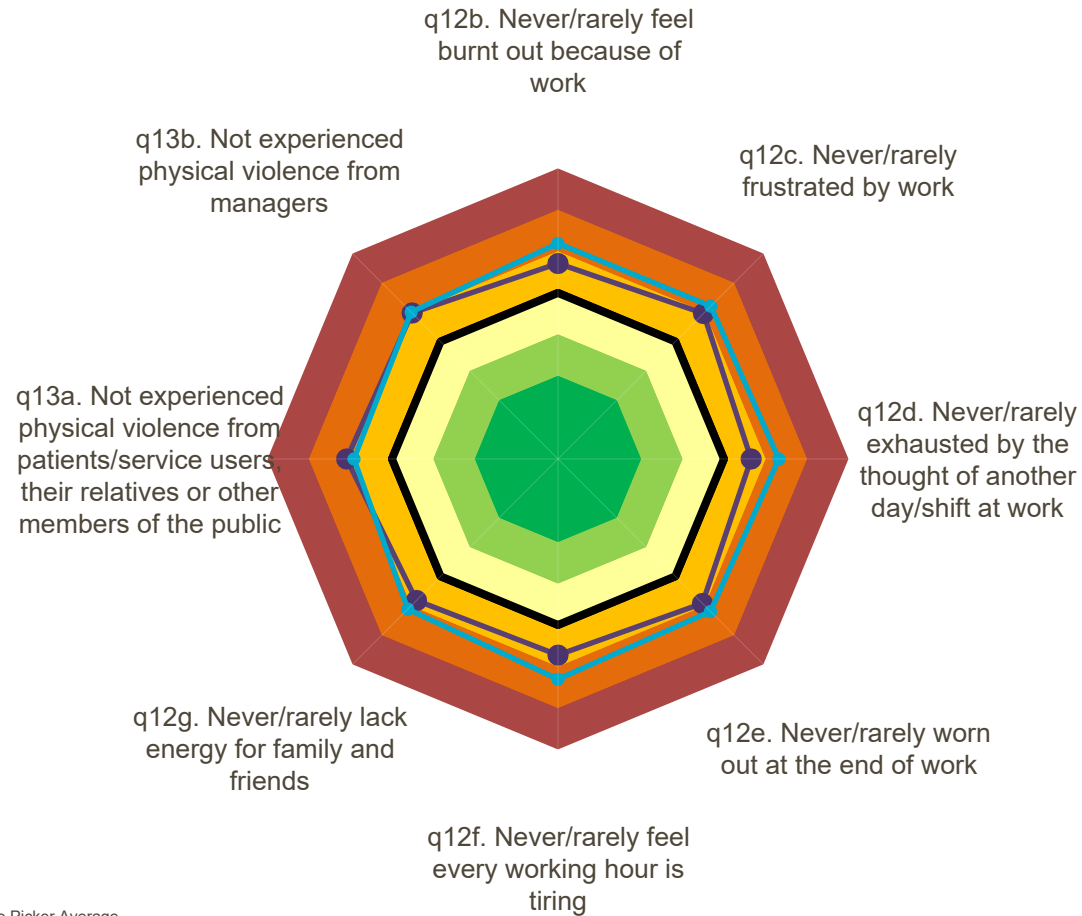
This score is considerably worse than the comparison score



Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK (part 2 of 4)



KEY



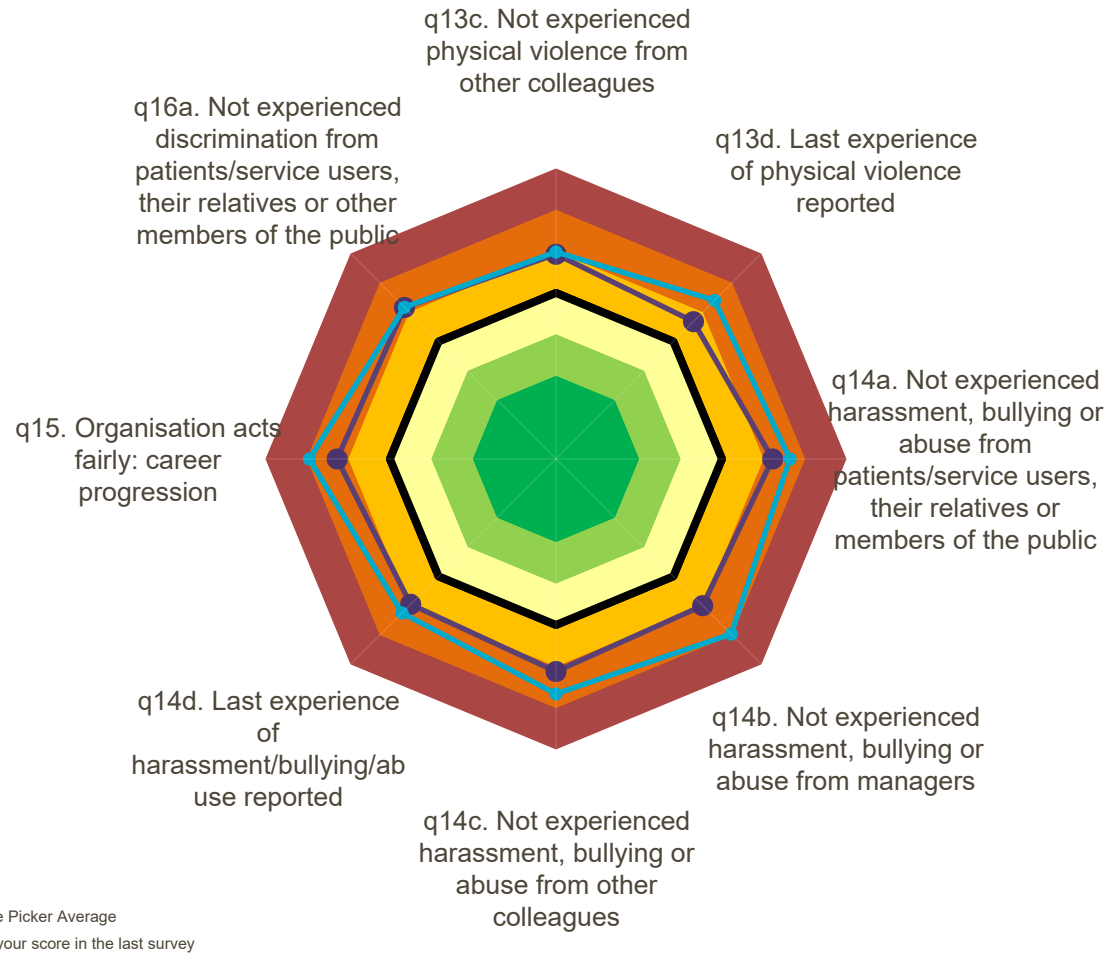
This score is considerably better than the comparison score

This score is considerably worse than the comparison score

Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK (part 3 of 4)



KEY



This score is considerably better than the comparison score



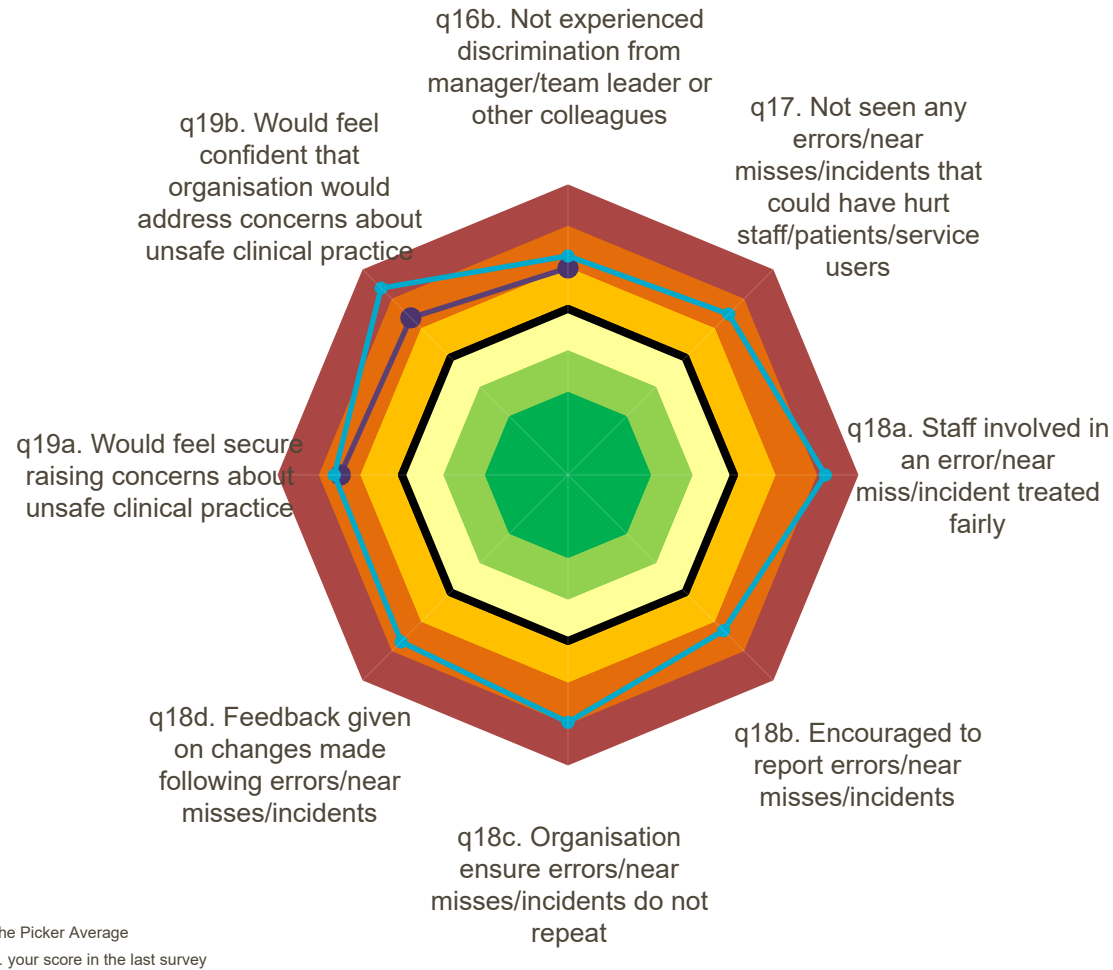
This score is considerably worse than the comparison score



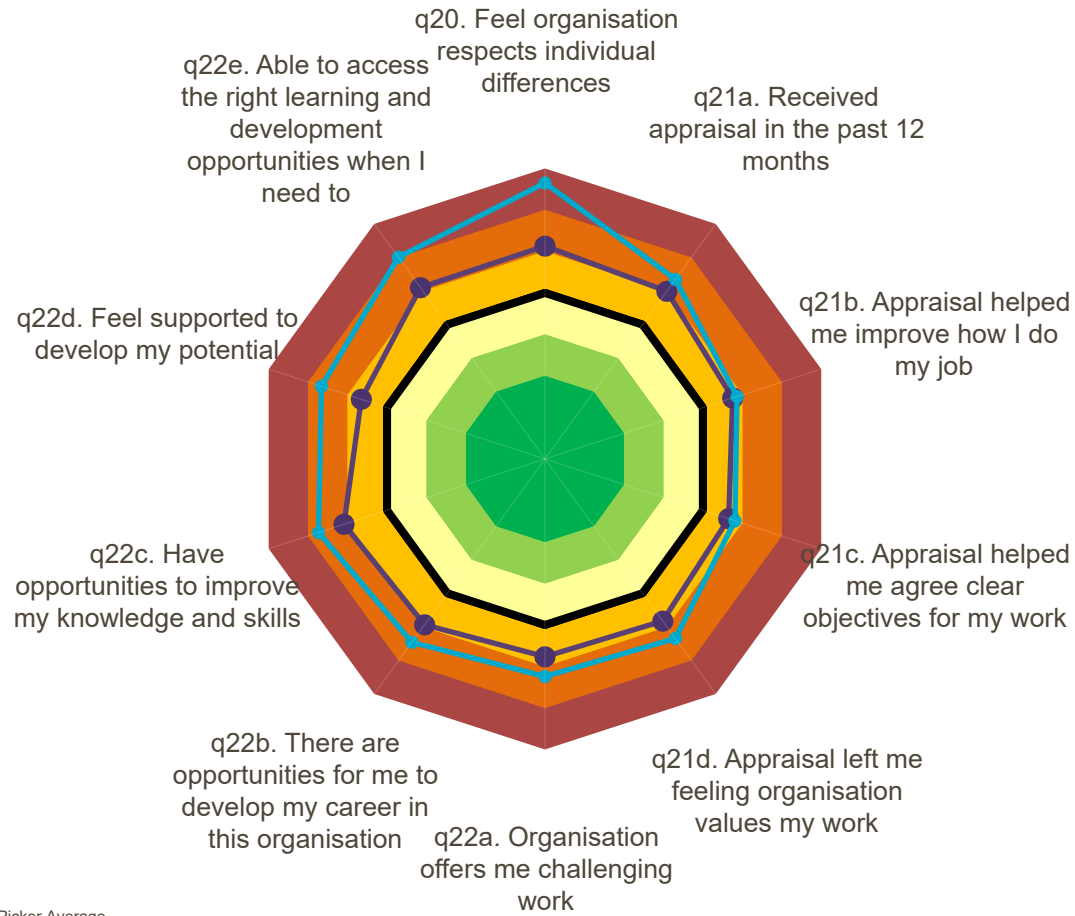
Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR HEALTH, WEEL-BEING AND SAFETY AT WORK (part 4 of 4)



YOUR PERSONAL DEVELOPMENT



KEY



This score is considerably better than the comparison score



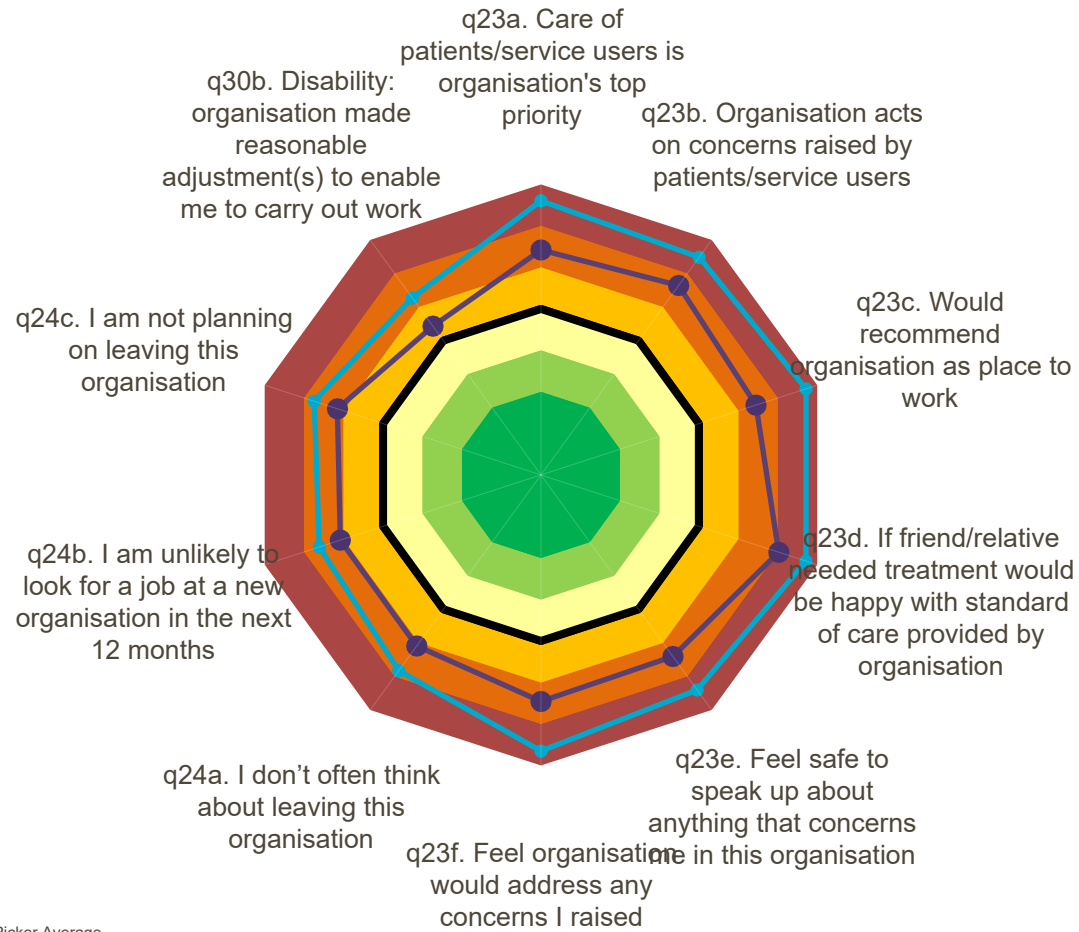
This score is considerably worse than the comparison score



Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR ORGANISATION & BACKGROUND INFORMATION



KEY



This score is considerably better than the comparison score

This score is considerably worse than the comparison score

Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

Appendix 1

Results poster

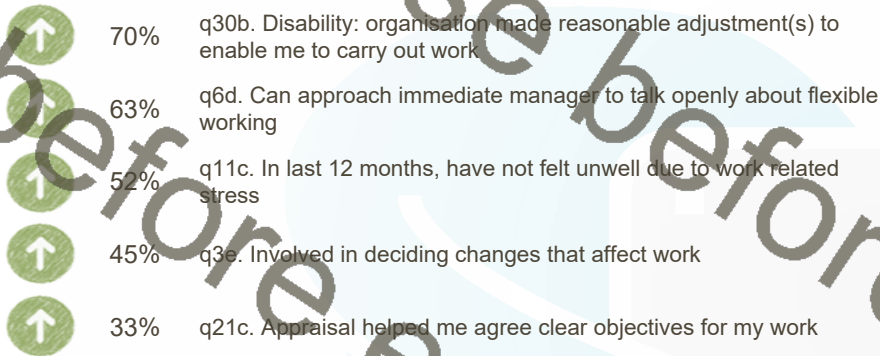


NHS Staff Survey 2022 Results

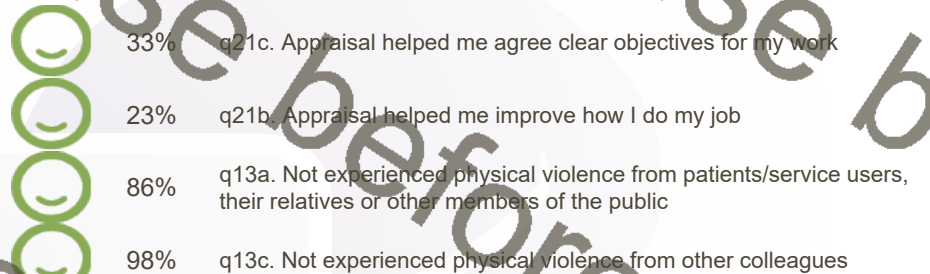
Thank you everyone who took part in the survey. Here are our top line results.

Place logo here

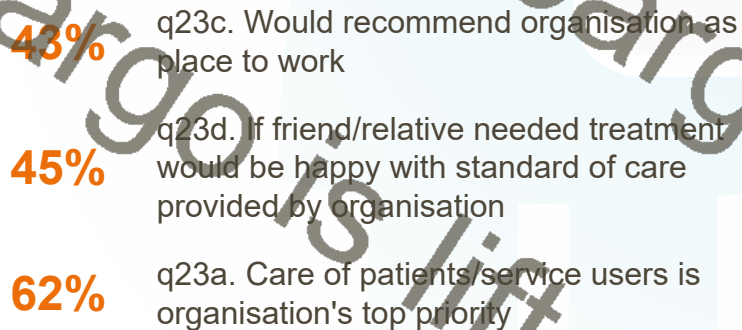
Most improved scores since 2021



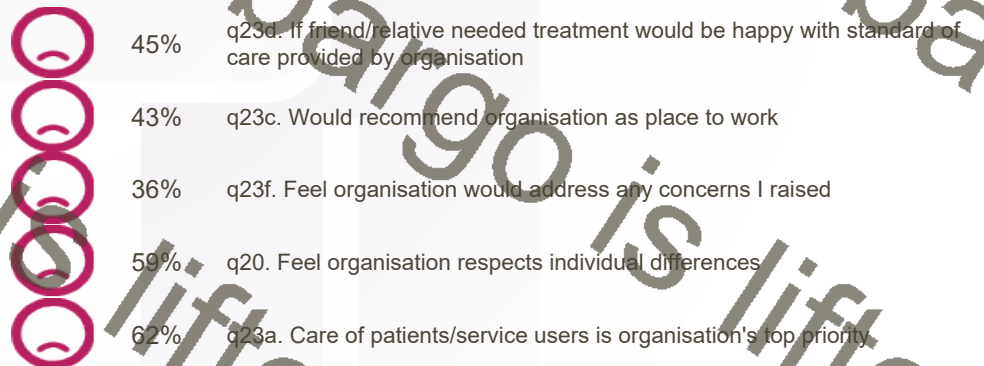
Top 5 scores vs the Picker Average



Our views



Bottom 5 scores vs the Picker Average



To find out more about the survey and our results please contact



Appendix 2

How your scores are calculated



How your scores are calculated (part 1 of 3)

Positive scoring

We use the concept of 'positive scores' as a summary measure, to help monitor your results over time and to show how your organisation compares to the average score for all 'Picker' organisations. The positive score shows the percentage of respondents who gave a favourable response to applicable questions. Not all questions will have a positive score; exceptions include background details such as gender, ethnic group, or age. There are five main types of positive scoring questions within the survey:

- Yes/No – Only the Yes response is counted as a positive (in positively phrased questions)
- 5 point scale – Positive scores report the percentage of people who were happy/satisfied with their experience (e.g. Strongly Agree + Agree / Very Satisfied + Satisfied)
- 3 point scale – Positive scores report the percentage of people who were definitely satisfied with their experience (e.g. Yes, definitely)
- Never – Where questions are in regards to physical violence, abuse or bullying, only the never option is counted as a positive score
- Reporting incidents – Where physical/verbal abuse or harassment is reported, all answer options for reporting the incident are added together to counts as a positive score

Example positive score table:

	Your organisation	All similar organisations
Base (all respondents)	200	1000
	100.0%	100.0%
Strongly disagree	20	113
	10.0%	11.3%
Disagree	35	226
	17.5%	22.65%
Neither agree nor disagree	45	212
	22.5%	21.2%
*Agree	35	346
	17.5%	34.6%
*Strongly agree	65	103
	32.5%	10.3%

* We combine the **positive responses** to create a positive score for this question: 50%.

How your scores are calculated (part 2 of 3)

Suppression (low respondent numbers)

The questionnaires used include filtered questions, whereby only relevant questions are asked of respondents. So, for example, respondents reporting that their discharge was not delayed would not be asked subsequent questions about their delayed discharge.

Due to this filtering that the number of respondents in the subsequent questions sometimes drop below the required minimum for analysis. For respondent confidentiality these results are not shown in the report but replaced with the * symbol. This threshold is 11 respondents for the NHS Staff Survey.

Routed questions

Routed questions are designed to make sure that respondents respond only to questions which are relevant to their experience. For example q21a, "In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?" routes staff who did have an appraisal to q21b to answer further questions about it, and those who did not have an appraisal to q22.

How your scores are calculated (part 3 of 3)

Rounding (percentages)

Throughout the report partial percentages have been rounded to the nearest whole number.

- e.g. 12.8% is rounded up to 13%, while 5.3% would be rounded down to 5%.

Significance testing

We identify questions where there are significant differences between your organisation and the 'Picker Average', or between your organisation this year and the previous survey.

By 'significant' difference, we mean that the finding is statistically reliable and we can be confident that the result reflects a real difference.

The calculation used to test the statistical significance of scores is the Agresti-Coull modification of the "z-test" (shown below). The Z-test calculates the differences between two proportions. Any result where the value of Z is greater than 1.96 is marked as "statistically significant".

The form of the test for two proportions $\frac{n_1}{N_1}$ and $\frac{n_2}{N_2}$ is:

$$Z = \frac{(\tilde{p}_1 - \tilde{p}_2)}{\sqrt{\frac{\tilde{p}_1(1 - \tilde{p}_1)}{N_1 + 2} + \frac{\tilde{p}_2(1 - \tilde{p}_2)}{N_2 + 2}}}$$

where $\tilde{p}_1 = \frac{n_1 + 1}{N_1 + 2}$ and $\tilde{p}_2 = \frac{n_2 + 1}{N_2 + 2}$

n_1 = number with positive score, sample 1

n_2 = number with positive score, sample 2

N_1 = base size, sample 1

N_2 = base size, sample 2

Contact us

Picker Institute Europe

Suite 6, Fountain House

1200 Parkway Court

John Smith Drive

Oxford OX4 2JY

Tel: 01865 208 140

Email: staffsurvey@pickereurope.ac.uk

picker.org

Registered Charity in England and Wales: 1081688

Registered Charity in Scotland: SC045048

Company Limited by Registered Guarantee No 3908160

Picker Institute Europe has UKAS accredited certification for ISO20252: 2012 (GB08/74322) and ISO27001:2013 (GB10/80275). We comply with Data Protection Laws including the General Data Protection Regulation, the Data Protection Act 2018 and the Market Research Society's (MRS) Code of Conduct.



REPORT TO:	COUNCIL OF GOVERNORS (COG)																			
REPORT TITLE:	COUNCIL MEETING DATES 2023/24																			
MEETING DATE:	27 APRIL 2023																			
BOARD SPONSOR:	CHAIRMAN																			
PAPER AUTHOR:	GOVERNOR AND MEMBERSHIP LEAD																			
APPENDICES:	NONE																			
Executive Summary:																				
Action Required: (Highlight one only)	Decision	Approval	Information	Assurance	Discussion															
Purpose of the Report:	This paper proposes to the Council of Governors the meeting dates for 2023-2024.																			
Summary of Key Issues:	<ul style="list-style-type: none"> Council of Governor meetings <table border="0"> <tr> <td>27 April 2023</td> <td>Public / Closed meeting</td> <td>9.30 -12.30</td> </tr> <tr> <td>13 July 2023</td> <td>Public / Closed meeting</td> <td>12.30 -16.00</td> </tr> <tr> <td>07 September 2023</td> <td>Annual Members Meeting</td> <td>17.00-18.30</td> </tr> <tr> <td>26 October 2023</td> <td>Public / Closed meeting</td> <td>9.00 -12.00</td> </tr> <tr> <td>06 February 2023</td> <td>Public / Closed meeting</td> <td>09.00 -16.00</td> </tr> </table> Committee dates TBC 					27 April 2023	Public / Closed meeting	9.30 -12.30	13 July 2023	Public / Closed meeting	12.30 -16.00	07 September 2023	Annual Members Meeting	17.00-18.30	26 October 2023	Public / Closed meeting	9.00 -12.00	06 February 2023	Public / Closed meeting	09.00 -16.00
27 April 2023	Public / Closed meeting	9.30 -12.30																		
13 July 2023	Public / Closed meeting	12.30 -16.00																		
07 September 2023	Annual Members Meeting	17.00-18.30																		
26 October 2023	Public / Closed meeting	9.00 -12.00																		
06 February 2023	Public / Closed meeting	09.00 -16.00																		
Key Recommendation(s):	The CoG is asked to APPROVE the meeting dates.																			
Implications:																				
Links to 'We Care' Strategic Objectives:																				
Our patients	Our people	Our future	Our sustainability	Our quality and safety																
Governor Statutory Duties:																				
	All																			
Previously Considered by:																				