




Lancashire Teaching Hospitals
NHS Foundation Trust


BOARD OF DIRECTORS ANCILLARY PACK



BOARD OF DIRECTORS ANCILLARY PACK

 2 April 2026

 09:15 GMT+1 Europe/London



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REFERENCES

Only PDFs are attached


 8.0 Board Assurance Framework Full Report April 26.pdf

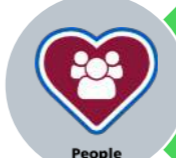
Board Assurance Framework


2025/26

Board of Directors – April 2026

 **Patients** – deliver excellent care

 **Performance** – deliver timely, effective care

 **People** – be a great place to work

 **Productivity** – delivery value for money

 **Partnerships** – be fit for the future



Always
Safety First

How the Board Assurance Framework fits in



Strategy: Our strategy sets out our ambitious plans between 2025 – 2030 to enhance healthcare delivery, align with the NHS Long Term Plan, and continue our journey towards building a new hospital that meets the evolving needs of our communities that we serve both locally and across Lancashire and South Cumbria. Our new strategic framework is founded on our vision and values and organised around five strategic objectives – our ‘5 P’s’: Patients, Performance, People, Productivity and Partnership.



Corporate objectives: Each year the Board of Directors agrees corporate objectives which set out in more detail what we plan to achieve over a 12-month period. The corporate objectives are designed to focus on delivery of the priorities during the year, which will support the overall delivery of the objectives identified within the strategy.



Board Assurance Framework: The Board Assurance Framework (BAF) provides a mechanism for the Board of Directors to monitor the effect of uncertainty on the delivery of the agreed objectives by the Executive Team. The BAF contains principal risks which are the risks considered most likely to materialise and those which are likely to have the greatest adverse impact on delivery of the corporate objectives, and therefore could also affect the ability to deliver the overall objectives set out in the strategy.



Seeking assurance: To have effective oversight of the delivery of our corporate objectives, the Board of Directors uses its committee structures to seek assurance on its behalf. Whilst individual corporate objectives will cross a number of our strategic objectives, each is allocated to one specific strategic objective for the purposes of monitoring. Each principal risk is allocated to a monitoring committee who will seek assurance on behalf of, and report back to, the Board of Directors.



Accountability: Each principal risk has an allocated Director who is responsible for leading on delivery. In practice, many of the principal risks will require input from across the Executive Team and from senior leaders as part of the Trust’s accountability framework. However, the lead Director is responsible for monitoring and updating the principal risks that make up the Board Assurance Framework, and has overall responsibility for the areas for improvement. Some principal risks may require external actions / improvements and where this is the case, the lead Director will be responsible for leading on behalf of the Trust and developing actions in consultation with external stakeholders.



Reporting: To make the Board Assurance Framework as easy to read as possible, we use colours to support the attention to important areas. It is recognised that elements of this document may not support accessibility standards, but this can be re-produced in an accessible form if required. Should this be required, please contact company.secretary@lthtr.nhs.uk by email.

Understanding the Board Assurance Framework

Risk Rating Matrix (Likelihood x Consequence)

Likelihood ↑	5 Almost Certain	5 Moderate	10 Significant	15 High	20 High	25 High
	4 Likely	4 Moderate	8 Significant	12 Significant	16 High	20 High
	3 Possible	3 Low	6 Moderate	9 Significant	12 Significant	15 High
	2 Unlikely	2 Low	4 Moderate	6 Moderate	8 Significant	10 Significant
	1 Rare	1 Low	2 Low	3 Low	4 Moderate	5 Moderate
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic	
	Consequence →					

DIRECTOR LEADS	
CEO	Chief Executive Officer
COO	Chief Operating Officer
CFO	Chief Finance Officer
CNO	Chief Nursing Officer
CPO	Chief People Officer
CMO	Chief Medical Officer
DCE	Director of Communications & Engagement
CSIO	Chief Strategy and Improvement Officer
CIO	Chief Information Officer

Definitions	
5 P's	The 5 P's is an abbreviation to describe the five strategic objectives – Patients, Performance, People, Productivity and Partnership
Corporate Objectives	The corporate objectives are designed to focus on delivery of the priorities during the year, which will support the overall delivery of the strategic objectives.
Principal risks	Risks to the delivery of the corporate objectives, which are considered most likely to materialise and those which are likely to have the greatest adverse impact on delivery. There is also therefore the potential to affect the ability to deliver the overall strategic objectives. Principal risks populate the Board Assurance Framework. Potential risks to delivery are monitored through the Single Improvement Plan and the Integrated Performance Report. Principal Risks are approved by the Board and managed through Lead Committees and Directors.
Controls	The measures in place to reduce the likelihood and/or the consequence of the risk to secure a reasonable level of control.
Gaps in Controls	Areas which require action/attention to ensure that appropriate controls are in place to secure a reasonable level of control.
Assurances	A measure/methodology/source which provides confirmation that the control measures put in place are effective and sustainable to secure a reasonable level of control. These can be internal or external sources, depending on the risk and the appropriate level of assurance required.
Gaps in Assurances	Areas where there is limited or no assurance that the control measures put in place are effective and sustainable to secure a reasonable level of control.
Risk Treatment:	Actions required to mitigate the gap(s) in controls or assurance, with timescales and identified owners. Five T's - Terminate, Transfer, Tolerate, Treat, Take the Opportunity.

Our strategic approach at a glance



2025/26 Corporate Objectives

Patients

- Improve outcomes and prevent harm
- Deliver a positive patient experience
- Develop new ways of working across the system that lead to more effective patient interventions and pathways.
- To deliver good tertiary services to the population of Lancashire and South Cumbria and District General Hospital Services to the population of Central Lancashire

Performance

- To minimise the risk of harm to patients through the continued delivery of our cancer recovery plan
- To minimise the risk of harm to patients through the delivery of our elective recovery plan
- To improve the responsiveness of urgent and emergency care
- To minimise the risk of harm to patients through the continued delivery of our DM01 recovery plan in line with trajectory

People

- To right size the workforce to support the delivery of safe, affordable and sustainable services, aligned with the Trust's strategy
- To strive to improve experience at work by actively listening to our people, and turning understanding into positive action
- To be consciously inclusive in everything we do.
- To build a positive culture, demonstrating our values in action through increased colleague engagement across the organisation.
- To develop leaders at every level of the organisation with the skills and behaviours that are able to provide compassionate leadership.

Productivity

- To provide value for money services by spending less, spending well and spending wisely
- To deliver sustained improvement evidenced through the single improvement plan
- Improve our underlying productivity and efficiency
- To develop a clinical services strategy for the organisation

Partnership

- To develop and deliver our strategic plans to support the transitions outlined in the new NHS Plan: hospital to community; treatment to prevention; analogue to digital.
- Developing a sustainable future: to develop effective partnerships across LASC which maximise population health and support services that are clinically and financially sustainable.
- To make progress towards our ambition to be a University Teaching Hospital
- Working with partners, create a single pathology service

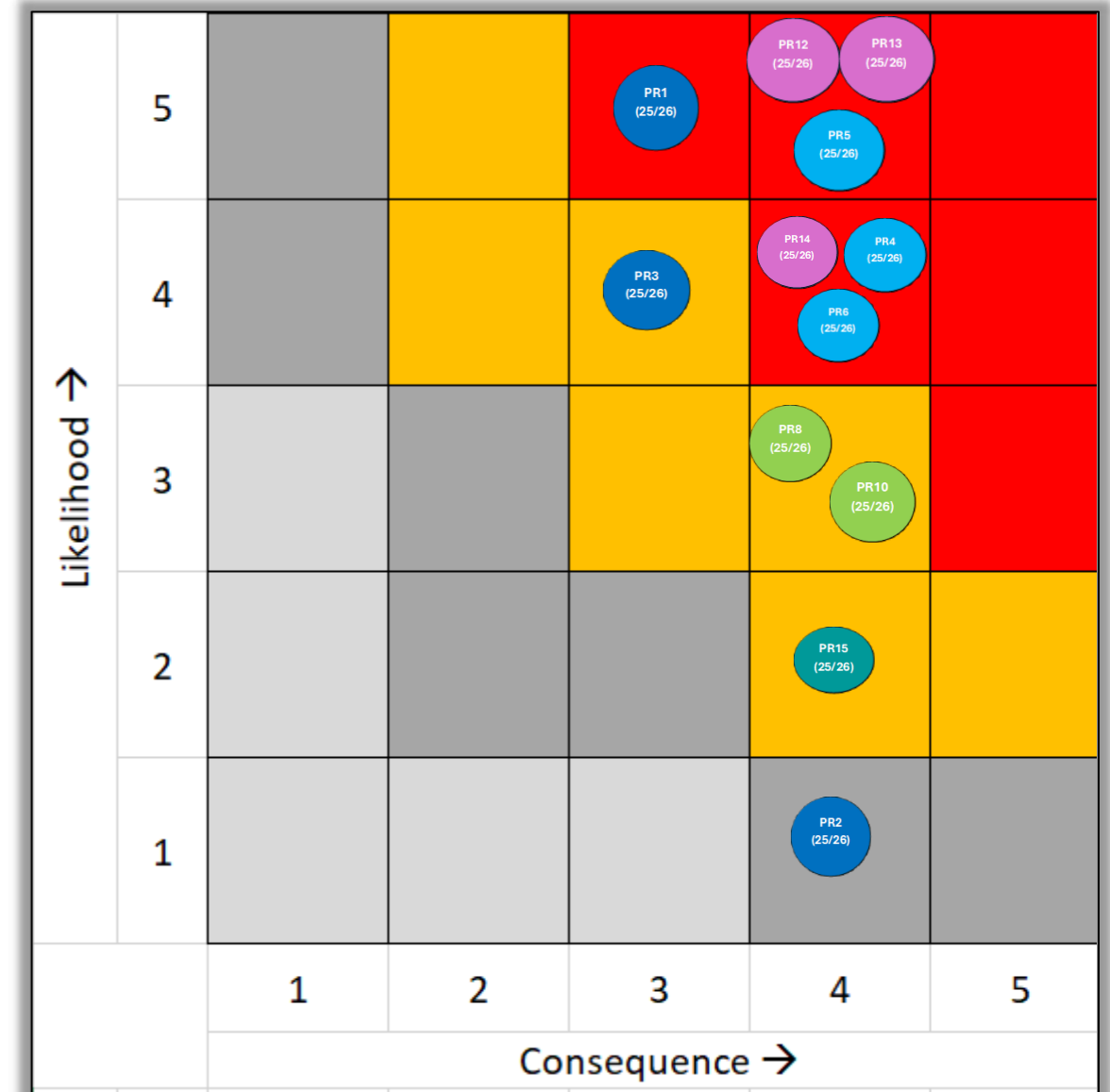
Strategic Objectives



Principal Risk Management

Our Risk Appetite and Tolerance position is summarised in the table and the heat map shows the distribution of the principal risks based on the current score.

Ref	Principal Risk	Exec Lead	5Ps	Reporting Committee	Risk Appetite	Risk Tolerance	Current score	Direction of score since last report	
PR1 (25/26)	Patient experience within the urgent and emergency care pathway	CNO	Patients	SQC	Cautious	1-6	15	→	
PR2 (25/26)	Higher than trajectory rates of clostridioides difficile (<i>C.difficile</i>) Infection	CNO	Patients	SQC	Cautious	1-6	4	↓ Recommended as Controlled	
PR3 (25/26)	People experiencing Health inequalities	CNO	Patients	SQC	Cautious	1-6	12	→	
PR4 (25/26)	Timely access to planned and cancer care	COO	Performance	FPC	Cautious	1-6	16	→	
PR5 (25/26)	Timely access to urgent and emergency care	COO	Performance	FPC	Cautious	1-6	20	→	
PR6 (25/26)	Timely access to diagnostic investigations	COO	Performance	FPC	Cautious	1-6	16	→	
PR7 (25/26)	Reliance on temporary medical workforce	CMO	People	Controlled February 2026					
PR8 (25/26)	Experience of staff, with specific focus on under-represented staff groups	CPO	People	WFC	Open	4-8	12	→	
PR9 (25/26)	Sub-optimal experience of Resident Doctors	CPO	People	Stepped down from Principal Risk Status – October 2025					
PR10 (25/26)	Failure to effectively manage staff absence and achieve Trust and National target rates	CPO	People	WFC	Open	4-8	12	→	
PR11 (25/26)	Compliance with Core Skills Training & Appraisals	CPO	People	Controlled December 2025					
PR12 (25/26)	Failure to meet the financial plan 2025/26	CFO	Productivity	FPC	Cautious	8-12	20	→	
PR13 (25/26)	Cash consequences of the Trust's underlying financial position	CFO	Productivity	FPC	Cautious	8-12	20	→	
PR14 (25/26)	Ability to access required Capital to support an ageing estate	CFO	Productivity	FPC	Cautious	8-12	16	→	
PR15 (25/26)	Research capacity and capability to enable progress towards University Hospital status	CSIO & CMO	Partnership	ETR	Seek	8-12	8	↓ Recommended as Controlled	
PR16 (25/26)	Failure to progress the configuration of Trust services to enable the delivery of the clinical strategy for LTHTR and L&SC	CSIO & CMO	Partnership	Controlled December 2025					



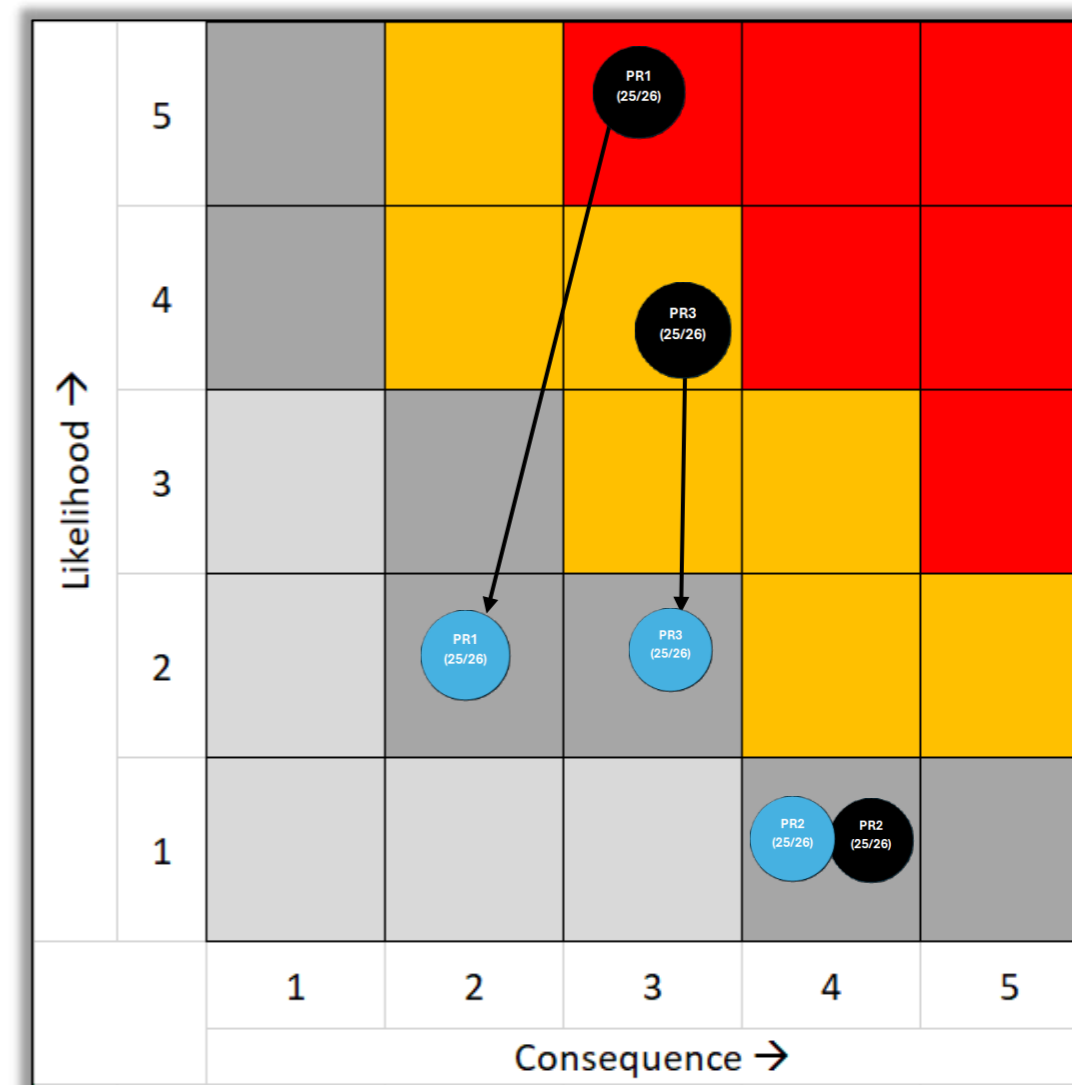
Key- Dark Blue = Patients, Light Blue = Performance, Green = People, Pink = Productivity, Turquoise - Partnership

Patients: Deliver excellent care

Monitored through Safety & Quality Committee

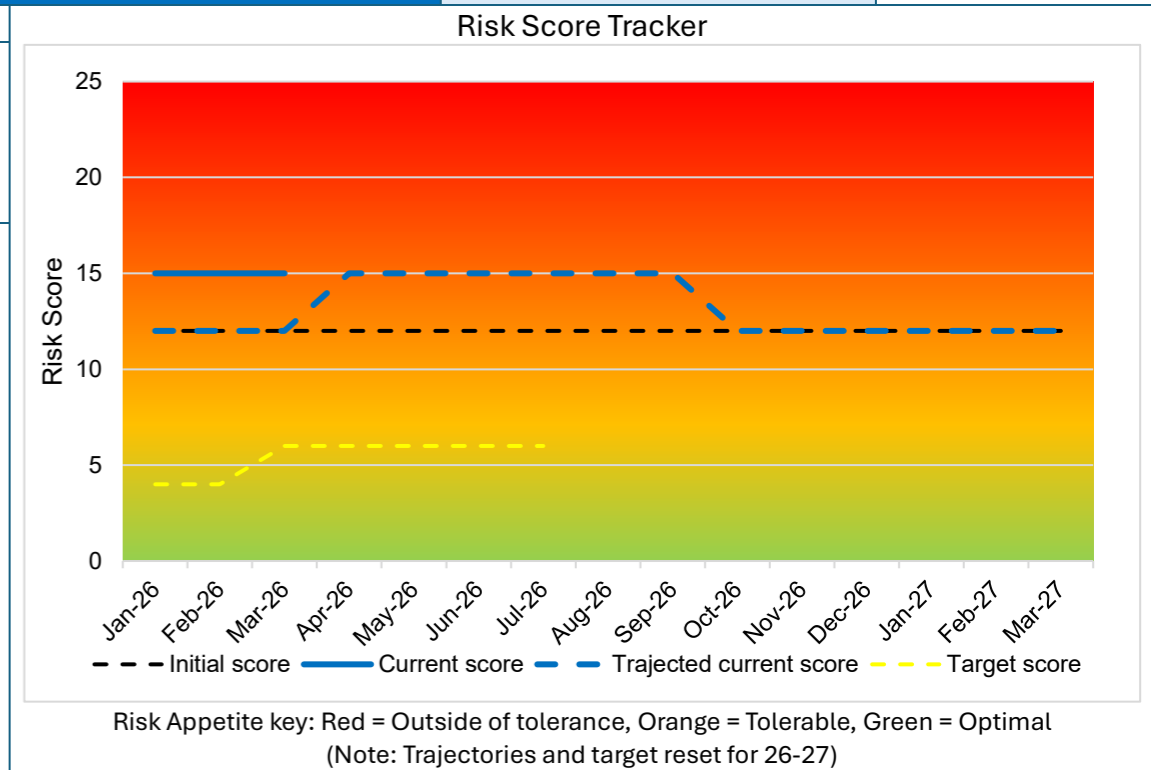
The following 2025/26 corporate objectives are aligned to the **Patients** strategic objective:

Ref.	Purpose of the objective	Scope and Focus of the Objective	Status
CO1	Improve outcomes and prevent harm	<ul style="list-style-type: none"> Design a new medical model for UEC pathways. Improvement to meet the average time to see a clinician in ED standard Internal professional standards will be met by each specialty Develop approach to medical staffing assurance. Deliver medicines safety and optimisation programme Lead delivery of CQC action plan Continued implementation of PSIRF & demonstrate maturity in the approach to learning. Implement the Always Safety First and learning strategy 2025-2028 Deliver agreed C.difficile improvement actions Deliver 10 CNST maternity neonatal safety actions Deliver annual safe staffing requirements Deliver the Health Improvement Plan: Our plan to reduce health inequalities 	Principal Risk 2 Recommended as Controlled
CO2	Deliver a positive patient experience	<ul style="list-style-type: none"> Improve the experience of inpatients, improve position in ED and children and maintain positive position in cancer and maternity surveys Implements a change in culture in UEC pathways focussing on preventing deconditioning and reducing 'days kept away from home' and in elective services 'days worrying'. 	Risk identified
CO3	To develop new ways of working across the system that lead to more effective patient interventions and pathways.	<p>To deliver more services to patients outside of hospital:</p> <ul style="list-style-type: none"> Lead the approach to community transformation Develop & deliver the community transformation plan Establish new ways of working with primary care to promote partnership approach to transformation Clinically lead the transformation of patient pathways 	Risk identified
CO4	To deliver good tertiary services to the population of Lancashire and South Cumbria and District General Hospital Services to the population of Central Lancashire	<ul style="list-style-type: none"> Progress the Integrated Care Board and Provider Collaborative Board clinical services programme for vascular, urology, haematology and head and neck. Progress in tertiary services peer review compliance. Develop an approach to frailty and end of life care that meets the needs of the local population. 	Risk identified



Heat map key: Black = current score, Blue = target score

Principal risk 1 (25/26) (ID 2102)	Risk Title:	Patient safety and experience within the urgent and emergency care pathway		
	Risk Description:	There is a risk that patient safety and experience within the urgent and emergency care pathway may be negatively impacted due to consistently high service demand, delayed handover from ambulances, long waiting times and overcrowding, affecting the ability to deliver care and communication in line with expectations. This could result in increased patient safety incidents, reduced patient satisfaction, increased complaints, poor staff experience, regulatory intervention, and potential reputational damage to the Trust.		
Committee	Safety & Quality	Risk Appetite and Tolerance	Cautious	<p>● Initial ● Current ● Target</p>
Director	Chief Nursing Officer	5Ts status	Treat	
Date risk opened	05/12/24	Date of last review	16/03/26	
		Target control date	31/03/27	



Controls	Gaps in Controls	Assurances	Gaps in Assurances
<ul style="list-style-type: none"> Twice annual nurse staffing assessments. Patient experience and Involvement plan. Patient Experience & Involvement Group. National OPEL Framework. L&SC daily Gold Command meetings. Escalation Plan (including Full Capacity Protocol, Bed Escalation and Extreme Escalation). Urgent & Emergency Care Delivery Board. Urgent & Emergency Care Picker Survey Action Plan. Discharge Improvement Plan. 	<ul style="list-style-type: none"> Community demand for primary and UEC services. Community ability to increase the number of new patients being seen in 2 Hour Urgent care. Alternatives to Emergency Care. Ageing estate and environment. Sub-optimal escalation areas. Financial constraints. Inpatient Picker survey identifies lower than expected experience outcomes. Gap in the required number of beds. Patients cared for outside of designated bed spaces. Not Meeting Criteria to reside >5% target. 	<p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> Complaints and concerns – approx. less than 1% versus attendances. ED dashboard provides monthly overview of safety, quality and performance metrics in ED. Boarding position reported as part of the Safety & Quality dashboard with underpinning policy and procedure in place to ensure minimum care standards are met. Improved position at CDH in relation to time to triage, average time to see a clinician. Stable triage position at RPH. STAR patient experience has some areas of positive performance. <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> Patient Experience & Involvement Group reports to Safety & Quality Committee Urgent and Emergency Care Picker Survey reported to Safety & Quality Committee. <p><u>Level 3 Assurance</u></p> <ul style="list-style-type: none"> Friends & Family Test – some areas of positive assurance. UEC survey reflecting outcomes ‘about the same’ as other Trusts 	<ul style="list-style-type: none"> Time to see a clinician at RPH consistently exceeds the 60 min average target. Inpatient survey identified medicine at RPH most prevalent area of less positive experiences. The CDH site UEC pathway is demonstrating increased occupancy levels leading to longer length of stay at the start of the pathway. Friends and Family Test – gaps related to communication, waiting times and overall experience. Summary Emergency Department Indicator Table (SEdit) outcomes below peer

Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Increase capacity in 2 hour Urgent Care (care connexions).	S. Morrison	31.03.26 31.07.26		Mar 26: This action continues to be off track. This has been accepted as a key priority between the two organisations.
Work in partnership with LSCFT to develop a Mental health Review Centre adjacent to ED to reduce the length of time patients spend waiting with a mental health diagnosis in ED.	S. Morrison	30.09.26		Mar 26: Draft plans created for the new unit. Next stages include the agreement of the phasing of the project with LSCFT. No further business case required, service model and arrangements are to be defined.

Strategic Objective: Patients		Corporate Objective: Improve outcomes and prevent harm		Overall Assurance Level		Medium		
Principal risk 2 (25/26) (ID 1157)	Risk Title:	Higher than trajectory rates of Clostridioides difficile (<i>C.difficile</i>) Infection				Risk Score Tracker 		
	Risk Description:	There is a risk that there will be higher than trajectory rates of patients contracting <i>C.difficile</i> infection. The reasons for this are multifactorial and present a risk of increased mortality and morbidity, longer length of stay, poor patient experience, regulatory action, and reputational impact.						
Committee	Safety & Quality	Risk Appetite and Tolerance	Cautious					
Director	Chief Nursing Officer	5Ts status	Tolerate					
Date risk opened	09/06/21	Date of last review	18/03/26	<ul style="list-style-type: none"> ● Initial ● Current ● Target 				
		Target control date	31/03/26					

Controls		Gaps in Controls		Assurances		Gaps in Assurances	
<ul style="list-style-type: none"> Annual IPC Plan in place approved by IPCC and Trust Board. IPC Policy in place. Director for IPC and Matron for IPC in place. Mandatory annual IPC e-learning core skills for all staff. Antimicrobial pharmacist in post to drive improvements in antimicrobial usage and stewardship. National cleaning standards in place on 15 wards, with remaining wards completing IPC audits and ward daily cleaning check lists. Enhanced cleaning/fogging in place as required. Sporicidal cleaning product (capable of killing <i>C. difficile</i> spores) is in place for general ward environmental cleaning Ward whiteboard provides visibility of patients who present an infection risk to prompt timely action. Isolation Room Dashboard ensures visibility of infection status in single rooms, ensuring rooms are used correctly and efficiently. A rapid gastrointestinal test is available for exclusion of infection in diarrhoeal patients to aid rapid diagnosis. Operational IPC meetings across Divisions. Weekly virtual <i>C.difficile</i> ward round to support review and prevention, predominantly with relapses. 		<ul style="list-style-type: none"> Patient non-concordance with medical advice. High prevalence nationally and community onset cases identified upon attendance at the hospital which creates an increased risk to others. Non-adherence to antimicrobial guidelines in some cases. Some staff demonstrate non-compliance with IPC advice and policy. Isolation facilities insufficient to meet IPC needs across all infections, exacerbated by operational pressures in ED. Ageing estate impacting upon IPC controls. Lack of funding to support improvements to ageing estate. A high number of blockages in the single stack sewage system leading to backflow of infectious waste into clinical areas. A high frequency of macerator blockages and down-time leading to higher risk disposal methods of infectious waste Lack of decant facilities to allow for thorough environmental decontamination. Insufficient space for appropriate separation and storage of clean and dirty items on clinical areas Funding for the implementation of the domestic services elements of the National Cleaning Standards 2021 is in place but being released in phases. There are 15 areas where this is implemented. Delays in recruiting to domestic services vacancies due to vacancy controls in place. 		<p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> IPC Dashboard triangulating process measures with outcome data. Fogging compliance data available Hospital acquired infection are reported on Datix. Themes and trends are monitored to identify learning. Incident oversight in PSIRF triage meetings and regular MDT reviews under PSIRF for high prevalence wards. For 2024/25, the final number of cases was below the trajectory by seven cases. 2025/26 cases continue to track below trajectory. IPC BAF report reviewed and shared at IPCC for assurance. IPC monthly revalidation audits including hand hygiene, commodes, environmental checks and mattress checks. <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> Monthly reporting into S&Q Committee, IPCC and Divisional IPC meetings, along with bi-monthly reporting into H&S Committee. <p><u>Level 3 Assurance</u></p> <ul style="list-style-type: none"> Monthly IPC committee includes internal stakeholders and system partners from the ICB, UKHSA and LCC. ICB & NHSE IPC Collaborative meetings. NHS England / UKHSA external review in 2024. 		<ul style="list-style-type: none"> Inconsistent audits on National Cleaning Standards – not all areas compliant. Trust / NHS England – UKHSA Review of wards that do not have national cleaning standards in place show that this gap could be contributing to an increase in infection rates. 	

Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Continue to implement the <i>C.difficile</i> improvement plan monitoring effectiveness through infection prevention and control committee	C. Gregory	31.03.26	18.03.26	Mar 26: The number of cases continues to track below trajectory with 121 cases confirmed at the end of February against an externally set trajectory of 167, with one reported in Mar-26 at the time of this update.
Implement the national cleaning standards phase 3 of 3.	C. Gregory/ J. Ashley	31.03.26 30.09.26		Mar 26: Full implementation was planned for 31.03.26. This has been delayed as a result of vacancy freeze procedures and a reassessment has determined delivery will now be 30.09.26.

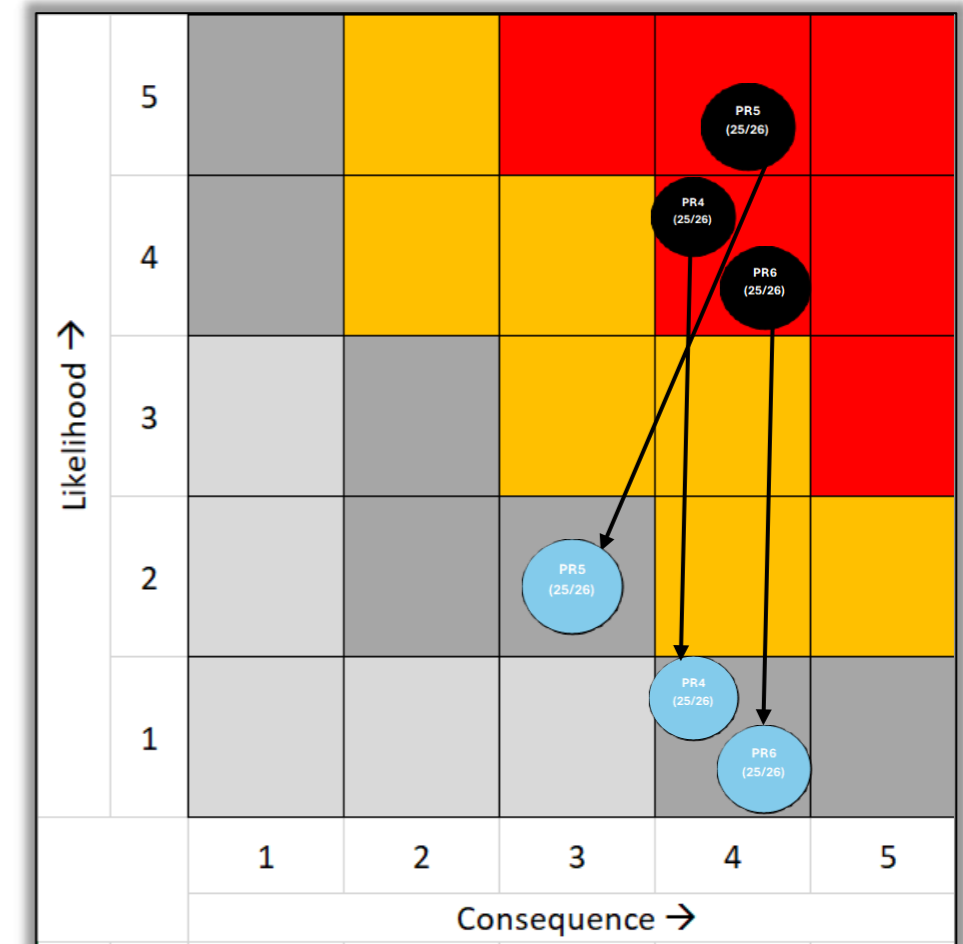
Strategic Objective: Patients		Corporate Objective: Reduction in Health Inequalities across core20plus5 for adults and children and frailty pathways				Overall Assurance Level	Medium	
Principal risk 3 (25/26) (ID 2103)	Risk Title:	People experiencing Health inequalities					Risk Score Tracker 	
	Risk Description:	<p>There is a risk that the Trust will be unable to effectively address health inequalities because of disparities in access to healthcare services, social determinants of health (such as socioeconomic status, education, and housing conditions), commissioning arrangements, and unequal distribution of resources across communities.</p> <p>This could result in poorer health outcomes for disadvantaged groups, increased pressure on acute and emergency services, reduced patient satisfaction, potential reputational damage for the Trust, non-compliance with regulatory standards and missed opportunities for improving population health. The Trust is part of a wider system approach to health improvement and will work with partners to affect this, recognising the limitations of single services in affecting outcomes in a material way for people.</p>						
Committee	Safety & Quality	Risk Appetite and Tolerance	Cautious					
Director	Chief Nursing Officer	5Ts status	Treat					
Date risk opened	05/12/24	Date of last review	18/03/26					
		Target control date	31/03/27					

Controls		Gaps in Controls		Assurances		Gaps in Assurances	
<ul style="list-style-type: none"> Lancashire & South Cumbria Integrated Care Partnership Health and Wellbeing Strategy. LTH Health Improvement Plan, developed in conjunction with L&SC system partners. Health Inequalities Group. Health Inequalities Patient Tracking List (PTL) Group. Health literacy group relating to communication with patients. Specific improvement programmes for adults and children (e.g. High intensity user service, prisoner referral to treatment and ED navigator role in partnership with Lancashire Violence Reduction Network). 		<ul style="list-style-type: none"> Commissioning arrangements are led by the ICB. The Trust has no Public Health Consultant. Anchor institute plan is under review to link to other plans. Anchor institute group to be established. 		<p>Level 1 Assurance [None detailed]</p> <p>Level 2 Assurance</p> <ul style="list-style-type: none"> Monthly chairs reporting to Safety & Quality Committee Bi-annual update on Health inequalities to Safety & Quality Committee. <p>Level 3 Assurance</p> <ul style="list-style-type: none"> Annual compliance NHS statement on information on Health Inequalities – data does not suggest there are barriers for patients from areas of lower deprivation to accessing elective care services. Quarterly Report to ICB on Health Inequalities. 		<ul style="list-style-type: none"> Annual compliance NHS statement on information on Health Inequalities – challenges around the completeness and accuracy of ethnicity data captured, with around 7% of patient’s ethnicity either unknown or not stated for Central Lancashire. Inability to access primary care data that would allow improved data quality on high risk groups such as patients with a learning disability, serious mental health and/or physical disability. 	

Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Identify approach to driving health inequalities reduction through each portfolio of the single improvement plan	S. Morrison	31.03.26	23.03.26	Mar 26: Complete
Demonstrate progress in disaggregating data to enable understanding of health inequalities and facilitate different approaches to addressing these	R. Sansbury	30.06.26		Mar 26: Outline of work required prioritised in business intelligence programme of work
Support case to approve the data sharing agreements between primary and secondary care.	A. Brotherton	31.12.26		Mar 26: Awaiting outcome. No further update available. Raised again in Feb with Integrated Care System (ICS) Chief Medical Officer (CMO).
Delivery of the Trust’s Health Improvement Plan through the three main strategic drivers 1. Awareness 2. Culture 3. Prevention	S. Morrison	31.03.26	23.03.26	Mar 26: Plan on a page approved through health inequalities group to enable communications plan to commence. The Safety and Quality committee will receive a twice yearly update on progress against the agreed actions within the health improvement plan evidencing the Trusts contribution towards this. Action now closed.

The following 2025/26 corporate objectives are aligned to the **Performance** strategic objective:

Ref.	Purpose of the objective	Scope and Focus of the Objective	Status
CO5	To minimise the risk of harm to patients through the continued delivery of our cancer recovery plan	<ul style="list-style-type: none"> Delivery of more elective care to further improve performance against cancer waiting times standards. Working in partnership with providers across L&SC to maximise our collective assets and ensure equity of access. Work with locality partners to manage demand effectively. Deliver specialty and divisional improvement trajectory. 	Risk identified
CO6	To minimise the risk of harm to patients through the delivery of our elective recovery plan	<ul style="list-style-type: none"> Delivery of more elective care to improve performance against elective waiting times standards. Working in partnership with providers across L&SC to maximise our collective assets and ensure equity of access. Work with locality partners to manage demand effectively. Deliver specialty and divisional improvement trajectory. 	Risk identified
CO7	To improve the responsiveness of urgent and emergency care	<ul style="list-style-type: none"> Working with partners, we will continue reforms to urgent and emergency care to deliver safe, high-quality care. Specific focus on preventing inappropriate attendance at Eds. The ED and assessment units will be designed to deliver timely assessment, treatment and discharge. Same Day Emergency Care and virtual wards will increase in use. 	Risk identified
CO8	To minimise the risk of harm to patients through the continued delivery of our DM01 recovery plan in line with trajectory	<ul style="list-style-type: none"> Delivery of the plan to improve diagnostic performance. Working in partnership with providers across L&SC to maximise our collective assets and ensure equity of access. Work with locality partners to manage access to diagnostics and improvement collaboratively, learning from Cheshire and Merseyside. Deliver specialty and divisional improvement trajectory. 	Risk identified



Heat map key: Black = current score, Blue = target score

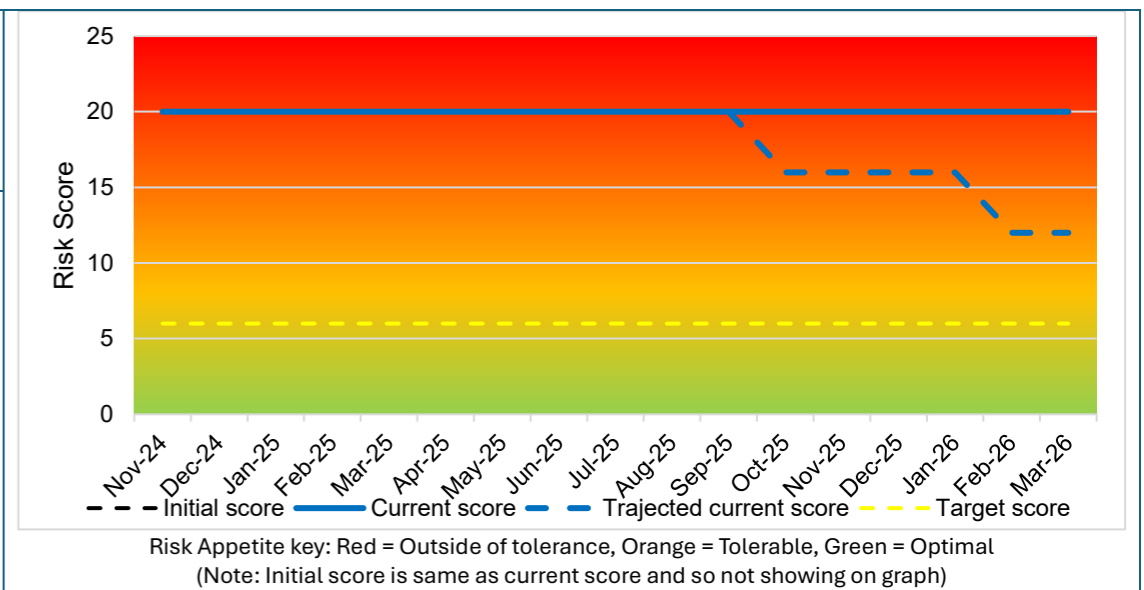
Strategic Objective: Performance		Corporate Objective: Minimise the risk of harm to patients through the delivery of our cancer/elective recovery plan				Overall Assurance Level		Medium	
Principal risk 4 (25/26) (ID 1125)	Risk Title:	Timely access to planned and cancer care				Risk Score Tracker 			
	Risk Description:	There is a risk that there will be insufficient capacity to ensure timely access to planned and cancer care. This is because of backlogs that continue to be seen from the COVID period, surges in demand, shortfalls in capacity, the impact of industrial action, and financial restrictions limiting the ability to utilise external capacity. This could result in patient harms associated with a delay in timely access to planned and cancer care, poorer patient outcomes, inability to meet national constitutional standards, claims, poor patient experience, reputational damage, and regulatory action.							
Committee	Finance & Performance	Risk Appetite and Tolerance	Cautious						
Director	Chief Operating Officer	5Ts status	Treat						
Date risk opened	19/05/21	Date of last review	16/03/26		Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal				
		Target control date	31/03/26						

Controls		Gaps in Controls		Assurances		Gaps in Assurances	
<ul style="list-style-type: none"> 25/26 Annual activity & Performance plans have been outlined to seek to deliver reduction in long waiting RTT targets. Plans include monthly trajectories and associated action plans. Clear identification of clinical priorities via the use of national clinical prioritisation codes. This enables the trust to understand the clinical priority (P2 – P6) of those patients to support scheduling the most clinically urgent. PEP+ (Patient Engagement Portal) and AI functionality to support validation of the waiting list and digital letters to support the process. The frequency of validation is monitored via Divisional and organisational performance forums. Weekly monitoring of cancer patient tracking lists (PTLs) to reduce any delays with tumour specific action plans in place. Weekly Performance Recovery Group established to track performance and delivery of actions linked to improvement trajectories. A report for P2 patients waiting over 5 weeks is in place for Divisions to plan their elective capacity. 6-4-2 protocols in place to drive optimal use of theatre capacity. Forecasting of potential breaches for Divisions to proactively focus on patients for review and listing, focusing on month-end 52 week+ risks as part of the performance recovery group. Theatre efficiency programme in place, monitored through the Elective Transformation Programme and up to the Elective Transformation Board and some parts already implemented Monitoring of benchmarking data via Model Hospital and GIRFT to drive productivity improvements. Additional stretch mitigating actions agreed internally and with system partners Recovery Transformation Fund (RTF) bids have been successful and are being mobilised. Pilot of AI Robotic (LLM) RTT validation underway with high success rates identified – being mobilised across full RTT PTL. 		<ul style="list-style-type: none"> Lack of triangulation between capacity and demand gaps, benchmarking data and job planning processes Inability to fully validate waiting lists regularly due to digital and workforce shortfalls. Lack of standardised SOPs for validation. Shortfalls in funding to support the required capacity to deliver the elective restoration plan (ERF cap). National pension rules for clinicians means there is limited appetite for working additional hours. Restricted admin capacity to backfill short notice procedure cancellations. Limitations within the EPR (Flex Harris) system resulting in increased human administrative burden and increased risk of human error leading to data quality issues and potential patient treatment delays Lack of community capacity with the closure of Community Healthcare Hub and reduced capacity at Longridge resulting in high bed occupancy and increasing the risk of capacity related elective and cancer cancellations RTF funding secured was at half the value of the submitted bid. Limited digital and validation capacity to support the AI Robotic RTT validation pilot. 		Level 1 Assurance <ul style="list-style-type: none"> Live PTL performance report and Validation reports. Harm reviews process in place for >65 week and cancer pathway patients. Level 2 Assurance <ul style="list-style-type: none"> Oversight in Divisional Improvement Forums, Performance Review Group and F&P Committee. Benchmarking data analysis – model hospital, GIRFT, etc. Level 3 Assurance <ul style="list-style-type: none"> DMO1 improvement plan and trajectory in place monitored through NHS England oversight arrangements. Fortnightly tiering meetings in place to track progress Performance added to the IAG agenda from Jan 26. 		<ul style="list-style-type: none"> Delays in concluding some harm reviews. Data sets lack inequalities data visibility to assess the risk to poorer outcomes between patient groups on PTLs. Inability to assess the risk for patients on surveillance pathways. Limitations of EPR (Flex Harris) to link patient pathways which may result in ineffective performance management and reporting. 	

Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Review of booking, scheduling and administrative resource benchmarking options	K. Foster-Greenwood	31.03.26		Mar 26: Associate Director of Operational Productivity commenced in post 16.03.26. Admin & Clerical (A&C) staff survey issued and awaiting collation of results.
Capacity & Demand modelling to be undertaken for core specialities	K. Foster Greenwood	31.03.26		Mar 26: 15 Specialities now completed Capacity & Demand check and challenge with final cohort to be concluded by end March.
Scope options to provide interim A&C capacity to increase activity/booking and validation	K. Foster Greenwood	27.02.26	10.02.26	Feb 26: External bank appointments made following recruitment process. External insourcing capacity mobilised early Feb 26.

Strategic Objective: Performance		Corporate Objective: Improve the responsiveness of urgent and emergency care				Overall Assurance Level		Low	
Risk Title:		Timely access to urgent and emergency care				Risk Score Tracker			

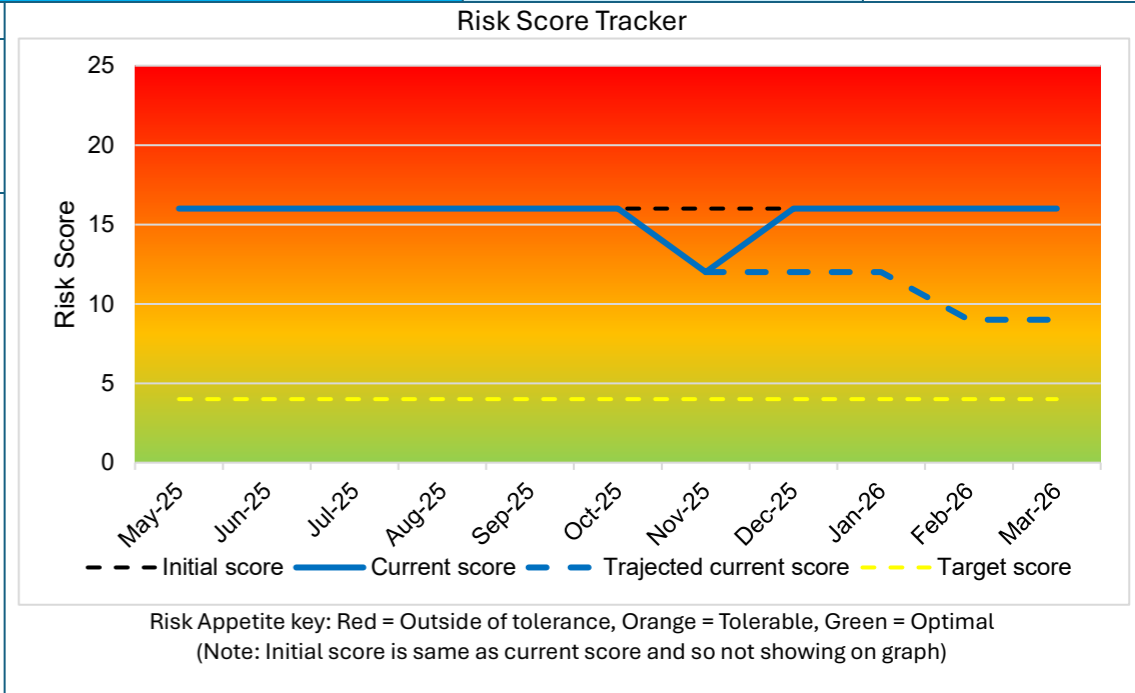
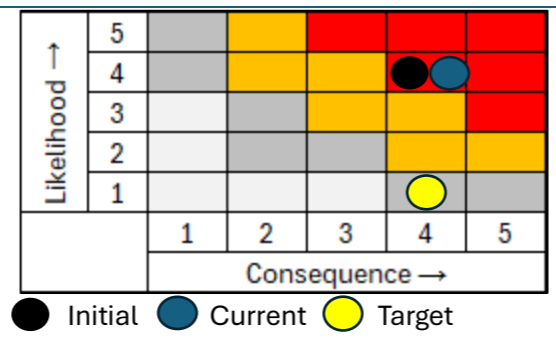
Principal risk 5 (25/26) (ID 2104)	Risk Description:	There is a risk that patients may experience delays in timely access to urgent and emergency care because of high demand, insufficient out of hospital provision for patients who do not meet the criteria to reside in hospital, limited bed availability, workforce shortages, and delays in patient flow throughout the hospital and community. This could result in longer waiting times, compromised patient safety and experience, increased clinical risk, poorer health outcomes, and potential breaches of national performance targets, impacting the Trust's reputation and regulatory compliance.		
Committee	Finance & Performance	Risk Appetite and Tolerance	Cautious	<p>● Initial ● Current ● Target</p>
Director	Chief Operating Officer	5Ts status	Treat	
Date risk opened	05/12/24	Date of last review	16/03/26	
		Target control date	31/03/26	



Controls <ul style="list-style-type: none"> Clinical triage processes are established. OPEL and internal Site Pressure Score Framework and protocols are in place L&SC daily Gold Command meetings. Escalation and Surge Plans defined and in place. Ambulatory and admission avoidance pathways established. Same Day Emergency Care facilities in place. Urgent care service provided by a third party co-located on both CDH and RPH sites. Single Improvement Plan and Board established to track improvement delivery. Central Lancs system wide UEC & Community Improvement Plan focusing on Hospital @ Home pathways and capacity and Days Kept Away from Home established. Site Pressure Management processes, meetings and associated action cards established. Clinical discharge team management of all patients classified as Days Kept Away from Home. Virtual Ward capacity to support admission avoidance and early step down from hospital. Care connections coordination function in place to link hospital and community provisions. Continuous Flow Model is established to drive timely flow. Ward & Board round process standardisation programme established. 45 min Release to Rescue protocol implemented Additional stretch targets agreed with system partners 	Gaps in Controls <ul style="list-style-type: none"> Insufficient flow within the hospital bed base to prevent ED overcrowding. Out of hospital provision is insufficient to meet the demand. The environment and estate is sub-optimal. 	Assurances <p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> ED Safety Surveillance dashboard monitors live metrics to assess risks of patient harm. <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> Urgent & Emergency Care and Community Transformation Board provides monthly monitoring of all improvement actions across the system. Emergency Department Dashboard to Safety & Quality Committee Finance and Performance Committee. <p><u>Level 3 Assurance</u></p> <ul style="list-style-type: none"> Fortnightly tiering meetings in place to track progress Performance to be added to the IAG agenda from Jan 26. 	Gaps in Assurances <ul style="list-style-type: none"> High bed occupancy levels (above 92%). Time to triage and first senior review are not meeting Trust targets. Performance for the 4 hour wait times and 12 hour total wait time in the department, are not meeting the Trust targets. Ambulance turnaround times are not meeting the Trust targets.
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Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Review the Emergency Village Model of Care with ECIST support	D Bedford	31.03.26	21.01.26	Feb 26: ECIST confirmed Model of Care workshop took place 21.01.26. A UEC re-design programme has been commissioned and mobilisation commenced.
Conclude and evaluate Ward & Board round standardisation	R Sansbury	31.03.26		Feb 26: An audit was completed in December 2025 to assess compliance with the key MDT Board round and ward round standards across all adult inpatient areas with the results shared through Divisional forums for immediate action. The standards within the audit will be embedded into STAR from April 2026 onwards to ensure that compliance with these standards is a core part of the Trust oversight and assurance framework.
Increase Virtual Ward occupancy to minimum of 75% by March 2026.	L. Walsh	31.03.26		Mar 26: Virtual Ward (VW) utilisation reduced. VW medical lead advert in progress with interviews planned for end March 26.
UEC improvement programme	S Canty	31.08.26		Mar 26: UEC Programme Board established – first meeting 20.03.26. UEC Improvement Director commenced in post.

Principal risk 6 (25/26) (ID 2188)	Risk Title:	Timely access to diagnostic investigations		
	Risk Description:	There is a risk of delays in the completion of diagnostic investigations linked to cancer and elective pathways of care due to high levels of demand, shortfalls in capacity, and financial restrictions limiting the ability to utilise external capacity. This could result in patient harms associated with a delay in timely diagnosis, poorer patient outcomes, inability to meet national constitutional standards, claims, poor patient experience, reputational damage, and regulatory action.		
Committee	Finance & Performance	Risk Appetite and Tolerance	Cautious 1-6	
Director	Chief Operating Officer	5Ts status	Treat	
Date risk opened	03/06/25	Date of last review	16/03/26	
		Target Control date	31/03/26	

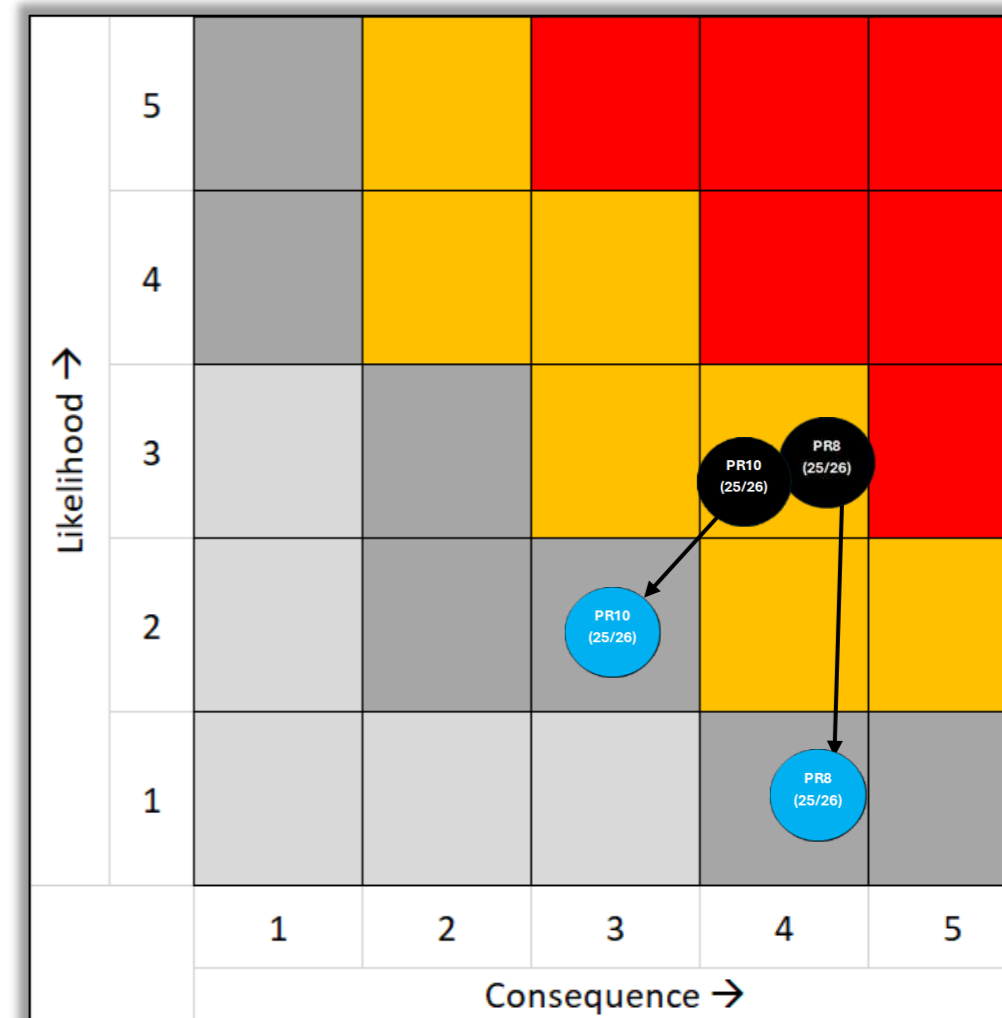


Controls	Gaps in Controls	Assurances	Gaps in Assurances
<ul style="list-style-type: none"> Diagnostic Improvement Group has been established to monitor progress of all improvement trajectories, support demand management, the use of technology and monitor productivity. All Diagnostic modalities have undertaken a capacity and demand analysis and set improvement trajectories. Clear identification of clinical priorities via the use of national clinical prioritisation codes. This enables the trust to understand the clinical priority using 'D codes' to support scheduling the most clinically urgent. Diagnostic waiting validation processes are in place to ensure all capacity is effectively used. Additional capacity has been commissioned for M1-6 25/26. Weekly monitoring of cancer PTLs to reduce any delays is in place supported by a day zero PTL approach with tumour specific action plans in place. ICB support and performance monitoring re Cancer waiting times is delivered via the Tier 1 performance framework and meetings are held fortnightly. Weekly Chief Operating Officer monitoring forum for core diagnostic modalities. Weekly Performance Recovery Group established to monitor performance. Mutual aid support enacted via neighbouring Trust for Echo Additional capacity mobilised (non-recurrently) for Echo 	<ul style="list-style-type: none"> Lack of capacity to deliver comprehensive diagnostic waiting list validation. Funding to support additional capacity ceased in M6 25/26. Lack of triangulation between capacity and demand gaps, benchmarking data and job planning processes. Physical estate and capital equipment constraints limit available capacity. Limited influence re external (primary care) demand management. 	<p>Level 1 Assurance</p> <ul style="list-style-type: none"> Live PTL performance report. Validation reports. Datix incident reporting of any treatment delay related harms – review via SI/PSIRF processes with shared learning reports. Benchmarking data – model hospital, GIRFT, etc <p>Level 2 Assurance</p> <ul style="list-style-type: none"> Oversight in Divisional Improvement Forums, Performance Review Group and F&P Committee. Benchmarking data analysis – model hospital, GIRFT, etc. <p>Level 3 Assurance</p> <ul style="list-style-type: none"> DM01 improvement plan and trajectory in place monitored through NHS England oversight arrangements. 	<ul style="list-style-type: none"> Data sets lack inequalities data visibility to assess the risk of poorer outcomes between patient groups on PTLs Datix incident reporting to assess harms of treatment delays is retrospective

Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Complete the build and mobilisation of additional endoscopy space	K. Foster-Greenwood	28.02.26	01.03.26	Mar 26: Complete
Recruit workforce in line with 5 th room business case	D. O'Brien	28.02.26	01.03.26	Mar 26: Complete
Capacity & Demand analysis to be completed for key Diagnostic modalities	K. Foster-Greenwood	31.03.26		Mar 26: Capacity & Demand check and challenge completed for CT & MRI.

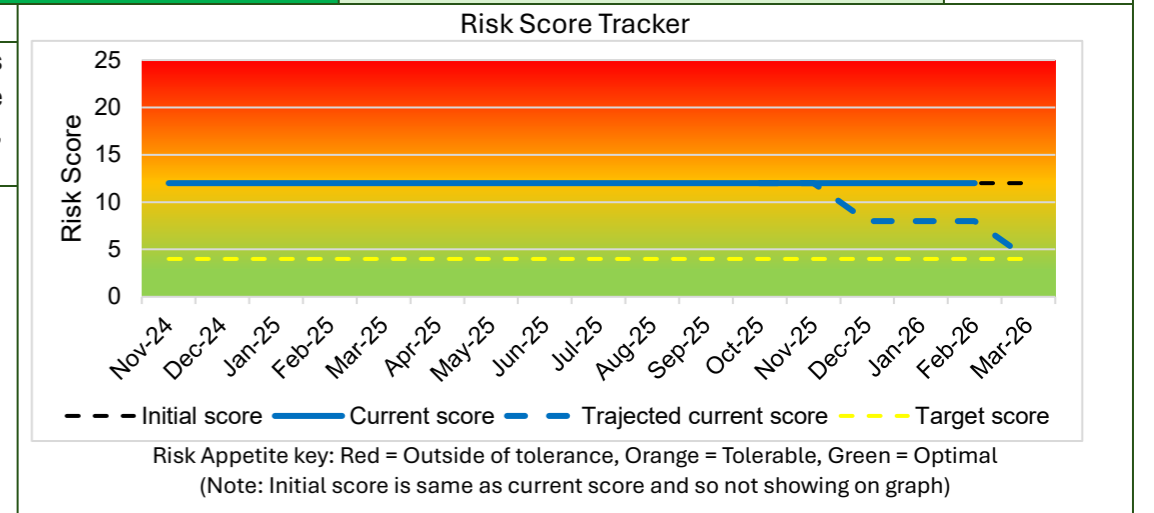
The following 2025/26 corporate objectives are aligned to the **People** strategic objective:

Ref.	Purpose of the objective	Scope and Focus of the Objective	Status
CO9	To right size the workforce to support the delivery of safe, affordable and sustainable services, aligned with the Trust's strategy	<ul style="list-style-type: none"> To deliver a workforce plan that responds to commissioning intentions and the communities we serve. Achieve the headcount reduction needed to ensure successful delivery of the waste reduction workforce plan whilst maintaining safety. 	Principal Risk 7 Controlled February 2026
CO10	To strive to improve experience at work by actively listening to our people, and turning understanding into positive action	<ul style="list-style-type: none"> To ensure staff choose to stay and work in Lancashire Teaching Hospitals and they are healthy at work. Delivery of the People Plan. To progress staff advocacy scores relating to provision of care. To deliver the sexual safety charter within the organisation. 	Risks identified
CO11	To be consciously inclusive in everything we do	<ul style="list-style-type: none"> To ensure staff are equipped with the skills to create inclusive cultures that deliver inclusive care. Deliver the Equality Diversity and Inclusion strategy. To demonstrate we are an Anti-Racist Organisation. 	Risks identified
CO12	To build a positive culture, demonstrating our values in action through increased colleague engagement across the organisation.	<ul style="list-style-type: none"> Leaders at all levels recognise their contribution to creating a culture where colleagues feel, <ul style="list-style-type: none"> Together we are one team Together we can create your future Together we make extraordinary things happen We will all strive to demonstrate our 'shared responsibilities' in the way we interact with one another. 	No risk identified
CO13	To develop leaders at every level of the organisation with the skills and behaviours that are able to provide compassionate leadership.	<ul style="list-style-type: none"> To enhance the governance and leadership within the Board of Directors through the provision of a Board development programme. To invest in the development of the senior leadership team within the organisation. To support the development of leaders at department level through the delivery of leadership training and education. 	Principal Risk 11 controlled December 2025



Heat map key: Black = current score, Blue = target score

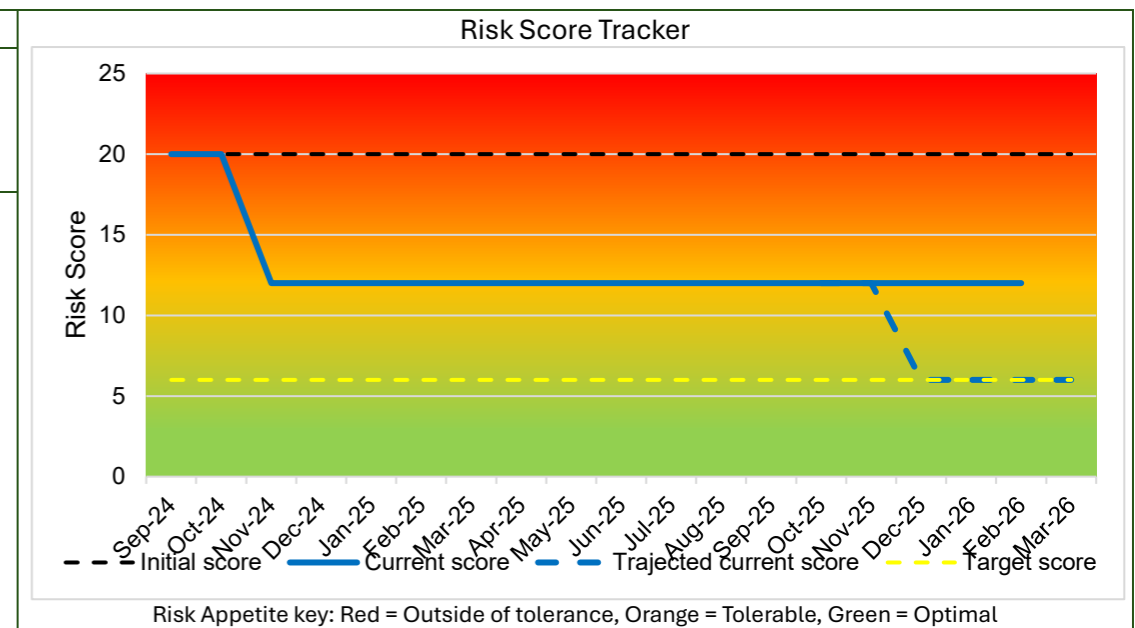
Principal risk 8 (25/26) (ID 2110)	Risk Title:	Experience of staff, with specific focus on under-represented staff groups		
	Risk Description:	There is a risk that the Trust may not be considered a great place to work for colleagues or prospective employees across the Trust, including those in under-represented staff groups. This could result in negative experience for staff, adverse impact for colleagues with a protected characteristic, inability to retain a skilled and valued workforce, staff absence, regulatory intervention, and legal action.		
Committee	Workforce Committee	Risk Appetite and Tolerance	Open	<p>● Initial ● Current ● Target</p>
Director	Chief People Officer	5Ts status	Treat	
Date risk opened	05/12/2024	Date of last review	02/03/26	
		Target control date	31/03/26	



Controls	Gaps in Controls	Assurances	Gaps in Assurances
<ul style="list-style-type: none"> Our People Plan Action plan in response to NHS Staff Satisfaction Survey results. Team Engagement and Development (TED) Tool and toolkit Equality, Diversity and Inclusion Strategy & Policy. Single Improvement Plan. Equality, Diversity and Inclusion mandatory training. Supporting Disability in the Workplace policy and agreement. Trans and non-binary policy. Equality Impact Assessment policy. NHSE 8 High Impact Actions. NHS People Promise. Culture programme, including Zero Tolerance campaigns. Freedom to Speak Up Policy, Process and Champions. Employee Relations policies and processes. Trust Values/Best Version of Us/Leadership in Lancs frameworks. Core People Management Skills programme. EDI resources/education/toolkits Leaders/All Colleague briefings Staff ambassador forums for colleagues with protected characteristics. Staff engagement offer 	<ul style="list-style-type: none"> No equivalent national Workforce Equality Standard for LGBTQ+ colleagues. ESR Declaration rates for colleagues with a long-term condition or disability. EQIA process/lack of challenge in respect of EIA findings. Gaps in localised application of inclusive management practices and in addressing poor behaviours which are not inclusive. Awaiting mandates and directives following the High Court ruling with regards to protected characteristics of sex in April 2025. 	<p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> Equality Diversity and Inclusion Annual Report Suite of NHS Staff Survey reports and corporate level action plan. Monthly reporting of participation with TED Tool. Quarterly reporting of National Quarterly Pulse data. <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> L&SC ICS ED&I Group. Equality, Diversity and Inclusion Strategy monitoring. Our People Plan Strategy Monitoring. Single Improvement Plan reporting. Workforce Committee. <p><u>Level 3 Assurance</u></p> <ul style="list-style-type: none"> Internal Audit review of ED&I in 2023/24 – Substantial Assurance. Some positive areas identified in the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES). North West Anti-Racist Framework. EDS2022 North West ED&I Assurance template 	<ul style="list-style-type: none"> Challenges in ability to drill down into the NHS Staff Satisfaction Survey data from a minority group/divisional basis due to low numbers and confidentiality. Areas for improvement identified in the Workforce Race Equality Standards (WRES). Areas for improvement identified in the Workforce Disability Equality Standards (WDES). WRES/WDES report only completed on an annual basis Ability to take meaningful actions which impact the Gender Pay Gap with Agenda for Change (AfC) Ability to measure progress in Divisions and Departments with regard to actions taken to address lower levels of staff satisfaction and engagement. Ability to drive up completion of the National Quarterly Pulse, to enable reporting to be more representative of the workforce.

Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Work to be undertaken in conjunction with the Ethnicity forum to understand more about discrimination statistics	M Davis	28.02.26 31.03.26		Mar 26: Staff survey results have been assessed from a WRES metric perspective; 2025 results show little change from 2024. Work being undertaken to delve deeper into the data to understand experience at divisional/CBU level to see whether there's any variance i.e. good practice or hotspot areas. First meeting for the AntiRacist Working group is set w/c 9 th March 2026. Continuing issue in securing colleague engagement across all the forums (also had meetings stood down due to OPEL 4) which impacts on our ability to further understand the experiences of minoritised groups. Review of values to be undertaken in March to make inclusive, antiracist behaviours and actions more explicit.
Increasing the diversity of colleagues in band 8a and above as per WRES/WDES annual report	M. Davis	28.02.26 31.05.26		Mar 26: As noted in January, further Talent Management work will be undertaken in 2026 with a focus on supporting minoritised groups. Workforce data will be reviewed as part of the WRES/WDES reporting process in May 2026. Anticipating figures will have changed as a result of fewer posts across the organisation, TUPEs etc, approx. 10% lower than the previous year.
Work to be undertaken in conjunction with the Living with Disability forum to understand more about bullying and harassment	M Davis	30.01.26 31.03.26		Mar 26: To increase engagement, CPO has agreed to support a staff story at board, and look at the possibility of external speakers to help inform and educate staff. 2025 Staff Survey results show an increase across both disabled/non disabled colleagues reporting experiencing B&H from patients/members of the public but a reduction in disparity ratio. Disabled colleagues reporting experiencing B&H from managers has increased and the disparity ratio has also increased. % of disabled and non-disabled colleagues reporting they've experience B&H from other colleagues has decreased. Work being undertaken to delve deeper into the data to understand experience at divisional/CBU level to see whether there's any variance.
Increased use of TED	S. Kenny	31.03.26		Mar 26: Continued improvement in use of TED but below the Trust's target.
Delivery of actions in NHS Staff Survey Action Plan	S. Kenny	31.03.26		Mar 26: Staff survey paper due to WFC in March 26

Principal risk 10 (25/26) (ID 499)	Risk Title:	Failure to effectively manage staff absence and achieve Trust and National target rates		
	Risk Description:	There is a risk that failure to effectively manage staff absence due to ineffective systems or processes, or managerial capability will compromise our ability to deliver safe staffing levels and continuity of care. It could also result in increased costs associated with temporary staffing, the Trust being unable to achieve Trust or National targets and could impact on staff morale.		
Committee	Workforce Committee	Risk Appetite and Tolerance	Open	<p>● Initial ● Current ● Target</p>
Director	Chief People Officer	5Ts status	Treat	
Date risk opened	10/02/14	Date of last review	02/03/26	
		Target control date	31/03/26	



Controls	Gaps in Controls	Assurances	Gaps in Assurances
<ul style="list-style-type: none"> Sickness Absence Policy in place. Core People Management Skills training in place. Monthly reports to Divisions - check & challenge. Accountability Framework in place which has recently been refreshed. Toolkits and templates for Managers. "What Good Looks Like" for Managers. Live data & reports in Health Roster. Workforce Advisor Support in place (although at an insufficient level) Health & Wellbeing Strategy in place. Workforce & Organisational Development Strategy in place. Operational processes in place Divisionally to look at staffing levels. Dashboards in rosters to see safe staffing levels. Rostering guidance and support in place. 	<ul style="list-style-type: none"> Gaps in localised management practices. Lack of one complete absence record affecting ability to demonstrate policy compliance. Insufficient capacity within the Workforce team to support absence management as proactively as possible. Lack of localised risk assessments/stress risk assessments/moving & handling risk assessments. Lack of triangulated data to support prediction/notice of warning signs for sickness absence. Insufficient capacity within the psychological wellbeing service. Development of mechanisms to prevent additional work/shifts which are counterintuitive to sickness absence position. 	<p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> Divisional Workforce Committees. Sickness absence reports are produced on a monthly basis which enables trend analysis of absence rates at cost centre level. These are reported through divisional workforce committees. The Workforce team have undertaken local audits of absence management practice e.g. Return To Work Interview compliance. <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> Workforce Committee. Divisional Improvement Forums review absence levels. <p><u>Level 3 Assurance</u></p> <p>[None detailed]</p>	<ul style="list-style-type: none"> Currently a manual process to monitor compliance with absence management policy and processes. Inability to achieve the 4% target. Internal audit of sickness absence management practices, (October 2024) provided limited assurance.

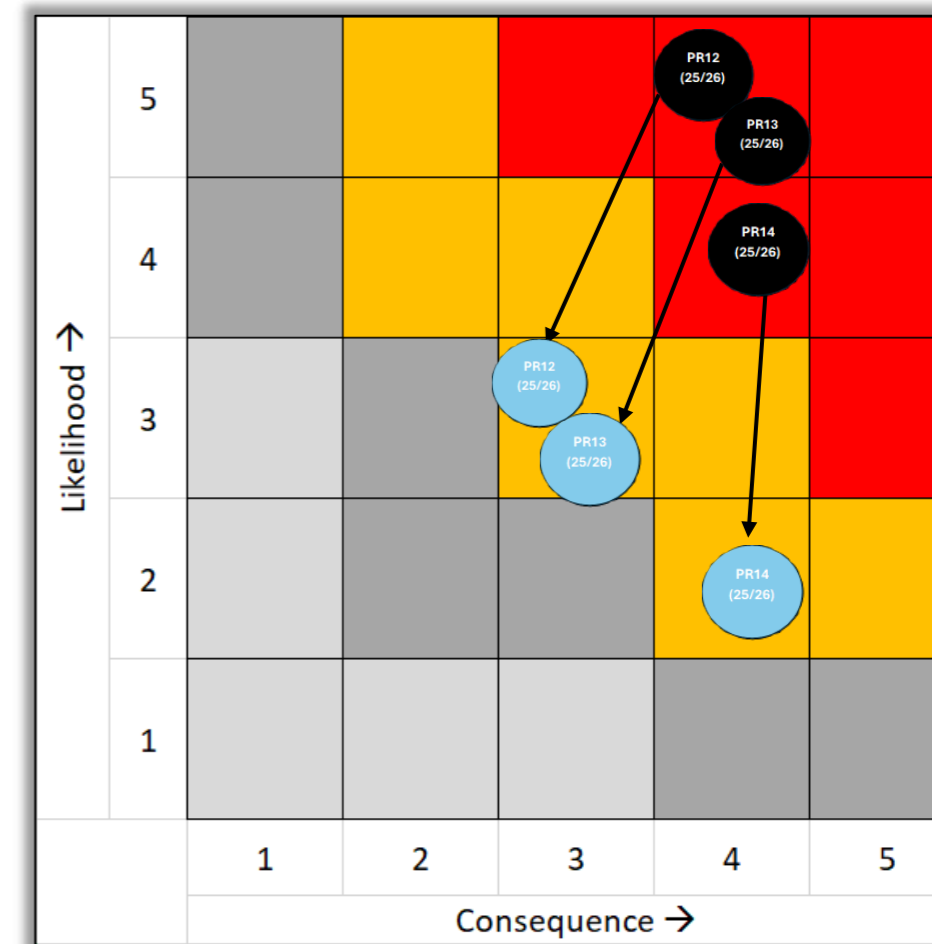
Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Pilot Empactis as a digital absence management system	R. O'Brien	30.01.26 31.03.26		Mar 26: User acceptance testing has commenced. Roll out in first pilot area was delayed due to approvals being sought through Digital Board, therefore action extended.
Introduce Occupational Therapist into Occupational Health model	R. O'Brien	28.02.26 31.03.26		Mar 26: Work continuing to explore whether a) funding can be released from a skill mix review in Psychological Wellbeing service, or b) whether there is scope within the existing Occupational Health model to fund an OT post. Due date extended to accommodate ongoing work.
Deliver absence reduction 'plan on a page' against 4 key workstreams	R. O'Brien	31.12.25 31.03.26		Mar 26: Multiple actions completed and ongoing. A full evaluation will be undertaken at the end of the financial year. Capacity challenges remain with gaps in the Workforce Advice team that we have been unable to fill to date.

Productivity: Deliver value for money

Monitored through Finance & Performance Committee

The following 2025/26 corporate objectives are aligned to the **Productivity** strategic objective

Ref.	Purpose of the objective	Scope and Focus of the Objective	Status
CO14	To provide value for money services by spending less, spending well and spending wisely	<ul style="list-style-type: none"> To evidence improved value for money and delivery of the financial recovery programme To design services that are affordable and deliver within the budget. Commit to make the best use of finance and colleague contribution. 	Risks identified
CO15	To deliver sustained improvement evidenced through the single improvement plan	<ul style="list-style-type: none"> To deliver against the plan and demonstrate improved outcomes for the organisation Launch the Lancs Improvement Method 	No risk identified
CO16	Improve our underlying productivity and efficiency	<ul style="list-style-type: none"> To maximise our productivity through the deliver of the Waste Reduction Programme, Single Improvement Plan and other transformation plans 	No risk identified
CO17	To develop a clinical services strategy for the organisation	<ul style="list-style-type: none"> To develop safe, innovative, sustainable and affordable clinical models for the future 	No risk identified



Heat map key: Black = current score, Blue = target score

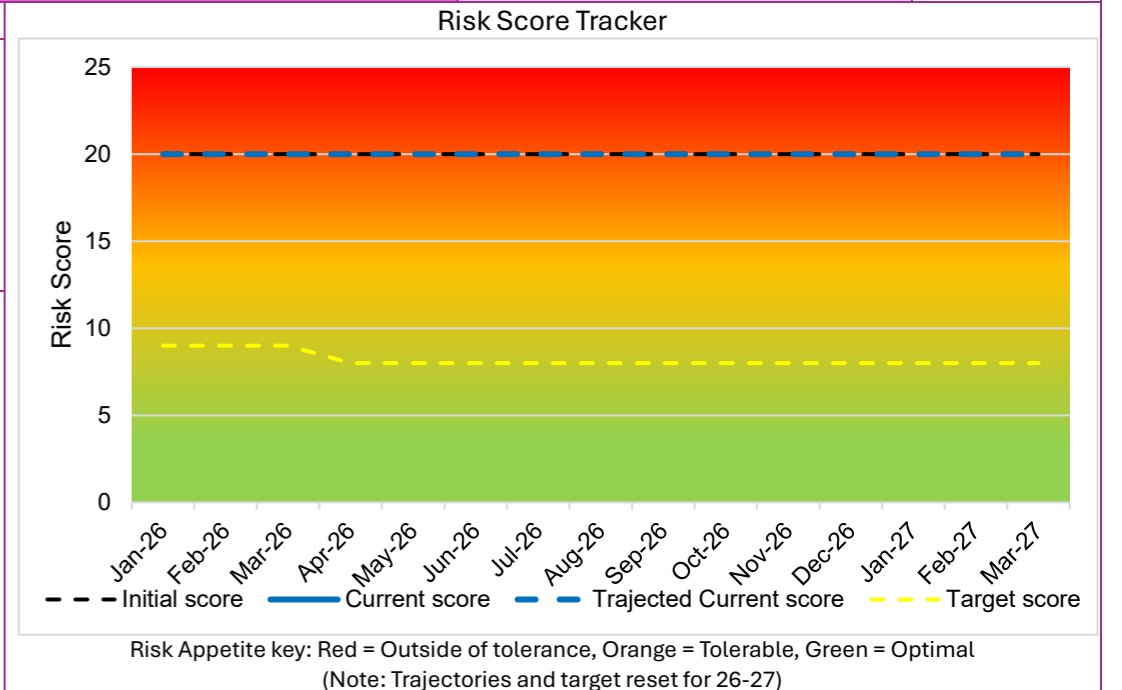
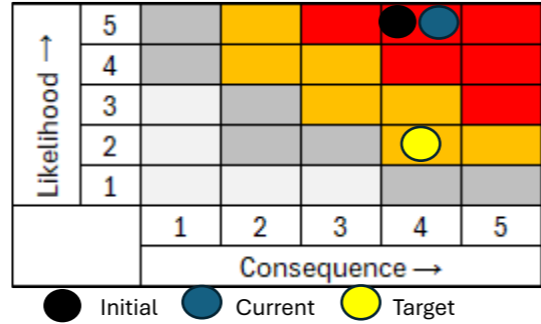
Principal risk 12 (25/26) (ID 1557)

Risk Title: Delivery of the 2026/27 financial plan whilst reducing the size of the underlying financial deficit

Risk Description: There is a risk that the Trust may not deliver the financial plan for 2026/27 and reduce the underlying deficit. This is because of factors such as under-delivery of planned efficiency savings, inability to reduce some operational costs, rising operational demand, and insufficient external funding for some services.

This could result in a significant financial deficit, reduced resources for patient care, challenges in maintaining service delivery, insufficient income to cover operational costs, inability to exit NHS Oversight Framework (NOF) segment 5, further regulatory intervention, impact on staff experience, and reputational damage.

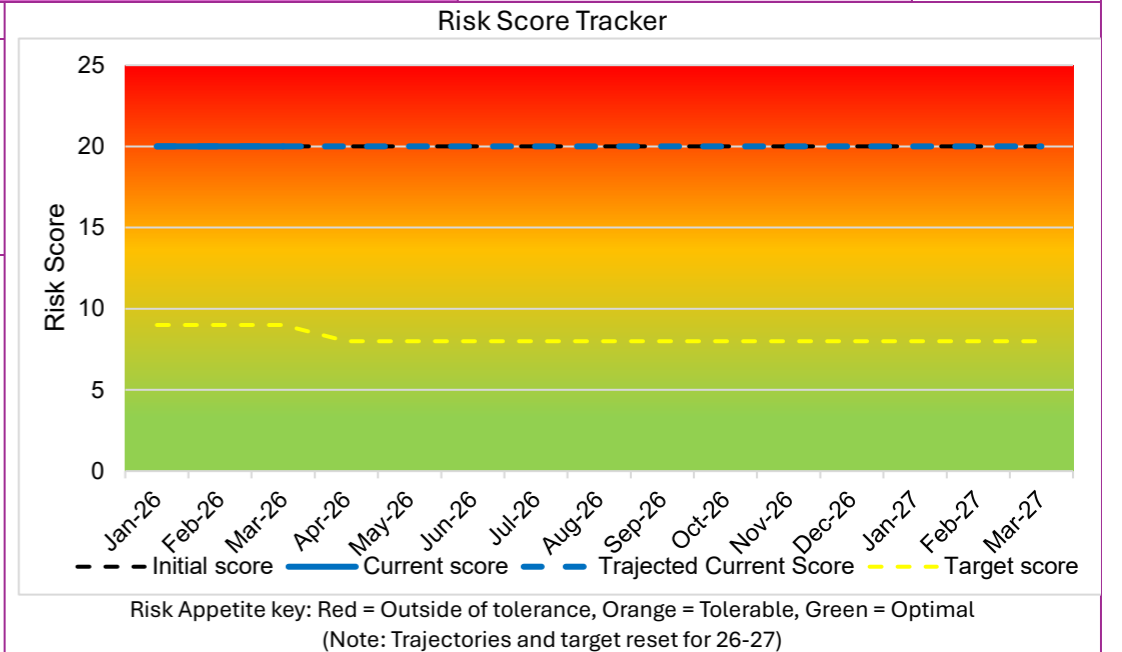
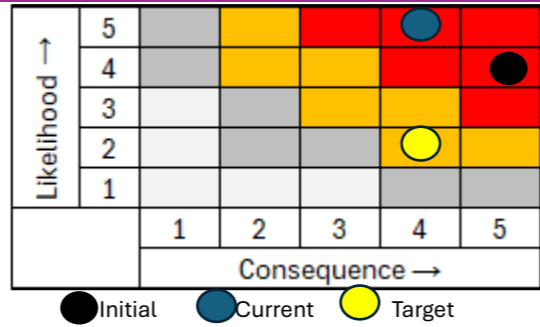
Committee	Finance & Performance	Risk Appetite and Tolerance	Cautious
			8-12
Director	Chief Finance Officer	5Ts status	Treat
Date risk opened	03/06/24	Date of last review	13/03/26
		Target control date	31/03/27



Controls	Gaps in Controls	Assurances	Gaps in Assurances
<ul style="list-style-type: none"> Financial plan set at the start of the year - common assumptions and principles agreed collaboratively within the ICS. Financial plan triangulated with activity and workforce plans. The Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation are in place to support controlling expenditure. Budgets set at the start of the financial year and agreed with budget holders, risks identified and rated to enable the Board of Directors to approve the budgets. There are a suite of pay controls for filling vacancies and using agencies. Processes are in place to ensure waste reduction programme (WRP) schemes that are delivered are transacted through the ledger. There are a range of grip and control measures in place for managing discretionary expenditure. There is a no PO no pay system in place for managing non pay expenditure. Established Programme Management Office (PMO). Action plan in place following MIAA Grip and Control Review. 	<ul style="list-style-type: none"> Inability to fully develop and manage services within commissioned resources and in line with commissioning processes due to increasing demand and evolving complexity of patient needs. NHSE are supportive of using additional advisory support to maximise delivery in the current financial year and develop plans for 26/27. 2026/27 Waste Reduction Programme (WRP) not fully developed. Operational pressures limiting management capacity. 	<p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> Ledger reconciliations - on the integrity of the financial data. Variance and trend analysis - on the integrity of the financial data. Grip & Control measures reported to Trust Management Board. <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> Risks identified monthly to Finance and Performance committee. Internal Audit - on the integrity of financial systems - through Audit Committee. Trust assessment of action in response to independent assessment of Grip and Control report by MIAA to be reported to Finance and Performance Committee. Financial plan monitored monthly to; budget holders, DIF, F&P committee, externally through provider finance returns (PFR) monthly returns and system improvement board assurance meetings. <p><u>Level 3 Assurance</u></p> <ul style="list-style-type: none"> External Audit - on the financial accounts - through Audit Committee. Collaborative working in ICS - integrity of financial data. 	<ul style="list-style-type: none"> The Trust did not meet its 2025/26 financial plan and the Board of Directors have been briefed on a forecast deficit position of £9.2 million (including E&F transformation scheme) or £17.8 million (excluding E&F transformation scheme). However, work is underway to balance the financial plan across the system. The Trust remains in segment 5 of the national oversight framework (NOF) and is enrolled in the recovery support programme (RSP). Not all WRP schemes will fully deliver by the end of the financial year, contributing to the overall forecast £9.2 million deficit.

Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Fully developed WRP for 2026/27 and reported to Finance & Performance Committee	C. Carter	30.04.26		Plan to be developed by 31.03.26 and reported to Finance and Performance Committee (FPC) in April 26.
Submit a formally compliant financial plan to NHS England	C. Carter	30.04.26		Plan to be developed by 31.03.26 and reported to FPC in April 26.

Principal risk 13 (25/26) (ID 802)	Risk Title:	Cash consequences of the Trust's underlying financial position		
	Risk Description:	There is a risk that the Trust may face cash flow challenges because of its underlying financial position, including recurring deficits, delayed delivery of financial recovery savings, or insufficient income to cover operational costs. This could result in a cash shortfall and therefore, an inability to meet financial obligations, impact on service delivery, delays in payments to suppliers, restricted investment in essential services and infrastructure, and potential further regulatory intervention or reputational damage.		
Committee	Finance & Performance	Risk Appetite and Tolerance	Cautious	
			8-12	
Director	Chief Finance Officer	5Ts status	Treat	
Date risk opened	06/06/24	Date of last review	13/03/26	
		Target control date	31/03/27	

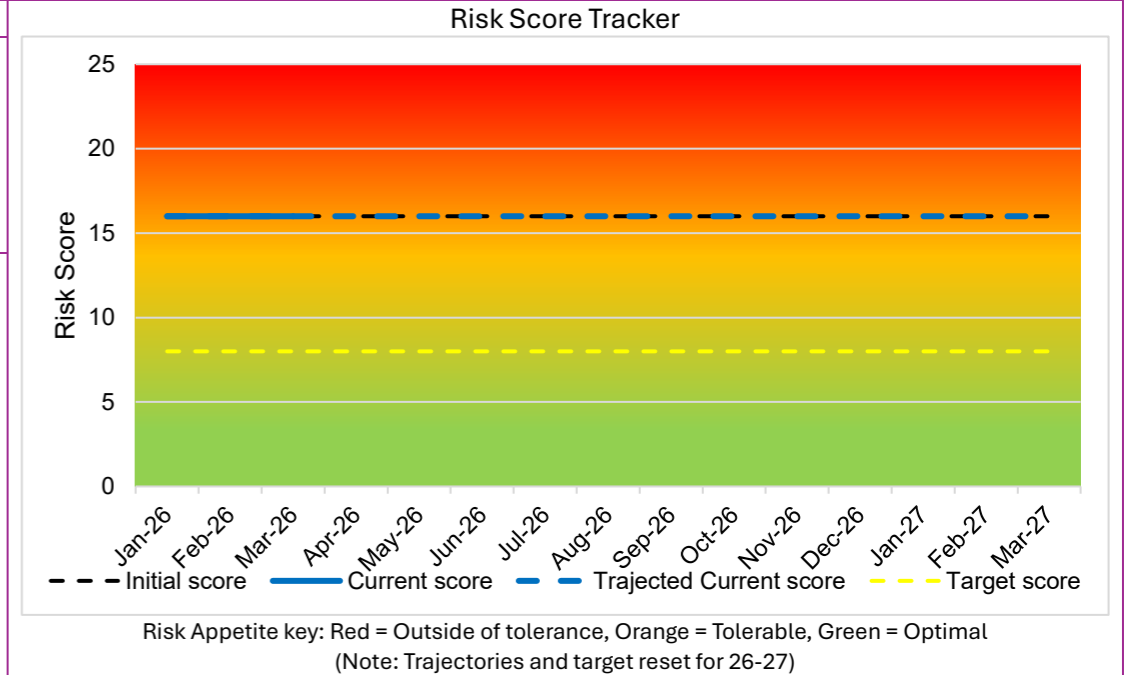
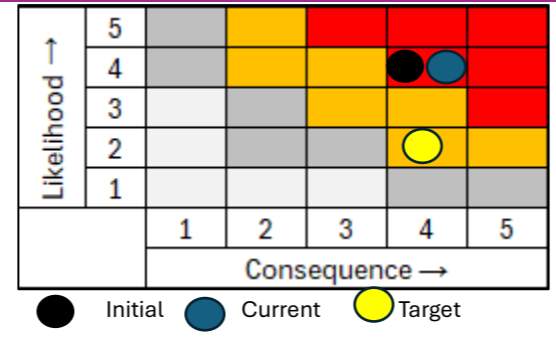


Controls	Gaps in Controls	Assurances	Gaps in Assurances
<ul style="list-style-type: none"> Cash Management committee in place. Annual cash plan in place. Committee approved cash management policy on prioritisation of supplier payments. Monthly cash flow forecasting. Management of working capital balances. Review of capital programme and timing of expenditure. Engaging with affected suppliers. Internal escalation process for urgent cash issues. NHSE process for requesting cash support. Additional NHSE process to draw down emergency cash if necessary. Regular review of cash position and forecasts. Financial services team resourced for cash management and forecasts. 	<ul style="list-style-type: none"> Levels of understanding of the cash consequences of not using the established ordering processes. Access to cash support is subject to external approval. 	<p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> Monitoring and reporting performance against 30-day deadline for payments. <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> Internal Audit reporting through Audit Committee. Monthly reporting of position including KPIs to Finance & Performance Committee. <p><u>Level 3 Assurance</u></p> <p>[None detailed]</p>	<ul style="list-style-type: none"> Forecasting generally highlights potential shortfalls in cash availability. However, some invoices can be delayed in being received. Drop in performance against 30-day deadline for payments.

Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Timely submissions to NHSE for cash support with Board of Director approval	C. Carter	31.03.26 30.04.26		Mar 26: The £4 million cash support requested in February 2026 was rejected. However, £3 million was received for support with industrial action costs and the Trust was able to manage the difference of £1 million for February 2026. A further request for up to £15 million was approved by the Board of Directors in February 2026 (£12.5 million of this is driven by the suspension of deficit support funding since October 2025). Confirmation of deficit support funding has been sought from the regional team to allow the Trust to plan appropriately.

Principal risk 14 (25/26) (ID 2106)	Risk Title:	Ability to access required Capital to support an ageing estate
	Risk Description:	There is a risk that there may be insufficient internally generated capital to support all priority areas of the Trust’s ageing estate. This is because of valuation decisions which determine capital funding allocations, the Trust’s underlying financial position, competing priorities across the healthcare system, and delays in approvals for capital investment projects. This could result in an inability to progress critical infrastructure maintenance, inability to renew essential existing equipment, potentially impacting service delivery, patient safety, and long-term sustainability.

Committee	Finance & Performance	Risk Appetite and Tolerance	Cautious
			8-12
Director	Chief Finance Officer	5Ts status	Treat
Date risk opened	05/12/24	Date of last review	13/03/26
		Target control date	31/03/27



Controls	Gaps in Controls	Assurances	Gaps in Assurances
<ul style="list-style-type: none"> Trust planning framework. Capital Planning Forum review and determine risk-based approach and recommendations. Capital Plan agreed by Executive Team & Trust Board. Backlog maintenance programme developed from 6 facet survey outcome, undertaken annually. Medical Equipment Group with clinical input to support risk assessment and prioritisation. IT provided with a budget from Capital Planning forum. Contingency budget identified at the start of the financial year. Emergency capital funding process for extreme situations. Identification of national funding ‘bid opportunities’. Standing financial instructions. Standing Orders. Scheme of Reservation and Delegation. 	<ul style="list-style-type: none"> Externally set capital allocation. External capital bid opportunities have short timeframes and ability to fully cost this is limited by operational capacity. Impact of inflation in terms of project costs and timescales. Ageing estate and inability to comply with latest statutory guidance. Estates Strategy not finalised. Approach to IT allocations requires review. Inability to replace medical equipment as required. 	<p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> Asset register in place to support oversight of medical equipment. <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> Medical Device report to Safety & Quality Committee. Capital update to Finance & Performance Committee. <p><u>Level 3 Assurance</u></p> <ul style="list-style-type: none"> 6 facet survey and independent annual report which details the scope and level of the situation. Estates Returns Information Collection (ERIC) returns to support benchmarking. 	<ul style="list-style-type: none"> Significant backlog maintenance. Tracking of project overruns and underspend. Governance around contract change notices. Data for ERIC returns is delayed in being released via Model Hospital (2 financial years behind).

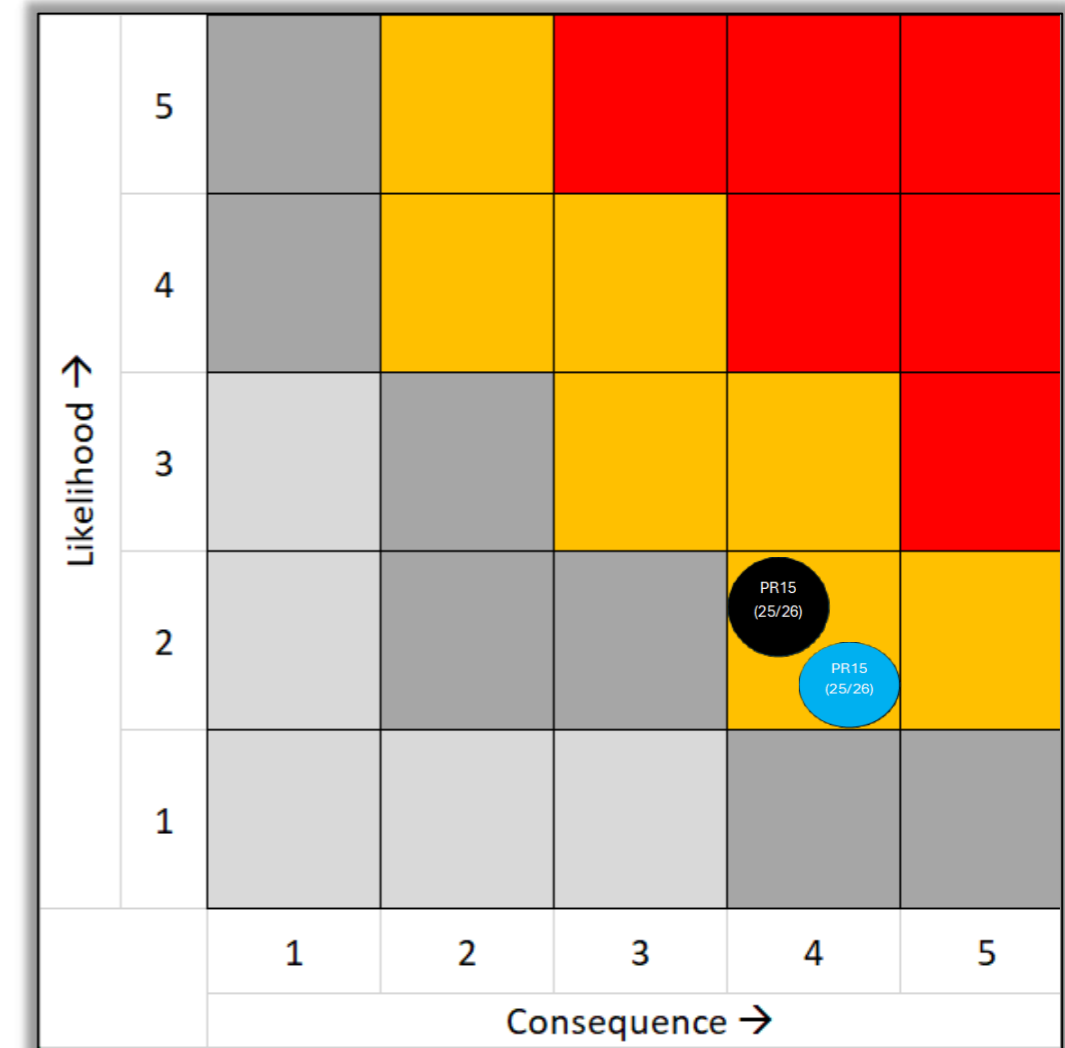
Risk Treatment				
<u>Action</u>	<u>Action Owner</u>	<u>Due Date</u>	<u>Done Date</u>	<u>Action Progress Update</u>
Develop Estates Strategy	S. Ashworth	31.03.26		Mar 26: Draft Estates Strategy due to Finance and Performance Committee in March 2026.

Partnership: Be Fit for the Future

Monitored as indicated through the relevant Committee of the Board

The following 2025/26 corporate objectives are aligned to the **Partnership** strategic objective:

Ref.	Purpose of the objective	Scope and Focus of the Objective	Status
CO18	To develop and deliver our strategic plans to support the transitions outlined in the new NHS Plan: hospital to community; treatment to prevention; analogue to digital.	<ul style="list-style-type: none"> Develop and launch the Trust strategy in collaboration with partners. Develop the capital plans to support the transition. Develop a digital programme to support the workforce reduction. Communicate plans with internal and external stakeholders. 	Principal Risk 16 controlled Dec 2025
CO19	Developing a sustainable future: to develop effective partnerships across L&SC which maximise population health and support services that are clinically and financially sustainable.	<ul style="list-style-type: none"> Deliver plans for OneLSC and develop and implement agreed clinical service strategies/plans. As an Anchor Institution, work with partners to improve population health, supporting development of a thriving local economy and reducing health inequalities. Reduction in demand through development of Neighbourhood Health with specific focus on frailty and end of life management in central Lancashire. 	Principal Risk 16 controlled Dec 2025
CO20	To make progress towards our ambition to be a University Teaching Hospital	<ul style="list-style-type: none"> Work towards achieving University Hospital status Continue to shape an education, learning and innovative culture 	Principal Risk 15 Recommended as Controlled
CO21	Working with partners, create a single pathology service	<ul style="list-style-type: none"> To develop and implement the detailed plan for a single pathology service. Work up the Capital Business Case for a single Pathology hub. 	No risks identified



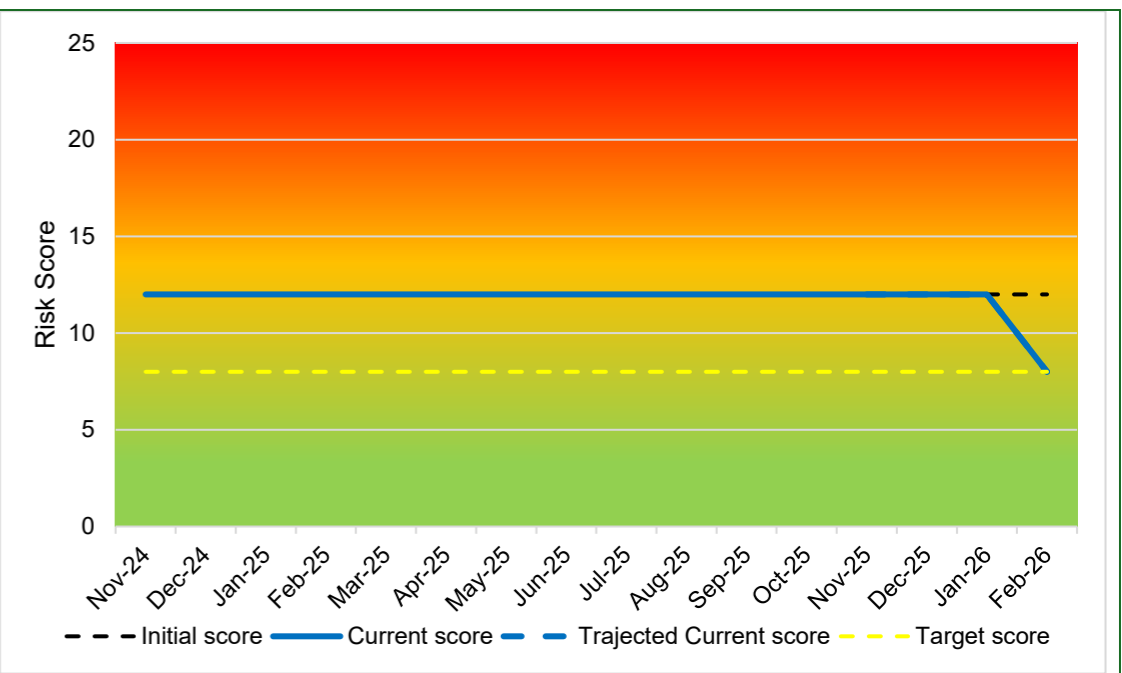
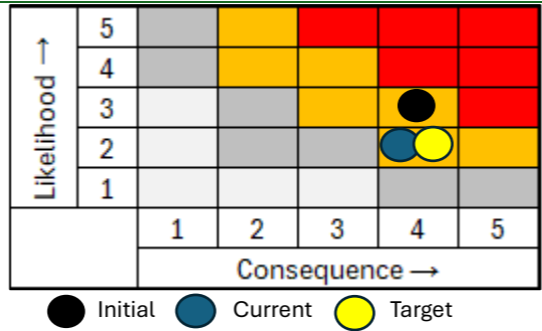
Heat map key: Black = current score, Blue = target score

Principal risk 15 (25/26)
(ID 2113)

Risk Description: There is a risk that the research capacity and capability of the Trust may be insufficient to support the longer-term objectives of becoming a University Teaching Hospital. This is because of limitations of the Trust and potential partners in relation to funding, workforce constraints, lack of dedicated research time for clinical staff, lack of established clinical academics in L&SC and the need for an enhanced infrastructure to support research activities.

This could result in missed opportunities for innovation and improvement in patient care, difficulty attracting and retaining talented research staff, an inability to advance the Trust's reputation as a leader in research and clinical excellence and the income generation associated with University Hospital opportunities.

Committee	Education, Training & Research	Risk Appetite and Tolerance	Seek 8-12
Director	Chief Strategy and Improvement Officer, and Chief Medical Officer	5Ts status	Tolerate
Date risk opened	05/12/2024	Date of last review	24/03/26
		Target control date	28/02/26



Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal
(Note: Risk Recommended as Controlled – February 2026)

Controls	Gaps in Controls	Assurances	Gaps in Assurances
<ul style="list-style-type: none"> Fixed National Institute of Health & Care Research (NIHR) Income. Research & Innovation Strategy (2022-25). Some protected job-planned time for clinical research activity. Quarterly Research Collaborative meetings with the 2 main LSC universities to develop research opportunities. Some joint appointments with university partners. University Hospitals Status Working Group and Plan. 	<ul style="list-style-type: none"> Historical and current overspend of research budget. Funding available to increase capacity and capability. Ability to engage medical colleagues in in different academic specialities to support advances in research in those areas. Strategy and appetite of universities to invest in clinical or other academic roles to be based at the Trust. 	<p><u>Level 1 Assurance</u> [None detailed]</p> <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> University Hospitals Status update to Education, Training and Research Committee. Bi-annual Research & Innovation Strategy update. Research & Innovation Committee. Education, Training & Research Committee. <p><u>Level 3 Assurance</u></p> <ul style="list-style-type: none"> Integral role in ICS R&I Collaborative. 	<ul style="list-style-type: none"> Universities are experiencing similar budget constraints and so may lack ability to invest in these areas.

Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Formulate a clear project plan to develop partnerships with potential University partners to explore UH status. This will include plans to engage the clinical teams in the specialities to support these to come to fruition.	P. Brown/ P. Martin-Hirsch/S. Canty	31.10.25 28.02.26	10.02.26	Mar 26: The project plan and milestones were presented to Education, Training and Research (ETR) Committee in February 2026.
Have Research roles in place within 2 Divisions	P. Brown	28.02.26 31.05.26		Mar 26: Chief Medical Officer supportive of appointing to roles to spread across the 4 Divisions following positive financial performance in Research & Innovation (R&I). Being reviewed to include into R&I Budget for 26/27 with an aim of advertising by the end of May 26.

Corporate Objectives

2026/27

Our values and culture

We recognise that the programme of work needed in 2026/27 will be challenging so we must continue to hold firm to our values:



Compassionate

A culture where we treat patients and colleagues with compassion, understanding and with kindness.



Collaborative

A culture where we recognise we are part of a bigger team, willing to work across boundaries to support others to achieve their aims.



Respectful

A culture where all roles or backgrounds are valued and equal, ideas are welcomed, we feel respected and supported.



Performance Focussed

A culture which is performance focussed, we strive to be the best. We are happy to be held and hold others to account in a positive, supportive manner, we are reflective and do not seek to blame.



Empowered

A culture where we are empowered and enabled to act to the full remit of our roles, we understand what we can do and feel able to act without permission.

Corporate Objectives

1. High Level Objectives

There are 5 of these aligned to the 5 P's summarising the detail of the corporate objectives. These will be used at Board level.

(Patients, Performance, People, Productivity, Partnerships)

2. Executive Objective

These explain the 5 high level objectives in detail providing executive leadership responsibility and what is expected operationally within each.

3. Cascade

The corporate objectives will be used to cascade into every leaders appraisal ensuring each leader understands their role in contributing towards achieving the objectives.

Corporate Objectives

1	Patients	Chief Medical Officer and Chief Nursing Officer
2	Performance	Chief Operating Officer
3	People	Chief People Officer
4	Productivity	Chief Finance Officer and Chief Strategy and Improvement Officer
5	Partnership	Trust Board



Corporate Objectives

Domain	Board Objective
Patients	Improve outcomes, reduce harm and deliver a positive patient experience.
Performance	Deliver agreed trajectories in clinical and financial performance
People	Create an inclusive culture with leaders at every level leading colleague engagement.
Productivity	Deliver the agreed financial plan including waste reduction programme, maximising use of resources.
Partnership	Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.

Patients



To improve patient care and experience, in particular Sepsis, Clostridium Difficile, risk assessment completion, medication safety, maternity, neonatal and childrens services whilst reducing health inequalities in our services.

Patients

Theme	Corporate Objective	Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
1.1 Women's health/ maternity/ Neonatal	Implement the national Maternity and Neonatal Improvement Plan and the Maternity Incentive Scheme	<p>Deliver the national Maternity and Neonatal Improvement Plan, which sets out a comprehensive framework for enhancing the safety, quality, and equity of care for mothers and babies. This includes</p> <ul style="list-style-type: none"> strengthening clinical leadership, improving workforce capacity embedding evidence-based practices across maternity and neonatal services. <p>Implementation will be supported by robust governance, continuous learning, and collaboration across the Integrated Care System.</p>	<ul style="list-style-type: none"> Reduction in sepsis, improved thermal stability MEWS/NEWTT2 implementation & compliance Adoption of evidence-based interventions Sustained reduction in term admissions to NICU Sustained improvements in application of Sepsis 6, smoking cessation, diabetes management Improved staffing metrics & safety culture survey scores 	Chief Nursing Officer	Safety and Quality Committee
1.2 Long Term Conditions/ local services	<p>Undertake a fundamental specialty redesign adopting the principles of the ten-year health plan. Priority areas year 1</p> <ul style="list-style-type: none"> Frailty COPD Heart Failure 	<ul style="list-style-type: none"> Redesign of those specialties involved in long term care, guided by the principles of the ten-year health plan. Rethink how services are delivered, integrating care across settings, and aligning clinical pathways with population health priorities Focus on prevention, early intervention, and multidisciplinary collaboration, ensuring that specialty services are more accessible and efficient. 	<ul style="list-style-type: none"> Reduction in emergency admissions for key LTC groups (e.g., COPD, heart failure, diabetes) Reduction in avoidable 30-day readmissions Improved LTC outcome metrics (e.g., HbA1c, spirometry stability, heart failure optimisation) Reduced variation in outcomes between sites/services % of LTC pathways aligned to evidence-based guidance and 10-year plan principles 	Chief Nursing Officer/Chief Medical Officer	Safety and Quality Committee
1.3 Specialist Services	Recognise the asset specialist services are to the organisation and the important role they play at LTH, delivering cutting edge care and being a catalyst for innovation and pioneering clinical practice	<ul style="list-style-type: none"> Foster clinical excellence. Invest in specialist expertise Ensure that services are designed and delivered in a way that meets the diverse needs of the population. Champion innovation and collaboration. 	<ul style="list-style-type: none"> We can reduce unwarranted variation in both access to care and patient outcomes, ensuring that every individual receives equitable, timely, and effective treatment regardless of geography or circumstance. 	Chief Medical Officer	Safety and Quality Committee

Patients

Theme	Corporate Objective	Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
1.4 Children and Young People	Design and deliver a children's and young people's plan to improve access to urgent and emergency care	<ul style="list-style-type: none"> Design and implement a comprehensive Children's and Young People's Plan. This plan will be developed in collaboration with healthcare professionals, education providers, local authorities, and most importantly children, young people, and their families 	<ul style="list-style-type: none"> Identifying and addressing barriers to care Streamlined referral pathways Enhancing the capacity and responsiveness of urgent care services. Creation of a more accessible, responsive, and inclusive urgent care system. 	Chief Nursing Officer	Safety and Quality Committee
1.5 Core Standards	Improve outcomes and prevent harm	<ul style="list-style-type: none"> Implement the Always Safety-First strategy 2026-2029 Deliver medicines safety and optimisation programme Continued implementation of PSIRF & demonstrate maturity in the approach to learning. Deliver within the agreed <i>C.difficile trajectory</i> Deliver annual safe staffing requirements 	<ul style="list-style-type: none"> Improved verification and reconciliation compliance Delivery of Always Safety First and learning strategy Deliver agreed <i>C.difficile trajectory</i> Deliver Maternity Incentive Scheme Deliver annual safe staffing requirements 	Chief Medical Officer Chief Nursing Officer	Safety and Quality Committee
1.6 Core Standards	Reduce occupancy across UEC pathways	<ul style="list-style-type: none"> Reduce routine boarding on ward areas Eliminate corridor care in the Emergency Department Reduce ambulance delays 	<ul style="list-style-type: none"> Reduction in the daily boarded patient metrics Cessation of corridor care outside of critical/major incidents Ambulance handover metrics 	Chief Nursing Officer	Safety and Quality Committee
1.7 Core Standards	Reduction in Health Inequalities across core20plus5 for adults and children and frailty pathways	<ul style="list-style-type: none"> Work across all pathways to implement agreed actions to further reduce health inequalities 	<ul style="list-style-type: none"> CORE20PLUS5 metrics for adults and children 	Chief Nursing Officer	Safety and Quality Committee

Performance



To increase productivity to improve waiting times for elective care, including waits for diagnostic services. To continue improvement of cancer performance to minimise the risk of harm. To develop and improve urgent and emergency care services working with our partners for improved whole system flow.

Performance

Theme	Corporate Objective	Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
2.1 Cancer	Improve patient experience through a focus on valuing patients' time by developing streamlined pathways and better communication, leading to the delivery of national standards for cancer	Redesign care pathways to be more efficient, reducing unnecessary delays and handoffs. Improved communication, both between healthcare professionals and with patients, will ensure that individuals are well-informed, supported, and actively involved in their care journey.	<ul style="list-style-type: none"> • Meet and exceed national cancer standards. • Achievement of percentage compliance for Faster Diagnosis Standards, 62 day referral to treatment and 31 days for treatment following a decision to treat as agreed in the annual plan. • Ensuring timely diagnosis, treatment, and follow-up • Fostering trust and confidence in our services. 	Chief Operating Officer	Finance and Performance Committee
2.2 Urgent and Emergency Care	Improve patient experience and performance in Urgent and Emergency Care through the delivery of the 4 hour, 12 hour and ambulance handover standards	<ul style="list-style-type: none"> • Co-design and standardise UEC pathways across providers to reduce duplication and improve consistency, working through the ICS urgent care networks • Streamline handoffs, improve communication, and reduce waiting • Explicitly targeting below-average UEC experience and long length of stay (LoS) for people presenting with mental health needs • Reduce urgent and emergency care waiting times in line with agreed plan <ul style="list-style-type: none"> - Adults 82% - Children 95% 	<ul style="list-style-type: none"> • Achieve and sustain performance at or better than national average • Same Day Emergency Care (SDEC) utilisation: % of eligible patients managed via SDEC pathways • Reduction in serious incidents related to deterioration/escalation delays; timely delivery of sepsis bundles in urgent pathways • ED Friends & Family Test (FFT) positive score: Sustained improvement quarter-on-quarter 	Chief Operating Officer	Finance and Performance Committee
2.3 Urgent and Emergency Care	Implement the strengths-based approach Days Kept Away from Home across all services	<ul style="list-style-type: none"> • Embedding a culture that values independence, supports recovery, and reduces unnecessary hospital admissions. • Fostering of multidisciplinary collaboration, enabling teams to work together to create care plans that are proactive, preventative, and tailored to each person's strengths and circumstances. 	<ul style="list-style-type: none"> • Reduction in days kept away from home • Improvement in length of stay 	Chief Operating Officer	Finance and Performance Committee

Performance

Theme	Corporate Objective	Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
2.4 Core Standards	RTT Eliminate 52-week breaches and achieve compliance trajectories as agreed in the annual plan	Reduce elective care waiting times in line with agreed and funded plan	<ul style="list-style-type: none"> Eliminate all instances of a patient waiting longer than 52 weeks for treatment Meet and exceed locally agreed compliance trajectories 	Chief Operating Officer	Finance and Performance Committee
2.5 Core Standards	Diagnostics Achievement of the 6 week diagnostic waiting times performance trajectories	Reduce diagnostic waiting times	<ul style="list-style-type: none"> Meet and exceed locally agreed compliance percentages 	Chief Operating Officer	Finance and Performance Committee

People



To improve colleague experience and create a positive organisational culture. Achieved by effective, supportive, inclusive and performance focussed line management. Aiming to reduce sickness absence, achieve compliance in appraisal and core skills, increase levels of team effectiveness and engagement, resulting in higher levels of colleague satisfaction and retention.

People

Theme	Corporate Objective	Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
3.1 Continuous Improvement, Education, Research and Innovation	Equip all our colleagues, including the Board, with the improvement skills, knowledge and confidence to drive improvements within their teams and services	<ul style="list-style-type: none"> Expand the current programme to include giving teams an understanding of the population health position 	<ul style="list-style-type: none"> Increased % workforce training in improvement skills and methodology 	Chief People Officer	Education, Training & Research Committee
3.2 Confidence and capability of leaders	Strengthen the confidence and capability of leaders	<ul style="list-style-type: none"> Roll out a range of profession specific leadership and management development programmes. Invest in the develop of the senior leadership team in the organisation. Create a senior leadership development talent map and succession plan. Increase the performance of teams through clear cascaded objective setting process and enhanced personal development planning. 	<ul style="list-style-type: none"> Delivery and strong attendance at leadership development programmes. Positive evaluation feedback and improved leadership capability as measured through appraisal. Improved staff survey outcomes linked to leadership behaviours, increased use of TED at team level, appraisal compliance and increased number of colleagues with objectives and development plans. 	Chief People Officer	Workforce Committee
3.3 Equality, Diversity & Inclusion	Improve the experience of work of colleagues with protected characteristics	<ul style="list-style-type: none"> Complete process for Antiracist framework. Deliver a talent programme for colleagues with protected characteristics. Increase confidence in disclosing disability and social economic background. 	<ul style="list-style-type: none"> To achieve bronze level of Antiracist framework. Reduced levels of discrimination reported by Black, Asian and Minority Ethnic colleagues. Reduced levels of bullying and harassment reported by Disabled colleagues. Increased, proportional representation at more senior levels of colleagues with protected characteristics. 	Chief People Officer	Workforce Committee

People

Theme	Corporate Objective	Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
3.4 Health, well being, safety and attendance	Support the health, wellbeing, safety and attendance of our workforce	<ul style="list-style-type: none"> To implement a digital sickness absence management tool. Providing targeted health and wellbeing to support colleagues with protected characteristics or from disadvantaged social economic backgrounds to remain well at work. Taking action to reduce levels of violence and aggression shown towards colleagues from patients, visitors and other colleagues 	<ul style="list-style-type: none"> Reduction in levels of sickness absence. Reduction in the overall incidents of violence and aggression in the workplace. Improved staff survey outcomes in relation to wellbeing support and colleagues feeling well at work. 	Chief People Officer	Workforce
3.5 Colleague experience and culture	Enhance colleague experience and levels of staff satisfaction	<ul style="list-style-type: none"> Embed the colleague engagement approach, to ensure colleagues have a voice and involved in sharing ideas for improvement. Increase levels of team effectiveness and engagement through greater utilisation of the TED tool. Support cultural transformation through relaunching our values, leadership behaviours and development of a cultural dashboard. 	<ul style="list-style-type: none"> Improved levels of colleague engagement and staff satisfaction across all of the NHS People Promise Indicators. Increase NHS Staff Survey response rate. 	Chief People Officer	Workforce

Productivity



To deliver the agreed Financial plan for the organisation, including the waste reduction programme, and support ongoing development of a full sustainability plan for the organisation.

Productivity

Theme	Corporate Objective	Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
4.1 Finance	Deliver the waste reduction programme without compromising quality or safety, including clinical pathway redesign, workforce optimisation, and digital innovation	<ul style="list-style-type: none"> • Delivery of agreed Waste Reduction Plan • Consistent compliance with EQIA associated governance to ensure patient care is maintained 	<ul style="list-style-type: none"> • Teams delivering to the forecasted plans • Progress in the Improvement and Assurance group (IAG) exit criteria to progress towards exiting National Oversight Framework (NOF) 5 	Chief Finance Officer	Finance and Performance Committee
4.2 Anchor Institute	Increase Local Procurement	<ul style="list-style-type: none"> • Prioritise sourcing goods and services from local suppliers, contributing to the economic stability, wealth and growth of the region 	<ul style="list-style-type: none"> • Number of active local suppliers used • Spend through collaborative arrangements (e.g., LPC) that includes explicit local social value or supplier development commitments 	Chief Finance Officer	Finance and Performance Committee
4.3 Tech and Digital	Expand use of telemedicine and Remote Monitoring	<ul style="list-style-type: none"> • Expansion of telemedicine services to provide remote consultations and monitoring, ensuring patients have access to care regardless of their location 	<ul style="list-style-type: none"> • Increased ability to manage chronic conditions and reducing hospital admissions 	Chief Strategy and Improvement Officer	Finance and Performance Committee
4.4 Tech and Digital	Implement digital Patient Engagement Tools	<ul style="list-style-type: none"> • Development of digital tools and platforms to enhance patient engagement, such as mobile apps for appointment scheduling, medication reminders, and health education 	<ul style="list-style-type: none"> • Outpatient efficient metrics • Outpatient friends and family feedback metrics 	Chief Strategy and Improvement Officer	Finance and Performance Committee
4.5 Tech and Digital	Expand the use of AI and Machine Learning	<ul style="list-style-type: none"> • Implementing AI and machine learning algorithms to enhance diagnostics, predict patient outcomes, and optimise treatment plans 	<ul style="list-style-type: none"> • More accurate and timely care, reducing the burden on healthcare professionals and improving patient experiences 	Chief Strategy and Improvement Officer	Finance and Performance Committee

Partnerships



To reduce and manage risks across the organisation, developing a learning and continuous improvement culture focused on working with partners to redesign and deliver our services to best meet the needs of our community.

Partnerships

Theme	Corporate Objective	Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
5.1 Overarching Objective	Be a collaborative system partner	<ul style="list-style-type: none"> Working with partners across Lancashire and South Cumbria to prevent ill-health, reduce health inequalities and work across organisational boundaries to develop integrated services across primary, community, and secondary care 	<ul style="list-style-type: none"> Delivery of provider collaborative priority clinical transformation schemes Delivery of phase two Pathology single service objectives 	Chief Medical Officer	Trust Board
5.2 Diagnostics	Implement the Integrated Care System-wide diagnostics strategy, including unified PACS/RIS and cardiology systems	<ul style="list-style-type: none"> Standardising Picture Archiving and Communication Systems (PACS), Radiology Information Systems (RIS), and cardiology platforms across organisations to ensure interoperability, reduce duplication, and improve the flow of information between providers 	<ul style="list-style-type: none"> More coordinated care pathways Improved access to diagnostic results Enhanced the ability to share expertise across sites 	Chief Strategy and Improvement Officer	Finance and Performance Committee
5.3 Pathology	Implement a unified Laboratory Information System across the ICS	<ul style="list-style-type: none"> To enhance diagnostic efficiency, data sharing, and clinical decision-making Streamlining of laboratory workflows, reduced duplication, and enable real-time access to test results across multiple care settings 	<ul style="list-style-type: none"> Faster turnaround times Improved accuracy Better co-ordination between primary, secondary and community care providers 	Chief Strategy and Improvement Officer	Finance and Performance Committee

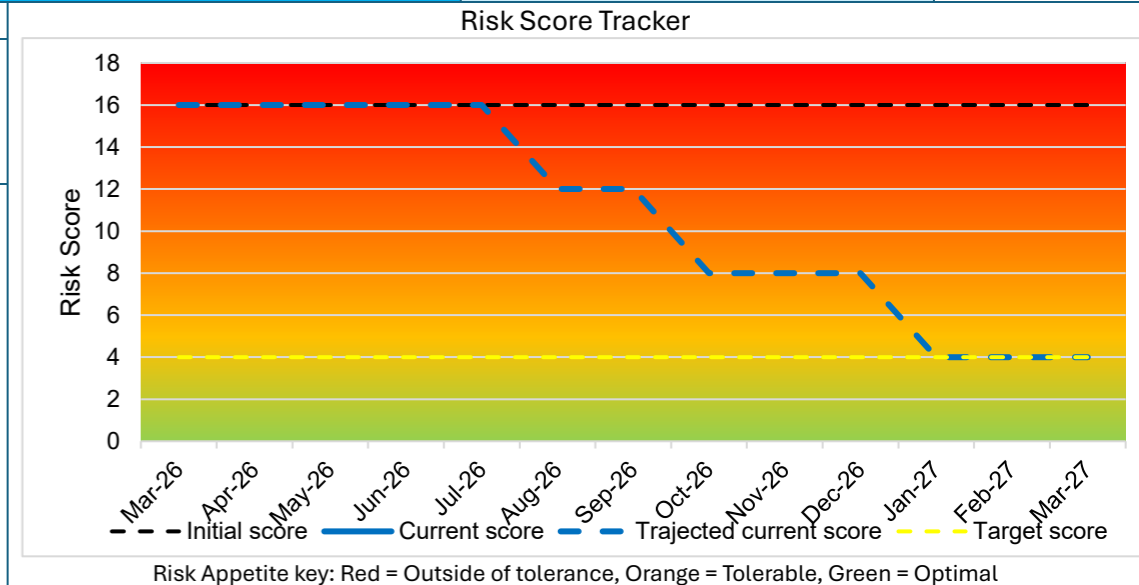
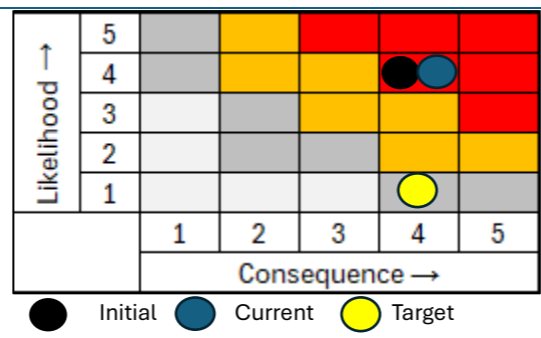
Partnerships

Theme	Corporate Objective	Scope and Focus of the Objective	How will we know if it has been achieved?	Exec Lead	Assurance Committee
5.4 Continuous Improvement, Education, Research and Innovation	Further develop our partnerships in Education	<ul style="list-style-type: none"> Enhance the learning and development of our people and future healthcare professionals Collaboration with leading universities, colleges, and training institutions placements, and research opportunities, ensuring that our people and students are equipped with the knowledge and skills needed to excel in their roles 	<ul style="list-style-type: none"> Provision of comprehensive educational opportunities fit for future healthcare education Further development of a culture of continuous learning and innovation, ultimately improving patient care and outcomes 	Chief People Officer	Education Training and Research Committee
5.5 Continuous Improvement, Education, Research and Innovation	Improve research and innovation	<ul style="list-style-type: none"> Investment in research initiatives and partnerships with leading academic institutions ensures that we stay at the forefront of advances in research We will further build our partnerships with industry to optimise supporting commercial research 	<ul style="list-style-type: none"> Improvement in the offers our patients receive to access to the latest clinical trials and treatment. 	Chief Medical Officer	Education Training and Research Committee
5.6 Community & Local Services	Vertical integration with community services, providing comprehensive pathways for Central Lancashire working with primary and social care	<ul style="list-style-type: none"> Develop comprehensive, joined-up pathways that span prevention, diagnosis, treatment, and ongoing support Vertical integration to ensure that patients experience continuity across different levels of care, from community to hospital Strengthened collaboration between services operating at the same level 	<ul style="list-style-type: none"> Reduction in health inequalities, through a reduction in gaps in access, outcomes and experience Improved management of long-term conditions (reduced emergency attendance and unpanned admissions) Shift from reactive to preventative care 	Chief Nursing Officer/Chief Medical Officer	Safety and Quality Committee

Strategic Objective: Performance		Corporate Objective: Eliminate 52-week breaches and achieve compliance trajectories as agreed in the annual plan				Overall Assurance Level	Medium																																											
Principal risk TBC (26/27) (ID TBC)	Risk Title:	Timely access to planned care					<p style="text-align: center;">Risk Score Tracker</p> <p style="text-align: center;">Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal</p>																																											
	Risk Description:	There is a risk that there is insufficient capacity to deliver the required activity levels needed to achieve performance trajectories and timely access to clinical assessment and treatment. Capacity constraints relate to insufficient workforce or physical estate shortfalls. Shortfalls in clinical capacity could result in patient harms associated with a delay in timely access to planned care, poorer patient outcomes, inability to meet national constitutional standards, claims, poor patient experience, reputational damage, and regulatory action.																																																
Committee	Finance & Performance	Risk Appetite and Tolerance	Cautious	<table border="1" style="text-align: center;"> <tr> <td rowspan="5">Likelihood ↑</td> <td>5</td><td>Grey</td><td>Yellow</td><td>Red</td><td>Red</td><td>Red</td> </tr> <tr> <td>4</td><td>Grey</td><td>Yellow</td><td>Yellow</td><td>Red</td><td>Red</td> </tr> <tr> <td>3</td><td>Grey</td><td>Grey</td><td>Yellow</td><td>Yellow</td><td>Red</td> </tr> <tr> <td>2</td><td>Grey</td><td>Grey</td><td>Grey</td><td>Yellow</td><td>Yellow</td> </tr> <tr> <td>1</td><td>Grey</td><td>Grey</td><td>Grey</td><td>Yellow</td><td>Yellow</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">Consequence →</td> </tr> <tr> <td colspan="2"></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> </table> <p>● Initial ● Current ● Target</p>		Likelihood ↑		5	Grey	Yellow	Red	Red	Red	4	Grey	Yellow	Yellow	Red	Red	3	Grey	Grey	Yellow	Yellow	Red	2	Grey	Grey	Grey	Yellow	Yellow	1	Grey	Grey	Grey	Yellow	Yellow					Consequence →				1	2	3	4	5
Likelihood ↑	5	Grey	Yellow					Red	Red	Red																																								
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Date risk opened	NEW	Date of last review	16/03/26																																															
		Target control date	31/03/27																																															
Controls		Gaps in Controls		Assurances		Gaps in Assurances																																												
<ul style="list-style-type: none"> 26/27 Annual activity & Performance plans have been outlined to deliver reduction in long waiting RTT targets, waiting list reduction and improved 18 week compliance in line with agreed trajectories. Plans include monthly trajectories and associated action plans. Clear identification of clinical priorities via the use of national clinical prioritisation codes. This enables the trust to understand the clinical priority (P2 – P6) of those patients to support scheduling the most clinically urgent. PEP+ (Patient Engagement Portal) and AI functionality to support validation of the waiting list and digital letters to support the process. The frequency of validation is monitored via Divisional and organisational performance forums. Weekly Operations Board in place to track performance and delivery of actions linked to improvement trajectories. A report for P2 patients waiting over 5 weeks is in place for Divisions to plan their elective capacity. 6-4-2 protocols in place to drive optimal use of theatre capacity. Theatre efficiency programme in place, monitored through the Elective Transformation Programme and up to the Elective Transformation Board and some parts already implemented Monitoring of benchmarking data via Model Hospital and GIRFT to drive productivity improvements. Capacity & Demand modelling has been undertaken for key specialties. Independent sector capacity is commissioned to support delivery of the required activity levels. 		<ul style="list-style-type: none"> Where specialties have a Capacity & Demand gap which can not be mitigated via improved productivity, there is a need to resource additional capacity. Restricted admin capacity to backfill short notice procedure cancellations. Limited admin and clerical resource to support the 'double entry' required to accurately administrate the independent sector activity. Limitations within the EPR (Flex Harris) system resulting in increased human administrative burden and increased risk of human error leading to data quality issues and potential patient treatment delays Limited clinician appetite to deliver additional non core activity required to deliver the required performance. Independent sector (IS) capacity is insufficient to meet the requirements of the organisation or IS providers are unable or unwilling to support the case mix requested. 		<p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> Live PTL performance report and Validation reports. <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> Oversight in Divisional Improvement Forums, Operations Board and F&P Committee. Benchmarking data analysis – model hospital, GIRFT, etc. <p><u>Level 3 Assurance</u></p> <ul style="list-style-type: none"> Fortnightly tiering meetings in place to track progress. Performance agenda established within IAGs 		<ul style="list-style-type: none"> Delays in concluding some harm reviews. Data sets lack inequalities data visibility to assess the risk to poorer outcomes between patient groups on PTLs. Limitations of EPR (Flex Harris) to link patient pathways which may result in ineffective performance management and reporting. Lack of performance and productivity data visibility at speciality level 																																												
Risk Treatment																																																		
<u>Action</u>	<u>Action Owner</u>	<u>Due Date</u>	<u>Done Date</u>	<u>Action Progress Update</u>																																														
Review of booking, scheduling and administrative resource benchmarking options	K. Foster-Greenwood	31.03.26		Mar 26: Associate Director of Operational Productivity commenced in post 16.03.26. Admin & Clerical (A&C) staff survey issued and awaiting collation of results.																																														
Capacity & Demand modelling to be undertaken for core specialties	K. Foster Greenwood	31.03.26		Mar 26: 15 Specialities now completed Capacity & Demand check and challenge with final cohort to be concluded by end March.																																														
Commission and mobilise additional Independent sector capacity	K Foster Greenwood	31.05.26																																																
Agree Phase 1 pilot AI PIFU specialties	K Foster Greenwood	31.05.26																																																
Mobilise Q1 Model Service Programme reviews	K Foster Greenwood	01.04.26																																																
Commission business case development for key specialties based on the C&D outputs (25/26)	K Foster Greenwood	30.04.26																																																

Strategic Objective: Performance	Corporate Objective: Improve patient experience through a focus on valuing patients' time by developing streamlined pathways and better communication, leading to the delivery of national standards for cancer	Overall Assurance Level	Medium
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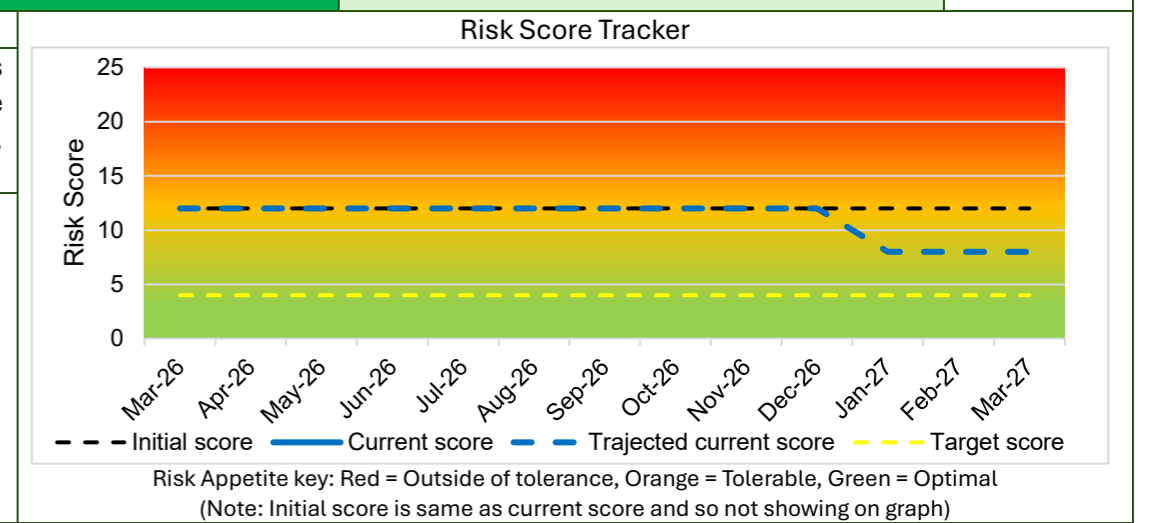
Principal risk TBC (26/27) (ID TBC)	Risk Title:	Timely access to cancer care		
	Risk Description:	There is a risk that there will be insufficient capacity to ensure timely access to cancer care as a result of critical workforce or other capital resource gaps such as Diagnostic equipment. This could result in patient harms associated with a delay in timely access to cancer care, poorer patient outcomes, inability to meet national constitutional standards, claims, poor patient experience, reputational damage, and regulatory action.		
Committee	Finance & Performance	Risk Appetite and Tolerance	Cautious	
Director	Chief Operating Officer	5Ts status	Treat	
Date risk opened	NEW	Date of last review	16/03/26	
		Target control date	31/03/27	



Controls	Gaps in Controls	Assurances	Gaps in Assurances
<ul style="list-style-type: none"> Weekly monitoring of cancer patient tracking lists (PTLs) to reduce any delays with tumour specific action plans in place. Weekly Operations Board established to track performance and delivery of actions linked to improvement trajectories. 6-4-2 protocols in place to drive optimal use of theatre capacity. Theatre efficiency programme in place, monitored through the Elective Transformation Programme and up to the Elective Transformation Board and some parts already implemented Monitoring of benchmarking data via Model Hospital and GIRFT to drive productivity improvements. Pilot of AI Robotic (LLM) RTT validation underway with high success rates identified – being mobilised across full RTT PTL. 	<ul style="list-style-type: none"> Where specialties have a Capacity & Demand gap which cannot be mitigated via improved productivity, there is a need to resource additional capacity. Limited clinician appetite to deliver additional non core activity required to deliver the required performance. Inability to successfully recruit into nationally hard to recruit to posts e.g Oncology Restricted admin capacity to backfill short notice procedure cancellations. Limitations within the EPR (Flex Harris) system resulting in increased human administrative burden and increased risk of human error leading to data quality issues and potential patient treatment delays Lack of community capacity with the closure of Community Healthcare Hub and reduced capacity at Longridge resulting in high bed occupancy and increasing the risk of capacity related elective and cancer cancellations RTF funding secured was at half the value of the submitted bid. Limited digital and validation capacity to support the AI Robotic RTT validation pilot. 	<p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> Live PTL performance report and Validation reports. Harm reviews process in place for >104 day cancer pathway patients. <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> Oversight in Divisional Improvement Forums, Operations Board and F&P Committee. Benchmarking data analysis – model hospital, GIRFT, etc. <p><u>Level 3 Assurance</u></p> <ul style="list-style-type: none"> Fortnightly tiering meetings in place to track progress Performance agenda established within IAGs 	<ul style="list-style-type: none"> Delays in concluding some harm reviews. Data sets lack inequalities data visibility to assess the risk to poorer outcomes between patient groups on PTLs. Inability to assess the risk for patients on surveillance pathways. Limitations of EPR (Flex Harris) to link patient pathways which may result in ineffective performance management and reporting. Lack of performance and productivity data visibility at tumour group level

Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Commission business case development for key specialities based on the C&D outputs (25/26)	K Foster Greenwood	30.04.26		

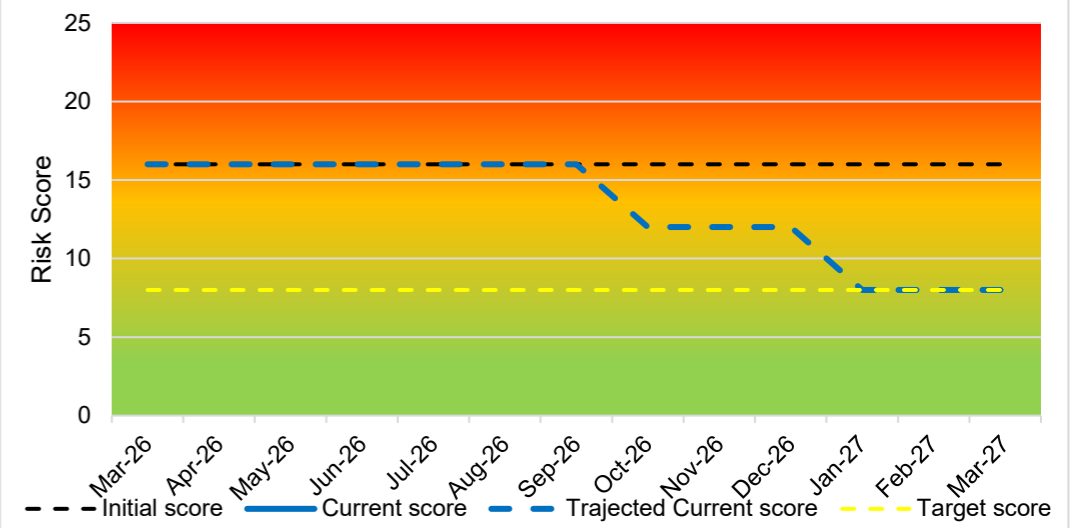
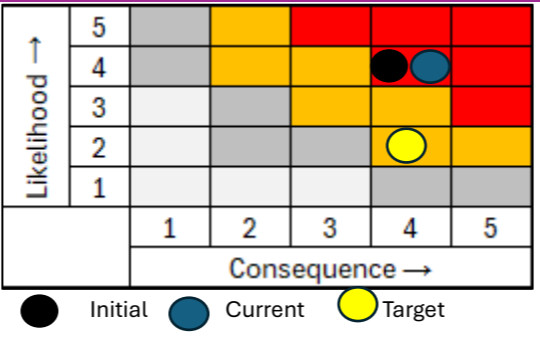
Principal risk TBC (26/27) <small>(ID TBC)</small>	Risk Title:	Experience of under-represented staff groups		
	Risk Description:	There is a risk that the Trust may not be considered a great place to work for colleagues or prospective employees across the Trust, including those in under-represented staff groups. This could result in negative experience for staff, adverse impact for colleagues with a protected characteristic, inability to retain a skilled and valued workforce, staff absence, regulatory intervention, and legal action.		
Committee	Workforce Committee	Risk Appetite and Tolerance	Open	<p>● Initial ● Current ● Target</p>
Director	Chief People Officer	5Ts status	Treat	
Date risk opened	NEW	Date of last review	17/03/26	
		Target control date	31/03/27	



Controls	Gaps in Controls	Assurances	Gaps in Assurances
<ul style="list-style-type: none"> Our People Plan Equality, Diversity and Inclusion Policy and Strategy. Single Improvement Plan. Equality, Diversity and Inclusion mandatory training. Supporting Disability in the Workplace policy and agreement. Trans and non-binary policy. Equality Impact Assessment policy and supporting toolkit. NHSE 8 High Impact Actions. NHS People Promise. Action plan in response to NHS Staff Satisfaction Survey results. Culture programme, including Zero Tolerance campaigns. Freedom to Speak Up Policy, Process and Champions. Employee Relations policies and processes. Trust Values/Best Version of Us/Leadership in Lancs frameworks. Core People Management Skills programme. EDI resources/education/toolkits Staff ambassador forums for colleagues with protected characteristics (Ethnicity, Disability and Neurodiversity, LGBTQ+). Staff engagement offer Team Engagement and Development (TED) Tool and toolkit 	<ul style="list-style-type: none"> No equivalent national Workforce Equality Standard for LGBTQ+ colleagues. ESR Declaration rates for colleagues with a long-term condition or disability. EQIA process/check and challenge in respect of EIA findings. Gaps in localised application of inclusive management practices and in addressing poor behaviours which are not inclusive. Continue to await mandates and directives following the High Court ruling with regards to protected characteristics of sex (not yet published). 	<p>Level 1 Assurance</p> <ul style="list-style-type: none"> Equality Diversity and Inclusion Annual Report Suite of NHS Staff Survey reports and corporate level action plan. Monthly reporting of participation with TED Tool. Quarterly reporting of National Quarterly Pulse data. <p>Level 2 Assurance</p> <ul style="list-style-type: none"> L&SC ICS ED&I Group. Equality, Diversity and Inclusion Strategy monitoring. Our People Plan Strategy Monitoring. Single Improvement Plan reporting. Workforce Committee. <p>Level 3 Assurance</p> <ul style="list-style-type: none"> Internal Audit review of ED&I in 2023/24 – Substantial Assurance. Five areas identified in the Workforce Race Equality Standards (WRES) where experience of subgroups is same/similar, and four areas identified in the Workforce Disability Equality Standards (WDES). North West Anti-Racist Framework. EDS2022 North West ED&I Assurance template 	<ul style="list-style-type: none"> Challenges in ability to drill down into the NHS Staff Satisfaction Survey data from a minority group/divisional basis due to low numbers and confidentiality. Areas for improvement identified in the Workforce Race Equality Standards (WRES); appointment from shortlisting, discrimination from managers, Board membership. Areas for improvement identified in the Workforce Disability Equality Standards (WDES); entering formal capability, experience of B&H or abuse, feeling valued. WRES/WDES report only completed on an annual basis Staff survey; % completion rates from a subgroup level i.e. ethnic groups or colleagues with a disability Ability to take meaningful actions which impact the Gender Pay Gap with Agenda for Change (AfC) Ability to measure progress in Divisions and Departments with regard to actions taken to address lower levels of staff satisfaction and engagement.

Risk Treatment				
Action	Action Owner	Due Date	Done Date	Action Progress Update
Work to be undertaken in conjunction with the Ethnicity forum to understand more about discrimination statistics	M Davis	28-02-26 30.09.26		Mar 26: Staff survey results have been assessed from a WRES metric perspective; 2025 results show little change from 2024. Work being undertaken to delve deeper into the data to understand experience at divisional/CBU level to see whether there's any variance i.e. good practice or hotspot areas. First meeting for the AntiRacist Working group is set w/c 9 th March 2026. Continuing issue in securing colleague engagement across all the forums (also had meetings stood down due to OPEL 4) which impacts on our ability to further understand the experiences of minoritised groups. Review of values to be undertaken in March to make inclusive, antiracist behaviours and actions more explicit.
Increasing the diversity of colleagues in band 8a and above as per WRES/WDES annual report	M. Davis	28-02-26 31.05.26		Mar 26: As noted in January, further Talent Management work will be undertaken in 2026 with a focus on supporting minoritised groups. Workforce data will be reviewed as part of the WRES/WDES reporting process in May 2026. Anticipating figures will have changed as a result of fewer posts across the organisation, TUPes etc, approx. 10% lower than the previous year.
Work to be undertaken in conjunction with the Living with Disability forum to understand more about bullying and harassment	M Davis	30-01-26 31.05.26		Mar 26: To increase engagement, CPO has agreed to support a staff story at board, and look at the possibility of external speakers to help inform and educate staff. 2025 Staff Survey results show an increase across both disabled/non disabled colleagues reporting experiencing B&H from patients/members of the public but a reduction in disparity ratio. Disabled colleagues reporting experiencing B&H from managers has increased and the disparity ratio has also increased. % of disabled and non-disabled colleagues reporting they've experience B&H from other colleagues has decreased. Work being undertaken to delve deeper into the data to understand experience at divisional/CBU level to see whether there's any variance.

Strategic Objective: People		Corporate Objective: Enhance colleague experience and levels of staff satisfaction				Overall Assurance Level		Medium	
Principal risk TBC (26/27) (ID TBC)	Risk Title:	Experience of staff and levels of staff satisfaction				<div style="text-align: center;">Risk Score Tracker</div> <p>Legend: - - - Initial score — Current score - - - Trajected current score - - - Target score</p> <p>Risk Appetite key: Red = Outside of tolerance, Orange = Tolerable, Green = Optimal (Note: Initial score is same as current score and so not showing on graph)</p>			
	Risk Description:	There is a risk that the Trust may not be considered a great place to work for colleagues or prospective employees across the Trust. This could result in negative experience for staff, adverse impact for colleagues with a protected characteristic, inability to retain a skilled and valued workforce, staff absence, regulatory intervention, and legal action.							
Committee	Workforce Committee	Risk Appetite and Tolerance	Open		<p>Legend: ● Initial ● Current ● Target</p>				
Director	Chief People Officer	5Ts status	Treat						
Date risk opened	NEW	Date of last review	16/03/26						
		Target control date	31/03/27						
Controls		Gaps in Controls			Assurances			Gaps in Assurances	
<ul style="list-style-type: none"> Our People Plan Action plan in response to NHS Staff Satisfaction Survey results. Team Engagement and Development (TED) Tool and toolkit to support team-level engagement and improvement Single Improvement Plan. Equality Impact Assessment policy. NHSE 8 High Impact (EDI) Actions. NHS People Promise. Culture programme, including Zero Tolerance campaigns. Freedom to Speak Up Policy, Process and Champions. Employee Relations policies and processes. Trust Values/Best Version of Us/Leadership in Lancs frameworks. Core People Management Skills programme. Leaders/All Colleague briefings Colleague engagement strategy and offer, including the Your Voice programme with structured leadership visibility Compassionate Performance Conversations Training & Team level civility workshops Use of Staff Survey data to support targeted bespoke OD support for lower performing teams 		<ul style="list-style-type: none"> Variation in local leadership capability and application of people management practices. Capacity and time pressures on managers limiting their ability to consistently prioritise colleague engagement, people management and follow-through on actions. System-wide operational and financial pressures limiting improvement in day-to-day experience. Gap between staff feedback and visible action at team and divisional level. Inconsistent senior leader visibility and engagement with colleagues 			<p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> Suite of NHS Staff Survey reports and corporate level action plan. Monthly reporting of TED participation and team-level engagement Quarterly reporting of National Quarterly Pulse data. Analysis of NHS Staff Survey results, including year-on-year comparison and targeted evaluation of teams receiving bespoke OD and engagement support <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> Our People Plan Strategy Monitoring. Single Improvement Plan reporting. Workforce Committee oversight and challenge <p><u>Level 3 Assurance</u></p> <ul style="list-style-type: none"> NHS Staff Survey national benchmarking and external comparator analysis Workforce Equality Standards (WRES/WDES) reporting CQC inspection/Well-Led findings NHSE/National Provider Improvement Programme 			<ul style="list-style-type: none"> Limited ability to consistently measure and evidence the impact of actions on staff experience at team and divisional level, including variation in outcomes and visibility of improvements (“voice to action”) Low completion rates of the National Quarterly Pulse, influenced by survey fatigue and operational pressures, reducing representativeness and confidence in real-time workforce insight 	
Risk Treatment									
Action		Action Owner	Due Date	Done Date	Action Progress Update				
Increase use of TED to support team-level engagement, involvement and local action planning		S. Kenny	31.03.26 30.09.26		Mar 26: Continued improvement in TED uptake, with targeted focus on teams with lower engagement. Delivery remains below Trust target, with further actions in place to increase adoption and consistency.				
Delivery of actions in NHS Staff Survey Action Plan		S. Kenny	31.03.26	10.03.26	Mar 26: Staff Survey results reviewed and key priorities identified in March WFC Paper. Corporate and divisional action planning underway, with governance through Workforce Committee to strengthen oversight and delivery.				
Strengthen senior leader visibility and engagement through structured programme of colleague engagement activity		S. Kenny	31.03.27		Mar 26: Second round of <i>Your Voice</i> events completed, generating a clearer and more focused set of actions aligned to colleague feedback. Delivery phase now underway, with increased emphasis on communication, leadership visibility and follow-through to strengthen the “voice to action” cycle ahead of July’s events.				

Strategic Objective: Productivity		Corporate Objective: Deliver the waste reduction programme without compromising quality or safety, including clinical pathway redesign, workforce optimisation, and digital innovation			Overall Assurance Level	Medium	
Principal risk TBC (26/27) (ID TBC)	Risk Title:	Delivery of the planned reduction in whole time equivalent workforce				Risk Score Tracker 	
	Risk Description:	<p>There is a risk that the Trust may not achieve the planned reduction in whole time equivalent (WTE) workforce for 2026/27. This is because of the requirement to increase performance, continued urgent and emergency care pressures and increasing patient acuity requiring workforce to be maintained or grow.</p> <p>This could result in an inability to achieve the waste reduction programme, inability to exit NHS Oversight Framework (NOF) segment 5 and further regulatory intervention.</p>					
Committee	Finance & Performance	Risk Appetite and Tolerance	Open				
Director	Chief People Officer	5Ts status	Treat				
Date risk opened	NEW	Date of last review	18/03/26	<p>● Initial ● Current ● Target</p>			
		Target control date	31/03/27				
Controls		Gaps in Controls		Assurances		Gaps in Assurances	
<ul style="list-style-type: none"> Trust planning framework. Medium term planning submission to NHS England. Workforce plan triangulated with activity and financial plans. Recruitment Policy and Procedure. Vacancy Control Panel. Equality Impact Assessment (EQIA) process to support decisions in relation to vacancy releases. Business Case Process to fully and accurately assess Whole Time Equivalent (WTE) impact for transformational schemes. Divisional Delivery Groups (DDGs) Established Programme Management Office (PMO) for management and oversight of delivery. Full assessment of expected WTE values in associated PIDs. Real time Daily Management System (DMS) dashboards for review of premium WTE usage by area (WLI/EDP/Bank and Agency). Daily variable pay control group Twice daily safe staffing oversight meetings 		<ul style="list-style-type: none"> Inability to fully develop and manage services within commissioned resources and in line with commissioning processes due to increasing demand, increased complexity and length of stay specifically patient Not Meeting Criteria to Reside (NMC2R) Gap in funding for any MARS schemes to support reductions in the size of the workforce. Operational pressures limiting management capacity to deliver schemes. Activity plan demands driving requirement for additional WTE to support delivery. Analyst capacity and skill in workforce information to provide level of assurance reporting required. 		<p><u>Level 1 Assurance</u></p> <ul style="list-style-type: none"> Grip & Control measures reported to Trust Management Board. <p><u>Level 2 Assurance</u></p> <ul style="list-style-type: none"> Monthly NHSE Provider Workforce Returns (PWR) submission for monitoring of PWR effecting WTE delivery against plan. Improvement and Assurance Group (IAG) and Waste Reduction Programme (WRP) Update to Workforce Committee. PMO WRP reporting into Finance and Performance Committee to include WTE delivery and risk. <p><u>Level 3 Assurance</u></p> <ul style="list-style-type: none"> [None] 		<ul style="list-style-type: none"> The planned reduction in whole time equivalent workforce was not met for 2025/26. WTE identified with PIDs is reliant on delivery of schemes, some of which are considered high risk. There are schemes that will result in an improved run rate, however, may not reduce WTE, the ability to explain and demonstrate this is critical. Workforce information capability and capacity is limiting progress on reliability of analysis and reporting. 	
Risk Treatment							
<u>Action</u>	<u>Action Owner</u>	<u>Due Date</u>	<u>Done Date</u>	<u>Action Progress Update</u>			
Robust monitoring and assessment of WTE plans and delivery through Divisional DDGs.	N. Pease	Monthly		Mar 26: Current WRP scheme development is in progress.			
Assessment of WTE PID delivery ambitions to identify accurate WTE values and WTE releasing schemes and align to plan.	K. Downey	31.05.26		Mar 26: Workforce plan submitted, reflective of activity growth required to achieve performance, further nuancing regarding delivery will continue to be planned in the coming month.			
Recruitment of additional workforce analyst to support financial recovery and planning.	K. Downey	31.07.26		Mar 26: Post now approved for release by VCP 17.02.26.			
Address capacity and capability within workforce information, ensuring triangulation and understanding of WTE movements in month is understood in detail through clinical, workforce, finance and operational lens.	N. Pease	30.06.26		Mar 26: Business Intelligence (BI) options explored and discounted, external support being explored to create requirements for the future. Interim plan in place to mitigate the risk.			

Risk Appetite Scale



Significant	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust
Seek	Eager to be innovative and to choose options offering higher rewards, despite inherent business risk
Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward
Cautious	Preference for safe delivery options which have a low degree of residual risk and only a limited reward potential
Minimal	Preference for very safe delivery options which have a low degree of inherent risk and only a limited reward potential
None	Avoidance of risks is a key organisational objective

*Created in conjunction with Good Governance Improvement (GGI)

Risk Matrix

Risk Rating Matrix (Likelihood x Consequence)






Likelihood ↑	5 Almost Certain	5 Moderate	10 Significant	15 High	20 High	25 High
	4 Likely	4 Moderate	8 Significant	12 Significant	16 High	20 High
	3 Possible	3 Low	6 Moderate	9 Significant	12 Significant	15 High
	2 Unlikely	2 Low	4 Moderate	6 Moderate	8 Significant	10 Significant
	1 Rare	1 Low	2 Low	3 Low	4 Moderate	5 Moderate
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic	
	Consequence →					

Derived from National Patient Safety Agency Risk Matrix



Appendix 5 – Current and Proposed Risk Appetite

- Recommend:
 - Risk Appetite for the ‘Productivity’ Strategic Objective to be changed from ‘Cautious’ to ‘Open’ as discussed at the Board Workshop.
 - Retain the same risk appetite for the remaining Strategic Objectives.
 - Risk appetite statement is updated in line with these revisions.

Strategic Objectives (5 P's)	Current Risk Appetite	Current Rationale	Proposed Risk Appetite	Proposed Rationale
 Patients - deliver excellent care  Performance - deliver timely, effective care	Cautious	Providing safe and effective care for patients is paramount and so we have a low tolerance of risks which would adversely affect the quality and safety of clinical care. The Trust recognises that there may be an adverse impact on other Strategic Objectives, but we prefer safe delivery options for patients with a low degree of residual risk, and we aim to work to regulatory standards.	Cautious	No change
 People - be a great place to work	Open	We are willing to accept some risk where there is a potential to improve recruitment, retention and employees’ personal development.	Open	No change
 Productivity - deliver value for money	Cautious	We are committed to working within our statutory financial duties and will accept risks that may result in limited financial impacts or losses on the basis that there are clear and justifiable opportunities to enhance patient care and outcomes.	Open	We are willing to accept quantifiable and well-controlled financial risk where there are tangible benefits and opportunities to restore financial balance, e.g. invest to save programmes.
 Partnership - be fit for the future	Seek	We are willing to consider all possible solutions to providing sustainable healthcare for local communities, while maintaining a low tolerance for risks to quality or patient safety.	Seek	No change


Appendix 6 – Current and Proposed Risk Tolerance

- No Changes recommend

Strategic Objectives (5 P's)	Current Risk Tolerance	Current Rationale	Proposed Risk Tolerance	Proposed Rationale
Patients - deliver excellent care Performance - deliver timely, effective care	1-6	We are not willing to tolerate moderate (or worse) harm, however there will always remain a small possibility of adverse outcomes despite the fullest range of safety measures being put in place.	1-6	No change
People - be a great place to work	4-8	Whilst recognising that the need to meet unprecedented demand for services and to make significant changes will impact on our workforce, the safety and wellbeing of staff is a priority, and we are guided by our shared values.	4-8	No change
Productivity - deliver value for money	8-12	Acute trusts face considerable financial and operational changes which are heavily influenced by external factors outside of our direct control. Transformational changes needed to meet this challenge inevitably carry a degree of risk.	8-12	No change
Partnership - be fit for the future	8-12	To transform our services, develop our infrastructure and mature system leadership arrangements we will need to consider all possible solutions to drive innovation and therefore tolerate some degree of risk.	8-12	No change

REFERENCES

Only PDFs are attached

 9.2 CQC Mental Health Act Focused Visit Report Ancillary Papers.pdf

Meeting of the	Board of Directors		2nd April 2026
	Part I <input checked="" type="checkbox"/>	Part II <input type="checkbox"/>	
Title of Report	Care Quality Commission Mental Health Act Monitoring Visit Report		
Report Author	Rachel Sansbury - Deputy Chief Nursing Officer		
Lead Executive Director	Sarah Morrison - Chief Nursing Officer/ Deputy Chief Executive		
Recommendation/ Actions required	The Board of Directors is asked to: Discuss and note the positive content of the report and the response to the findings of the report.		
	Decision <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>

1. Introduction

The purpose of this paper is to provide the Board of Directors with an overview of the Care Quality Commission's (CQC) visit to Lancashire Teaching Hospitals NHS Foundation Trust that took place on 8th and 9th September 2025. The visit was an announced short notice review as part of the CQC's planned Mental Health Act (MHA) monitoring visits. The purpose of the visit to Royal Preston Hospital and Chorley and South Ribble Hospital was to monitor the use of the Mental Health Act (MHA) and assess compliance with the MHA Code of Practice in acute hospital settings. The report has been considered by the Safety and Quality committee.

2. Discussion

By law, the CQC is required to monitor the use of the Mental Health Act 1983 to provide a safeguard for individual patients whose rights are restricted under the Act. Mental Health Act Reviewers do this on behalf of CQC, by interviewing detained patients or those who have their rights restricted under the Act and discussing their experience. They also talk to relatives, carers, staff, advocates and managers, and they review records and documents. Visits to places of detention under the MHA are one way in which CQC carries out its duties as part of the UK National Preventive Mechanism (NPM) under the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The CQC recognises that people in detention are particularly vulnerable and require external oversight to prevent their ill treatment.

This was the first occasion that the Trust had received a Mental Health Act Monitoring visit, and the Trust was supported in preparing for the visit by the LSCFT Head of Mental Health Act Law and the LSCFT Deputy Chief Nursing Officer.

The CQC shared a report of the visit on 20th January 2026 (appendix 1). The report sets out the findings from the visit at the Trust. This is not a formal inspection and so there are no ratings and the report is not published. The CQC will share reports with the regulatory arm of the CQC especially when concerns are identified. Section 120B of the MHA allows CQC to require providers to produce a public statement of the actions that they will take as a result of a monitoring visit, setting out how any improvements needed to ensure compliance with the Act and its Code of Practice will be made. The Trust completed this in the form of a provider action statement which was submitted to CQC on 9th February 2026.

2.1 Areas Inspected

As part of their visit the CQC carried out:

- Short notice announced visits to wards caring for patients detained under the MHA.
This included;
 - I. Ward 18 and Barton ward at Royal Preston Hospital who both had patients detained under section 3 of the MHA
 - II. Rookwood B at Chorley and South Ribble Hospital who had a patient detained under section 2 of the MHA
 - III. Brindle ward at Chorley and South Ribble Hospital where a patient had recently been discharged following being detained under section 2 of the MHA
- A review of the facilities available to patients admitted or detained with mental health needs.
- Discussions with 3 detained patients across both hospitals to gain their feedback.
- Discussions with family/carers for all the detained patients to gain their feedback.
- Discussions with staff across the ward areas where patients were detained.
- A review of patient records, including detention documentation, care plans, capacity assessments, daily notes, risk assessments and ward round notes.
- Interviews with Deputy Associate Director of Risk and Assurance, the Matron for Mental Health, Learning Disabilities and Autism, the Mental Health Liaison Team Service Manager, the Deputy Chief Nursing Officer and 2 Matrons.
- A review of a portfolio of evidence provided by the Trust with support and input from LSCFT.

2.2 Findings

Overall, the findings of the monitoring visit were positive. The CQC identified 1 concern regarding the length of time patients are delayed in the acute hospital setting awaiting inpatient mental health care. A brief summary is provided below, and the full report is found in appendix 1.

The use of the MHA

- The CQC did not identify any concerns regarding the use of the MHA.
- The CQC were assured that there were clear processes in place to gather data relating to mental health activity across the Trust. This also involved addressing common issues as well as a clear reporting procedure up to board level.
- All documentation that the CQC reviewed was fully completed and met the standards required including lawful detentions.
- Feedback shared with the CQC from carers was positive, one carer shared with CQC that staff “went the extra mile to do their best”, even though their loved one was not in a setting appropriate to meet their mental health needs.

Care in the Emergency Department (ED)

The ED was not visited during the review, however the CQC reviewed evidence submitted by the Trust regarding patient pathways and care in the ED.

The reviewer did not identify any concerns and noted the positive impact of the role of the Trusts High Intensity User Practitioner working in collaboration with mental health services to support people affected by mental illness.

Partnership working

The CQC did not identify any concerns regarding the governance arrangements between LSCFT and the Trust. The CQC found evidence of collaborative working between LSCFT and the Trust with a focus on a “problem solving” approach in working together.

Management of detained patients

The CQC spoke with staff across 4 wards who described being reassured by the colleagues and processes in place to support them in caring for patients who are detained. There were no concerns identified on how the Trust managed patients who were detained. However, CQC identified concern about patients remaining in the acute Trust for longer than required when they had no physical health care needs. Information shared with the CQC detailed that between July 2024 and August 2025 a total of 40 patients had been detained to the Trust and had experienced a delay once they were ready for transfer to inpatient mental health care. The average length of stay for patients once ready for transfer to admission to a mental health setting was 15.2 days. The longest length of stay was 45 days for 2 patients. The CQC visit report notes that there were 52 patients over a 12 month period who were delayed with delays in discharges from 3 weeks to 3 months. The discrepancy in the data reported has been shared with the CQC, as this is not a formal report that is published publicly there is no factual accuracy checking process in place.

2.3 Actions taken

The CQC asked the Trust to take 2 actions following the visit. The provider action statement in appendix 2 and the LSCFT provider action statement in appendix 3 provide full details of the actions taken. These were submitted to CQC as part of the Trust’s response on 9th February 2026. Table 1 below provides a summary of the concerns and actions taken. Progress against the delivery of the actions will be included in the quarterly regulatory assurance report provided to the Safety and Quality Committee.

In 2025 NHSE capital funding was secured to convert the space formerly used as the Acute Frailty Assessment Unit into a dedicated mental health review centre. This area is located adjacent to ED and will provide a dedicated area for patients presenting with mental health concerns to be seen by the mental health team in a more suitable environment, allowing more timely assessment and care planning. Feedback from the implementation of mental health review centres in other Trusts shows some early indication of a reduction in patients admitted to the acute Trust, through proactive joint assessment and care planning facilitated by the dedicated space and co-location of teams from physical and mental health.

Table 1 – Summary of actions

	Actions required by CQC	Actions taken	Lead	Timescale
1	Standard request for all providers. Please advise how you have shared with patients the findings from our visit (where appropriate and respecting individual patients' confidentiality and safety) and how patients responded to the information shared. Please include how you involved patients in developing your response to our findings and how they will be involved in monitoring completion of your actions, where appropriate.	All patients, family members and carers who shared feedback with the CQC have been contacted and offered the opportunity to share further feedback via a survey	Louise Swarbrick Matron Mental Health, Learning Disabilities and Autism	08 February 2026 Completed.
		Patients who are detained under the MHA will be invited to share feedback through a structured survey during a 1:1 visit with the Matron. Analysis from surveys will be shared quarterly at the Patient Experience, Involvement and Engagement Group and the Mental Health Interface Meeting	Louise Swarbrick Matron Mental Health, Learning Disabilities and Autism and John Howles, Associate Director of Quality and Experience	30 th April 2026
2	What assurances can be provided that all efforts are made to minimise delays in discharge for all patients with no medical requirement to be in an acute hospital environment. Any information pertaining to discussions with LSCFT or other agencies to minimise these delays, where possible.	Report findings shared with LSCFT, and provider action statement completed for sharing with the CQC	Dr Gareth Jones Deputy Chief Executive and Chief Medical Officer LSCFT	9 th February Completed
		The Trust will continue to work within the system escalation processes to ensure that delays for patients are reported and escalated for action with LSCFT, the Integrated Care Board and NHS England	Laura Walsh Deputy Chief Operating Officer	Completed and ongoing
		The Trust will continue to ensure that assurance and oversight on care is in place for patients who are detained and delayed via the Safeguarding Board and the Safety Triangulation Accreditation Review (STAR) audit and assurance framework	Rachel Sansbury Deputy Chief Nursing Officer	Completed and ongoing

3. Financial implications

Any reduction in delays for patients to transfer from acute beds at the Trust to inpatient mental health care at LSCFT is likely to have a positive financial impact for the Trust. Patients awaiting inpatient mental health care often require additional staff to support their safety in the form of Health Care Assistants providing Enhanced Therapeutic Observation and Care (ETOC) on a 1:1 basis.

4. Legal implications

The visit report provides assurance that the Trust is fulfilling its duties under the MHA. Compliance with the MHA and the and the MHA Code of Practice is a mandatory. Failure to comply risks unlawful detentions of patients and regulatory enforcement action by the CQC.

5. Risks

The delay for patients accessing inpatient mental health care is recognised on the operational risk register which details the controls in place. Risk ID 155 "Lack of LSCFT mental health beds resulting in prolonged stay on LTHTR inpatient wards and Emergency Department" is scored as a 9, significant. **Impact on stakeholders**

The concern identified in the visit will continue to impact on patients, staff, the Trust, LSCFT and the population of Lancashire and South Cumbria should the system be unable to take effective action to reduce the delays.

6. Recommendations

It is recommended that the Board of Directors

- i. Discuss and note the positive content of the report and the response to the findings of the report.



Sarah Morrison
Nominated Individual
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Trust
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CQC Mental Health Act
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Telephone: 03000 616161
(press option 1 when prompted)
Email: mhamonitoring@cqc.org.uk
www.cqc.org.uk

20 January 2026

MHA Focused Visit Reference number: MHV-0000002862
Visit to Royal Preston Hospital and Chorley and South Ribble Hospital
Visit on 9 September 2025

Dear Mrs Morrison

Mental Health Act 1983 monitoring visit report

Please find attached the report completed following our Mental Health Act (MHA) monitoring visit to the above ward. This report should be circulated to the relevant individuals within your organisation including the ward manager.

During this visit we had concerns about the use of the MHA, the implementation of the Code of Practice and/or the experience of patients. These concerns are detailed in the attached report.

Section 120B MHA allows the Care Quality Commission to require providers to produce a statement of the actions that they will take as a result of an MHA monitoring visit. Please fully address the concerns raised and reply using the enclosed provider action statement (PAS) to mhavisitingservices@cqc.org.uk by **9 February 2026**.

If you are not able to send the completed action plan by this date, you should inform us as soon as possible and before the deadline, to explain why this is.

Please note that information gained through our MHA monitoring activity, including responsiveness to our communications, may be shared with regulatory colleagues.

We would like to thank your staff for their support during this visit.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Fahima Patel', with a small 'm.' or similar mark to the left.

Fahima Patel
Mental Health Act Reviewer

Mental Health Act 1983 monitoring visit

Provider	Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR)
Location names	Royal Preston Hospital Chorley and South Ribble Hospital
Visit date	9 September 2025
Visit reference	MHV-00000002862

Overall findings

Introduction

We visited Royal Preston Hospital and Chorley and South Ribble Hospital to monitor the use of the Mental Health Act (MHA) and compliance with the Code of Practice in acute hospital settings. There is more information about MHA monitoring visits in the appendix to this letter.

On the day of our visit to Royal Preston Hospital, we visited Ward 18 and Barton ward. Both patients were detained under section 3 MHA. At Chorley and South Ribble Hospital we visited Rookwood B and Brindle wards. One patient had recently been discharged, and the other patient had been detained under section 2 MHA.

How we completed this visit

Our visit was short-notice announced.

During this visit we:

- reviewed the facilities available to patients admitted or detained with mental health needs
- spoke with 3 detained patients across both hospitals
- spoke with carers for all the detained patients
- spoke with staff across the wards where patients were detained
- reviewed some patient records, including detention documentation, care plans, capacity assessments, daily notes, risk assessments and ward round notes

- interviewed the Deputy Director for Governance and Assurance, the Lead Nurse for Mental Health and Learning Disabilities, the Emergency Department Liaison Service Manager, the Deputy Chief Nurse and 2 Modern Matrons
- reviewed an evidence portfolio provided by LTHTR, this included:
 - i. minutes of any partnership meetings between LTHTR and Lancashire and South Cumbria NHS Foundation Trust (LSCFT)
 - ii. locations and figures of all detained patients within the last 12 months
 - iii. information relating to MHA training for clinical staff
 - iv. information relating to how incidents are reported and escalated
 - v. the “mental health section process”
 - vi. how to deliver the function of hospital managers under the MHA
 - vii. use of section 12 MHA doctors
 - viii. contact information for other relevant stakeholders and a nominated mental health lead for the trust
- provided feedback to senior trust staff at the end of the visit.

Detailed findings

The use of the MHA

We reviewed documentation provided to us prior to our visit, and were assured that there were clear processes in place to gather data relating to mental health activity across the trust. This also involved addressing common issues as well as a clear reporting procedure up to board level.

We reviewed electronic records of all documentation relating to the detention of detained patients under the MHA. All staff had access to the electronic system and could access the relevant records. All current detained patients across the trust had paper copies of documentation relating to their detentions. This included the section paperwork, the section 132 rights proforma and any relevant treatment authorisation certificates. Although no patients had section 17 leave authorised, staff told us that they would keep signed copies of this in the patient's paper records on their wards if required.

Feedback received from carers was positive, for example, one person told us that staff "went the extra mile to do their best", even though their loved one was not in a setting appropriate to meet their mental health needs.

The trust had detained patients under section 5.2 MHA in the past. Staff informed us that this had decreased recently. Nursing staff across the wards where patients were detained, were responsible for ensuring that patients had their section 132 rights explained to them. We reviewed a number of flow charts available to all staff relating to MHA compliance and where to access any support needed to comply with the Act.

Patients could access advocacy support as required through the Mental Health Liaison Team (MHLT) making the relevant referrals.

We reviewed a number of training programmes that were rolled out across the trust. All levels of safeguarding training (adults and children), mental health risk identification and management tool and conflict resolution training had a high uptake amongst all bandings of staff. Safeguarding training also included some aspects of Mental Capacity Act (2005) training.

Care in the emergency department

The trust's lead for mental health, learning disabilities and autism alongside the mental health specialist practitioner sat within the safeguarding team. Both roles employed people who were registered professionals within the mental health sector. An ED consultant was the named doctor for safeguarding adults, which doubled as the ED mental health lead. Senior trust staff informed us that these specialised roles had further strengthened the trust's responsibilities related to the MHA and ensuring staff knowledge, skills and training remained an ongoing priority. This also included monitoring trends across the trust around new policies, guidance and governance

around patients presenting with mental health needs. The current head of safeguarding was also a registered mental health nurse, which provided further assurances to staff across the wards if they required any support.

There was a “Trust Single Improvement Plan” in place to focus on improving least restrictive practice and improve the experiences of patients attending one of the acute sites with a mental health support need. The project also included improving the experiences of all adults, young people and vulnerable children under the care of LTHTR.

A High Intensity User (HIU) lead was also available to support patients who attended the emergency department on multiple occasions with mental health needs. Information we reviewed from the evidence portfolio stated that the purpose of this role was to introduce a non-medical approach to supporting patients.

LTHTR were also looking to address health inequality across the patients attending the ED. This included signposting patients to other resources and community provisions to address any presenting mental health needs. The HIU also worked collaboratively alongside LSCFT’s Frequent Attenders team.

Partnership working

The MHLT was based at Royal Preston Hospital and staff informed us that they were responsive to any requests made for their involvement across the trust. Staff said that they kept a permanent staff member based at Chorley and South Ribble Hospital to minimise delays for anyone attending the ED in a mental health crisis.

Bespoke training on “trauma-affected interventions” had been provided to security staff. Staff across the wards informed us that if a patient’s risk escalated and could not be safely managed, the security team would be contacted to provide support. Staff stated that security colleagues would arrive in a timely manner and would utilise de-escalation techniques before the consideration of restraint.

We spoke with senior trust staff who informed us that LTHTR and LSCFT were working collaboratively to address the issue of bed management and delayed discharges as a priority. We also found evidence of collaboration with other agencies. Information and meeting minutes we reviewed suggested a positive relationship with LSCFT. This relied on a “problem solving” focus between both trusts, ensuring that the safety and governance of patients and staff remained paramount.

A Multi-Agency Oversight Group (MAOG) was attended by all acute trusts supported by LSCFT. We reviewed some minutes from a meeting that took place in May 2025 and some issues were highlighted relating to patients absconding from the ED. MAOG minutes stated that staff were reliant on the police to provide support in the event that someone left 1 of the acute sites. There was also consideration for section 136 MHA powers to safeguard patients.

Management of detained patients

We spoke with staff on the 4 wards we visited across both hospitals. Staff informed us that there were electronic guides available to them to access information relating to the MHA. A trust-wide “Mental Health Big Room” was also available for all staff to access. This space was used to discuss any concerns staff had about supporting patients with mental health needs, this also included if there had been any incidents of note to discuss.

Staff we spoke with were reassured that they received detailed information when a newly detained patient was admitted to 1 of their wards. They informed us that this often included a hospital passport, an assessment by the MHLT as well as carer information. Staff also advised us that they were supported by the MHLT as a whole, the trust’s lead for mental health as well as the mental health specialist practitioner. Staff spoke positively about the support they received.

We reviewed 1 patient’s treatment authorisation certificates and found that there was a section 62 form and a T6 certificate available in the patient’s records. We also found information about a discussion between the MHLT consultant and the patient whereby new medication was being considered. The consultant had made a second opinion approved doctor’s request before commencing this new treatment, in keeping with a least restrictive approach.

An electronic-learning mental health package was expected to be undertaken by all staff. Uptake on this training was higher than 90% on all 4 wards we visited across both hospitals. The trust’s lead for mental health was also able to arrange additional training if any concerns or themes had been highlighted by staff. Bespoke mental health training could be provided by LSCFT, based on the service level agreement. A “mental health awareness in acute settings” training package had also been commissioned to be delivered by an external agency.

We reviewed information provided in the evidence portfolio and found that many patients remained at the acute sites for longer than required, with no physical health needs. We raise this as a concern later in our report.

Action required

Section 120B MHA allows the Care Quality Commission (CQC) to require providers to produce a statement of the actions that they will take as a result of an MHA monitoring visit. Your action statement should include the areas set out below and reach us by the date specified in our cover letter.

1 Empowerment and involvement

Code of Practice chapter: 1

Standard request for all providers

Please advise how you have shared with patients the findings from our visit (where appropriate and respecting individual patients' confidentiality and safety) and how patients responded to the information shared.

Please include how you involved patients in developing your response to our findings and how they will be involved in monitoring completion of your actions, where appropriate.

2 Efficiency and equity

MHA section: 140

Relevant Code of Practice paragraphs: 1.20, 14.80, 14.81 and 14.86

Concern raised

Patients were routinely being admitted to the acute trust's sites for longer than required, where they no longer had any medical needs which required treatment. This was due to a lack of appropriate community placements and/or mental health beds available for patients to be transferred to.

The trust acknowledged that this was an ongoing concern and had been prioritised as a collaborative oversight project alongside LSCFT.

Upon reviewing the evidence portfolio provided by LTHTR, we found that 52 patients within a 12 month period had been delayed discharges due to a lack of appropriate accommodation/mental health beds being available. Delays in discharges were from 3 weeks to 3 months in some cases.

Action required

What assurances can be provided that all efforts are made to minimise delays in discharge for all patients with no medical requirement to be in an acute hospital environment.

Any information pertaining to discussions with LSCFT or other agencies to minimise these delays, where possible.

What is a Mental Health Act (MHA) monitoring visit?

By law, the Care Quality Commission (CQC) is required to monitor the use of the Mental Health Act 1983 to provide a safeguard for individual patients whose rights are restricted under the Act.

Mental Health Act Reviewers do this on behalf of CQC, by interviewing detained patients or those who have their rights restricted under the Act and discussing their experience. They also talk to relatives, carers, staff, advocates and managers, and they review records and documents.

Visits to places of detention under the MHA are one way in which CQC carries out its duties as part of the UK National Preventive Mechanism (NPM) under the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT recognises that people in detention are particularly vulnerable and requires States to set up a national level body that can support efforts to prevent their ill treatment, in part through making recommendations with the aim of improving the treatment and conditions of persons deprived of their liberty.

This report sets out the findings from a visit to monitor the use of the Mental Health Act at the location named above. It will feed directly into our public reporting on the use of the Act and to our monitoring of your compliance with the Health and Social Care Act 2008.

We do not publish this report, although it would not be exempt under the Freedom of Information Act 2000 and may be made available upon request. Section 120B of the MHA allows CQC to require providers to produce a public statement of the actions that they will take as a result of a monitoring visit, to set out how you will make any improvements needed to ensure compliance with the Act and its Code of Practice. You should involve patients as appropriate in developing and monitoring the actions that you will take. You should notify us of action taken to inform patients of what you are doing to address these findings.

Information for the reader

Document purpose	Mental Health Act monitoring visit report
Author	Care Quality Commission
Audience	Providers
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Contact details for the Care Quality Commission

Website: www.cqc.org.uk

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Postal address: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Provider Action Statement

Please use this template to tell CQC about the improvements you will make in response to your visit feedback report, including how and when the improvements will be made.

You should involve service users to determine the actions to be taken and to monitor their completion, wherever appropriate.

If you wish, you can use the 'comments' box to make any comments in response to our findings. If you need to add more actions, please copy and paste as many tables as you need for each action and make sure that you number each one.

Your Action Statement should be signed by the registered person. Please note if you don't have an electronic signature then please type your name into the box and then and returned to CQC by the date that we stated in our visit report.

Please list your actions on the following pages for each of the areas where we have specified that improvement is needed.

Please return to: mhavisitingservices@cqc.org.uk

Concerns

Concern no.	Domain and issue:	MHA Section & CoP Ref:
1	Please include the following (taken from the MHA report this PAS relates to): <ol style="list-style-type: none"> 1. <i>Domain number</i> 2. <i>Domain area</i> 3. <i>Copy and Paste "We found" section from report</i> 4. <i>Copy and Paste "Your action statement should address:" section from report</i> 	Insert the following: MHA Section Number CoP Chapter Numbers
Action you will take:		
How you will know it is achieved:		Date when action will be completed: (dd/mm/yyyy)
Comments:		Name of responsible manager:

Concern no.	Domain and issue:	MHA Section & CoP Ref:
2	Please include the following (taken from the MHA report this PAS relates to): <ol style="list-style-type: none"> 1. <i>Domain number</i> 2. <i>Domain area</i> 3. <i>Copy and Paste "We found" section from report</i> 4. <i>Copy and Paste "Your action statement should address:" section from report</i> 	Insert the following: MHA Section Number CoP Chapter Numbers
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Comments:		Name of responsible manager:

Concern no.	Domain and issue:	MHA Section & CoP Ref:
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Concern no.	Domain and issue:	MHA Section & CoP Ref:
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How you will know it is achieved:		Date when action will be completed: (dd/mm/yyyy)
Comments:		Name of responsible manager:

Concern no.	Domain and issue:	MHA Section & CoP Ref:
13	Please include the following (taken from the MHA report this PAS relates to): <ol style="list-style-type: none"> 1. <i>Domain number</i> 2. <i>Domain area</i> 3. <i>Copy and Paste "We found" section from report</i> 4. <i>Copy and Paste "Your action statement should address:" section from report</i> 	Insert the following: MHA Section Number CoP Chapter Numbers
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Concern no.	Domain and issue:	MHA Section & CoP Ref:
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How you will know it is achieved:		Date when action will be completed: (dd/mm/yyyy)
Comments:		Name of responsible manager:

Individual patient issues

Issue no.	Patient Code:	
1	Please copy and paste the individual patient issue here:	
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Comments:		Name of responsible manager:

Issue no.	Patient Code:	
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Comments:		Name of responsible manager:

Issue no.	Patient Code:	
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How you will know it is achieved:		Date when action will be completed: (dd/mm/yyyy)
Comments:		Name of responsible manager:

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Comments:		Name of responsible manager:

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Issue no.	Patient Code:	
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Action you will take:		
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Comments:		Name of responsible manager:

Issue no.	Patient Code:	
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Action you will take:		
How you will know it is achieved:		Date when action will be completed: (dd/mm/yyyy)
Comments:		Name of responsible manager:

Signature: (on behalf of the registered person - if you do not have facility to use an electronic signature we will accept a typed name)	
Name:	
Role:	
Date: (dd/mm/yyyy)	

Please return to: mhavisitingservices@cqc.org.uk

9.3 ALWAYS SAFETY FIRST SAFETY AND LEARNING STRATEGY

REFERENCES

Only PDFs are attached

 9.3 Always Safety First Strategy 2026-2030 April 26.pdf

Meeting of the	Board of Directors		2nd April 2026
	Part I <input checked="" type="checkbox"/>	Part II <input type="checkbox"/>	
Title of Report	Always Safety First: Safety and Learning Strategy (2026-2030)		
Report Author	H Ugradar, Associate Director of Safety and Learning C Gregory, Deputy Chief Nursing Officer S Morrison, Deputy Chief Executive and Chief Nursing Officer		
Lead Executive Director	S Morrison, Deputy Chief Executive and Chief Nursing Officer		
Recommendation/ Actions required	The Board of Directors are asked to approve the new Always Safety First: Safety and Learning Strategy 2026-2030 noting the Safety and Quality committee have endorsed the approval and scrutinised the strategy. The Safety and Quality Committee will receive bi-annual updates on the outcomes and progress of the strategy.		
	Decision <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>



Always
Safety First

Always Safety First Enabling Strategy 2025-2030

Working together to improve the safety, outcomes and experience of the population we serve, by developing highly reliable systems and fostering a culture of psychological safety, learning and continuous improvement.





Always
Safety First

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OUR TRUST STRATEGY 2025-2030

Our roles

The provider of specialist services for the population of Lancashire and South Cumbria and a provider of local services for the population of Central Lancashire

A centre for Continuous Improvement, Education, Research and Innovation

As an Anchor Institution – where social value and sustainability is aligned to the health and wealth of our population

Working together to improve the health and wealth of the population we serve

Our Approach and Services

Cancer

Innovate and transformational in the design and delivery of care for our patients and local populations.

We commit to sharing service from hospital to community and a shift from treatment to prevention, underpinned by a shift from analogue to digital.

Long term conditions

Children and young people

Pathology

Community and local services

Specialised services

Diagnostics

We will work in partnership to reduce health inequalities and improve access to care.

We will continually improve services through research, innovation and the Lancashire Improvement Method.

Urgent and Emergency

Women's health, Maternity and Neonates



Our sites

Royal Preston Hospital

Chorley & South Ribble Hospital

Broadoaks: Child Community Centre

Preston Business Centre: Specialist Mobility Rehabilitation Centre

Preston Healthport: Community Diagnostic Centre

Introduction

Our aim is to become a leading, safety-driven and learning-led organisation. This strategy sets out how we will improve the safety, outcomes and experience of the population we serve by strengthening our safety culture, designing highly reliable systems and delivering measurable improvements in patient outcomes and experience over the next five years. It builds on the strong foundations of our first Always Safety First Strategy and reflects our ambition to accelerate progress towards a consistently safe, transparent and learning-focused organisation.

The first Always Safety First Strategy (2021-2024) established a shared language for safety, strengthened patient involvement, introduced Safety-II principles and laid the foundations for improved governance, surveillance and learning systems. It helped create the basis for a more open and learning-focused culture.

As part of developing this new strategy, we reflected on what has worked well and on the lessons we have learned including the need for greater consistency, stronger digital support, deeper improvement capability and more reliable systems across all services. This new strategy builds directly on those insights, strengthening what works and addressing where further progress is required.

This strategy also represents an important shift. Alongside strengthening safety processes and systems, we are placing a renewed emphasis on people, the behaviours, relationships and conditions that enable colleagues to speak up, feel safe, and learn together. A supportive, psychologically safe culture is essential for learning and improvement. We are therefore moving from a strategy that focused primarily on safety systems to one that explicitly integrates safety and learning, recognising that how we learn how we understand, share and act on insight is central to delivering safer care.

Developed through extensive engagement with colleagues, patients, communities and partners, the strategy reflects insight from frontline teams, patient experience, incidents and wider safety intelligence. It aligns with national direction including the NHS Patient Safety Strategy, the Patient Safety Commissioner Principles, the Patient Safety Incident Response Framework (PSIRF), the Patient Safety Health Inequalities Reduction Framework, the NHS Digital Clinical Safety Strategy, and strengthened CQC expectations.

Welcome to our
Always Safety First
strategy

2025-2030



Professor Mike Thomas
Chair



Professor Silas Nicholls
Chief Executive

Our strategic framework

As an enabling strategy, the Always Safety First: Safety and Learning strategy sets out the context for our organisation and describes the conditions we will create to embed safety into everyday practice and aligns with our five P's.

Our 5 Ps Strategic Priorities



Patients

We aim to put patients at the core of everything we do, treating them with respect and dignity to deliver personalised care and a patient experience of the highest quality. Our priorities include working with patients, families, and carers to better manage their health and wellbeing, reducing health inequalities through prevention strategies, earlier diagnosis, and delivering outstanding care and treatment, often closer to home with seamless integrated services.



Performance

We will implement performance improvement programmes to monitor and enhance the quality of care provided, ensuring that we work towards meeting and then exceeding national standards to improve health outcomes.



People

We strive to ensure we have the right number of people, in the right place, with the right skills, creating an inclusive environment where our colleagues can reach their full potential and be the best version of themselves, as our culture counts.



Productivity

We are committed to working smarter to deliver better care, optimising our resources, and reducing inefficiencies within our healthcare system to improve infrastructure and enhance patient experience and outcomes.



Partnerships

We believe in delivering high-quality healthcare through strong partnerships, transforming services, and making a positive contribution to our local communities, recognising that we are stronger together through collaboration and shared purpose.

Our changing context

We have developed this strategy to support the Trust's overarching strategy and the need to create an affordable and sustainable model of healthcare for the future, embedding high-quality, safe care as a central organising principle across all services.

Delivering safe care is fundamental to building an affordable and sustainable model of healthcare for the future. High-quality, reliable care reduces avoidable harm, unwarranted variation and inefficiency—directly supporting the long-term financial sustainability of the Trust and the wider system. Our approach to safety is therefore aligned with the major changes shaping the NHS and the evolving needs of our population.

The Trusts strategy has been informed by the following current and significant shifts in context. :

- 1 Changes to the NHS infrastructure:** NHS England (NHSE) and the Integrated Care Boards (ICBs) are undergoing major change with a plan for NHSE to transition its functions to the Department of Health and Social Care (DHSC) and the role of ICBs is changing for them to become more focused on commissioning
- 2 The clinical vision for Lancashire and South Cumbria:** The clinical blueprint and NHS Lancashire and South Cumbria ICB 2030 roadmap for the Integrated Care System (ICS) recommends Lancashire Teaching Hospital as the specialist centre for Lancashire and South Cumbria and this vision has underpinned the planning of this strategy
- 3 An increased focus on reducing health inequalities:** partners across our system have been working together on a shared vision and commitment to reduce health inequalities. Our commitment as a Board is to continue to work in partnership to deliver on this commitment
- 4 The changing demographics of our local population:** the modelling undertaken for the New Hospital Programme has highlighted the changing demographics of our local population and illustrates the transformation needed to develop fit for the future clinical models of care
- 5 Optimising the use of digital, science and technology** as we redesign our services. The Fit for the Future 10 Year health Plan for England sets out the vision for digital, artificial intelligence, personalised medicine and science; this vision has been fully considered in developing our strategy.



Our ambition and role

Our ambition is to become an accountable healthcare organisation within Lancashire and South Cumbria and in doing so deliver an affordable and sustainable model for the future. The strategic priorities as part of this focus on:

Our role as the provider of specialist services for the population of Lancashire and South Cumbria and a provider of local services for the population of Central Lancashire.

Our role as a centre for Continuous Improvement, Education and Research and Innovation

Our role as an Anchor Institution – where social value and sustainability is aligned to the health and wealth of our population



Our services

Our vision for all our clinical services and the clinical services we plan to provide over the next 5 years are in line with the Integrated Care System clinical blueprint and priorities. Our vision for these services is shaped by the Fit for the Future 10 Year Health Plan for England¹. This seizes the opportunities provided by new technologies, medicines and innovations to deliver better care for all our patients. We will work with partners to make three big shifts in how we work and deliver care:

From hospital to community

From analogue to digital

From sickness to prevention

We will work to improve our clinical services across the following themes:

- Cancer
- Children and young people
- Community and local services
- Diagnostic and clinical support services
- Long-term conditions
- Pathology
- Specialised services
- Urgent and emergency care
- Women's health, maternity, and neonates



¹ Fit For The Future, 10 Year Health Plan for England, <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary>

Our values and enabling strategies

Our values

Our values were created by our staff over ten years ago and, despite being reviewed and developed, they have remained the bedrock of our organisation, guiding everything we do as we grow to achieve our vision.

Our enabling strategies

Our strategic objectives are supported by: Always Safety First, Digital, Estates & Facilities, Financial Sustainability, Social Value and Workforce. This framework helps individual services align their priorities and plans with our overarching Trust objectives.



Being Caring & Compassionate



Building Team Spirit



Seeking To Involve



Recognising Individuality



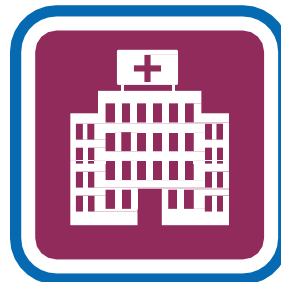
Taking Personal Responsibility



Always Safety First



Digital



Estates & Facilities



Financial Sustainability



Social Value



Workforce

Developing Our Always Safety First: Safety and learning strategy

The context for safety

The context in which we deliver care continues to evolve rapidly. National policy, regulatory reform, digital innovation and growing system pressures all influence how organisations think about, design and improve safety. There is a clear shift across the NHS towards systems thinking, human factors and compassionate engagement, with an expectation that organisations create the conditions for learning, reduce unwarranted variation and involve patients and families meaningfully in shaping safer care.

The NHS Patient Safety Strategy continues to shape how organisations improve safety through the pillars of safer culture, safer systems and safer patients. This is supported by a range of national frameworks that are reshaping the way safety is understood, governed and delivered across the NHS. The Patient Safety Health Inequalities Reduction Framework strengthens the requirement to understand and act on the unequal safety risks faced by different groups, linking safety directly with equity and population health.

Digital transformation is also accelerating, the NHS Digital Clinical Safety Strategy and advances such as safer electronic prescribing, digital clinical decision support tools and Artificial Intelligence enabled early warning systems are changing how risks are identified, escalated and prevented. At the same time, strengthened Care Quality Commission (CQC) expectations place greater emphasis on organisational learning, safety culture, leadership behaviours, listening and lived experience.

The first Always Safety First Strategy (2021-2024) established a shared language for safety, strengthened patient involvement, introduced Safety II principles (learning from when things go well) and laid the foundations for improved governance, surveillance and learning systems. It helped create the basis for a more open and learning focused culture. Our patient safety partners and maternity neonatal voices partnership leads have been instrumental in ensuring patients voices remain heard.

As part of developing this new strategy, we reflected on what has worked well and on the lessons we have learned including the need for greater consistency, stronger digital support, deeper improvement capability, greater emphasis on embedding learning and more reliable systems across all services. This new strategy builds directly on those insights, strengthening what works and addressing where further progress is required. The implementation of the strategy will be monitored through our Single Improvement plan ensuring safety for colleagues and patients remains at the heart of what we do.



Patient Safety Commissioner Principles

The Patient Safety Commissioner Principles provide an important national framework for how organisations should design, plan and deliver safer care. They reinforce the growing national emphasis on openness, partnership and a just and learning culture, and they align closely with the aims of our Always Safety First: Safety and Learning Strategy.

These principles strengthen our commitment to listening, partnership working and system wide learning. They also help ensure that our approach to safety reflects what matters most to patients, families and communities.

The seven Patient Safety Commissioner Principles, which have guided the development of this strategy, are:



The infographic features a pink and purple background with a white circle containing the text 'Patient Safety Principles' and a list of seven bullet points. The Patient Safety Commissioner logo is in the top right, and a flower logo with the text 'Patient Safety Principles' is in the bottom right.

Patient Safety Principles

- Create a culture of safety
- Put patients at the heart of everything
- Treat people equitably
- Identify and act on inequalities
- Identify and mitigate risks
- Be transparent and accountable
- Use information and data to drive improved care and outcomes

These principles reinforce our focus on safety culture, equity, involvement and learning. They align closely with our commitment to Insight, Involvement and Improvement, and underpin the actions we will take to strengthen reliability, reduce variation and design safer pathways across specialties, divisions and the wider system.

By embedding these national principles into our local approach, we ensure that our Always Safety First Strategy not only aligns with national direction, but also reflects the expectations and experiences of the people we serve.



Digital

Digital transformation is changing how we identify risks, use information and make decisions. Safer electronic prescribing, clinical decision support tools and digital early warning technologies are now central to modern safety practice. As these tools mature, they provide earlier visibility of deterioration, clearer insight into variation and faster access to reliable data.

Our strategy recognises digital clinical safety as a core enabler of reliable care. We will strengthen how digital systems support early detection of risk, improve the visibility of safety information and enable staff to access accurate, timely data at the point of care. This includes improvements to the Electronic Patient Record (EPR), Wi-Fi reliability and access to computers and mobile devices, alongside Electronic Patient Medication Administration optimisation, real-time deterioration alerts, digital documentation and interoperability designed using safety standards, usability and human-factors principles so that digital solutions support the way care is delivered.

Health inequalities

Safety and equity are inseparable. Evidence shows that some groups experience poorer outcomes, higher risk and greater barriers to accessing safe care. Factors such as deprivation, ethnicity, disability and language can directly influence safety, experience and opportunity.

This strategy strengthens our commitment to addressing these differences by:

Understanding variation in outcomes and experience

Acting on the drivers of inequality

Embedding reasonable adjustments into routine practice

Using a population health lens to identify groups at greater risk

By designing safety approaches that recognise and respond to inequality, we help ensure that care is safer for every patient and that improvements benefit all communities we serve.

Research

Research plays a vital role in delivering the new Always Safety First strategy at Lancashire Teaching Hospitals. By embedding research evidence into everyday clinical practice, the Trust strengthens decision-making and ensures care is consistently grounded in the best available knowledge. Research-active teams are shown to deliver safer, more effective care, and this strategy builds on that by encouraging all services to engage with clinical enquiry and innovation. The Trust will use research insights to proactively identify risks, test improvements, and evaluate the impact of safety interventions. Through this approach, research becomes a driver of continual learning, helping create a culture where safety, quality, and improvement are everyone's responsibility.



Our people

Our workforce is at the heart of delivering safer care. Increasing demand, rising complexity and workforce pressures highlight the need for environments where colleagues feel supported, confident and able to contribute to improvement.

This strategy recognises the importance of:

Psychological safety and compassionate leadership

Building practical improvement capability

Strengthening human factors awareness and confidence

Making learning part of everyday practice

Providing clarity, tools and support to enable reliable care

A confident, skilled and well supported workforce is essential to becoming a learning led organisation. When colleagues feel able to speak up, test ideas and take part in improvement, safety becomes a shared and sustainable outcome.



Continuous improvement

Continuous improvement is central to how we will deliver this strategy. It provides the structured approach that enables teams to turn insight into action, test ideas safely and build changes that make care more reliable over time. It is not a standalone programme, but a disciplined way of working that supports adaptation, learning and better outcomes for patients.

Our approach to continuous improvement focuses on:

Building capability at all levels so improvement feels practical and achievable

Using simple, familiar methods that support teams to test, learn and refine changes

Embedding improvement into everyday practice, not only formal projects

Using data effectively to understand variation, identify opportunities and monitor progress

Involving patients and colleagues in shaping and evaluating change

Supporting teams through expert input where needed — including human factors, digital clinical safety and data insight

Continuous improvement is how we evolve from learning to action, from variation to reliability and from isolated excellence to consistently safer care across all services.

Aligning our strategy to the Fit for the Future NHS 10 Year Health Plan

Patient-centred care

Prioritise the needs and preferences of patients in all aspects of care delivery, ensuring that services are tailored to individual needs and that patients are actively involved in their care decisions.

- 1 Integrated care** - Foster collaboration and integration across primary, community, and hospital care to provide seamless and coordinated services, reducing fragmentation and improving patient outcomes.
- 2 Innovation and technology** - Embrace and leverage advanced technologies, such as telemedicine, electronic health records, and AI-driven diagnostics, to enhance patient care, improve efficiency, and streamline healthcare processes.
- 3 Workforce development** - Invest in the continuous professional development of healthcare staff, ensuring they have the skills and knowledge to meet the evolving needs of the healthcare system and provide high-quality care.
- 4 Preventive health** - Focus on preventive measures by promoting healthy lifestyles, early detection of diseases, and regular health screenings to reduce the burden of chronic diseases and improve overall population health.
- 5 Equity and inclusion** - Address health inequalities by ensuring that all individuals, regardless of their socioeconomic status, have equal access to healthcare services and that care is culturally sensitive and inclusive.
- 6 Sustainability** - Implement environmentally sustainable practices in healthcare delivery, reducing the carbon footprint and promoting the efficient use of resources to ensure the long-term sustainability of healthcare services.
- 7 Quality and safety** - Maintain a relentless focus on quality and safety, continuously monitoring and improving the standards of care to ensure that patients receive the best possible outcomes.
- 8 Patient and public engagement** - Actively engage with patients, carers, and the public to gather feedback, understand their needs, and involve them in the design and delivery of healthcare services.
- 9 Resilience and adaptability** - Build a resilient healthcare system that can adapt to changing circumstances, such as emerging health threats and evolving patient needs, ensuring continuity of care and preparedness for future challenges.

Always Safety First: Safety and learning strategic priorities

Our ambition is to become a leading, safety-driven and learning-led organisation that consistently delivers safer care, improved outcomes and better experiences for the population we serve. To achieve this, we will focus on three strategic priorities, Safer Culture, Safer Systems and Safer Patients, which together create the conditions for learning to lead to visible, sustained improvements in how care is delivered.

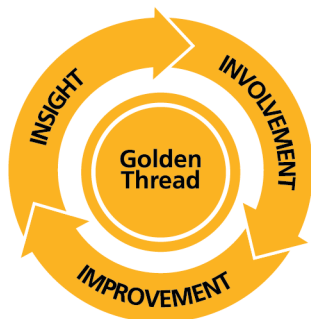
Central to these priorities is our framework of **Insight** □ **Involvement** □ **Improvement**, applied through a population-health lens. This ensures we use the right intelligence, involve the right people and apply the right improvement approaches to reduce variation, address inequalities and design safer, more reliable care.

Learning sits at the heart of this strategy. Becoming a safety and learning organisation means strengthening how we understand risk, how we involve colleagues, patients and partners in shaping solutions, and how reliably learning is translated into action and changes in behaviour. Safer care depends not only on strong systems but on creating the conditions where colleagues feel able to speak up, reflect openly and work together to improve the systems in which care is delivered.

Together, we will strengthen our learning culture, improve the reliability of our systems and deliver safer care for every patient, every time.



Safer Culture	Safer Systems	Safer Patient
Build a compassionate, psychological safe learning-focused safety culture, where staff feel supported, leadership is visible, and learning is routinely translated into improvement.	Create high-reliability systems supported by strong digital infrastructure robust oversight, and well-designed processes that enable safer care.	Reduce harm through excellence in clinical practice, early recognition of risk, and personalised care that meets the need of every patient.



Safer Culture, Safer Systems, Safer Patients

The three pillars set out in this strategy of Safer Culture, Safer Systems and Safer Patients reflect the core framework of the NHS Patient Safety Strategy, which sets out how organisations should strengthen safety culture, improve system reliability and build the capability of both patients and colleagues

Safer Culture

Safer Culture is about creating an environment where colleagues feel supported, respected and able to speak openly about risk, learning and improvement. It means building psychological safety across all teams and ensuring that leaders model curiosity, compassion and accountability.

We will create a compassionate, fair and psychologically safe culture where colleagues feel confident to speak up, where learning is visible and where people feel supported to reflect, improve and grow. Safer culture means:

- Modelling curiosity, compassion and accountability
- Strengthening psychological safety in every team
- Supporting colleagues with fair and trauma informed processes
- Ensuring learning leads to behaviour change and improved practice

A safer culture enables learning to flow more freely and supports colleagues to engage with improvement confidently and consistently.



Safer Systems

Safer Systems focuses on how we design and organise work so that care is easier to deliver safely and reliably. This includes clearer processes, more consistent use of standards, and better use of digital tools to highlight risk and support decision making.

We will design and organise work so that the safest way is the easiest way. Safer systems mean:

Clearer, more reliable processes

Consistent standards across pathways and divisions

Effective use of digital tools to highlight risk and support decision making

Systematic triangulation of insight to identify emerging risks earlier

Safer systems reduce unwarranted variation, improve reliability and make it easier for colleagues to deliver safe care every day.

Safer Patients

Safer Patients reflects our commitment to those we serve and those who deliver care. For patients, it means more equitable, personalised and reliable care. For colleagues, it means building capability, providing the right tools and support, and creating conditions where they can learn, improve and thrive. Safer Patients recognises that safety is shaped by relationships, communication and shared understanding.

We will ensure that care is safe, equitable and personalised for every patient, with particular focus on the areas of highest risk, variation and need. Safer Patients means:

Reducing avoidable harm through targeted harm reduction programmes

Strengthening safety in high risk clinical pathways

Addressing inequalities and designing care around the needs of diverse communities

Using lived experience and patient safety partner involvement to shape improvements

Safer patients are the outcome of safer culture and safer systems working together



Golden Thread: Insight □ Involvement □ Improvement

This approach aligns with the national Patient Safety Strategy and continues the structure of our first Always Safety First Strategy, which highlighted the essential relationship between understanding safety, involving people and driving sustained improvement.

Together, these three elements create a coherent and disciplined way of working that enables teams to identify risks earlier, understand problems more deeply, design safer systems and make improvements that last.

Insight

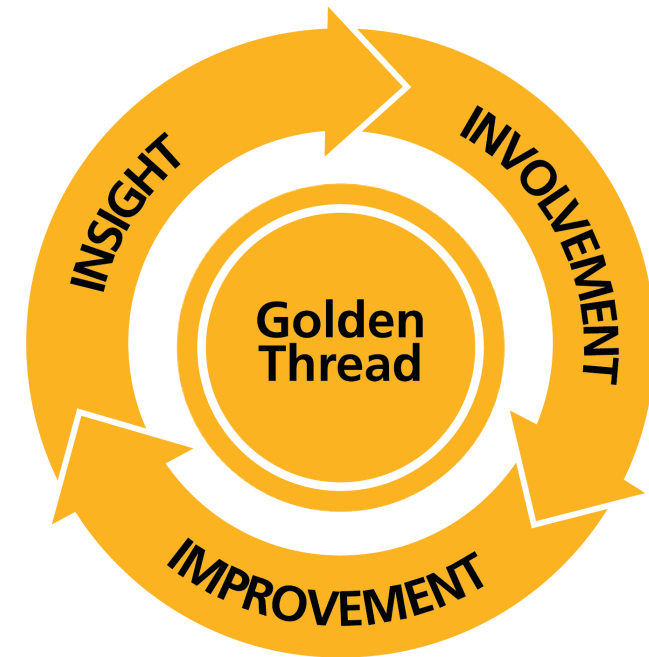
Insight is the foundation on which safer care is built.

We will bring together intelligence from incidents, patient experience, clinical outcomes, audit, mortality reviews, workforce indicators and operational insight to build a clear and real time picture of safety across the Trust.

We will triangulate these sources to move beyond anecdote, understand recurring patterns, identify variation and prioritise areas for improvement.

We will strengthen how insight informs decision making, ensuring risks are recognised earlier and learning is translated into reliable, system wide action.

This approach aligns with our approach to Risk Management, which emphasises deeper triangulation and learning across divisions.



Involvement

Improvement is most successful when it is shaped by the people closest to the work.

We will involve colleagues, patients, families, Patient Safety Partners, the Maternity Voices and Safety Partnership Lead and system partners earlier and more consistently, recognising that their experiences offer vital insight into how care is delivered and where change is needed.

We will strengthen involvement through patient stories, Patient Safety Partners, the Maternity Voices and Safety Partnership Lead, Freedom to Speak Up intelligence, staff experience data, community voice and equality insights ensuring diverse perspectives inform our understanding of risk and reliability.

We will ensure involvement reflects national expectations for stronger patient voice and the principles championed by the Patient Safety Commissioner.

Through deeper involvement, we will build trust, transparency and shared ownership of safety and improvement.

Improvement

Improvement is how we turn insight and involvement into meaningful, sustained change.

We will use the Lancashire Improvement Method and our broader Continuous Improvement approach to test ideas, learn quickly and refine what works.

We will focus on small, practical changes that build over time, enabling teams to improve safely and confidently without adding burden.

We will design improvement using the structured cycle of:

Understand □ **Co design** □ **Deliver** □ **Sustain**, ensuring changes are practical, person centred and reliable.

We will monitor, embed and spread successful improvements, supported by human factors principles, digital enablers and alignment with SIP workstreams.

By embedding improvement into everyday practice, we will ensure change is both achievable and sustainable.

Together, Insight, Involvement and Improvement ensure that our work is consistent, evidence driven, and focused on what matters most to patients, families and staff. This golden thread connects safety activity from ward to Board, guiding how we make decisions, where we focus attention, and how we deliver safer care every day.



Governance of the Always Safety First: Safety and learning strategy

The delivery of our Always Safety First strategy will be governed by the Board through the Single Improvement Plan (SIP), which serves as the operational framework for translating strategic intent into measurable action. Each year, the Board of Directors will develop and approve a set of Corporate (strategic) objectives, directly informed by the Trust's strategy and enabling strategies that support it. These objectives will form the foundation for both the Board Assurance Framework (BAF) and the SIP.

The Board Assurance Framework is a key governance mechanism that enables the Board to maintain oversight of strategic risk and assurance. It maps the Trust's corporate objectives to associated risks, identifies sources of assurance, and highlights any gaps that require mitigation. The BAF ensures that the Board is able to make informed decisions about risk appetite, resource allocation, and the effectiveness of internal controls. It also provides a structured approach to tracking progress against our strategic objectives and supports the Board in fulfilling its statutory responsibilities.

The SIP is structured around the Trust's strategic priorities, organised into five key domains (the 5Ps):

Patients, Performance, People, Productivity, and Partnerships

Each domain reflects a core strategic priority and is led by an Executive Director, who is accountable for the delivery of their respective portfolio. The Trust Management Board, comprising the Executive Team and the Trust's senior operational leaders, receives regular updates on progress and risks from each Executive Director.

Each Committee of the Board oversees the respective elements of the SIP aligned to its remit:

The patients' portfolio is overseen by the Safety and Quality Committee

The Performance and Productivity portfolios are overseen by the Finance and Performance Committee

The People portfolio is overseen by the Workforce Committee and the Education, Training and Research Committee

The Partnerships portfolio is primarily delivered through the SIP Partnership Board which is reported to the Trust Management Board and the Finance and Performance Committee



Patients



Performance



People



Productivity



Partnerships

Governance of the Always Safety First: Safety and learning strategy

The Always Safety First: Safety and Learning Strategy sits within the Trust's overarching governance framework but requires dedicated safety-specific oversight to ensure that learning, safety intelligence and improvement activity are coordinated, transparent and effective. These arrangements ensure that improvements in safety culture, system reliability and patient outcomes are embedded in day-to-day practice and that the Board maintains visibility of both progress and risk.

Board Oversight and Committee Structure

The Board of Directors will oversee delivery of the strategy through the Safety and Quality Committee, which receives regular updates on harm reduction, PSIRF learning, patient experience, workforce safety indicators and emerging risks. This maintains a clear line of sight from clinical areas to Board level and ensures the Trust meets its duty to provide safe, effective and compassionate care.

Subgroups reporting into the Safety and Quality Committee will support a coordinated view of safety and quality across the organisation.

Leadership and Accountability

Delivery of this strategy will be underpinned by strong, visible leadership across all tiers of the organisation. Executive Directors will provide organisational oversight, accountability and stewardship for patient safety, supported by Patient Safety Specialists who champion safety improvement, system learning and ensure alignment with national framework such as PSIRF. Their role mirrors the national expectation for strengthened patient safety leadership and is central to embedding safety within decision making, operational routines and improvement programmes.

Senior leaders including Executives, Non Executive Directors and divisional and corporate management teams will demonstrate visible commitment through monthly patient safety walk rounds, attendance at engagement events, and regular communication of safety progress. This reflects the Trust's wider cultural commitment to openness, listening and continuous learning.

PSIRF Oversight and System Learning

The PSIRF Oversight Panel will provide scrutiny of patient safety investigations, ensuring they are proportionate, thematic and focused on systems learning rather than individual blame reflecting the principles of the national PSIRF framework. The panel will monitor the integration of human factors principles, ensure high quality analysis and track delivery of improvement actions. Patient Safety Partners will play an active role in this process, ensuring that patient voice is embedded in how learning is generated, reviewed and used.

Forensic Safety Panel

To strengthen the golden thread of **Insight** □ **Involvement** □ **Improvement**, the Trust will operate a Forensic Safety Panel. Meeting quarterly the panel will triangulate insight from various sources and through a structured insight to action pathway, the panel will identify emerging risks, prioritise key safety improvement programmes and provide early visibility of themes requiring escalation or coordinated intervention. Outputs from the panel will feed into trustwide and divisional programmes of work.

Divisional Safety and Quality Governance: Ensuring Consistent Ward to Board Oversight

Divisional governance structures mirror the Trust-wide model, ensuring that safety insights and risk information are monitored consistently from frontline teams to the Board. To maintain this alignment, we will monitor divisional governance arrangements to ensure that effective mechanisms exist at every level within each division from ward and service level meetings to divisional safety huddles, to formal Divisional Safety and Quality groups.

Monitoring will ensure that each division has:

Clear routes for escalating risk

Consistent processes for reviewing harm, incidents and safety intelligence

Mechanisms for reflecting patient and staff voice

Regular, structured opportunities for learning and improvement to be shared

Documented responsibilities for monitoring improvement actions

Reliable data flows upward into Trust-wide safety oversight mechanisms

By strengthening these mechanisms, we will ensure that divisions can identify deterioration early, prioritise improvement work more effectively and manage Trust-wide or systemic safety issues with greater consistency.

This layered approach ensures that governance is not confined to formal committees, but is embedded throughout the division supporting situational awareness, timely escalation and a strong, reliable line of sight from ward to Board. It enables divisions to act as both the engine and the early-warning system of the organisation's safety governance, ensuring that risks are understood quickly and learning is acted on consistently.

Quarterly Safety Reporting: Strengthening Transparency, Assurance and Learning

To support transparency and shared learning, the Trust will produce a Quarterly Safety Report for review by the Safety and Quality Committee. This will summarise progress against the Always Safety First: Safety and Learning Strategy, highlight emerging risks and demonstrate how learning is being translated into safer care.

Regular reporting ensures that safety insights inform wider organisational priorities, including equity, workforce, risk and operational planning.

Bringing it All Together

Through this governance and delivery structure, the Always Safety First: Safety and Learning Strategy is embedded into everyday operational practice. The SIP ensures alignment, sequencing and resourcing, while the safety specific governance mechanisms ensure that, insight, learning and improvement remain central to how the Trust delivers high quality, reliable and compassionate care.





Patients

To improve patient care and experience, in particular Sepsis, Clostridium Difficile, risk assessment completion, medication safety, maternity, neonatal and children's services whilst reducing health inequalities in our services.

Where are we?

We have a good understanding of where safe care is delivered well consistently and where variation occurs. While progress has been made in a number of areas, avoidable harm can still occur, inequalities persist, and some high risk processes could be delivered reliably every time. Insight from incidents, patient experience, clinical outcomes and Safety Triangulation Assurance (STAR) Reviews show variation across pathways and highlights the need for more consistent safety systems, better digital support and a deeper focus on equity.

We have strengthened patient involvement and introduced Patient Safety Partners who bring lived experience into our safety work.

We have introduced Safety II and human factors thinking to help us understand how care works in practice, including why things go well as well as why things sometimes don't.

Harm reduction work is underway in a number of areas including deterioration, sepsis, maternity and neonatal care, medicines safety, harm free care (falls, pressure ulcers, deconditioning), infection prevention, and personalised supported care.

Our safety and experience intelligence shows variation across services and population groups, reinforcing the need for safer, more reliable and more equitable systems

Where we aim to get to?

Reliable delivery of high risk clinical processes across areas where there is the greatest risk and variation.

Safer, more personalised care for all groups, with targeted focus on Core20PLUS5 populations and those with additional vulnerabilities.

Patients, families, carers, Patient Safety Partners and lived experience groups routinely shaping safety insight, learning, and improvement.

Deliver harm reduction and create highly reliable clinical pathways

We will focus on the pathways where risks are greatest including deterioration and sepsis, maternity and neonatal care, medicines safety, pressure ulcers, falls, deconditioning, safe eating and drinking, alcohol withdrawal management, infection prevention and C. difficile reduction. We will also strengthen safety in Urgent and Emergency Care assessment pathways and ensure safe systems in areas experiencing high occupancy. Across all programmes we will improve the consistency of risk assessments, strengthen personalised care planning and reduce unwarranted variation between services and sites..

Strengthen the connection and impact between estates and facilities and the environments we deliver care in.

Embed learning and improvement into everyday practice. This will involve using materials and layouts that minimise contamination risks, improving ventilation systems, and ensuring surfaces are easy to clean and maintain. These measures will not only ensure compliance with statutory standards but also enhance patient safety, reduce healthcare-associated infections, and support staff in delivering high-quality care in a safe environment.

Strengthen equity, personalised care and patient voice.

We will ensure all pathways consider inequality, vulnerability and lived experience. We will strengthen the role of Patient Safety Partners so that patients and families have a stronger voice in shaping how care is improved. We will also improve support for people with additional needs including those with learning disabilities, autism, communication difficulties, cognitive impairment, disability or frailty to ensure care is tailored safely to the individual. In addition, we will reduce risks for patients, including children and young people, who may be cared for in environments that are not best suited to their needs. By listening to lived experience and involving people more meaningfully, we will design care that is safer, more personalised and more equitable for everyone.



Performance

To increase productivity to improve waiting times for elective care, including waits for diagnostic services.

To continue improvement of cancer performance to minimise the risk of harm.

To develop and improve urgent and emergency care services working with our partners for improved whole system flow.

Where are we?

We have a clear understanding of the pressures across our elective, diagnostic, cancer and urgent care pathways. While progress has been made in some areas, delays in treatment and diagnostics continue to create risks for some patients. High occupancy, urgent and emergency care pathways present increased risks in delivering safe and consistent care.

Our governance and insight systems have strengthened through PSIRF, Safety Triangulation Assurance Reviews and divisional governance structures. However, triangulation is not yet consistent everywhere and we know we can bring information together more effectively to inform earlier improvement.

Elective waiting times and diagnostic delays do impact patient safety and experience.

Cancer pathway performance has improved but still needs close monitoring to prevent delays and harm.

High occupancy, urgent care pressures and delays in discharge create additional safety challenges.

Governance and insight are strengthening, but triangulation is not yet consistent across all areas.

Digital readiness varies, which affects real time visibility of risk and escalation.

Where we aim to get to?

To ensure care is reliable, timely and safe across elective, diagnostic, cancer, urgent and emergency care pathways, and to support patients to move safely through and out of hospital. To strengthen how we monitor performance, use insight and respond to risks so that improvements are visible, coordinated and sustained across the organisation.

Improved elective, diagnostic and cancer performance leading to fewer incidents

Safer urgent and emergency care and discharge processes.

Consistent escalation, monitoring and governance of safety and performance risks across all pathways through clear ward to Board oversight.

Stronger use of triangulated evidence and insight to prioritise risk, understand variation and demonstrate improvement.

Improve the reliability of pathways and core processes

We will strengthen risk assessments, handovers, discharge planning, digital safety and the consistency of Ward & Board rounds. We will focus on areas where delays or variation have the greatest impact including elective and diagnostic waits, cancer pathways, assessment and Emergency Department safety processes, discharge pathways and high-occupancy environments. This will support safer flow, more timely care and better outcomes.

Strengthen governance and oversight

We will use the Single Improvement Plan to coordinate safety and performance priorities. The Forensic Safety Panel will help identify risks earlier and ensure concerns are escalated consistently. Divisional governance structures will be strengthened so risks are understood clearly and monitored from ward to Board

Use data and insight to drive performance

We will deepen our use of triangulated insight from incidents, experience, clinical outcomes, workforce intelligence and operational risk. Teams will be supported to monitor reliability and demonstrate meaningful improvement over time. This will ensure decisions are rooted in evidence, improvements focus on the highest-risk areas and progress is monitored transparently.



People

To improve colleague experience and create a positive organisational culture.

Achieved by effective, supportive, inclusive and performance focussed line management.

Aiming to reduce sickness absence, achieve compliance in appraisal and core skills, increase levels of team effectiveness and engagement, resulting in higher levels of colleague satisfaction and retention.

Where are we?

We know that our people are central to delivering safe care. The first Always Safety First Strategy strengthened openness, early Safety-II thinking and involvement, but insight shows that colleague experience varies across the organisation. Colleagues want clearer expectations, more consistent support and greater confidence that speaking up will lead to improvement. Workplace pressures, the physical environment and digital challenges also affect confidence, wellbeing and the ability to deliver care safely.

Colleagues are committed and engaged, but confidence that concerns always lead to visible change varies

Psychological safety and experiences of feedback and fair treatment differ across teams.

Learning does not always feel visible or clearly acted upon.

Improvement, human-factors capability and understanding of safety roles vary across divisions.

Leadership behaviours and visibility are experienced differently across services.

Workforce and operational pressure, digital infrastructure limitations and the working environment affect wellbeing and the ability to work safely and reliably.

Where we aim to get to?

A compassionate, psychologically safe culture, where colleagues feel confident to speak up, learn, reflect and raise concerns without fear of blame.

Leaders and colleagues understand their role in safety at all levels of the organisation and have the tools and training to lead, coach and embed improvement so that learning results in visible changes in behaviours and outcomes.

Improved wellbeing, stronger engagement, greater inclusion, and higher levels of satisfaction and retention to facilitate the ability to work safely and reliably.

Strengthen psychological safety, fairness and compassionate leadership

We will embed the 'Being Fair' principles and develop an Incident Support Framework offering compassionate, timely and trauma informed support. Leaders will be supported to create psychologically safe environments where colleagues feel heard, respected and able to raise concerns confidently. High-quality, timely feedback will be a priority so that colleagues can clearly see how concerns and insight lead to change.

Build leadership capability and clarity of safety roles to support behaviour change

We will define and model the safety behaviours expected of all colleagues to strengthen consistency, openness and civility. Expectations for safety related roles will be clarified, and leadership development programmes will focus on supporting behaviour change and applying improvement and human factors principles so learning is reliably translated into safer practice.

Create consistent cultural expectations across teams and embed Safety-II learning

We will embed Safety-II thinking so teams learn from what goes well as well as from challenges. Freedom to Speak Up, staff voice and cultural intelligence will shape how learning is shared and understood. Divisions will be supported to strengthen shared learning structures such as huddles, debriefs, reflective practice and team-based discussions. Educators and leaders will work alongside teams to ensure that learning is not only shared, but also applied and demonstrated through observable changes in behaviour and everyday practice.



Productivity

To deliver the agreed financial plan for the organisation, including the waste reduction programme, and support ongoing development of a full sustainability plan for the organisation.

Where are we?

Our insight shows that productivity is closely linked to safety. Variability in how operational processes can create delays, duplication, avoidable harms and unnecessary rework. Digital limitations and inconsistencies in everyday processes mean that safety risks are not always identified early, which can affect both patient outcomes and operational efficiency. Safer systems will support better use of resources, reduce waste and help us deliver sustainable improvements in care.

While improvements have begun, variation still affects both safety and efficiency.

Flow pressures and high occupancy increase delays and operational risk

Variation in urgent and emergency care pathways affects safe, timely decision making and extends length of stay

Extended length of stay and deconditioning leads to increase risks of harms and suboptimal experiences

Poor experiences of care affect psychological well being of patients, families and colleagues inhibits the ability to recover and work in partnership to achieve the best possible outcomes

Administrative processes whilst waiting for treatment are variable across services.

Ward and Board rounds and handover process are variable

Digital limitations make it harder to access real-time information and transfer between care settings

Where we aim to get to?

To improve productivity through safer, more reliable systems that reduce waste, prevent avoidable harm and support efficient, sustainable processes.

Standardised ward and board rounds, safer ED assessment pathways and consistent risk assessment to reduce variation and delays.

Clear oversight of safety risks for patients awaiting treatment, timely escalation and prevention of harm associated with delay.

Fewer repeat tasks, less duplication and more effective use of resources and time.

Strengthen reliability of operational processes that drive productivity

We will standardise Ward and Board rounds, strengthen handover and escalation processes and improve safety in urgent and emergency care pathways. Data informed huddles and improved digital tools will support earlier risk recognition and reduce unnecessary delays.

Improve waiting list safety and reduce harm associated with delay

We will strengthen administrative and clinical validation processes for people waiting for treatment. These will align with our learning and improvement framework so that insight informs safer and more reliable management of waiting lists and flow.

Reduce waste and enhance financial efficiency through safer systems

By improving reliability we will reduce duplication, unnecessary tasks and rework. Safer systems will support delivery of our financial plan, waste reduction goals and sustainability ambitions, while freeing up time for colleagues and improving safety.



Partnerships

We believe in delivering high quality healthcare through partnerships. Transforming services whilst making a positive contribution to the local community, recognising we are stronger together through collaboration and shared partnerships.

Where are we?

We work in partnership across Lancashire and South Cumbria as a provider of specialist services meaning effective referral and communication pathways are fundamental to patient safety and outcomes. We rely on strong partnership working across community and primary care and recognise we have a stronger role to play in improving the experience and access of these pathways for patients and families.

Where we aim to get to?

Develop strengthened primary and community care expertise within the organisation leading to impactful change across pathways

Strengthened referral systems and processes that reduce risks to patients

Formalise system learning arrangements to ensure outcomes from learning responses are shared in meaningful ways across the system to reduce the likelihood of recurrence

Reduce length of stay in secondary care, leading to care closer to home

Create improved systems of identifying frailty, reducing reliance on secondary care and improve anticipatory clinical management plans for patients who are in the last year of life

Build further on the work of high intensity user interventions to provide personalised care to vulnerable people in our communities increasing the ability to receive care and support closer to home



Learning: How we understand, share apply and demonstrate change

Learning is central to the Always Safety First: Safety and Learning Strategy. Becoming a safety and learning organisation means strengthening how we understand what is happening in our services, how we involve people in shaping solutions, and how reliably we turn learning into action and improvements in behaviour

Learning is broader than responding to incidents it is the way we understand risk, how we share insight, how we apply change, and how we demonstrate that improvement has made care safer and more equitable.

Learning from what goes wrong and what goes well

We value learning from both Safety I and Safety II perspectives.

Learning from what goes wrong (Safety I)

Understanding harm, near misses and system vulnerabilities helps us identify where processes fail and where risk accumulates.

Learning from what goes well (Safety II)

Understanding the adaptations, teamwork and problem solving that enable safe care every day often in pressured and complex environments helps us design systems that support reliability, resilience and good practice.

Using both perspectives creates a more balanced and human way of understanding work and risk. It strengthens psychological safety, supports fairness and encourages openness.

Where our learning comes from

Learning extends far beyond incidents. As part of this strategy we will draw insights from:

Lived experience, complaints, claims and STAR assurance reviews

Staff voice, Freedom To Speak Up and cultural indicators

Inequalities insight and local population need

Operational and clinical risk intelligence

External learning such as Health Services Safety Investigations Body (HSSIB) investigations, NHS Patient Safety Alerts, national improvement programmes and regulatory recommendations

Together, these sources will help us build a clear, real world picture of how care is delivered where reliability is strong and where our systems need support or redesign.

Understanding

Strengthening our understanding begins with how we bring insight together.

We will continue to improve how we triangulate data and experience to identify patterns, risks and opportunities across pathways and divisions. This will require curiosity, openness and a willingness to explore how work is really done, not how we imagine it to be.

Sharing

Learning must be shared in ways that are meaningful and accessible.

We will prioritise short, clear and timely learning summaries; provide opportunities for team reflection; embed learning into safety huddles and governance discussions; and strengthen feedback loops to staff, patients and families.

We will also ensure that learning from what goes well has equal prominence, recognising the importance of excellence, adaptation and resilience within our teams.

Leaders and educators will play a vital role in enabling this by creating psychologically safe environments, model learning behaviours, and help teams understand what insights mean for their day to day practice.

Applying

For learning to lead to safer care, it must be applied.

To ensure a consistent approach across the organisation, we will use the Lancashire Improvement Method, Continuous Improvement methodology, and Human Factors thinking and coaching to guide how we test, refine and embed change. This includes understanding the issue, involving the right people, making small and safe tests of change, and refining improvements before adopting them into routine practice.

This consistent approach ensures improvement is practical, proportionate and aligned to operational pressures reducing the risk of unintended consequences and avoiding additional burden.

Demonstrating Improvement

We must be able to show that learning has made a difference.

To demonstrate improvement, we will measure whether new approaches are applied consistently, whether variation is reducing, whether outcomes and experience are improving and whether inequalities narrowing.

Clinical effectiveness will help us understand whether changes deliver the intended results and remain aligned with standards and evidence.

Findings will flow into divisional governance, the PSIRF Oversight Panel, the Forensic Safety Panel, SIP workstreams and the Safety and Quality Committee providing a clear line of sight from learning to assurance.



How will our strategy be delivered

Our new strategy will be delivered through a detailed implementation plan using our Trust's Single Improvement Year.

LTH Single Improvement Plan Board

□ SRO: Sarah Morrison / Steve Canty
□ SRO: Katie Foster-Greenwood
□ SRO: Neil Pease
□ SRO: Craig Carter
□ SRO: Sarah Morrison



Patients

To improve inpatient care and experience, in particular Sepsis, Clostridium difficile, risk assessment completion, medication safety, maternity, neonatal and children's services whilst reducing health inequalities in our services.



Performance

To increase productivity to improve waiting times for elective care, including waits for diagnostic services. To continue improvement of cancer performance to minimise the risk of harm. To develop and improve urgent and emergency care services working with our partners for improved whole system flow.



People

To improve colleague experience and create a positive organisational culture. Achieved by effective, supportive, inclusive and performance focused line management. Aiming to reduce sickness absence, achieve compliance in appraisal and core skills, increase levels of team effectiveness and engagement, resulting in higher levels of colleague satisfaction and retention.



Productivity

To deliver the agreed financial plan for the organisation, including the waste reduction programme, and support ongoing development of a full sustainability plan for the organisation.



Partnerships

To reduce and manage risks across the organisation, developing a learning and continuous improvement culture focused on working with partners to redesign and deliver our services to meet the needs of our community.

Always Safety First: Safety and learning enabling strategy priorities for 2026/2027

Each year, we will agree a set of safety and learning priorities based on emerging risks, insight from our governance processes and the needs of our population. These priorities will be built into the Single Improvement Plan.

Our 2026/27 priorities represent the first year of delivery and set out the specific areas where we will focus our improvement efforts to deliver safer, more reliable care.

□ Safer Culture

In 2026/27 we will focus on strengthening the cultural conditions that enable colleagues to speak up, learn together and deliver safe care. Our priorities are to:

- Develop and implement an **Incident Support Framework** that provides compassionate, timely and trauma informed support for colleagues.
- Strengthen **psychological safety**, ensuring staff feel confident to raise concerns and contribute to improvement.
- Embed the **Being Fair principles** consistently across the Trust.
- Strengthen **visible safety leadership**, with clear behavioural expectations for all safety related roles.
- Embed **Safety II thinking** by learning from what goes well, not only from what goes wrong.
- Ensure consistent implementation of **PSIRF principles**, supported by high quality debriefs and learning responses.
- Improve the quality and timeliness of **feedback** to staff, patients and families following safety events.
- Define and model the **safety behaviours** expected of all colleagues to support openness, civility and reliability.
- Build **leadership capability for behaviour change** through targeted development programmes.
- Strengthen how learning is **shared, applied and demonstrated** through visible changes in practice, supported by leaders and educators.

These priorities will support the development of a compassionate, fair and learning focused culture across all services.



□ Safer Systems

- Strengthen **digital safety infrastructure** and reliability, including improvements to the Electronic Patient Record (EPR), Wi-Fi reliability and access to computers and mobile devices.
- Embed **National Safety Standards for invasive procedures (NatSSIPS 2)** and **Local Safety Standards for Invasive Procedures (LocSSIPs)** to improve procedural safety.
- Improve the quality and consistency of **risk assessments** and **personalised care** plans.
- Review and strengthen **assurance and oversight structures** from ward to Board.
- Map and implement a **Training Needs Analysis** for safety related training.
- Ensuring a data-informed approach to huddles, handovers and safety oversight to support timely escalation.
- Develop **standardised Ward to Board** rounds to improve reliability.
- Clarify **leadership expectations** for Safety Improvement Programmes.
- Strengthen **safety pathways in the Emergency Department and Assessment areas**.
- Strengthen **safety systems in over occupied or high occupancy areas**.
- Strengthen **safe administrative processes** for patients awaiting treatment.
- Develop **strengthened primary and community care expertise** within the organisation leading to impactful change across pathways
- Strengthen **referral systems and processes** that reduce risks to patients
- Formalise **system learning arrangements** to ensure outcomes from learning responses are shared in meaningful ways across the system to reduce the likelihood of recurrence
- Create **improved systems of identifying frailty**, reducing reliance on secondary care and improve anticipatory clinical management plans for patients who are in the last year of life
- Build further on the work of high intensity user interventions to provide personalised care to vulnerable people in our communities increasing the ability to receive care and support closer to home

These actions reflect our commitment to improve reliability, strengthen governance and ensure staff are consistently supported by safe, well designed systems.



□ Safer Patients

- Strengthen **medicines safety**, with a specific focus on insulin/diabetes management, anticoagulation and venous thromboembolism prevention, ensuring safer prescribing, administration and monitoring.
- Improve the **timely recognition and support of the dying patient**.
- Reduce avoidable harm through Harm-Free Care, focusing on the prevention of pressure ulcers, falls, deconditioning and unsafe or adverse discharge.
- Improve reliability in **Sepsis and Deterioration pathways**, including consistent application of **Martha's Rule**.
- Strengthen **Infection Prevention and Control** systems.
- Continue to implement the **Maternity and Saving Babies Live Care Bundles**.
- Address safety risks for **children and young people in unsuitable settings**.
- Ensure **personalised and supported care** particularly for patients at risk of diagnostic overshadowing through the use of hospital passports, improved communication tools and stronger patient and family engagement.
- Improve the safety of alcohol-withdrawal management, ensuring reliable assessment, monitoring and escalation.
- Strengthen **safe eating and drinking** for patients at risk of aspiration or malnutrition.

These priorities reflect our commitment to delivering safer care for every patient, reducing unwarranted variation and addressing the needs of those at the greatest risk of harm.



Always Safety First

Enabling Strategy 2025-2030

Thank you

Keep in touch:

If you would like to know more about our strategy, please contact

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www.Lancsteachinghospitals.nhs.uk

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@LancsHospitals



**Our Always Safety first
Strategy 2025–2030**

Published by Lancashire Teaching
Hospitals NHS Foundation Trust,
September 2025

REFERENCES

Only PDFs are attached

 9.4 Maternity Annual Safe Staffing Report Ancillary Paper.pdf

Meeting of the	Board of Directors	Date of Meeting: 2nd April 2026	
	Part I <input checked="" type="checkbox"/>	Part II	<input type="checkbox"/>
Title of Report	Maternity Annual Safe Staffing Report		
Report Author	J. Lambert – Deputy Midwifery & Nursing Director		
Lead Executive Director	Sarah Morrison – Chief Nursing Officer/Deputy Chief Executive Officer		
Recommendation/ Actions required	The Board of Directors is asked to		
	<ul style="list-style-type: none"> i. Receive the Birthrate Plus® findings and approve the progression of the risk mitigated workforce investment plan to ensure national requirements are met and a safe and sustainable maternity service is provided, whilst managing the material investment required over a 2 year phased plan. ii. Scrutinise the Perinatal Quality Surveillance Dashboard and confirm it is assured of the outcomes presented 		
	Decision <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>

1.0 INTRODUCTION

This report details the findings of the Lancashire Teaching Hospitals NHS Foundation Trust, first midwifery staffing review for 2026. The review triangulates workforce information with safety, patient experience, and clinical effectiveness indicators to provide an overview of safety for the last 6 months.

The report fulfils both the requirement outlined in the National Quality Board (NQB) staffing guidance for maternity services (NQB 2018) and the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) recommending that services should undertake a bi-annual safe staffing review to demonstrate that there is an effective system of midwifery workforce planning in place.

The review continues to be set out using the three National Quality Board expectations for safe, sustainable, and productive staffing levels adapted for maternity services, namely right staff, right skills and right place and time. Additional local measures are included in Table 1 (7.0) which describe the insight, involvement and inclusion measures that are utilised to support oversight of the perinatal service.

Table 1: National Quality Board’s expectations for safe, sustainable, and productive staffing (2016) adapted for maternity settings.

Right Staff (4.0)	Right Skills (5.0)	Right place and time (6.0)	Monitor and Learn (7.0)
<p>Evidence-based workforce planning every 6 months</p> <p>Appropriate skill mix</p> <p>Review staffing using the BR+ workforce planning tool annually and with a midpoint review.</p>	<p>Multiprofessional mandatory training development and education</p> <p>Working as a multi-professional team</p> <p>Recruitment and retention</p>	<p>Productive working</p> <p>Efficient deployment and flexibility including robust escalation.</p> <p>Workplace national drivers.</p>	<p>Insight, involvement and inclusion</p> <p>Perinatal Quality Surveillance dashboard</p> <p>Safety Culture: Optimising collaborative working across the much wider multi-professional team.</p> <p>Actively seeking the views of women working in partnership with them to develop and improve services.</p>

2.0 SCOPE

This report details the arrangements for midwifery leadership and staffing provision across all inpatients, community, and specialist midwifery services.

It is also acknowledged that a safe and effective workforce planning for maternity services must include the core medical teams. References to the obstetric, neonatal, medical and nursing workforce aligned to national priorities are also included because of the co- interdependence of each service.

3.0 METHODOLOGY

A planned safe staffing review is undertaken by the Chief Nursing Officer, Divisional Midwifery and Nursing Director, Finance Business Partner and Midwifery Matrons every 12 months, with a further desk top review at 6-monthly intervals.

This provides assurance that a structured triangulation of professional judgement, perinatal safety indicators, patient acuity, service demand, and workforce trend data is undertaken. Seasonal variation, service developments, commissioning requirements, and workforce availability are explicitly considered, ensuring staffing establishments remain safe and responsive, with clear governance and escalation where risks are identified.

Birthrate Plus® continues to be utilised by the service alongside professional judgement and local intelligence for robust workforce planning every 3 years.

An independent review of the Birthrate Plus® midwifery workforce planning methodology, published February 2026, confirmed that the tool remains credible for setting safe midwifery establishments. In the future, it is expected that further targeted updates (to reflect rising acuity, social complexity, and non-clinical workload) and stronger transparency/reporting will be added.

4.0 RIGHT STAFF -BIRTH RATE PLUS (Birthrate Plus® BR+)- EVIDENCE BASED WORKFORCE PLANNING

Maternity and neonatal teams must have sufficient and appropriate staffing capacity and capability to ensure safe, and cost-effective care for women and their babies always. (The right staff)

Birthrate Plus® requirement: Maternity services are required to undertake a Birthrate Plus® workforce assessment every three years to inform midwifery establishments across the full maternity pathway, triangulated with professional judgement, safety indicators, and local intelligence making it maternity specific. This ensures that staffing levels are evidence-based and aligned with regulatory expectations.

The 2025 Birthrate Plus® assessment has been completed and provides an independently validated evaluation of the maternity workforce. The assessment was undertaken between April and December 2025 and confirms that the current establishment is below the recognised safe staffing benchmark for midwifery services. (The full Birthrate Plus® report is included in Appendix 3.)

Although the birth rate has remained broadly stable over the past 4–5 years at approximately 4,100 births, the 2025 assessment recorded 4,232 births, which is an increase of 104. Increasing case complexity and rising clinical acuity is noted and this drives the demand to increase the workforce.

The outcome of the Birthrate Plus® confirms that the service requires a clinical workforce of 206.13 WTE. (Excluding the non-clinical midwifery roles). Table 2 shows the comparison between the current clinical staffing establishment and the new recommendations (Birthrate Plus® 2025). This indicates that there is a deficit of 8.06 WTE. The review identified that there was a higher split of midwife to maternity support worker (MSW) ratios of 87.6% registered midwives to 12.4% maternity support workers, which is slightly higher than the recommended 90% to 10% split. The staffing deficit is therefore within midwifery requirements rather than support staff.

Table 2 - Comparison of clinical staffing

Current WTE	Birthrate Plus WTE	Variance
197.53	206.13	-8.60

The Chief Nurse annual staffing review identified a shortfall in Band 2 support worker establishment on Maternity A, resulting in regular unfilled shifts. Although Birthrate Plus® does not specify or recommend support-staffing requirements, the current funded establishment of 4.55 WTE is insufficient to provide the required 24/7 coverage. To meet service needs, the establishment should be 5.51 WTE, leaving a gap of 0.96 WTE Band 2 Maternity Support Worker. Table 2 details the additional requirement to uplift the budget.

Table 3: Annual Safe Staffing Professional Judgement Requirement

Current WTE	Annual Safe Staffing Professional Judgement	Variance
4.55	5.51	-0.96

The review also considered the current non- clinical midwifery roles, and Birthrate Plus® advised a 12% uplift to clinical WTE to support specialist and senior midwifery functions. The calculation confirms that there is a total of 24.74 WTE required. Current funded establishment totals 18.09 WTE (Bands 6–7), creating a workforce deficit of 6.65 WTE against the recommended model.

The shortfall represents an unmet requirement within the specialist and senior midwifery workforce and may impact service resilience, leadership capacity, and compliance with national workforce standards. Decisions on which posts to establish, and the allocation of hours have been guided by local service priorities and population health needs as well as national service specifications and maternity review recommendations.


Based upon the findings above and recommendations contained within the report there is a whole-time deficit of 15.25 WTE midwifery posts within the maternity services. Table 4 details the proposed phased funding approach which is recommended by the service to ensure that key functions and roles are maintained, and clinical establishments meet proposed safe staffing requirements.

Table 4 Phased Funding Approach			
Year 1			
Post	Grade	WTE	Rationale
Specialist			
Teenage Pregnancy and Safeguarding	Band 6	2 WTE	These posts are currently funded by charity as part of a national bid to reduce health inequalities. This funding runs out in June 2026, and it is proposed that these posts continue going forward. The 2 midwives work as part of the Enhanced Midwifery Support team (ESMT) and take a proportion of the clinical workload, providing antenatal and postnatal continuity of care as well as managing safeguarding concerns.
Bereavement Midwife	Band 6	0.6 WTE	This would be to support the service to provide 7-day bereavement cover as per national recommendations. This will enable the team to provide more comprehensive cover for early pregnancy loss (miscarriage, ectopic and molar pregnancies) bereavement support.
Fetal Medicine	Band 6	0.6 WTE	This is to provide additional capacity within the fetal screening and fetal medicine team enabling more comprehensive cover.
Matron for Maternity Oversight and Assurance	Band 8a	1.0WTE	This post holder will be responsible for governance oversight of maternity services explicitly the implementation and coordination of the maternity improvement plan delivery and create increased capacity within the governance team to deliver effective governance.
Total		4.2 WTE	
Clinical			
Telephone Triage	Band 6	5.51 WTE	The service has partially implemented the nationally recognised maternity triage system (BSOTS). One of the recommendations is that a service should have a separate telephone triage which is staffed 24/7 which sits outside the main triage department. Currently the staff taking telephone triage are also providing clinical care which is recognised as suboptimal. This has also been identified in the BR+ review and therefore these midwives would be used to implement this important service and align us to our neighbouring Trusts and national recommendations.
Day Unit	Band 6	1.0 WTE	Since the Maternity Day Unit moved from Maternity Triage it has been staffed from the antenatal clinic establishment, however, no uplift has been provided, meaning that not all day unit work has been able to be delivered. This uplift will enable all planned day unit work to be provided in the right place by the right staff.
Total		6.51 WTE	
Total for Year 1		10.71 WTE	
Year 2			

Post	Grade	WTE	Rationale
Specialist			
Deputy Specialist Midwife Public Health	Band 6	1.0 WTE	This post is currently temporarily funded for 12 months from external funding. It supports antenatal education and patient engagement through information leaflets/digital resources, as well as supporting the maternal vaccination service
Deputy Specialist Midwife Infant Feeding	Band 6	0.8 WTE	This post is currently funded for 12 months from external funding. It is essential that the infant feeding team continues to have capacity to provide clinical support, staff training, frenulotomy services and progress with and maintain Baby Friendly Accreditation in line with national recommendations and move to level 3/gold status.
Maternity equity and inclusion midwife	Band 6	0.65 WTE	This post will provide additional capacity in the enhanced support midwifery team recognising the national ask to improve outcomes for women from ethnic minority backgrounds. The role focuses on reducing health inequalities, improving access to maternity services, and ensuring care is culturally safe, trauma-informed, and responsive to the needs of women at greatest risk of poor outcomes.
Total		2.45 WTE	
Clinical			
Midwifery Teams	Band 6	2.09 WTE	These additional clinical midwifery posts will support the delivery of antenatal, intrapartum and postnatal care
Total		2.09 WTE	
Total for year 2		4.54 WTE	

Table 5 details the financial breakdown and investment requirement over the 2-year planned phased approach with a total investment of £1,057,646 to achieve safe staffing within maternity services. To note the current 0.96 WTE deficit for maternity health care assistants required in year 1 requires substantiation, this is currently in the run rate.

Table 5 Summary of financial investment requirements for maternity safe staffing.

									
Summary Financial Model Division of W&C Birth Rate + Investment 26/27						2026/27 Phase 1		2027/28 Phase 2	
Birth Rate+ Investment						WTE	£	WTE	£
Matron for Maternity Oversight & Assurance) - Year 1	Band 8a	Top Scale	Days (Only)	12	1.00	1.00	80,348	1.00	80,348
Teenage Pregnancy & Safeguarding Band 6 - Year 1	Band 6	Top Scale	Days (Only)	12	2.00	2.00	119,780	2.00	119,780
Bereavement Midwife Band 6 - Year 1	Band 6	Top Scale	Days (Only)	12	0.60	0.60	35,409	0.60	35,409
Fetal Medicine Band 6 - Year 1	Band 6	Top Scale	Days (Only)	12	0.60	0.60	35,409	0.60	35,409
Maternity Ward A 24/7 Midwife Support Cover Band 2 - Year 1	Band 2	Top Scale	Rotational	12	0.96	0.96	39,486	0.96	39,486
Telephone Triage Band 6 - Year 1	Band 6	Top Scale	Rotational	12	5.51	5.51	403,397	5.51	403,397
Day Unit - Year 1	Band 6	Top Scale	Rotational	12	1.00	1.00	73,212	1.00	73,212
Deputy Specialist Midwife Public Health Band 6 - Year 2	Band 6	Top Scale	Days (Only)	12	1.00			1.00	59,515
Deputy Specialist Midwife Infant Feeding Band 6 - Year 2	Band 6	Top Scale	Days (Only)	12	0.80			0.80	47,462
Maternity equity and inclusion midwife Band 6 - Year 2	Band 6	Top Scale	Days (Only)	12	0.65			0.65	38,422
Midwifery Teams Band 6 - Year 2	Band 6	Top Scale	Days (Only)	12	2.09			2.09	125,204
						11.67	787,042	16.21	1,057,646

4.1 FILL RATES- ESTABLISHMENT

The midwifery establishment trajectory tracker monitors staff in post, adjusting for maternity leave to ensure that the establishment meets safe staffing requirements. The current midwifery vacancy is 2.0 WTE which includes vacancy and maternity leave.

Work place unavailability continues to be covered by temporary staff who are a valuable part of the workforce and a useful contingency for covering anticipated and unanticipated staff shortages. All vacant shifts also continue to be sent to bank following budget holder approval and are as required converted to agency once a further review of fill rates and safe staffing levels has been undertaken by the Deputy/Divisional Midwifery and Nursing Director.

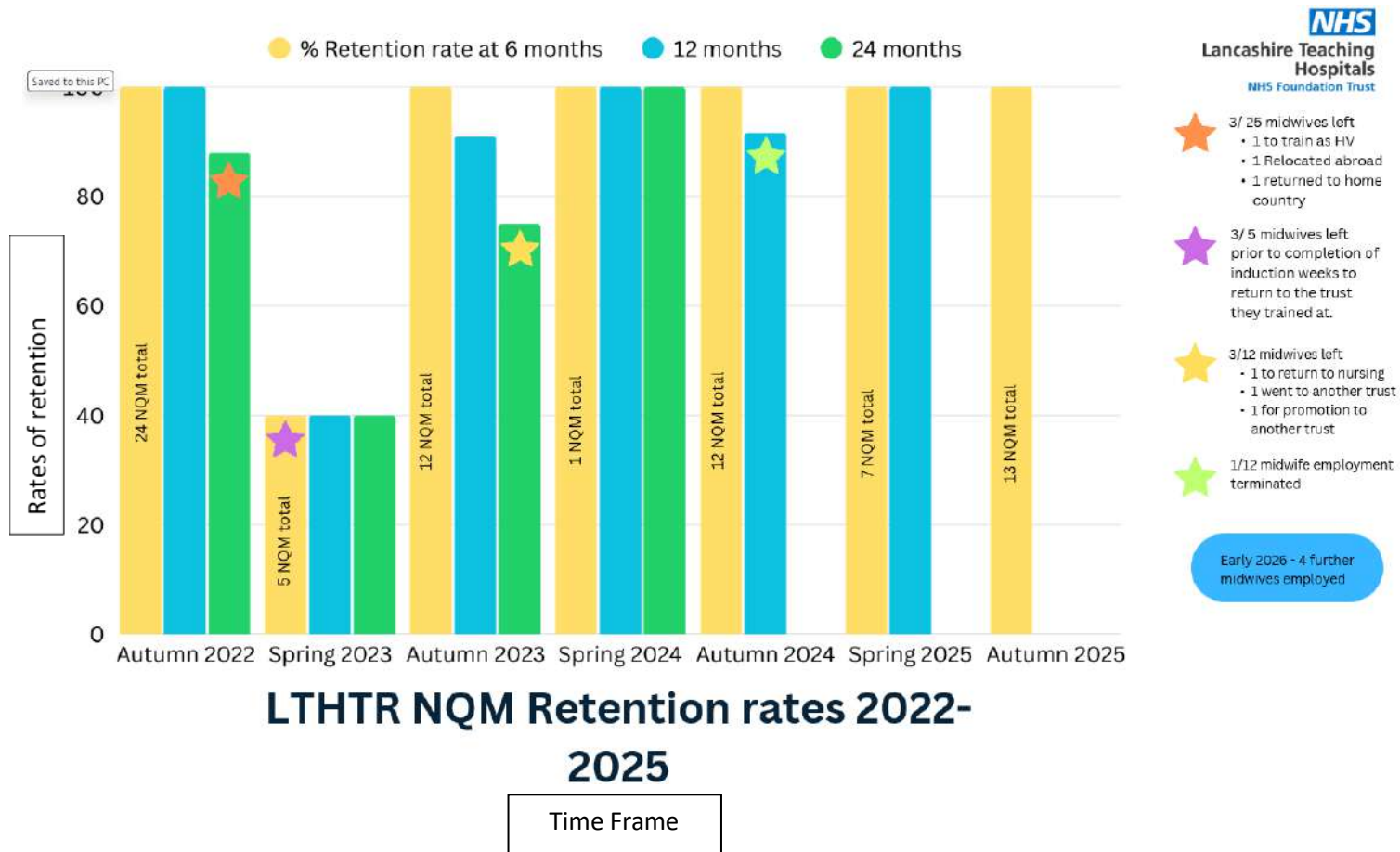
Fill rates for registered midwives (RM) are around 88-97% for day shifts and for nights 82% to 95% which is a stable position overall given the preceding vacancy rates seen in 2025. Fill rates for maternity support workers (day 79-87% and 92- 96% at night have been influenced by long term sickness on maternity A. This has been managed appropriately with workforce support and vacancies, which have been delayed at times by the vacancy control process, have been escalated for prompter action. Reduced fill rates are also linked to the under establishment in the budget for maternity A leading to unfilled shifts. Funding to meet safe staffing requirements have been considered as part the annual staffing review and is included in Table 2.

4.2 NEWLY QUALIFIED REGISTERED MIDWIVES- SKILL MIX

Strategies to improve retention are ongoing with sustainability, leadership and adequate resources being prioritised because of their strong association with turnover rates. (Appendix 4 leadership structure) The updated workforce plan 2025/26 focuses on three clear priority areas, train, retain and reform, in line with the NHS Long Term Workforce Plan and is detailed in Appendix 5.

The service has an externally funded preceptorship lead midwife who oversees recruitment and retention, and this has had a positive impact on retention rates. Most newly recruited midwives are early careers registrants and to ensure a smooth transition, the service has a supernumerary period, robust training and support, including a comprehensive preceptorship programme, and ongoing professional development opportunities. Chart 1 details the retention rates of new midwives since 2022 at 6,12 and 24 months

Chart 1 Retention of newly qualified midwives (NQM) at 6, 12 and 24 months since 2022.



4.3 STUDENT LEARNERS

Feedback from one of the University sites highlighted some perceived issues within the maternity learning environment relating to consistency of practice supervision and assessment, timeliness and quality of feedback, rostering reliability, placement capacity pressures, clarity around scope of student practice, and aspects of culture affecting student experience. It is important to note that the service have taken feedback seriously but there have not been any other escalations from other higher education institutes.

The midwifery and education leadership team are assured that the maternity learning environment has been thoroughly reviewed, that no safety concerns have been identified, and that a comprehensive, time-bound action plan is ongoing to manage issues raised. Most actions are complete or in progress, with clear ownership and monitoring in place to ensure sustained improvement.

A role to support student learners is also being developed, separately to the preceptorship portfolio which will provide focused support and investment for the future workforce. Updates on progress will be included in future iterations of the report.

4.4 SERVICE DEVELOPMENT FUNDING WORK STREAMS (OCKENDEN)

NHS England continues to support key national priorities into 2026/27 within midwifery and obstetric workforce. Recruitment and retention lead midwife, bereavement lead midwives and the band 4 maternity support worker education lead funded. Leadership PAs for Clinical Directors (CD) have also continued into 2026/27.

4.5 CONTINUITY OF CARER

The Birthrate Plus workforce assessment does not provide additional uplift for delivering Midwifery Continuity of Carer (MCoC), requiring continued oversight of the service's capacity to offer MCoC safely. The Divisional Midwifery and Nursing Director and leadership team undertake regular reviews of workforce availability and continuity-related service provision.

Current analysis confirms that maintaining the three established MCoC teams—specialist diabetes care, home birth, and the Chorley Birth Centre are essential to sustaining safe and effective service delivery. Standing down any of these teams would adversely impact clinical pathways and patient experience while offering negligible improvement to overall staffing fill rates.

The service continues to develop approaches to increase Enhanced Midwifery Continuity of Carer (eMCoC), offering targeted support to women in the most deprived areas and from ethnic minority backgrounds to improve outcomes. NHS England has funded a Band 7 project lead and Band 4 support worker for 12 months to establish further targeted continuity teams who will provide dedicated oversight of continuity models, evaluate current provision, and support the development of future teams aligned to the evolving workforce specification and national expectations.

4.6 NEONATAL NURSE STAFFING (The British Association of Perinatal Medicine (BAPM)) FILL RATES

The Northwest Neonatal Network monitor staffing levels against BAPM standards using the Clinical Reference Group neonatal nurse calculator. Compliance with the standard is presented within the Activity Capacity Demand (ACD) report. The latest published 2024/25 report confirms that the service has enough nurses within the establishment to be compliant to BAPM standards based on the average activity for the previous 3 years. The next report is expected in May 2026.

The service continues to experience operational pressure associated with lower-than expected BAPM compliance for neonatal nurse staffing. This reduction is linked to staff unavailability (sickness and maternity leave), alongside increased intensive and high-dependency cot activity requiring higher nurse-to-patient ratios.

To mitigate these pressures, the service is utilising daily multidisciplinary huddles, real-time escalation and redeployment from the Paediatric Ward, and when required including unit coordinator in the numbers to support intensive and high-dependency areas to maintain safety. To strengthen resilience and provide cover for maternity leave, the service is also progressing recruitment of 2 WTE Band 5 substantive posts and 3 WTE fixed-term posts

The Chief Nurse and the Divisional Nursing Director have recently completed the annual staffing review and concluded that the reduction in BAPM compliance reflects transient operational pressures rather than a shortfall in the funded WTE establishment. As such, there is currently no requirement to increase the workforce, however for completeness this will be revisited once the next ACD report is published.

In the meantime, staffing compliance will continue to be monitored monthly through the Perinatal Quality Surveillance Dashboard (PQSD) and neonatal dashboard, with performance also reported to the Safety and Quality Committee through the nurse safe staffing report for continued assurance.

4.7 TRANSITIONAL CARE

Transitional Care provision on the maternity ward has been intermittently affected by higher neonatal acuity and intensive care demand (as discussed above), which has limited the service's ability to consistently provide a dedicated Transitional Care (TC) nurse on every occasion. As a result, elements of TC activity have been provided by the maternity ward to ensure continuity of care for babies who do not require admission to the neonatal unit but need enhanced monitoring. While this arrangement has enabled safe day-to-day delivery of care, it places additional pressure on maternity staffing and requires ongoing coordination between maternity and neonatal teams. The ability to provide a TC nurse is being closely monitored and any incident where care is interrupted or not provided is reported via Ulysses.

4.8 OBSTETRIC WORKFORCE

The service confirms it is fully recruited to all Consultant posts, and a recent job-plan review has been completed to maximise efficiency and ensure alignment with service need. Consultant presence is agreed and consistently maintained at 90 hours per week, based on locally calculated requirements reflecting birth rate, case mix, acuity, and complexity, in line with RCOG (2022) guidance.

Progress in implementing the middle-grade two-tier rota has been more challenging. Recruitment delays and candidate withdrawal have resulted in several posts having continuing vacancy, and a re-recruitment process is underway to secure the required medical staffing.

Risk: Vacancies within the middle-grade tier pose a risk to rota resilience, escalation capacity, and out-of-hours cover. Mitigations taken by the division includes active recruitment, interim rota adjustments, and targeted agency fill. The obstetric workforce remains under close monitoring.

4.9 NEONATAL MEDICAL WORKFORCE

A local workforce review of neonatal medical staffing requirements to meet the British Association of Perinatal Medicine (BAPM) standards was last undertaken in 2023/24. Following this review, a comprehensive realignment of medical job plans was completed, supported by the implementation of the ORDER programme to optimise rostering and workforce deployment. These changes enabled the service to establish a compliant 1:8 rota across all medical grades, ensuring appropriate senior and middle-grade cover across the neonatal service.

Although the appropriate funding is in place, there is a gap in the consultant establishment which needs to be recruited to. Work has started to consider actions required to ensure that the service can continue to declare full compliance with BAPM. If required an action plan to review job plans will be agreed as per the CNST MIS standards.

5.0 RIGHT SKILLS

Maternity and Neonatal services must have robust mandatory training development, and education programmes for multidisciplinary teams. The Trust Board must assure themselves that sufficient staff have attended such training and are competent to deliver safe maternity care. Staffing establishments must allow for staff to be released to undertake the required training and development.

The current compliance rates against the CNST MIS standard 8, in relation to PROMPT (Practical Obstetric Multi Professional Training), fetal monitoring and neonatal resuscitation is included in tables 6-8.

Table 6 Fetal monitoring compliance by eligible staff group December 2026

December 2025	MIDWIVES	CONSULTANTS	DOCTORS	COMPLIANCE PERCENTAGE OVERALL
Fetal Growth	97% 192 out of 197	100% 11 out of 11	89% 17 out of 19	97% (1% increase) 220 compliant out of 227
Fetal Monitoring training Attendance at full day fetal monitoring training	98% 193 compliant out of 197	100% 11 compliant out of 11	84% 16 compliant out of 19	97% (static) 220 compliant out of 227
CTG update (Delivered as part of PROMPT or attendance at CTG meeting)	99% 203 compliant out of 204	100% 11 compliant out of 11	95% 18 compliant out of 19	99% (increase 1%) 232 compliant out of 234
Human Factors (attended PROMPT)	99% 202 out of 204	100% 11 out of 11	78% 22 out of 28	97% (1% increase) 235 compliant out of 243

Although the January 2026 figures are not above 90% for obstetric trainees, compliance will be 100% (as of 3/2/2026) because all non-compliant doctors will have attended training.

Table 7 Basic Life Support training by staff group December 2025

<u>December 2025</u>	NICU Nurses	NICU nursery nurses	CONSULTANTS	ANNP's	JUNIOR DOCTORS below ST5	JUNIOR DOCTORS ST5 and above	COMPLIANCE PERCENTAGE OVERALL
Neonatal Basic life support	100% 79 compliant out of 79	100% 6 compliant out of 6	100% 9 compliant out of 9	100% 5 compliant out of 5	100% 7 compliant out of 7	100% 7 compliant out of 7	99% 113 compliant out of 113
NLS certification medical staff.			100% 9 compliant out of 9	100% 5 compliant out of 5	Training not required	100% 7 compliant out of 7	100% 21 compliant out of 21

Table 8 PROMPT and pool evacuation training by staff group December 2025

<i>December 2025</i>	MIDWIVES	CONSULTANT	DRS	ANAESTHETIC CONSULTANTS	ANAESTHETIC ROTATION	MSW	COMPLIANCE OVERALL
OBSTETRIC EMERGENCIES (PROMPT)	99% 202 out of 204	100% 11 out of 11	78% 22 out of 28	100% 14 out of 14	100% 6 out of 6	96% 55 out of 58	97% static 310 compliant out of 321
NEWBORN BASIC LIFE SUPPORT	99% 202 out of 204					96% 55 out of 58	98%
POOL EVACUATION	97% 197 out of 204	100% 11 out of 11	78% 22 out of 28			96% 55 out of 58	95% (2% decrease) 285 compliant out of 301

5.1 SICKNESS ABSENCE

Sickness levels within the service have fluctuated over the past 12 months, averaging 6.1% to 7.18% since October 2025. Although this remains above Trust targets, it is broadly in line with national midwifery sickness trends. A range of interventions led jointly by the division and workforce partners, along with strengthened long-term sickness management processes, have contributed to the ongoing improvement plan. Absence is being managed through the Attendance Management Policy, with oversight from the Executive-led Divisional Improvement Forum. (DIF)

6.0 RIGHT PLACE AND TIME

The service continues to have mechanisms in place so that staff can be deployed in ways that sustainably ensure mothers and babies receive the right care first time and in the right setting. This includes effective planning, management and rostering, with clear escalation policies if concerns arise. Mechanisms for oversight that act as a temperature check to determine whether staffing levels are appropriate are detailed in table 9 and formal diverts are discussed further in section 6.1.

Table 9: Daily Oversight and escalation mechanisms

SAFETY CHECKING MECHANISM	DESCRIPTION
The Matron of the Day: (MOD)	Working hours between Monday to Friday 09:00 –17:00 (excluding public holidays) providing oversight and leadership making decisions managing-deployment of staff as required. Out of hours this role is undertaken by the unit coordinator supported by the site management team
Daily shift-level assessments and safety huddles.	Each day safety huddles take place at 9:30am and are attended by each clinical area where a review of staffing and activity is undertaken, capacity and flow are considered, and clinical care requirements are reviewed. An additional safety huddles is completed as part of the obstetric handover at 17:00 and 20:30.

Board Rounds are undertaken at 8:30am 1:30pm 5pm and 20:30 pm	Provide a structured, multidisciplinary review of obstetric women across the maternity unit. These rounds typically involve obstetricians, midwives, anaesthetists, and other healthcare professionals who collaboratively review cases, plan treatments, and ensure coordinated safe care
Intrapartum Acuity Tool:	Birth Rate Plus acuity tool is utilised to assesses the needs of women during labour, birth and in the early postnatal period. This classification system records acuity and complexity every 4 hours, 24/7. The tool enables the service to determine if staffing is adequate in real time.
Community Safety Huddle	Undertaken daily by the team leader of the day to review and oversee the community midwifery activity, identify issues and ensure effective communication to workers who are remote from the main site.
EXTERNAL SITUATION REPORT	
Maternity Daily Situation Report (SitRep)	The service submits data daily in relation to delays in induction, deferred caesarean section and maternity and neonatal unit diverts. This provides real-time oversight of safety and operational pressures, enabling early risk identification and rapid escalation as required. The submission runs alongside the existing Local Maternity and Neonatal System (LMNS) GOLD provider call.
LMNS GOLD Call:	(Monday to Friday 10am) including the LMNS GOLD call to identify and address shortfalls proactively and safely across the Lancashire and South Cumbria region.

6.1 CLINICAL ESCALATION UNIT DIVERT

The service confirms that appropriate escalation processes and responses are embedded into practice in line with the Northwest Maternity Escalation Policy. In addition, the daily LMNS GOLD call provides prompt system response and mutual aid in the event of high activity, or a requirement for deflection of work or emergency divert.

Maternity diverts are not currently classified as a national red flag event; however, the service continues to monitor capacity issues that have resulted a divert. The number of times the unit was placed on divert has significantly reduced since November 2025 with the policy only being enacted on one occasion. This was specifically linked to closure and divert of the neonatal unit rather than with issues related to capacity or staffing of the maternity service.

6.2 NEONATAL DIVERT

Over recent months, the neonatal unit has required periods of divert or temporary closure due to high acuity and increased demand for intensive care cots. In January 2026, there were 4 occasions when divert was required. While diversion is the safest course of action when capacity is exceeded, this trend highlights an area of sustained operational pressure that requires close monitoring and proactive management.

Diverts are being enacted appropriately through established escalation processes, ensuring that babies requiring intensive or high-dependency care are transferred safely to units with available capacity. Daily huddles, real-time acuity reviews, and liaison with North West Connect continue to provide effective oversight.

Persistent diverts present a risk to service continuity and parental experience. These factors may also contribute to increased intrauterine transfers out of the Trust. The risk is being actively monitored through divisional governance, with further mitigation actions being developed to strengthen capacity and reduce future divert episodes.

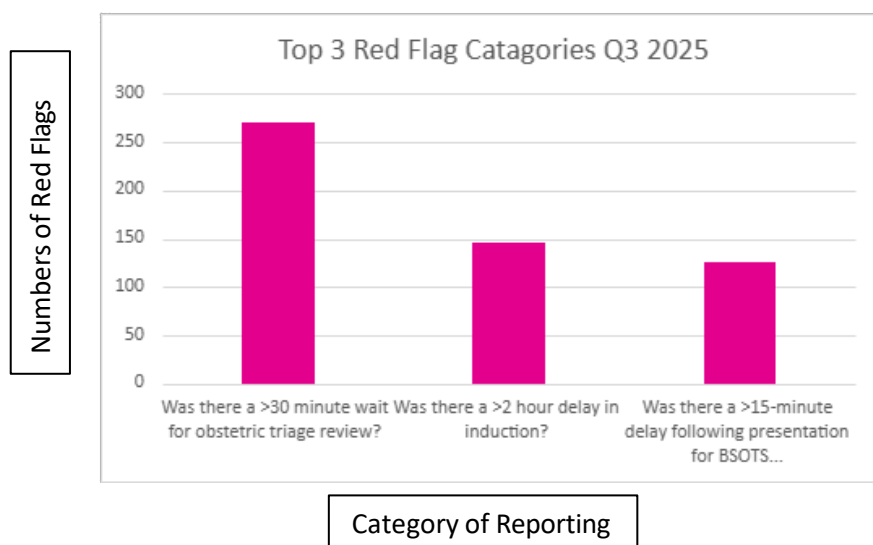
The service also collates data related to inability to accept intrauterine transfers. The PQSD includes a separate breakdown of all categories of transfer associated with capacity. Sustained improvement continues in Quarter 3 with fewer declined IUT's across both maternity and neonatal services.

6.3 RED FLAGS

Midwifery red flags highlight potential areas of staffing concern within the service and act as a warning sign that something may be wrong with midwifery staffing levels. Therefore, the service continues to report and monitor red flag incidents monthly via the PQSD.

Red-flag reporting patterns have remained consistent, with analysis of data across 2025 (January–December) confirming the highest-reported categories as: delayed induction of labour, delay in obstetric review in triage (>30 minutes) and delays in time-critical activity. These indicators continue to inform decisions on how staffing resource and funding are prioritised. Chart 3 presents the Quarter 3 position, with a full breakdown of unvalidated reports included in the appendix. Discussions are underway regarding the potential transition of red-flag reporting into Safe Care on Health Roster, which would enable more responsive monitoring and facilitate earlier action where staffing concerns arise.

Chart 3 – Top three categories of reported incidents for red flag data in Q3 (Sept – Dec 2025)



6.4 SUPERNUMERARY STATUS AND ONE TO ONE CARE

Maintaining a supernumerary delivery suite coordinator and providing one-to-one intrapartum care are key expectations for the CNST MIS because of their causal link to safe staffing. The service continues to audit supernumerary status and consistently achieves 100% compliance at the start of each shift. The staffing model, which includes a second Band 7 coordinator, provides effective safety netting and operational flexibility to manage unplanned gaps in real time.

The service also consistently maintains compliance with one-to-one care across all four birth settings, which is achieved by targeted redeployment of staff to areas of highest acuity or intrapartum need. Any reported red flags are reviewed through case-note audit to validate findings and ensure accuracy. Currently, this indicator remains stable but continues to be closely monitored for assurance.

6.5 STAFFING RELATED RISKS

The women's health risk register currently includes five high-level risks related to safe staffing, all of which align with known operational pressure points. These risks are actively reviewed by designated owners and handlers and are overseen through the Maternity Safety and Quality Committee, with additional scrutiny from the Risk Management Group. Each risk includes an assessment of current ratings, existing controls, and gaps requiring further action. See table 10 for a list of risks.

Table 10 Staffing-related risks. (Maternity)

Risk ID	Title	Current risk rating
2089	Maternal Medicine Centre lacking Consultant Obstetric Physician and Specialist Input from Medical Specialities.	20 (Active risk)
581	Maternity staffing deficit	15 (Active risk)
1592	Delays in induction of labour process	15 (Active risk)
1292	Inability to accept intra-uterine transfers from other organisations	15 (Active risk)
569	Elective caesarean demand significantly exceeds capacity impacting on patient safety and experience and risking elective gynaecology	15 (Active risk)
1708	Deferring and rearranging planned consultations in midwifery led services	15 (Active risk)
2088	Middle Grade Rota staffing does not meet the capacity and demand of the Maternity & Gynaecology Services	12 (Active risk)
1688	Maternity Assessment Suite (MAS) – partial implementation of the Birmingham symptom specific obstetric triage (BSOTS) system.	12 (Active risk)
1535	Delay in implementing a maternal medicine centre for Lancashire and South Cumbria	10 (Active Risk)
1762	Inability of the maternity service to achieve BFI full level 3 accreditation by 2024	10 (Active Risk)

6.6 DELAYS IN INDUCTION OF LABOUR PROCESS - RISK 1592

Delays in induction of labour continue to be monitored as part of daily safety huddles and consultant board rounds, these are also captured as part of red flag reporting and linked to the risk register. Any delays in induction of labour are also now captured through the new NHS England daily SitRep reporting tool.

Timing for admission for induction is overseen by the capacity and flow manager and when delays occur the on-call team are asked to review risk and plan care in partnership with the woman. The service is tracking delays and auditing including delay data to ensure that delays can be monitored and tracked over time and delay data is included in the perinatal quality surveillance dashboard.

6.7 ELECTIVE CAESAREAN DEMAND SIGNIFICANTLY EXCEEDS CAPACITY IMPACTING ON PATIENT SAFETY AND EXPERIENCE AND RISKING ELECTIVE GYNAECOLOGY RISK - 569

Work is ongoing to review the service provision for elective caesarean section, and the outcome from the Lancashire and South Cumbria provider level summit is awaited. Updates on the work stream will be finalised in future iterations of the report.

6.8 DELAY IN IMPLEMENTING A MATERNAL MEDICINE CENTRE FOR LANCASHIRE AND SOUTH CUMBRIA RISK - 1535

Over the past 18 months, the service has progressed the establishment of the Maternal Medicine Centre, developing specialist clinics to support women with the most complex needs across Lancashire and South Cumbria. Initial pump-prime funding enabled recruitment to key posts, and the full business case has been submitted to the Integrated Care Board (ICB). The service is awaiting confirmation of approval and substantive funding from the ICB to ensure sustainability of the service.

7.0 INVOLVEMENT INCLUSION AND LEADERSHIP

The maternity service requires highly skilled clinical leaders, who are responsible for the provision of safe staffing and the maintenance of safety and quality. Each area is supported by band 7 leads who are overseen by matrons reporting to the Deputy/Divisional Midwifery and Nursing Director.

The Chief Nursing Officer and the Non-Executive Director continue to fulfil their roles as named Safety Champions, maintaining regular visibility in clinical areas and engaging directly with staff. These walk-arounds remain an effective mechanism for gathering real-time safety intelligence, strengthening insight into workforce experience, operational pressures, and quality of care. Feedback obtained through this approach continues to inform improvement actions and supports the organisation's commitment to an open, learning culture.

7.1 MIDWIFERY WORKFORCE AND SERVICE RECONFIGURATION

Since the last staffing review in October 2025, the service has continued to progress with its redesign plans. A staff consultation has been completed, and feedback around the proposed changes is now being evaluated. The preferred service model will be selected based on staff feedback, service specifications, mode-of-birth trends, and opportunities to strengthen continuity of care. Once reconfiguration is agreed a further update will be provided.

7.2 MATERNITY SPECIFIC SAFETY AND QUALITY METRICS PERINATAL DASHBOARD- IMPROVEMENT

The perinatal quality dashboard and skill mix, and establishment reviews provides the opportunity for Boards to assure themselves that the right staffing is in place. Therefore, maternity staffing metrics continue to be presented as part of the PQSD which is report submitted to Safety and Quality Committee and presented to the Board of Directors.

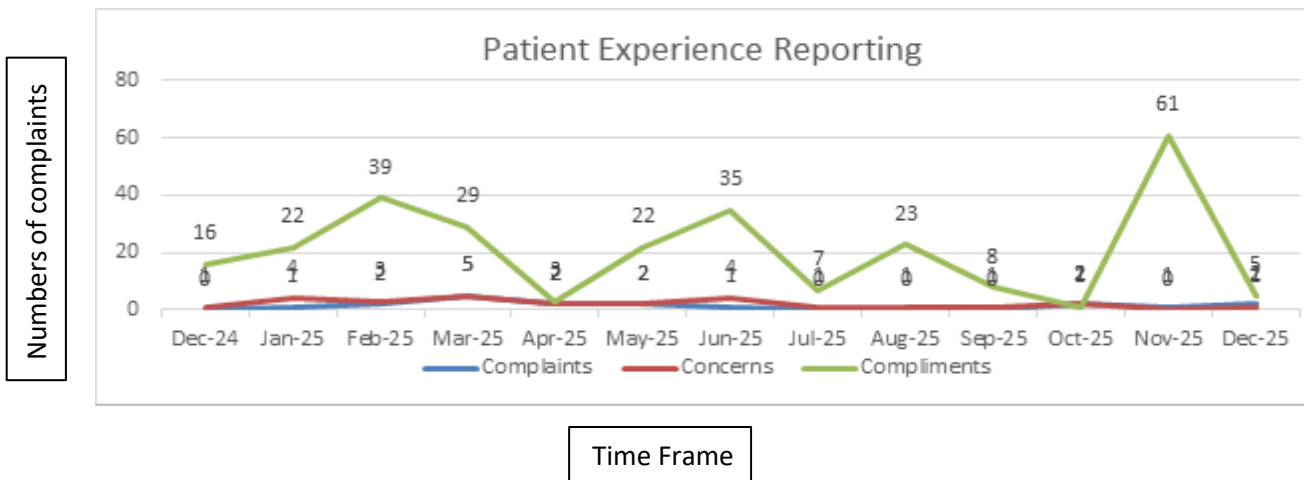
(Appendix 1). To note: The Trust has migrated to a new patient incident reporting system which may affect the data quality in the month of January 2026.

7.3 PATIENT EXPERIENCE- INVOLVEMENT AND INCLUSION

The maternity service continues to actively seek feedback from service users to continuously improve the experience of women and families. The maternity CQC survey, complaints triangulation, lived experience feedback, maternity and neonatal voices partnership and the friends and family response rates provide a wide platform of intelligence in relation to how the service is performing.

In 2025, there were a total of 15 complaints and 28 concerns raised. Many of these complaints and concerns focused on communication from health care professionals and issues with clinical care. Graph 4 demonstrates the number of reports complaints, concerns and compliments in 2025.

Graph 4 – Concerns, complaints and compliments reported in 2025.



A review of the themes noted between a triangulation of the feedback through claims, complaints, concerns and birth afterthoughts, tend to focus on communication from health care professionals and issues with clinical care. When the claims score card is analysed, failure to provide care, failure to monitor correctly and failure to provide treatment, were the leading causes of claims in both volume and value. Failure to monitor in the first stage of labour, which can be closely related to brain damage, was the leading cause of high value claims.

Friends and Family Test feedback (FFT) is utilised both at ward and department level and across the division to proactively learn from experiences of care received by service users and their families. There has been a decline in the uptake of FFT and actions have been put into place to move to paper-based FFT on the maternity ward and midwifery led care settings to try and improve response rates.

As aligned with the complaints and concerns, communication is the main reason for negative responses from the FFT in maternity. Communication and human factors training remains on the maternity mandatory study days and will be threaded through all sessions, including the obstetric emergencies and personalised care planning.

7.4 MATERNITY SURVEY

The latest national picker maternity survey invited responses from mothers who received care during April and July 2025. The results confirm that Lancashire Teaching Hospitals is now ranked 13th out of the 55 Trusts surveyed by Picker. This is an improved position from 2024 where the Trust was ranked 15th out of 56 Trusts surveyed.

When compared to the 2024 survey results, the service has significantly improved in 4 areas, and there were no areas identified that performed significantly worse. In the wider CQC patient experience report, the Trust performed broadly in line with other organisations. Fifty-two areas were rated as ‘about the same’, four areas rated as ‘somewhat better’ than most Trusts, and no areas falling into any worse-than-expected categories. A detailed reported is expected to be presented to the Trust Safety and Quality Committee in due course.

7.5 MATERNITY AND NEONATAL VOICE PARTNERSHIP- INVOLEMENT AND INCLUSION

The maternity service remains committed to listening and learning from service user feedback to continuously improve experience for women and families, utilising various platforms to engage and co-produce provision of care. A 15 steps for transitional care and induction of labour are planned in the next 3-6 months. These areas

have been chosen specifically because of the link with ongoing improvement work and to inform future service improvement schemes.

7.6 CULTURE REVIEW

A total of 171 colleagues contributed to the culture review in maternity and gynaecology providing a broad evidence base to inform improvement future priorities. Surveys, one-to-one discussions and focus groups, provided comprehensive insight into team experience and organisational behaviours. Six feedback sessions have been completed to date, involving all medical staff, Delivery Suite Coordinators, Band 7 midwives, matrons and administrative and clerical teams, with further sessions scheduled to ensure full engagement across the service.

An action plan is being developed in partnership with colleagues and based on this intelligence highlights the need to strengthen improvement across several key areas:

- **Communication and engagement:** reviewing current meeting structures and communication methods to strengthen clarity and consistency.
- **Clarity and workforce structure:** ensuring clear definitions of roles and responsibilities across midwifery, administrative and clerical teams.
- **Ways of working:** improving rest break compliance, addressing medical on-call arrangements, enhancing theatre efficiency, and optimising skills mix and experience.
- **Professional behaviours and culture:** strengthening behavioural standards, promoting civility and professionalism, embedding trauma-informed approaches, improving inclusion, and reinforcing a zero-tolerance stance on unacceptable behaviour.
- **Leadership and management:** enhancing leadership capability through development programmes, improving supportive supervision, and ensuring meaningful appraisal processes.

These themes will inform the final comprehensive improvement plan designed to support a positive, safe and effective working culture across maternity services.

7.7 FREEDOM TO SPEAK UP

Since the last staffing review in October 2025, there has been 3 freedom to speak up escalations associated with the maternity service. These are used to inform wider team and individual actions and form part of the ongoing culture work.

8.0 CELEBRATING SUCCESS AND MILESTONE ACTIONS

The team who undertook the Race and Health Observatory (RHO) project has recently been part of a national next steps for Maternity and Neonatal Health Equity, learning from the RHO Learning and Action Network Event. Members of the team were included in an expert panel to share best practice from the project.

The service has also been successful in bidding for NHSE capital funding for the refurbishment of a bereavement room for early pregnancy loss on the Gynaecology ward. This will enable the environment to be updated with soft furnishings, ceiling lights and will create a calming space for women and their families.

9.0 CONCLUSION

This report details the findings of the Lancashire Teaching Hospitals NHS Foundation Trust first maternity staffing review of 2026.

The maternity service continues to experience intermittent pressure resulting from higher acuity and staffing vacancies and this is reflected in the red flag Datix reporting. Colleagues work flexibly across several areas as required to ensure safety is maintained. Deflection and divert procedures for both maternity and neonatal are utilised to maintain safety in line with the regional escalation policy. Despite this the service remains stable and is responding effectively to the operational pressures.

There is a robust set of oversight arrangements in place ensuring maternity services retains a high profile within the organisation and dedicated Board level leadership. The workforce is relatively stable from an obstetric, neonatal medical/nursing perspective with the service responding effectively to operational pressures.

The staffing establishment shortfall of 15.25 WTE identified through Birthrate Plus® and endorsed by the Divisional Midwifery and Nursing Director and the Chief Nursing Officer have been endorsed following scrutiny at the Safety and Quality committee. The cost to implement this is £1,057,646. A phased approach to this is set out within the paper with the aim of prioritising the high-risk service areas and reducing the impact of the financial implications of increasing staffing.

In line with the recommendation from NHS Improvement Workforce Safeguards guidance, the Divisional Midwifery and Nursing Director and the Chief Nursing Officer confirm that they are satisfied with the outcome of the safe staffing assessment.

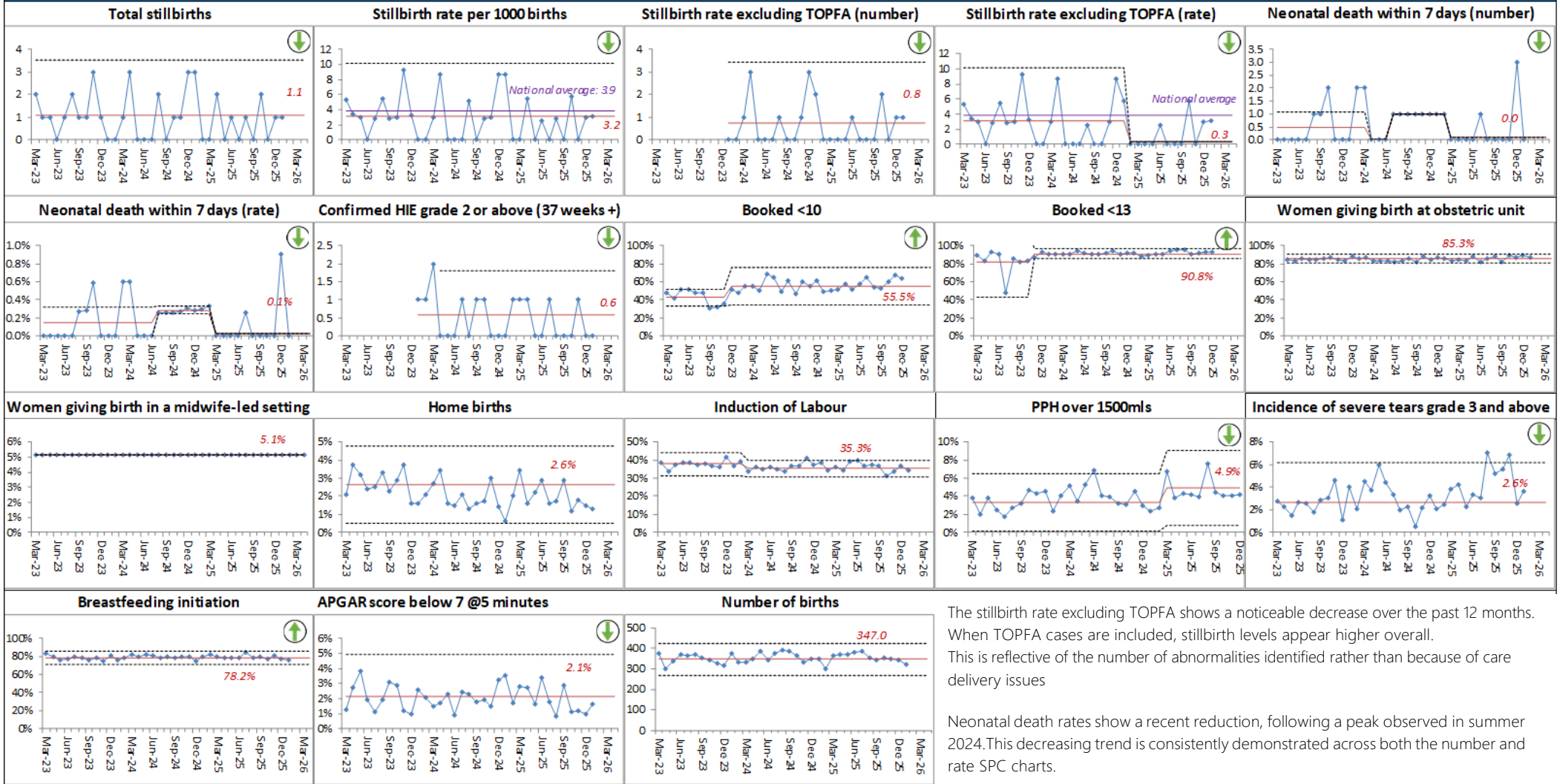
10. RECOMMENDATION

The Board of Directors is asked to:

- i. Receive the Birthrate Plus® findings and approve the progression of the risk mitigated workforce investment plan to ensure national requirements are met and a safe and sustainable maternity service is provided, whilst managing the material investment required over a 2-year phased plan.
- ii. Scrutinise the Perinatal Quality Surveillance Dashboard and confirm it is assured of the outcomes presented

APPENDIX 1 PERINATAL QUALITY SURVILLANCE DASHBOARD

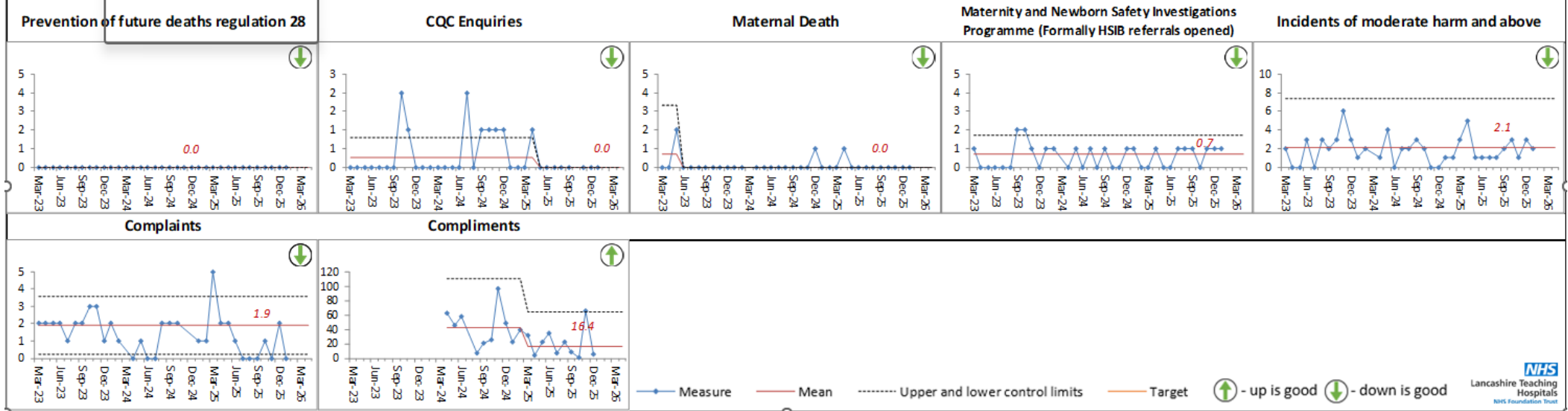
Clinical Safety Indicators



The stillbirth rate excluding TOPFA shows a noticeable decrease over the past 12 months. When TOPFA cases are included, stillbirth levels appear higher overall. This is reflective of the number of abnormalities identified rather than because of care delivery issues

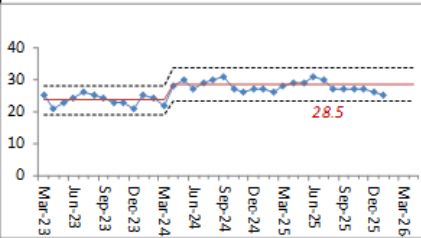
Neonatal death rates show a recent reduction, following a peak observed in summer 2024. This decreasing trend is consistently demonstrated across both the number and rate SPC charts.

Perinatal Quality Governance Experience and Regulation

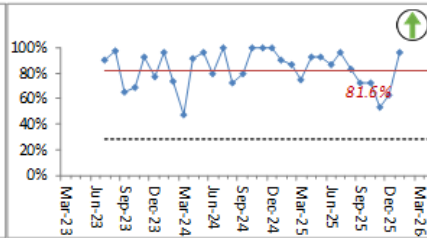


Safe staffing indicators

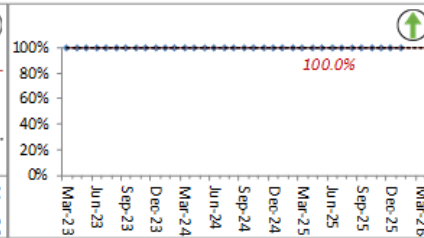
Births per Funded Clinical Midwife WTE



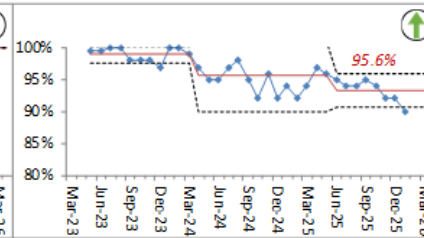
Neonatal Nurse Staffing compliance to BAPM



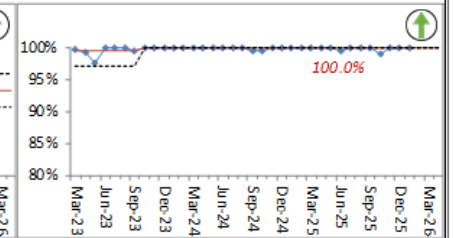
Supernumerary status of DS coordinator at the start of every shift



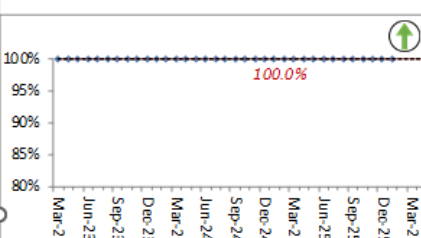
HDU trained per shift



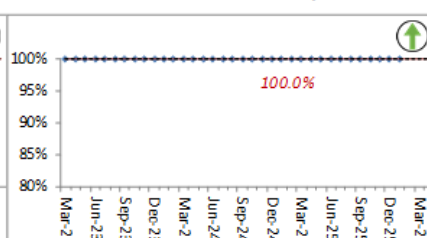
One-to-one care in labour in Delivery Suite



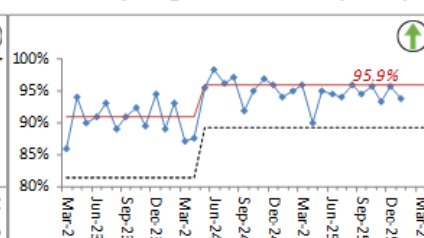
One-to-one care in labour in Preston Birth Centre



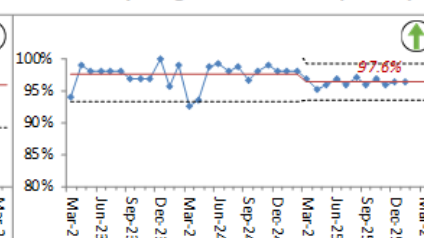
One-to-one care in labour in Chorley Birth Centre



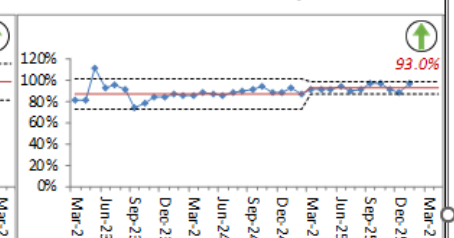
Maternity Triage BSOT standard (15min)



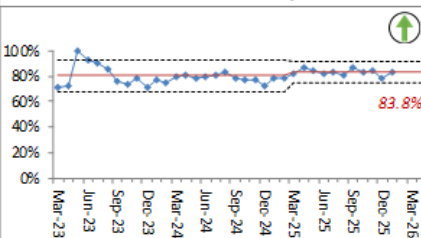
Maternity Triage NICE standard (30 min)



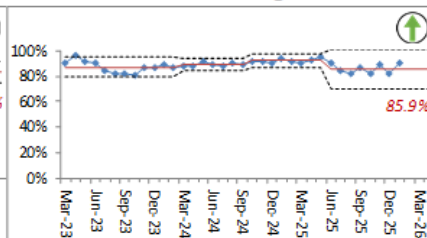
Fill rate RM Day



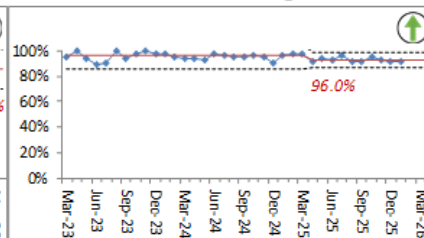
Fill rate MSW Day



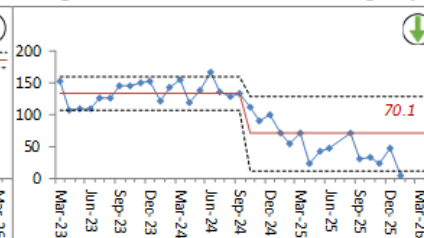
Fill rate RM Night



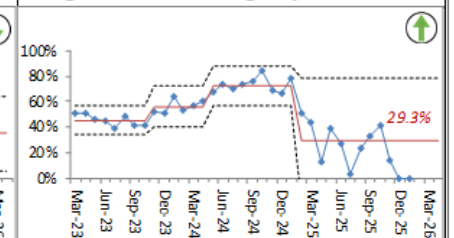
Fill rate MSW Night



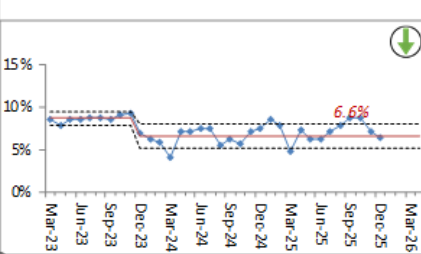
Registered Midwife shifts sent to agency



Registered Midwife Agency hour fill rate



Staff sickness rate



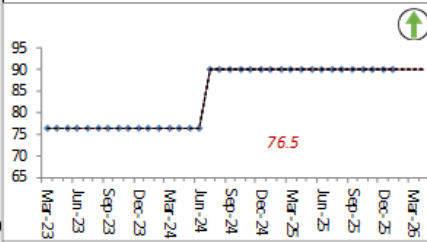
Day Shift Fill Rates (Midwives & MSWs) Both Midwife (MW) and Maternity Support Worker (MSW) day shift fill rates show a recent positive uptick, signaling improved staffing coverage during daytime hours

Night Shift Fill Rates (Midwives & MSWs) In contrast, both MW and MSW night shift fill rates have recently decreased, creating a divergence between day and night staffing trends.

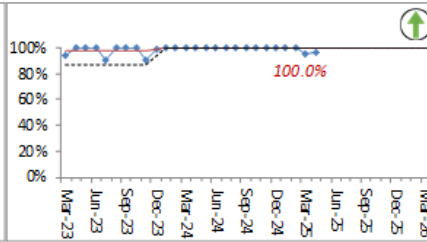
Midwife Shifts Sent to Agency & Agency Hour Fill Rate Both indicators continue to show a decline, with unusually low values in recent months. This indicates better internal staffing utilisation or reduced demand for agency support.

Obstetric Medical Staffing

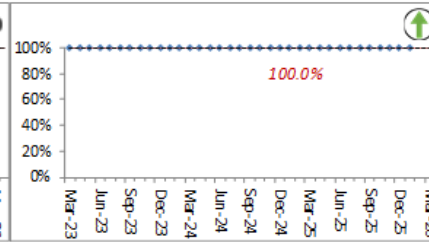
Number of Consultant hours on obstetric unit



RCOG obstetric benchmarking compliance



24-hour acute obstetric medical staffing fill rate

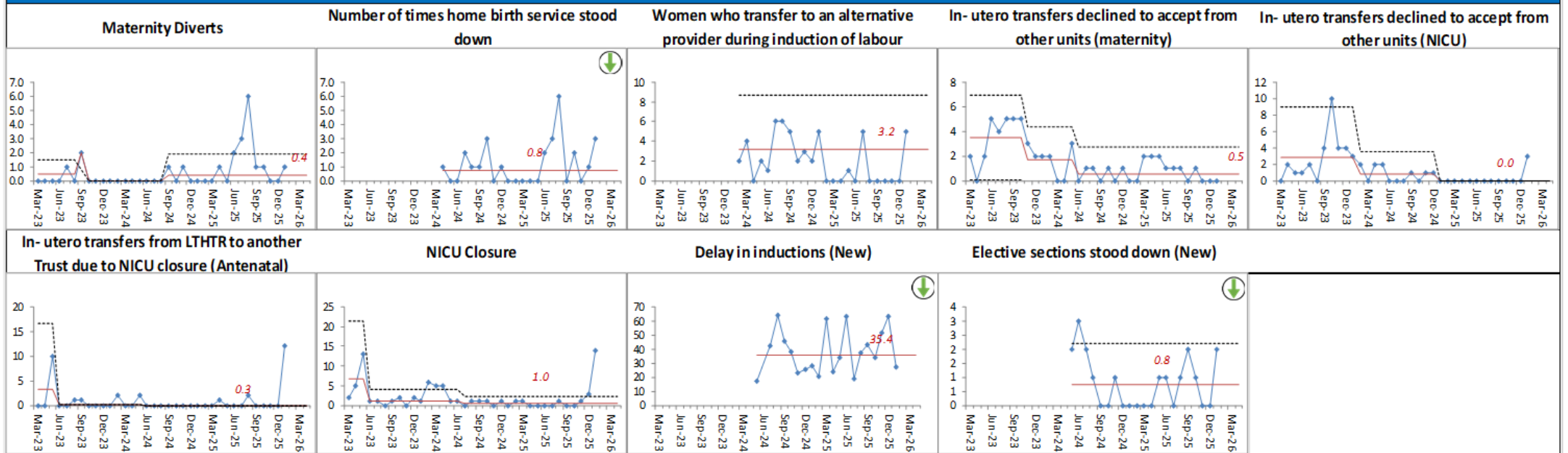


Consultant hours in the obstetric unit. The service continues to invest in consultant funding and the service confirms an increase in hours from 76.5 to 88 hours consultant cover. Work is ongoing to consider whether obstetric cover can be increased in the middle grade rota and adjusted in the consultant hours

RCOG attendance remains at 100%

Consultant fill rates for acute care continues to be 100%

Clinical Escalation



Day Shift Fill Rates (Midwives & MSWs) Both Midwife (MW) and Maternity Support Worker (MSW) day shift fill rates show a recent positive uptick, signaling improved staffing coverage during daytime hours

Night Shift Fill Rates (Midwives & MSWs) In contrast, both MW and MSW night shift fill rates have recently decreased, creating a divergence between day and night staffing trends. Midwife Shifts Sent to Agency & Agency Hour Fill Rate Both indicators continue to show a decline, with unusually low values in recent months. This may indicate better internal staffing utilisation or reduced demand for agency support.

—●— Measure
 — Mean
 - - - - Upper and lower control limits
 — Target
 ↑ - up is good
 ↓ - down is good

APPENDIX 2 CLINICAL NEGLIGENCE FOR TRUST MATERNITY INCENTIVE SCHEME SUMMARY

	Standard	Progress	Evidence	Status-on track	Validated
Safety Action 1 PMRT	Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths that occurred from 1 December 2024 to 30 November 2025 to the required standard?	<p>Since 1 December 2024, all eligible cases there have been reported. 100%. All cases to date have been notified to MBRRACE-UK within seven working days and a review has been started within two calendar months of the death.</p> <p>The standard dictates that PMRT should be carried out and 95% of reviews should be started within two months of the death, and a minimum of 75% of multidisciplinary reviews should be completed and published within six months.</p> <p>For at least 95% of all deaths of babies who died in your Trust from 1 December 2024, were parents' perspectives of care sought and were they given the opportunity to raise questions. 100% of parent's perspectives have been considered.</p> <p>All final reports are presented to the Trust Safety and Quality Committee and Board of directors on a quarterly basis.</p>	Appendix 1. Standard 1	Standard Achieved for year 7	Validated 17.12.2025
		<p>NEW MIS YEAR 7. 50% of the deaths reviewed an external member present at the multi-disciplinary review panel meeting and this should be documented within the PMRT. An LMNS process and rota is in place to support attendance of external panel members. 11/11 reviews that have been concluded in the reporting period have had external representation.</p>		Standard Achieved for year 7	Validated 17.12.2025
A weekly failsafe report is generated to confirm that all standards are met. This is supported by a weekly failsafe meeting. Reports of reviews of all deaths are discussed with the Trust Maternity and Board Level Safety Champions. NHS Resolution use data from MBRRACE-UK/PMRT to cross-reference against Trust self-certifications.					
Safety Action 2 Maternity Services Data Set (MSDS).	Standard	Progress	Evidence	Status	Validated
	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	<p>The service has consistently achieved 11 out of 11 CQIMs since 2022 and data integration continues to be undertaken and monitored monthly. The year 7 standards are:</p> <p>1. July 2025 data contains valid birthweight information for at least 80% of babies born in the month. This requires the recorded weight to be accompanied by a valid unit entry.</p>	Detailed in previous iterations of the report Compliance achieved to date (July 2025)	Standard Achieved for year 7	Validated 17.12.2025

		2. July 2025 data contains valid ethnic category (Mother) for at least 90% of women booked in the month. Not stated, missing, and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances.			
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A data report is generated each month and checked prior to submission of the MSDS data. Performance is confirmed at a monthly data meeting by work stream leads. July 2025 data will be used to confirm compliance with the standard and the service confirms that the standard has been achieved and published.

Safety Action 3 Transitional Care	Standard	Progress	Evidence	Status	Validated
	Can you demonstrate that you have transitional care (TC) services in place and are undertaking quality improvement to minimise separation of parents and their babies?	<p>Pathways of care into transitional care and Avoiding Term admissions to the neonatal unit (ATAIN) continue to be prioritised, jointly agreed, and monitored by the maternity and neonatal teams and guidance is in place which supports a care pathway from 34+0 in alignment with the BAPM Transitional Care (TC) Framework for Practice.</p> <p>The division continues to track performance and monitor outcomes for babies requiring neonatal admission or transitional care.</p> <p>A Quality Improvement (QI) initiative to reduce separation is ongoing. The project is based on reducing term admissions associated with respiratory distress.</p>	Detailed in previous iterations of the report	Standard Achieved for year 7	Validated 11/09/2025

The Working better together joint multiprofessional group undertakes review of all term admissions (ATAIN) to the neonatal unit and monitors transitional care (TC) activity. TC and ATAIN dashboards are generated.

Safety Action 4 Workforce	Standard	Progress	Evidence	Status	Validated
	Can you demonstrate an effective system of clinical workforce planning to the required standard?	<p>Obstetric Workforce. There has been significant investment in the obstetric consultant roles and leadership, and the service confirms that it has the right number of funded obstetricians and includes a 2-tier rota on a 1:8 basis. Recruitment to the SAS and resident obstetricians is ongoing with 1 who has commenced in post, 1 going through on boarding and one vacancy out to advert.</p> <p>The RCOG consultant attendance audit has been completed for 3 consecutive months within the reporting period and compliance over 80% has been achieved. This enables the service to meet the standard. For oversight a red flag has been added to the Datix reporting system in June 25. This will enable this standard</p>	Shared in previous reports	Standard Achieved for year 7	Validated 11/09/2025

		to be monitored and validated monthly without the need for monthly audit.			
		Neonatal Medical A local workforce review of the neonatal medical staffing requirement to achieve British Association of BAPM standards was undertaken in 2023. Realignment of job plans, and use of the ORDER programme has been utilised since February 2025 and a 1:8 rota for all grades has been achieved. This enables the neonatal service to declare BAPM compliance.	Shared in previous reports	Standard Achieved for year 7	Validated 11/09/2025
		Neonatal Nursing: The Northwest Neonatal Network monitor staffing levels against BAPM standards using the Clinical Reference Group neonatal nurse calculator. Compliance with the standard is presented within the Activity Capacity Demand (ACD) report which was published 2023/24. The report confirms that the service has enough nurses within the establishment to be compliant to BAPM standards based on the average activity for the previous 3 years.	Shared in previous reports	Standard Achieved for year 7	Validated 11/09/2025
		Anaesthetics To comply with the anaesthetic medical workforce requirements associated with CNST year 7, a copy of the anaesthetic rota for all months during the reporting period is held as evidence for monitoring purposes by the service, confirming that a duty anaesthetist is immediately available for the obstetric unit 24 hours a day. The service is 100% compliant with this standard.	Shared in previous reports	Standard Achieved for year 7	Validated 11/09/2025

The Board of Directors are accountable for ensuring the fundamental quality standards are delivered, including having the appropriate workforce to deliver safe care. To meet the standard requirements for the obstetric medical workforce, regular audits and reviews and reporting will continue to be provided for via the maternity and neonatal safety report and the Perinatal Quality Surveillance Model for assurance.

Safety Action 5	Standard	Progress	Evidence	Status	
Midwifery Staffing	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	<p>The funding to meet the midwifery staffing requirements of Birth Rate plus 2022 is in place and the service confirms that it is on track to fill all vacancies.</p> <p>Data collection for the next Birth Rate Plus assessment has commenced in May 2025 and the draft report is awaited. Once received the findings will be scrutinised and validated by the Chief Nursing Officer and Divisional Midwifery and Nursing Director before being shared.</p>	Bi-annual Safe staffing reports April and October 2025.	Standard Achieved for year 7	Validated 17.12.2025

		The Midwifery Coordinator in charge of labour ward must have supernumerary status; (defined as having a rostered planned supernumerary co-ordinator and an actual supernumerary co-ordinator at the start of every shift). This standard is 100% to date.	Appendix 2 Perinatal Quality Surveillance	Standard Achieved for year 7	Validated 17.12.2025
		All women in active labour receive one-to-one midwifery care continues to be monitored each month.			
		Submit a midwifery staffing oversight report that includes staffing/safety issues and assurances to the Trust Board every six months. During the reporting period two safe staffing reports have been submitted at 6 monthly intervals.	Shared with the Board	April 2025 September 2025	Validated 17.12.2025
Safety Action 6. Saving Babies Lives V3 (SBLV3)	Standard	Progress	Evidence	Status	Validated
	Can you demonstrate that you are on track to achieve compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	The service continues to make progress against the 5 elements of the SBLV3 care bundle, and an additional validation was requested by the service to demonstrate sustained improvement since year 6. Compliance has increased to 100%.	Appendix 1 Safety Action 6. Final Position	Standard Achieved for year 7	Validated 11/09/2025
There is a programme of improvement work focused on SBLV3 each of the 6 elements has a named obstetric or medical lead and all elements have now been met.					
Safety Action 7 MNVP	Standard	Progress	Evidence Source	Status	Validated
	Listen to women, parents and families using maternity and neonatal services and coproduce services with users.	The Maternity and Neonatal Voices Partnership (MNVP) and the maternity and neonatal services continue to work on the priorities defined within the joint work plan into 2025. The updated priorities have been reviewed by the LMNS, service and MNVP in June 2025. This has been reviewed by the Safety Champions and approved by the LMNS in September 2025. The work plan has also been shared at the ICB board in October 2025. The service confirms that it utilises the annual CQC maternity survey free text data to collate the action plan each year. The latest report is current embargoed, however work to collate the actions in response to 2024 findings has jointly been completed by the MNVP lead and will be shared with the Safety Champions	Detailed in previous iterations of the report	Standard Achieved for year 7	Validated 17.12.2025

		<p>once published. Previous iterations of this report have aligned to this standard.</p> <p>The requirement for year 7 now includes MNVP attendance at PMRT meetings. The capacity to attend is limited due to the commissioning agreement with the LMNS. An action plan has been agreed and formal escalation to the LMNS has been completed as part of the Board slide in September 2025 This will enable the service to meet the required standards.</p>			
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The MNVP lead and Deputy Divisional Midwifery and Nurse Director meet monthly to review priorities and action feedback. The MNVP lead attends maternity and neonatal safety champions and safety and quality committee as key membership.

Safety Action 8 Training	Standard	Progress	Evidence Source	Status	
	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi-professional training?	<p>The service confirms that the full Training Needs Analysis (TNA) standards continue to be fully aligned with version 2 of the Core Competency Framework (CCF), and the programme of training has been shared with the Divisional Safety Champions and MNVP lead. The service also confirms that it has at least one multidisciplinary emergency scenario is conducted in the clinical area. Delivery suite and birth centres are utilised for multidisciplinary emergency skills sessions during the PROMPY day.</p> <p>PROMPT Compliance with PROMPT is 97% overall in December 2025. All Staff groups are over 90% except for trainee doctors' compliance- 78%</p> <p>Action: New rotational trainee doctors who commenced work on or after 1 July 2025 a lower compliance will be accepted. This is providing that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust. All outstanding doctors are booked on to dates and an action plan for achievement of the standard is included in the report. It is anticipated that all staff groups will be over 90% by the end of the reporting period or within 6 months of start dates.</p> <p>ANAESTHETICS For rotational anaesthetic staff that commenced work on or after 1 July 2025 a lower compliance will be accepted. This is providing that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to</p>	Appendix 1 Safety Action 8.	Standard Achieved for year 7	Validated 17.12.2025

		<p>recover this position to 90% within a maximum 6-month period from their start-date with the Trust Compliance for all groups over 90% STANDARD MET at end of reporting period. all eligible groups over 100%.</p> <p>BASIC NEONATAL LIFE SUPPORT Compliance of the neonatal and medical newborn life support is tracked in line with MIS year 7. All eligible staff groups are over 90%. including midwifery neonatal medical and nursing/ All neonatal medics who attend births unaccompanied are also Neonatal Life Support course trained. (100%) STANDARD MET all eligible groups over 90% at the end of the reporting period.</p> <p>FETAL MONITORING – 97% compliance achieved overall for the full day fetal monitoring training. Trainee doctors’ compliance 84% in December 2025. New rotational trainee doctors who commenced work on or after 1 July 2025 a lower compliance will be accepted. This is providing that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust.</p>			
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Training requirements are tracked via maternity and neonatal safety and quality monthly, and actions are taken to ensure all staff groups have achieved 90% by the end of the reporting period. A training report is also submitted to maternity Safety and Quality Committee for oversight. Close oversight of staff groups below the target range is ongoing and compliance has been escalated to the clinical directors for obstetrics and anaesthetics for support to ensure all colleagues are booked onto relevant study days.

Safety Action 9 Perinatal Oversight	Standard	Progress	Evidence	Status	
	Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?	<p>Analysis of the Perinatal Quality Surveillance (PQSO) continues monthly through the Safety and Quality committee and is detailed in appendix 1. The Board of Directors will continue to receive the bimonthly report on maternity and neonatal safety. The Board Safety Champions are also supporting the perinatal leadership team to better understand and local cultures, including identifying. and escalating safety and quality concerns and offering relevant support as required.</p> <p>Evidence that in addition to the regular Trust Board/sub-committee review of maternity and neonatal quality as described</p>	Shared in previous iterations of the report	Standard Achieved for year 7	Validated 11/09/2025

		above, the Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level Safety Champions at a Trust level (Board or directorate) meeting. The report was shared in September 2025 Safety Champions meeting.			
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The Safety Champions meeting is chaired by the Chief Nurse and attended by the Board Non-Executive Director (NED). This meeting has a formal agenda and terms of reference and review of thematic learning informed by PSIRF, themes and progress with plans following cultural surveys and listening events, training compliance, minimum staffing in maternity and neonatal units, and service user voice feedback are standing agenda items. The service also confirms that Board Safety Champion(s) meet with the Perinatal leadership team at a minimum of bi-monthly. Progress with actioning named concerns from staff engagement sessions are visible to both maternity and neonatal staff are tracked via the Safety Champion meetings. Work is ongoing with a culture review, led by the occupational development team.

Safety Action 10 MNSI	Standard	Progress	Evidence	Status	
	Have you reported 100% of qualifying cases to Maternity and Newborn Safety Investigations (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 1 December 2024 to 30 November 2025	The service confirms that it has reported all qualifying cases to MNSI reporting 100% compliance to the standard. It also confirms that it complies with Regulation 20 of the Health and Social Care Act 2008 in relation to appropriate and timely Duty of Candour (DOC). A summary of MNSI trend data is included in appendix 1. The standard requires that information and reports are shared with families in a format that was suitable to them. The clinical governance and risk midwife contacts all families and agrees a personalised plan for responses which may include information in their chosen language.	Appendix 1 Safety Action 10.	Standard Achieved for year 7	Validated 17.12.2025

A quarterly report is collated on AMAT to confirm that all qualifying cases have been reported in line with MIS year 7.

BIRTHRATE PLUS[®] ASSOCIATES LIMITED

MIDWIFERY WORKFORCE REPORT

LANCASHIRE TEACHING HOSPITALS

NHS FOUNDATION TRUST

Sharoe Green Unit Royal Preston Hospital (RPH)

&

Local Community Services

OCTOBER 2025

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Section 1

Birthrate Plus®: The methodology and factors affecting maternity services

Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published.

It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG.

The RCM recommends using Birthrate Plus® (BR+) to undertake a systematic assessment of workforce requirements, since BR+ is the only recognised national tool for calculating midwifery staffing levels. Whilst birth outcomes are not influenced by staff numbers alone, applying a recognised and well-used tool is crucial for determining the number of midwives and support staff required to ensure each woman receives one-to-one care in labour (as per recommendation 1.1.3).

Birthrate Plus® has been used in maternity units ranging from stand-alone community/midwife units through to regional referral centres, and from units that undertake 10 births p.a. through to those that have in excess of 8000 births. In addition, it caters for the various models of providing care, such as traditional, community-based teams and continuity caseload teams. It is responsive to local factors such as demographics of the population; socio-economic needs; rurality issues; complexity of associated neo-natal services, etc. The methodology remains responsive to changes in government policies on maternity services and clinical practices. Birthrate Plus® is the most widely used system for classifying women and babies according to their needs and using clinical outcome data to calculate the numbers of midwives required to provide intrapartum and postpartum care.

An individual service will produce a casemix based on clinical indicators of the wellbeing of the mother and infant throughout labour and delivery. Each of the indicators has a weighted score designed to reflect the different processes of labour and delivery and the degree to deviations from obstetric normality. Five different categories are created - the lower the score the more normal are the processes of labour and delivery (Appendix 1).

Other categories classify women admitted to the delivery suite for other reasons than for labour and delivery.

Together with the casemix, the number of midwife hours per patient/client category based upon the well-established standard of one midwife to one woman throughout labour, plus extra midwife time needed for complicated Categories III, IV & V, calculates the clinical staffing for the annual number of women delivered.

Included in the workforce assessment is the staffing required for antenatal inpatient and outpatient services, ante and postnatal care of women and babies in community birthing in either the local hospital or neighbouring ones.

The method works out the clinical establishment based on agreed standards of care and specialist needs and then includes the midwifery management and specialist roles required to manage maternity services. Adjustment of clinical staffing between midwives and competent & qualified support staff is included.

The recommendation is to provide total care to women and their babies throughout the 24 hours 7 days a week inclusive of the local % for annual, sick & study leave allowance and for travel in community.

Factors affecting Maternity Services

The Governance agenda, which includes evidence-based guidelines, on-going monitoring, audit of clinical practices and clinical training programmes, will have an impact upon the required midwifery input; plus, other key health policies. Birthrate Plus® allows for inclusion of the requisite resources to undertake such activities.

Increasingly, with having alongside midwife units where women remain for a short postnatal stay before being transferred home, the maternity wards provide care to postnatal women and/or babies who are more complex cases. Transitional care is often given on the ward rather than in neonatal units, safeguarding needs require significant input which put higher demand on the workload.

Shorter postnatal stays before transfer home requires sufficient midwifery input in order to ensure that the mothers are prepared for coping at home. It is well known that if adequate skilled resources are provided during this postnatal period, then such problems as postnatal depression or inability to breast-feed can be reduced or avoided.

Community based care is expanding with the emphasis being placed on 'normal/low risk/need care being provided in community by midwives and midwifery support roles. Women and babies are often being seen more in a clinic environment with less contacts at home. However, reduced antenatal admissions and shorter postnatal stays result in an increase in community care.

Midwives undertake the Newborn and Physical Examination (NIPE) instead of paediatricians, either in hospital or at home.

Cross border activity can have an impact on community resources in two ways. Some women may receive antenatal and/or postnatal care from community staff in the local area but give birth in another Trust. This activity counts as extra to the workload as not in the birth numbers. They have been termed as "imported" cross border cases. Equally, there are women who birth in a particular hospital but from out of area so are 'exported' to their local community service. Adjustments are made to midwifery establishments to accommodate the community flows. Should more local women choose to birth at the local hospital in the future adjustments will need to be made to workforce to provide the ante natal and intrapartum care.

The NICE guideline on Antenatal Care recommends that all women be 'booked' by 10 weeks' gestation, consequently more women are meeting their midwife earlier than previously happened. This early visit requires midwifery assessment/advice, but the pregnancy may end as a fetal loss, so the total number of postnatal women is less than antenatal women.

Section 2

Discussion of Annual Activity Data and Casemix

1. The midwifery workforce report is for maternity services in Sharoe Green Unit Royal Preston Hospital (RPH) and local community in Lancashire Teaching Hospital NHS Foundation Trust.
2. An allowance of 23% uplift have been calculated for registered staff and maternity support workers, with 15% community travel included in the staffing figures. As with many Trusts, due to the increasing need for training and updating, some of which has arisen out of the Ockendon Report and compliance for maternity incentive scheme, an adequate allowance is required to fulfil the training requirements for midwives and maternity support workers.
3. The annual number of women delivered is 4232 as shown in Table 1. The 2022 report was based on 4219 so a small annual increase of 104.

	Annual Total
Delivery Suite	3550
Preston Birth Centre	399
Chorley Birth Centre	190
Home	93
Total Births	4232

Table 1: Annual Activity

4. The casemix has the major impact on the midwifery establishment especially for intrapartum care as the additional time applied to Categories III to V results in an increase from the one midwife to one woman ratio for Categories I and II. When planning the current assessment, discussion with the senior midwifery team indicated that the obstetric and medical complexity has risen since the last casemix was obtained together with a rise in induction and caesarean section rates. Thus, the decision was to calculate midwifery staffing with casemix from a more recent sample of births felt to be representative.
5. A 3 months' sample from April to June 2025 was obtained from the maternity EPR by the midwifery team and additional scrutiny provided by the Birthrate Plus consultant (Table 2).
6. Table 2 shows both casemix used in the 2022 and 2025 reports. The casemix is analysed to produce a specific one for the Delivery Suite (DS) and one including Birth Centre births (generic). As shown, removing the Birth Centre women results in a shift from Categories I

and II to higher % in Categories III to V giving a casemix for DS. For community staffing, the generic casemix is used.

Casemix	%Cat I	%Cat II	%Cat III	%Cat IV	%Cat V
DS 2025	0.6	3.5	17.8	30.6	47.5
	21.9%			78.1%	
DS 2021/2	0.3	3.3	21.3	33.1	42.0
	24.9%			75.1%	
DS and BC 2025	2.9	10.9	17.2	27.6	41.4
	34.3%			65.7%	
DS and BC 2021	5.9	13.1	20.3	34.9	25.8
	38.8%			61.2%	

Table 2: Sharoe Green Casemix

7. Table 2 shows there has been a slight shift in the casemix with a higher % in category V than in the 2021/2 casemix. Based on the standard of one midwife to one woman, women in Cat V are allocated 1.4 midwives so a 40% increase for the intrapartum care. A Cat IV woman has a 1.3 ratio. The higher % in the combined casemix for 2025 is due to less births taking place in the Birth Centres than in 2021/22 mainly due to the higher acuity.
8. Factors impacting upon the casemix include more co-morbidities such as diabetes, mental health, high BMI, increased induction rates usually in line with national clinical guidance, increase in operative deliveries, neonatal factors are some of the contributing reasons. The increase in acuity is evident in all maternity units within the past 4 years.
9. Table 3 shows the additional activity in the Delivery Suite.

	Annual Total
Antenatal cases needing 1 to 1 care	350
Medical IOLs (1%)	208
Non-viable pregnancies	23

Table 3: Additional Intrapartum Activity

10. All delivery suites have antenatal cases (350) where women require monitoring and often treatment for obstetric or medical problems such as antepartum haemorrhage, preterm labour, reduced fetal movements, etc. Only 1 [one] escorted transfer out was recorded for the period 2024/25.

11. Triage sees mainly unscheduled activity with approximate 9113 attendances annually.

12. Table 4 shows the annual activity on Maternity Wards A and B.

	Annual Total
Antenatal admissions excluding elective cases	1290
Medical Inductions of Labour (90%)	1871
Postnatal women (<i>including 26 women from Birth Centres</i>)	3602
P/N readmissions	60
Extra care babies	338
Tongue Tie assessments	385
NIPes by midwives	<i>Daily hours</i>

Table 4: Maternity Wards Activity

13. 90% of Medical Inductions of Labour are carried out on the antenatal ward. Note that the total of 2079 per annum are actual doses or insertions rather than women as some will have more than 1 insertion.

14. The intrapartum casemix is an indicator of postnatal needs for mothers and babies with average hours being applied to the 5 categories, rather than specifically a length of stay. An adjustment is made to the %s in categories IV and V so some women are stepped down a category.

15. The 'extra care babies' of 338 are those that have a postnatal stay longer than 72hrs for either clinical or social reasons. The increase in babies that require frequent monitoring is also covered in the casemix as more hours are allocated to women in the higher categories IV and V.

16. There is readmission activity to the ward accounting for 60 and will be both mothers and babies requiring assessment and/or treatment in hospital.

17. Staffing is included for the ward midwives to undertake the NIPes by allocating a midwife for 8-hours a day to cover the activity.

18. Tongue Tie assessments and Frenulotomies are carried out by the infant feeding advisors.

19. Outpatient Clinic services are based on the average hours of each session time and numbers of staff to cover these, rather than on the number of women attending and a dependency classification. Professional judgement is used to assess the numbers of

midwives and support staff required to 'staff' the clinics/sessions. The outpatients' profile is unique to each maternity service.

20. The Maternity Day Care Unit sees scheduled cases with approximately 1450 per annum.
21. Table 5 shows the annual activity on the 2 Birth Centres. The annual births are much less than the 684 in the 2022 report primarily due to the higher acuity which means women are not eligible for delivery on the birth centre. 33% of women require transfer to the postnatal ward for further monitoring of either themselves or their baby.

	Annual Total	
	Preston	Chorley
Births	399	190
Births transfer to postnatal ward	7	19
Transfers to DS	160	35
Triage Cases	1000	610

Table 5: Birth Centre Activity

22. Table 6 provides a summary of the community population receiving maternity care.

	Annual Total
Home Births	93
<i>Community Exports (Out of Area births)</i>	63
Imports – postnatal care only	171
Total Community Cases (home, AN, IP &/or PN care excluding attrition)	4340
Attrition Cases <i>(pregnancy loss or move out of area)</i>	515
Significant Safeguarding cases	1123

Table 6: Community Activity

23. The community exports of 63 are women who birth in Preston but live outside of the geographical area and therefore receive community care in their local trust.
24. The community annual total includes 171 women who birth in neighbouring units and receive postnatal care from the Trust midwives (community imports). The antenatal and birth episodes are provided by neighbouring units.
25. The total community cases are 4340 including imports and home births which is 108 more than births. Community cases are often different to the total birth numbers and this should be considered when understanding the wte required for each area.

26. The 515 attrition cases are women who may book and/or see a midwife in early pregnancy but either move out of area or have a pregnancy loss.
27. There are 1123 women with safeguarding needs that may not reach the threshold for formal intervention but require significant input from the community midwives, such as increased surveillance, support and signposting to other services. Some of the factors that result in a woman having safeguarding needs will be reflected in the casemix, such as Perinatal Mental Health, drug and alcohol dependency, as whilst the actual labour and delivery can be straightforward, their category will often be IV or V which results in more hours being allocated for the intrapartum and postnatal care. There may be adverse effects on the baby which again means additional care during the postnatal period. Additional hours are added into the community staffing to cover the work involved which will be over and above the routine ante and postnatal care.

Discussion of Workforce Results

28. The Birthrate Plus staffing in Table 7 is based on the activity and methodology and incorporating the established caseload teams.
29. Day to day management by ward and department managers, community team leaders and coordination of intrapartum services are included in the clinical establishments.
30. Staffing for Triage provides 2 midwives throughout the 24 hours and 7 days a week. In addition, there is a telephone advice line staffed by 1 midwife for 24 hours a day.
31. Staffing for antenatal clinics includes contribution from the specialist midwives.
32. The day unit is staffed from Monday to Saturday for 8 hours and 1 midwife.
33. Mat A is staffed with 3 midwives throughout the 24 hours as it is necessary to maintain a core number at all times.
34. 8 hours a day is allocated for the newborn examinations of babies born on the delivery suite to be undertaken by midwives. This activity is built in to the average time allocated for birth centre and home births.
35. Staffing for the 2 Birth Centres covers the ante, intra and postnatal care of women with some care being given in the home and community clinics.

36. Breakdown of Birthrate Plus® Clinical Staffing

Sharoe Green Unit and Community WTE	
Delivery Suite	51.45wte RMs
Triage and Telephone Line	16.53wte RMs
Mat A and B <ul style="list-style-type: none"> • Antenatal activity • Postnatal activity 	16.53wte RMs 40.82wte RMs and PN MSWs
Antenatal Clinics	12.67wte RMs
Maternity Day Care Unit	1.57wte RMs
Total for Hospital	139.57wte RMs and PN MSWs
Community WTE	
Preston Birth Centre	12.04wte RMs
Chorley Birth Centre	6.27wte RMs
Community (home births, ante and/or postnatal care, attrition and safeguarding)	48.25wte RMs and PN MSWs
Total Community and Birth Centres	66.56wte RMs and PN MSWs
Total Clinical WTE	206.13wte RMs and PN MSWs

Table 7: Birthrate Plus® Clinical Staffing

37. The total clinical wte will contain the contribution from appropriately trained Band 3 MSWs in hospital and community postnatal services.

38. Most maternity units apply a skill mix of 90/10 so that 10% of the clinical wte are suitably qualified MSWs (Band 3s) working in postnatal services in the ward and on community. It is a local decision by the senior midwifery management team as to an appropriate skill mix, using professional judgement along with their local knowledge and expertise of the service.

39. The current contribution are 10.41wte Band 3s on Mat B ward and 14.09wte in the birth centres and community. This equates to 12.4% of the current funded total clinical establishment.

Clinical Specialist Midwives and Senior Midwifery Managers

40. The clinical specialist midwives have both a clinical and non-clinical role. It is a local decision of senior midwifery management as to the % contribution to the clinical staffing. The remaining % is included in the non-clinical roles. Currently there are 23.89wte Specialist Midwives of which 20.89wte are in substantive funded posts and 3.00wte temporarily funded but are core posts. 10.80wte (45.2%) are allocated to the clinical total and the remaining 13.09wte (43.8%) included in the additional wte. There are 5.00wte funded senior midwifery management posts.

Current Clinical Funded Bands 3 – 7

41. Comparisons are made with the current funded establishment as per table 8 below and includes any vacant posts not currently allocated to clinical areas.

RMs Bands 5–7	Specialist Midwives	PN MSWs	Current Total Clinical wte
162.23	10.80	24.50	197.53

Table 8: Current Funded Clinical Establishment

Comparison of Clinical Staffing

Current WTE	Birthrate Plus WTE	Variance
197.53	206.13	-8.60

Table 9: Comparison of Clinical Staffing

42. Table 9 indicates that the current funded establishment has a shortfall of 8.60wte working with a skill mix of 87.6% midwives and 12.4% maternity support workers.

Non-Clinical Midwifery Roles

43. The total clinical establishment as produced from Birthrate Plus® is 206.13wte and this excludes the management and the non-clinical element of the specialist midwifery roles needed to provide maternity services, as summarised in Appendix 2 page 17. The list is not exhaustive and job titles do vary between different organisations.

44. In addition to the above posts, consideration should also be given to recommendations from national reports such as Ockendon 2022 with regards to new roles, and the manifesto produced by the RCM in August 2019 which sets out seven steps to strengthen midwifery leadership. Additional reports that have require specialist midwifery posts are shown in Appendix 3 page 18.
45. Following a review of the current non clinical midwifery roles, 12% is applied to the Birthrate Plus clinical wte. This provides additional staff of 24.74wte for the above roles with it being a local decision as to which posts are required and appropriate hours allocated (Table 10).

Comparison of Additional Specialist and Senior Management Staffing

Current funded wte	Birthrate Plus wte	WTE Variance
18.09	24.74	-6.65

Table 10: Comparison of additional specialist and management wte

46. Table 11 shows the current funded establishment has a deficit of 6.65wte allocated for the specialist roles.

Summary of Workforce

Current Funded Clinical, Specialist, Management wte	Birthrate Plus wte	WTE Variance
215.62	230.87	-15.25

Table 11: Total Clinical, Specialist and Management wte

47. Note that the total current and Birthrate Plus establishments do include the Band 3 contribution in postnatal services.
48. **The results in Table 11 indicate that the current baseline establishment has a shortfall of 15.25wte when combining clinical and additional roles. As the clinical skill mix is currently at 87.6% RMs and 12.4% MSWs, the deficit are midwives split between clinical and specialist roles.**
49. In addition to the midwifery staffing with the adjustment for postnatal support staff, there is a need to have additional support staff working on delivery suite, maternity ward, triage, day unit and outpatient clinics. To calculate the requirement for these support staff,

professional judgement of the numbers per shift is used rather than a clinical dependency method.

50. The overall ratio produced from the Birthrate Plus recommended establishment is 21.0 births to 1 wte midwife which reflects all hospital, birth centre and home births, inclusive of 23.0% allowance and travel time, decisions made on staffing of Triage, Day Unit, the casemix (acuity) of women and babies and all other activity.
51. It is not advisable to compare to other services with similar annual births especially if these units do not operate a caseload model. To do a comparison does mean matching certain factors and even if a unit of 4000 to 4500 births had a similar ratio, it could be due to a different set of parameters.
52. Ratios are unique to each maternity service and thus not directly comparable with those from other units. There are many factors that contribute to ratios such as % uplift, geographical area, the numbers of births versus community cases, demographics (acuity) of women, provision of specialist obstetric and medical services, antenatal pathways, level of neonatal services, to name key ones.

Method for Classifying Birthrate Plus® Categories by Scoring Clinical Factors in the Process and Outcome of Labour and Delivery

There are five [5] categories for mothers who have given birth during their time in the delivery suite [Categories I – V)

CATEGORY I Score = 6

This is the most normal and healthy outcome possible. A woman is defined as Category I [*lowest level of dependency*] if:

The woman's pregnancy is of 37 weeks' gestation or more, she is in labour for 8 hours or less; she achieves a normal delivery with an intact perineum; her baby has an Apgar score of 8+; and weighs more than 2.5kg; and she does not require or receive any further treatment and/or monitoring.

CATEGORY II Score = 7 – 9

This is also a normal outcome, very similar to Category I, but usually with the perineal tear [score 2], or a length of labour of more than 8 hours [score 2]. IV Infusion [score 2] may also fall into this category if no other intervention. However, if more than one of these events happens, then the mother and baby outcome would be in Category III.

CATEGORY III Score = 10 – 13

Moderate risk/need such as Induction of Labour with syntocinon, instrumental deliveries will fall into this category, as may continuous fetal monitoring. Women having an instrumental delivery with an epidural, and/or syntocinon may become a Category IV.

CATEGORY IV Score = 14 –18

More complicated cases affecting mother and/or baby will be in this category, such as elective caesarean section; pre-term births; low Apgar and birth weight. Women having epidural for pain relief and a normal delivery will also be Category IV, as will those having a straightforward instrumental delivery.

CATEGORY V Score = 19 or more

This score is reached when the mother and/or baby require a very high degree of support or intervention, such as, emergency section, associated medical problem such as diabetes, stillbirth, or multiple pregnancy, as well as unexpected intensive care needs post-delivery. Some women who require emergency anaesthetic for retained placenta or suture of third-degree tear may be in this category.

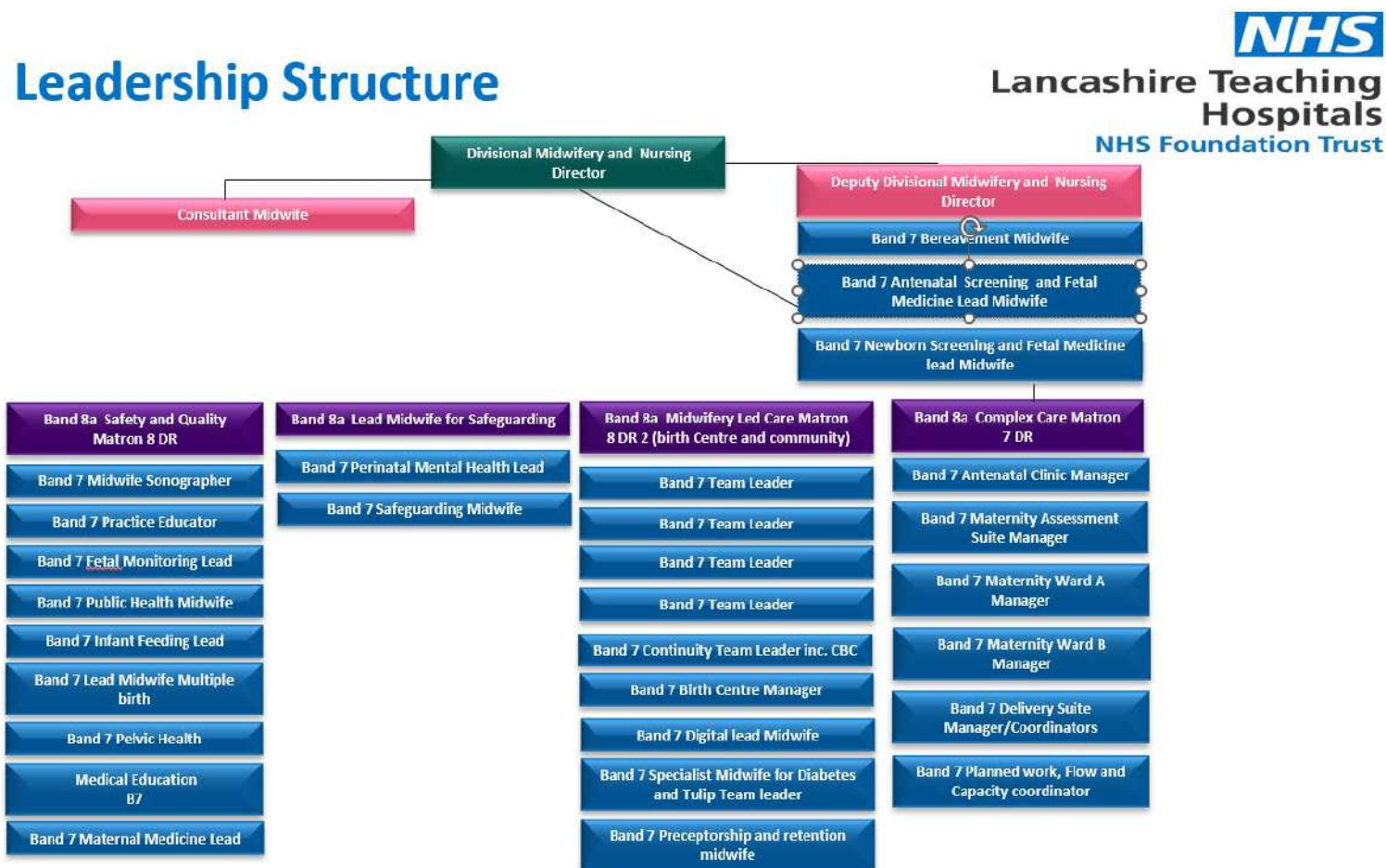
LANCASHIRE TEACHING HOSPITALS	Aug-25
Specialist Midwives	Senior Management
Consultant Midwife - Band 8b	Deputy DMND
Antenatal Screening Lead Band 7	Matron for complex care
Newborn Screening lead Band 7	Matron for Midwifery led services
Digital Midwife Band 7	Matron - Safety and Quality
Capacity and flow co-ordinator Band 7	Lead Midwife for Safeguarding
Safeguarding lead midwife Band 7	
Specialist Midwife for perinatal mental health Band 7	
Reproductive Trauma	
Infant feeding coordinator Band 7	
Specialist Midwife for diabetes Band 7	
Public Health Midwife Band 7	
Practice education and development midwife Band 7	
Bereavement Specialist Midwife Band 7 (Corporate)	
Bereavement Midwife Band 6 (Corporate)	
Service Improvement Midwife Band 7 (Corporate)	
Information Technology Midwife Band 6	
Clinical Audit Midwife Band 6	
Governance and Risk Midwife Band 7	
Fetal Monitoring lead Midwife Band 7	
Multiple Birth Midwife Band 7	
Safeguarding Team (B6)	
Specialist Midwife for Pelvic Health	
Maternal Medicine Midwife Band 7 (temporary funding)	
Vaccination Midwife Band 6 (temporary funding)	
Preceptorship (temporary funding)	

NATIONAL REPORTS

Appendix 3

	Link to website
Mat Neo SIP	https://www.england.nhs.uk/mat-transformation/maternal-and-neonatal-safety-collaborative/
PCLP	https://www.england.nhs.uk/culture/culture-leadership-programme/
National Bereavement Pathway	https://www.nbcpathway.org.uk/nbcp-standards/
MIS	https://resolution.nhs.uk/wp-content/uploads/2024/09/20240904-MIS-Year-6-v1.2-1.pdf
Pelvic Health Programme	https://www.england.nhs.uk/publication/service-specification-perinatal-pelvic-health-services/
Birth Trauma Report	https://www.theo-clarke.org.uk/sites/www.theo-clarke.org.uk/files/2024-05/Birth%20Trauma%20Inquiry%20Report%20for%20Publication%20May13%202024.pdf
NMC	https://www.nmc.org.uk/globalassets/sitedocuments/independent-reviews/2024/nmc-independent-culture-review-july-2024.pdf
CQC National Review	full_book_national-review-maternity-services-england-2022-2024-1727260088.pdf
MBRRACE	https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/maternal-report-2024/MBRRACE-UK_Maternal_FULL_Compiled_Report_2024_V1.1.pdf

APPENDIX 4 LEADERSHIP STRUCTURE



APPENDIX 5 WORKFORCE ACTION PLAN

Standard	Objective	Overview	Lead	Detail	Date for completion	<div style="border: 1px solid black; padding: 2px;"> <p style="text-align: right; margin: 0;">Current Status</p> <div style="display: flex; justify-content: space-around; width: 100px; height: 20px; background-color: #ccc;"> 1 2 3 4 </div> </div>
1.	Train	Scope the availability to provide further support student midwives in the clinical setting, with a focus on providing a good and supportive experience	Lead for student midwives	Review the available areas suitable for training student midwives in line with the NMC standards	31 December 2025 31 March 2026	01.09.2025 Action ongoing meeting with Education team arranged 02.02.2026 Work ongoing with education team around additional service provision and funding options therefore deadline extended.
		Review the number of practice supervisors and practice assessors in the maternity workforce at LTH		01.09.2025 Review practice supervisors and confirm enough. Agree funding as required for further mentorship.		
		Scope the plans for recruitment for diversity in the workplace. Review and understand the options and data from education providers.	Matron for Safety and Quality	Discuss with the educational providers to seek clarity on diversity and equity workforce plans during recruitment of student midwives.	30 December 2025 31 March 2026	01.09.2025 Awaiting update from regional team 02.02.2026 Update awaited from regional team therefore deadline

						extended
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		Support offered to student midwives to prepare for qualification and employment collaboration with local education providers, the LMNS and NHS England regional team	Matron for Safety and Quality	Create discussion at next LMNS workforce meeting discussion with Lead midwives for education (LME) and education providers. Request LMNS review at next regional workforce meeting.	30 December 2025 31 March 2026	01.09.2025 Awaiting update from regional team 02.02.2026 Update awaited from regional team therefore deadline extended
		Feedback from student midwives.	Lead for student midwives	Review the feedback from the three sources of data and develop an action plan to address areas where negative feedback has affected the student midwifery experience.	31 December 2025 31 March 2026	01.09.2025 Review of feedback ongoing. 02.02.2026 Further feedback received and being collated into action plan therefore deadline extended
				Feedback mechanisms Meet with Chief Nursing Officer to share feedback on learner experience	30 September 2025	Face to Face Meeting with CNO arranged July 2025- Outcomes shared via safety Champions
		Catch-up sessions for student midwives	Lead for student midwives	Host regular in-house catch-up sessions for student midwives, with an open agenda to support their clinical placement experience and to address any areas of development they need support with.	31 December 2025	01.09.2025 Regular catch ups in place on cycle of business led by lead for student midwives.

2	Retain	Preceptorship document	Lead for NQM midwives -	Review the NQM preceptorship pack, to confirm that it is aligned with the LMNS, local and national clinical need and evidence-based practice.	30 December 2025	01.09.2025 Document reviewed annually and updated in line with LMNS working group.
		Preceptorship clinical rotation plan	Matron for Midwifery led services –	Review of the Newly Qualified Midwife (NQM) preceptorship clinical rotation plan in preparation of the new midwifery workforce. Consider the key areas of practice to support new midwives and the need of clinical service.	30 October 2025 30 June 2026	01.09.2025 Review of preceptorship programme ongoing in line with service reconfiguration. 1.02.2026 Deadline extended to reflect the timeline of service reconfiguration.
		Retention meeting	Lead for NQM midwives	Develop a retention, regular face-to-face session for new midwives, with an open agenda to support their development and their experience as midwives at LTH.	30 December 2025	01.09.2025 Regular coffee catch up's, 121's and surveys in place delivered by preceptorship lead
		Mentor support plan	Matron for complex care and Midwifery Led services	Develop a mentor support plan, to support all new midwives for the first 12 months. A buddy mentor should be assigned to all new midwives to support them alongside their line manager	30 December 2025 31 March 2026	01.09.2025 Matron for Safety and Quality to arrange planning meeting. 30.12.2025 Support and mentor system agreed. Deadline extended.
		New starter support	Lead for NQM Midwives	Include details of new starter forums, freedom to speak up, wellbeing support and inclusion forums in preceptorship packs. Share the details of these LTH trust forums with buddy mentors, to share with new midwives.	30 December 2025	01.09.2025 Discussed during induction

		Survey about development options	Lead midwife for education	Develop and send a survey to all midwives, asking what the key areas of development are of interest to them. Share the results with team leaders to support development in appraisal feedback.	30 January 2025 31 March 2026	01.09.2025 Survey to be shared with all midwives seeking feedback on areas of development. 02.02.2026 Continuation of collation of survey to include new starters therefore deadline extended.
		B7 leadership development pack	Matron for Safety and Quality	Develop a B7 leadership development pack aligned to NHS England's Labour ward co-ordinator framework , to support the learning, support and development. Document to be tested before full roll out	30 October 2025	01.09.2025 Booklet test of change in progress
		CPD funding	Lead midwife for education	Share awareness of the CPD funding to team leaders and ward managers, to share with midwives and maternity staff	30 October 2025	01.09.2025 Email sent to all staff in line with CPD funding availability.
		Celebrating success	Ward managers	Share with ward managers and team leaders, encouraging them to use resources Celebrate Success on the intranet, tools to help enhance feeling valued and recognised.	30 October 2025 31 March 2026	01.09.2025 Managers to undertake TED and shared resources developed by OD team. Action ongoing. 02.02.2026 Planning for TED with teams for 26/27 underway therefore deadline extended.

3	Reform	Await the outcome of the culture review and associated action plan.	Organisational Development Team and QUAD	Action to be aligned to the wider culture improvement plan. To discuss actions at the next perinatal meeting and await overarching improvement plan which is expected by the end of September.	30 December 2025 30 June 2026	01.09.2025 Awaiting analysis and final report from ongoing culture workstream. Deadline extended to reflect the time to complete the culture improvement plan
		Review the service needs and staffing	Matron for Midwifery led services and complex care	Review the staffing models in each of the clinical areas – complex care and midwifery led care. Review the service needs to support women, service users to receive excellent care and review staffing numbers needed to support the needs of the service.	30 December 2025 30 June 2026	01.09.2025 Service reconfiguration ongoing. 01.02.2026 Deadline extended to reflect the timeframe required to complete project.
		Annual leave and study day delegation	Ward managers –	Ward managers and team leaders to review annual leave and study day delegation to support the needs of the service and to support staff wellbeing.	30 December 2025	01.09.2025. Monthly roster reviews set up and ongoing to balance study day allocations
		Recruitment to the maternity service	Matron for Midwifery led services and complex care	Advertise vacancies for band 5 and band 6 midwives, to support recruitment to vacancies in maternity staffing gaps at LTH. Share details of the advertised posts with local educational providers to share with students.	30 September 2025	01.09.2025- Vacancy of 18.45 WTE recruited. Various hours.
			Matrons	Monitor vacancies using spreadsheet trajectory	31 March 2026	01.09.2025 Monthly review and oversight ongoing
			Deputy Divisional Midwifery and Nursing Director	Use over offer to recruit to turnover to ensure sustainable workforce.	31 March 2026	01.09.2025 Over offer in place to recruit to turn over

		Recruitment to Delivery Suite	Matron for care	Advertise band 6 midwives and Core posts to support filling the vacancies in maternity staffing gaps at LTH.	30 September 2025	01.09.2025 Core post recruited to provide additional stability aligned to the outcome of staff feedback
		Recruitment to Maternity Ward	Matron for care	Advertise band 6 midwives, to support filling the vacancies in maternity staffing gaps at LTH.	30 September 2025	01.09.2025 Core post recruited to provide additional stability aligned to the outcome of staff feedback
		Oversight of data	Deputy Divisional Midwifery Director	<p>Monitor safety data on a monthly including red flag data, BR + acuity, safety huddles, PALS concerns, complaints and service user feedback.</p> <p>Monthly – data collated and feedback through the Patient experience feedback report (Quarterly)</p>	30 September 2025	01.09.2025 Perinatal Quality Surveillance Dashboard used to monitor data. Guideline in place and published.
		Cascading of data	Matron for Safety and Quality	<p>Gathering and sharing of patient experience report data through the Quarterly report 2025, shared via the patient experience trust group.</p> <p>Patients experience feedback report (Quarterly – presented at Trust Patient experience group)</p>	30 September 2025	01.09.2025 Report shared via maternity safety and Quality Committee.

APPENDIX 6 RED FLAG REPORTING


Red flag Reporting Metrics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	25	25	25	25	25	25	25	25	25	25	25	25
Delay in time critical activity	32	16	16	117	108	105	64	18	9	0	3	3
Missed or delayed care > 60 mins in washing or suturing	0	0	1	0	0	0	0	1	0	0	0	0
Failure for women to receive the medication required.	0	1	2	0	0	0	1	1	2	1	0	0
>30-minute wait for pain relief.	2	1	3	1	1	1	4	4	3	3	0	1
Was there a >30-minute delay for assessment by a midwife when a problem was identified	1	1	2	2	1	0	0	0	1	0	0	0
Lack of full examination when woman presents in labour.	0	0	2	0	1	0	1	0	0	2	0	1
>2-hour delay in induction?	28	21	17	5	18	26	16	10	14	40	43	63
Delay in recognition of and action of abnormal signs.	0	2	0	0	0	0	2	0	1	2	0	2
Inability to provide one to one care in labour?	2	0	0	1	1	4	2	6	3	2	0	0
>30-minute wait for obstetric triage.	58	61	62	156	0	107	130	124	98	93	65	113
>15-minute delay following presentation for BSOTS midwife assessment.	46	32	21	82	49	50	59	38	61	43	48	34
Was there a delay in transfer of a BSOTS red case from MAS?	1	0	1	1	0	0	0	0	4	0	1	0
Was there a delay in transfer (over 4 hours) to delivery suite once a decision has been made for transfer for induction or augmentation?	26	21	34	17	15	37	31	5	14	2	9	0
Was there a delay in transfer once labour was established?	3	0	1	1	1	1	3	9	4	5	0	0
Was there a delay in transfer to delivery suite within 30 minutes where the MEWS was 6 or more or scoring a 3 on a single parameter?	0	0	1	0	0	0	0	1	1	0	1	0
Was there a delay of more than 30 minutes to initiate the sepsis care bundle?	0	0	1	1	1	0	1	0	1	0	0	0
Has there been a deferred date of planned induction of labour?	0	0	0	1	1	0	0	4	4	0	0	0
Has there been any cancelled or delayed community work?	0	2	3	2	0	3	2	5	0	1	1	2
Did redeployment of staff to other services/sites/ wards occur?	6	3	12	9	6	12	14	34	13	17	11	8
Is the incident related to an RCOG clinical situation where a consultant was called but did not attend (New for June 2025 Validated position.)						1	2	1	0	0	1	0
Total numbers of red flags	205	161	179	396	336	364	335	261	233	211	184	227

** Work is ongoing to review how RED flags are reported to ensure that only one category can be chosen per incident report. This will ensure that multiple categories are identified incorrect.

10.3 GREEN PLAN ANNUAL REPORT

REFERENCES

Only PDFs are attached

 10.3 Green Plan Annual Report Apr 26.pdf



Board of Directors Report

1. Introduction

This paper provides an update on Lancashire Teaching Hospitals' progress against the Trust Green Plan (2025–2028) based on the national guidance published February 2025. This incorporates key requirements such as NHS suppliers being compliant with the NHS net zero supplier roadmap, decarbonising the NHS fleet and estate and minimising waste through circularity. The key updates included are listed below:

- Quarter 3 submission to Greener NHS Data Collection
- Progress against delivery milestones
- Annual emission data for utilities
- Annual Estates Return Information Collection (ERIC)
- Risks and mitigations
- Key issues requiring Board oversight/support
- Finalisation of SIP alignment for the Green Plan actions

2. Discussion

The Trust submitted the Q3 Greener NHS Data Collection on 22nd January 2026, which requests specific updates on the Trusts progress of the green plan. In addition to the quarterly submissions, is the LTH green plan (published July 2025) with actions aligned to the national Green Plan guidance.

The Q3 data collection highlights are detailed below, with the full submission included in appendix one.

i. Assurance and Governance ○ Board level net zero lead in place, with board approved published green plan.

○ No concerns to raise. ii. Medicines

Items for escalation:

○ Address pure nitrous oxide waste used within anaesthetics department. Work has started to identify waste from the piped nitrous oxide manifold however due to aging anaesthetic machines, data flows are limited and may result in a cost to undertake this. A working group is required to enable the removal of piped nitrous oxide as outlined within the Nitrous Oxide toolkit.

Mitigation: Discussions have started with a consultant anaesthetist to support with this work however requires wider input from stakeholders and a working group to be developed.

iii. Travel and transport

Items for escalation:

- No current plan to purchase or lease only zero emission fleet vehicles by December 2027 onwards.
Mitigation: Discussions taking place across L&SC to explore potential transport options across the system. Plan required to ensure we are compliant with the guidance.
- The staff salary sacrifice scheme for LTH does not exclusively restrict vehicle leasing to zero-emission vehicles.
Mitigation: Phased approach planned, timeline to be confirmed.
- iv. Food and nutrition
 - Food waste is measured using the Guardians of Grub approach with a digital meal ordering system in place across both sites.
 - No concerns to raise.
- v. Supply chain
Items for escalation:
 - Lack of evidence received to demonstrate compliance with 10% net zero and social value in tenders.
 - Lack of evidence received to demonstrate compliance with Carbon Reduction Plan and Net Zero Commitment requirements.
- vi. Adaptation
Items for escalation:
 - No nominated lead for the Adaptation section of the green plan, therefore, delay with development of an adaptation plan in line with the climate adaptation framework published May 2025.
Mitigation: Input provided from the EPRR and estates team for Adaptation, however, requires a decision on the lead to enable progression of the plan.
 - No long-term climate change adaptation plan in place.
Mitigation: Work commenced with other L&SC Trust sustainability leads and ICB to support development of a plan with potential system level plan.

Progress against the LTH Green Plan is detailed within a milestone tracker, the key headlines and escalations not included within the quarterly submissions are outlined below for each area of focus year one;

Key headlines

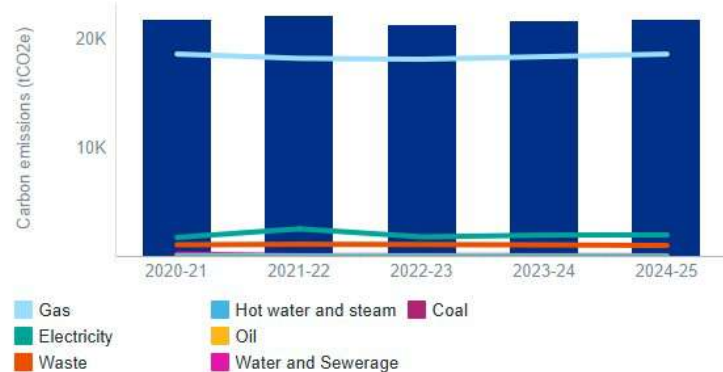
- a. Workforce and Leadership
 - Promote specialist training sessions for staff groups through communication bulletins, however uptake low across the Trust.
- b. Sustainable Models of Care
 - i. Green theatre checklist to be implemented across the Trust, working group to be reestablished to commence review.
- c. Digital Transformation
 - i. Increase use of specialist advice across specialities to reduce unnecessary referrals/travel to site, increase in year however this is minimal.
- d. Travel and Transport
 - i. Review and implement outstanding recommendations in existing travel plan (expires November 2026) delayed due to staff vacancy in team.
- e. Estates and Facilities
 - i. Replace fossil fuel heating systems with lower carbon alternatives. Funding received through the Public Sector Decarbonisation Scheme (PSDS) with the planning stage almost complete. The contractor is due to commence work on site May 2026, 2-3 year project.
 - ii. Increase use of renewable energy (solar or other) – funding bid declined.

- iii. Develop a waste management strategy/plan, SOP and provide training / awareness sessions.
- f. Medicines
 - i. Electronic prescribing system in Outpatients to support dispensing closer to home. Currently on hold as not a priority.
 - ii. Roll out of EPMA delayed until Autumn 2026.

Energy Consumption and Carbon Emissions

The annual emissions produced from the energy and water consumed are detailed below at a total of 21,862 tonnes of carbon (tCO₂e) for 2024-25. This is an increase of the previous year, due to additional square meterage of estate and therefore increased utilities required to supply this.

Secondary care emissions

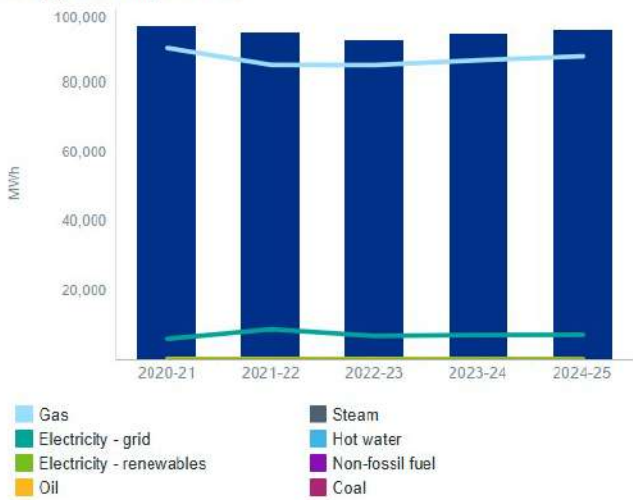


	Annual carbon emissions (tCO ₂ e)				
	2020-21	2021-22	2022-23	2023-24	2024-25
Gas	18,723	18,325	18,240	18,483	18,716
Electricity	1,769	2,563	1,820	1,985	2,005
Waste	1,085	1,139	1,112	1,079	1,024
Water and Sewerage	223	89	91	91	80
Oil	73	56	64	47	36
Coal	0	0			
Hot water and steam	0	0	0	0	0
Grand Total	21,873	22,172	21,327	21,684	21,861

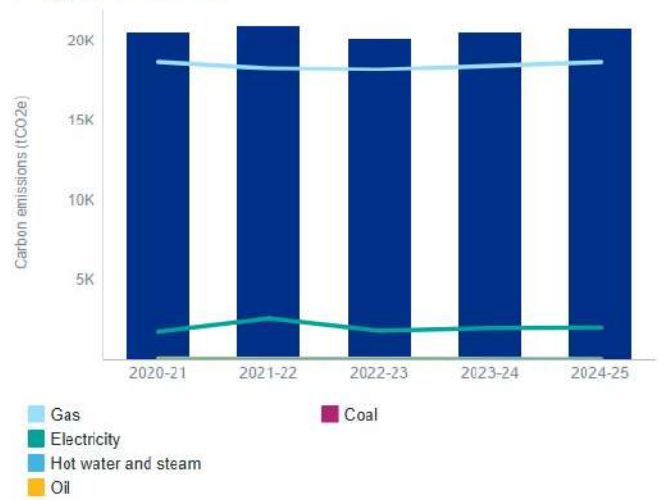
Source: Greener NHS Dashboard ERIC return 2024-25

The below graphs demonstrate the energy consumption for the latest full year of data 2024-25 submitted via the ERIC return and supplier direct data. The data tables show increases for both gas and electric consumed compared to the previous year, with renewable electricity usage at zero.

Energy consumption - All



Energy emissions - All



Annual energy consumption (MWh)					
	2020-21	2021-22	2022-23	2023-24	2024-25
Gas	90,109	85,425	85,379	86,718	87,824
Electricity - grid	6,141	8,799	6,960	7,221	7,287
Electricity - renewables	0	0	0	0	0
Oil	228	171	195	143	111
Steam	0	0	0	0	0
Hot water	0	0	0	0	0
Non-fossil fuel	0	0	0	0	0
Coal	0	0			
Grand Total	96,478	94,396	92,535	94,082	95,222

Annual carbon emissions (tCO2e)					
	2020-21	2021-22	2022-23	2023-24	2024-25
Gas	18,723	18,325	18,240	18,483	18,716
Electricity	1,769	2,563	1,820	1,985	2,005
Oil	73	56	64	47	36
Coal	0	0			
Hot water and steam	0	0	0	0	0
Grand Total	20,565	20,944	20,125	20,515	20,758

Source: Greener NHS Dashboard ERIC return 2024-25

LTH are at the bottom end of the graph for greener energy used as a % of total consumption as currently no greener electric is used, as per chart below.

Lancashire Teaching Hospitals NHS Foundation Trust Estates & Facilities report



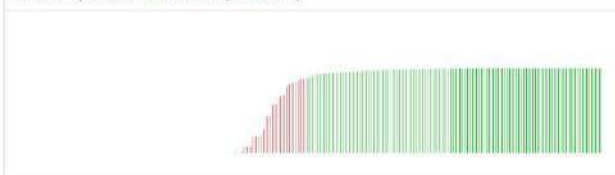
Energy Sustainability

Green energy tariff electricity as a % of total electricity consumed 📅 2024/25

This metric shows the amount of green energy consumed as a proportion of total electricity consumed (electricity consumed (kWh) + electricity consumed (kWh) - green energy + electricity consumed (kWh) - third party owned renewable (kWh)).

Provider value	Quartile 2	Peer median	Quartile 3	Provider median
■ 0.0%		■ 96.5%		■ 89.4%

0.0% is in quartile 2 - Mid-Low 25% [amber / red]



Source: Model Hospital data 2024-25

LTH Scope 3 emissions from clinical waste are almost 4 times higher than other providers in LSC and 6 times higher than the national average (1 million kgCO₂e v peers 261kg) as detailed below.

Carbon emissions	Data period	Provider value	Peer median	Provider median	Chart
Total clinical waste carbon emissions (kgCO ₂ e)	2024/25	1.01m	261.43k	150.84k	
Clinical waste - HTI carbon emissions (kgCO ₂ e)	2024/25	1.01m	187.20k	75,186	
Clinical waste - AT carbon emissions (kgCO ₂ e)	2024/25	5,059	74,520	43,007	

Source: Model Hospital data 2024-25

3. Financial implications

There are no direct financial implications from this paper however it should be noted there is no dedicated budget to support the development of the green plan actions.

4. Legal implications None

5. Risks

This paper highlights the risks listed below:

Fleet & Travel

- i. Inability to transition fleet without allocated capital/investment funding.

Estates Public Sector Decarbonisation Scheme (PSDS)

- ii. Recent capital bid (Building Management System upgrades, Solar PV, and LED schemes) not supported, requiring alternative funding routes to progress.

Financial Risk – Net Zero delivery

- iii. Lack of a dedicated sustainability budget now formally captured within the overarching corporate risk, scored 9.
- iv. Reliance on external funding cycles.

Compliance and Assurance

- v. There remains a gap in leadership for the Adaptation section of the green plan, input provided from both the EPRR and estates team however no dedicated lead assigned. A climate change risk assessment and Adaptation Plan is required, as stated in the national guidance.
- vi. Additional steps required for Procurement, Models of Care and Medicines to enable progress and timely updates.

Mitigations

- vii. Work has started to align the Green Plan actions into the SIP for visibility and governance.

6. Impact on stakeholders

None

7. Recommendations

It is recommended that the Board:

- I. Note the contents of this paper and support the green plan actions required
- II. Endorse the alignment of the Green Plan into the SIP
- III. Actively engage in supporting sustainability goals and communicating this at every opportunity across the wider organisation, embedding within LTH processes
- IV. Acknowledge the Green Plan has no dedicated budget aligned therefore is reliant on national funding cycles to progress with meeting the NHS net zero national guidance

Guidance

Welcome to the 'Greener NHS' data collection. Thank you for submitting your data.

In October 2020, we launched the Delivering a Net Zero NHS (Link:) report, which outlines how the NHS will achieve its commitment to become Net Zero. High quality data and reporting were highlighted within the report as key components for understanding and monitoring against this commitment.

Since launch, the Greener NHS Team has developed our understanding of the data and metrics needed to underpin the delivery of the NHS' Net Zero ambitions and provide the basis for accountability at national, regional and programme level. Wherever possible, we are making use of existing sources of data and predeveloped metrics to minimise the burden of collection. However, we need to fill the gaps and to improve the quality, completeness and timeliness of existing data.

The Greener NHS Data Collection is a quarterly collection which will provide a baseline for providers and ICBs against key deliverables for the Greener NHS Programme over the current financial year. The collection will inform reporting within the programme and with regional teams, to the NHS England Board and externally, for example through the NHS England Annual Report and Accounts.

Guidance and contact details:

Our guidance and FAQ document can be viewed here: [Guidance \(Link: \)](#)

- Our information governance notice can be viewed here: [data collection notice \(Link: \)](#)

• If you have a query about the data definitions used by the collection, or a business or policy query, please contact us by emailing: [greener.nhs@nhs.net \(Link: \)](mailto:greener.nhs@nhs.net)

For all other queries including technical queries, adding or removing users, problems logging in and password resets, please contact us by creating a ticket on our customer portal: [Data Collections Framework \(DCF\) - Customer Support \(Link: \)](#)

Greener NHS

Assurance and Governance

Q1. Does your organisation have an up to date green plan that is approved by your board or governing body, published, and in line with NHS England green plan guidance (2025)? *

Yes

No

Q2. Does your organisation have a board-level net zero lead responsible for delivery of your green plan? *

Yes

No

Q3. Do you report on progress of delivery against your green plan in your annual report? *

- Yes, in the organisation's annual report, including all of the minimum requirements in our reporting
- Yes, we publicly report progress annually, including all of the minimum requirements, but separate to the organisation's annual report
- Yes, in the annual report and we include some but not all of the minimum requirements in our reporting
- Yes, we report publicly including some of the minimum requirements, but separate to the organisation's annual report
- No, we do not publicly report progress of delivery against the green plan

Please select all that apply

At minimum, reporting on progress against green plans should include:

- narrative updates on progress to date and key achievements
- delivery of key milestones and risks to future delivery
- quantitative assessment of progress against defined targets

Medicines

Q5. Have you addressed waste from pure nitrous oxide? *

- N/A - our organisation doesn't use nitrous oxide on any site
- No - we have not addressed nitrous oxide waste
- We have made an assessment of nitrous oxide waste but we have not yet taken any actions
- Yes, we have taken the following actions to reduce waste:

If you selected "Yes, we have taken the following actions to reduce waste", please select all the actions that apply*

- Removed supply of nitrous oxide in clinical areas where it is not used
- Decommissioned manifolds and branches where pure nitrous oxide is currently supplied via piped medical gas systems and replaced by smaller portable supply
- Identified and repaired leaks for piped nitrous oxide systems where decommissioning is not appropriate
- Removed demand valves when not in use
- Other action

Q6. Have you addressed waste from nitrous oxide/oxygen mixture? *

- N/A - our organisation doesn't use nitrous oxide/oxygen mixture on any site
- No - we have not addressed waste from nitrous oxide/oxygen mixture
- We have made an assessment of nitrous oxide/oxygen waste but we have not yet taken any actions
- Yes, we have taken the following actions to reduce waste:

Q7 How many manifolds for piped nitrous oxide products are active in your trust?

- Not applicable (we have never had manifolds)
- We have not yet determined the current number of active manifolds within our trust

Number of pure nitrous oxide manifolds*

3

Number of mixed nitrous oxide and oxygen ("gas and air") manifolds *

2

Travel and Transport

Q8. Have you made arrangements to purchase, or enter into new lease arrangements for, zero-emission vehicles (ZEVs) only from December 2027 onwards (excluding ambulances)? *

- We already only purchase/lease ZEVs
- We still purchase non-ZEVs but have assessed requirements for a fully ZEV fleet and have plans to purchase only ZEV by December 2027
- We purchase non-ZEVs and do not currently have plans to ensure we can move to ZEV only by December 2027
- We do not purchase or lease any vehicles

Q9. Does your organisation's salary sacrifice scheme for vehicles allow for the purchase of only zero emission vehicles (ZEVs)? *

- Yes, only Zero Emission Vehicles are available through our salary sacrifice scheme for vehicles
- Yes, Zero Emission Vehicles are available alongside hybrid options only
- Zero Emission Vehicles are available alongside non-electric options through our salary sacrifice scheme for vehicles
- We employ staff but do not have a salary sacrifice scheme
- We do not employ staff

Q10. What travel-related schemes do you operate across your organisation? *

- Park & Ride
- Shuttle buses between two or more sites
- Salary sacrifice cycle-to-work scheme
- Cycle training
- Discounted public transport scheme
- Third-party operated car club
- e-bike/e-scooter hire
- Staff travel survey within the last 12 months
- Sustainable travel options included within staff induction
- Staff webpage focused on promoting sustainable travel options
- None of the above

Please select all that apply

Q12. Has your organisation published a sustainable travel plan within the last 24 months? *

- Yes - included in trust green plan
- Yes - published as stand-alone document
- No - we have a plan in development, for publication within the next 6 months
- No - we have not published a plan and do not have a plan in development

Q13. At the site where you have the largest food service, how does your organisation measure the total amount of food waste produced?

- Measured following the Guardians of Grub approach (<https://guardiansofgrub.com/>)
- Measured manually at ward level or in the kitchen but without following the Guardians of Grub approach
- Measured using on site food waste processing technology
- Measured as part of a third-party waste management solution at pickup or off site
- We do not measure food waste
- N/A, we do not offer any food services

Please select all that apply

Q14. Does your organisation have a digital meal ordering system for patients installed, as recommended by the Independent Review of NHS Hospital Food, to enable more accurate meal planning and reduce food waste?

- Yes, at all sites
- Yes, but only in some sites
- No, but we plan to in the next 12 months
- No and we do not plan to in the next 12 months
- N/A, we do not serve patient meals

Q15. Has your trust reviewed patient and retail menus (where applicable) to identify appropriate opportunities to make menu options healthier and lower carbon by increasing the proportion of fruit, vegetables, beans, pulses, or other low carbon ingredients/protein sources?

- Yes, we regularly review and continuously improve all applicable menus covering both patient and retail
- Yes, we regularly review some but not all applicable menus
- We have reviewed some menus at least once but do not review regularly
- No, but we plan to take action in the next 12 months
- N/A, we do not offer any food services: you do not provide any food to patients, staff or visitors

Supply Chain

Q16. How are you managing the inclusion of the minimum weighting of 10% on Net Zero and Social Value in every relevant tender?

- Included in every tender, with requirements embedded in our contract management approach and defined KPIs for each contract
- Included in every tender, with requirements embedded in our contract management approach, but no defined KPIs for each contract
- Included in every tender but not yet embedded in our contract management approach
- We have not fully developed our processes around embedding Net Zero and Social value in every tender

Q17. How are you managing the inclusion of the Carbon Reduction Plan (CRP) and Net Zero Commitment (NZC) requirements for new procurements and new frameworks you are hosting?

- We include the CRP & NZC requirements in all relevant procurements and frameworks

- We include the CRP & NZC requirements in some but not yet all relevant procurements and frameworks
- We have not yet included the CRP & NZC requirements in any of our relevant procurements and frameworks

Adaptation

Q19. Does your organisation have a nominated lead who is accountable for adaptation planning and management?

- Yes - Board level adaptation lead
- Yes - Board level adaptation lead and other lead not at board level
- Yes - Adaptation lead, not at board level
- No

Q20. Does your organisation have a long-term climate change adaptation plan separate from your business continuity plan?

- Yes – long term adaptation plan within our green plan
- Yes – stand-alone long term adaptation plan
- Yes – adaptation planning is included in the business continuity plan
- No

Q21. Has your organisation undertaken a climate-specific assessment of risks to sites and services using the NHS Climate Change Risk Assessment tool?

- Yes, with the NHS CCRA tool
- Yes, but not using the NHS CCRA tool
- No

Area of Focus	Aim	Action	KPI's	SRO	RAG	Target date	Benchmarking (NHS Green Support Tool)	National Guidance	Delivery Risk			Comments
									Likelihood of non-delivery in year	Consequence of non-delivery in year	Delivery Risk rating	
Workforce and System Leadership	1. Engage, develop and support our workforce to learn, innovate and embed sustainability into everyday actions, defining and delivering carbon reduction initiatives and broader sustainability goals.	1.1 Appoint a permanent board level net zero lead to oversee green plan delivery with operational support	Confirmation through Board meeting by June 2026	Neil Pease	Completed	Year 1	Y	Y				
		1.2 Increase the current number of sustainability champions across the three Trust sites to act as advocates, support sustainability initiatives and share good practice	Baseline of 30 champions - increase to 100 over the next 3 years aiming for 50 by March 2026, 75 by March 2027 and 100 by March 2028		On going	Year 1			High	None	N/A	Current number of Champions 35
					Not Started	Year 2 - 75	N	N				
					Not Started	Year 3 - 100						
		1.3 Embed the sustainability training e-learning module into local induction for all staff	Embed e-learning within induction programme by March 2026		Completed	Year 1	N	Y				
		1.4 Promote specialist training for staff groups who underpin the delivery of green plans across the key focus areas	Specialist training sessions arranged and delivered to key staff by March 2026		On going	Year 1	N	Y				
Sustainable Models of Care	2. Use technology along with new models of care, to support the reduction of carbon emissions associated with healthcare delivery within the Trust.	2.1 Identify a clinical lead to support net zero clinical transformation	Confirmation from the Trust Board by 30/08/25	Sarah Morrison	Completed	Year 1	N	Y				
		2.2 Establish a multidisciplinary working group to identify a quality improvement project in at least one key clinical area focusing on reducing emissions and share learning / outcomes	Working group project plan with implementation by 31/03/27		Not Started	Year 2	N	Y				
		2.3 Agree and implement the Green Theatre checklist at both Chorley and Preston sites	Agree a project plan for both sites and implement by 31/03/27		Not Started	Year 2	N	Y				
Digital Transformation	3. Harness existing digital technology and systems to streamline service delivery and supporting functions while improving the associated use of resources and reducing carbon emissions.	3.1 Conduct a mapping exercise across specialties to identify further opportunity for robotic process automation and implement to increase usage	Complete exercise by 31/03/26 Increase the use by 31/03/27	Janet Young	On going	Year 1		Y				
					Not Started	Year 2	N					
		3.2 Increase the use of specialist advice across specialties to minimise the need for referrals and reduce volume of patients attending the hospital	Current performance 11.3 (Mar 25), to increase to peer average of 25 by 31/03/26. December 13.75 achieved		On going	Year 1	N	N	High	Referral volume remains high - links to SPOA work	N/A	Link with SPOA later in the year - new target TBC
		3.3 Implementation of a system wide EPR	Phased approach April 2025 - 2028/29		On going	Year 4	N	Y				
		3.4 Implementation of patient engagement portal rolled out across specialties	Staged approach June 2025 - March 2027		On going	Year 3	N	Y				
Travel and Transport	4. Ensure that travel and transport activities associated with the Trust supports reduction in carbon emissions and improves the local air quality and health of the population.	4.1 Travel co-ordinator role to be recruited to which will oversee the implementation of the travel plan	Confirmation of travel co-ordinator in post by end of Q2 2025	Sham Ashworth	Completed	Year 1	N	N/A				
		4.2 Review and implement outstanding recommendations / actions made within the travel plan relating to active travel	Travel co-ordinator role to oversee this once in post - review to be undertaken by end of Q3 2025 - with implementation thereafter October 25 - March 27		On going	Year 1	N	Y				
		4.3 Develop and agree targeted communications throughout each year to increase awareness and uptake of car share scheme, active travel options and public transport within the Travel Plan developed	Comms plan to be developed with quarterly updates by 30/08/25		On going	Year 1	N	Y				
		4.4 Monitor uptake of car share scheme to allow for planned targeted increases each year	Provide quarterly update on uptake in year 1 from April 2025 to provide baseline and increase per year		On going	Year 1	N	N/A				
		4.5 Procure secure bike storage at LTH as per travel plan to include electric charging points	Develop targeted fund raising plan to reach goal to cover costs along with national or local funding by end of Q3		Off Track	Year 1	N	N/A	High	None however does not support active travel	N/A	Funding through LCC limited to £5000
		4.6 Plan to purchase or enter into new leases for zero-emissions vehicles only from December 2027 onwards	Develop Plan in line with fleet vehicle lease arrangements due to expire in year 2,3,4		Not Started	Year 4	Y	Y				
		4.7 Consider salary sacrifice scheme to offer zero-emission only vehicles from December 2026	TBC: Phase out of vehicles on offer to align with the national ambition of zero-emission		On going	TBC	Y	Y				
		5.1 Improve carbon literacy amongst the Trust Project Managers and ensure full compliance with related certification (BREEAM, WELL Building standards) to maximise the carbon benefits through new build and refurbishment of the existing estate	Deliver internal training sessions to relevant staff by 31/03/26		On going	Year 1	N	Y	Medium		Estates team aware of self development to inform standards required	

	5.2 Develop a strategy and plan to remove the high temperature steam distribution system from the RPH site which will allow the transition to low temperature technology such as heat pumps and so enable the pathway to removing fossil fuel boilers using PSDS grant funding	Develop detailed strategy and plan by 31/03/26 Implementation of project 01/04/26 – 31/03/28		On going	Year 1						Funding will support the removal of one boiler	
				Not Started	Year 3	N	Y					
	5.3 Enhance the efficiency of the existing estate by seeking funding and developing business cases for energy efficiency and carbon reduction schemes such as LED lighting / Solar PV / Improved controls and monitoring / water usage	LED installation at Preston site by 31/03/26. Explore further funding opportunities as they arise throughout each year		Completed	Year 1	N	Y					
	5.4 Develop a strategy for the removal of further fossil fuel boilers following the completion of 5.2	Develop strategy by 31/03/28		Not Started	Year 3	N	Y					
	5.5 Develop a Waste Management Strategy/Plan, focused on compliance and implementation of the Waste Hierarchy (reduction, reuse, recycling and	Develop plan by 31/03/26		Off Track	Year 1	N	N	High	Delay in compliance			Currently dealing with clinical waste stream, upon completion this section will be reviewed and updated accordingly

Area of Focus	Aim	Action	KPI's	SRO	RAG	Target date	Benchmarking (NHS Green Support Tool)	National Guidance	Delivery Risk			Comments
									Likelihood of non-delivery in year	Consequence of non-delivery in year	Delivery Risk rating	
Estatesandfacilit	5. Reducing the carbon emissions arising from the Trust's buildings and infrastructure, including improving energy efficiency and reducing energy usage, decarbonising heating and hot water systems, waste reduction and the circular economy, and building design and refurbishments.	recovery)		Shawn Ashworth								
		5.6 Increase Waste Hierarchy awareness and promote compliance initiatives across the organisation, providing training and awareness for staff, patients and visitors	To be completed by 31/03/26		Off Track	Year 1	N	N	High	Delay with roll out of simpler recycling		Early planning for simpler recycling to be implemented. Current delay due to Clinical waste Segregation
		5.7 Develop Standard Operation Procedures (SOPs) for certain key waste streams to provide clarity for compliance, best practice and sustainable waste management systems	Develop SOP by 31/12/25		Off Track	Year 1	N	N	High	Non compliance with waste management		Waste Management policy and community SOP already updated. Four further SOPs to be produced.
		5.8 Work with key departments, staff and contractors to investigate, implement and promote sustainable waste management opportunities - relating to product and service procurement, local procedures and good practice	To be completed by 31/03/26		Completed	Year 1	N	N				
Medicines	6. Supporting the reduction of the Trust's carbon emissions through greener sustainable prescribing systems, use of medicines and medical products.	6.1 Develop a plan to remove piped Nitrous Oxide across both sites using the nitrous oxide toolkit •Chorley District Hospital •Royal Preston Hospital	Plan to be developed and implementation with set target agreed for each site Q4 2025/26 Q4 2027/28		Off Track	Year 1			High	Non compliance with reducing nitrous oxide waste		
					Not Started	Year 2	Y	Y				
		6.2 Reduce pharmaceutical waste within the pharmacy department	37.5% reduction of the total pharmacy waste		On going	Year 3	N	N				
		6.3 Established ward-based recycling of medicines	Achieve £100k waste reduction		On going	Year 3	N	N				
		6.4 Reduce duplicate dispensing activity in	Achieve £60k waste reduction		On going	Year 3	N	N				
		6.5 Established access to Electronic Prescribing System (EPS) in Outpatients to support dispensing closer to home	Implemented by Q4 2025/26		Off Track	Year 1	N	N	Medium	Does not support care closer to home		E Cost involves due / currently not a Trust priority
		6.6 Roll out of electronic prescribing and medicines administration (EPMA) across Neonate (inpatient)	Implemented by Q1 2025/26 delayed Q3 26/27		On going	Year 2	N	N				Delayed until Autumn 2026, depending on 2 things: 1. They are awaiting new medication infusion pumps and interface with BadgerNet (NNU IT system). 2. Standard infusion concentrations
7.1 Embed NHS net zero supplier road map requirements into all relevant procurements and ensure they are monitored via KPI's where appropriate	Strategy document in date KPI's agreed and monitored phased by 01/04/27 - 31/03/28		Ongoing	Year 3	Y	Y						

Supply Chain and Procurement	7. Ensure that the Trust buys from approved suppliers who comply with the Evergreen assessment, whilst aligning to our green plan aims	7.2 Ensure suppliers engage with the Evergreen sustainability supplier assessment as appropriate	Evidence within strategy document and contracts	Jim Collins	Completed	Year 3	N	Y				
		7.3 Consider how to safely incorporate reducing single use products when working with specialities on projects	Evidence collated of case studies resulting in a change taken place		Ongoing	Year 3	N	Y				
		7.4 Ensure supplier Carbon Reduction Plans are reviewed as part of relevant procurement processes as appropriate	Evidence included as part of bid/review for award process		Ongoing	Year 3	Y	Y				
Food and Nutrition	8. Reducing the carbon emissions from the food made, processed or served within the Trust, reduce overall food waste and ensuring the provision of healthier, locally sourced and seasonal menus high in fruits and vegetables where possible.	8.1 Formulate a plan to achieve Silver status SOIL accreditation for the in house catering service and submit	Gain silver status by 01/03/28	Joanne Ashley	On going	Year 3	N	N				
		8.2 Review and reduce single use plastics back of house through a phased approach	Reduce single use plastics back of house by 31/03/28 - Evidence through replacement products quarterly		Completed	Year 3	N	N				
		8.3 Measure food waste in line with ERIC and set reduction target	Measure food waste in line with ERIC by 31/03/28 Reduction target to be set for 2026/27 once full year of new process		On going	Year 1 Year 2	Y	Y				
		8.4 Reduce food waste in the restaurants, cafes and on the wards using stepped approach	Monitor and collaborative working undertaken by 31/03/26. Annual target to be set from April 2026.		On going	Year 2 Year 3	N	Y				
		8.5 Reduce the amount of processed and red meat on the menu and increase the vegetable choices to help support the Plant Based ethos	Increase vegetable choices on the menu to provide 50% of coverage on plated food by 01/03/26		On going	Year 1	Y	Y				
		9.1 Adverse Weather and Health Alert System: Implement a system to notify key personnel when severe weather warnings or health risks (e.g., heatwaves, cold snaps) are issued	Evidence of system in place to notify key personnel of severe weather warnings or health risks		On going	TBC	N	Y				
		9.2 Annual Review of Plans: Annually review and update the Adverse Weather and Health Plan to ensure alignment with the latest national guidance on climate risk assessments and evolving operational challenges	Provide evidence of the annual EPRR assurance submission undertaken with a minimum overall rating of Substantial Compliance		On going	Annually	N	Y				

Area of Focus	Aim	Action	KPI's	SRO	RAG	Target date	Benchmarking (NHS Green Support Tool)	National Guidance	Delivery Risk			Comments
									Likelihood of non-delivery in year	Consequence of non-delivery in year	Delivery Risk rating	
Adaptation	9. To manage strategically and operationally the effects of climate change, particularly extreme weather events, including surface water flooding, high winds, extreme high /low temperatures, and storms to ensure the Trust is fit for the future.	9.3 Business Continuity Planning: Ensure the Trust's business continuity plans address potential issues arising from adverse weather and climate change, such as IT outages, utility interruptions, demand surges (e.g., respiratory issues, slips, and falls), and potential staffing shortages (e.g., up to 30% of staff being unavailable due to extreme weather and related travel disruptions or pandemic)	Provide evidence of the annual EPRR assurance submission aligning to the nationally defined Core Standards with a minimum outcome of Substantial Compliance	Shawn Ashworth	On going	TBC	N	Y				
		9.4 Scenario-Based Exercises: Conduct regular scenario-based exercises, simulating adverse weather events, to test the effectiveness of business continuity mitigation strategies	Provide an evidence log of the exercises carried out each year, detailed within the annual review undertaken		On going	Annually	N	Y				
		9.5 Flood Risk Assessment: Review existing flood risk assessment for all Trust properties with recommendations as appropriate	Evidence of annual review to be completed by 31st March each year		On going	Annually	N	Y				
		9.5.1 Implement necessary flood prevention measures and drainage systems in high-risk areas as highlighted from annual review	Action plan developed following annual review by 30th April each year, with actions completed within recommended timescales		On going	Annually	N	Y				
		9.6 Buildings Energy System: Undertake annual review of estate	Evidence of annual audit undertaken		On going	Annually	N	Y				
		9.7 Air Conditioning Systems: Undertake constant review of air conditioning systems and submit annual bids for capital to install and upgrade air conditioning systems in valueable areas (e.g., emergency departments, ICUs) to ensure patient and staff comfort during heatwaves	Evidence of annual bids submitted and local procedures and mitigation to be developed to address comfort issues during heatwaves by 31/03/26		On going	Annually	N	Y				
		9.8 Temperature Monitoring: Wards and departments to implement temperature monitoring in critical areas (e.g., wards, patient rooms) to ensure effective regulation and comfort during extreme weather conditions. Severe exceptions to be reported to Estates as evidence to support the need for further capital investment in ventilation and cooling systems.	Monitoring in place throughout year with exceptions reported to Estates by 31/03 each year		On going	Annually	N	Y				
		10. To maximise the quality of our green assets and use them to improve the physical and mental health of both staff and patients whilst support biodiversity and reconnect with nature.	10.1 Develop a plan with conservation organisation to seek recommendations in supporting wildlife around the Trust		31/03/26	Completed	Year 1	N	N			

10.2 Develop plan and implement raised planters and wild flower meadows as agreed with grounds maintenance lead	Annually by 01/04	Completed	Annually	N	N						
10.3 Identify staff to receive training for walking route and arrange dates to complete	30/06/25	Completed	Year 1	N	N						
10.4 Improve communication to staff and patients of no smoking policy in place / cleaner air agenda	31/03/26	On Track	Year 1	N	N	High	None	N/A	Requires Trust wide joined up working - cleaner air strategy		

REFERENCES

Only PDFs are attached

 11.2 National Staff Survey Ancillary Papers April 2026.pdf

Lancashire Teaching Hospitals NHS Foundation Trust

2025 NHS Staff Survey Benchmark Report



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Introduction

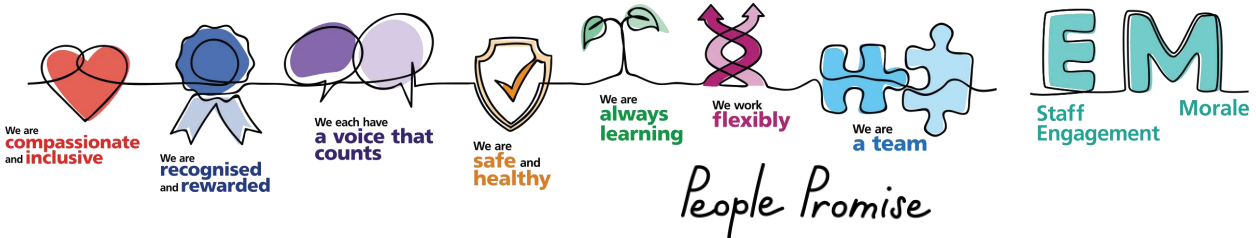
About this report

This benchmark report for Lancashire Teaching Hospitals NHS Foundation Trust contains results for the 2025 NHS Staff Survey, and historical results back to 2021 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.

Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34, Q35 , Q36, Q37, Q38, Q39a-b and Q40 are not weighted or benchmarked because these questions ask for demographic or factual information.

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 themes (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 sub scores are related and mapped to individual survey questions.

People Promise elements, themes and sub-scores

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15*, Q16a, Q16b, Q21 *Due to changes in the Q15 question wording in 2025, Q15 is not included in the score calculation for this theme or sub-score.
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b**, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c **Due to changes in the Q11b question wording in 2025, Q11b is not included in the score calculation for this theme or sub-score.
	Other questions [Not scored]	Q17a***, Q17b***, Q22*** ***Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a****, Q23b, Q23c, Q23d ****Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	Sub-scores	Questions
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

Introduction

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

Organisation details

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

People Promise elements, themes and sub-scores: Overview

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

People Promise elements, themes and sub-scores: Trends

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

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



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

People Promise elements, themes and sub-scores: Questions

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

Questions not linked to People Promise

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

Workforce Equality Standards

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

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**. It also includes the socio-economic background questions.

Appendices

Here you will find:

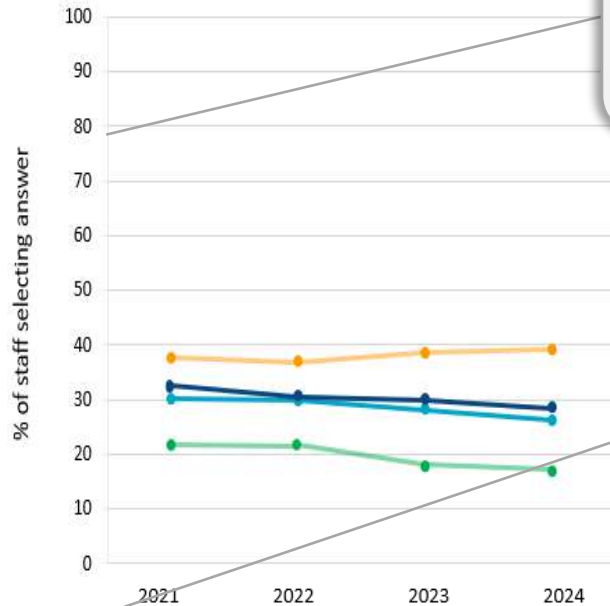
- Response rate.
- Significance testing of the People Promise element and theme results for 2024 vs 2025.
- Tips on action planning and interpreting the results.
- Information about the socio-economic background questions.
- Additional reporting outputs.

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 (or summary measure) specified at the top of each slide.

Note this is example data

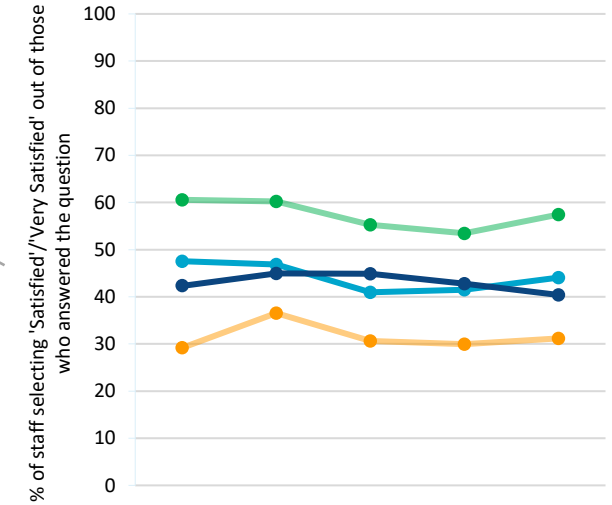


Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is a better or worse result.

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

Number of responses for the organisation for the given question.

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



	2020	2021	2022	2023	2024
Your org	42.3%	45.0%	44.9%	42.8%	40.4%
Best result	60.6%	60.3%	55.3%	55.3%	57.4%
Average result	47.5%	46.9%	41.0%	41.5%	44.0%
Worst result	29.2%	36.5%	30.6%	29.9%	31.2%
Responses	835	1255	1491	1325	517

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

Organisation details

Lancashire Teaching Hospitals NHS Foundation Trust

2025 NHS Staff Survey



Organisation details

Completed questionnaires **4271**

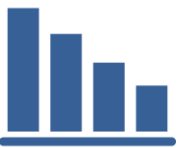
2025 response rate **45%**

Survey details

Survey mode **Mixed**

This organisation is benchmarked against:

Acute and Acute & Community Trusts



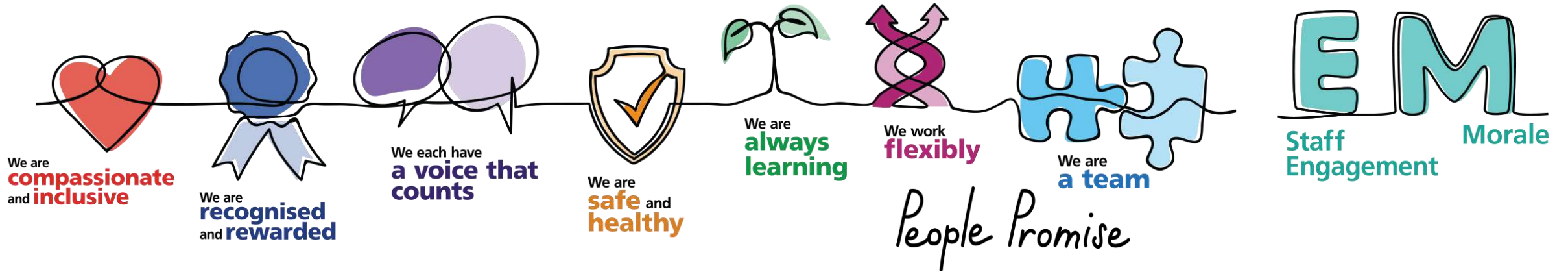
2025 benchmarking group details

Organisations in group: 121

Median response rate: 47%

No. of completed questionnaires: 524528

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

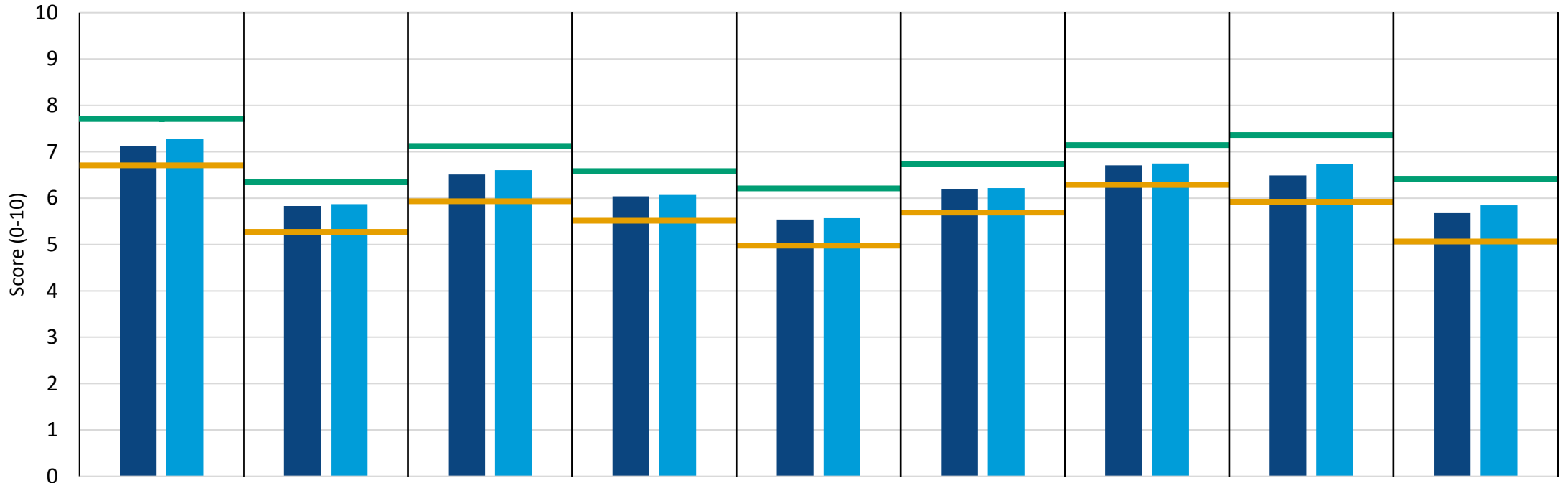


People Promise elements, themes and sub-score results

People Promise elements, themes and sub-scores: Overview

People Promise elements and themes: Overview

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

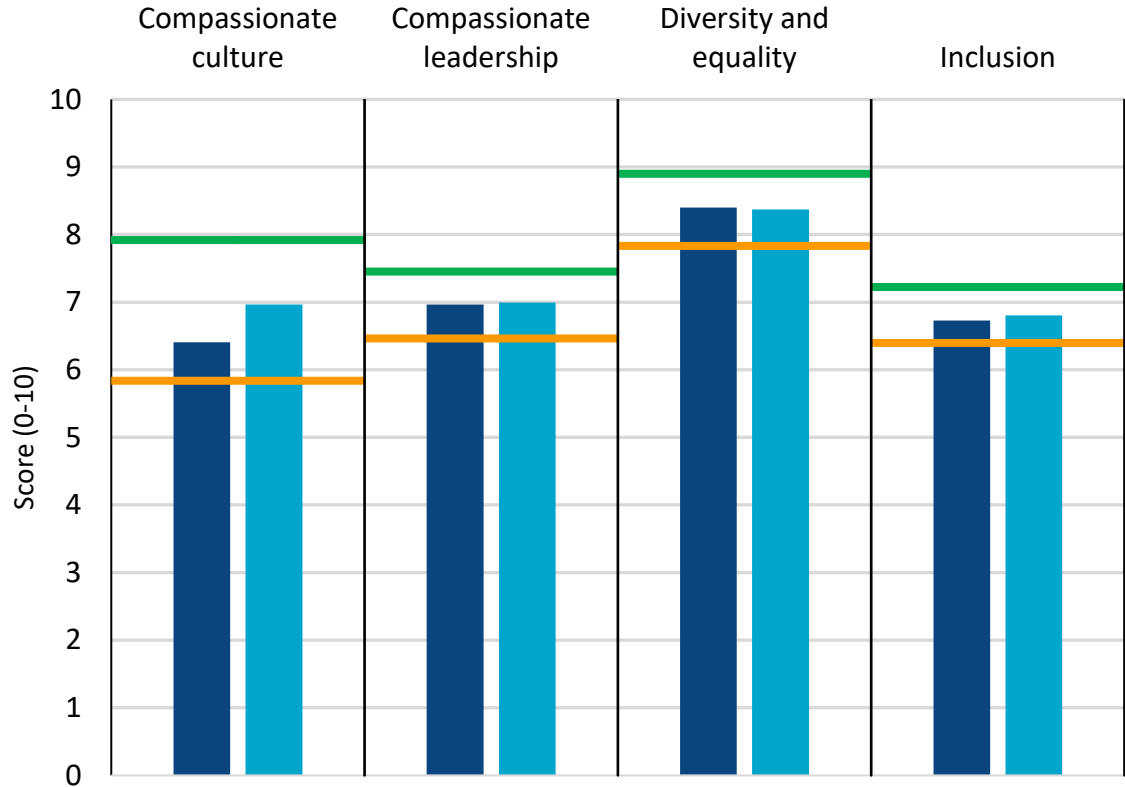


Your org	7.12	5.83	6.51	6.04	5.54	6.19	6.71	6.49	5.68
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	4261	4261	4235	4238	4014	4230	4251	4264	4264

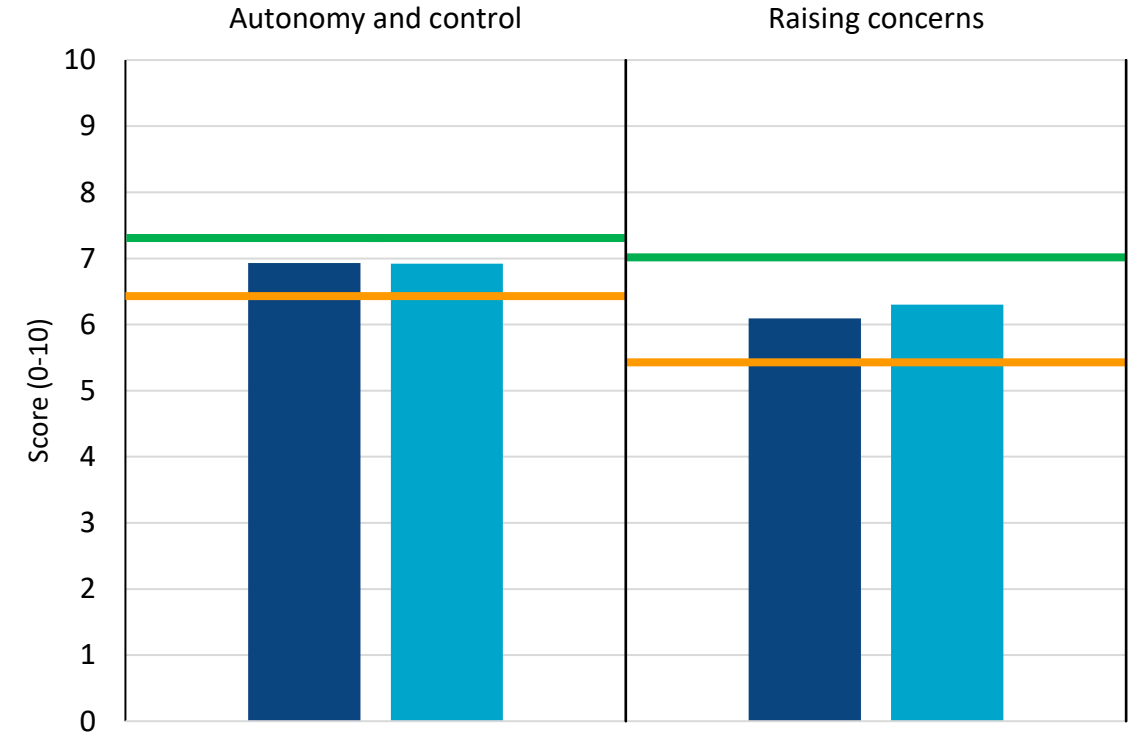
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 1: We are compassionate and inclusive



Promise element 3: We each have a voice that counts



Your org	6.41	6.96	8.40	6.73
Best result	7.92	7.45	8.90	7.22
Average result	6.97	6.99	8.37	6.80
Worst result	5.84	6.46	7.83	6.40
Responses	4249	4252	4243	4256

Your org	6.93	6.09
Best result	7.31	7.02
Average result	6.92	6.30
Worst result	6.43	5.43
Responses	4262	4241

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

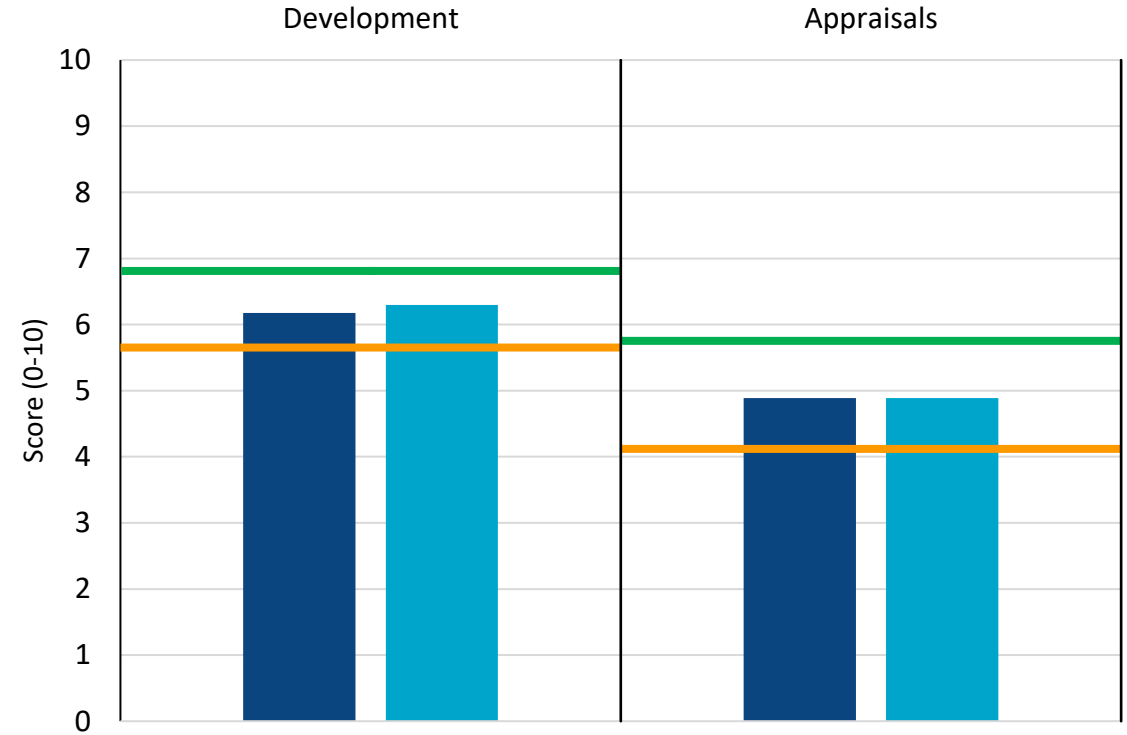
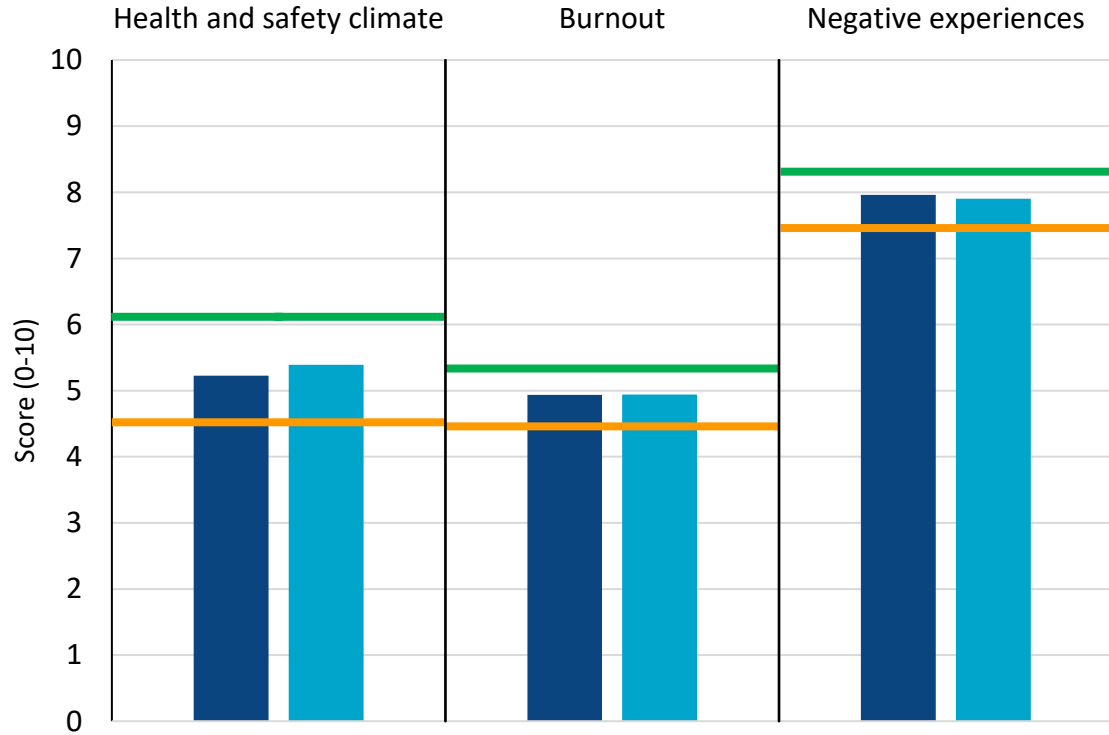
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Promise element 5: We are always learning



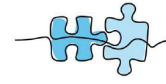
Your org	5.23	4.94	7.96
Best result	6.12	5.33	8.31
Average result	5.39	4.94	7.90
Worst result	4.52	4.46	7.46
Responses	4262	4261	4245

Your org	6.17	4.89
Best result	6.81	5.75
Average result	6.29	4.89
Worst result	5.65	4.12
Responses	4256	4018

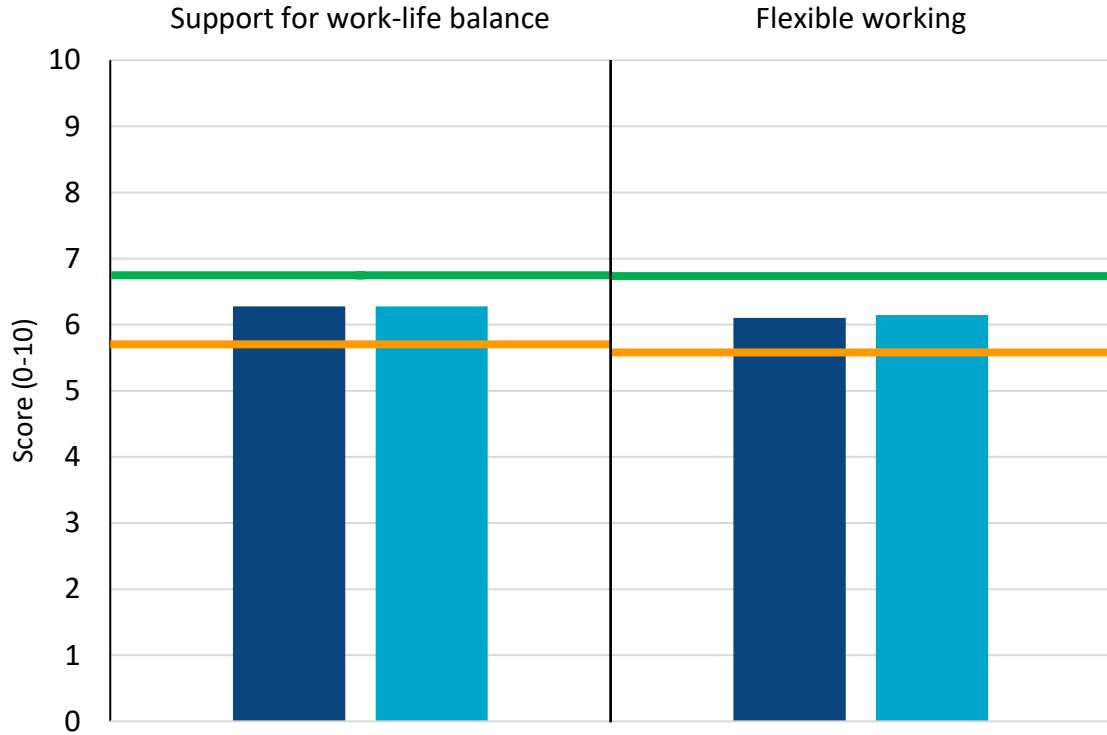
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



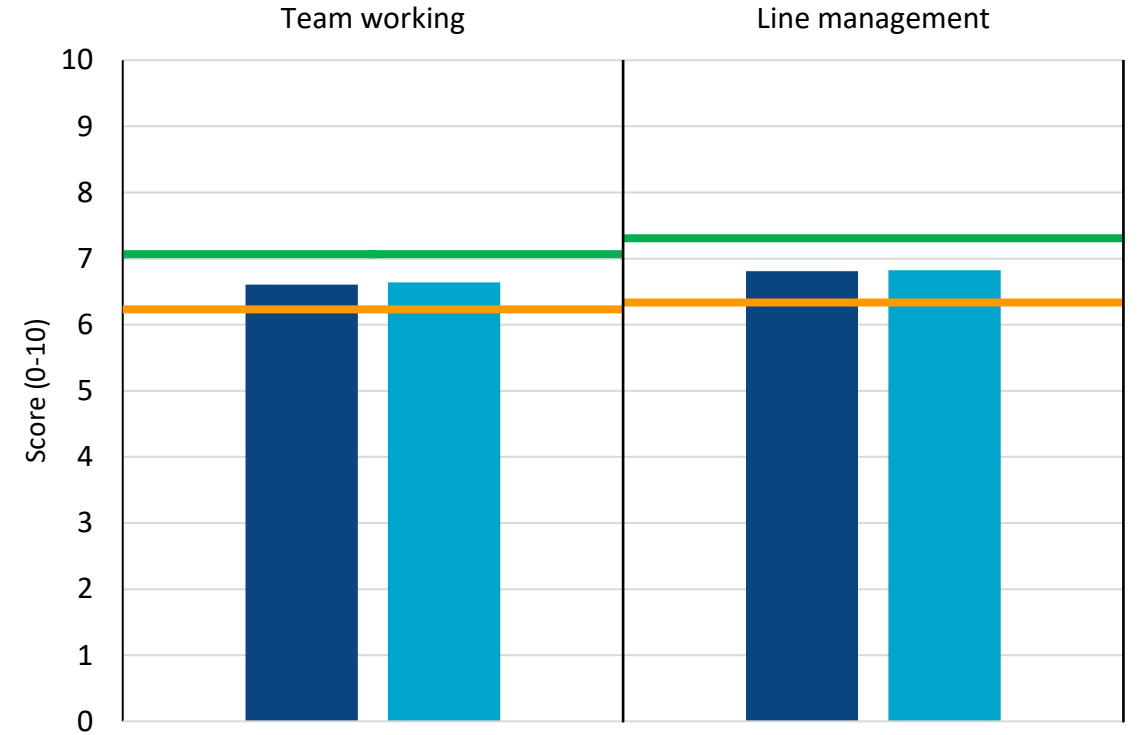
Promise element 6: We work flexibly



Promise element 7: We are a team



Your org	6.28	6.10
Best result	6.75	6.73
Average result	6.28	6.15
Worst result	5.70	5.58
Responses	4258	4237

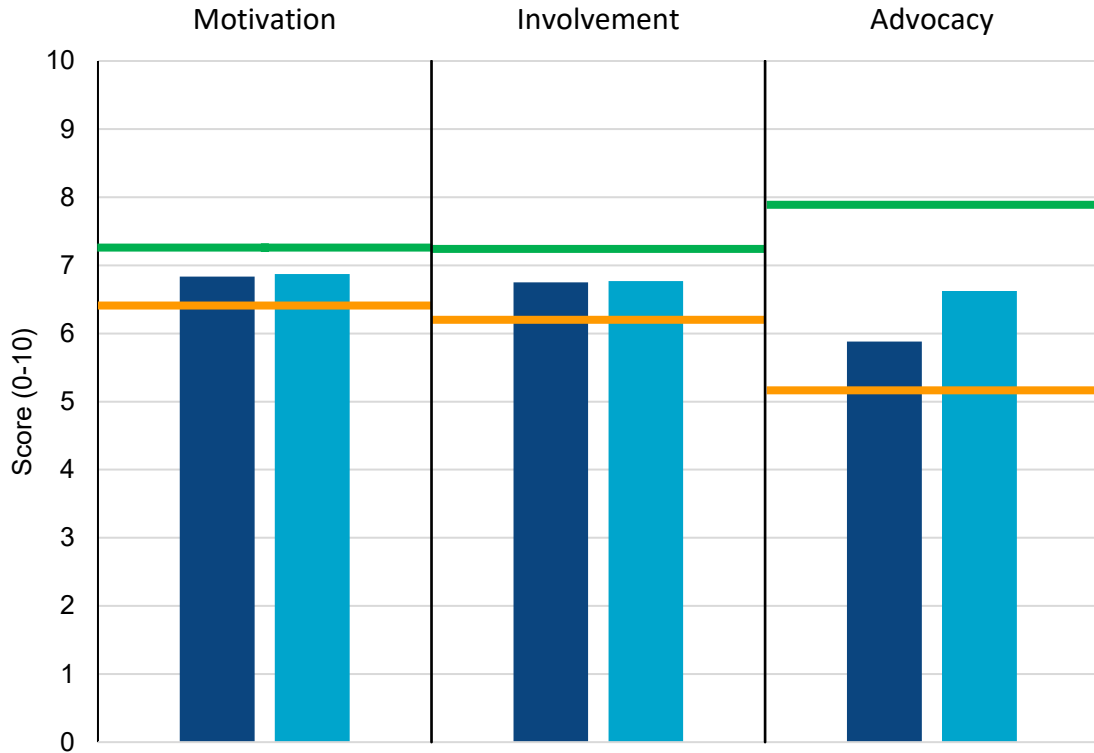


Your org	6.61	6.81
Best result	7.07	7.31
Average result	6.64	6.82
Worst result	6.23	6.34
Responses	4261	4252

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.



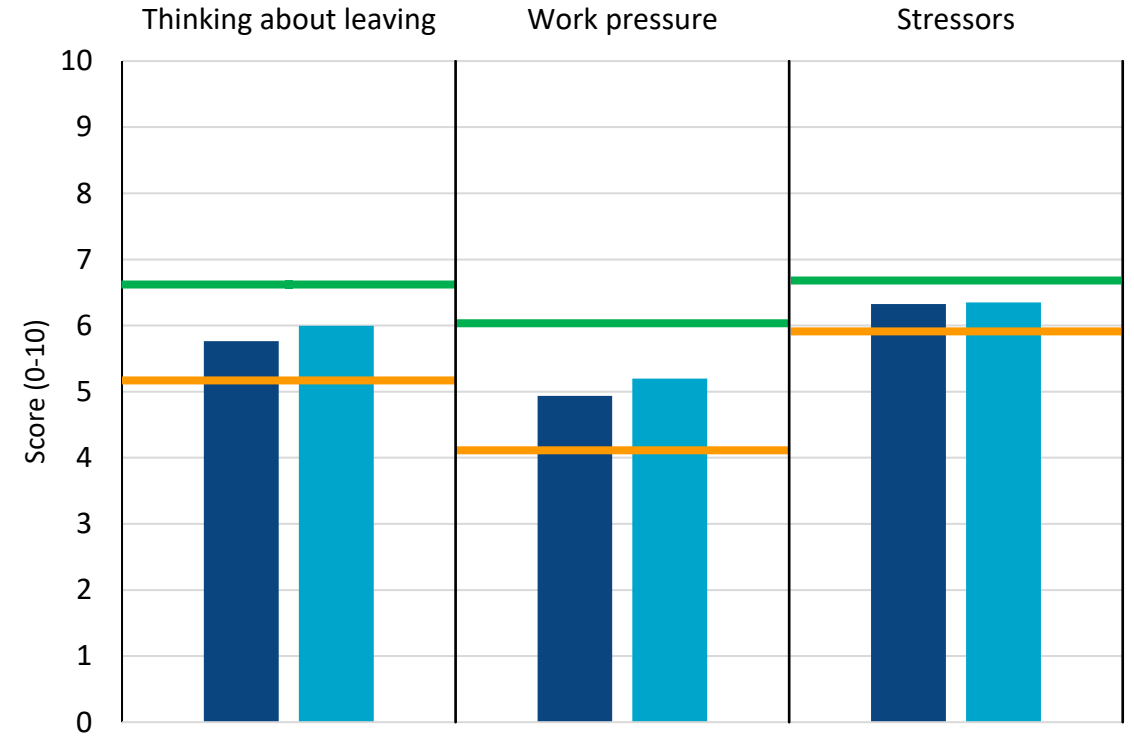
Theme: Staff engagement



Element	Score (0-10)	Responses
Your org	6.83	4214
Best result	7.26	
Average result	6.87	
Worst result	6.41	
Your org	6.75	4262
Best result	7.24	
Average result	6.77	
Worst result	6.20	
Your org	5.88	4247
Best result	7.89	
Average result	6.63	
Worst result	5.17	



Theme: Morale



Element	Score (0-10)	Responses
Your org	5.76	4254
Best result	6.62	
Average result	6.00	
Worst result	5.17	
Your org	4.94	4262
Best result	6.03	
Average result	5.20	
Worst result	4.11	
Your org	6.33	4256
Best result	6.68	
Average result	6.35	
Worst result	5.91	

People Promise elements, themes and sub-scores: Trends

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

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

We are compassionate and inclusive



	2021	2022	2023	2024	2025
Your org	7.32	7.35	7.36	7.22	7.12
Best result	7.82	7.72	7.76	7.76	7.71
Average result	7.27	7.25	7.31	7.29	7.28
Worst result	6.83	6.83	6.94	6.71	6.71
Responses	3982	4362	4527	3986	4261

Note: Due to changes in the Q15 question wording in 2025, reported results for 'We are compassionate and inclusive' have been recalculated to exclude Q15 for all years. For more information, please refer to the *Technical Guide*:



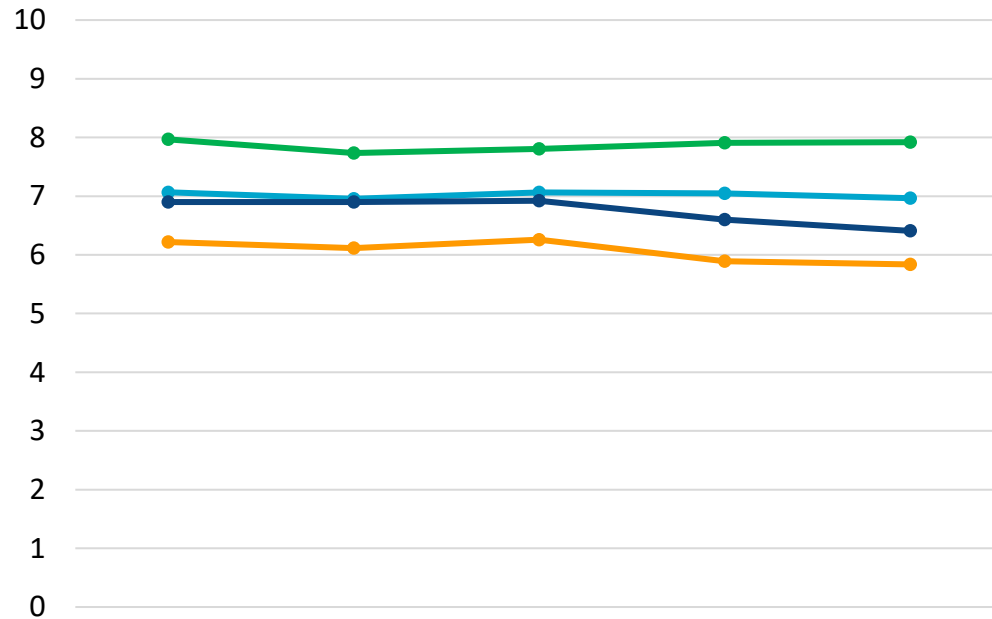
People Promise elements, themes and sub-scores: Sub-score trends

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

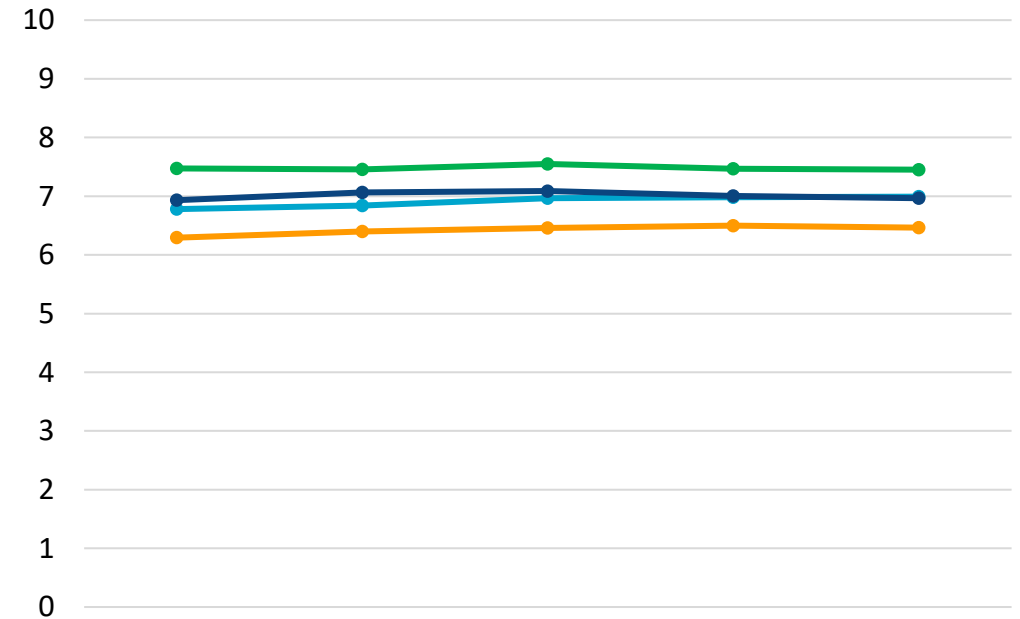


Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



Compassionate leadership



	2021	2022	2023	2024	2025
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	2021	2022	2023	2024	2025
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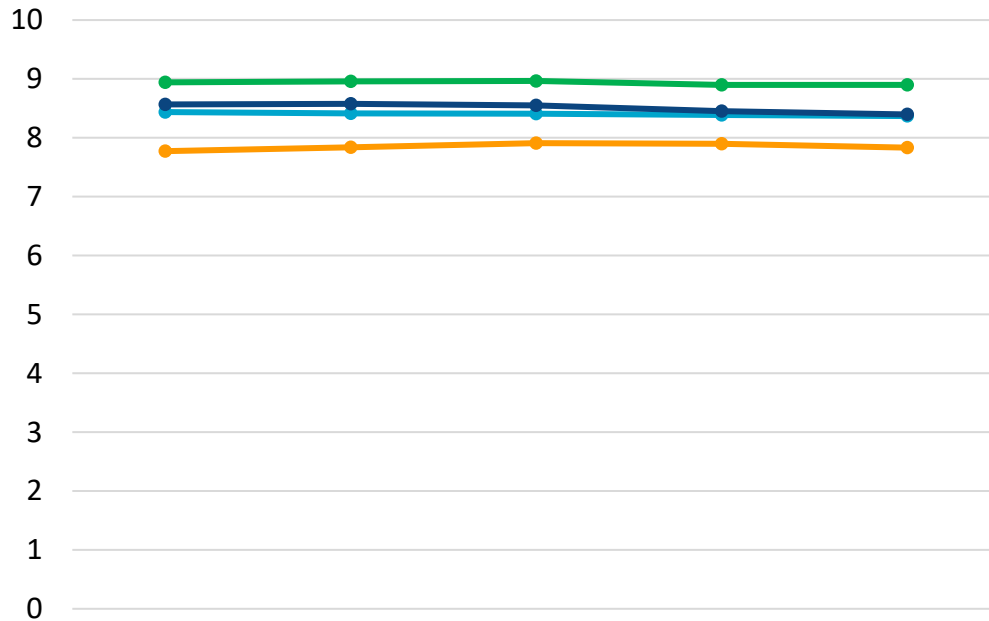
Your org	6.90	6.90	6.92	6.60	6.41
Best result	7.97	7.73	7.81	7.91	7.92
Average result	7.07	6.96	7.06	7.05	6.97
Worst result	6.22	6.12	6.26	5.89	5.84
Responses	3939	4356	4515	3969	4249

Your org	6.93	7.06	7.09	7.01	6.96
Best result	7.48	7.46	7.55	7.47	7.45
Average result	6.78	6.84	6.96	6.98	6.99
Worst result	6.29	6.40	6.46	6.50	6.46
Responses	3999	4356	4523	3984	4252

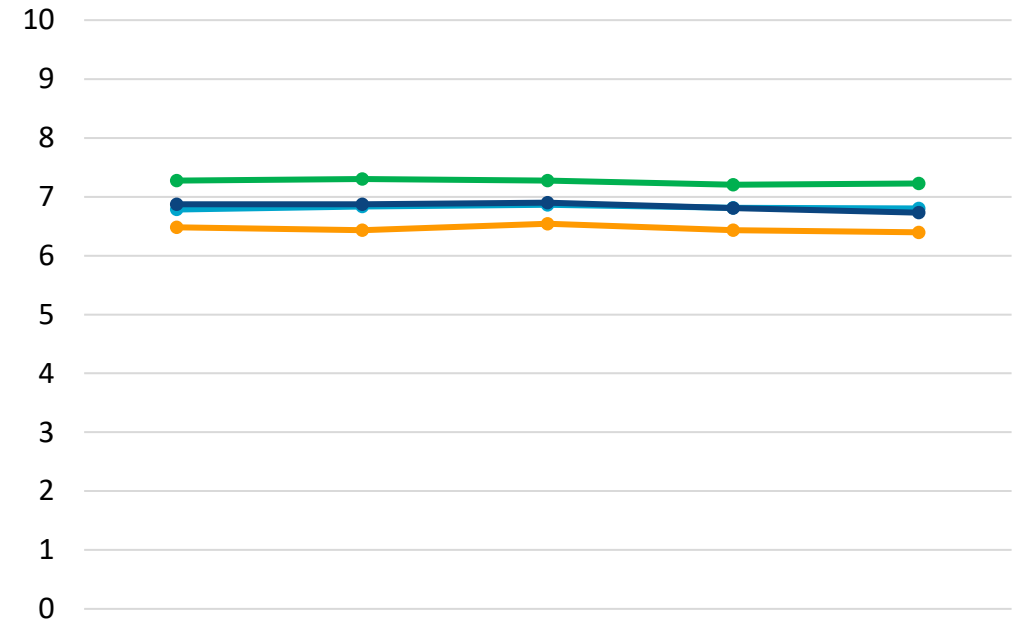
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

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

Diversity and equality



Inclusion



	2021	2022	2023	2024	2025
Your org	8.57	8.58	8.55	8.45	8.40
Best result	8.94	8.96	8.97	8.90	8.90
Average result	8.44	8.41	8.41	8.39	8.37
Worst result	7.77	7.84	7.91	7.90	7.83
Responses	3981	4358	4528	3975	4243

	2021	2022	2023	2024	2025
Your org	6.87	6.87	6.90	6.80	6.73
Best result	7.28	7.30	7.27	7.20	7.22
Average result	6.78	6.84	6.86	6.81	6.80
Worst result	6.48	6.43	6.54	6.43	6.40
Responses	4006	4355	4521	3983	4256

Note: Due to changes in the Q15 question wording in 2025, reported results for 'Diversity and equality' have been recalculated to exclude Q15 for all years. For more information, please refer to the *Technical Guide*:

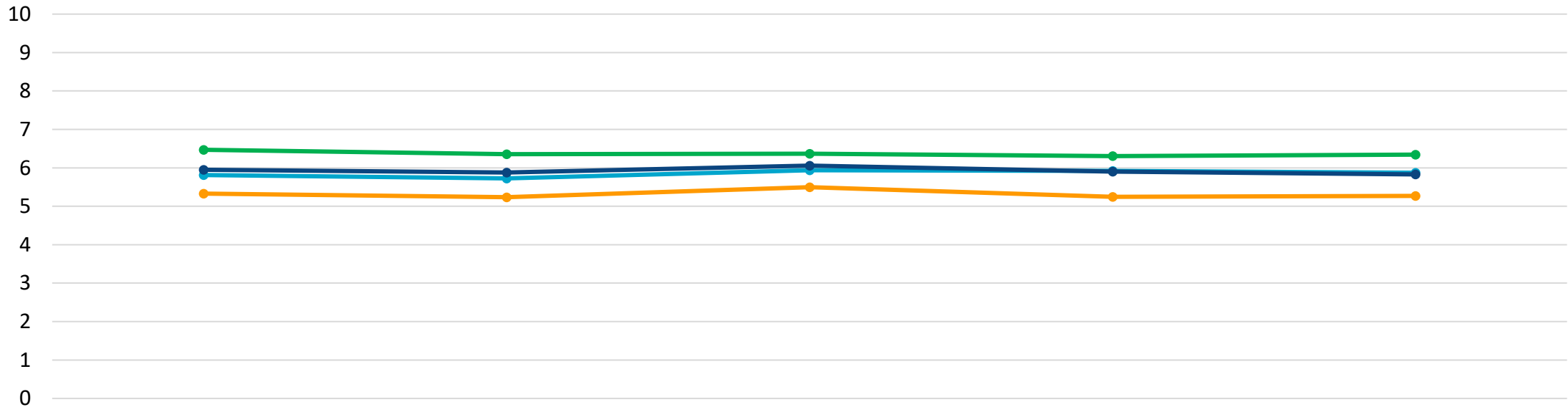
<https://www.nhsstaffsurveys.com/survey-documents/>

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



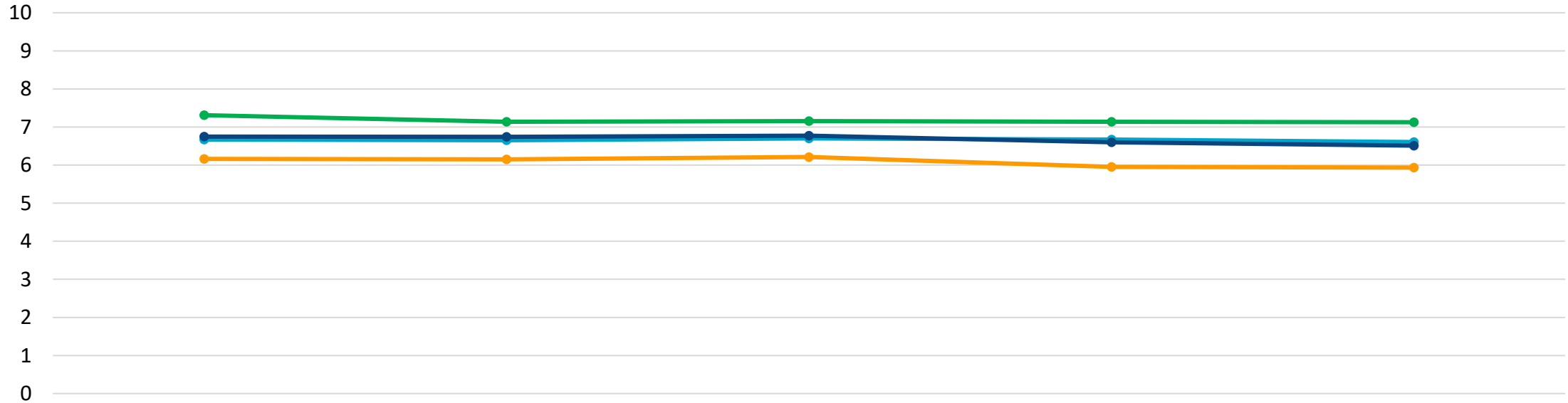
	2021	2022	2023	2024	2025
Your org	5.95	5.88	6.06	5.90	5.83
Best result	6.47	6.36	6.37	6.31	6.34
Average result	5.81	5.73	5.94	5.92	5.87
Worst result	5.33	5.24	5.50	5.25	5.27
Responses	4052	4363	4529	3986	4261

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



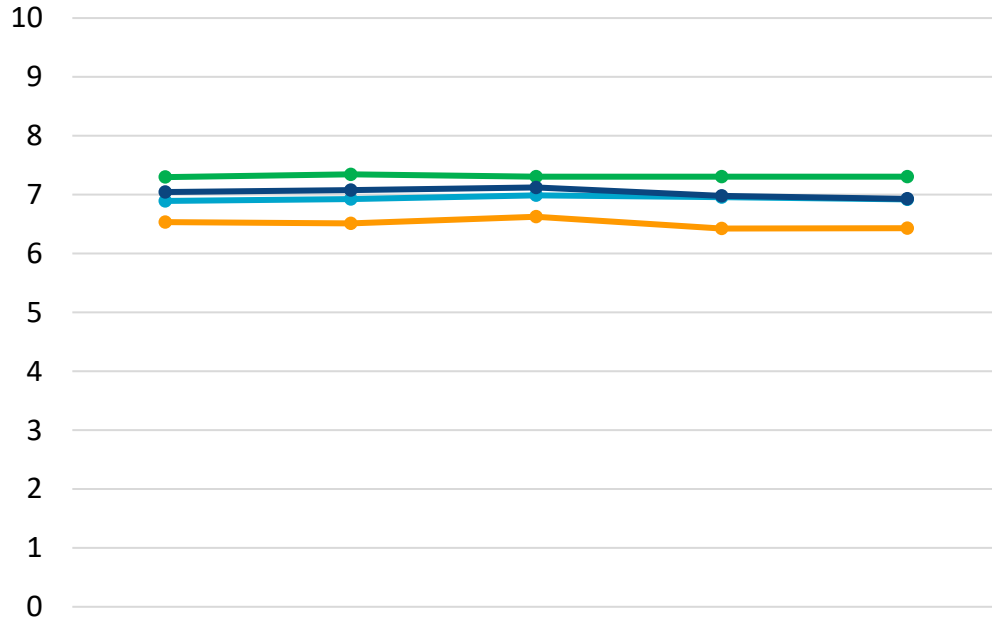
	2021	2022	2023	2024	2025
Your org	6.75	6.74	6.77	6.60	6.51
Best result	7.31	7.14	7.16	7.14	7.12
Average result	6.67	6.65	6.70	6.67	6.60
Worst result	6.16	6.15	6.21	5.95	5.93
Responses	3930	4341	4496	3959	4235

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.

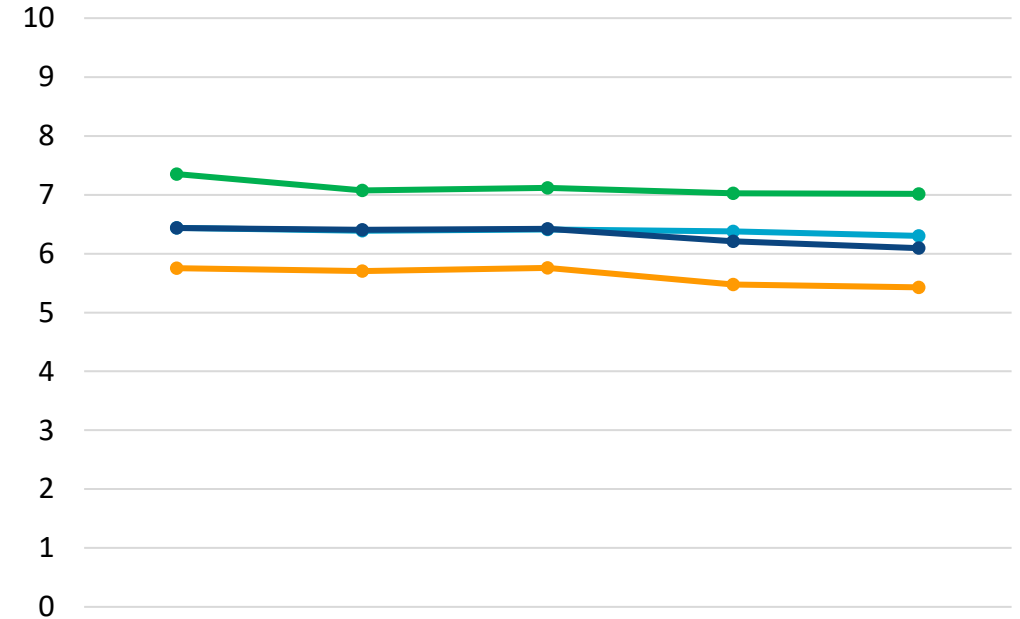


Promise element 3: We each have a voice that counts

Autonomy and control



Raising concerns



	2021	2022	2023	2024	2025
Your org	7.05	7.08	7.12	6.98	6.93
Best result	7.30	7.35	7.31	7.31	7.31
Average result	6.89	6.93	6.99	6.96	6.92
Worst result	6.53	6.51	6.63	6.42	6.43
Responses	4058	4362	4532	3990	4262

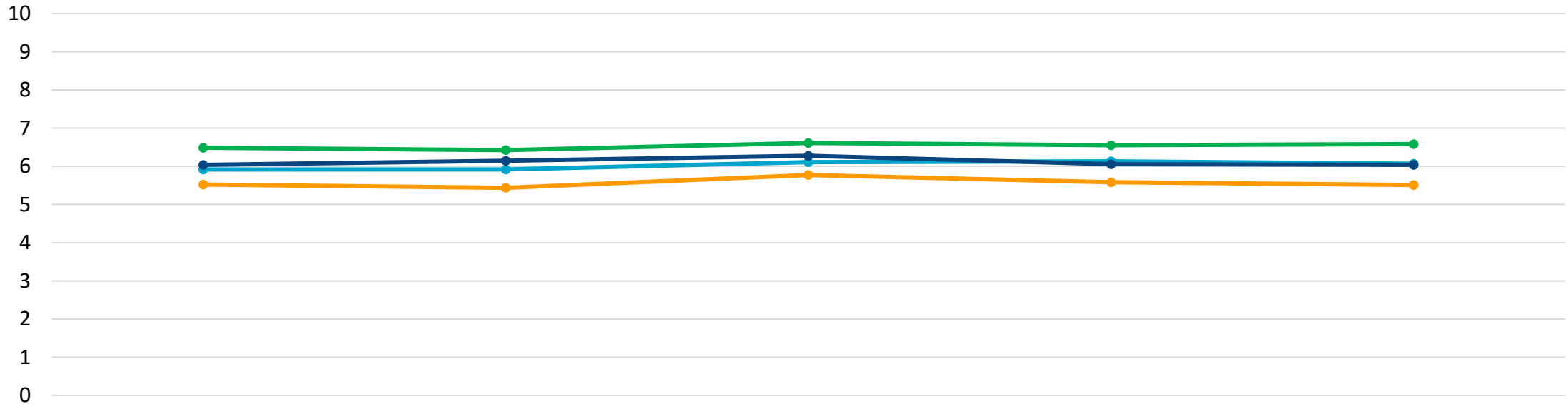
	2021	2022	2023	2024	2025
Your org	6.44	6.40	6.42	6.21	6.09
Best result	7.35	7.07	7.12	7.02	7.02
Average result	6.44	6.39	6.41	6.38	6.30
Worst result	5.75	5.70	5.76	5.48	5.43
Responses	3930	4345	4502	3960	4241

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	2023	2024	2025
Your org	6.04	6.15	6.28	6.06	6.04
Best result	6.48	6.42	6.61	6.55	6.58
Average result	5.92	5.92	6.11	6.13	6.07
Worst result	5.52	5.44	5.77	5.58	5.51
Responses	3977	4344	4265	3965	4238

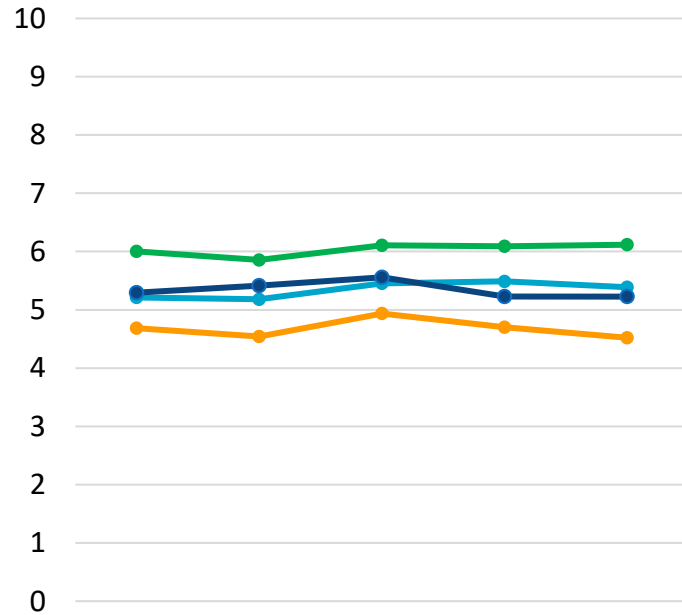
Note: 2023 results for 'We are safe and healthy' are reported using corrected data. In addition, due to changes in the Q11b question wording in 2025, reported results for 'We are safe and healthy' have been recalculated to exclude Q11b for all years. Please see *Additional Information regarding NSS23 data collection issue* and *Technical Guide* at <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

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



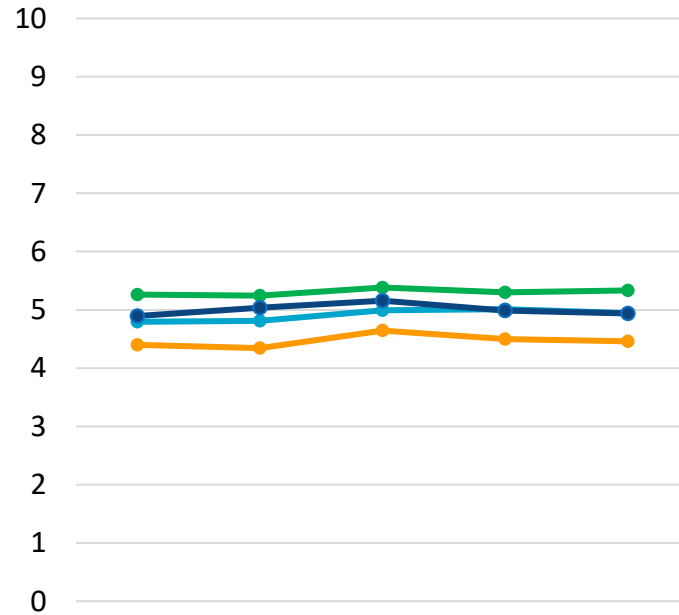
Promise element 4: We are safe and healthy

Health and safety climate



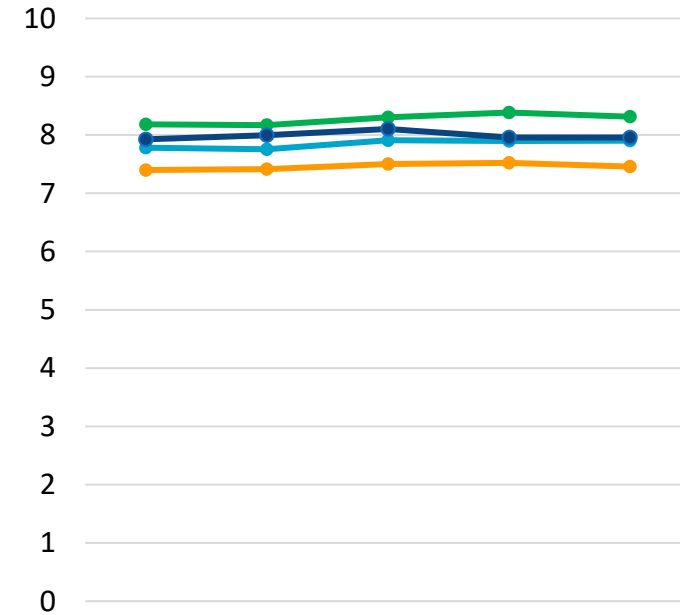
	2021	2022	2023	2024	2025
Your org	5.30	5.41	5.56	5.23	5.23
Best result	6.01	5.86	6.11	6.09	6.12
Average result	5.21	5.18	5.45	5.49	5.39
Worst result	4.68	4.54	4.94	4.70	4.52
Responses	4057	4362	4299	3989	4262

Burnout



	2021	2022	2023	2024	2025
Your org	4.89	5.04	5.16	4.99	4.94
Best result	5.26	5.24	5.38	5.30	5.33
Average result	4.79	4.81	4.99	5.01	4.94
Worst result	4.40	4.34	4.64	4.50	4.46
Responses	3990	4357	4530	3984	4261

Negative experiences



	2021	2022	2023	2024	2025
Your org	7.93	7.99	8.10	7.96	7.96
Best result	8.18	8.17	8.30	8.39	8.31
Average result	7.78	7.76	7.91	7.90	7.90
Worst result	7.40	7.41	7.50	7.52	7.46
Responses	3981	4354	4275	3968	4245

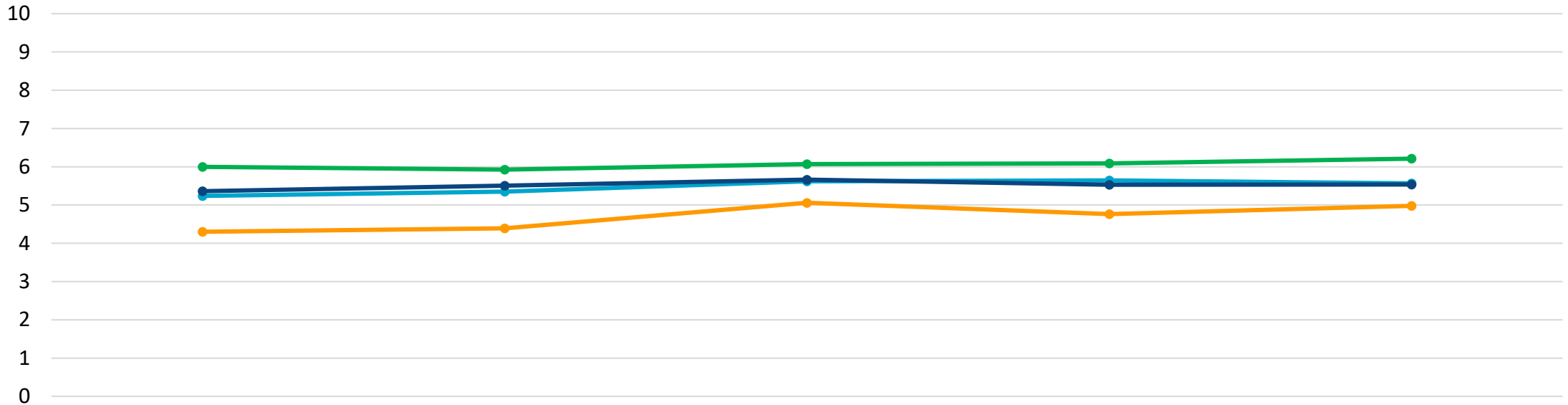
Note: 2023 results for 'Health and safety climate' and 'Negative experiences' are reported using corrected data. In addition, due to changes in the Q11b question wording in 2025, reported results for 'Negative experiences' have been recalculated to exclude Q11b for all years. Please see *Additional Information regarding NSS23 data collection issue* and *Technical Guide* at <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

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



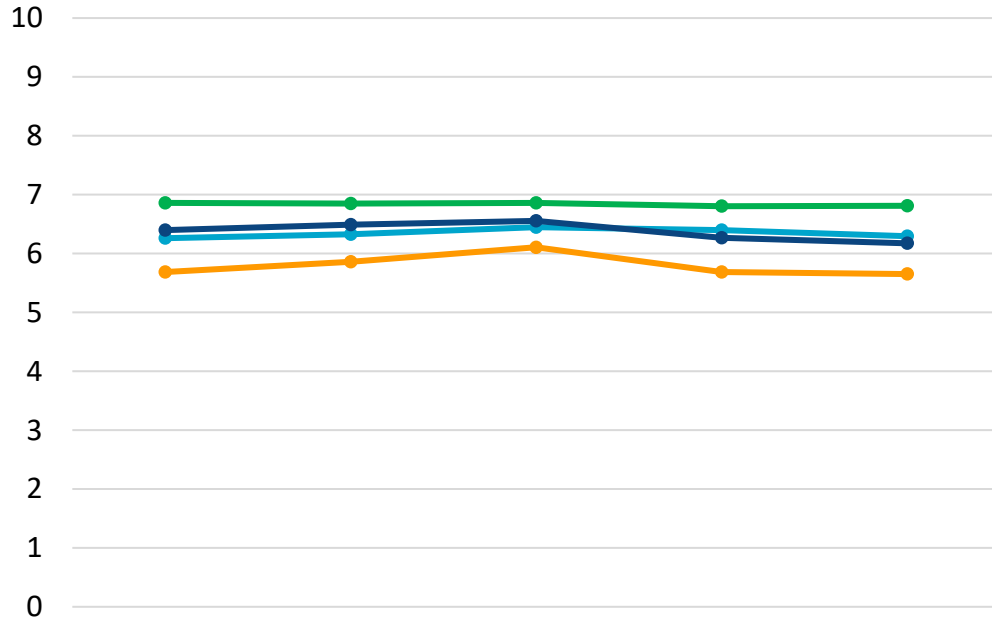
	2021	2022	2023	2024	2025
Your org	5.36	5.51	5.66	5.53	5.54
Best result	6.00	5.92	6.07	6.09	6.21
Average result	5.24	5.35	5.62	5.64	5.57
Worst result	4.30	4.39	5.06	4.76	4.98
Responses	3823	4153	4258	3793	4014

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.

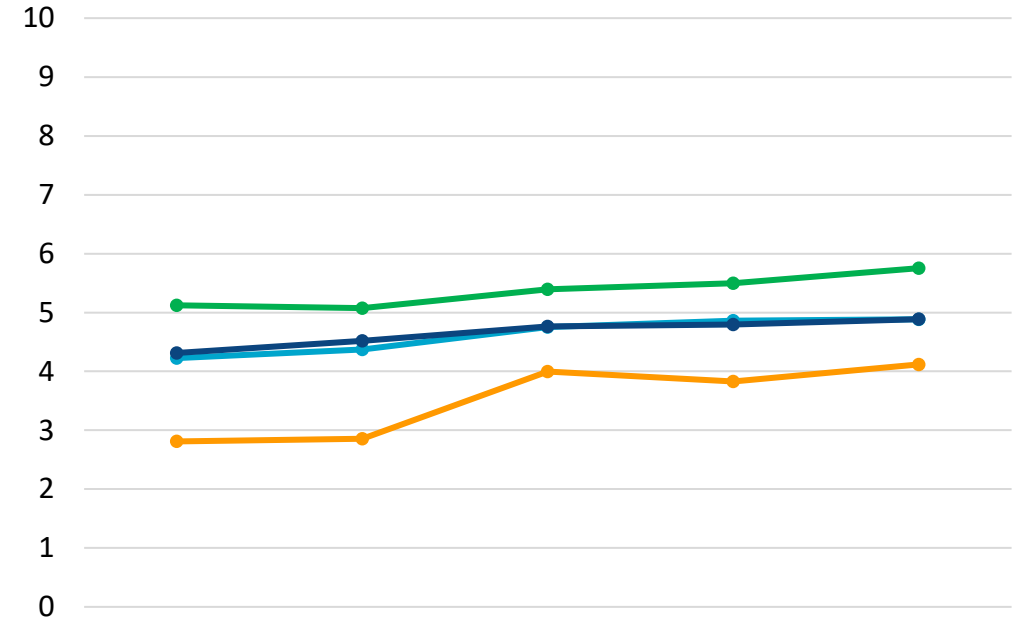


Promise element 5: We are always learning

Development



Appraisals



	2021	2022	2023	2024	2025
Your org	6.40	6.49	6.56	6.27	6.17
Best result	6.86	6.85	6.86	6.80	6.81
Average result	6.26	6.33	6.45	6.40	6.29
Worst result	5.68	5.86	6.11	5.69	5.65
Responses	3958	4348	4518	3976	4256

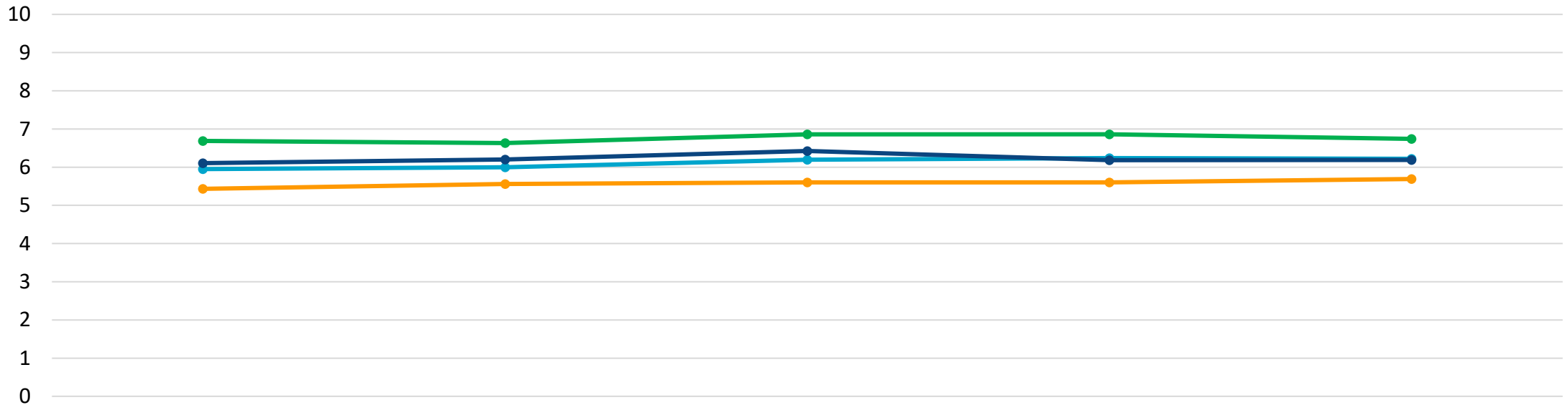
	2021	2022	2023	2024	2025
Your org	4.31	4.52	4.76	4.79	4.89
Best result	5.12	5.07	5.39	5.50	5.75
Average result	4.23	4.37	4.75	4.86	4.89
Worst result	2.81	2.86	3.99	3.83	4.12
Responses	3841	4168	4261	3798	4018

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



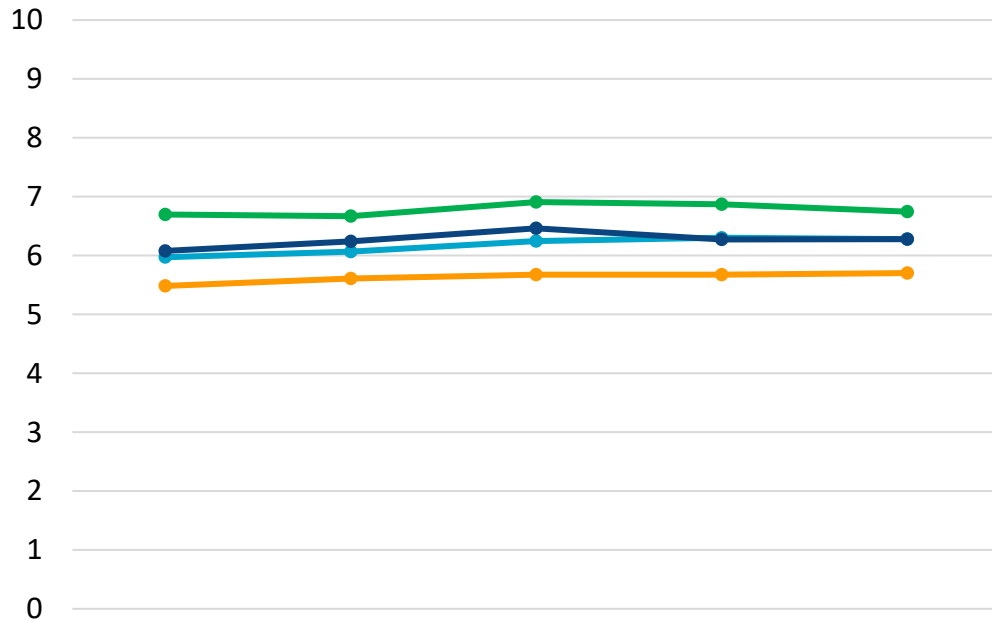
	2021	2022	2023	2024	2025
Your org	6.11	6.20	6.42	6.18	6.19
Best result	6.69	6.63	6.86	6.86	6.74
Average result	5.95	6.00	6.20	6.24	6.22
Worst result	5.43	5.56	5.60	5.60	5.69
Responses	4029	4351	4508	3965	4230

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.

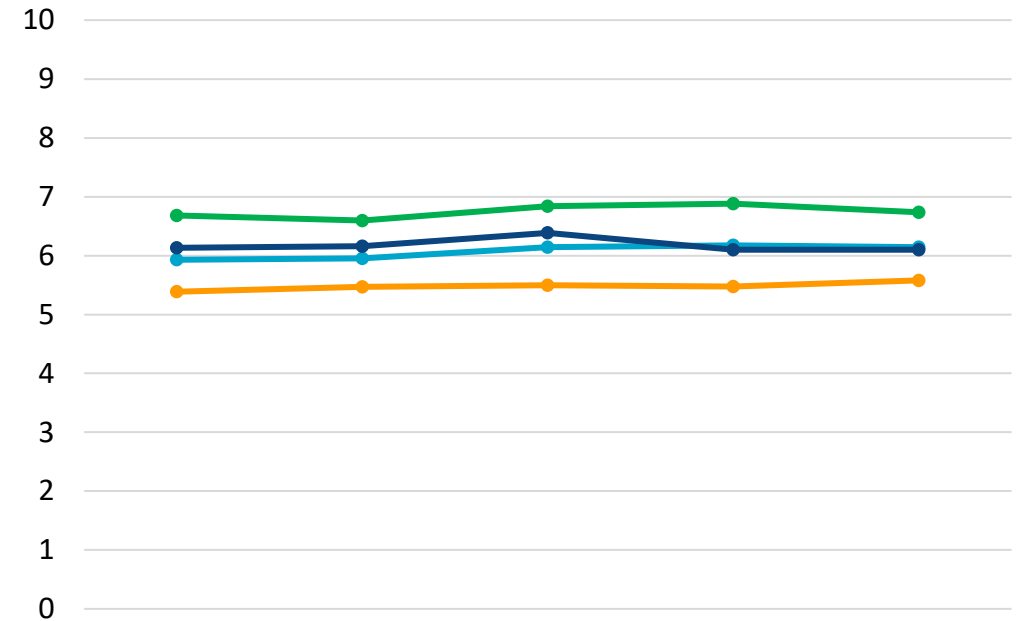


Promise element 6: We work flexibly

Support for work-life balance



Flexible working



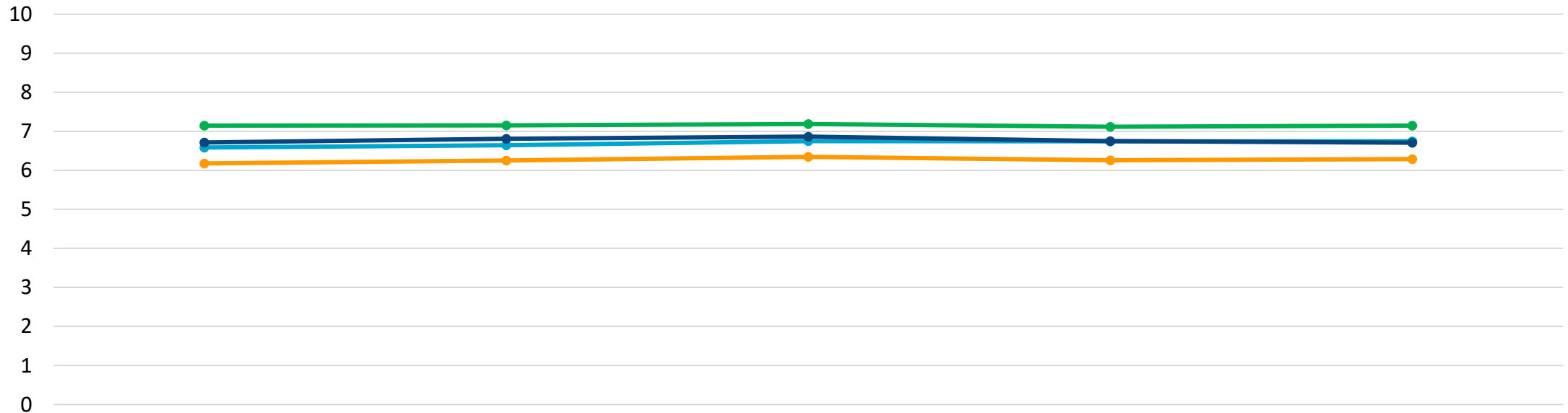
	2021	2022	2023	2024	2025
Your org	6.08	6.24	6.46	6.27	6.28
Best result	6.70	6.67	6.91	6.87	6.75
Average result	5.97	6.07	6.25	6.30	6.28
Worst result	5.48	5.61	5.67	5.67	5.70
Responses	4034	4357	4532	3979	4258

	2021	2022	2023	2024	2025
Your org	6.13	6.16	6.39	6.10	6.10
Best result	6.68	6.60	6.84	6.88	6.73
Average result	5.93	5.95	6.15	6.17	6.15
Worst result	5.39	5.47	5.50	5.48	5.58
Responses	4047	4357	4513	3975	4237

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



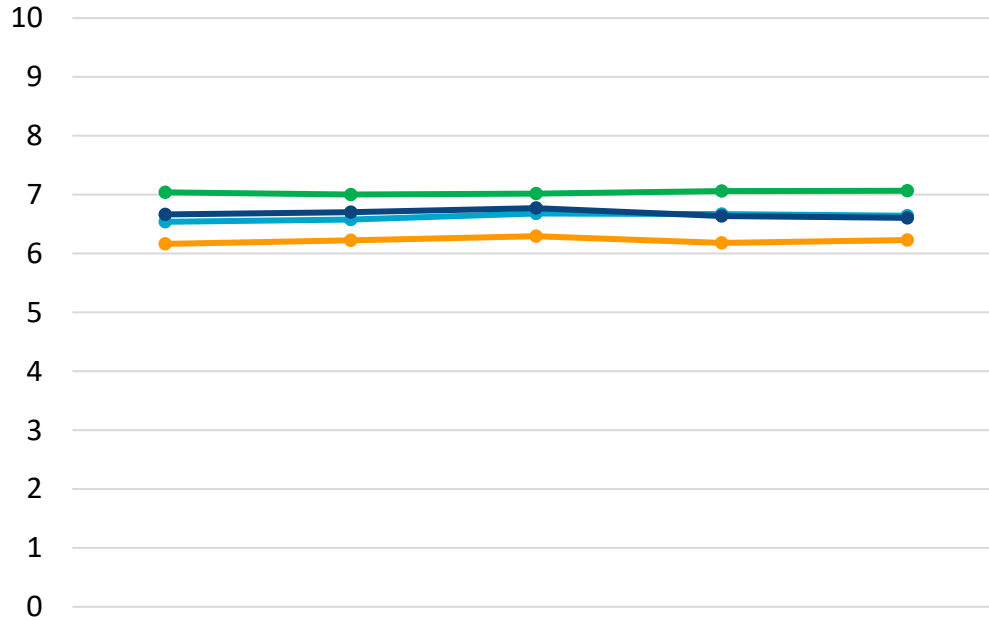
	2021	2022	2023	2024	2025
Your org	6.71	6.81	6.86	6.75	6.71
Best result	7.15	7.15	7.19	7.12	7.14
Average result	6.58	6.64	6.75	6.75	6.75
Worst result	6.18	6.25	6.34	6.25	6.29
Responses	3996	4357	4525	3982	4251

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.

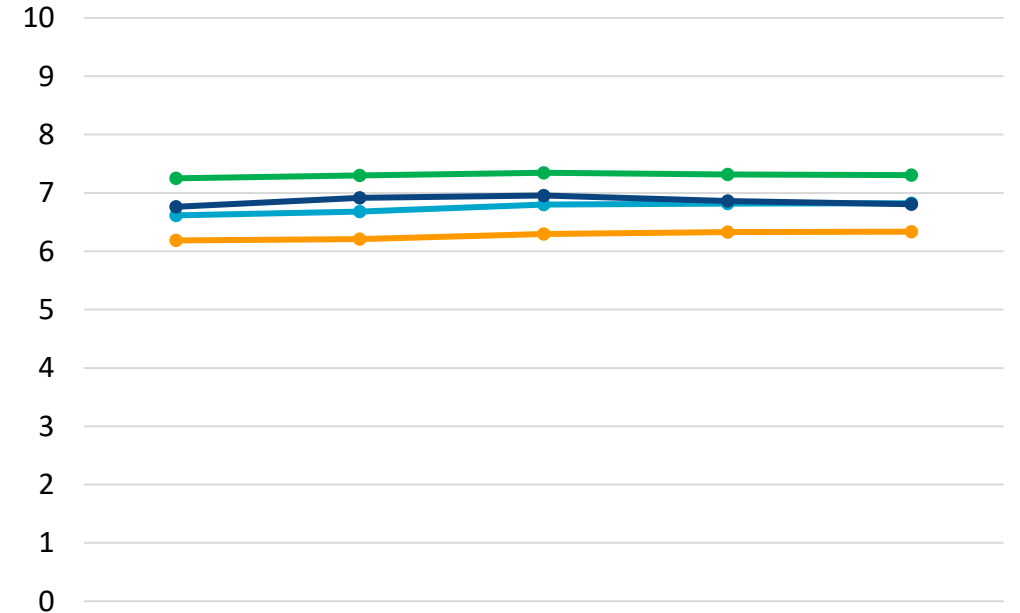


Promise element 7: We are a team

Team working



Line management



	2021	2022	2023	2024	2025
Your org	6.66	6.70	6.77	6.64	6.61
Best result	7.04	7.00	7.02	7.06	7.07
Average result	6.54	6.58	6.68	6.67	6.64
Worst result	6.16	6.22	6.29	6.18	6.23
Responses	4013	4361	4531	3986	4261

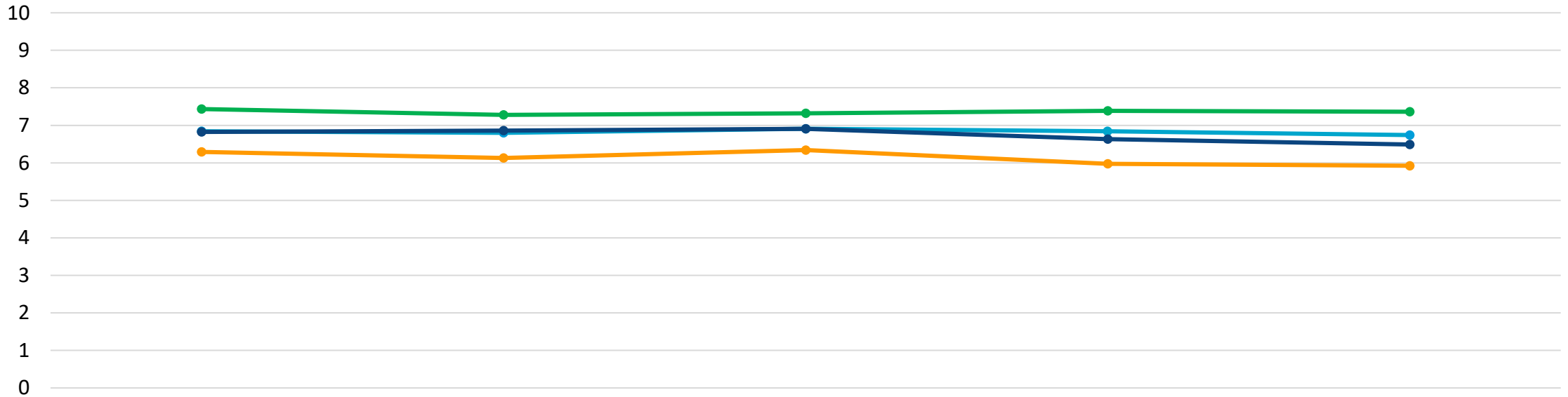
	2021	2022	2023	2024	2025
Your org	6.76	6.92	6.96	6.86	6.81
Best result	7.25	7.30	7.35	7.31	7.31
Average result	6.62	6.68	6.80	6.82	6.82
Worst result	6.19	6.21	6.30	6.33	6.34
Responses	4000	4360	4527	3985	4252

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



	2021	2022	2023	2024	2025
Your org	6.82	6.86	6.91	6.63	6.49
Best result	7.43	7.28	7.32	7.39	7.36
Average result	6.84	6.80	6.91	6.84	6.74
Worst result	6.29	6.13	6.34	5.98	5.92
Responses	4050	4363	4533	3991	4264



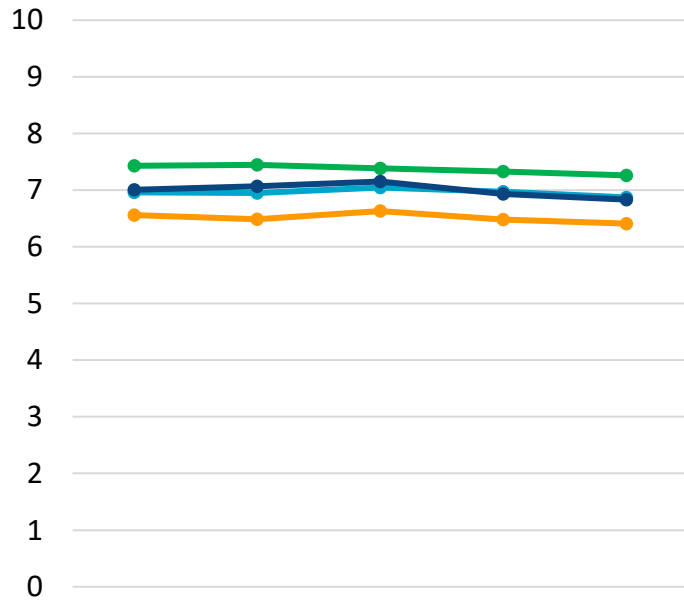
People Promise elements, themes and sub-scores: Sub-score trends

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



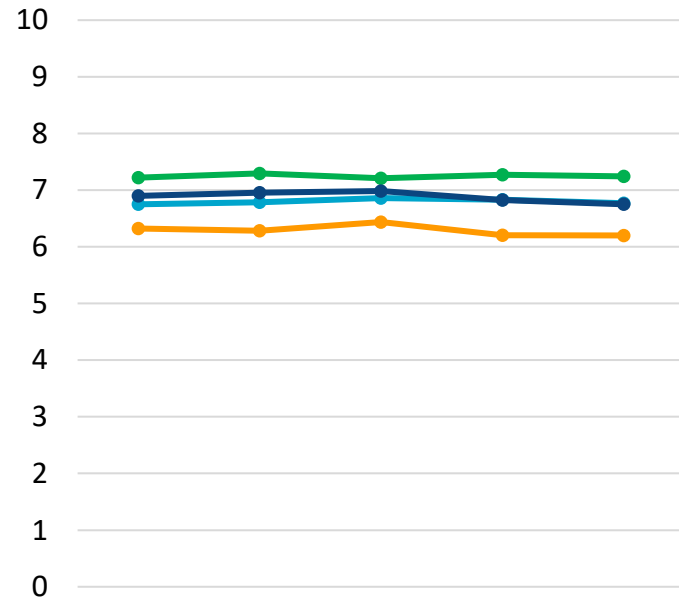
Theme: Staff Engagement

Motivation



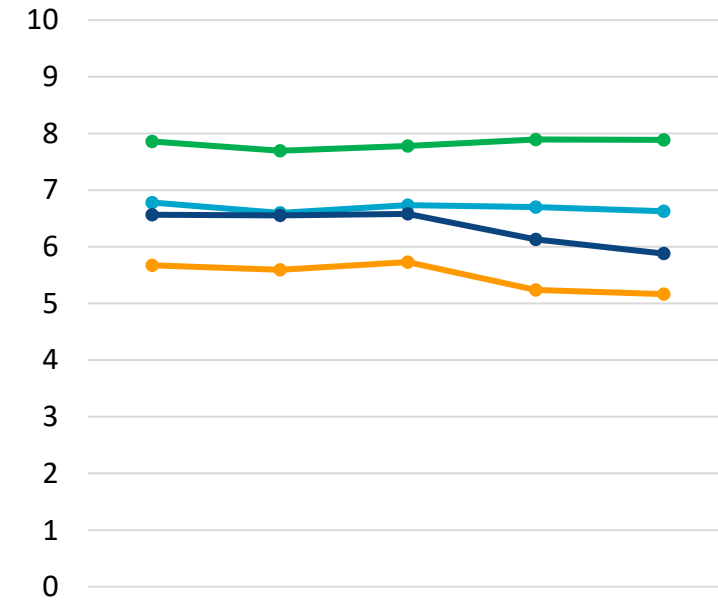
	2021	2022	2023	2024	2025
Your org	7.00	7.07	7.15	6.93	6.83
Best result	7.43	7.45	7.39	7.33	7.26
Average result	6.96	6.95	7.05	6.98	6.87
Worst result	6.56	6.48	6.63	6.48	6.41
Responses	4044	4313	4499	3952	4214

Involvement



	2021	2022	2023	2024	2025
Your org	6.90	6.95	6.98	6.82	6.75
Best result	7.22	7.30	7.21	7.27	7.24
Average result	6.75	6.78	6.86	6.83	6.77
Worst result	6.32	6.28	6.44	6.20	6.20
Responses	4056	4363	4530	3990	4262

Advocacy



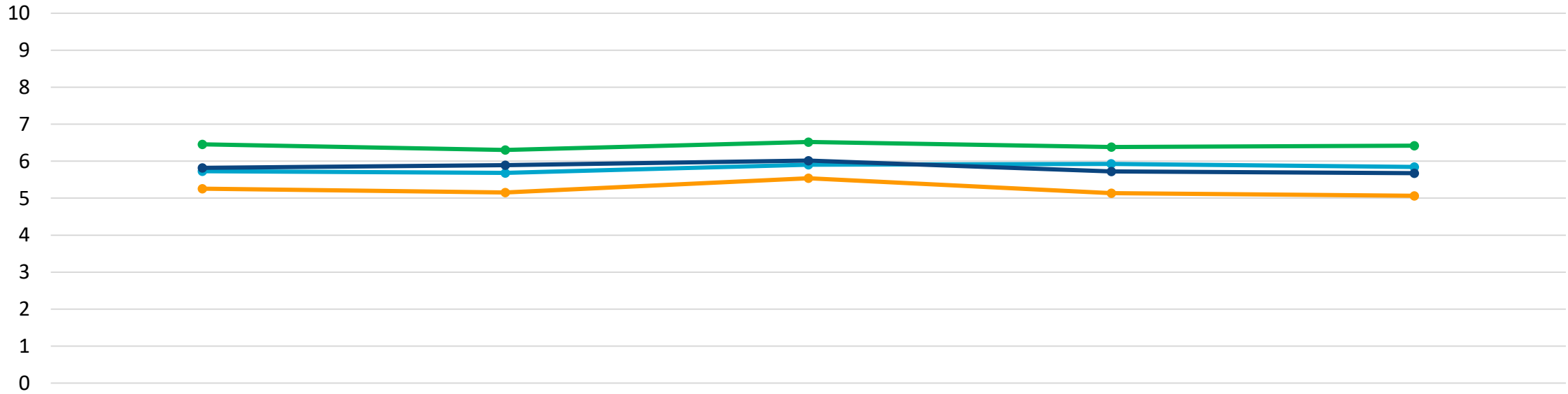
	2021	2022	2023	2024	2025
Your org	6.56	6.56	6.58	6.13	5.88
Best result	7.86	7.70	7.78	7.89	7.89
Average result	6.78	6.60	6.74	6.70	6.63
Worst result	5.67	5.60	5.73	5.24	5.17
Responses	3938	4356	4515	3968	4247

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



	2021	2022	2023	2024	2025
Your org	5.82	5.89	6.02	5.72	5.68
Best result	6.45	6.30	6.52	6.38	6.42
Average result	5.73	5.68	5.90	5.93	5.84
Worst result	5.26	5.16	5.54	5.13	5.06
Responses	4046	4361	4535	3987	4264



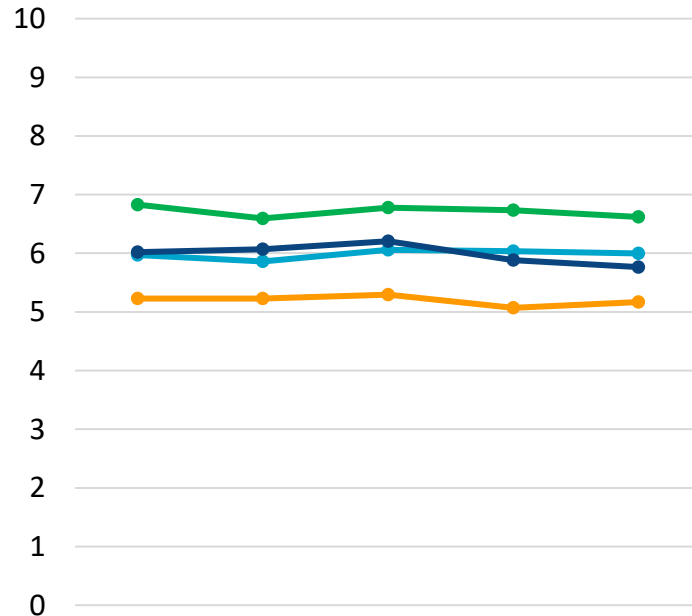
People Promise elements, themes and sub-scores: Sub-score trends

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



Theme: Morale

Thinking about leaving

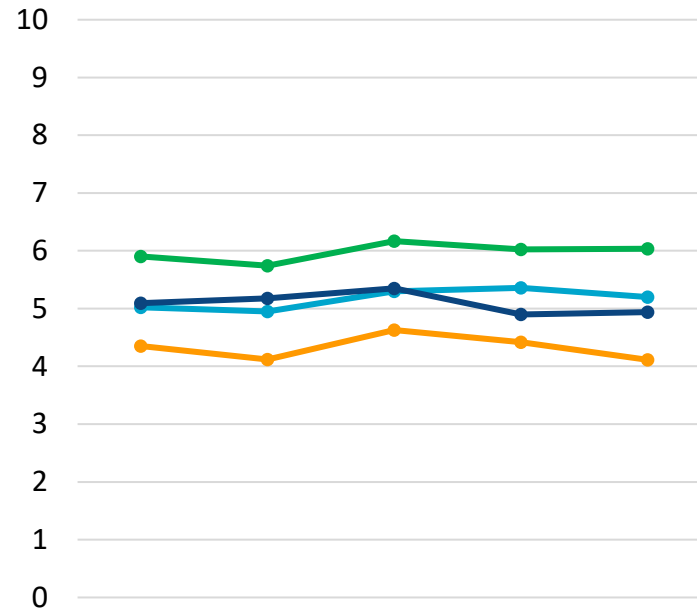


2021 2022 2023 2024 2025

Your org	6.02	6.07	6.20	5.88	5.76
Best result	6.83	6.59	6.78	6.73	6.62
Average result	5.97	5.86	6.06	6.04	6.00
Worst result	5.23	5.23	5.29	5.07	5.17

Responses 3930 4340 4522 3967 4254

Work pressure

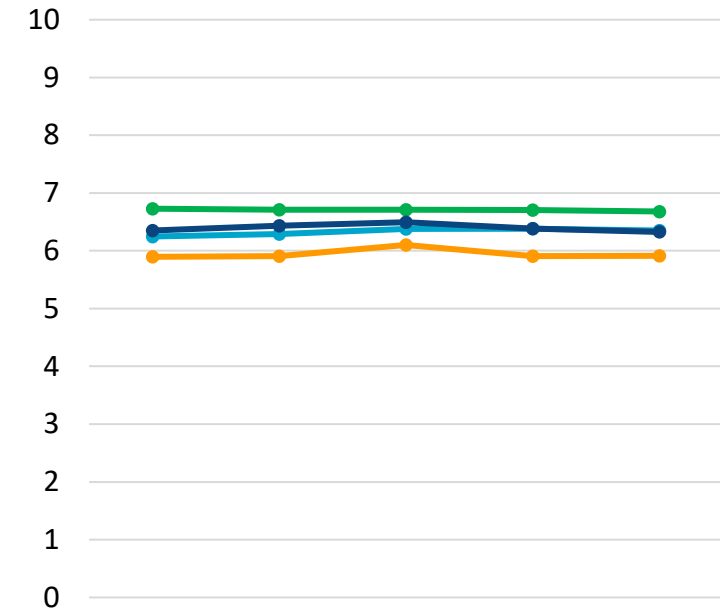


2021 2022 2023 2024 2025

Your org	5.10	5.18	5.35	4.90	4.94
Best result	5.90	5.74	6.17	6.03	6.03
Average result	5.02	4.95	5.30	5.36	5.20
Worst result	4.35	4.12	4.63	4.42	4.11

Responses 4056 4360 4531 3990 4262

Stressors

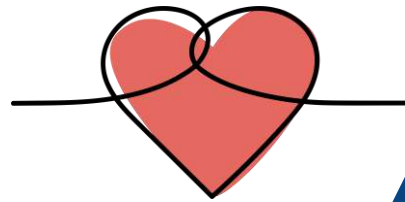


2021 2022 2023 2024 2025

Your org	6.35	6.43	6.49	6.38	6.33
Best result	6.73	6.71	6.71	6.70	6.68
Average result	6.25	6.29	6.38	6.38	6.35
Worst result	5.90	5.91	6.10	5.91	5.91

Responses 4034 4348 4528 3984 4256

People Promise element – We are compassionate and inclusive



Questions included:

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

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

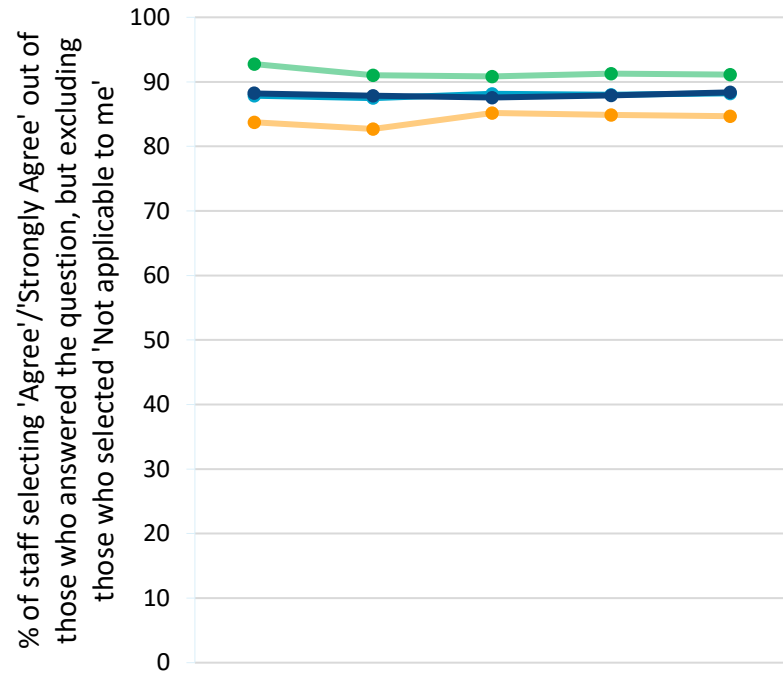
Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

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

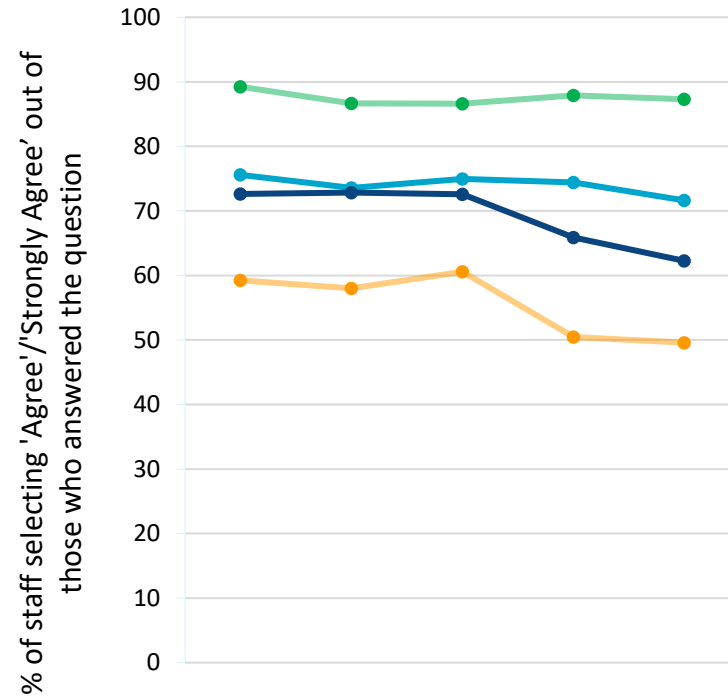


Q6a I feel that my role makes a difference to patients / service users.



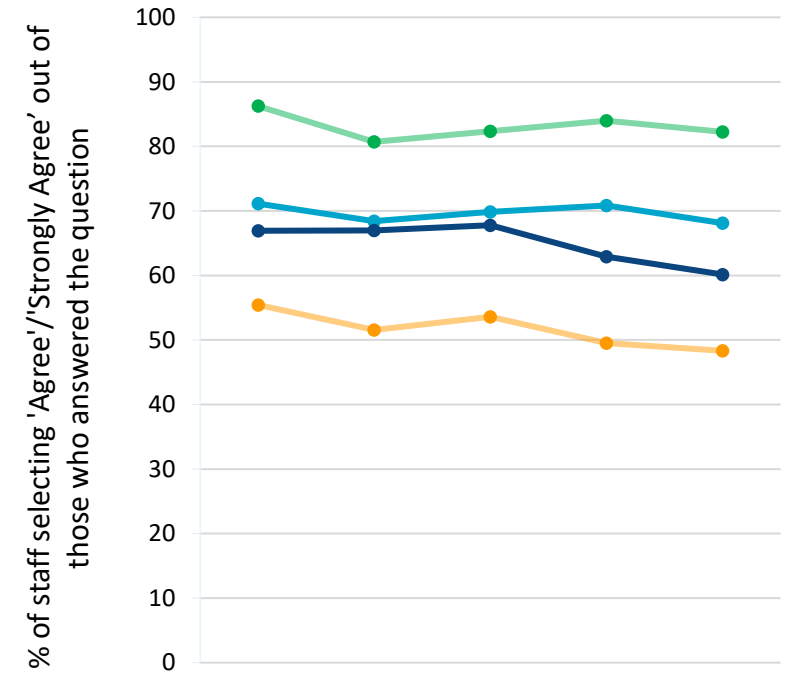
	2021	2022	2023	2024	2025
Your org	88.21%	87.84%	87.57%	87.89%	88.38%
Best result	92.75%	91.05%	90.85%	91.30%	91.11%
Average result	87.85%	87.48%	88.14%	88.02%	88.22%
Worst result	83.75%	82.70%	85.18%	84.88%	84.67%
Responses	3897	4184	4377	3850	4137

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



	2021	2022	2023	2024	2025
Your org	72.61%	72.84%	72.57%	65.87%	62.26%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	3937	4355	4513	3965	4245

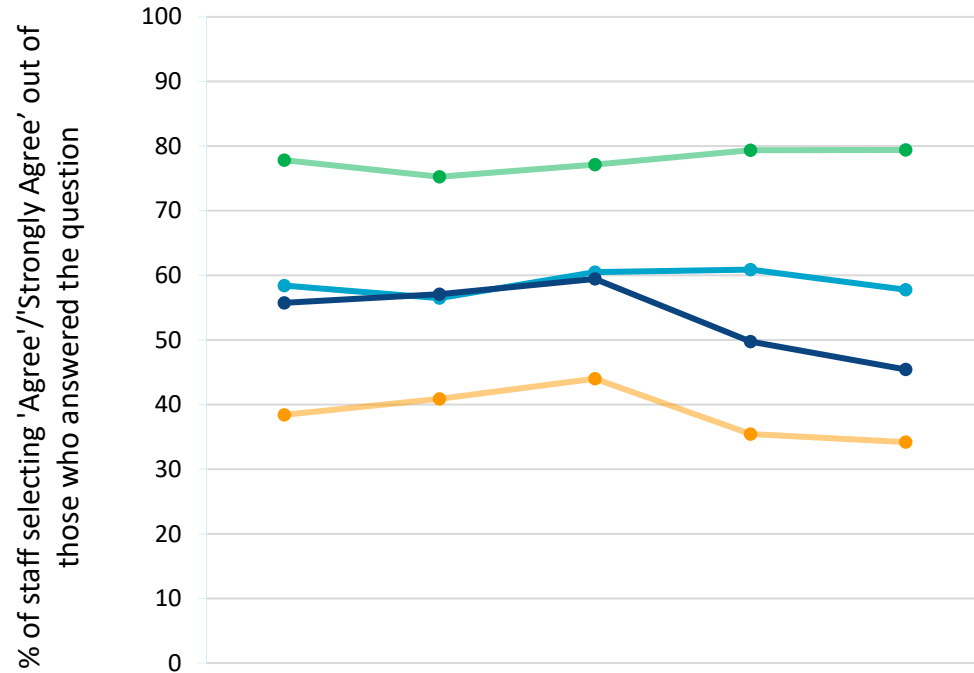
Q25b My organisation acts on concerns raised by patients / service users.



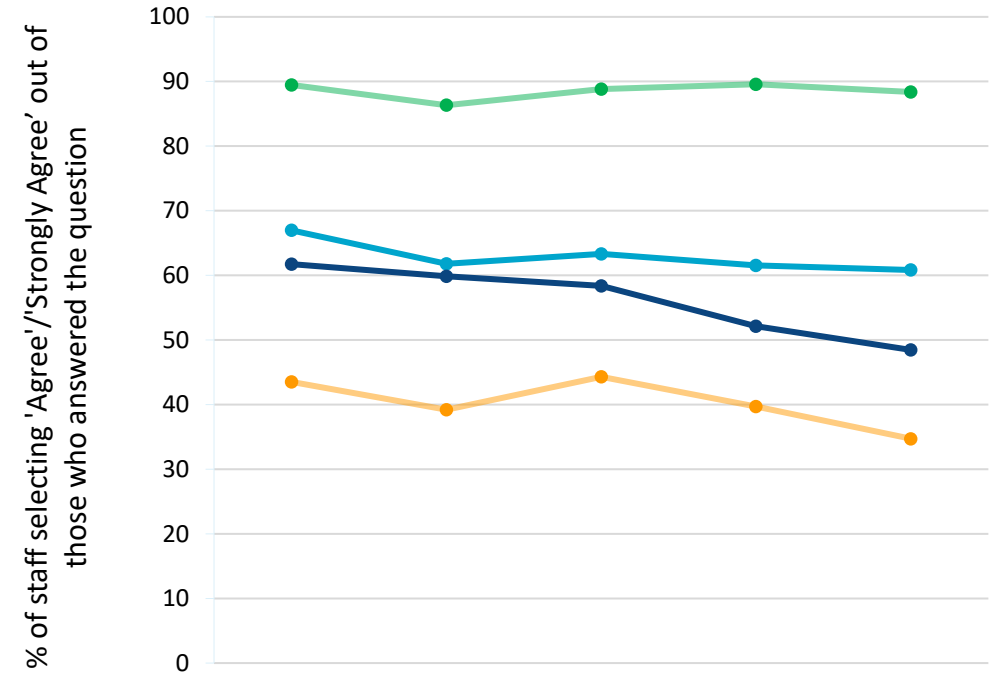
	2021	2022	2023	2024	2025
Your org	66.91%	66.96%	67.78%	62.93%	60.15%
Best result	86.24%	80.70%	82.35%	83.97%	82.23%
Average result	71.13%	68.39%	69.84%	70.86%	68.11%
Worst result	55.43%	51.54%	53.61%	49.53%	48.33%
Responses	3935	4354	4504	3962	4244



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



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

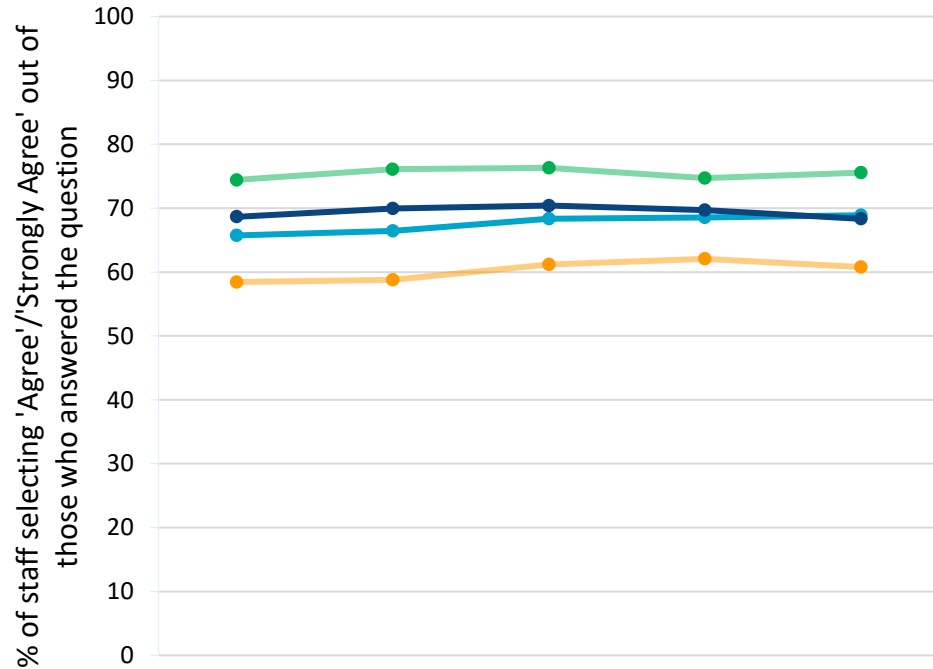


	2021	2022	2023	2024	2025
Your org	55.77%	57.10%	59.44%	49.76%	45.43%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	3934	4350	4511	3966	4244

	2021	2022	2023	2024	2025
Your org	61.74%	59.87%	58.35%	52.14%	48.46%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	3937	4354	4507	3965	4246

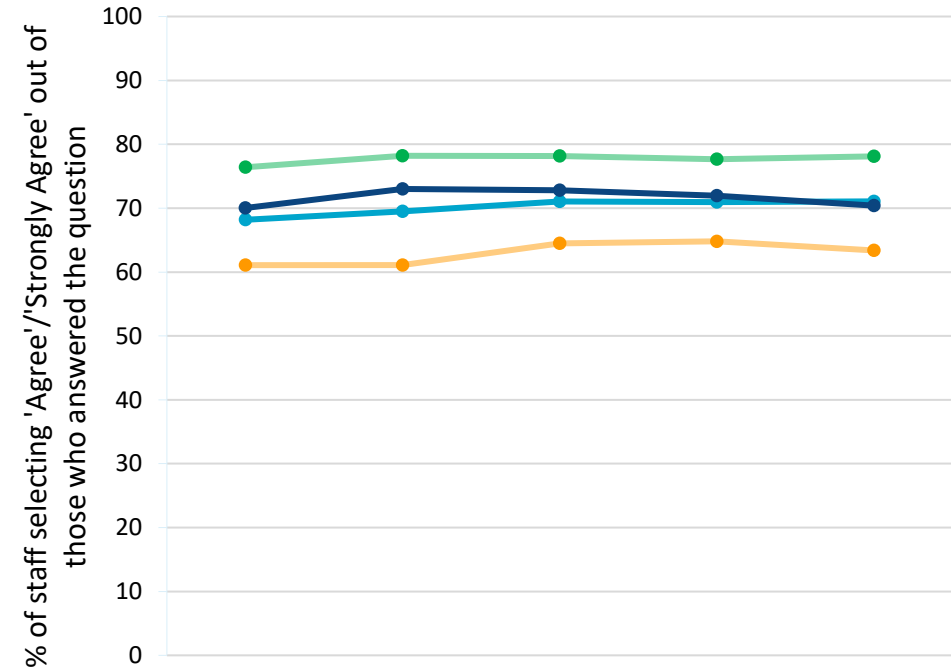


Q9f My immediate manager works together with me to come to an understanding of problems.



	2021	2022	2023	2024	2025
Your org	68.67%	69.97%	70.41%	69.71%	68.33%
Best result	74.43%	76.09%	76.31%	74.72%	75.54%
Average result	65.73%	66.46%	68.37%	68.54%	68.89%
Worst result	58.44%	58.76%	61.17%	62.06%	60.79%
Responses	3993	4351	4517	3982	4249

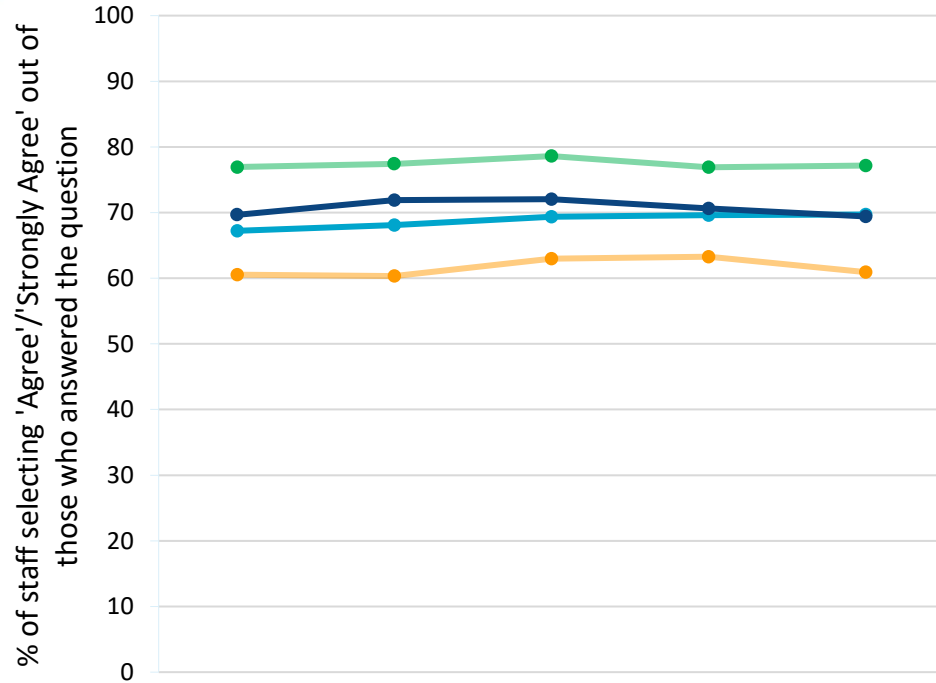
Q9g My immediate manager is interested in listening to me when I describe challenges I face.



	2021	2022	2023	2024	2025
Your org	70.03%	73.00%	72.82%	71.93%	70.41%
Best result	76.40%	78.20%	78.14%	77.64%	78.12%
Average result	68.18%	69.47%	71.04%	70.96%	71.07%
Worst result	61.09%	61.09%	64.49%	64.81%	63.37%
Responses	3998	4353	4519	3982	4252

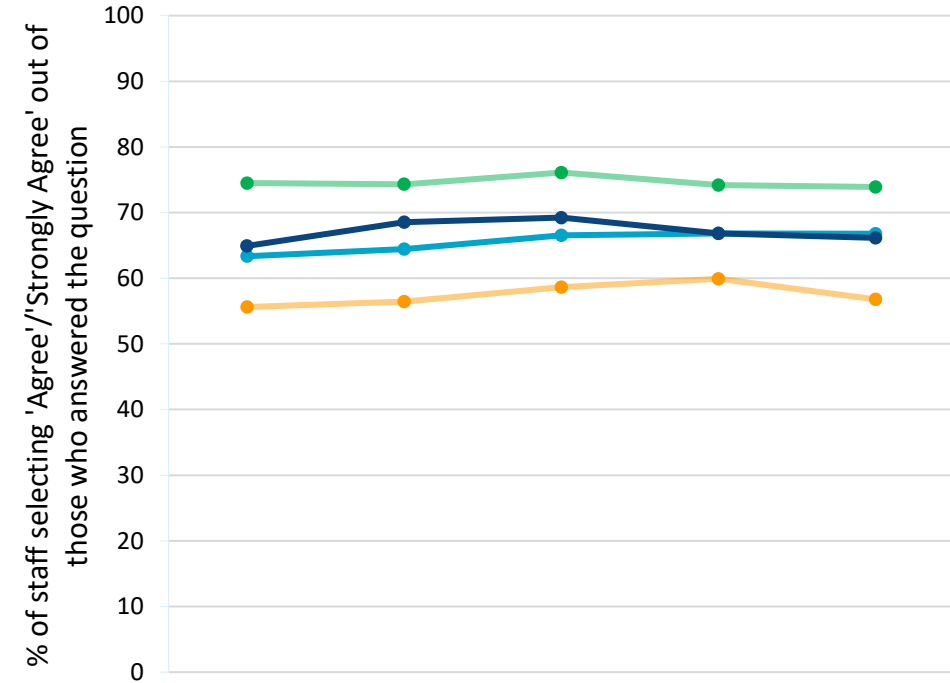


Q9h My immediate manager cares about my concerns.



	2021	2022	2023	2024	2025
Your org	69.66%	71.89%	72.04%	70.62%	69.41%
Best result	76.94%	77.42%	78.60%	76.90%	77.15%
Average result	67.22%	68.07%	69.38%	69.63%	69.71%
Worst result	60.56%	60.33%	62.96%	63.28%	60.93%
Responses	3994	4355	4517	3981	4247

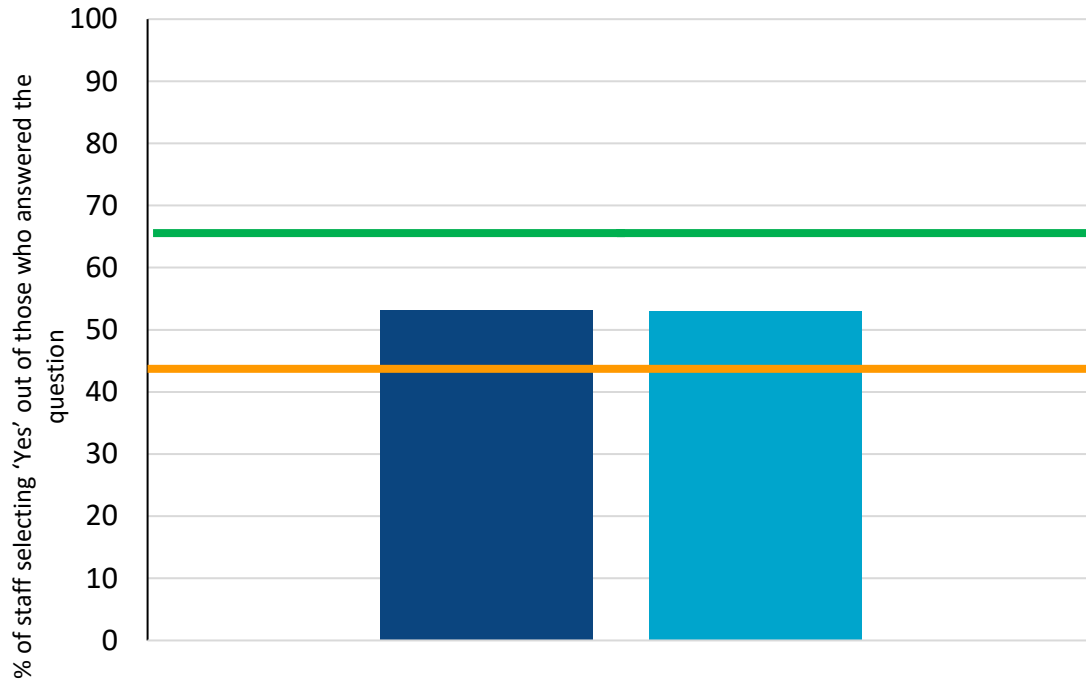
Q9i My immediate manager takes effective action to help me with any problems I face.



	2021	2022	2023	2024	2025
Your org	64.92%	68.52%	69.24%	66.82%	66.14%
Best result	74.50%	74.31%	76.10%	74.19%	73.90%
Average result	63.35%	64.44%	66.52%	66.82%	66.79%
Worst result	55.62%	56.43%	58.66%	59.92%	56.79%
Responses	3993	4337	4517	3977	4246

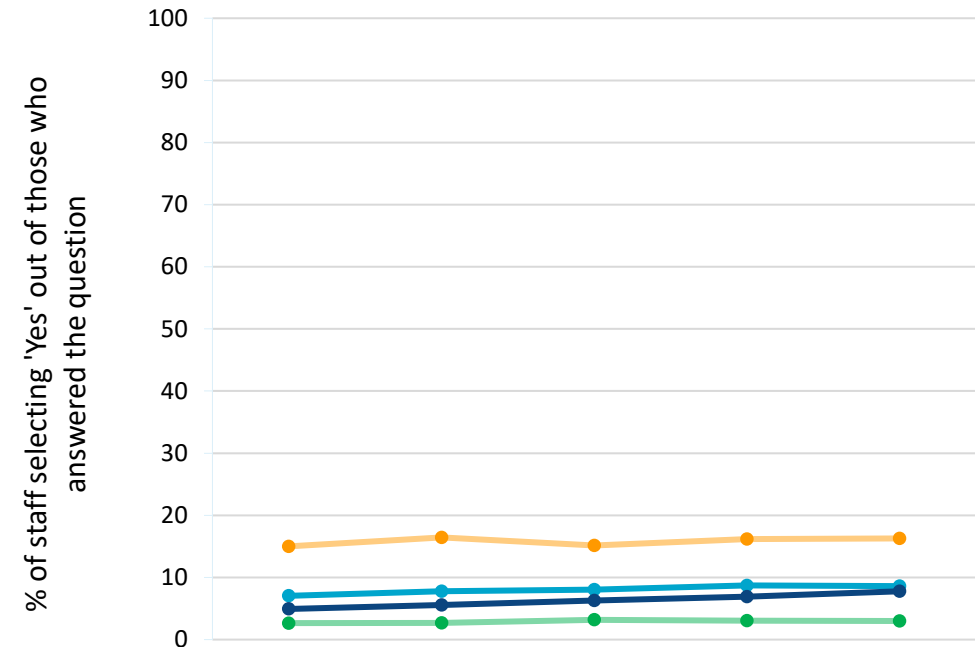


Q15 Does your organisation act fairly with regard to career progression/promotion, regardless of e.g. age, disability, ethnic background, gender reassignment, religion, sex, or sexual orientation?



	2025
Your org	53.13%
Best result	65.57%
Average result	53.05%
Worst result	43.72%
Responses	4227

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?

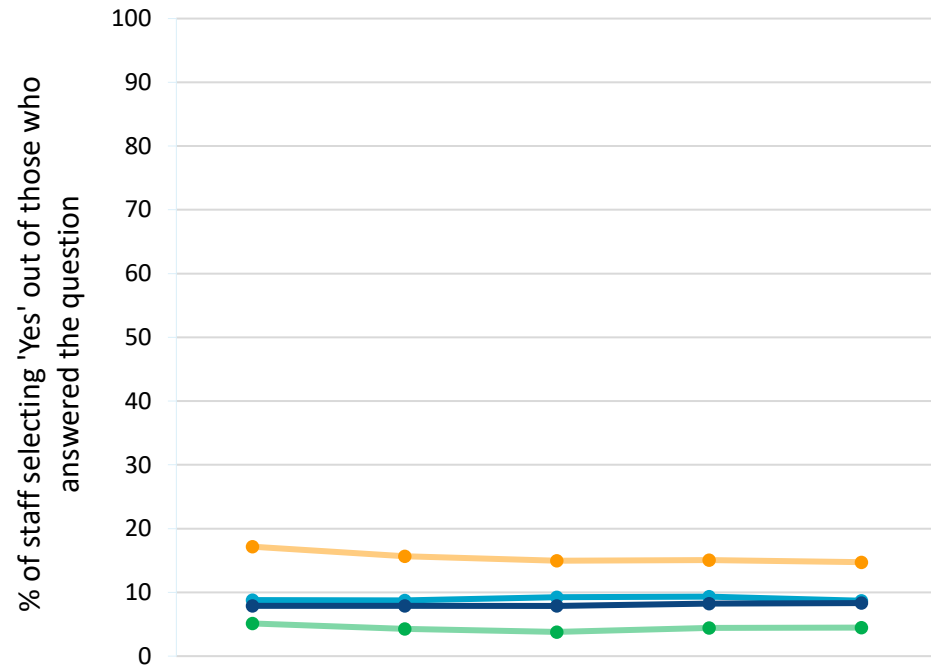


	2021	2022	2023	2024	2025
Your org	4.92%	5.58%	6.30%	6.91%	7.77%
Best result	2.65%	2.70%	3.17%	3.02%	2.97%
Average result	7.04%	7.76%	8.06%	8.72%	8.58%
Worst result	15.00%	16.44%	15.14%	16.17%	16.28%
Responses	3972	4347	4518	3963	4232

Note: Due to changes in the question wording in 2025, previous years' results for Q15 are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

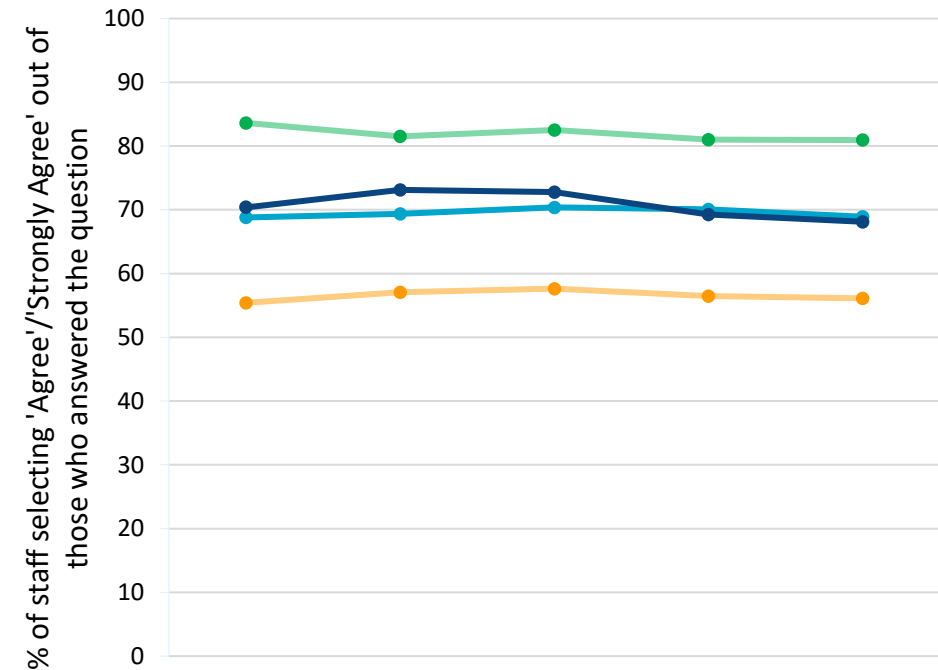


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2021	2022	2023	2024	2025
Your org	7.88%	7.88%	7.87%	8.25%	8.32%
Best result	5.12%	4.25%	3.80%	4.45%	4.46%
Average result	8.81%	8.73%	9.24%	9.33%	8.69%
Worst result	17.16%	15.67%	14.95%	15.07%	14.74%
Responses	3970	4342	4481	3910	4201

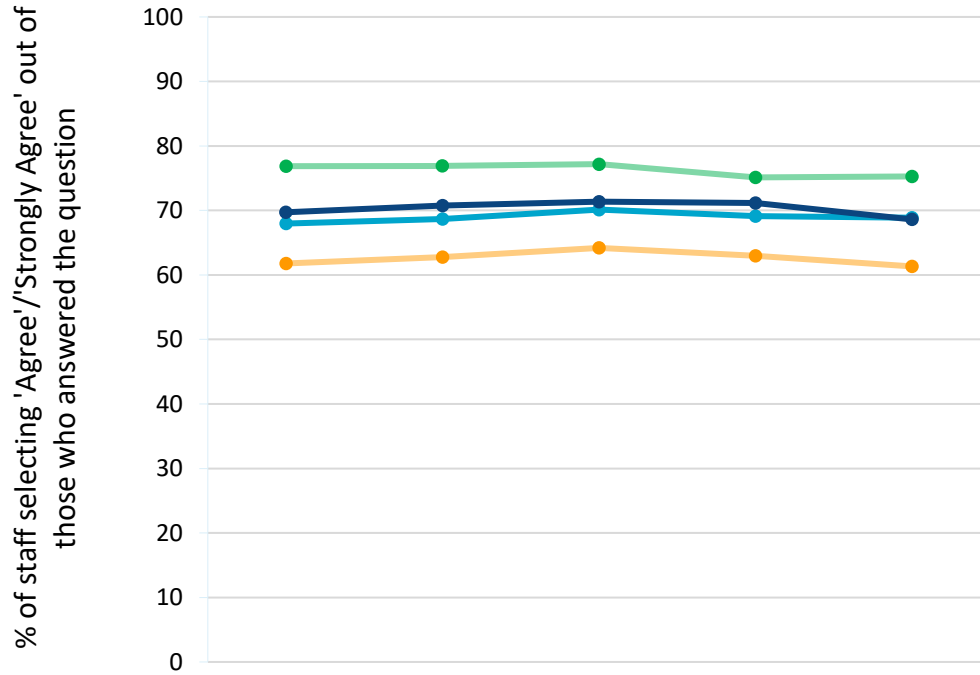
Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



	2021	2022	2023	2024	2025
Your org	70.38%	73.13%	72.79%	69.26%	68.13%
Best result	83.63%	81.52%	82.54%	81.00%	80.94%
Average result	68.80%	69.36%	70.39%	70.09%	68.91%
Worst result	55.41%	57.05%	57.64%	56.48%	56.12%
Responses	3964	4349	4521	3976	4253

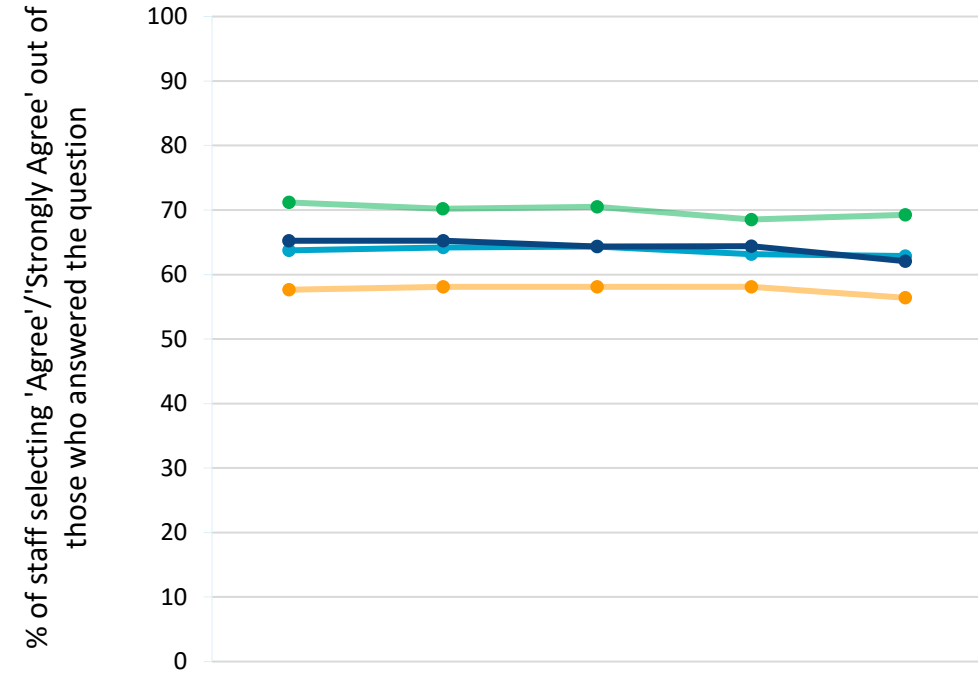


Q7h I feel valued by my team.



	2021	2022	2023	2024	2025
Your org	69.70%	70.75%	71.36%	71.15%	68.61%
Best result	76.87%	76.89%	77.18%	75.13%	75.29%
Average result	67.97%	68.70%	70.14%	69.10%	68.86%
Worst result	61.78%	62.75%	64.19%	62.95%	61.33%
Responses	4006	4354	4511	3981	4256

Q7i I feel a strong personal attachment to my team.

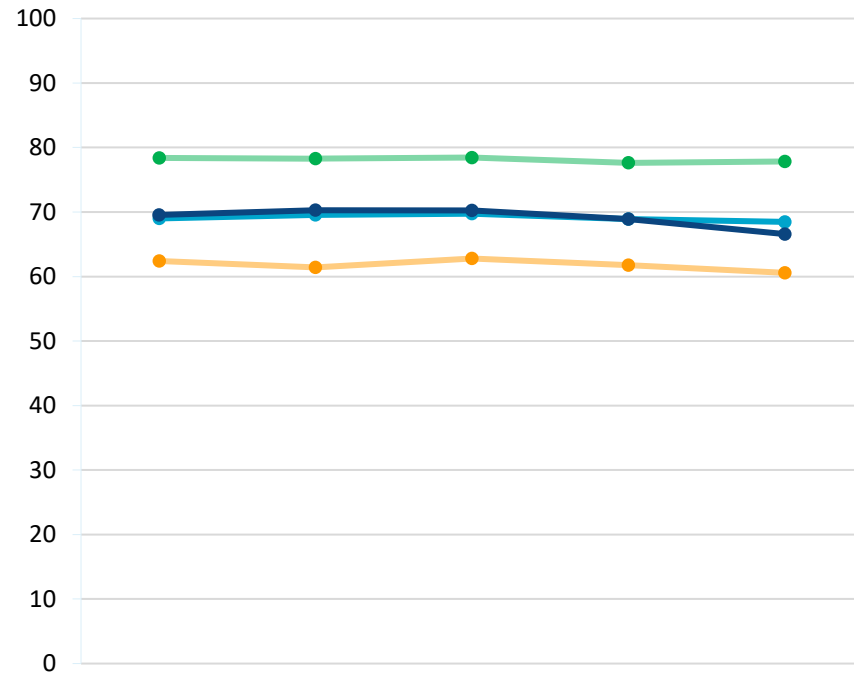


	2021	2022	2023	2024	2025
Your org	65.23%	65.25%	64.35%	64.42%	62.07%
Best result	71.18%	70.19%	70.51%	68.53%	69.25%
Average result	63.76%	64.19%	64.34%	63.17%	62.88%
Worst result	57.67%	58.08%	58.09%	58.10%	56.40%
Responses	3999	4354	4527	3978	4256



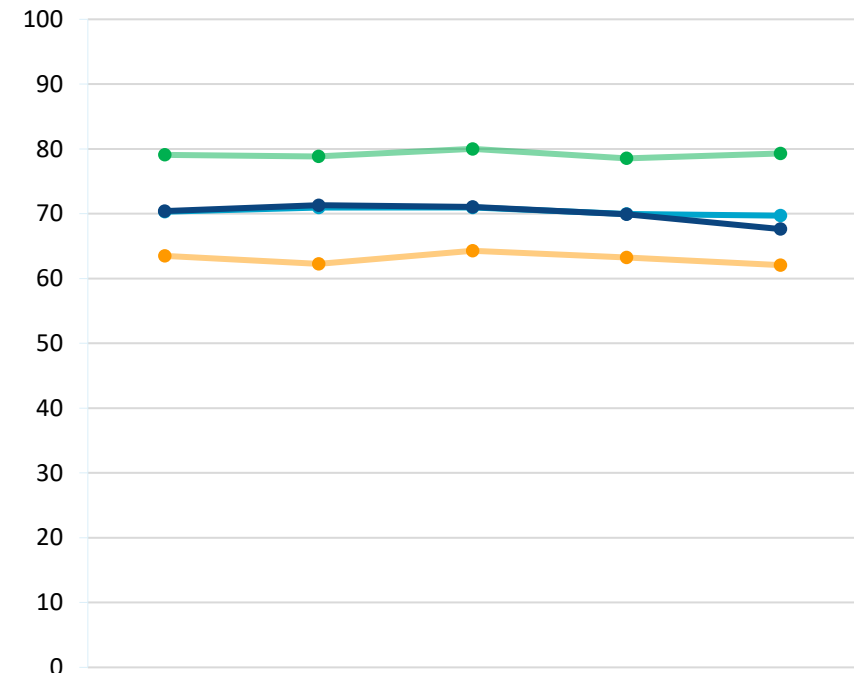
Q8b The people I work with are understanding and kind to one another.

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



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	2023	2024	2025
Your org	69.55%	70.28%	70.27%	68.92%	66.59%
Best result	78.39%	78.27%	78.45%	77.62%	77.85%
Average result	69.03%	69.58%	69.74%	68.91%	68.48%
Worst result	62.41%	61.43%	62.79%	61.79%	60.58%
Responses	4008	4356	4522	3982	4258

	2021	2022	2023	2024	2025
Your org	70.38%	71.32%	71.05%	69.91%	67.63%
Best result	79.08%	78.83%	80.01%	78.54%	79.30%
Average result	70.33%	70.95%	70.97%	69.96%	69.71%
Worst result	63.50%	62.24%	64.28%	63.25%	62.07%
Responses	4007	4356	4520	3980	4259

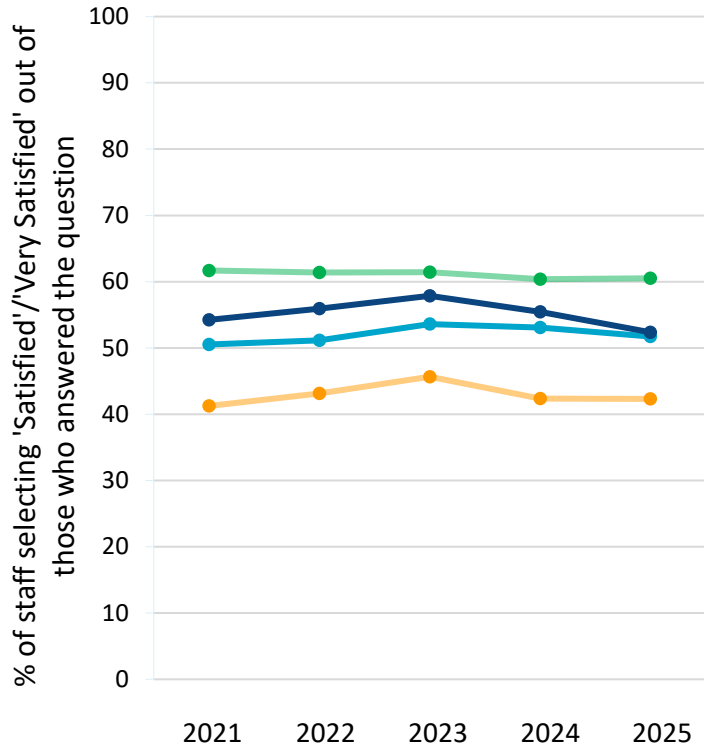
People Promise element – We are recognised and rewarded



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

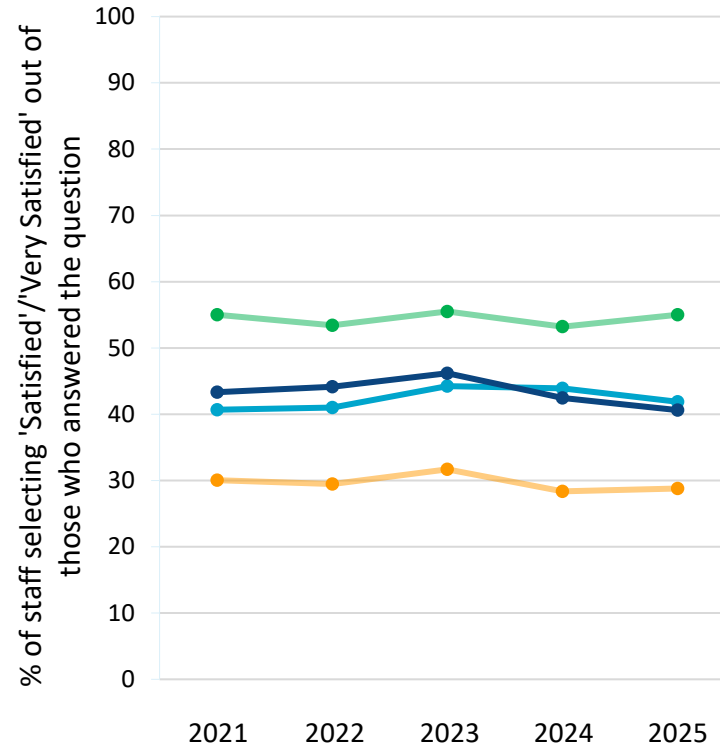


Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



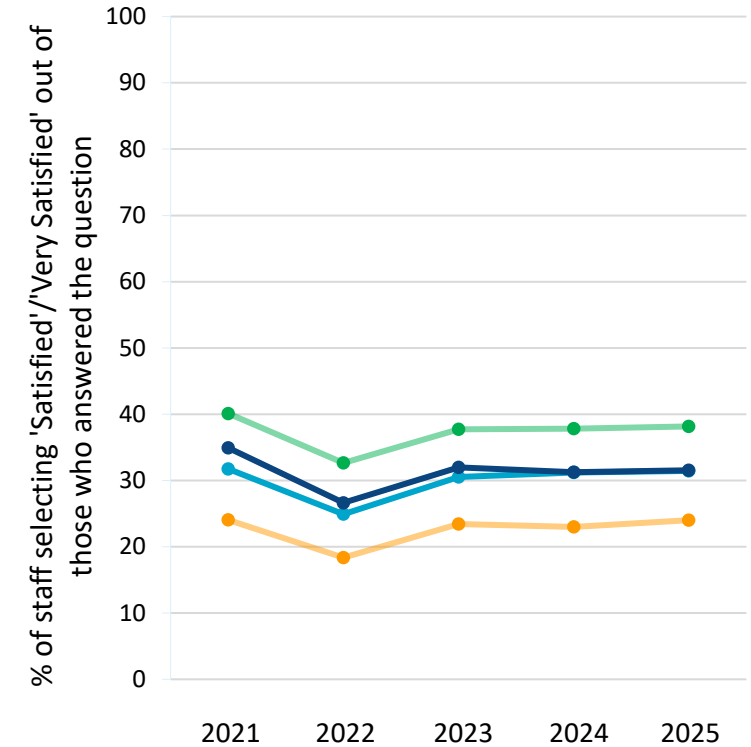
Responses	4052	4357	4528	3985	4262
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Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



Responses	4045	4352	4515	3975	4248
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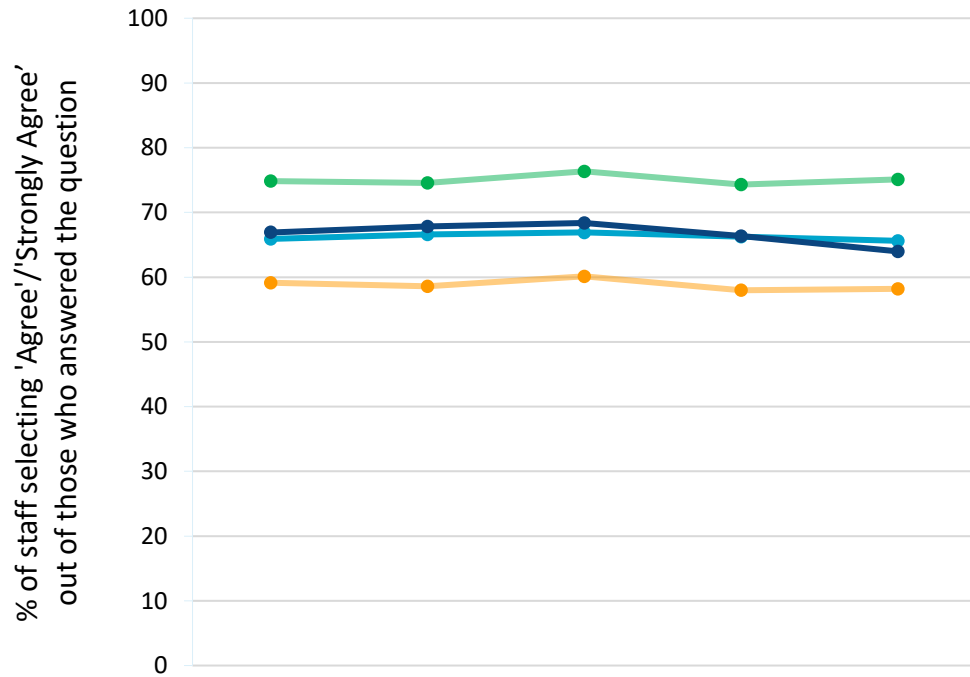
Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



Responses	4051	4358	4522	3974	4248
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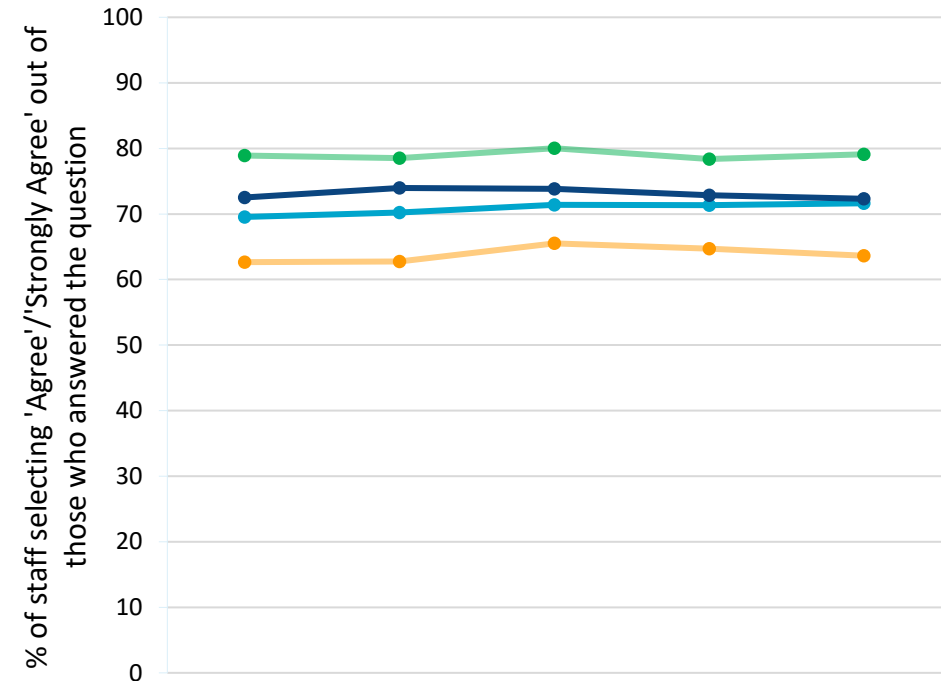


Q8d The people I work with show appreciation to one another.



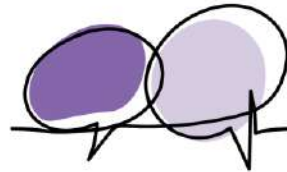
	2021	2022	2023	2024	2025
Your org	66.91%	67.85%	68.37%	66.34%	63.98%
Best result	74.84%	74.56%	76.35%	74.30%	75.09%
Average result	65.91%	66.62%	66.92%	66.23%	65.62%
Worst result	59.15%	58.58%	60.13%	57.98%	58.20%
Responses	4009	4356	4521	3977	4255

Q9e My immediate manager values my work.



	2021	2022	2023	2024	2025
Your org	72.52%	73.96%	73.83%	72.86%	72.32%
Best result	78.90%	78.53%	80.02%	78.38%	79.12%
Average result	69.55%	70.22%	71.41%	71.32%	71.63%
Worst result	62.65%	62.75%	65.51%	64.72%	63.64%
Responses	3995	4357	4512	3978	4241

People Promise element – We each have a voice that counts



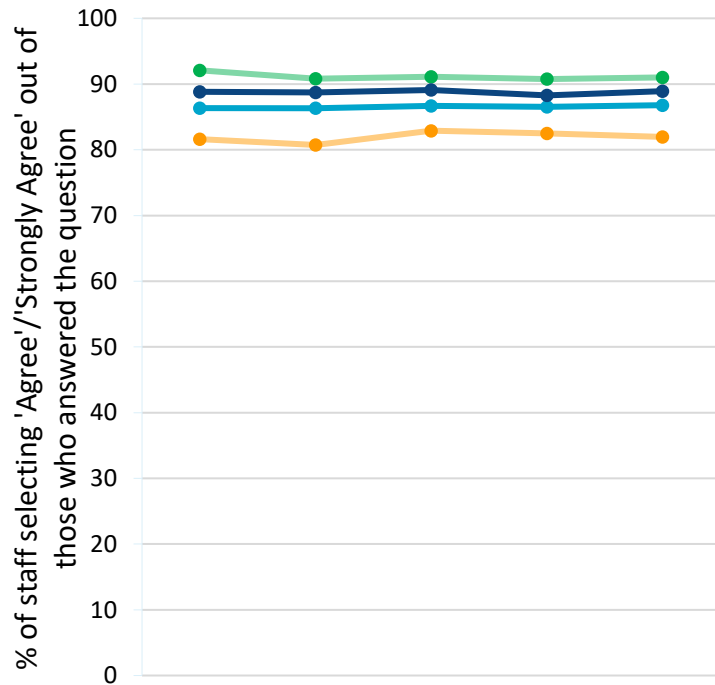
Questions included:

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

Raising concerns – Q20a, Q20b, Q25e, Q25f

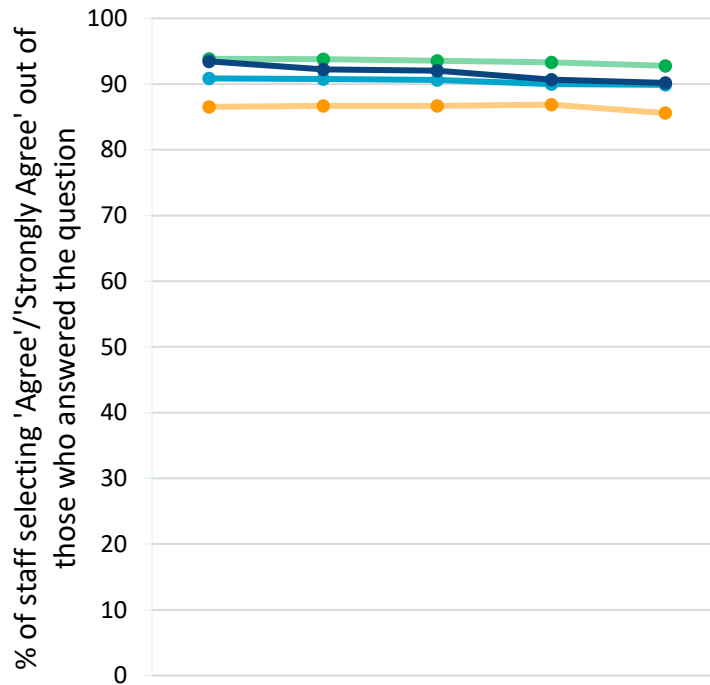


Q3a I always know what my work responsibilities are.



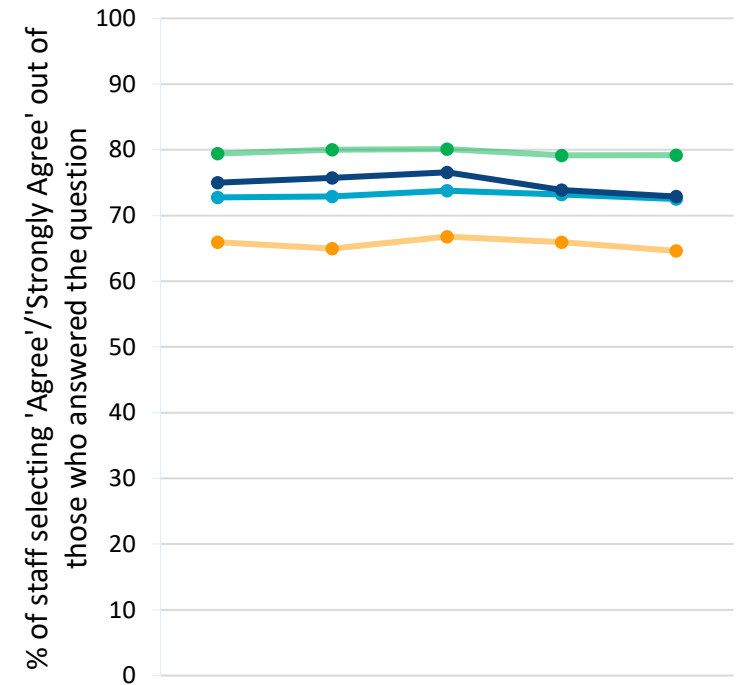
	2021	2022	2023	2024	2025
Your org	88.80%	88.73%	89.09%	88.27%	88.94%
Best result	92.09%	90.81%	91.10%	90.75%	91.00%
Average result	86.33%	86.32%	86.69%	86.53%	86.79%
Worst result	81.63%	80.73%	82.90%	82.49%	81.95%
Responses	4057	4354	4534	3992	4265

Q3b I am trusted to do my job.



	2021	2022	2023	2024	2025
Your org	93.46%	92.25%	92.04%	90.69%	90.17%
Best result	93.84%	93.80%	93.54%	93.29%	92.78%
Average result	90.85%	90.77%	90.61%	89.98%	89.88%
Worst result	86.54%	86.65%	86.66%	86.87%	85.58%
Responses	4053	4354	4527	3988	4251

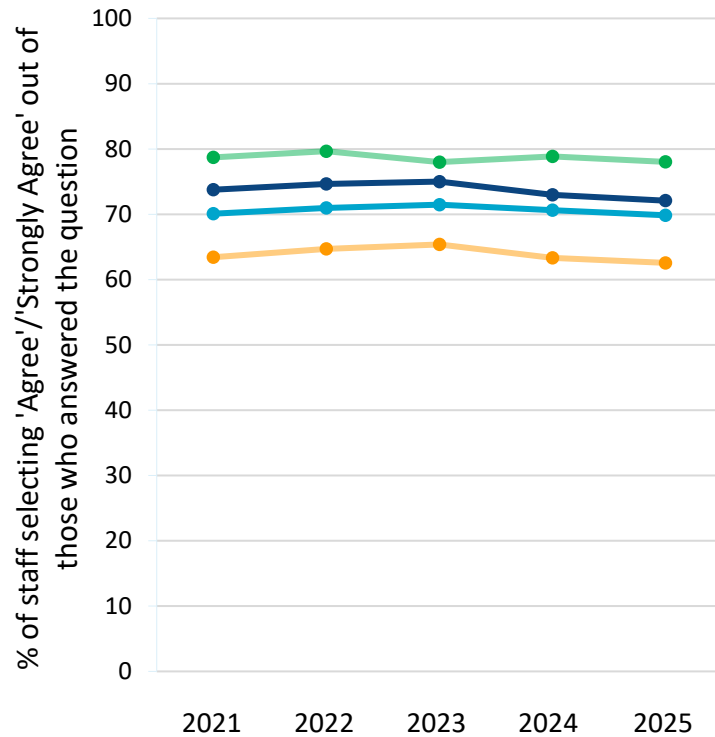
Q3c There are frequent opportunities for me to show initiative in my role.



	2021	2022	2023	2024	2025
Your org	74.97%	75.74%	76.57%	73.87%	72.88%
Best result	79.41%	80.01%	80.10%	79.15%	79.17%
Average result	72.75%	72.91%	73.77%	73.20%	72.51%
Worst result	65.92%	64.98%	66.78%	65.94%	64.60%
Responses	4048	4355	4523	3985	4256

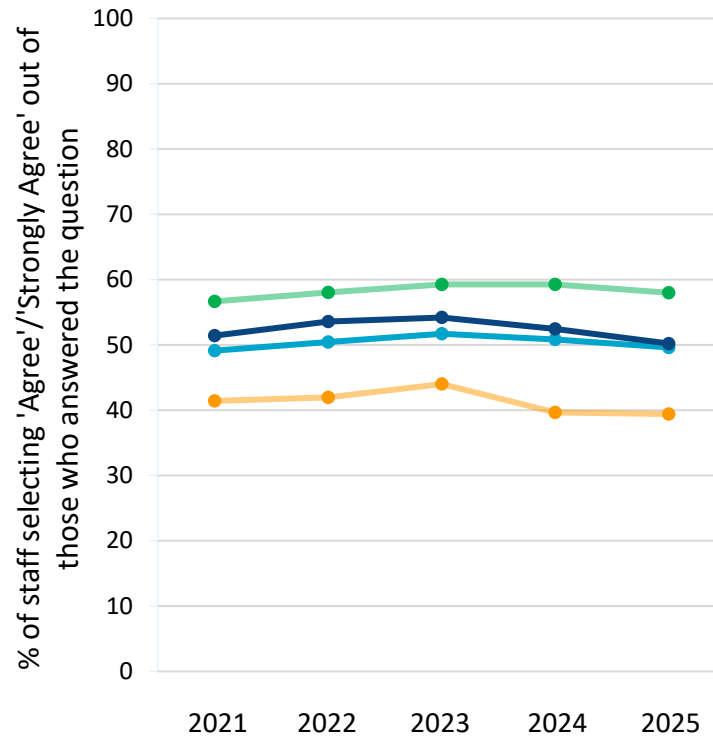


Q3d I am able to make suggestions to improve the work of my team / department.



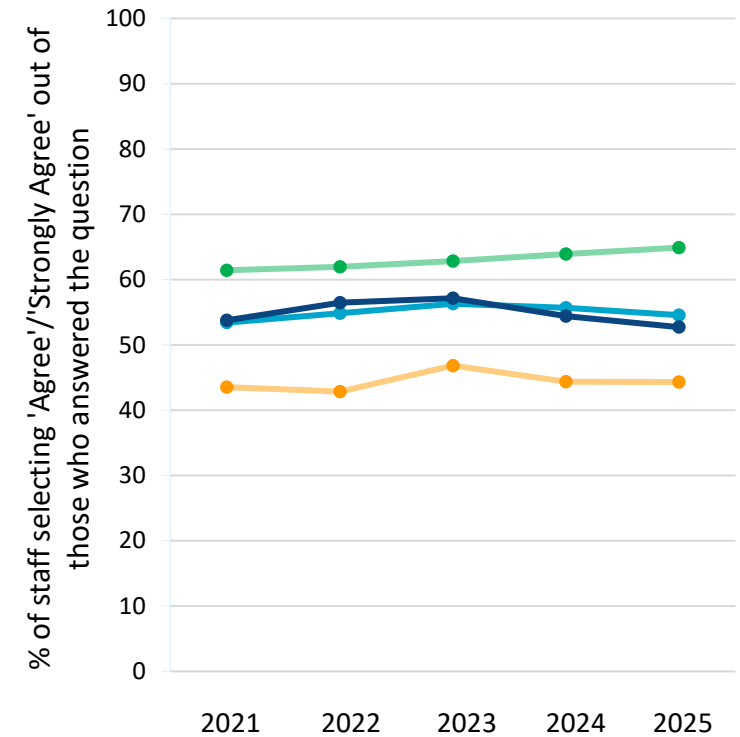
Responses	4054	4361	4524	3989	4258
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Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



Responses	4051	4357	4524	3986	4259
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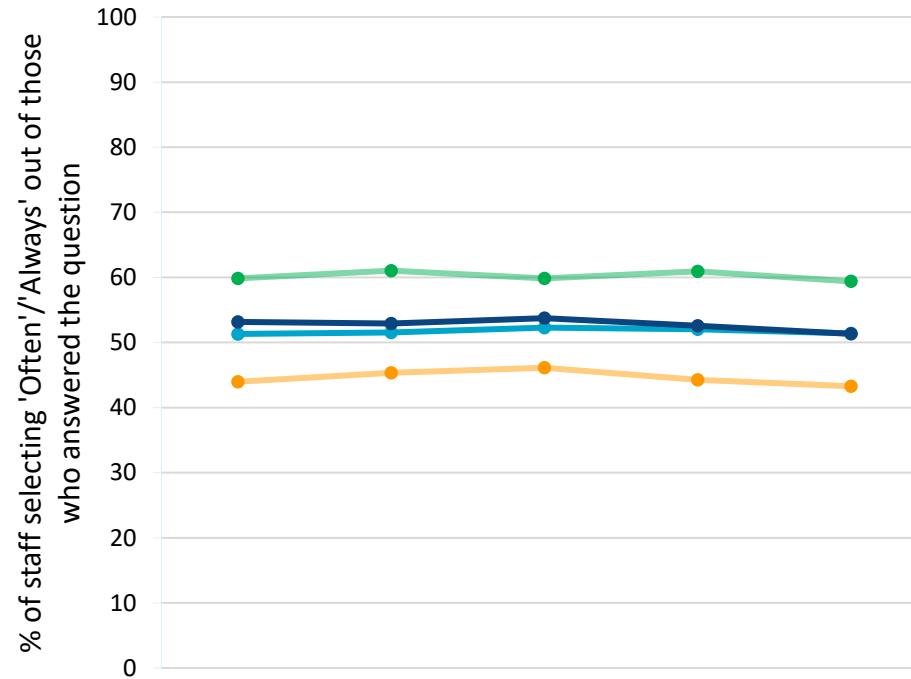
Q3f I am able to make improvements happen in my area of work.



Responses	4052	4357	4524	3986	4253
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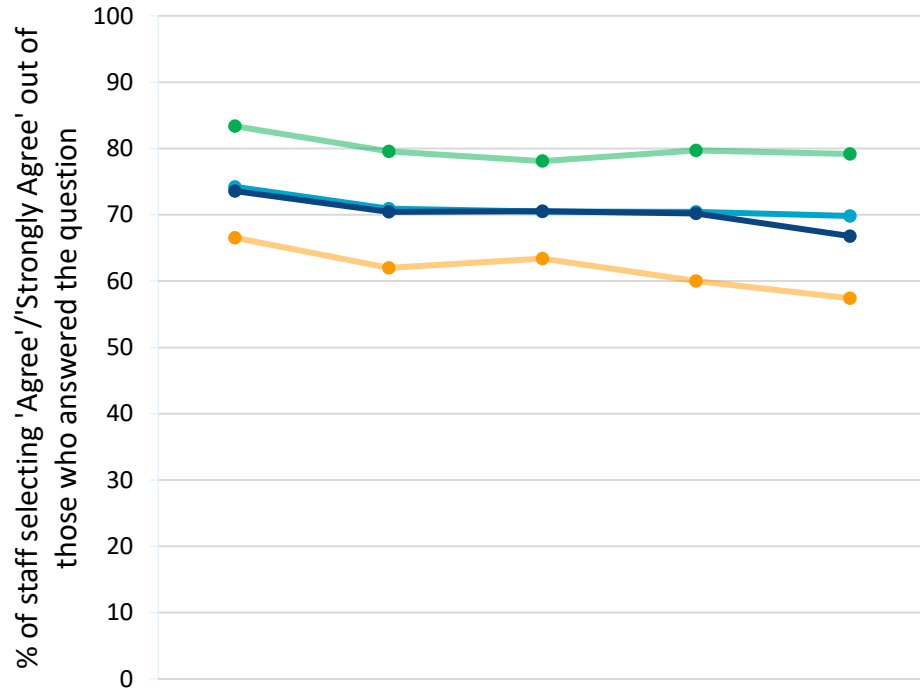
Q5b I have a choice in deciding how to do my work.



	2021	2022	2023	2024	2025
Your org	53.16%	52.92%	53.74%	52.58%	51.33%
Best result	59.84%	61.04%	59.83%	60.94%	59.39%
Average result	51.31%	51.54%	52.28%	52.02%	51.37%
Worst result	43.95%	45.34%	46.12%	44.25%	43.28%
Responses	4032	4341	4518	3976	4252

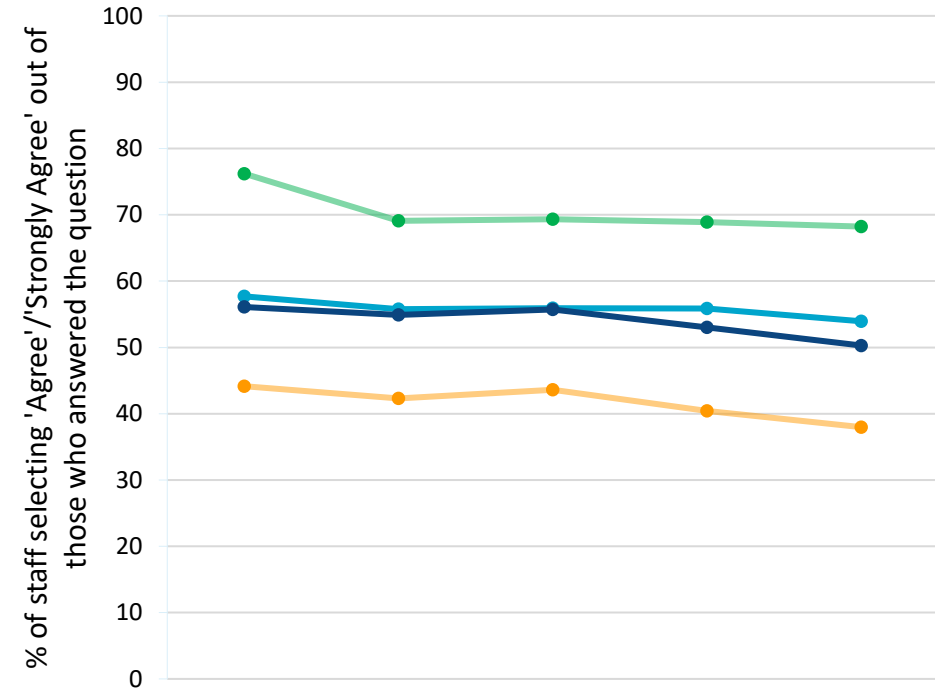


Q20a I would feel secure raising concerns about unsafe clinical practice.



	2021	2022	2023	2024	2025
Your org	73.58%	70.44%	70.52%	70.21%	66.79%
Best result	83.36%	79.55%	78.09%	79.72%	79.16%
Average result	74.22%	70.95%	70.47%	70.44%	69.82%
Worst result	66.54%	61.98%	63.38%	60.04%	57.41%
Responses	3965	4350	4514	3977	4254

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

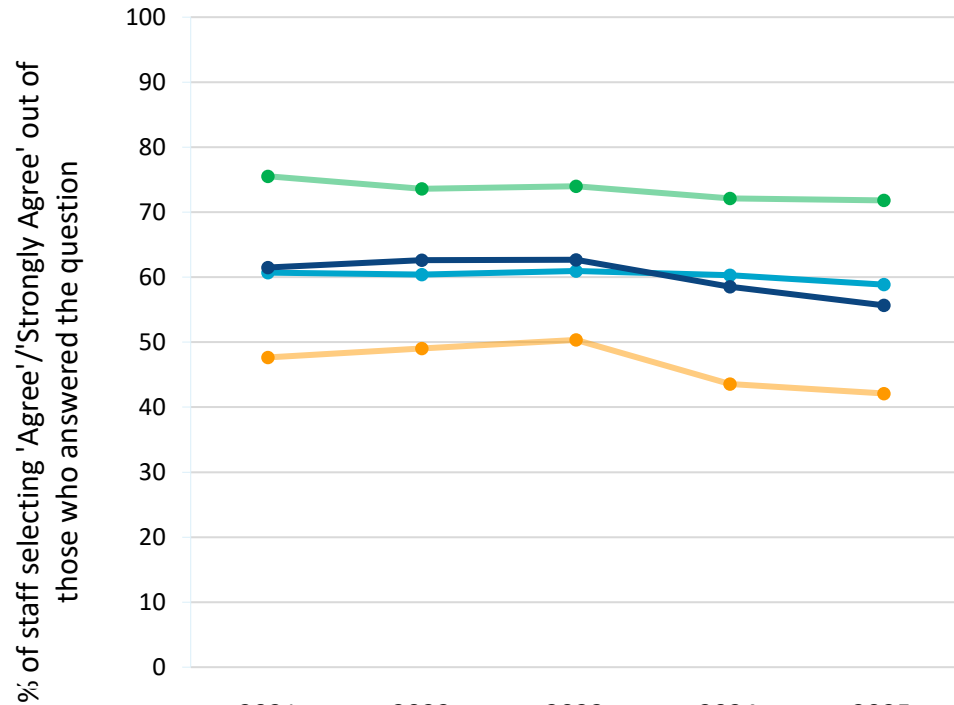


	2021	2022	2023	2024	2025
Your org	56.09%	54.92%	55.71%	53.02%	50.28%
Best result	76.20%	69.10%	69.34%	68.88%	68.23%
Average result	57.69%	55.78%	55.93%	55.88%	53.94%
Worst result	44.15%	42.28%	43.60%	40.40%	37.97%
Responses	3970	4353	4505	3967	4245

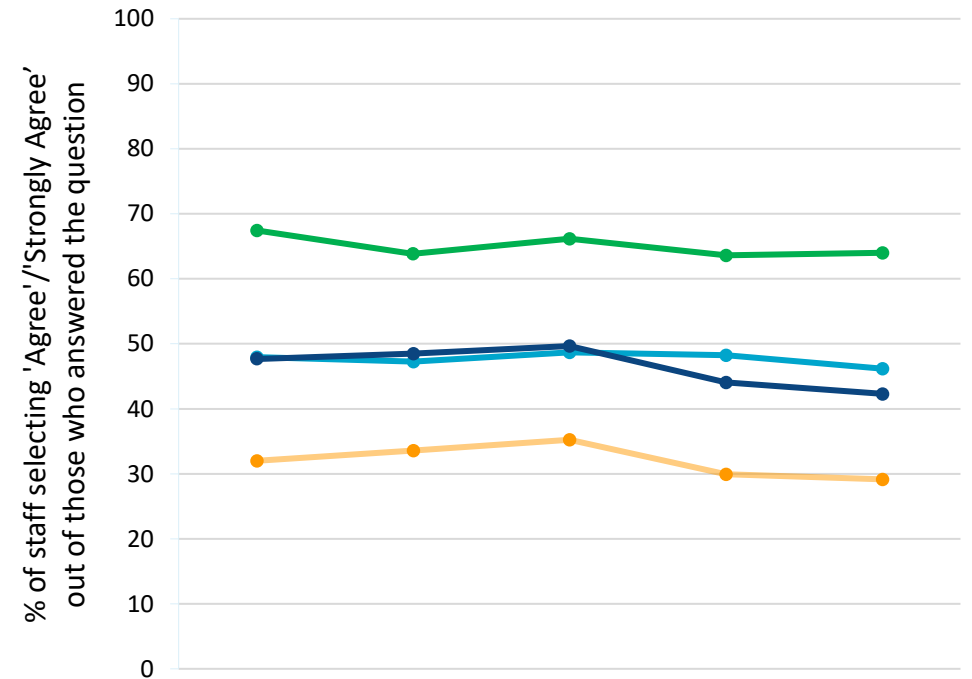


Q25e I feel safe to speak up about anything that concerns me in this organisation.

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



	2021	2022	2023	2024	2025
Your org	61.50%	62.61%	62.68%	58.53%	55.66%
Best result	75.53%	73.59%	73.99%	72.14%	71.81%
Average result	60.69%	60.38%	60.95%	60.31%	58.85%
Worst result	47.63%	49.02%	50.35%	43.57%	42.11%
Responses	3940	4348	4508	3964	4249



	2021	2022	2023	2024	2025
Your org	47.68%	48.48%	49.66%	44.07%	42.31%
Best result	67.44%	63.83%	66.16%	63.62%	63.99%
Average result	47.96%	47.24%	48.68%	48.24%	46.18%
Worst result	32.01%	33.60%	35.23%	29.95%	29.15%
Responses	3937	4353	4510	3961	4244

People Promise element – We are safe and healthy



Questions included:

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

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

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

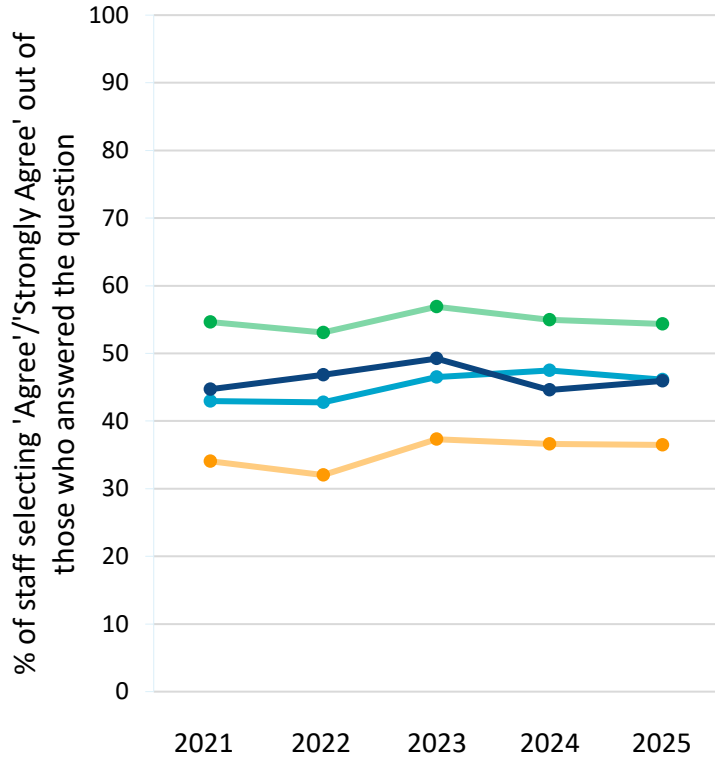
Other questions:* Q17a, Q17b, Q22

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

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

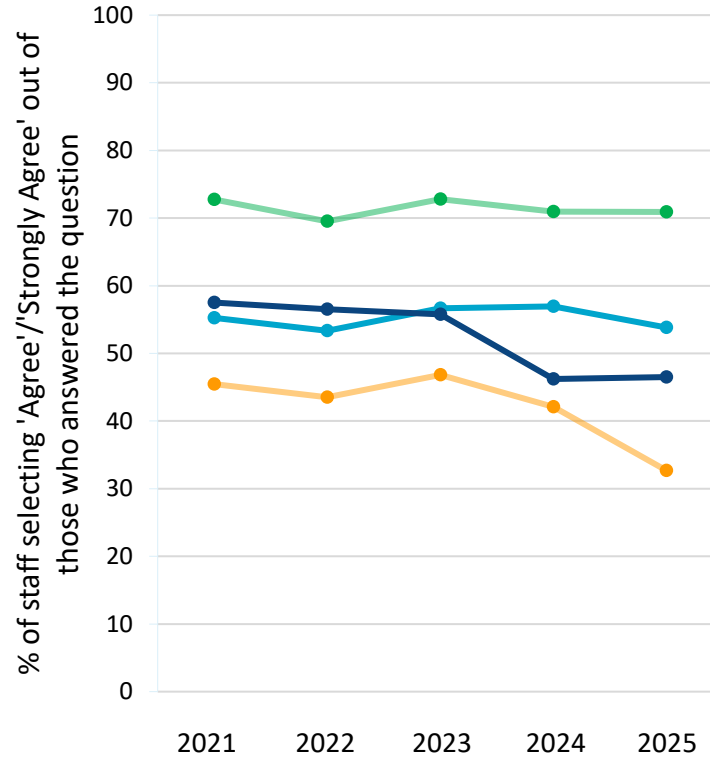


Q3g I am able to meet all the conflicting demands on my time at work.



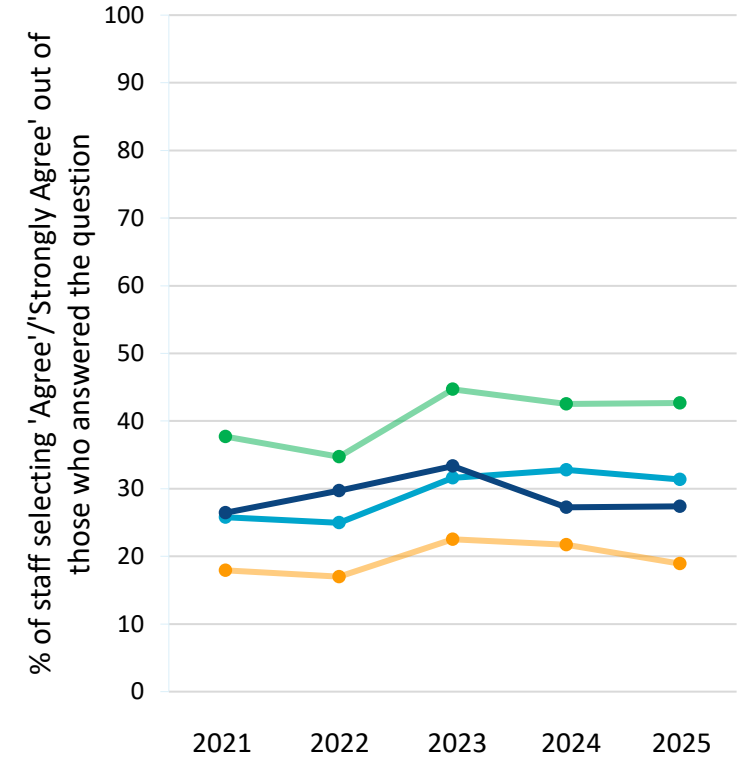
Responses	4045	4352	4518	3980	4251
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Q3h I have adequate materials, supplies and equipment to do my work.



Responses	4043	4358	4522	3989	4256
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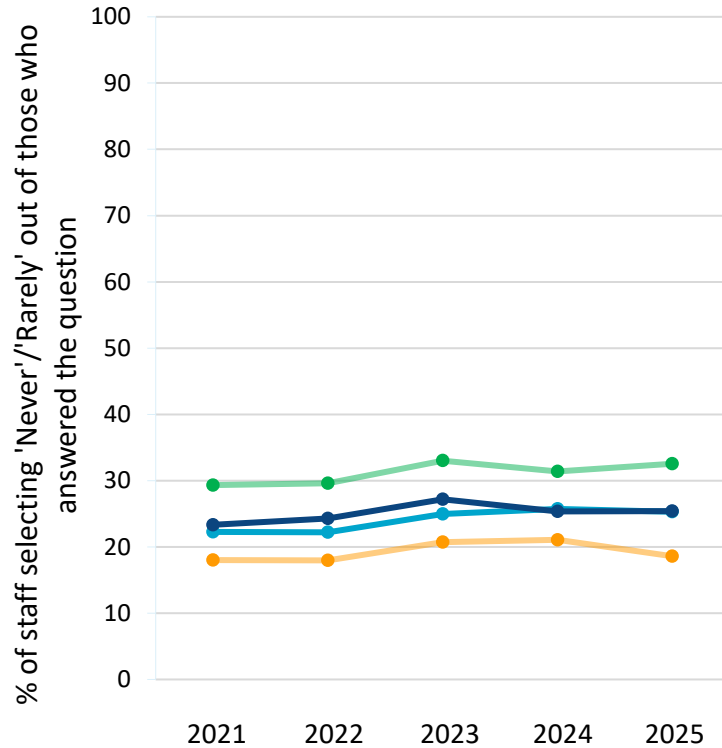
Q3i There are enough staff at this organisation for me to do my job properly.



Responses	4053	4358	4527	3987	4256
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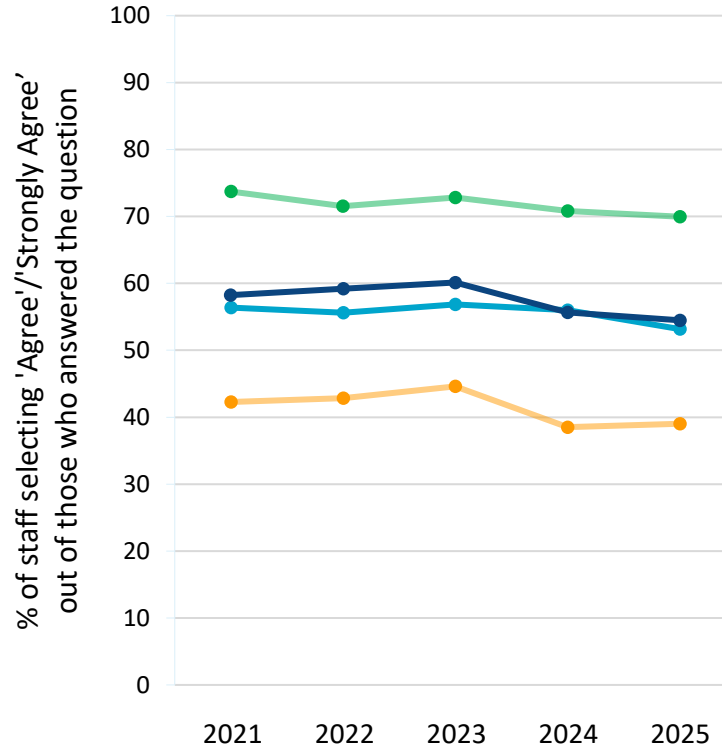


Q5a I have unrealistic time pressures.



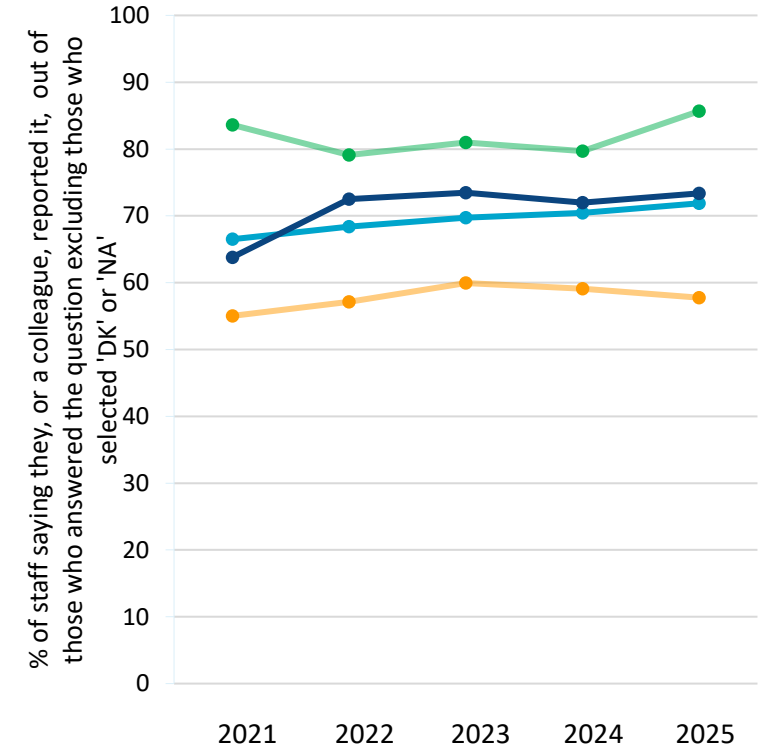
Responses	4029	4342	4525	3982	4253
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Q11a My organisation takes positive action on health and well-being.



Responses	3976	4306	4527	3975	4257
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Q13d The last time you experienced physical violence at work, did you or a colleague report it?

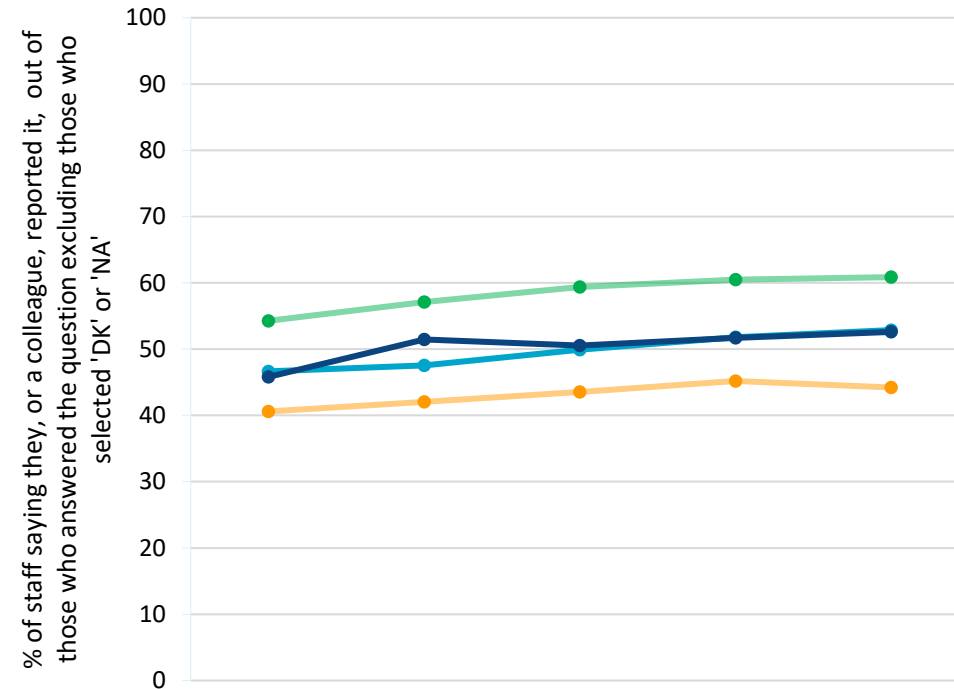


Responses	464	537	502	527	619
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Note: 2023 results for Q13d are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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

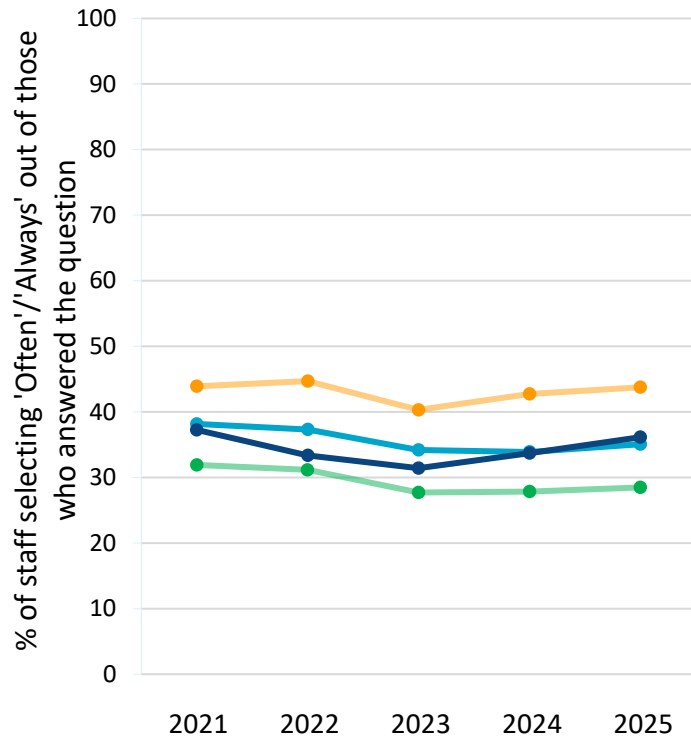


	2021	2022	2023	2024	2025
Your org	45.82%	51.45%	50.55%	51.72%	52.60%
Best result	54.28%	57.12%	59.37%	60.49%	60.86%
Average result	46.65%	47.56%	49.90%	51.81%	52.88%
Worst result	40.60%	42.04%	43.56%	45.19%	44.24%
Responses	1150	1269	1228	1196	1307

Note: 2023 results for Q14d are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

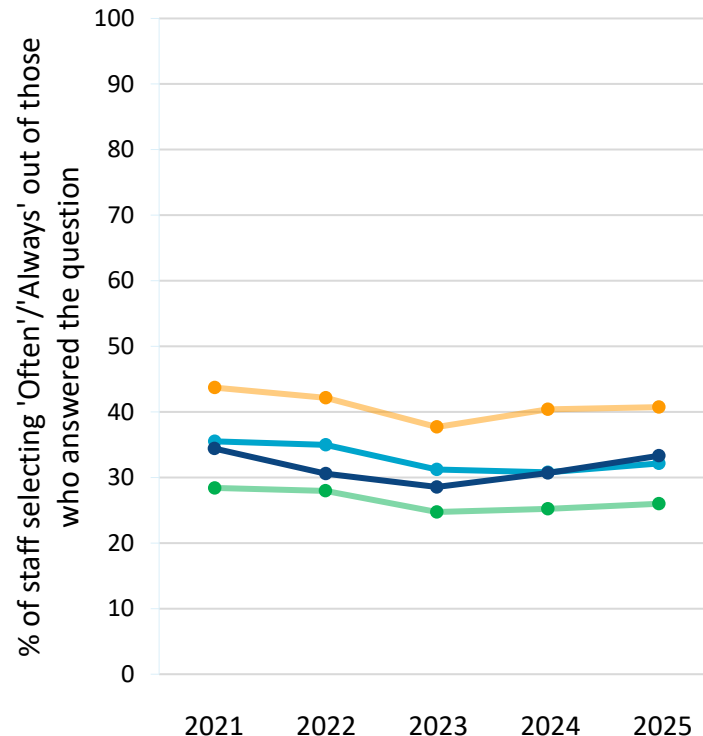


Q12a How often, if at all, do you find your work emotionally exhausting?



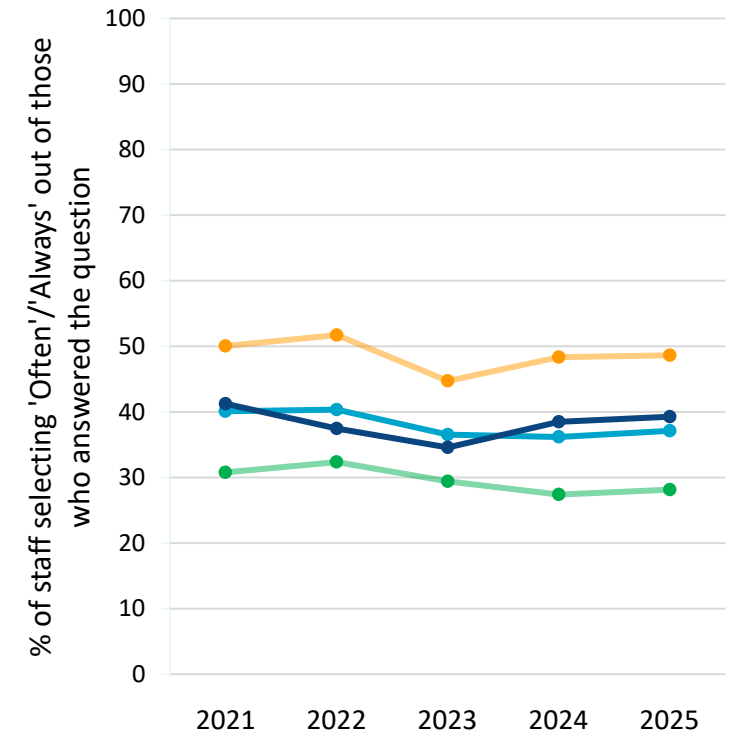
	2021	2022	2023	2024	2025
Your org	37.26%	33.35%	31.42%	33.72%	36.14%
Best result	31.92%	31.17%	27.71%	27.83%	28.48%
Average result	38.17%	37.33%	34.18%	33.89%	35.08%
Worst result	43.92%	44.70%	40.31%	42.73%	43.76%
Responses	3992	4353	4533	3982	4265

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



	2021	2022	2023	2024	2025
Your org	34.40%	30.57%	28.55%	30.68%	33.31%
Best result	28.41%	27.95%	24.74%	25.23%	26.01%
Average result	35.51%	34.97%	31.21%	30.79%	32.12%
Worst result	43.71%	42.17%	37.70%	40.37%	40.74%
Responses	3987	4352	4524	3982	4257

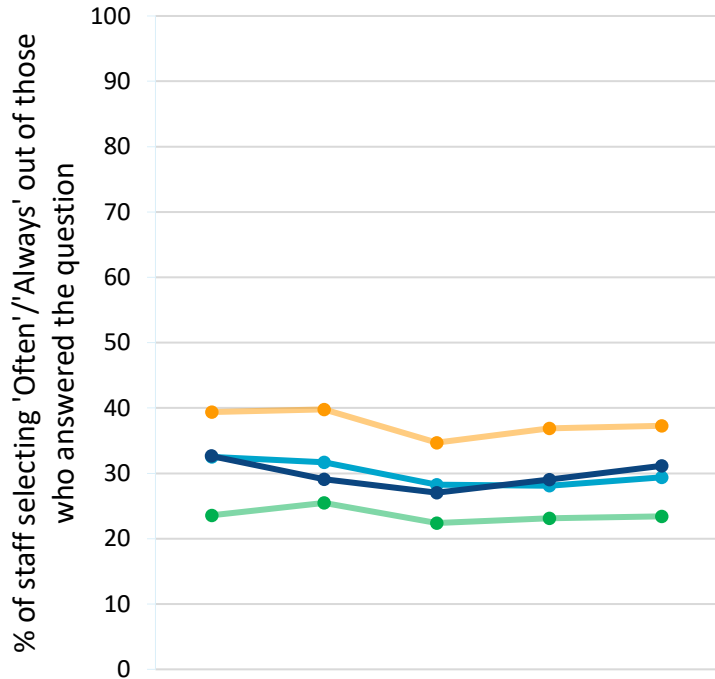
Q12c How often, if at all, does your work frustrate you?



	2021	2022	2023	2024	2025
Your org	41.25%	37.47%	34.58%	38.49%	39.25%
Best result	30.78%	32.35%	29.42%	27.39%	28.16%
Average result	40.10%	40.35%	36.55%	36.17%	37.11%
Worst result	50.03%	51.71%	44.72%	48.35%	48.62%
Responses	3981	4352	4522	3980	4253

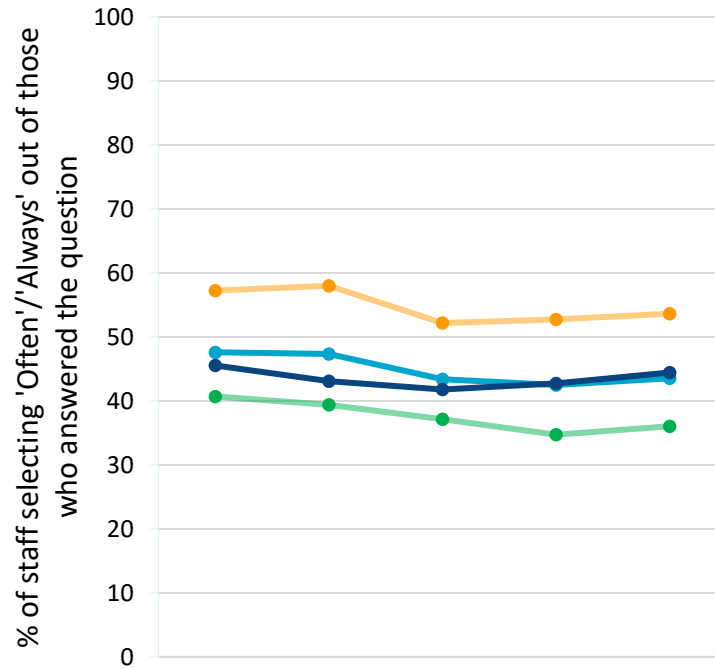


Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



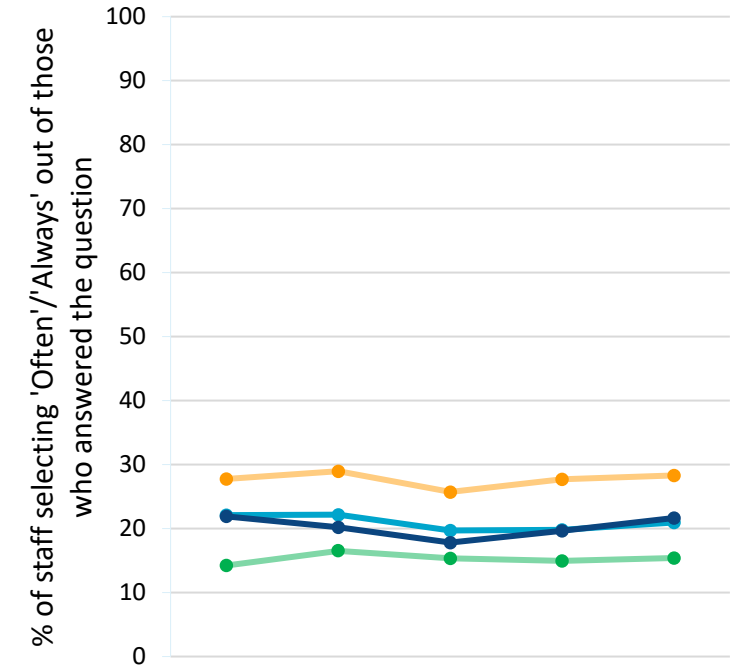
	2021	2022	2023	2024	2025
Your org	32.63%	29.07%	27.04%	29.07%	31.17%
Best result	23.58%	25.47%	22.39%	23.14%	23.42%
Average result	32.51%	31.67%	28.24%	28.10%	29.40%
Worst result	39.40%	39.79%	34.70%	36.90%	37.26%
Responses	3983	4347	4511	3980	4255

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



	2021	2022	2023	2024	2025
Your org	45.54%	43.11%	41.78%	42.75%	44.46%
Best result	40.70%	39.38%	37.14%	34.72%	36.06%
Average result	47.60%	47.34%	43.37%	42.49%	43.54%
Worst result	57.24%	58.00%	52.17%	52.73%	53.62%
Responses	3988	4346	4520	3979	4259

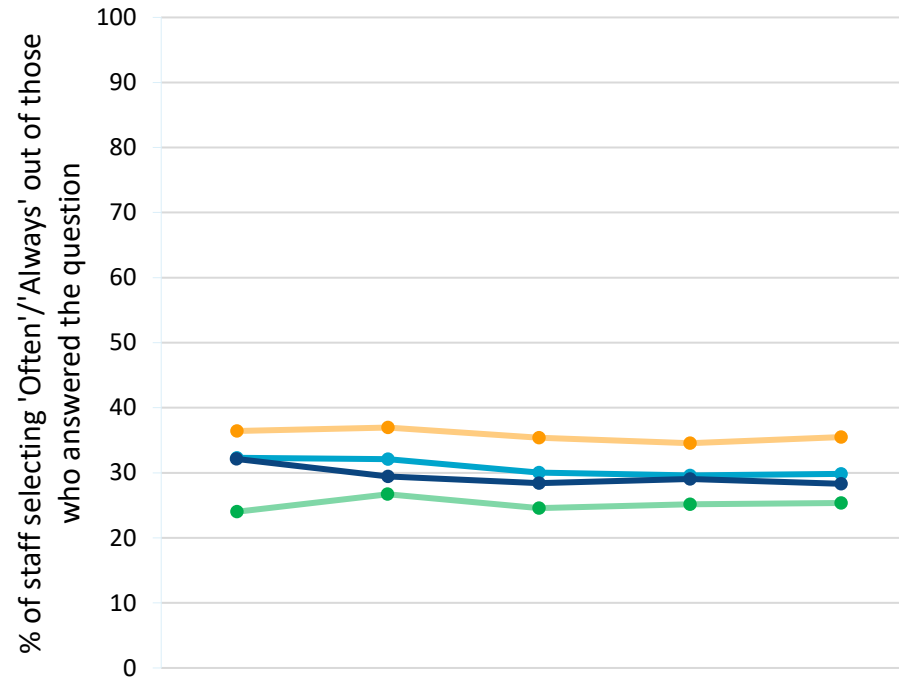
Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022	2023	2024	2025
Your org	21.90%	20.22%	17.81%	19.67%	21.67%
Best result	14.23%	16.51%	15.35%	14.92%	15.41%
Average result	22.08%	22.17%	19.70%	19.78%	20.95%
Worst result	27.73%	28.96%	25.73%	27.72%	28.30%
Responses	3987	4353	4521	3976	4258



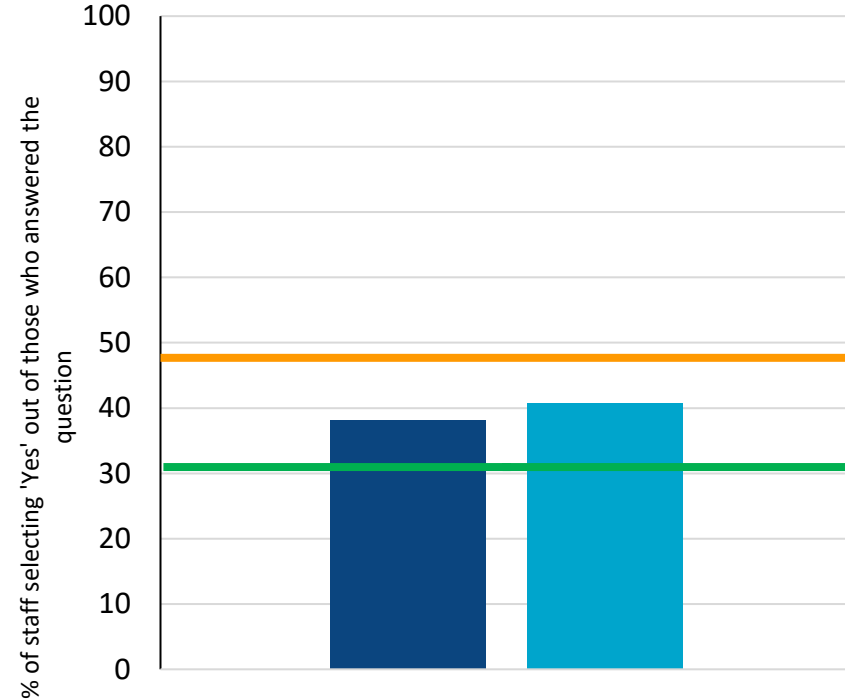
Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



	2021	2022	2023	2024	2025
Your org	32.12%	29.45%	28.40%	29.03%	28.31%
Best result	24.01%	26.70%	24.58%	25.16%	25.35%
Average result	32.30%	32.10%	30.03%	29.60%	29.85%
Worst result	36.45%	36.95%	35.41%	34.55%	35.50%
Responses	3989	4354	4522	3976	4259

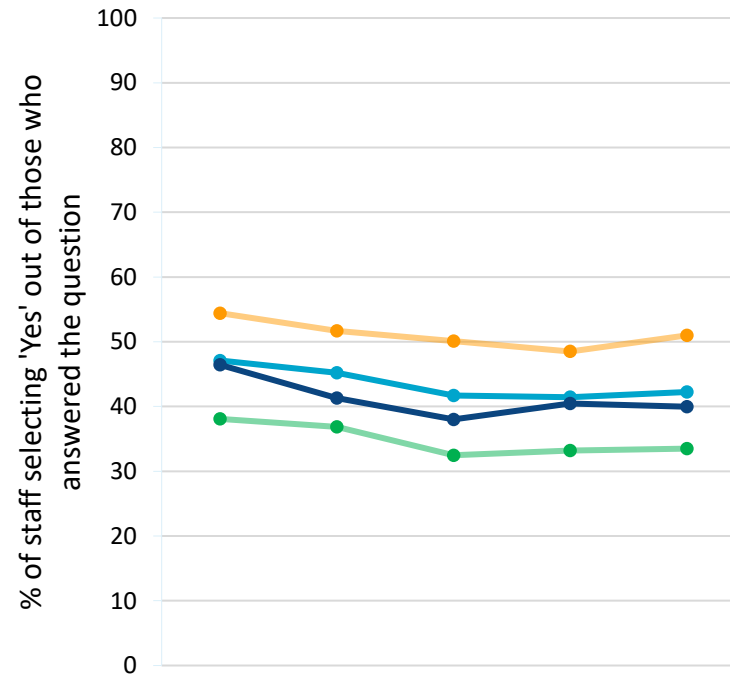


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Examples may include back pain, neck or arm strains, and joint pain.



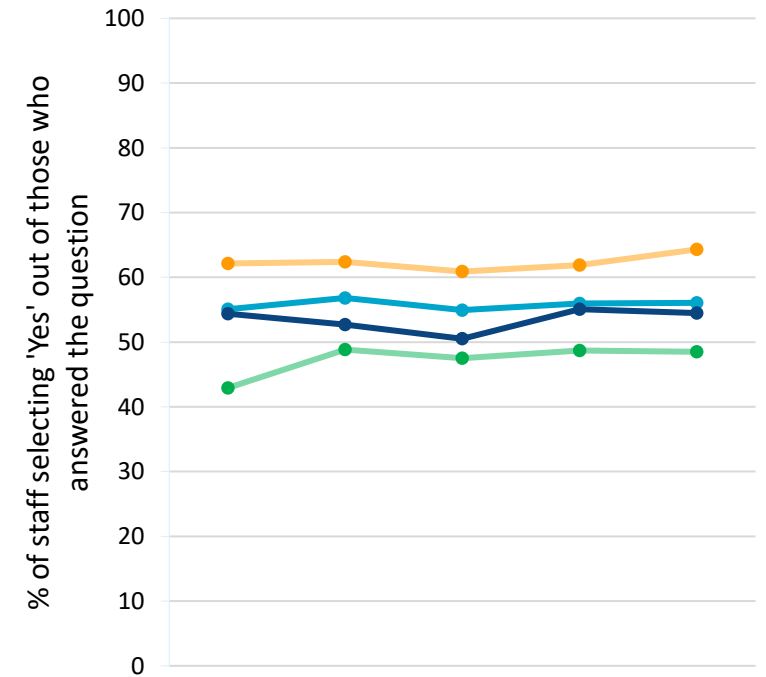
	2025
Your org	38.17%
Best result	30.97%
Average result	40.70%
Worst result	47.69%
Responses	4252

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



	2021	2022	2023	2024	2025
Your org	46.43%	41.32%	38.01%	40.48%	39.99%
Best result	38.09%	36.86%	32.48%	33.18%	33.51%
Average result	47.11%	45.20%	41.72%	41.44%	42.26%
Worst result	54.42%	51.68%	50.08%	48.50%	50.97%
Responses	3994	4356	4527	3975	4252

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

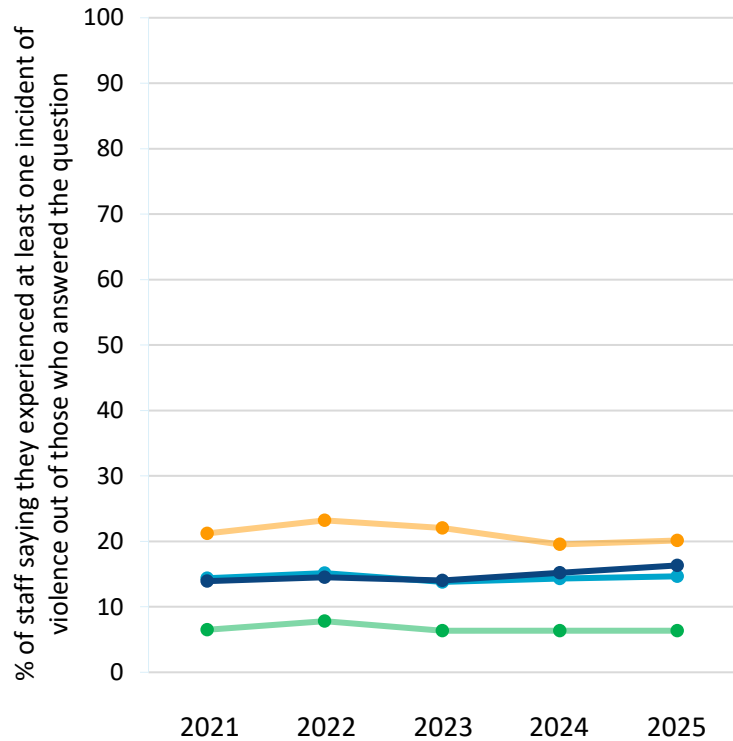


	2021	2022	2023	2024	2025
Your org	54.39%	52.69%	50.51%	55.08%	54.49%
Best result	42.92%	48.84%	47.51%	48.71%	48.53%
Average result	55.08%	56.82%	54.94%	55.96%	56.08%
Worst result	62.16%	62.39%	60.90%	61.90%	64.31%
Responses	3986	4358	4525	3973	4251

Note: Due to changes in the question wording in 2025, previous years' results for Q11b are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

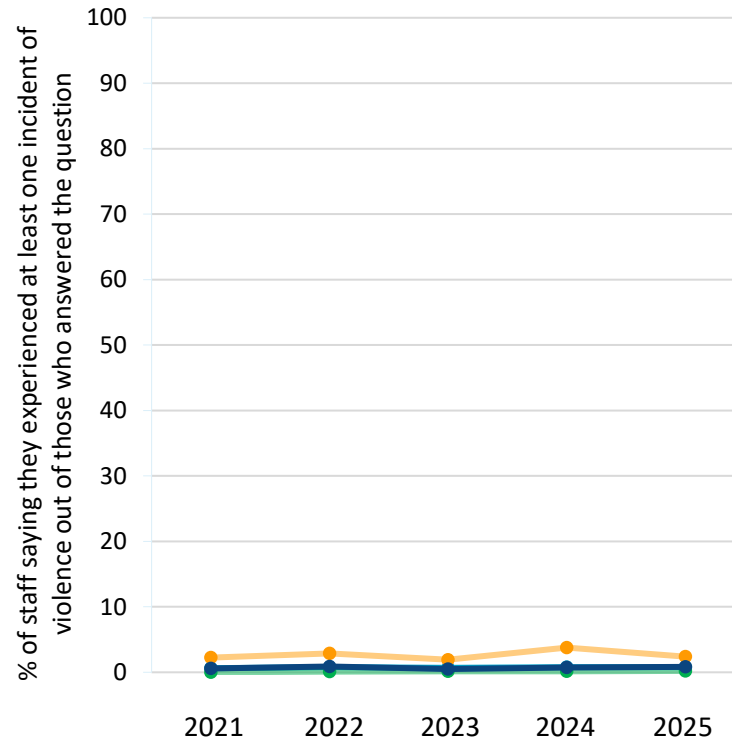


Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



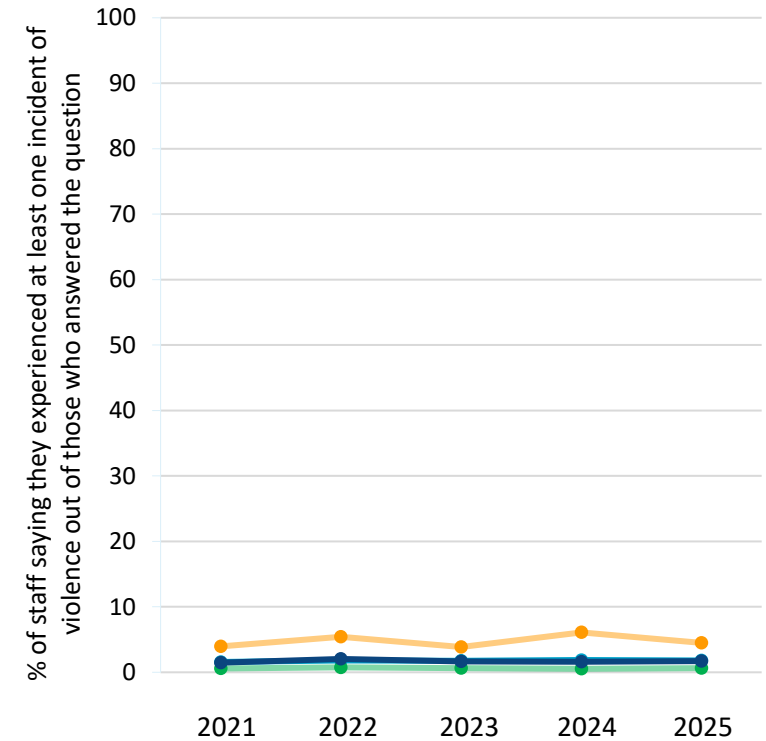
	2021	2022	2023	2024	2025
Your org	13.93%	14.50%	14.01%	15.19%	16.33%
Best result	6.50%	7.81%	6.35%	6.35%	6.35%
Average result	14.38%	15.15%	13.81%	14.31%	14.65%
Worst result	21.20%	23.21%	22.02%	19.54%	20.14%
Responses	3984	4352	4279	3961	4246

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



	2021	2022	2023	2024	2025
Your org	0.57%	0.89%	0.50%	0.72%	0.82%
Best result	0.00%	0.11%	0.14%	0.14%	0.21%
Average result	0.63%	0.79%	0.68%	0.76%	0.76%
Worst result	2.23%	2.90%	1.93%	3.78%	2.37%
Responses	3964	4305	4204	3917	4188

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

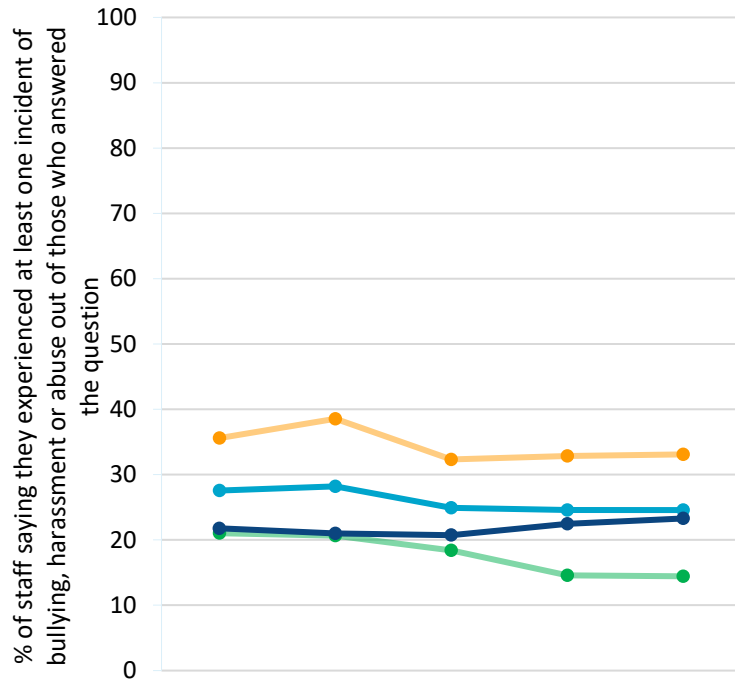


	2021	2022	2023	2024	2025
Your org	1.47%	2.04%	1.64%	1.59%	1.73%
Best result	0.56%	0.76%	0.65%	0.54%	0.63%
Average result	1.58%	1.83%	1.78%	1.88%	1.80%
Worst result	3.98%	5.44%	3.86%	6.09%	4.51%
Responses	3950	4292	4154	3793	4116

Note: 2023 results for Q13a-c are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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.

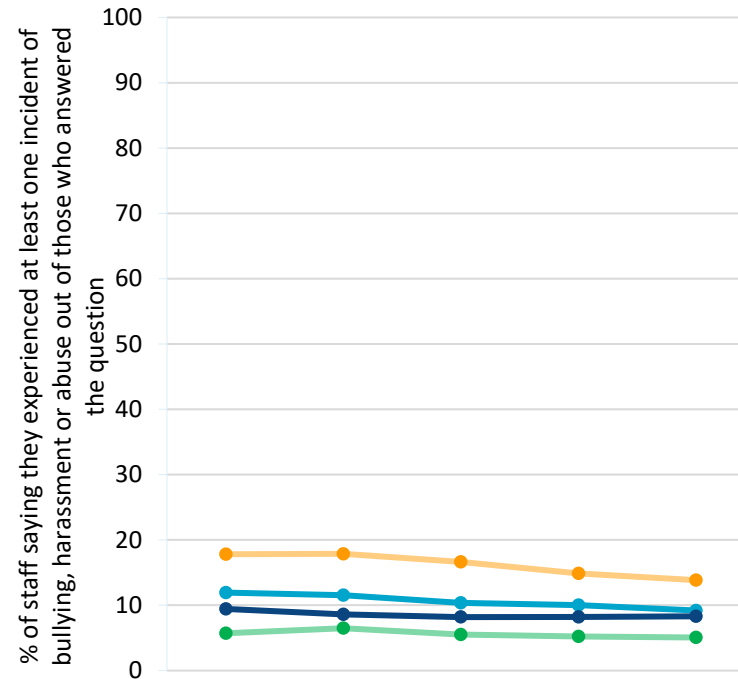


2021 2022 2023 2024 2025

Your org	21.78%	21.01%	20.73%	22.45%	23.29%
Best result	21.03%	20.65%	18.41%	14.57%	14.44%
Average result	27.56%	28.20%	24.91%	24.59%	24.59%
Worst result	35.57%	38.56%	32.33%	32.84%	33.08%

Responses 3808 4351 4283 3967 4243

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

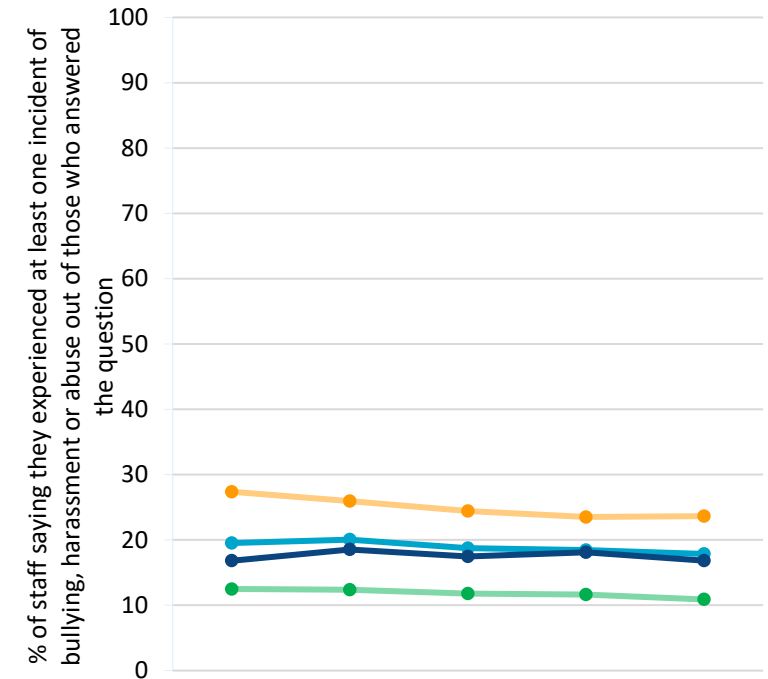


2021 2022 2023 2024 2025

Your org	9.44%	8.59%	8.19%	8.22%	8.29%
Best result	5.72%	6.48%	5.50%	5.22%	5.07%
Average result	11.94%	11.52%	10.35%	10.00%	9.20%
Worst result	17.83%	17.88%	16.64%	14.86%	13.85%

Responses 3796 4318 4221 3925 4203

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



2021 2022 2023 2024 2025

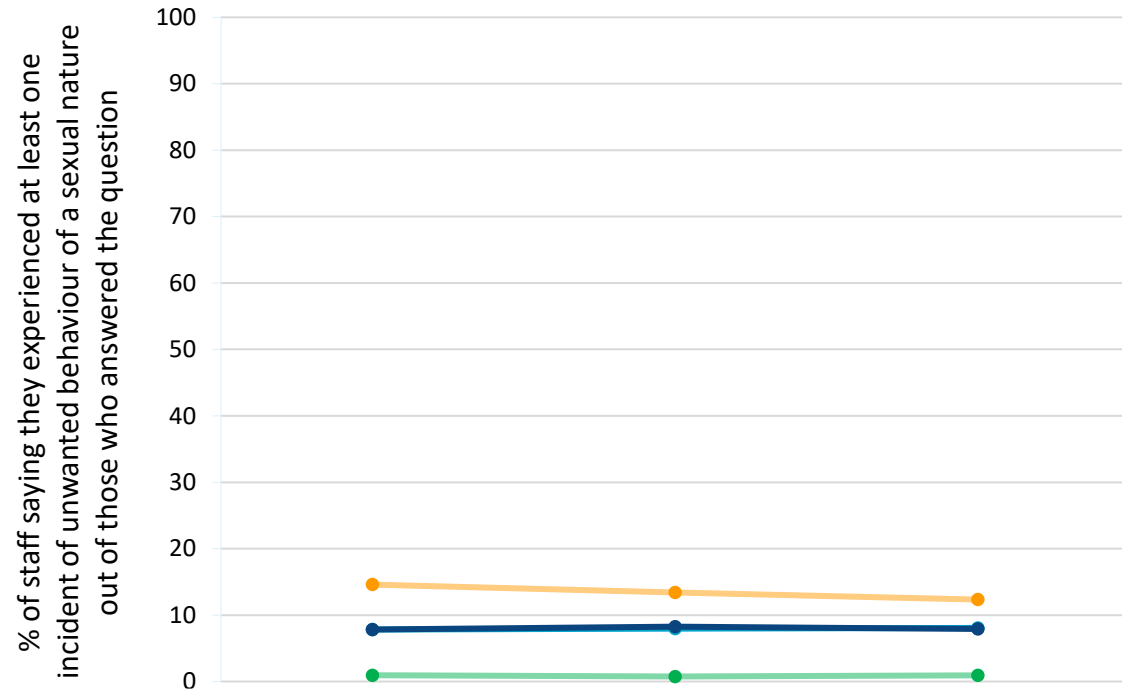
Your org	16.81%	18.54%	17.48%	18.10%	16.85%
Best result	12.50%	12.35%	11.78%	11.65%	10.89%
Average result	19.54%	20.05%	18.74%	18.47%	17.86%
Worst result	27.38%	25.97%	24.43%	23.52%	23.63%

Responses 3784 4306 4205 3906 4181

Note: 2023 results for Q14a-c are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.



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

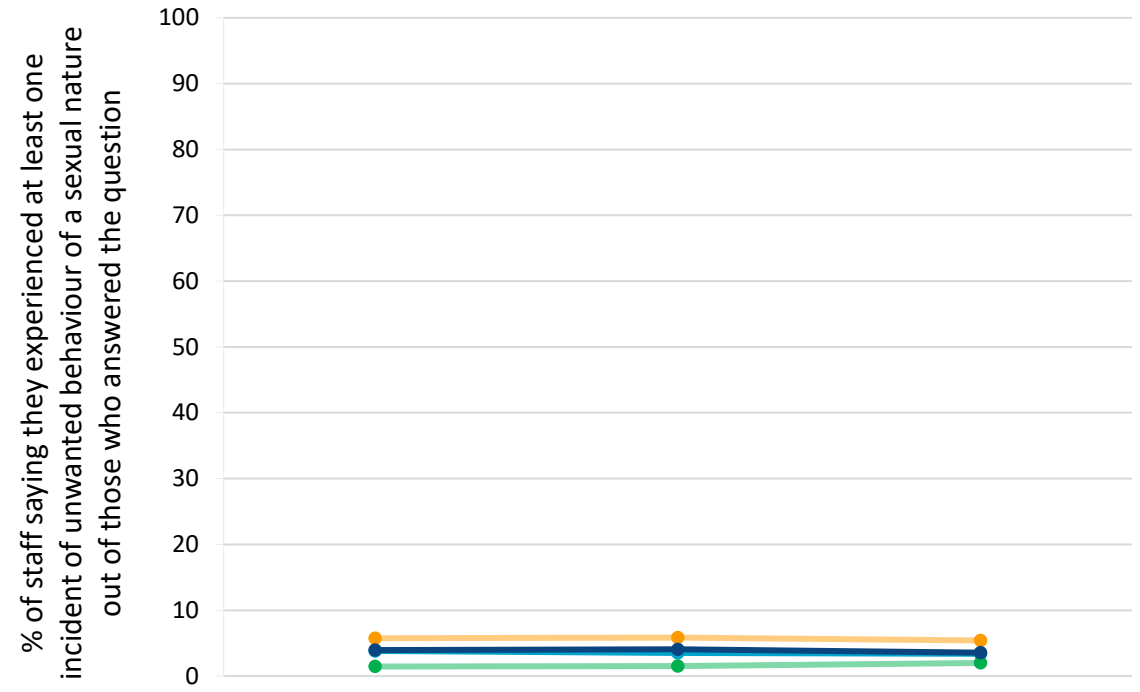


2023 2024 2025

Your org	7.83%	8.26%	7.91%
Best result	0.94%	0.76%	0.92%
Average result	7.82%	7.97%	8.07%
Worst result	14.59%	13.40%	12.33%

Responses 4526 3976 4252

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



2023 2024 2025

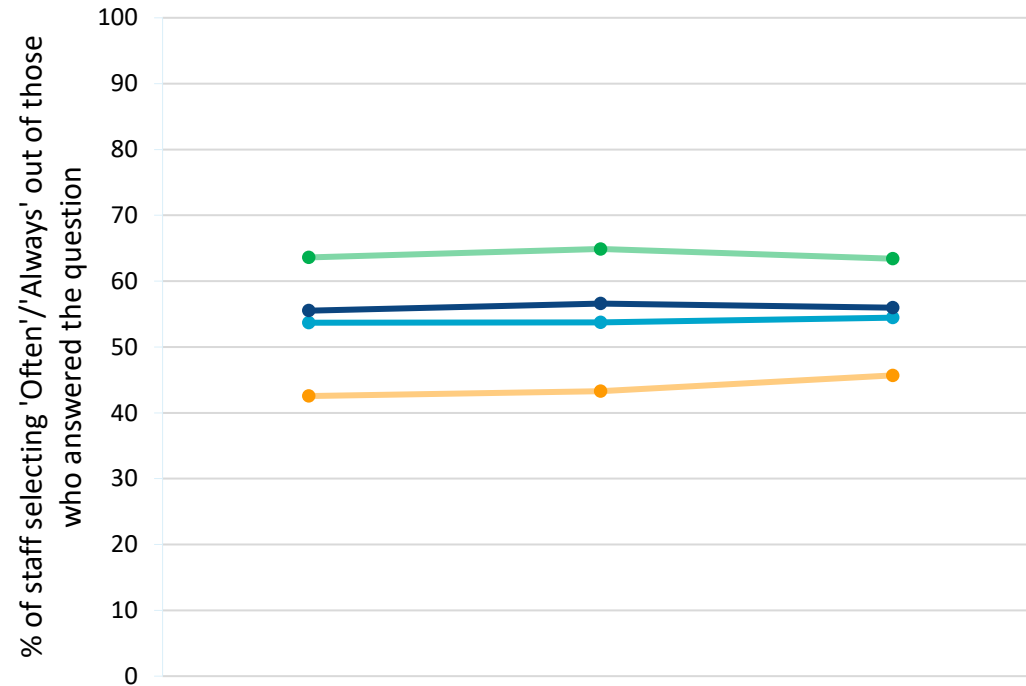
Your org	3.97%	4.07%	3.56%
Best result	1.45%	1.53%	1.99%
Average result	3.82%	3.53%	3.39%
Worst result	5.74%	5.85%	5.41%

Responses 4505 3956 4234

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



Q22 I can eat nutritious and affordable food while I am working



	2023	2024	2025
Your org	55.51%	56.59%	55.96%
Best result	63.60%	64.89%	63.41%
Average result	53.68%	53.75%	54.45%
Worst result	42.55%	43.27%	45.69%
Responses	4522	3979	4259

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

People Promise element – We are always learning



Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

Other questions** - Q24f

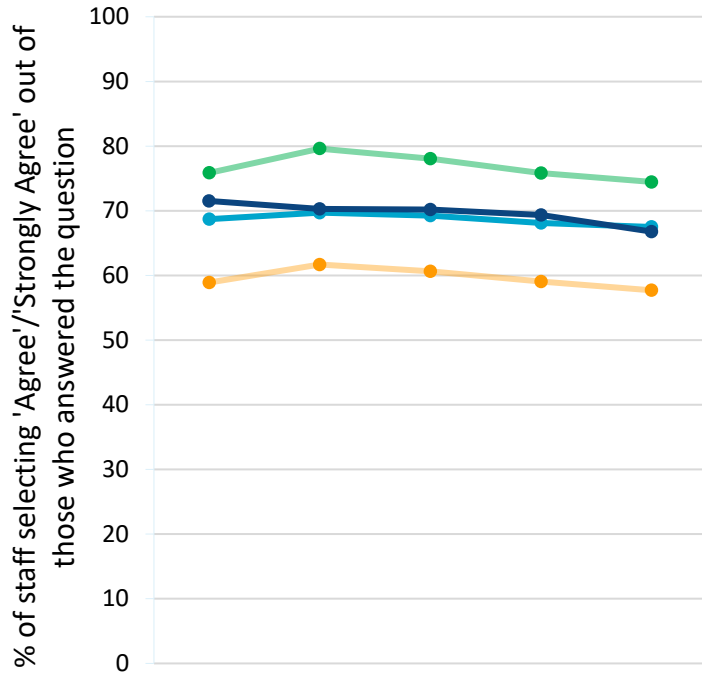
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

**Q24f does not contribute to the calculation of any scores or sub-scores.

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

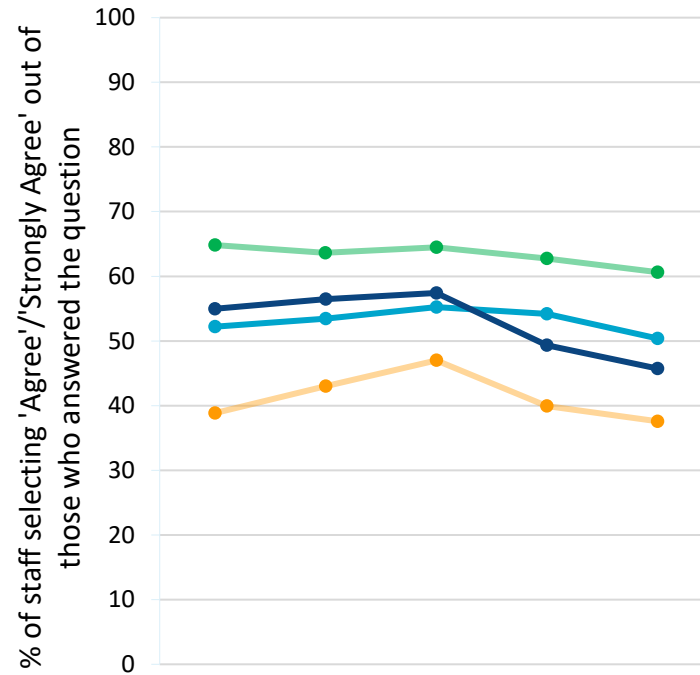


Q24a This organisation offers me challenging work.



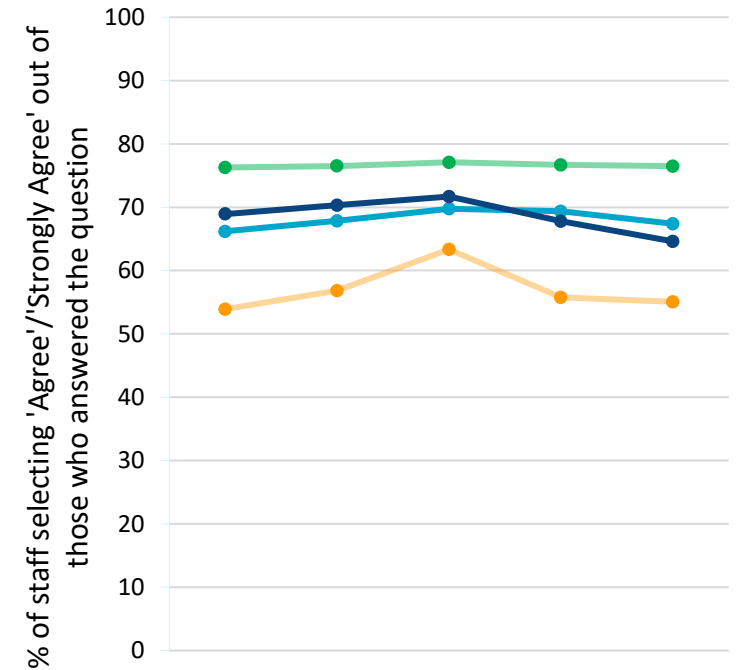
	2021	2022	2023	2024	2025
Your org	71.51%	70.30%	70.20%	69.37%	66.77%
Best result	75.85%	79.60%	78.03%	75.85%	74.46%
Average result	68.69%	69.71%	69.25%	68.11%	67.49%
Worst result	58.89%	61.69%	60.64%	59.07%	57.70%
Responses	3953	4340	4515	3970	4247

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



	2021	2022	2023	2024	2025
Your org	54.96%	56.47%	57.42%	49.32%	45.74%
Best result	64.83%	63.62%	64.46%	62.76%	60.64%
Average result	52.20%	53.45%	55.24%	54.21%	50.39%
Worst result	38.86%	43.01%	46.99%	39.92%	37.58%
Responses	3958	4346	4512	3974	4251

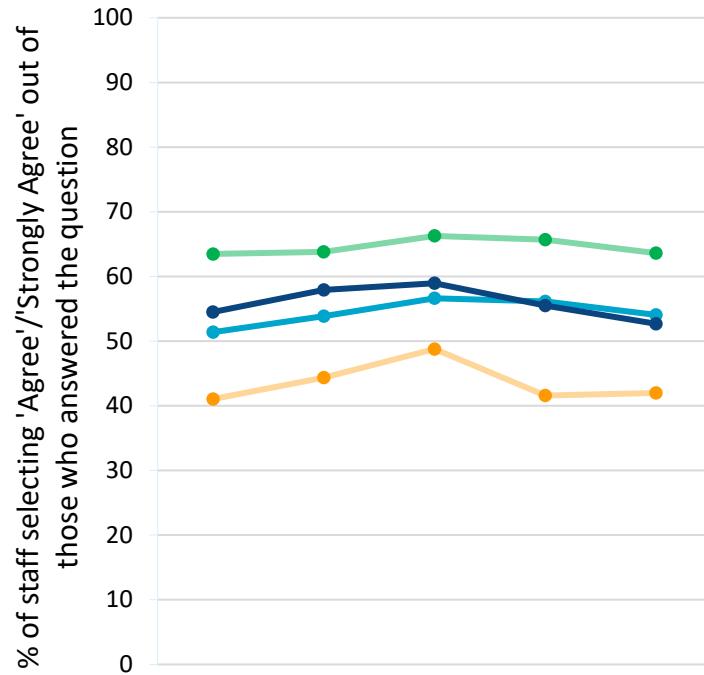
Q24c I have opportunities to improve my knowledge and skills.



	2021	2022	2023	2024	2025
Your org	68.93%	70.33%	71.69%	67.83%	64.62%
Best result	76.28%	76.50%	77.10%	76.67%	76.47%
Average result	66.20%	67.85%	69.75%	69.36%	67.41%
Worst result	53.91%	56.82%	63.34%	55.77%	55.05%
Responses	3952	4345	4516	3975	4254

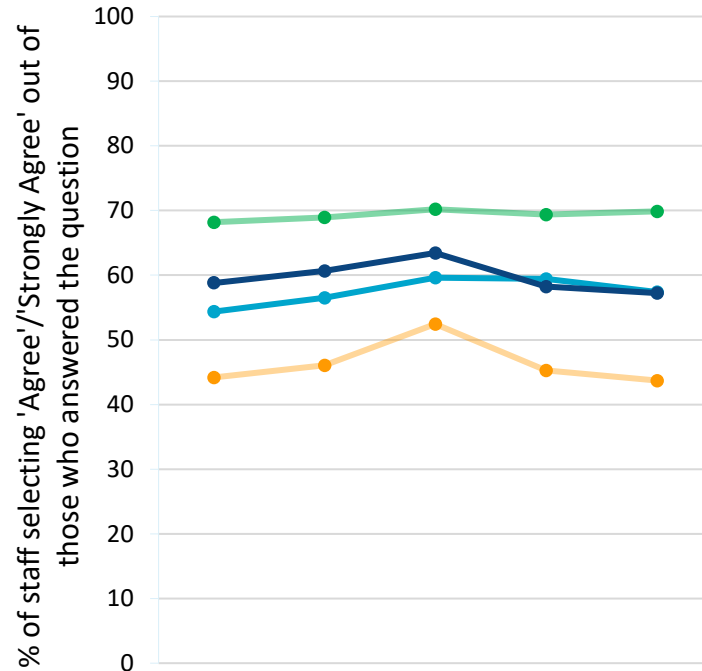


Q24d I feel supported to develop my potential.



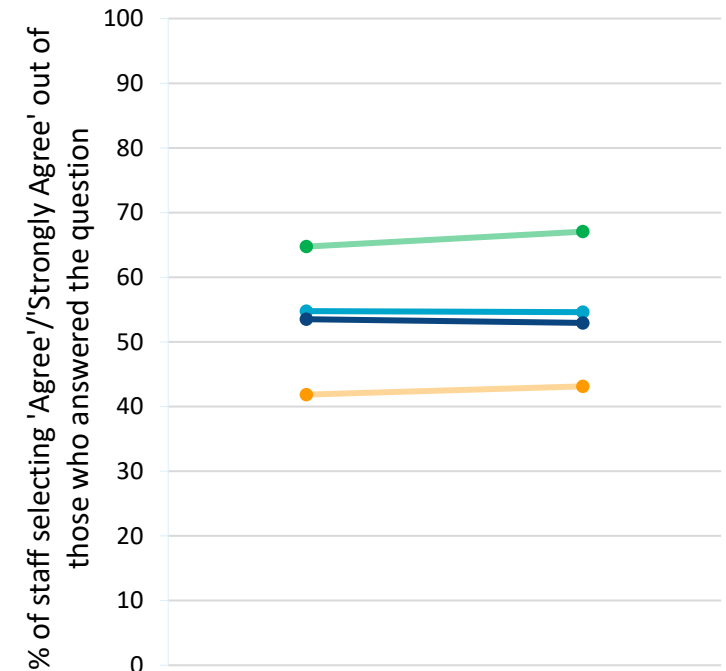
	2021	2022	2023	2024	2025
Your org	54.49%	57.92%	58.95%	55.51%	52.68%
Best result	63.48%	63.80%	66.26%	65.67%	63.62%
Average result	51.38%	53.86%	56.62%	56.16%	54.06%
Worst result	41.05%	44.35%	48.78%	41.57%	41.97%
Responses	3951	4341	4509	3970	4249

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



	2021	2022	2023	2024	2025
Your org	58.79%	60.68%	63.44%	58.22%	57.23%
Best result	68.20%	68.93%	70.19%	69.39%	69.85%
Average result	54.36%	56.52%	59.61%	59.41%	57.42%
Worst result	44.17%	46.07%	52.44%	45.25%	43.71%
Responses	3952	4339	4503	3971	4247

Q24f* I am able to access clinical supervision opportunities when I need to.

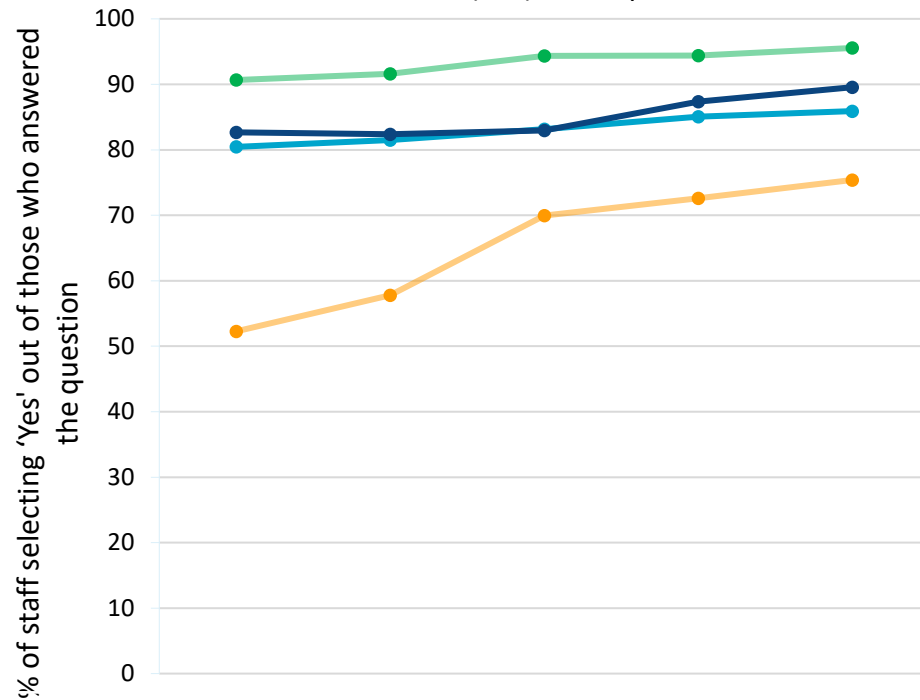


	2024	2025
Your org	53.50%	52.94%
Best result	64.74%	67.04%
Average result	54.76%	54.60%
Worst result	41.85%	43.13%
Responses	3143	3459

*Q24f was introduced in 2024 and does not currently contribute towards any People Promise element score, theme score or sub-score to protect trend data over five years.

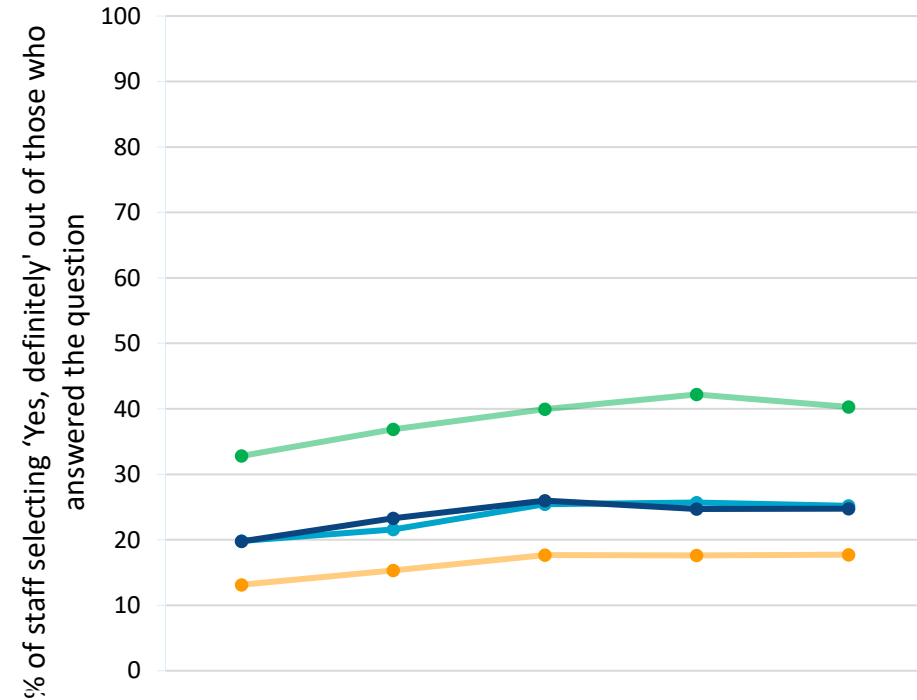


Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2021	2022	2023	2024	2025
Your org	82.65%	82.38%	82.97%	87.34%	89.56%
Best result	90.66%	91.61%	94.34%	94.40%	95.55%
Average result	80.45%	81.49%	83.18%	85.05%	85.91%
Worst result	52.28%	57.78%	69.95%	72.59%	75.40%
Responses	3973	4335	4422	3914	4175

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

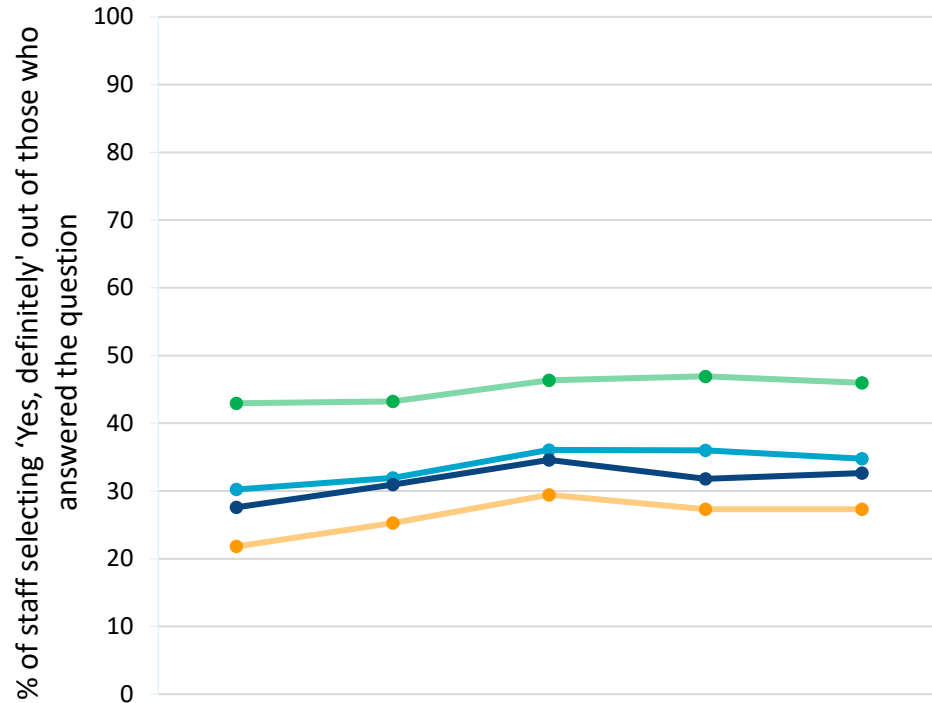


	2021	2022	2023	2024	2025
Your org	19.75%	23.27%	25.99%	24.71%	24.75%
Best result	32.81%	36.90%	39.96%	42.20%	40.32%
Average result	19.82%	21.57%	25.45%	25.69%	25.20%
Worst result	13.14%	15.33%	17.68%	17.62%	17.73%
Responses	3244	3536	3639	3394	3709

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

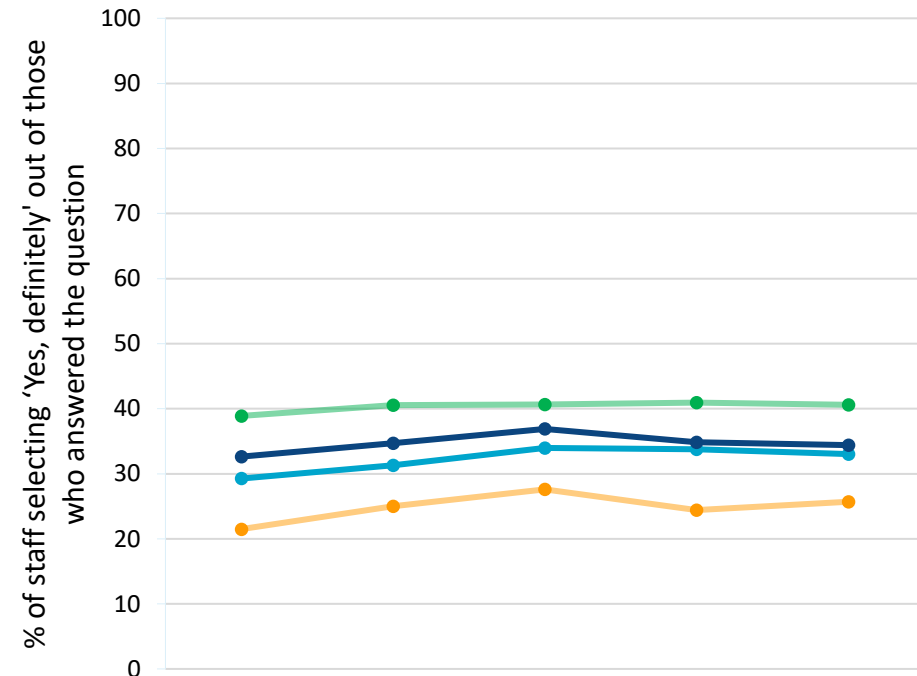


Q23c It helped me agree clear objectives for my work.



	2021	2022	2023	2024	2025
Your org	27.58%	30.94%	34.58%	31.80%	32.62%
Best result	42.95%	43.23%	46.32%	46.93%	45.99%
Average result	30.21%	31.94%	36.06%	36.01%	34.79%
Worst result	21.81%	25.28%	29.43%	27.29%	27.28%
Responses	3241	3533	3634	3389	3709

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



	2021	2022	2023	2024	2025
Your org	32.63%	34.67%	36.89%	34.85%	34.38%
Best result	38.89%	40.56%	40.66%	40.93%	40.58%
Average result	29.26%	31.28%	33.97%	33.76%	33.02%
Worst result	21.49%	24.98%	27.60%	24.42%	25.69%
Responses	3244	3536	3634	3390	3711

People Promise element – We work flexibly



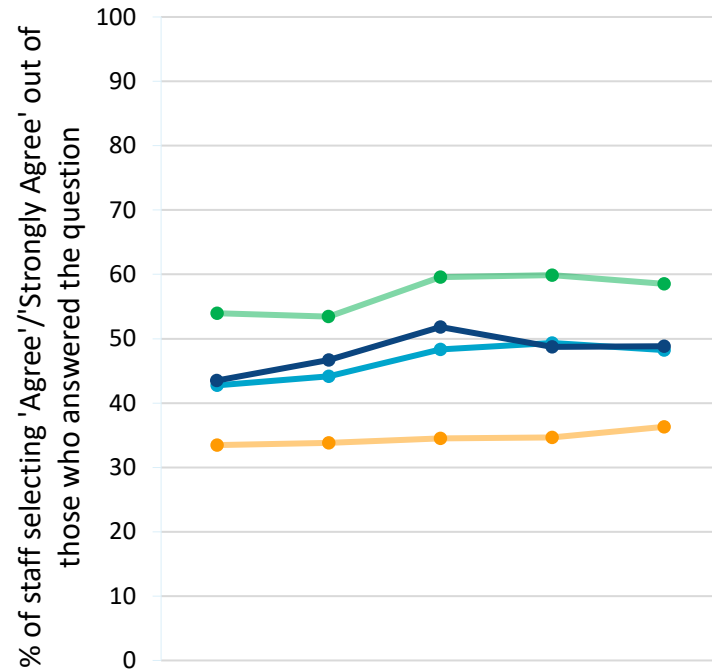
Questions included:

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

Flexible working – Q4d



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

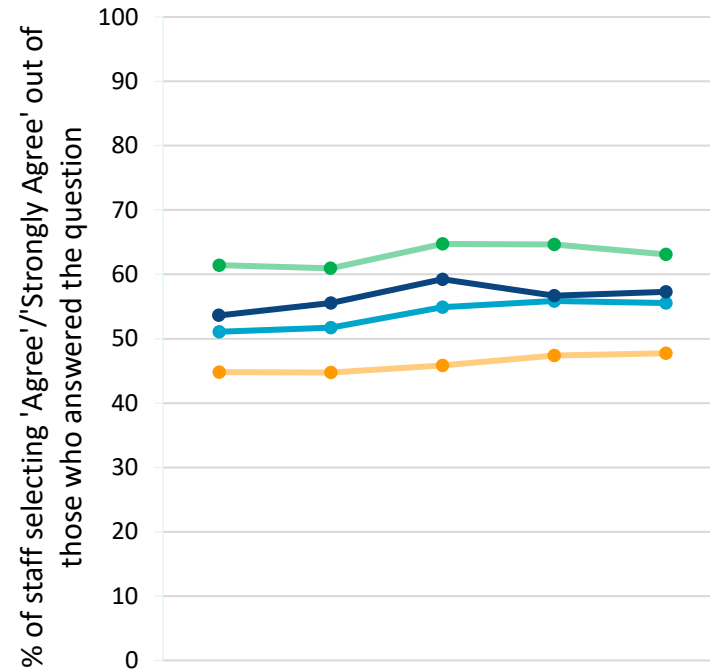


2021 2022 2023 2024 2025

Your org	43.50%	46.68%	51.82%	48.75%	48.84%
Best result	53.96%	53.44%	59.57%	59.88%	58.52%
Average result	42.75%	44.15%	48.33%	49.34%	48.24%
Worst result	33.47%	33.80%	34.49%	34.65%	36.31%

Responses 4033 4355 4526 3980 4256

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

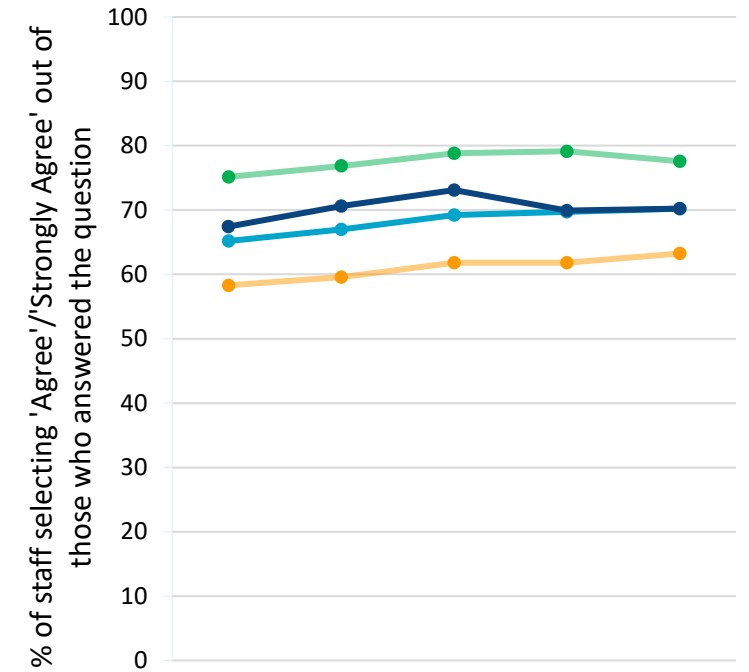


2021 2022 2023 2024 2025

Your org	53.61%	55.54%	59.25%	56.67%	57.31%
Best result	61.44%	60.94%	64.73%	64.67%	63.10%
Average result	51.08%	51.70%	54.92%	55.86%	55.53%
Worst result	44.80%	44.75%	45.84%	47.38%	47.73%

Responses 4033 4352 4532 3976 4257

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



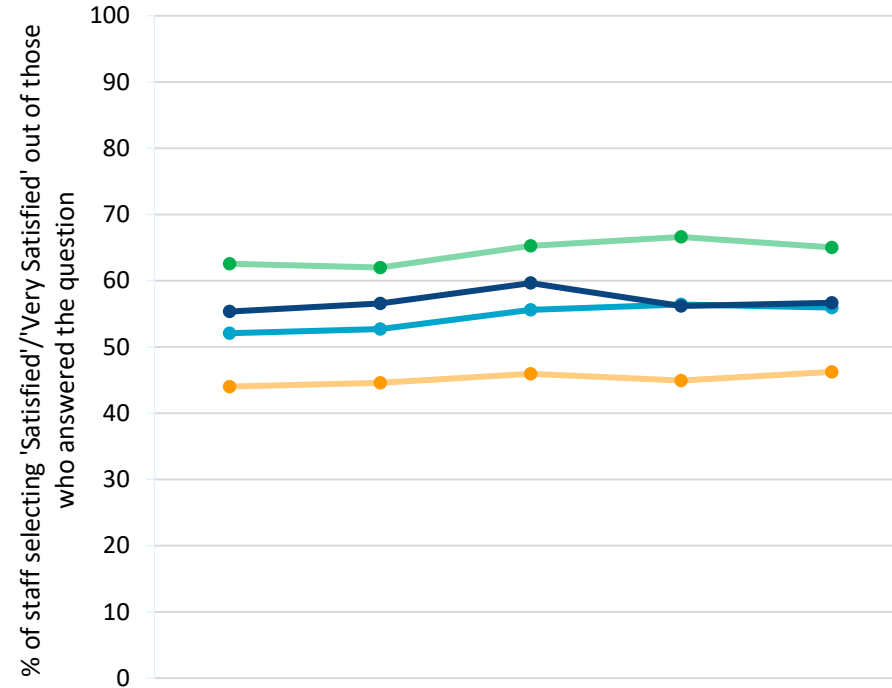
2021 2022 2023 2024 2025

Your org	67.43%	70.59%	73.10%	69.93%	70.21%
Best result	75.15%	76.83%	78.81%	79.14%	77.58%
Average result	65.19%	66.98%	69.20%	69.72%	70.21%
Worst result	58.30%	59.56%	61.83%	61.82%	63.24%

Responses 4031 4355 4528 3975 4254



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



	2021	2022	2023	2024	2025
Your org	55.35%	56.59%	59.65%	56.19%	56.67%
Best result	62.56%	62.00%	65.26%	66.61%	65.03%
Average result	52.07%	52.73%	55.60%	56.41%	55.94%
Worst result	44.02%	44.60%	45.93%	44.94%	46.25%
Responses	4047	4357	4513	3975	4237

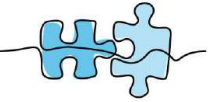
People Promise element – We are a team



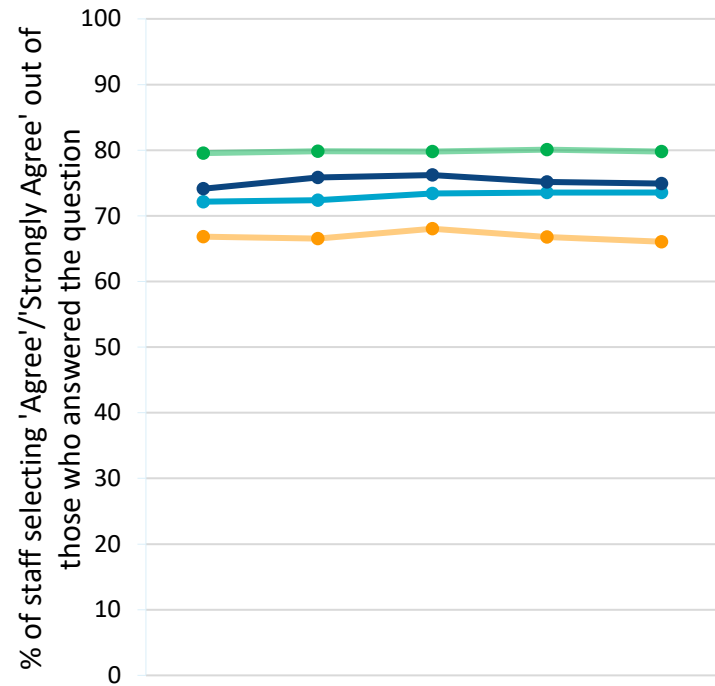
Questions included:

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

Line management – Q9a, Q9b, Q9c, Q9d

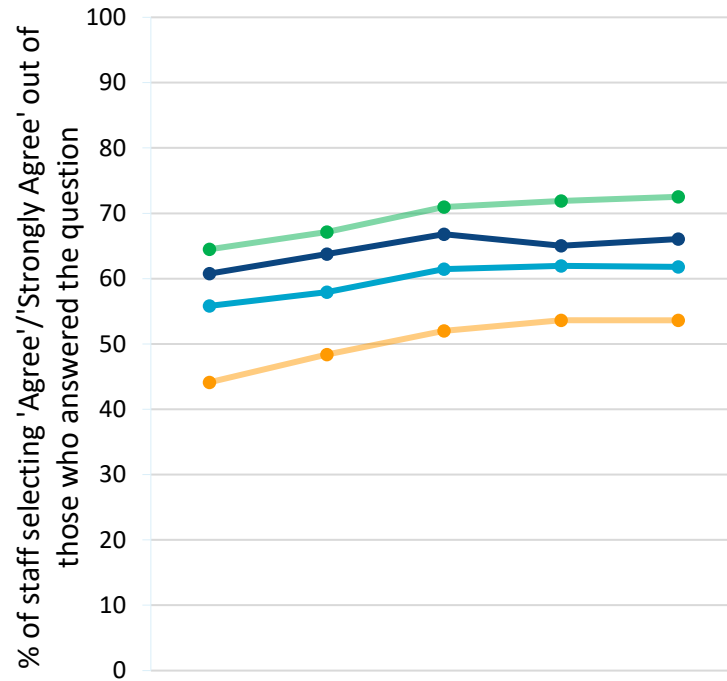


Q7a The team I work in has a set of shared objectives.



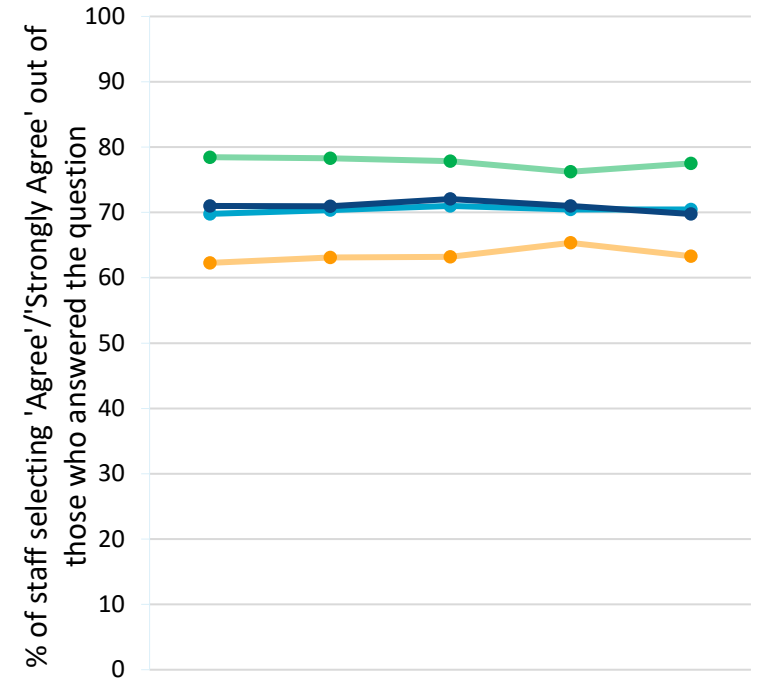
	2021	2022	2023	2024	2025
Your org	74.13%	75.84%	76.21%	75.17%	74.94%
Best result	79.56%	79.85%	79.81%	80.08%	79.77%
Average result	72.16%	72.38%	73.39%	73.54%	73.53%
Worst result	66.82%	66.53%	68.03%	66.79%	66.06%
Responses	4002	4351	4528	3981	4253

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



	2021	2022	2023	2024	2025
Your org	60.76%	63.77%	66.80%	65.04%	66.04%
Best result	64.49%	67.15%	70.95%	71.90%	72.53%
Average result	55.83%	57.91%	61.47%	61.95%	61.78%
Worst result	44.13%	48.38%	52.03%	53.63%	53.60%
Responses	4005	4353	4523	3982	4256

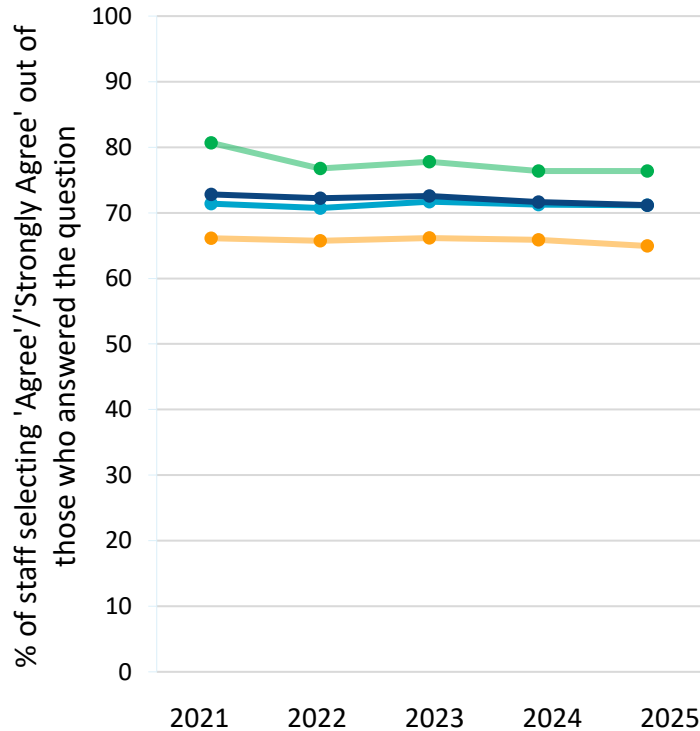
Q7c I receive the respect I deserve from my colleagues at work.



	2021	2022	2023	2024	2025
Your org	71.01%	70.92%	72.05%	70.97%	69.76%
Best result	78.46%	78.30%	77.85%	76.23%	77.49%
Average result	69.78%	70.35%	71.00%	70.47%	70.43%
Worst result	62.28%	63.13%	63.18%	65.35%	63.28%
Responses	4011	4359	4526	3983	4261

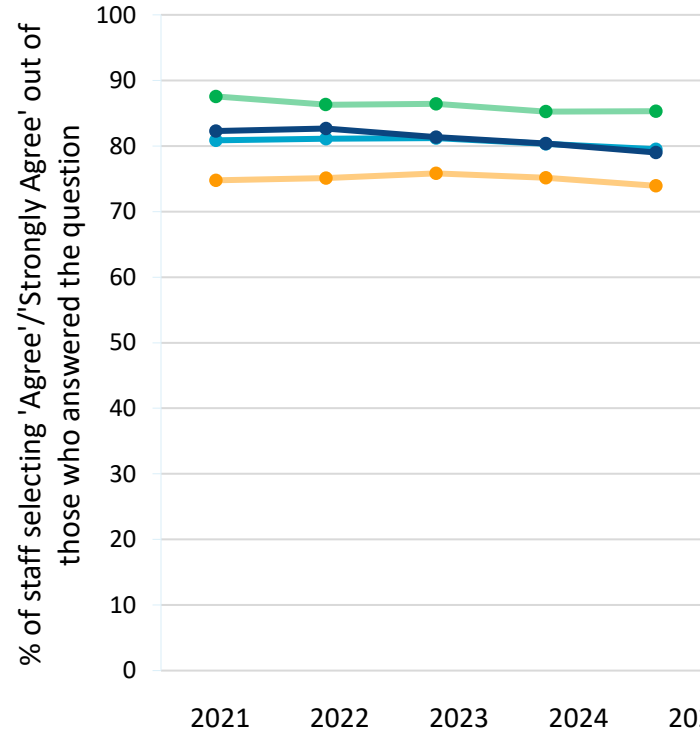


Q7d Team members understand each other's roles.



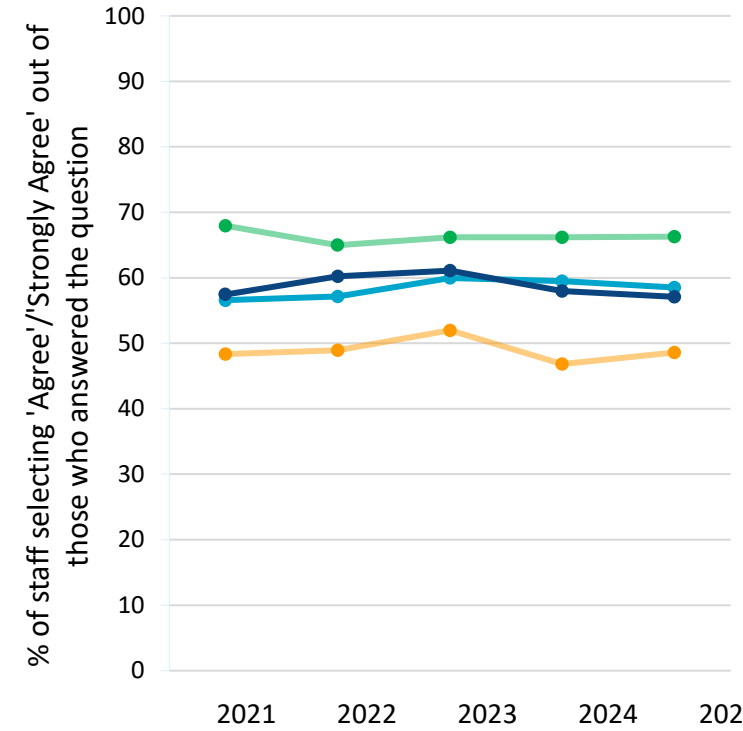
	2021	2022	2023	2024	2025
Your org	72.81%	72.25%	72.58%	71.63%	71.18%
Best result	80.67%	76.74%	77.77%	76.37%	76.38%
Average result	71.40%	70.73%	71.70%	71.27%	71.18%
Worst result	66.12%	65.71%	66.15%	65.90%	64.94%
Responses	4010	4357	4527	3980	4258

Q7e I enjoy working with the colleagues in my team.

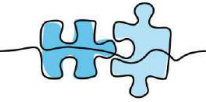


	2021	2022	2023	2024	2025
Your org	82.26%	82.67%	81.36%	80.39%	79.01%
Best result	87.56%	86.31%	86.45%	85.24%	85.30%
Average result	80.87%	81.11%	81.20%	80.33%	79.52%
Worst result	74.78%	75.10%	75.82%	75.15%	73.93%
Responses	4010	4357	4518	3981	4259

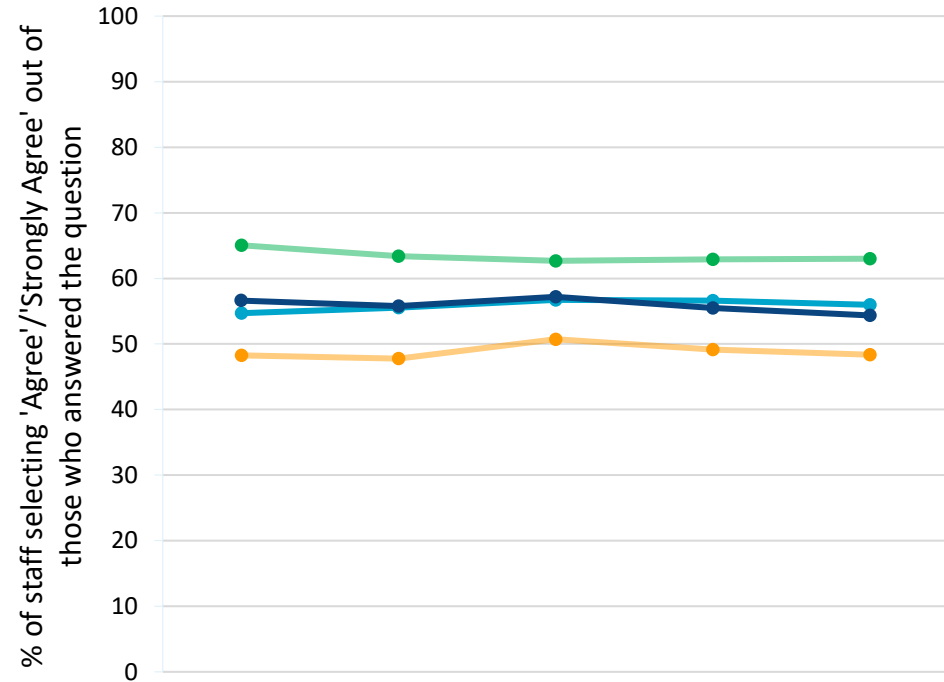
Q7f My team has enough freedom in how to do its work.



	2021	2022	2023	2024	2025
Your org	57.45%	60.24%	61.09%	57.99%	57.09%
Best result	67.96%	64.97%	66.19%	66.17%	66.26%
Average result	56.58%	57.13%	59.97%	59.48%	58.51%
Worst result	48.34%	48.92%	51.98%	46.82%	48.57%
Responses	4004	4354	4517	3980	4256

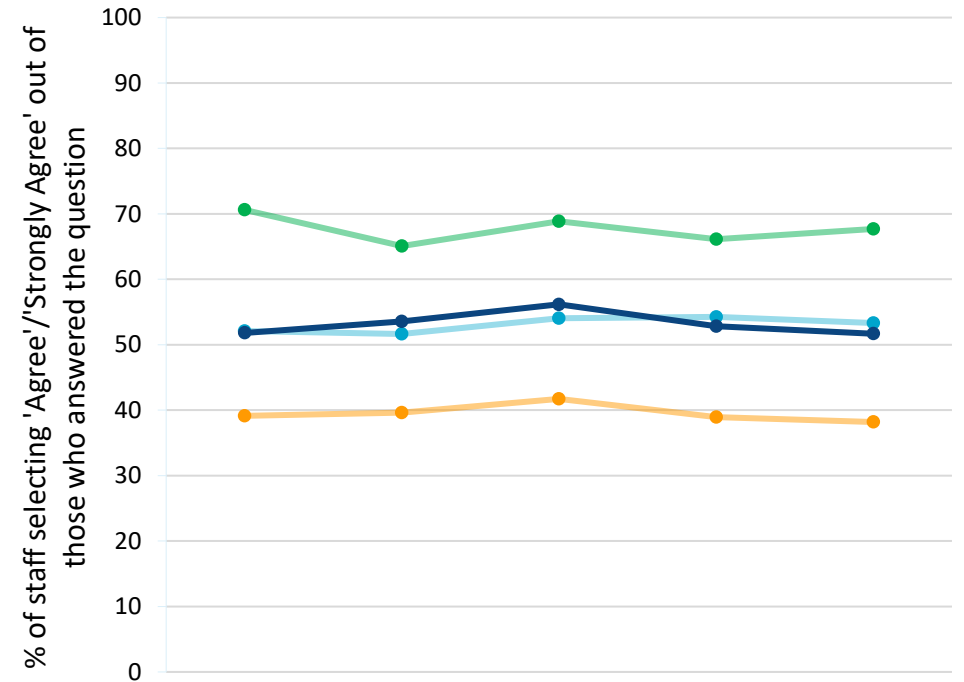


Q7g In my team disagreements are dealt with constructively.

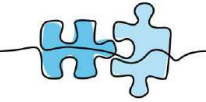


	2021	2022	2023	2024	2025
Your org	56.63%	55.80%	57.19%	55.51%	54.35%
Best result	65.05%	63.39%	62.68%	62.92%	63.01%
Average result	54.69%	55.52%	56.73%	56.61%	55.99%
Worst result	48.27%	47.76%	50.72%	49.15%	48.38%
Responses	4006	4354	4520	3982	4254

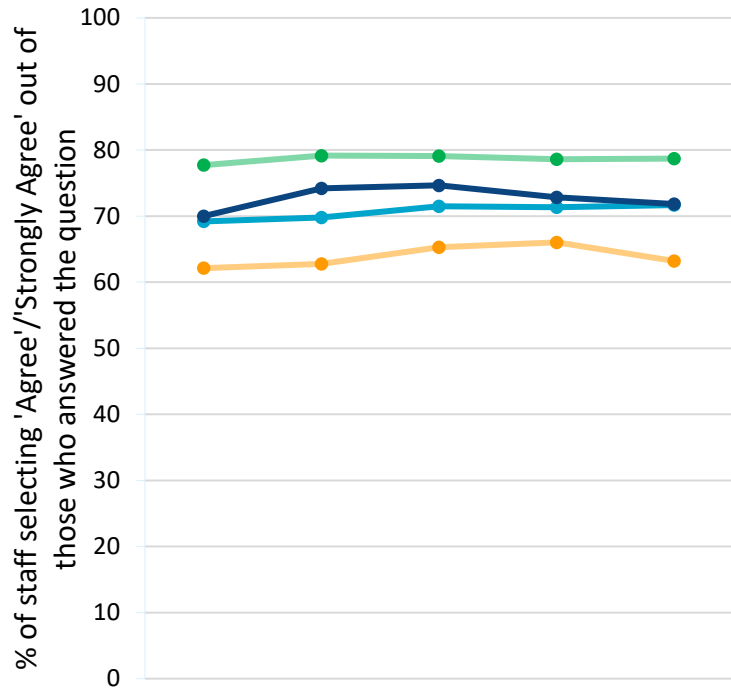
Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022	2023	2024	2025
Your org	51.81%	53.54%	56.18%	52.82%	51.68%
Best result	70.61%	65.08%	68.87%	66.14%	67.71%
Average result	52.10%	51.64%	54.07%	54.26%	53.30%
Worst result	39.15%	39.64%	41.73%	38.96%	38.19%
Responses	4006	4360	4524	3983	4257

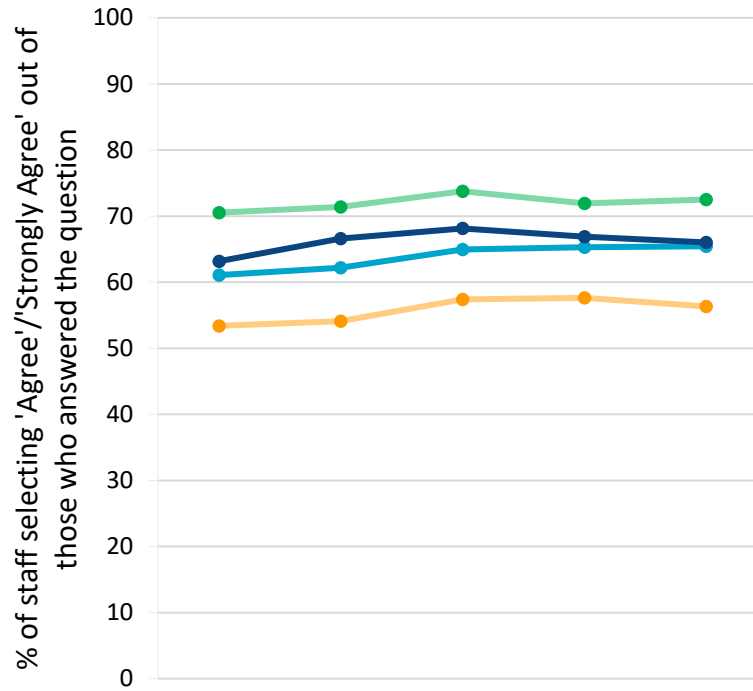


Q9a My immediate manager encourages me at work.



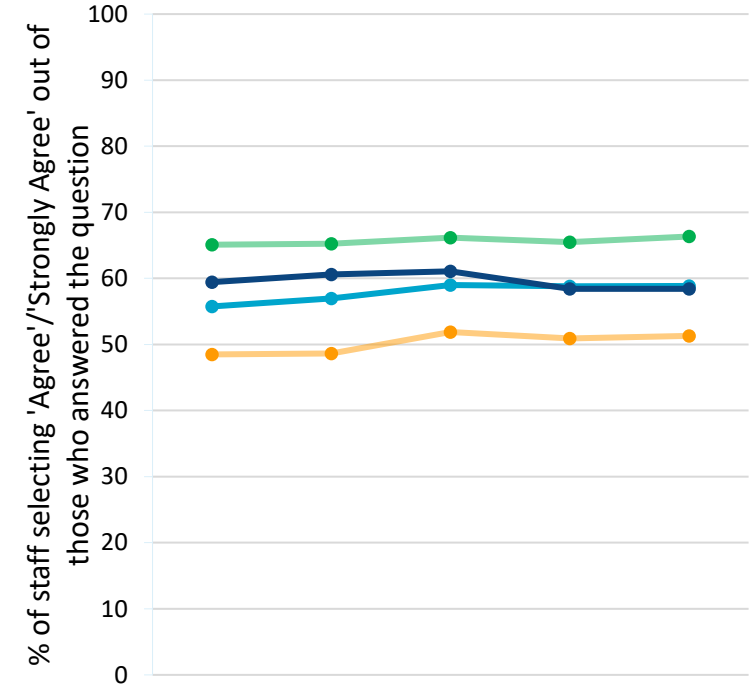
	2021	2022	2023	2024	2025
Your org	70.00%	74.19%	74.66%	72.86%	71.84%
Best result	77.71%	79.16%	79.07%	78.62%	78.70%
Average result	69.20%	69.81%	71.47%	71.36%	71.67%
Worst result	62.12%	62.77%	65.31%	66.03%	63.21%
Responses	3997	4362	4528	3983	4250

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

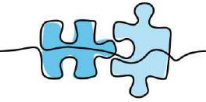


	2021	2022	2023	2024	2025
Your org	63.17%	66.59%	68.13%	66.88%	66.04%
Best result	70.52%	71.41%	73.77%	71.91%	72.48%
Average result	61.07%	62.18%	64.95%	65.31%	65.43%
Worst result	53.39%	54.10%	57.39%	57.63%	56.34%
Responses	3994	4350	4520	3974	4249

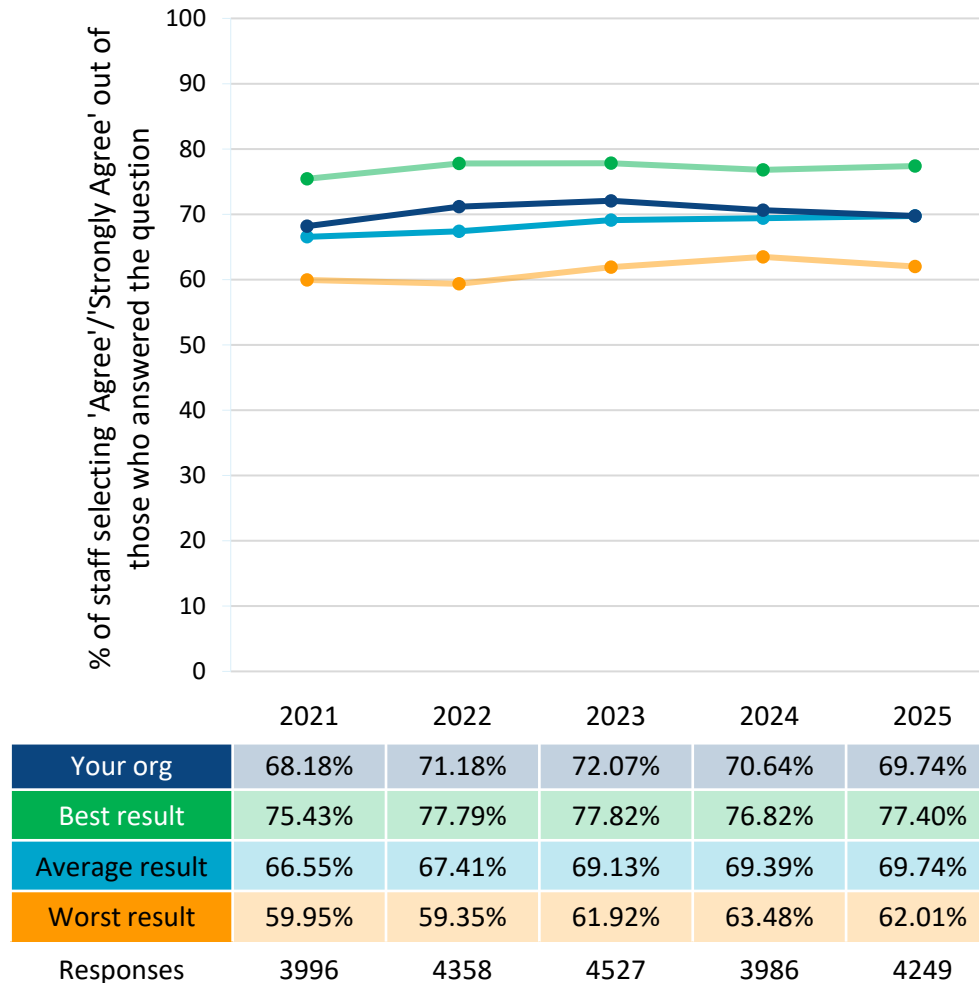
Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2021	2022	2023	2024	2025
Your org	59.42%	60.61%	61.07%	58.44%	58.42%
Best result	65.10%	65.24%	66.18%	65.48%	66.34%
Average result	55.76%	56.95%	59.00%	58.82%	58.84%
Worst result	48.50%	48.63%	51.89%	50.94%	51.30%
Responses	3996	4355	4525	3982	4250



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



Theme – Staff engagement



Questions included:

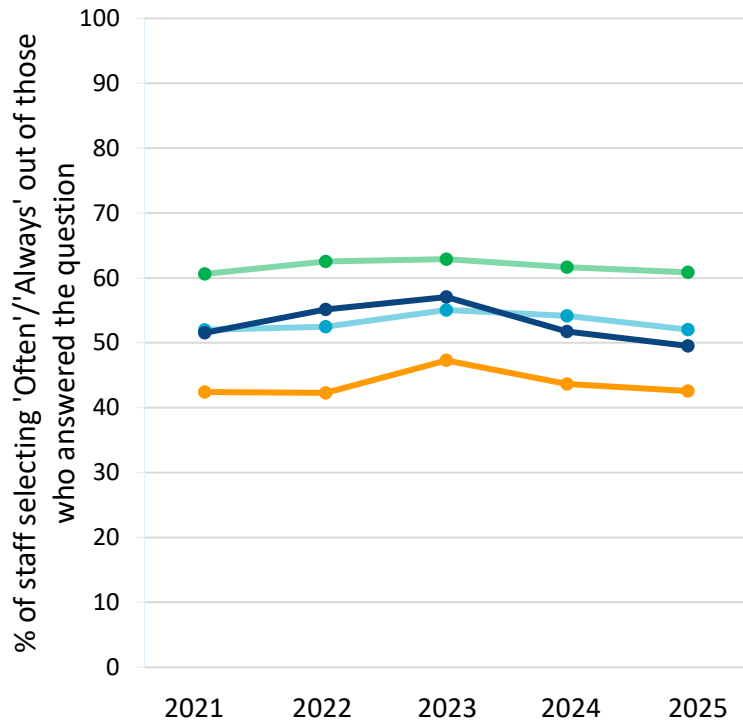
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

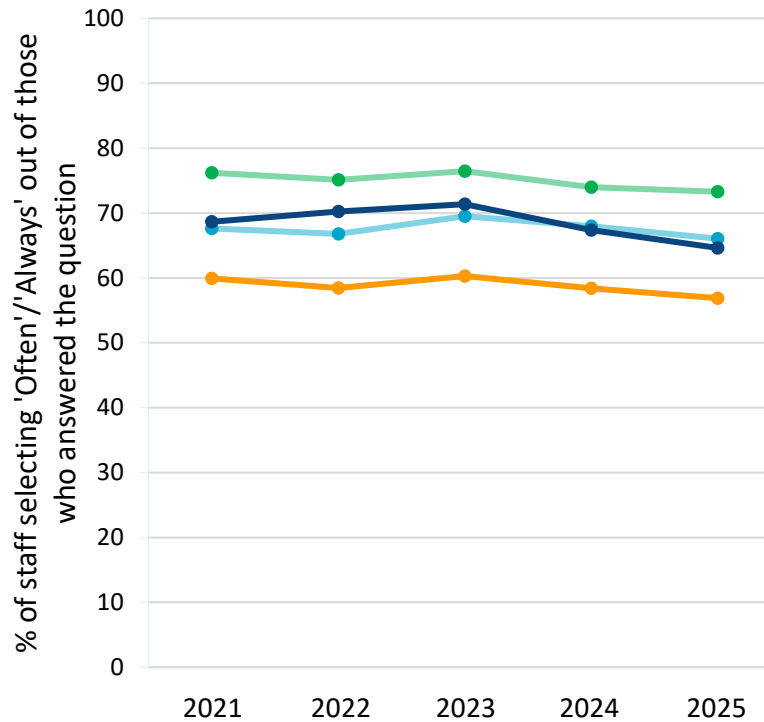
Advocacy – Q25a, Q25c, Q25d



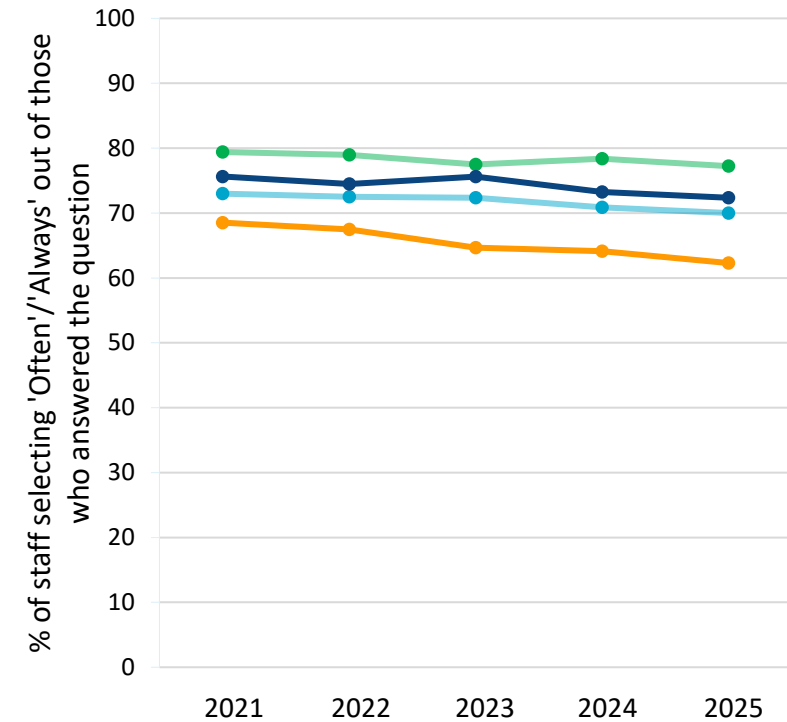
Q2a I look forward to going to work.



Q2b I am enthusiastic about my job.



Q2c Time passes quickly when I am working.



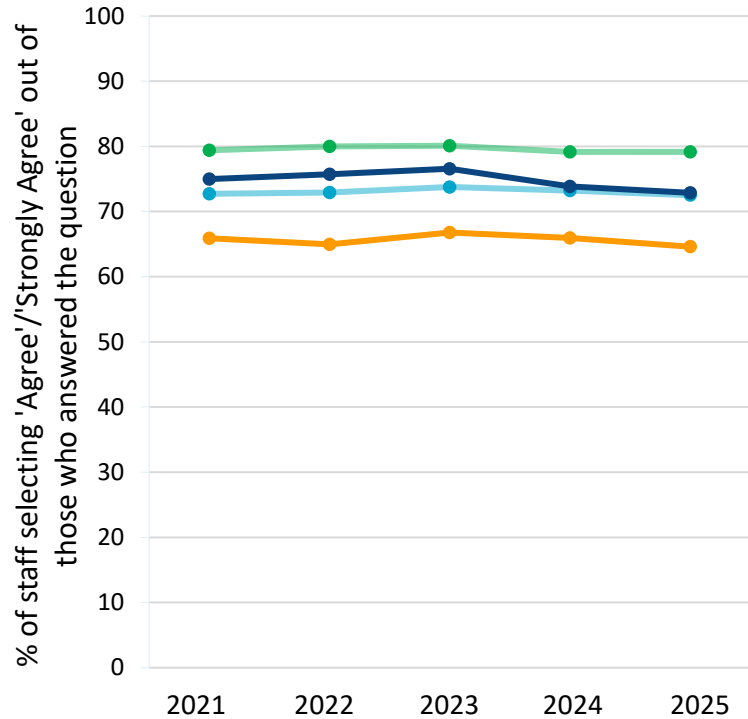
Year	2021	2022	2023	2024	2025
Your org	51.54%	55.16%	57.05%	51.76%	49.53%
Best result	60.62%	62.54%	62.89%	61.67%	60.88%
Average result	52.00%	52.48%	55.06%	54.17%	52.04%
Worst result	42.40%	42.29%	47.28%	43.67%	42.57%
Responses	4074	4341	4513	3971	4239

Year	2021	2022	2023	2024	2025
Your org	68.66%	70.24%	71.36%	67.37%	64.62%
Best result	76.21%	75.11%	76.45%	73.98%	73.28%
Average result	67.62%	66.77%	69.51%	67.95%	66.05%
Worst result	59.95%	58.47%	60.29%	58.42%	56.88%
Responses	4052	4321	4501	3955	4222

Year	2021	2022	2023	2024	2025
Your org	75.63%	74.49%	75.59%	73.26%	72.35%
Best result	79.40%	78.98%	77.46%	78.39%	77.22%
Average result	72.98%	72.52%	72.34%	70.90%	70.00%
Worst result	68.52%	67.46%	64.64%	64.12%	62.29%
Responses	4050	4317	4506	3955	4222

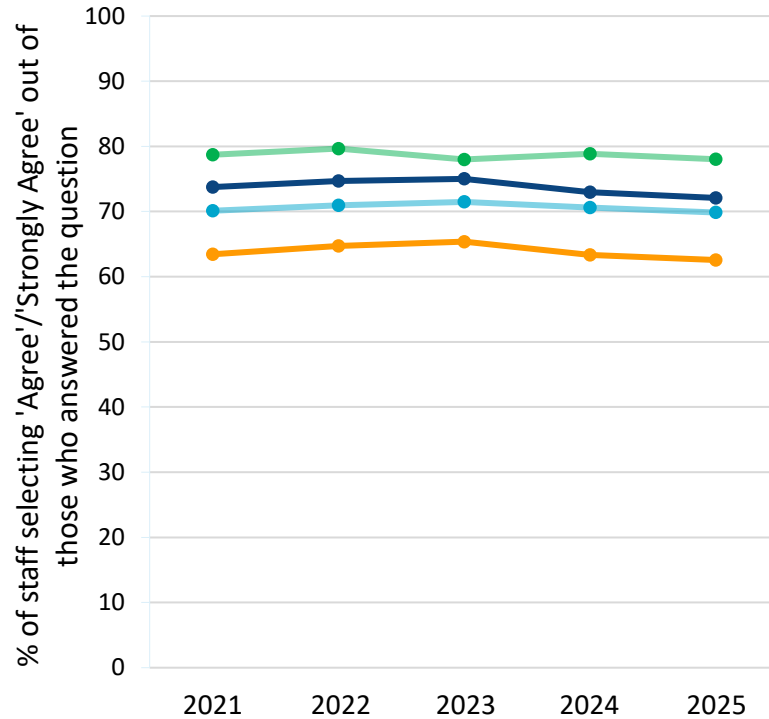


Q3c There are frequent opportunities for me to show initiative in my role.



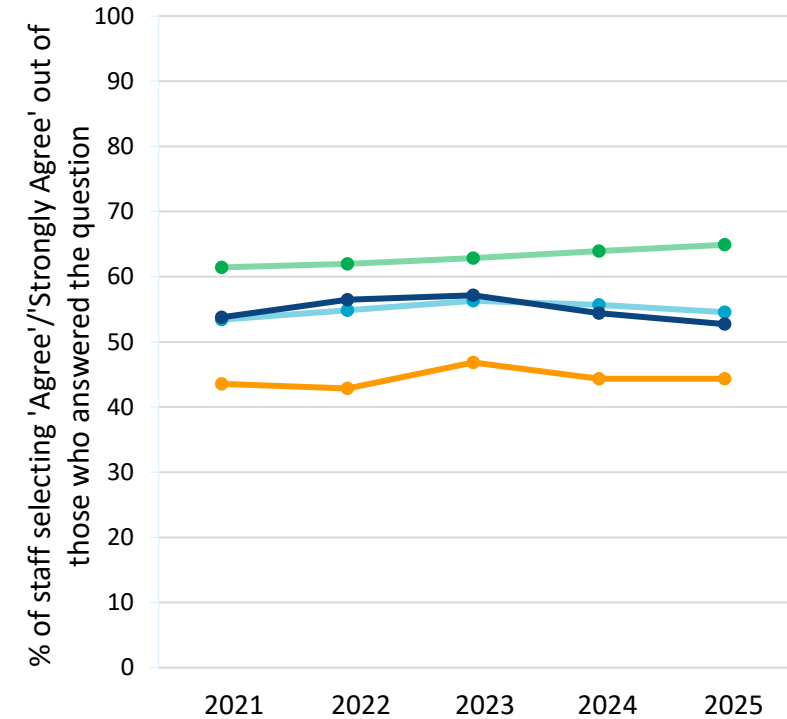
Year	Best result	Average result	Your org	Worst result
2021	79.41%	72.75%	74.97%	65.92%
2022	80.01%	72.91%	75.74%	64.98%
2023	80.10%	73.77%	76.57%	66.78%
2024	79.15%	73.20%	73.87%	65.94%
2025	79.17%	72.51%	72.88%	64.60%

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



Year	Best result	Average result	Your org	Worst result
2021	78.70%	70.10%	73.76%	63.42%
2022	79.67%	70.97%	74.67%	64.70%
2023	78.00%	71.47%	75.01%	65.38%
2024	78.84%	70.61%	72.97%	63.33%
2025	78.03%	69.85%	72.09%	62.56%

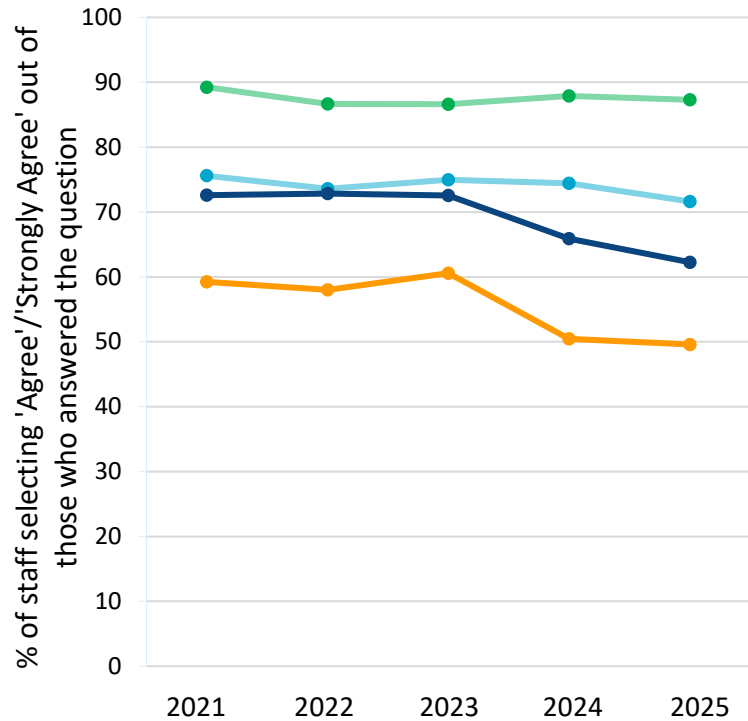
Q3f I am able to make improvements happen in my area of work.



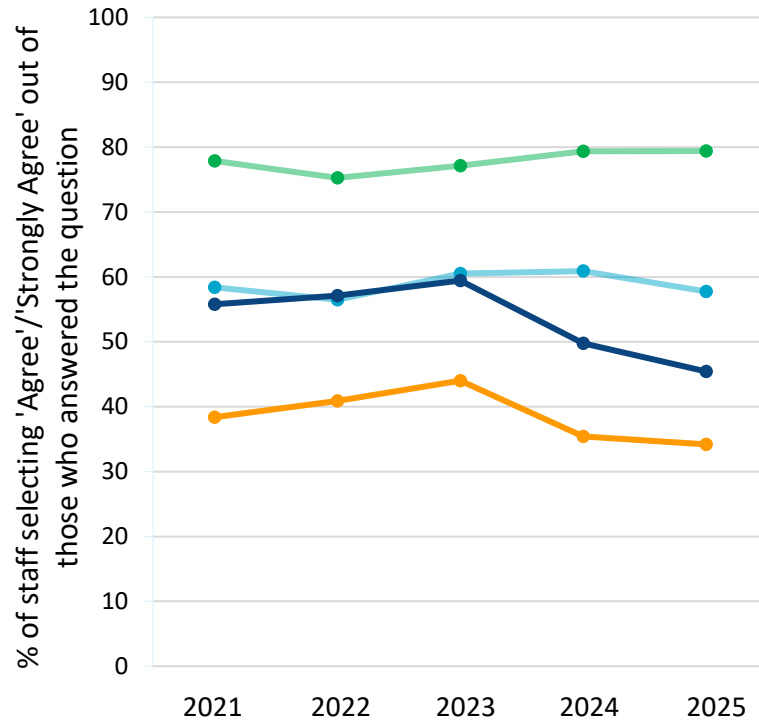
Year	Best result	Average result	Your org	Worst result
2021	61.43%	53.41%	53.76%	43.54%
2022	61.98%	54.86%	56.47%	42.85%
2023	62.84%	56.30%	57.14%	46.84%
2024	63.94%	55.71%	54.42%	44.35%
2025	64.90%	54.54%	52.72%	44.33%



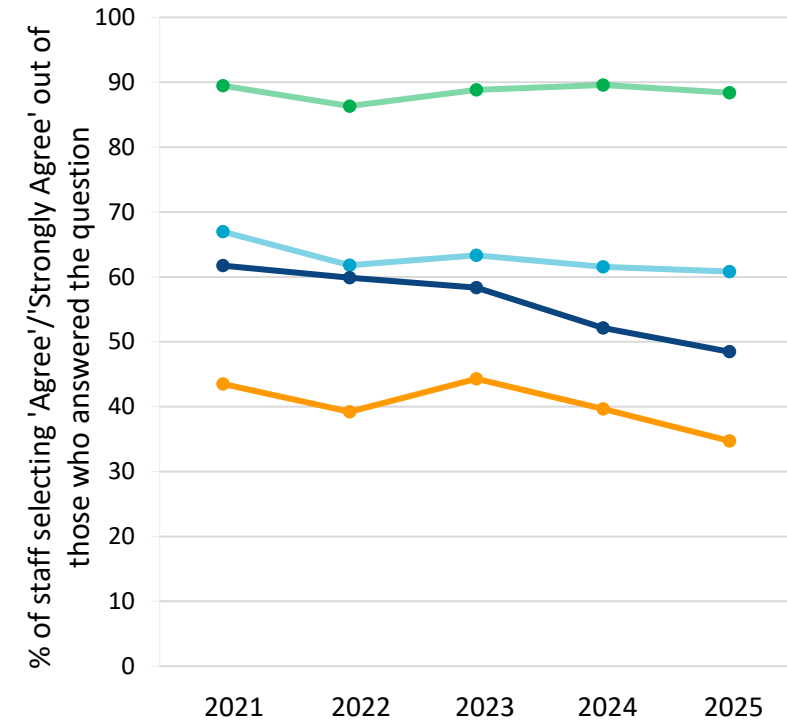
Q25a Care of patients / service users is my organisation's top priority.



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



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



Year	2021	2022	2023	2024	2025
Your org	72.61%	72.84%	72.57%	65.87%	62.26%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	3937	4355	4513	3965	4245

Year	2021	2022	2023	2024	2025
Your org	55.77%	57.10%	59.44%	49.76%	45.43%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	3934	4350	4511	3966	4244

Year	2021	2022	2023	2024	2025
Your org	61.74%	59.87%	58.35%	52.14%	48.46%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	3937	4354	4507	3965	4246

Theme - Morale



Questions included:

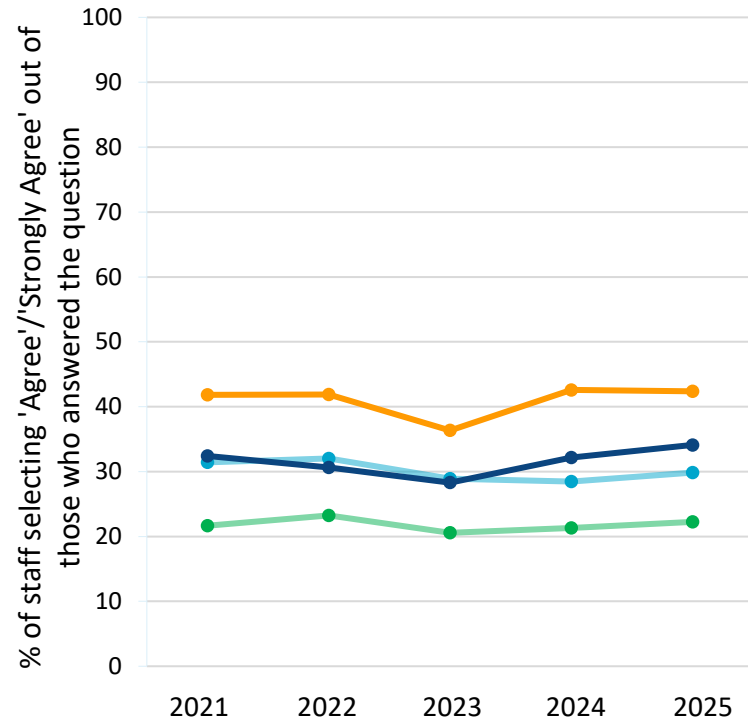
Thinking about leaving – Q26a, Q26b, Q26c

Work pressure – Q3g, Q3h, Q3i

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

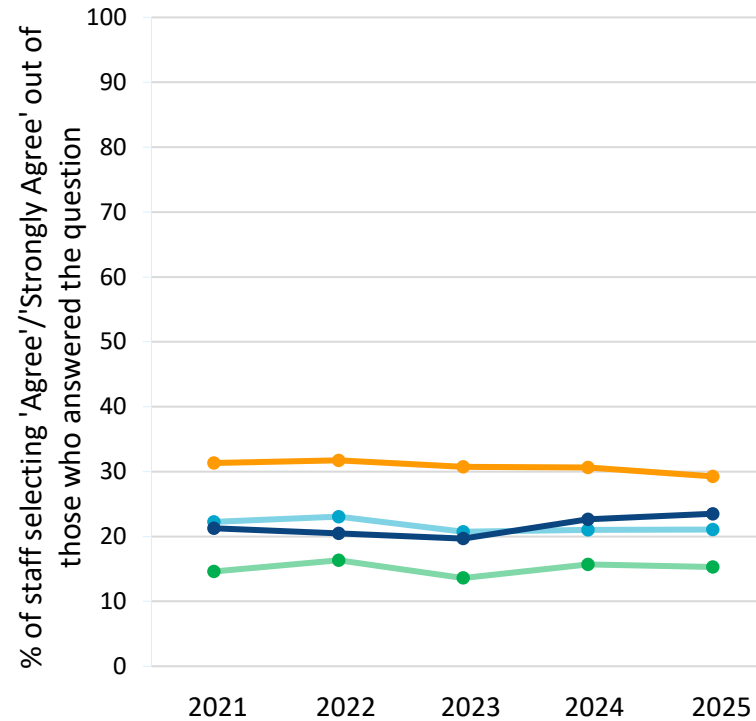


Q26a I often think about leaving this organisation.



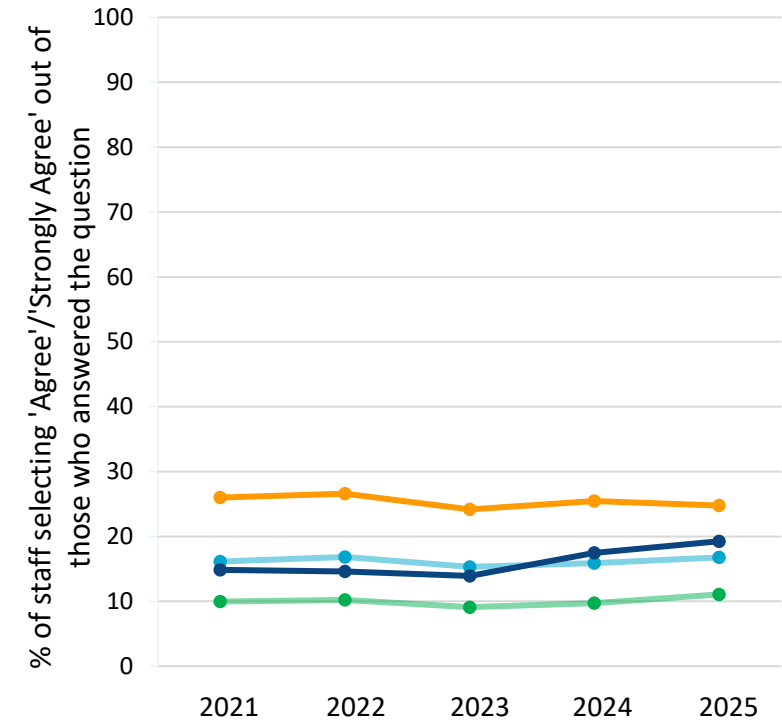
Your org	2021	2022	2023	2024	2025
Best result	21.67%	23.25%	20.56%	21.31%	22.27%
Average result	31.44%	32.02%	28.90%	28.46%	29.83%
Worst result	41.82%	41.89%	36.33%	42.59%	42.38%
Responses	3932	4337	4524	3970	4258

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



Your org	2021	2022	2023	2024	2025
Best result	14.63%	16.33%	13.60%	15.69%	15.29%
Average result	22.24%	23.06%	20.73%	21.00%	21.07%
Worst result	31.33%	31.73%	30.75%	30.62%	29.26%
Responses	3925	4338	4518	3965	4254

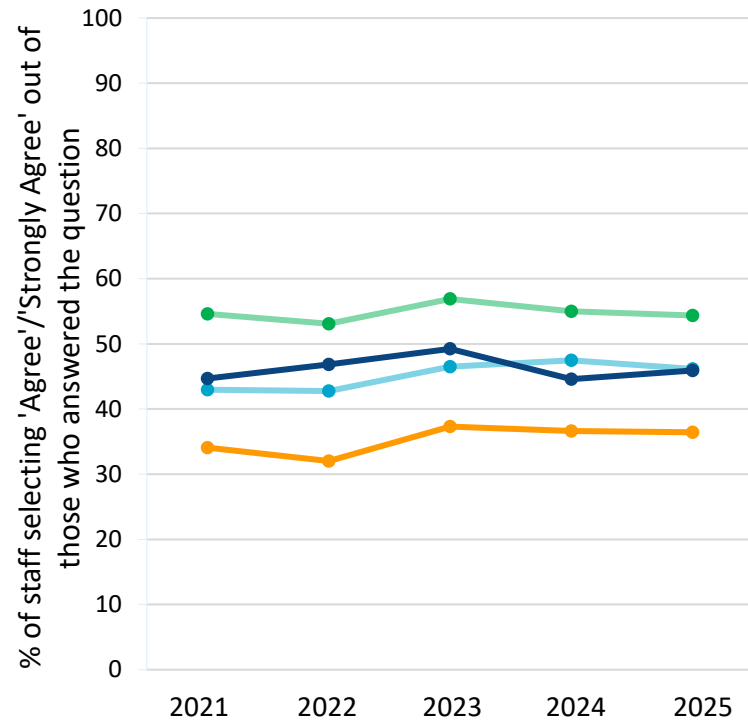
Q26c As soon as I can find another job, I will leave this organisation.



Your org	2021	2022	2023	2024	2025
Best result	9.95%	10.19%	9.11%	9.75%	11.07%
Average result	16.15%	16.84%	15.32%	15.87%	16.77%
Worst result	25.98%	26.59%	24.17%	25.47%	24.76%
Responses	3925	4338	4510	3959	4244

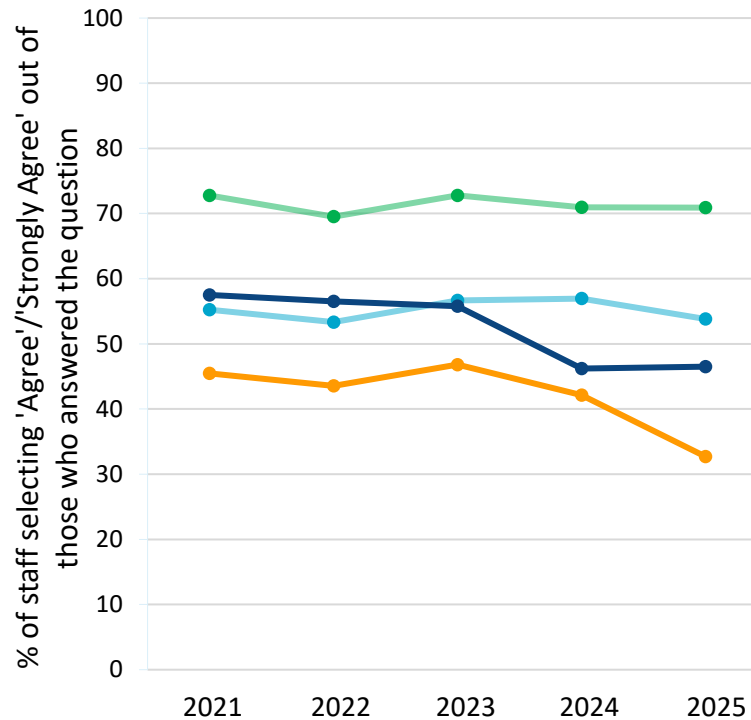


Q3g I am able to meet all the conflicting demands on my time at work.



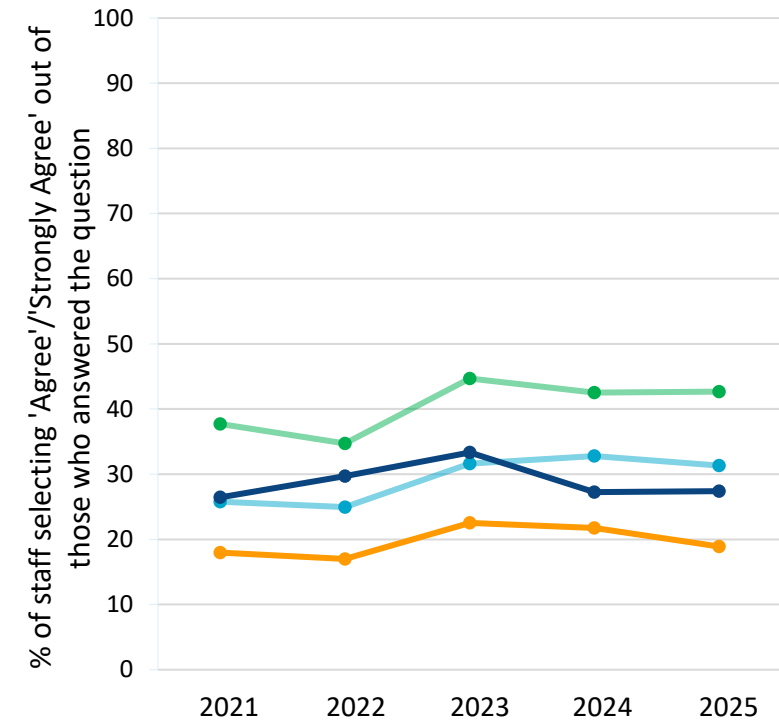
Your org	2021	2022	2023	2024	2025
Best result	54.61%	53.09%	56.89%	54.99%	54.34%
Average result	42.96%	42.76%	46.52%	47.47%	46.14%
Worst result	34.06%	32.02%	37.31%	36.63%	36.45%
Responses	4045	4352	4518	3980	4251

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



Your org	2021	2022	2023	2024	2025
Best result	72.77%	69.52%	72.79%	70.96%	70.92%
Average result	55.26%	53.34%	56.68%	56.94%	53.84%
Worst result	45.45%	43.54%	46.82%	42.11%	32.70%
Responses	4043	4358	4522	3989	4256

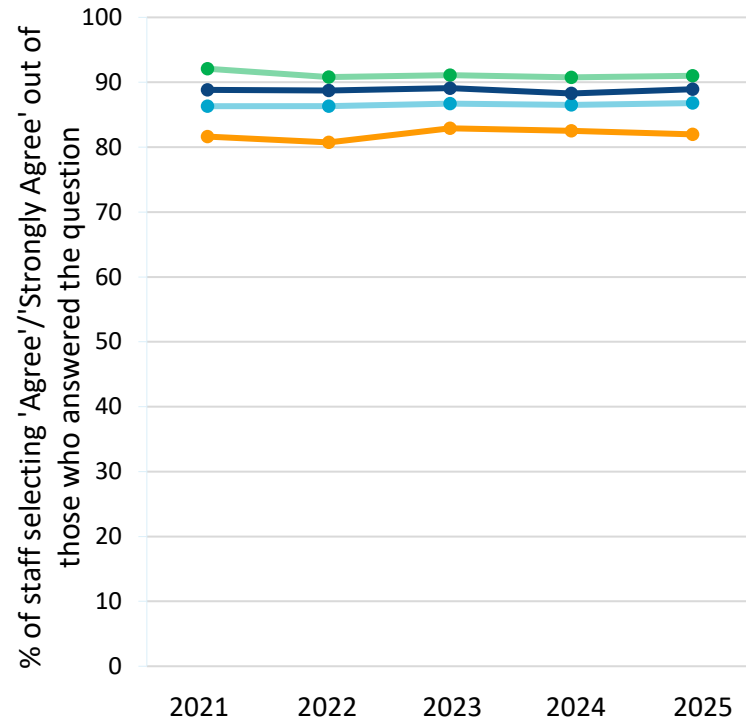
Q3i There are enough staff at this organisation for me to do my job properly.



Your org	2021	2022	2023	2024	2025
Best result	37.72%	34.72%	44.68%	42.50%	42.65%
Average result	25.79%	24.95%	31.62%	32.78%	31.34%
Worst result	17.94%	17.00%	22.52%	21.73%	18.91%
Responses	4053	4358	4527	3987	4256

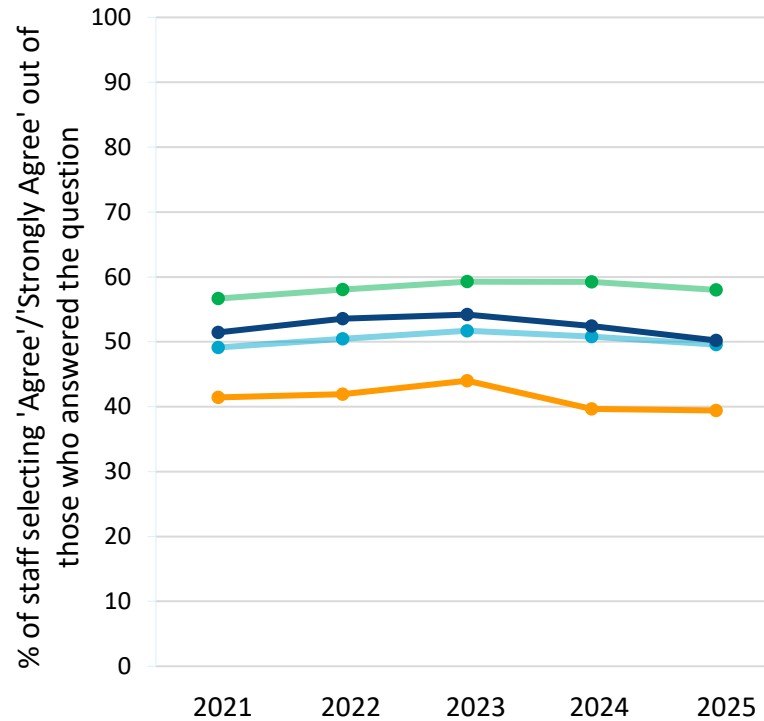


Q3a I always know what my work responsibilities are.



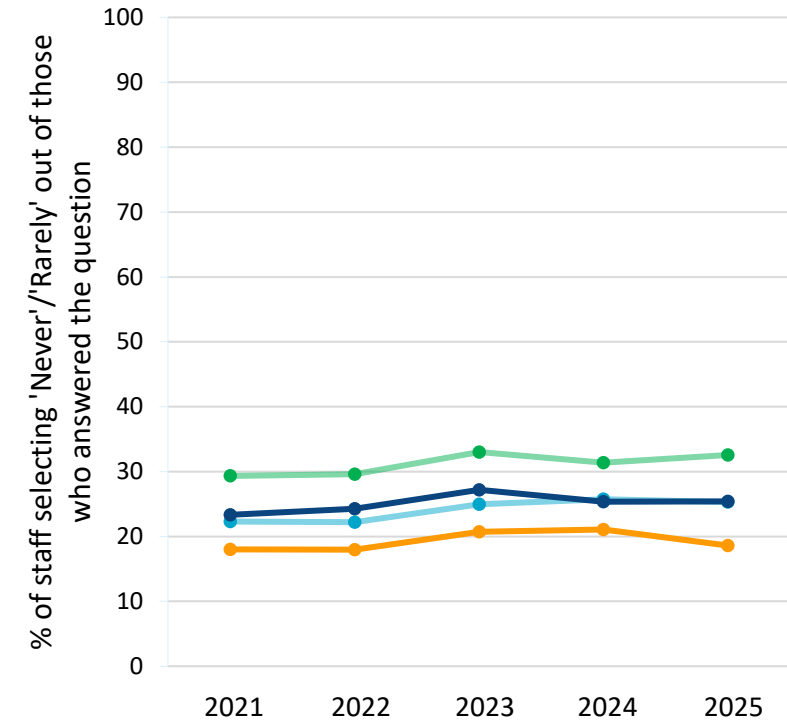
Your org	88.80%	88.73%	89.09%	88.27%	88.94%
Best result	92.09%	90.81%	91.10%	90.75%	91.00%
Average result	86.33%	86.32%	86.69%	86.53%	86.79%
Worst result	81.63%	80.73%	82.90%	82.49%	81.95%
Responses	4057	4354	4534	3992	4265

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



Your org	51.43%	53.57%	54.19%	52.44%	50.21%
Best result	56.66%	58.05%	59.27%	59.26%	58.01%
Average result	49.12%	50.45%	51.71%	50.82%	49.59%
Worst result	41.44%	41.94%	44.00%	39.68%	39.41%
Responses	4051	4357	4524	3986	4259

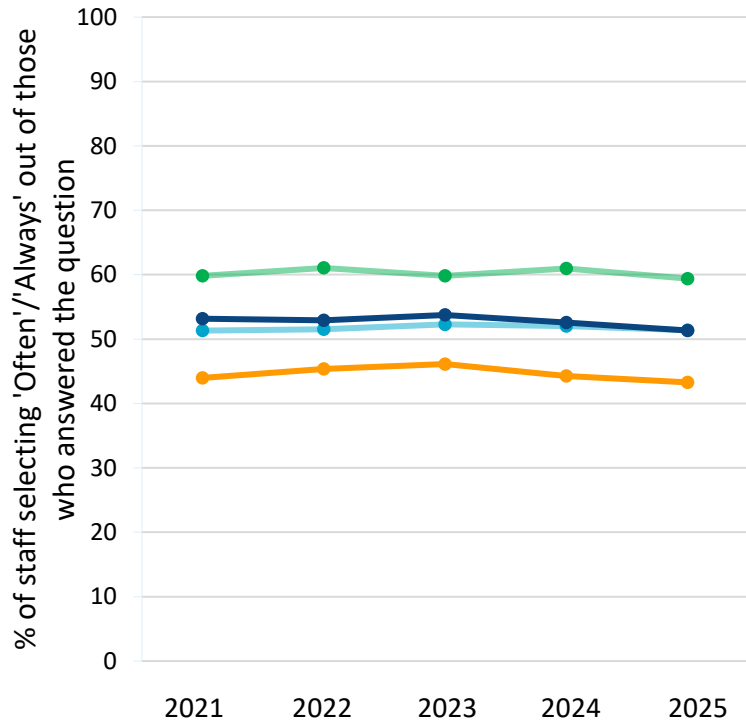
Q5a I have unrealistic time pressures.



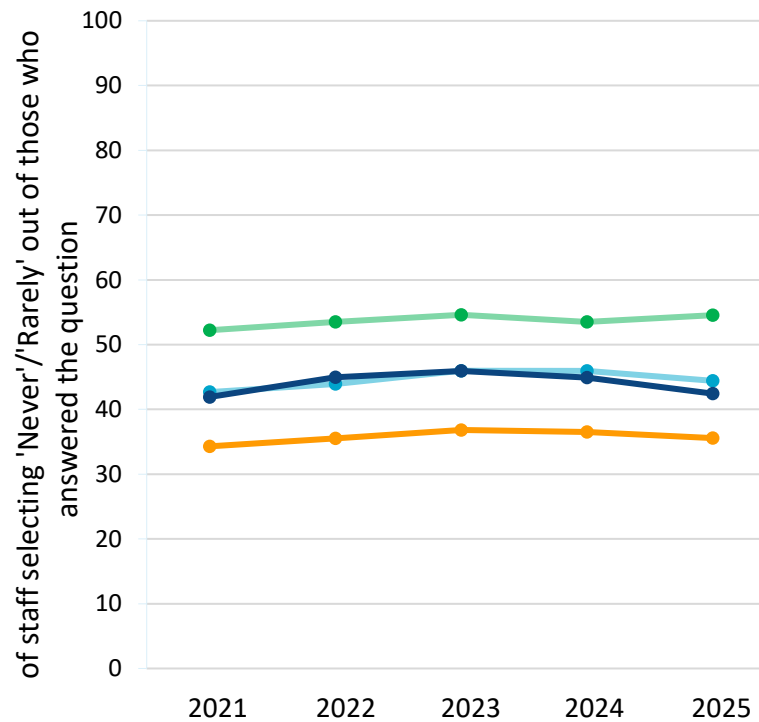
Your org	23.34%	24.28%	27.19%	25.35%	25.38%
Best result	29.33%	29.60%	33.01%	31.38%	32.55%
Average result	22.28%	22.20%	24.97%	25.73%	25.30%
Worst result	18.03%	17.97%	20.72%	21.07%	18.61%
Responses	4029	4342	4525	3982	4253



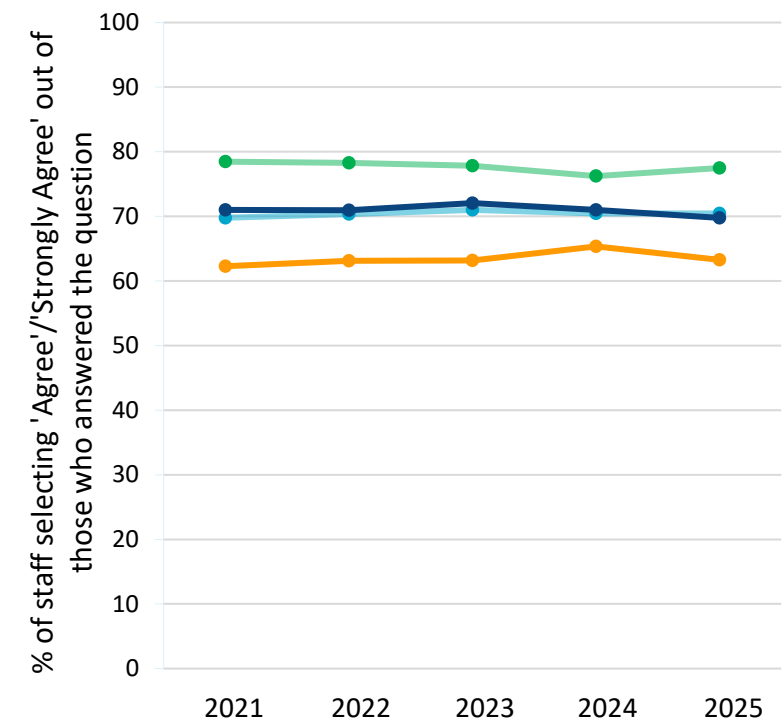
Q5b I have a choice in deciding how to do my work.



Q5c Relationships at work are strained.



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



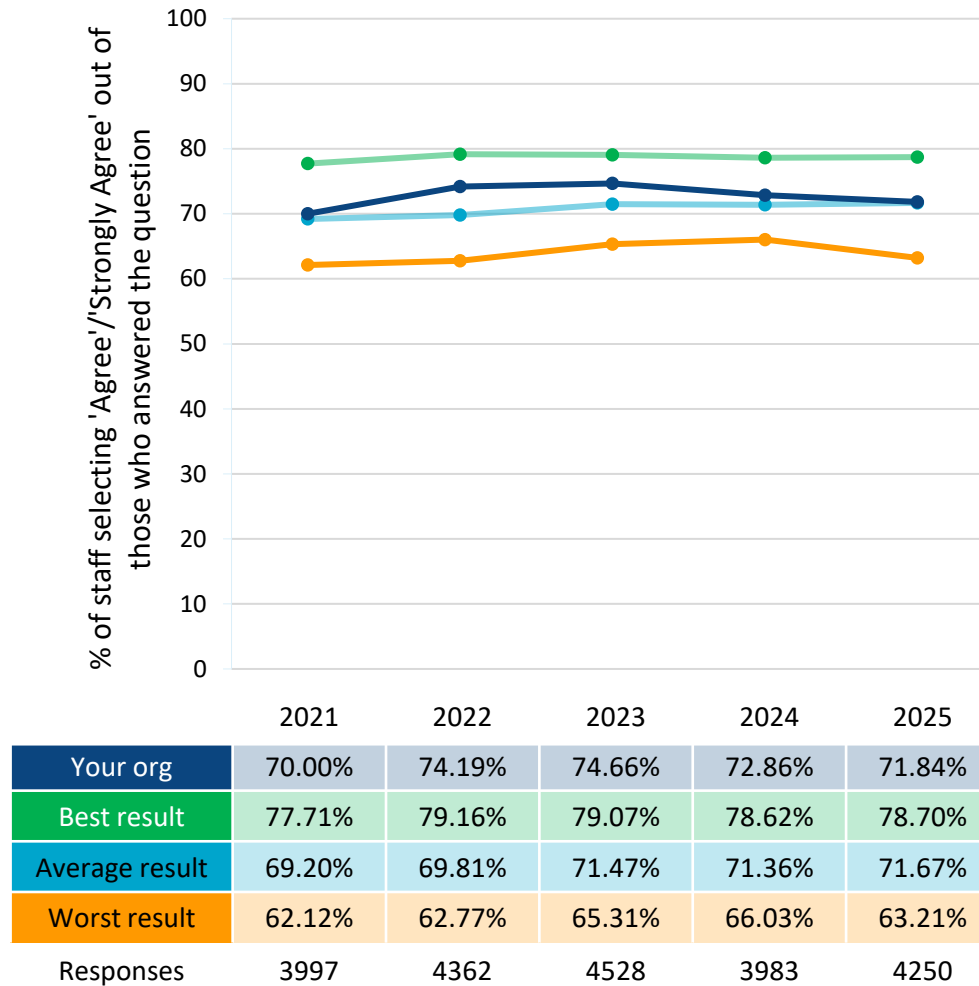
	2021	2022	2023	2024	2025
Your org	53.16%	52.92%	53.74%	52.58%	51.33%
Best result	59.84%	61.04%	59.83%	60.94%	59.39%
Average result	51.31%	51.54%	52.28%	52.02%	51.37%
Worst result	43.95%	45.34%	46.12%	44.25%	43.28%
Responses	4032	4341	4518	3976	4252

	2021	2022	2023	2024	2025
Your org	41.92%	44.94%	45.93%	44.92%	42.43%
Best result	52.22%	53.50%	54.61%	53.52%	54.55%
Average result	42.67%	43.93%	45.97%	45.95%	44.43%
Worst result	34.29%	35.52%	36.82%	36.49%	35.57%
Responses	4028	4340	4517	3974	4244

	2021	2022	2023	2024	2025
Your org	71.01%	70.92%	72.05%	70.97%	69.76%
Best result	78.46%	78.30%	77.85%	76.23%	77.49%
Average result	69.78%	70.35%	71.00%	70.47%	70.43%
Worst result	62.28%	63.13%	63.18%	65.35%	63.28%
Responses	4011	4359	4526	3983	4261



Q9a My immediate manager encourages me at work.



Questions not linked to People Promise elements or themes

Questions included:*

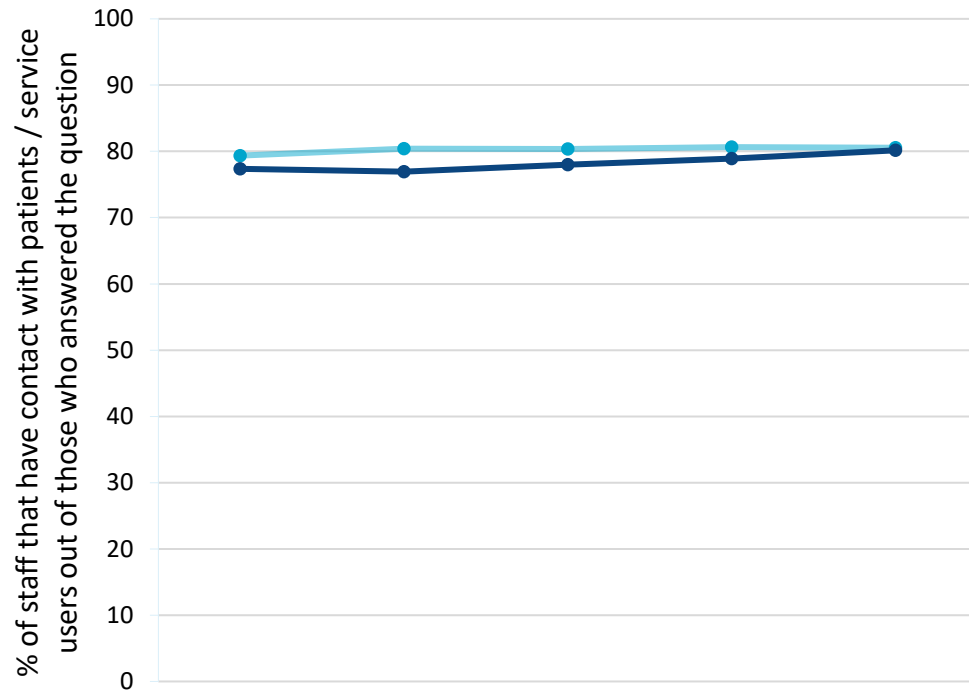
Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. The results for Q24f are reported in the section for People Promise element 5: We are always learning. These questions do not contribute to any score or sub-score calculations.

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



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

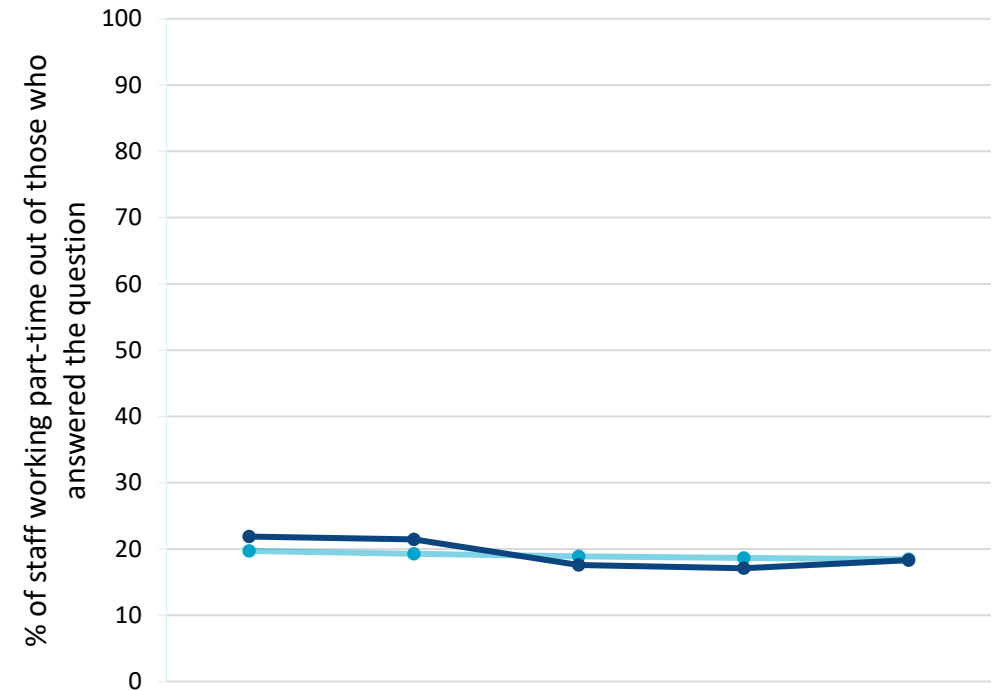


2021 2022 2023 2024 2025

Your org	77.38%	76.94%	77.98%	78.92%	80.16%
Average	79.36%	80.42%	80.37%	80.65%	80.54%

Responses 4081 4314 4518 3966 4233

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



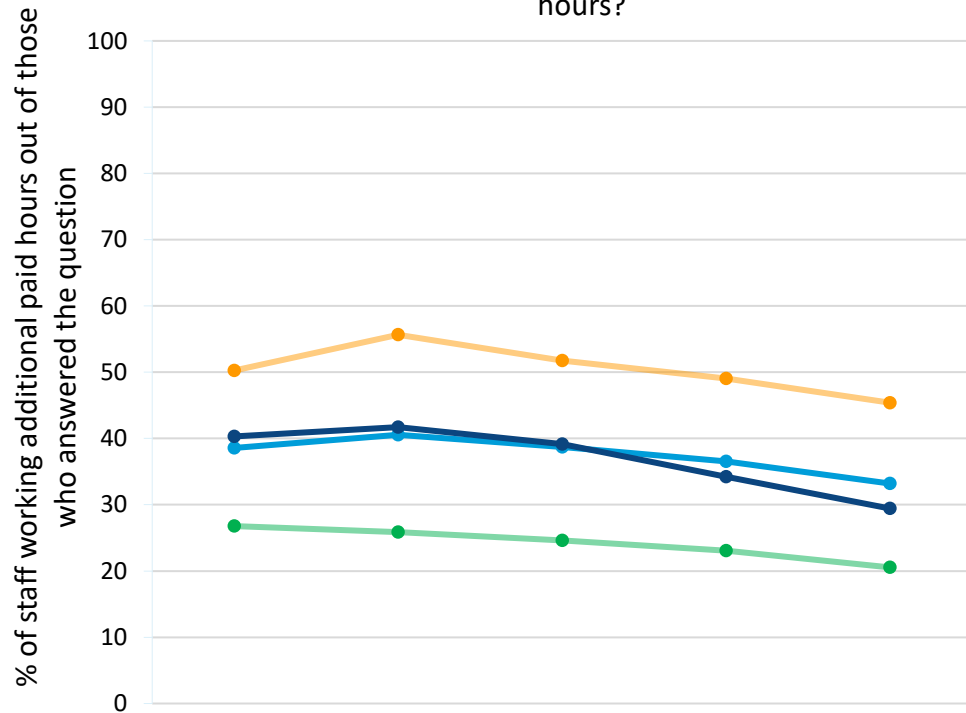
2021 2022 2023 2024 2025

Your org	21.86%	21.43%	17.57%	17.08%	18.31%
Average	19.69%	19.24%	18.88%	18.64%	18.44%

Responses 3883 4256 4410 3900 4162



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

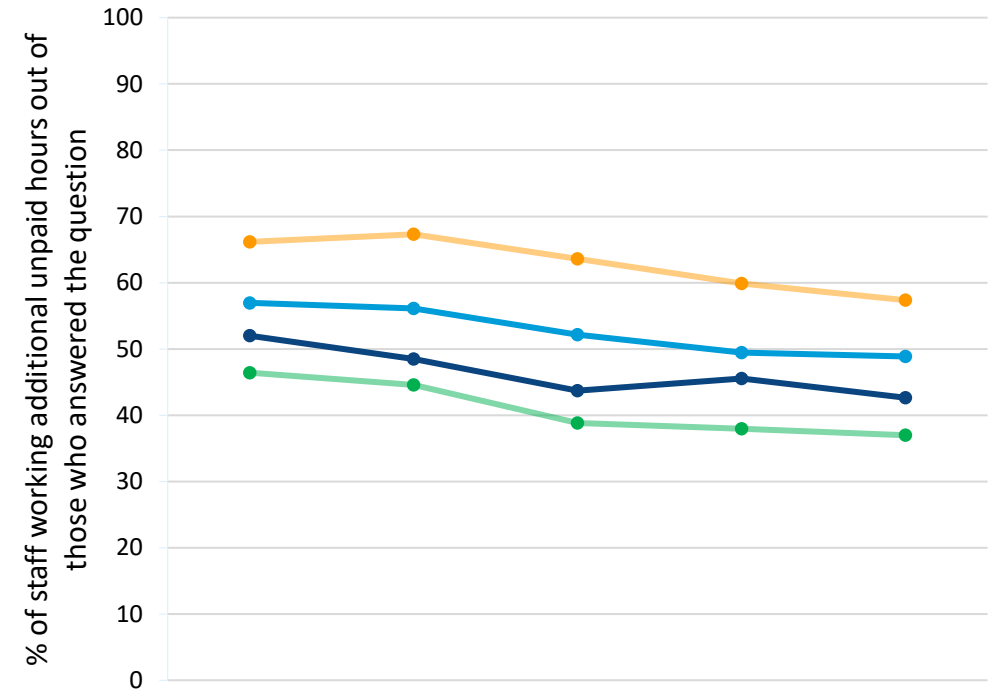


2021 2022 2023 2024 2025

Your org	40.33%	41.71%	39.14%	34.22%	29.43%
Lowest	26.78%	25.89%	24.62%	23.04%	20.54%
Average	38.55%	40.56%	38.69%	36.54%	33.20%
Highest	50.26%	55.65%	51.73%	49.05%	45.40%

Responses 3973 4335 4511 3972 4246

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



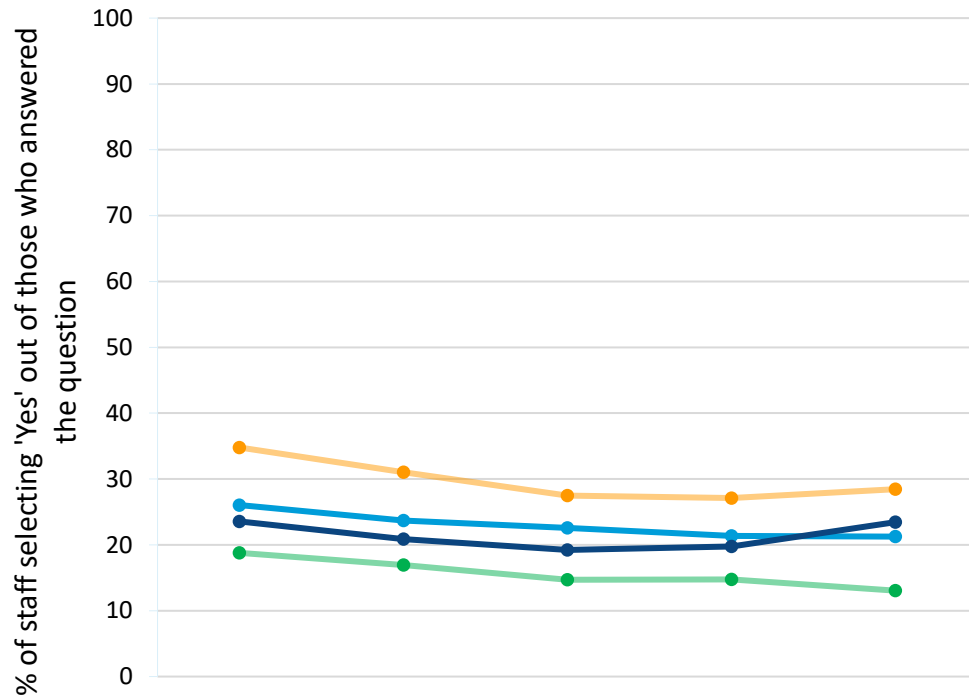
2021 2022 2023 2024 2025

Your org	52.00%	48.46%	43.73%	45.54%	42.64%
Lowest	46.42%	44.57%	38.81%	37.94%	36.98%
Average	56.96%	56.11%	52.13%	49.47%	48.87%
Highest	66.17%	67.31%	63.58%	59.88%	57.36%

Responses 3972 4338 4503 3974 4245

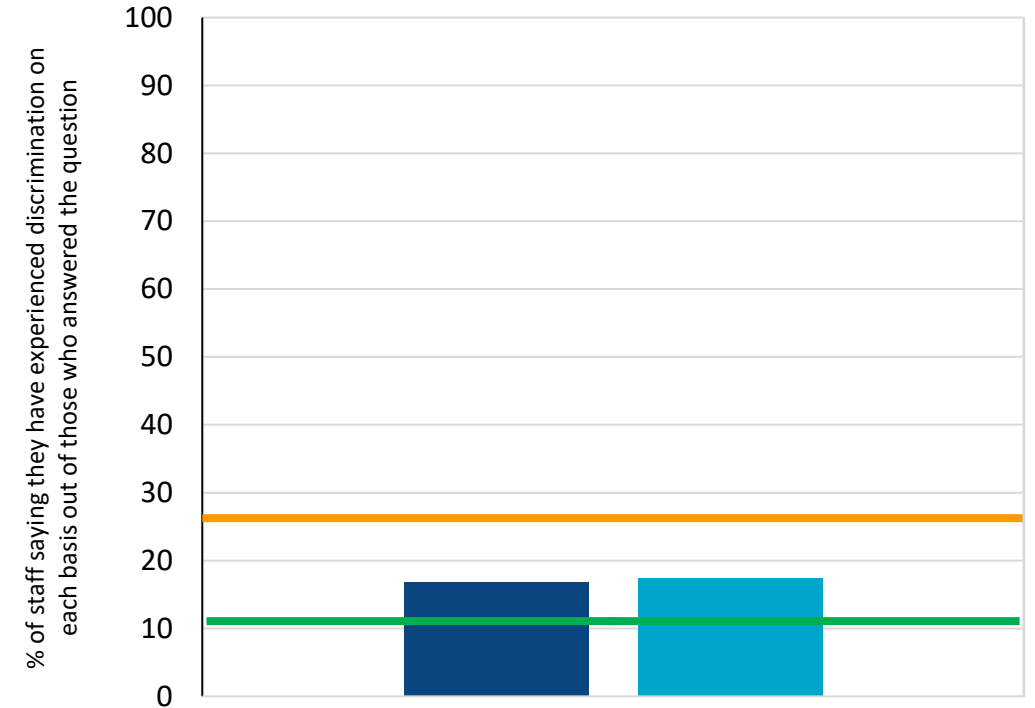


Q11e* Have you felt pressure from your manager to come to work?



	2021	2022	2023	2024	2025
Your org	23.56%	20.87%	19.23%	19.76%	23.46%
Best result	18.79%	16.95%	14.72%	14.76%	13.05%
Average result	26.04%	23.70%	22.58%	21.34%	21.25%
Worst result	34.79%	31.04%	27.49%	27.11%	28.45%
Responses	2135	2276	2247	2148	2307

Q16c.1 On what grounds have you experienced discrimination? – Age.



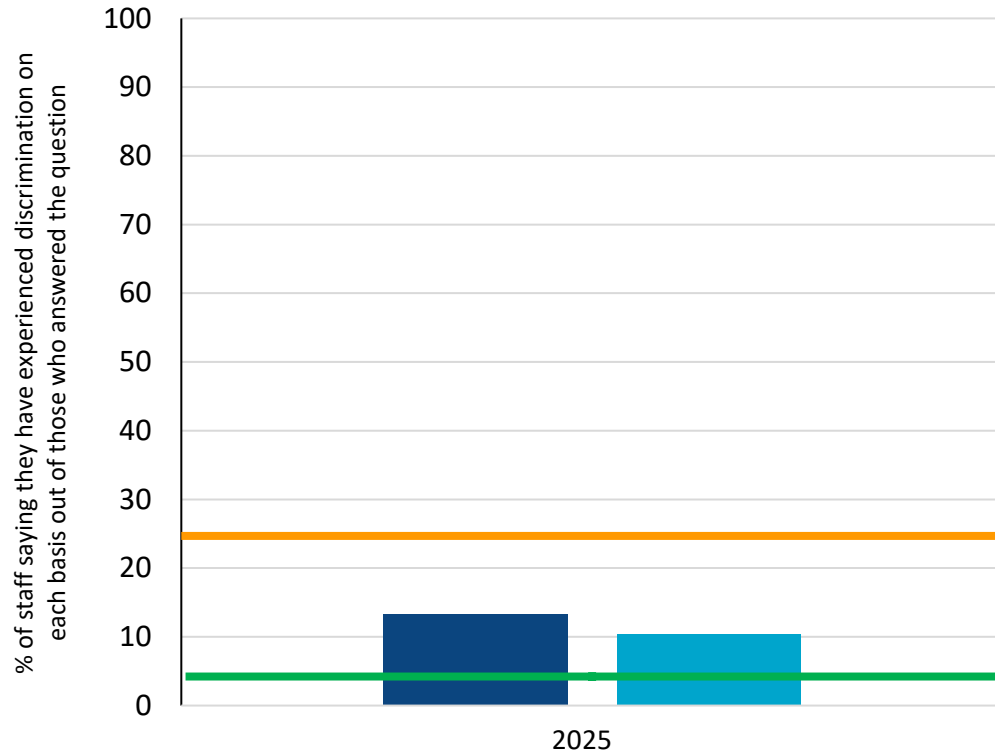
	2025
Your org	16.76%
Best result	11.08%
Average result	17.46%
Worst result	26.25%
Responses	569

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

Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

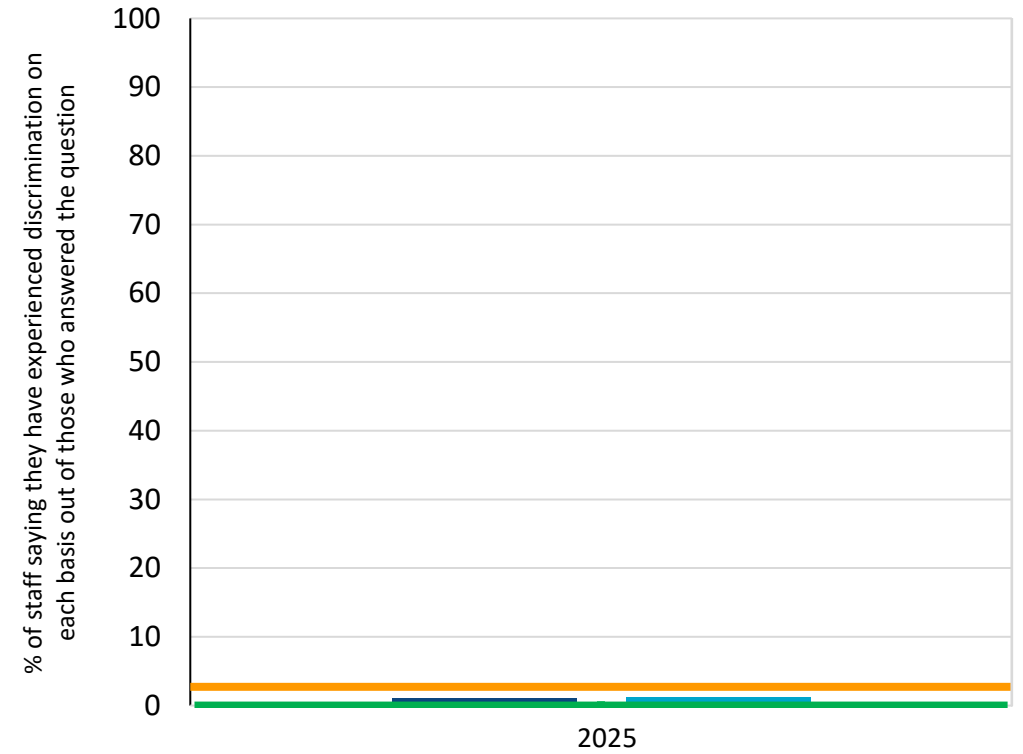


Q16c.2 On what grounds have you experienced discrimination?
– Disability.



2025	
Your org	13.29%
Best result	4.23%
Average result	10.47%
Worst result	24.69%
Responses	569

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

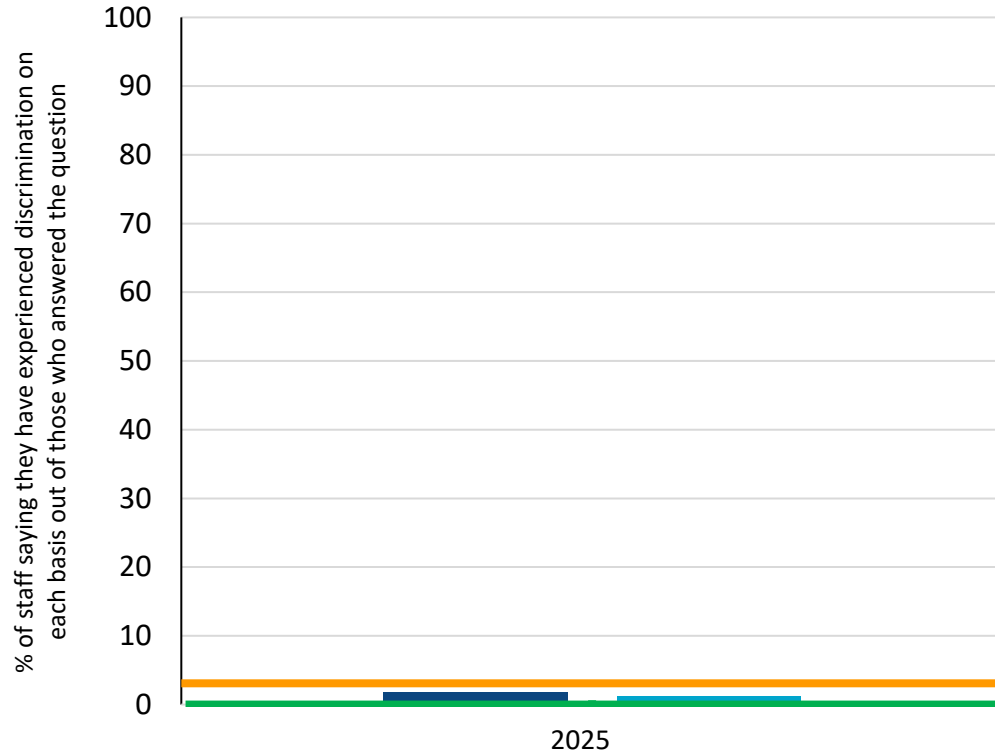


2025	
Your org	1.18%
Best result	0.00%
Average result	1.25%
Worst result	2.73%
Responses	569

Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

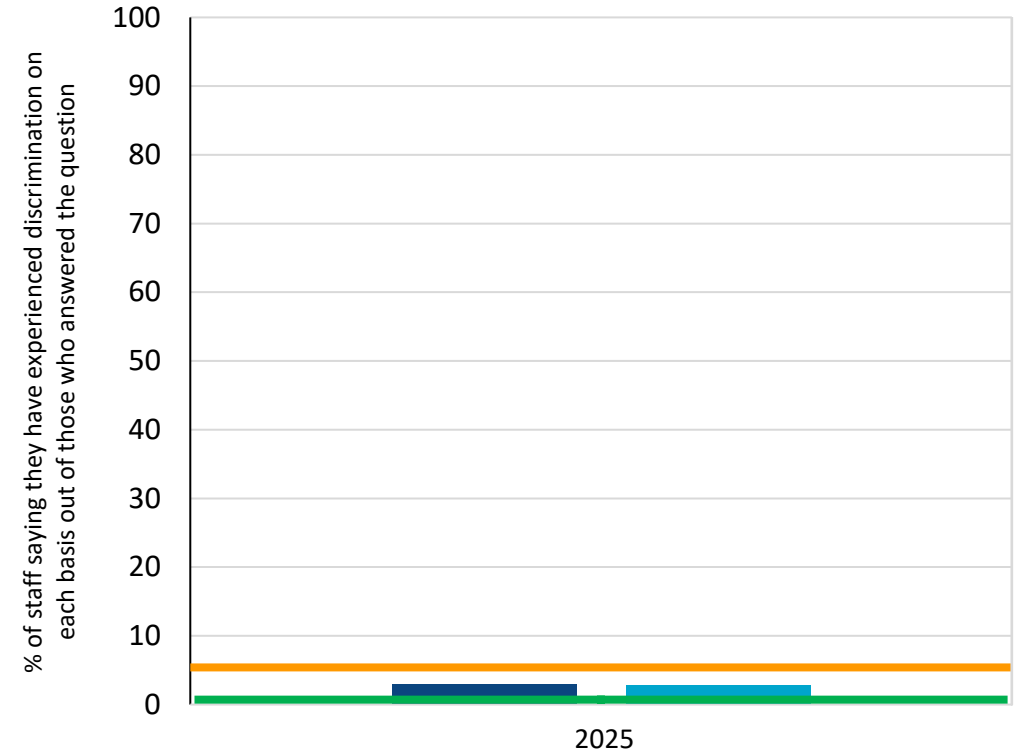


Q16c.4 On what grounds have you experienced discrimination?
– Marriage and civil partnership.



2025	
Your org	1.83%
Best result	0.00%
Average result	1.23%
Worst result	3.09%
Responses	569

Q16c.5 On what grounds have you experienced discrimination?
– Pregnancy and maternity.

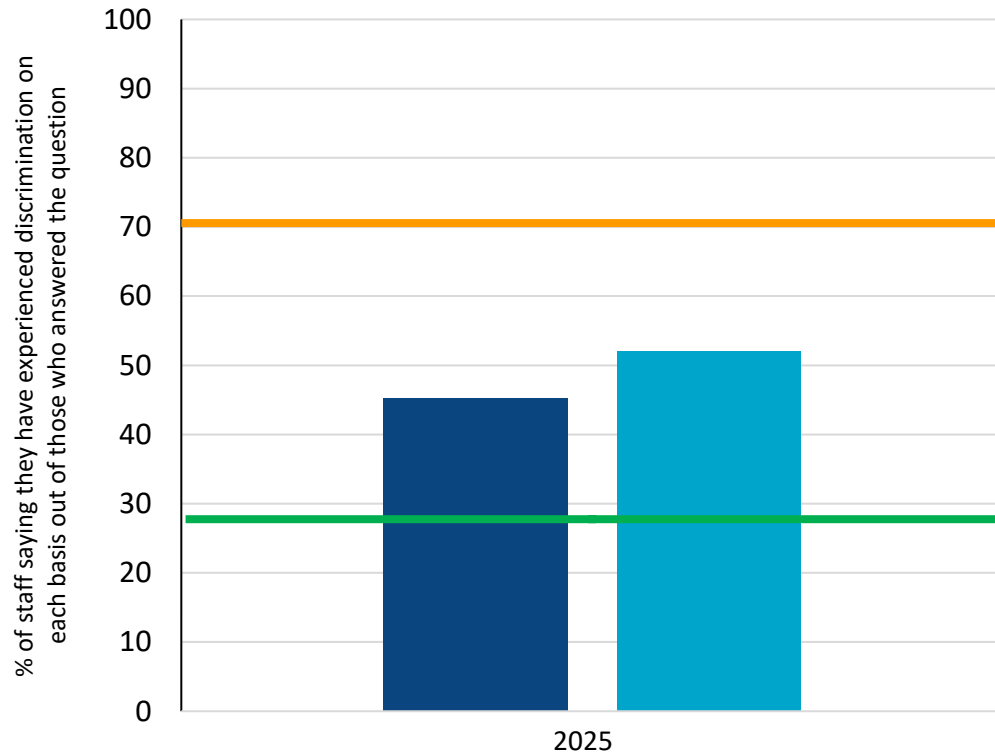


2025	
Your org	2.91%
Best result	0.72%
Average result	2.83%
Worst result	5.41%
Responses	569

Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

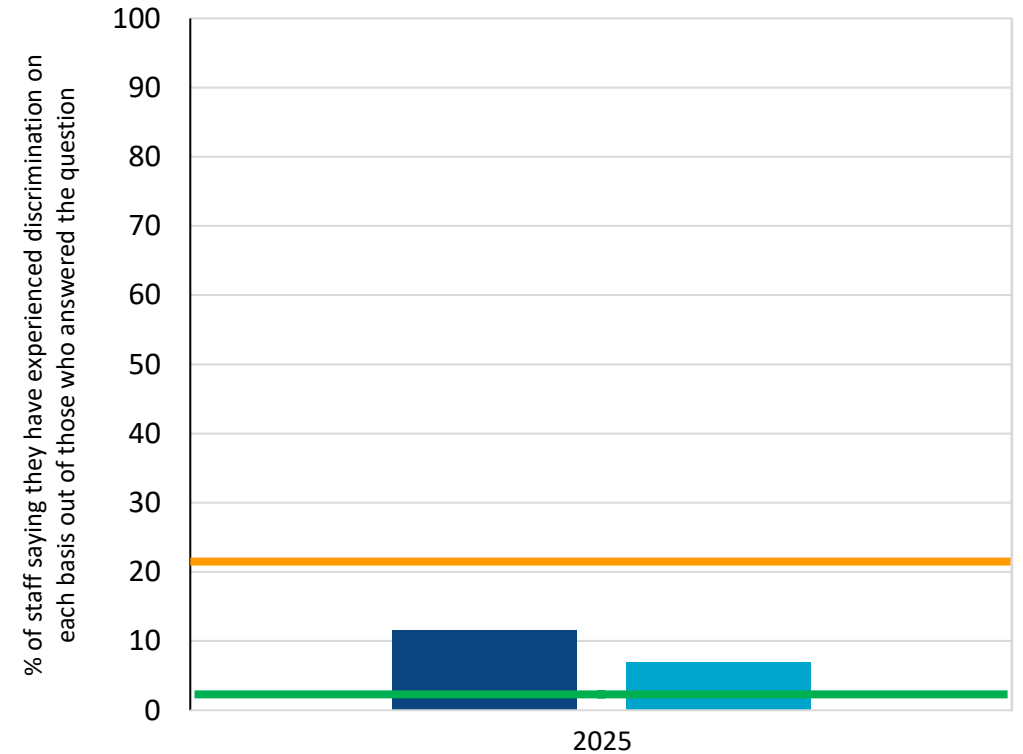


Q16c.6 On what grounds have you experienced discrimination?
– Race.



Your org	45.26%
Best result	27.76%
Average result	52.00%
Worst result	70.56%
Responses	569

Q16c.7 On what grounds have you experienced discrimination?
– Religion or belief.

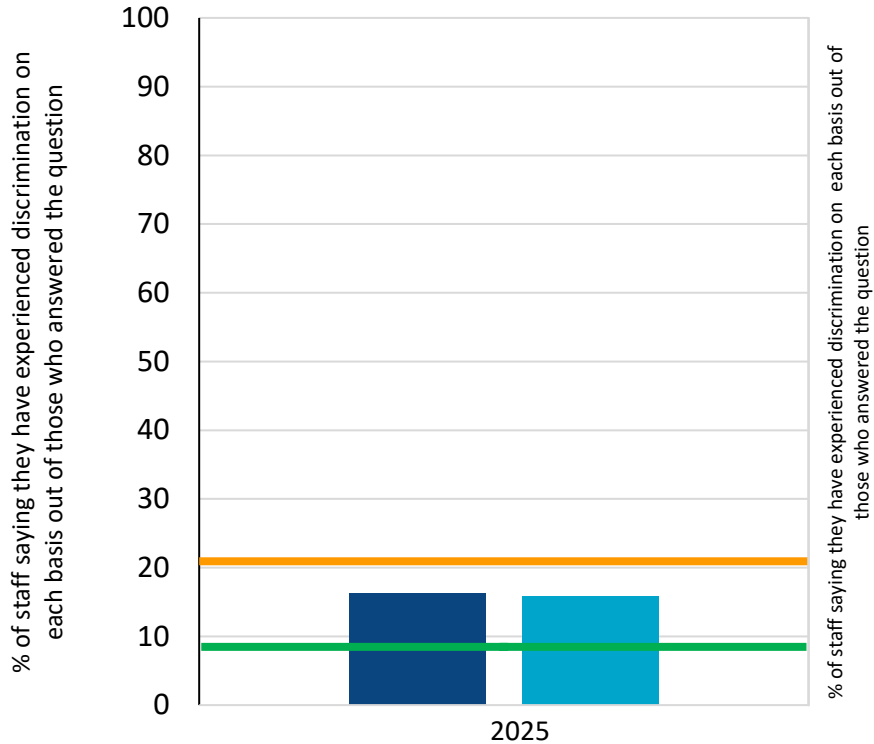


Your org	11.61%
Best result	2.29%
Average result	6.87%
Worst result	21.49%
Responses	569

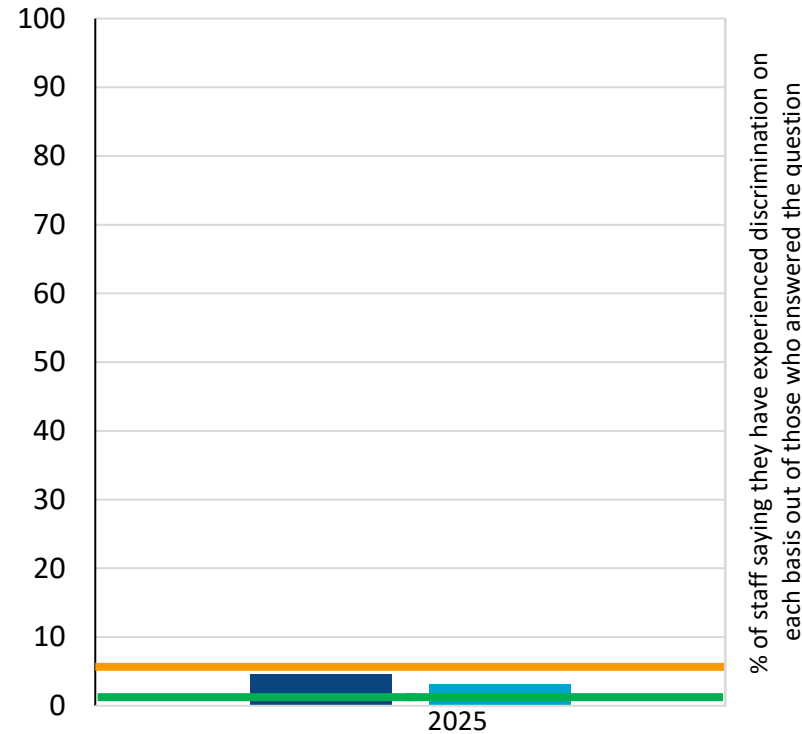
Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>



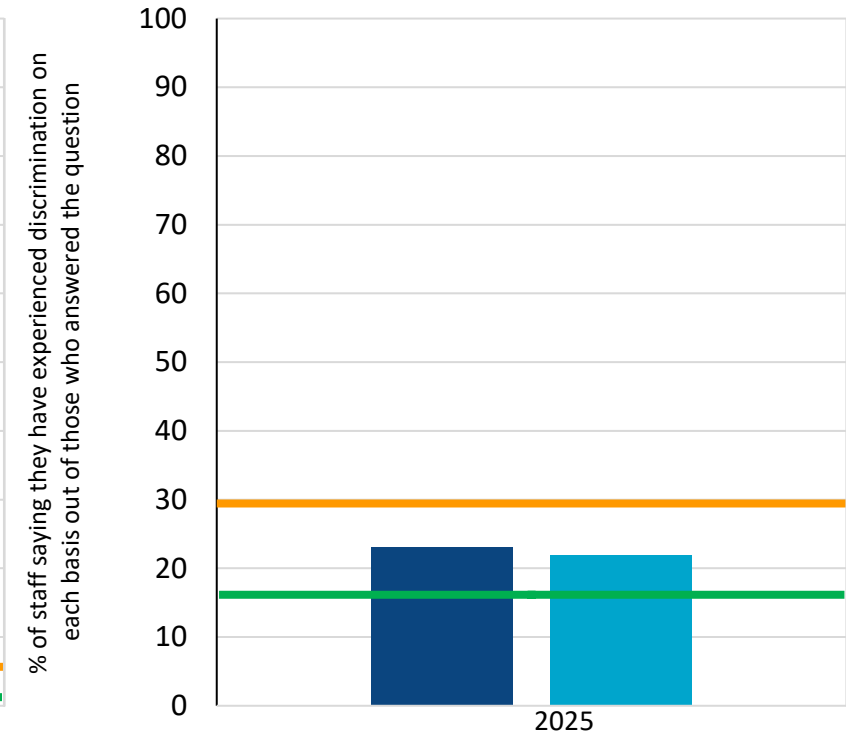
Q16c.8 On what grounds have you experienced discrimination? -- Sex.



Q16c.9 On what grounds have you experienced discrimination? -- Sexual orientation.



Q16c.10 On what grounds have you experienced discrimination? -- Other.



Your org	16.16%
Best result	8.47%
Average result	15.75%
Worst result	20.93%
Responses	569

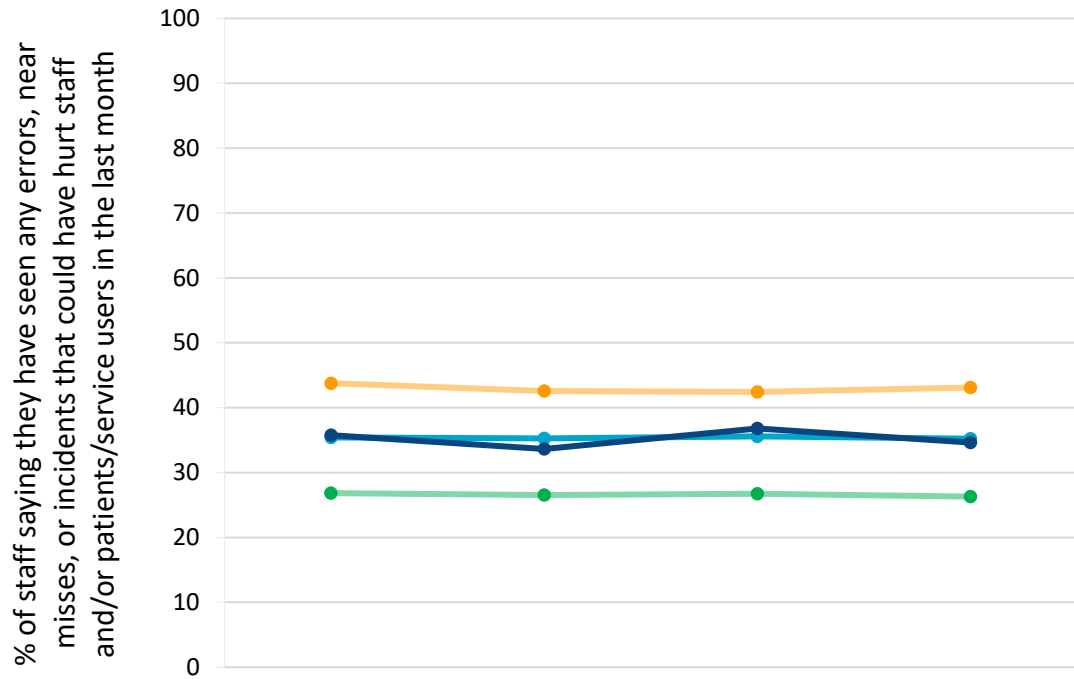
Your org	4.65%
Best result	1.25%
Average result	3.12%
Worst result	5.67%
Responses	569

Your org	23.10%
Best result	16.16%
Average result	21.87%
Worst result	29.43%
Responses	569

Note: Due to changes in the question options in 2025, previous years' results for Q16c are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

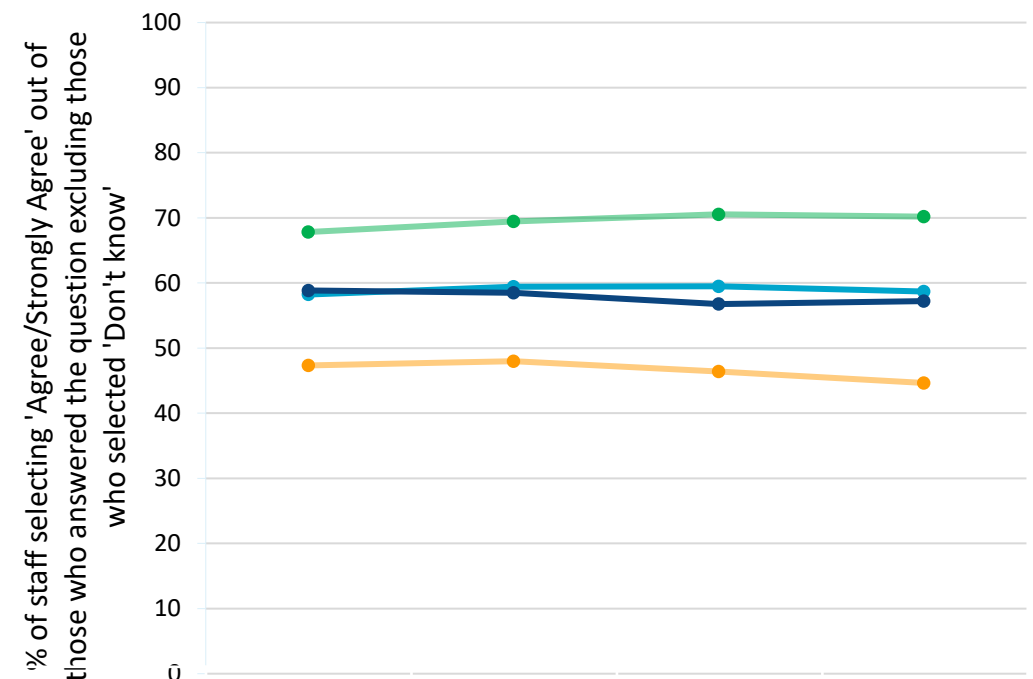


Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



	2022	2023	2024	2025
Your org	35.78%	33.64%	36.80%	34.65%
Best result	26.83%	26.55%	26.76%	26.30%
Average result	35.40%	35.27%	35.58%	35.22%
Worst result	43.77%	42.55%	42.43%	43.10%
Responses	4259	4432	3913	4165

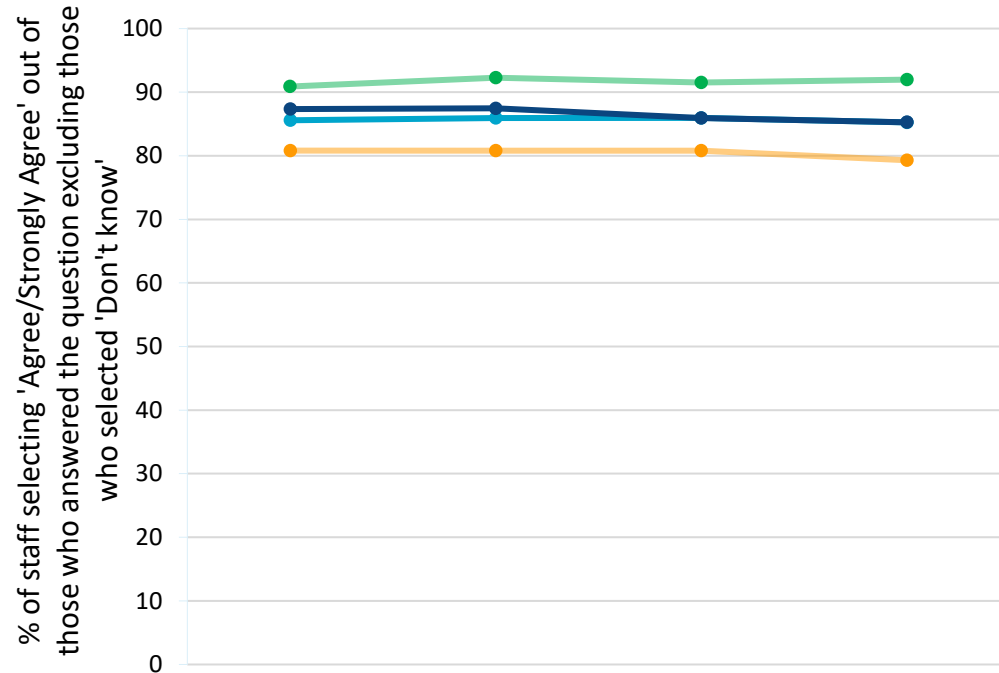
Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.



	2022	2023	2024	2025
Your org	58.85%	58.49%	56.77%	57.24%
Best result	67.83%	69.44%	70.55%	70.22%
Average result	58.23%	59.41%	59.50%	58.69%
Worst result	47.33%	47.99%	46.42%	44.65%
Responses	3363	3383	3028	3248

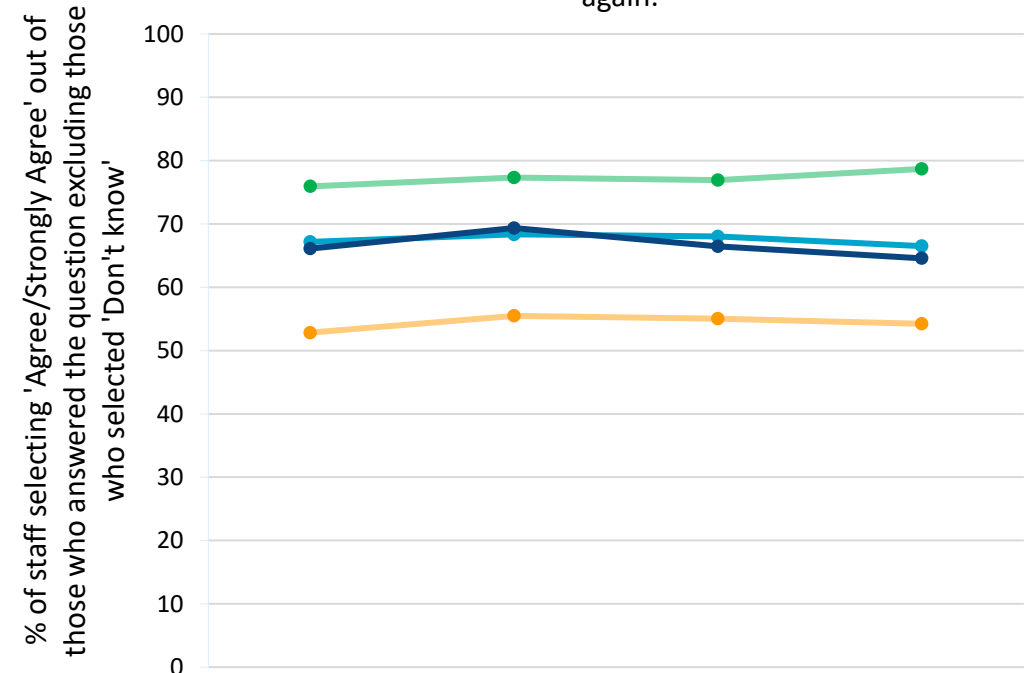


Q19b My organisation encourages us to report errors, near misses or incidents.



	2022	2023	2024	2025
Your org	87.32%	87.46%	85.91%	85.26%
Best result	90.89%	92.27%	91.54%	91.95%
Average result	85.58%	85.93%	85.95%	85.24%
Worst result	80.81%	80.78%	80.79%	79.29%
Responses	4155	4302	3817	4068

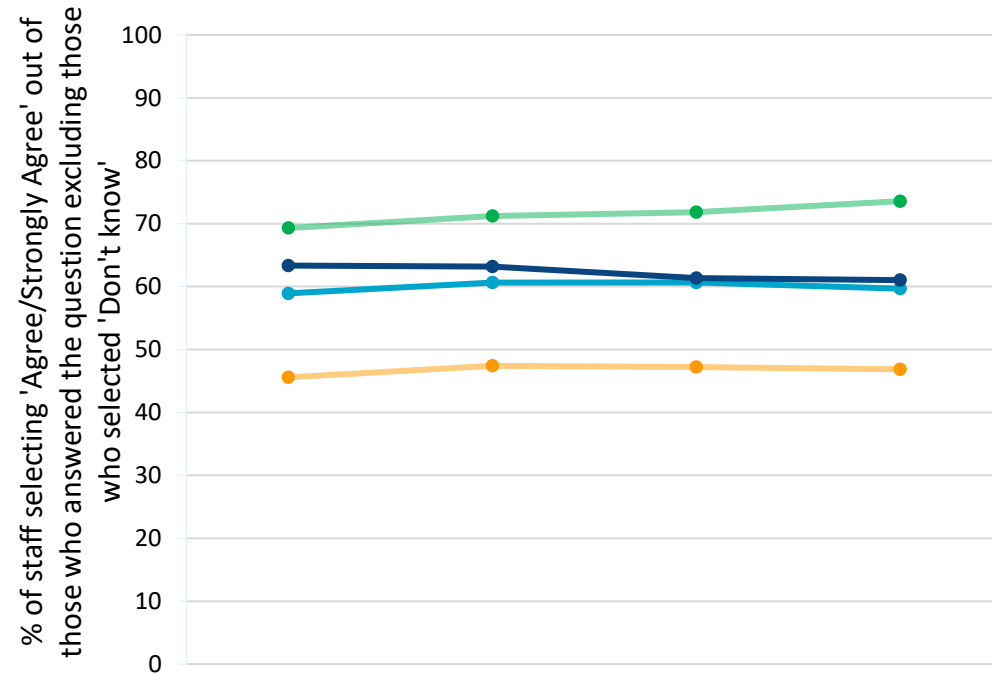
Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



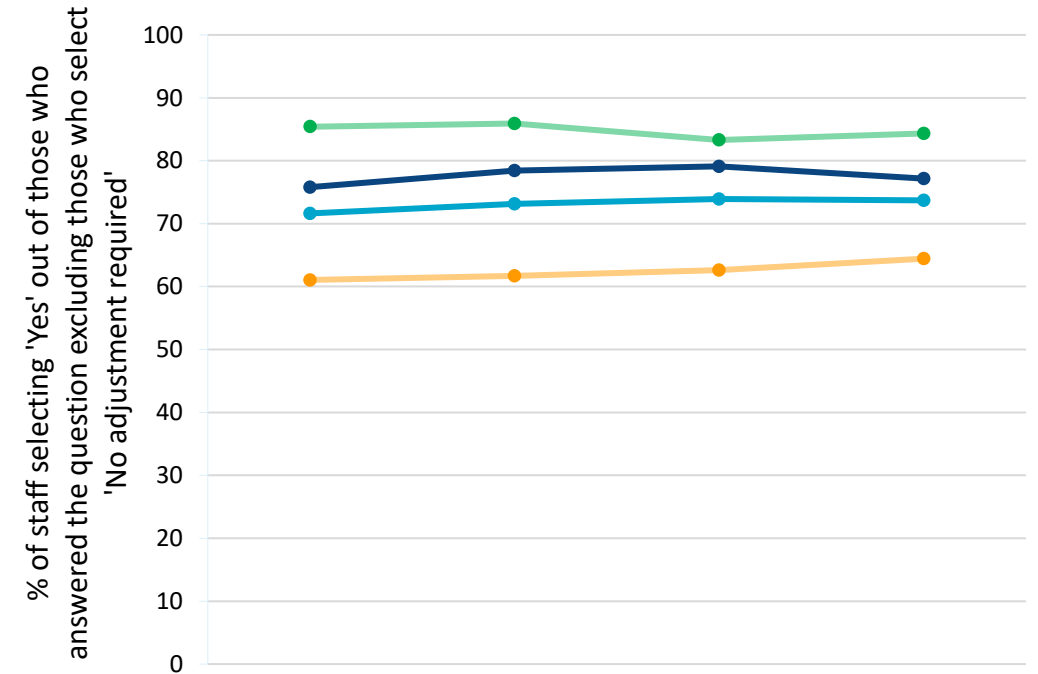
	2022	2023	2024	2025
Your org	66.10%	69.35%	66.46%	64.57%
Best result	75.93%	77.33%	76.90%	78.69%
Average result	67.15%	68.35%	68.04%	66.50%
Worst result	52.84%	55.47%	55.03%	54.21%
Responses	3851	3952	3506	3768



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



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

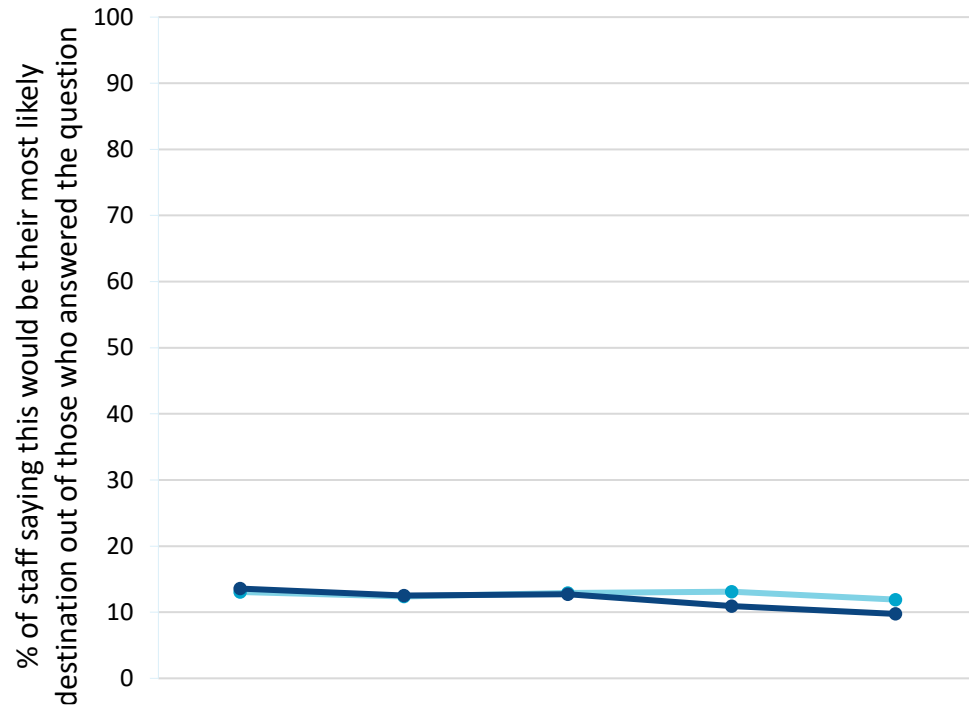


	2022	2023	2024	2025
Your org	63.34%	63.16%	61.33%	61.03%
Best result	69.30%	71.19%	71.81%	73.58%
Average result	58.93%	60.62%	60.66%	59.69%
Worst result	45.58%	47.41%	47.19%	46.87%
Responses	3827	3984	3534	3812

	2022	2023	2024	2025
Your org	75.80%	78.45%	79.11%	77.15%
Best result	85.42%	85.92%	83.30%	84.36%
Average result	71.63%	73.15%	73.92%	73.70%
Worst result	61.05%	61.73%	62.61%	64.44%
Responses	603	677	679	728



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

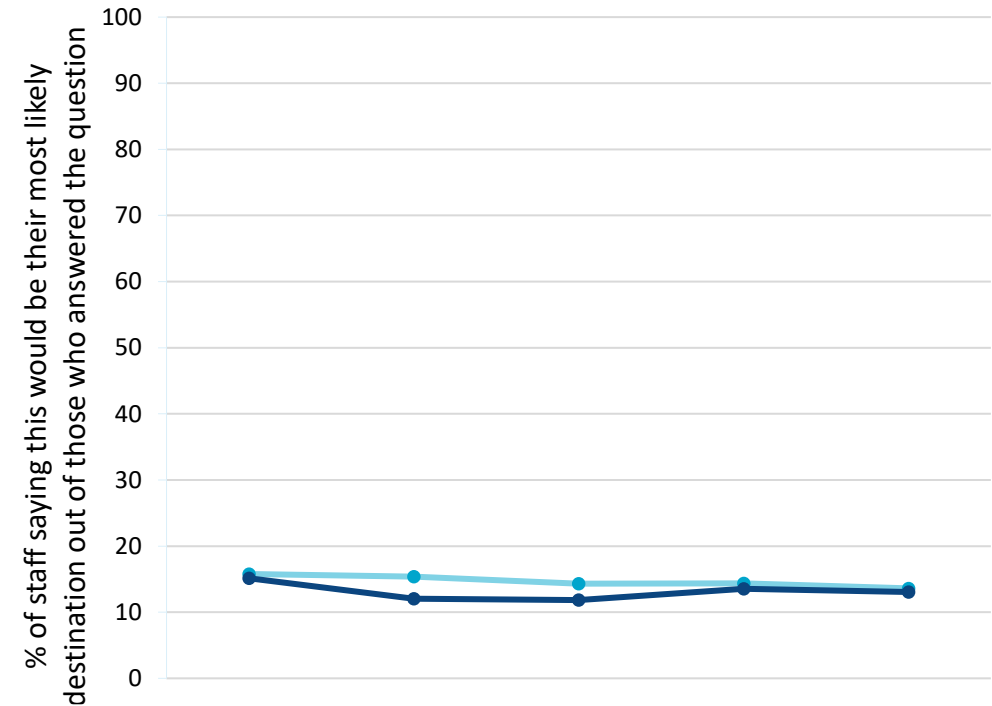


2021 2022 2023 2024 2025

Your org	13.57%	12.55%	12.74%	10.91%	9.74%
Average	13.04%	12.40%	12.94%	13.10%	11.91%

Responses 3713 4121 4326 3821 4105

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



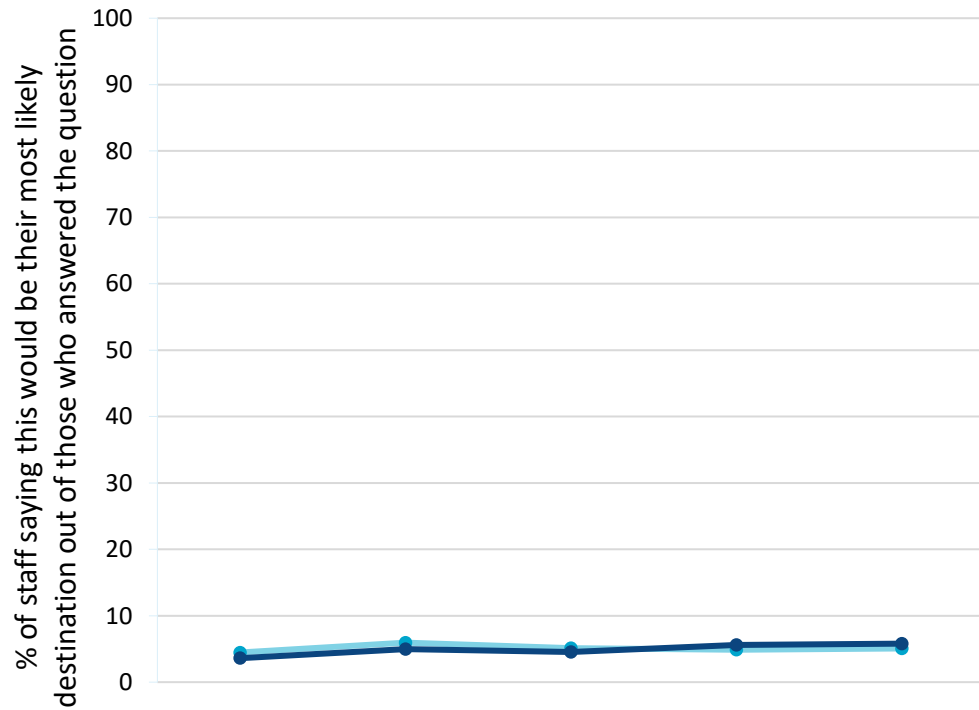
2021 2022 2023 2024 2025

Your org	15.14%	12.04%	11.84%	13.56%	13.06%
Average	15.78%	15.37%	14.32%	14.36%	13.61%

Responses 3713 4121 4326 3821 4105

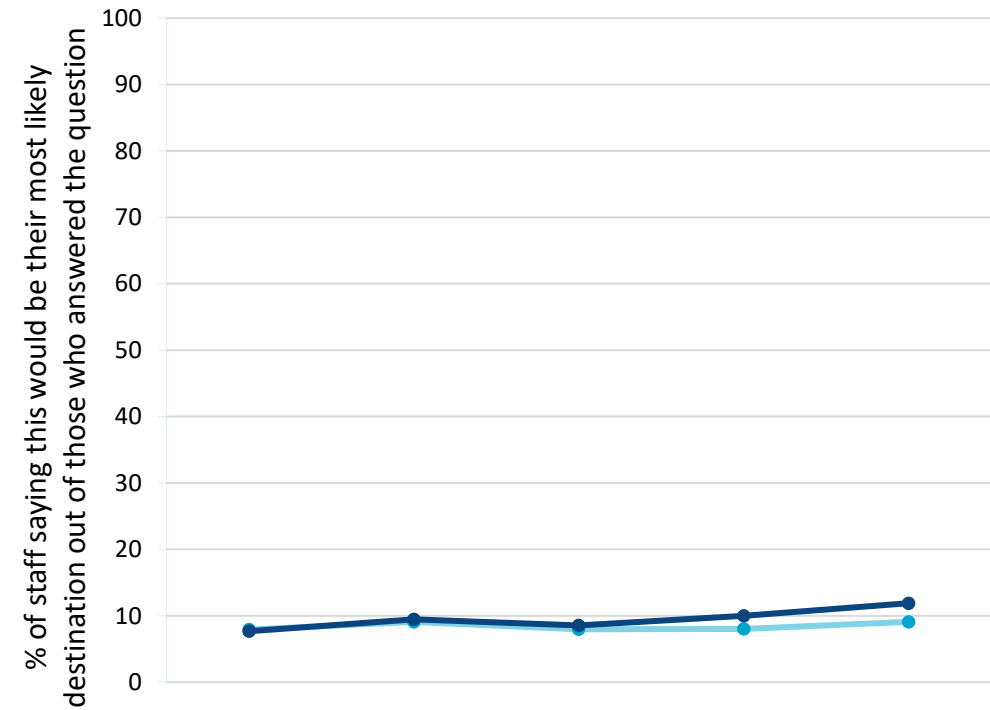


Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



	2021	2022	2023	2024	2025
Your org	3.61%	4.97%	4.53%	5.63%	5.80%
Average	4.47%	5.95%	5.12%	4.90%	5.07%
Responses	3713	4121	4326	3821	4105

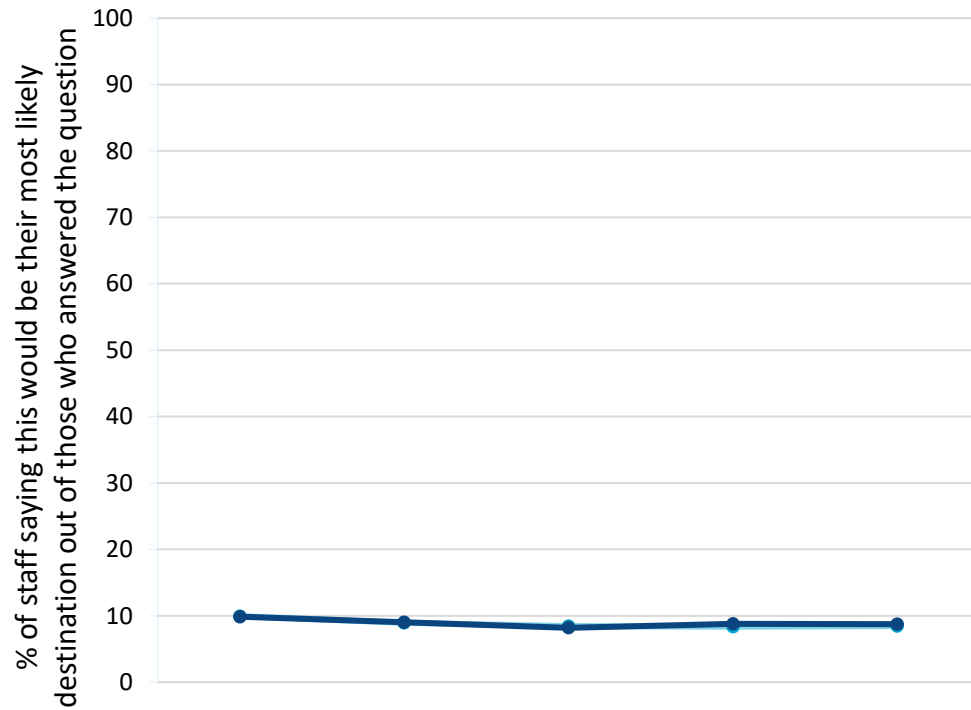
Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



	2021	2022	2023	2024	2025
Your org	7.68%	9.46%	8.53%	9.97%	11.89%
Average	7.91%	9.06%	7.96%	8.00%	9.09%
Responses	3713	4121	4326	3821	4105



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

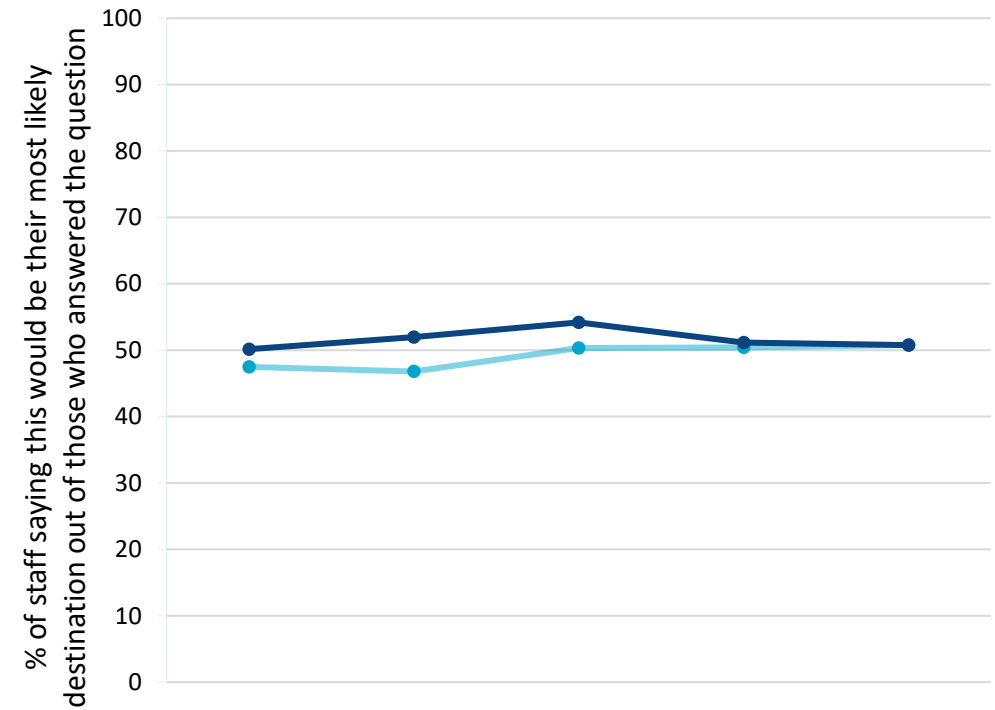


2021 2022 2023 2024 2025

Your org	9.86%	9.03%	8.18%	8.79%	8.75%
Average	9.95%	8.94%	8.46%	8.35%	8.42%

Responses 3713 4121 4326 3821 4105

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



2021 2022 2023 2024 2025

Your org	50.15%	51.95%	54.18%	51.14%	50.77%
Average	47.46%	46.79%	50.34%	50.41%	50.77%

Responses 3713 4121 4326 3821 4105

Workforce Equality Standards

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

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2021-2025 organisation and benchmarking group median results for q13a, q13b&c combined, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined). Organisation and benchmarking group median results for q15 are included for 2025 only*.

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey metrics used in the Workforce Disability Equality Standard (WDES). It includes the 2021-2025 organisation and benchmarking group median results for q4b, q11e, and q14a-d split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. Organisation and benchmarking group median results for q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness are shown for 2025 only*. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word 'adequate' was changed to 'reasonable'.

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

*Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 and WDES metric 5 (Q15) are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

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

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined		
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion (2025 only)
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Metric	Qu No	Workforce Disability Equality Standard
For each of the following metrics, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness		
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion (2025 only)
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

Workforce Race Equality Standards (WRES)

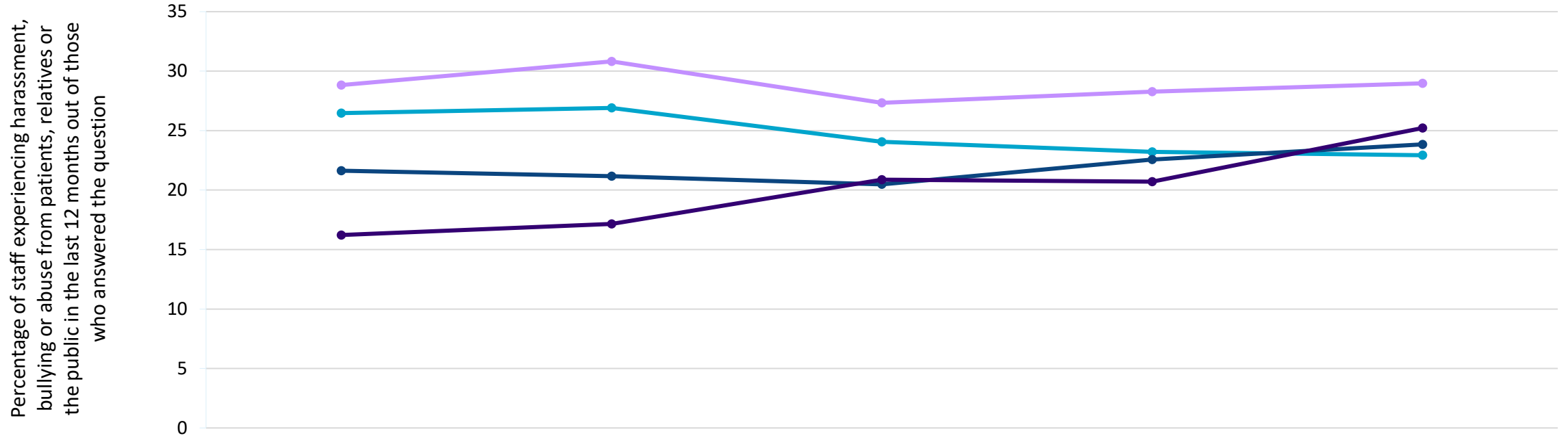
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.

Data shown in the WRES charts are unweighted.

Averages are calculated as the median for the benchmark group.

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

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

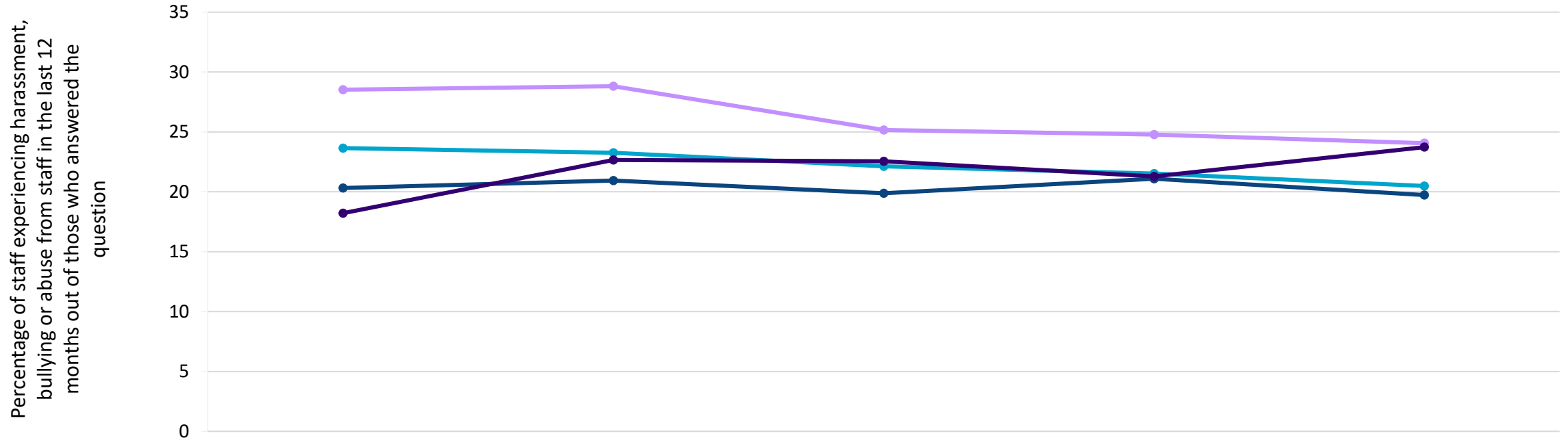


	2021	2022	2023	2024	2025
White staff: Your org	21.63%	21.17%	20.48%	22.56%	23.84%
All other ethnic groups*: Your org	16.22%	17.16%	20.88%	20.71%	25.22%
White staff: Average	26.47%	26.91%	24.05%	23.21%	22.93%
All other ethnic groups*: Average	28.84%	30.82%	27.34%	28.27%	28.98%
White staff: Responses	3139	3472	3336	3120	3154
All other ethnic groups*: Responses	561	839	901	816	1035

*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 5 (Q14a) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

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

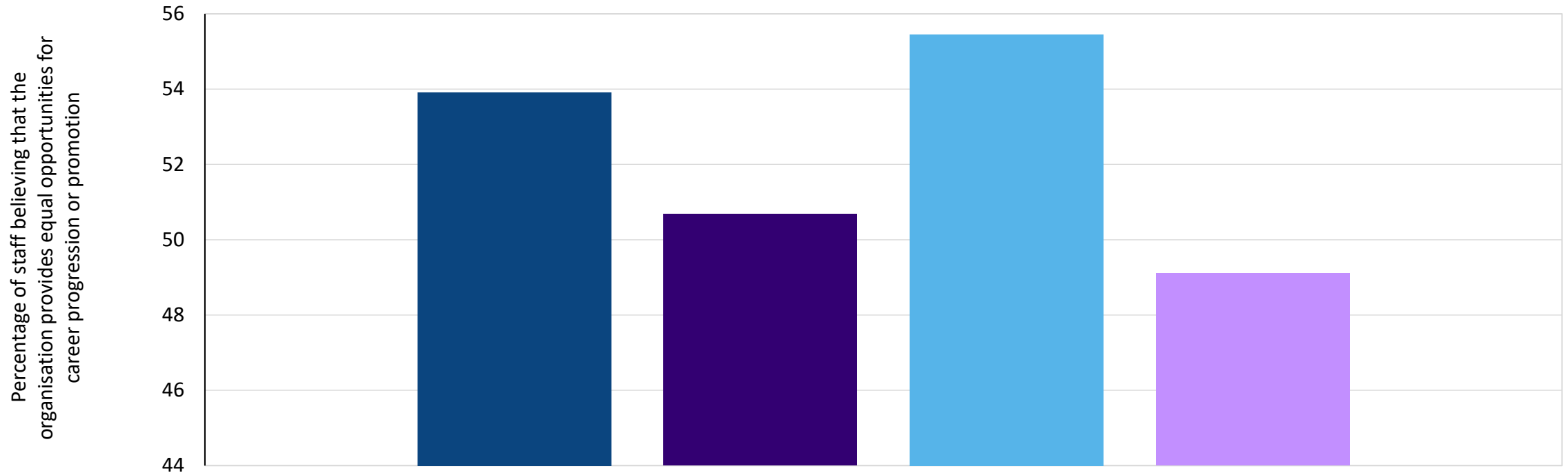


	2021	2022	2023	2024	2025
White staff: Your org	20.31%	20.94%	19.87%	21.09%	19.73%
All other ethnic groups*: Your org	18.21%	22.66%	22.55%	21.29%	23.73%
White staff: Average	23.65%	23.25%	22.12%	21.53%	20.48%
All other ethnic groups*: Average	28.53%	28.81%	25.16%	24.78%	24.06%
White staff: Responses	3146	3467	3327	3115	3158
All other ethnic groups*: Responses	560	834	891	808	1020

*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 6 (Q14b & Q14c) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

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



2025

White staff: Your org	53.91%
All other ethnic groups*: Your org	50.68%
White staff: Average	55.46%
All other ethnic groups*: Average	49.11%

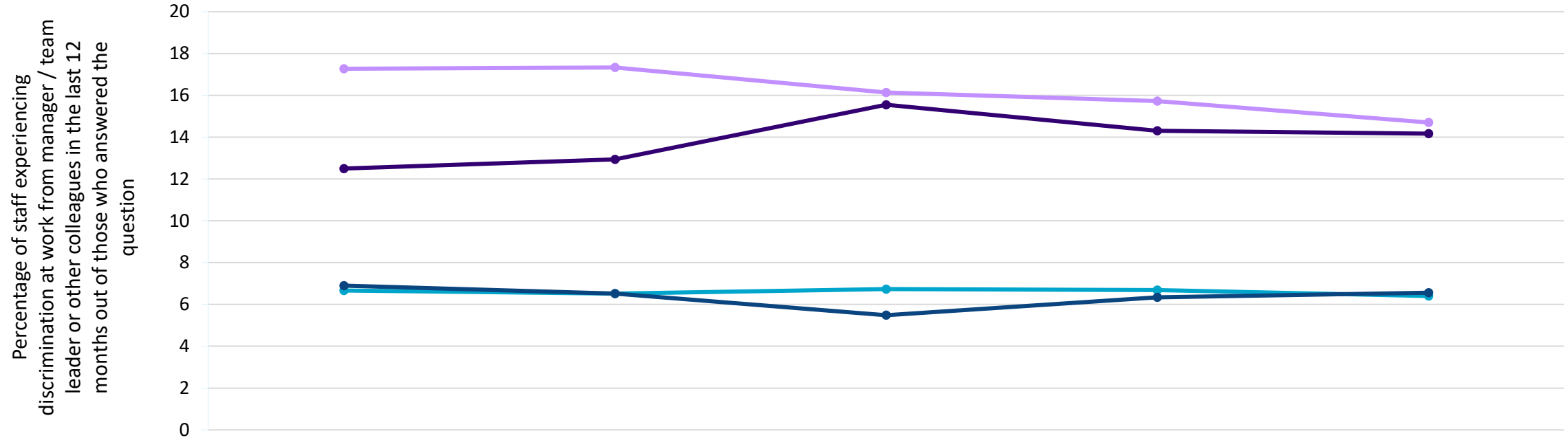
White staff: Responses 3146

All other ethnic groups*: Responses 1028

*Staff from all other ethnic groups combined.

Note: Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 (Q15) are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

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



	2021	2022	2023	2024	2025
White staff: Your org	6.90%	6.52%	5.48%	6.34%	6.56%
All other ethnic groups*: Your org	12.50%	12.93%	15.55%	14.30%	14.17%
White staff: Average	6.67%	6.52%	6.73%	6.69%	6.40%
All other ethnic groups*: Average	17.28%	17.33%	16.14%	15.72%	14.70%
White staff: Responses	3275	3467	3464	3076	3126
All other ethnic groups*: Responses	584	835	971	804	1023

*Staff from all other ethnic groups combined

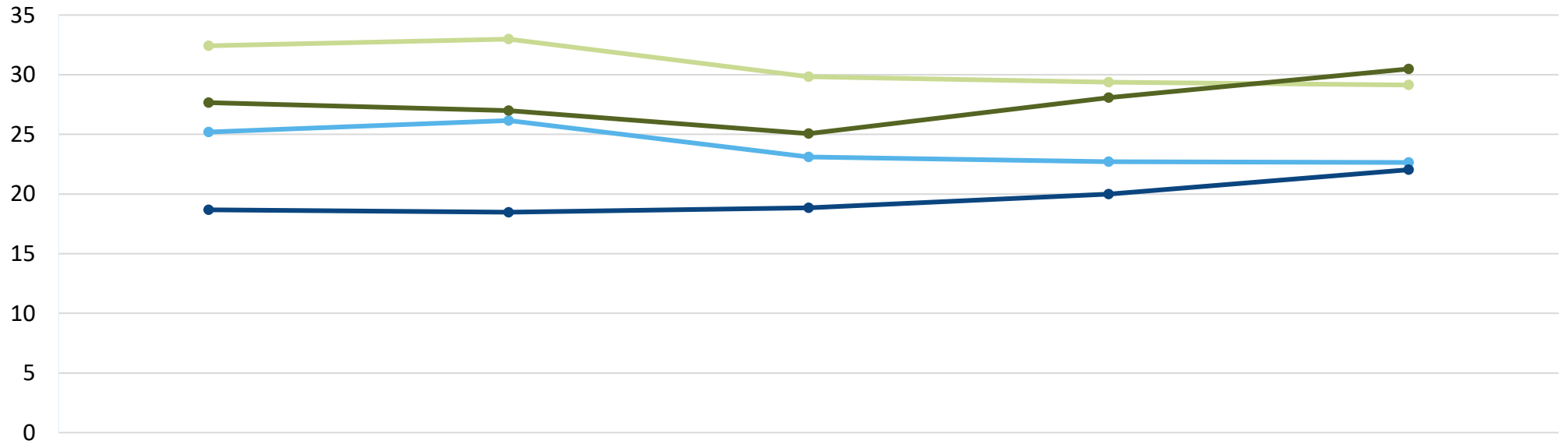
Workforce Disability Equality Standards (WDES)

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

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

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.

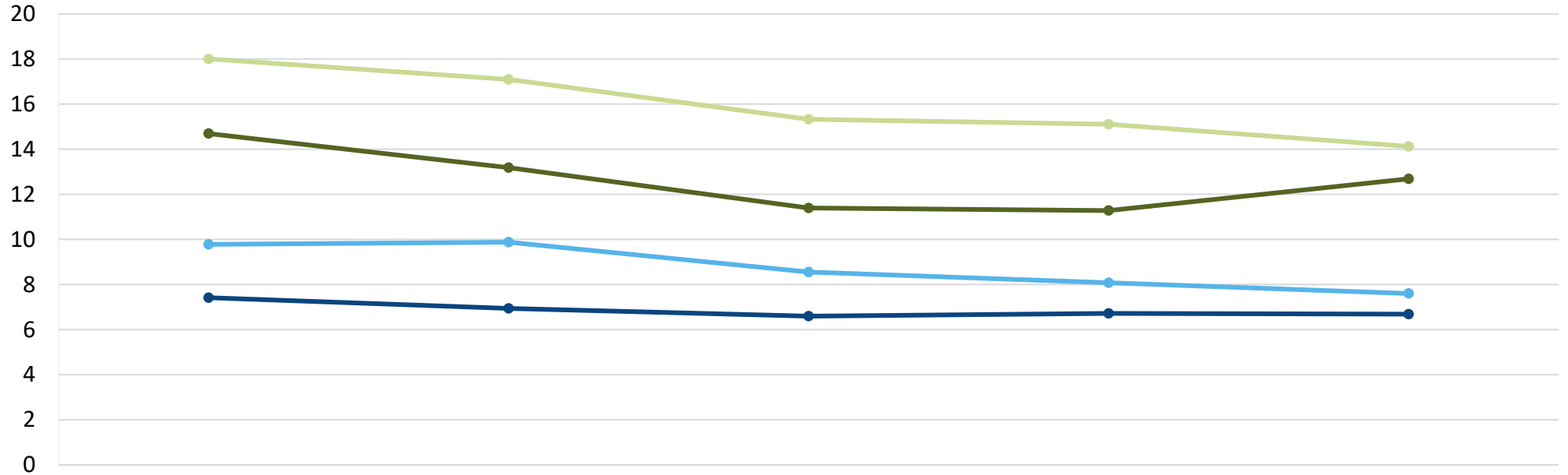


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	27.66%	27.00%	25.06%	28.08%	30.48%
Staff without a LTC or illness: Your org	18.68%	18.47%	18.85%	19.99%	22.03%
Staff with a LTC or illness: Average	32.43%	32.98%	29.83%	29.37%	29.14%
Staff without a LTC or illness: Average	25.19%	26.16%	23.11%	22.71%	22.64%
Staff with a LTC or illness: Responses	922	989	1086	1079	1135
Staff without a LTC or illness: Responses	2800	3318	3083	2817	3009

Note: 2023 results for WDES metric 4a (Q14a) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

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.

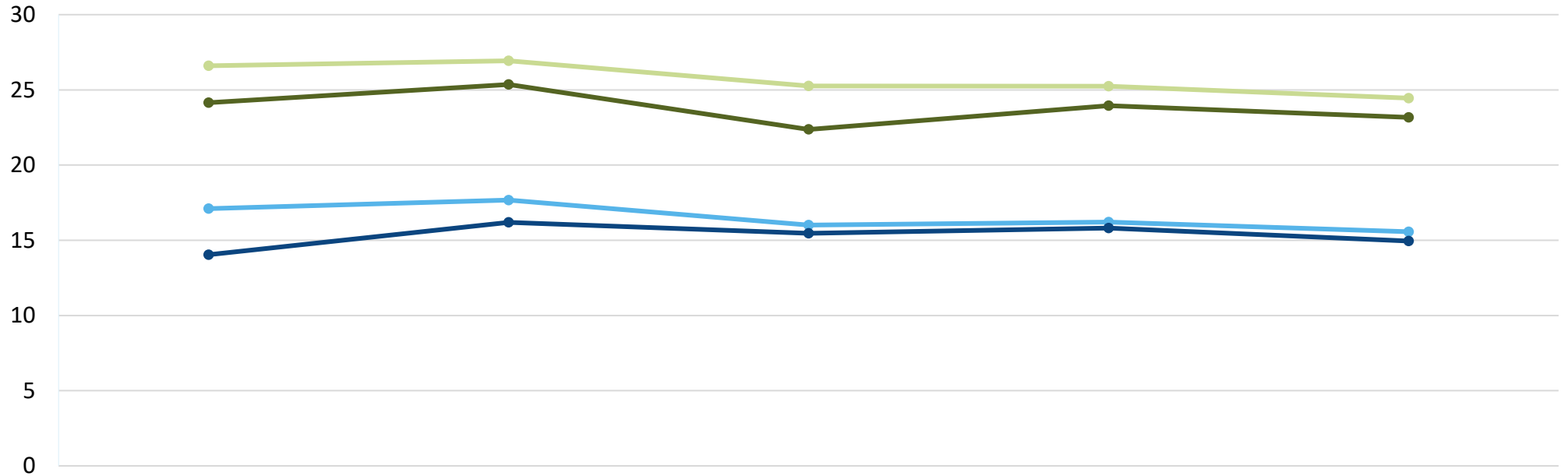


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	14.69%	13.18%	11.39%	11.28%	12.69%
Staff without a LTC or illness: Your org	7.41%	6.93%	6.59%	6.72%	6.68%
Staff with a LTC or illness: Average	18.00%	17.09%	15.33%	15.10%	14.12%
Staff without a LTC or illness: Average	9.77%	9.88%	8.56%	8.08%	7.60%
Staff with a LTC or illness: Responses	919	986	1075	1073	1127
Staff without a LTC or illness: Responses	2792	3288	3036	2784	2979

Note: 2023 results for WDES metric 4b (Q14b) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

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.

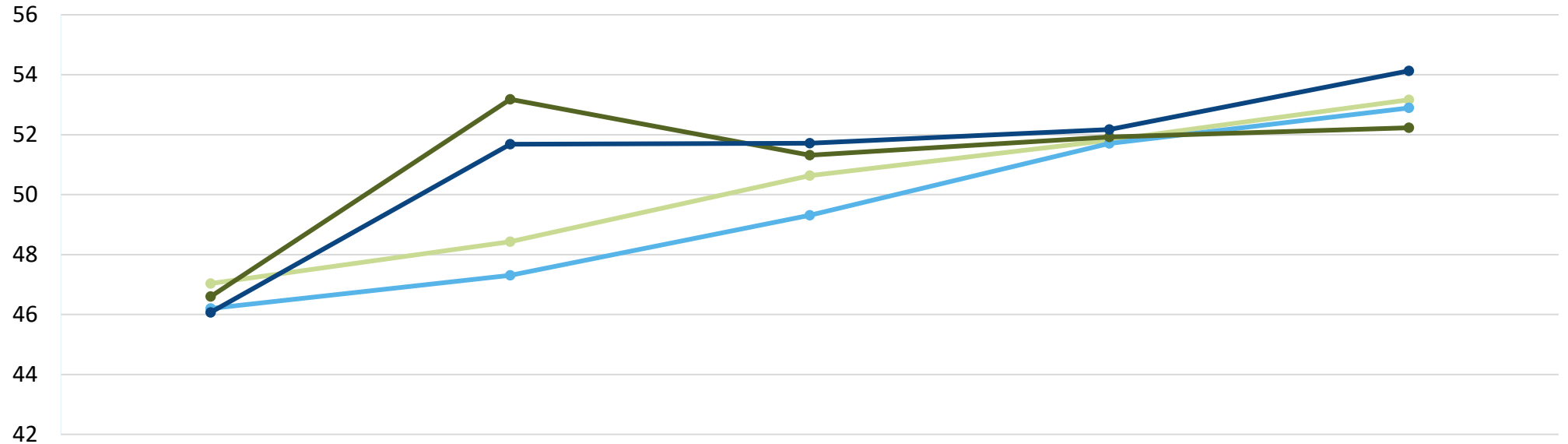


	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	24.15%	25.36%	22.37%	23.94%	23.17%
Staff without a LTC or illness: Your org	14.04%	16.19%	15.47%	15.81%	14.96%
Staff with a LTC or illness: Average	26.60%	26.93%	25.26%	25.24%	24.45%
Staff without a LTC or illness: Average	17.11%	17.67%	16.01%	16.22%	15.57%
Staff with a LTC or illness: Responses	915	982	1067	1065	1122
Staff without a LTC or illness: Responses	2785	3280	3030	2771	2962

Note: 2023 results for WDES metric 4c (Q14c) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

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

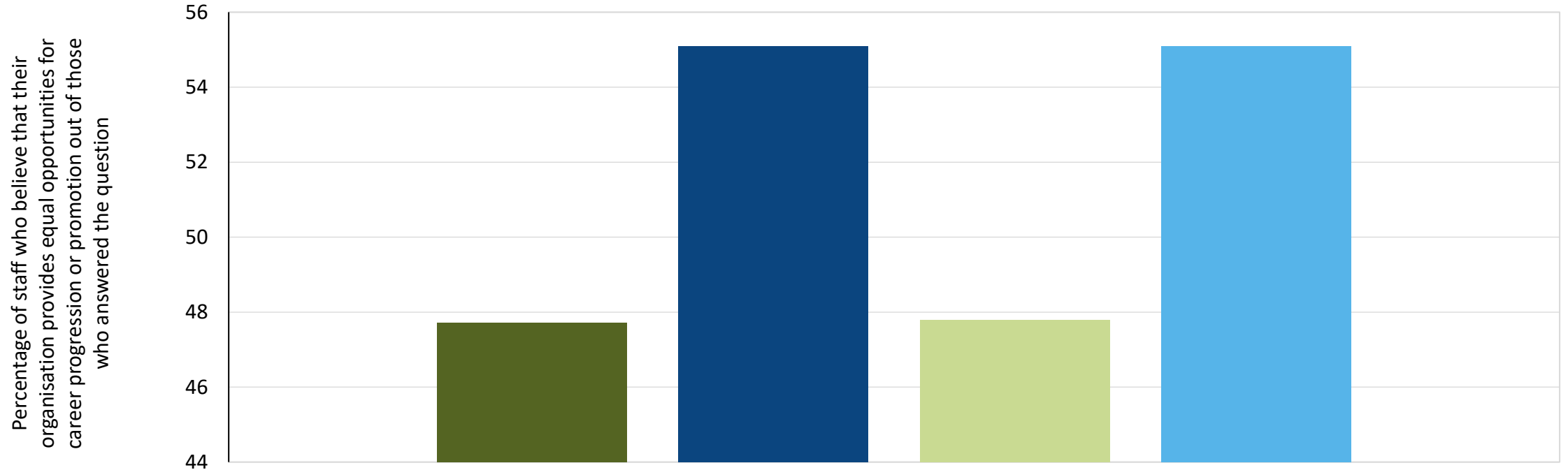
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	46.60%	53.18%	51.31%	51.92%	52.23%
Staff without a LTC or illness: Your org	46.07%	51.68%	51.72%	52.17%	54.13%
Staff with a LTC or illness: Average	47.03%	48.43%	50.64%	51.82%	53.16%
Staff without a LTC or illness: Average	46.20%	47.30%	49.31%	51.71%	52.89%
Staff with a LTC or illness: Responses	382	393	395	416	471
Staff without a LTC or illness: Responses	738	863	799	759	811

Note: 2023 results for WDES metric 4d (Q14d) are reported using corrected data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

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

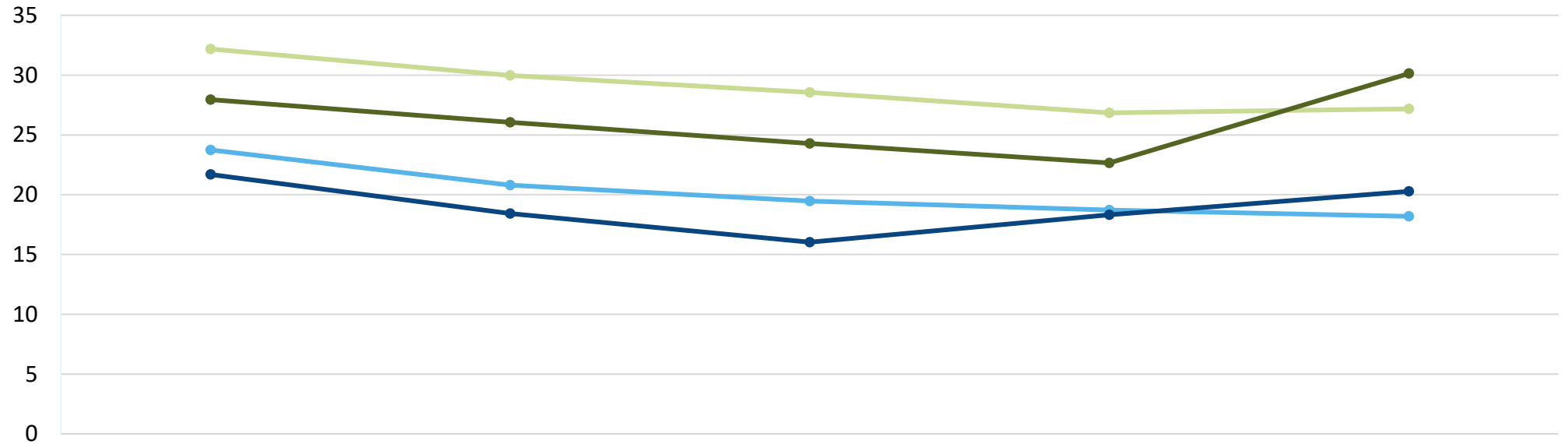


Staff with a LTC or illness: Your org	47.71%
Staff without a LTC or illness: Your org	55.09%
Staff with a LTC or illness: Average	47.79%
Staff without a LTC or illness: Average	55.09%
Staff with a LTC or illness: Responses	1134
Staff without a LTC or illness: Responses	2995

Note: Due to changes in the question wording in 2025, previous years' results for WDES metric 5 (Q15) are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

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

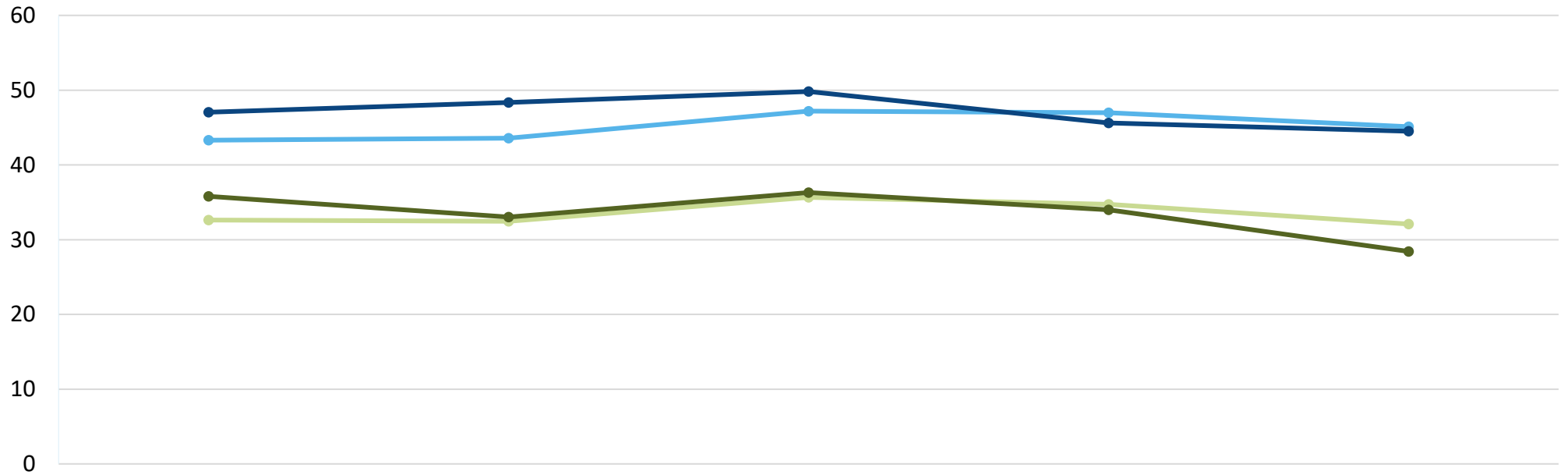
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	27.94%	26.05%	24.27%	22.66%	30.13%
Staff without a LTC or illness: Your org	21.69%	18.43%	16.03%	18.31%	20.28%
Staff with a LTC or illness: Average	32.18%	29.97%	28.55%	26.85%	27.19%
Staff without a LTC or illness: Average	23.74%	20.80%	19.46%	18.71%	18.19%
Staff with a LTC or illness: Responses	680	714	791	768	833
Staff without a LTC or illness: Responses	1397	1541	1410	1338	1415

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

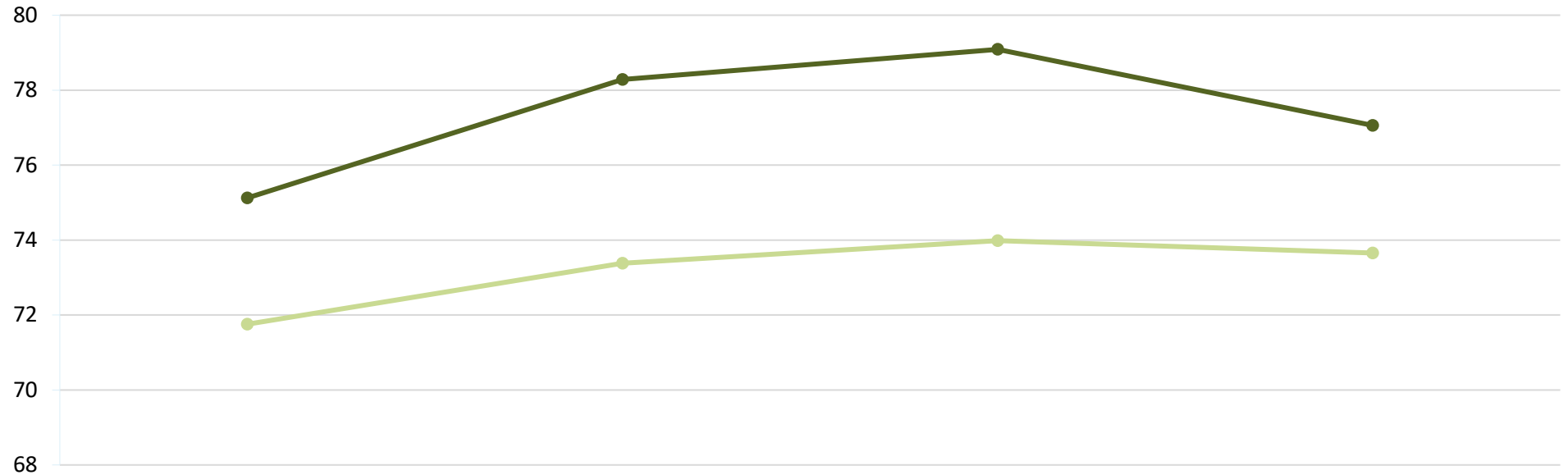
Percentage of staff satisfied with the extent to which their organisation values their work.



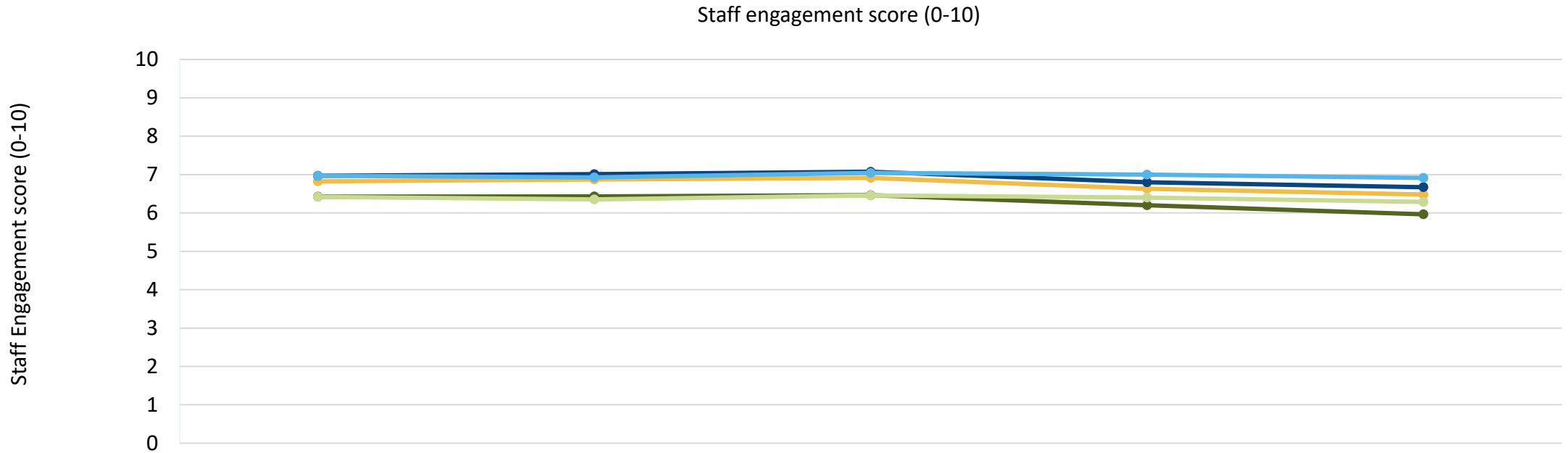
	2021	2022	2023	2024	2025
Staff with a LTC or illness: Your org	35.80%	33.03%	36.30%	33.98%	28.42%
Staff without a LTC or illness: Your org	47.03%	48.36%	49.82%	45.61%	44.50%
Staff with a LTC or illness: Average	32.62%	32.46%	35.66%	34.73%	32.09%
Staff without a LTC or illness: Average	43.30%	43.56%	47.19%	46.98%	45.10%
Staff with a LTC or illness: Responses	958	987	1146	1077	1140
Staff without a LTC or illness: Responses	2934	3321	3248	2822	3009

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.

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 out of those who answered the question



	2022	2023	2024	2025
Staff with a LTC or illness: Your org	75.12%	78.29%	79.09%	77.06%
Staff with a LTC or illness: Average	71.76%	73.38%	73.98%	73.65%
Staff with a LTC or illness: Responses	603	677	679	728



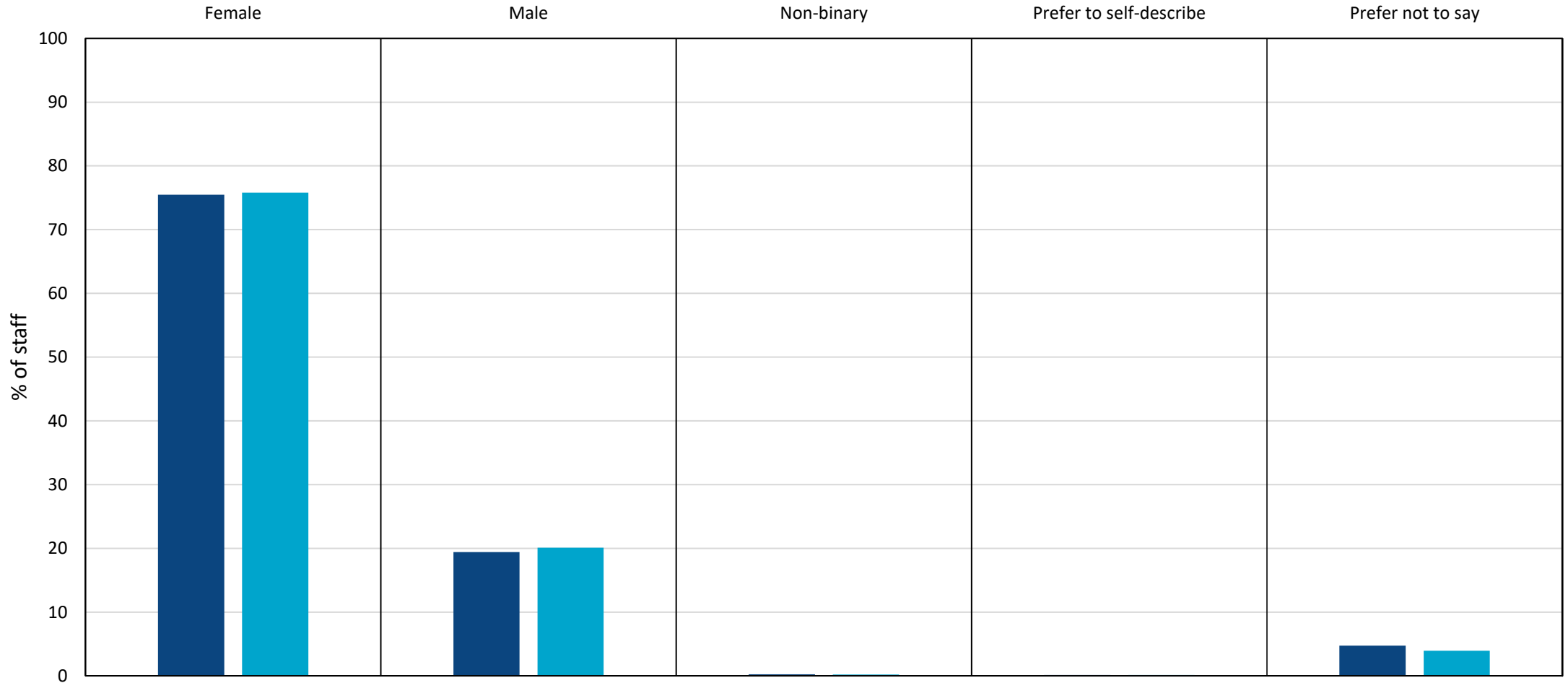
	2021	2022	2023	2024	2025
Organisation average	6.82	6.87	6.91	6.63	6.48
Staff with a LTC or illness: Your org	6.42	6.43	6.46	6.20	5.96
Staff without a LTC or illness: Your org	6.97	7.01	7.07	6.80	6.67
Staff with a LTC or illness: Average	6.42	6.35	6.46	6.40	6.29
Staff without a LTC or illness: Average	6.97	6.92	7.04	7.00	6.91
Staff with a LTC or illness: Responses	957	990	1148	1083	1142
Staff without a LTC or illness: Responses	2938	3329	3264	2831	3021

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

About your respondents

This section shows demographic and other background information for 2025.

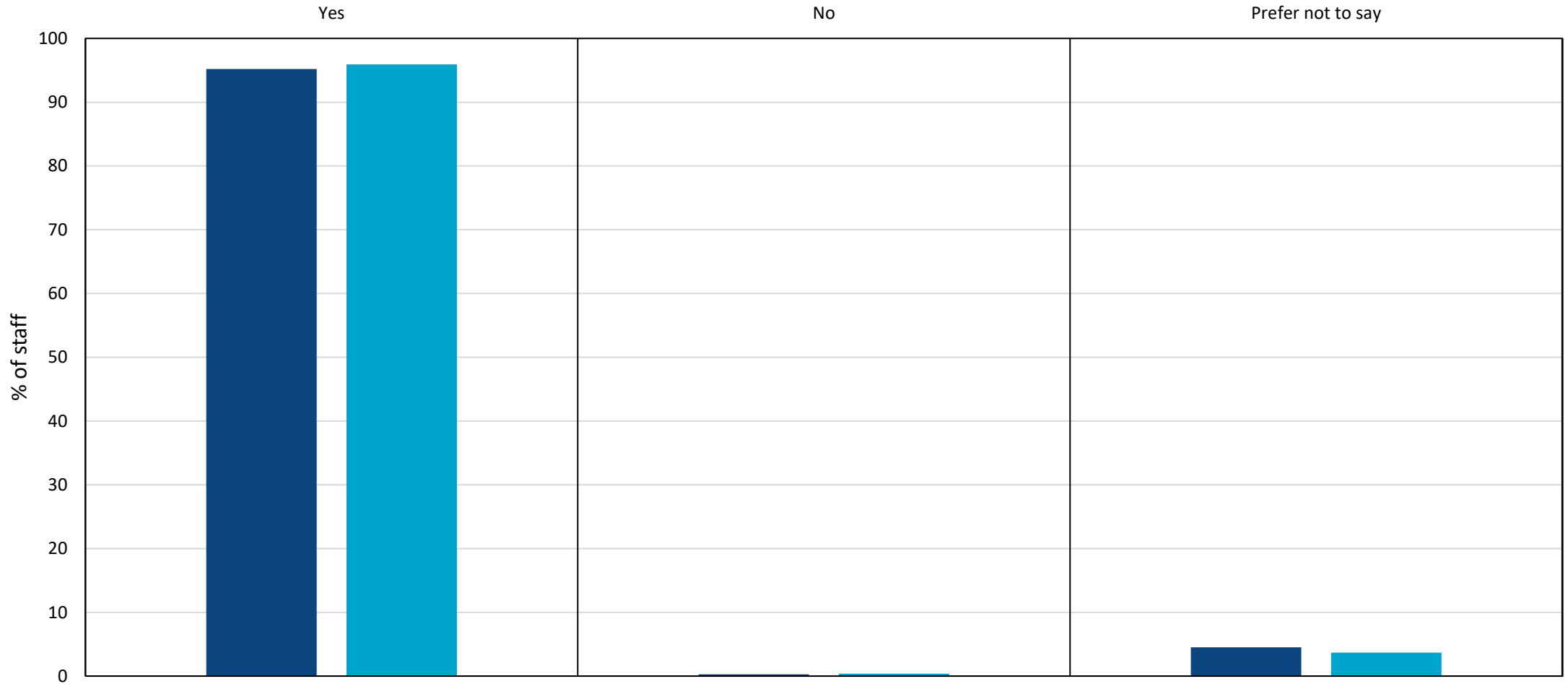
Background details - Which of the following best describes you?



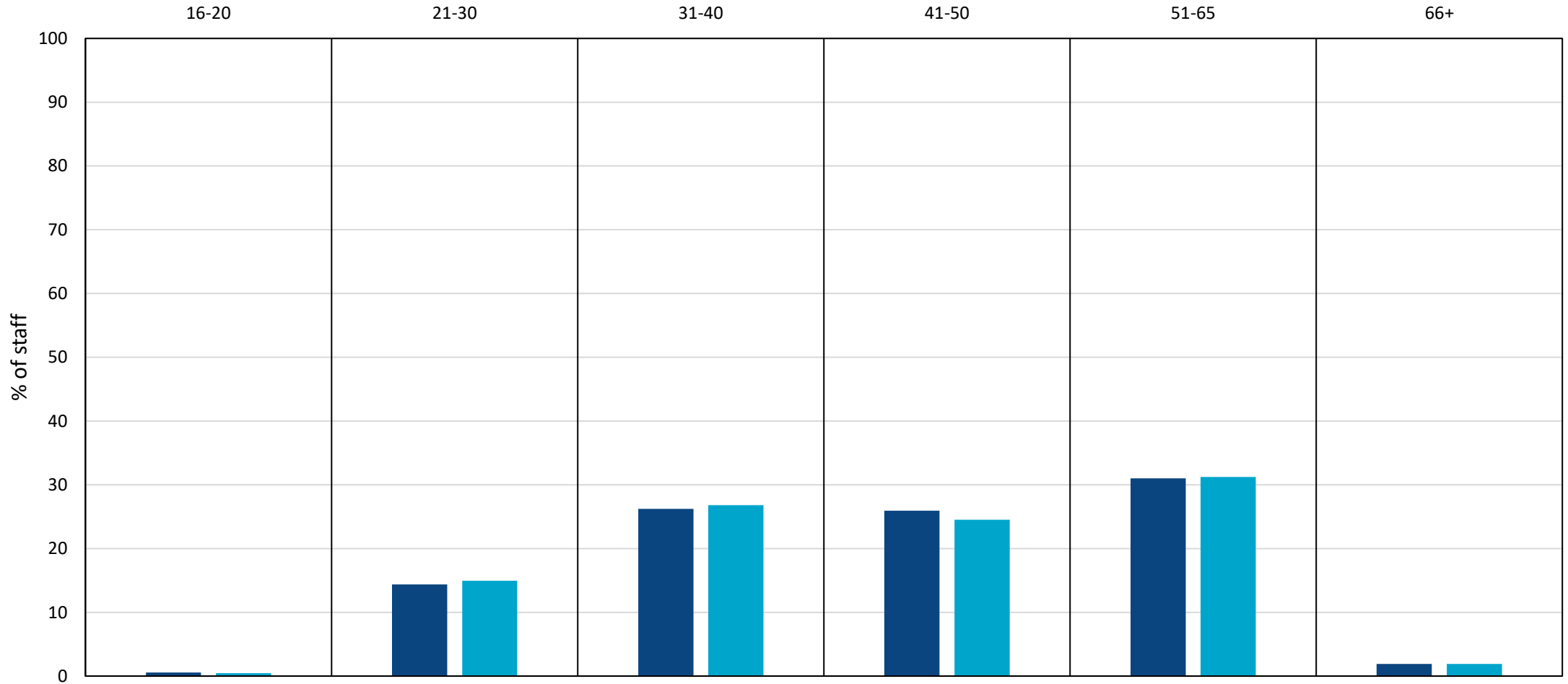
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	75.49%	19.41%	0.24%	0.14%	4.72%
Average	75.82%	20.10%	0.19%	0.12%	3.92%
Responses	4239	4239	4239	4239	4239



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



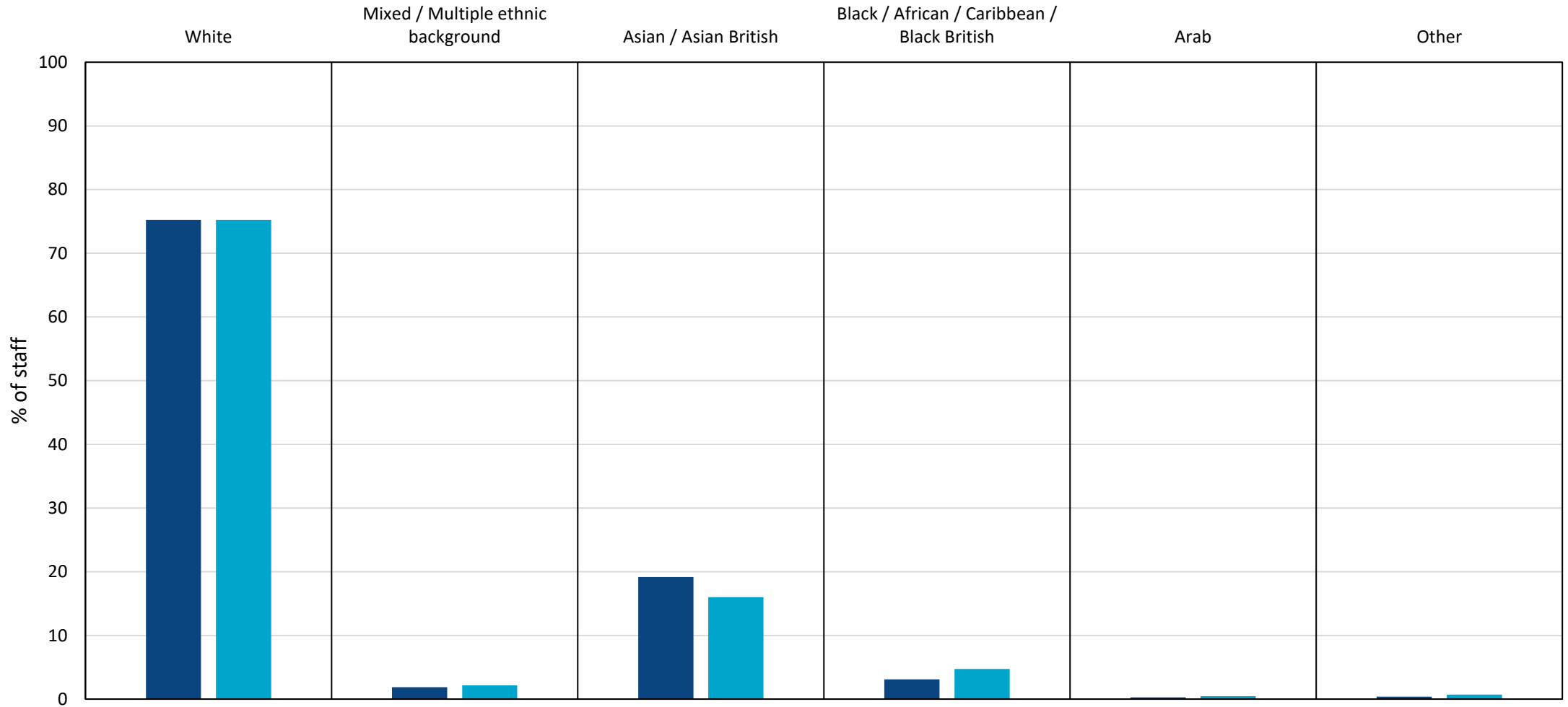
Responses	4236	4236	4236
Your org	95.21%	0.28%	4.51%
Average	95.94%	0.37%	3.67%



	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.57%	14.37%	26.23%	25.92%	31.01%	1.89%
Average	0.44%	14.95%	26.81%	24.51%	31.23%	1.89%
Responses	4224	4224	4224	4224	4224	4224

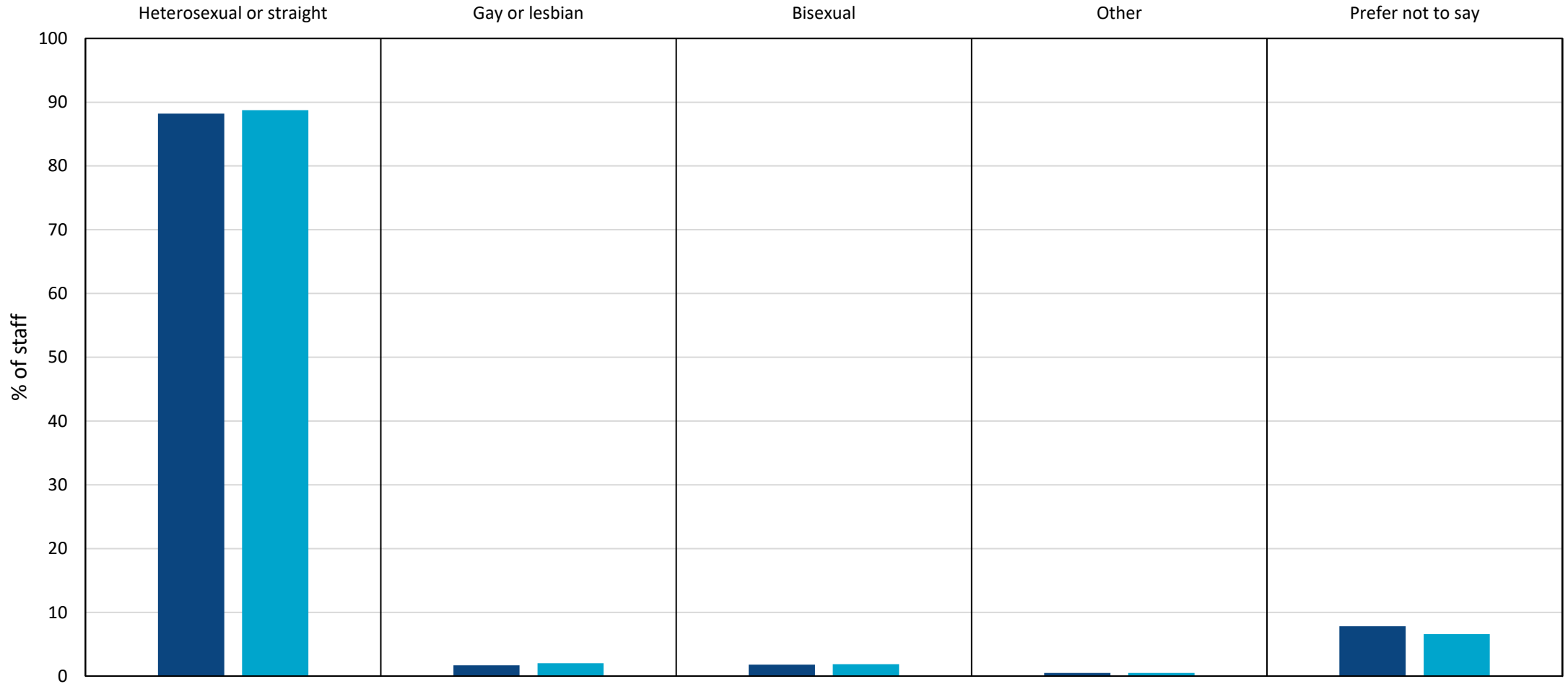


Background details - Ethnic group



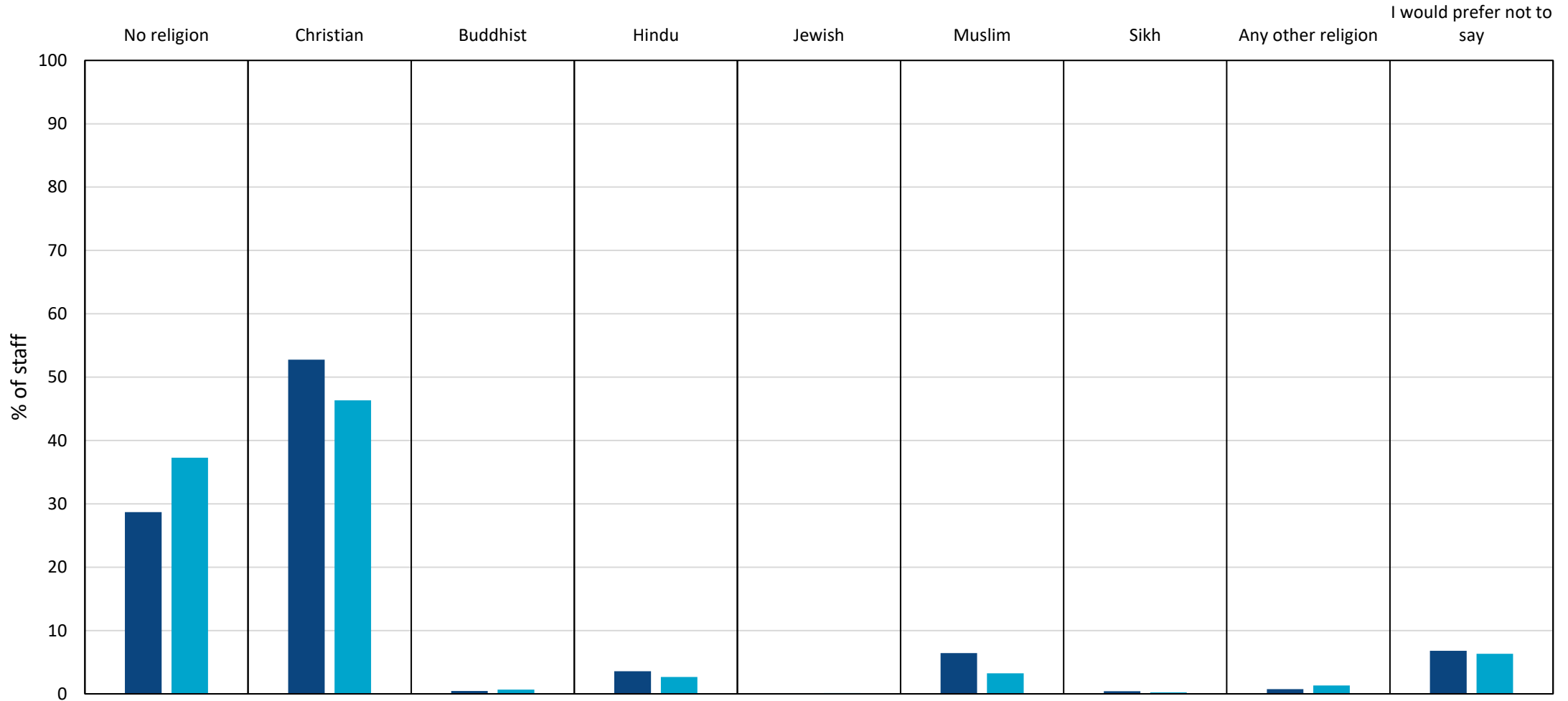
Responses	4215	4215	4215	4215	4215	4215
Your org	75.23%	1.85%	19.17%	3.08%	0.28%	0.38%
Average	75.23%	2.15%	16.00%	4.74%	0.47%	0.69%

Background details - Sexual orientation



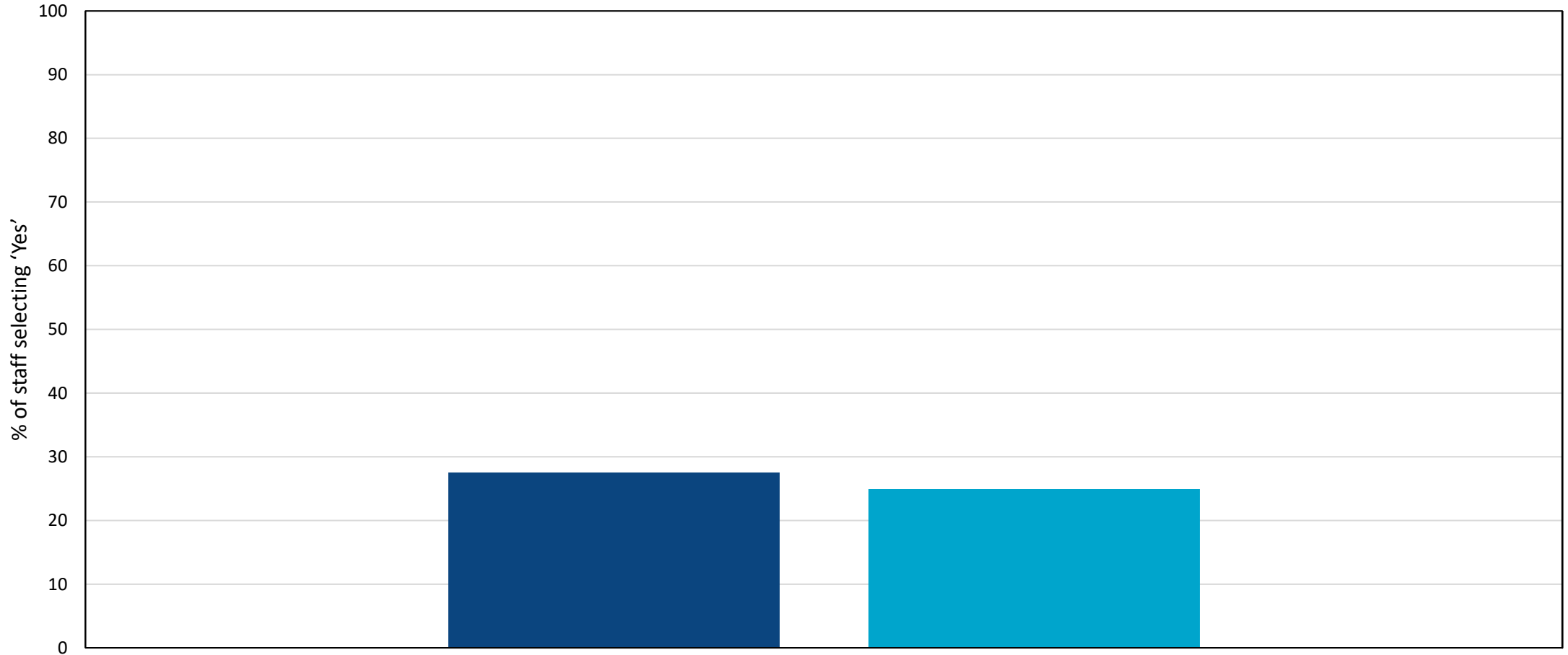
Responses	4216	4216	4216	4216	4216
Your org	88.21%	1.68%	1.80%	0.50%	7.80%
Average	88.76%	2.01%	1.86%	0.49%	6.59%

Background details - Religion or belief



Your org	28.71%	52.76%	0.47%	3.59%	0.05%	6.44%	0.42%	0.76%	6.80%
Average	37.27%	46.34%	0.69%	2.66%	0.14%	3.25%	0.25%	1.32%	6.32%
Responses	4236	4236	4236	4236	4236	4236	4236	4236	4236

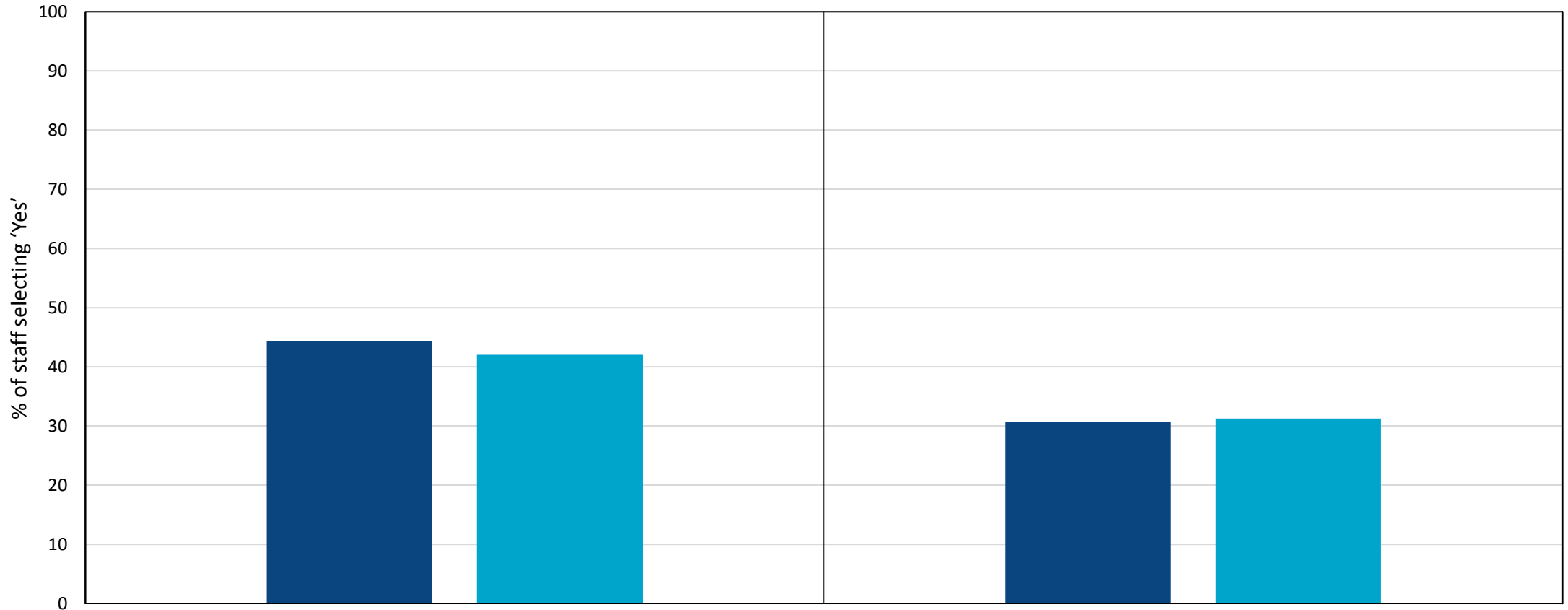
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



Your org	27.46%
Average	24.90%
Responses	4169

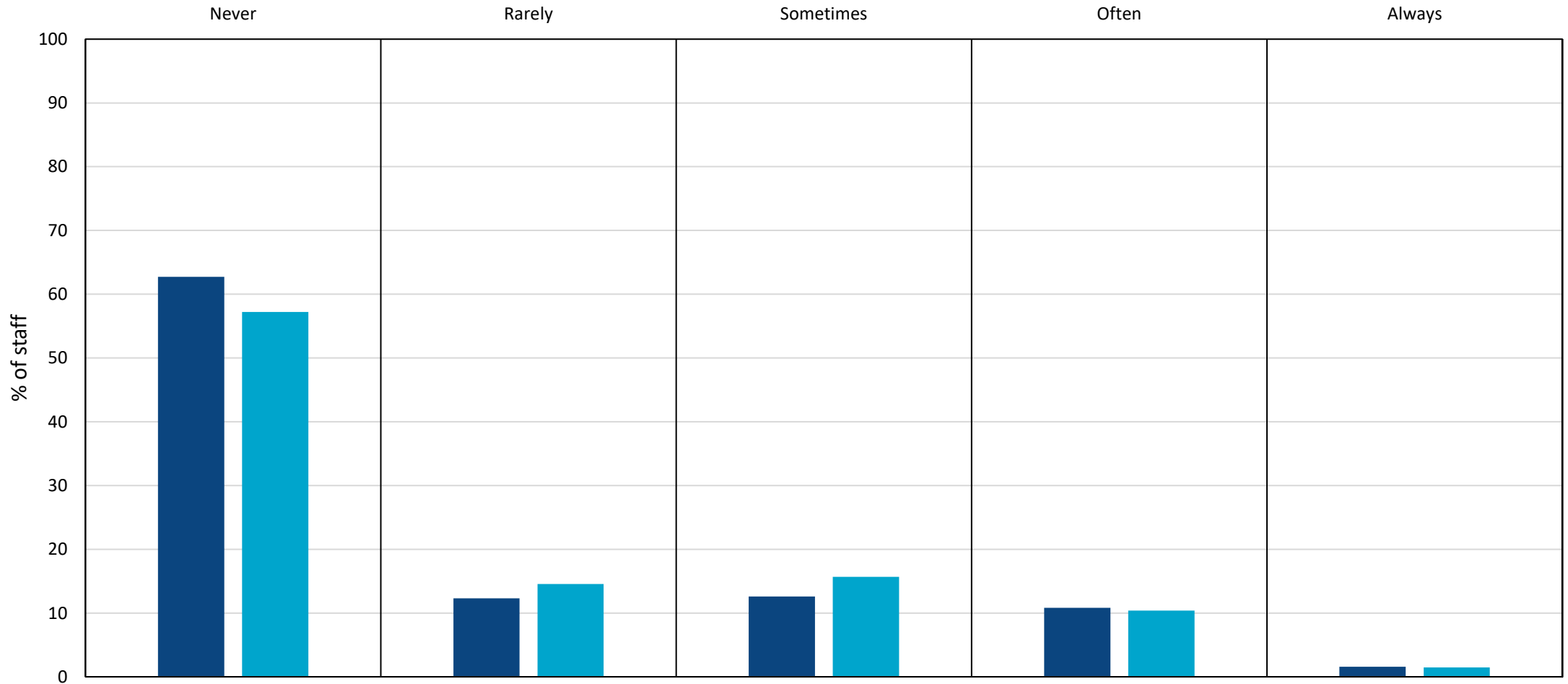
Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?

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.



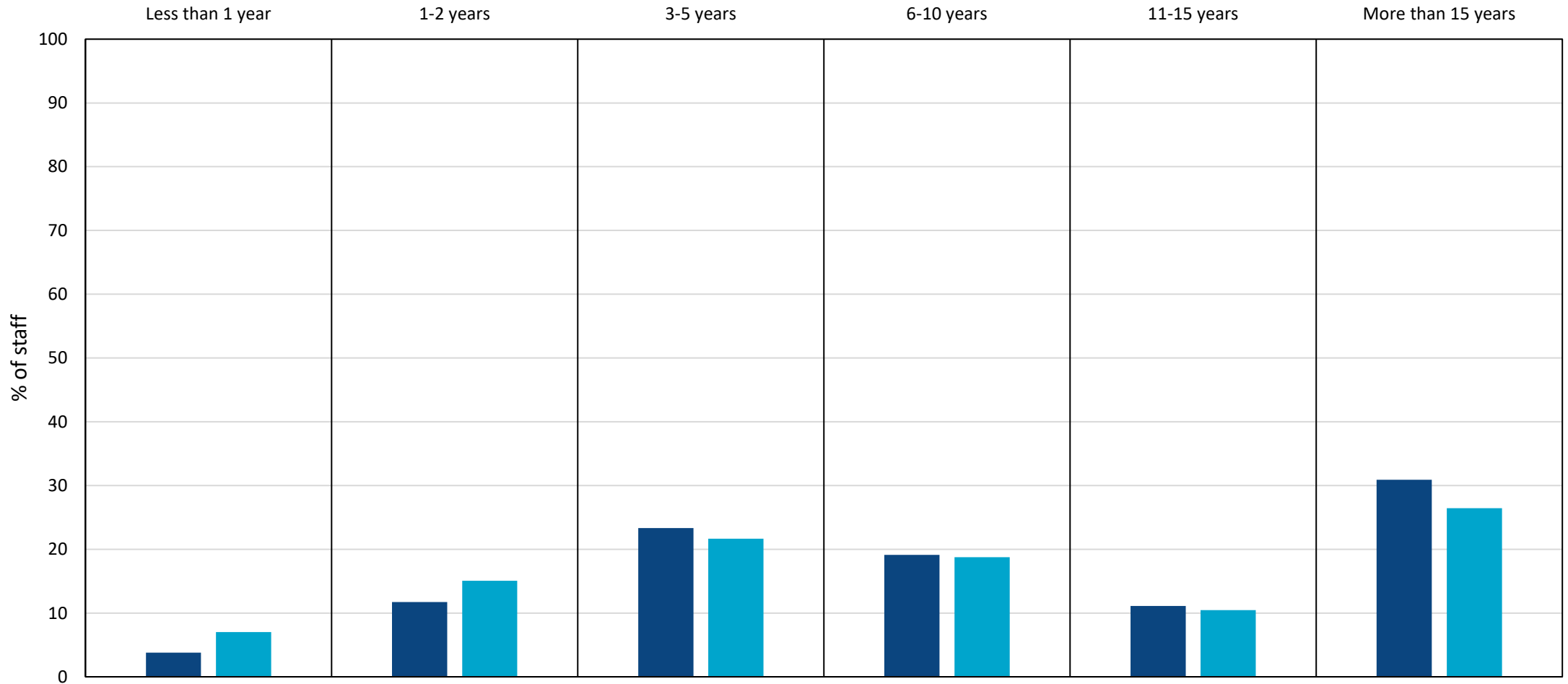
Your org	44.37%	30.72%
Average	42.03%	31.25%
Responses	4233	4235

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



Responses	4173	4173	4173	4173	4173
Your org	62.71%	12.29%	12.58%	10.83%	1.58%
Average	57.23%	14.54%	15.67%	10.40%	1.48%

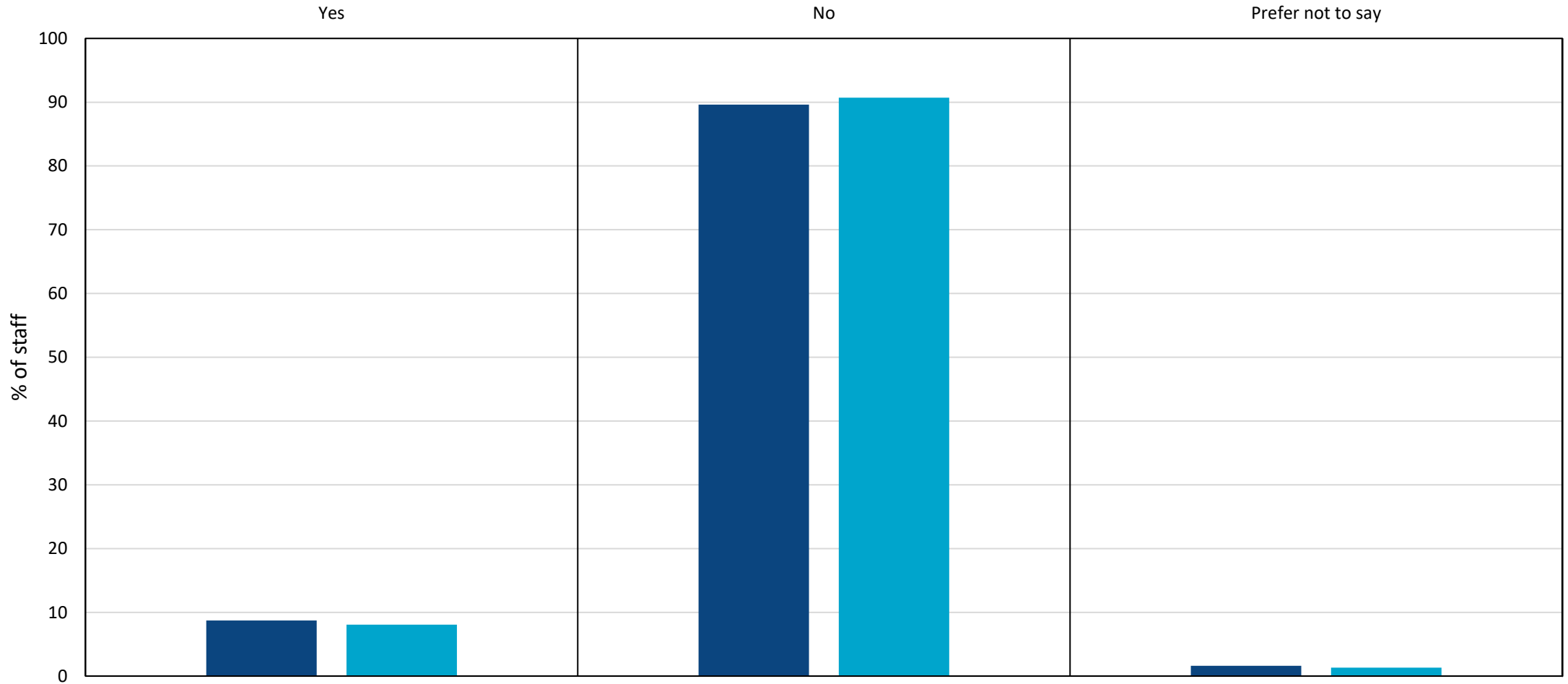
Background details - Length of service



Your org	3.79%	11.73%	23.33%	19.11%	11.12%	30.91%
Average	7.03%	15.07%	21.68%	18.76%	10.47%	26.44%
Responses	4244	4244	4244	4244	4244	4244

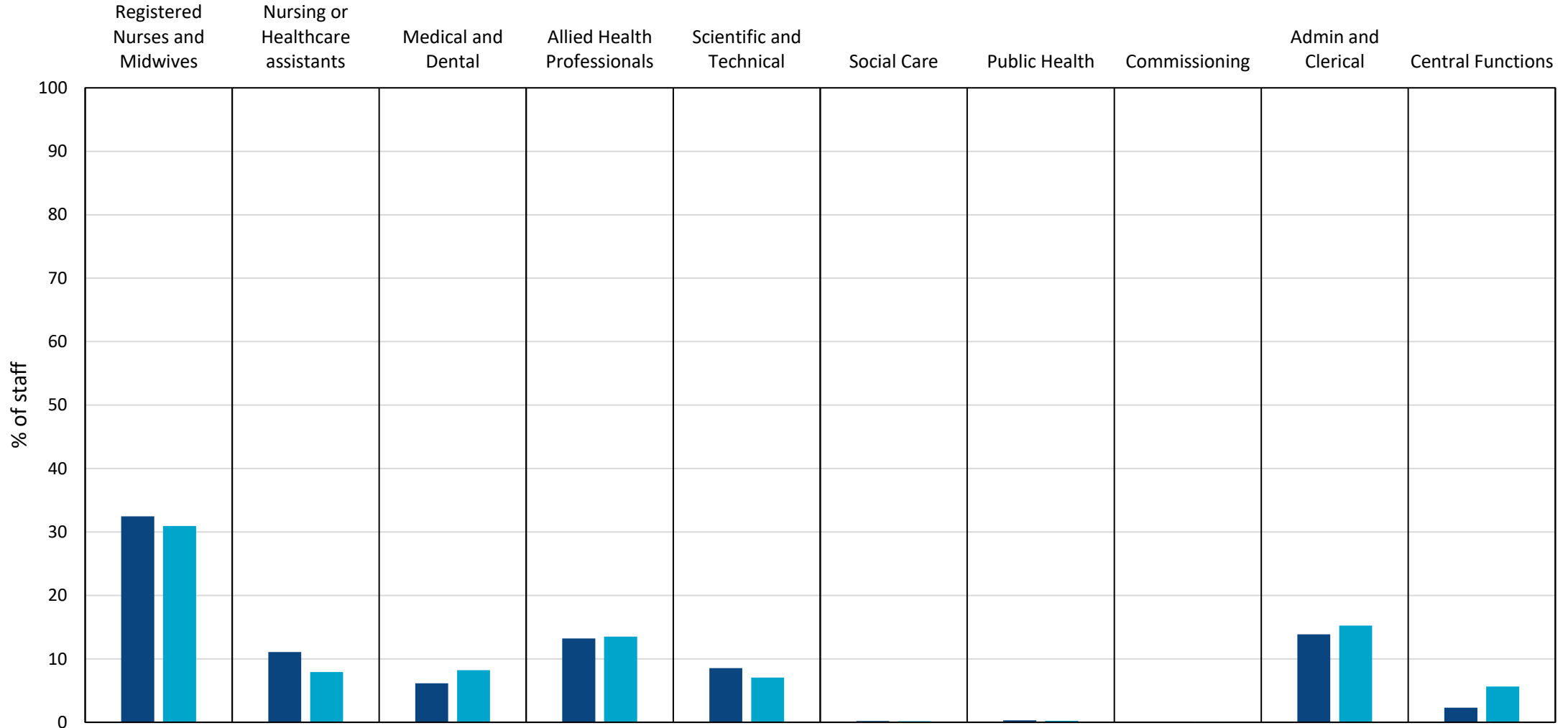


Background details - When you joined this organisation, were you recruited from outside of the UK?



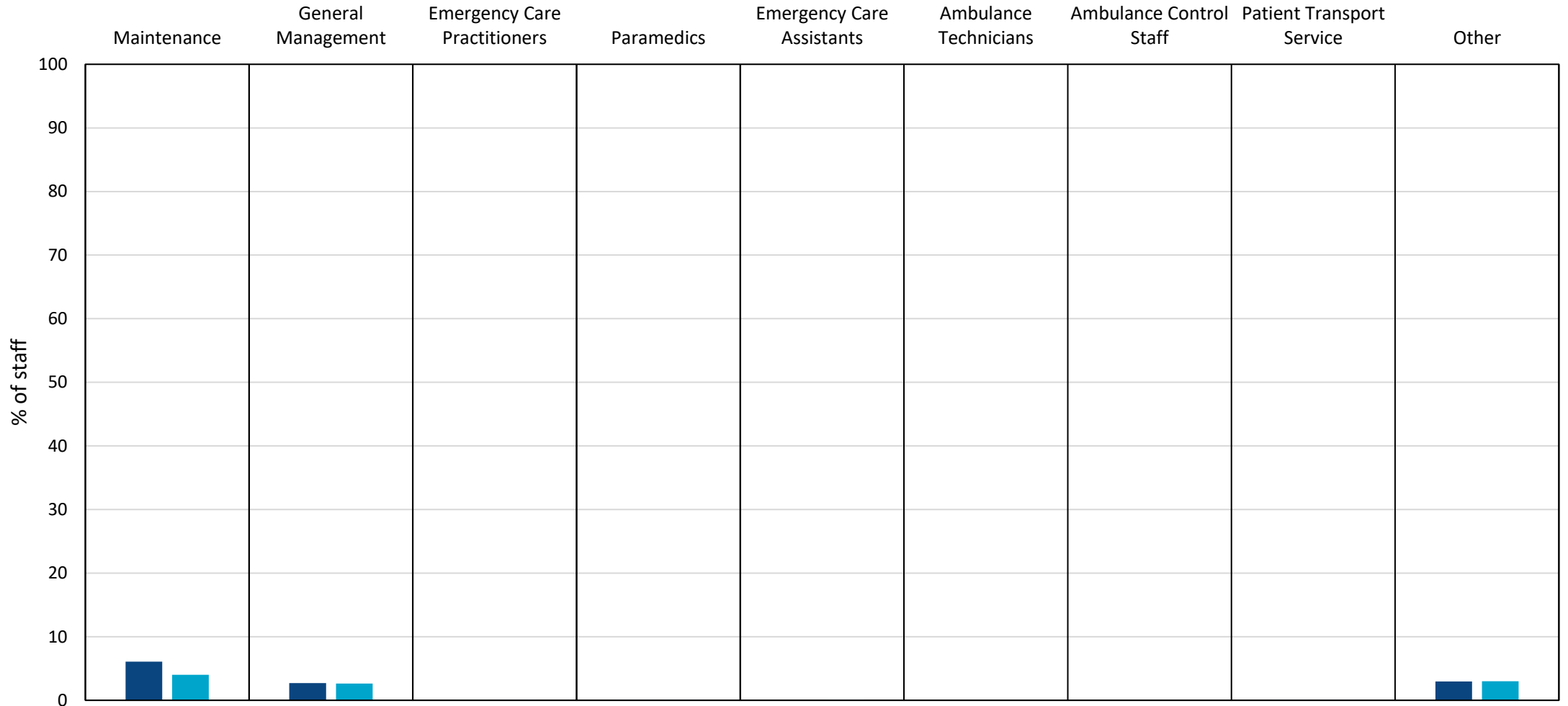
	Yes	No	Prefer not to say
Your org	8.74%	89.63%	1.63%
Average	8.07%	90.72%	1.31%
Responses	4235	4235	4235

Background details - Occupational group



Occupational Group	Your org (%)	Average (%)	Responses
Registered Nurses and Midwives	32.47%	30.95%	4189
Nursing or Healthcare assistants	11.08%	7.91%	4189
Medical and Dental	6.14%	8.21%	4189
Allied Health Professionals	13.20%	13.49%	4189
Scientific and Technical	8.55%	7.06%	4189
Social Care	0.19%	0.18%	4189
Public Health	0.31%	0.25%	4189
Commissioning	0.02%	0.08%	4189
Admin and Clerical	13.87%	15.26%	4189
Central Functions	2.32%	5.63%	4189

Background details - Occupational group



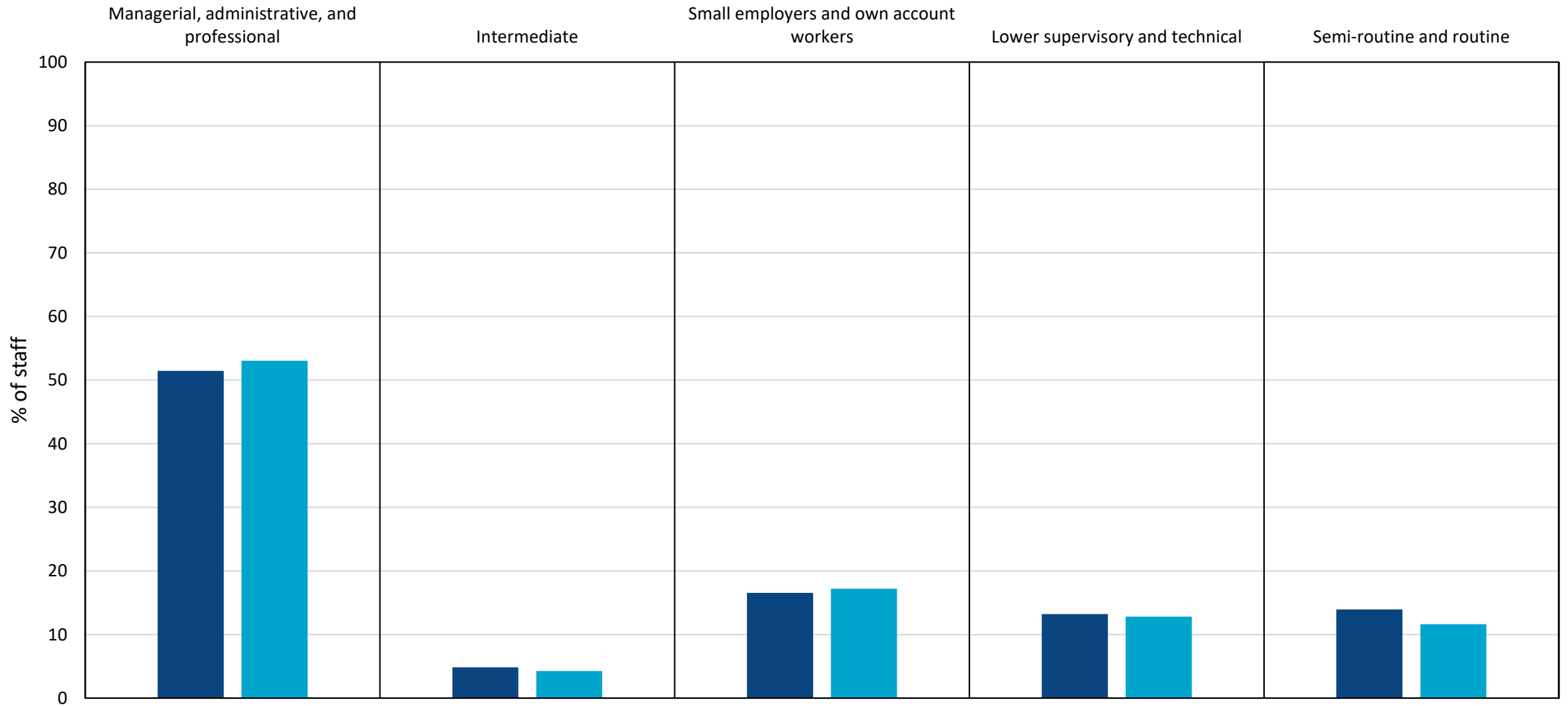
Occupational Group	Your org (%)	Average (%)	Responses
Maintenance	6.09%	3.99%	4189
General Management	2.70%	2.62%	4189
Emergency Care Practitioners	0.02%	0.01%	4189
Paramedics	0.05%	0.02%	4189
Emergency Care Assistants	0.00%	0.04%	4189
Ambulance Technicians	0.00%	0.00%	4189
Ambulance Control Staff	0.00%	0.00%	4189
Patient Transport Service	0.05%	0.01%	4189
Other	2.96%	2.99%	4189

Socio-economic Background

This section shows information about the socio-economic background of staff and People Promise scores by socio-economic background. These questions are only included in the online questionnaire and were not answered by those responding to the paper questionnaire.

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

Socio-economic background: Five classes

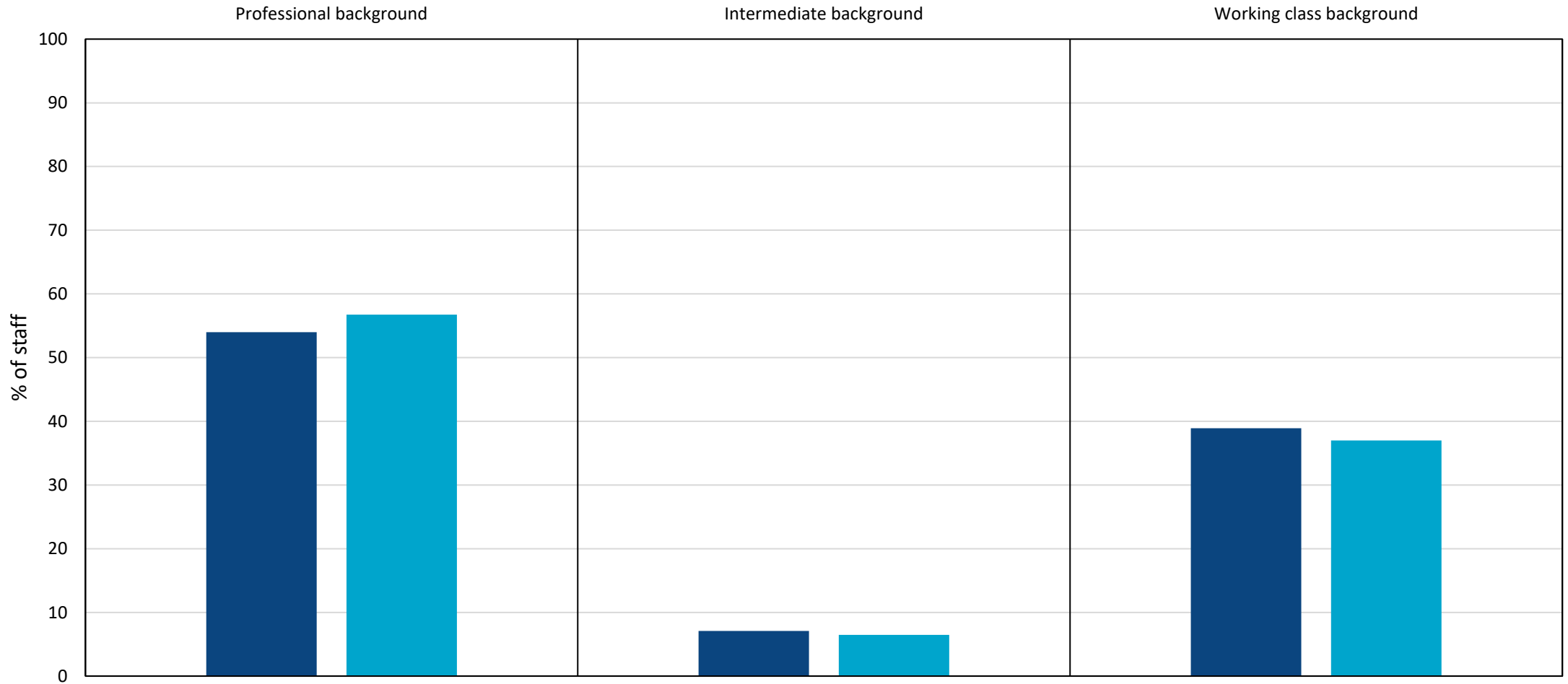


	Managerial, administrative, and professional	Intermediate	Small employers and own account workers	Lower supervisory and technical	Semi-routine and routine
Your org	51.46%	4.83%	16.54%	13.22%	13.95%
Average	53.05%	4.27%	17.19%	12.81%	11.63%
Responses	2050	2050	2050	2050	2050

Please note – These questions are online only.

There was a higher than typical level of non-response to the socio-economic background questions, which resulted in 48.02% of respondents not receiving a Five class score at the national level. For more information about socio-economic background, please see [appendix D](#). Overall page 359 of 469

Socio-economic background: Three classes



Responses	2795	2795	2795
Your org	53.99%	7.08%	38.93%
Average	56.73%	6.48%	36.98%

Please note – These questions are online only.

There was a higher than typical level of non-response to the socio-economic background questions, which resulted in 28.32% of respondents not receiving a Three class score at the national level. For more information about socio-economic background, please see [appendix D](#).



Socio-economic background: People Promise elements and themes

People Promise elements and themes in your organisation by socio-economic background (Five class)	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
1 Managerial, administrative and professional	7.16	5.91	6.54	5.94	5.57	6.17	6.74	6.47	5.59
2 Intermediate	7.06	5.67	6.25	5.93	5.13	5.80	6.79	6.30	5.52
3 Small employers and own account workers	7.35	6.05	6.66	6.06	5.68	6.37	7.03	6.60	5.69
4 Lower supervisory and technical	7.05	5.68	6.46	5.86	5.37	6.22	6.62	6.39	5.67
5 Semi-routine and routine	7.34	5.94	6.72	6.16	5.47	6.25	6.83	6.56	5.84

People Promise elements and themes in your organisation by socio-economic background (Three class)	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
1 Professional	7.16	5.89	6.51	5.93	5.57	6.17	6.74	6.46	5.58
2 Intermediate	7.17	5.87	6.45	6.07	5.26	5.98	6.81	6.49	5.72
3 Working class	7.15	5.78	6.55	6.01	5.43	6.20	6.70	6.47	5.67

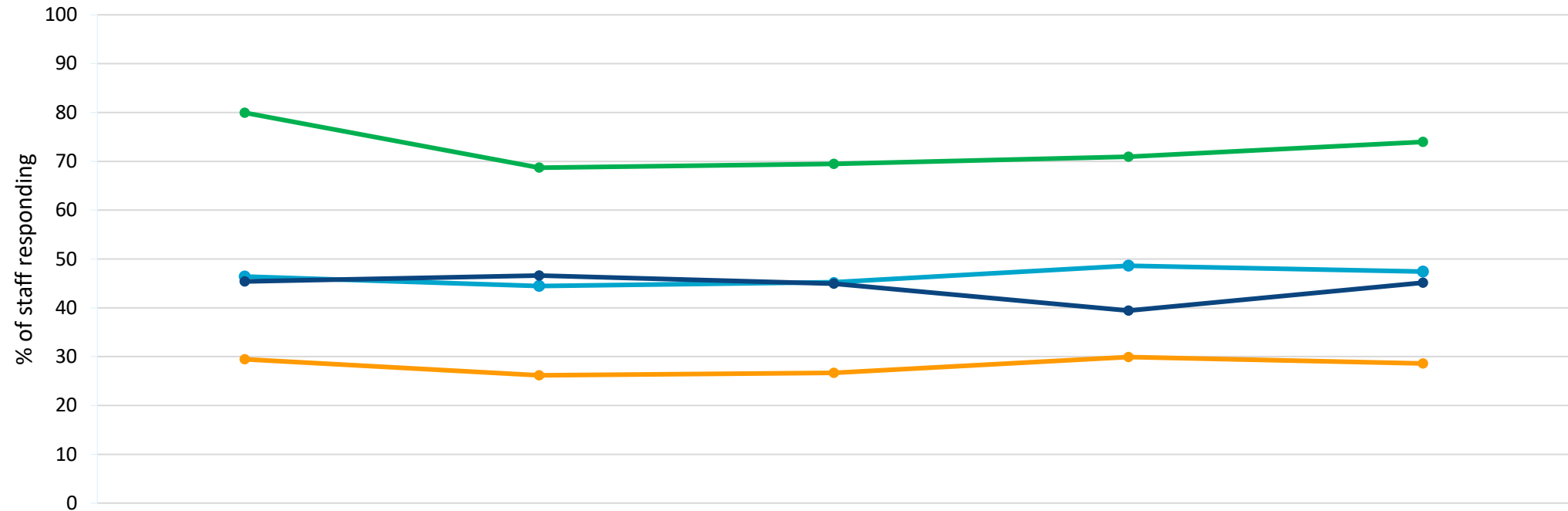
Please note – These questions are online only.

There was a higher than typical level of non-response to the socio-economic background questions. For more information about interpreting socio-economic background data, please see [appendix D](#).

Appendices

Appendix A: Response rate

Response rate



	2021	2022	2023	2024	2025
Your org	45.41%	46.61%	44.95%	39.42%	45.15%
Highest	79.95%	68.69%	69.45%	70.92%	73.97%
Average	46.38%	44.46%	45.23%	48.61%	47.42%
Lowest	29.47%	26.17%	26.65%	29.91%	28.60%
Responses	4106	4367	4539	3994	4271

Appendix B: Significance testing 2024 vs 2025

Appendix B: Significance testing – 2024 vs 2025

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2024 and 2025*. For more details, please see the [Technical Guide](#).

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.22	3986	7.12	4261	Significantly lower
We are recognised and rewarded	5.90	3986	5.83	4261	Not significant
We each have a voice that counts	6.60	3959	6.51	4235	Significantly lower
We are safe and healthy	6.06	3965	6.04	4238	Not significant
We are always learning	5.53	3793	5.54	4014	Not significant
We work flexibly	6.18	3965	6.19	4230	Not significant
We are a team	6.75	3982	6.71	4251	Not significant
Themes					
Staff Engagement	6.63	3991	6.49	4264	Significantly lower
Morale	5.72	3987	5.68	4264	Not significant

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

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. The People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher result is more positive than a lower result. These results are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the results are calculated can be found in the Technical Guide available on the [Staff Survey website](#).



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



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

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

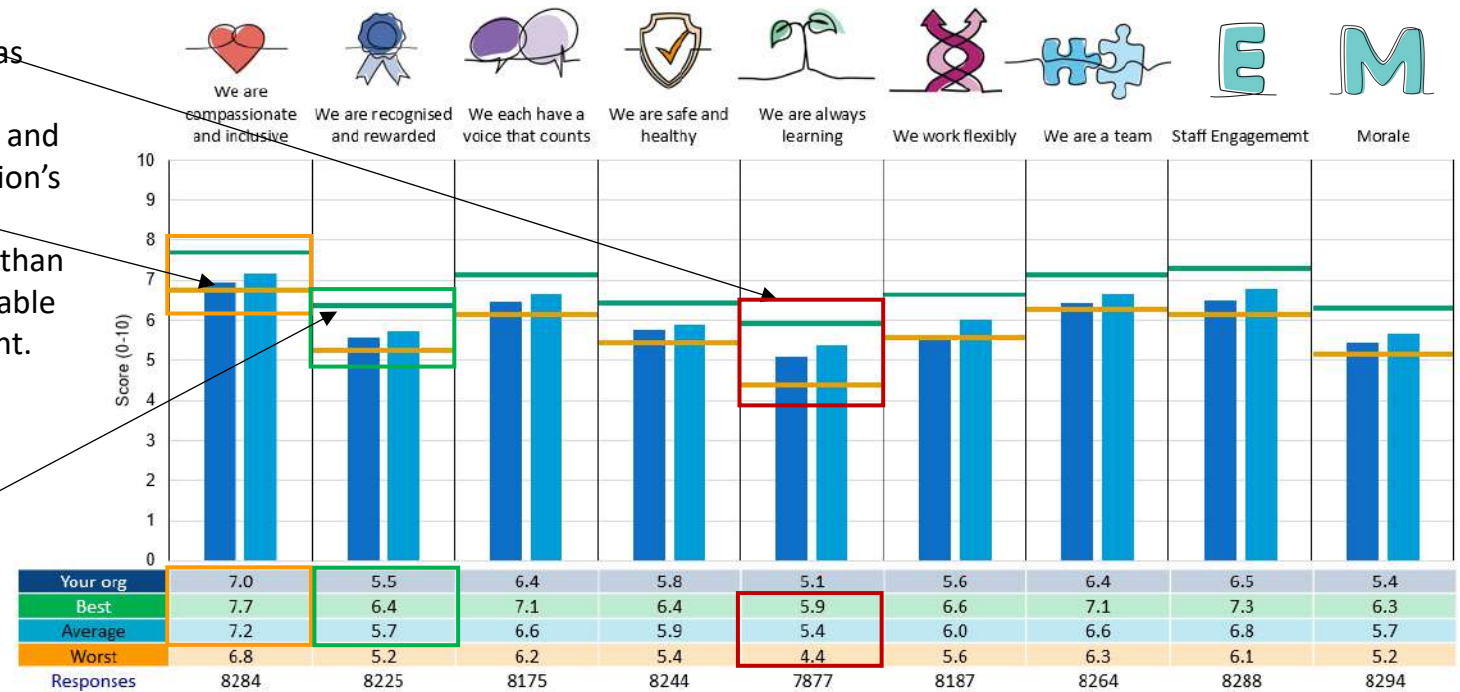
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another point of reference.

Areas to improve

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

Positive outcomes

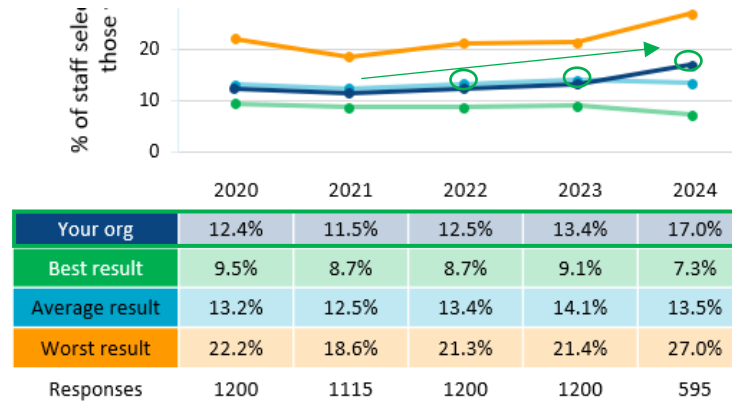
- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation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



Only one example is highlighted for each point

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.

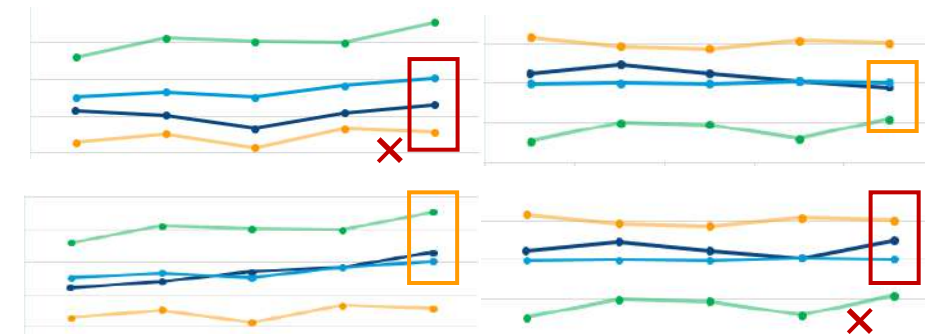


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

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 results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the **'Question results'** section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



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

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

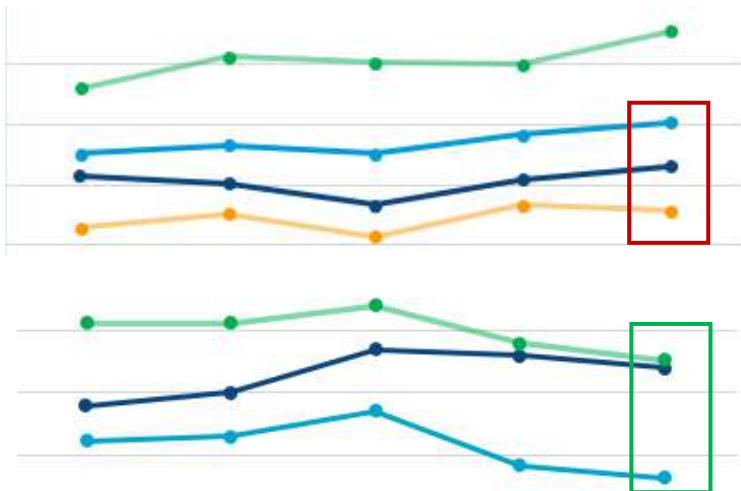
Identifying questions of interest

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

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

➤ Identifying questions of interest based on the results in this report

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



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

Appendix D: Socio-economic background

Starting in 2025, the online NHS Staff Survey includes questions on staff members' socio-economic background. The questionnaire included questions (Q33-37) from the [Socio-economic background harmonised standard](#) from the Government Statistical Service (GSS) Harmonisation Team.

What is socio-economic background?

The [Socio-economic background harmonised standard](#) uses the [Social Mobility Commission's definition](#) of socio-economic background, which is:

"[...] the particular set of social and economic circumstances that an individual has come from. It permits objective discussion of the influence of these circumstances on individuals' educational and career trajectories; and it can be objectively measured by capturing information on parental occupation and level of education."

Measuring socio-economic background

The NHS Staff Survey used the self-coded question set designed to place respondents into five classes, the [Five Class System of National Statistics Socio-economic Classification \(NS-SEC\)](#). During quality assurance processes, analysts at the Survey Coordination Centre (SCC) identified a high rate of non-response or non-substantive responses, resulting in 48.02% of respondents from across the country not being allocated a score with the Five Class System. This includes 4.85% that said their parents/guardians were not employed. Using an alternative Three Class System (that is derived only using Q37 - *When you were aged about 14, what was the occupation of the main or highest income earner?*) reduced the proportion without a score to 28.32%.

SCC also found the rate of responses not resulting in a score varied between demographic groups. This occurs with both the Five and Three Class Systems, though to lesser extent for the Three Class System. Groups less likely to produce a score include:

- People from **Mixed / multiple, Asian / Asian British, Black / African / Caribbean / Black British, Arab** or **Other** ethnic backgrounds (as compared to people from **White** backgrounds)
- **Younger people** (particularly those aged 16-30)
- People **recruited from abroad**

National results are shown in more detail on the following page.

Comparison of Three and Five Class approaches

The following tables show the proportion of respondents that are excluded from scoring using the Five and Three Class Systems using national data.

	Total
Five Class (No Score)	48.02%
Three Class (No Score)	28.32%

Ethnic background / group	White	Mixed / multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Five Class (No Score)	43.10%	52.19%	61.15%	57.92%	52.65%	63.00%
Three Class (No Score)	22.27%	33.96%	44.78%	39.38%	31.19%	48.15%

Age	16-20	21-30	31-40	41-50	51-65	66+
Five Class (No Score)	59.53%	50.72%	49.32%	46.39%	45.51%	49.12%
Three Class (No Score)	36.00%	29.37%	29.11%	27.12%	26.44%	29.81%

Recruited from abroad	Yes	No
Five Class (No Score)	59.67%	46.42%
Three Class (No Score)	42.17%	26.36%

Appendix E: Additional reporting outputs

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 Guide.

Supporting documents



[Guide to Understanding and Using Results](#): Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



[Technical Guide](#): Contains technical details about the NHS Staff Survey data, including data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other reporting outputs



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



[Breakdown reports](#): Reports containing People Promise and theme results split by breakdown (locality) for Lancashire Teaching Hospitals NHS Foundation Trust.



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



[Detailed spreadsheets](#) Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

Staff Survey Team Results - Dashboard

Get Started: Select / type your team from drop down menu in the box below

438 01 ANAESTHETICS MEDICAL (T35301)

SBU SBU Anaesthetics
Division Division of Surgery

Team Response Rate

2025 No. of colleagues invited	2025 No. colleagues completed	2025 Response Rate %	2024 Response Rate %	Changes 2024 v 2025	2024 Trust Response Rate %	Difference Compared to Trust Average
96	31	32.3%	34.4%	-2.1%	45.3%	-13.0%

2025 Your overall average survey score	2024 Your overall average survey score	Changes 2024 v 2025	Trust 2025 overall average survey score	Difference Compared to Trust Average
45.4%	44.0%	1.4%	60.3%	-14.9%

Missing Data?

If you have less than 10 people answered the survey in your team or less than 10 answered a particular question you may see errors or an asterisk (*) in your data

Other errors can occur if there is no comparison data to the previous year.

If you have a question please get in touch with the organisational development team via colleagueexperience@lthtr.nhs.uk and we can help or invite you to one of our Staff Survey Support sessions in March and April.

#	Theme	Question	Your Team Results			Comparative Data		
			2025 Result	2024 Result	2023 Result	Changes 2024 v 2025	Trust Average 2025	Difference Compared to Trust Average
1	YOUR JOB	Often/always look forward to going to work	48.4%	43.8%	56.0%	4.6%	49.2%	-0.8%
2	YOUR JOB	Often/always enthusiastic about my job	54.8%	53.1%	68.0%	1.7%	64.6%	-9.8%
3	YOUR JOB	Time often/always passes quickly when I am working	58.1%	43.8%	80.0%	14.3%	72.3%	-14.2%
4	YOUR JOB	Always know what work responsibilities are	77.4%	84.4%	88.0%	-7.0%	89.1%	-11.7%
5	YOUR JOB	Feel trusted to do my job	83.9%	84.4%	96.0%	-0.5%	90.3%	-6.5%
6	YOUR JOB	Opportunities to show initiative frequently in my role	41.9%	56.3%	64.0%	-14.3%	72.7%	-30.8%
7	YOUR JOB	Able to make suggestions to improve the work of my team/dept	29.0%	28.1%	52.0%	0.9%	71.7%	-42.6%
8	YOUR JOB	Involved in deciding changes that affect work	19.4%	25.0%	28.0%	-5.6%	49.6%	-30.3%
9	YOUR JOB	Able to make improvements happen in my area of work	16.1%	12.5%	36.0%	3.6%	52.5%	-36.3%
10	YOUR JOB	Able to meet conflicting demands on my time at work	32.3%	28.1%	40.0%	4.1%	46.1%	-13.9%
11	YOUR JOB	Have adequate materials, supplies and equipment to do my work	19.4%	28.1%	32.0%	-8.8%	46.6%	-27.3%
12	YOUR JOB	Enough staff at organisation to do my job properly	16.1%	25.0%	16.0%	-8.9%	27.5%	-11.4%
13	YOUR JOB	Satisfied with recognition for good work	16.1%	21.9%	44.0%	-5.7%	52.1%	-35.9%
14	YOUR JOB	Satisfied with extent organisation values my work	12.9%	12.5%	28.0%	0.4%	40.3%	-27.4%
15	YOUR JOB	Satisfied with level of pay	32.3%	34.4%	37.5%	-2.1%	30.2%	2.1%
16	YOUR JOB	Satisfied with opportunities for flexible working patterns	35.5%	37.5%	36.0%	-2.0%	55.7%	-20.2%
17	YOUR JOB	Have realistic time pressures	6.5%	9.4%	16.0%	-2.9%	25.4%	-19.0%
18	YOUR JOB	Have a choice in deciding how to do my work	29.0%	31.3%	60.0%	-2.2%	50.0%	-21.0%
19	YOUR JOB	Relationships at work are unstrained	38.7%	28.1%	48.0%	10.6%	41.5%	-2.8%
20	YOUR JOB	Feel my role makes a difference to patients/service users	87.1%	84.4%	96.0%	2.7%	88.6%	-1.5%
21	YOUR JOB	Organisation is committed to helping balance work and home life	19.4%	31.3%	40.0%	-11.9%	48.2%	-28.8%
22	YOUR JOB	Achieve a good balance between work and home life	58.1%	40.6%	48.0%	17.4%	56.8%	1.2%
23	YOUR JOB	Can approach immediate manager to talk openly about flexible working	54.8%	31.3%	68.0%	23.6%	69.8%	-15.0%
24	YOUR TEAM	Team members have a set of shared objectives	48.4%	46.9%	48.0%	1.5%	74.8%	-26.4%
25	YOUR TEAM	Team members often meet to discuss the team's effectiveness	48.4%	37.5%	44.0%	10.9%	65.5%	-17.1%
26	YOUR TEAM	Receive the respect I deserve from my colleagues at work	54.8%	50.0%	68.0%	4.8%	69.1%	-14.3%
27	YOUR TEAM	Team members understand each other's roles	63.3%	50.0%	56.0%	13.3%	70.7%	-7.4%
28	YOUR TEAM	Enjoy working with colleagues in team	77.4%	65.6%	84.0%	11.8%	78.6%	-1.2%
29	YOUR TEAM	Team has enough freedom in how to do its work	32.3%	25.0%	44.0%	7.3%	56.5%	-24.3%
30	YOUR TEAM	Team deals with disagreements constructively	29.0%	25.0%	36.0%	4.0%	53.6%	-24.6%
31	YOUR TEAM	Feel valued by my team	54.8%	50.0%	56.0%	4.8%	68.1%	-13.3%
32	YOUR TEAM	Feel a strong personal attachment to my team	38.7%	43.8%	64.0%	-5.0%	61.5%	-22.8%
33	PEOPLE IN YOUR ORGANISATION	Teams within the organisation work well together to achieve objectives	25.8%	37.5%	24.0%	-11.7%	51.7%	-25.9%
34	PEOPLE IN YOUR ORGANISATION	Colleagues are understanding and kind to one another	61.3%	62.5%	60.0%	-1.2%	66.1%	-4.8%
35	PEOPLE IN YOUR ORGANISATION	Colleagues are polite and treat each other with respect	64.5%	62.5%	72.0%	2.0%	67.0%	-2.5%
36	PEOPLE IN YOUR ORGANISATION	Colleagues show appreciation to one another	54.8%	56.3%	56.0%	-1.4%	63.5%	-8.6%
37	YOUR MANAGERS	Immediate manager encourages me at work	38.7%	28.1%	56.0%	10.6%	71.8%	-33.1%
38	YOUR MANAGERS	Immediate manager gives clear feedback on my work	32.3%	15.6%	40.0%	16.6%	66.2%	-33.9%
39	YOUR MANAGERS	Immediate manager asks for my opinion before making decisions that affect my work	35.5%	28.1%	48.0%	7.4%	57.8%	-22.3%
40	YOUR MANAGERS	Immediate manager takes a positive interest in my health & well-being	51.6%	28.1%	60.0%	23.5%	69.6%	-18.0%
41	YOUR MANAGERS	Immediate manager values my work	54.8%	28.1%	56.0%	26.7%	72.3%	-17.5%
42	YOUR MANAGERS	Immediate manager works with me to understand problems	41.9%	21.9%	48.0%	20.1%	68.1%	-26.2%
43	YOUR MANAGERS	Immediate manager listens to challenges I face	51.6%	31.3%	60.0%	20.4%	70.3%	-18.7%
44	YOUR MANAGERS	Immediate manager cares about my concerns	51.6%	31.3%	60.0%	20.4%	69.2%	-17.6%
45	YOUR MANAGERS	Immediate manager helps me with problems I face	36.7%	28.1%	48.0%	8.5%	66.0%	-29.3%
46	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Don't work any additional paid hours per week for this organisation, over and above contracted hours	35.5%	28.1%	28.0%	7.4%	69.9%	-34.5%
47	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	16.1%	31.3%	36.0%	-15.1%	58.9%	-42.8%
48	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Organisation takes positive action on health and well-being	22.6%	21.9%	40.0%	0.7%	54.2%	-31.7%
49	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	58.1%	53.1%	80.0%	4.9%	61.1%	-3.1%
50	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	In last 12 months, have not felt unwell due to work related stress	54.8%	43.8%	64.0%	11.1%	59.5%	-4.7%
51	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	In last 3 months, have not come to work when not feeling well enough to perform duties	64.5%	46.9%	68.0%	17.6%	44.6%	19.9%
52	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not felt pressure from manager to come to work when not feeling well enough	90.9%	82.4%	*	8.6%	76.1%	14.8%
53	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Never/rarely find work emotionally exhausting	16.1%	12.5%	24.0%	3.6%	23.3%	-7.2%
54	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Never/rarely feel burnt out because of work	9.7%	12.5%	36.0%	-2.8%	29.3%	-19.6%
55	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Never/rarely frustrated by work	12.9%	9.4%	20.0%	3.5%	21.8%	-8.9%
56	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Never/rarely exhausted by the thought of another day/shift at work	30.0%	31.3%	28.0%	-1.3%	33.6%	-3.6%
57	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Never/rarely worn out at the end of work	12.9%	6.3%	20.0%	6.7%	19.1%	-6.2%
58	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Never/rarely feel every working hour is tiring	45.2%	46.9%	68.0%	-1.7%	48.4%	-3.3%
59	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Never/rarely lack energy for family and friends	38.7%	15.6%	24.0%	23.1%	35.8%	2.9%
60	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not experienced physical violence from patients/service users, their relatives or other members of the public	93.5%	87.5%	82.6%	6.0%	82.4%	11.2%
61	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not experienced physical violence from managers	100.0%	96.9%	100.0%	3.1%	99.1%	0.9%
62	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not experienced physical violence from other colleagues	100.0%	96.9%	100.0%	3.1%	98.1%	1.9%
63	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Last experience of physical violence reported	*	*	*	#VALUE!	73.7%	#VALUE!
64	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	87.1%	77.4%	76.0%	9.7%	75.8%	11.3%
65	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not experienced harassment, bullying or abuse from managers	93.3%	80.6%	84.0%	12.7%	91.8%	1.6%
66	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not experienced harassment, bullying or abuse from other colleagues	86.7%	65.6%	80.0%	21.0%	82.8%	3.9%
67	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Last experience of harassment/bullying/abuse reported	*	13.3%	*	#VALUE!	53.3%	#VALUE!
68	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Organisation acts fairly: career progression	32.3%	25.0%	56.0%	7.3%	52.9%	-20.6%
69	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not experienced discrimination from patients/service users, their relatives or other members of the public	96.8%	96.8%	79.2%	0.0%	91.9%	4.9%

Your Team Results Quick Insights

Top scoring: Not experienced physical violence from managers (100%)

Top 5 - Highest Scoring Questions

Not experienced physical violence from managers	100.0%
Not experienced physical violence from other colleagues	100.0%
Not experienced discrimination from patients/service users, their relatives or other members of the public	96.8%
Not experienced physical violence from patients/service users, their relatives or other members of the public	93.5%
Not experienced harassment, bullying or abuse from managers	93.3%

Top 5 - Lowest Scoring Questions

Have realistic time pressures	6.5%
Never/rarely feel burnt out because of work	9.7%
Appraisal helped me improve how I do my job	11.5%
Satisfied with extent organisation values my work	12.9%
Never/rarely frustrated by work	12.9%

Biggest improvement: Immediate manager values my work (27%)

Top 5 - Improved Questions

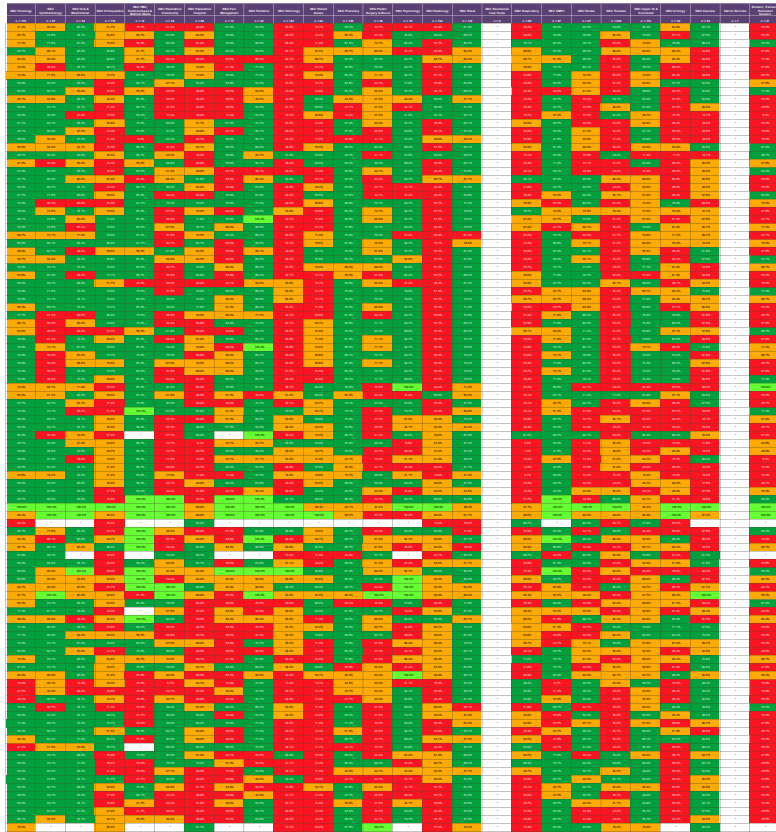
Immediate manager values my work	26.7%
Can approach immediate manager to talk openly about flexible working	23.6%
Immediate manager takes a positive interest in my health & well-being	23.5%
Never/rarely lack energy for family and friends	23.1%
Not experienced harassment, bullying or abuse from other colleagues	21.0%

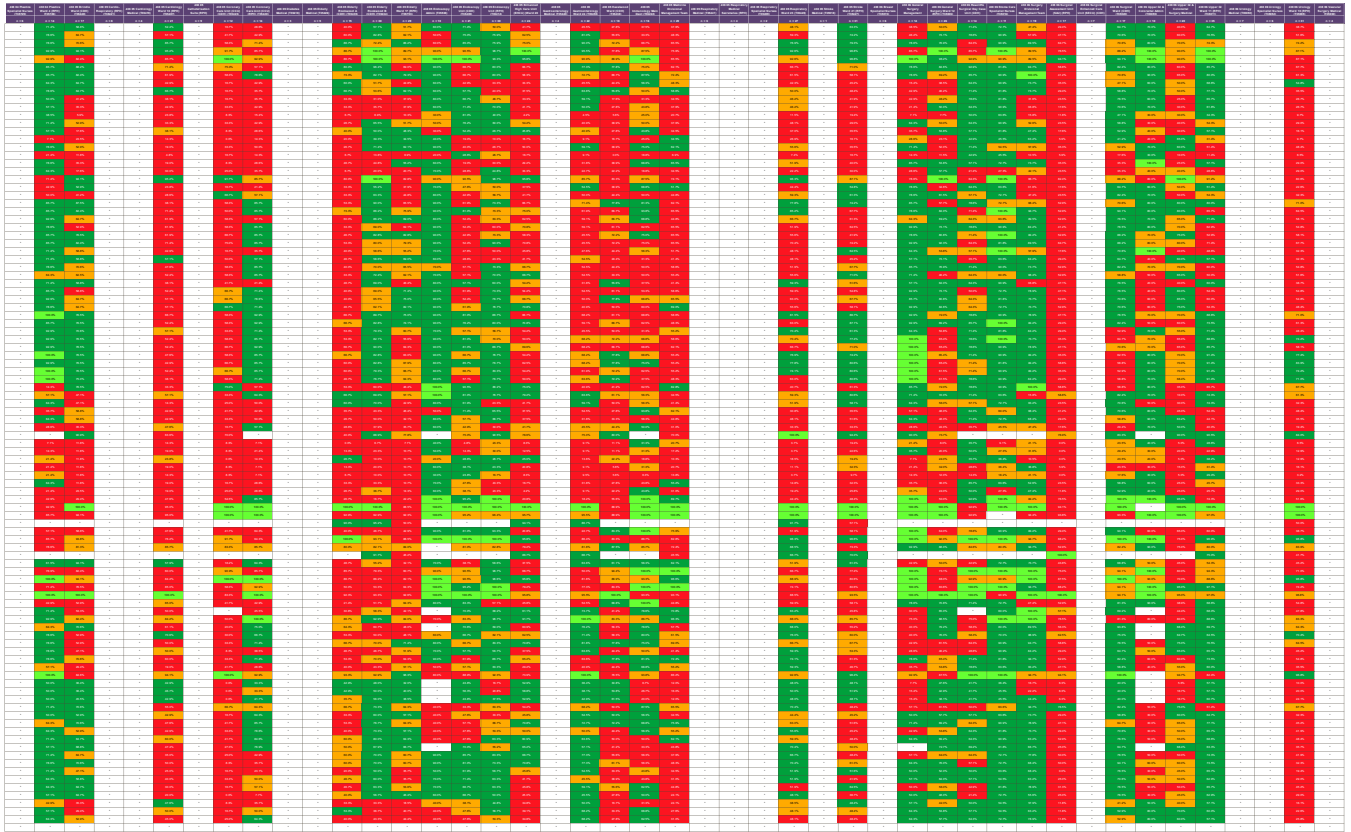
Top 5 - Declining Questions

Encouraged to report errors/near misses/incidents	-38.7%
Organisation ensure errors/near misses/incidents do not repeat	-25.5%
If friend/relative needed treatment would be happy with standard of care provided by organisation	-24.3%
I am unlikely to look for a job at a new organisation in the next 12 months	-17.2%
Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	-15.1%

70	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not experienced discrimination from manager/team leader or other colleagues	90.0%	74.2%	73.9%	15.8%	91.5%	-1.5%
71	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	93.3%	96.8%	88.0%	-3.4%	91.6%	1.8%
72	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not experienced unwanted behaviour of a sexual nature from other colleagues	93.3%	90.3%	92.0%	3.0%	96.3%	-3.0%
73	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	50.0%	34.4%	34.8%	15.6%	64.5%	-14.5%
74	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Staff involved in an error/near miss/incident treated fairly	25.0%	39.3%	43.5%	-14.3%	56.8%	-31.8%
75	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Encouraged to report errors/near misses/incidents	48.4%	87.1%	84.0%	-38.7%	85.3%	-36.9%
76	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Organisation ensure errors/near misses/incidents do not repeat	27.6%	53.1%	45.8%	-25.5%	64.4%	-36.9%
77	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Feedback given on changes made following errors/near misses/incidents	30.0%	40.6%	36.0%	-10.6%	61.2%	-31.2%
78	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Would feel secure raising concerns about unsafe clinical practice	51.6%	65.6%	48.0%	-14.0%	67.3%	-15.7%
79	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Would feel confident that organisation would address concerns about unsafe clinical practice	16.1%	18.8%	28.0%	-2.6%	50.5%	-34.3%
80	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	Feel organisation respects individual differences	41.9%	31.3%	64.0%	10.7%	67.9%	-26.0%
81	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	I can eat nutritious and affordable food at work	19.4%	31.3%	32.0%	-11.9%	55.5%	-36.1%
82	YOUR PERSONAL DEVELOPMENT	Received appraisal in the past 12 months	90.0%	100.0%	95.8%	-10.0%	92.4%	-2.4%
83	YOUR PERSONAL DEVELOPMENT	Appraisal helped me improve how I do my job	11.5%	12.5%	21.7%	-1.0%	24.6%	-13.1%
84	YOUR PERSONAL DEVELOPMENT	Appraisal helped me agree clear objectives for my work	15.4%	15.6%	21.7%	-0.2%	32.2%	-16.9%
85	YOUR PERSONAL DEVELOPMENT	Appraisal left me feeling organisation values my work	14.8%	12.5%	8.7%	2.3%	34.2%	-19.4%
86	YOUR PERSONAL DEVELOPMENT	Organisation offers me challenging work	71.0%	78.1%	84.0%	-7.2%	66.1%	4.9%
87	YOUR PERSONAL DEVELOPMENT	There are opportunities for me to develop my career in this organisation	45.2%	50.0%	76.0%	-4.8%	45.4%	-0.2%
88	YOUR PERSONAL DEVELOPMENT	Have opportunities to improve my knowledge and skills	54.8%	65.6%	72.0%	-10.8%	64.3%	-9.5%
89	YOUR PERSONAL DEVELOPMENT	Feel supported to develop my potential	35.5%	37.5%	64.0%	-2.0%	52.2%	-16.8%
90	YOUR PERSONAL DEVELOPMENT	Able to access the right learning and development opportunities when I need to	48.4%	53.1%	64.0%	-4.7%	57.0%	-8.6%
91	YOUR PERSONAL DEVELOPMENT	Able to access clinical supervision opportunities	38.5%	50.0%	New Q	-11.5%	52.6%	-14.2%
92	YOUR ORGANISATION	Care of patients/service users is organisation's top priority	25.8%	40.6%	52.0%	-14.8%	62.3%	-36.5%
93	YOUR ORGANISATION	Organisation acts on concerns raised by patients/service users	25.8%	40.6%	40.0%	-14.8%	60.4%	-34.6%
94	YOUR ORGANISATION	Would recommend organisation as place to work	32.3%	46.9%	56.0%	-14.6%	45.1%	-12.8%
95	YOUR ORGANISATION	If friend/relative needed treatment would be happy with standard of care provided by organisation	22.6%	46.9%	56.0%	-24.3%	48.4%	-25.8%
96	YOUR ORGANISATION	Feel safe to speak up about anything that concerns me in this organisation	35.5%	34.4%	56.0%	1.1%	55.4%	-19.9%
97	YOUR ORGANISATION	Feel organisation would address any concerns I raised	16.1%	15.6%	28.0%	0.5%	42.2%	-26.0%
98	YOUR ORGANISATION	I don't often think about leaving this organisation	38.7%	46.9%	40.0%	-8.2%	40.4%	-1.7%
99	YOUR ORGANISATION	I am unlikely to look for a job at a new organisation in the next 12 months	48.4%	65.6%	72.0%	-17.2%	49.0%	-0.6%
100	YOUR ORGANISATION	I am not planning on leaving this organisation	58.1%	68.8%	76.0%	-10.7%	52.7%	5.4%
101	BACKGROUND INFORMATION	Disability: organisation made reasonable adjustment(s) to enable me to carry out work	*	*	*	#VALUE!	77.1%	#VALUE!

49.6%









100%	Green
90-99%	Yellow
80-89%	Orange
70-79%	Red
60-69%	Dark Red
50-59%	Black

Set RAG % point difference: 3

Section	Q	Description	Locality 5		Comparator Organisation (Overall)					White: UK & ICS
			n = 4271	n = 808	SAME: Asian n = 122	SAME: Black n = 84	SAME: Mixed n = 33	SAME: Other n = 50	Unknown n = 50	
YOUR JOB	q2a	Often/always look forward to going to work	49.2%	70.6%	53.3%	39.7%	61.1%	44.0%	41.8%	43.9%
	q2b	Often/always enthusiastic about my job	64.6%	76.3%	69.6%	65.9%	73.0%	64.0%	54.3%	62.0%
	q2c	Time often/always passes quickly when I am working	72.3%	81.6%	82.0%	63.0%	69.7%	72.0%	67.9%	70.7%
	q3a	Always know what work responsibilities are	89.1%	94.9%	92.6%	89.1%	82.1%	72.0%	85.6%	88.0%
	q3b	Feel trusted to do my job	90.3%	94.4%	89.3%	89.1%	87.2%	80.0%	90.2%	89.9%
	q3c	Opportunities to show initiative frequently in my work	72.7%	78.4%	68.3%	70.3%	68.7%	76.0%	61.1%	71.9%
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	75.1%	63.9%	67.2%	61.5%	68.0%	63.1%	71.7%
	q3e	Involved in deciding changes that affect work	49.6%	58.3%	49.2%	39.1%	38.5%	48.0%	42.9%	48.4%
	q3f	Able to make improvements happen in my area of work	52.0%	65.5%	50.8%	51.6%	46.2%	49.0%	44.2%	49.6%
	q3g	Able to meet conflicting demands on my time at work	46.1%	59.4%	51.2%	45.3%	48.7%	40.0%	32.1%	43.1%
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	61.5%	53.1%	54.7%	64.1%	48.0%	43.6%	41.8%
	q3i	Enough staff at organisation to do my job properly	27.9%	37.5%	29.5%	26.3%	43.6%	28.6%	23.8%	24.9%
	q4a	Satisfied with recognition for good work	52.1%	59.2%	37.4%	46.3%	48.7%	37.1%	48.1%	50.6%
	q4b	Satisfied with extent organisation values my work	49.3%	57.7%	49.6%	37.9%	48.7%	44.9%	33.0%	38.0%
	q4c	Satisfied with level of pay	30.2%	34.1%	19.8%	17.2%	44.7%	34.7%	17.9%	30.0%
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	67.0%	52.1%	45.9%	68.6%	49.0%	48.6%	54.8%
	q5a	Have realistic time pressures	25.4%	21.8%	27.0%	25.0%	23.7%	25.9%	18.8%	28.7%
	q5b	Have a choice in deciding how to do my work	50.0%	48.8%	32.0%	52.4%	38.5%	42.9%	47.8%	51.4%
	q5c	Relationships at work are unstrained	41.5%	43.8%	50.4%	50.6%	25.6%	42.9%	27.4%	41.2%
	q5d	Feel my role makes a difference to patients/service users	88.6%	92.8%	94.2%	88.9%	94.9%	87.2%	87.0%	87.2%
q5e	Organisation is committed to helping balance work and home life	48.2%	62.3%	54.1%	48.4%	55.3%	38.8%	38.9%	44.4%	
q5f	Achieve a good balance between work and home life	58.8%	61.9%	57.4%	50.0%	68.4%	49.0%	47.8%	58.0%	
q6d	Can approach immediate manager to talk openly about flexible working	69.8%	71.4%	70.5%	68.8%	65.6%	59.2%	61.9%	69.9%	
q7a	Team members have a set of shared objectives	74.8%	79.7%	81.8%	73.4%	72.2%	71.4%	65.0%	73.7%	
q7b	Team members often meet to discuss the team's effectiveness	65.9%	73.0%	75.2%	61.9%	70.3%	44.9%	58.0%	63.8%	
q7c	Respect the respect I observe from my colleagues at work	69.1%	70.7%	62.9%	64.1%	71.8%	63.3%	64.6%	69.3%	
q7d	Team members understand each other's roles	70.7%	73.5%	73.0%	71.9%	76.0%	59.2%	68.4%	70.1%	
q7e	Enjoy working with colleagues in my team	79.6%	78.4%	68.0%	79.7%	71.9%	79.8%	73.5%	79.3%	
q7f	Team has enough freedom in how to do its work	59.5%	67.0%	48.2%	50.0%	63.2%	51.0%	61.3%	54.1%	
q7g	Team deals with disagreements constructively	53.6%	61.0%	46.6%	51.8%	48.7%	52.1%	48.7%	51.8%	
q7h	Feel valued by my team	68.1%	71.3%	60.7%	68.8%	68.4%	61.9%	60.7%	67.9%	
q7i	Feel a strong personal attachment to my team	61.9%	62.3%	45.1%	62.9%	52.9%	53.1%	57.9%	62.3%	
q8a	Teams within the organisation work well together to achieve objectives	51.7%	65.9%	66.4%	48.4%	60.5%	40.8%	52.7%	47.9%	
q8b	Colleagues are understanding and kind to one another	68.1%	69.2%	63.9%	69.9%	73.7%	59.2%	60.7%	63.7%	
q8c	Colleagues are polite and treat each other with respect	67.0%	71.1%	66.4%	71.9%	63.2%	57.1%	61.8%	66.2%	
q8d	Colleagues show appreciation to one another	63.9%	67.5%	63.1%	56.3%	57.9%	55.1%	58.9%	63.0%	
q9a	Immediate manager encourages me at work	71.8%	75.6%	70.5%	65.0%	71.8%	69.4%	61.9%	71.4%	
q9b	Immediate manager gives clear feedback on my work	68.2%	71.2%	63.9%	54.7%	63.2%	44.9%	50.2%	65.7%	
q9c	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	64.0%	50.4%	50.4%	64.1%	42.9%	62.9%	57.0%	
q9d	Immediate manager takes a positive interest in my health & well-being	69.6%	72.2%	62.3%	62.0%	66.7%	53.1%	61.6%	70.0%	
q9e	Immediate manager values my work	72.3%	73.7%	68.9%	68.8%	71.8%	61.2%	62.8%	72.7%	
q9f	Immediate manager works with me to understand problems	68.1%	70.3%	65.6%	59.4%	69.2%	49.9%	58.4%	68.5%	
q9g	Immediate manager listens to challenges I face	70.3%	73.3%	74.4%	65.6%	68.7%	53.1%	68.1%	70.0%	
q9h	Immediate manager cares about my concerns	69.2%	70.4%	67.2%	62.6%	68.4%	53.1%	63.7%	69.6%	
q9i	Immediate manager helps me with problems I face	68.0%	67.0%	68.4%	57.6%	69.2%	49.0%	55.9%	58.4%	
q10a	Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	64.8%	39.7%	48.8%	49.0%	61.2%	61.6%	70.8%	
q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	59.9%	71.3%	74.4%	49.4%	62.2%	55.1%	62.0%	70.2%	
q11a	Organisation takes positive action on health and well-being	54.2%	54.4%	38.8%	51.8%	58.8%	40.9%	42.5%	52.1%	
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	57.3%	45.0%	45.4%	53.9%	55.1%	57.5%	63.3%	
q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	67.6%	48.4%	48.4%	45.9%	53.1%	48.7%	58.4%	
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	56.8%	41.0%	34.4%	50.0%	40.8%	40.7%	42.0%	
q11e	Not feel pressure from manager to come to work when not feeling well enough to perform duties	76.1%	79.8%	87.3%	81.0%	83.5%	60.7%	68.2%	75.4%	
q12a	Never/never feel work emotionally exhausting	23.3%	25.9%	23.8%	23.0%	15.8%	26.9%	18.9%	22.9%	
q12b	Never/never feel burnt out because of work	29.3%	31.3%	28.1%	29.7%	28.8%	28.8%	27.4%	28.9%	
q12c	Never/never frustrated by work	21.8%	36.6%	40.5%	25.4%	47.2%	22.4%	26.4%	17.2%	
q12d	Never/never exhausted by the thought of another day/shift at work	33.8%	41.3%	36.7%	37.5%	34.2%	28.5%	28.8%	31.8%	
q12e	Never/never worn out at the end of work	19.1%	30.5%	17.4%	9.4%	18.4%	10.2%	23.0%	16.4%	
q12f	Never/never feel every working hour is biting	48.4%	49.3%	51.7%	48.4%	50.0%	49.0%	52.7%	48.6%	
q12g	Never/never lack energy for family and friends	35.8%	38.8%	33.1%	28.1%	44.7%	34.7%	25.7%	36.1%	
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	83.0%	79.8%	85.9%	83.9%	81.3%	79.4%	82.3%	
q13b	Not experienced physical violence from managers	99.1%	97.7%	100.0%	100.0%	100.0%	100.0%	98.2%	99.4%	
q13c	Not experienced physical violence from other colleagues	98.1%	98.8%	100.0%	100.0%	100.0%	100.0%	98.9%	98.4%	
q13d	Last experience of physical violence reported	73.7%	88.8%	75.0%	-	-	4.4%	68.7%	72.1%	
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.8%	78.4%	62.6%	68.9%	63.0%	73.9%	67.9%	78.6%	
q14b	Not experienced harassment, bullying or abuse from managers	91.8%	91.7%	93.4%	95.9%	91.4%	89.8%	79.1%	92.4%	
q14c	Not experienced harassment, bullying or abuse from other colleagues	82.8%	80.2%	74.1%	73.0%	80.9%	67.9%	73.2%	84.2%	
q14d	Last experience of harassment/bullying/abuse reported	53.3%	53.2%	67.3%	55.0%	63.6%	20.0%	47.9%	53.4%	
q15	Organisation acts fairly career progression	52.9%	51.8%	47.1%	48.8%	41.0%	39.0%	37.2%	54.4%	
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	93.8%	95.0%	79.4%	85.5%	85.4%	89.4%	95.6%	
q16b	Not experienced discrimination from manager/leader or other colleagues	91.5%	86.9%	76.9%	65.0%	91.7%	89.1%	84.8%	93.7%	
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	95.0%	92.6%	92.2%	97.3%	87.0%	92.0%	90.5%	
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	97.0%	95.0%	95.3%	100.0%	97.9%	95.6%	98.2%	
q18	Not seen any employee misbehaviour that could have hurt patients/service users	64.5%	74.9%	73.9%	57.4%	73.0%	63.3%	63.1%	61.6%	
q19a	Staff involved in an employee misbehaviour incident fairly	58.8%	66.0%	55.7%	57.4%	48.1%	68.8%	52.6%	54.5%	
q19b	Encouraged to report employee misbehaviour incidents	80.3%	86.6%	90.0%	80.3%	86.1%	82.6%	80.0%	85.1%	
q19c	Organisation ensure employee misbehaviour does not repeat	64.4%	77.4%	76.7%	58.9%	70.6%	52.3%	52.7%	60.9%	
q19d	Feedback given on charges made following employee misbehaviour	61.2%	74.3%	81.4%	59.3%	67.6%	47.7%	49.9%	57.4%	
q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	72.9%	69.7%	64.1%	81.9%	63.3%	62.4%	66.1%	
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	59.5%	64.3%	62.0%	42.2%	58.0%	53.1%	41.6%	48.7%	
q21	Feel organisation respects individual differences	67.2%	71.3%	65.0%	56.3%	63.2%	69.2%	63.1%	68.2%	
q22	I can eat nutritious and affordable food at work	55.0%	58.7%	64.6%	32.8%	58.4%	50.0%	48.7%	56.1%	
q23a	Approved appraisal in the past 12 months	92.4%	93.5%	94.8%	93.3%	94.4%	89.7%	86.9%	92.2%	
q23b	Appraisal helped me improve how I do my job	24.6%	48.8%	50.0%	21.4%	50.0%	29.7%	23.9%	17.1%	
q23c	Appraisal helped me agree clear objectives for my work	32.2%	53.5%	51.4%	32.1%	55.9%	35.1%	27.3%	25.9%	
q23d	Appraisal left me feeling organisation values my work	34.2%	48.6%	47.1%	35.4%	50.0%	21.6%	33.0%	30.1%	
q24a	Organisation offers me challenging work	68.1%	58.9%	47.1%	67.2%	47.4%	72.9%	61.1%	69.0%	
q24b	There are opportunities for me to develop my career in this organisation	45.4%	56.8%	46.7%	51.6%	47.4%	52.1%	34.9%	42.8%	
q24c	Have opportunities to improve my knowledge and skills	64.3%	68.4%	68.4%	65.8%	68.4%	68.8%	64.9%	63.5%	
q24d	Feel supported to develop my potential	52.2%	60.2%	53.3%	51.6%	60.5%	56.3%	41.1%	50.4%	
q24e	Able to access the right learning and development opportunities when I need to	57.0%	66.0%	63.1%	57.6%	63.2%	58.3%	51.8%	54.6%	
q24f	Able to access clinical supervision opportunities	52.6%	65.1%	65.3%	49.1%	72.7%	47.6%	50.5%	45.2%	
q25a	Care of patients/service users is organisation's top priority	62.3%	76.9%	75.4%	58.4%	78.9%	49.0%	59.6%	58.1%	
q25b	Organisation acts on concerns raised by patients/service users	60.4%	76.9%	81.1%	60.9%	76.3%	59.2%	63.9%	55.6%	
q25c	Would recommend organisation as place to work	45.1%	63.4%	61.0%	42.2%	60.5%	38.8%	44.7%	39.6%	
q25d	If preventative needed treatment would be happy with standard of care provided by organisation	48.4%	65.0%	67.2%	38.1%	57.8%	46.9%	43.0%	43.8%	
q25e	Feel safe to speak up about anything that concerns me in this organisation	55.4%	62.2%	59.8%	44.9%	59.3%	44.9%	45.1%	54.4%	
q25f	Feel organisation would address any concerns I raised	42.2%	58.8%	48.4%	31.3%	47.4%	36.7%	42.1%	38.4%	
q26a	I don't often think about leaving the organisation	40.4%	51.6%	41.3%	35.9%	53.3%	36.7%	39.8%	37.8%	
q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.0%	57.9%	41.3%	44.4%	57.9%	53.1%	41.2%	47.2%	
q26c	I am not planning on leaving the organisation	52.7%	58.6%	42.9%	47.8%	65.8%	57.4%	38.0%	51.9%	
q27a	Disability/organisation makes reasonable adjustments to enable me to carry out work	77.1%	72.5%	-	55.0%	-	-	60.0%	78.8%	

100%	Green
90-99%	Yellow
80-89%	Orange
70-79%	Red
60-69%	Dark Red
50-59%	Black

Set RAG % point difference: 3

Section	Q	Description	Comparator Organisation (Overall) n = 4271	Disability Status Unknown n = 481	Disabled n = 331	Not Disabled n = 3489
YOUR JOB	q2a	Often/always look forward to going to work	49.2%	47.0%	40.0%	50.4%
	q2b	Often/always enthusiastic about my job	64.6%	59.0%	57.1%	66.1%
	q2c	Time often/always passes quickly when I am working	72.3%	74.0%	62.0%	72.8%
	q3a	Always know what work responsibilities are	89.1%	90.0%	82.0%	89.6%
	q3b	Feel trusted to do my job	90.3%	90.7%	86.3%	90.7%
	q3c	Opportunities to show initiative frequently in my role	72.7%	71.1%	63.1%	73.9%
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	69.0%	59.0%	73.1%
	q3e	Involved in deciding changes that affect work	49.6%	43.6%	37.0%	51.6%
	q3f	Able to make improvements happen in my area of work	52.0%	46.3%	42.0%	54.3%
	q3g	Able to meet conflicting demands on my time at work	46.1%	45.7%	34.7%	47.3%
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	47.1%	36.0%	47.6%
	q3i	Enough staff at organisation to do my job properly	27.9%	28.2%	20.0%	28.2%
	q4a	Satisfied with recognition for good work	52.1%	49.6%	40.1%	53.6%
	q4b	Satisfied with extent organisation values my work	49.3%	39.0%	27.4%	42.1%
	q4c	Satisfied with level of pay	30.2%	34.2%	20.7%	30.0%
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	51.9%	49.4%	56.8%
	q5a	Have realistic time pressures	25.4%	24.4%	20.6%	26.1%
	q5b	Have a choice in deciding how to do my work	50.0%	48.2%	47.3%	50.5%
	q5c	Relationships at work are unstrained	41.5%	38.0%	35.8%	42.5%
	YOUR TEAM	q6a	Feel my role makes a difference to patients/service users	88.6%	87.2%	85.7%
q6b		Organisation is committed to helping balance work and home life	48.2%	47.1%	37.0%	49.4%
q6c		Achieve a good balance between work and home life	58.8%	59.0%	43.6%	57.7%
q6d		Can approach immediate manager to talk openly about flexible working	69.8%	65.7%	63.6%	71.0%
q7a		Team members have a set of shared objectives	74.8%	71.6%	68.4%	75.8%
q7b		Team members often meet to discuss the team's effectiveness	65.0%	61.4%	58.0%	66.8%
q7c		Receive the respect I deserve from my colleagues at work	69.1%	69.0%	58.2%	70.2%
q7d		Team members understand each other's roles	70.7%	70.5%	63.6%	71.4%
q7e		Enjoy working with colleagues in team	79.6%	78.2%	73.6%	79.4%
q7f		Team has enough freedom to how to do its work	58.5%	59.0%	51.7%	57.0%
PEOPLE IN YOUR ORGANISATION	q7g	Team deals with disagreements constructively	53.6%	51.7%	44.7%	54.8%
	q7h	Feel valued by my team	68.1%	68.9%	57.2%	69.0%
	q7i	Feel a strong personal attachment to my team	61.0%	63.2%	54.0%	61.9%
	q8a	Teams within the organisation work well together to achieve objectives	51.7%	45.0%	44.0%	53.3%
	q8b	Colleagues are understanding and kind to one another	68.1%	62.8%	61.0%	67.0%
	q8c	Colleagues are polite and treat each other with respect	67.0%	69.8%	61.2%	67.7%
	q8d	Colleagues show appreciation to one another	63.0%	62.2%	55.8%	64.4%
	q9a	Immediate manager encourages me at work	71.8%	66.7%	66.1%	72.8%
	q9b	Immediate manager gives clear feedback on my work	68.2%	62.0%	60.6%	67.2%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	52.9%	50.6%	58.1%
YOUR MANAGERS	q9d	Immediate manager takes a positive interest in my health & well-being	69.6%	65.0%	65.0%	70.7%
	q9e	Immediate manager values my work	72.3%	67.2%	68.2%	73.4%
	q9f	Immediate manager works with me to understand problems	68.1%	64.7%	60.0%	69.3%
	q9g	Immediate manager listens to challenges I face	70.3%	62.8%	64.1%	72.0%
	q9h	Immediate manager cares about my concerns	69.2%	63.7%	61.7%	70.7%
	q9i	Immediate manager helps me with problems I face	68.0%	61.8%	58.0%	67.0%
	q10a	Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	79.8%	79.0%	68.8%
	q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.0%	62.3%	60.2%	59.2%
	q11a	Organisation takes positive action on health and well-being	54.2%	53.2%	45.7%	55.2%
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	58.0%	52.0%	62.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11c	In last 12 months, have not felt unwell due to work related stress	59.0%	61.9%	45.2%	60.0%
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	47.0%	29.6%	45.4%
	q11e	Not feel pressure from manager to come to work when not feeling well enough	76.1%	75.2%	62.3%	78.0%
	q12a	Never/never feel work emotionally exhausting	23.3%	24.3%	16.2%	23.6%
	q12b	Never/never feel burnt out because of work	29.3%	36.0%	22.1%	29.1%
	q12c	Never/never frustrated by work	21.8%	18.4%	14.0%	23.0%
	q12d	Never/never exhausted by the thought of another day/shift at work	33.6%	33.8%	24.0%	34.0%
	q12e	Never/never worn out at the end of and of work	19.1%	22.0%	11.8%	19.4%
	q12f	Never/never feel every working hour is biting	48.4%	48.0%	38.1%	48.0%
	q12g	Never/never lack energy for family and friends	36.8%	36.0%	23.0%	36.4%
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	87.1%	82.1%	81.7%
	q13b	Not experienced physical violence from managers	90.1%	96.7%	98.8%	99.2%
	q13c	Not experienced physical violence from other colleagues	98.1%	97.2%	98.4%	98.2%
	q13d	Last experience of physical violence reported	73.7%	68.0%	64.0%	76.2%
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.6%	75.1%	73.6%	76.1%
	q14b	Not experienced harassment, bullying or abuse from managers	91.6%	98.0%	97.0%	92.8%
	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.6%	82.3%	78.2%	83.3%
	q14d	Last experience of harassment/bullying/abuse reported	53.3%	46.3%	47.6%	55.1%
	q15	Organisation acts fairly career progression	52.0%	48.1%	43.0%	54.7%
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	94.3%	92.7%	91.5%
q16b	Not experienced discrimination from manager/team leader or other colleagues	91.0%	89.0%	83.2%	92.6%	
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	93.1%	90.0%	91.0%	
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	98.2%	96.6%	96.3%	
q18	Not seen any employee misbehaviour incidents that could have hurt patients/service users	64.0%	68.2%	61.0%	64.7%	
q19a	Staff involved in an employee misbehaviour incident fairly	58.8%	46.7%	47.2%	59.2%	
q19b	Encouraged to report employee misbehaviour incidents	80.3%	80.8%	82.6%	86.2%	
q19c	Organisation ensure employee misbehaviour incidents do not repeat	64.4%	60.0%	58.1%	65.8%	
q19d	Feedback given on changes made following employee misbehaviour incidents	61.2%	53.3%	51.9%	63.2%	
q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	59.1%	60.8%	69.1%	
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	50.0%	42.8%	41.8%	52.4%	
q21	Feel organisation respects individual differences	67.2%	60.0%	58.0%	70.1%	
q22	I can eat nutritious and affordable food at work	55.0%	57.0%	43.0%	56.4%	
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	92.4%	93.9%	89.7%	92.4%
	q23b	Appraisal helped me improve how I do my job	24.6%	14.7%	16.3%	26.8%
	q23c	Appraisal helped me agree clear objectives for my work	32.2%	21.4%	24.3%	34.5%
	q23d	Appraisal left me feeling organisation values my work	34.2%	28.4%	23.8%	35.9%
	q24a	Organisation offers me challenging work	68.1%	62.4%	66.0%	68.6%
	q24b	There are opportunities for me to develop my career in this organisation	46.4%	36.7%	36.4%	47.6%
	q24c	Have opportunities to improve my knowledge and skills	64.3%	56.9%	62.7%	65.0%
	q24d	Feel supported to develop my potential	52.2%	44.3%	42.4%	54.3%
YOUR ORGANISATION	q24e	Able to access the right learning and development opportunities when I need to	57.0%	51.6%	48.8%	58.6%
	q24f	Able to access clinical supervision opportunities	52.6%	47.1%	47.0%	53.9%
	q25a	Care of patients/service users is organisation's top priority	62.3%	56.3%	54.1%	64.0%
	q25b	Organisation acts on concerns raised by patients/service users	60.4%	54.0%	51.0%	62.0%
	q25c	Would recommend organisation as place to work	45.1%	36.4%	32.7%	47.6%
	q25d	If hire/retiree needed treatment would be happy with standard of care provided by organisation	48.4%	44.7%	37.0%	50.0%
	q25e	Feel safe to speak up about anything that concerns me in this organisation	55.4%	47.6%	43.0%	57.7%
	q25f	Feel organisation would address any concerns I raised	42.2%	36.1%	32.2%	44.1%
BACKGROUND INFORMATION	q26a	I don't often think about leaving the organisation	40.4%	38.8%	31.2%	41.0%
	q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.0%	51.0%	38.0%	48.8%
	q26c	I am not planning on leaving this organisation	52.7%	50.2%	42.2%	54.0%
	q26d	Disability/organisation make reasonable adjustments to enable me to carry out work	77.1%	81.0%	78.6%	78.4%

100%	Green
90-99%	Yellow
80-89%	Orange
70-79%	Red
60-69%	Dark Red
50-59%	Black

Set RAG % point difference: 1

Section	Q	Description	n = 4271	Locality 7					VSM
				Comparator (Overall)	Band 1-4 & Appr	Band 5-7	Band 8-9	M&D Career Grade	
YOUR JOB	q2a	Others always look forward to going to work	49.2%	48.1%	48.5%	55.3%	68.0%	58.7%	58.0%
	q2b	Others always enthusiastic about my job	64.6%	61.5%	69.8%	68.7%	84.0%	87.4%	70.0%
	q2c	Time often/always passes quickly when I am working	72.3%	65.2%	75.0%	86.6%	95.0%	77.7%	72.0%
	q3a	Always know what work responsibilities are	89.1%	88.7%	89.5%	87.6%	95.0%	91.8%	80.0%
	q3b	Feel trusted to do my job	90.3%	91.3%	89.9%	90.4%	88.0%	88.0%	88.0%
	q3c	Opportunities to show initiative frequently in my role	72.7%	68.5%	75.1%	81.6%	80.0%	68.0%	70.0%
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	65.4%	74.2%	88.0%	76.0%	67.4%	68.0%
	q3e	Involved in deciding changes that affect work	49.6%	40.4%	53.4%	71.7%	68.0%	51.6%	42.0%
	q3f	Able to make improvements happen in my area of work	52.0%	45.0%	55.3%	72.3%	64.0%	41.8%	60.0%
	q3g	Able to meet conflicting demands on my time at work	46.1%	56.0%	41.4%	28.0%	64.0%	36.4%	54.0%
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	52.4%	44.0%	33.0%	80.0%	35.0%	50.0%
	q3i	Enough staff at organisation to do my job properly	27.9%	32.0%	25.1%	18.4%	44.0%	23.4%	28.0%
	q4a	Satisfied with recognition for good work	52.1%	51.0%	50.7%	61.6%	56.0%	50.0%	54.0%
	q4b	Satisfied with extent organisation values my work	49.3%	41.5%	37.1%	49.7%	48.0%	41.6%	53.0%
	q4c	Satisfied with level of pay	30.2%	22.3%	29.0%	39.2%	48.0%	37.6%	38.0%
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	52.7%	55.3%	72.0%	60.0%	58.0%	40.0%
	q5a	Have realistic time pressures	25.4%	35.0%	20.2%	11.1%	28.0%	13.6%	22.0%
	q5b	Have a choice in deciding how to do my work	50.0%	50.8%	46.0%	66.0%	56.0%	50.9%	30.0%
	q5c	Relationships at work are unstrained	41.5%	41.3%	39.4%	44.3%	43.0%	52.5%	62.0%
	q5d	Feel my role makes a difference to patients/service users	88.6%	84.6%	90.5%	91.6%	92.0%	95.1%	90.0%
YOUR TEAM	q6a	Organisation is committed to helping balance work and home life	48.2%	50.3%	46.1%	53.2%	63.0%	39.9%	48.0%
	q6b	Achieve a good balance between work and home life	58.8%	60.4%	54.6%	56.1%	52.0%	64.3%	44.0%
	q6d	Can approach immediate manager to talk openly about flexible working	69.8%	67.0%	70.4%	80.3%	72.0%	66.1%	52.0%
	q7a	Team members have a set of shared objectives	74.8%	60.7%	78.2%	80.9%	86.0%	69.4%	80.0%
	q7b	Team members often meet to discuss the team's effectiveness	65.5%	59.7%	65.4%	75.7%	68.0%	67.0%	64.0%
	q7c	Receive the respect I deserve from my colleagues at work	69.1%	67.0%	68.2%	79.0%	80.0%	77.0%	74.0%
	q7d	Team members understand each other's roles	70.7%	71.0%	68.5%	79.2%	89.0%	80.2%	65.0%
	q7e	Eager working with colleagues in my team	79.6%	76.8%	78.1%	85.7%	90.0%	85.3%	58.0%
	q7f	Team has enough freedom in how to do its work	59.5%	56.2%	55.1%	65.2%	68.0%	61.6%	70.0%
	q7g	Team deals with disagreements constructively	53.6%	49.6%	53.3%	67.2%	60.0%	64.6%	68.0%
PEOPLE IN YOUR ORGANISATION	q7h	Feel valued by my team	68.1%	66.6%	68.4%	78.2%	72.0%	76.0%	68.0%
	q7i	Feel a strong personal attachment to my team	61.6%	57.3%	62.1%	72.0%	68.0%	72.0%	64.0%
	q8a	Teams within the organisation work well together to achieve objectives	51.7%	52.6%	51.2%	47.3%	68.0%	48.1%	70.0%
	q8b	Colleagues are understanding and kind to one another	68.1%	64.1%	69.9%	71.7%	72.0%	72.1%	74.0%
	q8c	Colleagues are polite and treat each other with respect	67.0%	65.3%	69.9%	72.6%	80.0%	75.1%	78.0%
	q8d	Colleagues show appreciation to one another	63.5%	60.9%	63.5%	70.4%	60.0%	72.1%	72.0%
	q9a	Immediate manager encourages me at work	71.8%	68.1%	73.6%	80.6%	60.0%	60.2%	60.4%
	q9b	Immediate manager gives clear feedback on my work	68.2%	65.0%	67.5%	73.2%	60.0%	54.6%	52.1%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	54.3%	58.2%	72.6%	64.0%	59.9%	47.0%
	q9d	Immediate manager takes a positive interest in my health & well-being	69.6%	68.8%	70.8%	76.4%	58.0%	59.0%	47.0%
YOUR MANAGERS	q9e	Immediate manager values my work	72.3%	70.6%	73.1%	78.9%	68.7%	70.7%	68.3%
	q9f	Immediate manager seeks with me to understand problems	68.1%	66.8%	68.6%	76.0%	64.0%	60.2%	60.0%
	q9g	Immediate manager listens to challenges I face	70.3%	68.5%	70.8%	78.6%	68.0%	69.9%	60.4%
	q9h	Immediate manager cares about my concerns	69.2%	68.4%	69.2%	78.2%	76.0%	68.3%	64.2%
	q9i	Immediate manager helps me with problems I face	68.0%	65.5%	68.4%	72.5%	68.0%	60.3%	60.0%
	q10a	Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	78.0%	68.8%	68.5%	44.0%	43.0%	38.0%
	q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.0%	78.0%	68.8%	68.5%	44.0%	20.1%	24.0%
	q11a	Organisation takes positive action on health and well-being	54.2%	58.5%	52.8%	58.5%	60.0%	40.9%	50.0%
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	58.1%	61.0%	71.7%	58.0%	67.8%	42.0%
	q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	63.4%	66.1%	58.8%	68.0%	63.7%	48.0%
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	44.3%	43.2%	44.3%	68.0%	62.3%	40.0%	
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q11e	Not feel pressure from manager to come to work when not feeling well enough to perform duties	76.1%	75.6%	75.1%	80.6%	-	84.1%	80.0%
	q12a	Never/never find work emotionally exhausting	23.3%	31.6%	17.0%	15.6%	36.0%	19.0%	18.0%
	q12b	Never/never feel burnt out because of working	29.3%	34.7%	25.6%	22.6%	40.0%	31.1%	24.0%
	q12c	Never/never frustrated by work	21.8%	28.4%	17.7%	13.4%	41.7%	17.4%	26.0%
	q12d	Never/never exhausted by the thought of another day/shift at work	33.6%	37.7%	29.6%	32.8%	56.0%	37.9%	28.0%
	q12e	Never/never worn out at the end of work	19.1%	23.4%	15.6%	16.9%	40.0%	21.3%	10.2%
	q12f	Never/never feel every working hour is biting	48.4%	49.8%	45.9%	52.2%	54.2%	57.9%	44.4%
	q12g	Never/never lack energy for family and friends	35.8%	36.5%	32.7%	36.3%	44.0%	35.9%	24.5%
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	81.9%	80.7%	88.5%	83.0%	92.9%	98.0%
	q13b	Not experienced physical violence from managers	99.1%	98.6%	99.4%	99.7%	100.0%	99.4%	100.0%
	q13c	Not experienced physical violence from other colleagues	98.1%	97.7%	98.2%	98.7%	100.0%	100.0%	99.8%
	q13d	Last experience of physical violence reported	73.7%	73.8%	73.2%	79.4%	-	73.7%	-
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.8%	77.7%	73.8%	84.1%	72.0%	70.9%	68.0%
	q14b	Not experienced harassment, bullying or abuse from managers	91.8%	93.1%	91.3%	90.4%	91.7%	88.6%	87.5%
	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.8%	84.2%	82.0%	80.8%	83.3%	81.3%	81.3%
	q14d	Last experience of harassment/bullying/abuse reported	53.3%	56.4%	52.8%	57.5%	-	43.1%	28.6%
	q15	Organisation acts fairly career progression	52.9%	49.4%	53.1%	67.1%	48.0%	58.2%	49.0%
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	93.4%	90.4%	91.4%	92.0%	88.6%	77.0%
	q16b	Not experienced discrimination from manager/leader or other colleagues	91.5%	92.5%	90.5%	94.2%	84.0%	88.9%	91.0%
	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	91.2%	90.4%	96.6%	92.0%	90.5%	90.0%
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	96.1%	96.1%	98.4%	96.0%	98.4%	94.0%	
q18	Not seen any employee misbehaviour that could have hurt patients/service users	64.5%	74.8%	60.7%	48.0%	91.7%	36.7%	75.5%	
q19a	Staff involved in an employee misbehaviour incident	58.8%	51.8%	57.1%	73.3%	64.7%	54.8%	73.5%	
q19b	Encouraged to report employee misbehaviour incidents	80.3%	82.0%	87.6%	91.5%	95.0%	79.0%	87.5%	
q19c	Organisation ensure employee misbehaviour does not repeat	64.4%	61.0%	65.7%	73.2%	90.0%	65.0%	62.0%	
q19d	Feedback given on changes made following employee misbehaviour incidents	61.2%	58.5%	64.5%	64.4%	80.0%	51.7%	70.5%	
q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	59.2%	71.5%	67.5%	64.0%	69.9%	74.0%	
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	50.5%	49.5%	49.9%	55.3%	48.0%	46.7%	66.0%	
q21	Feel organisation respects individual differences	67.2%	66.4%	67.4%	78.7%	72.0%	68.1%	74.0%	
q22	I can eat nutritious and affordable food at work	55.0%	53.8%	56.8%	60.2%	64.0%	53.0%	34.0%	
q23a	Received appraisal in the past 12 months	92.4%	90.9%	93.7%	92.8%	92.0%	96.1%	71.7%	
q23b	Appraisal helped me improve how I do my job	24.6%	28.5%	24.0%	21.2%	50.0%	19.4%	53.1%	
q23c	Appraisal helped me agree clear objectives for my work	32.2%	32.1%	31.6%	33.7%	47.6%	27.1%	65.6%	
q23d	Appraisal felt the feeling organisation values my work	34.2%	35.6%	33.1%	38.0%	52.2%	23.4%	34.4%	
q24a	Organisation offers me challenging work	68.1%	62.8%	72.1%	90.4%	64.6%	76.4%	78.0%	
q24b	There are opportunities for me to develop my career in this organisation	45.4%	40.3%	45.3%	58.9%	56.0%	62.1%	64.0%	
q24c	Have opportunities to improve my knowledge and skills	64.3%	56.2%	68.3%	74.6%	84.0%	69.8%	80.0%	
q24d	Feel supported to develop my potential	52.2%	47.7%	53.5%	62.7%	60.0%	53.8%	66.0%	
q24e	Able to access the right learning and development opportunities when I need it	57.0%	54.9%	56.9%	60.0%	60.0%	65.4%	65.3%	
q24f	Able to access clinical supervision opportunities	52.6%	43.3%	55.5%	63.9%	91.7%	61.9%	76.0%	
q25a	Care of patients/service users is organisation's top priority	62.3%	63.3%	62.4%	58.8%	80.0%	48.1%	62.0%	
q25b	Organisation acts on concerns raised by patients/service users	60.4%	59.7%	60.1%	63.4%	78.0%	55.2%	78.0%	
q25c	Would recommend organisation as place to work	45.1%	44.8%	43.5%	46.9%	72.0%	51.9%	66.0%	
q25d	If hypothetical needed treatment would be happy with standard of care provided by organisation	48.4%	48.6%	47.8%	43.3%	60.0%	51.4%	62.0%	
q26a	Feel safe to speak up about anything that concerns me in this organisation	55.4%	53.7%	55.8%	64.0%	60.0%	58.9%	50.0%	
q26f	Feel organisation would address any concerns I raised	42.2%	43.0%	43.4%	46.2%	60.0%	40.9%	48.0%	
q26g	Don't often think about leaving the organisation	40.4%	40.3%	38.8%	41.7%	54.0%	47.3%	54.0%	
q26h	I am unlikely to look for a job at a new organisation in the next 12 months	49.0%	48.7%	48.9%	51.9%	60.0%	65.2%	42.0%	
q26c	I am not planning on leaving this organisation	52.7%	49.8%	52.0%	60.1%	68.0%	70.2%	56.1%	
q31b	Disability/organisation meets reasonable adjustments to enable me to carry out work	77.1%	79.6%	78.5%	72.7%	-	58.4%	-	

Green	100% (10)
Yellow	90-99% (9)
Orange	80-89% (8)
Red	70-79% (7)
Dark Red	60-69% (6)
Black	50-59% (5)

Set RAG % point difference: 1

Section	Q	Description	n = 4271	n = 876	n = 874	n = 444	n = 483	n = 913	n = 488	n = 281	n = 118	n = 668	n = 27	n = 10
Section	Q	Description	0-1	01/03/2023 00:00	01/10/2015 00:00	04/03/2022 00:00	06/10/2022 00:00	18-20	21-25	26-30	31-35	36-40	40+	
YOUR JOB	q2a	Others always look forward to going to work	49.2%	60.7%	58.2%	43.2%	47.6%	41.3%	48.8%	52.9%	45.9%	58.3%	60.0%	60.0%
	q2b	Others always enthusiastic about my job	64.6%	74.6%	69.1%	63.8%	63.7%	60.9%	62.3%	63.9%	66.1%	64.4%	68.7%	70.0%
	q2c	Time often flies when I pass quickly when at work	72.3%	71.8%	71.0%	73.5%	67.9%	72.3%	73.5%	75.9%	79.5%	75.4%	88.9%	70.0%
	q3a	Always know what work responsibilities are	89.1%	89.2%	89.7%	87.6%	88.4%	88.8%	89.3%	88.0%	89.9%	92.4%	92.6%	80.0%
	q3b	Feel trusted to do my job	90.3%	92.0%	91.6%	89.1%	90.2%	89.8%	89.6%	88.4%	87.3%	93.0%	96.3%	70.0%
	q3c	Opportunities to show initiative frequently in my role	72.7%	76.3%	71.9%	73.8%	70.0%	71.1%	73.6%	74.5%	71.4%	76.5%	81.5%	70.0%
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	72.0%	69.9%	70.1%	68.5%	71.1%	74.2%	72.5%	72.3%	70.8%	80.5%	70.0%
	q3e	Involved in deciding changes that affect work	49.8%	49.9%	47.6%	56.1%	44.6%	49.3%	53.3%	55.6%	54.6%	47.0%	74.1%	60.0%
	q3f	Able to make improvements happen in my area of work	55.0%	55.5%	54.3%	53.2%	49.2%	48.5%	55.6%	53.4%	52.1%	42.4%	66.7%	60.0%
	q3g	Able to meet conflicting demands on my time at work	46.1%	58.4%	52.7%	42.3%	47.7%	39.9%	42.8%	37.5%	37.0%	37.0%	44.4%	30.0%
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	58.3%	51.2%	43.6%	43.9%	41.9%	44.6%	41.8%	41.2%	31.8%	35.8%	40.0%
	q3i	Enough staff at organisation to do my job properly	27.9%	38.5%	29.8%	23.3%	23.8%	24.8%	26.8%	27.1%	21.2%	22.7%	32.2%	30.0%
	q4a	Satisfied with recognition for good work	52.1%	61.3%	53.8%	51.1%	46.7%	48.2%	51.7%	51.4%	53.0%	45.5%	66.7%	40.0%
	q4b	Satisfied with extent organisation values my work	49.3%	52.3%	44.8%	39.4%	37.2%	33.7%	38.0%	37.2%	43.7%	34.2%	37.0%	30.0%
	q4c	Satisfied with level of pay	39.2%	38.8%	27.1%	30.3%	25.8%	27.0%	30.1%	36.7%	41.0%	33.5%	59.3%	40.0%
q4d	Satisfied with opportunities for flexible working patterns	55.7%	58.2%	52.7%	58.0%	57.8%	55.0%	57.1%	53.0%	58.6%	54.5%	56.7%	60.0%	
q4e	Have realistic time pressures	25.4%	35.8%	28.1%	23.6%	23.6%	23.3%	22.5%	19.1%	19.5%	16.7%	14.8%	20.0%	
q4f	Have a choice in deciding how to do my work	50.0%	51.3%	48.9%	49.3%	45.0%	50.4%	53.2%	52.8%	51.7%	51.5%	77.8%	60.0%	
q4g	Relationships at work are unstrained	41.5%	55.4%	45.5%	40.7%	40.7%	38.6%	35.2%	32.9%	40.7%	30.3%	37.8%	50.0%	
q4h	Feel my role makes a difference to patients/service users	88.8%	89.2%	87.5%	88.1%	88.1%	88.7%	89.0%	89.0%	88.4%	92.6%	92.6%	80.0%	
q4i	Organisation is committed to helping balance work and home life	48.2%	53.4%	49.8%	41.6%	48.8%	49.1%	45.7%	43.2%	50.4%	45.5%	40.7%	40.0%	
q4j	Achieve a good balance between work and home life	36.8%	61.4%	58.2%	51.4%	56.3%	57.9%	55.4%	51.4%	61.3%	53.0%	58.8%	40.0%	
q4k	Can approach immediate manager to talk openly about flexible working	69.8%	70.1%	71.9%	71.6%	69.8%	69.7%	67.2%	64.0%	73.1%	69.6%	77.8%	60.0%	
q4l	Team members have a set of shared objectives	74.8%	80.0%	74.7%	75.2%	72.4%	73.3%	75.7%	74.4%	68.9%	71.2%	74.1%	60.0%	
q4m	Team members often meet to discuss the team's effectiveness	65.5%	67.9%	67.6%	67.1%	63.3%	63.5%	63.4%	67.7%	67.2%	66.1%	63.0%	70.0%	
q4n	Receive the respect I deserve from my colleagues at work	69.1%	75.3%	69.8%	68.6%	68.2%	68.5%	67.7%	69.2%	71.4%	72.7%	66.7%	60.0%	
q4o	Team members understand each other's roles	70.7%	76.0%	70.9%	71.8%	66.7%	69.2%	69.0%	70.5%	70.3%	72.7%	70.4%	60.0%	
q4p	Enjoy working with colleagues in my team	79.6%	83.0%	78.5%	81.0%	74.4%	77.7%	77.3%	78.5%	77.3%	83.1%	74.1%	60.0%	
q4q	Team has enough freedom in how to do its work	58.9%	61.5%	61.1%	55.7%	54.4%	52.1%	54.2%	52.8%	51.3%	57.9%	59.3%	70.0%	
q4r	Team deals with disagreements constructively	53.6%	59.3%	55.7%	52.7%	51.9%	50.8%	53.0%	48.4%	52.8%	51.9%	69.2%	70.0%	
q4s	Feel valued by my team	68.1%	72.1%	69.8%	68.4%	64.1%	65.7%	68.6%	68.6%	65.1%	72.7%	70.4%	60.0%	
q4t	Feel a strong personal attachment to my team	61.9%	61.7%	63.5%	64.2%	58.4%	60.3%	64.8%	63.7%	64.7%	62.1%	58.3%	60.0%	
q4u	Teams within the organisation work well together to achieve objectives	51.7%	61.0%	54.7%	51.6%	50.1%	49.2%	49.0%	48.2%	47.1%	36.4%	48.1%	50.0%	
q4v	Colleagues are understanding and kind to one another	68.1%	73.9%	67.4%	65.4%	65.4%	63.2%	64.8%	61.8%	61.3%	63.6%	74.1%	60.0%	
q4w	Colleagues are polite and treat each other with respect	67.0%	75.1%	67.3%	68.0%	64.6%	64.6%	65.9%	64.1%	63.3%	68.2%	70.4%	70.0%	
q4x	Colleagues show appreciation to one another	63.9%	71.6%	63.8%	61.6%	61.3%	61.6%	62.6%	61.8%	58.8%	66.7%	63.0%	60.0%	
q4y	Immediate manager encourages me to work	71.8%	75.9%	72.9%	71.2%	73.1%	70.8%	69.0%	70.0%	69.7%	62.1%	66.7%	60.0%	
q4z	Immediate manager gives clear feedback on my work	68.2%	70.5%	68.1%	67.4%	64.8%	64.2%	62.2%	62.2%	67.2%	61.5%	70.4%	60.0%	
q5a	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	61.7%	58.7%	58.9%	56.9%	56.9%	58.7%	55.4%	58.3%	47.0%	63.0%	60.0%	
q5b	Immediate manager takes a positive interest in my health & well-being	69.8%	73.0%	70.7%	69.2%	67.9%	70.0%	69.2%	62.8%	71.4%	62.1%	68.7%	60.0%	
q5c	Immediate manager values my work	72.3%	75.9%	73.4%	73.0%	70.6%	71.6%	70.4%	70.8%	70.3%	71.2%	70.4%	60.0%	
q5d	Immediate manager works with me to understand problems	68.1%	72.2%	69.2%	70.2%	63.3%	67.0%	68.0%	66.4%	67.2%	59.1%	74.1%	70.0%	
q5e	Immediate manager listens to challenges I face	70.3%	75.1%	71.5%	73.0%	68.7%	70.8%	69.2%	68.8%	64.7%	63.6%	66.7%	70.0%	
q5f	Immediate manager cares about my concerns	69.2%	74.9%	70.4%	70.9%	67.0%	68.8%	68.9%	65.2%	65.5%	60.2%	70.4%	70.0%	
q5g	Immediate manager helps me with problems I face	68.0%	73.4%	69.0%	67.8%	63.9%	65.3%	63.7%	63.2%	59.7%	57.6%	60.3%	70.0%	
YOUR HEALTH, WELLBEING AND SAFETY AT WORK	q10a	Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	70.0%	64.8%	74.4%	66.0%	71.9%	74.7%	68.4%	70.3%	61.8%	68.3%	100.0%
	q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.9%	65.9%	61.0%	57.0%	64.0%	55.0%	63.8%	59.6%	60.0%	53.8%	20.0%	60.0%
	q11a	Organisation takes positive action on health and well-being	54.2%	60.8%	58.8%	57.0%	52.4%	50.2%	54.5%	51.9%	61.3%	52.3%	58.6%	60.0%
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	64.7%	57.0%	64.4%	58.7%	62.6%	59.8%	59.0%	59.7%	59.1%	61.5%	40.0%
	q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	65.5%	60.3%	56.6%	59.7%	56.0%	56.0%	63.9%	62.1%	58.3%	40.0%	40.0%
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	53.8%	49.9%	38.4%	44.0%	40.9%	45.1%	44.4%	44.4%	47.0%	44.3%	30.0%
	q11e	Not feel pressure from manager to come to work when not feeling well enough to perform duties	76.1%	74.4%	73.9%	75.3%	73.6%	72.8%	74.0%	76.3%	75.8%	76.4%	66.7%	-
	q12a	Never/often feel work emotionally exhausting	23.3%	30.5%	28.8%	19.4%	20.1%	21.4%	20.0%	21.9%	24.4%	19.7%	22.2%	6.0%
	q12b	Never/often feel burnt out because of work	29.3%	40.4%	29.2%	23.6%	26.2%	26.0%	26.7%	31.9%	37.0%	31.8%	37.0%	40.0%
	q12c	Never/often feel frustrated by work	21.8%	36.2%	28.7%	19.8%	15.7%	16.6%	17.4%	17.1%	18.9%	13.6%	3.7%	6.0%
	q12d	Never/often exhausted by the thought of another day/shift at work	33.6%	41.5%	35.2%	32.7%	31.4%	30.1%	28.9%	33.5%	41.2%	33.3%	37.0%	50.0%
	q12e	Never/often worn out at the end of work	19.1%	24.9%	22.8%	16.9%	17.3%	15.4%	15.0%	20.3%	20.2%	22.7%	18.8%	20.0%
	q12f	Never/often feel every working hour is long	48.4%	58.0%	47.6%	41.6%	48.0%	44.9%	44.8%	49.8%	52.9%	49.2%	44.4%	50.0%
	q12g	Never/often lack energy for family and friends	35.8%	43.6%	37.7%	34.2%	30.9%	32.7%	34.1%	36.7%	34.5%	38.4%	37.0%	50.0%
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	84.8%	81.0%	83.2%	77.6%	81.0%	86.0%	83.3%	85.7%	84.8%	100.0%	100.0%
q13b	Not experienced physical violence from managers	99.1%	99.5%	99.1%	97.9%	99.0%	99.3%	99.4%	99.2%	99.1%	100.0%	100.0%	-	
q13c	Not experienced physical violence from other colleagues	98.1%	98.8%	98.2%	97.7%	97.9%	98.9%	97.9%	97.4%	97.4%	99.2%	98.2%	100.0%	
q13d	Last experience of physical violence reported	73.7%	78.3%	75.4%	71.7%	72.9%	70.9%	68.2%	74.3%	83.8%	-	-	-	
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.8%	78.4%	75.7%	73.7%	73.9%	75.0%	77.1%	73.1%	77.3%	77.3%	81.5%	70.0%	
q14b	Not experienced harassment, bullying or abuse from managers	91.8%	94.1%	93.4%	92.5%	92.1%	90.9%	90.9%	87.9%	89.9%	90.8%	96.3%	100.0%	
q14c	Not experienced harassment, bullying or abuse from other colleagues	82.8%	89.0%	83.7%	84.4%	79.9%	82.6%	82.2%	82.3%	84.0%	84.4%	88.8%	60.0%	
q14d	Last experience of harassment/bullying/abuse reported	53.3%	57.8%	55.6%	48.4%	57.2%	54.3%	43.7%	53.9%	47.5%	47.4%	-	-	
q15	Organisation acts fairly career progression	52.9%	57.7%	54.8%	55.8%	49.8%	52.0%	49.8%	48.8%	51.3%	56.1%	58.6%	60.0%	
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	91.8%	91.4%	92.7%	91.8%	92.7%	94.1%	95.6%	95.0%	95.5%	100.0%	100.0%	
q16b	Not experienced discrimination from manager/peer leader or other colleagues	91.5%	92.5%	90.9%	91.0%	88.9%	91.7%	92.3%	91.5%	92.3%	95.4%	96.3%	100.0%	
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	93.1%	90.9%	93.0%	90.9%	89.9%	92.0%	92.0%	94.1%	95.5%	96.3%	100.0%	
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	98.1%	96.9%	95.2%	96.3%	95.0%	96.1%	96.0%	95.8%	97.0%	98.3%	100.0%	
q18	Not seen any employee misbehaviour that could have hurt patients/service users	64.5%	74.5%	70.9%	57.0%	62.0%	61.6%	62.3%	59.9%	63.4%	60.6%	51.9%	-	
q19a	Staff involved in an employee misbehaviour incident	58.8%	65.3%	58.5%	57.8%	53.2%	55.0%	53.0%	58.9%	55.1%	48.2%	61.9%	-	
q19b	Encouraged to report employee misbehaviour incidents	80.3%	86.4%	87.8%	86.4%	81.2%	83.0%	84.7%	87.3%	83.8%	79.0%	92.3%	90.0%	
q19c	Organisation ensure employee misbehaviour do not repeat	64.4%	70.0%	70.4%	61.0%	61.0%	60.3%	64.2%	63.4%	63.3%	59.7%	53.9%	70.0%	
q19d	Feedback given on charges made following employee misbehaviour	61.2%	69.4%	6										

100%	Green
90-99%	Yellow
80-89%	Orange
70-79%	Red
60-69%	Dark Red
50-59%	Black

Set RAG % point difference: 1

Section	Q	Description	Comparator Organisation (n = 4271)	Q not above (n = 128)	Q not above (n = 884)	Q not above (n = 888)	Q not above (n = 349)	Q not above (n = 297)	Q not above (n = 154)	Q not above (n = 280)	Nursing and Midwifery Registered (n = 1381)	Students (n = 8)
YOUR JOB	q2a	Others always look forward to going to work	49.2%	50.8%	49.7%	46.4%	49.9%	49.3%	39.0%	59.6%	49.3%	*
	q2b	Others always enthusiastic about my job	64.6%	69.5%	69.7%	67.5%	73.0%	60.6%	61.3%	69.6%	67.0%	*
	q2c	Time often/always passes quickly when I am working	72.3%	78.9%	63.9%	79.5%	69.0%	67.4%	70.1%	78.5%	78.8%	*
	q3a	Always know what work responsibilities are	89.1%	88.3%	91.1%	85.4%	90.5%	84.7%	81.2%	90.0%	91.5%	*
	q3b	Feel trusted to do my job	90.3%	93.1%	88.8%	88.8%	90.5%	89.3%	87.7%	88.0%	89.9%	*
	q3c	Opportunities to show initiative frequently in my role	72.7%	80.5%	70.7%	71.6%	77.4%	66.1%	68.2%	70.0%	75.2%	*
	q3d	Able to make suggestions to improve the work of my team/department	71.7%	64.4%	66.1%	75.3%	75.3%	59.8%	70.1%	68.1%	74.2%	*
	q3e	Involved in deciding changes that affect work	48.6%	64.1%	41.2%	56.6%	55.0%	39.6%	52.6%	51.5%	51.1%	*
	q3f	Able to make improvements happen in my area of work	55.0%	68.0%	45.8%	54.5%	52.3%	47.8%	47.7%	47.7%	56.5%	*
	q3g	Able to meet conflicting demands on my time at work	46.1%	38.1%	51.1%	50.2%	39.5%	64.9%	32.5%	42.2%	41.4%	*
	q3h	Have adequate materials, supplies and equipment to do my work	48.6%	37.0%	51.7%	48.1%	43.0%	54.8%	35.1%	44.4%	44.4%	*
	q3i	Enough staff at organisation to do my job properly	27.9%	21.8%	29.3%	27.6%	26.4%	45.4%	19.0%	25.6%	24.9%	*
	q4a	Satisfied with recognition for good work	52.1%	58.0%	51.7%	53.3%	54.9%	37.3%	41.6%	51.9%	50.9%	*
	q4b	Satisfied with extent organisation values my work	49.3%	42.3%	40.7%	41.7%	39.7%	50.6%	32.0%	44.6%	37.6%	*
	q4c	Satisfied with level of pay	39.2%	40.6%	16.0%	34.9%	38.6%	32.6%	34.0%	53.1%	29.3%	*
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	66.4%	50.3%	68.0%	56.1%	49.0%	52.6%	55.4%	52.7%	*
	q4e	Have realistic time pressures	25.4%	22.0%	34.6%	32.2%	22.6%	33.9%	25.5%	16.9%	16.4%	*
	q4f	Have a choice in deciding how to do my work	50.0%	65.4%	42.8%	55.2%	47.8%	48.9%	50.3%	47.3%	43.2%	*
	q4g	Relationships at work are unstrained	41.5%	52.0%	40.2%	44.4%	45.6%	42.2%	37.3%	54.1%	36.3%	*
	q4h	Feel my role makes a difference to patients/service users	88.8%	86.3%	89.9%	79.4%	95.1%	81.2%	92.1%	93.9%	90.7%	*
q4i	Organisation is committed to helping balance work and home life	48.2%	57.8%	47.2%	57.5%	46.4%	50.2%	44.4%	43.2%	43.4%	*	
q4j	Achieve a good balance between work and home life	58.8%	61.7%	58.0%	64.4%	57.9%	61.1%	44.4%	52.3%	52.1%	*	
q4k	Can approach immediate manager to talk openly about flexible working	69.8%	66.9%	67.4%	75.9%	67.8%	61.4%	63.4%	64.1%	69.9%	*	
q4l	Team members have a set of shared objectives	74.8%	73.8%	71.6%	61.7%	60.1%	73.2%	73.4%	79.3%	79.3%	*	
q4m	Team members often meet to discuss the team's effectiveness	65.5%	75.0%	63.2%	63.4%	68.2%	51.4%	58.8%	67.3%	70.2%	*	
q4n	Receive the respect I deserve from my colleagues at work	69.1%	75.0%	67.5%	68.1%	73.6%	68.6%	61.2%	76.8%	68.4%	*	
q4o	Team members understand each other's roles	79.7%	72.7%	72.7%	67.1%	73.8%	71.4%	69.5%	62.2%	69.9%	*	
q4p	Eager working with colleagues in my team	79.6%	90.6%	78.3%	77.7%	85.9%	80.2%	71.2%	85.4%	78.7%	*	
q4q	Team has enough freedom in how to do its work	58.9%	67.2%	52.2%	63.2%	56.7%	58.9%	61.0%	59.9%	53.6%	*	
q4r	Team deals with disagreements constructively	53.6%	58.4%	49.0%	54.7%	56.2%	51.7%	39.6%	64.6%	55.1%	*	
q4s	Feel valued by my team	68.1%	72.8%	64.5%	67.1%	76.2%	67.0%	61.4%	73.7%	69.0%	*	
q4t	Feel a strong personal attachment to my team	61.9%	68.8%	58.4%	67.2%	67.0%	62.9%	47.7%	70.0%	63.9%	*	
PEOPLE IN YOUR ORGANISATION	q5a	Teams within the organisation work well together to achieve objectives	51.7%	56.4%	46.2%	52.9%	54.9%	46.1%	54.4%	51.9%	51.9%	*
	q5b	Colleagues are understanding and kind to one another	68.1%	79.7%	64.6%	65.5%	73.6%	62.6%	61.8%	72.6%	64.1%	*
	q5c	Colleagues are polite and treat each other with respect	67.0%	79.7%	66.3%	68.8%	71.3%	61.0%	63.2%	74.4%	64.8%	*
	q5d	Colleagues show appreciation to one another	63.9%	72.7%	61.9%	61.8%	68.1%	59.5%	57.9%	71.0%	63.7%	*
	q5e	Immediate manager encourages me at work	71.8%	85.9%	71.3%	72.2%	73.4%	64.5%	65.1%	64.0%	73.7%	*
	q5f	Immediate manager gives clear feedback on my work	68.2%	78.9%	66.3%	67.2%	64.8%	62.9%	55.0%	54.9%	68.5%	*
	q5g	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	68.6%	55.2%	63.6%	57.8%	48.2%	50.3%	58.2%	57.9%	*
	q5h	Immediate manager takes a positive interest in my health & well-being	69.6%	65.9%	69.9%	73.0%	71.6%	61.9%	58.8%	58.8%	70.4%	*
	q5i	Immediate manager values my work	72.3%	69.1%	72.1%	75.0%	73.6%	63.7%	69.7%	68.1%	72.0%	*
	q5j	Immediate manager seeks with me to understand problems	68.1%	62.6%	68.5%	71.2%	68.2%	58.4%	58.2%	62.4%	68.7%	*
q5k	Immediate manager listens to challenges I face	70.3%	67.5%	71.2%	75.1%	71.1%	60.1%	62.7%	67.1%	71.0%	*	
q5l	Immediate manager cares about my concerns	69.2%	64.4%	70.0%	71.2%	68.8%	61.9%	58.8%	65.1%	69.5%	*	
q5m	Immediate manager helps me with problems I face	68.0%	62.0%	67.0%	68.3%	68.1%	58.1%	52.0%	58.9%	66.1%	*	
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10a	Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	78.0%	66.3%	70.1%	69.9%	76.9%	73.6%	42.7%	62.3%	*
	q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.9%	49.8%	61.1%	54.0%	54.7%	67.9%	51.6%	22.9%	51.9%	*
	q11a	Organisation takes positive action on health and well-being	54.2%	67.2%	53.8%	59.2%	58.6%	60.3%	49.7%	44.4%	51.4%	*
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	69.5%	54.3%	70.3%	64.9%	58.8%	73.2%	61.8%	58.8%	*
	q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	66.4%	60.3%	63.5%	70.3%	70.3%	56.9%	61.2%	52.5%	*
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	48.4%	40.6%	47.0%	45.1%	49.1%	45.1%	56.7%	40.4%	*
	q11e	Not feel pressure from manager to come to work when not feeling well enough to perform duties	76.1%	68.2%	77.0%	79.5%	79.9%	68.2%	68.4%	81.3%	79.0%	*
	q12a	Never/ rarely find work emotionally exhausting	23.3%	21.8%	28.5%	33.4%	20.6%	31.8%	30.1%	20.4%	12.6%	*
	q12b	Never/ rarely feel burnt out because of work	29.3%	26.8%	31.2%	36.4%	31.6%	35.9%	34.2%	30.9%	21.7%	*
	q12c	Never/ rarely frustrated by work	21.8%	17.2%	29.1%	18.4%	20.1%	31.0%	26.3%	21.6%	16.7%	*
	q12d	Never/ rarely exhausted by the thought of another day/shift at work	33.8%	32.0%	32.3%	41.3%	34.4%	44.9%	31.4%	37.7%	26.7%	*
	q12e	Never/ rarely seem out at the end of work	19.1%	18.4%	18.2%	25.0%	14.6%	32.4%	15.7%	21.3%	14.0%	*
	q12f	Never/ rarely feel every working hour is biting	48.4%	45.5%	56.0%	56.0%	56.7%	50.2%	49.0%	55.5%	40.7%	*
	q12g	Never/ rarely lack energy for family and friends	35.8%	38.3%	33.1%	45.5%	38.4%	45.1%	28.1%	34.5%	29.5%	*
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	84.5%	71.2%	97.8%	89.0%	82.3%	99.3%	93.1%	73.9%	*
	q13b	Not experienced physical violence from managers	99.1%	99.2%	98.8%	99.8%	100.0%	99.8%	100.0%	99.6%	99.0%	*
	q13c	Not experienced physical violence from other colleagues	98.1%	99.2%	97.7%	98.8%	100.0%	96.7%	98.6%	99.6%	97.8%	*
	q13d	Last experience of physical violence reported	73.7%	-	73.8%	78.9%	47.4%	78.9%	-	68.8%	71.4%	*
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.8%	89.2%	71.7%	87.6%	81.6%	84.9%	96.1%	79.9%	69.1%	*
	q14b	Not experienced harassment, bullying or abuse from managers	91.8%	96.1%	93.8%	92.7%	97.4%	91.4%	88.9%	89.7%	90.6%	*
q14c	Not experienced harassment, bullying or abuse from other colleagues	82.8%	82.0%	83.7%	85.2%	87.2%	86.6%	80.1%	81.6%	79.8%	*	
q14d	Last experience of harassment/bullying/abuse reported	53.3%	46.7%	60.0%	47.8%	49.4%	62.3%	39.0%	38.9%	55.9%	*	
q15	Organisation acts fairly career progression	52.9%	54.3%	52.6%	51.9%	61.1%	43.3%	54.6%	59.8%	52.9%	*	
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	96.9%	91.2%	96.4%	95.1%	91.1%	96.7%	89.9%	87.3%	*	
q16b	Not experienced discrimination from manager/ team leader or other colleagues	91.5%	93.0%	92.2%	93.8%	93.3%	91.0%	87.4%	88.7%	90.0%	*	
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	96.9%	96.0%	98.8%	88.8%	93.9%	99.2%	95.0%	89.5%	*	
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	94.4%	95.4%	97.4%	97.1%	95.0%	95.4%	97.3%	96.3%	*	
q18	Not seen any employee/manager/colleague that could cause trust issues/patients/service users	64.5%	54.9%	67.9%	62.4%	55.8%	74.0%	60.9%	49.8%	55.7%	*	
q19a	Staff involved in an employee/manager/colleague that could cause trust issues/patients/service users	58.8%	74.3%	52.4%	58.8%	66.5%	46.1%	58.5%	58.6%	56.4%	*	
q19b	Encouraged to report employee/manager/colleague that could cause trust issues/patients/service users	80.3%	92.1%	85.3%	83.1%	90.2%	74.0%	80.1%	79.9%	88.4%	*	
q19c	Organisation ensure employee/manager/colleague that could cause trust issues/patients/service users do not repeat	64.4%	74.1%	64.1%	62.8%	62.1%	53.0%	65.2%	63.0%	67.4%	*	
q19d	Feedback given on employee/manager/colleague that could cause trust issues/patients/service users	61.2%	64.4%	61.7%	54.9%	60.5%	48.2%	62.0%	58.9%	60.7%	*	
q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	62.0%	68.0%	54.4%	73.6%	52.4%	67.3%	70.3%	74.5%	*	
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	59.5%	60.2%	54.0%	45.6%	60.4%	51.7%	45.4%	50.6%	51.2%	*	
q21	Feel organisation respects individual differences	67.2%	76.1%	68.4%	69.9%	74.4%	68.6%	69.7%	69.2%	60.3%	*	
q22	I can eat nutritious and affordable food at work	55.0%	62.2%	63.2%	62.7%	64.2%	42.2%	61.6%	50.6%	52.8%	*	
q23a	Received appraisal in the past 12 months	92.4%	94.4%	89.9%	90.0%	95.2%	90.1%	87.6%	91.2%	90.6%	*	
q23b	Appraisal helped me improve how I do my job	24.6%	19.5%	27.6%	18.1%	20.3%	32.7%	14.1%	27.1%	27.4%	*	
q23c	Appraisal helped me agree clear objectives for my work	32.2%	29.7%	39.2%	28.1%	32.6%	38.9%	21.1%	39.0%	33.6%	*	
q23d	Appraisal felt me being organisation values my work	34.2%	34.7%	37.6%	33.2%	32.6%	37.9%	22.7%	28.2%	38.0%	*	
q24a	Organisation offers me challenging work	68.1%	62.5%	65.4%	61.1%	62.2%	43.7%	71.2%	75.6%	70.1%	*	
q24b	There are opportunities for me to develop my career in this organisation	46.4%	52.8%	44.3%	38.1%	52.4%	38.3%	43.8%	62.0%	49.9%	*	
q24c	Have opportunities to improve my knowledge and skills	64.3%	74.0%	60.3%	58.6%	72.8%	49.0%	59.5%	73.3%	69.1%	*	
q24d	Feel supported to develop my potential	52.2%	55.6%	50.7%	50.2%	56.9%	43.3%	47.1%	56.9%	53.2%	*	
q24e	Able to access the right learning and development opportunities when I need it	57.0%	57.0%	56.5%	54.5%	67.3%	51.2%	47.5%	66.9%	58.6%	*	
q24f	Able to access clinical supervision opportunities	52.6%	56.7%	49.0%	35.6%	59.7%	36.2%	38.2%	65.3%	50.7%	*	
q25a	Care of patients/service users is organisation's top priority	62.3%	66.5%	61.0%	61.0%	66.0%	60.3%	60.6%	58.6%	61.0%	*	
q25												

100%	Green
90-99%	Yellow
80-89%	Orange
70-79%	Red
60-69%	Dark Red
50-59%	Black

Set RAG % point difference: 3

Section	Q	Description	Age (27+)	Comparator (n = 4271)	Organisation (n = 1310)						
					16-20 n = 24	21-30 n = 607	31-40 n = 1188	41-50 n = 1095	51-60 n = 1310	60+ n = 80	
YOUR JOB	q2a	Often/always look forward to going to work	49.2%	45.8%	38.8%	48.5%	55.7%	52.4%	68.8%		
	q2b	Often/always enthusiastic about my job	64.8%	66.7%	58.9%	64.3%	68.1%	69.9%	73.1%		
	q2c	Time often/always passes quickly when I am working	72.3%	50.0%	58.4%	71.5%	74.6%	77.3%	45.0%		
	q3a	Always know what work responsibilities are	89.1%	91.7%	91.1%	89.7%	87.0%	89.4%	92.0%		
	q3b	Feel trusted to do my job	90.3%	95.8%	92.2%	91.7%	88.9%	89.9%	94.0%		
	q3c	Opportunities to show initiative frequently in my role	72.7%	79.2%	71.0%	73.1%	73.3%	73.2%	71.3%		
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	70.8%	68.0%	71.3%	74.3%	71.9%	72.2%		
	q3e	Involved in deciding changes that affect work	49.8%	54.2%	43.1%	50.1%	54.4%	49.1%	43.8%		
	q3f	Able to make improvements happen in my area of work	52.0%	54.2%	48.6%	53.8%	55.7%	50.6%	50.6%		
	q3g	Able to meet conflicting demands on my time at work	46.1%	70.9%	46.9%	46.0%	43.8%	49.0%	70.0%		
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	70.9%	45.5%	45.8%	46.8%	46.8%	64.0%		
	q3i	Enough staff at organisation to do my job properly	27.9%	45.8%	23.7%	25.7%	28.1%	28.9%	41.9%		
	q4a	Satisfied with recognition for good work	52.1%	45.8%	44.6%	50.8%	53.8%	56.1%	63.0%		
	q4b	Satisfied with extent organisation values my work	49.3%	54.2%	39.2%	39.2%	41.7%	41.9%	53.2%		
	q4c	Satisfied with level of pay	39.2%	29.2%	21.0%	26.1%	34.2%	34.3%	48.0%		
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	62.5%	46.7%	58.1%	57.1%	56.0%	57.9%		
	q5a	Have realistic time pressures	25.4%	50.0%	32.3%	21.9%	23.1%	25.8%	45.0%		
	q5b	Have a choice in deciding how to do my work	50.0%	45.8%	41.0%	46.4%	51.5%	54.5%	61.3%		
	q5c	Relationships at work are unstrained	41.5%	58.3%	47.9%	39.7%	37.6%	42.2%	60.0%		
	q5d	Feel my role makes a difference to patients/service users	88.6%	91.3%	89.5%	89.2%	90.7%	89.9%	89.3%		
YOUR TEAM	q6a	Organisation is committed to helping balance work and home life	48.2%	37.8%	40.9%	47.8%	51.6%	48.9%	57.7%		
	q6b	Achieve a good balance between work and home life	58.8%	58.3%	51.2%	55.1%	56.8%	59.7%	78.5%		
	q6d	Can approach immediate manager to talk openly about flexible working	69.8%	58.3%	65.0%	70.9%	71.4%	69.8%	73.4%		
	q7a	Team members have a set of shared objectives	74.8%	63.3%	78.1%	75.5%	75.8%	71.7%	78.8%		
	q7b	Team members often meet to discuss the team's effectiveness	65.5%	54.2%	65.1%	66.5%	66.8%	65.0%	68.3%		
	q7c	Receive the respect I deserve from my colleagues at work	69.1%	62.3%	68.8%	67.4%	70.0%	70.1%	76.3%		
	q7d	Team members understand each other's roles	70.7%	66.7%	71.8%	68.1%	70.6%	72.7%	79.0%		
	q7e	Eager working with colleagues in team	79.6%	62.3%	78.1%	78.5%	79.4%	79.2%	87.5%		
	q7f	Team has enough freedom in how to do its work	59.5%	75.0%	55.2%	56.2%	56.2%	54.7%	62.5%		
	q7g	Team deals with disagreements constructively	53.0%	62.3%	52.8%	52.8%	53.8%	54.6%	59.0%		
	q7h	Feel valued by my team	68.1%	70.0%	64.7%	66.3%	69.2%	70.1%	77.0%		
	q7i	Feel a strong personal attachment to my team	61.6%	66.7%	55.2%	59.2%	60.9%	63.7%	68.4%		
	PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	51.7%	62.5%	51.1%	54.6%	52.7%	48.4%	61.3%	
		q8b	Colleagues are understanding and kind to one another	68.1%	70.8%	69.9%	65.4%	68.6%	68.8%	81.3%	
		q8c	Colleagues are polite and treat each other with respect	67.0%	75.0%	69.6%	65.3%	67.5%	68.9%	87.5%	
		q8d	Colleagues show appreciation to one another	63.9%	70.8%	62.4%	61.9%	64.3%	63.2%	80.8%	
		YOUR MANAGERS	q9a	Immediate manager encourages me at work	71.8%	70.8%	70.8%	73.1%	73.8%	70.0%	65.0%
			q9b	Immediate manager gives clear feedback on my work	68.2%	70.8%	65.6%	66.0%	66.4%	67.3%	54.4%
			q9c	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	66.7%	55.5%	58.9%	60.1%	58.8%	47.9%
			q9d	Immediate manager takes a positive interest in my health & well-being	69.8%	68.7%	69.4%	70.1%	70.8%	69.0%	64.1%
q9e			Immediate manager values my work	72.3%	79.2%	70.7%	71.5%	74.0%	72.9%	64.6%	
q9f			Immediate manager works with me to understand problems	68.1%	70.8%	67.9%	68.7%	69.0%	67.5%	65.0%	
q9g	Immediate manager listens to challenges I face		70.3%	79.2%	71.2%	71.1%	71.4%	69.1%	62.0%		
q9h	Immediate manager cares about my concerns		69.2%	78.3%	69.0%	69.5%	70.8%	68.7%	63.8%		
q9i	Immediate manager helps me with problems I face		68.0%	78.3%	68.2%	65.3%	67.2%	66.1%	60.0%		
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10a		Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	79.0%	85.2%	86.3%	87.9%	76.7%	80.0%	
	q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.9%	79.2%	69.0%	62.0%	51.6%	58.7%	77.2%		
	q11a	Organisation takes positive action on health and well-being	54.2%	62.5%	52.2%	51.9%	54.1%	57.0%	62.0%		
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	79.2%	63.8%	62.8%	63.3%	57.2%	70.9%		
	q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	58.3%	51.0%	57.5%	60.4%	62.7%	62.0%		
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	37.8%	41.3%	43.8%	44.3%	40.2%	63.8%		
	q11e	Not feel pressure from manager to come to work when not feeling well enough	76.1%	65.7%	73.5%	75.7%	77.6%	76.8%	75.0%		
	q12a	Never/never find work emotionally exhausting	23.3%	41.7%	19.3%	21.6%	21.4%	26.7%	47.5%		
	q12b	Never/never feel burnt out because of work	29.3%	29.2%	21.4%	25.0%	27.8%	36.1%	67.9%		
	q12c	Never/never frustrated by work	21.8%	45.8%	22.9%	21.0%	20.9%	22.0%	38.8%		
	q12d	Never/never exhausted by the thought of another day/shift at work	33.8%	33.3%	22.9%	31.4%	33.7%	38.8%	68.8%		
	q12e	Never/never seem out at the end of work	19.1%	29.2%	12.8%	18.1%	19.2%	21.3%	45.0%		
	q12f	Never/never feel away working hour & being	48.4%	70.8%	40.9%	46.7%	47.8%	52.6%	73.9%		
	q12g	Never/never lack energy for family and friends	35.8%	54.2%	39.4%	32.9%	34.1%	40.2%	69.0%		
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	79.2%	72.7%	78.3%	84.0%	88.5%	97.5%		
	q13b	Not experienced physical violence from managers	99.1%	100.0%	98.8%	98.9%	99.5%	99.1%	98.7%		
	q13c	Not experienced physical violence from other colleagues	98.1%	100.0%	98.1%	98.5%	98.2%	98.2%	98.1%		
	q13d	Last experience of physical violence reported	73.7%	-	79.4%	79.2%	73.0%	62.2%	-		
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.8%	88.3%	71.2%	79.5%	79.3%	78.1%	78.5%		
	q14b	Not experienced harassment, bullying or abuse from managers	91.8%	100.0%	93.5%	92.2%	91.1%	90.9%	93.8%		
	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.8%	91.3%	84.5%	82.9%	82.7%	82.2%	84.8%		
	q14d	Last experience of harassment/bullying/abuse reported	53.3%	-	55.1%	58.0%	59.4%	51.4%	54.2%		
	q15	Organisation acts fairly career progression	52.9%	75.0%	61.0%	54.7%	51.4%	49.1%	52.6%		
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	91.7%	89.0%	89.3%	92.0%	95.1%	94.0%		
	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.5%	100.0%	91.9%	90.4%	90.8%	93.0%	92.4%		
	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	91.7%	91.7%	90.9%	92.5%	95.5%	97.5%		
	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	100.0%	94.5%	95.8%	95.8%	98.1%	97.0%		
	q18	Not seen any employee/manager/colleague that could have had staff/patients/service users	64.5%	70.8%	60.7%	61.0%	62.8%	60.1%	61.5%		
	q19a	Staff involved in an employee/manager/colleague treated fairly	58.8%	71.4%	58.1%	61.0%	67.8%	62.0%	49.1%		
	q19b	Encouraged to report employee/manager/colleague	80.3%	76.0%	86.7%	86.6%	85.7%	84.4%	77.6%		
	q19c	Organisation ensure employee/manager/colleague do not repeat	64.4%	63.2%	63.7%	66.4%	65.1%	62.9%	67.2%		
	q19d	Feedback given on changes made following employee/manager/colleague	61.2%	66.7%	66.6%	63.9%	60.4%	59.3%	60.7%		
	q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	79.2%	73.4%	69.6%	68.3%	64.0%	57.0%		
	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	59.5%	68.0%	53.2%	51.4%	48.6%	49.1%	45.0%		
	q21	Feel organisation respects individual differences	67.2%	79.2%	70.9%	67.7%	68.3%	65.2%	67.8%		
	q22	I can eat nutritious and affordable food at work	55.0%	50.0%	48.0%	51.4%	54.3%	63.1%	58.3%		
	q23a	Received appraisal in the past 12 months	92.4%	92.4%	90.0%	92.4%	93.0%	90.2%	88.9%		
	q23b	Appraisal helped me improve how I do my job	24.6%	36.8%	27.0%	29.0%	24.7%	19.1%	23.1%		
	q23c	Appraisal helped me agree clear objectives for my work	32.2%	52.6%	38.7%	37.7%	39.5%	28.7%	29.7%		
	q23d	Appraisal felt me feeling organisation values my work	34.2%	63.0%	31.5%	35.2%	34.2%	34.1%	44.6%		
q24a	Organisation offers me challenging work	68.1%	62.5%	68.2%	67.4%	68.8%	63.3%	60.8%			
q24b	There are opportunities for me to develop my career in this organisation	45.4%	62.5%	49.4%	47.9%	49.5%	38.8%	37.0%			
q24c	Have opportunities to improve my knowledge and skills	64.3%	66.7%	70.2%	65.2%	65.7%	60.6%	57.5%			
q24d	Feel supported to develop my potential	52.2%	70.8%	52.1%	54.4%	54.9%	48.5%	46.3%			
q24e	Able to access the right learning and development opportunities when I need it	57.0%	75.0%	56.7%	56.4%	57.6%	56.9%	60.0%			
q24f	Able to access clinical supervision opportunities	52.6%	61.9%	54.5%	55.7%	56.1%	47.4%	52.8%			
q25a	Care of patients/service users is organisation's top priority	62.3%	58.5%	65.0%	61.6%	62.0%	61.6%	67.5%			
q25b	Organisation acts on concerns raised by patients/service users	60.4%	70.9%	59.8%	59.6%	62.7%	59.4%	63.0%			
q25c	Would recommend organisation as place to work	45.1%	58.3%	42.0%	47.1%	46.7%	43.1%	55.0%			
q25d	If hire/transfer needed treatment would be happy with standard of care provided by organisation	48.4%	68.0%	46.4%	47.7%	50.5%	47.8%	60.0%			
q25e	Feel safe to speak up about anything that concerns me in this organisation	55.4%	54.2%	55.6%	55.8%	56.4%	54.4%	59.8%			
q25f	Feel organisation would address any concerns I raised	42.2%	58.3%	41.2%	41.8%	44.0%	40.8%	51.3%			
q26a	I don't often think about leaving the organisation	40.4%	54.2%	34.4%	38.9%	41.0%	42.4%	68.0%			
q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.0%	54.2%	37.8%	46.1%	48.6%	50.1%	78.5%			
q26c	I am not planning on leaving the organisation	52.7%	70.8%	45.0%	48.9%	52.4%	57.0%	78.5%			
BACKGROUND INFORMATION	q31a	Disability, organisation measures reasonable adjustments to enable me to carry out work	77.1%	-	79.6%	78.4%	77.7%	76.8%	-		

Key
100.0%
> 80.0%
> 60.0%
> 40.0%

Set RAD % point difference: 3

Section	Q	Description	Disability (214)		
			Comparator (n = 4271)	Yes (n = 1145)	No (n = 1024)
YOUR JOB	q2a	Often/always look forward to going to work	49.2%	39.4%	53.8%
	q2b	Often/always enthusiastic about my job	64.6%	56.4%	67.9%
	q2c	Time often/always passes quickly when I am working	72.3%	63.8%	75.3%
	q3a	Always know what work responsibilities are	89.1%	86.1%	90.1%
	q3b	Feel trusted to do my job	90.3%	86.6%	91.8%
	q3c	Opportunities to show initiative frequently in my role	72.7%	65.9%	75.4%
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	63.6%	74.8%
	q3e	Involved in deciding changes that affect work	49.6%	39.1%	53.0%
	q3f	Able to make improvements happen in my area of work	52.0%	41.6%	56.0%
	q3g	Able to meet conflicting demands on my time at work	46.1%	36.8%	49.5%
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	37.3%	50.1%
	q3i	Enough staff at organisation to do my job properly	27.5%	19.8%	35.3%
	q4a	Satisfied with recognition for good work	52.1%	41.0%	56.0%
	q4b	Satisfied with extent organisation values my work	49.3%	39.4%	44.0%
	q4c	Satisfied with level of pay	30.2%	21.9%	35.2%
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	47.9%	56.3%
	q5a	Have realistic time pressures	25.4%	22.4%	28.6%
	q5b	Have a choice in deciding how to do my work	50.0%	44.5%	52.4%
	q5c	Relationships at work are unstrained	41.5%	33.8%	44.4%
	q6a	Feel my role makes a difference to patients/service users	88.6%	88.4%	89.5%
	q6b	Organisation is committed to helping balance work and home life	48.2%	36.1%	51.4%
q6c	Achieve a good balance between work and home life	58.8%	47.9%	60.2%	
q6d	Can approach immediate manager to talk openly about flexible working	69.8%	62.8%	72.3%	
q7a	Team members have a set of shared objectives	74.8%	69.5%	76.9%	
q7b	Team members often meet to discuss the team's effectiveness	65.0%	59.6%	67.9%	
q7c	Receive the respect I deserve from my colleagues at work	69.1%	61.1%	72.2%	
q7d	Team members understand each other's roles	70.7%	64.5%	73.9%	
q7e	Eager working with colleagues in team	79.6%	73.1%	85.4%	
q7f	Team has enough freedom in how to do its work	59.5%	49.2%	59.1%	
q7g	Team deals with disagreements constructively	53.6%	44.0%	56.7%	
q7h	Feel valued by my team	68.1%	59.1%	71.9%	
q7i	Feel a strong personal attachment to my team	61.5%	50.5%	64.9%	
q8a	Teams within the organisation work well together to achieve objectives	51.7%	44.2%	54.5%	
q8b	Colleagues are understanding and kind to one another	66.1%	60.2%	68.4%	
q8c	Colleagues are polite and treat each other with respect	67.0%	61.2%	69.2%	
q8d	Colleagues show appreciation to one another	63.5%	57.2%	65.8%	
q9a	Immediate manager encourages me at work	71.8%	67.0%	73.7%	
q9b	Immediate manager gives clear feedback on my work	68.2%	61.6%	68.1%	
q9c	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	50.6%	60.6%	
q9d	Immediate manager takes a positive interest in my health & well-being	69.6%	65.8%	71.0%	
q9e	Immediate manager values my work	72.3%	67.0%	74.3%	
q9f	Immediate manager works with me to understand problems	68.1%	63.5%	69.9%	
q9g	Immediate manager listens to challenges I face	70.3%	66.0%	72.4%	
q9h	Immediate manager cares about my concerns	69.2%	63.4%	71.5%	
q9i	Immediate manager helps me with problems I face	68.0%	60.2%	68.2%	
q10a	Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	74.0%	68.2%	
q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.0%	50.5%	60.1%	
q11a	Organisation takes positive action on health and well-being	54.2%	45.0%	56.7%	
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	47.8%	66.5%	
q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	41.2%	66.6%	
q11d	In last 12 months, have not come to work when not feeling well enough to perform duties	44.6%	25.0%	50.2%	
q11e	Not feel pressure from manager to come to work when not feeling well enough	76.1%	69.9%	79.7%	
q12a	Never/never find work emotionally exhausting	23.3%	17.1%	28.6%	
q12b	Never/never feel burnt out because of work	29.3%	20.8%	32.6%	
q12c	Never/never frustrated by work	21.8%	13.8%	24.9%	
q12d	Never/never exhausted by the thought of another day/shift at work	33.6%	23.3%	37.4%	
q12e	Never/never worn out at the end of work	19.1%	9.7%	22.8%	
q12f	Never/never feel every working hour is biting	48.4%	36.6%	52.7%	
q12g	Never/never lack energy for family and friends	35.8%	25.6%	39.5%	
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	79.7%	83.5%	
q13b	Not experienced physical violence from managers	90.1%	88.9%	90.2%	
q13c	Not experienced physical violence from other colleagues	98.1%	97.6%	98.2%	
q13d	Last experience of physical violence reported	73.7%	73.0%	73.3%	
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.8%	69.5%	78.0%	
q14b	Not experienced harassment, bullying or abuse from managers	91.8%	91.3%	93.3%	
q14c	Not experienced harassment, bullying or abuse from other colleagues	82.8%	76.8%	85.0%	
q14d	Last experience of harassment/bullying/abuse reported	53.3%	52.2%	54.1%	
q15	Organisation acts fairly career progression	52.9%	47.7%	55.1%	
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	91.4%	92.2%	
q16b	Not experienced discrimination from manager/team leader or other colleagues	91.5%	86.4%	93.8%	
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	87.9%	92.8%	
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	94.7%	97.0%	
q18	Not seen any employee/contractor/other staff who could have had a sexual relationship with a patient/service user	64.5%	57.2%	67.4%	
q19a	Staff involved in an employee/contractor/other staff who could have had a sexual relationship with a patient/service user	58.8%	49.8%	59.0%	
q19b	Encouraged to report employee/contractor/other staff who could have had a sexual relationship with a patient/service user	80.3%	82.2%	86.6%	
q19c	Organisation ensure employee/contractor/other staff who could have had a sexual relationship with a patient/service user are not repeat	64.4%	58.7%	66.8%	
q19d	Feedback given on charges made following employee/contractor/other staff who could have had a sexual relationship with a patient/service user	61.2%	57.6%	62.9%	
q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	60.8%	69.9%	
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	50.5%	41.2%	53.8%	
q21	Feel organisation respects individual differences	67.2%	60.8%	70.7%	
q22	I can eat nutritious and affordable food at work	55.0%	48.1%	60.2%	
q23a	Received appraisal in the past 12 months	92.4%	89.9%	93.2%	
q23b	Appraisal helped me improve how I do my job	24.6%	15.9%	27.6%	
q23c	Appraisal helped me agree clear objectives for my work	32.2%	23.1%	35.2%	
q23d	Appraisal left me feeling organisation values my work	34.2%	26.8%	38.8%	
q24a	Organisation offers me challenging work	68.1%	64.7%	68.9%	
q24b	There are opportunities for me to develop my career in this organisation	45.4%	38.5%	48.2%	
q24c	Have opportunities to improve my knowledge and skills	64.3%	58.5%	66.8%	
q24d	Feel supported to develop my potential	52.2%	41.6%	56.3%	
q24e	Able to access the right learning and development opportunities when I need to	57.0%	49.0%	60.0%	
q24f	Able to access clinical supervision opportunities	52.6%	42.6%	56.5%	
q25a	Care of patients/service users is organisation's top priority	82.3%	80.3%	84.5%	
q25b	Organisation acts on concerns raised by patients/service users	80.4%	74.5%	82.8%	
q25c	Would recommend organisation as place to work	45.1%	34.3%	49.0%	
q25d	If identifiable needed treatment would be happy with standard of care provided by organisation	48.4%	39.6%	51.6%	
q25e	Feel safe to speak up about anything that concerns me in this organisation	55.4%	45.3%	54.0%	
q25f	Feel organisation would address any concerns I raised	42.2%	31.4%	45.0%	
q26a	I don't often think about leaving the organisation	40.4%	31.2%	43.8%	
q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.0%	42.1%	51.9%	
q26c	I am not planning on leaving this organisation	52.7%	45.7%	55.2%	
q27a	Disability/organisation makes reasonable adjustments to enable me to carry out work	77.1%	77.1%	-	

Section	Q	Description	Overall (n=427)	English (n=343)	Irish (n=18)	Other (n=5)	Any other White background (n=102)	White and Black Caribbean (n=25)	White and Black African (n=11)	White and Asian (n=18)	Any other White background (n=23)	Indian (n=82)	Pakistani (n=18)	Bangladeshi (n=8)	Chinese (n=18)	Pilipino (n=18)	Any other Asian background (n=45)	African (n=116)	Caribbean (n=12)	Any other Black African/Caribbean background (n=2)	Any other Black/Caribbean background (n=12)	Any other ethnic background (n=18)	
YOUR JOB	Q1	Observing how I spend my time at work	48.2%	48.6%	50.0%	*	43.9%	35.3%	27.3%	26.7%	35.1%	73.3%	66.7%	*	44.4%	75.0%	62.0%	54.0%	58.3%	*	34.4%	56.7%	
	Q2	Observing how I spend my time at work	54.8%	51.9%	63.3%	*	54.5%	75.0%	63.6%	63.2%	43.0%	71.4%	78.7%	*	41.1%	70.0%	62.0%	68.0%	68.0%	*	49.6%	68.9%	
	Q3	Time efficiency/quality when I am working	72.3%	70.6%	72.2%	*	68.4%	84.7%	54.5%	58.8%	43.9%	63.4%	75.0%	*	63.3%	83.3%	73.0%	62.0%	63.3%	*	50.0%	61.3%	
	Q4	Always know what my responsibilities are	89.1%	87.7%	90.0%	*	81.1%	90.7%	81.8%	81.7%	89.0%	90.7%	90.0%	*	88.9%	90.0%	82.0%	82.0%	81.1%	81.7%	*	89.7%	83.9%
	Q5	Feel valued at my job	90.3%	89.4%	90.0%	*	83.0%	90.0%	84.5%	84.7%	90.0%	90.0%	90.0%	*	88.9%	90.0%	80.0%	80.0%	81.1%	81.7%	*	89.7%	81.3%
	Q6	Organisations allow me to improve my role	73.7%	71.7%	77.0%	*	61.6%	74.1%	73.7%	63.7%	58.0%	71.1%	63.0%	*	70.0%	63.0%	70.0%	71.1%	68.0%	68.0%	*	64.0%	63.0%
	Q7	Organisations allow me to improve my role	71.7%	71.0%	77.0%	*	64.0%	75.0%	73.7%	63.7%	58.0%	71.1%	63.0%	*	70.0%	63.0%	70.0%	71.1%	68.0%	68.0%	*	64.0%	75.0%
	Q8	Involved in decisions that affect work	48.0%	48.4%	51.1%	*	42.0%	55.0%	45.5%	51.0%	34.0%	62.1%	52.3%	*	50.0%	40.0%	44.4%	38.0%	32.0%	*	20.0%	50.0%	
	Q9	Ability to make improvements happens in my area of work	55.0%	52.2%	55.0%	*	45.0%	60.0%	54.5%	42.1%	34.0%	60.0%	50.0%	*	50.0%	50.0%	55.6%	44.4%	41.7%	*	41.7%	50.0%	
	Q10	Ability to make improvements happens in my area of work	46.1%	42.0%	55.0%	*	33.0%	60.0%	45.5%	51.0%	24.0%	62.1%	52.3%	*	50.0%	40.0%	44.4%	38.0%	32.0%	*	20.0%	43.0%	
	Q11	Have adequate materials, supplies and equipment to do my work	46.0%	41.9%	39.0%	*	40.0%	45.0%	43.0%	32.0%	61.0%	62.0%	67.0%	*	34.0%	60.0%	57.0%	62.0%	66.7%	*	33.3%	43.0%	
	Q12	Enough staff/organisation to do my job properly	27.5%	24.8%	27.0%	*	26.7%	35.0%	31.1%	15.0%	21.0%	38.3%	45.0%	*	22.0%	40.0%	31.0%	32.0%	43.0%	*	25.0%	12.0%	
	Q13	Satisfied with recognition for good work	52.1%	50.0%	50.0%	*	46.0%	60.0%	54.5%	39.0%	37.0%	58.3%	60.0%	*	50.0%	50.0%	61.0%	50.0%	50.0%	66.7%	*	41.7%	50.0%
	Q14	Satisfied with recognition for good work	49.3%	46.7%	44.0%	*	41.0%	48.0%	43.0%	31.0%	31.0%	50.0%	40.0%	*	33.0%	30.0%	40.0%	40.0%	50.0%	66.7%	*	33.3%	30.0%
	Q15	Satisfied with opportunities for further learning/development	30.3%	26.1%	44.0%	*	17.0%	28.0%	21.0%	10.0%	24.0%	34.7%	34.7%	*	20.0%	20.0%	20.0%	20.0%	20.0%	66.7%	*	41.7%	20.0%
	Q16	Have realistic time pressures	25.4%	26.0%	27.0%	*	17.0%	40.0%	27.0%	10.0%	23.0%	34.7%	34.7%	*	22.0%	20.0%	20.0%	20.0%	20.0%	66.7%	*	27.0%	10.0%
	Q17	Have a choice in deciding how to do my work	50.0%	51.9%	55.0%	*	51.0%	72.0%	60.0%	36.0%	34.0%	51.2%	49.0%	*	38.0%	60.0%	40.0%	31.0%	41.7%	*	30.0%	31.3%	
	Q18	Relationships at work are unstrained	41.5%	41.0%	50.0%	*	29.0%	40.0%	30.0%	47.0%	22.0%	42.0%	41.1%	*	50.0%	50.0%	40.0%	50.0%	50.0%	*	16.7%	50.0%	
	Q19	Feel my role makes a difference to patients/service users	68.0%	66.0%	66.0%	*	61.0%	80.0%	60.0%	80.0%	66.0%	70.0%	65.0%	*	64.0%	60.0%	60.0%	60.0%	60.0%	66.7%	*	66.7%	100.0%
	Q20	Organisation is committed to helping balance work and home life	48.2%	44.2%	44.4%	*	28.0%	60.0%	27.0%	21.0%	30.0%	60.0%	56.0%	*	33.0%	60.0%	53.0%	50.0%	50.0%	*	33.3%	43.0%	
Q21	Can approach immediate manager to talk openly about flexible working	69.0%	69.0%	69.0%	*	62.0%	80.0%	54.5%	42.1%	63.0%	70.0%	62.0%	*	50.0%	73.0%	71.0%	74.1%	58.0%	*	66.7%	75.0%		
Q22	Team members have a set of shared objectives	74.8%	73.7%	77.0%	*	68.0%	78.0%	63.0%	64.0%	67.0%	81.7%	72.0%	*	51.0%	72.0%	69.0%	64.0%	63.0%	*	61.0%	62.0%		
Q23	Team members often discuss the team's effectiveness	69.1%	68.1%	66.0%	*	63.0%	78.0%	64.0%	50.0%	54.0%	73.0%	71.0%	*	77.0%	60.0%	73.0%	54.0%	48.0%	*	66.7%	50.0%		
Q24	Team members understand each other's roles	79.7%	79.0%	81.0%	*	69.0%	80.0%	66.0%	50.0%	64.0%	74.0%	80.7%	*	77.0%	70.0%	69.0%	60.0%	50.0%	*	70.0%	60.0%		
Q25	Enjoy working with colleagues in team	78.0%	77.0%	72.0%	*	77.0%	84.0%	72.0%	78.0%	54.0%	78.0%	67.0%	*	63.0%	78.0%	62.0%	71.0%	70.0%	*	58.3%	68.0%		
Q26	Team enough feedback to know how to do my work	53.0%	53.0%	55.0%	*	54.0%	60.0%	54.5%	39.0%	34.0%	68.0%	64.0%	*	58.0%	60.0%	60.0%	60.0%	60.0%	66.7%	*	50.0%	50.0%	
Q27	Team work with disagreements constructively	53.0%	51.7%	60.0%	*	48.0%	60.0%	54.5%	39.0%	27.0%	63.0%	50.0%	*	72.0%	64.0%	62.0%	58.0%	60.0%	*	41.7%	43.0%		
Q28	Feel valued by my team	68.1%	67.0%	66.0%	*	61.0%	70.0%	54.5%	37.0%	45.0%	72.0%	72.0%	*	77.0%	78.0%	68.0%	62.0%	60.0%	66.7%	*	58.3%	68.0%	
Q29	Feel a strong personal attachment to my team	61.5%	62.1%	77.0%	*	58.0%	75.0%	54.5%	40.0%	43.0%	64.0%	60.0%	*	72.0%	57.0%	57.0%	48.0%	50.0%	*	33.3%	62.0%		
Q30	Team within the organisation work well together to achieve objectives	51.7%	47.4%	50.0%	*	53.0%	60.0%	54.5%	47.0%	45.0%	66.0%	63.0%	*	44.0%	72.0%	62.0%	72.0%	41.0%	*	33.3%	68.0%		
Q31	Colleagues are understanding and kind to one another	66.1%	65.0%	72.0%	*	61.0%	70.0%	54.5%	27.0%	51.0%	70.0%	70.0%	*	60.0%	60.0%	60.0%	60.0%	60.0%	66.7%	*	66.7%	75.0%	
Q32	Colleagues are polite and treat each other with respect	67.1%	65.7%	72.0%	*	61.0%	68.0%	63.0%	27.0%	51.0%	70.0%	70.0%	*	60.0%	60.0%	71.0%	62.0%	60.0%	66.7%	*	66.7%	75.0%	
Q33	Colleagues show respect to my gender	63.0%	62.0%	72.0%	*	61.0%	68.0%	63.0%	41.0%	34.0%	74.0%	71.0%	*	60.0%	62.0%	60.0%	50.0%	50.0%	66.7%	*	66.7%	75.0%	
Q34	Immediate manager encourages the team at work	71.8%	71.4%	66.0%	*	64.0%	80.0%	54.5%	47.0%	50.0%	78.0%	73.0%	*	64.0%	61.0%	60.0%	54.0%	58.0%	*	33.3%	75.0%		
Q35	Immediate manager gives clear feedback on my work	66.2%	63.7%	77.0%	*	62.0%	68.0%	54.5%	47.0%	54.0%	74.0%	61.0%	*	50.0%	70.0%	60.0%	60.0%	60.0%	66.7%	*	50.0%	61.0%	
Q36	Immediate manager sets fair targets before making decisions	57.0%	56.0%	61.0%	*	52.0%	60.0%	54.5%	42.1%	38.0%	74.0%	64.0%	*	50.0%	70.0%	67.0%	62.0%	41.0%	*	50.0%	68.0%		
Q37	Immediate manager takes a positive interest in my staff's wellbeing	69.0%	68.8%	77.0%	*	63.0%	80.0%	54.5%	42.1%	45.0%	74.0%	74.0%	*	61.0%	70.0%	62.0%	60.0%	60.0%	66.7%	*	58.3%	68.0%	
Q38	Immediate manager values my work	72.3%	72.8%	77.0%	*	64.0%	70.0%	54.5%	47.0%	45.0%	72.0%	78.0%	*	61.0%	60.0%	70.0%	73.0%	63.0%	66.7%	*	66.7%	81.0%	
Q39	Immediate manager works with us on unstrained problems	68.1%	68.2%	77.0%	*	64.0%	72.0%	54.5%	42.1%	43.0%	73.0%	63.0%	*	50.0%	60.0%	57.0%	60.0%	60.0%	66.7%	*	58.3%	68.0%	
Q40	Immediate manager listens to challenges I face	70.3%	69.0%	77.0%	*	67.0%	70.0%	54.5%	42.1%	54.0%	70.0%	69.0%	*	50.0%	70.0%	60.0%	70.0%	70.0%	66.7%	*	58.3%	61.0%	
Q41	Immediate manager cares about my concerns	69.2%	67.0%	77.0%	*	63.0%	70.0%	54.5%	42.1%	45.0%	72.0%	61.0%	*	50.0%	70.0%	60.0%	60.0%	60.0%	66.7%	*	66.7%	68.0%	
Q42	Immediate manager helps me with problems I face	69.2%	67.0%	77.0%	*	63.0%	70.0%	54.5%	42.1%	45.0%	72.0%	61.0%	*	50.0%	70.0%	60.0%	60.0%	60.0%	66.7%	*	66.7%	68.0%	
Q43	Don't work any additional or extra hours for the organisation, over and above contracted hours	69.0%	67.0%	72.0%	*	60.0%	68.0%	63.0%	49.0%	53.0%	74.0%	67.0%	*	50.0%	62.0%	51.0%	50.0%	41.0%	*	66.7%	70.0%		
Q44	Don't work any additional or extra hours for the organisation, over and above contracted hours	58.0%	56.0%	44.0%	*	41.0%	60.0%	53.0%	30.0%	33.0%	70.0%	50.0%	*	38.0%	73.0%	51.0%	70.0%	41.0%	*	30.0%	43.0%		
Q45	Organisation have suitable advice on health and wellbeing	54.2%	52.1%	44.0%	*	40.0%	64.0%	45.0%	30.0%	34.0%	64.0%	60.0%	*	38.0%	70.0%	40.0%	50.0%	50.0%	*	33.3%	20.0%		
Q46	In last 12 months, have not experienced musculoskeletal (MSK) problems	61.1%	63.0%	72.0%	*	65.0%	60.0%	45.0%	37.0%	63.0%	58.0%	58.0%	*	72.0%	40.0%	40.0%	44.0%	44.0%	66.7%	*	66.7%	37.0%	
Q47	In last 12 months, have not used work related stress support	59.0%	58.1%	72.0%	*	61.0%	60.0%	45.0%	37.0%	54.0%	70.0%	60.0%	*	50.0%	60.0%	57.0%	50.0%	48.0%	*	66.7%	50.0%		
Q48	In last 3 months, have not used work related stress support	44.0%	41.0%	72.0%	*	40.0%	60.0%	27.0%	21.0%	40.0%	50.0%	50.0%	*	38.0%	40.0%	40.0%	41.0%	41.0%	66.7%	*	50.0%	37.0%	
Q49	Not feel pressure from manager to come to work when not feeling well	78.1%	75.0%	81.0%	*	74.0%	100.0%	*	53.0%	81.0%	80.0%	80.0%	*	80.0%	80.0%	80.0%	80.0%	80.0%	66.7%	*	66.7%	100.0%	
Q50	Neatly tidy my work area	23.3%	22.7%	33.0%	*	20.0%	24.0%	27.0%	5.0%	27.0%	28.0%	20.0%	*	27.0%	20.0%	24.0%	24.0%	20.0%	66.7%	*	33.3%	37.0%	
Q51	Neatly tidy my work area	29.3%	28.7%	33.0%	*	26.0%	24.0%	27.0%	5.0%	27.0%	28.0%	20.0%	*	27.0%	20.0%	24.0%	24.0%	20.0%	66.7%	*	33.3%	37.0%	
Q52	Neatly tidy my work area	21.0%	20.4%	33.0%	*	18.0%	24.0%	27.0%	5.0%	27.0%	28.0%	20.0%	*	27.0%	20.0%	24.0%	24.0%	20.0%	66.7%	*	33.3%	37.0%	
Q53	Neatly tidy my work area	33.0%	32.5%	44.0%	*	28.0%	40.0%	34.0%	11.0%	23.0%	41.0%	40.0%	*	33.0%	34.0%	31.0%	44.0%	33.0%	*	33.3%	37.0%		
Q54	Neatly tidy my work area	19.1%	18.7%	33.0%	*	16.0%	24.0%	27.0%															

Key
100% or more
90-99%
80-89%
70-79%
60-69%
50-59%
40-49%
30-39%
20-29%
10-19%
0-9%

Set RAD % point difference: 3

Section	Q	Description	Ethnicity summary (n=242)		
			Comparator Organisation (Overall) n = 4271	White n = 2171	Minority ethnic groups: Asian/Asian British n = 1044
YOUR JOB	q2a	Often/always look forward to going to work	49.2%	43.9%	66.2%
	q2b	Often/always enthusiastic about my job	64.6%	61.7%	74.0%
	q2c	Time often/always passes quickly when I am working	72.3%	70.9%	78.2%
	q3a	Always know what work responsibilities are	89.1%	87.7%	93.9%
	q3b	Feel trusted to do my job	90.3%	89.9%	93.3%
	q3c	Opportunities to show initiative frequently in my role	72.7%	71.8%	76.3%
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	71.4%	72.9%
	q3e	Involved in deciding changes that affect work	49.6%	48.3%	54.7%
	q3f	Able to make improvements happen in my area of work	52.0%	49.2%	62.8%
	q3g	Able to meet conflicting demands on my time at work	46.1%	42.6%	57.3%
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	41.9%	61.3%
	q3i	Enough staff at organisation to do my job properly	27.9%	24.9%	34.7%
	q4a	Satisfied with recognition for good work	52.1%	50.9%	57.9%
	q4b	Satisfied with extent organisation values my work	49.3%	48.0%	54.0%
	q4c	Satisfied with level of pay	30.2%	29.8%	32.1%
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	54.5%	60.5%
	q5a	Have realistic time pressures	25.4%	26.4%	22.8%
	q5b	Have a choice in deciding how to do my work	50.0%	51.3%	47.3%
	q5c	Relationships at work are unstrained	41.5%	40.8%	44.3%
	q6a	Feel my role makes a difference to patients/service users	88.6%	87.2%	93.0%
q6b	Organisation is committed to helping balance work and home life	48.2%	44.4%	60.5%	
q6c	Achieve a good balance between work and home life	58.8%	55.6%	61.0%	
q6d	Can approach immediate manager to talk openly about flexible working	69.8%	69.6%	71.3%	
q7a	Team members have a set of shared objectives	74.8%	73.9%	79.2%	
q7b	Team members often meet to discuss the team's effectiveness	65.5%	63.9%	72.9%	
q7c	Receive the respect I deserve from my colleagues at work	69.1%	69.3%	69.7%	
q7d	Team members understand each other's roles	70.7%	69.8%	74.2%	
q7e	Enjoy working with colleagues in team	79.6%	79.1%	77.7%	
q7f	Team has enough freedom in how to do its work	58.9%	54.0%	65.6%	
q7g	Team deals with disagreements constructively	53.6%	51.6%	64.4%	
q7h	Feel valued by my team	68.1%	67.7%	70.2%	
q7i	Feel a strong personal attachment to my team	61.9%	62.1%	65.9%	
q8a	Teams within the organisation work well together to achieve objectives	51.7%	47.6%	65.5%	
q8b	Colleagues are understanding and kind to one another	68.1%	68.5%	69.6%	
q8c	Colleagues are polite and treat each other with respect	67.0%	66.1%	70.5%	
q8d	Colleagues show appreciation to one another	63.9%	62.9%	66.4%	
q9a	Immediate manager encourages me at work	71.8%	71.1%	74.6%	
q9b	Immediate manager gives clear feedback on my work	68.2%	65.3%	69.6%	
q9c	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	56.7%	61.8%	
q9d	Immediate manager takes a positive interest in my health & well-being	69.6%	69.6%	70.7%	
q9e	Immediate manager values my work	72.3%	72.3%	73.0%	
q9f	Immediate manager works with me to understand problems	68.1%	67.9%	69.5%	
q9g	Immediate manager listens to challenges I face	70.3%	69.9%	72.3%	
q9h	Immediate manager cares about my concerns	69.2%	69.5%	69.1%	
q9i	Immediate manager helps me with problems I face	68.0%	66.1%	67.2%	
q10a	Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	76.3%	83.9%	
q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.9%	59.9%	70.5%	
q11a	Organisation takes positive action on health and well-being	54.2%	51.8%	52.6%	
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	62.9%	55.6%	
q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	58.0%	64.9%	
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	41.8%	53.9%	
q11e	Not feel pressure from manager to come to work when not feeling well enough	76.1%	74.8%	80.4%	
q12a	Never/never find work emotionally exhausting	23.3%	22.7%	28.6%	
q12b	Never/never feel burnt out because of work	29.3%	28.9%	31.1%	
q12c	Never/never frustrated by work	21.8%	17.2%	38.4%	
q12d	Never/never exhausted by the thought of another day/shift at work	33.6%	31.8%	40.5%	
q12e	Never/never seem out at the end of work	19.1%	18.9%	27.4%	
q12f	Never/never feel every working hour is biting	48.4%	48.1%	50.2%	
q12g	Never/never lack energy for family and friends	36.8%	35.6%	38.6%	
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	82.1%	82.8%	
q13b	Not experienced physical violence from managers	99.1%	99.4%	98.1%	
q13c	Not experienced physical violence from other colleagues	98.1%	98.4%	97.4%	
q13d	Last experience of physical violence reported	73.7%	72.8%	78.4%	
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	79.6%	79.2%	74.8%	
q14b	Not experienced harassment, bullying or abuse from managers	91.8%	91.9%	91.5%	
q14c	Not experienced harassment, bullying or abuse from other colleagues	82.8%	84.0%	80.6%	
q14d	Last experience of harassment/bullying/abuse reported	53.3%	53.3%	54.5%	
q15	Organisation acts fairly career progression	52.9%	53.9%	59.7%	
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	95.4%	81.6%	
q16b	Not experienced discrimination from manager/team leader or other colleagues	91.5%	93.4%	85.8%	
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	90.5%	94.9%	
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	96.2%	96.7%	
q18	Not seen any employee misbehaviour incidents that could have hurt patients/service users	64.5%	61.6%	73.8%	
q18a	Staff involved in an employee misbehaviour incident treated fairly	56.8%	54.7%	64.6%	
q19b	Encouraged to report employee misbehaviour incidents	80.3%	80.2%	86.8%	
q19c	Organisation ensure employee misbehaviour incidents do not repeat	64.4%	60.4%	76.1%	
q19d	Feedback given on changes made following employee misbehaviour incidents	61.2%	57.1%	74.4%	
q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	66.1%	71.0%	
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	59.5%	46.5%	63.1%	
q21	Fair organisation respects individual differences	67.2%	67.7%	69.7%	
q22	I can eat nutritious and affordable food at work	55.6%	54.6%	67.8%	
q23a	Received appraisal in the past 12 months	92.4%	92.0%	93.3%	
q23b	Appraisal helped me improve how I do my job	24.6%	17.3%	48.0%	
q23c	Appraisal helped me agree clear objectives for my work	32.2%	26.0%	51.9%	
q23d	Appraisal left me feeling organisation values my work	34.2%	30.1%	47.4%	
q24a	Organisation offers me challenging work	68.1%	68.9%	58.3%	
q24b	There are opportunities for me to develop my career in this organisation	45.4%	42.8%	54.9%	
q24c	Have opportunities to improve my knowledge and skills	64.3%	63.3%	69.0%	
q24d	Feel supported to develop my potential	52.2%	50.0%	60.1%	
q24e	Able to access the right learning and development opportunities when I need to	57.0%	54.5%	65.7%	
q24f	Able to access clinical supervision opportunities	52.6%	48.1%	65.0%	
q25a	Care of patients/service users is organisation's top priority	82.3%	80.5%	75.5%	
q25b	Organisation acts on concerns raised by patients/service users	80.4%	80.5%	75.7%	
q25c	Would recommend organisation as place to work	45.1%	39.9%	61.0%	
q25d	If identifiable needed treatment would be happy with standard of care provided by organisation	48.4%	43.7%	63.4%	
q25e	Fair safe to speak up about anything that concerns me in this organisation	55.4%	54.3%	60.0%	
q25f	Fair organisation would address any concerns I raised	42.2%	38.5%	54.4%	
q26a	I don't often think about leaving the organisation	40.4%	37.9%	49.0%	
q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.0%	47.2%	55.5%	
q26c	I am not planning on leaving this organisation	52.7%	51.6%	58.6%	
q31b	Disability organisation makes reasonable adjustments to enable me to carry out work	77.1%	78.3%	70.1%	

Key
100%
> 90% (good)
> 80% (fair)
> 70% (poor)

Set RAD % point difference: 1

Section	Q	Description	Ethnicity grouped (28)					
			Comparator Organisation (Overall) n = 4271	White n = 3171	Mixed/Multiple ethnic groups n = 78	Asian/Asian British n = 888	Black/African Caribbean/Black British n = 128	Other ethnic groups n = 30
YOUR JOB	q2a	Often/always look forward to going to work	49.2%	43.9%	40.0%	71.2%	55.1%	44.8%
	q2b	Often/always enthusiastic about my job	64.6%	61.7%	59.7%	76.7%	68.6%	62.1%
	q2c	Time often/always passes quickly when I am working	72.3%	70.3%	64.9%	82.0%	65.1%	66.7%
	q3a	Always know what work responsibilities are	89.1%	87.7%	84.8%	94.9%	93.0%	93.3%
	q3b	Feel trusted to do my job	90.3%	89.9%	87.2%	94.5%	89.8%	90.0%
	q3c	Opportunities to show initiative frequently in my role	72.7%	71.8%	69.2%	78.7%	69.8%	56.7%
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	71.4%	64.1%	75.3%	64.1%	70.0%
	q3e	Involved in deciding changes that affect work	49.6%	48.3%	42.0%	59.0%	38.3%	40.0%
	q3f	Able to make improvements happen in my area of work	52.0%	49.2%	46.2%	66.3%	55.0%	46.7%
	q3g	Able to meet conflicting demands on my time at work	46.1%	42.6%	46.2%	59.9%	52.6%	36.7%
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	41.9%	52.0%	62.4%	63.3%	41.7%
	q3i	Enough staff at organisation to do my job properly	27.9%	24.0%	24.7%	39.4%	30.9%	16.7%
	q4a	Satisfied with recognition for good work	52.1%	50.9%	49.9%	59.9%	60.9%	46.7%
	q4b	Satisfied with extent organisation values my work	49.3%	46.0%	36.4%	58.1%	53.0%	50.0%
	q4c	Satisfied with level of pay	30.2%	29.8%	23.4%	34.6%	22.0%	30.0%
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	54.5%	47.4%	62.6%	54.4%	50.0%
	q5a	Have realistic time pressures	25.4%	28.4%	27.3%	22.1%	26.6%	17.2%
	q5b	Have a choice in deciding how to do my work	50.0%	51.3%	50.0%	50.0%	50.0%	30.0%
	q5c	Relationships at work are unstrained	41.5%	40.8%	42.1%	43.9%	50.4%	36.7%
	q5d	Feel my role makes a difference to patients/service users	88.6%	87.2%	89.5%	93.1%	95.3%	90.0%
q5e	Organisation is committed to helping balance work and home life	48.2%	44.4%	45.6%	62.6%	58.6%	46.7%	
q5f	Achieve a good balance between work and home life	58.8%	55.6%	53.2%	62.7%	59.4%	43.3%	
q6d	Can approach immediate manager to talk openly about flexible working	69.8%	69.0%	61.0%	72.1%	72.7%	70.0%	
YOUR TEAM	q7a	Team members have a set of shared objectives	74.8%	73.0%	64.0%	80.2%	64.5%	69.0%
	q7b	Team members often meet to discuss the team's effectiveness	65.0%	63.0%	54.7%	74.0%	75.0%	60.0%
	q7c	Receive the respect I deserve from my colleagues at work	69.1%	69.3%	58.4%	72.1%	64.6%	53.3%
	q7d	Team members understand each other's roles	70.7%	69.8%	64.9%	75.2%	75.6%	63.3%
	q7e	Enjoy working with colleagues in team	79.6%	79.1%	74.0%	79.5%	71.9%	63.3%
	q7f	Team has enough freedom in how to do its work	59.5%	54.0%	49.4%	65.0%	56.4%	46.7%
	q7g	Team deals with disagreements constructively	53.0%	51.0%	41.6%	63.3%	58.6%	40.0%
	q7h	Feel valued by my team	68.1%	67.7%	59.7%	72.7%	63.9%	60.0%
	q7i	Feel a strong personal attachment to my team	61.6%	62.1%	58.4%	63.9%	48.4%	56.7%
	q8a	Teams within the organisation work well together to achieve objectives	51.7%	47.6%	31.9%	66.0%	69.0%	60.0%
PEOPLE IN YOUR ORGANISATION	q8b	Colleagues are understanding and kind to one another	68.1%	68.5%	55.8%	69.9%	68.8%	66.7%
	q8c	Colleagues are polite and treat each other with respect	67.0%	66.1%	59.7%	72.0%	68.8%	66.7%
	q8d	Colleagues show appreciation to one another	63.9%	62.9%	46.8%	68.4%	67.2%	60.0%
	q9a	Immediate manager encourages me at work	71.8%	71.1%	54.9%	77.1%	72.7%	66.7%
	q9b	Immediate manager gives clear feedback on my work	68.2%	65.3%	51.9%	72.1%	67.2%	63.3%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	56.7%	50.6%	64.6%	61.2%	56.7%
	q9d	Immediate manager takes a positive interest in my health & well-being	69.6%	69.0%	54.0%	73.4%	65.6%	60.0%
	q9e	Immediate manager values my work	72.3%	72.3%	68.4%	74.7%	72.2%	70.0%
	q9f	Immediate manager works with me to understand problems	68.1%	67.9%	64.4%	71.1%	68.8%	69.0%
	q9g	Immediate manager listens to challenges I face	70.3%	69.9%	57.1%	73.3%	70.6%	70.0%
q9h	Immediate manager cares about my concerns	69.2%	69.0%	53.2%	79.9%	68.8%	62.1%	
q9i	Immediate manager helps me with problems I face	68.0%	66.1%	53.2%	69.6%	64.8%	60.0%	
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10a	Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	76.2%	69.2%	54.6%	38.6%	70.0%
	q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.0%	50.0%	58.4%	71.9%	73.2%	46.7%
	q11a	Organisation takes positive action on health and well-being	54.2%	51.8%	31.9%	65.2%	58.6%	36.7%
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	62.9%	61.0%	58.9%	48.9%	50.0%
	q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	58.0%	53.0%	68.4%	61.6%	56.7%
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	41.8%	42.9%	57.3%	41.4%	43.3%
	q11e	Not feel pressure from manager to come to work when not feeling well enough to perform duties	76.1%	74.8%	65.9%	80.5%	88.2%	79.3%
	q12a	Never/never feel work emotionally exhausting	23.3%	22.7%	20.8%	23.9%	23.0%	30.0%
	q12b	Never/never feel burnt out because of working	29.3%	28.9%	28.6%	31.6%	28.3%	31.7%
	q12c	Never/never frustrated by work	21.8%	17.2%	22.1%	36.6%	44.1%	34.9%
	q12d	Never/never exhausted by the thought of another day/shift at work	33.6%	31.8%	29.0%	41.7%	39.7%	40.0%
	q12e	Never/never worn out at the end of and work	19.1%	16.0%	13.0%	30.4%	17.3%	26.7%
	q12f	Never/never feel every working hour is biting	48.4%	46.1%	46.1%	46.7%	54.0%	53.3%
	q12g	Never/never lack energy for family and friends	35.8%	35.6%	31.2%	37.9%	33.9%	26.7%
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	82.1%	84.2%	83.5%	80.2%	73.3%
	q13b	Not experienced physical violence from managers	99.1%	99.4%	100.0%	97.8%	100.0%	95.1%
	q13c	Not experienced physical violence from other colleagues	98.1%	98.4%	100.0%	96.9%	100.0%	93.3%
	q13d	Last experience of physical violence reported	73.7%	72.8%	-	79.6%	81.0%	-
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	79.8%	79.2%	71.1%	77.3%	62.7%	66.7%
	q14b	Not experienced harassment, bullying or abuse from managers	91.8%	91.9%	82.8%	92.8%	91.7%	80.0%
	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.8%	84.0%	78.7%	81.3%	78.2%	69.0%
	q14d	Last experience of harassment/bullying/abuse reported	53.3%	53.3%	51.6%	51.3%	66.0%	58.3%
	q15	Organisation acts fairly career progression	52.9%	53.9%	45.3%	51.9%	47.7%	44.8%
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	92.4%	78.7%	84.1%	67.2%	62.8%
	q16b	Not experienced discrimination from manager/teammate or other colleagues	91.5%	91.4%	82.7%	87.4%	79.4%	79.3%
	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	90.5%	92.1%	95.3%	91.4%	93.3%
	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	96.2%	94.7%	97.1%	95.2%	86.6%
	q18	Not seen any employee misbehaviour that could have hurt staff/patients/service users	64.5%	61.6%	68.8%	74.5%	76.7%	56.6%
	q19a	Staff involved in an employee misbehaviour incident	56.8%	54.7%	55.6%	67.1%	60.9%	36.0%
	q19b	Encouraged to report employee misbehaviour incidents	80.3%	80.2%	81.1%	87.3%	91.3%	67.0%
q19c	Organisation ensure employee misbehaviour does not repeat	64.4%	60.4%	64.5%	78.1%	78.9%	53.3%	
q19d	Feedback given on changes made following employee misbehaviour	61.2%	57.1%	61.5%	75.2%	62.9%	44.4%	
q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	66.1%	68.2%	72.0%	72.7%	50.0%	
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	59.5%	46.5%	46.8%	44.4%	66.1%	46.7%	
q21	Feel organisation respects individual differences	67.2%	67.7%	67.1%	72.2%	64.4%	53.3%	
q22	I can eat nutritious and affordable food at work	55.0%	54.8%	30.0%	59.2%	66.6%	33.3%	
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	92.4%	92.0%	94.7%	93.9%	93.9%	96.4%
	q23b	Appraisal helped me improve how I do my job	24.6%	17.3%	30.6%	49.4%	53.2%	37.0%
	q23c	Appraisal helped me agree clear objectives for my work	32.2%	26.0%	37.5%	53.6%	53.6%	40.7%
	q23d	Appraisal left me feeling organisation values my work	34.2%	30.1%	37.0%	48.6%	47.3%	38.9%
	q24a	Organisation offers me challenging work	68.1%	68.9%	70.1%	68.9%	47.2%	60.0%
	q24b	There are opportunities for me to develop my career in this organisation	45.4%	42.8%	44.2%	56.7%	52.3%	46.7%
	q24c	Have opportunities to improve my knowledge and skills	64.3%	63.3%	63.6%	69.5%	71.1%	60.0%
	q24d	Feel supported to develop my potential	52.2%	50.0%	46.7%	61.6%	56.4%	50.0%
	q24e	Able to access the right learning and development opportunities when I need to	57.0%	54.9%	57.1%	66.7%	66.0%	53.3%
	q24f	Able to access clinical supervision opportunities	52.6%	48.1%	46.9%	66.2%	66.6%	56.6%
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	62.3%	58.3%	53.2%	77.5%	77.2%	63.3%
	q25b	Organisation acts on concerns raised by patients/service users	60.4%	56.5%	66.2%	76.1%	63.6%	56.7%
	q25c	Would recommend organisation as place to work	45.1%	39.9%	41.8%	54.2%	64.1%	50.0%
	q25d	If hire/replace needed treatment would be happy with standard of care provided by organisation	48.4%	43.7%	39.0%	55.4%	66.0%	50.0%
	q26a	Feel safe to speak up about anything that concerns me in this organisation	55.4%	54.3%	49.1%	63.0%	63.9%	36.7%
	q26b	Feel organisation would address any concerns I raised	42.2%	38.0%	30.0%	57.6%	46.2%	30.9%
	q26c	Don't often think about leaving the organisation	40.4%	37.0%	37.7%	52.2%	42.3%	50.0%
	q26d	I am unlikely to look for a job at a new organisation in the next 12 months	49.0%	47.2%	41.6%	58.1%	44.1%	43.3%
	q26e	I am not planning on leaving this organisation	52.7%	51.6%	45.0%	58.6%	45.6%	50.0%
	q27a	Disability/organisation measures reasonable adjustments to enable me to carry out work	77.1%	78.3%	69.2%	73.0%	-	-

Section	Q	Description	Comparator (Overall) n = 4271	Female n = 2205	Male n = 823	Non-binary n = 18	Prefer to self-describe n = 8	Prefer not to say n = 200
YOUR JOB	q2a	Often/always look forward to going to work	49.2%	49.4%	52.8%	35.0%	*	31.0%
	q2b	Often/always enthusiastic about my job	64.6%	65.8%	64.9%	-	-	40.2%
	q2c	Time often/always passes quickly when I am working	72.3%	73.9%	70.2%	-	-	55.3%
	q3a	Always know what work responsibilities are	89.1%	89.9%	88.9%	100.0%	*	70.0%
	q3b	Feel trusted to do my job	90.3%	91.3%	90.3%	100.0%	*	74.4%
	q3c	Opportunities to show initiative frequently in my role	72.7%	74.1%	72.1%	70.0%	*	53.8%
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	73.1%	71.9%	60.0%	*	51.0%
	q3e	Involved in deciding changes that affect work	49.6%	49.2%	54.9%	30.0%	*	37.0%
	q3f	Able to make improvements happen in my area of work	52.0%	52.2%	57.6%	40.0%	*	36.0%
	q3g	Able to meet conflicting demands on my time at work	46.1%	45.0%	53.6%	40.0%	*	32.0%
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	47.7%	46.8%	20.0%	*	31.8%
	q3i	Enough staff of organisation to do my job properly	27.9%	26.0%	33.8%	5.0%	*	18.1%
	q4a	Satisfied with recognition for good work	52.1%	52.3%	54.7%	60.0%	*	30.3%
	q4b	Satisfied with extent organisation values my work	45.3%	46.8%	47.2%	30.0%	*	22.0%
	q4c	Satisfied with level of pay	30.2%	30.5%	32.8%	10.0%	*	16.7%
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	56.1%	56.7%	70.0%	*	36.0%
	q5a	Have realistic time pressures	25.4%	24.6%	29.5%	10.0%	*	21.2%
	q5b	Have a choice in deciding how to do my work	50.0%	49.9%	53.7%	50.0%	*	37.2%
	q5c	Relationships at work are unstrained	41.5%	41.1%	48.0%	40.0%	*	20.6%
	q5d	Feel my role makes a difference to patients/service users	88.6%	88.8%	90.3%	-	-	77.6%
q5e	Organisation is committed to helping balance work and home life	48.2%	48.2%	52.9%	30.0%	*	30.7%	
q5f	Achieve a good balance between work and home life	58.8%	57.7%	58.3%	40.0%	*	37.7%	
q6d	Can approach immediate manager to talk openly about flexible working	69.8%	70.2%	72.8%	70.0%	*	48.7%	
q7a	Team members have a set of shared objectives	74.8%	74.8%	78.5%	90.0%	*	59.6%	
q7b	Team members often meet to discuss the team's effectiveness	65.5%	65.9%	68.5%	60.0%	*	49.2%	
q7c	Receive the respect I deserve from my colleagues at work	69.1%	70.2%	71.3%	60.0%	*	44.7%	
q7d	Team members understand each other's roles	70.7%	71.1%	74.4%	40.0%	*	51.3%	
q7e	Eager working with colleagues in team	79.6%	79.5%	85.8%	90.0%	*	55.4%	
q7f	Team has enough freedom in how to do its work	59.5%	59.0%	62.8%	50.0%	*	40.4%	
q7g	Team deals with disagreements constructively	53.6%	53.3%	60.0%	50.0%	*	33.3%	
q7h	Feel valued by my team	68.1%	69.0%	70.5%	60.0%	*	42.6%	
q7i	Feel a strong personal attachment to my team	61.9%	62.2%	63.1%	30.0%	*	43.1%	
PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	51.7%	52.6%	52.6%	40.0%	*	30.2%
	q8b	Colleagues are understanding and kind to one another	68.1%	68.9%	69.3%	70.0%	*	44.2%
	q8c	Colleagues are polite and treat each other with respect	67.0%	67.3%	71.2%	60.0%	*	40.2%
	q8d	Colleagues show appreciation to one another	63.5%	64.3%	65.7%	60.0%	*	40.9%
YOUR MANAGERS	q9a	Immediate manager encourages me at work	71.8%	73.0%	71.9%	60.0%	*	51.3%
	q9b	Immediate manager gives clear feedback on my work	68.2%	67.6%	65.7%	60.0%	*	45.2%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	58.9%	57.5%	60.0%	*	41.2%
	q9d	Immediate manager takes a positive interest in my health & well-being	69.6%	71.1%	68.9%	70.0%	*	47.0%
	q9e	Immediate manager values my work	72.3%	73.2%	74.4%	80.0%	*	49.2%
	q9f	Immediate manager works with me to understand problems	68.1%	69.4%	68.0%	60.0%	*	47.7%
	q9g	Immediate manager listens to challenges I face	70.3%	71.8%	69.9%	50.0%	*	48.2%
	q9h	Immediate manager cares about my concerns	69.2%	70.9%	69.2%	60.0%	*	42.7%
	q9i	Immediate manager helps me with problems I face	68.0%	67.6%	65.1%	40.0%	*	38.9%
	q9j	Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	69.8%	68.6%	70.0%	*	77.4%
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10c	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.0%	58.0%	61.7%	30.0%	*	25.1%
	q11a	Organisation takes positive action on health and well-being	54.2%	55.4%	55.9%	50.0%	*	29.6%
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	61.3%	63.1%	40.0%	*	32.3%
	q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	59.0%	64.6%	30.0%	*	49.2%
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	43.1%	52.8%	50.0%	*	34.7%
	q11e	Not feel pressure from manager to come to work when not feeling well enough to perform duties	76.1%	77.6%	78.1%	-	-	62.1%
	q12a	Never/never feel work emotionally exhausting	23.3%	21.0%	33.5%	10.0%	*	18.6%
	q12b	Never/never feel burnt out because of work	29.3%	28.4%	35.2%	30.0%	*	19.1%
	q12c	Never/never frustrated by work	21.8%	20.8%	27.9%	10.0%	*	12.1%
	q12d	Never/never exhausted by the thought of another day/shift at work	33.8%	32.2%	41.5%	10.0%	*	21.3%
	q12e	Never/never seem out at the end of work	19.1%	18.1%	25.1%	0.0%	*	11.1%
	q12f	Never/never feel every working hour is biting	48.4%	48.0%	52.9%	30.0%	*	36.2%
	q12g	Never/never lack energy for family and friends	35.8%	35.1%	41.5%	10.0%	*	25.1%
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	82.0%	83.3%	80.0%	*	83.2%
	q13b	Not experienced physical violence from managers	99.1%	99.2%	98.5%	-	-	99.8%
	q13c	Not experienced physical violence from other colleagues	98.1%	98.3%	97.3%	-	-	97.9%
	q13d	Last experience of physical violence reported	73.7%	74.6%	73.7%	-	-	68.8%
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.8%	75.2%	78.4%	60.0%	*	73.9%
	q14b	Not experienced harassment, bullying or abuse from managers	91.8%	92.6%	90.8%	-	-	80.7%
	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.8%	83.2%	84.0%	-	-	71.6%
	q14d	Last experience of harassment/bullying/abuse reported	53.3%	55.4%	46.9%	-	-	44.6%
	q15	Organisation acts fairly career progression	52.9%	54.4%	52.8%	60.0%	*	31.1%
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	92.2%	91.3%	70.0%	*	90.8%
	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.5%	92.0%	91.3%	60.0%	*	80.4%
	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	91.7%	95.2%	80.0%	*	91.5%
	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	96.6%	96.6%	90.0%	*	90.9%
	q18	Not seen any employee/contractor/visitor that could have hurt staff/patients/service users	64.5%	65.4%	63.2%	20.0%	*	58.6%
	q19a	Staff involved in an employee/contractor/visitor that could have hurt staff/patients/service users	58.8%	57.9%	60.9%	-	-	29.9%
	q19b	Encouraged to report employee/contractor/visitor that could have hurt staff/patients/service users	80.3%	80.6%	84.5%	60.0%	*	70.1%
	q19c	Organisation ensure employee/contractor/visitor that could have hurt staff/patients/service users are dealt with	64.4%	66.1%	63.8%	20.0%	*	41.9%
q19d	Feedback given on employee/contractor/visitor that could have hurt staff/patients/service users	61.2%	62.6%	60.5%	-	-	42.9%	
q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	68.7%	67.0%	70.0%	*	47.0%	
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	59.5%	59.0%	54.6%	30.0%	*	27.8%	
q21	Feel organisation respects individual differences	67.2%	68.0%	70.0%	30.0%	*	43.4%	
q22	I can eat nutritious and affordable food at work	55.6%	56.2%	67.0%	70.0%	*	39.9%	
YOUR PERSONAL DEVELOPMENT	q23a	Received appraisal in the past 12 months	92.4%	92.6%	91.6%	-	-	91.8%
	q23b	Appraisal helped me improve how I do my job	24.6%	24.3%	20.0%	-	-	13.9%
	q23c	Appraisal helped me agree clear objectives for my work	32.2%	32.1%	33.9%	-	-	20.4%
	q23d	Appraisal left me feeling organisation values my work	34.2%	35.3%	34.1%	-	-	18.8%
	q24a	Organisation offers me challenging work	68.1%	67.2%	68.8%	80.0%	*	51.8%
	q24b	There are opportunities for me to develop my career in this organisation	45.4%	46.8%	47.5%	90.0%	*	31.0%
	q24c	Have opportunities to improve my knowledge and skills	64.3%	65.3%	65.1%	90.0%	*	40.2%
	q24d	Feel supported to develop my potential	52.2%	52.8%	54.0%	60.0%	*	35.0%
q24e	Able to access the right learning and development opportunities when I need to	57.0%	58.1%	57.3%	50.0%	*	40.1%	
q24f	Able to access clinical supervision opportunities	52.6%	53.4%	52.9%	-	-	37.7%	
YOUR ORGANISATION	q25a	Care of patients/service users is organisation's top priority	62.3%	62.4%	66.0%	30.0%	*	45.6%
	q25b	Organisation acts on concerns raised by patients/service users	60.4%	61.3%	61.7%	20.0%	*	40.4%
	q25c	Would recommend organisation as place to work	45.1%	44.8%	51.0%	5.0%	*	25.1%
	q25d	If hire/able to be hired would be happy with standard of care provided by organisation	48.4%	47.9%	53.8%	20.0%	*	35.2%
	q25e	Feel safe to speak up about anything that concerns me in this organisation	55.4%	56.1%	54.7%	40.0%	*	28.1%
	q25f	Feel organisation would address any concerns I raised	42.2%	42.2%	47.4%	30.0%	*	18.7%
	q25g	I don't often think about leaving the organisation	40.4%	41.5%	41.7%	10.0%	*	18.6%
	q25h	I am unlikely to look for a job at a new organisation in the next 12 months	49.0%	50.7%	48.5%	20.0%	*	24.6%
q26c	I am not planning on leaving this organisation	52.7%	54.1%	53.2%	30.0%	*	28.3%	
BACKGROUND INFORMATION	q31b	Disability/organisation member responsible for adjustment to enable me to carry out work	77.1%	79.2%	74.1%	-	-	54.5%

Key
100.0%
> 80.0%
> 60.0%
> 40.0%
> 20.0%

Set RAD % point difference: 3

Section	Q	Description	Gender Identity (c27)			
			Comparator Organisation (Overall) n = 4271	Yes n = 4033	No n = 12	Prefer not to say n = 191
YOUR JOB	q2a	Often/always look forward to going to work	49.2%	50.0%	41.7%	33.0%
	q2b	Often/always enthusiastic about my job	64.6%	65.5%	50.0%	46.0%
	q2c	Time often/always passes quickly when I am working	72.3%	73.0%	75.0%	55.0%
	q3a	Always know what work responsibilities are	89.1%	88.7%	91.7%	76.3%
	q3b	Feel trusted to do my job	90.3%	91.1%	83.3%	75.1%
	q3c	Opportunities to show initiative frequently in my role	72.7%	73.6%	50.0%	56.1%
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	72.7%	54.0%	50.0%
	q3e	Involved in deciding changes that affect work	49.6%	50.5%	41.7%	32.6%
	q3f	Able to make improvements happen in my area of work	52.0%	53.3%	50.0%	35.8%
	q3g	Able to meet conflicting demands on my time at work	46.1%	46.7%	58.3%	33.7%
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	47.3%	50.0%	32.6%
	q3i	Enough staff at organisation to do my job properly	27.9%	27.6%	54.0%	20.1%
	q4a	Satisfied with recognition for good work	52.1%	53.1%	41.7%	31.7%
	q4b	Satisfied with extent organisation values my work	49.3%	47.2%	41.7%	21.8%
	q4c	Satisfied with level of pay	30.2%	30.7%	25.0%	21.3%
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	56.4%	58.3%	45.4%
	q5a	Have realistic time pressures	25.4%	25.5%	50.0%	22.5%
	q5b	Have a choice in deciding how to do my work	50.0%	50.7%	16.7%	36.7%
	q5c	Relationships at work are unstrained	41.5%	42.5%	58.3%	25.2%
	q6a	Feel my role makes a difference to patients/service users	88.6%	88.1%	100.0%	79.6%
q6b	Organisation is committed to helping balance work and home life	48.2%	48.8%	41.7%	24.4%	
q6c	Achieve a good balance between work and home life	58.8%	57.0%	58.3%	42.0%	
q6d	Can approach immediate manager to talk openly about flexible working	69.8%	70.7%	66.7%	50.6%	
q7a	Team members have a set of shared objectives	74.8%	75.6%	91.7%	59.6%	
q7b	Team members often meet to discuss the team's effectiveness	65.5%	66.2%	66.7%	51.9%	
q7c	Receive the respect I deserve from my colleagues at work	69.1%	70.4%	58.3%	47.1%	
q7d	Team members understand each other's roles	70.7%	71.8%	58.3%	51.9%	
q7e	Eager working with colleagues in team	79.6%	79.6%	91.7%	59.2%	
q7f	Team has enough freedom in how to do its work	59.5%	57.4%	58.3%	45.7%	
q7g	Team deals with disagreements constructively	53.6%	54.0%	66.7%	36.0%	
q7h	Feel valued by my team	68.1%	69.2%	66.7%	45.0%	
q7i	Feel a strong personal attachment to my team	61.6%	62.4%	58.3%	43.2%	
q8a	Teams within the organisation work well together to achieve objectives	51.7%	52.6%	58.3%	34.4%	
q8b	Colleagues are understanding and kind to one another	68.1%	67.1%	75.0%	48.6%	
q8c	Colleagues are polite and treat each other with respect	67.0%	68.0%	75.0%	49.2%	
q8d	Colleagues show appreciation to one another	63.5%	64.5%	75.0%	43.1%	
q9a	Immediate manager encourages me at work	71.8%	72.7%	75.0%	54.0%	
q9b	Immediate manager gives clear feedback on my work	68.2%	67.1%	75.0%	45.0%	
q9c	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	58.7%	58.3%	40.2%	
q9d	Immediate manager takes a positive interest in my health & well-being	69.6%	70.5%	72.7%	50.0%	
q9e	Immediate manager values my work	72.3%	73.3%	75.0%	50.8%	
q9f	Immediate manager works with me to understand problems	68.1%	69.1%	66.7%	48.1%	
q9g	Immediate manager listens to challenges I face	70.3%	71.4%	66.7%	48.1%	
q9h	Immediate manager cares about my concerns	69.2%	70.4%	75.0%	45.2%	
q9i	Immediate manager helps me with problems I face	68.0%	67.3%	58.3%	45.1%	
q10a	Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	69.0%	66.7%	74.1%	
q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.0%	59.0%	75.0%	37.7%	
q11a	Organisation takes positive action on health and well-being	54.2%	55.4%	33.3%	52.0%	
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	61.6%	50.0%	53.2%	
q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	60.2%	41.7%	45.1%	
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	44.9%	41.7%	38.9%	
q11e	Not feel pressure from manager to come to work when not feeling well enough	76.1%	77.1%	-	56.8%	
q12a	Never/never feel work emotionally exhausting	23.3%	23.6%	25.0%	20.0%	
q12b	Never/never feel burnt out because of working	29.3%	29.7%	50.0%	22.1%	
q12c	Never/never frustrated by working	21.8%	22.3%	25.0%	12.7%	
q12d	Never/never exhausted by the thought of another day/shift at work	33.6%	34.2%	27.3%	22.0%	
q12e	Never/never worn out at the end of and work	19.1%	19.6%	16.7%	11.6%	
q12f	Never/never feel every working hour is biting	48.4%	49.1%	33.3%	36.8%	
q12g	Never/never lack energy for family and friends	36.8%	36.3%	25.0%	26.3%	
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	82.2%	75.0%	67.2%	
q13b	Not experienced physical violence from managers	99.1%	99.1%	100.0%	99.9%	
q13c	Not experienced physical violence from other colleagues	98.1%	98.2%	98.9%	98.8%	
q13d	Last experience of physical violence reported	73.7%	74.1%	-	58.5%	
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	79.6%	79.6%	66.7%	79.8%	
q14b	Not experienced harassment, bullying or abuse from managers	91.6%	92.2%	100.0%	91.4%	
q14c	Not experienced harassment, bullying or abuse from other colleagues	82.6%	83.2%	80.0%	73.5%	
q14d	Last experience of harassment/bullying/abuse reported	53.3%	53.6%	-	41.8%	
q15	Organisation acts fairly career progression	52.0%	53.0%	41.7%	31.4%	
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	91.8%	75.0%	84.2%	
q16b	Not experienced discrimination from manager/team leader or other colleagues	91.5%	91.9%	83.3%	65.6%	
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	91.5%	91.7%	92.6%	
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	96.6%	100.0%	91.0%	
q18	Not seen any employee misbehaviour incidents that could have hurt patients/service users	64.5%	64.8%	58.3%	59.6%	
q19a	Staff involved in an employee misbehaviour incident treated fairly	56.8%	57.8%	-	32.6%	
q19b	Encouraged to report employee misbehaviour incidents	80.3%	80.1%	80.0%	70.4%	
q19c	Organisation ensure employee misbehaviour incidents do not repeat	64.4%	65.6%	-	38.7%	
q19d	Feedback given on changes made following employee misbehaviour incidents	61.2%	62.2%	-	41.7%	
q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	68.4%	58.3%	47.1%	
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	59.5%	57.7%	33.3%	26.5%	
q21	Feel organisation respects individual differences	67.2%	69.7%	60.0%	49.0%	
q22	I can eat nutritious and affordable food at work	55.6%	56.3%	25.0%	40.7%	
q23a	Received appraisal in the past 12 months	92.4%	92.5%	80.0%	92.0%	
q23b	Appraisal helped me improve how I do my job	24.6%	25.3%	-	13.2%	
q23c	Appraisal helped me agree clear objectives for my work	32.2%	32.9%	-	20.8%	
q23d	Appraisal left me feeling organisation values my work	34.2%	35.0%	-	17.0%	
q24a	Organisation offers me challenging work	68.1%	68.9%	58.3%	63.2%	
q24b	There are opportunities for me to develop my career in this organisation	45.4%	46.0%	58.3%	34.6%	
q24c	Have opportunities to improve my knowledge and skills	64.3%	65.2%	66.7%	47.3%	
q24d	Feel supported to develop my potential	52.2%	53.1%	50.0%	36.7%	
q24e	Able to access the right learning and development opportunities when I need to	57.0%	58.0%	41.7%	38.3%	
q24f	Able to access clinical supervision opportunities	52.6%	53.3%	-	36.0%	
q25a	Care of patients/service users is organisation's top priority	62.3%	63.2%	41.7%	44.4%	
q25b	Organisation acts on concerns raised by patients/service users	60.4%	61.0%	25.0%	40.2%	
q25c	Would recommend organisation as place to work	45.1%	46.0%	33.3%	27.0%	
q25d	If hire/retiree needed treatment would be happy with standard of care provided by organisation	48.4%	49.1%	60.0%	36.0%	
q25e	Feel safe to speak up about anything that concerns me in this organisation	55.4%	56.7%	41.7%	31.7%	
q25f	Feel organisation would address any concerns I raised	42.2%	43.2%	41.7%	20.7%	
q26a	I don't often think about leaving the organisation	40.4%	41.5%	50.0%	18.8%	
q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.0%	50.1%	41.7%	27.0%	
q26c	I am not planning on leaving this organisation	52.7%	53.9%	41.7%	23.8%	
q31b	Disability/organisation make reasonable adjustments to enable me to carry out work	77.1%	78.3%	-	53.7%	

Section	Q	Description	Sexual orientation (23)					Comparator Organisation (Overall)	n = 4271	n = 3718	n = 71	n = 78	n = 21	n = 323
			Heterosexual or straight	Gay or Lesbian	Bisexual	Other	would prefer to say							
YOUR JOB	q2a	Others always look forward to going to work	49.2%	50.4%	38.0%	42.1%	33.3%	40.2%						
	q2b	Others always enthusiastic about my job	64.6%	65.7%	58.8%	61.8%	52.4%	55.5%						
	q2c	Time often/always passes quickly when I am working	72.3%	73.7%	62.0%	59.2%	42.0%	63.5%						
	q3a	Always know what work responsibilities are	59.1%	58.8%	75.7%	53.4%	65.7%	63.2%						
	q3b	Feel trusted to do my job	50.3%	51.2%	60.3%	54.7%	65.7%	62.3%						
	q3c	Opportunities to show initiative frequently in my role	72.7%	74.0%	65.2%	64.5%	57.1%	63.2%						
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	72.9%	64.8%	65.0%	66.7%	61.3%						
	q3e	Involved in deciding changes that affect work	49.6%	50.7%	46.5%	43.4%	28.6%	42.2%						
	q3f	Able to make improvements happen in my area of work	52.0%	53.3%	46.5%	44.7%	42.9%	45.1%						
	q3g	Able to meet conflicting demands on my time at work	46.1%	46.7%	35.7%	42.1%	47.6%	41.8%						
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	47.6%	28.2%	42.1%	23.8%	38.7%						
	q3i	Enough staff of organisation to do my job properly	27.9%	28.2%	19.7%	21.1%	20.0%	22.8%						
	q4a	Satisfied with recognition for good work	52.1%	53.0%	41.4%	46.8%	28.0%	43.1%						
	q4b	Satisfied with extent organisation values my work	49.3%	41.0%	24.2%	31.8%	20.0%	33.9%						
	q4c	Satisfied with level of pay	30.2%	30.9%	16.8%	17.3%	5.0%	27.6%						
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	58.6%	51.4%	51.3%	30.0%	48.3%						
	q5a	Have realistic time pressures	25.4%	26.0%	21.4%	25.0%	30.0%	19.7%						
	q5b	Have a choice in deciding how to do my work	50.0%	51.5%	44.3%	36.8%	35.0%	40.5%						
	q5c	Relationships at work are unstrained	41.5%	43.4%	30.0%	35.5%	30.0%	25.5%						
	q5d	Feel my role makes a difference to patients/service users	88.6%	88.1%	88.2%	87.8%	84.2%	83.6%						
YOUR TEAM	q6a	Organisation is committed to helping balance work and home life	48.2%	49.0%	35.2%	32.0%	30.0%	40.2%						
	q6b	Achieve a good balance between work and home life	58.8%	58.1%	49.2%	45.3%	30.0%	47.6%						
	q6d	Can approach immediate manager to talk openly about flexible working	69.8%	71.2%	60.6%	72.0%	45.0%	57.3%						
	q7a	Team members have a set of shared objectives	74.8%	75.0%	73.2%	78.7%	70.0%	66.6%						
	q7b	Team members often meet to discuss the team's effectiveness	65.5%	66.5%	62.0%	57.3%	55.0%	59.6%						
	q7c	Receive the respect I deserve from my colleagues at work	69.1%	70.9%	62.0%	65.3%	55.0%	54.3%						
	q7d	Team members understand each other's roles	70.7%	71.8%	56.3%	69.3%	55.0%	61.9%						
	q7e	Eager working with colleagues in team	79.6%	80.0%	67.6%	78.7%	70.0%	65.2%						
	q7f	Team has enough freedom in how to do its work	59.5%	59.0%	52.1%	52.0%	45.0%	44.2%						
	q7g	Team deals with disagreements constructively	53.0%	55.1%	38.4%	46.3%	35.0%	43.1%						
	q7h	Feel valued by my team	68.1%	69.4%	55.7%	68.0%	55.0%	55.9%						
	q7i	Feel a strong personal attachment to my team	61.5%	62.6%	50.7%	61.3%	60.0%	52.7%						
	PEOPLE IN YOUR ORGANISATION	q8a	Teams within the organisation work well together to achieve objectives	51.7%	53.0%	43.7%	38.7%	30.0%	43.0%					
		q8b	Colleagues are understanding and kind to one another	68.1%	67.5%	56.3%	57.3%	60.0%	54.3%					
		q8c	Colleagues are polite and treat each other with respect	67.0%	68.3%	57.7%	64.6%	55.0%	55.7%					
		q8d	Colleagues show appreciation to one another	63.5%	65.1%	52.1%	57.3%	60.0%	50.5%					
		YOUR MANAGERS	q9a	Immediate manager encourages me at work	77.8%	78.0%	62.0%	77.0%	55.0%	60.4%				
			q9b	Immediate manager gives clear feedback on my work	68.2%	67.6%	52.1%	68.5%	50.0%	54.7%				
			q9c	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	59.0%	49.2%	52.7%	40.0%	49.0%				
			q9d	Immediate manager takes a positive interest in my health & well-being	69.6%	71.0%	63.4%	70.3%	55.0%	57.5%				
q9e			Immediate manager values my work	72.3%	73.6%	62.0%	73.0%	55.0%	60.9%					
q9f			Immediate manager works with me to understand problems	68.1%	69.6%	60.6%	73.0%	45.0%	63.6%					
q9g	Immediate manager listens to challenges I face		70.3%	71.6%	63.4%	73.8%	60.0%	57.8%						
q9h	Immediate manager cares about my concerns		69.2%	70.6%	58.2%	70.7%	50.0%	54.9%						
q9i	Immediate manager helps me with problems I face		68.0%	67.6%	57.7%	69.2%	38.8%	50.9%						
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10a		Don't work any additional paid hours per week for the organisation, over and above contracted hours	59.2%	70.2%	71.4%	66.3%	68.0%	69.8%					
	q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.0%	59.1%	40.8%	54.0%	60.0%	63.9%						
	q11a	Organisation takes positive action on health and well-being	54.2%	55.8%	47.6%	52.7%	37.0%	40.4%						
	q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	61.9%	63.8%	45.0%	65.0%	55.0%						
	q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	61.1%	39.4%	41.3%	50.0%	51.8%						
	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	44.6%	45.3%	39.4%	35.7%	45.8%	42.1%						
	q11e	Not feel pressure from manager to come to work when not feeling well enough to perform duties	76.1%	77.7%	65.1%	66.7%	63.6%	64.5%						
	q12a	Never/never find work emotionally exhausting	23.3%	23.8%	16.9%	13.3%	40.0%	21.6%						
	q12b	Never/never feel burnt out because of work	29.3%	29.9%	23.9%	20.0%	35.0%	25.8%						
	q12c	Never/never frustrated by work	21.8%	22.6%	11.3%	16.2%	15.4%	17.7%						
	q12d	Never/never exhausted by the thought of another day/shift at work	33.6%	34.7%	22.6%	24.0%	30.0%	28.6%						
	q12e	Never/never seem out of step at the end of work	19.1%	19.6%	14.1%	8.0%	5.0%	18.5%						
	q12f	Never/never feel every working hour is biting	48.4%	49.9%	43.7%	37.3%	35.0%	38.0%						
	q12g	Never/never lack energy for family and friends	35.8%	37.0%	28.2%	28.0%	15.0%	27.7%						
	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	82.8%	77.0%	65.3%	90.0%	80.9%						
	q13b	Not experienced physical violence from managers	99.1%	99.2%	98.6%	98.7%	100.0%	98.8%						
	q13c	Not experienced physical violence from other colleagues	98.1%	98.3%	95.6%	97.3%	100.0%	97.9%						
	q13d	Last experience of physical violence reported	73.7%	74.2%	63.3%	66.2%	-	75.0%						
	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.8%	76.6%	69.2%	62.7%	68.0%	72.1%						
	q14b	Not experienced harassment, bullying or abuse from managers	91.8%	92.3%	91.0%	97.2%	85.0%	89.4%						
	q14c	Not experienced harassment, bullying or abuse from other colleagues	82.8%	83.6%	74.3%	76.0%	61.1%	73.6%						
	q14d	Last experience of harassment/bullying/abuse reported	53.3%	54.8%	42.3%	58.6%	46.2%	42.5%						
	q15	Organisation acts fairly career progression	52.9%	54.5%	52.1%	49.3%	57.0%	53.8%						
	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	92.3%	87.2%	86.7%	78.0%	90.8%						
	q16b	Not experienced discrimination from manager/team leader or other colleagues	91.5%	91.9%	88.7%	93.3%	63.2%	89.2%						
	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	91.9%	91.5%	73.3%	73.7%	91.3%						
	q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	96.6%	93.0%	94.7%	89.0%	94.9%						
	q18	Not seen any employee misbehaviour incidents that could have had a staff/patient/service user	64.5%	65.0%	44.3%	48.7%	55.0%	62.9%						
	q19a	Staff involved in an employee misbehaviour incident fairly	58.8%	58.6%	45.0%	42.0%	40.0%	43.2%						
	q19b	Encouraged to report employee misbehaviour incidents	80.3%	80.4%	80.9%	81.1%	75.0%	79.8%						
	q19c	Organisation ensure employee misbehaviour incidents do not repeat	64.4%	66.0%	49.2%	60.0%	46.7%	51.4%						
	q19d	Feedback given on changes made following employee misbehaviour incidents	61.2%	62.3%	46.9%	64.5%	68.6%	51.9%						
	q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	68.7%	67.6%	69.7%	46.0%	53.5%						
	q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	59.5%	62.0%	59.4%	46.7%	25.0%	37.2%						
	q21	Feel organisation respects individual differences	67.2%	69.0%	70.4%	54.7%	45.0%	60.8%						
	q22	I can eat nutritious and affordable food at work	55.0%	56.7%	40.8%	45.2%	25.0%	48.9%						
	q23a	Received appraisal in the past 12 months	92.4%	92.3%	93.0%	91.5%	89.5%	90.0%						
	q23b	Appraisal helped me improve how I do my job	24.6%	25.3%	14.0%	18.3%	11.8%	21.4%						
	q23c	Appraisal helped me agree clear objectives for my work	32.2%	32.6%	33.9%	29.2%	23.5%	28.3%						
	q23d	Appraisal left me feeling organisation values my work	34.2%	34.3%	24.2%	26.2%	9.9%	25.7%						
q24a	Organisation offers me challenging work	68.1%	68.8%	73.2%	63.3%	67.0%	67.0%							
q24b	There are opportunities for me to develop my career in this organisation	45.4%	46.2%	36.8%	45.3%	40.0%	39.9%							
q24c	Have opportunities to improve my knowledge and skills	64.3%	65.2%	59.2%	72.0%	55.0%	54.9%							
q24d	Feel supported to develop my potential	52.2%	53.0%	33.8%	49.3%	40.0%	43.3%							
q24e	Able to access the right learning and development opportunities when I need to	57.0%	58.3%	46.5%	58.7%	30.0%	46.6%							
q24f	Able to access clinical supervision opportunities	52.6%	53.4%	40.7%	52.5%	33.3%	45.3%							
q25a	Care of patients/service users is organisation's top priority	62.3%	63.6%	52.1%	56.0%	55.0%	52.7%							
q25b	Organisation acts on concerns raised by patients/service users	60.4%	61.9%	53.5%	44.0%	30.0%	49.7%							
q25c	Would recommend organisation as place to work	45.1%	46.5%	29.6%	40.0%	25.0%	36.0%							
q25d	If hireable needed treatment would be happy with standard of care provided by organisation	48.4%	49.6%	26.8%	42.7%	48.0%	41.8%							
q25e	Feel safe to speak up about anything that concerns me in this organisation	55.4%	57.0%	47.0%	60.0%	48.0%	58.0%							
q25f	Feel organisation would address any concerns I raised	42.2%	43.6%	31.0%	34.7%	25.0%	31.7%							
q26a	I don't often think about leaving the organisation	40.4%	41.9%	38.0%	33.3%	30.0%	29.6%							
q26b	I am likely to look for a job at a new organisation in the next 12 months	49.0%	50.3%	46.5%	42.7%	40.0%	36.9%							
q26c	I am not planning on leaving the organisation	52.7%	54.1%	55.5%	48.0%	45.0%	38.5%							
BACKGROUND INFORMATION	q31a	Disability, organisation makes reasonable adjustments to enable me to carry out work	77.1%	78.2%	65.0%	75.0%	-	58.5%						

Section	Q	Description	Sexually harassed (23)			
			Comparator Organisation (Overall) n = 4271	Heterosexual / straight n = 2718	Gay / lesbian, Bisexual, Other n = 188	I would prefer not to say n = 229
YOUR JOB	q2a	Often/always look forward to going to work	49.2%	50.4%	39.3%	49.2%
	q2b	Often/always enthusiastic about my job	64.6%	65.7%	59.3%	55.5%
	q2c	Time often/always passes quickly when I am working	72.3%	73.7%	58.7%	63.6%
	q3a	Always know what work responsibilities are	59.1%	58.8%	45.0%	53.2%
	q3b	Feel trusted to do my job	50.3%	51.2%	47.5%	52.3%
	q3c	Opportunities to show initiative frequently in my role	72.7%	74.0%	64.3%	63.2%
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	72.9%	65.0%	61.3%
	q3e	Involved in deciding changes that affect work	49.6%	50.7%	42.9%	42.2%
	q3f	Able to make improvements happen in my area of work	52.0%	53.3%	45.2%	45.1%
	q3g	Able to meet conflicting demands on my time at work	46.1%	46.7%	40.1%	41.8%
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	47.6%	33.9%	38.7%
	q3i	Enough staff at organisation to do my job properly	27.9%	28.2%	20.4%	22.6%
	q4a	Satisfied with recognition for good work	52.1%	53.0%	39.2%	45.1%
	q4b	Satisfied with extent organisation values my work	49.3%	41.5%	27.1%	35.4%
	q4c	Satisfied with level of pay	30.2%	30.9%	17.5%	27.8%
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	56.6%	48.6%	48.3%
	q5a	Have realistic time pressures	25.4%	26.0%	24.1%	19.7%
	q5b	Have a choice in deciding how to do my work	50.0%	51.5%	39.8%	40.5%
	q5c	Relationships at work are unstrained	41.5%	43.4%	32.5%	25.5%
	q6a	Feel my role makes a difference to patients/service users	58.6%	58.1%	47.6%	53.6%
q6b	Organisation is committed to helping balance work and home life	48.2%	49.0%	33.1%	40.2%	
q6c	Achieve a good balance between work and home life	58.8%	58.1%	45.2%	47.6%	
q6d	Can approach immediate manager to talk openly about flexible working	69.8%	71.2%	63.9%	57.3%	
q7a	Team members have a set of shared objectives	74.8%	75.0%	75.3%	66.6%	
q7b	Team members often meet to discuss the team's effectiveness	65.5%	66.5%	68.4%	59.5%	
q7c	Receive the respect I deserve from my colleagues at work	69.1%	70.9%	62.0%	54.3%	
q7d	Team members understand each other's roles	70.7%	71.9%	62.0%	61.9%	
q7e	Enjoy working with colleagues in team	79.6%	80.0%	72.9%	65.2%	
q7f	Team has enough freedom in how to do its work	58.5%	58.0%	51.2%	44.2%	
q7g	Team deals with disagreements constructively	53.6%	55.1%	43.8%	45.1%	
q7h	Feel valued by my team	68.1%	69.4%	62.4%	55.4%	
q7i	Feel a strong personal attachment to my team	61.5%	62.6%	56.6%	52.7%	
q8a	Teams within the organisation work well together to achieve objectives	51.7%	53.0%	39.6%	43.8%	
q8b	Colleagues are understanding and kind to one another	68.1%	67.5%	57.2%	54.3%	
q8c	Colleagues are polite and treat each other with respect	67.0%	68.3%	60.2%	55.7%	
q8d	Colleagues show appreciation to one another	63.9%	65.1%	55.4%	50.5%	
q9a	Immediate manager encourages me at work	71.8%	73.0%	67.9%	60.4%	
q9b	Immediate manager gives clear feedback on my work	68.2%	67.6%	59.1%	54.7%	
q9c	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	59.0%	49.7%	48.0%	
q9d	Immediate manager takes a positive interest in my health & well-being	69.6%	71.0%	65.0%	57.0%	
q9e	Immediate manager values my work	72.3%	73.6%	66.0%	60.9%	
q9f	Immediate manager works with me to understand problems	68.1%	69.6%	64.2%	53.5%	
q9g	Immediate manager listens to challenges I face	70.3%	71.6%	67.3%	57.8%	
q9h	Immediate manager cares about my concerns	69.2%	70.6%	65.5%	54.9%	
q9i	Immediate manager helps me with problems I face	68.0%	67.6%	59.1%	50.5%	
q10a	Don't work any additional paid hours per week for the organisation, over and above contracted hours	59.2%	70.2%	67.9%	66.8%	
q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.0%	59.1%	49.4%	45.0%	
q11a	Organisation takes positive action on health and well-being	54.2%	55.6%	47.6%	45.4%	
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	61.9%	51.8%	53.8%	
q11c	In last 12 months, have not felt unwell due to work related stress	59.5%	61.1%	41.6%	41.6%	
q11d	In last 12 months, have not come to work when not feeling well enough to perform duties	44.6%	45.3%	36.1%	42.1%	
q11e	Not feel pressure from manager to come to work when not feeling well enough	76.1%	77.7%	65.7%	64.5%	
q12a	Never/never find work emotionally exhausting	23.3%	23.8%	18.1%	21.8%	
q12b	Never/never feel burnt out because of work	29.3%	29.9%	23.5%	25.8%	
q12c	Never/never frustrated by work	21.8%	22.6%	13.9%	17.7%	
q12d	Never/never exhausted by the thought of another day/shift at work	33.6%	34.7%	24.1%	26.6%	
q12e	Never/never seem out of the end of my shift	19.1%	19.6%	10.2%	18.5%	
q12f	Never/never feel every working hour is biting	48.4%	49.9%	39.8%	38.0%	
q12g	Never/never lack energy for family and friends	36.8%	37.0%	26.5%	27.7%	
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	82.8%	73.5%	80.9%	
q13b	Not experienced physical violence from managers	99.1%	99.2%	98.8%	98.8%	
q13c	Not experienced physical violence from other colleagues	98.1%	98.3%	98.9%	97.5%	
q13d	Last experience of physical violence reported	73.7%	74.2%	61.5%	78.0%	
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.8%	76.6%	64.6%	72.7%	
q14b	Not experienced harassment, bullying or abuse from managers	91.8%	92.3%	93.2%	91.4%	
q14c	Not experienced harassment, bullying or abuse from other colleagues	82.8%	83.6%	73.6%	79.8%	
q14d	Last experience of harassment/bullying/abuse reported	53.3%	54.8%	50.7%	42.5%	
q15	Organisation acts fairly career progression	52.9%	54.5%	51.5%	35.8%	
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	92.3%	86.1%	90.8%	
q16b	Not experienced discrimination from manager/team leader or other colleagues	91.5%	91.9%	87.9%	89.2%	
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.6%	91.9%	81.2%	91.5%	
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	96.6%	93.3%	94.5%	
q18	Not seen any employee misbehaviour incidents that could have hurt staff/patients/service users	64.5%	65.0%	48.7%	62.9%	
q19a	Staff involved in an employee misbehaviour incident treated fairly	58.8%	58.6%	43.9%	43.2%	
q19b	Encouraged to report employee misbehaviour incidents	80.3%	80.4%	80.2%	78.8%	
q19c	Organisation ensure employee misbehaviour incidents do not repeat	64.4%	66.0%	54.1%	51.4%	
q19d	Feedback given on changes made following employee misbehaviour incidents	61.2%	62.3%	57.3%	51.9%	
q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	68.7%	64.5%	53.5%	
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	59.5%	62.0%	41.6%	37.2%	
q21	Feel organisation respects individual differences	67.2%	68.0%	60.6%	56.8%	
q22	I can eat nutritious and affordable food at work	55.6%	56.7%	41.0%	46.6%	
q23a	Received appraisal in the past 12 months	92.4%	92.3%	93.8%	93.9%	
q23b	Appraisal helped me improve how I do my job	24.6%	25.3%	18.0%	21.4%	
q23c	Appraisal helped me agree clear objectives for my work	32.2%	32.6%	30.6%	28.3%	
q23d	Appraisal left me feeling organisation values my work	34.2%	34.3%	22.9%	25.7%	
q24a	Organisation offers me challenging work	68.1%	68.8%	67.5%	67.0%	
q24b	There are opportunities for me to develop my career in this organisation	45.4%	46.2%	41.0%	38.9%	
q24c	Have opportunities to improve my knowledge and skills	64.3%	65.2%	64.5%	54.9%	
q24d	Feel supported to develop my potential	52.2%	53.0%	41.6%	43.5%	
q24e	Able to access the right learning and development opportunities when I need to	57.0%	58.3%	50.0%	46.6%	
q24f	Able to access clinical supervision opportunities	52.6%	53.4%	45.6%	45.3%	
q25a	Care of patients/service users is organisation's top priority	62.3%	63.6%	54.2%	52.7%	
q25b	Organisation acts on concerns raised by patients/service users	60.4%	61.9%	46.4%	49.7%	
q25c	Would recommend organisation as place to work	45.1%	46.5%	33.7%	38.0%	
q25d	If hire/retiree needed treatment would be happy with standard of care provided by organisation	48.4%	49.6%	36.5%	41.8%	
q26a	Feel safe to speak up about anything that concerns me in this organisation	55.4%	57.0%	49.0%	39.0%	
q26f	Feel organisation would address any concerns I raised	42.2%	43.6%	31.9%	31.7%	
q26a	I don't often think about leaving the organisation	40.4%	41.9%	34.9%	23.8%	
q26b	I am unlikely to look for a job at a new organisation in the next 12 months	49.0%	50.3%	42.6%	35.9%	
q26c	I am not planning on leaving this organisation	52.7%	54.1%	50.6%	38.3%	
q31b	Disability/organisation makes reasonable adjustments to enable me to carry out work	77.1%	78.2%	61.5%	58.3%	

100%	Green
75-99%	Yellow
50-74%	Orange
25-49%	Red
<25%	Dark Red


Set RAD % point difference: 1

Section	Q	Description	Religion (23)									
			Comparator Organisation (Overall)	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion (please specify)	would prefer not to say
YOUR JOB	q2a	Often/always look forward to going to work	49.2%	50.7%	52.5%	65.0%	77.3%	*	59.3%	72.2%	61.3%	36.3%
	q2b	Often/always enthusiastic about my job	64.6%	58.5%	68.3%	85.6%	78.6%	*	70.0%	70.6%	78.1%	48.1%
	q2c	Time often/always passes quickly when I am working	72.3%	65.4%	76.7%	73.0%	85.6%	*	73.0%	70.6%	73.9%	60.9%
	q3a	Always know what work responsibilities are	89.1%	88.0%	90.1%	85.0%	95.1%	*	91.5%	88.9%	93.9%	79.9%
	q3b	Feel trusted to do my job	90.3%	89.9%	91.6%	90.0%	95.4%	*	91.1%	83.3%	93.5%	79.9%
	q3c	Opportunities to show initiative frequently in my work	72.7%	69.3%	76.1%	80.0%	76.7%	*	71.2%	83.3%	71.0%	58.5%
	q3d	Able to make suggestions to improve the work of my team/dept	71.7%	69.7%	74.2%	70.0%	80.3%	*	71.7%	77.6%	74.2%	59.4%
	q3e	Involved in deciding changes that affect work	49.6%	43.9%	52.5%	45.0%	65.1%	*	52.6%	65.7%	51.6%	40.4%
	q3f	Able to make improvements happen in my area of work	52.0%	45.9%	55.2%	60.0%	67.1%	*	58.7%	72.2%	56.1%	43.1%
	q3g	Able to meet conflicting demands on my time at work	46.1%	42.6%	46.6%	52.5%	56.6%	*	56.3%	50.0%	77.4%	37.5%
	q3h	Have adequate materials, supplies and equipment to do my work	46.6%	41.1%	47.4%	45.9%	65.9%	*	53.2%	72.2%	64.5%	34.7%
	q3i	Enough staff at organisation to do my job properly	27.9%	21.4%	29.6%	20.0%	33.8%	*	40.4%	37.6%	48.4%	19.9%
	q4a	Satisfied with recognition for good work	52.1%	46.7%	56.6%	60.0%	61.6%	*	57.0%	44.4%	67.7%	37.6%
	q4b	Satisfied with extent organisation values my work	49.3%	52.0%	43.9%	45.0%	57.9%	*	54.6%	58.6%	54.6%	28.0%
	q4c	Satisfied with level of pay	39.2%	29.3%	32.8%	15.0%	34.9%	*	36.9%	22.9%	41.9%	25.9%
	q4d	Satisfied with opportunities for flexible working patterns	55.7%	52.7%	56.1%	45.0%	67.5%	*	53.2%	77.6%	62.5%	45.1%
	q4e	Have realistic time pressures	25.4%	28.7%	25.1%	25.0%	21.9%	*	31.0%	16.7%	50.9%	21.7%
	q4f	Have a choice in deciding how to do my work	50.0%	47.6%	52.3%	50.0%	52.3%	*	49.1%	66.7%	48.4%	43.0%
	q4g	Relationships at work are unstrained	41.5%	39.7%	42.6%	40.0%	50.7%	*	47.4%	33.3%	56.3%	29.7%
	q4h	Feel my role makes a difference to patients/service users	88.6%	86.0%	88.6%	94.1%	94.6%	*	92.0%	82.4%	87.1%	84.2%
q4i	Organisation is committed to helping balance work and home life	48.2%	46.7%	51.7%	45.0%	62.5%	*	56.9%	66.7%	48.4%	36.2%	
q4j	Achieve a good balance between work and home life	36.8%	52.6%	59.6%	60.0%	62.5%	*	60.0%	77.6%	71.9%	44.6%	
q4k	Can approach immediate manager to talk openly about flexible working	69.8%	68.2%	72.2%	55.0%	76.3%	*	69.0%	50.0%	88.8%	56.8%	
q4l	Team members have a set of shared objectives	74.8%	74.0%	75.1%	84.2%	80.9%	*	80.1%	77.6%	90.3%	67.6%	
q4m	Team members often meet to discuss the team's effectiveness	65.5%	62.4%	66.7%	75.0%	71.1%	*	74.2%	77.6%	80.6%	57.8%	
q4n	Receive the respect I deserve from colleagues at work	69.1%	66.4%	70.7%	66.0%	77.0%	*	72.6%	72.2%	74.2%	54.0%	
q4o	Team members understand each other's roles	70.7%	68.4%	71.9%	65.0%	77.3%	*	79.4%	72.2%	77.4%	59.2%	
q4p	Eager working with colleagues in my team	79.6%	76.1%	80.0%	90.0%	79.8%	*	89.9%	83.3%	83.3%	69.2%	
q4q	Team has enough freedom to be able to do work	59.5%	52.4%	58.4%	60.0%	64.4%	*	63.0%	66.7%	67.7%	44.9%	
q4r	Team deals with disagreements constructively	53.6%	48.4%	46.6%	60.0%	62.5%	*	60.4%	72.2%	74.2%	40.8%	
q4s	Feel valued by my team	68.1%	65.0%	70.8%	60.0%	79.9%	*	73.1%	72.2%	81.3%	54.2%	
q4t	Feel a strong personal attachment to my team	61.9%	60.2%	64.1%	55.0%	62.9%	*	58.3%	61.1%	75.0%	49.9%	
q4u	Teams within the organisation work well together to achieve objectives	51.7%	45.8%	54.0%	45.0%	61.6%	*	65.8%	83.3%	61.3%	39.0%	
q4v	Colleagues are understanding and kind to one another	68.1%	63.4%	68.1%	65.0%	69.1%	*	72.1%	72.2%	87.7%	54.7%	
q4w	Colleagues are polite and treat each other with respect	67.0%	63.7%	68.6%	65.0%	72.4%	*	75.0%	86.7%	77.4%	55.9%	
q4x	Colleagues show appreciation to one another	63.9%	60.6%	65.9%	50.0%	68.4%	*	69.0%	72.2%	81.3%	48.6%	
q4y	Immediate manager encourages me at work	71.8%	70.3%	73.4%	64.2%	75.0%	*	74.5%	72.2%	87.1%	59.6%	
q4z	Immediate manager gives clear feedback on my work	68.2%	63.3%	68.0%	65.0%	72.2%	*	68.8%	72.2%	90.6%	56.3%	
q5a	Immediate manager asks for my opinion before making decisions that affect my work	57.8%	59.2%	59.3%	45.0%	61.6%	*	60.9%	72.2%	61.3%	51.7%	
q5b	Immediate manager takes a positive interest in my health & well-being	69.6%	68.2%	71.6%	60.0%	71.7%	*	69.0%	77.6%	80.6%	59.6%	
q5c	Immediate manager values my work	72.3%	70.1%	74.6%	50.0%	77.6%	*	71.6%	66.7%	87.5%	62.8%	
q5d	Immediate manager works with me to understand problems	68.1%	67.4%	69.3%	55.0%	73.0%	*	67.2%	77.6%	86.7%	58.0%	
q5e	Immediate manager listens to challenges I face	70.3%	69.4%	71.8%	50.0%	71.9%	*	72.0%	77.6%	83.9%	59.6%	
q5f	Immediate manager cares about my concerns	69.2%	68.2%	71.1%	65.0%	70.9%	*	67.3%	77.6%	87.1%	57.3%	
q5g	Immediate manager helps me with problems I face	68.0%	64.5%	68.5%	55.0%	67.6%	*	68.7%	75.0%	81.3%	61.2%	
q10a	Don't work any additional paid hours per week for the organisation, over and above contracted hours	69.2%	72.1%	70.1%	64.0%	83.0%	*	68.4%	44.4%	62.9%	63.8%	
q10b	Don't work any additional unpaid hours per week for the organisation, over and above contracted hours	58.9%	57.3%	58.0%	70.0%	69.9%	*	73.1%	63.3%	78.1%	58.8%	
q11a	Organisation takes positive action on health and well-being	54.2%	47.8%	56.0%	55.0%	55.1%	*	64.2%	70.6%	75.0%	38.6%	
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	61.1%	63.4%	61.9%	55.0%	58.2%	*	63.8%	44.4%	56.9%	49.1%	
q11c	In last 12 months, have not felt unwell due to work related stress	59.9%	59.2%	61.7%	55.0%	57.9%	*	66.4%	61.1%	68.8%	45.9%	
q11d	In last 12 months, have not come to work when not feeling well enough to perform duties	44.6%	40.1%	49.6%	45.0%	62.9%	*	50.9%	50.0%	43.8%	39.9%	
q11e	Not feel pressure from manager to come to work when not feeling well enough to perform duties	76.1%	73.9%	73.3%	72.7%	83.6%	*	71.8%	*	68.7%	68.9%	
q12a	Never/never feel work emotionally exhausting	23.3%	22.4%	23.3%	35.0%	29.7%	*	26.9%	11.1%	34.4%	22.6%	
q12b	Never/never feel burnt out because of work	29.3%	26.3%	30.6%	40.0%	35.8%	*	32.0%	16.7%	37.9%	25.4%	
q12c	Never/never feel frustrated by work	21.8%	14.4%	23.4%	36.8%	34.0%	*	36.0%	50.0%	34.4%	19.3%	
q12d	Never/never exhausted by the thought of another day/shift at work	33.8%	27.9%	35.9%	40.0%	50.7%	*	39.3%	44.4%	50.0%	27.7%	
q12e	Never/never worn out at the end of work	19.1%	13.9%	19.9%	15.0%	37.1%	*	27.0%	35.3%	28.1%	19.7%	
q12f	Never/never feel every working hour is biting	48.4%	45.5%	50.7%	45.0%	57.6%	*	47.6%	55.6%	50.0%	39.4%	
q12g	Never/never lack energy for family and friends	35.8%	32.2%	37.7%	30.0%	43.7%	*	38.4%	35.9%	56.3%	29.3%	
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public	82.4%	80.6%	82.2%	88.0%	88.6%	*	90.0%	89.7%	81.3%	81.9%	
q13b	Not experienced physical violence from managers	99.1%	99.2%	99.3%	99.0%	98.8%	*	98.1%	99.2%	100.0%	99.6%	
q13c	Not experienced physical violence from other colleagues	98.1%	98.6%	98.2%	94.7%	97.9%	*	98.1%	94.4%	93.9%	97.9%	
q13d	Last experience of physical violence reported	73.7%	68.8%	76.9%	*	84.2%	*	63.0%	*	*	89.8%	
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75.8%	75.4%	76.2%	80.0%	79.9%	*	82.0%	78.9%	75.0%	71.1%	
q14b	Not experienced harassment, bullying or abuse from managers	91.8%	91.4%	92.7%	95.0%	95.2%	*	90.3%	72.2%	100.0%	81.6%	
q14c	Not experienced harassment, bullying or abuse from other colleagues	82.6%	83.8%	83.7%	88.0%	79.6%	*	81.1%	72.2%	71.9%	78.1%	
q14d	Last experience of harassment/bullying/abuse reported	53.3%	50.7%	55.9%	*	59.9%	*	48.6%	*	63.6%	40.0%	
q15	Organisation acts fairly career progression	52.9%	52.5%	54.9%	55.0%	55.9%	*	55.6%	52.9%	53.1%	35.1%	
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public	91.9%	93.7%	91.7%	90.0%	85.5%	*	90.1%	83.3%	93.8%	92.2%	
q16b	Not experienced discrimination from manager/leader or other colleagues	91.5%	92.2%	92.3%	100.0%	88.7%	*	87.4%	72.2%	90.3%	88.2%	
q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.1%	88.3%	92.5%	100.0%	96.7%	*	95.0%	84.4%	90.6%	91.3%	
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.3%	95.8%	97.0%	100.0%	88.7%	*	95.2%	89.9%	100.0%	93.4%	
q18	Not seen any employee misbehaviour that could have had a negative impact on patients/service users	64.5%	61.0%	65.0%	73.7%	71.6%	*	74.6%	72.2%	60.0%	58.5%	
q19a	Staff involved in an employee misbehaviour incident fairly	58.8%	52.8%	59.0%	28.4%	73.0%	*	66.4%	66.7%	66.7%	39.1%	
q19b	Encouraged to report employee misbehaviour incidents	80.3%	83.4%	88.3%	85.0%	86.4%	*	85.4%	82.4%	87.1%	72.2%	
q19c	Organisation ensure employee misbehaviour does not repeat	64.4%	57.3%	66.0%	61.1%	77.6%	*	76.7%	70.6%	70.9%	44.9%	
q19d	Feedback given on changes made following employee misbehaviour	61.2%	54.3%	64.4%	61.1%	73.6%	*	72.7%	75.9%	69.9%	45.9%	
q20a	Would feel secure raising concerns about unsafe clinical practice	67.3%	66.8%	69.9%	55.0%	73.7%	*	71.7%	59.9%	84.4%	61.2%	
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	59.9%	44.3%	53.5%	55.0%	63.2%	*	63.7%	77.6%	62.5%	39.3%	
q21	Feel organisation respects individual differences	67.2%	66.7%	70.4%	60.0%	73.0%	*	69.8%	63.3%	77.4%	48.1%	
q22	I can eat nutritious and affordable food at work	55.6%	52.2%	67.9%	75.0%	61.2%	*	58.6%	61.1%	59.4%	47.2%	
q23a	Received appraisal in the past 12 months	92.4%	92.0%	92.9%	94.2%	95.6%	*	88.8%	94.4%	92.9%	82.9%	
q23b	Appraisal helped me improve how I do my job	24.6%	17.0%	26.0%	26.7%	49.2%	*	42.8%	47.1%	30.8%	16.9%	
q23c	Appraisal helped me agree clear objectives for my work	32.2%	25.8%	33.5%	31.3%	51.2%	*	48.6%	52.0%	57.7%	22.8%	
q23d	Appraisal left me feeling organisation values my work	34.2%	27.2%	37.2%	43.8%	49.7%	*	44.1%	52.9%	48.0%	22.4%	
q24a	Organisation offers me challenging work	68.1%	68.3%	67.1%	69.0%	69.9%	*	63.7%	68.6%	68.8%	59.9%	
q24b	There are opportunities for me to develop my career in this organisation	46.4%	41.2%	47.1%	55.0%	58.0%	*	51.3%	61.1%	77.9%	33.6%	
q24c	Have opportunities to improve my knowledge and skills	64.3%	62.7%	65.9%	60.0%	68.9%	*	65.4%	72.2%	67.5%	52.8%	
q24d	Feel supported to develop my potential	52.2%	48.1%	53.9%	60.0%	64.2%	*	55.2%	64.7%	78.1%	40.6%	
q24e	Able to access the right learning and development opportunities when I need to	57.0%	51.6%	59.5%	65.0%	68.0%	*	66.0%	72.2%	68.8%	44.8%	
q24f	Able to access clinical supervision opportunities	52.6%	45.6%	54.6%	68.4%	66.7%	*	59.3%	60.0%	68.0%	44.5%	
q25a	Care of patients/service users is organisation's top priority	82.3%	80.6%	84.6%	86.0%	77.2%	*	75.7%	77.6%	71.9%	50.2%	
q25b	Organisation acts on concerns raised by patients/service users	80.4%	82.5%	83.9%	85.0%	72.5%	*	74.2%	89.9%	77.4%	44.9%	
q25c	Would recommend organisation as place to work	45.1%	37.2%	48.2%	46.0%							

12.1 ESTATES AND FACILITIES ENABLING STRATEGY

REFERENCES

Only PDFs are attached

 12.1 Estates and Facilities Enabling Strategy 2025-2030.pdf



Estates &
Facilities



Estates & Facilities Enabling Strategy 2025–2030

*Working together to improve
the health and wealth of the
population we serve*





Estates & Facilities

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OUR TRUST STRATEGY 2025–2030

Our roles

The provider of specialist services for the population of Lancashire and South Cumbria and a provider of local services for the population of Central Lancashire

A centre for Continuous Improvement, Education, Research and Innovation

As an Anchor Institution – where social value and sustainability is aligned to the health and wealth of our population

Our Approach and Services



Our sites

- Royal Preston Hospital
- Chorley & South Ribble Hospital
- Broadoaks: Child Community Centre
- Preston Business Centre: Specialist Mobility Rehabilitation Centre
- Preston Healthport: Community Diagnostic Centre

Introduction

Our aim is to become a leading accountable healthcare organisation within the Lancashire and South Cumbria system. In doing so, we will develop an affordable and sustainable model of healthcare for our organisation and the local population. This strategy provides a blueprint for the roles we aim to play as an organisation within our system and outlines our vision for our sites and the redesign of our clinical services in line with the national Fit for the Future 10 Year Health Plan for England . It has been developed through engagement and listening sessions with our people, our patients and local population and our partners who have all shared their vision and ambitions for the future with us. We extend our sincere thanks to them.

This enabling strategy for estates sets out the context for our organisation, and outlines how we will develop services fit for the future by focusing on our five Ps:

- **Patients:** we will improve access, patient experience, safety, quality of care and outcomes by leveraging advanced technologies and developments in science.
- **Partnerships:** We will strengthen collaborations with local health and social care providers and the Voluntary Community, Faith and Social Enterprise (VCFSE) sector to integrate care services to ensure seamless and coordinated patient care. We will also strengthen our partnerships with local universities building our research to improve patient outcomes.
- **People:** we will invest in the development of our colleagues to be the best version of us; our culture counts.
- **Performance:** we will implement performance improvement programmes to monitor and enhance the quality of care provided, ensuring that we work towards meeting and then exceeding national standards.
- **Productivity:** we will focus on optimising our resources and reducing inefficiencies within our healthcare system to improve infrastructure and patient experience and outcomes.

Each year we will establish annual corporate objectives which will ensure we stay on track to deliver this strategy. Our progress will be reported to Board through the Single Improvement Plan (SIP).

Welcome to our
Estates Strategy

2025–2030



Our changing context

As we have developed this strategy we have focused on the organisation's long standing financial deficit and have identified the top five drivers of deficit which have been incorporated into our planning as we effectively tackle the deficit and plan for an affordable and sustainable model for the future. The following current and significant shifts in context have informed the development of our strategy:

- 1 Changes to the NHS infrastructure:** NHS England (NHSE) and the Integrated Care Boards (ICBs) are undergoing major change with a plan for NHSE to transition its functions to the Department of Health and Social Care (DHSC) and the role of ICBs is changing for them to become more focused on commissioning
- 2 The clinical vision for Lancashire and South Cumbria:** The clinical blueprint and NHS Lancashire and South Cumbria ICB 2030 roadmap for the Integrated Care System (ICS) recommends Lancashire Teaching Hospital as the specialist centre for Lancashire and South Cumbria and this vision has underpinned the planning of this strategy
- 3 An increased focus on reducing health inequalities:** partners across our system have been working together on a shared vision and commitment to reduce health inequalities. Our commitment as a Board is to continue to work in partnership to deliver on this commitment
- 4 The changing demographics of our local population:** the modelling undertaken for the New Hospital Programme has highlighted the changing demographics of our local population and illustrates the transformation needed to develop fit for the future clinical models of care
- 5 Optimising the use of digital, science and technology** as we redesign our services. The Fit for the Future 10 Year health Plan for England sets out the vision for digital, artificial intelligence, personalised medicine and science; this vision has been fully considered in developing our strategy.



Our ambition and role

Our ambition is to become an accountable healthcare organisation within Lancashire and South Cumbria and in doing so deliver an affordable and sustainable model for the future. The strategic priorities as part of this focus on:

Our role as the provider of specialist services for the population of Lancashire and South Cumbria and a provider of local services for the population of Central Lancashire.

Our role as a centre for Continuous Improvement, Education and Research and Innovation

Our role as an Anchor Institution – where social value and sustainability is aligned to the health and wealth of our population



Our Services

Our vision for all our clinical services and the clinical services we plan to provide over the next 5 years are in line with the ICS clinical blueprint and priorities. Our vision for these services is shaped by the Fit for the Future 10 Year Health Plan for England¹. This seizes the opportunities provided by new technologies, medicines and innovations to deliver better care for all our patients. We will work with partners to make three big shifts in how we work and deliver care:

From hospital to community

From analogue to digital

From sickness to prevention

We will work to improve our clinical services across the following themes:

- Cancer
- Children and young people
- Community and local services
- Diagnostic and clinical support services
- Long-term conditions
- Pathology
- Specialised services
- Urgent and emergency care
- Women's health, maternity, and neonates



¹ Fit For The Future, 10 Year Health Plan for England, <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary>

Delivering our Strategy

The National Health Service (NHS) is at a historic crossroads following Lord Darzi's investigation that revealed the NHS was in a 'critical condition' necessitating major reform. The Fit for the Future 10 Year Health Plan for England is a plan to create a new model of care, fit for the future. The plan retains the NHS's founding principles of universal care, free at the point of delivery, based on need and funded through general taxation - and from those foundations, entirely reimagines how the NHS designs and delivers care so that patients have real choice and control over their health and care.

Our commitment through this strategy is to ensure science and technology are central to this reinvention, as we work towards offering instant access to advice and appointments. We will move towards a service that predicts and prevents ill health rather than simply diagnosing and treating it. In line with the national plan our aim is to create a patient-controlled system, in place of centralised bureaucracy and one where frontline staff are empowered to reshape services. Through this strategy we will design our services with the core principles and values of the NHS but with the know-how of a wider network of technology, life sciences, local government, civil society and third sector organisations, working in partnership to improve the health of our local population, narrowing health inequalities.

Despite the scale of the challenge we face, there are many reasons for optimism. The NHS is well placed to harness the advances in artificial intelligence (AI) and genomic science. We are also well placed to build on the extensive work we have undertaken to improve the access, quality of care, safety and the experience of all the patients that we serve. We will deliver this strategy through our SIP, working in partnership across our system.



Professor Mike Thomas
Chair



Professor Silas Nicholls
Chief Executive

Developing the Estates Strategy

The context for estates

Financial sustainability: our commitment

We know a lot about our estate, through robust day to day management, continuous engagement with colleagues and our mandatory reporting requirements, via the annual Estates Returns Information Collection (ERIC) exercise. This wealth of information gives us a real insight into the scale of the challenge we face, not only in keeping the existing estate operational, but in delivering estate transformation to support our local and regional ambitions.

In this section we set the operating context of what we do in terms of divisions and services, we draw together some key data to provide an overview of our estate, where it is, what services it delivers, size, condition, cost and challenges. We then look in a little more detail at our five main sites of Royal Preston Hospital, Chorley and South Ribble, Broadoaks Child Development Centre and the Specialist Mobility Rehabilitation Centre.

We then look at some of key themes including estate risks and space utilisation to see what they are telling us about where we are now. We also draw on the most recent findings of our Patient-Led Assessments of the Care Environment to gain insight into the experience of using our estate by our patients. Lastly, we detail some of the investment plans we have for our estate that are already in progress across our sites

Location of sites

Our estate is made up of two main hospital sites, plus a small number of ancillary sites which deliver essential services to support outpatient treatment and patient flow. Whilst both hospital sites sit in our ownership, we lease Broadoaks and space at Preston Business Centre for the Specialist Mobility Rehabilitation Centre.



Estate Overview

We know a lot about our estate, from data we report nationally, to what we hear from our staff, patients and visitors.

There are common themes that run throughout, which clearly show that whilst reactive maintenance addresses some of the issues faced, the underlying challenges across the estate (particularly Royal Preston Hospital) is that the infrastructure has largely come to the end of its economic life and therefore struggles to meet the needs of 21st century clinical service delivery.

Given current financial constraints, opportunities for future investment in new or upgraded estate is, within the next ten years, likely to be challenging. Coupled with the proposed Royal Preston NHP being pushed back with delivery expected in the 2040s, our critical estates needs to be kept going for at least 5 years longer than we had previously expected.

Challenges

Both hospital sites at full capacity

Parts of building infrastructure are beyond economical life

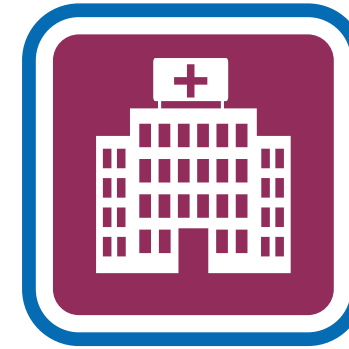
Ensuring statutory compliance

Maintenance issues are dealt with more reactively, than proactively

Lack of capital impacting on ability to adapt and keep pace with service demands

Accessibility – parking often at capacity

Elements of physical infrastructure not conducive to good infection prevention and control



Estates & Facilities

GIA: **193,320m²** (2024/25)

Buildings: **129**

Land Area: **30 hectares**

Annual Running Cost: **£68.73m** Occupancy cost (2024/25)

Annual Running Cost (per m²): **£367.30/m²** (E&F cost per m², 2024/25)

Annual Energy Cost: **£6.32m** (2024/25)

Backlog Maintenance: **£66.20m** (2024/25)

Backlog Maintenance (per m²): **£354.40/m²** (2024/25)

Car Parking Spaces: **3,286** (2024/25)

Our strategic framework

Our new strategic framework is built upon our vision, purpose and values, and is organised around five priorities (our 5 Ps). These will be the focus of the next five years to achieve our strategy. This framework summarises the key areas for our development and improvement, forming the basis of our annual corporate objectives and guiding decision-making.

Our 5 Ps Strategic Priorities



Patients

We aim to put patients at the core of everything we do, treating them with respect and dignity to deliver personalised care and a patient experience of the highest quality. Our priorities include working with patients, families, and carers to better manage their health and wellbeing, reducing health inequalities through prevention strategies, earlier diagnosis, and delivering outstanding care and treatment, often closer to home with seamless integrated services.



Performance

We will implement performance improvement programmes to monitor and enhance the quality of care provided, ensuring that we work towards meeting and then exceeding national standards to improve health outcomes.



People

We strive to ensure we have the right number of people, in the right place, with the right skills, creating an inclusive environment where our colleagues can reach their full potential and be the best version of themselves, as our culture counts.



Productivity

We are committed to working smarter to deliver better care, optimising our resources, and reducing inefficiencies within our healthcare system to improve infrastructure and enhance patient experience and outcomes.



Partnerships

We believe in delivering high-quality healthcare through strong partnerships, transforming services, and making a positive contribution to our local communities, recognising that we are stronger together through collaboration and shared purpose.

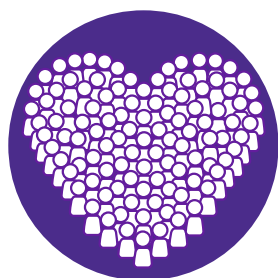
Our values and enabling strategies

Our values

Our values were created by our staff over ten years ago and, despite being reviewed and developed, they have remained the bedrock of our organisation, guiding everything we do as we grow to achieve our vision.

Our enabling strategies

Our strategic objectives are supported by: Always Safety First, Digital, Estates & Facilities, Financial Sustainability, Social Value and Workforce. This framework helps individual services align their priorities and plans with our overarching Trust objectives.



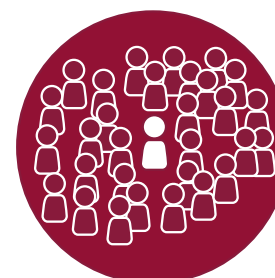
Being Caring & Compassionate



Building Team Spirit



Seeking To Involve



Recognising Individuality



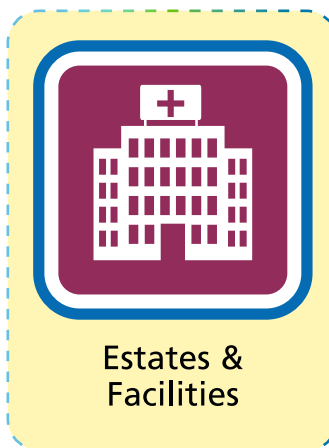
Taking Personal Responsibility



Always Safety First



Digital



Estates & Facilities



Financial Sustainability



Social Value



Workforce

Aligning our Strategy to the Fit for the Future NHS 10 Year Health Plan

Patient-centred care

Prioritise the needs and preferences of patients in all aspects of care delivery, ensuring that services are tailored to individual needs and that patients are actively involved in their care decisions.

- 1 Integrated care** - Foster collaboration and integration across primary, community, and hospital care to provide seamless and coordinated services, reducing fragmentation and improving patient outcomes.
- 2 Innovation and technology** - Embrace and leverage advanced technologies, such as telemedicine, electronic health records, and AI-driven diagnostics, to enhance patient care, improve efficiency, and streamline healthcare processes.
- 3 Workforce development** - Invest in the continuous professional development of healthcare staff, ensuring they have the skills and knowledge to meet the evolving needs of the healthcare system and provide high-quality care.
- 4 Preventive health** - Focus on preventive measures by promoting healthy lifestyles, early detection of diseases, and regular health screenings to reduce the burden of chronic diseases and improve overall population health.
- 5 Equity and inclusion** - Address health inequalities by ensuring that all individuals, regardless of their socioeconomic status, have equal access to healthcare services and that care is culturally sensitive and inclusive.
- 6 Sustainability** - Implement environmentally sustainable practices in healthcare delivery, reducing the carbon footprint and promoting the efficient use of resources to ensure the long-term sustainability of healthcare services.
- 7 Quality and safety** - Maintain a relentless focus on quality and safety, continuously monitoring and improving the standards of care to ensure that patients receive the best possible outcomes.
- 8 Patient and public engagement** - Actively engage with patients, carers, and the public to gather feedback, understand their needs, and involve them in the design and delivery of healthcare services.
- 9 Resilience and adaptability** - Build a resilient healthcare system that can adapt to changing circumstances, such as emerging health threats and evolving patient needs, ensuring continuity of care and preparedness for future challenges.

Estates strategic priorities

To have a first-class estate that enables the best specialist and local health and care services within safe, secure and fit for purpose environments:

Ensure investments decisions are clinically driven and based on robust prioritisation

Optimally use our retained estate

Sustainability and net zero carbon to be central to all we do

Supporting new models of care and agile working

Seek to maximise the cost: benefit ratio of investment and/or reduce running costs wherever possible



Governance of the Estates Strategy

The delivery of our Estates strategy will be governed by the Board through the Single Improvement Plan (SIP), which serves as the operational framework for translating strategic intent into measurable action. Each year, the Board of Directors will develop and approve a set of Corporate (strategic) objectives, directly informed by the Trust's strategy and enabling strategies that support it. These objectives will form the foundation for both the Board Assurance Framework (BAF) and the SIP.

The Board Assurance Framework is a key governance mechanism that enables the Board to maintain oversight of strategic risk and assurance. It maps the Trust's corporate objectives to associated risks, identifies sources of assurance, and highlights any gaps that require mitigation. The BAF ensures that the Board is able to make informed decisions about risk appetite, resource allocation, and the effectiveness of internal controls. It also provides a structured approach to tracking progress against our strategic objectives and supports the Board in fulfilling its statutory responsibilities.

The SIP is structured around the Trust's strategic priorities, organised into five key domains (the 5Ps):

Patients, Performance, People, Productivity, and Partnerships

Each domain reflects a core strategic priority and is led by an Executive Director, who is accountable for the delivery of their respective portfolio. The Trust Management Board, comprising the Executive Team and the Trust's senior operational leaders, receives regular updates on progress and risks from each Executive Director.

Each Committee of the Board oversees the respective elements of the SIP aligned to its remit:

The patients' portfolio is overseen by the Safety and Quality Committee

The Performance and Productivity portfolios are overseen by the Finance and Performance Committee

The People portfolio is overseen by the Workforce Committee and the Education, Training and Research Committee

The Partnerships portfolio is primarily delivered through the SIP Partnership Board which is reported to the Trust Management Board and the Finance and Performance Committee



Governance of the Estates Strategy

The Finance and Performance Committee holds overarching responsibility for the governance and delivery of the SIP.

Progress against the SIP is monitored through the Integrated Performance Report (IPR), which is presented to the Board of Directors at each meeting. This report provides assurance on milestone delivery, outcome measures, and overall progress, all of which are directly informed by the Trust's strategic ambitions and reflected in the BAF.

The strategic priorities are present through the SIP Boards present within each department across the organisation highlighting each departments contribution to the overarching strategy of the organisation.

The divisional governance structures mirror that of the committees of the Board ensuring robust governance arrangements are in place from ward to Board.

This governance structure ensures that strategic delivery is embedded within the organisation's operational rhythm, with clear lines of accountability, oversight, and assurance. It supports a culture of transparency, continuous improvement, and strategic alignment across all levels of the Trust.





Patients

To improve patient care and experience, in particular Sepsis, Clostridium Difficile, risk assessment completion, medication safety, maternity, neonatal and children's services whilst reducing health inequalities in our services.

Where are we?

Patient-Led Assessments of the Care Environment (PLACE) report highlighted both good performance and areas where we could do better, in terms of the quality of our environment:

Patients rated us almost perfect score for cleanliness across areas such as bathrooms, wards and publicly accessible space

We achieved good scores for quality, choice, and availability of food with room for improvement in aspects such as presentation and food

Our score for privacy, dignity and wellbeing is low in comparison to most other trusts. Particularly in regard to adequately spaced seating in waiting areas and the provision of single rooms

Patients assessed us as not doing so well in the area of accessibility, with scores of 67.2% from a dementia perspective and 70.5% on disability access

Where we aim to get to?

Create facilities and spaces that maintain strict infection control through design and use of appropriate materials, will reduce risks, improve care quality and alleviate pressure on our workforce

Ensuring statutory compliance and compliance with NHE policies

Improve accessibility for patients and visitors with disabilities

- +** **Resolve urgent infrastructure issues at Royal Preston Hospital, such as plumbing, heating, ventilation, and drainage to avoid failure over the next 20 years** undertaking a comprehensive programme of infrastructure renewal to address critical systems that are at risk of failure. This includes modernising plumbing networks, upgrading heating systems to ensure energy efficiency and resilience, and replacing ventilation and drainage systems to meet current healthcare standards. By prioritising these works, we will create a foundation for future service transformation.
- +** **Ensure compliance with infection prevention and control standards by upgrading clinical areas to meet national infection prevention and control requirements, we will refurbish clinical spaces across our sites.** This will involve using materials and layouts that minimise contamination risks, improving ventilation systems, and ensuring surfaces are easy to clean and maintain. These measures will not only ensure compliance with statutory standards but also enhance patient safety, reduce healthcare-associated infections, and support staff in delivering high-quality care in a safe environment.
- +** **Improve pathways, signage, and infrastructure to enhance accessibility and patient flow across all sites improving wayfinding through clear and consistent signage and upgrading infrastructure to meet disability access standards.** Enhancements will focus on reducing congestion, improving parking and drop-off zones, and creating intuitive routes between departments. These changes will improve patient experience ensuring our facilities are welcoming, inclusive, and aligned with best practice in healthcare design.





Performance

To increase productivity to improve waiting times for elective care, including waits for diagnostic services.

To continue improvement of cancer performance to minimise the risk of harm.

To develop and improve urgent and emergency care services working with our partners for improved whole system flow.

Where are we?

Adopting a whole organisation new ways of working approach will lead to opportunities for possible estate consolidation, rationalisation and creation of capacity space to meet other service demands:

With the estate at capacity, patients are starting to feel the impact, leading to longer wait times, limited appointment availability, and difficulty accessing services

Wards don't have enough electrical outlets to meet HBN standards, limiting the use of essential medical technology, which also holds back our capacity for modern, tech-enabled care

Theatre, intervention and procedure room infrastructure is showing signs of fragility, leading to increased downtime and cancellations

Where we aim to get to?

Optimised space making better use of our facilities reducing waiting time pressures and improving patient flow

Supporting the transformation of outpatient and diagnostic activity into community settings, aligned with the 10 Year Health Plan, would help alleviate pressures on our acute estate

Investing in new infrastructure, we could better allocate resources to patient care, reduce risks, and improve overall care quality in a facility designed for our current and future needs

- +** **Ensure spaces are optimally utilised, based on clinical priorities to meet our organisational needs, as well as those of the communities we serve, now and into the future.** This involves utilisation audits to identify underused areas, repurposing spaces to support high-impact services, and consolidating functions where appropriate to free up capacity. By aligning space allocation with service transformation plans we will reduce pressure on acute sites, improve patient flow, and enhance operational efficiency.
- +** **Deliver a fit for purpose estate, built to meet essential healthcare needs, ensuring facilities are suitable for today's demands,** flexible for future requirements, and designed to uphold high standards of safety, patient care and user experience. Our facilities will be adaptable to evolving healthcare delivery models, incorporating spaces for virtual clinics, integrated care hubs, and multidisciplinary collaboration while maintaining a welcoming, patient-centred environment that promotes dignity, wellbeing, and operational excellence.





People

To improve colleague experience and create a positive organisational culture.

Achieved by effective, supportive, inclusive and performance focussed line management.

Aiming to reduce sickness absence, achieve compliance in appraisal and core skills, increase levels of team effectiveness and engagement, resulting in higher levels of colleague satisfaction and retention.

Where are we?

Buildings and spaces that are comfortable, adaptable and that support efficient workflows will enable us to attract, retain, and empower healthcare professionals:

Currently operating at full capacity affecting staff working environments

Aging facilities create issues with poor ventilation, heating and plumbing

Space constraints impact educational delivery and clinical skills training with limited room for collaboration across teams

Where we aim to get to?

Supporting new models of care and agile working to support flexibility and workforce wellbeing

Improved working environments, having a positive impact on recruitment and retention

Proactive work with the workforce teams to fully understand their plans and any associated estate requirement, as well as commencing collaborative

- + Identification of space either within our estate or new to deliver workspaces in-line with our new hybrid and flexible ways of working model, both clinical and non-clinical.** We will undertake a systematic review of our existing estate to identify opportunities for creating modern, flexible workspaces that align with our new ways of working. This includes assessing underutilised areas for repurposing.
- + Designing clinical spaces which promote collaboration and service delivery, and the safety of our patients and workforce,** facilitating the design of space, alongside our workforce colleagues, to meet the requirement of new ways of working, creating spaces that work for the people and services that will use them.
- + Prioritising staff needs with plans to improve break areas and explore opportunities surrounding staff accommodation to support recruitment.** Recognising the critical role of staff wellbeing in delivering high-quality care, we will invest in improving staff facilities across our sites. This includes upgrading break areas to provide comfortable, restorative spaces and exploring options for staff accommodation in partnership with local authorities and educational institutions. By addressing these needs, we aim to enhance recruitment and retention, support workforce resilience, and create a positive working environment that reflects our commitment to valuing and caring for our people.





Productivity

To deliver the agreed Financial plan for the organisation, including the waste reduction programme, and support ongoing development of a full sustainability plan for the organisation.

Where are we?

Buildings and spaces that are comfortable, adaptable and that support efficient workflows will enable us to attract, retain, and empower healthcare professionals:

The largest backlog maintenance requirement across our estate that we have ever had

Our estate is the largest contributor to our carbon footprint, making it central to our journey towards net zero, while the current condition of our estates presents real challenges in achieving this

Limitations on organisational and public funding is restricting the ability to design and deliver large scale transformation schemes

Where we aim to get to?

NHS Net Zero Carbon goals through the development of comprehensive energy and water efficiency schemes

Have an agreed prioritised programme of 'enabling' projects, supporting production of business cases, identification of funding and delivery

Improved utilisation and functionality of spaces and reduced down time

- +** **We will focus on making our health estate as green and sustainable as possible through design, energy-saving measures and sustainably sourced materials.** Our commitment is to work toward the NHS's Net Zero target, creating healthier and more sustainable spaces.
- +** **Make investments across the estate to modernise facilities, create flexible spaces, and establish new community-based locations.** Maximising opportunities for rationalisation, consolidating services and facilities to reduce duplication and cut operational costs.
- +** **We will seek to work alongside divisional colleagues, where investment into the estate is being driven by service need,** to capture all the benefits that will be delivered, creating robust 'invest to save' business cases, highlighting the totality of cashable and non-cashable benefits that will be realised by the Trust. This way, subject to funding be available and clinical need being a priority, there is a clear rationale upon which investment decision can be taken.





Partnerships

To reduce and manage risks across the organisation, developing a learning and continuous improvement culture focused on working with partners to redesign and deliver our services to best meet the needs of our community.

Where are we?

Buildings and spaces that are comfortable, adaptable and that support efficient workflows will enable us to attract, retain, and empower healthcare professionals:

Balancing developments with partners with maintaining a deteriorating estate with increasing costs and backlog maintenance

Chorley Birth Centre recognised as a Beacon site

Where we aim to get to?

Delivery of increased levels of clinical space in the community to activity closer to home.

Facilities such as food production and sterilisation and decontamination that can be shared with partners

Delivery of business efficiencies through centralisation of the support service workforce into new One LSC organisational entity (including Estates and Facilities)

- + We will work with partners across LSC to agree and deliver our shared 'Clinical Blueprint' including the proposed Preston Neighbourhood Health Centre.**
Relocating and redesigning services to be more accessible is central to our ambition of delivering care that is truly patient-centred. By establishing health and care hubs with partners in high street locations and other community-based venues, we can bring services into the heart of the communities we serve. These hubs will offer diagnostic, treatment, and support services in a convenient, welcoming setting, reducing travel time, improving uptake, and fostering greater engagement. This model also supports collaboration between health, social care, and voluntary sector partners.
- + Engagement with the National New Hospital Team and regional teams on pre-construction planning activities.**
- + Explore options for off-site offer of staff accommodation, support facilities and education with key partners, e.g. the local authority and FE establishments.**



Our Sites

At Lancashire Teaching Hospitals we work across several hospital sites and many other locations across the system.

The following section describes a summary of the patient facing facilities at the sites and recent strategic capital investments. The list is not exhaustive and changes according to the needs of the local population, services commissioned and pathways.

LTH proudly delivers services from a number of networked hospital sites and locations across the ICS in partnership with other providers and services. Although not listed in detail in this strategy due to the volume, it is recognised the critical role they play in all the delivery of specialist and local service provision. This will continue through the time covered in this strategy.

In addition to these facilities the infrastructure and support services for all the clinical activity is co-located across the sites and a vital part of the provision of patient care. The estates enabling strategy will cover further detailed strategic decisions and follows a programme of stakeholder engagement and technical expert assessment of the sites and infrastructure.

Royal Preston Hospital

Specialised services

Major trauma centre (adults) trauma unit (children) neurosciences, renal, Rosemere Cancer Centre, maternity medicine and neonatal intensive care, children and young people services, comprehensive stroke centre, plastics, vascular, clinical research facility.

Core services

Critical care, emergency department and acute medicine, respiratory, gastroenterology, endocrine, cardiology, diabetes, orthopaedics, ENT, upper GI, colorectal, urology, head and neck.

Health Academy 1 & 2, UCLan at LTH

Chorley & South Ribble Hospital

Services

Elective Surgical Hub (adults and children) Lancashire Eye Centre, Central Lancashire Breast Unit, dermatology, Emergency Department and acute medicine, cardio-respiratory hub, frailty and dementia services, stroke rehabilitation, chemotherapy day unit, renal dialysis.

Beacon status Chorley Birth Centre and Community Services | Mental Health Hub Place of Safety* | Ribblesmere mother and baby unit* | Health Academy 3 | Life Centre: widening participation to education, access to careers and health.

Broadoaks: Child Community Centre

Services

Neurodevelopmental services, specialist nursing services, long-term conditions, children's community nursing and therapy services, audiology.

Preston Business Centre: Specialist Mobility Rehabilitation Centre (SMRC)

Specialist Mobility Rehabilitation Centre. One LCS services.

Preston Healthport: Community Diagnostic Centre

Community Diagnostic Centre.

*Note - these are co-located within our site but delivered by partners

Broadoaks

Ambulatory Services:

- ✓ Diagnostics
- ✓ Outpatients
- ✓ Specialist play therapeutic and assessment equipment

Broadoaks - child community centre

“Broadoaks is a community facility owned and managed by Lancashire Teaching Hospitals NHS Foundation Trust. It plays a vital role in delivering community and neurodevelopmental services for children and young people across Chorley, South Ribble, and Greater Preston. Children’s community clinics and services are also delivered across the community in Ashton, Fulwood and Brookfield centres”

Recent investments at Broadoaks

- Creation of new diagnostic and treatment rooms and a welcoming, child-friendly environment
- Full roof replacement and internal upgrades
- Modernised toilet and baby change facilities for improved accessibility

Why this matters

Diagnostic and treatment rooms strengthens Broadoaks role in shifting children’s care closer to home, supporting the Trust’s ambition to reduce hospital reliance and improve outcomes through early intervention and coordinated pathways.

Estate improvement works signal a long-term commitment to establishing Broadoaks as a sustainable, modern paediatric facility, capable of supporting expanded clinical use and integrated neighbourhood team models under the 10-Year NHS Plan

Modernised accessible facilities **Outpatient and community service development** highlights the importance of delivering children and young people services in accessible, child-friendly sites, ideal for delivering clinic-based care, improving family experience, and supporting the Trust’s strategic pillar for Children and Young People.



Our Sites

Preston Business Centre

Ambulatory Services:

- ✓ Outpatients
- ✓ Physical assessment and rehabilitation gymnasium
- ✓ Wheelchair and prosthesis manufacture and fitting facilities

Preston Business Centre - SMRC

“Preston Business Centre is home to the Specialist Mobility Rehabilitation Centre (SMRC) a centre of excellence for Veterans, one of nine centres in England that provides enhanced prosthetic services for military veterans with service-attributable injuries, a regionally unique service for patients with specialist wheelchair, prosthetic limb, and orthotic rehabilitation needs”

Recent investments at Preston Business Centre

- The creation of a centralised location for support services and functions with One LSC

Why this matters

Centralising services and functions in Preston Business Centre provides the opportunity to understand how functions can work more effectively together, maximising digital pathway changes whilst also aiming to reduce transaction costs, improve procurement power, and deliver a consistent employee experience.



Our Sites

Preston Healthport - Community Diagnostic Centre

Ambulatory Services:

- ✓ Outpatients
- ✓ Diagnostics
- ✓ Clinical interventions unit
- ✓ Endoscopy Suite
- ✓ Physiotherapy
- ✓ Renal dialysis

“The Community Diagnostics Centre at Preston Healthport is a flagship development supporting Lancashire Teaching Hospitals’ strategic aim to expand diagnostic capacity, reduce acute site pressure, and improve patient access to timely investigations”

Recent investments at the Community Diagnostics Centre

- CT and MRI equipment
- Outpatient rooms and Physiological Science testing equipment
- Pathology facilities

Why this matters

CT and MRI equipment improves access with community-based location, with good parking and transport links.

Outpatient facilities increase the capacity for diagnostics such as full lung function testing and sleep studies

Pathology facilities support the vision for integrated community-based care



Chorley and South Ribble Hospital

Acute Services:

- ✓ Emergency Department / Urgent Treatment Centre
- ✓ 22 Medical Assessment Unit Beds
- ✓ 83 Medicine Inpatient beds
- ✓ Birth Centre

Inpatient Services:

- ✓ 24 Stroke Rehabilitation beds

Ambulatory Services:

- ✓ Outpatients
- ✓ Diagnostics
- ✓ Clinical interventions unit
- ✓ Endoscopy Suite
- ✓ Physiotherapy
- ✓ Renal dialysis
- ✓ Chemo daycase ward

Elective Surgical Hub:

- ✓ 34 Elective hub surgery beds
- ✓ 22 daycase beds
- ✓ 13 theatres
- ✓ Lancashire Eye Centre

“A site fit for the future providing high quality UEC, planned and ambulatory services and community-focused innovation for the LSC population”

Recent investments at Chorley Hospital

- Three storey new build Lancashire Eye Centre
- Surgical Elective Hub and Paediatric Elective Accredited Surgery Hub
- Ward Modernisation & MAU redesign

Why this matters

Elective hub capability strengthens Chorley's role in moving low-acuity, high- volume elective services away from high-cost acute sites.

Purpose-built ophthalmology investment demonstrates the viability of service consolidation and high-quality diagnostic/ planned care on site.

Ward improvement investments signal commitment to establishing Chorley as a sustainable, modern facility capable of expanding clinical use.

Outpatient development plans highlight Chorley's potential as a highly accessible, modern site ideal for expanding clinic-based services and improving patient experience.



Our Sites

Royal Preston Hospital

Our Sites

Acute Services:

- ✓ Emergency Department / Urgent Treatment Centre
- ✓ 50 Medical Assessment Beds
- ✓ 184 Medicine inpatient beds inc. Comprehensive Stroke Centre
- ✓ 194 Surgical inpatient beds
- ✓ Maternity Unit
- ✓ 30 Paediatric inpatient beds/Paediatric Assessment Unit

Specialist Inpatient Services:

- ✓ 25 Renal inpatient beds
- ✓ 82 Neurosciences inpatient beds
- ✓ 10 Major Trauma beds
- ✓ 33 Vascular inpatient beds
- ✓ 22 Plastic inpatient beds
- ✓ 24 Medical/Clinical Oncology beds

Ambulatory Services:

- ✓ Outpatients
- ✓ Diagnostics
- ✓ Lancashire Elective Surgical Unit (inc. Daycase)
- ✓ Physiotherapy
- ✓ Renal dialysis
- ✓ Radiotherapy unit
- ✓ Chemotherapy daycase

Interventions:

- ✓ 20 theatres
- ✓ Cardiac Catheter suites
- ✓ Interventional Radiology suites
- ✓ Endoscopy suites

“As the system’s major specialist hospital, we play a critical role in providing both local and specialist care, with growing focus on emergency and complex services. In meeting our rising demand, our strategic priority is to strengthen clinical capability and system responsiveness, while addressing the challenges of an aging estate to ensure our hospital is sustainable, resilient and fit for the future”

Recent investments at Royal Preston Hospital

- Medical Assessment refurbishments
- Neurointerventional suite
- Lancashire Elective Surgical Unit
- Endoscopy suites

Why this matters

Medical Assessment refurbishments signal commitment to maintaining the modernisation of clinical space in the areas seeing increasing demands that will continue to be required on an acute site.

Neurointerventional suite enables a service to maintain planned care alongside modern developments and increases in stroke interventions for the population of Lancashire and South Cumbria.

Lancashire Elective Surgical Unit created a more resilient elective pathway with an improved patient experience for our most complex surgical patients from all of Lancashire and South Cumbria and unlocked key estate to increase assessment space in the right location.

Endoscopy suite investment strengthens the offer for inpatient and ambulatory endoscopy, responding to increased demand and the requirement to provide resilient cancer screening services.

How will our sites change in the future?

Over the next five years we need our physical space to meet the needs of our population and the enable us to deliver alignment to the 10 Year Health Plan for England. The use of our sites will remain flexible to the evolving ways in which healthcare will be delivered.

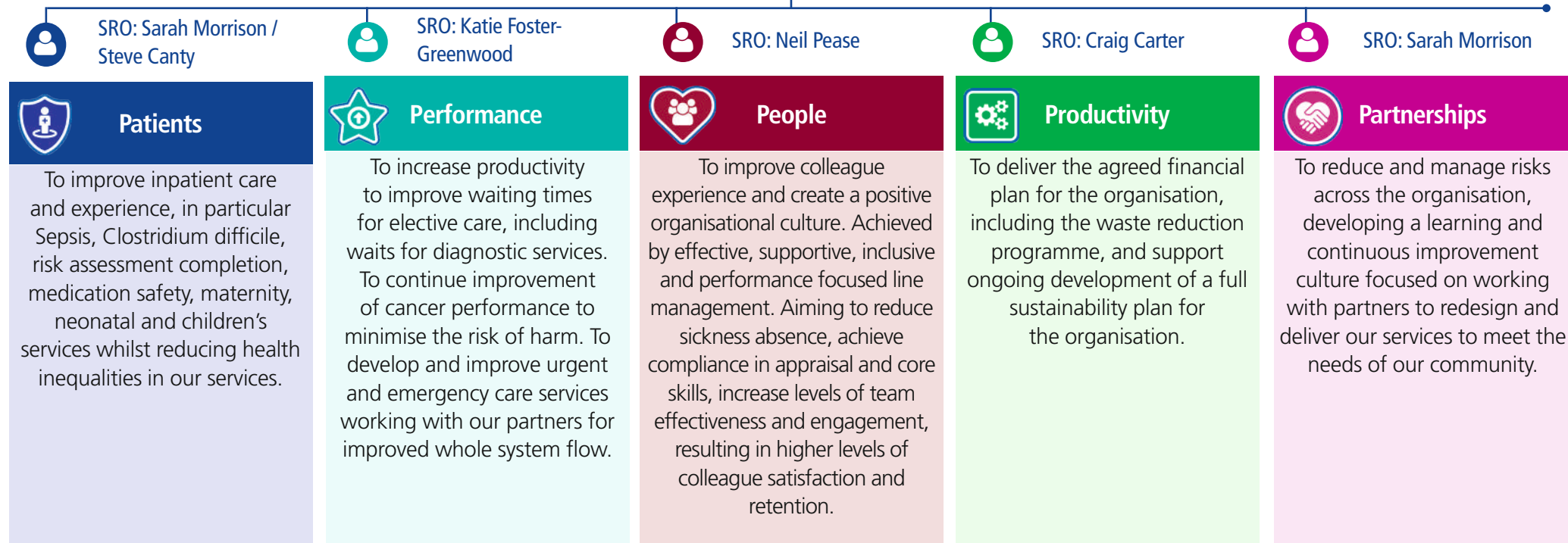
Although not specifically covered in this strategy we continue to work with the national new hospital team as a wave three partner, ensuring strategic decisions fit with future national direction for hospital infrastructure and ensuring investment opportunities for enabling works are maximised.



How will our strategy be delivered

Our new strategy will be delivered through a detailed implementation plan using our Trust's Single Improvement Year.

LTH Single Improvement Plan Board



Estates & Facilities

Enabling Strategy 2025–2030

Thank you

Keep in touch:

If you would like to know more about our strategy, please contact

Communication@lthtr.nhs.uk

www.Lancsteachinghospitals.nhs.uk

Follow us on: (Facebook, Instagram, YouTube, X)

@LancsHospitals



Our Estates Strategy 2025–2030

Published by Lancashire Teaching
Hospitals NHS Foundation Trust,
September 2025

14.1 AUDIT COMMITTEE CHAIR'S REPORT

REFERENCES

Only PDFs are attached

 14.1 - Audit - Chairs report - 29 Jan 2026 Final.pdf

Chair's Report to Board			
Chair: T Wheeler	Committee: Audit		
Date(s): 29 January 2026	Agenda information	attached	for ✓

Strategic Risks	trend	Items Recommended for approval
N/A		N/A

ALERT
Areas of concern; Matters requiring urgent attention; Insufficient assurance received.

ADVISE
Areas requiring on-going monitoring; Limited assurance received.

ASSURE
Assurance received; Matters of positive note.

- Internal Audit reported on key assurance reviews, including Resuscitation, Conflicts of Interest, Grip & Control, and Renal IT, and noted amendments to the Audit Plan.
 - Counter Fraud provided an update on policy changes, fraud-prevention activity, and progress relating to new legislative requirements.
 - Procurement confirmed a continued reduction in single tender waivers following strengthened oversight.
-
- Renal IT review identified a high-risk issue relating to storage and management of clinical documentation.
 - Delivery of Estates Transformation financial benefits remains high risk within the current year.
-
- No patient-safety issues were identified in relation to the Renal IT documentation findings.
 - Improvements in Resuscitation oversight and training escalation are in progress.
 - Follow-up activity across internal audit areas shows positive implementation progress.
 - Counter Fraud confirmed strengthened prevention messaging and policy updates.
 - Single tender waivers continue to decline in number and materiality under strengthened controls.
 - The Trust's going-concern basis remains appropriate under public-sector accounting principles.
 - Proposed VAT accounting treatment for Estates has external technical support.
 - DSPT compliance work is progressing within the required timeframe.
 - RSP funding is being managed within allocation and aligned to improvement priorities.

Audit Committee

29 January 2026 | 1.30pm | Microsoft Teams

Agenda


No	Item	Time	Encl.	Purpose	Presenter
1.	Chair and quorum	1.30pm	Verbal	Information	Chair
2.	Apologies for absence	1.31pm	Verbal	Information	Chair
3.	Declaration of interests	1.32pm	Verbal	Information	Chair
4.	Minutes of the previous meeting held on 24 September and Special Audit Meeting on 27 October 2025	1.33pm	✓	Decision	Chair
5.	Matters arising and action log	1.35pm	✓	Decision	Chair
6. INTERNAL AUDIT					
6.1	MIAA Final Reports: a) Resuscitation b) Conflicts of Interest c) Grip and Control d) Shadow IT Medical Systems	1.40pm	✓	Assurance	MIAA
6.2	Internal audit progress report (inc. update on progress against audits receiving limited assurance)	2.05pm	✓	Assurance	MIAA
6.3	Combined Internal Audit and Anti-Fraud follow-up summary report	2.15pm	✓	Assurance	MIAA
6.4	Counter Fraud Progress Update	2.25pm	✓	Assurance	MIAA
7. GOVERNANCE & COMPLIANCE					
7.1	Report on External Visits, Reviews, Inspections and Accreditations	2.35pm	✓	Assurance	Associate Director of Risk & Assurance
7.2	Losses and Special Payments Report	2.45pm	✓	Decision	Assistant Director of Financial Services
7.3	Procurement Update & Single Tender Waiver Report	2.50pm	✓	Assurance	Director of Procurement
7.4	Annual accounting guidance and year-end issues (including consolidation and going concern)	3.00pm	✓	Assurance	Assistant Director of Financial Services

No	Item	Time	Encl.	Purpose	Presenter
7.5	Audit Risk Briefing 2025-26	3.10pm	✓	Assurance	KPMG
7.6	Accounting Treatment – Estates Optimisation	3.20pm	✓	Assurance	Director of Finance, One LSC
7.7	SIRO DSPT Risk Update	3.30pm	✓	Assurance	Director of Corporate Affairs
7.8	RSP Funding Allocation and Spend	3:40pm	✓	Assurance	Chief Finance Officer
7.9	Items to alert, assure and advise to Board or refer to other committees	3.45pm	Verbal	Discussion	Chair
7.10	L & SC Audit Chairs' Briefing	3.50pm	Verbal	Information	Chair
8. ITEMS FOR INFORMATION					
8.1	Technical Update		✓		
8.2	Strategic Risk Report		✓		
8.3	Position paper on Land Acquisition		✓		
8.4	NHSCFA Report		✓		
8.5	Date, time and venue of next meeting: <i>16 April 2026, 10.30am, Microsoft Teams</i>	4:00pm	Verbal	Information	Chair

14.2 DATA QUALITY ASSURANCE REPORT

REFERENCES

Only PDFs are attached

 14.2 - Data Quality Assurance Board Report April 2026 Final1.pdf



Board of Directors Report

Data Quality Assurance Report

Report to:	Board	Date:	April 2026
Report of:	Chief Information Officer	Prepared by:	D Hudson, T Caton
Part I	√	Part II	

Purpose of Report (tick only one then delete this instruction)

For approval	<input type="checkbox"/>	For ratification	<input type="checkbox"/>	For discussion	<input type="checkbox"/>	For information	<input checked="" type="checkbox"/>
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Executive Summary:

The paper informs the Board in relation to current data quality assurance activities and provides an update in relation to data quality performance.

The Report details performance in relation to:

- Data Quality Team activities
- External Data Quality Assurance
- Update in relation to Data Quality Risks
- Waiting List Minimum Dataset Data Quality
- National Data Quality Assurance Dashboard and Maturity Index

The Board is asked to note current Data Quality Assurance activities and the on-going developments that support further improvements to data quality assurance processes and data quality clinical engagement.

Trust Strategic Aims and Ambitions supported by this Paper:

Aims	Ambitions	
To offer excellent health care and treatment to our local communities	<input checked="" type="checkbox"/>	Consistently Deliver Excellent Care <input checked="" type="checkbox"/>
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	<input checked="" type="checkbox"/>	Great Place To Work <input type="checkbox"/>
To drive innovation through world-class education, teaching and research	<input type="checkbox"/>	Deliver Value for Money <input checked="" type="checkbox"/>
		Fit For The Future <input checked="" type="checkbox"/>

Previous consideration

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Data Quality Assurance Update Report

Background/Context

The benefits of using routine health care data for planning, policy making, and research, future demand, and quality of service are well established. Using data for these purposes requires that data is high quality, timely, complete and accurately coded. As part of Board Assurance and in response to actions identified in the Trusts Well Led Review this paper sets out the effective processes used to monitor, manage and report on the quality of data.

This report provides an overview of current data quality assurance activities within the Trust to assure the quality of data used for reporting.

Introduction

Data quality is defined as the state of accuracy, completeness, reliability, validity, timeliness and systemic consistency that makes data fit for purpose. Acceptable data quality is crucial to operational processes and to the reliability of Trust performance reporting. The use of high-quality information leads to better decision making to improve patient care and safety.

Poor data quality puts organisations at significant risk in terms of damaging stakeholder trust, weakening frontline service delivery, incurring financial loss, poor forward planning and poor value for money.

Data Quality Assurance (DQA) compliments and underpins the principles of Information, Clinical, Research and Corporate Governance, which ensure that personal data is dealt with legally, securely and efficiently, in order to deliver the best possible care. The current climate of scrutiny from audit bodies and the Information Commissioner's Office enforces the requirement, with significant risk of potential fines for non-compliant practice.

This paper sets out actions to date undertaken to maintain data quality standards within the Trust.

Discussion

Internal and External Scrutiny

Information Governance

Information Governance (IG) is the way in which the NHS handles all organisational information - in particular the personal and sensitive information of patients and employees. Information Governance provides a framework that ensures information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care. The DQA team continues to undertake data quality assurance initiatives to support IG compliance and the delivery of quality assured data collection and collation processes.

The Data Protection and Security Toolkit has been aligned with the Cyber Security Framework and the data quality requirements are included within the objective '*evidence around essential functions data being monitored to verify location and transmission, quantity and quality*' rather than a separate requirement. Evidence relating to the audit and validation programme has been supplied for the baseline submission. MIAA initial audit has been completed (report pending).

Data Quality Assurance Activities

Harris Flex Masterfile Maintenance

The Trust is working with Harris Flex to implement a programme of work to update all Commissioner allocation master files to the latest version available. This includes:

- Postcode

- GP and Practice
- Health Authority
- Clinical Commissioning Groups (CCG's)

Work remains ongoing on Harris Flex Test system to finalise robust process to ensure Flex reference tables are consistent with national standards and incorporate the latest available updates. The work is monitored through the Harris Flex Customer Care Board as appropriate. The work of the group will seek to minimise system data quality risks as well as improve SUS activity reporting. It is expected that once the work is complete quarterly updates to masterfiles will move into business as usual process.

This will address the issues raised in Risk 54 GP Masterfile maintenance on Harris Flex.

Data Quality audit programme

Demographic Audits: - audits of patient demographics and link to the reception audits in order to ensure details are being collected and amended correctly on CPR at point of reception.

Reception Point Audits: - the objective of the audits is to continue to monitor compliance against key data indicators, procedural documentation, Information Governance principles, support corporate projects and highlight areas for further training/improvement. As part of the audit, adherence to the 'check-in' process and verification / update of patient demographic and GP details is reviewed. This is an essential requirement at each hospital attendance to ensure we have captured the correct commissioning data - thus negating validation and supports minimising PbR pressures and delivery of clinical documentation to correct GP practices.

2025/26:	Total Complete:	Total CA Sent:	Total CA Received:	DQA Closed	CA Outstanding:
Completed OPT Demographic Audits	95	102	58	24	20
Completed IP Demographic Audits	0	0	0	0	0
Completed ED Demographic Audits	8	8	6	0	2
Completed Reception Audits	23	20	17	0	3
Completed IP Casenote Audits	0	0	0	0	0
Completed OP Casenote Audits	0	0	0	0	0
Totals:	126	130	81	24	25

Shared Care Record - ShCR – update

The ShCR project aims to establish data interoperability across the health and social care system in Lancashire. The process allows the exchange of personal identifiable data, including discharge summaries, PACS images, patient care summaries, medication information and clinical correspondence.

Currently the following documents are being transferred electronically direct to GP systems within the North West Region catchment area: -

- Immediate Hospital Discharge Information produced from Harris Flex
- Trauma & Orthopaedic, Colposcopy and Colorectal clinic letters
- Advice & guidance documents
- GP Patient Death Notifications
- Discharge summaries from Maternity
- Clinic letters for majority of specialities utilising digital dictate system (TPro)

The DQA team monitor rejected records, updating patient details where necessary and ensuring timely receipt of clinical information. Rejected records are resent either electronically to the correct practice following review and update on Harris Flex or printed and posted if the practice is not part of ShCR.

The table below shows a summary of records transferred via ShCR for the GP practices April 2025 – February 2026.

Month	Total Records Sent	Total Rejected	% of records	No. EMIS issue	No. True Rejections (inc NOP, dupes etc)	True rejections as a % of all records sent	True rejections as a % of rejected records
April	57221	1110	1.94%	167	943	1.65%	84.95%
May	59326	839	1.41%	18	821	1.38%	97.85%
June	61201	838	1.37%	15	823	1.34%	98.21%
July	66288	891	1.34%	26	865	1.30%	97.08%
August	57719	829	1.44%	22	808	1.40%	97.35%
September	63479	996	1.57%	12	984	1.55%	98.80%
October	70472	1170	1.66%	9	1161	1.65%	99.23%
November	68654	1507	2.20%	345	1162	1.69%	77.11%
December	61798	1089	1.76%	23	1066	1.72%	97.89%
January	63924	1016	1.59%	65	951	1.49%	93.60%
February	61289	968	1.58%	37	931	1.52%	96.18%
Total	691371	11254	1.63%	739	10515	1.52%	98.74%

Rejection Reasons:-

- Not registered at GP practice IHD sent to
- Baby – delay in registering at GP practice
- GP patient registered with practice, not on SCR system
- Duplicate IHDs being sent to Practices

There are minimal numbers of summaries being posted for GP practices that are not currently part of ShCR. Savings on consumables and posting for discharge summaries and letters achieved to-date in this financial year is £157,054.08

The transfer of all clinical documentation (via the digital dictation process) onto ShCR is complete across all specialities. The volume of documents being posted has decreased and savings increased. However, there is an impact on the DQA team and the volume of rejections requiring review, update and resending.

Due to the increased volume of documents and external partner issues across the system, resulting in increased rejections, pressure on the DQA team and potential patient clinical safety risk, a corporate risk assessment (1275) has been logged onto Ulysses and is reviewed quarterly by the ShCR steering group and the Digital Health & Informatics Management Group.

Data Completeness and Validity

The Data Quality Team has a key role in identifying missing and incomplete documentation that directly impacts on activity and income levels. This role includes highlighting to divisions outpatient appointments that have not been documented as either patient attended or Did Not Attend and gives divisions the opportunity to action these historical appointments on the system.

The tables below show the volume of activity in Q1-Q3 2025-26 identified and updated by the DQA team:

Month 2025-26	Attended	DNA	Cancelled	Pended
April	217	45	13	356
May	154	63	10	661
June	254	108	12	488
July	170	101	8	603
August	113	109	1	320
September	198	141	1	606
October	135	97	10	574
November	184	90	2	400
December	225	112	3	305
January	286	142	11	522
Total Appts	1936	1008	71	4835
Average	194	101	7	484

There has been an increase in the volume of appointments not fully documented, resulting in a further increase in the number of records requiring review and update on Harris Flex. However, there is still ample scope for further improvement to ensure records are recorded in real time or as near to it as possible.

Data Quality Newsletters

The Data Quality Assurance team have published 1 newsletter in April 26 giving an update on:

- Data Quality
- DQ/IG Presentations
- DQA department role
- Patient demographics – recording correctly
- Flex patient records
- Hospital Discharge Summaries
- Updates on the SCR(LPRES) project
- Meet the team
- Recycling data



DQA Newsletter
April 26.pdf

Data Quality Forums

The DQA management team attend the quarterly North West Data Quality Summit meetings and subscribe to the online forum where key data quality issues are discussed, presentations around a variety of topics and key developments. This allows the team to evaluate, compare and identify areas of best practices and any changes required to improve the DQA program.

Examples from last 6 months:- Discussions on duplicate patients and merging records, transgender patients in secondary care settings

Data Quality Risks

The Data Quality Assurance Team undertake regular audit tasks to identify risk areas, working with services to implement remedial/improvement actions through the corporate quality improvement programme. A full risk assessment has been completed for each item; these are held locally on the Business Intelligence Risk Log.

The Team continue to monitor the key risks and remedial actions identified to sustain improvements and minimise risks. The table below shows the current risks to key data quality items and how they are being mitigated.

RA No	Risk Item	Issue	Actions 2025-26	Update
54	Harris Flex GP Masterfile maintenance (current rating 12)	In-active GPs linked to patient records. In-accurate GP records in Masterfile on Harris Flex. Continued misdirected correspondence.(NOPs).	Move to ODS quarterly updates. Increase volume of documents transferred via SCR.	Harris flex team working with BI & DQA to establish process to upload files onto TEST PROD. Standing item on bi- weekly applications call with Harris team.
122	Corporate system recording issues. In-accurate recording of patient data/activity (current rating 12)	Variety of in-accurate event documentation. Incomplete linking across activity flows.	Review SUS issues on key data items. Continue to review functionality to improve correction of data on Harris Flex. Establish data quality forum	Further additional Harris flex validation reports implemented. Working on supporting divisions with identifying reasons for issues with activity recording. Working with BI on SUS errors highlighted.
1207	Inability to meet the monthly clinical coding submission standards (current rating 12)	Non-availability of comprehensive coded data. Timeframe for reviewing / coding data.	Ebooks – time risk assessment Review ICD11 classifications Implement coding ebook Recruit to coder position	Ongoing review / risk assessment. Ongoing review / risk assessment. New trainees using ebooks, ongoing monitoring New member of staff due to commence 30 th September
1554	Inability to fully run the Trusts Data Quality programme (current rating 12)	Volume of in-accurate patient records on core patient system Harris Flex. Increase in number of rejections from sending clinical documentation via ShCR. Move from SLAM to SUS reporting (requiring additional validations) External issues with ShCR process (increasing volumes of rejections) Volume of pended outpatient appoints requiring review / documenting	ShCR resource paper – additional documentation transfer Establish data quality forum Recruit vacant DQA Assistant role RPA resource paper – additional work to ensure governance around the use of RPA processes.	Approved additional resource in principle – awaiting funding Vacancy freeze Audit programme recommenced with weekly patient demographic outpatient audits.
2175	Transfer of clinical documentation via Shared Care Record system (16)	Volume of documents transferred via ShCR high. Additional pressure on DQA team to action rejections. Ongoing issues with failed deliveries due 3 rd party supplier systems.	Extend Demographic audits include ED patients. Implement Spine tracing for patients on Harris Flex Review volume of documents and % rejections to assure not increased issue	Harris flex team working with BI & DQA to establish process to upload files onto TEST PROD. Standing item on bi- weekly applications call with Harris team.

External Data Quality Assurance Monitoring

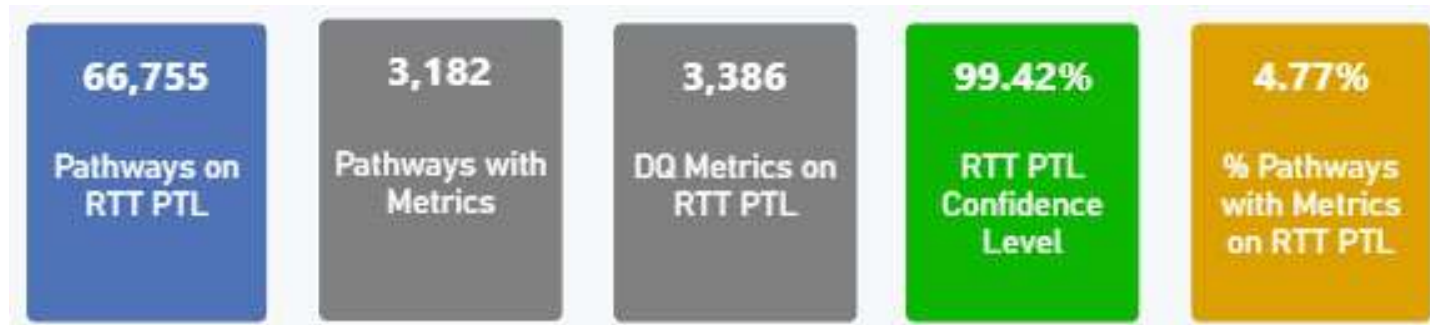
Elective Recovery - Waiting List National Minimum Dataset

As part of the elective recovery drive all acute trusts were mandated to provide a weekly record level waiting list extract covering referral to treatment, diagnostic and planned/surveillance care. The dataset is a mandated requirement for organisations and has been approved by the NHS Digital Data Standards Board. The data is being used to better understand and manage the waiting list position. It is expected that the WLMDS submissions will become the main source of reported waiting time performance data for Trusts with the phasing out of aggregated returns. The information within the WLMDS will also be used to populate waiting time information displayed in the My Planned Care Platform.

Nationally a Data Quality Reporting tool (LUNA) has been developed to support Trusts in making improvements to the quality and consistency of the datasets. Organisations submissions are assessed against 20 key data quality standards and assigned an overall data confidence level. The current week position for the Trust is shown below. The Trust confidence level score of 99.42% is above the national target of 95%, with the weekly trend showing sustained compliance and improvement. Of the total pathways submitted just 4.77% of records have been identified with a data quality flag that may warrant further review. Actions are ongoing to further improve the completeness and validity of submissions. Data quality issues relate to potential duplicate pathways, ED referrals that do not require a pathway.

To support validation of RTT data and timely identification of clock stops, a large language model has been deployed at LTH to read each new clinical letter that has been created on a daily basis. Letters with predicted clock stops, according to NHS rules, are passed to the validation team for confirmation.

Current Week – Confidence Level



Confidence Level Trend

	15/03/2026	08/03/2026	01/03/2026	22/02/2026	15/02/2026	08/02/2026	01/02/2026	25/01/2026	18/01/2026
RTT PTL Confidence Level	99.42%	99.44%	99.50%	99.49%	99.51%	99.48%	99.51%	99.51%	99.52%

Data Quality Maturity Index (DQMI)

The DQMI is a monthly national publication intended to raise the profile of data quality in the NHS by providing data submitters with timely and transparent information in relation to the quality of key data submissions. The DQMI scores are based on the completeness, validity, coverage and use of default values within core data items held within key datasets submitted nationally by the Trust to the Secondary Uses Service. Data items monitored

include NHS number, date of birth, gender, postcode, speciality and consultant as well as dataset specific items. Overall and dataset specific scores for the Trust are shown below for the period to end December 2025. Scores for all datasets are extremely positive showing a consistently high-performance score during 2025/26 compared to other NHS Trusts. The Trust performs at well above the national average for each key dataset.

	Emergency Care Dataset	Admitted Patient Care Dataset	Out-Patient Dataset
National Average	78.6	92.4	87.1
Lancashire Teaching	83.7	99.6	98.6

Scores by individual data items within each dataset are show in Appendix 1. The summary position shown below indicates a consistent compliance score with 5 fields worse than the national average, a consistent position compared to the previous bi-annual report.

Data Set	Key Fields	Compliant Fields	Var	% Compliance
OP	14	14	0	100.00%
APC	22	22	0	100.00%
ECDS	31	26	-5	83.87%
	67	62	-5	92.54%

Plans in place to implement further improvements to the content of the ECDS data flow now that the nationally mandated requirement to submit daily ECDS has been implemented.

Clinical Coding Completeness

The Clinical Coding Team continues to ensure the availability of comprehensively coded data in line with the national flex and freeze timetable. During 2025/26, the Trust maintained a coding completeness level at freeze of 100%. However, the level of coding completeness at flex has dipped slightly to between 70-80% due to an increase in the number of episodes to code and complexity of documentation. Clinical Coding teams across OneLSC have developed a pressures paper detailing the key challenges to maintaining the current flex and freeze positions.

The Coding Team Business Plan sets out the overall strategy for the future development of the Coding Service incorporating:

- A programme of clinical engagement to enhance quality and depth of coding
- Wider programme of internal audit to enhance coder skill sets including the appointment of a dedicated Audit & Quality Manager to drive quality improvements within the Clinical Coding team
- Fully implemented an enhanced End Coder system that supports additional quality and consistency checks. The upgrade of 3M Medicode system to Medicode 360 has provided additional audit and consistency capability. The next scheduled upgrade will support the implementation of OPCS Procedure codes V4.11. Standards training to support implementation is underway.
- Engaged with IQVIA to implement their Clinical Coding Analytics tool plus 12 days consultancy during from Oct 2024 to identify opportunities to enhance the depth of admitted care clinical coding. Work is ongoing to action monthly opportunity reports provided by IQVIA.
- Increased use of medical device data reconciled to the Trusts EPR data has supported the identification of additional out-patient procedure codes. This has improved the overall quality and depth of out-patient procedure coding across the services.

Recommendations

The Board is asked to note current Data Quality Assurance activities, internal and external monitoring processes and the on-going developments that support further improvements to data quality assurance and data quality engagement

Appendix 1 –DQMI Dataset Compliance

Trust coverage compared to the national average for key data items for the period to Dec 2025. This is a coverage dashboard not a check of the accuracy of content.


Data Item	Trust Dec 25	National Average	Variance	Rating	Actions
OUTPATIENT KEY DATA ITEMS					
ACTIVITY TREATMENT FUNCTION CODE	99.00%	95.40%	3.60%		
ADMINISTRATIVE CATEGORY CODE	100.00%	92.50%	7.50%		
CARE PROFESSIONAL MAIN SPECIALTY CODE	99.00%	94.80%	4.20%		
CONSULTANT CODE	99.00%	78.70%	20.30%		
ETHNIC CATEGORY	92.40%	75.20%	17.20%		
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	99.90%	90.80%	9.10%		
NHS NUMBER	100.00%	88.90%	11.10%		
NHS NUMBER STATUS INDICATOR CODE	100.00%	97.50%	2.50%		
ORGANISATION CODE (CODE OF COMMISSIONER)	99.80%	96.00%	3.80%		
PERSON BIRTH DATE	100.00%	95.80%	4.20%		
PERSON GENDER CODE CURRENT	100.00%	96.10%	3.90%		
POSTCODE OF USUAL ADDRESS	99.90%	90.30%	9.60%		
SITE CODE (OF TREATMENT)	100.00%	77.90%	22.10%		
SOURCE OF REFERRAL FOR OUTPATIENTS	91.60%	81.10%	10.50%		
ADMITTED CARE KEY DATA ITEMS					
ACTIVITY TREATMENT FUNCTION CODE	100.00%	97.10%	2.90%		
ADMINISTRATIVE CATEGORY CODE (ON ADMISSION)	100.00%	97.10%	2.90%		
ADMISSION METHOD (HOSPITAL PROVIDER SPELL)	100.00%	98.00%	2.00%		
CARE PROFESSIONAL MAIN SPECIALTY CODE	100.00%	96.50%	3.50%		
CONSULTANT CODE	100.00%	90.60%	9.40%		
DECIDED TO ADMIT DATE	99.90%	63.60%	36.30%		
DISCHARGE DATE (HOSPITAL PROVIDER SPELL)	100.00%	98.60%	1.40%		
DISCHARGE DESTINATION CODE (HOSPITAL PROVIDER SPELL)	100.00%	97.60%	2.40%		
DISCHARGE METHOD CODE (HOSPITAL PROVIDER SPELL)	100.00%	96.90%	3.10%		
ETHNIC CATEGORY	91.30%	87.70%	3.60%		
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	99.90%	95.70%	4.20%		
NHS NUMBER	99.90%	92.40%	7.50%		
NHS NUMBER STATUS INDICATOR CODE	100.00%	98.70%	1.30%		
ORGANISATION CODE (CODE OF COMMISSIONER)	99.70%	97.20%	2.50%		
ORGANISATION CODE (CODE OF PROVIDER)	100.00%	96.80%	3.20%		
PATIENT CLASSIFICATION CODE	100.00%	98.70%	1.30%		
PERSON BIRTH DATE	100.00%	97.40%	2.60%		
PERSON GENDER CODE CURRENT	100.00%	97.90%	2.10%		
POSTCODE OF USUAL ADDRESS	99.90%	94.40%	5.50%		
PRIMARY DIAGNOSIS (ICD)	100.00%	86.30%	13.70%		
SITE CODE (OF TREATMENT)	100.00%	83.90%	16.10%		
SOURCE OF ADMISSION CODE (HOSPITAL PROVIDER SPELL)	100.00%	97.00%	3.00%		

EMERGENCY CARE DATASET KEY DATA ITEMS					
CHIEF COMPLAINT (SNOMED CT)	88.50%	66.90%	21.60%		10% Improvement
ACUITY (SNOMED CT)	99.90%	82.50%	17.40%		
DIAGNOSIS (SNOMED CT) - FIRST	72.80%	62.70%	10.10%		Improved to above the national average
ARRIVAL DATE	100.00%	99.40%	0.60%		
ARRIVAL TIME	99.80%	97.00%	2.80%		
INITIAL ASSESSMENT DATE	99.90%	83.90%	16.00%		
INITIAL ASSESSMENT TIME	99.00%	82.30%	16.70%		
DATE SEEN FOR TREATMENT	99.10%	83.20%	15.90%		
TIME SEEN FOR TREATMENT	97.60%	80.80%	16.80%		
DEPARTURE DATE	99.30%	95.30%	4.00%		
DEPARTURE TIME	99.90%	95.60%	4.30%		
NHS NUMBER	99.40%	96.90%	2.50%		
NHS NUMBER STATUS INDICATOR CODE	99.80%	99.20%	0.60%		
ATTENDANCE CATEGORY	100.00%	86.00%	14.00%		
DISCHARGE STATUS (SNOMED CT)	99.60%	84.70%	14.90%		
DISCHARGE FOLLOW-UP (SNOMED CT)	98.30%	68.20%	30.10%		
DISCHARGE DESTINATION (SNOMED CT)	99.50%	82.70%	16.80%		
DISCHARGE INFO GIVEN (SNOMED CT)	0.40%	4.30%	-3.90%		Slight improvement since incorporation via ECDS V3.0 Implementation plan
ETHNIC CATEGORY	98.30%	86.80%	11.50%		
GENERAL MEDICAL PRACTICE CODE (PATIENT REGISTRATION)	99.80%	97.40%	2.40%		
ORGANISATION IDENTIFIER (CODE OF COMMISSIONER)	98.00%	92.10%	5.90%		
PERSON BIRTH DATE	100.00%	97.10%	2.90%		
PERSON STATED GENDER CODE	100.00%	96.90%	3.10%		
POSTCODE OF USUAL ADDRESS	99.40%	97.60%	1.80%		
ARRIVAL MODE (SNOMED CT)	99.90%	90.90%	9.00%		
ATTENDANCE CATEGORY	100.00%	89.40%	10.60%		
PROCEDURE (SNOMED CT) - FIRST	99.50%	70.40%	29.10%		
PROCEDURE DATE - FIRST	44.90%	62.80%	-17.90%		
PROCEDURE TIME - FIRST	43.20%	46.50%	-3.30%		
CLINICAL INVESTIGATION (SNOMED CT) - FIRST	42.00%	67.60%	-25.60%		Continued improvement since incorporation via ECDS V3.0 Implementation plan
INJURY INTENT (SNOMED CT)	10.40%	38.90%	-28.50%		Slight deterioration

14.3 USE OF COMMON SEAL

REFERENCES

Only PDFs are attached

 14.3 Use of Common Seal 2025-26.pdf



Board of Directors Report

Meeting of the	Board of Directors	2 April 2026	
	Part I <input checked="" type="checkbox"/>	Part II <input type="checkbox"/>	
Title of Report	Use of Common Seal 2025-26		
Report Author	J Wiseman, Corporate Affairs Officer		
Lead Executive Director	Jennifer Foote, Director of Corporate Affairs		
Recommendation/ Actions required	It is recommended that the Board of Directors receive the report and note the contents for information.		
	Decision <input type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
Executive Summary	The purpose of this report is to confirm the application of the Foundation Trust’s Common Seal for the period 1 April 2025 to 31 March 2026, as required by the Foundation Trust’s Standing Orders. Section 10, sub-section 10.3.1 states a report of all sealings shall be made to the Board of Directors on an annual basis, containing details of the Seal number, description of the document and the date of Sealing.		
Link to Strategic Objectives 2025/26	Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.		<input checked="" type="checkbox"/>
	Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.		<input checked="" type="checkbox"/>
	People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.		<input checked="" type="checkbox"/>
	Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.		<input checked="" type="checkbox"/>
	Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.		<input checked="" type="checkbox"/>

1. USE OF COMMON SEAL

- a. The Board is requested to note the Foundation Trust’s Common Seal was applied as follows during the period 1 April 2025 to 31 March 2026:

- **Seal reference 266:** 10 September 2025 in respect of the lease with Diaverum UK Limited and Blackburn Renal Dialysis Unit.
 - **Seal reference 267:** 10 December 2025 in respect of the lease with Diaverum UK Limited and Blackburn Renal Dialysis Unit.
 - **Seal reference 268:** 12 January 2026 in respect of the lease between North West Industrial Estates Limited and Lancashire Teaching Hospitals on behalf of ELFS, relating to lease of part of the first floor, Viscount House, Arkwright Court, Commercial Road.
 - **Seal reference 269:** 5 February 2026 in respect of the lease relating to the substation site at the north side of Old Bank Lane, Blackburn.
- b. The arrangements for the use of the Common Seal are set out in section 10 of the Foundation Trust's Standing Orders. The transactions are set out in the Register of Use of Common Seal which is held by the Office of the Company Secretary.

2. Financial implications

- 2.1 There are no financial implications associated with the recommendations in this report.

3. Legal implications

- 3.1 There are no legal implications associated with the recommendations in this report.

4. Risks

- 4.1 There are no risks associated with the recommendations in this report.

5. Impact on stakeholders

- 5.1 There is no impact on stakeholders associated with the recommendations in this report.


6. Recommendations

It is recommended that the Board of Directors receive the report and note the contents for information.

14.4 GOVERNOR ELECTION REPORT

REFERENCES

Only PDFs are attached

 14.4 - Governor Elections 2026.pdf



Board of Directors Report

Meeting of the	Board of Directors	2 April 2026	
	Part I <input checked="" type="checkbox"/>	Part II <input type="checkbox"/>	
Title of Report	Governor Elections 2026		
Report Author	J Wiseman, Corporate Affairs Officer		
Lead Executive Director	Jennifer Foote, Director of Corporate Affairs		
Recommendation/ Actions required	It is recommended that the Board of Directors receive the report and note the contents for information.		
	Decision <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>
Executive Summary	<p>The purpose of this report is to confirm the results of the 2026 elections to the Council of Governors. The Governor election process is an annual process carried out in line with the Trust’s Constitutional requirements and in accordance with Model Election Rules as published by NHS Providers. The election was conducted by Electoral Reform Services who acted as Returning Officer on behalf of the Trust.</p> <p>For the 2026 Governor election, there were seven vacancies in the public constituency and three vacancies in the staff categories of Doctors and Dentists, Non-Clinical and Unregistered Healthcare and Support Workers. Voting closed on 20 March 2026 with results declared on 23 March 2026, included in the report for information. A copy of the Report of Voting and Uncontested Report from the Returning Officer are attached which includes the list of candidates elected and a breakdown of voting.</p> <p>It is recommended that the Board of Directors receive the report and the results of the 2026 Governor election for information.</p> <p>Appendix 1: Report of Voting and Uncontested Report</p>		
Link to Strategic Objectives 2025/26	Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.	<input checked="" type="checkbox"/>	
	Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.	<input checked="" type="checkbox"/>	
	People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.	<input checked="" type="checkbox"/>	

	Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.	<input checked="" type="checkbox"/>
	Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.	<input checked="" type="checkbox"/>

1. Introduction

The Governor election process is an annual process carried out in line with the Trust's Constitutional requirements and in accordance with Model Election Rules as published by NHS Providers. The election was conducted by Electoral Reform Services who acted as Returning Officer on behalf of the Trust.

For the 2026 Governor election, there were seven vacancies in the public constituency and three vacancies in the staff categories of Doctors and Dentists, Non-Clinical and Unregistered Healthcare and Support Workers. Voting closed on 20 March 2026 with results declared on 23 March 2026, included in the report for information. A copy of the Report of Voting and Uncontested Report from the Returning Officer are attached which includes the list of candidates elected and a breakdown of voting.

The new Governors will be attending their first meeting of the Council of Governors on 23 April 2026 and will be undergoing induction into their new roles over the coming weeks. One governor has been re-elected for the period 1 April 2026 to 31 March 2029.

Outcome of the 2026 Election to the Council of Governors

The outcome of the 2026 Governor election is confirmed as follows:

CONTEST: PUBLIC

The election was conducted using the single transferable vote electoral system and the following candidates were selected (in order of election):

Graham Fullarton (re-elected)
Christine Turner
Linda Bracewell
Susan Bailey
Ian Facer
Zulekha Mushtaq
Terry Lindsay

UNCONTESTED: STAFF

George-Adrian Rata (Doctors and Dentists)
Ian Linacre (Non-Clinical)

ELECTED: STAFF

Sheila Beale (Unregistered Healthcare and Support Workers)

2. Financial implications

There are no financial implications associated with the recommendations in this report.

3. Legal implications

The election process has been conducted in line with the Trust's Constitution and the Model Election Rules published by NHS Providers.

4. Risks

There are no risks associated with the recommendations in this report.

5. Impact on stakeholders

Stakeholders will be advised of the outcomes of the elections.

6. Recommendations

It is recommended that the Board of Directors receive the report and the results of the 2026 Governor election for information.

LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 20 MARCH 2026

CONTEST: Public

*The election was conducted using the single transferable vote electoral system.
The following candidates were elected (in order of election):*

ELECTED		
TURNER, Christine		
BRACEWELL, Linda		
BAILEY, Susan		
FACER, Ian		
FULLARTON, Graham		
MUSHTAQ, Zulekha		
LINDSAY, Terry		

Number of eligible voters		8,782
Votes cast online:	277	
Votes cast by post:	278	
Total number of votes cast:		555
Turnout:		6.3%
Number of votes found to be invalid:		9
Total number of valid votes to be counted:		546

CONTEST: Staff: Unregistered Healthcare and Support Workers

*The election was conducted using the single transferable vote electoral system.
The following candidate was elected:*

ELECTED		
BEALE, Sheila		

Number of eligible voters		2,086
Votes cast online:	97	
Total number of votes cast:		97
Turnout:		4.7%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		97

The result sheets for the election forms the Appendix to this report. They detail:-

- the quota required for election
- each candidate's voting figures, and
- the stages at which the successful candidates were elected.

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson

Returning Officer

On behalf of Lancashire Teaching Hospitals NHS Foundation Trust

LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 3 FEBRUARY 2026

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

STAFF: DOCTORS AND DENTISTS 1 TO ELECT
The following candidate was elected unopposed: George-Adrian Rata

STAFF: NON-CLINICAL 1 TO ELECT
The following candidate was elected unopposed: Ian Linacre

Ciara Hutchinson
Returning Officer
On behalf of Lancashire Teaching Hospitals NHS Foundation Trust

Election for	Public																		
Date	23/03/2026																		
Number to be elected	7																		
Valid votes	546																		
Invalid votes	9																		
Quota	69																		
eSTV Reg. 54096	2.0.16																		
Election rules	Custom																		
		Stage	2	Stage	3	Stage	4	Stage	5	Stage	6	Stage	7	Stage	8	Stage	9		
	First	Surplus of		Surplus of		Surplus of		Exclusion of		Surplus of		Surplus of		Exclusion of		Exclusion of			
Candidates	Preferences	TURNER, Christine	BRACEWELL, Linda	BAILEY, Susan	MUKHTAR, Sultan	FACER, Ian	FULLARTON, Graham	RAJA, Sayf	GLEESON, James										
ARMSTRONG, Mike	Withdrawn																		
BAILEY, Susan	84	84	84	-15	69	69	69	69	69	69	69	69	69	69	69	69	69	69	Elected
BRACEWELL, Linda	85	85	-16	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	Elected
FACER, Ian	53	18.91	71.91	71.91	71.91	71.91	-2.91	69	69	69	69	69	69	69	69	69	69	69	Elected
FULLARTON, Graham	41	23.79	64.79	6.65	71.44	71.44	71.44	71.44	71.44	-2.44	69	69	69	69	69	69	69	69	Elected
GLEESON, James	23	4.27	27.27	1.71	28.98	3.15	32.13	4.43	36.56	0.38	36.94	0.45	37.39	0.99	38.38	-38.38	-		
LINDSAY, Terry	22	12.2	34.2	2.85	37.05	5.67	42.72	3.23	45.95	2.09	48.04	1.26	49.3	5.86	55.16	6	61.16	61.16	Elected
MUKHTAR, Sultan	15	4.88	19.88	1.52	21.4	1.68	23.08	-23.08	-	-	-	-	-	-	-	-	-	-	
MUSHTAQ, Zulekha	25	5.49	30.49	0.95	31.44	1.26	32.7	4.82	37.52	0.19	37.71	0.18	37.89	13.91	51.8	13.9	65.7	65.7	Elected
RAJA, Sayf	22	5.49	27.49	1.52	29.01	1.68	30.69	4.57	35.26	0.19	35.45	0.27	35.72	-35.72	-	-	-	-	
TOON, Richard	25	6.1	31.1	0.19	31.29	1.05	32.34	3.43	35.77		35.77	0.18	35.95	5.01	40.96	8.84	49.8	49.8	
TURNER, Christine	151	-82	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	Elected
Non-transferable		0.87	0.87	0.61	1.48	0.51	1.99	2.6	4.59	0.06	4.65	0.1	4.75	9.95	14.7	9.64	24.34	24.34	
Totals	546	546	546	546	546	546	546	546	546	546	546	546	546	546	546	546	546	546	546

Election for	Staff Unregistered Healthcare and Support Workers	
Date	23/03/2026	
Number to be elected	1	
Valid votes	97	
Invalid votes	0	
Quota	49	
eSTV Reg. 54096	2.0.16	
Election rules	Custom	
	First	
Candidates	Preferences	
BEALE, Sheila	66	Elected
DEVINE, Gemma	31	
Non-transferable		
Totals	97	

REFERENCES

Only PDFs are attached

 14.5 Cycle - Board of Directors - Mar 2026 v2.pdf

CYCLE OF BUSINESS: BOARD OF DIRECTORS

April 2026

	Part	Presenter	Contact	Q1			Q2			Q3			Q4		
				Apr	May <i>(Annual report & accounts only)</i>	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
STANDING ITEMS															
Chief Executive's report	1	Chief Executive	ND	✓		✓		✓		✓		✓		✓	
Patient story	1	Chief Nursing Officer	SM	Surg		DCS		Med		W&C		Ad hoc			
Staff story	1	Chief People Officer	NR/LR											Staff	
ITEMS FOR APPROVAL / DISCUSSION															
CONSISTENTLY DELIVER EXCELLENT CARE (SAFETY AND QUALITY)															
Safety and Quality Committee Chair's report	1	Committee Chair	KD	✓		✓		✓		✓		✓		✓	
• Mid-year Maternity Service Safe Staffing Report	1	Chief Nursing Officer	SM	✓						✓					
• Mortality annual report	1	Chief Medical Officer	GS							✓					
• Infection prevention and control annual report	1	Chief Nursing Officer	SM			✓									
• Mid-year Nurse Staffing Report	1	Chief Nursing Officer	SM	✓						✓					
• AHPs safe staffing report	1	Chief Nursing Officer	SM					✓						✓	
• Patient experience annual report	1	Chief Nursing Officer	SM			✓									

	Part	Presenter	Contact	Q1			Q2			Q3			Q4		
				Apr	May (Annual report & accounts only)	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
• PSIRF annual report	1	Chief Nursing Officer	SM			✓									
• Annual safeguarding report	1	Chief Nursing Officer	SM					✓							
• PSIRF and Annual Report of Incidents Reported to StEIS	1	Chief Nursing Officer	SM			✓									
• Maternity PSIRF Serious Incident Report	2	Chief Nursing Officer	SM	✓		✓		✓		✓		✓		✓	
• Health Inequalities Report	1	Chief Nursing Officer	SM			✓									
DELIVER VALUE FOR MONEY (FINANCE AND PERFORMANCE)															
Finance and Performance Committee Chair's report	1	Committee Chair	JS	✓		✓		✓		✓		✓		✓	
Charitable Funds Committee Chair's report	1	Committee Chair	TB	✓				✓		✓				✓	
• Corporate Objectives (<i>sign-off off at the start of each year</i>)	1	Director of Continuous Improvement	AB											✓	
• Integrated performance report	1	COO, CNO, CPO, CFO	KF-G	✓		✓		✓		✓		✓		✓	
• 2025/26 Financial Planning report (approval)	2	Chief Finance Officer	DS											✓	
• Charities annual report and accounts (<i>for information</i>)	2	Chief Finance Officer	BP							✓					
GREAT PLACE TO WORK (WORKFORCE, EDUCATION AND RESEARCH)															

	Part	Presenter	Contact	Q1			Q2			Q3			Q4		
				Apr	May (Annual report & accounts only)	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Workforce Committee Chair's report	1	Committee Chair	AL	✓		✓		✓		✓		✓		✓	
Education, Training and Research Committee Chair's report	1	Committee Chair	SC	✓		✓		✓				✓		✓	
• Staff survey report	1	Chief People Officer	NP	✓											
• Workforce Disability Equality Standard (WDES) report	1	Chief People Officer	NP	TBC – publish in May				✓							
• Workforce Racial Equality Standard (WRES) report	1	Chief People Officer	NP	TBC – publish in May				✓							
• Gender pay report	1	Chief People Officer	NP											✓	
• Appraisal, Revalidation and Medical Governance Annual Report	1	Chief Medical Officer	GS					✓							
• Guardian of Safe Working report	1	Chief Medical Officer	GS					✓						✗	
• Freedom to Speak Up update	1	Chief People Officer	K Holt			✓									
• Equality, diversity and inclusion annual report	1	Chief People Officer	NP											✓	
• Raising Concerns at Work (including Whistleblowing) annual report	1	Chief People Officer	K Holt			✓									
• Annual PLACE report and action plan	1	Chief Finance Officer	DS							✓					
FIT FOR THE FUTURE (STRATEGY AND PLANNING)															
• Single Improvement Plan	1	Chief Executive	SN	✓		✓		✓		✓		✓		✓	
• Trust Strategy	1	Director of Continuous Improvement	AB	✓						✓					

	Part	Presenter	Contact	Q1			Q2			Q3			Q4		
				Apr	May (Annual report & accounts only)	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
• Social Value Strategy	1	Chief People Officer	NP							✓					
• Winter Plan (initial pre then update)	1	Chief Operating Officer	KF-G					✓		✓				✓	
RISK, GOVERNANCE AND COMPLIANCE															
Audit Committee Chair's report	1	Committee Chair	TW			✓				✓				✓	
• Review of risk appetite/tolerance for Committee-owned risks	1	Associate Director of Risk and Assurance	SM (SR)			✓									
• Risk management policy (annual update)	1	Chief Nursing Officer	SM (SR)							✓					
• Restricted Circulation Risk Report	2	Associate Director of Risk and Assurance	SR					✓						✓	
• Health and Safety Annual Report (for discussion)	1	Chief Nursing Officer	SR					✓							
• EPRR Core Standards Annual Assurance	1	Chief Operating Officer	KF-G					✓				✓			
• Terms of Reference: Committees of the Board	1	Director of Corporate Affairs	JF											✓	
• Board Effectiveness Review	1	Director of Corporate Affairs	JF	✓											
• Board Assurance Framework	1	Associate Director of Risk and Assurance	SR	✓		✓		✓		✓		✓		✓	
• Appointment of Directors to LHS Ltd	1	Director of Corporate Affairs	JF	✓											

	Part	Presenter	Contact	Q1			Q2			Q3			Q4			
				Apr	May (Annual report & accounts only)	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
• Approval of NHS Improvement self-certifications	2	Director of Corporate Affairs	JF		✓											
• Approval of corporate governance statement	2	Director of Corporate Affairs	JF		✓											
• Approval of annual report and accounts (including annual governance statement) (extraordinary Board end of May)	2	Director of Corporate Affairs / Assistant Finance Director	JF / BP		✓											
• Approval of management representations letters (extraordinary Board end of May)	2	Director of Corporate Affairs / Assistant Finance Director	JF / BP		✓											
• Annual review of the One LSC SCA	2	Director of Corporate Affairs	JF			✓										
ITEMS FOR INFORMATION [Not presented]																
RISK, GOVERNANCE AND COMPLIANCE																
• Annual report and accounts (once laid before Parliament)	1		JF					✓								
• Annual quality account (June Presentation for consultation only)						✓		✓								
• Data quality assurance report	1		SD	✓						✓						
• FT code of governance report	1		JF		✓											

	Part	Presenter	Contact	Q1			Q2			Q3			Q4		
				Apr	May (Annual report & accounts only)	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
• Maternity and neonatal services update	1		SM	✓		✓		✓		✓		✓		✓	
• Green Plan	1		NP/CC	✓ Annual						✓ Biannual					
• Provider licence compliance report	1		JF		✓										
• Use of Common Seal	1		JF	✓											
• Register of interests	1		JF											✓	
• Governor election report	1		JF	✓											
• Annual report of Audit Committee	1		JF/TW		✓										
• Annual FPPT Assessment	1		JF			✓									
• Minutes of Board Committee meetings	2		KB	✓		✓		✓		✓		✓		✓	
• LHS minutes	2		JF (JW)	✓		✓		✓		✓		✓		✓	
• PCB summary report	2		ND	✓		✓		✓		✓		✓		✓	