



Public Trust Board Meeting

Thursday 3 March 2022

Agenda and Papers





OPEN TRUST BOARD MEETING Thursday 3 March 2022

MS Teams
09:30 – 12.30

v = verbal d = document p = presentation

Item	Time	Item	Owner	Purpose
1	09.30	Welcome and Apologies (v)	Acting Chair	N/A
2	09.30	Declaration of Interests (v)	Acting Chair	N/A
3	09.35	Minutes and actions of meeting held on 3 February 2022 (d)	Acting Chair	Decision
4	09.40	Patient Story (v)	Chief Nurse	Information
STRATEGIC CONTEXT				
5	10.00	Chair and Chief Executive's Update (v)	Acting Chair / Chief Executive Officer	Information
PERFORMANCE				
6	10.10	Recovery & Restoration Update (v)	Acting Chief Operating Officer	Information
7	10.20	Integrated Performance Report (d)	Chief Executive Officer / Execs	Assurance
8	10.40	Staff Survey Results (d)	Chief People Officer	Assurance
QUALITY & SAFETY				
9	11.00	Guardian of Safe Working Quarterly Report (d) PAPER TO FOLLOW	Medical Director	Assurance
10	11.05	Freedom to Speak Up Guardian Quarterly Report (d)	Chief Nurse	Assurance
11	11.15	Infection Prevention and Control Board Assurance Framework (d)	Chief Nurse	Assurance
FINANCE				
12	11.25	Draft Annual Plan (p)	Chief Finance Officer	Assurance
BREAK				
GOVERNANCE				
13	11.50	Board Cycle of Business (d)	Corporate Secretary	Approval
REPORTS FROM BOARD COMMITTEES				
14	11.55	Business Performance Committee Key Issues Report (d)	Committee Chair	Assurance
STRATEGY				
15	12.00	Deprivation Measures as an Indicator of Equality (p)	Chief Executive Officer	Information
CONSENT AGENDA				
Subject to Board agreement, the recommendations in the following reports will be adopted without debate:				
<ul style="list-style-type: none"> My Planned Care Patient Platform (d) - Information Terms of Reference - Strategic BAME (Black, Asian, Minority Ethnic) Advisory Committee (d) - Approval 				
CONCLUDING BUSINESS				
18	12.30	Any Other Business (v)	Acting Chair	Information

Date and Time of Next Meeting: **7th April 2022 commencing at 9.30**

UNCONFIRMED

Minutes of the Public Trust Board Meeting

Meeting held via Microsoft Teams

3rd February 2022

Present:

Seth Crofts	Non-Executive Director – Acting Chair (AC)
Karen Bentley	Non-Executive Director (NED-KB)
Su Rai	Senior Independent Director (SID)
David Topliffe	Non-Executive Director (NED-DT)
Paul May	Non-Executive Director (NED-PM)
Ray Walker	Non-Executive Director (NED-RW)
Jan Ross	Chief Executive (CEO)
Andy Nicolson	Medical Director (MD)
Mike Burns	Chief Financial Officer (CFO)
Lisa Salter	Chief Nurse (CN)
Mike Gibney	Chief People Officer (CPO)
Lindsey Vlasman	Acting Chief Operating Officer (ACOO)

In attendance:

John Baxter	Executive Assistant (EA)
Katharine Dowson	Corporate Secretary (CS)
Lindsey Cleary	Neuropsychiatry Specialist Nurse (NSN) (item 4 only)
Lisa Judge	Head of Patient & Family Experience (HPFE) (item 4 only)
Jon Smith	Neuropsychiatry Advanced Nurse Practitioner (NANP) (item 4 only)
Elaine Vaile	Communications and Marketing Manager (CMM) (item 4 only)

- 1 Welcome and apologies**
- 1.1 AC welcomed those present to the meeting and introduced Ray Walker and Paul May to their first meetings since being appointed as Non-Executive Directors on 1 January 2022.
- 2 Declarations of interest**
- 2.1 There were no declarations of interest in relation to the agenda.
- 3 Minutes of the meeting held on 2nd December 2021**
- 3.1 The minutes of the meeting held on 2nd December 2021 were agreed as a true and accurate record.
- 4 Patient Story**
- 4.1 NSN, HPFE, NANP and CMM joined the meeting.
- 4.1 NSN presented a patient story from a patient who had been admitted to the Trust in June 2021 for an elective procedure. The patient also had a mental health diagnosis and was feeling particularly anxious about the admission.
- 4.3 The patient reported that the Neuropsychiatry team had been a huge help in supporting the patient through their procedure and throughout the patients recovery pathway. The patient noted that they felt that the team cared about them as a person and they

highlighted that they had a new respect for what was able to be achieved on a hospital ward. It was recognised that hospital wards were busy and noisy areas and this would naturally raise anxieties at a time when patients could feel isolated and the team had provided a valuable service in wanting to listen and help the patient. The patient reported that the team had been in contact with her throughout her pathway to provide reassurance and had discussed discharge processes and a return to clinical psychologists in the community following discharge.

- 4.4 NANP informed that the Trust wanted to ensure physical and mental health were given equal importance and 700 staff were now trained in the Mental Health Act and a number of new policies and procedures had been introduced. The Neuropsychiatry team work closely with the Patient Experience Team to gather patient feedback and also contribute to the ongoing care provided to patients.
- 4.5 NED-PM queried how the Neuropsychiatry team was resourced and what portion was direct care and what was training and support. NANP informed that the team were available and visible at the daily huddle and multi-disciplinary team meetings and had performed 2,000 face to face interventions during 2021. 500 of these had been within the outpatient department with the rest in inpatient settings and within the rehabilitation network. An out of hours telephone advice line was available from Mersey Care and the team consisted of 1.5 whole time equivalent Consultant Neuropsychiatrists, NANP, NNP, three mental health nurses and an administrator. The team and the out of hours provision from Mersey Care provided cover seven days per week and there were also seven clinics held each week.
- 4.6 NED-RW questioned if the service covered patients with learning difficulties or autism. NANP confirmed that learning disability cover was on the agenda and a plan was in place to improve this provision moving forward. Provision for patients with a learning disability was currently provided by the safeguarding team with regards to national requirements and work continued to improve this service.
- 4.7 NNP highlighted that the environment could be a challenge on acute ward and the team were working to identify a garden room attached to Chavasse ward as it was recognised that environment was important in managing agitation in patients.

The Board recorded their thanks to the patient for sharing their story and also to the Neuropsychiatry team for the continued hard work.

5 Chair & Chief Executive's Report

- 5.1 AC updated that the Integrated Care Partnership (ICP) was progressing with some appointments made to the Integrated Care Board (ICB) which were still subject to national approval.
- 5.2 AC had met with the Chair of Clatterbridge Cancer Centre NHS Foundation Trust to discuss opportunities for collaborative working.
- 5.3 CEO updated that the trend in numbers of Covid positive cases continued to reduce with approximately 800 patients currently in hospital beds across the Cheshire and Merseyside region. There were high rates of positivity within the community setting however these cases were not converting into hospital admissions. Staff sickness had been the biggest

challenge however this seemed to have peaked and staffing continued to be managed on a daily basis.

- 5.4 CEO advised that a lot of work had been undertaken to prepare for the vaccination as a condition of deployment (VCOD) mandate. Robust processes had been implemented and contact had been made with all affected members of staff with letters detailing next steps to be taken sent during the week commencing 24th January. Two question and answer sessions had been held with affected staff. The Trust had received guidance on 31st January informing that a consultation had begun around ending the VCOD mandate and instructing Trusts not to issue letters of termination to affected staff. It was recognised that this had been a very difficult situation and consideration on how to manage the situation moving forward was required. The Trust had worked closely with staff side throughout the process and would continue to do so.
- 5.5 CEO advised that they had been appointed to the membership of the Health and Life Sciences Board.
- 5.6 CEO informed that interviews for the Chair position would be held during the week commencing 7th February and the recruitment process for the Chief Operating Officer position would begin shortly.

The Board noted the verbal update reports.

6 Recovery and Restoration Update

- 6.1 ACOO provided an update on the Trust's recovery and restoration programme noting that diagnostic and cancer related targets were all on track. Recovery plans for elective, day case and outpatient targets had been achieved during December.
- 6.2 It was highlighted that December had been a challenging month within theatres and there had been an increase in emergency admissions along with high levels of sickness absence and an outbreak of Covid. It was reported that the position within theatres had improved during January.
- 6.3 Long wait targets were all reported to be on track and there were ten patients waiting 104 weeks or more who had been transferred to the Trust as part of the transfer of spinal services. These patients had been validated and a plan had been put in place.
- 6.4 Planning guidance had been received by the Trust on 24th December and work was underway to compile plans for submission.

The Board noted the progress made against the Trusts recovery and restoration programme.

7 Integrated Performance Report

- 7.1 CEO provided an overview of the Integrated Performance Report (IPR) noting that the report had been discussed in detail at Committee meetings as noted in the relevant key issues reports. It was highlighted that cancer and diagnostic targets continued to be met by the Trust however both targets were a challenge across the wider system and a Diagnostics Programme Board had been formed to manage the regional backlog.

7.2 An additional slide had been included in the report detailing performance against Elective Recovery Fund (ERF) targets and it was recognised that there was a requirement to review the content of the report in line with planning guidance.

7.3 Staffing and sickness performance was monitored on a daily basis at daily huddle and staffing review meetings.

Quality

7.4 CN highlighted that infection prevention and control (IPC) trajectories related to carbapenemase producing enterobacteriaceae (CPE), methicillin-susceptible Staphylococcus aureus (MSSA) and Clostridium-Difficile had not been met and action plans were in place to improve performance. Infection rates had plateaued since the introduction of these action plans and work to drive improvements continued.

7.5 A new tissue viability nurse had been appointed and was now in post, it was expected that the numbers of pressure ulcers recorded would increase due to an increased focus on tissue viability leading to an increase in reporting.

7.6 Clinical staff bank usage was reducing due to staffing requirement information being more transparent since implementation of the Allocate e-roster system.

7.7 An increase in the number of complaints had been recorded. It was noted that this was related to communication of waiting times and discussions had been held at the Executive Team meeting with an action plan introduced that would be tracked by the Executive Team.

Workforce

7.8 CPO advised that appraisal rates had improved and the detail behind rates was monitored by the Workforce Group. Mandatory training performance was below target and this was mostly attributable to face to face training due to the effect of social distancing space requirements and the impact of increased staff absence.

7.9 Nurse turnover rates had decreased however remained high and overall turnover had increased with a number of factors identified.

7.10 Sickness levels were currently 8.4% with 3% due to Covid related absence.

7.11 NED-RW queried the levels of sickness prior to the pandemic and CPO clarified that intermittent deep dives into sickness rates were undertaken and the main issue related to long term sickness, however the nature of sickness was understood.

Finance

7.12 CFO noted that the Trust reported a surplus at month 9 however the year to date position was behind target. Activity targets were being met within the Trust however these were not being met across the region which meant that ERF funding could not be accessed. The Trust was forecasting a deficit of £340k against a break even target; a plan was in place to utilise non-recurrent slippage funds.

7.13 Covid costs of £98k were recorded during December and this was expected to continue to reduce moving forward. There had been an increase in bank staffing expenditure due to

the late receipt of an invoice and the finance team were investigating why there had been a delay in this being received.

- 7.14 Digital Aspirant funding for the year would all be drawn down by 7th February 2022 and it was confirmed that £1m of funding had been rolled over to the next financial year. Capital prioritisation planning was ongoing and it was expected that capital allocations would decrease and further prioritisation work would be required.
- 7.15 The Trust had recorded improvements against Better Payment Practice targets with performance at 93.5% against a target of 95% for non-NHS suppliers.
- 7.16 NED-RW queried if plans were in place for 2.5% Cost Improvement Plan (CIP) efficiencies. CFO outlined the robust processes that had been in place before the pandemic. The Trust was reviewing a number of areas to identify efficiency savings and weekly meetings were in place to review and identify schemes at departmental and divisional level. The Trust was also working to raise understanding and provide training regarding budget statements.

The Board noted the Integrated Performance Report.

8 Mortality and Morbidity Report Quarter 2 and Quarter 3 2021/22

- 8.1 MD presented the mortality and morbidity report for quarter 2 and quarter 3 2021/22 and highlighted that there had been an increase in mortality during quarter 2 however this had then decreased in quarter 3. The Risk-Adjusted Mortality Index (RAMI) had reduced and continued to be below peers of the Trust.
- 8.2 It was highlighted that no deaths that had been reviewed had been considered avoidable. There was one death of a patient who had tested positive for Covid-19 however this diagnosis was not related to the death.
- 8.3 One unexpected death had been recorded during quarter 3 and a full root cause analysis (RCA) was underway and duty of candour had been followed.
- 8.4 It was highlighted that patient deaths were mostly from patients with an acute injury or sudden illness and patients were treated until there was an acceptance that they were at the end of life. This would be reviewed to ensure that processes were in place to ensure that patients had a choice on where they died where possible. It was recognised that the Organ Donation Specialist Nurses were integral in discussions with patient families.
- 8.5 SID queried if there were any outliers in patient deaths by clinician and it was confirmed that there were not.

The Board noted the Mortality and Morbidity Report for Quarter 2 and Quarter 3 2021/22.

9 Board Assurance Framework

- 9.1 CS presented the updated Board Assurance Framework (BAF) and reported that Risk 016 was a new risk agreed by the Board at the previous BAF review. The BAF had been reviewed by the Executive Team and updates were denoted in red text or strikethrough. An overview of risk scores and risk appetites was provided and the changes in risk scores

or target scores were highlighted. There were five risks where the risk score was amended:

- 003 Harm to Staff reduced from 12 to 9
- 006 Estates reduced from 12 to 9
- 010 Partnerships and Integrated Care System reduced from 12 to 9
- 013 Financial Plan increased from 12 to 16
- 014 Medical Education reduced from 9 to 6

9.2 The BAF was reviewed by the Board and information to be amended and updated was highlighted. It was noted that the risk targets for Four risks had been lowered further and that the risk appetite for two risks (011 Research and Development and 012 Capital Plan had been moved from 'Cautious' to 'Moderate'. CS advised that the 2021/22 BAF would be brought back to the Board for review in April and closed. New BAF risks for 2022/23 would be agreed by the Board in April.

9.3 NED-RW highlighted Risk 012 and stated that there was no sense of quantum of overspend from the risk. CFO clarified that the risk was now of not spending the full allocation and losing potential funds. There was a continuous review of quantum to ensure capital spend plans were met and a risk based approach was in place regarding the capital management programme with risk changes dependant on allocations of capital funds.

The Board approved the updated Board Assurance Framework.

10 Key Assumptions and Operational Planning

10.1 CFO provided a presentation detailing a high level summary of the draft revenue finance and contracting guidance published on 24th December and highlighting the areas of focus for the Trust from the national operational plan.

10.2 There would be a full twelve month planning cycle for 2022/23 along with a three to five year capital planning cycle. There was an expectation for Trusts to reduce the number of outpatient follow up appointments and it was recognised that this would impact on Trust income. Work was underway to understand the potential impact and identify any mitigation to be implemented. The Trust was also working with commissioners to understand and agree costs and associated tariffs related to thrombectomy.

10.3 It was reported that governance plans would need to be agreed regarding the deadlines for the submissions that were required to be made. An outline timetable of submissions had been published and it was recognised that this would be a challenge to present for committee and Board scrutiny and approval. The first high level submission was required to be made on 14th February. Following this date submissions would require sign off from Business Performance Committee (BPC) or Board dependant on the timetable.

10.4 NED-PM queried the overall income generation from Welsh patients and it was reported that Welsh activity accounted for approximately 18% of income, the NHS in Wales had followed NHSE processes during the pandemic and there were no indications that this would change moving forward. It was recognised that the target for Welsh waiting times was 95% of patients seen within 36 weeks.

10.5 CFO advised that it was expected that the requested 25% reduction in outpatient activities would be a blanket approach and work was underway to review outpatient activity and identify alternative solutions. It was highlighted that there was some national acknowledgement that this would be difficult to achieve for some specialties and this would be discussed with commissioners.

10.6 AC recognised that the efficiency targets were a big ask and there was a need to ensure this would not affect the quality of care.

The Board noted the key assumption and operational planning update.

11 Reducing the Burden and Releasing Capacity

11.1 CS presented an update on the Trust's ongoing approach to the revised regulatory requirements for NHS Trusts in response to the Covid-19 pandemic. The Trust had also completed a governance checklist from Mersey Internal Audit Agency (MIAA) in January 2022 and the Trust response to this was included in the paper.

The Board approved the continuation of emergency powers and agreed to review these further in July 2022.

12 Quality Committee Key Issues Report

12.1 AC provided an update from the meeting held on 20th January 2022 and clarified that the final bullet point under the Assurance section should read "The quality account priorities were presented and agreed in principle. A further detailed document with detail on agreed targets and measurements was to be sent to the Quality Committee members."

12.2 It was reported that positive feedback had been received following the Critical Care Network Peer Review. Areas of improvement had been highlighted and an overview of these had been provided.

12.3 It was highlighted that additional work was required to update the NICE (National Institute for Health and Care Excellence) Exception Report and the Clinical Audit Progress Report and requests had been made for increased reviews at Clinical Effectiveness and Services Group (CESG) until the reports were fully updated.

The Board noted the Quality Committee Key Issues Report.

13 Business Performance Committee (BPC) Key Issues Report

13.1 NED-DT provided an update from the meeting held on 25th January 2022 and noted that the output from the health and wellbeing survey had been reviewed and this would inform and help develop the Trust Strategy.

13.2 It had been recognised that there was a finite resource allocated to the Bed Repurposing Project and a lot of work had been required in a short space of time to complete this plan and this had impacted on other service delivery projects.

The Board noted the Business Performance Committee Key Issues Report.

14 Research, Innovation and Medical Education Committee Key Issues Report

14.1 AC provided a verbal update from the meeting held on 12th January 2022 and noted that a restructure of the research unit had been undertaken and the restructure was beginning to embed within the unit. It was reported that challenges remained to recruit to commercial trials and a shortfall in predicted funding was forecast due to staffing changes within the unit.

14.2 A number of presentations had been provided detailing updates regarding the commercialisation of innovation projects across the Trust including the Spinal Improvement Programme, the Chatbot project and the Virtual Engagement Rehabilitation Assistant (VERA) application. It was also reported that a bid for funding from National Institute for Health Research (NIHR) had been made for the Electronic Routine Nutritional Screening Tool (ERNST) trial.

The Board noted the Research, Innovation and Medical Education Committee Key Issues Report.

15 Audit Committee Key Issues Report

15.1 SID provided an update from the meeting held on 18th January 2022 and noted that no internal audit reports had been received for the second quarter in succession. Mersey Internal Audit Agency (MIAA) had advised that there were no concerns relating to an audit opinion being provided. The Committee also noted that there had been one unsuccessful attempt at payroll fraud targeting a member of staff.

15.2 Improvements had been made in reducing the number of ongoing outstanding recommendations recorded in the internal audit recommendation report.

15.3 The Committee had reviewed the Care Quality Commission (CQC) assurance report, actions had been completed and the action plan would be formally closed at the Quality Committee meeting to be held in March 2022.

15.4 Two amendments to the internal audit plan were approved relating to the Informatics Improvement Plan and to Waiting Lists.

The Board noted the Audit Committee Key Issues Report.

16 Walton Centre Charity Committee Key Issues Report

16.1 SID provided an update from the meeting held on 21st January 2022 and noted that the investment manager's annual presentation was delivered and had provided assurance that funds were being well managed and maintained with ethical investment restrictions agreed by the committee.

16.2 An update on fundraising activity was provided and it was highlighted that the Jan Fairclough Ball had raised £72k towards the Neuro VR Simulator appeal.

16.3 The committee approved the Ethical Donation Acceptance or Refusal Policy and the Fundraising Policy.

16.4 An overview of funding applications approved by the committee was provided for information.

The Board noted the Walton Centre Charity Committee Key Issues Report

17 Consent Agenda

17.1 The Board agreed the following actions in relation to each Consent Agenda item:

- 17.2 • **Quarterly Governance, Risk and Patient Experience Report** – the report was noted
- 17.3 • **Quality Account Priorities 2022/23 Report** – the report was noted. It was clarified that the quality account priorities had been agreed in principle by Quality Committee.
- 17.4 • **Board Development Programme** – the report was noted.

18 Any Other Business

18.1 There was no other business to be discussed.

18.2 The meeting was reviewed and it was felt that there had been the right level of discussion and scrutiny.

There being no further business the meeting closed at 12.30pm

Date and time of next meeting

Thursday 3rd March 2022 at 09:30am, Board Room.

Trust Board Attendance 2021-22										
Members:	Apr	May	Jun	Jul	Sept	Oct	Nov	Dec	Feb	Mar
Ms J Rosser	✓	✓	✓	✓	A	A				
Mr S Crofts	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ms S Rai	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Prof N Thakkar	✓	✓	✓	✓	A	✓	✓	✓	✓	
Mr D Topliffe	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ms K Bentley	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mr P May									✓	
Mr R Walker									✓	
Ms H Citrine	✓									
Mr M Burns	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mr M Gibney	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dr A Nicolson	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ms J Ross	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ms L Salter	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Mr M Woods			✓	✓	✓	✓	✓			
Ms L Vlasman								✓	✓	

TRUST BOARD
Matters arising Action Log
February 2022

Complete & for removal
In progress
Overdue

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status

Actions not yet due

Date of Meeting	Item Ref	Agenda item & action	Lead	Update	Deadline	Status
03/02/22	11	Reducing the Burden and Releasing Capacity Board to review the continuation of emergency powers again in July 2022.	KD		July 22	



REPORT TO TRUST BOARD

Date 03/03/2022

Title	Integrated Performance Report
Sponsoring Director	Name: Lindsey Vlasman Title: Interim Chief Operating Officer
Author (s)	Name: Mark Foy Title: Head of Information & Business Intelligence
Previously considered by:	<ul style="list-style-type: none"> Committee Quality Committee Business & Performance Committee
Executive Summary	
<p>This report provides assurance on all Integrated Performance Report measures aligned to the Business & Performance and Quality Committee's. Performance is based on four aspects; performance in month, trend/variation, whether the target is within variation and external benchmarking. The below table highlights indicators by those which are High Performing (achieving target or improvement), Opportunity for Improvement (improving but not hitting target, or underperforming compared to peers, and Underperforming (not hitting target consistently or performance significantly decreasing).</p>	
Operations & Performance Indicators	
<p>High Performing Cancer Standards Diagnostics Activity Restoration Referral to Treatment Stops</p>	<p>Opportunity for improvement Theatres Referral to Treatment Waits</p> <p>Underperforming N/A</p>
Workforce Indicators	
<p>High Performing N/A</p>	<p>Opportunity for improvement Mandatory Training Turnover</p> <p>Underperforming Appraisal Compliance Sickness/Absence</p>
Quality Indicators	
<p>High Performing Complaints Moderate Harm Falls CAUTI VTE Hospital Acquired Pressure Ulcers</p>	<p>Opportunity for improvement N/A</p> <p>Underperforming Infection Control</p>
Related Trust Ambitions	<ul style="list-style-type: none"> Best Practice Care Be financially strong

	<ul style="list-style-type: none"> • Be recognised as excellent in all we do
Risks associated with this paper	Associated access and performance risks all contained in divisional and corporate risk registers.
Related Assurance Framework entries	Associated BAF entries: <ul style="list-style-type: none"> • 001 Covid-19 • 003 Performance Standards • 005 Quality
Equality Impact Assessment completed	<ul style="list-style-type: none"> • No
Any associated legal implications / regulatory requirements?	<ul style="list-style-type: none"> • No
Action required by the Board	<ul style="list-style-type: none"> • To consider and note



The Walton Centre
NHS Foundation Trust



Excellence in Neuroscience

Board KPI Report

March 2022

Data for January 2022 unless indicated



Explanation of SPC Charts and Assurance Icons

SPC charts are widely used in this report in order to provide increased assurance, insight and an indication of future performance. To maximise insight the charts will also include any targets and benchmarking where applicable.

All SPC charts will follow the below Key unless indicated



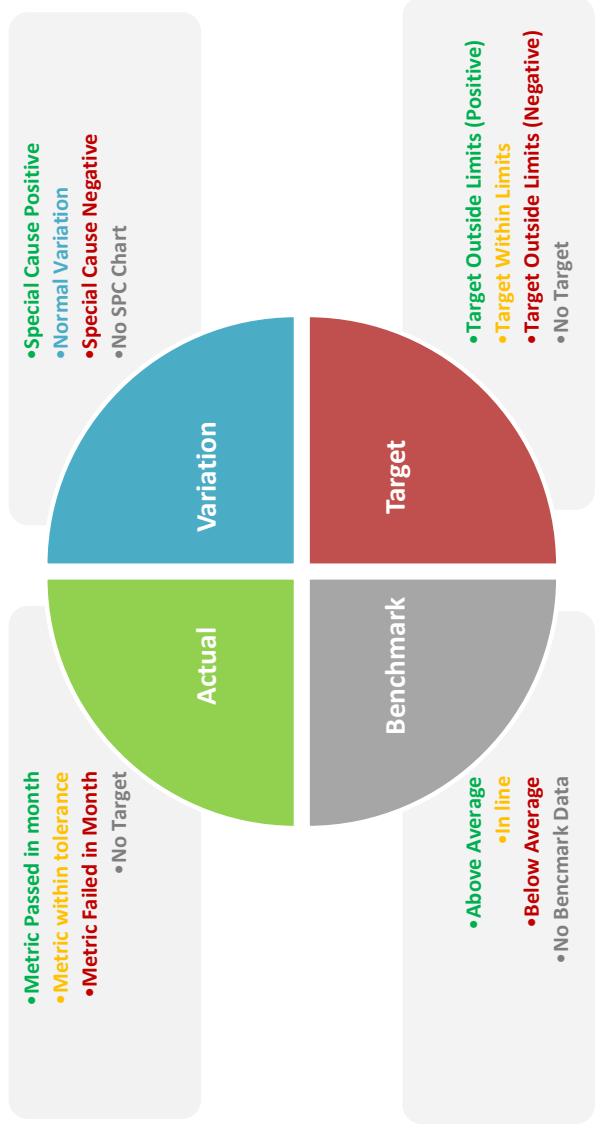
= Part of Single Oversight Framework



= Mandatory Key Performance Indicator

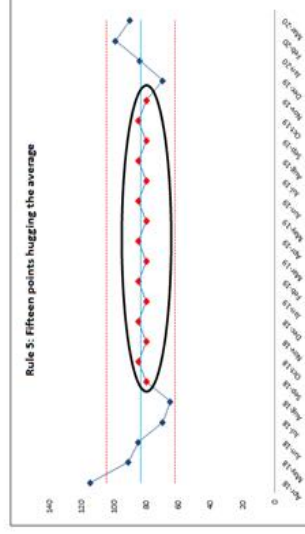
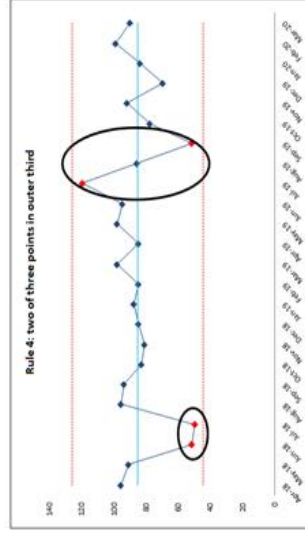
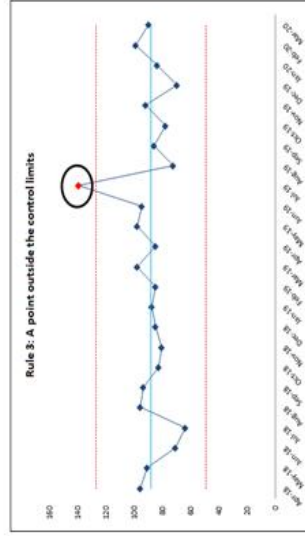
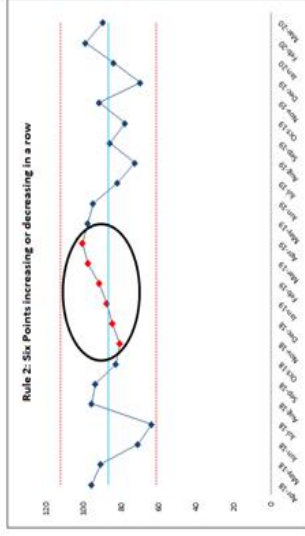
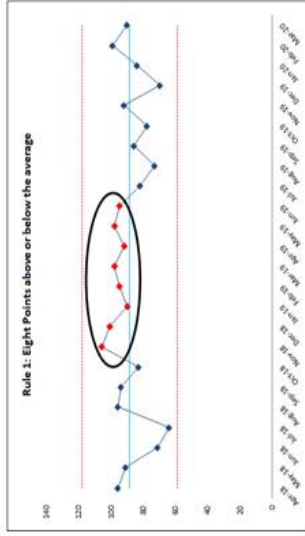
Assurance Icons (Colour Key)

All metrics now have an Assurance Icon consisting of 4 components. These give assurance on; in month performance against target, whether any SPC variation rules have been triggered, whether the target is achievable, and how the organisation compares to benchmarked data.



SPC Chart Rules

When using SPC Charts we are looking for unexpected variation. Variation occurs naturally in most systems, numbers fluctuate between typical points (control limits) the below rules are to assist in separating normal variation (expected performance) from special cause variation (unexpected performance).





The Walton Centre
NHS Foundation Trust



Excellence in Neuroscience

Operations & Performance Indicators

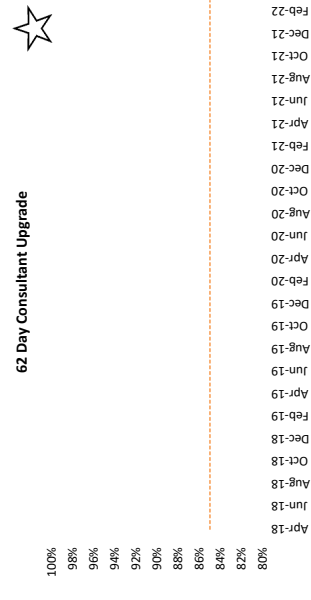
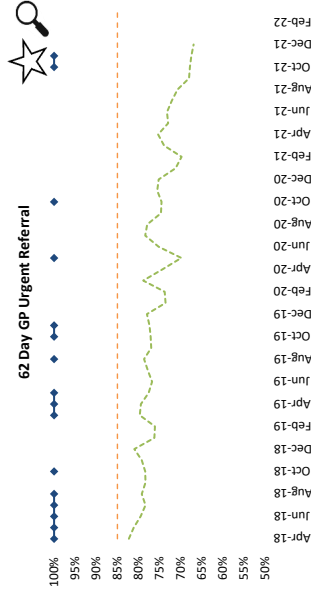
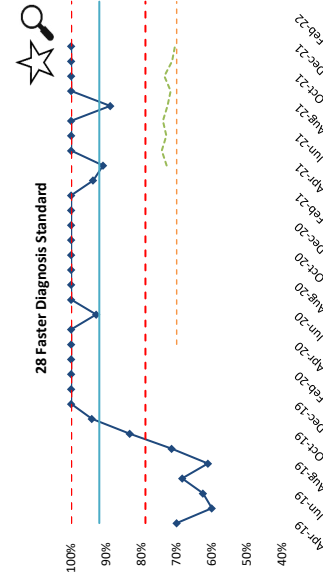
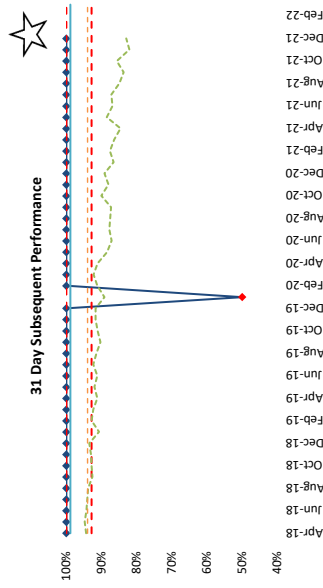
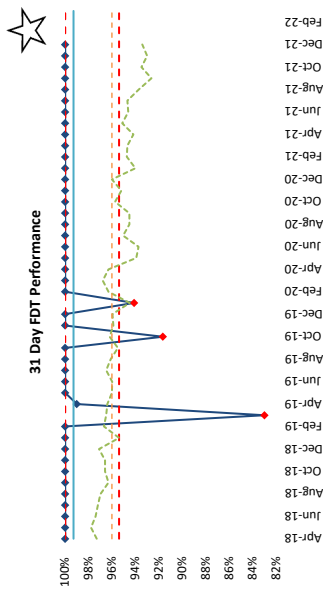
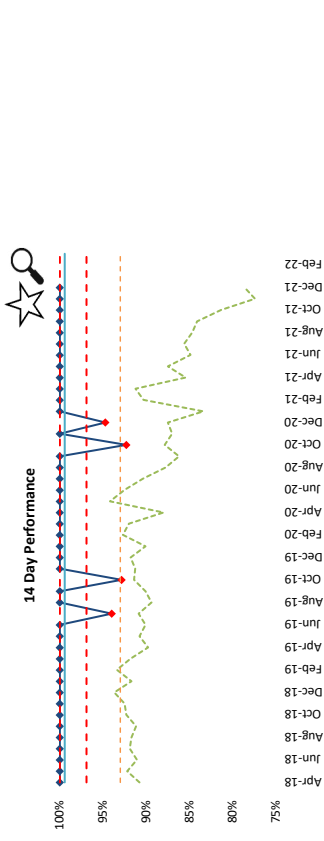
Operational

Responsive - Cancer Standards

Responsive - Access Standards	Target	Actual	Assurance
Cancer TWW	95%	100%	A V B T
Cancer 31 Day FDT	96%	100%	A V B T
Cancer 31 Day Sub	94%	100%	A V B T
Cancer 62 Day Standard	85%	100%	A V B T
28 Day Faster Diagnosis Standard	70%	100%	A V B T

The Trust has continued to see and treat all cancer patients as these patients are designated as urgent, therefore COVID-19 has not impacted their care and treatment.

Associated Risks
001 - Covid-19
003 - Performance Standards



Operational

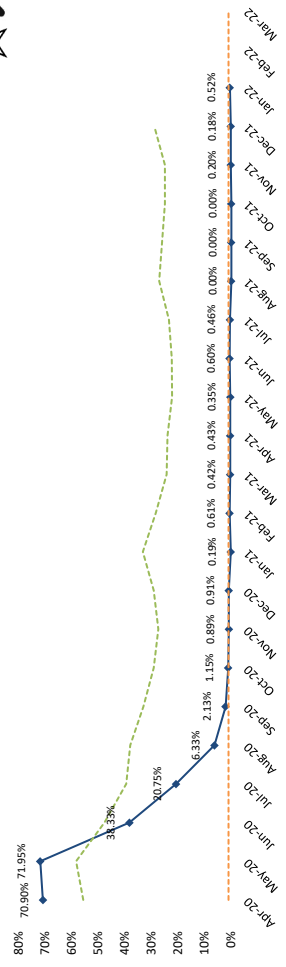
Responsive - Diagnostics

Achievement against the Diagnostic 6 week standard has been met in month. There were six 6 week breaches in month.

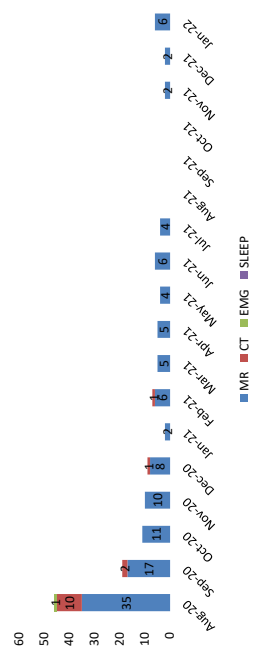
Responsive - Access Standards	Target	Actual	Assurance
Diagnostic 6 Week Performance	1%	0.52%	A V B T

Associated Risks
 001 - Covid-19
 003 - Performance Standards

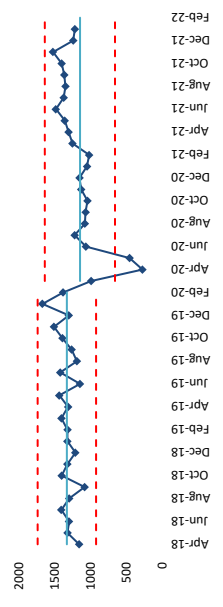
6 Week Diagnostic Performance



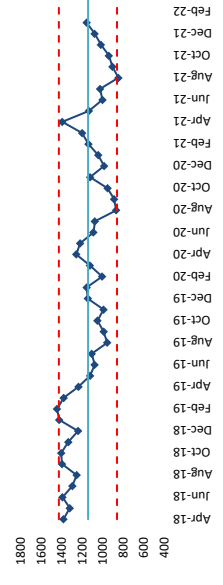
Diagnostic Breaches by Type



Total Diagnostic Activity in Month



Total Diagnostic Waits at Month End

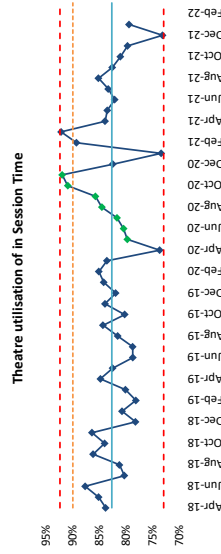
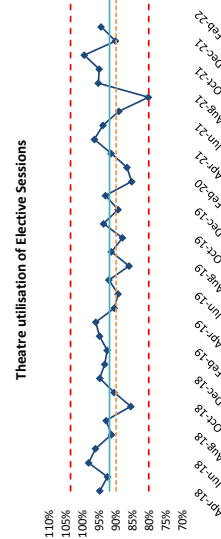
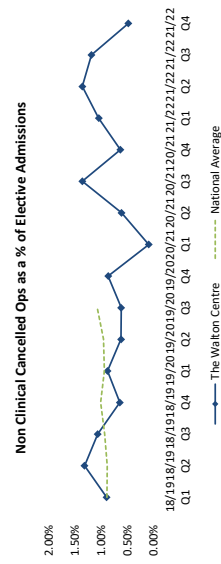
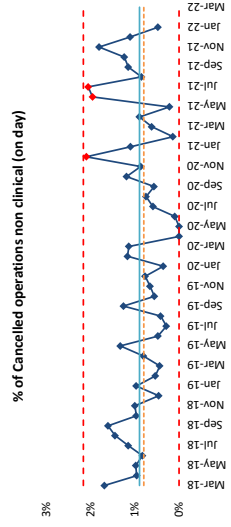
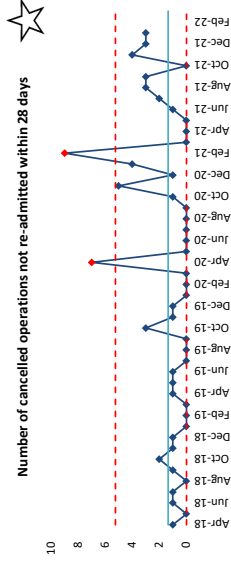
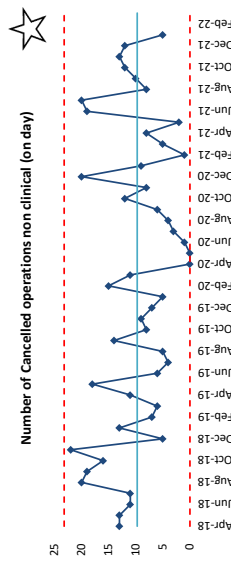


Operational Effective - Theatres

Effective - Theatres	Target	Actual	Assurance
No. Non Clinical Cancelled Operations	-	5	A V B T
% Cancelled operations non clinical on day	0.80%	0.48%	A V B T
28 Day Breaches in month	0	3	A V B T
Theatre utilisation of Elective Sessions	90%	90.16%	A V B T
Theatre utilisation of in Session Time	90%	94.48%	A V B T

Non Clinical Cancellations

There were 5 patients cancelled at last minute for non-clinical reasons in January 2022, the predominant reason for the cancellations were list overrun (1), replaced by more urgent case (3) and admin error (1).



Operational

Effective - Activity Recovery Plan

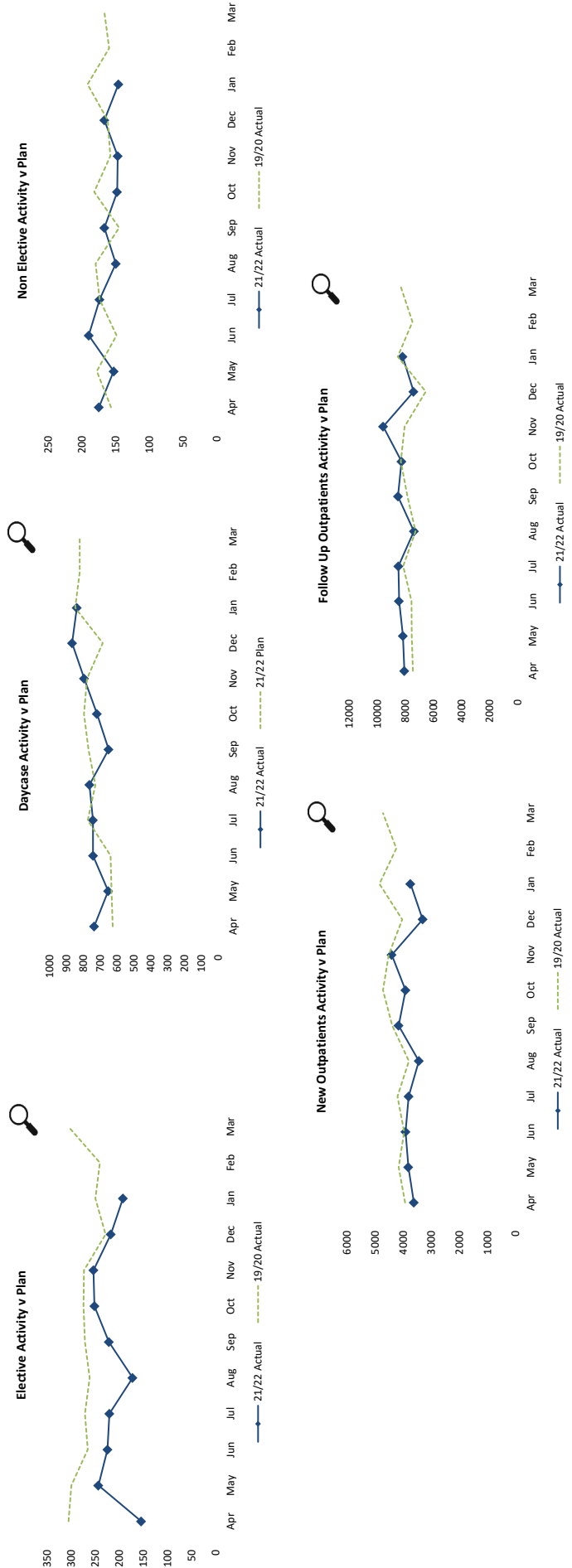
January 22 Activity Performance

POD	Actual (% of 19/20)	Target (% of 19/20)
Daycase	98.82%	89%
Elective	77.20%	89%
Elective & Daycase Total	93.90%	89%
Non Elective	76.04%	-
New Outpatients	77.24%	100%
Follow Up Outpatients	95.96%	100%
Outpatient Total	89.18%	100%

Continuing on from HI, each Trust was required to submit activity trajectories for the remainder of 2021/22 (referred to as H2) by month against the pre-COVID activity levels (comparing with the baseline of actual 19/20 SUS activity levels). The Trust has refreshed the activity plans and is forecasting delivery of 100% of all outpatients and 89% of elective and daycase activity as per national guidance.

Daily operational huddles continue to review the activity performance against plan, taking into account the new methodology for Elective Recovery Fund (ERF).

During January 2022 the Trust achieved the elective and daycase target of 89% at 93.90%. However Total Outpatient activity was below 100% target at 89.18%.



Operational

Effective - Elective Recovery Fund

Month	Raw Admitted Stops		Raw Non Admitted Stops		Working Day Tariff Adjusted Performance %
	19/20	21/22	19/20	21/22	
Oct	287	230	2161	2098	99.74%
Nov	278	253	2047	2122	94.10%
Dec	201	224	1807	1755	98.48%
Jan	277	181	1998	2037	91.88%
Feb	258		1774		
Mar	299		2073		

During H2 Trusts are required to deliver 89% of RTT stops compared to 19/20. ERF funding is based on a working days adjusted tariff model.

In January the Trust stopped 65.34% of admitted pathways and 101.95% of Non Admitted pathways compared to 19/20. When adjusted for working days and tariff the Trust delivered 91.88% of 19/20 performance.



The Walton Centre
NHS Foundation Trust



Excellence in Neuroscience

Workforce Indicators

Workforce

Well Led - Workforce KPIs

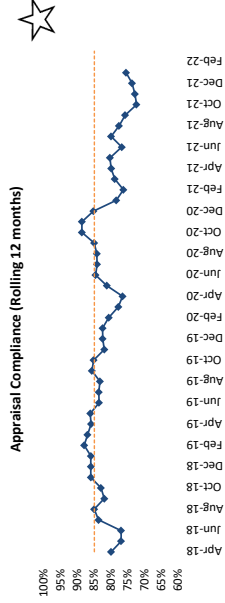
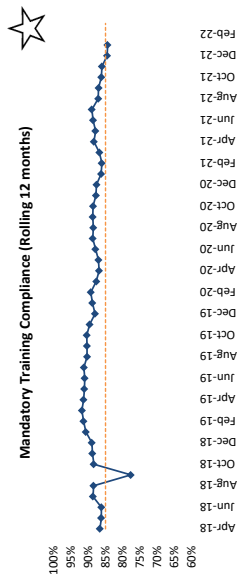
Well Led - Workforce	Target	Actual	Assurance
Appraisal Compliance	85%	75.52%	
Mandatory Training Compliance	85%	84.43%	

Mandatory Training Compliance

Overall mandatory training compliance in January 2022 remained below the target of 85%.

Appraisal Compliance

Appraisal compliance in January 2022 is 75.52%. The training team are continuing to work with individual departments to improve compliance.



Workforce

Well Led - Workforce KPIs

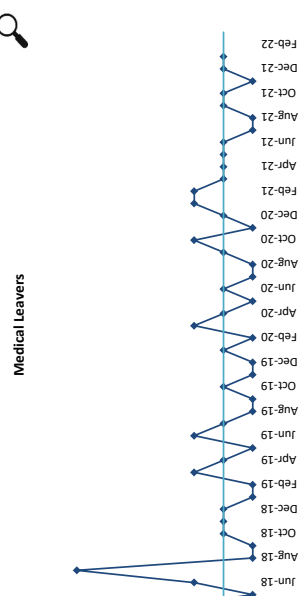
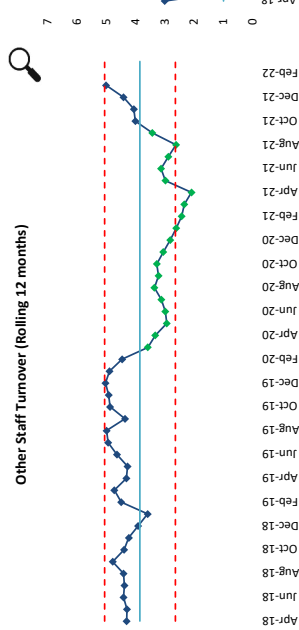
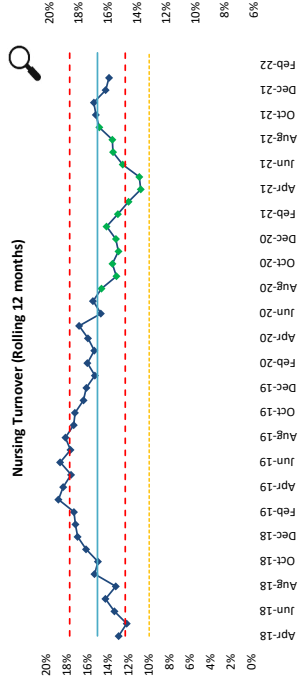
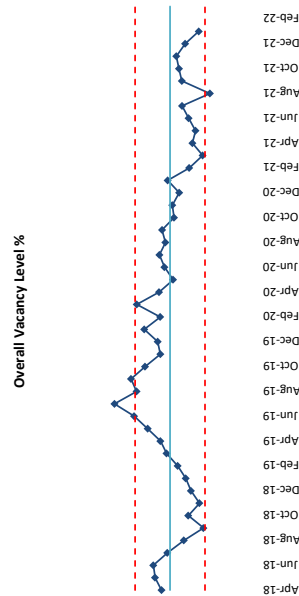
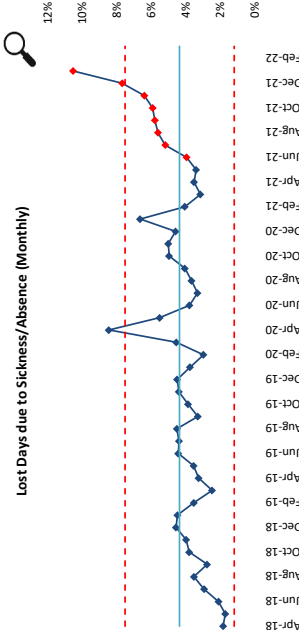
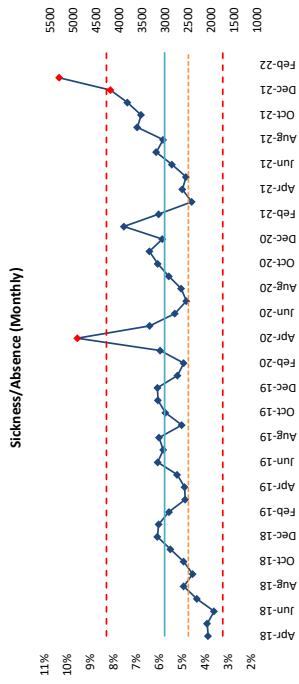
Well Led - Workforce	Target	Actual	Assurance
Sickness / Absence	4.75%	10.37%	A V B T
Vacancy Levels	-	3.26%	A V B T
Nursing Turnover	10%	13.90%	A V B T
Other Staff Turnover	-	16.13%	A V B T

Sickness/Absence

Sickness/Absence levels in January 2022 were above the target of 4.75% at 10.37% and have been increasing over recent months.

Nursing Turnover

Nursing turnover now stands at 13.90% for January 2022. The position has returned to normal variation after a period of sustained improvement.

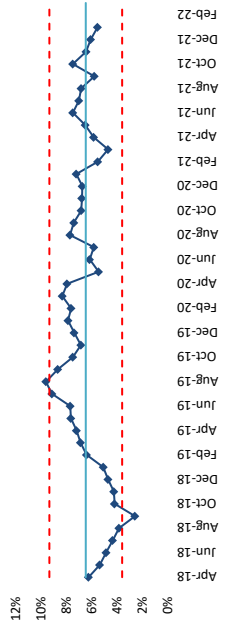




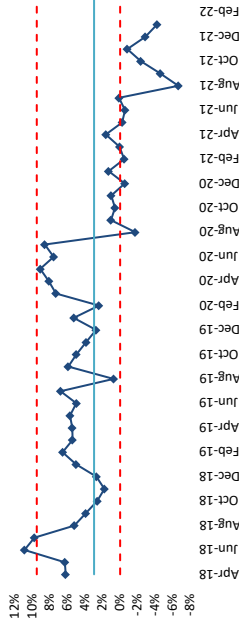
Quality of Care

Well Led - Workforce KPIs

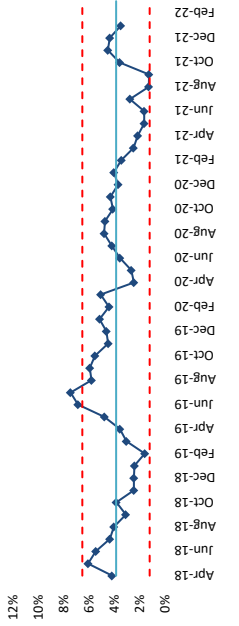
Nursing Vacancy Level %



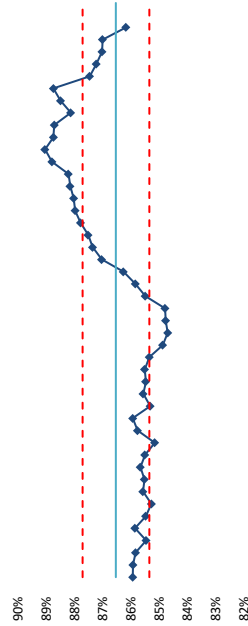
Medical Vacancy Level %



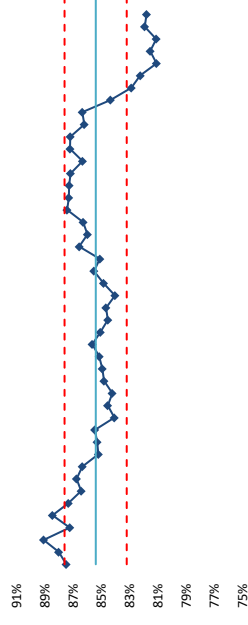
Other Staff Vacancy Level %



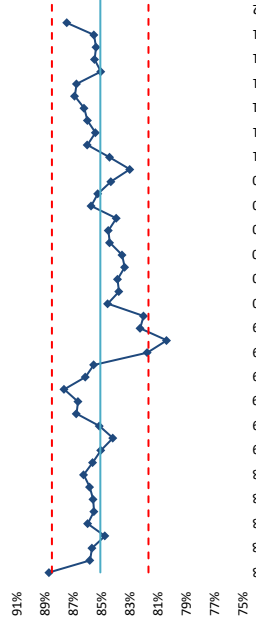
Staff Stability Index - All Staff



Staff Stability Index - Nursing



Staff Stability Index - Medical

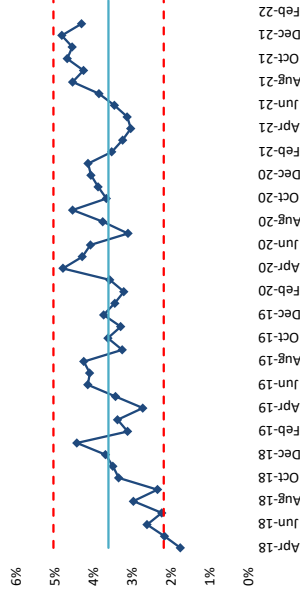




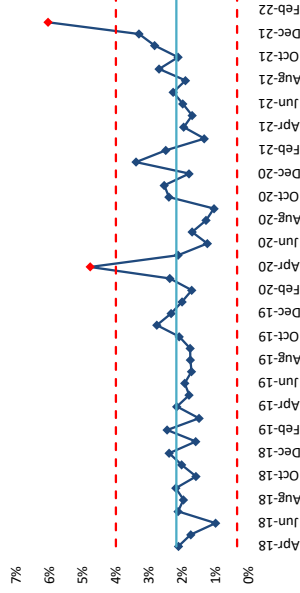
Quality of Care

Well Led - Workforce KPIs

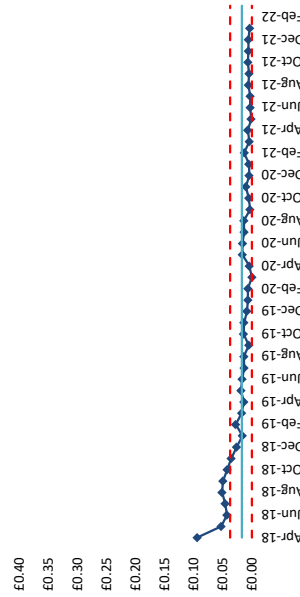
Long Term Sickness/Absence (Monthly)



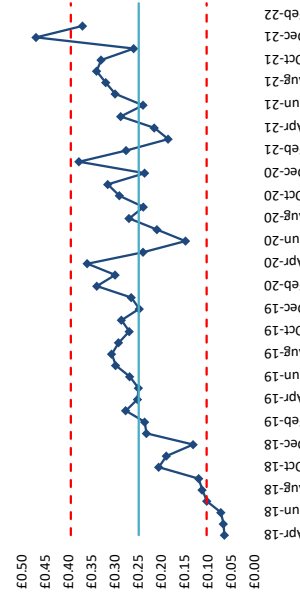
Short Term Sickness/Absence (Monthly)



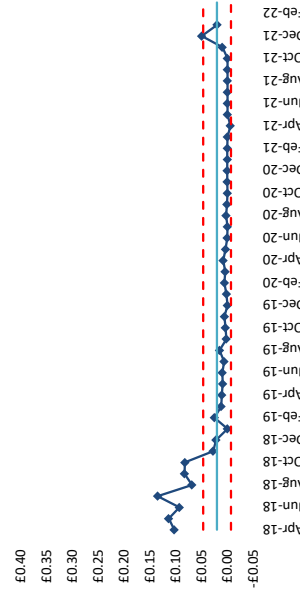
Nursing & HCA Overtime Spend (£m)



Nursing & HCA Bank Spend (£m)



Nursing & HCA Agency Spend (£m)





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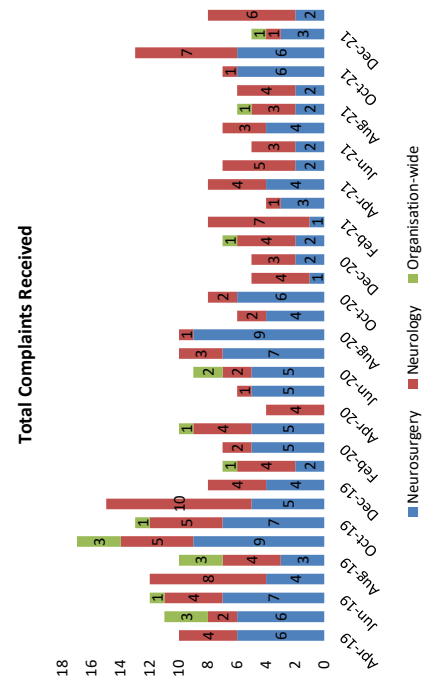
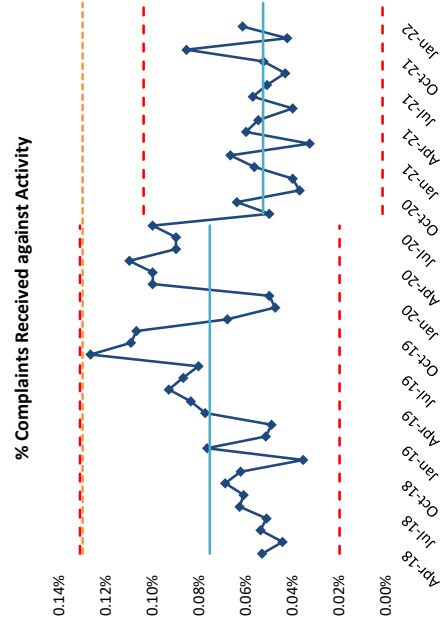
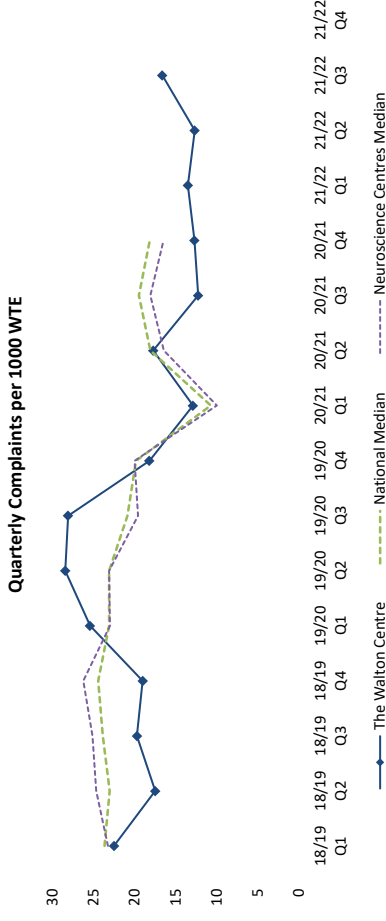
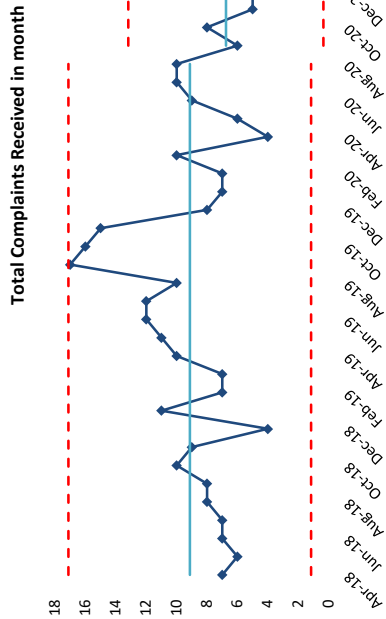


Excellence in Neuroscience

Quality Indicators

Quality of Care

Caring - Complaints



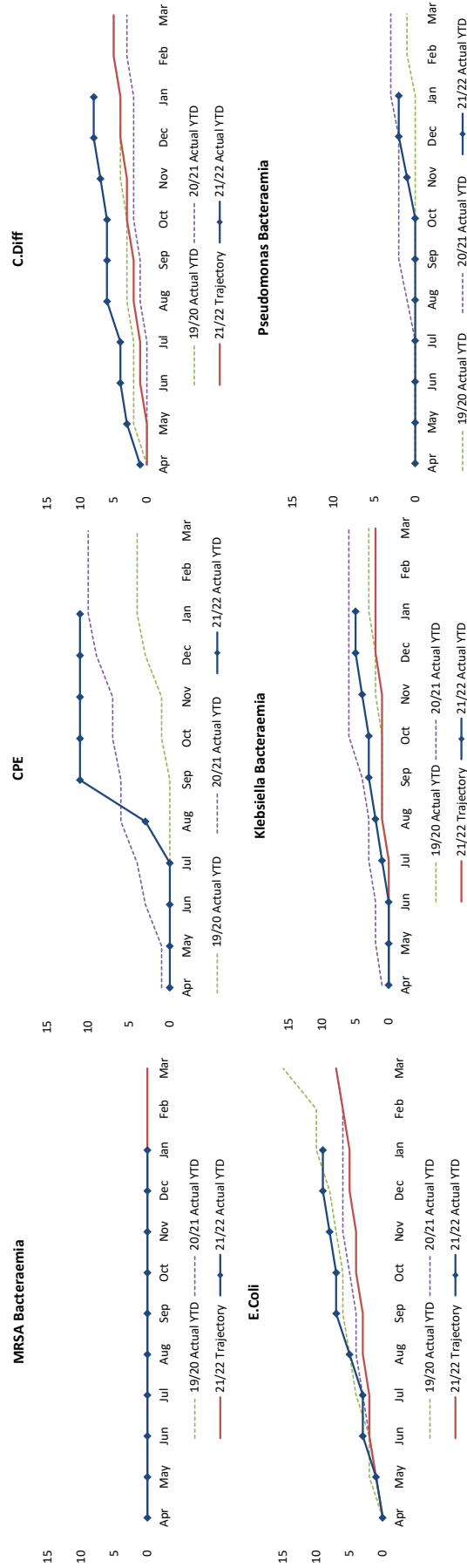
In January 2022 the Trust received 8 complaints; 6 Neurology and 2 Surgery.

The number of complaints the Trust receives has a wide variation range meaning the expected numbers range from 0 to 13 at an average of 6 per month. The number of complaints received has significantly dropped during recent months.

Due to the reduction seen the Trust is now below the national average and neuroscience centres average up the latest published period of Q4 2020/21.

Quality of Care

Safe - Infection Control



Total Healthcare Acquired Infections 2021/22

	MRSA B	CPE	C.Diff	E.Coli	KB	PB	MSSA	Total
Cairns	4		1	2				7
Caton				1				1
Chavasse			1	1	1	1	2	5
CRU			1				1	1
Dott				1			1	2
Horsley			5	3	4	6		18
Lipton								0
Sherrington		7	1	1		1		10
Total	0	11	8	9	5	2	9	44

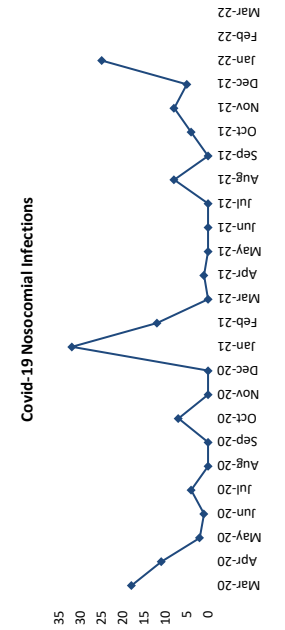
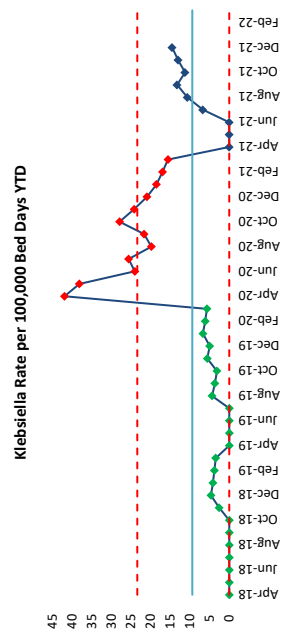
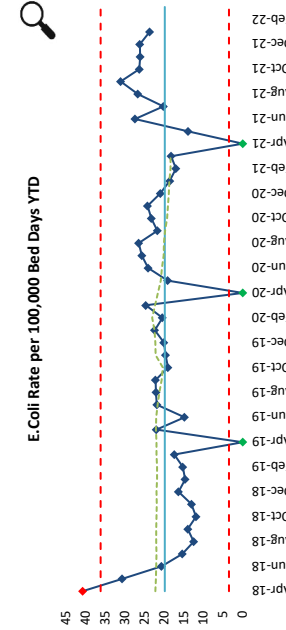
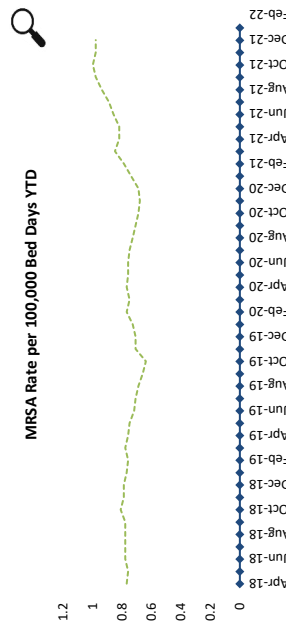
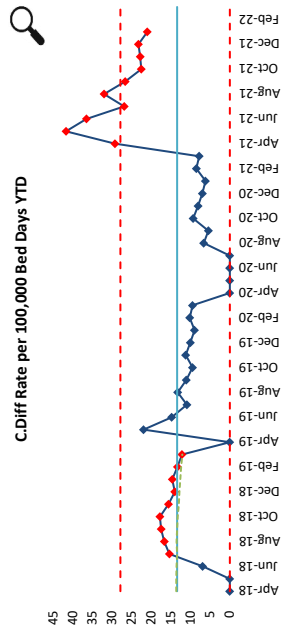
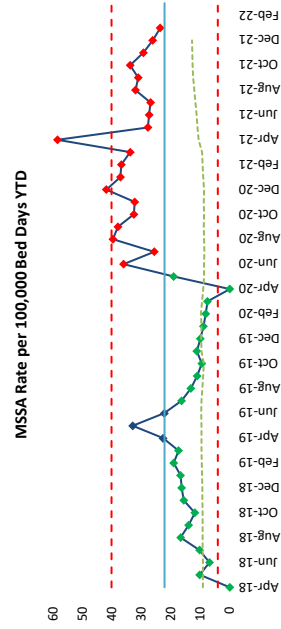
January Breakdown by Ward
N/A

Quality of Care
 Safe - Infection Control

There are currently nine MSSA instances reported year to date against a year end trajectory of eight. When measured against the benchmark standard of per 100,000 beds the current YTD rate is 23.68 which is significantly above the latest national average (12.87).

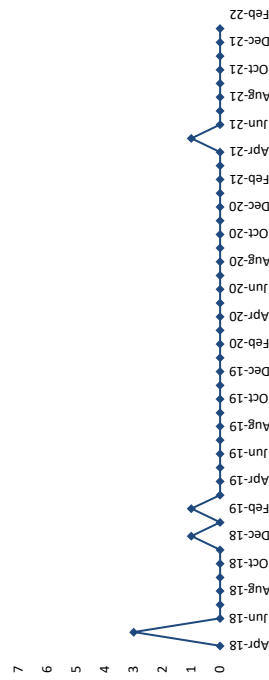
There have been eight C.Diff instances year to date against a year end trajectory of five. The rate per 100,000 bed days is currently at 21.05

Year to date there have been nine instances of E.Coli against a year end trajectory of seven. The current rate per 100,000 bed days is 23.68. Due to a counting and coding change nationally there is a delay in publishing the national E.Coli rate.

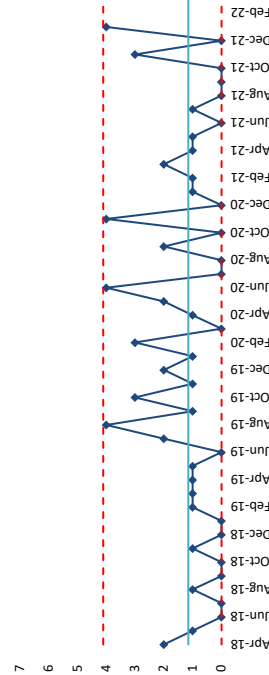


Quality of Care
 Safe - Harm Free Care

Total Moderate or Above Harm Inpatient Falls



Total Hospital Acquired Pressure Ulcers (Category 2, 3, 4 & Unstageable)



Narrative

There was no falls which resulted in moderate or above harm in month.

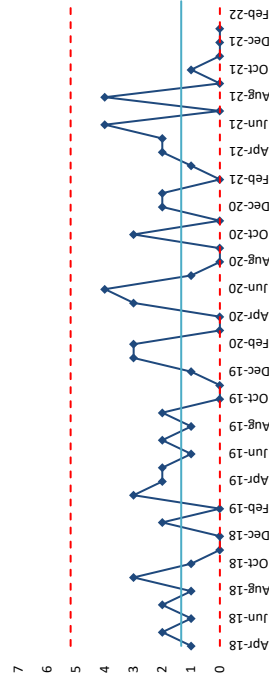
There was four Hospital Acquired Pressure Ulcers in month

There was zero CAUTI incidence in month

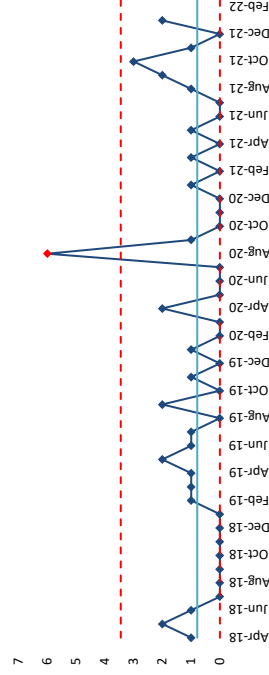
There were two VTE incidences in month

All harm measures are within normal variation.

CAUTI Incidences



VTE Incidences





Ward Scorecard

December 2021

	Safe Staffing				Harms				Infection Control			
	Day Registered	Day Non Registered	Night Registered	Night Non Registered	Pressure Ulcers	Falls (Mod+)	UTI	VTE	MRSA	MSSA	E Coli	C Diff
Cairns	92.7%	96.7%	100.7%	98.2%	0	0	0	0	0	0	0	0
Caton	100.0%	100.0%	99.3%	96.9%	0	0	0	0	0	0	1	0
Chavasse	99.9%	102.0%	102.1%	94.2%	0	0	0	0	0	0	0	0
CRU	95.0%	99.0%	100.8%	100.0%	0	0	0	0	0	0	0	1
Dott	-	-	-	-	0	0	0	0	0	0	0	0
Horsley ITU	83.2%	80.3%	99.4%	100.0%	0	0	0	0	0	0	0	0
Lipton	106.5%	96.8%	163.4%	159.1%	0	0	0	0	0	0	0	0
Sherrington	92.6%	97.8%	104.2%	101.5%	0	0	0	0	0	0	0	0

Trust I&E	In month			Year to date			Forecast		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Patient Care Income	10,016	10,314	298	95,355	96,887	1,532	115,386	117,956	2,570
Exclusions	2,124	2,312	188	20,874	22,644	1,770	25,122	27,174	2,052
Private Patients	2	3	1	60	26	(34)	63	31	(32)
Other Operating Income	679	544	(135)	5,578	5,761	183	6,942	6,915	(27)
Total Operating Income	12,821	13,173	352	121,867	125,318	3,451	147,513	152,076	4,563
Pay	(6,697)	(6,752)	(55)	(63,624)	(65,827)	(2,203)	(77,026)	(80,071)	(3,045)
Non-Pay	(3,293)	(2,909)	384	(29,136)	(27,984)	1,152	(35,638)	(34,750)	888
Exclusions	(2,199)	(2,565)	(366)	(21,175)	(23,999)	(2,824)	(25,573)	(28,580)	(3,007)
COVID	(77)	(133)	(56)	(1,274)	(889)	385	(1,428)	(973)	455
Total Operating Expenditure	(12,266)	(12,359)	(93)	(115,209)	(118,699)	(3,490)	(139,665)	(144,374)	(4,709)
EBITDA	555	814	259	6,658	6,619	(39)	7,848	7,702	(146)
Depreciation	(505)	(505)	0	(4,942)	(4,945)	(3)	(5,952)	(5,964)	(12)
Profit / Loss On Disp Of Asset	0	0	0	0	(49)	(49)	0	(49)	(49)
Interest Receivable	0	2	2	0	2	2	0	0	0
Financing Costs	(49)	(48)	1	(516)	(487)	29	(612)	(586)	26
Dividends on PDC	(116)	(174)	(58)	(1,226)	(1,212)	14	(1,524)	(1,384)	140
I & E Surplus / (Deficit)	(115)	89	204	(26)	(72)	(46)	(240)	(281)	(41)
I&E impact capital donations and profit/(loss) on asset disposals	20	21	1	200	210	10	240	281	41
I & E Surplus / (Deficit)	(95)	110	205	174	138	(36)	0	0	0

Due to COVID, the financial regime remains based on block funding for the full financial year and anticipated spend for the same period (based on average spend in Q3 of 2020/21). The plan for 2021/22 is break even position (submitted to HCP in November as part of the H2 planning process) in line with C&M requirements.

The current plan includes:

- Elective Recovery Fund (ERF) income and costs for the delivery of activity above the national trajectory targets;
- 'Block' system funding received for Top-up, COVID related costs, growth and CNST;
- Efficiency requirement to ensure a break-even position H1 and system efficiency of at least 2.5% in H2.

It is expected that the Healthcare Partnership (HCP) will deliver a balanced financial plan for the financial year and the Trust is continuing to work with the partnership to achieve this position.

In month 10, the Trust reported a £110k surplus position. This is a £205k favourable variance against the planned in month position of £95k deficit. The improvement in month is in the main due to £311k elective recovery funding received in relation to Q3 that was not previously anticipated. There were also savings within non pay due to a decrease in spend on clinical supplies.

The year to date position includes £2,397k elective recovery funding (£2,086k of which was achieved in H1) against a planned position of £2,998k, £601k below plan. The Trust has not assumed any ERF income for activity in M10.

The in-month position includes £133k spend incurred as a result of COVID-19.

STATEMENT OF FINANCIAL POSITION - 2021/22		March-21	January-22	Movement
		£'000	£'000	£'000
Intangible Assets		869	778	(91)
Tangible Assets		86,164	85,730	(434)
TOTAL NON CURRENT ASSETS		87,033	86,508	(525)
Inventories		1,157	1,765	608
Receivables		7,523	6,870	(653)
Cash at bank and in hand		35,689	36,648	959
TOTAL CURRENT ASSETS		44,369	45,283	914
Payables		(25,914)	(27,113)	(1,199)
Provisions		(245)	(245)	0
Finance Lease		(52)	(52)	0
Loans		(1,569)	(1,472)	97
TOTAL CURRENT LIABILITIES		(27,780)	(28,882)	(1,102)
NET CURRENT ASSETS/(LIABILITIES)		16,589	16,401	(188)
Provisions		(701)	(672)	29
Finance Lease		(63)	(70)	(7)
Loans		(23,635)	(22,240)	1,395
TOTAL ASSETS EMPLOYED		79,223	79,927	705
Public Dividend Capital		30,513	31,289	776
Revaluation Reserve		2,947	2,947	0
Income and Expenditure Reserve		45,763	45,691	(72)
TOTAL TAXPAYERS EQUITY AND RESERVES		79,223	79,927	704

STATEMENT OF CASH FLOW - 2021/22				December-21 Actual	January-22 Actual	Variance
				£'000	£'000	£'000
SURPLUS/(DEFICIT) AFTER TAX				(160)	(72)	88
Non-Cash Flows In Operating Surplus/(Deficit)				6,054	6,779	725
OPERATING CASH FLOWS BEFORE MOVEMENTS IN WORKING CAPITAL				5,894	6,707	813
Increase/(Decrease) In Working Capital				1,238	387	(851)
Increase/(Decrease) In Non-Current Provisions				(22)	(29)	(7)
Net Cash Inflow/(Outflow) From Investing Activities				(3,986)	(4,112)	(126)
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES				3,124	2,953	(171)
Net Cash Inflow/(Outflow) From Financing Activities				(2,768)	(1,994)	774
NET INCREASE/(DECREASE) IN CASH				356	959	603
OPENING CASH				35,689	35,689	0
CLOSING CASH				36,045	36,648	603

COVID-19 expenditure:

Expenditure incurred on COVID-19 is included within the reported financial position.

In month Actual: £133k.

Year to date Actual: £897k.

COVID-19 costs are subject to independent audit if requested through NHSE/1.

COVID -19 Expenditure		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Year to Date
		Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Pay cost (incl. additional shifts, on-call, etc)		93	50	57	49	54	47	36	25	61	123	595
Decontamination		0	7	3	0	0	0	2	0	1	0	13
Agile working		0	12	1	0	0	0	0	0	0	0	13
Infection Control		0	0	0	0	22	4	14	3	0	(9)	34
Other		20	1	43	19	21	37	27	20	35	19	242
TOTAL		113	70	104	68	97	88	79	48	97	133	897

Other spend includes providing free car parking for staff, heavy duty mobile Sani-station units to be used across the trust and quarantine costs for overseas nurse recruitment. Covid-19 related Bank spend also increased in December and January with additional costs incurred to cover staff absent due to Covid-19.

Capital

In month variance - £934k above plan.

Year to date variance - £2,121k below plan.

The plan reflects the final submission to Cheshire and Merseyside Health Care Partnership as part of the 2021/22 planning process.

Annual capital funding is now set at a HCP level (rather than using a nationally determined formula). For 21/22 allocated capital funding is £6.2m, which is approx. 50% greater than if the nationally determined formula was used.

The Trust has received an allocation of external funding in relation to Digital Aspirant and Cyber Security for IM&T innovation of £3.8m. The Trust also received £616K elective plus funding relating to the RANA project and 77k in relation to diagnostic developments.

Capital spend in month is £2,584k.

- **Heating & Pipework:** £154k – Phase 4 works;
- **Estates:** £8k – Replacement chiller for electron microscope;
- **IM&T:** £71k - Staffing in relation to specific projects and Cyber security licences;
- **Neurosurgery:** - £2,016k – Transcranial MR guided ultrasound;
- **Digital Aspirant (PDC funded):** £274k;
- **RANA (PDC funded):** £61k.

The year-end capital forecast is £9.8m (including external funding) which is in line with agreed funding allocations. It should be noted that a large amount of spend is due at the end of the financial year due to the replacement CT scanner which will be completed by the end of the financial year. It has also been agreed that £1m of the Digital Aspirant funding can be deferred into 2022/23.

The year-end capital forecast continues to be monitored to ensure that it meets the agreed capital funding

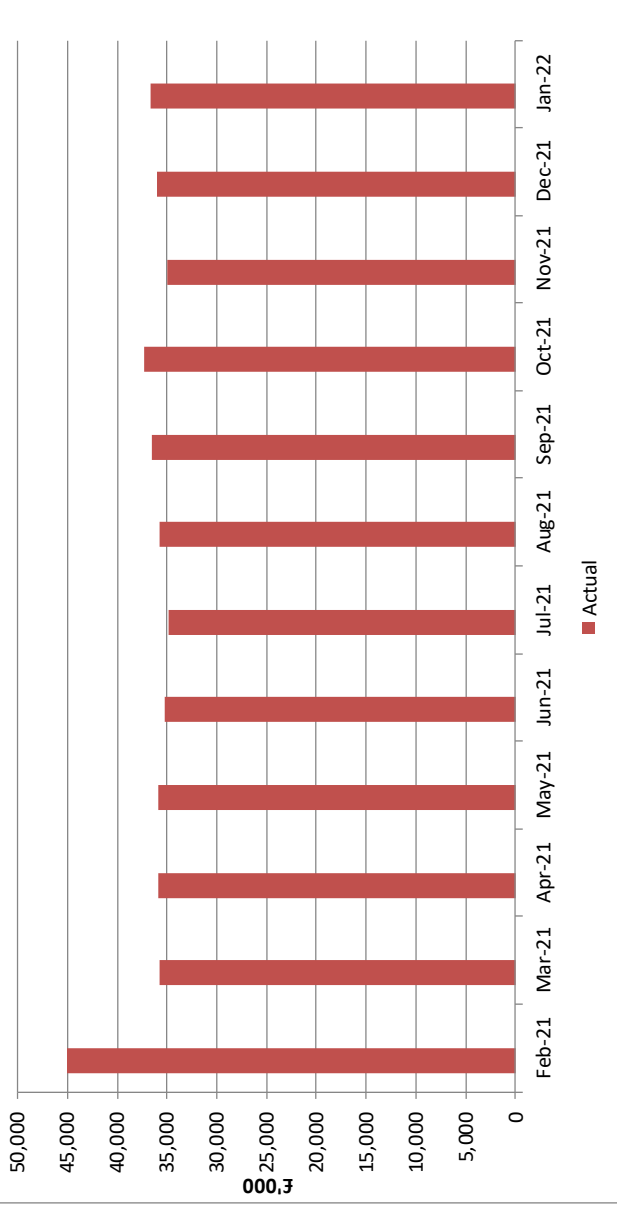
Division	CAPITAL											
	In month			Year to date			Forecast					
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Heating & Pipework	92	154	(62)	917	809	108	1,100	935	165			
Estates	212	8	204	425	4	421	850	552	298			
IM&T	81	71	10	808	413	395	969	822	147			
Neurology	588	0	588	1,175	150	1,025	2,349	1,716	633			
Neurosurgery	648	2,016	(1,368)	1,297	2,099	(802)	2,594	2,178	416			
Corporate	122	0	122	245	0	245	491	0	491			
Capital Slippage	(456)	0	(456)	(1,240)	0	(1,240)	(2,150)	0	(2,150)			
TOTAL (excl. external funding)	1,287	2,249	(962)	3,627	3,475	152	6,203	6,203	0			
Donated Assets	0	0	0	32	32	0	155	155	0			
Digital Aspirant	302	274	28	3,019	1,050	1,969	3,623	2,746	877			
RANA	61	61	0	61	61	0	616	616	0			
Cyber Security	0	0	0	0	0	0	16	16	0			
Diagnostic Digital Capability Funding	0	0	0	0	0	0	51	51	0			
Diagnostic Transformation Funding	0	0	0	0	0	0	26	26	0			
TOTAL (incl. external funding)	363	335	28	3,112	1,143	1,969	4,487	3,610	877			
TOTAL	1,650	2,584	(934)	6,739	4,618	2,121	10,690	9,813	877			

As of the end of January:

Actual Cash Balance: £36.6m.

Number of days operating expenses = 93 days.

Cashflow (Rolling 12 months)



The Trust cash balance at the end of January was £36.6m. This is an increase of £0.6m compared with the end of December, due to:

- An increase in non-cash flows within the operating position and inflows from financing activities (public dividend capital); offset by
- A decrease in Trade Creditors

The reduction of cash in March 21 was due to the reversal of the advanced block payments that had been received from commissioners during 20/21 by the Trust each month for the financial arrangements to cover the COVID-19 pandemic.

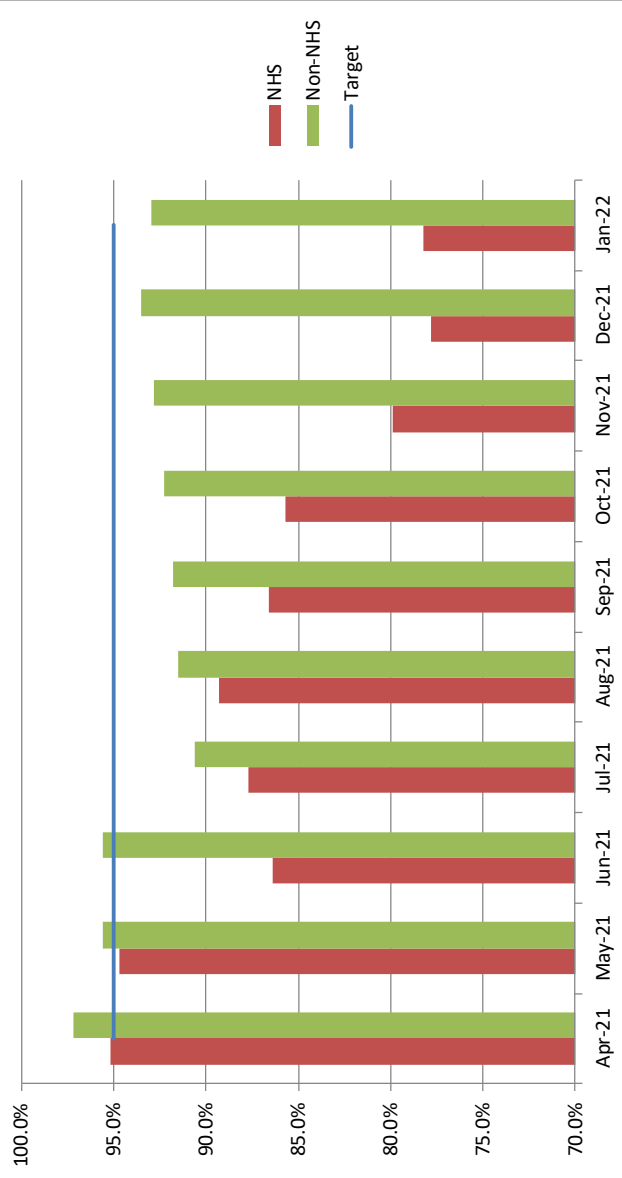
Better Payments Practice Code (BPPC):

There is a renewed focus by NHSE/I on those Trusts that underperform against the better payments practice code standard of settling at least 95% of invoices within 30 days.

Letters will be sent to provider chief executives, directors of finance and audit committee chairs to seek action plans where there is significant under-performance.

In terms of contacting NHS organisations NHSE/I are looking specifically at non-NHS payments based on value.

Cumulative BPPC by value of invoices



The Trust BPPC percentage (by value) at the end of January against the target of 95.0% was:

- Non NHS 93%;
- NHS 78.2%;
- Total 87.3%.

This has seen a decrease in non-NHS payments of 0.5% and increase in NHS payments of 0.4% since the end of December. The low % of NHS invoices paid is due to work being carried out to clear aged LUHFT invoices.

The Trust BPPC percentage (by number of invoices paid) at the end of January is 87.7%.

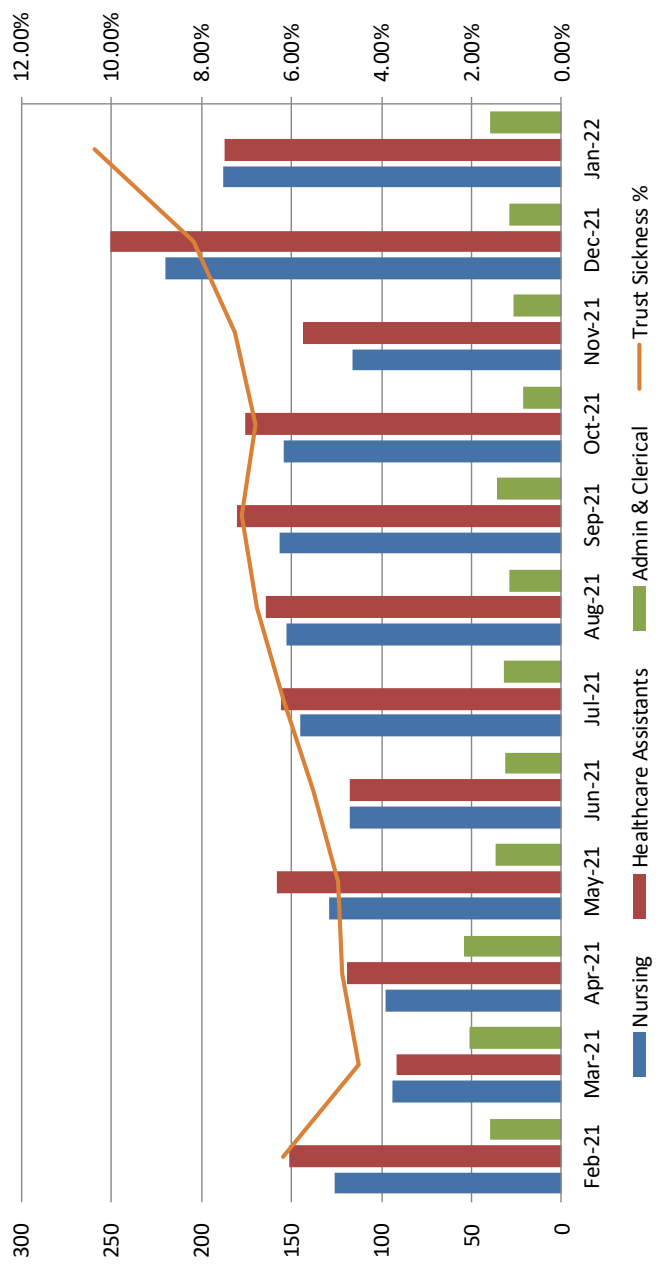
The finance team have weekly meetings and developed a monitoring report to review and implement payment processes to bring payment to within 30 days.

Bank Expenditure:

In month Actual:
£426k.

Year to date Actual:
£3,537k.

Monthly Bank Expenditure by Category and Trust Sickness (Rolling 12 months)



Bank expenditure incurred in January was £426k, a decrease of £77k when compared to December. The in-month decrease reflects the work undertaken by the Deputy Chief Nurse despite high sickness levels.

At the end of January, £503k bank expenditure relates to COVID-19 (and is included within the COVID-19 expenditure analysis).

The trusts overall sickness rate increased from 8.18% to 10.38% in January.

Key Risks and Actions in 2021/22

As a result of the COVID-19 pandemic financial regulations changed for 2020/21 and 2021/22, with the main changes being:

- Delay of 2021/22 business planning until 2nd half of 21/22, with the finance regime of 2020/21 to continue during 2021/22;
- Payment by Results (PbR) continued suspension for the financial year and income being based on block values determined nationally based on 2020/21 Q3 levels plus 0.5% inflation for H1 and 1.16% for H2, (incorporating a 0.28% efficiency requirement for H1 and 0.82% for H2) and adjusted for the impact of CNST increases;
- System funding has been allocated to C&M HCP (Totals for H2) which has been distributed to all organisations and included within organisational plans to cover costs in relation to Top-up, COVID-19 (in relation to reasonable COVID-19 expenditure), growth and CNST;
- System level financial targets have been submitted with a forecast for the system to breakeven at the end of H2;
- An Elective Recovery Fund (ERF) came into effect in April 21 in which the Trust is required to meet a set percentage of 2019/20 activity for outpatient, inpatient day-case and elective activity (M1-M6). If the Trust over-performs against this target then the Trust will be financially rewarded for doing so, but if it under-performs then may receive a retrospective financial penalty. The elective recovery scheme will be monitored at C&M HCP system level. The H1 plan incorporates forecast income and expenditure to deliver the trusts activity plan for H1 based on national trajectory requirements (operational and clinical teams will work to deliver these planned activity levels), further guidance has now been issued by NHSE/I increasing the trajectory threshold from 85% to 95% for M4-M6 and the Trust has under-performed against the elective recovery fund income in the plan for that period;
- For H2 elective recovery will be focussed on completed referral to treatment (RTT) pathway activity rather than total cost weighted activity, which was used in H1. The thresholds for the scheme have been recalculated so that they are on a comparable basis to the 95% threshold for the ERF in Q2. Systems that achieve completed referral to treatment (RTT) pathway activity above a 2019/20 threshold of 89% will be able to draw down from the elective recovery fund. Where systems deliver completed RTT pathway activity above the 89% threshold, additional activity will be funded at 100% of tariff between 89% and 94%, and 120% of tariff over 94%. This will be applied to the ERF baselines for October to March which were issued in H1;
- 2021/22 capital levels to be set at a Health & Care Partnership level and agreed across the C&M footprint. Note, this includes an allocation of additional PDC (Digital Aspirant Funding) allocated for IM&T innovation;
- Financial governance and regulations remain in place and any financial management will be addressed in the same way it would regardless of the pandemic.

The draft financial plan for 2022/23 is currently being developed with the plan being for a 12 month period rather than 6 month financial plans which has been the case for the last 2 years. Updates on the planning exercise will be provided to BPC throughout the process.

Even though the NHS and Trust have been responding to the pandemic, there are a number of potential risks in 2021/22 that may impact on the delivery of the financial plan in the future;

RISK	COMMENT/ ACTIONS
<p>Future NHS Financial Framework</p>	<p>As a result of the current national position with COVID-19, notification was received that 2021/22 financial planning has been deferred. In addition to this, it has been confirmed that current financial arrangements will remain in place for all of 2021/22. Current national guidance states that providers will be required to achieve a breakeven position for H2. The financial framework has recently been published for 2022/23 and the Trust is now considering how the changes in regime will affect its future financial position (and what financial risks it may create), as well as what, if any, impact of the current variant of COVID will have on the future planning regime.</p>
<p>Efficiency requirements going forwards</p>	<p>The efficiency requirement of the Trust in H2 of this financial year has been set at 2.5% (in line with C&M Healthcare Partnership) and as such recurrent efficiencies will be required to be delivered in 2021/22 with work currently being undertaken to identify these. The Trust has delivered the majority of CIP non-recurrently up to M10. Work is on-going between finance and Chief Operating Officer on future CIP regime and governance. Weekly meetings are now being held with CFO, COO, deputy directors and divisional directors to discuss and assess progress on delivery of CIP schemes for 22/23 – a number of schemes have been identified and being assessed for deliverability.</p>
<p>Future delivery of clinical services whilst still managing COVID-19</p>	<p>Organisations have to plan on how to deliver safe services whilst still managing COVID-19. The delivery of services will have to fundamentally change to take account the changes to IPC guidance. The Trust will be carrying out risk assessments to determine the risk of reducing IPC requirements as it continues to review processes for the delivery of safe services. There is also a risk to delivery of activity as a result of staff sickness / burnout due to and following the COVID-19 pandemic and also the potential impact on services if the Trust is required to support other Trusts in the region during the anticipated winter pressures that the NHS</p>

<p>The impact of excluded drugs and devices</p>	<p>will face in H2 e.g. critical care surge capacity.</p> <p>The impact of excluded drugs and devices in previous financial years had a nil impact on the trusts surplus / (deficit) position as income and expenditure would be equally matched. For 2021/22 high cost drugs and devices are funded through a combination of block and cost and volume basis meaning that increased costs will not always be matched by income therefore potentially creating an overall cost pressure to the Trust if usage increases. Guidance for 2022/23 is being reviewed to assess whether this financial risk is likely to continue moving forward.</p>
<p>Access to Elective Recovery Fund</p>	<p>There is a risk that if the Trust is able to achieve the new ERF requirements of delivering 89% of admitted and non-admitted clock stops, whilst the wider C&M system fails to deliver, then there will be an increased cost of delivery without a corresponding increase in income. Whilst it is recognised that the achievement of these targets is imperative to reducing waiting lists and ensuring patients are treated, it must be recognised that delivery at organisational level could result in increased costs to the organisation, without associated income due to overall system under performance.</p>



REPORT TO BOARD
3 March 2022

Title	Staff Survey Results
Sponsoring Director	Mike Gibney, Chief People Officer
Author (s)	Jane Mullin, Deputy Chief People Officer
Previously considered by:	<ul style="list-style-type: none"> Committee (please specify) Staff Partnership Committee January 2022 *verbal update only
Executive Summary	<p>This report presents the Executive Summary of the 2021 National NHS Staff Survey conducted in The Walton Centre NHS Foundation Trust by Quality Health. The 2021 survey was distributed between September and December 2021. The full survey findings are attached in Appendix A.</p> <p>The report presents the Trusts results in the form of People Promises, Themes and question scores. This provides an indication of how well the Trust is performing over time (section 3.2) and within its benchmarking group (section 3.1) scores for the Trust's benchmarking group are derived from the organisations contracted to Quality Health, within the Acute Specialist Trusts there are 10 organisations within the Quality Health database.</p> <p>The Walton Centre NHS Foundation Trust had 600 staff take part in the survey compared to 548 in the previous year. This was a response rate of 41% an increase of 2% from last year.</p> <p>At the point of writing this report the national benchmarking comparison data was unavailable therefore the data is benchmarked with 10 specialist trusts only. It is important to note that all the results should be available after 6pm on 24 February 2022 but will be embargoed until 31 March 2022.</p> <p>The report highlights areas of strong performance but inevitably needs to identify aspects of the survey that are less favourable. As in other years, an action plan will be developed in partnership with staff side colleagues.</p>
Related Trust Ambitions	<p>Delete as appropriate:</p> <ul style="list-style-type: none"> Best practice care More services closer to patients' homes Be financially strong Research, education and innovation Advanced technology and treatments Be recognised as excellent in all we do
Risks associated with this paper	There are numerous risks related to the morale, organisational culture and the performance of the trust especially related to staffing capacity.
Related Assurance Framework entries	005: If the trust does not attract, retain and develop sufficient numbers of qualified staff, both medical and nursing, in shortages specialities then it may be unable to maintain service standards leading to service disruption and increased costs.
Equality Impact Assessment completed	<ul style="list-style-type: none"> No

Any associated legal implications / regulatory requirements?	<ul style="list-style-type: none">• Fulfilment of the trust's duty of care to its employees and the wider compliance with employment legislation.
Action required by the Board	Delete as Appropriate <ul style="list-style-type: none">• To consider and note

EXECUTIVE SUMMARY 2021 STAFF SURVEY

REPORT TO TRUST BOARD

3 March 2022

1. Introduction

This report presents the Executive Summary of the 2021 National NHS Staff Survey conducted in The Walton Centre NHS Foundation Trust by Quality Health. The 2021 survey was distributed between September and December 2021. The full survey findings are attached in **Appendix A**.

The report presents the Trust's results in the form of People Promises, Themes and question scores. This provides an indication of how well the Trust is performing over time (section 3.2) and within its benchmarking group (section 3.1) scores for the Trust's benchmarking group are derived from the organisations contracted to Quality Health, within the Acute Specialist Trusts there are 10 organisations within the Quality Health database.

There are seven People Promises and two Themes within the survey which are:

- 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

This report seeks to:

- Inform Trust Board of survey findings
- Agree next steps

2. Background

The Walton Centre NHS Foundation Trust had 600 staff take part in the survey compared to 548 in the previous year. This was a response rate of 41% an increase of 2% from last year.

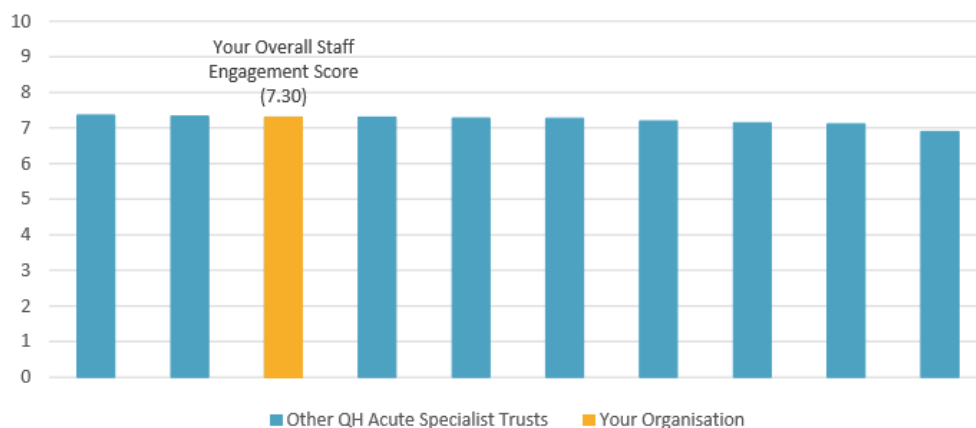
3. Staff Engagement

Staff Engagement is measured across three sub scores:

- Motivation, measured by Q2a, Q2b and Q2c (Staff motivation at work).
- Involvement, measured by Q3c, Q3d and Q3f (Staff ability to contribute towards improvement at work).
- Advocacy, measured by Q21a, Q21c and Q21d (Staff recommendation of the organisation as a place to work or receive treatment).

Overall Staff Engagement is measured as an average across these three scores. Staff Engagement scores fall between 0 and 10, where the higher the score, the more engaged the staff

Presented in the chart below are the range of Overall Staff Engagement Scores across the Acute Specialist sector, shown in ranking order. The Trusts organisation's score is (7.30) and its position within the sector is marked orange. The blue bars represent the scores of other organisations within the sector.



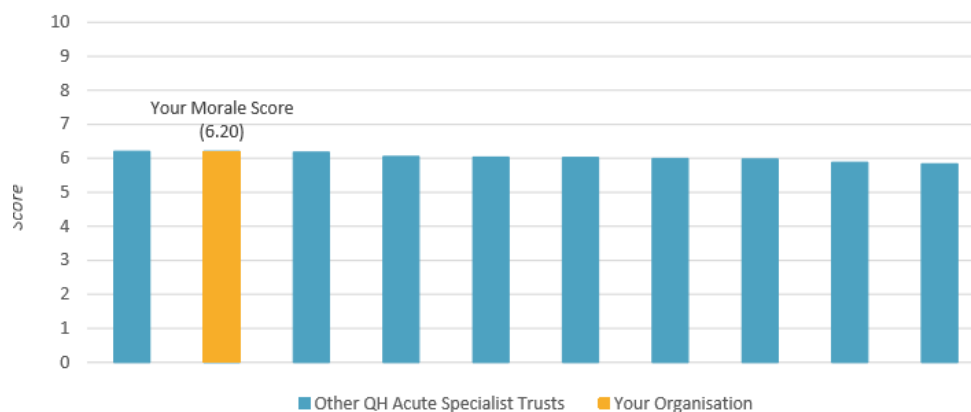
4. Morale

Morale is measured across three sub-scores:

- Thinking about leaving, measured by Q22a, Q22b and Q22c (Leaving the organisation).
- Work pressure, measured by Q3g, Q3h and Q3i (Staff having resources to do their work).
- Stressors (HSE index), measured by Q3a, Q3e, Q5a, Q5b, Q5c, Q7c and Q9a (Indicators of stress).

Morale is measured as an average across these three scores. Morale scores fall between 0 and 10, where the higher the score, the higher the morale amongst staff.

Presented in the chart below are the range of Morale scores across the Acute Specialist sector, shown in ranking order. The Trusts score is (6.20) and its position within the sector is marked orange. The blue bars represent the scores of other organisations within the sector.



5. Ranked People Promises

The People Promises ranked from 1 to 7 for the Trust are shown below. People Promises can be considered as summary scores for groups of questions which, when taken together, give more information about a particular area. They are presented as scale scores (on a scale of 0 to 10).

1	People Promise 1 We are compassionate and inclusive	7.58
2	People Promise 3 We each have a voice that counts	7.18
3	People Promise 7 We are a team	6.91
4	People Promise 6 We work flexibly	6.51
5	People Promise 4 We are safe and healthy	6.36
6	People Promise 2 We are recognised and rewarded	6.13
7	People Promise 5 We are always learning	5.45

6. Top and Bottom Question Scores

The top ten scores for the Trust in the 2021 survey are:

1	13b In the last 12 months I have personally experienced physical violence at work from managers.	0%
2	13c In the last 12 months I have personally experienced physical violence at work from other colleagues.	1%
3	16c03 Experienced discrimination on grounds of religion.	3%
4	16a In the last 12 months I have personally experienced discrimination at work from patients / service users, their relatives or other members of the public.	4%
5	16c04 Experienced discrimination on grounds of sexual orientation.	6%
6	3b I am trusted to do my job.	92%
7	14b In the last 12 months I have personally experienced harassment, bullying or abuse at work from managers.	8%
8	16b In the last 12 months I have personally experienced discrimination at work from a manager / team leader or other colleagues.	9%
9	16c05 Experienced discrimination on grounds of disability.	10%
10	21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	89%

The bottom ten scores for the Trust in the 2021 survey are:


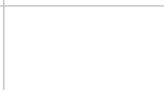
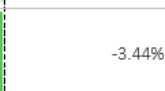

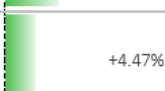


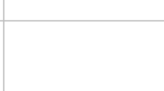
1	12e	I often/always feel worn out at the end of my working day/shift.	40%
2	12c	My work often/always frustrates me.	35%
3	19b	The appraisal/review helped me to improve how I do my job.	23%
4	12a	I often/always find my work emotionally exhausting.	32%
5	19d	The appraisal/review left me feeling that my work is valued by my organisation.	31%
6	5a	I have unrealistic time pressures (Never/Rarely).	32%
7	12b	I often/always feel burnt out because of my work.	33%
8	19c	The appraisal/review helped me agree clear objectives for my work.	35%
9	4c	I am satisfied with my level of pay.	37%
10	12g	I do not have enough energy for family and friends during leisure time (often/always).	28%


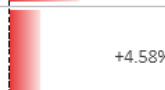

7. Significance

The Trust scored significantly better in the following 16 questions than the benchmarking sector, significantly worse in 3 and 80 questions showed no significant difference.

Question	Your Org.	Sector	Difference
3e I am involved in deciding on changes introduced that affect my work area / team / department.	59%	54%	+4.11%
3i There are enough staff at this organisation for me to do my job properly.	39%	35%	+4.63%
4d I am satisfied with the opportunities for flexible working patterns.	61%	56%	+4.56%
5a I have unrealistic time pressures (Never/Rarely).	32%	26%	+5.51%
6b My organisation is committed to helping me balance my work and home life.	54%	47%	+7.24%
6c I achieve a good balance between my work life and my home life.	59%	54%	+5.79%
7e I enjoy working with the colleagues in my team.	85%	82%	+3.29%

The Walton Centre NHS Foundation Trust

10c	I work additional UNPAID hours for this organisation, over and above my contracted hours.	55%	61%		-6.01%
11a	My organisation takes positive action on health and well-being.	66%	60%		+5.60%
13b	In the last 12 months I have personally experienced physical violence at work from managers.	0%	1%		-0.39%
14b	In the last 12 months I have personally experienced harassment, bullying or abuse at work from managers.	8%	12%		-3.44%
14d	The last time I experienced harassment, bullying or abuse at work, myself or a colleague reported it.	56%	48%		+7.93%
15	My organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.	60%	55%		+4.47%
16c 01	Experienced discrimination on grounds of ethnic background.	24%	48%		-23.78%
18	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	76%	71%		+4.67%
21f	If I spoke up about something that concerned me I am confident my organisation would address my concern.	64%	57%		+7.04%

Question	Your Org.	Sector	Difference		
13a	In the last 12 months I have personally experienced physical violence at work from patients / service users, their relatives or other members of the public.	15%	5%		+10.19%
14a	In the last 12 months I have personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public.	24%	19%		+4.58%
20b	There are opportunities for me to develop my career in this organisation.	49%	55%		-5.50%

Compared to 2020 of the 63 comparable evaluative core questions 0 questions showed significant improvement, 21 showed significant decline (below) and 42 showed no significant movement.

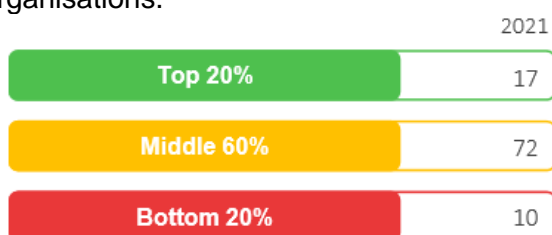
The Walton Centre NHS Foundation Trust

Question	2020	2021	Difference
2a I look forward to going to work.	62%	55%	-7.21%
2b I am enthusiastic about my job.	76%	70%	-5.83%
2c Time passes quickly when I am working.	79%	73%	-5.67%
3g I am able to meet all the conflicting demands on my time at work.	55%	48%	-6.89%
3h I have adequate materials, supplies and equipment to do my work.	72%	66%	-5.93%
3i There are enough staff at this organisation for me to do my job properly.	51%	39%	-11.03%
4b I am satisfied with the extent to which my organisation values my work.	55%	47%	-8.67%
4c I am satisfied with my level of pay.	45%	37%	-7.90%
4d I am satisfied with the opportunities for flexible working patterns.	67%	61%	-5.90%
5c Relationships at work are strained (Never/Rarely).	54%	48%	-5.87%
9d My immediate manager takes a positive interest in my health and well-being.	74%	68%	-5.91%
10b I work additional PAID hours for this organisation, over and above my contracted hours.	21%	27%	+5.98%
11d In the last three months I have come to work despite not feeling well enough to perform my duties.	39%	52%	+12.89%
13c In the last 12 months I have personally experienced physical violence at work from other colleagues.	0%	1%	+1.04%
16b In the last 12 months I have personally experienced discrimination at work from a manager / team leader or other colleagues.	5%	9%	+3.76%

21a	Care of patients / service users is my organisation's top priority.	92%	84%		-7.53%
21b	My organisation acts on concerns raised by patients / service users.	86%	81%		-4.51%
21c	I would recommend my organisation as a place to work.	79%	69%		-9.67%
22a	I often think about leaving this organisation.	22%	28%		+6.47%
22b	I will probably look for a job at a new organisation in the next 12 months.	17%	23%		+6.05%
22c	As soon as I can find another job, I will leave this organisation.	12%	17%		+4.77%

8. Benchmarking Percentiles

The table below summarises the distribution of core questions where the Trust scored amongst the top 20%, middle 60% and bottom 20% of the 10 benchmarking organisations.



Percentile charts are presented below for questions where the Trust scored within the top and bottom 20th percentiles. The red segment of the chart shows the range of scores achieved by the bottom 20% of Quality Health Acute Specialist organisations, the amber segment shows the range of scores achieved by the middle 60% and the green segment shows the range of scores achieved by the top 20%.

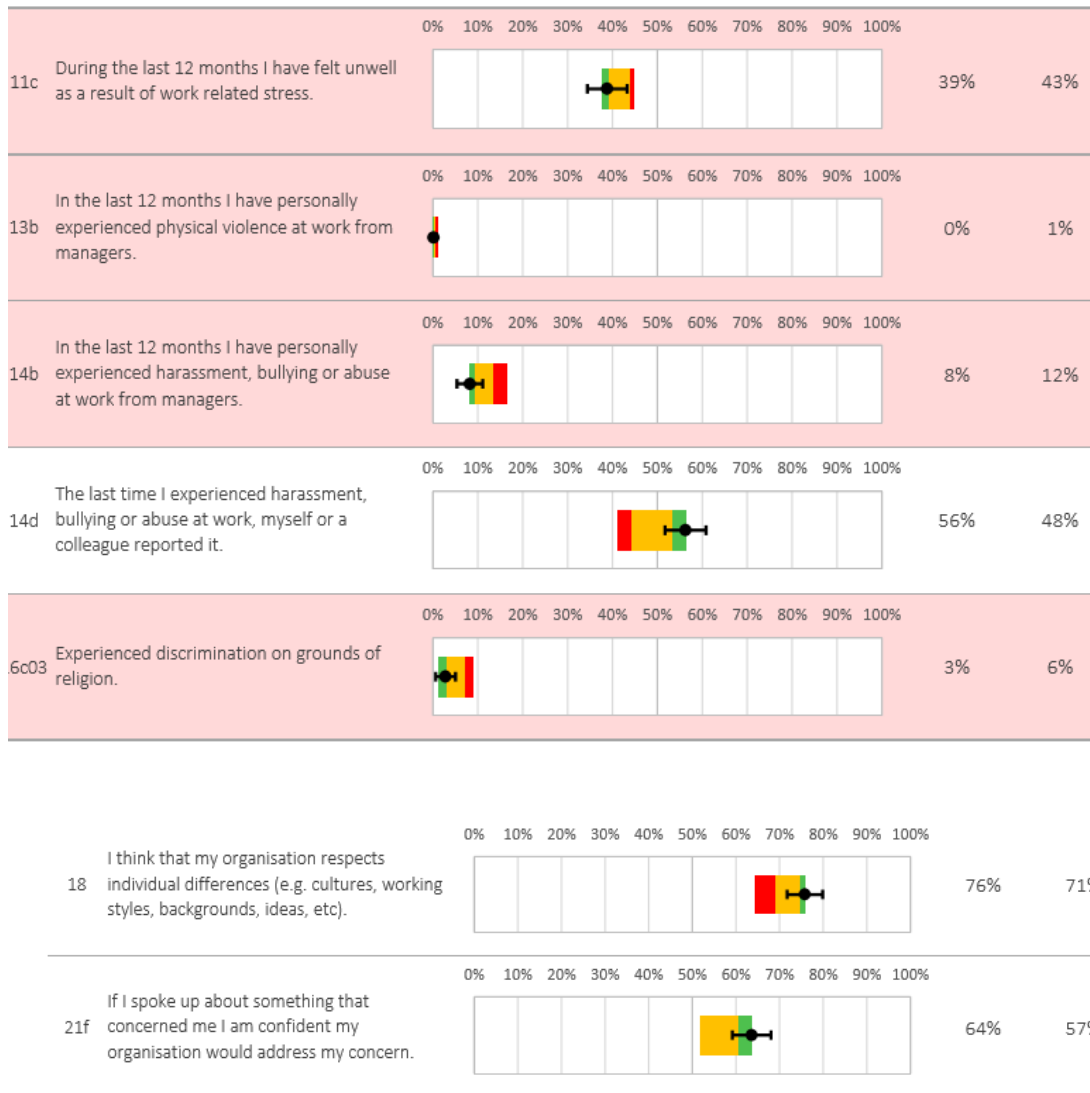
The Trust's score and the sector average are shown to the right of the chart.

The Walton Centre NHS Foundation Trust

Questions in the Top 20%

		Org.	Sector
3a	I always know what my work responsibilities are.	88%	87%
3b	I am trusted to do my job.	92%	91%
3e	I am involved in deciding on changes introduced that affect my work area / team / department.	59%	54%
3i	There are enough staff at this organisation for me to do my job properly.	39%	35%
4d	I am satisfied with the opportunities for flexible working patterns.	61%	56%
5a	I have unrealistic time pressures (Never/Rarely).	32%	26%
6b	My organisation is committed to helping me balance my work and home life.	54%	47%
7d	Team members understand each other's roles.	74%	72%
7e	I enjoy working with the colleagues in my team.	85%	82%
7f	My team has enough freedom in how to do its work.	65%	62%

The Walton Centre NHS Foundation Trust



The Walton Centre NHS Foundation Trust

Questions in the Bottom 20%

		Org.	Sector
2c	Time passes quickly when I am working.	73%	75%
11d	In the last three months I have come to work despite not feeling well enough to perform my duties.	52%	50%
12b	I often/always feel burnt out because of my work.	33%	31%
13a	In the last 12 months I have personally experienced physical violence at work from patients / service users, their relatives or other members of the public.	15%	5%
14a	In the last 12 months I have personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public.	24%	19%
16c02	Experienced discrimination on grounds of gender.	28%	23%
19a	In the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review.	85%	87%
20b	There are opportunities for me to develop my career in this organisation.	49%	55%
28b	My employer has made adequate adjustment(s) to enable me to carry out my work.	67%	71%

9. Summary

All of the People Promise theme and sub-theme scores for the 2021 NHS Staff Survey for The Trust are broadly in line with the sector scores of similar organisations surveyed by Quality Health.

The themes of Morale and Staff Engagement remain key performance indicators for organisations. Both of the Trust's scores show no significant difference to the sector average. The sub-theme scores are also all in line with the sector scores for similar

organisations. However the sub-theme score of 'Advocacy' has significantly declined since 2020.

At question level, most scores are in the intermediate-60% range of similar organisations. There are 17 scores in the top-20% range and 10 scores in the lower-20% range. The score for staff going to work even if feeling unwell is noticeably low. Where comparable to 2020, 21 scores have significantly declined which are mostly around 'Motivation', 'Work pressure', 'Advocacy', and 'Thinking about leaving'.

There are also some low scores around staff feeling they are recognised for their work, and staff satisfaction with flexible working opportunities.

Finally, it is important to bear in mind that 2021 will continue to have had its own challenges as a result of the COVID-19 pandemic. However, by measuring staff experience we can look to understand the ongoing impact that the COVID-19 pandemic has had on staff, as well as identifying areas of adaptation and recovery.

Some key recommendations could include:

- Review work planning and scheduling in order to reduce conflicting work demands on staff. Look at areas of the organisation where certain job types fall short for staffing and why.
- Work directly with staff groups to understand why some would not recommend the organisation as a place to work – and take action accordingly. Interrogate Staff FFT data/comments to identify whether this view is organisation-wide or limited to a particular area. Use FFT data to monitor progress over time.

10. Next Steps

The 2022-2023 staff experience action plan will inevitably need to focus upon the less positive themes.

The areas of concern will be targeted in our various staff engagement events over the coming 12 months.

It is important to note the results around staff appraisal as 3 out of the bottom 10 scores relate to this process, it is acknowledged that these results require a further review of the appraisal documentation and the current process.

The Staff Action Plan will be the focus of discussion at a Staff Side/HR day on 28 March 2022; it will be refreshed in partnership and approved/monitored at Staff Partnership Committee and Business Performance Committee.



National Staff Survey 2021

The Walton Centre NHS Foundation Trust

Full Report

Produced by Quality Health



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1. Introduction

1.1. Overview

This report presents your organisation's results for the 2021 National Staff Survey in the form of People Promises, Themes and question scores. This provides an indication of how well your organisation is performing over time (section 3.2) and within its benchmarking group* (section 3.1). Throughout the report, the People Promises/Themes and the questions that comprise them are presented, facilitating a focused analysis of key areas.

Staff Engagement and Morale scores are presented in sections 3.3./3.4. respectively.

Final response level results are presented in frequency tables at the end of the report, in the same format as the initial results sent out in December 2021.

If your organisation requested an additional sample, respondents from this sample have been included in the scoring in this report (if applicable) and are shown in the final frequency tables too.

For information on the processes applied to data (such as cleaning and weighting) and the types of scoring used in this report, please refer to the 'Understanding your Results' section on page 5.

1.2. Methodology and Sampling

The National Staff survey was undertaken by Quality Health for a total of 137 organisations between September and December 2021.

Organisations were given the option to conduct a paper survey, online survey or mixed mode survey (combining both). To conduct online surveys, certain criteria had to be met such as ensuring staff email addresses are up to date and accessed regularly, and that staff are allowed time to complete the survey at work.

Each staff member could only receive one type of questionnaire. For staff members selected to participate online, an email invitation was sent directly to their work email address inviting them to securely log into the online questionnaire portal and provide their responses. Staff members selected to complete paper questionnaires received these through their organisation's internal post, after these were batch delivered from Quality Health. In some organisations, where staff did not have an internal work address, a small number of questionnaires were sent to staff at home – this included those on maternity leave. Staff responded using pre-paid response envelopes provided by Quality Health. Reminders were sent to all staff who had not responded at each point when reminders were issued: those completing the paper questionnaire received 2 reminders and those completing the online questionnaire received 6 email reminders.

In smaller organisations, all staff were surveyed (a census was drawn). In larger organisations, a basic sample with a minimum of 1,250 staff needed to be drawn randomly. Staff within the sample had to meet certain eligibility criteria, i.e. they had to be staff who were consistently and regularly employed by the organisation. Bank staff, staff who started working for the organisation after 1st September 2021, and staff on long term sick leave could not be included.

**Please note that the scores for your benchmarking group are derived from the organisations contracted to Quality Health. Within your sector (Acute Specialist Trusts) there are 10 organisations within the Quality Health database.*

1. Introduction

1.2. Methodology and Sampling (continued)

Organisations that wanted a sample on top of the basic sample drew an additional sample. This could be the full census or other staff randomly drawn. Building on changes made in 2013, the Coordination Centre accepts the use of additional samples in benchmarking.

For organisations wanting to survey staff not meeting the eligibility criteria, an 'Additional' sample was drawn. If your organisation has drawn an additional sample, your results presented in this report have been calculated using this additional sample.

1.3. Response Rates

Questionnaires were sent to 1,480 staff in your organisation. If your organisation requested additional samples and requested that this data was to be included within this management report, this figure includes staff from those samples.

After excluding respondents that were later known to be ineligible, a usable sample of 1,465 remained.

From the usable sample, 600 questionnaires were returned yielding a response rate of 41.0%.

1.4. Publishing and Publicising your Results

This is a confidential report from Quality Health to the organisation. The decision about whether or not to publish it - or publicise its contents to staff or patients - is entirely up to each organisation. However, our strong advice, in the spirit of openness and transparency, is that the results should be publicised through all available channels.

Publicity could include:

- presentations to the Board on key strategic issues
- distribution of findings to Clinical Governance teams, and to Divisional and Departmental heads
- discussions on the results with staff representatives
- publication of results on the internet
- display presentations in appropriate locations in the organisation

Whatever decision is taken locally, there will be a national publication of the results for each organisation. **Until the Coordination Centre publishes the national results, there is an embargo on the publication of any survey results from the benchmarked analysis in the reports. The national publication date announced by the Coordination Centre is still to be confirmed but is anticipated to be early/mid-March 2022.**

2. Understanding your Results

2.1. Data Cleaning

Data cleaning is undertaken on the raw survey data to ensure that incorrect or inappropriate responses are removed from certain questions. Data cleaning has been applied where there is routing (i.e. where respondents are directed to a subsequent question depending on their answer to the lead question). Sometimes there are conflicts in the answers that respondents give to these questions and the data is corrected to account for this. For example, respondents answering "No" to Q11d (In the last three months have you ever come to work despite not feeling well enough to perform your duties?) are directed to go to Question 12. If a respondent answers "No" to Q11d and also answers Q11e about pressure from a manager to come to work when unwell, then their response to Q11e will be deleted.

2.2. Weighted Data

Although performing the same functions, each organisation will organise its workforce in the way that best suits the unique needs of their area. This means that the number of employees in each occupational group may vary significantly from organisation to organisation (for example, some organisations may contract out aspects of patient care, whereas others provide these services in-house).

These differences can lead to significant variations in results, as some occupational groups, such as managers, are known to respond more positively than others to some questions. If an organisation has a larger number of employees in such a group than is the norm for the sector, this could give a misleading impression of the organisation's performance when benchmarked against the sector overall.

To account for this variation, the individual scores within each organisation have been weighted so that the occupational composition of the organisation reflects that of the sector.

To obtain the weighting to apply to an occupational group in your organisation we have first determined the percentage of respondents in the occupational group within your sector, and then divided this by the percentage of respondents in the same group in your organisation.

For example, if Nursing in your sector accounts for 36.7% of the respondents, but in your organisation this group accounts for 40.2%, then the response from each nurse would be weighted (multiplied) by $0.367 / 0.402$ - so a single response in this category would be valued at 0.91, rather than 1. This process would be repeated for each occupational group present in your organisation, then an average of the weighted responses would be taken to obtain your score.

With the exception of the response level results tables at the end of the report, all results in this report are derived from weighted data.

The process undertaken to standardise the data is based on the methodology used by the Coordination Centre and should be useful in providing an indication of what an organisation's national results are likely to be. There will, however, be minor differences between the scores in this report and an organisation's official national benchmark report. This is because Quality Health only has access to data from its contracted organisations, whilst the national standardisation process will be based on the full dataset available for all organisations.

2.3. People Promises/Themes and Question Scores

People Promises/Themes can be considered as summary scores for groups of questions which, when taken together, give more information about a particular area. They are presented as scale scores (on a scale of 0 to 10). Individual question scores are expressed as percentages.

There are seven People Promises and two Themes within this report, which are:

- 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

Question scores are presented beneath the People Promises/Themes they feed into. Please note that it's not always possible to directly compare question scores to the People Promises/Themes, as there are specific rules in the calculations which act to limit the respondent base (e.g. a respondent must have answered a majority of the questions that compose the People/Promise/Theme to be included in its calculation). The question scores do however provide a good indication of the strengths and weaknesses within the area addressed by the People Promise/Theme.

2.4. Positive and Negative Findings

In most cases, questions report on a positive aspect of staff experience. For these questions, the higher the score, the better the organisation is performing. There are some questions that report on negative aspects, however. An example of a negative question is Q10b, Percentage of staff who have worked additional paid hours over and above their contracted hours. For these questions, the lower the score, the better. Throughout the report, negative findings are indicated with a red shaded background.

3. Survey Results

3.1. Sector Benchmarking

3.1.1. Measuring Significance

In this section, scores for your organisation are plotted against the average for the Acute Specialist sector. The difference between the scores is represented by the coloured gap between the blue bars. Where statistically significant differences arise, the coloured gap is highlighted green or red for positive or negative differences respectively.

Please note that the sector average has been derived from the 10 Acute Specialist Trusts contracted to Quality Health. As such, the National average for this sector may differ.

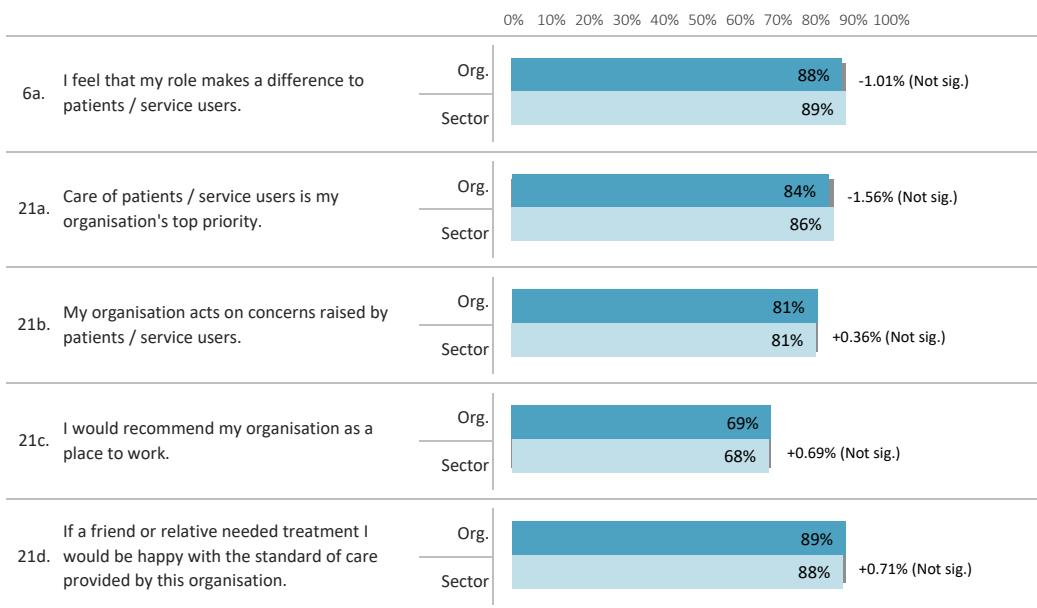
Some questions will appear below more than once as they comprise both a People Promise score and a Theme score.

We are compassionate and inclusive

People Promise 1 - We are compassionate and inclusive	Org.	Sector	Diff.
	7.58	7.46	+0.12 (Not sig.)

Compassionate culture

People Promise 1, Subscore 1 - Compassionate culture	Org.	Sector	Diff.
	7.82	7.76	+0.06 (Not sig.)

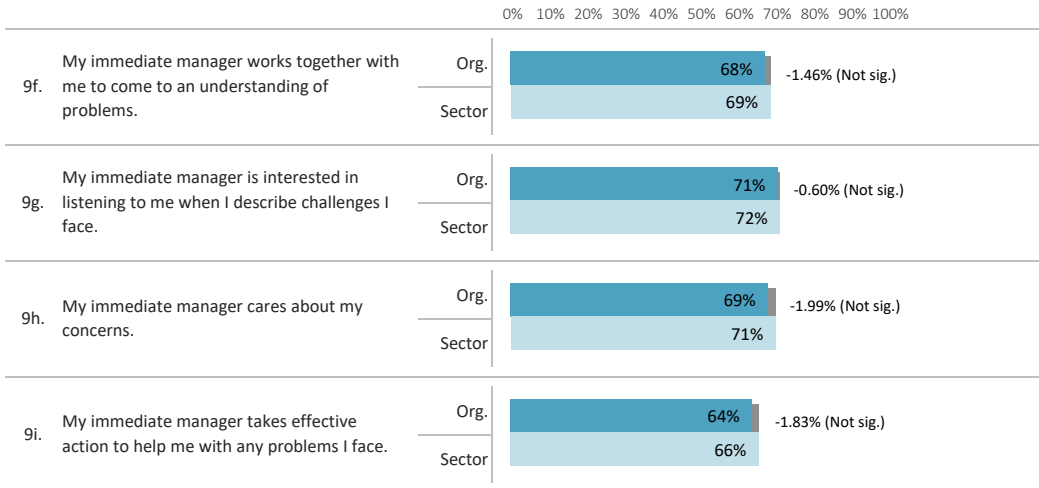


3.1. Sector Benchmarking

3.1.1. Measuring Significance

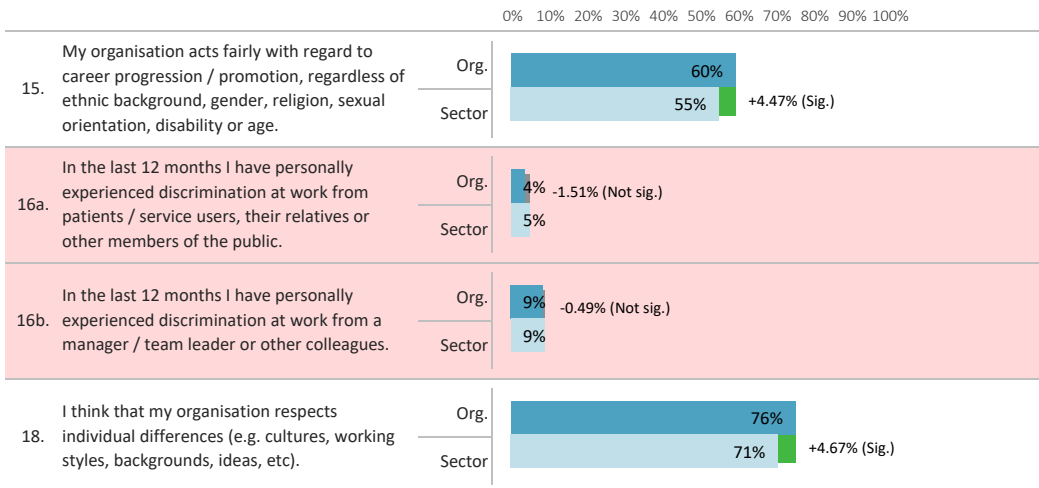
Compassionate leadership

People Promise 1, Subscore 2 - Compassionate leadership	Org.	Sector	Diff.
	7.16	7.01	+0.15 (Not sig.)



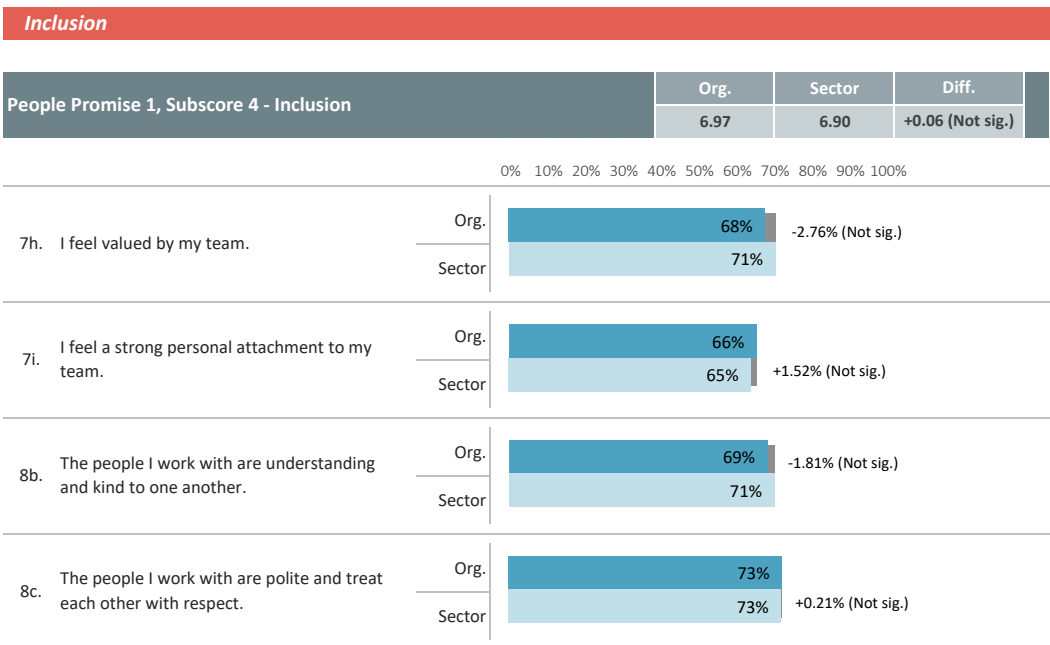
Diversity and equality

People Promise 1, Subscore 3 - Diversity and equality	Org.	Sector	Diff.
	8.38	8.18	+0.20 (Not sig.)



3.1. Sector Benchmarking

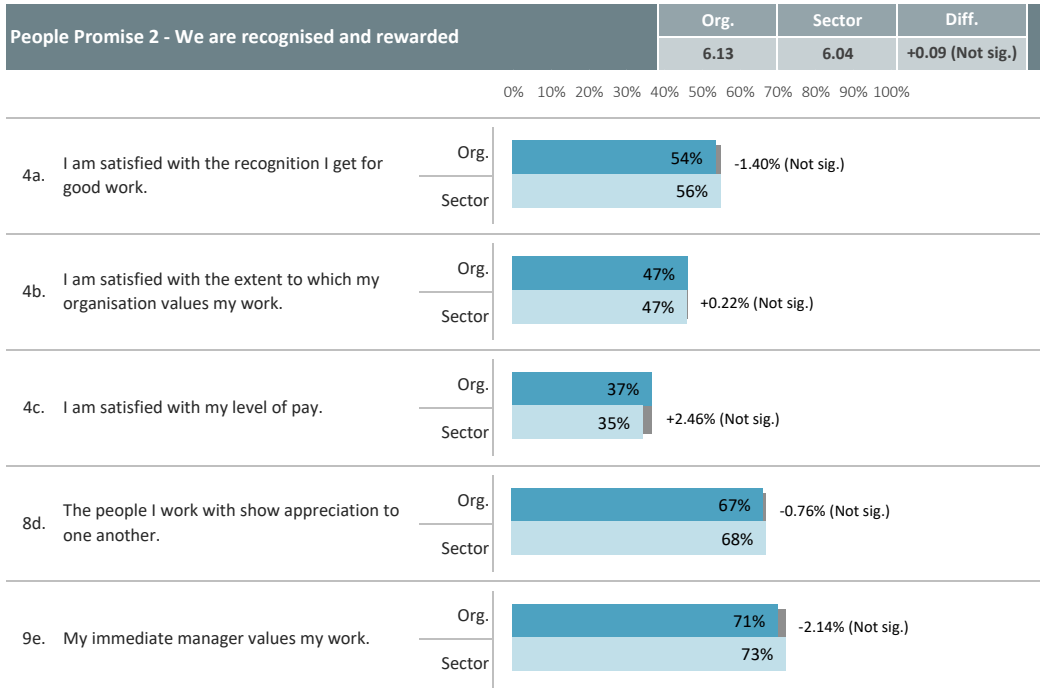
3.1.1. Measuring Significance



3.1. Sector Benchmarking

3.1.1. Measuring Significance

We are recognised and rewarded



3.1. Sector Benchmarking

3.1.1. Measuring Significance

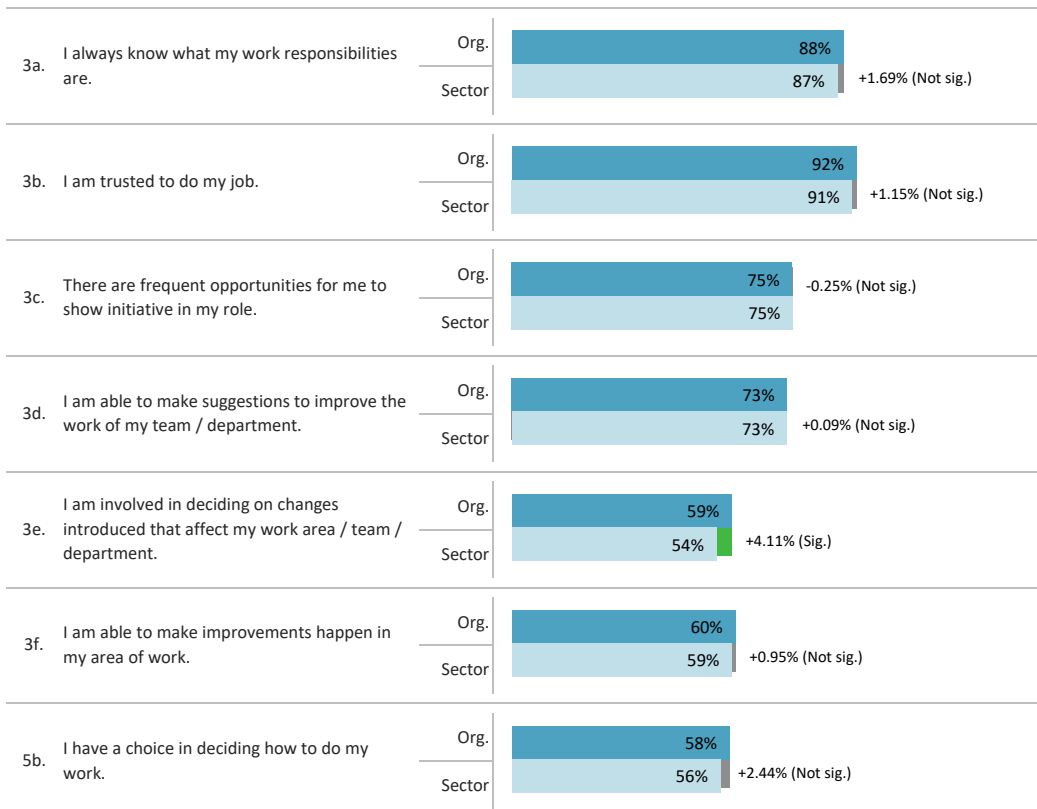
We each have a voice that counts

People Promise 3 - We each have a voice that counts	Org.	Sector	Diff.
	7.18	6.95	+0.23 (Not sig.)

Autonomy and control

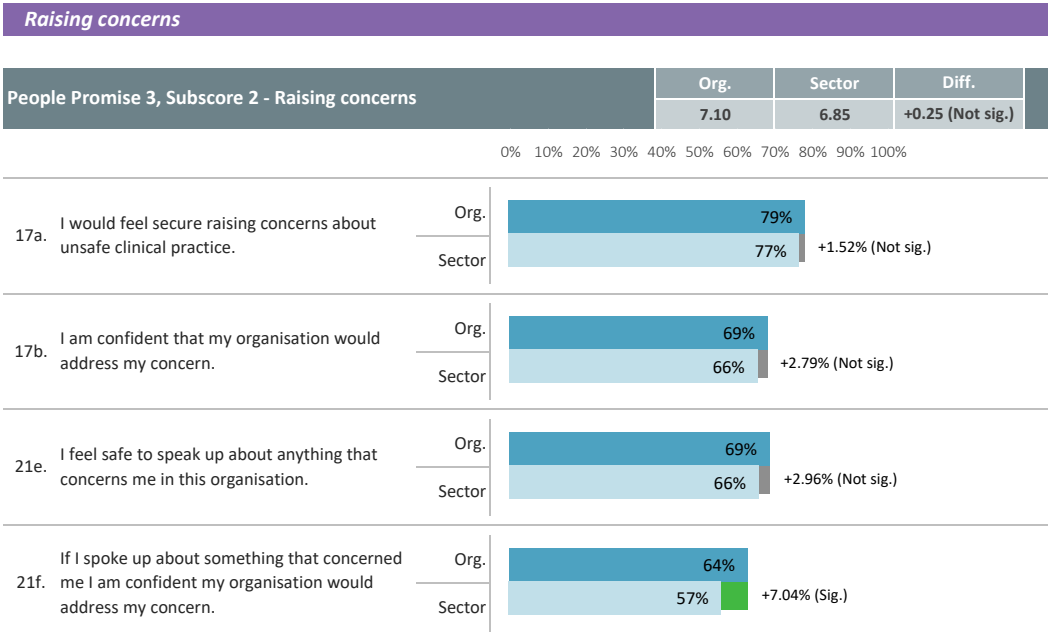
People Promise 3, Subscore 1 - Autonomy and control	Org.	Sector	Diff.
	7.26	7.06	+0.20 (Not sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



3.1. Sector Benchmarking

3.1.1. Measuring Significance



3.1. Sector Benchmarking

3.1.1. Measuring Significance

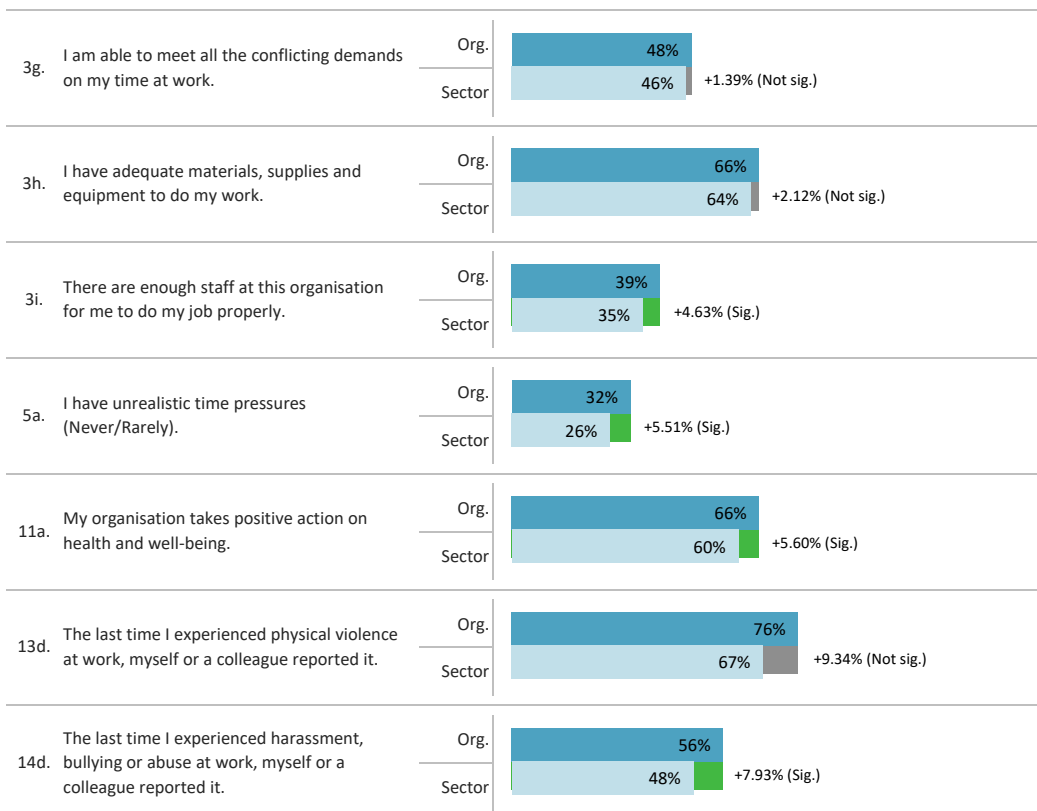
We are safe and healthy

People Promise 4 - We are safe and healthy	Org.	Sector	Diff.
	6.36	6.23	+0.12 (Not sig.)

Health and safety climate

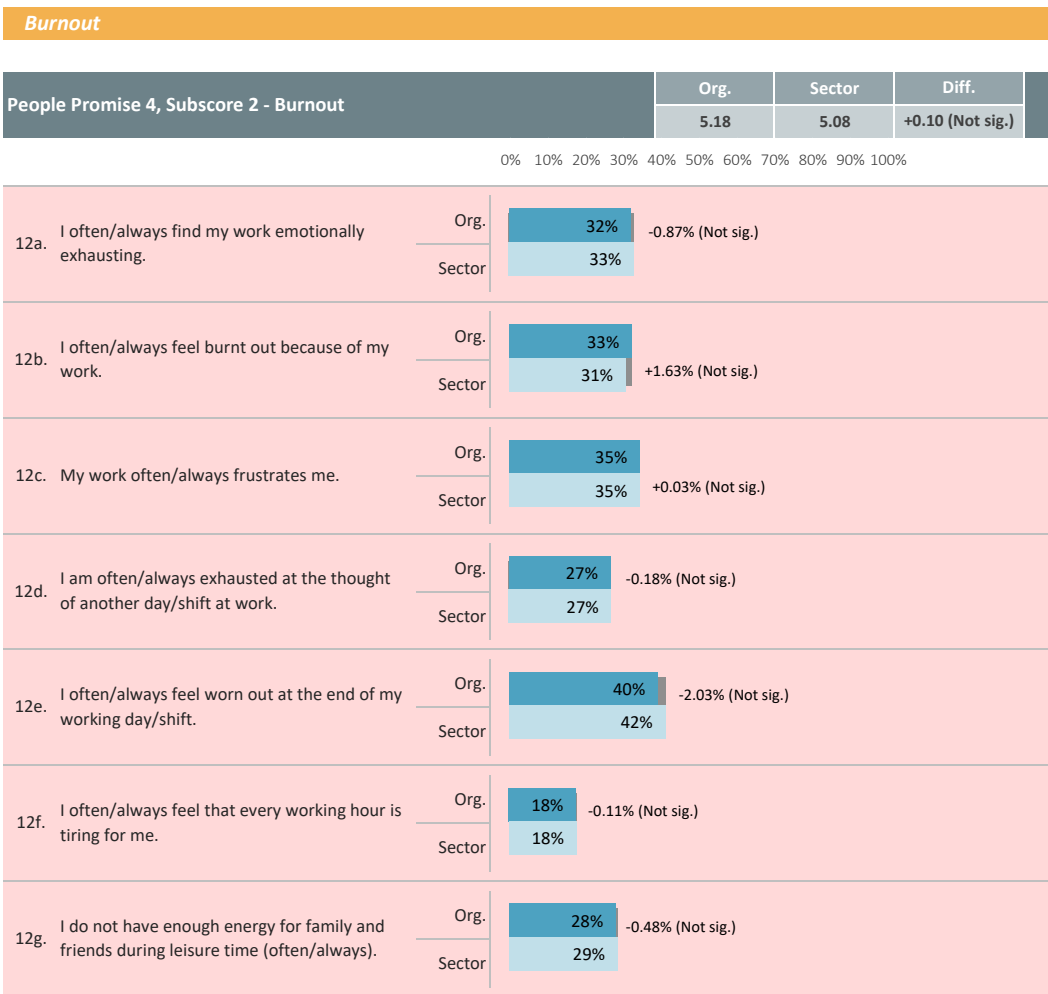
People Promise 4, Subscore 1 - Health and safety climate	Org.	Sector	Diff.
	5.91	5.58	+0.33 (Not sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



3.1. Sector Benchmarking

3.1.1. Measuring Significance



3.1. Sector Benchmarking

3.1.1. Measuring Significance

Negative experiences

People Promise 4, Subscore 3 - Negative experiences	Org.	Sector	Diff.
	7.97	8.04	-0.07 (Not sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

11b.	In the last 12 months I have experienced musculoskeletal problems (MSK) as a result of work activities.	Org. Sector	<div style="display: flex; align-items: center;"> <div style="width: 27%; height: 10px; background-color: #0070c0; margin-right: 5px;"></div> <div style="width: 27%; height: 10px; background-color: #99c2e6; margin-right: 5px;"></div> <div style="margin-left: 5px;">+0.37% (Not sig.)</div> </div>
11c.	During the last 12 months I have felt unwell as a result of work related stress.	Org. Sector	<div style="display: flex; align-items: center;"> <div style="width: 39%; height: 10px; background-color: #0070c0; margin-right: 5px;"></div> <div style="width: 43%; height: 10px; background-color: #99c2e6; margin-right: 5px;"></div> <div style="margin-left: 5px;">-4.00% (Not sig.)</div> </div>
11d.	In the last three months I have come to work despite not feeling well enough to perform my duties.	Org. Sector	<div style="display: flex; align-items: center;"> <div style="width: 52%; height: 10px; background-color: #0070c0; margin-right: 5px;"></div> <div style="width: 50%; height: 10px; background-color: #99c2e6; margin-right: 5px;"></div> <div style="margin-left: 5px;">+2.32% (Not sig.)</div> </div>
13a.	In the last 12 months I have personally experienced physical violence at work from patients / service users, their relatives or other members of the public.	Org. Sector	<div style="display: flex; align-items: center;"> <div style="width: 15%; height: 10px; background-color: #0070c0; margin-right: 5px;"></div> <div style="width: 5%; height: 10px; background-color: #e57373; margin-right: 5px;"></div> <div style="margin-left: 5px;">+10.19% (Sig.)</div> </div>
13b.	In the last 12 months I have personally experienced physical violence at work from managers.	Org. Sector	<div style="display: flex; align-items: center;"> <div style="width: 0%; height: 10px; background-color: #0070c0; margin-right: 5px;"></div> <div style="width: 1%; height: 10px; background-color: #99c2e6; margin-right: 5px;"></div> <div style="margin-left: 5px;">-0.39% (Sig.)</div> </div>
13c.	In the last 12 months I have personally experienced physical violence at work from other colleagues.	Org. Sector	<div style="display: flex; align-items: center;"> <div style="width: 1%; height: 10px; background-color: #0070c0; margin-right: 5px;"></div> <div style="width: 1%; height: 10px; background-color: #99c2e6; margin-right: 5px;"></div> <div style="margin-left: 5px;">-0.08% (Not sig.)</div> </div>
14a.	In the last 12 months I have personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public.	Org. Sector	<div style="display: flex; align-items: center;"> <div style="width: 24%; height: 10px; background-color: #0070c0; margin-right: 5px;"></div> <div style="width: 19%; height: 10px; background-color: #99c2e6; margin-right: 5px;"></div> <div style="width: 5%; height: 10px; background-color: #e57373; margin-right: 5px;"></div> <div style="margin-left: 5px;">+4.58% (Sig.)</div> </div>
14b.	In the last 12 months I have personally experienced harassment, bullying or abuse at work from managers.	Org. Sector	<div style="display: flex; align-items: center;"> <div style="width: 8%; height: 10px; background-color: #0070c0; margin-right: 5px;"></div> <div style="width: 12%; height: 10px; background-color: #99c2e6; margin-right: 5px;"></div> <div style="margin-left: 5px;">-3.44% (Sig.)</div> </div>
14c.	In the last 12 months I have personally experienced harassment, bullying or abuse at work from other colleagues.	Org. Sector	<div style="display: flex; align-items: center;"> <div style="width: 17%; height: 10px; background-color: #0070c0; margin-right: 5px;"></div> <div style="width: 19%; height: 10px; background-color: #99c2e6; margin-right: 5px;"></div> <div style="margin-left: 5px;">-1.83% (Not sig.)</div> </div>

3.1. Sector Benchmarking

3.1.1. Measuring Significance

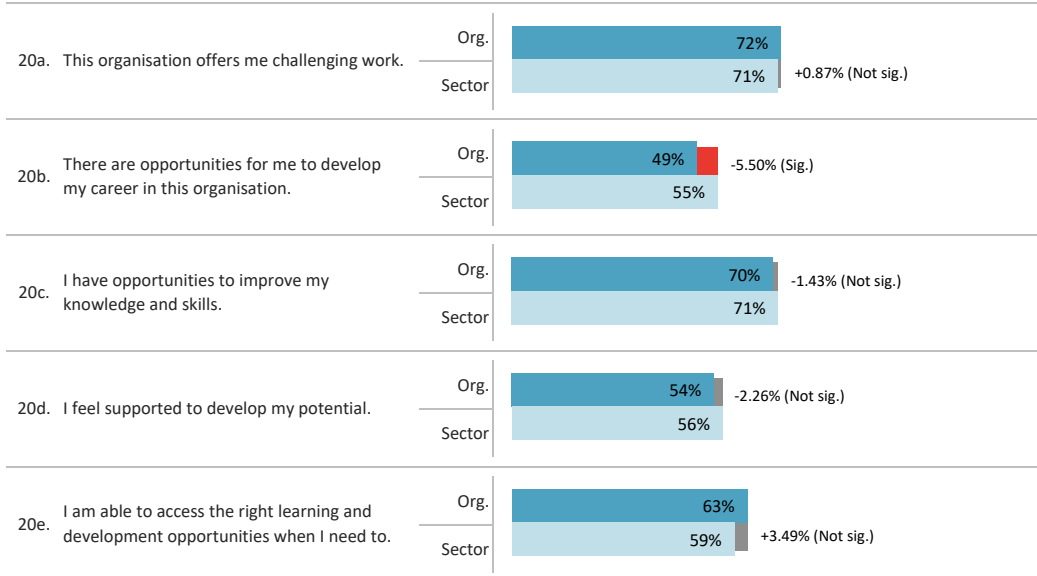
We are always learning

People Promise 5 - We are always learning	Org.	Sector	Diff.
	5.45	5.56	-0.11 (Not sig.)

Development

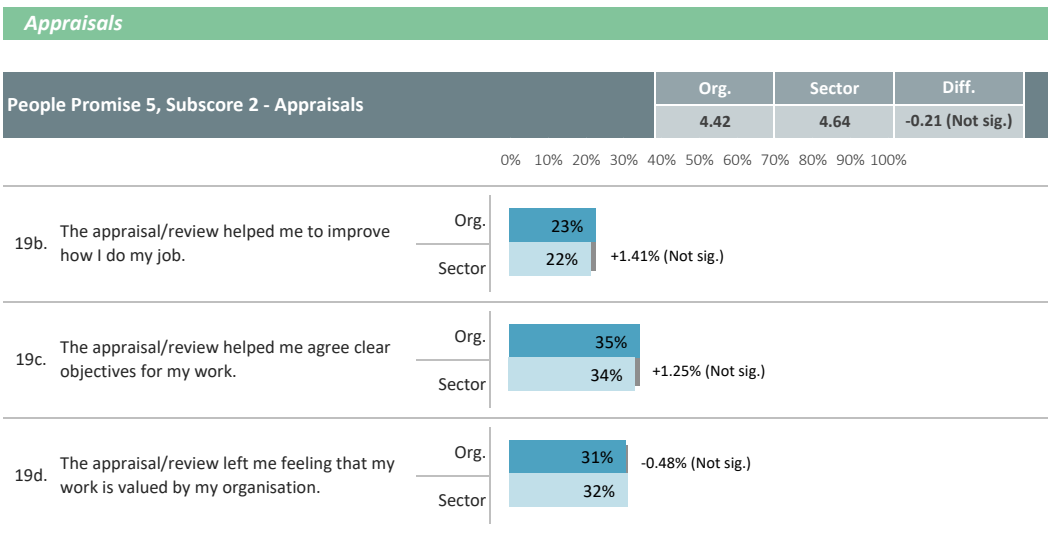
People Promise 5, Subscore 1 - Development	Org.	Sector	Diff.
	6.46	6.47	-0.02 (Not sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



3.1. Sector Benchmarking

3.1.1. Measuring Significance



3.1. Sector Benchmarking

3.1.1. Measuring Significance

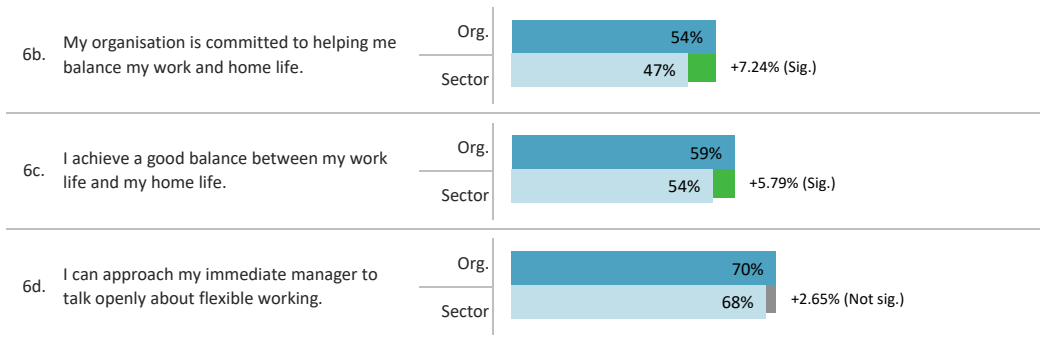
We work flexibly

People Promise 6 - We work flexibly	Org.	Sector	Diff.
	6.51	6.16	+0.35 (Not sig.)

Support for work-life balance

People Promise 6, Subscore 1 - Support for work-life balance	Org.	Sector	Diff.
	6.51	6.14	+0.37 (Not sig.)

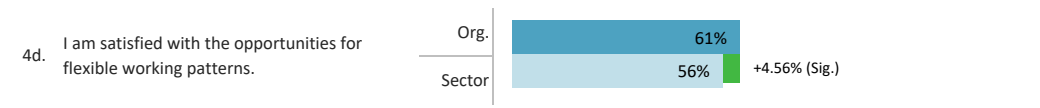
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



Flexible working

People Promise 6, Subscore 2 - Flexible working	Org.	Sector	Diff.
	6.51	6.18	+0.33 (Not sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



3.1. Sector Benchmarking

3.1.1. Measuring Significance

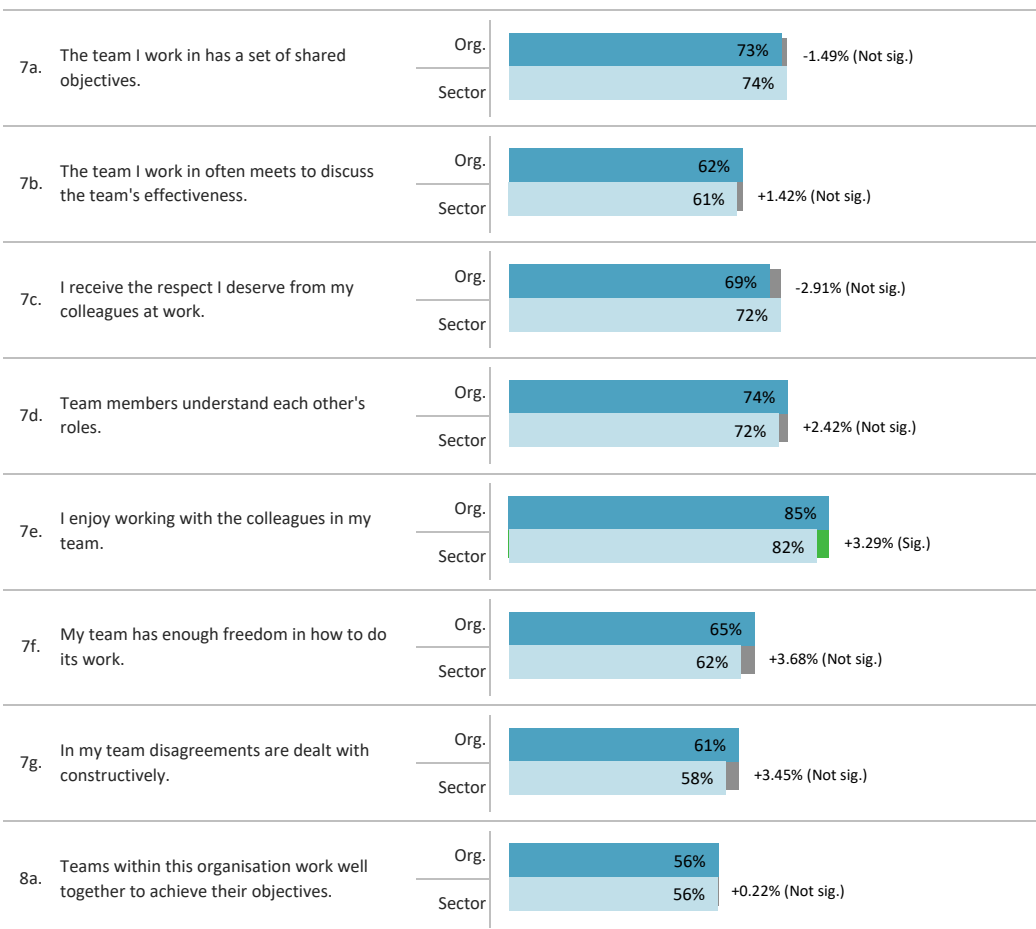
We are a team

People Promise 7 - We are a team	Org.	Sector	Diff.
	6.91	6.78	+0.13 (Not sig.)

Team working

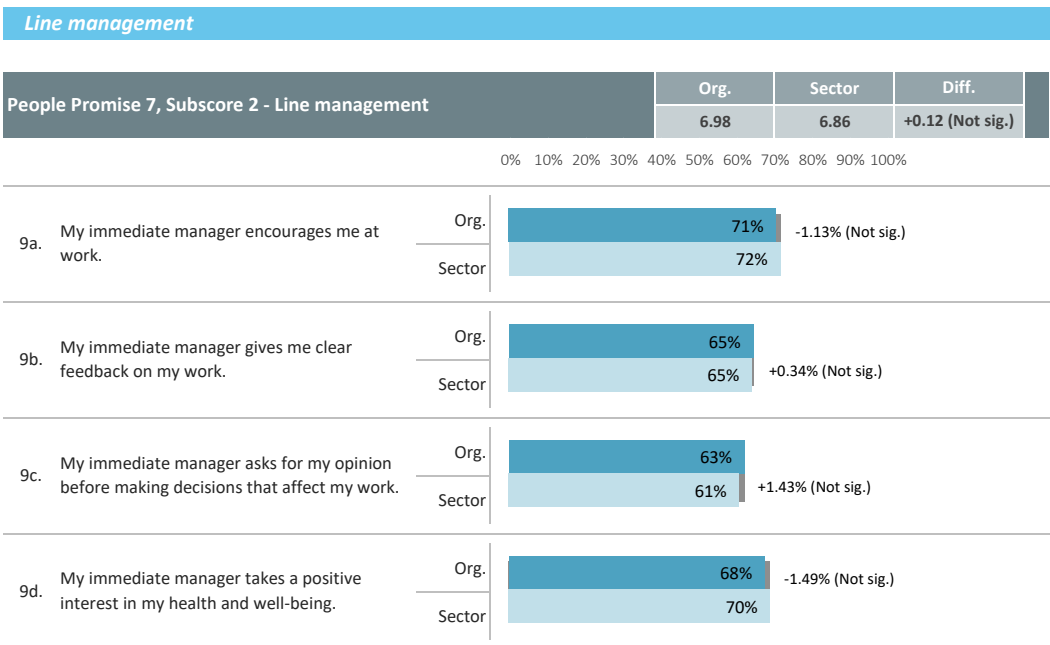
People Promise 7, Subscore 1 - Team working	Org.	Sector	Diff.
	6.85	6.71	+0.14 (Not sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



3.1. Sector Benchmarking

3.1.1. Measuring Significance



3.1. Sector Benchmarking

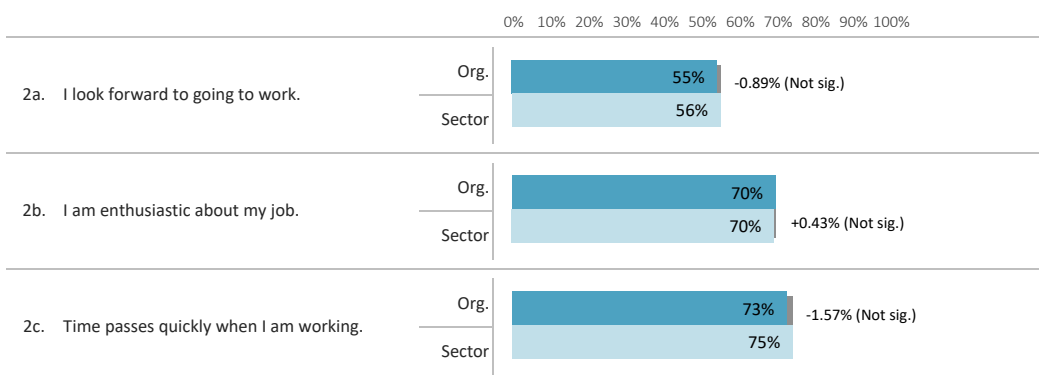
3.1.1. Measuring Significance

Staff engagement

Theme - Staff engagement	Org.	Sector	Diff.
	7.30	7.24	+0.06 (Not sig.)

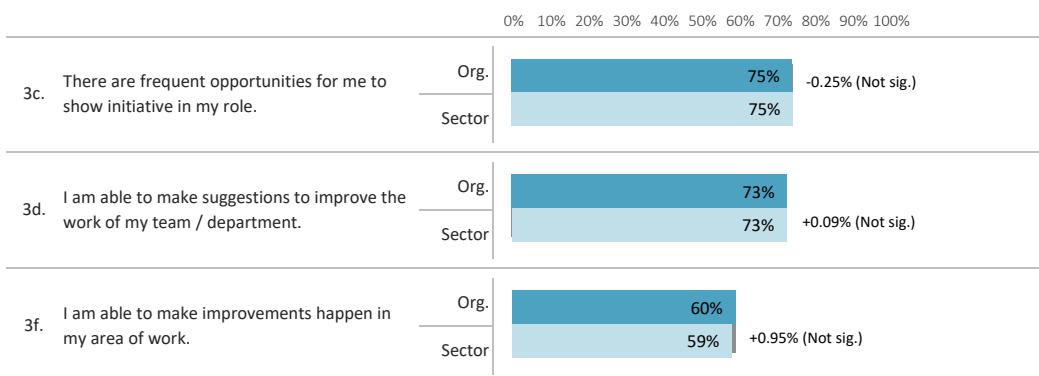
Motivation

Subscore 1 - Motivation	Org.	Sector	Diff.
	7.01	7.08	-0.06 (Not sig.)



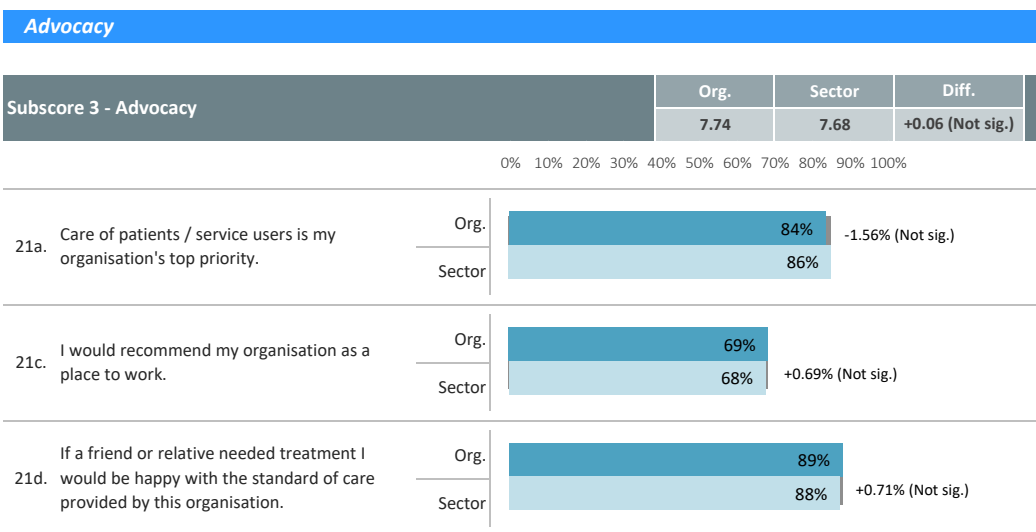
Involvement

Subscore 2 - Involvement	Org.	Sector	Diff.
	7.13	6.95	+0.18 (Not sig.)



3.1. Sector Benchmarking

3.1.1. Measuring Significance



3.1. Sector Benchmarking

3.1.1. Measuring Significance

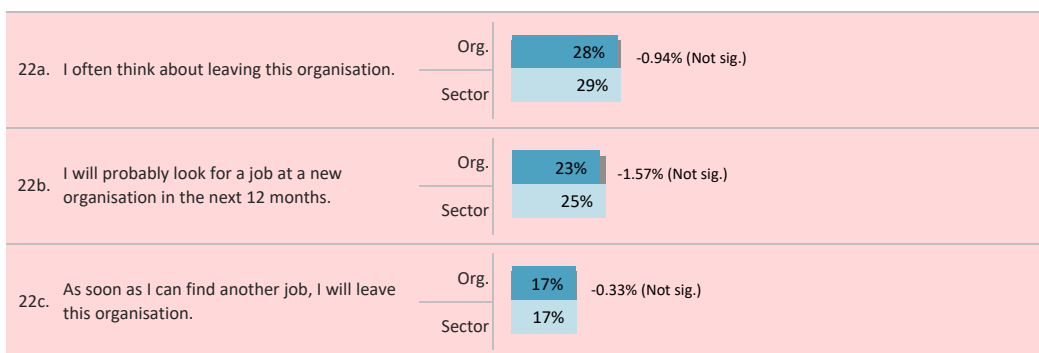
Morale

Theme - Morale	Org.	Sector	Diff.
	6.20	6.00	+0.19 (Not sig.)

Thinking about leaving

Subscore 1 - Thinking about leaving	Org.	Sector	Diff.
	6.24	6.05	+0.20 (Not sig.)

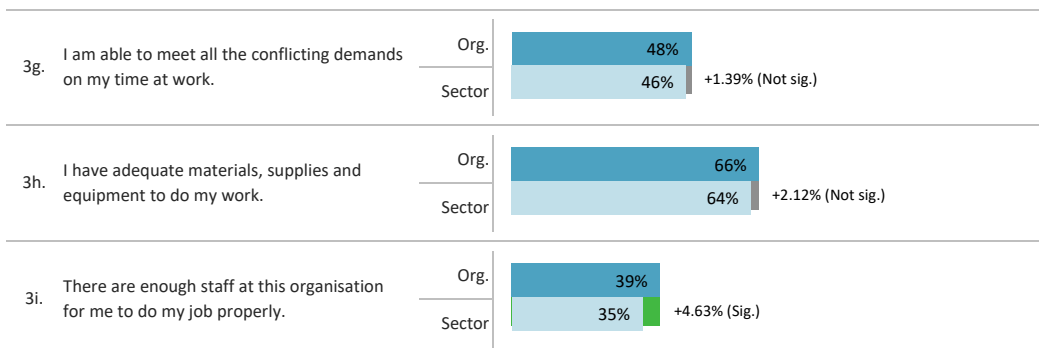
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



Work pressure

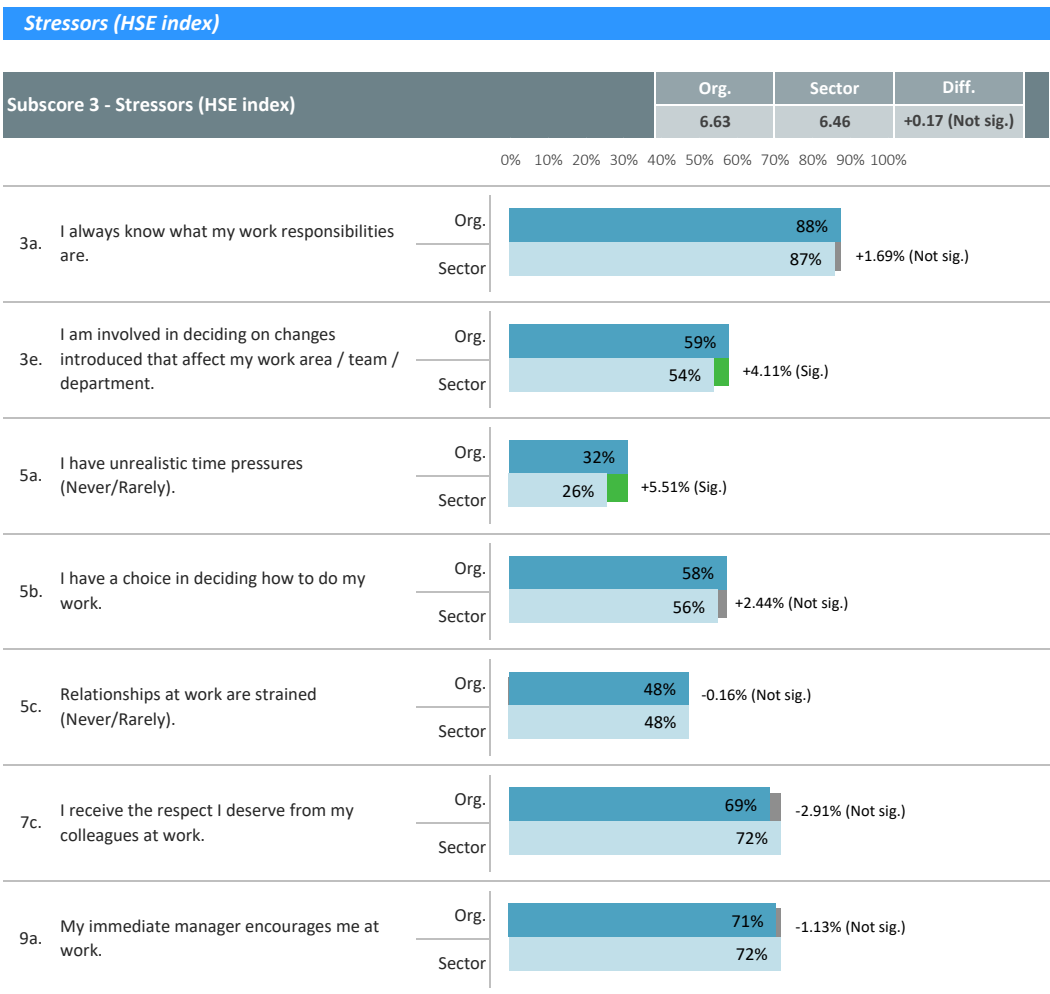
Subscore 2 - Work pressure	Org.	Sector	Diff.
	5.73	5.51	+0.22 (Not sig.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



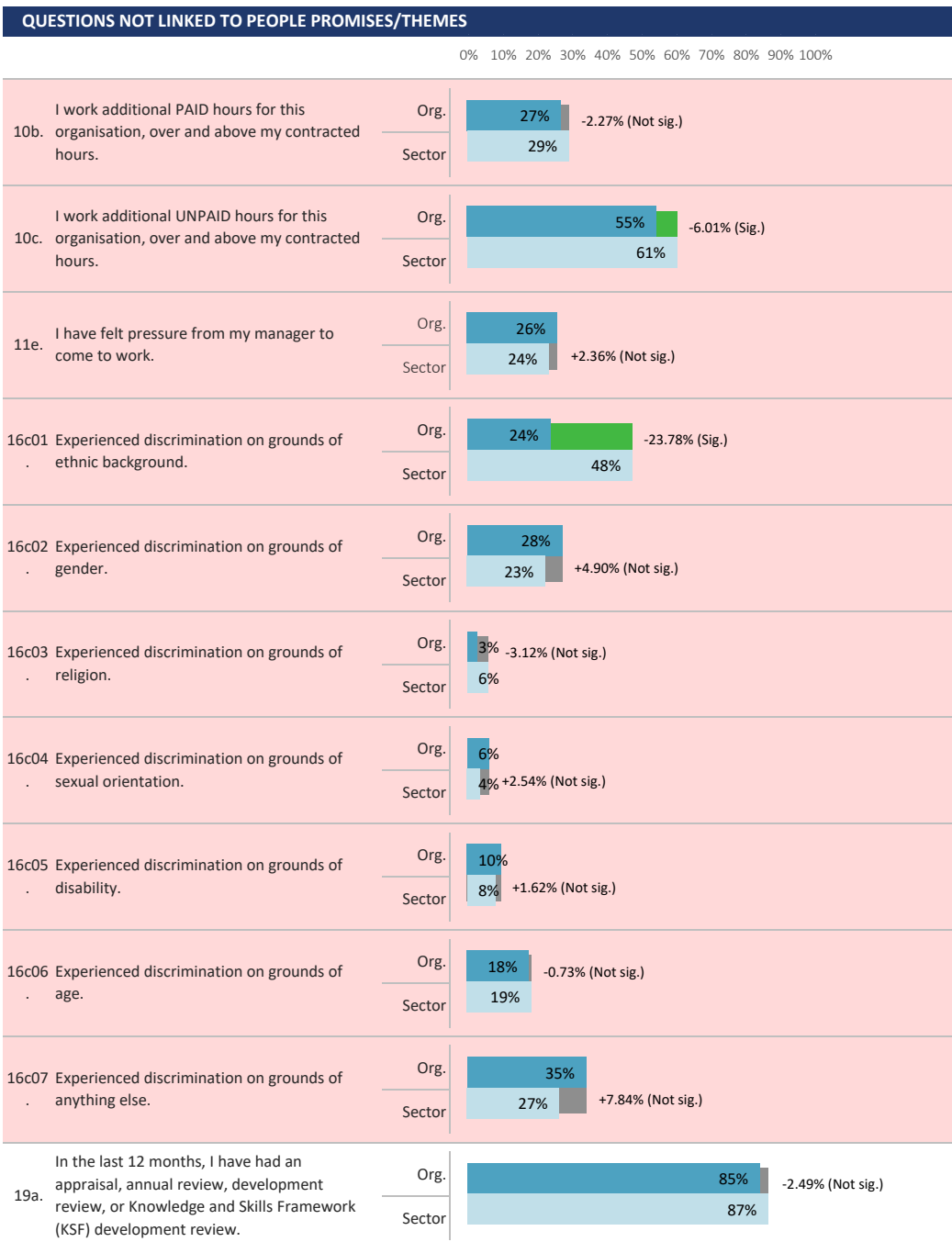
3.1. Sector Benchmarking

3.1.1. Measuring Significance



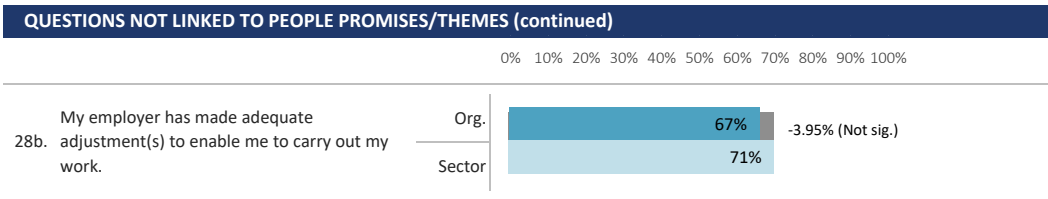
3.1. Sector Benchmarking

3.1.1. Measuring Significance



3.1. Sector Benchmarking

3.1.1. Measuring Significance



3.1. Sector Benchmarking

3.1.2. Percentiles

This section presents the range of scores attained by the sector, and the position of your organisation amongst these. In the Red Amber Green (RAG) charts below, the red segment represents the range of scores achieved by the lowest scoring 20% of organisations within the sector, the amber segment represents the middle 60% and the green segment represents the top 20%. Your organisation's score is represented by the black dot. The RAG rating indicator to the right of the chart confirms which segment your organisation's score lies within. The lines on either side of the circle show the 95% confidence interval (i.e. the degree of uncertainty surrounding the organisation's score).

Please note that some questions will appear below more than once as they comprise both a People Promise score and a Theme score.

We are compassionate and inclusive

Compassionate culture

People Promise 1, Subscore 1 - Compassionate culture		Org. Score	Sector Score	RAG Rating
	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
6a.	I feel that my role makes a difference to patients / service users.	88%	89%	●
21a.	Care of patients / service users is my organisation's top priority.	84%	86%	●
21b.	My organisation acts on concerns raised by patients / service users.	81%	81%	●
21c.	I would recommend my organisation as a place to work.	69%	68%	●
21d.	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	89%	88%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

Compassionate leadership


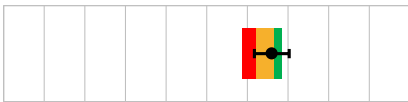
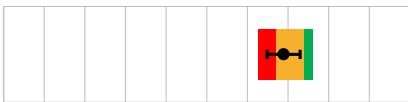

People Promise 1, Subscore 2 - Compassionate leadership		Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%				
9f.	My immediate manager works together with me to come to an understanding of problems.	68%	69%	●
9g.	My immediate manager is interested in listening to me when I describe challenges I face.	71%	72%	●
9h.	My immediate manager cares about my concerns.	69%	71%	●
9i.	My immediate manager takes effective action to help me with any problems I face.	64%	66%	●

Diversity and equality

People Promise 1, Subscore 3 - Diversity and equality		Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%				
15.	My organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.	60%	55%	●
16a.	In the last 12 months I have personally experienced discrimination at work from patients / service users, their relatives or other members of the public.	4%	5%	●
16b.	In the last 12 months I have personally experienced discrimination at work from a manager / team leader or other colleagues.	9%	9%	●
18.	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	76%	71%	●

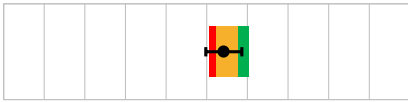


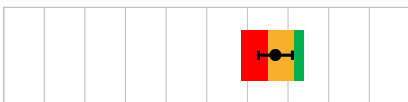

3.1. Sector Benchmarking

3.1.2. Percentiles

<i>Inclusion</i>		Org. Score	Sector Score	RAG Rating
People Promise 1, Subscore 4 - Inclusion				
	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
7h. I feel valued by my team.		68%	71%	●
7i. I feel a strong personal attachment to my team.		66%	65%	●
8b. The people I work with are understanding and kind to one another.		69%	71%	●
8c. The people I work with are polite and treat each other with respect.		73%	73%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

<i>We are recognised and rewarded</i>													
People Promise 2 - We are recognised and rewarded			Org. Score	Sector Score	RAG Rating								
			0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
4a.	I am satisfied with the recognition I get for good work.		54%	56%	●								
4b.	I am satisfied with the extent to which my organisation values my work.		47%	47%	●								
4c.	I am satisfied with my level of pay.		37%	35%	●								
8d.	The people I work with show appreciation to one another.		67%	68%	●								
9e.	My immediate manager values my work.		71%	73%	●								

3.1. Sector Benchmarking

3.1.2. Percentiles

We each have a voice that counts

Autonomy and control

People Promise 3, Subscore 1 - Autonomy and control		Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%				
3a.	I always know what my work responsibilities are.	88%	87%	●
3b.	I am trusted to do my job.	92%	91%	●
3c.	There are frequent opportunities for me to show initiative in my role.	75%	75%	●
3d.	I am able to make suggestions to improve the work of my team / department.	73%	73%	●
3e.	I am involved in deciding on changes introduced that affect my work area / team / department.	59%	54%	●
3f.	I am able to make improvements happen in my area of work.	60%	59%	●
5b.	I have a choice in deciding how to do my work.	58%	56%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

Raising concerns					
People Promise 3, Subscore 2 - Raising concerns			Org. Score	Sector Score	RAG Rating
			0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
17a.	I would feel secure raising concerns about unsafe clinical practice.		79%	77%	●
17b.	I am confident that my organisation would address my concern.		69%	66%	●
21e.	I feel safe to speak up about anything that concerns me in this organisation.		69%	66%	●
21f.	If I spoke up about something that concerned me I am confident my organisation would address my concern.		64%	57%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

We are safe and healthy

Health and safety climate

People Promise 4, Subscore 1 - Health and safety climate		Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%				
3g.	I am able to meet all the conflicting demands on my time at work.	48%	46%	●
3h.	I have adequate materials, supplies and equipment to do my work.	66%	64%	●
3i.	There are enough staff at this organisation for me to do my job properly.	39%	35%	●
5a.	I have unrealistic time pressures (Never/Rarely).	32%	26%	●
11a.	My organisation takes positive action on health and well-being.	66%	60%	●
13d.	The last time I experienced physical violence at work, myself or a colleague reported it.	76%	67%	●
14d.	The last time I experienced harassment, bullying or abuse at work, myself or a colleague reported it.	56%	48%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

Burnout															
People Promise 4, Subscore 2 - Burnout		Org. Score	Sector Score	RAG Rating											
		0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%			
12a.	I often/always find my work emotionally exhausting.												32%	33%	●
12b.	I often/always feel burnt out because of my work.												33%	31%	●
12c.	My work often/always frustrates me.												35%	35%	●
12d.	I am often/always exhausted at the thought of another day/shift at work.												27%	27%	●
12e.	I often/always feel worn out at the end of my working day/shift.												40%	42%	●
12f.	I often/always feel that every working hour is tiring for me.												18%	18%	●
12g.	I do not have enough energy for family and friends during leisure time (often/always).												28%	29%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

<i>Negative experiences</i>		Org. Score	Sector Score	RAG Rating
People Promise 4, Subscore 3 - Negative experiences				
	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
11b.	In the last 12 months I have experienced musculoskeletal problems (MSK) as a result of work activities.	27%	27%	●
11c.	During the last 12 months I have felt unwell as a result of work related stress.	39%	43%	●
11d.	In the last three months I have come to work despite not feeling well enough to perform my duties.	52%	50%	●
13a.	In the last 12 months I have personally experienced physical violence at work from patients / service users, their relatives or other members of the public.	15%	5%	●
13b.	In the last 12 months I have personally experienced physical violence at work from managers.	0%	1%	●
13c.	In the last 12 months I have personally experienced physical violence at work from other colleagues.	1%	1%	●
14a.	In the last 12 months I have personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public.	24%	19%	●
14b.	In the last 12 months I have personally experienced harassment, bullying or abuse at work from managers.	8%	12%	●
14c.	In the last 12 months I have personally experienced harassment, bullying or abuse at work from other colleagues.	17%	19%	●

3.1. Sector Benchmarking

3.1.2. Percentiles


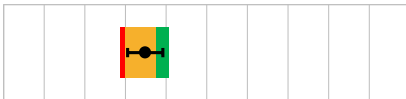

We are always learning

Development

People Promise 5, Subscore 1 - Development		Org. Score	Sector Score	RAG Rating	
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
20a.	This organisation offers me challenging work.		72%	71%	●
20b.	There are opportunities for me to develop my career in this organisation.		49%	55%	●
20c.	I have opportunities to improve my knowledge and skills.		70%	71%	●
20d.	I feel supported to develop my potential.		54%	56%	●
20e.	I am able to access the right learning and development opportunities when I need to.		63%	59%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

Appraisals				Org. Score	Sector Score	RAG Rating
People Promise 5, Subscore 2 - Appraisals						
			0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
19b.	The appraisal/review helped me to improve how I do my job.			23%	22%	●
19c.	The appraisal/review helped me agree clear objectives for my work.			35%	34%	●
19d.	The appraisal/review left me feeling that my work is valued by my organisation.			31%	32%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

We work flexibly

Support for work-life balance

People Promise 6, Subscore 1 - Support for work-life balance		Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%				
6b.	My organisation is committed to helping me balance my work and home life.	54%	47%	●
6c.	I achieve a good balance between my work life and my home life.	59%	54%	●
6d.	I can approach my immediate manager to talk openly about flexible working.	70%	68%	●

Flexible working

People Promise 6, Subscore 2 - Flexible working		Org. Score	Sector Score	RAG Rating
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%				
4d.	I am satisfied with the opportunities for flexible working patterns.	61%	56%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

We are a team														
Team working														
People Promise 7, Subscore 1 - Team working	Org. Score	Sector Score	RAG Rating											
	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%			
7a. The team I work in has a set of shared objectives.												73%	74%	●
7b. The team I work in often meets to discuss the team's effectiveness.												62%	61%	●
7c. I receive the respect I deserve from my colleagues at work.												69%	72%	●
7d. Team members understand each other's roles.												74%	72%	●
7e. I enjoy working with the colleagues in my team.												85%	82%	●
7f. My team has enough freedom in how to do its work.												65%	62%	●
7g. In my team disagreements are dealt with constructively.												61%	58%	●
8a. Teams within this organisation work well together to achieve their objectives.												56%	56%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

Line management				Org. Score	Sector Score	RAG Rating
People Promise 7, Subscore 2 - Line management						
			0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
9a.	My immediate manager encourages me at work.			71%	72%	●
9b.	My immediate manager gives me clear feedback on my work.			65%	65%	●
9c.	My immediate manager asks for my opinion before making decisions that affect my work.			63%	61%	●
9d.	My immediate manager takes a positive interest in my health and well-being.			68%	70%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

Staff engagement

Motivation


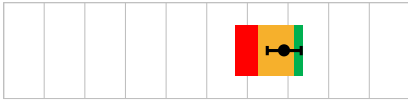

Subscore 1 - Motivation	Org. Score	Sector Score	RAG Rating
	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
2a. I look forward to going to work.	55%	56%	●
2b. I am enthusiastic about my job.	70%	70%	●
2c. Time passes quickly when I am working.	73%	75%	●

Involvement

Subscore 2 - Involvement	Org. Score	Sector Score	RAG Rating
	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
3c. There are frequent opportunities for me to show initiative in my role.	75%	75%	●
3d. I am able to make suggestions to improve the work of my team / department.	73%	73%	●
3f. I am able to make improvements happen in my area of work.	60%	59%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

Advocacy					
Subscore 3 - Advocacy			Org. Score	Sector Score	RAG Rating
		0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
21a.	Care of patients / service users is my organisation's top priority.		84%	86%	●
21c.	I would recommend my organisation as a place to work.		69%	68%	●
21d.	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.		89%	88%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

Morale

Thinking about leaving

Subscore 1 - Thinking about leaving		Org. Score	Sector Score	RAG Rating	
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%					
22a.	I often think about leaving this organisation.		28%	29%	●
22b.	I will probably look for a job at a new organisation in the next 12 months.		23%	25%	●
22c.	As soon as I can find another job, I will leave this organisation.		17%	17%	●

Work pressure

Subscore 2 - Work pressure		Org. Score	Sector Score	RAG Rating	
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%					
3g.	I am able to meet all the conflicting demands on my time at work.		48%	46%	●
3h.	I have adequate materials, supplies and equipment to do my work.		66%	64%	●
3i.	There are enough staff at this organisation for me to do my job properly.		39%	35%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

Stressors (HSE index)					
Subscore 3 - Stressors (HSE index)			Org. Score	Sector Score	RAG Rating
			0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
3a.	I always know what my work responsibilities are.		88%	87%	●
3e.	I am involved in deciding on changes introduced that affect my work area / team / department.		59%	54%	●
5a.	I have unrealistic time pressures (Never/Rarely).		32%	26%	●
5b.	I have a choice in deciding how to do my work.		58%	56%	●
5c.	Relationships at work are strained (Never/Rarely).		48%	48%	●
7c.	I receive the respect I deserve from my colleagues at work.		69%	72%	●
9a.	My immediate manager encourages me at work.		71%	72%	●

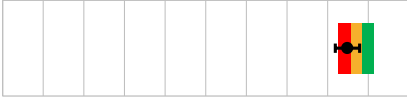
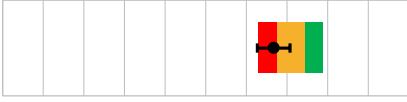
3.1. Sector Benchmarking

3.1.2. Percentiles

QUESTIONS NOT LINKED TO PEOPLE PROMISES/THEMES		Org. Score	Sector Score	RAG Rating
	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
10b. I work additional PAID hours for this organisation, over and above my contracted hours.		27%	29%	●
10c. I work additional UNPAID hours for this organisation, over and above my contracted hours.		55%	61%	●
11e. I have felt pressure from my manager to come to work.		26%	24%	●
16c. Experienced discrimination on grounds of 01. ethnic background.		24%	48%	●
16c. Experienced discrimination on grounds of 02. gender.		28%	23%	●
16c. Experienced discrimination on grounds of 03. religion.		3%	6%	●
16c. Experienced discrimination on grounds of 04. sexual orientation.		6%	4%	●
16c. Experienced discrimination on grounds of 05. disability.		10%	8%	●
16c. Experienced discrimination on grounds of 06. age.		18%	19%	●
16c. Experienced discrimination on grounds of 07. anything else.		35%	27%	●

3.1. Sector Benchmarking

3.1.2. Percentiles

QUESTIONS NOT LINKED TO PEOPLE PROMISES/THEMES (continued)		Org. Score	Sector Score	RAG Rating	
	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%				
19a.	In the last 12 months, I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review.		85%	87%	●
28b.	My employer has made adequate adjustment(s) to enable me to carry out my work.		67%	71%	●

3.2. Local Changes

In this section, the percentage movements of your organisation's score since 2020 are shown. Where your organisation has made significant improvements or declines, the charts are coloured green or red respectively.

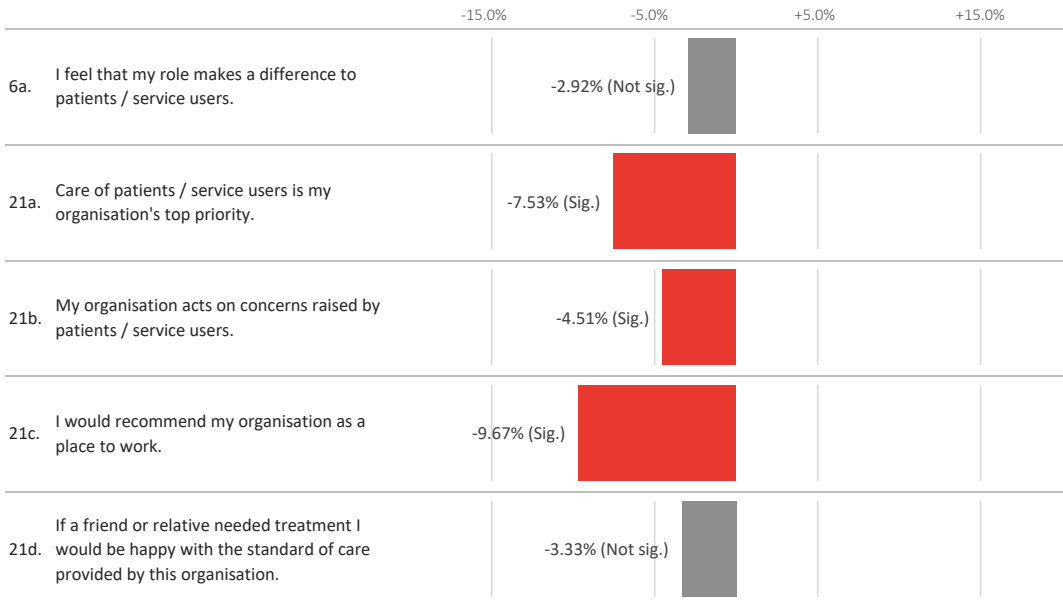
Please note that some questions will appear below more than once as they comprise both a People Promise score and a Theme score.

We are compassionate and inclusive

People Promise 1 - We are compassionate and inclusive*	2020	2021	Diff.
	-	7.58	-

Compassionate culture

People Promise 1, Subscore 1 - Compassionate culture	2020	2021	Diff.
	8.21	7.82	-0.39 (Not sig.)



*Result suppressed due to low response count and/or non-comparable measure

3.2. Local Changes

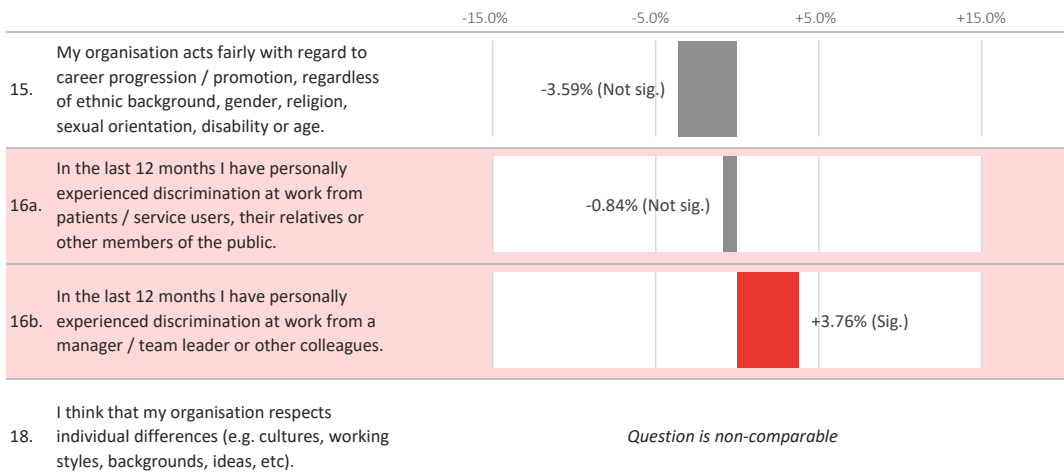
Compassionate leadership

People Promise 1, Subscore 2 - Compassionate leadership*	2020	2021	Diff.
	-	7.16	-

There are no comparable questions for People Promise 1, Subscore 2

Diversity and equality

People Promise 1, Subscore 3 - Diversity and equality*	2020	2021	Diff.
	-	8.38	-



Inclusion

People Promise 1, Subscore 4 - Inclusion*	2020	2021	Diff.
	-	6.97	-

There are no comparable questions for People Promise 1, Subscore 4

*Result suppressed due to low response count and/or non-comparable measure

3.2. Local Changes

We are recognised and rewarded

People Promise 2 - We are recognised and rewarded*		2020	2021	Diff.	
		-	6.13	-	
		-15.0%	-5.0%	+5.0%	+15.0%
4a.	I am satisfied with the recognition I get for good work.	-5.26% (Not sig.)			
4b.	I am satisfied with the extent to which my organisation values my work.	-8.67% (Sig.)			
4c.	I am satisfied with my level of pay.	-7.90% (Sig.)			
8d.	The people I work with show appreciation to one another.	Question is non-comparable			
9e.	My immediate manager values my work.	-3.24% (Not sig.)			

*Result suppressed due to low response count and/or non-comparable measure

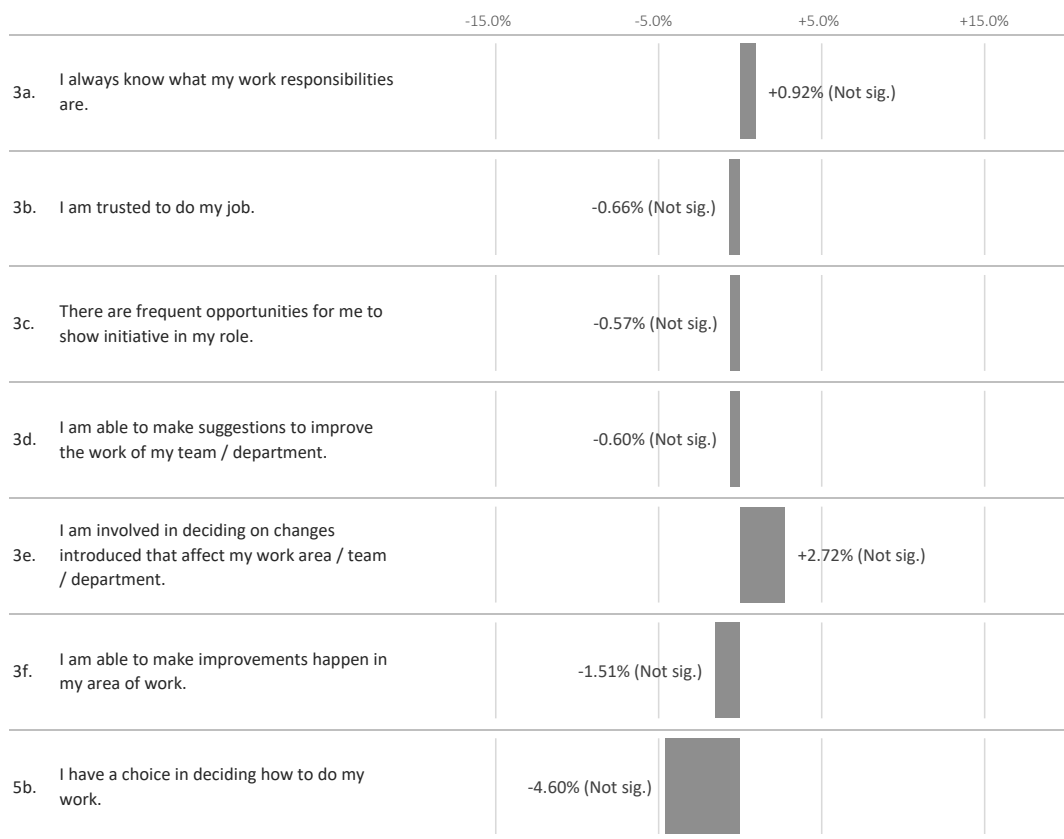
3.2. Local Changes

We each have a voice that counts

People Promise 3 - We each have a voice that counts*	2020	2021	Diff.
	-	7.18	-

Autonomy and control

People Promise 3, Subscore 1 - Autonomy and control	2020	2021	Diff.
	7.21	7.26	+0.05 (Not sig.)



*Result suppressed due to low response count and/or non-comparable measure

3.2. Local Changes

Raising concerns

People Promise 3, Subscore 2 - Raising concerns*		2020	2021	Diff.	
		-	7.10	-	
		-15.0%	-5.0%	+5.0%	+15.0%
17a.	I would feel secure raising concerns about unsafe clinical practice.			+1.24% (Not sig.)	
17b.	I am confident that my organisation would address my concern.	-4.81% (Not sig.)			
21e.	I feel safe to speak up about anything that concerns me in this organisation.	-4.66% (Not sig.)			
21f.	If I spoke up about something that concerned me I am confident my organisation would address my concern.	Question is non-comparable			

*Result suppressed due to low response count and/or non-comparable measure

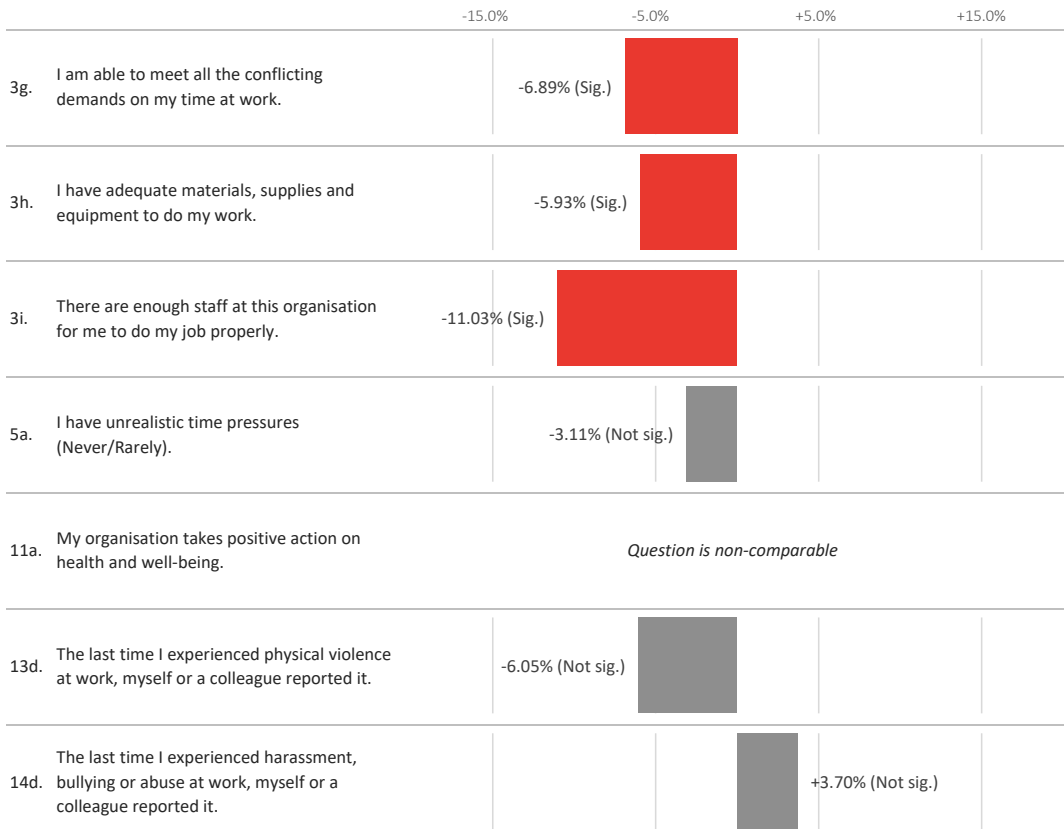
3.2. Local Changes

We are safe and healthy

People Promise 4 - We are safe and healthy*	2020	2021	Diff.
	-	6.36	-

Health and safety climate

People Promise 4, Subscore 1 - Health and safety climate	2020	2021	Diff.
	6.12	5.91	-0.21 (Not sig.)



*Result suppressed due to low response count and/or non-comparable measure

3.2. Local Changes

Burnout

People Promise 4, Subscore 2 - Burnout*	2020	2021	Diff.	
	-	5.18	-	

There are no comparable questions for People Promise 4, Subscore 2

**Result suppressed due to low response count and/or non-comparable measure*

3.2. Local Changes

Negative experiences

People Promise 4, Subscore 3 - Negative experiences		2020	2021	Diff.	
		8.17	7.97	-0.20 (Not sig.)	
		-15.0%	-5.0%	+5.0%	+15.0%
11b.	In the last 12 months I have experienced musculoskeletal problems (MSK) as a result of work activities.			+3.48% (Not sig.)	
11c.	During the last 12 months I have felt unwell as a result of work related stress.			+2.76% (Not sig.)	
11d.	In the last three months I have come to work despite not feeling well enough to perform my duties.			+12.89% (Sig.)	
13a.	In the last 12 months I have personally experienced physical violence at work from patients / service users, their relatives or other members of the public.	-3.61% (Not sig.)			
13b.	In the last 12 months I have personally experienced physical violence at work from managers.	-0.09% (Not sig.)			
13c.	In the last 12 months I have personally experienced physical violence at work from other colleagues.			+1.04% (Sig.)	
14a.	In the last 12 months I have personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public.			+2.31% (Not sig.)	
14b.	In the last 12 months I have personally experienced harassment, bullying or abuse at work from managers.	-0.95% (Not sig.)			
14c.	In the last 12 months I have personally experienced harassment, bullying or abuse at work from other colleagues.			+2.25% (Not sig.)	

3.2. Local Changes

We are always learning

People Promise 5 - We are always learning*	2020	2021	Diff.	
	-	5.45	-	

Development

People Promise 5, Subscore 1 - Development*	2020	2021	Diff.	
	-	6.46	-	

There are no comparable questions for People Promise 5, Subscore 1

Appraisals

People Promise 5, Subscore 2 - Appraisals*	2020	2021	Diff.	
	-	4.42	-	

There are no comparable questions for People Promise 5, Subscore 2

**Result suppressed due to low response count and/or non-comparable measure*

3.2. Local Changes

We work flexibly

People Promise 6 - We work flexibly*	2020	2021	Diff.
	-	6.51	-

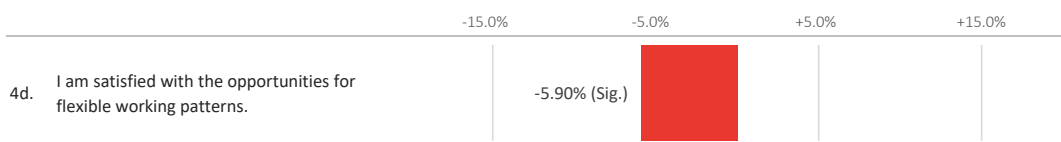
Support for work-life balance

People Promise 6, Subscore 1 - Support for work-life balance*	2020	2021	Diff.
	-	6.51	-

There are no comparable questions for People Promise 6, Subscore 1

Flexible working

People Promise 6, Subscore 2 - Flexible working	2020	2021	Diff.
	6.86	6.51	-0.35 (Not sig.)



**Result suppressed due to low response count and/or non-comparable measure*

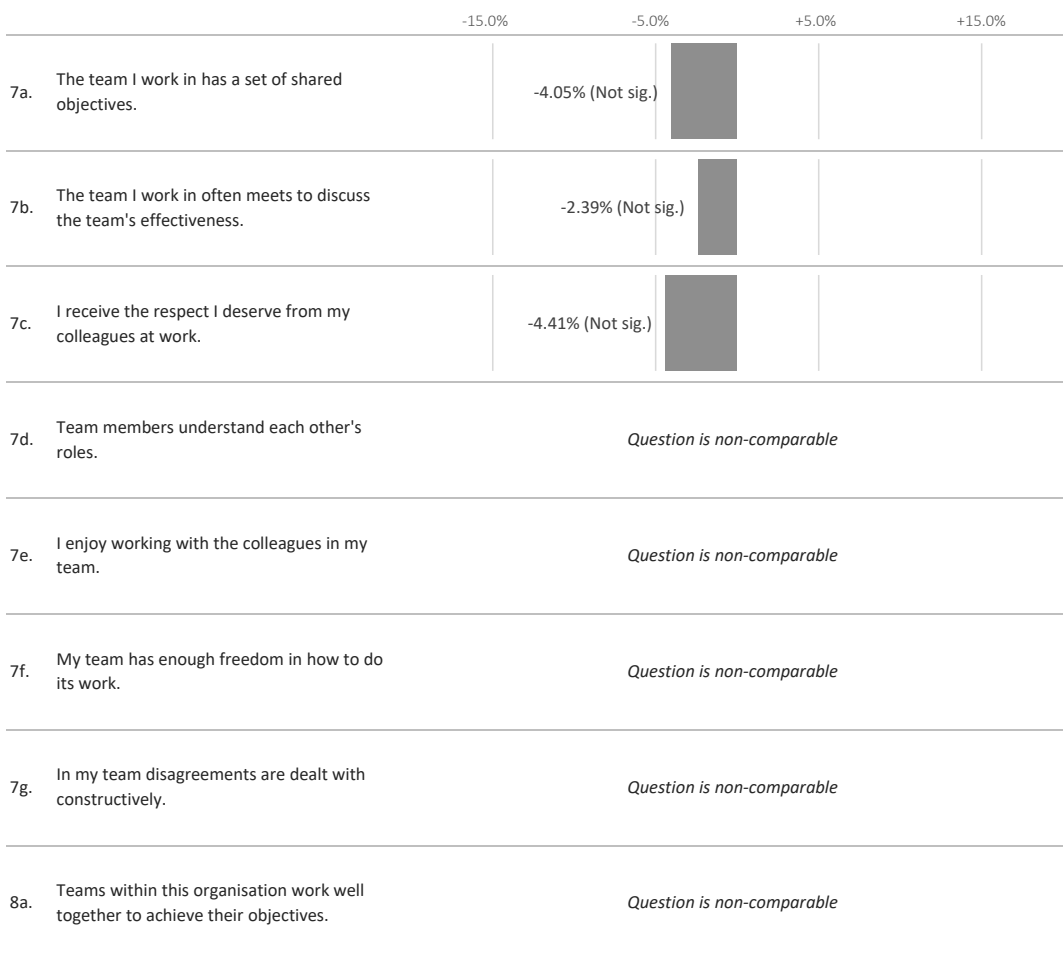
3.2. Local Changes

We are a team

People Promise 7 - We are a team*	2020	2021	Diff.
	-	6.91	-

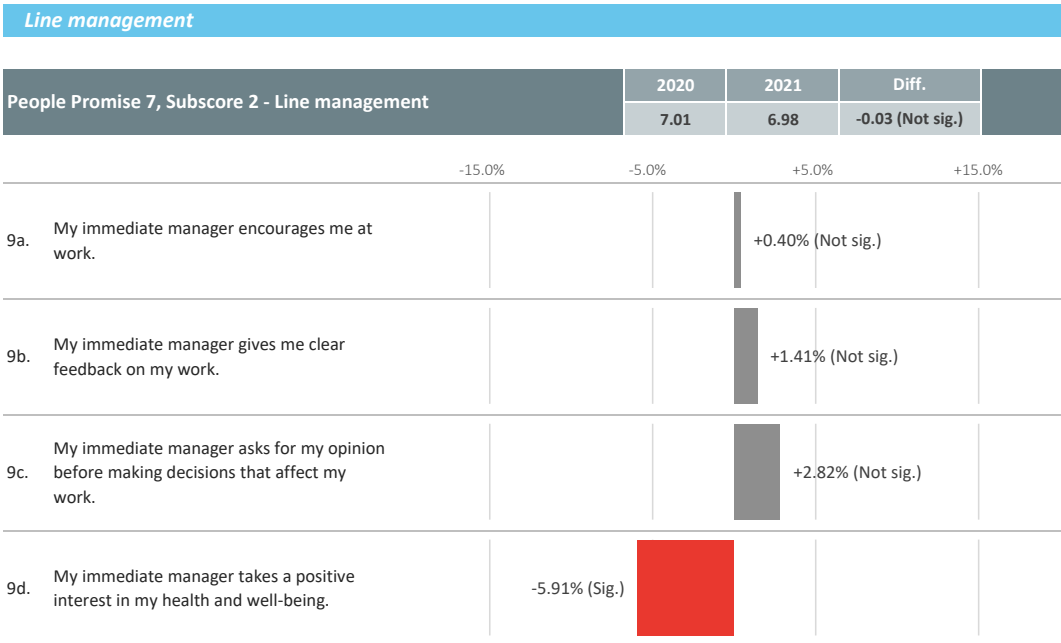
Team working

People Promise 7, Subscore 1 - Team working*	2020	2021	Diff.
	-	6.85	-



*Result suppressed due to low response count and/or non-comparable measure

3.2. Local Changes



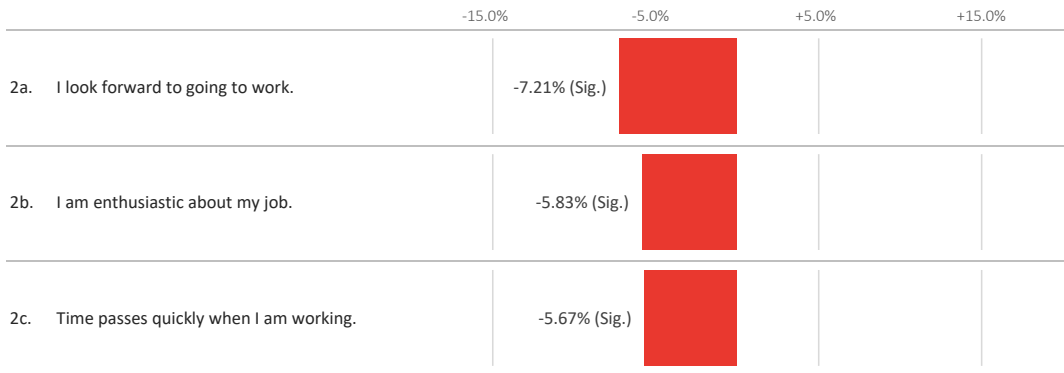
3.2. Local Changes

Staff engagement

Theme - Staff engagement	2020	2021	Diff.
	7.56	7.30	-0.26 (Not sig.)

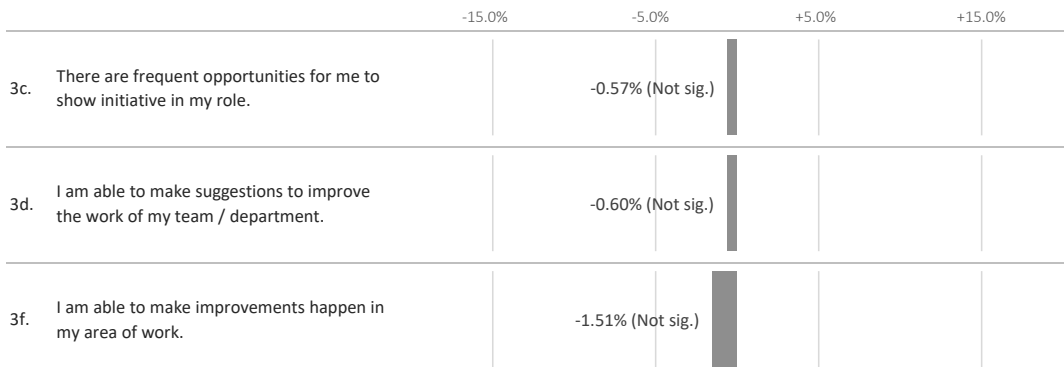
Motivation

Subscore 1 - Motivation	2020	2021	Diff.
	7.43	7.01	-0.41 (Not sig.)

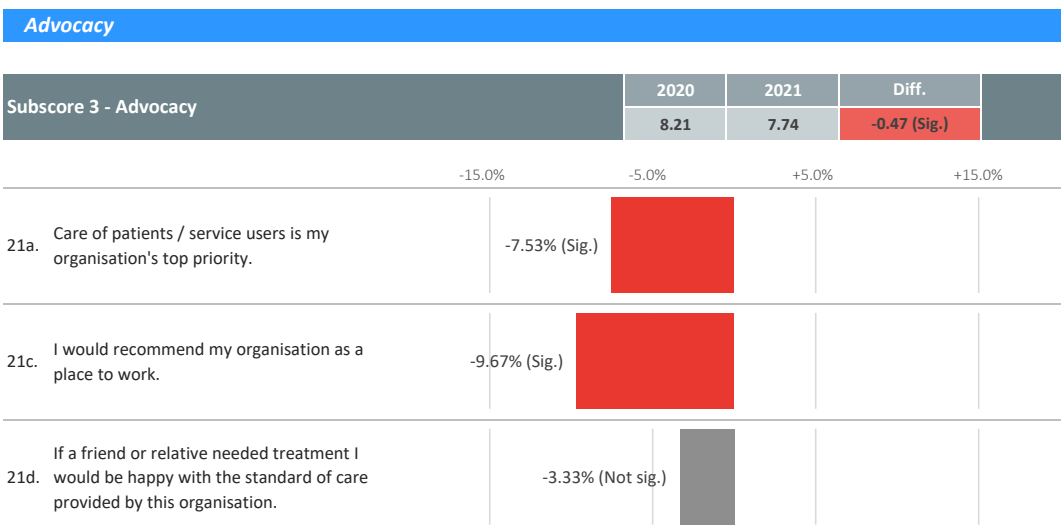


Involvement

Subscore 2 - Involvement	2020	2021	Diff.
	7.04	7.13	+0.08 (Not sig.)



3.2. Local Changes



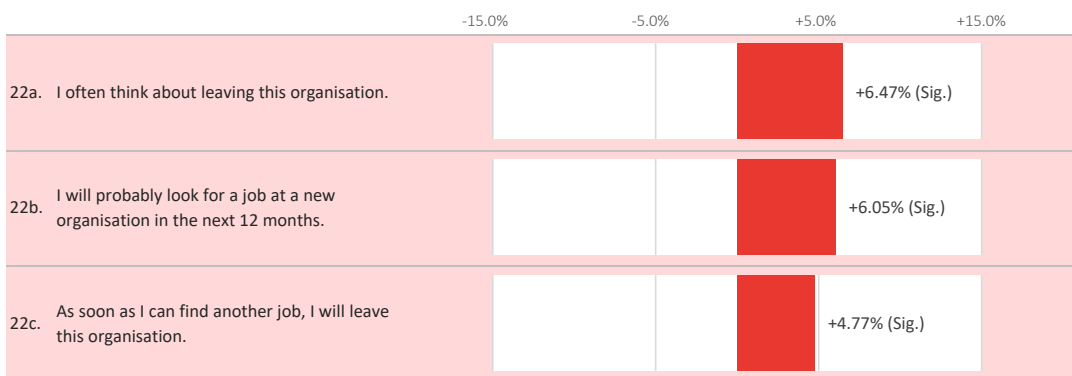
3.2. Local Changes

Morale

Theme - Morale	2020	2021	Diff.
	6.54	6.20	-0.34 (Not sig.)

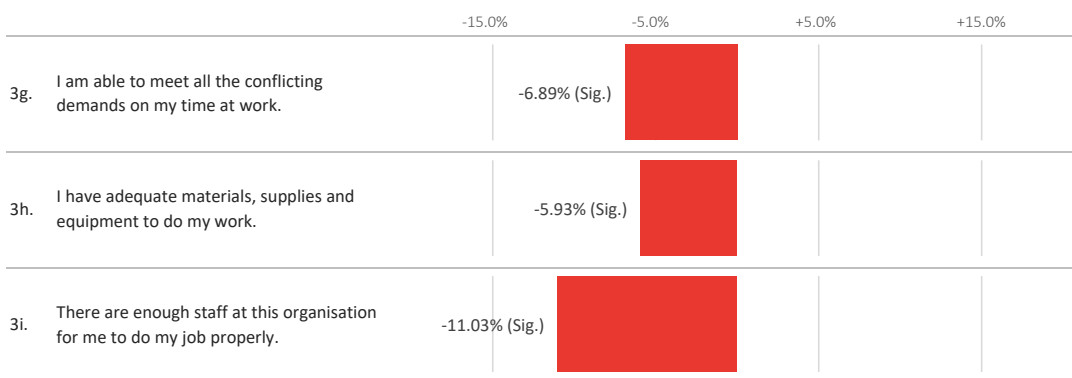
Thinking about leaving

Subscore 1 - Thinking about leaving	2020	2021	Diff.
	6.65	6.24	-0.40 (Not sig.)



Work pressure

Subscore 2 - Work pressure	2020	2021	Diff.
	6.29	5.73	-0.56 (Not sig.)



3.2. Local Changes

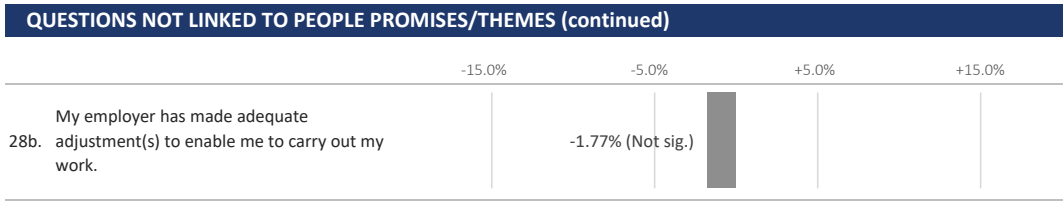
Stressors (HSE index)

Subscore 3 - Stressors (HSE index)		2020	2021	Diff.	
		6.71	6.63	-0.09 (Not sig.)	
		-15.0%	-5.0%	+5.0%	+15.0%
3a.	I always know what my work responsibilities are.			+0.92% (Not sig.)	
3e.	I am involved in deciding on changes introduced that affect my work area / team / department.			+2.72% (Not sig.)	
5a.	I have unrealistic time pressures (Never/Rarely).			-3.11% (Not sig.)	
5b.	I have a choice in deciding how to do my work.			-4.60% (Not sig.)	
5c.	Relationships at work are strained (Never/Rarely).			-5.87% (Sig.)	
7c.	I receive the respect I deserve from my colleagues at work.			-4.41% (Not sig.)	
9a.	My immediate manager encourages me at work.			+0.40% (Not sig.)	

3.2. Local Changes



3.2. Local Changes

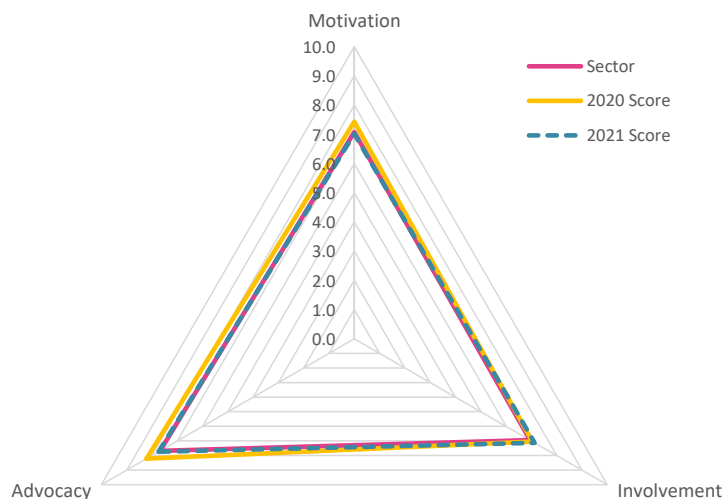


3.3. Staff Engagement

In the National Staff Survey, Staff Engagement is measured across three subscores:

- **Motivation**, measured by Q2a, Q2b and Q2c (Staff motivation at work).
- **Involvement**, measured by Q3c, Q3d and Q3f (Staff ability to contribute towards improvement at work).
- **Advocacy**, measured by Q21a, Q21c and Q21d (Staff recommendation of the organisation as a place to work or receive treatment).

Overall Staff Engagement is measured as an average across these three scores. Staff Engagement scores fall between 0 and 10, where the higher the score, the more engaged the staff.



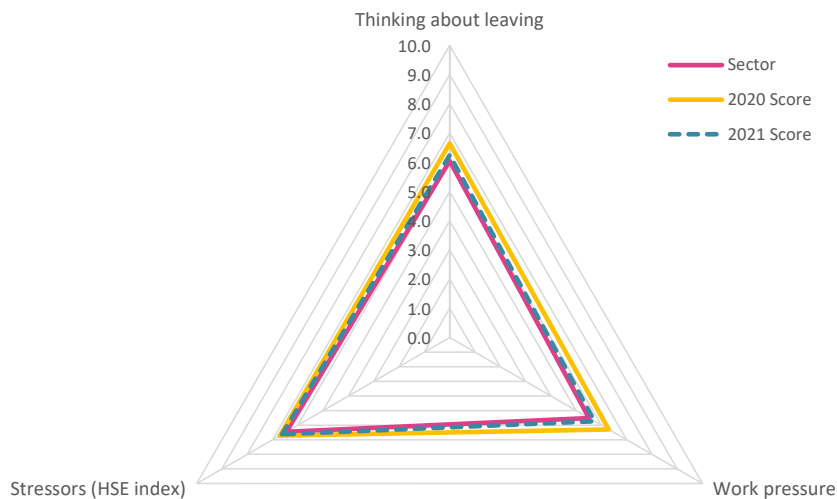
	2021 Score	2020 Score	Diff	Sector score	Diff
Motivation	7.01	7.43	-0.41 (Not sig.)	7.08	-0.06 (Not sig.)
Involvement	7.13	7.04	+0.08 (Not sig.)	6.95	+0.18 (Not sig.)
Advocacy	7.74	8.21	-0.47 (Sig.)	7.68	+0.06 (Not sig.)
Overall Staff Engagement	7.30	7.56	-0.26 (Not sig.)	7.24	+0.06 (Not sig.)

3.4. Morale

In the National Staff Survey, Morale is measured across three subscores:

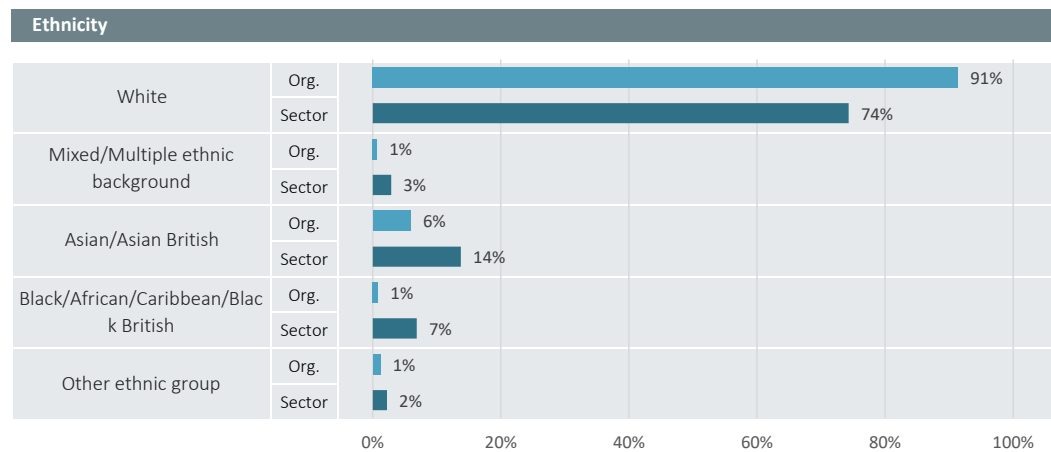
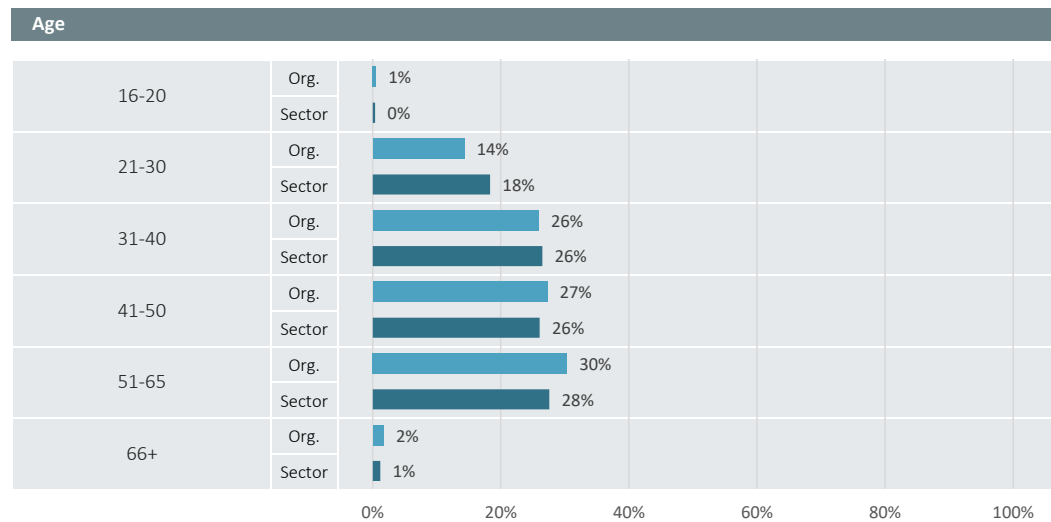
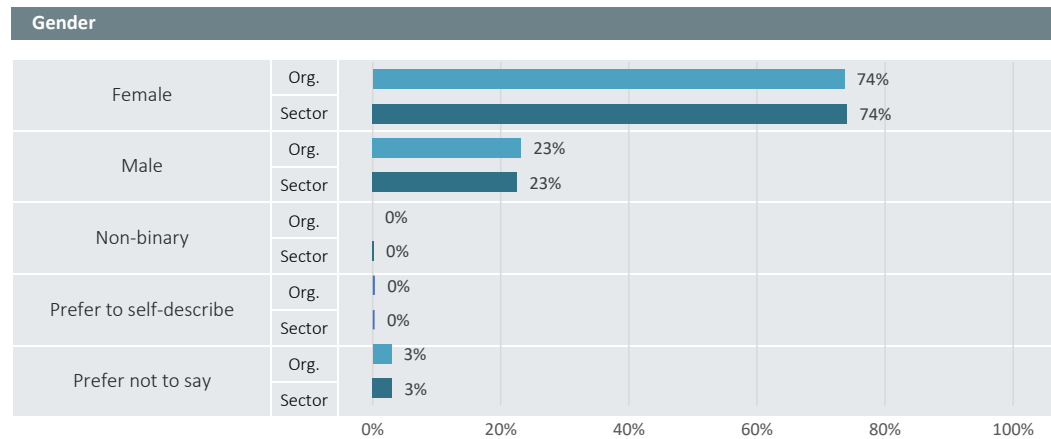
- **Thinking about leaving**, measured by Q22a, Q22b and Q22c (Leaving the organisation).
- **Work pressure**, measured by Q3g, Q3h and Q3i (Staff having resources to do their work).
- **Stressors (HSE index)**, measured by Q3a, Q3e, Q5a, Q5b, Q5c, Q7c and Q9a (Indicators of stress).

Morale is measured as an average across these three scores. Morale scores fall between 0 and 10, where the higher the score, the higher the morale amongst staff.

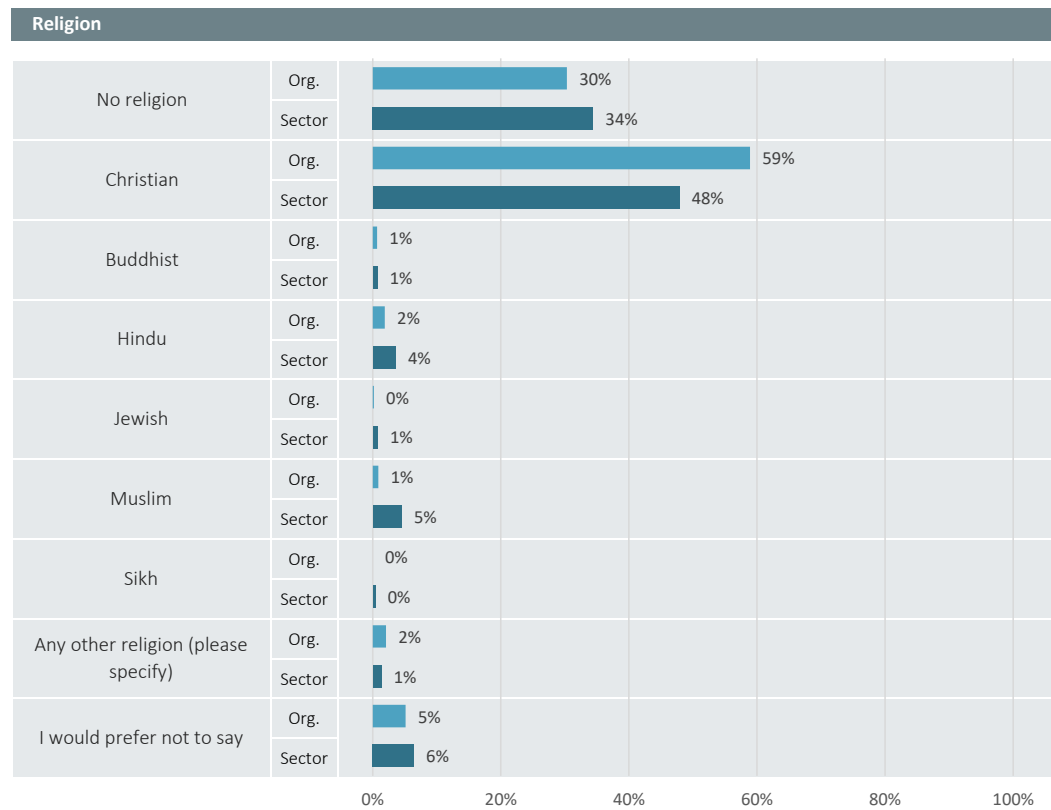
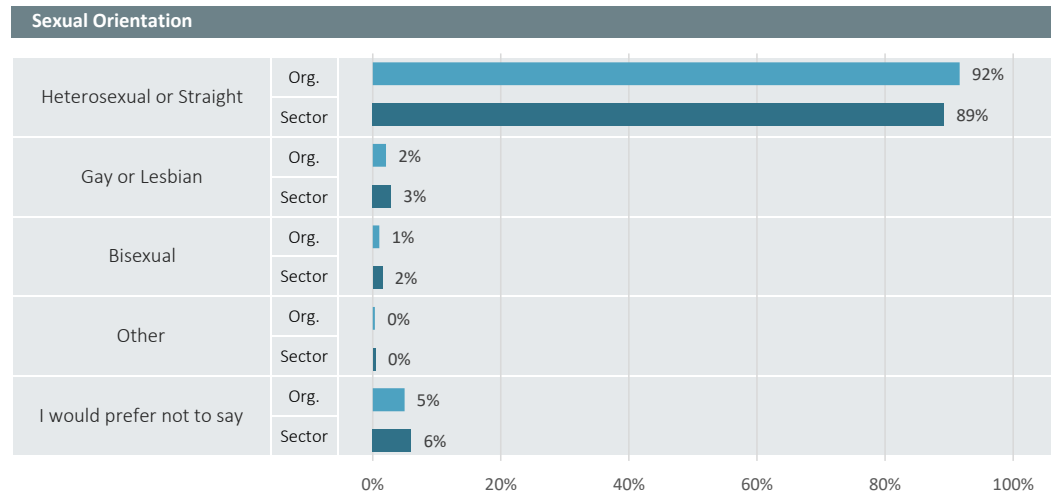


	2021 Score	2020 Score	Diff	Sector score	Diff
Thinking about leaving	6.24	6.65	-0.40 (Not sig.)	6.05	+0.20 (Not sig.)
Work pressure	5.73	6.29	-0.56 (Not sig.)	5.51	+0.22 (Not sig.)
Stressors (HSE index)	6.63	6.71	-0.09 (Not sig.)	6.46	+0.17 (Not sig.)
Morale	6.20	6.54	-0.34 (Not sig.)	6.00	+0.19 (Not sig.)

4. Demographics

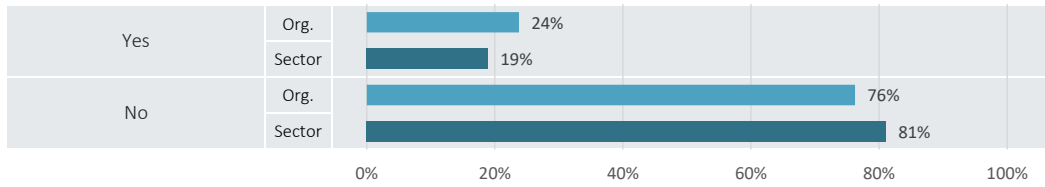


4. Demographics

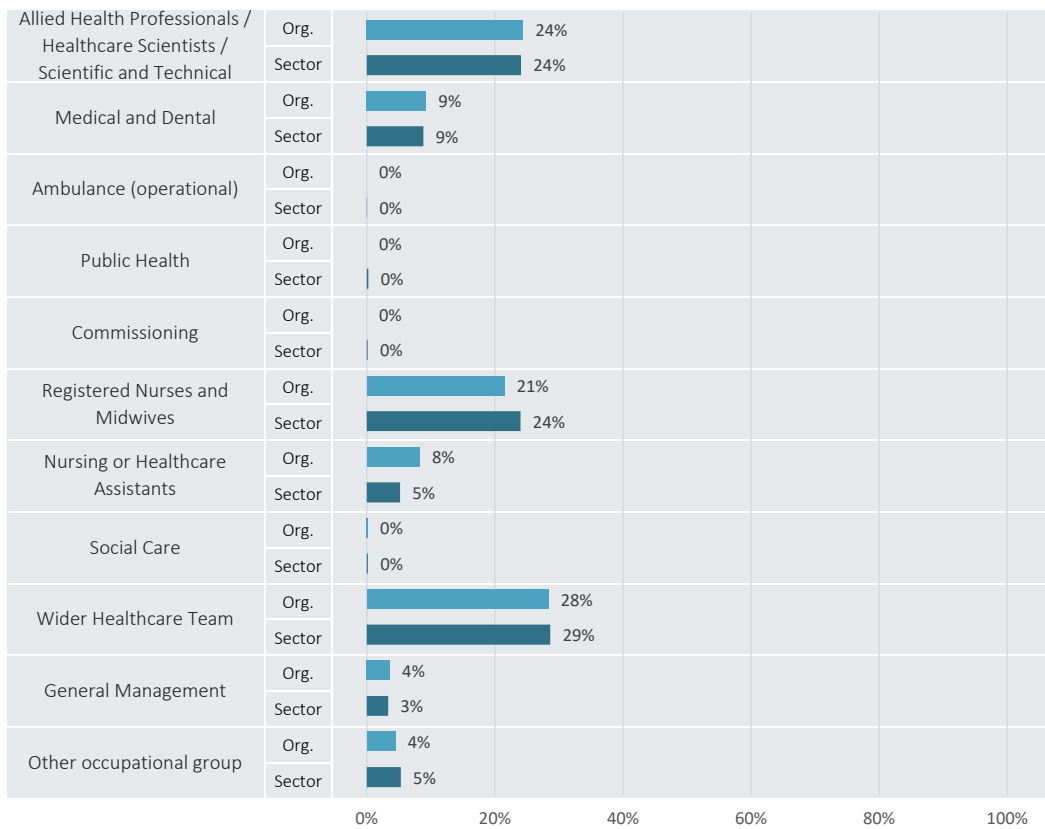


4. Demographics

Physical or mental health conditions or illnesses that have lasted or are expected to last for 12 months or more



Occupation group



5. Final Detailed Results Tables

The following tables set out your final results for the 2021 NHS National Staff Survey at response level. If your organisation requested local questions or any additional samples, the responses for these are summarised in the following tables too.

In addition to the response breakdowns normally provided, scores have been included for each evaluative question. Further detail on how to read your results can be found in the subsections below.

1. Reading the columns of figures

Results for each question are presented firstly as response breakdowns in the form of absolute numbers and percentage responses. The first two columns show your results for the 2020 survey if applicable, the next two columns show your results for the 2021 survey, and the final two columns show the results for your comparator group, Acute Specialist Trusts. The purpose of presenting the figures in this way is to give a direct, at-a-glance, comparison between your organisation's results and the overall results from other organisations in the Acute Specialist Trusts comparator group.

1.1. Conventions

Percentage responses are calculated after excluding those respondents that did not answer that particular question. All percentages are rounded to the nearest whole number. When added together, the percentages for all answers to a particular question may not total 100% because of this rounding.

The number of respondents that did not answer a particular question is shown as the 'Missing' figure at the bottom of the actual number of responses. In some cases, the "Missing" figure is quite high, because it includes respondents who did not answer that question, or group of questions, because it was not applicable to their circumstances.

On some questions there are also some figures which are italicised. These figures have been recalculated to exclude responses where the respondent has provided a non-specific response or where the question was not applicable to the respondent's circumstances. For example, questions such as Q19a (In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?) where the "Can't remember" response and those not answering ("Missing"), are excluded.

2. Reading the scores

For each evaluative question, scores are presented beneath the response breakdowns. The positive and negative scores for a question are shown in the green and red bands respectively. The 'base size', or number of participants contributing to the scores, is shown in the grey band at the bottom. Scores are shown for 2020 and 2021, and for your comparator group.

5. Final Detailed Results Tables

2. Reading the scores (*continued*)

The responses that contribute to a given score are indicated by the colour coding to the left of the response. Responses that contribute to the positive scores are colour coded green, and responses that contribute to the negative scores are colour coded red. As an illustration, if 45% were to respond "Often" and 24% were to respond "Always" to question 2a (I look forward to going to work), the question would receive a positive score of 69%. If 2% were to respond "Never" and 5% were to respond "Rarely" to the same question, a negative score of 7% would be arrived at.

Please keep in mind that percentage responses are shown to the nearest whole number. As such, they may not always equal the score when summed together.

The scores in these tables have been generated using the **unweighted** data, which (aside from the application of data cleaning) represent the exact responses of staff completing the survey within your organisation.

3. Data cleaning

Data cleaning is undertaken on the raw survey data to ensure that incorrect or inappropriate responses are removed from certain questions. Data cleaning has been applied where there is routing (i.e. where respondents are directed to a subsequent question depending on their answer to the lead question). Sometimes there are conflicts in the answers that respondents give to these questions and the data is corrected to account for this. For example, respondents answering "No" to Q11d (In the last three months have you ever come to work despite not feeling well enough to perform your duties?) are directed to go to Question 12. If a respondent answers "No" to Q11d and also answers Q11e about pressure from a manager to come to work when unwell, then their response to Q11e will be deleted.

YOUR JOB

1. Do you have face-to-face, video or telephone contact with patients / service users as part of your job?	2020		2021		Comparator	
	n	%	n	%	n	%
Yes, frequently	332	62%	389	66%	7,550	61%
Yes, occasionally	79	15%	71	12%	1,732	14%
No	128	24%	132	22%	3,124	25%
Missing	9		8		103	

For each of the statements below, how often do you feel this way about your job?

2a. I look forward to going to work.	2020		2021		Comparator	
	n	%	n	%	n	%
Never	10	2%	17	3%	344	3%
Rarely	39	7%	72	12%	1,315	11%
Sometimes	157	29%	175	29%	3,856	31%
Often	238	44%	244	41%	5,010	40%
Always	99	18%	88	15%	1,888	15%
Missing	5		4		96	
Positive Score	62%		56%		56%	
Negative Score	9%		15%		13%	
Base	543		596		12,413	

2b. I am enthusiastic about my job.	2020		2021		Comparator	
	n	%	n	%	n	%
Never	3	1%	7	1%	184	1%
Rarely	18	3%	45	8%	708	6%
Sometimes	106	20%	120	20%	2,830	23%
Often	218	41%	244	41%	5,135	42%
Always	192	36%	174	29%	3,469	28%
Missing	11		10		183	
Positive Score	76%		71%		70%	
Negative Score	4%		9%		7%	
Base	537		590		12,326	

YOUR JOB (CONTINUED)

2c. Time passes quickly when I am working.	2020		2021		Comparator	
	n	%	n	%	n	%
Never	3	1%	9	2%	174	1%
Rarely	16	3%	28	5%	459	4%
Sometimes	95	18%	119	20%	2,470	20%
Often	201	37%	201	34%	4,603	37%
Always	225	42%	234	40%	4,612	37%
Missing	8		9		191	
Positive Score	79%		74%		75%	
Negative Score	4%		6%		5%	
Base	540		591		12,318	

To what extent do you agree or disagree with the following statements about your work?

3a. I always know what my work responsibilities are.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	8	1%	5	1%	152	1%
Disagree	24	4%	26	4%	604	5%
Neither agree nor disagree	35	6%	34	6%	908	7%
Agree	249	46%	284	47%	6,282	50%
Strongly agree	225	42%	249	42%	4,533	36%
Missing	7		2		30	
Positive Score	88%		89%		87%	
Negative Score	6%		5%		6%	
Base	541		598		12,479	

YOUR JOB (CONTINUED)

3b. I am trusted to do my job.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	4	1%	7	1%	156	1%
Disagree	11	2%	10	2%	305	2%
Neither agree nor disagree	28	5%	31	5%	704	6%
Agree	221	41%	231	39%	5,426	44%
Strongly agree	276	51%	314	53%	5,865	47%
Missing	8		7		53	
Positive Score	92%		92%		91%	
Negative Score	3%		3%		4%	
Base	540		593		12,456	

3c. There are frequent opportunities for me to show initiative in my role.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	9	2%	9	2%	321	3%
Disagree	38	7%	38	6%	890	7%
Neither agree nor disagree	89	16%	105	18%	1,911	15%
Agree	260	48%	243	41%	5,593	45%
Strongly agree	151	28%	199	34%	3,705	30%
Missing	1		6		89	
Positive Score	75%		74%		75%	
Negative Score	9%		8%		10%	
Base	547		594		12,420	

YOUR JOB (CONTINUED)

3d. I am able to make suggestions to improve the work of my team / department.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	13	2%	13	2%	384	3%
Disagree	37	7%	51	9%	988	8%
Neither agree nor disagree	87	16%	95	16%	1,952	16%
Agree	242	44%	235	40%	5,706	46%
Strongly agree	167	31%	198	33%	3,371	27%
Missing	2		8		108	
Positive Score	75%		73%		73%	
Negative Score	9%		11%		11%	
Base	546		592		12,401	

3e. I am involved in deciding on changes introduced that affect my work area / team / department.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	36	7%	40	7%	903	7%
Disagree	91	17%	90	15%	1,969	16%
Neither agree nor disagree	111	20%	118	20%	2,784	22%
Agree	174	32%	200	34%	4,429	36%
Strongly agree	133	24%	145	24%	2,339	19%
Missing	3		7		85	
Positive Score	56%		58%		54%	
Negative Score	23%		22%		23%	
Base	545		593		12,424	

YOUR JOB (CONTINUED)

3f. I am able to make improvements happen in my area of work.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	20	4%	24	4%	562	5%
Disagree	72	13%	74	13%	1,487	12%
Neither agree nor disagree	119	22%	142	24%	3,081	25%
Agree	212	39%	210	35%	4,999	40%
Strongly agree	122	22%	142	24%	2,257	18%
Missing	3		8		123	
Positive Score	61%		59%		59%	
Negative Score	17%		17%		17%	
Base	545		592		12,386	

3g. I am able to meet all the conflicting demands on my time at work.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	32	6%	44	7%	945	8%
Disagree	88	16%	123	21%	2,672	22%
Neither agree nor disagree	124	23%	145	25%	3,022	24%
Agree	231	42%	203	34%	4,414	36%
Strongly agree	69	13%	75	13%	1,334	11%
Missing	4		10		122	
Positive Score	55%		47%		46%	
Negative Score	22%		28%		29%	
Base	544		590		12,387	

YOUR JOB (CONTINUED)

3h. I have adequate materials, supplies and equipment to do my work.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	13	2%	23	4%	628	5%
Disagree	55	10%	67	11%	1,691	14%
Neither agree nor disagree	88	16%	114	19%	2,162	17%
Agree	272	50%	271	46%	5,786	47%
Strongly agree	116	21%	116	20%	2,091	17%
Missing	4		9		151	
Positive Score	71%		65%		64%	
Negative Score	13%		15%		19%	
Base	544		591		12,358	

3i. There are enough staff at this organisation for me to do my job properly.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	31	6%	88	15%	2,018	16%
Disagree	105	19%	158	27%	3,286	26%
Neither agree nor disagree	126	23%	122	21%	2,787	22%
Agree	212	39%	169	28%	3,262	26%
Strongly agree	73	13%	57	10%	1,068	9%
Missing	1		6		88	
Positive Score	52%		38%		35%	
Negative Score	25%		41%		43%	
Base	547		594		12,421	

YOUR JOB (CONTINUED)

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

4a. The recognition I get for good work.	2020		2021		Comparator	
	n	%	n	%	n	%
Very dissatisfied	22	4%	41	7%	866	7%
Dissatisfied	68	13%	79	13%	1,813	15%
Neither satisfied nor dissatisfied	124	23%	150	25%	2,824	23%
Satisfied	226	42%	216	36%	5,150	42%
Very satisfied	103	19%	110	18%	1,745	14%
Missing	5		4		111	
Positive Score	61%		55%		56%	
Negative Score	17%		20%		22%	
Base	543		596		12,398	

4b. The extent to which my organisation values my work.	2020		2021		Comparator	
	n	%	n	%	n	%
Very dissatisfied	29	5%	52	9%	1,042	8%
Dissatisfied	80	15%	105	18%	2,157	17%
Neither satisfied nor dissatisfied	131	24%	157	26%	3,407	28%
Satisfied	206	38%	192	32%	4,441	36%
Very satisfied	96	18%	89	15%	1,324	11%
Missing	6		5		138	
Positive Score	56%		47%		47%	
Negative Score	20%		26%		26%	
Base	542		595		12,371	

YOUR JOB (CONTINUED)

4c. My level of pay.	2020		2021		Comparator	
	n	%	n	%	n	%
Very dissatisfied	46	8%	78	13%	1,819	15%
Dissatisfied	111	20%	155	26%	3,209	26%
Neither satisfied nor dissatisfied	134	25%	138	23%	3,039	25%
Satisfied	196	36%	172	29%	3,640	29%
Very satisfied	56	10%	54	9%	663	5%
Missing	5		3		139	
Positive Score	46%		38%		35%	
Negative Score	29%		39%		41%	
Base	543		597		12,370	

4d. The opportunities for flexible working patterns.	2020		2021		Comparator	
	n	%	n	%	n	%
Very dissatisfied	26	5%	38	6%	889	7%
Dissatisfied	49	9%	60	10%	1,504	12%
Neither satisfied nor dissatisfied	111	20%	140	23%	3,037	25%
Satisfied	218	40%	226	38%	4,745	38%
Very satisfied	141	26%	132	22%	2,179	18%
Missing	3		4		155	
Positive Score	66%		60%		56%	
Negative Score	14%		16%		19%	
Base	545		596		12,354	

YOUR JOB (CONTINUED)

For each of the statements below, how often, if at all, do these statements apply to you?

5a. I have unrealistic time pressures.	2020		2021		Comparator	
	n	%	n	%	n	%
Never	37	7%	39	7%	614	5%
Rarely	142	26%	138	23%	2,620	21%
Sometimes	224	41%	261	44%	5,617	45%
Often	111	20%	114	19%	2,626	21%
Always	29	5%	43	7%	917	7%
Missing	5		5		115	
Positive Score	33%		30%		26%	
Negative Score	26%		26%		29%	
Base	543		595		12,394	

5b. I have a choice in deciding how to do my work.	2020		2021		Comparator	
	n	%	n	%	n	%
Never	14	3%	23	4%	530	4%
Rarely	64	12%	57	10%	1,408	11%
Sometimes	127	23%	166	28%	3,562	29%
Often	243	45%	239	41%	5,049	41%
Always	93	17%	105	18%	1,819	15%
Missing	7		10		141	
Positive Score	62%		58%		56%	
Negative Score	14%		14%		16%	
Base	541		590		12,368	

YOUR JOB (CONTINUED)

5c. Relationships at work are strained.	2020		2021		Comparator	
	n	%	n	%	n	%
Never	78	14%	80	13%	1,542	12%
Rarely	217	40%	205	35%	4,398	36%
Sometimes	191	35%	211	36%	4,366	35%
Often	41	8%	73	12%	1,500	12%
Always	15	3%	25	4%	577	5%
Missing	6		6		126	
Positive Score	54	54%	48	48%	48	48%
Negative Score	10	10%	16	16%	17	17%
Base	542		594		12,383	

Do the following statements apply to you and your job?

6a. I feel that my role makes a difference to patients / service users.	2020		2021		Comparator	
	n	%	n	%	n	%
Not applicable to me	61	11%	28	5%	422	3%
* Strongly disagree	1	0%	2	0%	98	1%
* Disagree	4	1%	10	2%	164	1%
* Neither agree nor disagree	38	8%	59	10%	1,056	9%
* Agree	230	47%	278	49%	6,099	51%
Missing	213	44%	220	39%	4,560	38%
	1		3		110	
Positive Score	91	91%	88	88%	89	89%
Negative Score	1	1%	2	2%	2	2%
Base	486		569		11,977	

YOUR JOB (CONTINUED)

	2020		2021		Comparator	
	n	%	n	%	n	%
6b. My organisation is committed to helping me balance my work and home life.						
Strongly disagree	-	-	30	5%	826	7%
Disagree	-	-	80	13%	1,894	15%
Neither agree nor disagree	-	-	168	28%	3,879	31%
Agree	-	-	241	40%	4,629	37%
Strongly agree	-	-	79	13%	1,215	10%
Missing	-	-	2	-	66	-
Positive Score	-	-	54%	54%	47%	47%
Negative Score	-	-	18%	18%	22%	22%
Base	-	-	598	598	12,443	12,443
6c. I achieve a good balance between my work life and my home life.						
Strongly disagree	-	-	17	3%	793	6%
Disagree	-	-	98	16%	2,069	17%
Neither agree nor disagree	-	-	128	21%	2,905	23%
Agree	-	-	271	45%	5,343	43%
Strongly agree	-	-	84	14%	1,301	10%
Missing	-	-	2	-	98	-
Positive Score	-	-	59%	59%	54%	54%
Negative Score	-	-	19%	19%	23%	23%
Base	-	-	598	598	12,411	12,411

YOUR JOB (CONTINUED)

6d. I can approach my immediate manager to talk openly about flexible working.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	19	3%	697	6%
Disagree	-	-	58	10%	1,079	9%
Neither agree nor disagree	-	-	103	17%	2,234	18%
Agree	-	-	233	39%	5,133	41%
Strongly agree	-	-	185	31%	3,298	27%
Missing	-	-	2	-	68	-
Positive Score	-	-	70%	70%	68%	68%
Negative Score	-	-	13%	13%	14%	14%
Base	-	-	598	-	12,441	-

YOUR TEAM

7a. The team I work in has a set of shared objectives.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	13	2%	11	2%	293	2%
Disagree	32	6%	44	7%	860	7%
Neither agree nor disagree	77	14%	106	18%	2,075	17%
Agree	275	51%	305	51%	6,958	56%
Strongly agree	145	27%	131	22%	2,244	18%
Missing	6		3		79	
Positive Score	77%		73%		74%	
Negative Score	8%		9%		9%	
Base	542		597		12,430	

7b. The team I work in often meets to discuss the team's effectiveness.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	25	5%	27	5%	673	5%
Disagree	58	11%	95	16%	1,924	15%
Neither agree nor disagree	107	20%	103	17%	2,268	18%
Agree	226	41%	241	41%	5,425	44%
Strongly agree	129	24%	127	21%	2,131	17%
Missing	3		7		88	
Positive Score	65%		62%		61%	
Negative Score	15%		21%		21%	
Base	545		593		12,421	

YOUR TEAM (CONTINUED)

	2020		2021		Comparator	
	n	%	n	%	n	%
7c. I receive the respect I deserve from my colleagues at work.						
Strongly disagree	12	2%	13	2%	401	3%
Disagree	39	7%	49	8%	918	7%
Neither agree nor disagree	92	17%	116	19%	2,121	17%
Agree	250	46%	279	47%	6,380	51%
Strongly agree	151	28%	138	23%	2,609	21%
Missing	4		5		80	
Positive Score	74%		70%		72%	
Negative Score	9%		10%		11%	
Base	544		595		12,429	
7d. Team members understand each other's roles.						
Strongly disagree	-		12	2%	324	3%
Disagree	-		65	11%	1,198	10%
Neither agree nor disagree	-		75	13%	1,968	16%
Agree	-		321	54%	6,739	54%
Strongly agree	-		125	21%	2,182	18%
Missing	-		2		98	
Positive Score	-		75%		72%	
Negative Score	-		13%		12%	
Base	-		598		12,411	

YOUR TEAM (CONTINUED)

7e. I enjoy working with the colleagues in my team.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	3	1%	186	1%
Disagree	-	-	15	3%	392	3%
Neither agree nor disagree	-	-	67	11%	1,659	13%
Agree	-	-	317	53%	6,393	51%
Strongly agree	-	-	196	33%	3,799	31%
Missing	-	-	2	-	80	-
Positive Score	-	-	86%	-	82%	-
Negative Score	-	-	3%	-	5%	-
Base	-	-	598	-	12,429	-

7f. My team has enough freedom in how to do its work.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	10	2%	394	3%
Disagree	-	-	55	9%	1,273	10%
Neither agree nor disagree	-	-	142	24%	3,073	25%
Agree	-	-	279	47%	5,873	47%
Strongly agree	-	-	108	18%	1,779	14%
Missing	-	-	6	-	117	-
Positive Score	-	-	65%	-	62%	-
Negative Score	-	-	11%	-	13%	-
Base	-	-	594	-	12,392	-

YOUR TEAM (CONTINUED)

7g. In my team disagreements are dealt with constructively.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	17	3%	581	5%
Disagree	-	-	58	10%	1,307	11%
Neither agree nor disagree	-	-	152	26%	3,350	27%
Agree	-	-	268	45%	5,596	45%
Strongly agree	-	-	101	17%	1,563	13%
Missing	-	-	4	-	112	-
Positive Score	-	-	62%	62%	58%	58%
Negative Score	-	-	13%	13%	15%	15%
Base	-	-	596	596	12,397	12,397

7h. I feel valued by my team.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	23	4%	503	4%
Disagree	-	-	44	7%	870	7%
Neither agree nor disagree	-	-	119	20%	2,211	18%
Agree	-	-	252	42%	6,153	50%
Strongly agree	-	-	155	26%	2,644	21%
Missing	-	-	7	-	128	-
Positive Score	-	-	69%	69%	71%	71%
Negative Score	-	-	11%	11%	11%	11%
Base	-	-	593	593	12,381	12,381

YOUR TEAM (CONTINUED)

71. I feel a strong personal attachment to my team.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	24	4%	449	4%
Disagree	-	-	47	8%	1,056	9%
Neither agree nor disagree	-	-	127	21%	2,895	23%
Agree	-	-	246	41%	5,173	42%
Strongly agree	-	-	150	25%	2,824	23%
Missing	-	-	6	-	112	-
Positive Score	-	-	67%	67%	65%	65%
Negative Score	-	-	12%	12%	12%	12%
Base	-	-	594	594	12,397	12,397

PEOPLE IN YOUR ORGANISATION

8a. Teams within this organisation work well together to achieve their objectives.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	26	4%	487	4%
Disagree	-	-	73	12%	1,637	13%
Neither agree nor disagree	-	-	162	27%	3,371	27%
Agree	-	-	275	47%	5,648	46%
Strongly agree	-	-	55	9%	1,230	10%
Missing	-	-	9	-	136	-
Positive Score	-	-	56%	56%	56%	56%
Negative Score	-	-	17%	17%	17%	17%
Base	-	-	591	-	12,373	-

8b. The people I work with are understanding and kind to one another.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	15	3%	367	3%
Disagree	-	-	40	7%	956	8%
Neither agree nor disagree	-	-	124	21%	2,295	19%
Agree	-	-	289	49%	6,402	52%
Strongly agree	-	-	124	21%	2,342	19%
Missing	-	-	8	-	147	-
Positive Score	-	-	70%	70%	71%	71%
Negative Score	-	-	9%	9%	11%	11%
Base	-	-	592	-	12,362	-

PEOPLE IN YOUR ORGANISATION (CONTINUED)

8c. The people I work with are polite and treat each other with respect.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	18	3%	351	3%
Disagree	-	-	31	5%	868	7%
Neither agree nor disagree	-	-	112	19%	2,175	18%
Agree	-	-	303	51%	6,459	52%
Strongly agree	-	-	128	22%	2,506	20%
Missing	-	-	8	-	150	-
Positive Score	-	-	73%	73%	73%	73%
Negative Score	-	-	8%	8%	10%	10%
Base	-	-	592	-	12,359	-

8d. The people I work with show appreciation to one another.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	18	3%	383	3%
Disagree	-	-	46	8%	1,006	8%
Neither agree nor disagree	-	-	128	22%	2,599	21%
Agree	-	-	289	49%	6,103	49%
Strongly agree	-	-	108	18%	2,247	18%
Missing	-	-	11	-	171	-
Positive Score	-	-	67%	67%	68%	68%
Negative Score	-	-	11%	11%	11%	11%
Base	-	-	589	-	12,338	-

YOUR MANAGERS

To what extent do you agree or disagree with the following statements about your immediate manager?

9a. My immediate manager encourages me at work.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	18	3%	13	2%	454	4%
Disagree	38	7%	47	8%	913	7%
Neither agree nor disagree	102	19%	106	18%	2,084	17%
Agree	213	39%	237	40%	5,507	44%
Strongly agree	171	32%	193	32%	3,497	28%
Missing	6		4		54	
Positive Score	71%		72%		72%	
Negative Score	10%		10%		11%	
Base	542		596		12,455	

9b. My immediate manager gives me clear feedback on my work.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	25	5%	21	4%	522	4%
Disagree	51	9%	68	11%	1,358	11%
Neither agree nor disagree	118	22%	120	20%	2,508	20%
Agree	196	36%	216	36%	5,000	40%
Strongly agree	154	28%	173	29%	3,062	25%
Missing	4		2		59	
Positive Score	64%		65%		65%	
Negative Score	14%		15%		15%	
Base	544		598		12,450	

YOUR MANAGERS (CONTINUED)

9c. My immediate manager asks for my opinion before making decisions that affect my work.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	41	8%	39	7%	786	6%
Disagree	69	13%	75	13%	1,568	13%
Neither agree nor disagree	102	19%	108	18%	2,455	20%
Agree	175	32%	212	36%	4,684	38%
Strongly agree	154	28%	163	27%	2,952	24%
Missing	7		3		64	
Positive Score	61%		63%		61%	
Negative Score	20%		19%		19%	
Base	541		597		12,445	

9d. My immediate manager takes a positive interest in my health and well-being.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	21	4%	26	4%	613	5%
Disagree	35	6%	48	8%	997	8%
Neither agree nor disagree	85	16%	115	19%	2,173	17%
Agree	166	31%	216	36%	4,935	40%
Strongly agree	237	44%	191	32%	3,735	30%
Missing	4		4		56	
Positive Score	74%		68%		70%	
Negative Score	10%		12%		13%	
Base	544		596		12,453	

YOUR MANAGERS (CONTINUED)

9e. My immediate manager values my work.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	15	3%	17	3%	491	4%
Disagree	29	5%	35	6%	771	6%
Neither agree nor disagree	93	17%	119	20%	2,105	17%
Agree	195	36%	241	40%	5,393	43%
Strongly agree	208	39%	184	31%	3,688	30%
Missing	8		4		61	
Positive Score	75%		71%		73%	
Negative Score	8%		9%		10%	
Base	540		596		12,448	

9f. My immediate manager works together with me to come to an understanding of problems.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	17	3%	561	5%
Disagree	-	-	47	8%	978	8%
Neither agree nor disagree	-	-	121	20%	2,294	18%
Agree	-	-	231	39%	5,264	42%
Strongly agree	-	-	180	30%	3,329	27%
Missing	-	-	4		83	
Positive Score	-		69%		69%	
Negative Score	-		11%		12%	
Base	-		596		12,426	

YOUR MANAGERS (CONTINUED)

9g. My immediate manager is interested in listening to me when I describe challenges I face.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	18	3%	598	5%
Disagree	-	-	48	8%	911	7%
Neither agree nor disagree	-	-	100	17%	2,010	16%
Agree	-	-	234	39%	5,263	42%
Strongly agree	-	-	196	33%	3,662	29%
Missing	-	-	4	-	65	-
Positive Score	-	-	72%	72%	72%	72%
Negative Score	-	-	11%	11%	12%	12%
Base	-	-	596	-	12,444	-

9h. My immediate manager cares about my concerns.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	24	4%	609	5%
Disagree	-	-	39	7%	877	7%
Neither agree nor disagree	-	-	117	20%	2,172	17%
Agree	-	-	214	36%	5,110	41%
Strongly agree	-	-	201	34%	3,644	29%
Missing	-	-	5	-	97	-
Positive Score	-	-	70%	70%	71%	71%
Negative Score	-	-	11%	11%	12%	12%
Base	-	-	595	-	12,412	-

YOUR MANAGERS (CONTINUED)

9i. My immediate manager takes effective action to help me with any problems I face.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	17	3%	645	5%
Disagree	-	-	50	8%	1,035	8%
Neither agree nor disagree	-	-	139	23%	2,536	20%
Agree	-	-	204	34%	4,794	39%
Strongly agree	-	-	187	31%	3,421	28%
Missing	-	-	3		78	
Positive Score	-	-	65%	66%		
Negative Score	-	-	11%	14%		
Base	-	-	597		12,431	

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

	2020		2021		Comparator	
	n	%	n	%	n	%
10a. How many hours a week are you contracted to work?						
Up to 29 hours	66	13%	72	13%	1,663	14%
30 or more hours	439	87%	491	87%	9,970	86%
Missing	43		37		876	
10b. On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?						
0 hours	418	80%	406	72%	8,418	71%
Up to 5 hours	57	11%	66	12%	1,701	14%
6-10 hours	26	5%	42	7%	1,002	8%
11 or more hours	23	4%	49	9%	817	7%
Missing	24		37		571	
Positive Score	80%		72%		71%	
Negative Score	20%		28%		29%	
Base	524		563		11,938	
10c. On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?						
0 hours	233	44%	251	45%	4,702	39%
Up to 5 hours	222	42%	240	43%	5,257	44%
6-10 hours	50	9%	53	9%	1,474	12%
11 or more hours	23	4%	18	3%	601	5%
Missing	20		38		475	
Positive Score	44%		45%		39%	
Negative Score	56%		55%		61%	
Base	528		562		12,034	

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

Health & well-being		2020		2021		Comparator	
		n	%	n	%	n	%
11a. My organisation takes positive action on health and well-being.							
Strongly disagree	-	-	20	3%	530	4%	
Disagree	-	-	37	6%	1,091	9%	
Neither agree nor disagree	-	-	141	24%	3,267	27%	
Agree	-	-	275	47%	5,769	47%	
Strongly agree	-	-	112	19%	1,648	13%	
Missing	-	-	15		204		
Positive Score	-	-	66%		60%		
Negative Score	-	-	10%		13%		
Base	-	-	585		12,305		
11b. In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?							
Yes	125	23%	164	28%	3,310	27%	
No	416	77%	425	72%	9,061	73%	
Missing	7		11		138		
Positive Score	77%		72%		73%		
Negative Score	23%		28%		27%		
Base	541		589		12,371		
11c. During the last 12 months have you felt unwell as a result of work related stress?							
Yes	196	36%	235	40%	5,302	43%	
No	343	64%	358	60%	7,079	57%	
Missing	9		7		128		
Positive Score	64%		60%		57%		
Negative Score	36%		40%		43%		
Base	539		593		12,381		

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

11d. In the last three months have you ever come to work despite not feeling well enough to perform your duties?	2020		2021		Comparator	
	n	%	n	%	n	%
Yes	211	39%	313	53%	6,195	50%
No	330	61%	279	47%	6,178	50%
Missing	7		8		136	
Positive Score	61%		47%		50%	
Negative Score	39%		53%		50%	
Base	541		592		12,373	

11e. Have you felt pressure from your manager to come to work?	2020		2021		Comparator	
	n	%	n	%	n	%
Yes	56	27%	72	24%	1,423	24%
No	149	73%	223	76%	4,574	76%
Missing	343		305		6,512	
Positive Score	73%		76%		76%	
Negative Score	27%		24%		24%	
Base	205		295		5,997	

12a. How often, if at all, do you find your work emotionally exhausting?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	-	-	36	6%	661	5%
Rarely	-	-	119	20%	2,328	19%
Sometimes	-	-	239	40%	5,323	43%
Often	-	-	172	29%	3,393	27%
Always	-	-	29	5%	757	6%
Missing	-	-	5		47	
Positive Score	-		26%		24%	
Negative Score	-		34%		33%	
Base	-		595		12,462	

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

12b. How often, if at all, do you feel burnt out because of your work?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	-	-	52	9%	946	8%
Rarely	-	-	132	22%	2,846	23%
Sometimes	-	-	211	35%	4,786	38%
Often	-	-	166	28%	3,083	25%
Always	-	-	34	6%	786	6%
Missing	-	-	5	-	62	-
Positive Score	-	-	31%	-	30%	-
Negative Score	-	-	34%	-	31%	-
Base	-	-	595	-	12,447	-

12c. How often, if at all, does your work frustrate you?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	-	-	26	4%	550	4%
Rarely	-	-	102	17%	2,273	18%
Sometimes	-	-	258	43%	5,291	42%
Often	-	-	176	30%	3,582	29%
Always	-	-	33	6%	758	6%
Missing	-	-	5	-	55	-
Positive Score	-	-	22%	-	23%	-
Negative Score	-	-	35%	-	35%	-
Base	-	-	595	-	12,454	-

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

12d. How often, if at all, are you exhausted at the thought of another day/shift at work?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	-	-	73	12%	1,358	11%
Rarely	-	-	163	27%	3,488	28%
Sometimes	-	-	189	32%	4,197	34%
Often	-	-	133	22%	2,590	21%
Always	-	-	35	6%	795	6%
Missing	-	-	7	-	81	-
Positive Score	-	-	40%	40%	39%	39%
Negative Score	-	-	28%	28%	27%	27%
Base	-	-	593	593	12,428	12,428

12e. How often, if at all, do you feel worn out at the end of your working day/shift?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	-	-	30	5%	497	4%
Rarely	-	-	87	15%	1,926	16%
Sometimes	-	-	231	39%	4,820	39%
Often	-	-	188	32%	3,851	31%
Always	-	-	57	10%	1,324	11%
Missing	-	-	7	-	91	-
Positive Score	-	-	20%	20%	20%	20%
Negative Score	-	-	41%	41%	42%	42%
Base	-	-	593	593	12,418	12,418

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

12f. How often, if at all, do you feel that every working hour is tiring for you?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	-	-	117	20%	2,276	18%
Rarely	-	-	204	34%	4,395	35%
Sometimes	-	-	164	28%	3,497	28%
Often	-	-	85	14%	1,642	13%
Always	-	-	23	4%	589	5%
Missing	-	-	7	-	110	-
Positive Score	-	-	54%	54%	54%	54%
Negative Score	-	-	18%	18%	18%	18%
Base	-	-	593	-	12,399	-

12g. How often, if at all, do you not have enough energy for family and friends during leisure time?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	-	-	68	11%	1,235	10%
Rarely	-	-	158	26%	3,121	25%
Sometimes	-	-	193	32%	4,488	36%
Often	-	-	146	24%	2,825	23%
Always	-	-	32	5%	775	6%
Missing	-	-	3	-	65	-
Positive Score	-	-	38%	38%	35%	35%
Negative Score	-	-	30%	30%	29%	29%
Base	-	-	597	-	12,444	-

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

13a. 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?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	439	82%	502	84%	11,854	95%
1-2	48	9%	48	8%	450	4%
3-5	31	6%	22	4%	89	1%
6-10	8	1%	9	2%	26	0%
More than 10	9	2%	15	3%	29	0%
Missing	13		4		61	
Positive Score	82%	84%	84%	84%	95%	95%
Negative Score	18%	16%	16%	16%	5%	5%
Base	535		596		12,448	

13b. In the last 12 months how many times have you personally experienced physical violence at work from managers?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	528	100%	589	100%	12,306	99%
1-2	1	0%	1	0%	43	0%
3-5	0	0%	0	0%	14	0%
6-10	0	0%	0	0%	3	0%
More than 10	0	0%	0	0%	3	0%
Missing	19		10		140	
Positive Score	100%	100%	100%	100%	99%	99%
Negative Score	0%	0%	0%	0%	1%	1%
Base	529		590		12,369	

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

13c. In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	525	100%	579	99%	12,102	99%
1-2	1	0%	4	1%	126	1%
3-5	0	0%	1	0%	28	0%
6-10	0	0%	0	0%	7	0%
More than 10	0	0%	1	0%	4	0%
Missing	22		15		242	
Positive Score	100%		99%		99%	
Negative Score	0%		1%		1%	
Base	526		585		12,267	

13d. The last time you experienced physical violence at work, did you or a colleague report it?	2020		2021		Comparator	
	n	%	n	%	n	%
* Yes, I reported it	45	59%	42	51%	278	51%
* Yes, a colleague reported it	14	18%	15	18%	70	13%
* Yes, both myself and a colleague reported it	4	5%	6	7%	20	4%
* No	13	17%	19	23%	182	33%
Don't know	8	9%	4	4%	34	5%
Not applicable	8	9%	8	9%	91	13%
Missing	456		506		11,834	
Positive Score	83%		77%		67%	
Negative Score	17%		23%		33%	
Base	76		82		550	

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

14a. 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?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	415	77%	445	75%	10,011	81%
1-2	76	14%	80	14%	1,651	13%
3-5	33	6%	26	4%	420	3%
6-10	6	1%	15	3%	139	1%
More than 10	8	1%	26	4%	174	1%
Missing	10		8		114	
Positive Score	77%	77%	75%	75%	81%	81%
Negative Score	23%	23%	25%	25%	19%	19%
Base	538		592		12,395	

14b. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	487	91%	541	92%	10,883	88%
1-2	32	6%	31	5%	936	8%
3-5	10	2%	11	2%	286	2%
6-10	2	0%	4	1%	102	1%
More than 10	5	1%	2	0%	112	1%
Missing	12		11		190	
Positive Score	91%	91%	92%	92%	88%	88%
Negative Score	9%	9%	8%	8%	12%	12%
Base	536		589		12,319	

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

14c. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	2020		2021		Comparator	
	n	%	n	%	n	%
Never	450	85%	480	82%	9,918	81%
1-2	63	12%	73	13%	1,576	13%
3-5	13	2%	19	3%	487	4%
6-10	1	0%	5	1%	111	1%
More than 10	4	1%	7	1%	163	1%
Missing	17		16		254	
Positive Score	85%	82%	81%			
Negative Score	15%	18%	19%			
Base	531		584		12,255	

14d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	2020		2021		Comparator	
	n	%	n	%	n	%
* Yes, I reported it	68	41%	87	49%	1,564	42%
* Yes, a colleague reported it	15	9%	12	7%	197	5%
* Yes, both myself and a colleague reported it	4	2%	2	1%	57	2%
* No	77	47%	77	43%	1,944	52%
Don't know	12	6%	10	5%	146	4%
Not applicable	11	6%	17	8%	258	6%
Missing	361		395		8,343	
Positive Score	53%	57%	48%			
Negative Score	47%	43%	52%			
Base	164		178		3,762	

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

	2020		2021		Comparator	
	n	%	n	%	n	%
15. Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?						
Yes	344	63%	352	59%	6,860	55%
No	50	9%	65	11%	1,698	14%
Don't know	151	28%	175	30%	3,823	31%
Missing	3		8		128	
Positive Score	63%		59%		55%	
Negative Score	9%		11%		14%	
Base	545		592		12,381	
16a. In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?						
Yes	27	5%	22	4%	630	5%
No	516	95%	572	96%	11,774	95%
Missing	5		6		105	
Positive Score	95%		96%		95%	
Negative Score	5%		4%		5%	
Base	543		594		12,404	
16b. In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues?						
Yes	25	5%	46	8%	1,114	9%
No	513	95%	548	92%	11,251	91%
Missing	10		6		144	
Positive Score	95%		92%		91%	
Negative Score	5%		8%		9%	
Base	538		594		12,365	

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

16c On what grounds have you experienced discrimination?	2020		2021		Comparator	
	n	%	n	%	n	%
01. Ethnic background						
Ethnic background	16	34%	15	24%	717	48%
Not selected	31	66%	47	76%	780	52%
Positive Score	66%		76%		52%	
Negative Score	34%		24%		48%	
Base	47		62		1,497	

16c On what grounds have you experienced discrimination?	2020		2021		Comparator	
	n	%	n	%	n	%
02. Gender						
Gender	18	38%	16	26%	339	23%
Not selected	29	62%	46	74%	1,158	77%
Positive Score	62%		74%		77%	
Negative Score	38%		26%		23%	
Base	47		62		1,497	

16c On what grounds have you experienced discrimination?	2020		2021		Comparator	
	n	%	n	%	n	%
03. Religion						
Religion	0	0%	2	3%	89	6%
Not selected	47	100%	60	97%	1,408	94%
Positive Score	100%		97%		94%	
Negative Score	0%		3%		6%	
Base	47		62		1,497	

16c On what grounds have you experienced discrimination?	2020		2021		Comparator	
	n	%	n	%	n	%
04. Sexual orientation						
Sexual orientation	2	4%	5	8%	56	4%
Not selected	45	96%	57	92%	1,441	96%
Positive Score	96%		92%		96%	
Negative Score	4%		8%		4%	
Base	47		62		1,497	

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

16c On what grounds have you experienced discrimination?	2020		2021		Comparator	
	n	%	n	%	n	%
05. Disability						
Disability	3	6%	7	11%	123	8%
Not selected	44	94%	55	89%	1,374	92%
Positive Score	94%		89%		92%	
Negative Score	6%		11%		8%	
Base	47		62		1,497	
16c On what grounds have you experienced discrimination?						
06. Age						
Age	6	13%	10	16%	279	19%
Not selected	41	87%	52	84%	1,218	81%
Positive Score	87%		84%		81%	
Negative Score	13%		16%		19%	
Base	47		62		1,497	
16c On what grounds have you experienced discrimination?						
07. Other (please specify)						
Other (please specify)	10	21%	19	31%	400	27%
Not selected	37	79%	43	69%	1,097	73%
Positive Score	79%		69%		73%	
Negative Score	21%		31%		27%	
Base	47		62		1,497	

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

To what extent do you agree with the following statements about unsafe clinical practice?

	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	6	1%	9	2%	321	3%
Disagree	26	5%	22	4%	523	4%
Neither agree nor disagree	91	17%	96	16%	1,967	16%
Agree	278	51%	274	46%	6,220	50%
Strongly agree	143	26%	195	33%	3,382	27%
Missing	4		4		96	
Positive Score	77%		79%		77%	
Negative Score	6%		5%		7%	
Base	544		596		12,413	

17b. I am confident that my organisation would address my concern.

	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	7	1%	23	4%	446	4%
Disagree	23	4%	29	5%	816	7%
Neither agree nor disagree	113	21%	137	23%	2,932	24%
Agree	271	50%	254	43%	5,525	45%
Strongly agree	128	24%	154	26%	2,668	22%
Missing	6		3		122	
Positive Score	74%		68%		66%	
Negative Score	6%		9%		10%	
Base	542		597		12,387	

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (CONTINUED)

To what extent does this statement reflect your view of your organisation as a whole?

18. I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	12	2%	333	3%
Disagree	-	-	23	4%	615	5%
Neither agree nor disagree	-	-	110	19%	2,647	21%
Agree	-	-	296	50%	6,170	50%
Strongly agree	-	-	152	26%	2,682	22%
Missing	-	-	7	-	62	-
Positive Score	-	-	76%	-	71%	-
Negative Score	-	-	6%	-	8%	-
Base	-	-	593	-	12,447	-

YOUR PERSONAL DEVELOPMENT

19a. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	2020		2021		Comparator	
	n	%	n	%	n	%
* Yes	-	-	481	85%	10,506	87%
* No	-	-	86	15%	1,516	13%
Can't remember	-	-	22	4%	361	3%
Missing	-	-	11		126	
Positive Score	-	-	85%		87%	
Negative Score	-	-	15%		13%	
Base	-	-	567		12,022	

19b. It helped me to improve how I do my job.	2020		2021		Comparator	
	n	%	n	%	n	%
Yes, definitely	-	-	109	23%	2,265	22%
Yes, to some extent	-	-	212	45%	5,174	50%
No	-	-	149	32%	2,979	29%
Missing	-	-	130		2,091	
Positive Score	-	-	23%		22%	
Negative Score	-	-	32%		29%	
Base	-	-	470		10,418	

19c. It helped me agree clear objectives for my work.	2020		2021		Comparator	
	n	%	n	%	n	%
Yes, definitely	-	-	165	35%	3,497	34%
Yes, to some extent	-	-	218	46%	5,188	50%
No	-	-	90	19%	1,718	17%
Missing	-	-	127		2,106	
Positive Score	-	-	35%		34%	
Negative Score	-	-	19%		17%	
Base	-	-	473		10,403	

YOUR PERSONAL DEVELOPMENT (CONTINUED)

19d. It left me feeling that my work is valued by my organisation.	2020		2021		Comparator	
	n	%	n	%	n	%
Yes, definitely	-	-	146	31%	3,288	32%
Yes, to some extent	-	-	208	44%	4,710	45%
No	-	-	115	25%	2,400	23%
Missing	-	-	131	-	2,111	-
Positive Score	-	-	31%	-	32%	-
Negative Score	-	-	25%	-	23%	-
Base	-	-	469	-	10,398	-

To what extent do these statements reflect your view of your organisation as a whole?

20a. This organisation offers me challenging work.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	11	2%	229	2%
Disagree	-	-	35	6%	707	6%
Neither agree nor disagree	-	-	119	20%	2,694	22%
Agree	-	-	300	51%	6,437	52%
Strongly agree	-	-	127	21%	2,337	19%
Missing	-	-	8	-	105	-
Positive Score	-	-	72%	-	71%	-
Negative Score	-	-	8%	-	8%	-
Base	-	-	592	-	12,404	-

YOUR PERSONAL DEVELOPMENT (CONTINUED)

20b. There are opportunities for me to develop my career in this organisation.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	40	7%	895	7%
Disagree	-	-	115	19%	1,777	14%
Neither agree nor disagree	-	-	140	24%	2,940	24%
Agree	-	-	205	35%	4,992	40%
Strongly agree	-	-	90	15%	1,800	15%
Missing	-	-	10	-	105	-
Positive Score	-	-	50%	50%	55%	55%
Negative Score	-	-	26%	26%	22%	22%
Base	-	-	590	-	12,404	-

20c. I have opportunities to improve my knowledge and skills.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	17	3%	484	4%
Disagree	-	-	59	10%	977	8%
Neither agree nor disagree	-	-	99	17%	2,141	17%
Agree	-	-	298	50%	6,462	52%
Strongly agree	-	-	119	20%	2,329	19%
Missing	-	-	8	-	116	-
Positive Score	-	-	70%	70%	71%	71%
Negative Score	-	-	13%	13%	12%	12%
Base	-	-	592	-	12,393	-

YOUR PERSONAL DEVELOPMENT (CONTINUED)

	2020		2021		Comparator	
	n	%	n	%	n	%
20d. I feel supported to develop my potential.						
Strongly disagree	-	-	34	6%	751	6%
Disagree	-	-	91	15%	1,539	12%
Neither agree nor disagree	-	-	144	24%	3,149	25%
Agree	-	-	222	38%	5,129	41%
Strongly agree	-	-	101	17%	1,818	15%
Missing	-	-	8		123	
Positive Score	-	-	55	55%	56	56%
Negative Score	-	-	21	21%	18	18%
Base	-	-	592		12,386	

	2020		2021		Comparator	
	n	%	n	%	n	%
20e. I am able to access the right learning and development opportunities when I need to.						
Strongly disagree	-	-	22	4%	572	5%
Disagree	-	-	68	11%	1,252	10%
Neither agree nor disagree	-	-	133	22%	3,225	26%
Agree	-	-	274	46%	5,579	45%
Strongly agree	-	-	98	16%	1,755	14%
Missing	-	-	5		126	
Positive Score	-	-	63	63%	59	59%
Negative Score	-	-	15	15%	15	15%
Base	-	-	595		12,383	

YOUR ORGANISATION

21a. Care of patients / service users is my organisation's top priority.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	5	1%	8	1%	132	1%
Disagree	7	1%	25	4%	426	3%
Neither agree nor disagree	34	6%	61	10%	1,198	10%
Agree	254	47%	270	45%	5,912	48%
Strongly agree	246	45%	231	39%	4,760	38%
Missing	2		5		81	
Positive Score	92%		84%		86%	
Negative Score	2%		6%		4%	
Base	546		595		12,428	

21b. My organisation acts on concerns raised by patients / service users.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	2	0%	4	1%	111	1%
Disagree	4	1%	13	2%	284	2%
Neither agree nor disagree	70	13%	92	16%	1,962	16%
Agree	257	47%	286	48%	6,416	52%
Strongly agree	213	39%	197	33%	3,627	29%
Missing	2		8		109	
Positive Score	86%		82%		81%	
Negative Score	1%		3%		3%	
Base	546		592		12,400	

YOUR ORGANISATION (CONTINUED)

21c. I would recommend my organisation as a place to work.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	10	2%	24	4%	510	4%
Disagree	28	5%	42	7%	928	7%
Neither agree nor disagree	77	14%	115	19%	2,485	20%
Agree	216	40%	231	39%	5,275	42%
Strongly agree	215	39%	179	30%	3,214	26%
Missing	2		9		97	
Positive Score	79%		69%		68%	
Negative Score	7%		11%		12%	
Base	546		591		12,412	

21d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	2	0%	8	1%	149	1%
Disagree	5	1%	9	2%	250	2%
Neither agree nor disagree	34	6%	49	8%	1,072	9%
Agree	221	40%	273	46%	5,844	47%
Strongly agree	284	52%	254	43%	5,085	41%
Missing	2		7		109	
Positive Score	92%		89%		88%	
Negative Score	1%		3%		3%	
Base	546		593		12,400	

YOUR ORGANISATION (CONTINUED)

21e. I feel safe to speak up about anything that concerns me in this organisation.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	16	3%	20	3%	483	4%
Disagree	36	7%	49	8%	1,030	8%
Neither agree nor disagree	88	16%	114	19%	2,642	21%
Agree	238	44%	251	42%	5,569	45%
Strongly agree	163	30%	158	27%	2,672	22%
Missing	7		8		113	
Positive Score	74%		69%		66%	
Negative Score	10%		12%		12%	
Base	541		592		12,396	

21f. If I spoke up about something that concerned me I am confident my organisation would address my concern.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	27	5%	636	5%
Disagree	-	-	45	8%	1,217	10%
Neither agree nor disagree	-	-	144	24%	3,526	28%
Agree	-	-	243	41%	4,813	39%
Strongly agree	-	-	133	22%	2,186	18%
Missing	-	-	8		131	
Positive Score	-		64%		57%	
Negative Score	-		12%		15%	
Base	-		592		12,378	

YOUR ORGANISATION (CONTINUED)

To what extent do you agree or disagree with these statements?

	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	135	25%	127	21%	2,161	17%
Disagree	154	28%	160	27%	3,583	29%
Neither agree nor disagree	137	25%	138	23%	3,091	25%
Agree	83	15%	124	21%	2,465	20%
Strongly agree	36	7%	47	8%	1,156	9%
Missing	3		4		53	
Positive Score	53%		48%		46%	
Negative Score	22%		29%		29%	
Base	545		596		12,456	

22b. I will probably look for a job at a new organisation in the next 12 months.

	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	160	30%	146	25%	2,693	22%
Disagree	153	28%	168	28%	3,579	29%
Neither agree nor disagree	135	25%	140	24%	3,056	25%
Agree	65	12%	94	16%	1,981	16%
Strongly agree	29	5%	46	8%	1,116	9%
Missing	6		6		84	
Positive Score	58%		53%		50%	
Negative Score	17%		24%		25%	
Base	542		594		12,425	

YOUR ORGANISATION (CONTINUED)

22c. As soon as I can find another job, I will leave this organisation.	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	195	36%	178	30%	3,500	28%
Disagree	162	30%	190	32%	3,813	31%
Neither agree nor disagree	121	22%	121	21%	2,917	24%
Agree	37	7%	66	11%	1,211	10%
Strongly agree	27	5%	33	6%	936	8%
Missing	6		12		132	
Positive Score	66%		63%		59%	
Negative Score	12%		17%		17%	
Base	542		588		12,377	

22d. If you are considering leaving your current job, what would be your most likely destination?	2020		2021		Comparator	
	n	%	n	%	n	%
I am not considering leaving my current job.	279	59%	266	50%	5,289	47%
I would want to move to another job within this organisation.	39	8%	54	10%	1,284	12%
I would want to move to a job in a different NHS Trust/organisation.	99	21%	114	22%	2,329	21%
I would want to move to a job in healthcare, but outside the NHS.	9	2%	15	3%	523	5%
I would want to move to a job outside healthcare.	24	5%	41	8%	896	8%
I would retire or take a career break.	26	5%	40	8%	840	8%
Missing	72		70		1,348	

YOUR EXPERIENCE DURING THE COVID-19 PANDEMIC

The Covid-19 pandemic

23a. In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?	2020		2021		Comparator	
	n	%	n	%	n	%
Yes	241	44%	264	44%	3,604	29%
No	303	56%	330	56%	8,822	71%
Missing	4		6		83	

23b. In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?

	2020		2021		Comparator	
	n	%	n	%	n	%
Yes	150	28%	137	23%	1,966	16%
No	391	72%	453	77%	10,375	84%
Missing	7		10		168	

23c. In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?

	2020		2021		Comparator	
	n	%	n	%	n	%
Yes	295	55%	309	52%	6,103	49%
No	244	45%	281	48%	6,277	51%
Missing	9		10		129	

BACKGROUND INFORMATION

24a. What of the following best describes you?	2020		2021		Comparator	
	n	%	n	%	n	%
Female	392	73%	433	74%	9,174	74%
Male	131	24%	136	23%	2,793	23%
Non-binary	-	-	0	0%	21	0%
Prefer to self-describe	0	0%	2	0%	35	0%
Prefer not to say	14	3%	17	3%	371	3%
Missing	11		12		115	

24b. Is your gender identity the same as the sex you were registered at birth?	2020		2021		Comparator	
	n	%	n	%	n	%
Yes	-	-	503	97%	10,726	96%
No	-	-	3	1%	44	0%
Prefer not to say	-	-	12	2%	366	3%
Missing	-	-	82		1,373	

24c. Age:	2020		2021		Comparator	
	n	%	n	%	n	%
16-20	1	0%	3	1%	45	0%
21-30	82	15%	84	14%	2,249	18%
31-40	158	30%	152	26%	3,249	26%
41-50	131	24%	160	27%	3,199	26%
51-65	158	30%	178	30%	3,384	28%
66+	5	1%	10	2%	144	1%
Missing	13		13		239	

BACKGROUND INFORMATION (CONTINUED)

25. What is your ethnic group?	2020		2021		Comparator	
	n	%	n	%	n	%
White						
English / Welsh / Scottish / Northern Irish / British	469	88%	518	88%	7,916	64%
Irish	5	1%	8	1%	279	2%
Gypsy or Irish Traveller	0	0%	0	0%	7	0%
Any other White background	14	3%	15	3%	925	8%
Mixed/Multiple ethnic background						
White and Black Caribbean	1	0%	2	0%	68	1%
White and Black African	0	0%	0	0%	58	0%
White and Asian	1	0%	0	0%	80	1%
Any other Mixed / Multiple ethnic background	2	0%	2	0%	146	1%
Asian/Asian British						
Indian	19	4%	28	5%	687	6%
Pakistani	1	0%	0	0%	147	1%
Bangladeshi	0	0%	1	0%	129	1%
Chinese	1	0%	0	0%	130	1%
Any other Asian background	4	1%	6	1%	597	5%
Black/African/Caribbean/Black British						
African	8	1%	3	1%	544	4%
Caribbean	0	0%	0	0%	222	2%
Any other Black / African / Caribbean background	2	0%	2	0%	77	1%
Other ethnic group						
Arab	4	1%	3	1%	80	1%
Any other ethnic background (please specify)	4	1%	4	1%	191	2%
Missing	13		8		226	

BACKGROUND INFORMATION (CONTINUED)

26. Which of the following best describes how you think of yourself?	2020		2021		Comparator	
	n	%	n	%	n	%
Heterosexual or Straight	487	92%	536	92%	11,024	89%
Gay or Lesbian	12	2%	12	2%	355	3%
Bisexual	7	1%	6	1%	187	2%
Other	3	1%	2	0%	54	0%
I would prefer not to say	22	4%	29	5%	742	6%
Missing	17		15		147	

27. What is your religion? Are you...	2020		2021		Comparator	
	n	%	n	%	n	%
No religion	167	31%	177	30%	4,257	34%
Christian	308	58%	344	59%	5,921	48%
Buddhist	3	1%	4	1%	90	1%
Hindu	8	1%	11	2%	441	4%
Jewish	0	0%	1	0%	94	1%
Muslim	9	2%	5	1%	559	5%
Sikh	0	0%	0	0%	52	0%
Any other religion (please specify)	5	1%	12	2%	164	1%
I would prefer not to say	35	7%	30	5%	793	6%
Missing	13		16		138	

28a. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?	2020		2021		Comparator	
	n	%	n	%	n	%
Yes	104	19%	139	24%	2,338	19%
No	433	81%	446	76%	10,006	81%
Missing	11		15		165	

BACKGROUND INFORMATION (CONTINUED)

28b. Has your employer made adequate adjustment(s) to enable you to carry out your work?	2020		2021		Comparator	
	n	%	n	%	n	%
* Yes	36	71%	43	66%	892	71%
* No	15	29%	22	34%	370	29%
No adjustment required	52	50%	72	53%	1,057	46%
Missing	445		463		10,190	
Positive Score	71%	66%	71%			
Negative Score	29%	34%	29%			
Base	51		65		1,262	

Parental / caring responsibilities

29a. Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?	2020		2021		Comparator	
	n	%	n	%	n	%
Yes	218	41%	230	39%	4,672	38%
No	316	59%	360	61%	7,681	62%
Missing	14		10		156	

29b. 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?	2020		2021		Comparator	
	n	%	n	%	n	%
Yes	190	36%	204	35%	3,324	27%
No	339	64%	381	65%	8,929	73%
Missing	19		15		256	

BACKGROUND INFORMATION (CONTINUED)

30a. How many years have you worked for this organisation?	2020		2021		Comparator	
	n	%	n	%	n	%
Less than 1 year	-	-	51	9%	1,317	11%
1-2 years	-	-	81	14%	2,076	17%
3-5 years	-	-	124	21%	2,845	23%
6-10 years	-	-	142	24%	2,300	19%
11-15 years	-	-	67	11%	1,420	11%
More than 15 years	-	-	128	22%	2,404	19%
Missing	-	-	7	-	147	-

30b. When you joined this organisation, were you recruited from outside of the UK?	2020		2021		Comparator	
	n	%	n	%	n	%
Yes	-	-	12	3%	329	3%
No	-	-	432	97%	9,155	95%
Prefer not to say	-	-	1	0%	103	1%
Missing	-	-	155	-	2,922	-

BACKGROUND INFORMATION (CONTINUED)

31. What is your occupational group?	2020		2021		Comparator	
	n	%	n	%	n	%
	Allied Health Professionals / Healthcare Scientists / Scientific and Technical					
Occupational Therapy	21	4%	22	4%	178	1%
Physiotherapy	36	7%	31	5%	281	2%
Radiography	22	4%	14	2%	514	4%
Pharmacy	0	0%	0	0%	375	3%
Clinical Psychology	10	2%	12	2%	82	1%
Psychotherapy	0	0%	0	0%	19	0%
Operating Department Practitioner	8	2%	14	2%	124	1%
Other qualified Allied Health Professionals (e.g. dietetics, speech and language therapy)	12	2%	11	2%	383	3%
Support to Allied Health Professionals (e.g. support worker, therapy helper, therapy assistant or student)	6	1%	14	2%	204	2%
Other qualified Scientific and Technical or Healthcare Scientists	16	3%	23	4%	595	5%
Support to healthcare scientists (e.g. technicians, assistants or students)	4	1%	1	0%	178	1%
Medical and Dental						
Medical / Dental - Consultant	49	9%	48	8%	778	6%
Medical / Dental - In Training	5	1%	4	1%	165	1%
Medical / Dental - Other (e.g. Staff and Associate Specialists / Non-consultant career grade)	7	1%	2	0%	132	1%
Salaried Primary Care Dentists	0	0%	0	0%	0	0%
Ambulance (operational)						
Emergency Care Practitioner	0	0%	0	0%	0	0%
Paramedic	0	0%	0	0%	1	0%
Emergency Care Assistant	0	0%	0	0%	0	0%
Ambulance Technician	0	0%	0	0%	0	0%
Ambulance Control Staff (e.g. call handler, dispatchers, PTS controllers)	0	0%	0	0%	0	0%
Patient Transport Service (e.g. ambulance drivers, support staff)	0	0%	0	0%	5	0%
Public Health						
Public Health / Health Improvement	0	0%	0	0%	29	0%
Commissioning						
Commissioning managers / support staff	0	0%	0	0%	17	0%

BACKGROUND INFORMATION (CONTINUED)

31. What is your occupational group?	2020		2021		Comparator	
	n	%	n	%	n	%
Registered Nurses and Midwives						
Adult / General	99	19%	116	20%	1,874	15%
Mental health	0	0%	6	1%	14	0%
Learning disabilities	2	0%	1	0%	6	0%
Children	0	0%	0	0%	830	7%
Midwives	0	0%	0	0%	104	1%
Health Visitors	0	0%	0	0%	0	0%
District / Community	0	0%	0	0%	2	0%
Other Registered Nurses	6	1%	2	0%	93	1%
Nursing or Healthcare Assistants						
Nursing auxiliary / Nursing assistant / Healthcare assistant	33	6%	48	8%	633	5%
Social Care						
Approved social workers / Social workers / Residential social workers	0	0%	0	0%	7	0%
Social care managers	0	0%	0	0%	2	0%
Social care support staff	0	0%	1	0%	13	0%
Wider Healthcare Team						
Admin & Clerical (including Medical Secretary)	100	19%	105	18%	2,055	17%
Central Functions / Corporate Services (e.g. HR, Finance, Information Systems, Information Technology)	48	9%	54	9%	947	8%
Maintenance / Ancillary (e.g. housekeeping, domestic staff, maintenance, facilities, estates)	7	1%	6	1%	486	4%
General Management						
General Management	22	4%	21	4%	405	3%
Other occupational group (please specify)	11	2%	26	4%	647	5%
Missing	24		18		331	



REPORT TO TRUST BOARD
Date: 3 March 2022

Title	Freedom to Speak Up Guardian Report Quarters 2 and 3 2021/22
Sponsoring Director	Name: Lisa Salter Title: Chief Nurse
Author (s)	Name: Julie Kane Title: Quality Manager & Freedom to Speak Up Guardian
Previously considered by:	<ul style="list-style-type: none"> • Committee None • Group None • Other None
Executive Summary	
<p>The report provides an update on the progress of the role and plans for strengthening current speak up arrangements.</p> <p>The report also highlights concerns raised with the Freedom to Speak Up Guardian during quarters 2 and 3 in 2021/22.</p>	
Related Trust Ambitions	<p>Delete as appropriate:</p> <ul style="list-style-type: none"> • Best practice care • Be recognised as excellent in all we do
Risks associated with this paper	<p>The Freedom to Speak Up Report is a requirement of the National Guardian's Office and CQC regulations.</p> <p>There are a number of risks to having a culture where staff do not feel able to raise concerns. There are potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as reputational risk.</p>
Related Assurance Framework entries	
Equality Impact Assessment completed	No
Any associated legal implications / regulatory requirements?	The Freedom to Speak Up Report is a requirement of the National Guardian's Office and CQC regulations.
Action required by the Board	<ul style="list-style-type: none"> • To consider and note

Revised in July 2018

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S:drive/ExecOfficeCentreMins/FrontSheets

Freedom to Speak Up Guardian Report Quarters Two and Three 2021/22

1. INTRODUCTION

This report provides data, information and updates on the activities undertaken by the Freedom to Speak Up Guardian (FTSUG) during quarters two and three in 2021/22. It includes key highlights from the FTSU October month and data with regards to the numbers and types of concerns raised within divisions and by which professional groups.

The FTSUG plays an important role in supporting an open and transparent ‘speak up’ culture of improvement and learning where speaking up and raising concerns are welcomed. A positive speak up culture is essential to ensuring the organisation is well led.

The FTSUG operates independently, impartially and objectively whilst working in partnership with individuals and groups throughout the organisation. The FTSUG and champion support the organisation to be open, responsive and compassionate to staff members when they speak up.

All staff are encouraged and supported in raising concerns and know their concerns will be acted upon will have a positive impact on patient safety, promote good practice and ensure lessons are learnt.

2. BACKGROUND TO FREEDOM TO SPEAK UP

Following the Mid-Staffordshire inquiry and the Freedom to Speak Up review, Sir Robert Francis QC stated “Poor standards of care can proliferate unless both patients and staff are listened to by the leaders of our health services and their concerns welcomed and acted upon. Speaking up should be the norm, not a dangerous exception to a general practice of keeping one’s head down. Every healthcare leader from ward to board level has to promote a culture where speaking up about legitimate concerns can occur without fear of harassment, bullying or discrimination”. The full review and executive summary are available on via the following link <http://freedomtospeakup.org.uk/the-report>

3. LEADING BY EXAMPLE

One of the key elements of the FTSUG role is to provide independent, impartial and confidential advice and support to staff that raise a concern. The guardian follows the National Guardians Office (NGO) guidance for case recording, concerns categorisation and reporting. The FTSUG reports Trust data nationally to the NGO quarterly.

Each individual including permanent employees, temporary employees, agency workers and volunteers are encouraged to speak up if they feel something is wrong. We want staff to know their concerns will be dealt with in an open and supportive manner because we rely on them to ensure we deliver a safe service and ensure patient safety is not put at risk.

4. FTSU ACTIVITIES IN THE TRUST

In addition to being available to listen and follow up on staff concerns, other activities have been undertaken to raise awareness of Freedom to Speak Up and to encourage cultural change within the Trust.

The FTSUG continues with 'drop in' sessions across the organisation and has circulated the schedule for 2022/23 via the Walton Weekly so staff are aware of when and where the sessions are taking place. The schedule is also available on the trust intranet.

Managers are asked to invite the FTSUG to their team meetings which offers the opportunity for staff to familiarise themselves with the role of the FTSUG and to ask any questions or raise concerns.

Staff members speak up to the FTSUG during their departmental visits and most speak up if they feel their managers are not addressing their concerns. As a result, managers are informed of the need to ensure staff are being listened to, actions are being taken and updates/feedback is given back to those individuals or teams raising their concerns.

Concerns regarding direct threats or concerns to patient safety have not been brought to the FTSUGs attention, although behaviour, skills and communication seem to be the theme of concerns. Addressing the underlying issue of management culture remains a task for leaders of the Trust and HR are supporting managers via a number of routes such as the Building Rapport Programme which includes leadership and coaching courses, resilience training and violence and aggression sessions. The questions we need to ask are:

- How do we develop staff to be fit for management and support them once appointed?
- Do we have enough training, coaching, mentoring?
- Do we expect managers to reflect on their style and skills and allow them to acknowledge their need for development?

Throughout COVID it has been difficult for all staff and the managers roles have been challenging as they have not been able to invest the time they would normally have done with staff. This is clear from the reduction in compliance with PDRs.

The FTSUG meets monthly with the Non-Executive/Executive Leads for Raising Concerns to discuss concerns raised and review progress. She meets with the Head of Business HR and HR Manager for Neurology monthly to discuss concerns, review themes and provide progress updates. Meetings are also scheduled quarterly with the Chair and Chief Executive to keep them apprised of activity.

The FTSUG continues to attend regional meetings throughout the year to keep apprised of national guidance, plans going forward and to share views and learn from peers.

5. SPEAK UP MONTH OCTOBER 2021 #SPEAK UP LISTEN UP FOLLOW UP

A national campaign initiated by the NGO took place throughout October 2021. The FTSUG promoted the 'speak up' role which included 'drop in' sessions, display stands within the main hospital and the Sid Watkins Building, FTSU Survey which was available in paper form and delivered to clinical areas and also via a survey monkey, various raffles/games and encouraging staff members to become an advocate for speaking up.

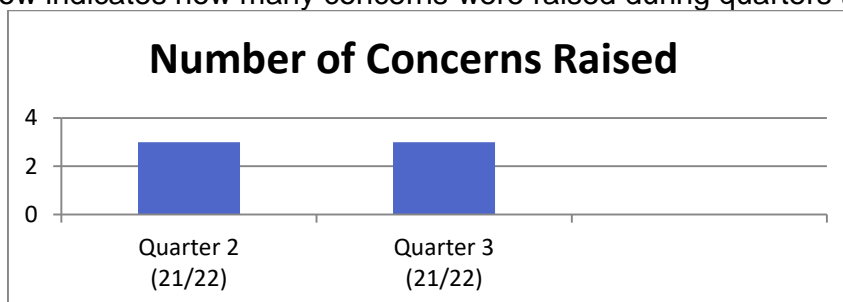
The surveys have been analysed and advocates are being contacted regarding further information and specific training.

6. LOCAL ACTIVITY – Quarters Two and Three 2021/22

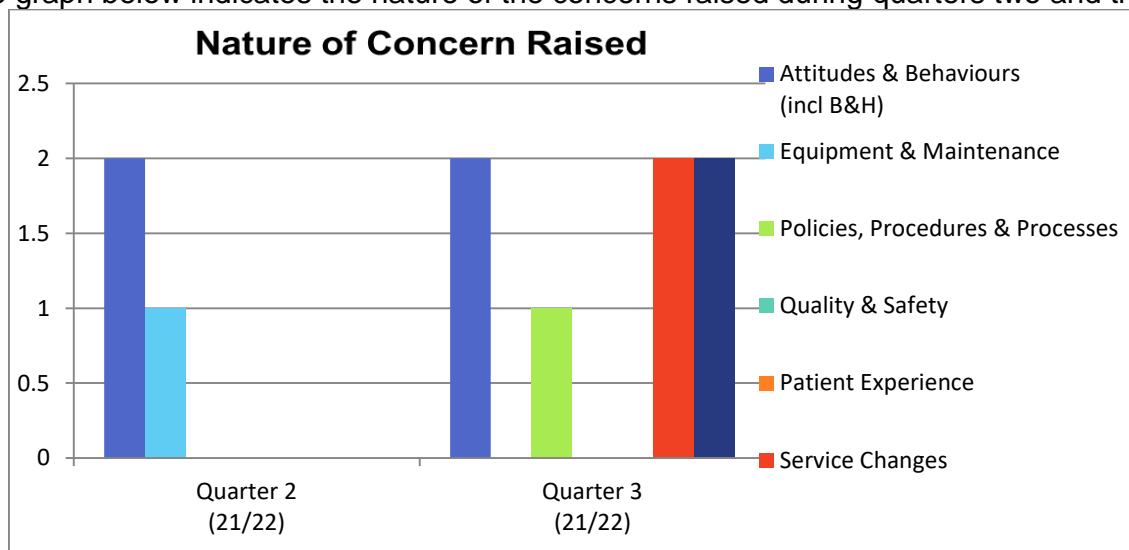
The FTSUG has recorded 6 cases that were raised during this period of reporting. These cases were raised either by staff individually or in a group / team. Some cases were resolved quickly and some remain open and are being followed by the FTSUG.

Concerns were raised by colleagues from two divisions and those raising concerns included administrative staff, clinicians, nurses and AHPs.

The graph below indicates how many concerns were raised during quarters two and three.

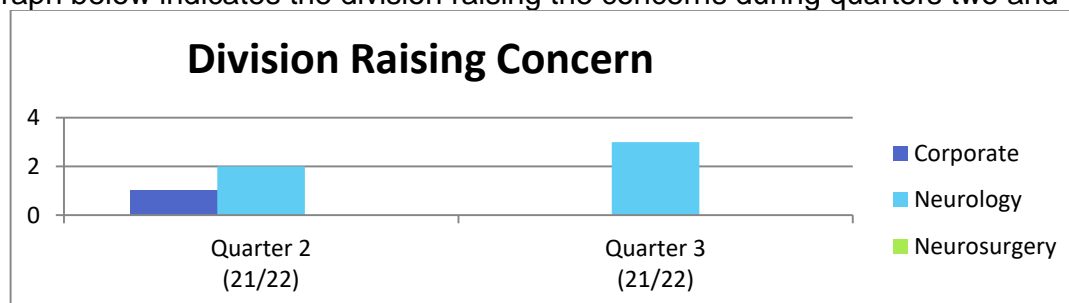


The graph below indicates the nature of the concerns raised during quarters two and three.



Note: Some concerns raised have more than one element and are displayed across a number of categories

The graph below indicates the division raising the concerns during quarters two and three.



Throughout the year staff have met with the FTSUG not only to raise concerns but to seek advice which they found beneficial. The role of the FTSUG/Champion is not to investigate a concern which has been raised or to mediate. Most concerns are resolved locally and by signposting individuals to appropriate personnel. However, further guidance regarding a specific issue is escalated immediately and links are made with the Executive or Non-Executive Leads.

The FTSUG would take the following actions to support cases/concerns raised with them:

- Advice given about how to respond to bullying and harassment
- Confirm what actions were being taken by the division in response to the concern
- Recommendations to contact Occupational Health, NOSS Counselling Service, ViVup, ShinyMind and Staff Side/Union for advice and support
- Provide contact information for the Cheshire and Merseyside Resilience Hub
- Review any recommendations from Mersey Internal Audit Agency following their audit of the exit process

7. SUBMISSIONS TO THE NATIONAL GUARDIAN'S OFFICE (NGO)

The NGO issued a minimum dataset for Trust's to assist with internal and external reporting. Each quarter the FTSUG submits a return to the NGO to enable benchmarking to be undertaken.

The information required is listed below:

- Number of cases raised within the quarter
- Number of cases including an element of patient safety/quality of care
- Number of cases including elements of bullying and harassment
- Number of incidents where the person speaking up may have suffered detriment
- Number of anonymised cases received

The Trust's FTSUG collects information from those who have raised concerns by asking the following questions:

- Given your experience, would you speak up again
- Please explain your above response

Respondents have confirmed they would speak up again and have given positive feedback. Some of the feedback received is below:

- ❖ I would speak up again as I feel confident my concerns were taken seriously
- ❖ Julie is someone independent and trustworthy, I would definitely speak up again if I needed to
- ❖ Could feel the difference within days and things improved out of nowhere
- ❖ I would definitely speak up again as the experience I had I felt completely listened to, treated with respect, and you are so friendly and approachable

8. NATIONAL GUARDIAN'S OFFICE UPDATES & REPORTING

Dr Jayne Chidgey-Clark (clinical leader and registered nurse) commenced in post as the National Guardian for Freedom to Speak Up in the NHS in England on 1st December 2021 following Dr Henrietta Hughes' resignation. Dr Chidgey-Clark has more than 30 years' experience in the NHS, higher education, voluntary and private sectors. Her most recent roles include as non-executive director at NHS Somerset Clinical Commissioning Group.

The National Guardians Office undertakes speak up reviews in organisations to identify learning, recognise innovation and support improvement and ultimately improve the experience of workers, patients and the public. In determining what organisation is reviewed the NGO look at a range of indicators including speak up data, staff engagement such as the NHS staff survey and what information is share with the NGO.

Reviews can be triggered by referrals to the office from individuals. The office also has the discretion to accept referrals from other sources. The office is in the process of developing the way it decides what is reviewed. These changes seek to:

- Allow more workers to inform matters that are reviewed by the office, including workers who may face barriers to speaking up
- Ensure reviews undertaken by the office have the greatest impact on the greatest number of workers by focusing on areas of priority

To date the NGO have carried out nine case reviews and have recently published the collated recommendations which have been grouped thematically and can be viewed via the link https://nationalguardian.org.uk/wp-content/uploads/2021/12/Learning_from_Case_Reviews.pdf The FTSUG, Executive and Non-Executive Leads will undertake a gap analysis and will share their findings following this piece of work.

In addition to this the NGO have published their revised expectations of boards and board members in relation to Freedom to Speak Up and supplementary resources and a self-review tool. The NGO want all trust boards in England to use the self-review tool.

Access to the NGO documents can be obtained via the following links:

- Speak Up Guidance to identify areas for development and improve the effectiveness of their leadership and governance arrangements in relation to Speaking Up [Guidance for NHS trust and NHS foundation trust boards on Freedom to Speak Up](#)
- Speak Up Supplementary Information (accompanies Guidance document above) [Freedom to Speak Up supplementary information](#)
- Freedom to Speak Up Self-Review Tool – Supports the standards laid out in the guidance. Supports the Trusts review around the eight key lines of enquiry set out in the well-led framework [Freedom to Speak Up self-review tool](#)

9. NEXT STEPS FOR THE FREEDOM TO SPEAK UP GUARDIAN

The below steps continue to be relevant and have been agreed with the Executive Lead for Raising Concerns:

- Continue to raise awareness of the role of the Freedom to Speak Up Guardian
- Attend ward/departamental meetings and ‘drop-in’ sessions to promote speaking up
- Target staff who do not regularly use computers or access the Trust Intranet
- Work with Human Resources and Learning and Development to improve the confidence of managers in responding to concerns raised with them by their staff through the Freedom to Speak Up Guardian. Measured by Feedback survey comparing year on year
- Review the feedback from the exit questionnaire process which is being undertaken by Mersey Internal Audit Agency which is commencing in quarter four
- Review the Trust Intranet system to ensure up-to-date information is readily accessible

- Meet with the Training and Development Team to discuss the promotion and roll out of the National Guardians Office Speak Up E-learning Modules
- Support the Board, if required, to complete the revised National Guardians Office Board Self-Assessment Review

10. RECOMMENDATIONS

The Board is asked to:

Note the work completed across the two quarters by the FTSUG.

Confirm its assurance that the present structure of the Freedom to Speak Up Guardian role supports the Trusts objectives in regard to speaking up about patient and workers safety.

Consider completion of the revised NGO FTSU Self-Review following the publication of the National Guardians Guidance to boards.



**Report to Trust Board
3 March 2022**

Title	Infection Prevention and Control Board Assurance Framework – COVID-19	
Sponsoring Director	Name: Lisa Salter Title: Chief Nurse/DIPC	
Author (s)	Name: Helen Oulton Title: Lead Nurse Infection Prevention and Control	
Previously Considered by	N/A	
Executive Summary:-		
<ol style="list-style-type: none"> 1. The purpose of this report is to outline that there are processes in place to manage the risk of COVID-19 which include the identification of the current gaps and mitigating actions. 2. The report identifies the areas that require review and action to demonstrate areas of high and low assurance and associated mitigation within the Trust. 		
Related Trust Strategic objectives/goals	<u>Goals</u> <input type="checkbox"/> Always Caring	<u>Strategic Objectives</u> X Quality of Care
Risk and Assurance	Risks associated with infection prevention and control will be recorded on divisional and Trust risk registers and monitored via the Infection Prevention & Control Committee	
Related Assurance Framework entries	Risks associated with infection prevention and control will be recorded on divisional and Trust risk registers and monitored via the Infection Prevention & Control Committee	
Are there any associated legal implications / regulatory requirements?	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 CQC Fundamental Standards	
Equality Impact Assessment completed?	N/A	
Action required by the Committee	To acknowledge and discuss	

COVID-19 Infection Prevention and Control Board Assurance Framework

- Version 1.0 of this framework was published on 4 May 2020;
- Version 1.4 - published in October 2020
- Version 1.6 - published in February 2021
- 2nd Version 1.6 - published on 30th June 2021
- Version 1.8 - published 24 December 2021

Key Lines of Enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users</p> <ul style="list-style-type: none"> • A respiratory season/winter plan is in place: • that includes point of care testing (POCT) methods for seasonal respiratory viruses to support patient triage/placement and safe management according to local needs, prevalence, and care services • to enable appropriate segregation of cases depending on the pathogen. • plan for and manage increasing case numbers where they occur. • a multidisciplinary team 	<p>Patient pathways in place and reviewed in line with national guidance.</p> <ul style="list-style-type: none"> • Winter Plan • Chavasse is designated Covid ward with cohorting capacity dependent on number of cases and pathogens • Command and Control oversight and escalation • On admission bed managers' undertake individual risk assessments to identify the risk of infection. • Each area has a documented Environmental risk assessment • Epidemiology updates regarding prevalence each meeting. Weekly ICS Nosocomial data reviewed and attendance at regional and national meetings and webinars • Epidemiology updates regarding 	<ul style="list-style-type: none"> • No POCT available. • Risk Assessments require review 	<ul style="list-style-type: none"> • PCR testing provided by LCL • Meet with Head of Risk & Governance to review with H & S

<p>approach is adopted with hospital leadership, estates & facilities, IPC Teams and clinical staff to assess and plan for creation of adequate isolation rooms/units as part of the Trusts winter plan.</p>	<ul style="list-style-type: none"> • prevalence each meeting • Screening policy for Covid is day 0, 3, 5 and then every 5 days of admission to detect infection in a timely manner as standard. • Increase COVID testing 3 x weekly in the event of rising Covid positivity rate • COVID-19 screening board on all wards 	<ul style="list-style-type: none"> • Due to no electronic lab system within the Walton Centre unable to provide assurance re swab compliance 	
<ul style="list-style-type: none"> • Health and care settings continue to apply COVID-19 secure workplace requirements as far as practicable, and that any workplace risk(s) are mitigated for everyone. 	<ul style="list-style-type: none"> • Policies available regarding social distancing and the use of PPE • Guidance for assessment of those who report difficulties wearing a surgical face mask, this is dealt with on an individual basis • Guidance when outpatients do not wear a face covering • COVID-19 precautions, social distancing and non-compliance - HR Guidance • PPE and Alternatives for Respiratory Protection for COVID-19 	<ul style="list-style-type: none"> • Departments not completing risk assessments or not rating/reviewing them accurately 	<ul style="list-style-type: none"> • IPC are contacted when any staff have difficulties with wearing masks to identify alternatives or movement away from a clinical area/working from home
<ul style="list-style-type: none"> • Organisational /employers risk assessments in the context of managing seasonal respiratory infectious agents are: <ul style="list-style-type: none"> • based on the measures as prioritised in the hierarchy of controls, including evaluation of the ventilation in the area, operational capacity, and 	<ul style="list-style-type: none"> • Infection alerts are on EP2 for all patients with a previous IP alert organism. • Trust COVID -19 policy in line with PHE guidance • Each area has a documented Environmental risk assessment which includes hands, face, space, ventilation. • Covid audits/reviews • Regular opening of windows to improve 	<ul style="list-style-type: none"> • Adherence to Policy • Adherence to guidance/patient compliance • Awaiting installation of dividers in OPD • Limited number of side rooms 	<ul style="list-style-type: none"> • Temperature, hand gel and mask station at main entrances

<p>prevalence of infection/new variants of concern in the local area.</p> <ul style="list-style-type: none"> • applied in order and include elimination; substitution, engineering, administration and PPE/RPE. • communicated to staff. • Safe systems of working; including managing the risk associated with infectious agents through the completion of risk assessments have been approved through local governance procedures, for example Integrated Care Systems. 	<p>ventilation</p> <ul style="list-style-type: none"> • Patient placement guidance • Clear curtains as a physical barrier in ward areas 	
<ul style="list-style-type: none"> • If the organisation has adopted practices that differ from those recommended/stated in 	<ul style="list-style-type: none"> • IPC daily review of clinical areas. • Risk assessments revised and agreed • Peer challenge is encouraged. • Visiting guidance agreed regionally and monitored to minimise any risk. • Both visitors and patients are encouraged to maintain social distancing, wear face masks, regular hand decontamination and keeping the environment uncluttered and clean. • Waste management and PPE stations are in place at all entrances • Other resources include: <ul style="list-style-type: none"> • Posters • Regular Comms • Supportive Intranet • Hand sanitisers widely available to support hand hygiene • Matrons checklist • IPC visits • Visibility from senior leaders and IPCT • NOT APPLICABLE 	

<p>the national guidance a risk assessment has been completed and it has been approved through local governance procedures, for example Integrated Care Systems.</p>			
<ul style="list-style-type: none"> If an unacceptable risk of transmission remains following the risk assessment, the extended use of Respiratory Protective Equipment (RPE) for patient care in specific situations should be considered. 	<ul style="list-style-type: none"> PPE is worn according to PHE guidelines Staff are fit tested or considered for Hoods. All staff receive IPC on mandatory induction/clinical health and safety. Donning and doffing training There are posters displayed in all clinical areas on IPC measures and guidance. The Matrons check list supports audit of staff. Training compliance is monitored by observational visits, training compliance and audit. 	<ul style="list-style-type: none"> Reduction in mandatory training compliance 	
<ul style="list-style-type: none"> Ensure that patients are not transferred unnecessarily between care areas unless there is a change in their infectious status, clinical need, or availability of services. 	<ul style="list-style-type: none"> Screening/swabbing policies and SOPs are in place for clinical pathways e.g. pre-op/elective and emergency in place patient placement guidance Patient admissions to appropriate ward as per place patient placement guidance 	<ul style="list-style-type: none"> Potential asymptomatic patients may be in incubation phase, therefore risk of infecting other patients. Lack of assurance with swabbing compliance Screening data quality sub-optimal Significant number of patient moves often within the same ward 	<ul style="list-style-type: none"> Contact tracing in place for patients who have been exposed to positive patients Re-admission policy of previous COVID + ve patients Swabbing policy for day 0, 3 and 5 and thereafter every 5 days. Increased screening 3 x weekly in response to rising Covid cases

<ul style="list-style-type: none"> The Trust Chief Executive, the Medical Director or the Chief Nurse has oversight of daily sitrep in relation to COVID-19, other seasonal respiratory infections, and hospital onset cases 			<ul style="list-style-type: none"> Patients with COVID symptoms are transferred to Chavasse ward a designated area. Meet with Bed Manager and Matrons to discuss education re: patient movement
<ul style="list-style-type: none"> There are check and challenge opportunities by the executive/senior leadership teams of IPC practice in both clinical and non-clinical areas. 	<ul style="list-style-type: none"> Daily data submissions via the daily nosocomial sitrep are signed off by the Chief executive or Chief nurse who is the Director of Infection prevention and Control (DIPC) BI receive all covid + lab reports and will pull through alerts entered on PAS/check with IPT 		<ul style="list-style-type: none"> Concerns raised by staff and those identified by the SNT are shared with staff at the time of the walk round and learning opportunities identified shared with the wider team
<ul style="list-style-type: none"> Resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors). 	<ul style="list-style-type: none"> Senior Nurse Management Team complete monthly walk rounds of wards and departments across the trust on a Monthly basis. Executive team carry out monthly walkabout and feedback, update provided to Quality board Chief Nurse chairs infection prevention and control committee and carries out walkabouts challenging any practice observed Additional funding provided IPC team Perfect ward role out Revised role of matrons 		

<ul style="list-style-type: none"> The application of IPC practices within this guidance is monitored, e.g.: <ul style="list-style-type: none"> hand hygiene. PPE donning and doffing training. cleaning and decontamination. 	<ul style="list-style-type: none"> Social distancing guidelines available with associated posters, leaflets and floor stickers COVID PPE guidelines reflecting UKHAS recommendations for all areas Register of staff training for fit testing IPC Audit program Daily IPC escalation Visual aids of PPE guidance patients/staff Audit Safety huddle notes IPC policies/guidance Support and advice by the IPC Team. IPC audit programme Weekly Covid prevalence audit 	<ul style="list-style-type: none"> No staff competencies for PPE (DONNING AND DOFFING) Non-compliance with policy 	<ul style="list-style-type: none"> Perfect ward to be implemented February/March 2022
<ul style="list-style-type: none"> The IPC Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board; 	<ul style="list-style-type: none"> BAF is reviewed and updated and shared with IPCC/Quality Committee prior to presenting to the Board. 		<ul style="list-style-type: none"> Completion is monitored by the IPCC Reviewed by Deputy chief nurse and approved by Chief nurse
<ul style="list-style-type: none"> The Trust Board has oversight of ongoing outbreaks and action plans; 	<ul style="list-style-type: none"> DIPC included in minutes from outbreaks. Outbreak updates delivered by the lead for IPC IPC r IPC reports to Board 		<ul style="list-style-type: none"> Outbreak updates within IPC reports at monthly IPCC meeting Outbreaks discussed
<ul style="list-style-type: none"> The Trust is not reliant on a particular mask type and ensure that a range of predominantly UK Make FFP3 masks are available to users as required. 	<ul style="list-style-type: none"> National supply of FFP3 masks limited and unable to stipulate the model and manufacture of mask required locally The Trust has provision to ensure that staff are fit tested and that there is sufficient supply and resilience 	<ul style="list-style-type: none"> Staff may not be tested on more than one mask 	<ul style="list-style-type: none"> There is a plan/programme in place to address this (including the recruitment of additional fit testers) led by Risk & Governance

Key Lines of Enquiry	Evidence	Gaps in Assurance	Mitigating Actions
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
<ul style="list-style-type: none"> The Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness and this plan is monitored at board level 	<ul style="list-style-type: none"> Standards will be fully implemented by April 2022 in line with national guidance by Soft FM service provider in line with Trust IPCT agreement of all clinical & non clinical FR ratings Place Lite undertaken January 2022 IPC reports to Quality Committee which feeds up to Trust Board 		
<ul style="list-style-type: none"> The organisation has systems and processes in place to identify and communicate changes in the functionality of areas/rooms 	<ul style="list-style-type: none"> Contract Mobilisation meetings in place with Trust and Soft FM service provider Daily safety huddle Walton weekly Bed repurposing action tracker 		
<ul style="list-style-type: none"> Cleaning standards and frequencies are monitored in clinical and non-clinical areas with actions in place to resolve issues in maintaining a clean environment. 	<ul style="list-style-type: none"> E&F audit programme IPC audit programme ISS reports to IPCC Escalation to Senior Facilities Manager or Head of Facilities Star ratings in sight and updated appropriately 		
<ul style="list-style-type: none"> Increased frequency of cleaning should be incorporated into the environmental decontamination 	<ul style="list-style-type: none"> OCG minutes Enhanced cleaning of 3 x day is instigated on wards where there are clusters/outbreak of infection identified. Terminal cleaning checklist for signing 	<ul style="list-style-type: none"> Availability of domestic staff/staff absence 	<ul style="list-style-type: none"> Review and prioritise areas to redeploy staff with ISS ISS staff providing additional hours

<p>schedules for patient isolation rooms and cohort areas.</p>	<ul style="list-style-type: none"> off the required standards of cleaning Clean trace in use Additional staff employed to provide cleaning in excess of 3 times per day for all high touch areas Decontamination variation submissions 		<ul style="list-style-type: none"> Housekeepers added to NHSP Cleaning guidance reviewed to provide assurance that all areas are cleaned as per National guidelines and local risk assessments
<ul style="list-style-type: none"> Where patients with respiratory infections are cared for: cleaning and decontamination are carried out with neutral detergent or a combined solution followed by a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) are consulted on this to ensure that this is effective against enveloped viruses. 	<ul style="list-style-type: none"> Cleaning is carried out with combined detergent/chlorine based products as per national guidance. IPC Trust policy and procedures/flow charts. Decontamination policy. 		<ul style="list-style-type: none"> Cleaning products discussed and agreed with ISS in non/low risk Covid areas
<p>A terminal/deep clean of inpatient rooms is carried out:</p> <ul style="list-style-type: none"> following resolutions of symptoms and removal of 	<ul style="list-style-type: none"> IPC team visit the wards to carry out spot checks and provide guidance. Touchpoints are being attended to constantly as a `clean as you go`. Disinfectant wipes available as stock 	<ul style="list-style-type: none"> Staff are unclear regarding responsibilities for cleaning e.g. housekeeper/nursing/ISS 	<ul style="list-style-type: none"> Guidance developed to ensure staff know their responsibilities in cleaning of shared equipment.

<ul style="list-style-type: none"> • precautions. when vacated following discharge or transfer (this includes removal and disposal/or laundering of all curtains and bed screens); 	<ul style="list-style-type: none"> • items and monitored. • Appropriate waste management systems are in place and audited by E&F • Matron checks • IPC audit • Cleaning information shared. • Hydrogen Peroxide Vapor cleaning utilised. 	<ul style="list-style-type: none"> • Shortfall in domestic provision • No domestic cover on a late shift 	<ul style="list-style-type: none"> • Walk rounds of the wards with supervisor and matrons/IPC to review standards and agree actions. • IPC audits monitoring standards reported to IPCC • Standards of cleaning concerns escalated to local supervisor to address • Hydrogen Peroxide Vapor cleaning utilised. • UV light cleaning utilized when necessary • Late shift cover Incorporated into new domestic services within Soft FM contract due to commence on 1/4/22
<ul style="list-style-type: none"> • A terminal/deep clean of inpatient rooms is carried out: following resolutions of symptoms and removal of precautions. 	<ul style="list-style-type: none"> • IPC Trust policy and procedures/flow charts. Decontamination policy. • Terminal cleaning checklist • UV light cleaning utilized when necessary • Disinfection wipes in use effective against Coronaviruses. 	<ul style="list-style-type: none"> • Rooms not cleaned to standard required. • Variability in standards of cleaning. • Delays can occur due to availability and demand on ISS 	<ul style="list-style-type: none"> • Terminal clean procedure checked following completion by ward manager or equivalent • Standards of cleaning concerns escalated to local supervisor to address
<ul style="list-style-type: none"> • a minimum of twice daily 	<ul style="list-style-type: none"> • Decontamination equipment guidelines. 		

<p>cleaning of:</p> <ul style="list-style-type: none"> • patient isolation rooms • cohort areas • Donning & Doffing areas • 'Frequently touched' surfaces, e.g. door/toilet handles, patient call bells, overhead tables and bed rails; where there may be higher environmental contamination rates, including: toilets/commodes particularly if patients have diarrhoea. 	<p>Increased cleaning in line with national guidance using combined detergent & chlorine disinfectant.</p> <ul style="list-style-type: none"> • Additional cleaning implemented at ward level provided by staff and ISS • Enhanced cleaning including touch points is in place and monitored. • IPC team visit the wards to carry out spot checks and provide guidance. • Touchpoints are being attended to constantly as a `clean as you go`. • Disinfectant wipes available 		
<ul style="list-style-type: none"> • following an AGP if room vacated (clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room). 	<ul style="list-style-type: none"> • Covid polices/guidance 		
<p>Reusable non-invasive care equipment is decontaminated:</p> <ul style="list-style-type: none"> • between each use • after blood and/or body fluid contamination • at regular predefined intervals as part of an equipment cleaning protocol 	<ul style="list-style-type: none"> • Decontamination policy • Medical Devices policy • Matron checks 	<ul style="list-style-type: none"> • Decontamination form may not be completed before sending equipment for servicing or repair 	

<ul style="list-style-type: none"> • before inspection, servicing or repair equipment 	<ul style="list-style-type: none"> • Compliance with regular cleaning regimes is monitored including that of reusable patient care equipment. 		<ul style="list-style-type: none"> • Clean Trace • Matron audit • Housekeeper checklist • ISS audit • IPC audit • Spot checks 		<ul style="list-style-type: none"> • Testing is completed by the IPC Team in areas where patients with infections are nursed to test the efficacy and effectiveness of the cleaning. • Audits of cleaning standards completed
<ul style="list-style-type: none"> • As part of the Hierarchy of controls assessment: ventilation systems, particularly in, patient care areas (natural or mechanical) meet national recommendations for minimum air changes refer to country specific guidance. In patient Care Health Building Note 04-01: Adult in-patient facilities. 	<ul style="list-style-type: none"> • Almost all in-patient areas are designed for natural ventilation and do not rely on mechanical methods 			<ul style="list-style-type: none"> • The Trust does not have a Ventilation Group 	<ul style="list-style-type: none"> • Proposal to convert Water Safety Group to Water and Ventilation Safety as many of the same people required for both.
<ul style="list-style-type: none"> • The assessment is carried out in conjunction with organisational estates teams and or specialist advice from ventilation group and or the organisations, authorised engineer. 	<ul style="list-style-type: none"> • The Trust has appointed a Authorising Engineer (ventilation) and who will be involved in ventilation assessments & strategy moving forward as well as periodic attendance at ventilation group 				

<ul style="list-style-type: none"> A systematic review of ventilation and risk assessment is undertaken to support location of patient care areas for respiratory pathways 	<ul style="list-style-type: none"> As above 		
<ul style="list-style-type: none"> Where possible air is diluted by natural ventilation by opening windows and doors where appropriate 	<ul style="list-style-type: none"> Regular opening of window/doors encouraged 	<ul style="list-style-type: none"> Practice varies Patient complaints 	
<ul style="list-style-type: none"> Where a clinical space has very low air changes and it is not possible to increase dilution effectively, alternative technologies are considered with Estates/ventilation group. 	<ul style="list-style-type: none"> This will be discussed with AE and ventilation group 		
Key Lines of Enquiry	Evidence	Gaps in Assurance	Mitigating Actions
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
<ul style="list-style-type: none"> Systems and process are in place to ensure: Arrangements for antimicrobial stewardship are maintained Previous antimicrobial history is considered The use of antimicrobials is managed and 	<ul style="list-style-type: none"> The Trust has a antimicrobial pharmacist Anti-microbial guidance is provided to junior doctors at induction Antimicrobial ward round – virtual if required. Microbiology advice available 24/7 Antimicrobial audits presented to IPCC IPC surveillance 	<ul style="list-style-type: none"> Inconsistency in ward rounds Medical input variable 	<ul style="list-style-type: none"> Clinical engagement Clinical Director review Review of processes

<ul style="list-style-type: none"> monitored: to reduce inappropriate prescribing. to ensure patients with infections are treated promptly with correct antibiotic. 	<ul style="list-style-type: none"> Minutes of Antimicrobial stewardship meetings 		
<ul style="list-style-type: none"> Mandatory reporting requirements are adhered to and boards continue to maintain oversight 	<ul style="list-style-type: none"> The Director of Infection Prevention and Control reports to Execs weekly and Board Quarterly. Chief Pharmacist report to Quality Committee. Annual IPC report to Board. Incidents are monitored through Antimicrobial stewardship group 		
<ul style="list-style-type: none"> Risk assessments and mitigations are in place to avoid unintended consequences from other pathogens. 	<ul style="list-style-type: none"> Medicines optimisation review There is a Trust approved antimicrobial formulary 		
<p>Key lines of enquiry</p>	<p>Evidence</p>	<p>Gaps in Assurance</p>	<p>Mitigating Actions</p>
<p>4. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance</p>			
<ul style="list-style-type: none"> Systems and processes are in place to ensure: Visits from patient's relatives and/or carers (formal/informal) should be encouraged and 	<ul style="list-style-type: none"> Trust wide visiting guidance developed based on national/regional guidance. Regional guidance on visiting has been implemented and is on the Trust website. Guidance on the visit and pre and post 	<ul style="list-style-type: none"> Staff not heeding to the guidance. Volunteers allowing patients in a the front door 	<ul style="list-style-type: none"> Guidance on visiting under review national as guidance changes

<p>supported whilst maintaining the safety and wellbeing of patients, staff and visitors</p> <ul style="list-style-type: none"> National guidance on visiting patients in a care setting is implemented Restrictive visiting may be considered appropriate during outbreaks within inpatient areas This is an organisational decision following a risk assessment. 	<p>visit requirements is provided.</p> <ul style="list-style-type: none"> Additional restricted visiting will be implemented if an outbreak occurs as per IPC outbreak management Divisional and trust communications. Social media 		
<ul style="list-style-type: none"> There is clearly displayed, written information available to prompt patients' <ul style="list-style-type: none"> visitors and staff to comply with handwashing, wearing of facemask/face covering and physical distancing. 	<ul style="list-style-type: none"> Mask holders available at all entrances to the hospital with posters asking and informing how to use Posters advertising the requirements for staff and patients and visitors to wear surgical masks at all times Signage at entrances 	<ul style="list-style-type: none"> Patients and visitors are non-compliant with policy 	<ul style="list-style-type: none"> Alternative arrangements are made following a risk assessment for those patients who cannot wear a face mask due to clinical condition Audit patient mask wearing by Matron Clinicians ask and encourage patients to wear a face mask when on ward rounds
<ul style="list-style-type: none"> If visitors are attending a care area with infectious patients, they should be made aware of any infection risks and offered appropriate PPE. This would routinely be an FRSM. 	<ul style="list-style-type: none"> Discussed and recorded in patients notes 		

<ul style="list-style-type: none"> Visitors with respiratory symptoms should not be permitted to enter a care area. However, if the visit is considered essential for compassionate (end of life) or other care reasons (e.g., parent/child) a risk assessment may be undertaken, and mitigations put in place to support visiting wherever possible. Visitors are not present during AGPs on infectious patients unless they are considered essential following a risk assessment 	<ul style="list-style-type: none"> Masks available for patients/visitors who arrive without one Walton Weekly 	<ul style="list-style-type: none"> Covid policy requires updating 	<ul style="list-style-type: none"> Policy to be merged with Respiratory Infection policy
<ul style="list-style-type: none"> Implementation of the Supporting excellence in infection prevention and control behaviors Implementation Toolkit has been considered C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk) 	<ul style="list-style-type: none"> Included in all policies, and standard operating procedures. 		
Key lines of	Evidence	Gaps in Assurance	Mitigating Actions

enquiry	5. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.		
<ul style="list-style-type: none"> Patients with suspected or confirmed respiratory infection are provided with a surgical facemask (Type II or Type IIR) to be worn in multi-bedded bays and communal areas if this can be tolerated. 	<ul style="list-style-type: none"> FRSM provided in all ward areas Posters to inform patients 	<ul style="list-style-type: none"> Patient unable to wear a face covering due to clinical condition Patients refusing to wear mask 	
<ul style="list-style-type: none"> Patients with respiratory symptoms are assessed in a segregated area, ideally a single room, and away from other patients pending their test result. 	<ul style="list-style-type: none"> Admitted or transferred to Chavasse 	<ul style="list-style-type: none"> Potential delay in transfer 	
<ul style="list-style-type: none"> Patients with excessive cough and sputum production are prioritised for placement in single rooms whilst awaiting testing. 	<ul style="list-style-type: none"> Patient placement guidance Covid policy 		
<ul style="list-style-type: none"> Patients at risk of severe outcomes of respiratory infection receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare e.g., priority for single room isolation and risk for their 	<ul style="list-style-type: none"> Self-isolation stepdown guidance considering immune suppressed patients Side room priority includes CEV patients 		

families and carers accompanying them for treatments/procedures must be considered.			
<ul style="list-style-type: none"> Where treatment is not urgent consider delaying this until resolution of symptoms providing this does not impact negatively on patient outcomes. 	<ul style="list-style-type: none"> Patient placement pathway Consultant review of patient e.g. risks/benefits 		
<ul style="list-style-type: none"> Face masks/coverings are worn by staff and patients in all health and care facilities. 	<ul style="list-style-type: none"> In place and monitored. 	<ul style="list-style-type: none"> Patients may refuse to wear mask Staff compliance 	<ul style="list-style-type: none"> Weekly Covid audit
<ul style="list-style-type: none"> Where infectious respiratory patients are cared for physical distancing remains at 2 metres distance. 	<ul style="list-style-type: none"> Bed spaces 2 metres apart measured from the middle of the bed where the patient would lie 	<ul style="list-style-type: none"> Socially distanced bed are in continual use 	<ul style="list-style-type: none"> Clear curtains in inpatient areas
<ul style="list-style-type: none"> Patients, visitors, and staff can maintain 1 metre or greater social & physical distancing in all patient care areas; ideally segregation should be with separate spaces, but there is potential to use screens, e.g., to protect reception staff. 	<ul style="list-style-type: none"> In place as part of the IPC and Covid management pathways, i.e. Red, Amber and Green. Screens in reception areas 	<ul style="list-style-type: none"> Awaiting installation in OPD 	<ul style="list-style-type: none"> Chairs spaced appropriately
<ul style="list-style-type: none"> Patients that test negative 	<ul style="list-style-type: none"> Standard operating procedures and 	<ul style="list-style-type: none"> Delay or omissions in 	

<p>but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly.</p> <ul style="list-style-type: none"> Isolation, testing and instigation of contact tracing is achieved for all patients with new-onset symptoms, until proven negative. Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately. 	<p>policies in place.</p> <ul style="list-style-type: none"> All contacts now screened 3 x week alternate days by PCR, 	<p>testing</p>	
<ul style="list-style-type: none"> Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately. 	<ul style="list-style-type: none"> Screening policy developed for all patients, in patients or out patients. Information available regarding shielding patients 	<ul style="list-style-type: none"> No records kept centrally on how many people present who have COVID symptoms 	<ul style="list-style-type: none"> Patients are asked at the start of their appointment and on admission to the trust if they have symptoms of COVID or if they have been in contact recently with anyone who has COVID
<p>Key lines of enquiry</p>	<p>Evidence</p>	<p>Gaps in Assurance</p>	<p>Mitigating Actions</p>
<p>6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection</p>			
<ul style="list-style-type: none"> Appropriate infection prevention education is provided for staff, patients and visitors. 	<ul style="list-style-type: none"> Training and information leaflets. Signage, social media and advice on internet page When contractors attend site, they undertake a Trust contractor induction process, during which, they are offered specific advice relating to the specific risks associated with their visit. Contractors, currently based permanently on site e.g. James Mercer Group, are offered the same protection 	<ul style="list-style-type: none"> Emergency contractor visits 	<ul style="list-style-type: none"> Contractor induction, where possible

<ul style="list-style-type: none"> • Training in IPC measures is provided to all staff, including: the correct use of PPE including an initial face fit test/and fit check each time when wearing a filtering face piece (FFP3) respirator and the correct technique for putting on and removing (donning/doffing) PPE safely. 	<p>measures as Trust staff.</p> <ul style="list-style-type: none"> • IPC mandated training for all employees. • On line video donning and doffing and latest guidance available on intranet and in clinical areas. • Don/Dof education sessions • Daily monitoring of application of PPE standards. • IPC standards communicated to all contractors. • Policies reviewed and revised to reflect national guidelines • Resources are available on the COVID19 intranet page • Local records available • 	<ul style="list-style-type: none"> • Not all training records are held centrally and not all electronic • Audit required • Gaps in assurance for FITT testing 	<ul style="list-style-type: none"> • Manual records in place , plan for development of BI portal for live recording of training records • New starters who require FITT testing picked up on induction • FITT test Plan in place led by R&G to
<ul style="list-style-type: none"> • All staff providing patient care and working within the clinical environment are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely put it on and remove it 	<ul style="list-style-type: none"> • PPE policy. • Training records. Training video on how to Don and Doff PPE is available for all staff to view. • H&S hold a list of competent Fit Test trainers and Fit tested staff. • Donning and doffing bitesize sessions delivered 	<ul style="list-style-type: none"> • Unable to provide assurance that all staff are trained in donning and doffing 	<ul style="list-style-type: none"> • Observation of PPE protocols completed by IPC team when visiting every ward and advice and support given in real time. • Perfect ward to be introduced March 22 so as a trust we can start providing audit results in real time and have all clinical audits electronic
<ul style="list-style-type: none"> • Adherence to national guidance on the use of PPE is regularly audited 	<ul style="list-style-type: none"> • Practice monitored during walkabout (SNT, IPC and exec) • Matron audits 	<ul style="list-style-type: none"> • Documented evidence of review of staff practices is required 	<ul style="list-style-type: none"> • Competency work stream

<p>with actions in place to mitigate any identified risk;</p>	<ul style="list-style-type: none"> Gloves are worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or in line with SICP's and TBP's. 	<ul style="list-style-type: none"> PPE policy Blood borne virus policy 	<ul style="list-style-type: none"> Hand hygiene competencies required 	<ul style="list-style-type: none"> Introduction of Perfect ward March 22
<ul style="list-style-type: none"> The use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance. 	<ul style="list-style-type: none"> Communications on going posters/trust messages. The trust does not use hand dryers Paper towels available in all visitor toilets Hand hygiene posters displayed above hand hygiene sinks/in bathrooms to advise staff and patients/visitors on how to correctly wash and dry hands. Posters on visitor's toilets regarding the need for hand hygiene following using the toilet. 			
<ul style="list-style-type: none"> Staff maintaining physical and social distancing of 1 metre or greater wherever possible in the workplace 	<ul style="list-style-type: none"> Social distancing guidelines available Guidance written and verbal to all staff regarding staff maintaining social distancing (2m+) when travelling to work (including avoiding car sharing) and remind staff to follow public health guidance outside of the workplace 		<ul style="list-style-type: none"> Rotas introduced to minimise staff attendance when working from home is not an option. Screens provided at receptions to provide separation between patients and staff and in some offices to provide separation between desks. 	

<ul style="list-style-type: none"> Staff understand the requirements for uniform laundering where this is not provided for on site 	<ul style="list-style-type: none"> Staff are aware of the provision where available however the majority of staff launder their own uniform. Staff are aware of the requirement to launder uniforms separately at 60 degrees. There is a dress code policy. Changing facilities have been revisited and match current staff need. 	<ul style="list-style-type: none"> Staff may not wear a uniform. 	<ul style="list-style-type: none"> Scrubs issued to staff who do not wear uniform. Comms issued to staff in relation to laundering.
<ul style="list-style-type: none"> All staff understand the symptoms of COVID-19 and take appropriate action if they or a member of their household display any of the symptoms (even if mild) in line with national guidance. To monitor compliance and reporting for asymptomatic staff testing 	<ul style="list-style-type: none"> Comms circulated from silver and via comms are timely and cascaded. SOP Covid return to work guidance Fit to work checklist Covid line Guidance and the intranet share point is updated and distributed through Silver/Risk & Governance when any changes are made. LAMP testing uptake data All Covid related absence recorded on ESR and reported daily or on agreed days via Safety huddle 	<ul style="list-style-type: none"> Staff do not follow guidance Staff attend work with symptoms Staff are not aware of symptoms Uptake of LAMP testing 	<ul style="list-style-type: none"> IPC advice Covid line Daily Safety huddle Staff are asked at every safety huddle if they have had symptoms – low threshold Lessons learnt resulting from staff absences /outbreaks when staff have attended work with symptoms is shared with Teams Encouraged via safety huddle
<ul style="list-style-type: none"> There is a rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and 	<ul style="list-style-type: none"> Covid data portal on Minerva IPC review of results Regional/national webinar/meeting 	<ul style="list-style-type: none"> Outbreak may not be detected at an early stage e.g. patients discharged 	

<p>patients/individuals).</p> <ul style="list-style-type: none"> Positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported. 	<ul style="list-style-type: none"> All positive cases have a case or cluster review in line with national guidance Outbreaks - 2 cases or more linked or unknown transmission/contact are reviewed daily OCG implemented. Minutes of OCG Major outbreak plans are in place supported by Gov.uk publications, UKHAS guidance, NHSE/ communications. 	<ul style="list-style-type: none"> Review & dissemination of lessons learnt 	
<p>Key lines of enquiry</p>	<p>Evidence</p>	<p>Gaps in Assurance</p>	<p>Mitigating Actions</p>
<p>7. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people</p>			
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> That clear advice is provided, and monitoring is carried out of inpatients compliance with wearing face masks (particularly when moving around the ward or healthcare facility) providing it can be tolerated and is not detrimental to their (physical or mental) care needs. 	<ul style="list-style-type: none"> Posters in place Monitored by IPC daily review and highlighted to staff 	<ul style="list-style-type: none"> Patients non-compliant 	

<ul style="list-style-type: none"> Separation in space and/or time is maintained between patients with and without suspected respiratory infection by appointment or clinic scheduling to reduce waiting times in reception areas and avoid mixing of infectious and non-infectious patients. 	<ul style="list-style-type: none"> Risk assessments completed on all patients on admission or for outpatient appointments. 		<ul style="list-style-type: none"> Awaiting installation of screens in OPD Patient appointment Rescheduled if necessary
<ul style="list-style-type: none"> Patients who are known or suspected to be positive with a respiratory pathogen including COVID-19 where their treatment cannot be deferred, their care is provided from services able to operate in a way which minimise the risk of spread of the virus to other patients/individuals. 	<ul style="list-style-type: none"> Ward RAG rating for placement of patients and pathways and risk assessments available to implement these robustly. All patients have individual rooms for isolation/or cohorted IPC guidance, policy and SOPs are all revised, approved and implemented in line with national guidance in managing patient access to care provision safely. Management of patient placement pathway Isolation policy 	<ul style="list-style-type: none"> Limited availability of side rooms on general wards Not all side rooms or cohort areas have en-suite facilities. 	<ul style="list-style-type: none"> Designated toilet for patients with known or suspected infections Management regularly communicated to their teams about the need to open windows to introduce fresh air into areas without mechanical ventilation
<ul style="list-style-type: none"> Ongoing regular assessments of physical distancing and bed spacing, considering potential 	<ul style="list-style-type: none"> Chavasse respiratory isolation ward and can increase bed base to become admission ward for contacts/patients with respiratory infections 		

<p>increases in staff to patient ratios and equipment needs (dependent on clinical care requirements).</p>	<ul style="list-style-type: none"> • Cohort areas are identified when no single rooms are available • Staffing reviewed daily 		
<ul style="list-style-type: none"> • Standard infection control precautions (SIPC's) are used at point of care for patients who have been screened, triaged, and tested and have a negative result 	<ul style="list-style-type: none"> • IPC guidance, policy and SOPs are all revised, approved and implemented in line with national guidance in managing patient access to care provision safely. 		
<ul style="list-style-type: none"> • The principles of SICPs and TBPs continued to be applied when caring for the deceased 	<ul style="list-style-type: none"> • IPC guidance, policy and SOPs are all revised, approved and implemented in line with national guidance 		
<p>Key lines of enquiry</p>	<p>Evidence</p>	<p>Gaps in Assurance</p>	<p>Mitigating Actions</p>
<p>8. Provide or secure adequate isolation facilities</p>			
<ul style="list-style-type: none"> • There are systems and processes in place to ensure: • Testing is undertaken by competent and trained individuals 	<ul style="list-style-type: none"> • SOP in place for testing, authorised by the Clinical Director, the process has been validated (to UKAS accreditation standard) and staff have been trained appropriately and this has been logged. • LCL guidance on testing and packaging of samples • SOP for staff testing 	<ul style="list-style-type: none"> • Staff are observed; standards of documentation vary regarding competencies 	<ul style="list-style-type: none"> • Laboratory has accreditation and ongoing site visits by external organisations to assess standards, labs are on Aintree /Royal site. SLA in place

<ul style="list-style-type: none"> • Patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance; 	<ul style="list-style-type: none"> • Patient placement guidance based on national and local data • Our trust testing algorithm is based on UKHAS guidance. COVID Screening in place: • Diagnostic testing of patients • Discharge screening of patients to Nursing homes and CRX/WNURU • Screening of elective cancers surgeries • Screening of staff • Screening of admissions • Criteria for rapid testing 	<ul style="list-style-type: none"> • Rapid testing availability is limited • Uptake of LAMP testing • Patients may not be screened at appropriate timeframe 	
<ul style="list-style-type: none"> • Regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available; 	<ul style="list-style-type: none"> • Monitored by Lab and escalated if required 		<ul style="list-style-type: none"> • Difficulty with turnaround times are raised via command and control/safety huddle any exceptions are escalated
<ul style="list-style-type: none"> • Regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data); 	<ul style="list-style-type: none"> • IPC review all COVID positive patients to ensure that they follow the individual patient pathway. • Covid 19 policy 		
<ul style="list-style-type: none"> • Screening for other potential infections takes place 	<ul style="list-style-type: none"> • All admissions are screened in line with the local screening guidance. <ul style="list-style-type: none"> • Routine diagnostics operational in lab • Systems and SOPs exist in Laboratory for screening all 	<ul style="list-style-type: none"> • Limited compliance data 	

<ul style="list-style-type: none"> • That those inpatients who go on to develop symptoms of COVID-19 after admission are retested at the point symptoms arise; • That emergency admissions who test negative on admission are retested on day 3 of admission, and again between 5-7 days post admission • That sites with high nosocomial rates should consider testing COVID negative patients daily; • That those being discharged to a care home are tested for COVID-19 48 hours prior to discharge (unless they have tested positive within the previous 90 days) and result is communicated to receiving organisation prior to discharge; • That patients being 	<p>alert organisms (e.g. MRSA, VRE, C-difficile, CPE, etc</p> <ul style="list-style-type: none"> • Screening policy available that includes • All patients being screened on admission, regardless of symptoms or not. • Patients are screened again on day 3, day 6 and then every 5 days. • Those patients that go onto develop symptoms are screened immediately. • During periods of high nosocomial transmission screening frequencies are discussed by a MDT team • Patients discharged to a care home are tested for COVID-19 48 hours prior to discharge (unless they have tested positive within the previous • Patient Placement pathway outlines screening and isolation requirements • Patients discharged to a care home are 			

<p>discharged to a care facility within their 10 day isolation period are discharged to a designated care setting, where they should complete their remaining isolation;</p> <ul style="list-style-type: none"> There is an assessment of the need for a negative PCR and 3 days self-isolation before certain elective procedures on selected low risk patients who are fully vaccinated, asymptomatic, and not a contact of case suspected/confirmed case of COVID-19 within the last 10 days. Instead, these patients can take a lateral flow test (LFT) on the day of the procedure as per national guidance. 	<p>tested for COVID-19 48 hours prior to discharge (unless they have tested positive within the previous 90 days)</p>		
<p>Key lines of enquiry</p> <p>9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections</p> <ul style="list-style-type: none"> Systems and processes are in place to ensure 	<p>Evidence</p> <ul style="list-style-type: none"> All IPC Policies and COVID related Policies (including SOPs) are available to all staff via intranet and 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> The guidance re elective screening is under consideration 	<ul style="list-style-type: none"> Meeting to discuss theatre pathways (included screening) 22/2/22 Meeting with Divisions required to discuss further <p>Mitigating Actions</p>
<p>9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections</p>			
<ul style="list-style-type: none"> Systems and processes are in place to ensure 	<ul style="list-style-type: none"> All IPC Policies and COVID related Policies (including SOPs) are available to all staff via intranet and 	<ul style="list-style-type: none"> Staff may not always follow Policies and guidance 	<ul style="list-style-type: none"> Annual mandatory IPC training

<p>that:</p> <ul style="list-style-type: none"> The application of IPC practices are monitored and that resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors). Staff are supported in adhering to all IPC policies, including those for other alert organisms. Safe spaces for staff break areas/changing facilities are provided. 	<p>these are also cascaded when first ratified by communications</p> <ul style="list-style-type: none"> Mandatory health and safety training Induction training Ward manager meetings / IPC Committee / PNF Staff break areas have been reviewed by Estates and number of staff at any one time is on the door 	<ul style="list-style-type: none"> Staff may not always view the intranet Staff break areas are limited in size Staff may not comply with guidance Limited changing rooms for staff 	<ul style="list-style-type: none"> Add hoc learning sessions take place with staff as and when required Refer to appropriate policy during education sessions, signpost to intranet page PC reviews Matron checks Safety huddle
<ul style="list-style-type: none"> Robust policies and procedures are in place for the identification of and management of outbreaks of infection. This includes the documented recording of an outbreak. 	<ul style="list-style-type: none"> All OCG meetings recordings and minutes. Command structure. COVID -19 policy PPE posters COVID 19 intranet page Communicated via Command and Control/daily COVID-19 comms 		<ul style="list-style-type: none"> Safety huddles Links available on the intranet Discussion at Trust safety huddle Staff support and education Mandatory Health and Safety
<ul style="list-style-type: none"> All clinical waste 	<ul style="list-style-type: none"> Waste disposal policy based on 	<ul style="list-style-type: none"> Waste contractor 	<ul style="list-style-type: none"> Safety huddles

<p>related to confirmed or suspected COVID19 cases is handled, stored and managed in accordance with current national guidance</p> <ul style="list-style-type: none"> • PPE stock is appropriately stored and accessible to staff who require it 	<p>national standards.</p> <ul style="list-style-type: none"> • Covid 19 policy • Waste audits • Health and safety committee minutes <ul style="list-style-type: none"> • Stock issues and receipts are managed electronically any concerns escalated at trust daily safety huddle • PPE stocks are topped up • PPE Distribution Hubs have been created to manage regionally and control the distribution of those PPE items in limited supply (specifically FFP3 masks) whilst ensuring staff have access to PPE when required. 	<p>cannot meet unprecedented demand.</p> <ul style="list-style-type: none"> • Staff do not follow the policy • Non-compliance to correct waste segregation <ul style="list-style-type: none"> • Stock deliveries via the national PPE Dedicated Distribution channel are regular. • Inability to request a preferred manufacturer and model of FFP3 masks from the center has meant that there is a requirement for staff to be fit tested on available stock. 	<ul style="list-style-type: none"> • Links available on the intranet • Discussion at Trust safety huddle • Staff support and education • Mandatory Health and Safety <ul style="list-style-type: none"> • CMHP has also established a Mutual Aid programme, and is developing a system to ensure a more equitable distribution of stock across the region based on accurate daily “burn rate” data provided by each trust. • Requests for PPE in very short supply (less than 48 hours in stock) are raised via NSDR (National Supply Disruption Route). Fulfilment rates are variable and dependent on the number of COVID-19 patients being treated and the volume of stock held by the Trust.
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Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Appropriate systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> • Staff seek advice when required from their IPCT/occupational health department/GP or employer as per their local policy. • Bank, agency, and locum staff follow the 	<ul style="list-style-type: none"> • IPC team advice and support • Covid Line/Team • OH if required • Other staff working in high risk areas have been supported through the provision of wellbeing hubs, counselling services, night time welfare calls, distribution of food donations, wellbeing packs and information as well as communications and training 	<ul style="list-style-type: none"> • Adequacy of the risk measures and controls not yet reviewed • Lack of assurance all are completed • Staff do not wish to engage with support 	<ul style="list-style-type: none"> • Ongoing fit testing programme in place by a dedicated team to ensure staff are tested on the current stock. • Any concerns are escalated and also use daily safety huddle • Information has been placed on the intranet and regularly communicated to all staff within the Trust who wishes to access available wellbeing support services. • Trust has health and wellbeing APP
10._Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			

<p>same deployment advice as permanent staff.</p> <ul style="list-style-type: none"> Staff who are fully vaccinated against COVID-19 and are a close contact of a case of COVID-19 are enabled to return to work without the need to self-isolate (see Staff isolation: approach following updated government guidance) 	<p>regarding PPE.</p> <ul style="list-style-type: none"> Information has been placed on the intranet and regularly communicated to all staff within the Trust who wishes to access available wellbeing support services. Return to work guidance/Fit to work checklist 		<ul style="list-style-type: none"> Guidance available on the HR section of the intranet regarding staff shielding, working from home assessments, support for staff shielding returning to work. Advice available for managers and employees on how to manage staff regarding COVID 19. Risk assessments are updated as guidance changes.
<ul style="list-style-type: none"> Staff understand and are adequately trained in safe systems of working, including donning, and doffing of PPE. 	<ul style="list-style-type: none"> IPC mandatory training records Donning and Doffing Training Bite size training session 	<ul style="list-style-type: none"> Staff non compliance Lack of assurance that systems are robust and adhered to Reduced mandatory training compliance across the trust 	<ul style="list-style-type: none"> Perfect ward to be introduced March 22 Walkabouts IPC daily ward reviews
<ul style="list-style-type: none"> Where there has been a breach in infection control procedures staff are reviewed by occupational health. Who will: <ul style="list-style-type: none"> lead on the implementation of systems to monitor for 	<ul style="list-style-type: none"> Breaches that are identified are managed locally by managers and the IPC and SNT/Divisional medical leads/Medical Director as required Covid line Absence monitored by HR and reported through Silver to Gold and safety huddle LUFT provides vaccination hub 	<ul style="list-style-type: none"> Staff may not report breaches Staff may refuse vaccination Data may not be accurate 	<ul style="list-style-type: none"> There is ongoing support, teams meetings, 1-1 conversations regarding vaccination status and availability and access to vaccination

<ul style="list-style-type: none"> illness and absence. facilitate access of staff to antiviral treatment where necessary and implement a vaccination programme for the healthcare workforce lead on the implementation of systems to monitor staff illness, absence and vaccination against seasonal influenza and COVID-19 encourage staff vaccine uptake. Staff who have had and recovered from or have received vaccination for a specific respiratory pathogen continue to follow the infection control precautions, including PPE, as outlined in national guidance. A discussion is had with employees who are in the at-risk groups, including 	<ul style="list-style-type: none"> Antivirals would be available if required via ICS agreed pathways NIMS vaccination database 		
	<ul style="list-style-type: none"> Policies and guidance on intranet Return to work guidance and fit to work checklist Guidelines and risk assessments are available regarding 'Reducing risk for BAME' staff. 	<ul style="list-style-type: none"> Noncompliance with policy Managers may not complete assessment/accurately 	<ul style="list-style-type: none"> Daily safety huddle Queries supported by IPCT and Covid line
	<ul style="list-style-type: none"> Risk assessments are completed by managers for all staff which includes mitigating actions and control measures to protect those 	<ul style="list-style-type: none"> Staff do not complete the risk assessment with their staff 	<ul style="list-style-type: none"> HR support to staff and managers Data on BAME staff and completion of

<p>those who are pregnant and specific ethnic minority groups;</p>	<p>at risk</p>	<ul style="list-style-type: none"> Risk assessments may not be reviewed if staff members health changes 	<p>risk assessments are escalated to senior management to enable them to support managers to complete the risk assessment with their BAME staff and all other staff who fall into the at risk groups.</p>
<ul style="list-style-type: none"> That advice is available to all health and social care staff, including specific advice to those at risk from complications. 	<ul style="list-style-type: none"> Access to Occupational Health Service 		
<ul style="list-style-type: none"> Bank, agency, and locum staff who fall into these categories should follow the same deployment advice as permanent staff 	<ul style="list-style-type: none"> As above 		
<ul style="list-style-type: none"> Vaccination and testing policies are in place as advised by occupational health/public health. 	<ul style="list-style-type: none"> Vaccination and testing polices/guidance in line with national guidance 	<ul style="list-style-type: none"> Noncompliance with testing Refusal of vaccination 	<ul style="list-style-type: none"> There is ongoing support, teams meetings, 1-1 conversations regarding vaccination status and availability and access to vaccination. Access to external

<ul style="list-style-type: none"> • A fit testing programme is in place for those who may need to wear respiratory protection. • Staff required to wear FFP3 reusable respirators undergo training that is compliant with HSE guidance and a record of this training is maintained and held centrally/ESR records. • Staff who carry out fit test training are trained and competent to do so 	<ul style="list-style-type: none"> • All staff wearing FFP3 masks have been fit tested and shown how to wear the mask; a register is being maintained. 	<ul style="list-style-type: none"> • Accredited fit tester training 	<ul style="list-style-type: none"> • All staff needing to wear FFP have been training and training provided on going • All staff re tested if FFP3 masks that they have been fit tested with become unavailable 	<p>consultants to discuss vaccination e.g. Liverpool Women's Hospital</p>
	<ul style="list-style-type: none"> • Not all staff pass the "fit test" 	<ul style="list-style-type: none"> • Staff may fit test staff without completing the competency training 		<ul style="list-style-type: none"> • If staff fail the fit test alternate FFP3 masks are available and used for further testing; if no suitable mask is identified staff are advised not to undertake AGPs. • Fit testing is reported into Silver
				<ul style="list-style-type: none"> • Records kept for all staff who have undertaken the fit testing competency and they are not allowed to 'fit test;' others unless there is evidence they have completed the competency.

<p>different model is used</p>	<ul style="list-style-type: none"> • Fit testing currently taking place to ensure staff have 2/3 choices of mask as per national guidance 	<ul style="list-style-type: none"> • Staff may use the mask that they were not fit tested to • Supply may become compromised 	<ul style="list-style-type: none"> • All staff is given the details of the mask they are fit tested to.
<ul style="list-style-type: none"> • A record of the fit test and result is given to and kept by the trainee and centrally within the organisation • Those who fail a fit test, there is a record given to and held by trainee and centrally within the organisation of repeated testing on alternative respirators and hoods 	<ul style="list-style-type: none"> • Records of staff, masks they have been fit tested against and the mask that they are able to use are stored centrally by the H&S team on the Fit Test Register • Where there is repeated failure or unable to Fit test there are areas including dentistry where positive air pressure hoods are used. 		
<ul style="list-style-type: none"> • That where fit testing fails, suitable alternative equipment is provided. Reusable respirators can be used by individuals if they comply with HSE recommendations and should be decontaminated and maintained according to the manufacturer's instructions. 	<ul style="list-style-type: none"> • Staff are tested on more than one mask, those that fail on all disposables are then tested on reusable half masks, if these fail then the hood is the last option. • Personal issue reusable respirators • Inputted on database • SOP for staff testing • COVID -19 staff support helpline • Return to work assessment • Occupational health • HR COVID policy 	<ul style="list-style-type: none"> • Capacity to test on 3-5 masks • There is no choice of model of FFP3 mask available and therefore the Trust has to use what is delivered. There is the potential to not have the mask that staff are fit tested 	<ul style="list-style-type: none"> • C&M Mutual aid support
<ul style="list-style-type: none"> • Members of staff who fail to be adequately fit tested a discussion 	<ul style="list-style-type: none"> • Return to work assessment • Occupational health 		

<p>should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm</p>	<ul style="list-style-type: none"> • HR COVID policy • Staff who are unable to wear face protection and RPE are where possible re-assigned to other areas as per national guidelines. 	
<ul style="list-style-type: none"> • A documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health 	<ul style="list-style-type: none"> • Managers work closely with Occupational health and HR to ensure that staff that are unable to continue with their current role due to their inability to wear a mask are managed as per agreed guidelines. 	
<ul style="list-style-type: none"> • Following consideration of reasonable adjustments e.g. respiratory hoods, personal re-usable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal record and Occupational health service record 	<ul style="list-style-type: none"> • This record is held in the staff members personal record/Occupational Health record 	<ul style="list-style-type: none"> • Increased demand on occupational health may prevent the capacity to help each member of staff

<ul style="list-style-type: none"> Boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board 	<ul style="list-style-type: none"> BOD receives monthly report on RIDDORs and Serious Incidents 		<ul style="list-style-type: none"> Centrally held records of staff that have been fit tested are available and utilized when investigations are needed as evidence of training.
<ul style="list-style-type: none"> Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance 	<ul style="list-style-type: none"> It is local policy for Staff not to move between different categorised areas to promote patient and staff safety across pathways. Staff are reminded to adhere to IPC policies to minimise risk of transmission of infection. 	<ul style="list-style-type: none"> Shortages of staff may result in unplanned staff movement 	<ul style="list-style-type: none"> Daily safety huddle to discuss staffing and advice. Local risk assessment completed if staff need to move. Staff advised to move down categories not up as the risk reduces Staff advised to change uniform if they have to move during shift It is advised that staff go directly to the ward they have been moved to when they start duty.

<ul style="list-style-type: none"> All staff to adhere to national guidance and are able to maintain 2 metre social & physical distancing in all patient care areas if not wearing a facemask and in non-clinical areas; 	<ul style="list-style-type: none"> Surgical face-masks are provided for all staff in the Trust Social distancing posters are in place across the Trust. Policies available regarding social distancing and the use of PPE Guidance for assessment of those who report difficulties wearing a surgical face mask, this is dealt with on an individual basis Guidance when outpatients do not wear a face covering COVID-19 precautions, social distancing & non-compliance - HR Guidance PPE and Alternatives for Respiratory Protection for COVID-19 			<ul style="list-style-type: none"> Staff are only moved for clinical need and following local risk assessment.
<ul style="list-style-type: none"> Health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone 	<ul style="list-style-type: none"> Risk assessments are available for all departments that are RAG rated once complete. 'COVID-19 Risk Assessment Form' 	<ul style="list-style-type: none"> Departments not completing risk assessments or not rating them accurately Outcomes of risk assessments e.g. number of staff in office will need to be mitigated as no solution identified 		

<ul style="list-style-type: none"> • Staff are aware of the need to wear facemask when moving through COVID-19 secure areas. 	<ul style="list-style-type: none"> • All staff wear FRSM wherever they work, the only time face mask can be removed is when a member of staff is in a room alone 	<ul style="list-style-type: none"> • Noncompliance to policy 	<ul style="list-style-type: none"> • Posters available • Staff work as a team to promote the wearing of face masks at the right time and in the correct manner • Daily safety huddle
<ul style="list-style-type: none"> • Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing 	<ul style="list-style-type: none"> • Policy available for internal track and trace process. • Covid line • Return to work/Fit to work checklist 		<ul style="list-style-type: none"> • Absence rates are monitored via the daily COVID dashboard and discussed at daily safety huddle chaired by chief nurse
<ul style="list-style-type: none"> • Staff who test positive have adequate information & support to aid their recovery and return to work. 	<ul style="list-style-type: none"> • Managers make contact with all staff who are on long term sick with COVID-19 to check on their welfare and establish a predicted time frame to return to work. • Policy available regarding care and management of staff who are shielding that reflects the national guidelines. • All staff who receives a positive result is notified accordingly by text message and support provided by IPC team. Any concerns and questions are addressed and advice is given as requested. Follow up support is also available if required. • Return to Work Standard guidance • Return to work/Fit to work checklist 	<ul style="list-style-type: none"> • Departments not completing risk assessments/fit to work checklist or not rating them accurately 	<ul style="list-style-type: none"> • HR team support to managers

	<ul style="list-style-type: none">• ESR records• Testing provided 7 days per week• Access to psychological support		
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BOARD CYCLE OF BUSINESS 2022-2023

Standing Items	Purpose	Lead	Assurance /Oversight Committee	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
				April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Welcome and apologies		Chair		✓	✓	✓			✓	✓	✓			✓	✓
Minutes of previous meeting	Approve	Chair		✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Matters Arising Action Log	Decision	Chair		✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Chair and CEO Report	Note	CEO		✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Patient Story	Note	CN		✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Strategy (Updates provided by bi-annual review and relevant annual reports)															
Trust Strategy / Updates	Approve/ Note	MID		✓						✓					
Quality & Safety															
Quarterly Governance Report (includes complaints, SI's, H&S)	Note	CN	QC		✓				✓					✓	
Mortality and Morbidity Report	Note	MD	QC			✓				✓				✓	
Complaints and Patient Experience Annual Report	Note	CN	QC				✓								
Guardian of Safe Working Quarterly Report	Note	MD	QC			✓				✓					✓
Freedom to Speak Up Guardian Report	Note	CN	QC/Audit			✓								✓	
Nurse Staffing - Bi-Annual Acuity Review	Note	CN	QC			✓								✓	
Nursing Revalidation Report (Annual)	Approve	CN			✓					✓					
Medical Revalidation Report (Annual)	Approve	MD					✓								
Research, Development & Innovation Annual Report	Note	CPO	RIME												
Safeguarding Annual Report	Note	CN	QC			✓									
Infection Prevention & Control Annual Report	Note	CN	QC		✓										
Medicines Management (Including AO for Controlled Drugs) Annual Report	Note	MD	QC		✓					✓					
Performance															
Integrated Performance Report	Note	CEO	BPC/QC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Staff Survey Results	Note	CPO													✓
Staff Survey Action Plan	Note	CPO	BPC			✓									
National Inpatient Survey	Note	CN	QC			✓									
Regulatory, Guidance or Contractual															
Annual Audit Letter	Approve	CFO	AC			✓									
Annual Governance Statement	Approve	Co Sec	AC			✓									
Annual Report and Accounts	Approve	CFO	AC			✓									
Chairs Annual Review of Fit and Proper Persons	Note	Co Sec			✓										
Equality Diversity & Inclusion Annual Report	Note	CPO				✓									
ERIC Return	Note	COO	BPC			✓									
EPRR Core Assurance Self-Assessment	Approve	COO	BPC			✓									
IPC Board Assurance Framework	Approve	CN	QC			✓								✓	
Major Incident Plan	Approve	COO	BPC			✓									
Medical Education Annual Report	Note	MD	RIME				✓								
Mixed Sex Accommodation; Annual Statement of Compliance	Approve	CN	QC	✓											
Modern Slavery Act Statement	Approve	CN	N/A							✓					
Operational Plan	Approve	COO	BPC	✓											
Quality Account Priorities	Approve	CN	QC											✓	
Quality Account	Approve	CN	QC			✓									
Provider Licence Self Certification (G6, FT4)	Approve	Co Sec	Audit			✓									
Register of Interests	Note	Co Sec	Audit		✓										

Report Date: 23/2/22	Report of: Business Performance Committee	
Date of last meeting: 22/2/22	Membership Numbers: Quorate	
1.	Agenda	<p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Integrated Performance Report January 2022 • Long Waits and Quality Principles update • Transformation and QIP update • Capital Programme update • Finance Planning update • Appraisal Compliance update • Digital Aspirant NHSX update • BPC Effectiveness Review survey • Sela Consignment Agreement • Terms of Reference – Information Governance Security Forum • Chair Reports from 7 subcommittees • Review of BPC priorities
2.	Alert	<ul style="list-style-type: none"> • The initial I&E plan submission for 2022/23 showed a significant deficit based on salient premises. Intensive further work, involving multiple iterations across the ICS would be required over the next 2 months. • The results of the staff Pulse survey (that replaced the previous quarterly staff survey) showed a markedly less favourable view than prior results. Further analysis would be aimed at clarifying if this indicated a real 'like for like' change or related to different methodology. It was noted the response rate was very low.
	Assurance	<ul style="list-style-type: none"> • Performance against cancer and diagnostics standards remained strong. The day case and elective activity met the recovery plan targets but outpatient activity was behind trajectory in January. The Trust's contribution to system ERF targets was met. Waiting lists were 'flat' and the over 52 week waits were now above target, partly due to additional cases from the spinal surgery service transfer to the Walton Centre. • Long waiters were the priority following ICS system-wide quality principles. • Assurance was provided regarding assessment of the clinical appropriateness of patients moved to Patient Initiated Follow-Up (PIFU) scheme. • There was a £110k I&E surplus in January following receipt of ERF income for Q3. A break-even position for the year was now being forecast. The implementation of E-rostering was improving efficiency, resulting in lower bank spend (notwithstanding

		<p>high sickness absence).</p> <ul style="list-style-type: none"> • Reassurance was provided that the capital plan for 2021-22 would be fully achieved (based on detailed spend plan and tracking). This was notwithstanding a large spend (£5.2m) phased over the last 2 months. • The Digital Aspirant project remained compliant with external requirements but was RAG rated amber against internal plans (resource and delivery delays being mitigated). A rollover of £1m to 2022-23 had received external agreement. • Progress against last year's BPC internal improvement plan was reviewed and a further annual effectiveness review would be conducted in March 2022. 			
	Advise	<ul style="list-style-type: none"> • Staff sickness absence had exceeded 10% in January but was now improving. • Completion of appraisals and mandatory training remained well-below target. Sickness and the long haul of the last 2 years coupled with onerous 'paperwork' were highlighted as the primary factors, resulting in low priority being given by some managers. Discussion centered on how vital regular and meaningful staff / manager 1:1s were to provide support to staff. Appraisals were considered to be one visible measure of this. It was considered a priority for managers to make the time for these conversations to take place and was highlighted as a key way to invest in people. • Transformation efforts remained primarily focussed on the bed repurposing project which had slowed down recently due to the heating and pipework project and staff sickness. Examples of a large inventory of future efficiency improvement ideas which were being outlined were shared. These would be worked up into a high level plan to be reviewed by the Committee in April 2022. • The 3 year capital plan was reviewed and rephased reducing bids for 2022-23 in the light of ICS capital constraints. • An inventory of contracts held by the Procurement Department would be presented to the Committee in April 2022 to provide an overview of procurement strategy in terms of materiality, expiry dates and options. • Increased cyber security activity nationally across the NHS to mitigate increased global risk was requiring increased effort locally. • A consignment agreement for the increased value of holding stock (stents and coils for Radiology) was approved. • The business case 'process flow' would be re-circulated in order to avoid duplicate presentations at committees / Board. • The Committee approved the Terms of Reference for Information governance Security forum. • Chair's reports for 6 sub-groups were reviewed. • BPC priorities were reviewed and remained unchanged. 			
2.	Risks Identified	<ul style="list-style-type: none"> • The changes to the capital planning regime meant the level of autonomy for the Trust had been eroded. The level of capital funding was set at HCP level meaning the ability to invest in capital was restricted. There was also a potential shortfall to the capital funding requirements which would need to be mitigated. 			
3.	Report Compiled	<table border="1"> <tr> <td>David Topliffe, Non-Executive Director</td> <td>Minutes available from:</td> <td>Corporate Secretary</td> </tr> </table>	David Topliffe, Non-Executive Director	Minutes available from:	Corporate Secretary
David Topliffe, Non-Executive Director	Minutes available from:	Corporate Secretary			



REPORT TO THE TRUST BOARD
Date 03/03/2022

Title	My Planned Care Patient Platform
Sponsoring Director	Name: Lindsey Vlasman Title: Acting Chief Operating Officer
Author (s)	Name: Lindsey Vlasman Title: Acting Chief Operating Officer
Previously considered by:	<ul style="list-style-type: none"> • Committee (please specify) _____ • Group (please specify) _____ • Other (please specify) _____
Executive Summary	
<p>The purpose of the paper is to provide information to the Trust Board on the new digital system that is due to be implemented nationally across all trusts called My Planned Care Patient Platform and to give assurance that The Walton Centre have engaged with the process and are on track for the implementation date of 31/03/22.</p> <p>My Planned Care Patient Platform is a national work stream as part of the Elective Recovery Programme focused on empowering patients while they are on the elective pathway. Feedback from patients and patient groups has identified the opportunity to better inform, involve, prepare and support patients this platform will enable us to do this.</p>	
Related Trust Ambitions	Delete as appropriate: <ul style="list-style-type: none"> • Best practice care • Research, education and innovation • Advanced technology and treatments • Be recognised as excellent in all we do
Risks associated with this paper	No risks associated with this paper
Related Assurance Framework entries	
Equality Impact Assessment completed	No
Any associated legal implications / regulatory requirements?	No
Action required by the Board	No action required by the Board the paper is to ensure that the trust board have been informed of the My Planned Care Patient Platform initiative due to be implemented by 31/03/22 by NHSE nationally for all trusts

Revised in July 2018

Filepath: S:drive/BoardSecretary/FrontSheets

S:drive/ExecOfficeCentreMins/FrontSheets

Lindsey Vlasman

Acting Chief Operating Officer

24/02/2022

My Planned Care Patient Platform is a national work stream as part of the Elective Recovery Programme focused on empowering patients while they are on the elective pathway. Feedback from patients and patient groups has identified the opportunity to better inform, involve, prepare and support patients.

The web based My Planned Care Patient Platform has been developed at pace to create the opportunity to provide patients with:

- Information specific to a range of conditions to enable a better understanding of supporting their own health while on the waiting list
- Waiting list information to enable people to better understand how long they may be waiting.

The Platform will initially include 137 acute hospital sub-sites where people can find information relating to their elective care. The platform will host local support information developed within each trust ensuring that people have access to guidance and support recommended by local clinicians and approved through each trust's clinical governance processes. It will also include information on the waiting times for each acute provider.

The platform has been designed as an opportunity for patients to have direct access to trust level support offers and amplify the local offers in place. The platform is intended to supplement not supersede any existing support.

To enable patients to be able to see the information that they have been asking for, the site will be populated with provider-developed clinical guidelines for patients over the coming weeks. There is no requirement on systems and providers in relation to the provision of the waiting list information as this is being used as a direct data-feed from established data collections.

Given the importance of the My Planned Care website in supporting people while they wait, the clinical content is to be complete by 31 March 2022.

The initial version of the Platform will be going live on 24 February 2022 to allow providers to begin to populate and at that time will contain a range of national support information for patients and waiting time information for treatment. The team

will be disseminating to all providers the specific web link which can be communicated to patients to direct them to their hospital site to obtain further information.

The Walton Centre has been working closely with NHSE to ensure the correct contact details and clinical information has been provided. The trust communications team have worked up a communications plan for patients and families to be able to access the platform.

Strategic BAME (Black, Asian, Minority Ethnic) Advisory Committee

Terms of Reference

1.0 CONSTITUTION:

- 1.1 The Walton Centre NHS Foundation Trust's (WCFT) Strategic BAME Advisory Committee is constituted as a standing committee of the Board of Directors (BoD). Its constitution and terms of reference shall be as set out below, subject to any future amendment(s) by the BoD.
- 1.2 The Strategic BAME Advisory Committee is authorised by the BoD to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Strategic BAME Advisory Committee.
- 1.3 The Strategic BAME Advisory Committee is authorised by the BoD to instruct professional advisors and request attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its function.
- 1.4 The Strategic BAME Advisory Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

2.0 PURPOSE:

- 2.1 The purpose of the Committee is to provide the Board with assurance that;
 - The ongoing strategic approach to fairness and equality for BAME staff and communities is robust, timely, addresses inequalities and actively promotes inclusion. This includes the impact of COVID-19 for BAME staff and communities.

3.0 DUTIES AND RESPONSIBILITIES:

- 3.1 The duties of the Committee can be categorised as follows;

To inform the development and provide assurance against the following strategies, associated policies, action plans and annual reports:

- People Strategy related to BAME
- Equality, Diversity and Inclusion Vision and work related to BAME
- Workforce and patient population strategies, policies or plans related to BAME staff or communities
- The Trust Strategy in relation to BAME

3.2 BAME Equality:

- a) To agree the Trust-wide ED&I priorities to establish and maintain equality for BAME staff and patients and oversee the development and implementation of those priorities.
- b) Regularly receive updates from the ED&I vision group work and sub group works and the North West Strategic Advisory Committee to enable the committee to understand challenges and opportunities to strengthen equality address inequality and actively promote antiracism moving towards unconscious inclusion.
- c) Review national and regional reports, recommendations and best practice; agree Walton Centres approach and prioritisation of these. Furthermore monitor progress until completion.
- d) To analyse own data to prioritise areas of focus and establish quantitative and qualitative metrics to be able to measure for improvements in relation to BAME staff and patient outcomes.
- e) To consider supporting approaches, services or actions required to realise ambitions and advise the BoD accordingly.

3.3 Policies:

To consider and approve relevant policies, procedures and guidelines in relation to equality, diversity and inclusion related to BAME staff or communities and to escalate to the BoD, with an appropriate recommendation, any that may require approval at that level.

4.0 MEMBERSHIP AND ATTENDANCE

4.1 The Committee will be appointed by the BoD and shall comprise the following membership:

Members:

Dr Elaine Anderson	Consultant Anaesthetist
Jan Ross	Chief Executive (CHAIR)
Mark Foy	Head of Information and Business Intelligence
Jacqui Isaac	Staff side representative
Julie Kane	Quality Manager and Freedom to Speak Up Guardian
Dr Anita Krishnan	Consultant Neurologist, Clinical Director Neurology
Andrew Lynch	Equality and Inclusion Lead
Dr Gashirai Mbizvo	Specialist Registrar
Jane Mullin	Deputy Chief People Officer
Dr Farouk Olubajo	Consultant in Neurosurgery
Su Rai	Non-Executive Director
Ms Elaine Vaille	Head of Marketing and Communications
Mini Saju	SMART Team, ITU
Nasser.Shaikh	EPR Programme Manager
Lindsey Vlasman	Deputy Chief Operating Officer
Ayo Barley	Head of ED&I
Nicola Martin	Deputy Chief Nurse
Lisa Judge	Head of Patient and Family Experience

4.2 Members are expected to attend a minimum of 75% of Committee meetings during each financial year.

4.3 In the event the Chair of the Committee is unable to attend a meeting, the Non-Executive Director or Deputy Chief People Officer will chair the committee.

4.4 Other Officers of the Trust shall attend at the request of the Committee if it is considered appropriate due to the nature of the business being discussed.

4.5 An open invitation exists for all members of the Board of Directors to attend the Committee.

4.6 Quoracy

The Committee will be deemed quorate provided five members are present including:

- At least one Board Member
- At least two BAME members
- At least one clinical member
- At least one corporate member

5.0 RELATIONSHIP WITH THE BOARD OF DIRECTORS, COMMITTEES AND MANAGEMENT GROUPS:

5.1 The Committee will report in writing to the BoD quarterly including a summary of progress and discussion undertaken and make any recommendations to the Trust Board as required.

5.2 The Committee shall maintain an effective relationship with the North West Strategic BAME Committee and the WCFT's ED&I Group/sub groups ensuring information is shared between groups/committees and the committees work compliments the regional and other approaches.

6.0 PROCEDURAL ISSUES:

6.1 Frequency of meetings.

The Committee will normally meet quarterly.

6.2 Additional meetings may be held on an exceptional basis at the request of or to the Chair of the Committee.

6.3 Minutes.

The minutes of meetings shall be formally recorded, checked by the Chair and submitted for agreement at the next meeting.

6.4 Annual Work Programme

The Committee will agree an Annual Work Programme/Cycle of Business, which will be reviewed annually to ensure the Committee is meeting its duties.

6.5 Administration

The Committee shall be supported administratively by the Chief Executive's PA, whose duties shall include: agreement of the agenda with the Chair and collation of papers; producing the minutes of the meeting for checking by the Chair, circulating draft minutes promptly to members once checked and advising the Committee on pertinent areas.

7.0 EQUALITY ACT (2010)

7.1 The Committee will ensure the Trust meets its obligations under the Equality Act 2010 in relation to the remit of the Committee

8.0 REVIEW

8.1 The Committee will evaluate its own membership and review the effectiveness and performance of the Committee on an annual basis. The Committee must review its terms of reference annually and recommend any changes to the BoD for approval.

Approved by Strategic BAME Advisory Committee _____

Approved by Trust Board _____

