NHS
Wirral University Teaching Hospital
NHS Foundation Trust

BOARD OF DIRECTORS IN PUBLIC

BOARD OF DIRECTORS IN PUBLIC

7 May 2025

09:00 GMT+1 Europe/London

AGENDA

1. BOARD OF DIRECTORS IN PUBLIC

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Wirral University Teaching Hospital NHS Foundation Trust

Meeting	Board of Directors in Public
Date	Wednesday 7 May 2025
Time	09:00 – 11:00
Location	Hybrid

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240	18.	Annual Report of the Board of Directors, including Effectiveness Review	David McGovern	Cate Herbert
248	19.	Board Assurance Framework (BAF) – Annual Close Down *(Note later Board Seminar to discuss BAF)*	David McGovern	
	Wallet Items for Information			
270	20.	Cycle of Business	David McGovern	Cate Herbert
	Closing Business			
	21.	Questions from Governors and Public	Sir David Henshaw	
	22.	Meeting Review	Sir David Henshaw	
	23.	Any other Business	Sir David Henshaw	
	Date and Time of Next Meeting			
	Wednesday 4 June 2025, 09:00 – 11:00			

Meeting	Board of Directors in Public
Date	Wednesday 2 April 2025
Location	Hybrid

Members present:

DH	Sir David Henshaw	Non-Executive Director & Chair
SI	Steve Igoe	SID & Deputy Chair
SR	Dr Steve Ryan	Non-Executive Director
CC	Chris Clarkson	Non-Executive Director
LD	Lesley Davies	Non-Executive Director
JH	Janelle Holmes	Chief Executive
JR	Julie Roy	Deputy Chief Nurse (deputising for SW)
RM	Dr Ranj Mehra	Deputy Medical Director
DS	Debs Smith	Chief People Officer
MS	Matthew Swanborough	Chief Strategy Officer
MC	Mark Chidgey	Chief Finance Officer
HK	Hayley Kendall	Chief Operating Officer & Deputy Chief Executive

In attendance:

DM	David McGovern	Director of Corporate Affairs
JC	Jo Chwalko	Director of Integration and Delivery
JJE	James Jackson-Ellis	Corporate Governance Manager
CM	Chris Mason	Chief Information Officer
JL	Jo Lavery	Divisional Director of Nursing & Midwifery (Women's and Children's Division) – item 11
SH	Sheila Hillhouse	Lead Public Governor
RT	Robert Thompson	Public Governor
TC	Tony Cragg	Public Governor

Apologies:

NS	Dr Nikki Stevenson	Medical Director & Deputy CEO
SW	Sam Westwell	Chief Nurse
SL	Sue Lorimer	Non-Executive Director

Agenda Item	Minutes	Action
1	**Welcome and Apologies for Absence** DH welcomed everyone to the meeting. Apologies are noted above.	
2	**Declarations of Interest**	

	No interests were declared and no interests in relation to the agenda items were declared.	
3	**Minutes of Previous Meeting** The minutes of the previous meeting held on the 4 March were **APPROVED** as an accurate record.	
4	**Action Log** The Board **NOTED** the action log.	
5	**Staff Story** The Board received a video story highlighting the approach taken by the Trust in relation to the 2024 NHS Staff Survey through the "it starts with you" campaign. The video story described how 47% of staff completed the survey, noting this was an increase of 9% compared to 2023 and thanked the work of Divisional leads and Divisional connectors for driving this increase. Members welcomed the video story and acknowledged the 9% increase was extremely positive. DS agreed and stated the Estates and Capital Division were the most improved with a 59% turnout. DS added the Board would be provided with a full presentation at the next meeting on the results. The Board **NOTED** the video story.	
6	**Chair's Update** DH provided an update on recent matters and highlighted the Cheshire and Merseyside financial position was a concern and that it was important for the Trust to have a strong improvement journey to highlight. DH made a reference to a telephony company in Birkenhead who were keen to support the Trust in the development of a one Wirral number for patients. MS agreed this was a good opportunity to explore. DH stated shortlisting had taken place for the Joint Non-Executive Director position between WUTH and WCHC and interviews were planned for late April. The Board **NOTED** the update.	
7	**Chief Executive Officer Report** JH reported in February there was two Reporting of Injuries, Diseases and Dangerous Occurrences reported to the Health and Safety Executive. No Patient Safety Incident Investigations were opened under the Patient Safety Incident Response Framework.	

	JH referenced the Prime Minister's announcement on NHS structural reforms, noting NHS England will be abolished and brought back into the Department for Health and Social Care which will take up to two years to complete. JH explained during March NHS England published the annual NHS staff survey results and the Trust achieved a 47% response rate - an increase from 38% last year which reflects the commitment to our staff. JH stated on 9 March the Trust commemorated the COVID-19 day of reflection with two wreath laying ceremonies at Arrowe Park Hospital and Clatterbridge Hospital, marking the fifth anniversary of the pandemic. JH summarised the recent meeting of the Wirral Place Based Partnership Board on 27 March, referencing the Wirral Place Governance Manual, noting this would return in July 2025 with inclusion of the Wirral Provider Collaborative Terms of Reference. LD queried about the Cheshire and Merseyside dental improvement plan discussed at PBPB. MS stated he attended the PBPB meeting and there was a discussion regarding the lack of dental provision across Wirral and the limited number of dentists offering NHS dentistry to new patients. JH stated the Wirral Provider Collaborative will bring all NHS providers on Wirral together to work collectively together to address these issues. The Board **NOTED** the report.	
8	**Integrated Performance Report** RM highlighted the number of patients recruited to NIHR studies had not been met, RM explained the Research and Innovation Team continued to focus on attracting commercial studies and a review of the key performance indicators had been undertaken and presented to Research and Innovation Committee. JR stated C Diff remains above the target of 6 per month, with 10 incidents in February and the second month of reduction. JR added there was 3 category 3 hospital acquired pressure ulcers against a target of 0. JR explained the friends and family test for ED was 76.4%, Outpatients was 92.6%, Maternity and inpatients exceeded the 95% of those that responded were either satisfied or very satisfied with the service.	

	JR explained the number of level 1 concerns had increased and exceeded the threshold of 173 in month, however the number of formal concerns per 1000 staff was below the agreed threshold. JR reported Registered Nurse and Clinical Support Worker staffing fill rates were above the threshold of 90% at nighttime and slightly below during the day. SR queried about the long term plan for a tissue viability nurse. JR stated this role was not currently in place at the Trust and opportunities were being explored through the integration with WCHC. CC queried about the continued increase in informal concerns and if this was a precursor for the formal complaints. JR indicated senior nurse visibility had been increased in order to address informal concerns promptly before a formal complaint was submitted. DS explained sickness absence had improved by 0.7% in February however it remained above target at 5.99% and was an area of concern and focus. DS stated a range of measures continued to remain in place to proactively support the physical health and wellbeing of staff as well as robust line management of managing absences. DH queried about the sickness absence trajectory in 6 months. DS stated she predicted sickness absence would sit slightly above 5% and that achieving below 5% would be challenging in light of the wider structural regional sickness absence context. DH also queried what else could be done to improve the sickness absence position. DS explained the management of sickness absence in line with the Attendance Management Policy was not always applied consistently and further work was required to standardise application. CC commented about the importance of return to work interviews and providing coaching to line managers to ensure proactive prevention. DS proposed to provide at a future Board Seminar the different approaches to address sickness absence, taking examples from internal and external to the NHS. Members agreed with the proposal.	Debs Smith

	The Board **NOTED** the report.	
9	**Committee Chairs Report – Charitable Funds Committee** LD alerted members that the Charity is carrying out preparatory work to launch a new appeal in early 2026 and some fundraising events will continue until December 2025. LD added the Committee requested an impact analysis on other funds, events, and operational costs for the period April 2025 to December 2026. LD further summarised the various advise and assure matters from the Committee meeting on 28 February. The Board **NOTED** the report.	
10	**Committee Chairs Reports – Research and Innovation Committee** DH alerted members that current recruitment to studies remains below the target of 700 and this puts the Trust at risk of reduction/loss of funding from the Regional Research Delivery Network once the new funding model begins from March 2026 DH added there is also a risk of underutilisation of the Wirral Research and Innovation Centre at Clatterbridge. However, there were three studies currently in set up that will utilise this space once open. DH further summarised the various advise and assure matters from the Committee meeting on 6 March 2025. The Board **NOTED** the report.	
11	**Monthly Maternity and Neonatal Services Report** JL provided the perinatal clinical surveillance data linked to quality and safety of maternity services and highlighted there were no areas of concern to raise for February. JL added there were no Patient Safety Investigation Incidents (PSII's), or Newborn Safety Incidents (MNSI) declared in February for maternity services. JL provided an update on the Maternity Incentive Scheme, noting the declaration for year 6 was submitted on time and the Trust is awaiting external verification for Safety Action 1. JL added year 7 was due to be launched in early April. JL reported the position in relation to Saving Babies Lives, noting the Trust achieved 91% compliance against the 6 elements based on evidence as of 31 December 2024. JL added the Trust continues to work towards full implementation.	

	JL referenced the Maternity Programme Online Portal and the gap analysis of this, noting the Trust remained in the same RAG rated position as fully compliant. SR commented about the MBRACE perinatal mortality report, indicating the Trust had previously been an outlier in regard to still births and neonatal deaths and this position had improved and queried if there were any emerging issues form the recent report. JL stated this year the Trust was not an outlier and there were no emerging issues. JL recapped the previous year those expectant mothers experienced a longer latent stage of labour and had been at home for longer periods of time. Members thanked JL and the team for their continued hard work. The Board: • **NOTED** the report. • **NOTED** the Perinatal Clinical Surveillance Assurance report. • **NOTED** the summary of Maternity Incentive Scheme Year 7. • **NOTED** the progress of the Trust's position with Maternity Incentive Scheme and Saving Babies Lives v3. • **NOTED** the position with the MPOP and NETS feedback report.	
12	**Learning from Deaths Report Q3 2024/25** RM summarised the report, highlighting the Trust's Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) continued to be within the expected range of mortality data for the reporting period. RM stated there had been a rise in HSMR from the previous quarter and this was due to a new methodology HSMR+ being used and this increase was expected. RM explained the Medical Examiner had escalated 41 cases during quarter 3 and gave an overview of the specific learning and themes identified. RM added learning from mortality reviews is fed back to clinical areas by the Divisional Mortality Leads and via Divisional Quality Boards. SR queried about the medical examiner service examining community based deaths and if death certificates were being provided promptly to families. RM stated the timeliness of community based deaths had been challenging and this was under review. RM added inpatient deaths were carried out promptly.	

	The Board **NOTED** the report.	
13	**Chief Finance Officer Report** MC reported at the end of February, month 11, the Trust was reporting a deficit of £13.1m, an adverse variance against plan of £6.6m. MC set out the key drivers of the original forecasted variance and the internal risks to achievement of plan, indicating these related to the cost and lost income associated with the cyber incident, full delivery of elective activity plan, the Cost Improvement Programme (CIP), maintaining expenditure on urgent care within planned levels and delivering planned integration benefits. MC indicated the deficit position continued to place significant pressure on both the Trust's cash position and compliance with the Better Payment Practice Code. MC confirmed that the Trust's request for additional cash in March was not approved and therefore working capital measures have been significantly escalated in M12. MC provided an update on risk ratings for delivery of statutory targets, noting the RAG rating for each, highlighting that financial stability and financial sustainability were red, financial efficiency, cash and agency spend were amber and capital was green. Members thanked MC and the wider Finance team for their continued hard work and commented that the Board had continued to focus on maintaining strong quality and performance despite the financial pressures. The Board: • **NOTED** the report. • **APPROVED** a revision to reporting to reflect the forecast £3.1m variance to plan. • **NOTED** that the Trust request for cash support in M12 was declined and that the agreed escalated working capital plan has been implemented.	
14	**Chief Operating Officer Report** HK highlighted in February the Trust attained an overall performance of 94.13% against plan for outpatients and an overall performance of 99.25% against plan for elective admissions. HK indicated the Trust overachieved planned level of outpatient new appointments within Medicine, Women's and Children's Divisions, with underperformance in Surgery. Underperformance on elective inpatients was seen in Medicine and Surgery Divisions.	

	HK summarised the referral to treatment standard and current performance against this, reporting the Trust had 63 65 week waiters at the end of February against a standard to have no patients waiting 65 weeks by March 2025. HK added there were 7 78 week waiters, noting these were due to either mutual aid patients or patient choice. HK also summarised cancer performance against the trajectory, DM01 performance and the Faster Diagnostic Standard. HK highlighted in February type 1 unscheduled care performance was 44.51% and continues to remain below the planned improvement trajectory. HK added challenges relating to staff shortages due to vacancies and sickness, and limited bed capacity continue to cause overcrowding, long waiting times, and treatment delays. HK added urgent care improvement initiatives continued throughout February, with the focus remaining on optimising patient flow, improving timely access to care, and reducing pressure on emergency department. HK stated the number of patients not meeting the criteria to reside had remained stable throughout February, however there had been a rise in more complex discharges which required multi-agency collaboration and coordination. DH queried about the implementation of the call before convey service. HK explained this was being embedded as core offer and being made available to those aged over 18 instead of 65, however uptake remained lower than anticipated and work was ongoing to increase awareness and utilisation of the pathway among paramedics. HK added patients who had used the service had provided positive feedback. LD queried about the transformation required within the Emergency Department to improve and maintain performance. HK stated addressing the culture was a priority focus, including the provision for out of hours services and addressing the percentage of attendances who should not be presenting to the Emergency Department. JH agreed and added it was also challenging for the clinical and operational teams to deliver a service in a building being rebuilt. SR commented that it was positive regarding the stable number of patients with no criteria to reside, however queried the 200 patients in hospital for 21 or more days and if this was an issue.	

	RM stated work was ongoing to reduce the number of patients waiting between 14 and 21 days to ensure patients were not deteriorating further while staying in hospital. The Board **NOTED** the report.	
15	**Board Assurance Framework (BAF)** DM summarised the key changes to the BAF including the direction of travel for each strategic risk, noting the score for risk 1 had increased from 16 to 20 and risk 4 had increased from 9 to 12. DM also summarised the risk appetite statements for each strategic risk and indicated the BAF was undergoing an annual refresh, noting the final review will be presented to the Board Seminar in May. Members discussed the BAF and agreed the risks and controls appeared accurate and reflected the current position.	
16	**Questions from Governors and Public** RT queried about the call before convey approach and if GPs had access to this service. JC stated call before convey was accessible to paramedics, however GPs had the option to submit an urgent referral for a patient to see a specialist. RT also queried about the implementation of Martha's Rule and if the uptake was being monitored. RM stated Martha's Rule was currently being piloted in a number of wards and was being monitored to understand the uptake. SH queried about uptake of the Mutually Agreed Resignation Scheme (MARS) and the impact of this. DS stated applications had opened on 1 April and the scheme was open to all staff groups with decision panels meeting in the next month. DS added the Chief People Officer and Chief Finance Officer would lead panel to ensure quality and patient safety was not significantly impacted.	
17	**Meeting Review and BAF Review** Members commented it had been a good meeting with useful discussions and acknowledged the significant level of change during the last 12 months in regard to the integration. Members had no further comments in relation to the BAF.	
18	**Any other Business**	

	No other business was raised.	

(The meeting closed at 10:40)

Action Log
Board of Directors in Public
7 May 2025

No.	Date of Meeting	Minute Ref	Action	By Whom	Action status	Due Date
1.	29 January 2025	17	To provide an update on the comparators for how the Trust compares regarding recommending WUTH as a place to work and receive treatment	Debs Smith	Complete. Employee Experience Update scheduled for May 2025 meeting.	May 2025
2.	5 March 2025	9	To incorporate as part of the integration programme the development of a one Wirral number telephony system for patients to access information by dialling one number	Matthew Swanborough	In progress. Due August 2025.	August 2025
3.	2 April 2025	8	To provide at a future Board Seminar different approaches to address sickness absence, taking examples from internal and external to the NHS	Debs Smith	In progress. Due July 2025.	July 2025

Wirral University Teaching Hospital NHS Foundation Trust

Board of Directors in Public **Item 7**
7 May 2025

Title	Chief Executive Officer Report
Area Lead	Janelle Holmes, Chief Executive
Author	Janelle Holmes, Chief Executive
Report for	Information

Executive Summary and Report Recommendations
The purpose of this report is to provide Board with an update on activity undertaken since the last meeting and draws the Board's attention to any local and national developments. It is recommended that the Board of Directors: • Note the report

Contribution to Integrated Care System objectives (Triple Aim Duty):	
Better health and wellbeing for everyone	Yes
Better quality of health services for all individuals	Yes
Sustainable use of NHS resources	Yes

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	Yes
Infrastructure: improve our infrastructure and how we use it.	Yes

Governance journey			
Date	**Forum**	**Report Title**	**Purpose/Decision**
This is a standing report to the Board of Directors			

1	**Narrative**
1.1	**Local News and Developments** **Cheshire and Merseyside Acute and Specialist Trust (CMAST) Board Update**

The April CMAST Leadership Board received an update on the work being progressed by the ICB and providers in respect of 2025/26 planning and in particular the financial modelling and actions required to agree an acceptable plan. CEOs were joined by senior representation from the ICB and heard that C&M were the only ICB within the North West region whose plan remained non-complaint.

C&M was expected to meet with the region to agree a plan and position. The Board was briefed that it was expected the C&M plan would both demonstrate improvements but also identify specific interventions which could be agreed with NHSE and which were likely to identify actions to address the underlying deficit position of the system. Interventions being discussed included specific geographical focus on programmes and delivery through integration where these may not already be in place, additional mechanisms to both demonstrate and deliver grip and control and additional ICB finance recovery oversight. The need to develop a medium term financial plan was also discussed.

Further discussion took place with relation to actions arising from national discussions which included the lifting of the proposed elective cap and any central funding for local headcount reduction.

The Leadership Board also received an update on Commercial Opportunities. The Board heard how a number of NHS Trusts across England have formed subsidiaries to support financial efficiencies and improved operational delivery. Services provided by subsidiaries tend to include Pharmacy Services; Estates & Facilities Management; Procurement Services; Technical Services; Digital Automation. Examples and potentially scalable opportunities already exist within C&M.

Update papers were also provided on the following areas:

- System financial report
- System performance update

Annual Report of the Director of Public Health, Wirral 2024/2025

The Annual Report of the Director of Public Health, Wirral 2024/2025, titled *"From Darkness to Light: From Harm to Hope"* has been published and can be accessed here. The Public Health Annual Report 2024/2025 provides an in-depth look at the key health challenges facing our local communities.

The report highlights the importance of addressing addiction as a unified issue, recognising that many individuals struggle with multiple forms of addiction simultaneously. By sharing data, insights, and the deeply moving stories of our residents, the report aims to shed light on the historic and current landscape of addiction in Wirral.

NHS Cheshire & Merseyside New Chief Executive

Cathy Elliot has been appointed as the Chief Executive of Cheshire & Merseyside ICB to replace Graham Urwin who departs later this year.

	Cathy is currently the Chair of NHS West Yorkshire Integrated Care Board and Deputy Chair of West Yorkshire Health and Care Partnership and will bring a wealth of varied skills and experience to Cheshire and Merseyside, honed from Executive-level appointments undertaken across a number of systems and sectors.
1.2	**Health and Safety** There was three Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORs) reportable events reported in March. All RIDDORs reportable events are subject to a Health and Safety Local Review investigation to ensure causes are identified and to ensure improvements are made to reduce the risk of a similar event occurring. There was one Patient Safety Incident Investigations (PSII) opened in March under the Patient Safety Incident Response Framework (PSIRF). The Patient Safety Response Meeting report and investigate under the PSIRF to identify learning and improve patient safety. Duty of Candour has been commenced in line with legislation and national guidance.
1.3	**National News and Developments** **Working together in 2025/26 to lay the foundations for reform** Sir James Mackey, the new NHS England Chief Executive wrote to all Trusts and ICBs on 1 April providing an update on 2025/26 planning and other priority areas of focus. The letter is available on the NHS England website. The letter provided an update on the planning permission for 2025/26 including the current headline deficit and deficit support allocations. A further update was provided in relation to the imminent publication of the 10 Year Health Plan, it is anticipated that this will be fully published in June. It was noted that there is an intent to adopt a more devolved and rules based system that enhances Board accountability at the local level. An update was also provided on initial thoughts on the proposed operating model for ICBs and in regard to expectations as to the future reduction of Corporate costs amongst providers. **New Board member appraisal framework with submission dates** On 1 April NHS England launched the new Board member appraisal framework for all chairs, chief executives, executive directors and non-executive directors. The framework has been produced in response to the Messenger Review recommendations and stakeholder feedback, including that regarding the existing chair appraisal framework, which it replaces. The new framework will be used for Board member appraisals this year. The guidance is available on the NHS England website. The Corporate Governance team are reviewing and updating the necessary documentation, and all appraisals are to be completed by 30 June.
1.4	**Published Reports of Interest** The following are some reports recently published and of interest to members of the Board, staff and public.

	• ***Road to recovery: the government's 2025 mandate to NHS England*** sets out the objectives it should seek to achieve which include, cut waiting times, improve primary care access, improve urgent and emergency care, the operating model and drive efficiency and productivity - Road to recovery: the government's 2025 mandate to NHS England • Department of Health and Social Care - ***Better Care Fund policy framework 2025-26*** this policy framework is intended for use by those responsible for delivering the BCF at a local level - Better Care Fund policy framework 2025 to 2026 - GOV.UK • ***NHS England Neighbourhood health guidelines 2025-26 -*** sets out guidelines to progress neighbourhood health in advance of the publication of the 10 Year Health Plan NHS England » Neighbourhood health guidelines 2025/26. The NHS Confederation has also provided a helpful briefing and analysis of these guidelines - Neighbourhood health guidelines 2025/26: what you need to know | NHS Confederation • ***NHS England 2024 national staff survey results -*** the results for all organisations have been published - 2024 National NHS Staff Survey Results - GOV.UK and the NHS Survey Coordination Centre has published a briefing on the 2024 national results – NHS Staff Survey 2024 National results briefing
1.5	**Communications and Engagement** **Paediatric Audiology Visit** A Paediatric Audiology Improvement Programme site visit was undertaken on 14 March 2025. The visit was led by the ICB Associate Director of Nursing Care (Patient Safety), accompanied by subject matter experts. Following an initial desktop review, communicated to the Trust in August 2024, the onsite review was seeking further assurance around safe practices and progress with Trust's improvement plan. The team noted no immediate concerns and praised the clinical teams describing highly skilled practice which was safe and effective throughout the sessions observed. Staff were described as highly motivated, enthusiastic and knowledgeable, being very aware of national guidance and expressing ideas to improve the service. A number of recommendations were made included environmental risks management, updating asset registers and reviewing pathways to improve waiting times. These recommendations will be monitored through the aforementioned Trust improvement plan (monitored through Patient Safety Quality Board) which will also be the focus of a planned Clinical Quality Performance Group meeting in June. **Wirral charity IncuBabies donates £300k to neonatal unit** IncuBabies, a charity dedicated to supporting the care of newborns, has donated £300,000 to help refurbish the Neonatal Unit at Arrowe Park Hospital.

	The designated Level 3 Neonatal Intensive Care Unit (NICU) at Wirral Women and Children's Hospital, which is based at the Arrowe Park site, cares for some of the most poorly babies from around 22 weeks of pregnancy. The refurbishment will include expansion of the neonatal unit and enhanced parent facilities, ultimately improving the facilities for its smallest patients and their families. At the ceremony on 11 April, Sheila Clarke MBE, chair of IncuBabies, said: "On behalf of the trustees and all our supporters, we are excited and thankful that we have reached this milestone and the work on the unit is beginning. **WUTH shortlisted for prestigious NIHR West Coast Award** WUTH's Wirral Academic Surgical Programme has been shortlisted for the NIHR (National Institute for Health and Care Research) West Coast Awards. The annual awards honour those individuals and organisations that have made the greatest impact in the development and delivery of innovation and research in Cheshire, Merseyside, Lancashire and South Cumbria. The Wirral Academic Surgical Programme, set up by WUTH's Prof Conor Magee and Prof Jeremy Wilson, Consultant Surgeons in General Surgery, has been shortlisted for a Capacity Building in Research Award which rewards work that builds capacity for individuals or organisation to conduct high-quality research. **Lisa Byrne and Switchboard Team Win Patient Care Award** Congratulations to Lisa Byrne and the Switchboard team, winners of this month's Employee/Team of the Month – Patient Care award. Their calm coordinated support ensures our Trust runs smoothly, especially during challenging times. Lisa's leadership, along with the team's commitment to excellent communication and support for staff, patients and families, has made a real difference across the Trust. **Amanda Cook Named Employee of the Month – Patient Care** Congratulations to Amanda Cook, Deputy Ward Manager, who has been recognised as this month's Employee of the Month for Patient Care. Amanda is a shining example of compassionate leadership, consistently going above and beyond for patients, families and colleagues. From improving ward spaces to offering heartfelt follow-up with bereaved families, her dedication is unwavering.

Wirral University Teaching Hospital NHS Foundation Trust

Board of Directors in Public **Item 8**

07 May 2025

Title	Integrated Performance Report
Area Lead	Executive Team
Author	Executive Team
Report for	Information

Executive Summary and Report Recommendations
This report provides a summary of the Trust's performance against agreed key quality and performance indicators to the end of March 2025. It is recommended that the Board: • Note performance to the end of March 2025.

Key Risks
This report relates to the key risks of: • Quality and safety of care • Patient flow management during periods of high demand

Contribution to Integrated Care System objectives (Triple Aim Duty):	
Better health and wellbeing for everyone	Yes
Better quality of health services for all individuals	Yes
Sustainable use of NHS resources	Yes

Contribution to WUTH strategic objectives:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

1	**Narrative**
1.1	Following further discussion with the Executive Team and the Board, the performance metrics for inclusion, format and title of the report have been amended. The metrics are grouped under the responsible Executive Director, with the relevant CQC domain noted against each metric.

2	Implications
2.1	Implications for patients, people, finance, and compliance, including issues and actions undertaken for those metrics that are not meeting the required standards, are included in additional commentaries and reports.

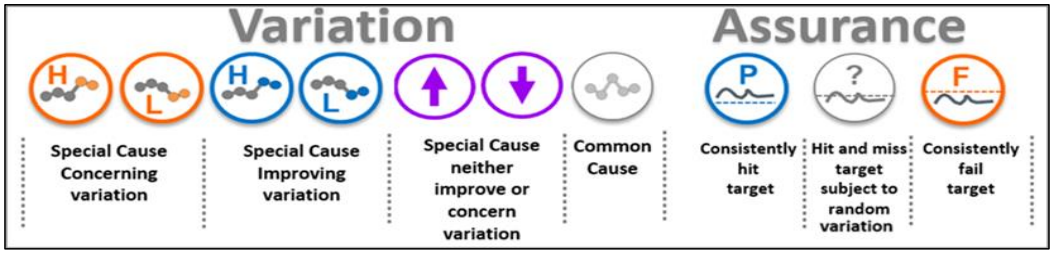
3	Conclusion
3.1	Monitoring of the key performance metrics will be continued monthly within the Integrated Performance Report, and at the regular operational meetings with the Clinical Divisions.

Integrated Performance Report - April 2025

Approach

The metrics for inclusion have been reviewed with the Executive Director team.
Performance is represented in SPC chart format to understand variation, and a summary table indicating performance against standards.
The metrics are grouped into Executive Director portfolios, with individual metrics showing under their CQC Domain.
Commentary is provided at a general level and by exception on metrics not achieving the standards set.

Key to SPC Charts:



Summary of latest performance by CQC Domain:

CQC Domain	Number achieving	Number not achieving	Total metrics
Safe	5	2	7
Effective	0	1	1
Caring	2	2	4
Responsive	6	17	23
Well-led	1	2	3
Use of Resources	2	3	5
All Domains	16	27	43

Issues / limitations

SPC charts should only be used for 15 data points or more.
SPC format does not support including a target where it is variable over time, eg a reducing trajectory for long waiters.
Alternative formats of charts are included where they are more appropriate.

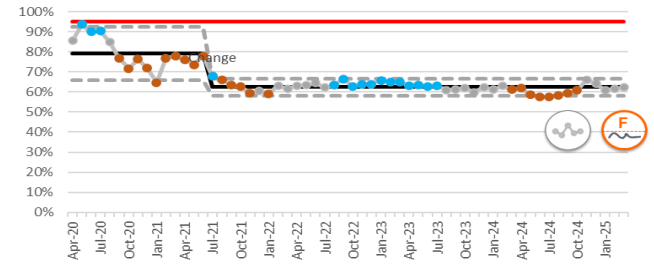
Changes to Existing Metrics:

Metric	Amendment
Clostridioides difficile (healthcare associated)	National threshold target for 2024/25 is not yet confirmed - internal maximum set at 108 cases for the year.

Chief Operating Officer (1)

CQC Domain : Responsive

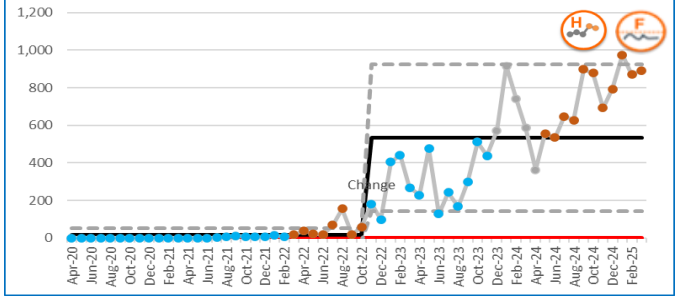
4-hour Accident and Emergency Target (including APH UTC)



Mar-25
62.3%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

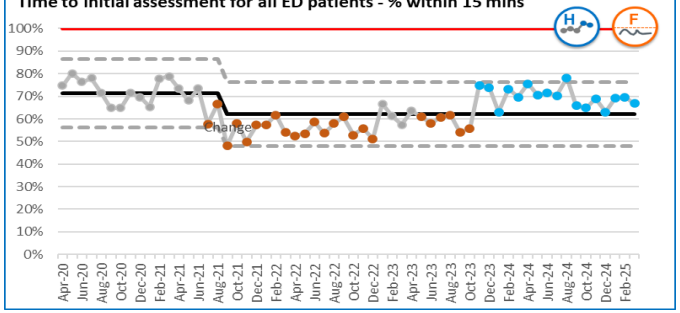
Patients waiting longer than 12 hours in ED from a decision to admit



Mar-25
893
Variance Type
Special cause variation - concerning
Threshold
0
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

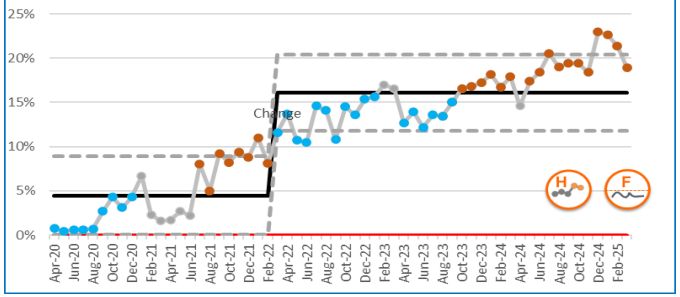
Time to initial assessment for all ED patients - % within 15 mins



Mar-25
66.8%
Variance Type
Special cause variation - improving
Threshold
100%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

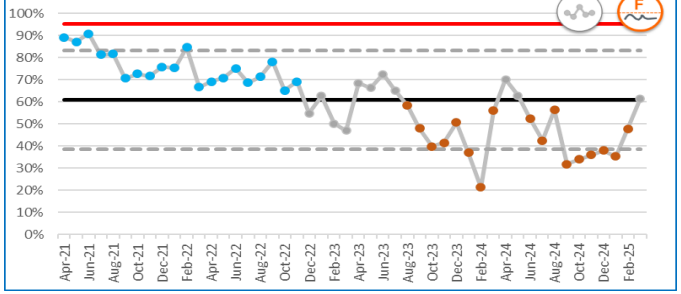
Proportion of patients more than 12 hours in ED from time of arrival



Mar-25
18.9%
Variance Type
Special cause variation - concerning
Threshold
0%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

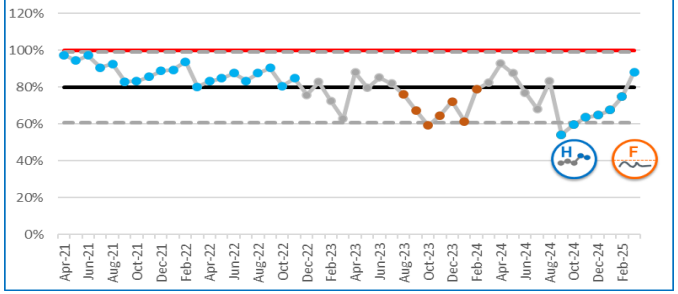
Ambulance Handovers: % < 30 mins



Mar-25
61.3%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

Ambulance Handovers: % < 60 mins

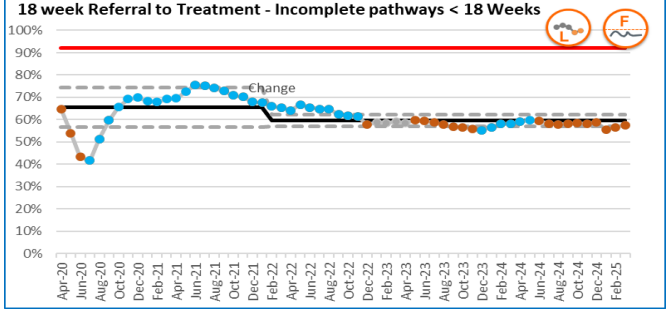


Mar-25
88.2%
Variance Type
Special cause variation - improving
Threshold
100%
Assurance
Performance consistently fails to achieve the target

Chief Operating Officer (2)

CQC Domain : Responsive

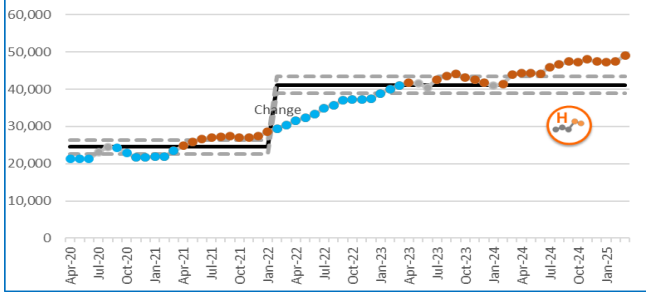
18 week Referral to Treatment - Incomplete pathways < 18 Weeks



Mar-25
57.57%
Variance Type
Special cause variation - concerning
Threshold
≥92%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

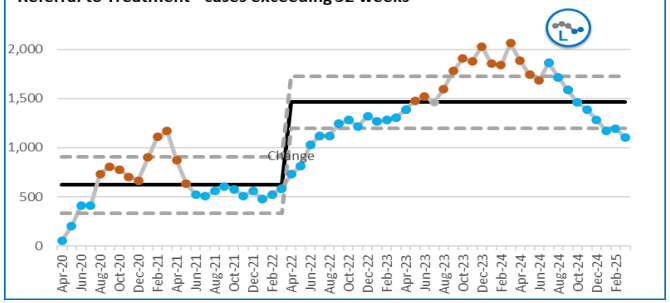
Referral to Treatment - total open pathway waiting list



Mar-25
49099
Variance Type
Special cause variation - concerning
Threshold
≤ 40511
Assurance
Trajectory target not appropriate for SPC Assurance reporting

CQC Domain : Responsive

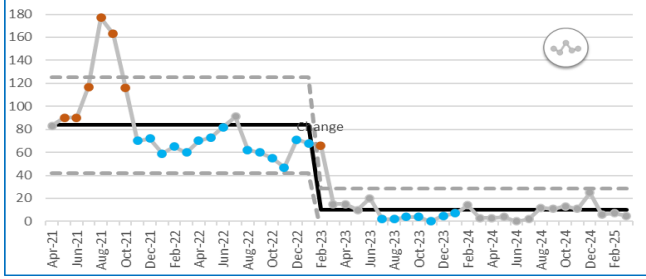
Referral to Treatment - cases exceeding 52 weeks



Mar-25
1100
Variance Type
Special cause variation - improving
Threshold
≤ 1795
Assurance
Trajectory target not appropriate for SPC Assurance reporting

CQC Domain : Responsive

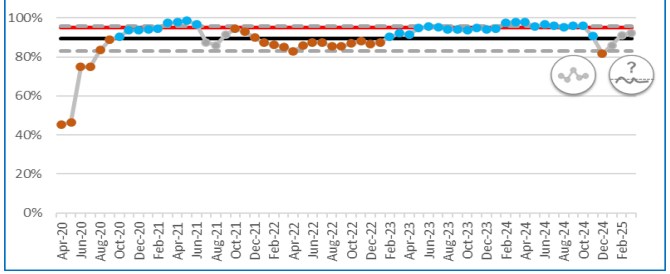
Referral to Treatment - cases waiting 78+ wks



Mar-25
5
Variance Type
Common cause variation
Threshold
0 (exc choice / complex)
Assurance
Trajectory target not appropriate for SPC Assurance reporting

CQC Domain : Responsive

Diagnostic Waiters, 6 weeks and over - DM01

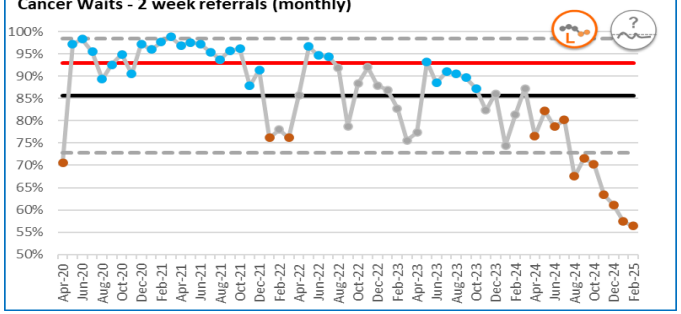


Mar-25
92.4%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

Chief Operating Officer (3)

CQC Domain : Responsive

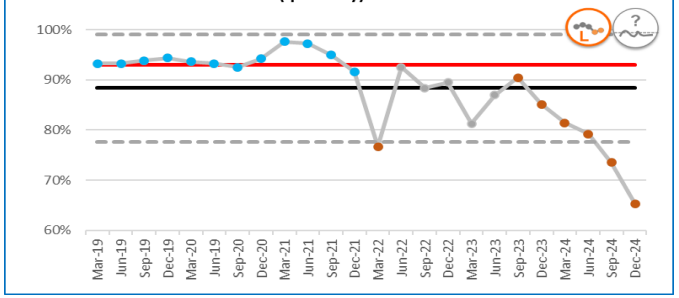
Cancer Waits - 2 week referrals (monthly)



Feb-25
56.4%
Variance Type
Special cause variation - concerning
Threshold
≥93%
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

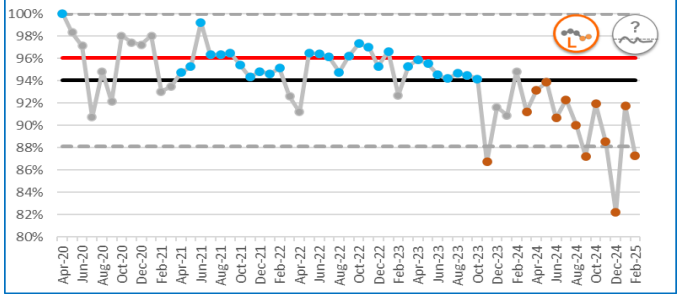
Cancer Waits - 2 week referrals (quarterly)



Dec-24
65.3%
Variance Type
Special cause variation - concerning
Threshold
≥93%
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

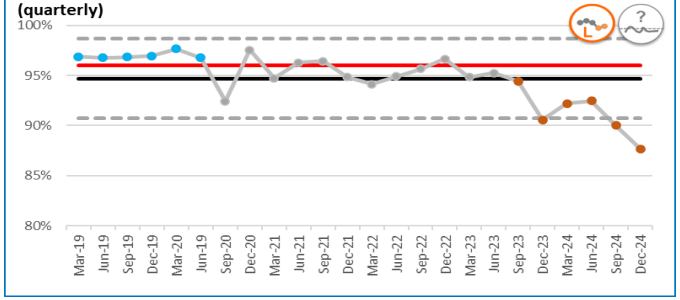
Cancer Waits - % receiving first definitive treatment < 1 mth of diagnosis (monthly)



Feb-25
87.3%
Variance Type
Special cause variation - concerning
Threshold
≥96%
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

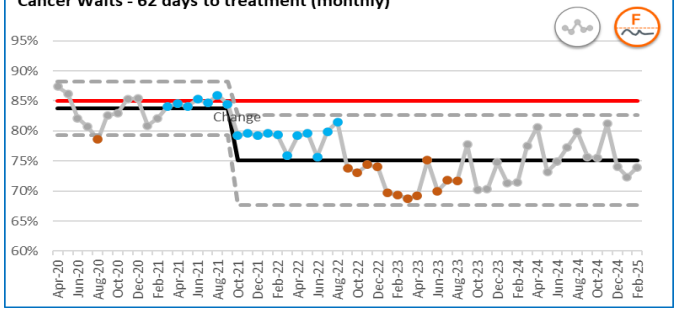
Cancer Waits - % receiving first definitive treatment < 1 month of diagnosis (quarterly)



Dec-24
87.7%
Variance Type
Special cause variation - concerning
Threshold
≥96%
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

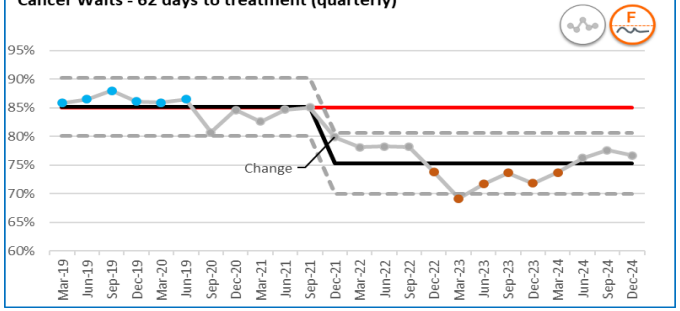
Cancer Waits - 62 days to treatment (monthly)



Feb-25
73.9%
Variance Type
Common cause variation
Threshold
≥85%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Responsive

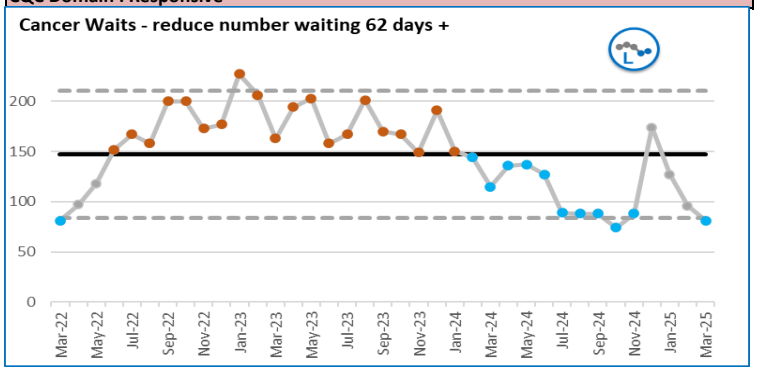
Cancer Waits - 62 days to treatment (quarterly)



Dec-24
76.6%
Variance Type
Common cause variation
Threshold
≥85%
Assurance
Performance consistently fails to achieve the target

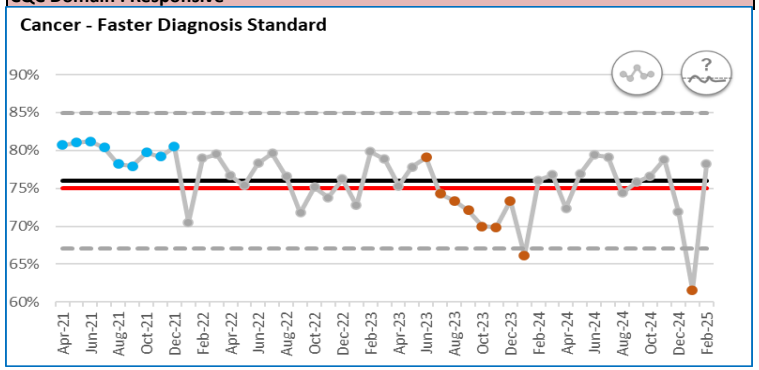
Chief Operating Officer (4)

CQC Domain : Responsive



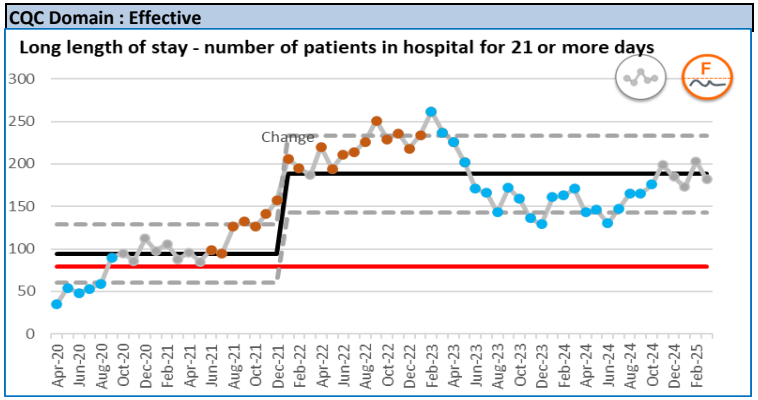
Mar-25
81
Variance Type
Special cause variation - concerning
Threshold
83
Assurance
Trajectory target not appropriate for SPC Assurance reporting

CQC Domain : Responsive



Feb-25
78.2%
Variance Type
Common cause variation
Threshold
≥75%
Assurance
Hit & miss target subject to random variation

CQC Domain : Effective

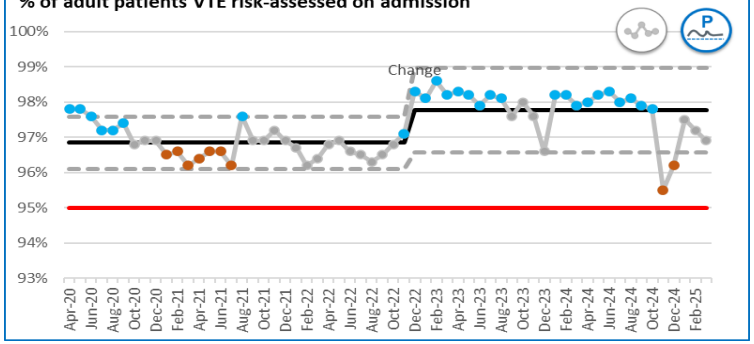


Mar-25
203
Variance Type
Common cause variation
Threshold
≤79
Assurance
Performance consistently fails to achieve the target

Medical Director

CQC Domain : Safe

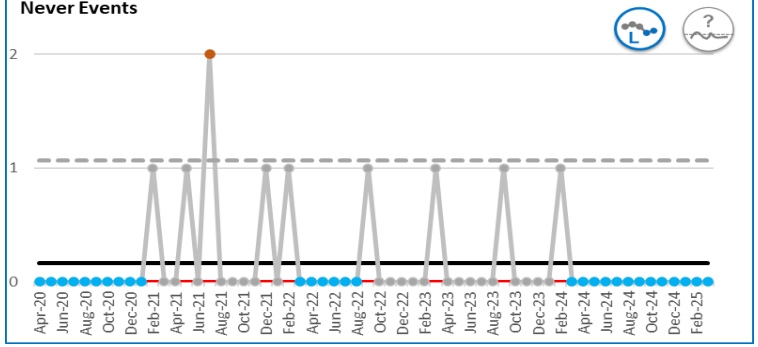
% of adult patients VTE risk-assessed on admission



Mar-25
96.9%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently achieves the target

CQC Domain : Safe

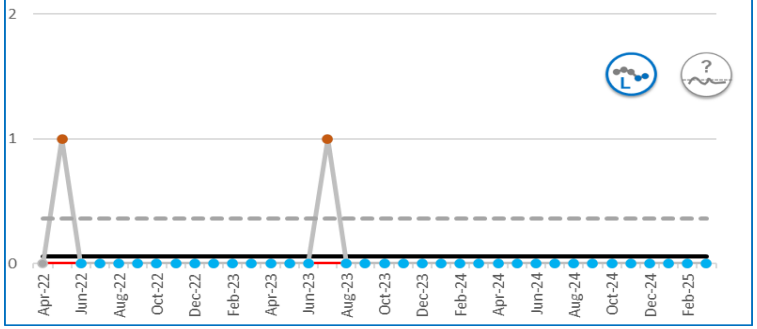
Never Events



Mar-25
0
Variance Type
Special cause variation - improving
Threshold
0
Assurance
Hit & miss target subject to random variation

CQC Domain : Well-led

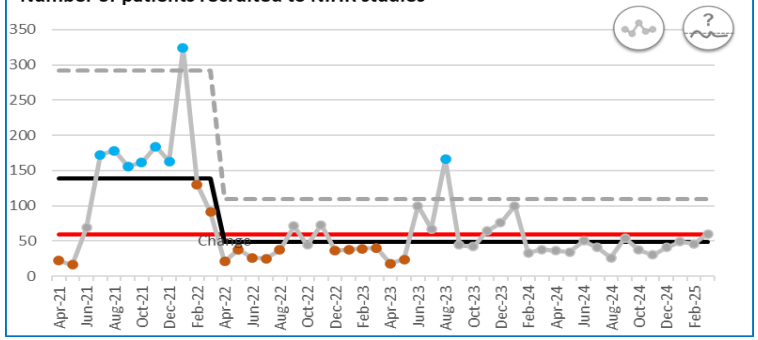
Duty of Candour compliance - breaches of DoC standard for Serious Incidents



Mar-25
0
Variance Type
Special cause variation - improving
Threshold
0
Assurance
Hit & miss target subject to random variation

CQC Domain : Well-led

Number of patients recruited to NIHR studies

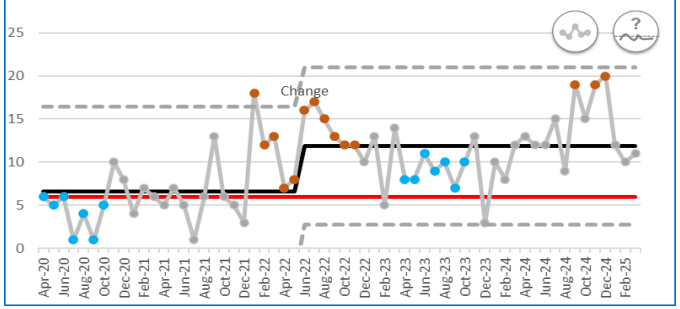


Mar-25
60
Variance Type
Common cause variation
Threshold
700 pa (trajectory)
Assurance
Hit & miss target subject to random variation

Chief Nurse (1)

CQC Domain : Safe

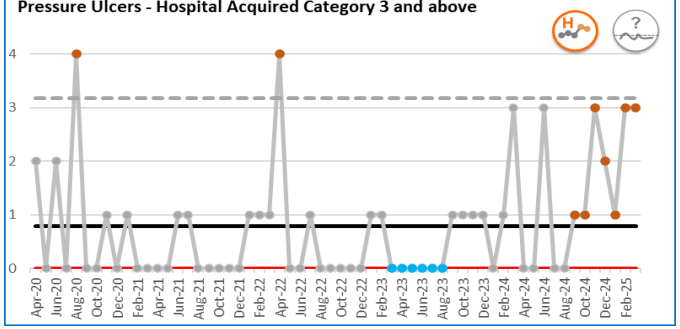
Clostridioides difficile (healthcare associated)



Mar-25
11
Variance Type
Common cause variation
Threshold
≤9
Assurance
Hit & miss target subject to random variation

CQC Domain : Safe

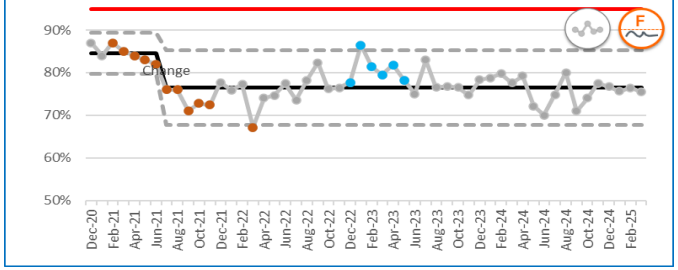
Pressure Ulcers - Hospital Acquired Category 3 and above



Mar-25
3
Variance Type
Special cause variation - concerning
Threshold
0
Assurance
Hit & miss target subject to random variation

CQC Domain : Caring

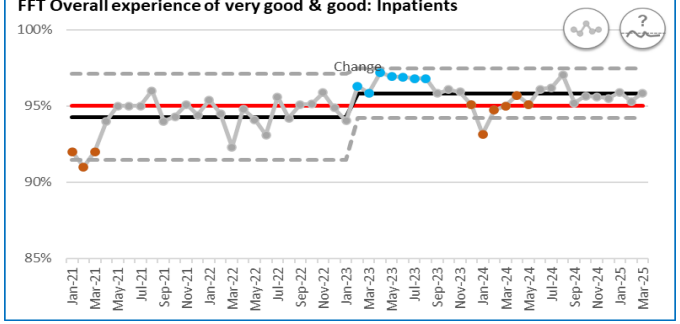
FFT Overall experience of very good & good: ED



Mar-25
75.5%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Caring

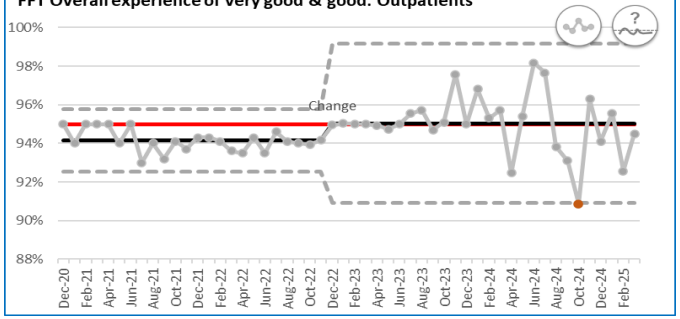
FFT Overall experience of very good & good: Inpatients



Mar-25
95.8%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

CQC Domain : Caring

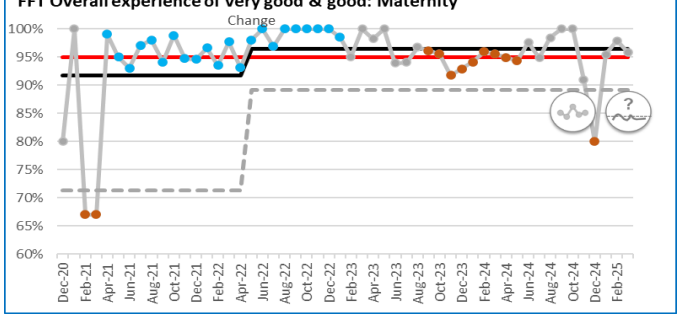
FFT Overall experience of very good & good: Outpatients



Mar-25
94.5%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

CQC Domain : Caring

FFT Overall experience of very good & good: Maternity

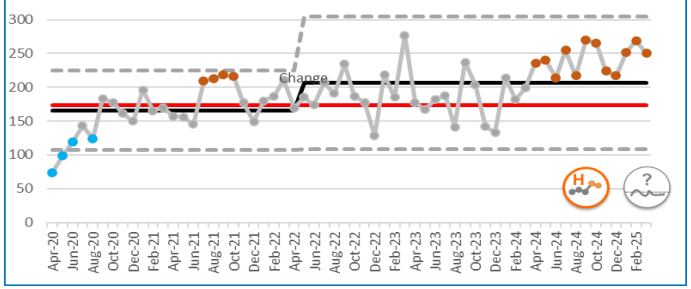


Mar-25
95.8%
Variance Type
Common cause variation
Threshold
≥95%
Assurance
Hit & miss target subject to random variation

Chief Nurse (2)

CQC Domain : Responsive

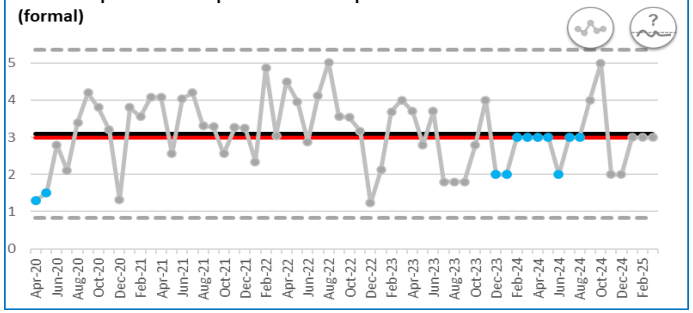
Patient Experience: concerns received in month - Level 1 (informal)



Mar-25
250
Variance Type
Special cause variation - concerning
Threshold
≤173
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

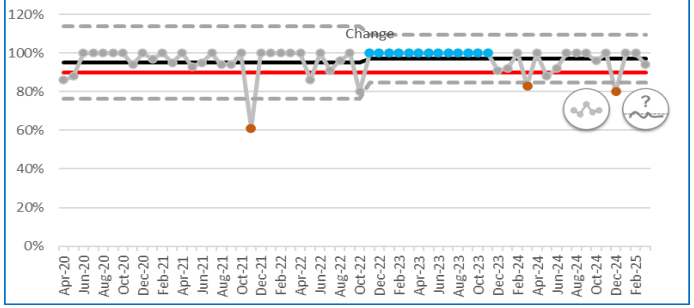
Patient Experience: complaints in month per 1000 staff - Levels 2 to 4 (formal)



Mar-25
3
Variance Type
Common cause variation
Threshold
≤3.1
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

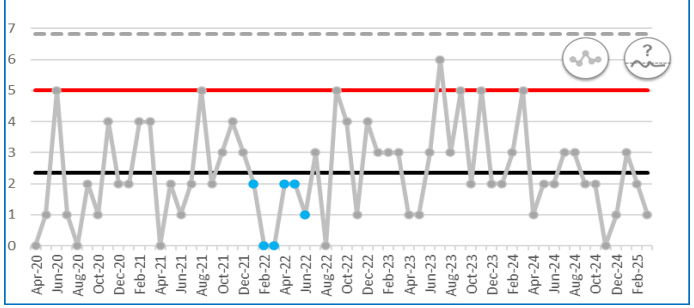
Formal Complaint acknowledged within 3 working days



Mar-25
94.0%
Variance Type
Special cause variation - concerning
Threshold
≥90%
Assurance
Hit & miss target subject to random variation

CQC Domain : Responsive

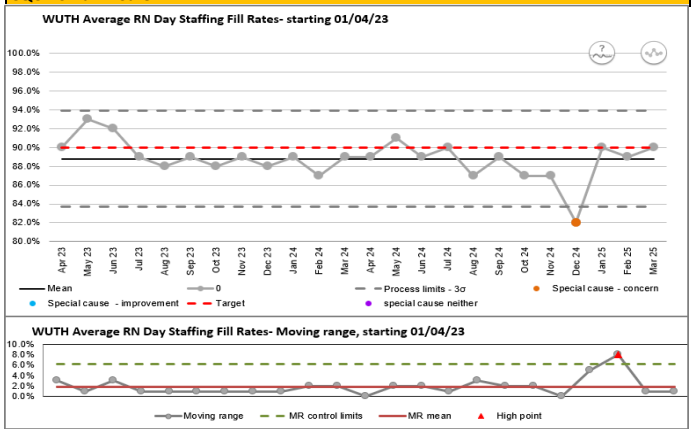
Number of re-opened complaints



Mar-25
1
Variance Type
Common cause variation
Threshold
≤5
Assurance
Hit & miss target subject to random variation

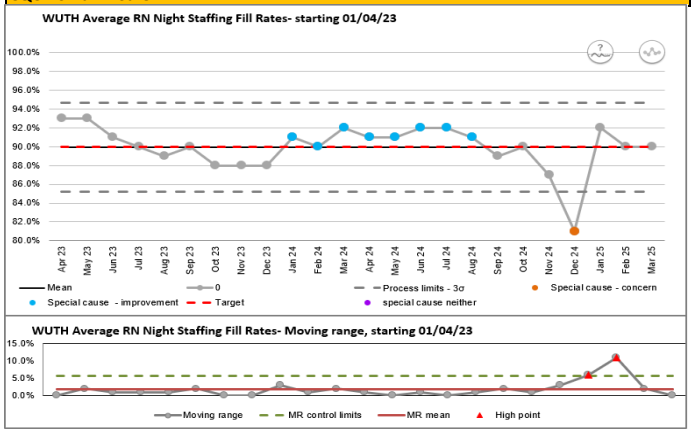
Chief Nurse (3)

CQC Domain : Safe



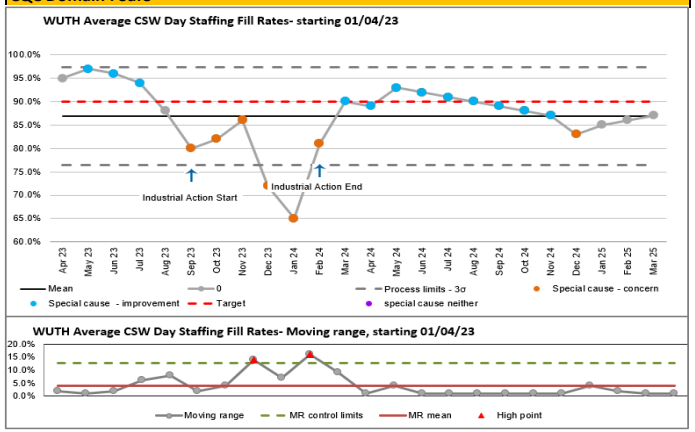
Mar-25
90.0%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Hit & miss target subject to random variation

CQC Domain : Safe



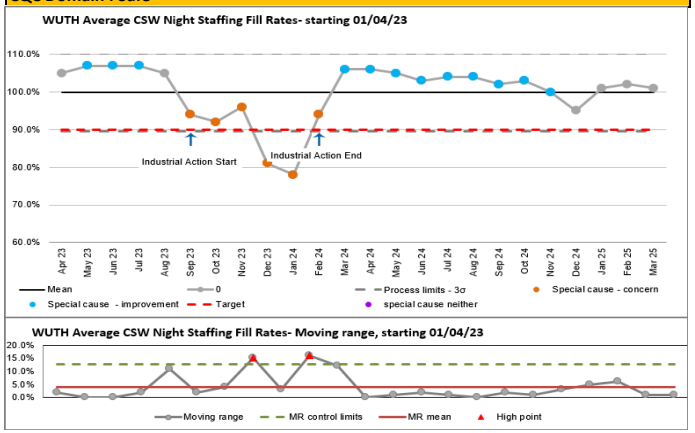
Mar-25
90.0%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Safe



Mar-25
87.0%
Variance Type
Actual below threshold
Threshold
≥90%
Assurance

CQC Domain : Safe



Mar-25
101.0%
Variance Type
Actual above threshold
Threshold
≥90%
Assurance

Chief Nurse – March 2025 data

Overall position commentary

The Trust quality KPIs all demonstrate no significant variation in month.

C Difficile remains above the target of 6 per month, there were 11 Incidents in March 2025.

There was 3 category 3 hospital acquired pressure ulcer in March 2025 against a target of 0.

Friends and family test for ED 75.5%, Outpatients 94.5%, Maternity and inpatients exceeded the 95% of those that responded were either satisfied or very satisfied with the service.

The number of level 1 concerns raised with the trust exceeded the threshold of 173 in month and the number of formal concerns per 1000 staff was below the agreed threshold.

With the exception of CSW day fill rates, RN and CSW staffing fill rates were above the threshold of 90%.

Infection Prevention and Control

Narrative:

The trust ended 2024/25 64 cases over the agreed threshold of 103, of those reported there are 115 Hospital-onset health care associated (HOHA) and 52 Community onset healthcare associated (COHA).

March there were 7 HOHA and 4 COHA. This continues to show a downward trend since Dec 24

A review has been completed of the

- The patients who have had relapses since 1st April 2024

and

- The use of the side rooms throughout the Trust.

Themes from both have been shared at IPCG and will be part of the IPC plan going forward for 2025/26.

Collaborative working with the Community Trust continues and both Hospital and the Community IPC team presented the Wirral Wide *Clostridioides difficile* strategy to the Trust board.

Actions:

Completed or in place.

- Ongoing use of ward 44 as a decant ward to facilitate bay movements to allow for HPV to take place following a patient identified with CDT.
- Ongoing IPC visibility to wards and department offering expert advice and guidance.
- Robust process embedded to pick up weekend results.
- Senior nurse walk rounds focusing on IPC basics, including cleanliness, hand hygiene, bare below the elbows, decluttering and estates issues.
- Collaborative monthly meeting with WUTH IPC and the Community IPC team
- C&M IPC collaboration group focusing on CDT
- IPC daily review of all side rooms in the medical division to identify who can be moved out should a side room be needed for a patient with loose stools.
- Place based AMR champion funded by public health being progressed.
- Review of patients that relapse to identify common themes.

Risks to position

High site occupancy levels

Patients with competing needs for isolation

FFT Overall experience of very good and good.

Narrative:

The NHS Friends and Family Test (FFT) was created to help service providers, and commissioners understand if patients are satisfied with the service provided, or where improvements are needed. It's a quick anonymous way for patients to provide their views. The trust monitors FFT across a range of care settings, with a target rating of a minimum 95% for good or very good.

ED score was 75.5%. Analysis of the patient comments for ED identifies waiting times and communication, as the main reasons for attributing negative ED response.

Actions:

- Proactively respond to feedback, making immediate rectifications when able to do so.
- Continued focus on providing people with access to provide feedback via FFT.
- Feedback to local teams' themes from FFT to identify areas of improvement.
- Regular announcements on waiting times within ED.
- Introduce new ways of working to enable a smoother patient journey.
- Rounding the department to check patients' needs are met.

Risks to position and/or actions:

- Bed occupancy is impacting on the length of time patients remain within ED. Processes are in place operationally to enable earlier egress from ED.

- Reduction in administrative support to deliver the patient experience strategy, due to current vacancy controls. Work being priorotised to mitigate risks to the strategy

Complaints

Narrative

In March 2025, the Trust received 16 formal complaints (Level 2) and 252 informal concerns (Level 1). These figures align closely with the 2024/25 monthly averages of 18 formal complaints and 240 informal concerns.

Divisional Breakdown

- Medicine received the highest number of both formal complaints (6) and informal concerns (71).
- Surgery followed with 4 formal complaints and 66 concerns, and Women's and Children's recorded 5 formal complaints and 62 concerns.
- Acute Care received a comparable number of formal complaints (4) to other divisions but had a lower volume of informal concerns (42).
- Clinical Support and Diagnostics reported the lowest volumes among clinical divisions, with 1 formal complaint and 28 informal concerns.

Key Themes

The most frequently reported themes across all concerns and complaints were:

1. **Access and Admission (34%)**: Predominantly related to delays and cancellations.
2. **Communication (21%)**: Primarily due to communication failures rather than staff attitude.
3. **Treatment and Procedure (18%)**: Largely centred on delays in care delivery.

The departments most frequently referenced were the Emergency Department (ED) and Community Child Health.

Timeliness and Case Progress

The average response time to formal complaints in March was 58 working days, consistent with the full-year average of 60 working days, unchanged from 2023/24.

At the end of March, there were 40 formal complaints in progress, of which 11 had exceeded the 40-working-day target. This reflects an improvement compared to 60 open cases and 24 breaches at the end of 2023/24.

Actions

- Daily performance reports and weekly divisional meetings with the Complaints Team ensure continuous oversight, structured guidance and escalation where necessary.

- Monthly training sessions remain in place to support staff involved in complaint investigations and enhance consistency and quality.

Risks to Position and/or Actions

- Operational pressures continue to impact complaint handling capacity.

Nurse Staffing Fill Rates

Narrative:

Registered nurse and care support working fill rates should be reported to the board on a monthly basis to ensure compliance with NHSE developing workforce safeguards 2018 and the national quality board safe sustainable and productive staffing 2017. A ward level dashboard should also be available to demonstrate safe effective care is being delivered. Fill rate threshold is currently set at 90% day and night CSW and RN. March saw adequate fill rates for RN day and Night and CSW night shift.

Actions:

Review of vacancies across the organisation, to fully understand the risk and impacts and determine the most effective recruitment process ie; speciality based recruitment events. Including ED.

Acuity review completed with new safer nursing care tool, data currently being analysed. Report to board in March 2025, second round data collection to commenced.

Assurance re effectiveness of absence management.

Weekly roster oversight review meetings undertaken by DCN/CN to review use of bank and agency, and roster KPI's

Roster/establishment/ESR alignment project under way.

Proposal regarding the approach to maternity leave backfill in development.

ED recruitment to new establishment underway, staff being temporarily redeployed to ED from wards to maintain safety, impacting on the wards.

Retention group reinitiated.

Risks to position and/or actions:

- High sickness absence rates.
- Staffing escalation areas and temporary escalation areas ie; ED corridor.

Pressure ulcers Hospital Acquired Category 3 and above

Narrative:

WUTH has a zero tolerance on Hospital Acquired Pressure Ulcers (HAPU) category 3 and above. During March there were 2 patients who developed 3 x Category 3 pressure ulcers. Patient one developed 1 to the spine and patient two developed two pressure ulcers to both buttocks. The wards were the patients sustained the injuries was in the division of medicine and acute.

Actions:

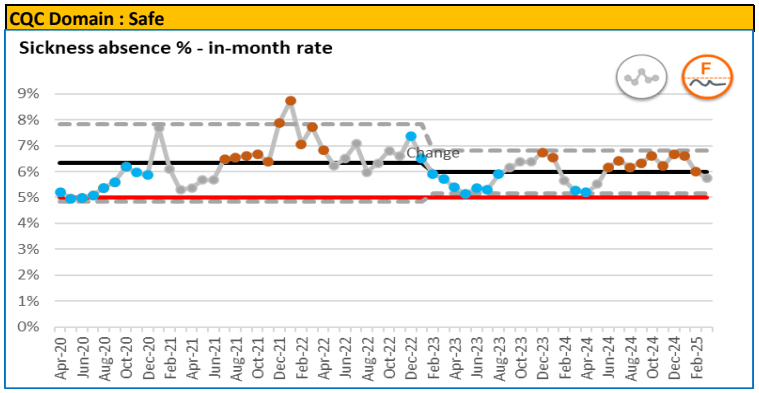
- Pressure Ulcer training dates have been sent to all wards and departments
- Ward based training has been arranged for the areas concerned.
- Review of all tissue viability training across the organisation

Risks to position and/or actions:

- Part time leadership within the tissue viability team.

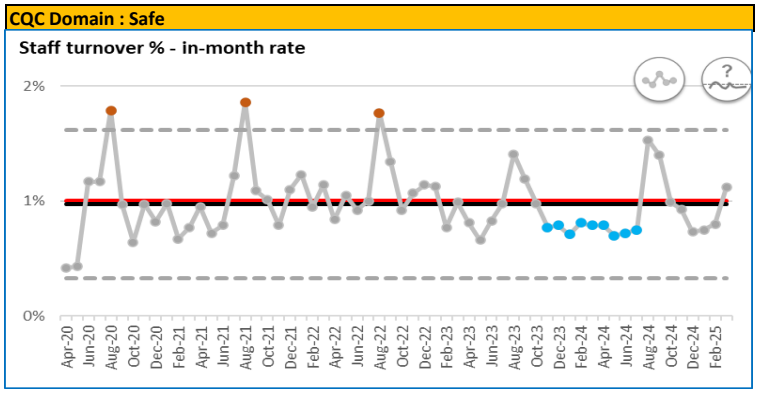
Chief People Officer

CQC Domain : Safe



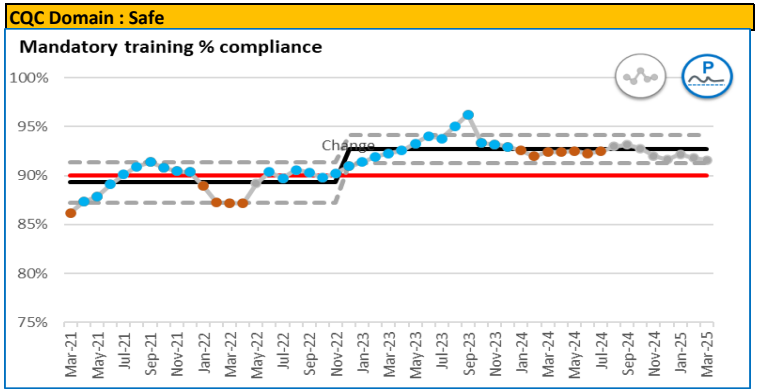
Mar-25
5.76%
Variance Type
Special cause variation - concerning
Threshold
≤5%
Assurance
Performance consistently fails to achieve the target

CQC Domain : Safe



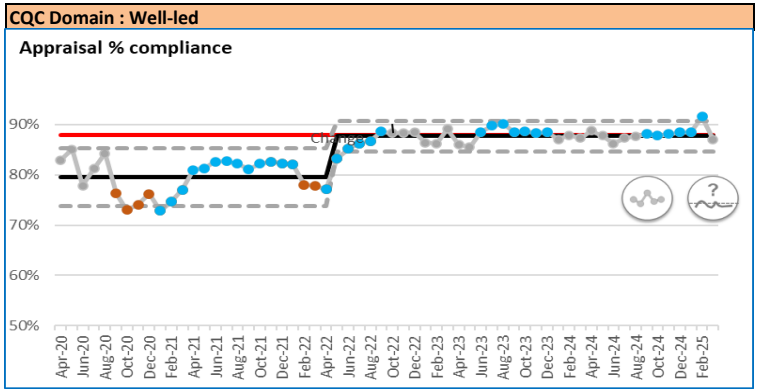
Mar-25
1.12%
Variance Type
Common cause variation
Threshold
≤0.83%
Assurance
Hit & miss target subject to random variation

CQC Domain : Safe



Mar-25
91.59%
Variance Type
Common cause variation
Threshold
≥90%
Assurance
Performance consistently achieves the target

CQC Domain : Well-led



Mar-25
87.06%
Variance Type
Special cause variation - improving
Threshold
≥88%
Assurance
Hit & miss target subject to random variation

Chief People Officer – for Mar 2025 BoD

Overall position commentary

- The Trust's People KPIs for mandatory training is on target.
- Sickness absence has improved in March however it remains above target at 5.76% and an area of concern and focus.
- Turnover has risen above target in March to 1.12%, which is due to an increase in retirements.
- Appraisal has decreased to 87.06%. Initial feedback indicates that this decline is due to increased annual leave in March.

Sickness absence % in month rate

Narrative:

The Trust threshold for sickness absence is ≤5%. For March 2025 the indicator was 5.76% and demonstrates special cause variation - concerning.

The majority of absences relate to short term sickness. Cold/flu, anxiety/depression and gastrointestinal illnesses account for just over 50% of all absences in March 2025. Additional Clinical Services, Nursing and Midwifery, and Estates and Ancillary staff groups remain a key area of focus. Additional Clinical Services, and Nursing and Midwifery staff groups have improved in month.

Focus remains on supporting the health and wellbeing of our workforce, as well as close management of absences in line with the revised Attendance Management Policy.

Actions:

Proactively supporting Physical Health & Wellbeing

- Targeted psychological support for teams, as issues arise via OH Clinical Psychologist.
- A new 12-month program for psychoeducation on 'Burn out' and 'Resilience' is under development for launch in April 2025.
- New Mental Health First Aid training delivered.
- Mental Health First Aid events are planned throughout the year.
- Additional Occupational Physician (OHP) session to reduce waiting times.
- Route to allow expedited OH access.
- Revised approach to metal health referrals has been implemented in OH to ensure earlier and appropriate interventions to improve access to treatment.

Managing Absence

- Monitoring of the sickness absence KPI and associated actions are ongoing via Divisional Management, Divisional governance infrastructure and via Divisional Performance Reviews. Managers continue to be supported by HR.
- There are an increased number of cases being formally managed through the new Attendance Management Policy.
- Revised approach to local attendance management audits is implemented.
- New reporting of local Attendance Management Audits has been implemented which include Divisional Triumvirates, DPRs and Workforce Steering Board, enabling targeted action.

Risks to position and/or actions:

The local risk (397) score is 15 and BAF risk is 12, these increase risk position remain in month despite decrease in sickness absence to reflect the impact that current sickness levels are having upon the organisation.

The management of sickness absence is primarily management led as they are responsible for monitoring employee attendance addressing sickness absence and ensuring that the policy is applied consistently, supported by the HR Team. Sickness is multifaceted and adversely impacted by a range of factors including vacancy levels, financial controls and staff morale / engagement. Effective attendance management is critical and contributes to productivity and patient care. The negative impact of both sickness absence and presenteeism on the workforce and patient care are well known and understood across the Trust. Work to ensure consistent and robust application of the policy is underway, led by HR Team work continues to review sickness and target support at areas of highest need.

Staff Turnover % compliance

Narrative:

The Trust threshold for turnover is 0.83%. In March the indicator increased to 1.12% from 0.80% in February. This demonstrates a common cause variation.

There has been a notable increase in retirements in March 2025, which is the primary contributor to the elevated turnover figures for March.

Actions:

Continued development and implementation of the retention programme has continued in March 2025 with enhanced focus upon Nursing and AHPs. Examples of the work underway include:

- Staff career stories
- Executive engagement events
- Career shadowing opportunities
- Establishment Review to ensure adequate staffing levels.
- New non-medical (clinical) retention group.

Risks to position and/or actions:

In month increased Turnover through retirement supports Trust financial position, however risk is retiring role may be essential and impact delivery of essential services, quality, patient safety and operational performance and possibly the expense of bank and agency cover. The above programme aims to is focused upon retaining talent in essential roles and creating a successive pipeline; thus reduce Turnover over time.

Appraisal % compliance

Narrative:

The threshold for Appraisal compliance is 88% and for the month of March 2024 compliance has dropped significantly in month from 91.61% in February to slightly below the threshold at 87.06%.

While Medicine and Women and Children's Divisions remain compliant, all areas have seen a reduced compliance in March, with significant reductions evident within Corporate and Estates, Facilities and Capital Divisions. Initial engagement with Divisional HR business partners suggests that a peak in annual leave during March has impacted compliance. The OD team are working with HR business partners and operational leaders to fully understand this as a key action to address.

Appraisal compliance was discussed at Workforce Steering Board on 27th March, prior to the release of March's Workforce data; focus was on Acute and Surgical Divisions who, at the time were below target. Discussions also focused on barriers to timely recording and length of paperwork.

Actions:

- The OD team have listened to feedback from across the Trust and are making improvements to the appraisals process by streamlining the paperwork and improving recording compliance.
- The OD team are working in collaboration with Workforce Information to explore alternatives to how appraisals are recorded, including the ability for individuals to record their own appraisal on ESR.
- Divisional leaders and HR business partners continue to identify areas of lower performance and work with service leads to address compliance gaps.
- The Learning and Development Team continue to contact all individuals that are out of compliance and due to become out of compliance with details about the appraisal process.
- Contact is also made with all line managers each month to actively highlight gaps in compliance and provide information and guidance on the process, note this is in addition to ESR automatic messages which are also issued.

- Development for managers continues with online resources and guidance made available together with formal management training.
- The intranet has a comprehensive suite of guidance and ‘on-demand’ learning resources that brief staff and managers on the new process.
- The appraisal portlet makes recording appraisals easier for managers with a short step by step video to assist them in recording appraisals.

Risks to position and/or actions:

- Ongoing system pressures continue to be a risk to capacity for managers and staff to have quality appraisal discussions. To help mitigate this, the OD Team will work in collaboration with HR to provide targeted awareness, in a format and at a time which works around operational commitments, for teams / services that are particularly lower in compliance.

Wirral University Teaching Hospital NHS Foundation Trust

Board of Directors in Public
7 May 2025

Item No 9

Report Title	Chairs Reports – Quality Committee
Date of Meeting	26 March 2025
Author	Dr Steve Ryan, Chair of Quality Committee

Alert	• The Committee wish to alert members of the Board of Directors that: ○ Following the internal audit review into Local Safety Standards for Invasive Procedures, which gave limited assurance on control design and operating effectiveness, the Committee sought assurance that relevant actions were being progressed at the relevant pace: which was received. The Executive-led Patient Safety and Quality Board is overseeing progress on these actions. Principle learning related to the need for effective feedback mechanisms (such as audit) to be in place to monitor effective delivery of quality programmes. ○ It noted that, for a period of time, a number of patients had unusually made direct complaints about the care they had received direct to the Care Quality Commission. There was no systemic theme noted in these and numbers have now reduced. Despite progress in reducing the number of overdue complaints, the Executive Assurance and Risk Committee is overseeing a review of the governance of complaints. There is also local action related to communicating the purpose of and procedures in operating the continuous flow model: A complaint had indicated they had not been clear enough. In addition, a test-of-change is underway on a small number of wards to address informal concerns such as this. ○ The Committee questioned the plans to close the small number of long-standing actions from past CQC inspections. Although a clear plan exists for actions relating to the environment of the neonatal unit, actions relating to clinical supervision models for some staff groups and electronic recording of individual care planning have not be clarified. In addition, since the actions were identified new models of working have been developed for these areas. The Committee has asked for an update at its next meeting outline a clear plan to complete these actions or modify them appropriately, as well as understanding how any risks are mitigated.
Advise	• The Committee wish to advise members of the Board of Directors that:

	○ It noted a pilot is being run for gaining patient consent electronically. This is important for number of reasons including the fact that given long waiting times, patients need to be re-consented. The use of paper records is cumbersome and risks previous paper-based consents not being available at a subsequent appointment or operation. Patient feedback has thus far been positive. Valid consent is checked as part of the surgical checklist prior to any procedure - as a failsafe. ○ The Trust continues to learn and develop its approach to the Patient Safety Incident Response Framework. The view has emerged that for some incidents (particularly of a less serious nature) our early approach has been "over-governed", and we have not made the full use of the methods available in the PSIRF "toolbox". So, for example, some rapid evaluations of care (RECs) can be replace by a more live and engaging process called a "swarm huddle pilot". ○ A report into bacteraemia arising in patients with urinary catheters was noted. This outlined what actions could be taken to reduce the incidence by improved management of urinary catheters. A good example of practice on ward 24 was noted with excellence clinical leadership. Communication of best practice and links to community care were emphasised as important principles.
Assure	• The Committee wish to assure members of the Board of Directors that: ○ There was strong assurance with compliance with actions on Central Alerting System alerts on medicines. 36 such alerts were received in Q3. ○ There was good progress with the catch-up programme for WISE accreditation. A backlog had developed due to critical incidents having been declared in the preceding quarter. Only 3 wards remained to be inspected of an initial 13. The inspections are unannounced. The Trust is aiming to work with other Trusts in the region to learn about outstanding examples of ward accreditation that the CQC have identified. ○ The Learning from Deaths report gave assurance on the effectiveness of our mortality review process and the ability, working with Telstra Health, of identifying statistical outliers for mortality rates in any patient group. This allows relevant deep dives to gain assurance or identify areas of concern. Mortality rates for the Trust remain within national agreed bounds.
Review of Risks	• The Committee spent some time considering the relevant areas of the Board Assurance Framework prior to a planned Board Seminar to review the BAF. There was helpful discussion discussing the alignment of the Trust and Wirral Community

	Trust's BAFs which would support the delivery of joined-up strategy. The Committee felt that the high-level risk ratings in its purview were set at an appropriate level but noted that the interaction between different risks and the low level of clinical harms related to these risks seen in reality, should be taken into account at the seminar.
Other comments from the Chair	• The Committee felt that this was an effective meeting and that it received high quality reports that supported this. The was the first meeting attended by our new attendee, the Chair of Healthwatch Wirral who provided very helpful insights and helped bring additional focus on our patients/citizens. They had some helpful suggestions about our communication with our community.

Wirral University Teaching Hospital NHS Foundation Trust

Board of Directors in Public **Item No 10**
7 May 2025

Report Title	Committee Chairs Report – People Committee
Date of Meeting	3 April 2025
Author	Lesley Davies, Chair of People Committee

Alert	• The Committee wish to alert members of the Board of Directors that: ○ The Trust has made being a good place to work a key strand of work in its People Strategy. To this end significant progress has been made over the past three years to establish the foundations of effective staff management, both in terms of processes and reporting. However, exit interviews for staff leaving the Trust continues to be an area for improvement particularly in the development of a central recording system. Improvements to the process have been hampered by other commitments taking priority when resources are stretched and it is unlikely that the Trust will be in a position to review why staff leave, beyond the standard information recorded in ESR until, the earliest, 2026.
Advise	• The Committee wish to advise members of the Board of Directors that: ○ The Committee was provided with an update on the Place Workforce Integration Plan and noted that a draft of the plan is expected in April 2025. ○ The Committee also noted the work being carried out across the Trust to ensure protocols are in place and being implemented to effectively manage and, where possible, address violence and behavious that challenge, experienced by staff. Progress is being made particularly in the take up of staff training on how to manage challenging behaviours. Next steps include identifying a lead for this area of work and continuing the work on ensure staff feel confident to report issues.
Assure	• The Committee wish to assure members of the Board of Directors that: The April Committee meeting included two deep dives. ○ The first deep dive reviewed the Trust's management of bullying and harassment incidents, and the Committee took good assurance from the sustained focus being given to this work including on improving the awareness by staff and the reporting of incidents. The Committee discussed the need for the Trust to ensure it takes a zero tolerance to any bullying and harassment incidents. Next steps include a review of what zero tolerance means in practice and how best to support staff across

	the Trust. The Committee will continue to review progress in this area of work. ○ The second deep dive revisited the progress being made to reduce sickness and absence in Estates and Facilities. The Committee recognised the work being undertaken and noted the changes and improvements being made. Improvements include changes in the structure to provider greater oversight of staff. The Committee was pleased to learn of the division's future plans which include a number of initiatives to address recruitment, attendance and retention of staff. It was particularly good to see that the division had improved it staff survey response rate by 26per cent this year; a considerable achievement
Review of Risks	• The Committee reviewed the risks, and it was noted that the Trust's inability to centrally gather and review staff exit interview was of concern and would be addressed within the risk register.
Other comments from the Chair	• No further comments

Wirral University Teaching Hospital
NHS Foundation Trust

Board of Directors in Public
7 May 2025

Item No 11

Report Title	Chairs Reports – Estates and Capital Committee
Date of Meeting	10 April 2025
Author	Steve Igoe, SID & Deputy Chair and Meeting Chair

Alert	• The Committee wish to alert members of the Board of Directors that: ○ Whilst the Trust continues to improve its inspection position it remains the case that the Trust cannot fully demonstrate that it fully compliant in terms of periodic inspection and maintenance across its asset base. ○ Health and Safety issues continue in relation to Violence and aggression, and it was agreed that a report should come to Board to discuss how the Trust can improve in this area, noting that this is an issue across the NHS. ○ Further work is required in relation to Fire safety although works continue to resolve infrastructure issues such as the recent enhancement of dry risers. ○ The Trust received its PLACE (patient led care assessments of the care environment). It was noted that there had been a deterioration in cleanliness results over the course of the year. A plan focussing on resolving the issues raised will come to the Committee in due course.
Advise	• The Committee wish to advise members of the Board of Directors that: ○ The Committee discussed the analysis of the WCHC properties noting the potential opportunities for rationalisation between the two Trusts. It was agreed that as the integration progresses these items would be a matter for discussion between both Trusts. ○ The Trust capital expenditure for 2024/25 will deliver the internal capital plan of £26.8m. ○ The UECUP scheme is progressing with a number of refurbishment projects in advance of the final phase of the project. It is important that the Trust ensures minimal abortive costs are associated with this as the project progresses.
Assure	• The Committee wish to assure members of the Board of Directors that: ○ Performance of the Estates, facilities and capital function continues to be positive noting a substantial positive improvement in performance over recent years. ○ Recent improvements in the Estates and facilities area were well summarised in the “Estates and Facilities

	improvement" presentation which will be used across stakeholders to confirm the positive changes made within the Trust. ○ The Committee discussed its annual self-assessment report noting the positive performance in year. The Committee confirms that it is properly comprised with the appropriate skills and has met enough times to conduct its business. The Committee has reviewed its work and confirms that it has discharged its duties in line with the authority delegated to it by the Board via its Terms of Reference and is therefore operating effectively.
Review of Risks	• The Committee noted and discussed Risk 10 on the BAF namely the impact of not delivering on the infrastructure plans on service quality, delivery, and patient care. We noted the ongoing improvements and confirmed the current rating of 12 (amber).
Other comments from the Chair	• None

Wirral University Teaching Hospital NHS Foundation Trust

Board of Directors in Public
7 May 2025

Item No 13

Report Title	Chairs Reports – Finance Business Performance Committee
Date of Meeting	23 April 2025
Author	Sue Lorimer, Chair of Finance Business Performance Committee

Alert	• The Committee wish to alert members of the Board of Directors that: ○ The Trust ended the financial year with a deficit of £15.6m. After adjustments for items excluded from the control total the deficit came down to £9.7m which is an adverse variance from plan of £3.1m. This is in line with the forecast shared with the Board and agreed with the ICB and is due largely to a delay in the delivery of integration benefits. ○ The Trust made cost improvement savings of circa £20m during the year. This is some £8m behind plan despite being a significant achievement. ○ Cash continues to be an area requiring focus and close management with payroll requirements remaining top priority. The Better Practice Payment Code is not being achieved currently but should be back on track by November. ○ The Trust has now agreed to improve its RTT performance by 5% as required in the national planning guidance and in line with other acute providers in the North West.
Advise	• The Committee wish to advise members of the Board of Directors that: ○ An update on planning for the 2025/26 CIP was received. The plan is for £32.8m of which £19.6m has been identified for the current year, £22.7m full year. £11.8m is to be transacted against budgets for quarter 1. A CIP workshop is planned for the week following the Committee meeting. ○ The Committee received an update on the work planned for 25/26 to improve productivity. There is a focus on Outpatients, the consolidation of theatres and the expanded use of SDEC. ○ QIA's and QEIA's on efficiency and productivity schemes to be completed by 30/4/25. A differential approach will be taken dependent on the nature of the scheme. SR agreed to review the approach at Quality Committee. ○ The business case for the refurbishment of the Aseptic Unit was not completed in time for the meeting and

	members agreed to review outside of the meeting to enable its progression to the May Board. ○ The Committee reviewed the Integrated Performance Report, Board Assurance Framework and the Cycle of Business. ○ The Committee discussed the Annual Report of the Committee and confirms that it is properly comprised with the appropriate skills and has met enough times to conduct its business. The Committee has reviewed its work and confirms that it has discharged its duties in line with the authority delegated to it by the Board via its Terms of Reference and is therefore operating effectively.
Assure	• The Committee wish to assure members of the Board of Directors that: ○ The Committee received the MIAA report on Key Financial Transactional Processing Controls and were pleased to see that an assurance rating of "High" had been given. This is the highest category of rating.
Review of Risks	• Cash remains an operational and reputational risk to the Trust as suppliers are being paid outside of the BPPC to preserve cash. This is being managed closely by the Finance Department. • The planned improvement in RTT is a risk as it is not clear at present how this will be achieved in full. • The improvements in productivity needed to improve services for patients and find financial savings will require a change in working practices for some staff. This is likely to prove unsettling for some staff and relationships will need to be managed.
Other comments from the Chair	• The Committee noted a proposed move to integrated meetings with Wirral Community's Finance Committee. • The Committee requested an update on recruitment to the ED Nursing posts approved in the business case.

Wirral University Teaching Hospital NHS Foundation Trust

Board of Directors in Public **Item 13**

07 May 2025

Title	Monthly Maternity and Neonatal Services Report
Area Lead	Sam Westwell, Chief Nurse
Author	Jo Lavery, Divisional Director of Nursing & Midwifery (Women's and Children's')
Report for	Information

Report Purpose and Recommendations

The last Quarterly Maternity Services update report to the Trust Board of Directors was presented in March 2025 and an extended monthly paper in April 2025. The following paper provides a further update and oversight of the quality and safety of Maternity and Neonatal Services at Wirral University Teaching Hospital (WUTH).

Included in the paper is the monthly Perinatal Clinical Surveillance Quality Assurance Report providing an overview of the latest (March 2025) key quality and safety metrics and the position of patient safety incidents.

It is recommended:

- Note the report.
- Note the Perinatal Clinical Surveillance Assurance report.

Key Risks

This report relates to these key Risks:

- BAF Risk 1.4, Failure to ensure adequate quality of care resulting in adverse patient outcomes and an increase in patient complaints

Contribution to Integrated Care System objectives (Triple Aim Duty):	
Better health and wellbeing for everyone	Yes
Better quality of health services for all individuals	Yes
Sustainable use of NHS resources	Yes
Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Governance journey			
Date	**Forum**	**Report Title**	**Purpose/Decision**
May 2025	Divisional Quality Board (DQB)	Quarterly Maternity and Neonatal Services Report	For information
May 2025	Maternity & NNU Assurance Board	Quarterly Maternity and Neonatal Services Report	For information
May 2025	Patient Safety and Quality Board	Quarterly Maternity and Neonatal Services Report	For information

1	Perinatal Clinical Surveillance Quality Assurance Report
	The Perinatal Clinical Surveillance Quality Tool dashboard is included in **Appendix 1** and provides an overview of the latest (March 2025) key quality and safety metrics. The purpose of this report is to provide a monthly update to BOD of key metrics reported to the Local Maternity and Neonatal System (LMNS) and NHSE/I via the Northwest regional Maternity Dashboard which are linked to the quality and safety metrics of Maternity and Neonatal Services. The dashboard is provided for information and whilst there is no indication to escalate any of the metrics to the Board of Directors, it should be noted since there is no longer a Northwest coast regional report being produced WUTH is no longer able to report on the benchmarking against other providers for rates such as stillbirth and neonatal deaths. Assurance has previously been provided to the Board of Directors this was escalated via the Local Maternity and Neonatal System (LMNS) for a resolution. However, a Northwest Regional Dashboard Tool for use by Regional Maternity and Neonatal Teams is available to provide bespoke reports for Regional Operational Performance reporting. The Maternity Services Data Set publications have a lag of circa three months on review of the dashboard the Board of Directors should be aware concerns regarding the accuracy of the data sources have been raised regionally, further escalating regionally it remains WUTH is still unable to benchmark against other providers. A further set of clinical quality metrics has been provided by Cheshire and Mersey LMNS and the reporting pack has been challenged in terms of accuracy and relevance of the measures. There have been no further datasets shared or any feedback provided.

2	Patient Safety Incident Investigations (PSII's) & Maternity and Newborn Safety Incidents (MNSI)
	Patient Safety Incident Investigations (PSII's) continue to be reported monthly on the regional dashboard by all maternity providers including C&M and Lancashire and South Cumbria (Northwest Coast). PSSI's are also reported to the LMNS and the newly formed QSSG (Quality & Safety Steering Group) will have further oversight of all Maternity PSSI's across the region. There were no Patient Safety Investigation Incidents (PSII's) for Maternity declared in March 2025 for maternity services. All cases have been appropriately referred to Maternity and Newborn Safety Investigations (MNSI) and to date there are three active cases, two received in draft for comments and two final agreed reports.

	There were no Patient Safety Investigation Incidents (PSII's) declared in March 2025 for Neonatal services.

4	Implications
4.1	**Patients** • The appendices outline the standards we adhere to in order to deliver a safe service, with excellent patient care.
4.2	**People** • Submission to NHSR that 9 safety standards have been met with a manual revalidation requested for safety standard 1, providing assurance of the improvements to high quality, safe care and the delivery of best practice in both Maternity and Neonatal services. • The outstanding relationship with MNVP demonstrates co-production with service users and patient involvement. • Progress with the three-year delivery plan supports birthing people and their families with quality improvements to deliver safer, more personalised, and more equitable care. • Progress with sustainability of Ockenden. • Progress with Saving Babies Lives v3 supporting better outcomes for women/birthing people and babies.
4.3	**Finance** • In order to meet the continued compliance and sustainability of the Maternity Incentive Scheme (MIS) and continue to deliver Maternity Continuity of Care for women/birthing people with enhanced care needs, investment into the maternity and workforce is required and funding options continue to be explored. A paper has been approved at EARC for an increase in the maternity establishment to permanent posts with funding received for 25/26, not confirmed as recurrent. • BR Plus workforce planning has indicated investment is required to support safe staffing maternity levels and confirmed a deficit in midwifery staffing levels. A business case will be prepared in order to support and achieve Safety Action 5.
4.4	**Compliance** • This supports several reporting requirements, each highlighted within the report.

Appendix 1 - WUTH PQSM Dashboard March 2025 Final

Theme	Detail of metrics used for WUTH Perinatal Quality and Safety Model (PQSM)	Number	RAG	Narrative / Actions taken
Clinical Care	Number of stillbirths	0		No still births
	Number of neonatal deaths (before 28days) at WUTH	0		No NNU deaths
	Number of maternal deaths (up to 28 days following delivery)	0		No maternal deaths
	Post partum haemorrhage >1500mls	8		All reviewed via CIF process; no issues in care identified; 3% of women
	Rates of HIE where improvements in care may have made a difference to the outcome	0		No HIE
	Number of occasions where the Delivery Suite Coordinator is not supernumerary at start of shift	0		100% compliant
	Number of times when the Delivery Suite Coordinator is not supernumerary for a period of one hour or more during a shift	0		Maintain shift leader to be supernumery at start of shift and throughout as best practice
	% Compliance of 1:1 care in labour	100%		Data captured via 4 hourly BR Plus activity/acuity, achieved 100% of time, escalation processes followed to revert to supernumerary status within 1 hour
	%Consultant presence at delivery when indicated (as per RCOG Guidance)	100%		Monthly audit as per RCOG guidance and guidance updated to reflect RCOG; submitted as part of MIS Year 6
	Midwifery staffing is below BR+ Acuity	Yes		P/N Ward acuity consistently in the Red RAG rating for acuity/activity; BR Plus report received in March 2025 and staffing levels suboptimal; business case required to support an increase in establishment
	Midwifery staff absence rate in month (sickness)	9.33%		Trust processes implemented and additional support offered by HR for hot spot areas; above Trust recommended target
	Midwifery vacancy rate	<3%		Low vacancy rate consistently reported; 3.96 wte vacancy permanent; 4.3 wte additional out to advert
	Midwife : Birth ratio	01:26		Within parameters
	Number of times transfer in to the Neonatal unit for Level 3 care has been declined to internal transfer	0		Nil
	Number of times transfer in to the Neonatal unit for Level 3 care has been declined to external transfer	0		Nil
	BAPM compliance - Neonatal medical staff	Partial		Consultant recruited; org change underway for 24/7 cover at weekends to achieve BAPM compliance
	BAPM compliance - Neonatal nursing staff	Yes		Workforce report to BoD annually demonstrates compliance
	Number of times Maternity unit has been on divert/closed to admissions	0		Nil; mutual aid requested
	Total number of Red Flags reported	41		Theme: delay in admisson for inductions
Service user e	Staff survey	37%		Divisional compliance for 2024 staff survey 37%, midwifery staff groups below national average, requires improvement; action plan produced with key priorities
	CQC National survey	Yes		Published and action plan in place; repeat due Feb 2025; report to BoD at next quarterly report
	SCORE Survey	Yes		Participated in 2024; facilitated workshops and ongoing action plan
	Feedback via Deanery, GMC, NMC	No		Nil of note
	%Consultant presence at delivery when indicated (as per RCOG Guidance)	100%		Monthly audit as per RCOG guidance and guidance updated to reflect RCOG; submitted as part of MIS Year 6
Leadership and relationships	New leadership within or across maternity and/or neonatal services	Yes		Delivery Suite Manager - started 17/3/25; Q&S Lead Matron out to advert
	Concerns around the culture / relationships between the Triumvirate and across perinatal services	Nil		Good working relationships between teams / directorates
	False declaration of CNST MIS	No		MIS Year 6 submitted by 3/3/25; manual validation being requested for Safety Action 1 and outcome awaited; MIS Year 7 due to be launched April 2025
	Concerns raised about other services in the Trust impacting on maternity /neonatal services e.g. A&E	No		Nil of note
	Concerns raised about a specific unit e.g. Highfield Birthing Unit	Yes		Maternity ward concerns re: staff attitude, poor food options and inadequate pain relief; action plan and close weekly monitoring; co-production with MNVP
Safety and learning culture	Lack of engagement in MNSI or ENS investigation	No		Positive feedback quarterly review meetings and transparency through number of rejected cases
	Lack of transparency	No		Robust governance processes
	Learning from PSII's, local investigations and reviews not implemented or audited for efficacy and impact	No		Learning shared internally and via MNSG (NW region)
	Learning from Trust level MBRRACE reports not actioned	No		Nil of note
	Maternity/Neonatal Safety Champion concern; negative feedback; escalation	Nil		Regular safety champion meetings and walkabouts; all feedback actioned and feedback given
	Recommendations from national reports not implemented	Yes		CQC inspection publication action plan in progress to address quality improvements in line with recommendations; report to BoD quarterly progress
Incident reporting	Number of PSIRF reported incidents graded moderate or above	0		Reporting for March 2025
	Number of Maternity or Neonatal PSII's	0		Robust PSIRF framework followed
	Number of cases referred to MNSI	0		x3 active, x2 in draft and x2 final reports received
	Delays in reporting a PSSI where criteria have been met	0		N/A
	Never Events which are not reported	0		N/A
	MNSI/NHSR/CQC with a concern raised or a request for information	0		N/A
	Recurring Never Events indicating that learning is not taking place	0		N/A
	All safery action 1 report to MBBRACE within timeframe to include FQ's	Yes		Since data entry error all cases and FQ's reported as MIS timescales
	Poor notification, reporting and follow up to MBRRACE-UK, NHSR ENS and HSIB	0		N/A
Governanc e processes	Unclear governance processes / Business continuity plans not in place	Nil		Clear governance processes in place following PSIRF; awaiting revised publication for maternity services expected 2025; LMNS feedback required assurance of governance referrals to external organisations are made by maternity MDT team and not central governance
	Ability to respond to unforeseen events e.g. pandemic, local emergency	Yes		Maternity and Neonatal services responded to a major incident with
	Number of maternity/neonatal risks on the risk register overdue	0		Nil overdue
	Number of maternity/neonatal risks on the risk register with a score >12	27		NNU estates and IPC - plans to address; all reviewed up-to-date with mitigation and actions
CQC inspection and DHSC or NHSE/I request for support	DHSC or NHS England Improvement request for a Review of Services or Inquiry	No		Nil to report this month
	Coroner Regulation 28 made direct to Trust	No		CQC reports published in April 2023 'GOOD' for maternity services
	An overall CQC rating of Requires Improvement with an Inadequate rating for either Safe and Well-Led or a third domain	No		N/A
	CQC Rating overall	GOOD		N/A
	Been issued with a CQC warning notice	No		N/A
	CQC rating dropped from a previously Outstanding or Good rating to Requires improvement in the safety or Well-Led domains	No		N/A
	Been identified to the CQC by HSIB with concerns	No		N/A
	Red indicates not-compliant			
	Amber indicates partial compliance / work underway			
	Green indicates meets compliance			
	Blue indicates for information and no metric parameter			

Board of Directors in Public **Item 14**

07 May 2025

Title	Employee Experience Update
Area Lead	Debs Smith, Chief People Officer
Author	Sharon Landrum, Head of People Experience
Report for	Information

Executive Summary and Report Recommendations

Each autumn NHS staff in England are invited to take part in the NHS Staff Survey. The national staff survey is one of the largest workforce surveys in the world and has been conducted every year since 2003.

Picker Europe continues to be WUTH's contracted provider for the national staff survey.

The survey offers a snapshot in time of how people experience their working lives, gathered at the same time each year. It is one of the main ways that we are able to understand what it is like for staff working at Wirral University Teaching Hospital as well as providing a national picture of what it's like to work in and across different parts of the NHS and work to making improvements.

The aggregated survey results are official statistics, providing a rich source of data that is used by a wide range of NHS organisations to inform understanding of staff experience locally, regionally and nationally.

In 2021 the questions were aligned with the NHS People Promise to track progress against its ambition to make the NHS the workplace we all want it to be. The NHS Staff Survey is key to delivery of the NHS Long Term Workforce Plan.

In 2023 the NHS Staff Survey was extended to bank only workers and general practice staff in participating systems following successful pilots. Whilst WUTH does have a small number of bank only workers, numbers were below the national threshold and as such a bank only worker survey did not take place for WUTH this year.

A mixed mode of paper and online surveys were in operation again this year, however an increased number of paper copies were assigned, based on feedback received from Divisional management teams to support uptake in certain areas and/or for hard to reach staff.

A slide deck is included within section one, providing updates on the following key areas:

1) Summary of key findings.
2) Key areas of focus identified for WUTH as a result of feedback received.
3) Actions undertaken to date.

A copy of the full national staff survey benchmarking report is also attached at appendix 2.

It is recommended that the Board:

- Note the report

Key Risks
This report relates to these key risks: • BAF Risk – Failure of the Trust to have the right organisational culture, staff experience and organisational conditions to deliver our priorities for our patients and service users

Contribution to Integrated Care System objectives (Triple Aim Duty):	
Better health and wellbeing for everyone	Yes
Better quality of health services for all individuals	No
Sustainable use of NHS resources	No

Contribution to WUTH strategic objectives:	
Outstanding Care: provide the best care and support	No
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: maximise our potential to improve and deliver best value	No
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

2	Narrative
	Campaign An early launch date was secured, resulting in the survey launching on 30 September 2024 for 9 weeks (ending 28 November 2024). Whilst this allowed for an additional week of fieldwork, unfortunately responses could not be maximised due to a major incident in the final week which unfortunately halted a number of promotional events. Despite this however, a significant increase was seen in response rates, rising from 38% last year to 47% this year. This is felt to be largely as a result of the Trust's revised approach to the staff survey this year. Weekly staff survey campaign team meetings were held to involve divisions and corporate service areas and plan for the launch of the staff survey, provide regular updates on uptake and continuously involve team members in shaping the campaign as it progressed. Ideas were shared and brought to life which resulted in greater awareness of the campaign and data available, greater sharing of key messages and support available and new branding and promotional assets, all resulting in a greater level of enthusiasm and support. Divisions had greater ownership of the campaign locally with Divisional "connectors" identified to champion and support uptake. **Results** Results have been broken down into different localities (i.e. Division; directorate; service and ward / department), providing there are 10 or more responses to maintain anonymity.

	Results are available at a Trust level by: a. Occupational group i.e. nurses and midwives, medical and dental etc b. Demographic i.e. age, disability, sexual orientation, ethnicity, gender and religion or belief A new approach was also taken on receipt of the results; with a range of workshops held for Divisional and Corporate Service leads, subject matter experts and key enabling strategy leads, as well as for staff networks. Workshops provided opportunities to hear Trust results and key findings in advance of the embargo lift and provide space and time for review of data packs, relevant to their areas of focus / sphere of influence. Focused reviews and meetings have also been held to commence work on identifying key actions needed to ensure areas of focus are addressed and improved on this year. On review of the survey findings the following key areas of focus have been identified for 2025/26: • **Improvement for All**: *empowering staff to create change* • **Staff Safety**: *reducing violence and challenging behaviour* • **Reporting Concerns**: *improving staff confidence* Following the embargo lift on 13 March 2025, a live event was held to share key findings with all staff and also shared as part of Leaders in Touch. As part of the Trust's engagement framework; a number of Divisional engagement and feedback events have now been held to support Divisional action planning on "how" to ensure improvements for 2025/26. **Ongoing monitoring** Key lines of enquiry will be integrated within divisional performance reviews, with Divisions asked to provide updates on progress against key areas of focus identified from the 2024 staff survey. As part of the Trust's People Strategy key deliverables and new engagement framework, a new approach to measuring and monitoring the experiences of our staff at WUTH has been identified. Quarterly people experience updates have been shared with Workforce Steering Board, with biannual updates shared with People Committee for information. These have all included updates on the staff survey campaign including results and updates on action taken to further understand and improve staff experiences at WUTH. Reporting on the people experience agenda will continue on a biannual basis moving forwards.

3	Implications
3.1	**Patients** • Research shows that happier and more engaged staff can improve experience for our patients and improved patient outcomes. Activities detailed in this report seek to improve experiences for patients positively.
3.2	**People**

	• WUTH seeks to be the employer of choice and improve experiences for staff. No negative implications.
3.3	**Finance** • Increased expenditure to Picker Europe,
3.4	**Compliance** • Completion of national staff survey and quarterly pulse surveys, fulfils WUTH's standard contractual responsibilities.

2024 Staff Survey Update Presentation

Board of Directors
7 May 2025

Overview

Wirral University Teaching Hospital NHS Foundation Trust

Slides provide an overview of the following:

- 2024 staff survey campaign
- Responses
- Results:
  - People promise elements and themes
  - Summary of findings - highlights
  - Summary of findings - areas to improve
  - Key areas of focus for 2025/26
- Key actions taken so far

2024 Staff Survey Campaign

Wirral University Teaching Hospital
NHS Foundation Trust

- **Bright**, **fresh, new** suite of “assets” developed
- **Collaborative** approach with Divisions and key stakeholders
- Enhanced **Divisional ownership** with Divisional “connectors” identified
- **Enhanced support** from Workforce Directorate to support weekly progress monitoring and local uptake

Responses

Survey Coordination Centre NHS

Wirral University Teaching Hospital NHS Foundation Trust

2024 NHS Staff Survey

Organisation details

Completed questionnaires	3128
2024 response rate	47%

Survey details

Survey mode	Mixed

This organisation is benchmarked against:

Acute and Acute & Community Trusts

2024 benchmarking group details

Organisations in group: 122

Median response rate: 49%

No. of completed questionnaires: 532587

Response Rates

Division	Final Response Rate	Response Rate Last Year	Difference
Acute Care	**25%**	33%	-8
Clinical Support & Diagnostics	**55%**	44%	+11
Corporate Support	**59%**	62%	-3
Estates, Facilities & Capital Planning	**59%**	33%	+26
Medicine	**33%**	29%	+4
Surgery	**52%**	35%	+17
Women & Children	**37%**	33%	+4

Results

Results

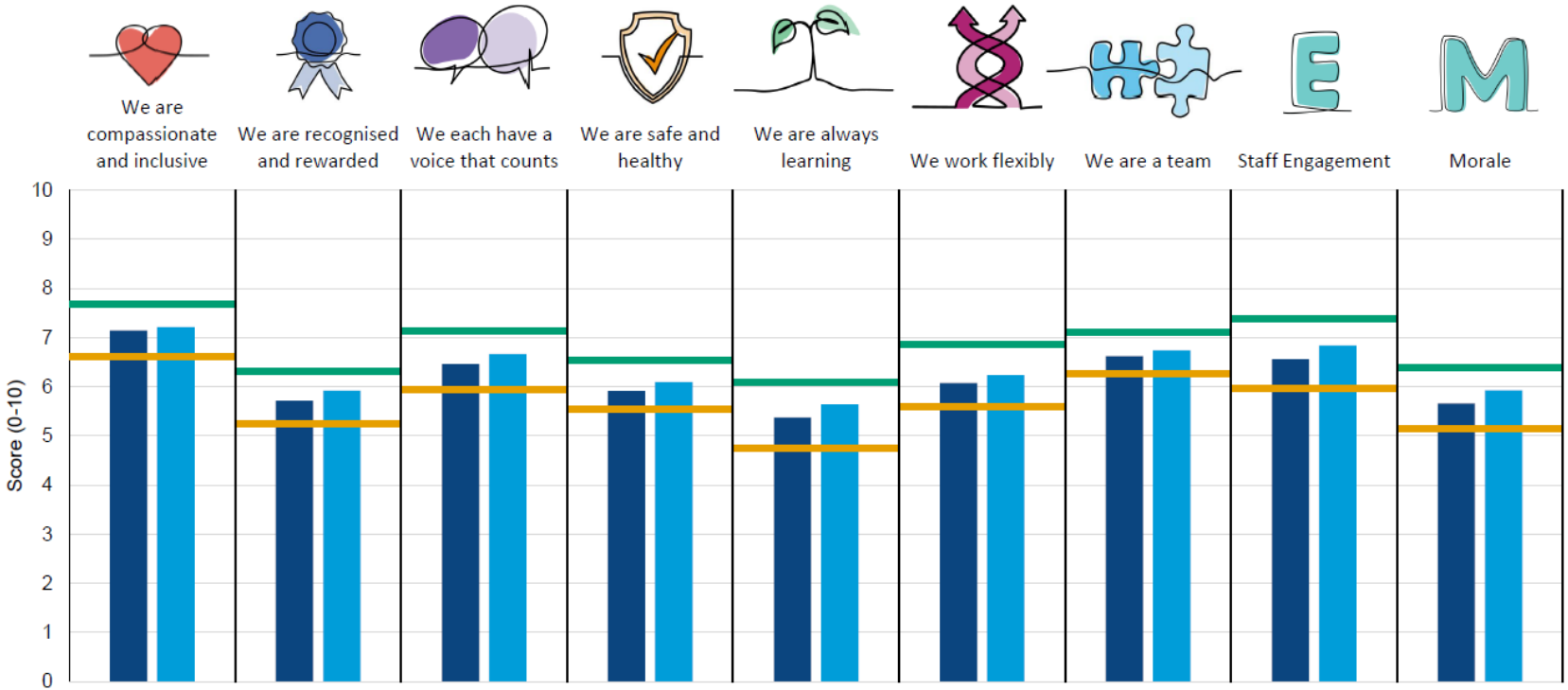
Results of the NHS Staff Survey are measured against the seven People Promise elements and against two additional themes *(Staff Engagement and Morale).*

People Promise elements and themes: Overview

Survey Coordination Centre

NHS

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



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.14	5.71	6.46	5.91	5.38	6.07	6.62	6.56	5.66
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	3111	3113	3090	3061	2910	3083	3099	3113	3113

Summary of Findings

Highlights;

- There is more compassionate leadership.
- Immediate managers care about concerns.
- Staff feel they are able to openly discuss flexible working opportunities.
- Staff feel less burnt out.
- Managers are more encouraging and give clearer feedback.
- Fewer staff are experiencing bullying/harassment.
- Of those that have experienced it, more are reporting it.
- More reasonable adjustments have been made to support staff in work.

Summary of Findings

Areas to Improve:

- Staff engagement.
- Challenges in meeting demand.
- Violence and patients displaying challenging behaviours.
- Staff confidence that issues raised are listed to and addressed.
- Staff’s ability to influence positive change in their area of work.

Key Areas of Focus

Key Areas of Focus

On review of survey findings, the following areas of focus have been identified for 2025/26:

1. **Improvement for All**: *empowering staff to create change*
2. **Staff Safety**: *reducing violence and challenging behaviour*
3. **Reporting Concerns**: *improving staff confidence*

Key Actions Taken so Far

A new approach was also taken to reviewing and sharing results which included:

- **Pre-embargo workshops** with Divisional senior leaders; subject matter experts and key enabling strategy leads and staff networks to review data and identify “what” the key areas of focus are for 2025/26.
- **Live event** held as national embargo was lifted.
- Development of **infographics** to share key findings and areas of focus
- Range of **Trustwide communications** e.g. dedicated intranet page; bulletins and promotion via staff magazine.
- **Divisional feedback and engagement events** to share data locally and support identification of “how” to support improvements in 2025/26.

Survey Coordination Centre

NHS

Wirral University Teaching Hospital NHS Foundation Trust

NHS Staff Survey Benchmark report 2024

Contents

Survey Coordination Centre

NHS

Introduction

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

About this report

This benchmark report for Wirral University Teaching Hospital NHS Foundation Trust contains results for the 2024 NHS Staff Survey, and historical results back to 2020 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

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

How results are reported

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

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

People Promise elements, themes and sub-scores

Survey Coordination Centre NHS

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

Questions not linked to the People Promise elements or themes

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q24f, Q26d, Q31b

Report structure

Survey Coordination Centre

NHS

Introduction

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

Organisation details

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

People Promise elements, themes and sub-scores: Overview

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

People Promise elements, themes and sub-scores: Trends

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

All the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, with the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

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

People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes.

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

Questions not linked to People Promise

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

Workforce Equality Standards

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

About your respondents

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

Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and theme results for 2023 vs 2024.
- Guidance on data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.

Using the report

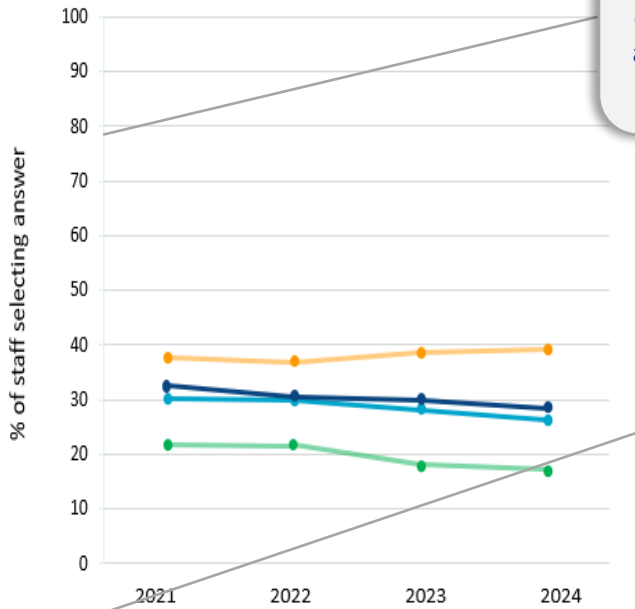
Survey Coordination Centre NHS

Note this is example data

Key features

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

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

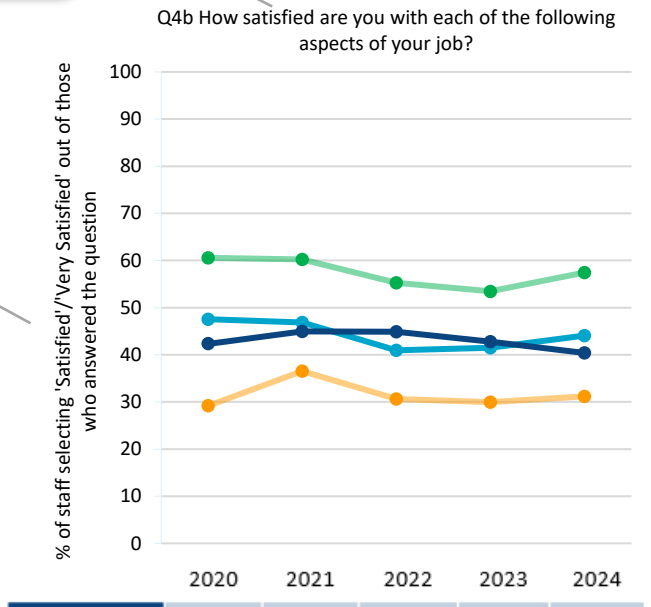


	2021	2022	2023	2024
Your org	32.6%	30.6%	30.0%	28.5%
Best result	21.8%	21.7%	18.0%	17.1%
Average result	30.2%	29.8%	28.1%	26.4%
Worst result	37.6%	36.9%	38.5%	39.2%
Responses	480	500	515	520

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

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

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



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

Number of responses for the organisation for the given question.

Note: Charts will only display data for the years where an organisation has data. For example, an organisation with three years of trend data will see charts such as q4b with data only in the 2022, 2023 and 2024 portions of the chart and table.

Survey Coordination Centre

NHS

Organisation details

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

Organisation details

Survey Coordination Centre NHS

Wirral University Teaching Hospital NHS Foundation Trust

2024 NHS Staff Survey

Organisation details

Completed questionnaires	3128
2024 response rate	47%

Survey details

Survey mode	Mixed

This organisation is benchmarked against:

Acute and Acute & Community Trusts

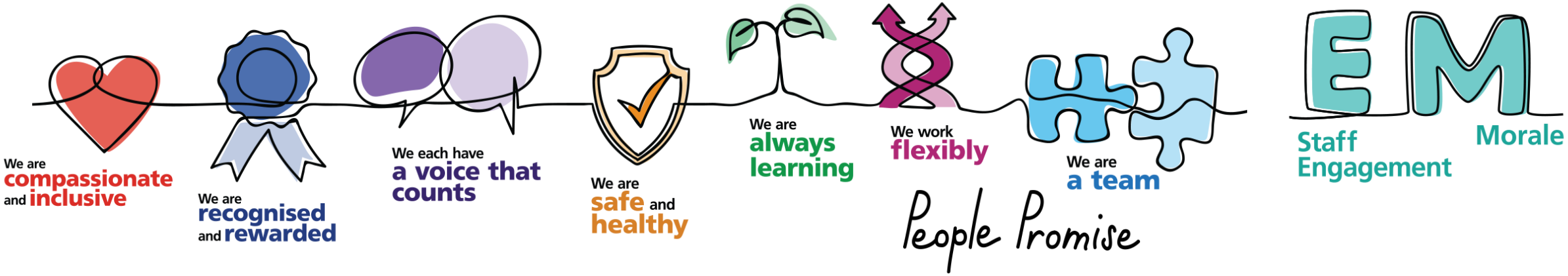
2024 benchmarking group details

Organisations in group: 122

Median response rate: 49%

No. of completed questionnaires: 532587

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



People Promise elements, themes and sub-score results

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

Survey Coordination Centre

NHS

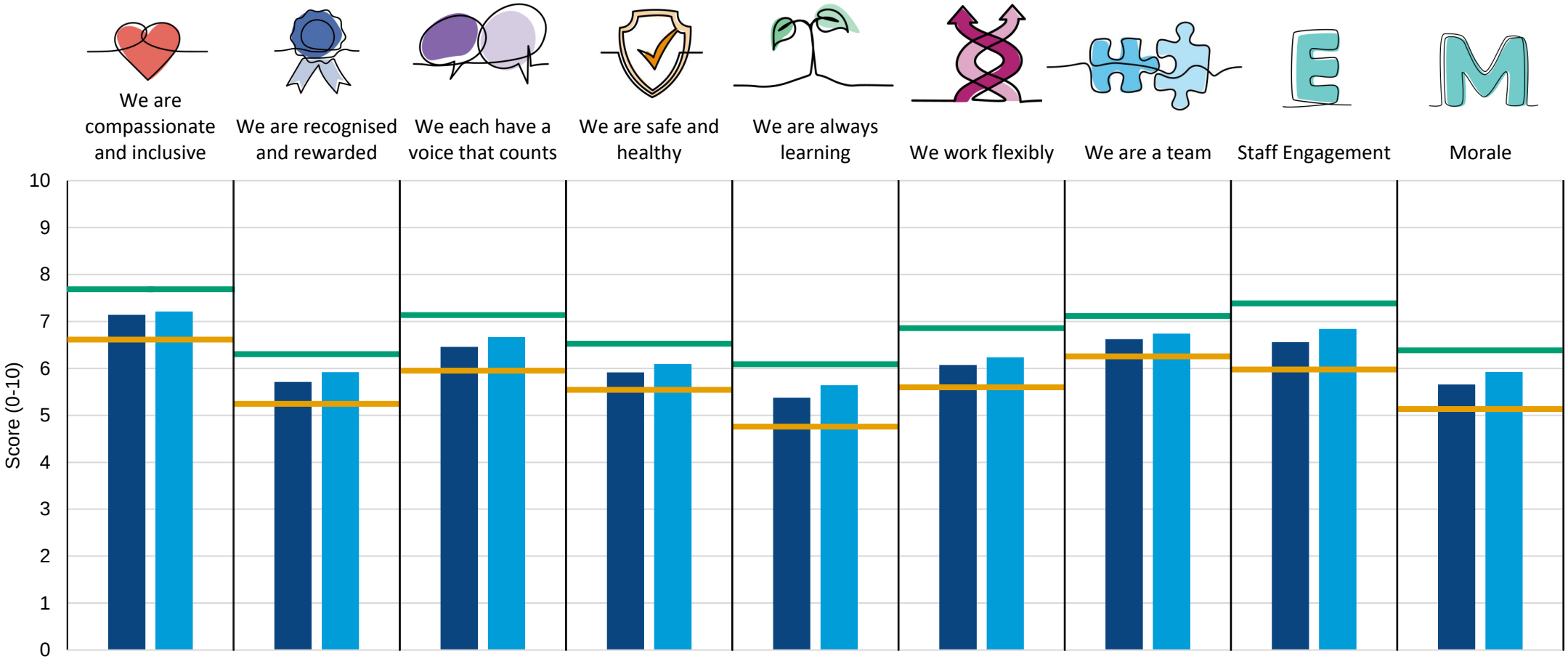
People Promise elements, themes and sub-scores: Overview

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

People Promise elements and themes: Overview

Survey Coordination Centre NHS

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



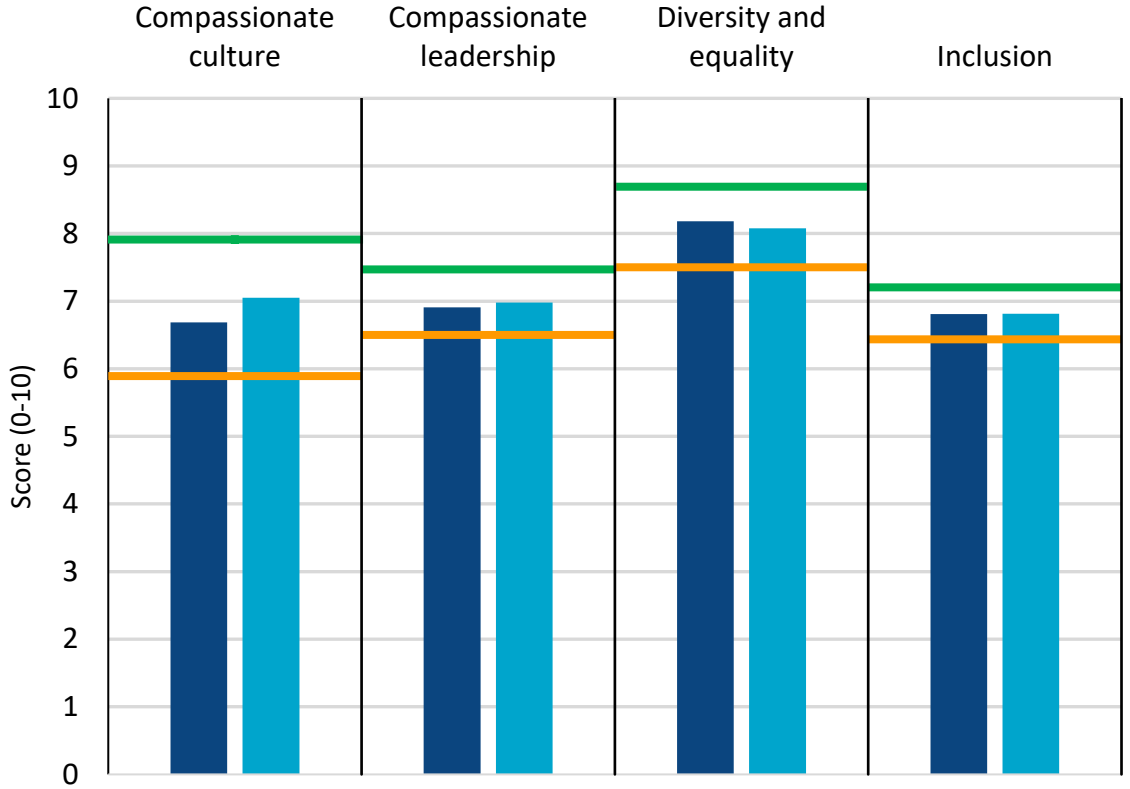
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.14	5.71	6.46	5.91	5.38	6.07	6.62	6.56	5.66
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	3111	3113	3090	3061	2910	3083	3099	3113	3113

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

Survey Coordination Centre NHS

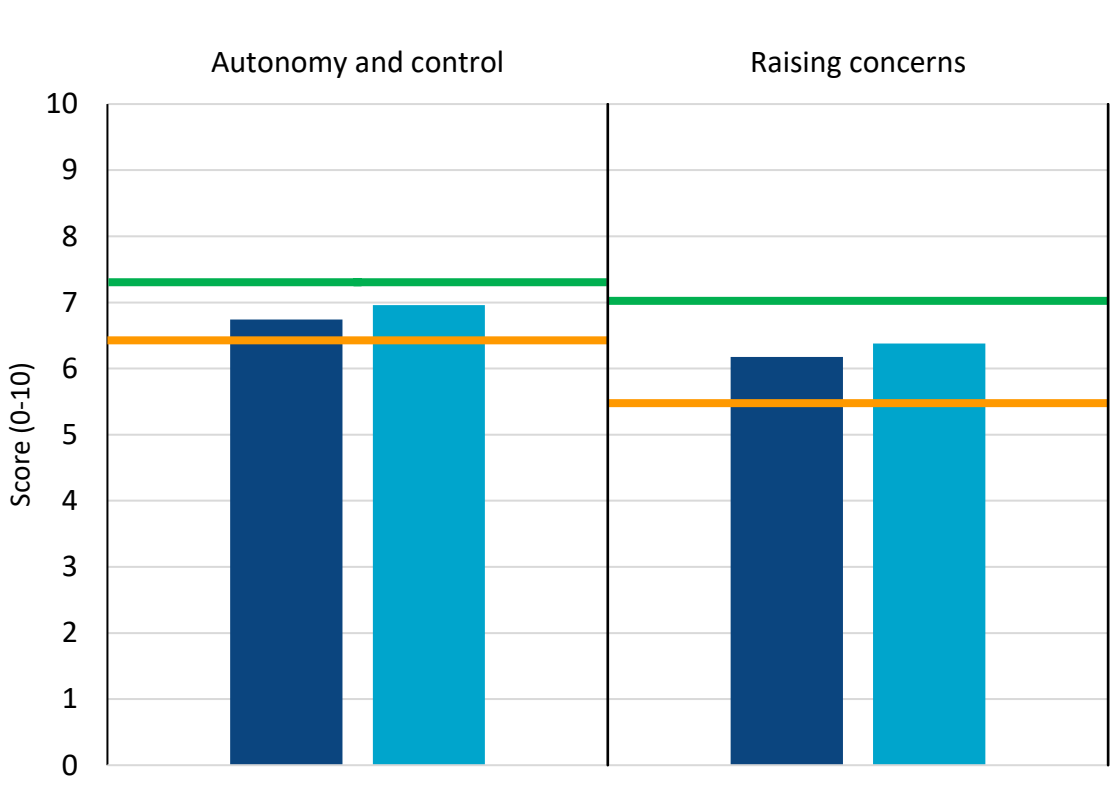
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	6.69	6.91	8.18	6.81
Best result	7.91	7.47	8.69	7.20
Average result	7.05	6.98	8.08	6.81
Worst result	5.89	6.50	7.50	6.44
Responses	3104	3104	3094	3107

Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Your org	6.74	6.17
Best result	7.31	7.02
Average result	6.96	6.38
Worst result	6.43	5.48
Responses	3113	3093

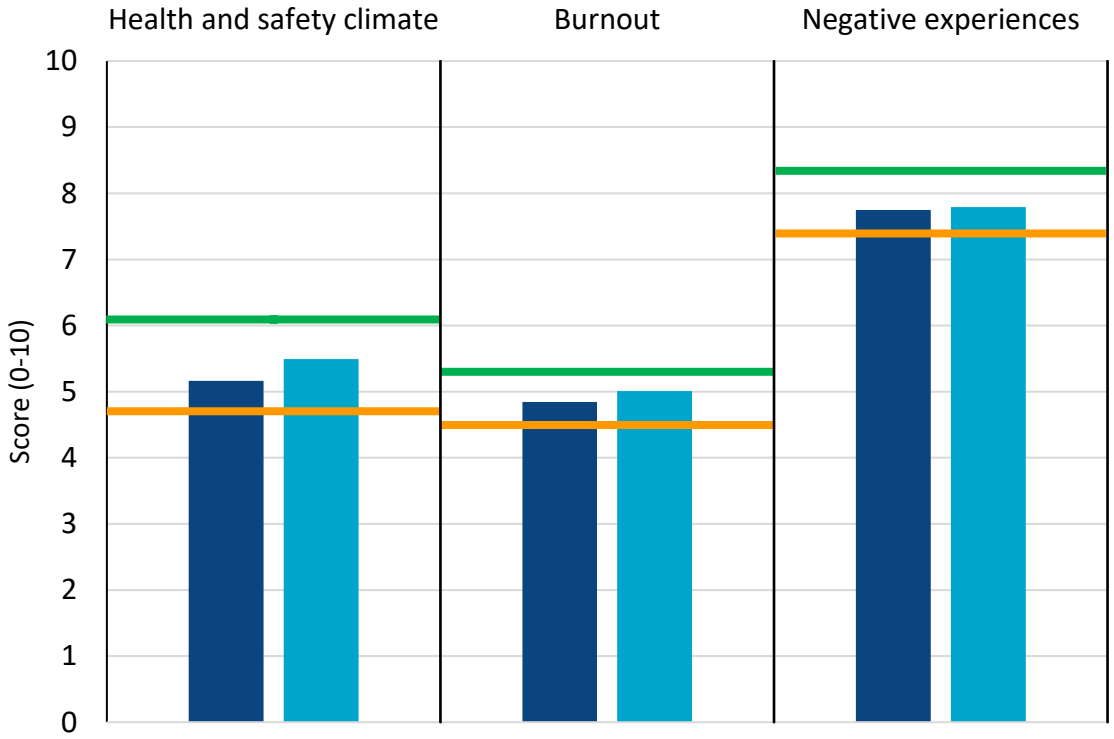
Note: People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

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

Survey Coordination Centre

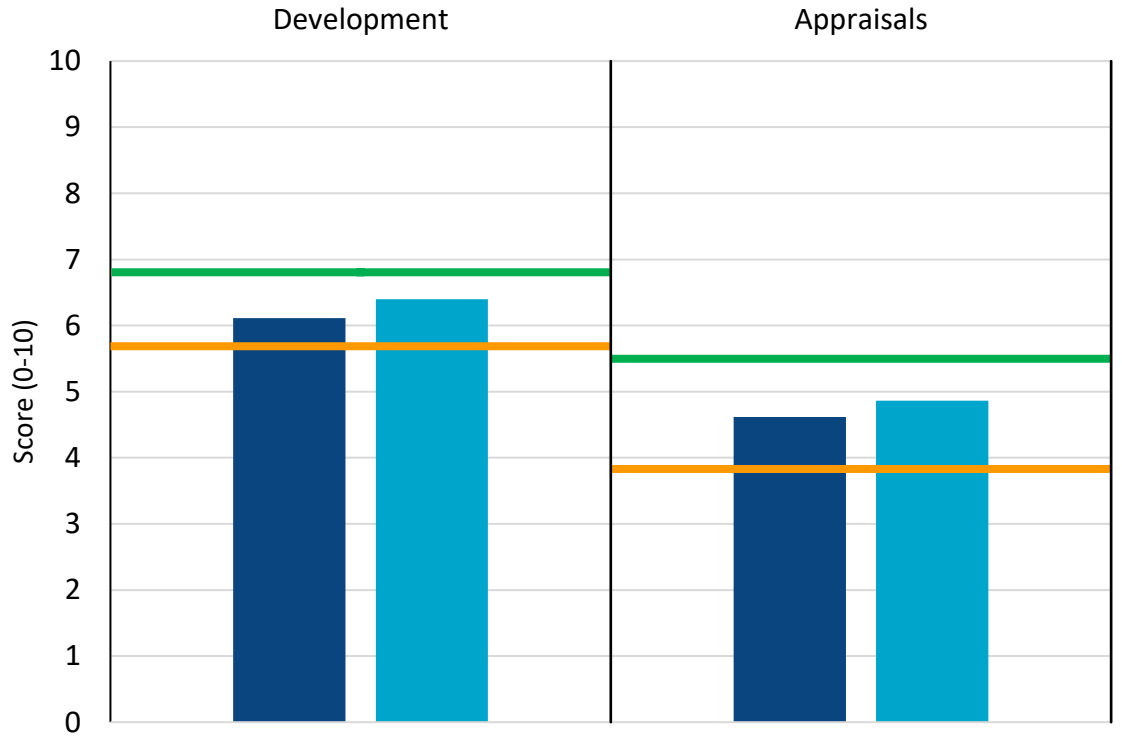
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	Health and safety climate	Burnout	Negative experiences
Your org	5.16	4.84	7.75
Best result	6.09	5.30	8.34
Average result	5.49	5.01	7.79
Worst result	4.70	4.50	7.39
Responses	3110	3109	3072

Promise element 5: We are always learning



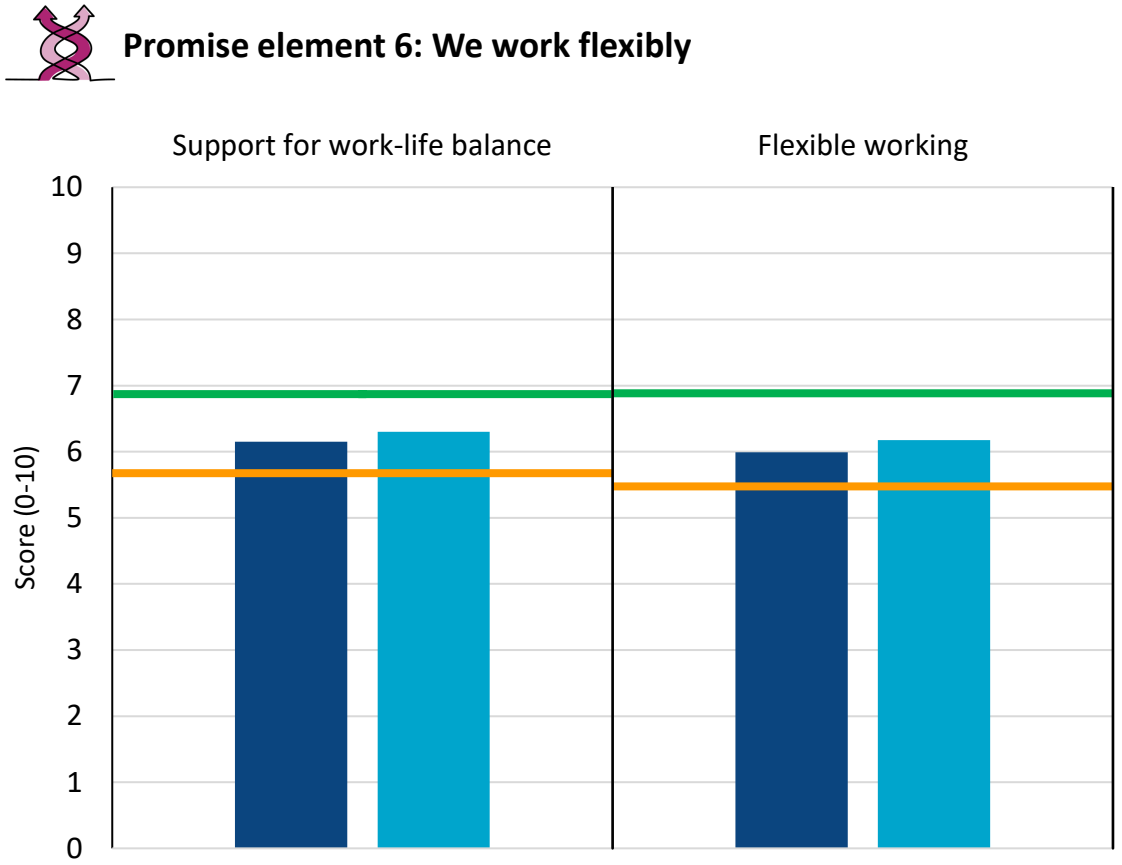
	Development	Appraisals
Your org	6.11	4.62
Best result	6.80	5.50
Average result	6.40	4.86
Worst result	5.69	3.83
Responses	3094	2922

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

Survey Coordination Centre NHS

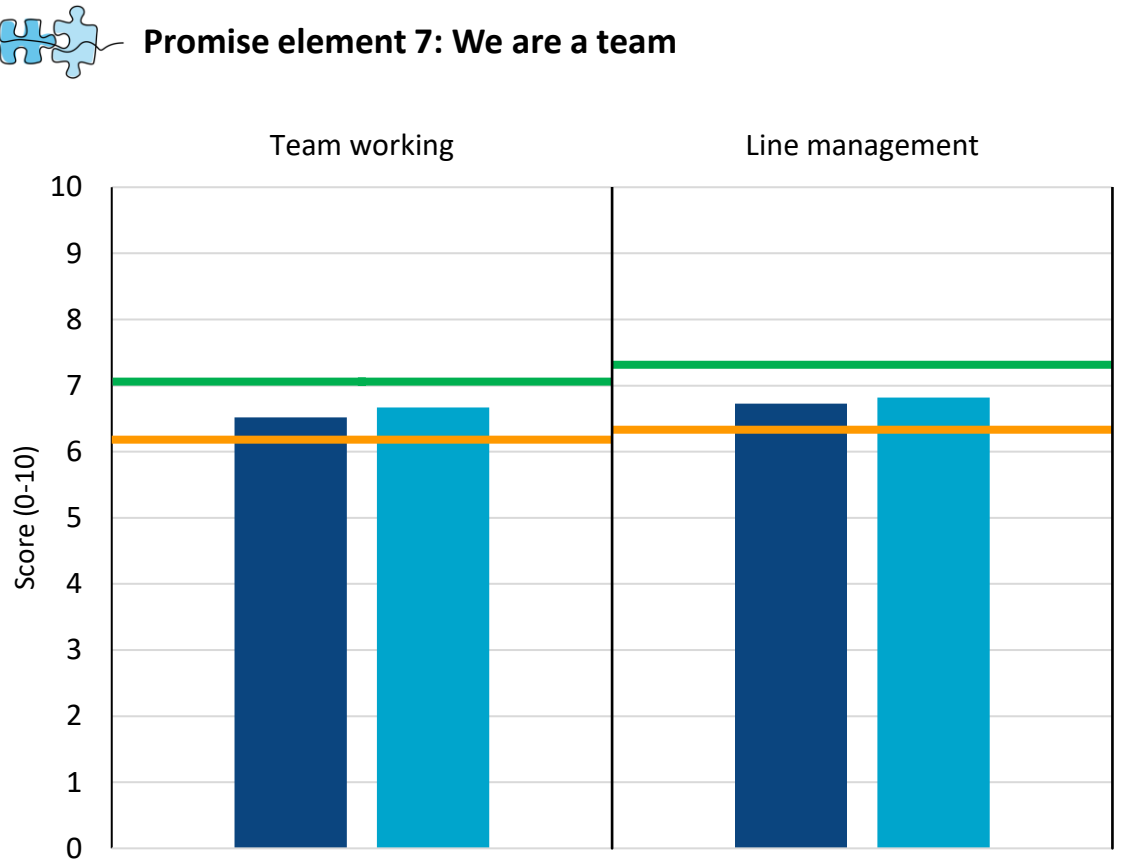
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	Support for work-life balance	Flexible working
Your org	6.15	5.99
Best result	6.87	6.88
Average result	6.30	6.17
Worst result	5.67	5.47
Responses	3100	3100

Promise element 7: We are a team



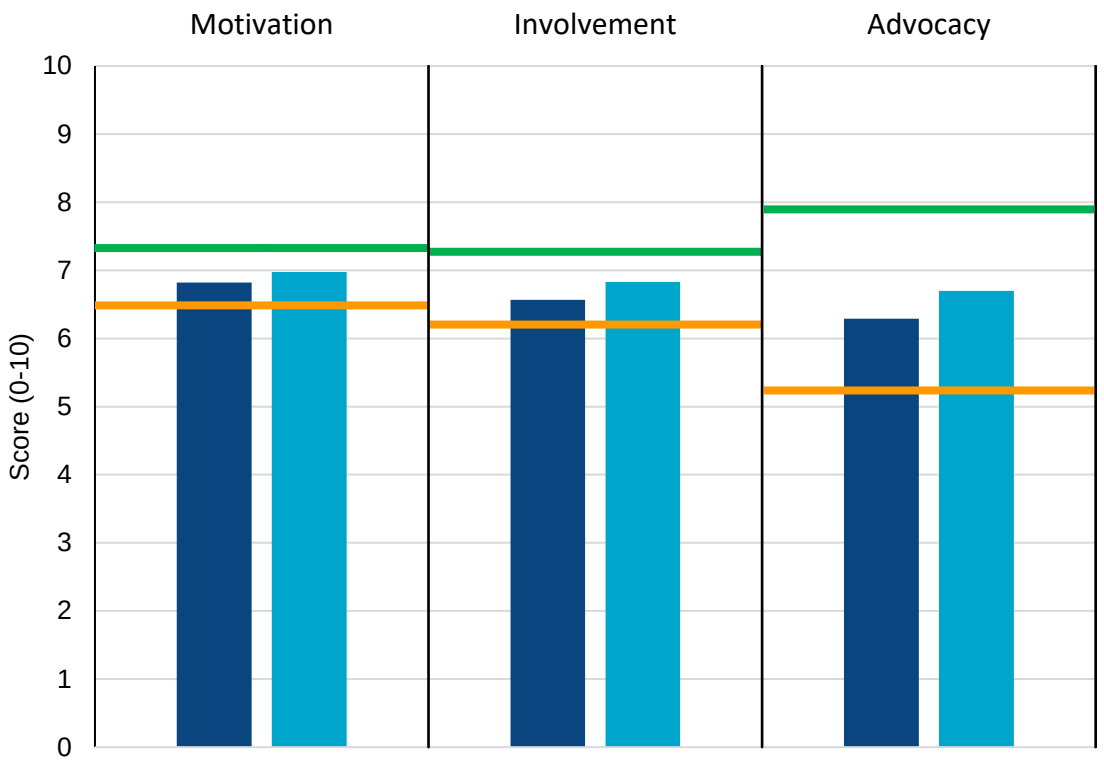
	Team working	Line management
Your org	6.52	6.73
Best result	7.06	7.31
Average result	6.67	6.82
Worst result	6.18	6.33
Responses	3108	3103

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

Survey Coordination Centre

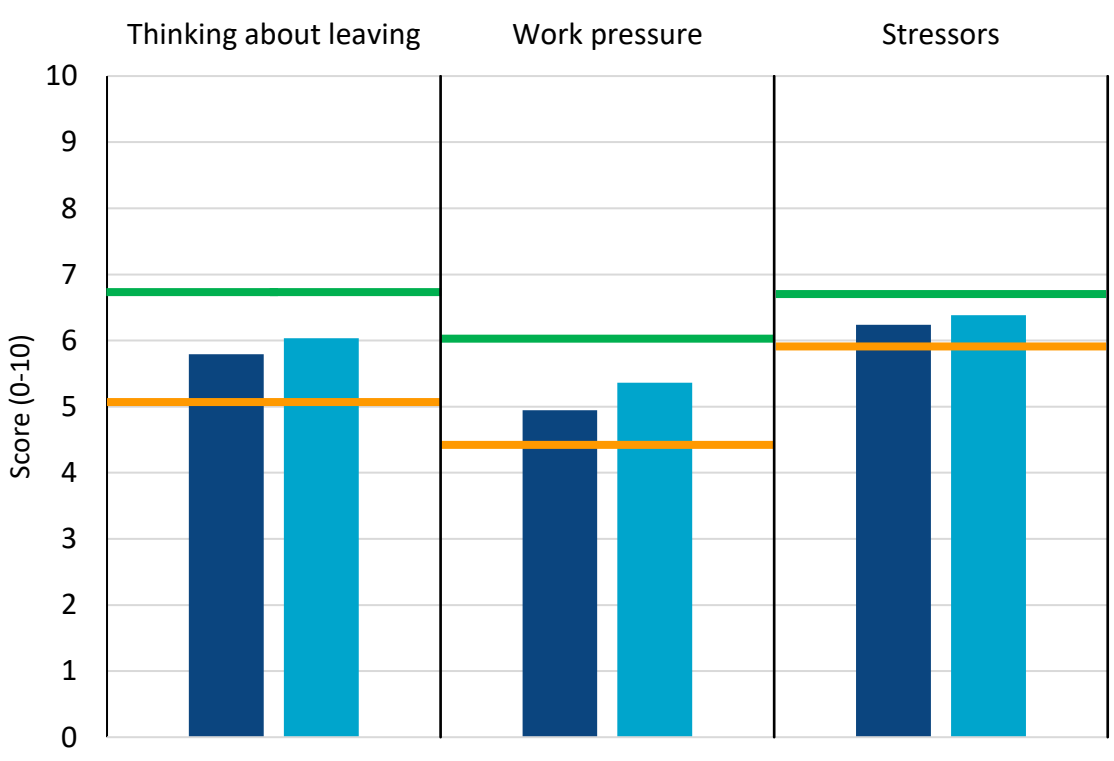
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	6.82	6.57	6.29
Best result	7.33	7.27	7.90
Average result	6.98	6.83	6.70
Worst result	6.49	6.20	5.24
Responses	3064	3113	3104

Theme: Morale



	Thinking about leaving	Work pressure	Stressors
Your org	5.79	4.94	6.24
Best result	6.73	6.03	6.70
Average result	6.04	5.36	6.38
Worst result	5.07	4.42	5.91
Responses	3099	3107	3107

Survey Coordination Centre

NHS

People Promise elements, themes and sub-scores: Trends

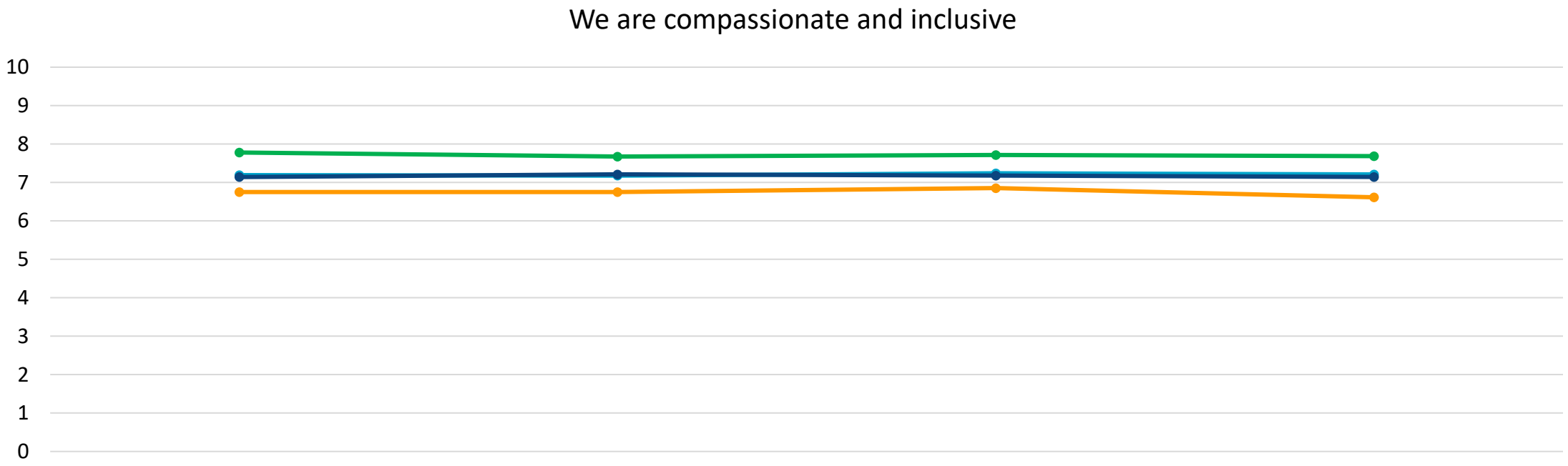
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 1: We are compassionate and inclusive



	2021	2022	2023	2024
Your org	7.14	7.21	7.18	7.14
Best result	7.78	7.67	7.72	7.69
Average result	7.19	7.18	7.24	7.21
Worst result	6.75	6.75	6.85	6.61
Responses	2885	3121	2448	3111

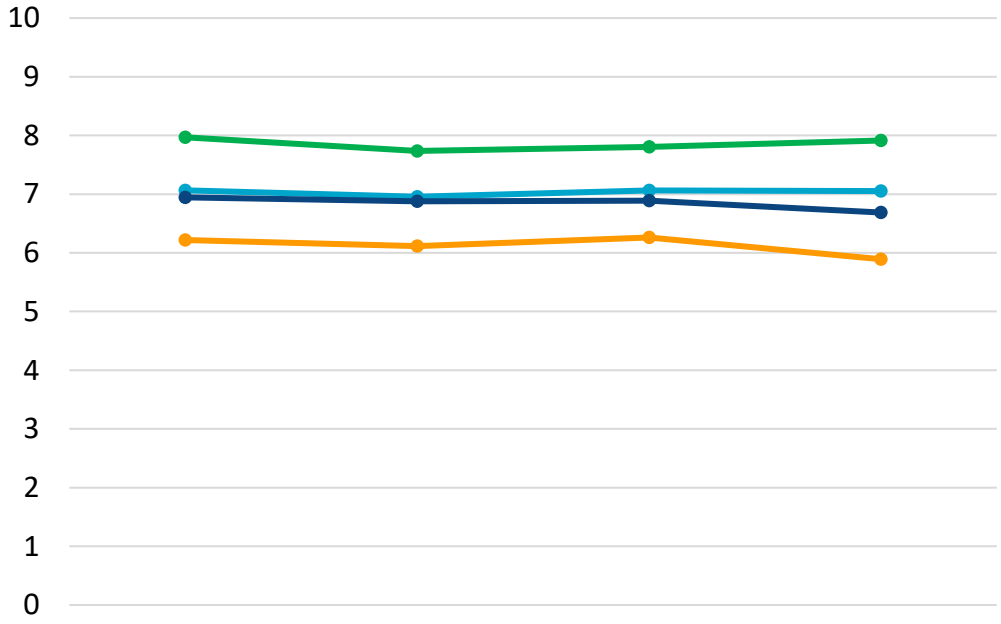
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

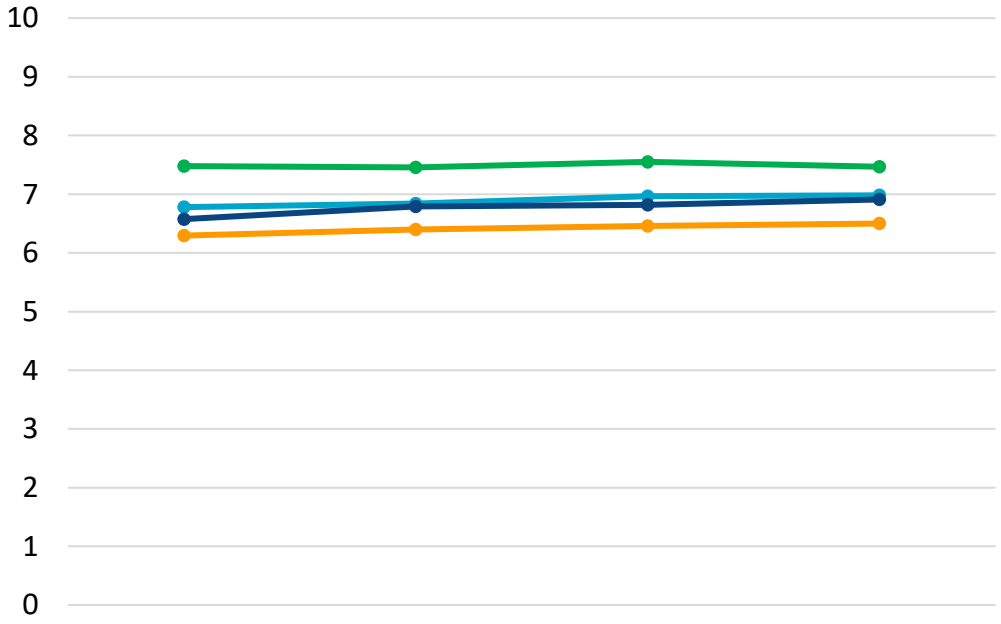
Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



	2021	2022	2023	2024
Your org	6.95	6.88	6.89	6.69
Best result	7.97	7.74	7.81	7.91
Average result	7.07	6.96	7.06	7.05
Worst result	6.22	6.12	6.26	5.89
Responses	2879	3112	2440	3104

Compassionate leadership



	2021	2022	2023	2024
Your org	6.58	6.79	6.82	6.91
Best result	7.48	7.46	7.55	7.47
Average result	6.78	6.84	6.96	6.98
Worst result	6.30	6.40	6.46	6.50
Responses	2884	3115	2446	3104

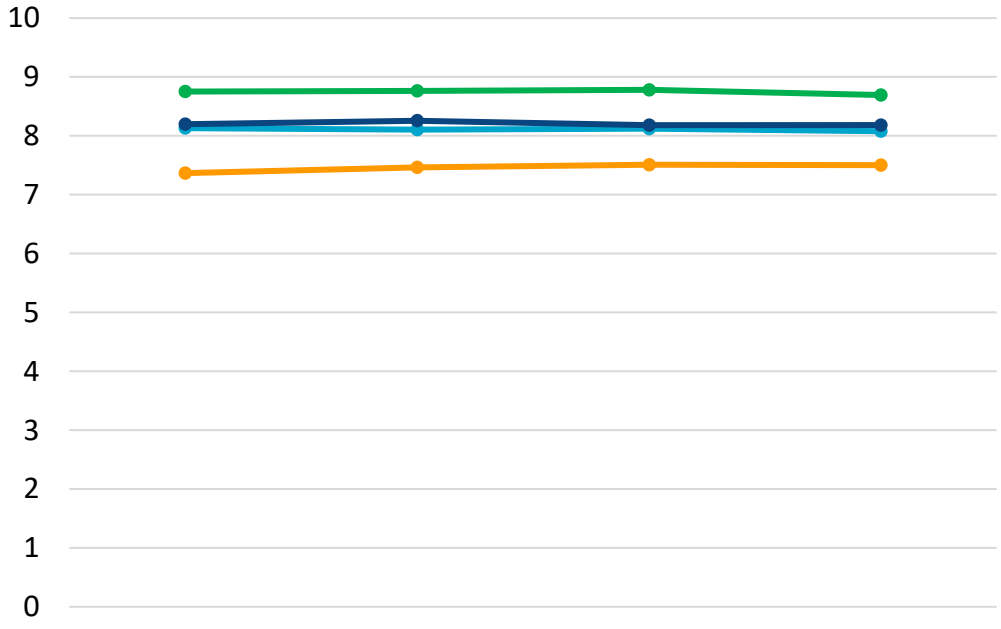
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

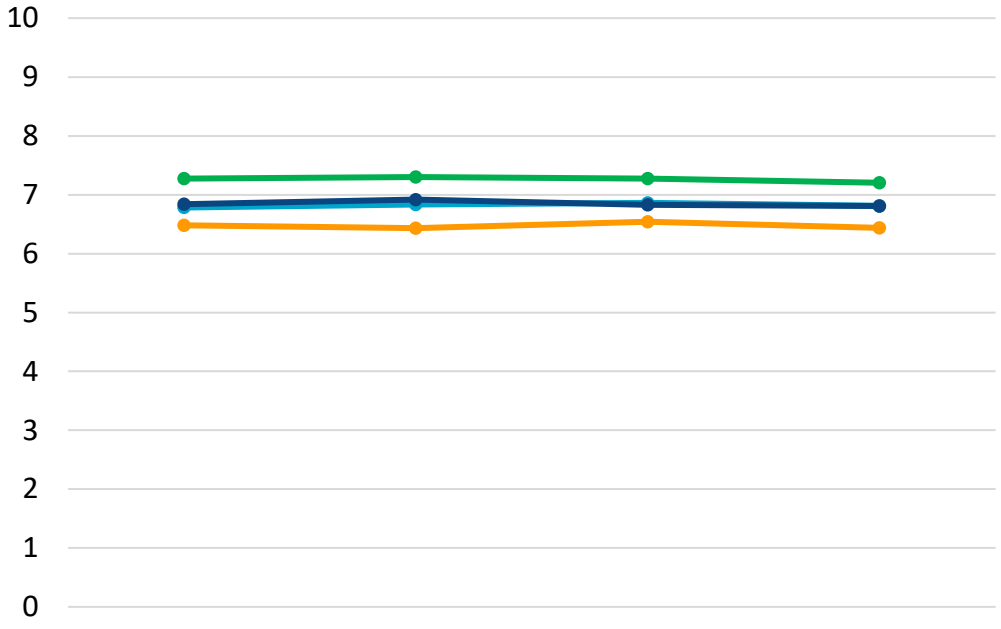
Promise element 1: We are compassionate and inclusive (2)

Diversity and equality



	2021	2022	2023	2024
Your org	8.20	8.26	8.18	8.18
Best result	8.75	8.76	8.78	8.69
Average result	8.13	8.10	8.12	8.08
Worst result	7.37	7.46	7.51	7.50
Responses	2887	3123	2447	3094

Inclusion



	2021	2022	2023	2024
Your org	6.84	6.92	6.83	6.81
Best result	7.28	7.30	7.27	7.20
Average result	6.78	6.84	6.86	6.81
Worst result	6.48	6.43	6.54	6.44
Responses	2871	3116	2438	3107

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 2: We are recognised and rewarded

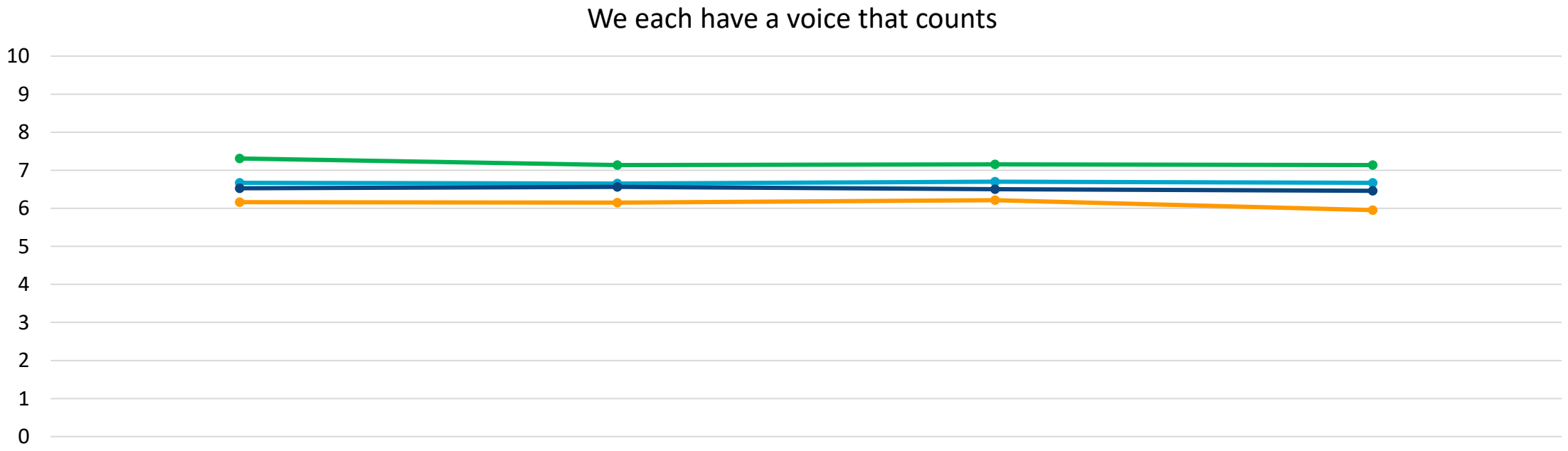
	2021	2022	2023	2024
Your org	5.71	5.65	5.73	5.71
Best result	6.47	6.36	6.37	6.30
Average result	5.81	5.72	5.94	5.92
Worst result	5.33	5.24	5.49	5.24
Responses	2888	3125	2445	3113

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 3: We each have a voice that counts



	2021	2022	2023	2024
Your org	6.53	6.56	6.50	6.46
Best result	7.31	7.14	7.16	7.14
Average result	6.67	6.65	6.70	6.67
Worst result	6.16	6.15	6.21	5.95
Responses	2857	3094	2428	3090

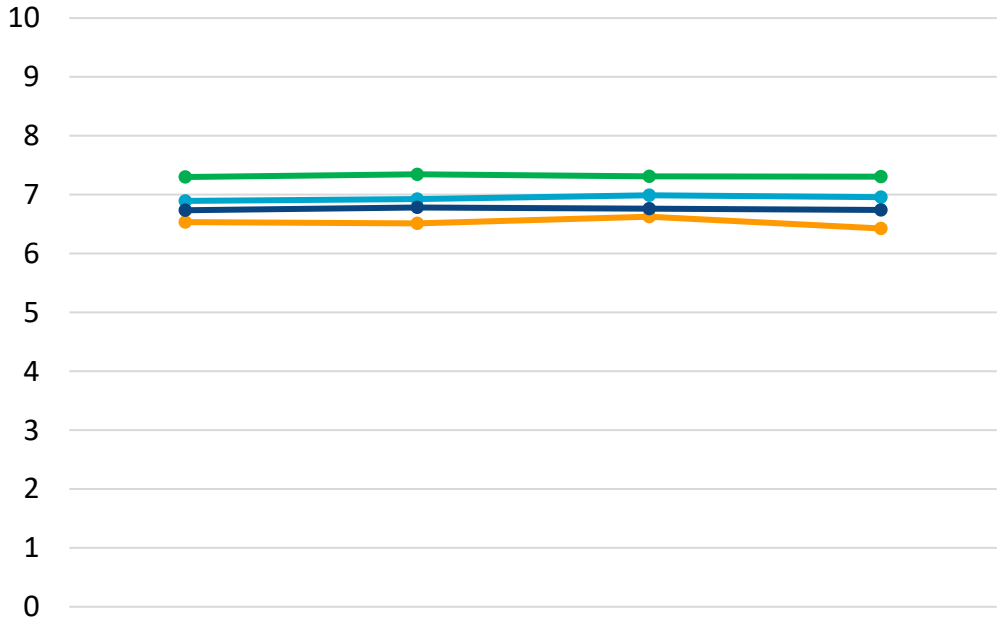
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

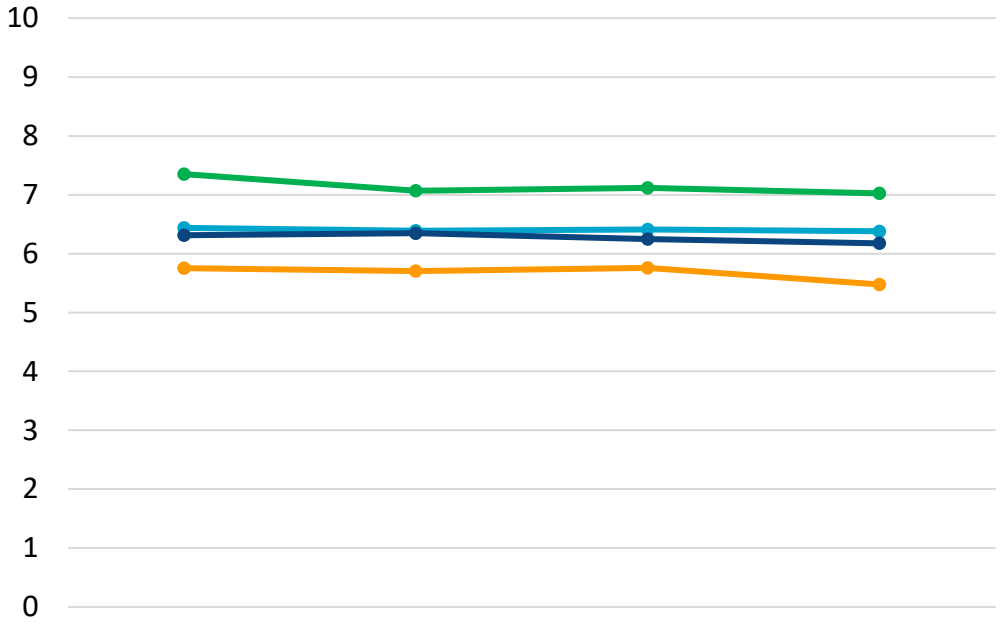
Promise element 3: We each have a voice that counts

Autonomy and control



	2021	2022	2023	2024
Your org	6.74	6.78	6.76	6.74
Best result	7.30	7.35	7.31	7.31
Average result	6.89	6.93	6.99	6.96
Worst result	6.53	6.51	6.63	6.43
Responses	2888	3123	2449	3113

Raising concerns



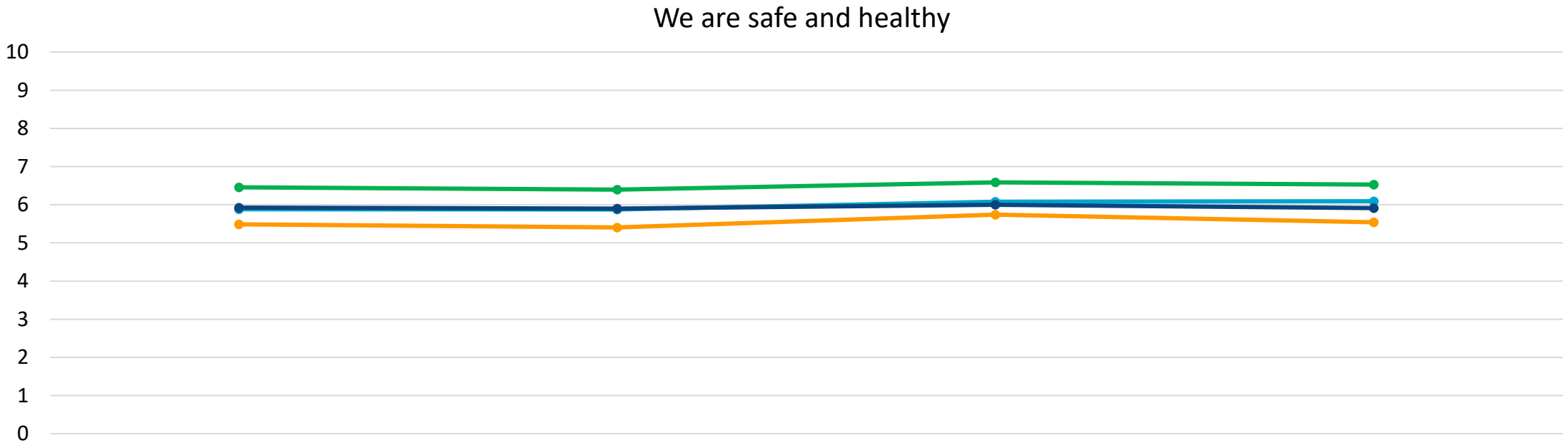
	2021	2022	2023	2024
Your org	6.31	6.35	6.25	6.17
Best result	7.35	7.07	7.12	7.02
Average result	6.44	6.39	6.41	6.38
Worst result	5.75	5.70	5.76	5.48
Responses	2863	3099	2432	3093

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 4: We are safe and healthy



	2021	2022	2023	2024
Your org	5.92	5.90	6.00	5.91
Best result	6.46	6.40	6.59	6.53
Average result	5.88	5.88	6.08	6.09
Worst result	5.49	5.41	5.74	5.54
Responses	2853	3090	2208	3061

Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

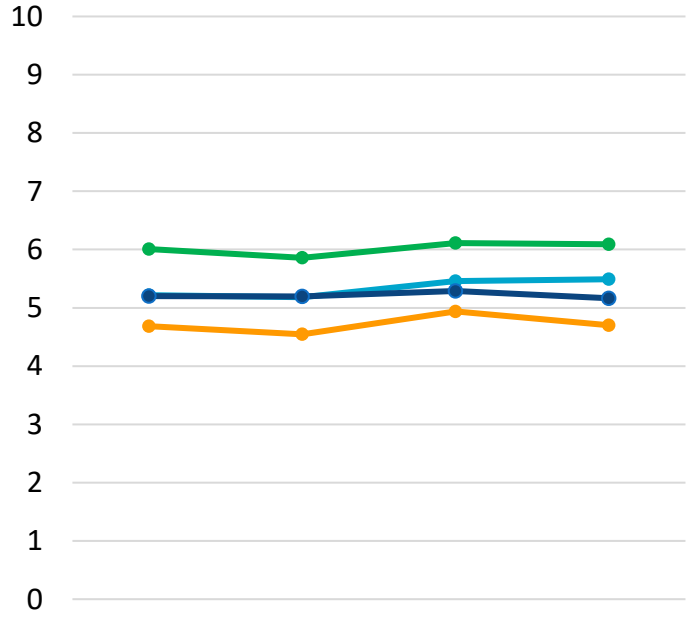
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

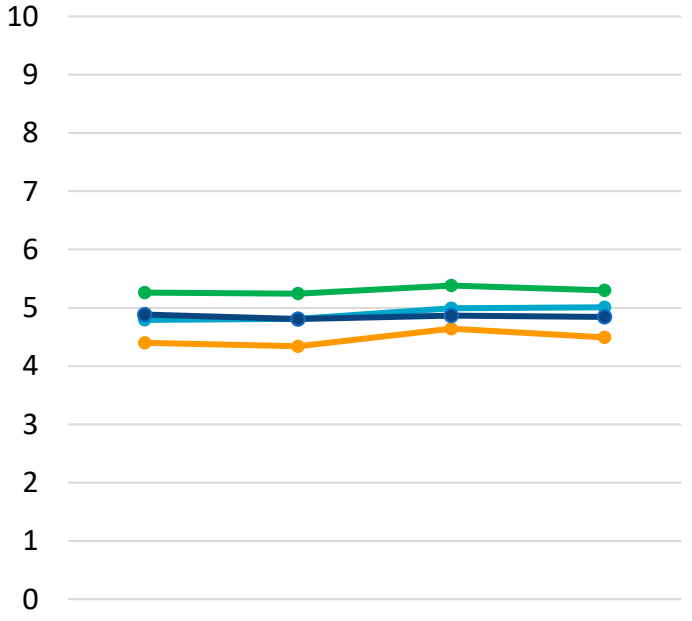
Promise element 4: We are safe and healthy

Health and safety climate



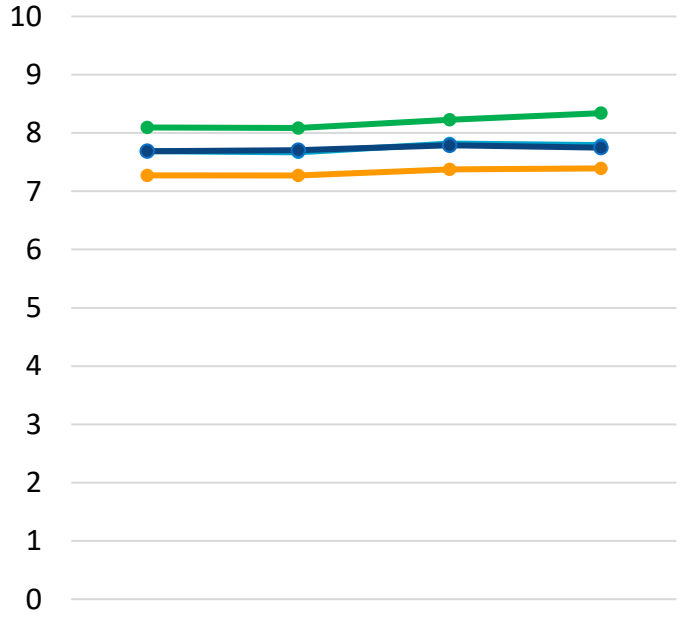
	2021	2022	2023	2024
Your org	5.20	5.20	5.29	5.16
Best result	6.01	5.86	6.11	6.09
Average result	5.21	5.18	5.46	5.49
Worst result	4.68	4.55	4.94	4.70
Responses	2887	3124	2230	3110

Burnout



	2021	2022	2023	2024
Your org	4.88	4.81	4.86	4.84
Best result	5.26	5.24	5.38	5.30
Average result	4.79	4.81	4.99	5.01
Worst result	4.40	4.34	4.64	4.50
Responses	2882	3115	2450	3109

Negative experiences



	2021	2022	2023	2024
Your org	7.69	7.70	7.79	7.75
Best result	8.10	8.09	8.23	8.34
Average result	7.69	7.67	7.82	7.79
Worst result	7.27	7.27	7.38	7.39
Responses	2866	3103	2212	3072

Note: 2023 results for 'Health and safety climate' and 'Negative experiences' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 5: We are always learning

	2021	2022	2023	2024
Your org	5.16	5.27	5.32	5.38
Best result	6.00	5.92	6.07	6.09
Average result	5.24	5.35	5.62	5.64
Worst result	4.30	4.39	5.06	4.76
Responses	2704	2948	2275	2910

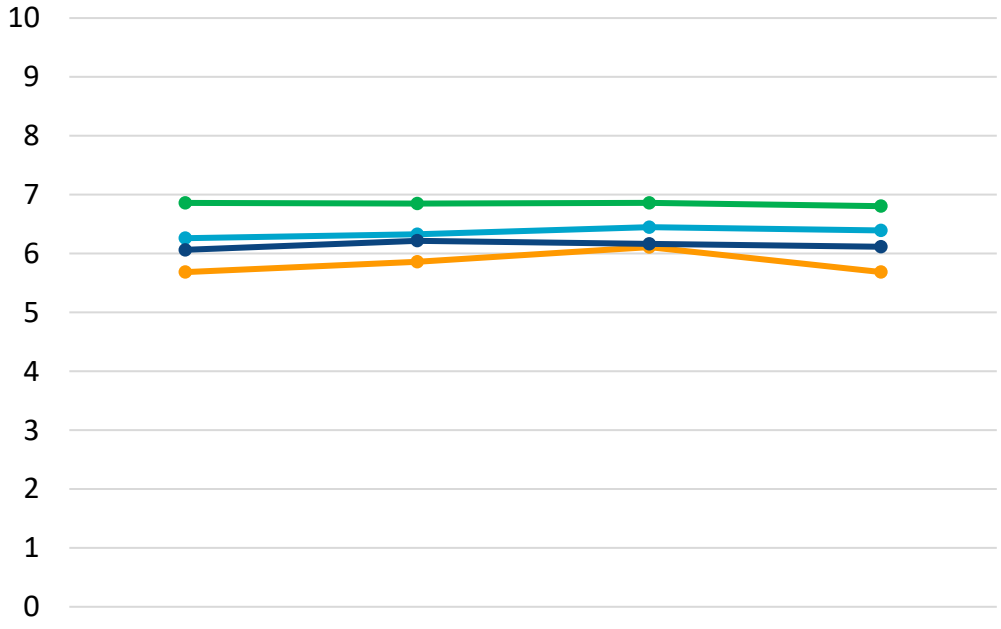
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

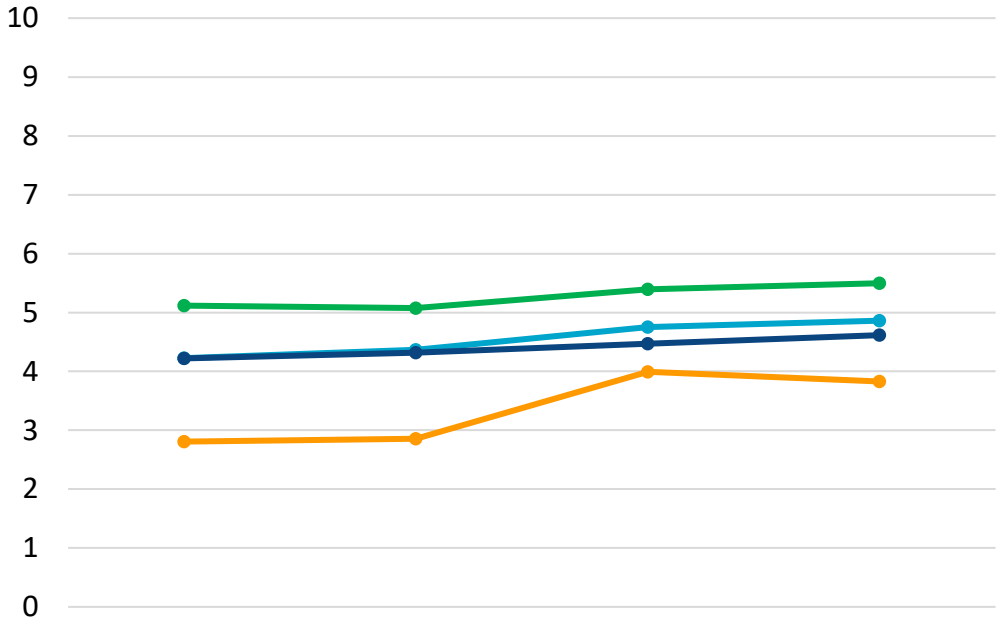
Promise element 5: We are always learning

Development



	2021	2022	2023	2024
Your org	6.06	6.22	6.17	6.11
Best result	6.86	6.85	6.86	6.80
Average result	6.26	6.33	6.45	6.40
Worst result	5.68	5.86	6.11	5.69
Responses	2877	3108	2438	3094

Appraisals



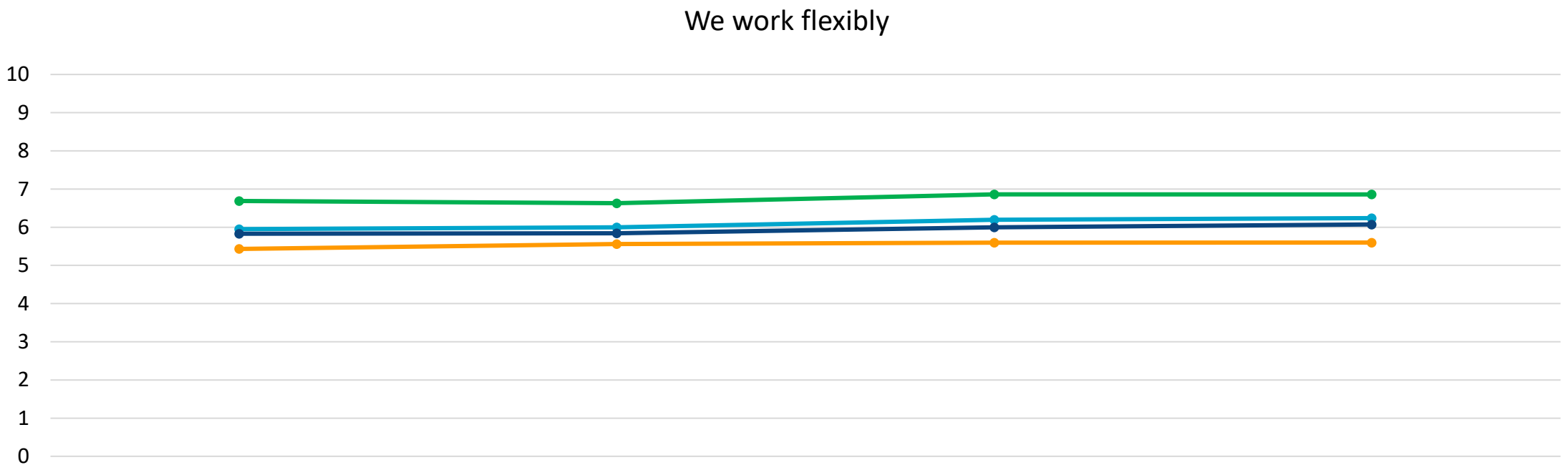
	2021	2022	2023	2024
Your org	4.22	4.32	4.47	4.62
Best result	5.12	5.08	5.40	5.50
Average result	4.23	4.37	4.75	4.86
Worst result	2.81	2.85	3.99	3.83
Responses	2715	2966	2278	2922

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 6: We work flexibly



	2021	2022	2023	2024
Your org	5.83	5.84	6.00	6.07
Best result	6.69	6.63	6.86	6.86
Average result	5.95	6.00	6.20	6.24
Worst result	5.43	5.56	5.60	5.60
Responses	2862	3111	2430	3083

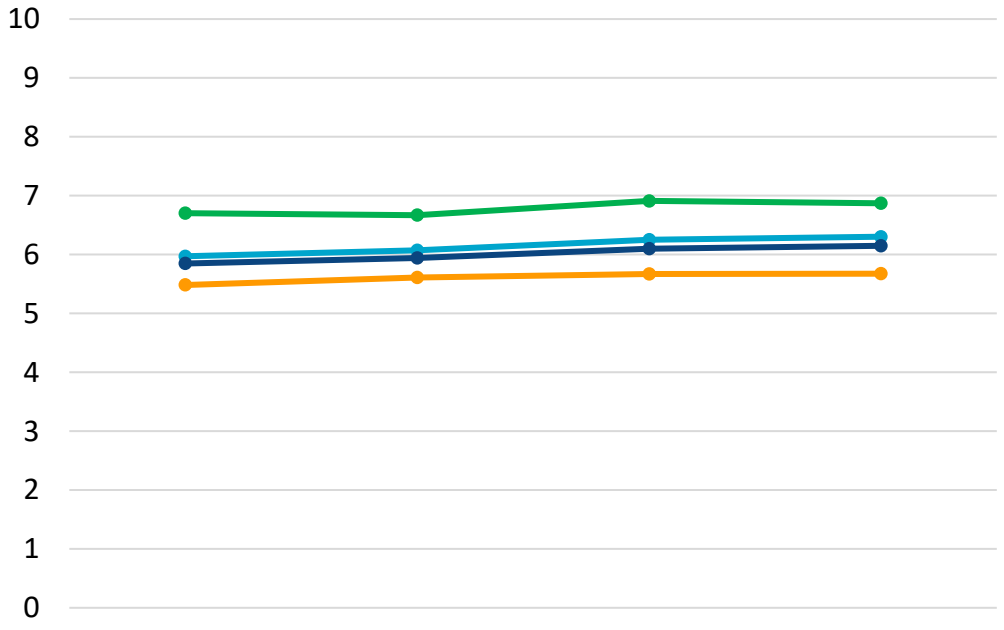
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

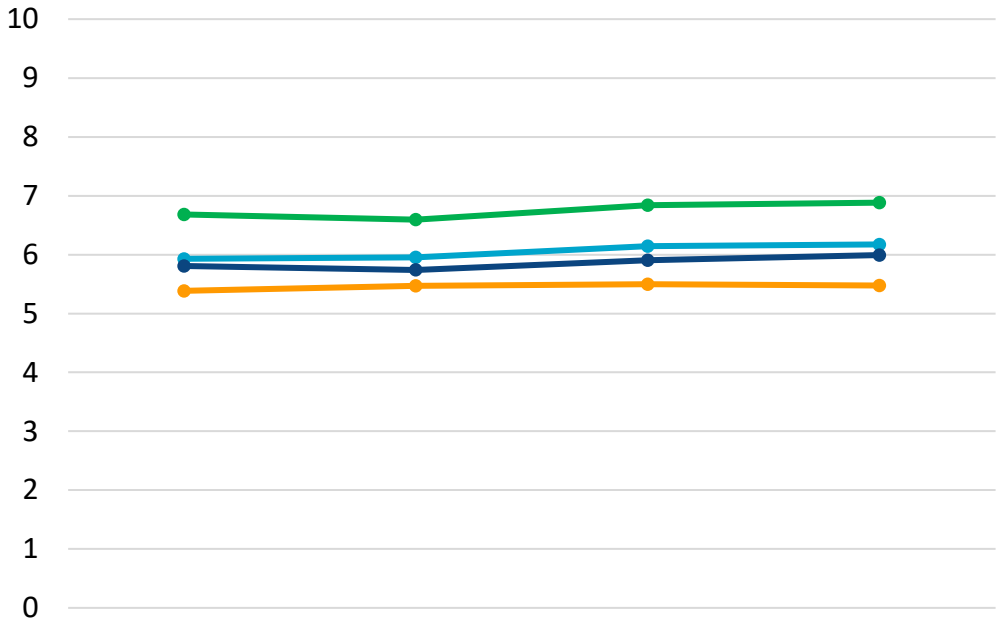
Promise element 6: We work flexibly

Support for work-life balance



	2021	2022	2023	2024
Your org	5.85	5.94	6.10	6.15
Best result	6.70	6.67	6.91	6.87
Average result	5.97	6.07	6.25	6.30
Worst result	5.48	5.61	5.67	5.67
Responses	2883	3121	2448	3100

Flexible working



	2021	2022	2023	2024
Your org	5.81	5.74	5.91	5.99
Best result	6.68	6.59	6.84	6.88
Average result	5.93	5.95	6.15	6.17
Worst result	5.39	5.47	5.50	5.47
Responses	2874	3117	2433	3100

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Promise element 7: We are a team

	2021	2022	2023	2024
Your org	6.46	6.54	6.56	6.62
Best result	7.15	7.15	7.19	7.12
Average result	6.58	6.64	6.75	6.74
Worst result	6.18	6.25	6.34	6.26
Responses	2870	3113	2441	3099

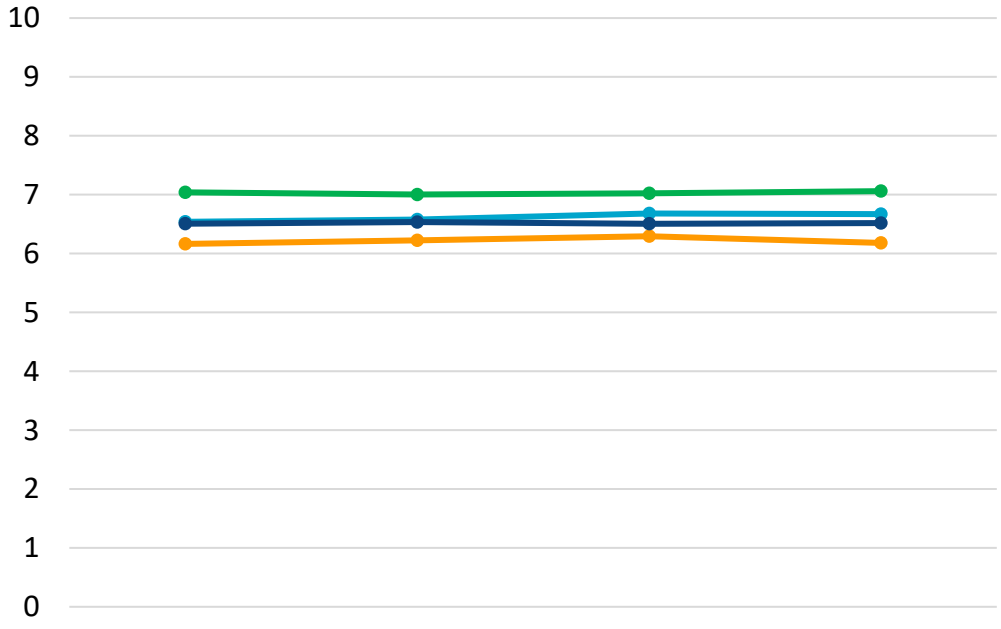
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

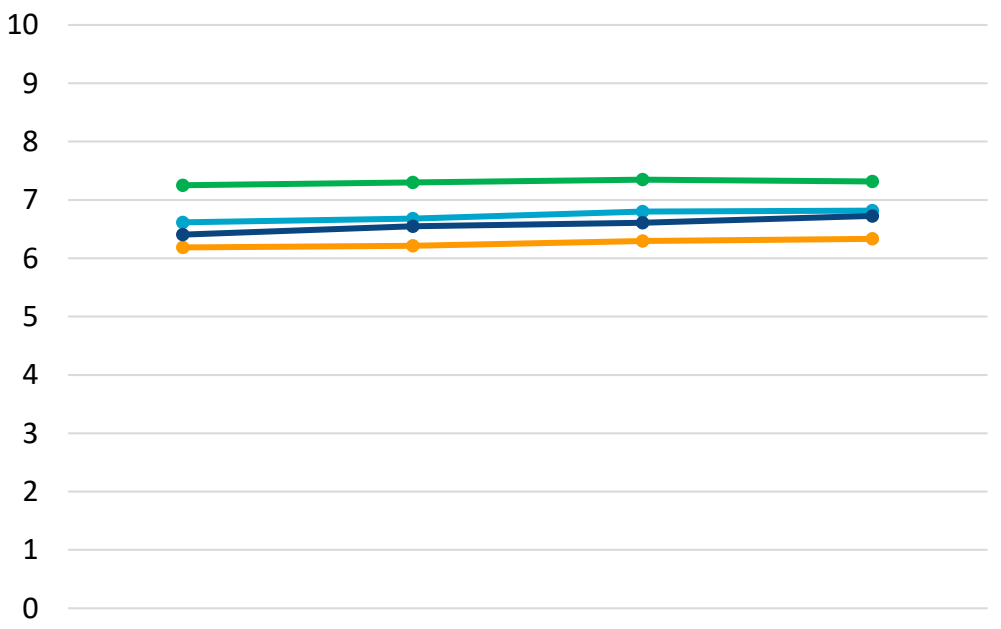
Promise element 7: We are a team

Team working



	2021	2022	2023	2024
Your org	6.51	6.54	6.51	6.52
Best result	7.04	7.00	7.02	7.06
Average result	6.54	6.58	6.68	6.67
Worst result	6.16	6.22	6.29	6.18
Responses	2874	3121	2446	3108

Line management

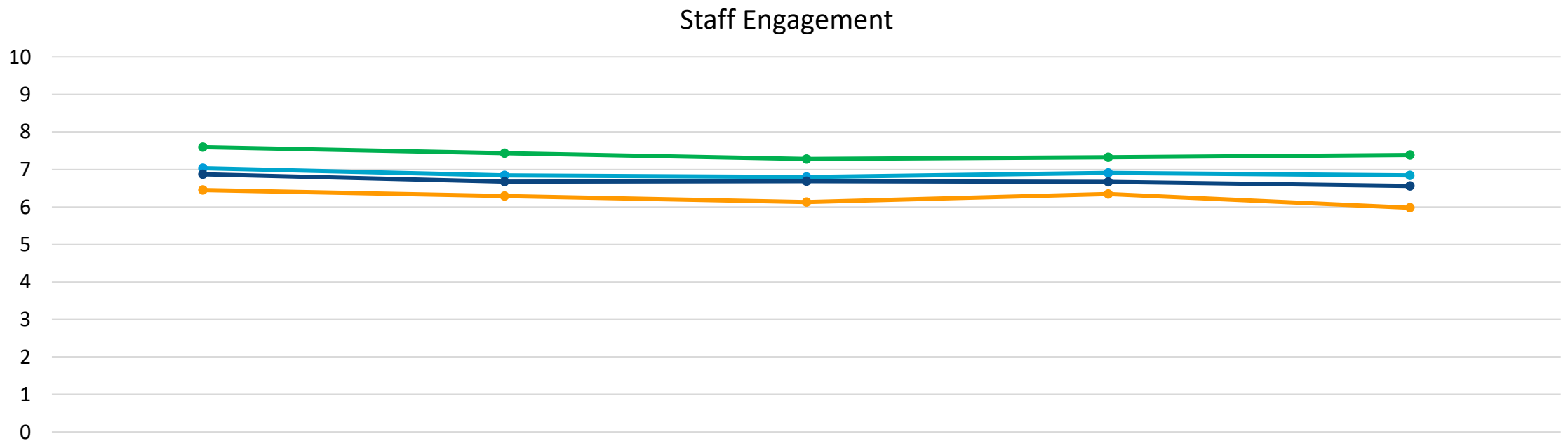


	2021	2022	2023	2024
Your org	6.40	6.55	6.61	6.73
Best result	7.25	7.30	7.35	7.31
Average result	6.62	6.68	6.80	6.82
Worst result	6.19	6.21	6.30	6.33
Responses	2883	3118	2446	3103

People Promise elements and themes: Trends

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

Theme: Staff Engagement



	2020	2021	2022	2023	2024
Your org	6.87	6.67	6.69	6.67	6.56
Best result	7.60	7.44	7.28	7.32	7.39
Average result	7.03	6.84	6.80	6.91	6.84
Worst result	6.45	6.29	6.13	6.34	5.98
Responses	2478	2890	3125	2448	3113

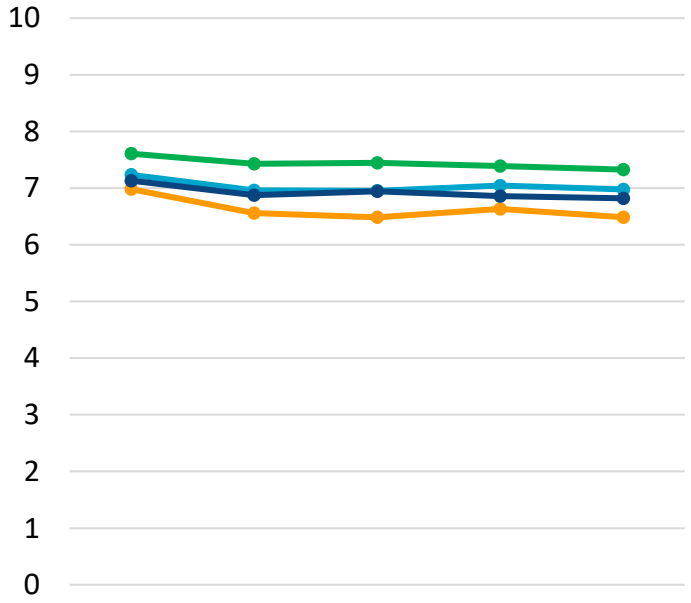
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

Theme: Staff Engagement

Motivation

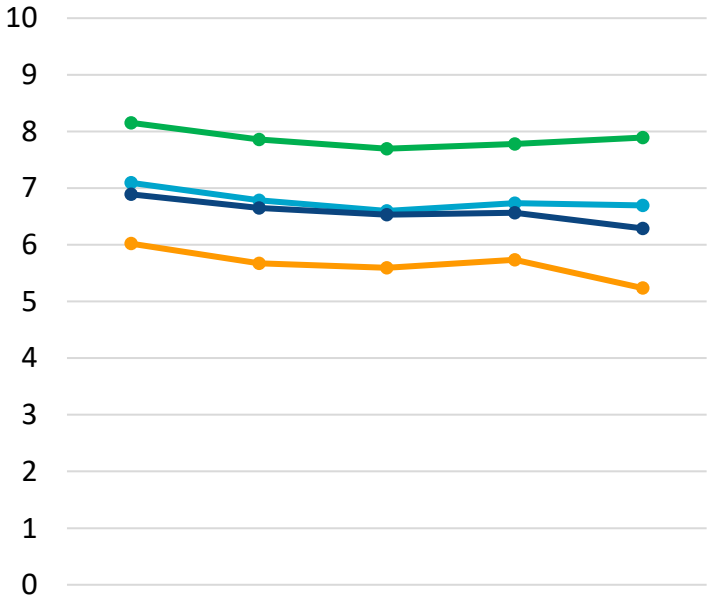


	2020	2021	2022	2023	2024
Your org	7.13	6.88	6.94	6.86	6.82
Best result	7.61	7.43	7.45	7.39	7.33
Average result	7.24	6.96	6.95	7.05	6.98
Worst result	6.98	6.56	6.49	6.63	6.49
Responses	2435	2844	3089	2418	3064

Involvement

	2020	2021	2022	2023	2024
Your org	6.59	6.51	6.59	6.58	6.57
Best result	7.13	7.23	7.29	7.21	7.27
Average result	6.76	6.75	6.78	6.86	6.83
Worst result	6.28	6.32	6.28	6.44	6.20
Responses	2481	2888	3126	2448	3113

Advocacy



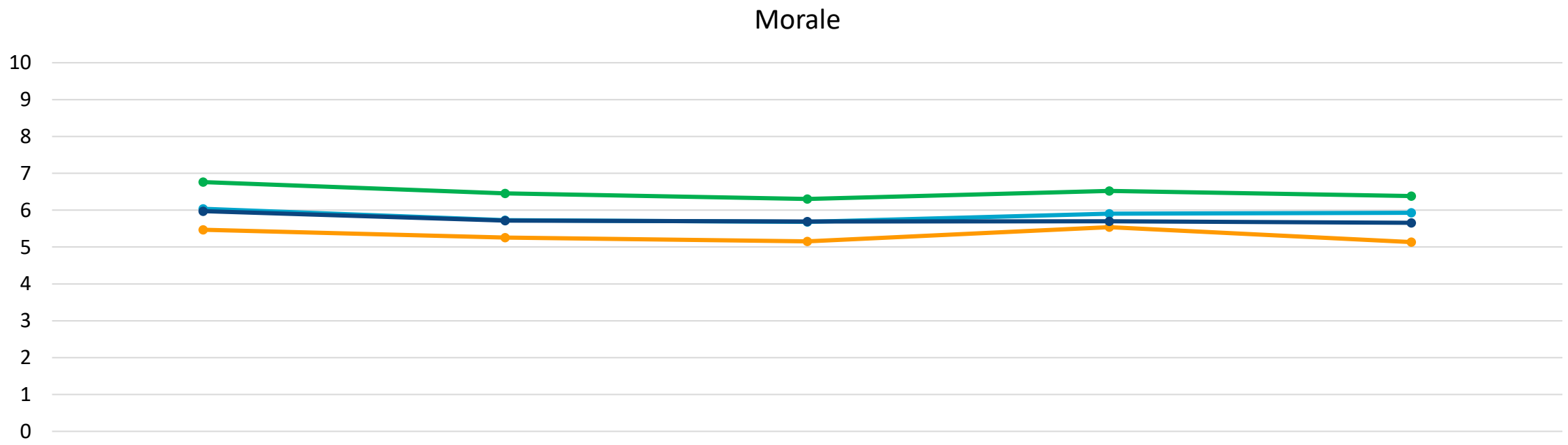
	2020	2021	2022	2023	2024
Your org	6.89	6.65	6.53	6.57	6.29
Best result	8.15	7.86	7.70	7.78	7.90
Average result	7.09	6.78	6.60	6.74	6.70
Worst result	6.02	5.68	5.60	5.73	5.24
Responses	2464	2880	3112	2439	3104

People Promise elements and themes: Trends

Survey Coordination Centre NHS

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

Theme: Morale



	2020	2021	2022	2023	2024
Your org	5.97	5.72	5.69	5.70	5.66
Best result	6.76	6.45	6.30	6.52	6.38
Average result	6.04	5.73	5.68	5.90	5.93
Worst result	5.47	5.26	5.16	5.54	5.13
Responses	2478	2891	3126	2451	3113

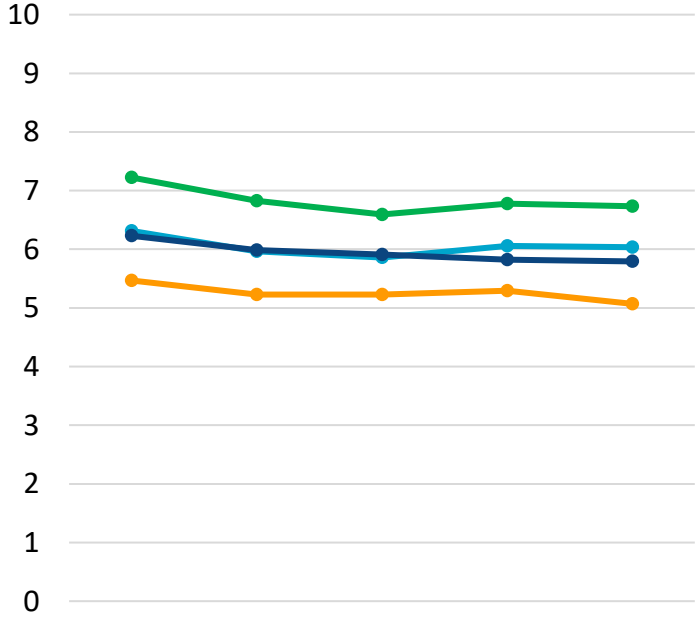
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

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

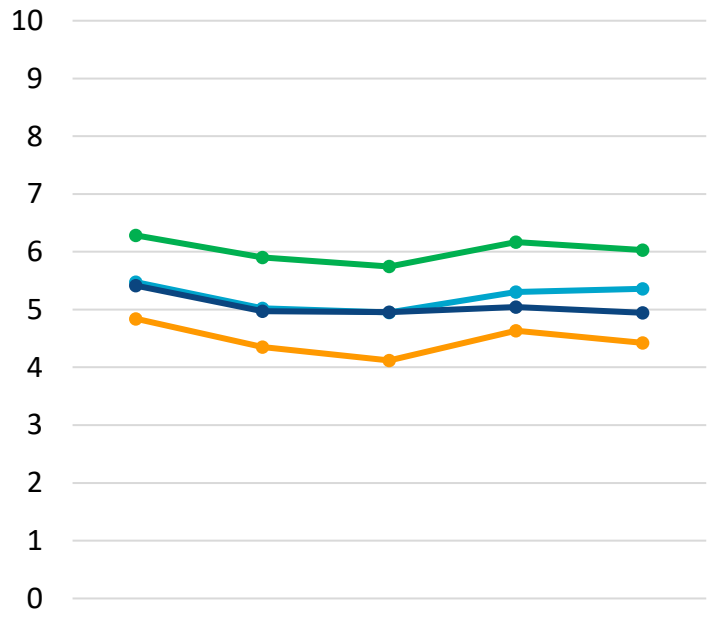
Theme: Morale

Thinking about leaving



	2020	2021	2022	2023	2024
Your org	6.23	5.99	5.91	5.82	5.79
Best result	7.22	6.83	6.59	6.78	6.73
Average result	6.31	5.97	5.86	6.06	6.04
Worst result	5.47	5.23	5.23	5.29	5.07
Responses	2464	2884	3100	2441	3099

Work pressure



	2020	2021	2022	2023	2024
Your org	5.41	4.97	4.96	5.04	4.94
Best result	6.28	5.90	5.75	6.17	6.03
Average result	5.48	5.02	4.95	5.30	5.36
Worst result	4.84	4.35	4.12	4.63	4.42
Responses	2478	2887	3124	2449	3107

Stressors

	2020	2021	2022	2023	2024
Your org	6.29	6.20	6.22	6.23	6.24
Best result	6.81	6.73	6.71	6.71	6.70
Average result	6.37	6.25	6.29	6.38	6.38
Worst result	5.91	5.90	5.91	6.10	5.91
Responses	2467	2883	3114	2447	3107

Survey Coordination Centre

NHS

People Promise element – We are compassionate and inclusive

Questions included:

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

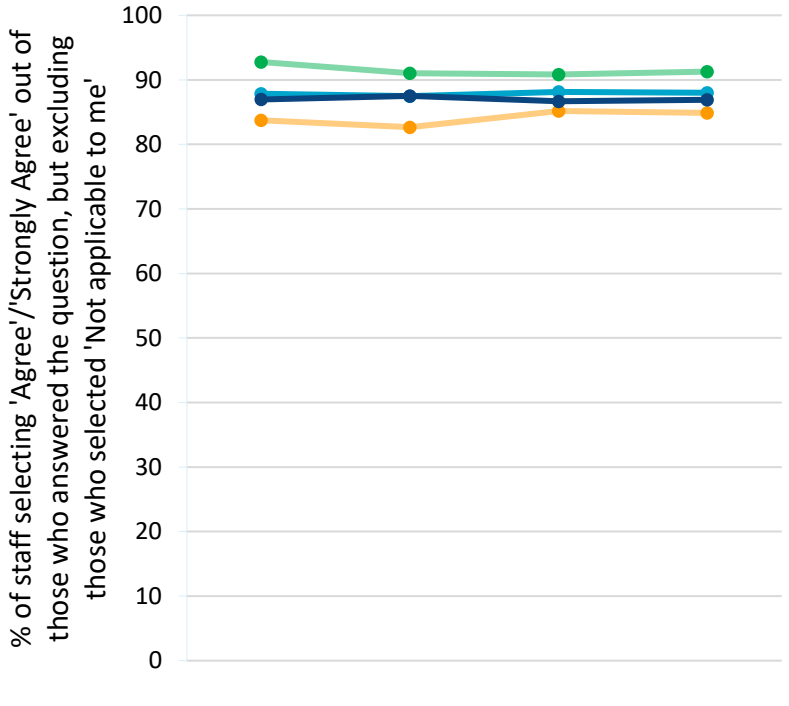
Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

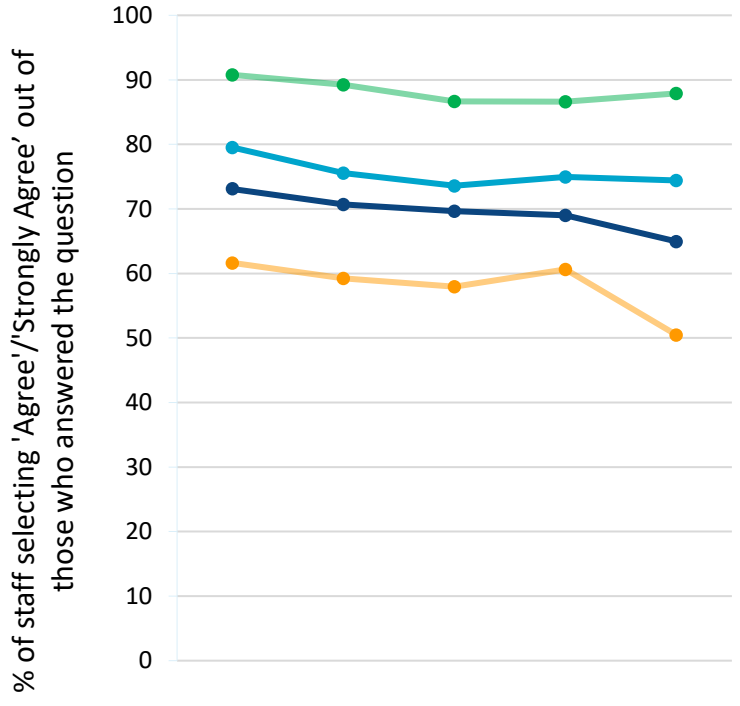
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



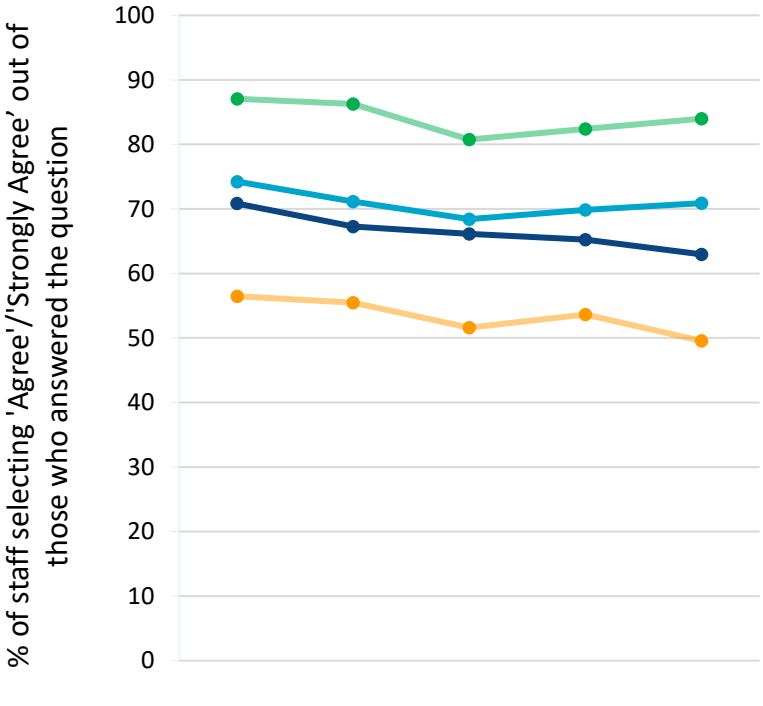
	2021	2022	2023	2024
Your org	86.96%	87.51%	86.68%	86.90%
Best result	92.76%	91.05%	90.84%	91.30%
Average result	87.85%	87.48%	88.13%	88.00%
Worst result	83.73%	82.67%	85.17%	84.88%
Responses	2762	3011	2357	2996

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



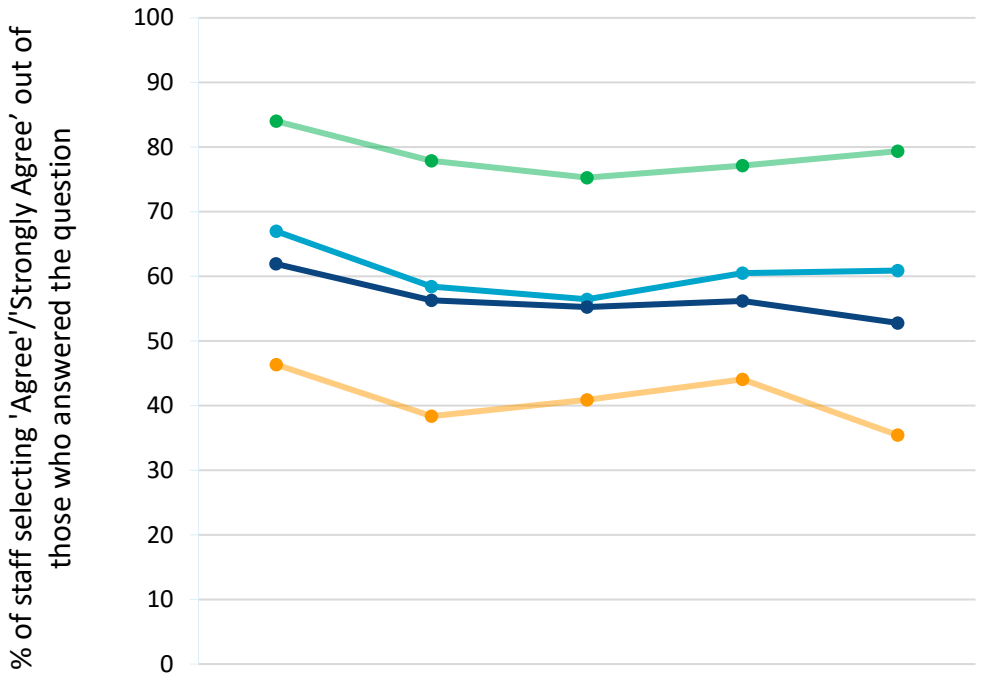
	2020	2021	2022	2023	2024
Your org	73.08%	70.70%	69.65%	69.01%	64.97%
Best result	90.78%	89.26%	86.67%	86.62%	87.89%
Average result	79.52%	75.57%	73.60%	74.95%	74.42%
Worst result	61.64%	59.23%	57.97%	60.62%	50.48%
Responses	2461	2875	3109	2440	3099

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



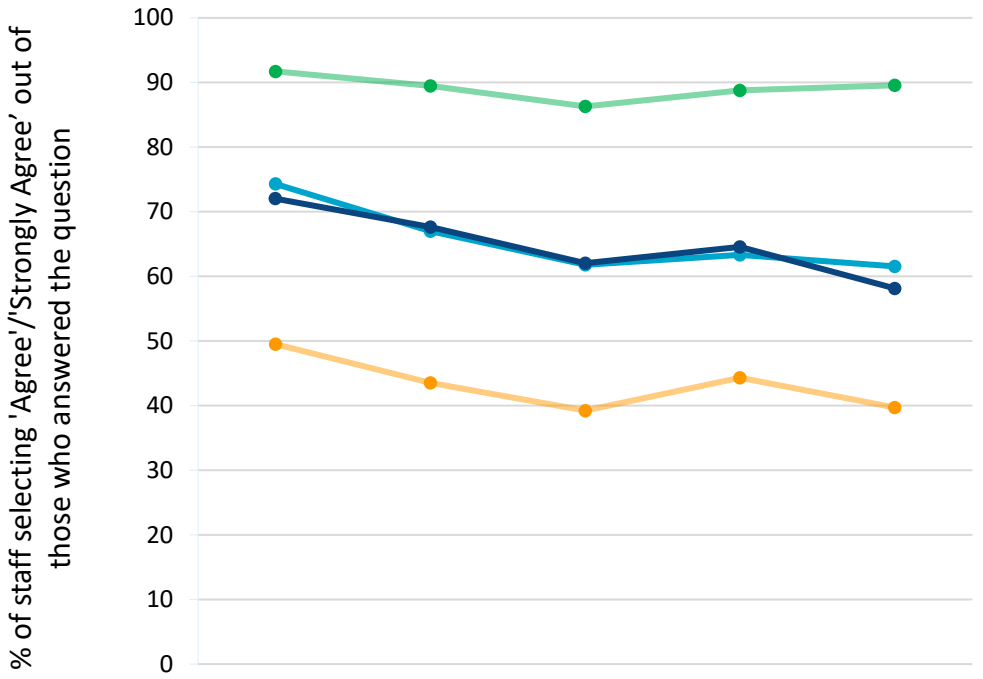
	2020	2021	2022	2023	2024
Your org	70.83%	67.29%	66.15%	65.25%	62.96%
Best result	87.06%	86.29%	80.75%	82.38%	84.00%
Average result	74.23%	71.15%	68.42%	69.86%	70.89%
Worst result	56.47%	55.47%	51.58%	53.65%	49.55%
Responses	2458	2876	3100	2438	3100

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



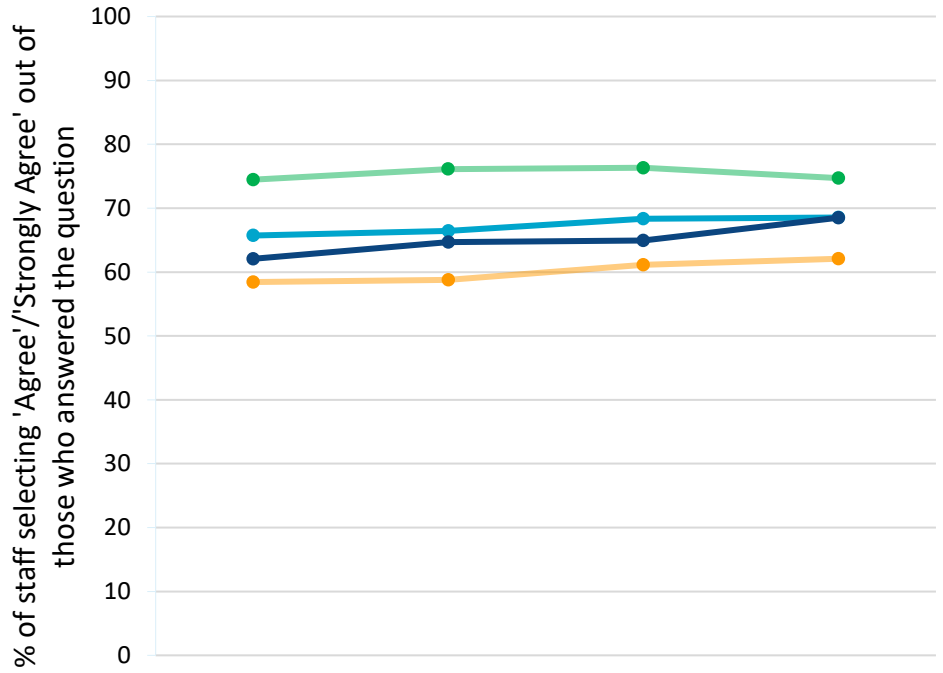
	2020	2021	2022	2023	2024
Your org	61.92%	56.30%	55.24%	56.20%	52.80%
Best result	84.01%	77.87%	75.29%	77.14%	79.38%
Average result	66.98%	58.40%	56.46%	60.53%	60.90%
Worst result	46.35%	38.38%	40.89%	44.05%	35.43%
Responses	2465	2878	3111	2435	3101

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



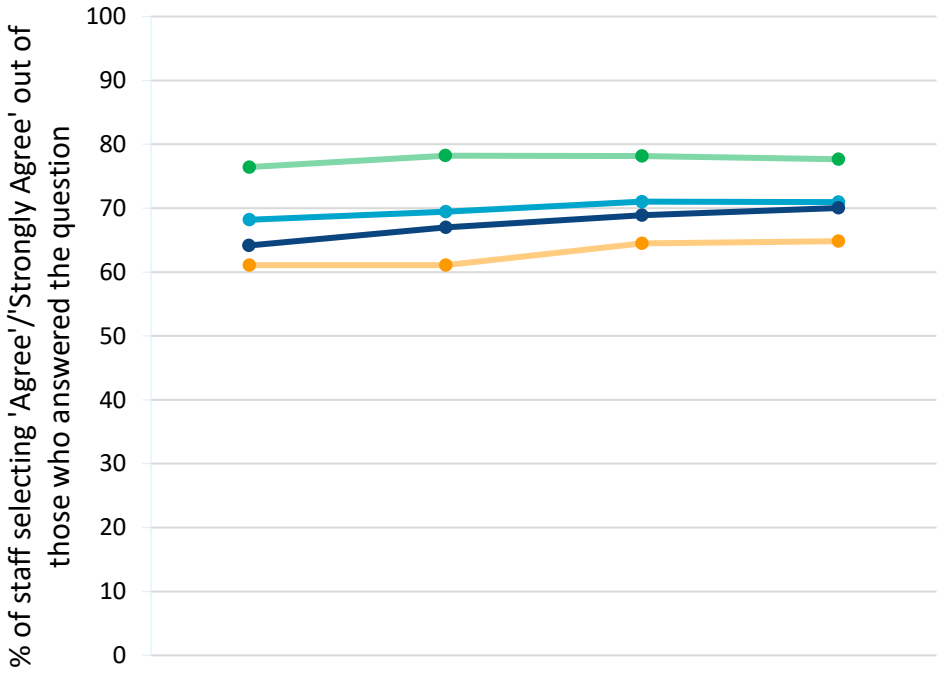
	2020	2021	2022	2023	2024
Your org	72.02%	67.64%	62.04%	64.58%	58.13%
Best result	91.73%	89.48%	86.30%	88.79%	89.59%
Average result	74.30%	67.01%	61.79%	63.34%	61.54%
Worst result	49.51%	43.50%	39.23%	44.30%	39.72%
Responses	2456	2874	3110	2437	3103

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



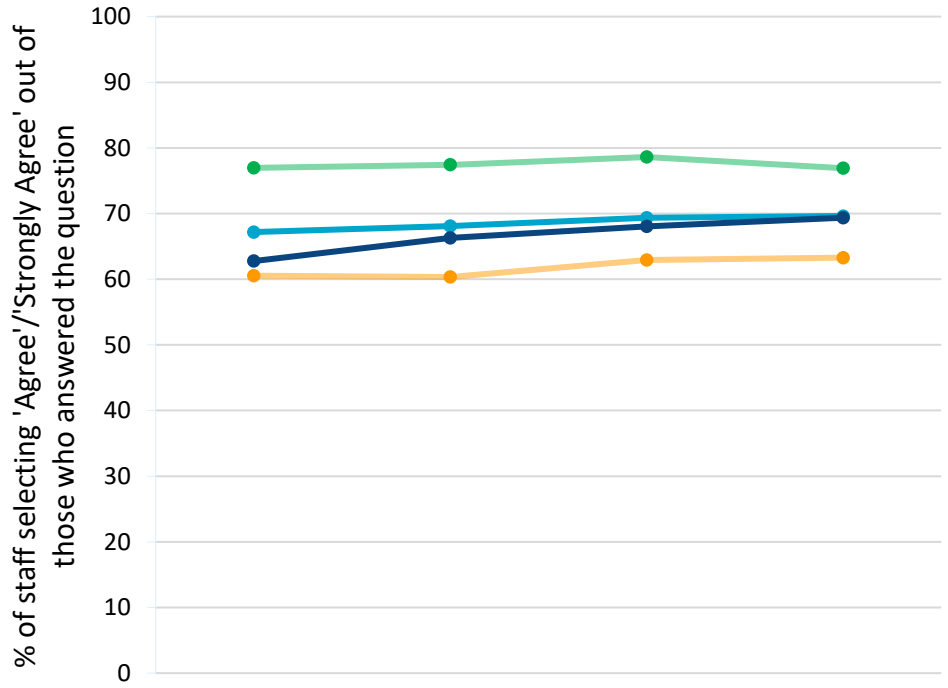
	2021	2022	2023	2024
Your org	62.07%	64.69%	64.96%	68.51%
Best result	74.46%	76.11%	76.33%	74.72%
Average result	65.72%	66.44%	68.34%	68.53%
Worst result	58.44%	58.76%	61.14%	62.08%
Responses	2887	3118	2441	3104

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



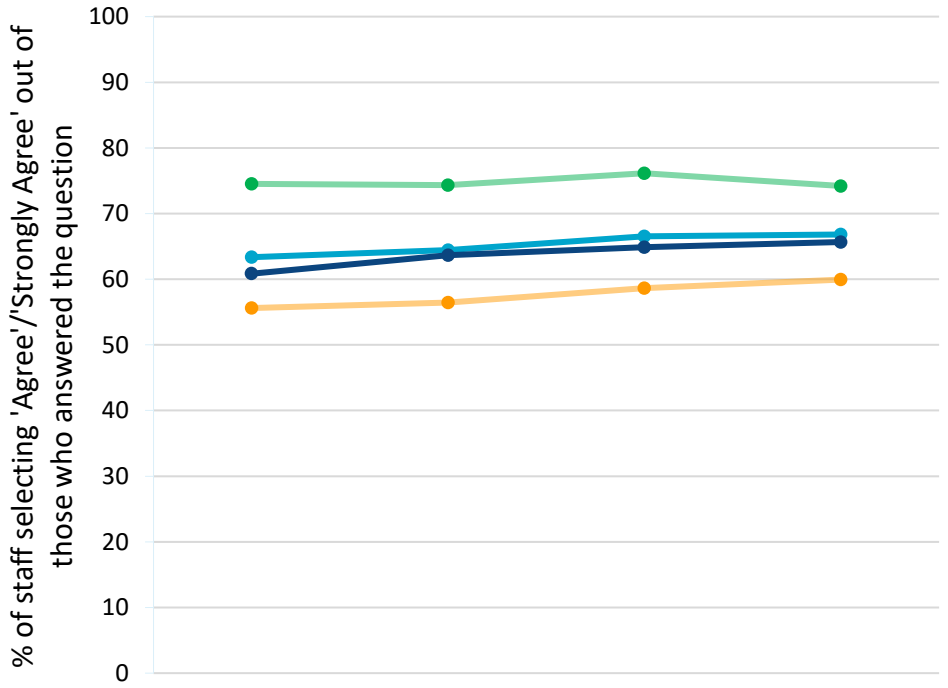
	2021	2022	2023	2024
Your org	64.16%	66.99%	68.89%	70.03%
Best result	76.43%	78.21%	78.15%	77.66%
Average result	68.18%	69.46%	71.02%	70.95%
Worst result	61.07%	61.09%	64.47%	64.83%
Responses	2881	3113	2444	3102

Q9h My immediate manager cares about my concerns.



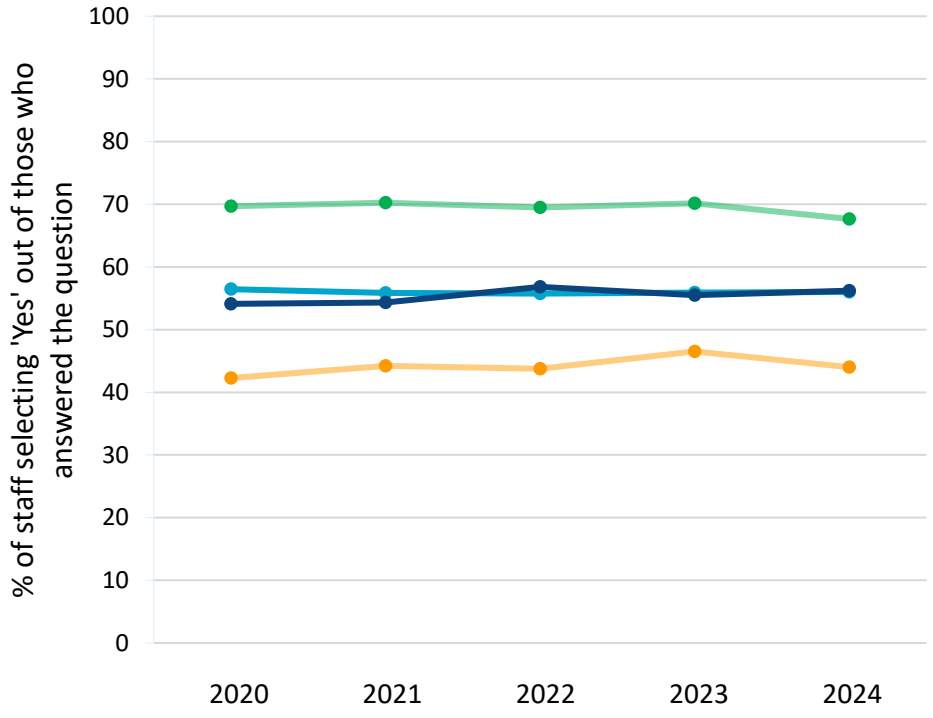
	2021	2022	2023	2024
Your org	62.77%	66.30%	68.02%	69.37%
Best result	76.96%	77.43%	78.61%	76.91%
Average result	67.18%	68.07%	69.37%	69.63%
Worst result	60.55%	60.33%	62.93%	63.29%
Responses	2877	3110	2441	3101

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



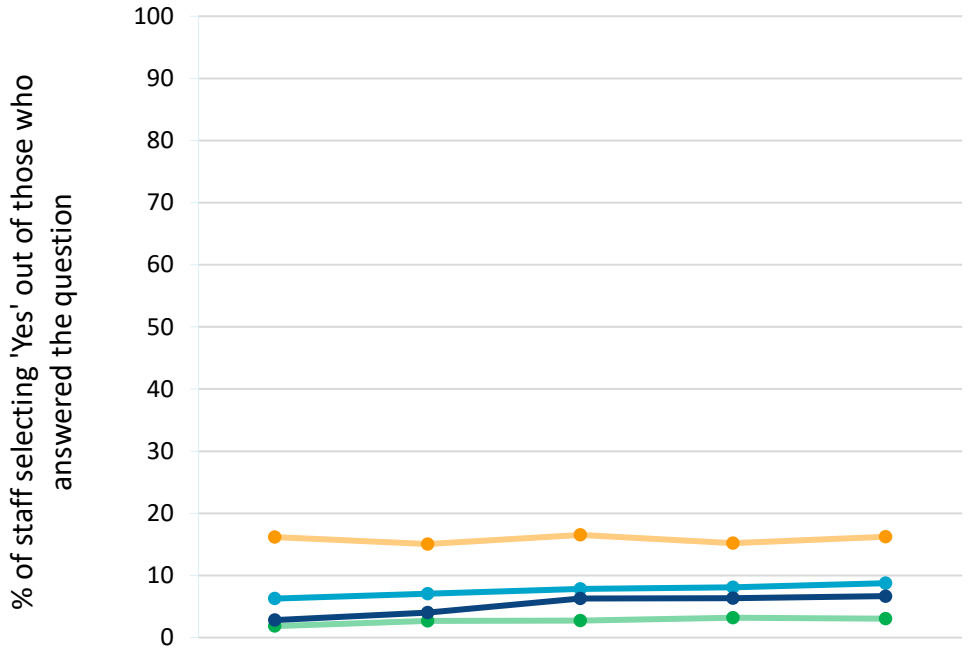
	2021	2022	2023	2024
Your org	60.84%	63.68%	64.88%	65.67%
Best result	74.52%	74.33%	76.14%	74.21%
Average result	63.36%	64.45%	66.52%	66.81%
Worst result	55.61%	56.43%	58.64%	59.94%
Responses	2871	3110	2442	3104

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



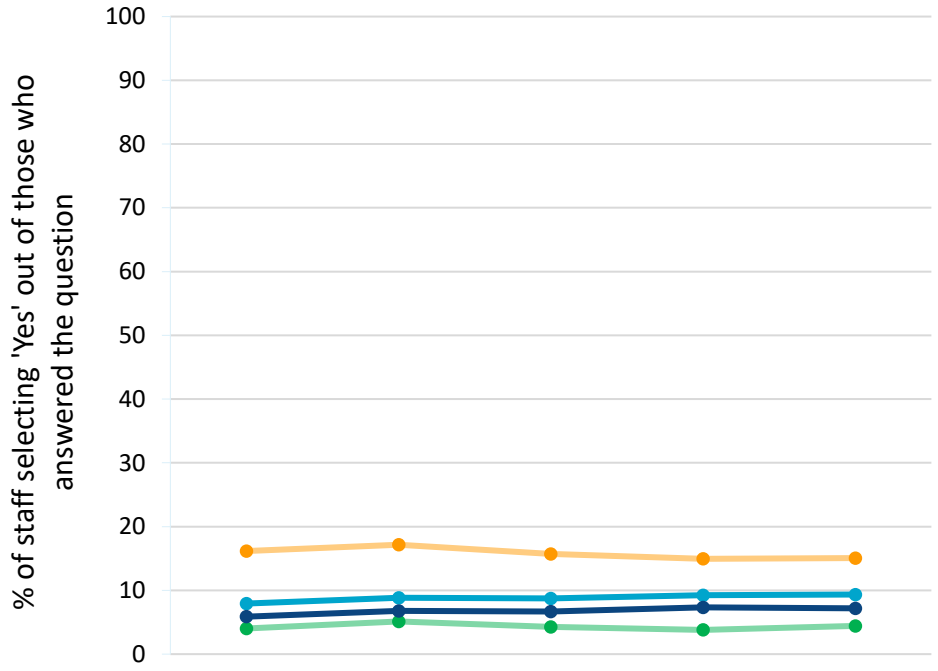
	2020	2021	2022	2023	2024
Your org	54.12%	54.32%	56.82%	55.49%	56.22%
Best result	69.72%	70.24%	69.47%	70.15%	67.66%
Average result	56.45%	55.88%	55.75%	55.91%	56.02%
Worst result	42.27%	44.21%	43.77%	46.52%	43.99%
Responses	2474	2855	3082	2425	3062

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



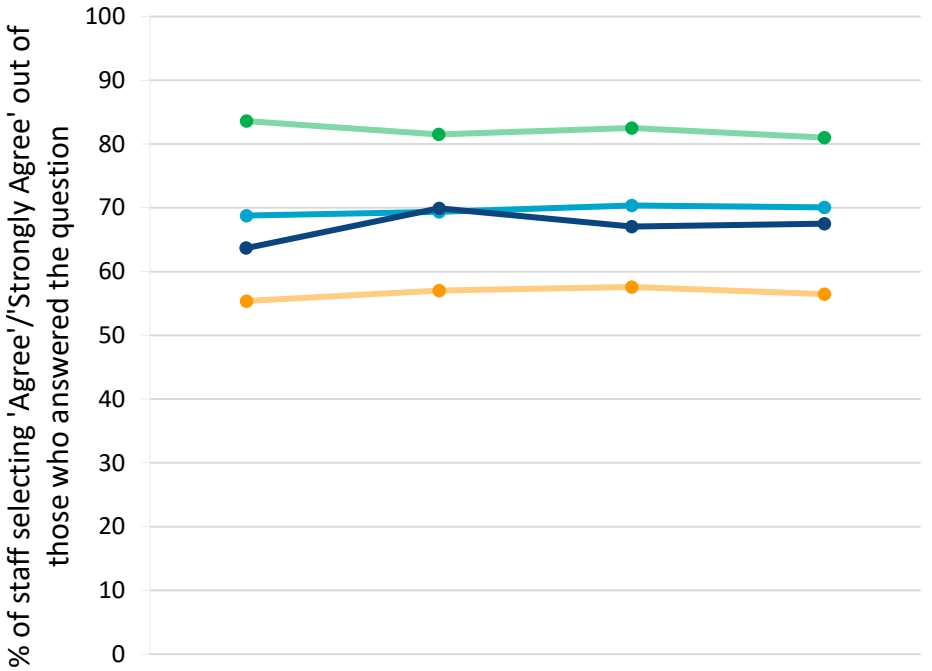
	2020	2021	2022	2023	2024
Your org	2.81%	4.00%	6.29%	6.32%	6.67%
Best result	1.84%	2.66%	2.71%	3.19%	3.03%
Average result	6.27%	7.07%	7.81%	8.09%	8.75%
Worst result	16.18%	15.05%	16.52%	15.20%	16.23%
Responses	2467	2881	3116	2441	3089

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



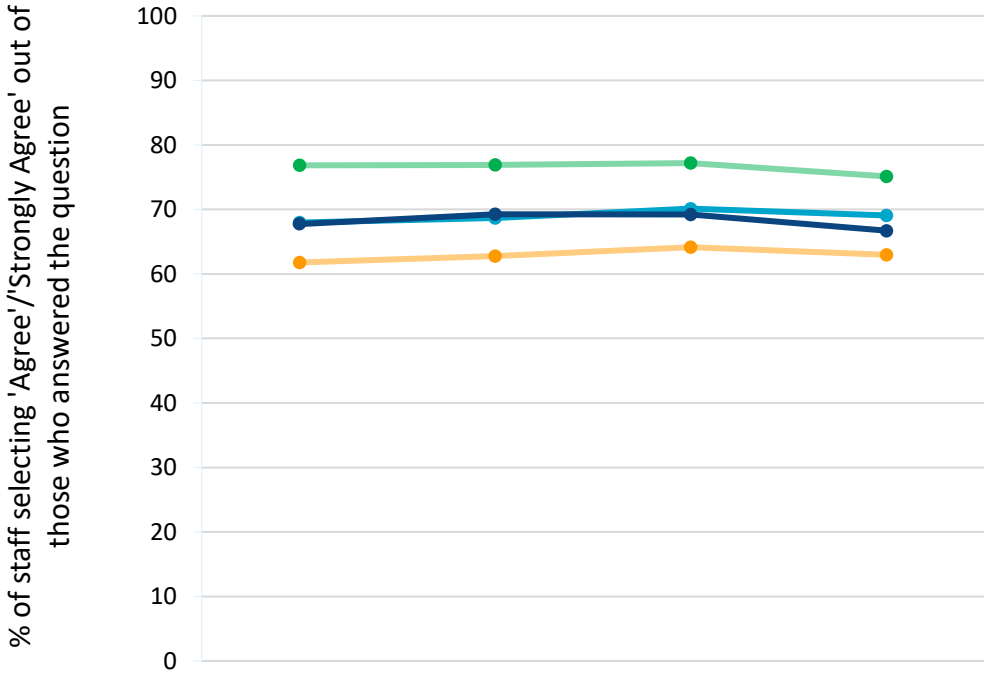
	2020	2021	2022	2023	2024
Your org	5.87%	6.80%	6.70%	7.34%	7.18%
Best result	4.04%	5.12%	4.25%	3.80%	4.44%
Average result	7.93%	8.82%	8.73%	9.24%	9.35%
Worst result	16.19%	17.16%	15.69%	14.95%	15.08%
Responses	2456	2867	3106	2420	3069

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



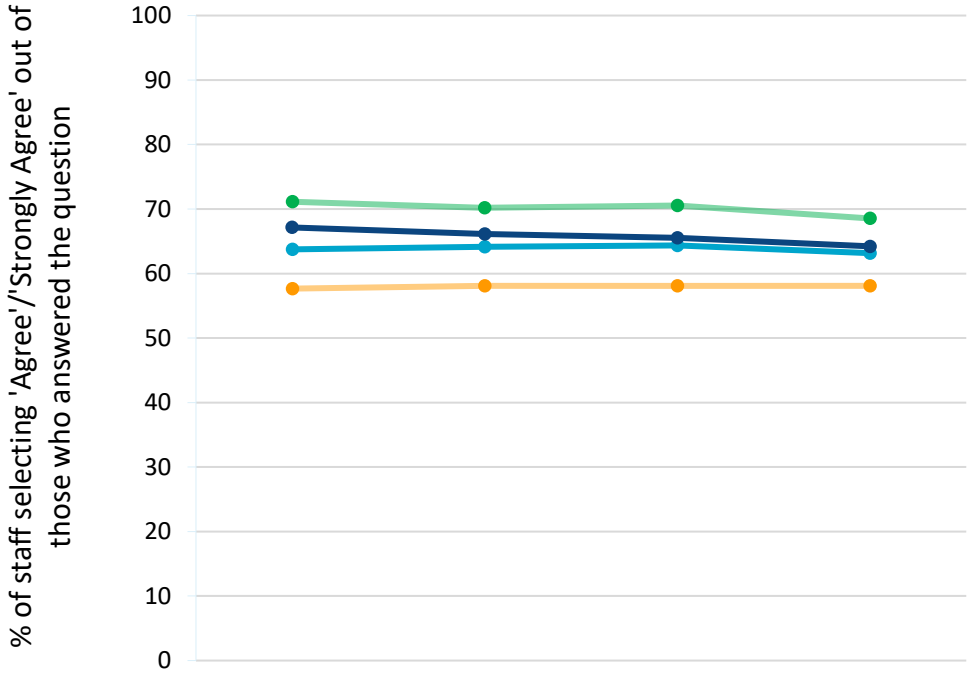
	2021	2022	2023	2024
Your org	63.68%	69.93%	67.09%	67.51%
Best result	83.61%	81.51%	82.55%	81.02%
Average result	68.79%	69.37%	70.37%	70.07%
Worst result	55.39%	57.03%	57.59%	56.47%
Responses	2886	3113	2449	3108

Q7h I feel valued by my team.



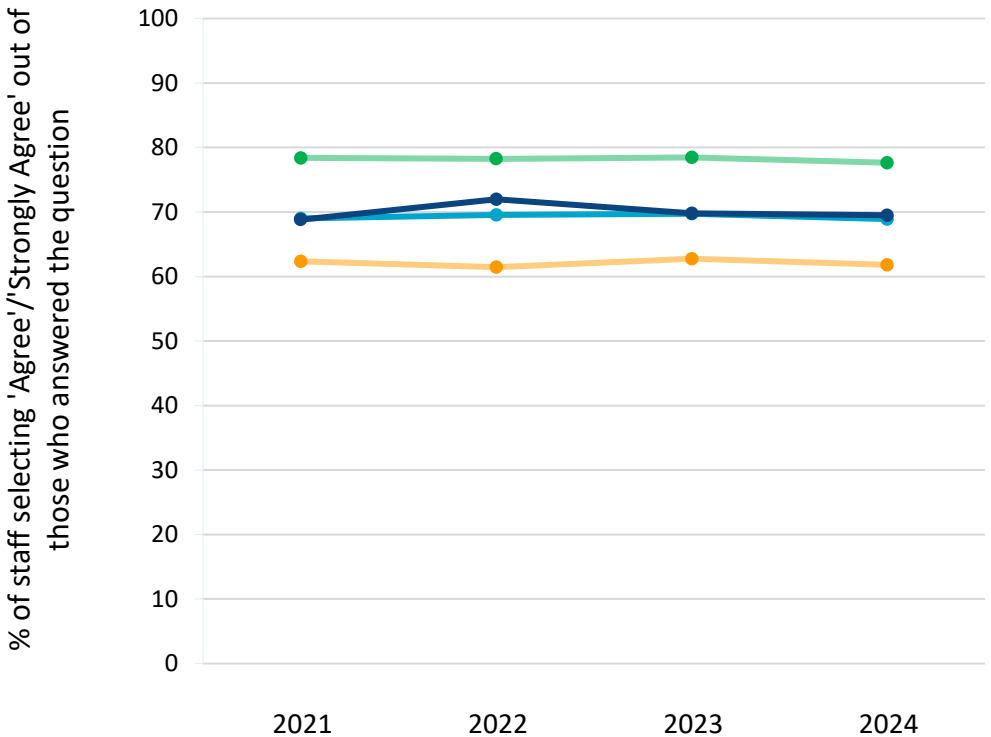
	2021	2022	2023	2024
Your org	67.76%	69.26%	69.24%	66.71%
Best result	76.84%	76.89%	77.18%	75.12%
Average result	67.97%	68.69%	70.13%	69.09%
Worst result	61.78%	62.75%	64.15%	62.98%
Responses	2866	3119	2442	3105

Q7i I feel a strong personal attachment to my team.



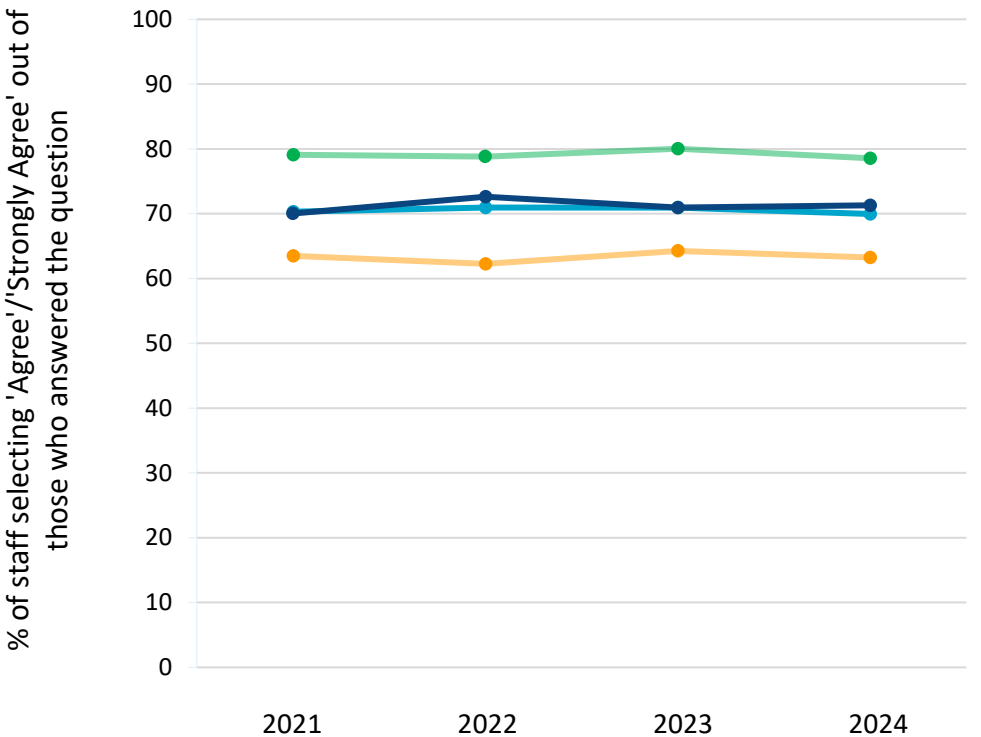
	2021	2022	2023	2024
Your org	67.14%	66.12%	65.55%	64.22%
Best result	71.13%	70.18%	70.53%	68.54%
Average result	63.74%	64.17%	64.36%	63.16%
Worst result	57.66%	58.07%	58.09%	58.08%
Responses	2873	3114	2437	3106

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



	2021	2022	2023	2024
Your org	68.81%	71.98%	69.81%	69.51%
Best result	78.40%	78.25%	78.46%	77.64%
Average result	69.03%	69.56%	69.73%	68.91%
Worst result	62.36%	61.45%	62.76%	61.80%
Responses	2882	3123	2445	3114

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



	2021	2022	2023	2024
Your org	70.03%	72.62%	70.97%	71.28%
Best result	79.10%	78.82%	80.03%	78.56%
Average result	70.29%	70.94%	70.94%	69.96%
Worst result	63.49%	62.26%	64.26%	63.26%
Responses	2876	3120	2445	3107

Survey Coordination Centre

NHS

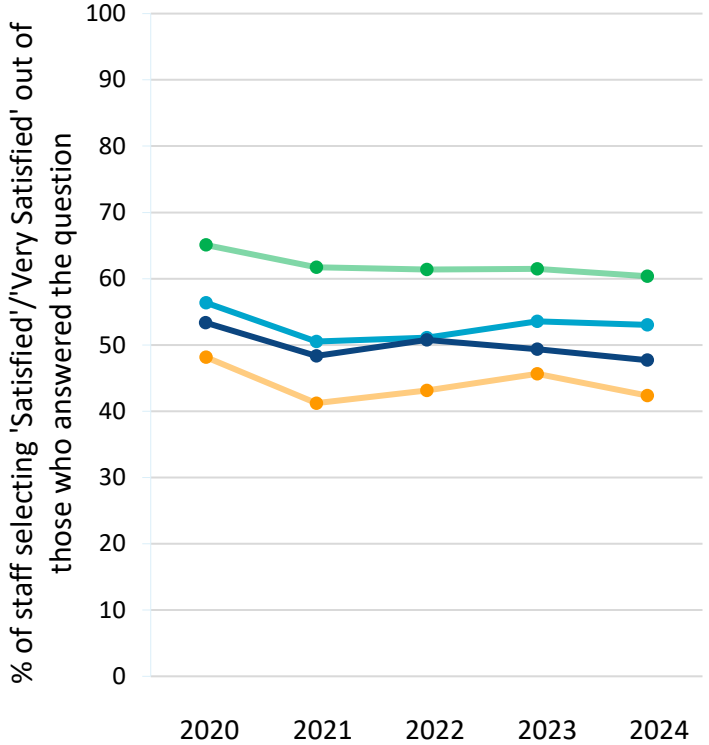
People Promise element – We are recognised and rewarded

Questions included:

Q4a, Q4b, Q4c, Q8d, Q9e

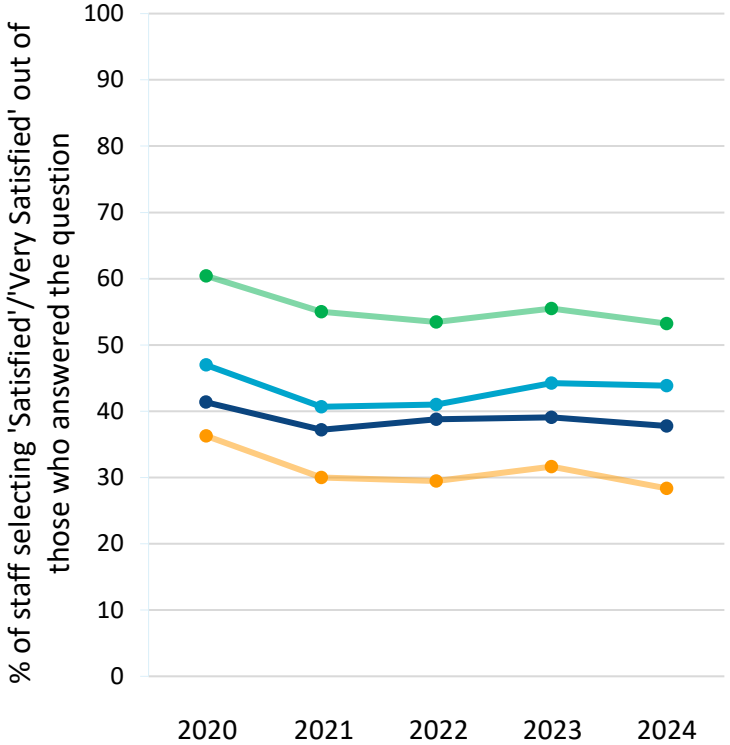
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



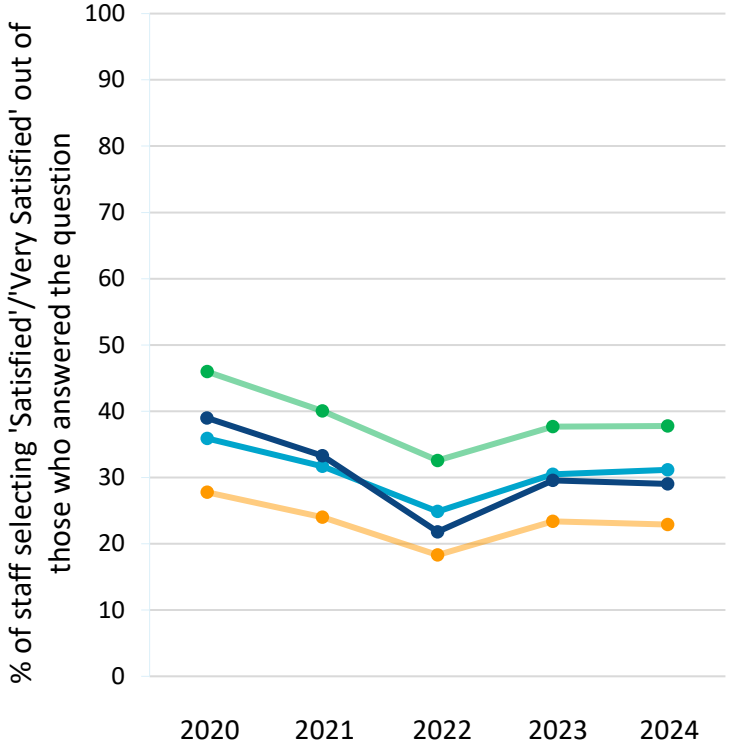
	2020	2021	2022	2023	2024
Your org	53.35%	48.36%	50.77%	49.36%	47.70%
Best result	65.08%	61.71%	61.38%	61.48%	60.37%
Average result	56.37%	50.52%	51.09%	53.56%	53.02%
Worst result	48.16%	41.22%	43.12%	45.65%	42.37%
Responses	2476	2887	3121	2445	3112

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



	2020	2021	2022	2023	2024
Your org	41.35%	37.20%	38.80%	39.05%	37.78%
Best result	60.42%	55.03%	53.46%	55.50%	53.22%
Average result	46.97%	40.67%	41.03%	44.23%	43.88%
Worst result	36.28%	29.99%	29.44%	31.65%	28.35%
Responses	2460	2869	3115	2441	3109

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

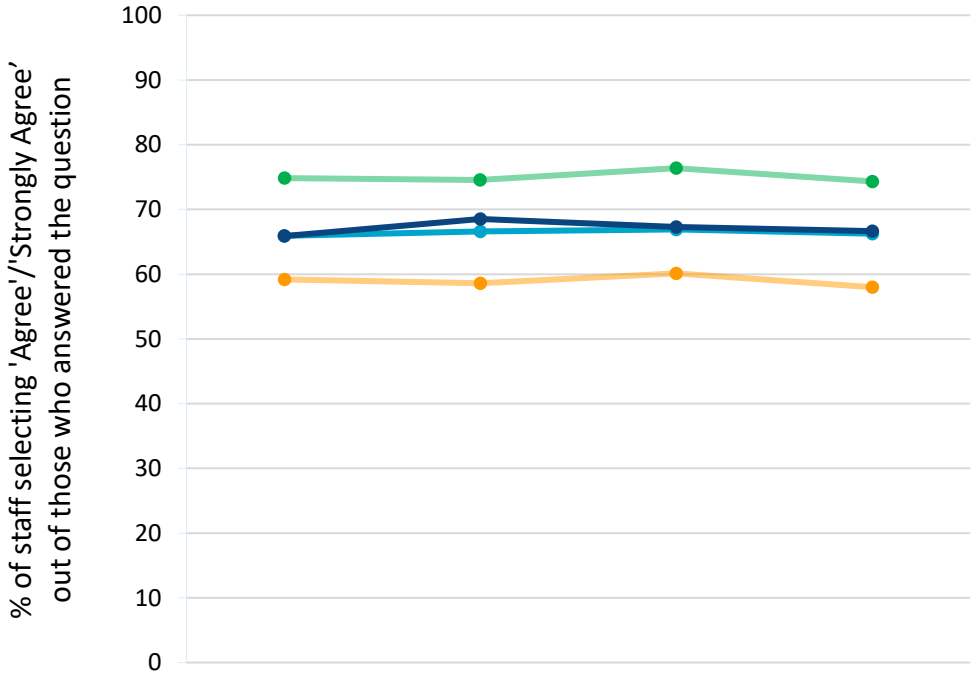


	2020	2021	2022	2023	2024
Your org	38.97%	33.26%	21.81%	29.54%	29.04%
Best result	45.96%	40.04%	32.58%	37.69%	37.76%
Average result	35.89%	31.69%	24.87%	30.49%	31.14%
Worst result	27.76%	23.99%	18.31%	23.36%	22.92%
Responses	2459	2882	3118	2439	3103

Survey Coordination Centre

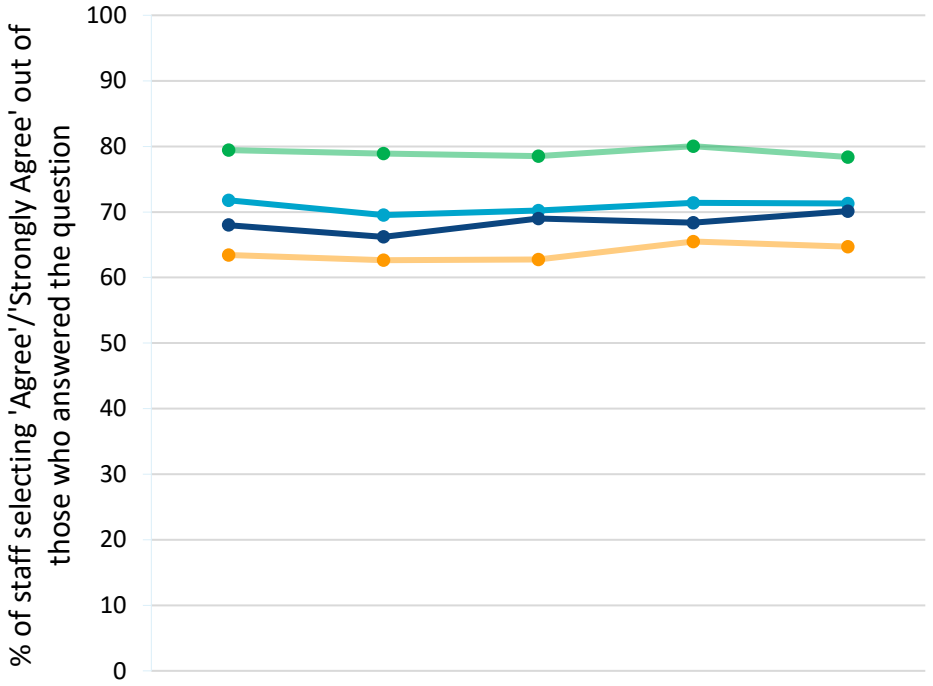
NHS

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



	2021	2022	2023	2024
Your org	65.89%	68.53%	67.29%	66.66%
Best result	74.84%	74.55%	76.37%	74.33%
Average result	65.92%	66.61%	66.91%	66.25%
Worst result	59.18%	58.59%	60.13%	57.98%
Responses	2866	3113	2444	3111

Q9e My immediate manager values my work.



	2020	2021	2022	2023	2024
Your org	67.98%	66.20%	69.01%	68.36%	70.12%
Best result	79.43%	78.89%	78.50%	80.03%	78.38%
Average result	71.78%	69.52%	70.22%	71.39%	71.30%
Worst result	63.46%	62.64%	62.76%	65.49%	64.68%
Responses	2472	2882	3117	2445	3100

Survey Coordination Centre

NHS

People Promise element – We each have a voice that counts

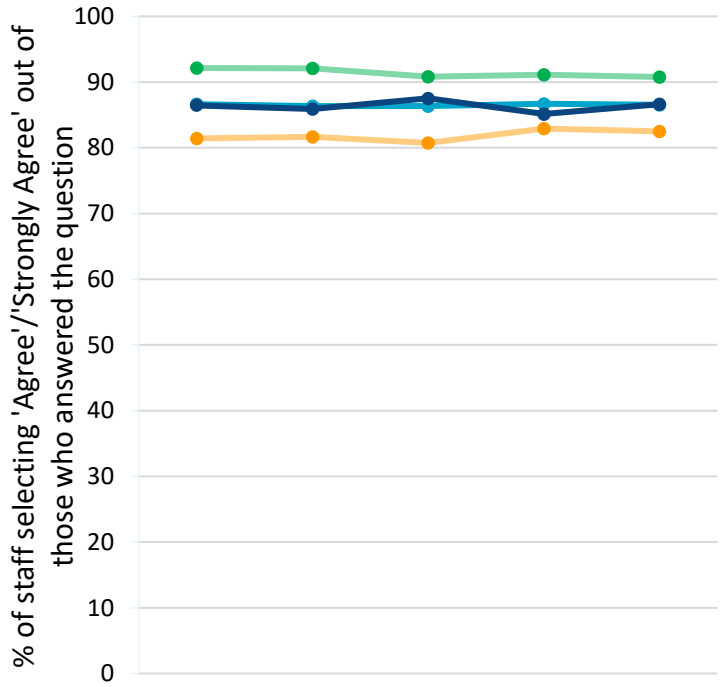
Questions included:

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

Raising concerns – Q20a, Q20b, Q25e, Q25f

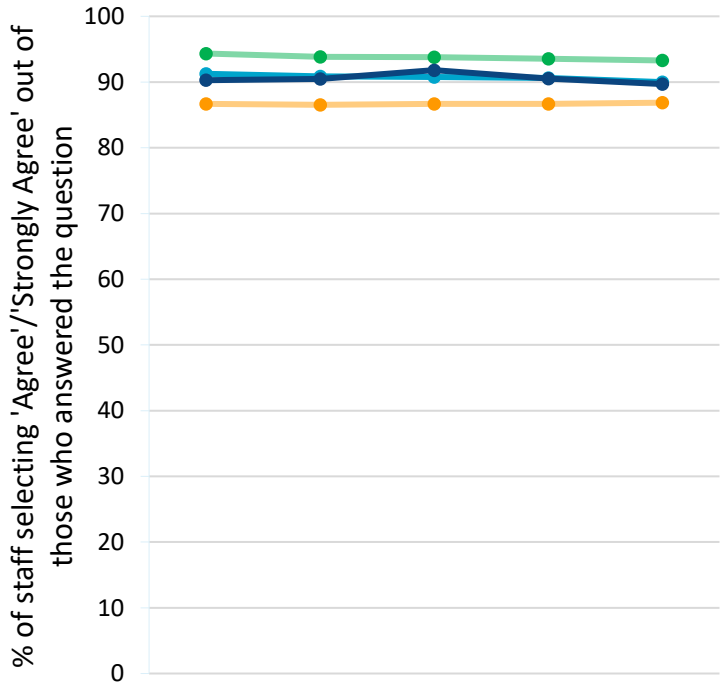
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3a I always know what my work responsibilities are.



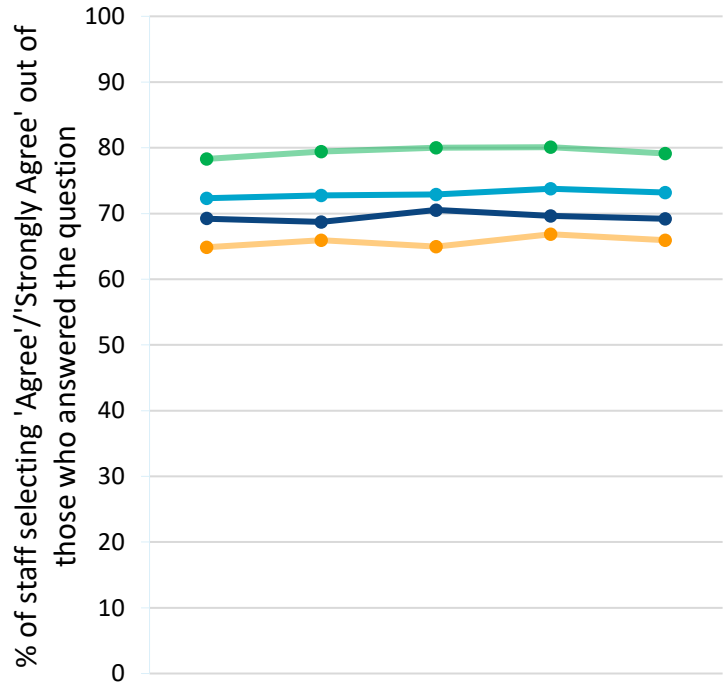
	2020	2021	2022	2023	2024
Your org	86.45%	85.90%	87.53%	85.14%	86.61%
Best result	92.13%	92.08%	90.80%	91.12%	90.77%
Average result	86.62%	86.35%	86.35%	86.70%	86.55%
Worst result	81.40%	81.65%	80.73%	82.92%	82.51%
Responses	2475	2893	3117	2450	3117

Q3b I am trusted to do my job.



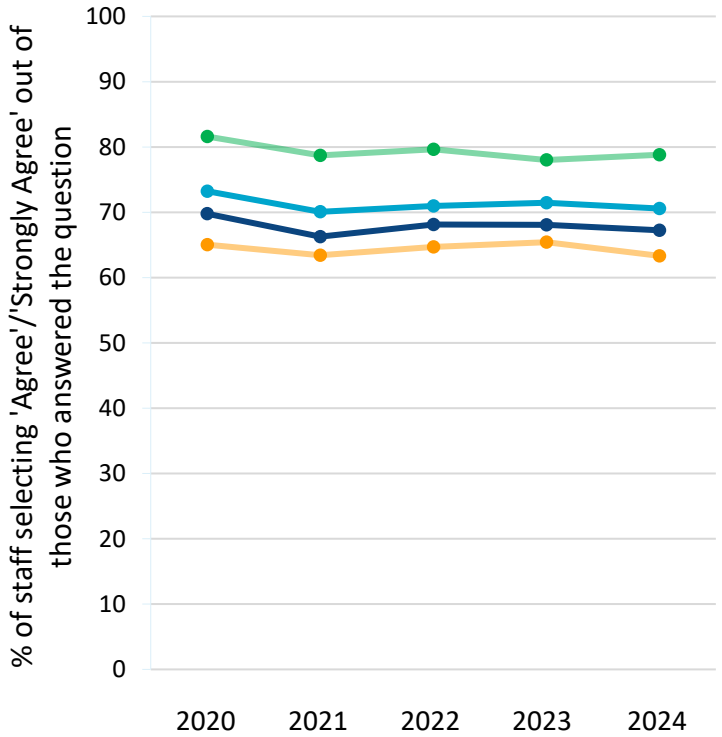
	2020	2021	2022	2023	2024
Your org	90.28%	90.48%	91.81%	90.53%	89.69%
Best result	94.34%	93.85%	93.81%	93.56%	93.28%
Average result	91.25%	90.85%	90.76%	90.62%	89.99%
Worst result	86.67%	86.54%	86.66%	86.67%	86.86%
Responses	2452	2889	3120	2443	3108

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



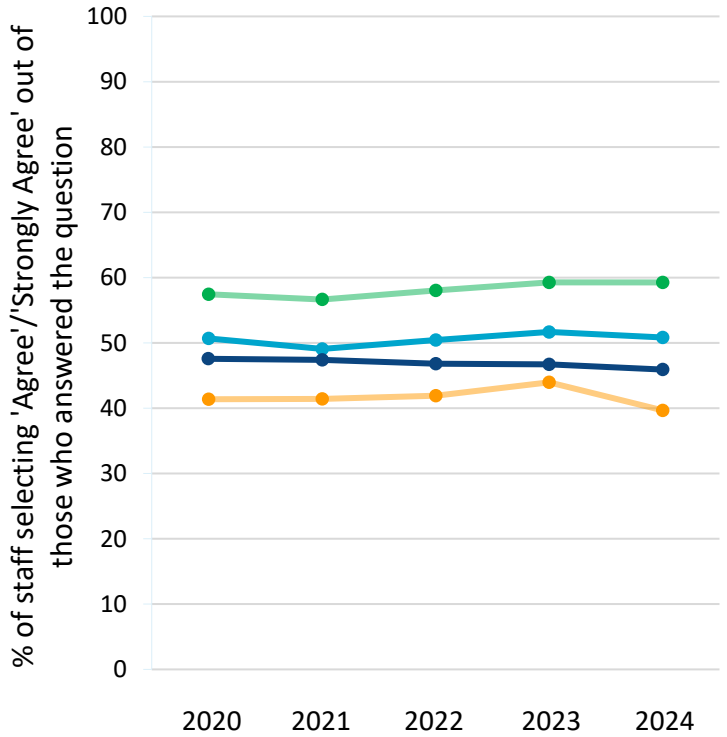
	2020	2021	2022	2023	2024
Your org	69.21%	68.72%	70.54%	69.64%	69.17%
Best result	78.30%	79.42%	80.00%	80.09%	79.13%
Average result	72.32%	72.74%	72.89%	73.76%	73.20%
Worst result	64.86%	65.95%	64.98%	66.84%	65.96%
Responses	2482	2881	3121	2442	3100

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



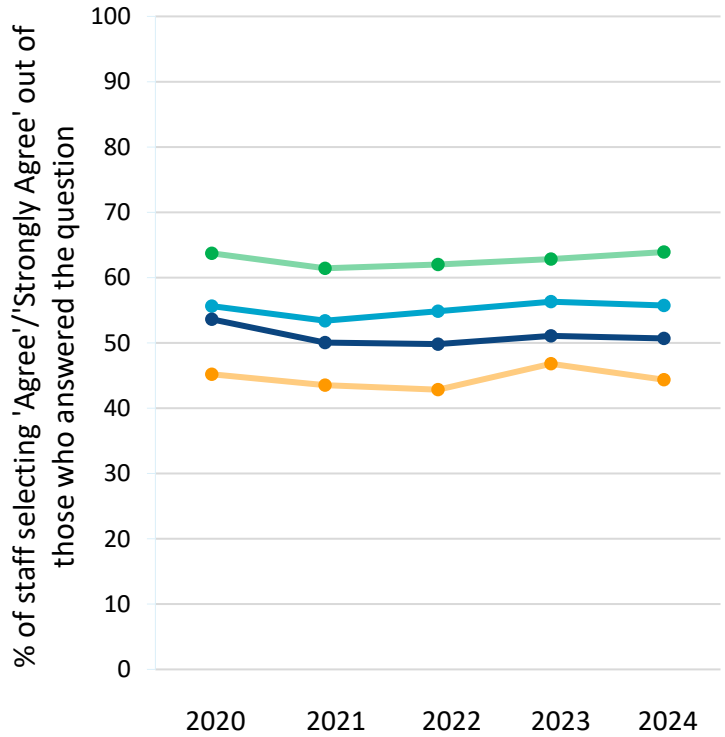
	2020	2021	2022	2023	2024
Your org	69.78%	66.27%	68.15%	68.09%	67.25%
Best result	81.61%	78.70%	79.64%	78.01%	78.83%
Average result	73.23%	70.08%	70.96%	71.46%	70.60%
Worst result	65.06%	63.41%	64.71%	65.42%	63.34%
Responses	2469	2870	3122	2444	3100

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



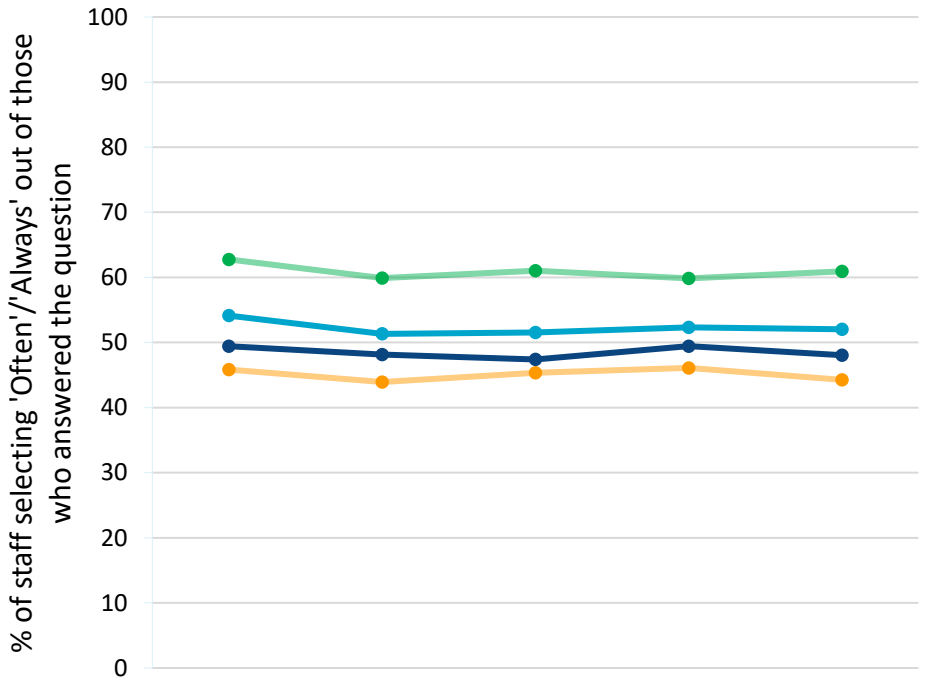
	2020	2021	2022	2023	2024
Your org	47.57%	47.38%	46.81%	46.72%	45.92%
Best result	57.43%	56.64%	58.05%	59.27%	59.25%
Average result	50.68%	49.08%	50.44%	51.68%	50.81%
Worst result	41.35%	41.40%	41.91%	43.96%	39.67%
Responses	2474	2874	3121	2440	3102

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



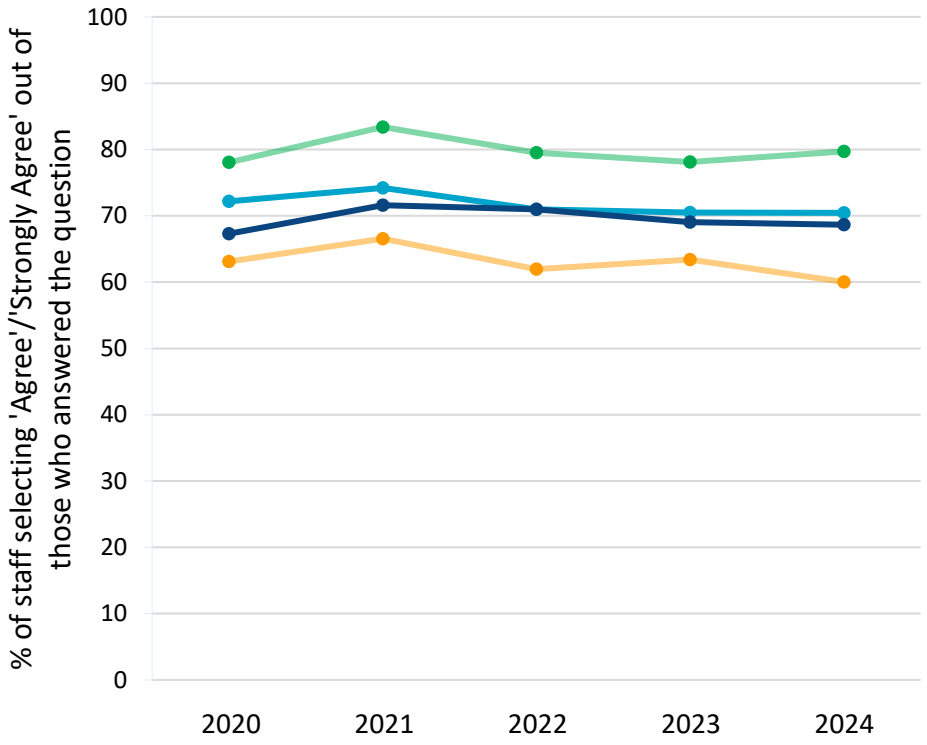
	2020	2021	2022	2023	2024
Your org	53.61%	50.05%	49.82%	51.10%	50.71%
Best result	63.70%	61.43%	61.98%	62.83%	63.91%
Average result	55.64%	53.40%	54.86%	56.31%	55.73%
Worst result	45.19%	43.51%	42.83%	46.80%	44.36%
Responses	2455	2861	3117	2443	3100

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



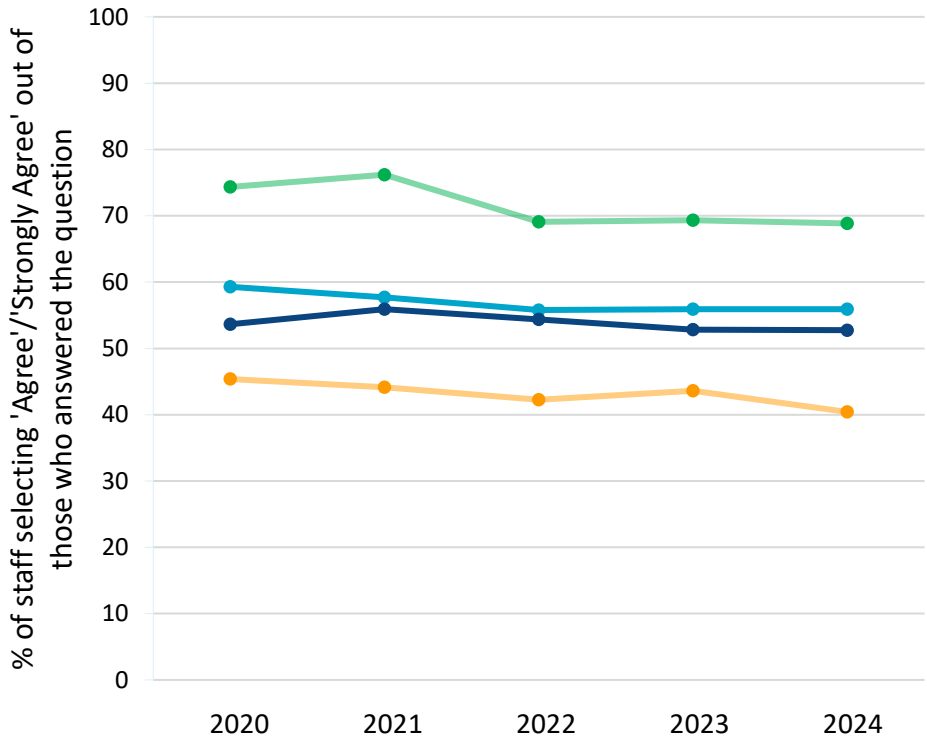
	2020	2021	2022	2023	2024
Your org	49.42%	48.17%	47.39%	49.44%	48.03%
Best result	62.76%	59.87%	61.04%	59.85%	60.94%
Average result	54.13%	51.32%	51.55%	52.31%	52.02%
Worst result	45.86%	43.93%	45.33%	46.10%	44.26%
Responses	2467	2874	3108	2444	3106

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



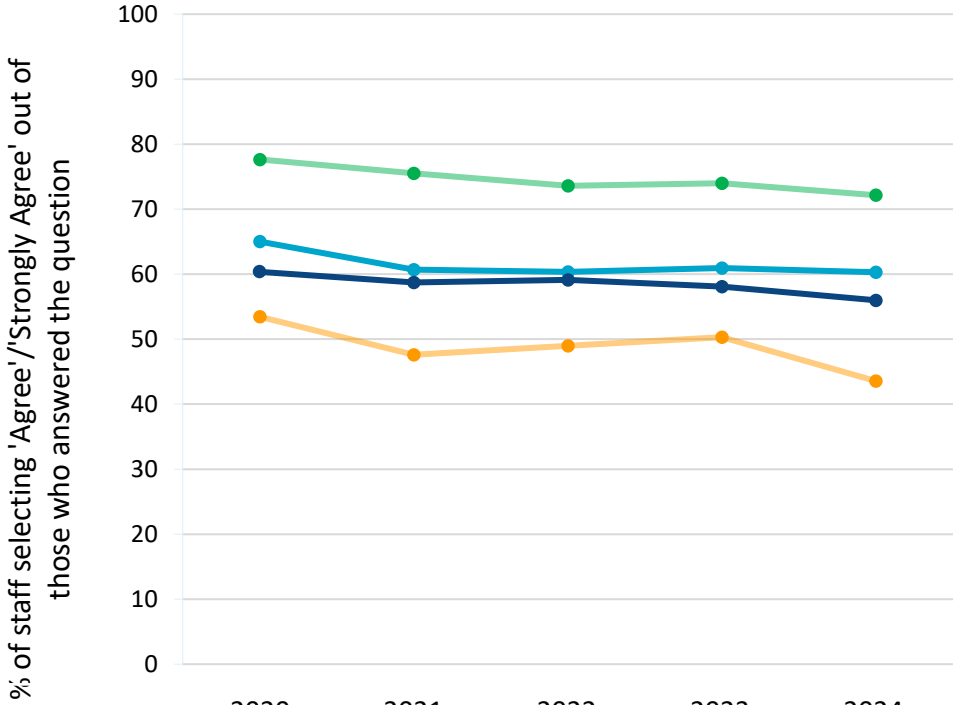
	2020	2021	2022	2023	2024
Your org	67.30%	71.59%	70.97%	69.04%	68.63%
Best result	78.06%	83.39%	79.51%	78.11%	79.71%
Average result	72.16%	74.20%	70.96%	70.47%	70.44%
Worst result	63.08%	66.55%	61.96%	63.38%	60.03%
Responses	2443	2878	3115	2433	3108

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



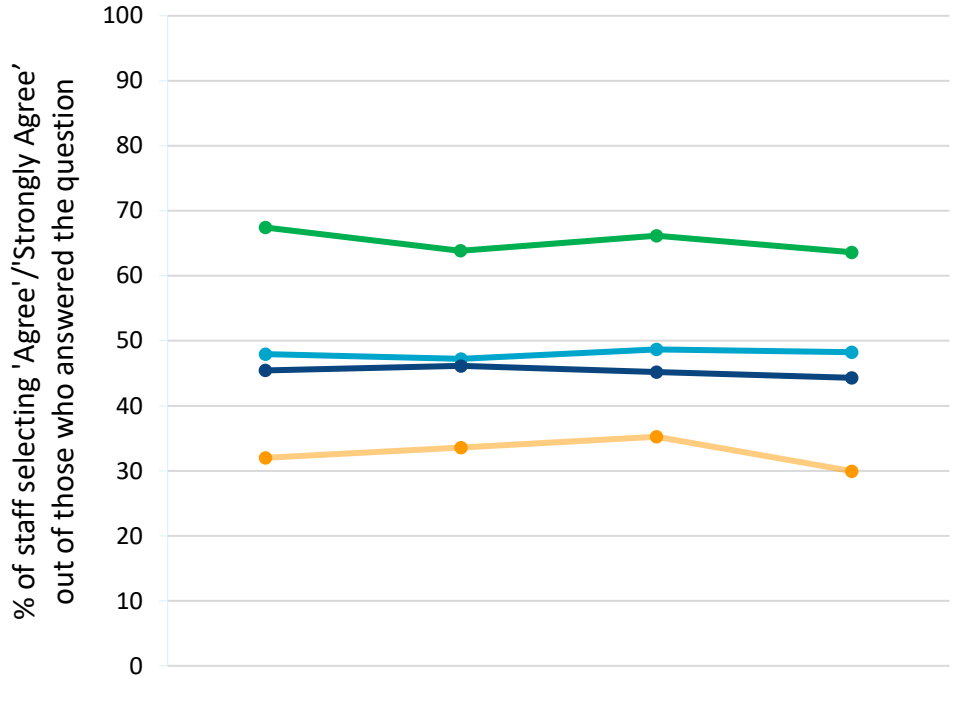
	2020	2021	2022	2023	2024
Your org	53.63%	55.92%	54.39%	52.81%	52.75%
Best result	74.37%	76.20%	69.10%	69.35%	68.85%
Average result	59.29%	57.68%	55.79%	55.93%	55.91%
Worst result	45.38%	44.13%	42.28%	43.61%	40.42%
Responses	2444	2870	3115	2440	3100

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



	2020	2021	2022	2023	2024
Your org	60.35%	58.74%	59.10%	58.06%	55.98%
Best result	77.65%	75.50%	73.58%	74.00%	72.15%
Average result	65.01%	60.68%	60.37%	60.93%	60.29%
Worst result	53.44%	47.61%	48.97%	50.33%	43.56%
Responses	2462	2872	3105	2438	3101

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



	2021	2022	2023	2024
Your org	45.43%	46.15%	45.20%	44.30%
Best result	67.43%	63.83%	66.16%	63.63%
Average result	47.94%	47.23%	48.67%	48.23%
Worst result	32.01%	33.59%	35.24%	29.95%
Responses	2863	3103	2435	3095

Survey Coordination Centre

NHS

People Promise element – We are safe and healthy

Questions included:

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

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

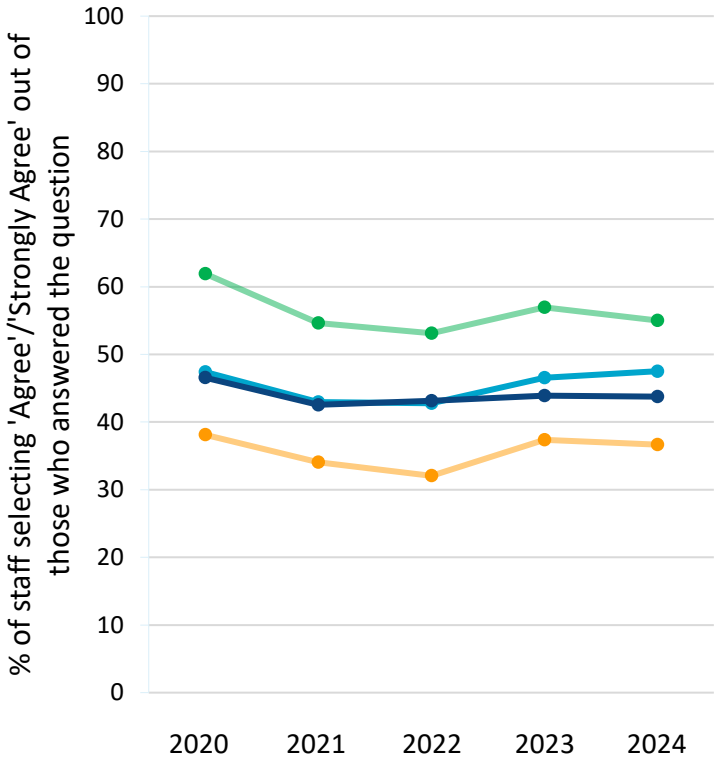
Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Other questions:* Q17a, Q17b, Q22

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

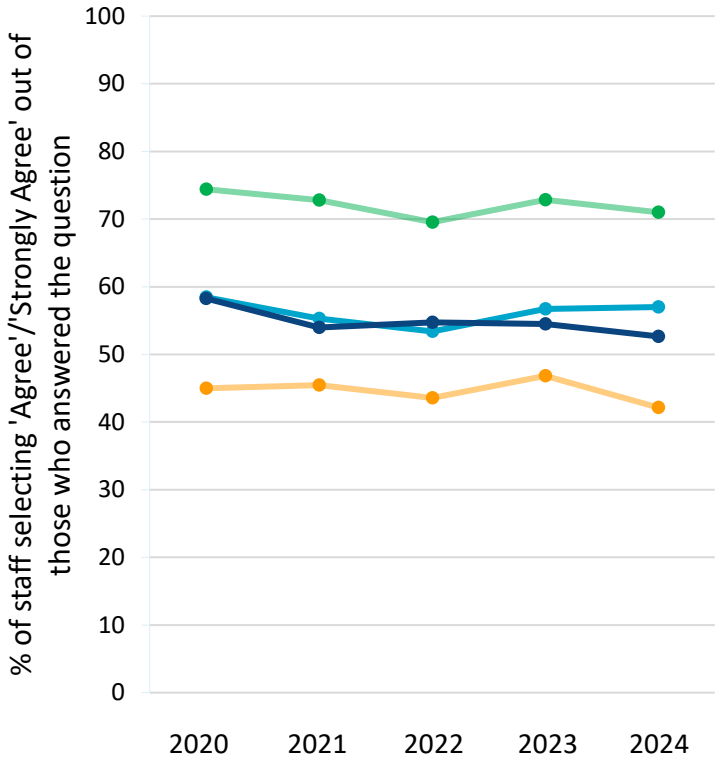
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



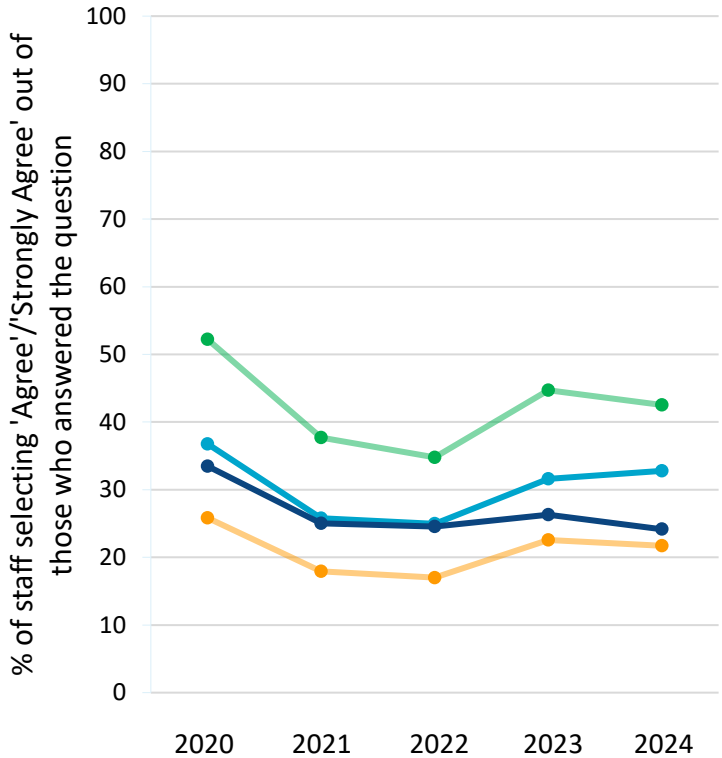
	2020	2021	2022	2023	2024
Your org	46.55%	42.55%	43.16%	43.91%	43.77%
Best result	61.92%	54.62%	53.13%	56.95%	55.01%
Average result	47.39%	42.96%	42.78%	46.56%	47.51%
Worst result	38.11%	34.06%	32.05%	37.35%	36.68%
Responses	2466	2869	3114	2442	3099

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



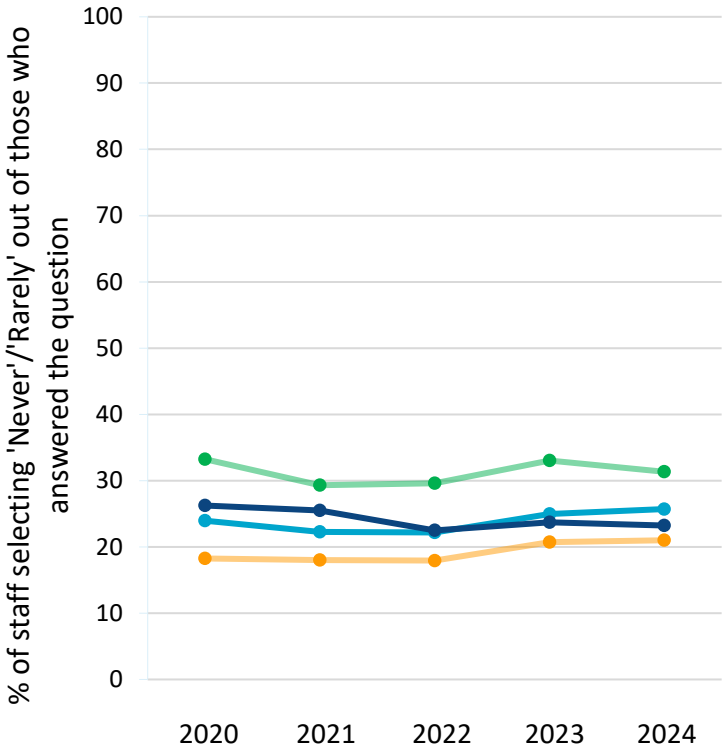
	2020	2021	2022	2023	2024
Your org	58.26%	53.97%	54.74%	54.48%	52.66%
Best result	74.41%	72.78%	69.54%	72.83%	70.99%
Average result	58.44%	55.30%	53.39%	56.69%	57.00%
Worst result	44.99%	45.47%	43.54%	46.82%	42.14%
Responses	2466	2860	3118	2443	3096

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



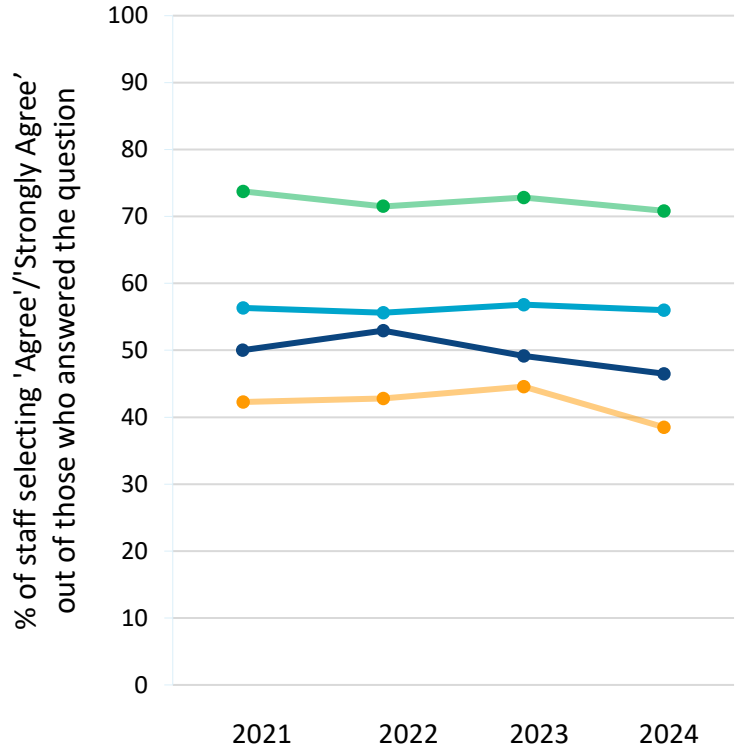
	2020	2021	2022	2023	2024
Your org	33.48%	25.05%	24.53%	26.30%	24.15%
Best result	52.21%	37.72%	34.78%	44.71%	42.52%
Average result	36.76%	25.80%	24.95%	31.62%	32.77%
Worst result	25.83%	17.92%	17.00%	22.55%	21.73%
Responses	2463	2873	3123	2448	3103

Q5a I have unrealistic time pressures.



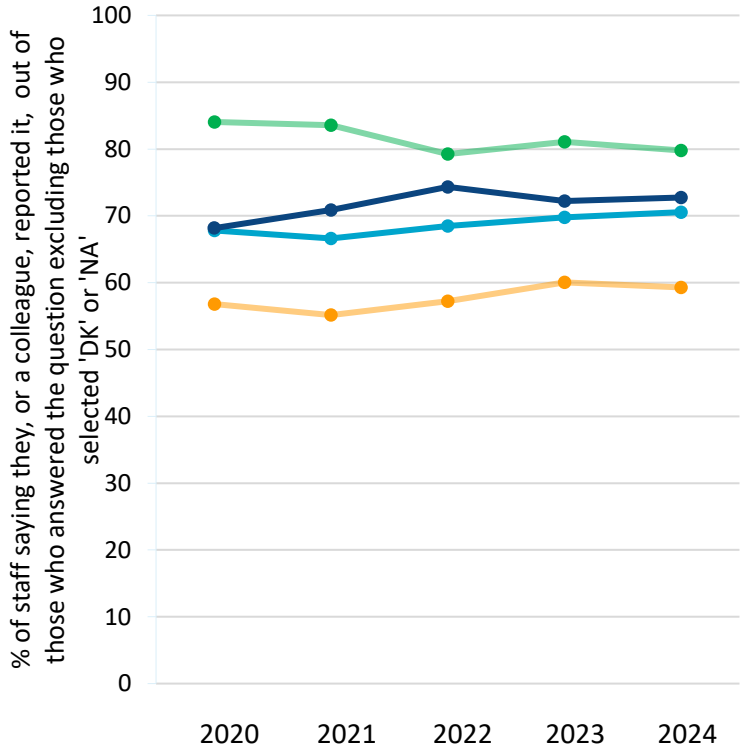
	2020	2021	2022	2023	2024
Your org	26.25%	25.49%	22.49%	23.70%	23.25%
Best result	33.24%	29.31%	29.61%	33.04%	31.37%
Average result	23.97%	22.27%	22.18%	24.95%	25.71%
Worst result	18.24%	18.00%	17.94%	20.72%	21.01%
Responses	2465	2876	3104	2443	3103

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



	2021	2022	2023	2024
Your org	50.01%	52.94%	49.18%	46.51%
Best result	73.75%	71.50%	72.81%	70.84%
Average result	56.34%	55.62%	56.82%	55.99%
Worst result	42.28%	42.82%	44.58%	38.51%
Responses	2860	3039	2445	3101

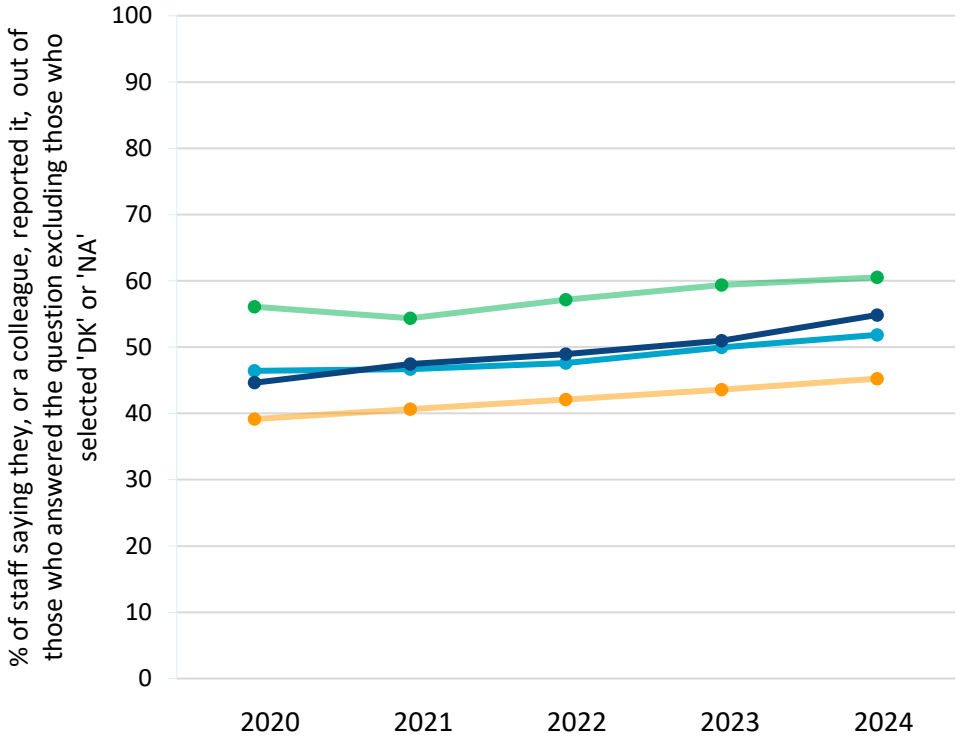
Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2020	2021	2022	2023	2024
Your org	68.17%	70.90%	74.34%	72.21%	72.75%
Best result	84.05%	83.58%	79.24%	81.08%	79.79%
Average result	67.83%	66.62%	68.47%	69.78%	70.55%
Worst result	56.80%	55.15%	57.22%	60.04%	59.28%
Responses	231	276	440	229	420

Note: 2023 results for Q13d are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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

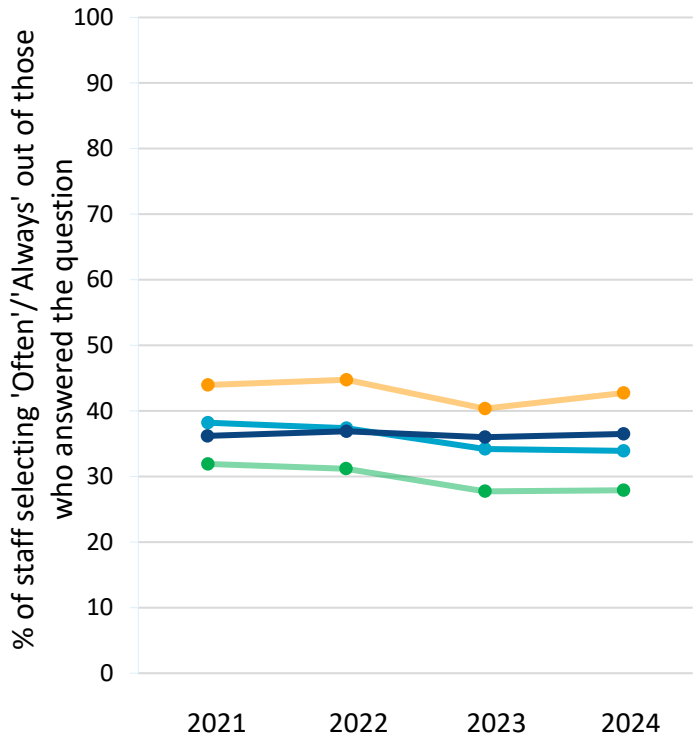


	2020	2021	2022	2023	2024
Your org	44.63%	47.43%	48.95%	50.99%	54.86%
Best result	56.07%	54.35%	57.16%	59.40%	60.52%
Average result	46.43%	46.67%	47.59%	49.96%	51.86%
Worst result	39.15%	40.63%	42.10%	43.57%	45.25%
Responses	766	915	926	669	882

Note: 2023 results for Q14d are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

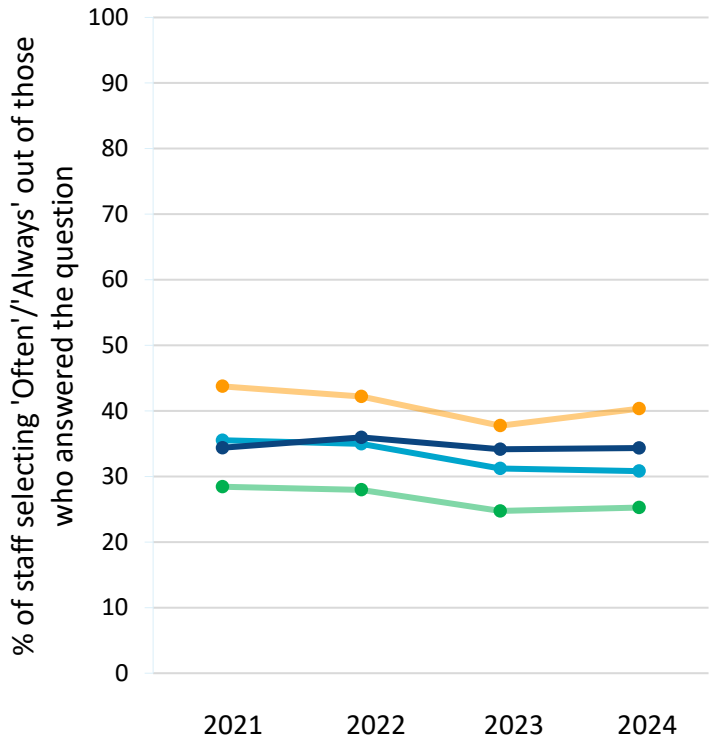
Survey Coordination Centre NHS

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



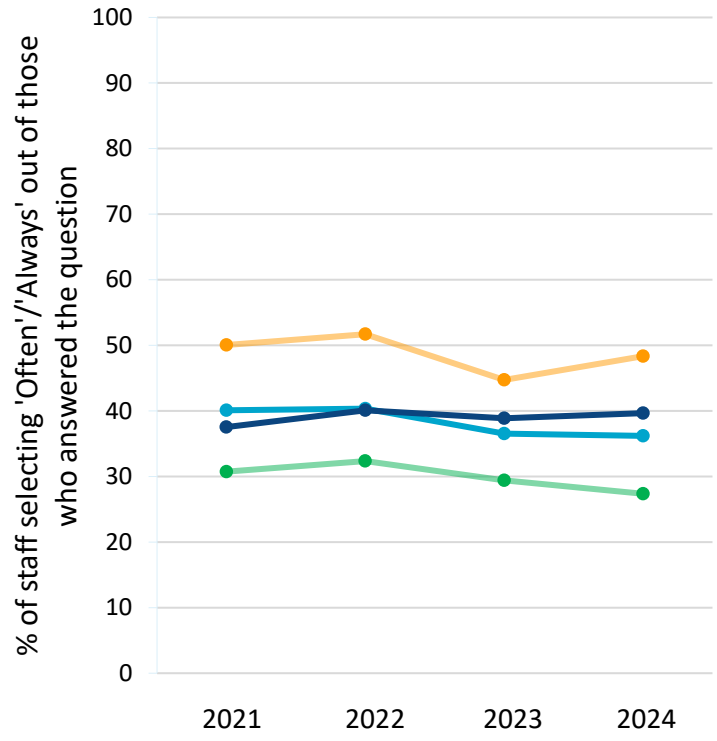
	2021	2022	2023	2024
Your org	36.18%	36.89%	35.99%	36.51%
Best result	31.92%	31.18%	27.73%	27.88%
Average result	38.20%	37.36%	34.20%	33.91%
Worst result	43.97%	44.75%	40.35%	42.73%
Responses	2883	3111	2449	3111

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



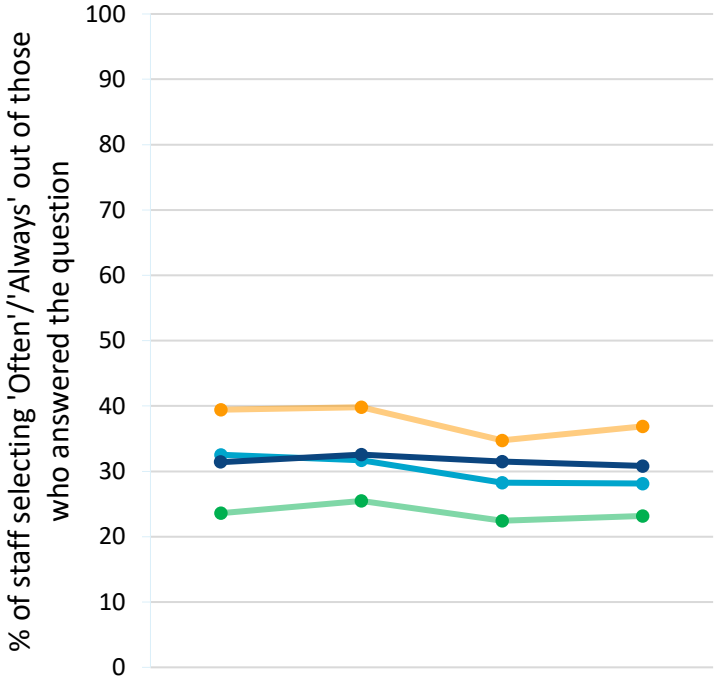
	2021	2022	2023	2024
Your org	34.37%	35.96%	34.15%	34.32%
Best result	28.44%	27.95%	24.74%	25.24%
Average result	35.52%	34.98%	31.20%	30.82%
Worst result	43.74%	42.19%	37.74%	40.36%
Responses	2879	3110	2449	3109

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



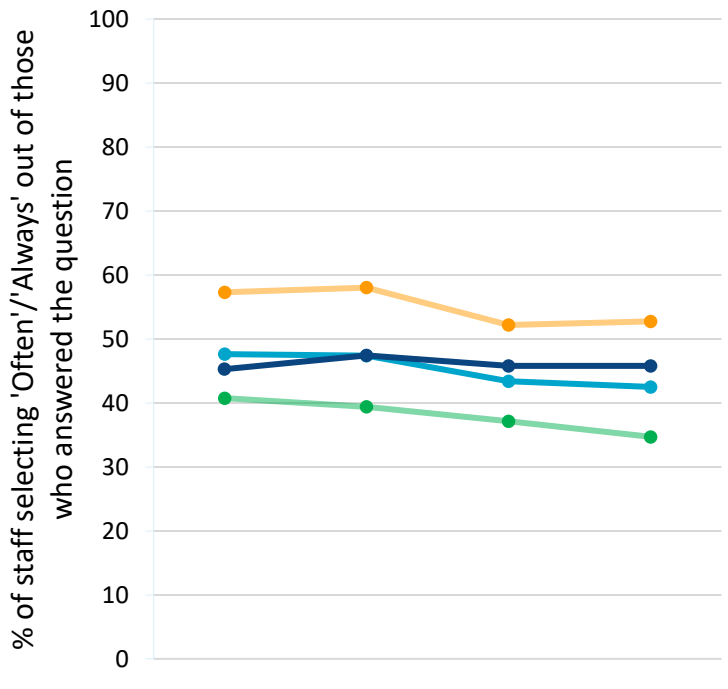
	2021	2022	2023	2024
Your org	37.53%	40.09%	38.89%	39.67%
Best result	30.74%	32.35%	29.40%	27.37%
Average result	40.11%	40.35%	36.52%	36.19%
Worst result	50.04%	51.70%	44.72%	48.33%
Responses	2878	3116	2448	3104

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



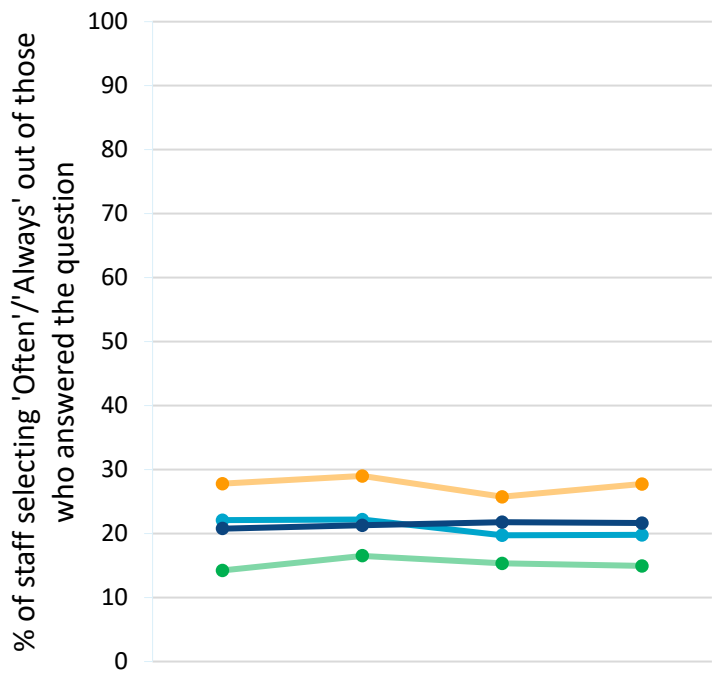
	2021	2022	2023	2024
Your org	31.40%	32.56%	31.49%	30.83%
Best result	23.59%	25.47%	22.44%	23.17%
Average result	32.54%	31.71%	28.26%	28.13%
Worst result	39.44%	39.81%	34.74%	36.90%
Responses	2872	3108	2444	3102

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



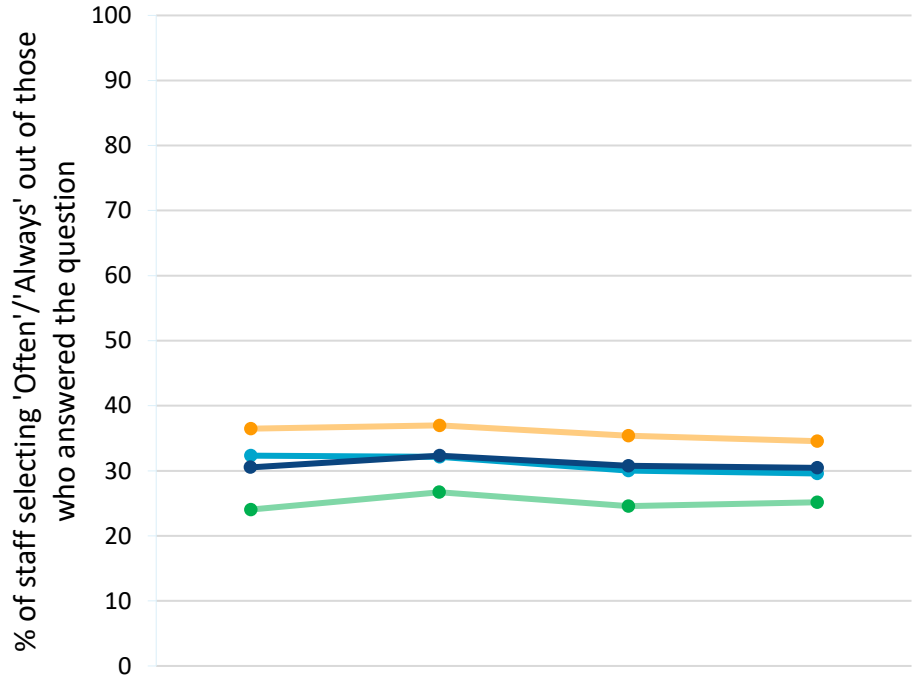
	2021	2022	2023	2024
Your org	45.27%	47.42%	45.78%	45.77%
Best result	40.75%	39.38%	37.14%	34.71%
Average result	47.62%	47.37%	43.37%	42.50%
Worst result	57.28%	58.02%	52.18%	52.73%
Responses	2874	3109	2448	3106

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



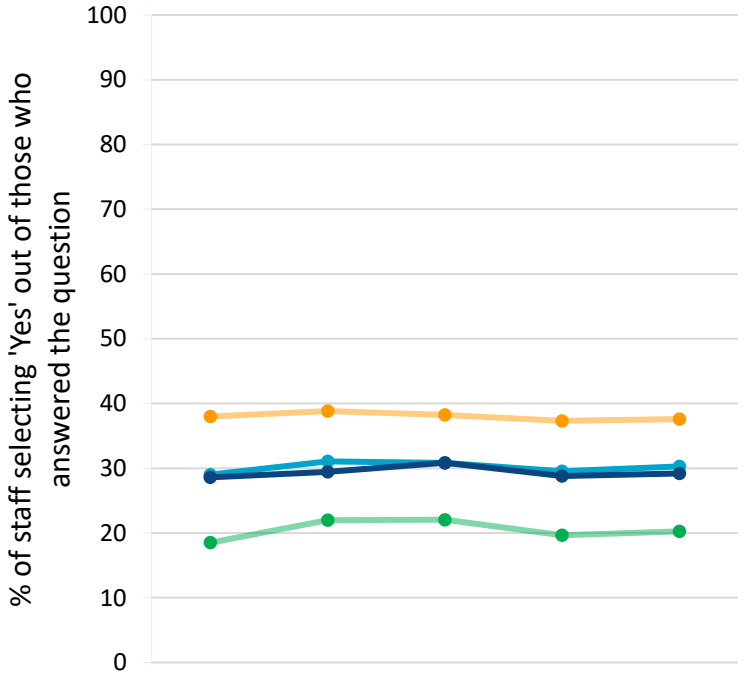
	2021	2022	2023	2024
Your org	20.76%	21.32%	21.78%	21.64%
Best result	14.24%	16.50%	15.36%	14.94%
Average result	22.12%	22.19%	19.73%	19.80%
Worst result	27.81%	29.01%	25.76%	27.74%
Responses	2863	3111	2443	3104

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



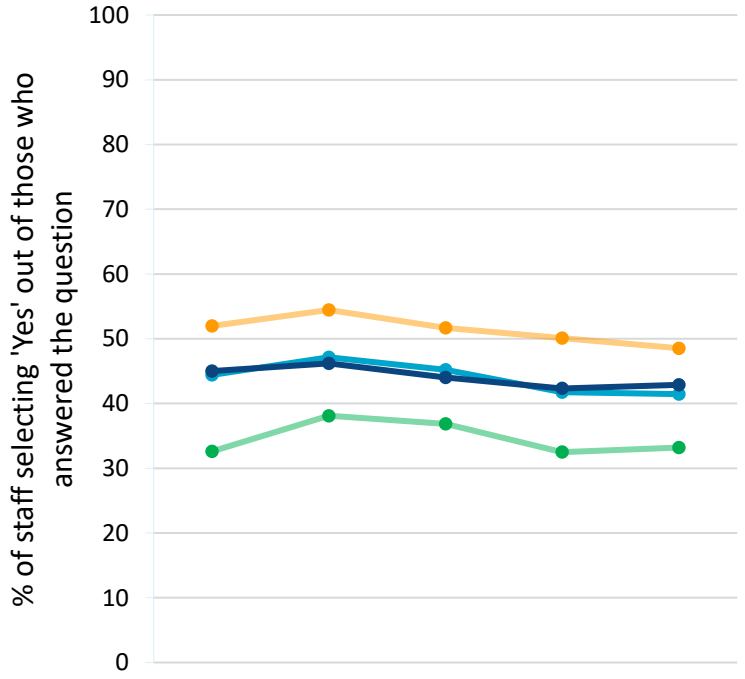
	2021	2022	2023	2024
Your org	30.54%	32.32%	30.75%	30.45%
Best result	24.04%	26.70%	24.55%	25.16%
Average result	32.33%	32.13%	30.02%	29.59%
Worst result	36.47%	36.98%	35.41%	34.56%
Responses	2875	3112	2448	3106

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



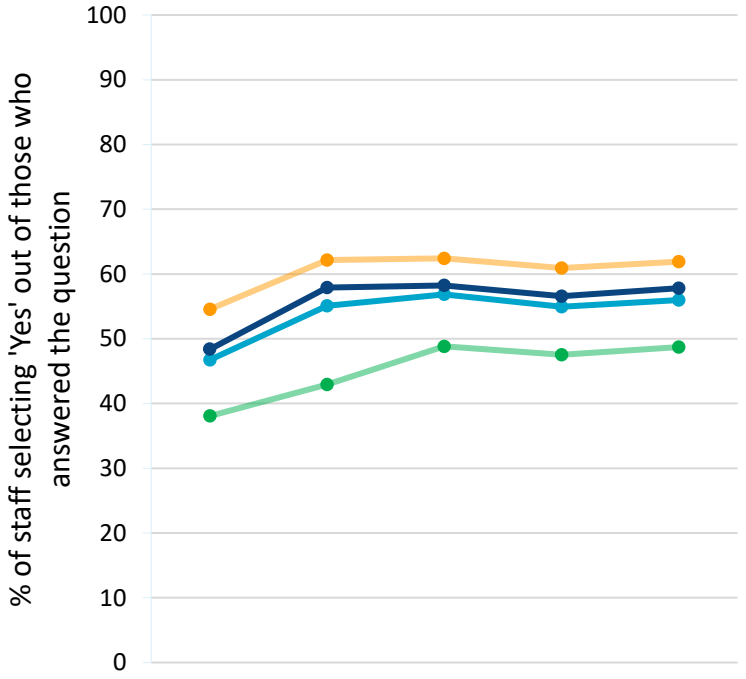
	2020	2021	2022	2023	2024
Your org	28.60%	29.43%	30.85%	28.82%	29.21%
Best result	18.50%	21.97%	22.05%	19.64%	20.23%
Average result	29.01%	31.06%	30.82%	29.54%	30.28%
Worst result	38.02%	38.84%	38.24%	37.32%	37.62%
Responses	2461	2853	3113	2433	3089

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



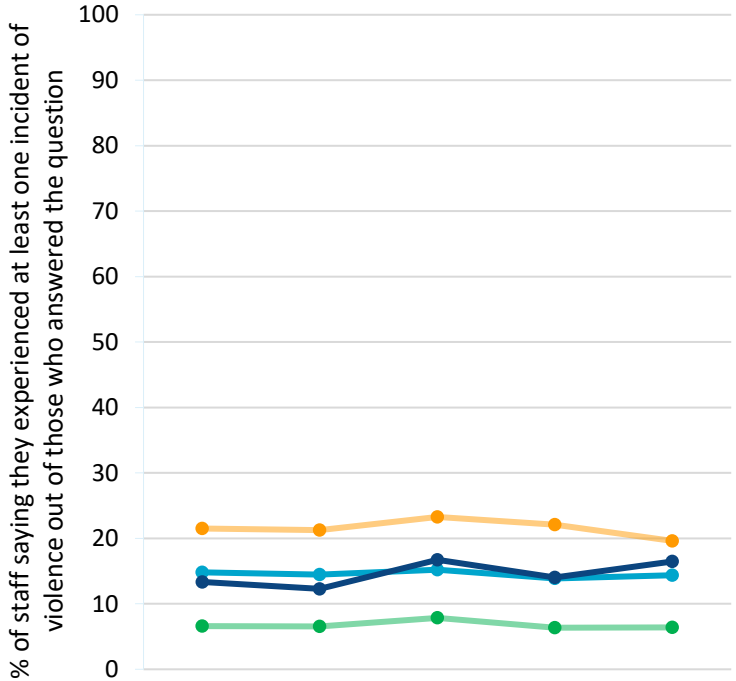
	2020	2021	2022	2023	2024
Your org	44.99%	46.20%	44.04%	42.32%	42.88%
Best result	32.61%	38.12%	36.86%	32.49%	33.18%
Average result	44.41%	47.14%	45.21%	41.73%	41.45%
Worst result	51.96%	54.45%	51.71%	50.11%	48.54%
Responses	2467	2858	3115	2437	3090

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



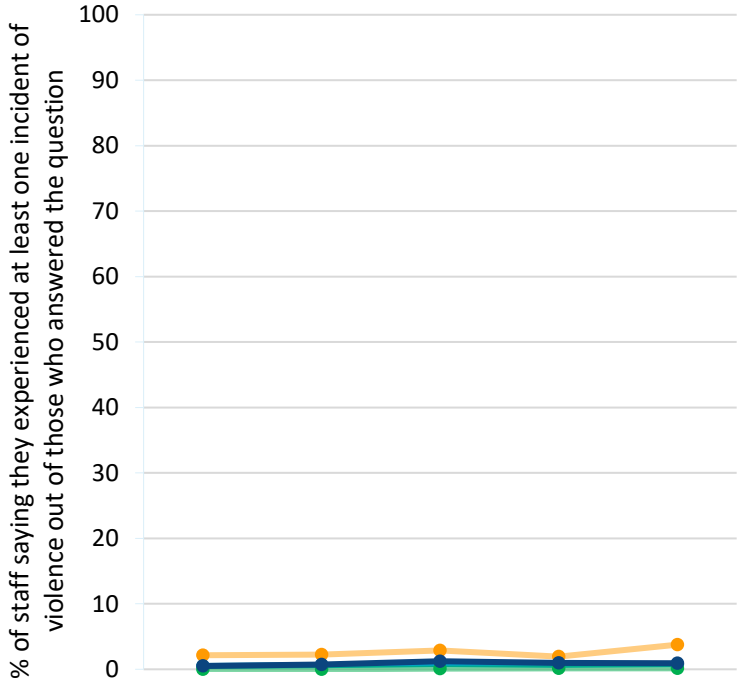
	2020	2021	2022	2023	2024
Your org	48.37%	57.91%	58.23%	56.60%	57.82%
Best result	38.07%	42.94%	48.83%	47.53%	48.72%
Average result	46.74%	55.10%	56.85%	54.96%	55.96%
Worst result	54.57%	62.18%	62.42%	60.91%	61.92%
Responses	2463	2851	3108	2437	3082

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



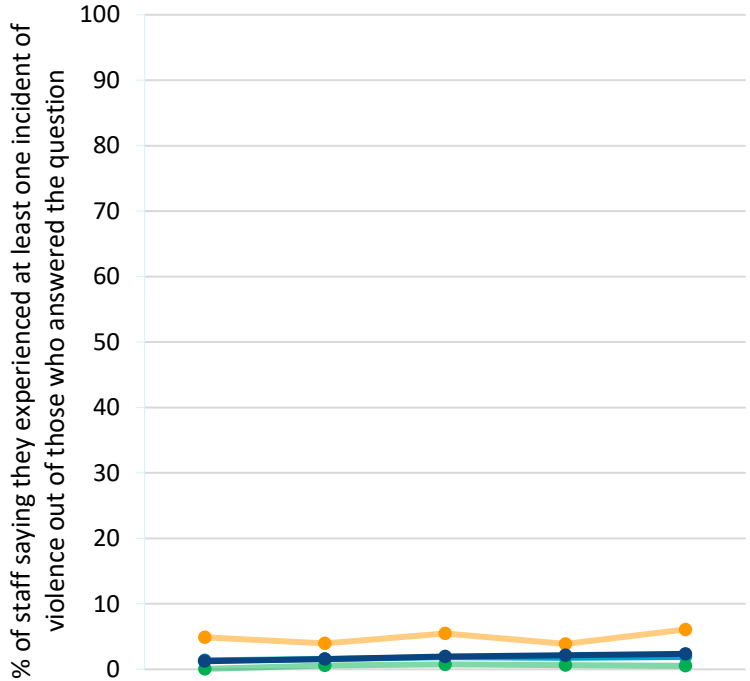
	2020	2021	2022	2023	2024
Your org	13.33%	12.29%	16.73%	14.01%	16.47%
Best result	6.62%	6.53%	7.85%	6.35%	6.38%
Average result	14.79%	14.47%	15.22%	13.88%	14.37%
Worst result	21.49%	21.27%	23.28%	22.09%	19.61%
Responses	2472	2888	3116	2226	3103

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



	2020	2021	2022	2023	2024
Your org	0.51%	0.73%	1.23%	0.97%	0.90%
Best result	0.00%	0.00%	0.10%	0.14%	0.14%
Average result	0.51%	0.63%	0.79%	0.68%	0.76%
Worst result	2.13%	2.23%	2.90%	1.94%	3.76%
Responses	2448	2853	3074	2185	3029

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



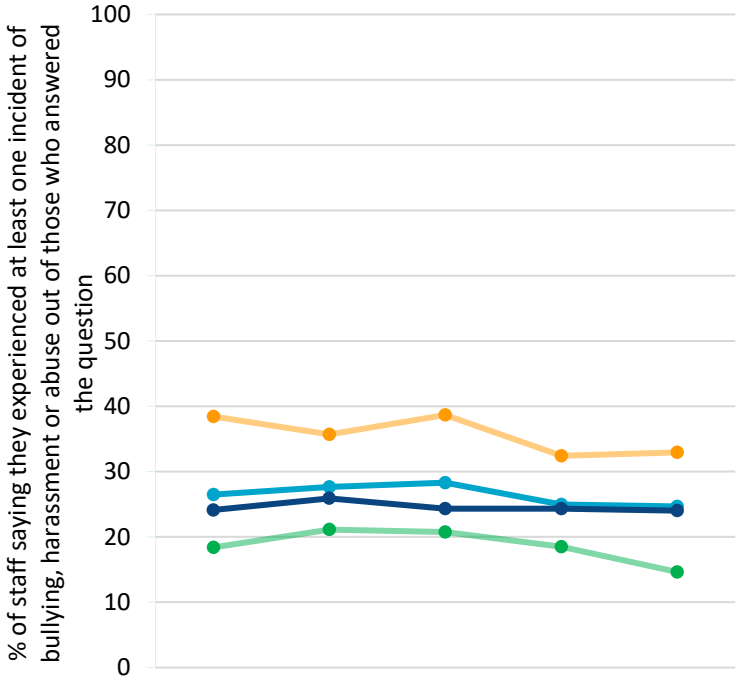
	2020	2021	2022	2023	2024
Your org	1.23%	1.54%	1.93%	2.13%	2.36%
Best result	0.06%	0.57%	0.75%	0.65%	0.53%
Average result	1.37%	1.59%	1.84%	1.78%	1.88%
Worst result	4.88%	3.98%	5.45%	3.88%	6.08%
Responses	2436	2835	3049	2167	3004

Note: 2023 results for Q13a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Survey Coordination Centre

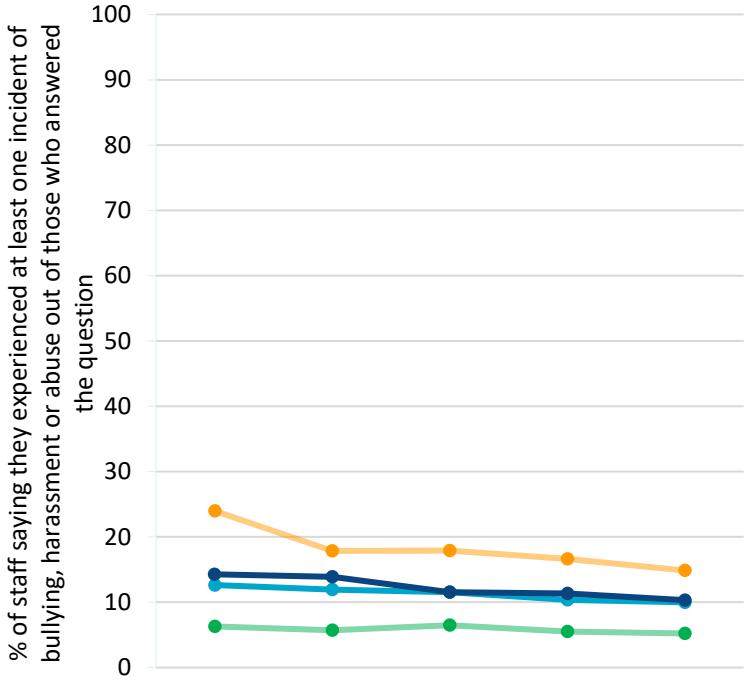
NHS

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



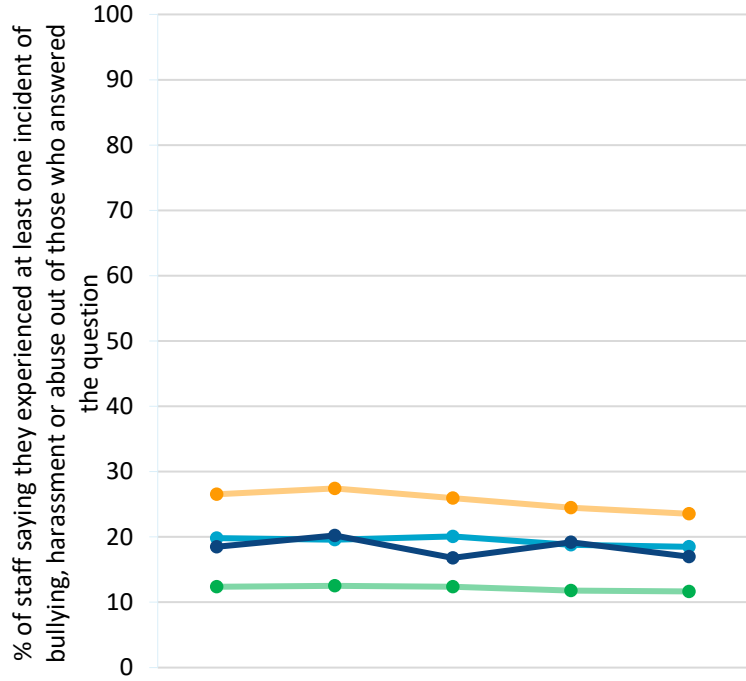
	2020	2021	2022	2023	2024
Your org	24.12%	25.90%	24.33%	24.31%	24.03%
Best result	18.42%	21.13%	20.77%	18.48%	14.63%
Average result	26.49%	27.65%	28.31%	24.99%	24.68%
Worst result	38.45%	35.69%	38.68%	32.43%	32.94%
Responses	2459	2878	3104	2216	3083

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



	2020	2021	2022	2023	2024
Your org	14.28%	13.91%	11.56%	11.34%	10.33%
Best result	6.32%	5.72%	6.48%	5.52%	5.22%
Average result	12.64%	11.95%	11.55%	10.35%	10.00%
Worst result	23.98%	17.86%	17.89%	16.64%	14.86%
Responses	2442	2841	3067	2171	3036

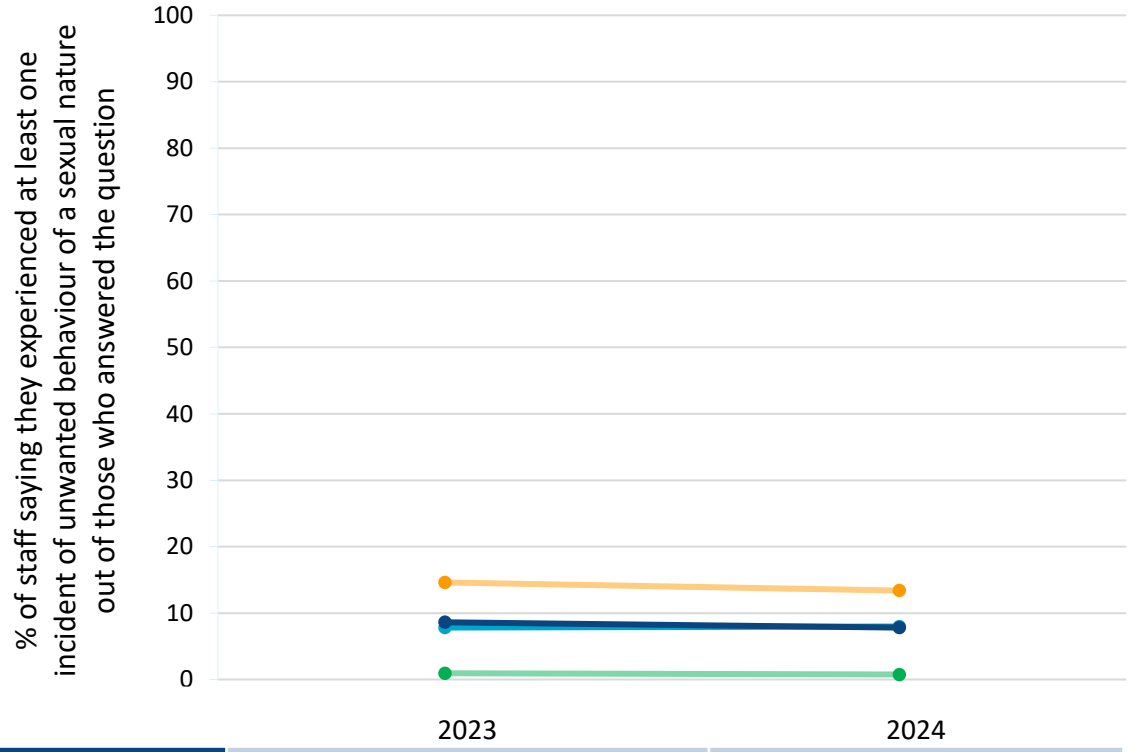
Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



	2020	2021	2022	2023	2024
Your org	18.48%	20.23%	16.79%	19.16%	16.99%
Best result	12.40%	12.51%	12.37%	11.80%	11.66%
Average result	19.80%	19.56%	20.08%	18.78%	18.49%
Worst result	26.52%	27.43%	25.97%	24.45%	23.55%
Responses	2431	2821	3058	2179	3031

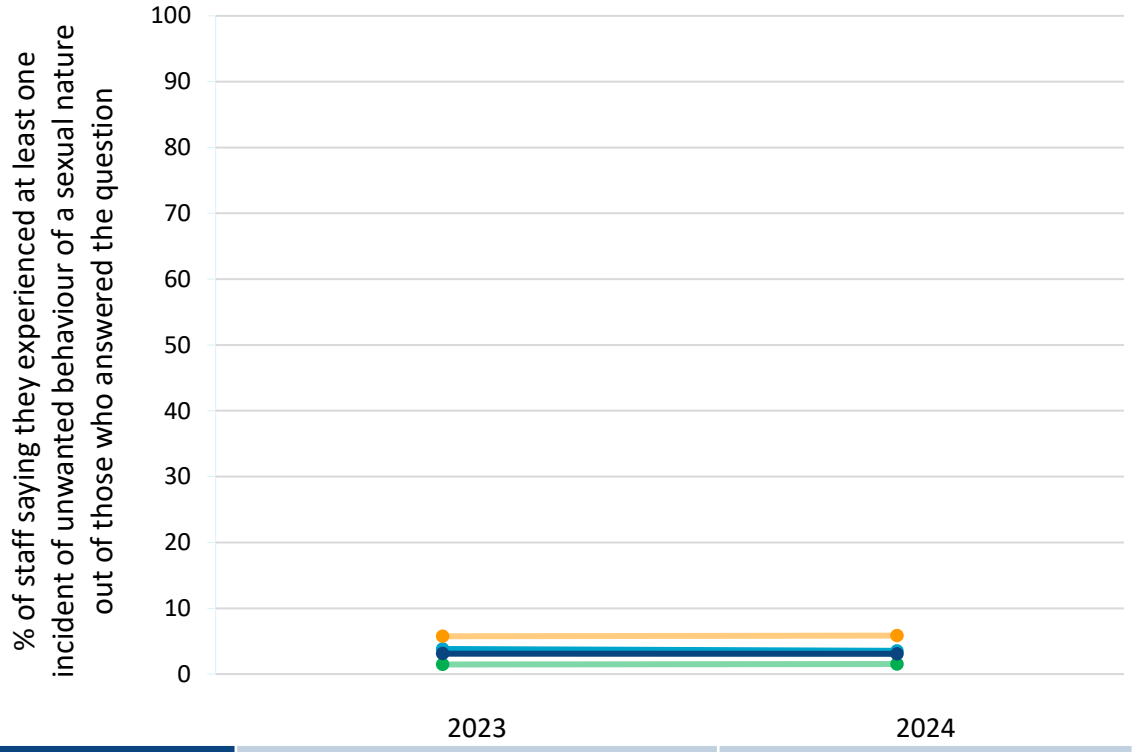
Note: 2023 results for Q14a-c are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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



	2023	2024
Your org	8.61%	7.82%
Best result	0.94%	0.76%
Average result	7.82%	7.98%
Worst result	14.61%	13.39%
Responses	2446	3106

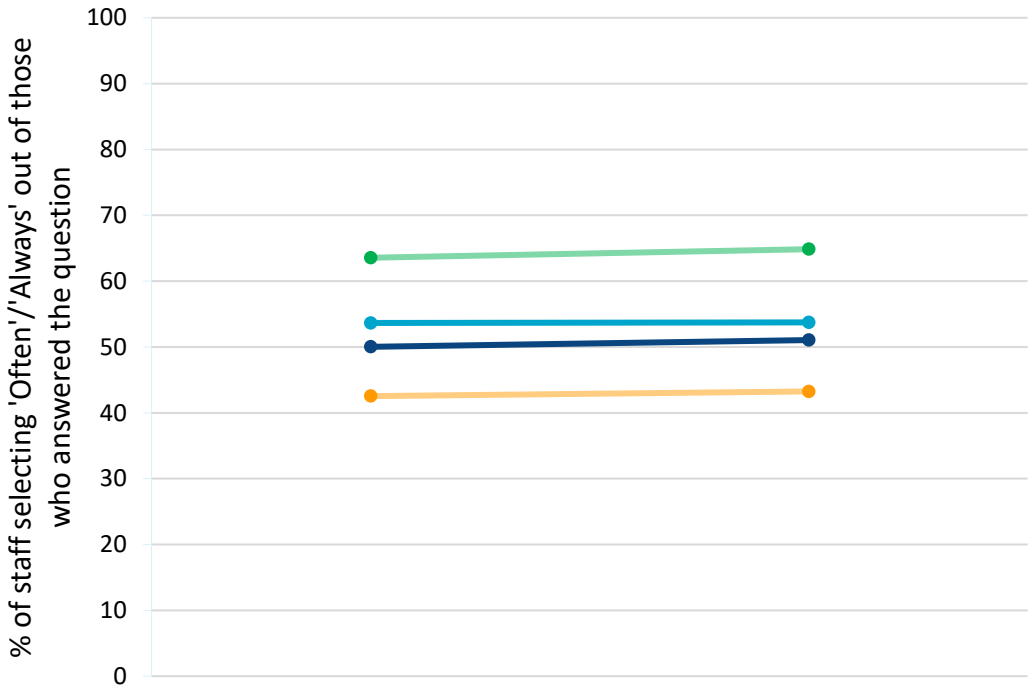
Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



	2023	2024
Your org	3.10%	3.08%
Best result	1.46%	1.52%
Average result	3.81%	3.53%
Worst result	5.74%	5.85%
Responses	2429	3069

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

Q22 I can eat nutritious and affordable food while I am working



	2023	2024
Your org	50.02%	51.05%
Best result	63.56%	64.85%
Average result	53.65%	53.73%
Worst result	42.53%	43.25%
Responses	2443	3107

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

Survey Coordination Centre

NHS

People Promise element – We are always learning

Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

Other questions** - Q24f

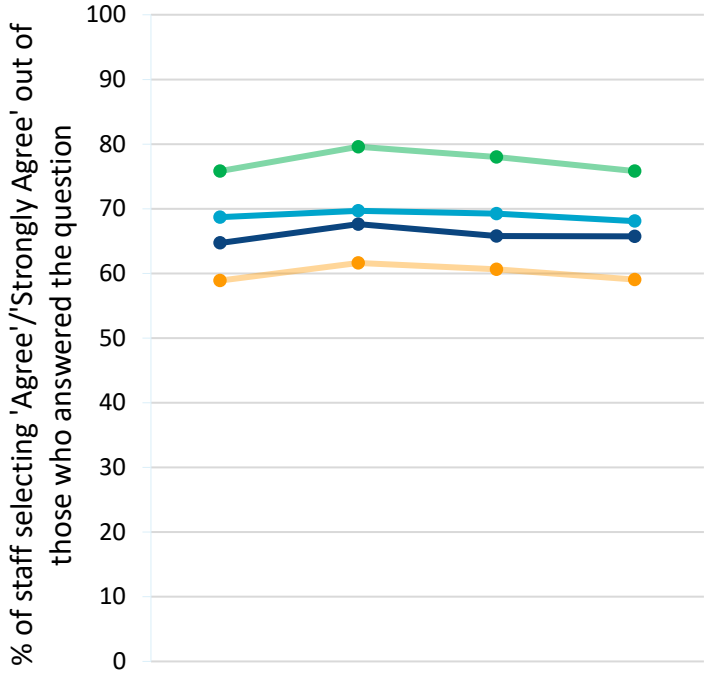
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

**Q24f does not contribute to the calculation of any scores or sub-scores.

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

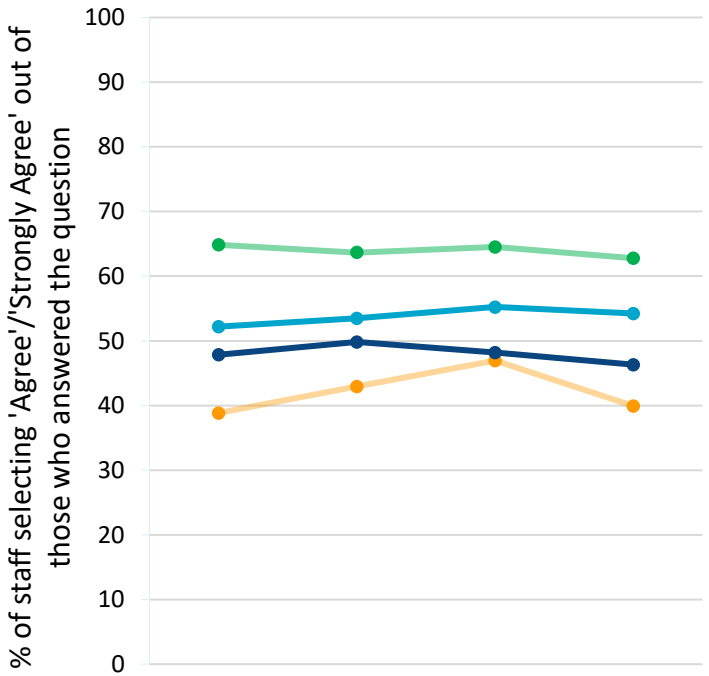
Survey Coordination Centre NHS

Q24a This organisation offers me challenging work.



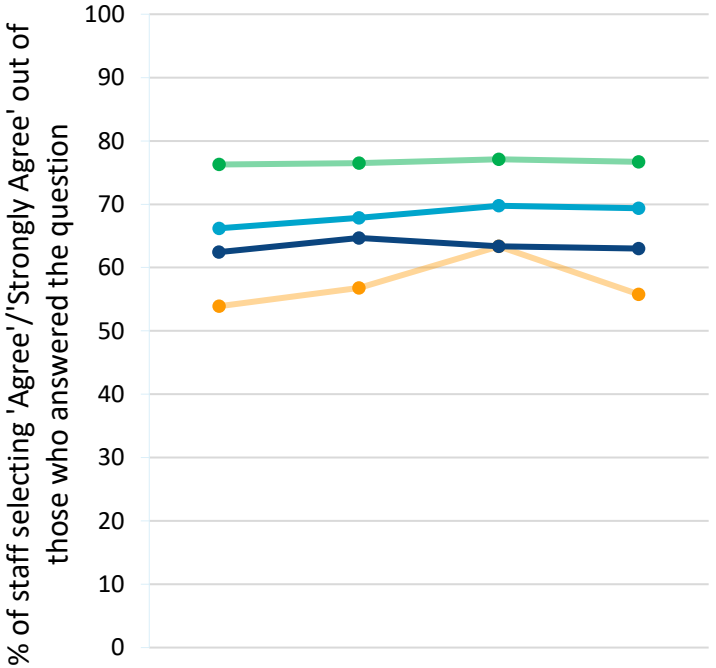
	2021	2022	2023	2024
Your org	64.70%	67.62%	65.80%	65.75%
Best result	75.83%	79.59%	78.00%	75.84%
Average result	68.68%	69.68%	69.23%	68.08%
Worst result	58.89%	61.62%	60.63%	59.05%
Responses	2876	3096	2436	3088

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



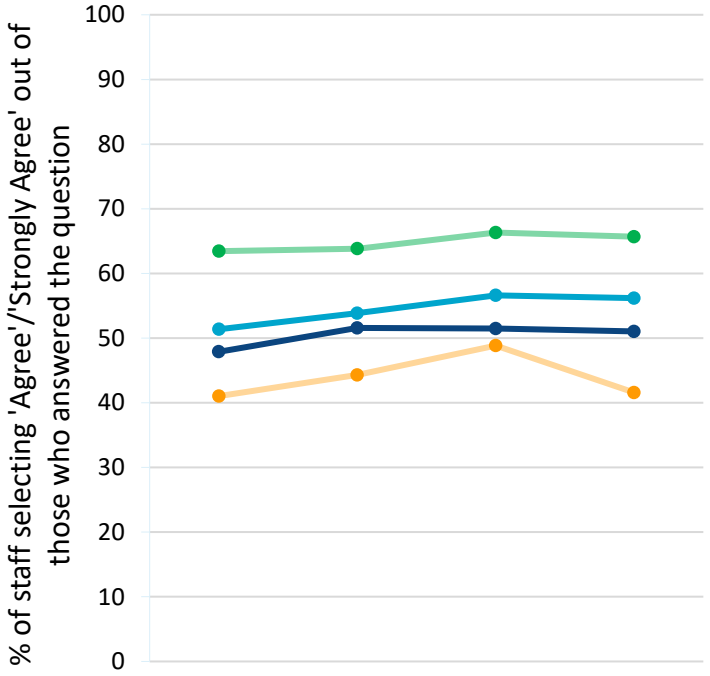
	2021	2022	2023	2024
Your org	47.84%	49.83%	48.21%	46.32%
Best result	64.85%	63.63%	64.50%	62.77%
Average result	52.19%	53.47%	55.24%	54.25%
Worst result	38.85%	42.97%	46.95%	39.91%
Responses	2875	3102	2434	3092

Q24c I have opportunities to improve my knowledge and skills.



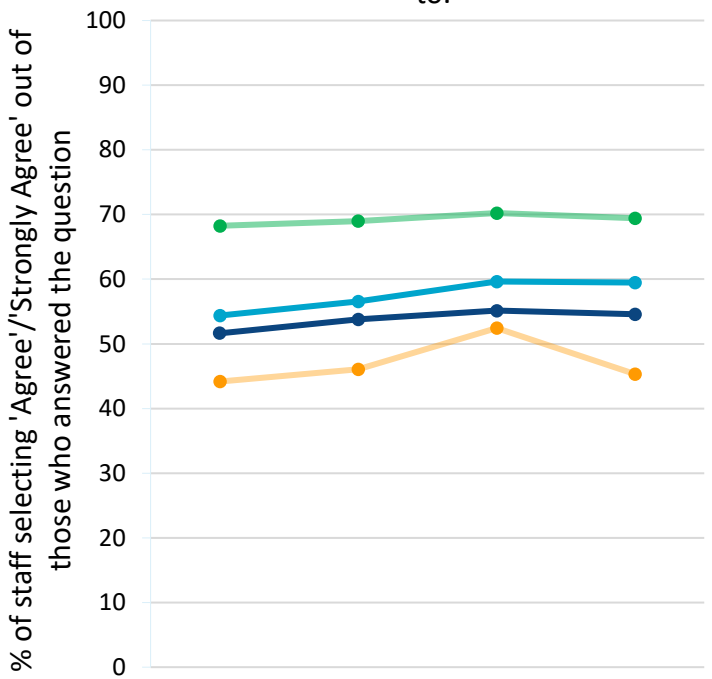
	2021	2022	2023	2024
Your org	62.44%	64.68%	63.34%	63.00%
Best result	76.28%	76.49%	77.10%	76.67%
Average result	66.20%	67.87%	69.76%	69.39%
Worst result	53.90%	56.77%	63.34%	55.79%
Responses	2866	3108	2437	3088

Q24d I feel supported to develop my potential.



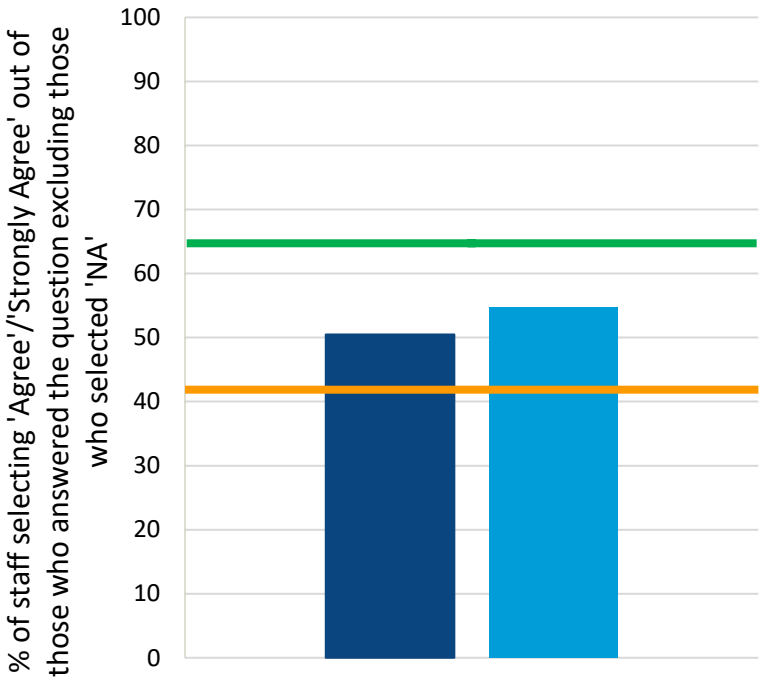
	2021	2022	2023	2024
Your org	47.89%	51.58%	51.47%	51.06%
Best result	63.45%	63.83%	66.33%	65.69%
Average result	51.37%	53.85%	56.61%	56.17%
Worst result	41.03%	44.31%	48.84%	41.60%
Responses	2873	3102	2436	3091

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



	2021	2022	2023	2024
Your org	51.62%	53.78%	55.15%	54.60%
Best result	68.26%	68.98%	70.23%	69.44%
Average result	54.38%	56.55%	59.64%	59.45%
Worst result	44.17%	46.06%	52.43%	45.31%
Responses	2871	3106	2437	3089

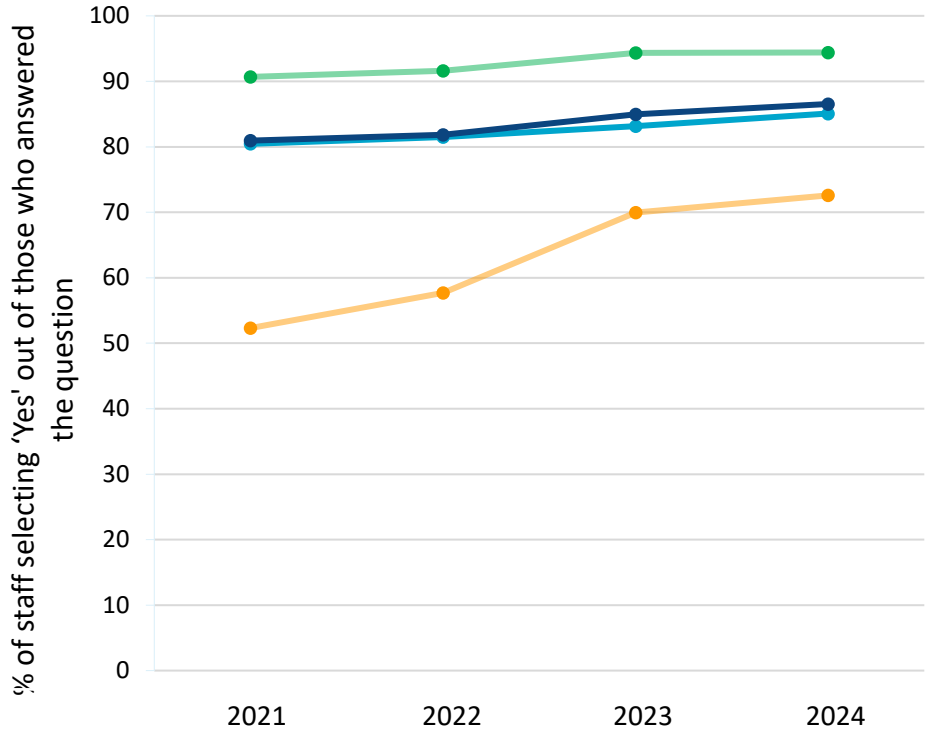
Q24f* I am able to access clinical supervision opportunities when I need to.



	2024
Your org	50.48%
Best result	64.73%
Average result	54.75%
Worst result	41.87%
Responses	2478

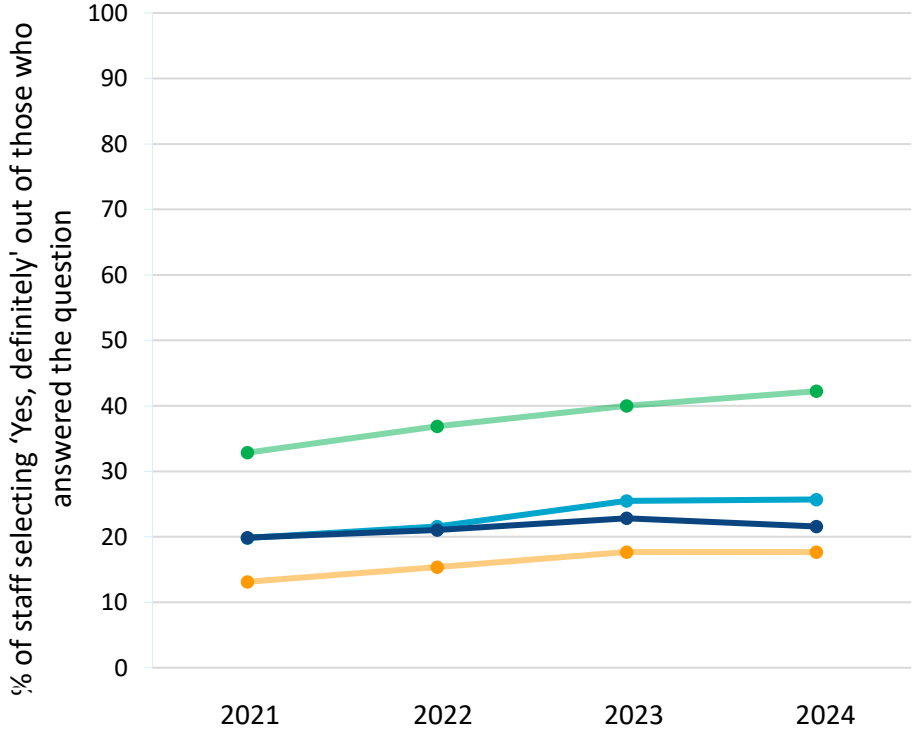
*Q24f was introduced in 2024 and does not currently contribute towards any People Promise element score, theme score or sub-score to protect trend data over five years.

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



	2021	2022	2023	2024
Your org	80.94%	81.84%	84.97%	86.54%
Best result	90.68%	91.61%	94.36%	94.41%
Average result	80.45%	81.50%	83.17%	85.08%
Worst result	52.32%	57.70%	69.95%	72.58%
Responses	2857	3110	2367	3068

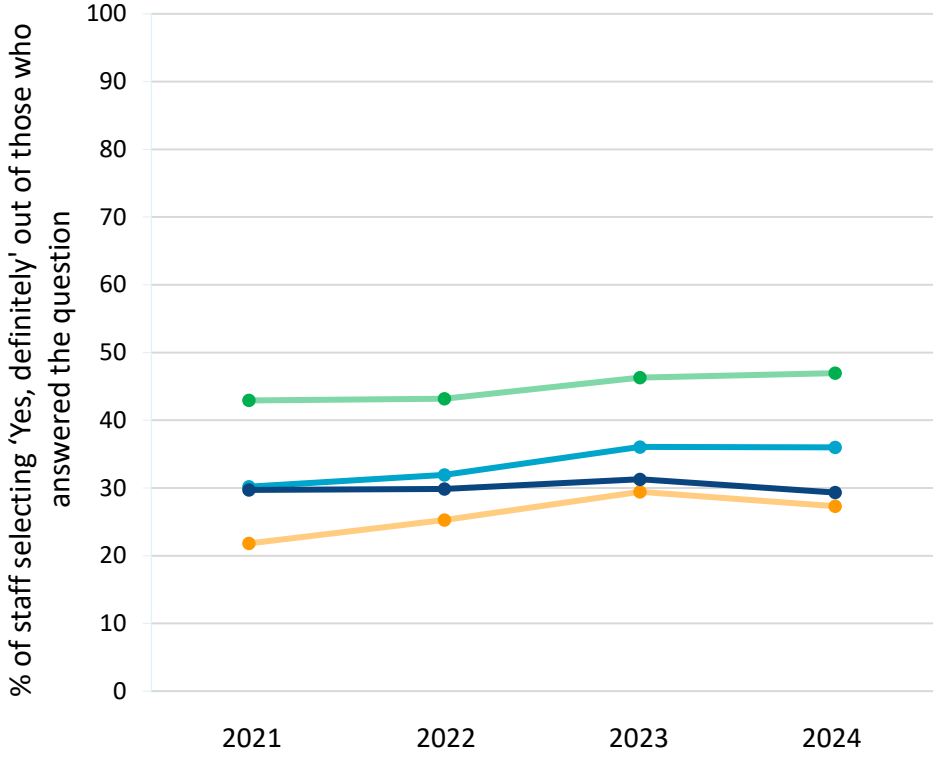
Q23b It helped me to improve how I do my job.



	2021	2022	2023	2024
Your org	19.88%	21.05%	22.83%	21.57%
Best result	32.85%	36.88%	39.99%	42.23%
Average result	19.82%	21.59%	25.50%	25.70%
Worst result	13.13%	15.35%	17.68%	17.65%
Responses	2261	2513	1991	2617

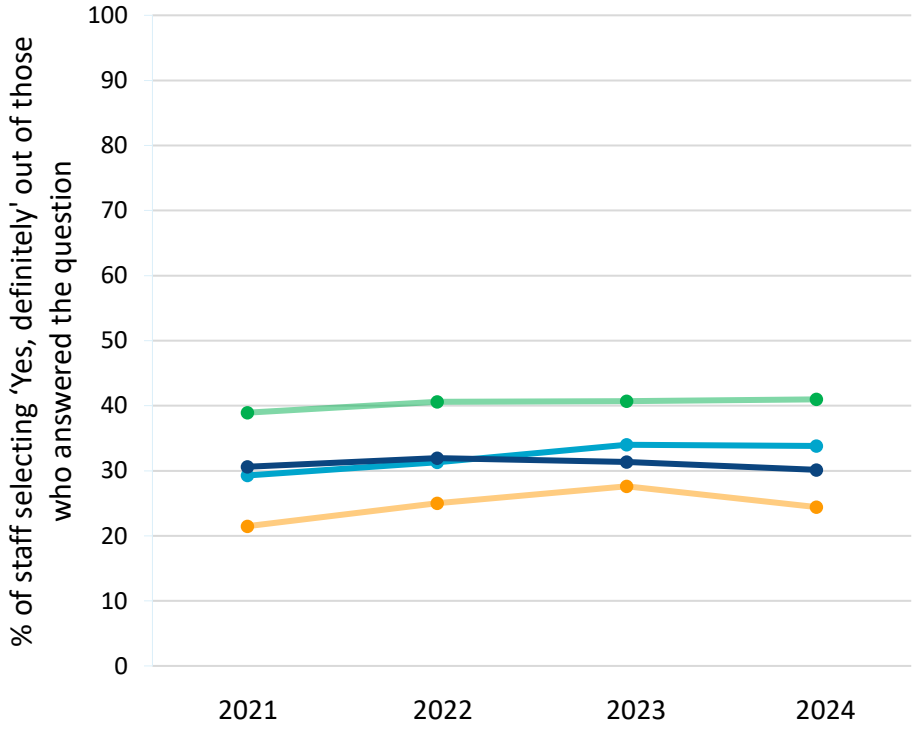
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Q23c It helped me agree clear objectives for my work.



	2021	2022	2023	2024
Your org	29.71%	29.85%	31.29%	29.32%
Best result	42.92%	43.18%	46.31%	46.95%
Average result	30.19%	31.93%	36.06%	36.01%
Worst result	21.81%	25.28%	29.43%	27.28%
Responses	2246	2509	1987	2612

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



	2021	2022	2023	2024
Your org	30.63%	31.94%	31.37%	30.14%
Best result	38.93%	40.59%	40.69%	40.97%
Average result	29.27%	31.30%	33.99%	33.79%
Worst result	21.48%	25.03%	27.61%	24.42%
Responses	2265	2517	1994	2614

Survey Coordination Centre

NHS

People Promise element – We work flexibly

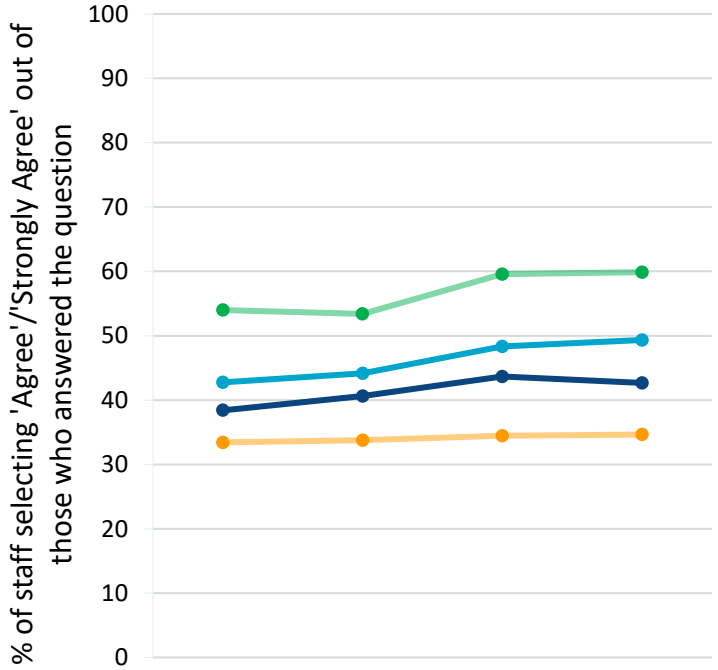
Questions included:

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

Flexible working – Q4d

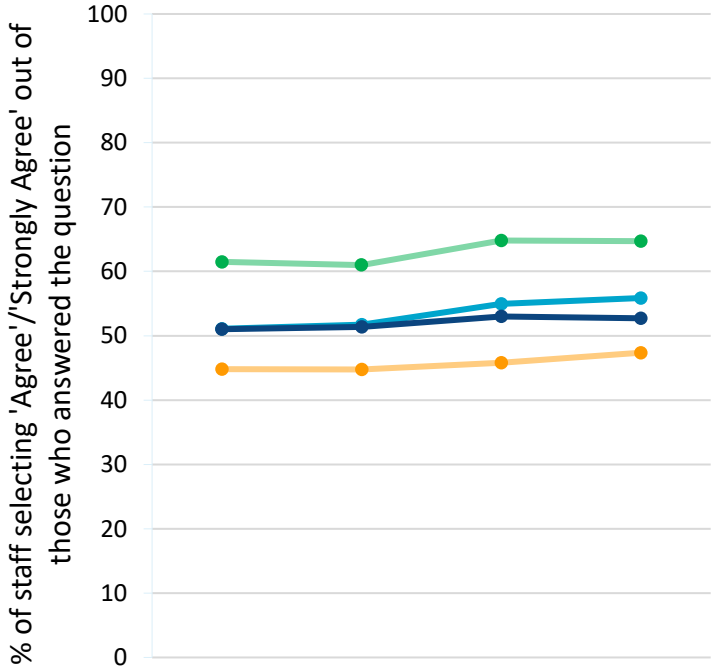
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



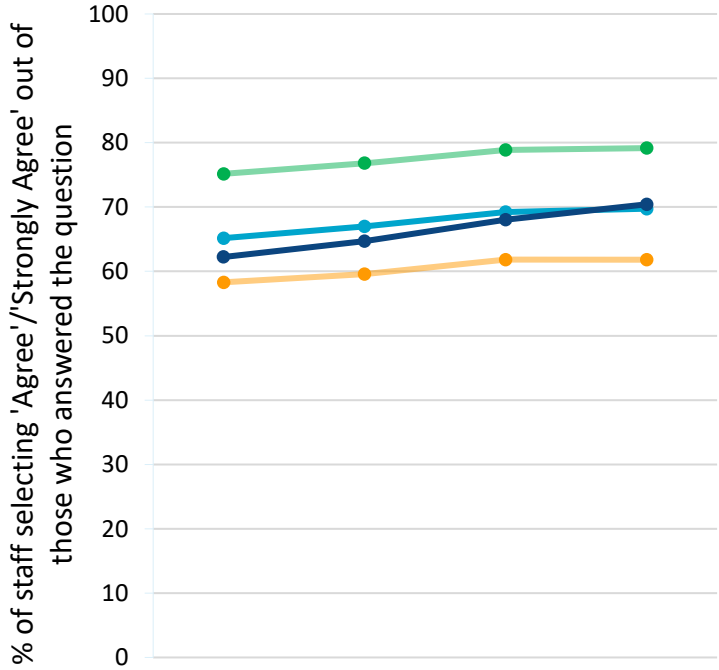
	2021	2022	2023	2024
Your org	38.40%	40.61%	43.67%	42.64%
Best result	53.99%	53.39%	59.57%	59.88%
Average result	42.75%	44.14%	48.33%	49.34%
Worst result	33.43%	33.74%	34.44%	34.64%
Responses	2883	3117	2444	3096

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



	2021	2022	2023	2024
Your org	51.01%	51.35%	52.99%	52.72%
Best result	61.48%	60.97%	64.79%	64.71%
Average result	51.09%	51.73%	54.93%	55.86%
Worst result	44.80%	44.75%	45.81%	47.36%
Responses	2875	3117	2447	3104

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

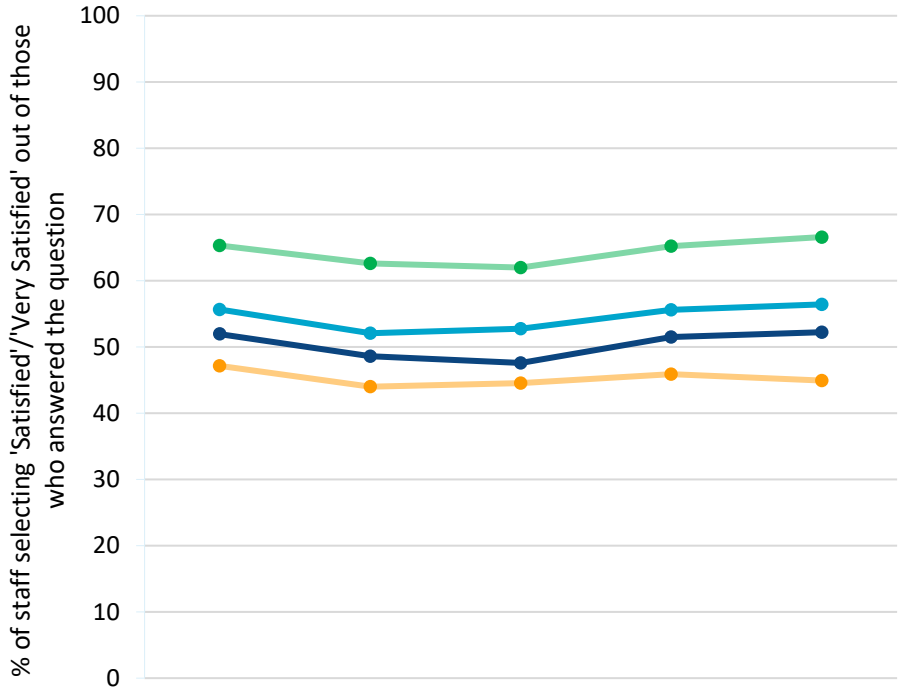


	2021	2022	2023	2024
Your org	62.23%	64.70%	68.05%	70.42%
Best result	75.16%	76.80%	78.85%	79.16%
Average result	65.17%	66.99%	69.24%	69.74%
Worst result	58.30%	59.57%	61.83%	61.80%
Responses	2881	3122	2446	3098

Survey Coordination Centre

NHS

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

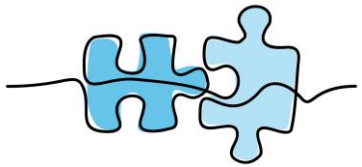


	2020	2021	2022	2023	2024
Your org	51.96%	48.62%	47.59%	51.49%	52.23%
Best result	65.32%	62.59%	61.99%	65.24%	66.60%
Average result	55.64%	52.08%	52.73%	55.59%	56.43%
Worst result	47.14%	44.00%	44.56%	45.90%	44.91%
Responses	2467	2874	3117	2433	3100

Survey Coordination Centre

NHS

People Promise element – We are a team



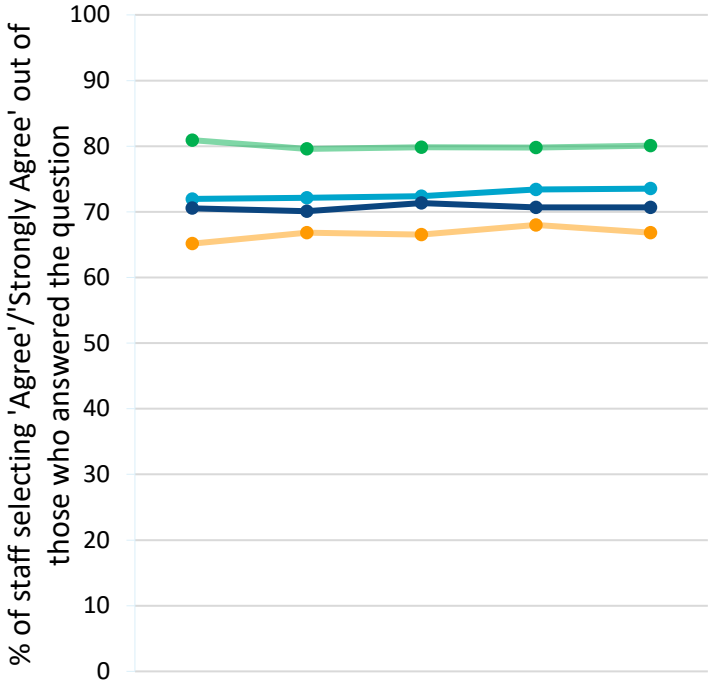
Questions included:

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

Line management – Q9a, Q9b, Q9c, Q9d

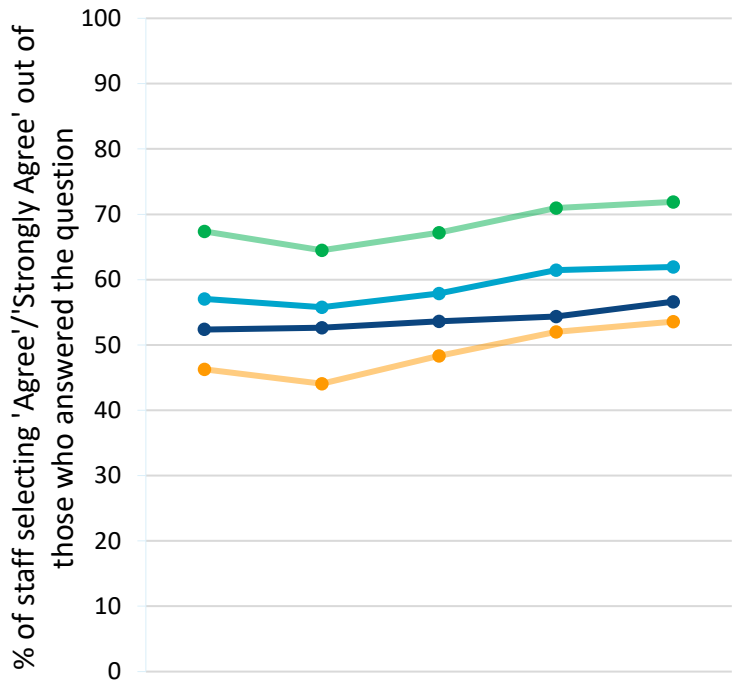
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



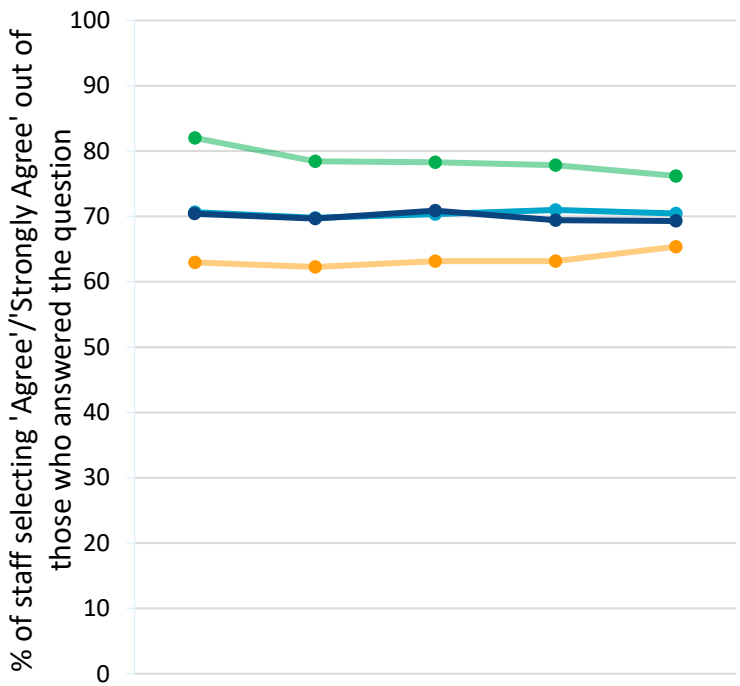
	2020	2021	2022	2023	2024
Your org	70.55%	70.09%	71.33%	70.68%	70.70%
Best result	80.92%	79.58%	79.84%	79.80%	80.07%
Average result	71.97%	72.15%	72.38%	73.42%	73.53%
Worst result	65.15%	66.83%	66.52%	68.00%	66.82%
Responses	2456	2866	3118	2443	3107

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



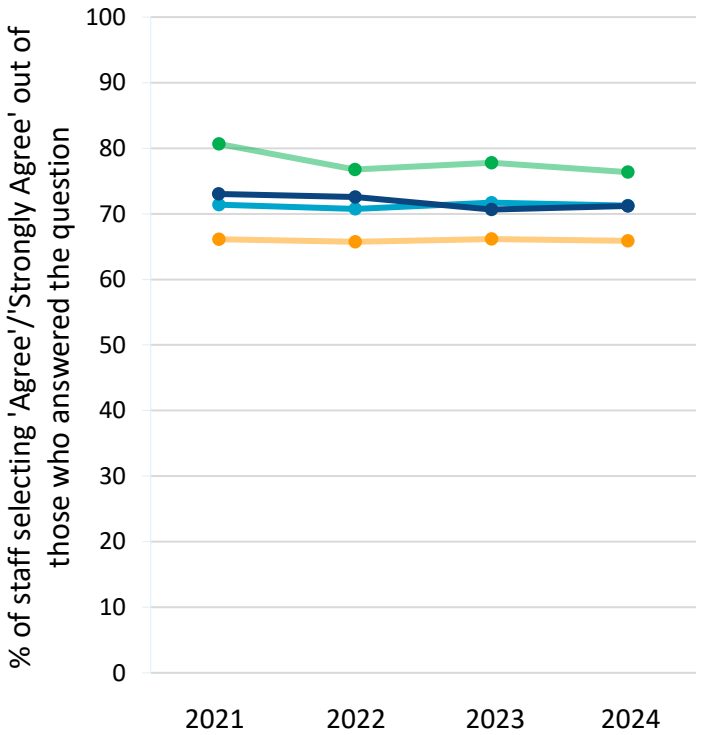
	2020	2021	2022	2023	2024
Your org	52.36%	52.66%	53.60%	54.37%	56.62%
Best result	67.38%	64.49%	67.16%	70.97%	71.90%
Average result	57.06%	55.78%	57.87%	61.46%	61.94%
Worst result	46.26%	44.06%	48.33%	52.00%	53.58%
Responses	2461	2864	3116	2444	3104

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



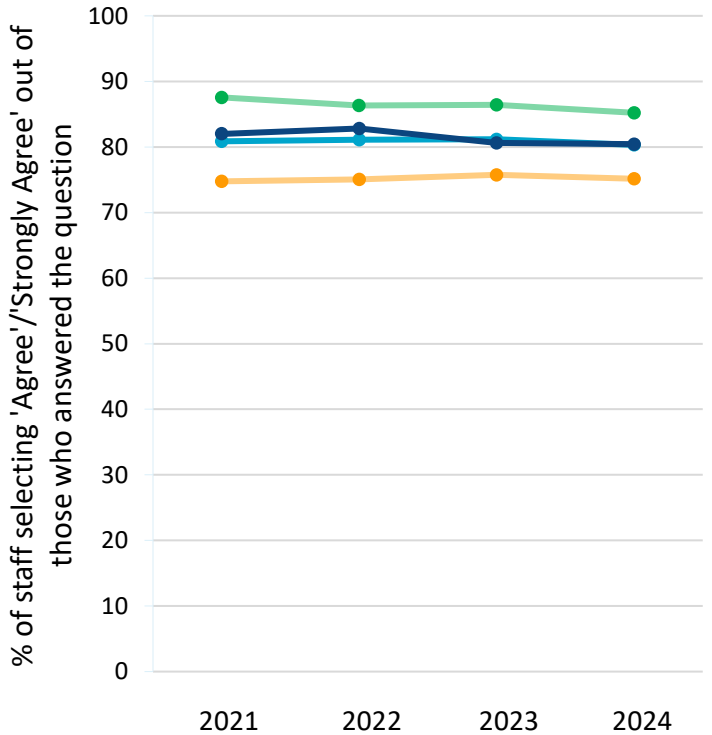
	2020	2021	2022	2023	2024
Your org	70.43%	69.69%	70.88%	69.45%	69.30%
Best result	82.02%	78.45%	78.29%	77.84%	76.21%
Average result	70.63%	69.79%	70.36%	70.99%	70.44%
Worst result	62.98%	62.27%	63.14%	63.16%	65.37%
Responses	2473	2870	3121	2449	3104

Q7d Team members understand each other's roles.



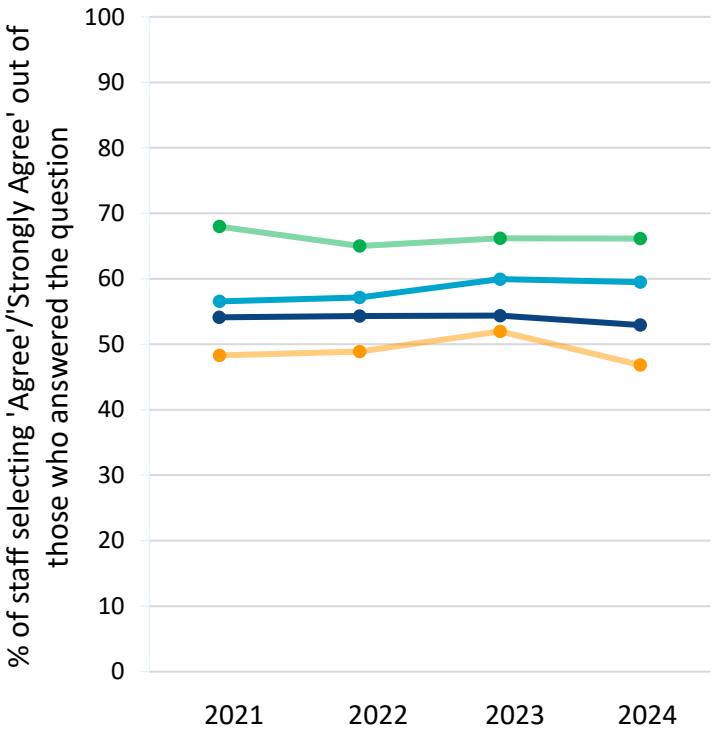
	2021	2022	2023	2024
Your org	73.02%	72.56%	70.65%	71.22%
Best result	80.65%	76.75%	77.80%	76.36%
Average result	71.41%	70.75%	71.71%	71.27%
Worst result	66.14%	65.74%	66.15%	65.89%
Responses	2871	3123	2438	3103

Q7e I enjoy working with the colleagues in my team.



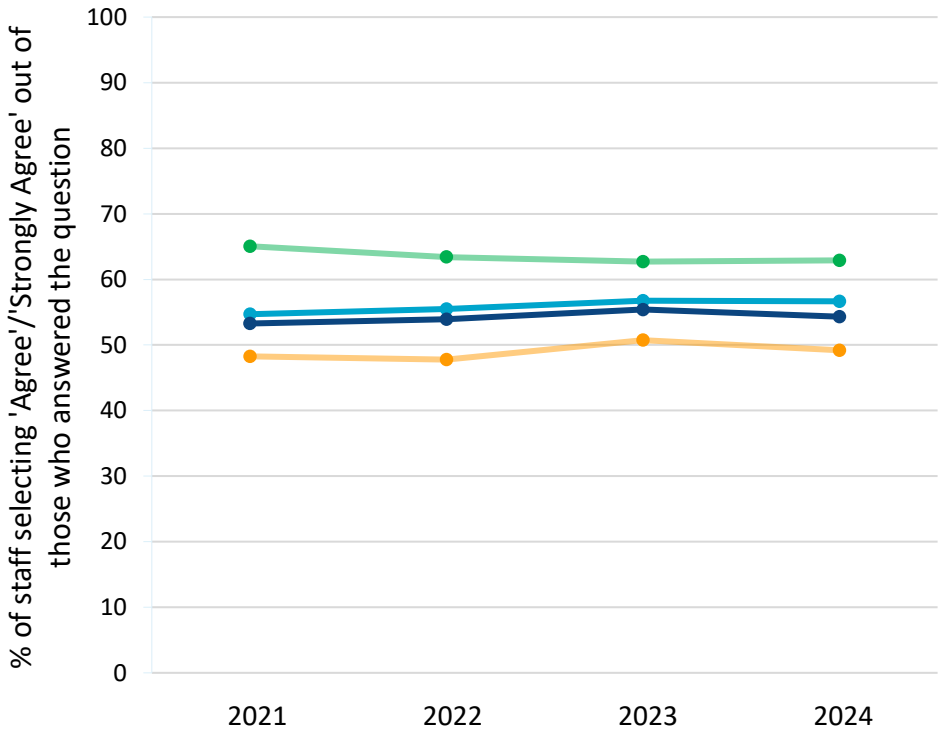
	2021	2022	2023	2024
Your org	81.99%	82.82%	80.64%	80.44%
Best result	87.56%	86.32%	86.45%	85.22%
Average result	80.88%	81.11%	81.18%	80.32%
Worst result	74.76%	75.06%	75.76%	75.15%
Responses	2870	3122	2443	3101

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



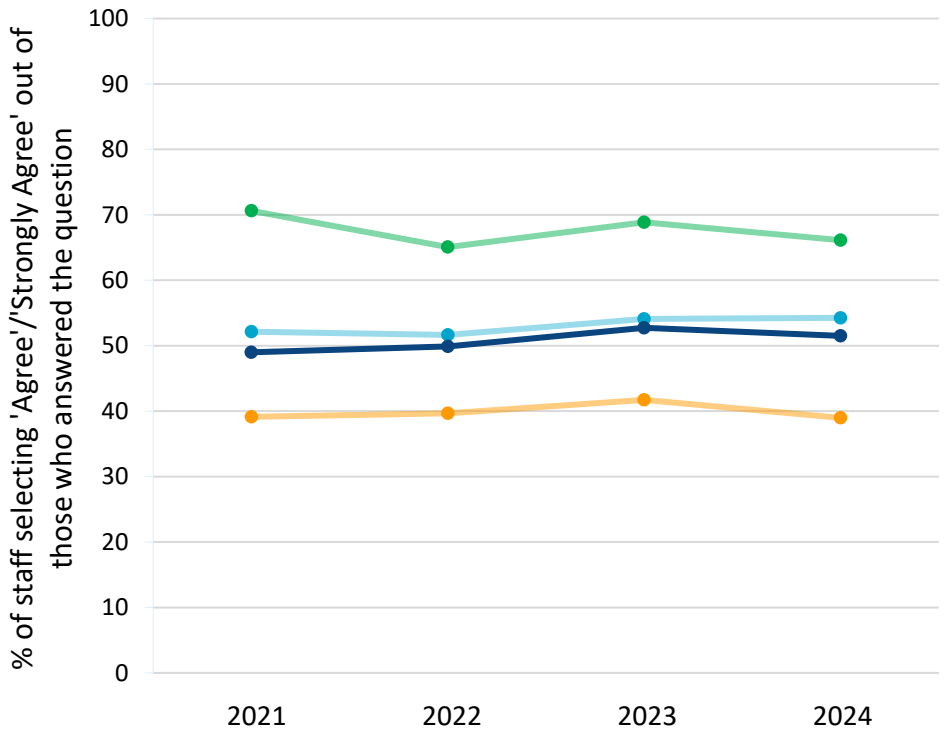
	2021	2022	2023	2024
Your org	54.09%	54.33%	54.38%	52.93%
Best result	67.97%	65.01%	66.20%	66.16%
Average result	56.55%	57.13%	59.95%	59.47%
Worst result	48.31%	48.90%	51.97%	46.83%
Responses	2867	3116	2445	3098

Q7g In my team disagreements are dealt with constructively.



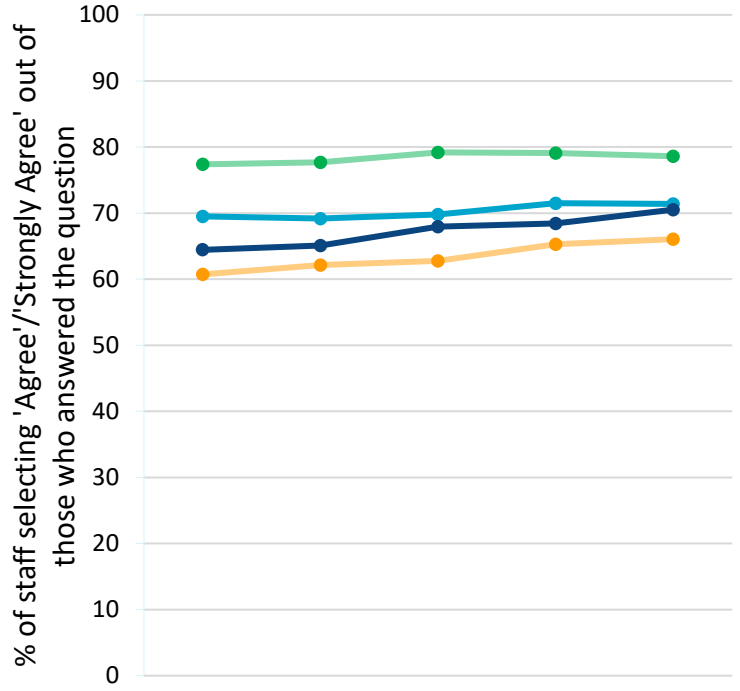
	2021	2022	2023	2024
Your org	53.27%	53.93%	55.41%	54.31%
Best result	65.06%	63.41%	62.71%	62.90%
Average result	54.69%	55.50%	56.75%	56.65%
Worst result	48.27%	47.77%	50.73%	49.19%
Responses	2859	3113	2443	3101

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



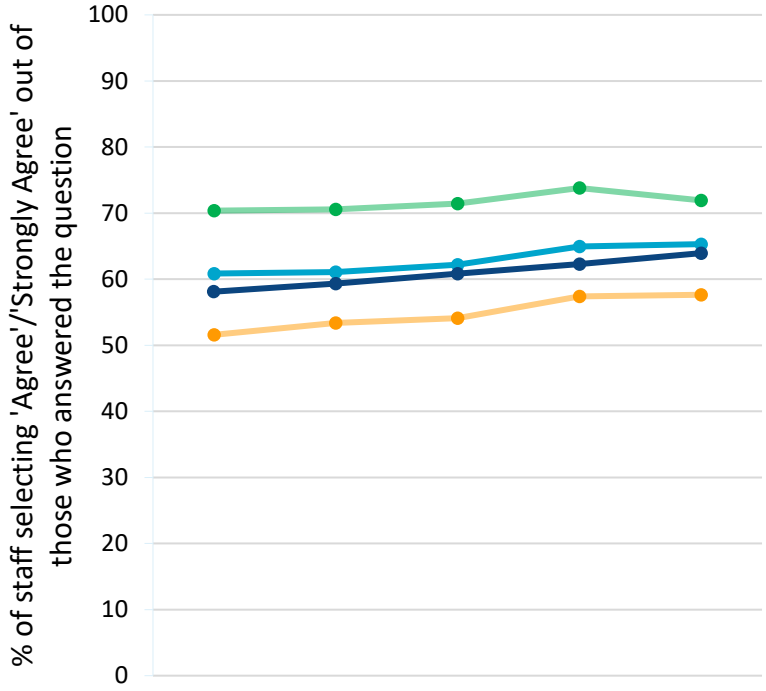
	2021	2022	2023	2024
Your org	49.00%	49.88%	52.74%	51.52%
Best result	70.62%	65.08%	68.88%	66.13%
Average result	52.14%	51.65%	54.11%	54.27%
Worst result	39.14%	39.66%	41.73%	38.98%
Responses	2877	3111	2442	3105

Q9a My immediate manager encourages me at work.



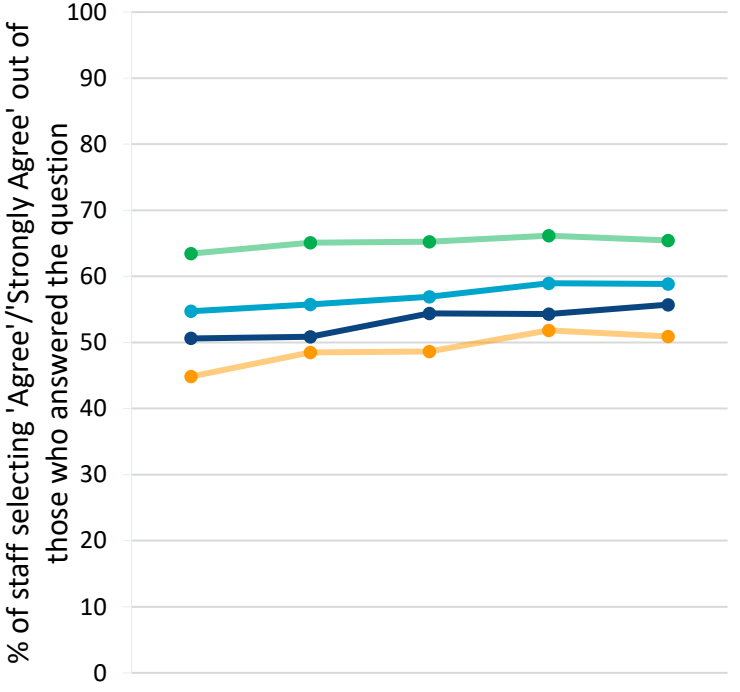
	2020	2021	2022	2023	2024
Your org	64.44%	65.12%	67.95%	68.42%	70.53%
Best result	77.39%	77.71%	79.19%	79.11%	78.63%
Average result	69.49%	69.19%	69.81%	71.50%	71.38%
Worst result	60.73%	62.13%	62.79%	65.30%	66.06%
Responses	2475	2889	3115	2447	3104

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



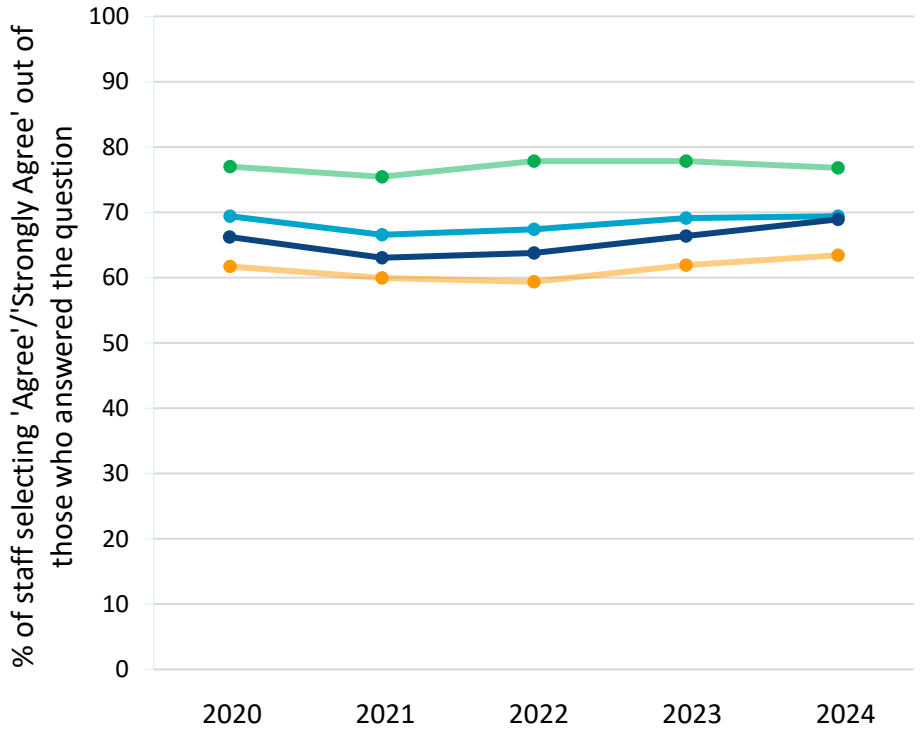
	2020	2021	2022	2023	2024
Your org	58.11%	59.35%	60.85%	62.31%	63.94%
Best result	70.38%	70.55%	71.44%	73.80%	71.93%
Average result	60.86%	61.06%	62.20%	64.95%	65.31%
Worst result	51.58%	53.40%	54.10%	57.39%	57.64%
Responses	2468	2884	3114	2443	3102

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



	2020	2021	2022	2023	2024
Your org	50.61%	50.85%	54.41%	54.29%	55.73%
Best result	63.45%	65.11%	65.23%	66.16%	65.47%
Average result	54.73%	55.75%	56.93%	58.97%	58.84%
Worst result	44.85%	48.47%	48.62%	51.84%	50.94%
Responses	2465	2874	3114	2443	3099

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



	2020	2021	2022	2023	2024
Your org	66.20%	63.04%	63.76%	66.38%	68.92%
Best result	76.99%	75.45%	77.82%	77.84%	76.82%
Average result	69.41%	66.56%	67.41%	69.10%	69.39%
Worst result	61.71%	59.97%	59.36%	61.90%	63.42%
Responses	2468	2879	3117	2445	3107

Survey Coordination Centre

NHS

Theme – Staff engagement

Questions included:

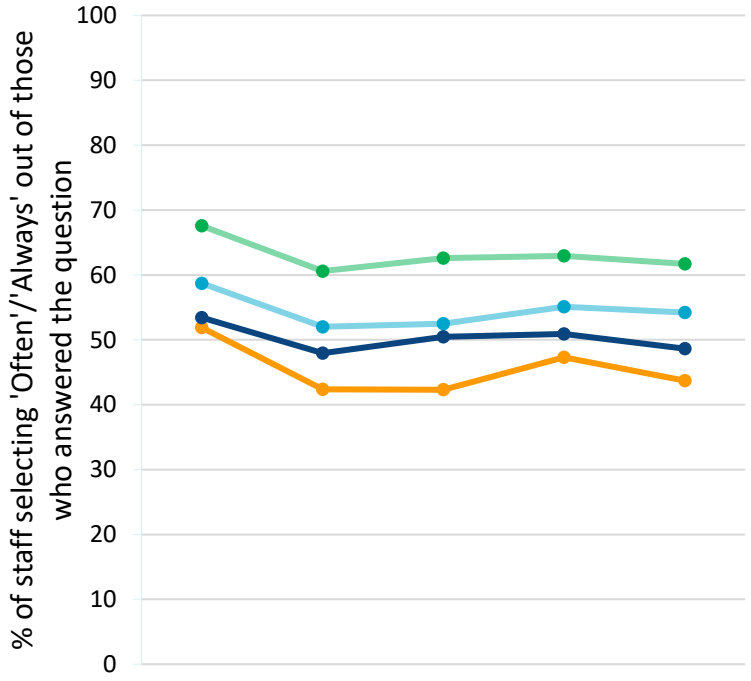
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

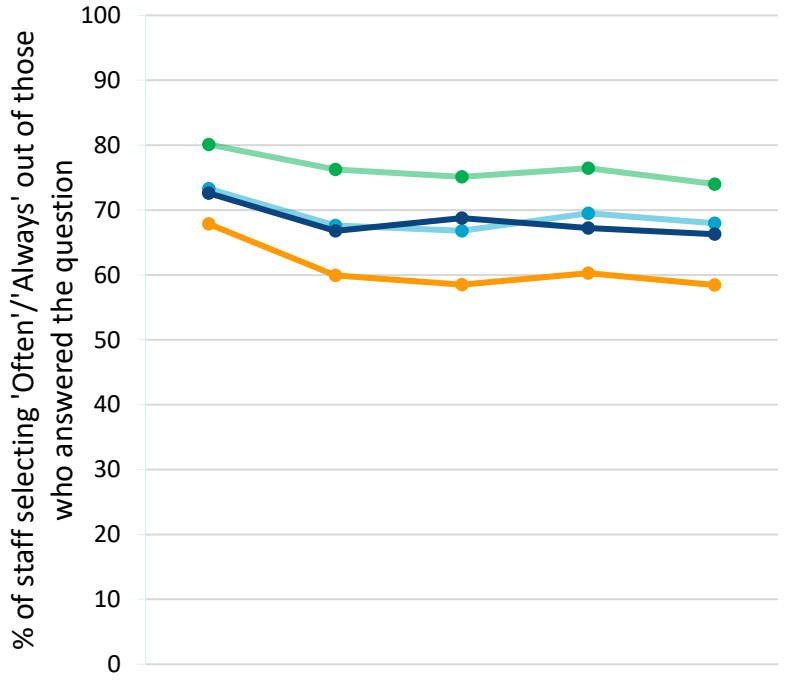
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q2a I look forward to going to work.



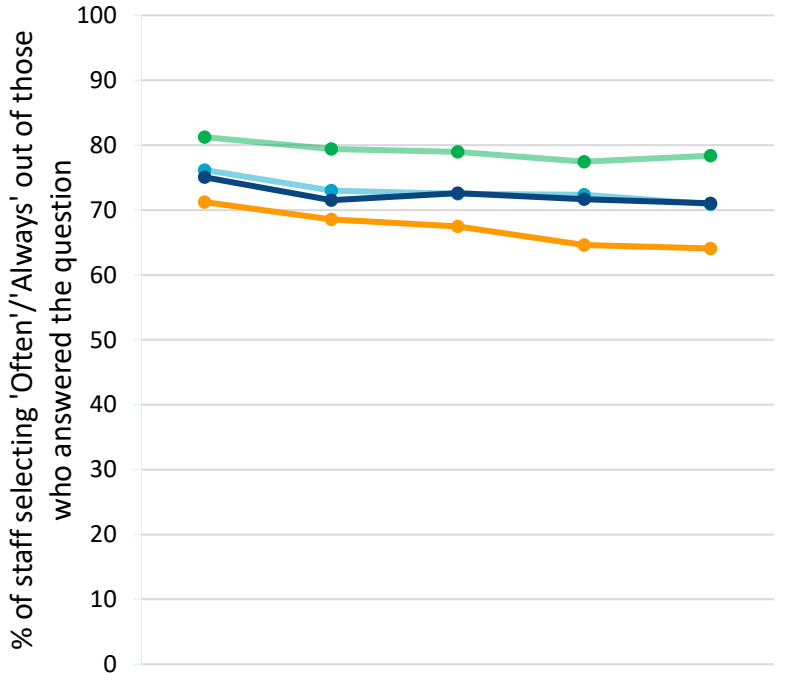
	2020	2021	2022	2023	2024
Your org	53.42%	47.94%	50.47%	50.89%	48.63%
Best result	67.56%	60.59%	62.57%	62.91%	61.70%
Average result	58.70%	52.01%	52.47%	55.07%	54.19%
Worst result	51.87%	42.39%	42.30%	47.30%	43.71%
Responses	2465	2870	3112	2434	3097

Q2b I am enthusiastic about my job.



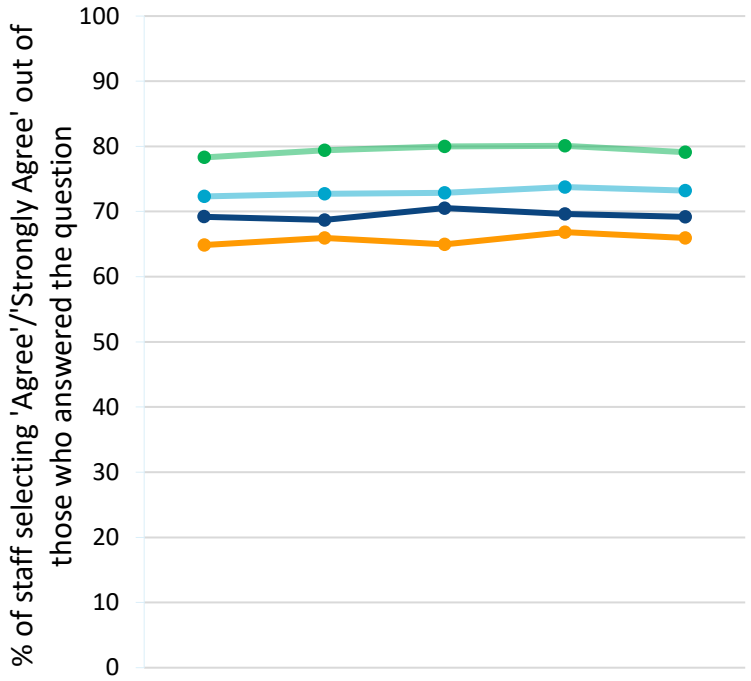
	2020	2021	2022	2023	2024
Your org	72.59%	66.76%	68.78%	67.24%	66.27%
Best result	80.10%	76.24%	75.13%	76.42%	74.01%
Average result	73.28%	67.60%	66.80%	69.49%	67.95%
Worst result	67.85%	59.92%	58.48%	60.25%	58.44%
Responses	2438	2845	3092	2420	3066

Q2c Time passes quickly when I am working.



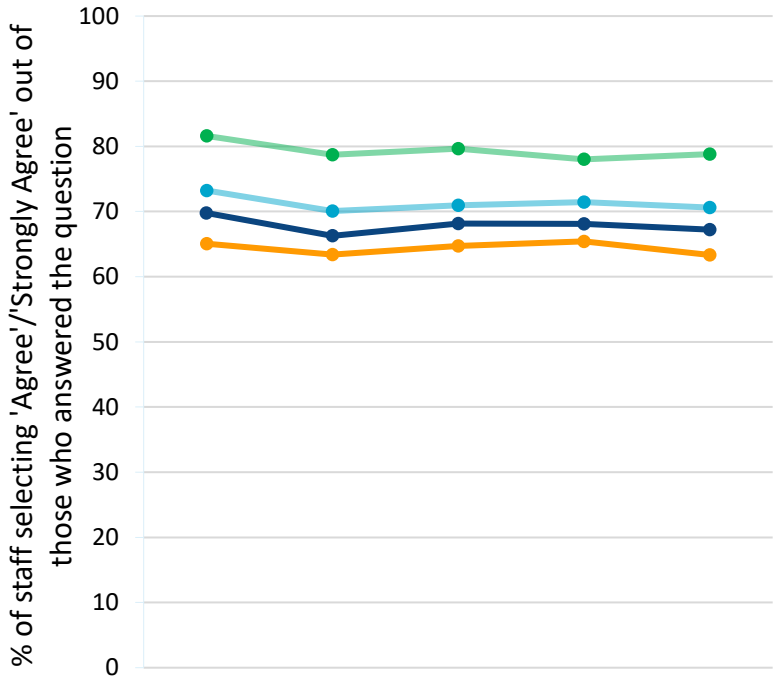
	2020	2021	2022	2023	2024
Your org	75.04%	71.51%	72.59%	71.65%	71.04%
Best result	81.23%	79.39%	78.98%	77.45%	78.37%
Average result	76.16%	72.99%	72.52%	72.36%	70.90%
Worst result	71.22%	68.54%	67.46%	64.61%	64.08%
Responses	2435	2852	3093	2423	3074

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



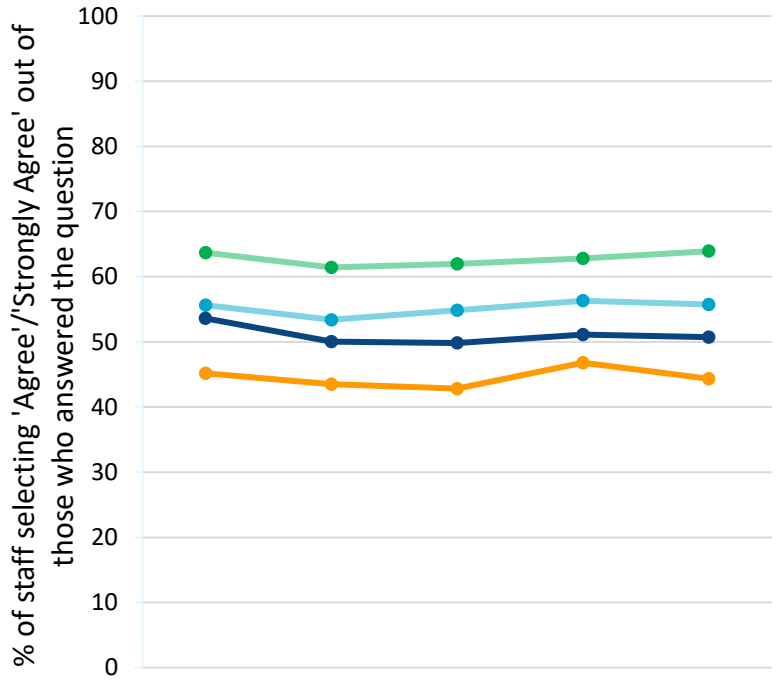
	2020	2021	2022	2023	2024
Your org	69.21%	68.72%	70.54%	69.64%	69.17%
Best result	78.30%	79.42%	80.00%	80.09%	79.13%
Average result	72.32%	72.74%	72.89%	73.76%	73.20%
Worst result	64.86%	65.95%	64.98%	66.84%	65.96%
Responses	2482	2881	3121	2442	3100

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



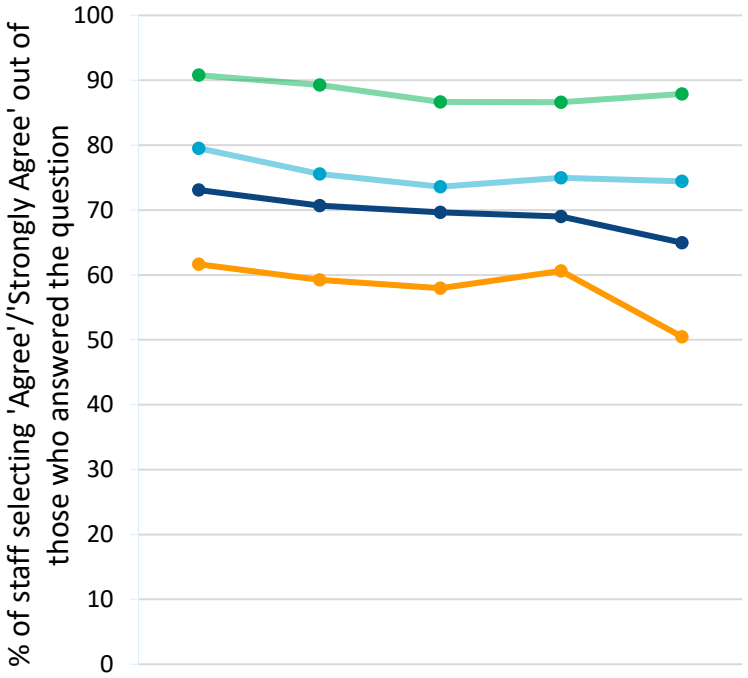
	2020	2021	2022	2023	2024
Your org	69.78%	66.27%	68.15%	68.09%	67.25%
Best result	81.61%	78.70%	79.64%	78.01%	78.83%
Average result	73.23%	70.08%	70.96%	71.46%	70.60%
Worst result	65.06%	63.41%	64.71%	65.42%	63.34%
Responses	2469	2870	3122	2444	3100

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



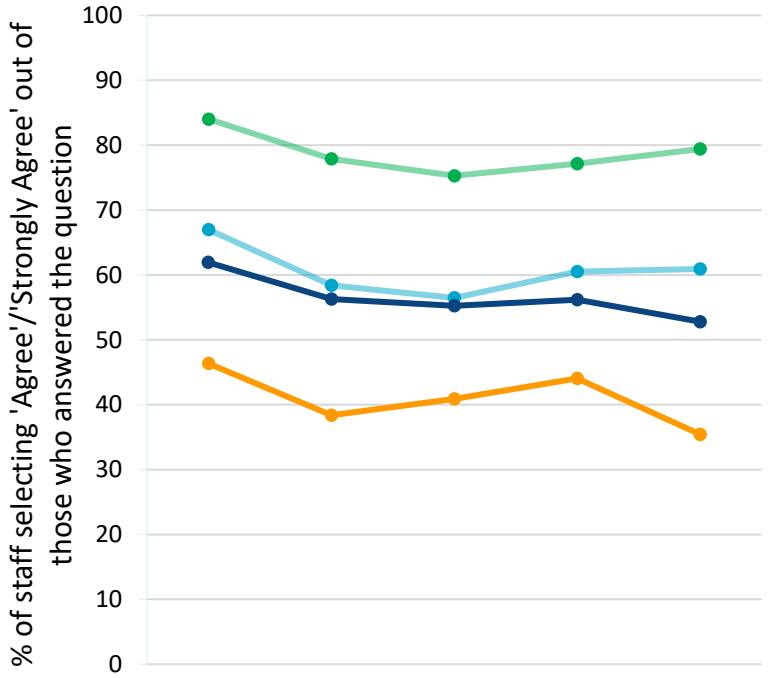
	2020	2021	2022	2023	2024
Your org	53.61%	50.05%	49.82%	51.10%	50.71%
Best result	63.70%	61.43%	61.98%	62.83%	63.91%
Average result	55.64%	53.40%	54.86%	56.31%	55.73%
Worst result	45.19%	43.51%	42.83%	46.80%	44.36%
Responses	2455	2861	3117	2443	3100

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



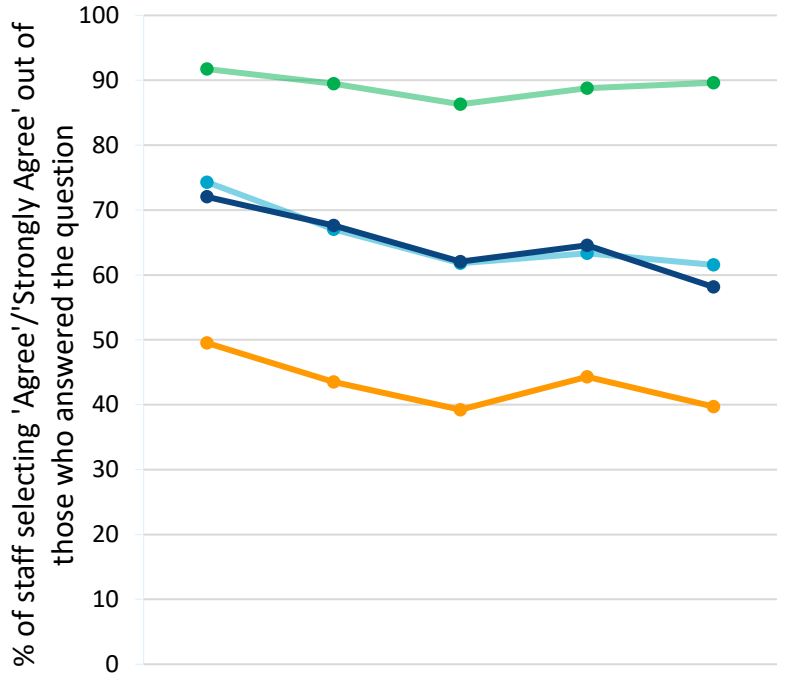
	2020	2021	2022	2023	2024
Your org	73.08%	70.70%	69.65%	69.01%	64.97%
Best result	90.78%	89.26%	86.67%	86.62%	87.89%
Average result	79.52%	75.57%	73.60%	74.95%	74.42%
Worst result	61.64%	59.23%	57.97%	60.62%	50.48%
Responses	2461	2875	3109	2440	3099

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



	2020	2021	2022	2023	2024
Your org	61.92%	56.30%	55.24%	56.20%	52.80%
Best result	84.01%	77.87%	75.29%	77.14%	79.38%
Average result	66.98%	58.40%	56.46%	60.53%	60.90%
Worst result	46.35%	38.38%	40.89%	44.05%	35.43%
Responses	2465	2878	3111	2435	3101

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



	2020	2021	2022	2023	2024
Your org	72.02%	67.64%	62.04%	64.58%	58.13%
Best result	91.73%	89.48%	86.30%	88.79%	89.59%
Average result	74.30%	67.01%	61.79%	63.34%	61.54%
Worst result	49.51%	43.50%	39.23%	44.30%	39.72%
Responses	2456	2874	3110	2437	3103

Survey Coordination Centre

NHS

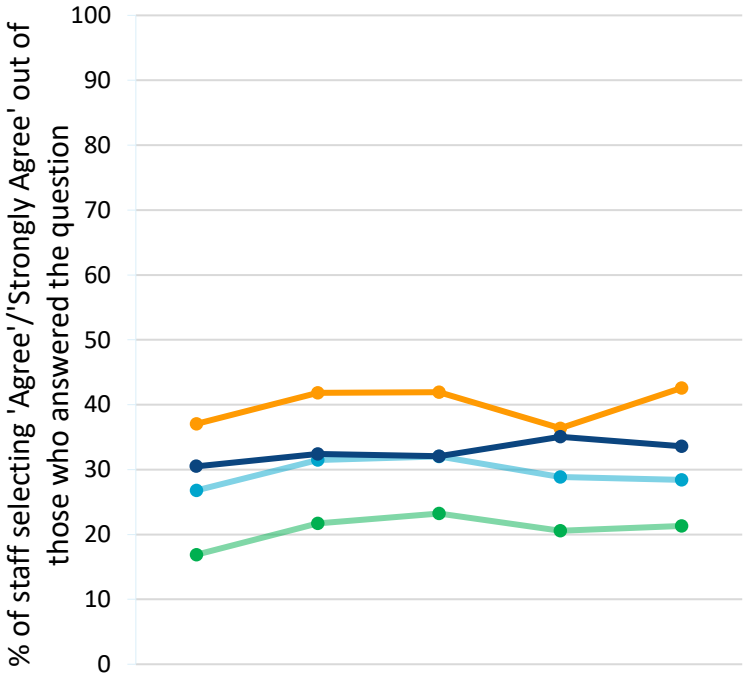
Theme - Morale

Questions included:

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

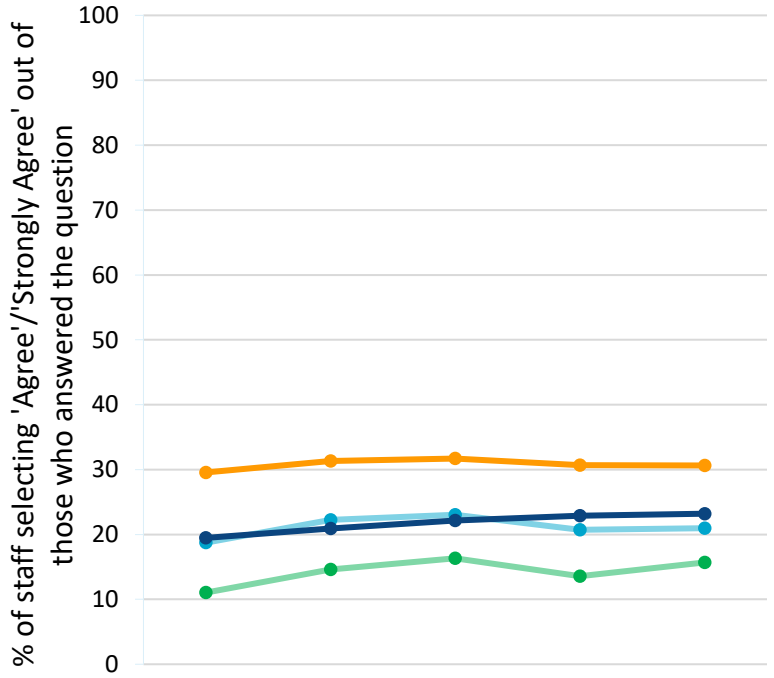
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q26a I often think about leaving this organisation.



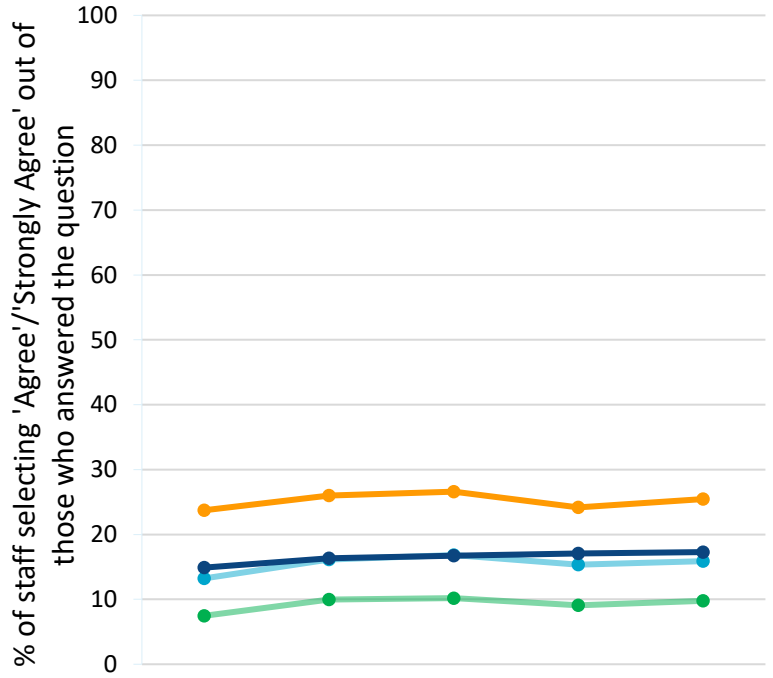
	2020	2021	2022	2023	2024
Your org	30.50%	32.38%	32.04%	35.05%	33.57%
Best result	16.88%	21.69%	23.23%	20.56%	21.30%
Average result	26.80%	31.47%	32.02%	28.87%	28.43%
Worst result	37.07%	41.84%	41.90%	36.37%	42.58%
Responses	2470	2885	3096	2446	3106

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



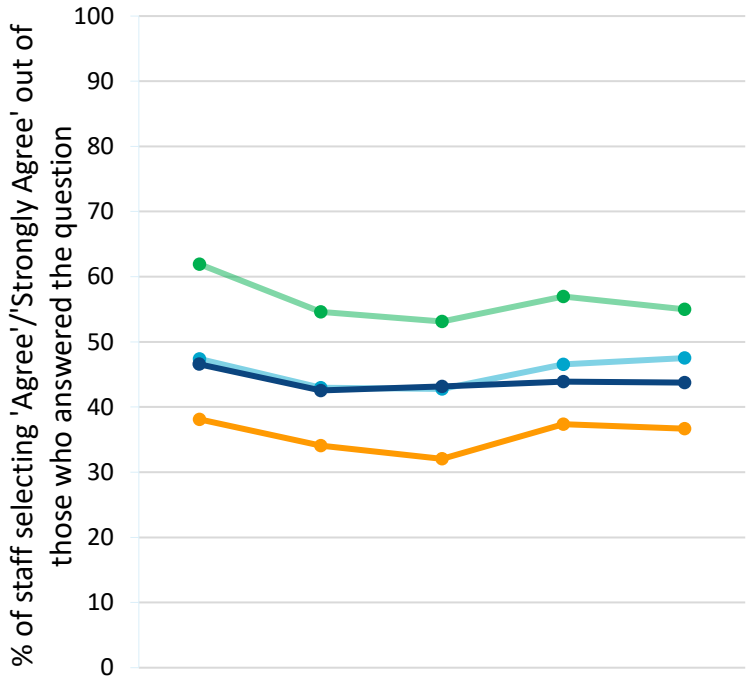
	2020	2021	2022	2023	2024
Your org	19.47%	20.92%	22.13%	22.87%	23.20%
Best result	11.04%	14.62%	16.33%	13.58%	15.68%
Average result	18.73%	22.25%	23.04%	20.73%	20.98%
Worst result	29.56%	31.32%	31.70%	30.70%	30.62%
Responses	2458	2877	3098	2440	3097

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



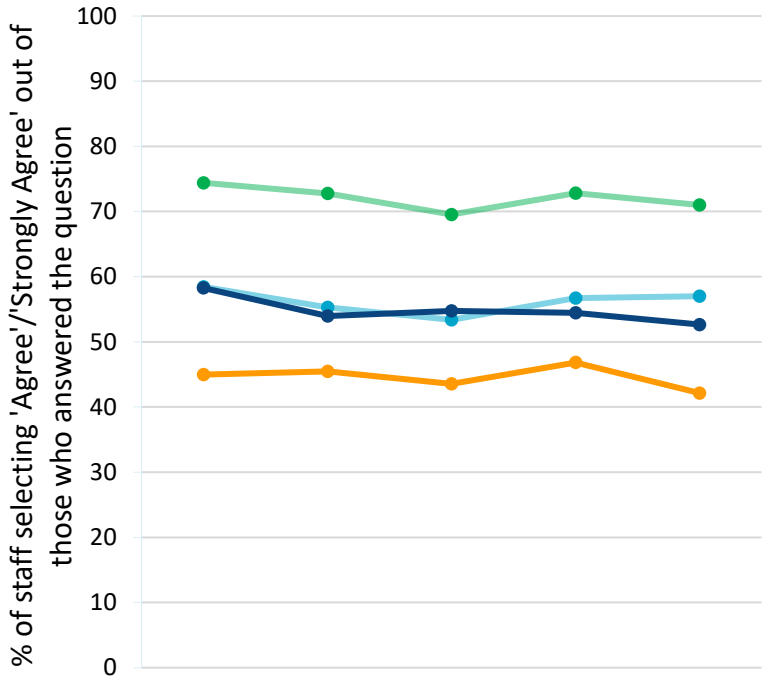
	2020	2021	2022	2023	2024
Your org	14.89%	16.35%	16.73%	17.08%	17.29%
Best result	7.47%	9.95%	10.19%	9.10%	9.76%
Average result	13.23%	16.15%	16.83%	15.32%	15.87%
Worst result	23.73%	25.99%	26.60%	24.17%	25.47%
Responses	2450	2874	3093	2433	3093

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



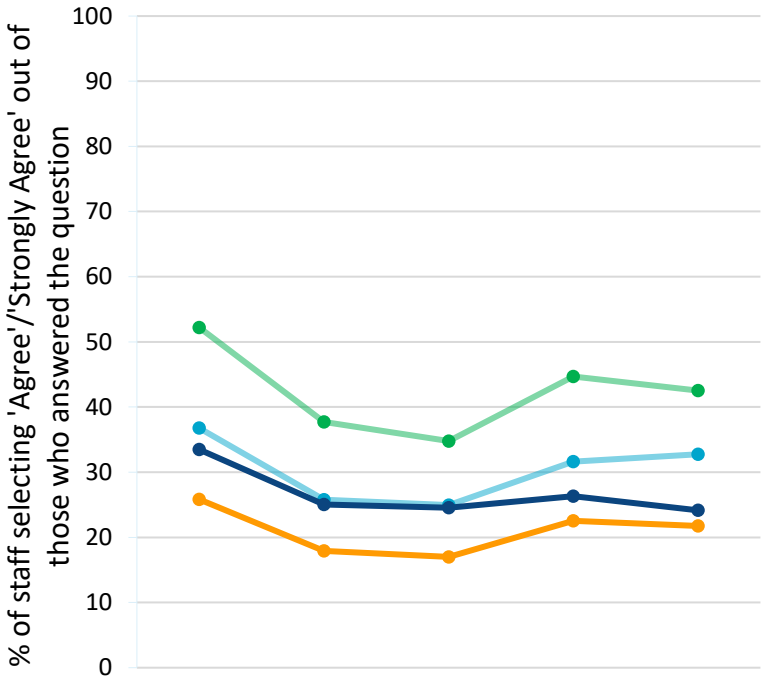
	2020	2021	2022	2023	2024
Your org	46.55%	42.55%	43.16%	43.91%	43.77%
Best result	61.92%	54.62%	53.13%	56.95%	55.01%
Average result	47.39%	42.96%	42.78%	46.56%	47.51%
Worst result	38.11%	34.06%	32.05%	37.35%	36.68%
Responses	2466	2869	3114	2442	3099

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



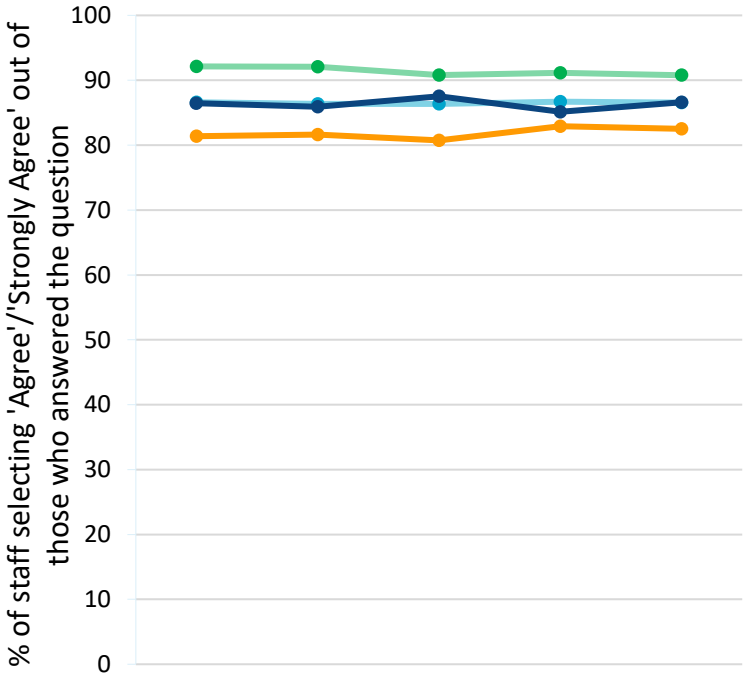
	2020	2021	2022	2023	2024
Your org	58.26%	53.97%	54.74%	54.48%	52.66%
Best result	74.41%	72.78%	69.54%	72.83%	70.99%
Average result	58.44%	55.30%	53.39%	56.69%	57.00%
Worst result	44.99%	45.47%	43.54%	46.82%	42.14%
Responses	2466	2860	3118	2443	3096

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



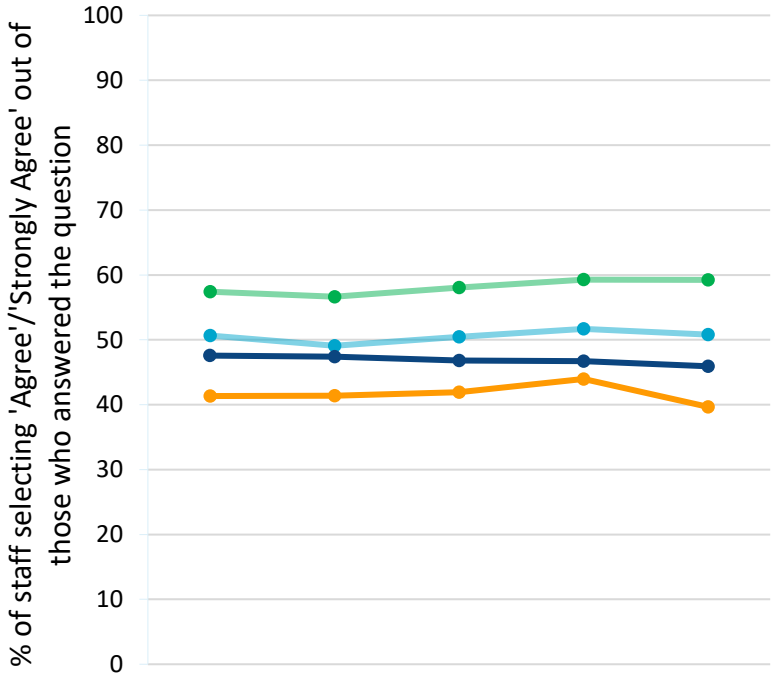
	2020	2021	2022	2023	2024
Your org	33.48%	25.05%	24.53%	26.30%	24.15%
Best result	52.21%	37.72%	34.78%	44.71%	42.52%
Average result	36.76%	25.80%	24.95%	31.62%	32.77%
Worst result	25.83%	17.92%	17.00%	22.55%	21.73%
Responses	2463	2873	3123	2448	3103

Q3a I always know what my work responsibilities are.



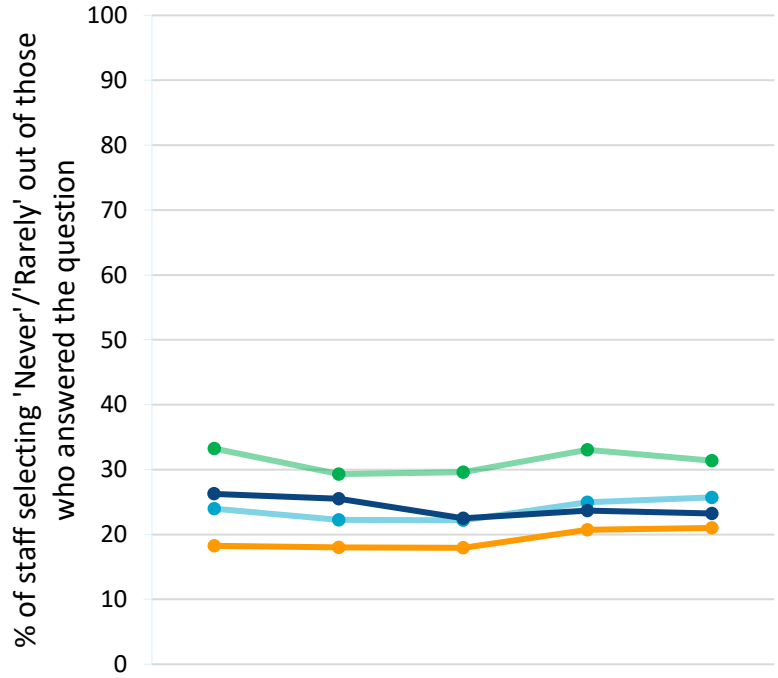
	2020	2021	2022	2023	2024
Your org	86.45%	85.90%	87.53%	85.14%	86.61%
Best result	92.13%	92.08%	90.80%	91.12%	90.77%
Average result	86.62%	86.35%	86.35%	86.70%	86.55%
Worst result	81.40%	81.65%	80.73%	82.92%	82.51%
Responses	2475	2893	3117	2450	3117

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



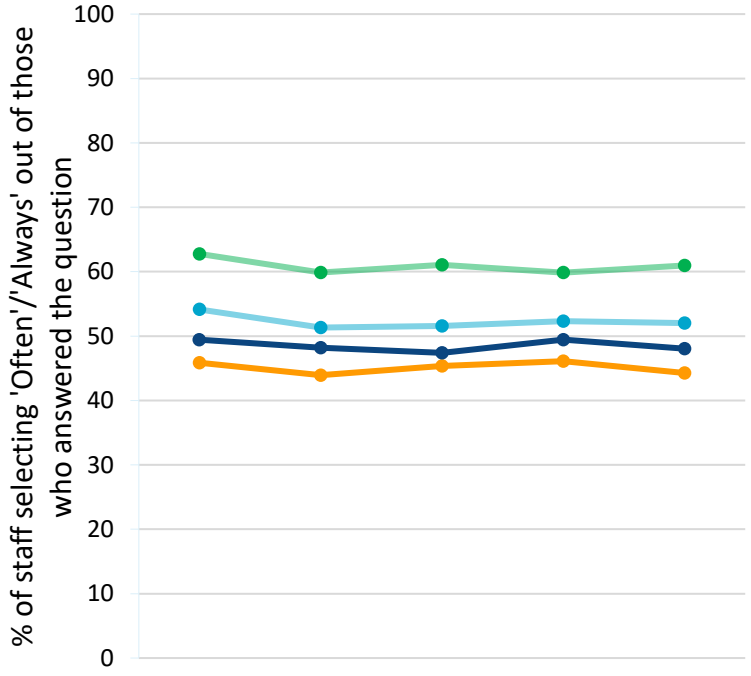
	2020	2021	2022	2023	2024
Your org	47.57%	47.38%	46.81%	46.72%	45.92%
Best result	57.43%	56.64%	58.05%	59.27%	59.25%
Average result	50.68%	49.08%	50.44%	51.68%	50.81%
Worst result	41.35%	41.40%	41.91%	43.96%	39.67%
Responses	2474	2874	3121	2440	3102

Q5a I have unrealistic time pressures.



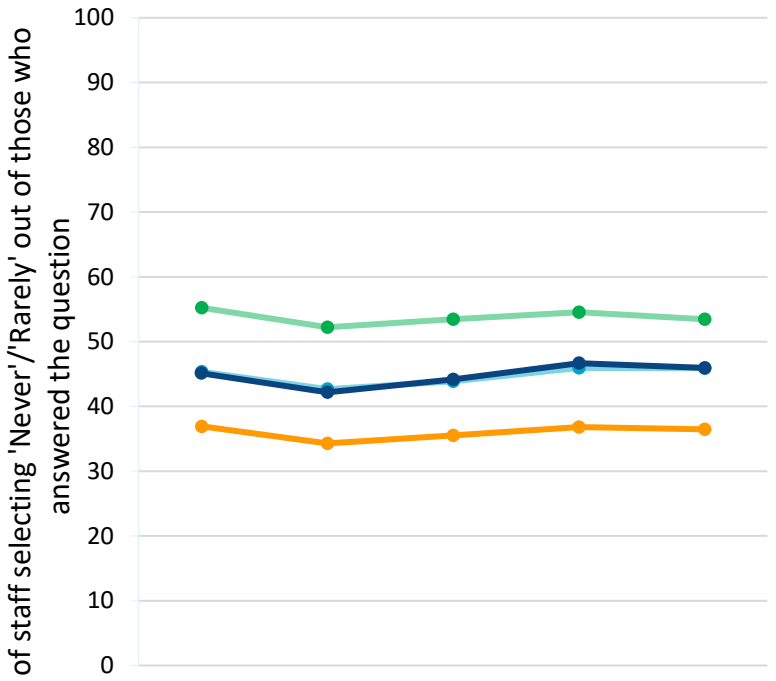
	2020	2021	2022	2023	2024
Your org	26.25%	25.49%	22.49%	23.70%	23.25%
Best result	33.24%	29.31%	29.61%	33.04%	31.37%
Average result	23.97%	22.27%	22.18%	24.95%	25.71%
Worst result	18.24%	18.00%	17.94%	20.72%	21.01%
Responses	2465	2876	3104	2443	3103

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



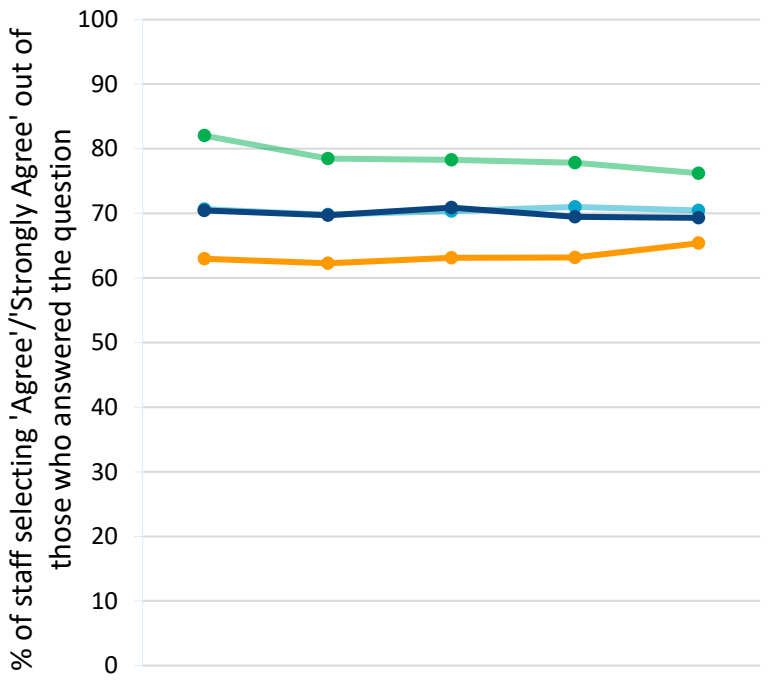
	2020	2021	2022	2023	2024
Your org	49.42%	48.17%	47.39%	49.44%	48.03%
Best result	62.76%	59.87%	61.04%	59.85%	60.94%
Average result	54.13%	51.32%	51.55%	52.31%	52.02%
Worst result	45.86%	43.93%	45.33%	46.10%	44.26%
Responses	2467	2874	3108	2444	3106

Q5c Relationships at work are strained.



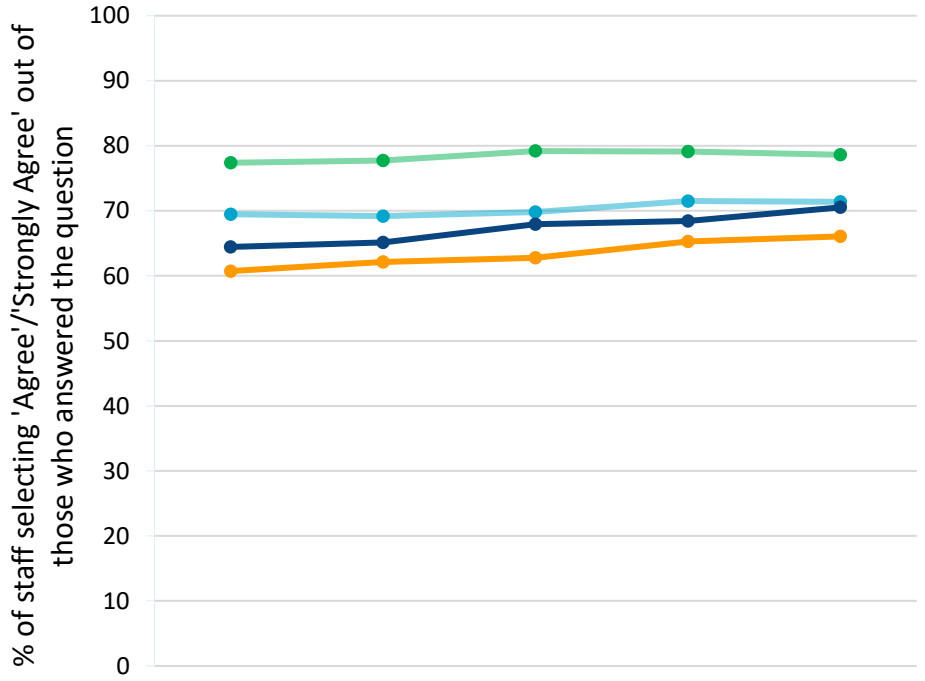
	2020	2021	2022	2023	2024
Your org	45.13%	42.17%	44.18%	46.67%	45.93%
Best result	55.23%	52.22%	53.46%	54.56%	53.48%
Average result	45.35%	42.67%	43.89%	45.94%	45.91%
Worst result	36.93%	34.28%	35.52%	36.80%	36.48%
Responses	2459	2873	3108	2441	3098

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



	2020	2021	2022	2023	2024
Your org	70.43%	69.69%	70.88%	69.45%	69.30%
Best result	82.02%	78.45%	78.29%	77.84%	76.21%
Average result	70.63%	69.79%	70.36%	70.99%	70.44%
Worst result	62.98%	62.27%	63.14%	63.16%	65.37%
Responses	2473	2870	3121	2449	3104

Q9a My immediate manager encourages me at work.



	2020	2021	2022	2023	2024
Your org	64.44%	65.12%	67.95%	68.42%	70.53%
Best result	77.39%	77.71%	79.19%	79.11%	78.63%
Average result	69.49%	69.19%	69.81%	71.50%	71.38%
Worst result	60.73%	62.13%	62.79%	65.30%	66.06%
Responses	2475	2889	3115	2447	3104

Questions not linked to People Promise elements or themes

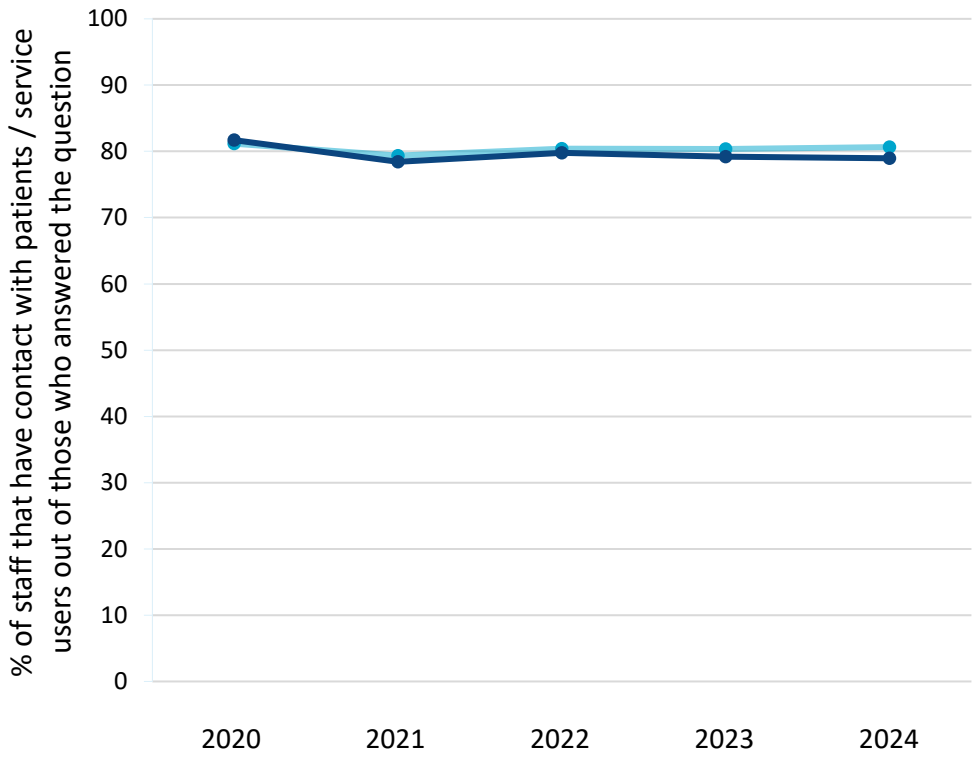
Questions included:*

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

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. The results for Q24f are reported in the section for People Promise element 5: We are always learning. These questions do not contribute to any score or sub-score calculations.

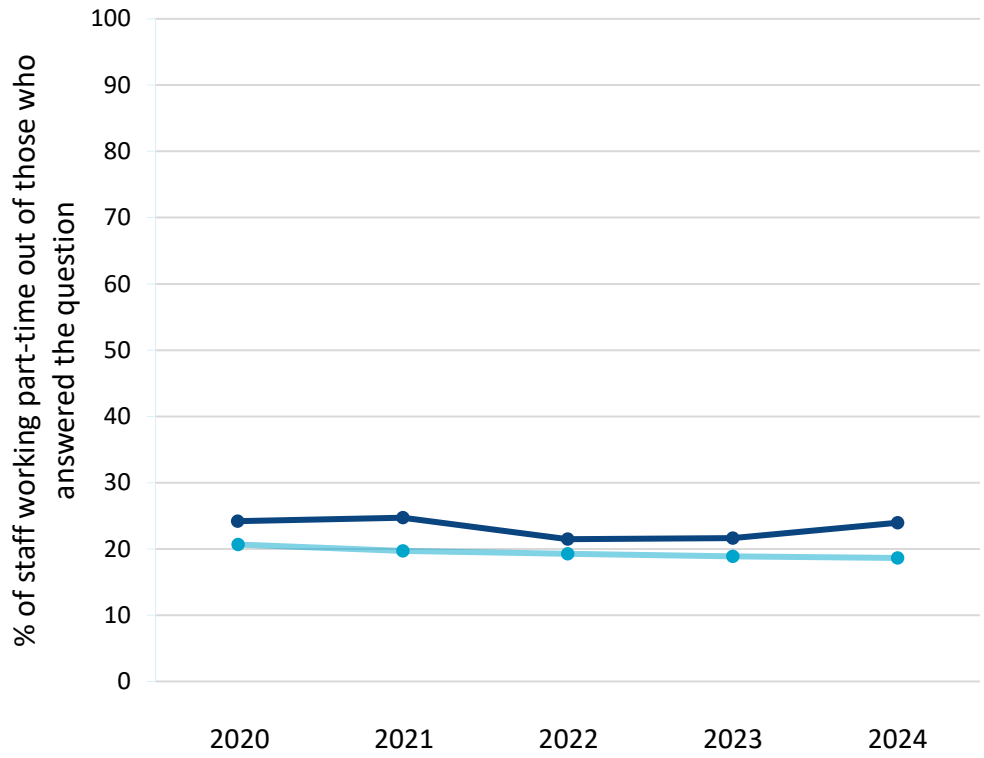
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

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



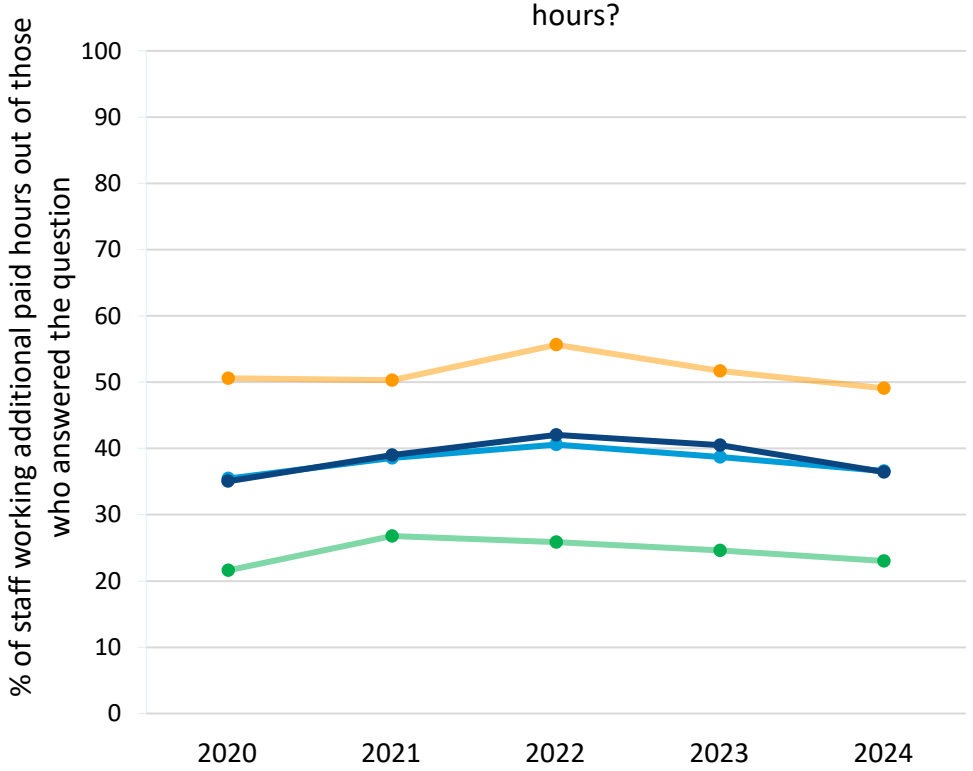
	2020	2021	2022	2023	2024
Your org	81.69%	78.43%	79.80%	79.18%	78.95%
Average	81.16%	79.36%	80.42%	80.37%	80.65%
Responses	2463	2883	3114	2435	3092

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



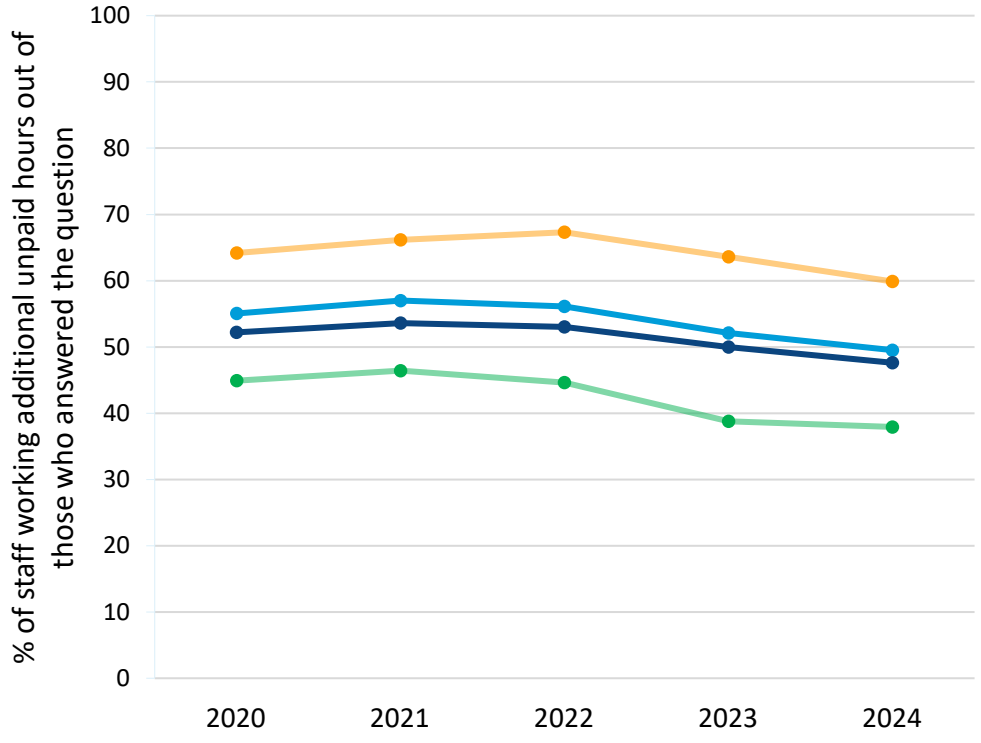
	2020	2021	2022	2023	2024
Your org	24.18%	24.71%	21.47%	21.65%	23.96%
Average	20.66%	19.69%	19.24%	18.88%	18.64%
Responses	2328	2675	3046	2388	3005

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



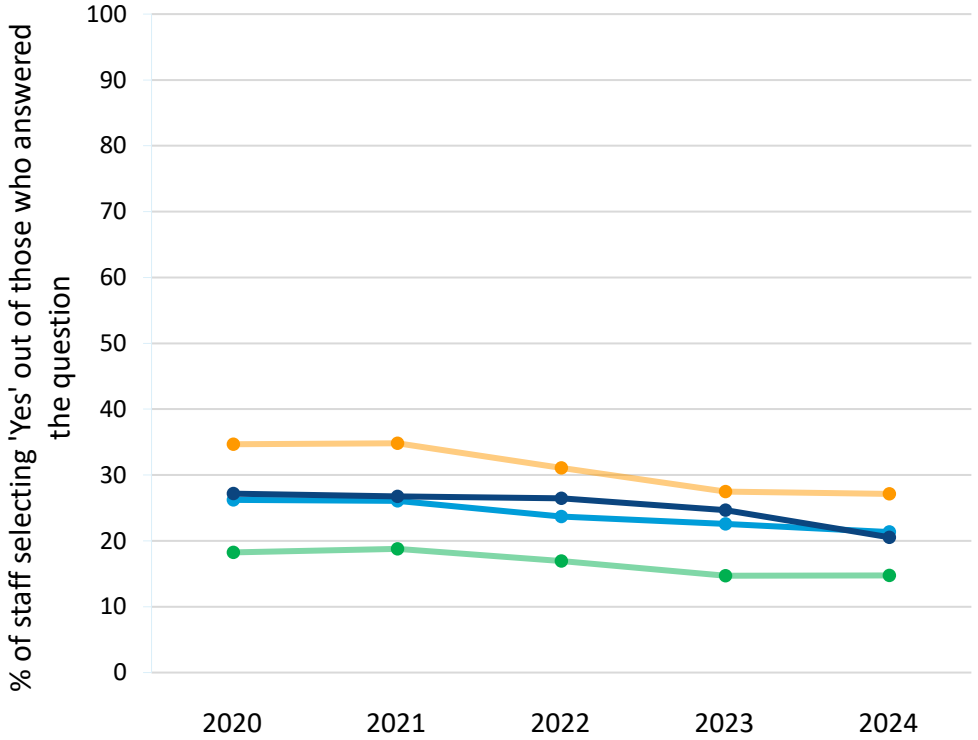
	2020	2021	2022	2023	2024
Your org	35.05%	39.00%	42.05%	40.51%	36.43%
Lowest	21.60%	26.78%	25.87%	24.60%	23.01%
Average	35.46%	38.56%	40.59%	38.71%	36.58%
Highest	50.60%	50.31%	55.65%	51.72%	49.08%
Responses	2370	2781	3072	2414	2999

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



	2020	2021	2022	2023	2024
Your org	52.19%	53.60%	53.03%	49.96%	47.61%
Lowest	44.93%	46.43%	44.60%	38.79%	37.93%
Average	55.06%	57.00%	56.10%	52.10%	49.52%
Highest	64.17%	66.15%	67.31%	63.60%	59.88%
Responses	2371	2768	3072	2408	2982

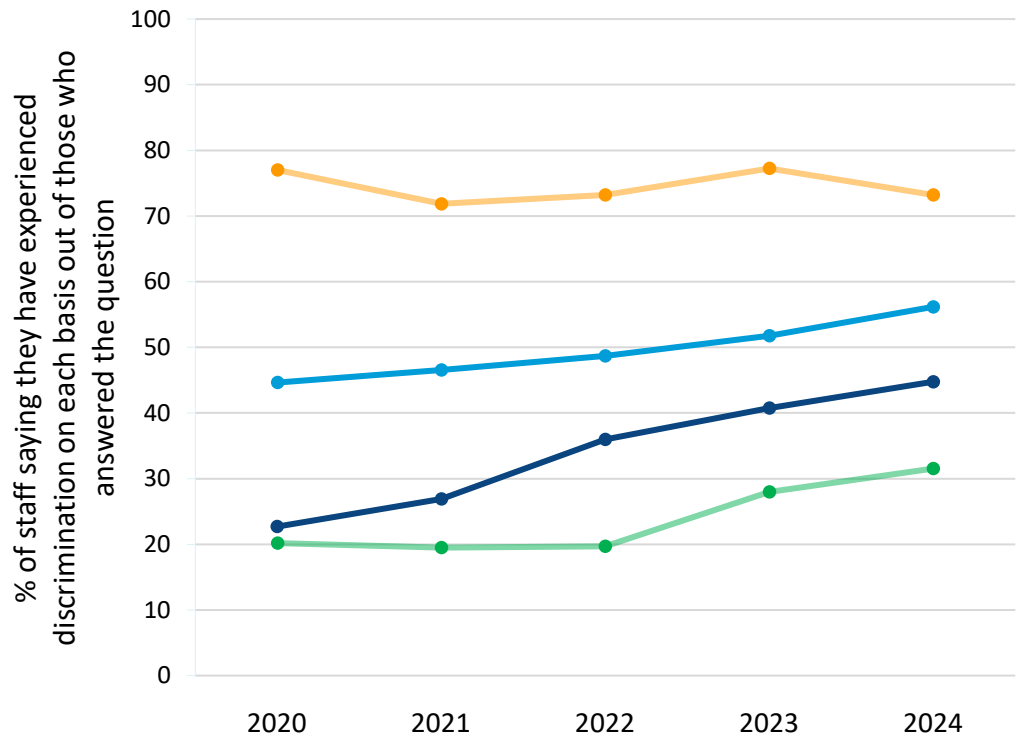
Q11e* Have you felt pressure from your manager to come to work?



	2020	2021	2022	2023	2024
Your org	27.17%	26.74%	26.47%	24.64%	20.54%
Best result	18.25%	18.78%	16.95%	14.70%	14.77%
Average result	26.22%	26.06%	23.71%	22.59%	21.34%
Worst result	34.69%	34.82%	31.07%	27.49%	27.13%
Responses	1152	1575	1767	1324	1685

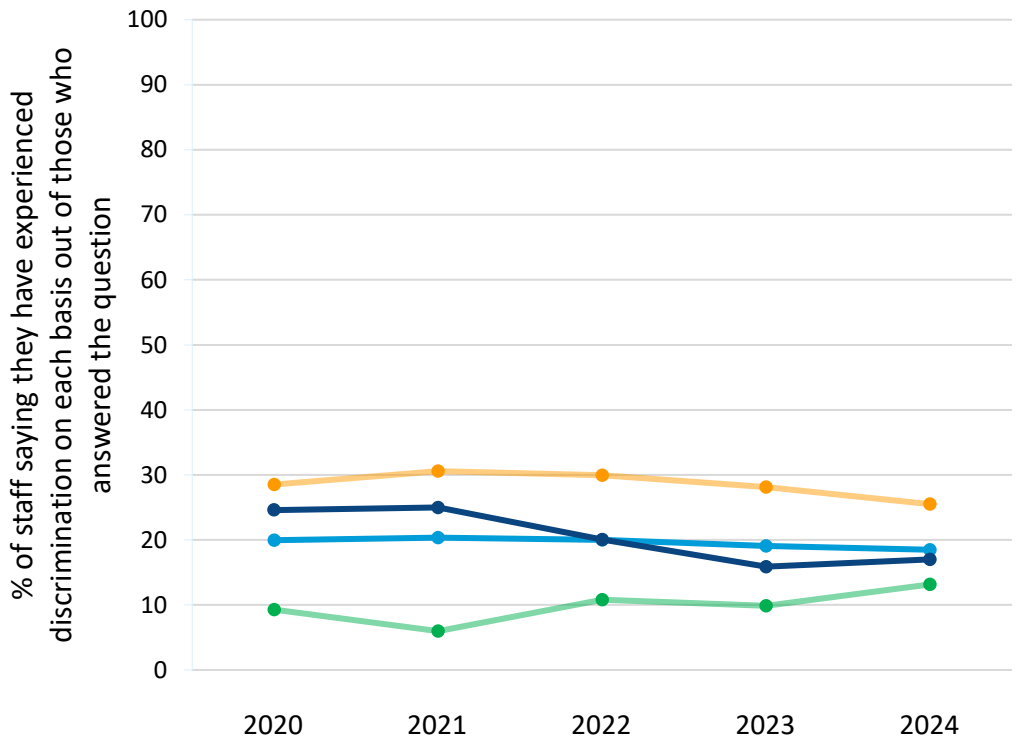
*Q11e is only answered by staff who responded 'Yes' to Q11d.

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



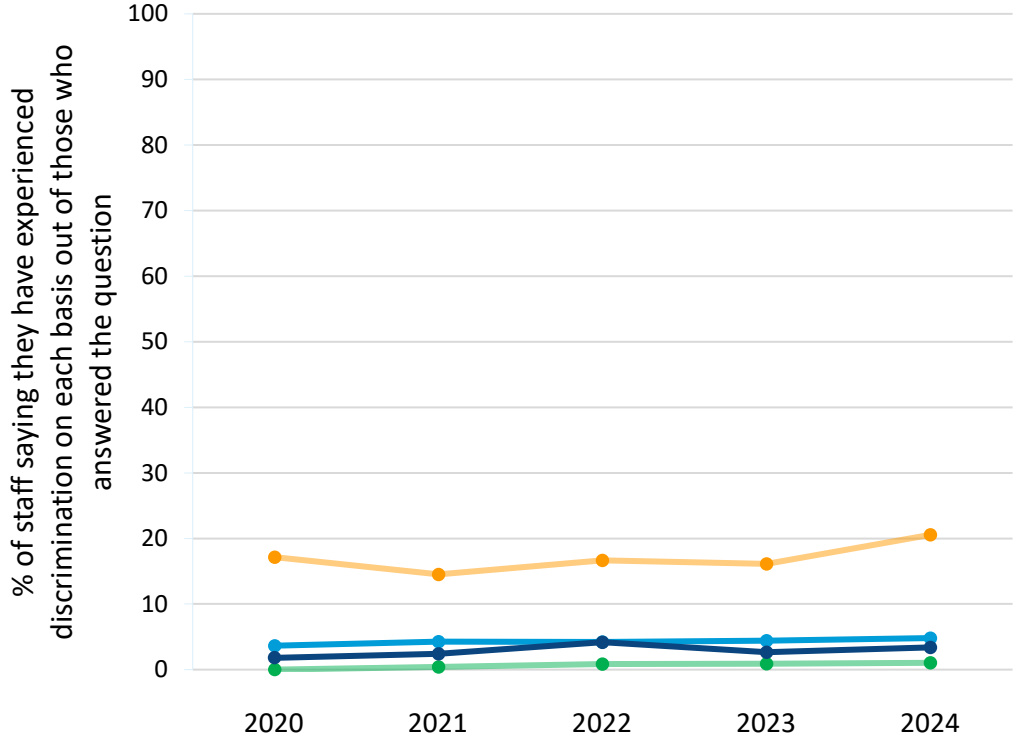
	2020	2021	2022	2023	2024
Your org	22.70%	26.89%	35.98%	40.76%	44.76%
Best result	20.18%	19.49%	19.69%	28.00%	31.53%
Average result	44.63%	46.54%	48.69%	51.77%	56.16%
Worst result	76.99%	71.86%	73.19%	77.24%	73.22%
Responses	179	240	315	252	321

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



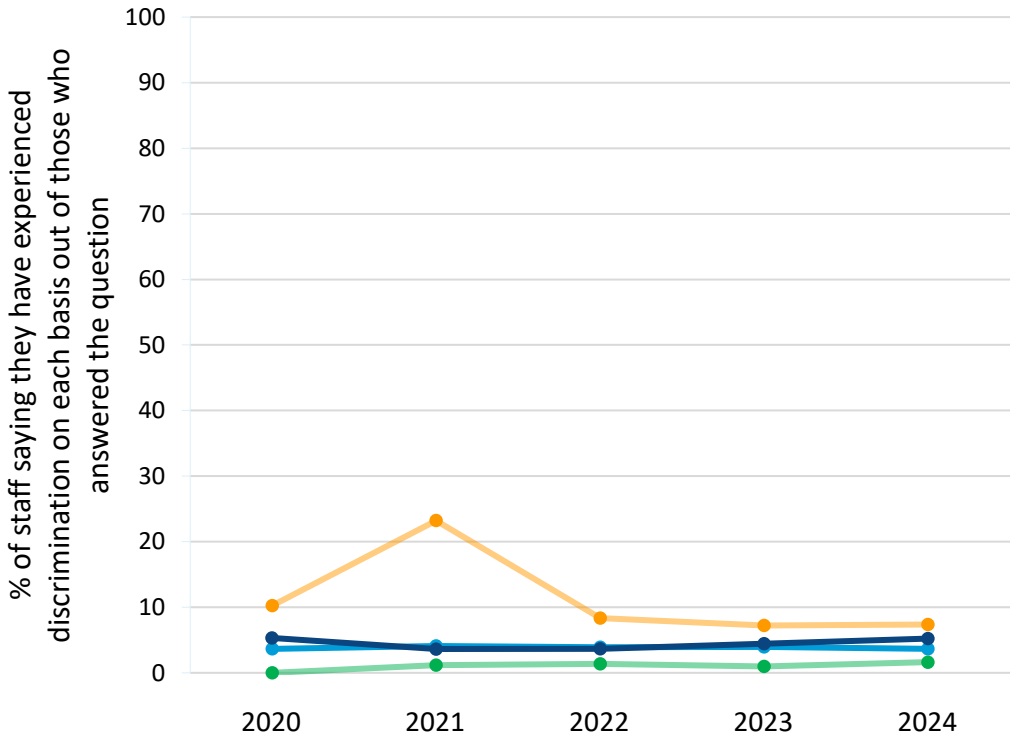
	2020	2021	2022	2023	2024
Your org	24.59%	24.99%	20.05%	15.89%	16.99%
Best result	9.30%	5.97%	10.82%	9.86%	13.16%
Average result	19.96%	20.35%	20.00%	19.07%	18.49%
Worst result	28.50%	30.58%	29.96%	28.11%	25.50%
Responses	179	240	315	252	321

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



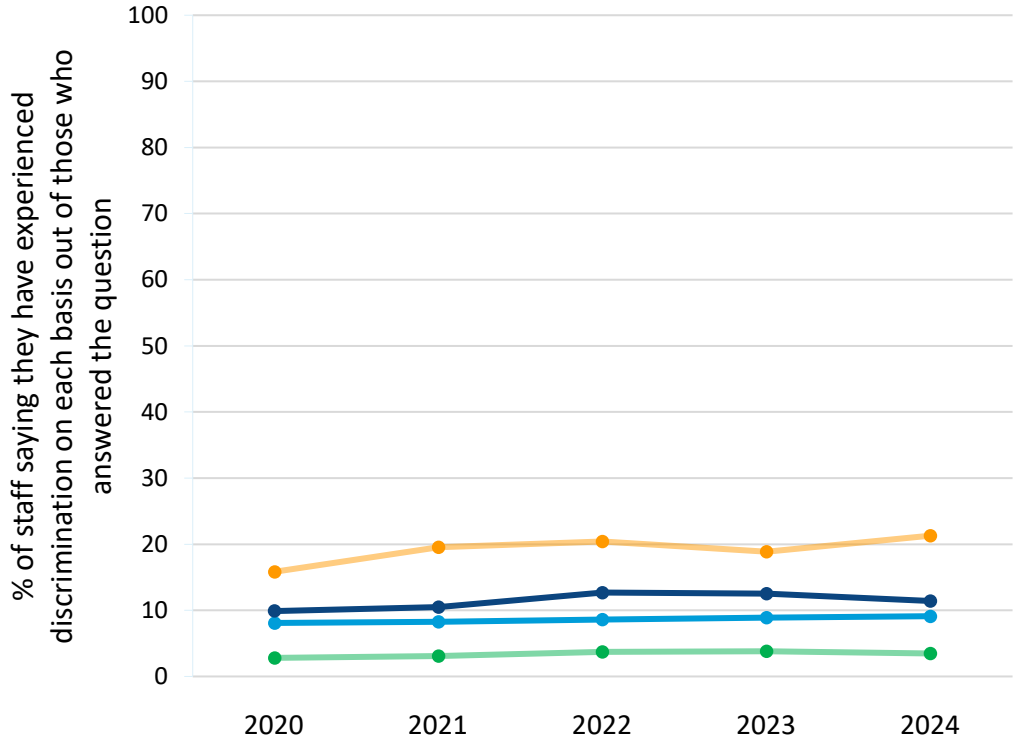
	2020	2021	2022	2023	2024
Your org	1.79%	2.41%	4.18%	2.66%	3.39%
Best result	0.00%	0.42%	0.84%	0.92%	1.04%
Average result	3.64%	4.24%	4.21%	4.43%	4.81%
Worst result	17.17%	14.52%	16.64%	16.12%	20.56%
Responses	179	240	315	252	321

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



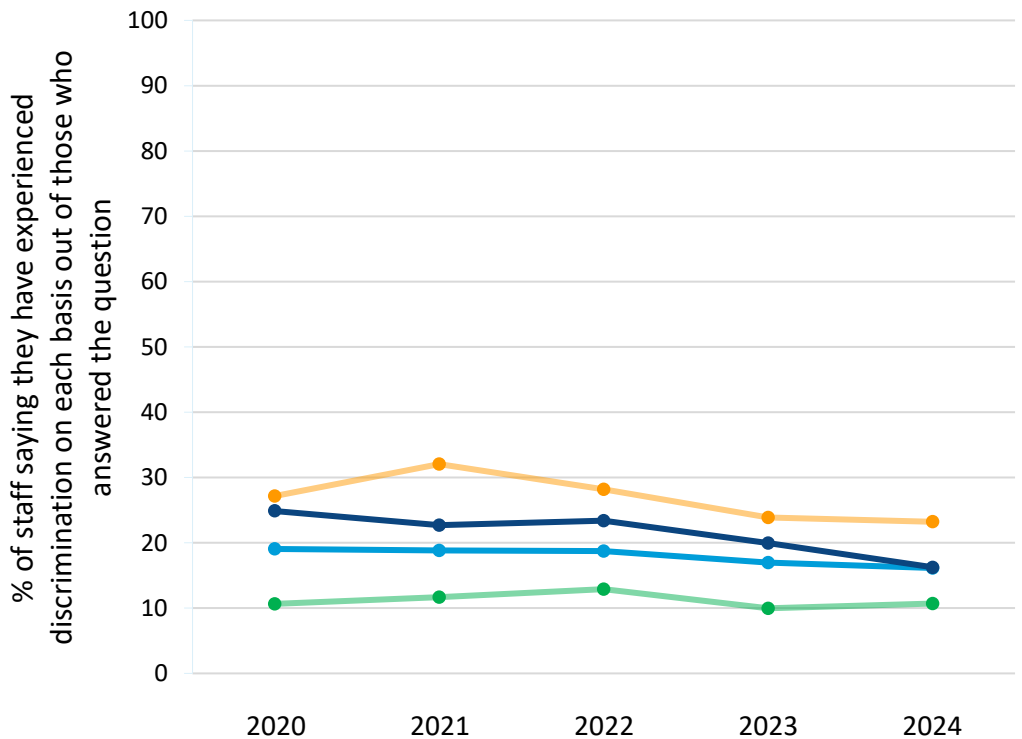
	2020	2021	2022	2023	2024
Your org	5.32%	3.63%	3.66%	4.44%	5.22%
Best result	0.00%	1.16%	1.36%	0.96%	1.63%
Average result	3.65%	4.09%	3.89%	3.96%	3.67%
Worst result	10.25%	23.21%	8.35%	7.22%	7.36%
Responses	179	240	315	252	321

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



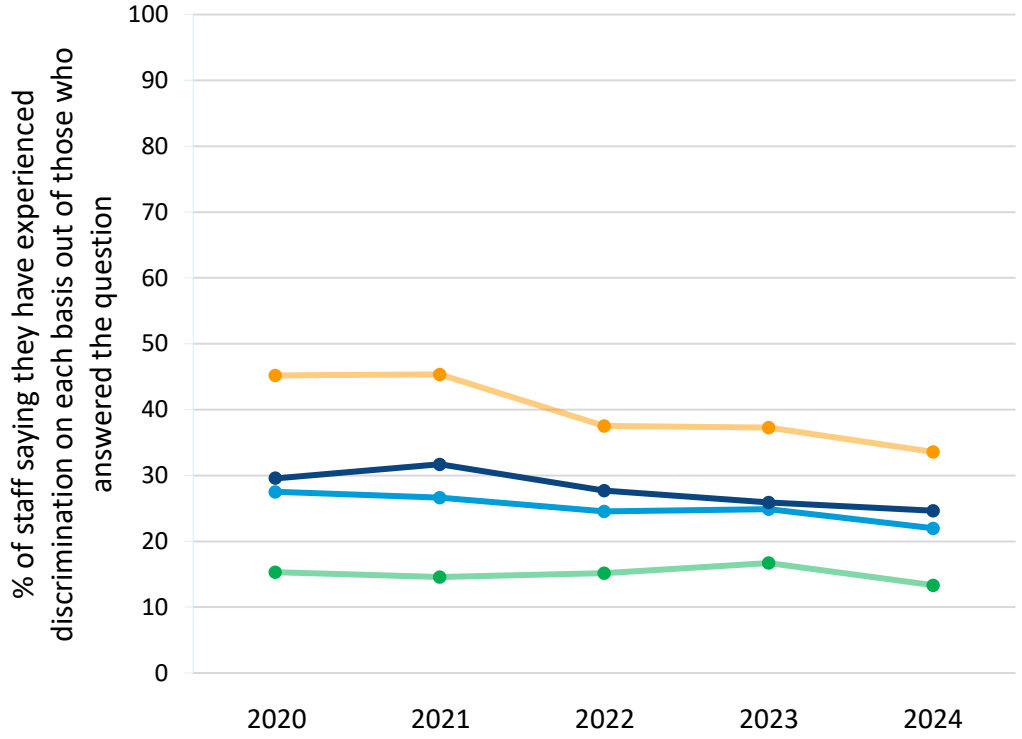
	2020	2021	2022	2023	2024
Your org	9.89%	10.50%	12.69%	12.54%	11.41%
Best result	2.81%	3.10%	3.74%	3.81%	3.48%
Average result	8.10%	8.28%	8.59%	8.91%	9.12%
Worst result	15.84%	19.54%	20.43%	18.85%	21.30%
Responses	179	240	315	252	321

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



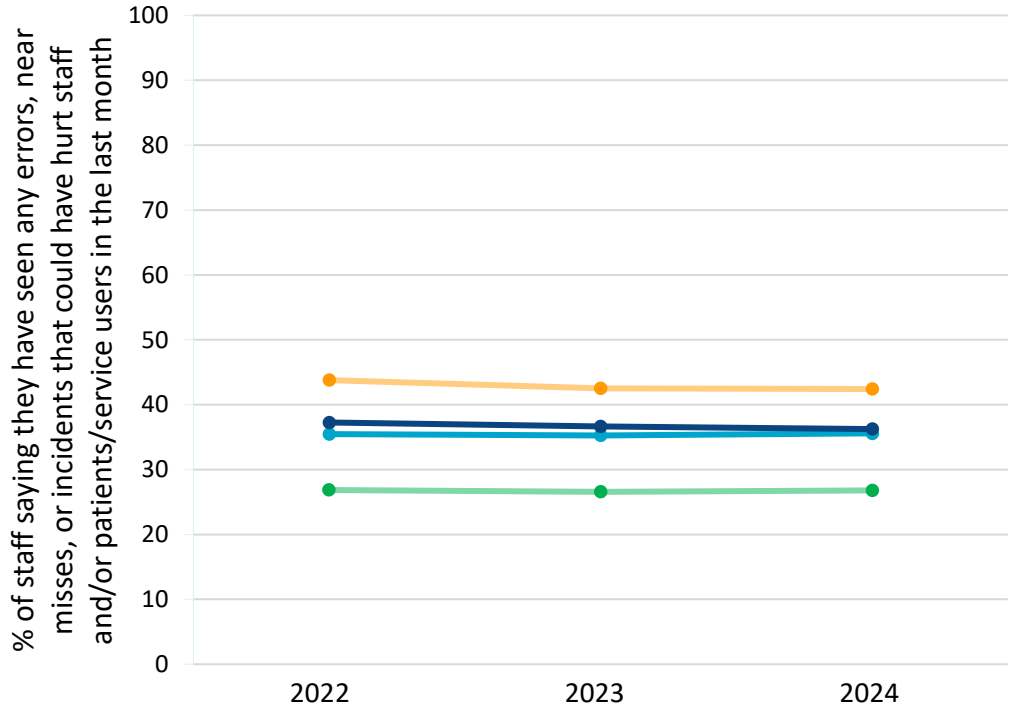
	2020	2021	2022	2023	2024
Your org	24.86%	22.69%	23.38%	19.96%	16.25%
Best result	10.65%	11.70%	12.90%	9.97%	10.71%
Average result	19.06%	18.83%	18.73%	16.99%	16.15%
Worst result	27.17%	32.05%	28.20%	23.87%	23.22%
Responses	179	240	315	252	321

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



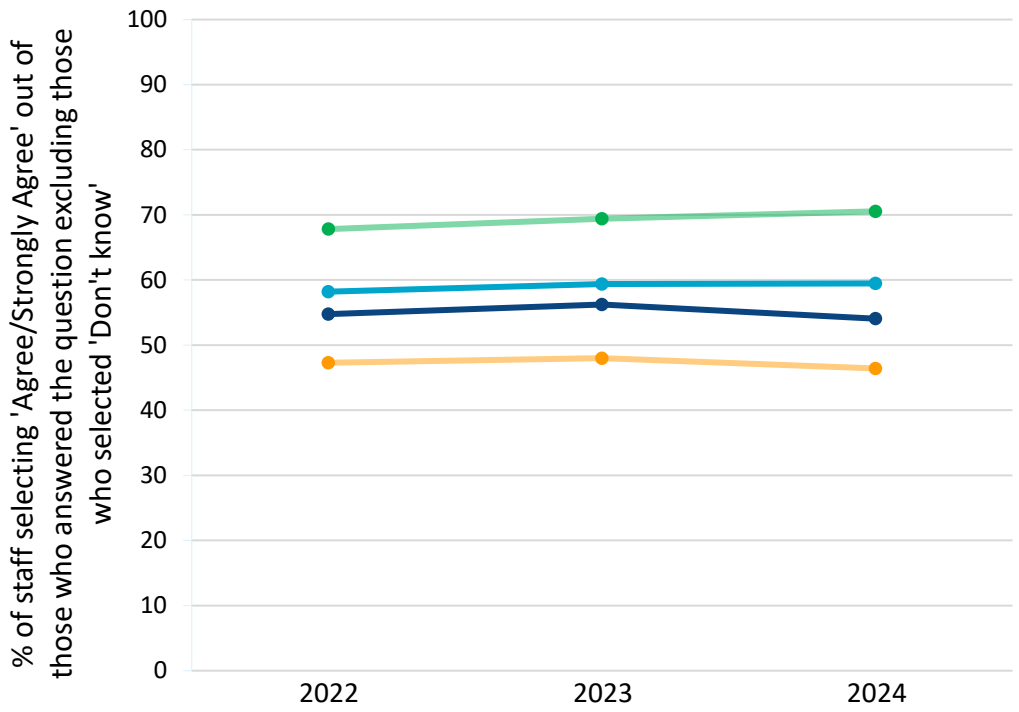
	2020	2021	2022	2023	2024
Your org	29.55%	31.71%	27.71%	25.90%	24.65%
Best result	15.33%	14.60%	15.16%	16.70%	13.34%
Average result	27.53%	26.62%	24.54%	24.88%	21.99%
Worst result	45.22%	45.35%	37.52%	37.27%	33.58%
Responses	179	240	315	252	321

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



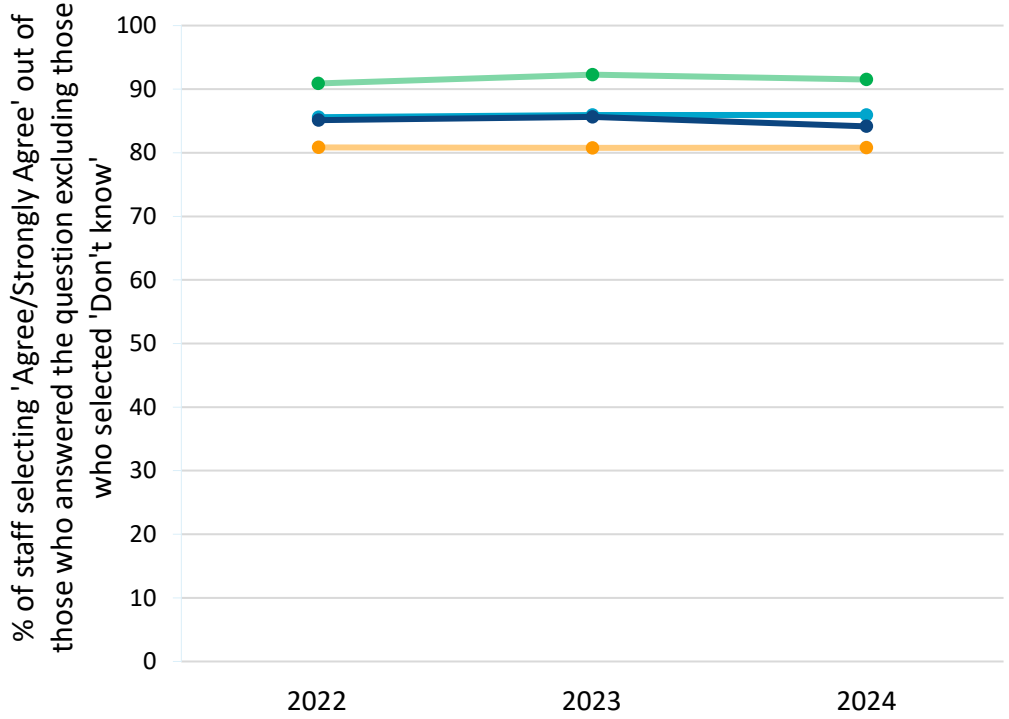
	2022	2023	2024
Your org	37.26%	36.63%	36.24%
Best result	26.85%	26.57%	26.76%
Average result	35.44%	35.26%	35.58%
Worst result	43.78%	42.54%	42.41%
Responses	3067	2416	3061

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



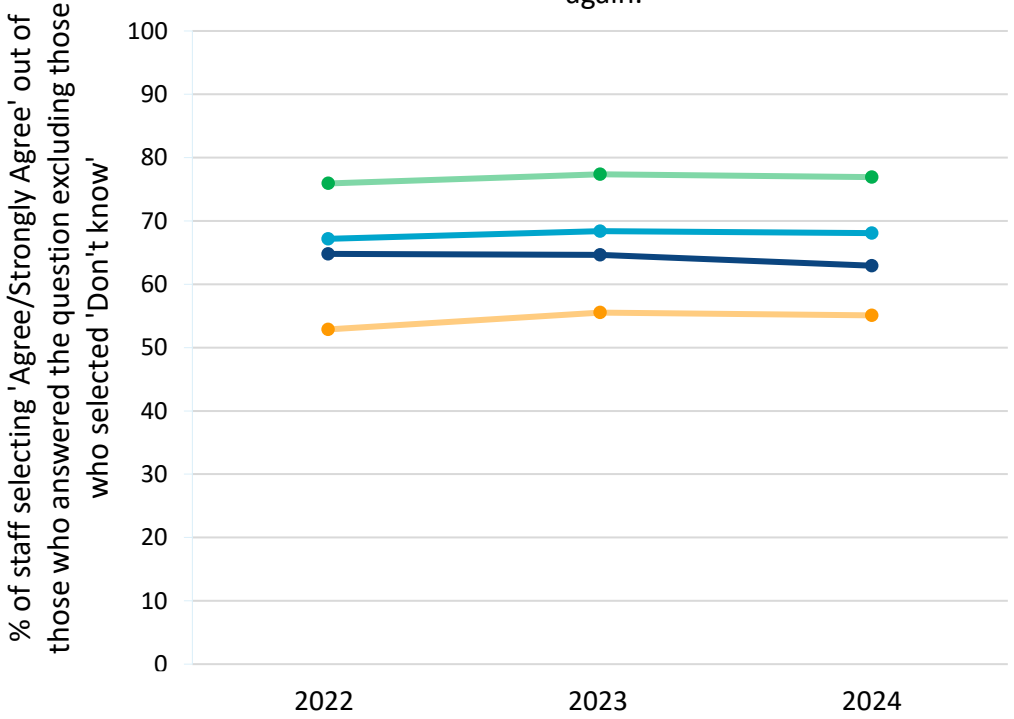
	2022	2023	2024
Your org	54.77%	56.24%	54.06%
Best result	67.82%	69.42%	70.55%
Average result	58.21%	59.40%	59.47%
Worst result	47.27%	48.00%	46.41%
Responses	2397	1865	2405

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



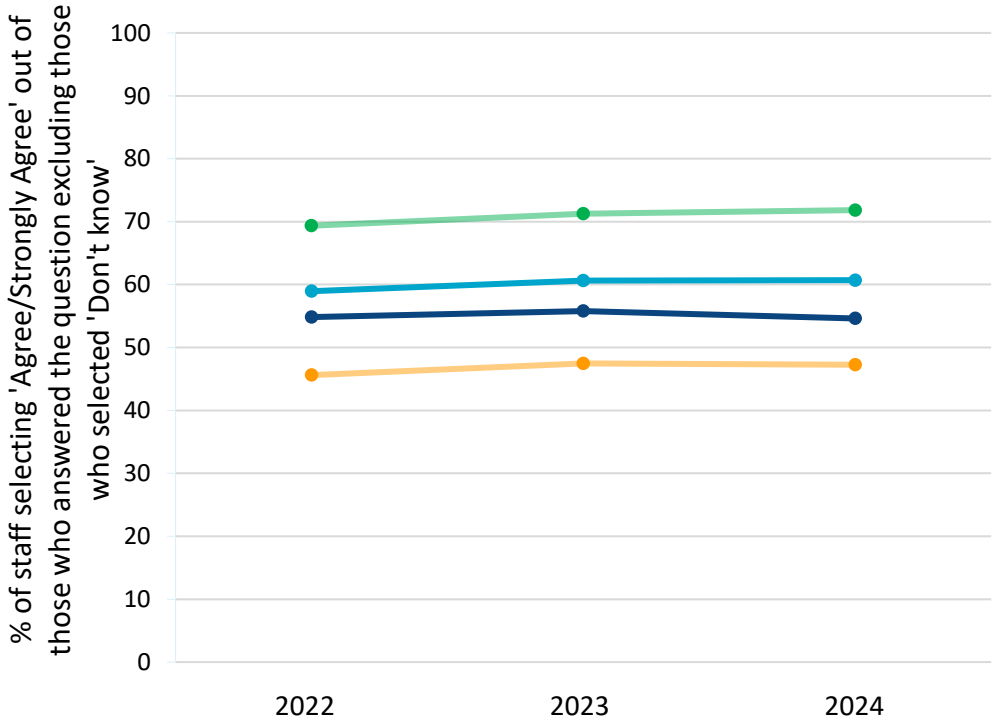
	2022	2023	2024
Your org	85.14%	85.64%	84.15%
Best result	90.90%	92.28%	91.52%
Average result	85.59%	85.95%	85.95%
Worst result	80.84%	80.77%	80.79%
Responses	2998	2338	2989

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



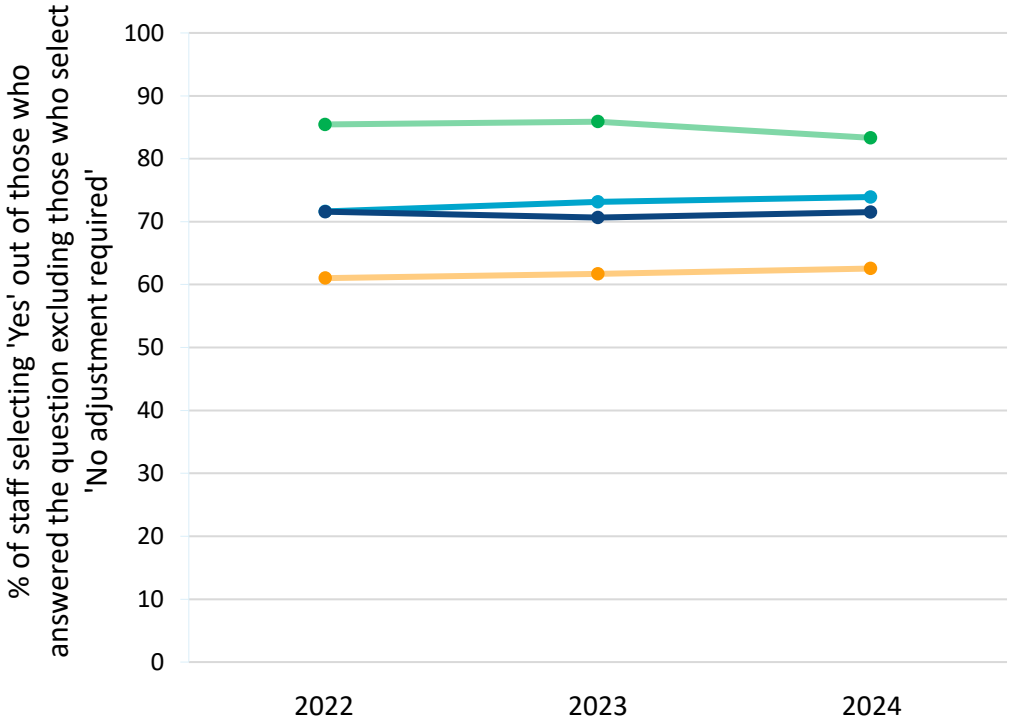
	2022	2023	2024
Your org	64.80%	64.63%	62.93%
Best result	75.92%	77.37%	76.90%
Average result	67.18%	68.39%	68.08%
Worst result	52.87%	55.52%	55.11%
Responses	2749	2143	2743

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



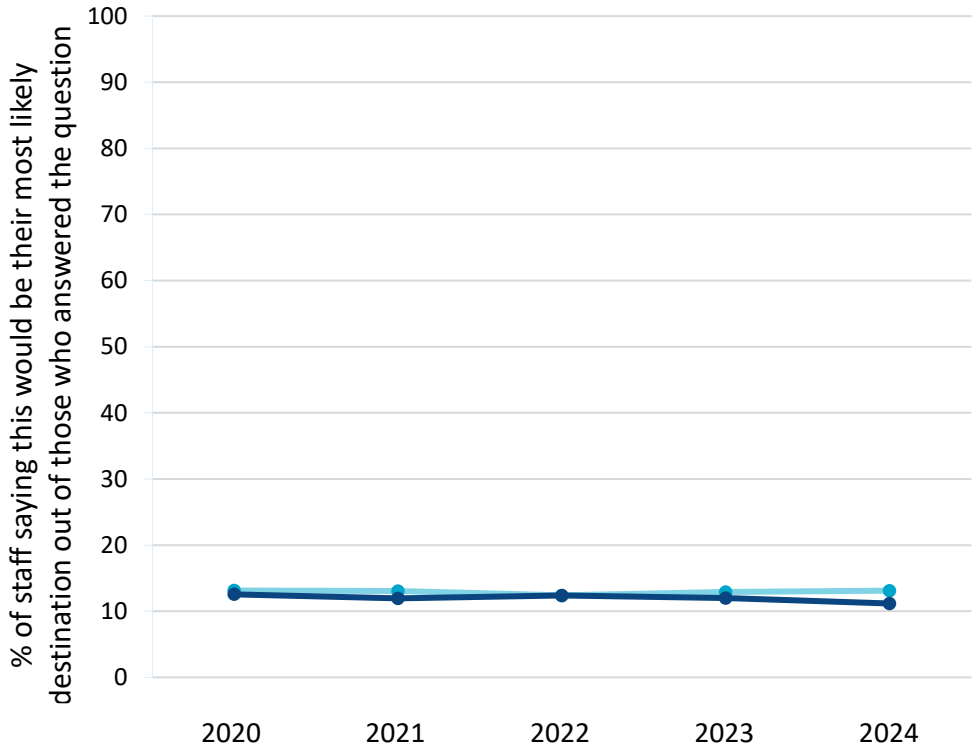
	2022	2023	2024
Your org	54.84%	55.79%	54.62%
Best result	69.36%	71.25%	71.84%
Average result	58.95%	60.66%	60.70%
Worst result	45.61%	47.47%	47.26%
Responses	2767	2154	2753

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



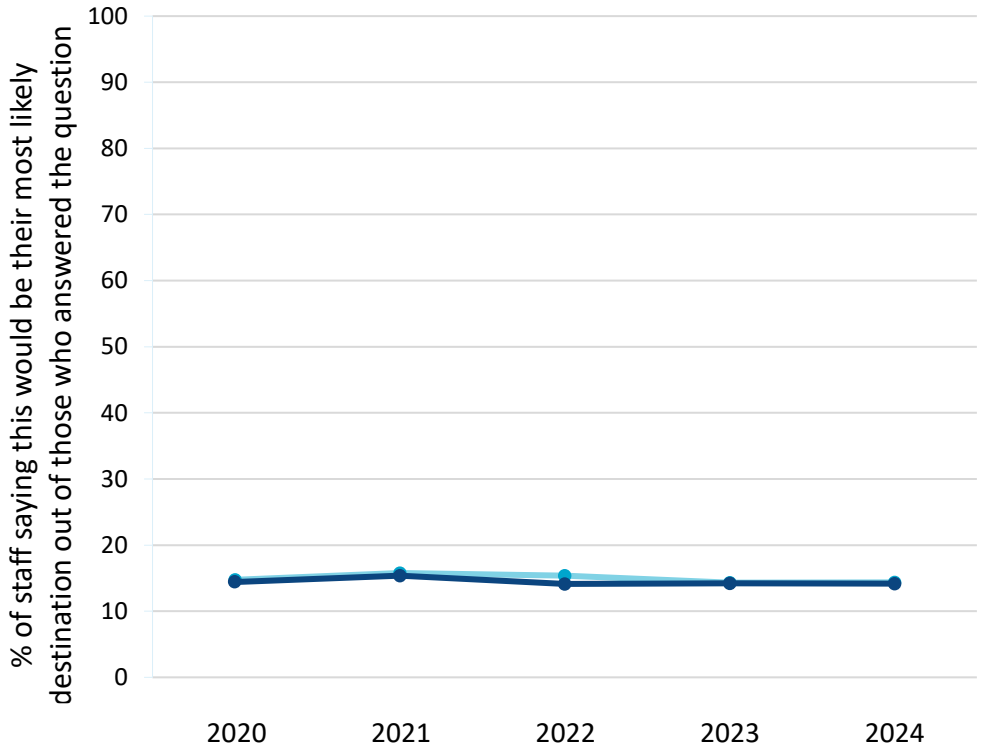
	2022	2023	2024
Your org	71.59%	70.66%	71.52%
Best result	85.45%	85.89%	83.33%
Average result	71.63%	73.13%	73.92%
Worst result	61.02%	61.72%	62.55%
Responses	419	356	473

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



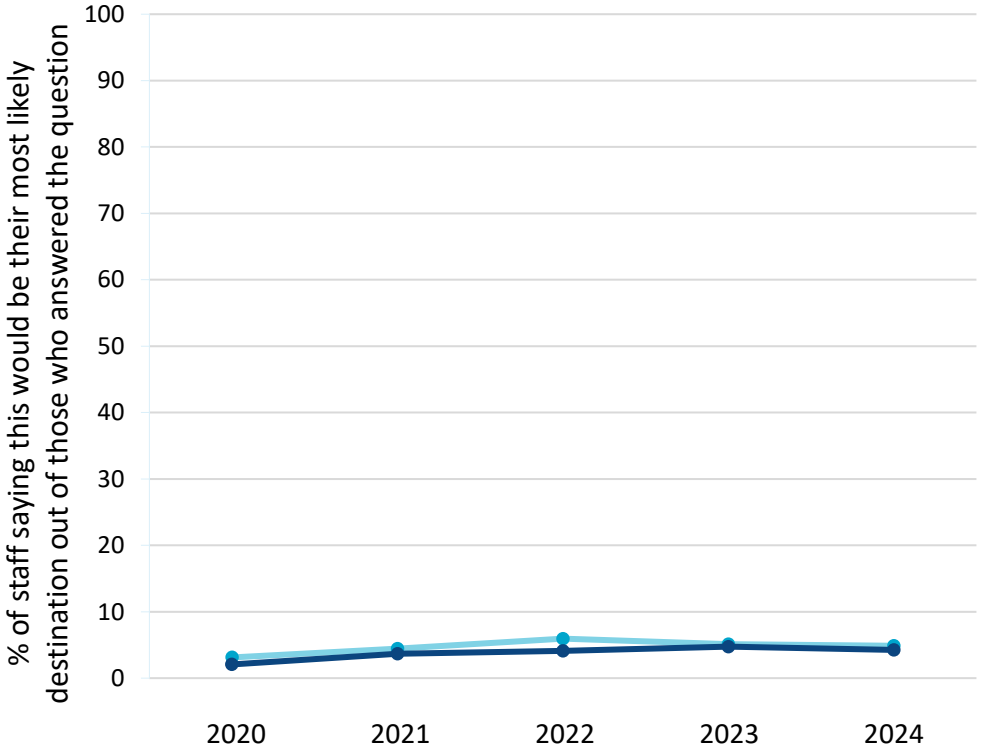
	2020	2021	2022	2023	2024
Your org	12.55%	11.97%	12.38%	11.99%	11.17%
Average	13.13%	13.04%	12.40%	12.94%	13.10%
Responses	2176	2582	2916	2318	2874

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



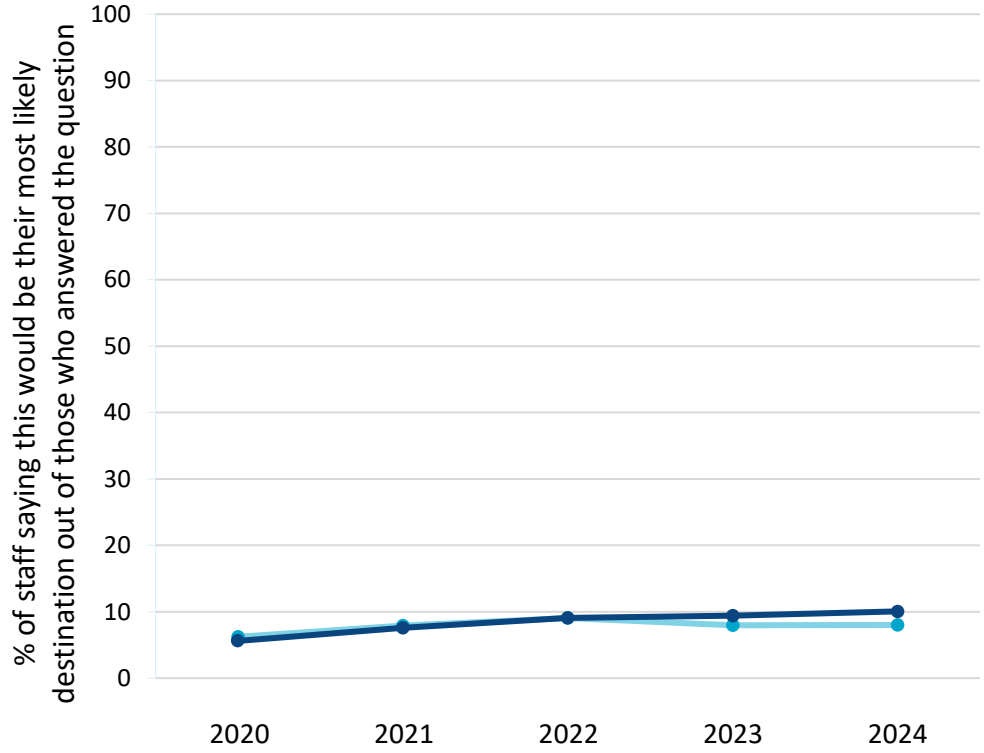
	2020	2021	2022	2023	2024
Your org	14.43%	15.38%	14.13%	14.24%	14.16%
Average	14.76%	15.78%	15.37%	14.32%	14.36%
Responses	2176	2582	2916	2318	2874

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



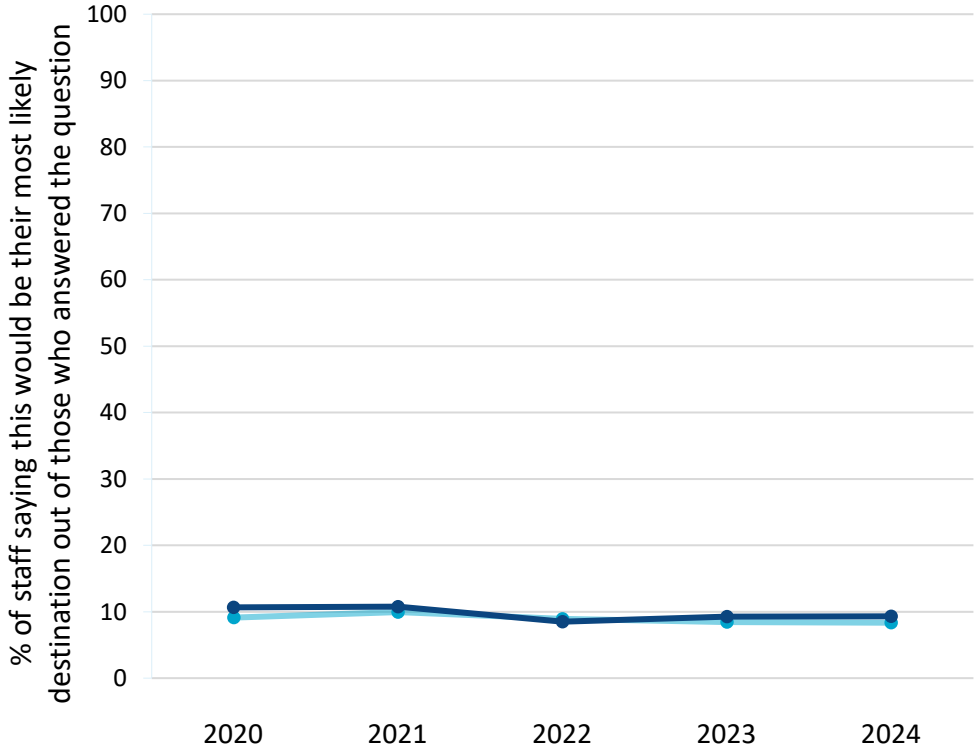
	2020	2021	2022	2023	2024
Your org	2.07%	3.68%	4.12%	4.75%	4.24%
Average	3.12%	4.47%	5.95%	5.12%	4.90%
Responses	2176	2582	2916	2318	2874

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



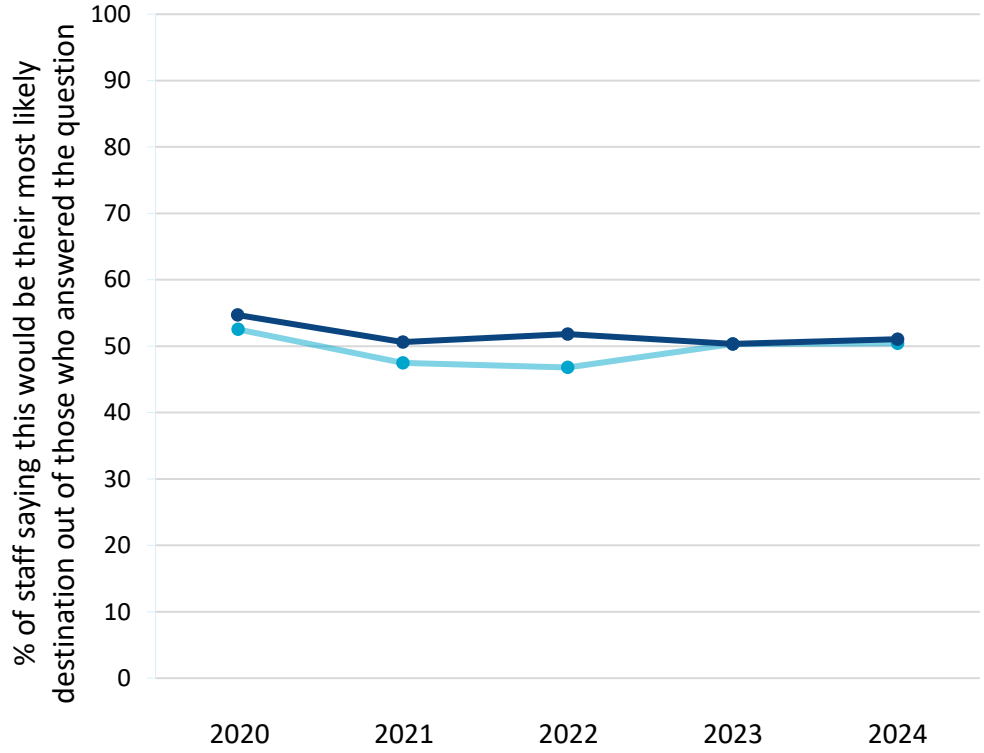
	2020	2021	2022	2023	2024
Your org	5.61%	7.59%	9.05%	9.40%	10.06%
Average	6.23%	7.91%	9.06%	7.96%	8.00%
Responses	2176	2582	2916	2318	2874

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



	2020	2021	2022	2023	2024
Your org	10.66%	10.77%	8.50%	9.28%	9.32%
Average	9.13%	9.95%	8.94%	8.46%	8.35%
Responses	2176	2582	2916	2318	2874

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



	2020	2021	2022	2023	2024
Your org	54.69%	50.62%	51.82%	50.35%	51.04%
Average	52.53%	47.46%	46.79%	50.34%	50.41%
Responses	2176	2582	2916	2318	2874

Survey Coordination Centre

NHS

Workforce Equality Standards

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

Workforce Equality Standards

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2020-2024 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey metrics used in the Workforce Disability Equality Standard (WDES). It includes the 2020-2024 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

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

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

Workforce Equality Standards

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

Workforce Race Equality Standards (WRES)

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

Workforce Disability Equality Standards (WDES)

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

*Staff with a long term condition

Survey Coordination Centre

NHS

Workforce Race Equality Standards (WRES)

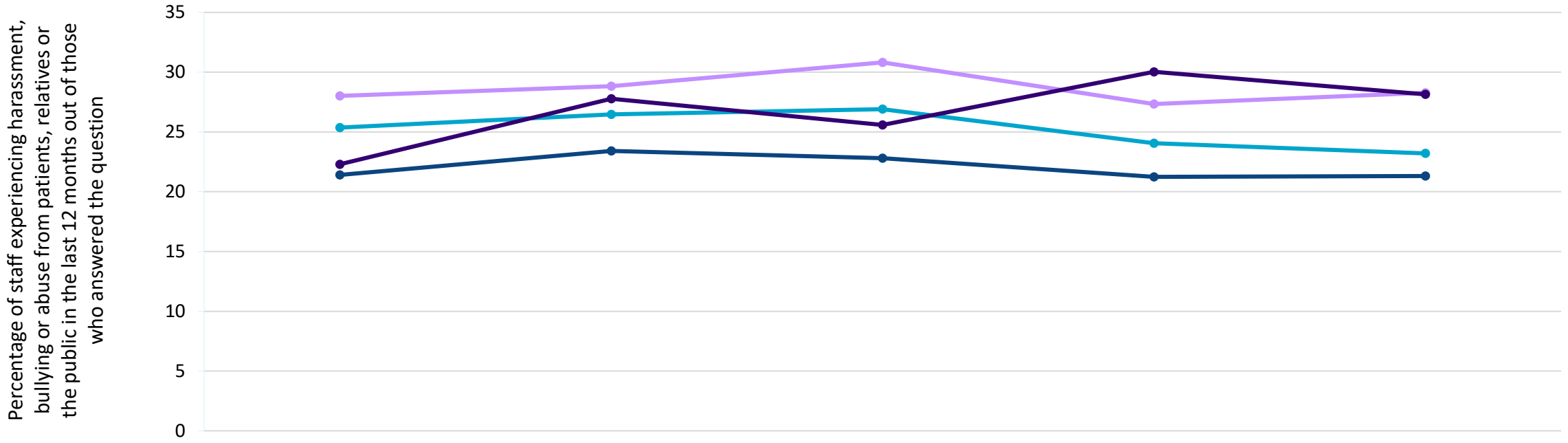
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WRES charts are unweighted.
Averages are calculated as the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

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

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

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



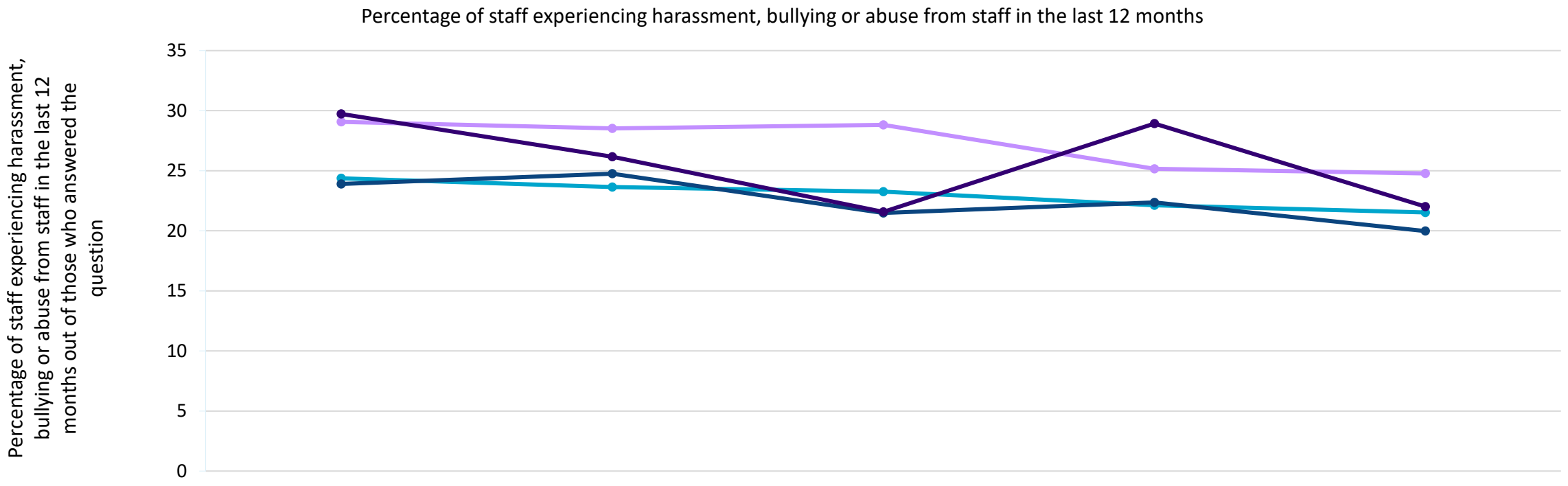
	2020	2021	2022	2023	2024
White staff: Your org	21.42%	23.41%	22.80%	21.25%	21.32%
All other ethnic groups*: Your org	22.30%	27.78%	25.58%	30.03%	28.15%
White staff: Average	25.36%	26.47%	26.91%	24.05%	23.21%
All other ethnic groups*: Average	28.01%	28.84%	30.82%	27.34%	28.27%
White staff: Responses	2274	2648	2732	1966	2683
All other ethnic groups*: Responses	148	216	344	226	373

*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 5 (Q14a) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS



	2020	2021	2022	2023	2024
White staff: Your org	23.90%	24.75%	21.48%	22.35%	19.98%
All other ethnic groups*: Your org	29.73%	26.17%	21.57%	28.93%	22.01%
White staff: Average	24.37%	23.65%	23.25%	22.12%	21.53%
All other ethnic groups*: Average	29.07%	28.53%	28.81%	25.16%	24.78%
White staff: Responses	2268	2634	2723	1953	2663
All other ethnic groups*: Responses	148	214	343	221	368

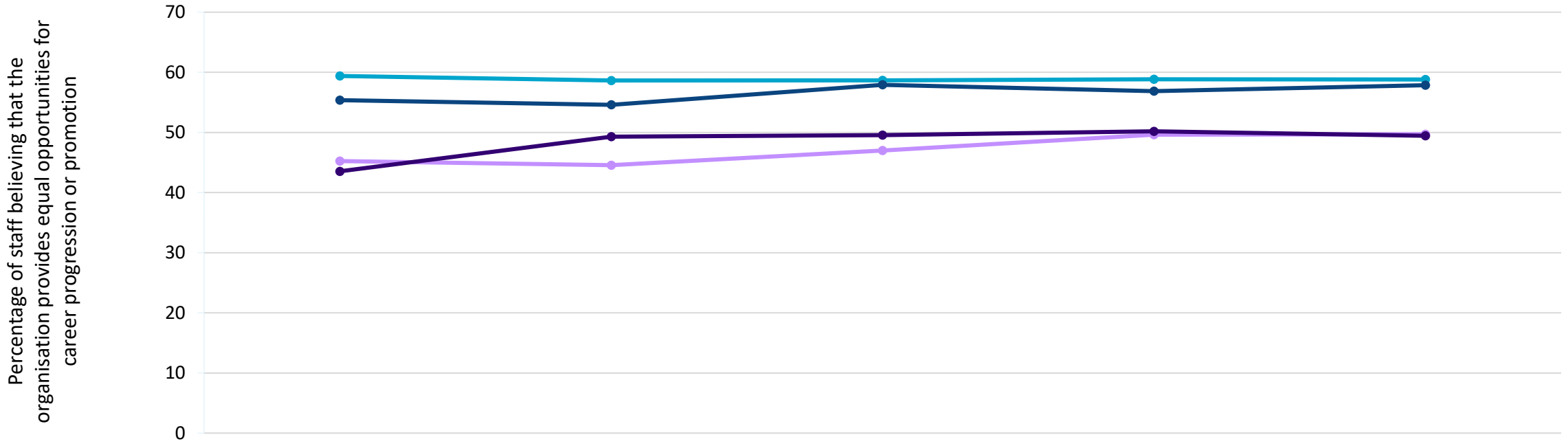
*Staff from all other ethnic groups combined

Note: 2023 results for WRES indicator 6 (Q14b & Q14c) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

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



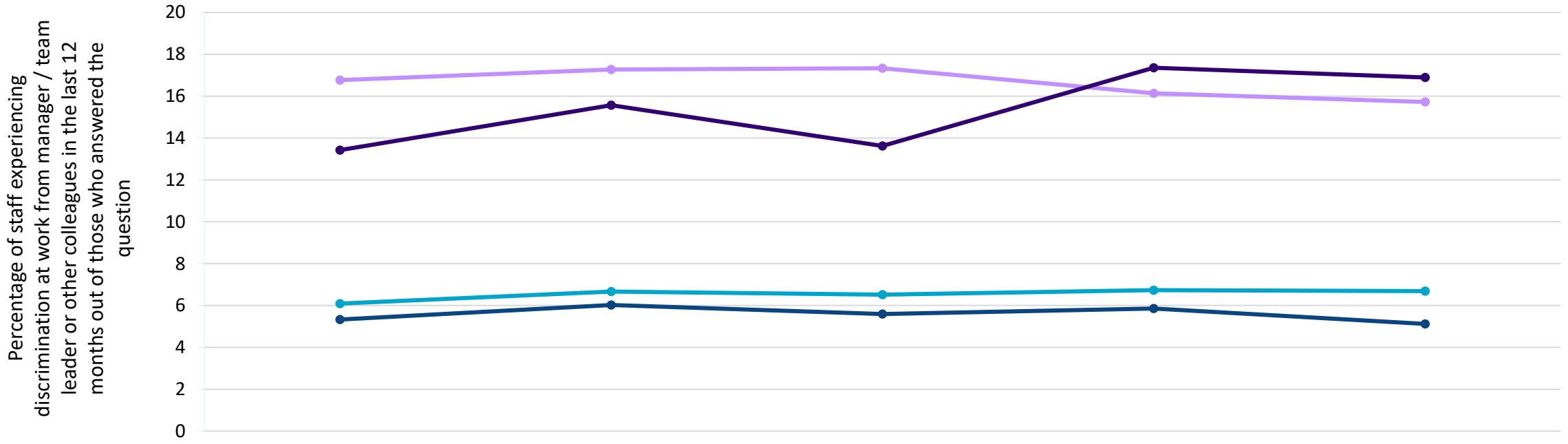
	2020	2021	2022	2023	2024
White staff: Your org	55.35%	54.59%	57.92%	56.86%	57.86%
All other ethnic groups*: Your org	43.54%	49.30%	49.56%	50.19%	49.46%
White staff: Average	59.39%	58.64%	58.65%	58.84%	58.82%
All other ethnic groups*: Average	45.24%	44.56%	47.00%	49.64%	49.70%
White staff: Responses	2289	2625	2716	2137	2667
All other ethnic groups*: Responses	147	213	341	263	368

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

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



	2020	2021	2022	2023	2024
White staff: Your org	5.33%	6.03%	5.60%	5.86%	5.12%
All other ethnic groups*: Your org	13.42%	15.57%	13.62%	17.36%	16.89%
White staff: Average	6.09%	6.67%	6.52%	6.73%	6.69%
All other ethnic groups*: Average	16.77%	17.28%	17.33%	16.14%	15.72%
White staff: Responses	2270	2639	2734	2133	2675
All other ethnic groups*: Responses	149	212	345	265	367

*Staff from all other ethnic groups combined

Survey Coordination Centre

NHS

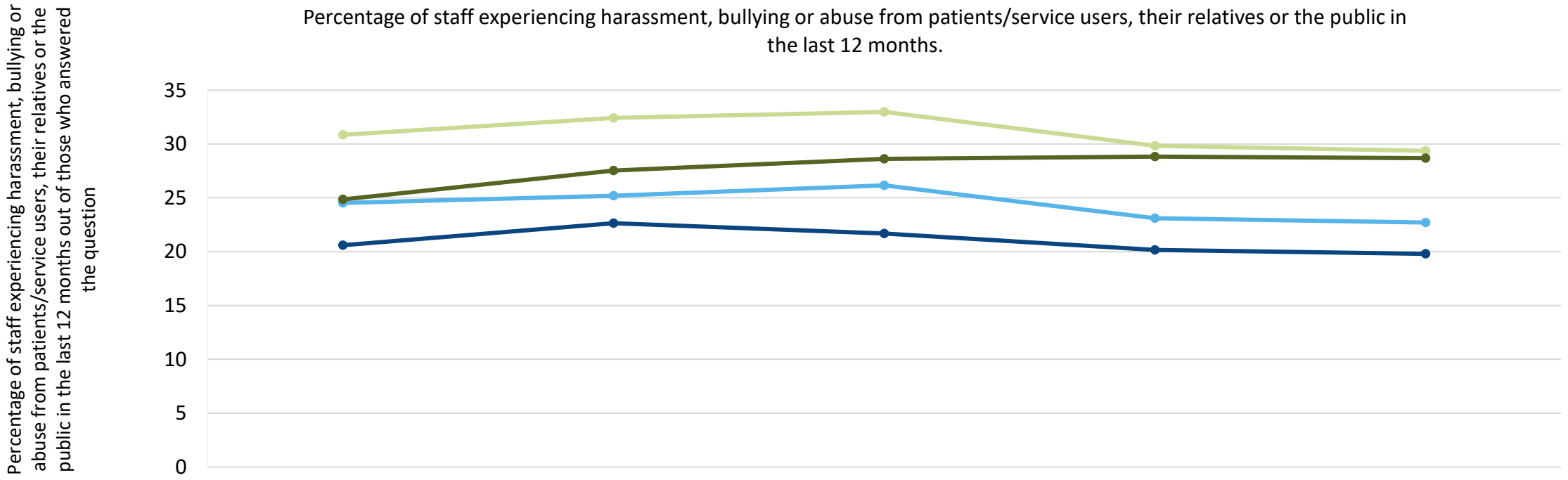
Workforce Disability Equality Standards (WDES)

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

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

Workforce Disability Equality Standards

Survey Coordination Centre NHS

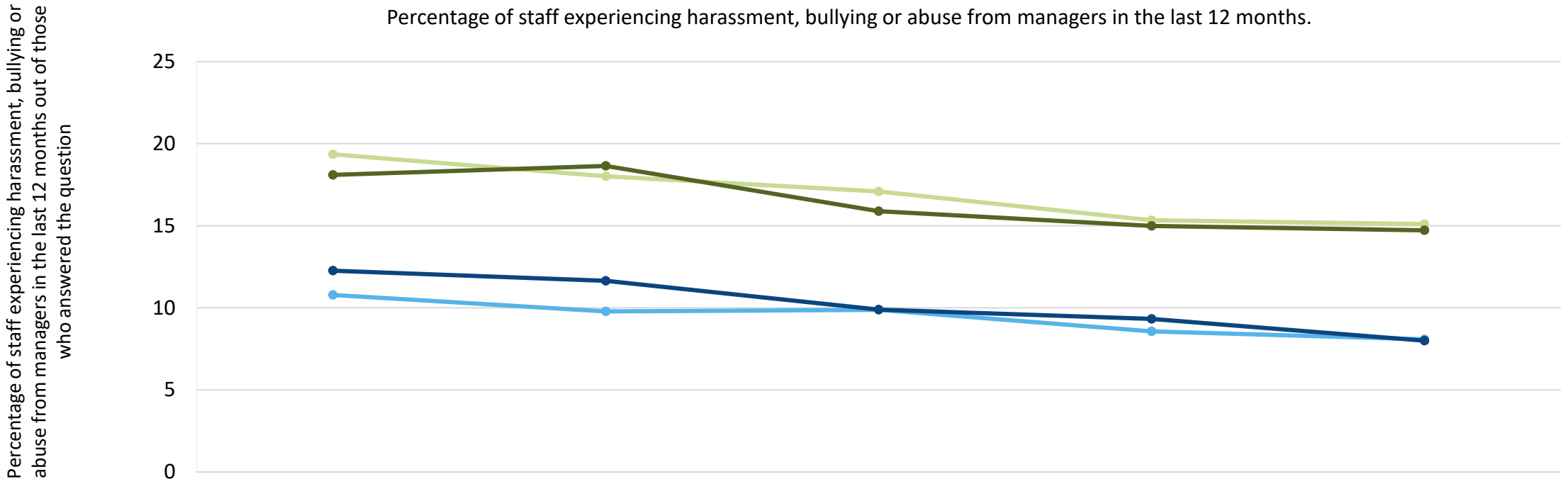


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	24.85%	27.54%	28.63%	28.83%	28.68%
Staff without a LTC or illness: Your org	20.60%	22.64%	21.68%	20.17%	19.79%
Staff with a LTC or illness: Average	30.86%	32.43%	32.98%	29.83%	29.37%
Staff without a LTC or illness: Average	24.53%	25.19%	26.16%	23.11%	22.71%
Staff with a LTC or illness: Responses	503	679	723	564	802
Staff without a LTC or illness: Responses	1932	2164	2357	1610	2238

Note: 2023 results for WDES metric 4a (Q14a) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Workforce Disability Equality Standards

Survey Coordination Centre NHS

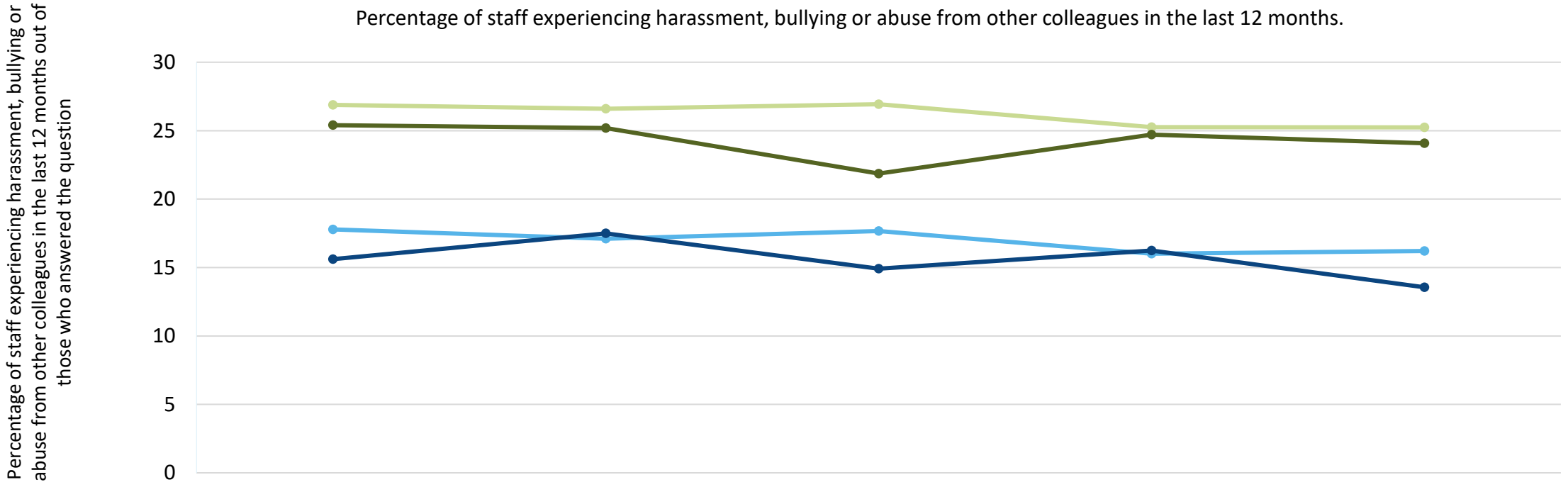


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	18.09%	18.64%	15.88%	14.98%	14.72%
Staff without a LTC or illness: Your org	12.26%	11.64%	9.89%	9.32%	8.00%
Staff with a LTC or illness: Average	19.35%	18.00%	17.09%	15.33%	15.10%
Staff without a LTC or illness: Average	10.78%	9.77%	9.88%	8.56%	8.08%
Staff with a LTC or illness: Responses	503	676	718	556	795
Staff without a LTC or illness: Responses	1917	2130	2326	1575	2201

Note: 2023 results for WDES metric 4b (Q14b) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

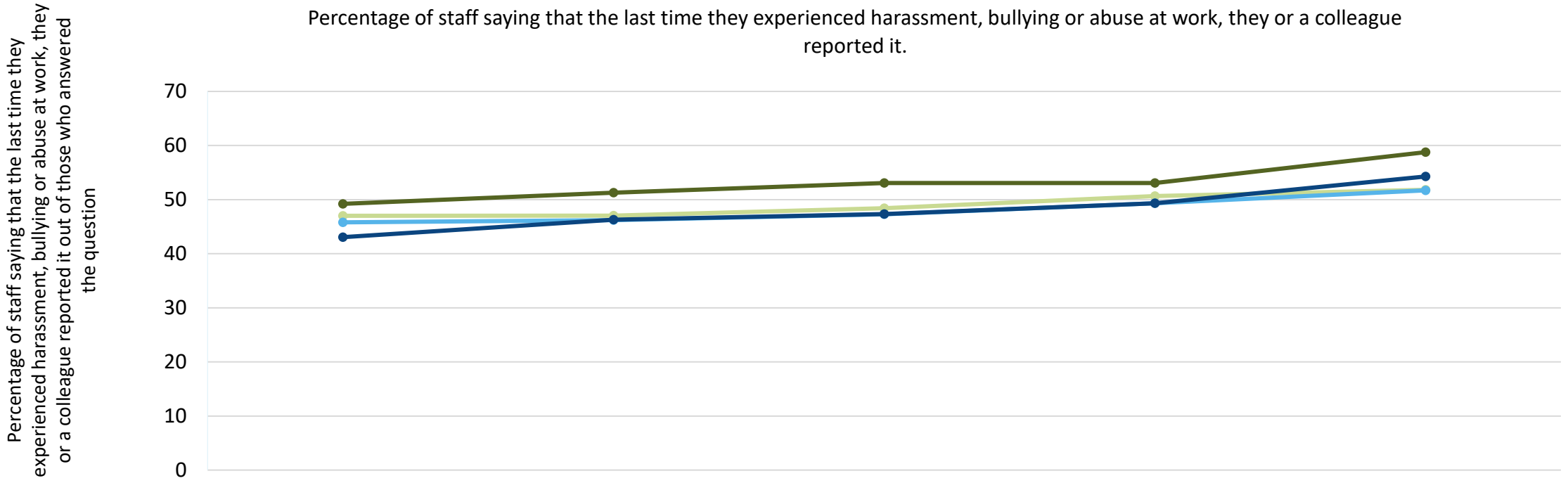
Workforce Disability Equality Standards

Survey Coordination Centre NHS



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	25.40%	25.19%	21.87%	24.72%	24.09%
Staff without a LTC or illness: Your org	15.61%	17.49%	14.92%	16.25%	13.56%
Staff with a LTC or illness: Average	26.89%	26.60%	26.93%	25.26%	25.24%
Staff without a LTC or illness: Average	17.79%	17.11%	17.67%	16.01%	16.22%
Staff with a LTC or illness: Responses	500	671	718	562	793
Staff without a LTC or illness: Responses	1909	2115	2319	1578	2198

Note: 2023 results for WDES metric 4c (Q14c) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.



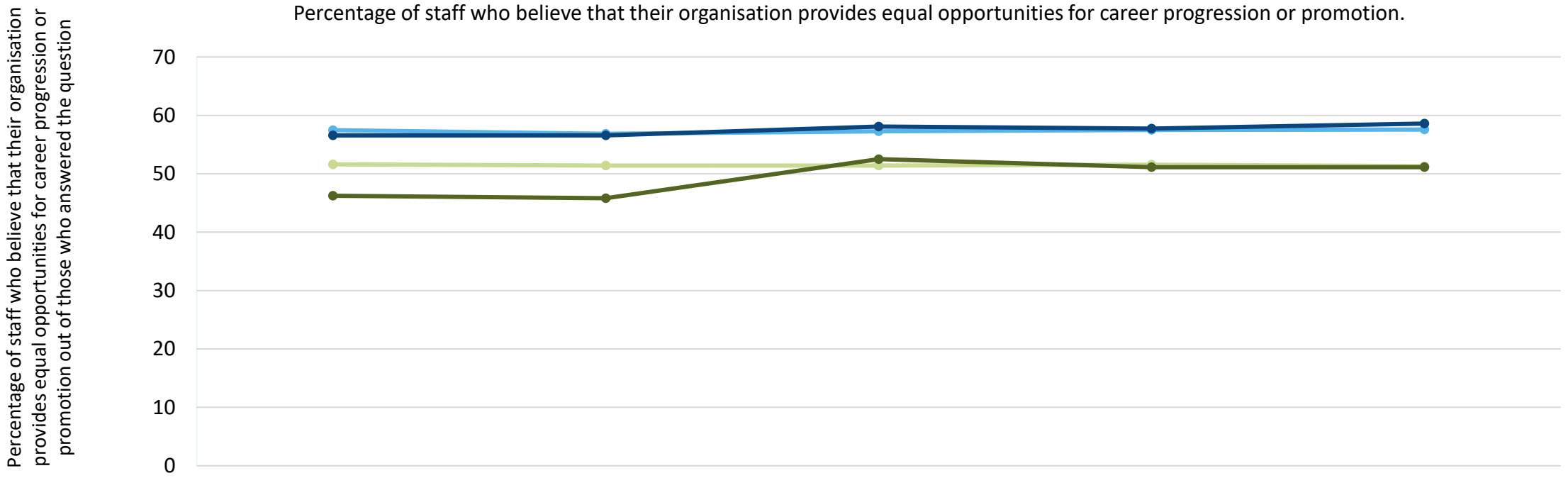
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	49.21%	51.29%	53.05%	53.07%	58.77%
Staff without a LTC or illness: Your org	43.06%	46.30%	47.34%	49.32%	54.27%
Staff with a LTC or illness: Average	47.01%	47.03%	48.43%	50.64%	51.82%
Staff without a LTC or illness: Average	45.80%	46.20%	47.30%	49.31%	51.71%
Staff with a LTC or illness: Responses	191	271	279	238	308
Staff without a LTC or illness: Responses	569	635	640	422	562

Note: 2023 results for WDES metric 4d (Q14d) are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Workforce Disability Equality Standards

Survey Coordination Centre NHS

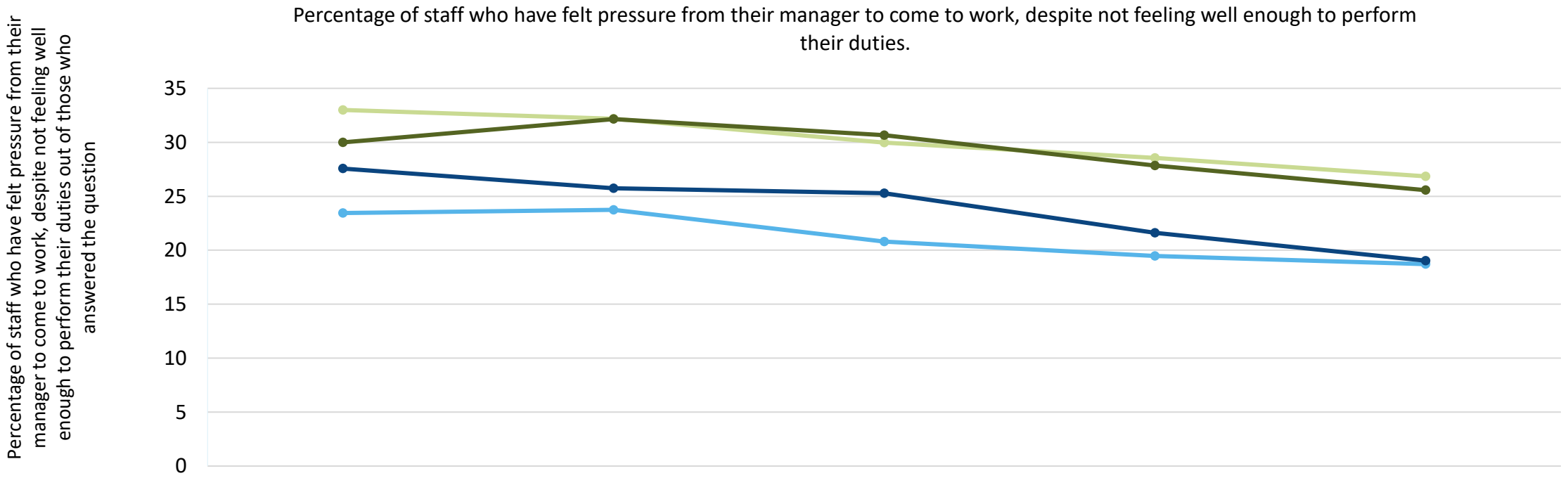
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.



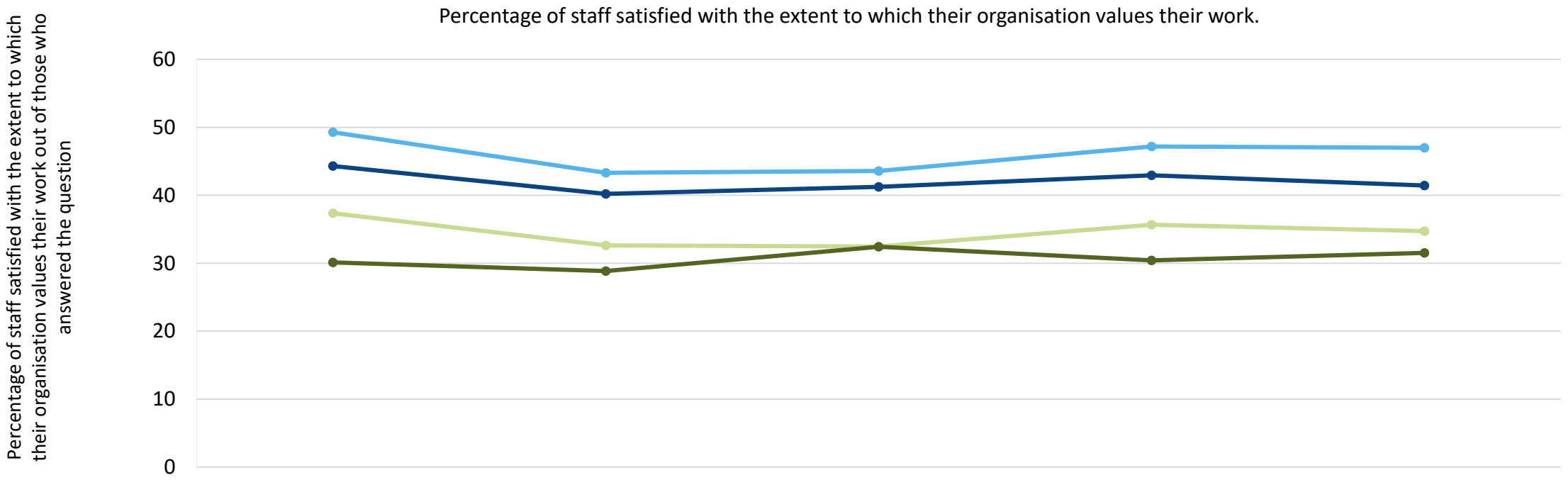
	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	46.25%	45.81%	52.51%	51.12%	51.13%
Staff without a LTC or illness: Your org	56.56%	56.57%	58.07%	57.72%	58.60%
Staff with a LTC or illness: Average	51.61%	51.41%	51.39%	51.54%	51.30%
Staff without a LTC or illness: Average	57.45%	56.84%	57.25%	57.52%	57.57%
Staff with a LTC or illness: Responses	506	681	718	626	798
Staff without a LTC or illness: Responses	1943	2137	2342	1755	2222

Workforce Disability Equality Standards

Survey Coordination Centre NHS

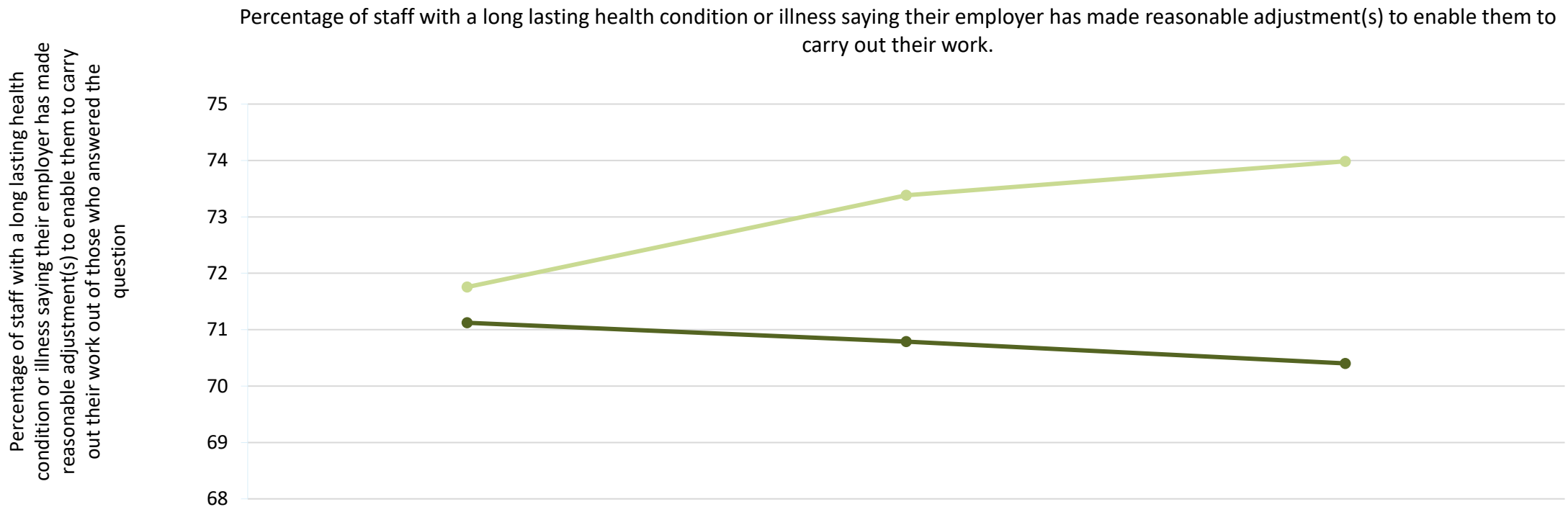


	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	30.00%	32.15%	30.67%	27.84%	25.57%
Staff without a LTC or illness: Your org	27.56%	25.74%	25.29%	21.62%	19.03%
Staff with a LTC or illness: Average	33.00%	32.18%	29.97%	28.55%	26.85%
Staff without a LTC or illness: Average	23.44%	23.74%	20.80%	19.46%	18.71%
Staff with a LTC or illness: Responses	330	479	538	449	575
Staff without a LTC or illness: Responses	809	1076	1218	851	1093



	2020	2021	2022	2023	2024
Staff with a LTC or illness: Your org	30.12%	28.85%	32.42%	30.43%	31.53%
Staff without a LTC or illness: Your org	44.30%	40.20%	41.23%	42.93%	41.44%
Staff with a LTC or illness: Average	37.36%	32.62%	32.46%	35.66%	34.73%
Staff without a LTC or illness: Average	49.27%	43.30%	43.56%	47.19%	46.98%
Staff with a LTC or illness: Responses	508	676	731	631	812
Staff without a LTC or illness: Responses	1930	2154	2360	1768	2254

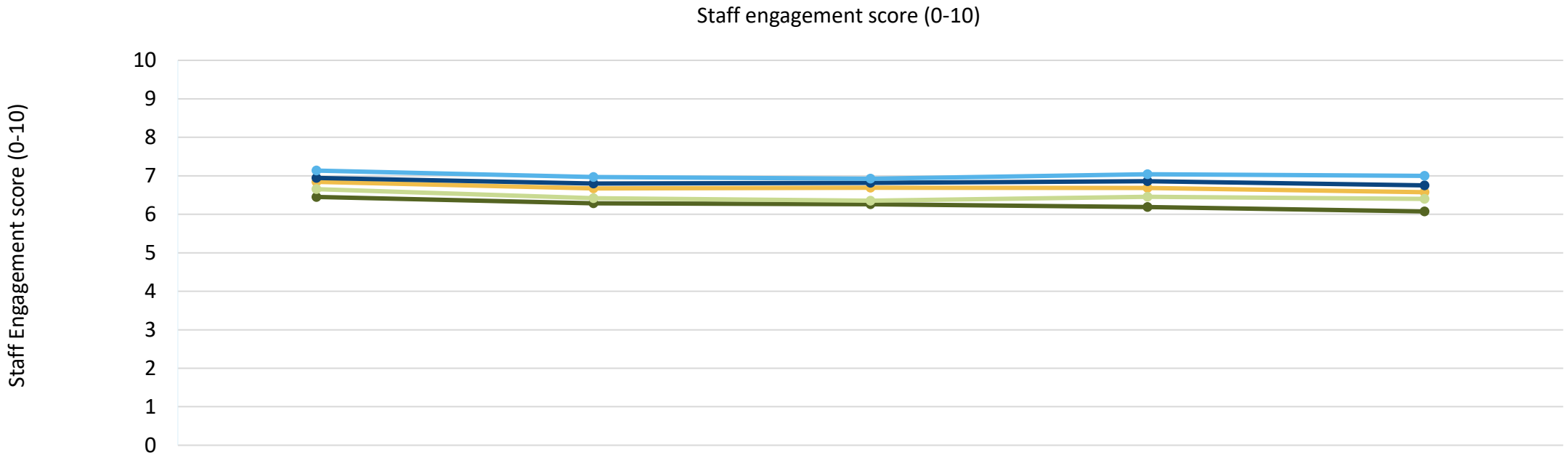
Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work.



	2022	2023	2024
Staff with a LTC or illness: Your org	71.12%	70.79%	70.40%
Staff with a LTC or illness: Average	71.76%	73.38%	73.98%
Staff with a LTC or illness: Responses	419	356	473

Workforce Disability Equality Standards

Survey Coordination Centre NHS



	2020	2021	2022	2023	2024
Organisation average	6.84	6.67	6.69	6.68	6.57
Staff with a LTC or illness: Your org	6.45	6.28	6.26	6.19	6.07
Staff without a LTC or illness: Your org	6.94	6.80	6.82	6.86	6.75
Staff with a LTC or illness: Average	6.65	6.42	6.35	6.46	6.40
Staff without a LTC or illness: Average	7.14	6.97	6.92	7.04	7.00
Staff with a LTC or illness: Responses	509	683	731	632	813
Staff without a LTC or illness: Responses	1946	2170	2370	1773	2256

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

Survey Coordination Centre

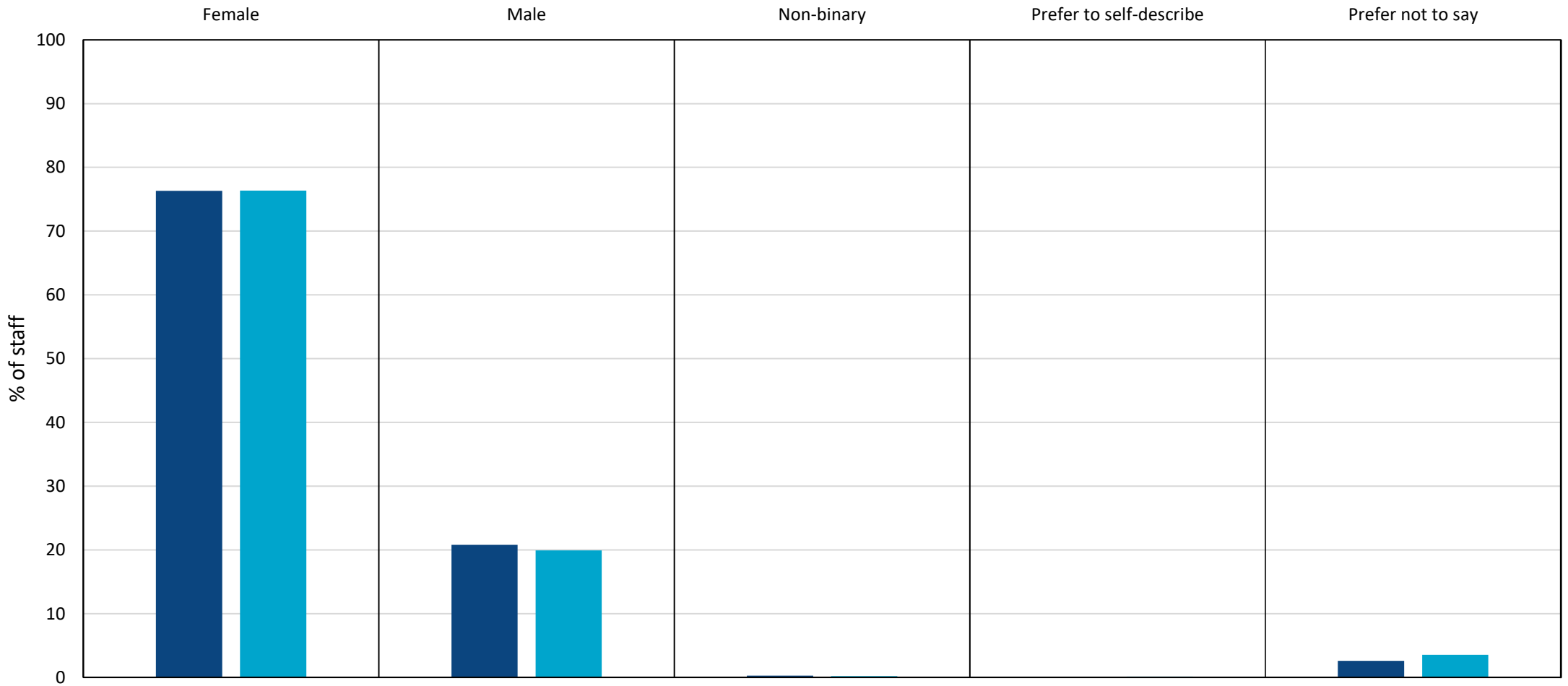
NHS

About your respondents

This section shows demographic and other background information for 2024.

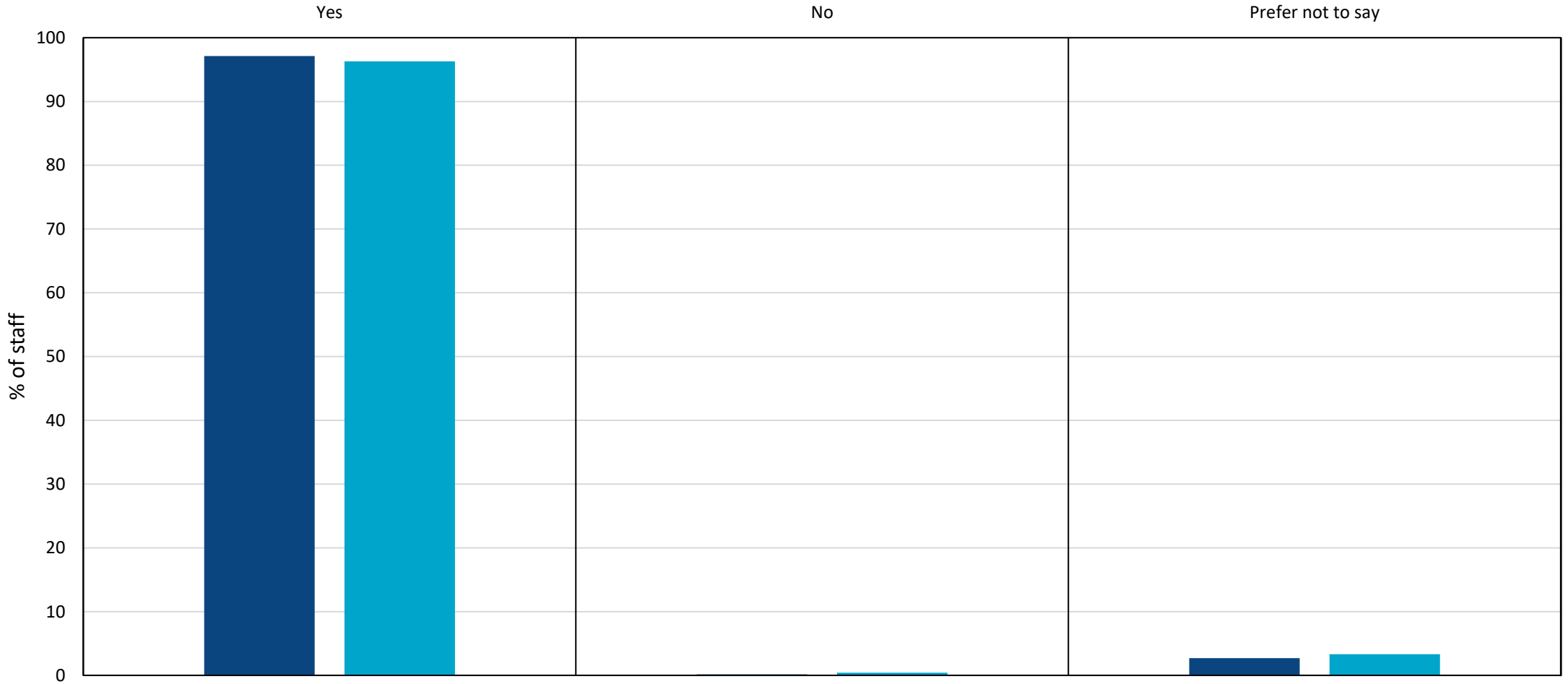
Note: where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Background details - Gender



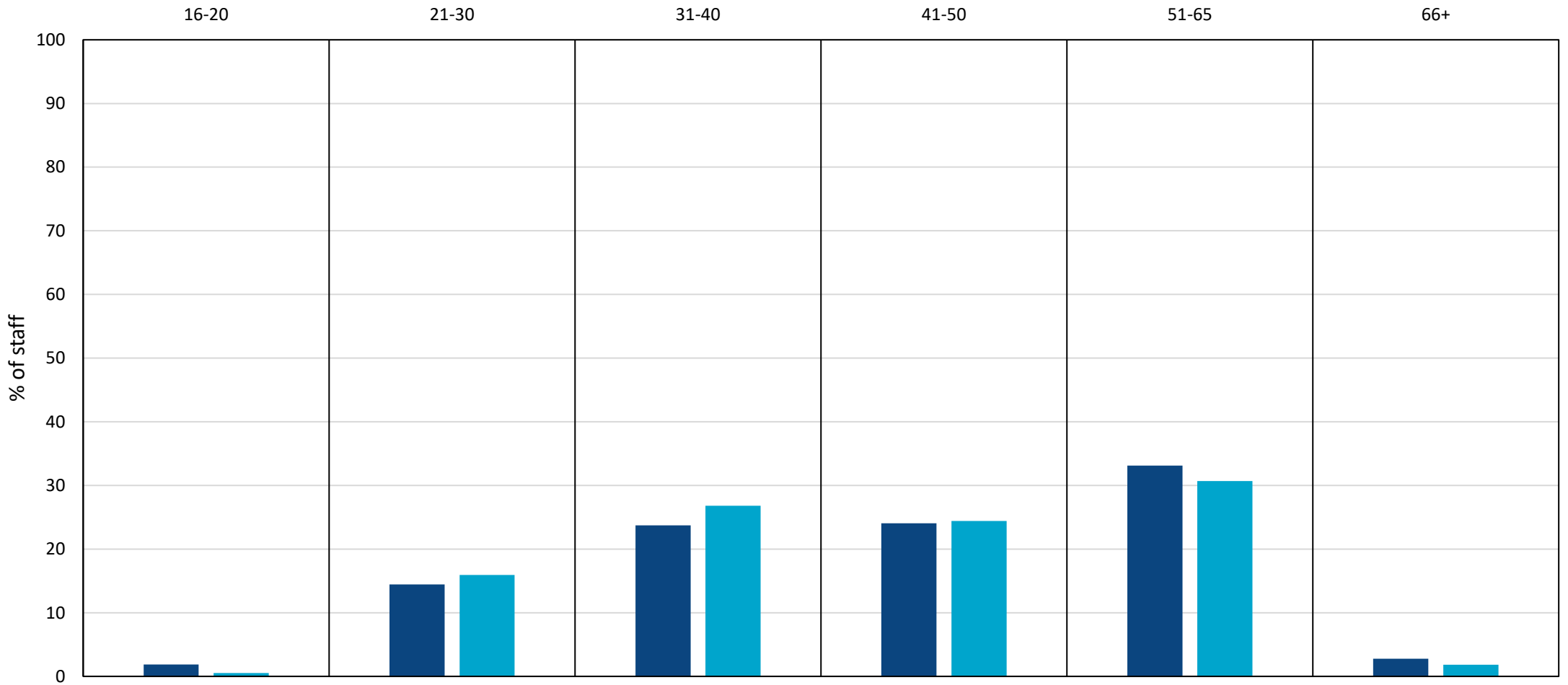
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	76.31%	20.79%	0.29%	0.00%	2.61%
Average	76.34%	19.91%	0.21%	0.13%	3.54%
Responses	3102	3102	3102	3102	3102

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



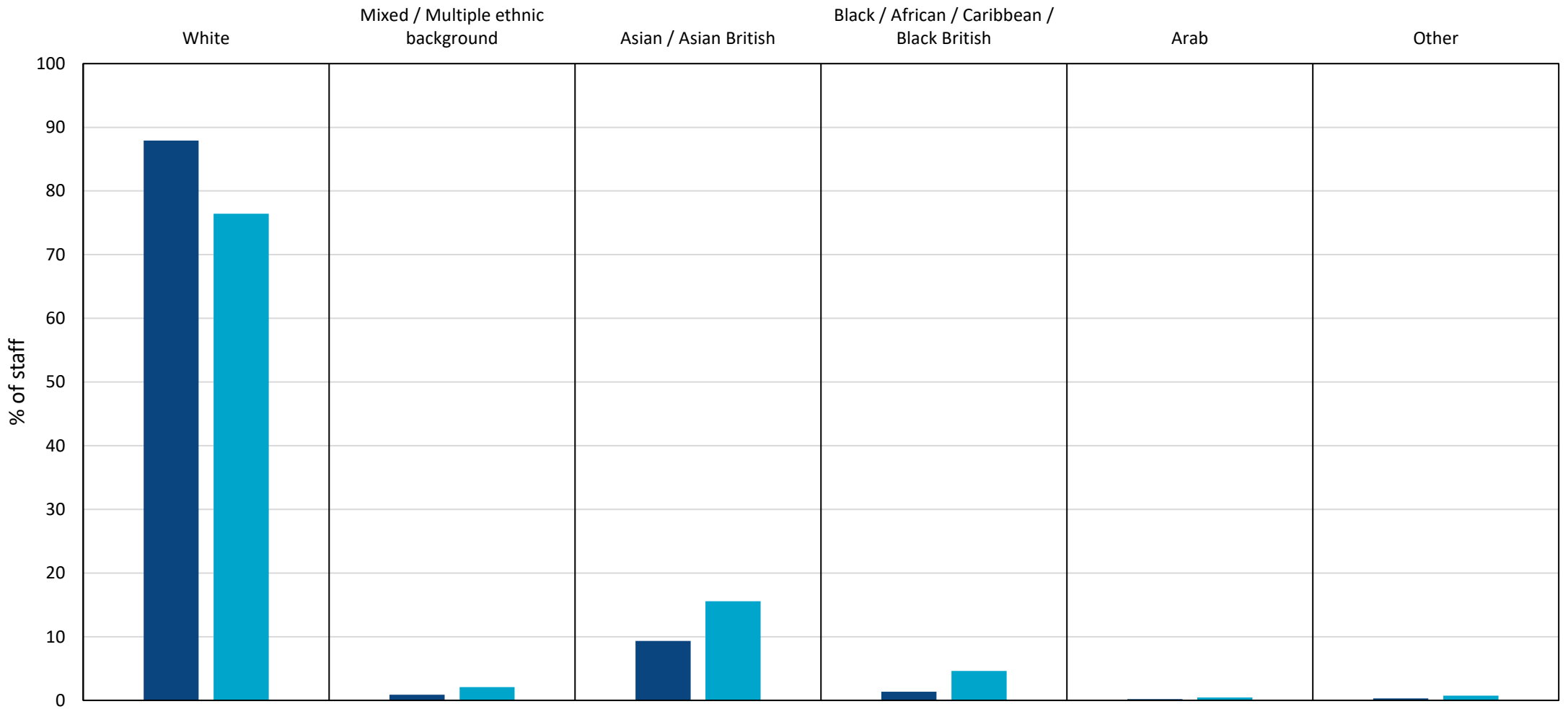
	Yes	No	Prefer not to say
Your org	97.12%	0.18%	2.70%
Average	96.28%	0.41%	3.34%
Responses	2848	2848	2848

Background details - Age



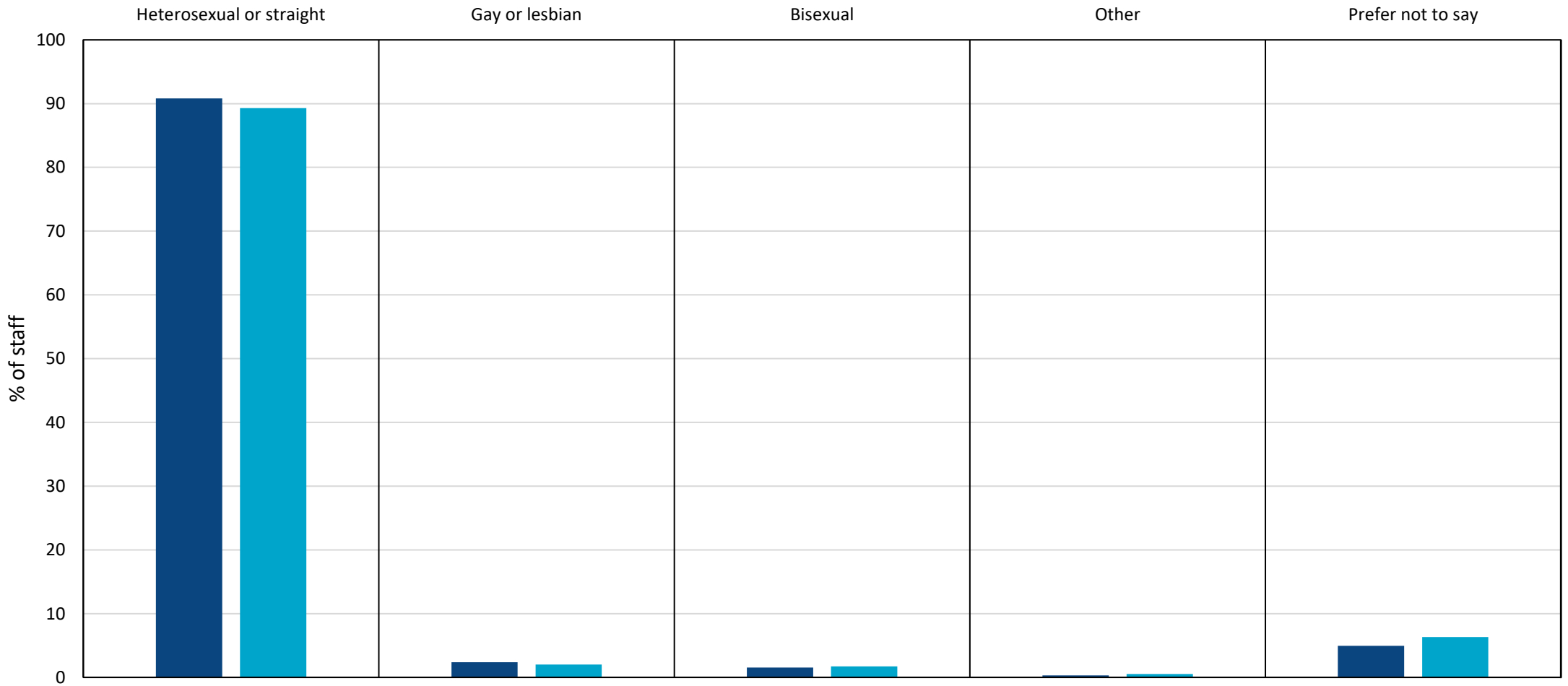
	16-20	21-30	31-40	41-50	51-65	66+
Your org	1.86%	14.44%	23.74%	24.06%	33.13%	2.77%
Average	0.52%	15.92%	26.82%	24.42%	30.69%	1.83%
Responses	3067	3067	3067	3067	3067	3067

Background details - Ethnicity



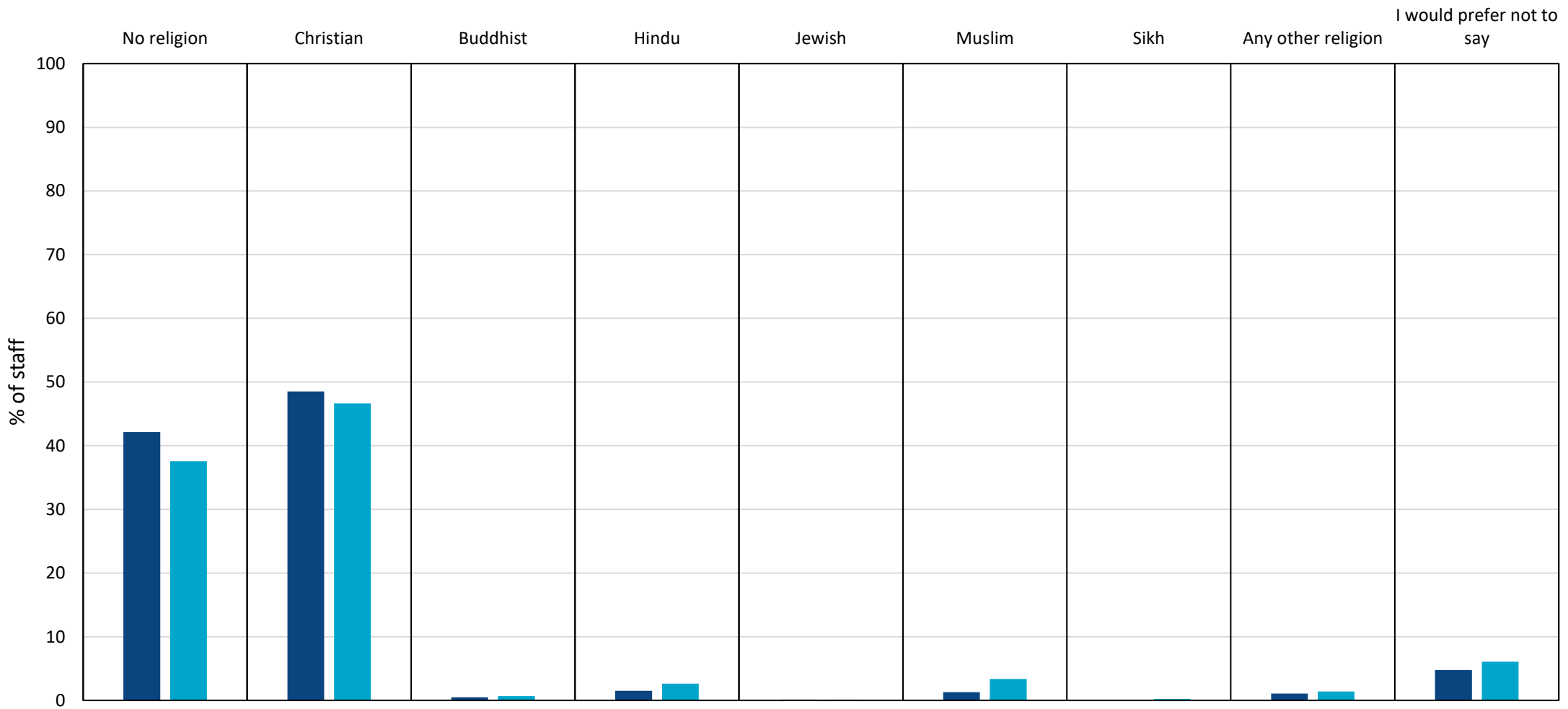
	White	Mixed / Multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Your org	87.92%	0.87%	9.34%	1.36%	0.19%	0.32%
Average	76.43%	2.08%	15.55%	4.62%	0.46%	0.73%
Responses	3095	3095	3095	3095	3095	3095

Background details – Sexual orientation



	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	90.80%	2.36%	1.55%	0.32%	4.96%
Average	89.28%	2.03%	1.74%	0.53%	6.32%
Responses	3087	3087	3087	3087	3087

Background details - Religion



	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
Your org	42.15%	48.51%	0.49%	1.49%	0.13%	1.30%	0.10%	1.07%	4.77%
Average	37.56%	46.64%	0.66%	2.62%	0.13%	3.34%	0.25%	1.41%	6.08%
Responses	3084	3084	3084	3084	3084	3084	3084	3084	3084

Background details – Long lasting health condition or illness

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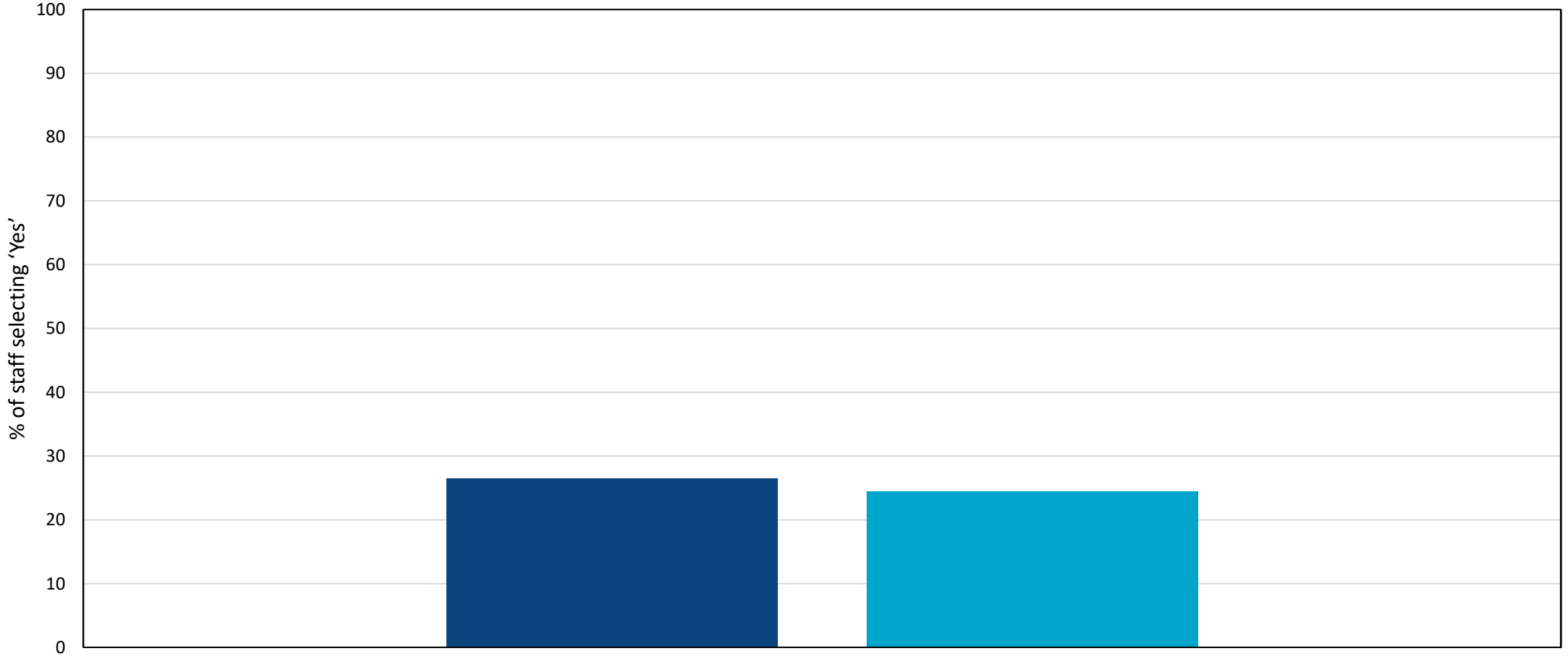
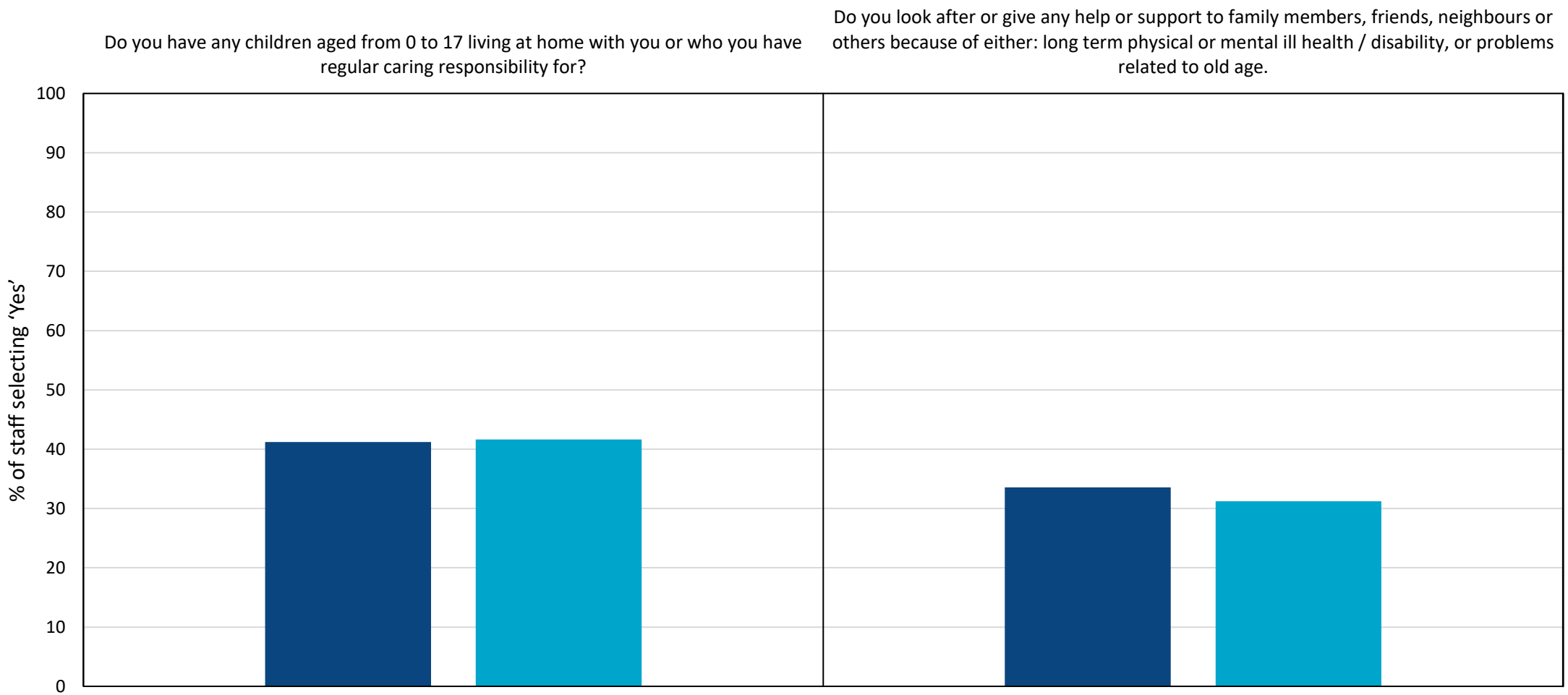
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



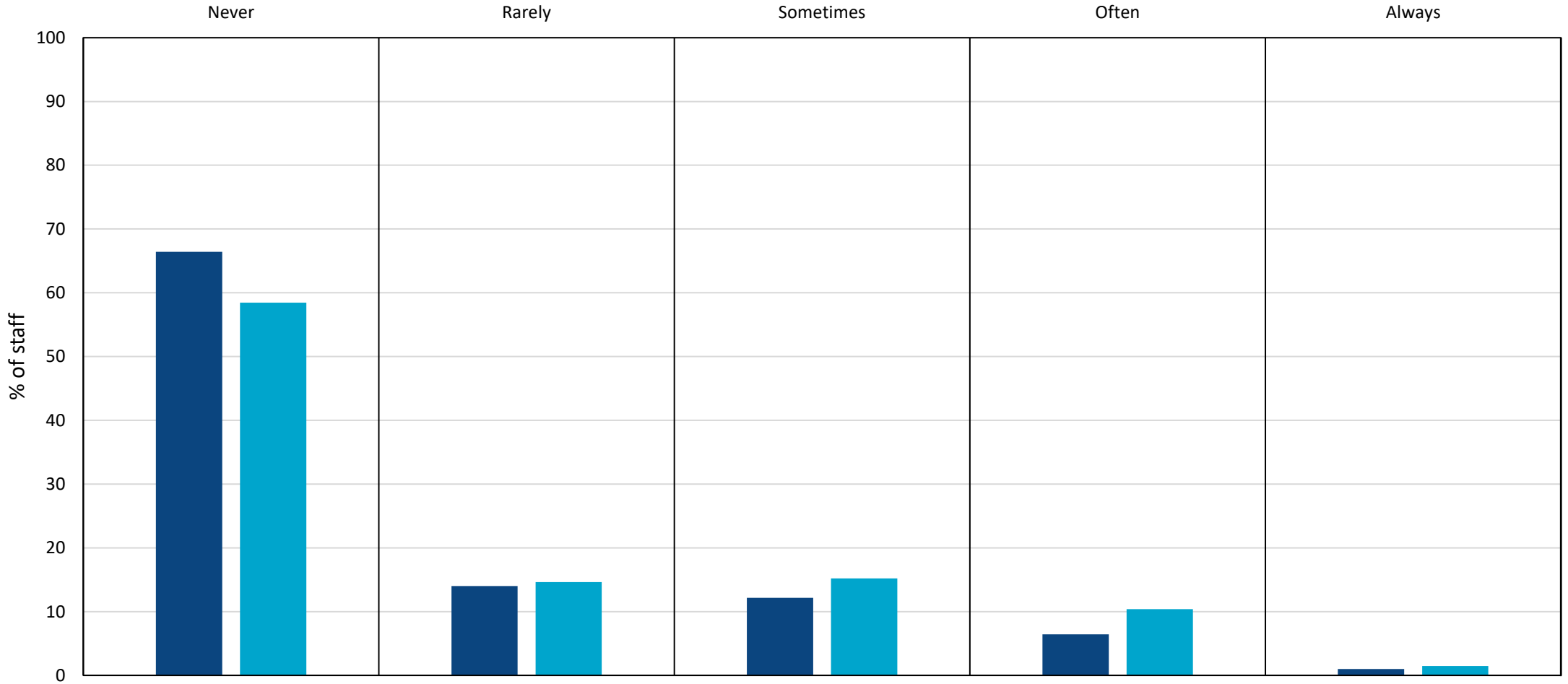
Your org	26.45%
Average	24.45%
Responses	3078

Background details – Parental / caring responsibilities



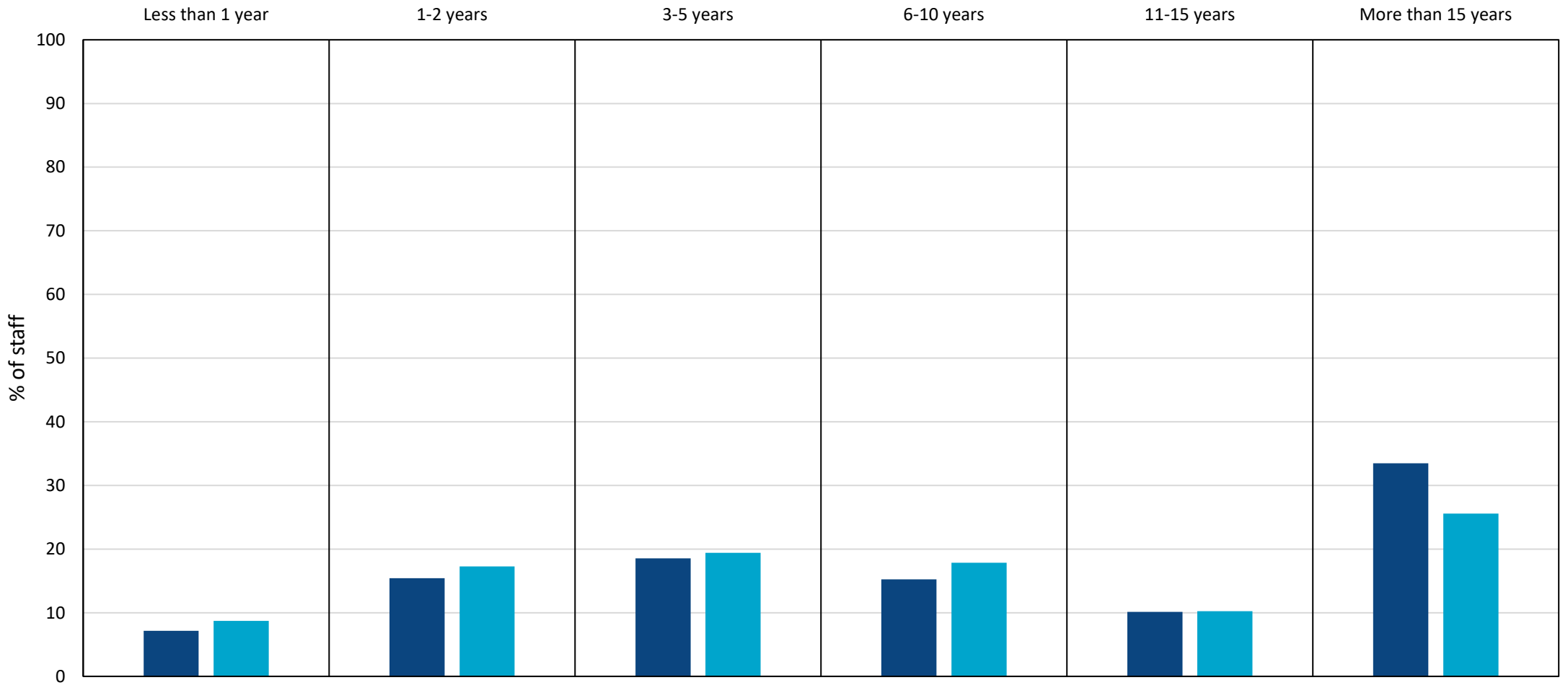
Your org	41.22%	33.55%
Average	41.64%	31.24%
Responses	3071	3061

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



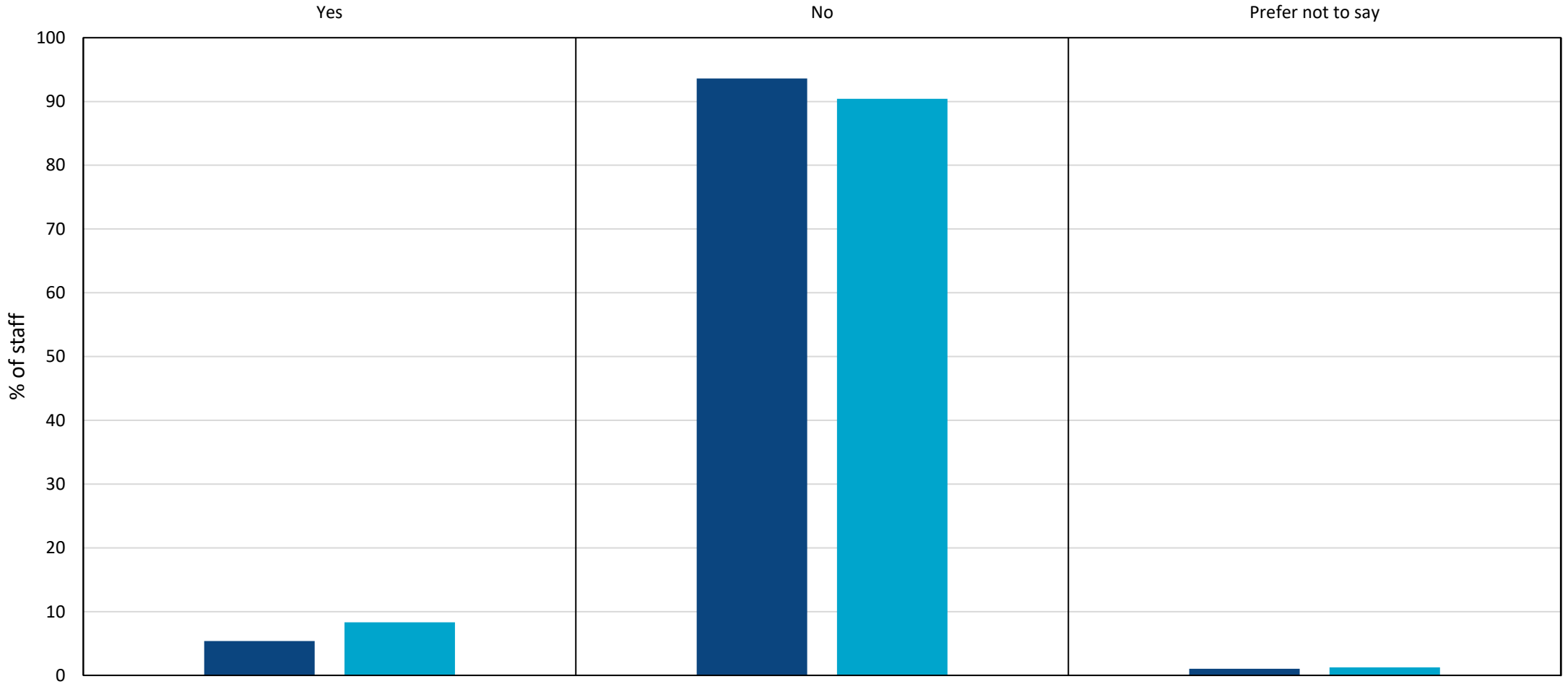
	Never	Rarely	Sometimes	Often	Always
Your org	66.41%	14.02%	12.14%	6.43%	1.00%
Average	58.46%	14.62%	15.19%	10.39%	1.47%
Responses	3096	3096	3096	3096	3096

Background details – Length of service



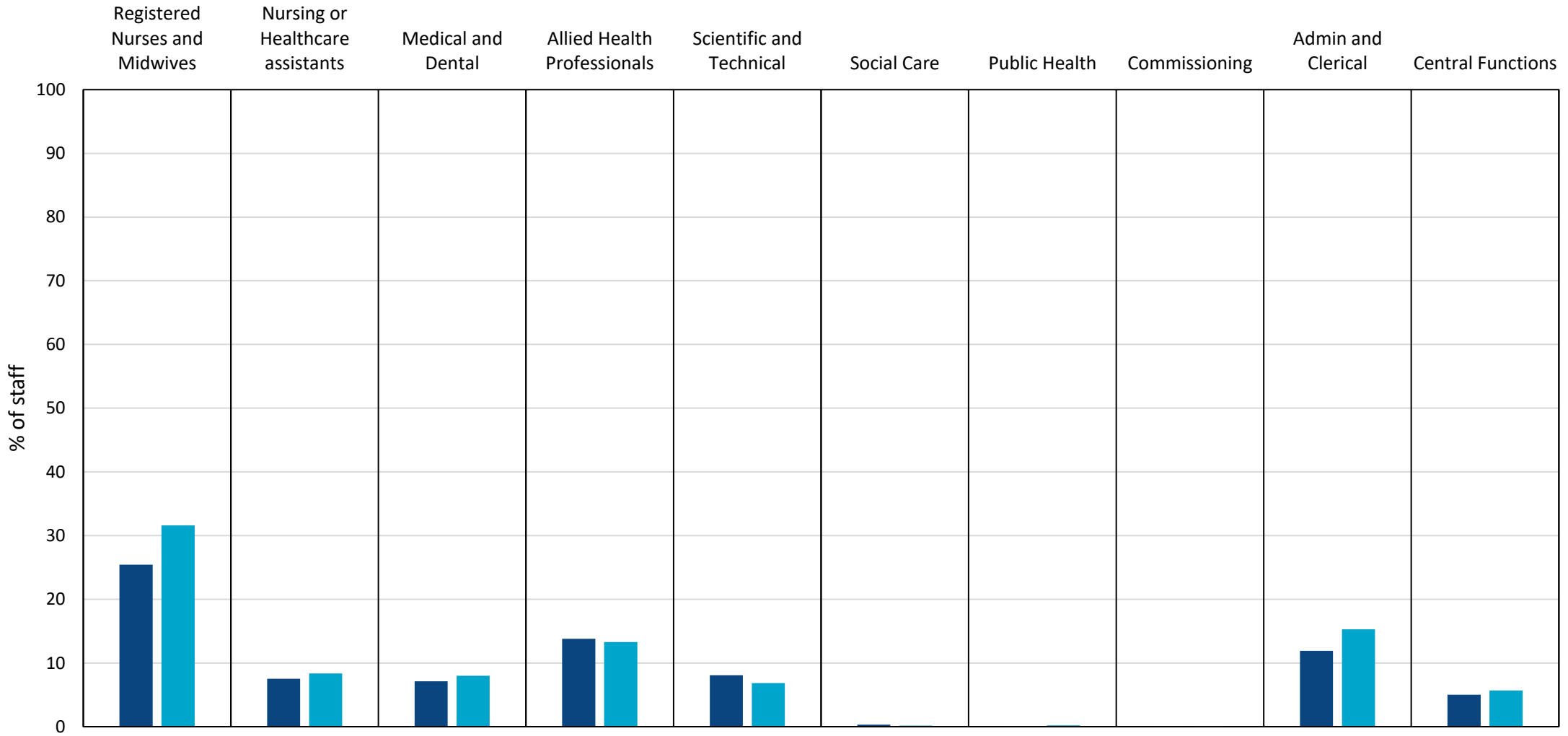
	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	7.14%	15.42%	18.55%	15.26%	10.15%	33.48%
Average	8.72%	17.29%	19.43%	17.86%	10.24%	25.58%
Responses	3094	3094	3094	3094	3094	3094

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



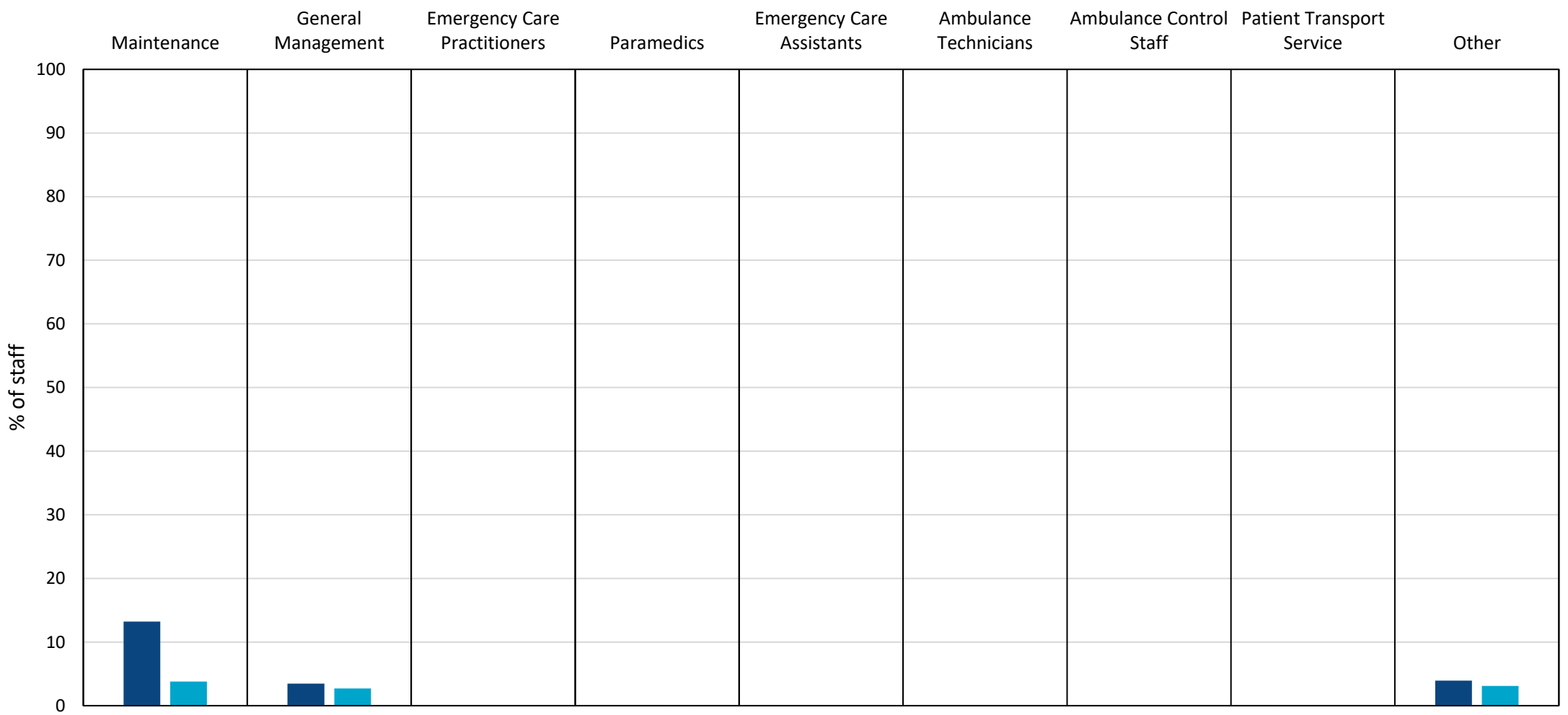
	Yes	No	Prefer not to say
Your org	5.39%	93.59%	1.02%
Average	8.30%	90.40%	1.24%
Responses	2841	2841	2841

Background details – Occupational group



	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical	Social Care	Public Health	Commissioning	Admin and Clerical	Central Functions
Your org	25.43%	7.51%	7.11%	13.79%	8.08%	0.30%	0.07%	0.03%	11.92%	5.01%
Average	31.58%	8.38%	7.99%	13.29%	6.85%	0.17%	0.21%	0.07%	15.29%	5.69%
Responses	2996	2996	2996	2996	2996	2996	2996	2996	2996	2996

Background details – Occupational group



	Maintenance	General Management	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Technicians	Ambulance Control Staff	Patient Transport Service	Other
Your org	13.22%	3.47%	0.00%	0.00%	0.03%	0.00%	0.00%	0.10%	3.94%
Average	3.80%	2.70%	0.02%	0.02%	0.04%	0.00%	0.00%	0.00%	3.09%
Responses	2996	2996	2996	2996	2996	2996	2996	2996	2996

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Appendices

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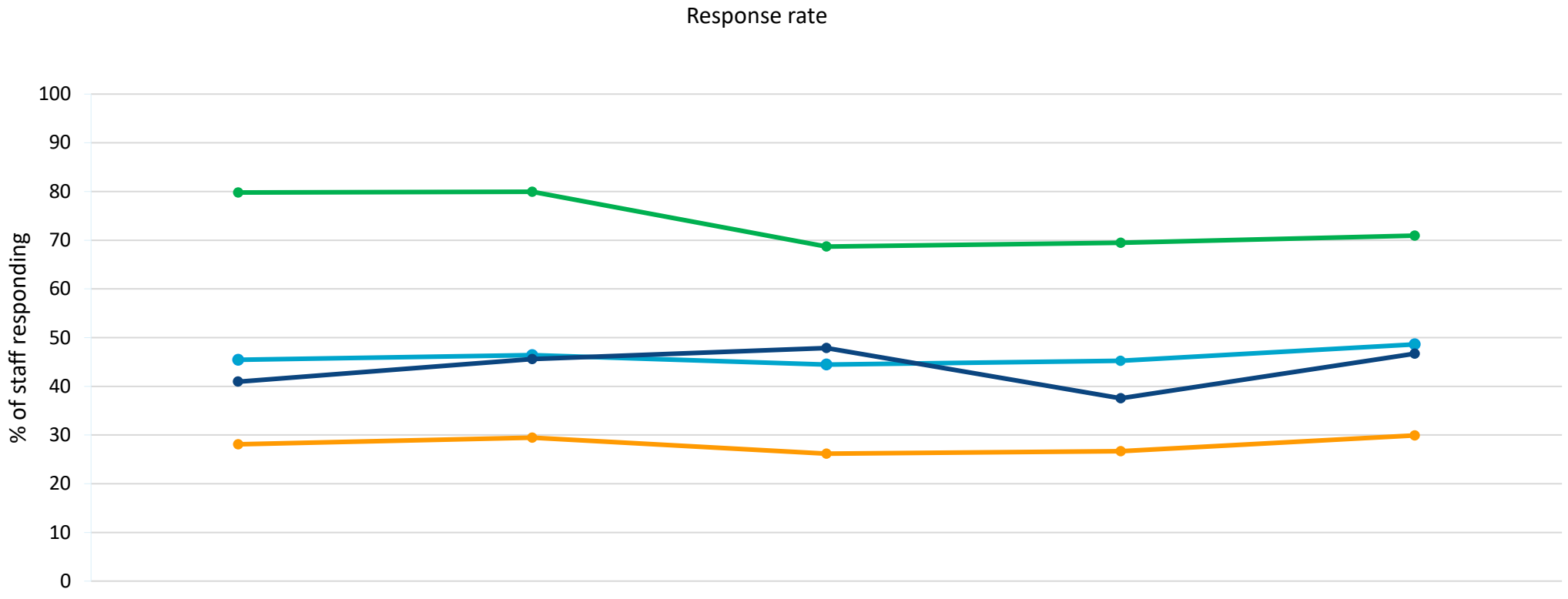
Appendix A: Response rate

Appendix A: Response rate



	2020	2021	2022	2023	2024
Your org	40.95%	45.59%	47.86%	37.53%	46.72%
Highest	79.77%	79.95%	68.69%	69.45%	70.92%
Average	45.43%	46.38%	44.46%	45.23%	48.61%
Lowest	28.09%	29.47%	26.17%	26.65%	29.91%
Responses	2492	2907	3135	2461	3128

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Appendix B: Significance testing 2023 vs 2024

Appendix B: Significance testing – 2023 vs 2024

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Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2023 and 2024*. For more details, please see the technical document.

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.18	2448	7.14	3111	Not significant
We are recognised and rewarded	5.73	2445	5.71	3113	Not significant
We each have a voice that counts	6.50	2428	6.46	3090	Not significant
We are safe and healthy	6.00	2208	5.91	3061	Not significant
We are always learning	5.32	2275	5.38	2910	Not significant
We work flexibly	6.00	2430	6.07	3083	Not significant
We are a team	6.56	2441	6.62	3099	Not significant
Themes					
Staff Engagement	6.67	2448	6.56	3113	Significantly lower
Morale	5.70	2451	5.66	3113	Not significant

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

Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

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Appendix C: Tips on using your benchmark report

Appendix C: Data in the benchmark reports

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

Key points to note

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

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

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

Appendix C: 1. Reviewing People Promise and theme results

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

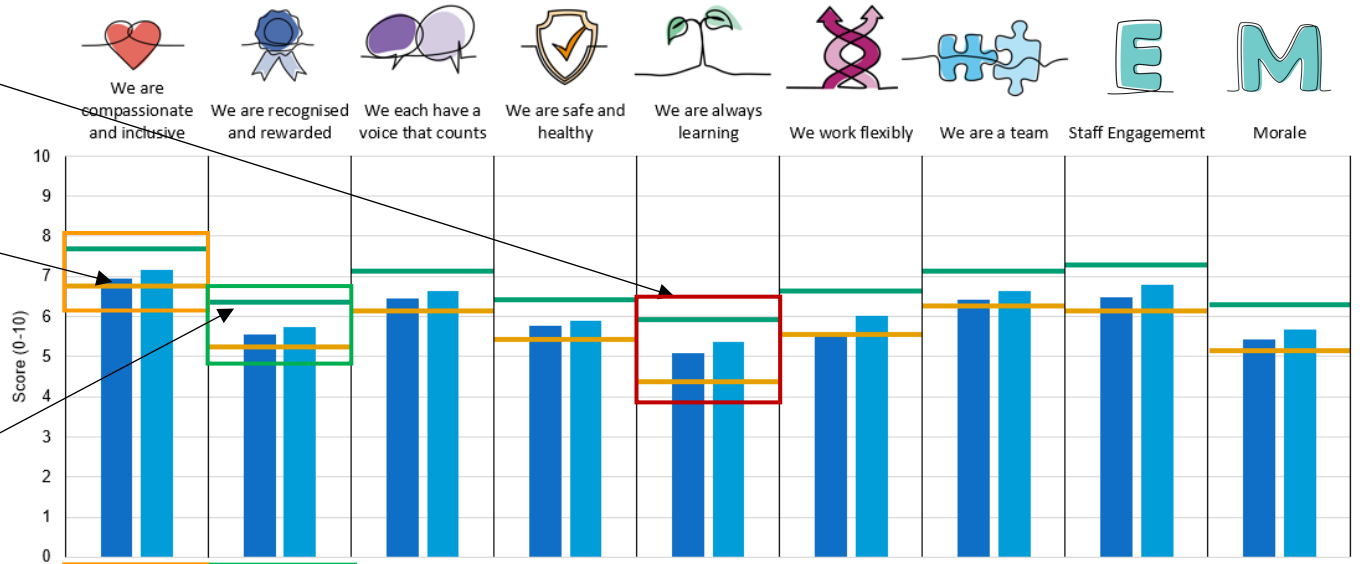
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another point of reference.

Areas to improve

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

Positive outcomes

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



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

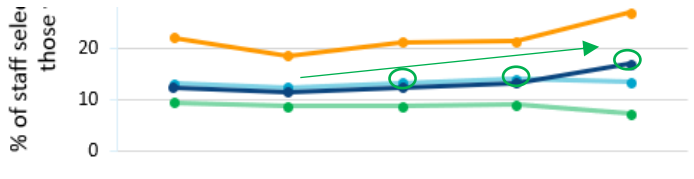
Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Survey Coordination Centre NHS

Review trend data

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



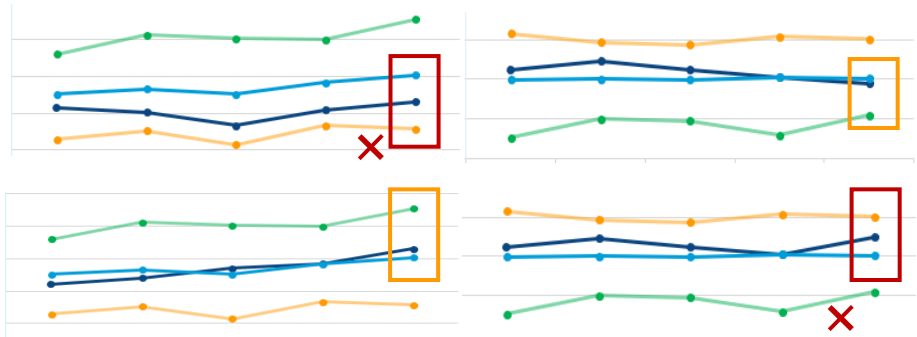
	2020	2021	2022	2023	2024
Your org	12.4%	11.5%	12.5%	13.4%	17.0%
Best result	9.5%	8.7%	8.7%	9.1%	7.3%
Average result	13.2%	12.5%	13.4%	14.1%	13.5%
Worst result	22.2%	18.6%	21.3%	21.4%	27.0%
Responses	1200	1115	1200	1200	595

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

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

In order to understand exactly which factors are driving your organisation's People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the '**Question results**' section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results.** Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



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

Appendix C: 3. Reviewing question results

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

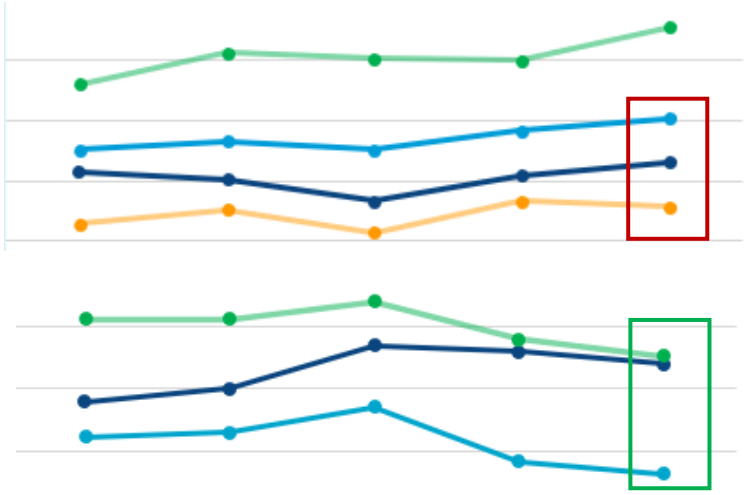
Identifying questions of interest

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

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

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

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



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

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

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NHS

Appendix D: Additional reporting outputs

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

Appendix D: Additional reporting outputs

Survey Coordination Centre NHS

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

Supporting documents

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

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

Other reporting outputs

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

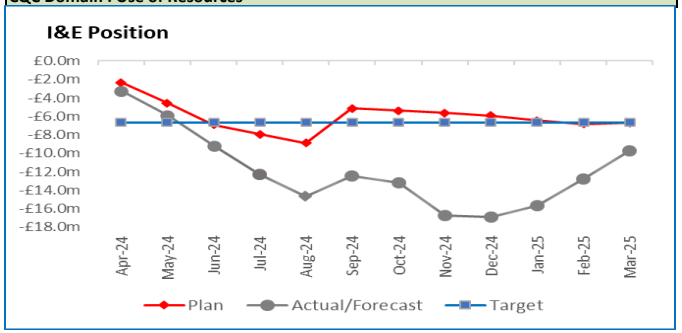
Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for Wirral University Teaching Hospital NHS Foundation Trust.

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

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

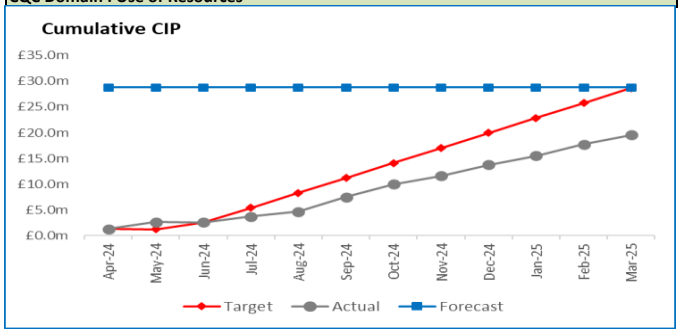
Chief Finance Officer

CQC Domain : Use of Resources



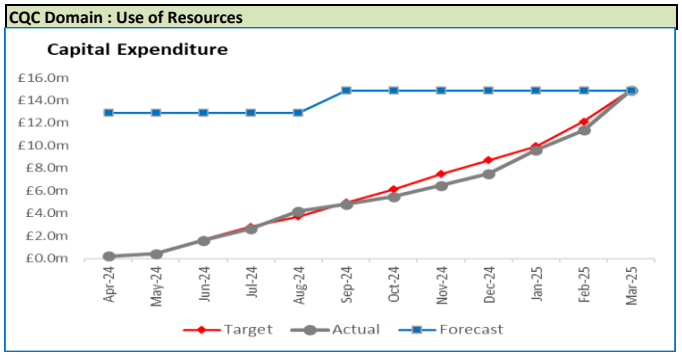
Mar-25
-£9.7m
Variance
Position worse than plan
Target
-£6.7m

CQC Domain : Use of Resources



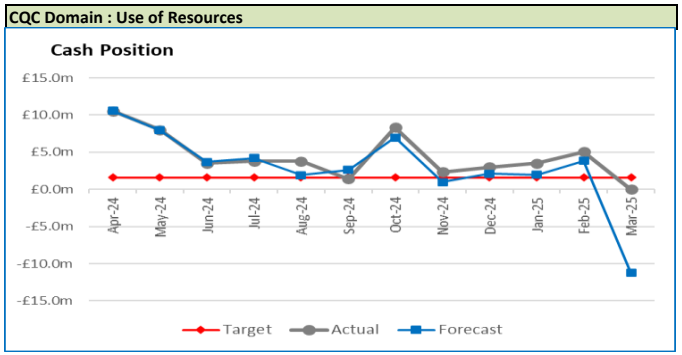
Mar-25
£19.5m
Variance
Position worse than plan
Target
£28.7m

CQC Domain : Use of Resources



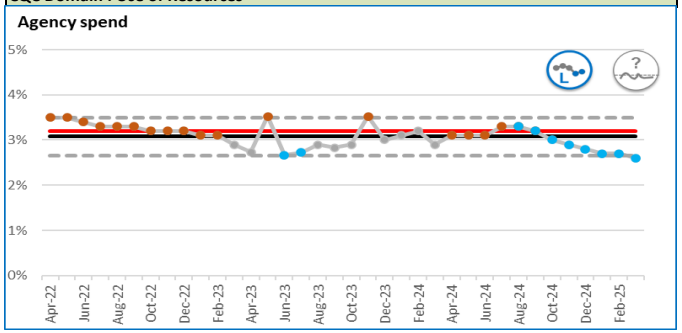
Mar-25
£14.9m
Variance
Position meets the plan
Target
£14.9m

CQC Domain : Use of Resources



Mar-25
£0.0m
Variance
Position better than plan
Target
£1.6m

CQC Domain : Use of Resources



Mar-25
2.60%
Variance
Position better than threshold
Threshold
3.2%

Executive Summary

At the end of the financial year, M12, the Trust is reporting a deficit of £15.6m. However, this includes impairments of our estate of £5.8m which are excluded from our control total. After adjusting for these impairments, we are reporting a deficit of £9.7m, an adverse variance against plan of £3.1m. This variance is in line with the forecast shared with the Board and agreed with the ICB earlier in the year.

The key drivers of the variance are:

- underperformance in respect of the elective activity plan.
- expenditure on urgent care in excess of planned levels.
- delays in delivering planned integration benefits and associated financial flows.

The Trust fully engaged with NHSE and C&M ICB and agreed a series of mitigations to reduce expenditure and increase income so that the Trust variance to plan was minimised.

The deficit continues to place significant pressure on both the Trust's cash position and compliance with the Public Sector Payment Policy (PSPP). The Trust request for additional cash in March was not approved but the Trust appealed and has have been informed that we will receive £8m before the end of April. This is less than requested but will partially mitigate our cash risk in Q1 of 25/26.

Management of risks against this plan alone do not deliver long-term financial sustainability. The significant financial improvement required for sustainability will be delivered through the medium-term finance strategy. Quarterly updates are provided to the Board on progression of the strategy and the underlying financial position.

The risk ratings for delivery of statutory targets in 2024/25 are:

Statutory Financial Targets	RAG	Section within this report / associated chart
Financial Stability		I&E Position
Agency Spend		I&E Position
Financial Sustainability		N/A (quarterly update)
Financial Efficiency		Cumulative CIP
Capital		Capital Expenditure
Cash		Cash Position

Note – Financial stability is an in-year measure of achievement of the (deficit) plan whereas financial sustainability reflects the longer-term financial position of the Trust and recovery of a break-even position.

The Board is asked to:

- Note the report.
- Note the detailed mitigations implemented in year as described in the appendix.
- Approve the £3.1m variance to plan.

I&E Position

Narrative:

The table below summarises the year end position:

	Year to Date		
Cost Type	**Plan**	**Actual**	**Variance**
Clinical Income from Patient Care Activities	£479.5m	£480.7m	£1.1m
Other Operating Income	£33.6m	£37.8m	£4.2m
Total Income	**£513.1m**	**£518.5m**	**£5.4m**
Employee Expenses	-£367.5m	-£368.8m	-£1.3m
Operating Expenses	-£155.2m	-£155.0m	£0.2m
Non Operating Expenses	-£6.0m	-£10.2m	-£4.2m
CIP	£8.9m	£0.0m	-£8.9m
Total Expenditure	**-£519.8m**	**-£534.0m**	**-£14.3m**
24-25 Final Position	**-£6.7m**	**-£15.6m**	**-£8.9m**
Impairment		**£5.8m**	
Adjusted Outturn	**-£6.7m**	**-£9.7m**	**-£3.1m**

Key variances within the YTD position are:

Clinical Income – £1.1m positive variance relates to the release of historic deferred income balances but this is offset by underperformance against the value of the elective plan in Surgery.
Employee Expenses - £1.3m adverse variance relates to the approved increase in nursing staff and the pressure on medical bank in ED.
Operating expenses – £4.2m adverse variance relates to the impairment of the Frontis building and the Community Diagnostics Centre. This is offset by underspend on consumables driven by the under delivery of the elective plan in Surgery.
Cost Improvement Programme – £8.9m adverse variance for CIP across clinical divisions. This is offset by non-recurrent underspends.

The Trust's agency costs were 1.2% for the month and 2.6% for the year, which is below the NHSE threshold of 3.2% of total staff costs.

Cumulative CIP

Narrative:

The Trust transacted CIP with a PYE of £19.6m in 24/25 with a FYE of £22m. This was £8.9m behind plan in year but this was fully mitigated by non-recurrent underspends. All of these underspends are to be reviewed and challenged as to whether they can be considered recurrent cost improvement in 25/26.

Elective Activity

Narrative:

The Trust delivered elective activity to the value of £105.9m in 24/25, an adverse variance of £17.2m for the year. This was primarily driven by underperformance in respect of the Cheshire and Merseyside Surgical Centre (CMSC), a shortfall of elective and day cases in Surgery, a lower case mix within the Division and the impact of the Cyber Incident. However, the Trust has received additional funding to mitigate the losses in respect of the cyber incident.

Capital Expenditure

Narrative:

The table below confirms the Trust's final capital budget for 2024/25:

Description	Approved Budget at M1	Revision to Budget M2	Revision to Budget M6	Revision to Budget M7	Approved Revisions M10	Approved revisions M11	Revised Budget
CDEL							
Internally Generated	£12.870m					£2.000m	**£14.870m**
ICB/PDC/WCT	£6.284m	-£1.400m	£1.953m		£1.074m	£4.060m	**£11.971m**
Charity	£1.000m			-£1.000m			**£0.000m**
Confirmed CDEL	**£20.154m**	**-£1.400m**	**£1.953m**	**-£1.000m**	£1.074m	**£6.060m**	**£26.841m**
Total Funding for Capital	**£20.154m**	**-£1.400m**	**£1.953m**	**-£1.000m**	**£1.074m**	**£6.060m**	**£26.841m**
Capital Programme							
Estates, facilities and EBME	£5.000m						£5.000m
Heating and chilled water pipework replacement	£2.100m						£2.100m
Operational delivery	£2.750m					£2.060m	£4.810m
Medical Education	£0.080m						£0.080m
Transformation	£1.000m						£1.000m
Digital	£0.750m						£0.750m
UECUP	£6.010m						£6.010m
Charity	£1.000m			-£1.000m			£0.000m
Approved Capital Expenditure Budget	**£18.690m**			**-£1.000m**			**£19.750m**
Diagnostics Digital	£0.064m						£0.064m
LIMS - PDC	£1.400m	-£1.400m					£0.000m
RAAC	£0.000m		£1.953m				£1.953m
LED Lighting	£0.000m				£0.990m		£0.990m
DEXA scanner	£0.000m				£0.084m		£0.084m
Frontis	£0.000m					£4.000m	£4.000m
Confirmed PDC	**£1.464m**	**-£1.400m**	**£1.953m**		**£1.074m**	**£6.060m**	**£9.151m**
Total Anticipated Expenditure on Capital	**£20.154m**	**-£1.400m**	**£1.953m**	**-£1.000m**	**£1.074m**	**£6.060m**	**£26.841m**
Under/(Over) Commitment	**£0.000m**	**£0.000m**	**£0.000m**	**£0.000m**	**£0.000m**	**£0.000m**	**£0.000m**

The full capital budget was spent in year.

Cash Position

Narrative:

The cash balance on the 31st March was £0.032m. The Trust required deficit and working capital support and, with Board support, requested additional cash from NHSE in March. This request was declined. The Trust implemented an agreed escalated mitigation plan, focused on working capital, including delays in PDC payments to DHSC.

Short-term mitigations, which are not sustainable, include advanced payments from other Trusts and rephasing of payments to the ICB, In April the Trust has received £8m of the £14m additional cash requested relating to 2024/25. This will partially mitigate the cash risk for Q1 of 25/26 but not beyond this without further support.

The reduction in the cash balance is presenting difficulties on a daily basis with a direct impact on the Better Payment Practice Code (BPPC) target by volume and value. The year-to-date position of bills paid within target stands at 76% which is 19% lower than the national target of 95%. In M12 the Trust paid 61.3% of invoices received within the timeframe required to achieve BPPC. This reduced performance is a direct consequence of the Trust managing its cash position.

Appendix – Actions Taken to Mitigate Adverse Variance to Plan

As part of NHS England's "Investigation and Intervention" (I&I) initiative, the Trust reported that it had an unmitigated risk forecast of £21.7m, an adverse variance to plan of £15.4m. In response, the Board were briefed about all available options for improvement. All options were risk assessed alongside the impact on quality and performance. From this process the following mitigations were approved in July 2024:

- Cessation/reduction of all non-clinical overtime.
- Additional controls and assurance prior to advertising of vacancies.
- More efficient deployment of bank capacity through systems such as e-roster.
- Accelerating the pace of agreed integration within Wirral.
- ICB enabled flow of additional mutual aid referrals into CMSC.
- Maintaining contracted activity levels from within core capacity and therefore reducing premium rate expenditiure.

The Trust increased the frequency of its Finance Committee meetings and implemented additional internal controls to support delivery of the agreed plan.

As part of the I&I process the Trust met weekly with the ICB, PWC and other C&M Acute Trusts. Prior to each meeting the Trust submitted a weekly proforma to PWC to provide assurance to the ICB on progress on risk and mitigations. The Trust also secured additional support from PWC to support delivery of PIDs linked to improvement areas including e-rostering.

On 25th November 2024, the Trust enacted contingency plans in response to a cyber-incident. These measures included temporarily taking some systems offline and reverting to downtime (paper based) processes for several days. All urgent care services were maintained throughout this period but there was disruption for patients with out-patient appointments and planned operations. All patients impacted by the incident had their appointments rescheduled in the period after the incident.

The Trust has worked with NHS England to complete a review of the incident which confirmed that the integrity and security of patient data and other sensitive information was maintained throughout.. The review also identified further learning which has been implemented.

In H2 the Trust was successful in its bid for capital from NHS England's Critical Infrastructure fund. With this funding the Trust renegotiated lease and management agreements for core estate which facilitated the release of associated liabilities.

With the cost control measures listed above and the non-recurrent mitigations associated with the Frontis building, the Trust was able to reduce our outturn variance from £15.4m to £3.1m.

The Trust is absolutely committed to delivering our plan for 25/26 and will retain and develop the enhanced financial control environment which has been established.

Wirral University Teaching Hospital NHS Foundation Trust

Board of Directors in Public **Item No 16**
7 May 2025

Title	Chief Operating Officer's Report
Area Lead	Hayley Kendall, Chief Operating Officer
Authors	Hayley Kendall, Chief Operating Officer Steve Baily, Director of Operations Alistair Leinster, Divisional Director – Performance and Planning
Report for	Information

Executive Summary and Report Recommendations

This paper provides an overview of the Trust's current performance against the elective recovery programme for planned care and standard reporting for unscheduled care.

For planned care activity volumes, it highlights the Trust's performance against the targets set for this financial year. The Board should note the ongoing positive performance with recovering elective waiting times but the continued challenge in achieving reduced waiting times in gynaecology services.

For unscheduled care, the report details performance and highlights the ongoing challenges with achievement of the national waiting time standards in the Emergency Department (ED) and in particular 12 hour waiting times.

It is recommended that the Board of Directors:

- note the report

Key Risks

This report relates to these key risks:

- BAF 1 - Failure to effectively manage unreasonable unscheduled care demand, adversely impacting on quality of care and patient experience
- BAF 2 - Failure to meet constitutional/regulatory targets and standards, resulting in an adverse impact on patient experience and quality of care.

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Governance journey

Date	Forum	Report Title	Purpose/Decision
This is a standing report to Board			

1	Introduction / Background
1.1	The Trust continues to recover elective waiting times following the national pandemic and has delivered improved waiting times across elective specialities. Performance against trajectories is monitored on a weekly basis through the Performance Oversight Group. Urgent and emergency care performance remains a challenge, and there is an internal improvement plan with steps to improve waiting time performance with a significant increase in internal scrutiny to ensure delivery of timely ambulance handover. The Trust has also been supported by AQuA on improving the 4 hour performance standards.

2	Planned Care
2.1	**Elective Activity** In March 2025, the Trust attained an overall performance of 98.9% against plan for outpatients (90.6% for new outpatient attendances), and an overall performance 101.0% against the plan for elective admissions, as shown in the table below: **Activity Type / Target for March / Actual for March / Performance** Out pt New: 11,933 / 10,810 / 90.6% Out pt Follow up: 24,926 / 24,250 / 97.3% Out pt procedures: 2,924 / 4,279 / 146.3% Total Out pts: 39,783 / 39,339 / 98.9% Day case: 4,497 / 4,629 / 102.9% Inpatients: 744 / 665 / 89.4% Total: 5,241 / 5,294 / 101.0% The Trust underachieved plan for outpatient new appointments but overachieved plan for both outpatient procedures and for elective / daycase (on the back of overachievement of daycase plan noting that this is a lower casemix compared to plan). Underachievement of new outpatient attendances was largely attributed to the Surgery and Diagnostics and Clinical Support divisions. Under delivery of new outpatient attendances in Surgery was offset by over achievement of outpatient procedures. Medicine and Women's and Children's met plan for daycase / elective with Surgery under delivering against plan, mainly in Orthopaedics and Upper GI Surgery.
2.2	**Referral to Treatment (RTT)** The national standard is to have no patients waiting over 65 week waits by March 2025. The Trust's performance at end of March against these indicators was as follows: • 104+ Week Wait Performance – 0 • 78+ Week Wait Performance – 5 • 65+ Week Wait Performance – 34 • 52+ Week Wait Performance – 1,100

- Waiting List Size - there were 49,099 patients on an active RTT pathway which is an increase on the previously month of 47,438.

Of the 5 x patients waiting 78+ weeks at the end of March 2025, 3 x patients were Orthopaedics mutual aid patients, 1 x was an Ophthalmology graft patient (nationally recognised problem) and 1 x was Gynaecology patient as a result of patient choice.

The number of patients waiting 65+ weeks reduced from the April 2024 position of 301 patients to a March 2025 position of 34. Of the 34 patients waiting, 7 x were mutual aid patients, 13 x were patient choice and 7 x were Ophthalmology graft patients

The overall referral to treatment waiting list increased in size in March 2025 to 49,099. Increases were seen across all Divisions, with the exception of Women's and Children's. The Trust is undertaking a 'validation sprint' across quarter one of 2025/26, as part of wider national initiative to reduce overall waiting list size. The focus of the sprint is on the provision of increased validation of the waiting list by operational and central validation teams, with Trusts receiving national funding for additional referral to treatment clock stops above a baseline level.

2.3 Cancer Performance

Full details of cancer performance are covered within the Trust dashboard, but exceptions also covered within this section for Quarter 4 to date:

Quarter	4
Period	01/01/2025 - 31/03/2025

National Standards:

Standard	Indicator	Threshold	January-25	February-25	March-25	Quarter 4
28 Day Wait	GP USC Referral or Screening Referral to Patient Informed of Cancer Diagnosis or Ruling Out of Cancer	75.00%	61.57%	78.22%	N/A	69.66%
31 Day Wait	Decision to Treat / Earliest Clinically Appropriate Date to Treatment	96.00%	91.74%	87.27%	N/A	89.61%
62 Day Wait	GP USC Referral, Screening Referral or Consultant Upgrade to First Definitive Treatment	85.00%	72.33%	73.95%	N/A	73.06%

Sub Standards:

Standard	Indicator	Threshold	January-25	February-25	March-25
28 Day Wait	Individual Trust Provider Trajectory	Per Month	61.57%	78.22%	N/A
28 Day Wait	Breast >=90%	90.00%	59.55%	89.76%	N/A
28 Day Wait	Skin >=90%	90.00%	89.74%	91.55%	N/A
62 Day Wait	Individual Trust Provider Trajectory	Per Month	72.33%	73.95%	N/A

Removed Standards (Not National Standards):

Standard	Indicator	Threshold	January-25	February-25	March-25
14 Day Wait	GP USC Referral to First Appointment	93.00%	57.43%	56.41%	N/A

- *Faster Diagnostic Standard (FDS)* – The Trust met the FDS standard for February 2025, following recovery from the cyber incident seen to impact January performance.
- *62-day treatment* - For 2024/25, the 62 day treatment standard sees a previous national target of 85%, a national requirement to achieve 70% and a local trajectory to achieve 77% performance by March 2025. The Trust underachieved local trajectory in January and February 2025, due to the impact of the cyber incident on 28-day performance. Performance is forecast to improve in March 2025 on the back of 28-day improvement.
- *62-day waiters* – the number of waiters decreased March 2025 to 81, but remained above trajectory. Numbers peaked the week of the 30th December and have continued to reduce since.

	01/04	06/05	03/06	01/07	05/08	02/09	07/10	14/10	21/10	28/10	04/11	11/11	18/11	25/11	02/12	09/12	16/12	23/12	30/12	06/01	13/01	20/01	27/01	03/02	10/02	17/02	24/02	03/03	10/03	17/03	24/03	31/03
Actual 24/25	135	141	127	106	82	88	88	81	80	74	83	88	88	88	116	137	146	146	174	167	174	148	127	120	117	113	96	90	91	88	81	
Trajectory	120	112	103	93	83	72	60	60	60	60	50	50	50	50	40	40	40	40	40	33	33	33	33	24	24	24	24	20	20	20	20	20
Pre-COVID Average	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51

- *104-day long waiters* – performance is above trajectory for March 2025, at 26 against a plan of 4.

	01/04	06/05	03/06	01/07	05/08	02/09	09/09	16/09	23/09	30/09	07/10	14/10	21/10	28/10	04/11	11/11	18/11	25/11	02/12	09/12	16/12	23/12	30/12	06/01	13/01	20/01	27/01	03/02	10/02	17/02	24/02	03/03	10/03	17/03	24/03	31/03
Actual 24/25	45	38	34	42	26	24	22	21	17	19	15	16	12	12	18	20	20	20	25	21	24	24	29	31	33	37	30	30	30	35	33	31	26	29	26	
Trajectory	50	47	42	39	33	30	30	30	30	30	23	23	23	23	20	20	20	20	14	14	14	14	14	10	10	10	10	7	7	7	7	4	4	4	4	4
Pre-COVID Average	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12

2.4 DM01 Performance – 95% Standard

At the end of March 2025 92.4% of patients had been waiting 6 weeks or less for their diagnostic procedure, for those modalities included within the DM01. This saw performance below the revised national standard of 95%, but above the requirement for Trusts to achieve 90% by March 2025.

Non-obstetric ultrasound remains the area of greatest pressure but performance is continuing to recover. Improvements also have been seen within Endoscopy across February and March 2025.

2.5 Risks to recovery and mitigations

The cyber incident is still being seen to have an effect on elective performance. Diagnostic waiting times have recovered well, but cancer performance is still affected. Operational teams are working through plans to recover lost activity.

The main areas of concern have been delivering 0 x 65 weeks and 0 x 78 weeks, with pressure seen across Trusts in the ICB, along with recovery of cancer performance. Cancer improvement plans are being drafted for 2025/26 by divisions, including tumour site level trajectories.

3.0 Unscheduled Care

3.1 Performance

March Type 1 performance was reported at 47.21%, with the combined performance for all Wirral sites at 73.32%:

Type 1 ED attendances:	Type 3 ED attendances:
• 6,626 in February (avg. 237/day) • 7,845 in March (avg. 253/day) • 18% increase from previous month *To note: fewer days in February*	• 3,002 in February (avg. 107/day) • 3,510 in March (avg. 113/day) • 16% increase from previous month

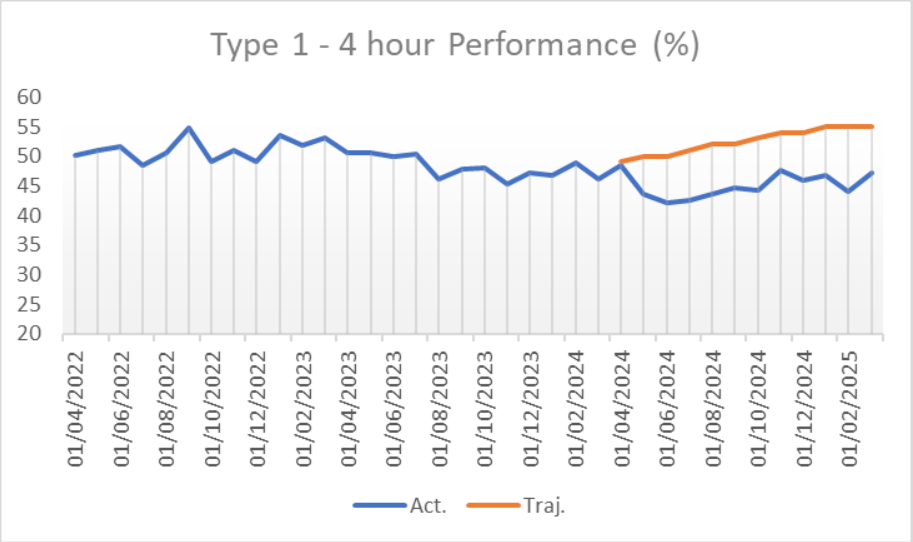
The Trust continues to experience sustained operational pressures, driven by workforce shortages linked to vacancies and sickness absence, as well as ongoing constraints in bed capacity. These challenges have, at times, resulted in overcrowding, extended waiting times, and delays to treatment within the ED.

Although corridor care continued into March, there was a significant reduction in the number of patients placed in corridor areas compared to previous months, potentially reflecting early signs of progress in improving patient flow through the UEC improvement programme.

Urgent and Emergency Care (UEC) performance in March remained below the planned trajectory; however, there was a 3% improvement in Type 1 performance compared to the previous month.

The Trust remains challenged with 12-hour decision to admit performance, which continues to be a key pressure point. However, this will be a core area of focus for improvement in 2025/26, with targeted actions planned to reduce delays and enhance the overall patient experience.

Despite ongoing pressures, the Trust is committed to delivering improvements across urgent and emergency care pathways. A series of targeted improvement programmes are underway, with several Urgent and Emergency Care (UEC) schemes now coming online. These initiatives are expected to strengthen UEC resilience, support patient flow, and improve the quality and timeliness of care.



Urgent care improvement initiatives continued throughout March, with a particular focus on improving patient flow and reducing avoidable attendances at the Emergency Department (ED). Efforts have centred on strengthening alternative pathways, enhancing same-day access to care, and ensuring patients are appropriately directed to the most suitable service. Collaborative working across the Trust and system partners remains key to driving sustainable improvements and managing system pressures more effectively.

The expanded front-door streaming pilot, led by the Community Trust's Urgent Treatment Centre (UTC) nursing team, continues to support increased streaming of patients from ED to UTC. Operating hours have been extended into the evening period, supporting the ED during peak walk-in times. UTC streaming remains in place when staffing allows. An audit of streaming activity and flow between ED and UTC is planned for April, which will help assess the impact of the model and inform future planning. The enhanced triage model is expected to continue into the 2025/26 and will form a key component of the next phase of the Urgent and Emergency Care Upgrade Programme (UECUP) building works that is due to begin in July, which will introduce a temporary single front door to further streamline access and improve patient flow.

The ‘call before convey’ service for the Northwest Ambulance Service (NWAS) remains under active review. Activity continues to be low and inconsistent, with limited contact to the Single Point of Access (SPA). To address this, from April 2025, the offer will be expanded to include access to the Urgent Medical Assessment Centre (UMAC) for

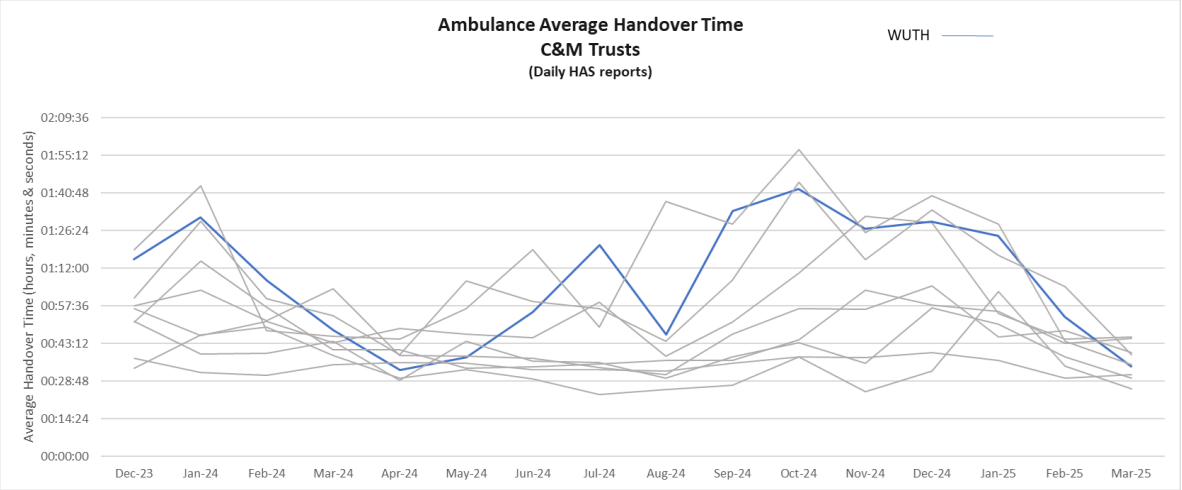
NWAS crews. It is anticipated that this enhancement will support increased uptake of the pathway by offering a broader range of alternative care options and reducing unnecessary ED conveyances where clinically appropriate.

Frailty Same Day Emergency Care (SDEC) formally launched on 24th March. The service now receives up to 10 streamed referrals daily from ED before 10:00am, with minimal conversion to admission, demonstrating early success in supporting same-day assessment and management for frail patients. Expansion of access to the ambulance service through the Single Point of Access (SPA) is also in development, aiming to enable ED bypass for appropriate patients.

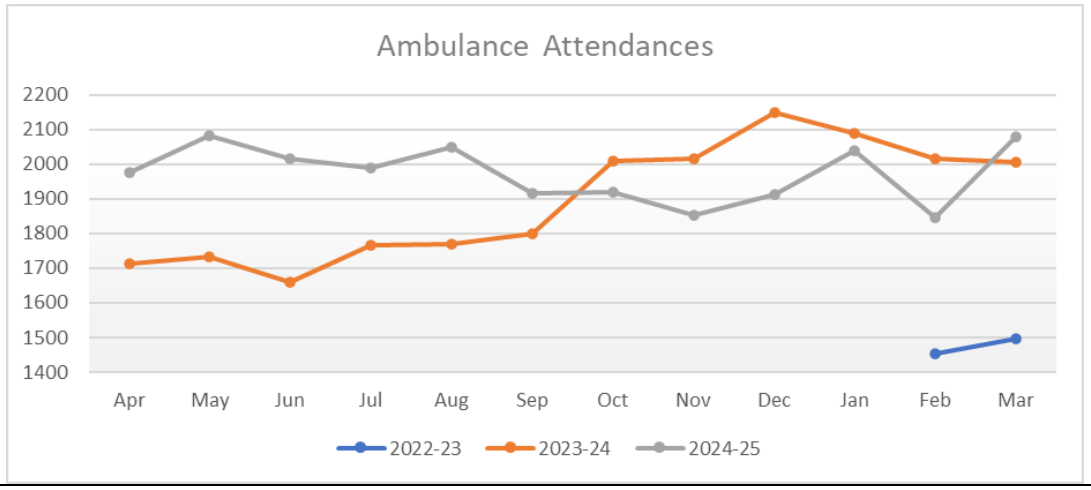
The pilot of the Clinical Decision Unit (ED SDEC), which began in February, has continued through March. The availability of the service is currently dependent on daily medical staffing levels. Despite this, early feedback has been positive, and a full evaluation remains on track for completion in early April. Initial findings indicate the model is contributing to reduced delays for patients requiring ambulatory care in ED, with plans to further develop and embed the service.

Ambulance turnaround times remain a key area of focus, with a push to achieve the local target set for March of achieving an average handover time of 50 minutes. The Trust delivered a 37 minute average handover time, comfortably achieving the target.

The Trust is currently working on the improvement plans to sustain improvements with ambulance handovers for 2025/26.



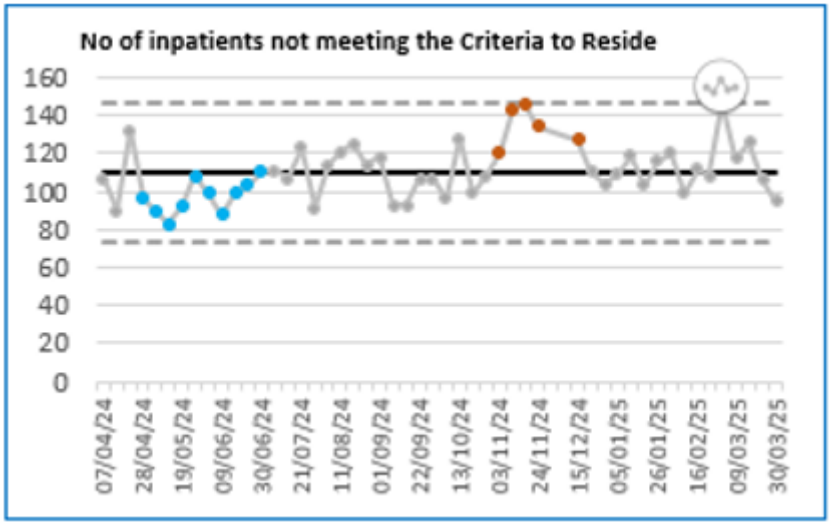
Ambulance attendances in March saw an increase compared to the previous two years.



3.2 **Transfer of Care Hub development and no criteria to reside (NCTR).**

The number of No Criteria to Reside (NCTR) patients continued to reduce in March.

System partners are now working with ECIST to further develop the capacity and demand tool, which will allow focus at pathway level on reducing the number of patients in acute beds to achieve the 10% target.



The Trust performance for NCTR remained in a strong position in comparison to other Trusts in C&M. The most recent position shows a performance of 13.9%.

	Trust	Trajectory	Current	Var
1	Wirral	10.0%	13.9%	4%
2	East Cheshire	12.7%	18.5%	6%
3	Mersey and West Lancs	25.0%	21.8%	-3%
4	LUHFT	23.7%	22.2%	-1%
5	Mid Cheshire	20.7%	22.5%	2%
6	Countess of Chester	18.6%	23.5%	5%
7	Warrington & Halton	18.4%	24.2%	6%
	Total	20.2%	21.0%	1%

3.3 **Mental Health**

Mental health improvement plans for Wirral continued throughout March, with a focus on managing rising mental health demand in the Emergency Department (ED).

Mental health-related attendances continue to create pressure on both the capacity to see other patients and on ED staffing levels. As part of the national Right Care, Right Person (RCRP) programme, the Trust continues to work closely with police partners to reduce inappropriate Section 136 conveyances, acknowledging that fewer than 30% of individuals brought in under S136 require medical treatment.

The system is also awaiting a decision on a national capital funding bid to support the development of an improved mental health unit for Wirral.

	In parallel, new purpose-built mental health rooms within the ED are due to go live in July 2025, aligning with the next phase of ED building works. The new space will provide an improved, safe, and more appropriate environment for individuals in mental health crisis.
3.4	**Risks and mitigations to improving urgent care performance** The Trust continues to make steady progress in delivering the actions set out within the urgent care improvement plans, with a focus on achieving key quality standards. Performance is being closely monitored through the Urgent and Emergency Care (UEC) Improvement Group, with oversight of sentinel metrics provided by Place leads and the System Control Centre (SCC). Despite this progress, several risks remain. Increased patient acuity, sustained demand for beds, and high conversion rates continue to place significant pressure on patient flow and the delivery of planned improvements.

4	**Implications**
4.1	**Patients** • The paper outlines good progress with elective recovery but still waiting times for elective treatment are longer than what the Trust would want to offer but given the backlog from the Covid pandemic the Trust is in a strong position regionally in delivering reduced waiting times for patients. The paper also details the extra actions introduced recently to improve UEC performance.
4.2	**People** • There are high levels of additional activity taking place which includes staff providing additional capacity.
4.3	**Finance** • Cost of recovering activity from medical industrial action to ensure the Trust delivers against the national waiting time targets. The paper details additional resource agreed as part of the winter plan that has been introduced. The cost of providing corridor care is above the Trust's financial plan.
4.4	**Compliance** • The paper outlines the risk of not achieving the statutory waiting time targets in the main due to the impact of medical industrial action, relating mainly to 65 weeks by the end of March 2024 and 76% 4 hour performance.

5	**Conclusion**
	The Board should note the ongoing improvements in reducing the number of patients with no criteria to reside in the hospital. The Trust is currently implementing the actions from the UEC Improvement Plan to ensure that the increase in demand can be met with adequate capacity to reduce the risk of corridor care and minimise the risk of daily overcrowding in ED. Elective recovery remains a strong point and improvements continue, but medical industrial action remains the highest risk to the elective recovery programme.

Wirral University Teaching Hospital NHS Foundation Trust

Board of Directors in Public **Item No 17**
7 May 2025

Title	Registers of Interest, Gifts and Hospitality Annual Update
Area Lead	David McGovern, Director of Corporate Affairs
Author	James Jackson-Ellis, Corporate Governance Manager
Report for	Information

Executive Summary and Report Recommendations

The purpose of this report is to provide the Board with year end updates on the register of interests, the register of gifts and hospitality.

It is recommended that the Board:

- Notes the Register of Interests at Appendix 1 and 2, the Register of Gifts at Appendix 3 and Hospitality at Appendix 4

Key Risks

This report relates to these key Risks:

- Upholding standards of transparency and adhering to the standards set by NHS England to safeguard taxpayer monies.

Contribution to Integrated Care System objectives (Triple Aim Duty):	
Better health and wellbeing for everyone	No
Better quality of health services for all individuals	No
Sustainable use of NHS resources	Yes

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	No
Compassionate workforce: be a great place to work	No
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Governance journey			
Date	**Forum**	**Report Title**	**Purpose/Decision**

22 April 2025	Audit and Risk Committee	As above	As above

1	Narrative
1.1	**Registers of Interests End of Year Update** Members will recall that the Trust's Managing Conflicts of Interest Policy was reviewed and approved in September 2022 by Audit and Risk Committee and by the Board in October 2022. As set out in that policy, the Audit and Risk Committee have a responsibility of oversight for the register of interests and the register of gifts and hospitality. As of 31 March, there were 1555 staff who fall within the categories outlined in the Trust policy and 1363 of those have completed their annual declaration/review. This is 88% of those required and is 2% increase compared to the position at last year end of 86%. This also remains better than the sector best practice figure of 85%. The current list of Board and Senior Directors' Register of Interest is attached at Appendix 1, and the Governors' Register of Interest attached at Appendix 2. These are available to the public via the WUTH website, and this year's register will be uploaded following this Committee meeting.
1.2	**Registers of Gifts and Hospitality End of Year Update** The Managing Conflicts of Interest Policy lays out the requirements for declaring gifts and hospitality, and these are set in line with the model policy requirements. Gifts should be declared if valued over £50, and hospitality over £25 should be declared, with any hospitality over £75 requiring manager approval. Whilst the nature of gifts and hospitality is less straightforward than the register of interests, the team ensure regular communications are included in the bulletins and briefings sent out to staff to remind them to declare gifts and hospitality. This is escalated around key points of the year, such as Christmas and year end. The Registers of Gifts and Hospitality are attached at Appendix 3 and 4.

2	Implications
2.1	**Patients** • No direct implications on patients
2.2	**People** • This report applies to all staff (gifts and hospitality), band 7+ staff (conflicts of interest), and the 25 roles identified for Fit and Proper Persons.
2.3	**Finance** • No direct financial implications.
2.4	**Compliance** • The Trust has an obligation to manage conflicts of interest and gifts/hospitality in a transparent way, with safeguards in place around the use of taxpayer funds. This is set out both in guidance from NHS England, and in the Trust's policies. • It is also a condition of the licence to ensure that Fit and Proper Persons tests have been carried out.

Interest Type	Employee	Date Arose	Date Updated	Date Ended	Role	Interest Description (Abbreviated)	Provider	Approval	Approver
Loyalty Interests	Nicola Stevenson	22/03/2020	31/03/2025		Medical Director	Spouse is Consultant Intensivist at LUFT	Liverpool University Hospitals NHS Foundation Trust	YES	David McGovern
Outside Employment	David Henshaw	01/04/2020	28/05/2024		Chairman	Chair	National Museums Liverpool	N/A	
Outside Employment	David Henshaw	01/04/2020	28/05/2024		Chairman	Chair	Natural Resources Wales	N/A	
Outside Employment	Stephen Igoe	01/04/2000	10/08/2023	30/04/2024	Non-Executive Director	Deputy Vice- Chancellor	Edge Hill University	N/A	
Loyalty Interests	Matthew Swanborough	01/09/2021	01/04/2025		Chief Strategy Officer	Partner employed in management position at Manchester University NHS Foundation Trust	NHS	N/A	
Outside Employment	Steven Ryan	03/05/2022	21/05/2024		Non-Executive Director	Sole trader providing professional advisory services in healthcare - typically to the NHS.	Steve Ryan Healthcare	YES	David McGovern
Outside Employment	Mark Chidgey	01/06/2022	11/06/2024		Chief Finance Officer	Ad-hoc / occasional paid lecturing and education duties in support of healthcare courses for example the Elizabeth Garrett Anderson course. My input is minimal and probably averages 2 days per year. Preparation and delivery is undertaken either outside of core hours or by booking annual leave.	Alliance MBS Business School - The University of Manchester	YES	Janelle Holmes
Outside Employment	Lesley Davies	01/06/2022	09/01/2025		Non-Executive Director	Education consultancy	Seymour Place Associates Limited	YES	Catherine Herbert
Outside Employment	Lesley Davies	01/06/2022	10/08/2023	09/01/2025	Non-Executive Director	Education charity trustee	CVQO	YES	Catherine Herbert
Shareholdings and other ownership interests	David McGovern	31/10/2022	02/04/2024		Director of Corporate Affairs	Nil Board Trustee	Manchester Pride and Manchester Pride Events Limited	N/A	
Loyalty Interests	Janelle Holmes	14/03/2023	04/06/2024	14/01/2025	Chief Executive	Husband working as Bank RGN at East Cheshire (Macclesfield General Hospital) part of C&M ICB Retired as Director of Ortivus (previous declaration)	Husband - Antony Homes	N/A	
Outside Employment	Lesley Davies	01/03/2023	09/01/2025		Non-Executive Director	National Leader for Governance	Department for Education	YES	David Henshaw
Loyalty Interests	Lesley Davies	02/01/2023	10/08/2023	09/01/2025	Non-Executive Director	Chair Designate - voluntary role	Cheshire College South and West	N/A	
Loyalty Interests	Christopher Mason	01/01/2023	04/06/2024		Chief Information Officer	This is a declaration of my friendship with Kyle Harrison who is an Account Executive of Cerner - the major supplier of WUTH's electronic patient record solution.	Kyle Harrison (Cerner)	N/A	
Outside Employment	David Henshaw	01/04/2022	28/05/2024		Chairman	Trustee	National Museums Liverpool Foundation	YES	David McGovern
Outside Employment	Susan Lorimer	07/12/2023	25/05/2024		Non-Executive Director	NED role for the above Trust	Northern Care Alliance NHS FT	YES	David Henshaw
Loyalty Interests	Mark Chidgey	12/02/2024	11/06/2024		Chief Finance Officer	Melanie Andrew is a former colleague and friend who now works for Medinet. Medinet, as an Independent Sector Healthcare Provider, is a potential provider of services to the Trust.	Melanie Andrew, Medinet	YES	Janelle Holmes
Nil Declaration	Christopher Clarkson	21/05/2024			Non-Executive Director			N/A	
Nil Declaration	Ranjeev Mehra	21/05/2024			Consultant - DMD			N/A	
Nil Declaration	Deborah Smith	04/06/2024			Chief People Officer			N/A	
Nil Declaration	Stephen Igoe	01/05/2024			Non-Executive Director			N/A	
Nil Declaration	Hayley Kendall	06/06/2024			Chief Operating Officer			N/A	
Nil Declaration	Samantha Westwell	22/06/2024			Chief Nurse			N/A	
Loyalty Interests	Lesley Davies	09/01/2025	09/01/2025		Non-Executive Director	Chair	Cheshire College South and West	YES	David Henshaw

Date Declared	Interest Type	Employee	Date Arose	Date Updated	Interest Description (Abbreviated)	Provider	Approval	Approver
18/02/2021	Loyalty Interests	Robert Thompson	22/01/2021	23/05/2024	Son-in-law an employee at WUTH - Dr Philip Lawrenson, Consultant in Acute	Wirral University Teaching Hospital	N/A	
06/04/2021	Loyalty Interests	Anand Kamalanathan	01/04/2020	04/06/2024	Newborn and infant examination, is a national screening process. I am part of the advisory board	NIPE advisory board	N/A	
06/04/2021	Loyalty Interests	Anand Kamalanathan	01/04/2020	04/06/2024	My wife is an Orthodontist by profession. She works at Alder Hey Children's Hospital and Arrowe Park Hospital. She has a private practice under the company	Ellen Orthodontics	N/A	
20/05/2024	Nil Declaration	Julie Jellicoe	20/05/2024				N/A	
21/05/2024	Nil Declaration	Peter Peters	21/05/2024				N/A	
27/05/2024	Nil Declaration	Paul Dixon	27/05/2024				N/A	
28/05/2024	Nil Declaration	Gary Bennett	28/05/2024				N/A	
04/06/2024	Loyalty Interests	Anand Kamalanathan	04/06/2024	04/06/2024	I will be taking up the role of Clinical lead for the Cheshire and Merseyside neonatal patch of the ODN. This role will hopefully commence in July 2024.	NWODN	YES	Sanjeev Rath
04/06/2024	Nil Declaration	Keith Johns	04/06/2024				N/A	
04/06/2024	Outside Employment	Sheila Hillhouse	01/04/2024	04/06/2024	Registered Charity	Irish Community Care	YES	David Henshaw
09/08/2024	Nil Declaration	Tony Cragg	09/08/2024				N/A	
07/10/2024	Nil Declaration	Sunil Varghese	07/10/2024				N/A	
07/10/2024	Loyalty Interests	Manoj Purohit	07/10/2024		Wife works for WUTH			
07/10/2024	Loyalty Interests	Andrew Liston	07/10/2024		Wife works for as a Clinical Lead in Paediatric Physiotherapy at Arrowe Park.			
08/01/2025	Nil Declaration	Neil Wright	08/01/2025				N/A	

Interest Type	Employee	Year	Role	Date Incurred	Gift Provider Name	Provider Type	Interest Description (Abbreviated)	Single or multiple gifts in the same financial year	Value £'s	Declined	Gift donated to charity
Gifts	Nicholas Newall	2024/25	Consultant	23/12/2024	Overwritten for Data Protection	Patient	6 bottles of wine	Single	50	No	No
Gifts	Laura Dodd	2024/25	Clinical Nursing Support Worker	07/01/2025	N/a	Other	Not offered any gift	Single	0	Yes	No
Gifts	Daniel Garner	2024/25	Consultant	29/11/2024	Overwritten for Data Protection	Family of Patient	2 coffee machines for secretaries office and cath lab	Single	300	No	No
Gifts	Helen Clarry	2024/25	Healthcare Scientist - Professional Manager	19/09/2024	Dr Alistair Clark	Other	Dr Clark (a former Consultant Histopathologist at Arrowe Park) gifted a sum of £150 to the Histopathology Laboratory Technical and Admin and Clerical staff with instruction that he would like £50 to be put towards a social event the team would participate in, and £100 towards something of an educational purpose for the team. The reason was to acknowledge the work of the team in the processing of a specimen which was received by the laboratory from a private procedure he had undertaken - he wanted to ensure that the team responsible for the practical work would be rewarded in a direct monetary way, as his view is that income for NHS processing of private samples may not always directly be received and used for staff development and appreciation. His specimen was processed in line with routine laboratory procedures, and received no preferential treatment. There is a written request available signed by Dr Clark.	Single	150	No	No
Gifts	David Henshaw	2024/25	Chairman	29/07/2024	Dr Paul Ivan	Other	Bottle of wine from Dr Paul Ivan (Public Governor). Expected value is below £50.00.	Single	25	No	No
Gifts	Victoria Poole	2024/25	Organisational Development Practitioner	30/07/2024	Sumo Guy	Other	Following the 2024 WUTH Leadership Conference, the key speaker from the event has sent 2 of their books and a bar of chocolate as a thank you. Books will be given to the Trust Library	Single	20	No	No
Gifts	Stanley Parikh	2024/25	Consultant	01/04/2024	Overwritten for Data Protection	Patient	Patient/ friend Case of wine	Single	70	No	Yes
Gifts	John Brace	2024/25	Governor	02/06/2024	Dennis C Wilson	Other	Cash	Single	40	Yes	Yes

Date Declared	Interest Type	Employee	Role	Date hospitality provided or offered	Hospitality provider name	Hospitality provider type	Interest Description (Abbreviated)	Value £'s	Declined	Was senior approval obtained for the hospitality?	Authorised by
27/03/2025	Hospitality	Mohammed Alam	Consultant	27/03/2025	Hologic uk	Commercial Company	Masterclass at midland hotel Manchester- dinner & overnight stay provided by company	200	No	No	
20/03/2025	Hospitality	Mohammed Alam	Consultant	19/03/2025	Besins UK	Commercial Company	Sponsorship to attend European menopause meeting Valencia may 2025	500	No	No	
26/02/2025	Hospitality	Mohammed Alam	Consultant	25/02/2025	Hologic surgical	Commercial Company	Dinner & beverages at meeting at Thornton Hall Hotel	50	No	No	
27/11/2024	Hospitality	Mohammed Alam	Consultant	18/11/2024	Hologic medical equipment	Supplier	Dinner during AAGL conference	100	No	No	
27/11/2024	Hospitality	Mohammed Alam	Consultant	17/11/2024	Gynaesonics medical equipment	Supplier	Dinner during AAGL conference	100	No	No	
27/11/2024	Hospitality	Mohammed Alam	Consultant	16/11/2024	Lina medical equipment	Supplier	Dinner during AAGL conference	100	No	No	
27/11/2024	Hospitality	Benjamin Twist	Consultant	18/11/2024	Hologic	Supplier	Dinner out during AAGL 2024 in New Orleans	50	No	Yes	Mustafa Sadiq
27/11/2024	Hospitality	Benjamin Twist	Consultant	17/11/2024	Gynesonics/Sonata	Supplier	Dinner out during AAGL 2024 in New Orleans	50	No	Yes	Mustafa Sadiiq
27/11/2024	Hospitality	Benjamin Twist	Consultant	16/11/2024	Lina Medical	Supplier	Dinner out during AAGL conference in New Orleans	40	No	Yes	Mustafa Sadiq
17/06/2024	Hospitality	Thomas Aust	Consultant	01/04/2024	Intuitive surgical	Commercial Company	Trip to Robotic surgical training day in IRCAD institute, Strasbourg. Course fees, Accommodation, flights and food	0	No	Yes	Mustafa Sadiq
21/05/2024	Hospitality	Elizabeth Jones	Consultant Haematologist	21/05/2024	Jazz pharmaceuticals	Commercial Company	Conference - attending EHA June 12th to 16th. It would be difficult to attend this 4 day conference on the study leave budget allocated. Company covering costs of flight, hotel and conference fee	1500	No	Yes	
21/05/2024	Hospitality	Jurgen Stamer	Consultant	20/05/2024	Lima	Supplier	Unicompartmental knee replacement Visite to Factory and information meeting. Cost of travel, accommodation	300	No	Yes	

Wirral University Teaching Hospital NHS Foundation Trust

Board of Directors in Public **Item No 18**
7 May 2025

Title	Annual Report of the Board of Directors, including Effectiveness Review
Area Lead	David McGovern, Director of Corporate Affairs
Author	James Jackson-Ellis, Corporate Governance Officer
Report for	Approval

Executive Summary and Report Recommendations

The purpose of this report is to provide the Board of Directors with an overview of the work that it has undertaken and proposes a statement of effectiveness for approval. An assessment against the Terms of Reference has also been conducted and appended.

It is recommended that the Board:

- Approves the statement of effectiveness found at section 1.3; and
- Note both the outcomes of the effectiveness survey, and the self-assessment against the Terms of Reference.

Key Risks

This report relates to these key Risks:

- Ensuring the Trust has robust decision-making bodies that are regularly assessed.

Contribution to Integrated Care System objectives (Triple Aim Duty):	
Better health and wellbeing for everyone	Yes
Better quality of health services for all individuals	Yes
Sustainable use of NHS resources	Yes

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	No
Compassionate workforce: be a great place to work	No
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Governance journey

This is an annual report.

1	Narrative
1.1	**Overview of the Board of Directors** The general duty of the Board of Directors and of each Director individually is to act with a view to promoting the success of the Trust, so as to maximise the benefits for the members of the Trust and as a whole for the public. The Board leads the Trust by undertaking three key roles: 1. Formulating strategy; and 2. Accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable; and 3. Shaping a positive culture for the Board and the organisation. The membership of the Board of Directors in 2024/25 consisted of the following members: **Name** — **Position** Sir David Henshaw — Non-Executive Director & Chair Steve Igoe — SID & Deputy Chair Chris Clarkson — Non-Executive Director Sue Lorimer — Non-Executive Director Dr Steve Ryan — Non-Executive Director Lesley Davies — Non-Executive Director Dr Rajan Madhok — Non-Executive Director (until November 2024) Janelle Holmes — Chief Executive Dr Nikki Stevenson — Medical Director & Deputy Chief Executive (until December 2024 due to a leave of absence) Dr Ranj Mehra — Interim Medical Director (from December 2024) Sam Westwell — Chief Nurse (from June 2024) Chief Operating Officer & Interim Deputy Hayley Kendall — Chief Executive Debs Smith — Chief People Officer Matthew Swanborough — Chief Strategy Officer Mark Chidgey — Chief Finance Officer David McGovern — Director of Corporate Affairs There were no concerns over attendance of members through the year, and all meetings were quorate.
1.2	**Effectiveness Review** *Effectiveness Survey Results* Like last year the review of the Boards effectiveness takes two parts. The first was a survey sent out to all members asking a series of questions around the operations of the Board. The responses received are attached at Appendix 1.

	All questions returned positive responses. Positively, several “Strongly agree” responses were seen across the survey, and particularly of note is the agreement that Non-Executive Directors and Executive Directors work effectively, and that both the scrutiny and discussion within the meeting is at the right level. Two areas for improvement were identified from the comments, these related to the frequency of Public meetings and more discussions on change and strategy. Within the 2-year integration programme a key activity relates to the alignment of WUTH/WCHC Board and Committee meetings, therefore the frequency of meetings will be reviewed as part of this programme of work. Furthermore, as the integration programme progresses there will be opportunities for the Board to discuss in detail aspects of change and strategy. *Self-Assessment against the Terms of Reference* The second part of the effectiveness review was formed of a self-assessment of the Terms of Reference, which has been undertaken against the activity of the Board during the year. This assessment is attached at Appendix 2. There are no areas recommended for amendment.
1.3	**Statement of Effectiveness** Building on the assessment of the Terms of Reference, and the outcomes of the survey, the following statement of effectiveness has been drafted and is recommended for approval. The Board of Directors confirms that it is properly comprised with the appropriate skills and has met enough times to conduct its business. The Board has reviewed its work and confirms that it has discharged its duties in line its Terms of Reference and is therefore operating effectively.

2	**Implications**
2.1	**Patients** • No implications
2.2	**People** • No implications
2.3	**Finance** • No implications
2.4	**Compliance** • No implications

Board of Directors Effectiveness Self-Assessment responses

Does the Board of Directors have written terms of reference that has been approved?
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Do NED and Executive members work effectively together in a professional and constructively challenging manner?
Strongly agree
Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree

Are meeting papers distributed in sufficient time for members to give them due
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Agree
Strongly agree
Strongly agree

Has the Board of Directors established a plan of matters to be dealt with across the year?
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree
Agree
Strongly agree

Is the Board of Directors receiving sufficient quality of reports and information to make the decisions and recommendations asked of them?
Agree
Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Agree
Agree

Is the frequency of meetings sufficient to enable members to discharge their duties?
Strongly agree
Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Agree
Strongly agree

Is the discussion at the meeting at the right level?
Strongly agree
Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Agree
Strongly agree

Are members prepared, and able to provide scrutiny and challenge?
Strongly agree
Strongly agree
Agree
Strongly agree
Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree

Does the Board of Directors have the appropriate skillset to provide robust scrutiny and make sound decisions?
Strongly agree

Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree

Is the meeting chaired effectively with clarity of purpose, allowing both members and attendees the opportunity to discuss and question?
Strongly agree
Strongly agree
Agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree
Strongly agree

Do you have any comments you would like to add based on questions 1-10?
progress has been made, then this is suitably recognised. Where we still have significant progress to make this is made clear and balanced insights are provided to allow a realistic level of ambition to be set out.
A very effective board

Is there anything that the Board of Directors could do to make the meeting more effective?
In relation to frequency of meetings then I believe that fewer public meetings could be considered.
More change and strategy discussion

Board of Directors Terms of Reference Review

TOR Provision	Evidence/Commentary
The main duties of the Board of Directors are as follows:	
To set the strategic direction of the Trust within the overall policies both regionally and nationally, to define its annual and longer-term objectives, and to agree sufficiently resourced plans to achieve these	Strategic direction forms regular part of the Board discussions in all settings, via the Chair and CEO updates, planning exercises, and discussions in Board seminars. Formally, the strategic direction is set through biannual discussions on the strategic priorities and objectives, and as part of the yearly financial and operational planning exercise, taking account of NHSE guidance and national priorities.
To oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary	Delivery of planned results is monitored through the integration of the Integrated Performance Report and completed via chair's reports from Committees.
To ensure effective financial stewardship through value for money, financial control and financial planning and strategy, and taking approvals in line with the Scheme of Reservation and Delegation.	Good financial stewardship is led through the Chief Finance Officer report to each Board meeting as well as quarterly updates on the long term financial sustainability of the Trust. The Board also have an Audit and Risk Committee to review and scrutinise internal controls, and a Finance Business and Performance Committee to monitor financial planning, strategy, and expenditure. Business cases and contract award recommendation reports are approved in line with the delegated limits.
To ensure that high standards of corporate governance are implemented and maintained, to support compliance with its statutory and regulatory requirements, and to support high standards of transparency, probity, and integrity in the conduct of the business of the whole Trust	High standards of corporate governance are maintained through following good corporate governance practices, including continual review of decision making processes, regular review and scrutiny of key documents and maintaining an awareness of statutory and regularly requirements to inform the Board's cycle of business.
To ensure that high standards of clinical governance are implemented and maintained, to ensure clinical services are effective and safe, and take into account patient experience	High standards of clinical governance are maintained through scrutiny of statutory clinical and nursing reporting requirements and fostering a culture centred on patient safety. Board also regularly receives a patient video story, providing a focus on areas of excellent patient care and/or experience, or highlighting areas for improvement to the

	Board. Board also receive an annual update on the Patient Experience Strategy and have a Quality Committee with delegated authority to drive this agenda. The Quality Committee Chair reports back to the Board after each Committee meeting.
To appoint, appraise and remunerate senior Executives	This is delegated to the Remuneration Committee.
To ensure that there is effective dialogue and partnership working between the Trust and the local community on its plans and performance and that these are responsive to the community's needs	Effective partnership working forms regular part of the Board discussions, and the Board recognise that working as a system is a key part of ensuring excellent patient care. Discussions take place regularly within all Board settings to consider how the Trust can best engage with these local partners. Significant progress has been made regarding this during the year, specifically arising from the Wirral System Review.

Wirral University Teaching Hospital NHS Foundation Trust

Board of Directors in Public **Item No 19**
7 May 2025

Title	Board Assurance Framework – Annual closedown
Area Lead	David McGovern, Director of Corporate Affairs
Authors	David McGovern, Director of Corporate Affairs
Report for	Approval

Executive Summary and Report Recommendations
The purpose of this paper is to provide the Board of Directors with an update and assurance on the management of strategic risks through the Board Assurance Framework for 2024-25 This update provides the position following the committees of the Board who have received relevant strategic risks throughout the previous year and presents the year-end position for each strategic risk for 2024/25. A separate seminar has been arranged to discuss Risk Appetite and confirmation of strategic risks for 2025/26 which will follow this meeting. Board is asked to **NOTE** and **APPROVE** the end of year position in relation the BAF in 2024/25.

Key Risks
This report relates to all 12 Strategic Risks outlined in the BAF as attached to this report.

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: Maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	Yes
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	No

Governance journey			
Date	**Forum**	**Report Title**	**Purpose/Decision**
This is a standing report to Board			

1	**Introduction / Background**
1.1	The Board has in place a full Board Assurance Framework which is reviewed continuously to reflect the strategic priorities of the Trust. Each of committees of the Board maintain oversight of strategic risks relevant to the

	duties and responsibilities of that committee. The BAF is also subject to Scrutiny through internal governance.

2	Year End Position 2024/25
2.1	At the year-end the BAF was tracking 12 strategic risks. There remain **4 high-level strategic** risks as follows: **Risk 1** - Failure to effectively manage unscheduled care demand, adversely impacting on quality of care and patient experience. This risk has seen an increase throughout the year from 12 to 20 since April 2024 which has reflected the increase in demand across the Trust and in particular in regard to attendances at the Emergency Department. **Risk 3** - Failure to ensure adequate quality of care, safety and patient experience resulting in adverse patient outcomes and an increase in patient complaints. This risk has also seen an increase in year for 12 to 16 and has been in part due to increases in demand that can impact on patient experience and safety as well as an increase in IPC cases. **Risk 6** - Failure to embed the Trust's approach to financial planning including CIP will impact on the achievement of the Trust's financial sustainability, service delivery and operational plans. This risk has seen a significant increase from June 2024 to the end of the financial year from 12 to 20. This has been increased to reflect the financial position of the Trust which has also been impacted by operational pressures and demands. **Risk 11** - Risk of business continuity and the Trusts EPRR arrangements in the provision of clinical services due to a critical infrastructure, cyber, supply chain or equipment failure therefore impacting on the quality of patient care. This risk has remained high throughout the year and was particularly impacted by the Cyber incident. Of the remaining **8 risks**: **Risk 2** - Failure to meet constitutional/regulatory targets and standards, resulting in an adverse impact on patient experience and quality of care. This risk has remained constant at 12. **Risk 4** - Failure to effectively plan for, recruit, reduce absence of, retain and develop people with the right skills, this may adversely impact on the Trust's ability to deliver the Trust's strategy. This risk has seen an increase at year end from 9 to 12 as we have seen an increase in employee sickness absence throughout the winter period. **Risk 5** - Failure of the Trust to have the right culture, staff experience and organisational conditions to deliver our priorities for our patients and service users.

	This risk has remained steady at a score of 9. **Risk 7** - Failure to robustly implement and embed our Digital plans and ambitions will adversely impact on our service quality and delivery, patient care and carer experience. This risk has remained steady at a score of 12. **Risk 8** - Failure to deliver sustainable efficiency gains quality and improvements due to an inability to embed service transformation and change. This risk has remined steady at a score of 9. **Risk 9** - Failure to achieve strategic goals due to the absence of effective partnership working resulting in possible harm to patients, poor experience, damaged external relations, failure to deliver the transformation programme and Wirral review as a long term threat or opportunity to service sustainability. This risk has remained steady with a score of 9. **Risk 10** - Failure to robustly implement and embed infrastructure plans will adversely impact on our service quality and delivery, patient care and carer experience. This risk has remined steady with a score of 12. **Risk 12** - Failure to reduce health inequalities for the Wirral population due to the absence of effective partnership working. This risk has seen an in year reduction from16 to 9 following the development of a Target Operating Model. The risks have been tracked throughout the year and a number of actions and mitigations have been completed to support the management of the risks.
2.2	**Committee Commentary** Following review by each Board Committee or Committee Chair/Executive Lead the following comments were recorded in relation to the BAF closedown for 2024/25: **Audit and Risk Committee** • It was felt that the 12 risks had encapsulated the strategic risks for the Trust. • It was felt that the recorded scores reflected the position and noted that these were subject to ongoing review and amendment throughout the year. **Finance and Business Performance Committee** • It was felt that the 12 risks had encapsulated the strategic risks for the Trust. • There was a discussion about additional actions and assurances that may need to be described and added to Risk 6 to take account of the Trusts cash position, future Procurement Strategy and progress on the current Digital Strategy. • There was a discussion in regard to the challenge of meeting the CIP target for the previous and coming years.

- There was a discussion in regard to future Risk Appetite and it was suggested that the Financial risk appetite be split down by sections to enable different approaches. The suggestion was for them to be broken down into Financial Controls having an **AVOID** appetite and Productivity Improvement having an **OPEN** appetite.

Estates and Capital Committee – Chair discussion

- It was felt that the 12 risks had encapsulated the strategic risks for the Trust.
- It was discussed and recommended that risks 7 and 10 (Digital and Infrastructure) should remain as separate risks.

People Committee – Chair discussion

- It was felt that the workforce related risks had encapsulated the strategic risks for the Trust.
- It was noted that there could be an addition of the word 'Safety' into risk 5. The risk could now read 'Failure of the Trust to have the right culture, staff experience, safety and organisational conditions to deliver our priorities for our patients and service users'.
- It was commented that there was a requirement to consider future Joint Strategic Risk with the Community Trust in regard to the Integration Programme. **See below.**

Quality Committee

- It was felt that 12 strategic risks had encapsulated the strategic risks for the Trust.
- There was a discussion in regard to Risk Appetite in relation to 'Outstanding Care' and the need to retain a minimal appetite for risk when it came to patient safety and getting the basic elements of care right.

Additional Commentary – Partnership Working and the Integration Programme

As a result of these discussions it was noted that strategic **risk 9** – "Failure to achieve strategic goals due to the absence of effective partnership working resulting in possible harm to patients, poor experience, damaged external relations, failure to deliver the transformation programme and Wirral review as a long term threat or opportunity to service sustainability" would need to be reviewed to reflect the Partnership Agreement established between both WUTH and WCHC. This risk will be reviewed with WCHC to ensure appropriate consistency and alignment.

Through each of the committees and discussions it has also been acknowledged that a cross reference between WUTH strategic risks and WCHC strategic risks will be important during 2025-26 to include appropriate mitigations based on partnership working for key strategic risks.

There will be key risk mitigations that the Trusts can support together, and it is therefore proposed that until such a time that the two BAFs may combine, the committees will receive updates associated with relevant WCHC strategic risks and where the Trust is offering and supporting mitigation.

	It is anticipated that as the development of the Joint Strategy progresses, shared strategic risks and Board Assurance Frameworks between WUTH and WCHC will emerge in the year as part of the work of the Integration Management Board.
2.3	**Wirral Place Delivery Assurance Framework** The Wirral Place Based Partnership Board manages key system strategic risks through the Place Delivery Assurance Framework. The PDAF was last presented to the Place Based Partnership Board in March 2025, and can be accessed via the following link – Agenda for Wirral Place Based Partnership Board on Thursday, 27th March 2025, 10.00 a.m. https://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=1014&MId=11439

4	**Implications**
4.1	**Patients** • All identified risks have an impact in relation to the ability of the Trust to deliver excellent patient care and outcomes.
4.2	**People** • Risk 4 and 5 are directly related to our strategic objective of Compassionate Workforce.
4.3	**Finance** • No direct financial implications.
4.4	**Compliance** • The Trust has an obligation to manage Board Assurance in a transparent way. This is set out both in guidance from NHS England, CQC, Code of Governance and in the Trust's policies.

5	**Conclusion**
	The Board is asked to consider: • To review and approve the year-end position reported for each of the strategic risks included in the BAF for 2024-25.

12 Month – Dashboard and Current and Quarterly Trend

Impact x Likelihood

Risk No	Strategic Priority	Risk Description	Initial Score (I x L)	Target	Mar 24	June 24	Sept 24	Dec 24	Direction	Mar 25 Current Year End
1	Outstanding Care **R, O, C, F**	Failure to effectively manage unscheduled care demand, adversely impacting on quality of care and patient experience.	20 (4 x 5)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)	16 (4 x 4)	↑	20 (4 x 5)
2	Outstanding Care **R, O, C, F**	Failure to meet constitutional/regulatory targets and standards, resulting in an adverse impact on patient experience and quality of care.	16 (4 x 4)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)	↔	12 (4 x 3)
3	Outstanding Care **R, O, C, F**	Failure to ensure adequate quality of care, safety and patient experience resulting in adverse patient outcomes and an increase in patient complaints.	16 (4 x 4)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)	16 (4 x 4)	↔	16 (4 x 4)
4	Compassionate Workforce **O, C, F**	Failure to effectively plan for, recruit, reduce absence of, retain and develop people with the right skills, this may adversely impact on the Trust's ability to deliver the Trust's strategy.	16 (4 x 4)	6 (3 x 2)	9 (3 x 3)	9 (3 x 3)	9 (3 x 3)	9 (3 x 3)	↑	12 (3 x 4)
5	Compassionate Workforce **R, O, C, F**	Failure of the Trust to have the right culture, staff experience and organisational conditions to deliver our priorities for our patients and service users.	16 (4 x 4)	6 (3 x 2)	9 (3 x 3)	9 (3 x 3)	9 (3 x 3)	9 (3 x 3)	↔	9 (3 x 3)
6	Continuous Improvement **R, O, F**	Failure to embed the Trust's approach to financial planning including CIP will impact on the achievement of the Trust's financial sustainability, service delivery and operational plans.	16 (4 x 4)	8 (4 x 2)	12 (4 x 3)	12 (4 x 3)	16 (4 x 4)	20 (4 x 5)	↔	20 (4 x 5)
7	Digital Future and Infrastructure **R, O, F**	Failure to robustly implement and embed our Digital plans and ambitions will adversely impact on our service quality and delivery, patient care and carer experience.	12 (4 x 3)	8 (4 x 2)	N/A	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)	↔	12 (4 x 3)
8	Continuous Improvement **R, F**	Failure to deliver sustainable efficiency gains quality and improvements due to an inability to embed service transformation and change.	16 (4 x 4)	6 (3 x 2)	9 (3 x 3)	9 (3 x 3)	9 (3 x 3)	9 (3 x 3)	↔	9 (3 x 3)
9	Our Partners **R, S, F**	Failure to achieve strategic goals due to the absence of effective partnership working resulting in possible harm to patients, poor experience, damaged external relations, failure to deliver the transformation programme and Wirral review as a long term threat or opportunity to service sustainability.	12 (4 x 3)	6 (3 x 2)	6 (3 x 2)	9 (3 x 3)	9 (3 x 3)	9 (3 x 3)	↔	9 (3 x 3)
10	Digital Future and Infrastructure **R, S, F**	Failure to robustly implement and embed infrastructure plans will adversely impact on our service quality and delivery, patient care and carer experience.	16 (4 x 4)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)	↔	12 (4 x 3)
11	Digital Future and Infrastructure **R, O, C, F**	Risk of business continuity and the Trusts EPRR arrangements in the provision of clinical services due to a critical infrastructure, cyber, supply chain or equipment failure therefore impacting on the quality of patient care.	20 (5x4)	10 (5x2)	N/A	15 (5x3)	15 (5x3)	15 (5 x 3)	↔	15 (5 x 3)
12	Outstanding Care **R, O, C**	Failure to reduce health inequalities for the Wirral population due to the absence of effective partnership working.	16 (4 x 4)	9 (3 x 3)	N/A	N/A	12 (3 x 3)	9 (3 x 3)	↔	9 (3 x 3)

BAF RISK 1	Failure to effectively manage unscheduled care demand, adversely impacting on quality of care and patient experience.

Strategic Priority	Outstanding Care				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	Chief Operating Officer	20 (4 x 5)	16 (4 x 4)	20 (4 x 5)	12 (4 x 3)

Controls	Assurance
• Annual preparation and presentation of a system wide Winter plan in line with the National UEC Recovery Action, **although the actions do not mitigate the demand and capacity gap.** • Full participation in the Unscheduled Care transformation programme which includes working with Wirral Community Trust to reduce the numbers of patients attending the ED department who can have their care needs met away from ED. • Onsite support from Wirral Community Trust with the Chief Operating Officer focusing on admission avoidance and supporting early and timely discharge. • Monitoring of ED improvement plan and Wirral system urgent care plan by system Chief Operating Officers including Director of Adult Social care. • Health Economy oversight of Executive Discharge Cell. • Additional spot purchase care home beds in place. • Participation in C&M winter room including mutual aid arrangements. • Rapid reset programme launched with a focus on hospital flow and discharge. • Continued communications out to primary care and to Wirral residents around only use A+E for urgent care requirements. • Regular meetings with the divisional leadership teams to ensure actions for improvement are delivered. **With Executive Triumvirate.** • Business Continuity and Emergency Preparation planning and processes in place. **This includes escalations to Critical Incident as required.** • Winter plan initiated that includes additional resource and capacity to aid strong UEC flows and performance • Full review of post take model to ensure sufficient resource is allocated to manage volumes • Implementation of continuous flow model to improve egress from ED.	• EARC Assurance • Divisional Performance Review (DPR) • Executive Committee • Wirral Unscheduled Care Board • Weekly Wirral COO • Board of Directors • Finance Business and Performance Committee • Full unscheduled care programme chaired by CEO • Trust wide response to safe staffing of ED when providing corridor care

Gaps in Control or Assurance	Actions
• The Trust continues to be challenged delivering the national 4 hour standard for ED performance. • The inability of the system to respond to the unprecedented UEC pressures and delivery of alternative care settings for patients that do not have a criterion to reside means the Trust occupancy is consistently above 95%, making the delivery of the four target very challenging.	• There is one overall Emergency Department Improvement Plan in place which focusses on ambulance turnaround times, time patients spend in the department and all other national indicators. Following the completion of several service improvements the operational plan for ED will be revised to include new areas of focus as the new leadership team for that area commence in post. • Develop with Wirral system partners a response to the Improving Urgent and Emergency Care Services released in January 2023. • System 4 hour performance response to deliver 76% in March. • External support into ED from Aqua reviewing 4 hour and 12 hour performance – recommendation report received and local action plan in development with urgent actions. • Full engagement with the national Rapid Improvement Offer (RIO) from the national ECIST.

Progress
Key Changes to Note • Additions in red.

BAF RISK 2	Failure to meet constitutional/regulatory targets and standards, resulting in an adverse impact on patient experience and quality of care.

Strategic Priority	Outstanding Care				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	Chief Operating Officer	16 (4 x 4)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)

Controls	Assurance
• Clinical harm reviews in place for long waiting patients, full divisional and trust oversight of the overdue follow-up appointments by specialty, the specialities utilise the national clinical prioritisation process which is monitored weekly in divisions. • Utilising of insourcing and LLP to provide capacity to achieve the new national targets. • Access/choice policy in place. Detailed operational plans agreed annually. • Weekly review via the performance meeting, chaired by the COO, on key targets and indicators with agreed actions and mitigations. • Full engagement in the Cheshire and Merseyside Elective Recovery Programme	• Performance Oversight Group (Weekly) • Divisional Access & performance Meetings (weekly) • Monthly Divisional Board meetings • Divisional Performance Reviews • EARC Oversight • There are several specialities whereby recovery plans do not achieve reasonable waiting times in year. These are subject to a full service review with the COO and action plans as required.

Gaps in Control or Assurance	Actions
• National challenge relating to medical staff rates of pay creating uncertainty with regards to additional capacity. • **Impact of the Cyber-attack was significant and deteriorated the Trust's progress with recovering elective waiting times.** • 2 specialities are challenged in delivery of 65 and 75 weeks. • **One specialty is challenged in delivering 65 weeks by the end of the financial year given the impact of the cyber-attack.**	• Continue with delivery of mitigation plans for scheduled care, managing the risk with the utilisation of the national policy on clinical prioritisation. • Explore alternative avenues of providing additional core surgical capacity to reduce the backlog of long waiting patients. • Utilisation of the LLP to deliver the gap in recurrent capacity. • **Cyber-attack recovery plan.**

Progress
Key Changes to Note • **N/A.**

BAF RISK 3	Failure to ensure adequate quality of care, safety and patient experience resulting in adverse patient outcomes and an increase in patient complaints.

Strategic Priority	Outstanding Care				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	Medical Director and Chief Nurse	16 (4 x 4)	16 (4 x 4)	16 (4 x 4)	12 (4 x 3)

Controls	Assurance
• Patient Safety Governance Process. • CQC compliance focus on ensuring standards of care are met. • Embedding of safety and just culture. • Implementation of learning from PSIRF. • Patient safety, quality and research and innovation strategies. • Monitoring and review of quality and safety indicators at monthly divisional performance reviews and bi-annual Corporate Service Performance Reviews. • Trust safety huddle. • Patient safety Learning Partners. • R and I Strategy. • **PSQB divisional reporting.**	• Executive Patient Safety and Quality Board oversight and monitoring of quality and clinical governance themes and trends through the Quality and Patient Safety Intelligence Report at Quality Assurance Committee • Mortality Review Group Oversight Regular board review of Quality Performance Report, highlighting exceptions and mitigations • IPCG and PFEG • CQC engagement meetings • Cheshire and Merseyside ICB oversight of Trust clinical governance, including Sis, never events action plans. • Internal Audit – MIAA • PSIRF • Maternity self-assessment • Board focus on R and I • Clinical Outcomes Group • Trust led CQC mock inspections • Daily Safety Huddle • JAG accreditation • C and M Surgical Centre • LLP Assurance. • GIRFT. • AXA accreditation. • National SNAPP Audits. • Nursing and Maternity Champions. • Monthly Maternity report. • CEO Complaints sign-off. • Digital – Incident dashboard. • Programme Board. • **ACCA Accreditation.** • **NCIOP Data.**

Gaps in Control or Assurance	Actions
• Fully complete and embedded patient safety and quality strategies. • Current operational impacts and organisational pressure. • Capital availability for medical equipment. • Medical workforce gaps. • Impact of unscheduled care demand. • Significant financial controls in place. • Update required to WISE accreditation programme. • **Lack of BI capacity impacting on patient outcome data**	• Complete implementation, monitoring and delivery of the patient safety and quality strategies. • Monitoring Mental Health key priorities • Complete delivery of the Maternity Safety action plan • Ongoing review of IPC arrangements – SIT Review. • CQC preparedness programme and mock inspections. • Delivery of Mental Health key priorities. • Unscheduled Care Board action plan. • Trust and C and M elective recovery programme. • Wirral system strategy for CDiff.

Progress
Key Changes to Note • Additions in red.

BAF RISK 4	Failure to effectively plan for, recruit, reduce absence of, retain and develop people with the right skills, this may adversely impact on the Trust's ability to deliver the Trust's strategy.

Strategic Priority	Compassionate Workforce				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	Chief People Officer	16 (4 x 4)	9 (3 x 3)	12 (3 x 4)	6 (3 x 2)

Controls	Assurance
• International nurse recruitment. • CSW recruitment initiatives, including apprenticeship recruitment. • Vacancy management and recruitment systems and processes, including TRAC system for recruitment and the Established and Pay Control (EPC) Panel. • Achievement of Armed Forces Employer Silver Accreditation • E-rostering and job planning plans to support staff deployment. • Strategic retention closed down as consistent achievement of the Turnover KPI; appropriate targeted work will continue via the task and finish groups. • Facilitation in Practice programme. • Training and development activity, including leadership development programmes aligned to the Trust LQF. • Utilisation of NHS England and NHS National Retention programme resource to review and implement evidence based best practice. • Effective utilisation of the Trust's EAP has increased uptake across the organisation and is enabling staff to access support more quickly and on-site presence at the Wellbeing Surgeries. • Clinical Psychotherapist led wellbeing sessions 'to help staff manage emotional adversity and stay healthy. • Career clinics have recommenced within Divisions • New Flexible working policy, toolkit and training embedded. New FW brochure, intranet page, electronic application process launched and FW Ambassadors in place • New Engagement Framework launched, and all Divisions now have agreed objectives with key lines of enquiry now included withing Divisional Performance Reviews (DPRs) • New monthly recognition scheme has launched, with monthly Employee or Team of the month winners identified for Patient Care and Support Services and new CEO Star Award launched. • Chief Executive and Executive Team breakfast engagement sessions • Understanding staff experience Listening Event with Black, Asian and Minority Ethnic staff • Transform the delivery of our Occupational Health and Wellbeing Service to align to the Grow OH Strategy. • EAP app (Wisdom) launched • Restorative supervision provided trust wide following significant events • SEQOHS annual reaccreditation approved • Representation of OH at Induction, Preceptorship Programme and Managers Essentials • Phase 1 upgrade of Cohort to Cority successfully implemented. • Targeted psychological support for Divisions, as issues arise • Health Surveillance programme successfully relaunched • OH & Wellbeing intranet page updated • Quarterly People Pulse Survey and associated actions to address concerns • Leadership Qualities Framework and associated development programmes and masterclasses. • Bi-annual divisional engagement workshops • Staff led Disability Action Group. • Staff drop in sessions. • Retention group annual plan approved at Workforce Steering Board • New Attendance Management Policy • Buddy system for new CSWs introduced & evaluated • Staff career stories linked to EDI on intranet • Promotion of CPD development opportunities • Increased senior nurse visibility – walkabouts led by Chief Nurse & Deputy • Succession planning launched as part of the new Talent Management Approach • Trust wide communications sent out re Covid-19 outbreak and precautionary measures to prevent further transmission including the wearing of face masks and adherence to IPC protocols in outbreak areas. • The return-to-work guidance for staff with respiratory illness including COVID-19 result has been reviewed and updated for monthly review at CAG, and recirculated across the Trust • Signed up to the NHSE Sexual safety Charter and met all objectives required. Trust comms delivered and Intranet page updates e.g. how to make and respond to disclosures • Questions PSS survey added to reflect sexual safety at WUTH • Trust Wide legal awareness session delivered • Completed action plan set against NHSE Sexual Safety Charter & core principles, and updates provided via Workforce Steering Board • Achieved Bronze status in June 2024 as set within the Anti-Racism Charter and was identified as one of four Trust in the region to achieve this.	• Workforce Steering board and People Committee oversight. • Internal Audit. • People Strategy. • Monthly Workforce monitoring.

Gaps in Control or Assurance	Actions
• National shortages in certain roles and full rollout of clinical job planning are pending workforce planning processes. • Availability of required capabilities and national shortage of staff in key Trust roles.	• Focus remains on supporting the health and wellbeing of our workforce, as well as close management of absences in line with the revised Attendance Management Policy.

• Increases in illness related to stress and anxiety.	• Wellbeing Surgeries across sites • OH Capacity and Demand Review • Targeted retention work via the task and finish groups - focusing on Nurses, Midwifery & HCSWs and AHP's Clinical Scientists & Pharmacy led by Corporate Nursing • Talent mapping exercise for senior leaders • Task and finish Sexual Safety Working group to set out phase 2 priorities for next 12 months. • The electronic resignation and exit interviews are being built in Smartsheet; now the new FW one has been completed and rolled out.

Progress
Key Changes to Note • **Changes in red**

BAF RISK 5	Failure of the Trust to have the right culture and organisational conditions/structure to deliver our priorities for our patients and service users.

Strategic Priority	Compassionate Workforce				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	Chief People Officer	16 (4 x 4)	9 (3 x 3)	9 (3 x 3)	6 (3 x 2)

Controls	Assurance
• Just and Learning Culture work delivered and embedded as 'business as usual'. • Leadership Qualities Framework and associated development programmes and masterclasses. • Just and Learning culture associated policies. • Revised FTSU Policy. • Triangulation of FTSU cases, employee relations and patient incidents. • Lessons Learnt forum. • Just and Learning Plan implemented. • Provision for mediation and facilitated conversations as part of new Fairness in Work Policy • New approach to coaching and mentoring • New supervision and appraisal process • Talent Management approach launched • Targeted promotion of FTSU to groups where there may be barriers to speaking up. • Completion of national FTSU Reflection and Planning Tool • Business as usual support continues to be in place such as FTSU. OH&WB, HR and line manager support • CPO working with local networks	• Workforce Steering board and People Committee oversight. • Internal Audit. • PSIRF Implementation Group. • Lessons Leant Forums. • Increased staff satisfaction rates relating to positive action on health and wellbeing.

Gaps in Control or Assurance	Actions
• Full understanding of the experience of Multi-Cultural staff across the Trust	• Debriefing tools (hot and cold) and guidance on the intranet for supporting staff affected by unplanned events. • Develop and implement the WUTH Perfect Start • Work ongoing to resolve dispute in theatres • Working in progress to progress the settlement for CSWs – led by DCN • Q1 project planned for Q3 to address team working – led by CN

Progress
Key Changes to Note • Changes in red

BAF RISK 6	Failure to embed the Trust's approach to planning including CIP will impact on the achievement of the Trust's financial sustainability, service delivery and operational plans.

Strategic Priority	Continuous Improvement				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	Chief Finance Officer	16 (4 x 4)	20 (4 x 5)	20 (4 x 5)	8 (4 x 2)

Controls	Assurance
• Formal budgets agreed for each Division and team, performance against budget subject to ongoing scrutiny by Finance. • Forecast of performance against financial plan updated regularly, with outputs included within monthly reports. • CFO and Deputy attend regional and national meetings to learn and interpret all forward guidance on future regime. • Implementation of Cost Improvement Programme and QIA guidance document. • Finance Gold Command implemented. • **25/26 Planning process in place.**	• Monthly reports to Divisional Boards, TMB, FBPAC and Board of Directors on financial performance. • Programme Board has effective oversight on progress of improvement projects. • Finance Strategy approved by Board and being implemented. • External auditors undertake annual review of controls as part of audit of financial statements. • Annual internal audit plan includes regular review of budget monitoring arrangements. • FBPAC receive detailed monthly update from both Finance and Head of Productivity, Efficiency & PMO. Further assurances to be received from Divisions in relation to CIP. • Board receive update on CIP as part of monthly finance reports. • CIP arrangements subject to periodic review by Internal Audit. • Monthly COO checks and monitoring. • CFO presents quarterly forecasts to FBPAC and Trust Board. • Approval of 24/25 plan. • FBPAC meeting more frequently. • **24/25 risk Mitigated from 21m to 3m.** • **Board briefed on 25/26 plan and drivers of the gap to control total.** • **PWC programme in final stages and completion of handover.** • **Board considered additional actions in relation to finance and associated risk.**

Gaps in Control or Assurance	Actions
• Inherent variability within forecasting. • Limited capacity to identify savings within operational teams given ongoing pressures of service delivery. • Approval of deficit plan. • Mitigated forecast of 7m variance to plan. • Unmitigated forecast of 29m variance to plan. • **Significant variance for 25/26 to approved control total.**	• Continue delivery of CIP programme and maintain oversight of divisional progress. Ongoing. • Complete benchmarking and productivity opportunities review pack. • Develop 3 year CIP Plan to include all trust wide strategic and transformational plans. • Expand current mitigation plan to measure risk. • **Exec meetings with divisions to consider additional actions to mitigate gap control total.**

Progress
Key Changes to Note • **Additions in red.**

BAF RISK 7	Failure to robustly implement and embed our Digital plans and ambitions will adversely impact on our service quality and delivery, patient care and carer experience.

Strategic Priority	Digital Future				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	Chief Finance Officer	12 (4x3)	12 (4 x 3)	12 (4 x 3)	8 (4x2)

Controls	Assurance
• Programme Board oversight. • Service improvement team and Quality Improvement team resource and oversight. • QIA guidance document implemented as part of transformation process. • Implementation of a programme management process and software to track delivery. • FBPAC Oversight. • Audit Committee oversight. • Integration of PMO and Digital Project Teams. • DIPSOC Oversight.	• Scale of projects versus resources. • FBPAC Committee. • Governance structures for key projects. • Capital Process Audit with significant assurance. • DSPT Audit with significant assurance. • MIAA Audit. • Digital Maturity Assessment.

Gaps in Control or Assurance	Actions
• Resources to remain up to date with emerging technology. • **Current team vacancy levels.**	• Delivery of DHT annual plan. • **Prioritise delivery of Digital workload with Executives.**

Progress
Key Changes to Note • N/A.

BAF RISK 8	Failure to deliver sustainable efficiency gains quality and improvements due to an inability to embed service transformation and change.

Strategic Priority	Continuous Improvement				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	Chief Strategy Officer	16 (4 x 4)	9 (3 x 3)	9 (3 x 3)	6 (3 x 2)

Controls	Assurance
• Programme Board oversight. • Improvement team resource and oversight. • Implementation of a programme management process and software to track delivery. • Quality impact assessment undertaken prior to projects being undertaken. • **Developed and embedded improvement methodology.**	• Quarterly Board assurance reports, Monthly Programme Board chaired by CEO to track progress and delivery of improvements. • Monthly tracking of individual projects with scrutiny at programme board meetings. • Rotational presentations by divisions to FBPAC meetings • Improvement presentations at Board Seminar on a twice yearly basis • CIP Assurance Group tracks all schemes and actions fortnightly, and mitigations requested where required. • Annual review and approval of improvement team supported projects, aligning to Trust priorities and risks • Project completion reviews • **NHS Impact Improvement Directors Forum attendance**

Gaps in Control or Assurance	Actions
• Lack of protected time due to conflicting priorities in service delivery, particularly in relation to clinical staff. • Ability to deliver system wide change across Wirral NHS organisations and wider partners.	• Delivery of 24/25 improvement projects to plan • Strong Governance through PMO working of all schemes, risk and outputs • Detail improvement staff training approach and programme • **Implementation of Improvement for All approach and training to staff** • **Development of Improvement Programme for 25/26**

Progress
Key Changes to Note • **Commencement of Improvement for All training from April 2025** • **Changes to Wirral Programme Delivery Unit resourcing and focus to support integration and Wirral wide programmes**

BAF RISK 9	Failure to achieve strategic goals due to the absence of effective partnership working resulting in possible harm to patients, poor experience, damaged external relations, failure to deliver the transformation programme and Wirral review as a long term threat or opportunity to service sustainability.

Strategic Priority	Continuous Improvement				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	Chief Executive Officer	12 (4 x 3)	9 (3 x 3)	9 (3 x 3)	6 (3 x 2)

Controls	Assurance
• WUTH senior leadership engagement in ICB and Wirral Place • WUTH Strategic intentions are aligned with the ICB. • ICB design framework. • NHS Oversight and Assessment Framework • Input of Trust CEO and Chief Strategy Officer into Outline of the Wirral Place governance. • Creation of IMB to oversee the outcomes of the Wirral Review. • Joint Chair and CEO now in place with WCHC. • Joint Chief People Officer in place with WCHC • Provider collaborative approach agreed • Partnership Agreement with WCHC • Integration Methodology for Corporate Functions • Workforce agreement and strategy	• CEO and Chief Strategy Officer updates to Board and Executive Director meetings. • CEO attendance at Wirral Place Partnership Board • Executive participation in CMAST professional network groups • Chief Strategy Officer attendance at Wirral Health and wellbeing Board • Monthly reporting to Board of Wirral System Review progress • Recommendations of the Wirral Review • 100 Day Integration Plan • Integration Management Board (Joint Committee) Terms of Reference • Partnership Agreement with WCHC • Integration Methodology for Corporate Functions • Workforce agreement and strategy

Gaps in Control or Assurance	Actions
• Formal mechanisms to ensure delivery of partnership working with Wirral Place partners. • Lack of capacity and resources in place to deliver the integration programme in line with timescales required. • Determination of future hosting arrangements for staff as part of Integration	• Continue identification of partnership opportunities with Wirral Community Health and Care NHS Trust • Continued implementation of actions of the Wirral Review. • Refresh Governance processes at Place. • Development of Provider Collaborative approach • Stand up the WPP and IMB. • Implement proposal for transaction

Progress
Key Changes to Note • In red.

BAF RISK 10	Failure to robustly implement and embed infrastructure plans will adversely impact on our service quality and delivery, patient care and carer experience.

Strategic Priority	Infrastructure				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	Chief Strategy Officer	16 (4 x 4)	12 (4 x 3)	12 (4 x 3)	12 (4 x 3)

Controls	Assurance
• Implementation of 3 year capital programme • Delivery of 2021-2026 Estates Strategy. • Business Continuity Plans. • Procurement and contract management. • Assigned 3 year capital budgets, with Executive Director accountability • Assessment of current backlog maintenance risk and future potential risk	• Capital Committee oversight. • FBP oversight of capital programme implementation and funding. • Board reporting. • Internal Audit Plan. • Capital and Audit and Risk Committee Deep Dives. • Assessment of business continuity to address increasing critical infrastructure risks and completion of business continuity plans for critical infrastructure • Independent review of risks carried out. • Appointment of authorised engineers. • NHS England Premises Assurance Model

Gaps in Control or Assurance	Actions
• Delays in backlog maintenance and funding of backlog maintenance and minor works • Timely reporting of maintenance requests.	• Develop Arrowe Park development control plan and Prioritisation of estates improvements • Heating and ventilation programme completion • Replacement of generators and ventilation systems • Delivery of 2024/25 Capital Programme to plan and budget allocation. • Development of bids in preparation for potential NHSE Capital Grants for 2024/25 and 2025/26 • Examination of options to relocate corporate and clinical functions to community

Progress
Key Changes to Note • Ongoing delivery of 24/25 Capital Programme • Preparations for 25/26 Capital Programme • Commencement of Neonatal Redevelopment • Continuation of RAAC Improvement scheme to Birch House, Clatterbridge Hospital • Commencement of CSSD (Sterilisation) Unit redevelopment

BAF RISK 11	Risk of business continuity and the Trusts EPRR arrangements in the provision of clinical services due to a critical infrastructure, cyber, supply chain or equipment failure therefore impacting on the quality of patient care.

Strategic Priority	Infrastructure				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	Chief Operating Officer	20 (5x4)	15 (5 x 3)	15 (5 x 3)	10 (5x2)

Controls	Assurance
• Implementation of the national Business Continuity Toolkit with a process underway to re-write all Business Continuity Plans (BCP) in the Trust. • Full risk assessment undertaken on critical infrastructure and mitigations for major failure in these areas. • Full engagement and adaptation of regional and national EPRR guidance and alerts. • Submission of Data Security and Protection Toolkit (DSPT) Annual assessment and associated audit. • Privileged Access Management (PAM) for external providers accessing systems. • **Additional controls in place with Multi Factor Authentication.**	• Trust command and control framework in place and tested thoroughly the Covid pandemic and industrial action over the last 12 months. • Regional core standards self-assessment process and central peer review. • Planned exercise programme in place to test BCPs. • Quarterly updates provided to the Risk Management Committee. • Annual report to the Board of Directors and updates in between as required. • Estates and Capital Committee sighted on the risk relating to the critical infrastructure • Trust received substantial assurance received from the MIAA DSPT audit. • Trust policy is to follow Privileged Access Management – preventing unauthorised access to 3rd parties.

Gaps in Control or Assurance	Actions
• System BCPs raised as a gap in the core standards self-assessment and a Wirral wide discussion on this is lacking. • Internal resource limited to cover the large spectrum of EPRR assurance - 1 WTE working to the Accountable Emergency Officer (AEO) • Issues identified as part of Dionach, Penetration testing conducted on Trust Network. • Some 3rd parties and national providers have not adopted PAM	• Continue with the actions highlighted in the core standards peer review assessment. • Engage with the regional Local Health Resilience Forum (LHRP) ensuring the Trust is up to date with the latest guidance and central notifications. • Operational Cyber programme addressing the risks raised within the Dionach, Penetration test. • Working with suppliers to irradicate legacy connections, expressing importance of the standards. • **Cyber incident action plan**

Progress
Key Changes to Note • N/A

BAF RISK 12	Failure to reduce health inequalities for the Wirral population due to the absence of effective partnership working.

Strategic Priority	Our Partners				
Review Date	31/03/25	Initial Score	Last Quarter	Current	Target
Lead	All Executive Directors	16 (4x4)	9 (3 x 3)	9 (3 x 3)	9 (3 x 3)

Controls	Assurance
• Wirral Place Based Partnership Board Governance Manual. • Wirral Place Target Operating Model. • ICB. • Wirral Review Terms of Reference. • Joint Chair and CEO in place across WCHC and WUTH.	• Wirral Place Based Partnership Board. • Health and wellbeing Board. • Wirral Review Steering Committee. • CORE 20+5 Board. • Unscheduled Care Board. • Wirral Place Partnership Committees and fora. • IMB for Integration.

Gaps in Control or Assurance	Actions
• Lack of strategic alignment between partner bodies.	• Board discussion on Phase 1 of Wirral Review. • Consider outcomes of full review. • Implement outcomes of the full review. • Board to Board sessions. • Council of Governors Joint session. • Standing up of the IMB. • Standing up of the WPP. • Refreshment of Wirral Place Governance. • Stand up Health inequalities Board.

Progress
Key Changes to Note • Changes in red.

Appendix – Risk Scoring Matrix

Table 1 – Impact scores.

Consequence scores can be used to assess actual and potential consequences: -

- The actual consequence of an adverse event e.g. incidents, claims and complaints.
- The potential consequence of what might occur because of the risk in question e.g. risk assessments, and near misses.

Choose the most appropriate domain for the identified risk from the left-hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1–5 to determine the consequence score, which is the number given at the top of the column.

Consequence

5	Catastrophic
4	Severe
3	Moderate
2	Minor
1	Limited

Patient	Reputational	Financial	Workforce	Legal / Regulatory*
Prolonged failure or severe disruption of **multiple** services Multiple deaths caused by an event**; major impact** on patient experience	**Widespread permanent loss of patient trust and public confidence** threatening the Trust's independence / sustainability. Hospital closure	**>£5m** directly attributable loss / unplanned cost / reduction in change related benefits	Workforce experience / engagement is **fundamentally undermined** and the Trust's reputation as an employer damaged	Breach of regulation Trust put into Special Administration / Suspension of CQC registration. Civil/Criminal **Liability > £10m**
Prolonged failure or severe disruption of a **single** patient service Severe permanent harm or death caused by an event. **Significant impact** on patient experience	**Prolonged** adverse social / local / national media coverage with **serious impact** on patient trust and public confidence	**£1m - £5m** directly attributable loss / unplanned cost / reduction in change related benefits	**Widespread material impact** on workforce experience / engagement	Breach of regulation likely to result in enforcement action. Civil/Criminal **Liability < £10m**
Operation of a number of patient facing services is disrupted Moderate harm where medical treatment is required up to 1 year. Temporary disruption to one or more CSUs Resulting in a poor patient experience	**Sustained** adverse social / local / national media coverage with **temporary impact** on patient trust and public confidence	**£100k - £1m** directly attributable loss / unplanned cost / reduction in change related benefits	**Site material impact** on workforce experience / engagement	Breach of regulation or other circumstances likely to affect our standing with our regulators. Civil/Criminal **Liability < £5m**
Operation of a single patient facing service is disrupted. Minor harm where first aid required up to 1 month. **Temporary service restriction** **Minor impact** on patient experience	**Short lived** adverse social / local / national media coverage which **may impact** on patient trust and public confidence in the short term	**£50k - £100k** directly attributable loss / unplanned cost / reduction in change related benefits	**Department / CSU material impact** on workforce experience / engagement	Breach of regulation or other circumstances that may affect our standing with our regulators, with minor impact on patient outcomes. Civil/Criminal **Liability < £2.5m**.
Service continues with limited/no patient impact	**Short lived** adverse social / local / traditional national media coverage with **no impact** on patient trust and public confidence	**£Nil - £50k** directly attributable loss / unplanned cost / reduction in change related benefits	**Material impact** on workforce experience / engagement for a **small number of colleagues**	Breach of regulation or other circumstances with limited impact on patient outcomes. Civil/Criminal **Liability < £1m**.

Table 2 – Likelihood

The likelihood score is a reflection of how likely it is that the adverse consequence described will occur.

In considering the likelihood, the following supports the conversations and assessment from British Standards Institution (BSI) (2011) Risk management – Code of practice and guidance for the implementation of BS ISO 31000:

In risk management terminology, the word "likelihood" is used to refer to the chance of something happening, whether defined, measured or determined objectively or subjectively, qualitatively or quantitatively and described using general terms or mathematically [such as a probability or a frequency over a given time period].

Appendix – Risk Appetite

Strategic Objectives	Risk Appetite	Risk appetite Statement
SO1: Outstanding Care – Provide the best care and support.	**Various**	The Trust has an **OPEN** risk appetite for risk, which balances the delivery of services and quality of those services with the drive for quality improvement and innovation. The Trust has **MINIMAL** risk appetite for any risk which has the potential to compromise the Health & Safety for patients, staff, contractors, the general public and other stakeholders, where sufficient controls cannot be guaranteed. We have a **SEEK** appetite for some financial risks where this is required to mitigate risks to patient safety or quality of care. We will ensure that all such financial responses deliver optimal value for money.
SO2: Compassionate Workforce – Be a great place to work.	**OPEN**	The Trust Board has an open risk appetite to explore innovative solutions to future staffing requirements, the ability to retain staff and to ensure the Trust is an employer of choice.
SO3: Continuous improvement – Maximise our potential to improve and deliver best value.	**OPEN**	The Trust Board is prepared to accept risk in relation to innovation and ideas which may affect the reputation of the organisation but are taken in the interest of enhanced patient care and ensuring we deliver our goals and targets.
SO4: Our partners – Provide seamless care working with our partners.	**SEEK**	The Trust Board recognises there may be an increased inherent risk faced with collaboration and partnerships, but this will ultimately provide a clear benefit and improved outcomes for the population of Wirral.
SO5: Digital Future – Be a digital pioneer and centre for excellence.	**SEEK**	The Trust Board is eager to accept the greater levels of risk required to transform its digital systems and infrastructure to support better outcomes and experience for patients and public.
SO6: Infrastructure - Improve our infrastructure and how we use it	**OPEN**	The Trust Board has an open risk appetite and is eager to pursue options which will benefit the efficiency and effectiveness of services whilst ensuring we minimise the possibility of financial loss and comply with statutory requirements.

NHS Wirral University Teaching Hospital NHS Foundation Trust

	Report Title	Lead	Presenter
Standing Items			
	Staff/Patient Story	Chief People Officer/Chief Nurse	
	Chair's Update - Verbal	Chair	
	Chief Executive Officer's Report	Chief Executive	
	Integrated Performance Report	Executive Directors	
	Committee Chairs Reports	Committee Chairs	
	Chief Finance Officer Report	Chief Finance Officer	
	Chief Operating Officer's Report	Chief Operating Officer	
	Board Assurance Framework (BAF)	Director of Corporate Affairs	
02 April 2025			
	Monthly Maternity and Neonatal Services Report	Chief Nurse	Divisional Director of Nursing & Midwifery (W&C)
	Learning from Deaths Report Q3 2024/25	Medical Director/Deputy CEO	Deputy Medical Director
07 May 2025			
	Monthly Maternity and Neonatal Services Report	Chief Nurse	Divisional Director of Nursing & Midwifery (W&C)
	Employee Experience Update	Chief People Officer	Head of People Experience
	Registers of Interest, Gifts and Hospitality Annual Update	Director of Corporate Affairs	Board Secretary
	Annual Report of the Board of Directors, including Effectiveness Review	Director of Corporate Affairs	Board Secretary
04 June 2025			
	Quarterly Maternity and Neonatal Services Report	Chief Nurse	Divisional Director of Nursing & Midwifery (W&C)
	Learning from Deaths Report Q4 2024/25	Deputy Medical Director	Deputy Medical Director
	Guardian of Safe Working Annual Report (including Q4 2023/24)	Medical Director/Deputy CEO	Guardian of Safe Working
	Freedom to Speak Up Annual Report 2024/25	Chief People Officer	Freedom to Speak Up Lead
	Modern Slavery Statement	Director of Corporate Affairs	Board Secretary
02 July 2025			
	Monthly Maternity and Neonatal Services Report	Chief Nurse	Divisional Director of Nursing & Midwifery (W&C)
03 September 2025			
	Quarterly Maternity and Neonatal Services Report	Chief Nurse	Divisional Director of Nursing & Midwifery (W&C)
	Learning from Deaths Report Q1 2025/26	Deputy Medical Director	Deputy Medical Director
	Guardian of Safe Working Report Q1 2025/26	Medical Director/Deputy CEO	Guardian of Safe Working
	Equality Diversity and Inclusion Biannual Report	Chief People Officer	Head of People Experience
	2024/25 Annual Submission to NHS England North West: Appraisal and Revalidation	Medical Director/Deputy CEO	Medical Director/Deputy CEO
01 October 2025			
	Monthly Maternity and Neonatal Services Report	Chief Nurse	Divisional Director of Nursing & Midwifery (W&C)
	Organ Donation Annual Report 2024/25	Medical Director/Deputy CEO	Medical Director/Deputy CEO
	Complaints Annual Report 2024/25	Medical Director/Deputy CEO	Medical Director/Deputy CEO
	Safeguarding Annual Report 2024/25	Chief Nurse	Chief Nurse
	Managing Conflicts of Interest Biannual Update	Director of Corporate Affairs	Board Secretary
05 November 2025			
	Monthly Maternity and Neonatal Services Report	Chief Nurse	Divisional Director of Nursing & Midwifery (W&C)
	Emergency Preparedness, Resilience and Response (EPRR) Annual Report and Core Standards	Chief Operating Officer	Chief Operating Officer
03 December 2025			
	Quarterly Maternity and Neonatal Services Report	Chief Nurse	Divisional Director of Nursing & Midwifery (W&C)
	Learning from Deaths Report Q2 2025/26	Medical Director/Deputy CEO	Deputy Medical Director
	Guardian of Safe Working Report Q2 2025/26	Medical Director/Deputy CEO	Guardian of Safe Working
	Accountable Officer Controlled Drugs Annual Report 2024/25	Medical Director/Deputy CEO	Director of Pharmacy and Meds Optimisation
	Infection Prevention and Control Annual Report 2024/25	Chief Nurse	Chief Nurse
	WUTH Charity Annual Report and Accounts 2024/25	Chief Finance Officer	Chief Finance Officer
	Annual Review of Standing Financial Instructions (SFI's)	Chief Finance Officer	Chief Finance Officer
	Annual Review of Terms of References	Director of Corporate Affairs	Board Secretary
28 January 2026			
	Monthly Maternity and Neonatal Services Report (including Maternity Incentive Scheme Year 7 Annual Declaration)	Chief Nurse	Divisional Director of Nursing & Midwifery (W&C)
	Freedom to Speak Up Biannual Report	Chief People Officer	Freedom to Speak Up Lead
	Equality Diversity and Inclusion Annual Report (including Gender Pay Gap Report)	Chief People Officer	Head of People Experience
04 March 2026			

	Quarterly Maternity and Neonatal Services Report	Chief Nurse	Divisional Director of Nursing & Midwifery (W&C)
	Learning from Deaths Report Q3 2024/25	Medical Director/Deputy CEO	Deputy Medical Director
	Guardian of Safe Working Report Q3 2024/25	Medical Director/Deputy CEO	Guardian of Safe Working
	Green and Sustainability Plan - Annual Progress Update	Chief Strategy Officer	Chief Strategy Officer
	Annual Review of Corporate Governance Manual	Director of Corporate Affairs	Board Secretary
To be confirmed			
	6 Monthly Safe Staffing Report	Chief Nurse	